2022 COMMUNITY HEALTH ASSESSMENT

Miami-Dade County, Florida
March 2021 – March 2022

Prepared By:
Florida Department of Health in Miami-Dade County
April 26, 2022

Revised 4-26-2022

TABLE OF CONTENTS

2022 Community Health Assessment for Miami-Dade County, FL

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is pleased to present the 2022 Community Health Assessment (CHA). One of the top priorities of this county is the health and wellbeing of its residents and visitors through an equitable lens. We recognize that one agency alone cannot do all the work and it takes an integrated state, county and community approach to fulfill our mission to protect, promote and improve the health of all people in Florida.

As a result of these various approaches, the 2022 Community Health Assessment includes new indicators that the community felt should be included from our 2020 and 2021 Community Health Meetings. It is important to highlight throughout the 2022 Community Health Assessment for the Health Outcomes section, we have included breakdowns of the data by race, ethnicity, and gender. This will allow us to have a more comprehensive look at our community through this assessment to examine the county's health with a more inclusive lens.

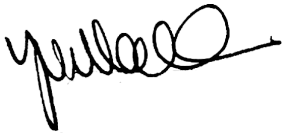
In 2016, we were a recipient of the 2016 Robert Wood Johnson Culture of Health Prize. We have embraced the Robert Wood Johnson Foundation Culture of Health Action framework and brought together our partners who see health as a shared value. Our partners are made up of a cross-sector collaboration committed to improving wellbeing, working together to strengthen health services and systems, and creating healthier and equitable communities.

A special thank you to the members of the Steering Committee for the Mobilizing for Action through Planning and Partnerships. The committee consisted of the Alliance for Aging, United Way, University of Miami Mailman Center for Child Development, The Children's Trust, the Department of Children & Families and members of DOH-Miami-Dade County. A special note of acknowledgment to the City of Santa Monica for their guidance on our Wellbeing Survey and to the Will County Health Department for allowing us to use a portion of their questionnaire.

We want to thank all those individuals who participated in our various assessments, surveys, and focus groups. Thank you to the Health Council of South Florida's leadership and staff for facilitating the multiple focus groups. We would also like to thank the Miami-Dade County Public Library System for providing access to their facilities throughout the county and to the West Kendall Baptist Hospital who used their community initiative, Healthy West Kendall to collect surveys. We would also like to recognize Mount Sinai Hospital who hosted several focus groups and Mayor Carlos Gimenez for his work and dedication to the Initiative on Aging. We want to thank Barry University, Keiser University and Miami-Dade College for providing us campus space to conduct data collection. We also appreciated the involvement of the University of Miami and Florida International University who served as facilitators for the various public forums. Thank you also to the Executive Board of the Consortium for a Healthier Miami-Dade and all its members for their support in this process. Lastly, we would like to thank all the volunteers that worked with the Office of Community Health and Planning on this unique endeavor.

A special thank you to Dr. Lillian Rivera, the former Administrator and Health Officer for the Florida Department of Health in Miami-Dade County. Dr. Riviera's vision for the community will always be everlasting. Lastly, we would like to acknowledge and thank the staff from the Office of Community Health and Planning for their leadership in coordinating this process.

Sincerely,



Yesenia D. Villalta, APRN, DNP, MSN
Administrator/Health Officer
Florida Department of Health in Miami-Dade County.

REVISIONS AND UPDATED INDICATORS

NEW AND UPDATED INDICATORS

- **Leading Cause of Death**
- **Years of Potential Life Lost**
- **Injury and Mental Health**
  - Unintentional Injury
  - Motor Vehicle Crashes
  - Unintentional Drowning
  - Suicide

- **Maternal and Child Health**
  - Low Birth Weight
  - Tobacco Use During Pregnancy
  - Infant Mortality
  - Live Births
  - Preterm Births
  - Maternal Deaths
  - Cesarean Sections
  - Breastfeeding Initiation

- **Reportable and Infectious Diseases**
  - Sexually Transmitted Diseases
  - HIV/AIDS
  - Vaccine Preventable Diseases
  - Influenza and Pneumonia
  - Influenza and Pneumonia $\geq$ 65 Years
  - Enteric Diseases
  - Rabies
  - Covid 19 (Coronavirus) **(NEW)**

- **Chronic Diseases**
  - Cancer
  - Breast Cancer
  - Lung Cancer
  - Prostate Cancer
  - Colorectal (Colon) Cancer
  - Melanoma Skin Cancer
  - Cervical Cancer
  - Chronic Liver Disease and Cirrhosis
  - Chronic Lower Respiratory Disease
  - Alzheimer's Disease
  - Diabetes
  - Heart Disease
  - Stroke

Health Factors

- Health Equity Profile
- Social and Economic Factors
  - Socioeconomic Factors
  - Unemployment
  - Education
  - Family and Social Support
  - Community Safety
- Social and Economic Factors-Income and Poverty
  - Income and Poverty
  - Socioeconomic Factors
  - Unemployment
  - Household Income
  - Income Inequality
  - Poverty
  - Poverty by Race and Ethnicity
  - Poverty by Age
  - Poverty and Families
  - Public Assistance
- Social and Economic Factors- Education
  - Education
  - Miami Dade County School District
  - Students with Disabilities
- Social and Economic Factors – Community Safety
  - Crime
  - Domestic Violence
  - Human Trafficking
- Health Behaviors-Drug Use
  - Neonatal Abstinence Syndrome
- Health Behaviors-Alcohol Use
  - Binge Drinking and Maternal Health
  - Alcohol Confirmed Motor Vehicle Collision
- Health Behaviors-Tobacco Use
  - Smoking
  - Smoking and Youth
- Health Behaviors-Vaccination
  - Immunization Coverage of School Age Children
- Health Behaviors-Sexual Activity
  - Teen Births
- Health Behaviors-Maternal and Child Health
  - Early Entry into Prenatal Care

REVISIONS AND UPDATED INDICATORS

NEW AND UPDATED INDICATORS (CONTINUED)

Clinical Care

- Access to Care
- Health Insurance Coverage
- Licensed Health Care Facilities
- Licensed Professionals
- Physicians
- Pediatricians
- Dentists
- Number of Beds
- Total Annual Emergency Room Visits
- Payer Source
- Physical Environment – Lead Poisoning
    - Lead Poisoning
- Physical Environment – Housing
    - Housing
    - Units Build by Year Built
    - Home Values
    - Residential Building Permits
    - Homelessness
    - Housing
    - Transportation

REVISIONS AND ADDITIONS

<u>New Sections</u>

- Disparities in Miami-Dade County
- Local Resources
- 10 Essential Public Health Services
- Summary: Community Health Assessment Indicators 2030

<u>Additions</u>

For health outcomes, each indicator was broken out by race, ethnicity, and where appropriate, gender. In order to accomplish this, the following line graphs were added;

- HIV/AIDS Death Rate by Ethnicity
- Lung Cancer Death Rate by Ethnicity
- Colon Cancer Death Rate by Ethnicity
- Cervical Cancer Death Rate by Race
- Cervical Cancer Death Rate by Ethnicity
- Cervical Cancer Death Rate by Ethnicity
- Chronic Liver Disease and Cirrhosis Death Rate by Ethnicity
- Chronic Lower Respiratory Disease Death Rate by Gender
- Alzheimer's Disease Death Rate by Ethnicity
- Stroke Death Rate by Ethnicity
- Early Entry into Prenatal care by Ethnicity

REVISIONS AND UPDATED INDICATORS

REVISIONS AND ADDITIONS (CONTINUED)

Table Adjustment

The following tables were converted to line graphs for uniformity;

- Cancer Death Rate by Ethnicity
- Breast Cancer Death Rates by Ethnicity
- Prostate Cancer Death Rates by Ethnicity
- Melanoma Cancer Death Rates by Ethnicity
- Diabetes Death Rates by Ethnicity
- Heart Disease Death Rates by Ethnicity
- Melanoma Cancer Death Rates by Ethnicity

Data Source Changes

The following charts changed data source due to data availabliltiy;

- Religious Affiliation; changed from Homefacts.com to Public Religion Research Institute
- Free and Reduced Lunch; changed from Kidscount.org to Florida Department of Education
- Health Insurance Coverage by Age; changed from BRFSS to US Census American Community Survey 5 year estimates

Chart and Graph Adjustment

- Changed Percent of Births by C-Section to Percent of Low-Risk, First Time Pregancies with C Section Deliveries to align with HP2030 indicator
- Household Income graph was adjusted to be grouped by geography rather than by income bracket to better illustrate the distribution of income in each geography
- Changed Alcohol Suspected Motor Vehicle Traffic Crashes to Alcohol Confirmed Motor Vehicle Traffic Crashes due to availability of data
- Added bed capacity to each category for Health Care Facility by Type

Notes

- The US Census Bureau American Community Survey (ACS) 5 year estimates are a valuable data source for many of our indicators. 2015-2019 estimates were used because the US Census Bureau has only released the 2020 ACS 1 year estimates under a separate experimental site due to complications with data gathering in 2020 due to the pandemic.

INTRODUCTION AND EXECUTIVE SUMMARY

The DOH-Miami-Dade embarked on a new cycle of community health planning in preparation for its new Community Health Improvement Plan. To develop our plan, a Community Health Assessment needed to be completed. This is the third cycle using the Mobilizing for Action through Planning and Partnership (MAPP) model. MAPP is a community-driven process used for improving community health. Through this process, communities can seek to achieve optimal health by identifying and using their resources wisely. The process consists of four community health assessments: Local Public Health System Assessment (LPHSA), Forces of Change Assessment (FCA), Community Themes and Strengths Assessment (CTSA), and the Community Health Status Assessment (CHA). The four assessments examine issues such as risk factors for disease, illness, mortality, socioeconomic factors, environmental conditions, inequities in health, and quality of life. Using these assessments can help the community identify and prioritize health problems, facilitate planning, and determine actions to address issues identified.

The first assessment, the Local Public Health System Assessment, took place on August 24 & 25, 2017. During this time, over 111 individuals, representing 40 unduplicated organizations participated. For a complete listing of participants, see Appendix I. The LPHSA examines how well the 10 Essential Services of Public Health are implemented within the county. The 10 Essential Services of Public Health are explained in detail further in the document. The local public health system was scored based on perceived performance and, universal themes of discussion across all functions and standards were identified. An optimal level of performance is the level to which all local public health systems should aspire. Miami-Dade County's public health system ranked as **Significant Activity** in overall performance. The highest ranking available was Optimal Activity.

The **highest ranked service** for performance was **Essential Service 5** *Develop Policies and Plans that Support Individual and Community Health Efforts*. The three **lowest ranked services** for performance were **Essential Service 7** *Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable*, **Essential Service 9** *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*, and **Essential Service 10** *Research for New Insights and Innovative Solutions to Health Problems*. See Appendix l for the full LPHSA report.

The second assessment conducted was the Forces of Change assessment, which took place on May 10, 2018. Organizations and sectors that play essential roles in promoting and improving the health in Miami-Dade County participated in the Forces of Change Assessment Community Meeting. The assessment process was well received among the participants. On the day of the event, there was a total of sixty-four participants representing 42 unduplicated organizations. See Appendix ll for the full report, including those in attendance. The purpose of this assessment was to identify the trends, factors, and events that are likely to influence community health and quality of life, as well as the work of the local public health system in Miami-Dade County.

The Forces of Change Assessment brainstorming session focused on answering the following questions:

- What has occurred recently that may affect our local public health system or the health of our community?
- Are there trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?
- What may occur in the foreseeable future that may affect our public health system or the health of our community?

INTRODUCTION AND EXECUTIVE SUMMARY

During the community meeting, a varied group of community partners engaged in brainstorming sessions and discussed key factors that directly or indirectly affect health and the health of the community. Examples of the vital forces that were discussed included:

- Social/Mental Health
- Lack of Affordable Housing
- Opioid Epidemic
- Gun Violence
- Lack of Data Driven Decisions
- Lack of Coordination between Healthcare Providers
- Lack of Fully Integrated Data Sharing System
- Healthcare Immigration Policy Change

The third assessment conducted was the Community Themes and Strengths Assessment. This assessment specifically targeted the residents of Miami-Dade County to gather their impressions and thoughts that can help pinpoint essential issues and highlight possible solutions. More importantly, by involving community residents and genuinely listening to their concerns, every participant feels like an integral part of the process.

During this phase, two tiers of information-gathering occurred. Tier one consisted of focus groups. Focus groups were held throughout the county for several months in 2018. The DOH-Miami-Dade, along with the Health Council of South Florida, conducted 14 focus groups to obtain insight from Miami-Dade County residents. A total of 96 participants were involved in this component. Please see Appendix III for the full results of the focus groups. Residents identified six areas within our county to address: 1.) Transportation and the built environment, 2.) Access to healthy food, 3.) Education, 4.) Neighborhood Safety, 5.) Health Service Utilization, 6.) Community Involvement.

The second tier consisted of a Wellbeing Survey. The Wellbeing Survey is meant to identify the needs, opinions, and views of Miami-Dade County residents and looks to answer the following questions:

- What is important to the community?
- How is the quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

Results from this assessment were made available in August 2019, and are located at www.healthymiamidade.org.

Lastly, the Community Health Status Assessment consists of secondary data collected through the synthesis of existing data from national, state, and local sources which were analyzed to learn about health status, quality of life, and risk factors for poor health outcomes among residents of Miami-Dade County. This assessment is monitored and updated on an annual basis to ensure the data is being evaluated to track progress in our community.

The four assessments give a complete view of health and quality of life in Miami-Dade County and help make up the Miami-Dade County Community Health Assessment. As a way to continue to involve the community in the assessment process, feedback and comments related to this document can be provided at https://www.surveymonkey.com/r/CHA-MDC.

All photos contained in this document were obtained through a paid membership to Shutterstock, unless otherwise noted.

BUILDING ON COMMUNITY SUCCESS

A leading figure in the development of the modern study of public health is Charles-Edward Armory Winslow. His definition of public health, developed almost a century ago, states that "Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals" (Centers for Disease Control and Prevention, 2018).

According to the American Public Health Association, public health promotes and protects the health of people and the communities where they live, learn, work, and play. In public health, the concern is not on individual health but instead on systems that prevent illness and injury and encourage and promote healthy lifestyles.

There are three core functions of public health: assessment, policy development, and assurance. These core functions completed through the ten essential services that public health provides (see Figure 1). Through the Mobilizing for Action Through Planning and Partnerships (MAPP) process, we can implement a comprehensive assessment, develop a comprehensive Community Health Improvement Plan (CHIP), and evaluate on an on going basis.

Figure 1

Health is not only shaped by treating medical conditions but also by addressing the social determinants of health that influence one's health. These factors include social, education, economic, and environmental conditions. There needs to be a shared effort from all public health system partners to have a significant, positive impact in the community. No single agency on its own has the resources or the depth needed to address the health of all residents who live in Miami-Dade County.

DOH-Miami-Dade has completed its third round of implementing this comprehensive methodology to conduct the assessment. The process was first executed in 2008 and repeated in 2013. The third cycle started in 2017 with a large number of participants taking part in the various assessments. We are currently utilizing the CHIP developed as a result of the 2019 MAPP assessment.

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

BUILDING ON COMMUNITY SUCCESS

The CHIP is a five-year plan to improve community health and quality of life in Miami-Dade County. It is a long-term systematic effort to address the public health concerns of the community. The CHIP aligns with national and state public health practices using Healthy People 2020, Healthy People 2030, and the State Health Improvement Plan (SHIP) as a model. The plan identifies high-impact strategic issues and desired health and public health system outcomes to be achieved by the coordinated activities of the partners who provide input. Miami-Dade County's CHIP addresses six key health priorities: Health Equity, Access to Care, Chronic Disease, Maternal Child Health, Injury, Safey and Violence, and Communicable Disease/Emergent Threats. All CHIP goals, objectives, strategies, and performance indicators are accessible at www.HealthyMiamiDade.org/resources/community-health-improvement-plan/.

The CHIP serves as a framework for continuous health improvement in the local public health system by choosing strategic issue areas. It is not intended to be an exhaustive and static document. Evaluations on progress is ongoing through quarterly reports and discussion with community partners. The CHIP will continue to change and evolve as new information and insight emerge at the local, state and national levels. Miami-Dade County is at a critical juncture in public health as significant health challenges arise and persist such as the opioid crisis, Zika virus, HIV epidemic, limited access to care, health and socioeconomic disparities, mental health, as well as the prevalence of obesity, chronic disease, nicotine use, and many others. The local public health system must continue to join forces with community-based organizations to make a concerted effort to strengthen capacity, advance health equity, and make significant strides to improve, promote and protect health. Through partnerships, public health goals are more likely to beachieved and meaningful changes created that lead to healthier living standards for residents.

The 2019-2024 CHIP is aligned with and includes Community Health Assessment data that has been recently collected through the MAPP process.

DEMOGRAPHICS

MIAMI-DADE COUNTY, FLORIDA AND FLORIDA DEMOGRAPHIC PROFILE

According to the 2016-2020 US Census American Community Survey 5-year estimates[1], Miami-Dade County has 2,705,528 residents. Miami-Dade County is considered the largest major metropolitan area in the State of Florida representing 12.7% of the State's population. Miami-Dade County is also one of the few counties in the United State that is a "minority-majority," meaning that a minority group comprises the majority of the population, with 68.1% of the population in Miami-Dade County identifying as either Latino or Hispanic compared to 25.8% of the State of Florida population. Additionally, Miami-Dade County has similar percentages by race compared to the State of Florida; however, Miami-Dade County has a larger percentage of Black/African American residents (16.9% compared to 15.9%) and a lesser percentage of Asian residents (1.6% compared to 2.7%).

Miami-Dade County is also similarly profiled to the State of Florida in gender and age. Miami-Dade County's population is 48.6% male and 51.4% female compared the Florida which is 48.9% male and 51.1% female. Furthermore, Miami-Dade County and Florida are similar across age-groups; however, Miami-Dade County has a slightly smaller population of residents 65 and older and a larger population of residents between the age of 20-34. When considering measures of poverty, Miami-Dade County has a larger percentage of people living below the federal poverty level (FPL) compared to the State of Florida with measures 16% and 13.3%. respectively. Additionally, Miami-Dade County has a larger percentage of children living below the FPL with 21.1% of children in Miami-Dade County compared to 18.7% of children statewide.

State of Florida

Miami-Dade County Map

[1] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2015-2019. Available from https://data.census.gov/cedsci/profile?g=0500000US12086

DEMOGRAPHICS

Table 1 summarizes specific demographics for Miami-Dade County. Race and ethnicity are self-identified and are used to classify groups of people based on characteristics. The census collects data regarding race and ethnicity in two separate questions. In Miami-Dade County, 89.3% of people identify as one race only and 10.7 identify as two or more races. While not shown in the table below, the Census provides subcategories for American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander. Further detail can be found in Table DP05 on the US Census Bureau website.

Table 1: Demographic Profile, Miami-Dade County and Florida, 5-Year Estimate for 2020

	Miami-Dade County	Florida
Total Population	2,705,528	21,216,924
Gender		
Male	48.60%	48.90%
Female	51.40%	51.10%
Age		
Under 5 Years	5.80%	5.30%
5-19 Years	16.90%	16.80%
20-34 Years	20.30%	19.00%
35-64 Years	40.70%	38.40%
65 and Older	16.30%	20.50%
Race		
White	65.90%	71.60%
Black or African American	16.90%	15.90%
Asian	1.60%	2.70%
American Indian and Alaskan Native	0.20%	0.30%
Native Hawaiian and Other Pacific Islander	0.00%	0.10%
Some Other Race	4.70%	3.30%
Ethnicity		
Hispanic	68.10%	25.80%
Non-Hispanic	31.90%	74.20%
% Below Federal Poverty Level (FPL)		
People Living Below FPL	16.00%	13.30%
Children Living Below FPL	21.10%	18.70%

Source: Data for 2016-2020 estimates accessed via Unites States Census Bureau https://data.census.gov/, Table DP05 and Table DP03

DEMOGRAPHICS

NATIONALITY AND LANGUAGE

Nationality and language cannot be overlooked when reviewing the demographic profile for Miami-Dade County. Information related to nationality and language were accessed from the U. S. Census Bureau. According to the U.S. Census Bureau, foreign-born refers to individuals who are not U. S. Citizens at birth. Miami-Dade County has a total population of 2,705,528 and nearly 1.5 million (54.0%) people are foreign-born. Furthermore, 75.0% of Miami Dade County residents over the age 5 speak a primary language other than English at home. Among those who speak a language other than English at home, Miami-Dade County has a higher percentage of residents who speak English less than "very well" than at the state and national level; 34.5% for Miami Dade County compared to 11.8% and 8.2% for the state and nation, respectively. The primary languages spoken among Miami-Dade County residents are English, Spanish and Creole.

Nationality and Language 5-Year Estimate for 2020

	MIAMI-DADE COUNTY	FLORIDA	UNITED STATES
Foreign born persons	1,460,319	4,410,286	44,125,628
Language other than English spoken at home (ages 5+)	1,910,114	5,907,245	66,093,076
Language other than English spoken at home (ages 5+) Persons that speak English less than "very well"	880,399	2,370,626	25,312,024

Source: Data for 2016-2020 estimates accessed via Unites States Census Bureau https://data.census.gov/, Table DP02

VULNERABLE POPULATIONS

Persons with access and functional needs include those with physical, cognitive, or developmental disabilities, persons with limited English proficiency, those who are geographically or culturally isolated, and individuals who are medically or chemically dependent. Recent natural disaters have exposed the need to develop better strategies for meeting the needs of vulnerable populations to prevent adverse health outcomes during and following a disaster. The data below is the most recent available data.

Population Estimates for Persons with Access and Functional Needs, 5-Year Estimate for 2020

	MIAMI-DADE COUNTY	FLORIDA
Civilian non-institutionalized population with a disability	273,538	2,840,938
Persons 18-64 with Independent Living Difficulty	40,821	453,099
Persons with Hearing Difficulty (18-64)	17,675	222,298
Persons with Vision Difficulty (18-64)	26,117	251,833
Seriously Emotionally Disturbed Children	26,002	197,235
Seriously Mentally Ill Adults	89,048	676,982

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/, Table S1810 and FL CHARTS

DEMOGRAPHICS

INDUSTRY AND OCCUPATION

The U.S Census Bureau identifies the proportions of the population that are working in the top ten industries by county, state, and nation. In Miami-Dade County and the United States, a significant number of the population work in the following fields: educational services, healthcare and social assistance, scientific, management, administrative, and waste management, retail trade, and arts, entertainment, recreation and accommodation and food services. The table below shows the top local industries in Miami-Dade County ranked from highest to lowest population worked in these fields.

Miami-Dade County Top Industries5-Year Estimate for 2020

	MIAMI-DADE COUNTY	FLORIDA	UNITED STATES
Educational services, and health care and social assistance	202,791	1,459,252	24,327,133
Professional, scientific, and management, and administrative and waste management services	132,720	946,352	13,566,708
Retail trade	100,869	741,153	10,302,465
Arts, entertainment, and recreation, and accommodation and food services	95,890	630,721	7,010,179
Transportation and warehousing, and utilities	90,323	434,249	6,626,804
Finance and insurance, and real estate and rental and leasing	84,695	602,826	8,497,181
Construction	88,210	595,859	7,952,513
Other services, except public administration	53,656	310,521	4,561,835
Manufacturing	47,979	417,993	13,436,247
Wholesale trade	40,386	209,846	3,311,895
Public administration	41,015	375,874	6,414,846
Information	20,037	131,399	2,356,780
Agriculture, forestry, fishing and hunting, and mining	6,600	58,272	1,984,462

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/, Table S2404

DEMOGRAPHICS
INDUSTRY AND OCCUPATION

According to the U.S. Census Bureau, Miami-Dade County has an estimated of 1,005,171 full-time, year-round civilian workforce individuals who are 16 years old and older. Males represent 55.9% and females constitute 44.1% of the workforce. Males are underrepresented in educational services, healthcare, and social assistance.

Miami-Dade County Top Five Locals Industry 5-Year Estimate for 2020 by Sex

	TOTAL	MALE	FEMALE
Full-time, year-round civilian employed population 16 years and over	1,005,171	55.9%	44.1%
Educational services, and health care and social assistance:	202,791	29.4%	70.6%
Professional, scientific, and management, and administrative and waste management services:	132,720	56.0%	44.0%
Retail trade	100,869	54.4%	45.6%
Arts, entertainment, and recreation, and accommodation and food services:	95,890	56.2%	43.8%

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/, Table S2404

The table below shows that most of the Miami-Dade County civilian-employed population 16 years of age and older work in management, business, science, and arts sector, followed by service occupations.

Occupation for Civilian Employed population 5-Year Estimates for 2020 (Ages 16+)

	MIAMI-DADE COUNTY	FLORIDA	UNITED STATES
Management, business, science, and arts occupations:	448,616	3,520,614	61,526,906
Service occupations:	269,021	1,898,161	27,095,654
Sales and office occupations:	324,155	2,354,471	33,247,878
Natural resources, construction, and maintenance occupations:	130,861	899,472	13,620,436
Production, transportation, and material moving occupations:	153,784	1,011,994	20,398,106

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/, Table S2401

HEALTH DISPARITIES IN MIAMI-DADE COUNTY

INTRODUCTION

While completing the Community Themes and Strengths Assessment, through the focus group discussions and the Miami-Dade County Wellbeing Survey, we learned there are many concerns, barriers, and health disparities that exists throughout our community in Miami-Dade. From this assessment, we did a further dive into the research using Miami Matters to learn more about our communities. Miami Matters is an online interactive platform that was launched in 2010 as an initiative of the Health Council of Soth Florida (HCSF). This online resource provides reputable easy to use data to understand the health and quality of life indicators for our South Florida community.

According to the Centers for Disease Control and Prevention (CDC), "social determinants of health (SDOH) are the conditions in which we are born, live, learn, work, play, worship, and age." These factors have a profound impact on people's health, overall wellbeing, and quality of life. They contribute to wide health disparities and inequities. They influence the opportunities available to us to practice healthy behaviors and lifestyle choices.

In this section we will highlight disparities and health inequities in specific Miami-Dade County Clusters (neighborhoods) and throughout Miami-Dade County as a whole. We wanted to highlight this section as a priority in which community partners and many community-based organizations in sectors like education, transportation, and housing can begin to take action to improve the conditions in people's environments in Miami-Dade.

It is also important to highlight in 2021, the Florida Department of Health in Miami-Dade County was awarded by the CDC the "*National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities"* grant. The purpose of the grant is to address COVID-19 related health disparities and to advance health equity. This will be accomplished through the selection of interventions using two strategies. The first strategy focuses on to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved. This will create infrastructure designed to lay a foundation for future response. The second strategy seeks to mobilize partners and collaborators to advance health equity in Miami-Dade and to address the social determinants of health to influence the opportunities available to expand access and resources to care to be able to practice healthy behaviors and lifestyle choices that increase overall quality of life.

DISPARITIES BY MIAMI-DADE CLUSTERS

The first indicator that will be highlighted in this section is the *Percent of Population Living Below Federal Poverty Level (FPL).* There are two clusters that should be noted when discussing this indicator. The first is Cluster 10, which has the highest rate of Families living below the FPL with an average of 30.1%. This rate is partly due to Opa-Locka's significant rate of 47.2% of their population living below the FPL. The second cluster, Cluster 5 has an average of 21.23%. Similar to Cluster 10, one region factors heavily into this rate which is Brownsville with 40.2% of families living below the poverty line.

The second indicator that will be discussed in regard to our clusters is linguistic isolation— which translates to the concept where all household members over the age of 14 are not fluent in English. This becomes a major barrier when maneuvering through health and education systems as well as within the workforce. Cluster 9 and Cluster 13 have the highest rates of linguistic isolation with regions with linguistic isolation rates above 40%.

The last indicator that we will examine is the percentage of adults and children with health insurance. Health insurance, or lack thereof, can contribute to one's health in a significant manner. With rising medical costs, health insurance can eliminate the financial barrier to care that many face. Fortunately, Miami-Dade Clusters have high rates of children being insured with the lowest percentage being 92% for Cluster 2. Unfortunately, adult health insurance rates are significantly

lower among our clusters with the highest percentage being 87.2% (Clusters 2 and 4) and the lowest being 64.6% (Cluster 9).

DISPARITIES BY MIAMI-DADE COUNTY

Miami-Dade, is home to a diverse population with diverse needs. Unfortunately, many have limited access to care or services or have other barriers preventing them from achieving a healthy lifestyle. One of the biggest disparities that this region faces is in regard to Years of Potential Lives Lost (YPLL). YPLL estimates the number of life years lost due to premature death by subtracting the age at death from a life expectancy of 75 years. When examining 2020 premature mortality, Black residents lost 2,410 years of potential life years more than White residents.

Black or African American population health outcomes have been significantly different than other populations within the region. Moreover, some of the most notable disparities fall within the Maternal and Child Health section. For instance, in 2020, the Black infant mortality rate [IMR] was over four times higher than the White IMR— 11 and 2.6 infant deaths per 1,000 live births respectively. Over time the White IMR has been improving while the Black IMR has been worsening.

Unfortunately, this trend of significantly higher rates in comparison to other groups is seen in pre-term births and low-birth-weight births as well. The 2020 Maternal Mortality Rate (MMR) statistics also show this disparity with Black or African American residents in Miami-Dade with 60.1 maternal deaths per 100,000. This is more than four times higher than the White population in Miami-Dade (14.2 deaths per 100,000).

Outside of the maternal and child health realm we find that African American/ Black population death rates are significantly higher than White populations in many of the indicators highlighted in this report. This includes death rates for HIV/AIDS, and certain cancers such as breast and prostate cancer. One that stands out is the Age-Adjusted Death Rate for Diabetes. Black populations in Miami-Dade had a rate of 61.4 deaths per 100,000 whereas White populations have a rate of 22.3 per 100,000.

Notable disparities are also found within the socio-economic field. As reported in the homelessness section of this Community Health Assessment--while black persons represent 18% of Miami-Dade County's general population, they comprise 56% of the homeless population. In terms of high school graduation rates we find that American Indian or Alaska Native persons the lowest graduation rate. In 2020 the graduation rate for this group was 84.1% while their white counterparts was 91.7%.

The last disparity we will discuss in this section is food insecurity; an important social determinant of health. According to Florida Health Charts, this indicator is the percentage of the population that does not have a consistent access to enough food for an active and healthy life. This rate also refers to a lack of available financial resources for food at the household level. In 2019, the food insecurity rate in Miami-Dade County was 16.1%. When looking at the child food insecurity rate in Miami-Dade, it was 22.9% in 2019. This rate refers to the percentage of children under the age of 18 years old who do not have a stable source and access to food. Tracking the food insecurity rate is extremely important because low-income families are affected by this at multiple levels with overlapping issues. Some of these other issues they may be experiencing include a lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. Those experiencing food insecurity usually consume a nutrient-poor diet. This may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases that may affect their overall health and lifestyle.

CONCLUSION

As a result of this data, our efforts have focused heavily on advancing health equity throughout Miami-Dade County. These efforts are especially focused in areas where inequities, health, and racial disparities exists. The Robert Wood Johnson Foundation defines health equity as the "means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” From this research, we will continue to monitor and evaluate these trends closely to continue our efforts to make the greatest impact in our community.

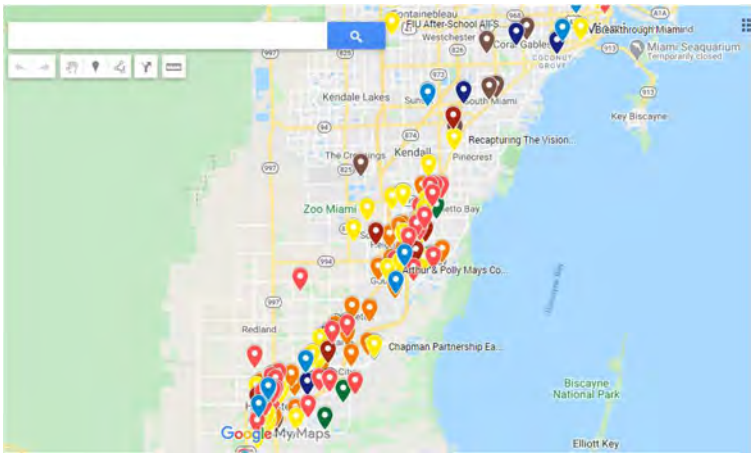
Social determinants of health have a major impact on health outcomes—especially for the most vulnerable populations. Healthy People 2030 defines social determinants of health as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Healthy People 2030 has an overarching increased focus on how these conditions in the environments where people are born, live, learn, work, play, worship, and age affect health. In Miami-Dade County we align our work with these efforts at the federal, state, and local level to achieve a healthier community. Overall it is important to keep in mind the environment as well as the social determinants in order to achieve health equity in Miami-Dade.

LOCALLY AVAILABLE RESOURCES

There is a breadth of locally-based health resources available to community members throughout Miami-Dade County, from behavioral health to parental support services. DOH Miami-Dade recently compiled a list of local providers into an interactive community resource map that is available online. The resources listed here are primarily located in the Homestead and South Miami region, since this area has been identified by the Community Themes and Strengths Assessment as an area of high need. However, many of these organizations have footprints that extend throughout the whole county.

The organizations are categorized under nine labels:

1. Behavioral Health Resources
2. Community Based Services
3. Daycare
4. Disability Resources
5. Domestic Violence Resources
6. Educational Resources
7. Faith-Based Organizations
8. Health Programs
9. Parents and Family Support



Below are highlighted some locally available resources from this list:

1. Amigos for Kids - Amigos For Kids was founded in 1991 to aid South Florida's most valuable resource, its children. The organization aims to increase awareness of its mission of strengthening families and educating communities in the prevention of child abuse and neglect.
2. Open Door Health Center - A free health clinic for the uninsured population located in Homestead.
3. Greater Miami Youth for Christ - Miami YFC is committed to empowering the children, youth, and families of our community by providing faith-based services that enhance their emotional, spiritual, physical, and educational well-being through our educational and outreach programs.
4. URGENT, Inc. - URGENT is a Miami, FL based youth and community development organization dedicated to the mission of Empowering Young Minds to Transform their Communities.
5. Breakthrough Miami - Breakthrough Miami uses a unique "students-teaching-students" model to create a rigorous, vibrant learning community, where highly motivated, traditionally underrepresented 5th-12th grade students are supported to achieve post-secondary success and emerging leaders are inspired to become the next generation of educators and advocates.
6. Kristi House Inc. - Kristi House provides treatment, advocacy, and coordination of services, within a healing environment, for all forms of child trauma, with a 24-year specialization in sexual abuse, and ongoing dedication to prevention education and training.
7. Carrie Brazer Center for Autism South Dade - The Carrie Brazer Center for Autism specializes in serving students diagnosed with classical Autism Spectrum Disorders (ASD) and other social and communicative disabilities, including Asperger's Disorder, high functioning autism, and nonverbal learning disabilities.
8. Bridge to Hope - Bridge To Hope provides services & programs designed to bridge the gap left to self-sufficiency for low-income and in-crisis families through a comprehensive set of programs and services, that raise the quality of life and standard of living, and to restore dignity, and hope to those in need.
9. Here's Help, Inc. - It is the mission of Here's Help, Inc. to maintain a person-centered, high standard of care and provide quality services to consumers of South Florida who need substance abuse/alcohol treatment.

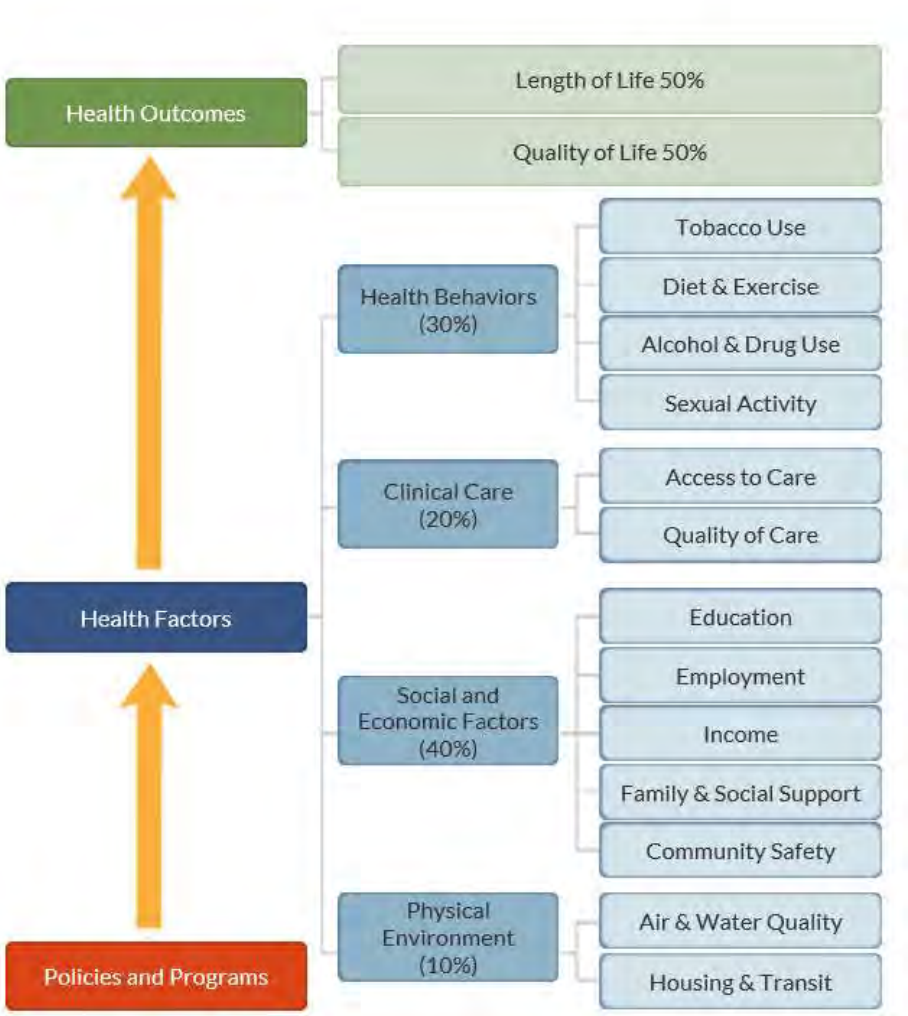
COUNTY HEALTH RANKINGS AND ROADMAPS

The County Health Rankings and Roadmaps is a systematic approach to having a snapshot of the community's health. These massive efforts are undertaken using a collaborative approach between the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute. According to the County Health Rankings website, "the rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights."

While the methodology of creating the County Health Rankings are detailed, the information gained from these rankings, the quality of the data, and the applicability to communities are invaluable. Below in Figure 1, you will find the framework for the Rankings. When visiting countyhealthrankings.org, each of the fields in the framework provides a more detailed explanation of how they are used to influence policies and programs, health factors, and health outcomes.

The DOH-Miami-Dade has used the County Health Rankings for many years as a guiding principle for the implementation of health initiatives within the community.

Figure 1: County Health Rankings Framework



County Health Rankings Model © 2016 UWPHI

COUNTY HEALTH RANKINGS AND ROADMAPS

Programs and initiatives have strongly contributed to the increase in healthy behaviors for both residents and visitors in Miami-Dade County. For example, through a collaboration between the DOH-Miami-Dade and the Centers for Disease Control and Prevention (CDC), we applied and received the Partnerships to Improve Community Health Grant.

DOH-Miami-Dade implemented projects towards increasing the awareness and importance of creating tobacco-free environments, access to healthier food options, physical activity and encouraging access to care. Targeted initiatives were implemented in areas with high chronic disease rates including Active Design elements, healthy hubs, healthy restaurants, and smoke free housing. Through the work of this collaboration, residents were introduced to healthy behaviors and were provided with education to help them lead healthier, happier lives.

Of note, per the County Health Ranking's Website, the below rankings and metrics were unaffected by COVID-19 as the data used to calculate the rankings are from 2021 and earlier.

Overall County Health Rankings out of all 67 FL Counties
Health Outcomes and Health Factors for Miami-Dade County, 2012-2021

Category	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Health Outcomes	9	6	5	5	19	23	5	5	6	4
Health Factors	30	29	25	25	28	28	27	31	32	26

Source: County Health Rankings 2012-2021 (www.countyhealthrankings.org)

	Miami-Dade County	Broward	Hillsborough	Orange	Palm Beach
Health Outcomes	4	10	12	8	11
Health Factors	26	16	20	14	9

Overall County Health Rankings out of all 67 FL Counties
Health Outcomes and Health Factors Peer Counties (2021)

Source: County Health Rankings Report 2021 (www.countyhealthrankings.org)

COUNTY HEALTH RANKINGS AND ROADMAPS

Miami-Dade County ranks 6 out of 67 counties in Florida in overall health outcomes. The first chart below highlights data shared from the 2021 County Health Rankings and indicates how Miami-Dade County compares with both Florida rates and national targets. When considering other factors that influence community health, Miami-Dade County continues to need some improvement in several areas. The County Health Rankings offer several sub-categories that examine overall rankings when compared to other Florida counties. It should be noted that with the Sub- Category chart, data from previous years are available on the County Health Rankings website but have not been included in this report. Exclusion is related to a methodology change from previous years, making yearly comparison less accurate.

2021 County Health Rankings Snapshot of Health Outcomes

Health Outcomes Indicators	Miami- Dade County, FL	Florida	National Target	Direction Needed to Meet Target
Mortality Indicator				
Premature Death "Years of potential life lost before age 75 per 100,000 population"	5,200	7,200	5,400	-
Morbidity Indicator				
Poor or Fair Health (age adjusted) "Percent of adults reporting fair or poor health"	24%	20%	14%	↓
Poor physical health days (age adjusted) "Average number of physically unhealthy days reported in past 30 days"	4.2%	4%	3.4%	↓
Poor mental health days (age adjusted) "Average number of mentally unhealthy days reported in past 30 days"	4.1%	4.2%	3.8%	↓
Low birthweight "Percent of live births with low birthweight (<2500 grams)"	8%	9%	6%	↓

Source: County Health Rankings Report 2021 (www.countyhealthrankings.org)

2021 Sub-Category County Health Rankings for Miami-Dade County, FL Health Outcomes and Health Factors

Sub-Category	2021 Rankings
Health Outcomes	
Length of Life	1
Quality of Life	17
Health Factors	
Health Behaviors	1
Clinical Care	60
Social and Economic Factors	24
Physical Environment	63

Source: County Health Rankings Report 2021 (www.countyhealthrankings.org)

CONSORTIUM FOR A HEALTHIER MIAMI-DADE

In the area of public health, one agency alone cannot do the enormous task of influencing the entire population; however, through collaboration, the Consortium's vision of a healthy environment, healthy lifestyles and a healthy community for all Miami-Dade County residents and visitors will be fulfilled. The Consortium for a Healthier Miami-Dade was established in 2003 by the Miami-Dade County Health Department to address the increasing rate of chronic disease in the community.

The Consortium is comprised of seven committees and is guided by the goals and objectives established in Healthy People 2030. Over 400 organizations particpate, all united by the common belief that through collaboration and prevention-focused initiatives, Miami-Dade County residents can live longer, healthier and happier lives.

Overall goals of the Consortium include:

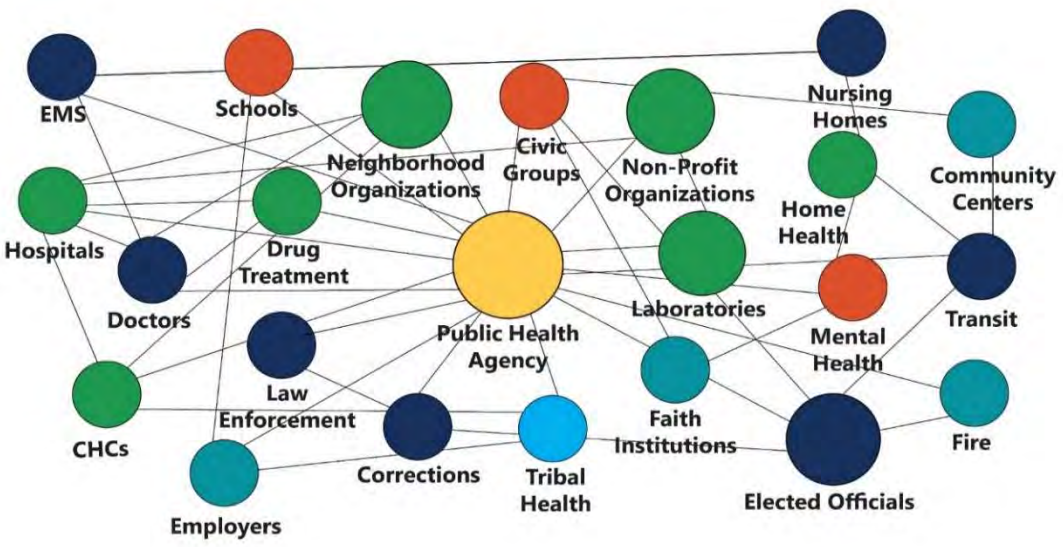
- Integrate planning and assessment to maximize partnerships.
- Increase the percentage of adults and children who are at a healthy weight.
- Build and revitalize communities so people can live healthy lives.
- Increase access to resources that promote healthy behaviors.

The seven committees of the Consortium for a Healthier Miami-Dade are the Children Issues/Oral Health, Elder Issues/Mayor's Initiative on Aging, Health and the Built Environment, Health Promotion and Disease Prevention, Marketing and Membership, Tobacco-Free Workgroup, and Worksite Wellness. Each of these committees share collective goals.

- Prevention through education and the support of policies, systems, and environmental changes that encourage healthy living
- Reducing and eliminating health disparities among high-risk populations
- Provision of educational forums, programs, and screenings
- Collaboration and leveraging of resources
- Implementation of evidence-based practices, community-focused programs, and services
- Increasing access to health services, healthy foods, and environments

The DOH-Miami-Dade knows and understands that there must be many partners and collaborative relationships to address public health effectively. For us, public health is a network of partners working together. Other agencies, non-governmental organizations, institutions, informal associations, local communities, and individuals play critical roles in creating environments in which people can be healthy.

Figure 2: How Essential Public Health Services Engage one Another
Image Courtesy of NACCHO



10 ESSENTIAL PUBLIC HEALTH SERVICES
2020 UPDATE

The 10 Essential Public Health Services (EPHS) was recently revised on September 9, 2020. This framework was revised as a result of a collaborative effort by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation. These two organizations brought together a task force of public health experts, leaders, and practitioners. During this meeting they engaged the public health community in activities to inform these changes.

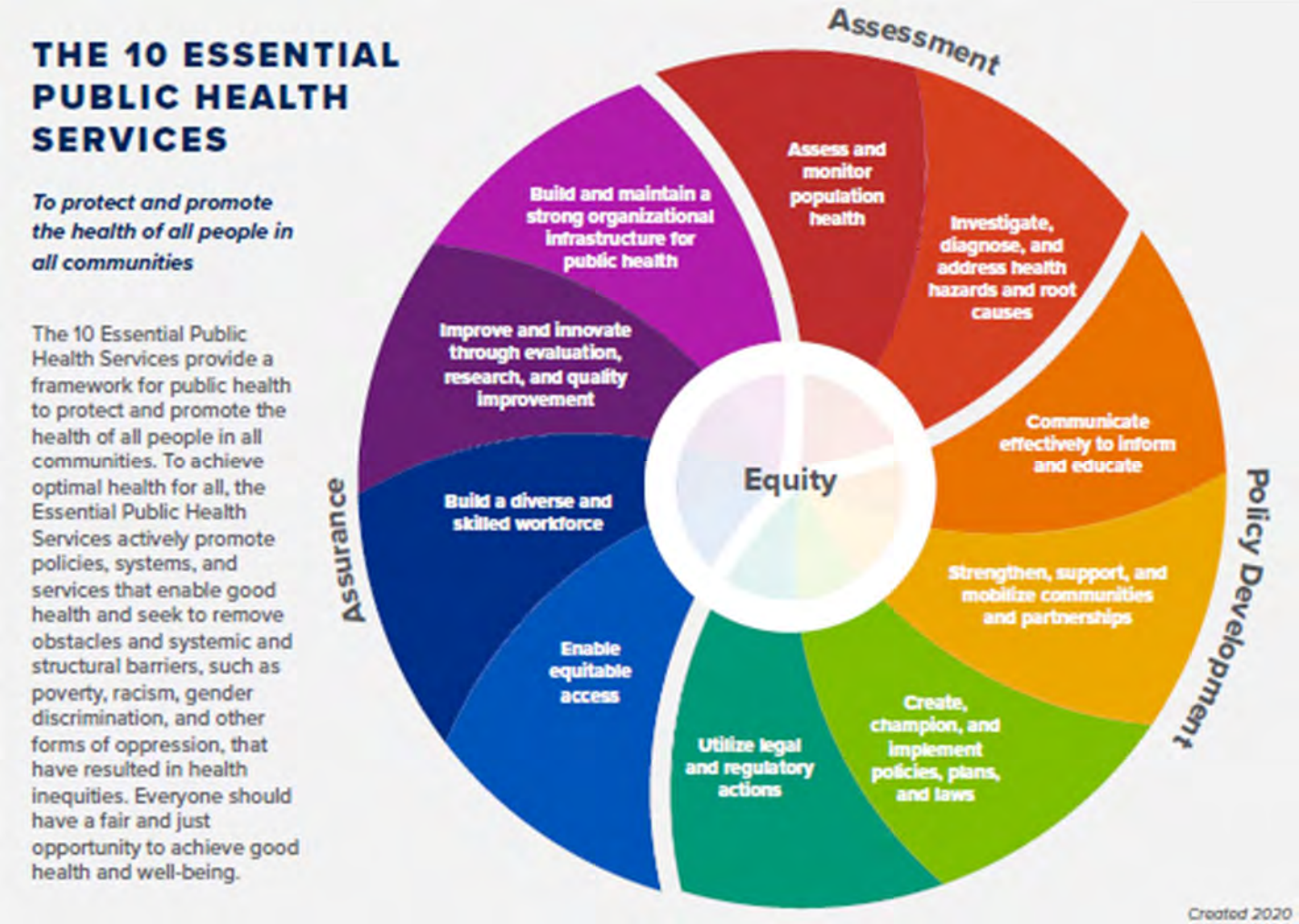
The EPHS was first released in 1994 and now recently updated in 2020. The revised version of the 10 Essential Services is intended to bring the framework more in alignment with current and future public health practice. One of the main key elements to highlight from this update is health equity being included and encompassing throughout the whole 10 Essential Public Health Services process.

The following include a list of the previous and updated 10 Essential Public Health Services framework for public health to protect and promote the health of *all people in all communities*.

Previous Version	2020 Version
1. Monitor health status to identify and solve community health problems 2. Diagnose and investigate health problems and health hazards in the community 3. Inform, educate, and empower people about health issues 4. Mobilize community partnerships and action to identify and solve health problems 5. Develop policies and plans that support individual and community health efforts 6. Enforce laws and regulations that protect health and ensure safety 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable 8. Assure competent public and personal health care workforce 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services 10. Research for new insights and innovative solutions to health problems	1. Assess and monitor population health status, factors that influence health, and community needs and assets 2. Investigate, diagnose, and address health problems and hazards affecting the population 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it 4. Strengthen, support, and mobilize communities and partnerships to improve health 5. Create, champion, and implement policies, plans, and laws that impact health 6. Utilize legal and regulatory actions designed to improve and protect the public's health 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy 8. Build and support a diverse and skilled public health workforce 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement 10. Build and maintain a strong organizational infrastructure for public health

10 ESSENTIAL PUBLIC HEALTH SERVICES
2020 UPDATE

It's important to note that the surveys and data collection processed used in this Community Health Assessment reflect the previous version of the 10 Essential Public Health Services.



Social Determinants of Health

The Social Determinants of Health (SDOH) are the factors and conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. The social determinants of health can be grouped into 5 categories. These include: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. It is important for community stakeholders to understand these factors influence the opportunities available to the community to practice healthy behaviors and lifestyle choices.

The World Health Organization (WHO) states the social determinants of health are mostly responsible for health inequities. These are the unfair and avoidable differences in health status. These factors are shaped by the distribution of money, power, and resources at global, national, and local levels. It is important to highlight that resources can enhance quality of life can have a significant influence on population health outcomes.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

MAPP PROCESS UPDATE

The next upcoming MAPP Cycle will evolve from six phases to three phases. The table to the right includes the previous MAPP framework and the new revised framework. This cycle will build on the MAPP foundation principles especially related to community power and health equity. This process will be using a health equity lens and going beyond the social determinants of health while looking at the root causes and health inequities that exists in our community.

Previous MAPP Framework	Revised MAPP Framework
Phase 1: Organize for Success Phase 2: Visioning	Phase 1: Build the Community Health Improvement [CHI] Foundation
Phase 3: Conduct the Assessments • Community Health Status • Local Public Health System • Community Themes and Strengths • Forces of Change	Phase 2: Tell the Community Story • Community Status • Community Partner • Community Context
Phase 4: Identify Strategic Issues Phase 5: Develop Goals & Strategies Phase 6: The Action Cycle	Phase 3: Continuously Improve the Community

DOH-Miami-Dade has taken the lead on implementing community-based assessments to identify the needs of the community, emerging trends and issues in public health. One of the best frameworks to use is the Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP framework was developed by the National Association of County and City Health Officials (NACCHO) as an evidenced based tool to help communities think strategically through the various levels of planning and assessment when it comes to health assessments. Though in the next MAPP process the new framework will be implemented. The process described below is the process that is currently used to inform this CHA.

The MAPP process consists of six phases described below. It should be noted that DOH-Miami-Dade participated in each of the six phases as outlined in the MAPP process.

Phase 1: Organize for Success/Partnership Development- Many partnerships formed through local efforts to help gain support and buy-in from the community for the MAPP process and the steps that proceed this phase. This phase is crucial because it will lay the foundation for creating firm commitments from organizations and stakeholders.

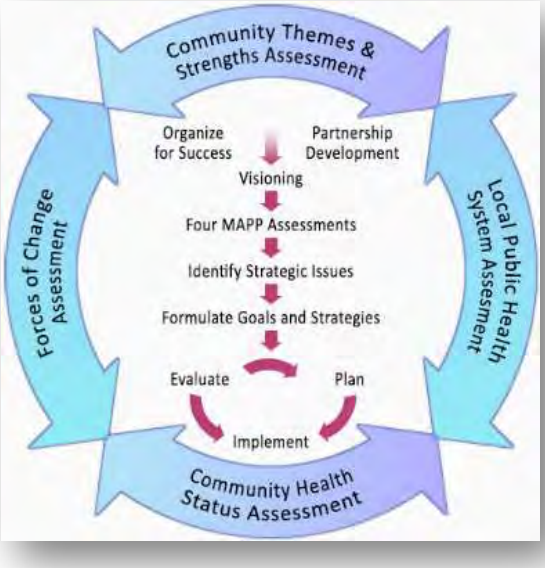
Phase 2: Visioning- During the Visioning stage, DOH-Miami-Dade worked collaboratively with community and local organizations to ensure that key members were involved in the MAPP planning process.

Phase 3: Four MAPP Assessments- Phase 3 of the MAPP process involves primary data is collection through the utilization of locally administered assessments- the Local Public Health System Assessment, Forces of Change Assessment, and the Community Themes and Strengths Assessment. The final of the four assessments is the Community Health Status Assessment which is utlizes secondary data collection. Each assessment is explained in detail in subsequent sections.

Phase 4: Identify Strategic Issues- Results of the four assessments are analyzed to help identify the overarching needs of the community. Community partners help to prioritize the strategic areas and narrow the focus.

Phase 5: Formulate Goals and Strategies- Phase 5 forms written goals and identifies participants who can work to effectively address each goal.

Phase 6: Action Cycle- During this phase planning, implementation, and evaluation are brought together in a model for that is like a continuous quality improvement.



Source: Image obtained from: https://www.naccho.org/.

MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIPS

Developing partnerships takes time, patience and commitment. Before our community embraced the MAPP process, the DOH-Miami-Dade utilized the Planned Approach to Community Health (PATCH) methodology. PATCH was developed by the CDC to help state and local public health agencies in their partnerships with local communities to plan, conduct and evaluate health promotion and disease prevention programs. The PATCH process had five phases: mobilizing the community, collecting and organizing data, choosing health priorities, developing a comprehensive intervention plan and evaluation. The Consortium for a Healthier Miami-Dade utilized this methodology at its inception. The entire process took five years to implement and served as the foundation for the work of the multi-sectoral group.

Because of this process, the group was able to develop its mission which is to be a significant catalyst for healthy living through the support and strengthening of policy, systems, and environments and has a shared vision of a healthy environment, healthy lifestyles, and healthy community. Additionally, during this five-year period, certain products were developed along with various initiatives. See Table 1 for details.

Table 1: Organizing for Succes and Partnership Deliverables

Products	Initiatives
• Guidelines of Operation • Strategic Plan • Community Leader Opinion Survey • Community Resource Inventory for Healthy Living • Consortium Marketing Presentation • Consortium Membership Agreement Form • Worksite Wellness Resource Inventory	***Issue Specific Health Promotion Campaigns*** • Mayor's Initiative on Aging • Mission to Health • Health and the Built Environment • Hip Hop 4 Health • Step Up Florida • Tobacco Cessation Campaign "Expose the Truth" • Worksite Wellness Outreach Program
	Service Delivery Initiatives • Community Health Outreach Program (CHOP) • Give Kids a Smile Day Events
	Information and Networking Initiatives • Annual meeting Launch of Living Healthy, Living Longer in South Miami Dade • Consortium listserv • Consortium Website • Worksite Wellness Committee Forum • Monthly Committee meetings

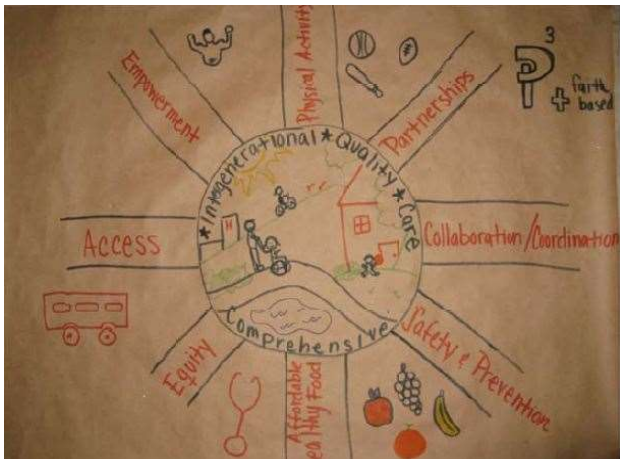
MAPP PHASE 2: VISIONING

In 2008, DOH-Miami-Dade, in partnership with the Health Council of South Florida, participated in the first MAPP phase. A second MAPP phase was completed in 2012. During the 2012 session, Consortium members and representatives from other organizations were invited to participate in several meetings where the group was asked the following questions:

- What does a healthy Miami-Dade County mean to you?
- How do you envision the Miami-Dade County community in 10-15 years?
- What are important characteristics of a healthy community for all who live, work, and play here?

Participants envisioned that in 10-15 years Miami-Dade County would have adequate and affordable primary care for its residents. Additionally, they envisioned a community where emergency room (ER) visits for treatable conditions were reduced. Participants were able to articulate their desire for a healthy community, which included taking a holistic approach to health across the lifespan. The group envisioned a community where all families were able to thrive equitably and all communities within Miami-Dade would possess environmental assets that motivate residents to make healthy choices. The participants indicated that the approach to providing care needed to change from a treatment model to a wellness model, with access to healthy foods, opportunities to decrease stress, and increase socialization. Please see participants visual responses below:

Image 1: Participants Visual Responses



MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

2017 Local Public Health System Assessment

Miami-Dade County, Florida

What are the components, activities and capacities of our public health system? How well are the 10 Essential Public Health Services being provided in our public health system?

DESCRIPTION

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten Essential Services. Essential Services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.

PERFORMANCE SIGNIFICANT

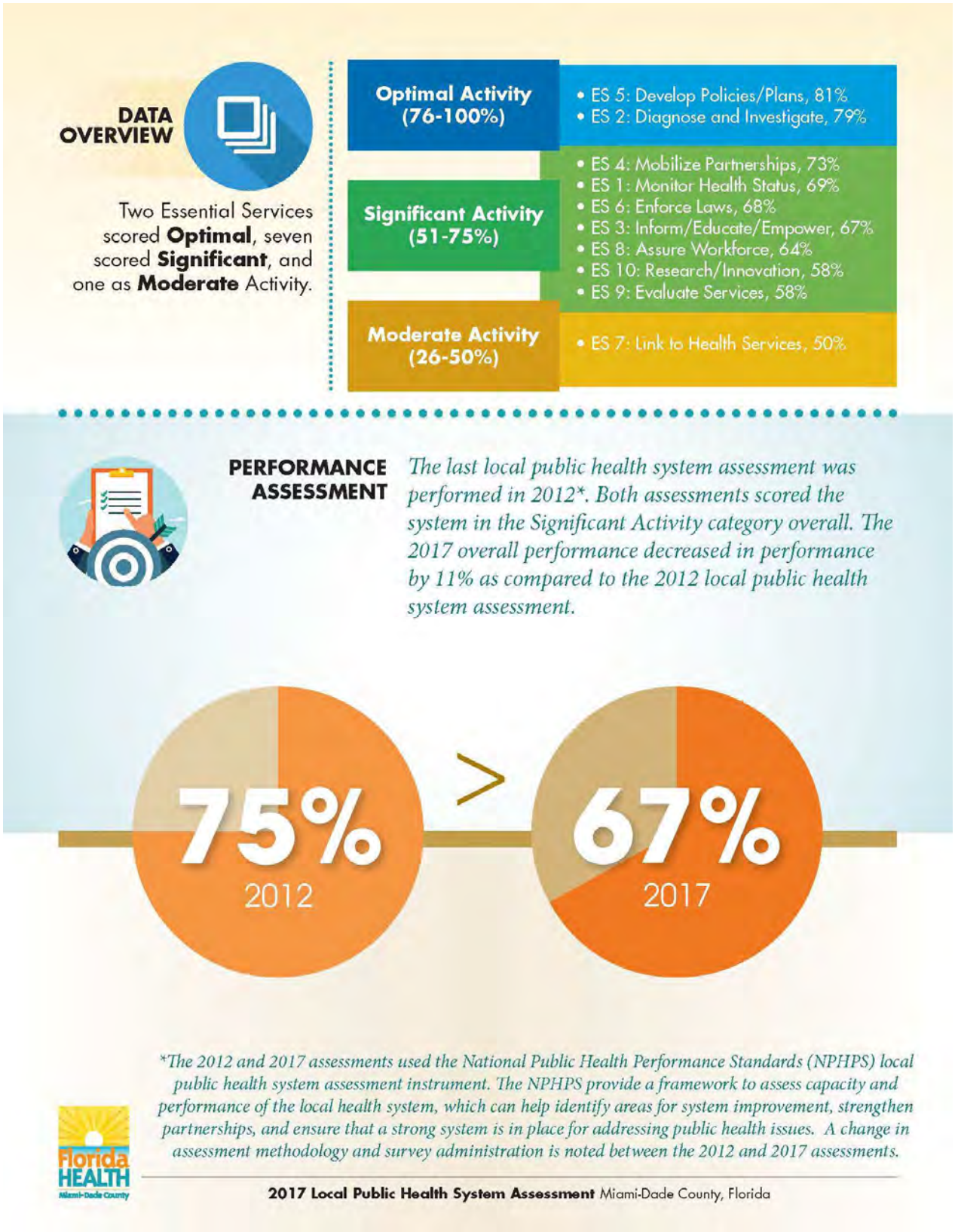
The Miami-Dade County local public health system's overall performance ranking score is **67%**, which represents **Significant** Activity.

Florida HEALTH Miami-Dade County

2017 Local Public Health System Assessment Miami-Dade County, Florida

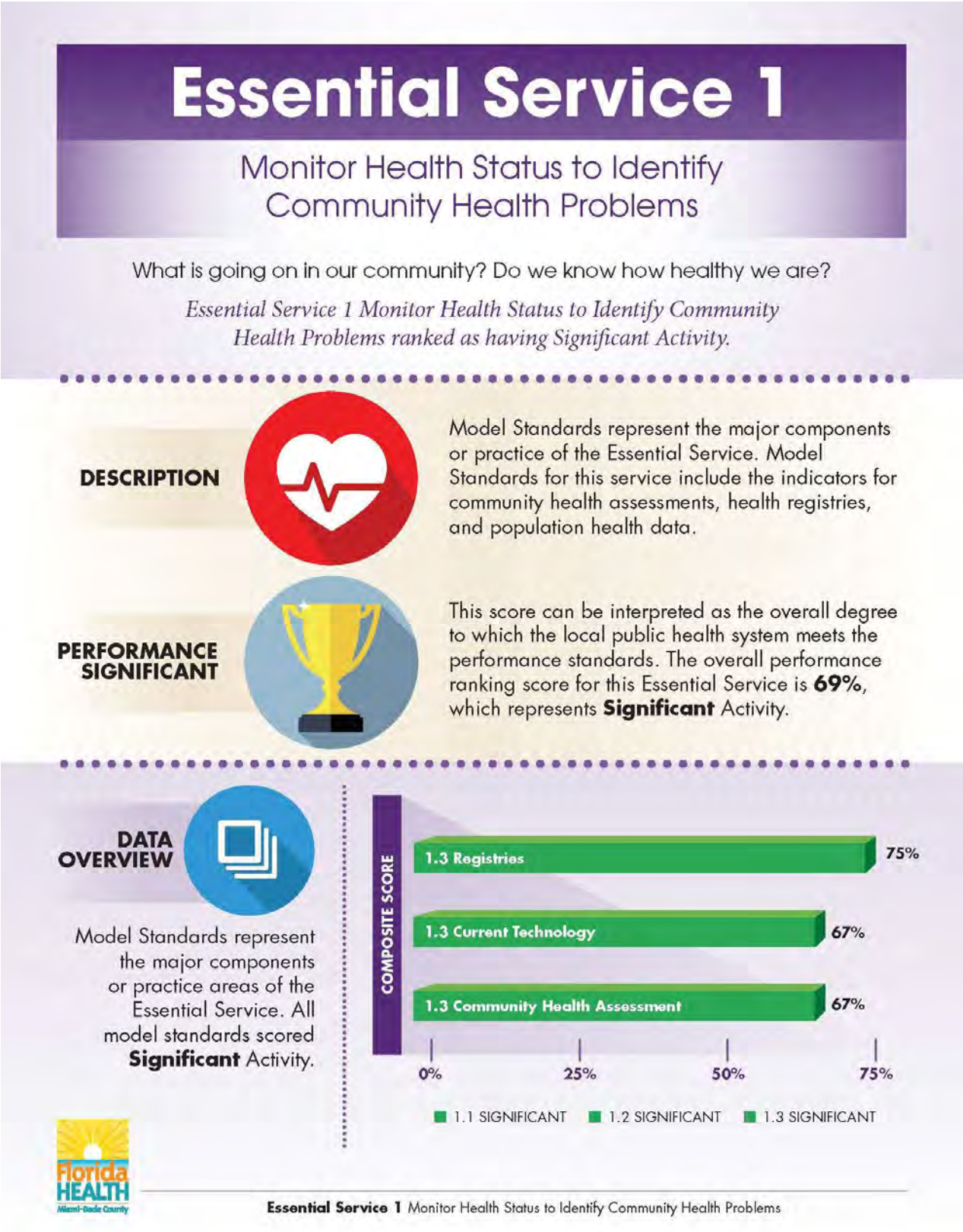
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



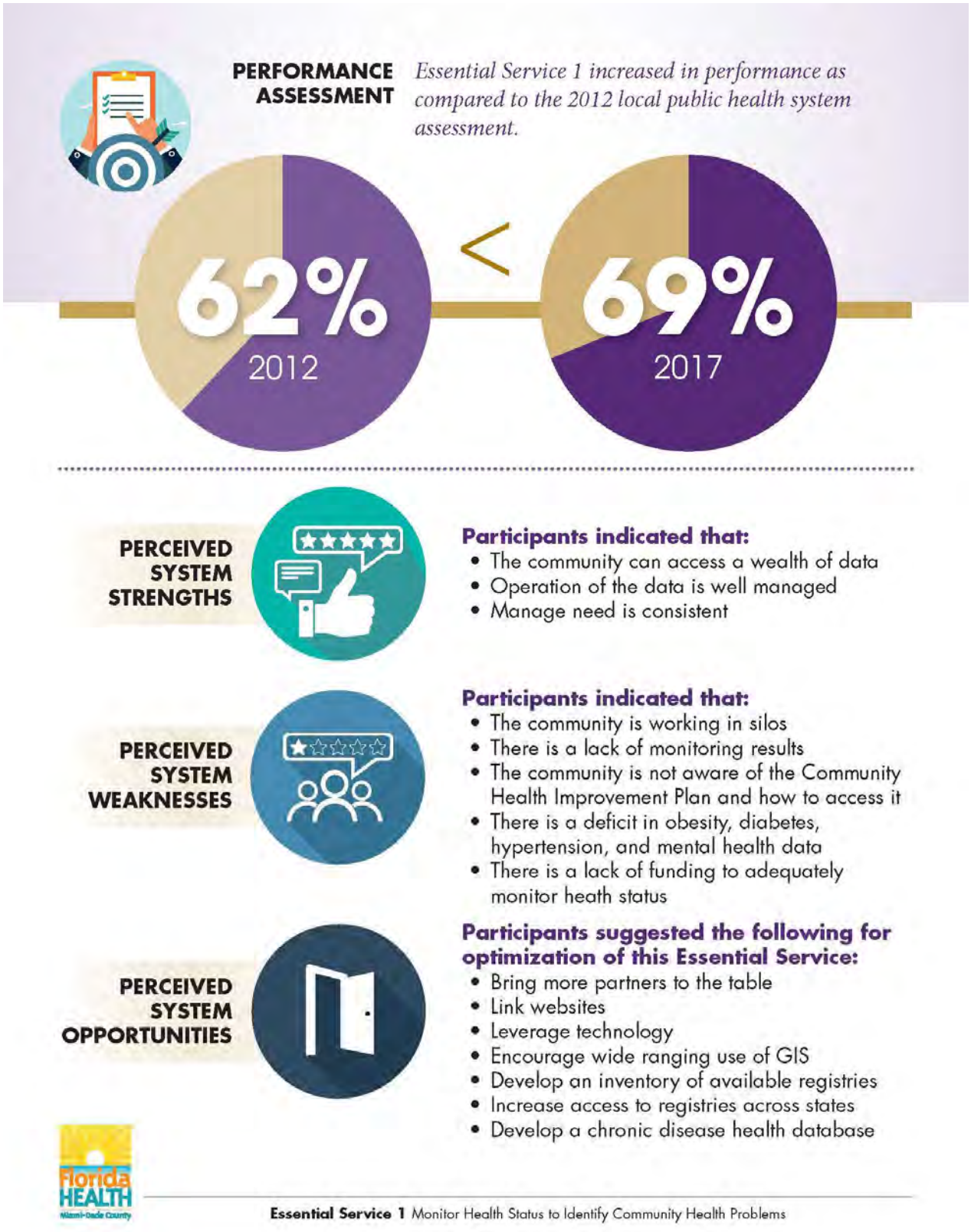
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



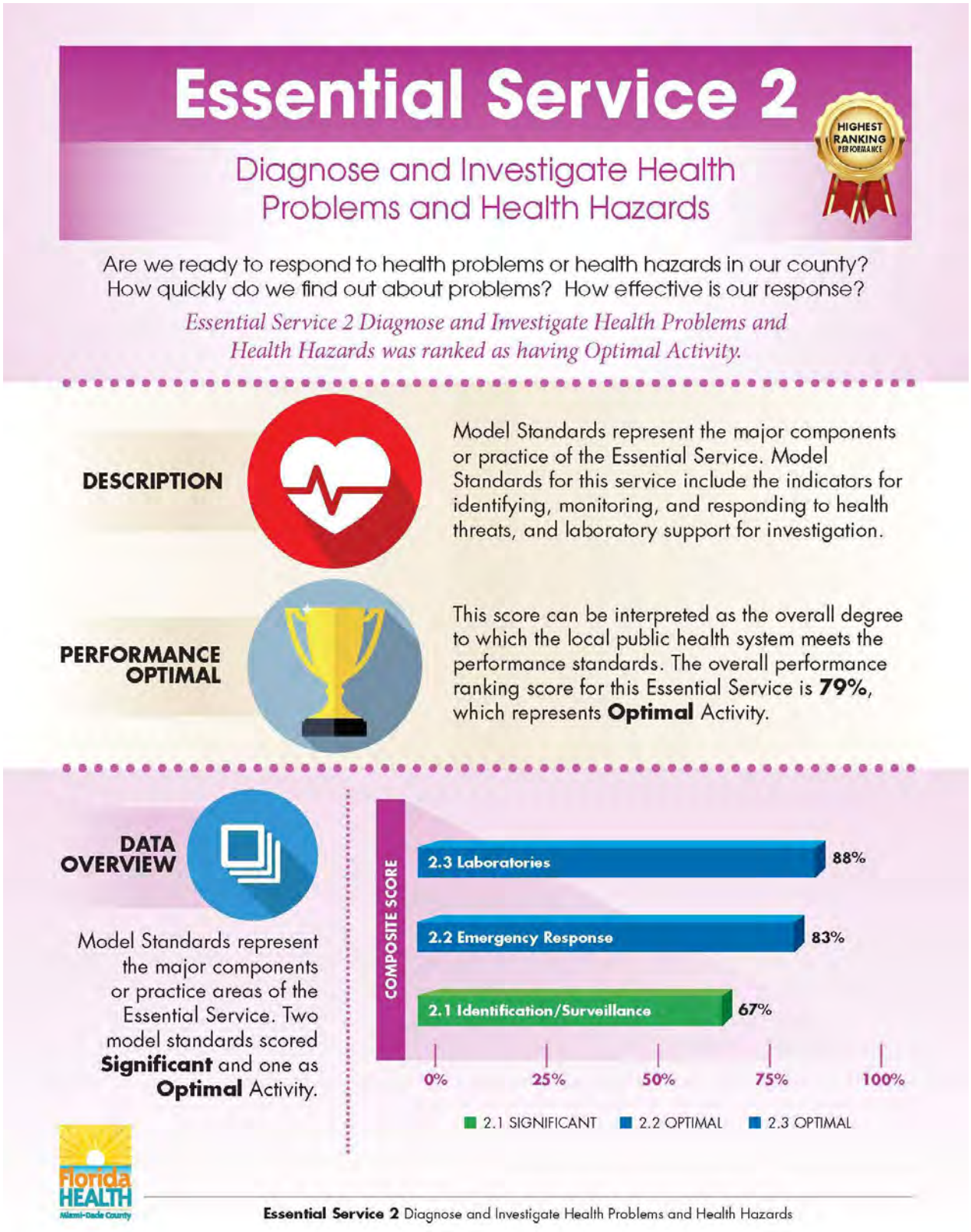
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



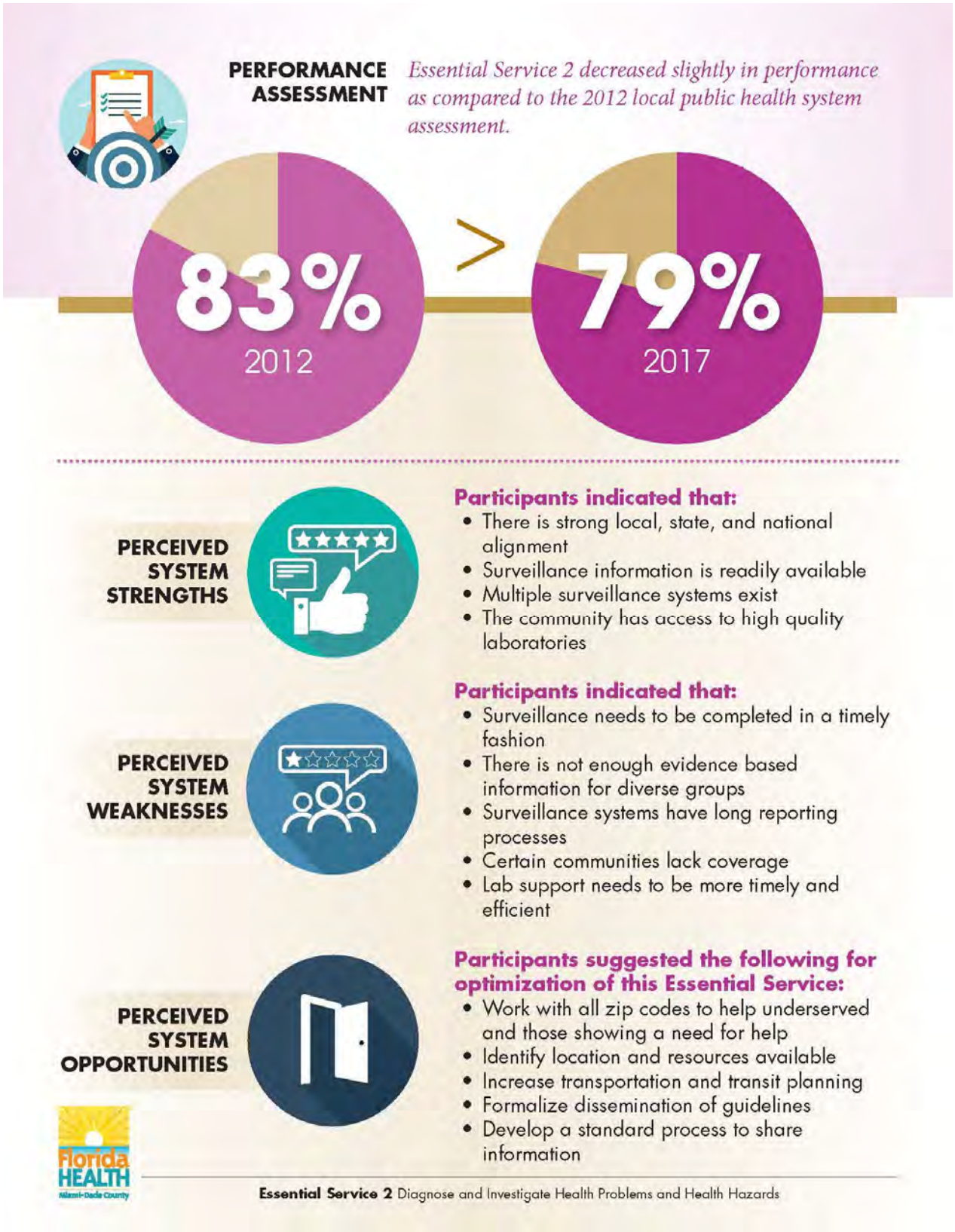
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



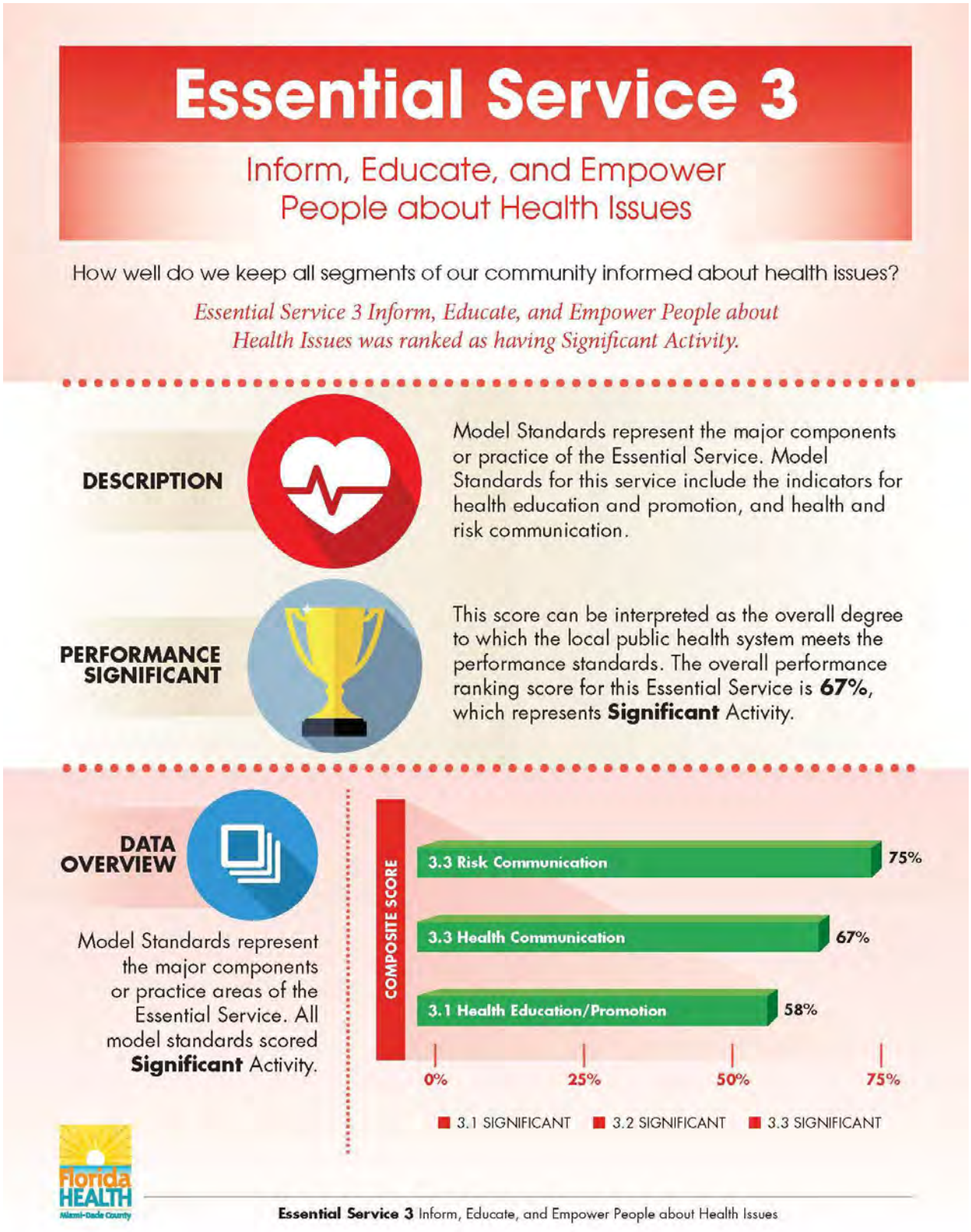
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



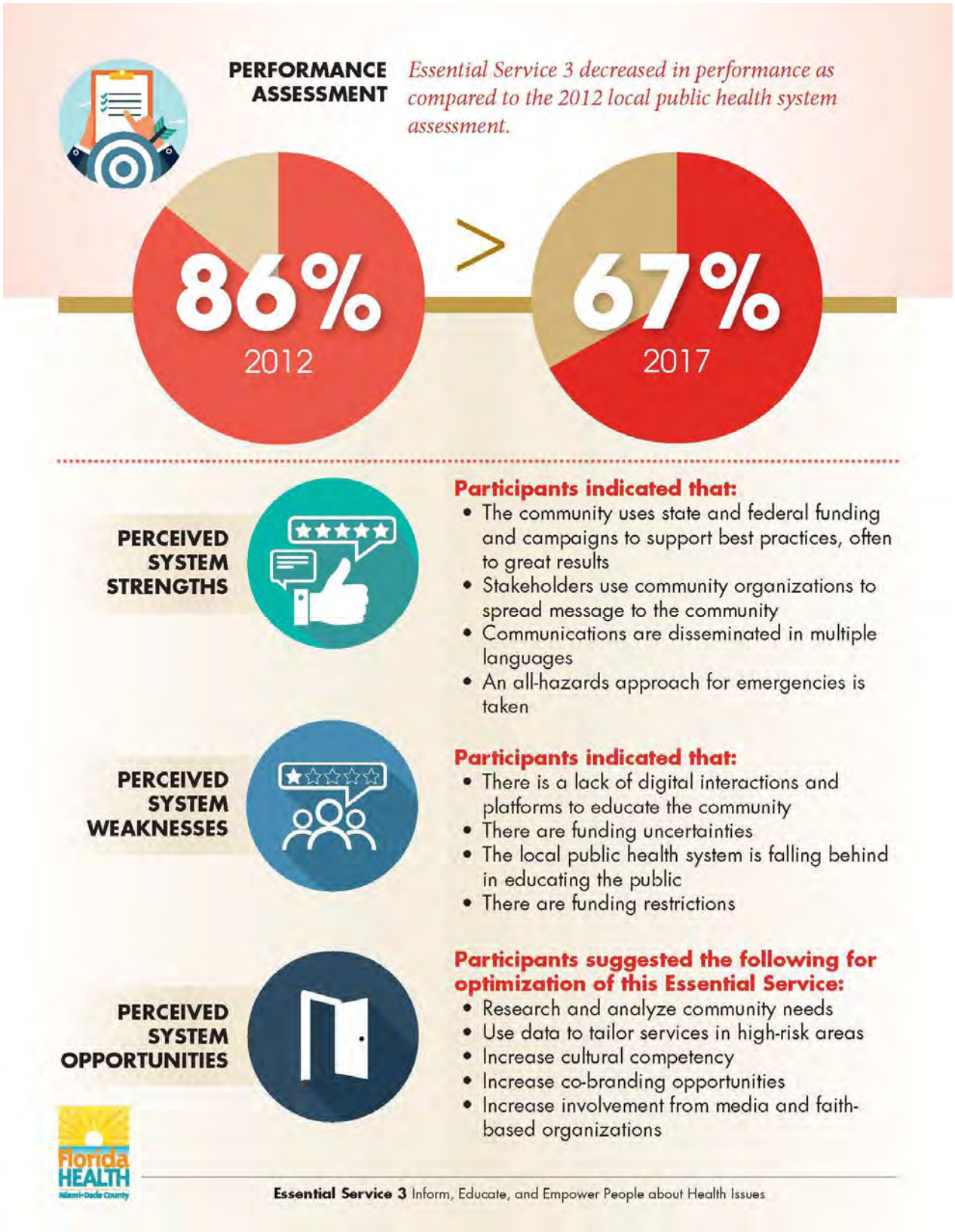
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



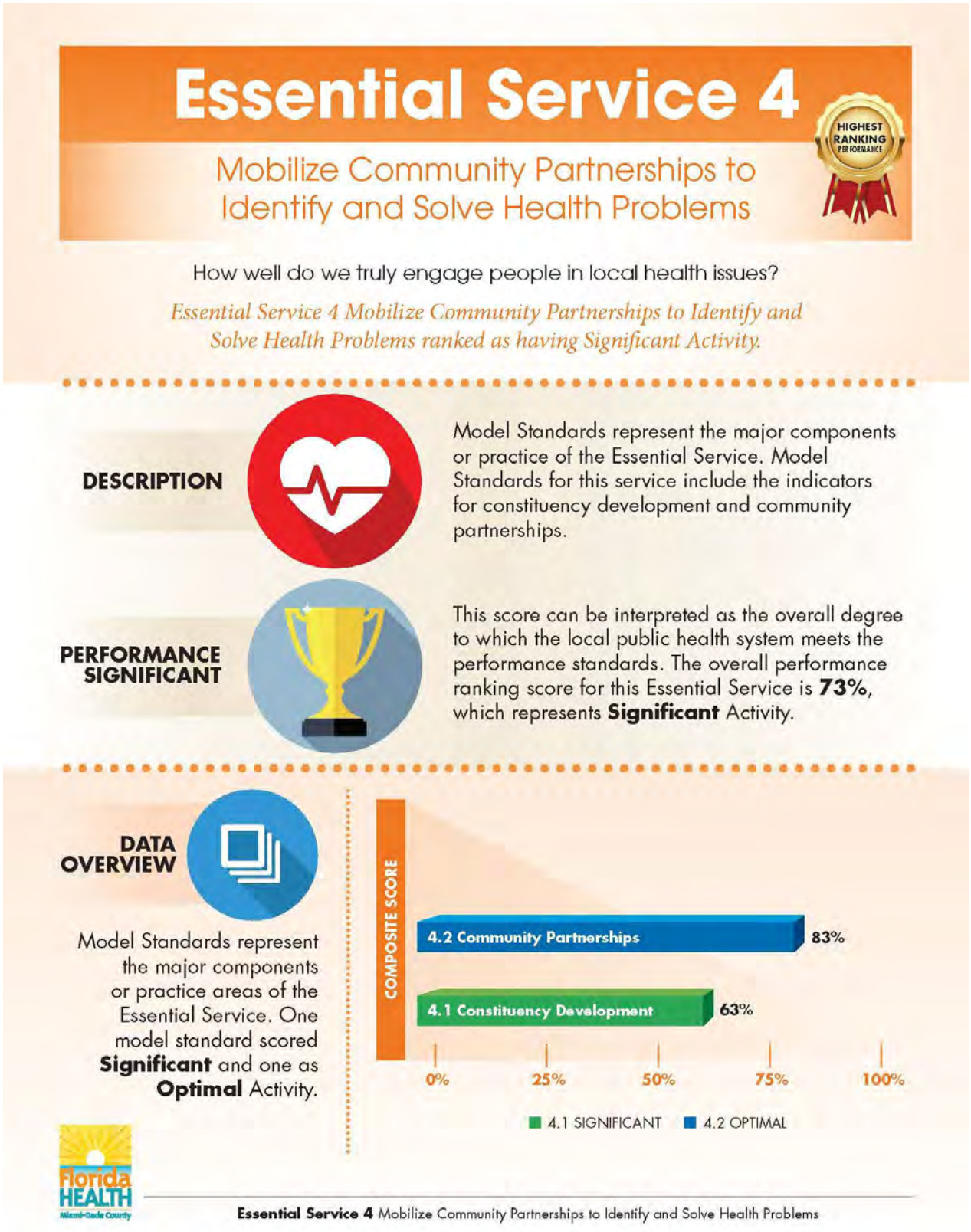
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

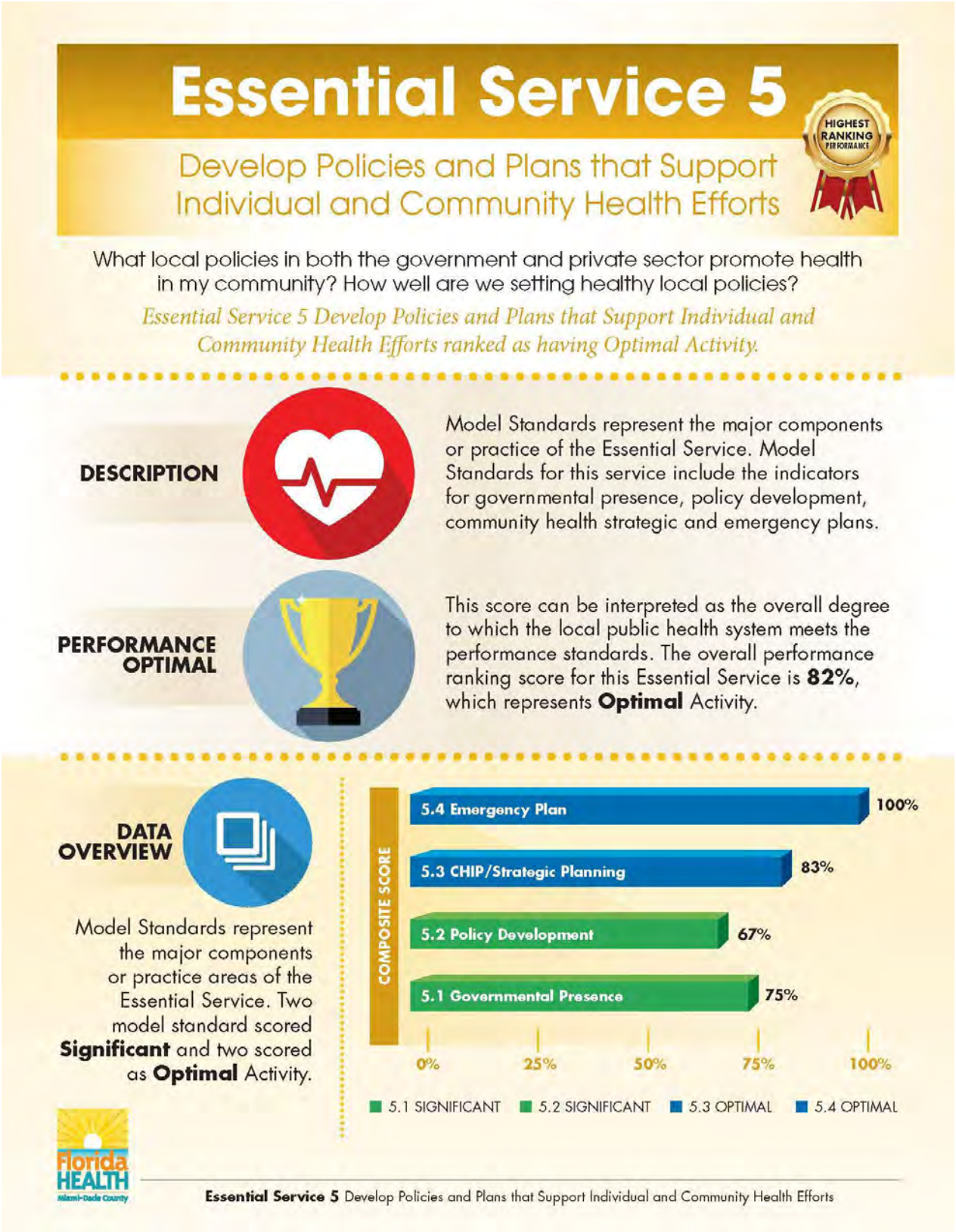


MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

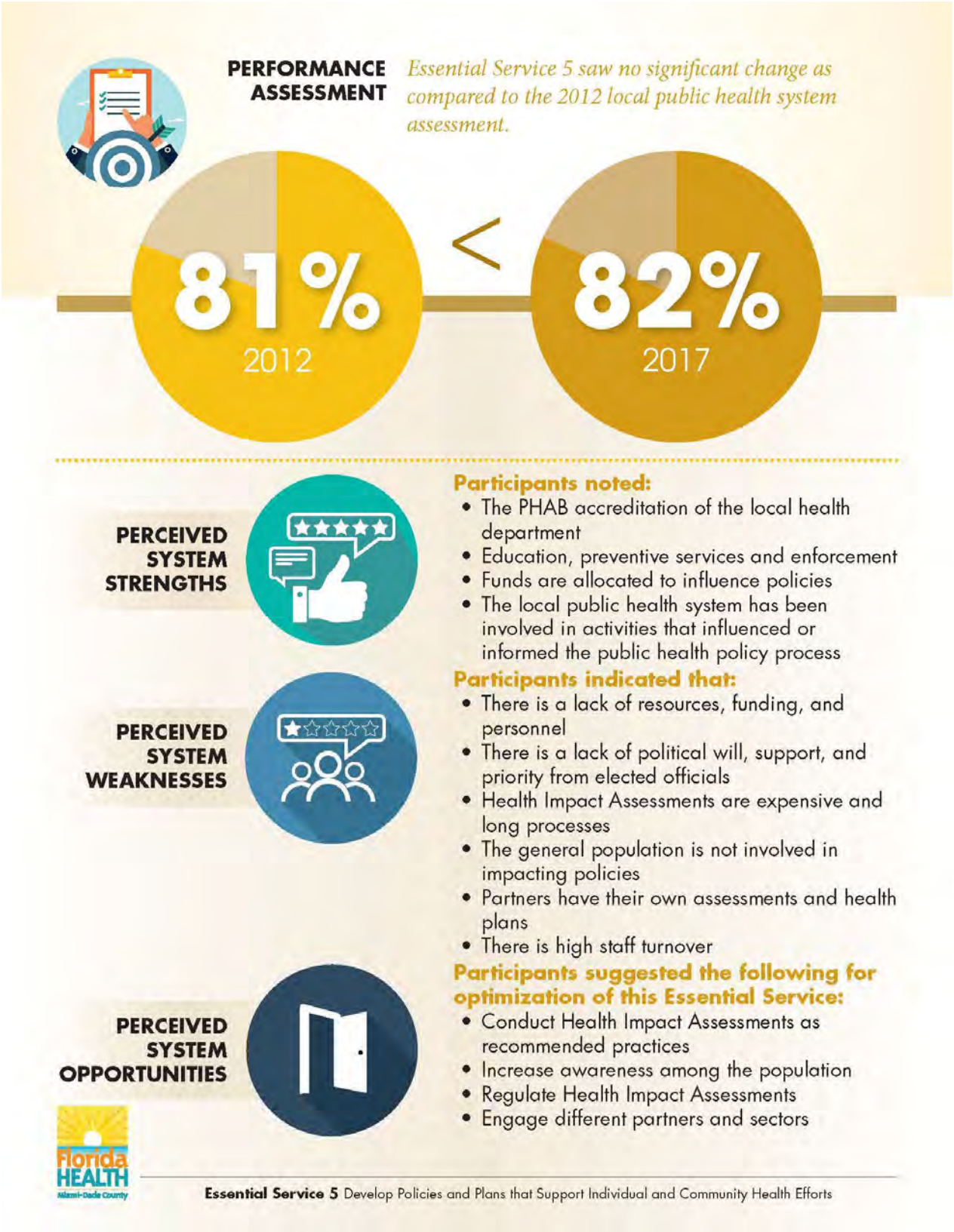
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



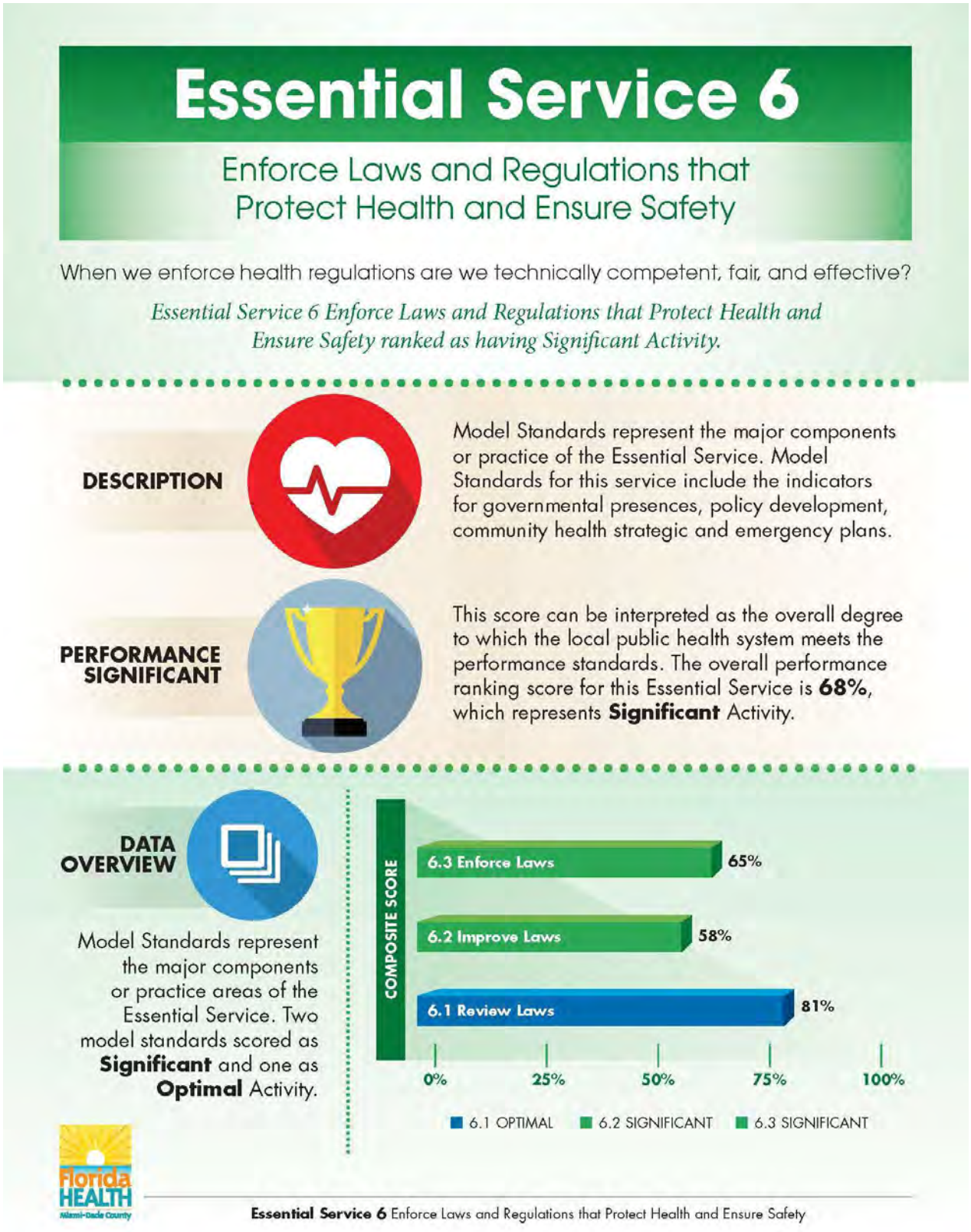
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



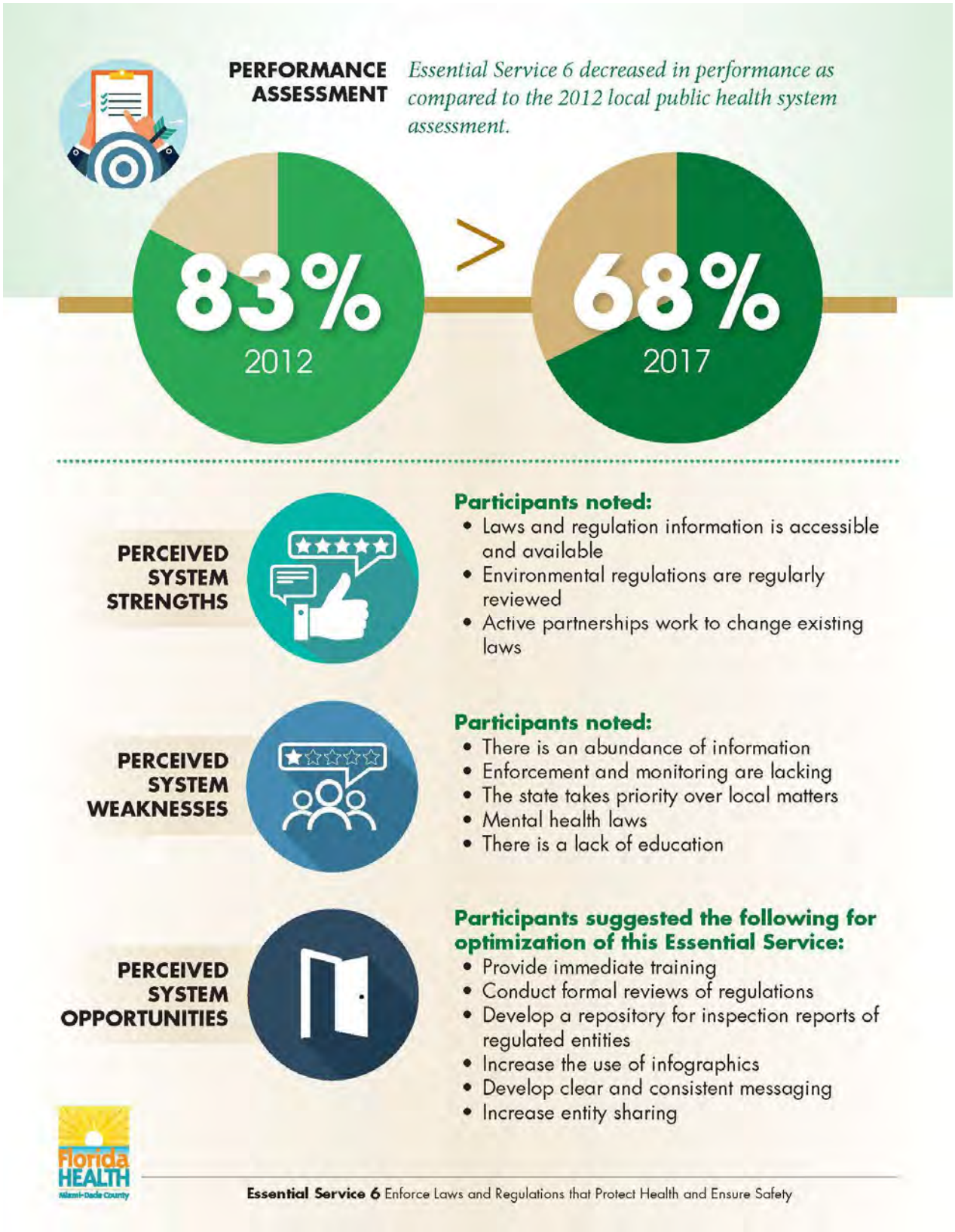
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



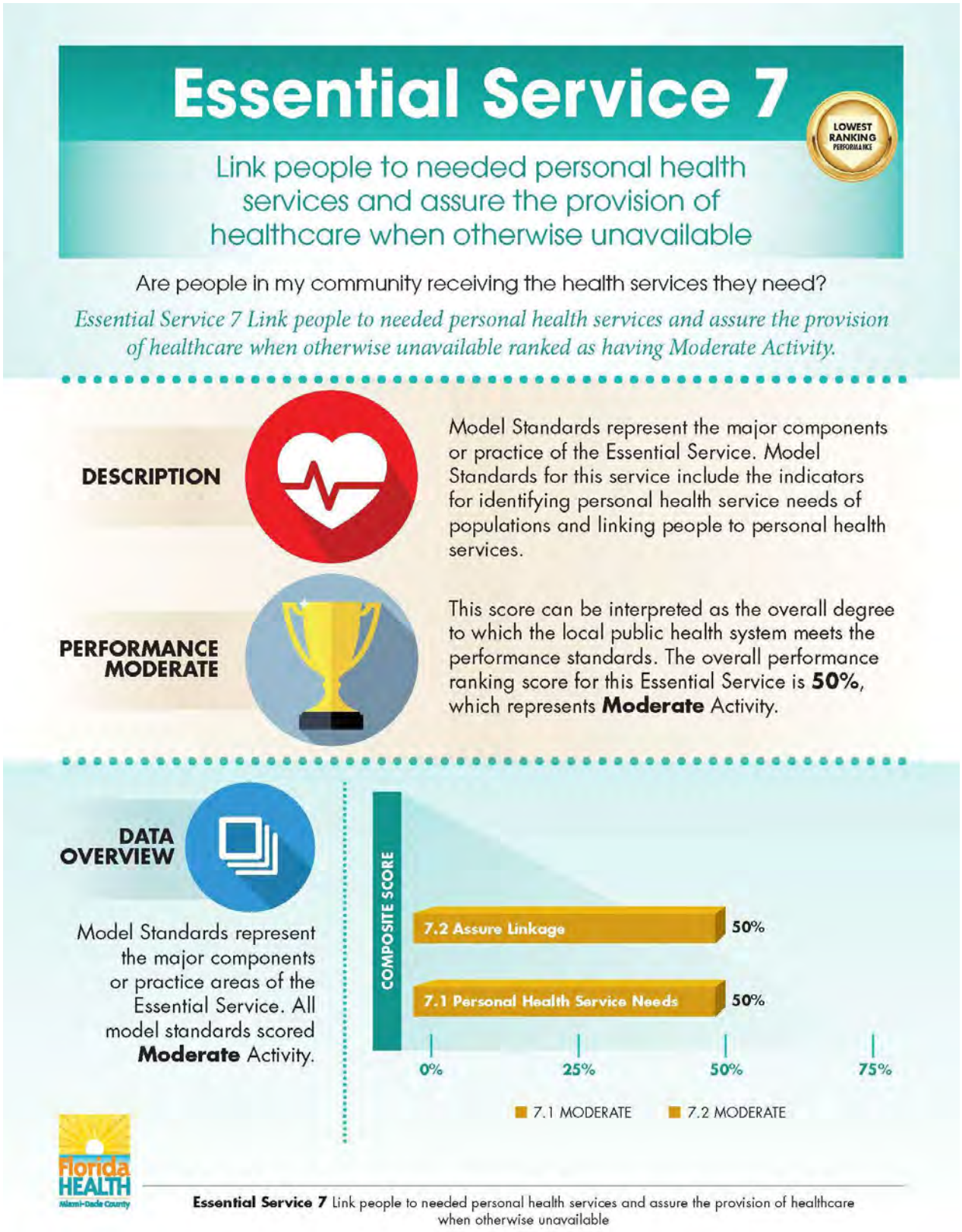
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



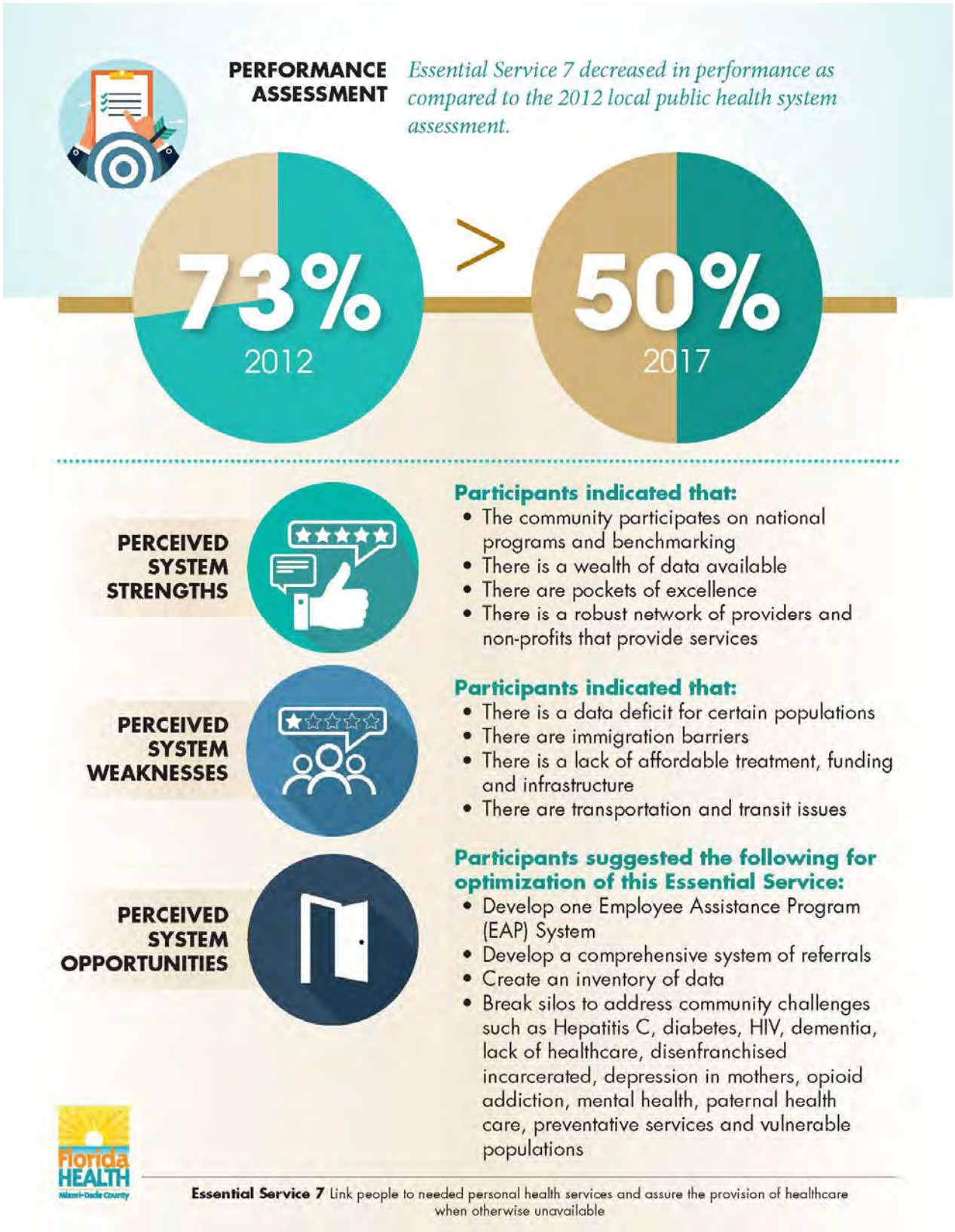
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



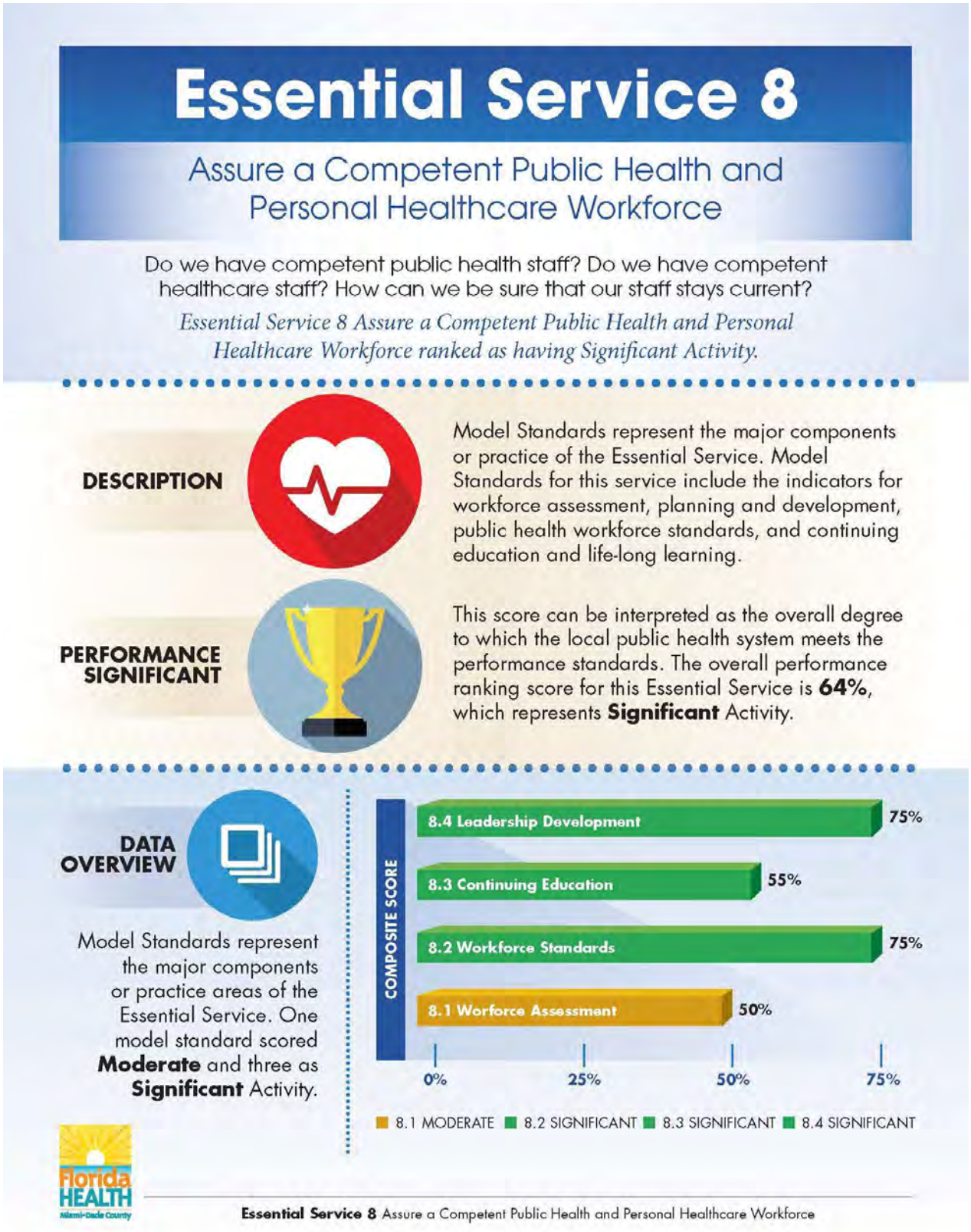
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



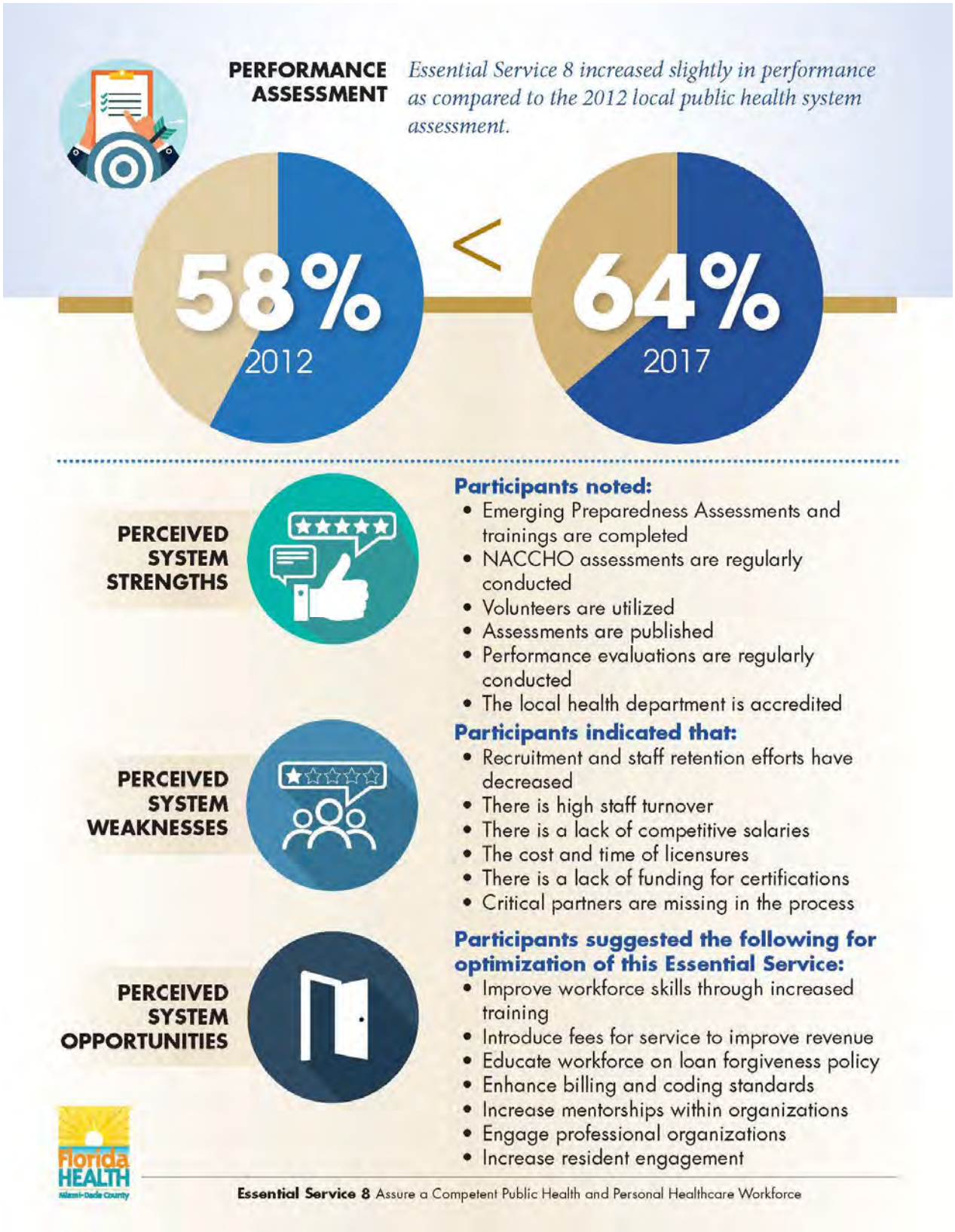
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



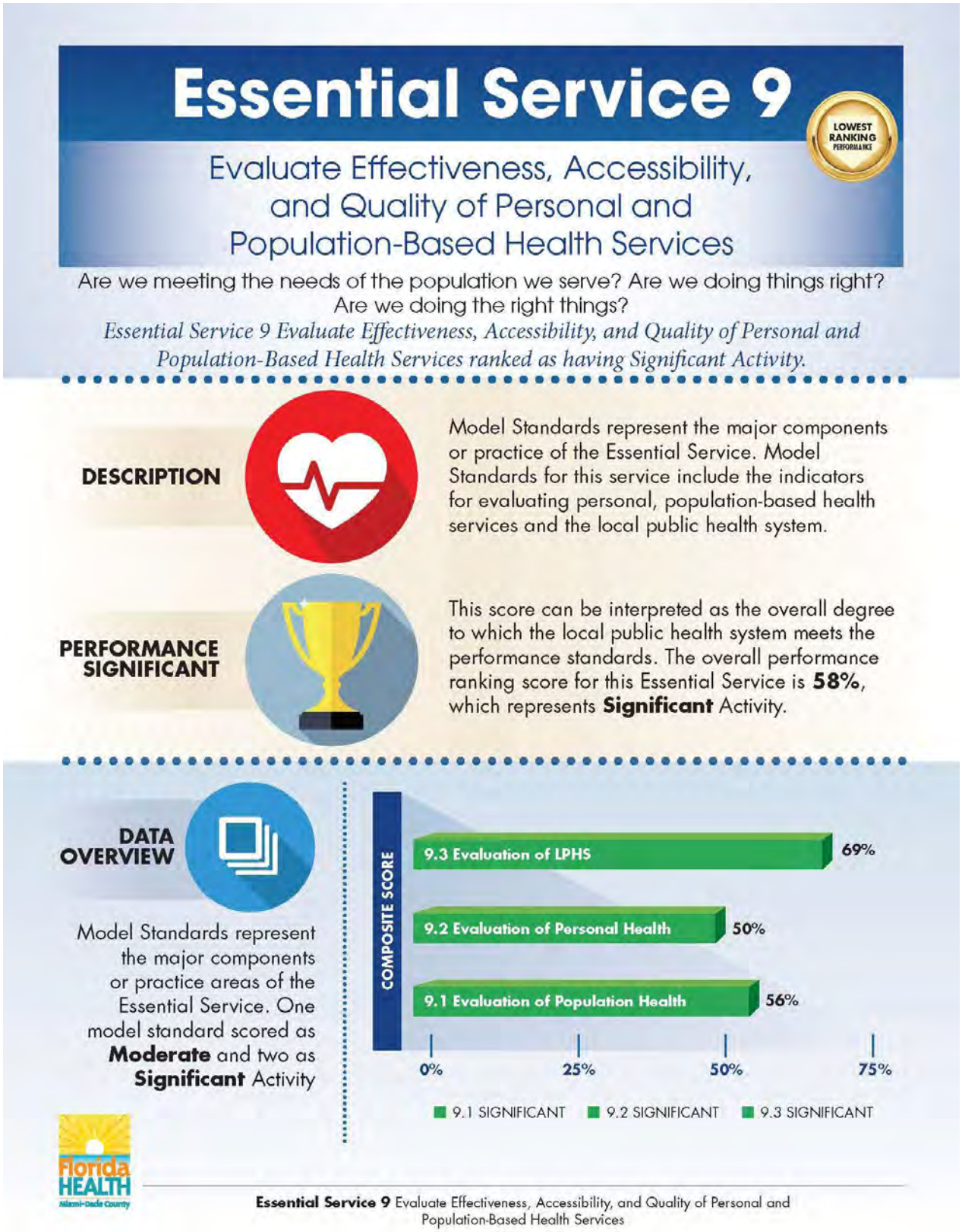
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



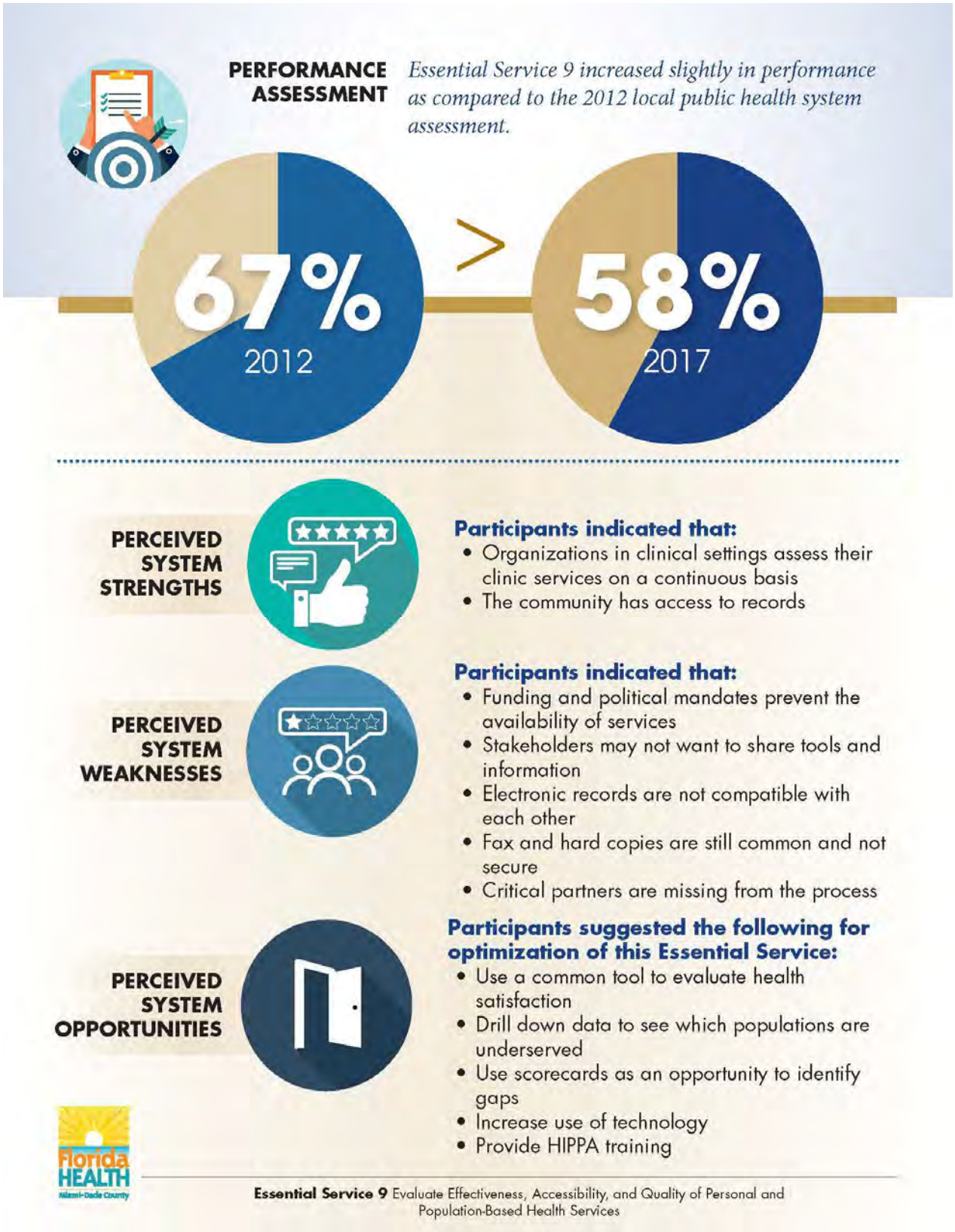
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



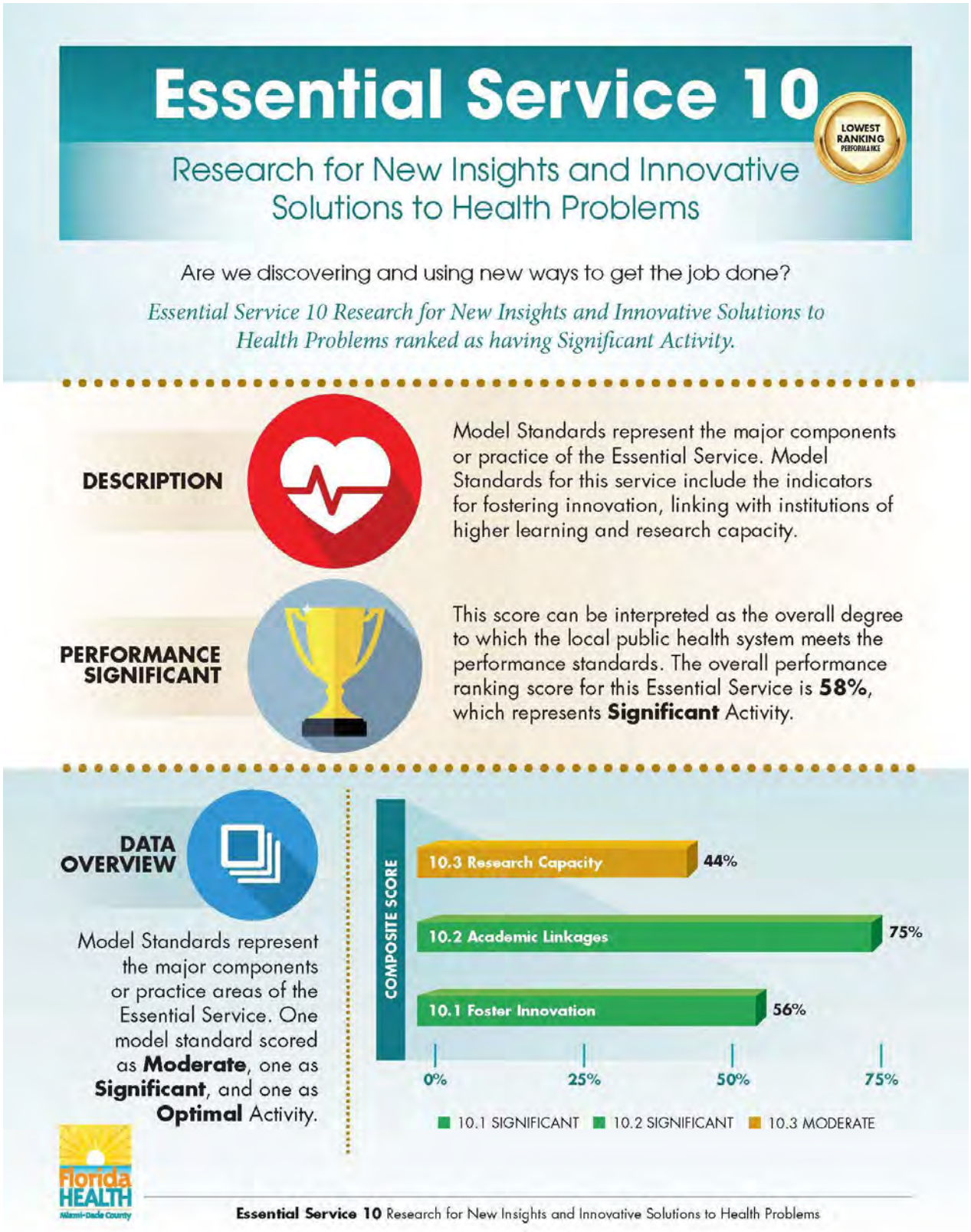
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



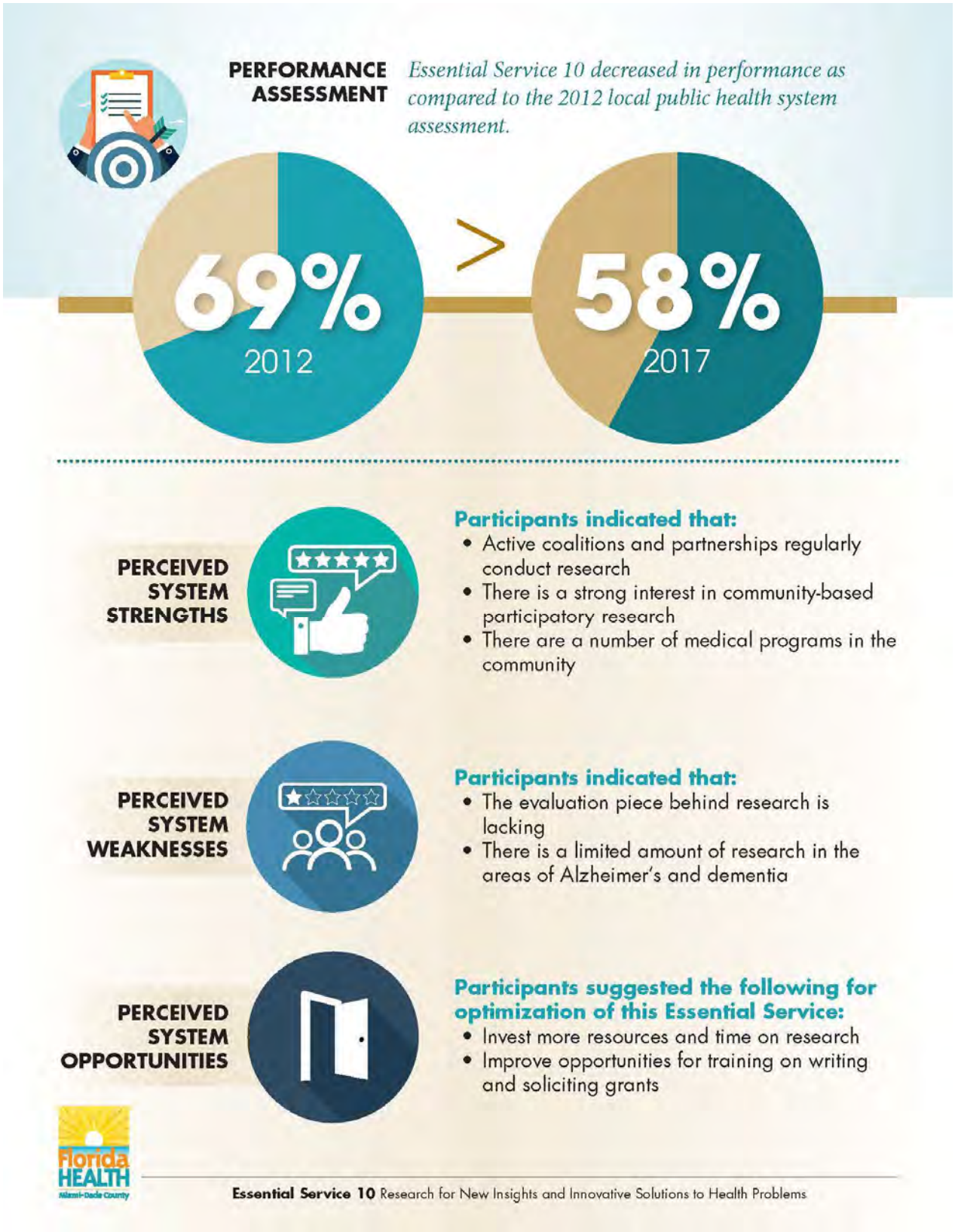
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



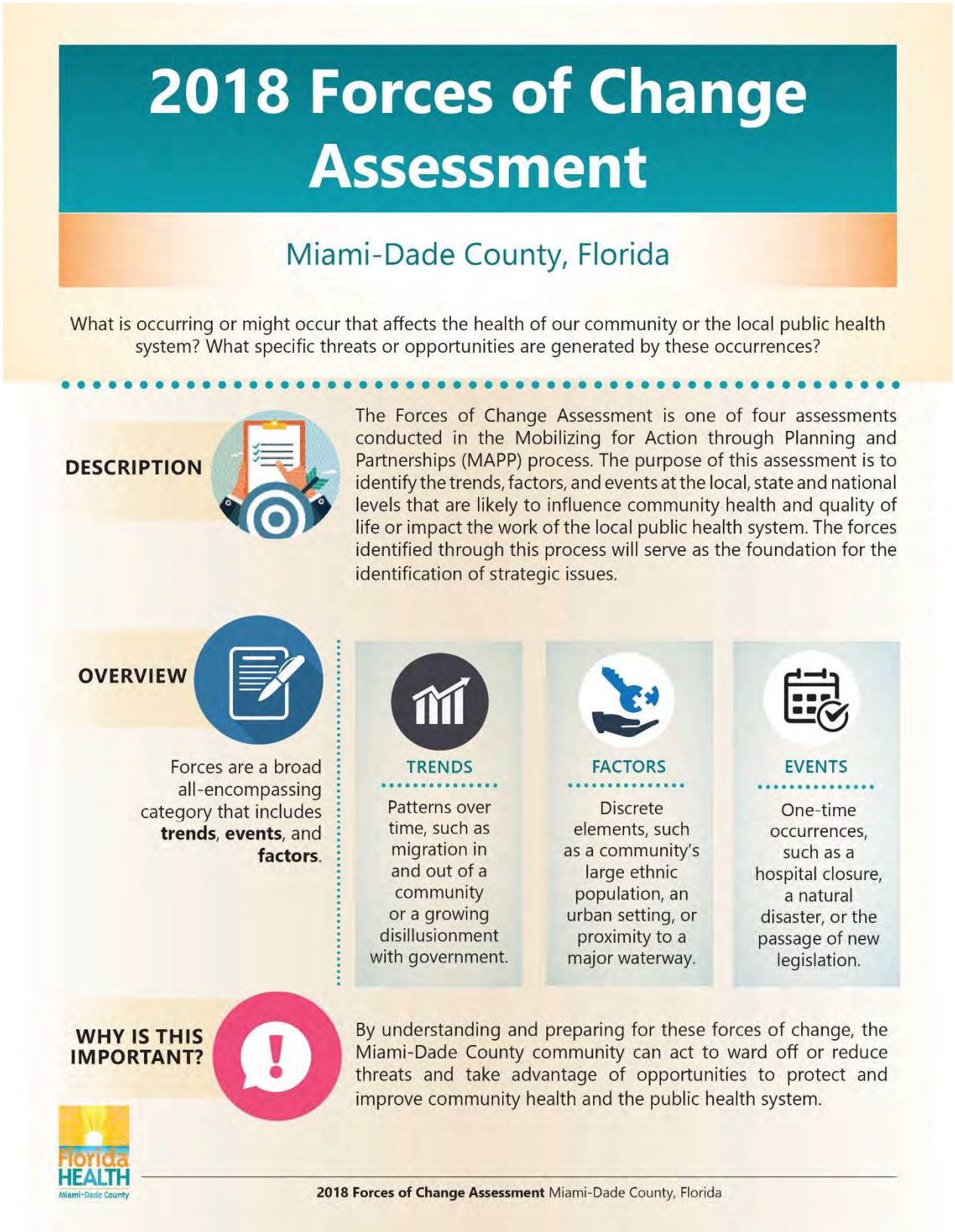
MAPP PHASE 3: PRIMARY DATA COLLECTION

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)



PRIMARY DATA COLLECTION

FORCES OF CHANGE ASSESSMENT (FCA)



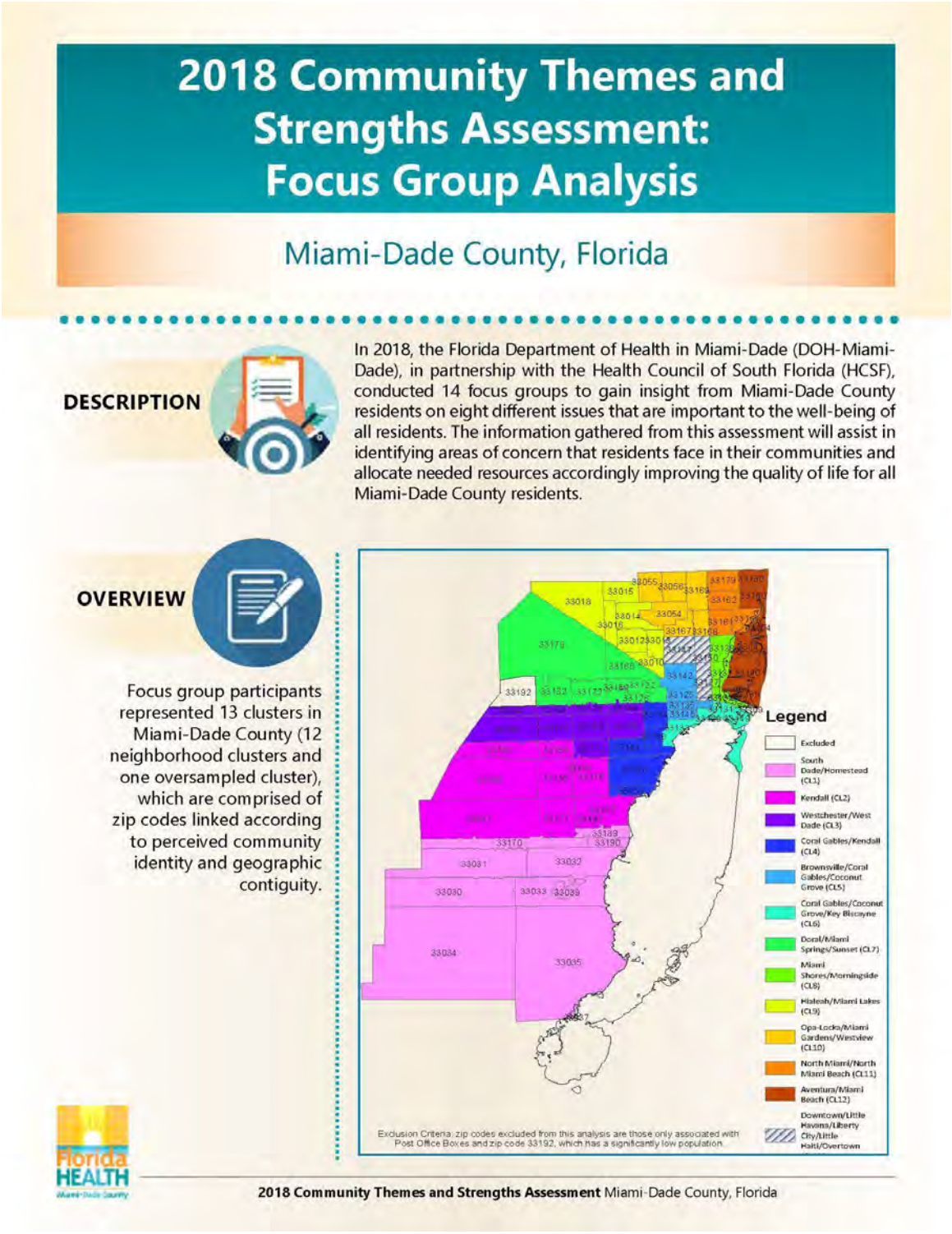
PRIMARY DATA COLLECTION

FORCES OF CHANGE ASSESSMENT (FCA)

PRIMARY DATA COLLECTION

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

Part 1: Focus Groups



PRIMARY DATA COLLECTION

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

Part 1: Focus Groups

PRIMARY DATA COLLECTION
COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

Part 2: Community Wide Wellbeing Survey

In 2018, DOH-Miami-Dade,in partnership with the Health Council of South Florida (HCSF), conducted 14 focus groups to gain insight from Miami-Dade County residents on eight issues that are important to the well-being of all residents. In conjunction with other assessments by DOH-Miami-Dade, the information gathered from the focus groups will assist in identifying areas of concern that residents face in their communities and allocate needed resources accordingly, which can help in improving the quality of life for all Miami-Dade County residents. This effort is part of the 2018 Miami-Dade County Community Themes and Strengths Assessment championed by the DOH-Miami-Dade.

The use of focus groups in qualitative analysis is widely recommended by experts, as it allows participants to share their knowledge and experience of the community with facilitators, which could subsequently be utilized to support relevant programs or policy development to improve the lives of those involved.

Focus group participants represented 13 clusters in Miami-Dade County (12 neighborhood clusters and one oversampled cluster), which comprised of zip codes linked according to perceived community identity and geographic contiguity. At times the clusters crossed boundaries based on socioeconomic status or population size and were identified in previous assessments of Miami-Dade County.[2] The sample size of each focus group ranged from 3 to 16, with the smallest amount of participants from Cluster 12 (Aventura/Miami Beach) and the largest group from Cluster 11 (North Miami Beach).

The focus groups were conducted in public library branches or other community-based locations throughout the county with a total of 92 residents participating in the focus group sessions. Gender was the only demographic variable collected with 65.2% of participants being female and 34.8% male. Additional demographic information was not collected from participants in this assessment. The focus group questions were designed by the DOH-Miami-Dade and the HCSF and consisted of the following seven topics: length of time living in Miami-Dade County, size of residents' home to accommodate their families; racial diversity in residents' neighborhoods/communities; availability and accessibility of healthy food options, safety, health service utilization; and residents' perceptions on how the community could be improved.

Participants were recruited voluntarily until the target sample size (a minimum of 3 per focus group) was reached. Each focus group session was recorded for transcription, and any identifying information, such as participants' name, was not recorded. Before the commencement of the focus group sessions, participants were informed about the purpose of the assessment, and given instructions on the process involved in obtaining their feedback to the pre-selected questions. Participants were not compensated for their time.

The analysis of all qualitative data gathered during the focus group sessions was carried out in NVIVO 12 Plus Pro software, a tool designed to identify social themes that emerge from key-informant or face-to-face interviews as well as from focus group sessions. The full Community Themes and Strength Assessments survey analysis will be available June 2019.

Survey Demographics

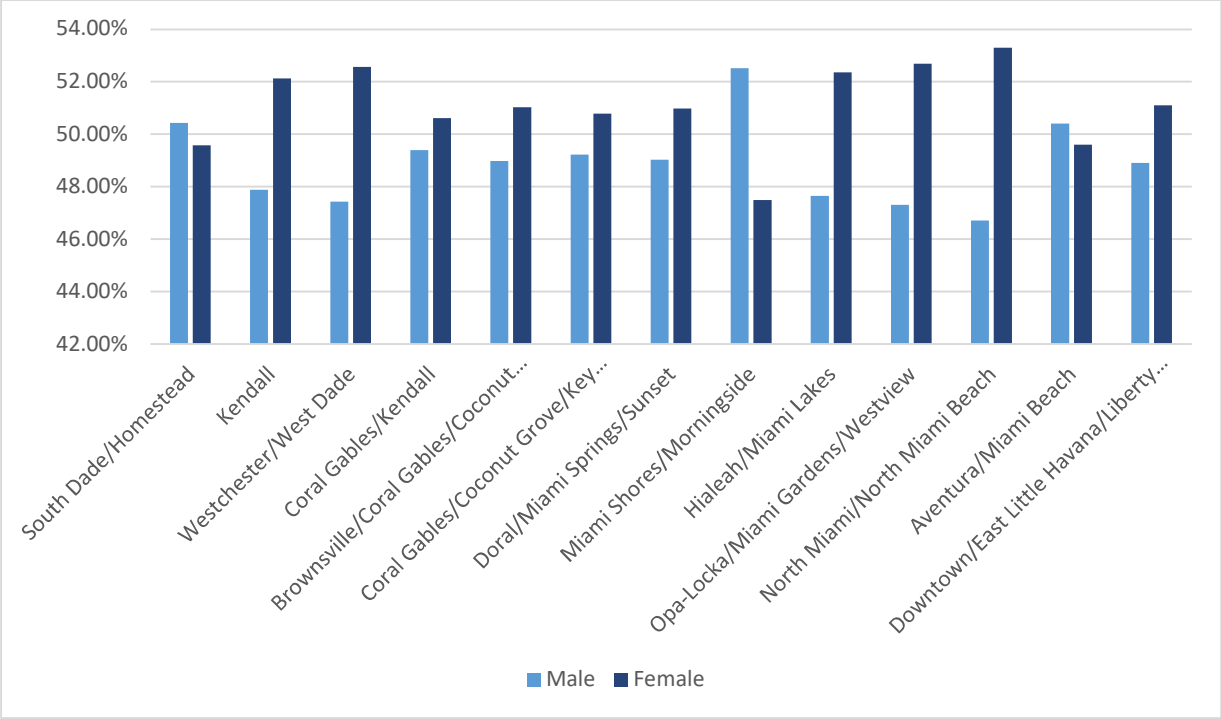
Due to the size and diversity of Miami-Dade County, one of the methodologies used was to stratify the county into 13 distinct areas or clusters. Each of these clusters is representative of the unique makeup of Miami-Dade County and allows for all communities to be represented in the survey.

NEIGHBORHOOD CLUSTERS

Gender

For this survey, Miami-Dade County has been broken up into thirteen clusters (12 neighborhood clusters and one oversampled cluster) made up of ZIP codes linked according to perceived community identity and geographic contiguity, but at times also cross boundaries based upon socioeconomic status or population counts. The oversampled cluster is made up of zip codes representing the most economically and socially deprived neighborhoods, many of which also suffer from the highest rates of hospitalization for preventable conditions.

Figure 1: Gender Across 13 Clusters in Miami-Dade County[2]



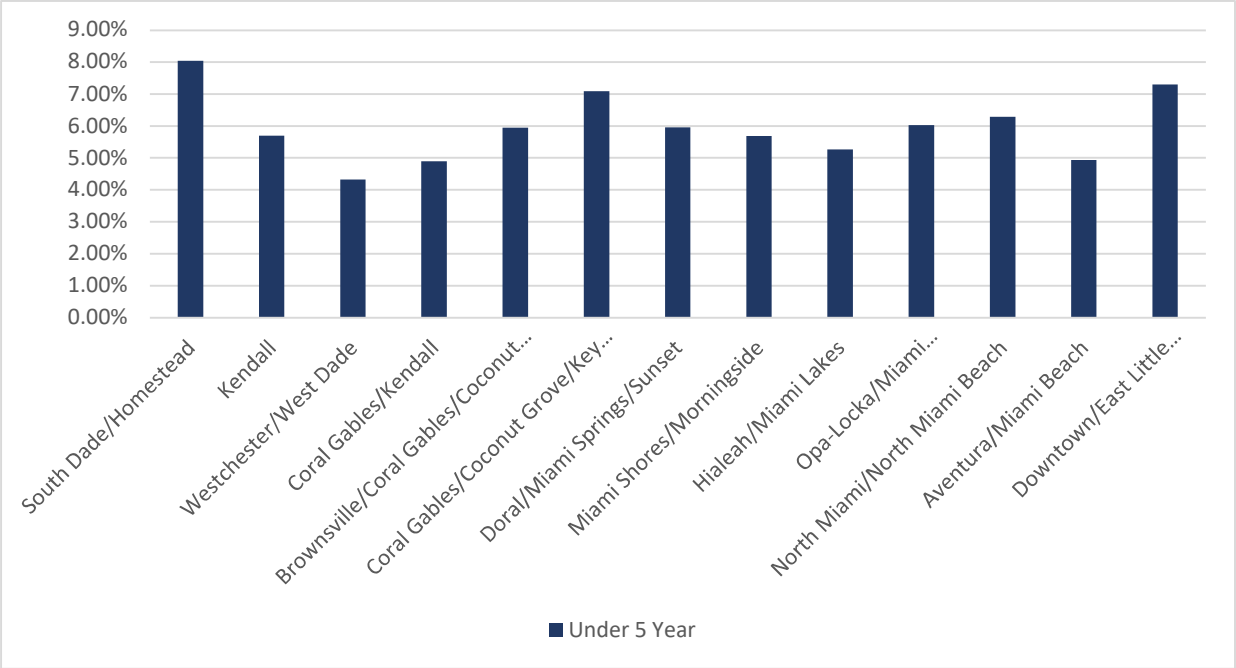
Gender distribution across most of the 13 clusters is similar, with a slightly larger percentage of female residents compared to male residents; however, there is a larger proportion of males in South Dade/Homestead, Miami Shores/Morningside, and Aventura/Miami Beach.

[2] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Age

Each of the 13 clusters have a similar distribution of residents based upon age. In general, there is a larger percentage of residents between 35 and 64 years of age, granted this spans a larger number of years than the other categories as well.

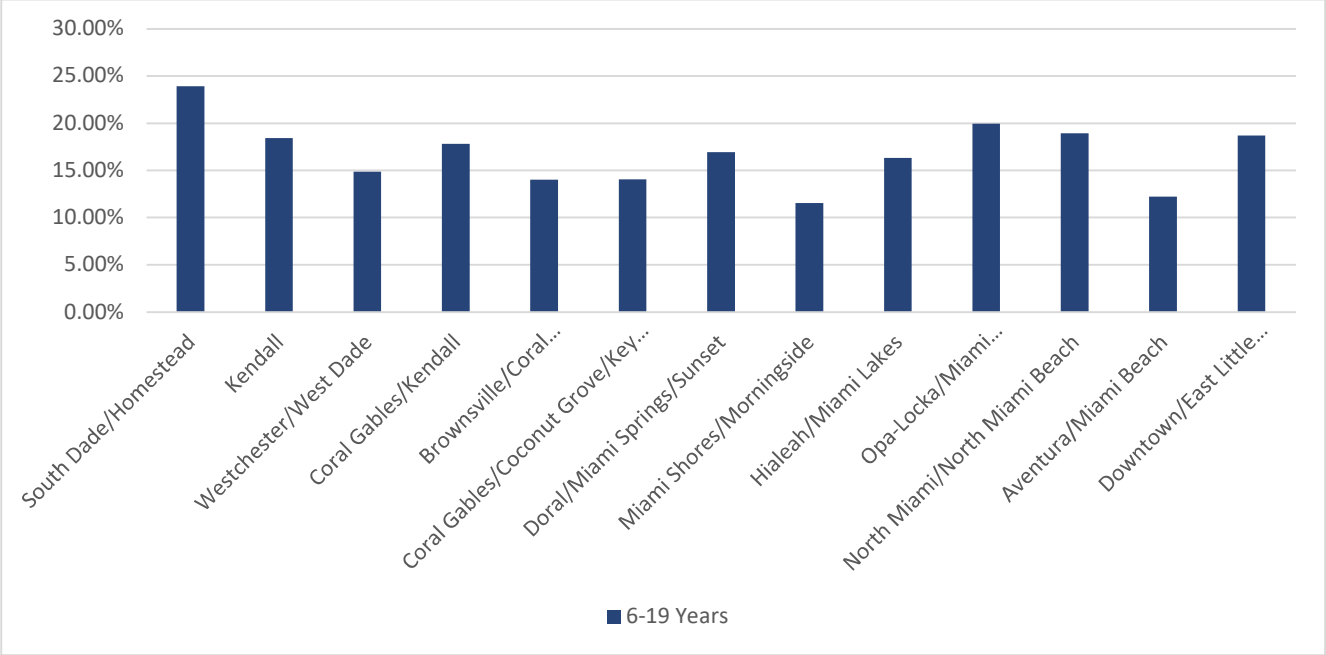
Figure 2: Under-5 Population Across 13 Clusters in Miami-Dade County[3]



Age distribution among the 13 clusters is somewhat consistent for children under-5 years of age. The largest percentage of children under-5 is find in South Dade/Homestead (8.04%) compared to the smallest percentage found in Westchester/West Dade (4.33%).

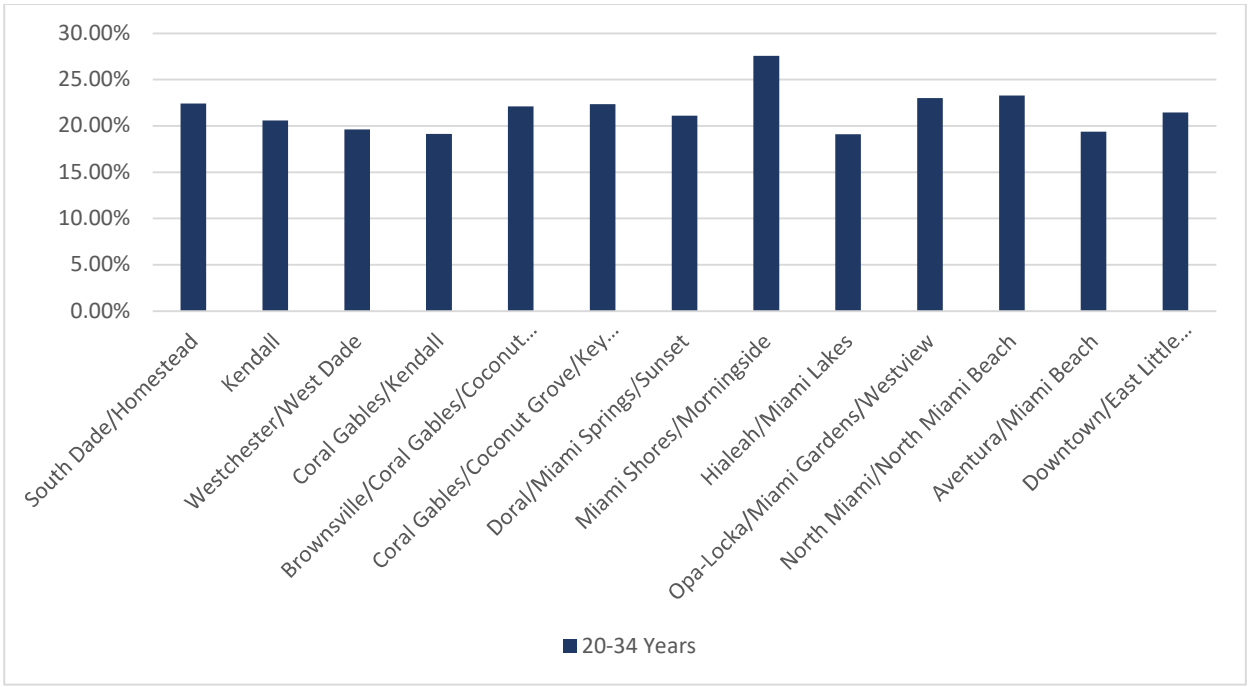
[3] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Figure 3: Age 6-19 Population Across 13 Clusters in Miami-Dade County[4]



A larger discrepancy is seen for residents aged 6-19 years. The highest percentage of residents 6-19 years old is found in South Dade/Homestead (23.91%), which the lowest percentage is found in Miami Shores/Morningside (11.55%).

Figure 4: Age 20-34 Population Across 13 Clusters in Miami-Dade County[5]

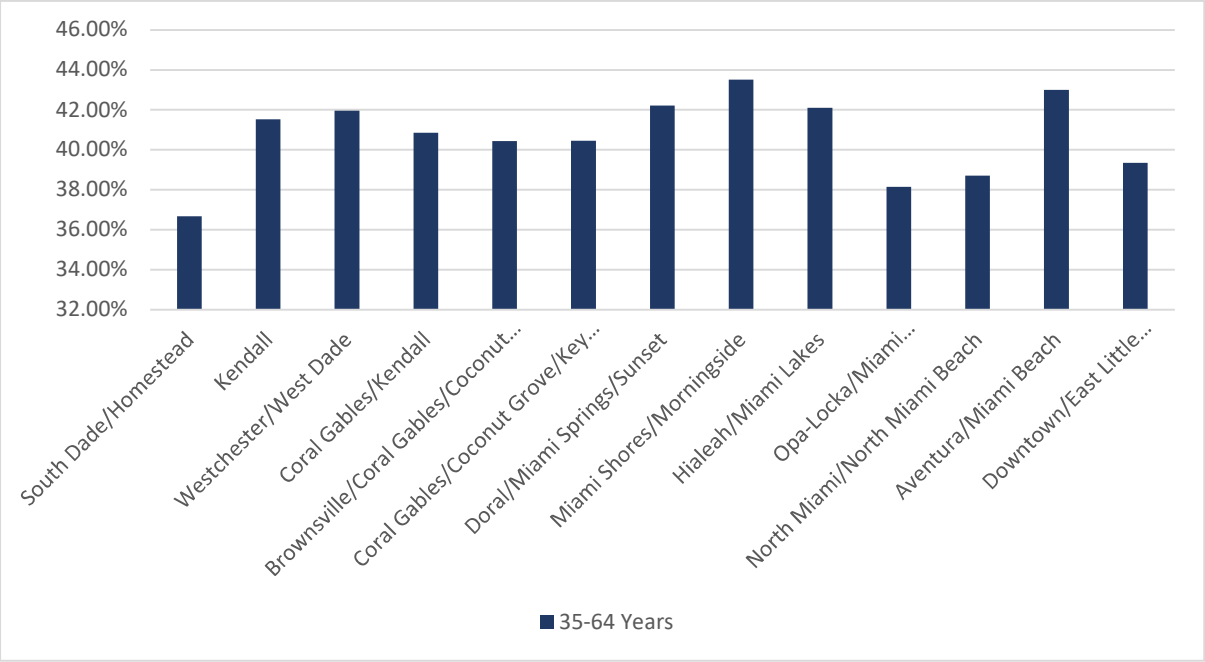


[4] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[5] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

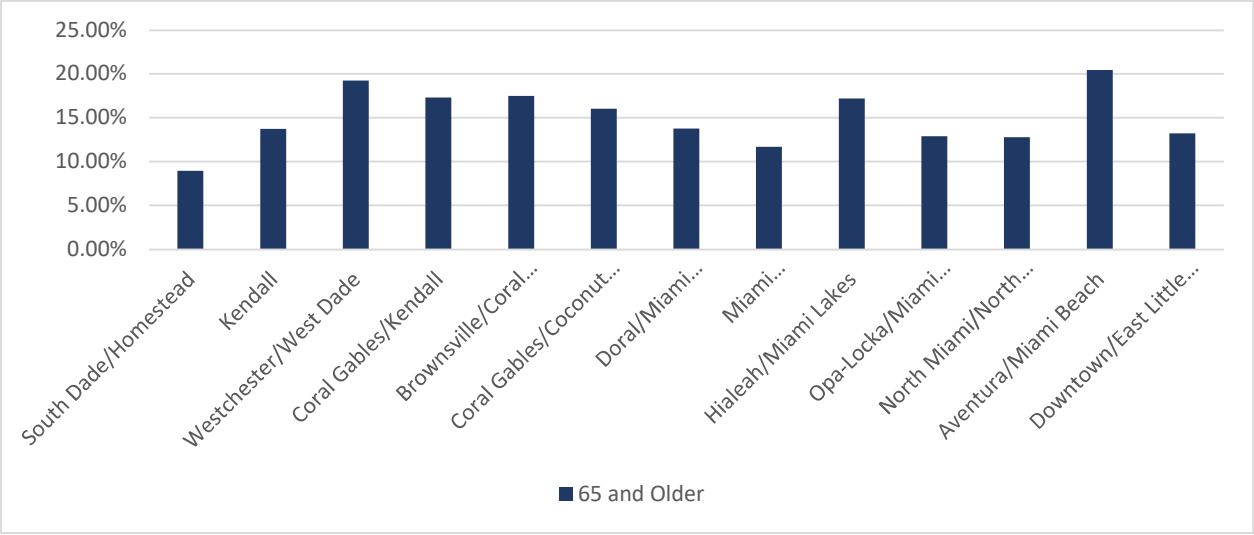
The population 20-34 years old is the second largest population group presented. This age group, roughly representing the Millennial Generation, is rather evenly spread throughout the county clusters with the exception of Miami Shores/Morningside (27.56%), which has a much higher percentage of 20-34 year old residents compared to the other clusters.

Figure 5: Age 35-64 Population Across 13 Clusters in Miami-Dade County[6]



The population aged 35-64 years is the largest age group population presented, with an average percentage of 40.69%, however, there are clusters with highly disparate percentages. South Dade/Homestead has the smallest percentage of 34-64 year old residents (36.67%) compared to Miami Shores/Morningside (43.51%).

Figure 6: Over-65 Population Across 13 Clusters in Miami-Dade County[7]



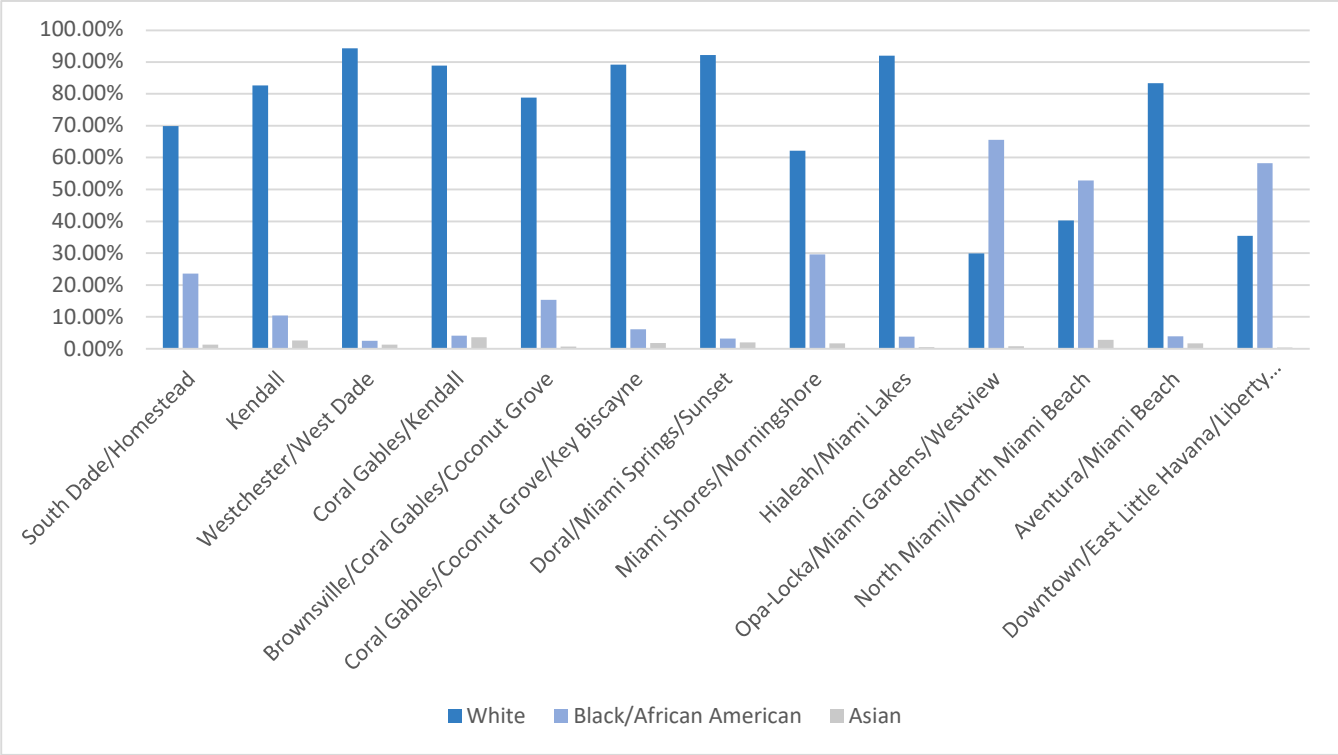
[6] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[7] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

The percentage of adults 65 years old and older has a wide spread across the clusters. The highest percentage is in Aventura/Miami Beach (20.47%) and the lowest percentage is in South Dade/Homestead (8.96%).

Race/Ethnicity

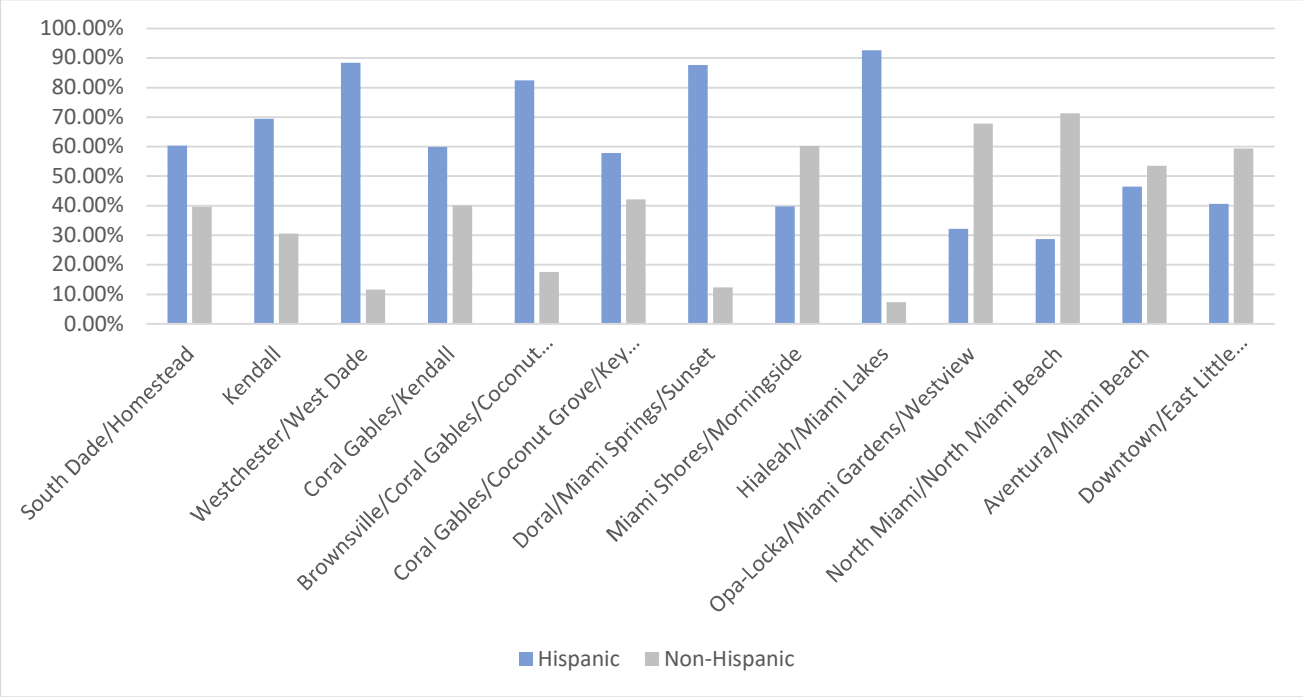
Figure 7: Race Across 13 Clusters in Miami-Dade County[8]



Ten of the clusters have a larger percentage of residents who identify as White compared to Black/African American. However, Opa-Locka/Miami Gardens/Westview, North Miami/North Miami Beach, and the oversampled Downtown/East Little Havana/Liberty City/Little Haiti/Overtown have larger proportions of Black/African American residents. Westchester/West Dade, Doral/Miami Springs/Sunset, and Hialeah/Miami Lakes all have over 90% White residents. The largest percentage of Black/African American residents is found in Opa-Locka/Miami Gardens/Westview (65.61%).

[8] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Figure 8: Ethnicity Across 13 Clusters in Miami-Dade County[9]

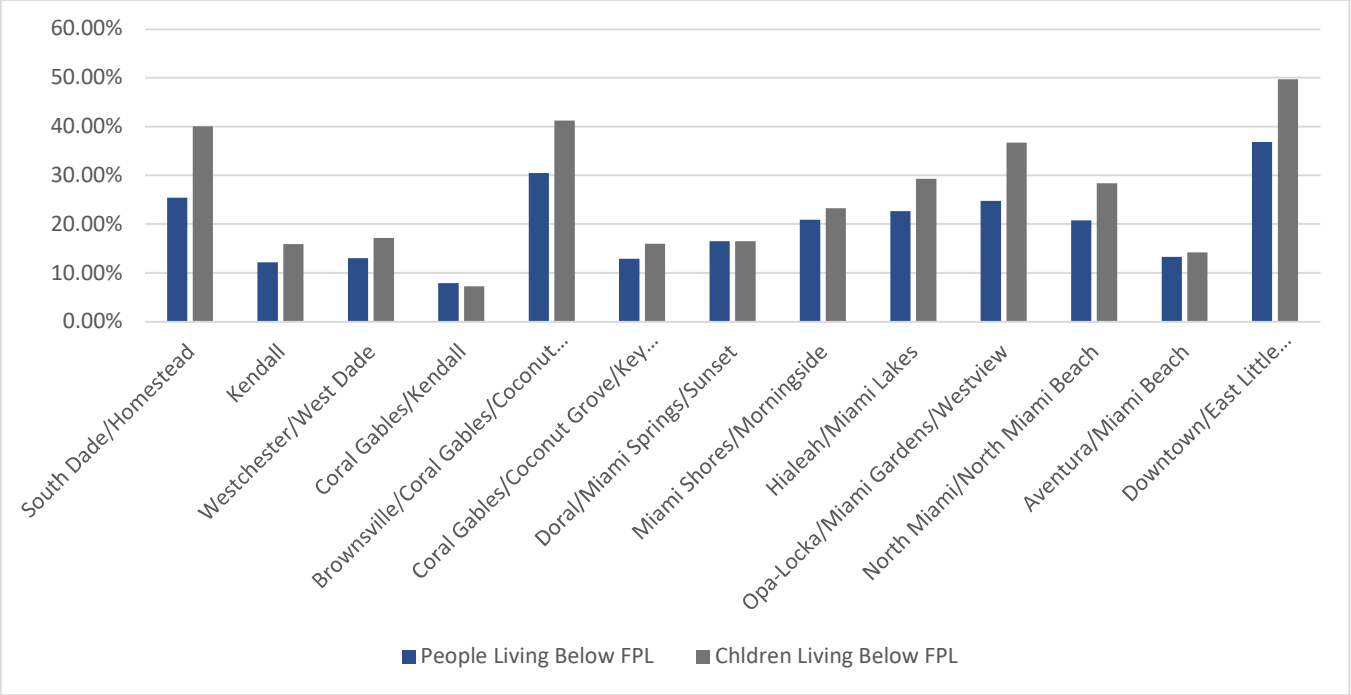


Additionally, Miami-Dade County is generally thought of as a majority-minority county with a majority of residents identifying as Hispanic, Miami Shores/Morningside, Opa-Lock/Miami Gardens/Westview, North Miami/North Miami Beach, Aventura/Miami Beach, and the oversampled Downtown/East Little Havana/Liberty City/Little Haiti/Overtown cluster have larger populations of Non-Hispanic residents than Hispanic.

[9] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Poverty Status

Figure 9: Poverty Status Across 13 Clusters in Miami-Dade County[10]



Among the clusters, South Dade/Homestead, Brownsville/Coral Gables/Coconut Grove, and Downtown/East Little Havana/Liberty City/Little Haiti/Overtown have the largest percentages of people and children living below the federal poverty level (FPL). In particular, the oversampled cluster (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) has the highest percentage in the county, with 36.8% of people and 49.7% of children living below the FPL.

Table 1: SocioNeeds Index by Cluster, 2012-2016[11]

Cluster	SocioNeeds Index
Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	98.27
Brownsville/Coral Gables/Coconut Grove	95.02
Opa-Locka/Miami Gardens/Westview	91.53
Hialeah/Miami Lakes	88.31
North Miami/North Miami Beach	87.00
South Dade/Homestead	86.52
Miami Shores/Morningside	70.44
Doral/Miami Springs/Sunset	69.07
Westchester/West Dade	67.16
Kendall	54.98
Aventura/Miami Beach	38.34
Coral Gables/Kendall	18.67
Coral Gables/Coconut Grove/Key Biscayne	18.46
Miami-Dade County	**71.40**

[10] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[11] The SocioNeeds Index estimates are for 2018 only, not 2012-2016.

The SocioNeeds Index[12] (SNI) is a key indicator of socioeconomic need within a community and is highly correlated with preventable hospitalizations. On a scale of 1-100, the higher that a SNI value is, the more socioeconomic needs a community has. Six (6) of the 13 clusters have a higher SNI than the County has a whole, the highest of which is found in Downtown/East Little Havana/Liberty City/Little Haiti/Overtown with a value of 98.27. The lowest SNI is found in Coral Gables/Coconut Grove/Key Biscayne (18.46) and Coral Gables/Kendall (18.67).

Health Insurance

Table 2: Percent Uninsured by Cluster, 2012-2016[13]

Cluster	Percent Uninsured
Brownsville/Coral Gables/Coconut Grove	31.72%
North Miami/North Miami Beach	30.51%
Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	29.10%
Hialeah/Miami Lakes	26.43%
Opa-Locka/Miami Gardens/Westview	26.43%
South Dade/Homestead	25.12%
Doral/Miami Springs/Sunset	23.57%
Miami Shores/Morningside	22.63%
Kendall	19.12%
Aventura/Miami Beach	18.25%
Westchester/West Dade	18.16%
Coral Gables/Coconut Grove/Key Biscayne	14.01%
Coral Gables/Kendall	11.30%
Miami-Dade County	**23.10%**

Seven (7) of the clusters have a higher percentage of residents that are uninsured than the county-wide rate. The cluster with the highest percentage of uninsured is Brownsville/Coral Gables/Coconut Grove (31.72%) followed by North Miami/North Miami Beach (30.51%) and Downtown/East Little Havana/Liberty City/Little Haiti/Overtown (29.10%). Of note is that every cluster in Miami-Dade County, with the exception of Coral Gables/Kendall, has a higher uninsured rate than the United States as a whole. From 2012-2016, the United States had an uninsured rate of 11.7% on average[14].

[12] The SocioNeeds Index summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas by zip code or county. The SocioNeeds Index is calculated for a community from several social and economic factors, ranging from poverty to education, that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates.

[13] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[14] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S2701&prodType=table

Income

Table 3: Median Household Income by Cluster, 2012-2016[15]

Cluster	Median Household Income
Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	$ 25,774.73
Brownsville/Coral Gables/Coconut Grove	$ 26,244.05
Opa-Locka/Miami Gardens/Westview	$ 36,897.56
Hialeah/Miami Lakes	$ 37,950.32
North Miami/North Miami Beach	$ 38,458.75
South Dade/Homestead	$ 43,281.22
Doral/Miami Springs/Sunset	$ 51,541.30
Miami Shores/Morningside	$ 52,060.00
Westchester/West Dade	$ 52,850.65
Aventura/Miami Beach	$ 53,310.93
Kendall	$ 59,352.36
Coral Gables/Coconut Grove/Key Biscayne	$ 77,319.55
Coral Gables/Kendall	$ 81,757.20
Miami-Dade County	**$ 44,224.00**

A final measure of economic disadvantage within a community is the median household income. The median household income describes the household income for the middle 50% of the population, which is more robust to outliers (such as an extremely high or low income) than the average income. The median household income for Miami-Dade County is $44,224.00. Six (6) clusters have lower median household incomes than the county as a whole, the lowest of which is in the oversampled Downtown/East Little Havana/Liberty City/Little Haiti/Overtown cluster ($25,773.73).

[15] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

MAPP PHASE 3: PRIMARY DATA COLLECTION
COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

Part 2: Community Wide Wellbeing Survey

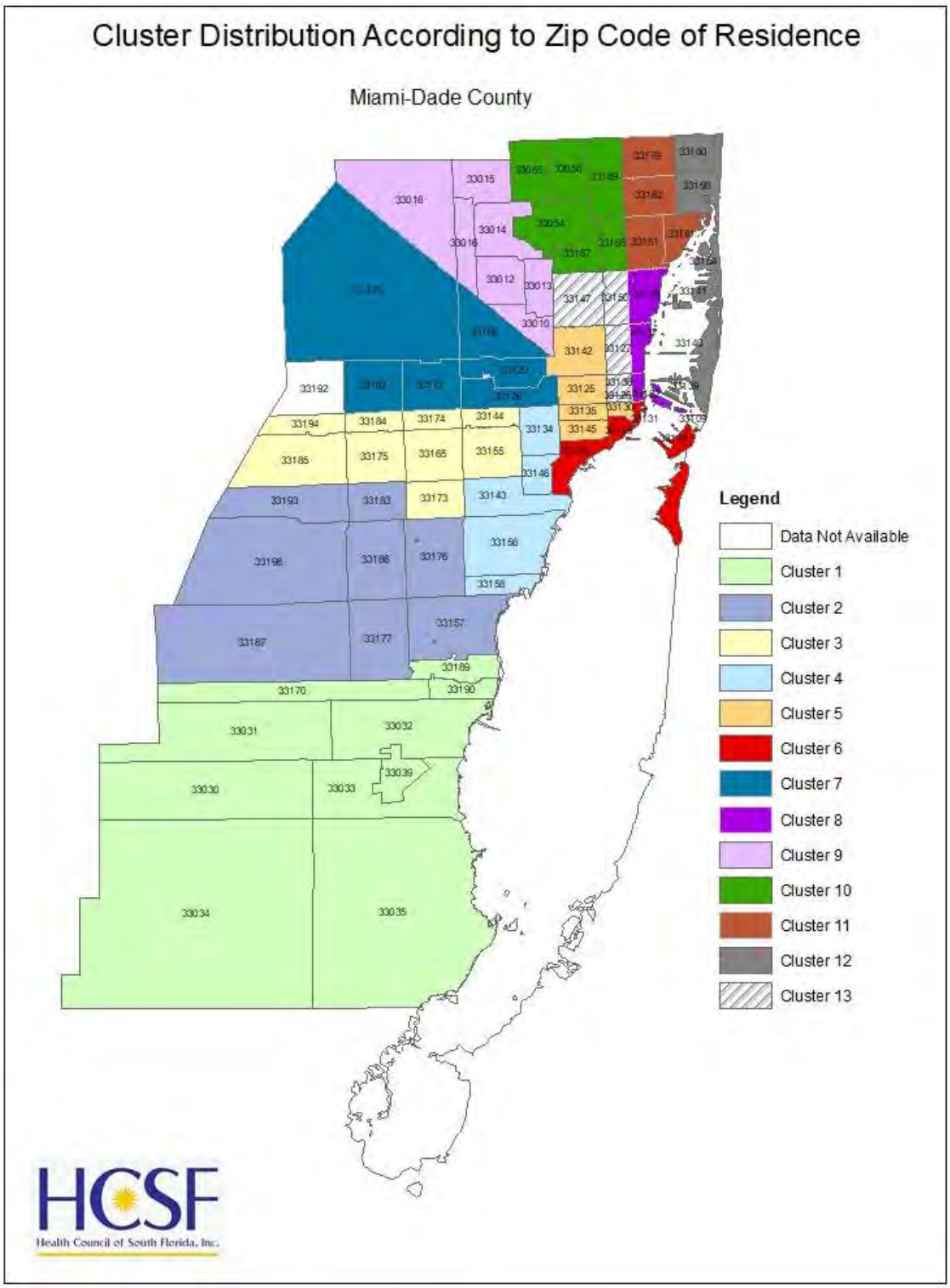
Preliminary Survey Results

GEOGRAPHY

The 2018 Miami-Dade County Wellbeing Survey collected from June 12, 2018 to March 10, 2019 with a total of 3,226 complete respondents. The largest percentage of respondents were from Kendall (19.3%), South Dade/Homestead (11.6%), and Westchester/West Dade (11.2%). The smallest proportion of respondents were from Coral Gables/Coconut Grove/Key Biscayne (3.8%), Miami Shores/Morningside (4.3%), and Doral/Miami Springs/Sunset (4.7%).

Table 1: 2019 Miami-Dade Wellbeing Survey Geographic Distribution

Cluster	Cluster Name	Expected Count	Expected Percentage	Actual Count	Actual Percentage
1	South Dade/Homestead	220	7.4%	373	11.6%
2	Kendall	220	7.4%	623	19.3%
3	Westchester/West Dade	220	7.4%	360	11.2%
4	Coral Gables/Kendall	220	7.4%	234	7.3%
5	Brownsville/Coral Gables/Coconut Grove	220	7.4%	179	5.6%
6	Coral Gables/Coconut Grove/Key Biscayne	220	7.4%	123	3.8%
7	Doral/Miami Springs/Sunset	220	7.4%	153	4.7%
8	Miami Shores/Morningside	220	7.4%	140	4.3%
9	Hialeah/Miami Lakes	220	7.4%	187	5.8%
10	Opa-Locka/Miami Gardens/Westview	220	7.4%	217	6.7%
11	North Miami/North Miami Beach	220	7.4%	191	5.9%
12	Aventura/Miami Beach	220	7.4%	229	7.1%
13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	330	11.1%	217	6.7%


Cluster Distribution According to Zip Code of Residence
Miami-Dade County
Legend
Data Not Available
Cluster 1
Cluster 2
Cluster 3
Cluster 4
Cluster 5
Cluster 6
Cluster 7
Cluster 8
Cluster 9
Cluster 10
Cluster 11
Cluster 12
Cluster 13
HCSF
Health Council of South Florida, Inc.

DEMOGRAPHICS

Of the 4,190 respondents who began the survey, 89.2% (n=3,738) chose to take the survey in English while 10.1% (n=422) selected Spanish and 0.7% (n=30) chose Creole. The largest age group of respondents were 35-44-year olds (21.7%), followed by 25-34-year olds (20.5%) and 45-54-year olds (19.8%). The respondents overwhelmingly identified as female (73.3%) compared to male (26.1%) and other (0.6%). Furthermore, the majority identified as White (64.0%), followed by African-American (23.9%), Asian (3.2%), American Indian or Alaskan Native (0.7%), and Other (12.8%). Of those, 49.1% identified as Hispanic/Latino(a) and 50.9% as Not-Hispanic/Latino(a).

Table 2: 2019 Miami-Dade Wellbeing Survey Demographic Basics

	Count	Percentage
Survey Language		
English	3,738	89.2%
Spanish	422	10.1%
Creole	30	0.7%
Age		
18-24	334	10.4%
25-34	660	20.5%
35-44	701	21.7%
45-54	639	19.8%
55-64	573	17.8%
65+	319	9.9%
Gender		
Male	842	26.1%
Female	2,366	73.3%
Other	18	0.6%
Race		
White	2,063	64.0%
African-American	772	23.9%
American Indian or Alaska Native	22	0.7%
Asian	104	3.2%
Other	412	12.8%
Ethnicity		
Hispanic/Latino(a)	1,583	49.1%
Not-Hispanic/Latino(a)	1,643	50.9%

SOCIAL CHARACTERISTICS

The respondents to the 2018 Miami-Dade County Wellbeing Survey largely speak English as their primary language (86.1%). Miami-Dade is also a metropolis of bi-lingual and tri-lingual residents. An additional 26.0% of respondents claimed Spanish was a primary language, 3.4% responded Haitian-Creole, and 3.6% responded Other. A large majority of the respondents have lived in Miami-Dade County for 15 years or more (72.3%). The next largest percentage of respondents have lived in Miami-Dade for 0-5 years (12.3%). Respondents who have lived in Miami-Dade for either 6-10 years or 11-15 years have similar proportions (7.8% and 7.6%, respectively).

There were 45.9% of respondents who responded they are Married or in a Civil Union and 38.5% who are Single. Only 13.0% responded that they are Separated or Divorced, and an additional 2.6% responded that they are a Widow or Widower. The respondents also, largely, had a high degree of education with 34.5% with a Masters/Professional degree, 27.0% with a Bachelor's degree, 10.3% with an Associate's degree, 14.6% with at least some college, and 4.1% with a degree form an occupational, technical, or vocational program. Only 9.6% of respondents have a high school education or less.

Table 3: 2019 Miami-Dade Wellbeing Survey Social Characteristics

	Count	Percentage
Primary Language		
English	2,778	86.1%
Spanish	839	26.0%
Haitian-Creole	109	3.4%
Other	115	3.6%
Length of Miami-Dade Residence		
0-5 years	398	12.3%
6-10 years	251	7.8%
11-15 years	244	7.6%
15+ years	2,333	72.3%
Marital Status		
Single	1,241	38.5%
Married/Civil Union	1,481	45.9%
Separated/Divorced	419	13.0%
Widow(er)	85	2.6%
Highest Level of Education		
Less than 9th Grade	39	1.2%
Some High School	37	1.2%
High School Graduate/GED	231	7.2%
Some College	471	14.6%
Degree from an occupational, technical, or vocational program	132	4.1%
Associate Degree	333	10.3%
Bachelor's Degree	871	27.0%
Masters/Professional Degree	1,112	34.5%

ECONOMIC CHARACTERISTICS

Economically, the largest percentage of respondents have a household income of $50,000-$74,999 (16.5%) followed by those earning $35,000-$49,999 or more (14.7%), $100,000-$149,999 (13.9%), and $75,000-$99,999 (14.9%). Additionally, most respondents responded that they own their home (52.5%), while 32.2% responded that they rent. An additional 11.1% responded that they live with other people but do not own or rent. Finally, 71.3% responded that they are employed full-time while 11.5% responded that they are employed part-time. A total of 13.0% responded that they are in school, 4.6% unemployed, and 6.8% retired. These employment numbers are not mutually exclusive, meaning that a person could respond that they are both employed full-time and part-time or that they are in school but also work part-time.

Table 4: 2019 Miami-Dade Wellbeing Survey Economic Characteristics

	Count	Percentage
Household Income		
Less than $10,000	297	8.3%
$10,001-$14,999	144	4.0%
$15,000-$24,999	224	6.3%
$25,000-$34,999	363	10.2%
$35,000-$49,999	525	14.7%
$50,000-$74,999	590	16.5%
$75,000-$99,999	439	12.3%
$100,000-$149,999	498	13.9%
$150,000-$199,999	244	6.8%
More than $200,000	249	7.0%
Household Living Situation		
Rent	1,039	32.2%
Own	1,695	52.5%
Live with someone but do not own or rent	357	11.1%
Other	135	4.2%
Employment		
Employed Full-time	2,299	71.3%
Employed Part-time	372	11.5%
In School	420	13.0%
Unemployed	147	4.6%
Retired	219	6.8%
Other	304	9.4%

CONCLUSION

The initial geographic, demographic and socioeconomic analysis of respondents to the 2019 Miami-Dade County Wellbeing Survey indicate a geographically distributed, racially and ethnically diverse cohort. Sample size by cluster were determined a priori with the goal of collecting 220 (7.4%) respondents in each cluster except for an oversampled cluster in Downtown/East Little Havana/Liberty City/Little Haiti/Overtown, which historically has been underrepresented, that would have 330 respondents (11.1%). Ultimately, the by cluster distribution does not perfectly follow the proposed distribution. To account for these discrepancies, post-stratification weighting will be utilized to ensure the sample is properly representative of Miami-Dade County as a whole in the larger analysis. This will allow for larger considerations regarding the health and wellbeing of Miami-Dade County residents as a result of the 2018 Miami-Dade County Wellbeing Survey.

Limitations

The 2018-2019 Miami-Dade Wellbeing Survey has several limitations. This survey was distributed through the Florida Department of Health in Miami-Dade County with several employees completing the survey. To minimize biases, these surveys are excluded from the analysis. Furthermore, a few of the questions were not made exclusive, allowing more than one answer where a single answer would typically seem appropriate. Therefore, total percentages for Race and Primary Language are greater than 100%.

MAPP PHASE 3: SECONDARY DATA COLLECTION

COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

The Community Health Status Assessment is an assessment that is used to provide a detailed summary of the health and wellbeing of our residents and community over some time. It involves examining data from a variety of reputable sources as noted below. While this is not an exhaustive list, each of the indicated data sources provides relevant information related to the morbidity and mortality rates for Miami-Dade County residents as well as specific information for a variety of environmental factors that influence the health of community residents. The use of such data allows the DOH-Miami-Dade to see county-level data and comparisons to peer counties, state and national rates.

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Florida Health Charts (FLCHARTS)
- U.S. Census, American Community Survey 5 year estimates
- Florida Department of Education
- Florida Department of Environmental Tracking
- Florida Department of Law Enforcement
- Centers for Disease Control and Prevention
- Robert Wood Johnson Foundation
- County Health Rankings
- Healthy People 2020, Healthy People 2030

ANALYSIS AND LIMITATIONS

When using secondary data as a source, there are several factors to consider when conducting analysis. Much of the data used for this assessment were accessed from FLCHARTS, which is a tool developed in 2005 to help communities obtain the needed data for strategic planning and community assessments. FLCHARTS includes data from more than 35 resources. Data pulled from FLCHARTS are utilized to calculate rates based on multiple years of data, ensuring validity of the indicators by using strategies including but not limited to 3-year rolling rates.

All indicators included for Miami-Dade County, Florida were included to show the health status of the county and show a comparison, when available, to peer counties, state and national rates. Many of the targets that have been set with some of the indicators is in direct alignment with the Healthy People 2020 and 2030 goals for which Miami-Dade County strives to achieve or exceed. It should be further noted that while rates are provided for indicators, the statistical significance for each of the indicators was not calculated. More information can be found online related to rolling rates, statistical significance and how online data sources obtain their information. As a final part of analysis, a variety of resources are used to obtain the secondary data, none of the data sources used such as the County Health Rankings, U.S. Census, FLCHARTS, BRFSS etc. endorse the work included in this document. The views shared within this document are the work of DOH-Miami-Dade.

HEALTH OUTCOMES

LEADING CAUSES OF DEATH

The most data regarding the leading causes of death for the United States was published in the annual report of the CDC *Health, United States, 2019* from the National Vital Statistics (www.cdc.gov/nchs). Presented in the table below includes the Top 10 Leading Causes of Death in the United States and the rates for these causes in Miami-Dade and Florida. As presented in this report, the preliminary leading causes of death in the U.S 2019 included: heart disease, cancer, covid-19, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease, diabetes, chronic liver disease and cirrhosis and influenza and pneumonia. Cancer and heart disease are the top 2 causes of death across the all three geographies in the table below.

Top 10 Leading Causes of Death in Miami-Dade County compared to Florida and the United States (2020)

(Age-adjusted Death Rate per 100,000)

	MIAMI-DADE COUNTY	FLORIDA	UNITED STATES
Heart Disease	143	145.8	168.2
Cancer	114.7	138.7	144.1
COVID-19	95.8	57.4	85
Unintentional Injury	32.2	67.4	57.6
Stroke	50.4	44.4	38.8
Chronic Lower Respiratory Disease	23.6	34.2	36.4
Alzheimer's Disease	27	20.3	32.4
Diabetes	28.2	23.2	24.8
Chronic Liver Disease and Cirrhosis	8.9	13	15.7
Influenza and Pnuemonia	9.4	9.7	13

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com
National Center for Health Statistic Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2020. NCHS Data Brief, no 427. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:112079external icon.

HEALTH OUTCOMES

LEADING CAUSES OF DEATH

The DOH-Miami-Dade, Epidemiology, Disease Control, and Immunization Services Department utilized data from Florida Vital Records to create the table below. This table shows the top Leading causes of death (mortality rate per 100,000 population) by age group in Miami-Dade County, FL in 2020. When segmented by age, unintentional injuries contributed to most deaths among those aged 15 - 44 in Miami-Dade County. Cancer was the leading cause of death among those aged 45 – 74 while heart disease was the leading cause among those aged 75+. Notably, COVID-19 became one of the top three leading causes for all age groups over 35 years old.

Top Leading Cause of Death, Mortality Rate per 100,000 Population by Age Group, Miami-Dade County (2020)

	<1 Years	1-4 Years	5-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75+ Years	Total
1	Perinatal Conditions 52(199.8)	Unintentional Injuries 9(6.4)	Malignant Neoplasms 8(2.5)	Unintentional Injuries 93(27.9)	Unintentional Injuries 179(44.3)	Unintentional Injuries 156(40.1)	Malignant Neoplasms 267(64.5)	Malignant Neoplasms 673(185.2)	Malignant Neoplasms 1110(436.1)	Heart Diseases 3836(1722.5)	Heart Diseases 5569(194.4)
2	Congenital Abnormalities 32(122.9)	Congenital Abnormalities 4(2.9)	Unintentional Injuries 6(1.9)	Homicide 69(20.7)	Homicide 72(17.8)	Malignant Neoplasms 90(23.1)	Heart Diseases 203(49.0)	Heart Diseases 573(157.7)	Heart Diseases 870(341.8)	COVID-19 2150(965.5)	Malignant Neoplasms 4287(149.7)
3				Suicide 22(6.6)	Malignant Neoplasms 34(8.4)	COVID-19 58(14.9)	COVID-19 164(39.6)	COVID-19 436(119.9)	COVID-19 809(317.9)	Malignant Neoplasms 2093(939.9)	COVID-19 3640(127.1)
4				Malignant Neoplasms 11 (3.3)	Suicide 32(7.9)	Heart Diseases 58(14.9)	Unintentional Injuries 128(30.9)	Unintentional Injuries 158(43.5)	Diabetes Mellitus 237(93.1)	Cerebrovascular Diseases 1501(714.5)	Cerebrovascular Diseases 1690(69.5)
5					Heart Diseases 19(4.7)	Homicide 48(12.3)	Diabetes Mellitus 65(15.7)	Diabetes Mellitus 146(40.2)	Cerebrovascular Diseases 232(91.2)	Alzeihmer's Disease 1032(463.4)	Alzeihmer's Disease 1095(38.2)
6					COVID-19 18(4.5)	Suicide 26(6.7)	Chronic Liver Disease 50(12.1)	Cerebrovascular Diseases 99(37.2)	Chronic Lower Respiratory Disoases 146(57.4)	Chronic Lower Respiratory Disease 700(314.3)	Diabetes Mellitus 1058(36.9)
7						Diabetes Mellitus 23(5.9)	Cerebrovascular Diseases 42(10.1)	Chronic Liver Disease 97(26.7)	Unintentional Injuries 103(40.5)	Diabetes Mellitus 577(259.1)	Unintentional Injuries 1028(35.9)
8						Cerebrovascular Diseases 19(4.8)	Suicide 36(8.7)	Chronic Lower Respiratory Diseases 51(14.0)	Influenza & Pneumonia 74(28.7)	Parkinson's Disease 263(118.1)	Chronic Lower Respiratory Disease 915(31.9)
9							Homicide 33(8.0)	HIV 46(12.7)	Chronic Liver Disease 70(27.5)	Hypertension 233(104.6)	Influenza & Pneumonia 355(12.4)
10							HIV 26(6.3)	Hypertension 45(12.4)	Hypertension 62(24.3)	Influenza & Pneumonia 208(93.4)	Hypertension 354(12.4)

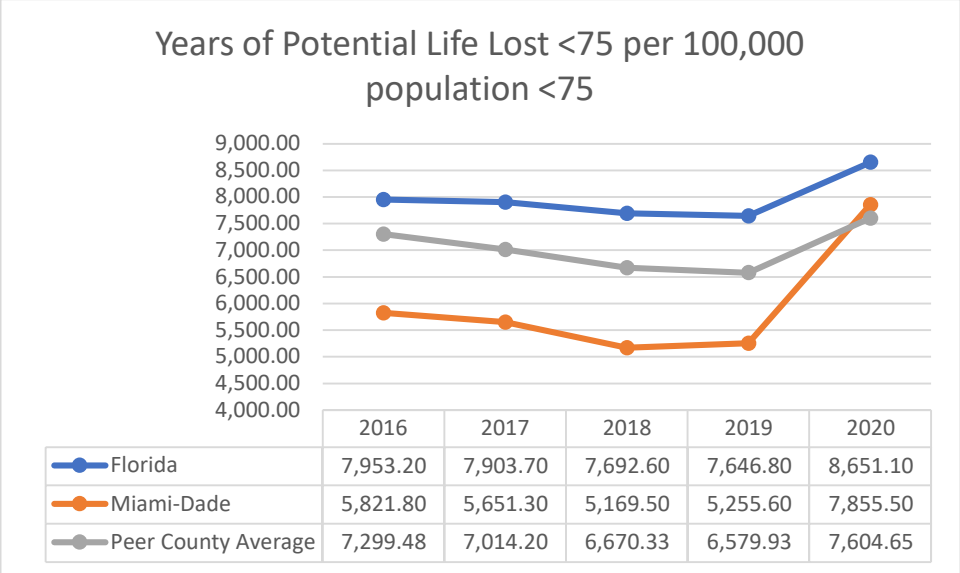
HEALTH OUTCOMES

YEARS OF POTENTIAL LIFE LOST

Indicator: Years of Potential Life Lost (YPLL) before age 75 per 100,000 population.

Why is this important?

Years of Potential Life Lost (YPLL) is a measure of premature mortality defined as "the number of years of life lost among persons who die before a given age" meaning the number of years that an individual was expected to live beyond his or her death. The *County Health Rankings and Roadmaps* use YPLL to capture preventable deaths. It emphasizes the deaths of younger persons. The Florida Department of Health sets the age reference at 75 years based on life expectancy, so individuals who die before 75 years of age lost potential years of life. YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.



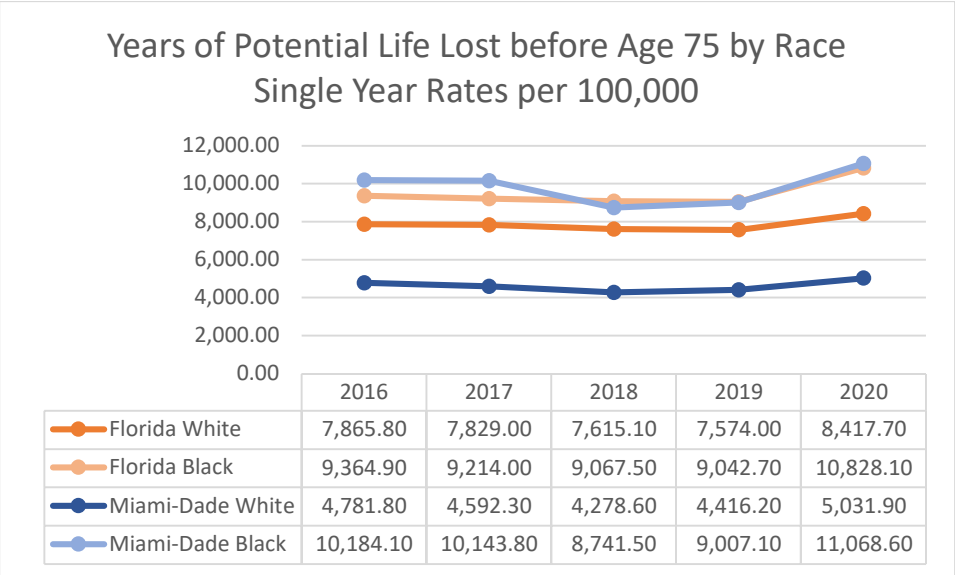
	2016	2017	2018	2019	2020
Florida	7,953.20	7,903.70	7,692.60	7,646.80	8,651.10
Miami-Dade	5,821.80	5,651.30	5,169.50	5,255.60	7,855.50
Peer County Average	7,299.48	7,014.20	6,670.33	6,579.93	7,604.65

Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach. Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The YPLL rate in Miami-Dade County, FL has been generally decreasing. The recent 2019 YPLL rates for Miami-Dade County, FL do remain significantly lower compared to the peer counties average rate and Florida. The following charts break down YPLL rate by Race, Gender and Ethnicity.

HEALTH OUTCOMES

YEARS OF POTENTIAL LIFE LOST



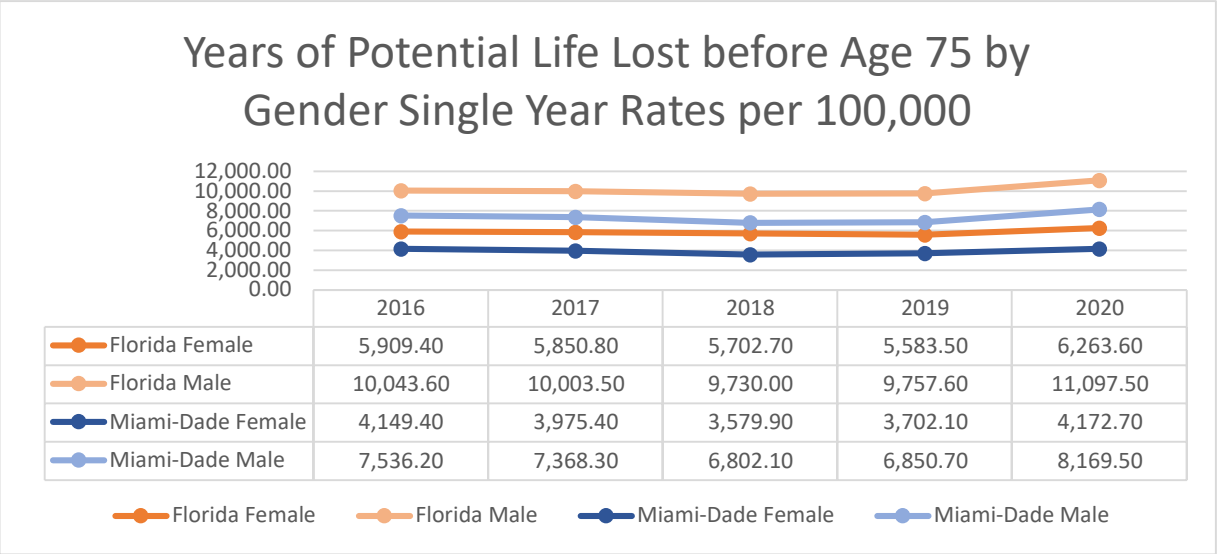
	2016	2017	2018	2019	2020
Florida White	7,865.80	7,829.00	7,615.10	7,574.00	8,417.70
Florida Black	9,364.90	9,214.00	9,067.50	9,042.70	10,828.10
Miami-Dade White	4,781.80	4,592.30	4,278.60	4,416.20	5,031.90
Miami-Dade Black	10,184.10	10,143.80	8,741.50	9,007.10	11,068.60

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented above, the YPLL rates among the Black population in Miami-Dade County is higher than the White population in Miami-Dade County and the White population overall in the state of Florida. The average YPPL is more than two times greater for the black population as compared to the white population in Miami-Dade County. Additionally the disparity in the YPLL between the black and white population in Miami-Dade County is consistently much greater than the disparity overall across the state. YPLL in Miami-Dade County has decreased for both populations since 2016 but increased between 2019 and 2020.

HEALTH OUTCOMES

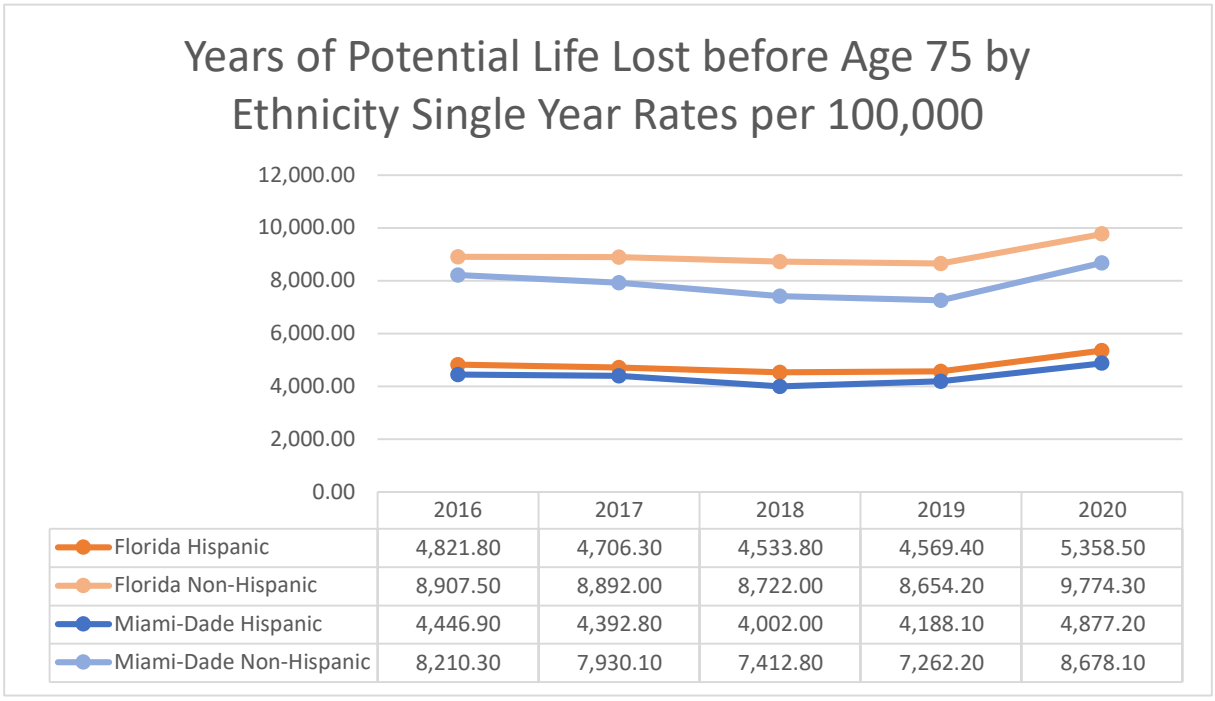
YEARS OF POTENTIAL LIFE LOST



	2016	2017	2018	2019	2020
Florida Female	5,909.40	5,850.80	5,702.70	5,583.50	6,263.60
Florida Male	10,043.60	10,003.50	9,730.00	9,757.60	11,097.50
Miami-Dade Female	4,149.40	3,975.40	3,579.90	3,702.10	4,172.70
Miami-Dade Male	7,536.20	7,368.30	6,802.10	6,850.70	8,169.50

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

For the past 20 years, the YPLL rates in Miami-Dade County for both males and females have remained lower than Florida's YPLL rates. The YPLL rates for both males and females had been decreasing from 2016-2019 but showed an increase in 2020. The YPLL rates among males in both Miami-Dade County and Florida are higher than females in both locations.



	2016	2017	2018	2019	2020
Florida Hispanic	4,821.80	4,706.30	4,533.80	4,569.40	5,358.50
Florida Non-Hispanic	8,907.50	8,892.00	8,722.00	8,654.20	9,774.30
Miami-Dade Hispanic	4,446.90	4,392.80	4,002.00	4,188.10	4,877.20
Miami-Dade Non-Hispanic	8,210.30	7,930.10	7,412.80	7,262.20	8,678.10

YPLL rates for the Non-Hispanic population, both at the State and County level are higher than for the Hispanic Population. Miami-Dade YPLL rates for both populations are slightly lower than for the state overall.

HEALTH OUTCOMES
YEARS OF POTENTIAL LIFE LOST

Years of Potential Life Lost before Age 75, Leading Causes of Death
(Single-Year Rate per 100,000 population in Miami-Dade County, FL)

Rank	2016	2017	2018	2019	2020
1	Cancer (1,411.5)	Cancer (1,197.7)	Cancer (1,094.1)	Cancer (1,152.0)	Unintentional Injury (1,930.1)
2	Unintentional Injury (974.2)	Unintentional Injury (955.5)	Unintentional Injury (786.8)	Unintentional Injury (827.8)	Cancer (1,456.9)
3	Heart Disease (851.2)	Heart Disease (822.6)	Heart Disease (786)	Heart Disease (726.7)	Heart Disease (1,101.7)
4	Homicide (346.9)	Homicide (324.3)	Homicide (306.8)	Homicide (312.6)	COVID-19 (462.5)
5	Perinatal Period Conditions (260.7)	Perinatal Period Conditions (239.5)	Suicide (266.9)	Suicide (395.2)	Suicide (255.5)
6	Suicide (219.1)	Suicide (217.9)	Perinatal Period Conditions (243.8)	Perinatal Period Conditions (227.7)	Homicide (312.5)
7	Diabetes (207.2)	Stroke (194.2)	Diabetes (196.9)	Stroke (171.7)	Diabetes (262.8)
8	HIV/AIDS (164.4)	Diabetes (180.1)	Stroke (162.8)	Diabetes (160.3)	Chronic Liver Disease and Cirrhosis (261.9)
9	Congenital Malformations (164)	Congenital Malformations (162.8)	Chronic Liver Disease and Cirrhosis (103.5)	Congenital Malformations (125.9)	Perinatal Period Conditions (239.4)
10	Stroke (151.2)	HIV/AIDS (141.3)	HIV/AIDS (97.5)	HIV/AIDS (106.9)	Stroke (218.1)

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The table above shows leading causes of death in Miami-Dade County, FL ranked by YPLL. Each conidition is color coded to show the changes throughout the years. Chronic diseases do make up most of the YPLL leading causes of death in Miami-Dade County, FL. While most categories stay fairly stable in rank, in 2020 unintentional injury, COVID-19, and Chronic Liver Disease and Cirrhosis all increased in rank.

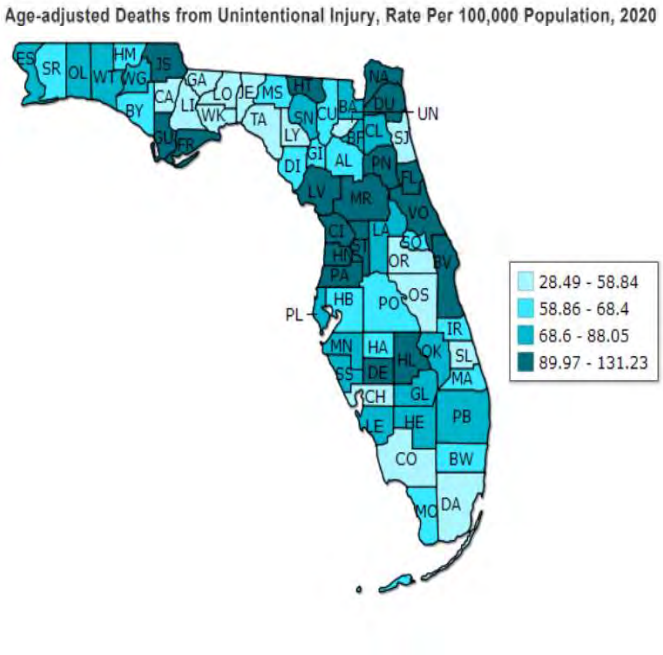
HEALTH OUTCOMES-INJURY AND MENTAL HEALTH

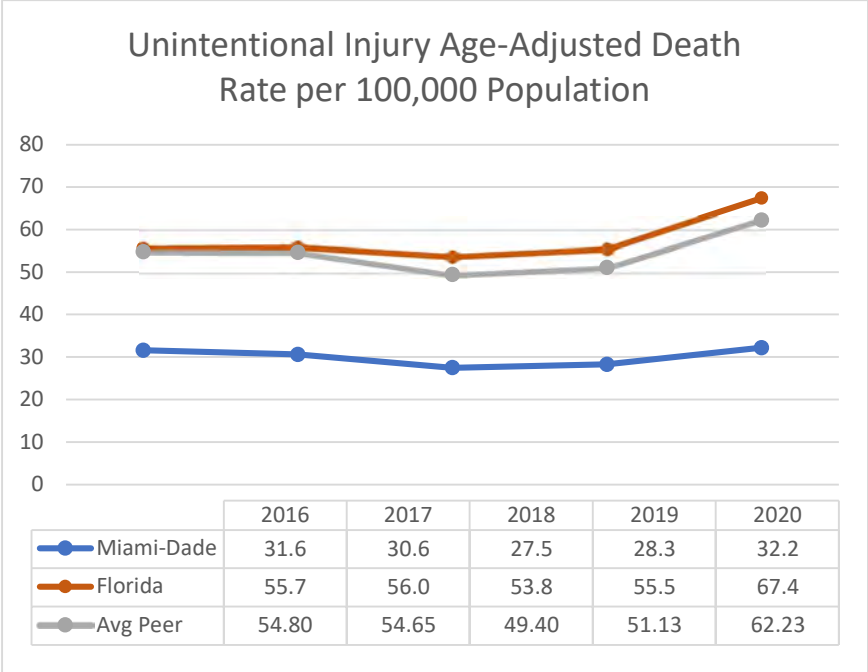
UNINTENTIONAL INJURY

Indicator: Age-adjusted death rate per 100,000 population due to unintentional injuries.

Why is this Important?

Unintentional injury is an injury not intended as self-harm or as intentional harm to another person. Unintentional injuries refer to harm caused by accidents, falls, blows, burns, weapons and more (FLCHARTS). In the United States, millions of people injure themselves every year. Unintentional injury is the seventh leading cause of death in Miami-Dade County for 2020. Nationally, unintentional injury is the number one cause of death for people aged 1 to 44 years of age, regardless of sex, race or ethnicity, and socioeconomic status. More information on unintentional injuries can be accessed via: www.cdc.gov/injury.





	2016	2017	2018	2019	2020
Miami-Dade	31.6	30.6	27.5	28.3	32.2
Florida	55.7	56.0	53.8	55.5	67.4
Avg Peer	54.80	54.65	49.40	51.13	62.23

Note: Orange County was selected to compare to Miami-Dade County because it had the best performance of all peer counties. Not all peer counties include the same injuries to be included in this rate. Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources for unintentional injury are available through the following organizations:

- Florida Health's Injury Prevention Program: http://www.floridahealth.gov/Programs-and-Services/Prevention/injury-prevention/index.html
- U.S. Department of Health & Human Services "Live Well. Learn how." https://healthfinder.gov/
- CDC's "The Guide to Community Preventive Services" https://www.thecommunityguide.org/

Revised 4-26-2022

HEALTH OUTCOMES-INJURY AND MENTAL HEALTH

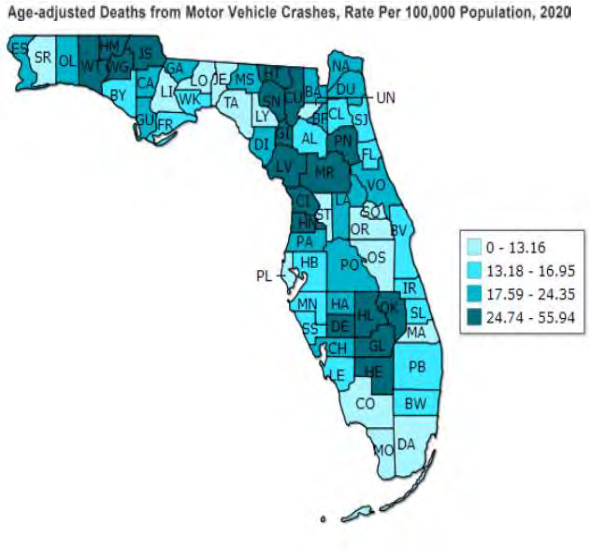
MOTOR VEHICLE CRASHES

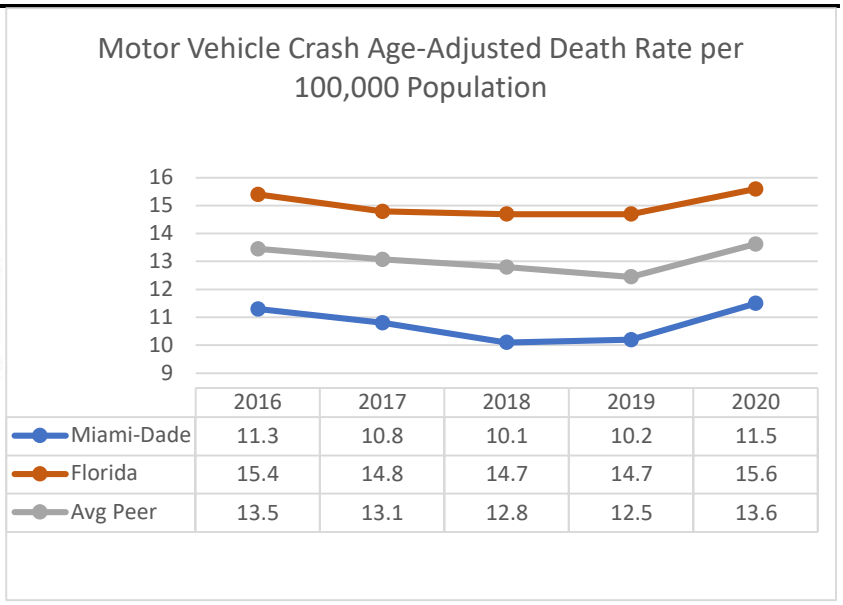
Indicator: Age-adjusted death rate per 100,000 population due to motor vehicle crashes.

Why is this important?

Motor vehicle deaths are occupants killed in transport accidents. Motor vehicle fatalities and injuries vary according to the demographic characteristics of the victims, geographic region, and risk factors associated with crashes. Motor vehicle crash mortality information is used by local governments and organizations to identify areas in need and to designate available resources. According to the CDC, motor vehicle related deaths result in an estimated $55 billion in medical and work loss costs annually.

The Healthy People 2020 national health target is to reduce the deaths caused by motor vehicle crashes to 12.4 deaths per 100,000 population and the Healthy People 2030 target is to reduce deaths to 10.1 deaths per 100,000 population. Miami-Dade County's 2020 rate of 11.4 deaths per 100,000 population meets the 2020 goal but not the 2030 goal.





	2016	2017	2018	2019	2020
Miami-Dade	11.3	10.8	10.1	10.2	11.5
Florida	15.4	14.8	14.7	14.7	15.6
Avg Peer	13.5	13.1	12.8	12.5	13.6

Information and supportive resources for motor vehicle safety are available through the following organizations:

- Florida Highway Patrol https://www.flhsmv.gov/florida-highway-patrol/about-fhp/
- National Highway Safety Patrol www.NHTSA.gov
- Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS): https://mvpiccs-viz.cdc.gov:8008/

HEALTH OUTCOMES-INJURY AND MENTAL HEALTH

UNINTENTIONAL DROWNING

Indicator: Age-adjusted death rate per 100,000 population due to unintentional drowning.

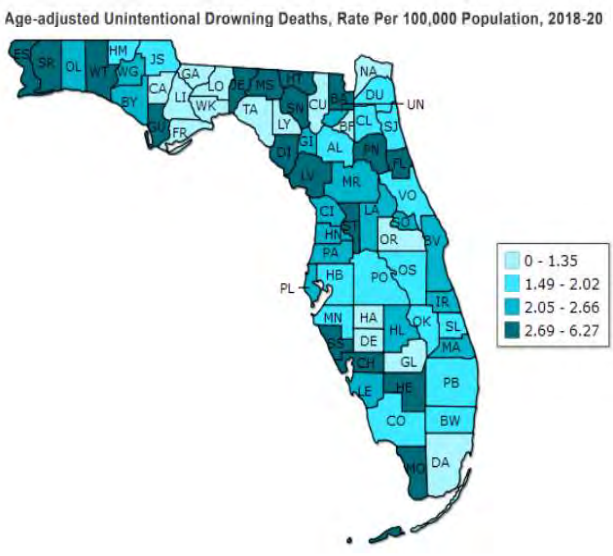
Why is this Important?

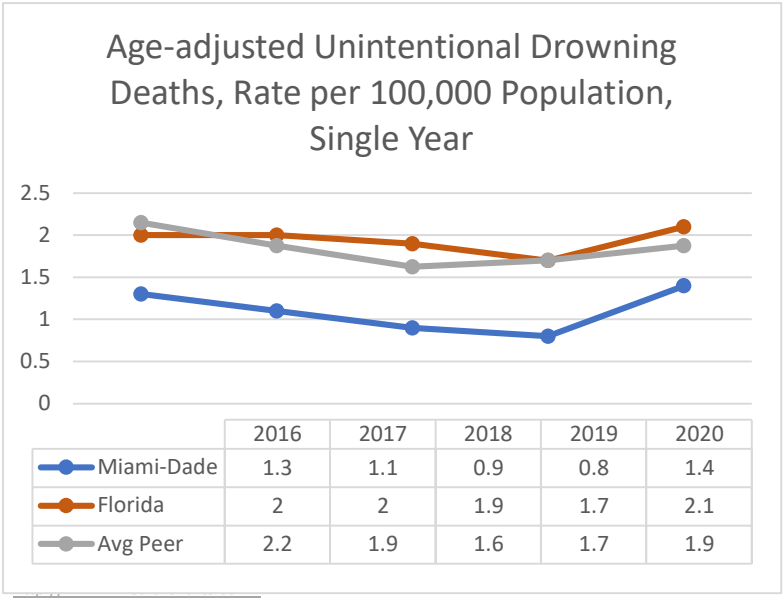
This indicator measures drowning while in or falling into a body of water (e.g. bathtub, swimming pools, natural water or tank/reservoir). This measure does not include water transport related to drowning. According to the CDC, every year there are an estimated 3,960 fatal unintentional drownings a year, averaging 11 drowning deaths per year.

The CDC states that certain people are at higher risk of drowning. Children ages 1-4 have the highest drowning rate. Nearly 80% of people who die from drowning are male, and drowning rates for black people are 1.5 times higher than for white people. Additionally the following factors make drowning more likely; not being able to swim, missing or ineffective fences around water, lack of close supervision,not wearing life jackets and drinking alcohol or having taken certain drugs or prescription medications. Notably, more than half of fatal and nonfatal drowning occur in natural waters. Miami-Dade County has an oceanic coast and is a tourist location for being on the ocean.

Miami-Dade County's unintentional drowning rate has decreased over the past 5 years. 2019 rates remain lower than Florida rates and select Peer Counties rates.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional drowning to 1.1 deaths per 100,000 population. Miami-Dade County's 2020 rate of 1.4 deaths per 100,000 population did not meet the national health target. Healthy People 2030 does not have a goal for unintentional drowning.





	2016	2017	2018	2019	2020
Miami-Dade	1.3	1.1	0.9	0.8	1.4
Florida	2	2	1.9	1.7	2.1
Avg Peer	2.2	1.9	1.6	1.7	1.9

Information and supportive resources for water safety are available through the following organizations:

- Florida Department of Children and Families www.MyFLFamilies.com/WaterSafety
- Learn to Swim https://www8.miamidade.gov/global/service.page?Mduid_service=ser14716214303986
- Model Aquatic Health Code (MAHC) https://www.cdc.gov/mahc/
- Water Safety USA https://www.watersafetyusa.org/

HEALTH OUTCOMES-INJURY AND MENTAL HEALTH

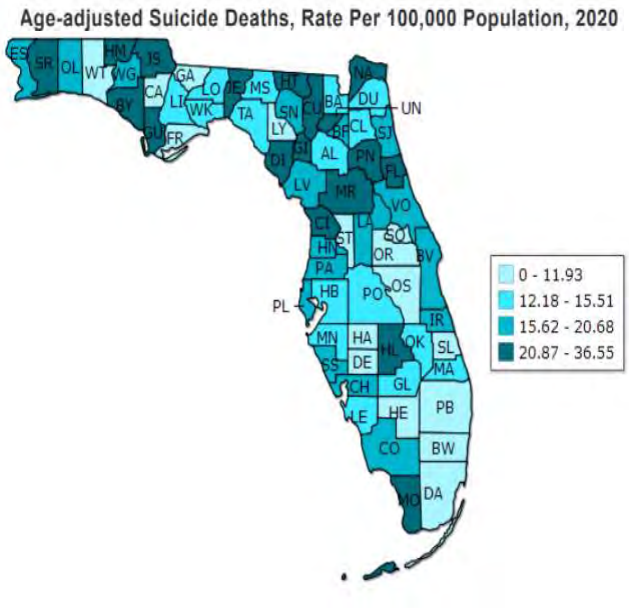
SUICIDE

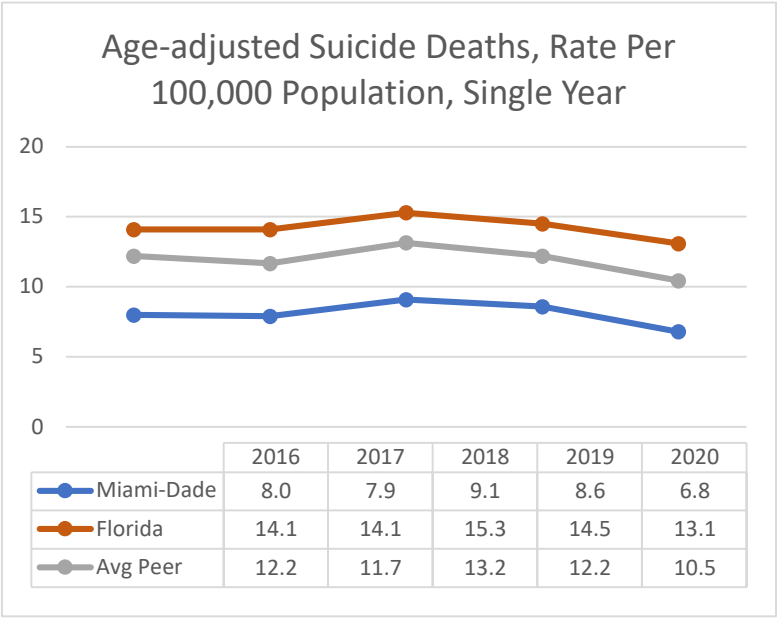
Indicator: Age-adjusted suicide death rate per 100,000 population.

Why is this Important?

Suicide is the tenth leading cause of death in the United States and the eighth leading cause of death among those in Miami-Dade County. The CDC defines suicide as "death caused by self-directed injurious behavior" with an intent to die as a result of the action. Many factors contribute to suicide among those with and without known mental health conditions. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes. Between 1999 and 2016, suicide rates have increased in nearly every state. Miami-Dade County's suicide death rate has fluctuated over the past 5 years but has ultimately decreased since 2016 . The most recent rates remain lower than Florida rates and select Peer Counties Average rates.

The Healthy People 2030 target for reducing the suicide rate is 12.8 suicides per 100,000 population. Miami-Dade County's current rate of 6.8 suicides per 100,000 population has met the national health target.





	2016	2017	2018	2019	2020
Miami-Dade	8.0	7.9	9.1	8.6	6.8
Florida	14.1	14.1	15.3	14.5	13.1
Avg Peer	12.2	11.7	13.2	12.2	10.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Information and supportive resources for suicide prevention are available through the following organizations:

- National Suicide Prevention Lifeline **1-800-273-TALK (8255)** www.SuicidePreventionLifeline.org
- Veterans Crisis Line **1-800-273-8255** and **Press 1** https://www.veteranscrisisline.net/
- The Youth Suicide Prevention Program www.yspp.org
- Suicide Prevention Resource Center www.sprc.org

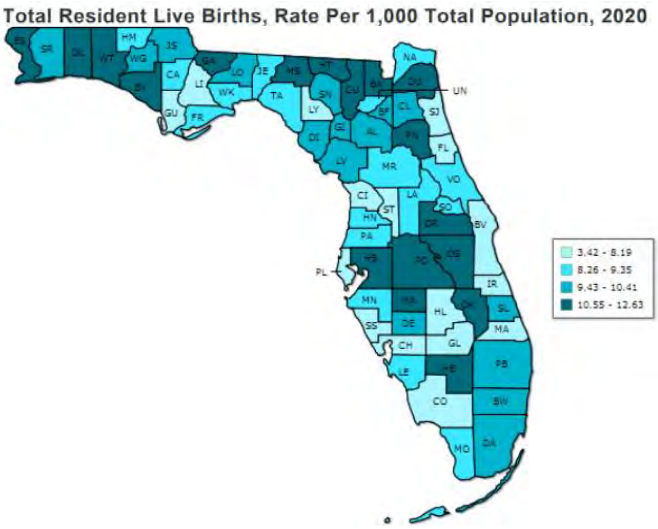
HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

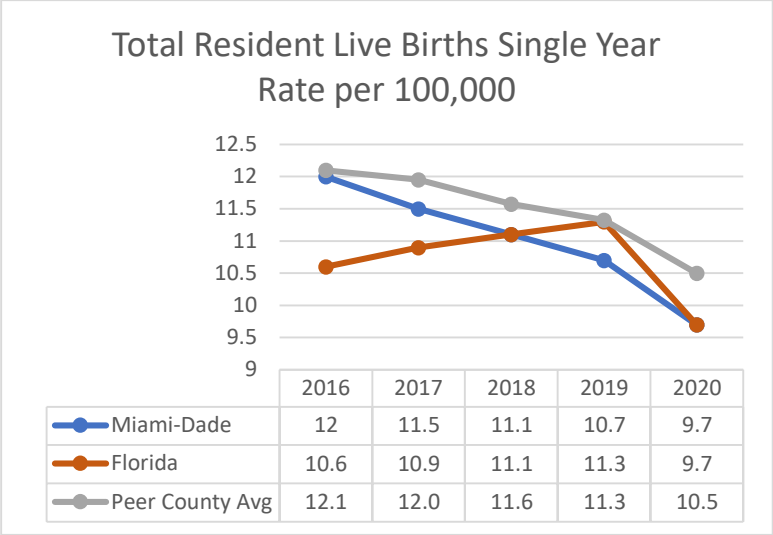
LIVE BIRTHS

Indicator: Number of live births per 1,000 population.

Why is this important?

The annual birth rate is the rate at which the population grows due to births within a one-year time period. The birth rate is an item of interest because it provides a standardized measure for monitoring the general increase or decrease in births. According to FLCHARTS, it defines live births as the number of births to women who live in Florida. The rate is the ratio between births and the specified population. When applied specifically to age groups, such as teens, or geographic areas, such as states, counties or countries, one can make comparisons between them. To plan for the current and future needs of generations, public health professionals track trends in birth rates. For more information on reproductive health and health birth outcomes, please visit the CDC's website: www.cdc.gov/reproductivehealth.





	2016	2017	2018	2019	2020
Miami-Dade	12	11.5	11.1	10.7	9.7
Florida	10.6	10.9	11.1	11.3	9.7
Peer County Avg	12.1	12.0	11.6	11.3	10.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Birth and Natality Statistics (2020)

	Miami-Dade County	*Florida*	*United States*
Number of Births	27,663	209,645	3,613,647
Birth Rate (per 1,000 population)	9.7	9.7	11
Fertility Rate (per 1,000 women aged 15-44)	49.7	53.4	56.0
Percent Born at Low Birthweight	7.9%	8.7%	8.24%
Percent Born Preterm	9.6%	10.5%	10.09%
Percent of Births to Unwed Mothers	48.7%	47.2%	40.50%
Mean Age at First Birth	30.40	29.3	27.1

Overall, Miami-Dade County's live birth rates have declined since 2016. The most recent rates are lower than the state's rate.

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

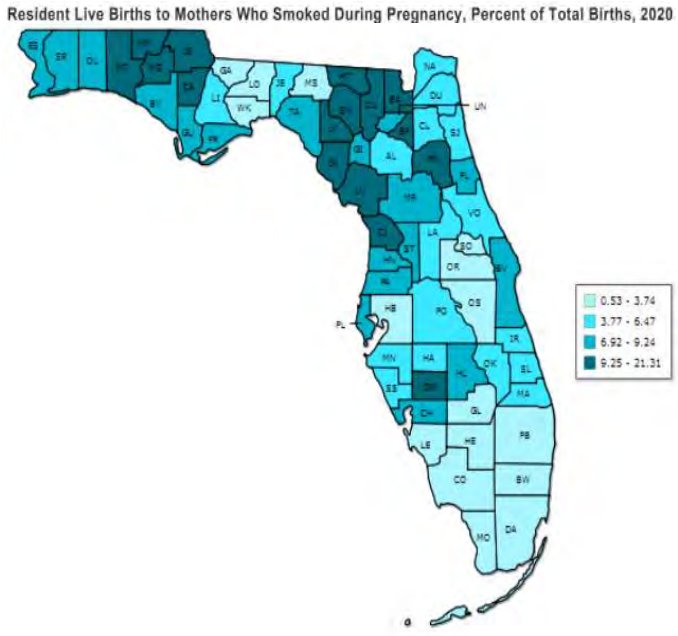
LIVE BIRTHS - TOBACCO USE DURING PREGNANCY

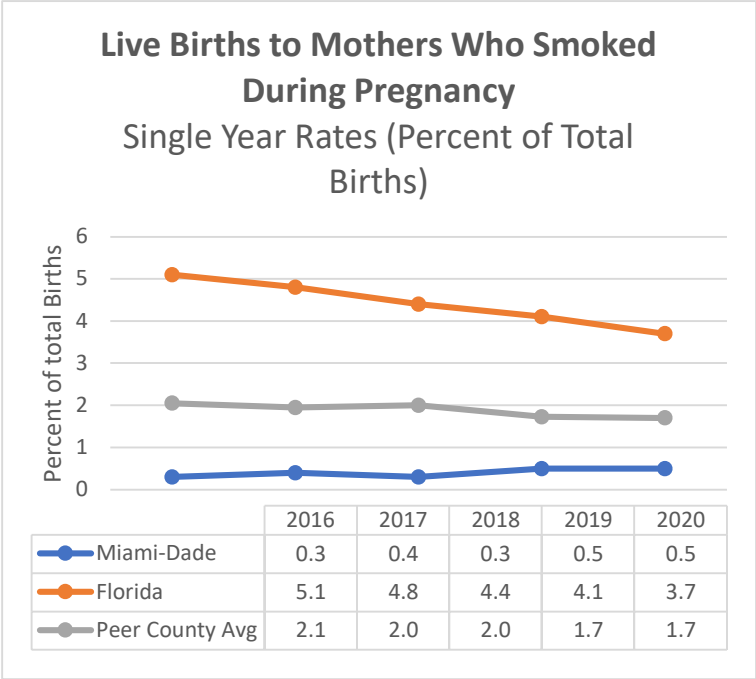
Indicator: Percentage of total live births to mothers who smoked during pregnancy

Why is this important?

Live births – tobacco use during pregnancy (maternal smoking) measures the number of mothers who smoked during pregnancy. It is expressed as a percentage of births. This is measured because smoking during pregnancy is associated with increased risk of low birth weight and Sudden Infant Death Syndrome (SIDS). Eliminating smoking before pregnancy is one of the most effective ways to reduce the risk of low birth weight, SIDS and other infant health problems.

For more information on maternal smoking, please visit the CDC's website:
https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm





	2016	2017	2018	2019	2020
Miami-Dade	0.3	0.4	0.3	0.5	0.5
Florida	5.1	4.8	4.4	4.1	3.7
Peer County Avg	2.1	2.0	2.0	1.7	1.7

Overall , Miami-Dade County's maternal smoking rates have remained low, under 0.5 for the period of 2016-2020 with an increase in 2019. This is still well below the State and Peer County rates.

Information and supportive resources for maternal smoking are available through the following organizations:

- Tobacco free Workgroup https://www.healthymiamidade.org/committees/tobacco-free-workgroup/resource/
- CDC https://www.cdc.gov/tobacco/index.htm
- Tobacco Free Florida https://tobaccofreeflorida.com/
- Office of the Surgeon General https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html
- Area Health Education Centers (AHEC) Cessation Classes http://www.ahectobacco.com/calendar-2/

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

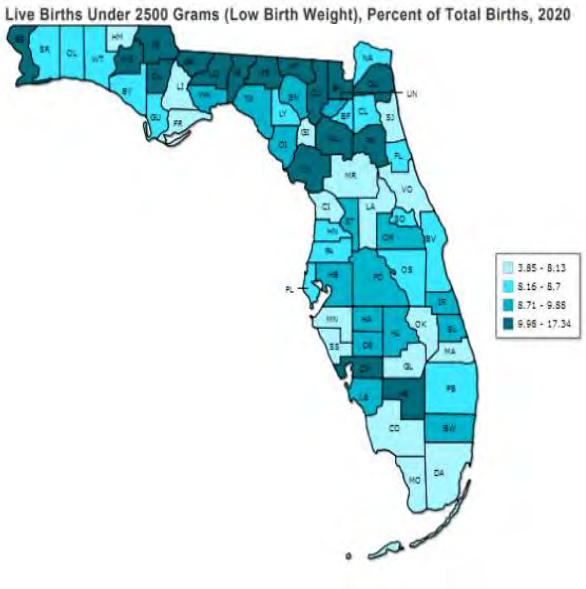
LOW BIRTH WEIGHT

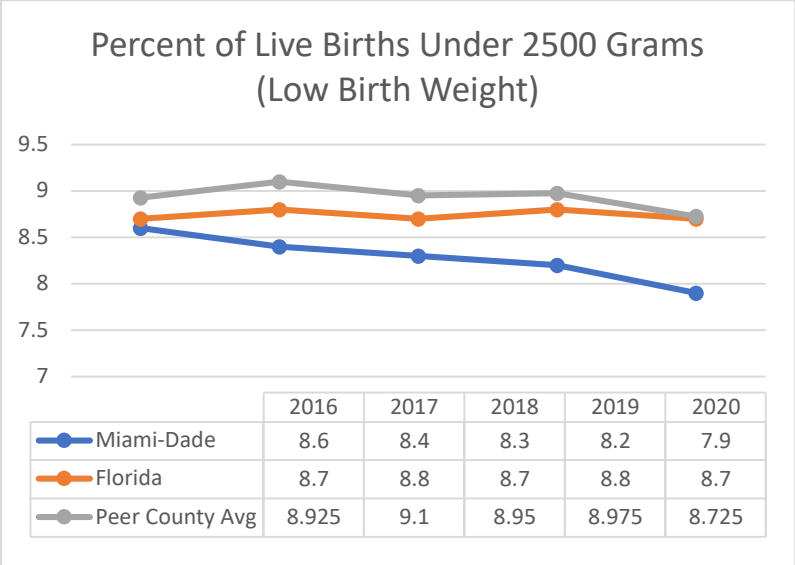
Indicator: Percentage of births in which the newborns weighed less than 2,500 grams (5 pounds 5 ounces) at time of birth

Why is this important?

Babies with a low birth weight (LBW) are born weighing less than 5 pounds, 5 ounces (<2500 grams). A LBW infant can be born too small, too early, or both. Birthweight is one of the strongest predictors of an infant's health and survival. LBW is unique as a health outcome because it represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality or morbidity over the life course.

LBW children have greater developmental and growth problems, are at higher risk of heart disease later in life, have a greater rate of respiratory conditions, and have higher rates of cognitive problems such as cerebral palsy, visual, auditory, and intellectual impairments. Health inequities in LBW caused by inequities between groups of mothers having access to prenatal care, exposures to environmental risk factors, and risk behaviors.





	2016	2017	2018	2019	2020
Miami-Dade	8.6	8.4	8.3	8.2	7.9
Florida	8.7	8.8	8.7	8.8	8.7
Peer County Avg	8.925	9.1	8.95	8.975	8.725

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The proportion of babies born at a LBW is lower in Miami-Dade County than Florida. The Healthy People 2020 national health goal was to reduce the proportions of infants born with LBW to 7.8%. With a most recent rate of 8.2%, Miami-Dade County did not meet the national target. Healthy People 2030 does not have an objective regarding low birth weight.

Information and supportive resources for low birth weight babies are available through the following organizations:

- CDC https://www.cdc.gov/nchs/fastats/birthweight.htm
- Nicklaus Children's Hospital https://www.nicklauschildrens.org/healthy-lifestyle/premature-infant
- Miami Dade Matters http://www.miamidadematters.org/indicators/index/view?indicatorId=172&localeId=414
- FL Health http://www.floridahealth.gov/diseases-and-conditions/infant-mortality-and-adverse-birth-outcomes/data/index.html

Revised 4-26-2022

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

LOW BIRTH WEIGHT

Smoking during pregnancy may also cause low birth weight, even if that baby is carried the full 40 weeks of pregnancy. Early and regular prenatal care helps identify conditions and behaviors that can result in low birth weight infants. Per CDC, expectant mothers can: 1.) Get preconception health care and early prenatal care throughout the pregnancy to identify and modify health behaviors (e.g. lack of weight gain, quit smoking, stop drinking alcohol and using drugs) 2.) Work with a health care provider to control chronic diseases and 3.) Take prenatal vitamins that contain 400 micrograms of folic acid before and throughout pregnancy.

However, a disparity is observed when comparing the proportion of low birth weight babies by maternal age and race; more than twice the proportion of low birth weight babies are born to Black teen mothers than White teen mothers in Miami-Dade County.

Percent of Low Birth Weight (<2500 grams) Babies Born to Teen Mothers (15 to 19) by Race, (2016-2020)

	2016	2017	2018	2019	2020
White – Miami-Dade	8.2	9.5	8.4	7.6	6.4
White – Florida	9.1	8.9	9.0	8.5	7.1
Black - Miami-Dade	18.8	15.5	13.4	11.0	14.2
Black – Florida	16.2	16.2	15.5	15.0	14.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources for prenatal care are available through the following organizations:

- Health Baby Taskforce https://www.healthymiamidade.org/committees/florida-healthy-babies/
- Healthy Start Coalition of Miami-Dade https://www.hscmd.org/
- Women, Infants, and Children (WIC) Food and Nutrition Service http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic-women-children/index.html

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

INFANT MORTALITY

Indicator: Number of deaths within 364 days of birth per every 1,000 babies born alive.

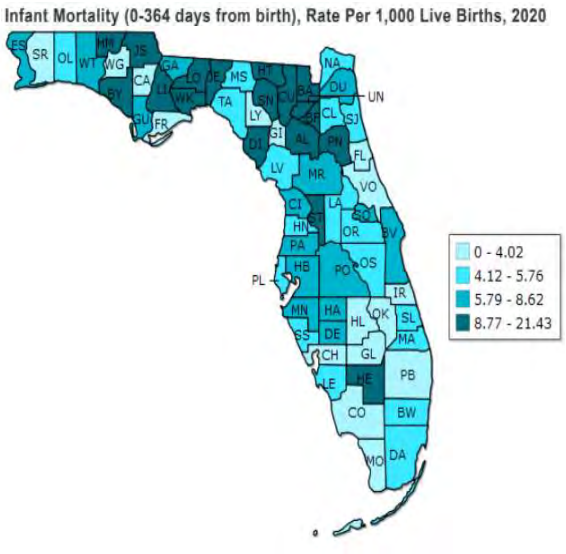
Why is this important?

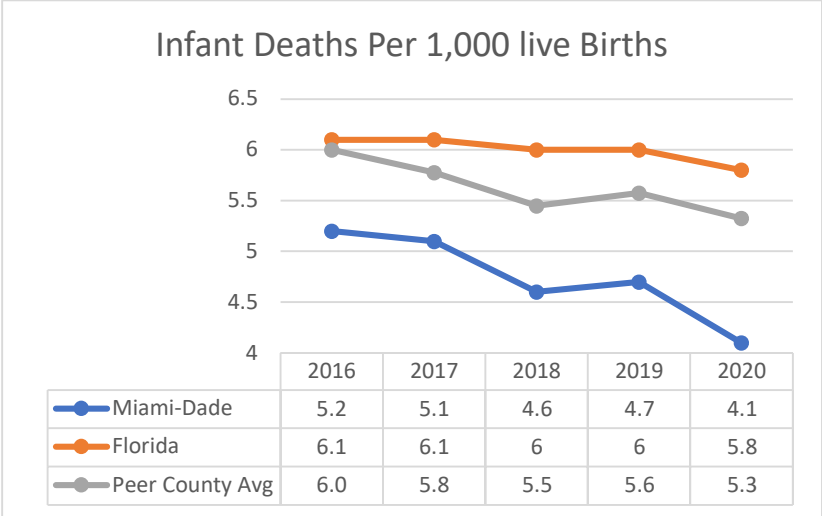
Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate (IMR) is the number of infant deaths for every 1,000 live births. IMR is an important marker of the overall health in society. In 2020, the leading causes of death among infants in the United States were: Congenital Malformations, Disorders related to short gestation and low birthweight, unintentional injury, SIDS and maternal complications of pregnancy.

Preconception health and health care focus on things you can do before and between pregnancies to increase the chances of having a healthy baby. The key national strategy that has an impact on women's and infant's overall health is improving perinatal care. The CDC offers provision to perinatal quality collaboratives (PQCs), state networks, that work together to improve health outcomes for mothers and babies. Visit the CDC website for more information on infant mortality.

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality-cdcdoing.htm

---





	2016	2017	2018	2019	2020
Miami-Dade	5.2	5.1	4.6	4.7	4.1
Florida	6.1	6.1	6	6	5.8
Peer County Avg	6.0	5.8	5.5	5.6	5.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

The IMR for Miami-Dade County has remained fairly consistent since 2016 and the county rates have remained lower than both the State and Peer County rates.

The Healthy People 2020 national health target is to reduce infant mortality rates to 6.0 deaths per 1,000 live births and Healthy People 2030 is to reduce it to 5.0 deaths per 1,000 live births. Miami-Dade County's most recent rate of 4.1 deaths per 1,000 births met both goals. However, this does not tell the whole story of infant mortality as evidenced in the following chart.

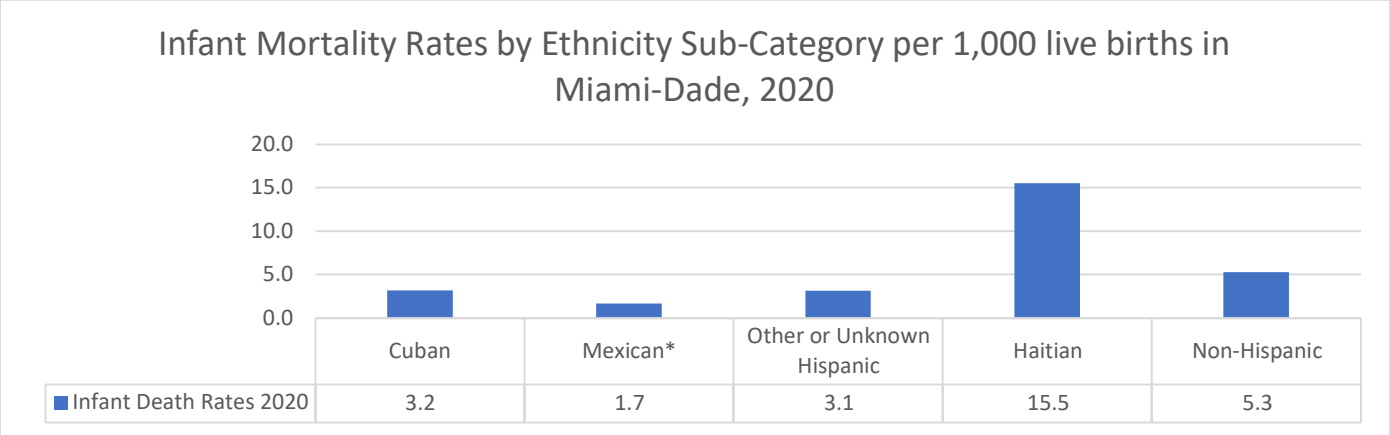
Information and supportive resources for maternal and child programs are available through the following organizations:

- Count the Kicks https://www.countthekicks.org/
- Fetal Infant Mortality Review https://www.hscmd.org/fimr-project/
- March of Dimes https://www.marchofdimes.org/
- Perinatal Quality Collaborative https://health.usf.edu/publichealth/chiles/fpqc
- Star Legacy Foundation https://starlegacyfoundation.org/

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

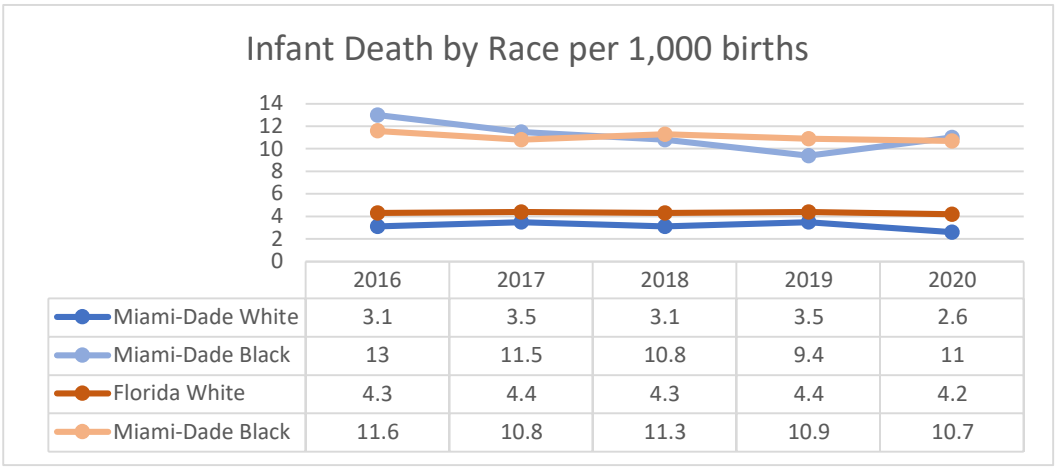
INFANT MORTALITY

As presented below, infant mortality rates (IMR) have varied for each population from 2016 to 2020. It should be noted that the IMR for Black infants is significantly higher than any other population.

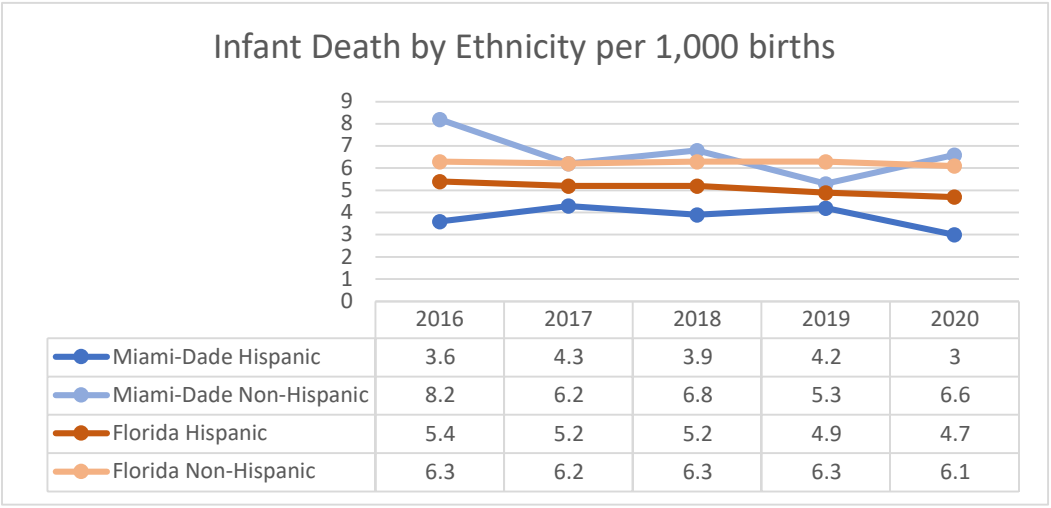


	Cuban	Mexican*	Other or Unknown Hispanic	Haitian	Non-Hispanic
Infant Death Rates 2020	3.2	1.7	3.1	15.5	5.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com



	2016	2017	2018	2019	2020
Miami-Dade White	3.1	3.5	3.1	3.5	2.6
Miami-Dade Black	13	11.5	10.8	9.4	11
Florida White	4.3	4.4	4.3	4.4	4.2
Miami-Dade Black	11.6	10.8	11.3	10.9	10.7



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	3.6	4.3	3.9	4.2	3
Miami-Dade Non-Hispanic	8.2	6.2	6.8	5.3	6.6
Florida Hispanic	5.4	5.2	5.2	4.9	4.7
Florida Non-Hispanic	6.3	6.2	6.3	6.3	6.1

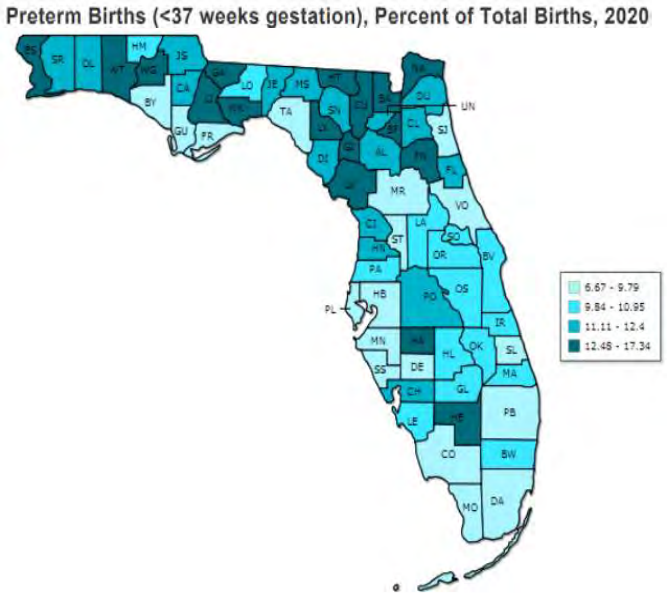
HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

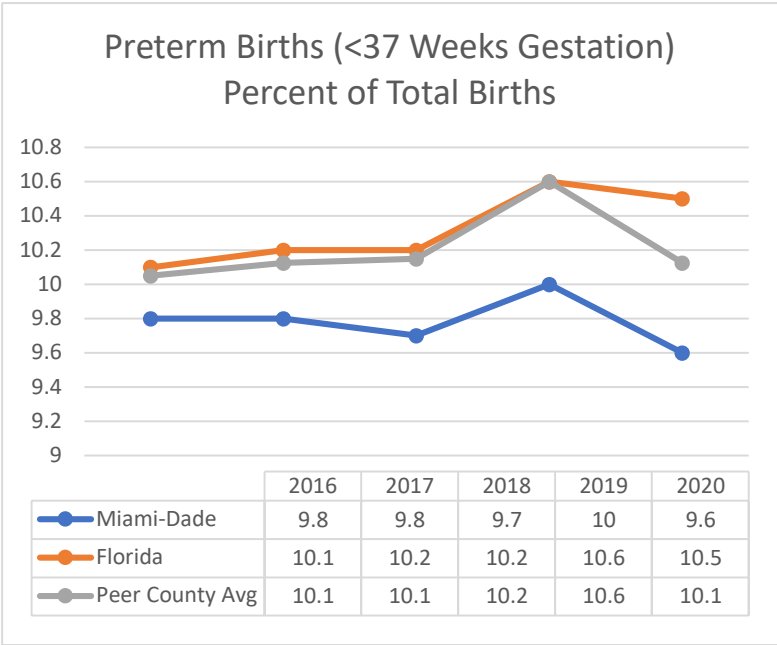
PRETERM BIRTHS

Indicator: Percentage of total births that are preterm (<37 weeks gestation)

Why is this important?

Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. In 2019, preterm birth affected 1 of every 10 infants born in the United States. A developing baby goes through important growth throughout pregnancy– including in the final months and weeks. For example, the brain, lungs, and liver need the final weeks of pregnancy to fully develop. Babies born too early (especially before 32 weeks) have higher rates of death and disability. Babies who survive may have issues with breathing problems, feeding difficulties, cerebral palsy, developmental delay, and hearing and vision problems. For more information, please visit the CDC website: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm





	2016	2017	2018	2019	2020
Miami-Dade	9.8	9.8	9.7	10	9.6
Florida	10.1	10.2	10.2	10.6	10.5
Peer County Avg	10.1	10.1	10.2	10.6	10.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The preterm birth rate for Miami-Dade County, Peer Counties and Florida have generally increased over the past 5 years. However, Miami-Dade County has remained below both Florida and Peer County rates. The Healthy People 2020 and 2030 target are the same - to reduce preterm births to 9.4 percent of births. Nationally this rate has not been improving.

Information and supportive resources for maternal and child programs are available through the following organizations:

- Information from the National Child and Maternal Health Education Program https://www.nichd.nih.gov/ncmhep/initiatives/is-it-worth-it/moms
- March of Dimes https://www.marchofdimes.org/complications/premature-babies.aspx
- Nicklaus Children's Hospital https://www.nicklauschildrens.org/healthy-lifestyle/premature-infant

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

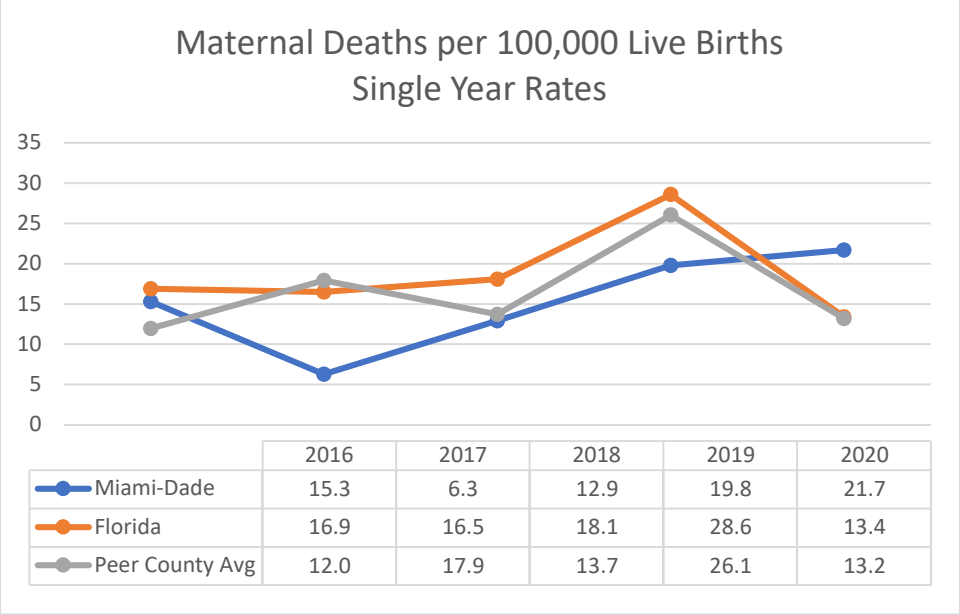
MATERNAL DEATHS

Indicator: Rate of maternal deaths per 100,000 live births

Why is this important?

A pregnancy-related death is defined as the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Many factors influence pregnancy-related health outcomes. It is important for all women of reproductive age to adopt healthy lifestyles (e.g., maintain a healthy diet and weight, be physically active, quit all substance use, prevent injuries) and address any health problems before getting pregnant.

A healthy pregnancy begins before conception and continues with prenatal care, along with early recognition and management of complications if they arise. Health care providers can help women prepare for pregnancy and for any potential problems during pregnancy. Early initiation of prenatal care by pregnant women, and continuous monitoring of pregnancy by health providers, are key to helping to prevent and treat severe pregnancy-related complications.



Maternal Mortality Rates per 100,000 by Race and Ethnicity, Miami-Dade County, 2016-2020

	2016	2017	2018	2019	2020
White	8	0	8.3	12.7	14.2
Black	45.4	31.6	34.3	36.3	60.1
Hispanic	5	0	10.7	20.7	17.5
Non-Hispanic	34.7	18.1	19.4	19.8	32.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

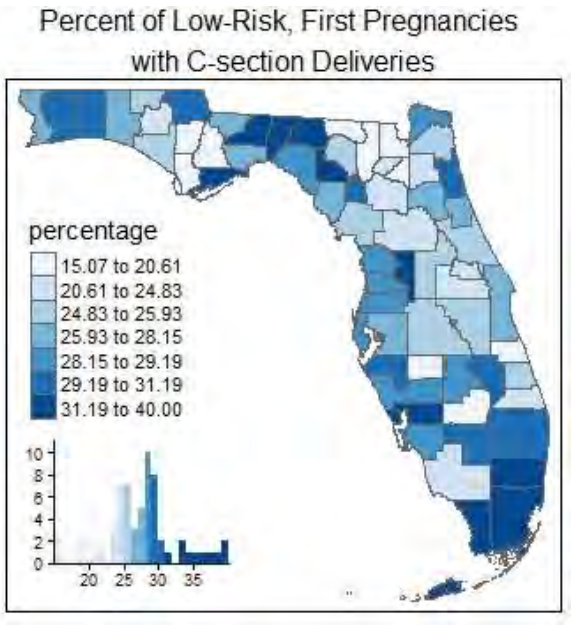
HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

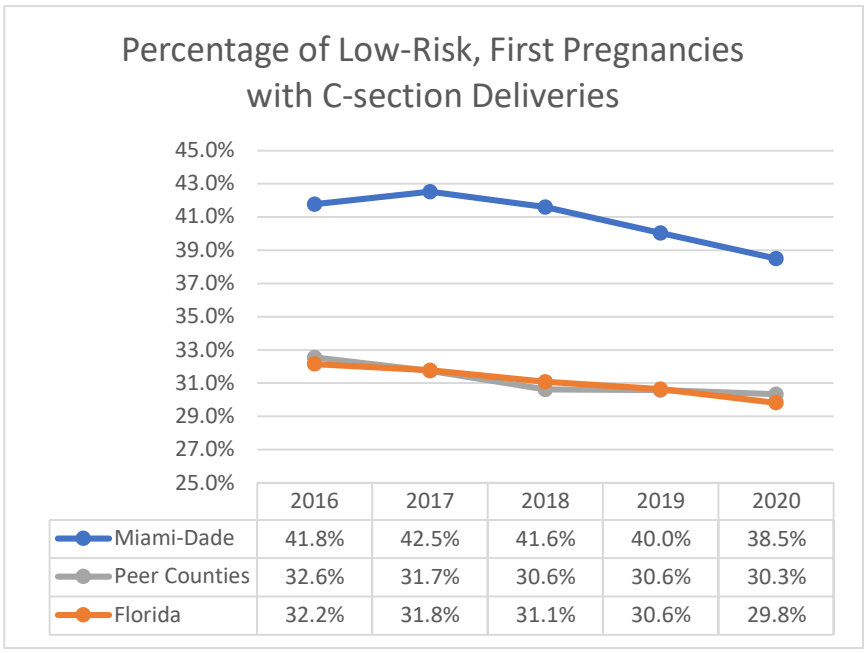
CESAREAN SECTION DELIVERIES

Indicator: Percentage of births in which a cesarean section delivery was performed

Why is this important?

Cesarean deliveries, or C-sections, can prevent injury and death in women who are at higher risk of complicated deliveries or have unexpected complications. C-sections can also prevent injury and death in their newborns. But C-sections are linked to increased risk of infections and blood clots, and many women who aren't at higher risk for delivery complications get unnecessary C-sections. Various evidence-based strategies aimed at hospitals and health care providers can help reduce C-sections in low-risk women. Healthy People 2030 specifies that the national baseline for low-risk females with no prior birth that had a cesarean birth is 25.9% and the goal is to reduce this to 23.6%. In 2020, both Florida and Miami Dade's percentage of women with low risk pregnancy giving birth for the first time who had a cesarean section was well above the national percentage at 30.3% and 38.5% respectively.





	2016	2017	2018	2019	2020
Miami-Dade	41.8%	42.5%	41.6%	40.0%	38.5%
Peer Counties	32.6%	31.7%	30.6%	30.6%	30.3%
Florida	32.2%	31.8%	31.1%	30.6%	29.8%

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources for cesarean sections are available through the following organizations:

- CDC https://www.cdc.gov/nchs/pressroom/sosmap/cesarean_births/cesareans.htm
- U.S. National Library of Medicine https://www.nlm.nih.gov/exhibition/cesarean/index.html

HEALTH OUTCOMES-MATERNAL AND CHILD HEALTH

BREASTFEEDING INITIATION

Indicator: Percentage of mothers who initiate breastfeeding

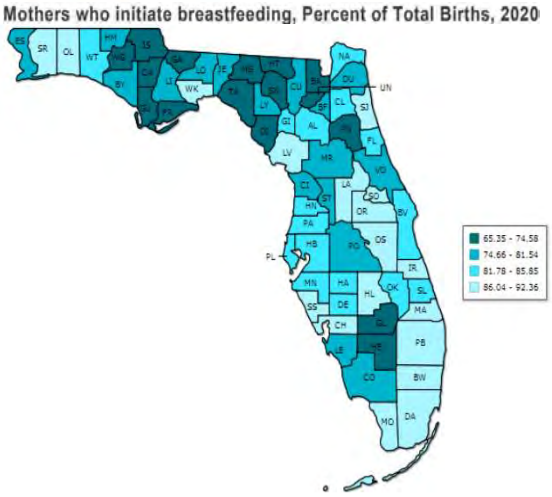
Why is this important?

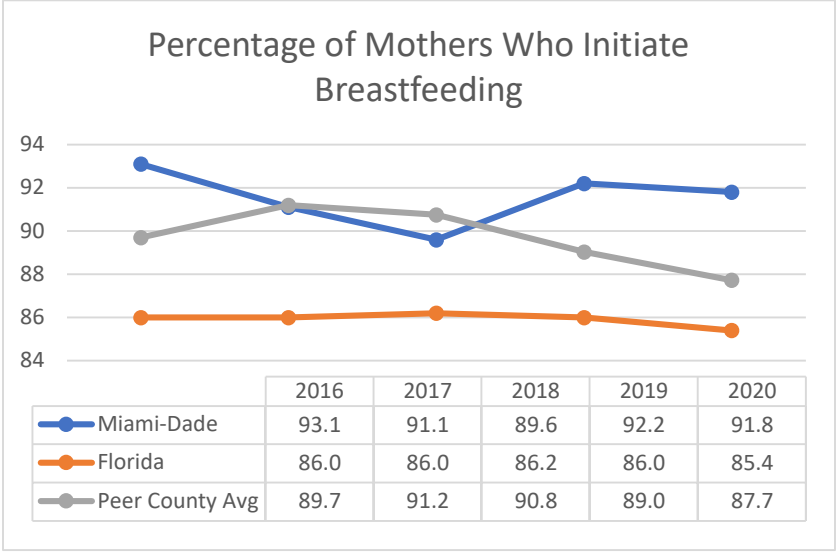
Research suggests that breastfeeding lowers a baby's risk of certain infections and diseases, including the following:

- Ear infections,
- Asthma,
- Lower respiratory infections,
- Diarrhea and vomiting,
- Childhood obesity,
- Eczema,
- Type 2 diabetes,
- Childhood leukemia, or
- Sudden Infant Death Syndrome (SIDS).

For moms, breastfeeding can help speed up recovery from childbirth. It can also reduce the risk for certain breast and ovarian cancer and type 2 diabetes. Breastfeeding may also help with losing weight after childbirth. For more information, click here: https://wicbreastfeeding.fns.usda.gov/breastfeeding-benefits

---





	2016	2017	2018	2019	2020
Miami-Dade	93.1	91.1	89.6	92.2	91.8
Florida	86.0	86.0	86.2	86.0	85.4
Peer County Avg	89.7	91.2	90.8	89.0	87.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade has a higher percentage of mothers who initiate breastfeeding than in Florida or Peer Counites.

Information and supportive resources for breastfeeding are available through the following organizations:

- CDC https://www.cdc.gov/breastfeeding/index.htm
- Womenshealth.gov https://www.womenshealth.gov/breastfeeding
- United States Breastfeeding Committee http://www.usbreastfeeding.org/
- Florida Breastfeeding Coalition https://www.flbreastfeeding.org/

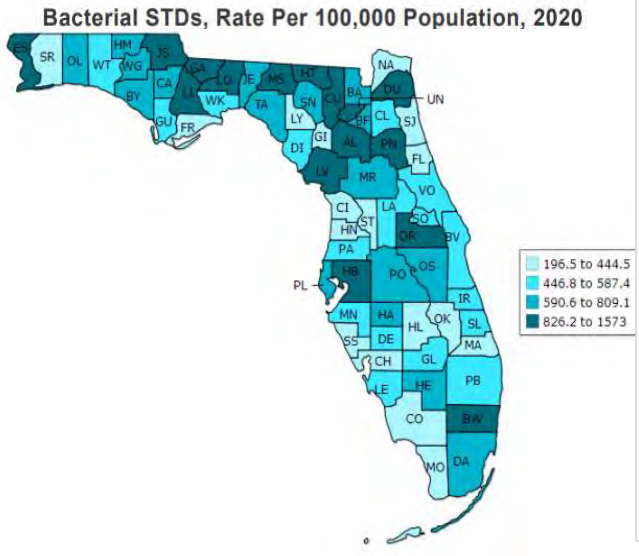
HEALTH OUTCOMES – REPORTABLE AND INFECTIOUS DISEASES

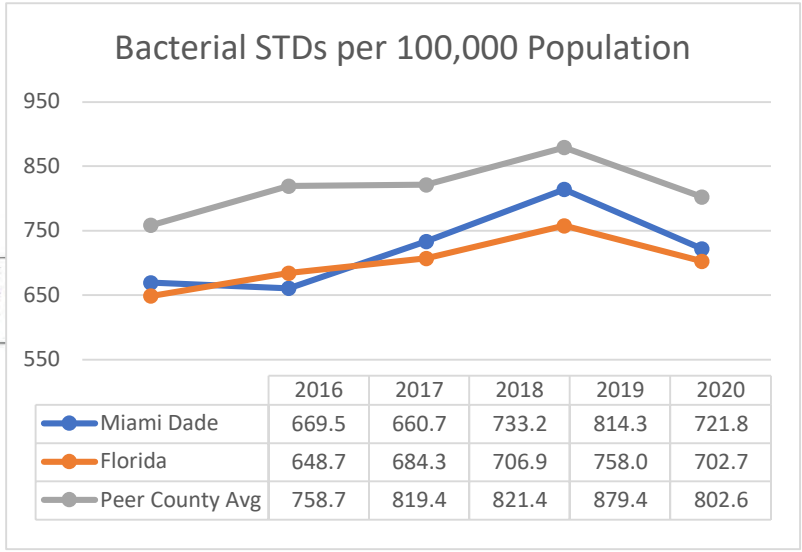
SEXUALLY TRANSMITTED DISEASES

Indicator: Bacterial sexually transmitted disease rate per 100,000 population. This indicator measures gonorrhea, chlamydia, and infectious syphilis.

Why is this Important?

Sexually transmitted diseases (STDs), also known as sexually transmitted infections or STIs, refer to more than 25 infectious diseases that are transmitted primarily from one person to another through sexual activity including vaginal, oral, and anal sex. In Florida, three bacterial STDs are reportable to the Department of Health: chlamydia, gonorrhea, and syphilis. According to the CDC's Sexually Transmitted Disease Surveillance 2019 report (published April 2021), there were nearly 1.8 million cases of chlamydia, 616,392 cases of gonorrhea, and 129, 813 cases of syphilis were diagnosed. Congenital syphilis increased 279% from 2015 to 2019, and caused 128 infant deaths in 2019. Most STDs affect both men and women, but in many cases the health problems they cause can be more severe for women Bacterial STDs can result in infertility, pain, and discharge. If a pregnant woman has an STD, it can cause serious health problems for the baby including miscarriage and stillbirth. Correct usage of condoms reduces, but does not eliminate, the risk of catching or spreading STDs. For more information on prevention and treatment for all STDs, please visit the following CDC website: www.cdc.gov/std/. The Miami-Dade County STD rates have increased over time similarly to the Florida rate. Recent STD rates for the County are higher than the Florida rate.





	2016	2017	2018	2019	2020
Miami Dade	669.5	660.7	733.2	814.3	721.8
Florida	648.7	684.3	706.9	758.0	702.7
Peer County Avg	758.7	819.4	821.4	879.4	802.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources on sexually transmitted diseases are available through the following organizations:

- Florida Health "STD Prevention" http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/
- Project Connect https://www.cdc.gov/std/projects/connect/default.htm
- STD Awareness Month https://www.cdc.gov/std/sam/index.htm

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

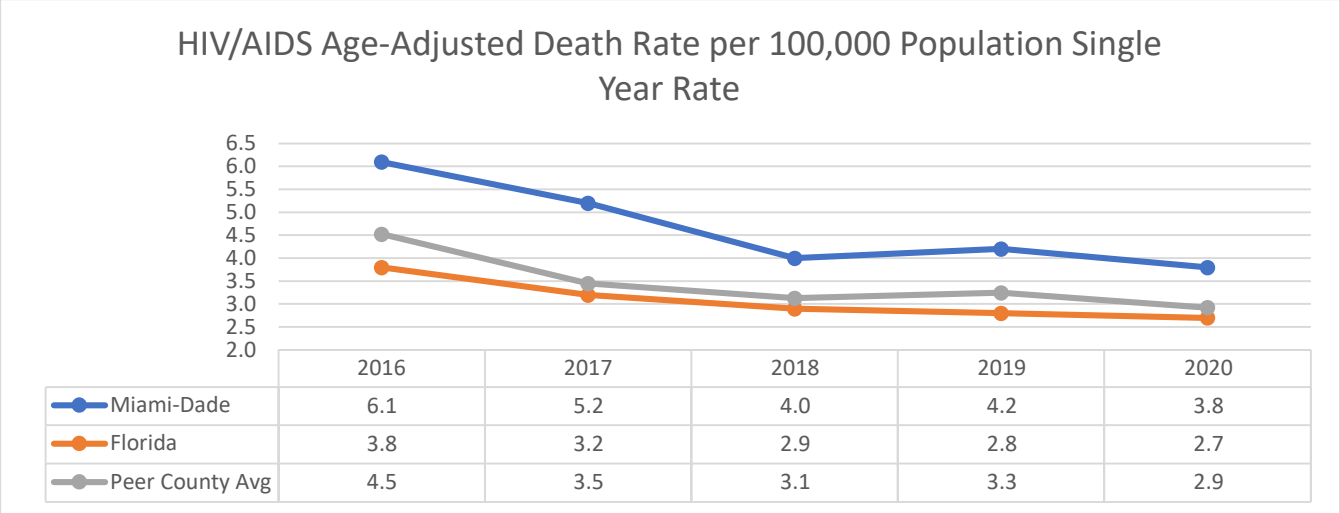
HIV/AIDS

Indicator: Age-adjusted death rate per 100,000 population due to HIV/AIDS.

Why is this Important?

HIV is a viral infection that gradually destroys the immune system. AIDS (Acquired Immune Deficiency Syndrome) is the final and most serious stage of HIV disease, which causes severe damage to the immune system. According to the CDC, HIV is spread mainly through anal or vaginal sex or by sharing drug-use equipment (e.g., needles) with an infected person, perinatal transmission, or breastmilk. Some populations in the United States are more likely to get HIV than others because of many factors including their risky behaviors, the status of their sex partners, and where they live.

Per the CDC, there are an estimated 1.1 million people living with HIV in the United States, with nearly 40,000 new diagnoses in 2019. Nationally, Black/African American and Hispanic/Latino people are disproportionately affected by HIV, accounting for 42% and 29% of new diagnoses for HIV in 2019. CDC has not released national data beyond 2019. HIV/AIDS mortality rate reflects the health and wellbeing of the population as well as the quality of the healthcare available. The CDC recommends that healthcare providers routinely test everyone 13 to 64 years of age and perform repeated testing for those who are considered high risk for HIV. More information is available through the CDC's website www.cdc.gov/hiv/.



	2016	2017	2018	2019	2020
Miami-Dade	6.1	5.2	4.0	4.2	3.8
Florida	3.8	3.2	2.9	2.8	2.7
Peer County Avg	4.5	3.5	3.1	3.3	2.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach. Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented above, HIV/AIDS death rates are favorably decreasing in Miami-Dade County. Rates are higher than Florida rates and Peer Counties Average rates.

The Healthy People 2020 national health target is to reduce HIV infection deaths to 3.3 deaths per 100,000 population. At a recent rate of 4 per 100,000, Miami-Dade County has yet to meet this national health goal. Healthy People 2030 objectives focus on reducing new HIV infections as opposed to reducing HIV deaths.

HEALTH OUTCOMES – REPORTABLE AND INFECTIOUS DISEASES

HIV/AIDS

According to the CDC, In the United States, 36,801 people received an HIV diagnosis in in 2019. Of those, gay and bisexual men are most affected by HIV in the United States accounting for 69% of all HIV diagnoses. The most affected subpopulations with new HIV diagnoses include Black men having sex with men (MSM), Hispanic/Latino MSM, White MSM, and Black Heterosexual Females.

Age-Adjusted HIV/AIDS Death Rate by Sex, Race and Ethnicity in Miami-Dade County, FL, 2016-2020
(Single Year Rate per 100,000 Population)

	2016		2017		2018		2019		2020	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Overall	185	6.1	166	5.2	130	4	137	4.2	129	3.8
Gender										
Male	115	7.9	99	6.6	87	5.7	103	6.6	87	5.4
Female	70	4.5	67	4.1	43	2.5	34	2.1	42	2.4
Race										
White	70	2.8	47	1.8	50	1.9	52	2.0	51	1.8
Black	114	22.1	117	21.9	78	14.3	83	15.5	76	14.0
Ethnicity										
Hispanic	52	2.4	47	2.1	37	1.6	42	1.8	44	1.8
Non-Hispanic	126	13.7	116	12.2	87	9.1	92	9.8	81	8.6

The table shows that the populations most affected by HIV/AIDS mirrors the national trends; males and Black people have higher rates of HIV/AIDs deaths than females and White people, respectively. Miami-Dade differs from the national trend in that Non-Hispanic people have a higher death rate than Hispanic people. Since 2016 HIV/AIDS deaths have been decreasing, both overall and across population subcategories, though the rates increased slightly between 2018 and 2019. According to the CDC, the following health behaviors contribute to the risk of HIV among men:

- Sexual contact: Most HIV infections in men are transmitted through sexual contact specifically anal sex.
- Sexually transmitted diseases: The presence of some STDs greatly increase the likelihood of acquiring or transmitting HIV.
- Injection drug and other substance abuse: The use of sharing needles and injection drug use may increase the risk of HIV infection through injection equipment being contaminated with HIV.

HEALTH OUTCOMES – REPORTABLE AND INFECTIOUS DISEASES

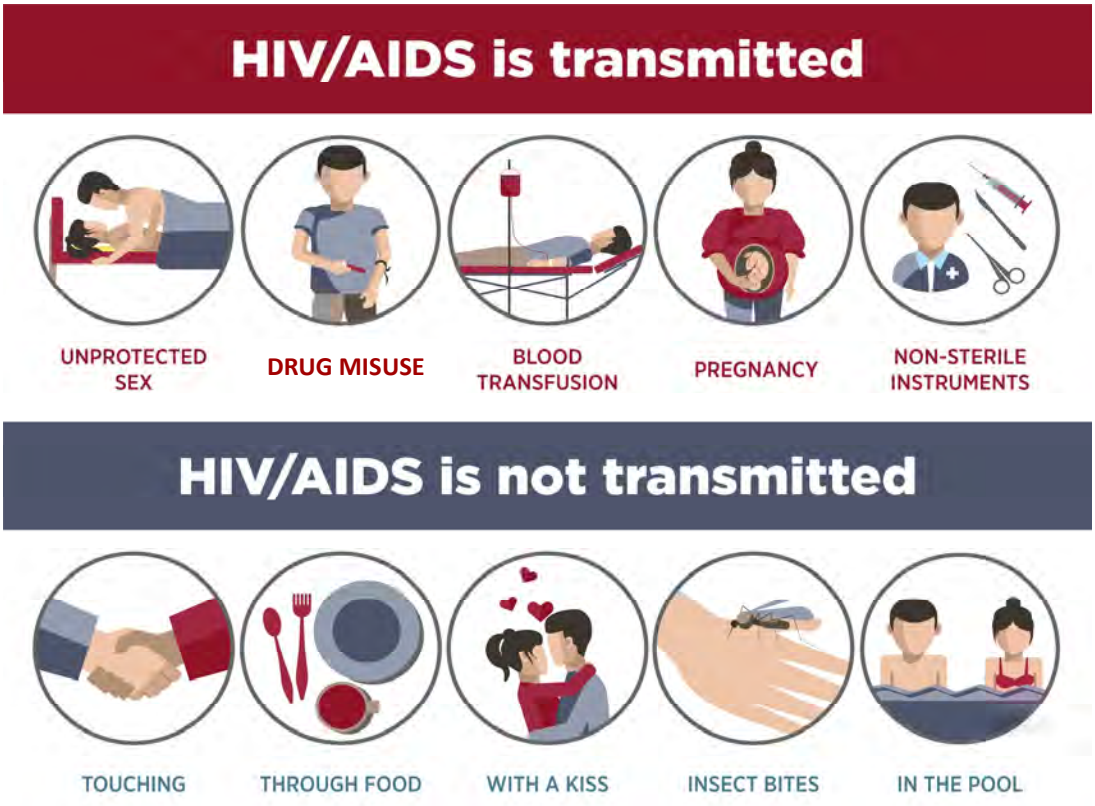
HIV/AIDS

HIV-related stigma refers to negative beliefs, feelings and attitudes towards people living with HIV, their families, people who work with them (HIV service providers), and members of groups that have been heavily impacted by HIV, such as gay and bisexual men, homeless people, street youth, and mentally ill people. The CDC reports stigma, fear, discrimination, and homophobia may place many African Americans at higher risk for HIV. Additionally, the socioeconomic issues associated with poverty—including limited access to high- quality health care, housing, and HIV prevention education—directly and indirectly increase the risk for HIV infection and affect the health of people living with and at risk for HIV. These factors may explain why African Americans have worse outcomes on the HIV continuum of care, including lower rates of linkage to care and viral suppression.

HEALTH OUTCOMES – REPORTABLE AND INFECTIOUS DISEASES

HIV/AIDS

According to FLCHARTS, in 2020, 27,214 residents in Miami-Dade County were living with HIV - a rate of 950 per 100,000 population. This rate is higher than the statewide rate (542.9 per 100,000 population). The Florida Department of Health has identified reducing transmission of HIV as one of its seven priority goals. To achieve this goal, Florida has adopted a comprehensive strategic approach to prevent HIV transmission and strengthen patient care activities which will greatly reduce the risk of further transmission of HIV from those diagnosed and living with HIV. The four key components are 1) Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings 2) Provide rapid access to treatment and ensure retention in care (Test and Treat) 3) Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) 4)Increase HIV awareness and community response through outreach, engagement, and messaging. In Miami-Dade County, there are 60 locations that provide Counseling, Testing, Referral, nPEP and PrEP services.



Information and supportive resources on HIV/AIDS are available through the following organizations:

- To find places near you that offer confidential HIV testing: Visit gettested.cdc.gov, Text your ZIP code to KNOW IT (566948), or Call 1-800-CDC-INFO (1-800-232-4636).
- Florida HIV/AIDS Hotline 1-800-FLA-AIDS or 1-800-352-2437
- Test Miami https://www.testmiami.org/get-tested
- Ryan White HIV/AIDS Program https://hab.hrsa.gov/get-care/get-hiv-care

HEALTH OUTCOMES – REPORTABLE AND INFECTIOUS DISEASES

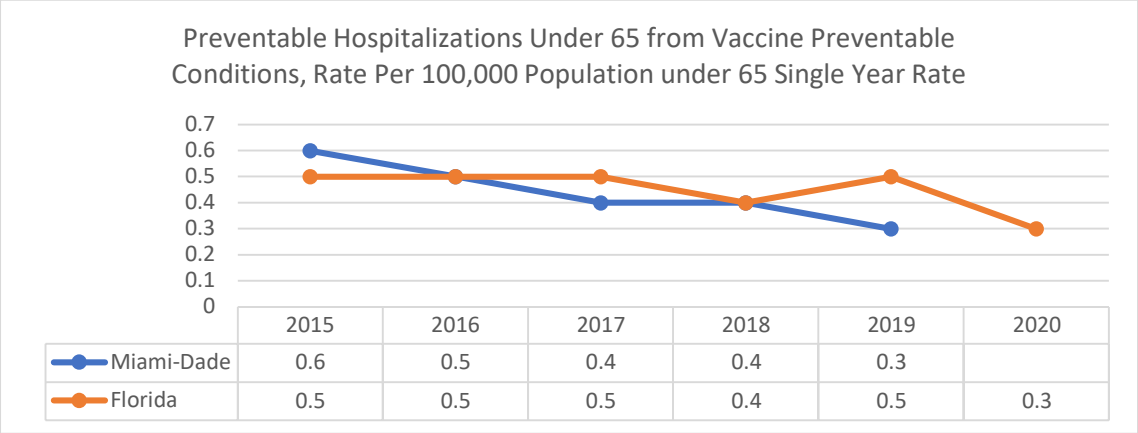
VACCINE PREVENTABLE DISEASES

Indicator: Vaccine preventable disease rate per 100,000 population. This indicator measures the following vaccine preventable diseases: acute hepatitis B, diphtheria, measles, mumps, pertussis, polio, rubella, and tetanus.

Why is this Important?

Vaccines are one of the ten greatest public health achievements of the 20th century. Vaccination is the procedure in which a vaccine (a preparation that contains a killed or weakened pathogen) is introduced into the body to raise an immune response against a disease-causing microbe such as a virus or bacterium. Through reducing the risk of infection, vaccines have saved billions of lives, reduced the burden of disability, and contributed to a longer lifespan. It is important to note that it does not only protect those vaccinated, but also protects your community. When a large portion of a population is vaccinated against infectious diseases, there is less opportunity for those diseases to spread from person to person. High-risk individuals (such as newborns and expectant mothers) are then provided some protection from those diseases. This concept is known as herd immunity. The Florida Department of Health recognizes that maintenance of high immunization levels contributes positively to the state's economy by keeping lower disease incidence, lower healthcare costs, ensuring travelers that they may confidently visit Florida without contracting a vaccine-preventable disease, and improves school attendance. In the United States, sustained high vaccination rates have led to a 99% and higher favorable decline in deaths from diphtheria, mumps, pertussis, and tetanus. For more information, please visit the following CDC website: www.cdc.gov/vaccines.

Hospitalizations from Vaccine Preventable Diseases decreased in Miami-Dade County from 0.6 to 0.3 per 100,000 population from 2015 to 2019. While data for 2020 is available for the state overall, no 2020 data is available for Miami-Dade County. Hospitalizations from vaccine preventable disease rates for Miami-Dade County are lower than the Florida Rates.



	2015	2016	2017	2018	2019	2020
Miami-Dade	0.6	0.5	0.4	0.4	0.3	
Florida	0.5	0.5	0.5	0.4	0.5	0.3

Information and supportive resources on vaccine preventable diseases are available through the following organizations:

- Immunization Services of the Florida Department of Health in Miami-Dade http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/immunizations/index.html
- National Immunization Surveys (NIS) https://www.cdc.gov/vaccines/imz-managers/nis/index.html
- Vaccines and Preventable Diseases
  - https://www.cdc.gov/vaccines/vpd/vaccines-diseases.html
  - http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

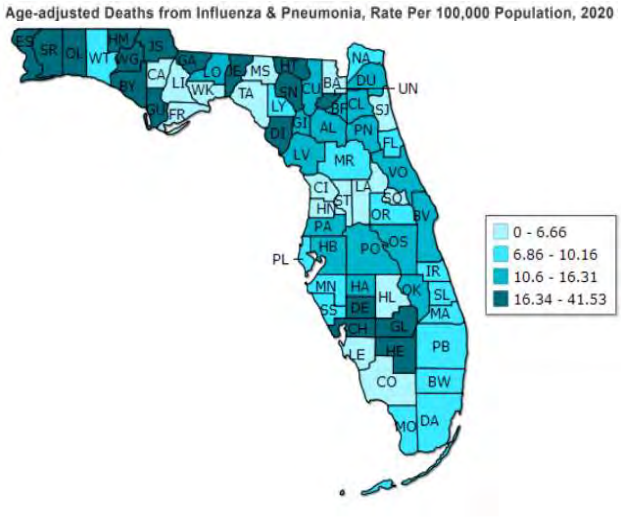
INFLUENZA AND PNEUMONIA

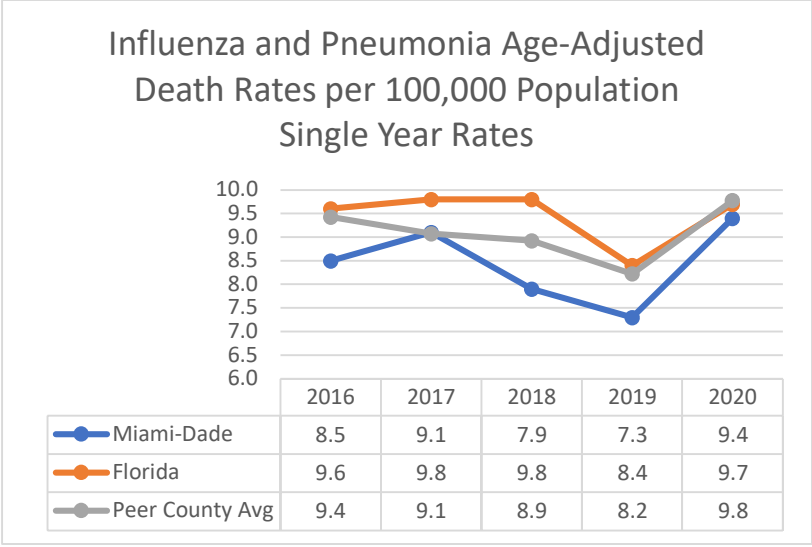
Indicator: Age-adjusted death rate per 100,000 population due to influenza and pneumonia.

Why is this Important?

Influenza and pneumonia continue to rank among the leading causes of death in the United States and Miami-Dade County. In 2020, influenza and pneumonia killed 3,195 Floridians, 355 of which were Miami-Dade County residents. Influenza (also known as flu) is a contagious respiratory illness caused by flu viruses. Most people who get the flu will recover in a few days to less than two weeks, but some people will develop complications (such as pneumonia) as a result of the flu. Populations most at risk of dying from influenza include the elderly, the very young, and the immune-compromised. Pneumonia is an infection of the lungs mainly caused by bacteria, viruses, and mycoplasmas that can cause mild to severe illness in people of all ages. Populations most at risk of dying from pneumonia include people with underlying conditions and those who smoke. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

The influenza age-adjusted death rate for Miami-Dade County is lower than peer county and state rates.





	2016	2017	2018	2019	2020
Miami-Dade	8.5	9.1	7.9	7.3	9.4
Florida	9.6	9.8	9.8	8.4	9.7
Peer County Avg	9.4	9.1	8.9	8.2	9.8

Information and supportive resources on influenza and pneumonia are avaliable through the following organizations:

- The Flu: Guide for Parents: http://www.cdc.gov/flu/freeresources/family/flu-guide-for-parents-2018.pdf
- National Influenza Vaccination Weeks: https://www.cdc.gov/flu/resources

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

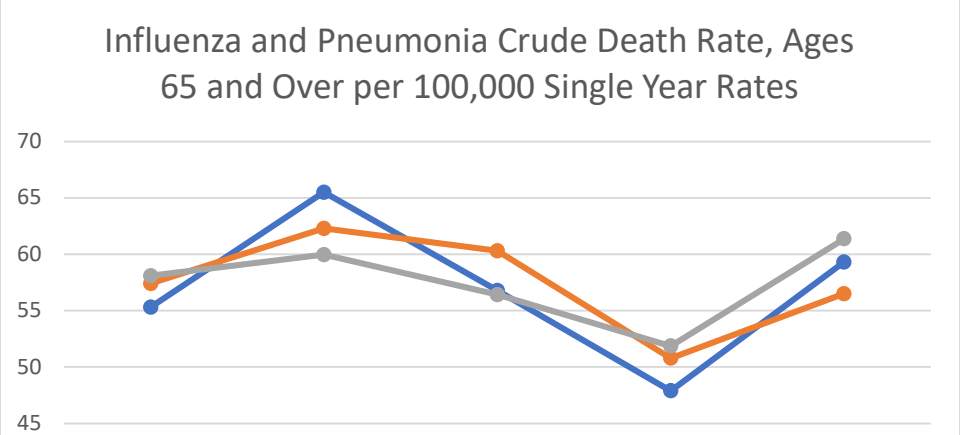
INFLUENZA AND PNEUMONIA ≥65 y/o

Indicator: Death rate per 100,000 65 years or older population due to influenza and pneumonia.

Why is this Important?

Influenza and pneumonia continue to rank among the leading causes of death for adults aged 65 and over in the United States and Miami-Dade County. In 2020, influenza and pneumonia killed 2,551 Floridians aged 65+, 283 of which were Miami-Dade County residents. Influenza (also known as flu) is a contagious respiratory illness caused by flu viruses. Most people who get the flu will recover in a few days to less than two weeks, but some people will develop complications (such as pneumonia) as a result of the flu. Populations most at risk of dying from influenza also include the very young, the immune-compromised, people with underlying conditions and those who smoke. Pneumonia is an infection of the lungs mainly caused by bacteria, viruses, and mycoplasmas that can cause mild to severe illness in people of all ages. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

The influenza crude death rate for Miami-Dade County residents aged 65 years and older has been lower than state rates four out of the last five years.



	2016	2017	2018	2019	2020
Miami Dade	55.3	65.5	56.8	47.9	59.3
Florida	57.4	62.3	60.3	50.8	56.5
Peer County Average	58.1	60.0	56.4	51.9	61.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources on influenza and pneumonia are avaliable through the following organizations:

- The Flu: Guide for Parents: http://www.cdc.gov/flu/freeresources/family/flu-guide-for-parents-2018.pdf
- National Influenza Vaccination Weeks: https://www.cdc.gov/flu/resources
- Miami-Dade County: http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

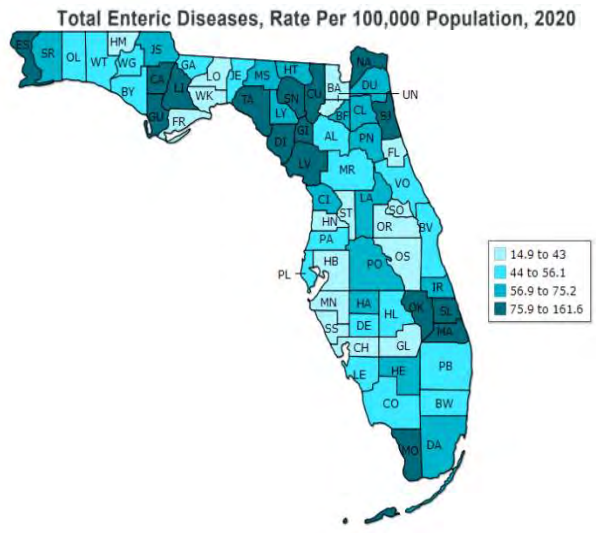
ENTERIC DISEASES

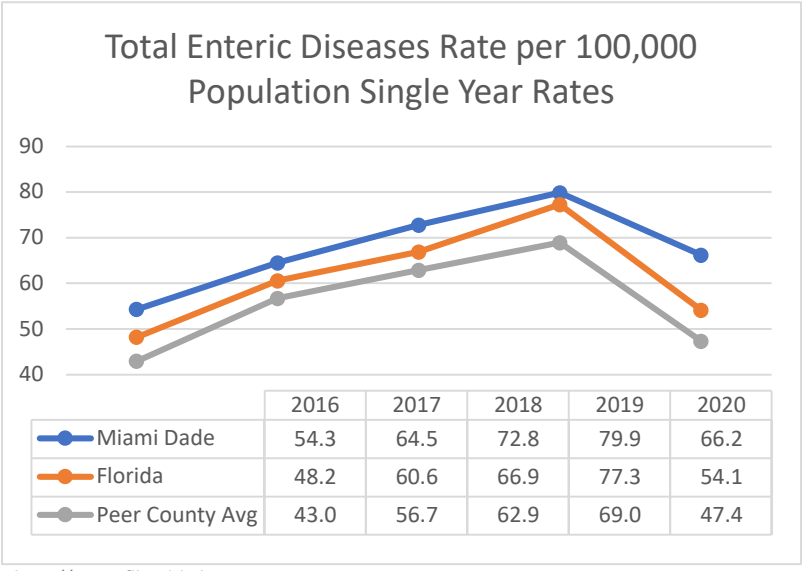
Indicator: Rate of selected confirmed enteric diseases per 100,000 population.

Why is this important?

Enteric diseases are also known as foodborne illnesses. Enteric diseases are caused by enteric bacteria that typically enter the body through the mouth. They are acquired through contaminated food and water, by contact with animals or their environments, and through by contact with the feces of an infected person. Some commonly known enteric diseases are Cholera, Typhoid Fever, Salmonella, and Escherichia Coli or E. Coli. Every year, millions of cases of foodborne illness and thousands of associated deaths occur in the United States, and the illness burden is even higher in developing countries. Each year it is estimated that 1 in 6 Americans gets sick from eating contaminated food. Many cases and deaths can be prevented through food safety practices such as handwashing and storing foods at proper temperatures. The CDC tracks foodborne illnesses and collaborates with state and local health departments and other federal agencies to investigate foodborne outbreaks. The Florida Department of Health monitors enteric diseases through state, county, and ongoing local ongoing efforts. Florida law requires medical providers to report enteric disease cases.

Overall, enteric disease rates have fluctuated over time. Since 2016 the enteric disease rates have unfavorably increased with a significant decrease in 2020. Miami-Dade County has had rates consistently higher than both Florida and the average of the peer counties.





	2016	2017	2018	2019	2020
Miami Dade	54.3	64.5	72.8	79.9	66.2
Florida	48.2	60.6	66.9	77.3	54.1
Peer County Avg	43.0	56.7	62.9	69.0	47.4

For more information on reportable disease requirements in Florida, please visit: www.FloridaHealth.gov/diseases-and-conditions/. For foodborne outbreak tracking and reporting, please visit CDC's website: https://www.cdc.gov/foodsafety/.

Information and supportive resources for enteric disease prevention are available through the following organizations:

- Four Steps to Food Safety https://www.cdc.gov/foodsafety/keep-food-safe.html
- United States Department of Agriculture https://www.fns.usda.gov/food-safety/food-safety-resources

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

ZOONOTIC DISEASES

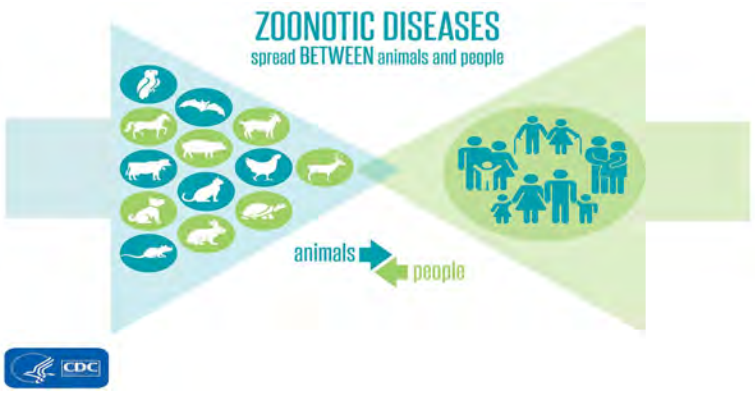
Why is this important?

Zoonotic diseases (also known as zoonoses) are caused by infections that spread between animals and people. It can also be caused by viruses, bacteria, parasites, and fungi. They include Rabies, Malaria, and Lyme disease. In Miami-Dade reporting, prevention and treatment of zoonotic diseases are highly tracked. Sometimes people with zoonotic infections can be very sick, but some people have no symptoms and do not ever get sick. Other people may have symptoms such as diarrhea, muscle aches, and fever. Food may also be a source for some zoonotic infections when animals such as cows and pigs infected with parasites. Every year, tens of thousands of Americans will get sick from diseases spread between animals and people. These diseases can cause sickness or death in people which is always tracked and reported by the CDC. Regular handwashing is one of the best practices to remove germs, prevent the spread of germs to others, and avoid getting sick. For more information on prevention and treatment, please visit CDC's website: www.cdc.gov/zoonotic/gi/.

Simple Steps to Protect Yourself and Your Family from Zoonotic Diseases

Make sure your pet is under a veterinarian's care to help protect your pet and your family from possible parasite infections.

- Practice the four **Ps**: **P**ick up **P**et **P**oop **P**romptly (dispose of properly)
- Wash your hands frequently, especially after touching animals and if in contact with animal feces.
- Follow proper food-handling procedures to reduce the risk of transmission from contaminated food.
- For people with weakened immune systems, be especially careful of contact with animals that could transmit these infections.



Information and supportive resources on zoonotic diseases are available through the following organizations:

- CDC's Transmission of Parasitic Diseases https://www.cdc.gov/parasites/transmission/index.html
- Florida Health: Animal Contact and Human Health http://www.floridahealth.gov/diseases-and-conditions/diseases-from-animals/index.html
- Healthy Pets, Healthy People https://www.cdc.gov/healthypets/

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

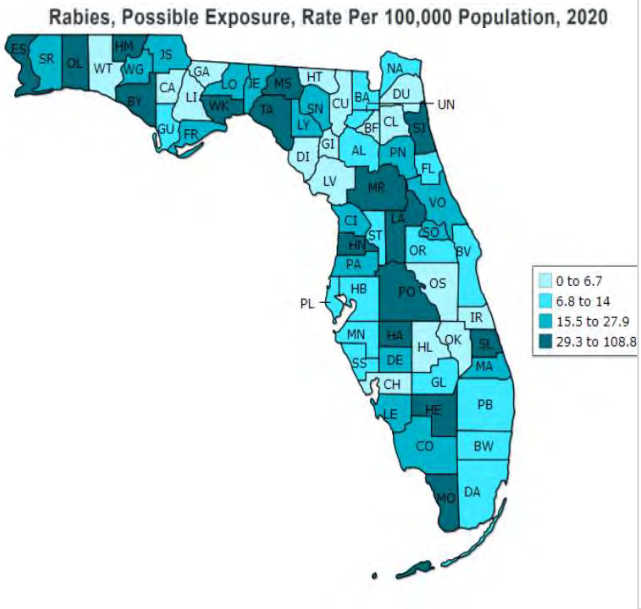
RABIES

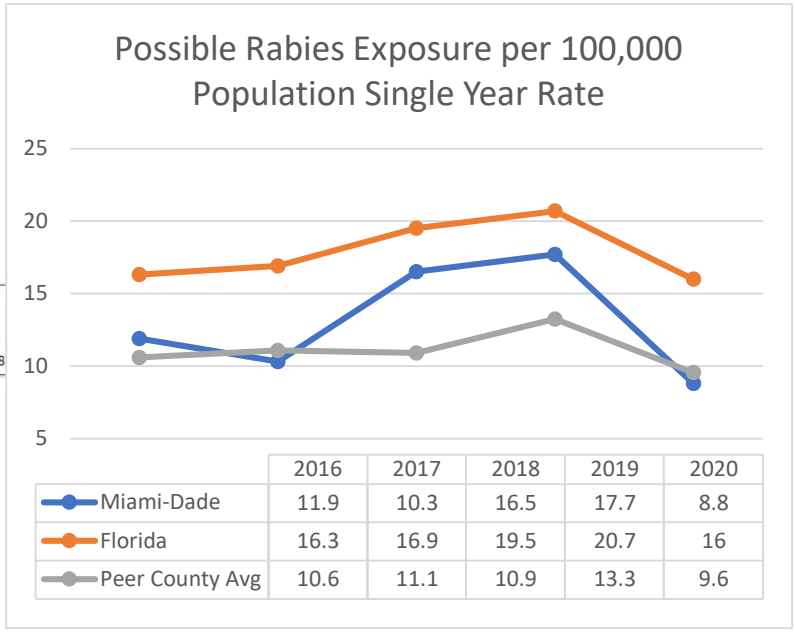
Indicator: Rate of possible exposure to rabies in Miami-Dade per 100,000 population.

Why is this important?

According to the CDC, "Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal". Most rabies cases reported each year occur in wild animals like raccoons, skunks, bats, and foxes. Most cases in Florida occur in these same animals which can spread to unvaccinated pets, which then pose a high risk to pet owners and their families. The rabies virus can cause a nearly 100% fatal illness in humans and other mammals, meaning within days of the onset of symptoms, the human or animal bitten will likely die from rabies.

Receiving medical attention quickly after exposure has the potential to save a life. Any person exposed to rabies (e.g., a person scratched or bitten by a wild or unvaccinated mammal) must seek immediate medical attention. A consultation with the state or local health department or a health care provider will decide if an individual requires a rabies vaccination, known as post-exposure prophylaxis (PEP). The decision will be based on the individual's exposure, the animal the individual was exposed to, and laboratory and surveillance information for the area in which the individual was exposed. If you see a wild animal acting strangely, call your local animal control officer.





	2016	2017	2018	2019	2020
Miami-Dade	11.9	10.3	16.5	17.7	8.8
Florida	16.3	16.9	19.5	20.7	16
Peer County Avg	10.6	11.1	10.9	13.3	9.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources on rabies are available through the following organizations:

- Miami-Dade County Pet Vaccinations https://www.miamidade.gov/global/service.page?Mduid_service=ser1461782683828207
- CDC's Rabies Information https://www.cdc.gov/rabies/
- National Rabies Management Program http://www.aphis.usda.gov/aphis/ourfocus/wildlifedamage/programs/nrmp

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

ZIKA

Indicator: Zika virus cases for Florida in 2019.

Why is this important?

Zika is a disease caused by the Zika virus, spread to people primarily through the bite of an infected *Aedes* species mosquito (*Aedes aegypti* and *Aedes albopictus*). The mosquitos that spread Zika are found in many countries around the world and can bite during the day and at night. The Zika virus can also be spread from person to person through sexual contact or from a pregnant woman to her baby during pregnancy or childbirth.

Many people infected with the Zika virus will not have any symptoms or will only have mild symptoms and will recover without concern. The most common symptoms are fever, rash, headache, joint pain, red eyes, and muscle pain. Symptoms can last for several days to a week. It is very rare that the illness is so severe that an individual must be hospitalized for this disease. However, Zika virus infection during pregnancy can cause severe fetal brain defects such as microcephaly, a condition where a baby's brain does not develop normally, and his or her head is smaller than expected.

In 2020, there were no cases in Miami-Dade or the State of Florida of Zika virus transmission by any means. However, Zika is still a threat internationally. A person who believes that they may have Zika should consult his or her health care provider. If the health care provider thinks a Zika test is appropriate based on the guidelines from the CDC and the Florida Department of Health, the person should contact their local health department for further assistance.

The Florida Department of Health reminds residents and visitors that it is vital to "Drain and Cover." DOH-Miami-Dade encourages everyone to take simple precautions to protect themselves and their neighbors from mosquito-borne illnesses, which have received increased attention recently in Florida. Residents are encouraged to drain standing water, wear proper clothing, and use Environmental Protection Agency (EPA) regulated insect repellant.

Information and supportive resources on Zika are available through the following organizations:

- Call 311 to report Mosquitos
- CDC Zika Travel Information https:///wwwnc.cdc.gov/travel/page/zika-travel-informatoin
- Zika Free Florida https://zikafreefl.org

HEALTH OUTCOMES - REPORTABLE AND INFECTIOUS DISEASES

COVID-19 (CORONAVIRUS)

Indicator: COVID-19 Deaths

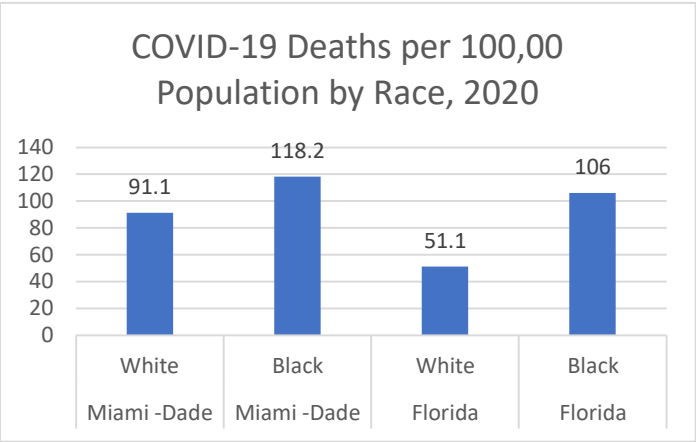
Why is this important?

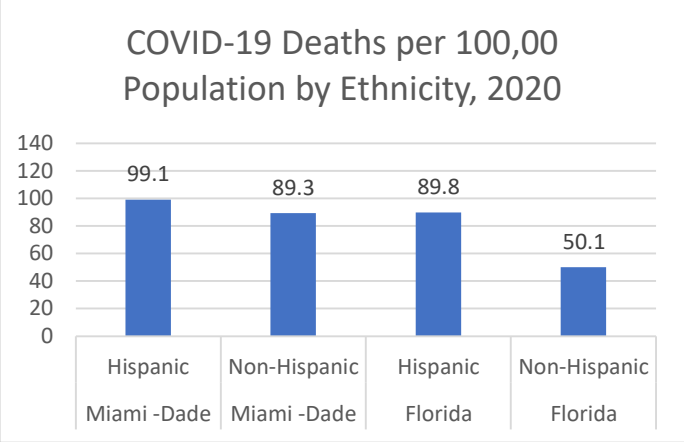
Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with a new strand called SARS-CoV-2. The disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of fever, cough, and shortness of breath. The virus has mutated many times and the COVID-19 situation continues to change and evolve. For the most recent guidelines and recommended actions please visit About COVID-19 | CDC .

People can help protect themselves by getting the COVID-19 vaccine series and booster, wearing a protective mask and to quarantine if exposed.

Per FL CHARTS, there were 3,638 deaths in Miami-Dade County from COVID-19, with an overall age-adjusted death rate of 95.8 per 100,000 population. COVID-19 remains a serious health threat. The graphs below reveal that the black population had a higher death rate than the white population and the Hispanic population had a higher death rate than non-hispanic population.





Information and supportive resources on COVID-19 are available through the following organizations:

- CDC https://www.cdc.gov/coronavirus/2019-ncov/index.html
- Florida Department of Health http://www.floridahealth.gov/diseases-and-conditions/COVID-19/
- CDC Fact Sheet https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf
- World Health Organization https://www.who.int/emergencies/diseases/novel-coronavirus-2019

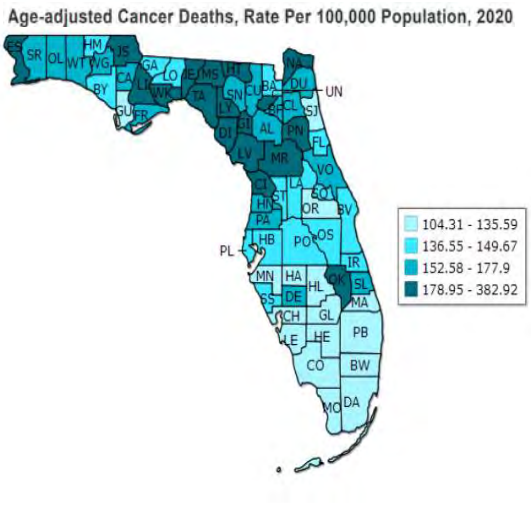
HEALTH OUTCOMES-CHRONIC DISEASES

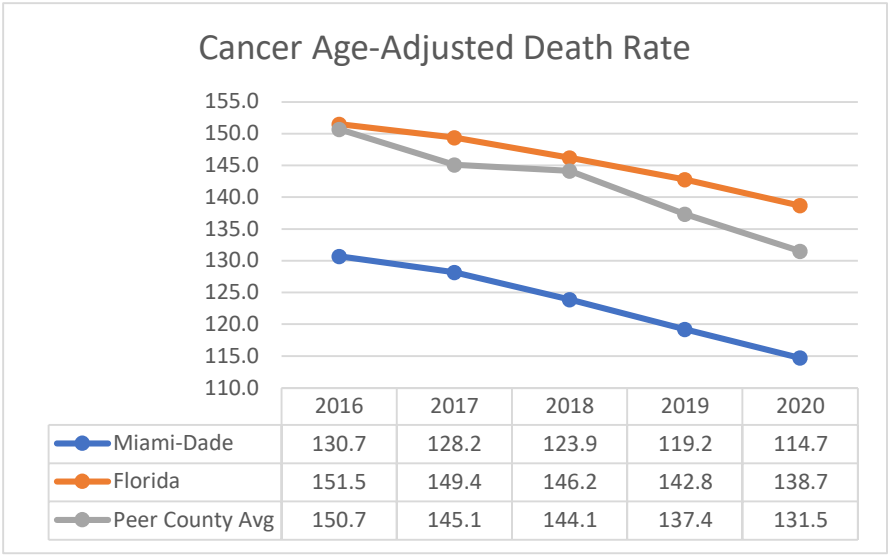
CANCER

Indicator: Age-adjusted death rate per 100,000 population due to cancer.

Why is this important?

Cancer is the second leading cause of death in Miami-Dade County and also a leading cause of death in the United States and Florida. According to FLCHARTS, cancer is a class of diseases in which a cell or a group of cells display uncontrolled growth, invasion (intrusion on and destruction of adjacent tissues), and sometimes metastasis (spread to other locations in the body via lymph or blood system). There are more than 100 different types of cancers. Classification is according to their organ or tissue of origin. Reported by the CDC, United States Cancer statistics, the most common cancers among men include prostate, lung and bronchus, and colorectal (colon), while among women they include breast, uterus, and urinary bladder. One-half of new cases of cancer occur in people aged 65 years and over. Some risk factors for cancer may be reduced through healthy behavior and lifestyle changes such as keeping a healthy body weight, avoiding tobacco use, limiting alcohol use and using proper skin protection. More information about cancer is available via the webpage www.cdc.gov/cancer.





	2016	2017	2018	2019	2020
Miami-Dade	130.7	128.2	123.9	119.2	114.7
Florida	151.5	149.4	146.2	142.8	138.7
Peer County Avg	150.7	145.1	144.1	137.4	131.5

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach. Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

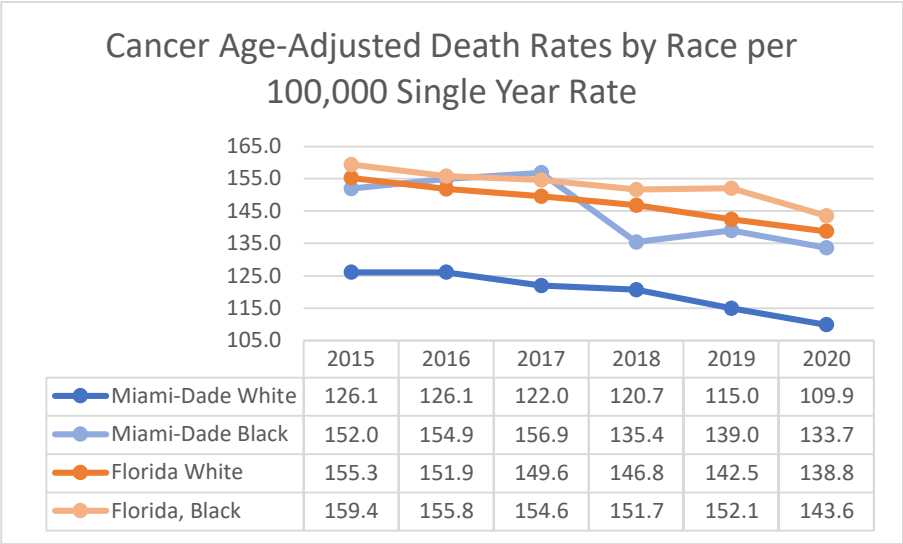
The cancer death rates in Miami-Dade County, FL and the Peer Counties Average has been decreasing since 2016. The most recent cancer mortality rate for Miami-Dade County is lower compared to the Peer Counties Average rates and the State rate.

The Healthy People 2020 target was to reduce the overall cancer death rate to 161.4 deaths per 100,000 population. With a most recent rate of 114.2 per 100,000 population. Miami-Dade County achieved the Healthy People Target 2020. The Healthy People 2030 target is 122.7 per 100,000 population and the 2020 rate is below this as well.

HEALTH OUTCOMES-CHRONIC DISEASES

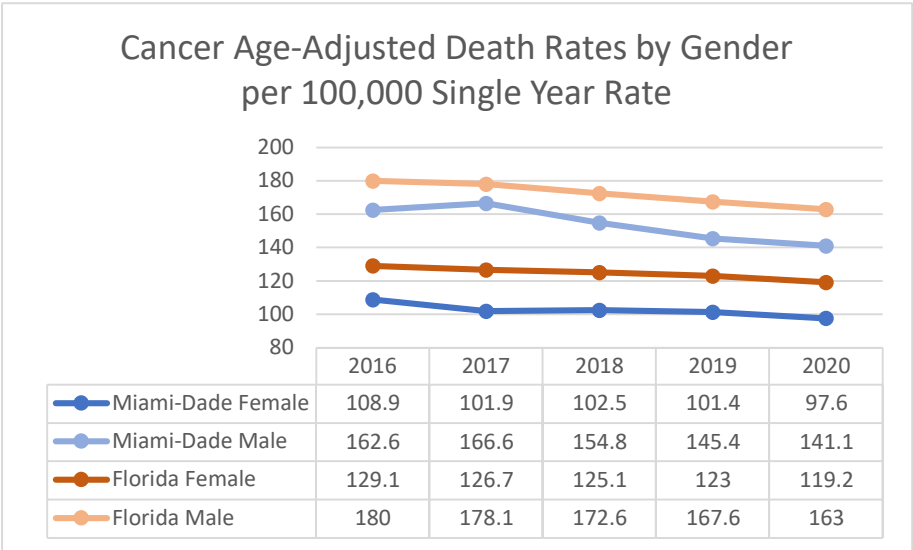
CANCER

The cancer death rate for both Black and White people is lower in 2020 than it was in 2016, for both the state and county. However, while the 2020 cancer death rates across race for the county are lower than for the state, the chart below shows that the disparity between Black and White cancer death rates is significantly more pronounced at the county level than at the state level. At the state level, cancer death rates differed by no more than 10 deaths where in Miami-Dade County, rates differed by over 20 deaths for 4 out of the 5 years displayed below. At the state level the disparity is increasing, where at the county level the level of disparity has fluctuated.



	2015	2016	2017	2018	2019	2020
Miami-Dade White	126.1	126.1	122.0	120.7	115.0	109.9
Miami-Dade Black	152.0	154.9	156.9	135.4	139.0	133.7
Florida White	155.3	151.9	149.6	146.8	142.5	138.8
Florida, Black	159.4	155.8	154.6	151.7	152.1	143.6

Stratified by sex, cancer death rates are decreasing among males and females in Miami-Dade County and Florida. Both at the state and county level, cancer death rates are much higher for men than for women. While Miami-Dade County has lower death cancer death rates than Florida for both genders, the difference in rates between men and women is very similar. The difference between male and female cancer death rates has been decreasing over time at both the state and county level .



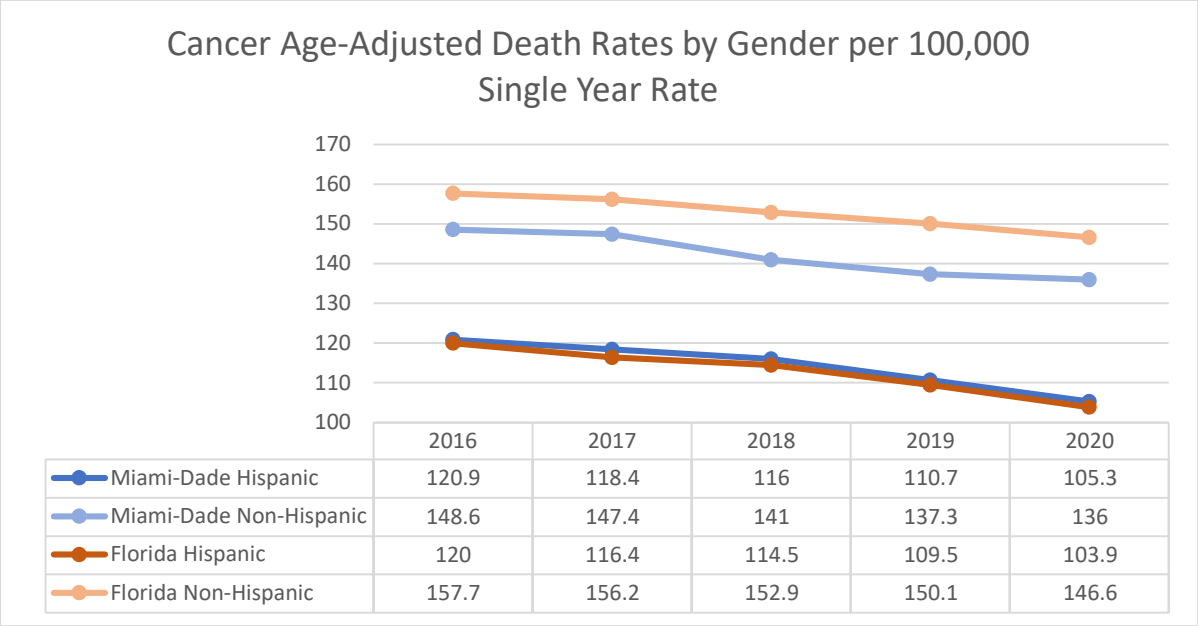
	2016	2017	2018	2019	2020
Miami-Dade Female	108.9	101.9	102.5	101.4	97.6
Miami-Dade Male	162.6	166.6	154.8	145.4	141.1
Florida Female	129.1	126.7	125.1	123	119.2
Florida Male	180	178.1	172.6	167.6	163

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HEALTH OUTCOMES-CHRONIC DISEASES

CANCER

The graph below shows cancer death rate by ethnicity for both the state and county level. The cancer death rate for Hispanic people in Miami-Dade county are slightly higher than at the state level while the death rates for Non-Hispanic people is lower in Miami-Dade county than for the state. For both geographies, Non-hispanic people have a higher cancer death rate and the disparity is larger state-wide than in Miami-Dade County. In 2020, the cancer death rate for Non-Hispanic people in Miami-Dade County was 30.7 more deaths per 100,000 than for Hispanic people, whearas statewide the difference was by 42.7 deaths per 100,000.



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	120.9	118.4	116	110.7	105.3
Miami-Dade Non-Hispanic	148.6	147.4	141	137.3	136
Florida Hispanic	120	116.4	114.5	109.5	103.9
Florida Non-Hispanic	157.7	156.2	152.9	150.1	146.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Estimated New Cases and Deaths from Cancer in the United States in 2021

New cancer cases: 1,898,160

Cancer deaths: 608,570

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/all.html

Information and supportive resources on cancer are available through the following organizations:

- American Cancer Society https://www.cancer.org/
- National Comprehensive Cancer Control Program (NCCCP) https://www.cdc.gov/cancer/nccc/
- National Program of Cancer Registries https://www.cdc.gov/cancer/npcr/

HEALTH OUTCOMES-CHRONIC DISEASES

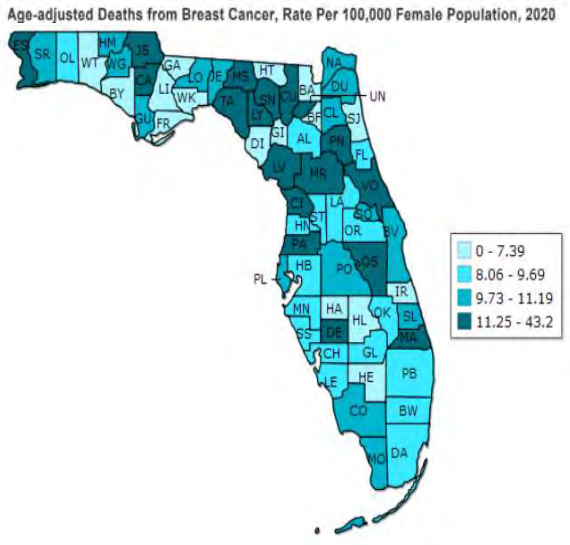
BREAST CANCER

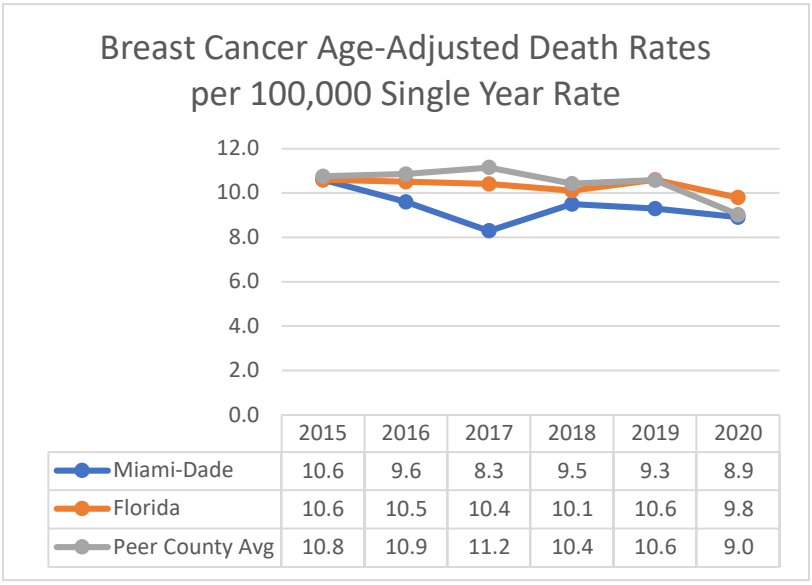
Indicator: Age-adjusted death rate per 100,000 population due to female breast cancer.

Why is this important?

Breast cancer is a type of disease originating from breast tissue, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk. The most common kinds of breast cancer include cancers originating from ducts, known as ductal carcinomas and those originating from lobules are known as lobular carcinomas. The second leading cause of death among women in the United States is breast cancer. While it is not as common in men, they can also develop this disease.

A health care provider should conduct a clinical breast exam, explain the benefits of regular self-breast exams, and identify the appropriate time to get a mammogram (breast x-ray). Breast cancer screening allows for early detection and treatment.





	2015	2016	2017	2018	2019	2020
Miami-Dade	10.6	9.6	8.3	9.5	9.3	8.9
Florida	10.6	10.5	10.4	10.1	10.6	9.8
Peer County Avg	10.8	10.9	11.2	10.4	10.6	9.0

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

The breast cancer death rate in Miami-Dade County, has been slightly decreasing since 2016. The most recent cancer death rate in Miami-Dade County is lower than the state and peer county averages. The Healthy People 2020 national health target was to reduce the breast cancer death rate to 20.7 deaths per 100,000 females. The Healthy People 2030 national health target is to reduce the breast cancer death rate to 15.3 At a recent rate of 8.9 deaths per 100,000 females, Miami-Dade County has met the national health target.

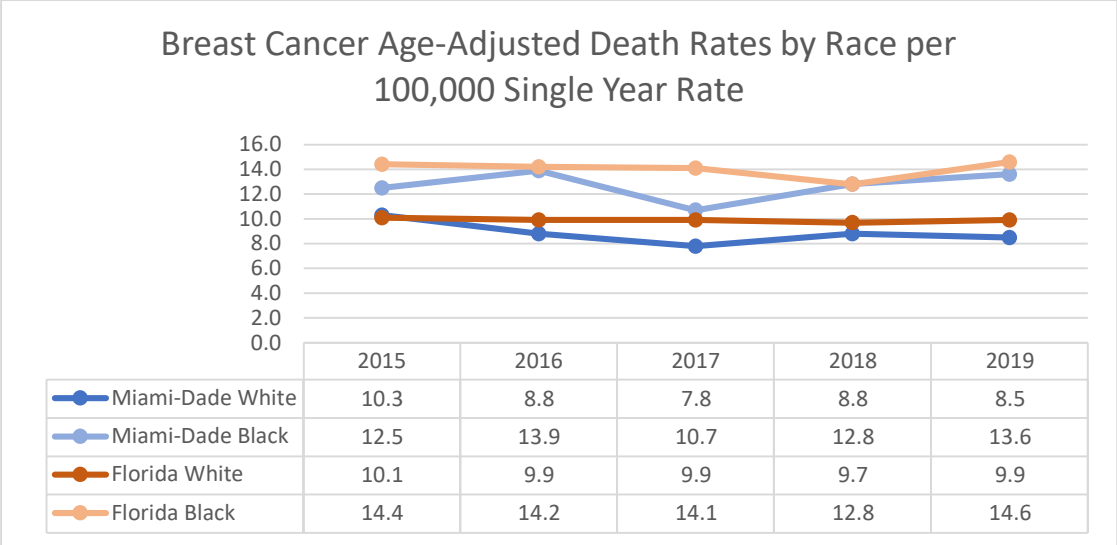
Estimated New Cases and Deaths from Female Breast Cancer in the United States in 2021
New Female breast cancer cases: 281,550
Female breast cancer deaths: 43,600

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/breast.html

HEALTH OUTCOMES-CHRONIC DISEASES

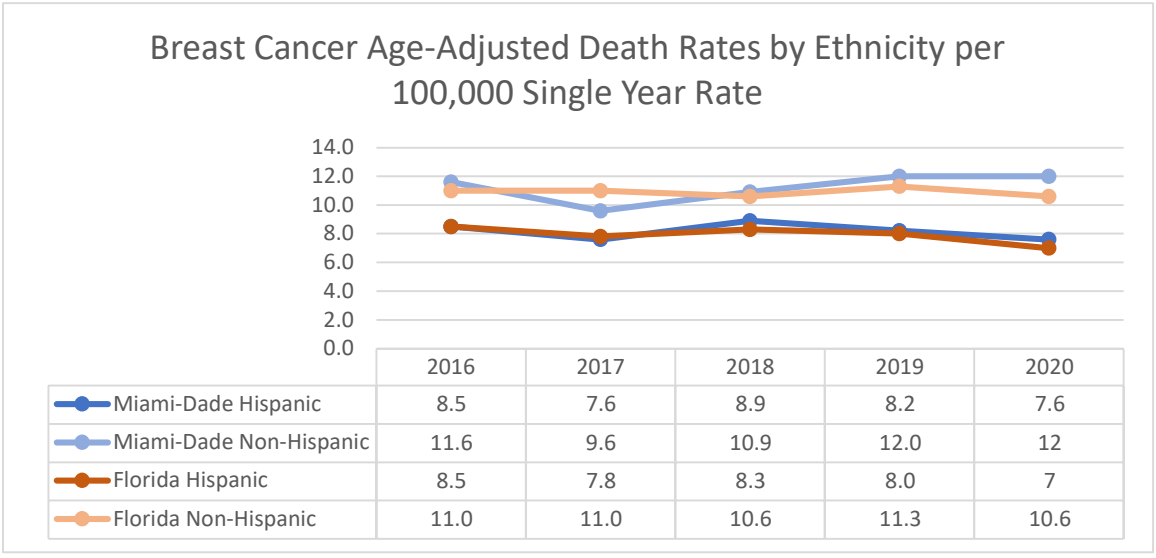
BREAST CANCER

Breast cancer death rates for Black and Other Non-white races are higher than for the White population at both the state and county level. In 2020, Miami-Dade County had lower Breast cancer death rates for both White and Black populations as compared to the state for these groups respectively. The disparity between White and Black and Other has remained fairly steady at the state level with a difference of 3-4 deaths per 100,000 per year between races. For Miami-Dade County, the disparity is increasing; in 2016 the Black population had a death rate that was 2.2 deaths per 100,000 higher than for



	2015	2016	2017	2018	2019
Miami-Dade White	10.3	8.8	7.8	8.8	8.5
Miami-Dade Black	12.5	13.9	10.7	12.8	13.6
Florida White	10.1	9.9	9.9	9.7	9.9
Florida Black	14.4	14.2	14.1	12.8	14.6

the White population and in 2020, the difference was 5.1 deaths per 100,000. Presented below are the breast cancer death rates by ethnicity in Miami-Dade County, and Florida. Rates of breast cancer deaths among Hispanic people are lower than rates of breast cancer deaths among Non-Hispanic people at both the state and county levels. For these two populations the county rates are quite similar to the state rates. Additionally, there has been little change in the rates over the past five years for either population.



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	8.5	7.6	8.9	8.2	7.6
Miami-Dade Non-Hispanic	11.6	9.6	10.9	12.0	12
Florida Hispanic	8.5	7.8	8.3	8.0	7
Florida Non-Hispanic	11.0	11.0	10.6	11.3	10.6

HEALTH OUTCOMES-CHRONIC DISEASES

BREAST CANCER

Did you know?

While breast cancer is not as common in men as it is in women, male breast cancer does occur. The American Cancer Society estimates that in 2021, about 2,650 new cases of invasive breast cancer will be diagnosed in men and 530 men will die from breast cancer. While the disease is less common in men, you should know the symptoms.

- A lump or swelling, which is often (but not always) painless
- Skin dimpling or puckering
- Nipple retraction (turning inward)
- Redness or scaling of the nipple or breast skin
- Discharge from the nipple

Source: American Cancer Society www.cancer.org

Information and supportive resources on breast cancer are available through the following organizations:

- Bring Your Brave Campaign https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/
- Florida Breast Cancer Foundation https://www.floridabreastcancer.org/
- Miami Cancer Institute: Breast Cancer https://baptisthealth.net/cancer-care/adultpatients/cancer-types/breastcancer/about
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP) https://www.cdc.gov/cancer/nbccedp/
- Susan G. Komen Foundation https://ww5.komen.org/
    - Additional Local Resources https://komenmiaftl.org/about-breast-cancer/understanding-breast-cancer/resources/
- Sylvester Comprehensive Cancer Center https://umiamihealth.org/sylvester-comprehensive-cancer-center

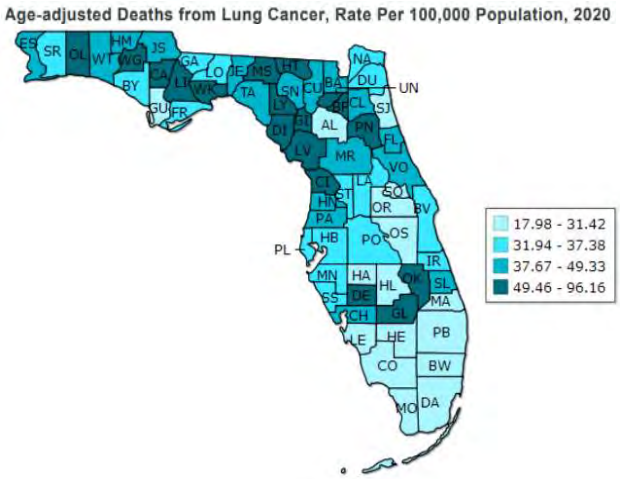
HEALTH OUTCOMES-CHRONIC DISEASES

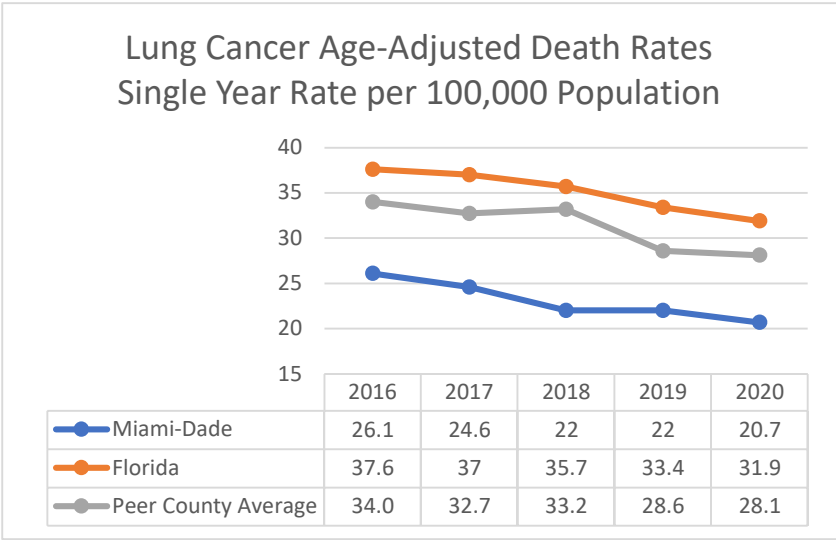
LUNG CANCER

Indicator: Age-adjusted death rate per 100,000 population due to lung cancer.

Why is this important?

Lung cancer is a disease in which cells grow out of control in the tissues of the lung. Lung cancer begins in the lungs and may spread to lymph nodes or other organs in the body, such as the brain. Cancer from other organs may also spread to the lungs. The process of metastases is when cancer cells spread from one organ to another. Lung cancers are grouped into two main types: small cell and non-small cell. These types of lung cancer grow differently and have different treatments. Most primary lung cancers are carcinomas of the lung, resulting from epithelial cells. The most common cause of lung cancer is long-term exposure to tobacco smoke. The occurrence of lung cancer in nonsmokers, who account for as many as 15% of cases, is often attributed to a combination of genetic factors, radon gas, asbestos, and air pollution including secondhand smoke.





	2016	2017	2018	2019	2020
Miami-Dade	26.1	24.6	22	22	20.7
Florida	37.6	37	35.7	33.4	31.9
Peer County Average	34.0	32.7	33.2	28.6	28.1

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The lung cancer death rate in Miami-Dade County has been favorably decreasing since 2016. The Miami-Dade County most recent cancer death rate 2020 is significantly lower compared to the Peer Counties Average rates and the State rate. The Healthy People 2020 national health target was to reduce the lung cancer death rate to 45.5 deaths per 100,000 population and the Healthy People 2030 national health target is 25.1 per 100,000. At a most recent rate 2020 of 20.7 deaths per 100,000 population, Miami-Dade County, has met both national health targets.

Estimated New Cases and Deaths from Lung and Bronchus Cancer in the United States in 2021

New lung and bronchus cancer cases: 235,760

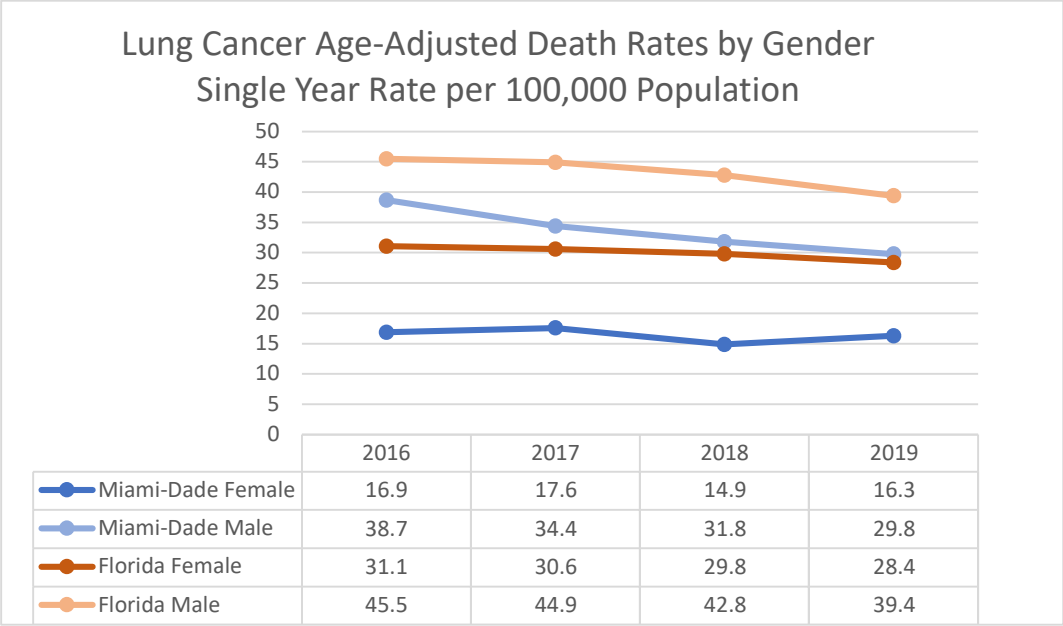
Deaths from lung and bronchus cancers: 131,880

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/lungb.html

HEALTH OUTCOMES-CHRONIC DISEASES

LUNG CANCER

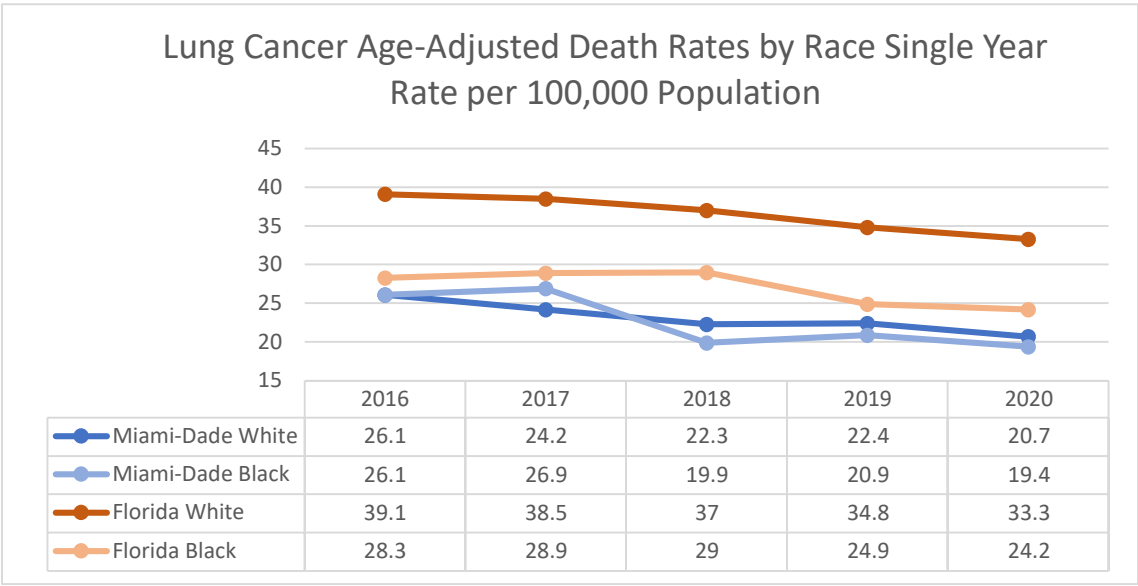
As presented below, the lung cancer death rates are higher among males in Miami-Dade County than females at nearly double the rate.



	2016	2017	2018	2019
Miami-Dade Female	16.9	17.6	14.9	16.3
Miami-Dade Male	38.7	34.4	31.8	29.8
Florida Female	31.1	30.6	29.8	28.4
Florida Male	45.5	44.9	42.8	39.4

In Miami-Dade County, lung cancer death rates have decreased over time for both the white and black population. The disparity between these two populations is much greater at the state level than at the county level. Both White and Black population in Miami-Dade County rates are lower the state's rate.

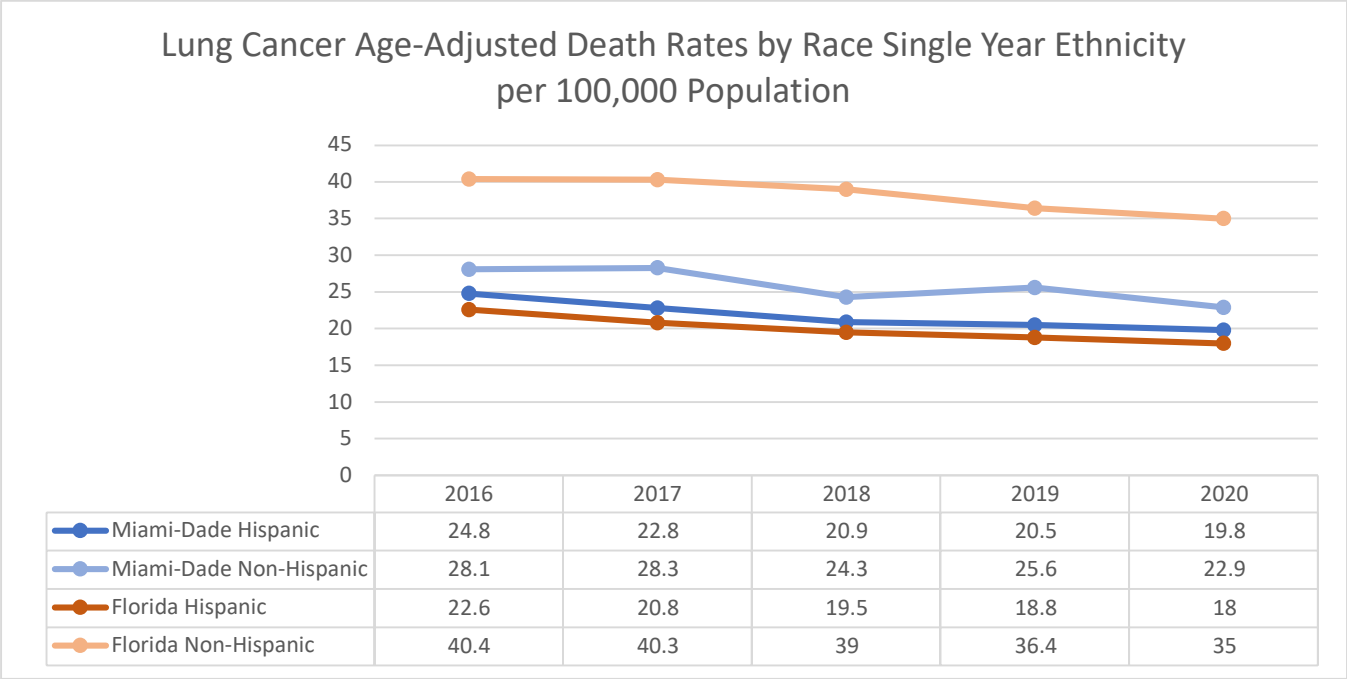
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com



	2016	2017	2018	2019	2020
Miami-Dade White	26.1	24.2	22.3	22.4	20.7
Miami-Dade Black	26.1	26.9	19.9	20.9	19.4
Florida White	39.1	38.5	37	34.8	33.3
Florida Black	28.3	28.9	29	24.9	24.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HEALTH OUTCOMES-CHRONIC DISEASES
LUNG CANCER



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	24.8	22.8	20.9	20.5	19.8
Miami-Dade Non-Hispanic	28.1	28.3	24.3	25.6	22.9
Florida Hispanic	22.6	20.8	19.5	18.8	18
Florida Non-Hispanic	40.4	40.3	39	36.4	35

Presented in the table above includes the counts and rates for lung cancer for Miami-Dade and Florida by ethnicity. For both Miami-Dade and Florida the Non Hispanic population has higher lung cancer death rates than the Hispanic population. The disparity between these two groups is much higher at the state level than at the county level, where rates do not differ by greater than 6 at any point.

HEALTH OUTCOMES-CHRONIC DISEASES
LUNG CANCER

Source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

Information and supportive resources on lung cancer are available through the following organizations:

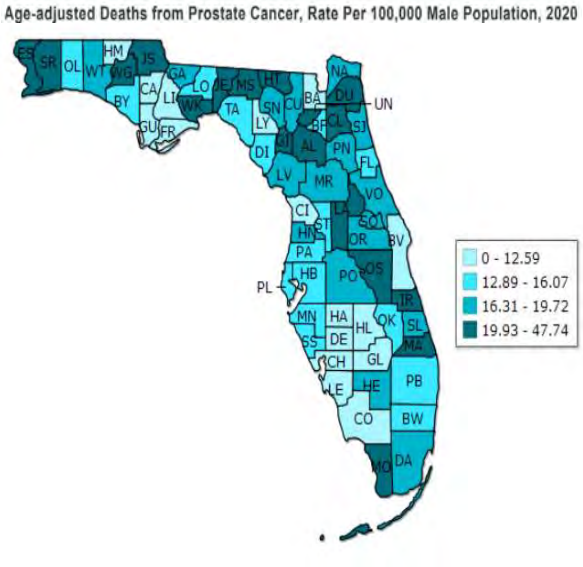
- Lung Cancer Alliance https://lungcanceralliance.org/
- Lung Cancer Foundation https://www.lungcancerfoundation.org/
- Tobacco Free Florida: Miami Dade http://tobaccofreeflorida.com/
- Tobacco Free Workgroup https://www.healthymiamidade.org/committees/tobacco-free-workgroup/
- Department of Health & Human Services (HHS) "Live well. Learn how." https://healthfinder.gov/

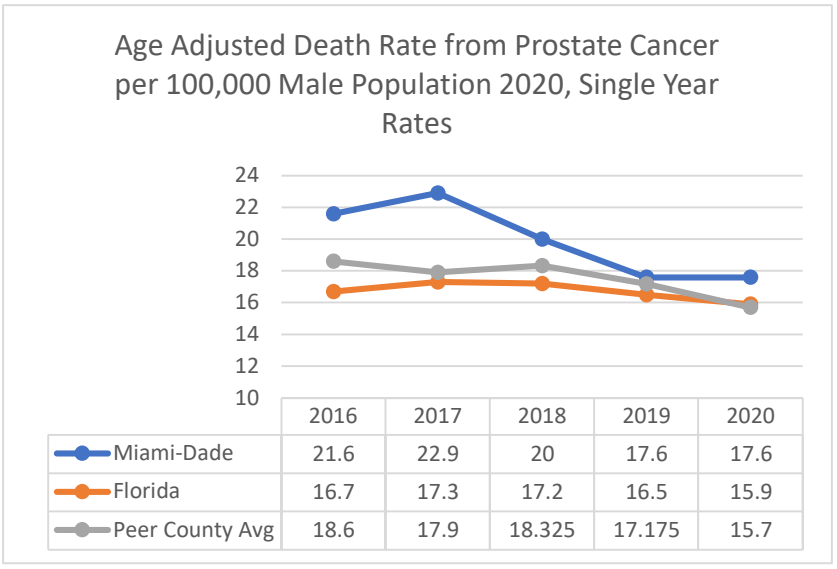
HEALTH OUTCOMES-CHRONIC DISEASES
PROSTATE CANCER

Indicator: Age-adjusted death rate per 100,000 population due to prostate cancer.

Why is this important?

Prostate cancer is the most common cancer and the second leading cause of cancer death among men in the United States. Prostate cancer is a form of cancer that develops in the prostate, a gland in the male reproductive system. Noted by the National Cancer Institute, in the United States about one in five men will be diagnosed with prostate cancer. Although it is one of the most prevalent types of cancer in men, it usually is slow-growing, and many never show symptoms. Prostate cancer tends to develop in older men who are of 50 years of age and older, are African American, or who have had a family member like a father, brother, or son who has had prostate cancer. Since men with the condition are older, they often die of causes unrelated to the prostate cancer. About two-thirds of cases are slow growing; the other third of cases are more aggressive and fast developing. The goal of screening for prostate cancer is to find cancers that may be at high risk for spreading if not treated, and to find them early before they spread. Screening for prostate cancer begins with a blood test called a prostate specific antigen (PSA) test. Your doctor is the best person to interpret your PSA test results. More information is available via https://www.cdc.gov/cancer/prostate/index.htm.





	2016	2017	2018	2019	2020
Miami-Dade	21.6	22.9	20	17.6	17.6
Florida	16.7	17.3	17.2	16.5	15.9
Peer County Avg	18.6	17.9	18.325	17.175	15.7

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The prostate cancer death rate in Miami-Dade County, has decreased since 2017. The Peer Counties Average rates and State rate have remained steady. The Miami-Dade County most recent cancer death rate for 2020 is slightly higher than the Florida rates and the Peer Counties Average rates.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.8 deaths per 100,000 male population. The national health target for Healthy People 2030 is 16.9 deaths per 100,000 male population. At a recent rate of 17.6 deaths per 100,000 male population, Miami-Dade County, has met the Healthy People 2020 Target.

HEALTH OUTCOMES-CHRONIC DISEASES

PROSTATE CANCER

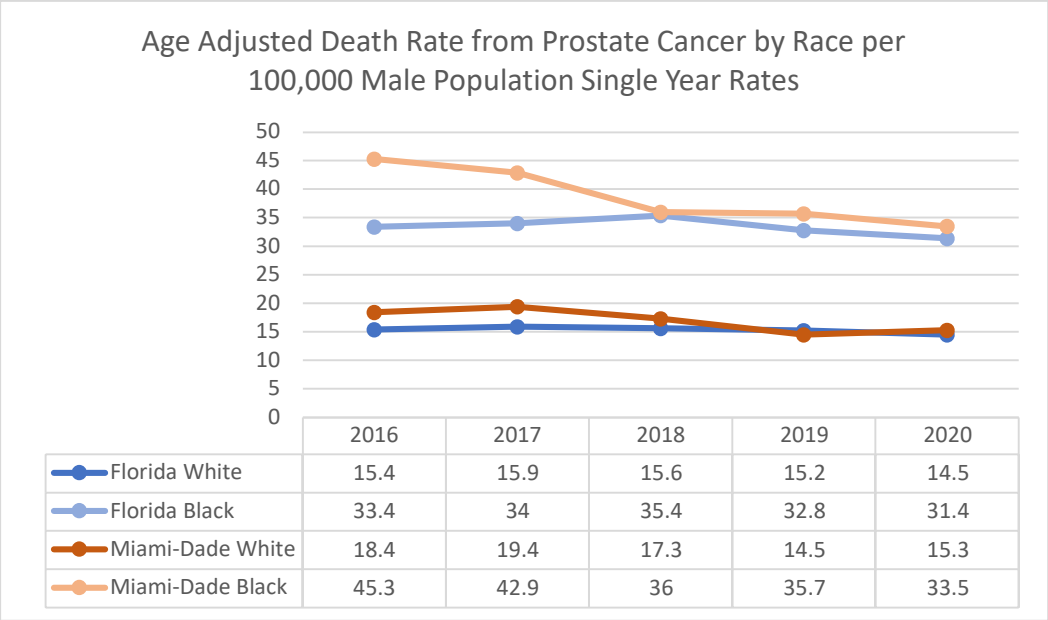
Estimated New Cases and Deaths from Prostate Cancer in the United States in 2021

New prostate cancer cases: 248,530

Prostate cancer deaths: 34,130

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/prost.html

---



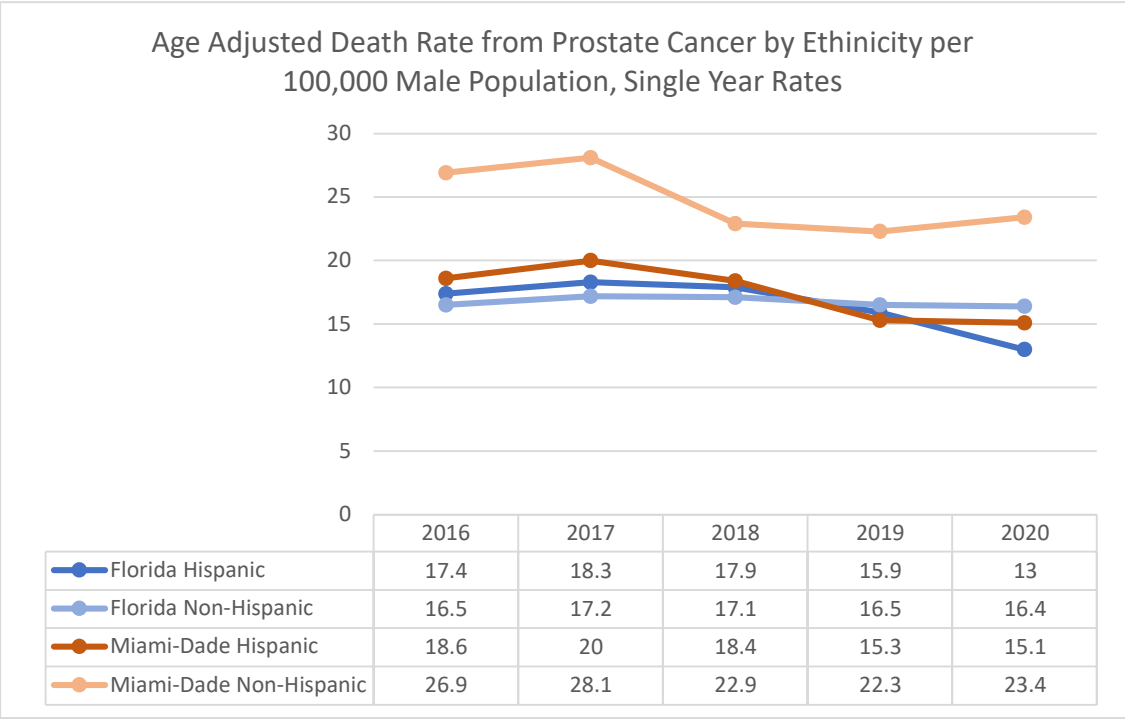
	2016	2017	2018	2019	2020
Florida White	15.4	15.9	15.6	15.2	14.5
Florida Black	33.4	34	35.4	32.8	31.4
Miami-Dade White	18.4	19.4	17.3	14.5	15.3
Miami-Dade Black	45.3	42.9	36	35.7	33.5

As presented above, the most recent prostate cancer death rates for Miami-Dade County's Black population is higher than both the Miami-Dade White population and Florida Black and White populations. There is a disparity between the prostate cancer death rates between Miami-Dade County's Black and White populations; the rates for the Black population are more than double the rate for the White population in Miami-Dade.

HEALTH OUTCOMES-CHRONIC DISEASES

PROSTATE CANCER

When broken down by ethnicity, the chart shows that the population with the highest prostate cancer death rates is the Miami-Dade Non-Hispanic population. Florida Hispanic, Florida Non-Hispanic and Miami-Dade Hispanic populations all have similar rates.



	2016	2017	2018	2019	2020
Florida Hispanic	17.4	18.3	17.9	15.9	13
Florida Non-Hispanic	16.5	17.2	17.1	16.5	16.4
Miami-Dade Hispanic	18.6	20	18.4	15.3	15.1
Miami-Dade Non-Hispanic	26.9	28.1	22.9	22.3	23.4

Information and supportive resources on prostate cancer are available through the following organizations:

- Know Your Prostate Plan https://www.knowyourprostateplan.com/
- Prostate Cancer Foundation https://www.pcf.prg

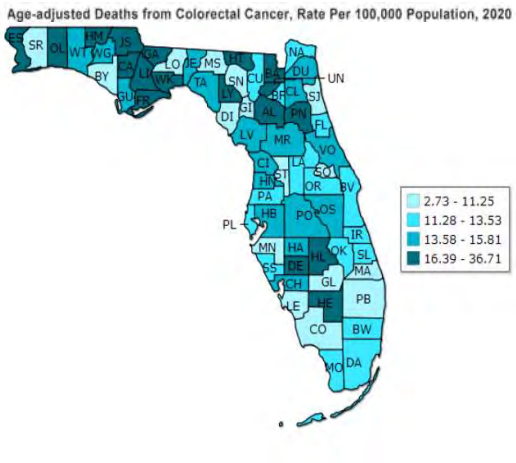
HEALTH OUTCOMES-CHRONIC DISEASES

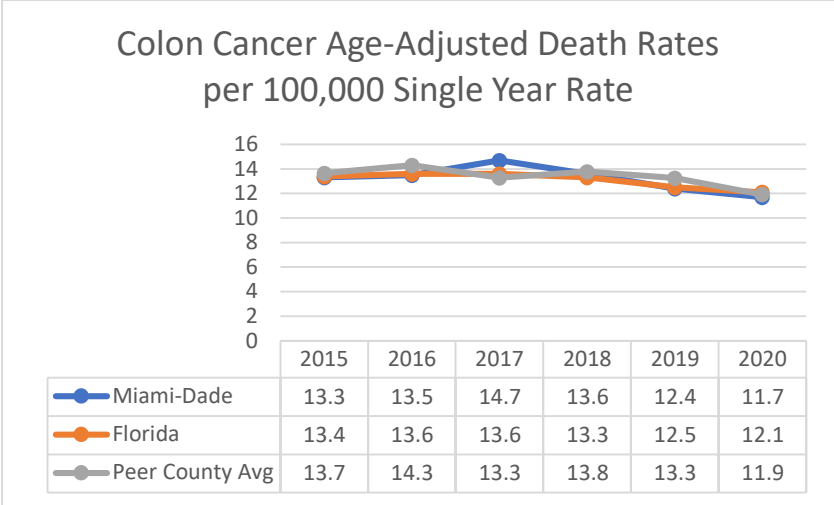
COLORECTAL (COLON) CANCER

Indicator: Age-adjusted death rate per 100,000 population due to colorectal cancer.

Why is this important?

Colorectal cancer is also called colon cancer or rectum cancer. These cancers are usually grouped because they have many characteristics in common. Colorectal cancer includes cancerous growths starting in the colon or rectum. In the United States, colorectal cancer is the third most common cancer in men and women. Colorectal cancers arise from abnormal growths called polyps in the colon or rectum. These mushroom-shaped growths are usually benign, but some develop into cancer over time. Screening tests can find polyps, so they can be removed before turning into cancer. The CDC states that, "More than 90% of cases occur in people who are 50 years old or older." There are lifestyle factors that may contribute to an increased risk of colorectal cancer. Some of these lifestyle factors include a lack of regular physical activity, a poor diet low in fruit and vegetables, a low-fiber and high-fat diet (diet high in processed meats), unhealthy weight, alcohol consumption, and tobacco use. Overall, the most effective way to reduce your risk of colorectal cancer is to get screened for colorectal cancer annually beginning at the age of 50 years old. It is suggested that getting regular physical activity and keeping a healthy weight may help lower your risk.



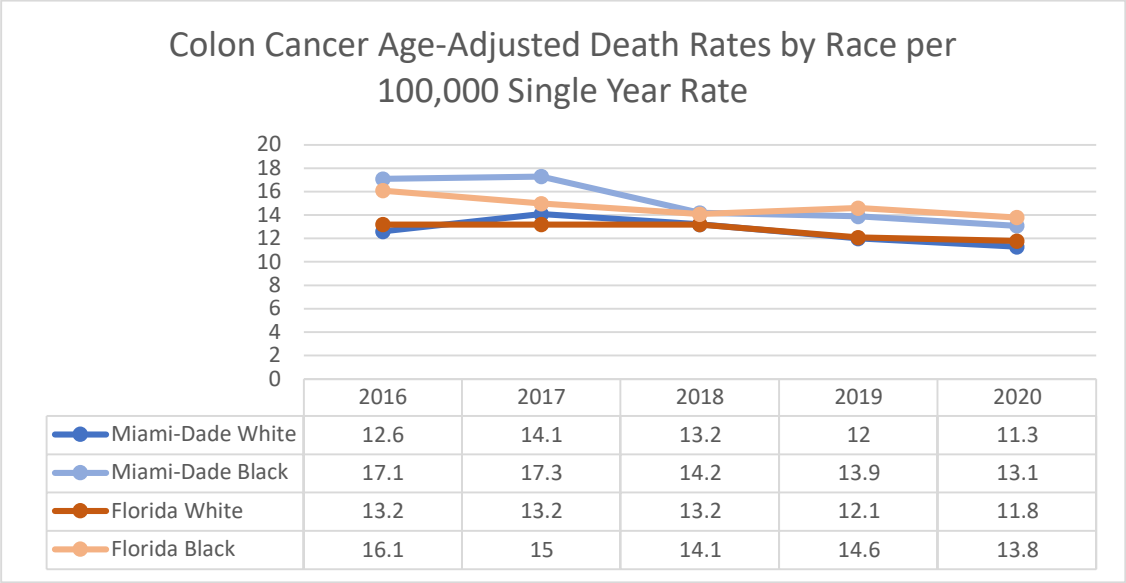


	2015	2016	2017	2018	2019	2020
Miami-Dade	13.3	13.5	14.7	13.6	12.4	11.7
Florida	13.4	13.6	13.6	13.3	12.5	12.1
Peer County Avg	13.7	14.3	13.3	13.8	13.3	11.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach. Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The most recent colorectal cancer death rate (2020) of Miami-Dade County has begun to gradually decrease and is lower than the Peer Counties Average and State rates. The Healthy People 2020 national health target is to reduce colorectal cancer death rate to 14.5 deaths per 100,000 population and the Healthy People 2030 national health target is 8.9 per 100,000. At a recent rate of 11.7 deaths per 100,000 population, Miami-Dade County has met the Healthy People 2020 Target while striving to met the Healthy People 2030 national health target.

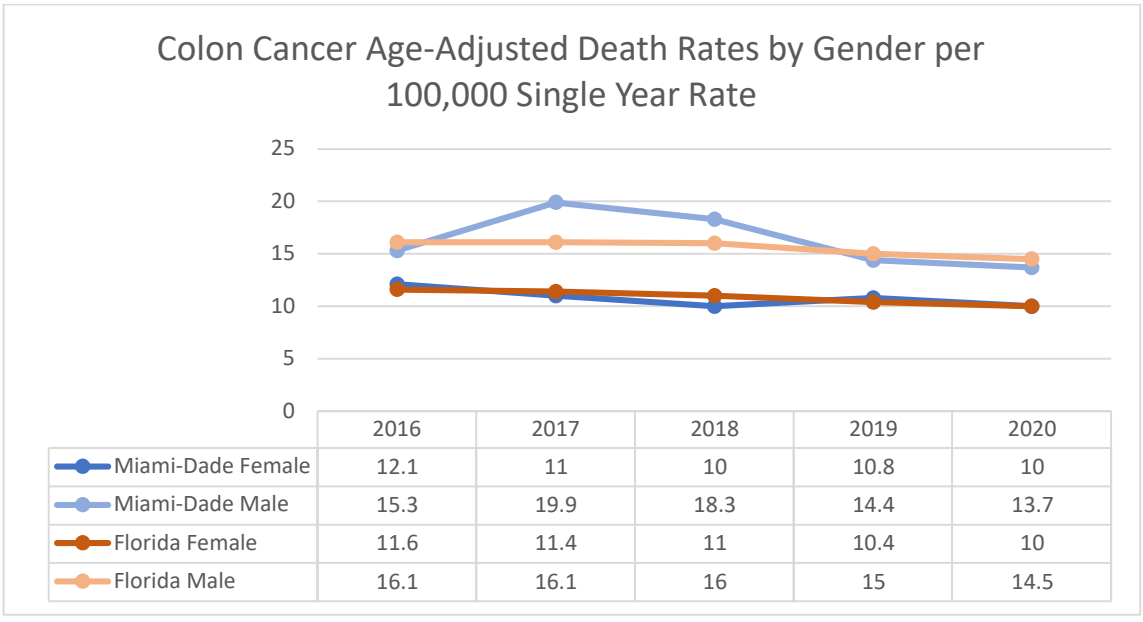
HEALTH OUTCOMES-CHRONIC DISEASES
COLORECTAL (COLON) CANCER



	2016	2017	2018	2019	2020
Miami-Dade White	12.6	14.1	13.2	12	11.3
Miami-Dade Black	17.1	17.3	14.2	13.9	13.1
Florida White	13.2	13.2	13.2	12.1	11.8
Florida Black	16.1	15	14.1	14.6	13.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

In Miami-Dade County, colorectal cancer death rates have decreased over time among the White and Black population with the rates for the black population remaining higher than the rates for the white population over time even as both rates have decreased.

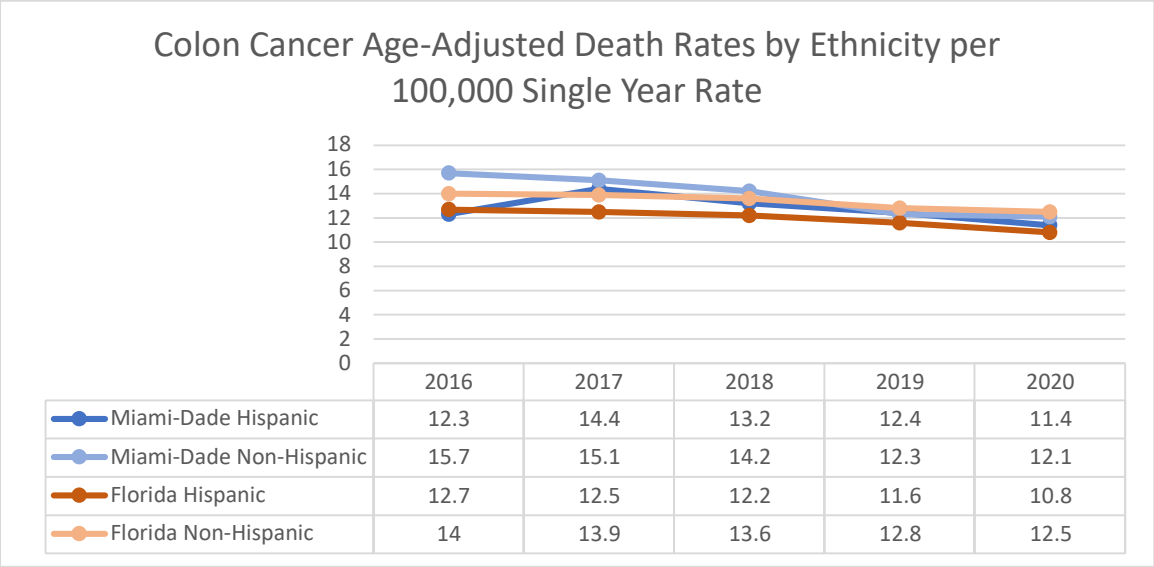


	2016	2017	2018	2019	2020
Miami-Dade Female	12.1	11	10	10.8	10
Miami-Dade Male	15.3	19.9	18.3	14.4	13.7
Florida Female	11.6	11.4	11	10.4	10
Florida Male	16.1	16.1	16	15	14.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Between 2018 and 2020, the colorectal cancer death rates for males decreased significantly in Miami-Dade County, and increased slightly in females. Recent Florida rates for the male population are higher than the female population rates.

HEALTH OUTCOMES-CHRONIC DISEASES
COLORECTAL (COLON) CANCER



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	12.3	14.4	13.2	12.4	11.4
Miami-Dade Non-Hispanic	15.7	15.1	14.2	12.3	12.1
Florida Hispanic	12.7	12.5	12.2	11.6	10.8
Florida Non-Hispanic	14	13.9	13.6	12.8	12.5

Breaking down colon cancer death rates by ethnicity reveals that there is only a small difference between the Hispanic and Non-Hispanic population at both the state and county level. At the point of greatest difference, in 2016, the disparity between Non-Hispanic colon cancer death rates and Hispanic colon cancer death rates was only by 3.4 deaths per 100,000 population.

Estimated New Cases and Deaths from Colorectal Cancer in the United States in 2021

New colorectal cancer cases: 149,500

Colorectal cancer deaths: 52,980

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/colorect.html

Did you know?

Colorectal cancer does not always show symptoms in the early stages and can be confused with other medical conditions. There are several key symptoms that may appear together or independently of each other. According to the American Cancer Society, you should consider see your doctor if you have any of the following:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which may make the stool look dark
- Cramping or abdominal (belly) pain
- Unintended weight loss

Information and supportive resources on colorectal cancer are available through the following organizations:

- Colorectal Cancer Control Program (CRCCP) https://www.cdc.gov/cancer/crccp/
- *Screen for Life: National Colorectal Cancer Action Campaign* https://www.cdc.gov/cancer/colorectal/sfl/

HEALTH OUTCOMES-CHRONIC DISEASES
CERVICAL CANCER

Indicator: Age-adjusted death rate per 100,000 population due to cervical cancer.

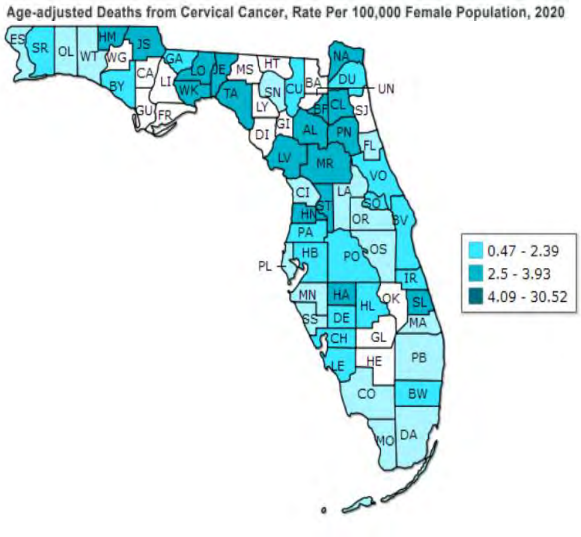
Why is this important?

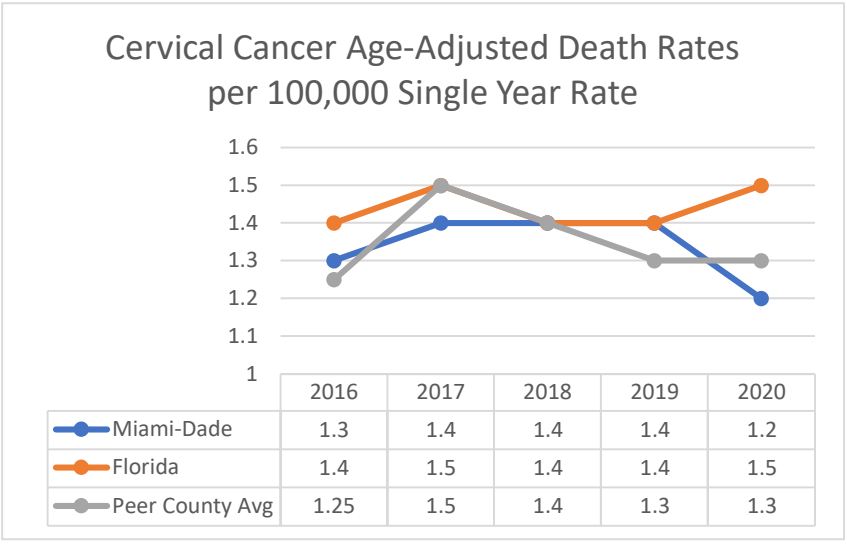
Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer. The cervix connects the vagina (birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant.

All women are at risk for cervical cancer. It occurs most often in women over age 30. Long-lasting infection with certain types of human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

Cervical cancer is highly preventable in most Western countries because screening tests and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.

To reduce your risk of cervical cancer, there are several steps you can take. First, get either a pap test or an HPV test. The CDC also recommends getting the HPV vaccine. Finally, don't smoke, use condoms during sex, and limit your number of sexual partners.





	2016	2017	2018	2019	2020
Miami-Dade	1.3	1.4	1.4	1.4	1.2
Florida	1.4	1.5	1.4	1.4	1.5
Peer County Avg	1.25	1.5	1.4	1.3	1.3

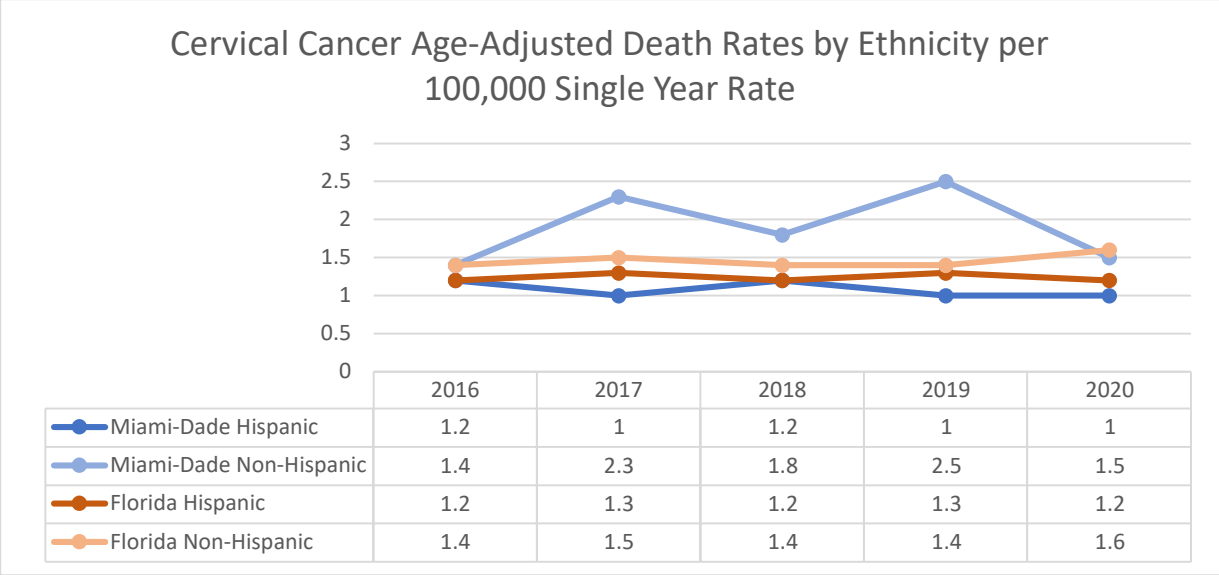
Information and supportive resources on cervical cancer cancer are available through the following organizations:

- CDC https://www.cdc.gov/cancer/cervical/index.htm
- *Florida Department of Health* http://www.floridahealth.gov/diseases-and-conditions/cancer/cervical-cancer/index.html
- Mayo Clinic https://www.mayoclinic.org/diseases-conditions/cervical-cancer/symptoms-causes/syc-20352501
- National Institutes of Health https://medlineplus.gov/cervicalcancer.html

Revised 4-26-2022

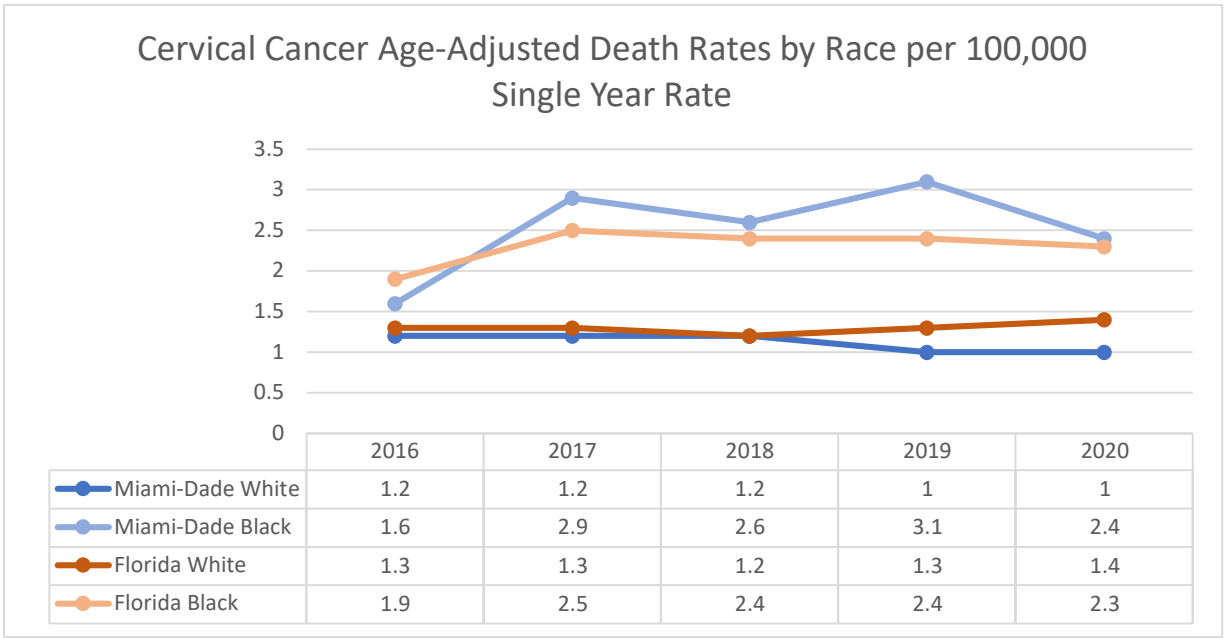
HEALTH OUTCOMES-CHRONIC DISEASES

CERVICAL CANCER



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	1.2	1	1.2	1	1
Miami-Dade Non-Hispanic	1.4	2.3	1.8	2.5	1.5
Florida Hispanic	1.2	1.3	1.2	1.3	1.2
Florida Non-Hispanic	1.4	1.5	1.4	1.4	1.6

The graph above includes rates for cervical cancer deaths for Miami-Dade and Florida by ethnicity. The recent death rate for cervical cancer for the Hispanic population in Miami-Dade is below the Florida rates. The rates for the non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade. The rates for the Hispanic population in Miami-Dade are lower compared to the state rate while the non-Hispanic population in Miami-Dade are higher compared to the state rate. Below, the graph shows rates for cervical cancer deaths by race. The rate for Miami-Dade Black and Other Population is much higher than any other race or geography. Additionally, the rates have increased while Miami-Dade White rates decreased.



	2016	2017	2018	2019	2020
Miami-Dade White	1.2	1.2	1.2	1	1
Miami-Dade Black	1.6	2.9	2.6	3.1	2.4
Florida White	1.3	1.3	1.2	1.3	1.4
Florida Black	1.9	2.5	2.4	2.4	2.3

HEALTH OUTCOMES-CHRONIC DISEASES

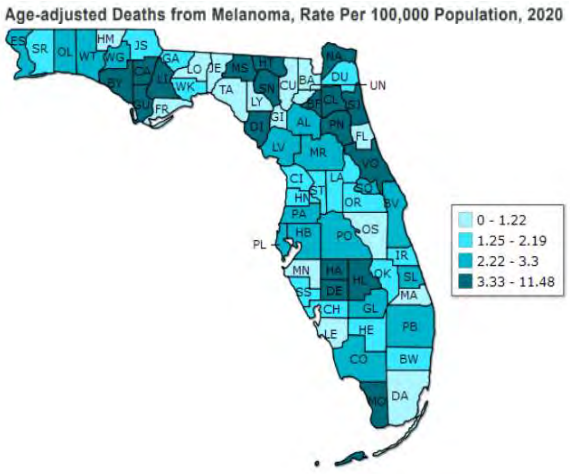
MELANOMA SKIN CANCER

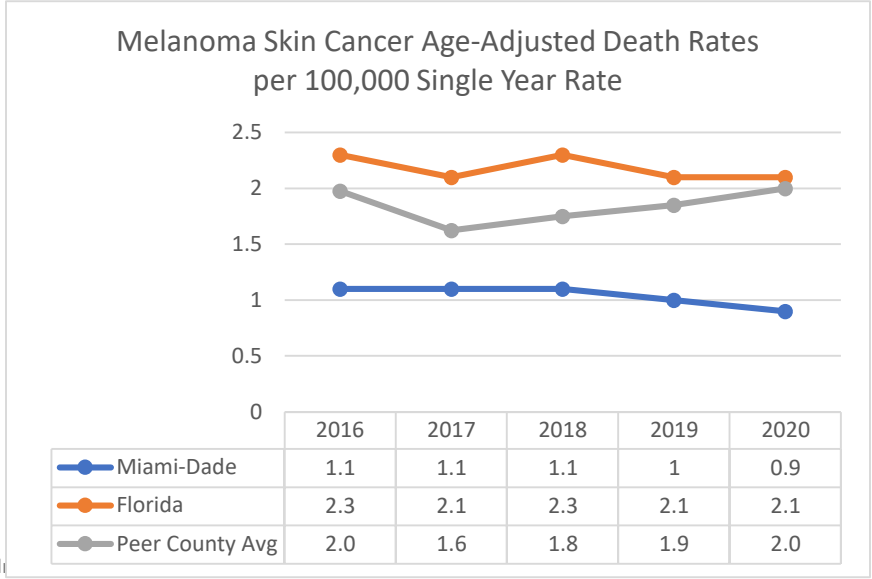
Indicator: Age-adjusted death rate per 100,000 population due to melanoma skin cancer.

Why is this important?

Skin cancer is the most common form of cancer in the United States and is among the deadliest types of skin cancer. Melanoma is the third most common type of skin cancer. It causes about 75% of skin cancer-related deaths and accounts for the majority of skin cancer deaths. Melanoma is a type of skin cancer that begins in the melanocytes cells normally found in the skin but also found in the bowel, and the eye. They are responsible for the production of the dark pigment melanin. This type of skin cancer is caused by overexposure to ultraviolet (UV) light. Melanocytes are present in skin are responsible for the production of the dark pigment melanin.

Anyone can get skin cancer, but people with specific characteristics are at a higher risk like those of lighter natural skin color, skin that burns or turns red easily, certain types of moles, and a family or personal history of skin cancer. The darker pigmented skin may lower your risk of developing melanoma. Other ways to reduce your risk and options to protect yourself from UV radiation as CDC include staying in the shade, wearing protective clothing, hats and using sunscreen.





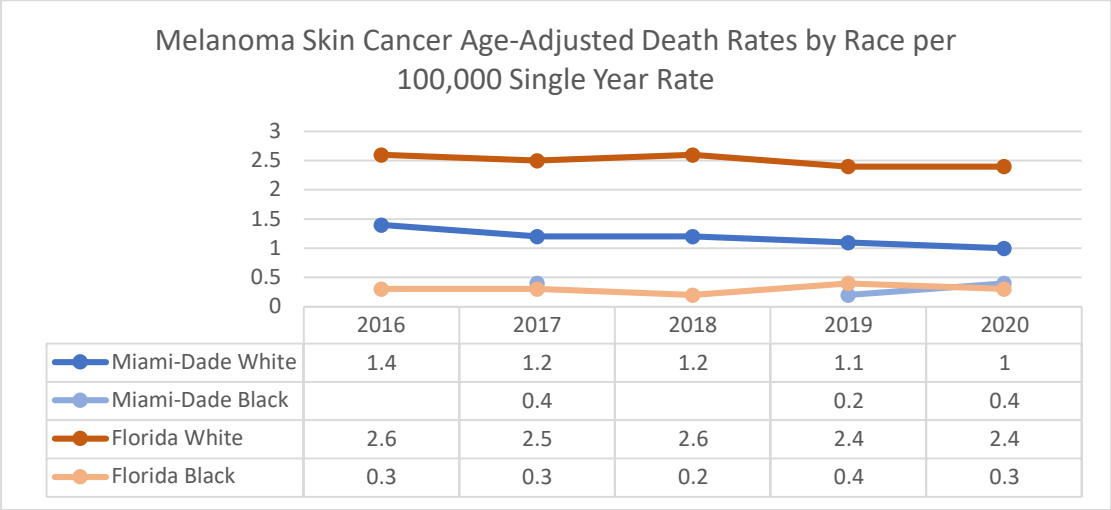
	2016	2017	2018	2019	2020
Miami-Dade	1.1	1.1	1.1	1	0.9
Florida	2.3	2.1	2.3	2.1	2.1
Peer County Avg	2.0	1.6	1.8	1.9	2.0

Note: Peer Counties include Broward, Hillsborough, Orange, and Pal
http://www.flhealthcharts.com

Comprehensive skin cancer prevention programs could prevent 20% of new cases between 2020 and 2030 according to the June 2015 CDC Vital Signs report. The report notes, "that without additional community prevention efforts, melanoma will continue to increase over the next 15 years, with 112,000 new cases projected in 2030". The annual cost of treating new melanoma cases is projected to closely triple from $457 million in 2011 to an estimated $1.6 billion in 2030. Melanoma cancer death rates have been steady since 2016 in Miami-Dade County, FL.The most recent county rate has remained lower than the Peer Counties Average rate and the state rate. The Healthy People 2020 national health target is to reduce melanoma cancer death rate to 2.4 deaths per 100,000 population. At a recent rate of 1 deaths per 100,000 population, Miami-Dade County has met the Healthy People 2020 Target. This objective was not retained for Healthy People 2030.

HEALTH OUTCOMES-CHRONIC DISEASES

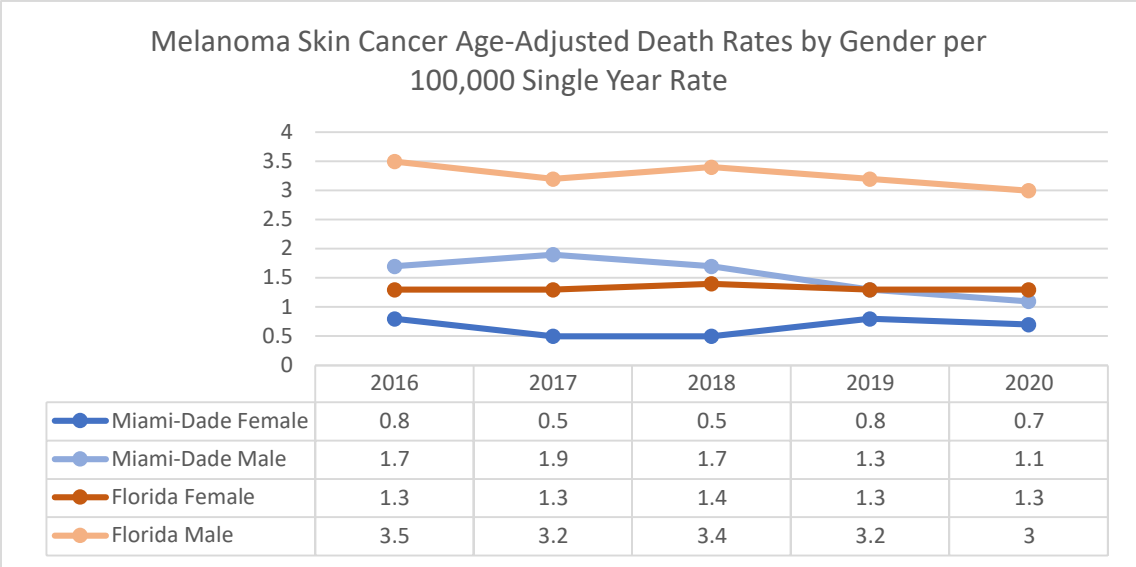
MELANOMA SKIN CANCER



	2016	2017	2018	2019	2020
Miami-Dade White	1.4	1.2	1.2	1.1	1
Miami-Dade Black		0.4		0.2	0.4
Florida White	2.6	2.5	2.6	2.4	2.4
Florida Black	0.3	0.3	0.2	0.4	0.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented in the figure above, death rates for melanoma skin cancer for Miami-Dade County's White population has favorably declined since 2016. The most recent rate for Miami-Dade County's White population is below the Florida rate. For 2016 and 2018 there were no melanoma skin cancer deaths for the Black population in Miami-Dade.

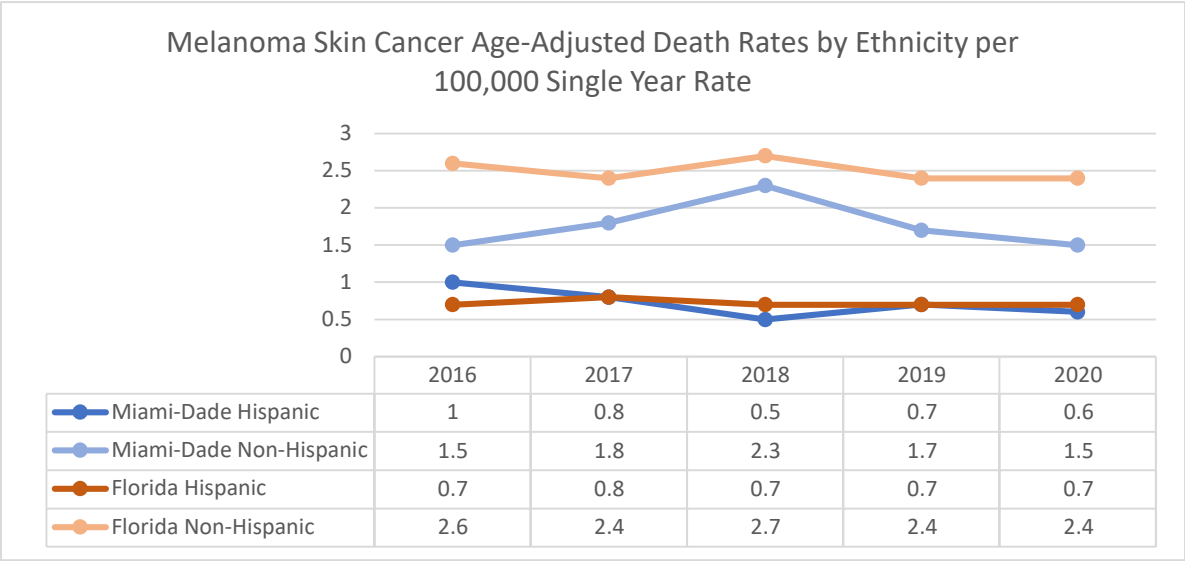


	2016	2017	2018	2019	2020
Miami-Dade Female	0.8	0.5	0.5	0.8	0.7
Miami-Dade Male	1.7	1.9	1.7	1.3	1.1
Florida Female	1.3	1.3	1.4	1.3	1.3
Florida Male	3.5	3.2	3.4	3.2	3

The melanoma cancer death rates in males in Miami-Dade County, FL are two times higher than females in Miami-Dade County, FL. Since 2016 there has been a favorable decline in melanoma cancer death rates in male and minor increase in female death rates in Miami-Dade County.

HEALTH OUTCOMES-CHRONIC DISEASES

MELANOMA SKIN CANCER



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	1	0.8	0.5	0.7	0.6
Miami-Dade Non-Hispanic	1.5	1.8	2.3	1.7	1.5
Florida Hispanic	0.7	0.8	0.7	0.7	0.7
Florida Non-Hispanic	2.6	2.4	2.7	2.4	2.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented in the table above includes the counts and rates for melanoma skin cancer for Miami-Dade and Florida by ethnicity. The recent death rate for Melanoma skin cancer for the non-Hispanic population in Miami-Dade is below the Florida rates. The rates for the non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade. The rates for the Hispanic population in Miami-Dade are same as the state rate while the non-Hispanic population in Miami-Dade are lower compared to the state rate.

Estimated New Cases and Deaths from Melanoma of the Skin Cancer in the United States in 2021

New melanoma cancer cases: 106,110

Melanoma cancer deaths: 7,180

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/melan.html

Did you know?

Wearing sunscreen regularly can reduce your chances of developing melanoma.

Information and supportive resources on melanoma cancer are available through the following organizations:

- Melanoma Research Foundation https://www.melanoma.org/
- Protect All the Skin You're In https://www.cdc.gov/cancer/skin/basic_info/protect_infographic.htm
- Skin Cancer Awareness https://www.cdc.gov/cancer/dcpc/resources/features/skincancer/index.htm
- U.S. Environmental Protection Agency's (EPA) Sun Safety https://www.epa.gov/sunsafety

HEALTH OUTCOMES-CHRONIC DISEASES

CHRONIC LIVER DISEASE AND CIRRHOSIS

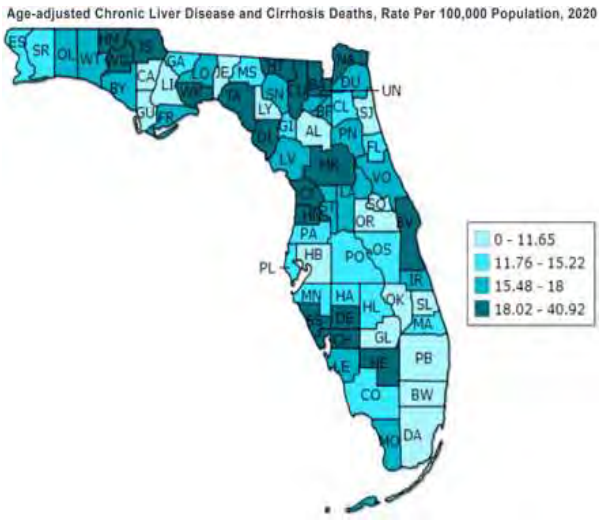
Indicator: Age-Adjusted death rate per 100,000 population due to chronic liver disease and cirrhosis.

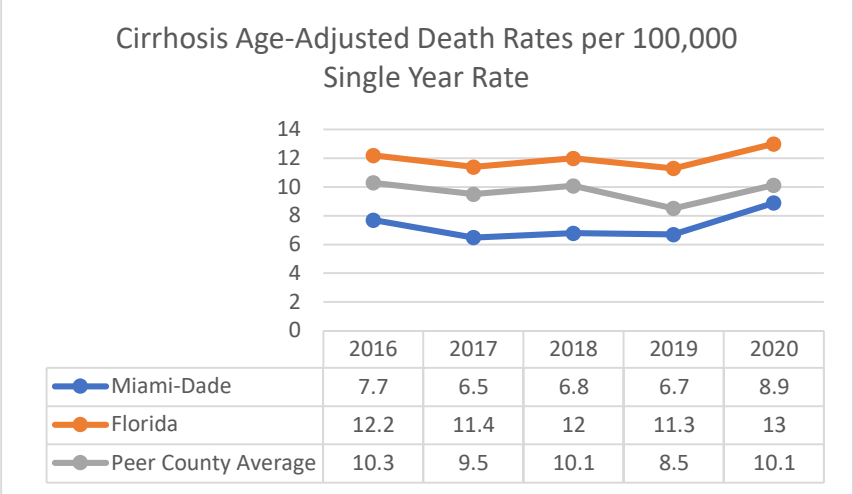
Why is this important?

In Miami-Dade County, chronic liver disease and cirrhosis are the leading causes of death with most preventable cases attributed to excessive alcohol, viral hepatitis, or non-alcoholic fatty liver disease. The liver is the largest organ in the human body. It is essential for storing nutrients and the removal of waste products, filtering and processing chemicals in food, alcohol, and medications. The liver also produces bile to absorb fats. Cirrhosis is the result of a chronic liver disease that causes scarring of the liver. The scar tissue replaces healthy liver tissue and prevents your liver from working regularly. Scar tissue also blocks the flow of blood through the liver resulting in liver dysfunction and failure.

Other complications may be the accumulation of fluid in the abdomen, bleeding disorders, increased pressure in the blood vessels of the liver, and confusion or a change in the level of consciousness. Common causes of chronic liver disease in the United States include Hepatitis C infection and long-term alcohol abuse. To lower your risk of liver disease it is recommended to get vaccinated against Hepatitis B, get tested and treated for Hepatitis C and limit alcohol consumption.

Chronic liver disease and cirrhosis death rates have recently begun to decline since 2015 in Miami-Dade County. The current county rate has remained lower than the Peer Counties Average rate and the state rate.





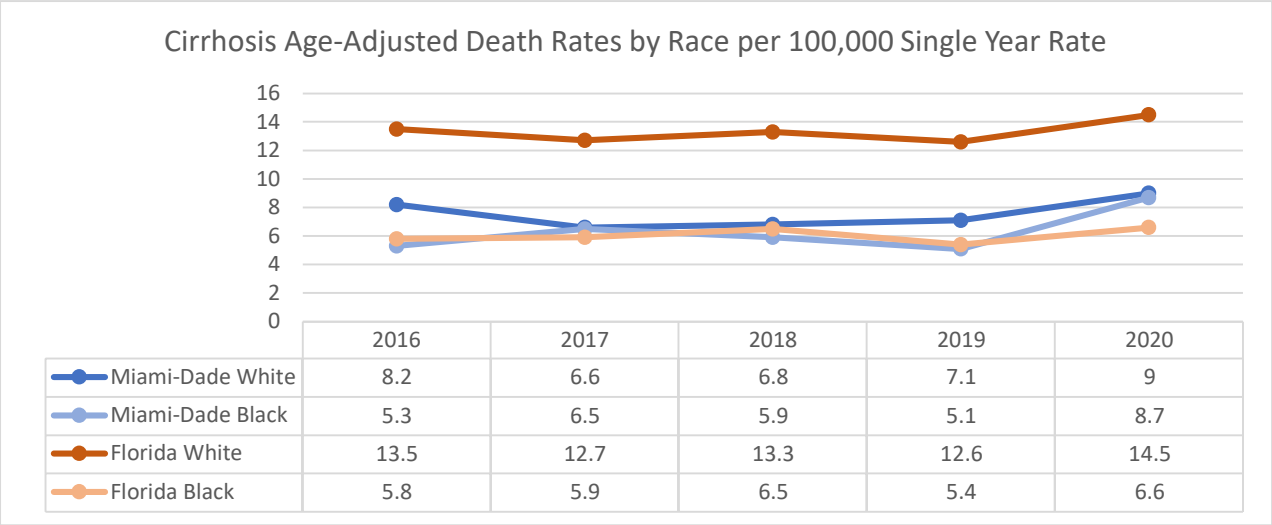
	2016	2017	2018	2019	2020
Miami-Dade	7.7	6.5	6.8	6.7	8.9
Florida	12.2	11.4	12	11.3	13
Peer County Average	10.3	9.5	10.1	8.5	10.1

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

The Healthy People 2020 national health target is to reduce cirrhosis deaths to 8.2 deaths per 100,000 population and the Healthy People 2030 goal is 10.9 deaths per 100,000. At a recent rate of 8.9 deaths per 100,000 population, Miami-Dade County is meeting the Healthy People 2030 Target.

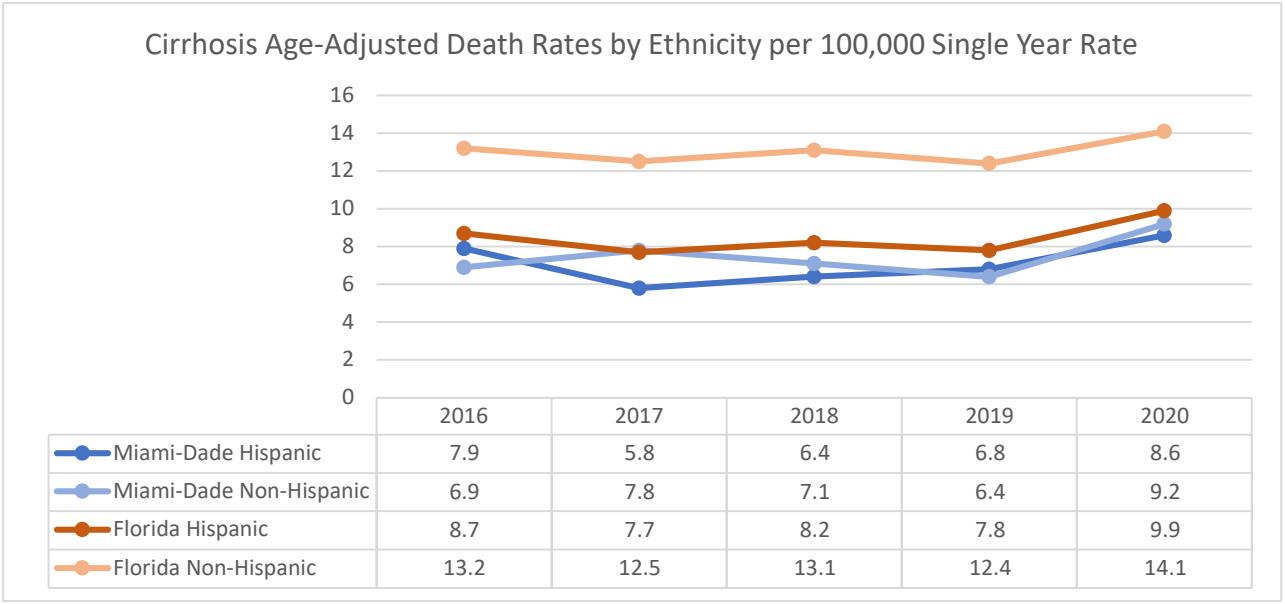
HEALTH OUTCOMES-CHRONIC DISEASES

CHRONIC LIVER DISEASE AND CIRRHOSIS



	2016	2017	2018	2019	2020
Miami-Dade White	8.2	6.6	6.8	7.1	9
Miami-Dade Black	5.3	6.5	5.9	5.1	8.7
Florida White	13.5	12.7	13.3	12.6	14.5
Florida Black	5.8	5.9	6.5	5.4	6.6

The chronic liver disease and cirrhosis death rates for Miami-Dade County's White population had been slowly decreasing since 2016 but increased in 2020. The most recent death rate for the Miami-Dade County's White population is lower than the Florida rate for the White population. The state rate for the White population is almost two times higher compared to the White population in Miami-Dade County, rate.



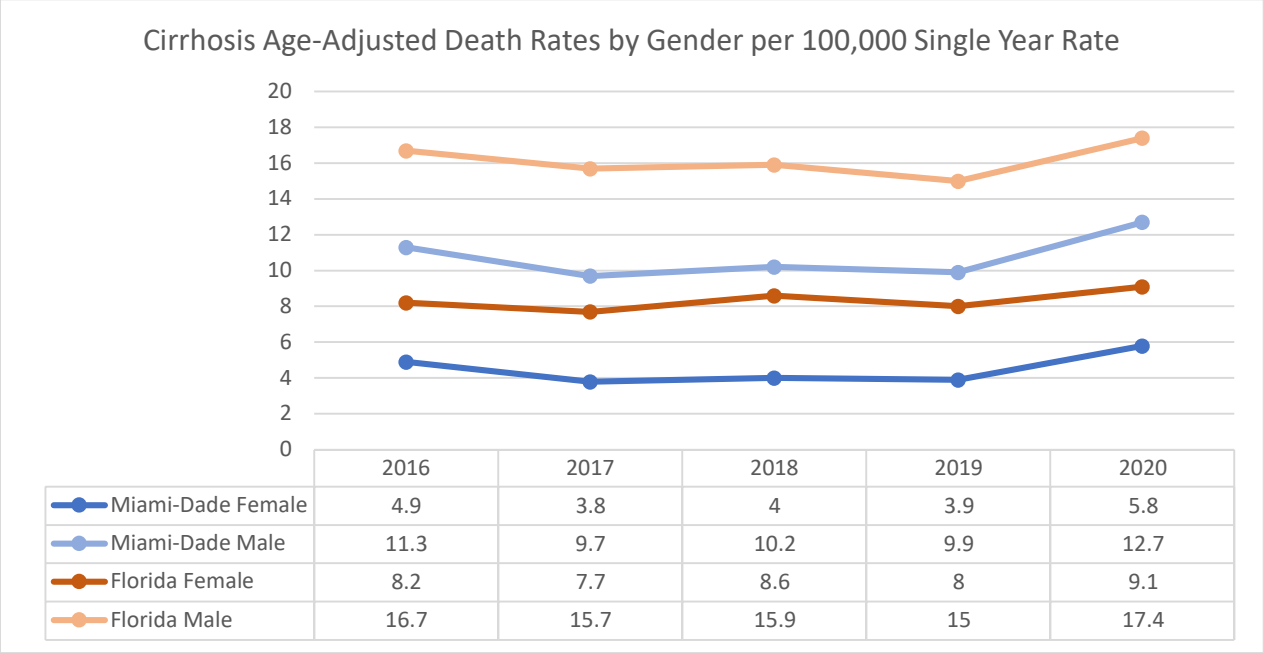
	2016	2017	2018	2019	2020
Miami-Dade Hispanic	7.9	5.8	6.4	6.8	8.6
Miami-Dade Non-Hispanic	6.9	7.8	7.1	6.4	9.2
Florida Hispanic	8.7	7.7	8.2	7.8	9.9
Florida Non-Hispanic	13.2	12.5	13.1	12.4	14.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthFLCHARTS.com

Presented in the table above includes chronic liver disease and cirrhosis death rates for Miami-Dade County by ethnicity. The recent death rate for chronic liver disease and cirrhosis for the Hispanic population in Miami-Dade is below the Florida Hispanic rate. The rates for the non-Hispanic and Hispanic population in Miami-Dade do not differ greatly.

HEALTH OUTCOMES-CHRONIC DISEASES

CHRONIC LIVER DISEASE AND CIRRHOSIS



	2016	2017	2018	2019	2020
Miami-Dade Female	4.9	3.8	4	3.9	5.8
Miami-Dade Male	11.3	9.7	10.2	9.9	12.7
Florida Female	8.2	7.7	8.6	8	9.1
Florida Male	16.7	15.7	15.9	15	17.4

The chronic liver disease and cirrhosis death rates for Miami-Dade County's male population is more than twice the rates of the female Miami-Dade population which is 5.8. The death rates for male and female population in Miami-Dade County are lower to the respective Florida rates. The State rates for the male population is higher than the male and female Miami-Dade County rates.

Information and supportive resources on chronic liver disease and cirrhosis are available through the following organizations:

- American Liver Foundation: Liver Disease Resources https://liverfoundation.org/for-patients/resources/

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HEALTH OUTCOMES-CHRONIC DISEASES

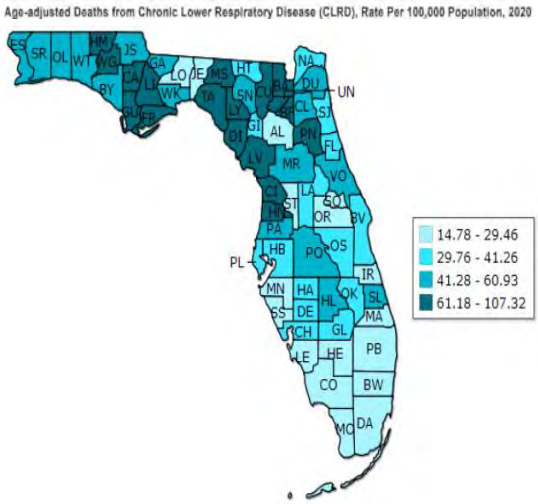
CHRONIC LOWER RESPIRATORY DISEASE

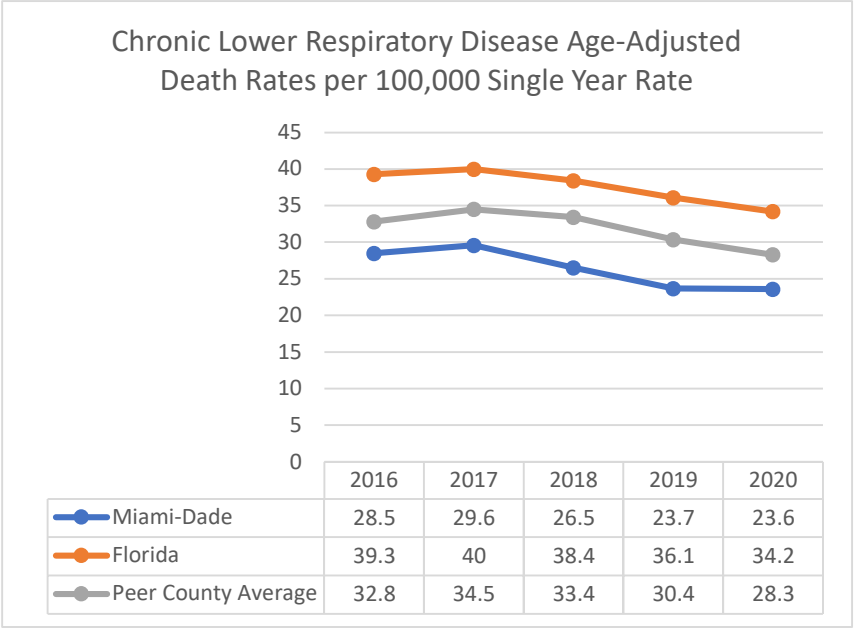
Indicator: Age-Adjusted death rate per 100,000 population due to chronic lower respiratory disease.

Why is this important?

Respiratory diseases are preventable and treatable but continues to be a leading cause of death in Miami-Dade County, and the United States. Chronic lower respiratory diseases (CLRDs) are chronic diseases of the airways and other structures of the lung. Some of the most common CRLDs are asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases and pulmonary hypertension. According to FL CHARTS, an estimated 15 to 20% of long-term smokers will develop CLRD. COPD is among the most lethal of these conditions. It refers to a group of diseases that cause airflow blockage and breathing-related problems.

In the United States the leading cause of COPD is smoking. By comparison, in other countries air pollution, secondhand smoke and genetic factors are the leading causes of COPD. Smoking is a crucial factor in the development and progression of CLRDs in addition to exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections. Smoking cessation is the most essential part of treatment for smokers diagnosed with chronic lower respiratory disease. Other risk factors mentioned by the CDC include persons aged 65 to 74 years of age, non-Hispanic Whites, women, individuals with lower educational attainment, lower income, those with a history of asthma and current or former smokers.





	2016	2017	2018	2019	2020
Miami-Dade	28.5	29.6	26.5	23.7	23.6
Florida	39.3	40	38.4	36.1	34.2
Peer County Average	32.8	34.5	33.4	30.4	28.3

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach. Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The most recent chronic lower respiratory disease (CLRD) death rates for Miami-Dade County, has begun to decrease and is considerably lower than the Peer Counties Average and State.

HEALTH OUTCOMES-CHRONIC DISEASES

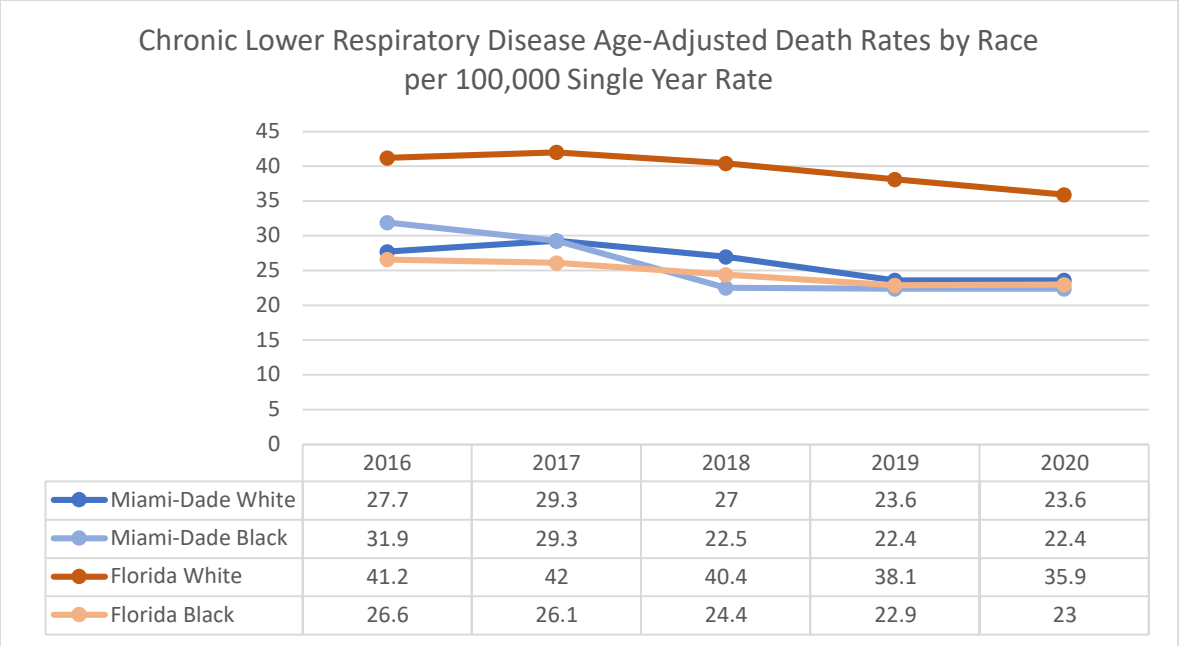
CHRONIC LOWER RESPIRATORY DISEASE

Asthma in Miami-Dade County, and Florida - 2020

Miami-Dade County had 896 asthma hospitalizations and Florida had 7,835 asthma hospitalizations (29.5 and 36.4 respective rates per 100,000 population)

In Miami-Dade County the asthma hospitalization rate was nearly 3 times higher among the Black population (63.5) when compared to the White population (21.3)

Source: FLHealthCHARTS.gov: Home

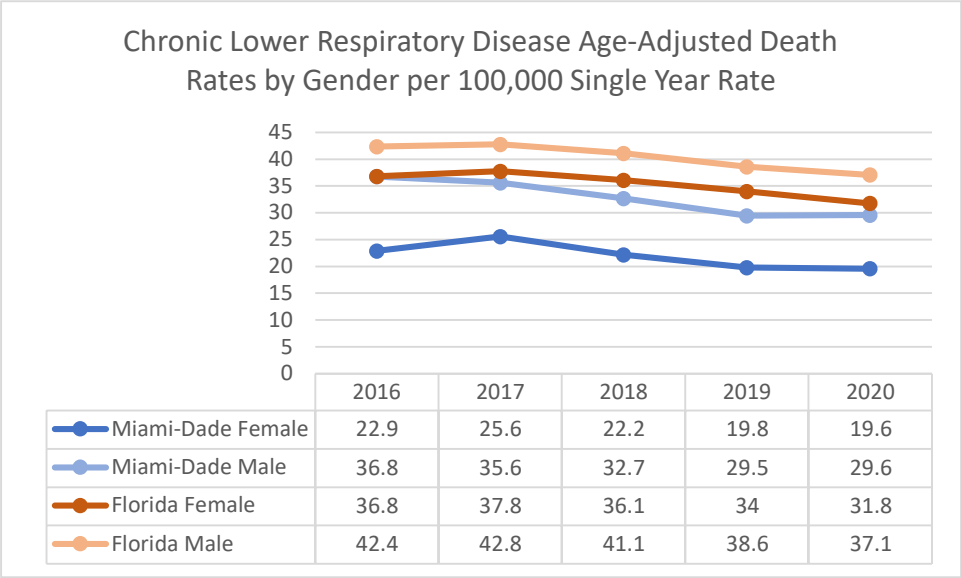


	2016	2017	2018	2019	2020
Miami-Dade White	27.7	29.3	27	23.6	23.6
Miami-Dade Black	31.9	29.3	22.5	22.4	22.4
Florida White	41.2	42	40.4	38.1	35.9
Florida Black	26.6	26.1	24.4	22.9	23

CLRD death rates for Miami-Dade County's White population has increased since 2016 but saw a decrease in 2019 with a rate of 23.6. The current CLRD death rate for Miami-Dade County's Black population is slightly lower than the State rate 22.4 and 23.0 respectively.

HEALTH OUTCOMES-CHRONIC DISEASES

CHRONIC LOWER RESPIRATORY DISEASE

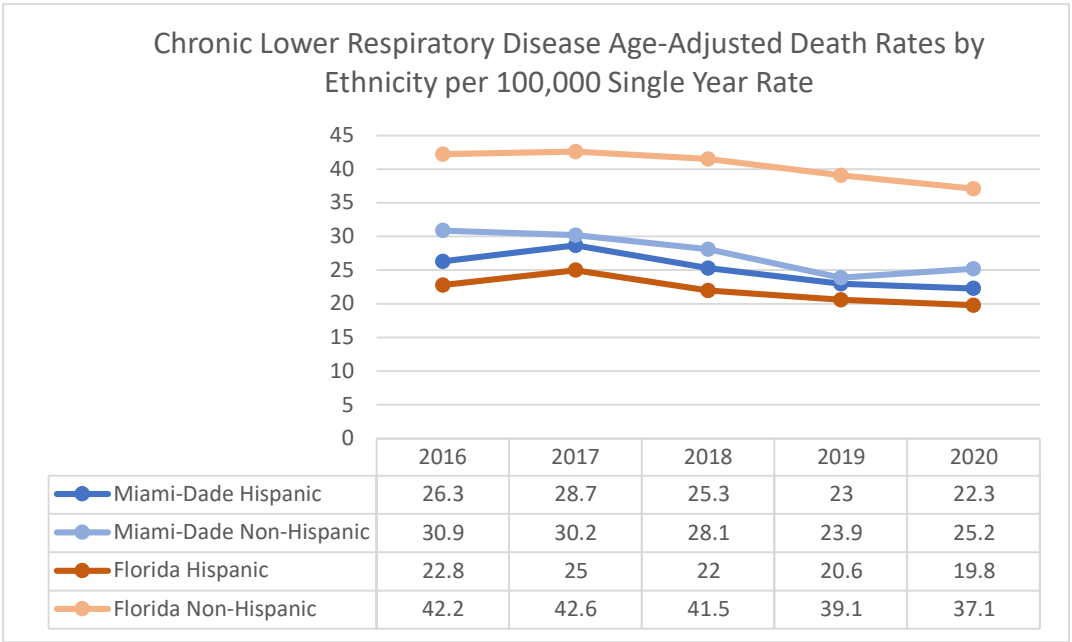


	2016	2017	2018	2019	2020
Miami-Dade Female	22.9	25.6	22.2	19.8	19.6
Miami-Dade Male	36.8	35.6	32.7	29.5	29.6
Florida Female	36.8	37.8	36.1	34	31.8
Florida Male	42.4	42.8	41.1	38.6	37.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The CLRD death rates for females have decreased in 2020 to the rate of 19.6. The CLRD death rates for the male population in Miami-Dade has remained higher than the rates for females despite having decreased from 2016 to 2020.

Presented in the table below includes the death rates for CLRD for Miami-Dade and Florida by ethnicity. The recent rate of 2019 for the Hispanic population in Miami-Dade higher than the Florida rate. The rates for CLRD for the non-Hispanic population in Miami-Dade are marginally higher than the Hispanic population in Miami-Dade.



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	26.3	28.7	25.3	23	22.3
Miami-Dade Non-Hispanic	30.9	30.2	28.1	23.9	25.2
Florida Hispanic	22.8	25	22	20.6	19.8
Florida Non-Hispanic	42.2	42.6	41.5	39.1	37.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HEALTH OUTCOMES-CHRONIC DISEASES

ALZHEIMER'S DISEASE

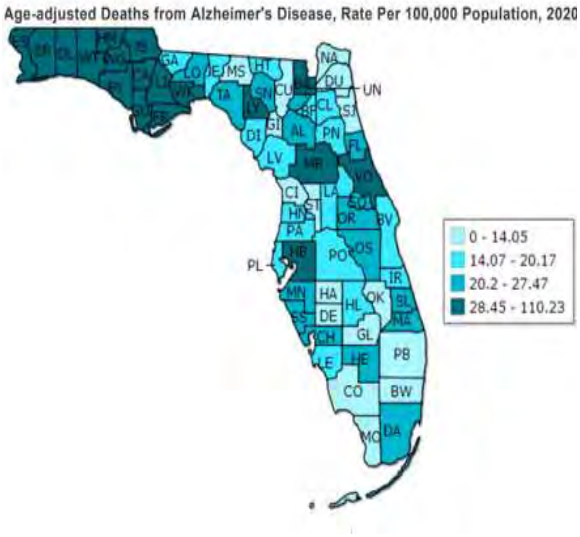
Indicator: Age-Adjusted death rate per 100,000 population due to Alzheimer's Disease.

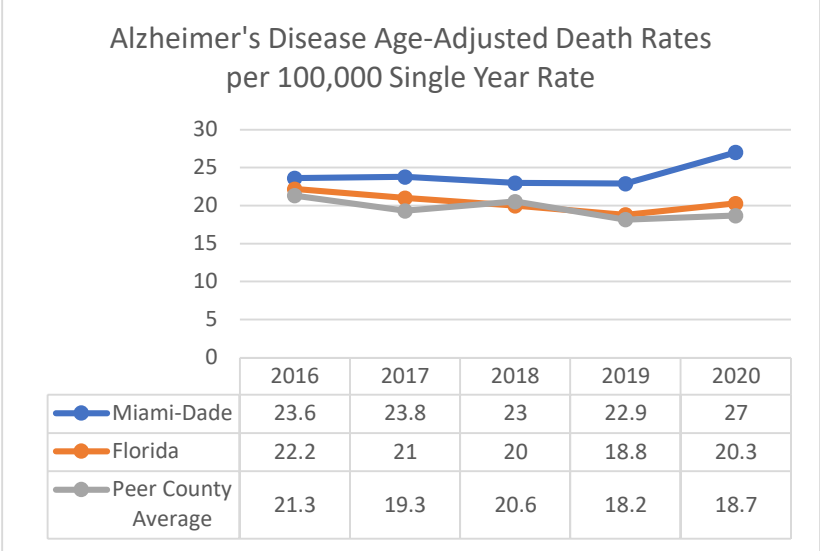
Why is this important?

Alzheimer's is the fifth leading cause of death in Miami-Dade County, FL and among one of the leading causes of death in the United States. According to the CDC, as many as 5.8 million Americans are living with Alzheimer's disease. As noted by the CDC, this number is projected to nearly triple to nearly 14 million people by 2060. Alzheimer's disease is an irreversible, progressive brain disorder that begins with mild memory loss. This disease is the most common form of dementia. It slowly destroys one's memory and thought processes. It eventually leads to the loss of the ability to carry on a conversation, respond to the environment, and simply carry out daily living.

The risk of developing Alzheimer's disease does increases with age. The CDC and the National Institute on Aging suggest that symptoms of the disease can first appear after 60 years old. The number of people living with Alzheimer's disease doubles every five years beyond age 65. It is also important to note that this disease can sometimes affect a person under 65 years old, this is called early or younger-onset Alzheimer's.

The cause of Alzheimer's disease is not yet fully understood by scientists. There probably is not one single cause, but several factors that may contribute to Alzheimer's that affect each person differently. For more information, please visit the National Institute on Aging to learn more: https://www.nia.nih.gov/health/alzheimers/basics.





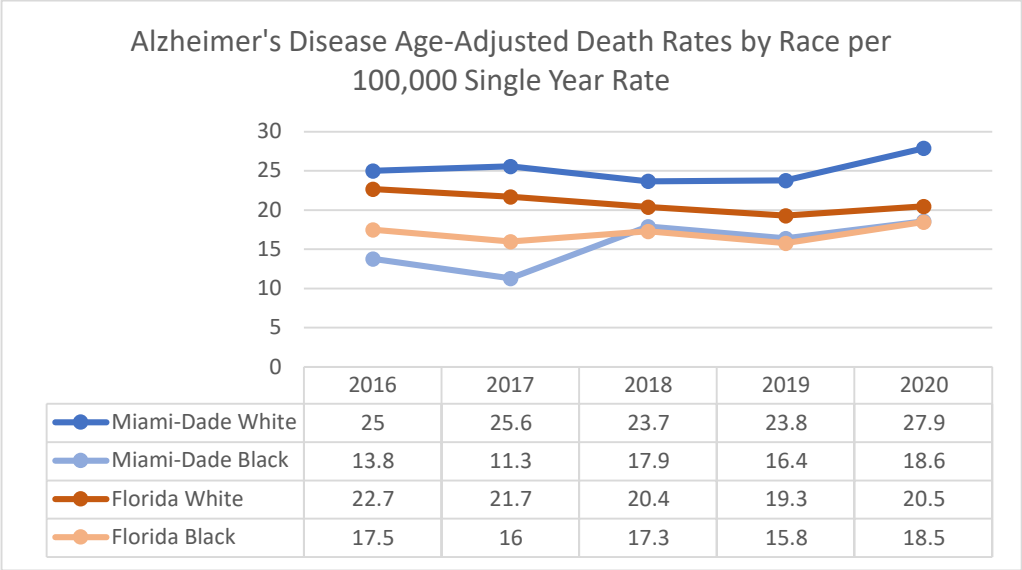
	2016	2017	2018	2019	2020
Miami-Dade	23.6	23.8	23	22.9	27
Florida	22.2	21	20	18.8	20.3
Peer County Average	21.3	19.3	20.6	18.2	18.7

In Miami-Dade County Alzheimer's disease death rates remained stable from 2016-2019 and increased in 2020. The Miami-Dade County rates are higher than both the state and peer county average rates.

HEALTH OUTCOMES-CHRONIC DISEASES

ALZHEIMER'S DISEASE

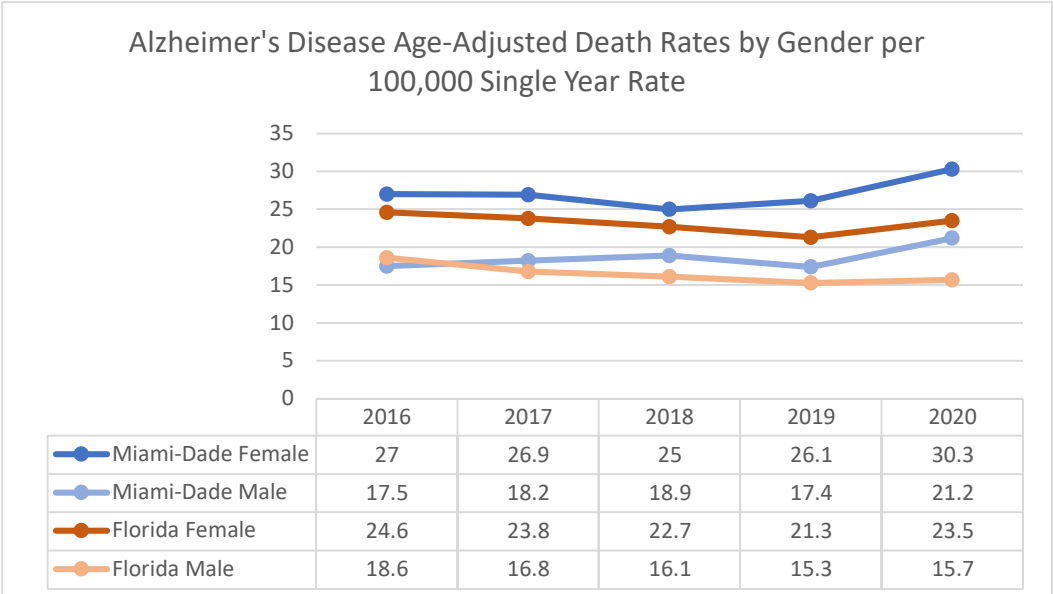
Alzheimer's disease death rates for Miami-Dade County's White and Black population have fluctuated between 2016 and 2020. The most recent Alzheimer's death rate for Miami-Dade County's White population is higher than the Alzheimer's death rate for Miami-Dade County's Black population. Recent State rates for the White population are higher than the Black population as well.



	2016	2017	2018	2019	2020
Miami-Dade White	25	25.6	23.7	23.8	27.9
Miami-Dade Black	13.8	11.3	17.9	16.4	18.6
Florida White	22.7	21.7	20.4	19.3	20.5
Florida Black	17.5	16	17.3	15.8	18.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Alzheimer's disease death rates for both males and females in Miami-Dade County are slightly higher than respective Florida rates. The gap between rates by gender in Miami-Dade County is growing with a greater increase of Alzheimer's disease death rates in 2020 of 30.3 and 21.2 among females than males respectively.



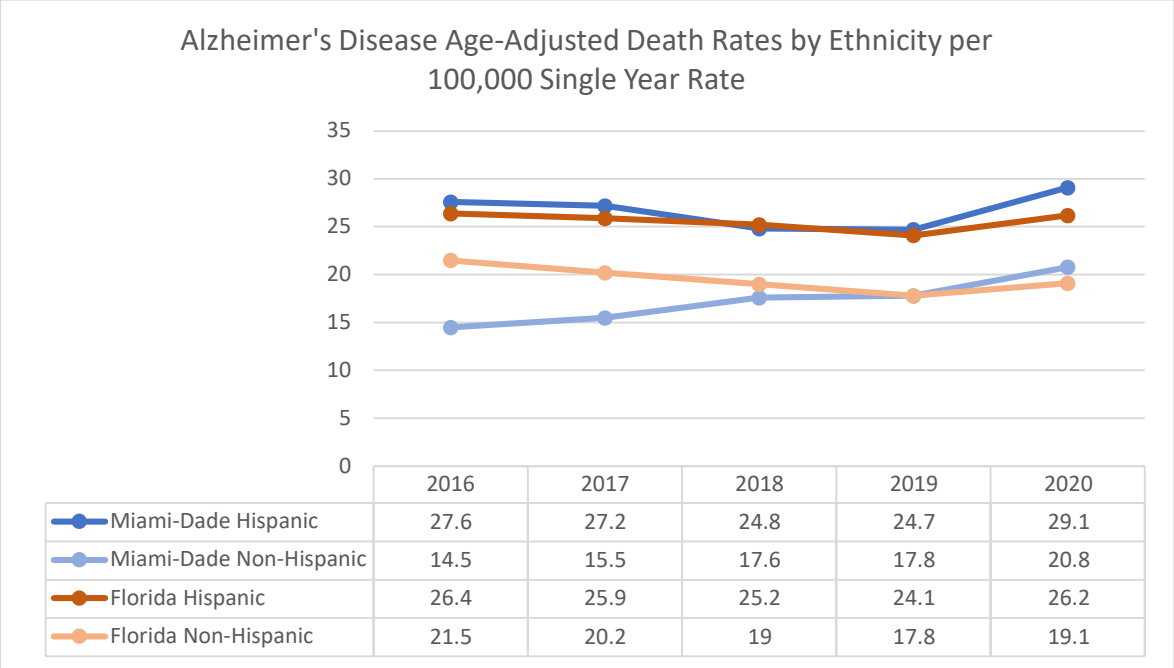
	2016	2017	2018	2019	2020
Miami-Dade Female	27	26.9	25	26.1	30.3
Miami-Dade Male	17.5	18.2	18.9	17.4	21.2
Florida Female	24.6	23.8	22.7	21.3	23.5
Florida Male	18.6	16.8	16.1	15.3	15.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HEALTH OUTCOMES-CHRONIC DISEASES

ALZHEIMER'S DISEASE

Alzheimer's disease death rates for both Hispanic and Non-Hispanic populations in Miami-Dade County are slightly higher than respective Florida rates. The gap between rates by gender in Miami-Dade County is growing with a greater increase of Alzheimer's disease death rates in 2020 of 29.1 and 20.8 among Hispanic and Non-Hispanic than males respectively.



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	27.6	27.2	24.8	24.7	29.1
Miami-Dade Non-Hispanic	14.5	15.5	17.6	17.8	20.8
Florida Hispanic	26.4	25.9	25.2	24.1	26.2
Florida Non-Hispanic	21.5	20.2	19	17.8	19.1

Information and supportive resources on Alzheimer's disease are available through the following organizations:

- Alliance for Aging http://www.allianceforaging.org/
- Alzheimer's Association https://www.alz.org/

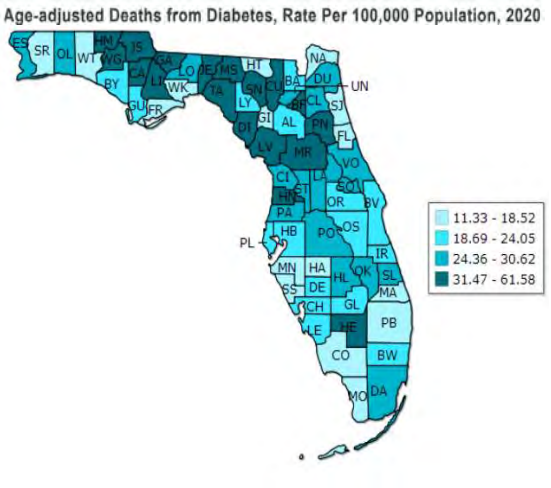
HEALTH OUTCOMES-CHRONIC DISEASES

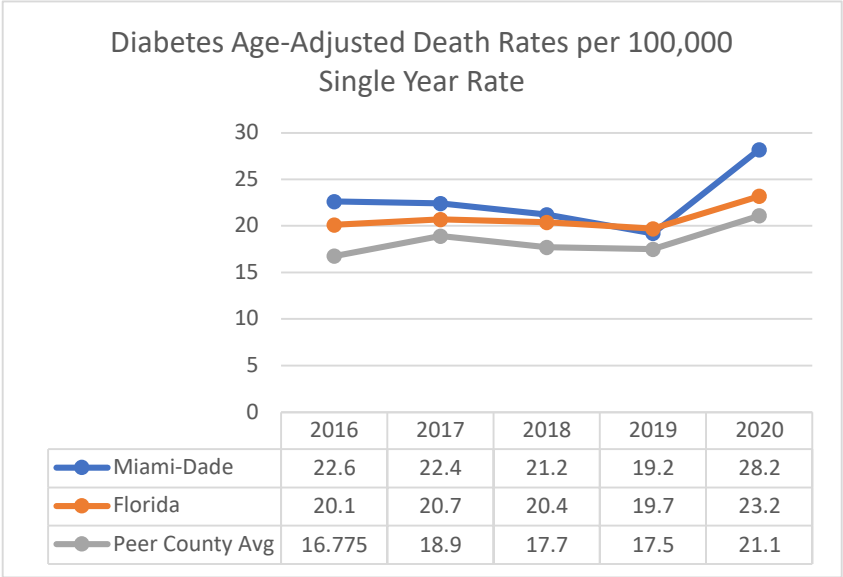
DIABETES

Indicator: Age-Adjusted death rate per 100,000 population due to diabetes.

Why is this important?

In 2020, diabetes was in the top leading causes of death in Miami-Dade County, FL, and the United States. Diabetes is a disease marked by high levels of sugar in the blood. The most common form of diabetes is type 2 Diabetes when the body does not use insulin normally. This form of the disease is known as insulin-resistant diabetes. Your pancreas cannot keep up with making enough insulin from the rise of sugar in your blood. High blood sugar can cause other serious health problems such as heart disease, kidney disease, and vision loss. According to the CDC, approximately 90% to 95% of people with diabetes have type 2 diabetes. This is more than 30 million Americans and most often in people over the age of 45 years old. Type 1 diabetes is a lifelong condition most commonly diagnosed in children and young adults; about 5% of people with diabetes have type 1 diabetes. With this, your body does not make insulin because the body's immune system destroys insulin-producing cells. Risk factors for developing Type 2 Diabetes include: if you have prediabetes, are overweight and obesity, family history of diabetes, high cholesterol or high blood pressure, and physical inactivity. Other important risk factors include age, ethnicity, and race. For more information, please visit the CDC's webpage: https://www.cdc.gov/diabetes.





	2016	2017	2018	2019	2020
Miami-Dade	22.6	22.4	21.2	19.2	28.2
Florida	20.1	20.7	20.4	19.7	23.2
Peer County Avg	16.775	18.9	17.7	17.5	21.1

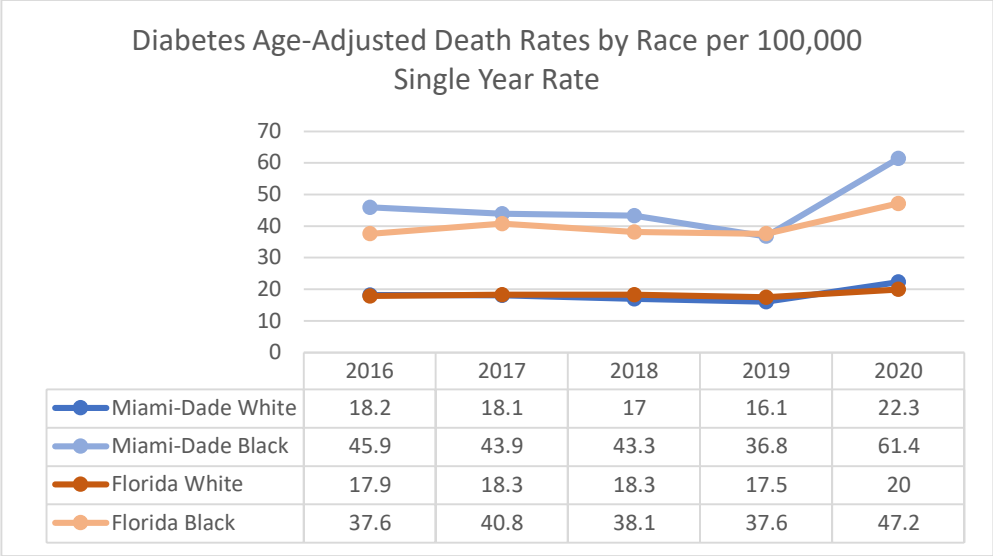
Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Miami-Dade County's diabetes death rates have gradually decreased between 2016 and 2019 with large increase between 2019 and 2020. The recent death rate (28.2) for Miami-Dade County, is lower than Florida and higher than Peer Counties Average rates.

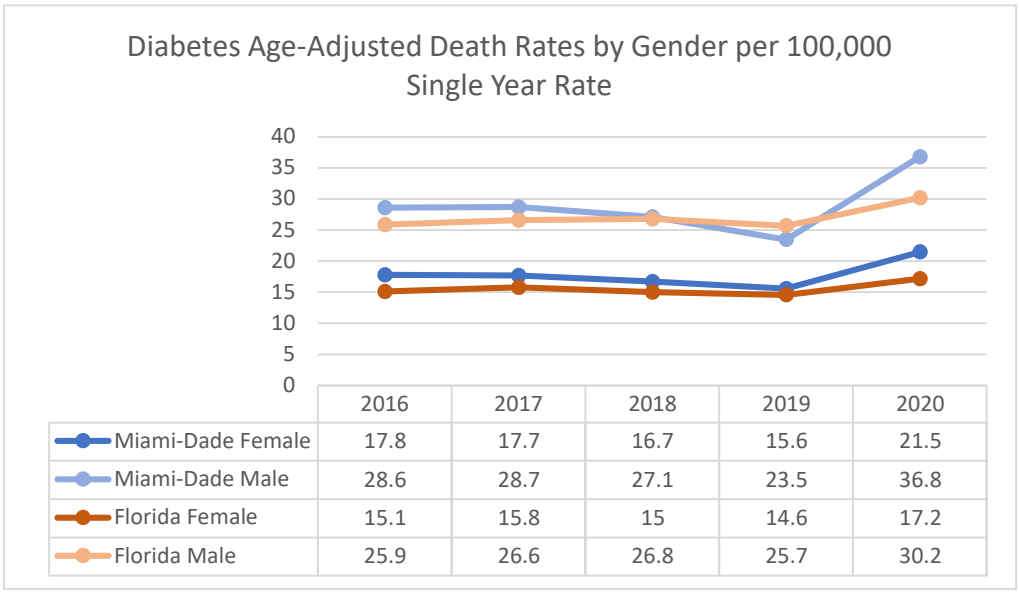
HEALTH OUTCOMES-CHRONIC DISEASES

DIABETES

Diabetes death rates for Miami-Dade County and Florida's White and Black populations have been decreasing since 2016 with an increase in 2020. However, the diabetes death rates for Miami-Dade's Black population is much higher when compared to the White population for both the county and the state rates and the increase in death rates for Miami-Dade Black population between 2019 and 2020 was of greater magnitude than the increase in the black population for the state overall and for the white populations at either geography.



	2016	2017	2018	2019	2020
Miami-Dade White	18.2	18.1	17	16.1	22.3
Miami-Dade Black	45.9	43.9	43.3	36.8	61.4
Florida White	17.9	18.3	18.3	17.5	20
Florida Black	37.6	40.8	38.1	37.6	47.2



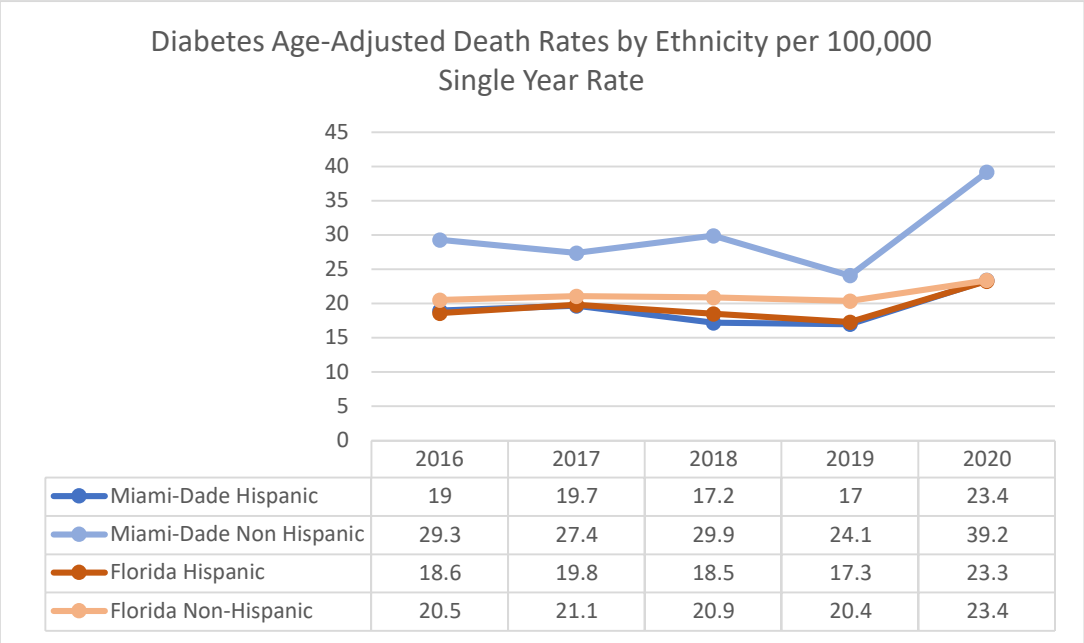
	2016	2017	2018	2019	2020
Miami-Dade Female	17.8	17.7	16.7	15.6	21.5
Miami-Dade Male	28.6	28.7	27.1	23.5	36.8
Florida Female	15.1	15.8	15	14.6	17.2
Florida Male	25.9	26.6	26.8	25.7	30.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Diabetes death rates for the female and male population in Miami-Dade County, decreased between 2016 and 2019 but increased in 2020. The rates for males are higher than females and both populations have similar rates across the state and county geographies. Both male and female Miami-Dade County rates increased by a greater magnitude than the state in 2020.

HEALTH OUTCOMES-CHRONIC DISEASES

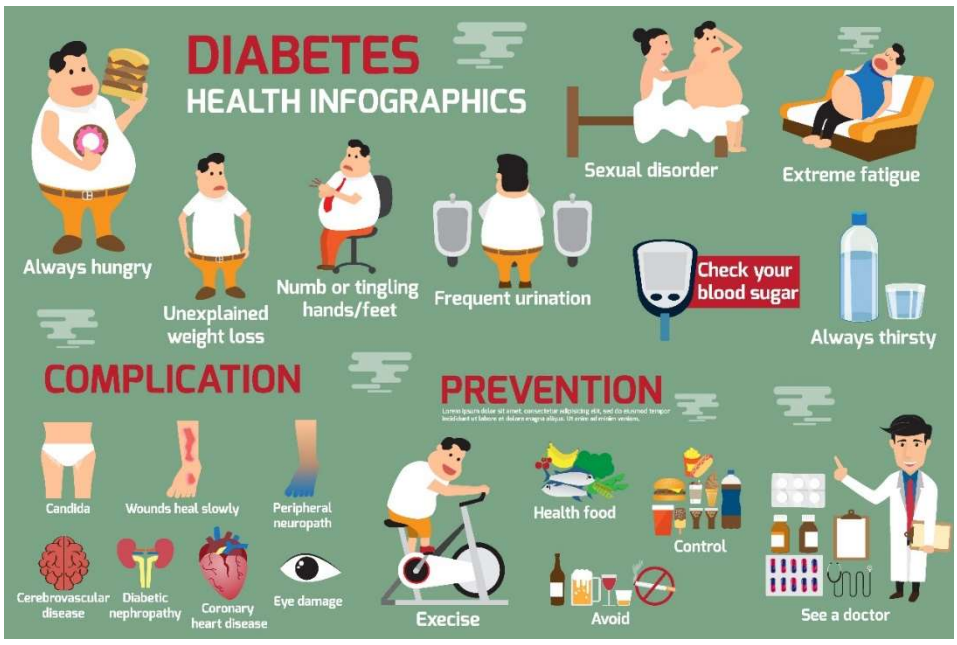
DIABETES



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	19	19.7	17.2	17	23.4
Miami-Dade Non Hispanic	29.3	27.4	29.9	24.1	39.2
Florida Hispanic	18.6	19.8	18.5	17.3	23.3
Florida Non-Hispanic	20.5	21.1	20.9	20.4	23.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented in the table above includes the counts and rates for diabetes for Miami-Dade and Florida by ethnicity. The 2020 Diabetes Age-Adjusted Death Rates for the Hispanic population in both Miami-Dade and Florida 23.4 and 23.3 respectively. The non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade and the non-Hispanic population for Florida. As noted by the CDC it is estimated that half of Hispanic men and women and non-Hispanic Black women will develop diabetes during their lifetime.



Information and supportive resources on diabetes are available through the following organizations:

- American Diabetes Association http://www.diabetes.org/
- Consortium for a Healthier Miami-Dade https://www.healthymiamidade.org/make-healthy-happen-miami/
- National Diabetes Prevention Program https://www.cdc.gov/diabetes/prevention/index.html

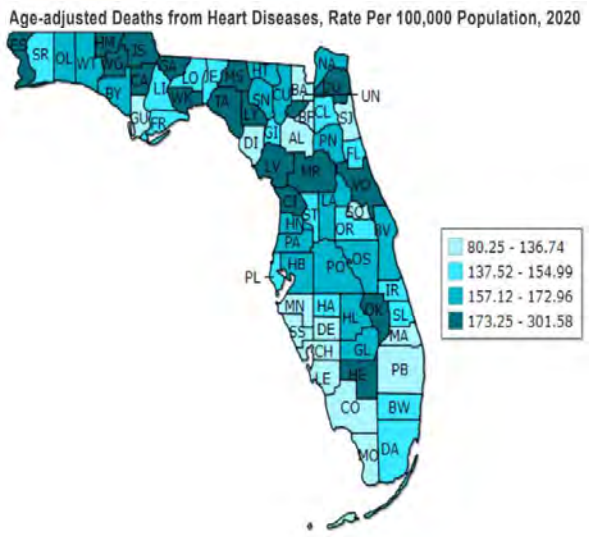
HEALTH OUTCOMES-CHRONIC DISEASES

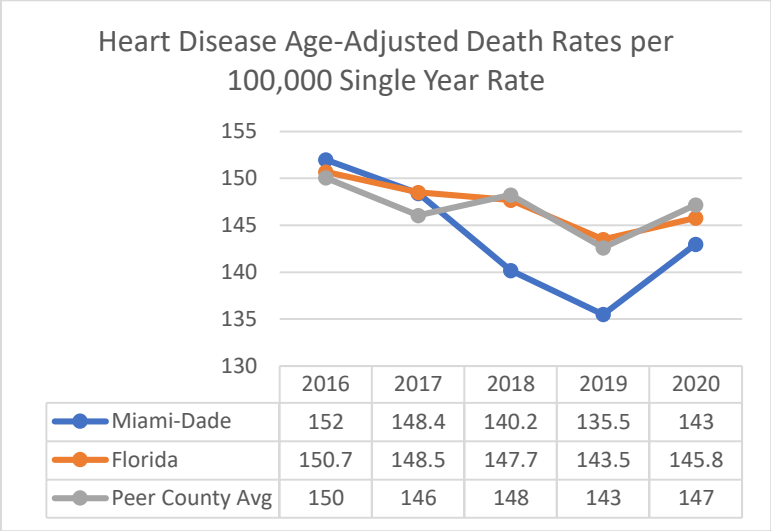
HEART DISEASE

Indicator: Age-Adjusted death rate per 100,000 population due to heart disease.

Why is this important?

Heart disease is the leading cause of death for all people in the United States and Miami-Dade County. Heart disease is any disorder that affects the heart's ability to function normally. Noted by the CDC, heart disease refers to several types of heart conditions related to coronary artery disease, heart attack, and other related conditions. In the United States, the most common type of heart disease is coronary artery disease, which affects the blood flow to the heart. The decrease in blood flow can cause a heart attack. According to the CDC, approximately 659,000 people die of heart disease in the US every year or 1 in every 4 deaths. They also estimate 47% have at least one of the three key risk factors for heart disease which include high blood pressure, high cholesterol, and smoking. The risk of heart disease increases with age. Some risk factors for heart disease may be prevented or reduced through healthy behavior lifestyle changes.





	2016	2017	2018	2019	2020
Miami-Dade	152	148.4	140.2	135.5	143
Florida	150.7	148.5	147.7	143.5	145.8
Peer County Avg	150	146	148	143	147

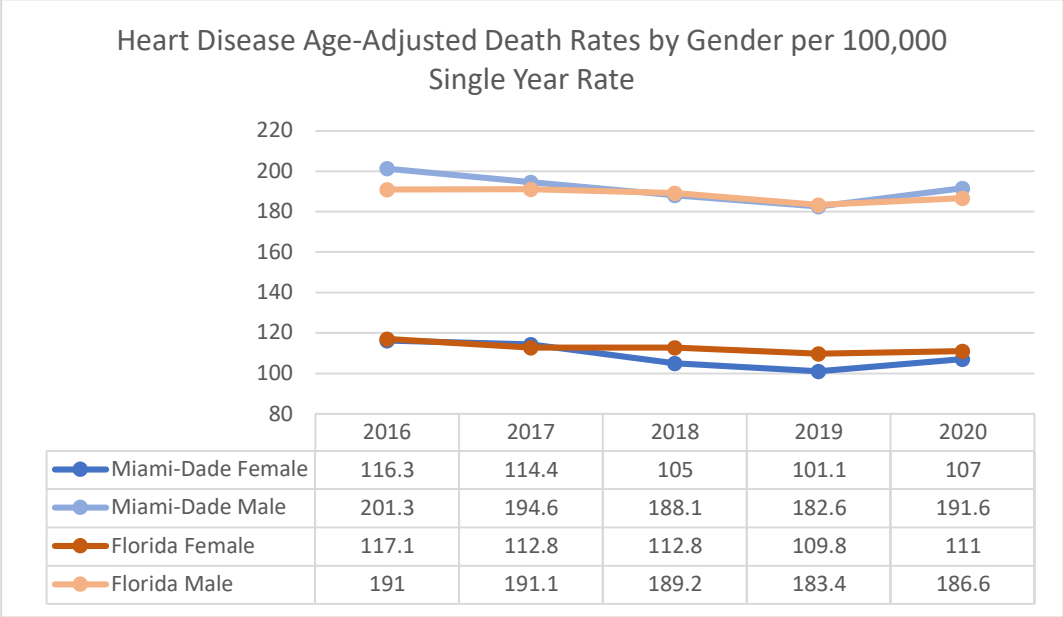
Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Miami-Dade County's heart disease death rates have been decreasing since 2016; furthermore, rates are lower than the state rate and the Peer Counties Average rates. However the increase in death rate in 2020 for the county was of greater magnitude than the increase at the state and peer county levels.

The Healthy People 2020 national health target is to reduce the coronary heart disease death rates to 103.4 deaths per 100,000 population. At a recent rate of 143 deaths per 100,000 population, Miami-Dade County, did not meet the national target. The Healthy People 2030 target is to reduce the cornorary heart disease death rates to 71.1 per 100,000 population.

HEALTH OUTCOMES-CHRONIC DISEASES

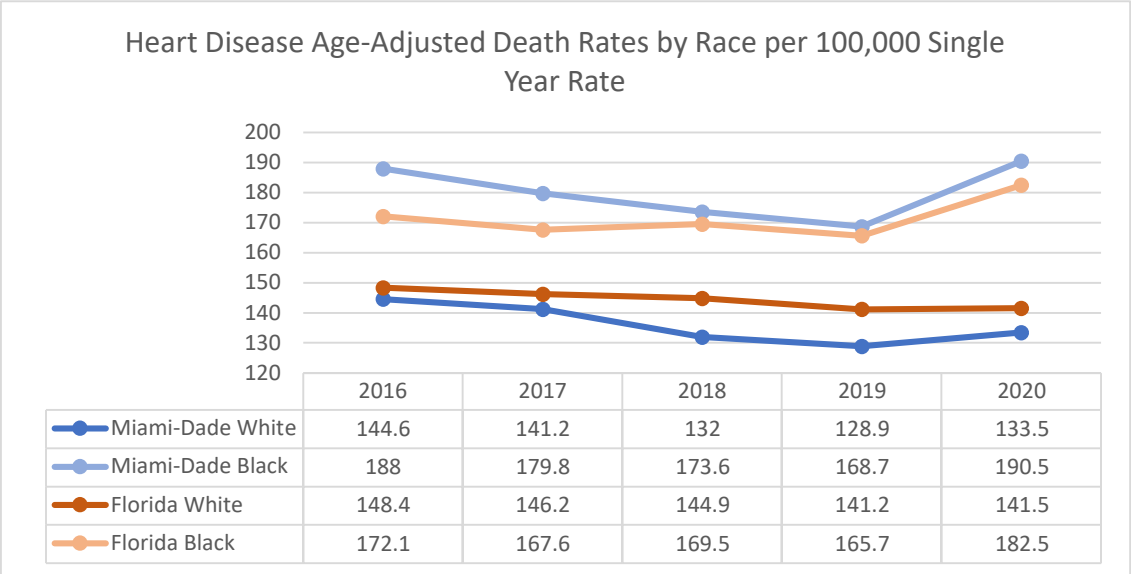
HEART DISEASE



	2016	2017	2018	2019	2020
Miami-Dade Female	116.3	114.4	105	101.1	107
Miami-Dade Male	201.3	194.6	188.1	182.6	191.6
Florida Female	117.1	112.8	112.8	109.8	111
Florida Male	191	191.1	189.2	183.4	186.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Heart disease death rates for males and females in Miami-Dade County, have been favorably decreasing since 2016 with an increase in 2020; however, male population rates are higher than female population rates for heart disease deaths 191.6 and 107 respectively.



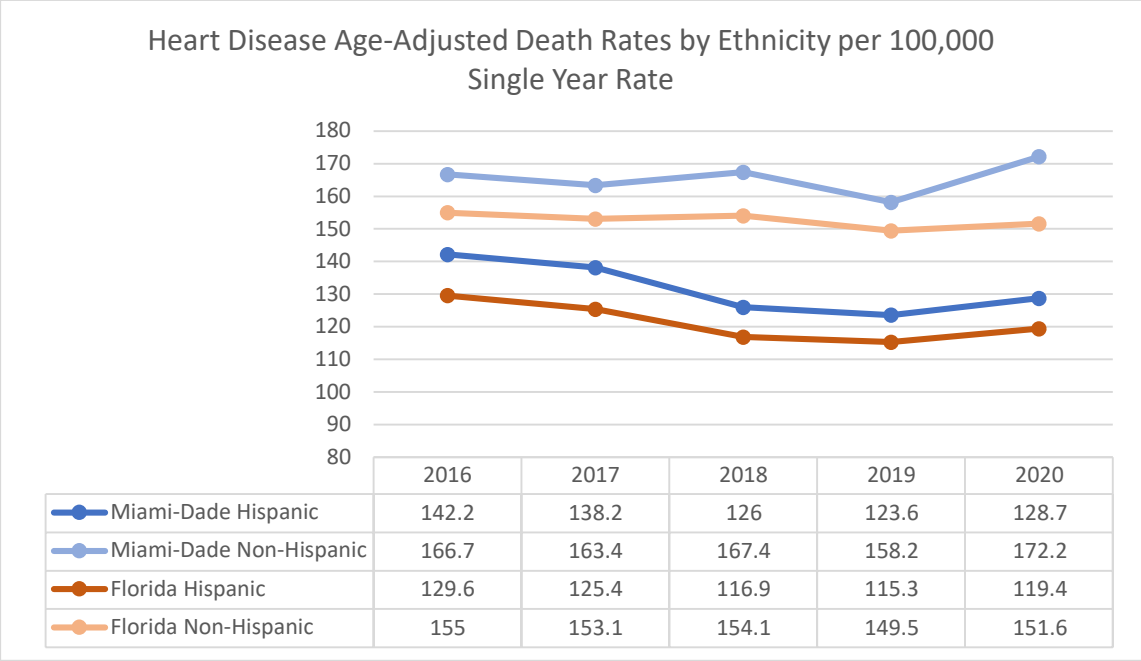
	2016	2017	2018	2019	2020
Miami-Dade White	144.6	141.2	132	128.9	133.5
Miami-Dade Black	188	179.8	173.6	168.7	190.5
Florida White	148.4	146.2	144.9	141.2	141.5
Florida Black	172.1	167.6	169.5	165.7	182.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade County's heart disease death rates for the White population has been favorably decreasing overall since 2016, and the most recent 2020 rate is lower compared to the White population in Florida. Heart disease death rates for Miami-Dade County's Black population has also been decreasing but the 2020 rates are the highest in the 2016-2020 period. Heart disease death rates for Miami-Dade County's Black population surpassed Black Population State rates in 2019.

HEALTH OUTCOMES-CHRONIC DISEASES

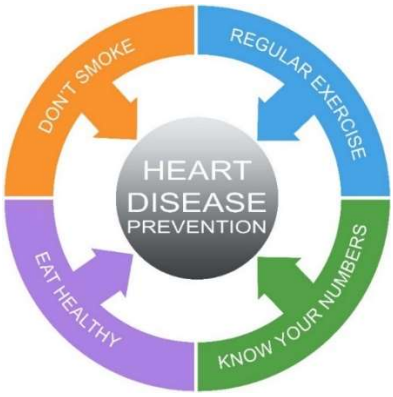
HEART DISEASE



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	142.2	138.2	126	123.6	128.7
Miami-Dade Non-Hispanic	166.7	163.4	167.4	158.2	172.2
Florida Hispanic	129.6	125.4	116.9	115.3	119.4
Florida Non-Hispanic	155	153.1	154.1	149.5	151.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented in the table above includes the counts and rates for heart disease for Miami-Dade and Florida by ethnicity. The recent rate of 2020 for the Hispanic population in Miami-Dade are higher than the Florida rate. The non-Hispanic population in Miami-Dade are higher than the non-Hispanic population in Florida. The rates for heart disease for the non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade.



Information and supportive resources for heart disease are available through the following organizations: Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

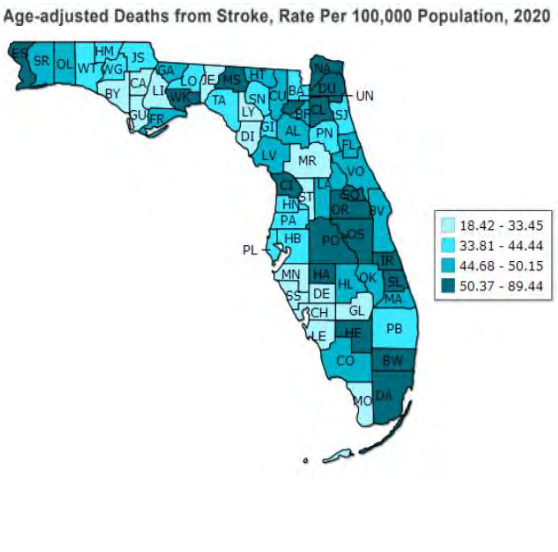
- American Heart Association https://www.heart.org/
- Consortium for a Healthier Miami-Dade https://www.healthymiamidade.org/
- FL Health Heart Disease http://www.floridahealth.gov/diseases-and-conditions/heart-disease/
- Target BP https://targetbp.org/

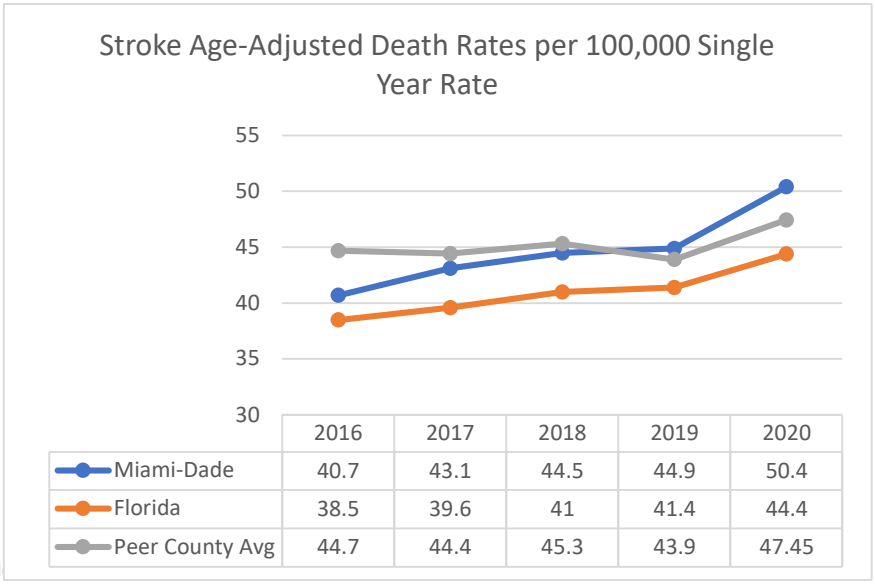
HEALTH OUTCOMES-CHRONIC DISEASES
STROKE

Indicator: Age-Adjusted Stroke Death Rate

Why is this important?

Stroke is a leading cause of death in the United States and the third leading cause of death in Miami-Dade County. Stroke continues to be a significant cause of disability and a significant contributor to increases in healthcare costs in the United States. The CDC estimates that 795,000 people in the U.S. have a stroke each year. The CDC also notes every 40 seconds someone in the U.S. has a stroke. FLCHARTS defines stroke as an interruption of the blood supply, cutting off the brain's supply of oxygen, or a burst in a blood vessel to any part of the brain. During a stroke when the blood flow is interrupted, brain cells start to die within minutes because they do not receive oxygen which can lead to long-term disability, lasting brain damage, and even death. Some risk factors for stroke that can be modified or treated include high blood pressure, high blood cholesterol, obesity, physical inactivity, poor diet, and extreme alcohol and tobacco use. For more information, please visit the website https://www.cdc.gov/stroke/index.htm.





	2016	2017	2018	2019	2020
Miami-Dade	40.7	43.1	44.5	44.9	50.4
Florida	38.5	39.6	41	41.4	44.4
Peer County Avg	44.7	44.4	45.3	43.9	47.45

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

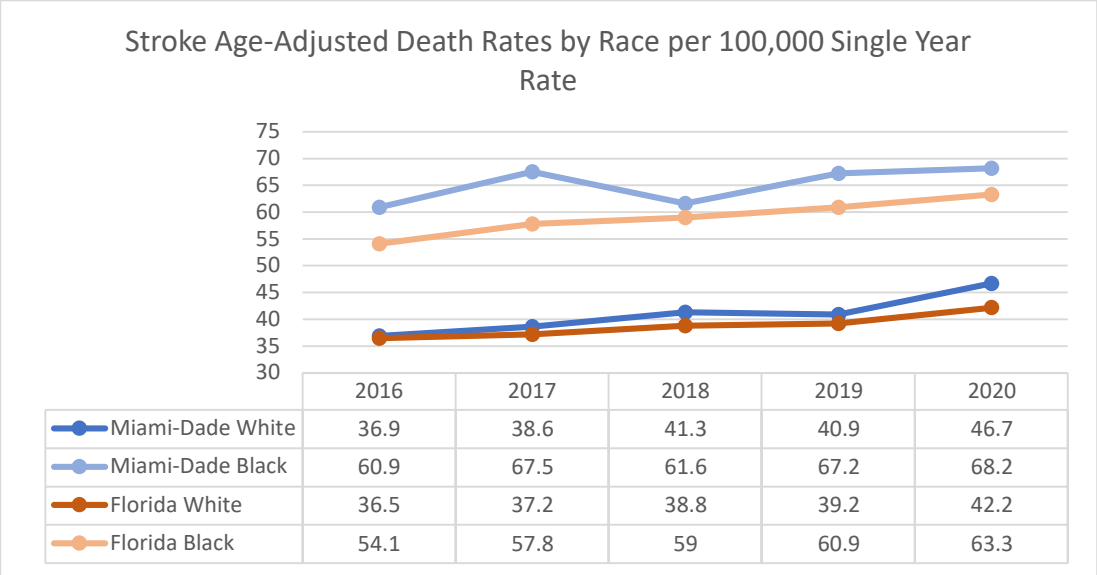
Miami-Dade County, stroke death rates have steadily increased since 2016. The Miami-Dade County, stroke death rates have remained higher than the state rate. In 2020 the stroke death rates in Miami-Dade County is higher than the state rate and the peer county average.

The Healthy People 2020 national health target is to reduce stroke death rates to 34.8 deaths per 100,000 population. At a recent rate of 44.9 deaths per 100,000 population, Miami-Dade County, FL has not met the Healthy People 2020 national target. The Healthy People 2030 target is to reduce the stroke death rate to 33.4 deaths per 100,000 population.

HEALTH OUTCOMES-CHRONIC DISEASES

STROKE

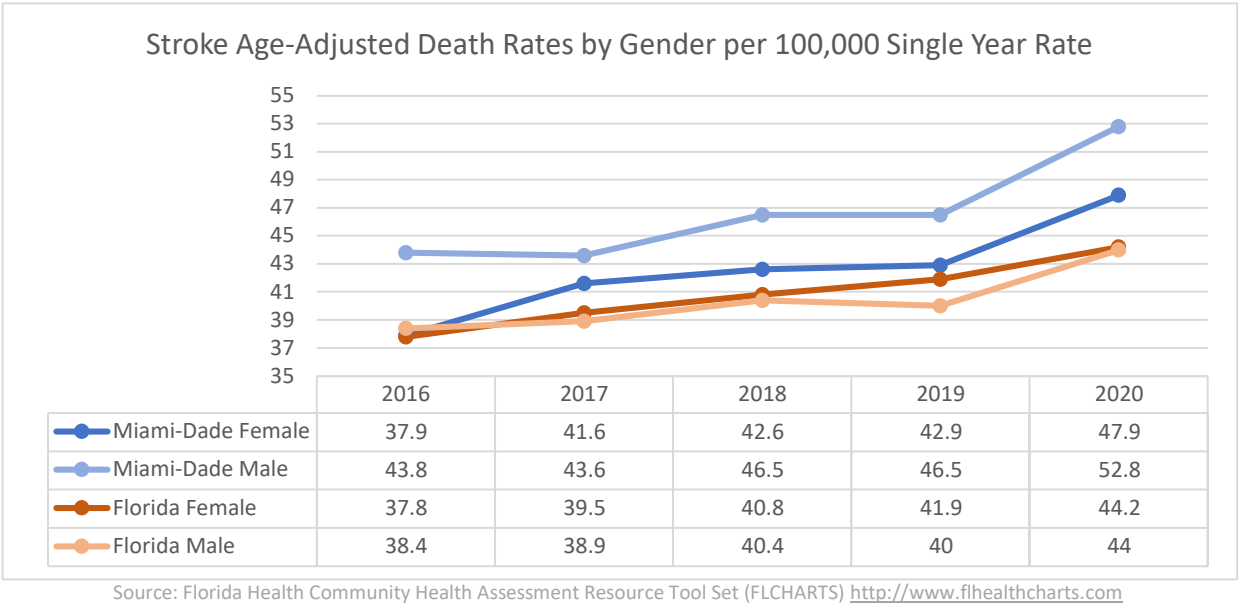
Between 2016 and 2020, both black and white populations in Miami-Dade County and Florida had an increase in stroke adjusted death rates. However the white death rate in Miami-Dade County at it's highest point in 2020 (46.7) is still far less than the black death rate at it's lowest point in 2016 (60.9).



	2016	2017	2018	2019	2020
Miami-Dade White	36.9	38.6	41.3	40.9	46.7
Miami-Dade Black	60.9	67.5	61.6	67.2	68.2
Florida White	36.5	37.2	38.8	39.2	42.2
Florida Black	54.1	57.8	59	60.9	63.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Stroke death rates for males and females in Miami-Dade County, FL have been unfavorably increasing; and these Miami-Dade County rates compared to their respective state rates are higher. The Miami-Dade male population rates are slightly higher than among the Miami-Dade female population rates for stroke deaths. The gap between Miami-Dade males stroke death rates among males as compared to Miami-Dade females is closing, and we are seeing a higher increase in female stroke deaths in Miami-Dade County.



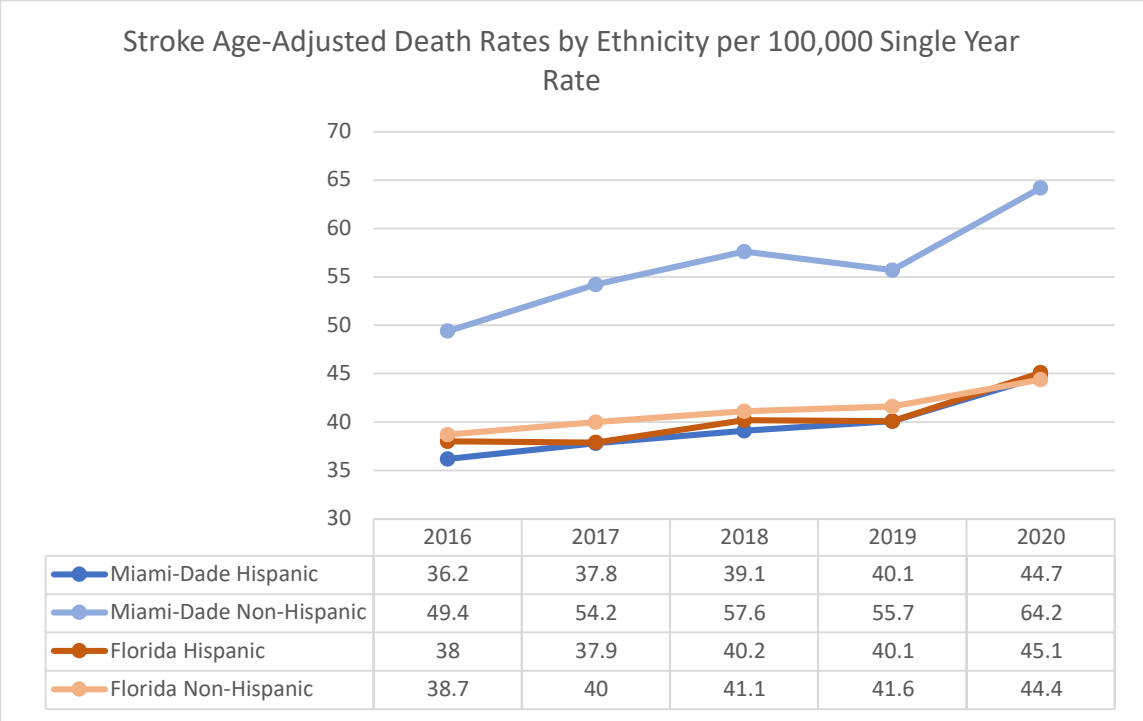
	2016	2017	2018	2019	2020
Miami-Dade Female	37.9	41.6	42.6	42.9	47.9
Miami-Dade Male	43.8	43.6	46.5	46.5	52.8
Florida Female	37.8	39.5	40.8	41.9	44.2
Florida Male	38.4	38.9	40.4	40	44

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HEALTH OUTCOMES-CHRONIC DISEASES

STROKE

Death rates by ethnicity shows that while rates for all groups have increased over the past 5 years, the rates for Miami-Dade Non-Hispanic have been and continue to be much higher than the rates for Miami-Dade Hispanic, Florida Non-Hispanic and Florida Hispanic populations.



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	36.2	37.8	39.1	40.1	44.7
Miami-Dade Non-Hispanic	49.4	54.2	57.6	55.7	64.2
Florida Hispanic	38	37.9	40.2	40.1	45.1
Florida Non-Hispanic	38.7	40	41.1	41.6	44.4

Information and supportive resources for stroke are available through the following organizations

- The American Stroke Association https://www.strokeassociation.org/
- Million Hearts https://millionhearts.hhs.gov/
- National Stroke Association https://www.stroke.org/understand-stroke/recognizing-stroke/act-fast/
- NCQA Heart/ Stroke Recognition Program https://www.ncqa.org/programs/health-care-providers-practices/heart-stroke-recognition-program-hsrp/

HEALTH FACTORS-HEALTH EQUITY

The Robert Wood Johnson Foundation (RWJF), provides the following definition: "Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." Healthy People 2020 identifies that access to comprehensive quality health care services is important to achieve healthy equity and increase the quality of life for everyone.

Below is a partial highlight of the Health Equity Profile (2020) for Miami-Dade County is presented as obtained from FLCHARTS. FL CHARTS pulls from many sources including the US Census American Community Survey. The most recent data available is what is shown. This report shows health indicators where the minority population is unfavorably affected and provides comparisons to a reference population.

Health Equity Profile – Miami-Dade County, Florida (2020)

Structural Drivers (inequitable distribution of power, opportunity, and resources)

INDICATORS	MEASURE	YEAR(S)	TOTAL	WHITE	BLACK	HISPANIC	NON-HISPANIC
Income inequality	Index	2015-2019	0.52				
Total registered voters (from Florida Division of Elections)	Count	2021	1,512,564				
Median household income	Dollars	2015-2019	$51,347	$54,187	$37,839	$49,272	$82,099
Occupied households with monthly housing costs of 30% or more of household income	Percent	2015-2019	47.5				
Occupied housing units without a vehicle	Percent	2015-2019	10.3				
Individuals below poverty level	Percent	2015-2019	17.1	15.5	24.9	16.8	9.5
Children under 18 below poverty level	Percent	2015-2019	23	19.4	36.9	21.9	10.5
Unemployed civilian labor force	Percent	2015-2019	5.3	4.2	11.7	4.4	4.2
Renter-occupied households with gross rent costing 30% or more of household income	Percent	2015-2019	64.5				
Homeless	Count	2020	3,472				
Children under 18 in single-parent households	Percent	2015-2019	55.3				

INDICATORS	MEASURE	YEAR(S)	TOTAL	WHITE	BLACK	HISPANIC	NON-HISPANIC
High school graduation rate	Percent	2020	89.6	92.5	85.6	90.3	
Adults who could not see a doctor at least once in the past year due to cost	Percent	2019	20.1	17.4	20.4	21.4	
Life Expectancy And Population Migration Indicator							
Life expectancy	Years	2018-2020	81.9 (81.8 - 82.1)				
Physical and Built Environment Indicators							
Population living within ½ mile of a park	Percent	2019	68.8				
Food insecurity rate	Percent	2019	16.1				
Child food insecurity rate	Percent	2019	22.9				
Economic Environment							
Civilian non-institutionalized population with health insurance	Per 100,000 population	2015-2019	83.2	84.2	79.7	82.3	91
Households receiving cash public assistance or food stamps	Percent	2015-2019	25.2				
Five Leading Causes of Death in Miami-Dade County							
HEALTH OUTCOMES	**MEASURE**	**YEAR(S)**	**OVERALL**	**WHITE**	**BLACK**	**HISPANIC**	**NON-HISPANIC**
Heart Disease deaths	Per 100,000 population	2020	143.0	133.5	190.5	128.7	172.2
Cancer deaths	Per 100,000 population	2020	114.7	109.8	133.7	105.3	135.9
COVID-19 deaths	Per 100,000 population	2020	95.8	91.1	118.2	99.1	83.9
Stroke deaths	Per 100,000 population	2020	50.4	46.7	68.2	44.7	64.2
Alzheimer's Disease Deaths	Per 100,000 population	2020	27.0	27.9	18.6	29.1	20.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

INCOME AND POVERTY

There is a direct correlation between income and poverty and the ability of one to maintain positive health outcomes. The County Health Rankings provides detailed reports related to income and poverty and have suggested that "employment provides income that shapes choices about housing, education, child care, food, medical care and more" (Countyhealthrankings.org). This group of factors can also be characterized as the social determinants of health and includes socioeconomic status or SES. To learn more information about the SES and the direct impact on communities as well as strategies to improve health, see Appendix V to view the publication: *What Works? Social and Economic Opportunities to Improve Health for All*.

SOCIOECONOMIC FACTORS

Below is a summary of socioeconomic factors from the U.S. Census for Miami-Dade County. The median household income ($53,975) is lower than the median household income at the state level ($57,703) and at the national level ($64,994). The proportion of those living below the federal poverty level (FPL) in Miami-Dade County (16%) is higher than the proportion of those living in poverty in Florida (13.3%) and the United States (12.8%). In Miami-Dade County, 81.8% of the population (ages 25+) is a high school graduate or higher, which is lower than the state level (88.5%) and the national level (88.5%). The proportion of those in Miami-Dade County who have a bachelor's degree or higher (30.7%) is nearly the same as Florida's overall population (30.5%) and less than the United States (32.9%).

Socioeconomic 5-Year Estimate for 2020

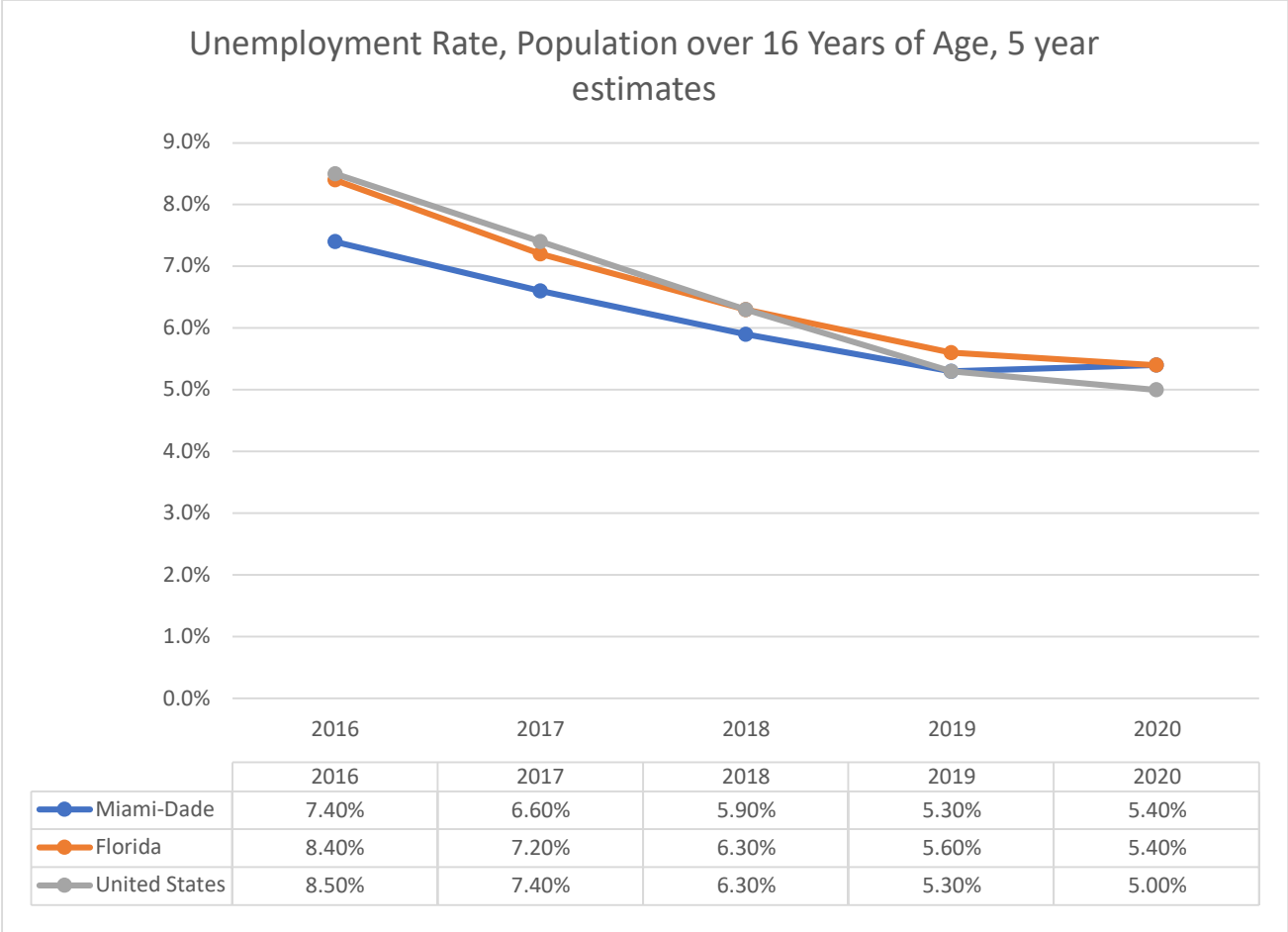
	MIAMI-DADE COUNTY	*FLORIDA*	*UNITED STATES*
Occupied Housing Units	902,200	7,931,313	122,354,219
Median Household Income	$53,975	$57,703	$64,994
Per capita income in past 12 months	$29,598	$32,848	$35,384
Homeownership rate	51.6%	66.2%	64.4%
Persons with income below poverty level	16.0%	13.3%	12.8%
High school graduate or higher (ages 25+)	81.8%	88.5%	88.5%
Bachelor's degree or higher (ages 25+)	30.7%	30.5%	32.9%

Source: Data for 2020 estimates accessed via the United States Census https://data.census.gov/, Table B19301, S1701, S2502, S2503

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

UNEMPLOYMENT

Miami-Dade County has experienced a decrease in unemployment from 2016 to 2020. Miami-Dade County's 2020 rate is the same as Florida's unemployment rate (5.4%) and is on par with the national unemployment rate (5%). Employment and income are key to economic stability. Per the CDC people with steady employment are less likely to live in poverty and more likely to be healthy.

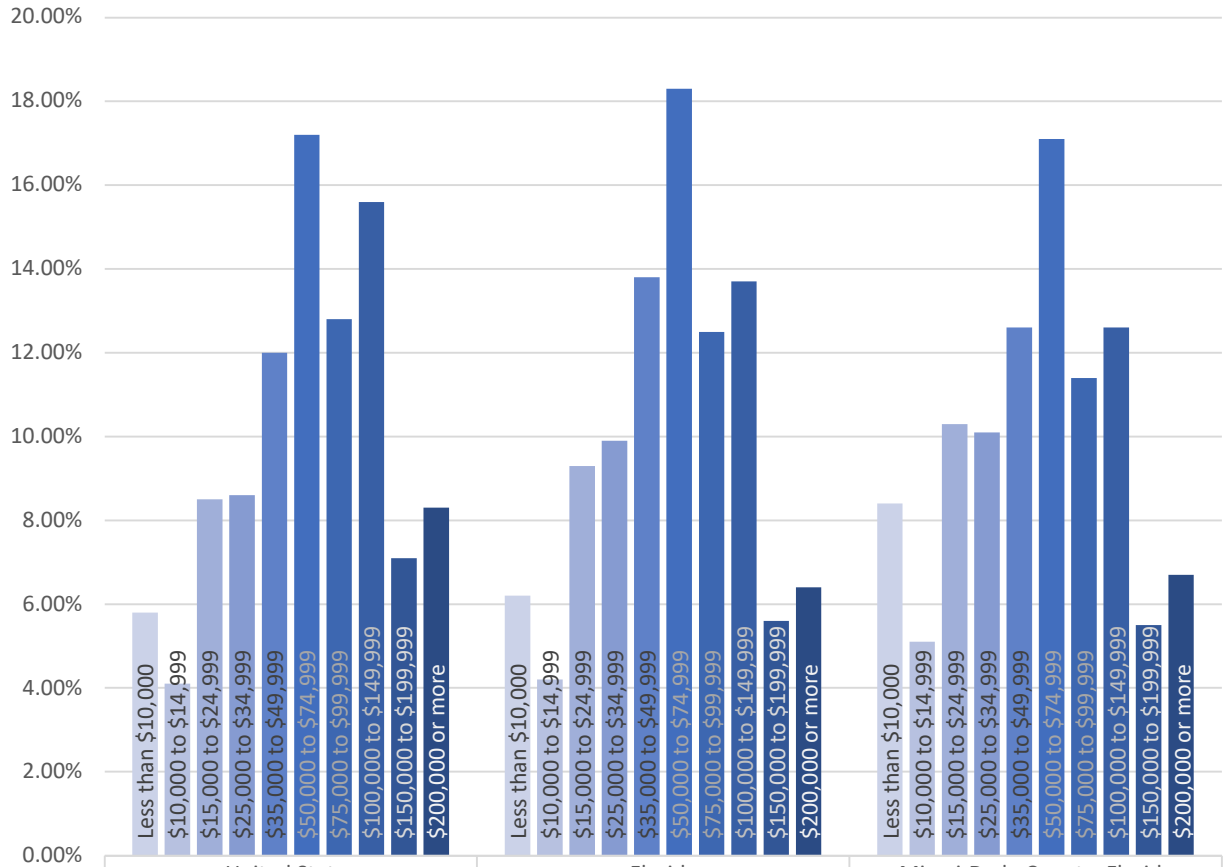


	2016	2017	2018	2019	2020
Miami-Dade	7.40%	6.60%	5.90%	5.30%	5.40%
Florida	8.40%	7.20%	6.30%	5.60%	5.40%
United States	8.50%	7.40%	6.30%	5.30%	5.00%

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

HOUSEHOLD INCOME

In Miami-Dade County during 2020, the median household income was $64,994. As shown in the graph below, the majority of individuals in Miami-Dade County, have an annual income between $50,000 and $74,999 (17.1%). Which is similar to both Florida's and the United States overall rate of 17.2% and 18.3% respectively. When compared to Florida, a higher proportion of Miami-Dade County's population earn an annual income of below $10,000, while a lower percentage of the Miami-Dade County population earn $75,000 and above.



	United States	Florida	Miami-Dade County, Florida
Less than $10,000	5.80%	6.20%	8.40%
$10,000 to $14,999	4.10%	4.20%	5.10%
$15,000 to $24,999	8.50%	9.30%	10.30%
$25,000 to $34,999	8.60%	9.90%	10.10%
$35,000 to $49,999	12.00%	13.80%	12.60%
$50,000 to $74,999	17.20%	18.30%	17.10%
$75,000 to $99,999	12.80%	12.50%	11.40%
$100,000 to $149,999	15.60%	13.70%	12.60%
$150,000 to $199,999	7.10%	5.60%	5.50%
$200,000 or more	8.30%	6.40%	6.70%

Revised 4-26-2022

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

INCOME INEQUALITY

Annual income is commonly used to assess the wellbeing of a community. Income inequality is a word used to describe how income is unevenly dispersed among the population. Income inequality has been increasing in the United States. There has been adversity in trying to address this growing issue, but providing educational tools such as community partner workshops that provide education on financial literacy to community members can aid in developing solutions to reduce income inequities.

POVERTY

The poverty level in a community reflects their ability to meet basic needs to maintain their health and wellbeing. High poverty rates are the cause and the consequence of poor economic conditions and can affect a person's health. On the surface, poverty is defined as a lack of income and assets needed to live on a day-to-day basis. Poverty converts into a network of disadvantages that exhaust opportunities for improvement. People who lack access to the most basic opportunities such as education, shelter, proper sanitation, and adequate nutrition can be adversely affected.

The United States Census Bureau is the government entity responsible for measuring poverty. The Census Bureau uses monetary thresholds and family size to make poverty determinations. "If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition applies money income before taxes and does not include capital gains or noncash benefits."

POVERTY BY RACE AND ETHNICITY

Poverty levels in Miami-Dade County are highest in Black or African Americans at approximately 23.6% and Native Hawaiian and Other Pacific Islander at 22.5% and as compared to other racial and ethnic populations. Compared to Florida and the United States, White alone, Black or African American Alone, Asian Alone, Native Hawaiian and Other Pacific Islander poverty rates are all higher than to the same racial and ethnic population in Florida and the United States.

Population Below the Poverty level in the Past 12 Months by Race or Ethnicity, 5-Year Estimate, 2020

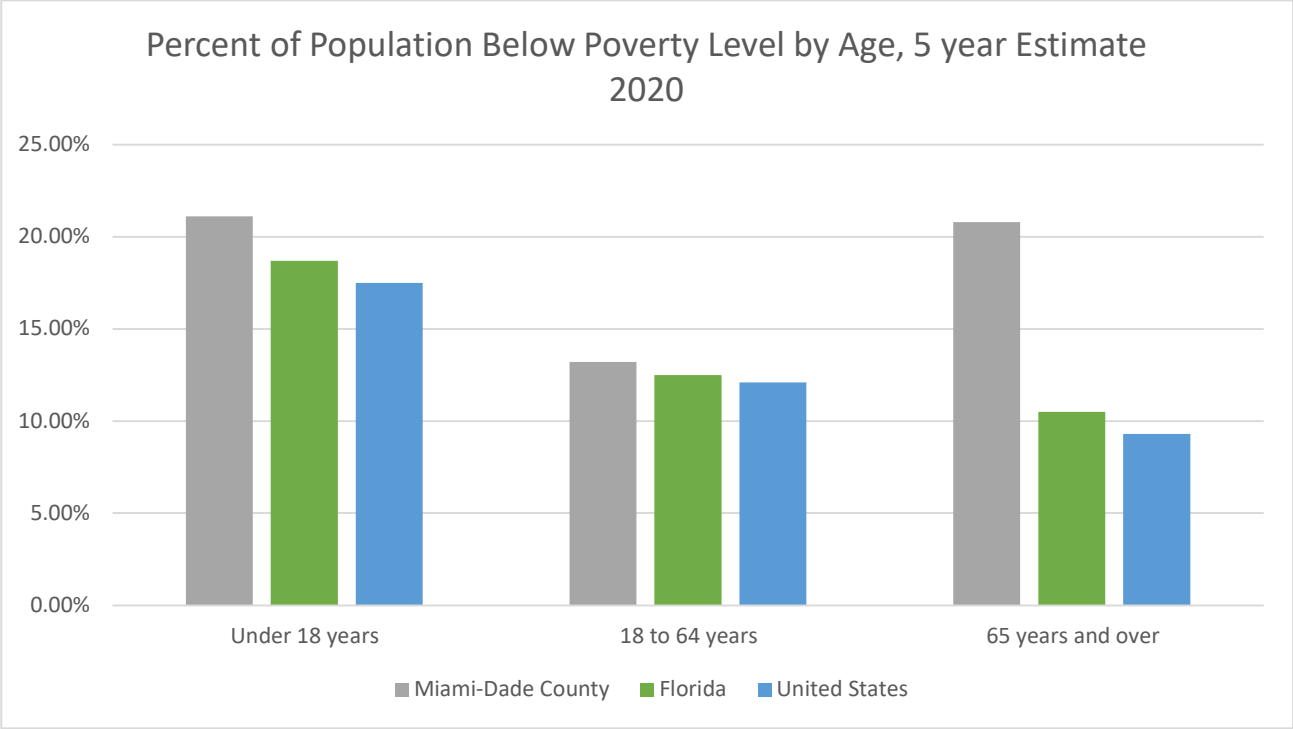
	White alone	*Black or African American alone*	*American Indian and Alaska Native alone*	*Asian alone*	*Native Hawaiian and Other Pacific Islander alone*	*Some other race alone*	*Two or more races*	*Hispanic or Latino origin (of any race)*	*White alone, not Hispanic or Latino*
United States	10.6%	22.1%	24.1%	10.6%	16.8%	19.7%	15.1%	18.3%	9.3%
Florida	11.5%	20.7%	16.2%	11.9%	16.1%	18.7%	13.9%	16.4%	9.7%
Miami-Dade County	14.5%	23.6%	11.3%	17.0%	22.5%	15.9%	13.5%	15.5%	9.7%

Source: United States Census Bureau https://data.census.gov, table S1701

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

POVERTY BY AGE

As reported by the American Psychological Association (APA), poverty is associated with other adverse socioeconomic conditions such as inadequate shelter, not being able to access a sufficient amount of nutritious food, homelessness, substandard child care, access to healthcare, schools that lack standard resources and unsafe neighborhoods. Children and teens who are in poverty are more likely to engage in risky behaviors such as smoking and drinking in comparison to their peers. In Miami-Dade County, the highest population living in poverty are those who are under the age of 18 . Miami-Dade County's (21.1%) proportion is slightly higher than the state of Florida (18.7%) and the nation (17.5%). The second significant age group in poverty in Miami-Dade County, FL are those who are the age of 65 years and over.



Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/ , Table S1701

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

POVERTY AND FAMILIES

A higher proportion of Miami-Dade County, families live in poverty (12.7%) when compared to the state's rate of 9.4% and the nation's rate at 9.1%. Miami-Dade County has a higher proportion of families with children less than 5 years of age below the poverty level (16.6%) when compared with Florida (13.8%) and the nation (13.5%). It is also worth noting that Miami-Dade has a higher rate of households age 65+ that are living below the poverty level at 13.1%.

Percent of Families Below the Poverty Level 5 year Estimate, 2020

	ALL FAMILIES	FAMILIES BELOW THE POVERTY LEVEL	FEMALE HOUSEHOLDER, NO SPOUSE PRESENT	FEMALE HOUSEHOLDER, NO SPOUSE PRESENT FAMILIES BELOW THE POVERTY LEVEL
Miami-Dade	619,475	12.7%	160,829	23.3%
Florida	5,118,059	9.4%	1,004,672	22.7%
United States	79,849,830	9.1%	15,086,810	25.1%

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/ , Table 1702

Percent of Families Below the Poverty Level 5-Year Estimate, 2020

	FAMILIES WITH CHILDREN ≤ 5 YEARS OF AGE	FAMILIES WITH CHILDREN <5 YEARS OF AGE BELOW THE POVERTY LEVEL	HOUSEHOLDER ≥ 65 YEARS OF AGE	HOUSEHOLDER ≥ 65 YEARS OF AGE FAMILIES BELOW POVERTY LEVEL
Miami-Dade	50,617	16.6%	126,969	13.1%
Florida	362,926	13.8%	1,405,981	6.2%
United States	6,662,746	13.5%	17,366,084	5.2%

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/ , Table 1702

SOCIAL AND ECONOMIC FACTORS-INCOME AND POVERTY

PUBLIC ASSISTANCE

The United States Census Bureau publishes annual data on the number of clients and families that receive different types of assistance from the federal government. As seen below, a higher proportion of residents in Miami-Dade County, receive Supplemental Nutrition Assistance Program (SNAP) benefits (28.4%), Supplemental Security Income (7.3%), and cash public assistance (2.9%), when compared to the State of Florida and nation. Most people are not eligible for benefits because they earn too much to qualify and they are often referred to as the "working poor." The working poor are employed but do not make enough to raise themselves above the federal poverty level.

Public Assistance and Supplemental Benefits 5-Year Estimates, 2020

	MIAMI-DADE COUNTY	FLORIDA	UNITED STATES
Per Capita Income	$29,598	$32,848	$35,384
All Households	902,200	7,931,313	122,354,219
Households with Social Security Income	29.9%	37.6%	31.4%
Household with cash public assistance income or Food Stamps/SNAP	28.4%	13.9%	12.1%
Households with Supplemental Security Income	7.3%	5.0%	5.2%
Households with Cash Public Assistance	2.9%	2.2%	2.4%

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov, table S1902

Information for poverty and income inequality are available through the following organizations:

- U. S. Census Bureau https://www.census.gov/topics/income-poverty/poverty.html
- World Health Organization https://www.who.int/hdp/poverty/en/
- Department for Children And Families https://www.myflorida.com/accessflorida/

SOCIAL AND ECONOMIC FACTORS- EDUCATION

EDUCATION

The correlation between education and health outcomes has been studied for many years. As stated by the CDC risky behaviors such as premature sexual initiation, violence, and drug use are frequently associated with poor grades and test scores and lower educational attainment. Education is an excellent indicator for the overall well-being of youth and an index and determinant of adult health outcomes.

MIAMI DADE COUNTY SCHOOL DISTRICT

Miami-Dade County Public Schools 2019-2020 School Year

School Type	Number of Schools
Elementary Schools (K-5)	164
K-8 Schools	57
Middle Schools (6-8)	49
High Schools (9-12)	65
Alternative School (K-12)	39
Virtual Schools	1
Magnet Schools	22
Specialized Centers	4
Technical College	22
Charter Schools	22
Juvenile Justice Facilities	2

As noted in the 2019 – 2020 Statistical Highlights report, published in 2021, the Miami-Dade County Public School System (MDCPS) states there are 347,069 students that were enrolled during the 2019-2020 school year. MDCPS is comprised of 396 schools for the 2019 - 2020 school year. Of those 396 schools, there are more elementary schools than any other school type. The table does not portray the number of private schools or higher education facilities that are in Miami-Dade County.

STUDENTS WITH DISABILITIES

According to MDCPS there are 84,128 students who are identified as having an ESE Primary Exceptionality. ESE Primary Exceptionality categories include students with autism spectrum disorder, deaf/hard of hearing, developmentally delayed, sensory impaired, emotional/behavioral disability, gifted, hospital or homebound, language impaired, orthopedically impaired, speech impaired, traumatic brain injury impaired, visually impaired and other health or learning disabilities. The MDCPS acknowledges that finding a starting point to aid the students who have disabilities may be arduous, so resources have been gathered from community members to help find the best services to meet the students' needs. One program within the MDCPS is the Exceptional Student Education (ESE) program. The ESE program and services help address the unique needs of kindergarten through 12th grade students who are gifted and those who have mild, moderate or severe disabilities. They serve students from the age of three until they graduate with their high school diploma, or until their 21st birthday.

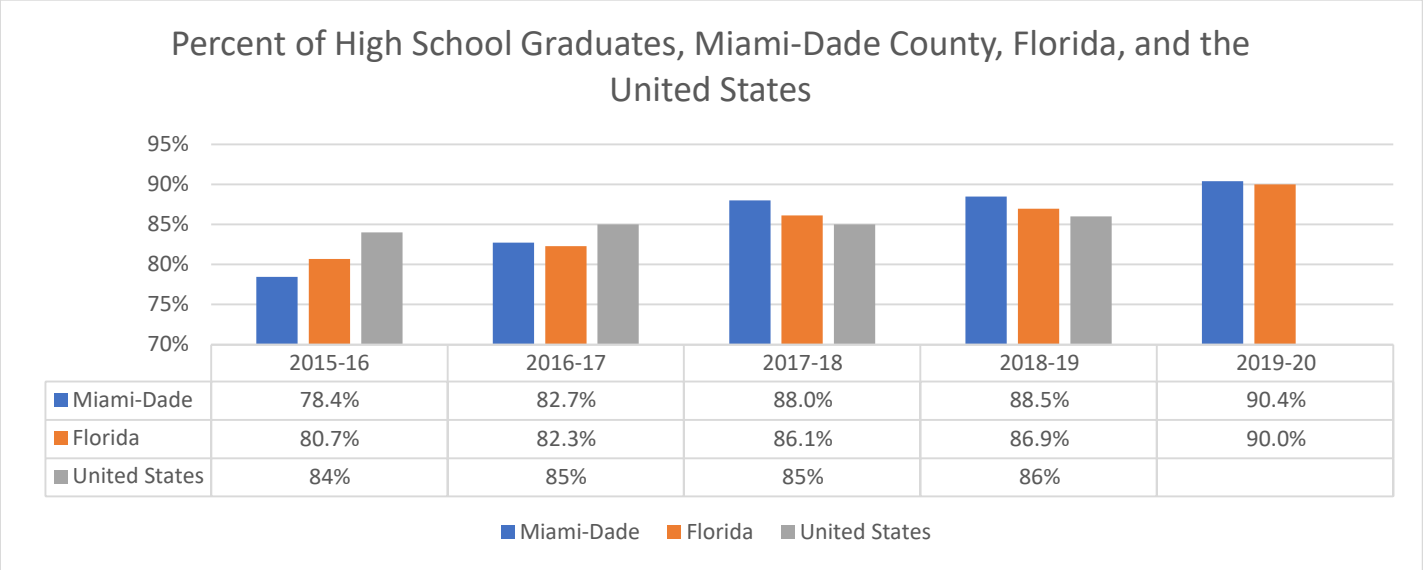
Information and resources for students are available through the following organizations:

- Miami-Dade County Public Schools http://www.dadeschools.net/
- The Florida School for the Deaf and the Blind https://www.fsdbk12.org/

SOCIAL AND ECONOMIC FACTORS- EDUCATION

GRADUATION RATES

Graduation rates for Miami-Dade County have remained at approximately the same rate as the State of Florida. When compared to the nation, Miami has remained above the national rate.



	2015-16	2016-17	2017-18	2018-19	2019-20
Miami-Dade	78.4%	82.7%	88.0%	88.5%	90.4%
Florida	80.7%	82.3%	86.1%	86.9%	90.0%
United States	84%	85%	85%	86%	

Public high school adjusted cohort graduation rate (ACGR). The ACGR excludes GEDs and special diplomas.
Source: Data for Miami-Dade County and Florida accessed via Florida Department of Education https://www.fldoe.org/. Source: Data for the United States accessed via United States Department of Education https://www.ed.gov/.

GRADUATION RATES BY RACE AND ETHNICITY

Florida's high school graduation rates for White, Black or African American, and Hispanic/Latino groups have increased each year since the 2015-16 school year. In Florida, the population with the lowest graduation rates are the Black or African American population and the American Indian or Alaska Native population when compared to other races or ethnicity.

High School Graduation Rates By Race or Ethnicity, Florida, 2015-16 to 2019-20

	WHITE	BLACK OR AFRICAN AMERICAN	HISPANIC / LATINO	ASIAN	AMERICAN INDIAN OR ALASKA NATIVE	TWO OR MORE RACES	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
2015-16	85.10%	72.30%	79.50%	91.90%	76.50%	82.70%	84.70%
2016-17	86.20%	74.80%	81.30%	93.20%	80.00%	83.10%	87.20%
2017-18	89%	80.90%	85.10%	95.80%	80.10%	87%	89.20%
2018-19	90.2%	81.5%	85.9%	95.6%	77.5%	88.2%	86.9%
2019-20	91.7%	86.6%	89.5%	98.0%	84.1%	90.5%	90.5%

Source: Data for Miami-Dade county accessed via Florida Department of Education
http://www.fldoe.org/core/fileparse.php/7584/urlt/GradRates1920.pdf

SOCIAL AND ECONOMIC FACTORS- EDUCATION

EDUCATIONAL ATTAINMENT

Approximately 26.8% of Miami Dade County's population has attained a high school diploma as their highest form of education. This is lower than the State of Florida's rate of 28.2% and similar to United States' rate of 26.7%. The second highest proportion of Miami-Dade County's population has a bachelor's degree (19.3%) as their highest form of educational attainment, which below the nations' rate of 20.2%. In Miami-Dade County, FL, there are opportunities to obtain higher educational degrees, as well as technical and vocational degrees.

Educational Attainment for Population 25 Years and Over, 5-Year Estimates for 2020

	HIGH SCHOOL GRADUATE	SOME COLLEGE	ASSOCIATE DEGREE	BACHELOR'S DEGREE	GRADUATE OR PROFESSIONAL DEGREE
Miami-Dade County	26.8%	14.9%	9.6%	19.3%	11.3%
Florida	28.2%	19.8%	10.0%	19.3%	11.3%
United States	26.7%	20.3%	8.6%	20.2%	12.7%

Source: Data for 2020 estimates accessed via Unites States Census Bureau https://data.census.gov/ , Table S1501

SOCIAL AND ECONOMIC FACTORS-FAMILY AND SOCIAL SUPPORT

SOCIAL SUPPORT

Social support means having a network of friends family, and others to turn to in times of need or crisis that will give a broader focus and positive self-image. Social support enhances quality of life and provides a buffer against adverse life events. To improve community health, there is a need to identify and address the social support inequities within Miami-Dade County.

SOCIAL SUPPORT AND HEALTH

According to Centers for Disease Control and Prevention (CDC), there is a an association between increased levels of social support and reduced risk for physical disease, mental illness, and mortality. Social support can promote health by providing persons with positive experiences, socially rewarding roles, or improved ability to cope with stressful events. The rates of chronic disease are reaching record levels and the support of families, friends and communities can help to combat the problem. There are times when social support can have an impact on the likelihood of an individual who is considering suicide. A lack of social support, isolation, limited access to resources, and substance abuse are just a few of the many risk factors that make it more likely for a person to consider ending their own life.

SOCIAL SUPPORT AND HEALTH INEQUITIES

Social support can be affected by many different factors including the social determinants of health. The social determinants of health include the availability of resources such as education, healthcare services, safe housing, socioeconomic conditions, discrimination and racism. The County Health Rankings have shown that neighborhoods with lower social support may be more prone to violence than those with more social support and often have limited community resources and role models. Socially isolated individuals are more likely to be concentrated in communities with limited social support. These individuals with low support are more likely to have a fair or poor health status and are more likely to suffer depression and anxiety.

SOCIAL AND ECONOMIC FACTORS-FAMILY AND SOCIAL SUPPORT

YOUTH AND SOCIAL NORMS

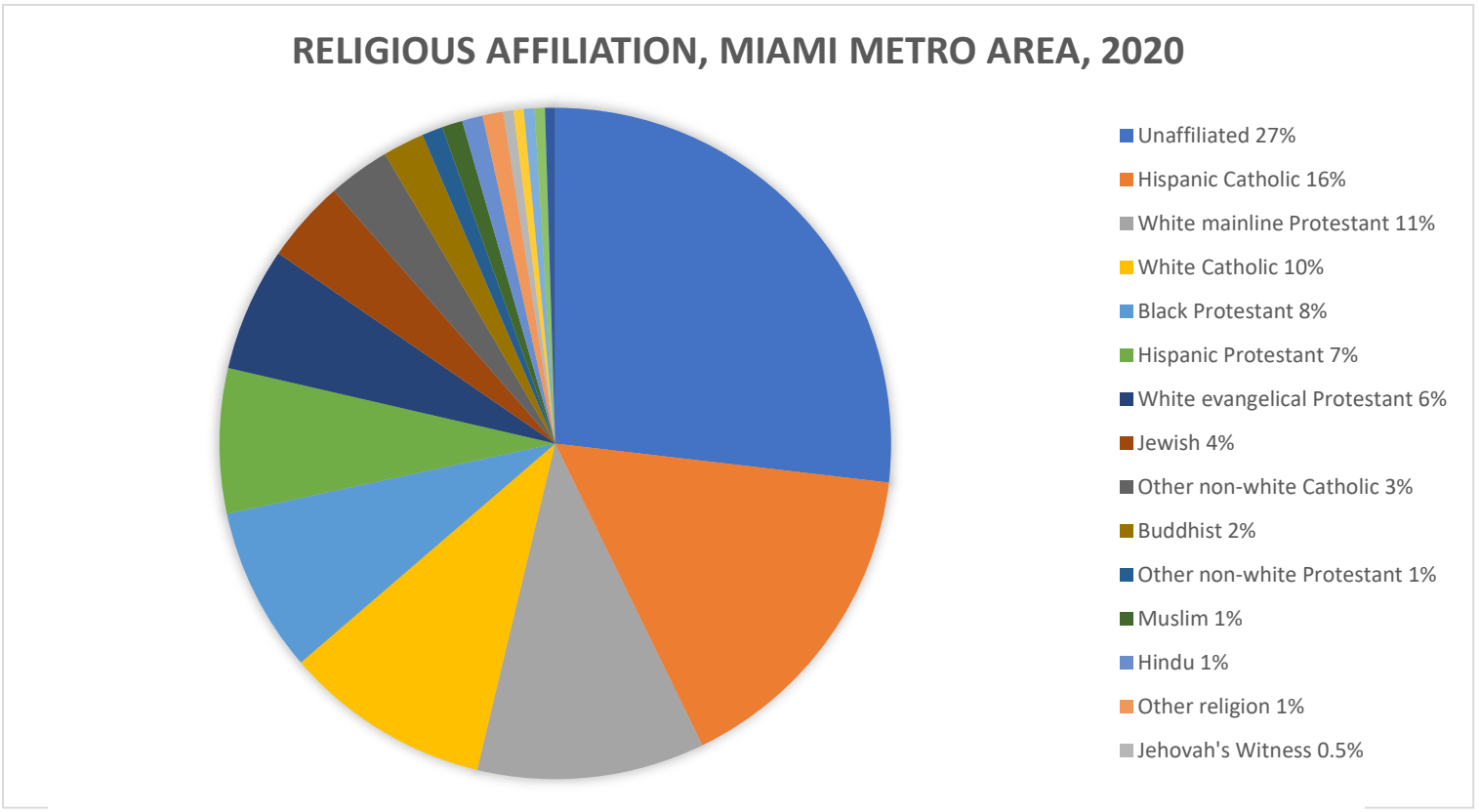
Social norms give us an expected idea of how to behave in a social group or culture and often vary among age groups, ethnicities, and races. Norms provide a key to understanding social influence in general and conformity, in particular. Social norms may have an impact on youth interactions with their peers. Youth may have misconceptions about alcohol and drug use, healthy eating, and bullying behaviors.

ELDERLY AND SOCIAL ISOLATION

The process of aging can be different for each individual depending on heredity attributes, lifestyle, and attitudes. Social disconnectedness and perceived isolation have distinct associations with physical and mental health among older adults (Cornwell & Waite, 2009). Social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health Individuals who lack social connections or report frequent feelings of loneliness tend to suffer from higher rates of morbidity and mortality, infection, depression, and cognitive decline (Cornwell & Waite, 2009).

FAITH COMMUNITIES

Faith organizations have an impact on individual's values, behaviors, spiritual well-being and their overall health. Faith organizations are assets due to the role that they play in the community. Community members who are a part of the congregation often receive health information through attending faith-based events and service. The below chart shows Religious Affiliation in the Miami Metro Area as determined by the Public Religion Research Intitute (PPRI), a non-partisan non-profit research organization who collected the data through telephone interviews.

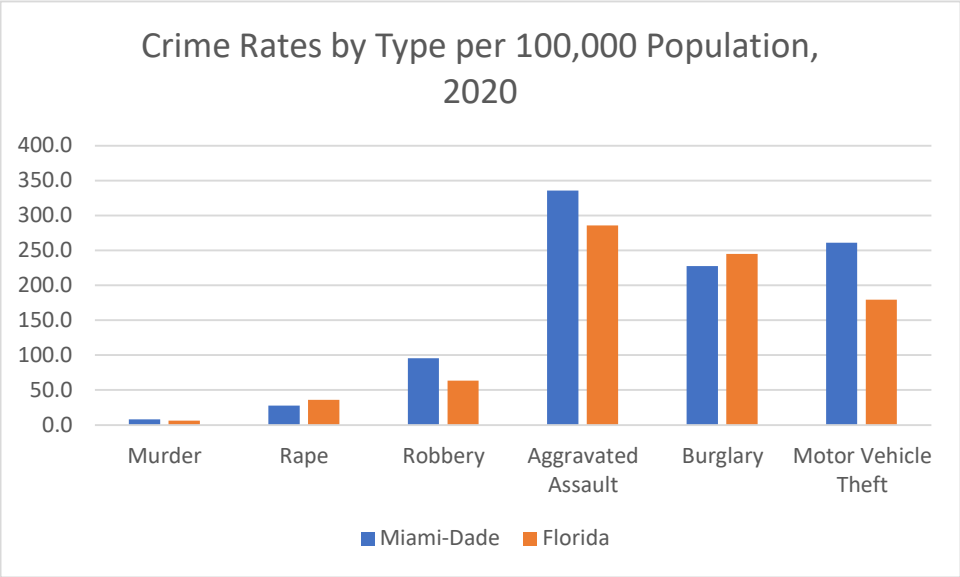


Source: Data for 2020 Religious Affiliation in Miami, FL accessed via PRRI – American Values Atlas

SOCIAL AND ECONOMIC FACTORS-COMMUNITY SAFETY

CRIME AND HEALTH

The third leading cause of death in the United States are injuries caused by accidents and violence for individuals between the ages of 1 and 44. Living in unsafe neighborhoods can impact health and quality of life and exposure to violence can affect us physically and psychologically. Studies have shown that high exposure to violence and crime can increase your stress levels, affect your overall wellbeing and increase the chances to suffer from certain illnesses like hypertension, stress-related disorders, upper respiratory illness, asthma, and obesity. Policies and programs such as firearms restrictions for domestic violence offenders, automated speed enforcement cameras, traffic calming, universal motorcycle helmet laws, hot spot policing, community policing, car seat distribution and educational programs can help decrease accidents and fatal injuries. Crime contributes to higher levels of stress, anxiety and depression among commubity members which can also be linked to higher rates of premature births and low birth weight babies.



Source: Florida Department of Law Enforcement, Crime in Florida, 2019 Uniform Crime Report: FSAC Annual Reports

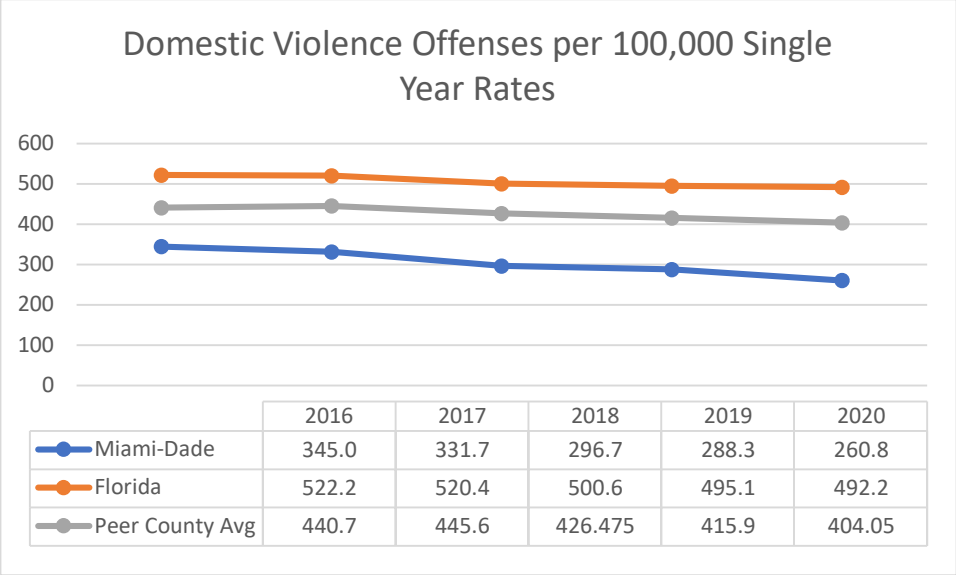
CRIME

High crime rates can have a negative impact on social and economic outcomes in a community. For instance, neighborhoods across the United States that have a low annual income have been frequently linked with higher crime rates when compared to neighborhoods that have a higher annual income (Brown et al., 2014). Crime may result in companies being less willing to invest in neighborhoods that have high crime rates, which may impact community resources. Surveilling criminal activity is key to ensuring safe, livable, communities and to improving community health. Crime rates in Miami-Dade County are lower than the state's rate in the following areas: burglary, and rape. In other areas such as aggravated assault, robbery, motor vehicle theft, and murder, the rates are higher than Florida's overall rate. The County Health Rankings provide additional information on community safety for each county in Florida including Miami-Dade County.

SOCIAL AND ECONOMIC FACTORS-COMMUNITY SAFETY

DOMESTIC VIOLENCE

The National Domestic Violence Hotline defines domestic violence (also called intimate partner violence (IPV), domestic abuse or relationship abuse) as a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. Anyone can be a victim of domestic violence. Domestic Violence does not discriminate based on race, age, sexual orientations, religions, genders, socioeconomic backgrounds, or education levels. Miami-Dade County offers free services and programs to increase the safety of domestic violence victims and to reduce violence. In the table presented below, Miami-Dade County has lower rates of domestic violence when compared to the state's rates. The rates of domestic violence in 2020 for Miami-Dade County is 260.8 which is the lowest rate out when compared to peer counties and state's rate. It is important to note that many victims of domestic violence are not included in these rates because not all victims seek help in the health care setting or report domestic violence.



	2016	2017	2018	2019	2020
Miami-Dade	345.0	331.7	296.7	288.3	260.8
Florida	522.2	520.4	500.6	495.1	492.2
Peer County Avg	440.7	445.6	426.475	415.9	404.05

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

MIAMI-DADE COUNTY RESOURCES

- **Emergency**
  911
- **Florida Domestic Violence 24-Hour Crisis Hotline**
  1-800-500-1119
- **Miami-Dade County Coordinated Victims Assistance Center**
  305-285-5900
- **Rape Hotline**
  305-585-7273
- **Miami-Dade Advocates for Victims Hotline**
  305-247-4249
- Report an incident by emailing svbinfo@mdpd.com

Source: https://www.miamidade.gov/global/initiatives/domesticviolence/home.page

SOCIAL AND ECONOMIC FACTORS-COMMUNITY SAFETY

HUMAN TRAFFICKING

According to the Department of Homeland Security "human trafficking involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act"[16]. Since 2007, there have been over 4,000 cases of human trafficking in Florida involving over 11,000 victims (these are cases reported through the National Human Trafficking Hotline [NHTH]). In terms of most contacts through NHTH, Florida comes in 3rd behind California and Texas.

To combat this issue, the Department of Homeland Security suggests using some of following indicators to help identify and report human trafficking[17]:

- Does the person appear disconnected from family, friends, community organizations, or houses of worship?
- Has a child stopped attending school?
- Has the person had a sudden or dramatic change in behavior?
- Is a juvenile engaged in commercial sex acts?
- Is the person disoriented or confused, or showing signs of mental or physical abuse?
- Does the person have bruises in various stages of healing?
- Is the person fearful, timid, or submissive?
- Does the person show signs of having been denied food, water, sleep, or medical care?
- Is the person often in the company of someone to whom he or she defers? Or someone who seems to be in control of the situation, e.g., where they go or who they talk to?
- Does the person appear to be coached on what to say?
- Is the person living in unsuitable conditions?
- Does the person lack personal possessions and appear not to have a stable living situation?
- Does the person have freedom of movement? Can the person freely leave where they live? Are there unreasonable security measures?

To report suspected human trafficking to Federal law enforcement:

1-866-347-2423

To get help from the National Human Trafficking Hotline:

1-888-373-7888

or text HELP or INFO to

BeFree (233733)

[16] The Department of Homeland Security (n.d.). What is human trafficking? Retrieved from https://www.dhs.gov/blue-campaign/what-human-trafficking

[17] [17] The Department of Homeland Security (n.d.) Indicators of human trafficking. Retrieved from https://www.dhs.gov/blue-campaign/indicators-human-trafficking

HEALTH BEHAVIORS-DRUG USE

OPIOIDS

Opioid drugs are a class of drugs used to reduce pain. According to the National Institute on Drug Abuse (NIDA), this class of drugs includes heroin, synthetic opioids such as fentanyl, and pain relievers available legally when prescribed, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine. Between 1999-2017, nearly 400,000 people died from an overdose involving opioids including prescription drugs and illicit opioids. that The CDC notes that the rise in opioid overdose deaths can be explained in three distinct waves:

1.) In the late 1990s, the first wave began with increased prescribing of opioids with overdose deaths related to prescription opioids.
2.) The second wave started in 2010, with a quick rise in overdose deaths involving heroin.
3.) The third wave started in 2013, with significant increases in overdose deaths involving synthetic opioids specifically those involving illicitly-manufactured fentanyl (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.

Florida's Statewide Drug Policy Advisory Council (DPAC) 2016 Annual Report states that, "Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). The number of deaths associated with fentanyl and heroin-related drug use has substantially increased." In the Spring of 2017, Florida's Governor Rick Scott signed an executive order declaring a statewide public health emergency for the opioid epidemic.

In a response to the illegal and prescription opioid addiction and overdose epidemic in Miami-Dade County, Mayor Carlos A. Gimenez in partnership with the State Attorney Katherine Fernandez-Rundle, the Department of Children and Families, the DOH-Miami-Dade and Miami-Dade County's Board of County Commissioners Chairman Bovo, founded the Opioid Addiction Taskforce. The Taskforce was charged with developing an effective action plan to address the opiod crisis. From a review of best evidence-based and informed practices, the Taskforce was delegated to provide recommendations to reduce opioid overdoses, prevent opioid misuse and addiction (as well as heroin addiction), increase the number of persons seeking treatment, and support persons recovering from addiction in our communities. Additionally, healthcare solutions were examined to raise awareness and improve knowledge of misuse and the role of the justice system in opioid prevention.

Per the Florida Department of Health in 2019, the CDC's National Center for Injury Prevention and Control awarded the state of Florida a new Overdose Data to Action grant. The grant expanded the scope of previous drug overdose surveillance system to include more non-opioid related overdoses and strengthened funding of prevention efforts.The FL-DOSE program will be improving the drug overdose surveillance system.

To combat the opioid addiction and overdose epidemic, programs have been created to combat this issue. The Helping Emergency Responders Obtain Support (HEROS) is a program sourced at the DOH-Miami-Dade that provides emergency responders with emergency opioid antagonist medications like Naloxone. This medication works by reversing the narcotic effects on the brain. The 2009 Florida legislature created the Florida Prescription Drug Monitoring Program. This initiative was created to encourage safer prescribing of controlled substances and to reduce drug abuses and diversion within the state of Florida. The Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline is available for individuals and family members facing substance use disorders at 1-800-662-HELP (4357) or 1-800-487-4889. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

HEALTH BEHAVIORS-DRUG USE

NEONATAL ABSTINENCE SYNDROME

Neonatal abstinence syndrome (NAS) is defined by the CDC, "as a withdrawal syndrome that can occur in newborns exposed during pregnancy to certain substances including opioids". There is a dramatic increase in maternal opioid use and neonatal abstinence syndrome. The use of opioids during pregnancy can have detrimental effects on newborns such as withdrawal syndrome. Neonatal abstinence syndrome (NAS) is a result of the sudden discontinuation of fetal exposure to substances that were used or abused by the mother during pregnancy. These babies are more likely to have low birthweight and suffer from respiratory complications, seizures, and feeding difficulties. This information is relevant to addressing NAS as this syndrome is directly linked to substance abuse during pregnancy.

According to CDC guidelines, prevention for NAS involves controling opioid prescription and being cautious especially with pregnant women and nonpregnant women of reproductive age, and when possible using nonopioid pharmacological therapy. It is also important to have proper access to prenatal care and family planning services. Women who are pregnant or thinking about becoming pregnant should be honest with their health care provider about the consumption of opioids before, during and after pregnancy to prevent and decrease the rate of NAS.

In Florida, the number of babies born with NAS has decreased between 2017-2019. Data for 2020 and beyond has not been released. The Florida Birth Defects Registry (FBDR) has tracked the number of infants that manifest a diagnosis of NAS since 2014 in Florida. While the Florida Department of Health works to track NAS trends, the following should be noted:

- **Data sources:** To identify NAS cases, DOH currently uses a passive case ascertainment methodology that relies on linked administrative datasets and diagnostic codes indicative of NAS. ICD codes used for diagnosis are 779.5 and P96.1. Once an infant's birth certificate record has been linked to his/her birth hospitalization, the discharge portion of the linked electronic record is scanned for the presence of any of the above-mentioned diagnosis codes.
- **What are limitations of the data?** Currently, there appears to be substantial variation in the diagnosis and reporting of NAS across medical institutions, providers, and surveillance systems. These inconsistencies result in questionable accuracy and reliability of NAS data. However, they are also indicative of the need and opportunity for the DOH/FBDR to encourage establishment of a standardized set of recommendations and guidelines for clinical diagnosis, data collection, surveillance, and reporting efforts.
- There are specific data perimeters that should be considered when examining this data. To learn more about how data is collected and used, visit the Florida Department of Health Surveillance of Neonatal Abstinence Syndrome in Florida.

Neonatal Abstinence Syndrome Cases and Rates per 10,000 Live Births in Miami-Dade County, 2014-2019

Year	*TOTAL*	*RATE*
2014	10	3.13
2015	6	1.85*(ICD Code Change)
2016	14	4.28
2017	16	5.03
2018	11	3.55
2019	9	2.97

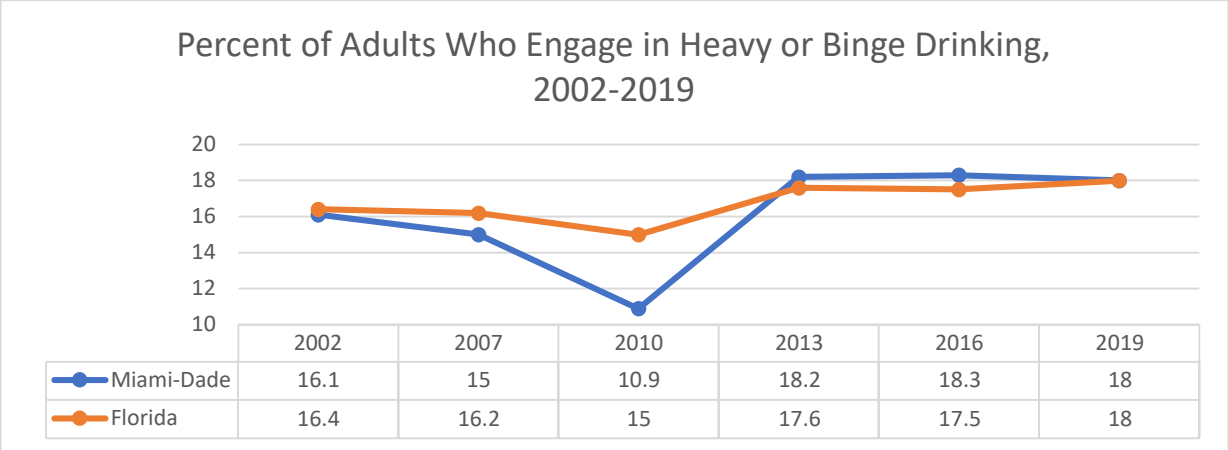
*The ICD 9 Code changed to ICD 10 Code during the collection of data, therefore the impact on total and rate is unknown.

HEALTH BEHAVIORS-ALCOHOL USE

BINGE DRINKING

According to the CDC, binge drinking is defined as the consumption of four or more drinks for women and five or more for men in about two hours. Young adults ages 18 to 34 and those with a household income of $75,000 or more are more likely to participate in binge drinking behaviors. It is worth noting that those with a household income of less than $25,000 consumed a higher amount of drinks, between eight to nine when binge drinking.

Binge drinking is a significant issue in the U.S. due to the following: inexpensive to purchase, accessibility, and mass marketing and promotion by the alcohol industry. One out of ten adult deaths are related to binge drinking. According to the County Health Rankings, 2019 data indicates that the percentage of adults reporting binge or heavy drinking in Miami-Dade County and state is 18%. The chart below comes from the Florida Behavioral Risk Factor Surveillance System. Take caution comparing data before and after 2013 as the survey method changed in that year.



	2002	2007	2010	2013	2016	2019
Miami-Dade	16.1	15	10.9	18.2	18.3	18
Florida	16.4	16.2	15	17.6	17.5	18

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

BINGE DRINKING AND MATERNAL AND CHILD HEALTH

When a women drinks during pregnancy, there can be adverse effects on the unborn child. According to the CDC, the effects of alcohol on unborn children are characterized as a set of behavioral or intellectual disorders known as Fetal Alcohol Spectrum Disorders. There can be significant medical problems for the unborn child including hearing, vision, and sleep problems. When a woman is pregnant, there is no safe level of alcohol that should be consumed. To learn more about Fetal Alcohol Spectrum Disorders and the specific types of disorders, please visit the CDC- https://www.cdc.gov/ncbddd/fasd/facts.html.

BINGE DRINKING AND YOUTH

Per the CDC, excessive drinking is responsible for more than 3,500 deaths among people under age 21 each year. Alcohol is the most commonly used substance among young people in the U.S. Youth who engage in binge drinking are more likely to engage in binge drinking as adults. According to the BRFSS, the rates of binge drinking among middle and high school students has been declining over the past decade.

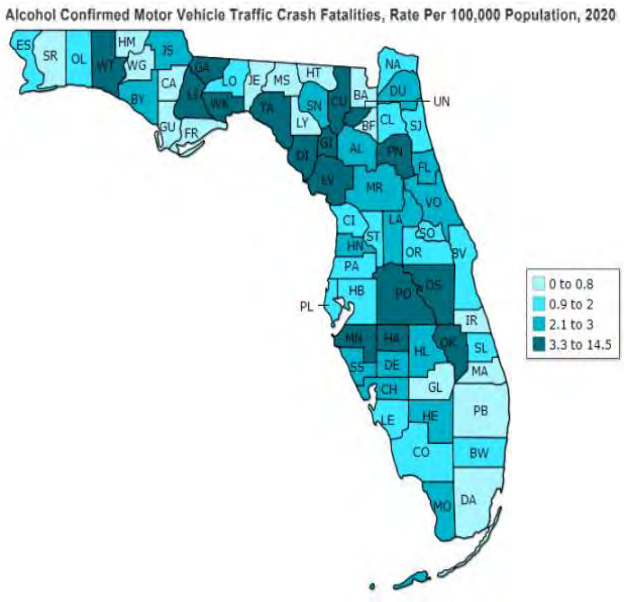
HEALTH BEHAVIORS-ALCOHOL USE

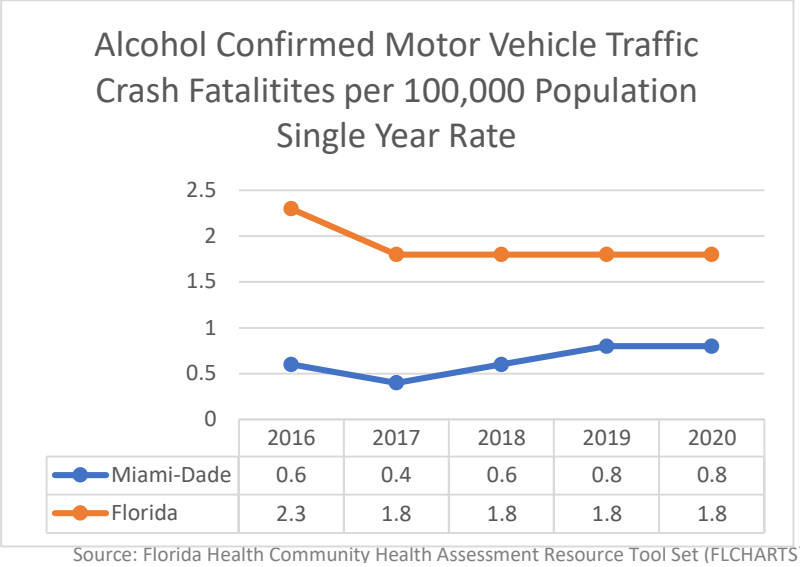
ALCOHOL CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES

Indicator: Age-adjusted death rate per 100,000 population due to alcohol-suspected motor vehicle traffic crashes.

Why is this important?

Alcohol confirmed motor vehicle traffic crash deaths as defined by the CDC, is persons killed in crashes involving a drunk driver. Per the CDC, every day, 29 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This is one death estimated every 50 minutes. The annual cost of alcohol-related crashes totals more than $44 billion in the United States. In Florida, 384 people died in alcohol confirmed motor vehicle traffic crashes and 22 of those occurred in Miami-Dade County.





Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Motor Vehicle Crash Snapshot, 2016-2019 (Single Year Rate per 100,000 Population)

	2016	2017	2018	2019	2020
Total Motor Vehicle (MVT) Traffic Crashes	2,355	2,395.40	2,307.4	2,301.5	1,799.3
Alcohol-confirmed MVT Crashes	12.8	12.5	12.1	12	6.7
Alcohol-confirmed MVT Crash Injuries	6.0	6.5	5.8	6.3	3.9

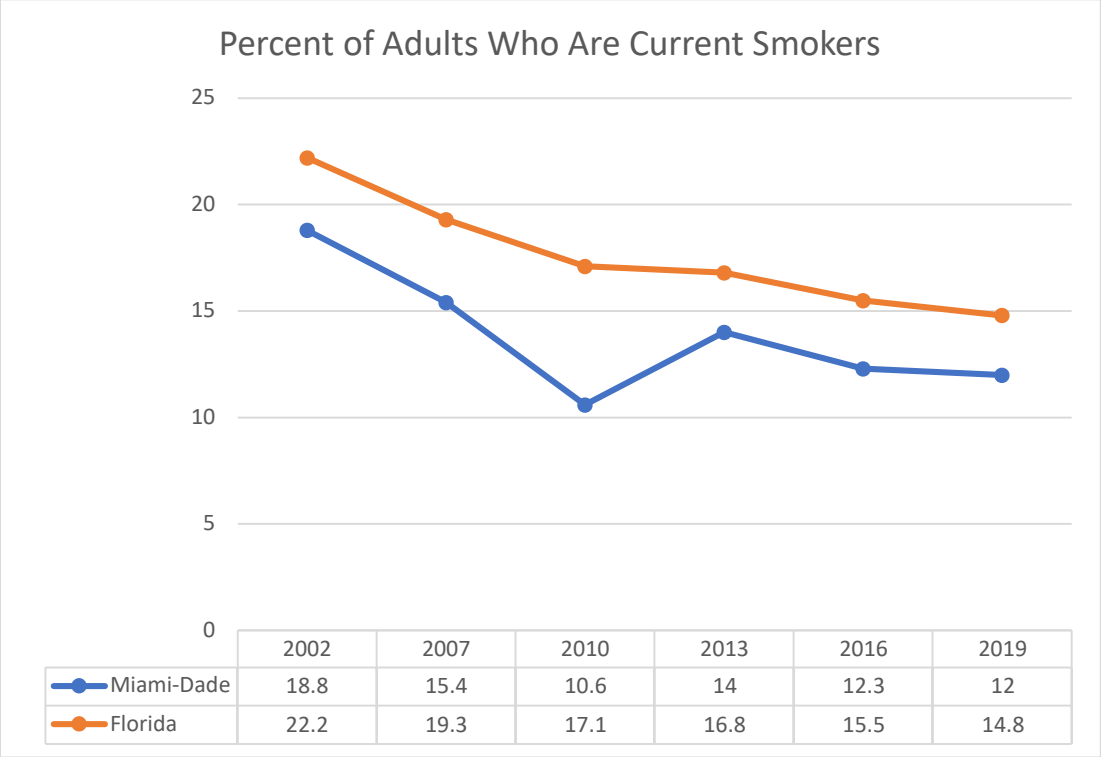
As illustrated in the table above alcohol confirmed motor vehicle traffic crash death rates for Miami-Dade County, FL have decreased since 2016.

HEALTH BEHAVIORS-TOBACCO USE

SMOKING

Smoking is associated with serious diseases and damage to almost every organ in your body. More than 16 million Americans have a disease linked to smoking. Smoking increases the risk of cancer, heart disease, stroke, lung diseases, diabetes, and (COPD), which includes emphysema and chronic bronchitis. It increases risk of tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis, and erectile dysfunction. Smoking remains the number one cause of preventable diseases in the United States. The U.S. Department of Health and Human Services states that cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure (Centers for Disease Control and Prevention, 2019).

The money that is collected from tobacco taxes and settlements in court, less than 2.4% is spent on programs that can help stop young people from becoming smokers and help current smokers quit (Centers for Disease Control and Prevention, 2019). In Miami-Dade 12% of the adult population are current smokers.



	2002	2007	2010	2013	2016	2019
Miami-Dade	18.8	15.4	10.6	14	12.3	12
Florida	22.2	19.3	17.1	16.8	15.5	14.8

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

HEALTH BEHAVIORS-TOBACCO USE

SMOKING AND YOUTH

The U.S. National Library of Medicine in the National Institute of Health attributed about a third of teenage experimentation with smoking to tobacco advertising and promotional activities in retail environments. The 2016 and 2018 Florida Youth Tobacco Survey (FYTS) shows a slight decrease in some areas for youth ages 11 years old to 17 years old who have tried some form of tobacco. It is essential to note the evolving trend of electronic nicotine delivery systems (ENDS) such as vapes or JUUL. Since 2016, electronic vaping is the most prevalent type of tobacco that students have tried and has generally been increasing since 2014.

2020 Florida Youth Tobacco Survey for Miami-Dade County

Percentage of Youth Ages 11-17 Who Have:	**2014**	**2016**	**2018**	**2020**
Ever tried cigarettes	16.50%	13.10%	12.7%	12.8%
Ever tried cigars	10.80%	8.10%	8.3%	4.7%
Ever tried smokeless tobacco	3.30%	2.70%	2.4%	3.9%
Ever tried hookah	18.30%	22.30%	18.1%	9.3%
Ever tried electronic vaping	14.90%	25.90%	31.1%	28.8%

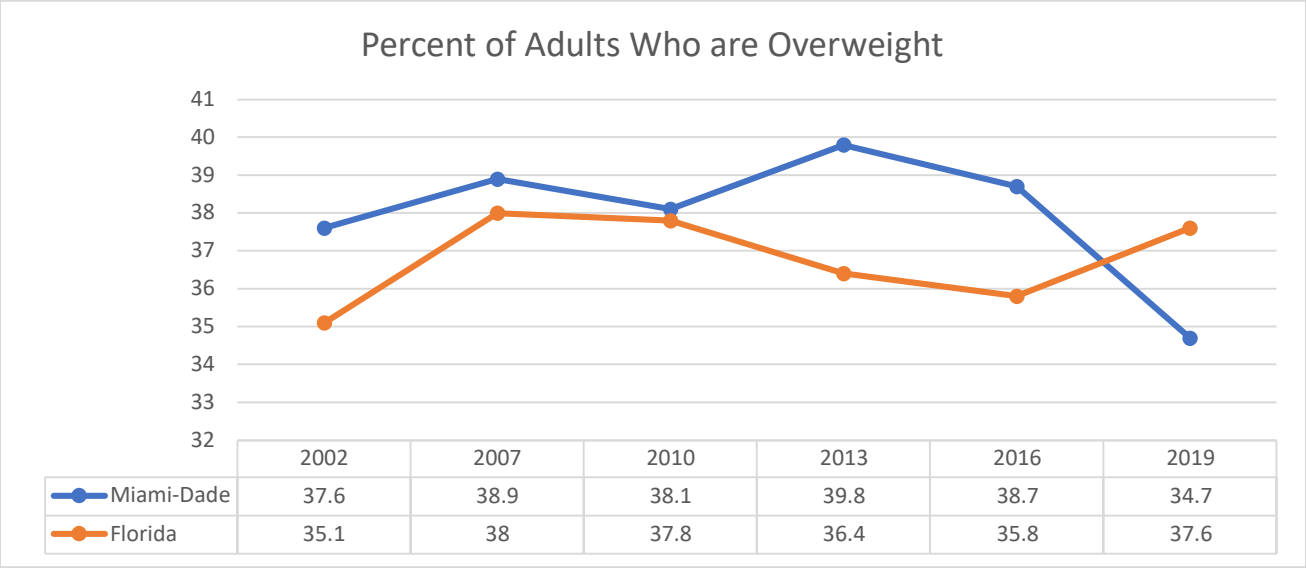
HEALTH BEHAVIORS-DIET AND EXERCISE

DIET AND OBESITY

Obesity is the state of being significantly overweight based on a height-to-weight ratio, or body mass index. Factors that influence the likelihood of becoming obese include genetics, diet, exercise, and socioeconomic status. Additionally, medical costs for people whose weight is categorized as obese is higher than medical costs for people who are not obese.

According to FLCHARTS in 2019, 37.6% of adults in Florida were obese. In Miami-Dade County 34.7% of adults were classified as overweight. This rate is lower than Florida's rate.

As represented below, the proportion of Miami-Dade County adults that are overweight is decreasing.



	2002	2007	2010	2013	2016	2019
Miami-Dade	37.6	38.9	38.1	39.8	38.7	34.7
Florida	35.1	38	37.8	36.4	35.8	37.6

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

FOOD DESERTS

A person's food environment is made up of several factors: the physical presence of food that affects a person's diet, a person's proximity to food store locations, the distribution of food stores, food service, and any physical entity by which food is obtained, or overall a connected system that allows access to foods. The CDC defines food deserts as "areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up a healthy nutritious diet". Populations that live within food deserts rely on federal supplemental assistance which includes the National School Lunch Program (NSLP),SNAP, and Women, Infants, and Children (WIC) programs. The WIC program in Miami-Dade County has partnered with University of Florida Institute of Food and Agriculture Sciences on promoting a program called "*Health in The Hood*." The program brings a mobile unit to WIC locations and offers a variety of fruits and vegetables for members in the community to come and participate in picking nutritious groceries. This program is an example of bridging the gap in these food desert areas. The U.S. Department of Agriculture (USDA) map illustrates that food desert areas exists in Homestead, Cutler Bay and Florida CIty.

HEALTH BEHAVIORS-DIET AND EXERCISE

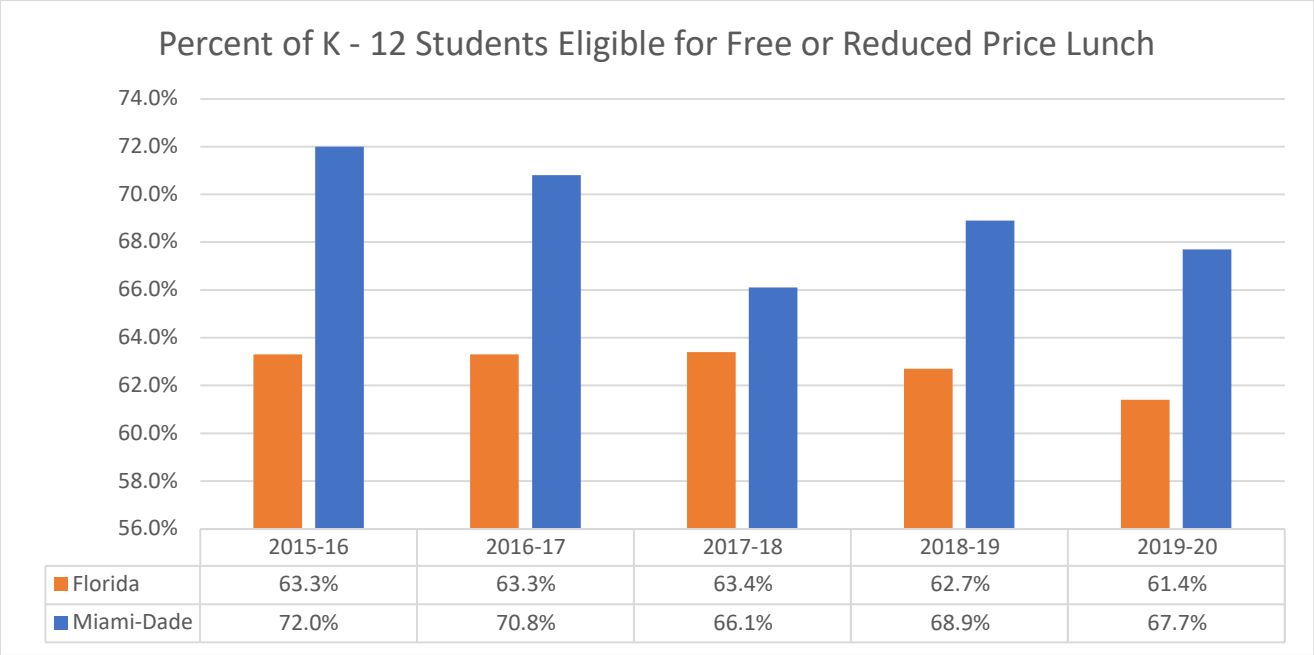
FOOD INSECURITY

Food insecurity for the County Health Rankings is the percentage of the population who lacks adequate access to food. It is important to discuss food insecurities when discussing health because it can be related to negative health outcomes such as weight-gain and premature mortality. The measure also addresses the ability of individuals and families to provide balanced meals, further addressing barriers to healthy eating and adequate access to a constant food supply. The prevalence of food insecurity in the United States is related to changes in unemployment, inflation, and the cost of food. The U.S. Department of Agriculture (USDA) describes food environments as food secure and food insecure. A food secure household always has access to adequate food for all members of the household, whereas, a food insecure households does not always have adequate or enough food for all household members throughout year. According to the USDA's annual study of household food security for 2019, the prevalence of food insecurity was at 10.5%. In 2019 4.1% of US households had very low food security.

The *County Healthy Rankings Report* uses "Food Environment Index" as one of the Diet and Exercise measures. The two factors that determine this index are food insecurity estimates and limited access to healthy foods estimates. The 2019 *County Healthy Rankings Report* highly ranks Miami-Dade County for the Food Environment Index measures as 3rd out of 67 counties in Florida.

FREE AND REDUCED LUNCH

The National School Lunch Program (NSLP) is a federally assisted meal program which provides nutritionally balanced, low-cost or free lunches to children each school day in public, nonprofit private schools and residential child care institutions. An indicator of poverty is the number of students receiving free or reduced priced lunch. The proportions of Miami-Dade's students eligible to receive free or reduced lunch when compared to the the state of Florida is similar but still greater than the Florida percentage.



	2015-16	2016-17	2017-18	2018-19	2019-20
Florida	63.3%	63.3%	63.4%	62.7%	61.4%
Miami-Dade	72.0%	70.8%	66.1%	68.9%	67.7%

Source: Florida Department of Education

HEALTH BEHAVIORS-DIET AND EXERCISE

BUILT ENVIRONMENT, EXERCISE, AND OBESITY

Interventions were implemented at the municipal level in order to increase the opportunity for physical activity and access to healthy food within Miami-Dade County. Evidence-based architectural and urban design strategies can encourage regular physical activity and healthy eating. Improving the built environment to make the surroundings conducive to healthy lifestyles will benefit all members of the community. This objective will potentially reduce health disparities such as access to health care and increasing physical activity by encouraging better walkable streets and complete streets planning principles that are incorporated in underserved and unsafe areas. Additionally, incorporating Active Design Guidelines and Complete Streets Guidelines provides architects and urban designers with a manual of strategies for creating healthier buildings, streets, and urban spaces, based on the latest academic research and best practices in the field. Local governments play a key role in shaping community infrastructure to support walking by promoting transit, community planning zoning provisions, and by retrofitting existing areas to better serve pedestrians. A frequently cited barriers to physical activity is lack of safe areas.

According to the Recommended Community Strategies and Measurements to Prevent Obesity in the United States, street-scale urban design and land-use policies and practices may increase environmental supports, such as safety, walkability, improved sense of community, decreased isolation, and reduction in crime and stress. In Miami-Dade the Active Design guidelines have been adopted to achieve environmental supports. Active Design is an evidence-based approach to shaping communities which leverage urban design and architecture solutions to improve public health. Another approach adopted by Miami-Dade is the Complete Streets Design Guidelines which was developed to provide policy and guidance to all stakeholders involved in street design projects. These projects are designed and operated to enable safe access for all users including, pedestrians, bicyclists, motorists, and public transportation users of all ages and abilities. By implementing a Complete Streets policy, communities direct their transportation planners & engineers to routinely design and operate the entire right of way to enable safe access for all users, regardless of age, ability, or mode of transportation. This means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, & bicyclists – making areas in the county a better place to live. Our Active Design Miami guidelines policy includes the following:

- A vision for how and why the community wants to complete its streets
- Specifies that 'all users' includes pedestrians, bicyclists and transit passengers of all ages and abilities, as well as trucks, buses and automobiles.
- Applies to both new and retrofit projects, including design, planning, maintenance, and operations, for the entire right of way.
- Makes any exceptions specific and sets a clear procedure that requires high-level approval of exceptions.
- Encourages street connectivity and aims to create a comprehensive, integrated, connected network for all modes.
- Is implementable by all agencies to cover all roads.
- Directs the use of the latest and best design criteria and guidelines while recognizing the need for flexibility in balancing user needs.
- Directs that Complete Streets solutions will complement the context of the community.
- Establishes performance standards with measurable outcomes.
- Includes specific next steps for implementation.

To date, there are ten municipalities within Miami-Dade and Unincorporated Miami-Dade that have adopted Active Design Guidelines. By adopting these guidelines, Miami-Dade County has been able to effectively impact over 600,000 Miami-Dade County Residents.

HEALTH BEHAVIORS-DIET AND EXERCISE

BUILT ENVIRONMENT, EXERCISE, AND OBESITY

DOH-Miami-Dade has over five years of experience with Active Design development and has thoughtfully created partnerships within the community through the Consortium for a Healthier Miami- Dade. We have partnered with the Miami Chapter of American Institute of Architects (AIA) to organize an annual Fit City Miami conference based on the NY Active Design Guidelines developed by NYC Department of Health and NYC AIA. Incorporating the Active Design Guidelines into the Urban Design Manual. The Urban Design Manual Is a set of principles that designers use that improve the quality of physical development in unincorporated Miami-Dade. This merge will provide an important opportunity to educate local architects, engineers, planners, city managers, school boards, hospitals, universities, business owners, and elected officials about the physical and economic benefits of NY Active Design Guidelines, through special training sessions and participation in yearly Fit City events.

The NY Active Design Guidelines have been retrofitted to fit the climate and cultural aspects unique to Miami-Dade. The Miami Active Design Guidelines will strengthen policy guidelines that illustrate the basic design principles for the placement and design of public open space and civic structures and significantly improve wellness in Miami-Dade County. The urban design principles in this manual identify acceptable and preferred design examples of ways to implement the urban form guidelines and other policies pertaining to community land use, housing patterns, and design in the Miami-Dade County Comprehensive Development Master Plan (CDMP), in addition to the incorporation of the Active Design Guidelines as part of increasing physical activity. Miami Dade Parks, Recreation, and Open Spaces (MDPROS) has 270 parks, covering 13,599 acres of land and there are 130 miles of bike/walking trails that can be accessed by Miami-Dade County's 2.7M residents, as well as any visitors/tourists to the area.

To access the full Complete Streets Guidelines or Active Design Miami Guidelines, please visit Healthymiamidade.org

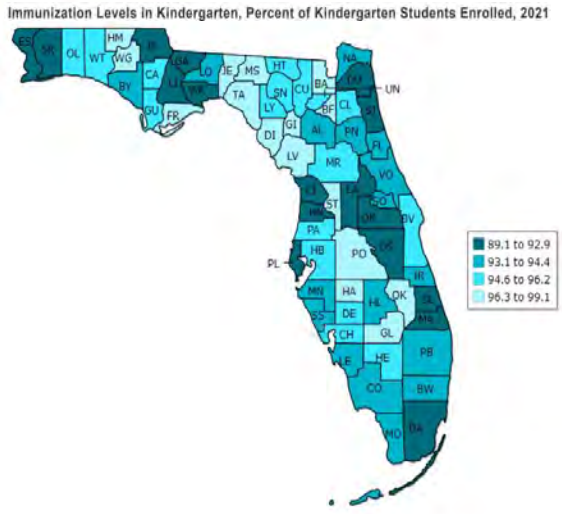
HEALTH BEHAVIORS-VACCINATION

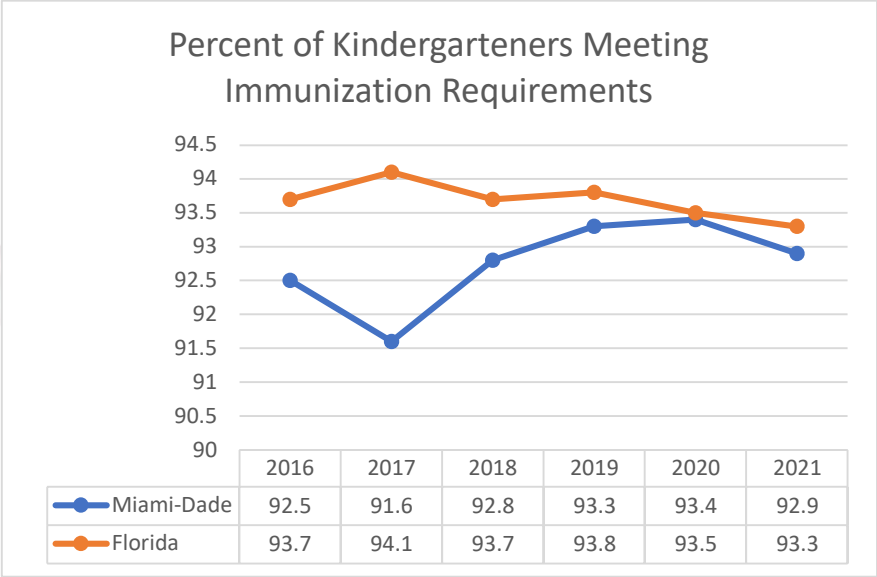
IMMUNIZATION COVERAGE OR SCHOOL AGE CHILDREN

Indicator: Percentage of kindergarteners in Florida public and private schools that have the required immunization documentation for pre-school entry.

Why is this important?

Vaccination is one of the best ways parents can protect infants, children, and teens from about 16 harmful diseases. These diseases can result in long school absences, hospitalizations, and death. This may even have a significant impact on the family's financial stability consequentially from costly medical bills and even loss of work to take care of dependents. The State of Florida has improved immunization coverage through mandatory immunization requirements for school-aged children in an effort to reduce the threat of vaccine-preventable disease. Required vaccines for children in the state of Florida include: diphtheria/tetanus/pertussis (DTaP), polio series vaccine, measles/mumps/rubella (MMR), Hepatitis B (Hep B) series, Haemophilus influenzae type b (HIB), and varicella (chicken pox). In addition, childcare facilities and schools must report their annual vaccination records at the beginning of each school year or period of assessment to the Florida Department of Health. For more information, please visit the CDC website: www.cdc.gov/vaccines.





	2016	2017	2018	2019	2020	2021
Miami-Dade	92.5	91.6	92.8	93.3	93.4	92.9
Florida	93.7	94.1	93.7	93.8	93.5	93.3

Information and supportive resources on immunizations and vaccines are available through the following organizations:

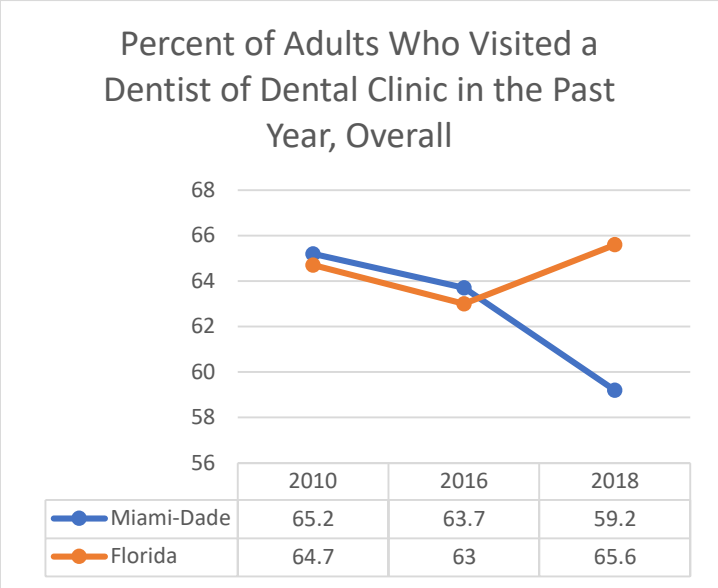
- FL Health Miami-Dade Immunization Clinics http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/immunizations/clinics/index.html
- Florida Shots Keeping Shots in Check http://flshotsusers.com/
- CDC's School Vax View https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/index.html
- Vaccinate Your Family http://ecbt.org/

Revised 4-26-2022

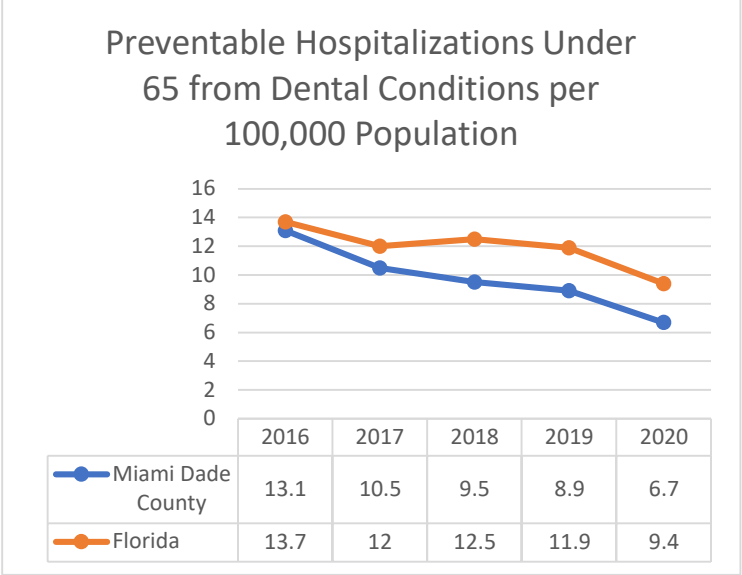
HEALTH BEHAVIORS-ORAL HEALTH

DENTAL CARE

The importance of dental care goes far beyond the appearance of a beautiful smile. Regular oral healthcare can prevent many types of diseases ranging from gum disease to heart disease. Dental disease can lead to diabetes, lung disease, stroke, respiratory illnesses, and complications during pregnancy. Oral diseases can cost taxpayers millions of dollars every year. Dental costs are the main reason why people do not go to the dentist. Healthy People 2030 is working to decrease and eliminate oral health disparities with interventions such as community water fluoridation and school-based dental sealant programs to achieve this goal. The chart below, generated from BRFSS shows that the percent of adults visiting a dentist has decreased in the past decade. Preventative visits promote good oral health. The second chart shows thre rate of preventable hospitalizations for those under 65 from Dental Conditions.



	2010	2016	2018
Miami-Dade	65.2	63.7	59.2
Florida	64.7	63	65.6



	2016	2017	2018	2019	2020
Miami Dade County	13.1	10.5	9.5	8.9	6.7
Florida	13.7	12	12.5	11.9	9.4

Source: Data accessed via FLCHARTS http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=97 and CDC PLACES

Information and supportive resources on dental care are available through the following organizations:

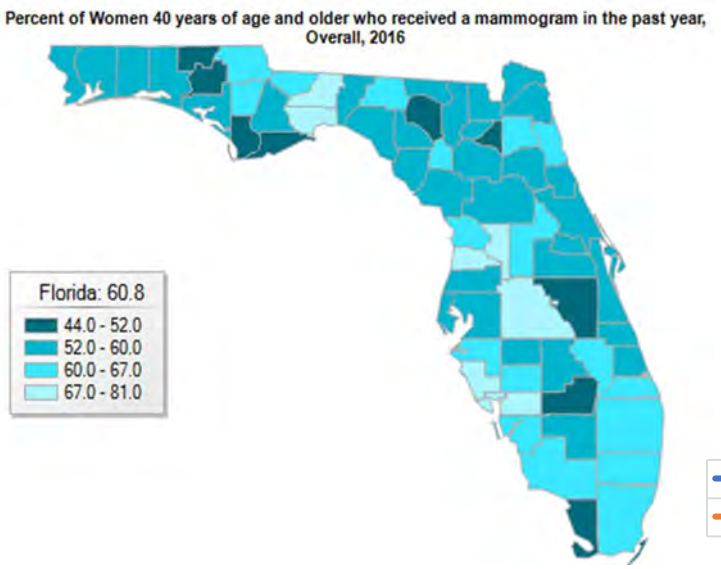
- American Dental Association "Mouth Healthy" www.MouthHealthy.org/en/
- U.S. Department of Health and Human Services "Live well. Learn how." www.healthfinder.gov
- Florida Department of Health in Miami-Dade County Dental Program http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/community-dental-centers.html

Revised 4-26-2022

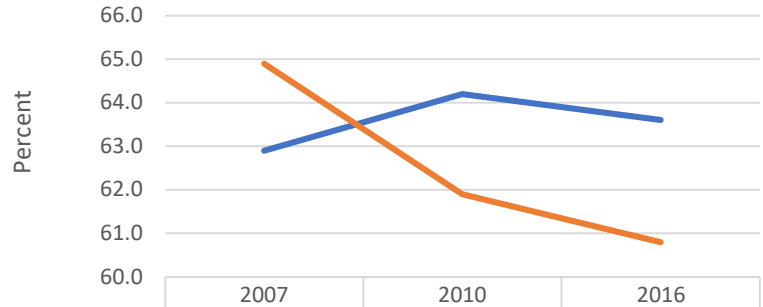
HEALTH BEHAVIORS-WOMEN'S HEALTH

BREAST CANCER SCREENING (MAMMOGRAMS)

Statistics shows that breast cancer is the second most prevalent type of cancer in the United States. Chances of getting breast cancer increase for woman with age. Breast cancer screening is vital before onset of signs and symptoms of the disease. The Florida Behavioral Risk Factor Surveillance tracks the indicator for women of 40 years of age and older for who have received a mammogram. It is recommended that women who are 50 to 74 years old with a risk for breast cancer to get a mammogram every two years, and depending on an individual's risks, a health care provider can determine how often to get a mammogram before age 50. CDC's National Breast and Cervical Cancer Early Detection Program provides low-cost breast and cervical cancer screenings and diagnostic services to low-income, uninsured, and underinsured women across the United States. There is no data available past 2016.



Percentage of Women 40 Years of Age and Older Who Received a Mammogram in the Past Year, Miami-Dade County and Florida, 2007-2016
(Single-Year)



	2007	2010	2016
Miami-Dade	62.9	64.2	63.6
Florida	64.9	61.9	60.8

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Information and supportive resources for breast cancer and breast cancer screenings are available through the following organizations:

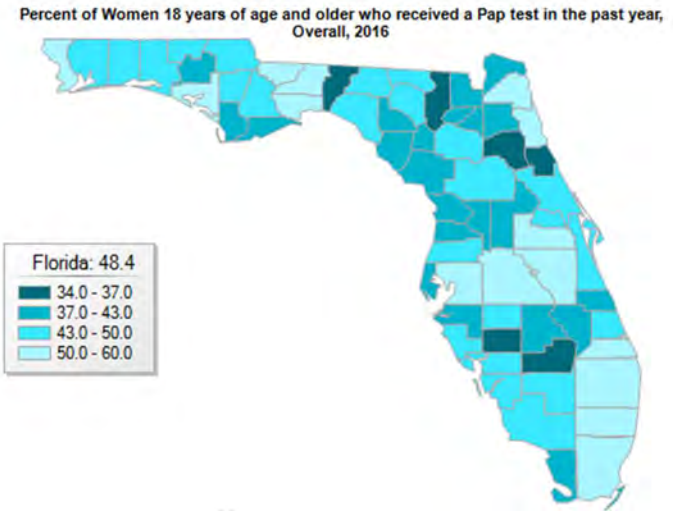
- Florida Department of Health Florida Breast and Cervical Cancer Early Detection Program http://www.floridahealth.gov/diseases-and-conditions/cancer/breast-cancer/index.html
- Sylvester Comprehensive Cancer Center https://umiamihealth.org/sylvester-comprehensive-cancer-center

Revised 4-26-2022

HEALTH BEHAVIORS-WOMEN'S HEALTH

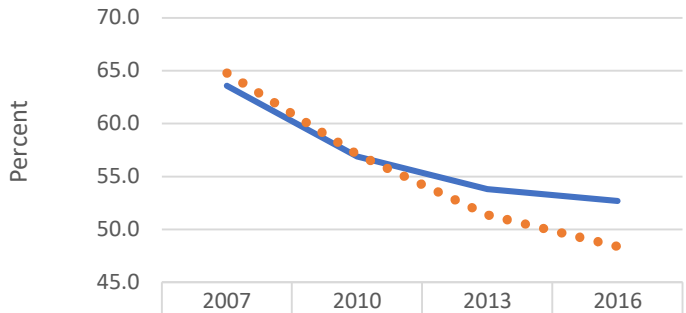
CERVICAL CANCER SCREENING (PAP SMEAR)

Cervical cancer is cancer that starts in the cervix. There are two screening tests that can help prevent cervical cancer or detect it in its early stage: the Pap smear (or Pap test) and the human papillomavirus (HPV) test. The Pap smear screens for precancerous cells, on the cervix that could potentially become cervical cancer. According to the CDC HPV factsheet, HPV is the most common form and main cause of cervical cancer which is also the most commonly sexually transmitted infection in the United States. All women are at risk for cervical cancer; however,most often it occurs in women over the age of 30 years. The Centers for Disease Control and Prevention) recommends that women should start getting Pap tests at the age of 21 and to continue to get tested annually until the age of 65. Screening requirements may vary, so it is best to discuss your risk and options with your healthcare provider. Data is not available past 2016.



Percent of Women 18 Years of Age and Older Who Have Received a Pap Smear in the Last Year - Miami-Dade County and Florida, 2007-2016

(Single-Year)



	2007	2010	2013	2016
Miami-Dade	63.6	56.9	53.8	52.7
Florida	64.8	57.1	51.4	48.4

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The Healthy People 2020 national health target is to increase the number of women who receive a cervical cancer screening based on the most recent guidelines in 2008 (age-adjusted to the year 2000 standard population) to 93.0%. The percent of women 18 years and older who received a Pap smear in 2016 in Miami-Dade County was 52.7%; Miami-Dade has yet to meet this national target.

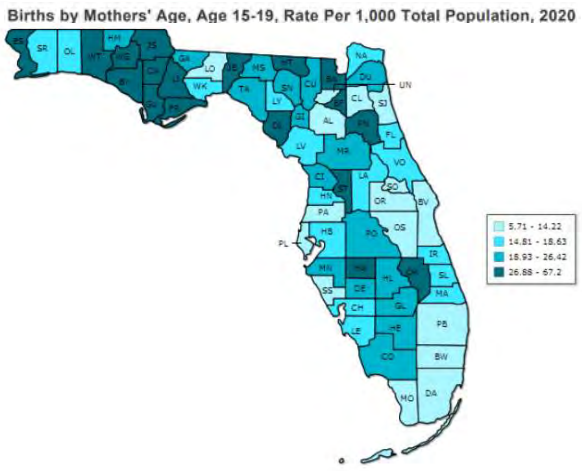
HEALTH BEHAVIORS-SEXUAL ACTIVITY

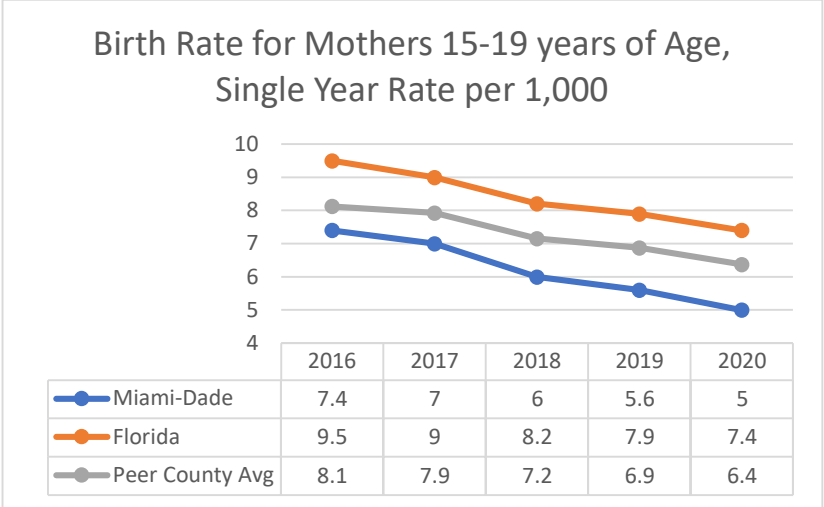
TEEN BIRTHS

Indicator: Rate of births per 1,000 females 15 years of age to 19 years of age.

Why is this important?

The 2020 National Vital Statistics reports from the CDC stated that a total of 157,548 babies were born to women aged 15–19 years, for a birth rate of 15.3 per 1,000 women in this age group. This is a record low for U.S. teens. Some of the reasons for teen births declining are due to more teens abstaining from sexual activity and using birth control and contraceptives than in prior years. The importance of prevention is key in teen pregnancies and childbearing because it brings such a substantial social and economic costs through immediate and long-term impacts on teen parents and their children. The U.S. Department of Health and Human Services reports that babies born to teen moms are more likely to be born pre-term and possibly with a low birth weight. Healthy People 2030 also notes children of teen parents are more likely to have lower cognitive attainment, more behavior problems, more likely to have poorer educational and health outcomes throughout their lives compared to children born from older parents. Since 2016 teen birth rates in Miami-Dade County have decreased and remained lower than Florida and Peer Counties Average rates. In 2020 the birth rate was 5 birthsper 1,000 women 15-19 years of age in Miami-Dade County.





	2016	2017	2018	2019	2020
Miami-Dade	7.4	7	6	5.6	5
Florida	9.5	9	8.2	7.9	7.4
Peer County Avg	8.1	7.9	7.2	6.9	6.4

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Overall teen birth rates are on the decline in Miami-Dade County. Teen pregnancies are linked to Social Determinants of Health including unplanned pregnancies, poverty, and lack of education and access to adequate family planning resources.

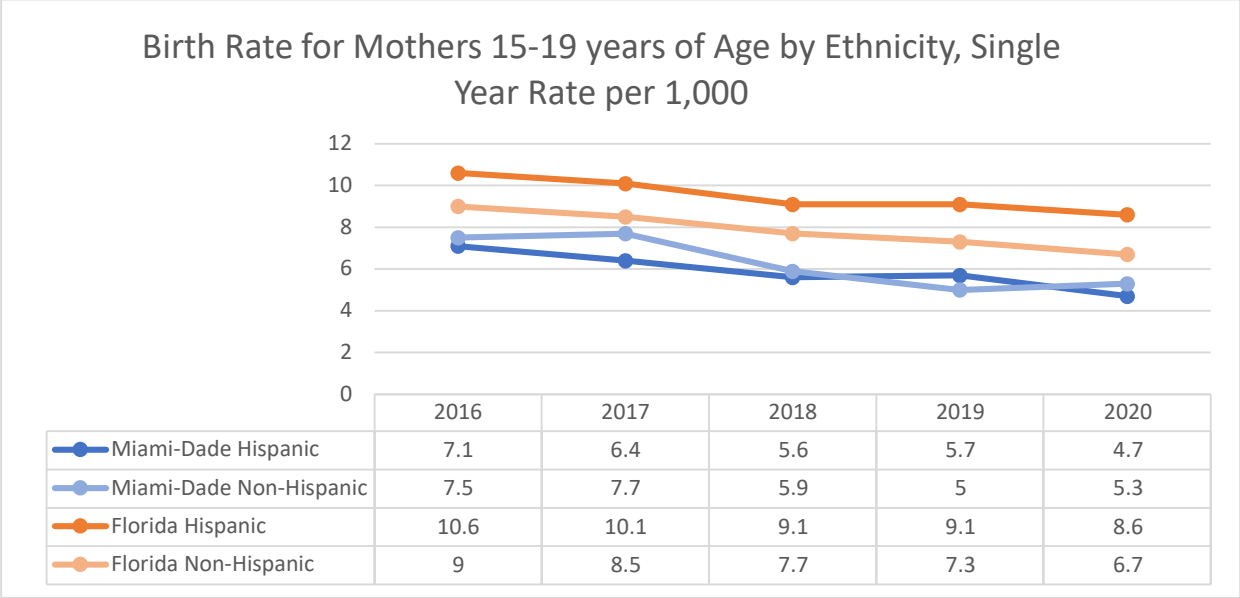
Information and supportive resources on teen births are available through the following organizations:

- CDC Reproductive Health: Teen Pregnancy https://www.cdc.gov/teenpregnancy/about/index.htm
- Institute for Child & Family Health http://www.icfhinc.org/
- Teen Pregnancy Prevention Evidence Review https://tppevidencereview.aspe.hhs.gov/

HEALTH BEHAVIORS-SEXUAL ACTIVITY

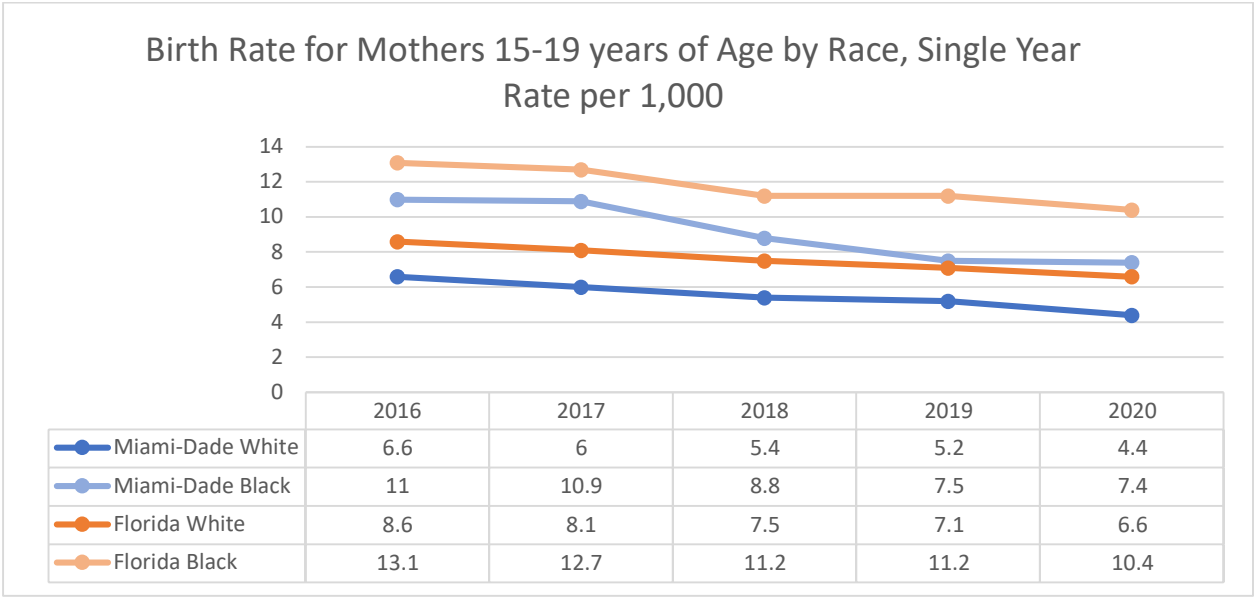
TEEN BIRTHS

Presented in the table below includes the birth rates for mother 15-19 years of age for Miami-Dade and Florida by ethnicity. The recent birth rate for the Hispanic population in Miami-Dade is below the Florida rates. The rates for the non-Hispanic population in Miami-Dade are lower than the Hispanic population in Miami-Dade. The rates for the Hispanic population in Miami-Dade are lower compared to the state rate also the non-Hispanic population in Miami-Dade are lower compared to the state rate.



	2016	2017	2018	2019	2020
Miami-Dade Hispanic	7.1	6.4	5.6	5.7	4.7
Miami-Dade Non-Hispanic	7.5	7.7	5.9	5	5.3
Florida Hispanic	10.6	10.1	9.1	9.1	8.6
Florida Non-Hispanic	9	8.5	7.7	7.3	6.7

When broken down by race, the Teen Birth rate for the Black population is greater than the Teen Birth rate for the white population, at both the county and state level. The county rates are lower than the state rates for both the white and black population respectively. Additionally the disparity in the birth rates is greater at the state level than at the county level and the disparity in Miami-Dade has been decreasing over the past 5 years.



	2016	2017	2018	2019	2020
Miami-Dade White	6.6	6	5.4	5.2	4.4
Miami-Dade Black	11	10.9	8.8	7.5	7.4
Florida White	8.6	8.1	7.5	7.1	6.6
Florida Black	13.1	12.7	11.2	11.2	10.4

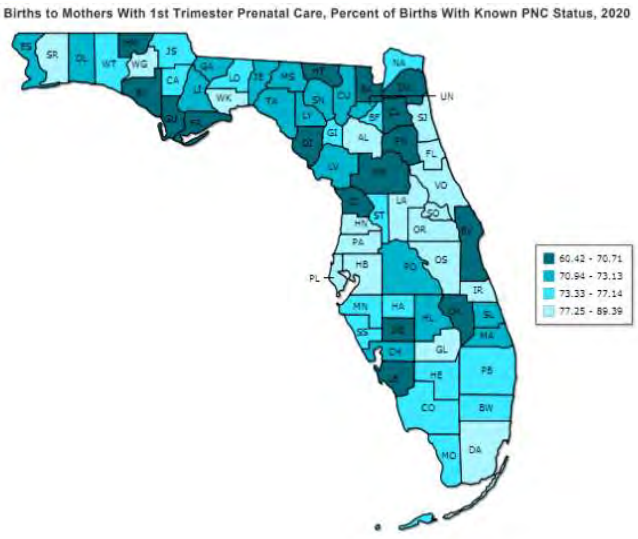
HEALTH BEHAVIORS-MATERNAL AND CHILD HEALTH

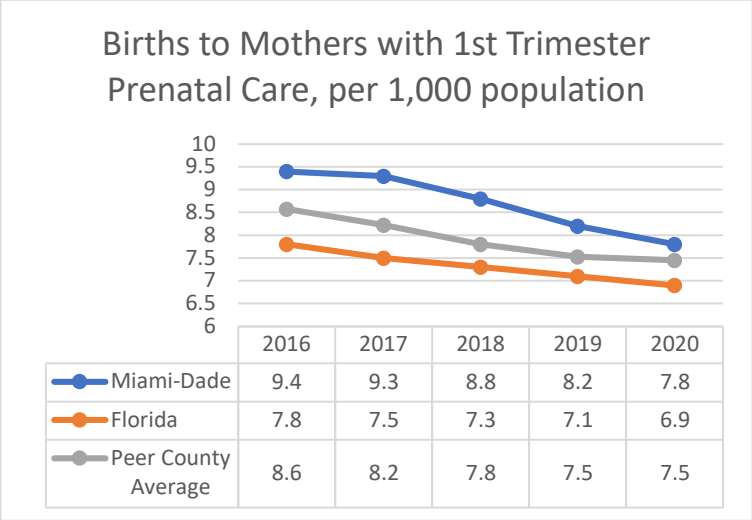
EARLY ENTRY INTO PRENATAL CARE

Indicator: Percentage of births to mothers who began prenatal care in the first trimester (12 weeks) of their pregnancy.

Why is this important?

Prenatal care is a top maternal and child health priority. Preconception health is getting healthy before pregnancy. Women who see a health care provider regularly during pregnancy have healthier babies and are less likely to have pregnancy complications. Prenatal care visits are used to monitor the progress of a pregnancy. It is recommended that women begin prenatal care visits in the first trimester or as soon as pregnancy is suspected or confirmed to achieve the greatest benefits and better health outcomes for both the mother and the baby. Early visits allow health care providers to identify potential problems, so they can be prevented or treated before they become serious.





	2016	2017	2018	2019	2020
Miami-Dade	9.4	9.3	8.8	8.2	7.8
Florida	7.8	7.5	7.3	7.1	6.9
Peer County Average	8.6	8.2	7.8	7.5	7.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

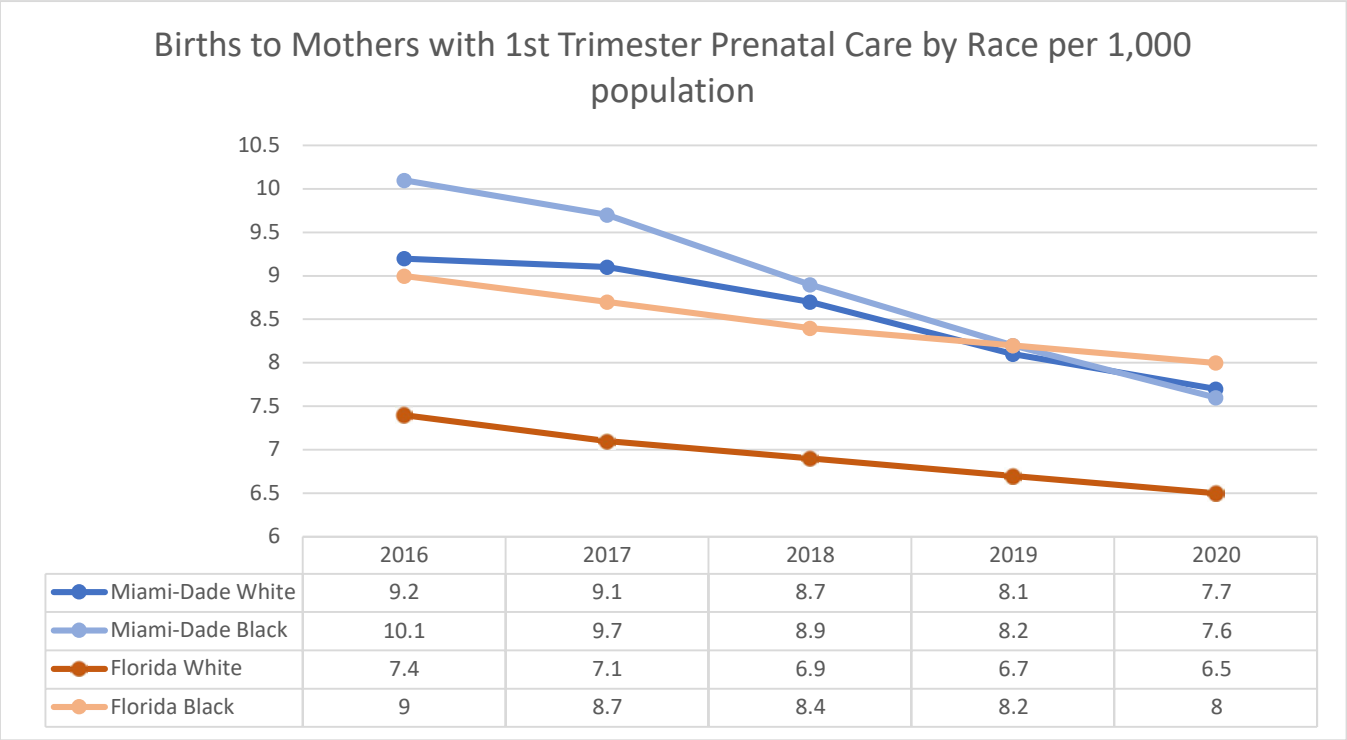
The percent of mothers entering early into prenatal care in Miami-Dade County has unfavorably decreased since 2016; however, when compared to the State rates Miami-Dade County remains higher at 7.8.

Information and supportive resources for early entry to prenatal care are available through the following organizations:

- Healthy Start Coalition of Miami-Dade https://www.hscmd.org/
- FL Health Prenatal Care Program http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/womens-health/Prenatal/index.html
- Text4Baby https://text4baby.org/
- Women, Infant, and Children's Program (WIC) Miami http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic-women-children/index.html

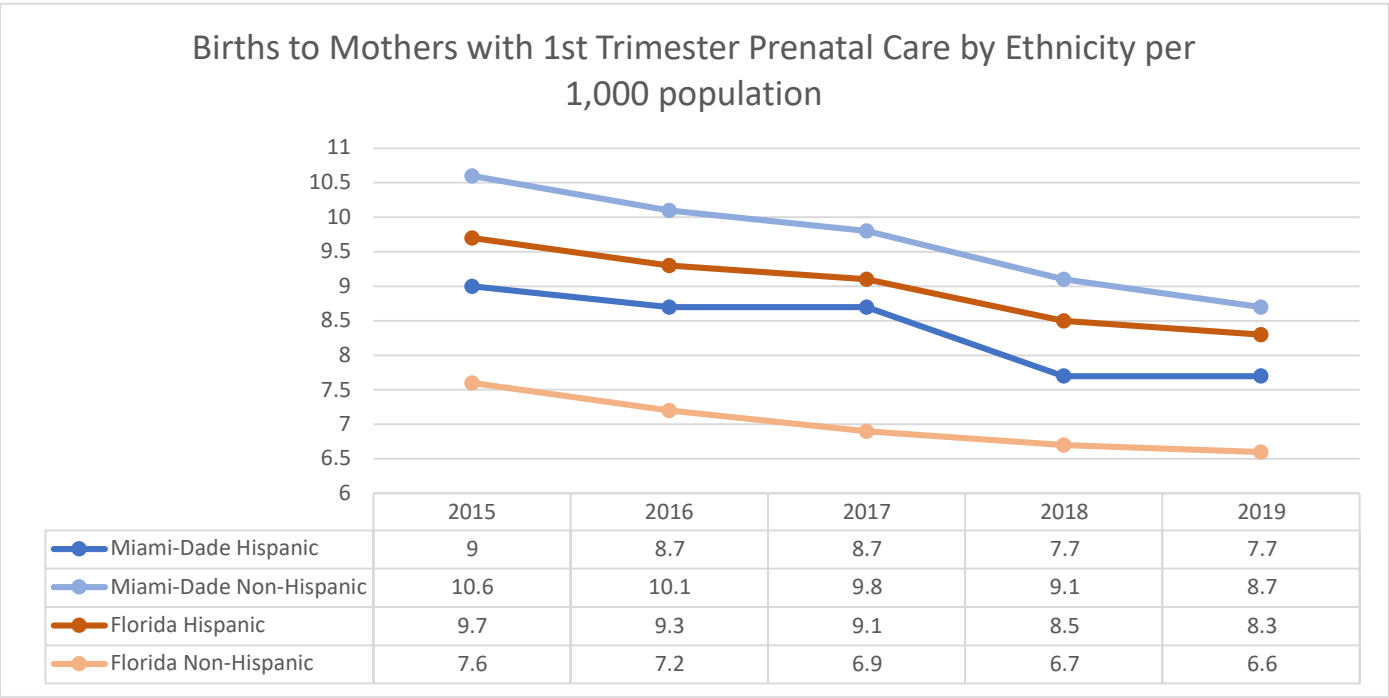
HEALTH BEHAVIORS-MATERNAL AND CHILD HEALTH

EARLY ENTRY INTO PRENATAL CARE



	2016	2017	2018	2019	2020
Miami-Dade White	9.2	9.1	8.7	8.1	7.7
Miami-Dade Black	10.1	9.7	8.9	8.2	7.6
Florida White	7.4	7.1	6.9	6.7	6.5
Florida Black	9	8.7	8.4	8.2	8

As presented above, fewer Black mothers receive early prenatal care compared to White mothers in Miami-Dade County. The percent of mothers beginning prenatal care during first trimester in Miami-Dade among both the White and Black populations are higher than mothers in Florida. When broken down by ethnicity, interestingly the rates at the county and state level do not mirror each other; in Miami-Dade Hispanic people receive early prenatal care at lower rates than the non-hispanic population, where in the state it is opposite.



	2015	2016	2017	2018	2019
Miami-Dade Hispanic	9	8.7	8.7	7.7	7.7
Miami-Dade Non-Hispanic	10.6	10.1	9.8	9.1	8.7
Florida Hispanic	9.7	9.3	9.1	8.5	8.3
Florida Non-Hispanic	7.6	7.2	6.9	6.7	6.6

CLINICAL CARE-ACCESS TO CARE AND QUALITY OF CARE

ACCESS TO CARE

Healthcare access is crucial for overall physical, social, mental status and quality of life. However, there are several barriers to healthcare services such as high cost of care, inadequate or no insurance coverage, lack of availability to services and lack of culturally competent care. Healthy People 2020 and Healthy People 2030 notes that access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. Lack of healthcare access leads to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens, and preventable hospitalizations. To achieve the best health outcomes, three distinct steps are required.

1) Gaining entry into the healthcare system (usually through insurance coverage).
2) Accessing a location where needed health care services are provided (geographic availability).
3) Finding a health care provider whom the patient trusts and can communicate with (personal relationship).

QUALITY OF CARE

Quality of care also plays an important role on health outcomes. In order to have better and higher quality of healthcare for all Americans, it is necessary to have adequate coverage, excellent care services, and quick healthcare. It is important to focus on the six priorities as identified by the Institute of Medicine to guide efforts to improve health and health care quality. They are:

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with heart disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS

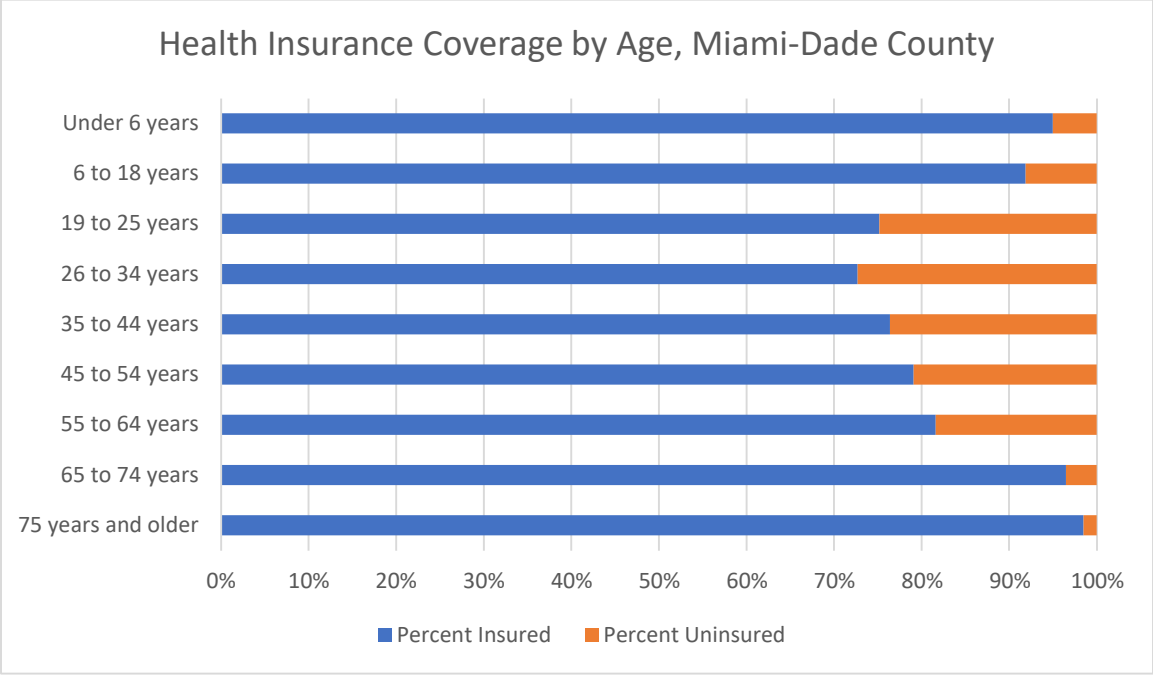
HEALTH INSURANCE COVERAGE

Health insurance coverage impacts a person's ability to receive the care they need. As shown in the table, 83.8% of Miami-Dade County residents reported having health insurance coverage, surveyed by the United States Census Bureau. This proportion is lower than both the state of Florida and the United States (87.3% and 91.3%, respectively). In Miami Dade Count 53.4% of people have private insurance and 33.8% are insured through a public health insurance provider. The age groups with the highest percentage that have health insurance are those under 6 years old, 6-18 years old, 65-74 years old and over 75 years old.

Health Insurance Coverage 5-Year Estimates by Type, 2020

	PERCENT OF POPULATION WITH INSURANCE COVERAGE	*PRIVATE HEALTH INSURANCE ALONE*	*PUBLIC HEALTH INSURANCE ALONE*	*PERCENT OF POPULATION WITH NO INSURANCE COVERAGE*
Miami-Dade County, FL	83.8%	49.6%	22.6%	16.2%
Florida	87.3%	48.9%	20.9%	12.7%
United States	91.3%	54.2%	20.5%	8.7%

Source: US Census, American Community Survey 2020 5-year Estimates Table S2701, S2704, S2703



Source: US Census, American Community Survey 2020 5-year Estimates Table S2701

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS
LICENSED HEALTH CARE FACILITIES

The Florida Agency for Health Care Administration is responsible for the licensure and regulation of Florida's licensed health care services facilities and provision of information to residents of Florida about the quality of care they receive. The table below presents a list the number of licensed health care facilities and the bed capacity by facility type in Miami-Dade County.

Health Care Facilities for Miami-Dade County, FL

Facility Type	Count	Bed Capacity
Adult Day Care Center	157	8675
Adult Family Care Home	4	20
Ambulatory Surgical Center	36	99
Assisted Living Facility	484	4777
Crisis Stabilization and Short Term RTF	4	77
Hospice	2	29
Hospital	33	9452
Intermediate Care Facility for The Developmentally Disabled	18	356
Nursing Home	49	7423
Prescribed Pediatric Extended Care	41	1831
Residential Treatment Center for Children And Adolescents	2	14
Residential Treatment Facility	14	419

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS

LICENSED PROFESSIONALS

Overall, the total number of licensed Florida physicians in Miami-Dade County, FL has gradually increased. FLCHARTS captures health care provider data by each fiscal year (FY). Each specialty has seen a gradual increase over the past five FY.

Number of Licensed Health Providers Medical Professionals by Type for Miami-Dade County, Single Year Counts

	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Dentists	1,729	1,653	1,730	1,714	1,808
Family Practice Physicians	354	256	254	387	409
Internal Medicine Physicians	1,385	1,396	1,367	1,366	1,413
Obstetricians/ Gynecologists (OB/GYN)	246	239	235	236	240
Pediatricians	650	613	612	785	807
Total Licensed Physicians	*7,822*	*7,522*	*9,293*	*9,310*	*9,649*

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

MENTAL HEALTH PROVIDERS

Overall, the number of licensed mental health professionals in Miami-Dade County, FL has gradually increased from FY 2017-18 to the most recent FY 19-20. This data is new to FL Health Charts and is reported currently as single year data.

Number of Licensed Mental Health Professionals by Type for Miami-Dade County, Single Year Count

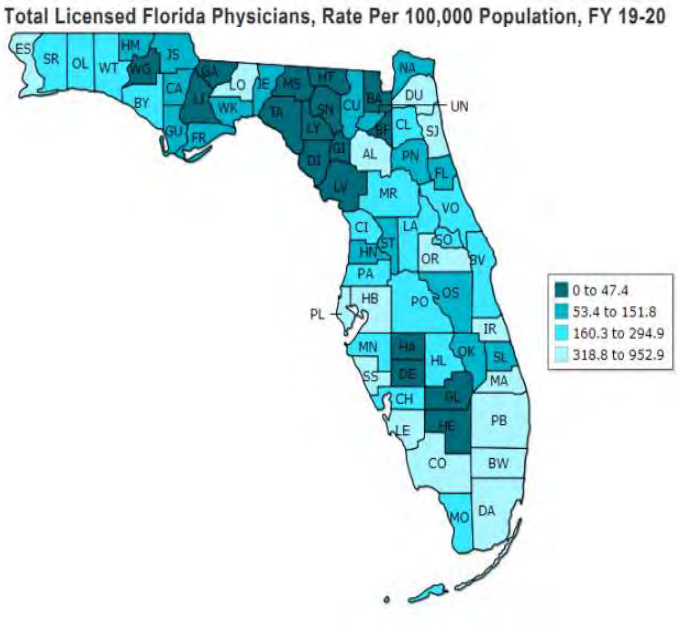
	FY 16-17	*FY 17-18*	*FY 18-19*	*FY 19-20*
Licensed Clinical Social Workers	969	959	1,045	1,057
Licensed Marriage and Family Therapists	271	268	294	301
Licensed Mental Health Counselors	1,140	1,167	1,271	1,363
Licensed Psychologists	776	811	803	843

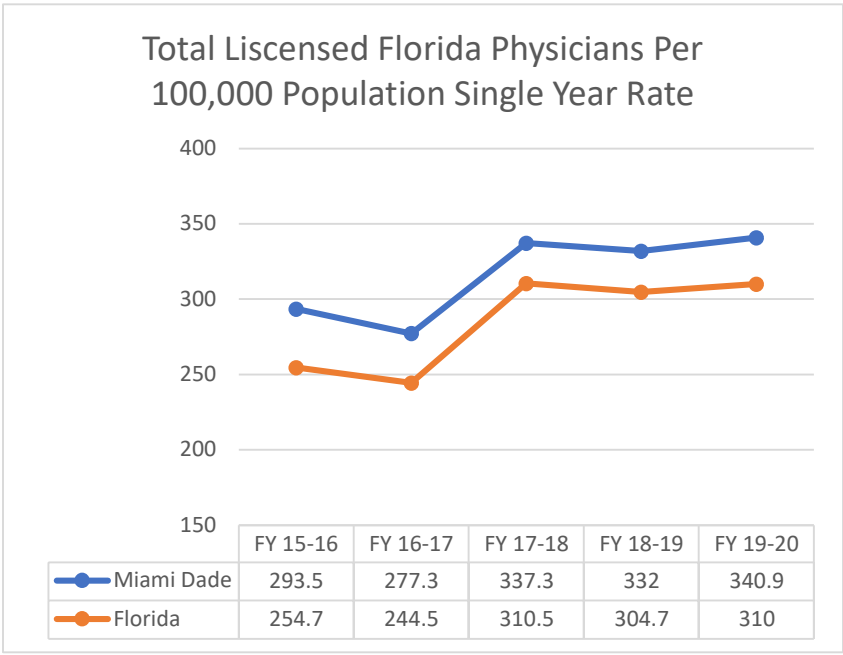
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS

PHYSICIANS

A physician is a professional who practices medicine. A physician can specialize in different areas of medicine. In Miami-Dade County, the rate of licensed practicing physicians has increased since FY 14-15 through FY 18-19.





	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Miami Dade	293.5	277.3	337.3	332	340.9
Florida	254.7	244.5	310.5	304.7	310

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

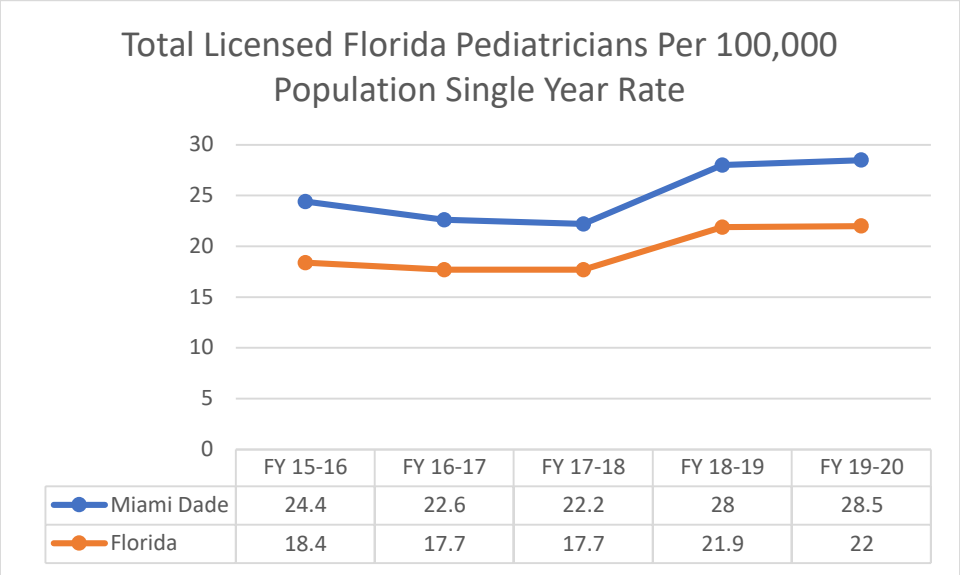
PRIMARY CARE PROVIDERS

Health care access and quality is directly affected by the proportion of liscenced health care professionals to the community. Primary care is the entry point into the healthcare system for non-emergent services. Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services. Primary care providers are made up of general and family medicine physicians, internists, pediatricians, obstetricians and gynecologists, nurse midwives, physician assistants, and nurse practitioners. School health nurses provide primary care services to selected populations.

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS

PEDIATRICIANS

From the American Academy of Pediatrics (AAP) a pediatrician is a physician who is concerned primarily with the health, welfare, and development of children from birth to early adulthood (18 years of age). A pediatrician understands his or her patients' incident to growth and development and the changing standards of normal for age along with diagnosis and treatment of an array of childhood illnesses and disorders. The trending rates for pediatricians in Miami-Dade County have fluctuated over time, with an increase over the last few years.

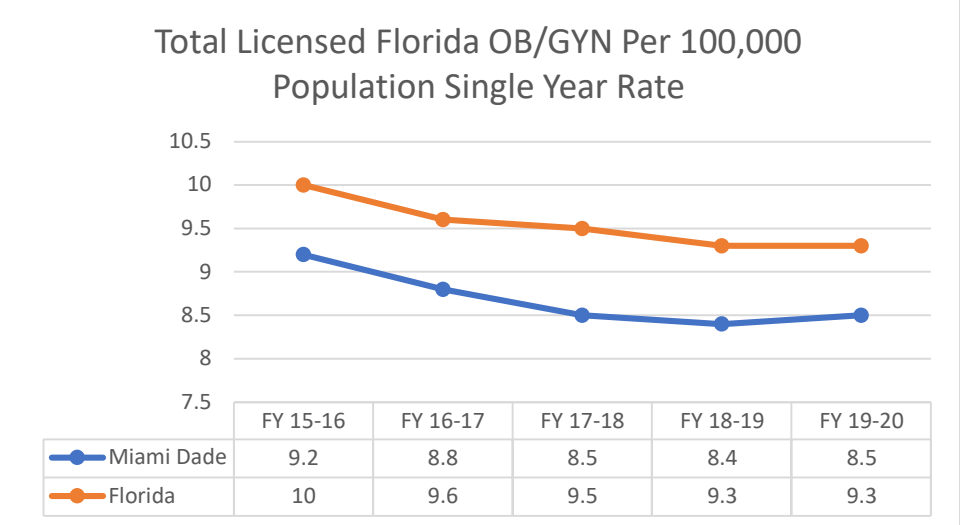


	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Miami Dade	24.4	22.6	22.2	28	28.5
Florida	18.4	17.7	17.7	21.9	22

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

OBSTETRICIANS/GYNECOLOGISTS

Obstetricians (OB) are physicians that work with women to deliver healthy babies while keeping women and their pregnancy healthy. Many obstetricians specialize in gynecology (GYN), a specialization in health and disease of the female reproductive health system. As seen below, the rate of OB/GYN per 100,000 population in Miami-Dade has been decreasing. The total number of OB/GYN have increased over the past 5 years however the increase in population has outpaced the increase in OB/GYN which is why the rate is decreasing.

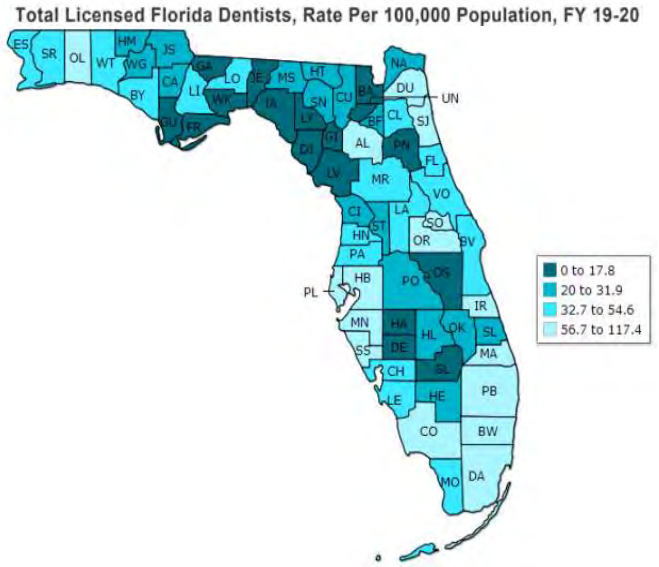


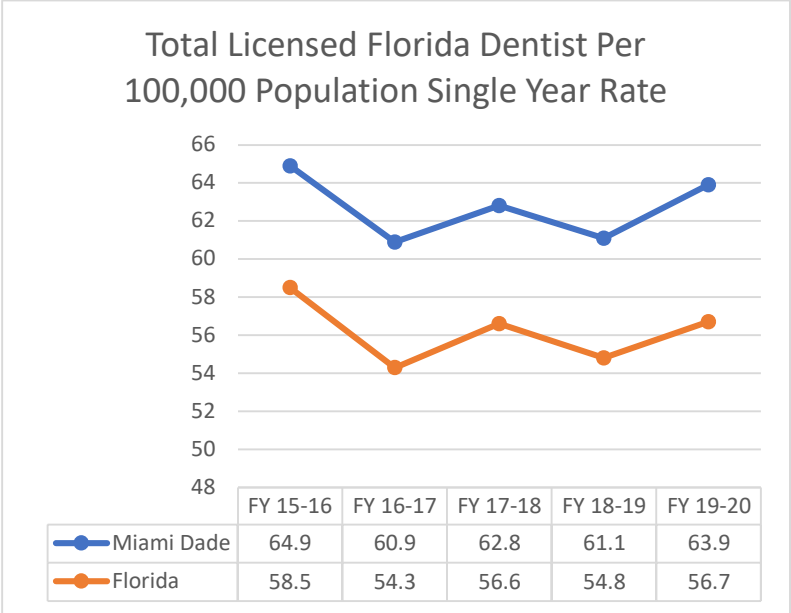
	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Miami Dade	9.2	8.8	8.5	8.4	8.5
Florida	10	9.6	9.5	9.3	9.3

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS

DENTISTS

Dentists are doctors who specialize in oral health. They promote oral health and disease prevention. Some of their responsibilities include diagnosing oral diseases, creating treatment plans to maintain or restore the oral health of their patients, interpret x-rays and tests, and ensure the safe administration of anesthetics while performing surgical procedures on the teeth, bone, and soft tissues of the oral cavity. Dental public health focuses on improving oral health for all Americans by reducing disparities and expanding access to effective prevention programs. The rate of dentists have fluctuated over the past 5 years and for FY19-20 the rate of dentist per population is lower than it was in FY15-16.





	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Miami Dade	64.9	60.9	62.8	61.1	63.9
Florida	58.5	54.3	56.6	54.8	56.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

CLINICAL CARE-ACCESS TO HEALTHCARE PROVIDERS

HEALTH PROFESSIONAL SHORTAGE AREAS

The U.S. Department of Health & Human Services (USHHS) has designated Health Professional Shortage Areas (HPSAs) as areas having shortages of primary medical care, dental, or mental health providers which can occur within a certain region, demographic, or institution. Medically Underserved Populations are areas or populations designated by HRSA and having (1) too few primary care health providers; (2) high infant mortality; (3) high poverty and/ or; (4) high elderly population. Below are the designated HPSAs within Miami-Dade County. The boundaries of these areas can be found on the USHHS website

Discipline	HPSA Designation Type	HPSA Name
Dental Health	Low Income Population	Hialeah, Little Havana, Biscayne Park, Golden Glades, Liberty City, North Miami Beach, South Beach, Wynwood
	Correctional Facility	Dade Correctional Institution, FCI Miami, FDC Miami
	Federally Qualified Health Center	Banyan Community Health Center, Borinquen Health Care Center, Camillus Health Concern, Care Resource Community Health Center, Center For Family and Child Enrichment, Citrus Health Network, Community Health South Florida, Empower U, Jessie Trice Community Health System, Miami Beach Community Health Center
	Indian Health Service, Tribal Health and Urban Indian Health Organizations	Miccosuke Health Department
Mental Health	Low Income Population	Sweetwater
	Correctional Facility	Dade Correctional Institution, FCI Miami, FDC Miami
	Federally Qualified Health Center	Banyan Community Health Center, Borinquen Health Care Center, Camillus Health Concern, Care Resource Community Health Center, Center For Family and Child Enrichment, Citrus Health Network, Community Health South Florida, Empower U, Jessie Trice Community Health System, Miami Beach Community Health Center
	Indian Health Service, Tribal Health and Urban Indian Health Organizations	Miccosuke Health Department
Primary Care	Low Income Population	Golden Glades, Homestead, Opa Locka, Southwest Dade, Biscayne Park, Hialeah, Hialeah Garden, Liberty City, Little Havana, Norland, North Beach, North Miami Beach, West Perrine, Wynwood
	Correctional Facility	Dade Correctional Institute, FCI Miami, FDC Miami
	Federally Qualified Health Center	Banyan Community Health Center, Borinquen Health Care Center, Camillus Health Concern, Care Resource Community Health Center, Center For Family and Child Enrichment, Citrus Health Network, Community Health South Florida, Empower U, Jessie Trice Community Health System, Miami Beach Community Health Center
	Indian Health Service, Tribal Health and Urban Indian Health Organizations	Miccosuke Health Department

Source: Data accessed via U.S. Department of Health and Human Services Health Professional Shortage Areas https://data.hrsa.gov/tools/shortage-area/hpsa-find

CLINICAL CARE- HEALTHCARE UTILIZATION

NUMBER OF BEDS

Acute care hospitals play a major role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide a comprehensive diagnostic and treatment services on an outpatient basis. There are some hospitals who have a number of beds available for specific specialties. The rates, or amount of beds per 100,000 population, of available acute care, specialty, and nursing home beds are as shown below for Miami-Dade County. With the exception of Rehabilitation and Nursing Home facility types, Miami-Dade has more beds per 100,000 population than the state overall

Rate of beds by Type of Health Care Facility, 2020

per 100,000 Population

	HOSPITAL	ACUTE CARE	SPECIALTY	ADULT PSYCHIATRIC	REHABILITATION	NURSING HOME
Miami-Dade County, FL	330.0	269.6	60.4	25.5	12.5	282.6
Florida	307.6	248.9	58.6	20.6	13.1	386.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

TOTAL ANNUAL EMERGENCY ROOM VISITS AND DISCHARGES

Local emergency room utilization is an indicator of the availability and accessibility of health care services for the community. Many emergency room visits do not result in admission. The number of individuals who have visited the emergency room and those who have been admitted into the hospital are represented below. Data past 2019 is not available.

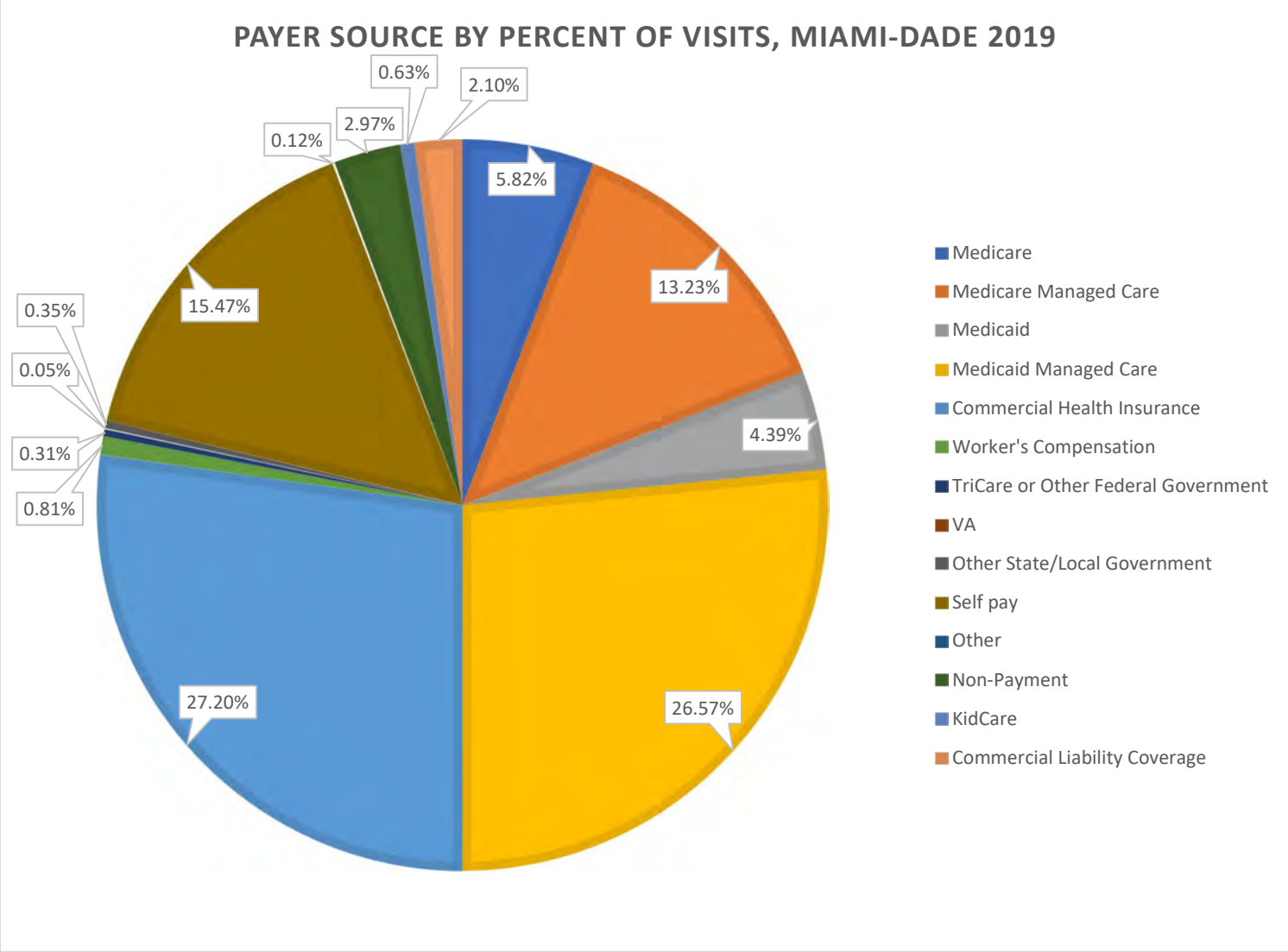
Total Emergency Department Visits and Hospital Admissions for 2019	
Emergency Department Visits	978,394
Inpatient Hospital Discharges	335,960

Source: Data for 2019 accessed via Florida Agency for Health Care Administration

CLINICAL CARE- HEALTHCARE UTILIZATION

PAYER SOURCE

The chart below shows the principal payer source for emergency department visits as a percentage of total visits. The top payer sources are Commercial Health Insurance, Medicaid Managed Care, Self Pay, and Medicare Managed Care. 2019 is the most recent data available.



Source: Data for 2019 was accessed via Florida Agency for Health Care Administration

Revised 4-26-2022

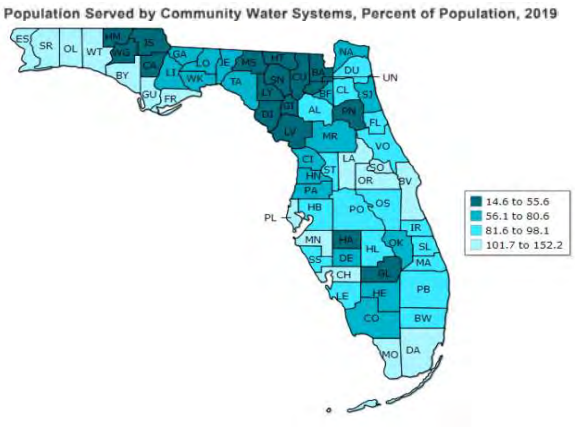
PHYSICAL ENVIRONMENT-WATER QUALITY

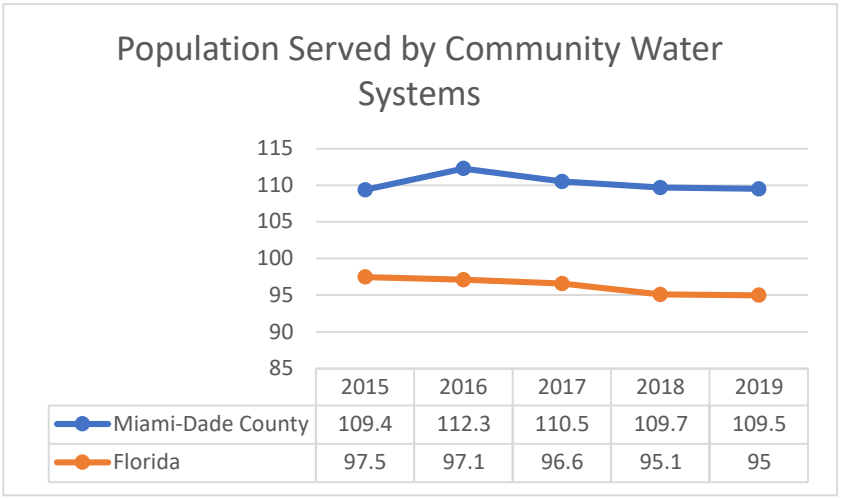
COMMUNITY WATER SUPPLY

Indicator: Percentage of the community that receives its potable water from a community water system

Why is this important?

According to the United States Environmental Protection Agency (EPA), public drinking water systems consist of community and non-community systems. It is a public water system that supplies water to the same population year-round. It is important to know where drinking water also known as potable water comes from, how and if it has been treated, and if it is safe to drink or use for food preparation. A community water supply system provides water to the public for human consumption through pipes or other constructed transports. The Florida's Department of Environmental Protection (DEP) states a community water system serves at least 15 service connections used by year-round residents. Public drinking water regulations aim to reduce the harmful effects of contamination on people who use water from public water systems. Some of these benefits of these regulations include: improved taste, reduced pipe corrosion, and a reduction in buying bottled water, boil-water advisories, and purchasing filters.





	2015	2016	2017	2018	2019
Miami-Dade County	109.4	112.3	110.5	109.7	109.5
Florida	97.5	97.1	96.6	95.1	95

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

Since 2015, the proportion of Miami-Dade County, FL residents receiving potable water from a regulated community water system has increased and has remained above the state level. Per FLCHARTS, purchasing among community water systems and public utilization of drinking water from a variety of places and systems occurs; therefore the estimated number of people served may exceed the estimated population in that area and the percent served may exceed 100%. 2019 is the most recent data available.

Information and supportive resources for community water supply are available through the following organizations:

- CDC's Drinking Water https://www.cdc.gov/healthywater/drinking/
- Safe Drinking Water Act (SDWA) https://www.epa.gov/dwstandardsregulations/background-drinking-water-standards-safe-drinking-water-act-sdwa
- U.S. EPA Drinking Water Standards and Regulation https://www.epa.gov/dwstandardsregulations#listmcl

PHYSICAL ENVIRONMENT-WATER QUALITY

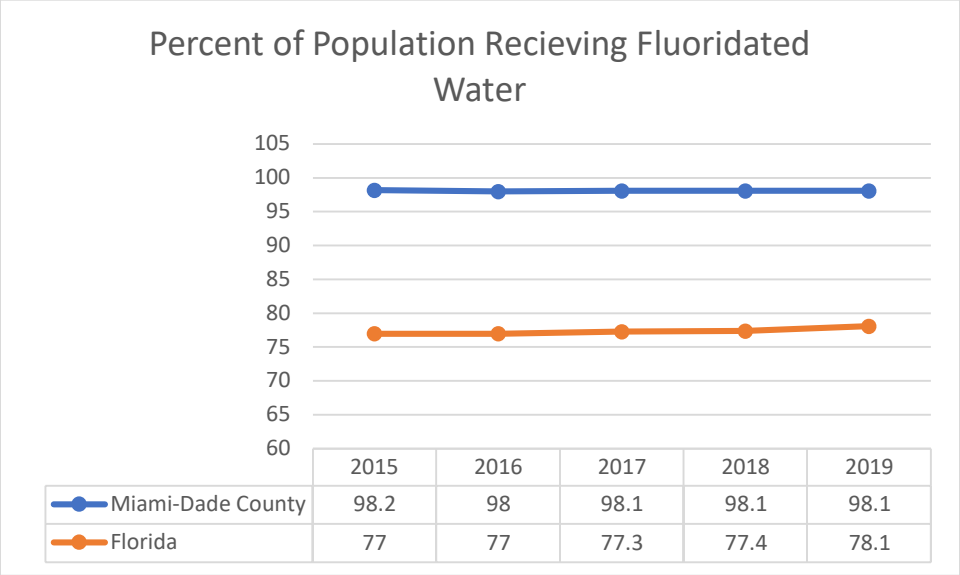
FLUORINATED WATER SUPPLY

Indicator: Percentage of the community that receives optimally fluoridated water.

Why is this important?

According to the CDC, water fluoridation is the controlled addition of fluoride to a public water supply to prevent and reduce tooth decay (dental caries). Through this process, fluoride a natural mineral, helps to re-mineralize tooth surfaces. The community water system must adjust their water with fluoride, have fluoride naturally occurring in their water, or purchase water from another system which is adjusted or naturally fluoridated to be considered an optimally fluoridated system. Moderate water fluoridation is now reaching about two-thirds of the US population on public water systems; however, cavities are still one of the most common chronic diseases of childhood, which greatly affects their quality of life, particularly those of low socioeconomic status. One of the most cost-effective ways to deliver fluoride to people of all ages, education levels, and income levels who live in a community is through community water fluoridation. Through this method it has been shown to reduce tooth decay by 25% in children and adults.

Other techniques that are also effective in preventing tooth decay include fluoride toothpaste and dental sealants. The percent of Miami-Dade County residents receiving optimally fluoridated water has remained constant over time, with Miami-Dade County is being almost 21% higher than the state. Miami-Dade County's most recent and higher than both the Peer Counties Average. and the State proportions.



	2015	2016	2017	2018	2019
Miami-Dade County	98.2	98	98.1	98.1	98.1
Florida	77	77	77.3	77.4	78.1

The Healthy People 2020 objective on community water fluoridation target is to increase the percent of the U.S. population served by community water systems with optimally fluoridated water to 79.6%. The Healthy People 2030 target is 77.1%. Miami-Dade County meets both targets with a most recent proportion of 98.1% of the population receiving optimally fluoridated water. 2019 is the most recent available data year.

Information and supportive resources for community water fluoridation are available through the following organizations:

- CDC's Community Water Fluoridation https://www.cdc.gov/fluoridation/faqs/index.htm
- Florida Dental Association's Water Fluoridation https://www.floridafluoridation.org/

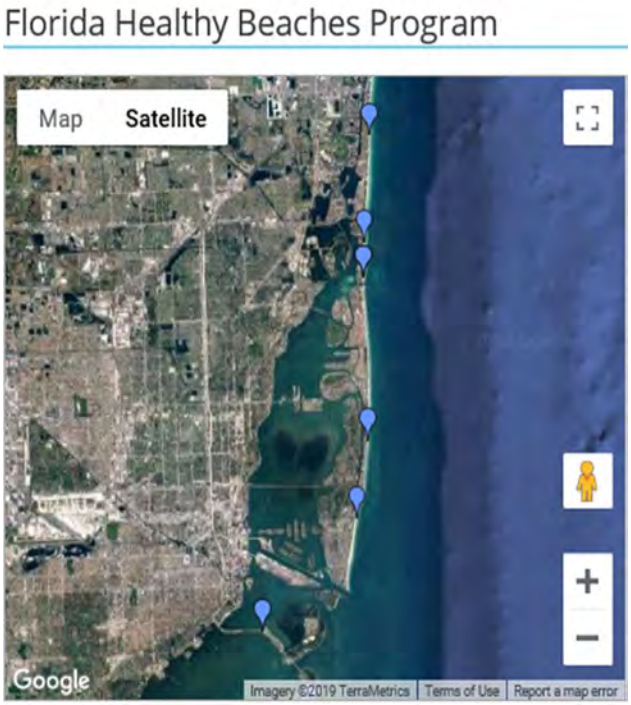
PHYSICAL ENVIRONMENT-WATER QUALITY
HEALTHY BEACHES

Indicator: Number of beach advisories issued for monitored beaches that are open to the public for swimming.

Why is this important?

The saltwater from the ocean can cause disease if contaminated with certain bacteria like enterococci. Contaminants to ocean water include but are not limited to: storm water runoff, animal and seabird waste, failing septic systems after a natural disaster, sewage treatment plant spills, or boating waste. Enterococci bacteria are in high concentrations in recreational waters like beaches and are ingested while swimming or enter the skin through a cut or sore. They may cause human disease, infections or rashes. All coastal beaches are tested regularly for enterococci bacteria. This bacterium is present in intestinal tracts of warm-blooded animals and humans. A health advisory is issued when bacteria levels exceed normal healthy water levels. For more information on the Florida Department of Health's Healthy Beaches Program, please visit: http://www.floridahealth.gov/environmental-health/beach-water-quality/index.html

The Healthy People 2020 national health target was to increase the percent of days that beaches are open and safe for swimming at a target of 96%. Healthy People 2030 did not retain this objective.



Information and supportive resources on healthy swimming and the outdoors are available through the following organizations:

- FL Health Aquatic Toxins http://www.floridahealth.gov/environmental-health/aquatic-toxins/index.html
- Florida Fish and Wildlife Conservation Commission https://myfwc.com/
- Miami-Dade Parks, Recreation and Open Spaces https://www8.miamidade.gov/global/recreation/home.page

PHYSICAL ENVIRONMENT-LEAD POISONING

LEAD POISONING

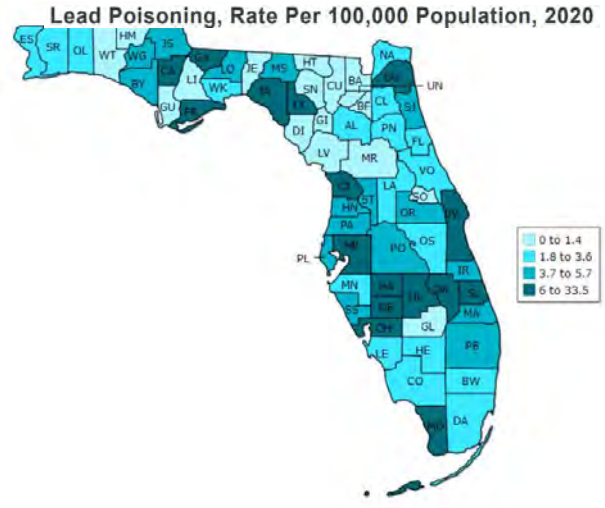
Indicator: Rate of lead poisoning per 100,000 population.

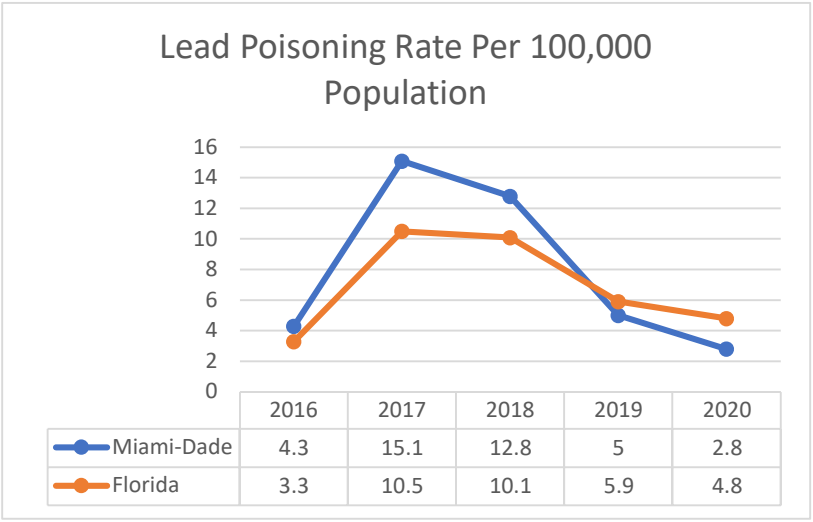
Why is this important?

Lead poisoning is caused by swallowing or breathing lead particles and can affect nearly every system in the body, particularly the brain and the nervous system. It can cause learning disabilities, behavioral problems, and at very high levels it could cause seizures, coma, and even death. Between 1970-1990, dramatic reductions in blood lead levels (BLLs) of children in the United States were attributed to population-based primary prevention policies (such as the banning of lead in gasoline) in combination with improved lead screening and identification of children with elevated BLLs. Childhood lead exposure and signs of elevated blood lead levels remain a major public health problem among young children in the United States.

Miami-Dade County lead rates have increased since 2016 and are higher than the state rate. The Florida Department of Health lowered the threshold for blood lead level from ≥ 10 µg/dL to ≥ 5 µg/dL to align with the national surveillance case definition in 2017. As a result of that change, you may see significantly increased lead poisoning cases after 2017. Miami-Dade County lead rates in 2019 is 5 per 100,000 population.

The CDC Childhood Lead Poisoning Prevention Program is committed to the Healthy People 2020 goals of eliminating blood lead levels ≥ 10 µg/dL and differences in average risk based on race and social class as public health concerns. The exposure often occurs with no obvious symptoms and thus frequently goes unrecognized. For more information on lead, exposures, and risk reduction, visit the Centers for Disease Control and Prevention webpage: https://www.cdc.gov/nceh/lead/default.htm.





	2016	2017	2018	2019	2020
Miami-Dade	4.3	15.1	12.8	5	2.8
Florida	3.3	10.5	10.1	5.9	4.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Information and supportive resources for lead poisoning are available through the following organizations:

- Florida Health's Lead Poisoning Prevention Program: http://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/disease-control/lead-poisoning-prevention.html
- CDC's Childhood Lead Poisoning Prevention Program: https://www.cdc.gov/nceh/lead/about/program.htm

Revised 4-26-2022

PHYSICAL ENVIRONMENT-AIR QUALITY

OUTDOOR AIR QUALITY-PARTICULATE MATTER

Why is this important?

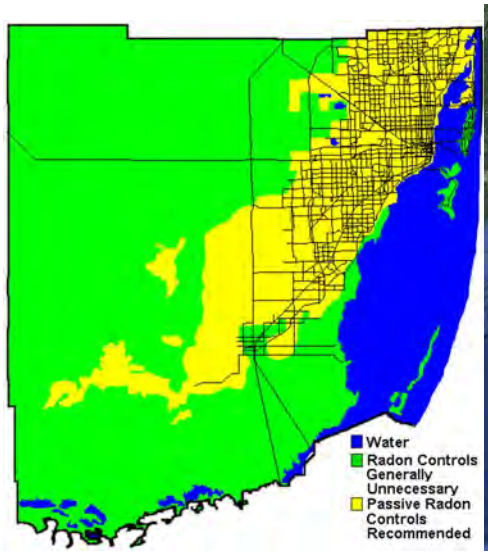
Particle pollution is pollution by particulate matter that is made up of several components including: acids like nitrates and sulfates, organic chemicals, metals, soil or dust particles, and allergens like pieces of pollen or mold spores. Small particles found in smoke and haze are defined as “fine particles” which are 2.5 micrometers in diameter or less; and "coarse particles" can be found in wind-blown dust which have diameters between 2.5 and 10 micrometers. Particles less than 10 micrometers in size cause the greatest problems, because they can penetrate lungs, and get into bloodstreams. Larger particles are of less concern and can irritate eyes, nose, and throat and can often cause limited visibility on hazy days.

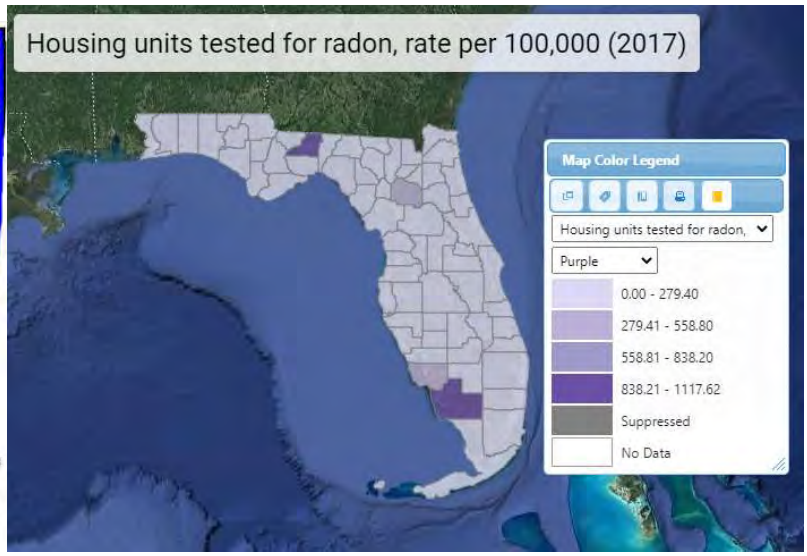
INDOOR AIR QUALITY-RADON

Indicator: Number of housing units tested for radon in 2019.

Why is this important?

The American Cancer Society identifies radon as the second leading cause of lung cancer. Radon is naturally occurring outdoors and can be found in different amounts in rocks, soil and groundwater. It cannot be detected by the human senses because it is a colorless, odorless, and tasteless gas. Florida has many places where natural radioactivity in the soil releases radon gas into the home through the foundation. Homes are not normally built to be radon resistant. The possibility for radon exposures varies by geographic area with Miami-Dade County is in a mid-level radon potential area, meaning that testing for radon should be conducted for indoor air safety. For more information on how to get your home tested please visit http://www.floridahealth.gov/environmental-health/radon/.





PHYSICAL ENVIRONMENT-HOUSING

HOUSING

Socioeconomic inequities impact access to housing. A way to address housing inequities is to ensure that the community has affordable housing. Since 1940, the U.S. Census Bureau has collected information on housing characteristics. Results from the United States Census helps communities determine where to build schools, supermarkets, homes and hospitals. As shown below, homeownership rates in Miami-Dade County (51.6%) is lower than the states rate (66.2%) and the nation's (64.4%). Additionally, more than half (54.1%) of renters spend 35% of their income on rent, which is a greater proportion than renters at the state (46.8%) and national (40%) level.

Housing Characteristics, 2020 5yr Estimates

	Miami-Dade County	Florida	United States
Vacant Housing Units	12.6%	17.1%	11.6%
Homeownership Rates	51.6%	66.2%	64.4%
Median Value	$310,700	$232,000	$229,800
Housing Units With A Mortgage	61.4%	56.7%	62.1%
Renters Spending Greater Than Or Equal To 35% Of Income On Rent	54.1%	46.8%	40.0%

Source: US Census Bureau, ACS 5 year estimates, 2020, Table DP04

UNITS BUILT BY YEAR BUILT

Housing Units by Year Built

	Miami-Dade County	Florida	United States
1939 or earlier	3.50%	2.10%	12.40%
1940-1949	5.00%	2.00%	4.80%
1950-1959	13.70%	7.00%	10.20%
1960-1969	13.50%	8.80%	10.50%
1970-1979	18.20%	17.40%	15.00%
1980-1989	14.40%	20.00%	13.40%
1990-1999	12.90%	16.90%	13.90%
2000-2009	12.90%	18.70%	13.60%
2010-2013	2.00%	2.70%	2.70%
2014- or later	3.80%	4.40%	3.50%

Source: US Census Bureau, ACS 5 year estimates, 2020, Table DP04

PHYSICAL ENVIRONMENT-HOUSING

HOME VALUES

Home Values in Miami-Dade County for Owner-Occupied Units– 2020

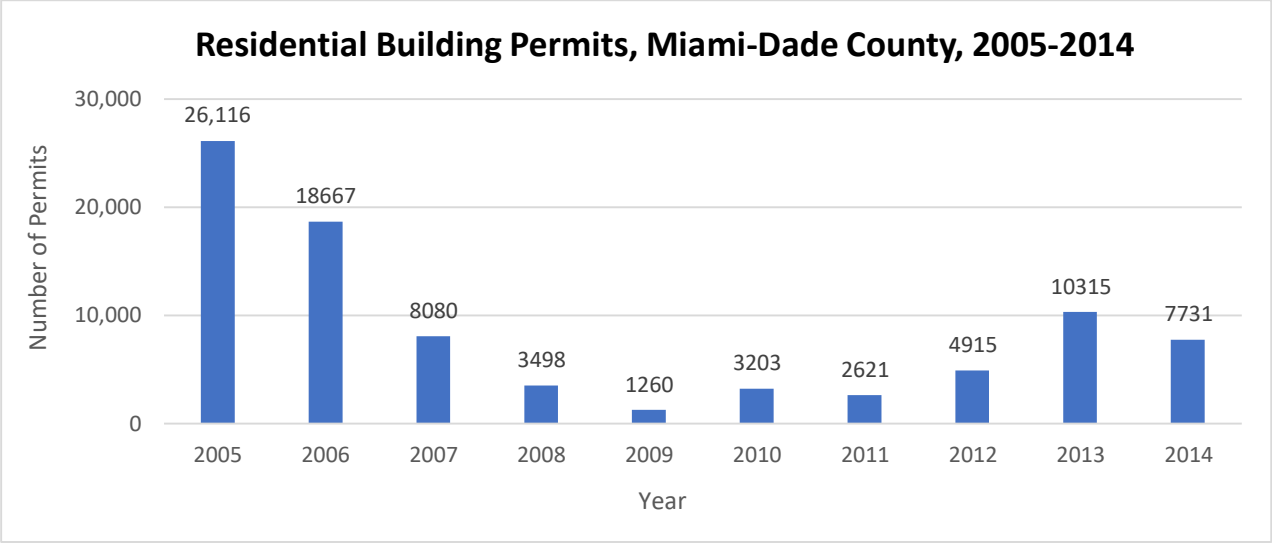
	Miami-Dade County	Florida	United States
Less than $50,000	2.30%	6.50%	6.60%
$50,000 to $99,999	3.50%	9.50%	11.00%
$100,000 to $149,999	6.20%	11.00%	12.30%
$150,000 to $199,999	10.40%	14.50%	13.60%
$200,000 to $299,999	25.20%	24.80%	20.00%
$300,000 to $499,999	33.50%	22.20%	20.50%
$500,000 to $999,999	13.20%	8.70%	12.30%
$1,000,000 or more	5.60%	2.70%	3.70%
Median (dollars)	310,700	232,000	229,800

Source: US Census Bureau, ACS 5 year estimates, 2020, Table DP04

PHYSICAL ENVIRONMENT-HOUSING

RESIDENTIAL BUILDING PERMITS

Residential building permits are tracked to assist in monitoring the rate of new construction. In 2005 had the highest rate of building permits issued of any year. By 2007 there has been a dramatic decrease with 2009 showing the least number of permits issued. After 2009, there has been a slow increase in the number of residential permits, but saw a small decline again in 2014. Data past 2014 was not available.



Source: Data for 2005-2014 accessed via Home Facts for Miami-Dade County, FL https://www.homefacts.com/

PHYSICAL ENVIRONMENT-HOUSING

HOMELESSNESS

According to The National Health Care for the Homeless Council, a homeless individual is defined "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." The main cause of homelessness is poverty, due to lack of employment or extremely low income. There are several contributing factors that can lead an individual or family to lose secure housing.

In Miami-Dade County, there are many resources and agencies dedicated to reducing the number of people who are without housing. The Miami-Dade County Homeless Trust is one of the many organizations who is taking the lead on this mission with the goal of implementing policy changes and working with contracted providers to ensure services are delivered to those who need them most. The Homeless Trust is also responsible for overseeing the utilization of food and beverage taxes that are specifically dedicated to fund programs. The Trust also serves for both federal and state funding announcements. The Trust also completed a 2018 Assessment of Racial Disparities for Miami-Dade County. This assessment evaluates service delivery for four programs including emergency shelters, transitional housing, rapid rehousing and permanent supportive housing.

Key Findings are:

Persons of color are extraordinarily overrepresented as a proportion of the homeless population when compared to the general population. While black persons represent **18%** of Miami-Dade County's general population, they comprise **56%** of the homeless population.

- While young adults aged 25 years or younger make up a small percentage of all persons served by the (Continuum of Care) CoC, racial disparity among such young adults is striking, particularly when compared to single adults over the age of 25 years. Sixty-nine percent (69%) of young adults are black compared to 53% of single adults.
- White participants have a longer length of stay in permanent supportive housing. While a small percentage of PSH participants exit to homelessness, a greater percentage of those who do are black.
- While the CoC programs (emergency shelter, transitional housing, rapid re-housing and permanent supportive housing) do a good job in preventing returns to homeless compared to overall exits, a significantly greater number of black persons exit into homelessness than white persons. On the other hand, the rate of exits to permanent housing is much greater for black persons when compared to white persons.
- There is racial disparity in the collection of exit destination data with a greater percentage of black persons leaving without exit destination.

According to the Florida Housing Coalition Home Matters Report 2019, Florida continues to have problems with affordable housing. Below are facts for 2019.

- There are 921,928 "very low-income" Florida households-which include hardworking families, seniors, and people with disabilities-pay more than 50% of their income in housing.
- Florida has the third highest homeless population of any state in the nation, with 31,030 people living in homeless shelters and on the streets. This includes 2,543 veterans and 9,587 people in families with at least one child.
- Low wage jobs are prevalent in Florida's economy. In many occupations, workers do not earn enough to rent a modest apartment or buy their first home.

Information and supportive resources for homelessness are available through the following organizations:

- Miami-Dade County Homeless Trust http://homelesstrust.org
- National Health Care for the Homeless Council www.nhchc.org/

PHYSICAL ENVIRONMENT-HOUSING

CHILDREN IN FOSTER CARE

The Florida Department of Children and Families (DCF) reports that every day in Florida children are removed from their homes. A child could be removed from their home because of bad parenting skills, substance abuse, mental illness, and/or domestic violence. Removing a child from his or her home and caregiver generates trauma, confusion, and fear. In Miami-Dade County in addition to DCF, Our Kids of Miami-Dade/Monroe Inc., provides a direct coordinated system of care in order to deliver excellence to abused, abandoned, and neglected children and families. FLCHARTS reported that in 2020 Miami-Dade County, FL had a rate of 229.7 per 100,000 population of children under the age of 18 years old in foster care. By contrast the rate in 2020 for the state of Florida was 549.2 per 100,000 population of children under the age of 18 was in foster care. There was a total of 1,335 children in Miami-Dade County under the age of 18 years old compared to a total of 23,517 children in the whole state of Florida. The Miami-Dade County rate is statistically significantly lower compared to the state rate. Nevertheless, it is important to continue to monitor the rate of foster children for a few reasons including, children who have been in the foster care system are at a higher risk of developing mental and physical health problems.

PHYSICAL ENVIRONMENT-TRANSPORTATION

TRANSPORTATION

Lack of adequate transportation can limit a person's employment options and their chances of being hired for a position. Without transportation, a person may also lack the ability to access nutritious foods or recreational spaces where physical activity takes place. Transportation barriers also inhibit access to health care services, in some cases causing people to cancel or miss medical appointments. As shown below, 10.1% of households in Miami-Dade County do not have a vehicle, a proportion higher than both the state of Florida (6.1%) and the United States (8.5%).

Percent of Households by Number of Available Vehicles 2020

	Occupied housing units	*No vehicles available*	*1 vehicle available*	*2 vehicles available*	*3 or more vehicles available*
Miami-Dade County	902,200	10.1%	38.1%	34.8%	17.0%
Florida	7,931,313	6.1%	39.1%	38.3%	16.4%
United States	122,354,219	8.5%	32.5%	37.1%	22.0%

Source: US Census Bureau ACS 5 year estimates, 2020, Table DP04

As presented below, of the approximate 1,302,098 workers (ages of 16 and over) in Miami-Dade County, 75.7% drove alone. This rate is lower than Florida's rate of 77.1% but is slightly higher than the nation's rate of 74.9%. Of the 1,302,098 workers, only 4.2% used public transportation, which is a higher than Florida (1.6%) and lower than the nation's (4.6%). Support for public transportation is essential for community members because it is affordable and widely accessible. For those who are unable to afford a vehicle, transport systems are a vital source for improving population health. Public transportation has been found to reduce financial stress for those who are lower income. It also decreases fuel emissions and the number of car crashes per year.

Method of Transportation to Work 5 Year Estimate, 2020

	Miami-Dade County	**Florida**	**United States**
Total Workers (16 years and over)	1,302,098	9,559,753	153,665,654
Car, truck, or van -- drove alone	75.70%	77.70%	74.90%
Car, truck, or van -- carpooled	8.90%	9.20%	8.90%
Public transportation	4.20%	1.60%	4.60%
Walked	1.90%	1.40%	2.60%
Other means	2.50%	2.30%	1.80%
Worked from home	6.70%	7.80%	7.30%

Source: US Census Bureau ACS 5 year estimates, 2020, Table DP03

As shown below, commute time in Miami-Dade County, FL is higher when compared to Florida and the nation.

Travel Time to Work-Single-Year Estimates in Minutes, 2019

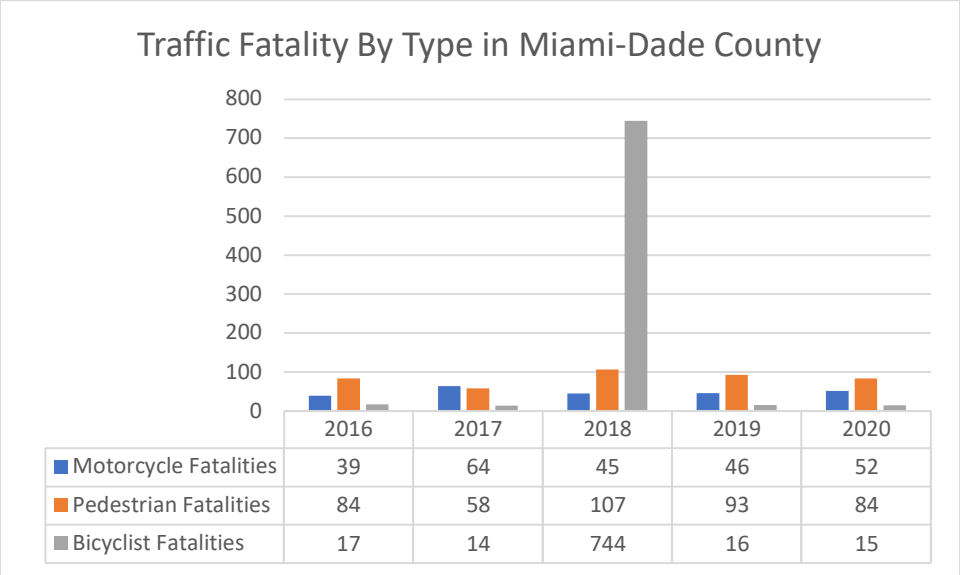
GEOGRAPHY	AVERAGE
Miami-Dade County, FL	32.5
Florida	27.9
United States	26.9

Source: US Census Bureau ACS 5 year estimates, 2020, Table DP03

PHYSICAL ENVIRONMENT-TRANSPORTATION

TRANSPORTATION

The development of different transportation options such as walkable communities, bike lanes, and bike share programs, has helped boost health for the community. Safe transportation is not only important for those on the road, but for those who commute by foot. Florida ranks number 1 out of all states in the nation for highest Pedestrian Danger Index (PDI) and the Miami-Fort Lauderdale-West Palm Beach Metro Statistical Area ranks 13 out of all metro statistical areas. The Pedestrian Danger Index, developed by Smart Growth America, measures how fatal it is for people to walk based on the number of people struck and killed by drivers while walking. The PDI controls for the number of people that live in that state or metro area and the number of people who walk to work. Multiple collisions have happened on Interstate 95 and other major highways like US-1 due to those who have been hit while on a motorcycle, walking or biking on these major highways. The chart below shows the number of motorcyclist, pedestrian, and bicyclist fatalities that occurred between the years of 2016 and 2020. Pedestrian fatalaties are the most common, followed by motorcycle and bicyclist. Bicyclist Fatalaties had an outlier in 2018 with 744 deaths. We are awaiting full verification of the data.



	2016	2017	2018	2019	2020
Motorcycle Fatalities	39	64	45	46	52
Pedestrian Fatalities	84	58	107	93	84
Bicyclist Fatalities	17	14	744	16	15

Source: Data accessed via Florida Highway Safety and Motor Vehicles, Crash and Citation Reports & Statistics - Florida Department of Highway Safety and Motor Vehicles (flhsmv.gov)

SUMMARY-COMMUNITY HEALTH ASSESSMENT INDICATORS 2020

The Miami-Dade Community Health Status Assessment has provided a detailed summary of health outcomes over a period of time. This data has allowed us to make comparisions to peer counties, state, and national rates. It is important to highlight the progress of the health indicators assessed by Miami-Dade County compared to the national goals of Healthy People 2020. The list below summarizes the health indicators progress compared to the Healthy People 2020 goal to the current data of Miami-Dade to assess if we are meeting the goal.

INDICATOR	HEALTHY PEOPLE 2020 GOAL	MIAMI	HP 2020 GOAL PROGRESS: WAS THE GOAL REACHED?
Unintentional injury	Reduce the deaths caused by unintentional injuries to 36.4 deaths per 100,000 population.	28.3 deaths per 100,000	Yes
Motor Vehicle Crashes	Reduce the deaths caused by motor vehicle crashes to 12.4 deaths per 100,000 population.	11.5 deaths per 100,000	Yes
Unintentional Drowning	Reduce the deaths caused by unintentional drowning to 1.1 deaths per 100,000 population.	1.2 deaths per 100,000	No
Suicide	Reducing the suicide rate is 10.2 suicides per 100,000 population.	8.2 per 100,000 population	Yes
Low Birth Weight	Reduce the proportions of infants born with LBW to 7.8%.	8.5% LBW	No
Infant Mortality	Reduce infant mortality rates to 6.0 deaths per 1,000 live births.	5.0 deaths per 1,000 births	Yes
Sexually Transmitted Disease	• Reduce gonorrhea rates among females aged 15 to 44 years to 251.9 new cases per 100,000 population. • Reduce gonorrhea rates among males aged 15 to 44 years to 194.8 new cases per 100,000 population. • Reduce domestic transmission of primary and secondary syphilis among females to 1.3 new cases per 100,000 population. • Reduce domestic transmission of primary and secondary syphilis among males to 6.7 new cases per 100,000 population.	188.8 cases per 100,000 population 488.8 cases per 100,000 population 3.8 cases per 100,000 population 36.1 cases per 100,000 population	Yes No No No

INDICATOR	HEALTHY PEOPLE 2020 GOAL	MIAMI	HP 2020 GOAL PROGRESS: WAS THE GOAL REACHED?
HIV/AIDS	Reduce HIV infection deaths to 3.3 deaths per 100,000 population.	5.8 per 100,000	No
Vaccine Preventable Diseases	• Maintain elimination of cases of vaccine-preventable congenital rubella syndrome (CRS) among children under 1 year of age (U.S. – acquired cases) to 0 cases. • Reduce cases of measles (U.S. – acquired cases) to 30 cases. • Reduce cases of mumps (U.S. – acquired cases) to 500 cases. • Maintain elimination of acute paralytic poliomyelitis (U.S. – acquired cases) to 0 cases. • Maintain elimination of acute rubella (U.S. – acquired cases) to 10 cases.	0 cases 3 cases acquired in 2018 14 cases acquired in 2018 0 cases acquired in 2018 0 cases acquired in 2018	Yes Yes Yes Yes Yes
Cancer	Reduce the overall cancer death rate to 161.4 deaths per 100,000 population.	129.6 per 100,000 population	Yes
Breast Cancer	Reduce the breast cancer death rate to 20.7 deaths per 100,000 females.	16.7 deaths per 100,000 females	Yes
Lung Cancer	Reduce the lung cancer death rate to 45.5 deaths per 100,000 populations.	25.8 deaths per 100,000 population	Yes
Prostate Cancer	Reduce the prostate cancer death rate to 21.8 deaths per 100,000 population.	22.0 deaths per 100,000 population	No
Colorectal Cancer	Reduce colorectal cancer death rate to 14.5 deaths per 100,000 population.	13.9 deaths per 100,000 population	Yes
Melanoma Skin Cancer	Reduce melanoma cancer death rate to 2.4 deaths per 100,000 population.	1.1 deaths per 100,000 population	Yes
Chronic Liver Disease and Cirrhosis	Reduce cirrhosis deaths to 8.2 deaths per 100,000 population.	7.3 deaths per 100,000 population	Yes

INDICATOR	HEALTHY PEOPLE 2020 GOAL	MIAMI	HP 2020 GOAL PROGRESS: WAS THE GOAL REACHED?
Heart Disease	Reduce the coronary heart disease death rates to 103.4 deaths per 100,000 population.	152.5 deaths per 100,000 population	No
Stroke	Reduce stroke death rates to 34.8 deaths per 100,000 population.	41.5 deaths per 100,000 population	No
Early Entry into Prenatal Care	Increase the percentage of pregnant women who receive prenatal care in the first trimester to 77.9%.	85.9% of pregnant women receive first trimester care	Yes
Fluorinated Water Supply	Increase the percent of the U.S. population served by community water systems with optimally fluoridated water to 79.6%.	98.1% have access to fluoridated water	Yes

SUMMARY-COMMUNITY HEALTH ASSESSMENT INDICATORS 2030

The Miami-Dade Community Health Status Assessment has provided a detailed summary of health outcomes over a period of time. This data has allowed us to make comparisons to peer counties, state, and national rates. It is important to highlight the progress of the health indicators assessed by Miami-Dade County compared to the national goals of Healthy People 2030. The list below summarizes the health indicators progress compared to the Healthy People 2030 goals to assess if we are meeting the goal. It should be noted that the Healthy People 2030 goals differ significantly from Healthy People 2020 goals.

INDICATOR	HEALTHY PEOPLE 2030 GOAL	MIAMI	HP 2030 GOAL PROGRESS: WAS THE GOAL REACHED?
Unintentional injury	Reduce the deaths caused by unintentional injuries to 43.2 deaths per 100,000 population (IVP-03).	28.3 deaths per 100,000	TBD
Motor Vehicle Crashes	Reduce the deaths caused by motor vehicle crashes to 10.1 deaths per 100,000 population (IVP-06).	11.5 deaths per 100,000	TBD
Suicide	Reducing the suicide rate to 12.8 suicides per 100,000 population (MHMD-01).	8.2 per 100,000 population	TBD
Infant Mortality	Reduce the rate of infant deaths within 1 year of age to 5.0 per 100,000 population (MICH-02).	4.7 per 100,000	TBD
Sexually Transmitted Disease	Reduce gonorrhea rates among males aged 15 to 24 years to 471.2 new cases per 100,000 population (STI-02). Reduce domestic transmission of primary and secondary syphilis among females aged 15-44 to 4.6 new cases per 100,000 population (STI-03).	571.3 per 100,000 population 9.5 per 100,000 population	TBD TBD
Vaccine Preventable Diseases	Maintain the elimination of measles, rubella, congenital rubella syndrome (CRS), and acute paralytic poliomyelitis at 0 cases (IID-01).	0 cases acquired in 2018	TBD
Cancer	Reduce the overall cancer death rate to 122.7 deaths per 100,000 population (C-01).	129.6 per 100,000 population	TBD
Breast Cancer	Reduce the breast cancer death rate to 15.3 deaths per 100,000 females (C-04).	16.7 deaths per 100,000 females	TBD

INDICATOR	HEALTHY PEOPLE 2030 GOAL	MIAMI	HP 2030 GOAL PROGRESS: WAS THE GOAL REACHED?
Lung Cancer	Reduce the lung cancer death rate to 25.1 deaths per 100,000 populations (C-02).	25.8 deaths per 100,000 population	TBD
Prostate Cancer	Reduce the prostate cancer death rate to 21.8 deaths per 100,000 population (C-02).	22.0 deaths per 100,000 population	TBD
Colorectal Cancer	Reduce colorectal cancer death rate to 8.9 deaths per 100,000 population (C-06).	13.9 deaths per 100,000 population	TBD
Chronic Liver Disease and Cirrhosis	Reduce cirrhosis deaths to 10.9 deaths per 100,000 population (SU-02).	7.3 deaths per 100,000 population	TBD
Heart Disease	Reduce the coronary heart disease death rates to 71.1 deaths per 100,000 population (HDS-02).	152.5 deaths per 100,000 population	TBD
Stroke	Reduce stroke death rates to 34.8 deaths per 100,000 population (HDS-03).	41.5 deaths per 100,000 population	TBD
Early Entry into Prenatal Care	Increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5% (MICH-08)	85.9% of pregnant women receive first trimester care	TBD
Fluorinated Water Supply	Increase the proportion of persons served by community systems with optimally fluoridated water systems to 77.1% (OH-11)	98.1% have access to fluoridated water	TBD

COMMITTEES AND MEETING DATES

CHIP MEETING & EVALUATION COMMITTEE MEMBERS

Name	Department
Lenise Banwarie	Preventative Services
Denisse Barrera	Preventative Services
Jacqueline Bassi	Finance
Mercedes Batista	Finance
Patricia Bustamante	Finance
Frantz Fils-Aime	Tuberculosis
Mayra Garcia	Office of Community Health & Planning
Irima Gonzalez	Public Health Preparedness
Eriko Robinson	WIC
Cheryl Hardy	STD/HIV
Karen Iglesias	Administration
Camille Lowe	STD/HIV
Rosa Martin	Dental
Tamia Medina	Office of Community Health & Planning
Christine Oliver	Environmental Health
Hilda Ortiz	Administration
Paulette Phillipe	STD/HIV
Sonia Ruiz	WIC
Lydia Sandoval	Immunizations
Candice Schottenloher	Office of Community Health & Planning
Duncan Sosa	CASS
Ingrid Suazo	School Health
Valerie Turner	Office of Community Health & Planning
Wanda Vargas	IT
Yesenia Villalta	Administration
Freda Voltaire	CASS
Kira Villamizar	STD/HIV
Karen Weller	Office of Community Health & Planning
Maribel Zayas	Finance
Guoyan Zhang	Epidemiology

Florida Department of Health in Miami-Dade County CHIP Monitoring & Evaluation Committee Meeting Dates
February 27, 2020
April 23, 2020
July 23, 2020
October 22, 2020
January 28, 2021
April 22, 2021
July 22, 2021
January 20, 2022

COMMITTEES AND MEETING DATES

MAPP STEERING COMMITTEE MEMBERS

Name	Organization
Carol Caraballo	South Florida Behavioral Health
Martine Charles	Alliance for Aging
Tanya Humphrey	Department of Children and Families
Nicole Marriott	Health Council of South Florida
Tamia Medina	Florida Department of Health in Miami-Dade County
Jessica Mulroy	Florida Department of Health in Miami-Dade County
Ruby Natale	University of Miami
Bryan Pomares	The Children's Trust
Maite Schenker	University of Miami
Candice Schottenloher	Florida Department of Health in Miami-Dade County
Linda Schotthoefer	United Way of Miami-Dade
Daria Sims	Florida Department of Health in Miami-Dade County
Valerie Turner	Florida Department of Health in Miami-Dade County
Karen Weller	Florida Department of Health in Miami-Dade County
Guoyan Zhang	Florida Department of Health in Miami-Dade County

Florida Department of Health in Miami-Dade County MAPP Steering Committee Meeting Dates
March 9, 2020
September 17, 2020
December 17, 2020
September 23, 2021
January 27, 2022

COMMITTEES AND MEETING DATES

Florida Department of Health in Miami-Dade County Performance Management Council Meeting Dates
January 26, 2021
February 23, 2021
April 27, 2021
August 24, 2021
October 26, 2021
November 23, 2021
January 28, 2022
February 22, 2022

COMMITTEES AND MEETING DATES

EXECUTIVE BOARD COMMITTEE MEMBERS

Name	Organization
Bill Amodeo	All Star Media Solutions
Dr. Cristina Brito	United Way of Miami-Dade
Nathan Burandt	Florida International University
Ana Teri Busse-Arvesu	Community Member
Jeannie Cidel	Aetna
Marjorie Epstein Aloni	Tri County Senior Resource Referral Network
Susan Holtzman	Miami-Dade County, Office of Mayor Daniella Levine Cava, Older Adult and Special Needs Advocate
Nicole Marriott	Health Council of South Florida
Barbara Martinez-Guerrero	Dream in Green
Edwin O'DELL	Community Member
Leyanee Perez	The American Healthy Weight Alliance
Candice Schottenloher	Florida Department of Health in Miami-Dade County
Dr. Richard Thurer	University of Miami
Dr. Valerie Turner	Florida Department of Health in Miami-Dade County
Ann-Karen Weller	Florida Department of Health in Miami-Dade County
Dr. Yesenia Villalta	Florida Department of Health in Miami-Dade County

Consortium For a Healthier Miami-Dade Executive Board Meeting Dates
January 13, 2020
February 10, 2020
March 9, 2020
May 11, 2020
June 8, 2020
July 13, 2020
August 10, 2020
September 14, 2020
October 5, 2020
December 14, 2020
January 11, 2021
February 8, 2021
March 8, 2021
April 12, 2021
May 10, 2021
June 14, 2021
August 9, 2021

September 13, 2021
October 4, 2021
November 8, 2021
December 13, 2021
January 10, 2022
February 14, 2022

CONCLUSION

Miami-Dade County is fortunate to have many resources to meet the various needs that are identified in the 2022 Community Health Assessment (CHA). It is evident from the data analysis that there have been improvements in various areas. The CHA has identified opportunities for improvement. We are confident that with the help of our community leaders, partners, and residents' that these priorities will be identified, goals formulated, objectives developed and evidenced based strategies implemented. The following are themes that have been identified through the various assessments.

Access to Care
Health insurance coverage continues to be a problem within Miami-Dade, where 20.7% of the population has no insurance. According to the U.S. Department of Health and Human Services, areas within Miami-Dade, specifically the Northwest, Northeast and Southwest areas of the county, have shortages in primary care professionals, dental health professionals and mental health professionals. This coincides with the sections of the county where most of the residents with low income live.

Health Equity
According to the CDC, health equity is achieved when every person can obtain their full health potential and that no one is disadvantaged from achieving their full health potential because of social position or other socially determined circumstances. The CHA serves as an opportunity in Miami-Dade to help achieve health equity through a multisectoral and multidisciplinary manner to ensure that all residents within Miami-Dade County have access to resources that will provide them with the tools needed to obtain more positive health outcomes.

Chronic Disease
Cancer rates overall have decreased within the county. However, there remains a disparity with cancer rates among African Americans being higher when compared to other ethnicities. Alzheimer's disease death rates are steadily increasing, as is diabetes. We are seeing a decrease in heart disease death rate however the rates of mortality from stroke is on the rise.

Infectious Diseases
The rates of sexually transmitted diseases, specifically gonorrhea, chlamydia and syphilis, have been on the rise. Although HIV/AIDS death have been decreasing in Miami-Dade County, our rates are higher than the State and our peer counties.

Maternal Child Health
The rate of infants born in Miami-Dade County has been decreasing. The past few years has shown a rise in the infant mortality rate.

Mental Health
From the various focus groups that were held mental health, behavioral health, and the opioid epidemic has been named as areas in need of attention by our community.

Social Determinants of Health
Healthy People 2030 defines the social determinants of health as the factors and conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. The social determinants of health can be grouped into 5 domains. These include Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. It is important for community stakeholders to understand these factors influence the opportunities available to the community to practice healthy behaviors and lifestyle choices.

Although Miami-Dade County has resources within the community, there is a lack of coordination between healthcare providers. Additionally, although many entities collect data, the lack of a fully integrated system for data sharing is lacking within the community. The purpose of the CHA is to provide the Miami-Dade County community with quantitative and qualitative data that will allow for informed community decision making. There are many evidenced based strategies and programs being implemented throughout Miami-Dade County that address the areas above. We are confident that by taking a coordinated and integrated approach the Miami-Dade community will be able to develop a comprehensive Community Health Improvement Plan (CHIP).

NEXT STEPS

The CHA continues to serve as guidance to help monitor the status of the 2019-2024 Community Health Improvement Plan (CHIP). The CHIP is a long term-systematic plan that addresses public health concerns that arise from the community health assessment. The idea behind this plan is to set priorities and coordinate and target resources to address health outcomes. This plan is developed in a collaborative manner and will be used to address areas within the CHA that need improvement.

There will be a continued series of meetings where community residents, partners and stakeholders will be invited to identify strategic issues, formulate goals and strategies and develop an action plan.

For health equity to be achieved we will need to work in a multisectoral, multidisciplinary manner to ensure that all residents within Miami-Dade County have access to resources that will provide them with the tools needed to obtain more positive health outcomes.

Appendix I: The Local Public Health System Assessment (LPHSA) Full Report

Florida HEALTH
Miami-Dade County

Miami-Dade County Local Public Health System Assessment 2017 - 2018

Published February 2018

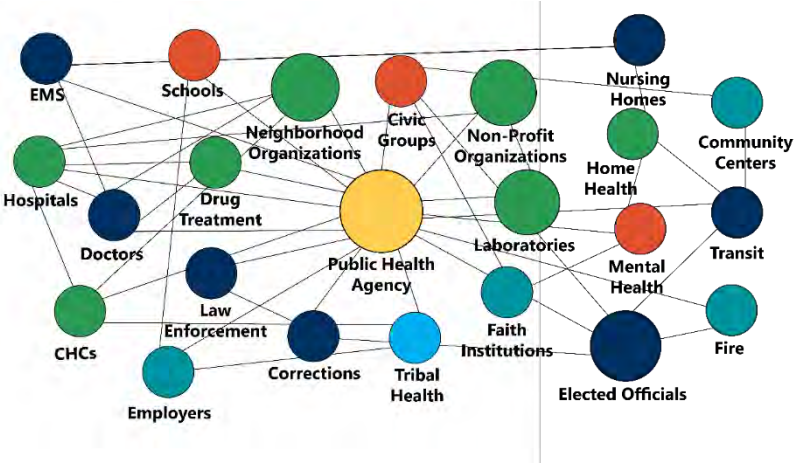
Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442
Fax: (305) 278-0441

www.healthymiamidade.org
www.miamidade.floridahealth.gov

Contents

Overview

The Local Public Health System Assessment (LPHSA) involves bringing the public health community together to reflect on the performance of the system and identify areas of success and improvement. The public health community plays a critical role in handling major threats to the public's health. All of the entities within a local public health system (LPHS) contribute to the health and well-being of the community in some way. Taking a systems perspective with this assessment ensures that the contributions of all entities are recognized in assessing the local delivery of the 10 Essential Public Health Services.



The public health system plays a critical role in handling major threats to the public's health.

Acknowledgements

A diverse composition of public health system partners was represented at the Local Public Health System Assessment Community Meeting. The assessment was well received among participants. During the registration process, one hundred and twenty-three (123) individuals from fifty-seven (57) different community organizations registered to attend one or both days of the event. On Thursday, August 24th, there was a total of ninety-eight (98) sign-ins representing thirty-nine (39) unduplicated organizations. On Friday, August 25th, there was a total of seventy-nine (79) sign-ins representing thirty-two (32) unduplicated organizations. During the two days, there was a total of one hundred eleven (111) unique sign-ins from over forty (40) unduplicated organizations represented. Approximately 9.8% of those who registered did not attend the event.

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is organized into a number of program areas that focus on the surveillance, prevention, detection and treatment of the most significant health and environmental public health issues within the county. The major services provided by DOH-Miami-Dade align with the 10 Essential Public Health Services as determined by the national Centers for Disease Control and Prevention. All DOH-Miami-Dade programs were represented in the meeting.

The following organizations participated in the event:

Albizu University
Alliance for Aging, Inc.
Alzheimer's Association
Camillus Health
Camillus House
Catalyst Miami
CLT Strategic Solutions Inc.
Consortium for A Healthier Miami-Dade
Department of Children and Families
Department of Transportation and Public Works
Domestic Violence Oversight Board
Empower U Miami
Epilepsy Foundation
Expanded Food and Nutrition Education Program
Florida Department of Health in Lake County
Florida Department of Health in Miami-Dade County
Florida Impact
Florida International University
Florida PACE Centers
Florida Senate 36th District
Health Council of South Florida
Health Foundation of South Florida
Healthy Start Coalition of Miami-Dade
Jackson Health System
Jessie Trice Community Health Center
Merck
Miami Beach Community Health Center
Miami Dade County
Miami-Dade County Parks, Recreation and Open Spaces
Miami VA Healthcare System
Miami-Dade Corrections
Miami-Dade State Attorney
Nicklaus Children's Hospital
Nova Southeastern University College of Osteopathic Medicine
Sonshine Communications
United Healthcare
University of Miami
University of Miami Health System
Urban Health Partnerships
Vitas Healthcare
West Kendall Baptist Hospital

Executive Summary

On Thursday, August 24th and Friday, August 25th, 2017, the Florida Department of Health in Miami-Dade County hosted a Local Public Health System Assessment (LPHSA) Community Meeting to analyze how well the public health system (LPHS) is organized. The two-day event brought together public, private and voluntary entities that contribute to the delivery of essential public health services.

During the event, representatives of organizations that play an important role in improving the health in Miami-Dade County evaluated LPHS activities and identified areas of the LPHS that need improvement. Attendees assessed how well the organizations in the system are communicating, connecting, and coordinating services. In addition, Florida Senator Rene Garcia (R), District 36, shared remarks on the importance of health organizations working together as an integrated health care system to improve the overall well-being of the community.

The LPHSA focuses on all entities that contribute to the delivery of public health services within a local area. The assessment is one of the four assessments as part of the Mobilizing for Action through Planning and Partnerships (MAPP) process for community health improvement. The LPHSA is completed using the National Public Health Performance Standards Local Instrument, a guideline that describes the model LPHS.

The Ten Essential Public Health Services provided the framework for the assessment. The assessment process influenced knowledge of the Ten Essential Services.

Over one hundred attendees representing forty organizations participated in the community meeting. A diverse composition of public health partners was represented, and the assessment was well received among participants.

The local public health system was scored in perceived performance and common themes of discussion across all services and standards were identified. An optimal level of performance is the level to which all local public health systems should aspire. The Miami-Dade County public health system ranked as **Significant Activity** in overall performance.

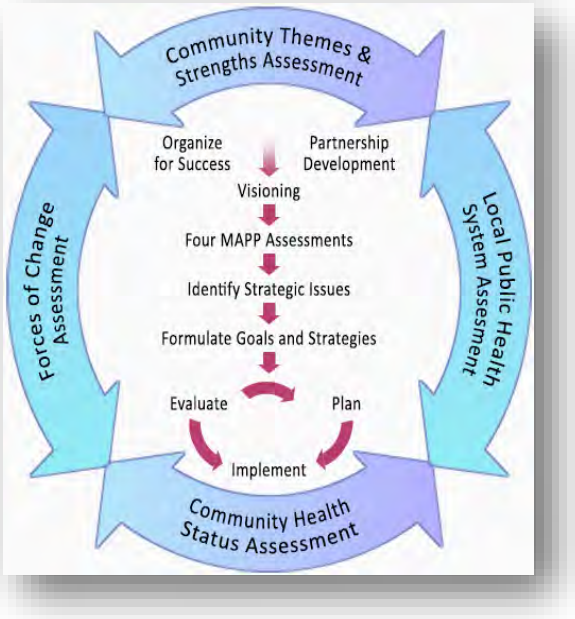
The **highest ranked service** for performance was **Essential Service 5** Develop Policies and Plans that Support Individual and Community Health Efforts.

The three **lowest ranked services** for performance were **Essential Service 7** *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*, **Essential Service 9** *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*, and **Essential Service 10** *Research for New Insights and Innovative Solutions to Health Problems*.

Background

Mobilizing for Action through Planning and Partnerships (MAPP) Process

The Florida Department of Health in Miami-Dade County embarked on a new cycle of Community Health Planning. The LPHSA Community Meeting was the first meeting of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven process for improving community health. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.



The first phase of MAPP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. Visioning, the second phase of MAPP, guides the community through a collaborative, creative process that leads to a shared community vision and common values. The next phase involves the four assessments. Each assessment yields important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole.

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

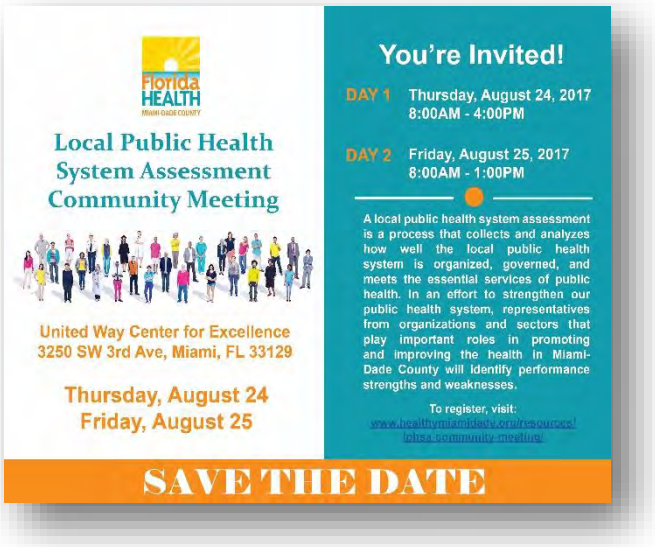
The process consists of four community health assessments: Local Public Health System Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Community Health Status Assessment. The four assessments examine issues such as risk factors for disease, illness and mortality, socioeconomic and environmental conditions, inequities in health, and quality of life. These assessments can help identify and prioritize health problems, facilitate planning, and determine actions to address identified problems.

The 2017-2018 assessments are vital in the development of the new 2019-2024 Community Health Improvement Plan (CHIP), the community's 5-year plan for improving community health and quality of life. The CHIP is a community-wide strategic plan that incorporates the activities of many organizations and departments and addresses the health issues identified through the four MAPP assessments. It is a plan that the entire public health system in Miami-Dade County will be able to follow and incorporate to have a long-term, systematic effort to address public health problems in the community.

Meeting Objectives

The Local Public Health System Assessment (LPHSA) answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?” The Local Public Health System Assessment is a broad assessment, involving all of the organizations and entities that contribute to public health in the community.

The objectives of the LPHSA Community Meeting were to understand the role of the local public health system assessment and gain understanding on how well the Miami-Dade County public health system is performing against optimal standards for delivery of the essential health services.



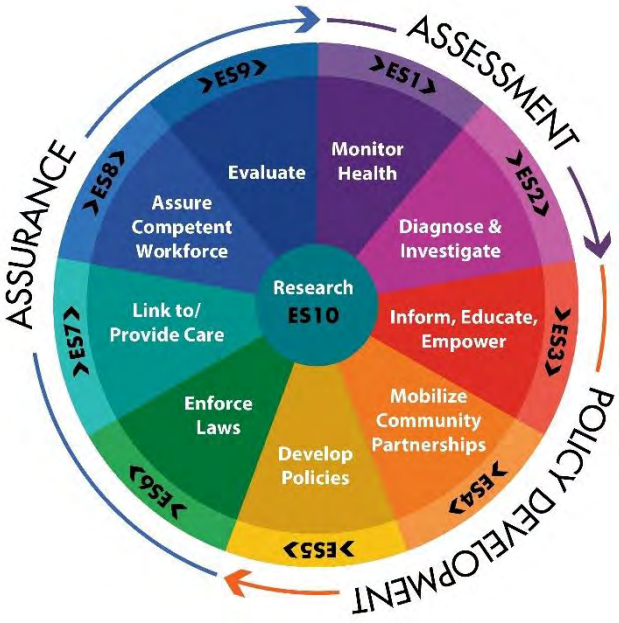
Assessment Tool

The National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument (Local Instrument) was used during the LPHSA Community Meeting. The assessment tool was developed and updated under the leadership of the National Association of County and City Health Officials (NACCHO) and the Center for Disease Control and Prevention and focuses on the local public health system or all entities that contribute to the delivery of public health services within a local area.

The 10 Essential Public Health Services (Essential Services) provide the framework for the Local Instrument by describing the public health activities that should be undertaken in all local communities. The Performance Standards related to each Essential Service describe an optimal level of performance and capacity to which all LPHSs should aspire. Therefore, the Local Instrument provides every LPHS, regardless of the level of sophistication, with benchmarks by which the system can be assessed to help identify strengths, weaknesses, and short and long-term improvement opportunities. The Local Instrument is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies.

10 Essential Services of Public Health

The 10 Essential Services (Essential Services) provide the framework for the Local Assessment Tool/Instrument by describing the public health activities that should be undertaken in all local communities.



The three core functions of public health and the 10 Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. The functions of Assessment, Policy Development, and Assurance help to balance and focus three core public health responsibilities while striving to provide essential population based services to constituents. All public or community health responsibilities whether conducted by the local public health department or another organization within the community can be categorized into one of the services.

The Essential Services that constitute Assessment are:

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and investigate health problems and health hazards in the community.

The Essential Services that constitute Policy Development include:

3. **Inform**, educate, and empower people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.

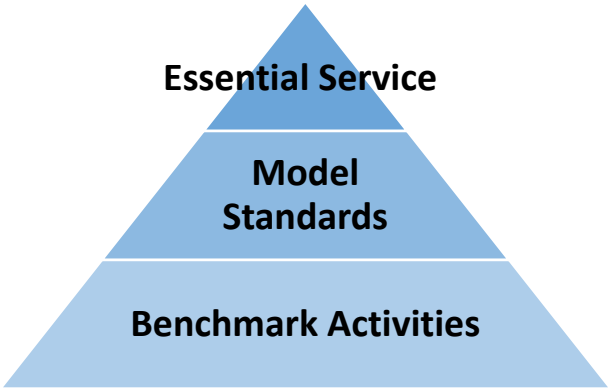
The Essential Services that constitute Assurance are:

6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.

Essential Service 10 **Research** for new insights and innovative solutions to health problems can involve all of the other Essential Services.

Framework

The Ten Essential Services provide the framework for the assessment. Each essential service contains two to four Model Standards, and each model standard contains two to six Benchmark Activities. A description of the essential services, model standards, and benchmark activities are found within the local instrument.



Performance Measures

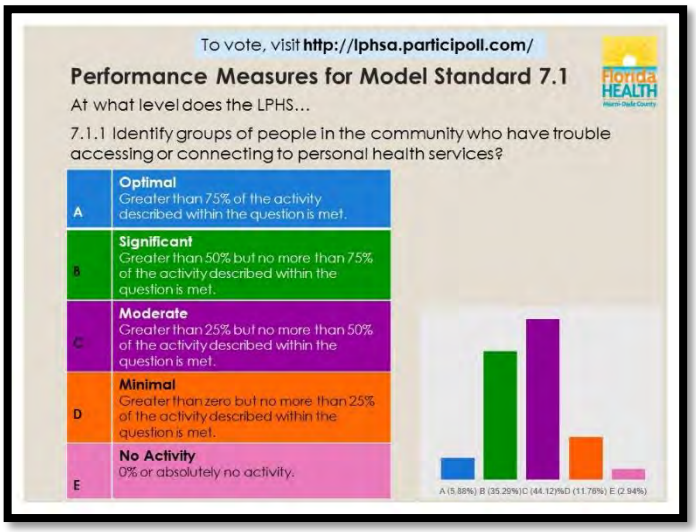
Benchmark activities are phrased as questions about the local public health system and act as the performance measures of the assessment. The activities associated with each model standard were phrased in the form of a question, starting with "At what level does the local public health system…" and then scored by participants by level of activity. Participants used the following scoring chart to rate each performance measure.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Methodology

The LPHSA Community Meeting was held at the United Way Center for Excellence Building in Miami, Florida on August 24, 2017 and August 25, 2017. The two-day event consisted of concurrent breakout sessions each focused on one Essential Public Health Service. On day 1 of the event, Essential Services 1-6 were covered during the facilitated sessions. On day 2 of the event, Essential Services 7-10 were covered. The meeting agenda can be found in Appendix 1.

Participants were asked to register to attend the event in advance. During the registration process, participants identified the Essential Services where their organization was active. To ensure fruitful dialogue in the sessions, participants were assigned to breakout sessions based on the Essential Services identified during the registration process.



In each breakout session, skilled facilitators guided participants through the assessment tool and conducted audience polling. In each session, trained scribes were responsible for completing the assessment tool as participants provided feedback.

Each breakout session presentation was linked with *Participoll* for audience polling with real-time results. Participants were asked to vote by accessing a website.

When participants accessed the website, six answer options appeared on participant's screens as lettered, colorful buttons. Only five answer options (A-E) were used in the polls. If technical difficulties were encountered during the polling, participants used the five colored index cards found in their welcome packet to vote.

"Great way to participate, well organized - loved the online poll system."

-Participant feedback form, 2017 LPHSA

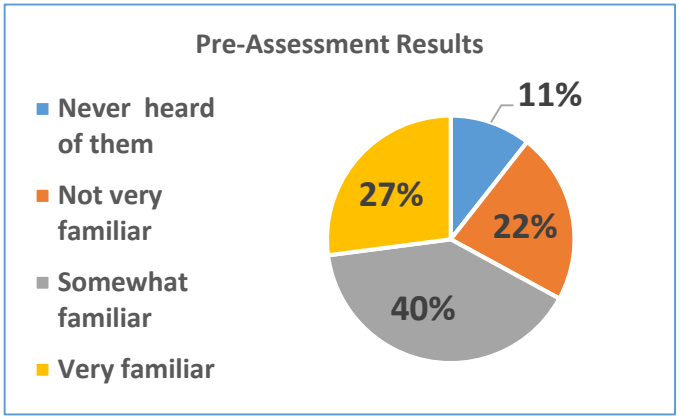
Results

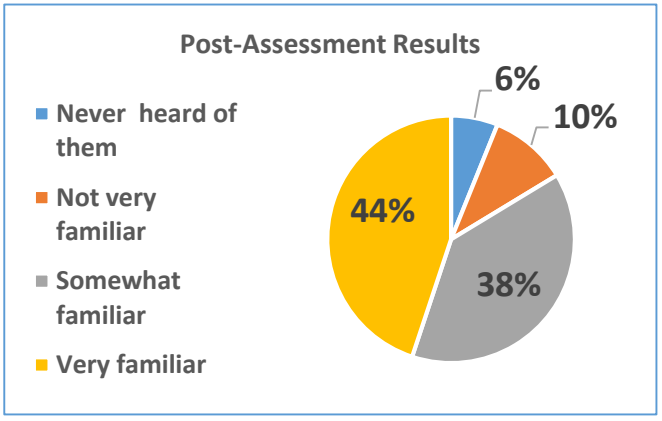
Participant Pre and Post-Assessment

Participants were given a pre and post assessment on two major conceptual components of the Local Public Health System Assessment: Familiarity with the 10 Essential Services and identification with the Public Health System.

The assessment process influenced knowledge of the 10 Essential Public Health Services. Sixty-seven (67) percent of respondents reported being "somewhat" or "very" familiar with the essential services prior to the assessment. After the assessment, eighty-two (82) percent felt that they were somewhat or very familiar with the services, indicating that learning occurred. An increase in familiarity is important because the Essential Services serve as a community framework for the core functions of public health, and a foundation for collective public health activity.

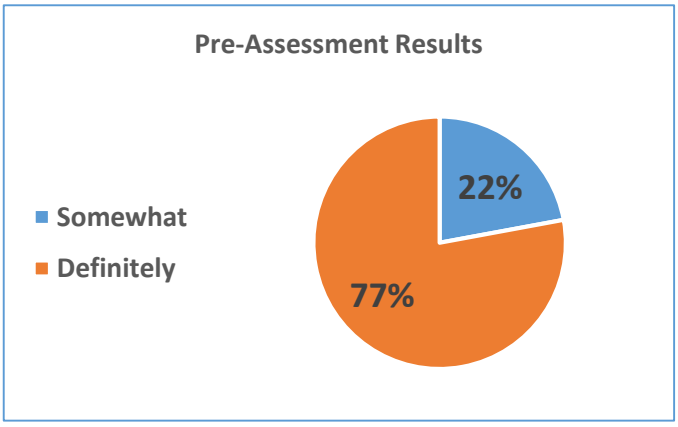
How familiar are you with the Ten (10) Essential Services?

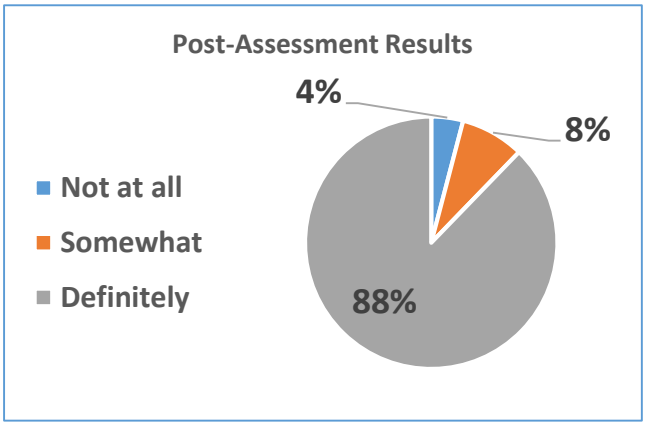




Seventy-seven (77) percent of respondents reported being "definitely" part of the public health system prior to the assessment. After the assessment, eighty-eight (88) percent felt that they were "definitely" part of the public health system. During the post-assessment, four (4) percent of respondents noted that they did not consider themselves as part of the public health system.

I consider myself or my organization part of the Miami-Dade County Public Health System.





Performance Scores

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten essential services. Essential Services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.

Essential Services: Summary Overview

The Miami-Dade County local public health system's overall performance ranking score was **67%**, which represents **Significant** Activity. Two Essential Services scored **Optimal**, seven scored **Significant**, and one as **Moderate** Activity.

Essential Services Performance Scores by Category

Optimal Activity (76-100%)	•ES 5 Develop Policies/Plans, 81% •ES 2 Diagnose and Investigate, 79%
Significant Activity (51-75%)	•ES 4 Mobilize Partnerships, 73% •ES 1 Monitor Health Status, 69% •ES 6 Enforce Laws, 68% •ES 3 Inform/Educate/Empower, 67% •ES 8 Assure Workforce, 64% •ES 10 Research/Innovation, 58% •ES 9 Evaluate Services, 58%
Moderate Activity (26-50%)	•ES 7 Link to Health Services, 50%

Essential Services: Highest Ranking Performance

The highest ranked services for performance were Essential Service 5 *Develop Policies and Plans that Support Individual and Community Health Efforts* and Essential Service 2 *Diagnose and Investigate Health Problems and Health Hazards*. Essential Service 5 with a performance score of 81% and Essential Service 2 with a performance score of 79% were the only essential services scoring in the **Optimal** category.

Essential Services: Lowest Ranking Performance

The three lowest ranked services for performance were Essential Service 7 *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*, Essential Service 9 *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*, and Essential Service *10 Research for New Insights and Innovative Solutions to Health Problems*. Essential Service 7 with a performance score of 50% was the only Essential Service scoring in the **Moderate** category. Essential Services 9 and 10 with performance scores of 58% fell into the lower end of the **Significant** Activity.

Model Standards

Model standards represent the major components or practice areas of each essential service. Generally, there are two to four model standards for each essential service. A description of all model standards for each essential service, including the benchmark activity questions and their performance scores are found within the local instrument.

Model Standards: Summary Overview

A total of thirty (30) model standards were assessed by participants. Six scored **Optimal**, nineteen scored **Significant**, and five as **Moderate** Activity. Below is a summary overview of scoring by model standards, ranked from highest to lowest performance scoring.

Model Standards by Essential Services		Performance	Performance Scores
5.4	Emergency Plan	Optimal	100
2.3	Laboratories	Optimal	88
2.2	Emergency Response	Optimal	83
4.2	Community Partnerships	Optimal	83
5.3	CHIP/Strategic Planning	Optimal	83
6.1	Review Laws	Optimal	81
1.3	Registries	Significant	75
3.3	Risk Communication	Significant	75
5.1	Governmental Presence	Significant	75
8.2	Workforce Standards	Significant	75
8.4	Leadership Development	Significant	75
10.2	Academic Linkages	Significant	75
9.3	Evaluation of LPHS	Significant	69
1.1	Community Health Assessment	Significant	67
1.2	Current Technology	Significant	67
2.1	Identification/Surveillance	Significant	67
3.2	Health Communication	Significant	67
5.2	Policy Development	Significant	67
6.3	Enforce Laws	Significant	65
4.1	Constituency Development	Significant	63
3.1	Health Education/Promotion	Significant	58
6.2	Improve Laws	Significant	58
9.1	Evaluation of Population Health	Significant	56
10.1	Foster Innovation	Significant	56
8.3	Continuing Education	Significant	55
7.1	Personal Health Service Needs	Moderate	50
7.2	Assure Linkage	Moderate	50
8.1	Workforce Assessment	Moderate	50
9.2	Evaluation of Personal Health	Moderate	50
10.3	Research Capacity	Moderate	44

Model Standards: Highest Ranking Performance

The highest performing model standard was Model Standard 5.4 *Emergency Plan*. Two model standards for Essential Service 5 and Essential Service 2 were scored as having **Optimal** performance. Essential Service 4 and Essential Service 6 each had a model standard scored as **Optimal**.

Model Standards: Lowest Ranking Performance

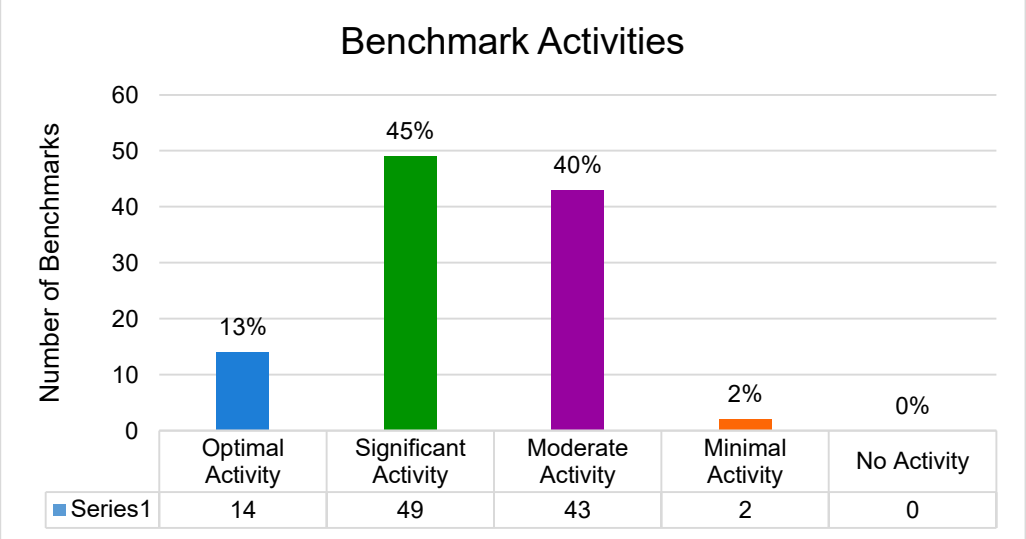
The lowest performing model standard was Model Standard 10.3 *Research Capacity*. Two model standards for Essential Service 7 were scored as having **Moderate** performance. Essential Service 8 and Essential Service 9 each had a model standard scored as **Moderate**.

Benchmark Activities

The final model standard scoring is a composite of all benchmark activity scoring. The benchmark score ranges indicate the range that all activities within the model standard were scored. Benchmark activities were scored by voting on a series of questions. Responses to the questions indicate how well the model standard is being met. The system may identify best practices within higher ranking benchmark activities. Lower ranking benchmark activities may warrant further system review or focus.

Benchmark Activities: Summary Overview

One hundred and eight (108) benchmark activities were assessed on perception of how well the activity is being met within the local public health system as a whole. Below is a summary overview of scoring for all benchmark activities.



Benchmark Activities: Highest Ranking Performance

Sixty-three benchmarks (58%) of all benchmark activities were ranked as having either **Optimal** Activity or **Significant** Activity. Fourteen benchmarks (13%) were ranked as having **Optimal** Activity. Six benchmarks within Essential Service 5 *Develop Policies and Plans that Support Individual and Community Health Efforts* were scored as having **Optimal** Activity. Four benchmarks within Essential Service 2 *Diagnose and Investigate Health Problems and Health Hazards* were scored as having **Optimal** Activity.

Questions with Optimal Activity Scoring (14)

All benchmark activity questions are system-focused, and begin with "At what level does the local public health system…" Fourteen questions were voted as greater than 75% of the activity described within the question is met.

Benchmark		Performance Score
1.1.1	Conduct regular community health assessments?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100
4.2.2	Establish a broad-based community health improvement committee?	100
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100

Benchmark Activities: Lowest Ranking Performance

There were no benchmark activities that were scored as having **No Activity**. Two benchmark activities (2%) were ranked as having **Minimal** Activity which is defined as greater than zero but no more than 25% of the activity described within the question is met.

Questions with Minimal Activity Scoring (#)

All benchmark activity questions are system-focused, and begin with "At what level does the local public health system…" Two questions were voted as greater than zero but no more than 25% of the activity described within the question is met.

Benchmark		Performance Score
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25

Prioritization Ranking

Priority rankings are based on the local instrument priority and participant survey responses. The prioritization ranking measures which activities are perceived as having the greatest priority relative to each other. On Monday, January 29, 2018, the supplemental Priority of Model Standards Questionnaire was completed during a community webinar. The webinar slides can be found in Appendix 2.

The Local Assessment Instrument scoring was amended to allow participants to vote using Participoll, an audience polling add-in for PowerPoint that uses audience members' electronic devices for anonymous voting and displays results live in the slides. The original scale of 1 to 10 (with 1 being the lowest and 10 being the highest) was modified to reflect five response options: Very High Priority; High Priority; Moderate Priority; Low Priority; and Very Low Priority.

Participoll Voting Option	Priority Ranking	Scale Equivalent
A	Very High Priority	10
B	High Priority	8
C	Moderate Priority	6
D	Low Priority	4
E	Very Low Priority	2

All model standards are considered important to the function of the local public health system. For the purpose of this comparison, the top half scores were ranked as "Higher" and the bottom half scores were ranked as "Lower." The Priority matrix compares perceived performance versus perceived priority. Quadrants are used as a way for planners to weigh potential actions versus their perceived significance in the local public health system to maximize impact within the community.

Performance Ranking	Priority Ranking	Quadrant	Significance to the local health department
Lower Performance	Higher Priority	A	These activities may need increased attention.
Higher Performance	Higher Priority	B	These activities are being done well, and it is important to maintain efforts.
Higher Performance	Lower Priority	C	These activities are being done well, consideration may be given to reducing effort in these areas.
Lower Performance	Lower Priority	D	These activities could be improved, but are of low contribution. They may need little or no attention at this time.

On a scale from Very High Priority to Very Low Priority, there were no model standards that ranked below Moderate Activity. Nineteen model standards ranked as Very High Priority (10 on the rating scale), ten model standards ranked as High Priority (8 on the rating scale), and one model standard ranked as Moderate Priority (6 on the rating scale). Two model standards for Essential Services 1, 6, 7 and 9 ranked as High Priority and Low Performance. The activities of the following eleven (11) model standards may need increased attention due to their quadrant ranking.

Model Standards in Quadrant A: High Priority / Low Performance

1) 9.2 Evaluation of Personal Health
2) 9.1 Evaluation of Population Health
3) 8.1 Workforce Assessment
4) 7.2 Assure Linkage
5) 7.1 Personal Health Services Needs
6) 6.3 Enforce Laws
7) 6.2 Improve Laws
8) 5.2 Policy Development
9) 2.1 Identification/Surveillance
10) 1.2 Current Technology
11) 1.1 Community Health Assessment

Three model standards for Essential Service 5 ranked as High Priority and High Performance. The activities of the following eight (8) model standards may need continued maintenance of effort due to their quadrant ranking.

Model Standards in Quadrant B: High Priority / High Performance

1) 10.2 Academic Linkages
2) 9.3 Evaluation of LPHS
3) 6.1 Review Laws

4) 5.4 Emergency Plan
5) 5.3 CHIP/Strategic Planning
6) 5.1 Governmental Presence
7) 4.2 Community Partnerships
8) 2.2 Emergency Response

Local Health Department/Agency Contribution Questionnaire

On Wednesday, January 24, 2018, the supplemental Local Health Department/Agency Contribution Questionnaire was completed at the Florida Department of Health in Miami-Dade County Performance Management Council (PMC) meeting to consider the contribution that the local health department has to each Model Standard. The primary function of the PMC is to advise and guide the creation, deployment and continuous evaluation of the department's performance management system and its components. The PMC is comprised of the Health Officer, executive management, accreditation liaisons, and staff responsible for QI projects, QI Plan, CHIP, and Strategic Plan implementation.

Completing the questionnaire is useful for understanding the local health department's role specifically and can serve as an important input into the local health department's own strategic planning efforts. The results may serve to catalyze or strengthen performance improvement activities resulting from the assessment process, and will inform the upcoming strategic planning process that the agency will undertake in 2018.

Participants came to a consensus on the percentage of the work for each Model Standard that is contributed directly by the local health department by using a similar scale used to assess the Model Standards in the core Local Instrument.

A	**Optimal** Agency contribution of 76-100%
B	**Significant** Agency contribution of 51-75%
C	**Moderate** Agency contribution of 26-50%
D	**Minimal** Agency contribution of 1-25%
E	**No Activity** No agency contribution to the Model Standard

The Contribution matrix compares perceived performance versus perceived local health department contribution. Quadrants are used as a way for planners to weigh potential actions versus their perceived significance in the local public health system to maximize impact within the community.

Performance Ranking	Contribution Ranking	Quadrant	Significance to the local health department
Lower Performance	Higher Contribution	A	These activities may need increased attention.
Higher Performance	Higher Contribution	B	These activities are being done well, and it is important to maintain efforts.
Higher Performance	Lower Contribution	C	These activities are being done well, consideration may be given to reducing effort in these areas.
Lower Performance	Lower Contribution	D	These activities could be improved, but are of low contribution. They may need little or no attention at this time.

On a scale from Optimal to No Activity, there were no model standards that ranked below Moderate Activity. Five model standards ranked as Optimal, fourteen model standards ranked as Significant, and eleven model standard ranked as Moderate. Two model standards for Essential Services 1 and 6 ranked as High Local Health Department Contribution and Low Performance. The activities of the following nine (9) model standards may need increased attention due to their quadrant ranking.

Model Standards in Quadrant A: High Local Health Department Contribution / Low Performance

1) 9.1 Evaluation of Population Health
2) 8.3 Continuing Education
3) 6.3 Enforce Laws
4) 6.2 Improve Laws
5) 5.2 Policy Development
6) 3.1 Health Education/Promotion
7) 2.1 Identification/Surveillance
8) 1.2 Current Technology
9) 1.1 Community Health Assessment

Three model standards for Essential Service 5 and two model standards for Essential Service 2 ranked as High Local Health Department Contribution and High Performance. The activities of the following ten (10) model standards may need continued maintenance of effort due to their quadrant ranking.

Model Standards in Quadrant B:
High Local Health Department Contribution / High Performance

1) 9.3 Evaluation of LPHS
2) 8.4 Leadership Development
3) 6.1 Review Laws

4) 5.4 Emergency Plan
5) 5.3 CHIP/Strategic Planning
6) 5.1 Governmental Presence
7) 4.2 Community Partnerships
8) 2.3 Laboratories
9) 2.2 Emergency Response
10) 1.3 Registries

System Performance Changes over Time

The last local public health system assessment was performed in 2012. The 2012 and 2017 assessments used the National Public Health Performance Standards (NPHPS) local public health system assessment instrument. The NPHPS provide a framework to assess capacity and performance of the local health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. A change in assessment methodology and survey administration is noted between the 2012 and 2017 assessments.

Both assessments scored the system in the **Significant** Activity category overall. The instrument methods allow for flexibility to meet local community needs and therefore process difference may be present between assessment conducted over time. The 2017 overall performance decreased in performance by 11% as compared to the 2012 Local Public Health System Assessment.

2012 Score	2012 Performance	2017 Score	2017 Performance	% Change
75	**Significant Activity**	67	**Significant Activity**	-11% ↓

Essential Service 1 *Monitor Health Status to Identify Community Health Problems* saw the largest improvement in perceived performance, increasing by 12%. The largest decrease in scoring with a 32% drop and a movement from **Significant** Activity to **Moderate** Activity was found in Essential Service 7 *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable*.

System Performance Changes over Time

Essential Service		2012 Score	2012 Performance	2017 Score	2017 Performance	% Change
1	Monitor Health Status to Identify Community Health Problems	62	Significant Activity	69	Significant Activity	12% ↑
8	Assure a Competent Public Health and Personal Healthcare Workforce	58	Significant Activity	64	Significant Activity	10% ↑
5	Develop Policies and Plans that Support Individual and Community Health Efforts	81	Optimal Activity	82	Optimal Activity	1% ↑
2	Diagnose and Investigate Health Problems and Health Hazards	83	Optimal Activity	79	Optimal Activity	-5% ↓
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	67	Significant Activity	58	Significant Activity	-13% ↓
10	Research for New Insights and Innovative Solutions to Health Problems	69	Significant Activity	58	Significant Activity	-16% ↓
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	83	Optimal Activity	68	Significant Activity	-18% ↓
4	Mobilize Community Partnerships to Identify and Solve Health Problems	89	Optimal Activity	73	Significant Activity	-18% ↓
3	Inform, Educate, and Empower People about Health Issues	86	Optimal Activity	67	Significant Activity	-22% ↓
7	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	73	Significant Activity	50	Moderate Activity	-32% ↓

Common Themes

Participants identified system strengths, weaknesses, and opportunities for improvement within the essential services' model standards during the facilitated discussion sessions of the assessment. Several common themes were noted from participants that scan across multiple model standards and essential services. The discussion highlights noted are recurring topics of discussion from participants that cross-cut more than one essential service or model standard.

Frequently Cited Strengths

- The LPHS has been involved in activities that influenced or informed the public health policy process
- A robust network of providers and non-profits provide services
- Active coalitions and strong partnerships
- Strong local, state, and national alignment
- A wealth of data is available
- Many organizations follow the same documentation processes
- Communications are disseminated in multiple languages
- The local health department is accredited

Frequently Cited Weakness/Challenges

- The community is working in silos
- Data deficit for certain populations
- Deficit in obesity, diabetes, hypertension, and mental health data
- Lack of funding, resources, and personnel
- Lack of awareness of services and resources available to the community
- Lack of shared databases
- Lack of tracking referrals
- Critical partners missing in the community health improvement planning process
- High staff turnover
- Recruitment and retention of staff
- Transportation/transit issues

Frequently Cited Opportunities for Improvement

- Develop a chronic disease health database
- Develop an inventory of available registries
- Break silos to address community challenges: Hepatitis C, Diabetes, HIV, Dementia, lack of healthcare, disenfranchised incarcerated, depression in mothers, opioid, mental health, paternal health care, preventative services, vulnerable populations
- Increase transportation/transit planning
- Use data to tailor services in high risk/need areas
- Increase involvement from missing partners, such as the media and faith-based organizations
- Focus on prevention-based efforts
- Leverage the use of technology and share assessment results in easily understandable format (i.e. increase use of infographics)
- Develop a comprehensive system of referrals and tracking
- Develop a one Employee Assistance Program (EAP) system for residents to qualify for all social services
- Improve opportunities for training on writing and soliciting grants

Evaluation

Participant Feedback

At the conclusion of the LPHSA Community Meeting, participants completed and submitted an evaluation form to provide feedback that would be used to plan future meetings. On a scale from 1-4 with "1" being "Strongly Disagree" and "4" being "Strongly Agree," the meeting series had an overall evaluation score of 3.6.

Overall	Average Score
The breakout sessions were well organized.	3.8
Facilitators encouraged participation and allowed sufficient discussion.	3.8
I had the opportunity to learn about the public health system.	3.7
My opinions were valued during this meeting.	3.7
The LPHSA Community Meeting met my expectations.	3.6
There was enough time for me to provide input during the meeting.	3.6
The pace and length of the entire meeting was appropriate.	3.6
My interest was engaged throughout the breakout sessions.	3.5
Organizations and sectors that play important roles in promoting and improving the health in Miami-Dade County were adequately represented in the meeting.	3.3

Participants reported the fruitful discussion, voting system, collaboration, networking, and staff assistance as the most useful aspects of the process. Redundancy in questions, missing of critical partners, and both time constraints and length of meeting were cited as the least useful aspects of the process. Overall, participants reported that the process was well organized and very informative. Participants envisioned the assessment findings to be used in providing insight and direction for action plans, improving partnerships, and ensuring more integrated planning.

"Organized and valuable. Great participation from various organizations."

"Very informative. Great opportunity for improvements. Wonderful to be able to network"

"Very positive process to help identify gaps in our LPHS"

-Participant feedback form, 2017 LPHSA

Next Steps

Community meeting participants were encouraged to become members of the Consortium for a Healthier Miami-Dade County in order to continue in partnership and collaboration. The Consortium is the community's initiative involving the organizations and entities that contribute to public health, promoting healthy living in Miami-Dade through the support and strengthening of sustainable policies, systems and environments. Membership is free and each of the seven committees focuses on a key area of health. More information can be found at www.healthymiamidade.org.

Summary Infographics

Individual essential service data is presented as an infographic which include the essential service's performance, essential service performance change over time, any associated model standards for the essential service and their performance rankings, perceived system strengths, weaknesses, and opportunities regarding the essential service. The infographic can be found in Appendix 3.

Statement of Recognition

Special thanks to the Florida Department of Health in Lake County for sharing best practices and providing planning and implementation guidance. Special thanks to the local public health system partners for playing an important role in our community. Together, we can continue to promote health and wellbeing in Miami-Dade County!

"Our public health system must continue to join forces and make a concerted, organized effort to strengthen capacity and impact to advance health equity and make significant strides to improve, promote and protect health. With your partnership, we will be more likely to reach our public health goals and create meaningful change and healthier living standards for Miami-Dade County residents. "

-Lillian Rivera, RN, MSN, PhD
Florida Department of Health in Miami-Dade County
Administrator/Health Officer

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442
Fax: (305) 278-0441

www.healthymiamidade.org
www.miamidade.floridahealth.gov

Appendices

Appendix 1: Community Meeting Agenda

Florida Department of Health in Miami-Dade County
Local Public Health System Assessment Community Meeting
Thursday, August 24, 2017- Friday, August 25, 2017
United Way Center for Excellence
3250 SW 3rd Ave, Miami, FL 33129

AGENDA

Objectives:

1. Understand the role of the local public health system assessment
2. Gain understanding on how well the Miami-Dade County public health system is performing against optimal standards for delivery of the essential health services

DAY 1: THURSDAY, AUGUST 24, 2017

Topic	Speaker	Time
Registration and Networking		8:00-8:30am
Welcome and Overview	Dr. Lillian Rivera *Florida Department of Health in Miami-Dade County*	8:30-8:50am
Special Remarks	Senator René Garcia *Florida Senate 36th District*	8:50-9:00am
Break		9:00-9:05am
Breakout Session A • Essential Service 1	Nicole Marriott *Health Council of South Florida* Florence Greer *Florida International University*	9:05-11:00am
• Essential Service 2	Dr. Peggy Rios *University of Miami* Dr. Iris Jackson *Florida Department of Health in Miami-Dade County*	
Break		11:00-11:10am
Breakout Session B • Essential Service 3	Dr. Peggy Rios *University of Miami* Florence Greer *Florida International University*	11:10-1:10pm
• Essential Service 4	Dr. Sarah Messiah *University of Miami* Karen Weller *Florida Department of Health in Miami-Dade County*	
Networking Lunch		1:10-2:00pm
Breakout Session C • Essential Service 5	Dr. Melissa Howard *Florida International University* Karen Weller *Florida Department of Health in Miami-Dade County*	2:00-4:00pm
• Essential Service 6	Dr. Sarah Messiah *University of Miami* Dr. Iris Jackson *Florida Department of Health in Miami-Dade County*	
Adjourn		4:00pm

Appendix 1: Community Meeting Agenda

Florida Department of Health in Miami-Dade County
Local Public Health System Assessment Community Meeting
Thursday, August 24, 2017- Friday, August 25, 2017
United Way Center for Excellence
3250 SW 3rd Ave, Miami, FL 33129

AGENDA

Objectives:

1. Understand the role of the local public health system assessment
2. Gain understanding on how well the Miami-Dade County public health system is performing against optimal standards for delivery of the essential health services

DAY 2: FRIDAY, AUGUST 25, 2017

Topic	Speaker	Time
Registration and Networking		8:00-8:30am
Welcome and Overview	Dr. Lillian Rivera *Florida Department of Health in Miami-Dade County*	8:30-8:55am
Break		8:55-9:05am
Breakout Session D • Essential Service 7	Dr. Peggy Rios *University of Miami* Karen Weller *Florida Department of Health in Miami-Dade County*	9:05-11:00am
• Essential Service 8	Dr. Melissa Howard *Florida International University* Florence Greer *Florida International University*	
Break		11:00-11:15am
Breakout Session E • Essential Service 9	Dr. Melissa Howard *Florida International University* Dr. Iris Jackson *Florida Department of Health in Miami-Dade County*	11:15-1:00pm
• Essential Service 10	Nicole Marriott *Health Council of South Florida* Dr. Sarah Messiah *University of Miami*	
Adjourn		1:00pm

Overview

Local Public Health System Assessment
Priority of Model Standards Questionnaire

Consider the priority of each Model Standard to the public health system

Serves to catalyze or strengthen performance improvement activities resulting from the assessment process

The prioritization ranking measures which model standards are perceived as having the greatest priority relative to each other

Outline

- 2017 Community Meeting and Assessment Results
- Essential Service Review
- Process and Scoring Overview
- Review Essential Service Activity
  - Repeat the following for each Model Standard:
    - Read Model Standard
    - Discuss Model Standard activity
    - Score Model Standard
- Summary
- Next Steps

Local Public Health System Assessment Community Meeting

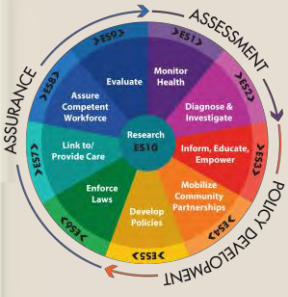
NPHPSP

NACCHO
National Association of County & City Health Officials

National Public Health Performance Standards Local Assessment Instrument

Version 3.0

10 Essential Services



1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

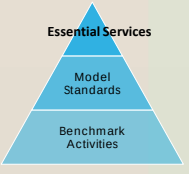
LPHSA Infographic Assessment Results

- www.healthymiamidade.org/resources/lphsa-community-meeting/

Performance Ratings: Essential Services

Performance Ratings: Model Standards

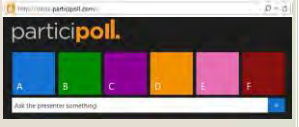
- Model standards are intended to guide the development of stronger public health systems capable of improving the health of populations.



Model Standards by Essential Services		Performance	Performance Scores
5.4	Emergency Plan	Optimal	100
2.3	Laboratories	Optimal	88
2.2	Emergency Response	Optimal	83
4.2	Community Partnerships	Optimal	83
5.3	CHIP/Strategic Planning	Optimal	83
6.1	Review Laws	Optimal	81
1.3	Registries	Significant	75
3.3	Risk Communication	Significant	75
5.1	Governmental Presence	Significant	75
8.2	Workforce Standards	Significant	75
8.4	Leadership Development	Significant	75
10.2	Academic Linkages	Significant	75
9.3	Evaluation of LPHS	Significant	69
1.1	Community Health Assessment	Significant	67
1.2	Current Technology	Significant	67
2.1	Identification/Surveillance	Significant	67
3.2	Health Communication	Significant	67
5.2	Policy Development	Significant	67
6.3	Enforce Laws	Significant	65
4.1	Constituency Development	Significant	63
3.1	Health Education/Promotion	Significant	58
6.2	Improve Laws	Significant	58
9.1	Evaluation of Population Health	Significant	56
10.1	Foster Innovation	Significant	56
8.3	Continuing Education	Significant	55
7.1	Personal Health Service Needs	Moderate	50
7.2	Assure Linkage	Moderate	50
8.1	Workforce Assessment	Moderate	50
9.2	Evaluation of Personal Health	Moderate	50
10.3	Research Capacity	Moderate	44

Scoring Chart

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority



To vote, visit http://lphsa.participoll.com/

Essential Service 1

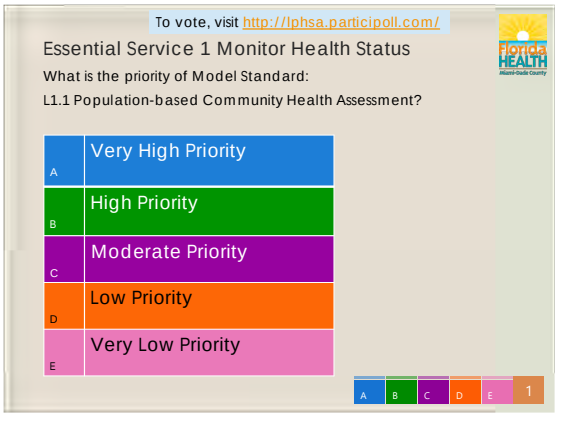
Monitoring health status to identify community health problems

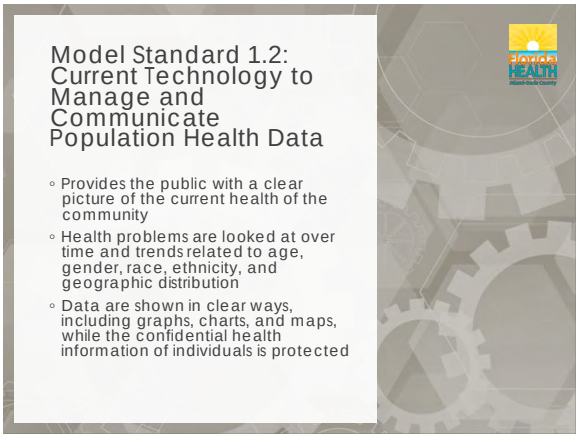
- Population-Based Community Health Assessment
- Current Technology to Manage and Communicate Population Health Data
- Maintaining Population Health Registries

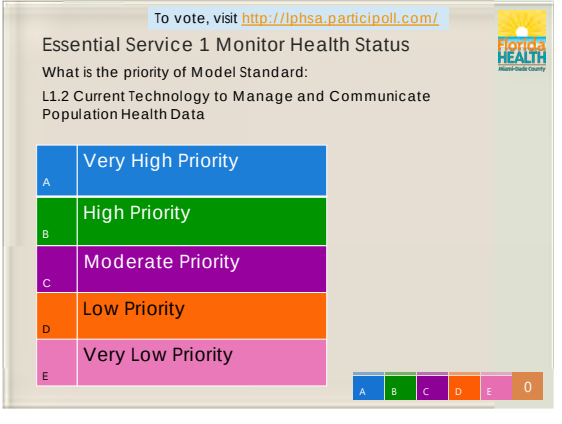

2017 Local Public Health System Assessment
Miami-Dade County, Florida
DATA OVERVIEW
Model Standards represent the major components or practice areas of the Essential Service. All model standards scored Significant Activity.
COMPOSITE SCORE
1.3 Registries
75%
1.3 Current Technology
67%
1.3 Community Health Assessment
67%
0%
25%
50%
75%
1.1 SIGNIFICANT
1.2 SIGNIFICANT
1.3 SIGNIFICANT
Essential Service 1 Monitor Health Status to Identify Community Health Problems


Model Standard 1.1: Population-Based Community Health Assessment
Assess the health of the community regularly
Identify and describe factors that affect the health of a population
Pinpoint factors that determine the availability of resources within the community to adequately address health concerns
Community Health Needs Assessment


We will be using Participoll in this presentation.
Please have this website ready:
http://lphsa.participoll.com/


To vote, visit http://lphsa.participoll.com/
Essential Service 1 Monitor Health Status
What is the priority of Model Standard:
L1.1 Population-based Community Health Assessment?
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 1


Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data
Provides the public with a clear picture of the current health of the community
Health problems are looked at over time and trends related to age, gender, race, ethnicity, and geographic distribution
Data are shown in clear ways, including graphs, charts, and maps, while the confidential health information of individuals is protected


To vote, visit http://lphsa.participoll.com/
Essential Service 1 Monitor Health Status
What is the priority of Model Standard:
L1.2 Current Technology to Manage and Communicate Population Health Data
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0

Model Standard 1.3: Maintaining Population Health Registries

- Collect data on specific health concerns to provide to population health registries in a timely manner and consistent with current standards
- Registries allow more understanding of major health concerns
- Give timely information to at-risk populations
- Ensure accurate and timely reporting of all the information needed for health registries

To vote, visit http://Iphsa.participoll.com/

Essential Service 1 Monitor Health Status

What is the priority of Model Standard:

L1.3 Maintaining Population Health Registries

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

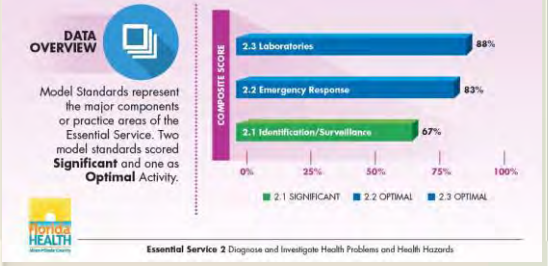
Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

- Identifying and Monitoring Health Threats
- Investigating and Responding to Public Health Threats and Emergencies
- Laboratory Support for Investigating Health Threats

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 2.1: Identifying and Monitoring Health Threats

- Conduct surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and manmade), and other emerging threats to public health
- Use of surveillance data
- Prepare for and respond to identified public health threats
- All parts of the system work together to collect data and report findings

To vote, visit http://Iphsa.participoll.com/

Essential Service 2 Diagnose and Investigate

What is the priority of Model Standard:

L2.1 Identifying and Monitoring Health Threats

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

- LPHS professionals works closely together to collect and understand related data
- Many partners support the response with communication networks already in place
- Response to an emergent event is in accordance with current emergency operations coordination guidelines

To vote, visit http://lphsa.participoll.com/

Essential Service 2 Diagnose and Investigate

What is the priority of Model Standard:

L2.2 Investigating and Responding to Public Health Threats and Emergencies

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 2.3: Laboratory Support for Investigating Health Threats

- Ability to produce timely and accurate laboratory results for public health concerns
- Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards.
- Any laboratory used by public health meets all licensing and credentialing standards

To vote, visit http://lphsa.participoll.com/

Essential Service 2 Diagnose and Investigate

What is the priority of Model Standard:

L2.3 Laboratory Support for Investigating Health Threats

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

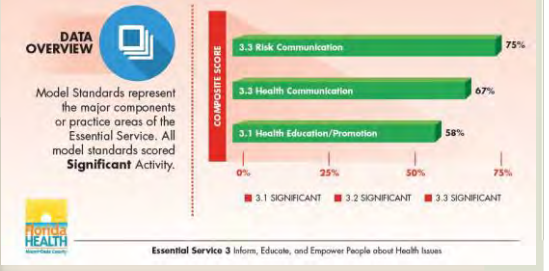
Essential Service 3

Inform, Educate, and Empower People about Health Issues

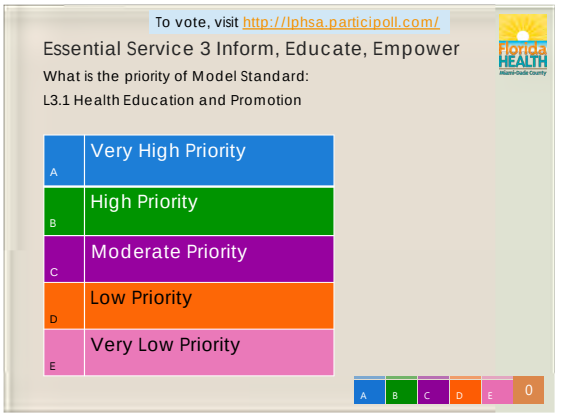
- Health Education and Promotion
- Health Communication
- Risk Communication

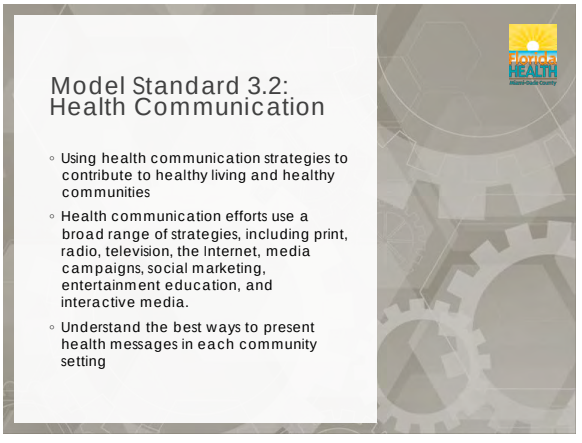
2017 Local Public Health System Assessment

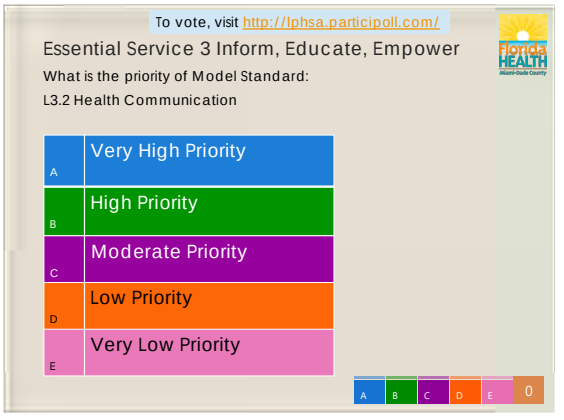
Miami-Dade County, Florida

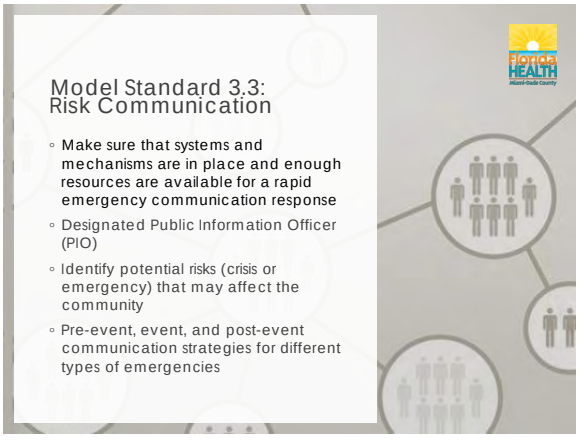


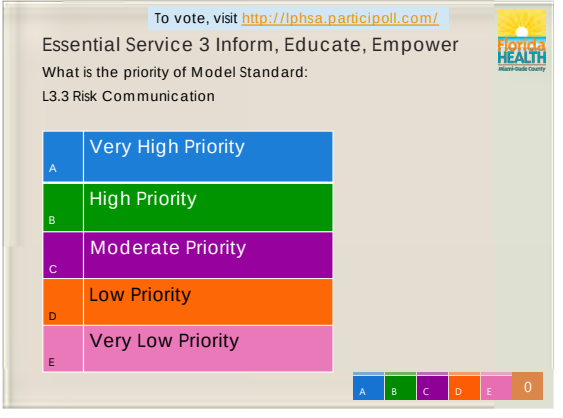

Model Standard 3.1: Health Education and Promotion
◦ Designs and puts in place health promotion and health education activities to create environments that support health
◦ Address risk and protective factors at the individual, interpersonal, community, and societal levels
◦ Identifying needs, setting priorities, and planning health promotional and educational activities


To vote, visit http://Iphsa.participoll.com/
Essential Service 3 Inform, Educate, Empower
What is the priority of Model Standard:
L3.1 Health Education and Promotion
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0


Model Standard 3.2: Health Communication
◦ Using health communication strategies to contribute to healthy living and healthy communities
◦ Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, entertainment education, and interactive media.
◦ Understand the best ways to present health messages in each community setting


To vote, visit http://Iphsa.participoll.com/
Essential Service 3 Inform, Educate, Empower
What is the priority of Model Standard:
L3.2 Health Communication
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0


Model Standard 3.3: Risk Communication
◦ Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response
◦ Designated Public Information Officer (PIO)
◦ Identify potential risks (crisis or emergency) that may affect the community
◦ Pre-event, event, and post-event communication strategies for different types of emergencies


To vote, visit http://Iphsa.participoll.com/
Essential Service 3 Inform, Educate, Empower
What is the priority of Model Standard:
L3.3 Risk Communication
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0

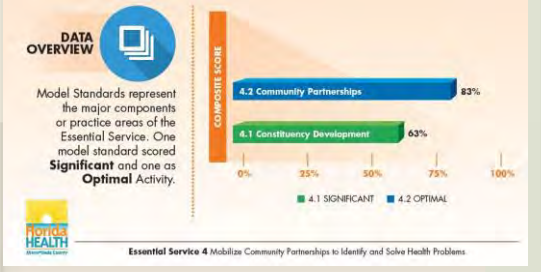
Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

- Constituency Development
- Community Partnerships

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 4.1: Constituency Development

- Actively identifies and involves community partners
- Establishing collaborative relationships
- Follow an established process for identifying key constituents related to overall public health interests and particular health concerns

To vote, visit http://lphsa.participoll.com/

Essential Service 4 Mobilize Community Partnerships

What is the priority of Model Standard:

L4.1 Constituency Development

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 4.2: Community Partnerships

- Information sharing, activity coordination, resource sharing, and in-depth collaboration
- Strategically align interests to achieve a common purpose
- Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community

To vote, visit http://lphsa.participoll.com/

Essential Service 4 Mobilize Community Partnerships

What is the priority of Model Standard:

L4.2 Community Partnerships

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

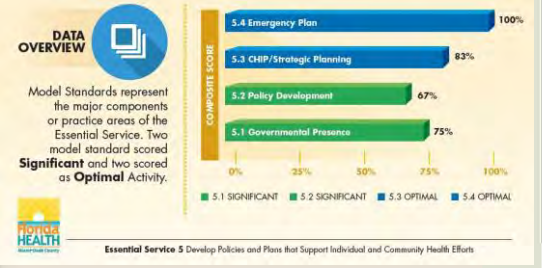
Essential Service 5:

Develop Policies and Plans that Support Individual and Community Health Efforts

- Governmental Presence at the Local Level
- Public Health Policy Development
- Community Health Improvement Process and Strategic Planning
- Planning for Public Health Emergencies

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 5.1: Governmental Presence at the Local Level

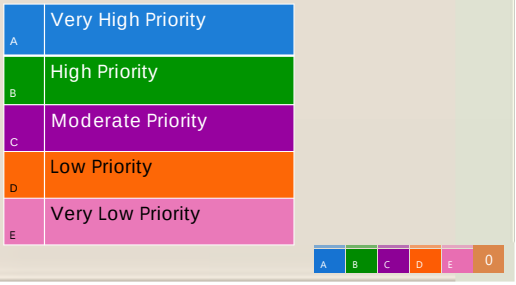
- LPHS includes a local health department
- Support the work of the local health department to make sure the10 Essential Public Health Services are provided
- See that the local health department is accredited through PHAB's national voluntary public health department accreditation program

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.1 Governmental Presence at the Local Level



Model Standard 5.2: Public Health Policy Development

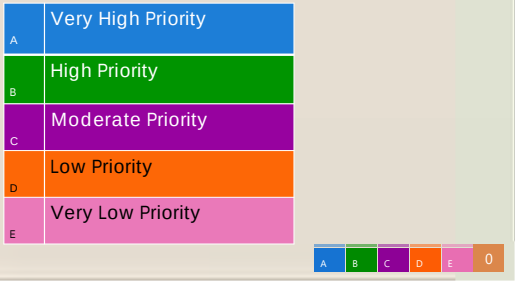
- LPHS develops policies that will prevent, protect, or promote the public's health
- Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions, which may include new laws or changes to existing laws
- Current or proposed policies that have the potential to affect the public's health are carefully reviewed for consistency with public health policy through health impact assessments (HIAs)

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.2 Public Health Policy Development



Model Standard 5.3: Community Health Improvement Process and Strategic Planning

- Seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health
- Leads a community-wide effort to improve community health by gathering information on health problems, identifying the community's strengths and weaknesses, setting goals, and increasing overall awareness

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.3 Community Health Improvement Process and Strategic Planning

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 5.4: Planning for Public Health Emergencies

- Adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency
- Plan describes community interventions necessary to prepare, mitigate, respond, and recover from all types of emergencies, including both natural and intentional disasters
- Looks at challenges of possible events, such as biological, chemical, or nuclear events.
- Practice for possible events takes place through regular exercises or drills

To vote, visit http://lphsa.participoll.com/

Essential Service 5 Develop Policies

What is the priority of Model Standard:

L5.4 Planning for Public Health Emergencies

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

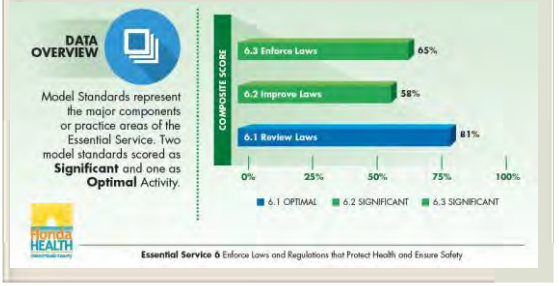
Essential Service 6

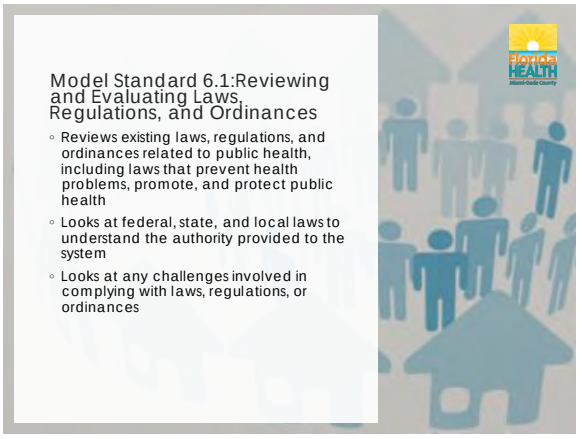
Enforce Laws and Regulations that Protect Health and Ensure Safety

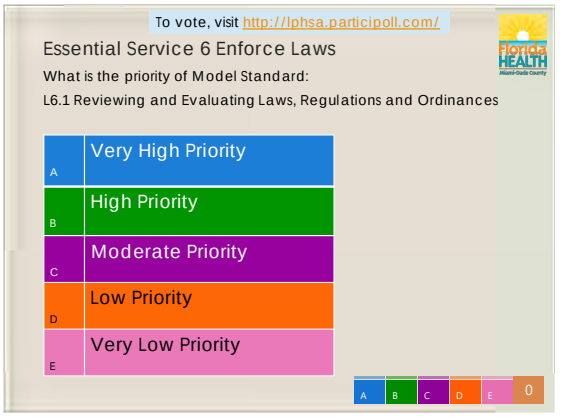
- Reviewing and Evaluating Laws, Regulations, and Ordinances
- Involvement in Improving Laws, Regulations, and Ordinances
- Enforcing Laws, Regulations, and Ordinances

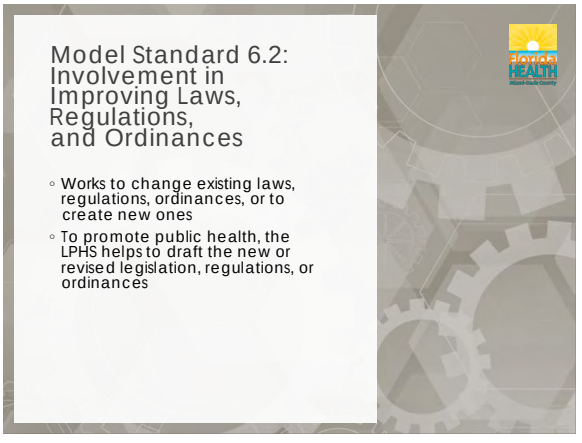
2017 Local Public Health System Assessment

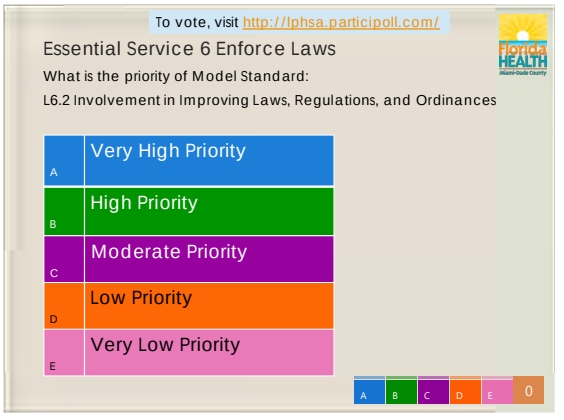
Miami-Dade County, Florida

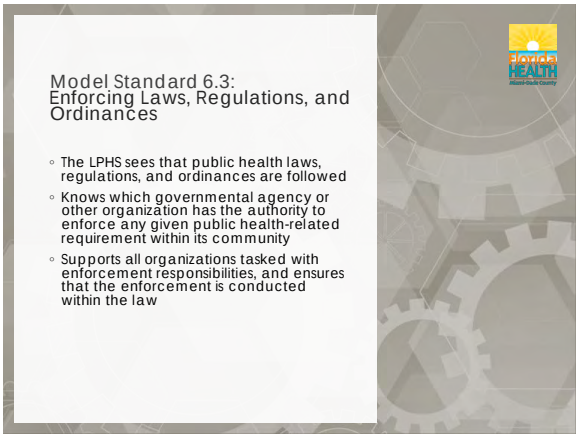


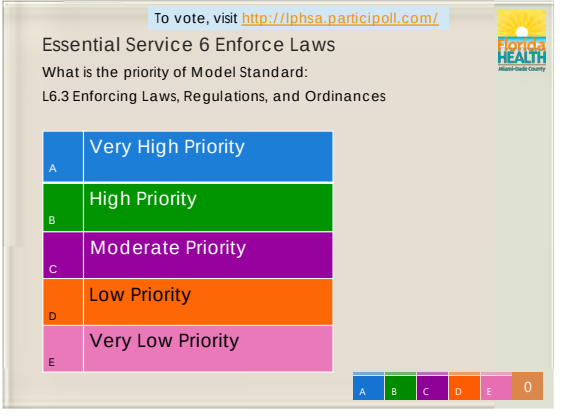

Model Standard 6.1:Reviewing and Evaluating Laws, Regulations, and Ordinances
◦ Reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health
◦ Looks at federal, state, and local laws to understand the authority provided to the system
◦ Looks at any challenges involved in complying with laws, regulations, or ordinances


To vote, visit http://lphsa.participoll.com/
Essential Service 6 Enforce Laws
What is the priority of Model Standard:
L6.1 Reviewing and Evaluating Laws, Regulations and Ordinances
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0


Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances
◦ Works to change existing laws, regulations, ordinances, or to create new ones
◦ To promote public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances


To vote, visit http://lphsa.participoll.com/
Essential Service 6 Enforce Laws
What is the priority of Model Standard:
L6.2 Involvement in Improving Laws, Regulations, and Ordinances
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0


Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances
◦ The LPHS sees that public health laws, regulations, and ordinances are followed
◦ Knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community
◦ Supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law


To vote, visit http://lphsa.participoll.com/
Essential Service 6 Enforce Laws
What is the priority of Model Standard:
L6.3 Enforcing Laws, Regulations, and Ordinances
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0

Essential Service 7

Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable

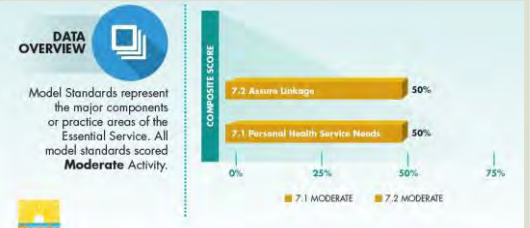
- Identifying Personal Health Service Needs of Populations
- Ensuring People are Linked to Personal Health Services

2017 Local Public Health System Assessment

Miami-Dade County, Florida

DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Moderate** Activity.



Essential Service 7 Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

Model Standard 7.1: Identifying Personal Health Service Needs of Populations

- Identify personal health service needs of the community
- Identify the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services
- Define roles and responsibilities for the local health department and other partners in relation to overcoming these barriers and providing services

To vote, visit http://lphsa.participoll.com/

Essential Service 7 Link to Care

What is the priority of Model Standard:

L7.1 Identifying Personal Health Service Needs of Populations

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 7.2: Ensuring People are Linked to Personal Health Services

- Partners work together to meet the diverse needs of all populations
- Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs
- Develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system

To vote, visit http://lphsa.participoll.com/

Essential Service 7 Link to Care

What is the priority of Model Standard:

L7.2 Ensuring People are Linked to Personal Health Services

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

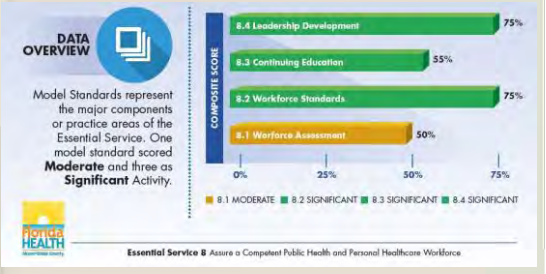
Essential Service 8

Assure a Competent Public Health and Personal Healthcare Workforce

- Workforce Assessment, Planning, and Development
- Public Health Workforce Standards
- Life-Long Learning through Continuing Education, Training, and Mentoring
- Public Health Leadership Development

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 8.1: Workforce Assessment, Planning, and Development

- Assess over time the numbers and types of LPHS jobs in the public or private sector and the knowledge, skills, and abilities that they require
- Looks at the training that the workforce needs to keep its knowledge, skills, and abilities up to date
- Identifies gaps and works on plans to fill those gaps

To vote, visit http://Iphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.1 Workforce Assessment, Planning, and Development

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 8.2: Public Health Workforce Standards

- Maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by law or by local, state, or federal guidance
- Position descriptions, hiring, and performance evaluations of workers are based on public health competencies

To vote, visit http://Iphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.2 Public Health Workforce Standards

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring

- Encourages lifelong learning for the local public health workforce.
- Interested workforce members have the chance to work with academic and research institutions .
- LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities
- Educates its workforce about the many factors that can influence health

To vote, visit http://lphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.3 Life-Long Learning through Continuing Education, Training, and Mentoring

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 8.4: Public Health Leadership Development

- Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community
- Leaders work to continually develop the LPHS, create a shared vision of community health, find ways to achieve the vision, and ensure that local public health services are delivered
- Encourages the development of leaders that represent the diversity of the community and respect community values

To vote, visit http://lphsa.participoll.com/

Essential Service 8 Assure

What is the priority of Model Standard:

L8.4 Public Health Leadership Development

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

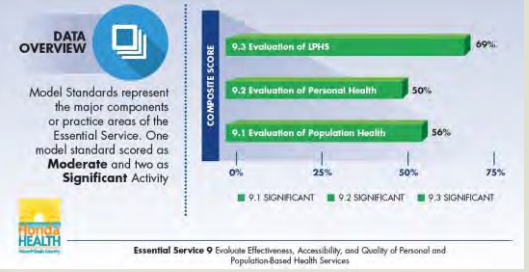
Essential Service 9

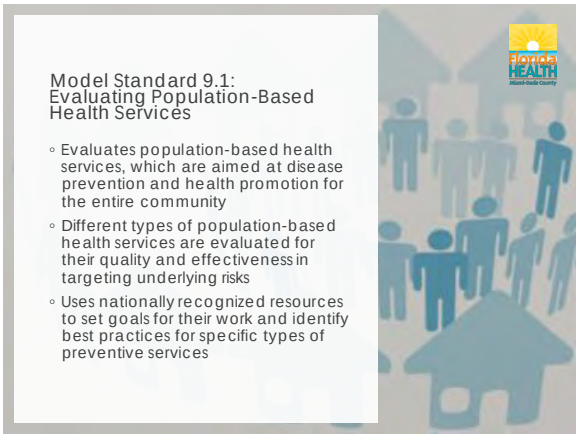
Evaluating effectiveness, accessibility, and quality of personal and population-based health services

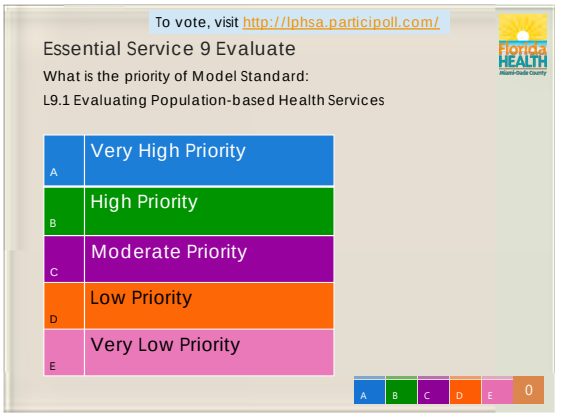
- Evaluating Population-Based Health Services
- Evaluating Personal Health Services
- Evaluating the Local Public Health System

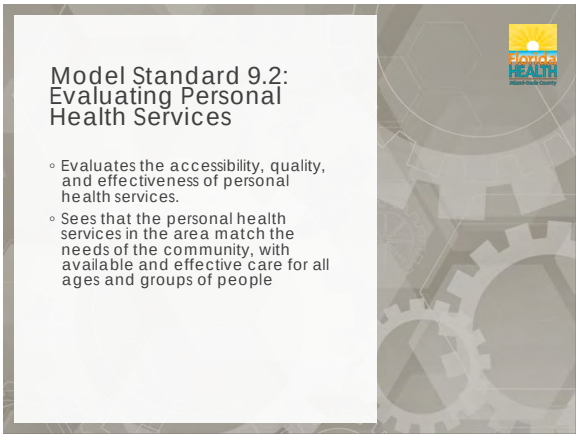
2017 Local Public Health System Assessment

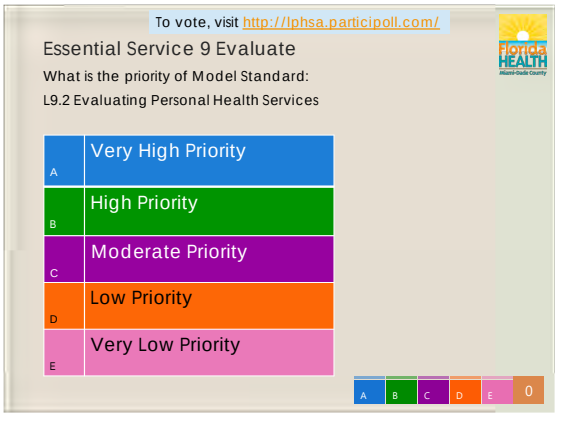
Miami-Dade County, Florida

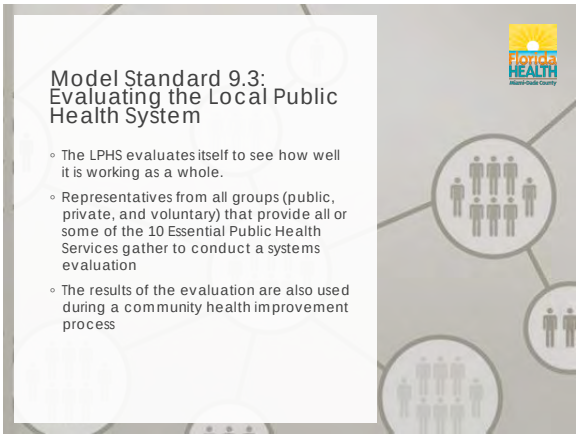


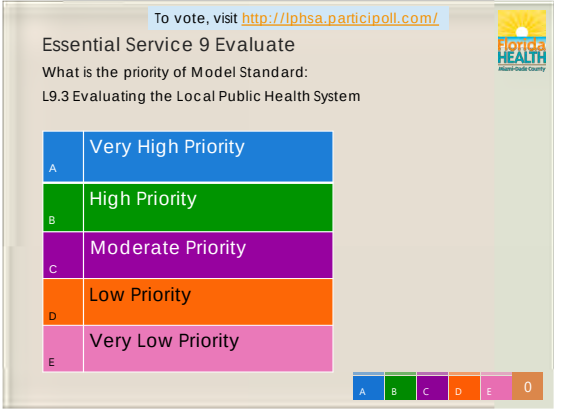

Model Standard 9.1: Evaluating Population-Based Health Services
◦ Evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community
◦ Different types of population-based health services are evaluated for their quality and effectiveness in targeting underlying risks
◦ Uses nationally recognized resources to set goals for their work and identify best practices for specific types of preventive services


To vote, visit http://lphsa.participoll.com/
Essential Service 9 Evaluate
What is the priority of Model Standard:
L9.1 Evaluating Population-based Health Services
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0


Model Standard 9.2: Evaluating Personal Health Services
◦ Evaluates the accessibility, quality, and effectiveness of personal health services.
◦ Sees that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people


To vote, visit http://lphsa.participoll.com/
Essential Service 9 Evaluate
What is the priority of Model Standard:
L9.2 Evaluating Personal Health Services
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0


Model Standard 9.3: Evaluating the Local Public Health System
◦ The LPHS evaluates itself to see how well it is working as a whole.
◦ Representatives from all groups (public, private, and voluntary) that provide all or some of the 10 Essential Public Health Services gather to conduct a systems evaluation
◦ The results of the evaluation are also used during a community health improvement process


To vote, visit http://lphsa.participoll.com/
Essential Service 9 Evaluate
What is the priority of Model Standard:
L9.3 Evaluating the Local Public Health System
A Very High Priority
B High Priority
C Moderate Priority
D Low Priority
E Very Low Priority
A B C D E 0

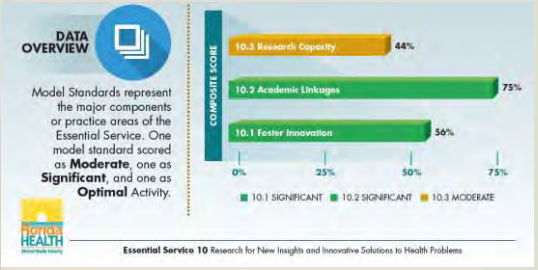
Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

- Fostering Innovation
- Linking with Institutions of Higher Learning and/or Research
- Capacity to Initiate or Participate in Research

2017 Local Public Health System Assessment

Miami-Dade County, Florida



Model Standard 10.1: Fostering Innovation

- LPHS organizations try new and creative ways to improve public health practice
- In both academic and practice settings, new approaches are studied to see how well they work

To vote, visit http://lphsa.participoll.com/

Essential Service 10 Research

What is the priority of Model Standard:

L10.1 Fostering Innovation

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research

- Establishes relationships with colleges, universities, and other research organizations
- Connects with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms

To vote, visit http://lphsa.participoll.com/

Essential Service 10 Research

What is the priority of Model Standard:

L10.2 Linking with Institutions of Higher Learning and/or Research

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

Model Standard 10.3: Capacity to Initiate or Participate in Research

- Take part in research to help improve the performance of the LPHS
- Access to researchers with the knowledge and skills to design and conduct health-related studies, supports their work with funding and data systems, and provides ways to share findings
- Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice

To vote, visit http://lphsa.participoll.com/

Essential Service 10 Research

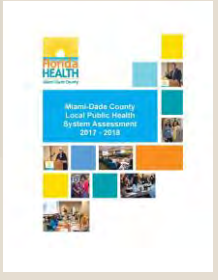
What is the priority of Model Standard:

L10.3 Capacity to Initiate or Participate in Research

A	Very High Priority
B	High Priority
C	Moderate Priority
D	Low Priority
E	Very Low Priority

A B C D E 0

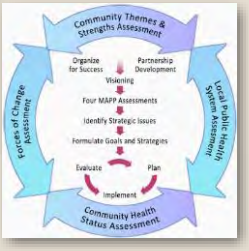
Summary

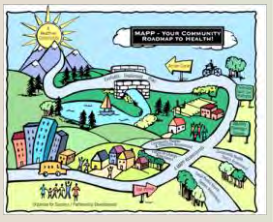


- The prioritization ranking measures which model standards are perceived as having the greatest priority relative to each other
- Coming Soon!

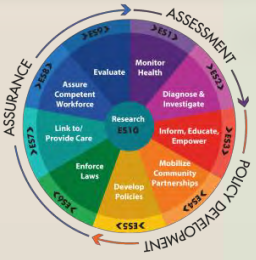
  Local Public Health System Assessment Report
  www.healthymiamidade.org/resources/lphsa-community-meeting/

Next Steps





Thank you for participating in the Priority of Model Standards Questionnaire!



Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442 Fax: (305) 278-0441
www.healthymiamidade.org

2017 Local Public Health System Assessment

Miami-Dade County, Florida

Florida HEALTH
Miami-Dade County

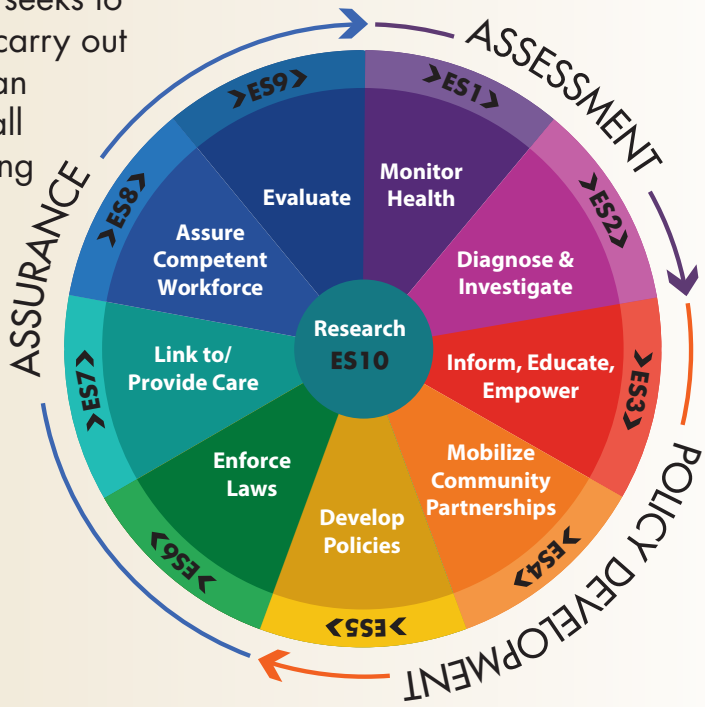
2017 Local Public Health System Assessment

Miami-Dade County, Florida

What are the components, activities and capacities of our public health system? How well are the 10 Essential Public Health Services being provided in our public health system?

DESCRIPTION

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten Essential Services. Essential Services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.



PERFORMANCE SIGNIFICANT

The Miami-Dade County local public health system's overall performance ranking score is **67%**, which represents **Significant** Activity.

DATA OVERVIEW

Two Essential Services scored **Optimal**, seven scored **Significant**, and one as **Moderate** Activity.

Optimal Activity (76-100%)

- ES 5: Develop Policies/Plans, 81%
- ES 2: Diagnose and Investigate, 79%

Significant Activity (51-75%)

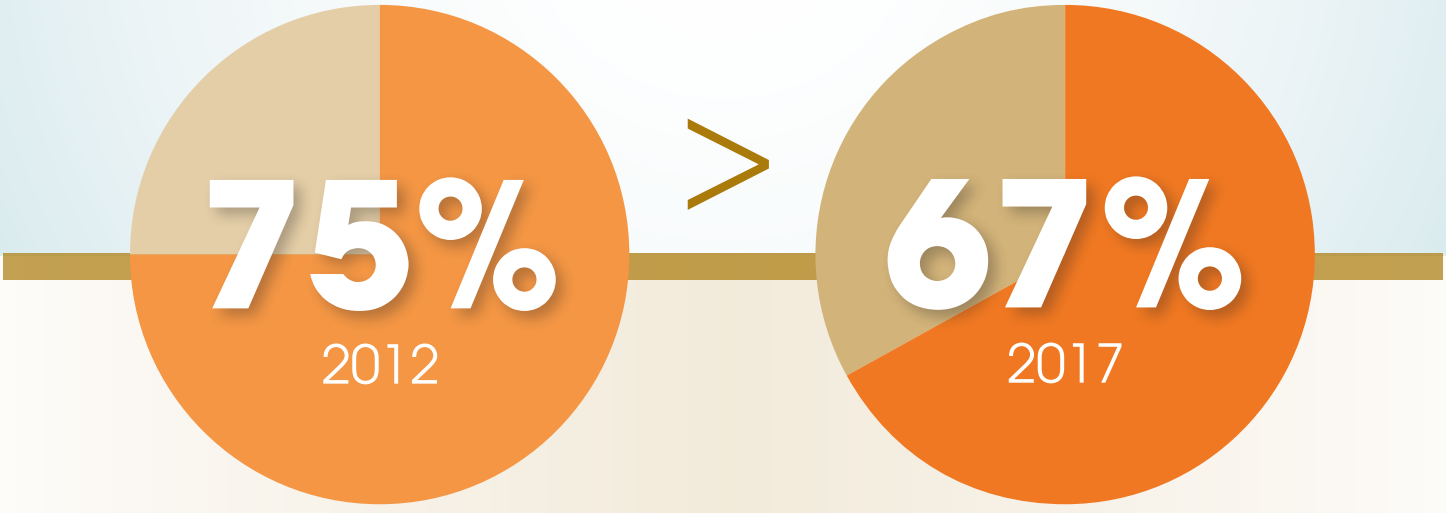
- ES 4: Mobilize Partnerships, 73%
- ES 1: Monitor Health Status, 69%
- ES 6: Enforce Laws, 68%
- ES 3: Inform/Educate/Empower, 67%
- ES 8: Assure Workforce, 64%
- ES 10: Research/Innovation, 58%
- ES 9: Evaluate Services, 58%

Moderate Activity (26-50%)

- ES 7: Link to Health Services, 50%

PERFORMANCE ASSESSMENT

The last local public health system assessment was performed in 2012. Both assessments scored the system in the Significant Activity category overall. The 2017 overall performance decreased in performance by 11% as compared to the 2012 local public health system assessment.*



**The 2012 and 2017 assessments used the National Public Health Performance Standards (NPHPS) local public health system assessment instrument. The NPHPS provide a framework to assess capacity and performance of the local health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. A change in assessment methodology and survey administration is noted between the 2012 and 2017 assessments.*

Essential Service 1

Monitor Health Status to Identify Community Health Problems

What is going on in our community? Do we know how healthy we are?

Essential Service 1 Monitor Health Status to Identify Community Health Problems ranked as having Significant Activity.

DESCRIPTION

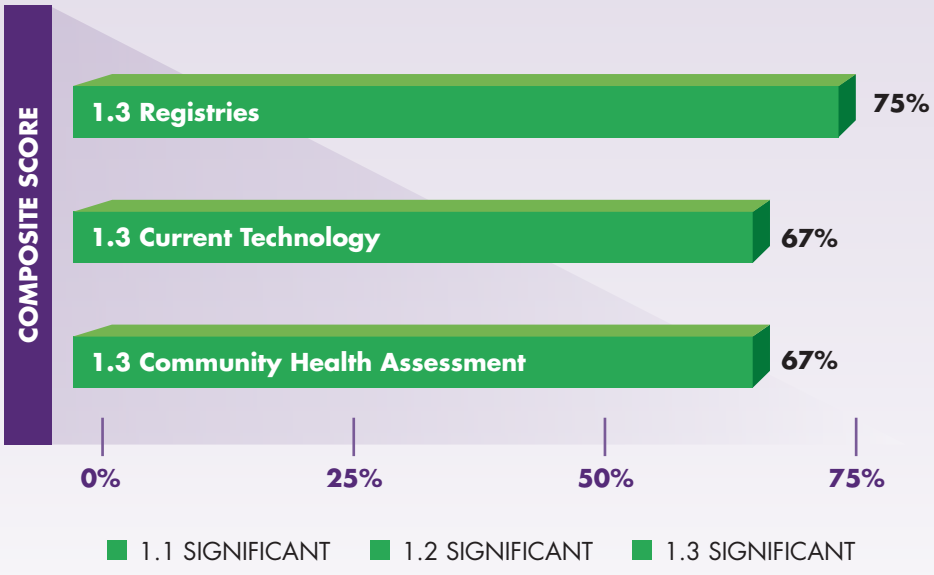
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for community health assessments, health registries, and population health data.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **69%**, which represents **Significant** Activity.

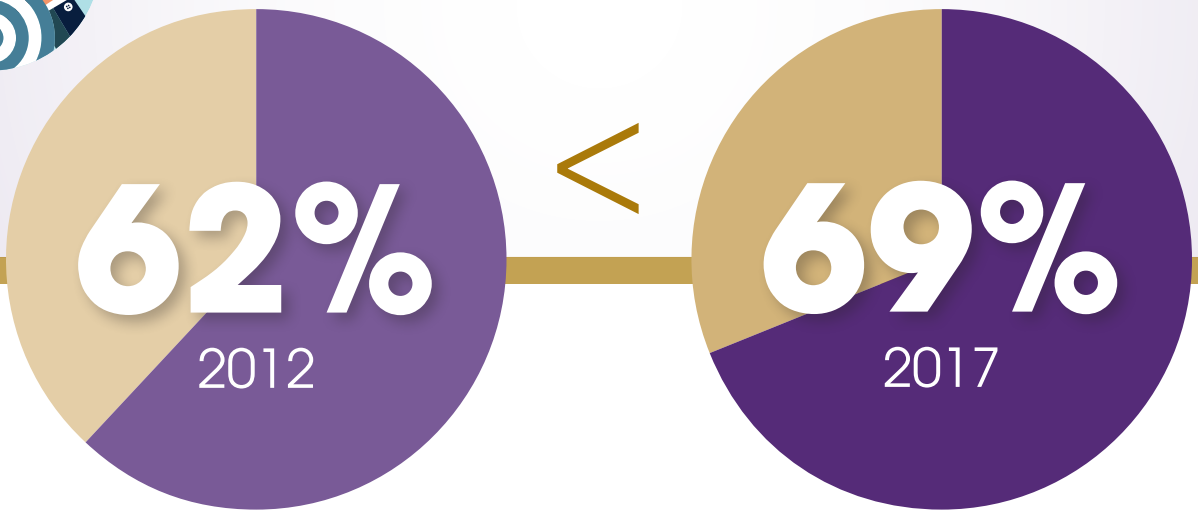
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Significant** Activity.



PERFORMANCE ASSESSMENT

Essential Service 1 increased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

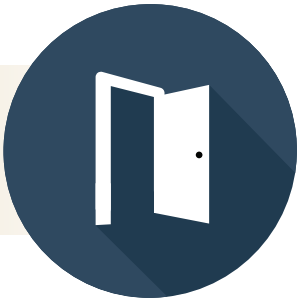
- The community can access a wealth of data
- Operation of the data is well managed
- Manage need is consistent

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- The community is working in silos
- There is a lack of monitoring results
- The community is not aware of the Community Health Improvement Plan and how to access it
- There is a deficit in obesity, diabetes, hypertension, and mental health data
- There is a lack of funding to adequately monitor heath status

PERCEIVED SYSTEM OPPORTUNITIES



Participants suggested the following for optimization of this Essential Service:

- Bring more partners to the table
- Link websites
- Leverage technology
- Encourage wide ranging use of GIS
- Develop an inventory of available registries
- Increase access to registries across states
- Develop a chronic disease health database

Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

HIGHEST RANKING PERFORMANCE

Are we ready to respond to health problems or health hazards in our county? How quickly do we find out about problems? How effective is our response?

Essential Service 2 Diagnose and Investigate Health Problems and Health Hazards was ranked as having Optimal Activity.

DESCRIPTION

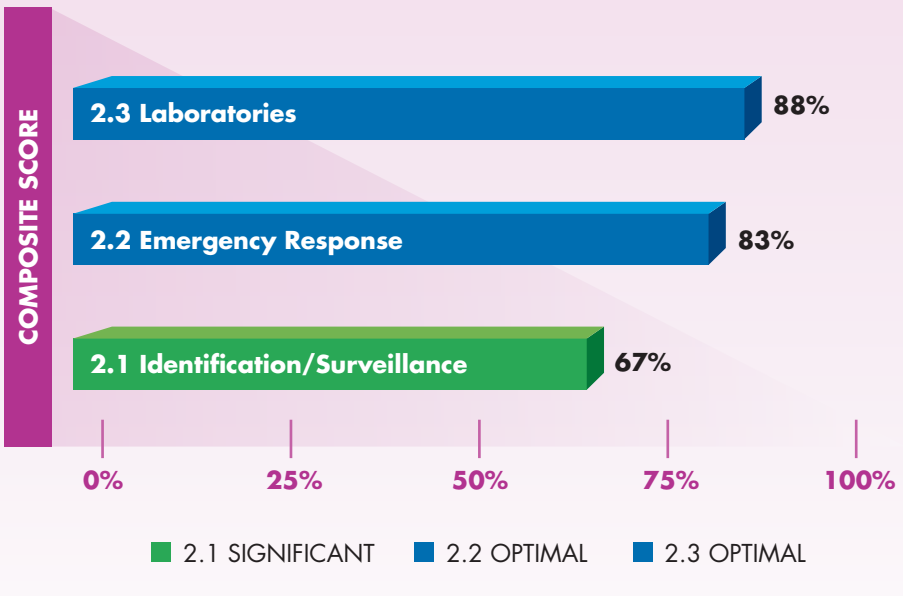
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for identifying, monitoring, and responding to health threats, and laboratory support for investigation.

PERFORMANCE OPTIMAL

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **79%**, which represents **Optimal** Activity.

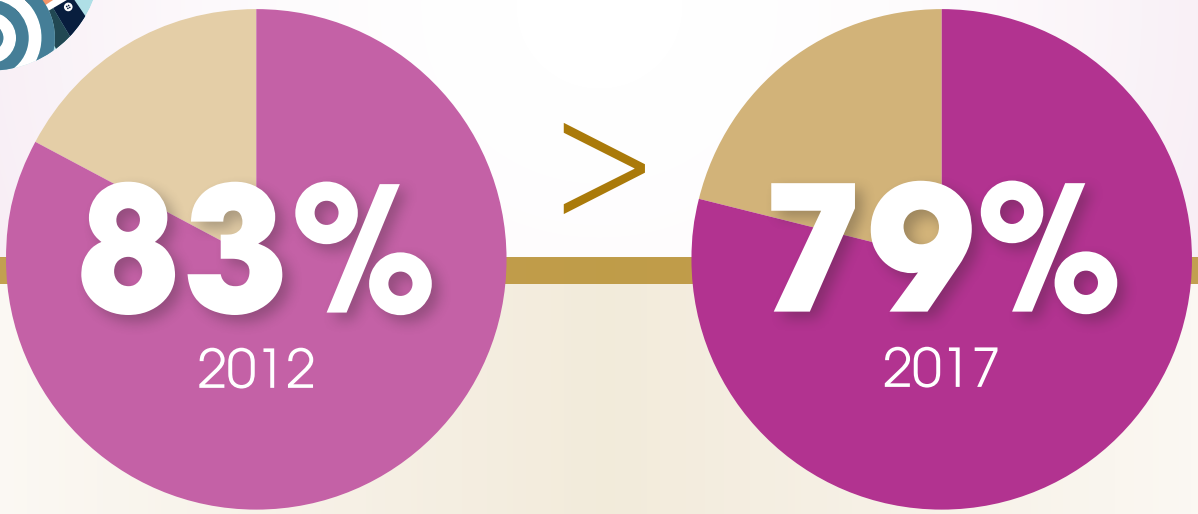
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. Two model standards scored **Significant** and one as **Optimal** Activity.



PERFORMANCE ASSESSMENT

Essential Service 2 decreased slightly in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- There is strong local, state, and national alignment
- Surveillance information is readily available
- Multiple surveillance systems exist
- The community has access to high quality laboratories

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- Surveillance needs to be completed in a timely fashion
- There is not enough evidence based information for diverse groups
- Surveillance systems have long reporting processes
- Certain communities lack coverage
- Lab support needs to be more timely and efficient

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Work with all zip codes to help underserved and those showing a need for help
- Identify location and resources available
- Increase transportation and transit planning
- Formalize dissemination of guidelines
- Develop a standard process to share information

Essential Service 3

Inform, Educate, and Empower People about Health Issues

How well do we keep all segments of our community informed about health issues?

Essential Service 3 Inform, Educate, and Empower People about Health Issues was ranked as having Significant Activity.

DESCRIPTION

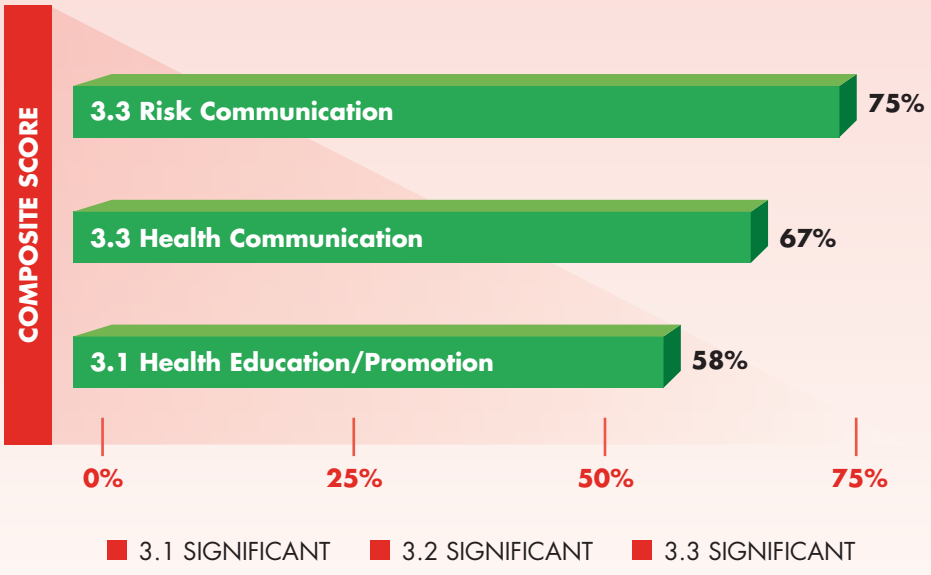
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for health education and promotion, and health and risk communication.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **67%**, which represents **Significant** Activity.

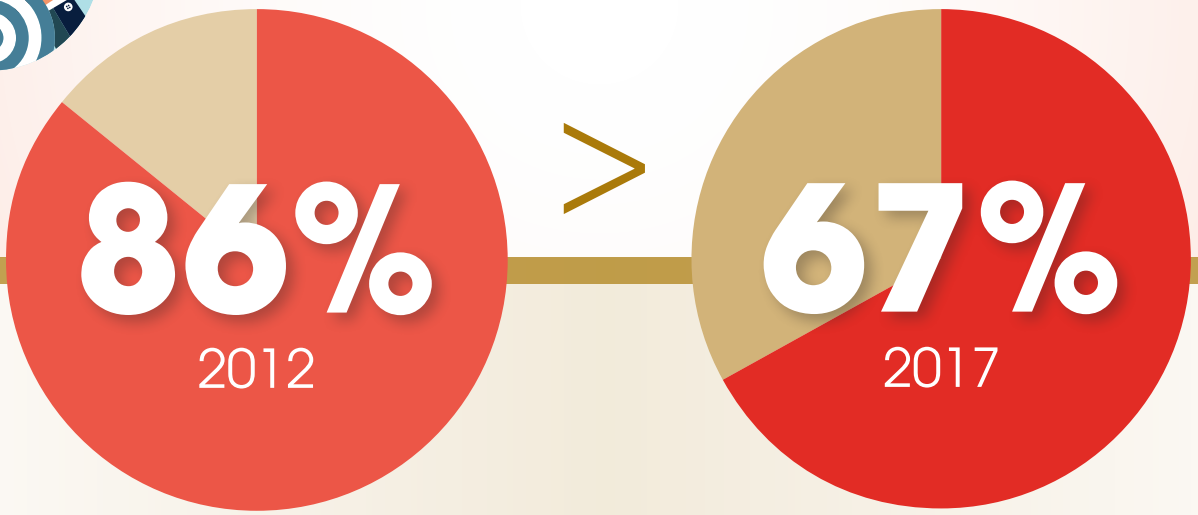
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Significant** Activity.



PERFORMANCE ASSESSMENT

Essential Service 3 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- The community uses state and federal funding and campaigns to support best practices, often to great results
- Stakeholders use community organizations to spread message to the community
- Communications are disseminated in multiple languages
- An all-hazards approach for emergencies is taken

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- There is a lack of digital interactions and platforms to educate the community
- There are funding uncertainties
- The local public health system is falling behind in educating the public
- There are funding restrictions

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Research and analyze community needs
- Use data to tailor services in high-risk areas
- Increase cultural competency
- Increase co-branding opportunities
- Increase involvement from media and faith-based organizations

Florida HEALTH Miami-Dade County

Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

HIGHEST RANKING PERFORMANCE

How well do we truly engage people in local health issues?

Essential Service 4 Mobilize Community Partnerships to Identify and Solve Health Problems ranked as having Significant Activity.

DESCRIPTION

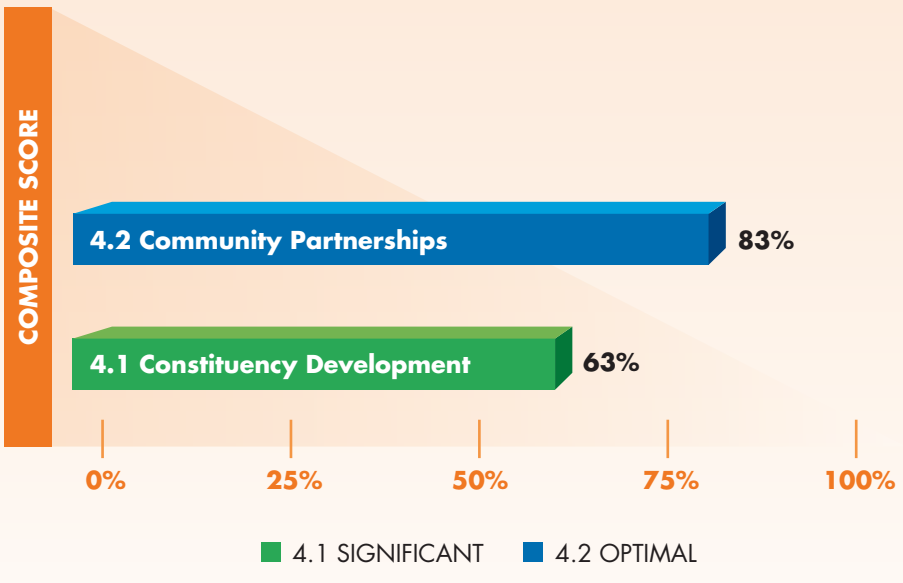
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for constituency development and community partnerships.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **73%**, which represents **Significant** Activity.

DATA OVERVIEW

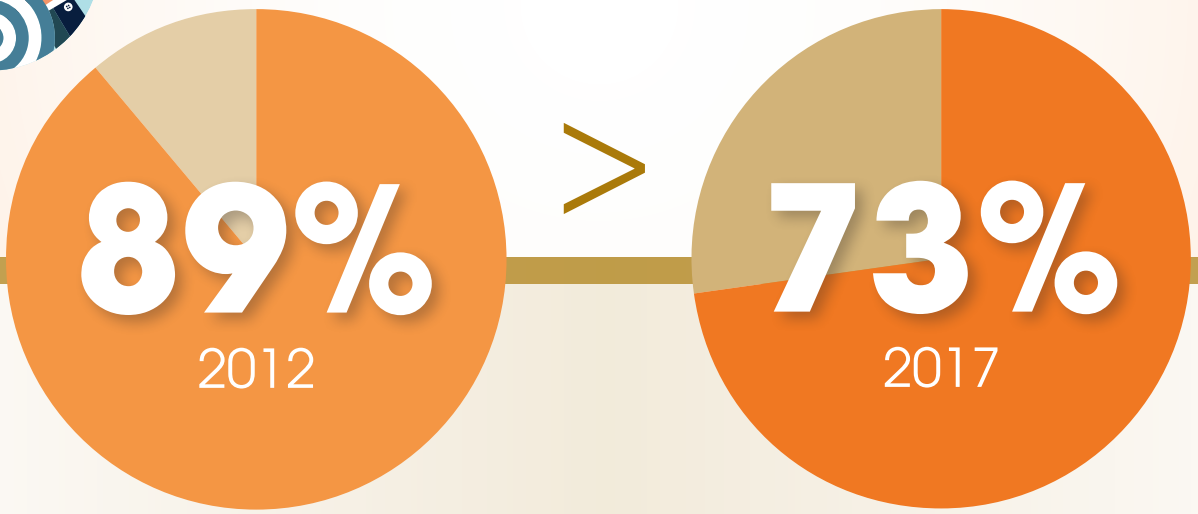
Model Standards represent the major components or practice areas of the Essential Service. One model standard scored **Significant** and one as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 4 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- Many organizations follow the same documentation processes
- There is an increased number of health forums in the community
- Funds are being shared through partnerships
- There are geographically based alliances

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- The community lacks the use of common terminology
- Community directories are not updated frequently
- There is a lack of awareness of services and resources available to the community
- There is a lack of shared databases

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Increase communication between different coalitions
- Increase community linkages
- Align organizational visions
- Address climate change
- Conduct studies on targeted populations
- Focus on prevention-based efforts

Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

HIGHEST RANKING PERFORMANCE

What local policies in both the government and private sector promote health in my community? How well are we setting healthy local policies?

Essential Service 5 Develop Policies and Plans that Support Individual and Community Health Efforts ranked as having Optimal Activity.

DESCRIPTION

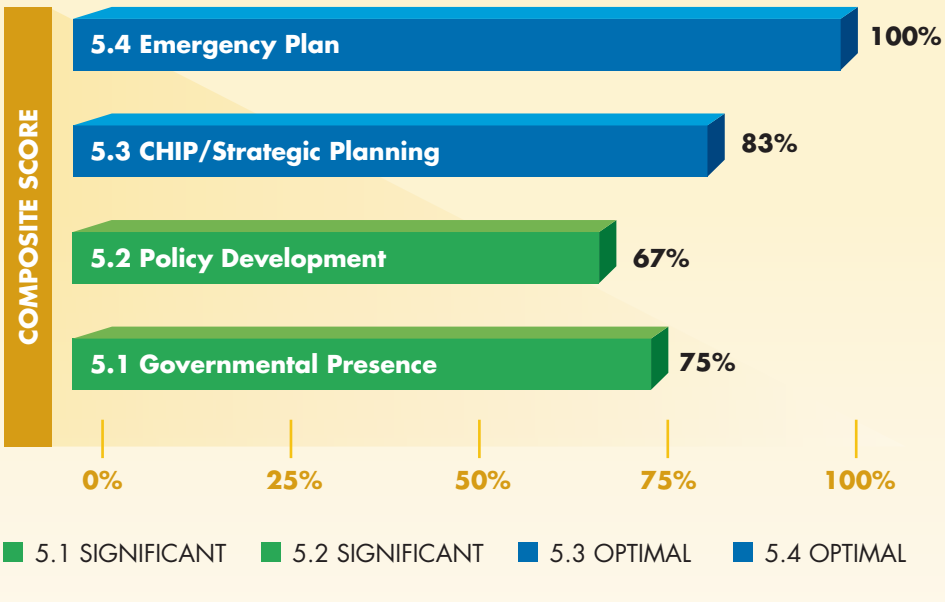
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for governmental presence, policy development, community health strategic and emergency plans.

PERFORMANCE OPTIMAL

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **82%**, which represents **Optimal** Activity.

DATA OVERVIEW

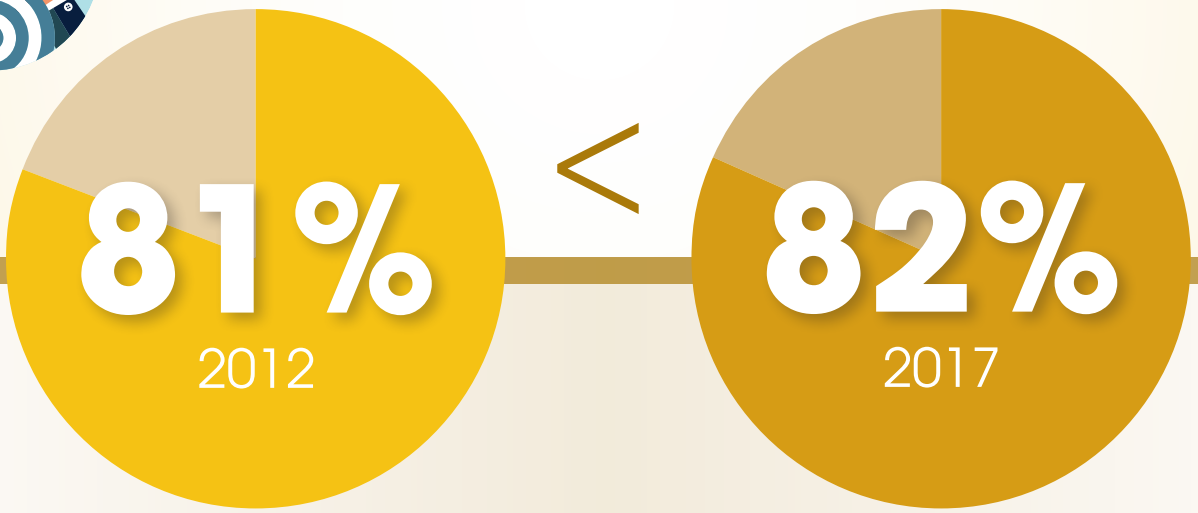
Model Standards represent the major components or practice areas of the Essential Service. Two model standard scored **Significant** and two scored as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 5 saw no significant change as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants noted:

- The PHAB accreditation of the local health department
- Education, preventive services and enforcement
- Funds are allocated to influence policies
- The local public health system has been involved in activities that influenced or informed the public health policy process

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- There is a lack of resources, funding, and personnel
- There is a lack of political will, support, and priority from elected officials
- Health Impact Assessments are expensive and long processes
- The general population is not involved in impacting policies
- Partners have their own assessments and health plans
- There is high staff turnover

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Conduct Health Impact Assessments as recommended practices
- Increase awareness among the population
- Regulate Health Impact Assessments
- Engage different partners and sectors

Florida HEALTH Miami-Dade County

Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

When we enforce health regulations are we technically competent, fair, and effective?

Essential Service 6 Enforce Laws and Regulations that Protect Health and Ensure Safety ranked as having Significant Activity.

DESCRIPTION

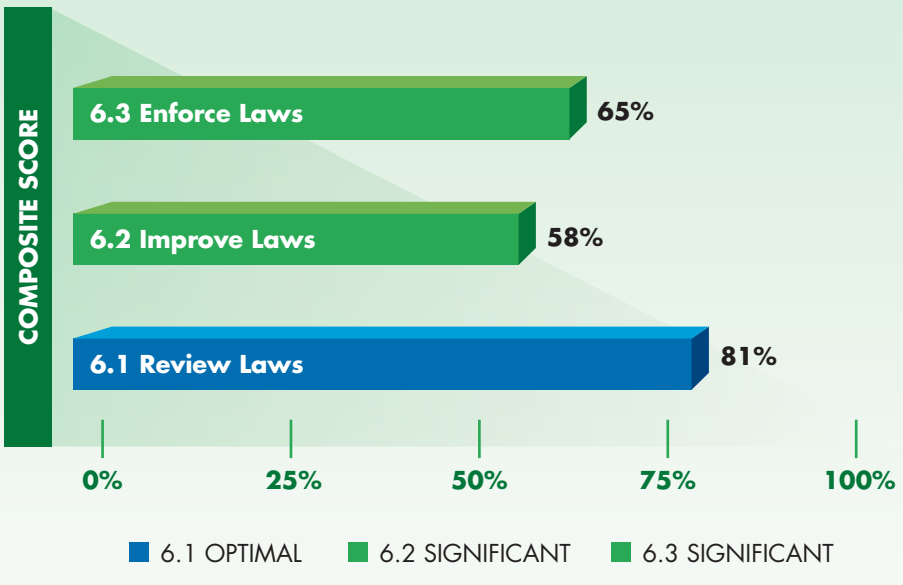
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for governmental presences, policy development, community health strategic and emergency plans.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **68%**, which represents **Significant** Activity.

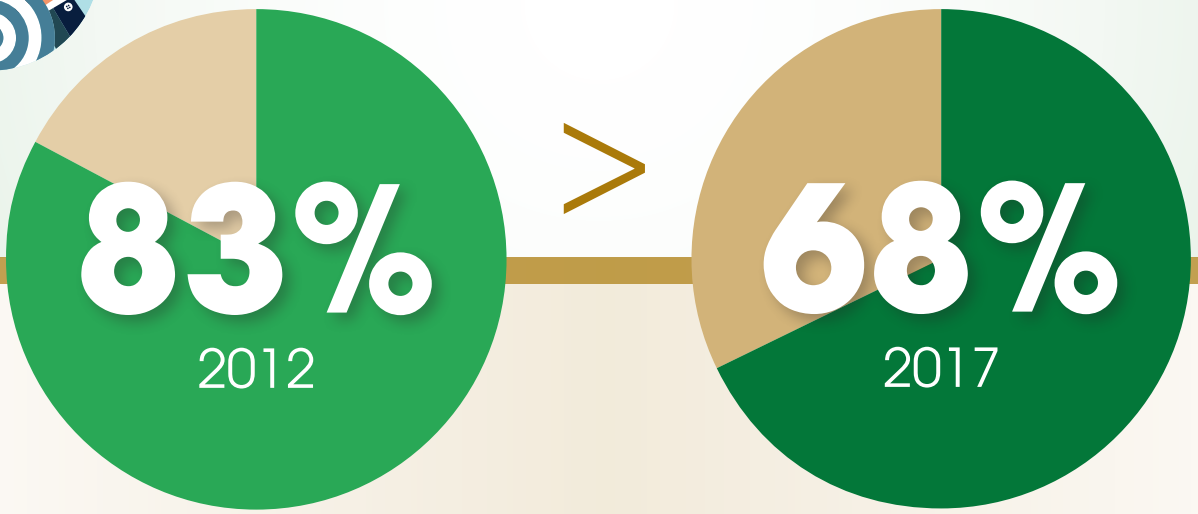
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. Two model standards scored as **Significant** and one as **Optimal** Activity.



PERFORMANCE ASSESSMENT

Essential Service 6 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants noted:

- Laws and regulation information is accessible and available
- Environmental regulations are regularly reviewed
- Active partnerships work to change existing laws

PERCEIVED SYSTEM WEAKNESSES

Participants noted:

- There is an abundance of information
- Enforcement and monitoring are lacking
- The state takes priority over local matters
- Mental health laws
- There is a lack of education

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Provide immediate training
- Conduct formal reviews of regulations
- Develop a repository for inspection reports of regulated entities
- Increase the use of infographics
- Develop clear and consistent messaging
- Increase entity sharing

Florida HEALTH Miami-Dade County

Essential Service 7

LOWEST RANKING PERFORMANCE

Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

Are people in my community receiving the health services they need?

Essential Service 7 Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable ranked as having Moderate Activity.

DESCRIPTION

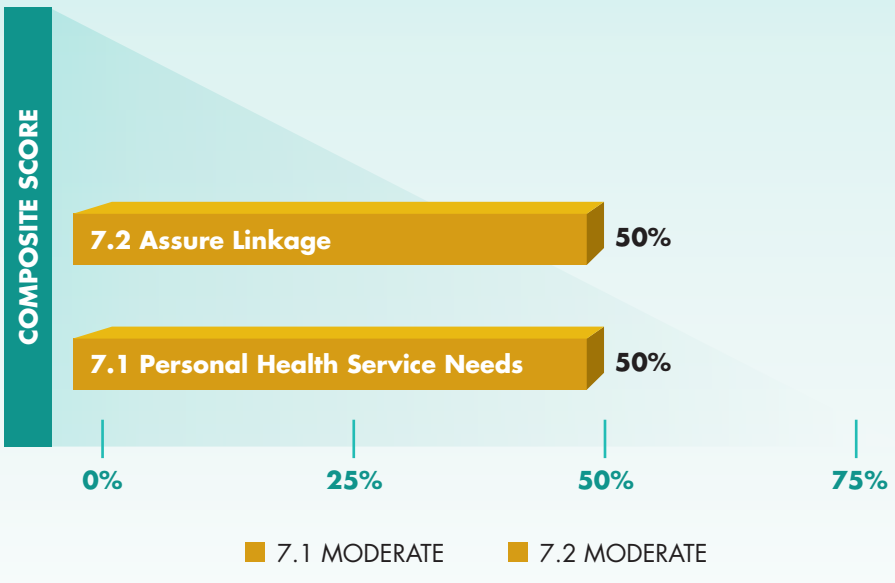
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for identifying personal health service needs of populations and linking people to personal health services.

PERFORMANCE MODERATE

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **50%**, which represents **Moderate** Activity.

DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. All model standards scored **Moderate** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 7 decreased in performance as compared to the 2012 local public health system assessment.

PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- The community participates on national programs and benchmarking
- There is a wealth of data available
- There are pockets of excellence
- There is a robust network of providers and non-profits that provide services

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- There is a data deficit for certain populations
- There are immigration barriers
- There is a lack of affordable treatment, funding and infrastructure
- There are transportation and transit issues

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Develop one Employee Assistance Program (EAP) System
- Develop a comprehensive system of referrals
- Create an inventory of data
- Break silos to address community challenges such as Hepatitis C, diabetes, HIV, dementia, lack of healthcare, disenfranchised incarcerated, depression in mothers, opioid addiction, mental health, paternal health care, preventative services and vulnerable populations

Florida HEALTH Miami-Dade County

Essential Service 8

Assure a Competent Public Health and Personal Healthcare Workforce

Do we have competent public health staff? Do we have competent healthcare staff? How can we be sure that our staff stays current?

Essential Service 8 Assure a Competent Public Health and Personal Healthcare Workforce ranked as having Significant Activity.

DESCRIPTION

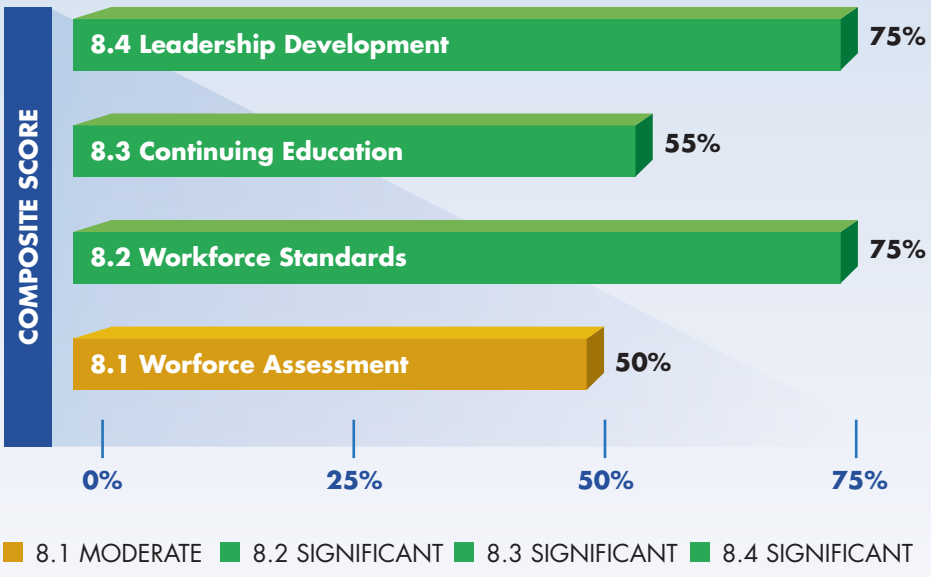
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for workforce assessment, planning and development, public health workforce standards, and continuing education and life-long learning.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **64%**, which represents **Significant** Activity.

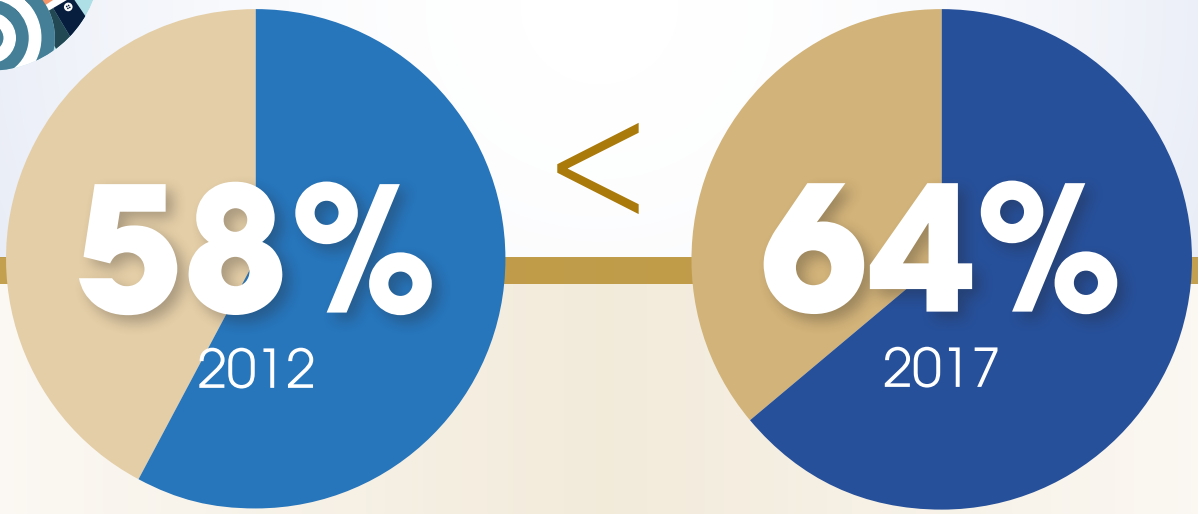
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. One model standard scored **Moderate** and three as **Significant** Activity.



PERFORMANCE ASSESSMENT

Essential Service 8 increased slightly in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants noted:

- Emerging Preparedness Assessments and trainings are completed
- NACCHO assessments are regularly conducted
- Volunteers are utilized
- Assessments are published
- Performance evaluations are regularly conducted
- The local health department is accredited

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- Recruitment and staff retention efforts have decreased
- There is high staff turnover
- There is a lack of competitive salaries
- The cost and time of licensures
- There is a lack of funding for certifications
- Critical partners are missing in the process

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Improve workforce skills through increased training
- Introduce fees for service to improve revenue
- Educate workforce on loan forgiveness policy
- Enhance billing and coding standards
- Increase mentorships within organizations
- Engage professional organizations
- Increase resident engagement

Florida HEALTH Miami-Dade County

Essential Service 9

LOWEST RANKING PERFORMANCE

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Are we meeting the needs of the population we serve? Are we doing things right? Are we doing the right things?

Essential Service 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services ranked as having Significant Activity.

DESCRIPTION

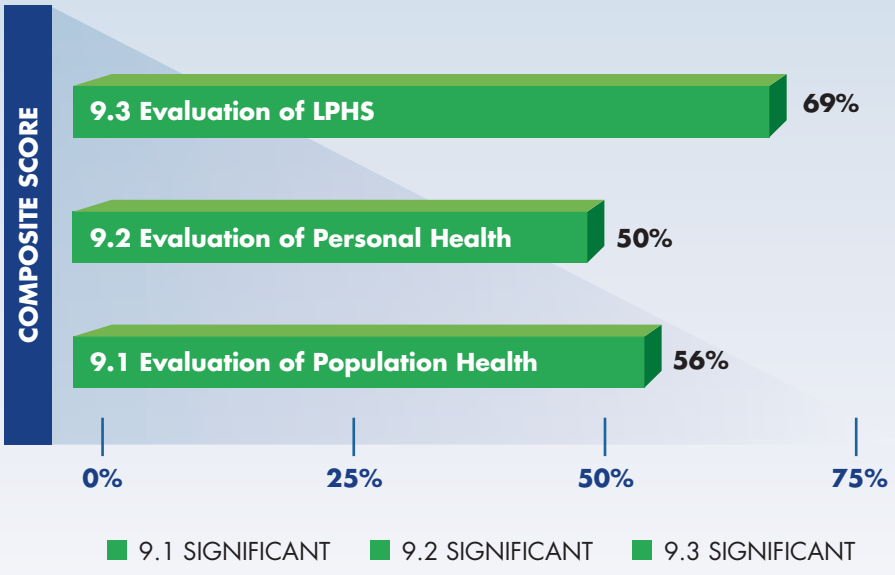
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for evaluating personal, population-based health services and the local public health system.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **58%**, which represents **Significant** Activity.

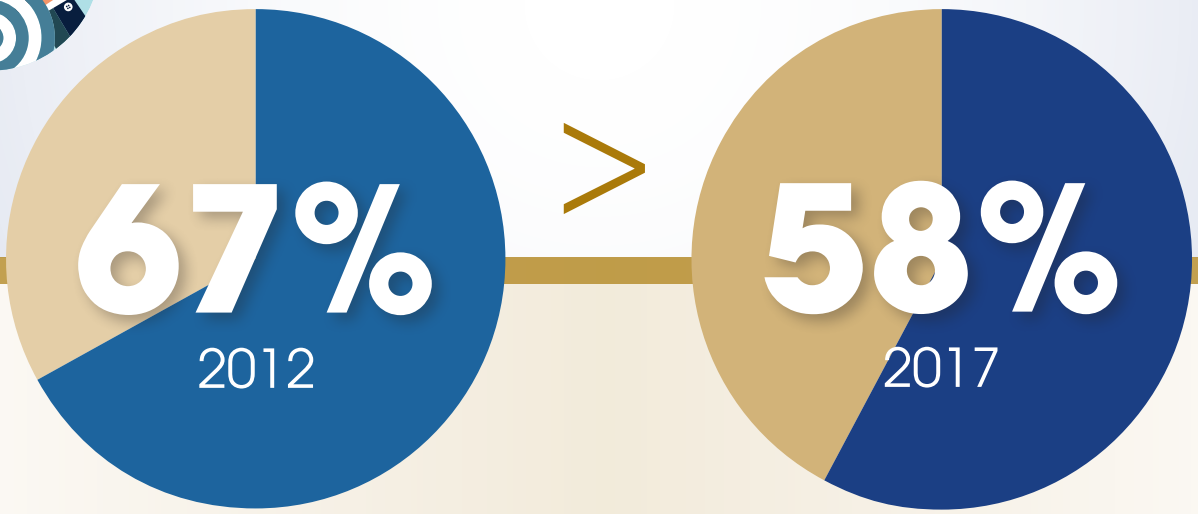
DATA OVERVIEW

Model Standards represent the major components or practice areas of the Essential Service. One model standard scored as **Moderate** and two as **Significant** Activity



PERFORMANCE ASSESSMENT

Essential Service 9 increased slightly in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- Organizations in clinical settings assess their clinic services on a continuous basis
- The community has access to records

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- Funding and political mandates prevent the availability of services
- Stakeholders may not want to share tools and information
- Electronic records are not compatible with each other
- Fax and hard copies are still common and not secure
- Critical partners are missing from the process

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Use a common tool to evaluate health satisfaction
- Drill down data to see which populations are underserved
- Use scorecards as an opportunity to identify gaps
- Increase use of technology
- Provide HIPPA training

Essential Service 10

LOWEST RANKING PERFORMANCE

Research for New Insights and Innovative Solutions to Health Problems

Are we discovering and using new ways to get the job done?

Essential Service 10 Research for New Insights and Innovative Solutions to Health Problems ranked as having Significant Activity.

DESCRIPTION

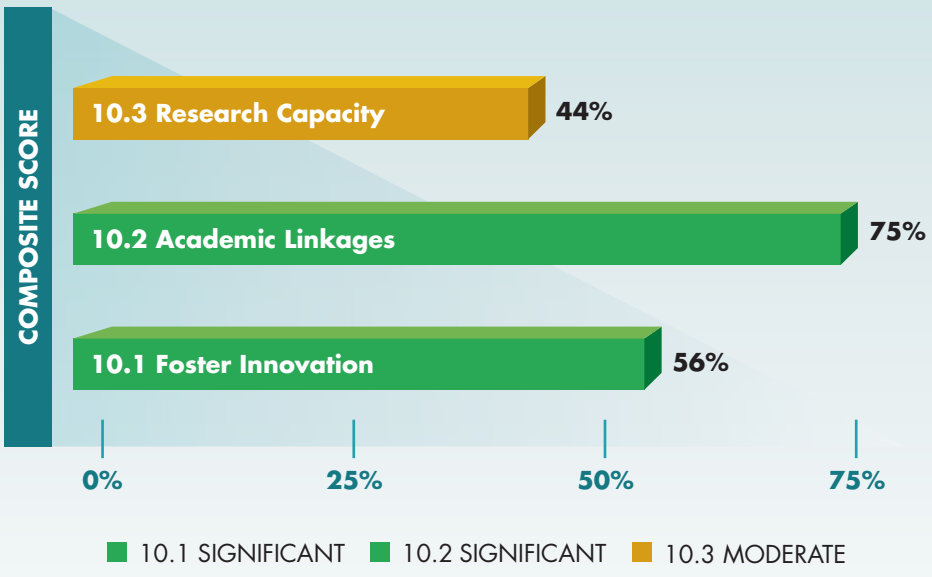
Model Standards represent the major components or practice of the Essential Service. Model Standards for this service include the indicators for fostering innovation, linking with institutions of higher learning and research capacity.

PERFORMANCE SIGNIFICANT

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **58%**, which represents **Significant** Activity.

DATA OVERVIEW

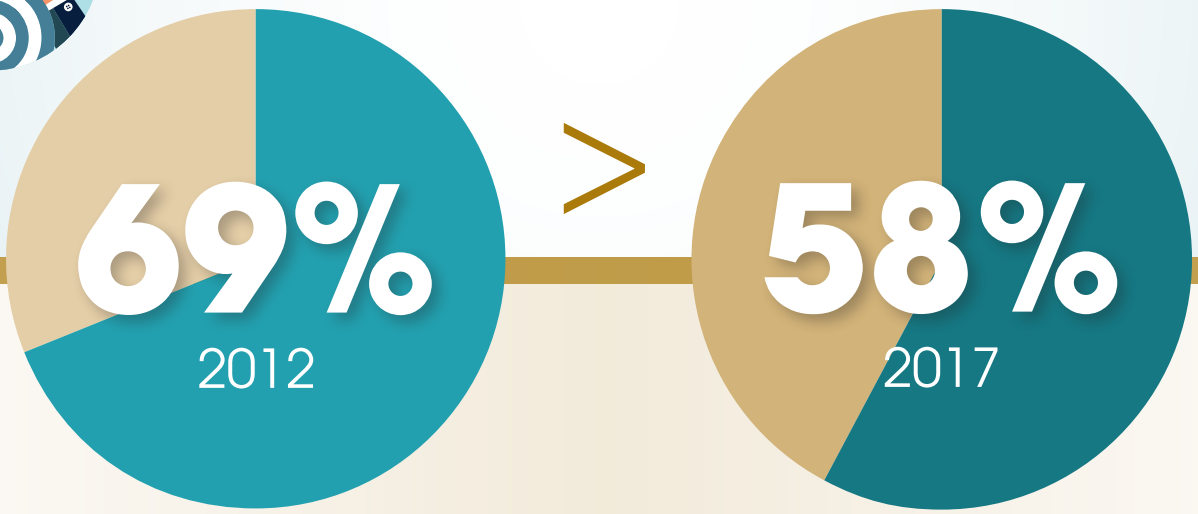
Model Standards represent the major components or practice areas of the Essential Service. One model standard scored as **Moderate**, one as **Significant**, and one as **Optimal** Activity.



Florida HEALTH Miami-Dade County

PERFORMANCE ASSESSMENT

Essential Service 10 decreased in performance as compared to the 2012 local public health system assessment.



PERCEIVED SYSTEM STRENGTHS

Participants indicated that:

- Active coalitions and partnerships regularly conduct research
- There is a strong interest in community-based participatory research
- There are a number of medical programs in the community

PERCEIVED SYSTEM WEAKNESSES

Participants indicated that:

- The evaluation piece behind research is lacking
- There is a limited amount of research in the areas of Alzheimer's and dementia

PERCEIVED SYSTEM OPPORTUNITIES

Participants suggested the following for optimization of this Essential Service:

- Invest more resources and time on research
- Improve opportunities for training on writing and soliciting grants

Florida HEALTH Miami-Dade County

2017 Local Public Health System Assessment

Miami-Dade County, Florida

National Public Health Performance Standards

Local Assessment Report

Miami-Dade County

2017-2018

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

National Public Health Performance Standards

Table of Contents

National Public Health Performance Standards

Acknowledgements
The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background
The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.

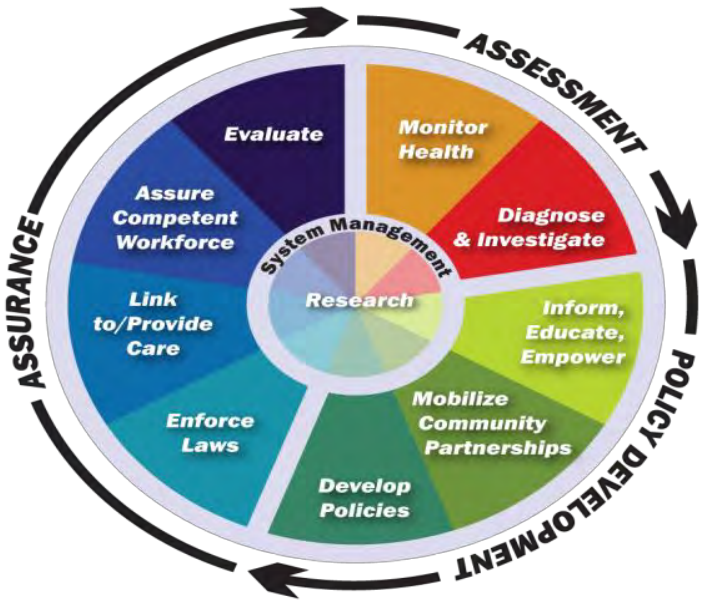


Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

About the Report

Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

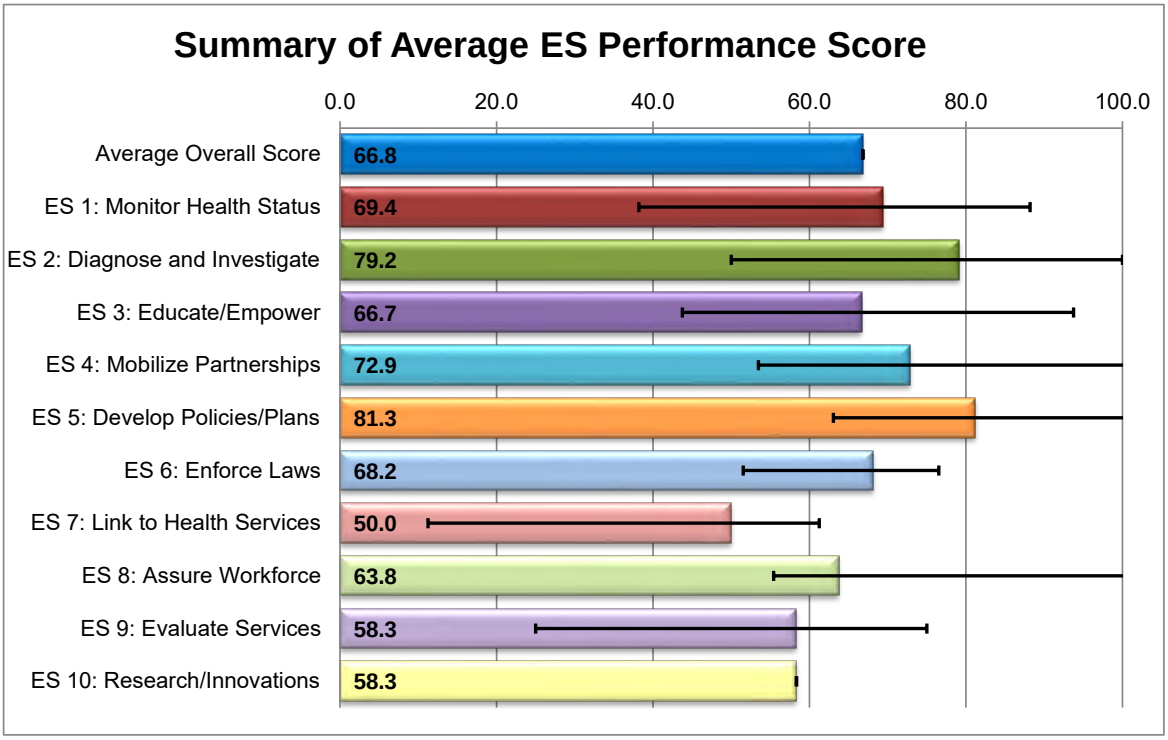
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

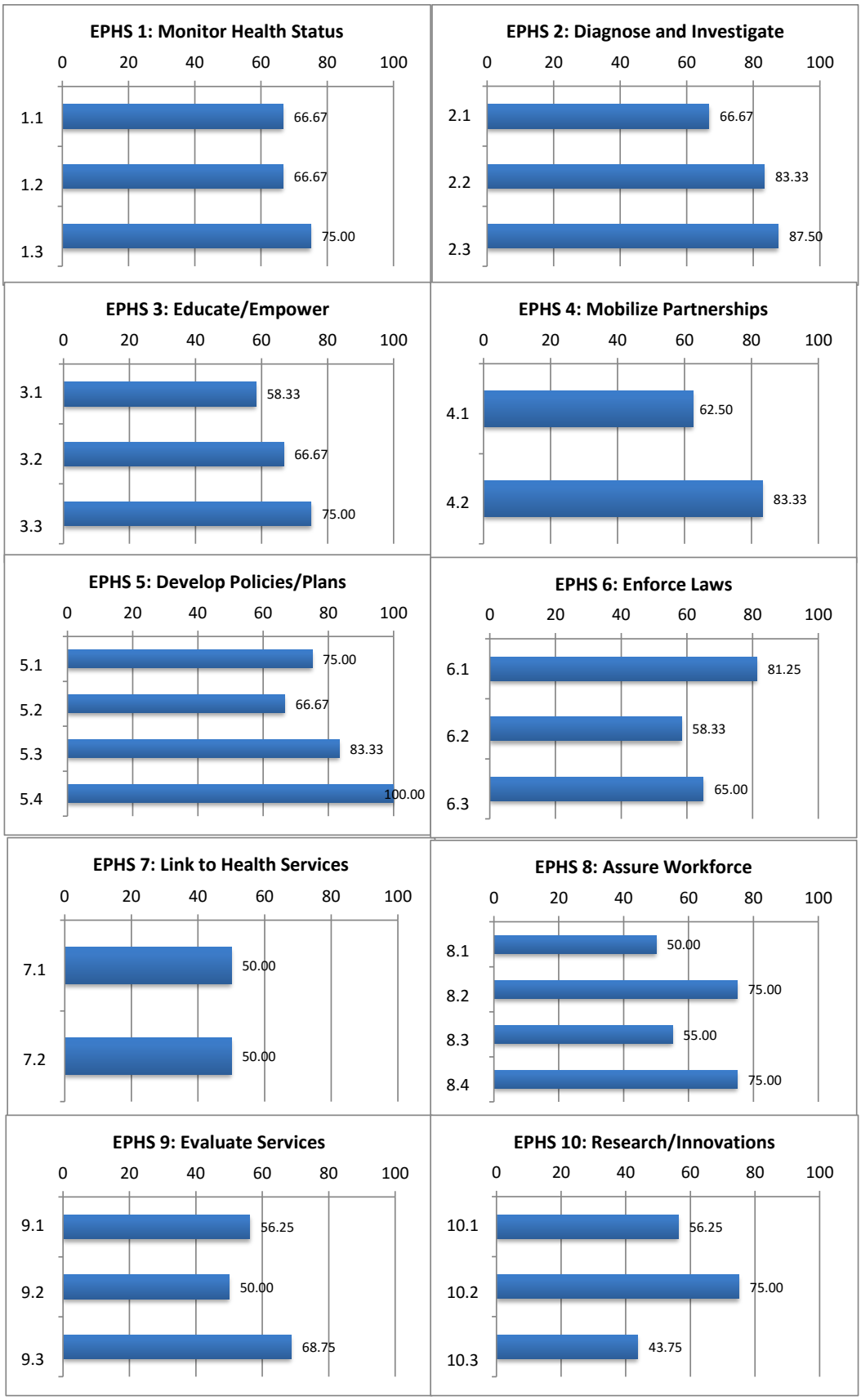
Figure 2. Summary of Average Essential Public Health Service Performance Scores



Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**69.4**	**9.3**	**75.0**
1.1 Community Health Assessment	66.7	10.0	75.0
1.2 Current Technology	66.7	10.0	75.0
1.3 Registries	75.0	8.0	75.0
ES 2: Diagnose and Investigate	**79.2**	**9.3**	**100.0**
2.1 Identification/Surveillance	66.7	10.0	100.0
2.2 Emergency Response	83.3	10.0	100.0
2.3 Laboratories	87.5	8.0	100.0
ES 3: Educate/Empower	**66.7**	**8.0**	**58.3**
3.1 Health Education/Promotion	58.3	8.0	75.0
3.2 Health Communication	66.7	8.0	50.0
3.3 Risk Communication	75.0	8.0	50.0
ES 4: Mobilize Partnerships	**72.9**	**9.0**	**62.5**
4.1 Constituency Development	62.5	8.0	50.0
4.2 Community Partnerships	83.3	10.0	75.0
ES 5: Develop Policies/Plans	**81.3**	**10.0**	**87.5**
5.1 Governmental Presence	75.0	10.0	75.0
5.2 Policy Development	66.7	10.0	75.0
5.3 CHIP/Strategic Planning	83.3	10.0	100.0
5.4 Emergency Plan	100.0	10.0	100.0
ES 6: Enforce Laws	**68.2**	**10.0**	**75.0**
6.1 Review Laws	81.3	10.0	75.0
6.2 Improve Laws	58.3	10.0	75.0
6.3 Enforce Laws	65.0	10.0	75.0
ES 7: Link to Health Services	**50.0**	**10.0**	**50.0**
7.1 Personal Health Service Needs	50.0	10.0	50.0
7.2 Assure Linkage	50.0	10.0	50.0
ES 8: Assure Workforce	**63.8**	**8.0**	**62.5**
8.1 Workforce Assessment	50.0	10.0	50.0
8.2 Workforce Standards	75.0	6.0	50.0
8.3 Continuing Education	55.0	8.0	75.0
8.4 Leadership Development	75.0	8.0	75.0
ES 9: Evaluate Services	**58.3**	**10.0**	**66.7**
9.1 Evaluation of Population Health	56.3	10.0	75.0
9.2 Evaluation of Personal Health	50.0	10.0	50.0
9.3 Evaluation of LPHS	68.8	10.0	75.0
ES 10: Research/Innovations	**58.3**	**8.7**	**50.0**
10.1 Foster Innovation	56.3	8.0	50.0
10.2 Academic Linkages	75.0	10.0	50.0
10.3 Research Capacity	43.8	8.0	50.0
Average Overall Score	**66.8**	**9.2**	**68.8**
Median Score	**67.4**	**9.3**	**64.6**

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

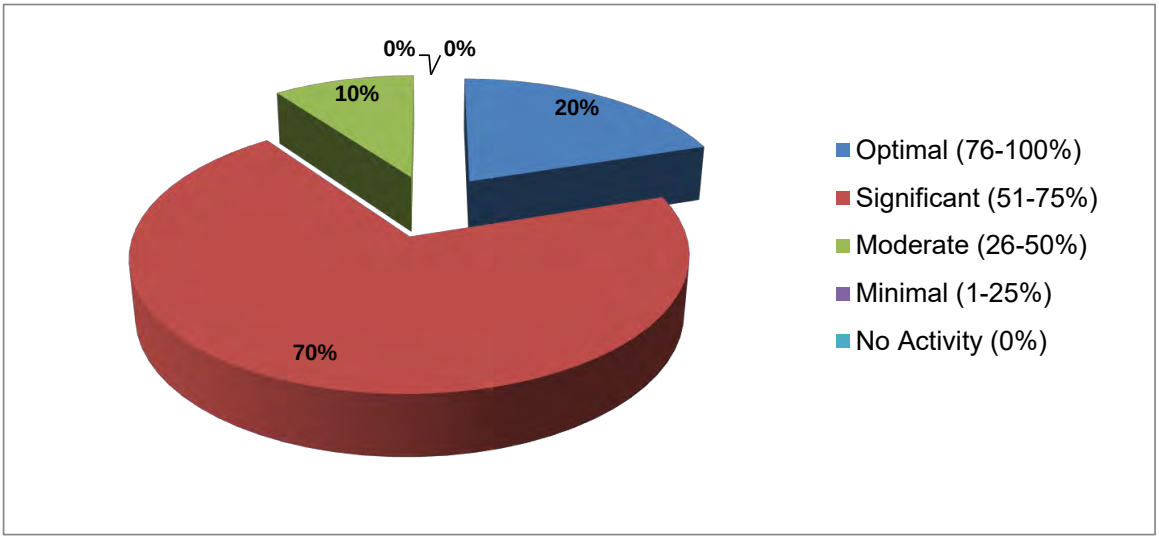
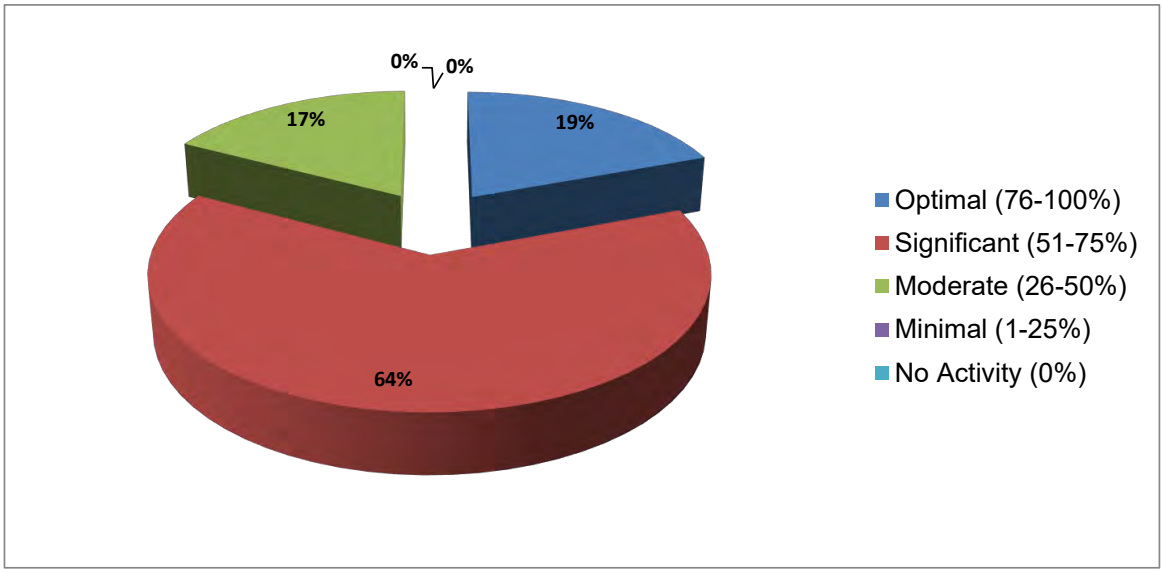


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



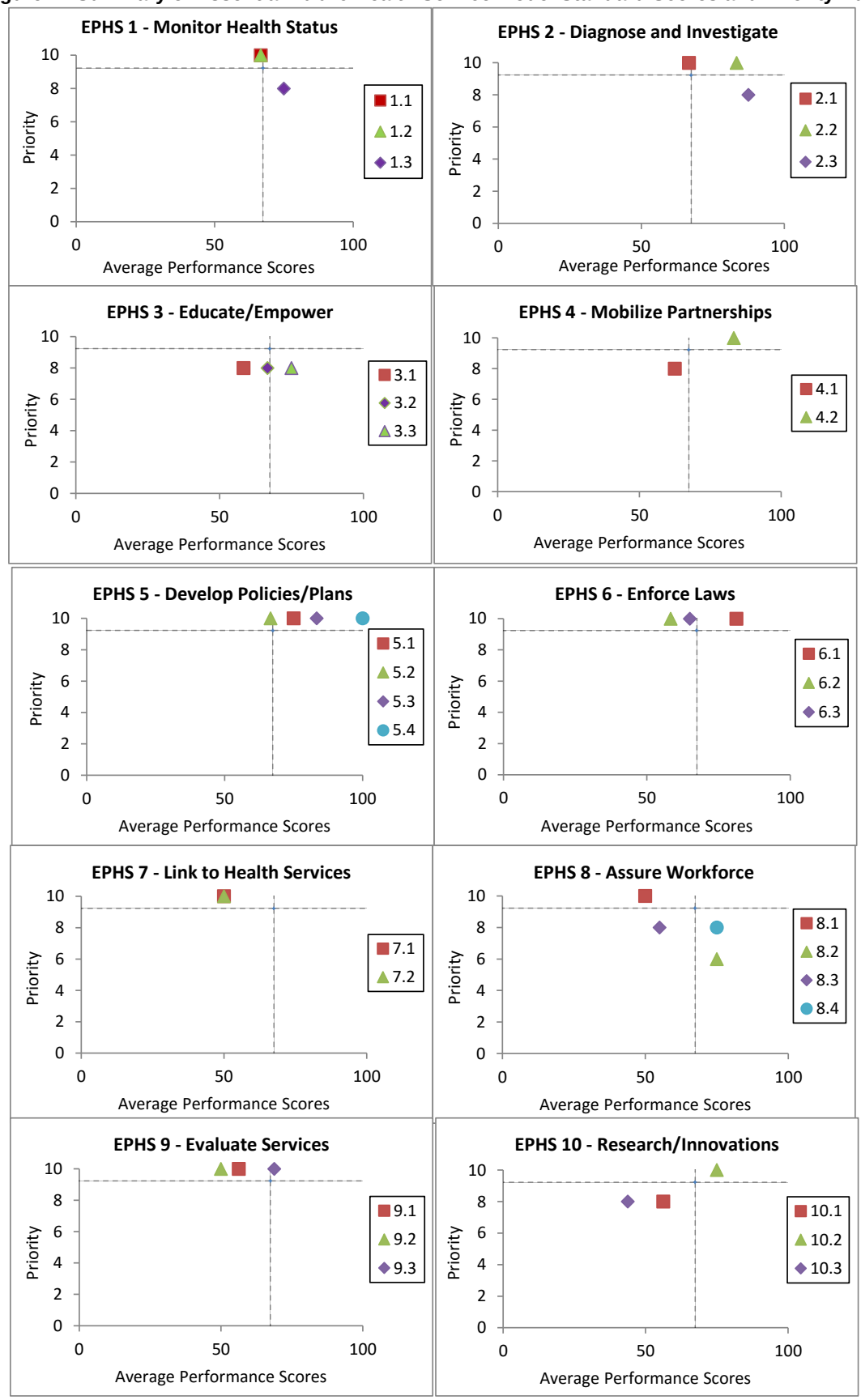
Priority of Model Standards Questionnaire Section (Optional Survey)

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide.*

Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings



Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	9.2 Evaluation of Personal Health	50.0	10
Quadrant A	9.1 Evaluation of Population Health	56.3	10
Quadrant A	8.1 Workforce Assessment	50.0	10
Quadrant A	7.2 Assure Linkage	50.0	10
Quadrant A	7.1 Personal Health Services Needs	50.0	10
Quadrant A	6.3 Enforce Laws	65.0	10
Quadrant A	6.2 Improve Laws	58.3	10
Quadrant A	5.2 Policy Development	66.7	10
Quadrant A	2.1 Identification/Surveillance	66.7	10
Quadrant A	1.2 Current Technology	66.7	10
Quadrant A	1.1 Community Health Assessment	66.7	10
Quadrant B	10.2 Academic Linkages	75.0	10
Quadrant B	9.3 Evaluation of LPHS	68.8	10
Quadrant B	6.1 Review Laws	81.3	10
Quadrant B	5.4 Emergency Plan	100.0	10
Quadrant B	5.3 CHIP/Strategic Planning	83.3	10
Quadrant B	5.1 Governmental Presence	75.0	10
Quadrant B	4.2 Community Partnerships	83.3	10
Quadrant B	2.2 Emergency Response	83.3	10
Quadrant C	8.4 Leadership Development	75.0	8
Quadrant C	8.2 Workforce Standards	75.0	6
Quadrant C	3.3 Risk Communication	75.0	8
Quadrant C	2.3 Laboratories	87.5	8
Quadrant C	1.3 Registries	75.0	8
Quadrant D	10.3 Research Capacity	43.8	8
Quadrant D	10.1 Foster Innovation	56.3	8
Quadrant D	8.3 Continuing Education	55.0	8
Quadrant D	4.1 Constituency Development	62.5	8
Quadrant D	3.2 Health Communication	66.7	8
Quadrant D	3.1 Health Education/Promotion	58.3	8

Agency Contribution Questionnaire Section (Optional Survey)

Table 4 and Figures 8 and 9 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution, priority and performance scores. Note – Table 4 and Figures 8 and 9 will be blank if the Agency Contribution Questionnaire is not completed.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant A	9.1 Evaluation of Population Health	75.0	56.3
Quadrant A	8.3 Continuing Education	75.0	55.0
Quadrant A	6.3 Enforce Laws	75.0	65.0
Quadrant A	6.2 Improve Laws	75.0	58.3
Quadrant A	5.2 Policy Development	75.0	66.7
Quadrant A	3.1 Health Education/Promotion	75.0	58.3
Quadrant A	2.1 Identification/Surveillance	100.0	66.7
Quadrant A	1.2 Current Technology	75.0	66.7
Quadrant A	1.1 Community Health Assessment	75.0	66.7
Quadrant B	9.3 Evaluation of LPHS	75.0	68.8
Quadrant B	8.4 Leadership Development	75.0	75.0
Quadrant B	6.1 Review Laws	75.0	81.3
Quadrant B	5.4 Emergency Plan	100.0	100.0
Quadrant B	5.3 CHIP/Strategic Planning	100.0	83.3
Quadrant B	5.1 Governmental Presence	75.0	75.0
Quadrant B	4.2 Community Partnerships	75.0	83.3
Quadrant B	2.3 Laboratories	100.0	87.5
Quadrant B	2.2 Emergency Response	100.0	83.3
Quadrant B	1.3 Registries	75.0	75.0
Quadrant C	10.2 Academic Linkages	50.0	75.0
Quadrant C	8.2 Workforce Standards	50.0	75.0
Quadrant C	3.3 Risk Communication	50.0	75.0
Quadrant D	10.3 Research Capacity	50.0	43.8
Quadrant D	10.1 Foster Innovation	50.0	56.3
Quadrant D	9.2 Evaluation of Personal Health	50.0	50.0
Quadrant D	8.1 Workforce Assessment	50.0	50.0
Quadrant D	7.2 Assure Linkage	50.0	50.0
Quadrant D	7.1 Personal Health Services Needs	50.0	50.0
Quadrant D	4.1 Constituency Development	50.0	62.5
Quadrant D	3.2 Health Communication	50.0	66.7

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings

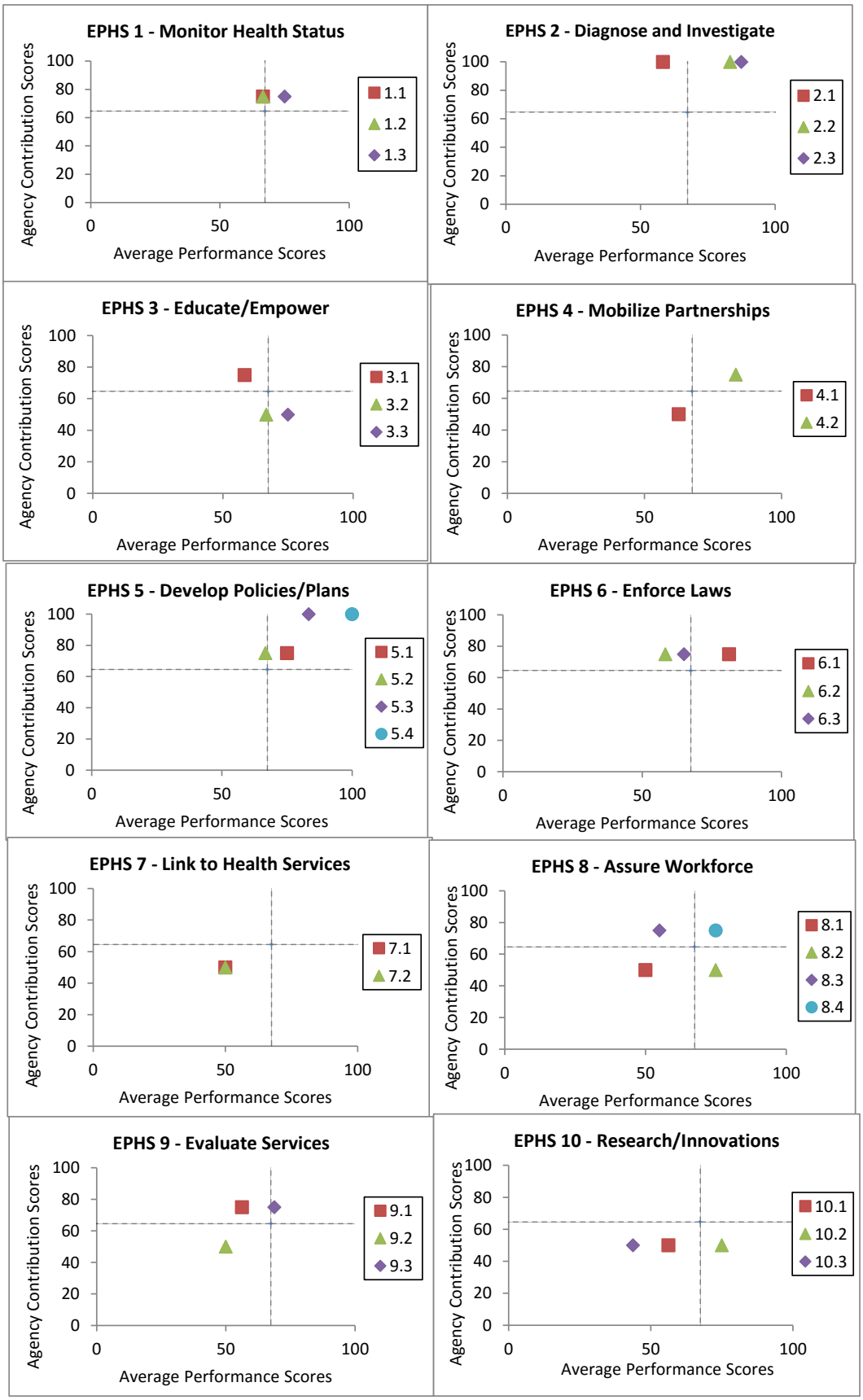
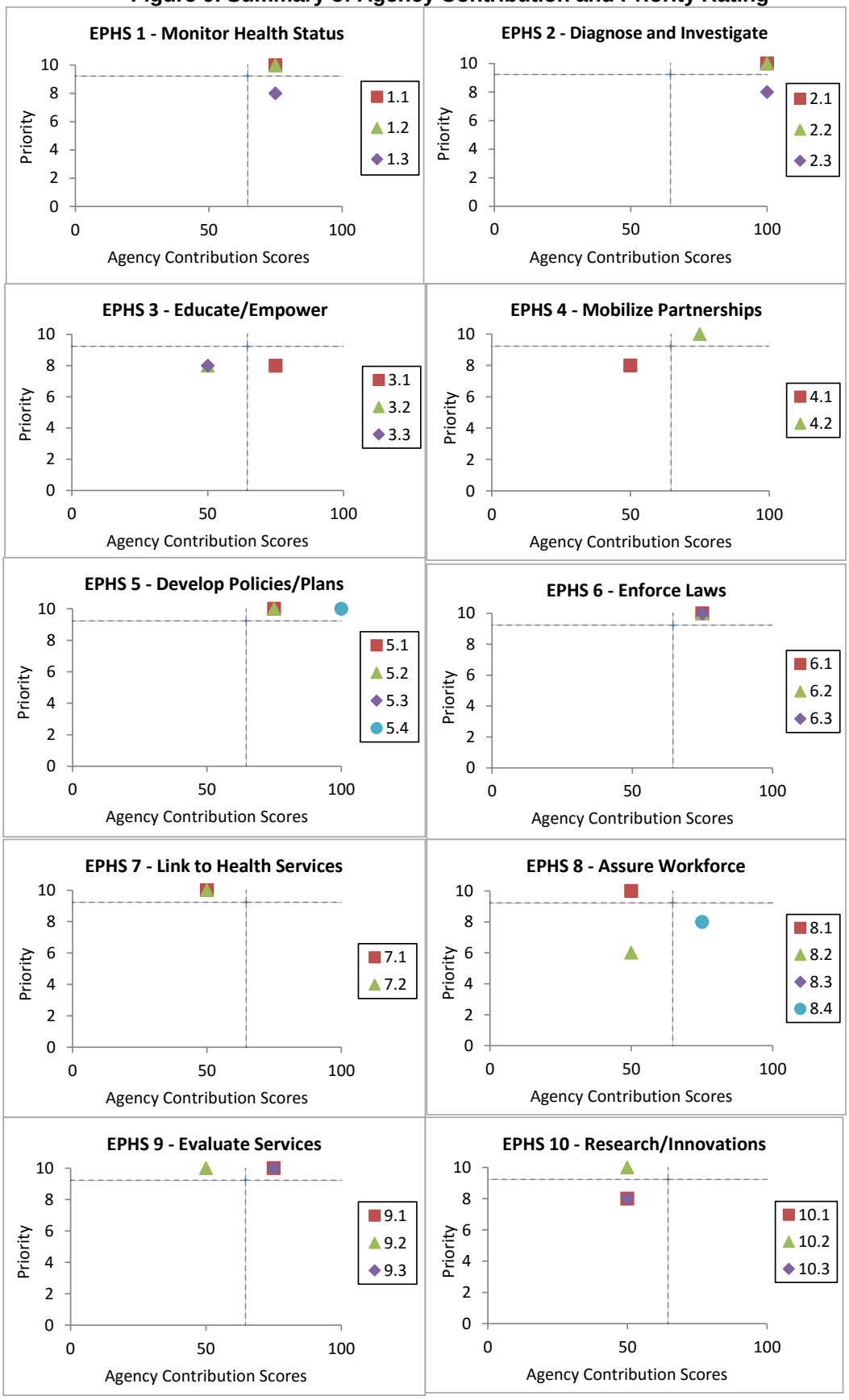


Figure 9. Summary of Agency Contribution and Priority Rating



Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

Next Steps

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified
• Each public health partner should be considered when approaching quality improvement for your system
• The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
• An integral part of performance improvement is working consistently to have long-term effects
• A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

F **Find** an opportunity for improvement using your results.

O **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C **Consider** the current process, where simple improvements can be made and who should make the improvements.

U **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S **Select** the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75

3.2.3	Identify and train spokespersons on public health issues?	50
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	75
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	100
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	50
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	75
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*

10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	50
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	50
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	50
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	75
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	75
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
Community is invested in assessments. Various databases such as FLHealthCHARTS and Miami Matters help to identify and monitor health problems. The community can access a wealth of data.	There is not a common definition for CHA & CHIP. Community does not know how to access the data or does not know it exists. The community is working in silos. Data overload. There is a lack of monitoring results. Lack of effective deployment. The community is not aware of the Community Health Improvement Plan and how to access it. Community members do not have the expertise to synthesize the data. Databases are limited in ability.	Promote the results of assessments. Monitor the results. Educate community members. Link the websites. Make access more efficient. Stratify data by category. Bring more partners to the table. Develop an online polling system for LPHSA. Community can contribute to the CHA by supporting the grants which enable them to do the assessment. Create videos (Youtube clips) on how to access the data. Develop a chronic disease health database. Modify the way that the data is organized.	Increase branding. Link websites. Use universities as an avenue for information.

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
GIS mapping used in service delivery. Increased GIS capability by universities, FDOH.	Community needs better access to chronic disease data. Deficit in obesity, diabetes, hypertension, mental health data. Limited ulilization of infographics to present findings and information.	Leverage technology (i.e. Youtube). Educate community partners on how to use GIS. Partner with universities to educate about GIS.	Encourage wide ranging use of GIS. Partner with universities to access data.

1.3	Model Standard: Maintenance of Population Health Registries		
Standards are place for the registries. Operation of the data is well managed. Managed need is consistent. Standards in place that are followed decently. Different types of registries: Cancer registry: Sylvester Comprehensive Cancer Center, limited access (IRB process), Birth registry -Zika Cases, Birth Issues, Vital Stats-Birth &Death, Burn, Florida CHARTS, Special needs registry, HIMS-FQB.	Difficulty in assessing the information. There is a lack of funding to adequately monitor health status. Lack an inventory /comprehensive list of available registries. Availability to pull down available data. Limited resources to maintain registries. FDOH does not have a TB registry. Birth & Death registry is strictly regulated.	Develop an inventory of available registries (chronic disease). Expand expertise to synthesize the data (trend analysis) and make easily accessible. Provide a listing glossary of databases available. Expand expertise to understand the data. Better connect the data/registries to avoid duplication. Create new registries as needed. EMR -share across the Health System. Create an inventory of the registries on the DOH/ Consortium website.	Increase access to registry across states. Prioritizing the resources so it can be appropriate and available to the community.

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
Vast network to identify threats. There is strong local, state and national alignment. Surveillance information is readily available. Sharing of information. Availability of information. Diversity. Multiple surveillance systems exist (syndromic surveillance; crash data). Public health schools help train epidemiologists and monitor diseases. Jessie Trice Community Centers conduct outreach and educate others. DOH - monitor health safety (Healthcare Preparedness Coalition). Homeless population and shelters (report diseases - HIV, TB testing). Domestic violence (HIV testing). Infectious diseases are reported quickly (within 24 hours for some diseases).	Community needs stronger networks. Surveillance needs to be completed in a timely fashion. Redundancy present. Systems not user friendly. Not enough evidence based information for diverse groups. Long reporting process. There is a disconnect between national and state communication with data. There is not enough evidence based information for diverse groups. Community needs more resources.	Increase community involvement. Work with all zip codes to help under-served and those showing a need for help. Increase outreach (especially preschools and childcare centers). Identify location and resources available.	Identify ways to improve resources for community surveillance (financial resources, all kinds of resources). Increase transportation and transit planning. Community organizations recognizing that they are part of the health system.

2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
Guidelines are in place to respond to threats. Strong Emergency Operations Command Center (EOC).	Few community members know the guidelines that are in place. Surveillance systems have long reporting processes	Provide more education opportunities and training on guidelines.	Formalize dissemination of guidelines (standardized format to share). Develop a standard process to share information

2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
The community has access to high quality laboratories. Timing of regulations.	Certain communities lack coverage. Residents do not have access to care to get to labs. Residents lack health insurance so they are not tested. Cumbersome pre-approval process to send to a laboratory. Confirmatory process (pregnant women do not get their results in time and babies are already born). Lab support needs to be more timely and efficient.	Share all of the information discussed in community meetings. Reinforce changes.	Improve influx capacity to better prepare to rapidly expand if there is an influx of cases. Expand ability to handle the rush of labs needed depending on the situation and/or disease (Ex. Ebola, Zika).

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
Strong partnerships with outside community organizations and other local health systems. The community uses state and federal funding and campaigns to support best practices, often to great results (i.e. State Tobacco Program). Healthcare programs at local colleges and universities have students partner with community health organizations. Healthcare students partner with community health organizations as part of their course requirements.	There is a lack of digital interactions and platforms to educate the community. There are funding uncertainties. Lack of digital interaction and platforms. The local public health system is falling behind in educating the public	Research and analyze community needs.	Use data to tailor services in high risk areas.

3.2	Model Standard: Health Communication		
Majority of partners have a health communication plan. Most organizations have a Public Health Information Officer to get messages out to the public. Majority of partners have a health communication plan (i.e. Jackson Health Systems has a social media team; DOH has statewide media office, Tallahassee sends down information to counties to disseminate to communities). Stakeholders use community organizations to spread message to the community (i.e. Consortium for a Healthier Miami-Dade).	There are funding restrictions.	Local health organizations train smaller organizations on how to promote health messages to the public. Increase cultural competency. Train organizations on diversity or health literacy/cultural background of the community. Public health servants spread awareness and also stay current about public health issues. Ensure that health messages are appropriate. Research and analyze community needs.	Increase co-branding opportunities.

3.3	Model Standard: Risk Communication		
Partners receive emergency messages. Communications are disseminated in multiple languages. An all-hazards approach for emergencies is taken. Working with community partners is important part of emergency preparedness.	Many partners are not aware of the emergency communication plan. Emergency communication plan has a line of authority, but it is not clear. Some resources are not available to the public. Most partners not aware of the emergency communication plan and partners do not receive messages.	Share with partners a checklist on what needs to be done during an emergency. Trainings on disaster prep for Public Information Officers.	Increase involvement from media and faithbased organizations.

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		
Many different networks between public and private businesses. Many organizations follow the same documentation processes. There is an increased number of health forums in the community (environmental/prevention, health related, etc.)	The community lacks the use of common terminology. Organizations/agencies working on the same things and services overlapping. Community is not aware of the work of the Health Department. Community directories are not updated frequently. There is a lack of awareness of services and resources available to the community. Silos present. Lack of awareness.	Develop a Speakers Bureau. Create more community ambassadors. Increase communication between different coalitions and Consortium.	Increase communication between different coalitions. Align organizational visions. Linkage of interests.

4.2	Model Standard: Community Partnerships		
Consortium: Written goals aligned with the CHIP; strong partnership even when funding is unavailable; Funds are being shared through partnerships; policy development and sustainability; goal accomplishment; strong passion from members. Strong coalitions: Alliance for Aging, Shine, Health Council. Sharing of funds through partnerships. There are geographically based alliances (example: Liberty City; West Kendall). Better understanding of issues regarding public health, mental health, and community health. Partners working together. Public health has gained more momentum. Specific pockets of the population are now more aware.	Some coalitions are similar enough to work together (merge). Fighting for funding. Local politics. Too many personal interests. Jurisdiction problems that create issues moving forward - cities dropping off homeless people in other cities to be dealt with by other city. Geographical size/diversity. Isolation of cities within the same county. Health organizations not trusting each other. There is a lack of shared databases. Unable to determine how resources are being communicated on a larger scale. Lack of common terminology. Cultural perspective of what is considered healthy. Lack of resources.	Develop a community wide database. Ability of people to understand the information they are receiving (referring to the appropriate language). Keep organizations engaged when there is no crisis. Link people to the appropriate place. Send patients to the right place. Focus on prevention. Become smoke free or create similar policies. Expand employee wellness to reduce illness, and reduce sick days.	Rather than being prescriptive, identify what the community needs at a grassroots level. Keep in front of crisis since Miami is rapidly changing. Learn to disseminate information in the community. Address climate change. Sustain partnerships and link them together using a Consortium-like method to build and expand on our improvement plan. Conduct studies on targeted populations (ex: infant mortality in Haitian population). Help the community trust the health system. Improve perception of the public. Improve county disparities. Engage the Chamber of Commerce. Focus on prevention-based efforts. Hospitals connecting more with EMS. Fix systemic issues in terms of providing people with choices. Provide equal opportunities (example: quality of food varies depending on geographical area).

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
Ongoing process (every 5 years). Newer services available. The PHAB accreditation of the local health department. CHIP implementation. 10 Essential Public Health services are provided to the community. Education, preventive services and enforcement. Availability of resources to the health department is ensured through grants and other budget monies allocated towards specific initiatives. Health in all policies approach.	There is a lack of resources, funding, and personnel. FDOH leadership rated the department funding at a 6, on a scale of "1" being obtaining insufficient funding to perform effectively and "10" obtaining sufficent funding to perform effectively. There is a lack of political will, support, and priority from elected officials. There is high staff turnover.	Support FDOH with resources that the community has such as personnel. Increase political support/elected officials support for CHIP and LPHS. Conduct formal analysis of funding challenges.	Community education, advocacy, lobbying.

5.2	Model Standard: Public Health Policy Development		
Agencies played role in facilitating policies. Many focus groups. Media connection. Private sector doing Health Impact Assessments (HIA). HIA completed by: Health Foundation of South Florida on initiatives involved older population and the Underline project; the City of Miami Beach on Climate Change. Needle exchange program. DOH and partners are successful in impacting polices. Funds are allocated to influence policies. The local public health system has been involved in activities that influenced or informed the public health policy process - professional societies, CHIP Annual Meeting, Zika campaign, Taking Needles Back Campaign, etc. Increased collaboration to impact policies. Various policies impacting the community's health created and implemented through Consortium for a Healthier Miami-Dade. Baptist Hospital has a government relations department working with	Health Impact Assessments are expensive and long processes. The general population is not involved in impacting policies. Lack of awareness among the popoluation.	Increase awareness among the population. Community Health Centers should have a better understanding or insight of the policy. LHPS ensure the public input through focus groups, conferences, media. LPHS conducts and reviews of public health polices at least every three to five years.	Conduct Health Impact Assessments as recommended practices. Regulate Health Impact Assessments. Categorize resources.

5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
Community plans are aligning: CHIP, MAPP, Consortium surveys. Strong partnerships. Consortium is involved in the CHA and improvement planning process. Health Foundation website actively used. ACA holds agencies accountable.	Poor strategic plan dissemination. Poor dissemination of policies and priorities. Partners have their own assessment and health plans.	Engage different partners (FHQC, Faith-Based organization, media, nursing homes, corrections, law enforcement). More engagement from Consortium in policy development.	Advancing Consortium agenda.

5.4	Model Standard: Plan for Public Health Emergencies		
Collaboration between DOH, hospitals, schools, funeral homes, Regional Domestic Task Force, DCF, municipalities, counties, municipalities, etc. DOH revises EMS plans every 2 years. All-Hazard Emergency Preparedness and Response Plan is reviewed and revised every two years. Organizations involved: FIU (FAST team) Florida Advanced Medical Team, Miami UAAC. Stop the Bleed Program (kits working with the school board) and poison control.	Staff retention. Staff turn over. Funding cuts. Lack of sustainability.	Expand reach of vital programs. Update community contact information. Improve the quality of simulations and mock up drills.	Engage different partners and sectors.

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
Laws and regulation information is accessible and available. Lawyers are available. State attorney active engagement. Active partnerships work to change existing laws.	Time to pass. Time to enforce. There is an abundance of information. State takes priority over local. There is a lack of education.	Provide immediate training. Time focused on laws and regulations.Conduct formal reviews of regulations.	Ongoing training and support. Long-term communication. Formal review. Need to educate people on long-term.Increase the use of infographics.

6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
Environmental Health inspection results available online.	Enforcement and monitoring are lacking. The state takes priority over local matters. Mental health laws. Communication with public ex.) regulations. Lack of paid lobbyist/promotion. Hampered by the state. Not every county health department is organized and some states have local boards of health for laws.	Grading restaurants/consumer ent with A/B/C so consumer knows. Public Service announcement website. Become a member of Public Health Association.	Develop a repository for inspection reports of regulated entities. Consumer-interface for agencies and correct author. Develop clear and consistent messaging.

6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances		
Environmental regulations are regularly reviewed. Florida Department of Business and Professional Regulation and Florida Department of Health partnership.	Need more creativity in delivering information. State takes priority. Extreme information dissemination only.	Speakers Bureau (Consortium). Media (PSAs). Training. In educating individuals and organizations about relevant laws, regulations, etc. - an example is the door-to-door outreach and education for the hookworm situation.	Dissemination plan. Clear messages. Plan for weaknesses in the system. Increase entity sharing.

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
HIV - Plan to prioritize, ability to define barriers. Co-locate others. Clients are evaluated HMO- provide transportation. Community outreach worker. Analyzes reports that will tell the story. There are pockets of excellence. Sylvester Cancer Center able to map out where services are received. The community participates on national programs and benchmarking. Some services in the community for recognition. Smoking Cessation strong. Meetings that bring people together. Wealth of data. Pockets of excellence. HIV and Healthy Start have comprehensive assessments to review the indicators. There is a robust network of providers and non-profits that provide services.	There is a data deficit for certain populations. Immigration barriers. Need programs for Post-partum depression, WIC making referrals need more help in this area. Need treatment for detox (opioid). Mental health. Not enough affordable treatments. No way to track Hep-C. Lack of infrastructure in place. Diabetes treatments. Residents living with dementia are undiagnosed. Not obtaining needed services. Those with insurance not accessing treatment. Need a link back after individuals are referred. Service not available for paternal care. There is a lack of affordable treatment, funding and infrastructure. Mental wellness. Lack funding for the populations in the shadows. Setting counselors. There are transportation and transit issues.	Ability to leverage resources (ex. HIV - learn from them). Outpatients facility to report on clients (data). Partner with other activities (ex. work w/ Citrus). Need to link people for quality of life with dementia. More collaboration so that people are aware of the services in the community. Greater awareness for transportation issues. Providers co-located. Create an inventory of data. Have more organizations participate in AHA, etc. Breaking silos, focus on resources or a partner work on need. Understanding contributions of other. Profile of the uninsured. Break silos to address community challenges such as Hepatitis C, diabetes, HIV, dementia, lack of healthcare, disenfranchised incarcerated, depression in mothers, opioid addiction, mental health, paternal health care, preventative services and vulnerable populations. Improve transportation.	Ability to understand where those who are in the shadows can come out for care (ex. needle exchange). Share data among the Public Health assessments. Greater awareness for transportation issues. Providers co-located. Determine best locations for services.

7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
Continuous training. Navigators in ER. Outreach/Education programs. VHA's sole purpose is education about service. Children's Trust > National Healthcare Prize. Jackson Health System. Interagency collaborations/partnerships. CHW-great people in community where they are trusted. Outreach -> VA, SVFF, Homeless vets. Translations - Spanish, English. 25 Free clinics - volunteer. Mobile units.	Referrals are not tracked. Translations needed in Kreyol and other languages. Dementia patients not telling their diagonoses. Political environment not pro-health. Personal biases, people stereotype. Agencies are overwhelmed. There are transportation and transit issues.	Universal consent form to link to different services. ID community members to become health advocates. Prioritize our mobile services to go into the community. Develop one Employee Assistance Program (EAP) System. More community health workers. Consider a method minimum action plan to help highlight the services in the community. Offer more flexible hours of operation. Better educate/inform their patients about their diagnoses. Publicize the free service/neighborhood services. More coordination of services. Focus groups. Create more opportunities to educate and train health care workers. Analyze summary and findings. Flexible hours and operations for people to have access to them. To better educate patients for diagnoses and needs (ST and LT). Publicize services. Work with populations to institute trust. Accessing services.	Co-locations.Develop a comprehensive system of referrals. Look at families or group/systems as the patient and not just the diagnoses. One Employee Assistance Program system - to qualify for all social services. Consider a method minimum action plan to help highlight the services in the community- summary of analysis. Break down silos. Build up institutional trust. Conceptualize units of interests with family and not just patients.

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
FLDOH Workforce Physicians/Nurses Assessment (it is an annual state workforce assessment). Emerging Preparedness Assessments and trainings are completed. FL Public Health Training Puerto Rico Assessment. Emerging Preparedness Assessments/Trainings. HRSA Assessment (updated as requested). Online public health financial management. NACCHO assessments are regularly conducted. Utilize volunteers (AARP). Assessments are published. Performance evaluations are regularly conducted.	Staffing, skill sets. Recruitment and staff retention efforts have decreased. There is high staff turnover.There is a lack of competitive salaries. Not centrally organized (subsystems within the system). Organizations are doing their own assessments rather than a LPHS assessment and are not sharing information. DOH/State attorney's office/public defender's office/public schools: all struggle with their retention because of the private sector (can't match the salary), ongoing turnover (pitfall). DOH is losing employees to hospitals and private organizations. Millennials are leaving. PH system is not centralized. Critical partners are missing in the process.	Action plan for environmental health. Bring in more employees because of high turnover. Introduce fees for service to improve revenue. Educate workforce on student loan forgiveness policy. Expansion of skills to allow employees to provide more services (Training/certifications). Improve workforce skills through increased training. Promotion of Public Health as a career path and its benefits (pension). Chamber of Commerce and Beacon Council partnerships (marketing the fields, developing relationships with businesses and creating jobs with them). Hire more employees. Offer more trainings as an incentive, instead of money. Changes in laws (policy change) to allow different health professionals to perform different/additional services.	Assessment sustainability needs to be addressed. HR needs to share their experiences, train the private sector and hire more employees.

8.2	Model Standard: Public Health Workforce Standards		
MCHES, CHES, CPH, CEHP School Health, Board certifications, extra requirements in specialized areas, Certified Community Health Worker. Performance Evaluations. Public health accreditation. Wellness practitioner. FEMA. Compliance through HR, accreditation, credentialing, medical quality assurance. Job standards and requirements. Workforce standards. CHES (Certified health education worker). Certified environmental health professional (CEHP). Nursing license, physician license. Licensure & accreditation are more organized when you are in a more specialized field. Hospital - CPR, AED certifications, JOINT Commission. Certified Community Health Workers. Certified Medical Interpreters. Certified in Public Health. Certified Wellness Practitioner. Certified Health Coach. The local health department is accredited.	The cost and time of licensures. People practicing without licenses. Moving from "required" to "preferred", verbiage in job descriptions . Debt - For-profit schools: students may not graduate with a degree or certification (Ex. nursing school issues).There is a lack of funding for certifications. Increased fraud.	Strengthen the accreditation standards for colleges and universities (too many unknown small colleges and universities offering PH programs). Enhance billing and coding standards. Need to know more about the laws (educate coders). Bridge from community colleges to 4 year degrees.	Financial assistance with certifications. Work towards certifications while on-the-job (financial assistance from employers). Bridge programs to transition from different college programs. High school - engage students to get involved in PH (create pre-public health tracks). Change policies in for profit schools (higher standards a& policy change).

8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
Research opportunities, practicum/internships. Tuition waivers/ vouchers/ reimbursement (DOH). APHA (American Public Health Association), CSTE (Council of State and Territorial Epidemiologists), FPHA (Florida Public Health Association). Lectures & workshops from PH organizations (in person and online webinars). Clinical rotations for students. Neighborhood HELP. University degree programs, OSHA trainings, emergency preparedness plans. Buy in with leadership. CEUs, personal growth, advancement (all incentives).	Employee comfort levels with certain trainings. Some mandatory trainings seem meaningless. Some supervisors not completing training they want their staff to do.	Employee feedback on training needs. Personal relationships to help train staff. Increase mentorships within organizations.Engage professional organizations.	Secure funding for employees to be trained and educated (Competent). Involve the outside (public sector) to collaborate with us for trainings. Budget line items for PH practitioners/workforce.

8.4	Model Standard: Public Health Leadership Development		
High praise for system leader collaboration. Zika response. Bringing in religious leaders. Consortium for a Healthier Miami-Dade. Getting to Zero: Opioid Taskforce. Culture of Health Award from RWJF (FDOH- MD). Diversity present. Emergency response system. FIU provides practicums. Current LPHSA Community Meeting being conducted. Pipeline of training to service.	Better ways to collaborate with grassroots and nontraditional leaders. Missing many people at the table. Senior leadership retiring soon.	Finding ways for the professional organizations to become more engaged. Train the trainer (do it in-house).	Professional organizations need to be more engaged. Increase private citizen engagement.Increase resident engagement.

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
Most organizations conduct a daily or continual patient satisfaction survey. Some evaluations take place on a 3 year cycle, quarterly, or annually. MAPP process every 5 years. Websites available to look at evaluations to compare health care facilities. Use partners and notify each other about gaps. Organizations in clinical settings assess their clinic services on a continuous basis. Population-based surveys. Monthly programmatic assessments that survey the quarterly indicators leading up to the annual report. Continuous follow-up with licensed navigators; after a client sign-up for services we make sure they keep on track with their identified goals. The community has access to records.	Bad questions and phrasing in performance improvement surveys. Develop a common tool because the response depends on how on how we ask the question. Different systems are not using the same questions to evaluate progress. Stakeholders may not want to share tools/information. Proprietary interests. Evaluations sometimes are difficult due to not being able to locate the clients. Funding and political mandates prevent the availability of services.	Use a common tool to evaluate health satisfaction. Need uniform questions to evaluate success. Door-to-Door canvassing to identify local community needs. Drill down data to see which populations are underserved. Use scorecards as an opportunity to identify gaps.	Pull inventory of vetted questions and have an independent evaluator survey across all agencies.

9.2	Model Standard: Evaluation of Personal Health Services		
UF & Empower- apps, facebook, e-scribe, electronic referrals, bp apps, fitbit data. Access to records, internal base analyzed monthly for follow-up with clients. Email encryption.	Electronic records are not compatible with each other. Data is delayed because of a gatekeeper. Fax and hard copies are still common and not secure. Although data is collected, there is a lack of ability to analyze and utilize the data. HIPPA training for agencies. Fear of releasing information. Most information has to be faxed or in paper copies.	Encryption technology. Provide HIPPA training. Have Tallahassee days where community members can speak with politicians. Have follow-ups & visits to determine whether the tools have been working and if there have been any behavioral changes.	Interconnected data within the state.

9.3	Model Standard: Evaluation of the Local Public Health System		
Ability to bring community for LPHSA together. Community partners fair and its evaluation. Mechanisms among providers.	Councils missing representation: Title I, Enfamilias, centro campesino, farm workers groups, open door clinic, good news clinic. RSVP's that did not show up: public schools, faith based, tribal health, switchboard, 311, smaller hospitals, homeless trust. Some agencies are missing: Migrant organizations and non-for-profits, Title I, Centro Campesino, low cost health care clinics of Homestead, public schools, faith based, american cancer society, Haitian community centers, tribal health, caring for Miami, Organizations that do not know that they are in fact a part of the public health system. Critical partners are missing from the process.	Continuation of community partners fair. Usage of PARTNER tool. Use technology and webinars to help increase participation. More lead time of when these meetings are going to happen. Meetings within the community. Sharing of agendas to better prepare, and prep for the questions that will be asked. Increase use of technology. Technology and webinars should be used in order to increase participation and distance voting.	Working on the big issue in a smaller scale through the Consortium.

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
Active coalitions and partnerships regularly conduct research. Strong interest in community-based participatory research. Many resources available (i.e. Miami Matters, Florida Charts). Diversity. Local funders who know the community. Partnered with local DOH to conduct research activities (i.e. Zika outreach, PICH (Partnerships to Improve Community Health) grant, HIV/AIDS communication outreach).	Larger organizations, such as colleges and universities, have more time and access to resources needed to conduct research. Evaluation piece behind research is lacking.There is a limited amount of research in the areas of Alzheimer's and dementia. The evaluation piece behind research is lacking.	IInvest more resources and time on research. Integrate Alzheimer's/dementia/older adult populations into the CHIP.	Improve opportunities for training on writing and soliciting grants.

10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
Relationships with local colleges and universities, allows for greater variety and opportunities when conducting research. There are a number of medical programs in the community. Amount of colleges and universities in the area is a strength for the work being done in the community, it allows for variety and greater opportunities.	University IPC rate. Universities working in silos. Lack of follow up when research project is over.	Get multiple faculty/departments involved. Capacity building.	Capacity establishment.

10.3	Model Standard: Capacity to Initiate or Participate in Research		
Local resources to help (i.e. Consortium for a Healthier Miami Dade, Miami Matters). Infrastructure to conduct research is in place.	Resources exist but potentially under-utilized or inaccessible. Restrictions and regulations (i.e. IRB). Limited access to research. Colleges and universities need to do a better job on disseminating research findings to the local public. Many organizations not aware of the resources available for facilitating research. Larger organizations have sectioned themselves off and it is hard for smaller organizations to know who to contact to initiate research.	Improve dissemination of information/research findings. Local/mini conferences to share information with partners/community. Grow the utilization of infrastructure already in place. Improve community engagement/dialogue. Tap into students.	Not limiting information to just health professionals. Reach out to broader base.

APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)
http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services
http://www.ahrq.gov/clinic/pocketgd.htm

Guide to Community Preventive Services
www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)
http://www.naccho.org/topics/infrastructure/

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System
http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf

Public Health 101 Curriculum for governing entities
http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources
http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement
http://www.naccho.org/topics/infrastructure/accreditation/index.cfm

Public Health Accreditation Board
www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:
- Communicating Health Goals and Objectives
  http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf
- Setting Health Priorities and Establishing Health Objectives
  http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

Healthy People 2020:
www.healthypeople.gov
- MAP-IT: A Guide To Using Healthy People 2020 in Your Community
  http://www.healthypeople.gov/2020/implementing/default.aspx

Mobilizing for Action through Planning and Partnership:
http://www.naccho.org/topics/infrastructure/mapp/
- MAPP Clearinghouse
  http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/
- MAPP Framework
  http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

National Public Health Performance Standards Program
http://www.cdc.gov/nphpsp/index.html

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting
http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html

Improving Health in the Community: A Role for Performance Monitoring
http://www.nap.edu/catalog/5298.html

National Network of Public Health Institutes Public Health Performance Improvement Toolkit
http://nnphi.org/tools/public-health-performance-improvement-toolkit-2

Public Health Foundation – Performance Management and Quality Improvement
http://www.phf.org/focusareas/Pages/default.aspx

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Evaluation

CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)
http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices
www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook
http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx

W.K. Kellogg Foundation Logic Model Development Guide
http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx

Appendix II: The Forces of Change Assessment Full Report

Florida HEALTH
Miami-Dade County

Miami-Dade County Forces of Change Assessment 2018

Published July 2018

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442
Fax: (305) 278-0441

www.healthymiamidade.org
www.miamidade.floridahealth.gov

Contents

Overview

The Forces of Change Assessment is one of four assessments conducted in the Mobilizing for Action through Planning and Partnerships (MAPP) process. The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Miami-Dade County.

The Forces of Change Assessment brainstorming session focused on answering the following questions:

- What has occurred recently that may affect our local public health system or the health of our community?
- Are there trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?
- What may occur in the foreseeable future that may affect our public health system or the health of our community?

Acknowledgements

Organizations and sectors that play important roles in promoting and improving the health in Miami-Dade County were adequately represented at the Forces of Change Assessment Community Meeting. The assessment process was well received among participants. During the registration process, eighty (80) individuals from fifty-five (55) different community organizations registered to attend the event. On the day of the event, there was a total of sixty-four (64) sign-ins representing forty-two (42) unduplicated organizations. Approximately 20% of those who registered did not attend the event.

The following organizations participated in the event:

Barry University
City of Aventura
Community Health of South Florida, Inc.
DCF/Child Care Regulation
Early Learning Coalition of Miami-Dade/Monroe
Epilepsy Foundation of Florida
Florida Department of Health in Miami-Dade County
Florida Institute for Health Innovation
Florida International University
Greater Miami Chamber of Commerce
Health Choice Network
Health Council of South Florida
Health Foundation of South Florida
Healthy Start Coalition of Miami-Dade
Hope For Miami
Jessie Trice Community Health System, Inc.
March of Dimes
Mayor, City of Aventura
Miami Beach Community Health Center
Miami Dade County Office of the Mayor
Miami Dade County Public Schools
Miami-Dade County
Miami-Dade County Mosquito Control
Miami-Dade Dept. of Parks, Recreation and Open Spaces
Miami-Dade Police
Miami-Dade Solid Waste/Mosquito Control
Nicklaus Children's Health System
Nova Southeastern University
South Florida Behavioral Health Network
St. Thomas University
State Attorney Office
The Children's Trust
The City of Coral Gables
Theresa Gilmore, LAc
Town of Cutler Bay
UF/IFAS Extension Family Nutrition Program
UF/Miami-Dade County Extension
UHealth
United Way of Miami-Dade
University of Miami
VITAS Healthcare
West Kendall Baptist Hospital/Healthy West Kendall

Executive Summary

On Thursday, May 10, 2018, the Florida Department of Health in Miami-Dade County hosted a Forces of Change Assessment Community Meeting to identify significant factors, events and trends that affect the health of residents or the effectiveness of the public health system and the related challenges and opportunities these factors pose.

The Forces of Change Assessment folds into the Mobilizing for Action through Planning and Partnerships (MAPP) model of community health improvement as one of the four types of assessments that informs the new Community Health Improvement Plan. Taken together, the four assessments of the MAPP process create a comprehensive view of health and quality of life in Miami-Dade County, and constitute the Miami-Dade County Community Health Assessment.

During the community meeting, a varied group of community partners engaged in brainstorming sessions and discussed key factors that directly or indirectly affect health and the health of the community. Examples of some of the key forces discussed included:

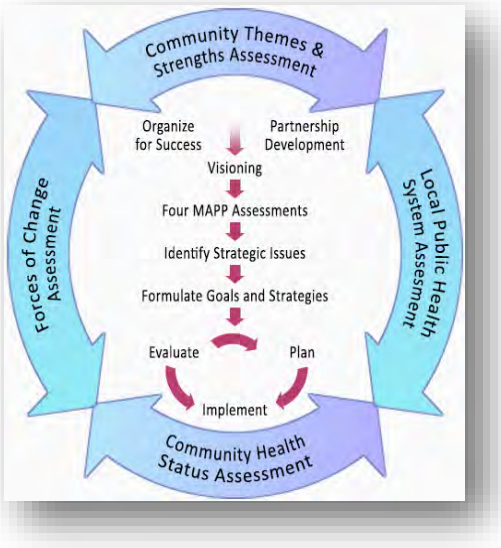
- Social/Mental Health
- Lack of Affordable Housing
- Opioid Epidemic
- Gun Violence
- Lack of Data Driven Decisions
- Lack of Coordination between Healthcare Providers
- Lack of Fully Integrated Data Sharing System
- Healthcare Immigration Policy Change

The forces identified through this process - together with the results of the other three MAPP Assessments - will serve as the foundation for the identification of strategic issues. By understanding and preparing for these forces of change, the Miami-Dade County community can act to ward off or reduce threats and take advantage of opportunities to protect and improve community health and the public health system.

Background

Mobilizing for Action through Planning and Partnerships (MAPP) Process

The Florida Department of Health in Miami-Dade County embarked on a new cycle of Community Health Planning. The Forces of Change Assessment Community Meeting was the second meeting of the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven process for improving community health. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.



The first phase of MAPP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. Visioning, the second phase of MAPP, guides the community through a collaborative, creative process that leads to a shared community vision and common values. The next phase involves the four assessments. Each assessment yields important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole.

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

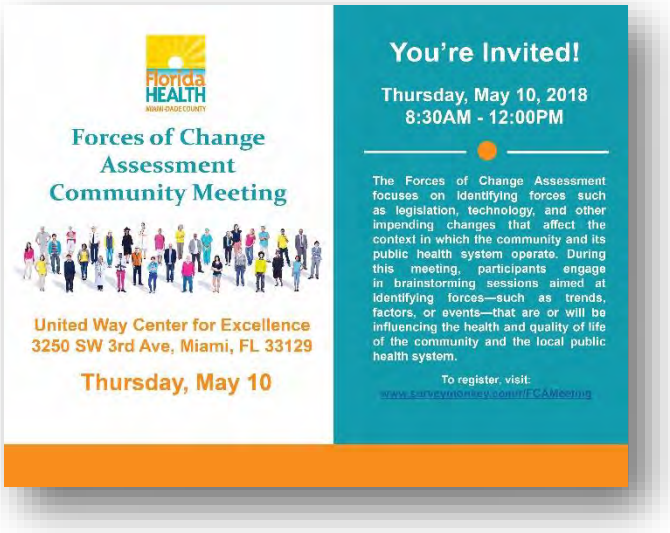
The process consists of four community health assessments: Local Public Health System Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Community Health Status Assessment. The four assessments examine issues such as risk factors for disease, illness and mortality, socioeconomic and environmental conditions, inequities in health, and quality of life. These assessments can help identify and prioritize health problems, facilitate planning, and determine actions to address identified problems.

The 2017-2018 assessments are vital in the development of the new 2019-2024 Community Health Improvement Plan (CHIP), the community's 5-year plan for improving community health and quality of life. The CHIP is a community-wide strategic plan that incorporates the activities of many organizations and departments and addresses the health issues identified through the four MAPP assessments. It is a plan that the entire public health system in Miami-Dade County will be able to follow and incorporate to have a long-term, systematic effort to address public health problems in the community.

Meeting Objectives

The Forces of Change Assessment was designed to help participants answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

The objectives of the Community Meeting were to identify trends, factors, and events that are or will be influencing the health and quality of life of the community and the local public health system; identify threats or opportunities generated by key forces; and bring partners together on common ground to collaboratively address changes.



Forces of Change

While it may not seem obvious at first, the broader contextual environment is constantly affecting communities and local public health systems. State and federal legislation, rapid technological advances, changes in the organization of health care services, shifts in economic and employment forces, and changing family structures and gender roles are all examples of Forces of Change. They are important because they affect — either directly or indirectly — the health and quality of life in the community and the effectiveness of the local public health system.

The purpose of the Forces of Change Assessment was to identify the external factors that affect the environment in which the Miami-Dade County public health system operates and the related challenges and opportunities these factors pose. Forces of change include factors both generated inside the public health system and imposed from the outside. Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Methodology

Session Structure

The half-day Forces of Change Assessment Community Meeting consisted of 4 breakout sessions: Social/Economic Forces; Legal/Ethical Forces; Political/Technological Forces; and Environmental/Scientific Forces. The meeting agenda can be found in Appendix 1. Each meeting participant had the opportunity to participate in 2 of the 4 breakout sessions. Each session lasted 1-hour and was led by a facilitator. Two scribes were in each session capturing the key findings.

Pre-Meeting Homework

Participants were asked to register to attend the event in advance. Before the meeting, participants received a pre-meeting worksheet to list all brainstormed forces and were encouraged to bring the completed worksheet to the brainstorming session. During the sessions, participants discussed within their teams the forces they listed on the pre-meeting worksheet that were relevant to the session category. The pre-meeting worksheet can be found in Appendix 2.

Room Setup

In each breakout session, there were 8-9 tables with 4 chairs and approximately 25-30 participants in each session. If all the seats in a particular session were filled, the additional attendees were directed to join the other session.

Table Discussions/Brainstorming Activity

Skilled facilitators guided participants in identifying forces, challenges, and opportunities by asking the following questions:

- What has occurred recently that may affect our local public health system or community?
- What may occur in the future?
- Are there any trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?
- What characteristics of our jurisdiction or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the shared vision?

Teams Identified Key Force

Each team identified one force outside of their control that affects the local public health system or community, and the challenges (barriers/threats) and opportunities (prospects/responses) associated with each. Teams wrote the forces, challenges, and opportunities on the color-coded half sheets found on their tables. Forces were written on blue sheets, Challenges were written on yellow sheets, and Opportunities were written on green sheets.

> "The sticky walls were a great way to display the information."
>
> -Participant feedback form, 2018 FCA

A sticky wall was used as a facilitation aid in each session. This visual tool is simply a fabric wall that can be mounted on a vertical surface and used to display ideas and concepts generated through the process so that teams can easily see them. The fabric is coated on one side with a special adhesive that allows sheets of paper to be placed, held, and repositioned on the fabric. The sticky wall was tremendously useful in helping the groups maximize creativity and effectiveness.

Teams Reported Out

Each team recorded their key force on the half sheets and placed them on the sticky wall under the respective title headings: Forces, Challenges Posed, and Opportunities Created. A lead from each team reported out. The facilitator then opened the floor to questions and comments after each report, guided the group in grouping similar forces/categories, and placed emphasis on the impact forces will have on the local public health system.

Teams Identified Top Forces

Once the challenges and opportunities were identified for each force, teams voted for the top 2 forces that will require focused attention by the public health system. The facilitator emphasized that teams will identify the forces that have the greatest impact/most significant effect on the community/system (not just one agency) and should take priority in community planning efforts. The facilitator asked the following questions in preparation for team voting:

- What are the most significant forces that affect the health of our residents?
- What are the most significant forces that affect the effectiveness of the public health system, either currently or in the foreseeable future?
- What forces require our immediate or increased attention?
- What forces require tactical efforts now?
- What forces should be addressed in our new Community Health Improvement Plan (CHIP)?

Each team received 2 star-shaped voting stickers to place under the force(s) they believed to have the greatest impact. Scribes captured the key information, include the voting totals on the assessment tool, and completed session summary sheets. Facilitators provided session summaries and an event recap at the end of the meeting.

Results

Assessment Findings

Key stakeholders in Miami-Dade County identified a wide array of trends, factors, and/or events at the local, state and national levels that influence the health or quality of life in the County and its local public health system. Forces of Change information can serve as a vital resource for effective health improvement planning within the community. A total of 19 forces of change were identified spanning the 4 session categories: Social/Economic Forces; Legal/Ethical Forces; Political/Technological Forces; and Environmental/Scientific Forces. Based on group consensus, the following list identifies the most significant issues gathered during the brainstorming sessions:

- Social/Mental Health
- Lack of Affordable Housing
- Opioid Epidemic
- Gun Violence
- Lack of Data Driven Decisions
- Lack of Coordination between Healthcare Providers
- Lack of Fully Integrated Data Sharing System
- Healthcare Immigration Policy Change

Legal & Ethical Forces

Force	Challenges Posed	Opportunities Created
Immigration Policy [Healthcare Immigration Policy Change (DACA), CHIP (Children's Health Insurance Program), SNAP, TPS (Temporary Protection Status)]	• Lack of support for immigration • Negative health outcomes as a result of people being scared to seek medical care • Family separation • Documentation (Influx from Puerto Rico) • Financial stability • Susceptibility to exploitation • Decreased access to care • Language barrier	• Political capitol • Advocacy • Increase services • Outreach • Engage citizens more • Localized solutions • Community engagement • Increased collaboration
Addiction (Opioid and Prescription Rx)	• Lack of education	• Centralized electronic tracking system • Collaboration between healthcare providers

Social & Economic Forces

Force	Challenges Posed	Opportunities Created
Social/Mental Health	• Lack of understanding • Trauma • Stigma • Awareness	• Integrated policies and systems • Best practices for all systems
Lack of Affordable Housing for all	• Professionals are leaving • Improving low-income communities	• Affordable housing • Salaries vs cost of living
Movement of People	• Immigration • Population bringing in new diseases • New residents not knowing healthcare system and services that are available • Increase in population • Decrease in services available • Access to care • Lack of transportation • Lack of infrastructure to support new population	• Cater to new healthcare population (providers that represent the population) • Partner with Uber to help clients to services/appointments • Increase public transportation
Lack of Family Support and Infrastructure	• Gun violence • Lack of guidance for kids • Lack of education	• Improve communities and bring services to homes • Improve education system • Improve family structure • Provide early mental health service for school-aged children • Increase healthcare access in underserved areas
Partnerships and Education	• Immigration status • Low income areas in community • Medical coverage • Safety • Basic needs (housing, food, etc.)	• Educate community • Educate families • Educate professionals • Involve legislators • Improve legal system • More opportunities for healthcare coverage (with employment)
Healthcare Coverage	• Individual coverage • Costs are high • Employers not offering coverage • Retreating for universal coverage • Decrease in government funding • Cuts in emergency coverage • Not covered by Medicare • Limited access to healthcare (physical, cultural, and legal)	• Create virtual access to care • Access to healthcare provider • Mobile clinics • Coordinate services • Increase advocacy • Examine licensing education (nurse practitioners, physicians, etc.)

Social & Economic Forces (Cont'd)

Force	Challenges Posed	Opportunities Created
Changing Views of Higher Education	• Quality of education • Cost • Lack of the ability to teach students effectively	• Partnerships • Forcing innovation • Utilization in higher education
Public Trust (Community Not Trusting Government)	• Community support • Bias	• Empower the right messenger with the right message
Changing Immigration Laws	• Fear among people receiving services	• Outreach services • Engage community and gain trust • Better coordination across systems

Political & Technological Forces

Force	Challenges Posed	Opportunities Created
Criminal/Misuse of Technology	• Online drug ordering • Human trafficking solicitation • Health informatics fraud • Misuse of health information • Social media criminal activity/violence	• Regulation for the online ordering of drugs and human trafficking • Monitor online activity • Increase community awareness • Increase advocacy
Immigration	• Fear self-identification • Not seeking medical care/essential services	• Better lifestyle for families • Ancillary health fairs
Low Priority on Education (all kinds)	• Funding • Political will • Uneducated populace	• Social media • Political awareness • Advocacy of teachers
Lack of Coordination between Healthcare Providers, Lack of Fully Integrated Data Sharing System	• Different electronic health record systems • Silo health system • HIPAA laws • Hierarchical nature of healthcare system • Public misconception of how data will be used • Residents not accessing the services they need • Gaps in services • Duplication of services • Lack of coordination of care • Lack of coordination of access systems (school, health, law enforcement, behavioral health, housing) • Legal/HIPAA/CFR42	• Advances in technology • Update HIPAA laws to allow for a better transfer of information/updating consent form • Familiarity and comfort with technology • Revisit the legislation • Ensure understanding of laws pertaining to sharing information • Partner with collaborative agencies/systems

Environmental & Scientific Forces

Force	Challenges Posed	Opportunities Created
Plastics and Lack of Recycling Enforcement	• Enforcement of recycling • Plastic causing problems for mosquitos • Climate change • Disposing of plastic	• Corporate responsibilities • Fines and fees • Educate community • Using recyclables • Cost vs saving (cheaper to use metal)
Gun Violence	• Gun safety regulations • Resources and referrals for mental health screening before ability to get a gun • Research funding • Supporting mental health professionals • Mental health support within schools (ACE testing-adverse childhood experiences)	• Advocacy for integrated healthcare • Mental health funding • Collaboration with other organizations, programs • ACE testing
Lack of Data Driven Decisions	• Collecting and compiling data • Funding and interest • Data bias • Skewed data • Access to information • Transparency • Lack of data sharing • Overlapping research	• Partnership sharing data and collaborations • Control agency to manage data collection • Funding scientific data collection
Built Environment (Quality of Housing, Biking Paths, etc.)	• Old housings • Mold • Lack of "green" area and walk ways • Building codes • Problem with plastics	• Creating sidewalks, walk lanes, bike lanes, parks (more green areas) • Increase access to healthier food and markets • Improve transportation • Ensuring new communities are being designed with built environment in mind • Addressing problems with plastic

Common Themes

Participants identified challenges posed and opportunities created for the forces of change during the facilitated discussion sessions. Several common themes were noted from participants that span across multiple session categories. These themes appeared in more than one session. The list below show the most frequent themes for the forces, challenges, and opportunities identified.

Frequently Cited Forces of Change

- Lack of Coordination between Healthcare Providers
- Lack of Education
- Increased Immigration and Influx of People
- Lack of Affordable Housing

Frequently Cited Challenges

- Lack of Coordination
- Lack of Education
- Lack of Transportation
- Limited Access to Healthcare Services
- Gaps in Services
- Lack of Data Sharing

Frequently Cited Opportunities

- Increase Advocacy for Integrated Healthcare
- Increase Funding
- Increase Mental Health Services
- Increase Data Sharing
- Improve Public Transportation
- Provide Affordable Housing
- Better Coordination Across System
- Educate Communities, Families, and Professionals
- Increase Access to Healthcare Services

Word clouds created by SurveyMonkey

Changes over Time

The last Forces of Change Assessment was performed in 2012. The 2012 and 2018 assessments were completed during community meetings with participation from community stakeholders. Participants identified a variety of trends, factors and events that shape the public health landscape in Miami-Dade County. Using this framework and guided small group discussion, community stakeholders identified forces, challenges and opportunities to improving health in the county. The top forces of change identified in the 2012 and 2018 assessments are shown below.

2012 Assessment Results	2018 Assessment Results
1. Affordable Care Act 2. Shifting Demographics 3. Social Inequities 4. Technological Advances	1. Social/Mental Health 2. Lack of Affordable Housing 3. Opioid Epidemic 4. Gun Violence 5. Data Driven Decisions 6. Lack of Coordination between Healthcare Providers 7. Lack of Fully Integrated Data Sharing System 8. Healthcare Immigration Policy Change

Evaluation – Participant Feedback

At the conclusion of the Community Meeting, participants completed and submitted an evaluation form to provide feedback that would be used to plan future meetings. Participants had the option of completing the evaluation online or via hardcopy. In total, forty-five evaluations were received. The meeting evaluation can be found in Appendix 3.

On a scale from 1-4 with "1" being "Strongly Disagree" and "4" being "Strongly Agree," the meeting series had an overall evaluation score of **3.7**. The average evaluation scores are shown below.

Overall	Average Score
Facilitators encouraged participation and allowed sufficient discussion.	3.8
My opinions were valued during this meeting.	3.8
My interest was engaged throughout the breakout sessions.	3.7
The breakout sessions were well organized.	3.7
The Community Meeting met my expectations.	3.6
Organizations and sectors that play important roles in promoting and improving the health in Miami-Dade County were adequately represented in the meeting.	3.6
I had the opportunity to learn about the public health system.	3.6
There was enough time for me to provide input during the meeting.	3.6
The pace and length of the entire meeting was appropriate.	3.6

"I enjoyed the interactive nature of the Forces of Change Community Meeting. It was fun, well organized and I learned a great deal."

"Excellent opportunity to participate in identifying areas of focus for change and inputting ideas to initiate change."

"There was great representation from all sectors of the community."

"We should have these types of exchanges more frequently."

"Excellent discussions from a diverse and strong group of community members and shapers."

-Participant feedback form, 2018 FCA

Participants reported the structured sessions, open dialogue. preassigned homework, and the use of the sticky walls as the most useful aspects of the process.

Lack of knowledge beforehand of the overall process, time constraints, and length of meeting were cited as the least useful aspects of the process.

Overall, participants reported that the process was comprehensive, inclusive, useful, and well executed.

Participants envisioned the assessment findings to be used in identifying gaps in the community, developing better systems of care, funding priorities, and informing a community data-driven plan with strategies addressing barriers to care.

Next Steps

Community meeting participants were encouraged to become members of the Consortium for a Healthier Miami-Dade in order to continue in partnership and collaboration. The Consortium is the community's initiative involving the organizations and entities that contribute to public health which is tasked with promoting healthy living in Miami-Dade through the support and strengthening of sustainable policies, systems and environments. Membership is free and each of the seven committees focus on a key area of health. More information can be found on the Consortium website at www.healthymiamidade.org.

The Florida Department of Health in Miami-Dade County invites the community to participate in the final two assessments (the Community Themes and Strengths and the Community Health Needs Assessments) of the MAPP process when they are scheduled this year. To learn more about current health improvement planning efforts, please visit the Consortium website.

"Our local public health system's vision is for a unified community health improvement framework supporting multiple stakeholders. The vision incorporates us all working and heading towards the same direction: the entire public health system referencing one Community Health Assessment and one Community Health Improvement Plan."

-Lillian Rivera, RN, MSN, PhD
Florida Department of Health in Miami-Dade County
Administrator/Health Officer

Summary Infographics

Assessment summary results are presented as an infographic which include the key factors affecting health and common themes. The infographic can be found in Appendix 4.

Statement of Recognition

Special thanks to our community partners that contribute to the health and wellbeing of Miami-Dade County. Your partnership and collaboration helps us build stronger relationships to break down barriers and further align efforts.

Coming together is the beginning. Keeping together is progress. Working together is success.

Appendices

Appendix 1: Community Meeting Agenda

Florida Department of Health in Miami-Dade County
Forces of Change Assessment Community Meeting
Thursday, May 10, 2018
United Way Center for Excellence
3250 SW 3rd Ave, Miami, FL 33129

AGENDA

Objectives:

1. Identify trends, factors, and events that are or will be influencing the health and quality of life of the community and the local public health system
2. Identify threats or opportunities generated by key forces
3. Bring partners together on common ground to collaboratively address changes

Topic	Speaker	Room	Time
Registration and Networking		Main Stage	8:30-9:00am
Welcome and Overview	Ann-Karen Weller *Florida Department of Health in Miami-Dade County*	Main Stage	9:00-9:05am
The Changing Public Health Landscape	Dr. Lillian Rivera *Florida Department of Health in Miami-Dade County*	Main Stage	9:10-9:25am
Break			9:30-9:40am
Sessions 1 & 2			9:40-10:40am
1. Social/Economic Forces	Dr. Sarah Messiah *University of Miami*	Main Stage	
2. Legal/Ethical Forces	Nicole Marriott *Health Council of South Florida*	Training Room	
Break			10:40-10:45am
Sessions 3 & 4			10:45-11:55am
3. Political/Technological Forces	Nicole Marriott *Health Council of South Florida*	Training Room	
4. Environmental/Scientific Forces	*Dr. Sarah Messiah University of Miami*	Main Stage	
Evaluations		Main Stage	11:55am
Adjourn		Main Stage	12:00pm

Appendix 2: Pre-Meeting Worksheet

Forces of Change Brainstorming Worksheet

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How to Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

1

Forces of Change Brainstorming Worksheet

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Bring the completed worksheet to the brainstorming session on Thursday, May 10th.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

2

Appendix 3: Meeting Evaluation

EVALUATION FORM

Forces of Change Assessment Community Meeting
Thursday, May 10, 2018

Thank you for participating in the Forces of Change Assessment Community Meeting. Please take a few moments to complete the evaluation. Your input is important.

OVERALL	Strongly Disagree	Disagree	Agree	Strongly Agree
I had the opportunity to learn about the public health system.	1	2	3	4
Facilitators encouraged participation and allowed sufficient discussion.	1	2	3	4
My interest was engaged throughout the breakout sessions.	1	2	3	4
There was enough time for me to provide input during the meeting.	1	2	3	4
My opinions were valued during this meeting.	1	2	3	4
The pace and length of the entire meeting was appropriate.	1	2	3	4
The breakout sessions were well organized.	1	2	3	4
Organizations and sectors that play important roles in promoting and improving the health in Miami-Dade County were adequately represented in the meeting.	1	2	3	4
The Community Meeting met my expectations.	1	2	3	4

Overall, what are your thoughts about the assessment process?

_____

_____

What, if anything, was the most useful aspect of the assessment process?

_____

_____

What, if anything, was the least useful aspect of the assessment process?

_____

_____

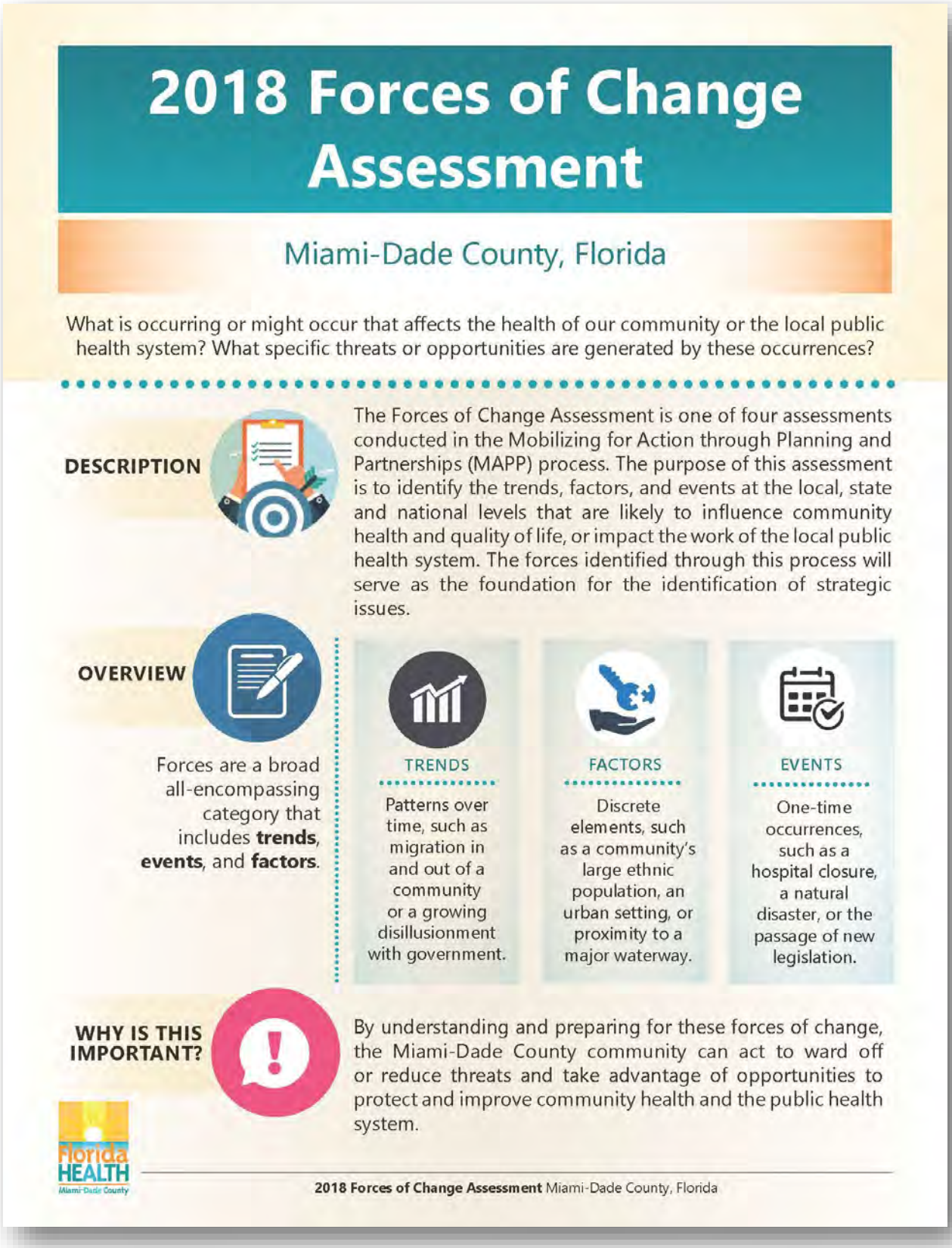
How do you envision the assessment findings being used in the future?

_____

_____

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442 Fax: (305) 278-0441
www.**healthymiamidade**.org

Appendix 4: Forces of Change Assessment Infographic




KEY FACTORS THAT AFFECT HEALTH IN MIAMI-DADE COUNTY
SOCIAL/ MENTAL HEATLH
LACK OF AFFORDABLE HOUSING
OPIOID EPIDEMIC
LACK OF COORDINATION BETWEEN HEALTHCARE PROVIDERS
LACK OF DATA DRIVEN DECISIONS
GUN VIOLENCE
HEALTHCARE IMMIGRATION POLICY CHANGE
LACK OF FULLY INTEGRATED DATA SHARING SYSTEM
COMMON THEMES
Recurring topics of discussion that cross-cut more than one category topic
FORCES
• Lack of Coordination between Healthcare Providers
• Lack of Education
• Increased Immigration and Influx of People
• Lack of Affordable Housing
CHALLENGES
• Lack of Coordination
• Lack of Education
• Lack of Transportation
• Limited Access to Healthcare Services
• Gaps in Services
• Lack of Data Sharing
OPPORTUNITIES
• Increase Advocacy for Integrated Healthcare
• Increase Funding
• Increase Mental Health Services
• Increase Data Sharing
• Improve Public Transportation
• Provide Affordable Housing
• Better Coordination Across System
• Educate Communities, Families, and Professionals
• Increase Access to Healthcare Services
2018 Forces of Change Assessment Miami-Dade County, Florida

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 278-0442
Fax: (305) 278-0441

www.healthymiamidade.org
www.miamidade.floridahealth.gov

Appendix III: The Community Themes and Strengths Assessment Focus Group Report

Prepared by the Health Council of South Florida (HCSF)

HCSF
Health Council of South Florida, Inc.

Table of Contents

INTRODUCTION

In 2018, the Florida Department of Health in Miami-Dade County (FDOH-MD), in partnership with the Health Council of South Florida (HCSF), conducted 14 focus groups to gain insight from Miami-Dade County residents on eight different issues that are important to the well-being of all residents. In conjunction with other assessments by the FDOH-MD, the information gathered from the focus groups will assist in identifying areas of concern that residents face in their communities and allocate needed resources accordingly, which can assist in improving the quality of life for all Miami-Dade County residents. This effort is part of the 2018 Miami-Dade County Community Themes and Strengths Assessment championed by the FDOH-MD.

The use of focus groups as a Community-Based Participatory Research (CBPR) approach in qualitative analysis is widely recommended by experts in the field, as it allows participants to share their knowledge and experience of the community with facilitators, which could subsequently be utilized to support relevant programs or policy development to improve the lives of those involved.[1]

Focus group participants represented 13 clusters in Miami-Dade County (12 neighborhood clusters and one oversampled cluster), which are comprised of zip codes linked according to perceived community identity and geographic contiguity. At times the clusters cross boundaries based on socioeconomic status or population size and were identified in previous assessments of Miami-Dade County.[2] The number of residents who participated in the focus groups ranged from 3 to 16, with the smallest number of participants deriving from Cluster 12 (Aventura/Miami Beach) and the largest number from Cluster 11 (North Miami Beach).

The focus groups were conducted in public library branches or other community-based locations throughout the county with a total of 92 residents participating in the focus group sessions. Gender was the only demographic variable collected with 65.2% of participants being female and 34.8% male. Additional demographic information was not collected from participants in this assessment. The following table depicts each cluster and corresponding community or neighborhood:

Table 1 – Clusters Identified

Clusters	Neighborhoods/Communities
1	South Dade/Homestead
2	Kendall
3	Westchester/West Dade
4	Coral Gables/Kendall
5	Brownsville/Coral Gables/Coconut Grove
6	Coral Gables/Coconut Grove/Key Biscayne
7	Doral/Miami Springs/Sunset

Clusters	Neighborhoods/Communities
8	Miami Shores//Morningshore
9	Hialeah/Miami Lakes
10	Opa-Locka/Miami Gardens/Westview
11	North Miami
11	North Miami Beach
12	Aventura/Miami Beach
13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown

[1] Minkler M., Blackwell A.G., Thompson M., Tamir H. Community-based participatory research: implications for public health funding. Am J Public Health [Internet]. 2003 [cited 2018 Nov 22]; 93(8): 1210-1213. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447939/

[2] Professional Research Consultants. Miami-Dade County Community Health Needs Assessment Household Survey Report. Miami: PRC; 2013.

A previous demographic analysis of the 13 clusters in Miami-Dade County by the HCSF team revealed the following salient points:

- Age[3]
    - The highest percentage of children under 5 is found in Cluster 1 (South Dade/Homestead) with 8.0% compared to the smallest percentage found in Cluster 3 (Westchester/West Dade) with 4.3%
    - The highest percentage of residents between 6 and 19 years of age is found in Cluster 1 (South Dade/Homestead) with 23.9% compared to lowest percentage, which is found in Cluster 8 (Miami Shores/Morningshore) with 11.6%
    - The distribution of residents between 20 and 34 years of age is evenly distributed across all clusters with Cluster 8 (Miami Shores/Morningshore) accounting for the greatest percentage with close to 28.0%
    - Compared to other age groups, residents between the ages of 35 and 64 are distributed disproportionately across all clusters with Cluster 8 (Miami Shores/Morningshore) representing the highest percentage (43.5%), while Cluster 1 (South Dade/Homestead) accounted for the lowest percentage with 36.7%
- The highest percentage of adults 65 years old and older reside in Cluster 12 (Aventura/Miami Beach) with 20.5%, while Cluster 1 (South Dade/Homestead) comprises the lowest percentage of residents under this age category with 9.0%.
- Except for Cluster 11 (North Miami/North Miami Beach), Cluster 12 (Aventura/Miami Beach), and Cluster 13 (Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown), White residents account for the greatest percentage of the population in all remaining clusters[4]
- Cluster 8 (Miami Shores/Morningshore), Cluster 10 (Opa-Locka/Miami Gardens/Westview), Cluster 11 (North Miami/North Miami Beach), Cluster 12 (Aventura/Miami Beach), and Cluster 13 (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) have larger populations of Non-Hispanic residents than Hispanic residents[5]
- Cluster 13 (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) represents the greatest percentage of children living below the Federal Poverty Level[6]
- Gender distribution is similar across most clusters, with a slightly larger percentage of female residents compared to male residents. However, there is a larger proportion of males in South Dade/Homestead (Cluster 1), Miami Shores/Morningshore (Cluster 8), and Aventura/Miami Beach (Cluster 12).[7]

[3] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[4] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[5] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[6] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[7] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

METHODOLOGY

The focus group questions were designed by the FDOH-MD and the HCSF and consisted of the following eight topics: length of time living in Miami-Dade County, size of residents' home to accommodate their families; racial diversity in residents' neighborhoods/communities; availability and accessibility of healthy food options, safety, health service utilization; and residents' perspectives on how the community could be improved.

Participants were recruited voluntarily until the target sample size (a minimum of 3 per focus group) was reached. Each focus group session was recorded for transcription purposes, and any identifying information, such as participants' name, was not recorded. Prior to the commencement of the focus group sessions, participants were informed about the purpose of the assessment and they were given instructions on the process involved in obtaining their feedback to the pre-selected questions. Participants were not compensated for their time.

The analysis of all qualitative data gathered during the focus group sessions was carried out in NVIVO 12 Plus Pro software, a tool designed to identify social themes that emerge from key-informant or face-to-face interviews as well as from focus group sessions.

Qualitative researchers have warned about the utilization of numbers or percentages when analyzing qualitative data, as this approach may overestimate participants' responses (same person responding two or three times).[8] As such, in instances in which participants' responses could not be placed in a binary category (i.e. "Yes" or "No" response), percentages have not been calculated. However, in instances in which responses could be placed in a binary category, two different approaches were employed: first, percentages have been calculated based on number of responses out of the total number of participants per cluster and, secondly, percentages based on the number of responses out of total participants who provided a response.

It is important to note that in a few instances, participants responses were unintelligible in the transcription of the recordings, which are the result of participants speaking over one another or speaking in a very low voice.

ICEBREAKER ACTIVITY

The focus group sessions started with an icebreaker activity in which participants were asked to draw their ideal community and to identify in their drawings five community features along with an explanation of why they chose the top five features. The facilitator explained that features could include hospitals, parks, schools, among other features which participants felt were important to them and their families to design their ideal community.

Due to the vast amount of content provided by participants, the information has been summarized by highlighting the top five themes or features selected by participants during this discussion. It is noteworthy that a common theme that arose across all clusters was that all features drawn or identified by participants were located within walking distance from their homes. As such, proximity and accessibility to these features were drivers for the design of participants' ideal community. Additionally, even though some participants selected hospitals and/or health centers as well as churches as community features, they did not surface as a theme. The subsequent discussion expands on the top five features

[8] Krueger, RA. Focus group, a practical guide for applied research. SAGE Publications, CA; 2009

selected by participants from all clusters which included: grocery stores, shopping centers, schools, police stations/departments, parks or accessibility to parks, and community centers (out of the total number of features selected, three ranked as top four, as such six features were included in the analysis and discussion). The following table summarizes the top features identified by participants:

Table 2 – Top Features Identified during the Icebreaker Activity

Top Features Identified	Quotes from Participants	Participant's Cluster (Community)
Grocery Stores	"The most important things for me in a community would be grocery stores and restaurants that focus on healthy eating because I'm terrible at it"	Cluster 7 (Doral/Miami Springs/Sunset)
Shopping Centers/Malls	"...sooner or later I was going to draw a shopping center for entertainment."	Cluster 3 (Westchester/West Dade)
Schools	"... I put like slash a magnet school because I feel like, umm, like when you put like focus on the like, like certain interests and make school a lot better and it can create a lot of different types of things that I guess kids really want to cultivate but can't".	Cluster 7 (Doral/Miami Springs/Sunset)
Police Stations/Departments	"...a police station for safety and then a tight community as well that's surrounded by homes".	Cluster 8 (Miami Shores/Morningshore)
Parks	"... then add trails, lakes and rivers, peaceful parks".	Cluster 10 (Opa-Locka/Miami Gardens/Westview)
Community Centers	"...also over here you could have like the basketball court or volleyball and a community center where everybody can come together to talk about, uh, what's going on…"	Cluster 13 (Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown)

Across all clusters, participants were aware of the importance of eating healthy and the connection between a poor diet and the prevalence of chronic conditions. Based on participants' design of their ideal community, accessibility to grocery stores in their neighborhoods was the top feature selected. Participants gave examples, which included accessibility to Publix, Whole Foods, and Presidente supermarkets.

The second feature identified by participants were shopping centers or malls. For instance, one participant from Cluster 1 (South Dade/Homestead) indicated that shopping centers were places for people to "get away and shop a little sometimes" or for entertainment purposes. The inclusion of schools in participants' drawings was the third top feature identified, and participants shared different reasons as to why this feature was included. Some participants expressed that the inclusion of a Magnet school, which provides specialized programs or curricula, would allow children to have the opportunity to succeed as these resources become accessible. Other participants discussed the importance to maintain safe schools in the community for teachers and students and gave examples of the recent school shootings in South Florida.

As mentioned previously, three features tied for the 4th ranked feature identified by participants and included: police stations or police departments, accessibility to parks, and community centers (i.e. the three features received the same number of references by participants). According to participants, the availability and "presence" of a police station or a police department adds a sense of safety that, in many instances, is lacking in the neighborhood. With respect to the accessibility to parks, several adjectives

were utilized by participants to describe their ideal parks such as clean, peaceful, large, numerous, and walkable. Additionally, one participant shared that his or her ideal park would be a place where kids could go, and in which different activities would be available to them during the summer.

Lastly, participants cited that community centers would be an important component of the ideal community in that it would be a place that provides diverse physical activities for kids and adults, a place "where everybody can come together" to discuss the issues that the community faces, and a place to access resources.

Other features that did not rank among the top five but are important to mention included paved roads, affordable housing for large families, "green communities" that focus on sustainability, recycling, diverse communities, walkable trails, rehabilitation centers for seniors and veterans, and medical centers.

Please refer to the Word Cloud representation below which mirrors the features identified during the analysis of the icebreaker activity.

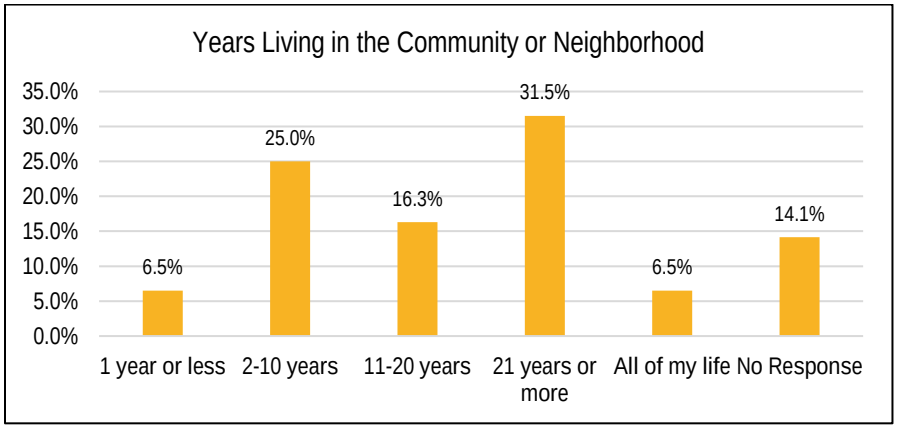
Word Cloud Figure **– Participants' Ideal** Community (Icebreaker Activity)

FOCUS GROUP QUESTIONS

Question 1: How many years have you lived in this community/neighborhood?

The amount of time that participants lived in their communities varied across all clusters, based on selected categories provided during the focus group sessions (one year or less, between 2 and 10 years, 11 and 20 years, 21 years or more, "All My Life"). Overall, more participants lived in their communities or neighborhoods for 21 years or more than any other category provided, which represents close to 32.0% of total participants (all clusters). This was followed by participants who reported that they have lived in their communities between 2 and 10 years (25.0%). Please refer to the Chart 1. It is noteworthy that 13 out of the total number of participants (92) or 14.1% did not share their responses to this question.

Chart 1 – Overall Responses (All Clusters) to Question 1: How many years have you lived in the community/neighborhood?



More specifically, out of the total number of participants who shared their responses to this question, residents of Cluster 11 (North Miami Beach) accounted for the greatest proportion of participants who have lived in the communities for 21 years or more with 38.0% of the total responses and constitute 68.8% of the number of residents from this cluster who participated in the focus group session (please refer to Table 3). This finding could signify more residential stability among participants of Cluster 11 (North Miami Beach), compared to other cluster groups that participated in the focus group sessions.

When the second largest category was analyzed further (residents who have lived in their communities or neighborhoods between 2 and 10 years), it is noteworthy that all participants residing in Cluster 1 (South Dade/Homestead) have lived in their communities between 2 and 10 years and constitute the largest proportion of respondents (21.7%) from all clusters who indicated that they have lived in the communities or neighborhoods during this time frame.

Table 3 – Responses to Question 1: How many years have you lived in this community/neighborhood?

	1 year or less		2-10 years		11-20 years		>21		All My Life		No Response		Total Participants
*Clusters**	n	%	n	%	n	%	n	%	n	%	n	%	
1	0	0.0%	5	21.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5
2	0	0.0%	2	8.7%	0	0.0%	3	10.3%	0	0.0%	0	0.0%	5
3	2	33.3%	0	0.0%	1	6.7%	0	0.0%	1	16.7%	0	0.0%	4
4	0	0.0%	3	13.0%	0	0.0%	1	3.4%	1	16.7%	1	7.7%	6
5	0	0.0%	1	4.3%	1	6.7%	3	10.3%	0	0.0%	0	0.0%	5
6	1	16.7%	0	0.0%	2	13.3%	0	0.0%	0	0.0%	0	0.0%	3
7	0	0.0%	1	4.3%	1	6.7%	3	10.3%	0	0.0%	1	7.7%	6
8	1	16.7%	0	0.0%	1	6.7%	4	13.8%	0	0.0%	0	0.0%	6
9	0	0.0%	1	4.3%	1	6.7%	1	3.4%	0	0.0%	1	7.7%	4
10	0	0.0%	3	13.0%	1	6.7%	0	0.0%	1	16.7%	0	0.0%	5
11[a]	0	0.0%	3	13.0%	4	26.7%	1	3.4%	0	0.0%	6	46.2%	14
11[b]	0	0.0%	2	8.7%	1	6.7%	11	37.9%	0	0.0%	2	15.4%	16
12	2	33.3%	0	0.0%	1	6.7%	0	0.0%	1	16.7%	2	15.4%	6
13	0	0.0%	2	8.7%	1	6.7%	2	6.9%	2	33.3%	0	0.0%	7
Total	6	100.0%	23	100.0%	15	100.0%	29	100.0%	6	100.0%	13	100.0%	92

[a] North Miami (Part 2 of Cluster 11); [b] North Miami Beach

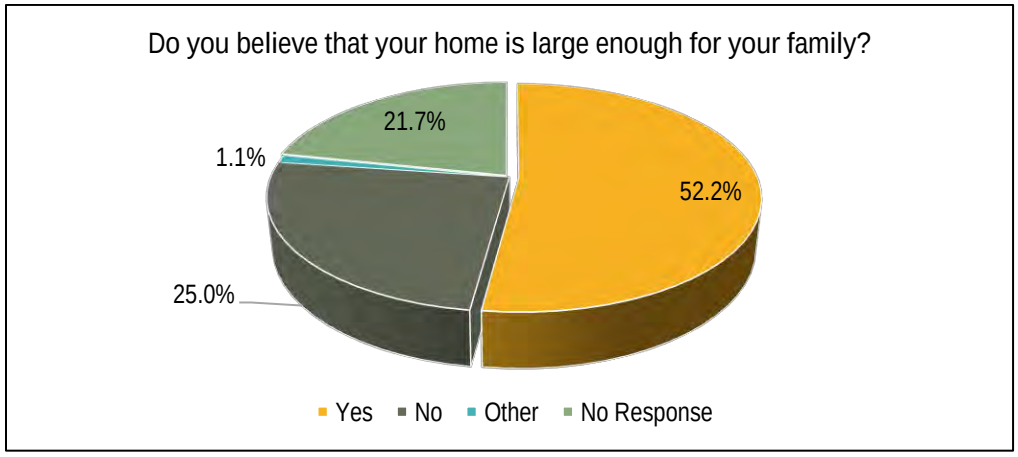
*Due to limited space on this table, neighborhood or city names have not been included. Please refer to the Introduction section of this report for additional information

Question 2: Do you believe that your home is large enough for your family?

When responses from all clusters were analyzed, a sizable percentage of participants shared that their homes were large enough to accommodate their families, however, they could use additional space or "extra room" such as a family room, backyard, parking space, and more storage room. Although it did not surface as a theme, participants from Cluster 11 (North Miami Beach) felt that their homes were too big; however, they did not move or sell their homes because their children, who are now married and have children of their own, always come back to visit them. This could indicate that participants from Cluster 11 (North Miami Beach) are older than participants from other clusters, in which the confounding factor, age, may have determined how participants responded to this question (i.e. A young family would prefer a bigger home to accommodate the children).

Chart 2 details the analysis of participants' responses to Question 2. It was observed that 52.2% of all participants (48 out of 92) believe that their homes are large enough for their families, while 25.0% did not feel this way. A substantial percentage of participants (20 out of 92 participants or 22.0%) did not shared their responses to this question or their responses were not recorded (please refer to Chart 2).

Chart 2 **– Size of the Home to Accommodate Participants' Families (All Clusters)**



As mentioned above, close to 22.0% of participants from all clusters did not share their responses when asked about the size of their homes to accommodate their families, and as this figure is disaggregated by cluster the greatest proportion of "No Response" derives from North Miami (Cluster 11, Part 2) and North Miami Beach (Cluster 11), with 40.0% and 35.0%, respectively.

Furthermore, participants residing in Cluster 4 (Coral Gables/Kendall) who provided a response to this question accounted for the greatest proportion of respondents from all clusters who felt that their homes are not large enough for their families (17.4%) and comprise 66.4% of the total number of Cluster 4 participants (i.e. 4 out 6 participants). Table 4 provides additional details by cluster and response rate. By contrast, all participants from Cluster 6 (Coral Gables/Coconut Grove/Key Biscayne) and Cluster 7 (Doral/Miami Springs/Sunset) believed that their homes were large enough for their families.

Table 4 – Responses to Question 2: Do you believe your home is large enough for your family?

Clusters	Communities	Yes		No		Other		No Response		Total Participants
		n	%	n	%	n	%	n	%	
1	South Dade/Homestead	2	4.2%	3	13.0%	0	0.0%	0	0.0%	5
2	Kendall	4	8.3%	1	4.3%	0	0.0%	0	0.0%	5
3	Westchester/West Dade	3	6.3%	0	0.0%	1	100.0%	0	0.0%	4
4	Coral Gables/Kendall	1	2.1%	4	17.4%	0	0.0%	1	5.0%	6
5	Brownsville/Coral Gables/Coconut Grove	4	8.3%	1	4.3%	0	0.0%	0	0.0%	5
6	Coral Gables/Coconut Grove/Key Biscayne	3	6.3%	0	0.0%	0	0.0%	0	0.0%	3
7	Doral/Miami Springs/Sunset	6	12.5%	0	0.0%	0	0.0%	0	0.0%	6
8	Miami Shores//Morningshore	4	8.3%	1	4.3%	0	0.0%	1	5.0%	6
9	Hialeah/Miami Lakes	3	6.3%	1	4.3%	0	0.0%	0	0.0%	4
10	Opa-Locka/Miami Gardens/Westview	2	4.2%	3	13.0%	0	0.0%	0	0.0%	5
11[a]	North Miami	3	6.3%	3	13.0%	0	0.0%	8	40.0%	14
11[b]	North Miami Beach	7	14.6%	2	8.7%	0	0.0%	7	35.0%	16
12	Aventura/Miami Beach	1	2.1%	2	8.7%	0	0.0%	3	15.0%	6
13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown	5	10.4%	2	8.7%	0	0.0%	0	0.0%	7
Total		48	100.0%	23	100.0%	1	100.0%	20	100.0%	92

[a] North Miami (Part 2 of Cluster 11)
[b] North Miami Beach

It is important to note that when participants were asked about the size of the homes to accommodate their families, the information provided was substantially less in content compared to other responses provided during the focus group sessions. This finding is reflected in the word frequency analysis illustrated below.

Word Cloud Figure – **Adequate Size of Participants' Home (Question 2)**

Question 3: Do you believe your community/neighborhood to be racially diverse?

When asked about whether participants believe their community or neighborhood to be racially diverse, responses varied across all clusters from as low as 20.0% of participants (e.g., 1 out of 5 in Cluster 1) who answered "Yes" to as high as 100.0% of participants (e.g., all participants in Cluster 3) who also responded affirmatively to the question (please refer to the Table 5). It is important to highlight that most of the participants from Cluster 7 (5 out of 6 participants or 83.3%) did not believe their neighborhood to be racially diverse followed by Cluster 1 and Cluster 10 (4 out 5 participants or 80% each) as the second highest percentage of participants among all clusters who answered negatively to this question.

Table 5 – Responses to Question 3: Do you believe your community to be racially diverse?

		Yes		No		Other		No Response		Total Participants
Clusters	Communities	n	%	n	%	n	%	n	%	n
1	South Dade/Homestead	1	1.7%	4	14.8%	0	0.0%	0	0.0%	5
2	Kendall	2	3.3%	3	11.1%	0	0.0%	0	0.0%	5
3	Westchester/West Dade	4	6.7%	0	0.0%	0	0.0%	0	0.0%	4
4	Coral Gables/Kendall	5	8.3%	1	3.7%	0	0.0%	0	0.0%	6
5	Brownsville/Coral Gables/Coconut Grove	2	3.3%	2	7.4%	1	33.3%*	0	0.0%	5
6	Coral Gables/Coconut Grove/Key Biscayne	2	3.3%	1	3.7%	0	0.0%	0	0.0%	3
7	Doral/Miami Springs/Sunset	1	1.7%	5	18.5%	0	0.0%	0	0.0%	6
8	Miami Shores//Morningshore	2	3.3%	3	11.1%	1	33.3%*	0	0.0%	6
9	Hialeah/Miami Lakes	2	3.3%	2	7.4%	0	0.0%	0	0.0%	4
10	Opa-Locka/Miami Gardens/Westview	1	1.7%	4	14.8%	0	0.0%	0	0.0%	5
11[a]	North Miami	14	23.3%	0	0.0%	0	0.0%	0	0.0%	14
11[b]	North Miami Beach	16	26.7%	0	0.0%	0	0.0%	0	0.0%	16
12	Aventura/Miami Beach	3	5.0%	1	3.7%	0	0.0%	2	100.0%	6
13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown	5	8.3%	1	3.7%	1	33.3%	0	0.0%	7
Total		60	100.0%	27	100.0%	3	100.0%	2	100.0%	92

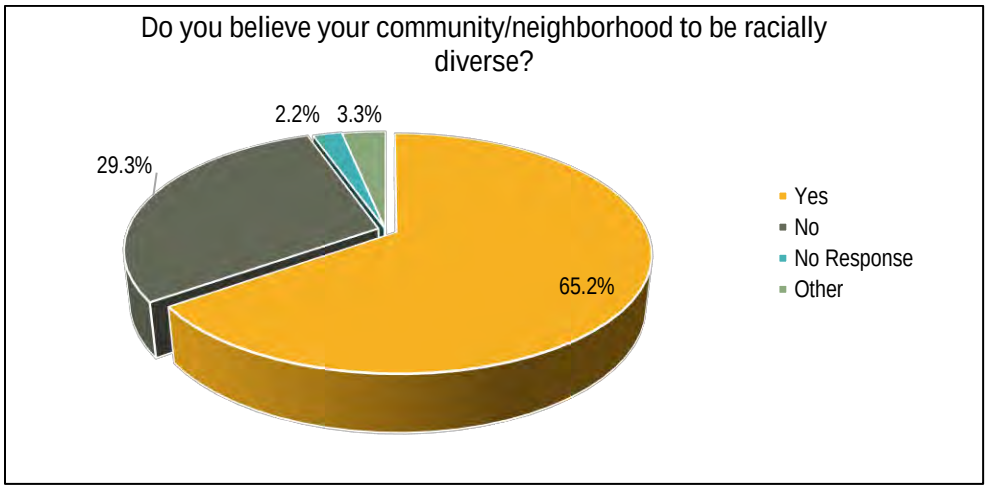
[a] North Miami

[b] North Miami Beach

*Please note that this percentage represents 1 out 3 participants (overall) who provided an answer other than "Yes" or "No", and it constitutes a small proportion of residents that participated in the focus group sessions. Please be cautious when interpreting this statistic.

Overall, 65.2% of participants (60 out of 92 participants) believed their neighborhood to be racially diverse, compared to 29.3% who felt that their neighborhood was not racially diverse (27 out of 92 total participants). Approximately, 2.0% of participants did not provide any feedback to the question, while 3.0% provided a response other than "Yes" and "No". Please refer to the Chart 3.

Chart 3 **– Racial Diversity in Participants' Neighborhoods** (All Clusters)



As the discussion of racial diversity expanded, some participants shared that in order to answer whether racial diversity exists in their respective neighborhoods, diversity would need to be defined, as people's perspective of diversity is subjective. Participants posed the question: how many ethnic groups would need to be present in a neighborhood to be considered a racially diverse community? One participant stated that diversity is like beauty, "it is in the eye of the beholder."

It is noteworthy that there were different points of view across and within clusters regarding the acceptance of residents of a different race and ethnic background. For instance, some participants of Aventura/Miami Beach (Cluster 12) and Coral Gables/Kendall (Cluster 4) indicated that residents are reluctant to have a "harmonious relationship" with neighbors of a different race and ethnicity as well as with those of the same background. In this instance, the word "hate" was employed to describe some of the tension experienced in these neighborhoods regardless of ethnic or racial identity. Furthermore, participants of North Miami Beach (Cluster 11), expressed that acceptance of people of different racial and ethnic backgrounds was not the issue, but the unwillingness of foreign residents to learn the English language, which could "alleviate" communication problems on basic issues such as those associated with health (e.g., communication with physician or nurse).

By contrast, participants from Doral/Miami Springs/Sunset (Cluster 7) and Aventura/Miami Beach (Cluster 12), shared that they not only embrace people of other cultures but also appreciate a racially diverse society, which teaches children to play with one another regardless of racial or ethnic identification. One participant stated that racial and ethnic diversity brings new ideas to the community and creates "bondage" in society.

The Word Cloud representation illustrates the words commonly employed by participants when asked about racial diversity in their neighborhoods/communities.

Word Cloud Figure – Racial Diversity (Question 3)

Question 4: What are some things you like about our neighborhood?

Most of the participants expressed their high level of satisfaction with their neighborhoods and provided insightful information regarding the features they feel make their neighborhoods or communities great places to live. However, it is also important to note that other participants shared their discontent with their neighborhoods and the discussion at times deviated from the question originally posed. This, concurrently, creates an opportunity to revisit their concerns on future assessments of the community. Table 6 summarizes participants' responses which have been organized into theme categories.

Table 6 – Features, Concepts, Programs and Neighborhood Descriptions Identified by Participants

Theme Categories	Features
Accessibility & Proximity to the Built Environment & Nature	Available transportation (e.g., mini bus)
	Bus stop
	Church
	Fire Department
	Flea markets
	Grocery stores
	Gym
	Hospitals
	Major highways
	Metro stations
	Nature
	Parks
	Police Departments
	Restaurants
	Wide sidewalks
	Shopping centers
	Water

Table 6 (Continued)

Theme Categories	Essential Concepts
A sense of Community	"Church community"
	"Contained" or close community
Activities for Children	Available Programs
	Community centers
	Library activities
	Special programs
Neighborhood	Description of Communities
	Clean
	Friendly
	Peaceful
	Quiet
	Safe

When all features or "things" that participants value in their neighborhoods were analyzed, the top theme that emerged across all clusters was accessibility and proximity to the features present in the built environment or in nature (please refer to Table 6). In other words, whether participants mentioned grocery stores, bus stations, and/or parks as their top features, they placed value on the proximity and accessibility of these features to their homes. This was the consensus for participants from all clusters. According to participants residing in North Miami (Cluster 11 Part 2), North Miami Beach (Cluster 11), and Hialeah/Miami Lakes (Cluster 9) being close to the bus stop as well as to a hospital were essential components that made their neighborhoods great places to live. For instance, one participant from Cluster 11 Part 2 (North Miami) shared the following: "I live in Skylight on Miami Gardens Drive and for me I can walk out the door and take four or five different buses, shopping is right across the street".

The subsequent three categories included on Table 6 illustrate concepts (e.g., "church community"), available programs (e.g., summer school activities for children), and a description of participants' neighborhoods (e.g., quiet) for which participants place value on.

Several participants shared that being part of a community generates a sense of peacefulness, harmony, and trust among community neighbors, in which everyone looks after one another. One participant described the community as a "church community", while others described it as a "contained or closed community" characterized by friendly neighbors and a quiet and safe neighborhood (please refer to Table 7 for notable mentions by participants). These are qualities that participants value in their communities.

Additionally, participants placed value on school and reading programs tailored for children, which are accessible in the library and community centers, especially when summer programs are no longer available (please refer to Table 7 for participants notable mentions). Participants from Cluster 3 (Westchester/West Dade) and Cluster 4 (Coral Gables/Kendall) felt strongly that the presence of these programs were important features in their neighborhoods.

Lastly, participants utilized the several adjectives to describe their neighborhoods such as friendly, peaceful, quiet and safe. One participant from Cluster 11 Part 2 (North Miami) explained that being surrounded by friendly neighbors make him or her feel safe when walking at night.

Table 7 **– Participants' Notable Mentions According to the Theme Categories Identified**

Theme categories	Quotes from Participants	Participant's Cluster (Community)
Accessibility & Proximity to the Built Environment & Nature		
Fire Department	"Everything is accessible, we have the church, to a restaurant, a fast food and police station, fire station".	Cluster 11 Part 2 (North Miami)
Metro Stations	"I can walk to the metro station and that's important for me".	Cluster 8 (Miami Shores/Morningshore)
A Sense of Community		
Contained or close community	"...very peaceful, very quiet and I never had like nothing big has ever happen before, so pretty contained community".	Cluster 3 (Westchester/West Dade)
Church community	"If it wasn't for my church community, I think I would have left already".	Cluster 2 (Kendall)
Activities for Children		
Community center	"...it's the community center, cause it's a lot of kids in this community, so it should be able to help them out and it seems like it's going in great directions as far as with the children, cause there is no more summer school and they need something to do during the summer".	Cluster 4 (Coral Gables/Kendall)
Library activities	"I'm more grateful for the library because they open up opportunities for the kids to do something during the summer as far as the reading program and everything".	Cluster 4 (Coral Gables/Kendall)
Neighborhood		
Safe	"I love my neighborhood. My neighborhood is a pretty safe neighborhood".	Cluster 7 (Doral/Miami Springs/Sunset)
Quiet & peaceful	"...that's very quiet, peaceful, and I love my neighborhood I want to be honest, like I love it, I love it, because also I like that there are a lot of school programs for kids".	Cluster 3 (Westchester/West Dade)

As observed in the Word Cloud representation and the previous discussion, participants placed value on being part of a community as well as other features in their neighborhoods, such as proximity to bus stations, supermarkets, shopping centers, among others.

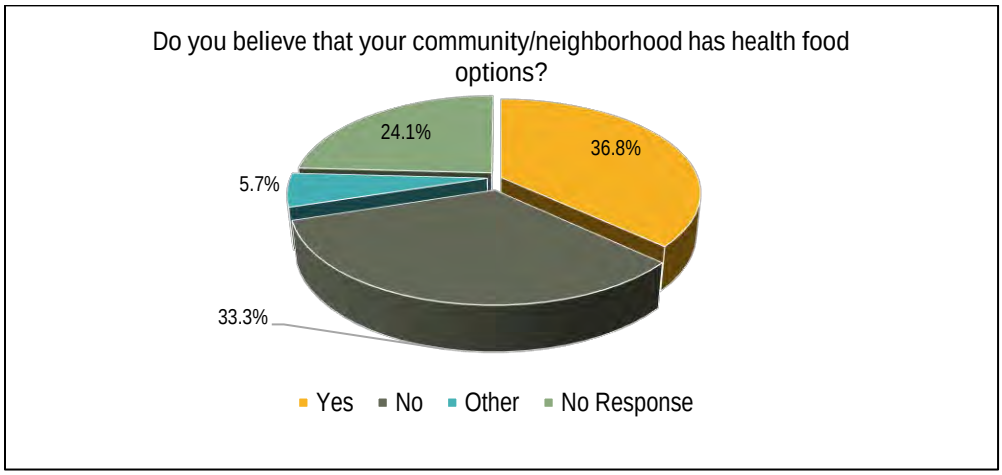
Word Cloud Figure – Features, Concepts, and Qualities that Participants Value in their Neighborhoods (Question 4)

Question 5: Do you believe that your community/neighborhood has healthy food options?

Based on information shared by participants, accessibility of healthy food options in all clusters vary to a certain degree; however, all clusters shared common themes or topics that emerged during the focus group sessions. The definition of "healthy" was regarded as subjective by several respondents, and it was reinforced by participants' individual responses to this question. One respondent, for instance, stated that "what's healthy for one person is not healthy for somebody else". In addition, in several instances throughout the analysis, the phrase "healthy food options" and the word "variety" were employed interchangeably, which implied that participants felt that access to different types of ethnic food options would equate to access to healthy food options.

Approximately 37.0% of participants stated that they have access to healthy food options in their communities/neighborhoods compared to 33.3% who do not access to healthy food options (please refer to Chart 4). As it has been observed throughout the analysis of the focus group questions, a great percentage of participants (24.1% or 21 participants) did not shared their responses to this question. This substantial statistic could be attributed to a recording error of the focus group session as noted earlier in this report caused by participants speaking in a low tone or by participants speaking over one another. Additionally, nearly 6.0% of respondents provided additional context to this close-ended question.

Chart 4 – Accessibility of Healthy Food Options (All Clusters) Overall Responses (All Clusters)



Participants from Cluster 11 (North Miami Beach), accounted for the greatest proportion of respondents who do not have access to healthy food options (34.5%) and constitute 62.5% (10 out of 16) of the total number of participants from this cluster (please refer to the Table 8). By contrast, participants from North Miami (Cluster 11, Part 2) accounted for the greatest proportion of respondents (7 out of 32) who indicated that their neighborhood has healthy food options (21.9%) and represent half of the participants from this cluster (7 out of 14).

Table 8 - Responses to Question 5: Do you believe that your community/neighborhood has healthy food options?

Clusters	Communities	Yes		No		Other		No Response		Total Participants
		n	%	n	%	n	%	n	%	
1	South Dade/Homestead	Data Not Available								
2	Kendall	3	9.4%	1	3.4%	1	20.0%	0	0.0%	5
3	Westchester/West Dade	1	3.1%	2	6.9%	0	0.0%	1	4.8%	4
4	Coral Gables/Kendall	2	6.3%	0	0.0%	0	0.0%	4	19.0%	6
5	Brownsville/Coral Gables/Coconut Grove	2	6.3%	2	6.9%	1	20.0%	0	0.0%	5
6	Coral Gables/Coconut Grove/Key Biscayne	1	3.1%	1	3.4%	0	0.0%	1	4.8%	3
7	Doral/Miami Springs/Sunset	2	6.3%	2	6.9%	2	40.0%*	0	0.0%	6
8	Miami Shores//Morningshore	5	15.6%	0	0.0%	0	0.0%	1	4.8%	6
9	Hialeah/Miami Lakes	4	12.5%	0	0.0%	0	0.0%	0	0.0%	4
10	Opa-Locka/Miami Gardens/Westview	1	3.1%	3	10.3%	1	20.0%	0	0.0%	5
11	North Miami[a]	7	21.9%	1	3.4%	0	0.0%	6	28.6%	14
11	North Miami Beach[b]	1	3.1%	10	34.5%	0	0.0%	5	23.8%	16
12	Aventura/Miami Beach	2	6.3%	1	3.4%	0	0.0%	3	14.3%	6
13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown	1	3.1%	6	20.7%	0	0.0%	0	0.0%	7
Total		32	100.0%	29	100.0%	5	100.0%	21	100.0%	87[c]

[a] North Miami (Part 2 of Cluster 11)

[b] North Miami Beach

[c] Totals from each column do not equal to 92, as data from Cluster 1 was missing

*Please note that this percentage represents 2 out 5 participants (overall) who provided an answer other than "Yes" or "No", and it constitutes a small proportion of residents that participated in the focus group sessions. Please be cautious when interpreting this statistic.

As mentioned previously, 6.0% of respondents, from all clusters, provided additional information to this question which added context to availability of healthy food options. Two of the themes that emerged are linked to the residents' socioeconomic status: affordability and transportation. The high cost of healthy food options was perceived as an obstacle for participants to receive a healthy nutrition as well as lack of transportation to get to the establishments that provide healthy foods (e.g., Publix, Whole Foods) that in most cases, were distant from participants' neighborhoods. The availability of corner stores, fast food restaurants, and "dollar menus", which do not generally offer healthy food options, was a concern voiced by participants that impede participants ability to maintain a healthy diet.

Several participants provided suggestions that would allow residents in their neighborhoods access to healthy food options, such as community gardens and farmers markets.

The following figure or Word Cloud illustrates the most commonly used words by participants when asked about availability and accessibility of healthy food options. These words correlate with themes identified above.

Word Cloud Figure **– Availability of Healthy Food Options in Participants' Neighborhoods** (Question 5)

Question 6: Do you feel safe walking in your neighborhood no matter what time it is (streets well dept, lighting, mobility, grass cut, no litter, no needles, etc.)?

Across all clusters, participants were very vocal during the focus group sessions regarding the safety of their neighborhoods and provided valuable context to this close-ended question. Please note that the inclusion of a frequency table of participants' responses to this question (i.e. "Yes" or "No" answer), would not be an accurate representation of their views regarding the safety of their neighborhoods as their answers could not be placed in a "yes" or "no" binary category. As such, a frequency table, in this instance, has not been included.

Overall, most of the participants from each cluster felt that they were safe walking in their neighborhoods regardless of the time; however, a number of participants also felt that they were not safe. It is important to highlight that a small number of participants felt that they were safe in the daytime but not at night and refrained from walking during this time.

There were several themes that emerged as question 6 was posed to participants from all clusters during the focus group sessions, mainly among participants who did not feel safe walking in their neighborhoods regardless of the time of the day, but especially at night. Participants from Cluster 2 (Kendall), Cluster 4 (Coral Gables/Kendall), and Cluster 10 (Opa-Locka/Miami Gardens/Westview) voiced their concern about drug and alcohol abuse as well as the presence of drug dealers in their neighborhoods, which, according to participants, occurs at night. As a result, participants feel hesitant to walk at night.

In addition, participants maintained opposing views regarding the presence of the police that would help them develop a sense of safety in their neighborhoods. Participants from Cluster 11 (North Miami Beach) and one participant from Cluster 12 (Aventura/Miami Beach) presented the following points of views to account for the lack of police patrolling in their neighborhoods: firstly, budget cuts observed in recent years in which several police officers lost their jobs; and secondly, police officers seen as "greedy" which has resulted in a low retention rate. One participant stated, "they want to get paid like doctors". By contrast, participants in Cluster 8 (Miami Shores/Morningshore), Cluster 9 (Hialeah), and Cluster 12 (Aventura/Miami Beach) felt content with the police presence in their neighborhoods, as one participant shared: "...there was always a constant police and public safety presence... They are on the streets any time of day doesn't matter".

Participants also felt that the built environment, such as the absence of sidewalks and adequate lighting on the streets, as well as drivers who do not respect the rules of traffic (e.g., not yielding to pedestrians), are factors that hinders residents from walking in their neighborhoods especially at night.

It is important to mention that one participant, who identifies as an advocate to increase police patrolling in residents' neighborhoods, provided the following recommendations: promote the recruiting and retention of police officers by providing bonuses as well as "putting money back to the police department".

To conclude, a small number of participants from Cluster 3 (Westchester/Kendall) associated poor sanitation to a safety issue and described their neighborhood as full of debris caused by Hurricane Irma; in which debris has not been cleaned by the city for months. Participants added that this could result in an epidemic and they cited asthma as one of the chronic conditions that residents could develop by being exposed to poor sanitary conditions.

The following Word Cloud below summarizes the most commonly used words by participants and complements the themes that were identified in this section of the analysis.

Word Cloud Figure **– Safety in Participants' Neighborhoods** (Question 6)

Question 7: Do you utilize services provided by Federally Qualified Health Centers (FQHCs), the Department of Health, and/or private clinics found in your neighborhood?

Throughout this report, participants' views on the issues discussed during the focus group sessions varied among all clusters, but there were common themes that emerged during these discussions. When asked about whether participants utilize services provided by Federally Qualified Health Centers (FQHCs), the Department of Health (DOH), and/or private clinics in their neighborhoods, responses ranged from simply "Yes" or "No" to context that added value to the discussion of the issues, obstacles, and strengths perceived by participants pertinent to their neighborhoods. Due to the great variation of participants' responses observed in all clusters, a frequency table has not been included as the aggregation of all responses could not be placed in a binary category. However, among participants in which a binary category could be determined (62 out of 92 participants), the majority do not utilize health services provided by FQHCs, DOH, and/or private clinics located in their neighborhoods.

Among the themes that emerged, the discontent or dissatisfaction with their local free health clinics was voiced by participants. Participants cited personal experiences, which included a long wait to be seen by a nurse or physician, not being given a guarantee that they would be seen or treated on the day they visited the clinic, limited access to free services, and the impersonal communication and treatment by the staff. As such, utilization of local health clinics, whether categorize as FQHCs or as a part of the DOH, is low or infrequent among residents who participated in the focus group sessions. In several instances during the discussion of this topic, participants shared that they would prefer to pay for services they would otherwise receive for free than to utilize their local free clinics. Most of the participants utilize the following health systems or programs accessible in Miami-Dade County: Jackson Memorial Hospital, Mercy Hospital clinics, urgent care clinics, private clinics, and/or primary care physician clinics.

One of the obstacles that was shared by a young parent from Cluster 2 (Kendall) was that even though his or her children receive federal assistance coverage, he or she does not qualify and cannot afford to pay the sliding scale fee to be treated for services in her local clinic. Other participants shared the same

concern in that they do not qualify for federal assistance and cannot afford to pay for medication or treatment of their chronic conditions (e.g., diabetes) otherwise covered by a health insurance plan; thus, health services are being sought at their local hospital.

Cluster 11 (North Miami and North Miami Beach) provided additional context that, while it does not answer the question directly about utilization of their local clinics, it adds value to the topic of services provided by specific health programs. Based on responses provided, participants from Cluster 11 were retired senior citizens who feel that their Medicare coverage provides the services they need, as well as it "takes cares of the bills" that accrue once services are rendered. More specifically, participants residing in North Miami Beach feel that available transportation to their health clinics is an essential component that would assist in meeting their health needs, and it is, more often than not, met by their health plans.

As observed in the Word Cloud representation below, the word "people" was the most commonly used word during the discussion of utilization of local health clinics, and it correlates with the first theme identified as it discusses the interaction of residents or "people" with their local health centers.

Word Cloud Figure – Health Service Utilization (Question 7)

Question 8: What improvements can be made in your community (safety, aesthetics, etc.)?

This open-ended question allowed participants to express their thoughts on how their community could be improved, and most participants shared their concerns, ideas, and/or experiences which were discussed in the focus group sessions. The information provided by participants pertaining to this question summarizes what was discussed previously throughout the focus group sessions and complements the overall report. Due to the large amount of information shared by participants, themes have been aggregated into the following categories: Built Environment, Education, Transportation, Community Involvement, Police Responsiveness and Involvement, and Emergency Preparedness.

Built Environment

Participants shared that Miami-Dade County residents need to develop or "build" their own economy, and not to rely solely on tourism. By generating or "building" the County's economy, participants feel that the built environment could be improved. This could be accomplished by researching the best economic models and by searching for investors. Participants shared that once sufficient revenue has been generated, one way to improve the built environment would to expand the Metrorail and Metromover and to build more highways "above ground", which would, consequently, alleviate traffic congestion.

Another theme that emerged under the category of Built Environment was the issues that residents are experiencing with flooding during a rainstorm, and this concern was voiced by participants residing in Doral/Miami Springs/Sunset (Cluster 7), in particular. One participant from this cluster stated that homes in this neighborhood have been built "a little bit lower than in other places" and, as a result, the streets flood constantly when heavy rains start.

Several themes surfaced regarding homes in Miami-Dade County, however most were categorized under the Police Responsiveness and Involvement category since it involved safety/security of neighborhoods. These will be discussed subsequently. In relation to the Built Environment category, however, participants felt that larger and affordable homes were necessary to accommodate large families that cannot afford larger homes, and, by contrast, other participants shared that smaller homes and larger backyards are important components that their neighborhoods are lacking.

Other themes that emerged under the Built Environment that would improve the safety of residents included: the need to clearly mark pedestrian crossing lanes -especially near elementary schools, and the repair of old buildings that could potentially contaminate tenants with asbestos and/or fungal spores. More specifically, participants of Cluster 2 (Kendall), some who also reside in Homestead, felt that the absence of paved roads in certain areas are an important component that hinders the safety of residents.

Education

Participants across all clusters were concerned with the educational system in Miami-Dade County, not just the public-school district serving grades K-12, but also the educational level of adult residents. More specifically, participants of Cluster 2 (Kendall) and Cluster 10 (Opa-Locka/Miami Gardens/Westview) stated that there is a substantial disparity between private and public school education that serve school-aged children in Miami-Dade County, and they feel that as children grow into young adults they don't realize that they have received a low education because, as one participant stated, "this is all they know". One participant of Cluster 10 (Opa-Locka/Miami Gardens/Westview) cited Carol City as providing a lower education level than other cities, such as Aventura. In this participant's experience, residents are willing to invest in private education for their children rather than to enroll them in any of the public schools located in Carol City.

Within the Education category, participants offered suggestions as to how the educational system, for children and adults, could be improved. For instance, participants of Cluster 3 (Westchester/West Dade) agreed that implementing specialized educational programs or vocational programs in public schools that are tailored for students' interests will improve the educational level of residents. Other participants felt that it is important to shift from the mentality of a four-year college education to a technical school education which could, subsequently, relieve the pressure that parents place on their children to pursue a college career. As one participant expressed, "…not everybody has to be a doctor or a lawyer".

Finally, participants also expressed that offering practical courses for adult residents in Miami-Dade County would be beneficial for the community as a whole. Examples provided by participants included

driving classes, first aid courses, and educating residents on the laws or rules. One participant stressed the importance of informing or educating the community about infectious diseases, especially in areas with a high rate of drug abuse where needles are commonly found on the ground. As this participant stated: "if you see a needle on the floor, don't grab it".

Transportation

As mentioned previously, few of the themes that were placed in one category overlap with another category, and this has been the case when respondents expressed their discontent with the public transportation system in Miami-Dade County. For instance, one theme that emerged during the discussion of the Built Environment was the expansion of the Metrorail and Metromover that could be possible as the economy in the County improves, and, concurrently, would improve the public transportation system for residents that rely on this system as their means of transportation.

Most of the participants from all clusters expressed that the public transportation system could be improved, as one participant residing in Coral Gables/Coconut Grove/Key Biscayne (Cluster 6) shared: "…transportation conditions here is a complete mess". Additionally, participants also shared that traffic congestion in Miami-Dade County is the result of a poor transportation system and the constant construction projects being developed on the highways. Other participants stated that as certain cities in Miami-Dade County have "become more popular", such as Homestead, residents need to travel long distances and, coupled with a poor transportation system, commute time increases substantially.

Specific examples were also cited by participants demonstrating their discontent with the public transportation system, such as the way the bus system is managed which causes the user to wait for a long time at the bus station. Participants feel that they shouldn't have to file a formal complaint for buses to "run on time", as residents pay for the trainings provided to the drivers.

Community Involvement

During this discussion, participants residing in Cluster 3 (Westchester), Cluster 8 (Miami Shores/Morningshore), Cluster 12 (Aventura/Miami Beach), and Cluster 13 (Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown), expressed the importance of being involved with issues that affect the community; which could start by simply getting acquainted with their neighbors. Participants indicated that, as a community, residents could advocate to address those same issues at community meetings so that their voice could be heard which will in turn start the process of reform. Other participants suggested calling the Commissioner's office to inquire when community meetings are held or to call 311, a non-emergency call system. One participant stated that one of the benefits of attending community meetings is that the local police are also present, as such local issues or barriers could be discussed.

As observed during this discussion, participants felt that by being involved a sense of empowerment would develop that would allow residents to "have a voice" on the issues they experience in their communities and, consequently, allow them to make choices for the betterment of their own communities.

Police Responsiveness and Involvement

This category expands on the discussion of safety posed in Question 6, in that participants expressed the need to have more "police presence" in their neighborhoods. Some participants suggested the presence of more police stations or "sub-police stations" that would help address issues encountered as well as increase responsiveness to incidents that occur in the community. Overall, participants from Cluster 1 (South Dade/Homestead), Cluster 2 (Kendall), and Cluster 5 (Brownsville/Coral Gables/Coconut Grove)

shared that increasing police patrolling in their neighborhoods would provide a sense of safety or security to residents. More specifically, one participant from Cluster 5 stated that it is important to increase the enforcement of "zero tolerance" for areas considered "drug zones".

Emergency Preparedness

It is important to highlight that even though Emergency Preparedness has been placed as an additional category, it is actually a theme specific to Cluster 11, which comprised of residents from North Miami and North Miami Beach. Based on the anecdotes shared by participants of North Miami Beach, this population comprises retired senior citizens, some with limited mobility, which voiced their concern based on their previous experience with Hurricane Irma that affected residents in South Florida. Participants emphasized the importance of being prepared for such storms, which are common in South Florida, before and after it affects the community especially among the elderly population and the handicapped. Other participants suggested access to a governmental hotline, whether at the city- or state- level, in which residents could communicate their needs after a natural event, such as a hurricane, affects the community. Additionally, participants stated the need to get more churches or centers involved so that they could be utilized as shelters for those most in need.

Please refer to the Word Cloud figure below which highlights the most commonly utilized words during this discussion.

Word Cloud Figure – Question 8: What improvements can be made in your community (safety, aesthetics, etc.)? (Question 8)

CONCLUSION

Many of the clusters identified cross boundaries based on socioeconomic status or population size, and this fact was also reflected in the way participants defined or perceive their "community". For instance, one participant indicated that "north of Flagler" is not part of his or her community even though this reference point may lie within the identified cluster boundaries from which he or she came from. This definition has important implications on how participants responded to the questions posed during the focus group sessions. For instance, when participants were asked about topics associated with accessibility to healthy food options, safety, health services provided by FDOH-MD, and racial diversity, their responses depended on how they defined their community and not on the physical boundaries encompassed by their respective clusters. One participant shared that his or her community is defined by where one person is willing to drive to.

Most of the questions shared with participants were close-ended questions, however, with a few exceptions, participants provided valuable content in addition to a "Yes" and "No" response that described their experiences associated the topics discussed. It is noteworthy to highlight that participants' responses to a specific question overlapped with other questions. For instance, when participants were asked if their community or neighborhood has healthy food options they also shared how accessibility of healthy food options could be improved or increased in their community (e.g., community garden), which also coincided with their responses to Question 8, that inquired about improvements that could be made in their community overall.

Additionally, the icebreaker activity which asked participants to draw their ideal community summarizes their responses to the eight questions posed. For instance, if schools, hospitals, or churches were features of the built environment that participants value in their neighborhoods they were illustrated in their drawings.

It is also important to note that participants shared information that, although it was not related to the questions posed, could add value for future assessments of Miami-Dade County. Some of this information was briefly discussed in the focus group sessions but could be expanded on different efforts. For instance, when asked about "some things" participants like about their neighborhood they also indicated things they did not like. These included: traffic congestion, inadequate transportation system, failure of the government to address community needs, health threats (e.g., Zika virus), lack of activities for children, lack of information that delineates resources (e.g., rehabilitation centers for senior citizens, free services), increase violence, and crime.

Finally, one theme that surfaced in Questions 4 through 7 was accessibility and proximity to the different components discussed in the focus group sessions. In other words, accessibility and proximity were essential components to participants when asked about availability of healthy food options (e.g., Whole Foods Supermarket), safety (police stations nearby), and health service utilization (e.g., free clinics).

Appendix IV: CHIP Annual Report

Florida Department of Health in Miami-Dade County

COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL PROGRESS REPORT

2019

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

March 31, 2020

Produced By: Florida Department of Health in Miami-Dade County

Table of Contents

Introduction

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

This is the annual review report for the 2013-2018 Miami-Dade County CHIP. The Florida Department of Health in Miami-Dade County opted to extend the 2013-2018 CHIP as the agency was in the process of working with the community to undertake a new Mobilizing for Planning and Partnership (MAPP) cycle. This annual report will serve as a closeout of the 2013-2018 CHIP as the agency works to bring to the community the 2019-2024 CHIP. The Florida Department of Health in Miami-Dade County has provided administrative support, data collection and tracking as well as worked to prepare the annual report. This annual report will review the 2013-2018 strategic priority areas as well as share the status of the CHIP indicators. This report will also introduce the new strategic priority areas and goals for the 2019-2024 Community Health Improvement Plan. It should be noted that while this will serve as the final report for the 2013-2018 CHIP, some of the indicators that are tracked will continue to be addressed in the new 2019-2024 CHIP.

Overview of CHIP and Annual Review Meeting

The Community Health Improvement Plan (CHIP) is a five-year plan to improve community health and quality of life in Miami-Dade County. It is a long-term systematic effort to address the public health concerns of the community. The CHIP is based on the results of the health assessment activities and part of the community health improvement process. The CHIP shows alignment with all level of assessments including Healthy People 2020 and the State Health Improvement Plan. In the 2013-2018 CHIP, there were five strategic priority areas: Health Protection, Access to Care, Chronic Disease Prevention, Community Redevelopment and Partnerships, and Health Finance and Infrastructure. All CHIP goals, objectives, strategies, and performance indicators can be accessed at www.HealthyMiamiDade.org/resources/community-health-improvement-plan/. As a result of the most current community meeting held on July 18, 2019, new strategic priority areas were identified and used to create the 2019-2024 Community Health Improvement Plan which can be accessed here. Strategic Priority areas for the 2019-2024 CHIP include: 1. Health Equity, 2. Access to Care, 3. Chronic Disease, 4. Maternal Child Health, 5. Injury, Safety, and Violence, and 6. Communicable Diseases and Emergent Threats.

On Thursday, July 18th, 2019, the Florida Department of Health in Miami-Dade County hosted the Community Health Assessment and Improvement Plan Community Meeting. The meeting's purpose was to deliver high-level information on the MAPP process and the results from the community assessments conducted. Attendees from different organizations and backgrounds were able to discuss the strategic health priorities that affect Miami-Dade residents and their health. A diverse group of partners were represented at the Community Health Assessment and Improvement Plan Community Meeting. On Thursday, July 18th, 2019, there was a total of seventy-seven (77) signatures representing thirty-one (31) organizations. Approximately 12% of those who registered did not attend the event.

During this event, participants played an essential role in improving the health and quality of life for Miami-Dade. The full day event had two main focuses. The morning sessions were used to share the results from community assessments with the attendees and they were asked to prioritize the health indicators that emerged from all four community assessments. Results from the Forces of Change, Community Health Assessment and the Local Public Health System Assessments were shared. Ten themes emerged from the assessments that were conducted. 1) Health Equity 2) Maternal/Child Health 3) Chronic Disease 4) Healthy Weight/Physical Activity/Nutrition 5) Community Concerns 6) STD/Communicable Diseases/Emerging Threats 7) Behavioral Health 8) Injury/Safety/Violence 9) Immunizations 10) Access to Care. Attendees were asked to rank these themes, or strategic health priorities from one to ten, one being the highest priority and 10 being the lowest.

In the afternoon, those who attended the event participated in dynamic, high-level breakout sessions where they were able to discuss these health indicators in detail, offering insight as to how to address issues specifically in Miami-Dade and. The ranking of these priority areas and discussing how to address them in Miami-Dade County will aid the Department of Health in Miami-Dade County with creating their 2019-2024 Community Health Improvement Plan (CHIP). A Strategic Priority Area Reporting Tool was utilized by breakout group facilitators and scribes who were assigned to each of the ten breakout sessions for each strategic priority area. The tool was used to organize and track the participants' responses. During the breakout sessions, community members addressed the strategic priority areas by answering guided questions and providing feedback with objectives, potential strategies/barriers, target population, responsible parties, key partners to work with, and what indicators should be created to evaluate the goals of the strategic priority area.

2019-2024 CHIP Strategic Priorities and Goals

Strategic Priorities	Goals
Health Equity	Improve service linkage to encourage equity.
	Provide access to quality educational services.
	Improve community involvement.
	Improve access to affordable and quality housing.
Access to Care	Use health information technology to improve the efficiency, effectiveness, and quality of patient care coordination, patient safety and health care outcomes.
	Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals.
	Promote an efficient public health system for Miami-Dade County.
	Immigrant access to health care and community-based services.
	Improve access to community services that promote improvement in social and mental health, opioid treatment and early linkage to address cognitive disorders.
	Increase awareness of Alzheimer's and related Dementias.
Chronic Disease	Reduce chronic disease morbidity and mortality.
	Increase access to resources that promote healthy behaviors including access to transportation, healthy food options and smoke and nicotine-free environments.
	Increase the percentage of children and adults who are at a healthy weight.
	Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors.
Maternal Child Health	Reduce the rates of low birth weight babies born in Miami-Dade.
	Reduce maternal and infant morbidity and mortality.
	Increase trauma informed policies, systems, and environmental changes and support for programming.
	Generational and family support in maternal child health.
Injury, Safety, and Violence	Prevent and reduce illness, injury, and death related to environmental factors.
	Build and revitalize communities so that people have access to safer and healthier neighborhoods.
	Minimize loss of life, illness, and injury from natural or man-made disasters.
	Anti-Violence Initiatives/ Prevent and reduce unintentional and intentional injuries.
Communicable Diseases/Emergent Threats	Prevent and control infectious diseases.
	Provide equal access to culturally competent care.

Trend and Status Descriptions

The list of the following terms describes the chart details that are included in the 2019 Progress section. These terms describe the objectives and their progress from the 2013-2018 Miami-Dade Community Health Improvement Plan (CHIP).

Objective Number: The is the objective number that is listed in the CHIP.

Objective: This is the objective that is listed in the CHIP.

Baseline: This is the starting data point to be used for comparisons and progress to be made.

Performance: This is the description of the current performance for the objective.

Current level: This is the current value and level of the objective.

Target Value: This is the CHIP objective target value.

Target Date: This is the target end date to achieve this goal.

Trend: See trend descriptions table below.

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

Status: See status descriptions table below.

On Track	Objective progress is performing as expected at this point in time or is exceeding expectations.
Not on Track	Objective progress is below target value at this point in time.
Completed	Objective has been completed or has been met.
Not Completed	Objective has not been completed or has not been met.

2019 Progress

Strategic Issue Area #1: Health Protection

The strategic priority area of Health Protection was meant to ensure that all residents and visitors are protected from infections and environmental threats, injuries, and natural and manmade disasters. Under this strategic priority area, there are four goals that directly support Health Protection The goals are: Prevent and Control infectious disease, Prevent and reduce illness, injury and death related to environmental factors, minimize loss of life, illness and injury from man-made or natural disasters, and prevent and reduce unintentional and intentional injuries.

Goal 1: Prevent and control infectious disease.

Strategy: Strategy Number: NA Strategy Language: Noted Below

For Goal 1, multiple strategies were identified to assist in reaching this goal. None of the strategies were assigned strategy numbers based on the last CHIP, however the verbiage for each strategy is as noted below:

- Develop a process to assure that all vaccinations received by children in the county are properly monitored using the Florida State Health On-line tracking system (Florida SHOTS).
- Develop and support a community awareness campaign that encourages adults to obtain their influenza Coordinate flu events for elderly populations. Collaborate with pharmacies to encourage vaccination. Support FIDEC in their efforts to increase adult vaccine promotion.
- Assure that all vaccinations of children attending daycares and schools in Miami-Dade meet the immunizations requirements.
- Develop process to educate the community on measles prevention.
- Develop an educational awareness campaign for the community explaining the importance of having children properly immunized against vaccine preventable disease.
- Develop Memorandums of Agreement to expand bacterial STD testing to include community base organizations and educational programs for students, teachers and staff.
- Provide educational outreach, testing, early identification, and community collaboration for TB cases completing therapy.
- Conduct compliance preventive inspections related to enteric disease cases.
- Promote awareness and education in the community by implementing HIV/AIDS prevention behavioral models to target adults in high incidence areas of Miami Dade.
- Partner with local governments and federal partners to promote HIV testing in the community and expand targeted efforts to prevent HIV infection by using a combination of effective, evidence-based approaches.
- Monitor Surveillance staff case investigation status and text messaging process to enhance treatment in a timely manner.
- Prepare, edit and disseminate the EPI monthly report with a summary of the reported communicable disease cases.

Key Partners: Department of Children and Families, Private providers/physicians, Florida Shots field staff, Head Start, Miami-Dade County Public Schools, Department of Health, Local Pharmacies, Private Medical Providers, FIDEC, Media, Department of Children and Families, Early Learning Coalition, DOH Miami-Dade, STD Program Consultant and Take Control Testing Staff, Disease Intervention Specialist (DIS), STD Clinic Providers,

Miami Dade County Public Schools, Community Based Organizations (CBO's), University of Miami Pediatric Mobil Unit, 5,000 Role Models. Hospitals, Jails, Private Providers, Adult Living Facilities, Nursing Homes and Federally Qualified Health Care Centers (FQHCs)

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.1.1	By Dec. 31, 2018, increase the percentage of two-year old's who are fully immunized from 84.8% (2011) to 90% in Miami-Dade.	84.8%	This objective has been declining and is not moving towards the target level. Factors contributing to this decline could be that an additional vaccine was added to measure completeness of vaccines series. There was also a shortage of one combination vaccine which resulted in less options of vaccine combinations.	80.4%	90%	December 31, 2018	▼	**Not on Track**
HP 1.1.2	By Dec. 31, 2018, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 50.8% to 75% in Miami-Dade.	50.8%	This objective has improved some, however not met target of 75%.	52%	75%	December 31, 2018	▲	**On Track**
HP 1.1.3	By Dec. 31, 2018, increase the percentage of two-year old's that are fully immunized by DOH-Miami-Dade from 95% to 96%.	95%	This objective is being monitored monthly and is on target with a focus on child care centers.	100%	96%	December 31, 2018	▲	**Completed**
HP 1.1.4	By Dec. 31, 2018, the number of confirmed cases of measles in children under 19 in Miami-Dade will be zero.	0	In 2018 there were 3 cases. A process is being developed to educate the community on measles prevention.	3	0	December 31, 2018	▲	**Not on Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.1.5	By Dec. 31, 2018, the number of confirmed cases of *Haemophilus influenzae* type B in children under 19 in Miami-Dade will be zero.	0	This objective has been met.	0	0	December 31, 2018	▼	**Completed**
HP 1.2.1	By Dec. 31, 2018, reduce the bacterial STD case rate among females 15-34 years of age from 2098.8 per 100,000 to 2091.5 per 100,000 in Miami-Dade.	2,098.8	This objective is trending in the wrong direction as rates continue to increase.	2,331.1	2,091.5	December 31, 2018	▲	**Not on Track**
HP 1.2.3	By December 31, 2018, reduce the TB case rate from 4.9 per 100,000 to 3.5 per 100,000 in Miami-Dade.	4.9	In 2017 the TB case rate was 3.6 per 100,000 in Miami-Dade. In 2018 the TB case rate increased to 4.4 per 100,000 in Miami-Dade.	4.4	3.5	December 31, 2018	▲	**Not on Track**
HP 1.2.6	By Dec. 31, 2018, increase the percentage of TB patients completing therapy within 12 months of initiation of treatment from 92.1% to 95% in Miami-Dade.	92.1%	Objective maintained positive trend and has surpassed the set target.	97.1%	95%	December 31, 2018	▲	**Completed**
HP 1.2.7	By Dec. 31, 2018, reduce the enteric disease case rate per 100,000 from 54.3 to 51.7.	54.3	In 2016 the enteric disease case rate was 62.8 per 100,000. This objective is not on target though it did decrease from previous years.	62.8	51.7	December 31, 2018	▼	**Not Completed**
HP 1.3.1	By Dec 31, 2018, reduce the reported AIDS Rate in Miami Dade per 100,00 from 26 (2010) to 20.5.	26	The following actions have helped to meet objective: 1.) Test and treat 2.) PrEP (Antiretroviral pre-exposure prophylaxis) and nPEP (non-occupational post-exposure prophylaxis) 3.) Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings 4.) Community outreach and messaging (2018).	14.3	20.5	December 31, 2018	▼	**Completed**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.3.2	By Dec. 31, 2018, increase the percentage of adults <65 who have ever been tested for HIV in Miami-Dade from 54.2% to 60%.	54.2%	The percentage of adults <65 who have ever been tested for HIV in Miami-Dade is 65.8% (2016).	65.8%	60%	December 31, 2018	▲	**Completed**
HP 1.3.3	By Dec 31, 2018, increase the percentage of newly identified HIV infected persons linked to care within 90 days of diagnosis (Changed to 30 days 01/1/1/8) and are receiving appropriate preventive, care and treatment services in Miami Dade from 66% to 85%.	66%	This objective is progressing towards target with a rate of 78% (2018). The program re-activated the HIV LTC- Quality Improvement Workgroup to find possible solutions. The expansion of TEST and TREAT programs to additional providers in Miami-Dade goal will begin on July 1st, 2018.	78%	85%	December 31, 2018	▲	**On Target**
HP 1.3.4	By Dec 31, 2018, reduce reported new HIV infections per 100,000 in Miami Dade from 53.9 in 2014 to 45.0 with particular focus on the elimination of racial and ethnic disparities in new HIV infections.	53.9	The number of new HIV infections are decreasing but has not yet met target with the current rate for 2018 of 43.6.	43.6	45.0	December 31, 2018	▼	**On Track**
HP 1.3.5	By Dec. 31, 2018, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients in Miami-Dade with suppressed viral load from 92.8% to 93%.	92.8%	This objective is on target with 97.30% (2018).	97.30%	93%	December 31, 2018	▲	**Completed**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.4.1	By Dec. 31, 2018, the percentage of infectious syphilis cases treated within 14 days of lab reported date will increase from 85% to 88%.	85%	The DOH Miami-Dade STD program has successfully improved meeting the target of treating all Miami-Dade patients diagnosed with infectious syphilis within 14 days of lab reported with a rate of 90% (2018). This is due in part to having additional field staff workers. For private providers, the surveillance staff actively retrieved treatment information and assigned field record within a 3-day timeframe which gave ample time to bring patients in for treatment and partner services.	90%	90%	December 31, 2018	▲	**Completed**
HP 1.4.1	By Dec. 31, 2018, Miami-Dade CHD Chlamydia cases treated within 14 days of lab reported date will increase from 85% to 88%.	85%	This objective is below target with a rate of 68% (2018). Barriers encountered are patients coming to the clinic after 14 days of lab reports. New steps include ensuring CHD patients receive priority on cases by calling them within 24-36 hours and if no response, to conduct a field visit immediately after.	68%	88%	December 31, 2018	▲	**Not on Track**
HP 1.4.2	By Dec. 31, 2018, and annually, prepare and disseminate a timely dissemination of the EPI monthly report at 100% in Miami-Dade.	100%	This objective has met target.	100%	100%	December 31, 2018	▲	**Completed**

Goal 2: Prevent and reduce illness, injury, and death related to environmental factors.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Finalize an action plan to address gaps and opportunities based on the assessment findings.
- Prepare a plan to seek and secure funding and select applicable community to implement PACE-EH protocol.
- Implement a plan to respond within 48 hours of an initial outbreak.
- Develop a plan to capture electronically submitted food complaints in Miami-Dade.
- Enhance community-based health fairs and education to increase knowledge of lead poisoning.
- Ensure that all Miami-Dade public water systems are in compliance with public health standards.
- Ensure adequate budget and staffing to fully implement the environmental public health regulatory programs.
- Continue to be part of the local and state health and the built environment workgroup and develop a plan to coordinate with the state health office staff on issues related to health impact assessments.
- Develop guidelines for assuring that the various municipalities within Miami-Dade conduct the appropriate community health assessments prior to undertaking new projects.

Key Partners: Florida Department of Agriculture and Consumer Services (DACS), Florida Department of Business and Professional Regulation (DBPR), Florida Department of Health in Miami-Dade County, Epidemiology, Environmental Health, Facilities Program (DOH), Florida Department of Children and Families (DCF), Florida Agency for Health Care Administration (AHCA), Florida Department of Environmental Protection (DEP), Centers for Disease Control and Prevention (CDC), United States Department of Agriculture (USDA), Food and Drug Administration (FDA), Head Start, Childcare Centers, Faith-based and community-based organizations, physicians/doctors, Refugee Health Assessment Center, Church World Services and other partners Environmental Engineering Staff, Public water systems, Florida Department of Environmental Protection (FDEP), and US Environmental Protection Agency (USEPA)

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 2.1.1	By Dec. 31, 2018, Miami-Dade will complete the Environmental Public Health Performance assessment and develop an action plan.	Develop plan	The self-assessment results, final report and action plan were submitted to the State Health Office (SHO) in March of 2013.	Plan Created	Plan Created	December 31, 2018	▲	**Completed**
HP 2.2.1	By Sept. 30, 2018, and annually ensure that 90% of illness outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of initial outbreak report in Miami Dade.	90%	This objective was implemented and has been continuously monitored. The plan was implemented to respond within 48 hours of initial outbreak (2014).	100%	90%	September 30, 2018	▲	**Completed**
HP 2.2.3	By Dec. 31, 2018, reduce the number of reported new cases in Miami-Dade of lead poisoning among children under 72 months of age from 43 to 40.	43	This objective has not been met and is in need of improvement. In 2018 there were 130 reported new cases in Miami-Dade of lead poisoning among children under 72 months of age.	130	40	December 31, 2018	▲	**Not on Track**
HP 2.3.1	By Dec. 31, 2018, ensure that 93.5% of public water systems have no significant health drinking water quality problems.	93.5%	This target has been met (2018). It has been implemented and is continuously being monitored to ensure that all Miami Dade public water systems are in compliance with public health standards.	99%	93.5%	December 31, 2018	▲	**On Track**
HP 2.3.2	By Sept. 30, 2018, complete 90% of inspections of all other entities with direct impact on public health according to established standards.	90%	The results for this objective have met target (2018). It shows there has been consistency in handling complaints timely.	100%	90%	September 30, 2018	▲	**On Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 2.4.1	By Jan. 31, 2018, DOH-Miami-Dade will support Health Impact Assessments that will inform the decision-making process about health consequences of plans, projects and policies in Miami Dade.	0	Training was provided to the Health and Built Environment Committee on the Health Impact Assessment (2014). Three case studies were utilized.	1	1	January 31, 2018	▲	**Completed**

Goal 3: Minimize loss of life, illness and injury from natural or man-made disasters.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Prepare the public health and health care system for all hazards, natural or man-made.
- Ensure that systems and personnel are available to effectively manage all hazards.
- Develop a method to ensure surge capacity to meet the needs of all hazards.
- Create an informed, empowered, resilient public and preparedness system.
- Develop trainings to ensure organizations will be actively engaged in preparedness activities and in compliance with emergency operations and response plans.

Key Partners: Florida Department of Health in Miami-Dade County, Public Health Preparedness Program, Miami-Dade County Citizen Corps, Barry University, University of Miami, Florida International University, Exercise contractors, Office of Emergency Management

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 3.1.1	By Dec. 31, 2018, complete After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident.	AAR completed	This objective has been completed (2017) but will be continued dependent on when the activity or exercise occurs.	Yes	Yes	December 31, 2018	▲	**Completed**
HP 3.2.1	Annually, ensure pre-identified staff covering Public Health and Medical incident management command roles can report to duty within 60 minutes or less.	77%	This alert was sent in December 2019 to 750 employees; 638 confirmed. This is representative that 85% of staff responded to the notification. 122 employees did not confirm.	85%	95%		▲	**On Track**
HP 3.3.1	Dec. 31, 2018, achieve and maintain DOH-Miami-Dade Public Health Preparedness Strategic Plan alignment with Florida Public Health and Health Care Preparedness Strategic Plan.	100%	This objective has been achieved. The Public Health Preparedness Planner meets with the Programmatic Lead Person for plan update and approval on a monthly basis.	100%	100%	December 31, 2018	▲	**On Track**
HP 3.6.1	By June 30, 2018, disseminate a first risk communication message for the public during an exercise or a real incident in Miami-Dade.	80%	This objective has met and exceeded target. In 2018, the rate was 86%.	86%	80%	June 30, 2018	▲	**Complete**
HP 3.6.2	By June 30, 2018, increase the number of community sectors, in which DOH-Miami-Dade partners participate in significant public health, medical, and mental or behavioral health-related emergency preparedness efforts or activities, from 0 to 11.	0	This objective has not been met and is in need of improvement. The number of volunteers are being tracked and not the number of community sectors, therefore this count could not be obtained and will be revised in the next CHIP.	0	11	June 30, 2018	▼	**Not Completed**

Goal 4: Prevent and reduce unintentional and intentional injuries.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Provide injury prevention education and programs to the community specifically education related to reducing falls for adults 60 years and older.
- Educate the community about drowning prevention in Miami Dade.
- Maintain partnerships with local community and non-profit organizations that provide injury interventions for the community.
- Conduct surveillance, identify and disseminate evidence-based strategy, and promote the implementation of effective policies to reduce the incidence of severe injuries in Miami-Dade.

Key Partners: Department of Health in Miami-Dade, Miami-Dade County Public Schools, Healthy Start Coalition, Early Learning Coalition, The Children's Trust, Alliance for Aging, Elder Issues Committee Consortium for a Healthier Miami-Dade, Baptist Health, Miami-Dade County Parks and Recreation (MDCPROS)

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 4.1.1	By Dec. 31, 2018, decrease the rate of deaths from unintentional falls for individuals ages 65 and older in Miami-Dade from 31.8 to 25.	31.8	This objective is above target with a rate of 28.6 (2018). There have been presentations on fall prevention for older adults in the Miami-Dade community. Increased community partnerships and education are needed to achieve this goal.	28.6	25	December 31, 2018	▼	**Not on Track**
HP 4.1.2	By Dec. 31, 2018, decrease the number of hospitalizations for near drownings, ages 1-5 (Three Year Rolling) in Miami-Dade.	14	This objective is trending properly as the number of hospitalizations of near drownings for ages 1 to 5 years was 8 in 2018.	8	10	December 31, 2018	▼	**Complete**
HP 4.1.2	By Dec. 31, 2018, decrease the number of deaths from drownings, ages 1-4 (Three Year Rolling) in Miami-Dade.	6	This objective has been met, though it has decreased from baseline.	4	2	December 31, 2018	▼	**On Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 4.1.3	By Dec. 31, 2018, reduce the rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children ages 0–14 from 5.6 per 100,000 to 5.0 per 100,000.	5.6	In 2018 the rate was 5.1 and is near target. It continues to trend in the proper direction.	5.1	5.0	December 31, 2018	▼	**On Track**
HP 4.2.1	By Dec. 31, 2018, and annually update data sources in the Florida Injury Surveillance Data System and disseminate annual injury data report.	0	The reports have been disseminated through DOH avenues.	1	1	December 31, 2018	▲	**On Track**
HP 4.3.1	By Dec. 31, 2018, reduce the rate of Fatal Traumatic Brain Injuries under age 1, 3 Year Rolling in Miami-Dade from 5.0 to 4.5.	5.0	There are 0 cases of Fatal Traumatic Brain Injuries under age 1 for 2018.	0	4.5	December 31, 2018	▼	**On Track**
HP 4.3.1	By Dec. 31, 2018 reduce the number of Fatal Traumatic Brain Injuries 1-5, 3 Year Rolling in Miami-Dade from 10 to 8.	10	This objective has met target. The number of Fatal Traumatic Brain Injuries from 1 to 5 years old in 2018 was 1.	1	8	December 31, 2018	▼	**On Track**

Strategic Issue Area #2: Access to Care

The strategic priority area of Access to Care covers the areas of limited access to health care services, including oral health care and the impacts of limited access on health outcomes and health care cost. There are four goals in this strategic priority area including regularly assesses health care assets and service needs, improve access to primary care services for Floridians, enhance access to preventive, restorative and emergency oral health care, and reduce maternal and infant morbidity and mortality.

Goal 1: Regularly assess health care assets and service needs.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a plan for updating community resources with agencies within the community that obtain the appropriate data.

- Utilize the Community Health Needs Assessment conducted to serve as a guiding tool to reach three goals: to improve residents' health status, reduce health disparities, and increase accessibility for preventive services.

Key Partners: The Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade, Miami-Dade Health Action Network, United Way, Alliance for Aging, AARP, Health Council of South Florida

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 1.1.1	By July 31, 2018 a plan will be devised as to the most effective way to update community resources in collaboration with community partners.	No plan	Objective met and a plan devised to update community resources in collaboration with community partners. The Consortium for a Healthier Miami-Dade website provides community resources, partners, and events.	Yes	Plan devised	July 31, 2018	▲	**Completed**
AC 1.1.3	By December 31, 2018 a local Community Health Needs Assessment will be conducted to assess related health behaviors and health status at the zip code level. This will coincide with the five-year assessment cycle using the Mobilizing for Action Through Prioritization and Partnerships.	Complete Assessment	The local Community Health Needs Assessment was conducted to assess related health behaviors and health status at the zip code level through two methods. There were focus groups conducted and the Wellbeing Survey completed.	Yes	Local Community Health Needs Assessment conducted and assessed.	December 31, 2018	▲	**Completed**

Goal 2: Improve access to primary care service for Floridians

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Local health officials will work with the various schools of medicine within the county to promote primary care and residency programs.
- Local health officials will support the state if there any changes in legislative needs and will implement locally as needed to ensure that all changes are operational.
- A strategy will be developed locally to address access to care and a map will be developed.
- Strategies will be developed through networks in the county to ensure that the needs of the disparate population are being met.

Key Partners: Department of Health in Miami-Dade County, Miami-Dade County Health Action Network

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 2.1.7	By December 31, 2018 the Florida Department of Health in Miami-Dade Administration will participate in and support programs within the county that promote primary care and residency programs.	0	This objective is not on target and will be modified for the next CHIP.	2	4	December 31, 2018	▲	**Not Completed**

Goal 3: Enhance access to preventive, restorative and emergency oral health care

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Provide preventive and restorative dental care to children and adults of the community.
- Develop an awareness campaign for families on the importance of dental sealants on molar teeth in Miami-Dade.
- Ensure the availability of seals on wheels program.

Key Partners: Florida Department of Health in Miami-Dade County, Jackson Memorial Hospital, The Public Health Trust, Miami-Dade County Community Action and Human Services Department, Head Start and Early Head Start Centers, Early Learning Coalition, United Way of Miami-Dade Early Head Start-Child Care Partnership, Miami-Dade County Public Schools, School Board of Miami-Dade County, The Children's Trust, DOH-Miami-Dade WIC (Women, Infants and Children) Program

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 4.2.1	By Dec. 31, 2018, increases the number of adults visiting dental services in Miami-Dade County.	119	The current number of adults visiting the clinic in December 2018 is 68. The target per month is 127. There were some staff shortages that limited the number of staff available to provide services.	68	127	December 31, 2018	▼	**Not Completed**
AC 4.2.2	Increase the number of children receiving preventative services.	596	In December 2018 the number of kids receiving care per month was 785.	785	472	December 31, 2018	▲	**On Track**
AC 4.2.4	By Dec. 31, 2018, increase the number of targeted low-income population receiving dental services in Miami-Dade.		The total number of dental services for FLDOH Penalver Clinic was 1,302 in December 2018.	1,302	556	December 31, 2018	▲	**On Track**
AC 4.3.2	By Dec. 31, 2018, increase the number of children receiving dental sealants.	206	The total number of kids that received sealants for December 2019 was 187. This number changes monthly.	187	25	December 31, 2018	▲	**On Track**

Goal 4: Reduce maternal and infant morbidity and mortality.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a process to promote essential health services for pregnant women in Miami-Dade.
- Create an educational campaign about healthy pregnancy that targets Black/Other Non-white races in Miami-Dade.
- Leverage resources to enhance family planning education in order to sustain short pregnancy intervals at a low level.
- Develop an educational campaign that will provide health education and counseling (including abstinence education) to teens in Miami-Dade.
- Develop an educational campaign that provides information on the Safe Sleep Campaign especially focusing on the Non-Hispanic Black population in Miami-Dade County.
- Develop educational campaigns that provide parents and caregivers with information on safe sleeping, Sudden Infant Death syndrome, and other infant risks.

Key Partners: Florida Department of Health in Miami-Dade, Children Issues Committee of a Consortium for a Healthier Miami-Dade, Healthy Baby Taskforce, Healthy Start Coalition of Miami-Dade, Federally Qualified Health Centers (FQHCs), Health care providers, Health Educators in the schools, Foster Care, Healthy Start Coalition of Miami-Dade, DOH-Miami-Dade WIC (Women, Infants and Children) Program and DOH-Miami-Dade Family Planning Clinic

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 5.1.1	By Dec. 31, 2018, increase the percentage of Miami-Dade County women having a live birth, who prior to that pregnancy received preconception education and counseling regarding lifestyle behaviors and prevention strategies from a health care provider in Miami-Dade.	10%	This number has fluctuated over time as the data source has changed from HMS, FL Charts, and Healthy Start Data. This objective will be modified for the next CHIP.	NA	NA	December 31, 2018	NA	NA
AC 5.2.1	By Dec. 31, 2018, decrease the percent of births with inter-pregnancy intervals of less than 18 months from 15.63 to 14.0.	15.63%	This objective is trending down when compared to previous years, however the current 2018 rate continues to be above target value.	28.5%	14%	December 31, 2018	▼	**Not Completed**
AC 5.3.1	By Dec. 31, 2018, decrease the percent of Miami-Dade teen births, ages 15–19, that are subsequent (repeat) births from 15.9 (2012) to 15.4.	15.9%	The objective is on target with a rate of 13.8 in 2018. and has continued to decrease over time due to education services.	13.8%	15.4%	December 31, 2018	▼	**On Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 5.3.2	By Dec. 31, 2018, reduce live births to mothers aged 15–19 from to 21.0 to 20.0 per 1000 Miami-Dade females.	21	The objective level is lower than the target level with a rate of 6 per 1000 in 2018.	6	20	December 31, 2018	▼	**On Track**
AC 5.4.3	By Dec. 31, 2018, reduce the infant mortality rate in Miami-Dade from 4.9 to 4.5 per 1000 live births.	4.9	This objective is on target with a target of 4.6 (2018). The Healthy Baby Taskforce and partners are actively working to decrease the current infant mortality rate in Miami-Dade County.	4.6	4.5	December 31, 2018	▼	**On Track**
AC 5.4.4	By Dec. 31, 2018, work to reduce the black infant mortality rate in Miami-Dade from 10.1 to 9.5 per 1000 live births.	10.1	This objective's status is above the target goal with 10.8 in 2018. The Healthy Baby Taskforce and partners are actively working to decrease the current black infant mortality rate.	10.8	9.5	December 31, 2018	▲	**Not on Track**
AC 5.4.5	By Dec. 31, 2018, increase the percentage of women who are exclusively breastfeeding their infant at 6 months of age from 9.3% (2007) to 12%.	9.3%	For the last quarter 2019 indicates that 10% was the percentage for this objective.	10.0%	12%	December 31, 2018	▲	**On Track**

Strategic Issue Area 3: Chronic Disease Prevention

The third strategic priority area is 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. For the area of chronic disease, four main goals were identified to address this strategic priority. Goals include 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, and reduce illness, disability and death related to tobacco use and secondhand smoke.

Goal 1: Increase the percentage of adults and children who are at a healthy weight.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Increase the percent of children who are at a healthy weight by expanding healthy food purchase options.
- Monitor and access health care providers on BMI screenings and educate on weight modification.

- Enhance food and exercise related curricula throughout Miami-Dade.
- Partner with community organizations and community-based providers with information from the DOH-Miami-Dade WIC program.
- Establish collaborations with community partners on topics such as how to read nutrition labels, purchasing food on a budget, and incorporating WIC foods into recipes.

Key Partners: West Kendall Baptist Hospital, Homestead Hospital, Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade County, DOH-Miami-Dade WIC (Women, Infants and Children) Program, Federally Qualified Health Centers, Hospitals, Community-Based Providers, Healthy Start Coalition of Miami-Dade, Common Threads, FLIPPANY, Summer Food Program

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Level	Target Date	Trend	Status
CD 1.2.1	By Dec. 31, 2018, increase by 10% the number of targeted health care providers who calculate and document body mass index of their patients.	1%	This indicator is challenging to track and will be removed from the upcoming CHIP due to not having a stable data source for this information. Last data was 2016.	2%	4%	December 31, 2018		**Not on Track**
CD 1.3.1	By June 30, 2018, identify model policies practices that increase availability and consumption of healthy foods.	0	Many PSE's were implemented under the Healthy Happens Here project and grants were received by the department (2016).	6	1	June 30, 2018		**Completed**
CD 1.3.5	By June 30, 2018, DOH MD will collaborate with the U.S. Dept. of Agriculture's Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2 years and older who are overweight or at risk of being overweight by 3%.	27%	Through local community partnerships, this has provided WIC with additional support in meeting our healthy weight goals with a target met of 29.5% (2019).	29.5%	25%	June 30, 2018		**Not on Track**

Goal 2: Increase access to resources that promote healthy behaviors.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Collaborate with partners and organizations to promote healthy behaviors among Miami-Dade adults who are overweight.
- Record childhood markers of wellbeing.
- Provide technical assistance on employee wellness programs at local agencies in Miami-Dade.
- Disseminate evidenced based practices on adolescents' healthy weight.

Key Partners: American Healthy Weight Alliance, Baptist Health System, University of Florida Expanded Food and Nutrition Program, FLIPANY, Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 2.1.2	By Dec. 31, 2018, decrease the percentage of Miami-Dade adults who are overweight from 38.1% to lower than 35.9% (-2.2%).	38.1%	This objective has not met target. 2018 indicates a rate of 38.7%. Community outreach continues to be provided to the residents to increase awareness.	38.7%	35.9%	December 31, 2018	▲	**Not on Track**
CD 2.1.3	By Sept. 30, 2017, the Departments of Health and Education will identify strategies for monitoring childhood markers of well-being including measuring height and weight (to obtain body mass index) and individual-level physical activity in Miami-Dade.	0 strategies	This indicator has made minimal progress with the exception of increasing community outreach through fairs and education (2018).	1	2	September 30, 2017	▲	**On Track**
CD 2.2.2	By June 30, 2018, the Consortium for a Healthier Miami-Dade's Worksite Wellness committee will develop a plan to provide technical assistance to increase by 5% the availability of employee wellness programs in Miami-Dade.	Develop plan to provide technical assistance.	The objective has met its target and toolkit has been developed (2019).	Yes	Develop plan to provide technical assistance.	June 30, 2018	▲	**On Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 2.3.4	By Dec. 31, 2018, decrease the percentage of adolescents who are overweight from 15% to 12.9%.	15%	This indicator continues to increase. This objective will be modified and continued in the new CHIP.	29.4%	12.9%	December 31, 2018	▲	**Not on Track**

Goal 3: Reduce chronic disease morbidity and mortality.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Encourage women in Miami-Dade to seek cervical cancer screenings regularly through education.
- Encourage Miami-Dade residents to get screening for chronic diseases through an educational campaign.
- Encouraging Miami-Dade residents through educational campaigns, health fairs, and healthy hubs to get screened for chronic diseases is an important step in targeting the percentage of adults who get screened for cholesterol.
- Increase the use of evidence-based practice guidelines on electronic health records.
- Encourage Miami-Dade residents with diabetes to get two A1C tests yearly through educational campaigns, health fairs, and community events. DOH's

Key Partners: Federally Qualified Health Centers, hospitals, Community Based Providers, Florida Department of Health in Miami-Dade County, Baptist Health of South Florida, Consortium for a Healthier Miami-Dade, West Kendall Baptist, Private healthcare providers and Non-profit organizations

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 3.2.1	By Dec. 30, 2018, increase the percentage of women 40 and older in Miami-Dade who received mammogram in the past year from 64.2% to 74.2%.	64.2%	This objective has not been met with a rate of 63.6% in 2016.	63.6%	74.2%	December 30, 2018	▼	**Not on Track**
CD 3.2.2	By Dec. 30, 2018, increase by 10% the number of women 18 years of age and older who receive a Pap test in the past year 56.9% to 66.9%.	56.9%	This target has not been met with a rate of 52.7 (2016). Will be continued in new CHIP.	52.7%	66.9%	December 30, 2018	▼	**Not on Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 3.2.4	By Dec. 30, 2018, increase the percentage of Miami-Dade adults who had a cholesterol screening in the past two years from 67.5% to 70.5%.	67.5%	This objective is improving but has not been met with data from (2013) indicating 69%.	69%	70.5%	December 30, 2018	▲	**Not Completed**
CD 3.3.3	By Dec. 31, 2017, implement a minimum of three effective strategies for promoting clinical practice guidelines through partner networks.	0	The objective has met its target of three strategies implemented (2014).	3	3	December 30, 2017	▲	**Completed**
CD 3.3.4	By Dec. 31, 2016, increase the percentage of Miami-Dade adults with diabetes who had two A1C tests in the past year from 78.9% to 80%.	78.9%	This objective has not been met and continues to need improvement as of 2013, only 64.4% target had been reached.	64.4%	80%	December 30, 2016	▼	**Not on Track**

Goal 4: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Promote increased use of cessation services throughout Miami-Dade County.
- Providing education through educational campaigns on tobacco use, cessation services and resources through health fairs, presentations, sponsor/host community wide events, tobacco free taskforce meetings, celebration and promotion of tobacco control observances (

Key Partners: Miami-Dade County Public Schools, City of Hialeah, Tobacco-Free Workgroup, Miami-Dade County Students Working Against Tobacco (S.W.A.T.), Area Health Education Centers (AHEC), and Florida Department of Health in Miami-Dade County.

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 4.1.1	By Dec. 31, 2018, increase the number of committed never smokers among Miami-Dade's youth, ages 11-17 from 64% to 68.9%.	64%	The Tobacco Prevention and Control Program staff and its partners have advanced this objective. (2018)	86.8%	68.9%	December 31, 2018	▲	**On Track**
CD 4.2.1	By Dec. 31, 2018, reduce current smoking rates among Miami-Dade adults from 10.6% to 8%.	10.6%	The objective is improving but has not met target. (2016)	12.3%	8%	December 31, 2018	▲	**Not Completed**
CD 4.2.2	By Dec. 31, 2018, reduce the use of other tobacco products—smokeless tobacco, snus (pouched smokeless tobacco) and cigars - among Miami-Dade-County adults.	0.3%	The objective is not meeting target (2014) as there have been some problems with tracking. Objective will be reviewed for new CHIP.	2%	0.3%	December 31, 2018	▲	**Not on Track**
CD 4.2.3	By Dec. 31, 2018, reduce current cigarette use among Miami-Dade's youth, ages 11–17 from 4.7% to 3.5%.	4.7%	This objective on target (2018).	2.3%	3.5%	December 31, 2018	▼	**On Track**
CD 4.2.4	By Dec. 31, 2018, decrease the percentage of Miami-Dade teens (11-17) who have used smokeless tobacco in the last 30 days from 2.2% to 1.7%.	2.2%	This objective is on target (2018).	2.1%	1.7%	December 31, 2018	▼	**On Track**
CD 4.2.4	By Dec. 31, 2018, decrease the percentage of Miami-Dade teens (11-17) who have smoked a cigar in the last 30 days from 5.1% to 3.8%.	5.1%	This objective is on target (2018).	2.0%	3.8%	December 31, 2018	▼	**On Track**
CD 4.3.1	By Dec. 31, 2018, decrease the percentage of Miami-Dade non-smokers who report that someone smokes at home from 9.7% to 7.2%.	9.7%	The objective is progressing (2016) with 6.8% of non-smokers reporting that someone smokes in the home.	6.8%	7.2%	December 31, 2018	▼	**On Track**
CD 4.3.1	By Dec. 31, 2018, decrease the percentage of Miami-Dade children that report that someone smokes at home from 11.4% to 8.5%.	11.4%	This objective continues to trend in the correct direction, but does need improvement. (2016)	6.8%	8.5%	December 31, 2018	▼	**Not on Track**
CD 4.3.2	By Dec. 31, 2018, reduce the percentage of Miami-Dade teens (11-17) who have	39.7%	The objective is progressing towards the target. (2018)	31.7%	29.8%	December 31, 2018	▼	**On Track**

	been exposed to second-hand smoke in the last 30 days from 39.7% to 29.8%.							

Strategic Issue Area 4: Community Redevelopment and Partnerships

The fourth strategic priority area is 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. There are several goals in this area including; 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, and use health information technology to improve the efficiency, effectiveness, and quality of patient care coordination, patient safety and health care outcomes for all Floridians.

Goal 1: Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Increase collaboration with partners in order to assure that the built environment incorporates opportunity for healthy behaviors to be incorporated into planning documents.
- Develop resource and training materials on the topic on the health and the built environment.
- A plan will be developed to allow for the adoption of Complete Streets Policy in Miami-Dade County.
- Develop guidelines for assuring that the various municipalities within Miami-Dade conduct the appropriate community health assessments prior to undertaking new projects.

Key Partners: Consortium for a Healthier Miami-Dade, University of Miami, Miami-Dade County Parks, Recreation and Open Spaces, Miami Center for Architecture and Design, The American Institute of Architects, Neat Streets Miami, Active Design Miami, Safer Streets Safer People Local Action Team, Miami-Dade metropolitan planning organization, Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 1.1.2	By December 30, 2014, a plan will be devised with action steps by the Consortium's Health and the Built Environment that will increase awareness & opportunity for the built environment to impact behavior.	Workplan	This indicator has been completed and reached target. The Consortium's Health and the Built Environment has a work plan that included activities to increase awareness & opportunity for the built environment to impact behavior and was completed in 2015.	Yes	Yes	December 30, 2014	▲	**Completed**
CR 1.2.2	By July 31, 2017, the Health and the Built Environment Committee of the Consortium will promote health–related conversations about health benefits within the various communities of Miami-Dade.	0	The objective has met target. Presentations have been given on the Urban Impact Lab, Active Design, Fit City, Walking School Bus, and Walk Safe Bike Safe Program (2018)	18	4	July 31, 2017	▲	**Completed**
CR 1.2.4	By July 31, 2018, a baseline assessment will be conducted to determine the number of municipalities in Miami-Dade that have complete street policies.	3	The objective is progressing towards the target as 10 municipalities have adopted active design guidelines and the county adopted the Complete Street policies in 2017.	11	10	July 31, 2018	▲	**Completed**
CR 1.3.1	By December 31, 2018, two municipalities would have conducted health impact assessments within Miami-Dade.	0	As of 2019, this indicator has not progressed as no municipalities have completed health impact assessments for which DOH was involved.	0	2	December 31, 2018	▼	**Not Completed**
CR 1.3.4	By December 31, 2018 a local policy will be created for incorporating assessments into the operations of the FDOH MD programs.	0	This indicator has met target as the completion of the 4 assessments in MAPP guides DOH program implementation. (2019)	4	1	December 31, 2018	▲	**On Track**

Goal 2: Build and revitalize communities so people can live healthy lives.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Support partners in creating opportunities for older adults to be more active in Miami-Dade. Meet with representatives of the above groups at least monthly at the Elder Issues Committee meeting and support measures that enable elders to age in place and be healthy, active and productive.
- Local partners will share information regarding the importance of engaging in physical activity and available community programs.
- Partner with various agencies to promote walking programs and develop strategies to implement these programs within the various communities in the county. Active Design Miami and Miami-Dade County is actively engaged in changing the built environment through the adoption and implementation of Active Design Strategies and Complete Streets Policy.

Key Partners: Alliance for Aging, Age-Friendly Initiative, Elder Issues Committee - Consortium for a Healthier Miami-Dade, Health Council of South Florida, Miami-Dade County Parks, Recreation and Open Spaces, United Way of Miami-Dade, American Association of Retired Persons (AARP), Miami-Dade County Office of the Mayor, University of Miami, The Children's Trust, WalkSafe BikeSafe Programs

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 2.1.6	By December 31, 2014 a strategy will be written in partnership with the Alliance for Aging that will support older adults being able to age in place with the best quality of life.	1	This objective has met its target. A strategy was developed by the Consortium's Elder Issues Committee partnering with the Alliance for Aging. Community based partnerships has driven progress in this area. (2019)	1	1	December 31, 2014	▲	**Completed**
CR 2.2.1	By December 31, 2018 collaborate with the University of Miami WalkSafe program to obtain data from yearly assessment that was developed determining how many students walk or bike to school.	20%	This objective is still in progress and trending in the correct direction with a value of 20.8% in 2017.	20.8%	26.4%	December 31, 2018	▲	**On Track**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 2.2.3	By December 31, 2018 the percentage of commuters who walk to work will increase from 2.1% to 3.2%.	2.1%	This objective, while not on target has improved over the last year. Work will continue with University of Miami and local schools to implement new strategies to increase the 2017 rate of 1.8	1.8%	3.2%	December 31, 2018	▼	**Not completed**

Goal 3: Provide equal access to culturally and linguistically competent care.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- To train Florida Department of Health in Miami-Dade County employees in performing Health Impact Assessments (HIA).

Key Partners: Florida Department of Health in Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 3.1.1	By January 31, 2014 conduct one Health Impact Assessment training for FDOH MD employees.	0	Health Impact Assessment training was conducted. Training was completed in 2014. This objective will be removed from the new CHIP as it has been completed.	1	1	January 31, 2014	▲	**Completed**

Strategic Issue Area 5: Health Finance and Infrastructure

Performance measurement, continuous improvement, accountability and sustainability of the public health system can help ensure that our population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats and for crafting policies and programs to address them. There are four goals in this strategic priority area including: 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, and Promote an efficient and effective public health system through performance management and collaboration among system partners

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.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Florida Department of Health in Miami-Dade Information Technology office will ensure electronic health record systems and data transmission are available.
- A process will be developed between Miami-Dade organizations to ensure collaboration in electronic data sharing.
- Develop a plan to have all clinical providers throughout Miami-Dade using electronic health records.
- Develop a plan to implement public health information electronic exchange.

Key Partners: Florida Department of Health in Miami-Dade

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 1.1.1	By Jan. 1, 2018, no less than 1,500 Miami-Dade health care providers will be registered to exchange data by using direct secured messaging.	1,500	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	1,500	January 1, 2018	▼	**Not completed**

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 1.1.2	Dec. 31, 2018, at least 40% of the participants active in DOH-Miami Dade Information Technology direct secured messaging will have sent a transaction at least one time in the last month.	40%	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	40%	December 31, 2018	▼	**Not completed**
HI 1.1.3	By Jan. 1, 2018, no less than 8 Miami-Dade organizations will be data sharing through the Florida Health Information Exchange.	8	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	0	January 1, 2018	▼	**Not completed**
HI 1.2.6	By Dec. 31, 2018, DOH MD clinical providers will be using DOH certified electronic health records in accordance with criteria established by the Federal Office of National Coordination.	0	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	1	December 31, 2018	▼	**Not completed**

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.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- To monitor and maintain the Miami-Dade County's Health Department Medicaid denial rate on a monthly basis.
- Ensure communication among the Program Managers and conduct trainings on a regular basis.
- Review the unbilled listing report before submitted to Medicaid for processing on a daily basis.

Key Partners: Working closely with the Department of Health Program Managers, billing office, Front Line Staff, Agency for Health Care Administration (AHCA), Medicaid, Third Party Insurance, and other County Health Departments.

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 2.2.1	By Sept. 30, 2017, DOH MD programs for high priority service areas will complete sample budget requests in the standard legislative budget format.	0	This objective has been met as of 2014 and will be removed from the new CHIP.	0	1	Sept. 30, 2017	▲	**Completed**
HI 2.3.1	By Sept. 30, 2017, will follow the Central Office rule revision recommendations from the fee system to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay.	Implement Central Office rule	The objective in 2014 has met its target as DOH now follows central office lead. As of December 2019, the billing department staff continues to monitor claims closely; denials have been worked in a timely manner. The billing staff is successful at keeping Medicaid denial rate below industry standards which is at a 3% rate.	Implemented the Central Office rule revision.	Implement the Central Office rule revision.	Sept. 30, 2017	▲	**Completed**
HI 2.3.2	By Sept. 30, 2017, DOH MD will have documented a fee analysis or fee adjustment process to better align fees with actual cost.	Establish a fee analysis	The objective has met its target in 2014 by creating a documented process to better align fees with actual cost.	Yes	Yes	Sept. 30, 2017	▲	**Completed**
HI 2.3.3	By Sept. 30, 2017, DOH MD non-clinical program offices will have documented a fee analysis or fee adjustment process to better align fees with actual cost.	No	The objective met its target in 2015.	Yes	Yes	Sept. 30, 2017	▲	**Completed**

Goal 3: Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a plan to implement the state plan locally and follow all state directives.
- Follow the plan produced by Department of Health and implement it locally.

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

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 3.1.2	By Dec. 1, 2018, DOH MD and Florida Public Health Training Centers will produce a plan to collaboratively address identified training gaps, using data from the needs assessment.	No plan.	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	No	No	December 1, 2018	▼	**Not Completed**
HI 3.2.2	By Dec. 30, 2018, DOH MD will develop a plan to increase opportunities for graduate students to develop practical application skills through structured internships and other strategies.	No plan.	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	No	No	December 30, 2018	▼	**Not Completed**
HI 3.4.4	By July 1, 2017, the percentage of employees who have had an Employee Development Plan completed during their performance appraisal will increase.	0%	This objective met its target in 2014. The employee development plan usage has increased, however the process for tracking completion has changed over the last two years and is now set as a survey monkey for each staff to complete with their supervisors (2019).	63.4%	73.4%	July 1, 2017	▲	**Completed**

Goal 4: Promote an efficient and effective public health system through performance management and collaboration among system partners.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a CHIP for 2014-2018 which will align with the SHIP.
- Develop a process to collect performance data.
- Develop a plan that follows the Public Health Accreditation Board centralized state model for accreditation.
- Collaborate with partner organizations, community residents, local government officials, and key stakeholders in Miami-Dade County to participate in the local public health system assessment.
- Develop and publish a Strategic Plan Alignment document to the State Health Office.

Key Partners: Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Miami-Dade County, partners present at the Local Public Health System Assessment

Progress: Progress is detailed in the performance section for each objective as noted below**.**

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 4.3.2	By Dec. 31, 2018 DOH MD public health system assessment will show results indicating moderate to significant activity.	Yes	This objective met its target. The Local Public Health System Assessment showed results indicating moderate to significant activity in 2017.	Yes	Yes	December 31, 2018	▲	**Completed**
HI 4.3.4	By Jan. 31, 2018, DOH MD will be accredited by the Public Health Accreditation Board.	No	This objective met its target in 2016. The Department of Health in Miami-Dade County was accredited by the Public Health Accreditation Board.	Yes	Yes	January 31, 2018	▲	**Completed**
HI 4.3.8	By Dec. 31, 2018, 100% of DOH MD's strategic plans will align with community health improvement plans.	100%	The Strategic Plan aligns priorities to the state's public health system priorities, established in the State Health Improvement Plan (SHIP). The CHIP is directly linked to the State Health Improvement Plan (SHIP) effective 2014.	100%	100%	December 31, 2018	▲	**Completed**
HI 4.3.9	By Dec. 31, 2018, the DOH MD's performance management data system will be operational.	No	This objective met its target. A local performance management data system was developed and implemented (2014).	Yes	Yes	December 31, 2018	▲	**Completed**

NEW OBJECTIVES CHIP 2019-2024

Rationale for New CHIP:

The new CHIP was developed as a result of completing the MAPP process in 2019. Based on the results of the new assessments, a community meeting was held in July of 2019, and the community determined the strategic priority areas that included health equity, access to care, chronic disease, maternal-child health, injury safety and violence, and communicable diseases and emergent threats. Based on these strategic priority areas, the community identified areas and activities that should be implemented to address each of these priorities. As a result of this meeting the new Community Health Improvement Plan was developed. Please see Appendix A for the community meeting agenda, sign-in sheet, ranking sheets and full outline of materials used for the day including presentations.

Strategic Priority: Health Equity

Goal 1: Improve service linkage to encourage equity

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

Objectives	Baseline	Target	Target Date
HE 1.1.1: By September 30, 2022 develop a health equity pre-training knowledge test that can be implemented with all DOH Miami-Dade employees and shared with external partners through media postings, consortium meetings, and trainings.	0	1	September 30, 2022
HE 1.1.2: By September 30, 2024 develop a health equity training and post-test that can be implemented with all DOH Miami-Dade employees and shared with external partners through media postings, consortium meetings, and trainings.	0	1	September 30, 2024

Strategy 2: DOH Miami-Dade staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to implement within their committee work plan a health equity component, specifically including social determinants of health (SDOH).

HE 1.2.1: By September 30, 2020, create committee work plans that incorporate SDOH, health equity, and cultural competency components to assist with implementation of policy, systems and environmental changes in the community.	0	6	September 30, 2020

Goal 2: Provide access to quality of educational services

Strategy 1: DOH staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to identify community partners that can assist with identifying best practices to address health equity (HE) and SDOH.

HE 2.1.1: By September 30, 2024, five new organizations will participate in the Consortium for a Healthier ami Dade that can provide successful examples of programs working to address SDOH within the community.	0	5	September 30, 2024

Strategy 2: Provide educational outreach, media support, and community collaboration for promotion of materials and services that improve HE and reduce the prevalence of SDOH.			
HE 2.2.1: By September 30, 2021, participate in a minimum of five community-based events that are attended where at least 10 pieces of educational materials for HE are distributed.	0	5	September 30, 2021
HE 2.2.2: By September 30, 2021 increase the number of engagements with media outlets that will support at least one current HE effort by collaborating on distributing or broad-casting educational materials from 0 to 2.	0	2	September 30, 2021
Goal 3: Improve Community Involvement			
Strategy 1: Promote awareness and education in the community by working with community-based organizations to highlight opportunities to improve economic stability.			
Objectives	**Baseline**	**Target**	**Target Date**
HE 3.1.1: By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to increase from 0 to 2 the number of community events supported to raise awareness of the communities with the highest need to improve economic stability.	0	2	September 30, 2024
Strategy 2: Work with Miami-Dade County Public Schools to review strategies in place to improve graduation rates for Miami-Dade's vulnerable population.			
HE 3.2.1: By September 30, 2024, increase the number from 0 to 3 identified strategies and best practices within Miami-Dade County that are in place that encourage increased graduation rates for vulnerable students and students with disabilities.	0	3	September 30, 2024
Strategy 3: Support partners in creating opportunities to increase access to adequate food and access to physical activity.			
HE 3.3.1: By September 30, 2024, policy, system, or environmental changes will increase from 0 to 2 to support affordable housing, access to healthier food, and increased physical activity opportunities	0	2	September 30, 2024
Strategy 4: Develop a process to integrate mental health awareness activities into the community**.**			
HE 3.4.1: By September 30, 2024 increase the number of mental health providers from 0 (2019) to 10 that participate with the Consortium for a Healthier Miami-Dade.	0	10	September 30, 2024
HE 3.4.2: By September 30, 2024, increase community-based partnerships by enrolling new Consortium partners that are rooted in the provision of health care services from 6 (2019) to 50.	6	50	September 30, 2024
Strategy 5: Maintain partnerships with local Federally Qualified Health Centers (FQHC) and community-based medical providers that provide primary care interventions to the community.			

HE 3.5.1: By September 30, 2024 increase medical referrals from 49% (2018-2019) to 59% (if indicated) to both community-based providers and Journey to Wellness Green Prescriptions provided to the community.	49%	59%	September 30, 2024
Goal 4: Improve access to affordable and quality housing.			
Strategy 1: Support partners in creating opportunities to reduce the number of households with higher housing cost burdens.			
HE 4.1.1: By September 30, 2024, policy, system, or environmental changes will increase from 0 to 2 to support shared use paths for all populations with considerations given for modes of transportation, mobility level, and age.	0	2	September 30, 2024
Strategic Priority: Access to Care			
Goal 1: Use health information technology to improve the efficiency, effectiveness, and quality of patient care coordination, patient safety, and health care outcomes.			
Strategy 1: Develop a strategy for updating community resources with agencies within the community that obtain the appropriate data.			
Objectives	**Baseline**	**Target**	**Target Date**
AC 1.1.1: By September 30, 2024, a plan will be devised as to the most effective way to update community resources in collaboration with community partners.	0	1	September 30, 2024
Strategy 2: Florida Health Charts will be used to obtain county, peer county, and state data for specific indicator tracking.			
AC 1.2.1: By September 30, 2020, DOH Miami-Dade will utilize the Florida Health Charts as a mechanism to obtain standardized data for chronic disease and this data will be used to support the Community Health Assessment and the development of the CHIP Indicators.	0	1	September 30, 2020
Strategy 3: Develop a standardized community profile using the Robert Wood Johnson Foundation and County Health Rankings.			
AC 1.3.1: By September 30, 2024, use core health indicators identified by the Executive Board of the Consortium for Healthier Miami-Dade to track and evaluate community progress annually.	0	1	September 30, 2024
Goal 2: Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals			
Strategy 1: The BRFSS data and the Community Themes and Strengths Assessment (CTSA) will be incorporated into the development of the Community Health Improvement Plan to track neighborhood level health indicators and share results with the community.			

AC 2.1.1: By September 30, 2024, DOH Miami-Dade will increase the number of messages from 205 (2019) to 265 disseminated to the community related to assessment results, health promotion, programming and best practices for the community that could improve the health of the community and its residents.	205	265	September 30, 2024
AC 2.1.2: By September 30, 2024, DOH Miami-Dade will strengthen the Community Health Assessment (CHA) to assure it addresses older adults needs aged 65 and above from 7 (2019) to 10.	7	10	September 30, 2024
Goal 3: Promote an efficient public health system for Miami-Dade County.			
Strategy 1: Follow the Workforce Development Plan produced by DOH and implement it locally and encourage additional training and education.			
Objectives	**Baseline**	**Target**	**Target Date**
AC 3.1.1: By September 30, 2024, DOH Miami-Dade will increase the number of local educational institutions from 0 to 2 that collaboratively address identified training gaps using data from the community needs assessment.	0	2	September 30, 2024
Strategy 2: Develop a process to collect performance data relative to significant activity in mobilizing partnerships.			
AC 3.2.1: By September 30, 2024, DOH Miami-Dade will increase the number of opportunities for graduate students to develop practical application skills through structured internships and other strategies from 14 (2020) to 16.	14	16	September 30, 2024
AC 3.2.2: By September 30, 2024, the percentage of employees who have had an Employee Development Plan completed during their performance appraisal will increase from 63.4% to 73.4%.	63.4%	73.4%	September 30, 2024
Goal 4: Immigrant access to health care and community-based services.			
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain a healthy weight regardless of immigration status.			
AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods.	173,757	191,132	September 30, 2024
AC 4.1.2: By Septmeber 30, 2024, collaborate with the U.S. Dept. of Agriculture, Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2 years and older who are overweight or at risk of being overweight from 29.4% (2019) to 28.0%.	29.4%	28.0%	September 30, 2024
AC 4.1.3: By Septmeber 30, 2024, increase the monthly number of targeted low-income population under the age of 21 receiving dental services in Miami-Dade from 201 to 220.	201	220	September 30, 2024
AC 4.1.4: By Septmeber 30, 2024, increase the monthly number of targeted low-income population over the age of 21 receiving dental services in Miami-Dade from 701 to 715.	701	715	September 30, 2024

Goal 5: Improve access to community services that promote improvement in social and mental health, opioid treatment, and early linkage to address cognitive disorders.			
Strategy 1: Improve community resources and services available to serve residents working through mental health or behavioral health concerns.			
AC 5.1.1: By September 30, 2024, increase the number of licensed mental health counselors in Miami-Dade County for both adults and children from 1,363 (2018-2019) to 1,463.	1,363	1,463	September 30, 2024
AC 5.1.2: By September 30, 2024, DOH Miami-Dade will host two mental health first aid trainings open to the public.	0	2	September 30, 2024
AC 5.1.3: By September 30, 2024, increase the number of people that are educated about cognitive disorders including Alzheimer's and other forms of age-related dementias by increasing community involvement and outreach materials from 3 (2019) to 12.	3	12	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
Strategy 2: Increase the number of pregnant women in treatment for opioid disorders.			
AC 5.2.1: By September 30, 2024 determine a baseline for the number of newborns experiencing neonatal abstinence syndrome.	No baseline.	Determine baseline.	September 30, 2024
AC 5.2.2: By September 30, 2024 reduce the number of newborns experiencing neonatal abstinence syndrome from 11% (2018) to 9.9%.	11%	9.9%	September 30, 2024
Strategy 3: Ensure a properly trained DOH and Community workforce as it relates to how to recognize signs of substance abuse, overdose and how to administer naloxone.			
AC 5.3.1: By September 30, 2024, DOH Miami-Dade will ensure that 75% of all DOH (licensed and field) staff are trained in how to administer naloxone.	0	75%	September 30, 2024
AC 5.3.2: By September 30, 2024, champion at least two campaigns aimed at raising awareness of substance abuse and local resources available.	0	2	September 30, 2024
AC 5.3.3: By September 30, 2024, host one CEU conference that provides education to the community on the prevention of substance abuse disorders, community impact and service availability for treatment.	0	1	September 30, 2024
Strategy 4: Increase the number of resources and support groups that are available to residents.			
AC 5.4.1: By September 30, 2020, increase from 0 to 1 a local resources tab on the DOH Miami-Dade Consortium for a Healthier Miami-Dade webpage that highlights local resources available for suicide prevention and education.	0	1	September 30, 2020

AC 5.4.2: By September 30, 2024, identify high risk populations in Miami-Dade County that have higher rates of suicide and increase from 0 to 5 the number of Consortium partners that provide services.	0	5	September 30, 2024
Goal 6: Increase awareness of Alzheimer's and related Dementias.			
Strategy 1: Strengthen local networks that support Alzheimer's initiatives.			
AC 6.1.1: By September 30, 2024, increase from 0 to 1 the collaboration with healthcare systems to advance the Age Friendly Initiative within their organization.	0	1	September 30, 2024
AC 6.1.2: By September 30, 2024, increase the number of partners influenced to develop policies, systems, and environmental changes that will have a positive impact on the needs of older adults from 1 to 2.	1	2	September 30, 2024
AC 6.1.3: By September 30, 2024, increase the rate of compliance for facilities with older adults regulated by DOH/Environmental Health (EH) from 90% to 92.4%.	90%	92.4%	September 30, 2024
AC 6.1.4: By September 30, 2024, maintain the inspection rates for EH complaints associated with facilities with older adults regulated by DOH/EH at 100%.	100%	100%	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
Strategy 2: Increase local resources for caregivers and increase the use of best practices in the field of Alzheimer's and Dementias.			
AC 6.2.1: By September 30, 2024, DOH Miami-Dade will implement at least one new education program or health service, or messaging campaign targeted for older adults.	0	1	September 30, 2024
AC 6.2.2: By September 30, 2024, increase the number of evidenced-based programs or existing toolkits that can be used in the community to improve understanding for Alzheimer's Disease and Related Dementias (ADRDs) from 0 to 1.	0	1	September 30, 2024
AC 6.2.3: By September 30, 2024, the Elder Issues Committee will ensure that the work plan contains a minimum of two activities related to Alzheimer's Disease and Related Dementias (ADRD's).	0	2	September 30, 2024
Strategy 3: Work to ensure that those diagnosed with ADRD's are protected.			
AC 6.3.1: By September 30, 2024, collaborate with local and state agencies to identify policies and programs in place that are designed to protect individuals with ADRD from further vulnerability from 7 to 9.	7	9	September 30, 2024
AC 6.3.2: By September 30, 2024, increase from 0 to 10 the number of events where information is provided to the community on program availability that protects the at-risk population.	0	10	September 30, 2024

Strategic Priority: Chronic Disease			
Goal 1: Reduce chronic disease morbidity and mortality.			
Strategy 1: Assess the ability to implement evidence-based clinical guidelines in the management of chronic diseases.			
CD 1.1.1: By September 30, 2024, increase from 12 to 15 the number of strategies for promoting clinical practice guidelines through partner networks.	12	15	September 30, 2024
Strategy 2: Encourage Miami-Dade County Residents to seek screenings for chronic diseases through educational campaigns.			
CD 1.2.1: By September 30, 2024, increase the percentage of women 50-64 older in Miami-Dade who received mammogram in the past year from 97% (2019) to 99%.	97%	99%	September 30, 2024
CD 1.2.2: By September 30, 2024 increase the number of women 18 years of age and older who received a Pap test in the past year from (2019) 33.7% to 37.0%.	33.7%	37.0%	September 30, 2024
Strategy 3: Encourage Miami-Dade residents to get screening for conditions that contribute to chronic disease such as diabetes, hypertension, and BMI and reduce behaviors that contribute to chronic diseases through an educational campaign.			
CD 1.3.1: By September 30, 2024, increase the percentage of Miami-Dade adults who had a cholesterol screening in the past two years 69% (2019) to 72%.	69%	72%	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
CD 1.3.2: By September 30, 2024, reduce current smoking rates among Miami-Dade adults from 12.3% (2016) to 10.5%.	12.3%	10.5%	September 30, 2024
CD 1.3.3: By September 30, 2024, reduce current cigarette use among Miami-Dade's youth, ages 11–17 from 2.3% (2018) to 1.9%.	2.3%	1.9%	September 30, 2024
CD 1.3.4: By September 30, 2024, increase the number of committed never smokers among Miami-Dade's youth ages 11-17 from 86.8% (2018) to 88%.	86.8%	88%	September 30, 2024
CD 1.3.5: By September 30, 2024, decrease the percentage of Miami-Dade teens (11-17) who have used smokeless tobacco from .8% (2018) to 0.5%.	.8%	.5%	September 30, 2024
CD 1.3.6: By September 30, 2024, decrease the percentage of Miami-Dade teens (11-17) who have smoked a cigar in the last 30 days from 2.0% (2018) to 1.5%.	2.0%	1.5%	September 30, 2024
CD 1.3.7: By September 30, 2024, decrease the percentage of students that report they live with someone who smokes cigarettes from 20.7% (2018) to 19%.	20.7%	19%	September 30, 2024

CD 1.3.8: By September 30, 2024, reduce the percentage of Miami-Dade students (11-17) who have been exposed to secondhand smoke in the last 30 days from cigarette or electronic vapor product from 49.5% (2018) to 48%.	49.5%	48%	September 30, 2024
CD 1.3.9: By September 30, 2024, reduce the percentage of youth aged 11-17 who have used an electronic cigarette or vaping product from 15.2% to 15.0% (2018).	15.2%	15.0%	September 30, 2024
CD 1.3.10: By September 30, 2024, reduce the percentage of adults over age 18 who have used an electronic cigarette or vaping product from 2.3% to 2.1% (2016).	2.3%	2.1%	September 30, 2024
CD 1.3.11: DOH Miami-Dade will undertake at least one educational campaign on the harms of vaping among youth and adults.	0	1	
Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healthy food options and smoke and nicotine-free environments.			
Strategy 1: Increase access to healthier food options through program expansion, educational campaings, and identification of best practices.			
CD 2.1.1: By September 30, 2024, DOH Miami-Dade will expand oppurtunities to purchase healthy food for users of WIC and SNAP from 106,002 (FFY 2019) to 114,482.	106,002	114,482	September 30, 2024
CD 2.1.2: By September 30, 2024, decrease the percentage of Miami-Dade adults who are overweight from 38.7% (2016) to lower than 35.9%.	38.7%	35.9%	September 30, 2024
CD 2.1.3: By September 30, 2024 decrease the percentage of students who are obese from 15.4% (2018) to 13.9%.	15.4%	13.9%	September 30, 2024
CD 2.1.4: By September 30, 2024, decrease the percentage of students who are overweight from 16.9% (2018) to 16.5%.	16.9%	16.5%	September 30, 2024

Objectives	Baseline	Target	Target Date
Strategy 2: Develop a community awareness campaign on the importance of breastfeeding, lactation policy and employee right to pump until child is 1-year-old.			
CD 2.2.1: By September 30, 2024, increase the percentage of WIC women who initiate breastfeeding from 86.5% (2019) to 96.0%.	86.5%	96.0%	September 30, 2024
CD 2.2.2: By September 30, 2024, increase the percentage of WIC women who are breastfeeding (any amount/partially or exclusively) their infant at 6 months of age from 45.5% (2019) to 55.5%.	45.5%	55.5%	September 30, 2024
Goal 3: Increase the percentage of children and adults who are at a healthy weight.			
Strategy 1: A plan will be developed to allow for the adoption of Complete Streets Policy and Active Design Miami Guidelines in Miami-Dade.			
CD 3.1.1: By September 30, 2024, increase the number of municipalities that have adopted Complete Streets policies from 1 (2017) to 3.	1	3	September 30, 2024
CD 3.1.2: By September 30, 2024, increase the number of municipalities that have adopted Active Design Miami Guidelines from 11 to 13.	11	13	September 30, 2024
CD 3.1.3: By September 30, 2024 work with local stakeholders to identify three best practices that encourage connectivity to parks, public transportation systems, and walking paths from 0 to 3.	0	3	September 30, 2024
Goal 4: Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors.			
Strategy 1: A process will be developed between Miami-Dade organizations to ensure collaboration in electronic data sharing.			
CD 4.1.1: By September 30, 2024, increase from 2 to 8 the number of Miami-Dade organizations that will be data sharing.	2	8	September 30, 2024
CD 4.1.2: By September 30, 2024, increase from 2 to 6 the number of Miami-Dade organizations that will actively be sharing data daily through the Florida Health Information Exchange.	2	6	September 30, 2024
CD 4.1.3: By September 30, 2024, increase the number from 0 (2019) to 1,500 of Miami-Dade health care providers that will be registered to exchange data by using direct secured messaging.	0	1,500	September 30, 2024
CD 4.1.4: By September 30, 2024, increase the percentage of active participants from 0% (2019) to 40% in DOH Miami-Dade Information Technology direct secured messaging will have sent a transaction at least one time in the last month.	0%	40%	September 30, 2024

Strategic Priority: Maternal Child Health			
Goal 1: Reduce the rates of low birth weight babies born in Miami-Dade			
Strategy 1: Provide information on the Safe Sleep Campaign targeting areas of highest need in Miami-Dade and develop an educational campaign on the risk factors associated with infant mortality.			
Objectives	**Baseline**	**Target**	**Target Date**
MCH 1.1.1: By September 30, 2024, work to reduce the black infant mortality rate in Miami-Dade from 10.8 (2018) to 10.0 per 1000 live births.	10.8	10.0	September 30, 2024
MCH 1.1.2: By September 30, 2024, reduce the infant mortality rate in Miami-Dade from 4.6 (2018) to 4.0 per 1000 live births.	4.6	4.0	September 30, 2024
MCH 1.1.3: By September 30, 2024 undertake at least one educational campaign that provides education and information on safe sleep practices and risk factors that increase the risk of infant mortality to the community.	0	1	September 30, 2024
Strategy 2: Leverage resources to enhance family planning and related education to sustain short inter-pregnancy intervals at a low level.			
MCH 1.2.1: By September 30, 2024, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 29.4% (2019) to 28%.	29.4%	28%	September 30, 2024
MCH 1.2.2: By September 30, 2024, decrease the percentage of Miami-Dade teen births, ages 15–19, that are subsequent (repeat) births from 14.1% 92019) to 13.1%.	14.1%	13.1%	September 30, 2024
MCH 1.2.3: By September 30, 2024, reduce percent of live births to mothers aged 15–19 from 13.9% (2019) to 12.9% per 1,000 Miami-Dade females.	13.9%	12.9%	September 30, 2024
Goal 2: Reduce maternal and infant morbidity and mortality.			
Strategy 1: Create an educational campaign about healthy pregnancy that targets Black/Other Non-white races in Miami-Dade.			
MCH 2.1.1: By September 30, 2024, reduce the rate of maternal deaths per 100,000 live births in Miami-Dade from 12.9 (2018) to 12.0.	12.9	12.0	September 30, 2024
Goal 3: Increase trauma informed policies, systems, and environmental changes and support for programming.			
Strategy 1: Develop a strategy for updating community resources with agencies within the community that obtain trauma related data.			
MCH 3.1.1: By September 30, 2024 a plan will be devised as to the most effective way to update community resources in collaboration with community partners.	0	1	September 30, 2024

MCH 3.1.2: By September 30, 2024 increase the number of presentations on Adverse Childhood Experiences (ACEs) and plan of care from 0 to 3.	0	3	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
Strategy 2: A strategy will be developed locally to address access to care and a map will be developed identifying areas where there are shortages of primary medical care, dental or mental health providers.			
MCH 3.2.1: By September 30, 2024, the Florida Department of Health in Miami-Dade will develop a map of areas within the county where there are shortages of primary medical care, dental and mental health providers.	No	Yes	September 30, 2024
MCH 3.2.2: By September 30, 2024, the Florida Department of Health in Miami-Dade County will increase the number of community events from 0 to 50 where resources that address mental health, opioid addiction, or childhood trauma are shared.	0	50	September 30, 2024
Goal 4: Generational and family support in Maternal Child Health.			
Strategy 1: Continue to provide information on the Safe Sleep Campaign targeting minorities in Miami-Dade County.			
MCH 4.1.1: By September 30, 2024, increase the number of culturally competent educational materials and or services from 0 to 10 to families including grandparents related to the benefits of breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality.	0	10	September 30, 2024
Strategic Priority: Injury, Safety, and Violence			
Goal 1: Prevent and reduce illness, injury, and death related to environmental factors.			
Strategy 1: Review opportunities to provide information on encouraging safe driving practices for teens			
ISV 1.1.1: By September 30, 2024 DOH Miami-Dade will conduct at least two social media campaigns that promote best practices for teen drivers.	0	2	September 30, 2024
Strategy 2: Decrease child injury from motor vehicle crashes.			
ISV 1.2.1: By September 30, 2024, DOH will increase from 0 to 5 the number of strategies that are identified and implemented to educate the community about best practices to reduce child passengers involved in fatal crashes with a focus on areas of highest need.	0	5	September 30, 2024
ISV 1.2.2: By September 30, 2024, reduce the number of Fatal Traumatic Brain Injuries under age 1, age adjusted 3 Year Rolling in Miami-Dade from 5% (2010) to 4.5%.	5%	4.5%	September 30, 2024

ISV 1.2.3: By September 30, 2024, reduce the number Fatal Traumatic Brain Injuries 1-5, Age Adjusted 3 Year Rolling in Miami-Dade from 10% (2010) to 8%.	10%	8%	September 30, 2024
Strategy 3: Reduce and track the number of falls and injuries.			
ISV 1.3.1: By September 30, 2024, DOH Miami-Dade will work with the Elder Issues Committee and the Mayors Initiative on Aging to increase meeting with providers in the community that provide education to the elder population on fall prevention from 1 (2019) to 3.	1	3	September 30, 2024
ISV 1.3.2: By September 30, 2024, annually update data sources in the Florida Injury Surveillance Data System and disseminate annual injury data report.	No	Yes	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
Strategy 4: Reduce the drowning injuries and associated hospitalizations for Miami-Dade County.			
ISV 1.4.1: By September 30, 2024, DOH Miami-Dade will work with both local media and social media to educate the community about water safety and to share information on local swim classes.	No	Yes	September 30, 2024
ISV 1.4.2: By September 30, 2024, reduce the number of hospitalizations for near drowning, ages 1-5 in Miami-Dade from 8 (2018) to 6.	8	6	September 30, 2024
ISV 1.4.3: By September 30, 2024, decrease the number of deaths from drowning, ages 0-5 (Three Year Rolling) in Miami-Dade from 2.59 (2018) to 2.0.	2.59	2.0	September 30, 2024
Strategy 5: Ensure that all Miami-Dade public water systems are in compliance with public health standards.			
ISV 1.5.1: By September 30, 2024, increase from 98.7% to 100% the number of public water systems that have no significant health drinking water quality problems.	98.7%	100%	September 30, 2024
Strategy 6: Ensure adequate budget and staffing to fully implement the environmental public health regulatory programs.			
ISV 1.6.1: By September 30, 2024, increase the environmental health inspections of all other entities with direct impact on public health according to established standards from 77.25% to 90%.	77.25%	90%	September 30, 2024
ISV 1.6.2: By September 30, 2024, annually ensure that 100% of illness and outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of the initial outbreak report.	100%	100%	September 30, 2024

Goal 2: Build and revitalize communities so that people have access to safer and healthier neighborhoods.			
Strategy 1: Develop resources and training materials on the topic of Health and the Built Environment in addition to identifying speakers who can provide education and community awareness.			
ISV 2.1.1: By September 30, 2024, the Consortium for a Healthier Miami-Dade will assist in identifying at least three best practices that can be utilized at the local level to educate the community on the importance of the built environment and its linkage to health status.	0	3	September 30, 2024
Strategy 2: Use evidence-based interventions as a means to reduce community violence.			
ISV 2.2.1: By September 30, 2024, DOH Miami-Dade will partner with at least two local municipal law enforcement agencies to better understand local interventions that are used to curb violence in the community and determine how the DOH can assist in violence reduction strategies.	0	2	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
Goal 3: Minimize loss of life, illness, and injury from natural or man-made disasters.			
Strategy 1: Develop a method to ensure surge capacity to meet the needs of all hazards.			
ISV 3.1.1: By September 30, 2024 achieve and maintain DOH Miami-Dade Public Health Preparedness Strategic Plan alignment with Florida Public Health and Health Care Preparedness Strategic Plan.	No	Yes	September 30, 2024
ISV 3.1.2: By September 30, 2024, maintain completion of the After-Action report (AAR) and Improvement Plan (IP) following an exercise or real incident within 30 days of the exercise or event.	No	Yes	September 30, 2024
Strategy 2: Prepare the public health and health care system for all hazards, natural or man-made			
ISV 3.2.1: By September 30, 2024, increase the number of community sectors, in which DOH Miami-Dade partners participate in significant public health, medical, and mental or behavioral health-related emergency preparedness efforts or activities from 20 to 30.	20	30	September 30, 2024
Goal 4: Anti-Violence Initiatives/prevent and reduce unintentional and intentional injuries.			
Strategy 1: Maintain partnerships with local community and non-profit organizations that provide injury interventions for the community.			
ISV 4.1.1: By September 30, 2024, reduce the rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children from 5.08 (2018) per 100,000 to 4.5 per 100,000.	5.08	4.5	September 30, 2024

ISV 4.1.2: By September 30, 2024, DOH Miami-Dade will work with local organizations to promote education on gun safety and awareness events from 2 events to 4 events.	2	4	September 30, 2024
ISV 4.1.3: By September 30, 2024, DOH Miami-Dade will work with its internal legislative lead to identify policies that impact gun violence.	0	1	September 30, 2024
Strategic Priority: Communicable Diseases and Emergent Threats			
Goal 1: Prevent and control infectious diseases.			
Strategy 1: Develop a process to assure that all vaccinations received by children in the county are properly monitored using the Florida State Health online tracking system (Florida SHOTS).			
CDET 1.1.1: By September 30, 2024, increase the percentage of two-year old's who are fully immunized from 93.1% (2018) to 95% in Miami-Dade.	93.1%	95%	September 30, 2024
CDET 1.1.2: By September 30, 2024 increase the percentage of two-year-old CHD clients that are fully immunized in DOH Miami-Dade from 97.9% (2019) to 99%.	97.9%	99%	September 30, 2024
Objectives	**Baseline**	**Target**	**Target Date**
Strategy 2: Increase awareness of vaccine preventable diseases.			
CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami-Dade will decrease from 3 (2018) to 0.	3	0	September 30, 2024
CDET 1.2.2: By September 30, 2024 the number of confirmed cases of *Haemophilus influenzae* type B in children under 19 in Miami-Dade will decrease from 4 (2018) to 0.	4	0	September 30, 2024
CDET 1.2.3: September 30, 2020 determine baseline data for HPV vaccination rates.	No	Yes	September 30, 2024
CDET 1.2.4: By September 30, 2024 increase the HPV vaccination completion rate for children 9-17 years of age from 22.83% to 25% (2019).	22.83%	25%	September 30, 2024
CDET 1.2.5: By September 30, 2024, DOH Miami-Dade will undertake a social marketing campaign to provide information to the community on the types and purposes of vaccines.	0	1	September 30, 2024
CDET 1.2.6: By September 30, 2024, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 51.9% (2016) to 53.9% in Miami-Dade.	51.9%	53.9%	September 30, 2024
Strategy 3: Monitor case investigation status and enhance communication with health care providers.			

CDET 1.3.1: By September 30, 2024, the percentage of infectious syphilis treated within 14 days of reporting in Miami-Dade County will increase from 88% (2018) to 90%.	88%	90%	September 30, 2024
CDET 1.3.2: By September 30, 2024, increase from 0 to 1 educational campaigns that target high risk populations on the importance of knowing their status, getting tested for STI's, HIV and seeking treatment.	0	1	September 30, 2024
Strategy 4: Monitor case investigation status and enhance communication with health care providers.			
CDET 1.4.1: By September 30, 2024, decrease the rates of congenital syphilis from 24 (2018) to 14.	24	14	September 30, 2024
Strategy 5: Focus HIV prevention efforts in communities and areas with higher rates of HIV transmission.			
CDET 1.5.1: By September 30, 2024, reduce the number of new HIV infections per 100,000 in Miami-Dade from 43.68 (2018) to 40 to be at or below the national state average per year with focus on the elimination of racial and ethnic disparities in new HIV infections.	43.68	40	September 30, 2024
CDET 1.5.2: By September 30, 2024, reduce the AIDS case rate in Miami-Dade per 100,000 from 14.3 (2018) to 10.	14.3	10	September 30, 2024
Strategy 6: Increase access to care and improve health outcomes for people living with HIV (PLWH).			
CDET 1.6.1: By September 30, 2024, increase the percentage from 69.03% (2019) to 85% of newly identified HIV infected persons linked to care within 30 days of diagnosis and are receiving appropriate prevention, care and treatment services in Miami-Dade.	69.03%	85%	September 30, 2024
Goal 2: Provide equal access to culturally competent care.			
Strategy 1: Ensure that systems and personnel are available to effectively manage all hazards.			
CDET 2.1.1: By September 30, 2024, increase the percentage of pre-identified staff covering Public Health and Medical incident management command roles that can report to duty within 60 minutes or less from 90 (2019) to 100%.	90%	100%	September 30, 2024
CDET 2.1.2: Increase and sustain the percentage of DOH-Miami-Dade employees responding to monthly notification drills within an hour from 87% to 95% by February 28, 2020.	87%	95%	September 30, 2024

Accomplishments

Goal	Objective	Accomplishment
Build and revitalize communities so that people can live healthy lives.	CR2.1.6: By December 31, 2018 a strategy will be written in partnership with the alliance for aging that will support older adults being able to age in place with the best quality of life.	Completion of the Elder Issues work plan in alignment with meeting the needs of older adults. Educating the community on the importance of an Aging in Place Initiative; mobilizing community organizations to work together to take action; and improving livability for all ages.

Why This Accomplishment is Important for Our Community

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

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

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

Goal	Objective	Accomplishment
Reduce maternal and infant morbidity and mortality.	By December 31, 2018, increase the percentage of women who are exclusively breastfeeding their infant at 6 months of age from 9.3% (2007) to 12%.	FLDOH is on track to meet this objective in the future. This indicator progressively shows an increase in the percentage of women who are exclusively breastfeeding their infant at 6 months of age. For the last quarter in 2019 data indicates that 10% was the percentage for this objective.

Why This Accomplishment is Important for Our Community

The DOH-Miami-Dade WIC (Women, Infant, and Children) Program has actively been working to increase the percentage of women who are exclusively breastfeeding their infants at 6 months of age while also examing the breastfeeding rates for non-Hispanic Black women in Miami-Dade County. The gap in breastfeeding rates among non-Hispanic Black infants and other racial/ethnic groups is substantial. In July 2017, non-Hispanic Black women had the lowest initiation rates in the county (75.3 % vs 85.7% for Hispanics and 82.2% Whites). The burning question for was *why* do these disparities persist? An interdisciplinary team of WIC professionals, the Miami-Dade County Health Department, and community partners convened to address these disparities.

A series of surveys were conducted in the community-at-large and with WIC mothers to address breastfeeding attitudes and beliefs in 2019. The survey confirmed significant differences in breastfeeding attitudes and beliefs depending on where residents lived. Non-Hispanic Black mothers had significantly lower attitude scores than White or Hispanic mothers in the same neighborhood. Pregnant women who saw a WIC Peer Counselor (PC) were 20% more likely to intend to breastfeed. Interaction with a WIC PC or lactation consultant was also associated with more positive breastfeeding attitudes and practices. Encouragement and support from women with breastfeeding experience as well as family support were cited as the most important contributing factors to make breastfeeding successful in this community.

In addition, DOH-Miami-Dade WIC (Women, Infant, and Children) Program is a very active partner of the Healthy Baby Takskforce and works with many other sectors in DOH and partners in the community to increase breastfeeding education and support in Miami-Dade County. Next steps will be to use the data from these assessments to develop community-specific action plans with important collaborators and community stakeholders who can impact breastfeeding rates in non-Hispanic Black communities in Miami-Dade.

Goal	Objective	Accomplishment
Prevent and Control infectious disease	By December 31, 2018, reduce reported new HIV infections per 100,000 in Miami-Dade from 53.9 (2014) to 45 with particular focus on the elimination of racial and ethnic disparities and new HIV infections.	FLDOH is on track to meet this objective in the future. Through the work of the HIV team and the getting to zero task force, outreach and education has increased. It is worth noting that 0 babies were infected with HIV in Miami-Dade County in 2019.

Why This Accomplishment is Important for Our Community

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

In 2019 the DOH-Miami-Dade STD/HIV program was working on local efforts around a new initiative called Ending the HIV Epidemic: A Plan for America. Miami-Dade County was one of seven jurisdictions that received funding to conduct a rapid community engagement response in order to create a jurisdictional Ending the HIV Epidemic: A Plan for Miami-Dade County. The program in 2019 was working on collecting community feedback through a survey to create this plan. Currently, the Florida Department of Health in Miami-Dade county is finalizing the Ending the HIV Epidemic Plan. The input from the community is key and needed to create a successful plan that is inclusive of the needs of everyone living in Miami-Dade County.

The various initiatives have been working together to increase collaborations with community partners. These collaborations are a way for partners to educate the community on the resources available to them. This effective system change in place is to better leverage the use of community resources that are needed by those who live in Miami-Dade.

Conclusion

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

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

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019

Sign-In Sheet

Florida HEALTH MIAMI-DADE COUNTY

Appendix I

LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Adebisi	Islamiyat Nancy	Florida Department of Health in Miami-Dade	
Alonso	Betty	ConnectFamilias	
Ashkenazi	Arielle	United Way of Miami Dade	
Bassi	Jacqueline	Florida Department of Health in Miami-Dade	
Bauer	Cliff	Miami Jewish Health	
Biderman	Rachel	University of Florida	
Blanco	Mercedes	Florida Department of Health in Miami-Dade	
Brito	Cristina	United Way of Miami-Dade	
Bross	Emily	Intern Florida Department of Health	
Brown	Scott	University of Miami	
Calle	Stephanie	Florida Department of Health in Miami-Dade	
Carpenter	Melba	Florida Department of Health in Miami-Dade	
Castañeda	Lourdes	University of Miami- AHEC	
Chang Martínez	Catherina	Nova Southeastern university	
Charles	Martine	Alliance for Aging	
Concepcion	Chaveli	Florida Department of Health in Miami-Dade	attended
De Cardenas	Clarisell	Town of Miami Lakes	
De La Mota	Orlando	YMCA	
Escobar	Su-Nui	Larkin Community Hospital	
Fabre	Kirssys	ASA College	
Faustin	Witson	Florida Department of Health in Miami-Dade	
Fermin	Manuel	Healthy Start Coalition of Miami-Dade	
Fernandez	Danielle	Florida Department of Health in Miami-Dade	
Figueroa	Ximena Figueroa	Florida Department of Health in Miami-Dade	

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019

Sign-In Sheet

LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Fils-Aime	Frantz	Florida Department of Health in Miami-Dade	
Fleurimont	Emmanuella	MJD Wellness and Community Center	
Gabaroni	Mariela	Florida International University	
Garcia	Mayra	Florida Department of Health in Miami-Dade	attended
Gilmore	Theresa	Theresa Gilmore, LAc	
Gonzalez	Adriana	Florida Department of Health in Miami-Dade	
Grover	Eriko	Florida Department of Health in Miami-Dade	
Guillen	Jennifer	Florida Department of Health in Miami-Dade	
Hardy	Cheryl	Florida Department of Health in Miami-Dade	
Henry	Elizabeth	University of Miami	
Hernandez	Carmen	Florida Department of Health in Miami-Dade	attended
Hernandez	Rodolfo	United Homecare	
Hester	Robin	Mount Sinai Medical Center	
Hidalgo	Maria	VITAS Healthcare	
Holden	Queen	Florida Department of Health in Miami-Dade	
Hughes-Fillette	Jessica	Miami-Dade County	
Humphrey	Tanya	Department of Children and Families	
Iglesias	Karen	Florida Department of Health in Miami-Dade	
Jaramillo	Ricardo	Health Council of South Florida	
Javier	Laura	Florida International University	
Jean	Reynald	Florida Department of Health in Miami-Dade	
Jit	Mohnisha	Florida Department of Health in Miami-Dade	
Joseph	Keren	Florida Department of Health in Miami-Dade	
Kazmi	Zehra	Miami-Dade County Public Schools	

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019

Sign-In Sheet

Florida HEALTH MIAMI-DADE COUNTY

LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Larionova	Tatiana	Early Learning Coalition of Miami Dade Monroe	
Lopez	Jose	Florida Department of Health in Miami-Dade	
Lorie	Cheryl	Florida Department of Health in Miami-Dade	
Lowe	Camille	Florida Department of Health in Miami-Dade	
Luna	Miguel	United Healthcare	
Lundstedt	Lila	Doctoral Student FIU	
Marriott	Nicole	Health Council of South Florida	
Maytin	Melissa	Florida Department of Health in Miami-Dade	
McCant	Esther	Metro Mommy Agency	
Medina	Imelda	Familias Unidas International, Inc.	
Melus	Vickie	Florida Department of Health in Miami-Dade	
Metayer	Cassandra	Miami Children's Health plan	
Monzon Canales	Zhyrma	Florida Department of Health in Miami-Dade	
Muse	Nicole	Florida Department of Health in Miami-Dade	
Murray	Natouchka	Florida Department of Health in Miami-Dade	
Nitti	Yolanda	MDC Medical Campus	
Ortiz	Hilda	Florida Department of Health in Miami-Dade	
Ortiz	Luz Janette	Florida Department of Health in Miami-Dade	
Perez	Leyanee	Nicklaus Children's Hospital	
Perrino	Tatiana	University of Miami Department of Public Health Sciences	
Pieiga	Maria	University of Miami Health System	
Pomares	Bryan	The Children's Trust	
Ponder	Myesha	Well Way - Employee Wellness Program at Miami-Dade County Public Schools	

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019

Sign-In Sheet

LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Rios	Carolina	Barry University School of Social Work	
Rodriguez	Brendaly	University of Miami	
Rodriguez	Elisa	Miami Dade College School of Nursing	
Rodriguez	Ana	City of Miami	
Rolle	Nadine	Our Kids	
Ross	Rosie	Florida Department of Health in Miami-Dade	
Rovira	Isabel	Urban Health Solutions	
Ruiz	Sonia	Florida Department of Health in Miami-Dade	
Sabugo	Carla	Florida Department of Health in Miami-Dade	
Sandoval	Lydia	Florida Department of Health in Miami-Dade	attended
San Juan	Juliet	ConnectFamilias	
Schenker	Maite	University of Miami	
Schottenloher	Candice	Florida Department of Health in Miami-Dade	
Shiffman	Maura	Health Foundation of South Florida	
Sierra	Eddie	South Florida Seniors in Action	
Skoko	Monica	Florida Department of Health in Miami-Dade	
Smith	Takyah	Florida Department of Health in Miami-Dade	
Soler	Lujan	FIDEC	
Soto	Alina	FL Department of Children & Families	
Souto	Islara	Avmed for Miami-Dade County	
Spann	Chastity	Florida Department of Health in Miami-Dade	
Spivey	Evelyn	Florida Department of Health in Miami-Dade	
Suarez	Juan	Florida Department of Health in Miami-Dade	

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019

Sign-In Sheet

Florida HEALTH MIAMI-DADE COUNTY

LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Thompson	Dawn	Kristi House	
Thurer	Richard	Tobacco Free Workgroup University of Miami	
Tramel	Alecia	Positive People Network	
Trevil	Dinah	UM Sylvester Cancer Center	
Turner	Valerie	Florida Department of Health in Miami-Dade	attended
Villalba	Karina	Florida International University	
Villamil	Vanessa	Florida Department of Health in Miami-Dade	
Wade	Stephanie	Florida Department of Health in Miami-Dade	
Wagner	David	Genuine Health Group	
Wagner	Antonio	City of Miami	
Warwar	Rafic	University of Miami Health	
Weller	Ann-Karen	Florida Department of Health in Miami-Dade	
Wilhelm	Katy	West Kendall Baptist Hospital	
Wilson	Christine	Baptist Health South Florida	
Zayas	Maribel	Florida Department of Health in Miami-Dade	
Zhang	Guoyan	Florida Department of Health in Miami-Dade	
WRIGHT	LISA	Mount Sinai Medical Center	

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019

Sign-In Sheet

Florida HEALTH MIAMI-DADE COUNTY

LAST NAME	FIRST NAME	ORGANIZATION	TABLE	MEAL	SIGNATURE
Lane	Bridget	UF IFAS Family Nutrition Program			
Rodrigue	DORI	MDFR			
Vijayalakshmi-Ramanathan	Avani				
Gallet	Mari	City of Doral			
Cuebelo	Oswaldo	DOH TB			
Tamayo	Daniela	City of Miami Beach			
~~Calle~~	~~Stephanie~~	~~DOH-Miami-Dade~~			~~Stephanie Calle~~
Thomas	Kim	Town of Cutler Bay			Kim Thomas
Philippe,	Paulette	DOH STD			Paulette Philippe
Green	Michelle	DOH HIV			
Atoni	Monique	Miami Jewish Health			
O'Dell	Edwin	O'Dell Communications			
Smith	Jasmine	DOH Miami-Dade WIC			
Teri	Green	MDC Off. Mayor			

Florida HEALTH
Miami-Dade County

Community Health Assessment and Improvement Plan Community Meeting

2019

Community Health Assessment and Improvement Plan Community Meeting Narrative

2019 Community Health Assessment and
Improvement Plan Community Meeting Miami-Dade County

Florida Department of Health in Miami-Dade County
Office of Community Health and Planning
West Perrine Health Center
18255 Homestead Avenue, Miami, FL 33157
Phone: (305) 234-5400
Fax: (305) 278-0441

www.healthymiamidade.org
www.miamidade.floridahealth.gov

2019 Community Health Assessment and
Improvement Plan Community Meeting Miami-Dade County

Overview

On Thursday, July 18th, 2019, the Florida Department of Health in Miami-Dade County hosted the Community Health Assessment and Improvement Plan Community Meeting. The meeting's purpose was to deliver high-level information on the MAPP process and the results from the community assessments conducted. Attendee from different organizations and backgrounds were able to discuss the strategic health priorities that affect Miami-Dade residents and their health.

During this event, participants played an essential role in improving the health and quality of life for the Miami-Dade. Results from community assessments were shared with the attendees and they were asked to prioritize the health indicators that emerged from all four community assessments. Those who attended the event participated in dynamic, high-level breakout sessions where they were able to discuss these health indicators in detail, offering insight as to how to address issues specifically in Miami-Dade.

Acknowledgements

A diverse group of partners were represented at the Community Health Assessment and Improvement Plan Community Meeting. The information that was provided was well received among those who attended. During the registration process, one hundred and twelve (112) individuals from fifty (50) community organizations registered to attend the event. On Thursday, July 18th, 2019, there was a total of seventy-seven (77) signatures representing thirty-one (31) organizations. Approximately 12% of those who registered did not attend the event.

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is organized into several different program areas that focus on the surveillance, prevention, detection and treatment of health and environmental public health issues in the county. The major services provided by DOH-Miami-Dade align with the 10 Essential Public Health Services as determined by the national Centers for Disease Control and Prevention.

The following organizations participated in the event:

Alliance for Aging, Inc.
Baptist Health of South Florida
City of Doral
City of Miami Beach
Connect Familias
Department of Children and Families
Early Learning Coalition of Miami-Dade & Monroe
Fighting Infectious Diseases in Emerging Countries
Florida Department of Health in Miami-Dade County
Florida International University
Health Council of South Florida
Health Foundation of South Florida
Health Start Coalition of Miami-Dade
Metro Mommy Agency
Miami Jewish Health
Miami-Dade College
Miami-Dade County
Miami-Dade County Public Schools
Miami-Dade Fire Rescue
Mount Sinai Medical Center
Nicklaus Children's Hospital
Nova Southeastern University
O'Dell Communications
The Children's Trust
Theresa Gilmore, Lac
United Way of Miami-Dade
University of Florida Institute of Food and Agricultural Sciences
University of Miami
University of Miami Health System
Urban Health Solutions
West Kendall Baptist Hospital

2019 Community Health Assessment and
Improvement Plan Community Meeting Miami-Dade County

Executive Summary

On Thursday, July 18th, 2019, the Florida Department of Health in Miami-Dade County hosted the Community Health Assessment and Improvement Plan Community Meeting. The meeting was designed to deliver high-level information on the Mobilizing Action through Planning and Partnerships (MAPP) process, sharing results from community assessments and prioritizing health indicators.

During the event, representatives of organizations that play an important role in improving the health of the residents in Miami-Dade County reviewed the results from the assessments that have been conducted. The four assessments are the Local Public Health Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment, and the Community Health Status Assessment. These assessments offered quantitative and qualitative information about the health of the residents in Miami-Dade County.

Ten themes emerged from the four assessments that were conducted. 1) Health Equity 2) Maternal/Child Health 3) Chronic Disease 4) Healthy Weight/Physical Activity/Nutrition 5) Community Concerns 6) STD/Communicable Diseases/Emerging Threats 7) Behavioral Health 8) Injury/Safety/Violence 9) Immunizations 10) Access to Care. Attendees were asked to rank these themes, or strategic health priorities from one to ten, one being the highest priority and 10 being the lowest. Those who attended the event were also able to participate in dynamic, high-level breakout sessions where they were able to discuss these strategic priority health indicators in detail and offer insight Son how to address these issues specifically in Miami-Dade County. The ranking of these priority areas and discussing how to address them in Miami-Dade County will aid the Department of Health in Miami-Dade County with creating their Community Health Improvement Plan (CHIP).

Florida Department of Health in Miami-Dade County
Community Health Improvement Plan Community Meeting
Thursday, July 18, 2019 8:00am-4:00pm

AGENDA

Registration & Networking	**8:00am-8:30am**
Welcome/Introduction Ann-Karen Weller	**8:30am-8:45am**
MAPP Process Ann-Karen Weller	**8:45am-9:00am**
Local Public Health Assessment Candice Schottenloher	**9:00am-9:15am**
Forces of Change Assessment Nicole Marriott	**9:15am-9:45am**
Break	**9:45am-10:00am**
Community Themes and Strengths Assessment Ricardo Jaramillo	**10:00am-10:45am**
Community Health Assessment Vanessa Villamil (EPI) Camille Lowe (HIV/STD) Jennifer Guillen (Chronic Disease) Scott Brown (Physical Environment)	**10:45am-11:45pm**
Prioritization of Health Indicators	**11:45am-12:15pm**
Lunch	**12:15pm-1:00pm**
Concurrent Breakout Sessions	**1:00pm-3:15pm**
Session 1 A. Health Equity B. Chronic Disease C. Immunizations D. Behavioral Health E. Healthy Weight/ Physical Activity/ Nutrition	**1:00pm-2:00pm**
Break	**2:00 pm-2:15pm**
Session 2 A. Maternal/Child Health B. Access to Care C. Injury/Safety/Violence D. STD/Communicable Diseases/Emerging Threats E. Community Concerns	**2:15pm-3:15pm**
Closing Remarks Ann-Karen Weller	**3:15-3:30pm**
Evaluations	**3:30pm-4:00pm**
Adjournment	**4:00pm**

The following PowerPoint Slides are the presentations that were used during the community meeting to share the data from the four assessments that comprise the MAPP process. The assessment results that were shared with attendees were:

- Local Public Health Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment
- Community Health Status Assessment

The presentations are posted on the Consortium for a Healthier Miami-Dade website. To view full presentations please visit https://www.healthymiamidade.org/resources/community-health-improvement-plan/community-health-assessment-improvement-plan-community-meeting/.

Mobilizing for Action through Planning and Partnerships (MAPP)

Ann-Karen Weller, RN, BSN, MBA-HSM
Florida Department of Health in Miami-Dade County
Assistant Community Health Nursing Director

What is the MAPP Process?

A community-wide strategic planning tool for improving public health

Method to help communities prioritize public health issues, identify resources for addressing them, and take action

MAPP Phases

The 6 phases of MAPP

Phase 1: Organize for Success and Partnership Development and how it addresses

Phase 2: Visioning

Phase 3: Four MAPP Assessments

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle

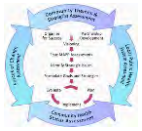
Phase 1: Organize for Success/Partnership Development

Phase 2: Visioning

Picturing and Envisioning an Ideal Community

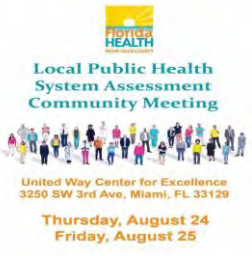
Holistic approach to healthy living

Phase 3: MAPP Assessments



1. Local Public Health System Performance Assessment (LPHSA) – **Completed**
2. Forces of Change Assessment (FCA) - **Completed**
3. Community Themes and Strengths Assessment (CTSA) – **Completed**
4. Community Health Status Assessment (CHSA) – **Completed**

Phase 3: Local Public Health System Assessment



Phase 3: Forces of Change Assessment

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Phase 3: Community Themes and Strengths Assessment (CTSA)

What is important to our community?

How is quality of life perceived in our community?

What assets do we have that can be used to improve community health?

Phase 3: Community Health Status Assessment

Assessment results answer the questions:
How healthy is the community?
What does the health status of the community look like?

Analyzes data about
- ✓ Health status
- ✓ Quality of life
- ✓ Risk factors

Phase 4: Identify Strategic Issues

Identify potential strategic issues by reviewing the findings from the Visioning process and the four MAPP Assessments

Develop an ordered list of the most important issues facing the community

Phase 5: Formulate Goals and Strategies

2013-2018 community health improvement plan (CHIP)

Phase 6: Action Cycle

- Develop realistic and measurable objectives related to each strategic goal and establish accountability by identifying responsible parties

Community Health Improvement Plan (CHIP)

Alignment with State and National Priorities

CHIP is aligned with national and state public health practices, using Healthy People 2020 and the State Health Improvement Plan (SHIP) as a model

Healthy People 2020	State Health Improvement Plan (SHIP)	Community Health Improvement Plan (CHIP)
National →	State →	Local

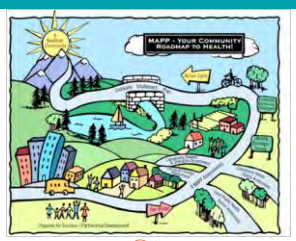
CHIP Planning & Implementation

Consortium Committee Work Plans

CHIP Annual Report

Culture of Health Action Framework

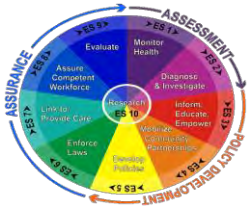
Questions?



Local Public Health System Assessment

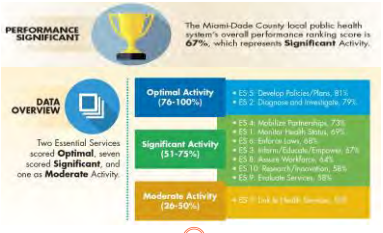
Candice Schottenloher, BS, MPH
Florida Department of Health
Health Educator

10 Essential Public Health Services



2

Local Public Health System Assessment



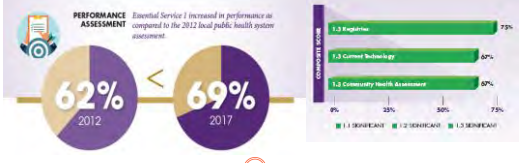
3

Performance Assessment

4

Essential Service 1

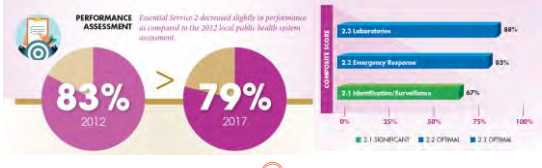
Monitoring health status to identify community health problems



5

Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards



6

Essential Service 3

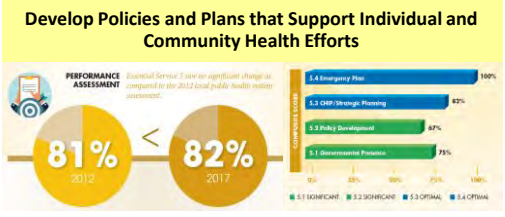
Inform, Educate, and Empower People about Health Issues

Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

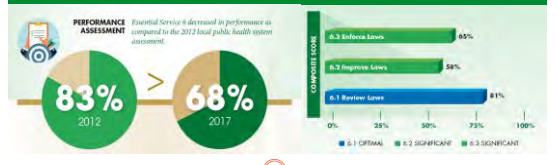
Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts



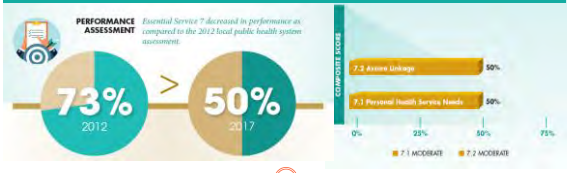
Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety



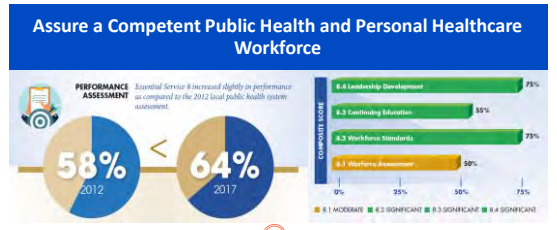
Essential Service 7

Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable



Essential Service 8

Assure a Competent Public Health and Personal Healthcare Workforce



Essential Service 9

Evaluating effectiveness, accessibility, and quality of personal and population-based health services

Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

Questions

Forces of Change Assessment

Nicole A. Marriott, MBA
Health Council of South Florida
President & CEO

Forces of Change Assessment

Factors that directly or indirectly affect health and the health of the community

Forces of Change Assessment

Objectives:

- Identify trends, factors, and events that are or will be influencing the health and quality of life of the community and the local public health system.
- Identify challenges or opportunities generated by key forces.
- Bring partners together on common ground to collaboratively address changes.

Methods for the Forces of Change

- **MAPP stakeholders participated**
- **Small group discussions guided by skilled facilitators**
- **Identify key factors impacting community health**

Results

- A total of 19 forces were identified through the process
- 8 themes were selected by participants as priority areas

Assessment Results

Legal and Ethical Forces

Force	Challenges Posed	Opportunities Created
Addiction (Opioid and Prescription Rx)	• Lack of education	• Centralized electronic tracking system • Collaboration between healthcare providers

Social and Economic Forces

Force	Challenges Posed	Opportunities Created
Social/Mental Health	• Lack of understanding • Trauma • Stigma • Awareness	• Integrated policies and systems • Best practices for all systems
Lack of Affordable Housing for all	• Professionals are leaving • Improving low-income communities	• Affordable housing • Salaries vs cost of living

Social and Economic Forces

Force	Challenges Posed	Opportunities Created
Healthcare Coverage	• Costs are high • Employers not offering coverage • Decrease in government funding	• Create virtual care • Access to healthcare provider • Mobile clinics • Coordinate services • Increase advocacy
Changing Immigration Laws	• Fear among people receiving services	• Outreach services • Engage community and gain trust • Coordination across systems

Political and Technological Forces

Force	Challenges Posed	Opportunities Created
Lack of Coordination between Healthcare Providers/ Lack of Integrated Data Sharing System	• Different electronic health record • Silo health system • Misconception of how data will be used • Gaps in services • Duplication of services	• Advances in technology • Update HIPAA/Legislation • Understanding of laws pertaining to sharing information
Lack of Data Driven Decisions	• Collecting and compiling data • Funding and interest • Data bias/Transparency • Lack of data sharing	• Data sharing partnerships • Control agency to manage data

Environmental and Scientific Forces

Force	Challenges Posed	Opportunities Created
Gun Violence	• Gun safety regulations • Resources and referrals for mental health screening before ability to get a gun • Research funding • Supporting mental health professionals • Mental health support within schools	• Advocacy for integrated healthcare • Mental health funding • Collaboration with other organizations, programs • ACE testing

Changes Over Time

2012 Assessment Results	2018 Assessment Results
1. Affordable Care Act 2. Shifting Demographics 3. Social Inequities 4. Technological Advances	1. Social/Mental Health 2. Lack of Affordable Housing 3. Opioid Epidemic 4. Gun Violence 5. Data Driven Decisions 6. Lack of Coordination between Healthcare Providers 7. Lack of Fully Integrated Data Sharing System 8. Healthcare Immigration Policy Change

Florida HEALTH
Miami-Dade County

Questions

Community Themes and Strengths Assessment

Ricardo Jaramillo, MPH
Health Council of South Florida
Community Health Planner

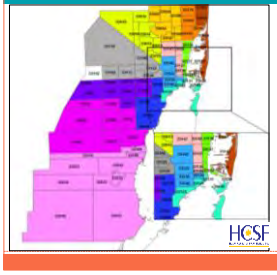
Community Themes and Strengths Assessment

Community Themes and Strengths Assessment was conducted in two parts:

1.) Focus Group Discussions

2.) Miami-Dade County Wellbeing Survey

Cluster Distribution by Zip Code of Residence



Cluster	Name
Cluster 1	South Dade/Homestead
Cluster 2	Kendall
Cluster 3	Westchester/West Dade
Cluster 4	Coral Gables/Kendall
Cluster 5	Brownsville/Coral Gables/Coconut Grove
Cluster 6	Coral Gables/Coconut Grove/Key Biscayne
Cluster 7	Doral/Miami Springs/Sunset
Cluster 8	Miami Shores/Morningside
Cluster 9	Hialeah/Miami Lakes
Cluster 10	Opa-Locka/Miami Gardens/Westview
Cluster 11	North Miami/North Miami Beach
Cluster 12	Aventura/Miami Beach
Cluster 13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown

Part 1: Focus Groups

Facilitated sessions in the 13 clusters

Community members participated in focus groups

Identify actual needs of the community

Focus Group Methods

- Community Based Participatory Research (CBPR)
- Participant Recruitment
  - Voluntarily
- Target sample size

Topics for Discussion

The focus group questions were designed to capture areas of concern for the residents in Miami-Dade County that that they face in their communities and included:

- Length of time living in Miami-Dade County
- Size of residents' homes to accommodate their families
- Racial diversity in residents' communities
- Neighborhood features that residents value
- Availability and accessibility of healthy food options
- Safety
- Health care utilization
- Residents' perspectives on how to improve their communities

Residential Stability

- ✓ 1 in 3 participants have lived in the communities for 21 years or more, and 1 in 4 have lived in their communities between 2 and 10 years
- ✓ Approximately 69.0% of participants from Cluster 11 (North Miami Beach) who provided a response have lived in their communities for more than 21 years

Racial Diversity

- ✓The majority of participants from Cluster 1 (South Dade/Homestead), Cluster 7 (Doral/Miami Springs/Sunset), and Cluster 10 (Opa-Locka/Miami Gardens/Westview) do not believe their neighborhoods to be racially diverse

Common Themes

Transportation and Built Environment

Theme 1: Expand Metrorails and Metromovers. Build more highways "above ground".

Theme 2: Residents experiencing flooding in their neighborhoods due to heavy rain.

Theme 3: Larger and affordable homes should be available to accommodate larger families

Theme 4: Improve residential safety by clearly marking pedestrian crossing lanes and paving the roadways.

Healthy Food Options

- **One third of all participants stated that they do not have access to healthy food options in their neighborhoods, compared to 37.0% that do**
- **63.0% of participants from Cluster 11 (North Miami Beach) do not have access to healthy food options, while half of participants from Cluster 11 Part 2 (North Miami) indicated that they do.**

Education

- Implement more specialized educational or vocational programs
- Important to educate the community about infectious diseases especially in areas of high drug use

Neighborhood Safety

- ✓ A number of participants did not feel safe at night and voiced the following concerns:
  - ✓ Limited police presence
  - ✓ Poor built environment (e.g., no sidewalks or adequate lighting)
  - ✓ Drug and alcohol abuse
    - ❖ Cluster 2 (Kendall), Cluster 4 (Coral Gables, Kendall), Cluster 10 (Opa-Locka, Miami Gardens, Westview)
- ✓ Poor sanitary conditions in participants' neighborhoods regarded by participants as a health issue leading to chronic conditions

Health Service Utilization

- ✓ Participants voiced their concern with their local free health clinics:
  - ✓Long wait to see a nurse or physician
  - ✓Not given a guarantee to be treated on the day of the visit
  - ✓Limited access to free services
  - ✓Impersonal communication and treatment by the staff
- ✓ Participants shared their concern about not qualifying for federal assistance even though it is needed

Community Involvement

- For residents to be more involved in community meetings
- For residents to get acquainted with their neighbors who may face the same issues in their daily lives

Ideal Community

Part 2: Wellbeing Survey

Clusters by Name and ZIP Code

Cluster	Name	ZIP Codes Included
Cluster 1	South Dade/Homestead	33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, 33190
Cluster 2	Kendall	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
Cluster 3	Westchester/West Dade	33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185, 33194
Cluster 4	Coral Gables/Kendall	33134, 33143, 33146, 33156, 33158
Cluster 5	Brownsville/Coral Crables/Coconut Grove	33125, 33130, 33135, 33142, 33145
Cluster 6	Coral Gables/Coconut Grove/Key Biscayne	33129, 33131, 33133, 33149
Cluster 7	Doral/Miami Springs/Sunset	33122, 33126, 33166, 33172, 33178, 33182
Cluster 8	Miami Shores/Morningside	33132, 33137, 33138
Cluster 9	Hialeah/Miami Lakes	33010, 33012, 33013, 33014, 33015, 33016, 33018
Cluster 10	Opa-Locka/Miami Gardens/Westview	33054, 33055, 33056, 33167, 33168, 33169
Cluster 11	North Miami/North Miami Beach	33161, 33162, 33179, 33181
Cluster 12	Aventura/Miami Beach	33139, 33140, 33141, 33154, 33160, 33180
Cluster 13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	33127, 33128, 33136, 33147, 33150

2018 Miami-Dade Wellbeing Survey Geographic Distribution

Cluster	Cluster Name	Expected Count	Expected Percentage	Actual Count	Actual Percentage
1	South Dade/Homestead	220	7.4%	403	11.3%
2	Kendall	220	7.4%	673	18.8%
3	Westchester/West Dade	220	7.4%	394	11.0%
4	Coral Gables/Kendall	220	7.4%	250	7.0%
5	Brownsville/Coral Gables/Coconut Grove	220	7.4%	209	5.9%
6	Coral Gables/Coconut Grove/Key Biscayne	220	7.4%	127	3.6%
7	Doral/Miami Springs/Sunset	220	7.4%	191	5.4%
8	Miami Shores/Morningside	220	7.4%	150	4.2%
9	Hialeah/Miami Lakes	220	7.4%	241	6.8%
10	Opa-Locka/Miami Gardens/Westview	220	7.4%	230	6.4%
11	North Miami/North Miami Beach	220	7.4%	213	6.0%
12	Aventura/Miami Beach	220	7.4%	240	6.7%
13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	330	11.1%	252	7.1%

2018 Miami-Dade Wellbeing Survey Demographics

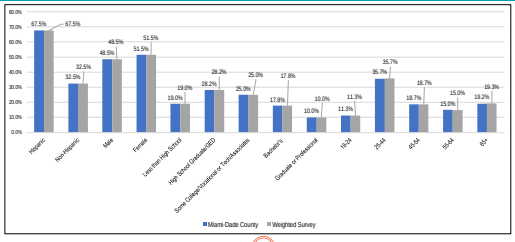
	Count	Percentage
Survey Language		
English	3208	89.8%
Spanish	341	9.5%
Creole	24	0.7%
Age		
18-24	348	9.7%
24-44	1470	41.1%
45-54	724	20.3%
55-64	642	18.0%
65+	389	10.9%
Sex		
Male	920	25.8%
Female	2653	74.3%
Race		
White	2319	64.9%
African-American	807	22.6%
American Indian or Alaska Native	23	0.6%
Asian	104	2.9%
Other	470	13.2%
Ethnicity		
Hispanic/Latino(a)	1913	53.5%
Not-Hispanic/Latino(a)	1660	46.5%

Post-Stratification Survey Weighting

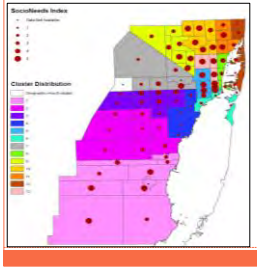
Post-Stratification Survey Weighting:

- It improves representativeness of Miami-Dade County
- Sociodemographic and geographic distribution of Miami-Dade County
- Post-stratification weights are added to the raw data
  - ❖ It involves a statistical raking process (iterative process) by adding weights to each respondent
- As a result, it is concluded with confidence that the results of the survey represent Miami-Dade County when weights are taken into account

Population Characteristics: Miami-Dade County Compared to Weighted Survey Respondents



SocioNeeds Index



Cluster	Name	ZIP Codes Included
Cluster 1	South Dade/Homestead	33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, 33190
Cluster 2	Kendall	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
Cluster 3	Westchester/West Dade	33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185, 33194
Cluster 4	Coral Gables/Kendall	33134, 33143, 33146, 33156, 33158
Cluster 5	Brownsville/Coral Gables/Coconut Grove	33125, 33130, 33135, 33142, 33145
Cluster 6	Coral Gables/Coconut Grove/Key Biscayne	33129, 33131, 33133, 33149
Cluster 7	Doral/Miami Springs/Sunset	33122, 33126, 33166, 33172, 33178, 33182
Cluster 8	Miami Shores/Morningside	33132, 33137, 33138
Cluster 9	Hialeah/Miami Lakes	33010, 33012, 33013, 33014, 33015, 33016, 33018
Cluster 10	Opa-Locka/Miami Gardens/Westview	33054, 33055, 33056, 33167, 33168, 33169
Cluster 11	North Miami/North Miami Beach	33161, 33162, 33179, 33181
Cluster 12	Aventura/Miami Beach	33139, 33140, 33141, 33154, 33160, 33180
Cluster 13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	33127, 33128, 33136, 33147, 33150

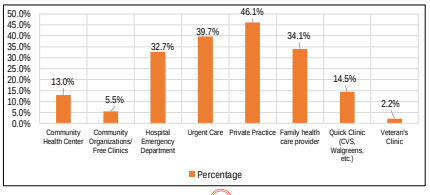
Wellbeing Survey Categories

The Miami-Dade Wellbeing Survey had 5 main sets of questions which included:

- ✓ Quality of Life
- ✓ Environment
- ✓ Modifiable Health Risks
- ✓ Access to Healthcare Services
- ✓ Mental Health Medication and Treatment

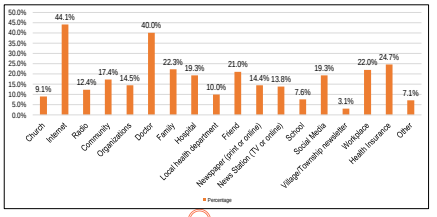
Access to Care – Locations

Where do you or your family go when sick or in need of healthcare, mental healthcare, or dental services?

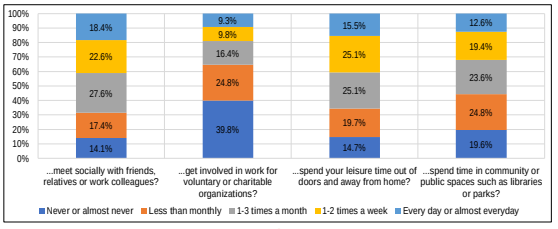


Health Information

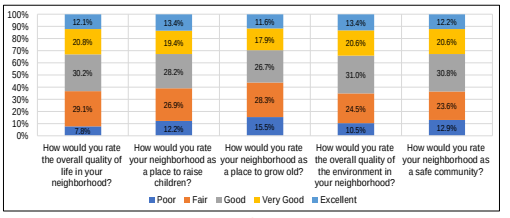
Where do you get information about health-related issues/resources in your neighborhood?



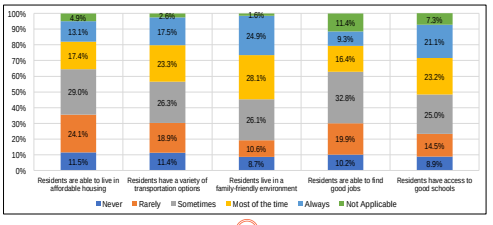
Thinking about your life at the moment, **how often do you...**



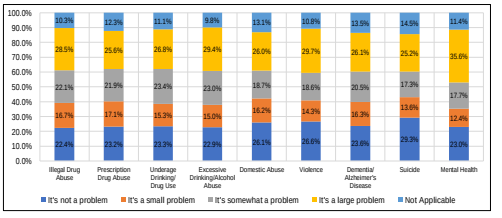
For **every question, please select which most closely matches your opinion.**



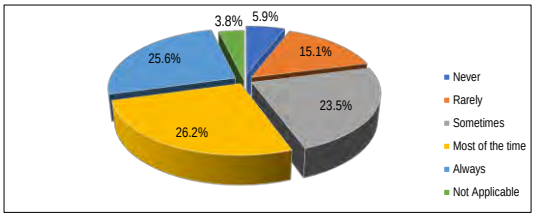
Please provide your opinion on the following statements when thinking about your neighborhood



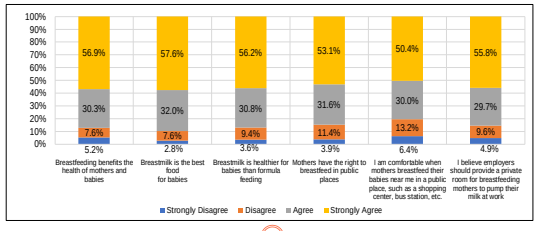
Please provide your opinion on the following health issues when thinking about your neighborhood



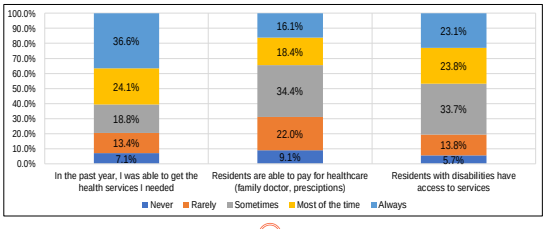
Please provide your opinion on the following statement when thinking about nutrition in your neighborhood: Residents have access to healthy and affordable food



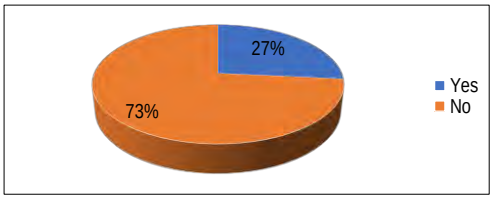
Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood



Please select which most closely matches your opinion when thinking about your neighborhood



Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?



Conclusion

- ✓ 2018 Wellbeing Survey sought to understand the health status, needs, and expectations of the residents of Miami-Dade County
- ✓ Overall, the residents of Miami-Dade County are optimistic about their health, their access to healthcare, and their overall quality of life. However, this is not universal across all indicators and clusters

Questions

Epidemiology

Vanessa Villamil, MPH
Florida Department of Health
Biological Scientist IV

Epi Overview

- This section includes:

✓ Leading Causes of Death
✓ Years of Potential Life Lost
✓ Injury
✓ Mental Health
✓ Maternal/Child Health

Leading Causes of Death

Top 10 Leading Causes of Death in Miami-Dade County in Comparison to Florida and the United States, 2017

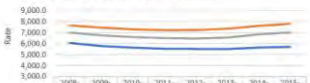
Causes of Death	Miami-Dade County	Florida	United States
Heart Disease	148.4	148.5	165.6
Cancer	128.2	149.4	155.8
Stroke	43.1	39.6	37.3
Chronic Lower Respiratory Disease	29.6	40.0	40.6
Unintentional Injury	30.6	56.0	47.4
Alzheimer's Disease	23.8	21.0	30.3
Diabetes	22.4	20.7	21.0
Influenza and Pneumonia	9.1	9.8	13.5
Nephritis, Nephrotic Syndrome, & Nephrosis	9.1	10.3	13.1
Parkinson's Disease	7.6	8.1	N/A

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Top Leading Causes of Death, Mortality Rate per 100,000 Population by Age Group
Miami-Dade County, 2017

Years of Potential Life Lost

Years of Potential Life Lost Rate before Age 75 - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population



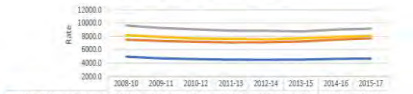
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	6,086.1	5,781.4	5,637.6	5,534.4	5,520.9	5,506.2	5,647.4	5,703.1
Florida	7,664.1	7,466.9	7,305.5	7,233.4	7,238.2	7,265.6	7,619.6	7,815.5
Peer Counties Average	7,010.7	6,761.5	6,604.5	6,506.5	6,466.3	6,554.5	6,851.3	7,030.5

Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Years of Potential Life Lost by Race

Years of Potential Life Lost before Age 75 by Race - Miami-Dade and Florida, 2008-2017

3-Year Rolling Rater per 100,000 Population



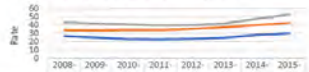
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	4974.6	4717.8	4600.4	4518.1	4508.4	4527.6	4641.7	4689.2
White - Florida	7503.7	7327.2	7183.0	7098.4	7118.2	7241.2	7511.6	7715.6
Black - Miami-Dade County	9632.6	9261.8	9045.4	8857.7	8841.1	8736.8	9023.5	9157.3
Black - Florida	8193.4	7908.5	7676.4	7641.5	7557.7	7718.8	7917.7	8088.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Injury-Unintentional Injury

Unintentional Injury Age-Adjusted Death Rates - Miami-Dade County, Orange, and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	26.7	24.9	23.0	22.8	23.3	24.8	28	29.9
Orange	33.8	33.4	34.0	33.8	35.3	37.2	39.8	42.5
Florida	43.1	41.6	40.5	39.4	39.6	41.6	47.5	52.6

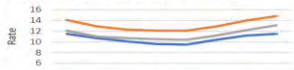
Note: Orange County was selected to compare to Miami-Dade County because it had the best performance of all peer counties. Not all peer counties include the same injuries to be included in the rate.

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Injury-Motor Vehicle Crashes

Motor Vehicle Crash Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	11.5	10.7	10.1	9.6	9.5	10.4	11.2	11.5
Florida	14.1	12.9	12.3	12.1	12.1	12.9	14.0	14.8
Peer Counties Average	12.1	11.0	10.7	10.5	10.4	11.2	12.2	13.1

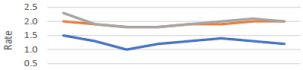
Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Injury-Unintentional Drowning

Unintentional Drowning Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	1.5	1.3	1.0	1.2	1.3	1.4	1.3	1.2
Florida	2.0	1.9	1.8	1.8	1.9	1.9	2.0	2.0
Peer Counties Average	2.3	1.9	1.8	1.8	1.9	2.0	2.1	2.0

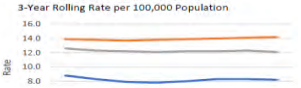
Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Mental Health-Suicide

Suicide Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	8.8	8.3	7.9	7.8	8.0	8.3	8.3	8.2
Florida	13.9	13.8	13.7	13.8	13.9	14.0	14.1	14.2
Peer Counties Average	12.6	12.3	12.2	12.1	12.2	12.2	12.3	12.1

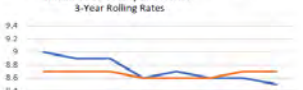
Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Maternal & Child Health Low Birth Weight

Percent of Babies Born at a Low Birth Weight (<2500 grams) - Miami-Dade County and Florida

3-Year Rolling Rates



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	9	8.9	8.9	8.6	8.7	8.6	8.6	8.5
Florida	8.7	8.7	8.7	8.6	8.6	8.6	8.7	8.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

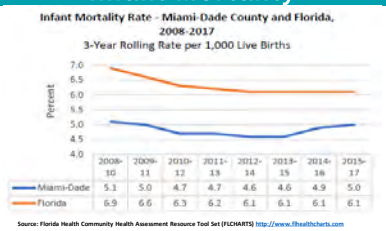
Maternal & Child Health
Low Birth Weight by Race

Percent of Low Birth Weight (<2500 grams) Babies Born to Teen Mothers (15 to 19) by Race

Race and Geography	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White – Miami-Dade County, FL	9.0	8.9	8.2	8.2	8.1	8.5	8.6
White - Florida	8.1	8.2	8.0	8.0	8.0	8.4	8.8
Black – Miami-Dade County, FL	15.2	14.3	13.1	13.8	14.2	16.2	15.9
Black – Florida	14.6	14.2	13.5	13.4	13.4	14.4	15.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Maternal & Child Health
Infant Mortality



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	5.1	5.0	4.7	4.7	4.6	4.6	4.9	5.0
Florida	6.9	6.6	6.3	6.2	6.1	6.1	6.1	6.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

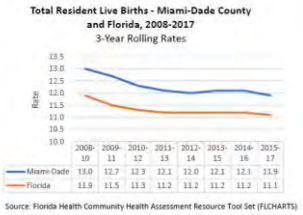
Maternal & Child Health
Infant Mortality by Race & Ethnicity

Infant Mortality Rates by Race 2009-2017

Miami-Dade County, Florida	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White	3.4	3.1	3.0	3.1	3.2	3.3	3.3
Black	9.5	9.2	9.4	9.2	8.8	10.1	11.1
Hispanic	3.6	3.2	3.1	3.2	3.4	3.6	3.8
Non-Hispanic	6.8	6.7	7.2	6.9	6.4	6.8	6.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

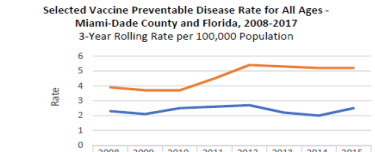
Maternal & Child Health
Live Births



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	13.0	12.7	12.3	12.1	12.0	12.1	12.1	11.9
Florida	11.9	11.5	11.3	11.2	11.2	11.2	11.2	11.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Vaccine Preventable Diseases



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	2.3	2.1	2.5	2.6	2.7	2.2	2.0	2.5
Florida	3.9	3.7	3.7	4.5	5.4	5.3	5.2	5.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Sexually Transmitted Diseases/Human Immunodeficiency Virus

Camille Lowe, MPH
Florida Department of Health
Senior Human Services Program Manager

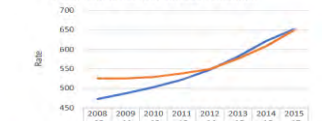
STD/HIV Overview

- This section includes:

✓ Sexually Transmitted Disease Rates
✓ HIV/AIDS Rates
✓ Sexual Activity

Sexually Transmitted Diseases

Bacteria STD Rates - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate per 100,000 Population

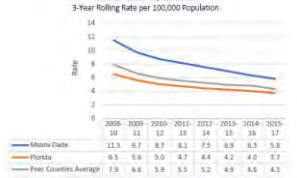


	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	472.3	486.8	502.8	521.9	547.5	581.3	621.2	652.0
Florida	525.6	525.2	529	538.1	549.1	575.9	607.9	649.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HIV/AIDS

HIV/AIDS Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	11.5	8.7	8.7	8.1	7.5	6.9	6.3	5.8
Florida	8.5	5.8	5.0	4.7	4.4	4.2	4.0	3.7
Peer Counties Average	7.9	6.6	5.9	5.5	5.2	4.9	4.8	4.3

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

HIV/AIDS by Sex and Race

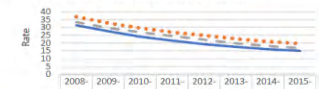
Age-Adjusted HIV/AIDS Death Rate by Sex and Race in Miami-Dade County, FL, 2011-2017
(3-Year Rolling Rate per 100,000 Population)

	2011-13		2012-14		2013-15		2014-16		2015-17	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Overall	675	8.1	640	7.5	609	6.9	567	6.3	538	5.8
Gender										
Female	238	5.7	222	5.1	199	4.5	192	4.2	191	4.1
Male	437	10.8	418	10.1	410	9.7	375	8.7	347	7.9
Race										
White	214	3.2	198	2.9	198	2.8	191	2.6	183	2.5
Black	448	30.3	428	28.4	394	25.7	367	23.8	348	22.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Sexual Activity-Teen Births

Birth Rate for Mothers 15 to 19 Years of Age - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 1,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	31.4	27.6	24.1	21.6	19.3	17.6	16.1	15.1
Florida	36.8	32.8	29.6	27.0	24.9	22.7	21.0	19.7
Peer Counties	33.4	29.7	27.0	24.5	22.2	19.8	18.1	16.8

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Sexual Activity-Teen Births by Race

Teen Birth Rate by Race, 2009-2017
(3-Year Rolling Rate per 1,000 Mothers 15 Years of Age to 19 Years of Age)

Race and Geography	2009-2011	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White – Miami-Dade	21.3	18.2	16.3	14.8	13.9	13.3	12.9
White - Florida	28.3	25.6	23.5	22.0	20.3	19.1	17.8
Black – Miami-Dade	48.0	43.0	38.7	34.4	30.3	26.4	23.8
Black – Florida	50.8	45.0	40.6	36.5	32.5	29.4	27.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Chronic Disease

Jennifer Guillen, AS, BS
Florida Department of Health
Operations and Management Consultant II-SES

Chronic Disease Overview

- This section includes:

✓ Cancer
✓ Breast Cancer
✓ Lung Cancer
✓ Prostate Cancer
✓ Alzheimer's Disease
✓ Diabetes
✓ Heart Disease
✓ Stroke

Cancer Rates

Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	140.5	140.2	140.8	139.2	137.4	133.9	132.3	129.6
Florida	162.5	162.0	161.5	160.7	157.9	155.9	153.5	151.0
Peer Counties Average	159.6	157.5	156.1	155.5	153.7	150.6	149.0	146.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Cancer Rates by Race

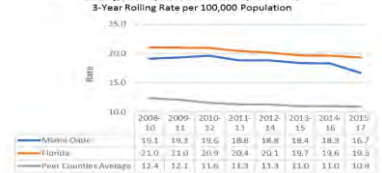
Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate per 100,000 population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	136.3	135.8	138.6	135.4	134.2	130.2	128.2	124.7
White - Florida	163.2	162.3	161.7	160.9	158.5	156.5	154.0	152.2
Black - Miami-Dade County	165.1	164.3	165.7	160.6	155.7	153.1	154.5	154.6
Black - Florida	173.1	173.0	171.1	168.6	162.1	159.9	157.2	156.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Breast Cancer Rates

Female Breast Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	19.1	19.3	19.6	18.8	18.8	18.4	18.3	16.7
Florida	21.0	21.0	20.9	20.4	20.1	19.7	19.6	19.3
Peer Counties Average	12.4	12.1	11.6	11.3	11.3	11.0	11.0	10.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Breast Cancer Rates by Race

Female Breast Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate Per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	17.6	18.1	18.3	17.4	17.0	17.0	16.9	15.7
White - Florida	20.2	20.3	20.3	19.8	19.4	18.9	18.7	18.3
Black - Miami-Dade County	27.5	25.8	27.4	26.3	28.0	25.2	25.3	21.8
Black - Florida	28.3	27.3	26.2	25.3	25.5	25.2	25.2	24.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Lung Cancer Rates

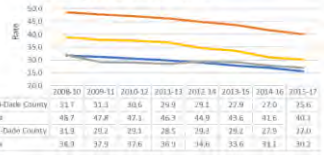
Lung Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	31.7	31.0	30.4	29.6	29.1	28.1	27.1	25.8
Florida	47.2	46.4	45.8	44.9	43.4	42.1	40.1	38.6
Peer Counties Average	43.2	42.0	40.9	39.9	38.9	37.3	35.5	33.7

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Lung Cancer Rates by Race

Lung Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	31.7	31.1	30.6	29.9	29.1	27.9	27.0	25.6
White - Florida	48.7	47.8	47.1	46.3	44.9	43.6	41.6	40.1
Black - Miami-Dade County	31.8	29.2	29.3	28.5	29.4	28.2	27.9	27.0
Black - Florida	36.9	37.9	37.6	36.9	34.6	33.6	31.1	30.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Prostate Cancer

Prostate Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	21.2	22.4	23.4	23.1	21.7	21.0	23.2	22.0
Florida	18.2	18.2	18.2	18.2	17.5	17.3	16.9	17.0
Peer Counties Average	7.6	7.7	7.5	7.5	7.4	7.3	7.2	7.5

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Prostate Cancer by Race

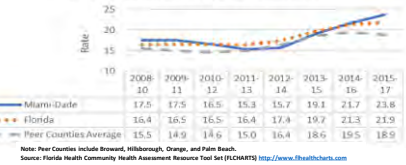
Prostate Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	17.9	19.0	20.0	20.2	19.0	18.7	18.3	19.1
White - Florida	16.5	16.4	16.4	16.3	15.9	15.7	15.4	13.6
Black - Miami-Dade County	44.9	46.2	48.3	43.3	41.7	37.0	41.7	41.5
Black - Florida	43.1	43.4	43.0	41.0	38.6	36.6	35.1	34.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Alzheimer's Disease

Alzheimer's Disease Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population

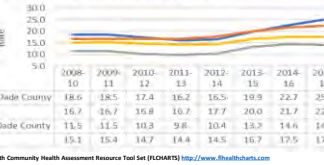


	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	17.5	17.5	16.5	15.3	15.7	19.1	21.7	23.8
Florida	16.4	16.5	16.5	16.4	17.4	19.7	21.3	21.9
Peer Counties Average	15.5	14.9	14.6	15.0	16.4	18.6	19.5	18.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Alzheimer's Disease by Race

Alzheimer's Disease Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	18.6	18.5	17.4	16.2	16.5	19.9	22.7	25.2
White - Florida	16.7	16.7	16.8	16.7	17.7	20.0	21.7	22.4
Black - Miami-Dade County	11.5	11.5	10.3	9.8	10.4	13.2	14.6	14.2
Black - Florida	15.1	15.4	14.7	14.4	14.5	16.7	17.5	17.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Diabetes

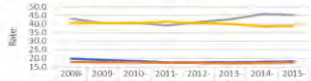
Diabetes Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	23.2	22.1	21.7	20.8	21.2	21.2	21.9	22.3
Florida	19.9	19.6	19.7	19.7	19.6	19.4	19.6	20.0
Peer Counties Average	16.6	16.4	16.8	16.5	16.4	16.4	16.5	16.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Diabetes by Race

Diabetes Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017
3-Year Rolling Rate Per 100,000 Population

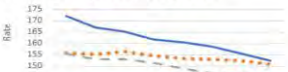


	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	19.9	19.1	18.4	17.6	17.6	17.5	17.8	18.1
White - Florida	17.9	17.6	17.6	17.4	17.4	17.2	17.4	17.7
Black - Miami-Dade County	43.1	40.6	40.9	39.1	41.2	42.9	45.9	45.4
Black - Florida	40.6	40.6	40.9	41.4	40.6	40.0	38.5	38.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Heart Disease

Heart Disease Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017
3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	172.2	167.2	165.1	161.8	160.4	158.7	155.7	152.5
Florida	156.0	155.2	156.4	154.5	153.5	153.0	152.3	150.8
Peer Counties Average	155.7	153.0	153.2	151.4	148.9	146.7	146.2	145.6

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Heart Disease by Race

Heart Disease Age-Adjusted Death Rate by Race, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	167.0	161.8	159.5	156.0	154.6	152.1	149.6	145.8
White - Florida	153.2	152.6	153.0	152.2	151.2	150.3	150.2	148.7
Black - Miami-Dade County	196.4	191.1	192.0	188.3	187.3	182.8	183.0	182.8
Black - Florida	189.7	184.5	181.9	176.9	175.4	170.5	170.8	169.0

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Stroke

Stroke Age-Adjusted Death Rates - Miami-Dade County, Florida and, Peer Counties
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	29.5	29.0	28.8	28.9	30.0	34.1	38.1	41.5
Florida	31.5	31.6	31.7	31.4	31.9	34.3	36.7	38.8
Peer Counties Average	32.3	32.0	31.7	31.8	33.4	37.9	42.2	44.8

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Stroke by Race

Stroke Age-Adjusted Death Rate by Race, 2008-2017
3-Year Rolling Rate per 100,000 Population

	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	26.5	26.0	25.8	26.0	26.9	31.1	34.8	37.8
White - Florida	29.6	29.6	29.7	29.4	29.9	32.1	34.6	36.5
Black - Miami-Dade County	44.8	44.2	45.4	44.7	46.3	49.0	55.2	60.8
Black - Florida	51.2	49.9	49.4	48.6	48.9	51.6	53.6	56.0

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The Physical Environment

Scott Brown, Ph.D.
University of Miami Miller School of Medicine Dept. of Public Health Sciences

Physical Environment Overview

• This section includes:

- ✓ The Built Environment
- ✓ The Physical Environment
- ✓ Housing
- ✓ Transportation

Built Environment

- All physical parts of the community (homes, buildings, streets, open spaces and infrastructure)
- The built environment has an impact on health outcomes
- Miami-Dade County was ranked 50 out of 67 for their physical environment in 2019

Built Environment-Active Design

Active Design: A set of building and planning principles that promote physical activity.

- Ten municipalities and unincorporated Miami-Dade adopted Active Design Guidelines that support over 600,000 residents

Miami-Dade Parks, Recreation and Open Spaces

Miami-Dade Parks, Recreation, and Open Spaces (MDPROS) has:

- 270 parks
- 130 miles of bike/walking trails

Physical Environment in Miami-Dade County

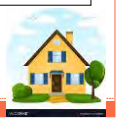
Percent of Population Receiving Optimally Fluoridated Water, 2010-2017

Single Year Rate

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

Physical Environment-Housing

Characteristic	Miami-Dade County	Florida	United States
Vacant Housing Units	14.90%	18.90%	12.20%
Homeownership rates	52.20%	64.80%	63.80%
Median Value	$242,800	$178,700	$193,500
Housing Units with a mortgage	63%	57.90%	63.50%



Transportation

- Complete Streets: A transportation policy and design approach that requires streets to be planned, designed, operated and maintained to enable safety.
- Complete Streets was also adopted by Miami-Dade County.

Transportation Continued

Travel Time to Work-Single-Year Estimates in Minutes, 2017

Geography	Average
Miami-Dade County, FL	31.3
Florida	27
United States	26.4

Source: Data for 2017 estimates accessed via United States Census Bureau https://factfinder.census.gov/.

Transportation-Motor Vehicle Crashes

Multiple collisions have happened on major highways and roads in Miami-Dade County:

- Interstate 95
- Turnpike
- US-1
- Palmetto 826

Traffic Fatalities by Type, Miami-Dade County, 2010-2017
(Rate per 100,000 Population)

Source: Data for 2010-2017 accessed via Florida Department of Transportation for Miami-Dade County, FL https://www.fdot.gov/

Florida HEALTH Miami-Dade County

Questions

The following document was used during the community meeting. The Strategic Priority Areas Ranking Sheet was used to rank the participants' importance of the ten strategic priority areas, with 1 being the highest and 10 being the lowest, according to their opinion. The ranking of these priority areas and the discussion of how to address them in Miami-Dade County will assist the Department of Health in Miami-Dade County with creating their Community Health Improvement Plan (CHIP).

Community Health Assessment and Improvement Plan
Community Meeting 2019

Please rank the following strategic priority areas below from highest importance to lowest importance, with 1 being the highest and 10 being the lowest.

____ **Health Equity**: Examine factors such as linking services, education, income, and housing and how they can be addressed to achieve health equity.

____ **Chronic Disease**: Identify goals and strategies to address high chronic disease rates in Miami-Dade County.

____ **Immunizations**: Maintaining vaccination rates and developing strategies to increase vaccinations rates in the older adult population.

____ **Behavioral Health**: Address the social and mental health, cognitive disorders, and the opioid epidemic.

____ **Health Weight/Physical Activity/Nutrition**: Promoting the benefits of increasing physical activity, consuming healthier foods, and maintaining a healthy weight.

____ **Maternal/Child Health**: Addressing low birth weight, infant mortality, grandparents raising children, childhood trauma, and how all these factors impact maternal and child health.

____ **Access to Care**: Evaluating services, using innovation, research, to improving access to health care services by influencing policy and coordinating with providers to improve the health outcomes of Miami-Dade County residents.

____ **Injury/Safety/Violence**: Focusing on unintentional injuries and safety concerns such as drowning, neighborhood safety, and gun violence in Miami-Dade County.

____ **STD/Communicable Diseases/Emerging Threats**: Lowering transmission rates of STI's and HIV and other emerging threats that affect health in Miami-Dade County.

____ **Community Concerns**: Identify goals and strategies to address community preparedness in the event of a disaster and addressing economic prosperity and the distribution of wealth and the role this plays in health.

The Strategic Priority Area Reporting Tool was utilized by the facilitators and scribers who were assigned to each of the ten breakout sessions for each strategic priority area. This tool was used to organize and track the participants' responses. During the breakout sessions, community members addressed the strategic priority areas by answering guided questions and providing feedback with objectives, potential strategies/barriers, target population, responsible parties, key partners to work with, and what indicators should be created to evaluate the goals of the strategic priority area.

In this section you will find the breakout session guide, blank templates used for reporting as well as the completed reporting tool by breakout session.

Breakout Session Guide

Community Health Assessment and Improvement Plan

Community Meeting

July 18, 2019

Breakout Session 1	Facilitator Name	Scribes	Breakout Session 2	Facilitator Name	Scribes
Health Equity	Dr. Valerie Turner	Candice Schottenloher/Takyah Smith	**Maternal Child Health**	Eriko Robinson/Carla Sabugo	Candice Schottenloher/Monica Skoko
Chronic Disease	Mayra Garcia	Chastity Spann/Chaveli Concepcion	**Access to Care**	Nicole Marriott/Ricardo Jaramillo	Takyah Smith/Natouchka Murray
Immunizations	Lydia Sandoval/Ann-Karen Weller	Melissa Maytin/Carmen Hernandez	**Injury/Safety/Violence**	Dr. Valerie Turner	Melissa Maytin/Nancy Adebisi
Behavioral Health	Tanya Humphrey	Hilda Ortiz/Rosie Ross	**STD/Communicable Diseases/Emerging Threats**	Camille Lowe	Chaveli Concepcion/Rosie Ross
Healthy Weight/Physical Activity/Nutrition	Nancy Adebisi	Monica Skoko/Natouchka Murray	**Community Concerns**	Ximena Figueroa/Mayra Garcia	Chastity Spann/Hilda Ortiz

Duration: 1-hour sessions
Goal: Develop an action plan with 2-3 goals and strategies for each breakout session

Sessions will be led by facilitators who will guide the conversation in useful directions. Two skilled scribers will be documenting the proceedings. Scribers are trained to use the same quality assurance tool to ensure a streamlined process for the development of the action plan. Ideas will be recorded on charts as well as on computers. The breakout sessions will include:

Introductions and background from facilitators (5 minutes)
Brainstorming (20 minutes)
Drilling down (20 minutes)
Assigning owners (15 minutes)

The brainstorming session will be used to generate creative solutions to problems. Brainstorming is about communicating, and attendees are encouraged to generate as many ideas as possible. Questions to consider during the brainstorming session include:

- What caused the issue?
- What would we do if the problem were twice as big (or half as big)?
- Who are the contributing partners?
- What are the current partner contributions?
- What are the facilitating factors of success?
- What barriers/issues may be encountered?
- What are plans to overcome barriers/issues?

Ground rules:
One person speaks at a time; no side-bar discussions
Avoid evaluation or judgment
Be specific
Keep discussion focused

Role of the Facilitators:

Explain the agenda and ground rules
Introduce yourself and the role you will play
Clarify the purpose and the expected outcomes of the meeting
Educate/inform participants about activities and steps
Set a positive tone for discussion
Remain neutral to the issues
Keep the group focused
Keep track of time
Intercede and bring the session back to a group discussion
Ask open-ended questions
Encourage participation by everyone
Protect ideas from challenge

Role of Scribers:

Coordinate administrative details
Record information or supervise its recording

Breakout Session Descriptions and Guiding Questions:

Session 1

- **Health Equity:** This session will examine factors such as linking services, education, income, and housing and how they can be addressed to achieve health equity.
  Health Equity Guiding Questions:
  - What role does linking services play in addressing health equity in Miami-Dade County?
  - What/how does education play a role in health equity in Miami-Dade County?
  - What/how does community involvement play a role in health equity in Miami-Dade County?
  - What/how does affordable housing play a role in health equity in Miami-Dade County?

- **Chronic Disease**: This session covers chronic disease rates in Miami-Dade County in the areas of cancer, heart disease and stroke. Participants will work to identify goals and strategies to address these higher chronic disease rates.
    - What/how can prostate cancer be addressed to have an impact on chronic disease in Miami-Dade County?
    - What/how can heart disease be addressed to have an impact on chronic disease in Miami-Dade County?
    - What/how can stroke be addressed to have an impact on chronic disease in Miami-Dade County?

- **Immunization**: Immunizations are a key component when discussing public health. Emergent threats, maintaining vaccination rates, and learning how to increase vaccinations rates in the older adult population will be discussed in this session.
    - What/how can emergent threats be addressed to have an impact on immunizations in Miami-Dade County?
    - What/how can higher vaccination rates be maintained to have an impact on immunizations in Miami-Dade County?
    - What/how can higher vaccination rates be improved for the older adult population to impact immunizations in Miami-Dade County?

- **Behavioral Health:** In this session, participants will generate ideas and goals to address the social and mental health, cognitive disorders, and the opioid epidemic.
    - What/how can social health be addressed in Miami-Dade County?
    - What/how can mental health be addressed in Miami-Dade County?
    - What/how can the opioid epidemic be addressed in Miami-Dade County?
    - What/how do cognitive disorders be addressed in Miami-Dade County?
    - How can ACE's impact maternal/child health in Miami-Dade County?

- **Healthy Weight/Physical Activity/Nutrition:** This session will cover the importance of maintaining a healthy weight, improving physical activity, and consuming healthier foods by discussing how transportation, the built environment, and accessing healthier food can have an impact.
    - What/how can Transportation be addressed in Miami-Dade County?
    - What/how can the built environment be addressed in Miami-Dade County?
    - What/how can access to health food be addressed in Miami-Dade County?

Session 2

- **Maternal and Child Health:** This session will cover discussions related to low birth weight, infant mortality, grandparents raising children, childhood trauma, and how all these factors impact maternal and child health.
    - What/how does low birth weight play a role in maternal child health in Miami-Dade County?
    - What/how can infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?
    - What/how can black infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?
    - How can ACE's impact maternal/child health in Miami-Dade County?
    - How do grandparents impact maternal/child health in Miami-Dade County?

- **Access to Care:** This session will examine the need to evaluate services, use research and innovation, and how to coordinate with multiple providers to improve access to health care services. The influence of policy changes and data collection will also be discussed.
    - What/how can evaluating services be addressed to have an impact on access to care in Miami-Dade County?
    - What/how can research/innovations be addressed to have an impact on access to care in Miami-Dade County?
    - What/how can lack of coordination with health care providers be addressed to have an impact on access to care in Miami-Dade County?
    - What/how can health care immigration and policy change be addressed to have an impact on access to care in Miami-Dade County?

- **Injury/Safety/Violence**: In this session participants will discuss drowning, neighborhood safety, and gun violence in Miami-Dade County each of which effect Miami-Dade County residents.
    - What/how can drowning be addressed in Miami-Dade County?
    - What/how can neighborhood safety be addressed in Miami-Dade County?
    - What/how can gun violence be addressed in Miami-Dade County?

- **STD/Communicable Diseases/Emerging Threats:** The transmission rates of STI's and HIV will be discussed along with other emergent threats that affect health.
    - What/how can STD's be addressed in Miami-Dade County?
    - What/how can HIV/AIDS be addressed in Miami-Dade County?
    - What/how can emergent threats be addressed in Miami-Dade County?

- **Community Concerns:** This session will seek to identify goals and strategies to address community preparedness in the event of a disaster and how to address economic prosperity and the distribution of wealth and the role this plays in health.
    - What/how can emergency preparedness be addressed in Miami-Dade County?
    - What/how can economic prosperity be addressed in Miami-Dade County?

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Health Equity

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What role does linking services play in addressing health equity in Miami-Dade County?							
What/how does education play a role in health equity in Miami-Dade County?							
What/how does community involvement play a role in health equity in Miami-Dade County?							
What/how does affordable housing play a role in health equity in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Chronic Disease

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can prostate cancer be addressed to have an impact on chronic disease in Miami-Dade County?							
What/how can heart disease be addressed to have an impact on chronic disease in Miami-Dade County?							
What/how can stroke be addressed to have an impact on chronic disease in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Immunizations

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can emergent threats be addressed to have an impact on immunizations in MDC?							
What/how can higher vaccination rates be maintained to have an impact on immunizations in MDC?							
What/how can higher vaccination rates be improved for the older adult population to impact immunizations in MDC?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Behavioral Health

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can social health be addressed in Miami-Dade County?							
What/how can mental health be addressed in Miami-Dade County?							
What/how can the opioid epidemic be addressed in Miami-Dade County?							
What/how can cognitive disorders be addressed in Miami-Dade County?							
How can ACE's impact maternal/child health in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Healthy Weight/Physical Activity/Nutrition

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can Transportation be addressed in Miami-Dade County?							
What/how can the built environment be addressed in Miami-Dade County?							
What/how can access to health food be addressed in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Maternal Child Health

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how does low birth weight play a role in maternal child health in Miami-Dade County?							
What/how can infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?							
What/how can black infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?							
How can ACE's impact maternal/child health in Miami-Dade County?							
How do grandparents impact maternal/child health in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Access to Care

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can evaluating services be addressed to have an impact on access to care in MDC?							
What/how can research/innovations be addressed to have an impact on access to care in MDC?							
What/how can lack of coordination with health care providers be addressed to have an impact on access to care in MDC?							
What/how can the lack immigration and policy change be addressed to have an impact on access to care in MDC?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: STD Communicable Diseases/Emerging Threats

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can STD be addressed in Miami-Dade County?							
What/how can HIV/AIDS be addressed in Miami-Dade County?							
What/how can emergent threats be addressed in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Community Concerns

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can emergency preparedness be addressed in Miami-Dade County?							
What/how can economic prosperity be addressed in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Injury/Safety/Violence

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can drowning be addressed in Miami-Dade County?							
What/how can neighborhood safety be addressed in Miami-Dade County?							
What/how can gun violence be addressed in Miami-Dade County?							

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Access to Care

Goal: For all Miami-Dade residents have access to affordable, quality health care.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can evaluating services be addressed to have an impact on access to care in MDC?	- Work and time may interfere with seeing doctors - office hours - Flexibility - Physicians/ office staff - Residents - Insurance providers - Underserved community	- GIS Mapping - Having a health equity or health educator component during care - Community health workers - Health literacy – acuity, utilization, understanding an insurance product - Communication is needed between employers - transportation - Awareness transportation and education - Educating the clinic - Educating the client.	- Community Health Workers - Wrap around SVC -	-underserved communities -target and train the providers (doctors, residents, staff) and consumers	- Providers - Insurance companies	- larger health organizations (Jackson, Baptist, etc.) -Funders (Medicaid, Medicare, Insurance Companies) Insurance companies Department of health Recipients and practice staff	- GIS Mapping - Track visits to emergency room for non-emergency visits. - Tracking on pcp visits and following up to specialist - Insurance companies can identify what is going on. They can partner with department of health to provide data – through GIS mapping of clinics, hospitals, and urgent care.

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

What/how can research/innovations be addressed to have an impact on access to care in MDC?	- Expand access to care and nontraditional hours through telehealth expansion - Multilingual options	- Access to technology divide and trust - Cost is a barrier - Insurance coverage - Billing - Language may not be available - Using PSA on Multilanguage platforms - Removing barriers of CHW from being mobile	- Mobile health clinics - Community health fairs - Utilizing Community health workers (with mobile devices) - Hospitals are utilizing coupon codes on certain services - Nurse home visiting	- Rural - Elderly - Those with Chronic conditions -	- Insurance companies (Medicaid, Medicare) - Employers - Schools -	-payers – insurance companies - telecom companies - health systems (doctors) - health council of Florida University research centers	- Increase utilizations of telehealth - Increase health outcomes - Looking into non-emergency emergency calls
What/how can lack of coordination with health care providers be addressed to have an impact on access to care in MDC?	- Increase the participation of doctors in non-traditional health services - Increase areas of where the providers are (locations)- - Target areas of critical needs ACN -	- Incentivized doctors to work longer hours… so maybe nurse practioners, PAs…. Expanding capacities through other licensures available that can work other hours. - Integrating clinics with lawyers - Non-traditional medical care - Social services - Volunteers, health literacy coaches… a navigator	- Urgent care - Minute clinic - Health fairs - Free clinic associations - Community partners - All CBOs	- Everyone	- Health care providers - Health insurance companies - Government funders	payers – insurance companies - telecom companies - health systems (doctors) - health council of Florida University research centers	- -research surveys - Create a tdol

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

What/how can the lack immigration and policy change be addressed to have an impact on access to care in MDC?			

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Behavioral Health

Goal: To Improve and educate all md county residence have understanding and linkage on treatment and access to substance abuse mental health services and behavior health. - able to identify the right resources and stigma

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can social health be addressed in Miami-Dade County?	Integration of agency to provide education to the person they serve To bring awareness and the ability to educate To achieve increased opportunities activates, location for residents to connect and socialize Advertisements of all activities of mental health events in the community Increase awareness in communities	Stigma Immigration status Lack of resources Lack of cultural Transportation, timing, culture, diversity 311 is limited to time, hours and access Health care policy limitations Hours limitation Lack of awareness if opportunities for socializing No centralized source of information Not enough information	Agencies are reporting more than before 311 as a central source of help School, public places, libraries, religious institutions, grocery stores and places where food is obtained Movements to better transportation resources- (example: Urban Impact Club)	All residents in MDC Ageing population Youth population has limited Migrants shelters Low income Nonprofit organizations Community centers Elderly people who have recently relocated to the country	Community partners Schools Faith based Community organizations Community health workers Individual communities Politics control	Schools board Elected officials South Florida behavior network Parents Boy and Girls Club YMCA Park & Recreations	Ask how much are they social Social support skills Activities Surveys pre and post Number of perceived soicl connection level of perceived social support Awareness of local resources of socializing
What/how can mental health be addressed in Miami-Dade County?	Increase access to everyone that needs it Promote emotional wellbeing for everyone for all residence in the county A campaign to dis stigmatize what is behavior health Education campaign to self care apart from additional help Ensuring an appropriate network of resources are available for the community to connect Insurance companies offer mental health assessments Reduce stigma To achieve perception of mental health on an equal level as physical health	Partner with other agencies Rebranding for people to get help when they need it Identify the current mental health providers and discuss relevant factors or common factors Identify a plan to impact those points Focus on prevention wellness Re-brand it Communication resources Funds Insurance Educate families on services in the community Rebranding Mental Health- Emotional Wellness Funding	Mental health first aide Children trust fund partnership Community health workers trained South Florida behavior health network Miami Dade parks Governmental agencies taking over wellness – cross colonate to things that are happening. Make mental health care available at more facilities, schools and community agencies Social Media Messages of Mental Health	Homeless Children Elderly Adults People who identify as consuming alcohol, using drugs, homeless, stressful jobs, low income neighborhood. Veterans Everyone	Schools more support Funding entities Judges working with family court Community Health Workers S. Florida of Behavioral Health Miami-Dade Parks	DCF 311 BCSB Community Partner Law Enforcement Children Trust Fund SOFL BH Judges Government Partners State funding Hospitals Medical providers School	Behavior system Law enforcement system get indicators from there Number of youth accessing or receiving services Number of types of resources available Suicide Rates Youth Bx Admissions

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

What/how can the opioid epidemic be addressed in Miami-Dade County?		No facility that will care for drug addicted person with 2 mental health concerns					
What/how can cognitive disorders be addressed in Miami-Dade County?	To increase knowledge of cognitive disorder among families and communities Early identification Intervention Correct intervention to get correct diagnosis Early screenings Education needed	Streamline access to early steps & remove the physicians Make referrals straight with a doctor. Insurance running out No integrated system to know Fragmented system of care cultural perceptions Language Cultural competent services Literacy/understanding of BH services Early and accurate diagnosis of MH disorder	Language – not enough services for Spanish and creole – no social connection Diversity Behavior health literacy Not knowing where to go for help Silo system of care Medical providers don't want to talk about it – not picking up Hard to get referrals for early steps Liability and insurance Private insurance company are limiting what they are paying for Streamline referral process Educate providers	Community Partners DCF	Improper assessments – short time to provide di	SFLBH	Risk assessment Completion Rates Sustainability Number of incidents. Amount of re admission Assessment tools by are-How is it improving by area Admission from
How can ACE's impact maternal/child health in Miami-Dade County?	The use of ACE's questionnaire. Reduce fear for kids	No screening to PS students When identified, what can be done. No System of care to link children too. Fear of identity. Schools Screening of kids	Understanding the use of the ACE tool	Youth Adults	FDOH Schools Community partners Parents		Suicide rates Linkage to care Re admissions

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Chronic Disease

Goal: Promote healthy health behaviors, provide resources and educational material to the community to improve health outcomes.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can prostate cancer be addressed to have an impact on chronic disease in Miami-Dade County?	To lower prostate cancer rates in Miami-Dade County by: Monitoring the rates of prostate cancer	Strategies: - Incentives from insurance companies - Wellness programs - Advertise the disease more and include symptoms - HPV vaccine among males - Include screening in annual check-up and make it mandatory - Advertise heavily during prostate cancer awareness month (September) - Get a nationally recognized spokesperson for the Prostate cancer campaign Barrier: - More research - screening is not mandatory	- Proposing an age where men should be screened	Males over the age of 35 and their families	- Centers for Disease Control and Prevention - Health Department - American Cancer Society - Employers - Medical Doctors - Health insurance companies - Alliance for Aging - Federally Qualified Health Centers	- Centers for Disease Control and Prevention - Health Department - American Cancer Society - Employers - Medical Doctors - Health insurance companies - Alliance for Aging - Federally Qualified Health Centers	Number of males who utilize the services available to them. Rate by County, Race, and zip code.
What/how can heart disease be addressed to have an impact on chronic disease in Miami-Dade County?	To lower heart disease rates in Miami-Dade County by: Promoting healthy behavioral changes, improving sleeping habits, Promote the benefits of improving eating habits and physical activity, decrease smoking and stress	Strategies: - Go to Physician once a year for annual checkup - Improve the built environment to promote outdoor activities - Restaurants must provide calorie information on menu - Biometrics testing - Increase health screenings - Decrease the marketing of unhealthy food options and health behaviors Barrier: - Nutrition education - Access to affordable healthcare The cost of	- AHEC smoking cessation classes - Employee Biometric screenings - Employee Wellness programs	Everyone	- American Heart Association - Tobacco Free Florida - Government (Policy) - Gyms - Nutritionists - American Academy for Nutrition and Dietetics - Nurses Association	- Centers for Disease Control and Prevention - Health Department - American Cancer Society - Employers - Medical Doctors - Health insurance companies - Alliance for Aging - Federally Qualified Health Centers	Obesity Rates Diabetes Rates

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

		healthy food and gym memberships					
What/how can stroke be addressed to have an impact on chronic disease in Miami-Dade County?	To lower stroke rates in Miami-Dade County by: Promoting healthy behavioral changes, improving sleeping habits, Promote the benefits of improving eating habits and physical activity, decrease smoking and stress	Strategies: - Go to Physician once a year for annual checkup - Improve the built environment to promote outdoor activities - Restaurants must provide calorie information on menu - Biometrics testing - Increase health screenings - Decrease the marketing of unhealthy food options and health behaviors Barrier: - Nutrition education - Access to affordable healthcare The cost of healthy food and gym memberships	- Signs of Stroke campaign (FAST) - AHEC smoking cessation classes - Employee Biometric screenings - Employee Wellness programs	Everyone	- American Heart Association - National Stroke Association - Tobacco Free Florida - Government (Policy) - Gyms - Nutritionists - American Academy for Nutrition and Dietetics - Nurses Association	- First Responders - CDC - DOH - Cancer Society - American Cancer Society Employers, Medical Doctors - Federally Qualified Health Centers	- Stroke Rates - High Blood Pressure Rates
What/how can mental health/stress be addressed in Miami-Dade	To reduce the amount of stress and mental health concerns in Miami-Dade County by: Promoting healthy behavioral changes, improving sleeping habits, Promote the benefits of improving eating habits and physical activity, and decrease smoking	Strategies: - Promoting the benefits of sleep and the quality of sleep - Improve built environment and open spaces - Develop wellness programs in schools and places of employment Working from home Barrier: - Work environment (breaks, windows, screen time) Socioeconomic difficulties - Stress	- Employee wellness programs - Counseling in schools and work places	Everyone	- Government (Policy) - Schools (early education through High School) - private sector - public sector	Employers and Schools	- How many people report having mental health issues - How many people report being stressed due to their work environment or socioeconomic standing - Are there affordable resources available to those who need it

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Community Concerns

Goal: Develop a collaborative, well-coordinated response to keep the community informed during an emergency.
To alleviate cost burdens by creating initiatives and programs that can improve socioeconomic status.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can emergency preparedness be addressed in Miami-Dade County?	To conduct a gap analysis to identify those who are not registered and potential EAP eligible individuals Educating the community on who to call and where to go in the case of an emergency.	Strategies: - Increase the amount of staff, volunteers, and able bodies to assist during an emergency in 5-year increments - Increase the amount of people who are registered for EAP (pre-register) - Collaborate with Vidas - Establish MOUs with Medical companies - Improving registration forms for those who are registering - Host SpNS trainings for community members - Promoting services to the community Barriers: - lack of staffing in SpNS due to lack of licensing	- EAP - Training offered by DOH - DART System - VOAD	Those who are in the gap Those with special needs or a disability	- United Way - DOH	- Schools, - United Way - Office of Emergency Management - Private partners - Non-profit organizations - Universities - Hospitals	Number of people registered in EAP Number of able-bodied volunteers # of spaces and partners who are willing to assist
What/how can economic prosperity be addressed in Miami-Dade County?	Improve the economic standing of those in the community by increasing jobs in Miami-Dade County	Strategies: - Offer more educational resources - Improve benefits for part-time workers - Affordable childcare and healthcare - Create new jobs - Rent/mortgage control - Increase minimum wage Affordable housing - Provide financial literacy coaching - Better city planning - Better promotion of social and health services	- Financial coaching - Programs that assist people with finding affordable housing and assist with moving cost	All residents in Miami-Dade County	- Miami-Dade County - Miami-Dade County Municipalities - Business Owners - Housing Associations - United Way - ACCESS Florida System	- Miami-Dade County - Miami-Dade County Municipalities - United Way - Florida Kidcare & CHIP	- Tracking Brain Drain (WHO) - How many people report leaving a place of employment due to poor wages but meeting educational requirement - Tracking median wages in Miami-Dade County

- Affordable health insurance
- Incentives for business owners
- Using 211 directory

Barriers:

- Lack of education
- Working outside of your community
- Lack of efficient transportation in Miami-Dade County
- Multiple jobs
- Cost of living increasing
- Toll cost
- Ensuring that the businesses that are placed in the community will allow municipalities to break even when it comes to cost, Cost of education

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Health Equity

Goal: To provide resources for all persons in Miami-Dade. To identify groups in each cluster by age, race, etc. to identify patterns in linkage to care.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What role does linking services play in addressing health equity in Miami-Dade County?	- To increase access to services by linkage - Current – WIC/SNAP, UF IPAS Extension, Family nutrition program - Barrier – transportation technology, language/education.	- Increase social media presence - Electronic ads online for healthy, - In non-traditional settings outreach (library) - GIS Mapping – utilizing that to know there is a park nearby or provider etc. - More info available online - Going into barbershops – nontraditional settings for people who are unable to learn from online but through the word of mouth - Community health workers in many areas - Increase CHW trainings and locations where available - Legislations supporting community health workers to increase- trainings - Having the community to be more involve – reaching out to residents	- Consortium/gathering stakeholders/healthy Miami-Dade/ alliance for aging/ TCT / Children Trust / MDCPS - Universities school resources	- Look at zip codes – census data – maybe through surveys - Undocumented immigrants – homestead areas – by geographic area - More grandeur level analysis (census tract)	- Faith base populations - Groups that are trusted - Local officials - Local government staff - School board administrations/districts – teachers - Hospitals – not for profit	- Local officials - Community residents - Community champions - Blending funding - School administration - Local government staff - Hospitals (limited funding) - School district - School board members - Elected officials	- Essential services 7 - Linkage to care - 2.11 alliance metrics - Continuous monitoring - Accountability? - Tracking

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

		- Faith base populations – looking for ways to engage them - Funders at the table – to aid local municipalities to help impact the community - Data sharing (getting data from partners) - Asking the right questions - Review current survey tool - Looking for new ways to engage faith based groups - Get community involved in outreach - Language barriers - Understand the system - Health literacy - Language justice					
What/how does education play a role in health equity in Miami-Dade County?	Education is critical in being aware – prevention - Timing of education – sooner than later - learning in school – teaching healthy behaviors at an early age - Use data for outreach strategic (to target areas in most need) - Health behaviors are taught at early age – prevention - Communicate recommendations for healthy behavior/ early intervention.	- Schools teach youths on healthy eating, behaviors etc. - Addressing issues on a higher level then local level when it comes tot food in school… teaching youth how to eat proper food - Optimize resources - Share curriculum (UF/ Universities) - Housing authority - Go to where people are - Build trust - Smaller groups - Cultural competency - Reach out to parents/ educate parents Need to optimize on resources and share rather than testing.	- Peer programs in schools - Reach out to the community - HIP Program for high school (ex. Sexual health) Find people where they are at.	- Reaching out to housing communities - Housing authority - School-aged children	- University – UF - Schools - Habitat for humanity - Missing construction workers - Barber shops - Community champions (liaisons) to deliver the work - CHWS	- faith base - Community organizations - Miami Dade employers - barber shops – not only low income or other need to focus on all - restaurants/ hospitality employees - small businesses - construction workers - Employers - Faith bases - Government based employees - State agencies - Top 50 employers	- Increase tracking - # of people – need to go beyond - Utilization rate - Monitoring/ prevention services

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

						- Entrepreneurs - Contractors - Possible Miami-Dade employers - Churches
What/how does community involvement play a role in health equity in Miami-Dade County?	- Empowering the community to make a change - Targeted outreach in key areas by community	- Identify community champions / key partners	- Health fairs - Farm shares sharing - Screening - Not many events - Community health workers - High school students (community hours)	- High school students - Looking at cluster areas - Geographic areas population specific	- YMCA - UF/ IFAS extensions (SWAT club example) - United Way - Urban Health Partnerships	- Corner stores - Places where most gather - High school students - Beauty salons

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

What/how does affordable housing play a role in health equity in Miami-Dade County?	- Raising awareness on programs - Connect residences to affordable home programs and services - Making sure people have a secured place to live	- Discussion with shelters - Home sharing - Flooding shelters - Maintenance – raising awareness about utility services – ex, fund deposit - Educating home owners on safety, money management, and disaster populations. - flooding areas - Rent control - Insurance - Healthy housing - Work with mothers and children - Landlords - Remodel facility - Policies	-	- Developers - Government/ Elected officials - Non-profit - Housing Authority	- Government - Hud housing	- Looking at the definition of affordable housing - Housing and transportation index - Homelessness data - Look at specific populations - Housing insecurities/ security – month to month

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Healthy Weight/Physical Activity/Nutrition

Goal: Improve wellness through healthy nutrition and physical activity (measurement outcomes via survey of weight, health status indicators such as BP and cholesterol, nutrition and exercise journals)

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can Transportation be addressed in Miami-Dade County?	**Improve transportation to allow for multimodal forms of transport and improved access**	-Shade/cover for bus stops -shade trees -Subsidies, allowances, incentives, and lowered payroll taxes for using public transport -Address perceived safety concerns and make active transport (walking, biking, etc) a pleasant and safe experience (lower heat of active transport as well) -Transport options for businesses such as trolleys and shuttles so employees don't have to drive -Bike lanes with definitive barriers between them and the road -Re-construct roads to make them safer for pedestrians -increase tri-rail routes and bus stops. Have small vans and trolleys between larger routes -connect cities and areas within the County -Advocate for buy-in from officials -Raise awareness for transportation and programs such as carpooling -Improve, support, and create apps that allow users to better connect to, understand, and view transport options in real time -Conduct county-wide transport assessment (what assets are near to transport and how does it impact it) -More bus lanes -Identify funding for these strategy	-Current incentives for carpool (tax deductions for commuters riding together) -10 municipalities have adopted Active Miami	County Residents	DOH DOT City of Miami Miami-Dade County Local Municipalities DOE	Same as Resp. Parties	Percentage of people who have access to public transport compared to the percentage of ridership
What/how can the built environment be addressed in Miami-Dade County?	Increase public access to areas that support nutrition and activity	-Increase transition of urban spaces to green spaces -Roof gardens -Increase the % of municipalities that adopt and implement Active	-Underline and building trails -City of Miami Beach Incentivizes government employees to be active and take part in exercise courses -Parks 305 web system – proximity	County Residents- addressed in different ways according to needs Underserved Populations	Parks and Rec Municipalities Community Partners City/County Government Elected Officials	County DOT Large Employers Insurance Companies FL Dept of Agriculture Miami Center for Arch. And	-Percent of tree coverage -Increase in tree canopy -Increase in shade trees -Increase the number of destinations for walking and

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

		Design Miami Complete Streets -Community Gardens -Converting brownfields to green fields -Expand blue light safety systems -extend incentives (what Miami Beach is doing) to residents -Insurance incentives -Increase number of and access to public parks (with exercise equipment) -Build housing near parks/parks near housing -Educating our youth -Encourage families to be active outside -More bike lanes walking paths green spaces -Inclusive planning for new spaces -Identify unused spaces -Increase number of tennis and basketball courts -Improve access to shade, rest areas, etc. -Mixed use: markets, stores, offices, parks, trees, good sidewalks in walking distance to housing -Work places with walking paths and green space -Increased safe walking paths and bike lanes with barriers Obstacles: Safe environment, food deserts, access, lack of designated bike lanes, cultural beliefs, ingrained nature of cultural beliefs, long work hours/work culture, small backyards and urban crowding- no space to play and be active, lack of education and lack of access to education about how to exercise and proper exercise and how to eat well and nutritiously, cost of healthy foods/perceived cost of healthy foods, cost of gyms, trainers, nutrition advice, etc., physical education no longer mandatory in schools, emphasis on technology in schools over activity, hidden processed additives in foods, transportation barriers such as traffic and poorly managed public transportation, removal of green spaces	to local parks and what activities are happening in the park -Free activities such as in parks -Million Trees Miami -Smoke Free Housing		Department of Planning Zoning County Commissioners Taskforce City/County/State Parks and Transport	Design Health in the Hood Emergency Response Police Common Threads	bicycling and mixed use of areas so people can access things in their areas -Utilization of green spaces broken down by zip code -Miles of trails, walking paths, and bicycles -Increase within reasonable walking or riding distance to green space

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

What/how can access to health food be addressed in Miami-Dade County?	**Increase residents' access to healthy and affordable food options**	-Tax incentives for businesses to build grocery stores in low-income communities -Porch gardeners- front use for gardens -Make licenses for street vendors more accessible -Promote nutrition education for healthier food choice -Programs that provide healthy food to food insecure households -Distribution from grocery store food to community -Expand food programs in summer and weekends for children -Partner with local chefs to teach community on cooking healthy meals -Food home delivery -Increasing the number of community gardens Incentives for supermarket chains to operate in underserved neighborhoods -Expand SNAP, EBT, and double points for healthy food -Expand breakfast programs -Increase farmers markets -Increase mobile markets -Increase transport options to grocery stores -Increase use of lots for community gardens -Increase the number of grocery stores near food deserts and low income communities -Increase number of fruits and vegetables sold at corner stores- especially near schools -increase number of farmers markets (at least one at each municipality) -Increase the number of destination for walking and cycling	-Edible school gardens -Urban projects -City of Miami beach: grocery delivery program for eligible low income elderly residents whereby fresh foods are delivered to their home once a month through federal funds	General Miami Dade County	-FL Dept of Agriculture and Consumer Services -FL Cooperative -Department of Food Services - (local and state)Municipalities -Dept of Education	University of FL Common Threads Large Food Retailers: Publix, Winn Dixie, Sedanos, Aldi	-Assessment and surveys for residents of servings of veggies and fruits consumed -Pre- and post- assessment of number of supermarkets within five mile radius of community -Pre and -post assessment of public transit stops to healthy food stores

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Immunizations

Goal: Increase immunization rates in the county for all populations and age groups.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can emergent threats be addressed to have an impact on immunizations in MDC?	• Getting information to healthcare providers in a timely manner.	• Education; using communications; social media, resources; influencers.	• Providers; universities; social media; schools private and public;	• People are not being vaccinated and their families; people who are undecided;	• The Department of Health; Immunization Coalition; Commissioners; Providers;	• Universities; DCF; head start; faith-based; schools;	• Number of advisories; Number of providers;
What/how can higher vaccination rates be maintained to have an impact on immunizations in MDC?	• Increase the number of audits, education, and awareness. • Increase number of people who are vaccinated for the HPV vaccine.	• Targeted campaigns in the community; make sure immunizations are started & completed in children (start early); education; media campaigns; identify funding opportunities; increase access;	• Pharmaceutical reps-GSK; Universities; private providers;	• Families and caretakers; 9-26-year-olds; providers;	• Immunization Coalition	• Universities & colleges;	• Number of educational activities related to HPV; Numbers of grants applied for; Amount of funding; Increase in individuals being immunized.
What/how can higher vaccination rates be improved for the older adult population to impact immunizations in MDC?	• Focus on low immunizations-such as shingles & flu • Increase the number older adults receiving the flu/pneumonia vaccine.	• Education; work with nursing homes.	• Alliance for Aging; community partners;	• 55 and older	• Consortium Elder Issues Committee; Immunization Coalition;	• The VA; Community Health Centers (Leon); DCF	• Number of older adults receiving flu/pneumonia vaccines.

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Injury/Safety/Violence

Goal: Reduce the rates of injury/violence among residents in in MDC; increase awareness among residents of MDC; Increase number of policies;

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can drowning be addressed in Miami-Dade County?	• To reduce the number of drowning incidents and drowning fatalities in MDC; • Increase access for educating children in pool safety; • Increase access to swimming lessons; Increase affordable water safety lessons for all residents of MDC; Increase water safety awareness;	• To conduct mapping/assessment of available resources/services for promoting water safety and reducing drowning in the county; • To increase the number of affordable, available classes/education on water safety/swimming safety the municipal and classroom level. • Swimming lessons; Enforcing use of pool barriers; school-age education; provide water safety training to licensed daycares/camps & require during county inspections; • CPR education; Kindergarten swimming program; provide affordable programs; Provide knowledgeable/trained lifeguards on duty at all city municipality pools; • Increase availability of hours for classes; make it mandatory for students; • Increase surveillance; map drownings by areas, age, and other socioeconomic determinants; • Require water safety classes for all staff at pools and other "blue areas"-beaches, lakes, etc.; revised	• Current laws in place on having a fence or raised ladder at home swimming pools; • Available education and classes for parents and children on water safety; • Pool inspections of municipal facilities;	• Parents; children;	• County; Parks and Rec; Parents;	• United way; • Children's Trust; • Legislators-helping with public school regulation;	• Decreased rates of drowning in MDC; • Increased knowledge of water safety among residents; • Increased number of services for drowning prevention; • Increased number of CPR classes; • Track # of classes & services offered;

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

		regulations; survey available resources around the county; • CPR courses in high school to graduate.					
What/how can neighborhood safety be addressed in Miami-Dade County?	• Make all neighborhoods and communities safe for all residents and visitors of MDC; • Reduce crashes in MDC; • Reducing injury and violence in neighborhoods-accidental injuries; • Increase the sense of safety for residents; • Increase lighting in communities;	• Educate public about using safe street measures/infrastructure; • Increase law enforcement in traffic and for pedestrian violations; • Lower speed limit in residential areas; • Announce crime rates/injuries through signage; • Change amount of time to cross streets; • Empower neighbors to help each other; • Neighborhood organizations to watch for crimes; • Increase the number of safety features-bicycle lanes, flashing pedestrian lights; • Barriers: funding; "Not in My Backyard" for sidewalks, other pedestrian infrastructure; • Increase neighborhood lighting;	• Safe bike lanes with barriers; • Increased lighting; • Increased resources for domestic violence & child abuse; • City of Miami and Coral Gables are rolling out lower posted speed limits in some neighborhoods; • Walk Safe; Bike Safe; Safe Routes to School; Walking School bus (West Kendall); • Look at specific safety issues in certain areas of the county, identify areas of need;	• All MDC residents • Identify all at-risk populations • Near senior housing and schools;	• BikeSafe; WalkSafe Programs; Walking School Bus; Safe Routes to School;	• Urban Development, Zoning, • TPO, • Health Department, • FDOT; • CrimeWatch; • School Officials; • Department of Planning & Zoning; • Police Department; • Agencies that provide security services;	• Reduced number of accidents; • Increased number of policies in place to increase neighborhood safety; • Number of dollars spent devoted to pedestrian/motor safety; • Number of schools in which children receive WalkSafe; • Policies reviewed; • Number of cities that adopted Complete Streets guidelines; • Counting the results per city and evaluate available resources and which initiatives worked;
What/how can gun violence be addressed in Miami-Dade County?	• Increase the number of policies addressing injury and violence in MDC; • Reduce the incidence of injury/violence among residents of MDC (intentional & unintentional); • Increase awareness & provide resources injury/violence/safety related issues;	• Promote gun safety programs; • Focus on gun safety; • Teach children gun safety too; • Partner with Together for Children; • Regulate video games/age restrictions on video games; • Additional penalties on gun owners in case of unintentional injury;	• Neighborhood Enhancement Team (NET) Offices in City of Miami; Together for Children;	• All residents of MDC	• Police department; • Legislature; • DOH; • Department of Agriculture & Consumer Services	• Legislators; • Elected officials; • Community leaders; • Gun show companies; • Community Action Groups • Local governments who license gun shows;	• Number of hospital visits due to gun injury; • Number of permits issued; • Number of gun buy-backs; • Number of gun shows; • Arrests for gun related violence;

	• Reduce the number of gun incidents-including injuries and deaths; • Promote gun control; • Increase neighborhood surveillance; • Increase the number of gun buy-backs; • Increase gun education and gun safety-including gun lock boxes and safety features; • Assess mental health and increase screenings before gun ownership; • Increase the age; waiting period before getting a gun; • Reduce the number of unlicensed owners of guns; • Identify risk factors influencing injury rates; • Increase waiting period;	• Reconciliation between state and federal rules; • Don't license gun shows in the county; • Contact legislature; • Reduced access to guns-screenings, waiting period; where it is kept; • Gun fire detectors; • Greater restrictions on concealed weapons permits; • Penalize gun manufacturers; • Incentives gun owners to take gun safety classes;			• Police Department; • Schools; • Parents; • Gun retailers;	

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: Maternal Child Health

Goal: *Improve access to and quality of care related to maternal and child health in order to improve morbidity and mortality outcomes.*

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how does low birth weight play a role in maternal child health in Miami-Dade County?	**-Improve the health of women of child bearing age (especially those at an unhealthy weight)** -Reduce length of NICU stays for newborns -Reduce economic burden and disparities brought on by social determinants of health -Reduce minorities that don't carry full term	**-health screenings at GYN or primary care visits for all women of child bearing age** **-Identify risk factors with screening tool** -Screen mothers for risk -Improve mothers' health -offer counseling -increase breast feeding -incorporate stress relief for parents -reduction infant mortality	-Healthy Start screenings (not pre-conception) -WIC -check-ins with OBGYN at annual screenings -Health fairs through county -Vitamins and nutrition supplements in foods -Social media campaigns -No copays at well-woman visits	Women of Child Bearing Age	Providers State and Local Policy Makers ACOG Insurance Companies	WIC Healthy Start Case Managers Early Start Medicaid and Insurance	-Low birth weight rate -Re-admission rate -Hospital stay length for births -How early mother begins pre-natal care -Maternal morbidity and mortality -Prenatal entry into care -Increased number of women getting well-women visits
What/how can infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?	**Improve maternal self-efficacy** -Ensure pregnancy is a right of parents and not a money making endeavor for healthcare institutions -Improve safe housing -Increase education on safe sleeping -Increase education access -Increase equitable spread of wealth -Mode of delivery assessment -Assess mothers for risk -Quality and access to care and education -Safe housing and safe sleep	-Educate on safe sleep practices -Peer educators -Social media groups of mothers -Making a plan and building a support system -Partner and provider training -Texts for parents of babies	-Support groups -Campaign: Kick Count -Outreach events -Meet with partners and providers -Training for those with children 0-5	Pregnant women and partners	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-pre and post surveys -infant mortality weights -include questions in the community wellbeing survey

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

What/how can black infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?	**Improve maternal self-efficacy**	-educate on safe sleep practices -peer educators -social media groups of mothers -making a plan and building a support system -partner and provider training -texts for babies	-support groups -campaign: Kick Count -outreach events -meet with partners and providers -training for those with children 0-5	Non-hispanic black pregnant women	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-pre and post surveys -infant mortality weights -include questions in the community wellbeing survey
How can ACE's impact maternal/child health in Miami-Dade County?	(group did not reach this question)						
How do grandparents impact maternal/child health in Miami-Dade County?	(group did not reach this question)						

Florida Department of Health in Miami-Dade County

2019 Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019 – 8:00am-4:00pm

Strategic Issue Area: STD Communicable Diseases/Emerging Threats

Goal: decrease the number of STD/HIV cases, reduce overall rate of MDC. Improve sexual health and wellness. Reduce the incidence of STD/HIV.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can STD be addressed in Miami-Dade County?	Creating awareness Reduce the number of cases (all) Educating and increasing knowledge of population prevention	Increase the number of dental dams. More ads, campaigns, and commercials… social media Provider education (behavioral and medical to everyone interacting with patient)) Collaboration with partners Higher condom distribution Offering more screening (clinics and mobile) Address the stigma Address the myths Education among elder individuals and assisted living facilities (barrier because this is currently not allowed to speak in elder nursing homes)	Mobile testing and linkage to care Several community partners offer testing in several sites (schools and common centers) Promote safe sex education in schools (middle and high) IDEA exchange and on-site testing	Elders and assisted living facilities Pregnant women Middle school and high school Hispanic and African American men Everyone sexually active (this also has to be defined) Homeless individuals Prisoners LGBTQ community	PCP's (more treatment) FQHC's Community Coalitions Related task forces MDCPS	Federal, State and Local governments DOH – STD/HIV Colleges and universities Businesses who would like to partner Business Response to Aids (STDS)-STD… Media Company (help with campaigns) IDEA Exchange LGBTQ organizations	Number of educators and sessions Number of dental dams Amount of initiatives and
What/how can HIV/AIDS be addressed in Miami-Dade County?	Lower the rates in MDC (not #1)… but it's important to remember that many cases	Increased testing!!! This leads to all possible services Increase the number of PrEP sessions among women of color and LGBTQ community Increased education! Increase the number of PrEP and PAP providers…DOH currently the lead for this. Find more parteners/agencies who can elicit partners Barrier: immigration policy	Mobile testing and linkage to care Several community partners offer testing in several sites (schools and common centers) Promote safe sex education in schools (middle and high) IDEA exchange and on-site testing Condoms Rapid test and treat (within 24hrs) PrEP which helps prevention HIV testing (unless opt out)	Elderly Homeless Drug users MSM Pregnant women Non-documented	Contracted providers HIV taskforce	Partners for testing and condom distribution LGBTQ organizations	Create a difference in indicator for cases that are new acquired in MDC or new, but brought in. Number of persons tested (by race and ethnicity) Number of incidence reduced # Places where condoms are distributed
What/how can emergent threats be addressed in Miami-Dade County?	E Identifying a plan/process for potential threats (CDC often has) Developing a safety plan from indiv., community and County (comprehensive) perspectives	Identifying and reevaluating current plans (updating based on current status and time and by threat) Evaluate from previous times and see how it can be improved. Barriers: lack of sharing of information between	Trending/ collect data/ monitoring Respond to notifications Investigations for outbreaks Currently have some plans in place Media advisories/press releases for County	Visitors/tourism Residents/local indivs. Low-income zip-codes Beach area and downtown (hurricane)	Police/First responders (treat) Medical responders/hospitals (treat) Municipalities CDC (information and guide) DOH (information)	Chamber of Commerce (Tourism) DOH (all aspects) Public Information Officers Media Stations	Timeliness (as needed per threat) Amount of illness/casualties caused Amount of treated during the incident Amount not resolved among the ill

		organizations (data-sylos), lack of county-wide plan (too much duplication) Review/Hot-wash of the event to see the necessities for next time					

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

SEPTEMBER 2018

What Works?

Social and Economic Opportunities to Improve Health for All

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support provided by
Robert Wood Johnson Foundation

Table of Contents

ABOUT CHR&R

This report builds on the data, evidence, guidance, and community stories provided by County Health Rankings & Roadmaps (CHR&R).

- The County Health Rankings bring actionable data to counties across the country each year, serving as a call to action to improve local health.
- What Works for Health provides evidence ratings and summaries for more than 400 policies, programs, and systems changes that communities can use to guide their actions.
- CHR&R's Action Center provides step-by-step guidance and tools to help communities assess their needs, drive local policy and systems changes, and evaluate the impacts of their health improvement efforts.
- CHR&R's Partner Center helps changemakers in all sectors identify how they can connect and leverage their collective power when putting ideas into action.
- CHR&R elevates compelling stories of local leaders and community members who are coming together to create conditions for health and prosperity by transforming neighborhoods, schools, and businesses—so that communities everywhere can thrive.

Creating Healthy and Equitable Communities

How much stronger could our communities be if all of our children attended high quality schools, if everyone earned enough money to afford essentials, and if we all felt connected to our communities, regardless of where we live, the circumstances we are born into, or the color of our skin? When we work together to improve education, employment, income, and family and social supports—the social and economic factors that influence our communities—we can improve the health of all who live, learn, work, and play there.

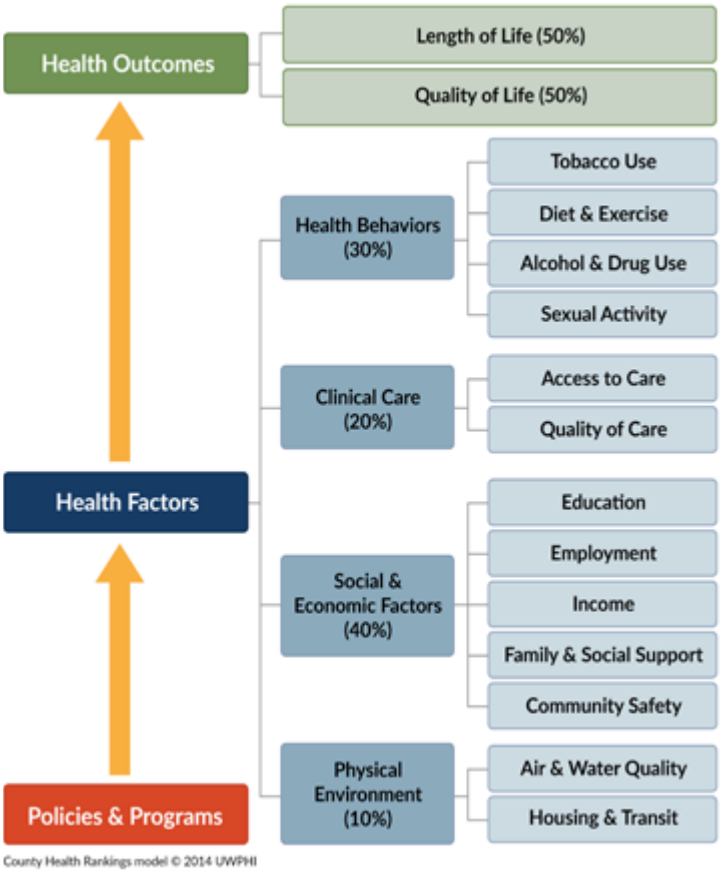
Creating healthier communities where everyone can thrive and have a voice in the process for creating solutions requires bringing people together to:

- Look at the many factors that influence health,
- Select strategies that can improve everyone's health, and
- Make changes that will have a lasting positive impact.

There is no single strategy that can ensure everyone in a community can be healthier. The County Health Rankings model helps us understand the many factors that influence health, and should be considered in an approach to improving health in a community. Social and economic factors like education and income are not commonly considered when it comes to health, yet strategies to improve these factors can have an even greater impact on health over time than those traditionally associated with health improvement, such as strategies to change behaviors.

This report outlines key steps toward building healthier and more equitable communities and features specific policies and programs that can improve social and economic opportunities and health for all. Policies and programs that are likely to reduce unfair differences in health outcomes are emphasized.

COUNTY HEALTH RANKINGS MODEL



How Can Jobs, Education, and Social Supports Improve Health and Equity?

Health is about more than what happens at the doctor's office—it is influenced by a range of factors. The places where we live, learn, work, and play, the opportunities we have, and the choices we make all matter to our physical, mental, and social well-being. Social and economic opportunities, such as good schools, stable jobs, and strong social networks are foundational to achieving long and healthy lives. These opportunities affect our ability to make healthy choices, afford medical care and housing, and manage stress.

Not everyone has the means and opportunity to be their healthiest. Across the nation, there are meaningful differences in social and economic opportunities for residents in communities that have been cut off from investments or have experienced discrimination. These gaps in opportunities disproportionately affect people of color—especially children and youth.

Policies and practices put in place have marginalized population groups and communities, such as people of color, keeping them from the resources and supports necessary to thrive. Limited access to opportunities creates disparities in health, impacting how well and how long we live. These differences in opportunity can be narrowed, if not eliminated, if we take ongoing, meaningful steps to create more equitable communities.

Here's a closer look at how each of the social and economic factors influence health.

EDUCATION

Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account.

EMPLOYMENT & INCOME

As income increases or decreases, so does health. Employment provides income that shapes choices about housing, education, child care, food, medical care, and more. Employment also often includes benefits that can support healthy lifestyle choices, such as health insurance. Unemployment and under employment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

FAMILY & SOCIAL SUPPORT

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social connections provide residents with greater access to support and resources than those that are less tightly knit.

Finding Strategies that Work

This report can help you get started on the path to creating healthier, more equitable communities by selecting strategies to improve social and economic factors and remove barriers to opportunity. A good first step is to explore strategies that have worked in other communities or are recommended by experts. With evidence ratings, literature summaries, and implementation resources for more than 400 strategies, What Works for Health (WWFH) is a great place to start.

WWFH offers in-depth information for a variety of policies and programs that can improve the many factors that influence health, including social and economic opportunities, health behaviors, clinical care, and the physical environment. For each policy and program, you will find:

- Beneficial outcomes (i.e., the benefits the strategy has been shown to achieve as well as other outcomes it may affect)
- Key points from relevant literature (e.g., populations affected, key components of successful implementation, cost-related information)
- Implementation examples and resources, toolkits, and other information to help you get started
- An indication of the strategy's likely impact on the gaps or disparities in outcomes among groups of people (e.g., differences among racial, ethnic, or socio-economic groups)

This report outlines some of the policies and programs you will find in WWFH to support local initiatives to:

- Improve educational outcomes
- Increase income and employment
- Build family and social support

These examples emphasize policies and programs that are likely to reduce disparities in health outcomes, and those with strong evidence of effectiveness. To see the full list of strategies in WWFH, go to countyhealthrankings.org/whatworks.

EVIDENCE RATING

WWFH includes six evidence of effectiveness ratings. Each strategy is rated based on the quantity, quality, and findings of relevant research.

Ratings include:

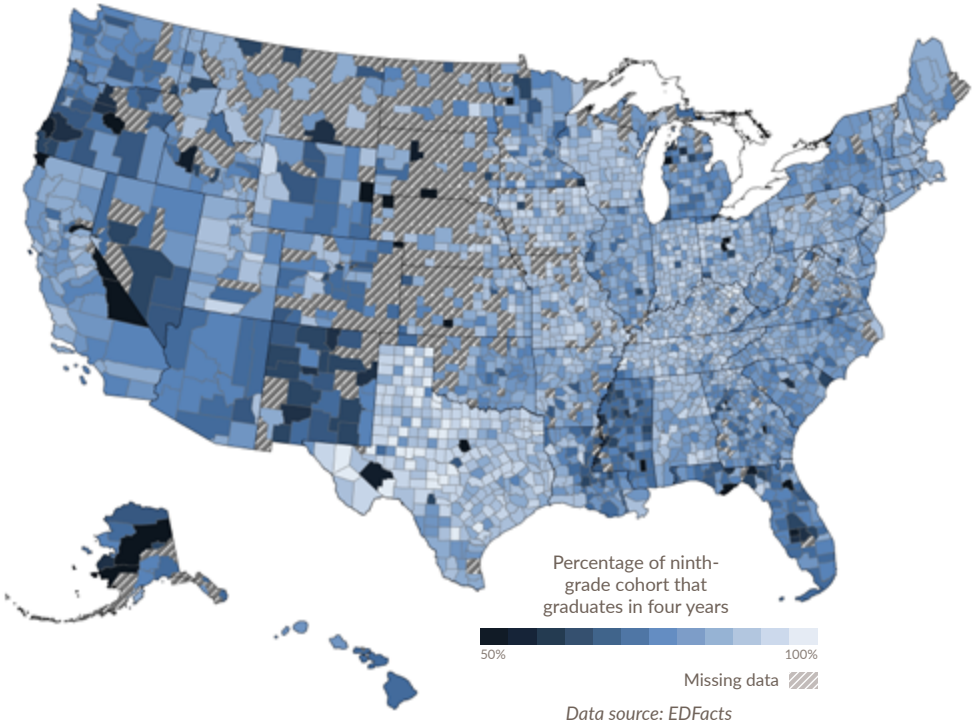
- **Scientifically Supported (SS):** Strategies with this rating are most likely to make a difference. These strategies have been tested in multiple robust studies with consistently positive results.
- **Some Evidence (SE):** Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.
- **Expert Opinion (EO):** Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.
- **Insufficient Evidence (IE):** Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.
- **Mixed Evidence (Mixed):** Strategies with this rating have been tested more than once and results are inconsistent; further research is needed to confirm effects.
- **Evidence of Ineffectiveness (EI):** Strategies with this rating are not good investments. These strategies have been tested in multiple studies with consistently negative or harmful results.

To learn more about WWFH methods and the criteria used to select strategies for inclusion in this report, see page 19.

A Look at Education

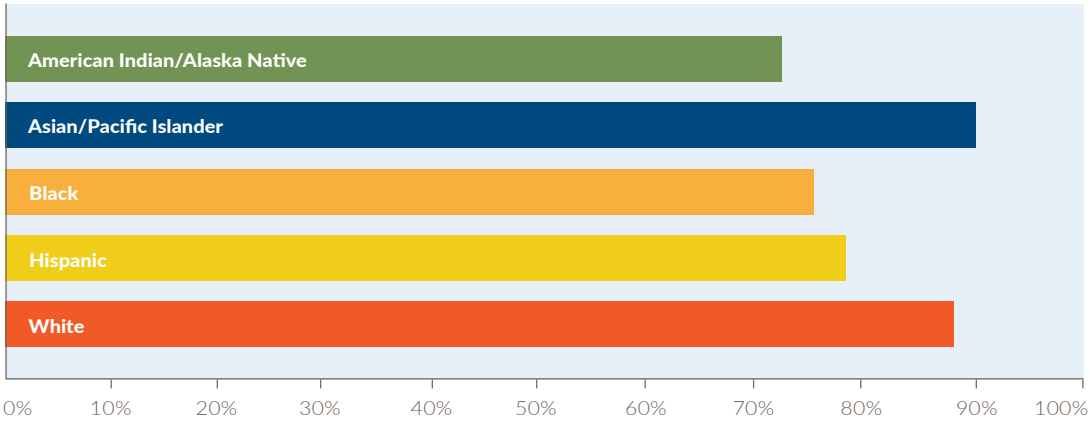
Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account. Across the U.S., there are large gaps in educational attainment between people who live in the least healthy counties and those in the healthiest counties. Often, for American Indian/Alaskan Native, Black, and Hispanic people, barriers to educational attainment create gaps within communities that are similar, if not greater. Educational institutions, governments, funders and community members can work together to set all children and young adults on a path towards academic and financial success.

HIGH SCHOOL GRADUATION AMONG U.S. COUNTIES, 2014-15



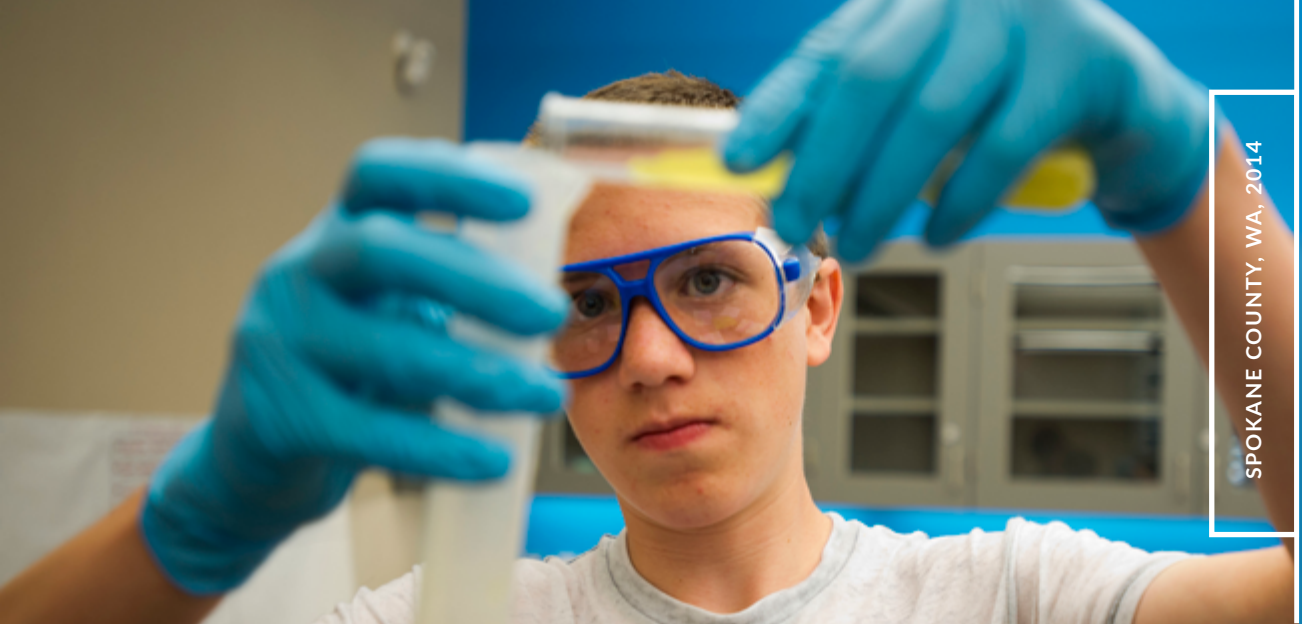
Data source: EDFacts

HIGH SCHOOL GRADUATION BY RACIAL/ETHNIC GROUPS, 2014-15



Percentage of ninth grade cohort that graduates in four years

Data source: EDFacts



SPOKANE COUNTY, WA, 2014

In Spokane, Washington, a 2014 RWJF Culture of Health Prize winner, a multi-pronged effort was launched to raise the science, technology, engineering, and mathematic abilities of students through mentoring, internships, and project-based learning.

WHAT'S WORKING TO IMPROVE EDUCATIONAL OUTCOMES?

Examples of approaches and strategies with strong evidence of effectiveness that communities can implement to improve educational outcomes include:

Increase early childhood education, for example:

- Preschool education programs provide center-based support and learning for young children
- Universal pre-kindergarten provides early education for all 4-year-olds

Improve quality of K-12 education, for example:

- Attendance interventions for chronically absent students include resources and support to address individual, familial, and school-related factors that contribute to poor attendance
- Full-day kindergarten offers early education for 4- to 6-year-olds, every weekday for at least five hours
- Summer learning programs provide continuous learning throughout the year

Increase high school graduation rates, for example:

- Alternative high schools for at-risk students provide an alternative setting for education
- Dropout prevention programs provide supports or undertake environmental changes to help students graduate

Create environments that support learning, for example:

- School breakfast programs offer students a nutritious breakfast at school
- School-based health centers provide attending students health care services on school premises
- School-based social and emotional instruction efforts help kids recognize and manage emotions, set and reach goals, appreciate others' perspectives, and maintain relationships
- School-based violence and bullying prevention programs address students' disruptive and antisocial behavior through skill building
- Trauma-informed schools use a multi-tiered approach to address the needs of trauma-exposed youth

Increase education beyond high school, for example:

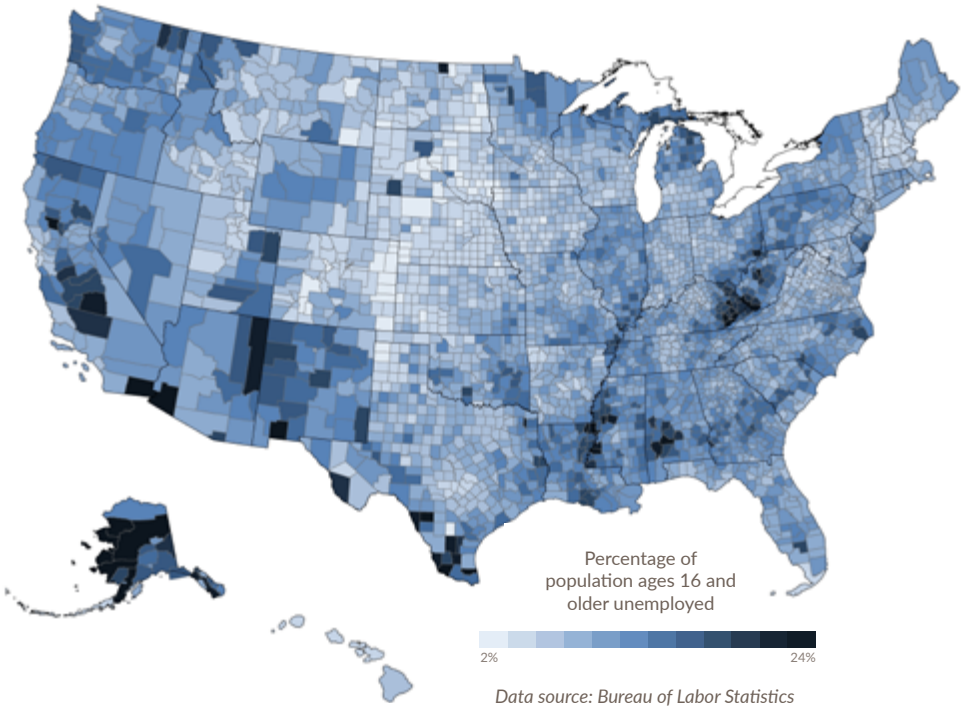
- College access programs help underrepresented students prepare academically, complete applications, and enroll
- Health career recruitment for minority students helps train and prepare for careers in health fields

Learn more about these and other strategies on pages 13 and 14.

A Look at Income and Employment

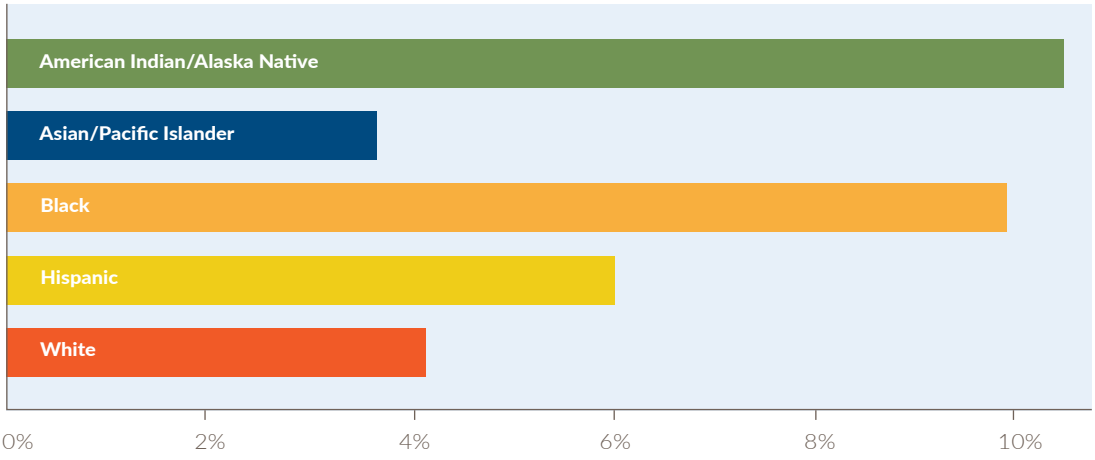
Employment provides income and, often, benefits—such as paid sick leave—that can support healthy lifestyle choices. Unemployment limits these choices and negatively affects both quality of life and health overall. Across the U.S., there are large gaps in employment and income between people who live in the least healthy counties and those in the healthiest counties. Often, for American Indian/Alaskan Native, Black, and Hispanic people, barriers to opportunities for employment or higher income create gaps within communities that are similar, if not greater. Employers, educational institutions, and community members can work together to increase job skills for residents and enhance local employment opportunities.

UNEMPLOYMENT AMONG U.S. COUNTIES, 2016



Data source: Bureau of Labor Statistics

UNEMPLOYMENT BY RACIAL/ETHNIC GROUPS, 2016



Data source: Bureau of Labor Statistics

DURHAM COUNTY, NORTH CAROLINA, 2014

In Durham County, North Carolina, a 2014 RWJF Culture of Health Prize community, the Holton Career and Resource Center houses a virtual high school with onsite mentoring and a career center that exposes students to careers ranging from cosmetology to computer engineering.

WHAT'S WORKING TO INCREASE INCOME AND EMPLOYMENT?

Examples of approaches and strategies with strong evidence of effectiveness to successfully reach these goals include:

Increase worker employability, for example:

- Adult vocational training programs support acquisition of job-specific skills through education or on-the-job training
- Career pathways and sector-focused employment programs provide occupation-specific training and supportive services in high-growth industries and sectors
- General Education Development (GED) certificate programs help those without a high school diploma achieve a GED
- Transitional jobs establish time-limited, subsidized, paid job opportunities to provide a bridge to unsubsidized employment

Create supportive work environments, for example:

- Paid family leave provides employees with paid time off for circumstances such as birth, adoption, or caring for family member with a serious medical condition
- Paid sick leave laws require employers to provide paid time off for employees when ill or injured

Increase or supplement income, for example:

- Child care subsidies that provide financial assistance to working parents, or parents attending school, to pay for center-based or certified in-home child care
- Expand refundable earned income tax credits for low to moderate income working families and adults
- Living wage laws establish locally-mandated wages that are higher than federal and state minimum wage levels

Support asset development, for example:

- Children's development accounts build savings and assets over time with contributions from family, friends, and supporting organizations
- Matched dollar incentives for saving tax refunds build savings for low or moderate income individuals

Learn more about these and other strategies on page 15.

A Look at Family and Social Support

Social support stems from relationships with family members, friends, colleagues, and acquaintances. Social capital refers to those aspects of society that help us to create beneficial relationships and networks in a community, such as interpersonal trust and civic associations. People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Communities richer in social connections provide residents with greater access to support and resources than those that are less tightly knit. Non-profit organizations, governments, health care, public health and community members can build and sustain partnerships that reflect the diversity of the community and work together to implement strategies that increase social connections and supports.

WAASWAAGANING ANISHINAABEG (LAC DU FLAMBEAU) TRIBE, WI, 2015

In Waaswaaganing Anishinaabeg, a 2015 RWJF Culture of Health Prize community, family support and fostering cross-generational connections are priority through the program Cooking with Grandmas where community elders teach youth the "Ojibwe way."

WHAT'S WORKING TO BUILD FAMILY AND SOCIAL SUPPORT?

Examples of approaches and strategies with strong evidence of effectiveness that communities can implement to improve social support and connectedness include:

Ensure access to counseling and support, for example:

- Employee Assistance Programs provide confidential worksite-based counseling and referrals to employees to address personal and workplace challenges
- Mental Health First Aid provides an 8- or 12-hour training to educate laypeople about how to assist individuals with, or at risk for, mental health problems
- Social service integration efforts coordinate access to services across multiple delivery systems

Increase social connectedness, for example:

- Extracurricular activities for social engagement offer social, art, or physical activities for school-aged youth outside of the school day
- Intergenerational mentoring establishes relationships between older adults and children or adolescents
- Youth peer mentoring establishes ongoing relationships between an older youth or young adult and a younger child or adolescent

Build social capital within communities, for example:

- Community centers facilitate local residents' efforts to socialize, participate in recreational or educational activities, gain information, and seek support services
- Trauma-informed approaches to community building support and strengthen traumatized and distressed residents and address effects of trauma

Build social capital within families, for example:

- Early childhood home visiting programs provide expectant parents and families with young children with information, support, and training
- Father involvement programs support fathers' active involvement in child rearing via various father- or family- focused interventions

Learn more about these and other strategies on page 16.

Perhaps no other innovation embodies what is taking place in Waaswaaganing Anishinaabeg (Lac du Flambeau), a 2015 RWJF Culture of Health Prize community, better than Envision. Though still in its infancy, this youth-driven learning program bridges generations while conveying life skills that do not fit neatly into any academic category. Envision immerses middle school students in the Ojibwe culture. Using traditional tribal methodologies, youth considered at risk are redirected, often with the gentle guidance of community leaders and elders.

Choosing the Right Strategy for Your Community

This report provides examples of strategies that have been shown to make a difference in improving social and economic factors, especially for those who face barriers to opportunity. Visit **What Works for Health** to learn more about the specific outcomes and health factors each strategy has been shown to affect, and the decision makers who can help move it forward. This will help you develop your own short list of potential strategies.

As you explore strategies that may be a good fit for your community, be sure to:

1. **Consider the context:** Strategies, even those that are rated Scientifically Supported, may not be right for every community. To evaluate whether a strategy might work where you are, ask yourself:
   - Is the strategy a good fit for our community and our partners?
   - Have we included those most affected by poor health or poor social and economic conditions in choosing the strategy?
   - Is our community ready and able to support our chosen strategy? Do we have what we need to implement and evaluate the strategy?
   - Does our community's political environment support our strategy?
2. **Consider the community:** Communities are not always ready for change. It's important to consider your community's unique makeup, characteristics, and culture. Involving community residents along the way can help build support for change.
3. **Consider your stakeholders:** Stakeholders are people who care about your issue. Often when we think of the political environment, we think of key decision makers. They're important, but it is equally important to consider all stakeholder groups, including:
   - ***The public.*** All those with vested interests. This might include community residents (particularly those who face barriers to opportunity and good health), advocacy groups, non-profit agencies, and businesses.
   - ***Specific political stakeholders.*** Those who have the power to give you what you want, including elected and appointed officials or lobbying groups.
   - ***Implementers.*** Those tasked with making the strategy work, such as administrators. This is an important group – a strategy only works when it's implemented or enforced.
4. **Select the best strategy:** As you make your selection, consider a balance of strategies. Start with short-term strategies that give you early wins. At the same time, lay the groundwork for strategies that have a longer-term impact.
   - Generate a list of your top choices. (This is a good time to look back at WWFH)
   - Check your inclusiveness — have you engaged those most impacted by the issue?
   - Choose a strategy — pull together what you know about your top choices, their impact, and your community to make a decision.
5. **Consider whether to adapt the strategy:** Policies and programs may not be a fit for your community straight "out of the box." You may need to adjust the strategy to fit your community's needs. If you do, be ready to conduct more rigorous evaluation to make sure it is working as intended.

Now what? Once you have decided what you want to do, the next step is to make it happen. CHR&R's guide to **Act on What's Important** can help your community build on strengths, leverage available resources, and respond to unique needs.

Learn More about Social and Economic Strategies

The tables on the following pages provide more detail on strategies that can improve the social and economic factors that influence our communities. For each strategy, you will find an evidence rating (e.g., Scientifically Supported, Some Evidence) and decision makers who can help move the strategy forward. WWFH is updated regularly. Visit our website to see the most current listings and learn more about these and other strategies that can make a difference in your community: countyhealthrankings.org/whatworks.

EDUCATION Evidence ratings: Scientifically Supported **(SS)**; Some Evidence **(SE)**; Expert Opinion **(EO)**	Evidence Rating	Decision Maker								
		Community Development	Community Members	Educators	Business	Government	Funders	Health Care	Nonprofits	Public Health
Increase early childhood education										
Preschool & child care quality rating and improvement systems: Support quality improvement efforts in early child care and preschool via financial incentives, standards, processes to monitor standards and ensure compliance, etc.	SE		✔	✔		✔				
Preschool education programs: Provide center-based programs that support cognitive and social-emotional growth among children who are not old enough to enter formal schooling	SS		✔	✔		✔				
Preschool programs with family support services: Provide center-based programs that support cognitive and social-emotional growth among young children from low income families, with supports such as home visiting or parental skills training	SS			✔		✔			✔	
Universal pre-kindergarten: Provide pre-kindergarten (pre-K) education to all 4-year-olds, regardless of family income	SS			✔		✔				
Improve quality of K-12 education										
Attendance interventions for chronically absent students: Support interventions that provide chronically absent students with resources to improve self-esteem, social skills, etc. and address familial- and school-related factors that can contribute to poor attendance	SS			✔		✔	✔		✔	
Full-day kindergarten: Offer kindergarten programs for 4 to 6-year-old children, five days per week for at least five hours per day	SS			✔		✔				
Summer learning programs: Provide academic instruction to students during the summer, often along with enrichment activities such as art or outdoor activities	SS			✔					✔	
Technology-enhanced classroom instruction: Incorporate technology into classroom instruction via computer-assisted instruction programs, computer-managed learning programs, use of interactive white boards, etc.	SS			✔			✔			

EDUCATION Evidence ratings: Scientifically Supported **(SS)**; Some Evidence **(SE)**; Expert Opinion **(EO)**	Evidence Rating	Decision Maker								
		Community Development	Community Members	Educators	Business	Government	Funders	Health Care	Nonprofits	Public Health
Create environments that support learning										
School-based health centers: Provide health care services on school premises to attending elementary, middle, and high school students; services provided by teams of nurses, nurse practitioners, and physicians	SS			✓		✓	✓	✓		
School-based social and emotional instruction: Implement focused efforts to help children recognize and manage emotions, set and reach goals, appreciate others' perspectives, and maintain relationships; also called social and emotional learning (SEL)	SS			✓						
School-based trauma counseling: Help students process trauma exposure and develop coping skills through individual or small group counseling with mental health professionals or school staff with trauma-specific training	SE			✓		✓				
School-based violence & bullying prevention programs: Address students' disruptive and antisocial behavior by teaching self-awareness, emotional self-control, self-esteem, social problem solving, conflict resolution, team work, social skills, etc.	SS			✓			✓			
School breakfast programs: Support programs to provide students with a nutritious breakfast in the cafeteria, from grab-and-go carts in hallways, or in classrooms	SS			✓		✓	✓			
Trauma-informed schools: Adopt a multi-tiered approach within schools to address the needs of trauma-exposed youth, including school-wide changes, screenings, and individual intensive support	SE			✓		✓				
Universal school-based suicide awareness & education programs: Deliver a curriculum-based program that helps all students learn to recognize warning signs of suicide in themselves and others in a school setting	SE			✓			✓			
Increase high school graduation rates										
Alternative high schools for at risk students: Provide educational and social services in an alternative setting for students at risk of dropping out of traditional high schools	SS			✓		✓			✓	
Career & technical education for high school graduation: Provide career and technical education (CTE) as an integrated part of an academic curriculum for students at risk of dropping out of high school; also called vocational training	SS			✓		✓			✓	
Dropout prevention programs: Provide supports such as mentoring, counseling, or vocational training, or undertake school environment changes to help students complete high school	SS			✓			✓		✓	
Dropout prevention programs for teen mothers: Provide teen mothers with services such as remedial education, vocational training, case management, health care, child care, and transportation assistance to support high school completion	SS		✓	✓		✓	✓	✓		
Increase education beyond high school										
Bridge programs for hard-to-employ adults: Provide basic skills (e.g., reading, math, writing, English language, or soft skills) and industry-specific training with other supports; often incorporated in career pathway programs	EO			✓	✓	✓			✓	
College access programs: Help underrepresented students prepare academically for college, complete applications, and enroll, especially first-generation applicants and students from low-income families	SS			✓		✓	✓		✓	
Health career recruitment for minority students: Recruit and train minority students for careers in health fields via information about health careers, classes, practicum experiences, advising about college or medical school admissions, etc.	SS			✓		✓				

INCOME AND EMPLOYMENT

Evidence ratings: Scientifically Supported **(SS)**; Some Evidence **(SE)**; Expert Opinion **(EO)**

	Evidence Rating	Decision Maker								
		Community Development	Community Members	Educators	Business	Government	Funders	Health Care	Nonprofits	Public Health
Increase worker employability										
Adult vocational training: Support acquisition of job-specific skills through education, certification programs, or on-the-job training, often with personal development resources and other supports	SS			✓	✓	✓			✓	
Career pathways and sector-focused employment: Provide occupation-specific training in high-growth industries and sectors, combining education and supportive services, usually with stackable credentials and work experience	SE			✓	✓	✓			✓	
Certificates of employability: Issue certificates of employability to individuals with criminal convictions who have met pre-specified standards of rehabilitation; also called certificates of relief, reentry, good conduct, rehabilitation, recovery, etc.	EO					✓				
GED certificate programs: Implement programs that help individuals without a high school diploma or its equivalent achieve a General Education Development (GED) certificate	SE			✓		✓			✓	
Transitional jobs: Establish time-limited, subsidized, paid job opportunities to provide a bridge to unsubsidized employment	SS				✓	✓			✓	
Create supportive work environments										
Flexible scheduling: Offer employees control over an aspect of their schedule through arrangements such as flex time, flex hours, compressed work weeks, or self-scheduled shift work	SS				✓					
Paid family leave: Provide employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child	SS				✓	✓				
Paid sick leave laws: Require employers in an affected jurisdiction to provide paid time off for employees to use when ill or injured	SE	✓			✓	✓				
Increase or supplement income										
Child care subsidies: Provide financial assistance to working parents, or parents attending school, to pay for center-based or certified in-home child care	SS					✓	✓		✓	
Earned Income Tax Credit: Expand refundable earned income tax credits for low to moderate income working individuals and families	SS					✓				
Living wage laws: Establish locally or state mandated wages that are higher than federal minimum wage levels	SE					✓				
Unemployment insurance: Extend or raise the compensation provided to eligible, unemployed workers looking for jobs	SE					✓				
Support asset development										
Child development accounts: Establish dedicated child development accounts (CDAs) to build assets over time with contributions from family, friends, and sometimes, supporting organizations; also called children's savings accounts (CSAs)	EO		✓			✓	✓		✓	
Matched dollar incentives for saving tax refunds: Support programs that provide matched dollar incentives for low or moderate income individuals to place some or all of their tax refund in a savings account	SE					✓			✓	

FAMILY AND SOCIAL SUPPORT

Evidence ratings: Scientifically Supported **(SS)**; Some Evidence **(SE)**; Expert Opinion **(EO)**

	Evidence Rating	Decision Maker								
		Community Development	Community Members	Educators	Business	Government	Funders	Health Care	Nonprofits	Public Health
Ensure access to counseling and support										
Crisis lines: Provide free and confidential counseling and service referrals via telephone-based conversation, web-based chat, or text message to individuals in crisis, particularly those with severe mental health concerns	SE					✓		✓	✓	✓
Employee Assistance Programs: Provide confidential worksite-based counseling and referrals to employees to address personal and workplace challenges	SE				✓	✓		✓		
Mental Health First Aid: Provide an 8- or 12-hour training to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, or substance use disorders	SE		✓	✓	✓			✓	✓	✓
Social service integration: Coordinate access to services across delivery systems and disciplinary boundaries (e.g., housing, disability, physical health, mental health, child welfare, workforce services, etc.)	EO					✓			✓	✓
Increase social connectedness										
Activity programs for older adults: Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults	SS					✓		✓	✓	
Extracurricular activities for social engagement: Support organized social, art, or physical activities for school-aged youth outside of the school day	SS			✓		✓			✓	
Intergenerational mentoring: Establish a relationship between an older adult and an at-risk child or adolescent; programs are often based in schools, community centers, or faith-based organizations	EO			✓	✓			✓	✓	
Youth peer mentoring: Establish an ongoing relationship between an older youth or young adult and a younger child or adolescent, usually an elementary or middle school student; also called cross-age peer mentoring	SE		✓	✓		✓			✓	
Build social capital within communities										
Community centers: Support community venues that facilitate local residents' efforts to socialize, participate in recreational or educational activities, gain information, and seek counseling or support services	EO	✓				✓	✓		✓	
Social media for civic participation: Support individual and group use of internet-based tools to receive news, communicate or share information, collaborate on ideas, mobilize networks, and make collective decisions	SE			✓		✓			✓	
Trauma-informed approaches to community building: Support and strengthen traumatized and distressed residents and communities, and address effects of trauma (e.g., violence, poverty, homelessness, social isolation, racism, etc.) via a comprehensive, multi-stakeholder approach	EO					✓			✓	
Build social capital within families										
Early childhood home visiting programs: Provide at-risk expectant parents and families with young children with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors	SS					✓	✓	✓	✓	✓
Father involvement programs: Support fathers' active involvement in child rearing via various father-focused or family-focused interventions	SE					✓	✓		✓	✓
Group-based parenting programs: Teach parenting skills in a group setting using a standardized curriculum, often based on behavioral or cognitive-behavioral approaches and focused on parents of at-risk children	SS					✓		✓	✓	✓

Moving to Action

Having trouble getting started? This may be a good time to ask some simple questions that can guide the next steps of your work. You and your partners can begin by:

Defining your goal:

Ask yourself: What do you want? Why do you want it? Who can make it happen?[1]

WHAT DO YOU WANT?

Think about what you would like to change.

- What are the barriers to social or economic opportunities in your community that you would like to address?
- What specific strategy would you like to implement to address those barriers?

WHY DO YOU WANT IT?

Think about the data and the strategies already in place.

- What does the data show about the barriers and strategy you have selected?
- What are the benefits and challenges to making these changes? And who might be most affected by the potential positives or negatives?

WHO CAN MAKE IT HAPPEN?

Think about who has the influence to do what you want to accomplish.

- Who in your community has decision-making power and influence in shaping opportunity for quality education, good jobs, or family and social supports and specifically for the strategy you want to implement?
- How can you grow the influence of those you are working with and those most impacted by the issues?

1 Reference: Power Prism® - Answering the Three Key Questions, M+R Strategic Services New England Office, www.powerprism.org

COLUMBIA GORGE REGION, OR & WA, 2016

In the Columbia Gorge region, a 2016 RWJF Culture of Health Prize winner, community health workers connect residents to helpful services and resources as well as provide parenting support and education.

Making Change

The way we go about making change in our community matters. Putting policies and systems in place that create social and economic opportunity for all requires attention to who may benefit or be harmed, and consideration of long-term implications. Be sure to:

- **Engage a variety of stakeholders.** Harnessing the collective power of local leaders, partners, and community members—including those who experience poor conditions for good health—is key to making change. Ensuring that everyone has a say in your community health improvement work can help to close gaps in health outcomes and improve health for all.
- **Build strategic partnerships.** Building meaningful connections across organizations and networks that care about health and equity can strengthen the capacity within your community to make change and support short- and long-term wins. Visit CHR&R's Partner Center to help you identify and engage the right partners.
- **Communicate.** Consider how you will get your most important messages to the people who influence your goals. What you say and how you say it can motivate people to take action when you need it.

Visit CHR&R's **Action Center** *to find step-by-step guidance and tools to help assess your needs, drive local policy and systems changes, and evaluate the impacts of health improvement efforts.*
countyhealthrankings.org/action-center

Technical Notes and Glossary of Terms

What is health equity? What are health disparities? And how do they relate?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health—such as education, safe housing, and discrimination—which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and determinants of health is how we measure progress toward achieving health equity.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017

How did we select strategies to include in this report?

We selected strategies from the Social and Economic Factors section of What Works for Health based on those assigned the highest evidence of effectiveness ratings: Scientifically Supported, Some Evidence, and Expert Opinion (see page 5 for definitions). The availability of evidence about the effectiveness of strategies varies by topic. For example, there is much stronger evidence about the effectiveness of educational interventions than for employment and income-related interventions.

Among this set of strategies, preference was given to those where there is scientific support (with consistently favorable results in robust studies) and favorable disparity ratings (see below). Preference was also given to broader strategies versus specific named programs, programs that can be implemented locally, and those that can be described and understood easily. The report also sought a balance in representation across the different approaches to improving social and economic opportunity, such as increasing early childhood education and increasing high school graduation. This report reflects content as of August 14, 2018.

WWFH Disparity Ratings

As WWFH evidence analysts review the available evidence on individual strategies, they assess each strategy's likely effect on racial/ethnic, socioeconomic, and geographic disparities based on the best available evidence related to disparities in health outcomes and the strategy's characteristics (e.g., target population, mode of delivery, cultural considerations). Strategies are rated:

- Likely to decrease disparities
- No impact on disparities likely
- Likely to increase disparities

Strategies that are likely to reduce differences in health outcomes (i.e., close a gap) are rated 'Likely to decrease disparities,' while strategies likely to increase differences are rated 'Likely to increase disparities.' Strategies that generally benefit entire populations are rated 'No impact on disparities likely.'

To learn more about evidence analysis methods and evidence-informed strategies that can improve health for all, visit What Works for Health: countyhealthrankings.org/whatworks.

Credits

RECOMMENDED CITATION

University of Wisconsin Population Health Institute. What Works? Social and Economic Opportunities to Improve Health for All. September 2018.

LEAD AUTHORS

Marjory Givens, PhD, MSPH
Alison Bergum, MPA
Julie Willems Van Dijk, PhD, RN, FAAN

This publication would not have been possible without the following contributions:

Research Assistance

Lael Grigg, MPA
Bomi Kim Hirsch, PhD
Jessica Rubenstein, MPA, MPH
Jessica Solcz, MPH
Kiersten Frobom

Amanda Jovaag, MS
Keith Gennuso, PhD
Courtney Blomme, RD
Elizabeth Pollock, PhD
Joanna Reale
Matthew Rodock, MPH
Anne Roubal, PhD

Communications and Website Development

Kim Linsenmayer, MPA
Matthew Call
Lindsay Garber, MPA
Komal Dasani, MPH
Samuel Hicok
Jennifer Robinson
Bridget Catlin, PhD, MHSA

Burness
Forum One

Funding provided by the
Robert Wood Johnson Foundation

Photo on cover: ALGOMA, WI, 2017
In Algoma, Wisconsin, a 2017 RWJF Culture of Health Prize community, local businesses are joining forces with Algoma High School's Wolf Tech training center to help prepare more students for careers in technology driven manufacturing. Students also share their skills with community members through the Community Fab Lab.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

www.countyhealthrankings.org

SEPTEMBER 2018

Appendix VI: Miami-Dade County Wellbeing Survey Analysis, Miami-Dade County Clusters

2018 MIAMI-DADE COUNTY

WELLBEING SURVEY ANALYSIS

Miami-Dade County Clusters

JULY 22, 2019

HCSF
Health Council of South Florida, Inc.

Florida HEALTH
MIAMI-DADE COUNTY

TABLE OF CONTENTS

I. INTRODUCTION

Miami-Dade County is the largest major metropolitan area in the State of Florida representing 13.4% of the State's population, with an estimated population of 2,702,602. It is also one of the few counties in the United State that is a "minority-majority", meaning that a minority group comprises the majority of the population, with 67.5% of the population in Miami-Dade County identifying as either Latino or Hispanic compared to 24.7% of the State of Florida population. Furthermore, 52.9% of residents in Miami-Dade County are foreign-born, with 73.8% speaking a language other than English at home, often Spanish or Haitian-Creole. Compared to Florida as a whole, Miami-Dade County is also a relatively young population with 84.7% of residents under the age of 65 and 20.5% under the age of 18.

Miami-Dade County has significant socioeconomic and health disparities to address, particularly among Black/African-American and Hispanic/Latino residents. Black/African-American and Hispanic/Latino residents consistently have a significantly lower Median Household Income ($35,082 and $43,802, respectively) compared to the county-wide ($46,338) and White, non-Hispanic residents ($75,083). Additionally, 27.6% of Black/African-American residents live below the Federal Poverty Level (FPL) compared to the county-side average (19.0%). There is also a significant disparity in educational attainment with 16.2% of Black/African-American residents age 25+ earning a bachelor's degree compared to 49.9%o of White, non-Hispanic residents and 27.8% of Miami-Dade County residents. Hispanic residents are much less likely to have a usual source of healthcare (57.6%) compared to non-Hispanic Black (72.2%) or non-Hispanic White (77.4%), and Black/African-American adults are less likely to have health insurance (69.0%) compared to Hispanic/Latino (74.6%) or White, non-Hispanic adults (86.4%).

Top 10 Leading Causes of Death by age-adjusted Death Rate, 2017[1]

1. Heart Disease
2. Cancer
3. Cerebrovascular Diseases/Stroke
4. Unintentional Injuries
5. Chronic Lower Respiratory Diseases
6. Alzheimer's Disease
7. Diabetes
8. Influenza and Pneumonia
9. Kidney Disease
10. Suicide

The top 10 leading causes of death in Miami-Dade County have not changed significantly over the past 5. The top 5 have remained constant since 2012, while slight differences were found in the latter 5 including Septicemia, HIV, and Homicide.

[1] Florida Department of Health in Miami-Dade County. Leading Causes of Death, 2017.Florida Death Rate Query System. Accessed: http://www.flhealthcharts.com/FLQUERY/Death/DeathRate.aspx

II. PROJECT OVERVIEW

Project Goals

This Wellbeing Survey serves as a follow-up to similar studies completed in 2006 and 2013. It is a systematic, data-driven approach to understanding the quality of life, environment, health risks, and access to healthcare of residents in Miami-Dade County. Therefore, the results of this analysis may be used to inform decisions and drive efforts to improve community health.

The Wellbeing Survey provides survey results that represent the issues of greatest concern to the community and can be utilized to determine resource allocation in order to make the greatest possible impact on community health. This analysis will serve as a tool toward reaching three basic goals:

1. Improve residents' health status, increase life expectancy, and elevate overall quality of life.
2. Reduce health disparities among residents of Miami-Dade County
3. Increase access to preventative healthcare services

The Wellbeing survey was developed and administered by the Florida Department of Health (FDOH), Office of Community Health and Planning with guidance from the Health Council of South Florida (HCSF). Analysis was completed on behalf of FDOH by the HCSF. The HCSF is the state-mandated health planning council for Miami-Dade and Monroe counties with extensive experience conducting community health assessments and evaluations.

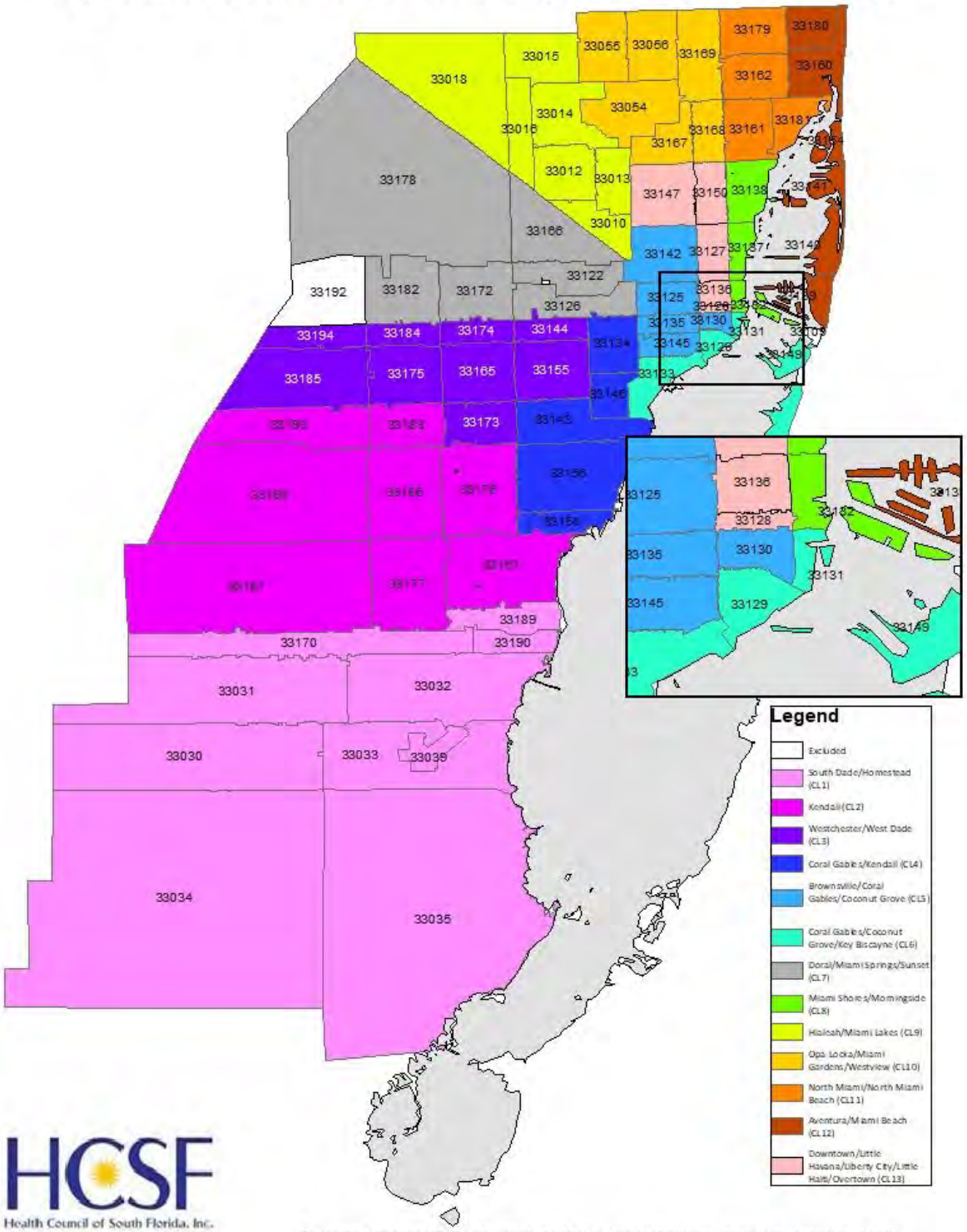
III. METHODOLOGY

Clustering Methodology

The clusters for the 2018 Miami-Dade County Wellbeing Survey are made up of ZIP codes linked according to their perceived community identity and geographic contiguity. However, at times these clusters also cross boundaries based upon socioeconomic status or population counts. There are thirteen (13) total clusters for sampling, twelve (12) standard clusters and one (1) oversampled cluster. The oversampled cluster consists of contiguous ZIP codes representing the most economically and socially deprived neighborhoods, many of which also suffer from the highest rates of hospitalization for preventable conditions.

The following map (Figure 1) shows the location of each of the defined clusters.

Fig. 1: Cluster Distribution According to Zip Code of Residence



HCSF
Health Council of South Florida, Inc.

Exclusion Criteria: Zip codes excluded from this analysis are those only associated with Post Office Boxes and zip code 33192, which has a significantly low population.

Details of the ZIP codes corresponding to each cluster are provided in Table 1.

Table 1: Clusters by Name and ZIP Code

Cluster	Name	ZIP Codes Included
Cluster 1	South Dade/Homestead	33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, 33190
Cluster 2	Kendall	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
Cluster 3	Westchester/West Dade	33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185, 33194
Cluster 4	Coral Gables/Kendall	33134, 33143, 33146, 33156, 33158
Cluster 5	Brownsville/Coral Gables/Coconut Grove	33125, 33130, 33135, 33142, 33145
Cluster 6	Coral Gables/Coconut Grove/Key Biscayne	33129, 33131, 33133, 33149
Cluster 7	Doral/Miami Springs/Sunset	33122, 33126, 33166, 33172, 33178, 33182
Cluster 8	Miami Shores/Morningside	33132, 33137, 33138
Cluster 9	Hialeah/Miami Lakes	33010, 33012, 33013, 33014, 33015, 33016, 33018
Cluster 10	Opa-Locka/Miami Gardens/Westview	33054, 33055, 33056, 33167, 33168, 33169
Cluster 11	North Miami/North Miami Beach	33161, 33162, 33179, 33181
Cluster 12	Aventura/Miami Beach	33139, 33140, 33141, 33154, 33160, 33180
Cluster 13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	33127, 33128, 33136, 33147, 33150

Survey Instrument

The survey instrument used for this study was created by combining specific, validated survey questions from national surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS), into one succinct survey by the FDOH, Office of Community Health and Planning. Additional resources used in the creation of this survey instrument were the Will County Illinois Health Department and the Santa Monica Wellbeing Survey, and it was also largely based on previous county-wide surveys that address gaps in health promotion and disease prevention in communities. The final survey instrument was approved in consultation with the HCSF.

Sample Approach and Design

From June 12, 2018 to March 10, 2019, the FLDOH administered the 2018 Miami-Dade County Wellbeing Survey. To ensure proper representation of the population surveyed, an online, tablet or computer-based survey methodology was utilized. Participants were self-selected in public spaces, such as libraries, parks, and other community-based events. Email blasts were also used through the Consortium for a Healthier-Miami Dade and inclusion in newsletters such as those provided by the Miami-Dade County Library and the Consortium Connection.

The sample design employed sought a stratified sample of 2,970 individuals age 18 and older in Miami-Dade County based upon a population of 2,115,418. There were 220 expected surveys in Clusters 1 – 12 and 330 in the oversampled Cluster 13. In comparison to previous county-wide surveys discussing the health and well-being of Miami-Dade County residents, this survey has a higher overall sample size. A 2013 Community Health Needs Assessment had targeted sample size of 2,700 Miami-Dade County residents. This sample size was based upon a population age 18 and older of 1,989,485. The increase in population over age 18 in Miami-Dade County results in the increased sample size, while keeping sample error and confidence level consistent at 1.8% and 95% confidence, respectively.

Post-stratification Survey Weighting

To accurately represent the population of Miami-Dade County, post-stratification weights were applied to the raw data collected from the 2018 Miami-Dade County Wellbeing Survey. Though the survey design strove to minimize bias, it is common to apply weights after data is collected to improve representativeness. This is accomplished by adjusting the results of the random sample to match the sociodemographic and geographic characteristics of the general population.

The HCSF examined the respondents' sociodemographic characteristics including gender, age, ethnicity, household income, and education, and utilized statistical raking to determine and apply weights to the survey responses. Thus, while the integrity of each individual's responses is maintained, one respondent's response may contribute a larger proportion to the whole compared to another.

Figure 2 outlines select demographic characteristics of Miami-Dade County as estimated by the U.S. Census Bureau compared to the weighted survey results.

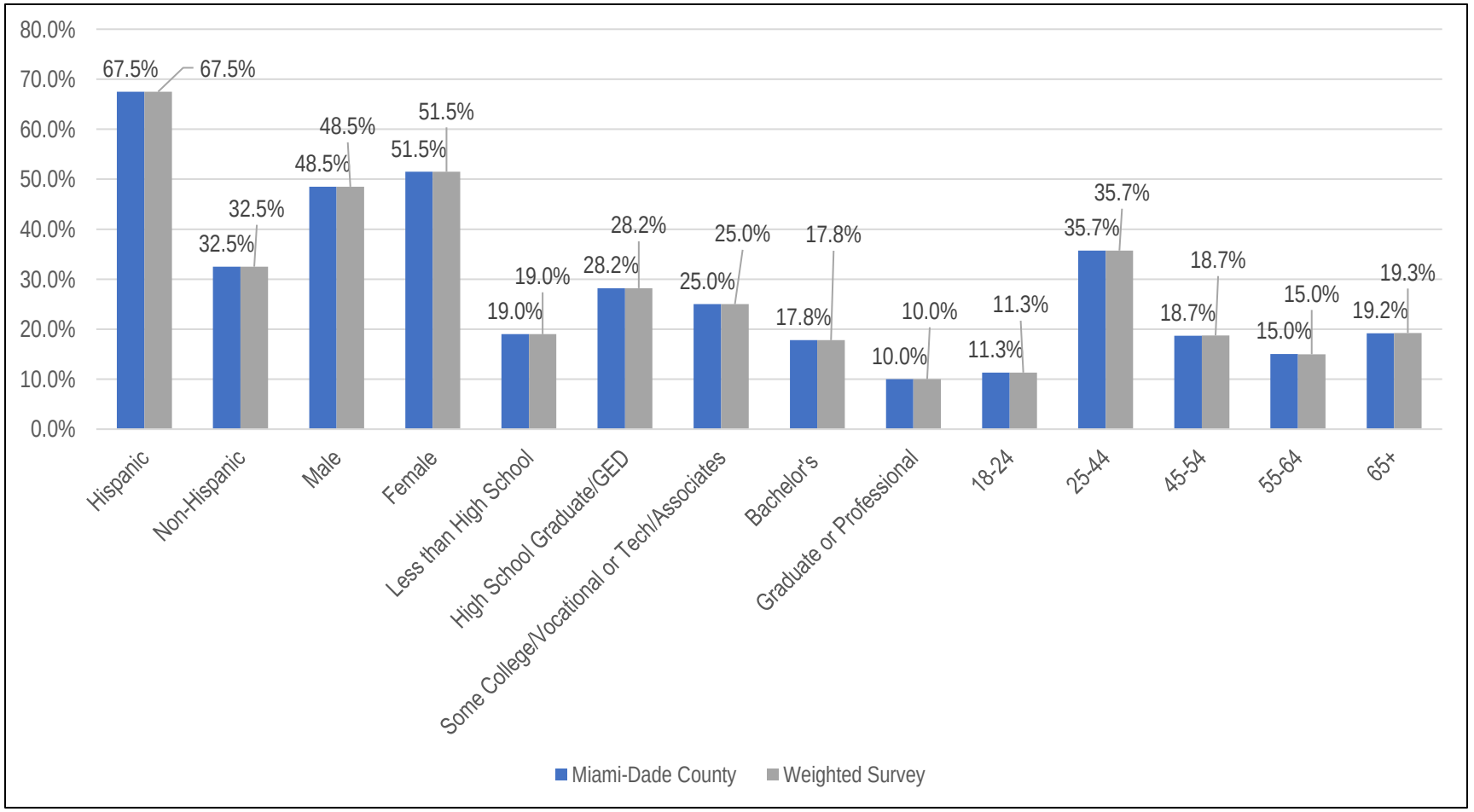
The sample design and quality control procedures used in data collection and analysis, as mentioned earlier in the Methodology section, ensure that the sample is representative when weights are applied. Therefore, the findings in *Weighted Results* section of this report (Section V) may be generalized to the total Miami-Dade population with confidence.

Limitations

This survey and analysis contain some limitations that are important to note. First, while design weights were applied prior to survey collection, due to the survey collection methodology employed the design weights were not followed accurately. Online survey collection is more difficult to control when seeking specific sample sizes from various locations for a single survey. In this case, some clusters, such as Cluster 2, had many more survey respondents than sought, while others, such as Cluster 6, were severely underrepresented (see Table 2). To remedy this, we included the proposed design weights as a variable

in the post-stratification weighing methodology utilized after-the-fact. Furthermore, there were several questions that allowed more than one answer creating difficulties in analyzing them to gain representative samples. For example, the question “Where do you or your family go when sick or in need of healthcare, mental healthcare, or dental services?”, allows multiple answers, which made it difficult to draw representative conclusions for the county and clusters. For these questions, rather than draw conclusions that may not be representative of the true cluster or county-wide makeup, we included them in the *Respondent Summary* section rather than in the *Weighted Results* section.

Figure 2—Population Characteristics, Miami-Dade County vs. Weighted Survey Respondents



IV. SURVEY RESPONDENT SUMMARY

The following results are based solely upon the respondents themselves. These results were not weighted utilizing the methodology described in Section III, and, thus, should not be considered representative of the individual clusters or the county. However, they represent the individuals who completed the Miami-Dade County Wellbeing Survey.

Geography

The 2018 Miami-Dade County Wellbeing Survey was collected from June 12, 2018 to March 10, 2019 with a total of 3,573 complete respondents. The largest percentage of respondents were from Cluster 2 (18.8%), Cluster 1 (11.3%), and Cluster 3 (11.0%). The smallest proportion of respondents were from Cluster 6 (3.6%), Cluster 8 (4.2%), and Cluster 7 (5.4%). Please refer to Table 2.

Table 2: 2019 Miami-Dade Wellbeing Survey Geographic Distribution

Cluster	Cluster Name	Expected Count	Expected Percentage	Actual Count	Actual Percentage
1	South Dade/Homestead	220	7.4%	403	11.3%
2	Kendall	220	7.4%	673	18.8%
3	Westchester/West Dade	220	7.4%	394	11.0%
4	Coral Gables/Kendall	220	7.4%	250	7.0%
5	Brownsville/Coral Gables/Coconut Grove	220	7.4%	209	5.9%
6	Coral Gables/Coconut Grove/Key Biscayne	220	7.4%	127	3.6%
7	Doral/Miami Springs/Sunset	220	7.4%	191	5.4%
8	Miami Shores/Morningside	220	7.4%	150	4.2%
9	Hialeah/Miami Lakes	220	7.4%	241	6.8%
10	Opa-Locka/Miami Gardens/Westview	220	7.4%	230	6.4%
11	North Miami/North Miami Beach	220	7.4%	213	6.0%
12	Aventura/Miami Beach	220	7.4%	240	6.7%
13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	330	11.1%	252	7.1%

Demographics

Of the 3,573 respondents who completed the survey, 89.8% (n=3,208) chose to take the survey in English while 9.5% (n=341) chose Spanish and 0.7% (n=24) chose Creole. The largest age group of respondents were 25-44 year old's (41.1%), followed by 45-54 year old's (20.3%) and 55-64 year old's (18.0%). The respondents overwhelmingly identified as female (74.3%) compared to male (25.8%). There were 18 respondents who began the survey that responded they identified as Other; however, they did not complete the survey and were, therefore, excluded from analysis. Furthermore, the majority identified as White (64.9%), followed by African-American (22.6%), Asian (2.9%), American Indian or Alaskan Native (0.6%), and Other (13.2%). Of those, 53.5% identified as Hispanic/Latino(a) and 46.5% as Not-Hispanic/Latino(a). Please refer to Table 3.

Table 3: 2019 Miami-Dade Wellbeing Survey Demographic Basics[2]

	Count	Percentage
Survey Language		
English	3208	89.8%
Spanish	341	9.5%
Creole	24	0.7%
Age		
18-24	348	9.7%
24-44	1470	41.1%
45-54	724	20.3%
55-64	642	18.0%
65+	389	10.9%
Sex		
Male	920	25.8%
Female	2653	74.3%
Race		
White	2319	64.9%
African-American	807	22.6%
American Indian or Alaska Native	23	0.6%
Asian	104	2.9%
Other	470	13.2%
Ethnicity		
Hispanic/Latino(a)	1913	53.5%
Not-Hispanic/Latino(a)	1660	46.5%

[2] The percentages by Race are not mutually exclusive, meaning that a person could respond that they are both White and African-American

Social Characteristics

Table 4 indicates that the respondents to the 2018 Miami-Dade County Wellbeing Survey largely speak English as their primary language (86.1%). Miami-Dade is also a metropolis of bi-lingual and tri-lingual residents. An additional 26.0% of respondents claimed Spanish was a primary language, 3.4% responded Haitian-Creole, and 3.6% responded Other. A large majority of the respondents have lived in Miami-Dade County for 15 years or more (69.8%). The next largest percentage of respondents have lived in Miami-Dade for 0-5 years (13.6%). Respondents who have lived in Miami-Dade for either 6-10 years or 11-15 years have similar proportions (8.4% and 8.3%, respectively).

There were 46.7% of respondents who responded they are Married or in a Civil Union and 37.0% who are Single. Only 13.4% responded that they are Separated or Divorced, and an additional 2.9% responded that they are a Widow or Widower. The respondents also, largely, had a high degree of education with 33.0% with a Masters/Professional degree, 25.9% with a Bachelor's degree. There were 29.8% of respondents who responded they have some college, vocational school, technical school, or an Associate's degree, and 7.8% with a high school education or GED. Only 3.6% of respondents have less than a high school education or less.

Table 4: 2019 Miami-Dade Wellbeing Survey Social Characteristics[3]

	Count	Percentage
Primary Language		
English	2825	86.1%
Spanish	1174	26.0%
Haitian-Creole	131	3.4%
Other	117	3.6%
Length of Miami-Dade Residence		
0-5	485	13.6%
6-10 years	299	8.4%
11-15 years	296	8.3%
15+	2493	69.8%
Marital Status		
Single	1322	37.0%
Married/Civil Union	1669	46.7%
Separated/Divorced	478	13.4%
Widow/er	104	2.9%
Highest Level of Education		
Less than High School	127	3.6%
High School Graduate/GED	279	7.8%
Some College/Vocational or Technical School/Associates	1063	29.8%
Bachelor's Degree	925	25.9%
Graduate/Professional Degree	1179	33.0%

[3] The percentages by Primary Language are not mutually exclusive, meaning that a person could respond that their Primary Language is both English and Spanish.

Economic Characteristics

Economically, the largest percentage of respondents have a household income of $50,000-$74,999 (16.5%) followed by those earning $35,000-$49,999 (14.7%), $100,000-$149,999 (13.9%), and $75,000-$99,999 (12.3%). Additionally, most respondents indicated that they own their home (50.9%), while 34.3% responded that they rent. An additional 10.3% responded that they live with other people but do not own or rent. Finally, 69.0% responded that they are employed full-time while 12.0% responded that they are employed part-time. A total of 12.9% responded that they are in school, 4.7% unemployed, and 6.1% retired. These employment numbers are not mutually exclusive, meaning that a person could respond that they are both employed full-time and part-time or that they are in school but also work part-time. Please refer to Table 5.

Table 5: 2019 Miami-Dade Wellbeing Survey Economic Characteristics

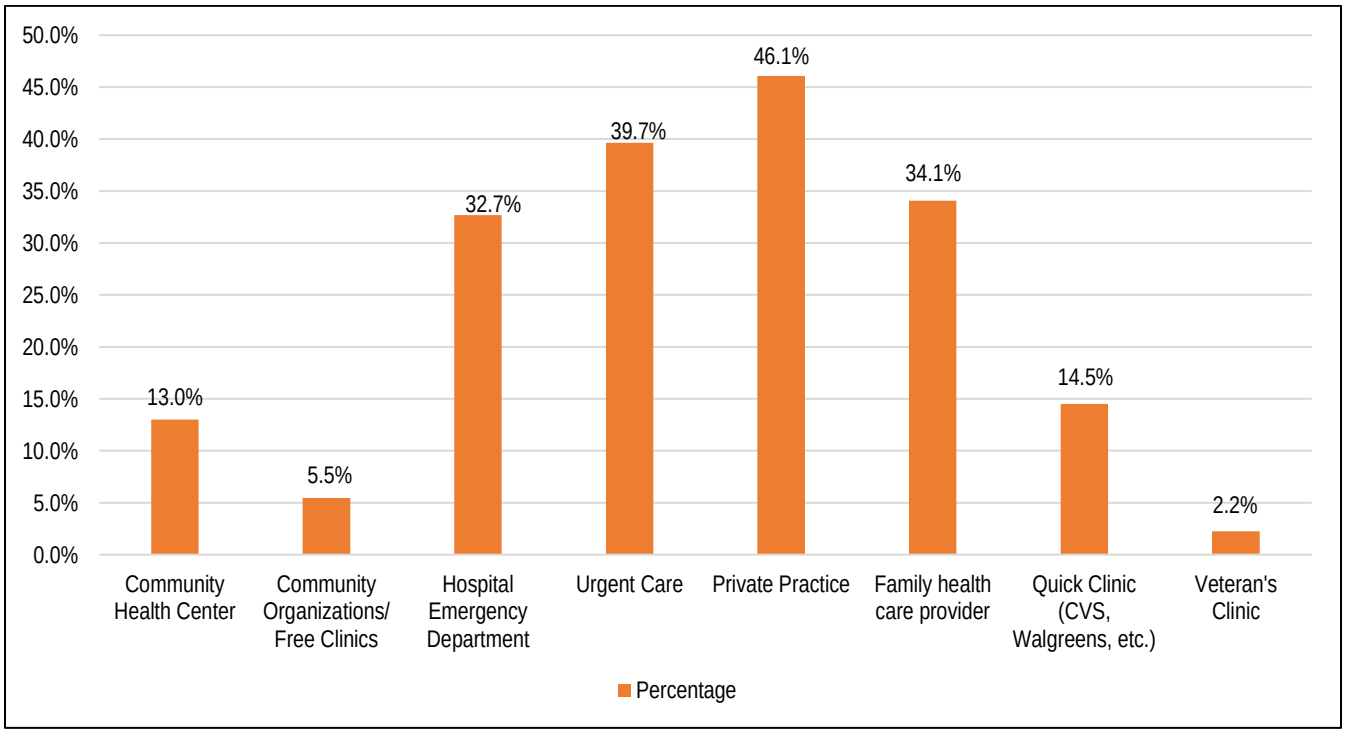
	Count	Percentage
Household Income		
<$10,000	297	8.3%
$10,000-$14,999	144	4.0%
$15,000-$24,999	224	6.3%
$25,000-$34,999	363	10.2%
$35,000-$49,999	525	14.7%
$50,000-$74,999	590	16.5%
$75,000-$99,999	439	12.3%
$100,000-$149,999	498	13.9%
$150,000-$199,999	244	6.8%
More than $200,000	249	7.0%
Household Living Situation		
Rent	1227	34.3%
Own	1817	50.9%
Live with someone but do not pay or rent	369	10.3%
Other	160	4.5%
Employment		
Employed Full-time	2467	69.0%
Employed Part-time	428	12.0%
In School	462	12.9%
Unemployed	169	4.7%
Retired	218	6.1%
Other	360	10.1%

Access to Care – Locations

In terms of where participants receive healthcare services, it was observed that slightly over 46.0% of respondents receive their healthcare (general, mental, or dental) from a private practice, followed by

39.7% who receive these services from urgent care and family health with 34.1% (Chart 1). Please note that in many instances, respondents selected more than one answer to this question, as such the total percentage of respondents illustrated on Chart 1 aggregates to greater than 100%.

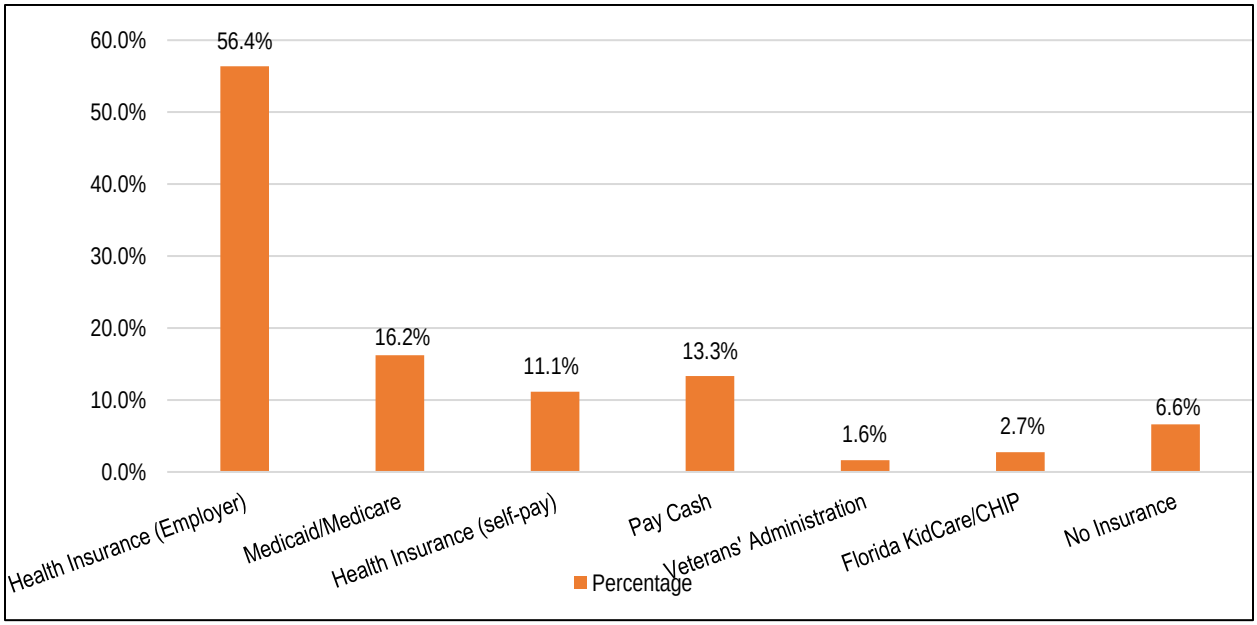
Chart 1 – *Where do you or your family go when sick or in need of healthcare, mental healthcare, or dental services?*



Healthcare Payor Source

When participants were asked how they pay for their healthcare services (non-dental), the majority (56.4%) of respondents indicated through an employer health insurance plan, followed by Medicaid/Medicare (16.2%), and self-pay health insurance plan with 11.1% (Chart 2). As mentioned in the previous question, respondents selected more than one answer to this question, as such the total percentage of respondents illustrated in Chart 2 aggregates to greater than 100%.

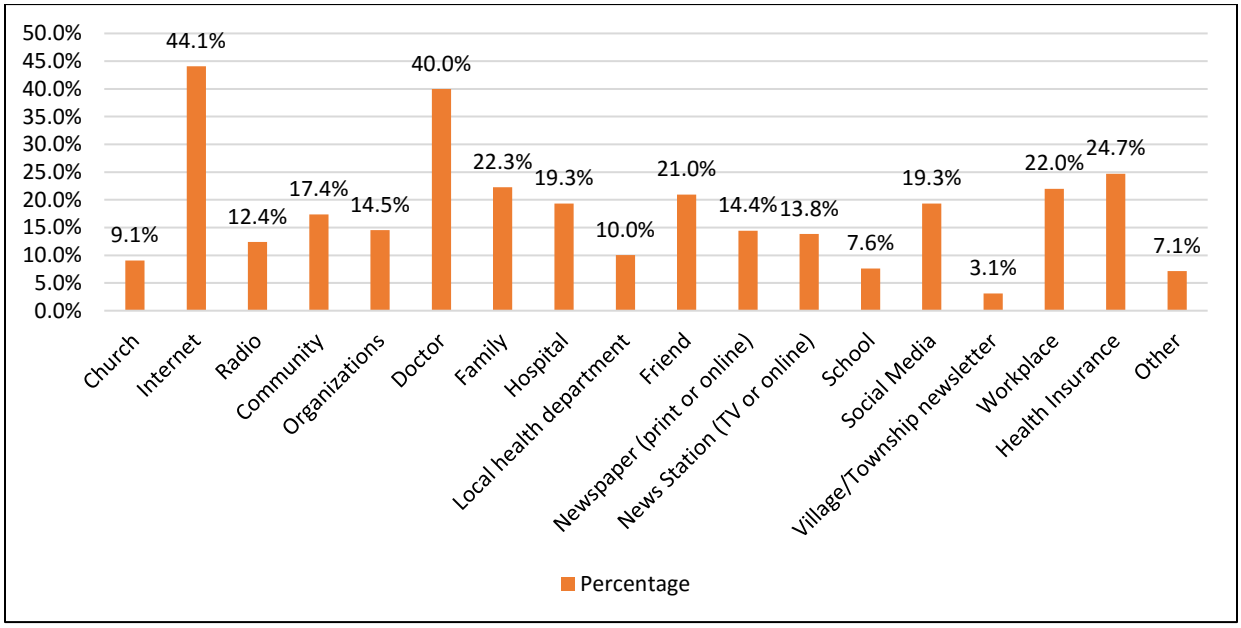
Chart 2 – *How do you pay for your healthcare (non-dental)?*



Health Information

Chart 3 depicts respondents' health information source. As observed in previous sections of the survey, respondents selected more than one answer to this question, as such the total percentage of responses does not equal to 100.0%. Most respondents (44.1%), selected the internet as their main source of information, followed by those who selected "doctor" with 40.0%. The least frequent response was "village/Township newsletter" as their source of information with 3.1%.

Chart 3—*Where do you get information about health-related issues/resources in your neighborhood?*



V. WEIGHTED RESULTS

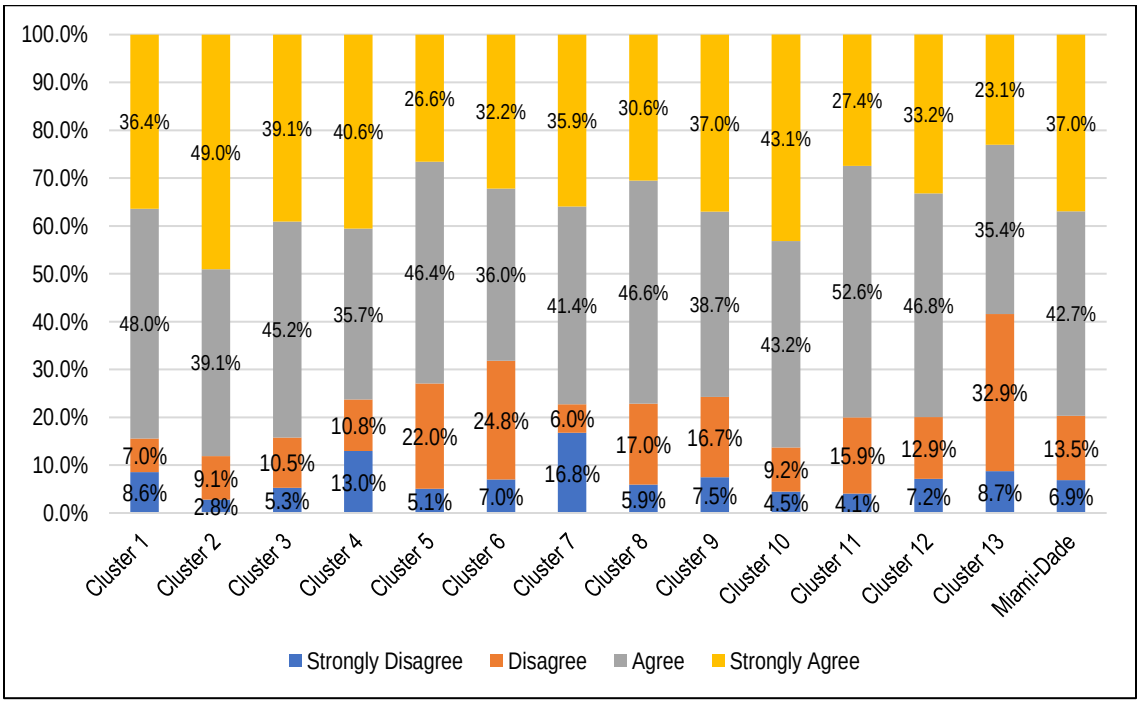
The following section are results from the weighted analysis. These results, based upon the methodology explained earlier in Section III, can be considered representative of the areas and county described.

Quality of Life

The first set of questions of the Miami-Dade Well-Being Survey under the Quality of Life section asked participants about their attitude toward life as they are confronted with inevitable issues or problems. These questions aimed to inquire about the presence of individual and social support; the value of their own life; a sense of community identification with health-related issues; attitude to life in general; and the presence of beliefs, whether religious or spiritual, that influence how participants lead their lives.

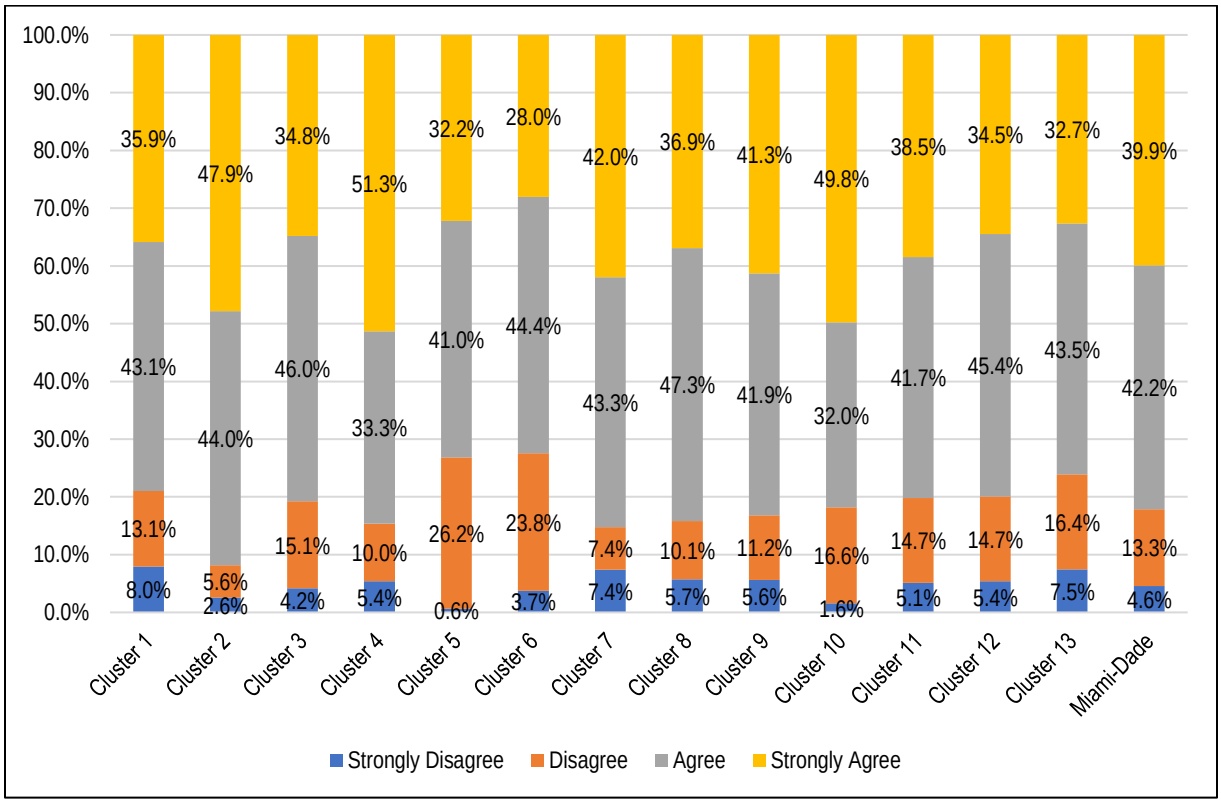
To begin, the survey asked the degree to which the respondent agrees with a series of questions related to their view on life. For example, 79.7% of respondents either strongly agree or agree that they have people with whom they can share problems or get help when needed (Chart 4). However, this is not universal across all clusters. Cluster 13 has 58.5% that either strongly agree or agree with an additional 41.5% responding that they disagree or strongly disagree.

Chart 4– *To what extent do you agree or disagree with each of the following statements about yourself: I have people with whom I can share problems or get help when needed.*



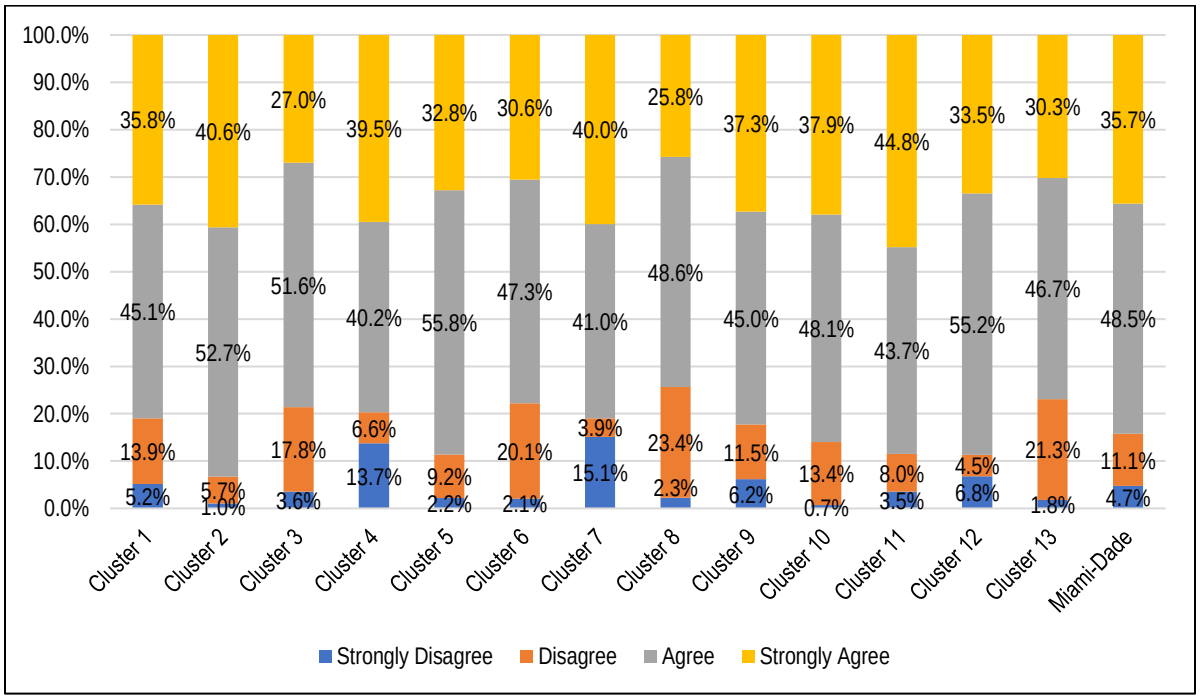
Additionally, when asked whether they have a positive view on the future, over 80% of respondents strongly agree or agree that they do have a positive view. This is pretty standard across clusters, with the largest percentage seen in Cluster 2, where 91.9% strongly agree or agree and the lowest percentage seen in Cluster 5 with 72.4% (Chart 5).

Chart 5– *To what extent do you agree or disagree with each of the following statements about yourself: I have a positive view on the future.*



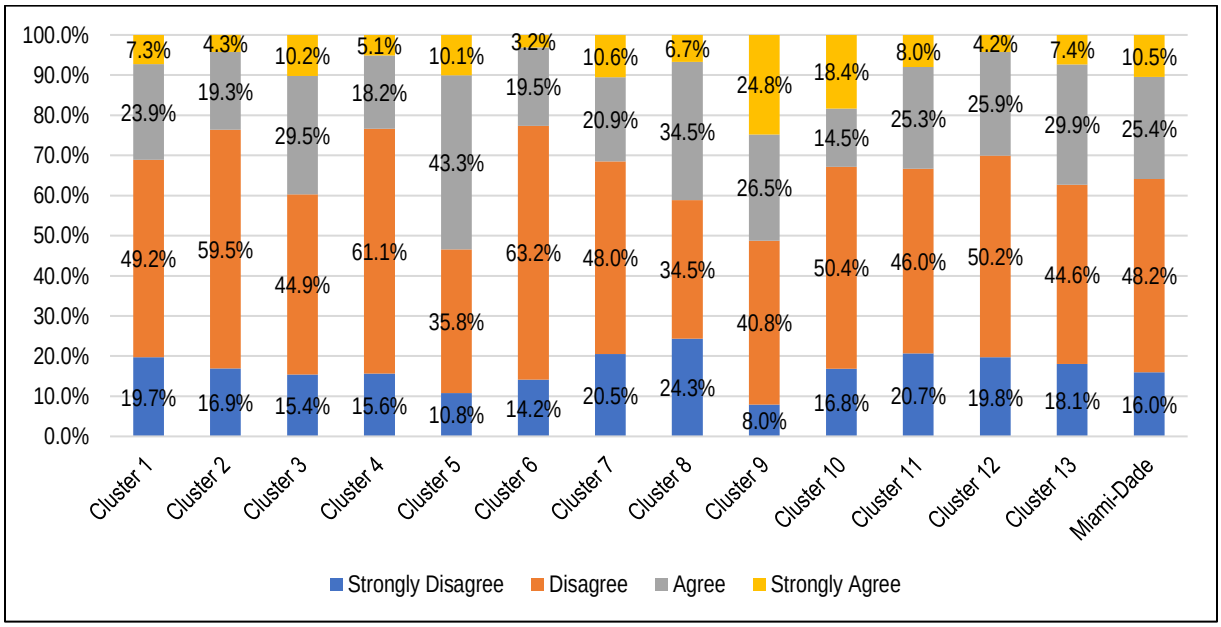
When asked whether they have a sense of responsibility to help improve the health of their community, 84.2% of respondents stated that they either strongly agree or agree. This, too, was similarly represented across clusters, with most responding with 70% strongly agreeing or agreeing. The largest percentage was seen in Cluster 2 (93.3%) with the smallest percentage seen in Cluster 8 with 74.3% of those strongly agreeing/agreeing and 25.7% strongly disagreeing/disagreeing (Chart 6).

Chart 6– *To what extent do you agree or disagree with each of the following statements about yourself: I have a sense of responsibility to help improve the health of my community.*



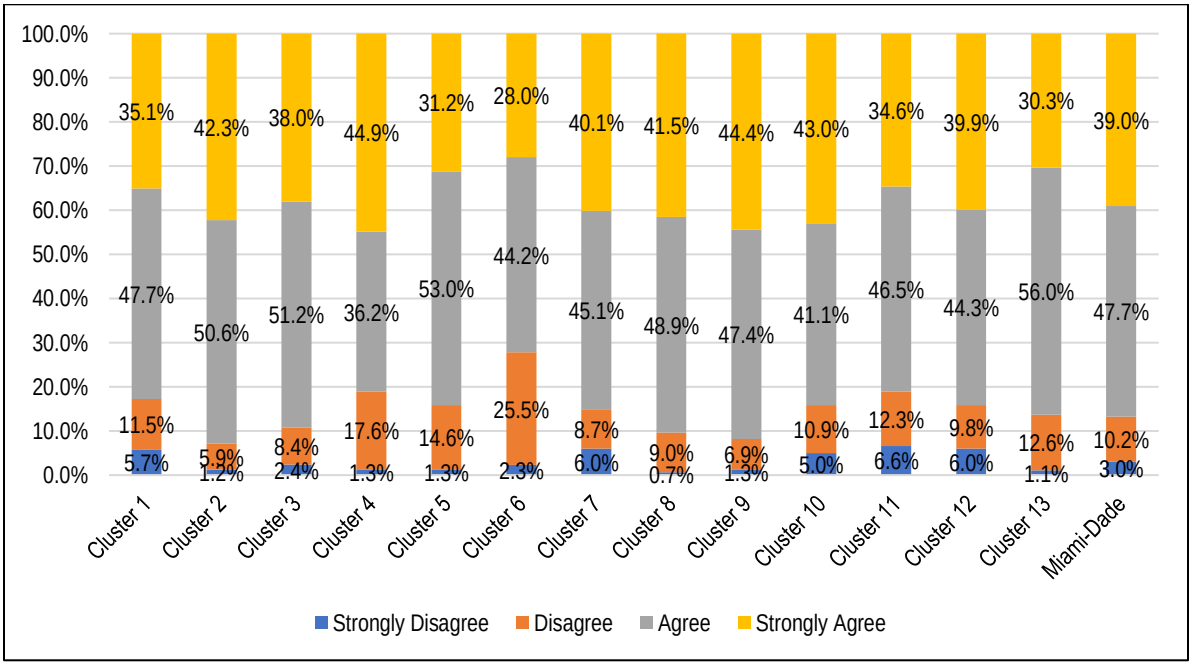
The majority of respondents (64.2%) stated that they strongly disagree/disagree that it takes them a long time to get back to normal when things have gone wrong in their life. The largest percentages of those who strongly disagree/disagree were found in Cluster 2 (76.4%), Cluster 4 (76.7%), and Cluster 6 (77.4%), while the smallest percentage was seen in Cluster 5 (46.6%) and Cluster 9 (48.8%). Please refer to Chart 7.

Chart 7– *To what extent do you agree or disagree with each of the following statements about yourself: When things go wrong in my life, it takes me a long time to get back to normal.*



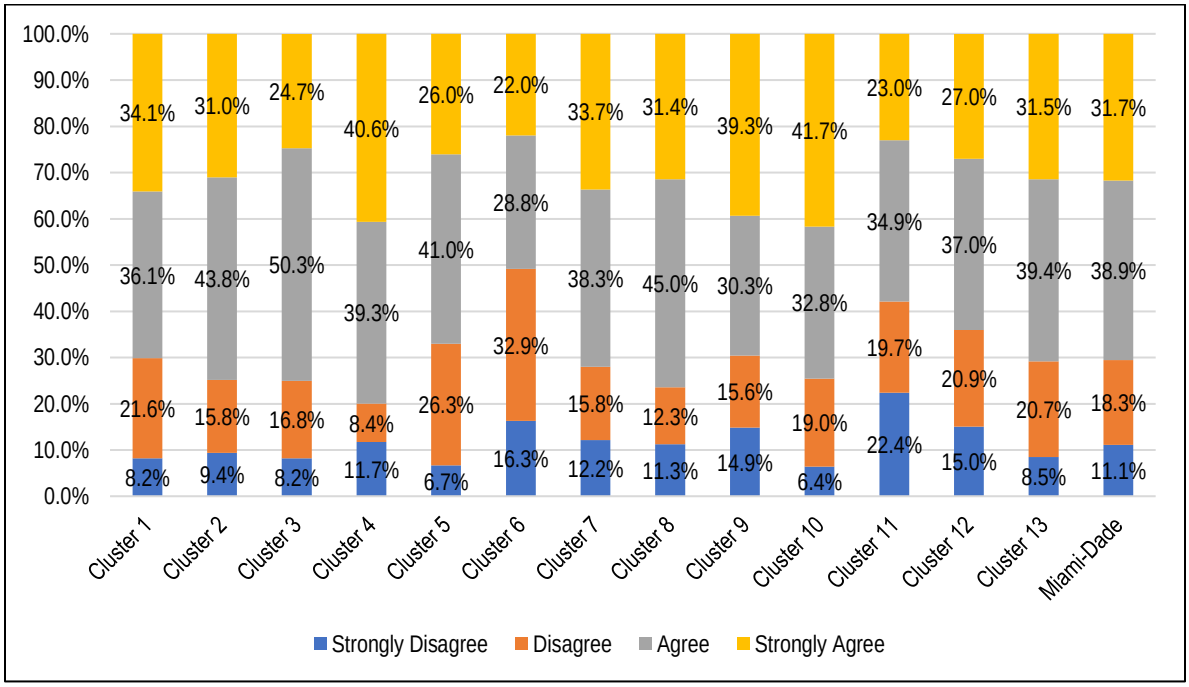
The residents of Miami-Dade County also feel that their lives, in general, are worthwhile with 86.7% of respondents indicating that they strongly agree/agree when prompted. This sentiment is fairly common across all clusters. The highest percentage that strongly agree/agree are found in Cluster 2 (92.9%) and the lowest percentage in Cluster 8 (72.2%).

Chart 8– *To what extent do you agree or disagree with each of the following statements about yourself: I generally feel that what I do in my life is worthwhile.*



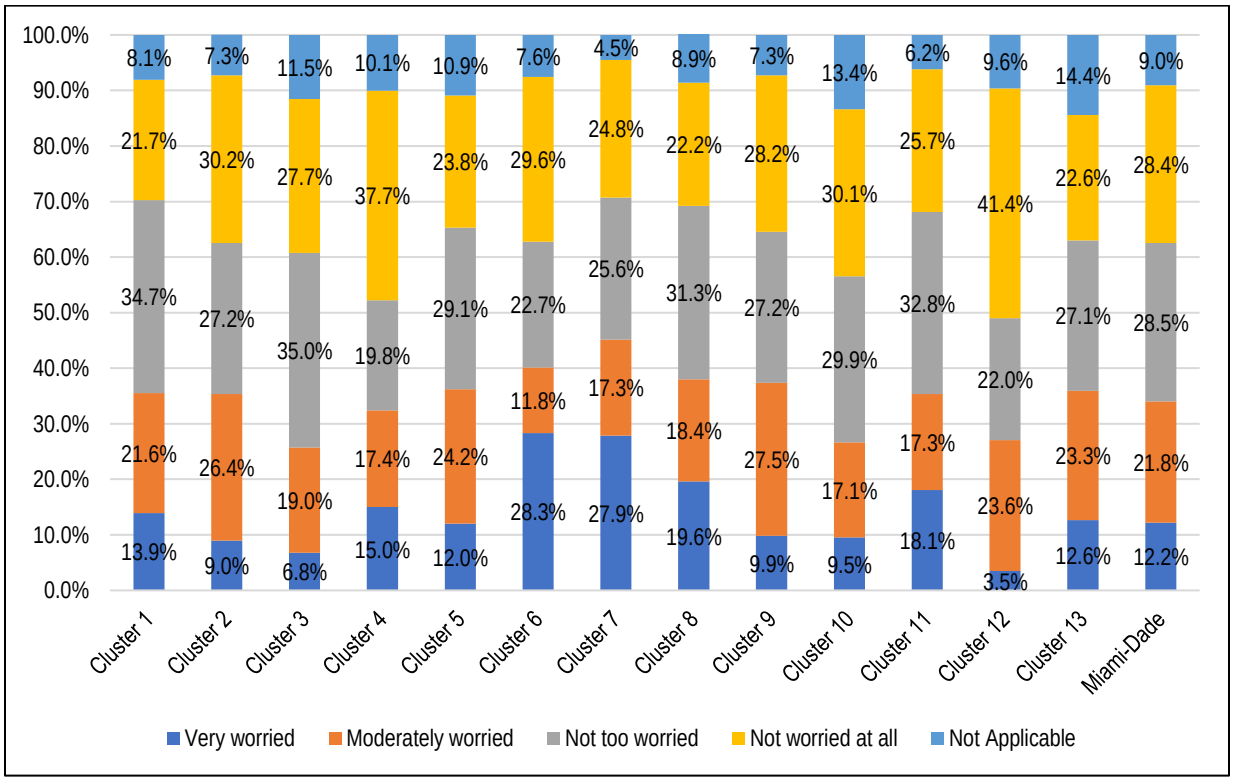
Overall, the majority of residents indicate that their religious or spiritual beliefs influence the way that they live (70.6% strongly agree/agree; 29.4% strongly disagree/disagree) with varying degrees over the clusters. Cluster 4 had the largest percentage of residents who strongly agree/agree (79.9%) while Cluster 6 had the lowest percentage (50.8%). Please refer to Chart 9.

Chart 9– *To what extent do you agree or disagree with each of the following statements about yourself: My religious or spiritual beliefs influence the way that I live.*



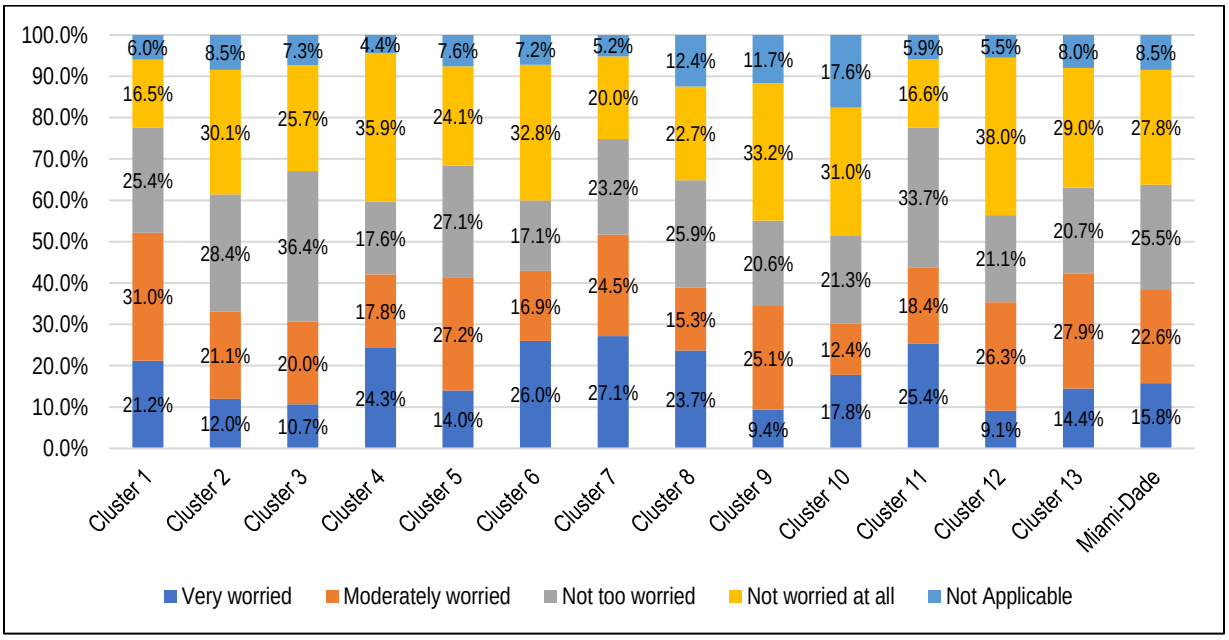
Residents were also asked about how worried they are about financial concerns in their life, such as credit card payments, rent, and job security. Overall, residents are not too worried or not worried at all (56.9%) about making minimum payments on their credit cards with 34.0% indicate that they are moderately worried or very worried and 9.0% not applicable. Clusters 13 and Cluster 7 indicated the least amount of worry about making minimum credit card payments (49.7% and 50.4%, respectively). Cluster 7, however, indicated the largest percentage who are very worried and moderately worried (45.2%) followed by Cluster 6 (40.1%). Please refer to Chart 10.

Chart 10– *How worried are you right now about not being able to make the minimum payments on your credit cards?*



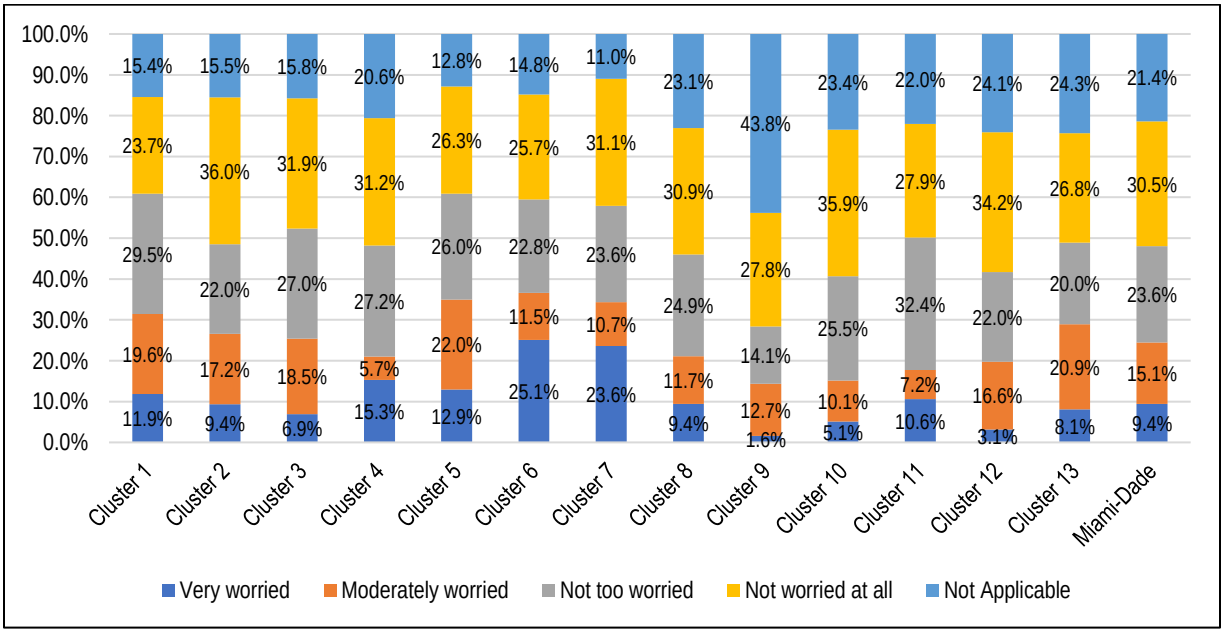
A larger percentage of residents are worried about not being able to pay their rent, mortgage, or other housing costs. Overall, 38.4% indicate they are very worried or moderately worried about housing costs. Cluster 1 and Cluster 7 have over 50% of their residents very worried or moderately worried about housing costs (52.2% and 51.6%, respectively), while Clusters 2, 3, and 10 all have much lower percentages indicating worry (33.1%, 30.7%, and 30.2%, respectively). Please refer to Chart 11.

Chart 11– *How worried are you right now about not being able to pay your rent, mortgage, or other housing costs?*



Finally, overall, less than one-quarter (24.5%) of residents are worried that they might lose their job in the next six months. While all clusters remain below 50.0%, not all clusters feel as secure in their jobs. Clusters 5, 6, and 7 have greater percentages of those very worried or moderately worried about their job security with 34.9%, 36.6%, and 34.3%, respectively. Please refer to Chart 12.

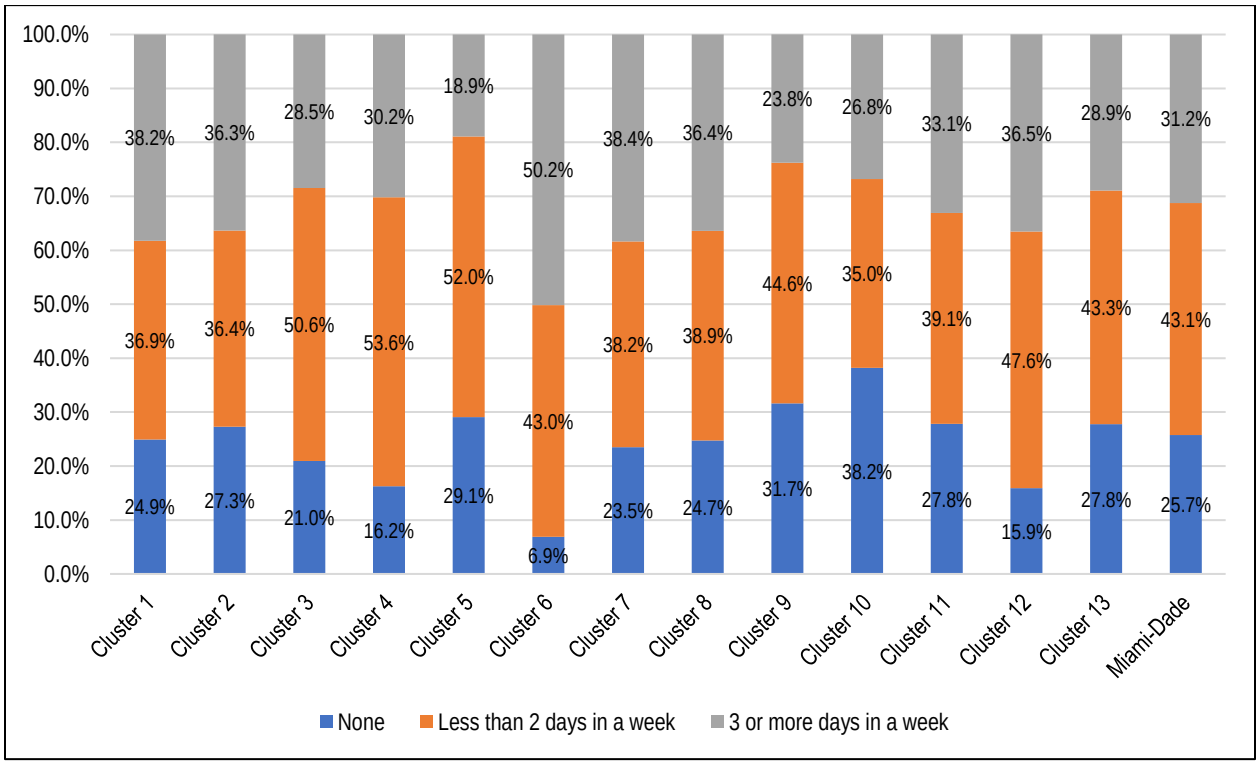
Chart 12– *How worried are you right now that you might lose your job in the next six months?*



The subsequent set of questions aimed to capture residents' stress level, decreased interest in activities they would normally enjoy, depression level, energy, and appetite. As observed in previous categories or

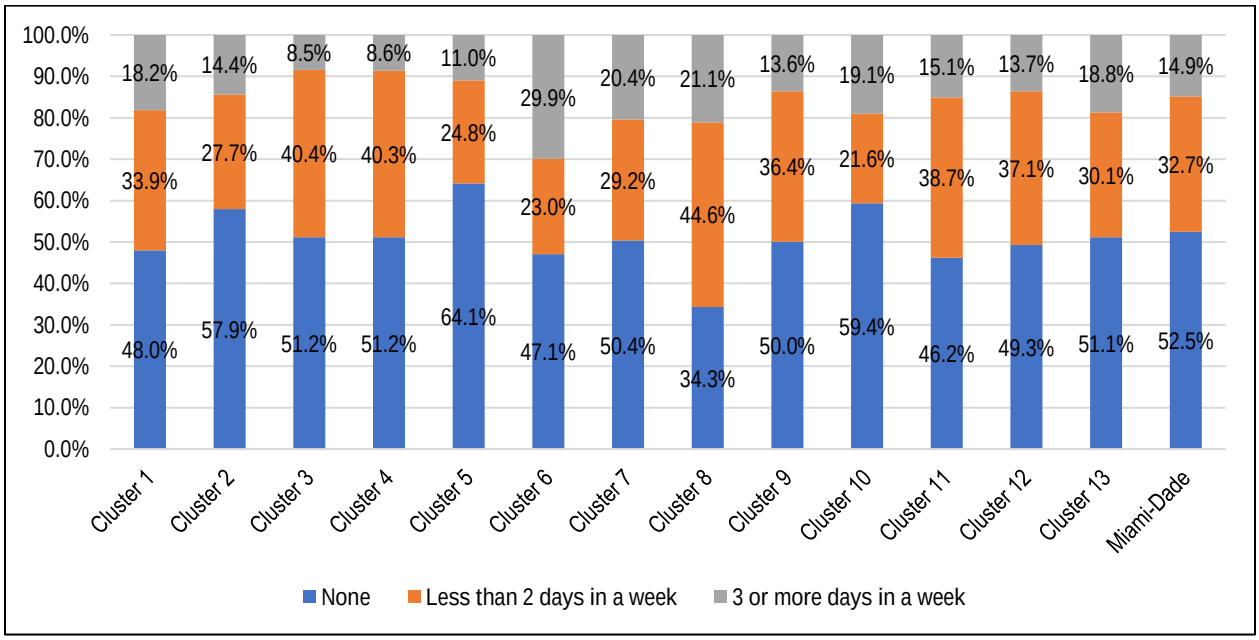
questions, certain patterns and variations were captured on this component of the Quality of Life section. Overall, when residents were asked whether they feel stressed, 31.2% indicated that they felt stressed 3 or more days in a week and 43.1% indicated they feel stressed less than 2 days in a week. Cluster 6 residents, however, report that 50.2% of residents feel stressed 3 or more days in a week, while only 6.9% indicate that they never feel stressed on average. Whereas, 38.2% of Cluster 10 indicate that they never feel stressed. Please refer to Chart 13.

Chart 13 –*Over the last week, how many days have you felt stressed?*



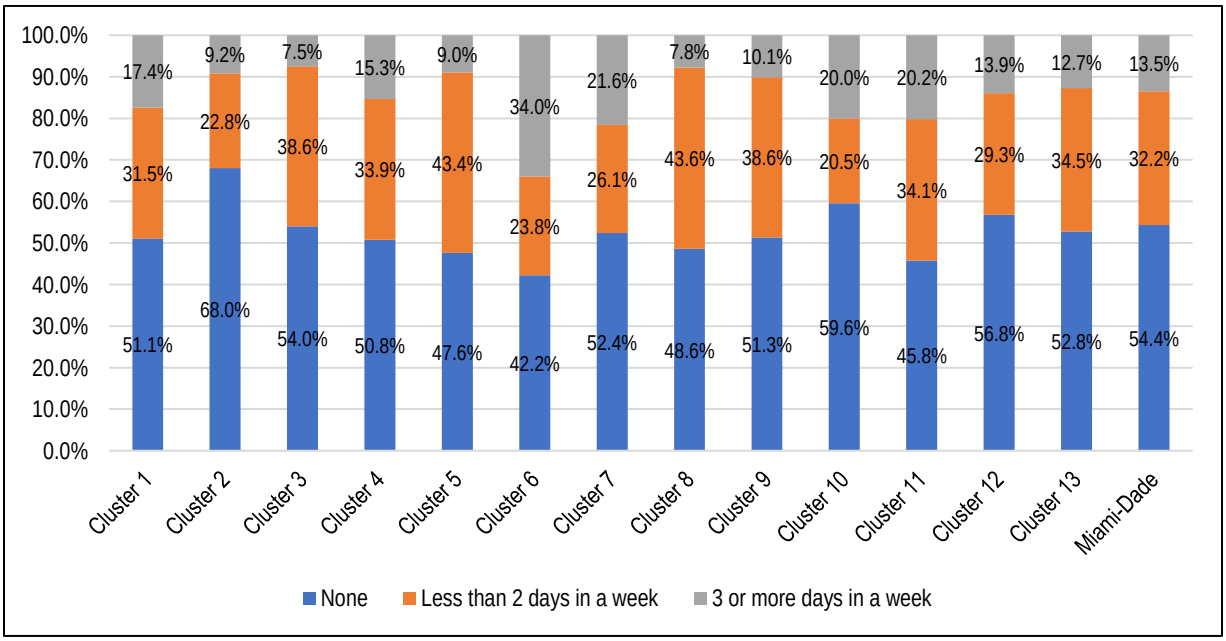
The majority of residents (52.5%) responded “none” to indicate the number of days in a week in which they had little interest or pleasure in doing things that they normally enjoy compared to 32.7% who said they had less than 2 days in a week and 14.9% who had 3 or more days in a week (Chart 14). Residents of Cluster 6, however, had 29.9 % who responded that they had 3 or more days in a week in which they had little interest or pleasure in doing things that they normally enjoy doing with 47.1% responding “none”. Cluster 8 had the lowest percentage of residents who responded that they had no days in which they felt apathetic toward their normal interests (34.9%) with an additional 44.6% with less than 2 days in a week and 21.1% who responded 3 or more days in a week.

Chart 14 – *Over the last week, how many days have you had little interest or please in doing things you normally enjoy doing?*



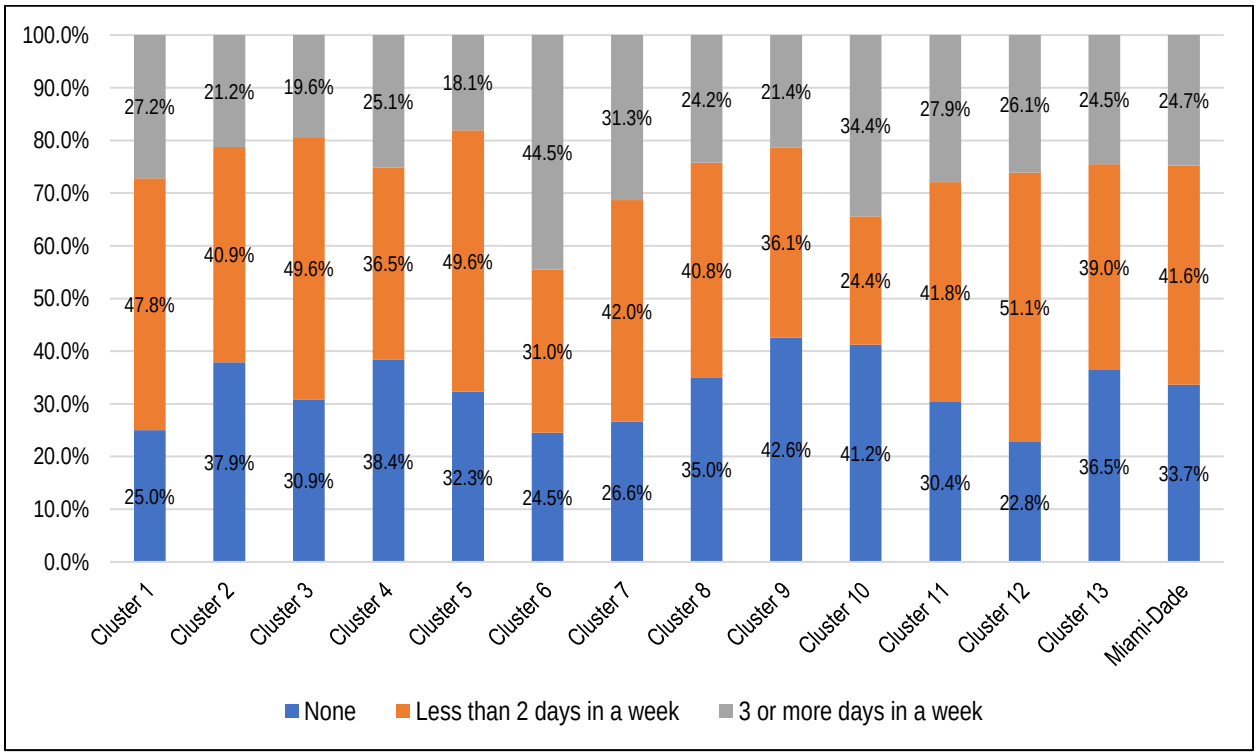
When asked how many days they felt down, depressed, lonely, or hopeless, the majority responded "none" (54.4%), with only 13.5% responding 3 or more days in a week. Cluster 6 had the largest percentage of residents who responded that they felt depressed, lonely, or hopeless 3 or more days in a week (34.0%), while Cluster 2 had the smallest (9.2%). Furthermore Cluster 6 also had the smallest percentage of residents who responded "none" (42.4%) while Cluster 2 had the largest percentage who responded "none" (68.0%). Please refer to Chart 15.

Chart 15 – *Over the last week, how many days have you felt down, depressed, lonely, or hopeless?*



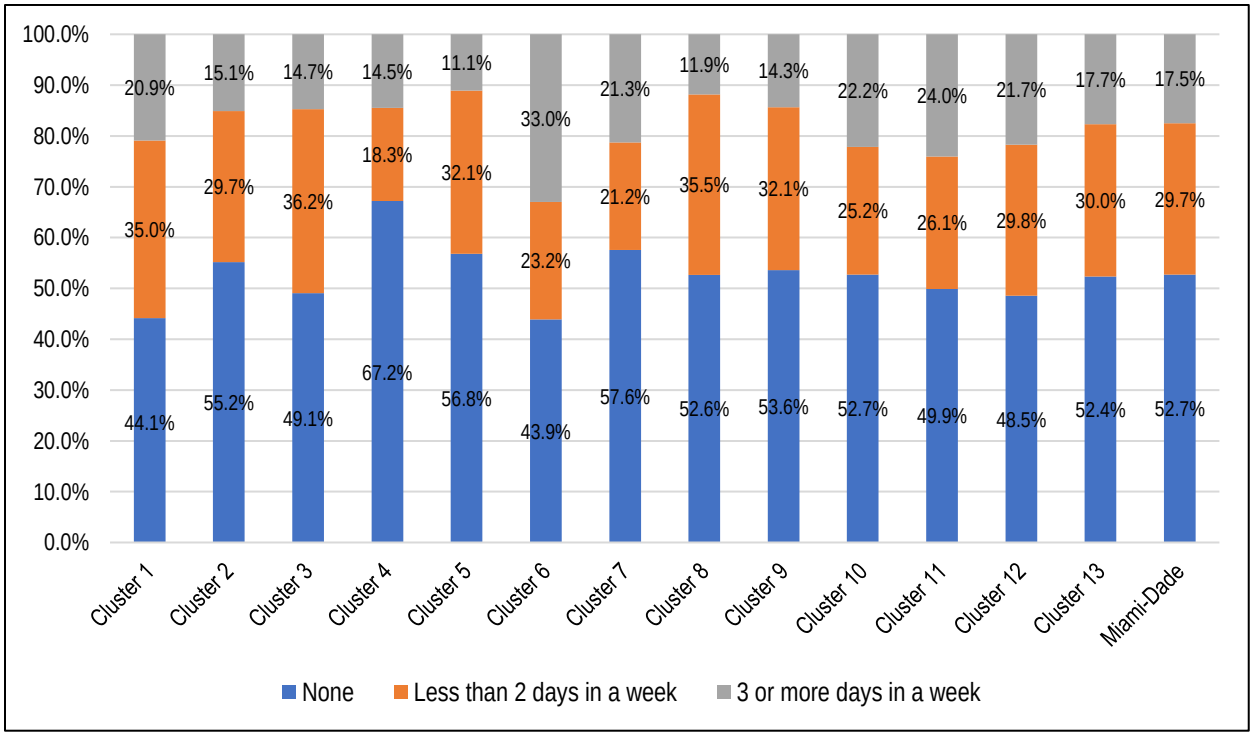
The following question intended to capture participants' energy level over the last week. Countywide, the majority of residents (41.6%) indicated that they have felt tired or had little energy less than two days in a week; followed by those who indicated "none" with 33.7%; and close to 25.0% who shared that they have felt tired or had little energy three or more days in a week (please refer to Chart 16). When participants' responses were stratified by cluster, most clusters showed similar results as the County overall. However, most respondents in Cluster 4, 9, and 10 (41.2%, 42.9%, and 38.4%, respectively) pointed out that they have not felt tired or had little energy over the last week, while the majority of respondents in Cluster 6 (44.5%) indicated that they have felt tired or had little energy three or more days in a week and represents the largest percentage of respondents compared to other clusters and the County as a whole.

Chart 16 – *Over the last week, how many days have you felt tired, or had little energy?*



The following question inquired about participants' nutritional habits, more specifically it asked participants whether they had a poor appetite or had eaten too much over the last week. At the county-level, most residents (52.7%) indicated "none" as their answer, followed by those who shared "less than 2 days in a week" (30.0%), and close to 18.0% who pointed out three or more days in a week (please refer to Chart 17). It is important to note that with the exception of Cluster 6, the response distribution across all clusters mirrored the countywide response results with a few fluctuations observed among clusters. In Cluster 6, the second most frequent response derived from residents who had a poor appetite or had eaten too much three or more days in a week with 33.0%, and it represents the highest percentage of residents compared to other clusters and the County as a whole.

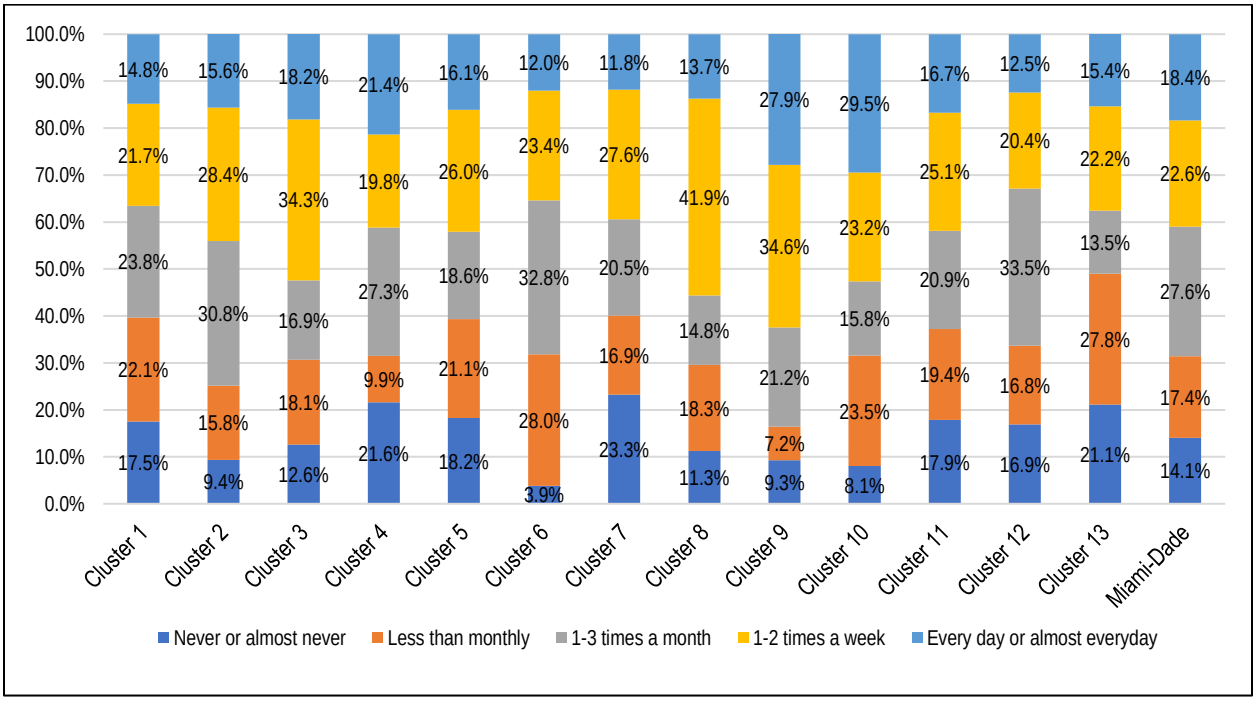
Chart 17 – *Over the last week, how many days have you had a poor appetite or eaten too much?*



The next of group questions or topics covered in the survey inquired about the social interaction of participants, whether with friends, colleagues, or in the community; as well as the amount of time spent outdoors away from home.

At the county-level, the majority of residents (27.6%) meet socially with their friends, family members or co-workers between one and three times a month; followed by 22.6% of respondents who indicated between one and two times a week, and 18.4% who meet socially every day or almost every day (please refer to Chart 18). Slightly over 14.0% of residents "never or almost never" meet socially with friends, relatives or work colleagues. Responses varied across all clusters. The most frequent response derived from Cluster 8 residents, in which close to 42.0% indicated that they meet with friends, family members, and co-workers between one or two times a week. By contrast, the least frequent response derived from Cluster 9, in which 7.2% of residents engage in social activity less than monthly.

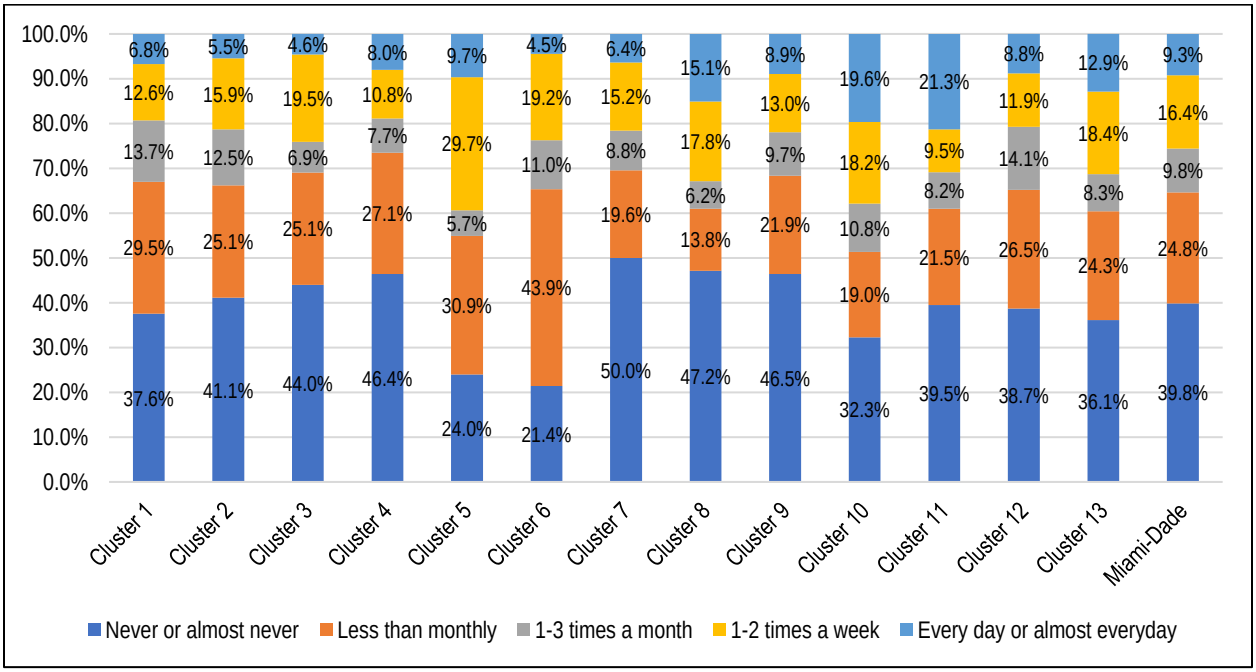
Chart 18 – *Thinking about your life at the moment, how often do you meet socially with friends, relatives, or work colleagues?*



The following question asked participants about the frequency of involvement associated with voluntary work or when working with charitable organizations. Overall, 40.0% of residents are "never or almost never" involved in this type of work, followed by 24.8% who do so "less than monthly," and those who indicated between one and three times per month (16.4%). Please refer to Chart 19.

Half of residents (50.0%) from Cluster 7 "never or almost never" engage in work for voluntary or charitable organizations, which is the highest percentage across all clusters. Cluster 6 exhibited the lowest percentage of residents that are involved in this type of work with 4.5%, and the highest percentage that does so "less than monthly" (43.9%).

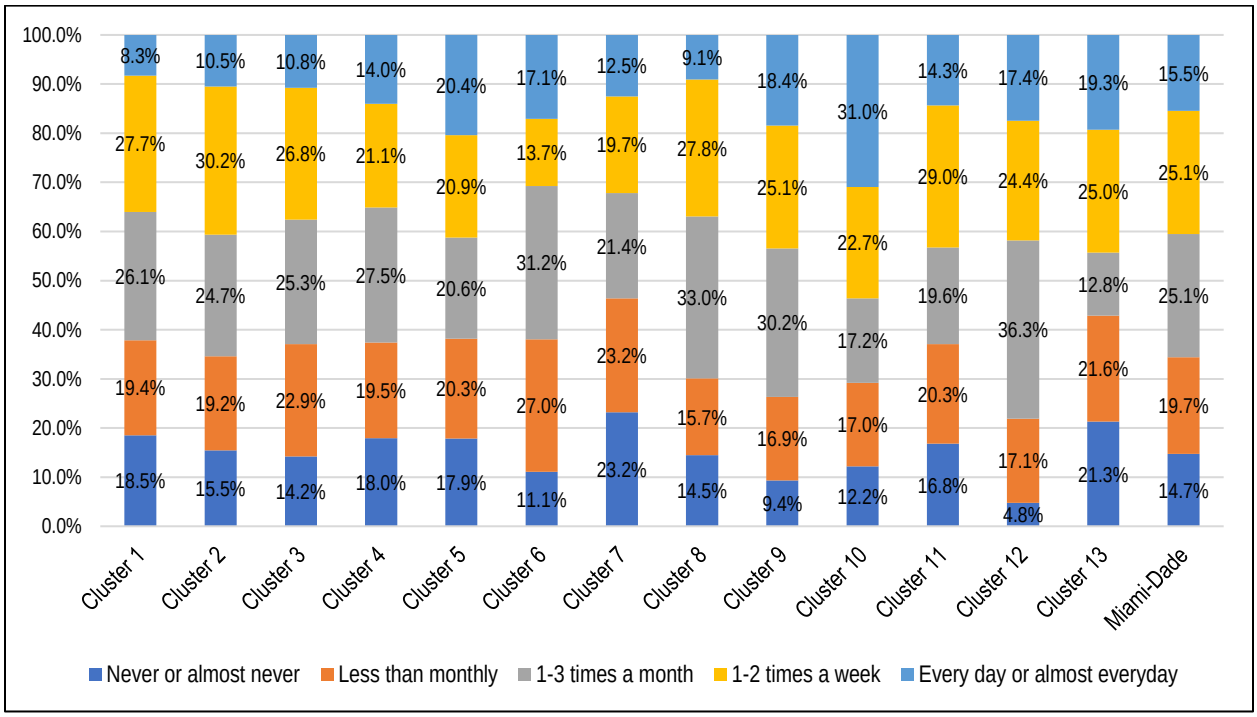
Chart 19 – *Thinking about your life at the moment, how often do you get involved in work for voluntary or charitable organizations?*



Countywide, 25.1% of residents spend their leisure time outdoors or away from home between one and two times a week; and the same percentage of residents do so between one and three times a month (please refer to Chart 20). The least frequent response at the county-level derived from residents who "never or almost never" spend their leisure time outdoors or away from home with 14.7%, which is substantially higher than the percentage of respondents residing in Cluster 6 (4.8%).

Compared to the County as a whole, the percentage of respondents residing in Cluster 10 who spend their leisure time outdoors or away from home "every day or almost every day" was twice as high (15.5% compared to 31.0%). Additionally, only 9.1% of respondents residing in Cluster 8 spend their leisure time outdoors or away from home "every day or almost every day" which is 3.4 times lower than the percentage of respondents who reside in Cluster 10.

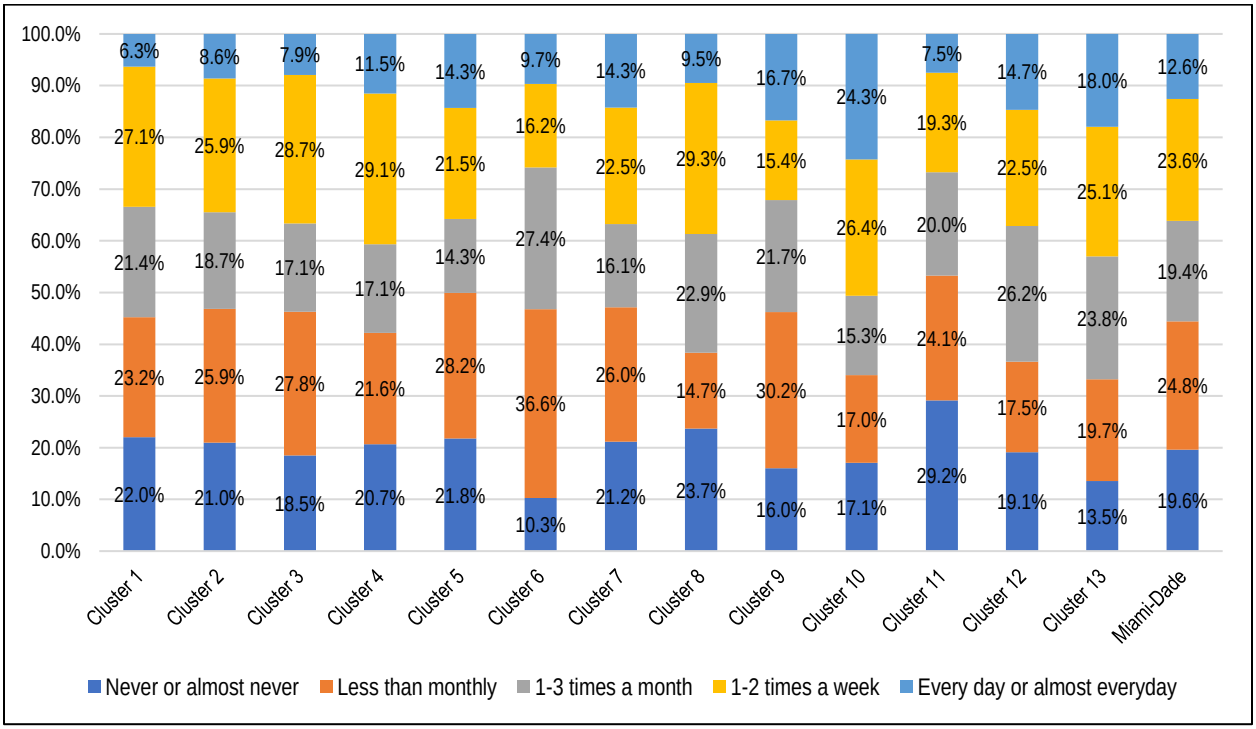
Chart 20 – *Thinking about your life at the moment, how often do you spend your leisure time out of doors and away from home?*



The following question concludes the set questions, under the Quality of Life, that aimed to learn about participants' social interaction and it examines the degree of frequency that participants spend time in community or public spaces. Approximately, 25.0% of respondents spend time in community or public spaces "less than monthly", followed by those who indicated between one and two times a week (23.6%), and 19.6% who responded "never or almost never."

Certain patterns were observed with the response distribution across all clusters. For instance, Cluster 10 exhibited the highest percentage of respondents that spend time in community or public spaces (e.g., libraries, parks) "every day or almost every day" with 24.3% (as mentioned in the previous section, Cluster 10 also exhibited the highest percentage of respondents who spend their leisure time outdoors or away from home). Additionally, Cluster 6 residents constituted the lowest percentage of respondents who "never or almost never" spend time in community or public spaces with 10.3%. Please refer to Chart 21.

Chart 21 – *Thinking about your life at the moment, how often do you spend time in community or public spaces such as libraries or parks?*



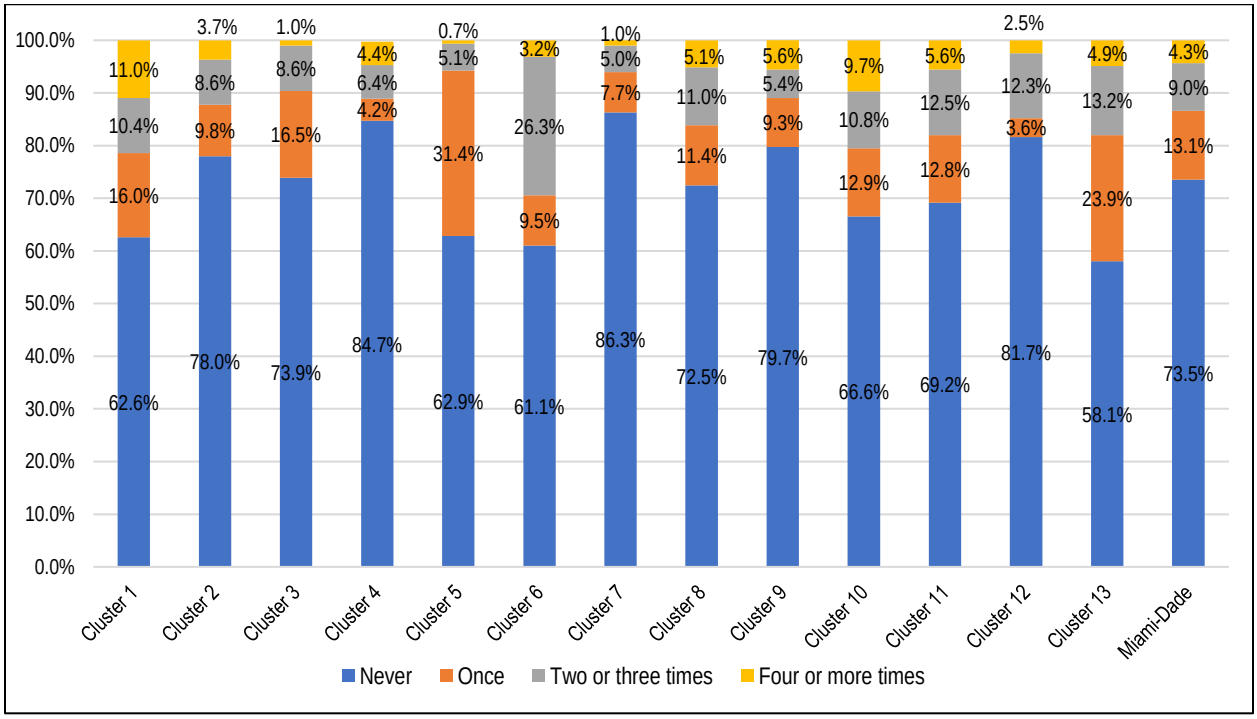
The last topic covered under the Quality of Life section of the survey asked participants whether, in the last five years, they have experienced discrimination, been prevented for doing something, been hassled, or made to feel inferior during the following scenarios or situations based on race, ethnicity, or color: at school, during job hiring process or at work, while meeting housing accommodations, receiving medical care, receiving service at a store or restaurant; obtaining credit, bank loans, or a mortgage; public setting, and from the police or in the courts.

At the county-level, most respondents indicated that in the last five years they have never experienced this prejudicial treatment in any of the situations or places mentioned, and a decreasing pattern is observed as the frequency of these possible scenarios increases (i.e. once, two or three times, and four or more times). However, when responses from all clusters are considered, a certain degree of variation is observed in the percentage of respondents who felt they have undergone this treatment; although the majority of respondents still maintained that that they have never been discriminated, been excluded or prevented, been hassled, or made feel inferior based on their race, ethnicity, or color.

School

Countywide, close to 74.0% of respondents shared that in the last five years they have never been subjected to prejudicial treatment at school based on their race, ethnicity, or color; followed by those who indicated “once” (13.1%); two or three times (9.0%); and four or more times (4.3%). Please refer to Chart 22. Cluster 7 exhibited the highest percentage of respondents who have been never experienced this treatment at school with 86.3%, while Cluster 6 exhibited the lowest percentage (61.1%). By comparison, the highest percentage of respondents who felt they have been subjected to this treatment four or more times based on their race, ethnicity, or color derived from Cluster 1 with 11.0%.

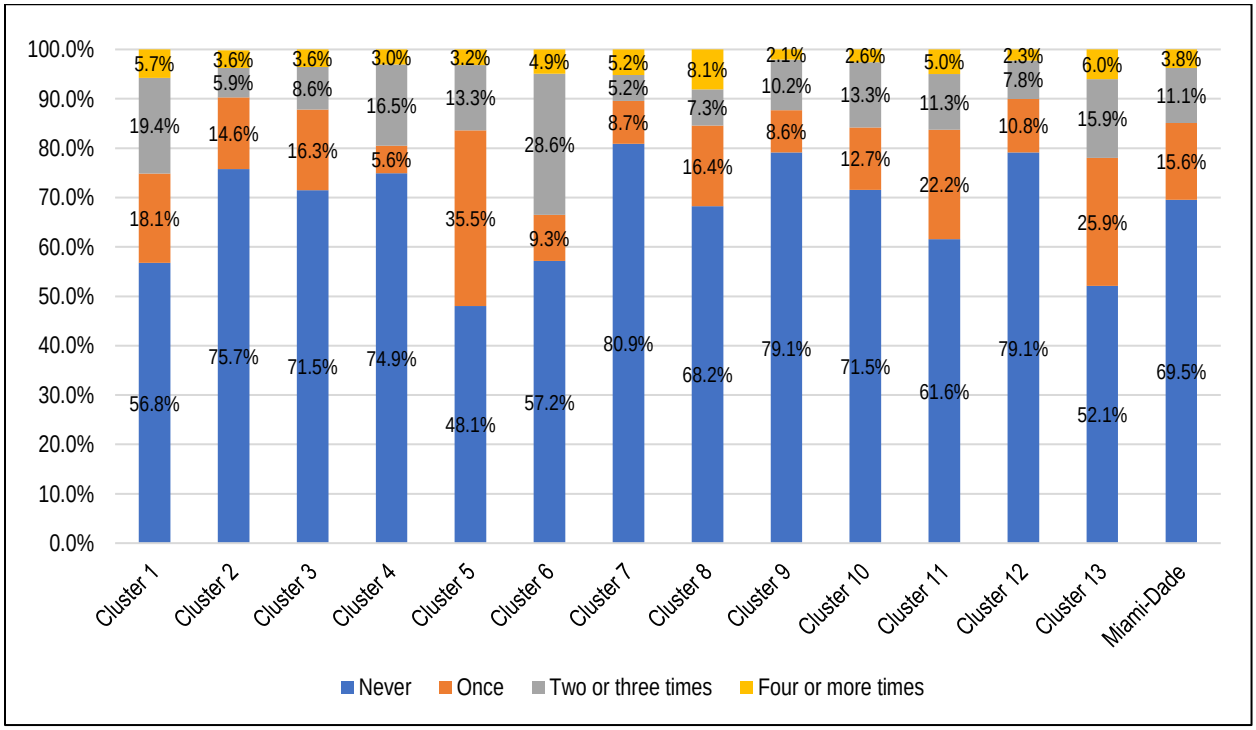
Chart 22 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : At school*



Hiring Process

Chart 23 illustrates the response distribution of participants, by cluster, when they were asked if in the last five years they have been treated with prejudice while getting hired or getting a job based on their race, ethnicity, or color. Approximately 81.0% of residents from Cluster 7 never experienced this type of treatment while getting hired or getting a job, which represents the highest percentage compared to all clusters and the County as a whole. Cluster 8 displayed the highest percentage of residents who felt they have been discriminated, been excluded or prevented, been hassled, or made feel inferior four or more times during the aforementioned scenario with 8.1%; compared to Cluster 9 which exhibited the lowest percentage at 2.1%.

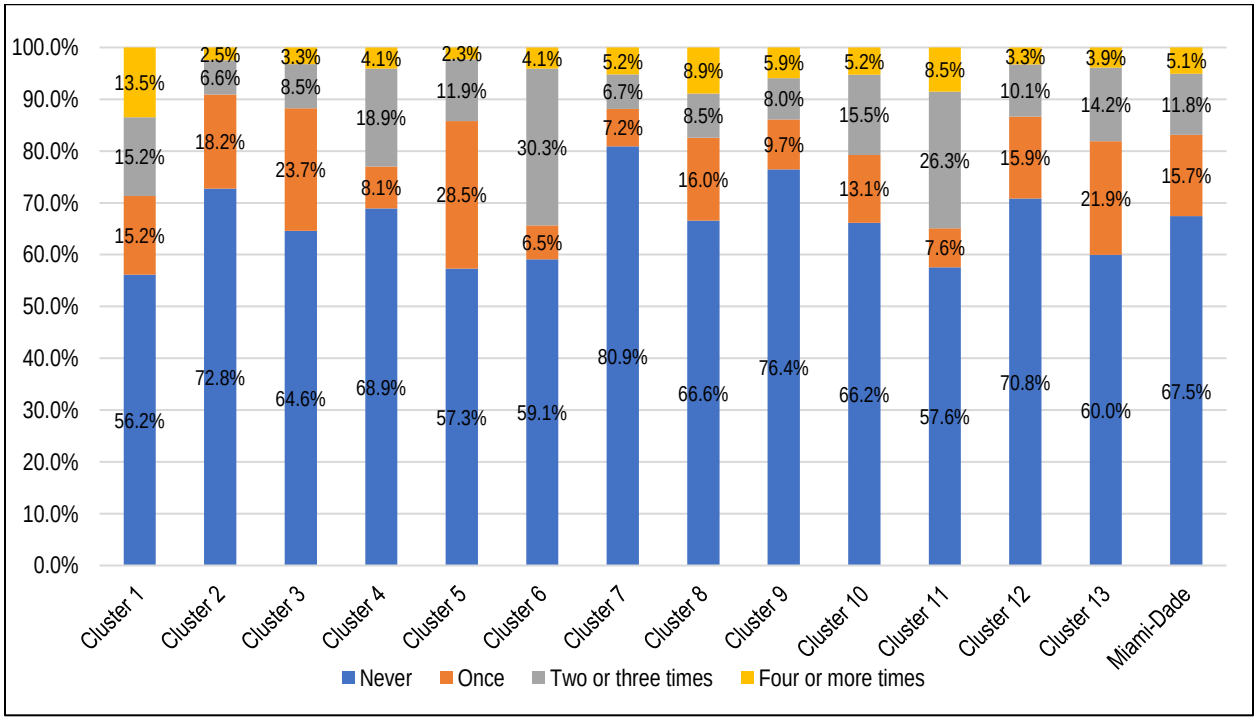
Chart 23 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting hired or getting a job*



Work

Compared to the County and all other clusters, Cluster 7 represented the highest percentage of respondents who indicated they have never been experience prejudicial treatment at work based on their race, ethnicity, or color with close to 81.0%; while Cluster 6 exhibited the highest percentage of respondents who have experienced this treatment two or three times in the last five years (30.3%). Please refer to Chart 24. Additionally, close to 14.0% of respondents from Cluster 1 indicated that they have been discriminated, been excluded or prevented from doing, been hassled, or make feel inferior at work four or more times, which is the highest percentage compared to other clusters and the overall response distribution.

Chart 24 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : At work*

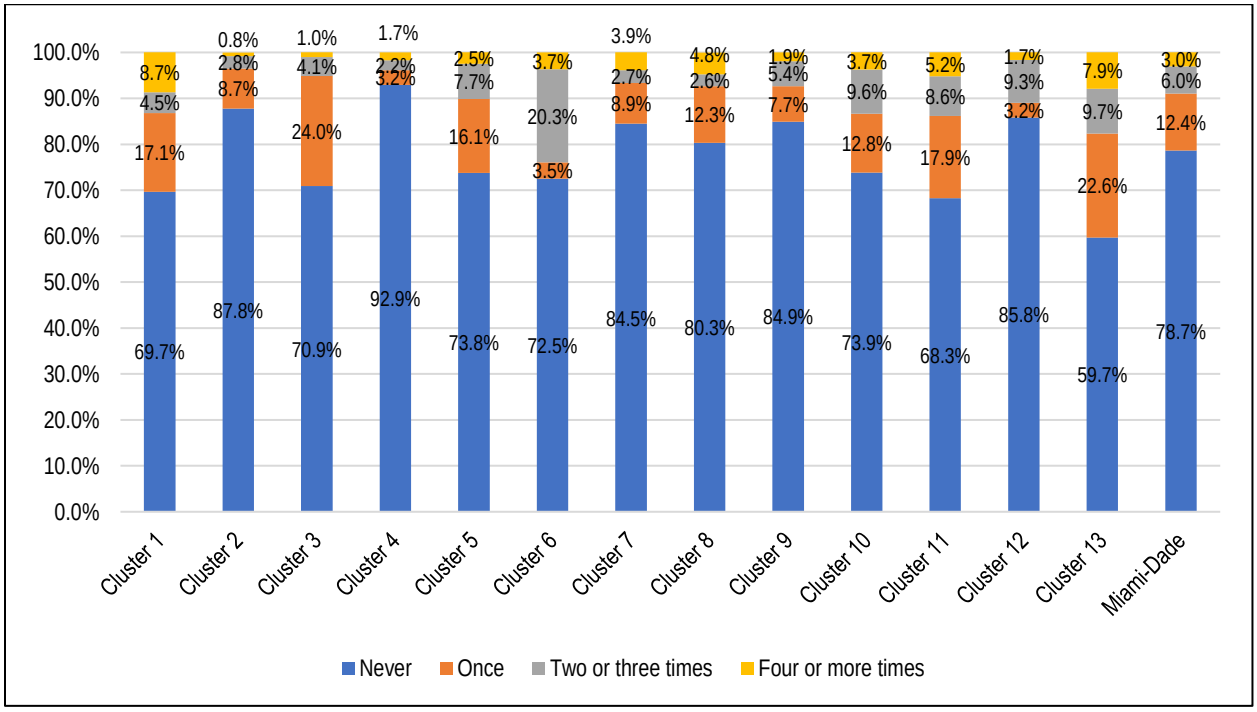


Housing

As observed previously, response distribution varied across all clusters and the County overall when respondents were asked if they have been discriminated, been excluded or prevented, been hassled, or made feel inferior while pursuing housing accommodations based on race, ethnicity, or color. For instance, approximately 93.0% of residents from Cluster 4 stated that they have never been subjected to this treatment while "getting housing" and represents the highest percentage among all clusters and the County's overall response distribution (please refer to Chart 25).

Additionally, less than one percent of respondents residing in Cluster 2 have undergone this experience four or more times while pursuing housing accommodations; compared to 9.0% of respondents from Cluster 1, which represents the highest percentage of respondents who encountered the experience this frequently based on race, ethnicity, or color. It is also important to note that 20.3% of respondents from Cluster 6 have experienced prejudice, 9.2 times higher than the percentage of respondents from Cluster 4.

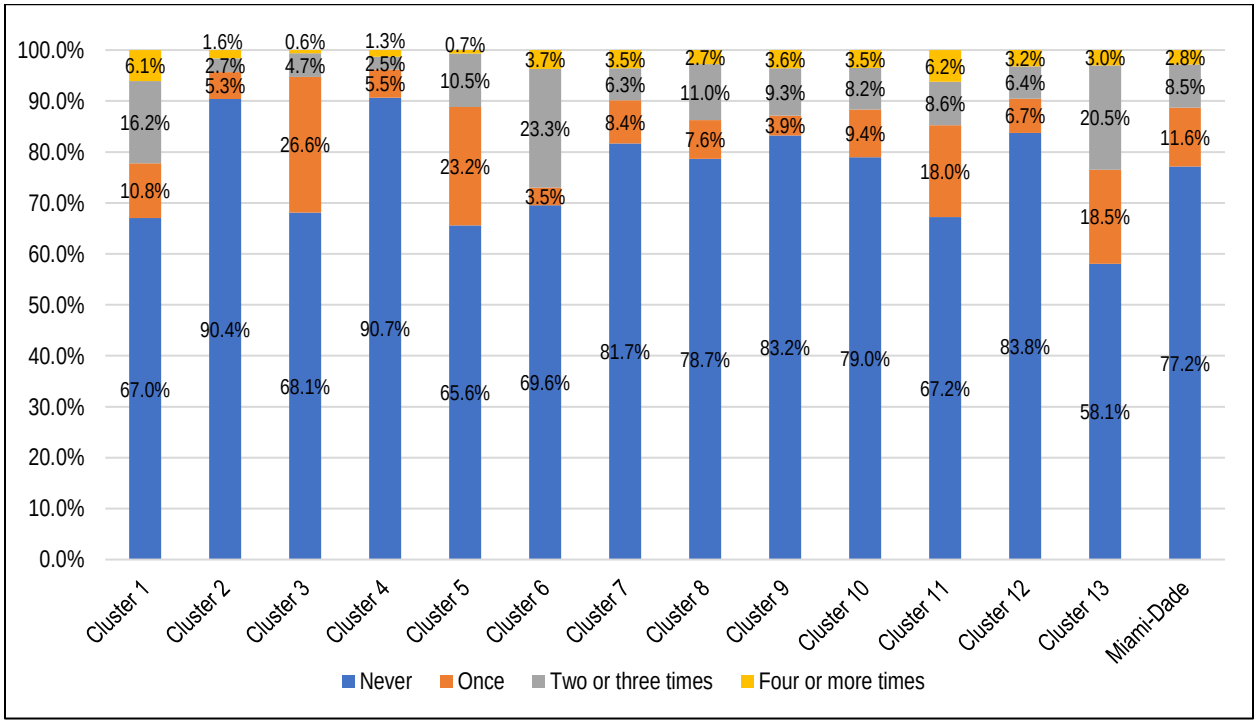
Chart 25 – ***In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting housing***



Medical Care

When receiving medical care is concerned, 6.2% of respondents from Cluster 11 stated that they have experienced an unjust encounter four or more times and represents the highest percentage of respondents compared to all other clusters and the County (please refer to Chart 26). By contrast, 90.4% of respondents from Cluster 2 indicated that they have never experienced this treatment while receiving medical care and it constitutes the highest percentage of respondents across all clusters and the County as a whole.

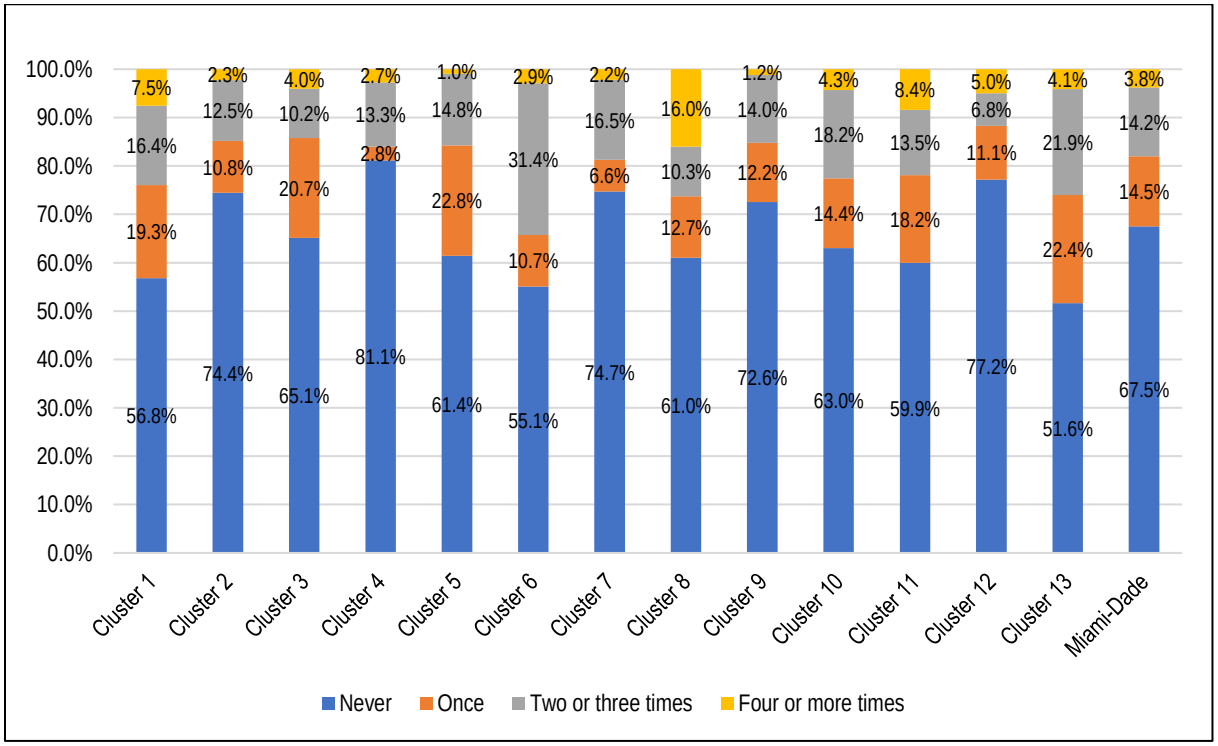
Chart 26 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting medical care*



Receiving Service in a store or restaurant

Sixteen percent of respondents residing in Cluster 8 felt that they have been subjected to prejudicial treatment while getting service at a store or restaurant four or more times, compared to 1.0% of respondents in Cluster 5 and 3.8% overall who indicated the same type of treatment (please refer to Chart 27). Conversely, 81.1% of respondents from Cluster 3 never experienced prejudice compared to 51.6% among respondents from Cluster 13.

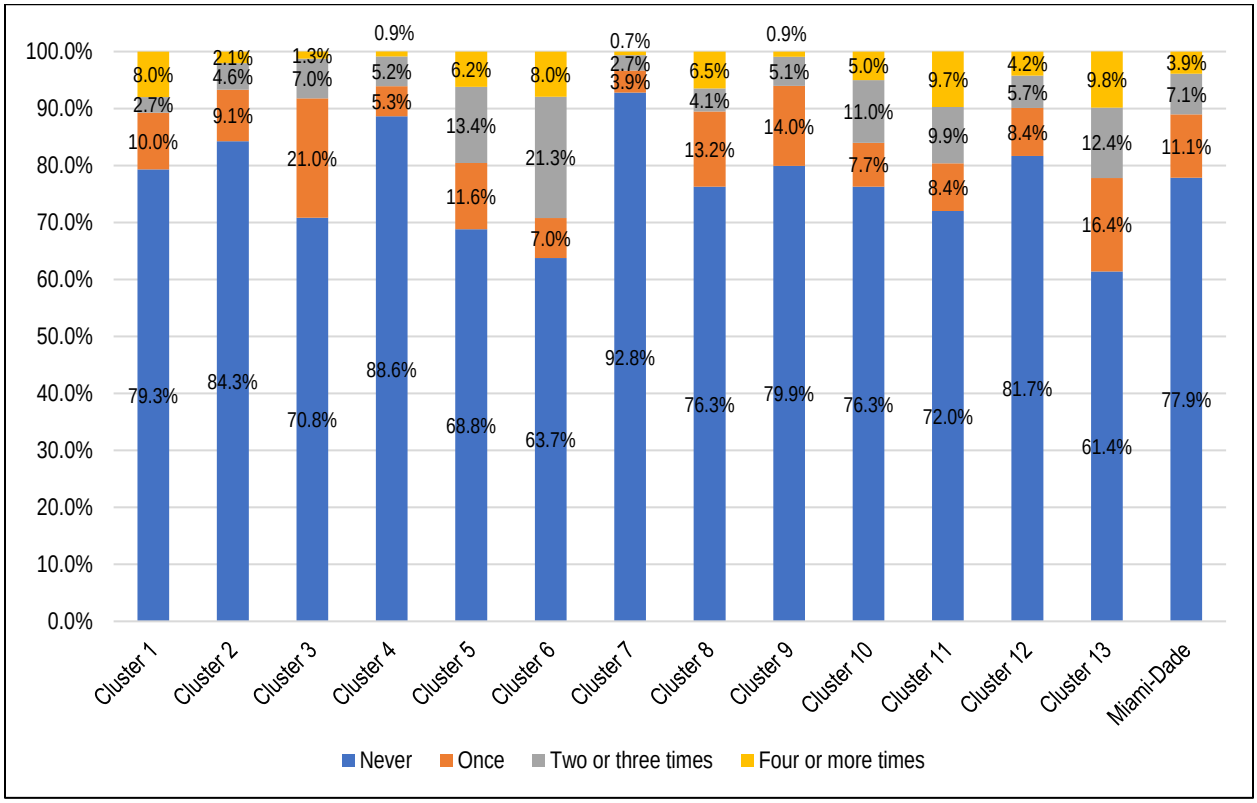
Chart 27 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting service in a store or restaurant*



Financial Transaction

Compared to the County, a greater percentage of respondents from Cluster 7 (92.8%) stated that they have never been discriminated, been excluded or prevented from conducting an activity, been hassled, or made to feel inferior while applying for credit, a bank loan, or a mortgage (please refer to Chart 28). Additionally, 21.3% of respondents from Cluster 6 were subjected to prejudice two or three times during a financial transaction and constitutes the greatest percentage of respondents across all cluster and the County overall.

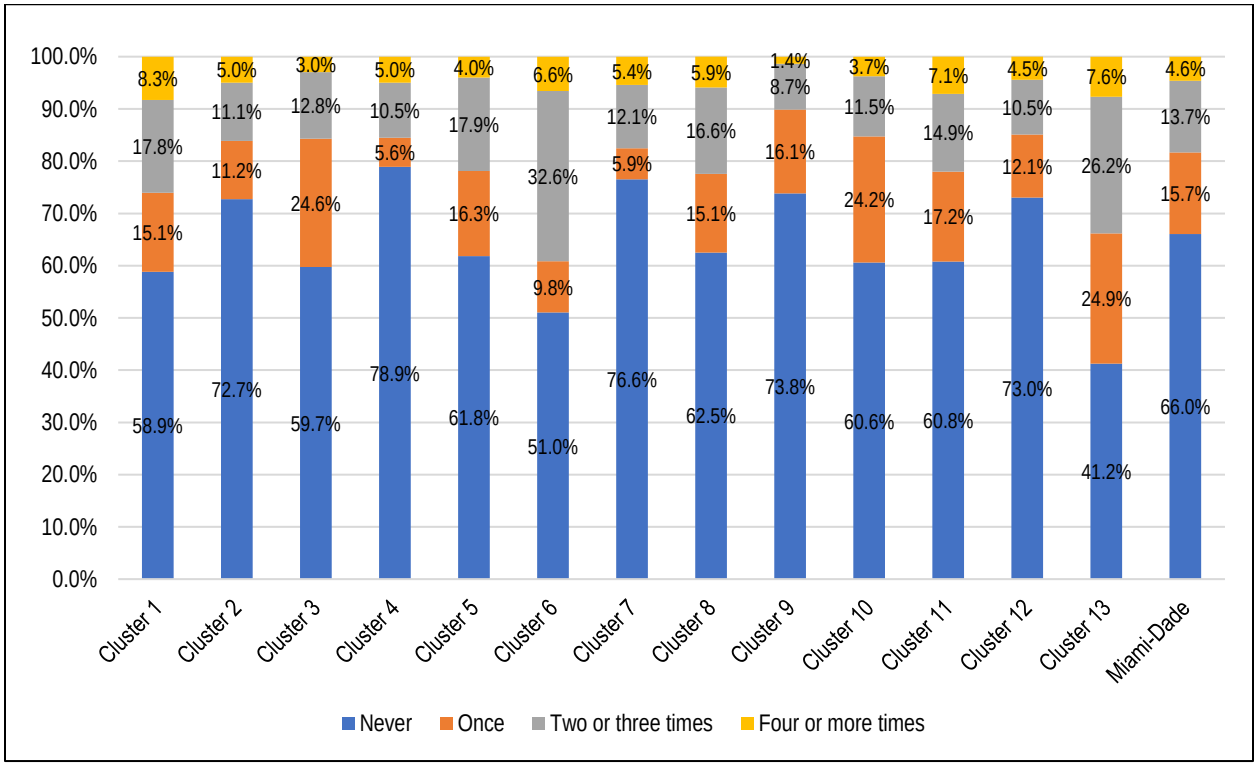
Chart 28 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting credit, bank loans, or a mortgage*



Street or Public Setting

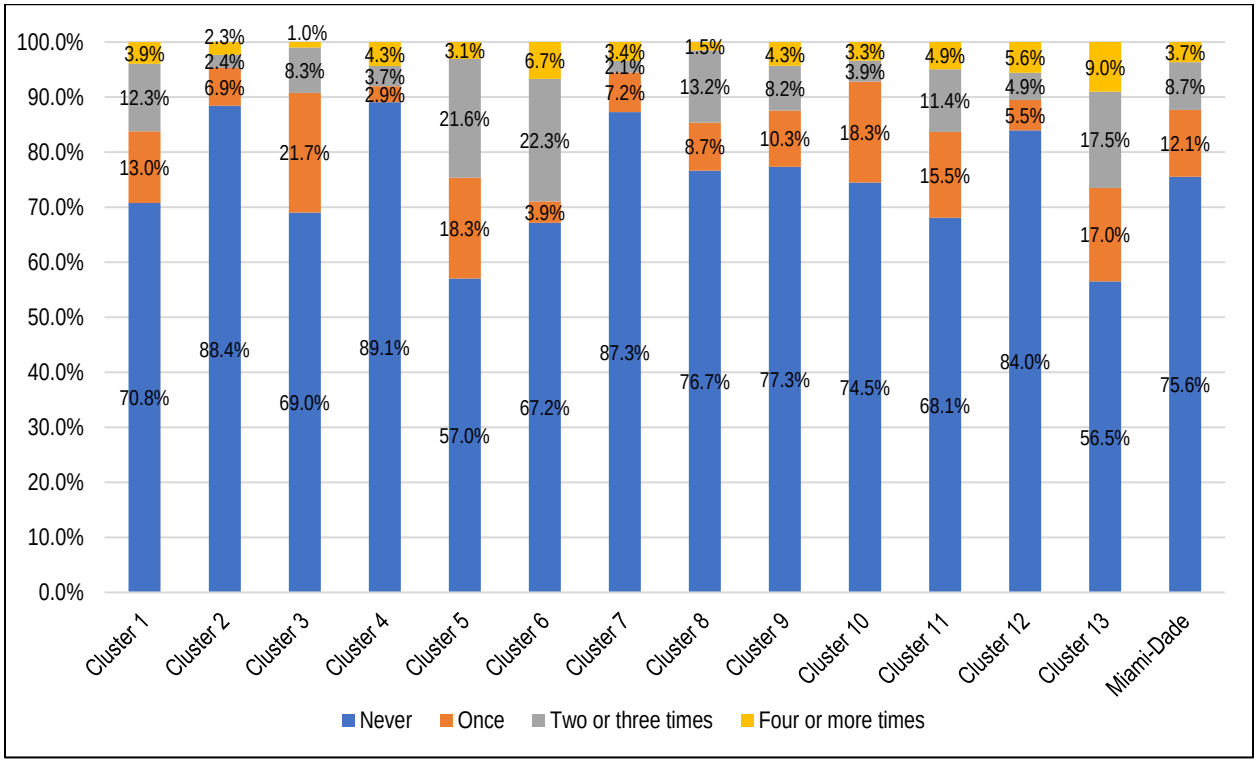
Respondents from Cluster 13 exhibited the lowest percentage of respondents who have never suffered prejudice on the street or public setting, also observed in previous questions, with 41.2%; and the second highest percentage of respondents who encountered prejudice two or three times (26.2%). Please refer to Chart 29. Additionally, close to 33.0% of respondents from Cluster 6 shared that they have been subjected to prejudice two or three times on the streets or public setting and represents the highest percentage compared to all other clusters and the County overall.

Chart 29 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : On the street or in a public setting*



At the county-level, close to 76.0% of respondents have never received any type of prejudice by the police or in the courts, followed 12.1% of respondents who indicated “once”, two or three times (8.7%), and close to 4.0% who indicated four or more times (please refer to Chart 30). Cluster 4 exhibited the highest percentage of respondents who have never encountered an unjust treatment by the police or in the courts with 89.1%, while Cluster 13 exhibited the lowest percentage. Consequently, Cluster 13 also displayed the highest percentage of residents who expressed that they have been subjected to prejudice from the police or in the courts four or more times with 9.0%.

Chart 30 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : From the police or in the courts*

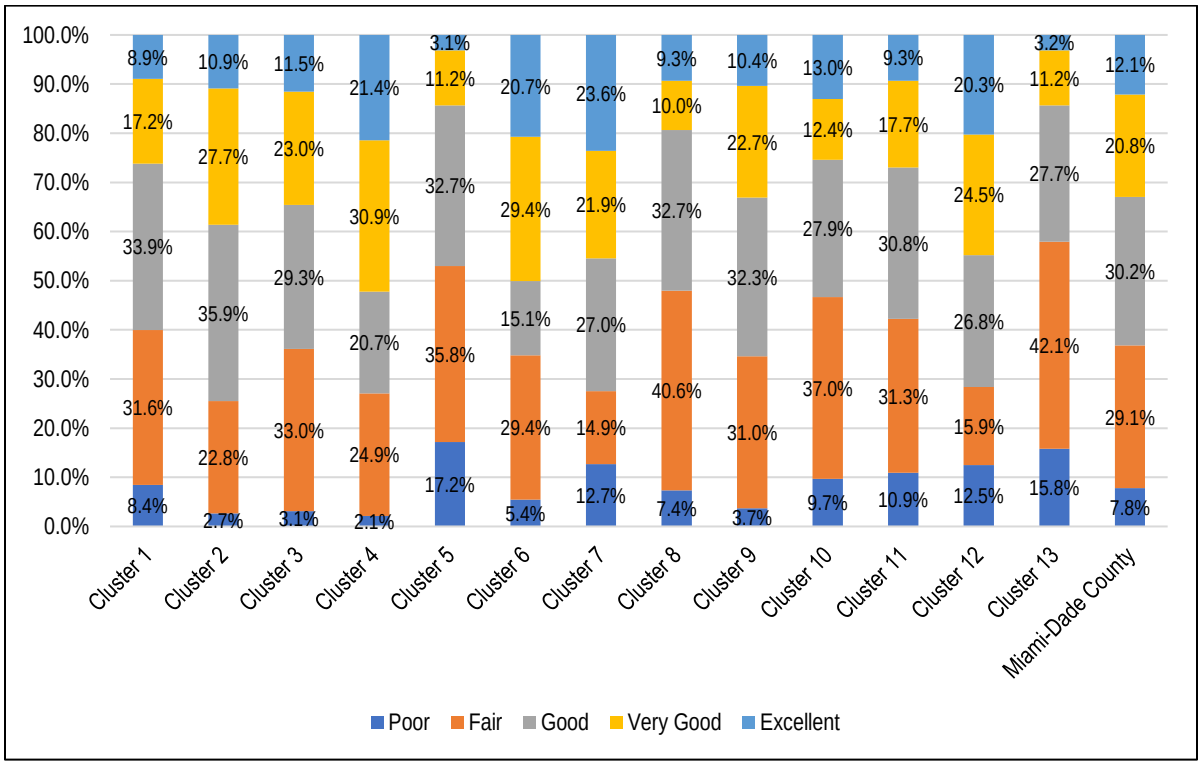


Environment

The next section of the survey, Environment, inquired about residents' neighborhood. The first set of questions under the Environment section asked participants to rate their neighborhood, from poor to excellent, based on the following themes or topics: overall quality of life, as a place to raise children, as a place to grow old, overall quality of the environment, and a as safe community.

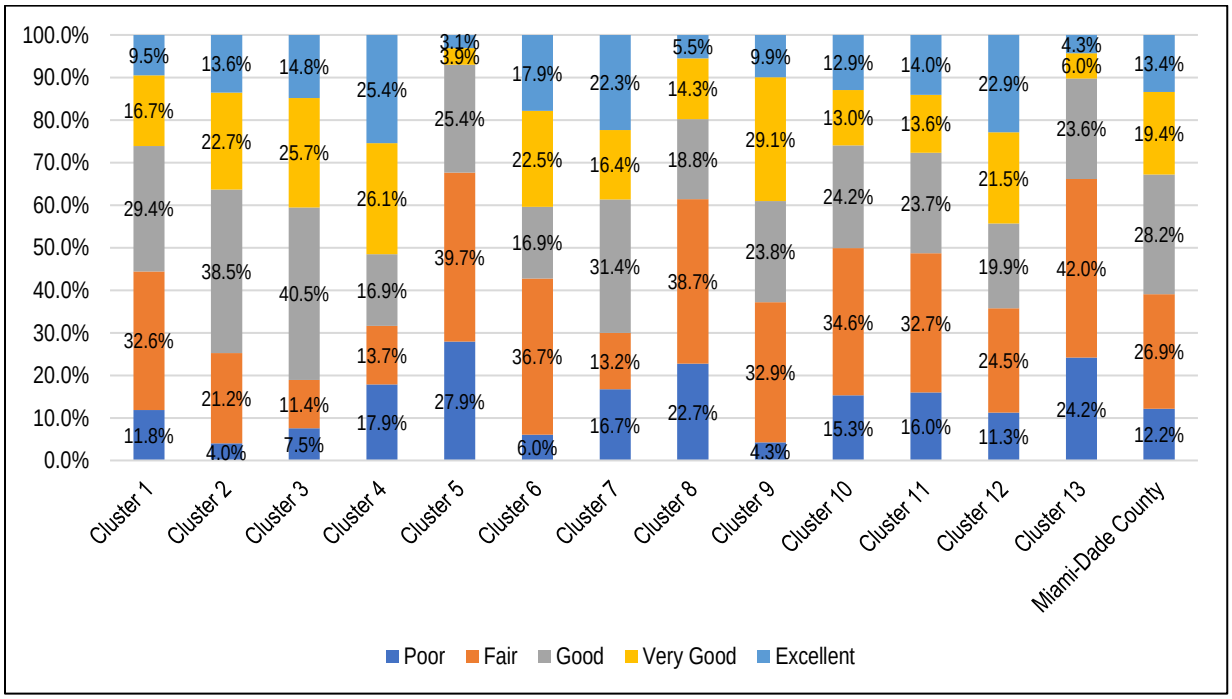
When asked to rate the overall quality of life in their neighborhood, 36.9% of residents rated their neighborhood as Poor or Fair, while 32.9% rated their neighborhood as Very Good or Excellent. However, 17.2% of residents in Cluster 5 and 15.8% in Cluster 13 rated the quality of life in their neighborhood as Poor with an additional 35.8% in Cluster 5 and 42.1% in Cluster 13 as Fair, both of which are significantly higher than the county-wide percentage. These clusters additionally had the lowest percentages to respond that the quality of life in their neighborhood is Excellent with 3.1% and 3.2% respectively. In contrast, Clusters 4 and 6 had much lower percentages of residents who responded Poor (2.1% and 5.4%) and higher percentages of residents who responded Excellent (21.4% and 20.7%) compared to the county and especially to Clusters 5 and 13 (Chart 31)

Chart 31 – *For every question, please select which most closely matches your opinion: How would you rate the overall quality of life in your neighborhood?*



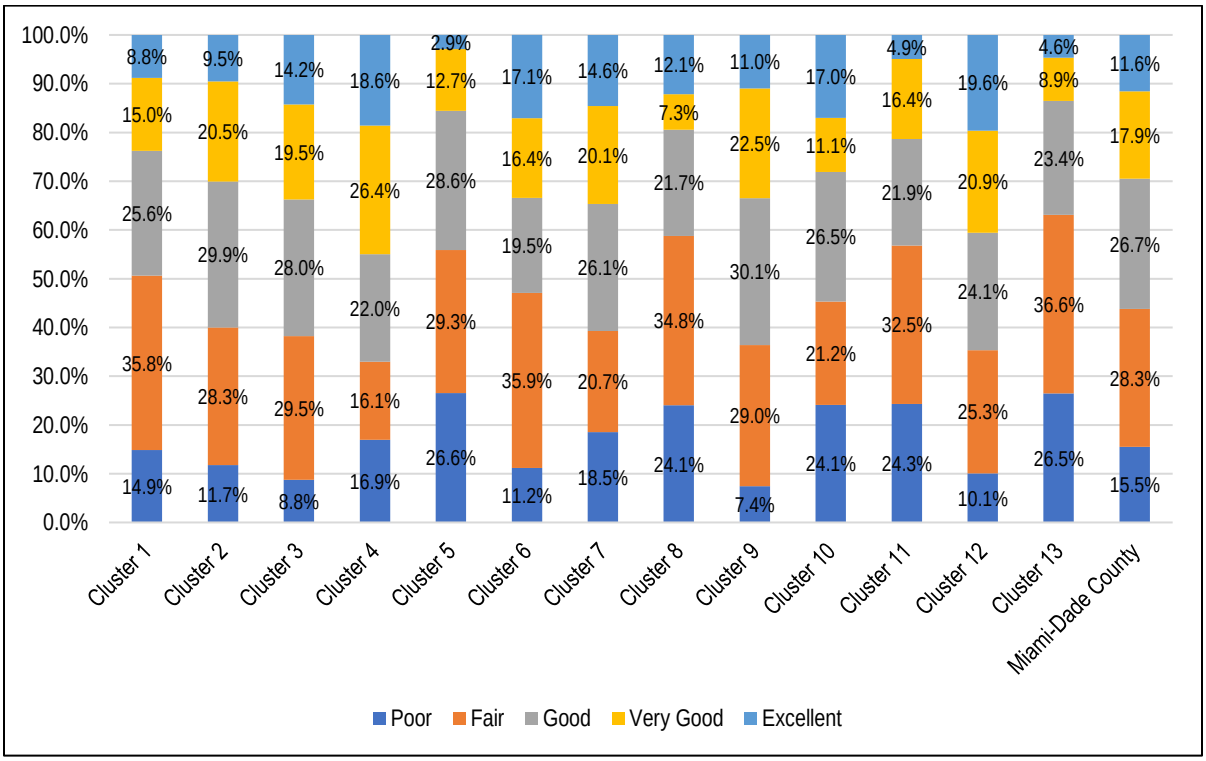
As a place to raise children, 39.1% of residents believe that their neighborhood is Poor or Fair, while 32.8% believe their neighborhood is Very Good or Excellent. Similar to the overall quality of life in their neighborhood, these sentiments were not universal. Clusters 5, 8, and 13 had much higher percentages of residents who responded that their neighborhood is a Poor place to raise children (27.9%, 22.7%, and 24.2%, respectively), while also having much lower percentages who responded their neighborhood is an Excellent place to raise children (3.1%, 5.5%, and 4.3%, respectively). Furthermore, Clusters 2, 3, 6, and 9 all have significantly lower percentages of residents who responded that their neighborhood is a poor place to raise children, while 36.3%, 40.5%, 40.4%, and 39.0% responded that their neighborhood is Very Good or Excellent (Chart 32)

Chart 32 – *For every question, please select which most closely matches your opinion: How would you rate your neighborhood as a place to raise children?*



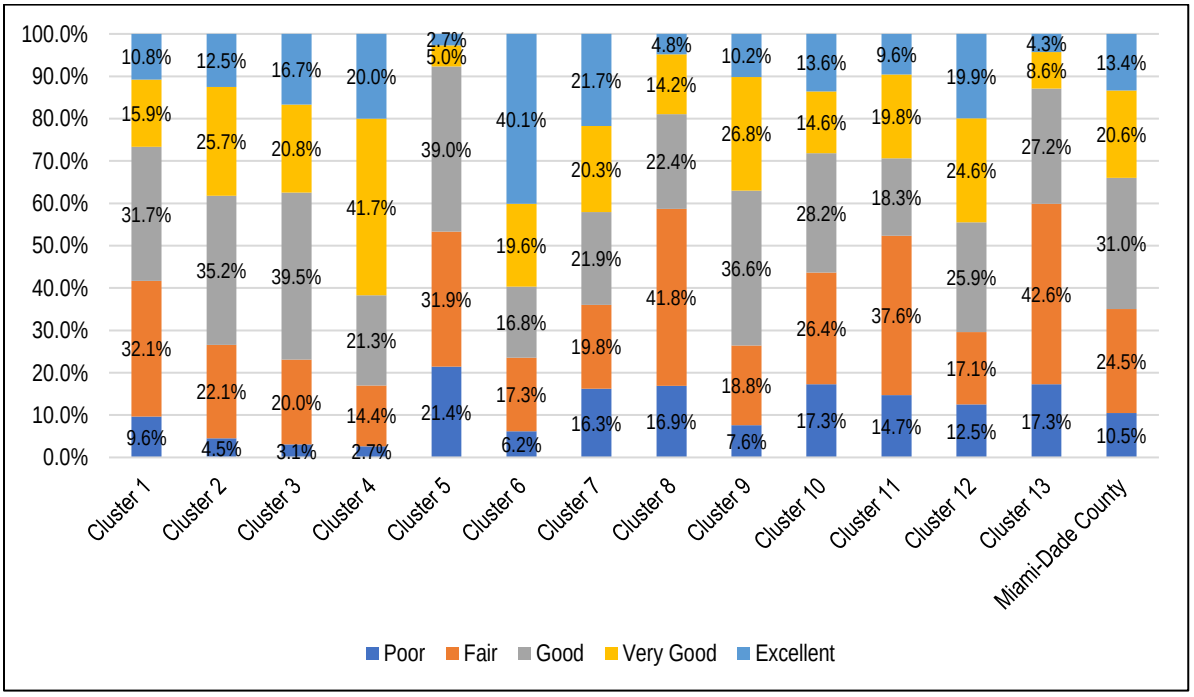
When asked to rate as a place to grow old, 15.5% responded that their neighborhood is a poor place to grow old and 28.3% as Fair, while 17.9% responded that their neighborhood is Very Good and 11.6% Excellent. However, Clusters 5, 8, 10, 11, 13 had much larger percentages responding that their neighborhood is a Poor or Fair place to grow old. Over 50% of Clusters 5, 8, 11, and 13 responded that their neighborhoods are Poor or Fair (55.9%, 58.9%, 56.8%, and 63.1%, respectively). Cluster 3, on the other hand, only had 8.8% who responded their neighborhood is Poor, and Cluster 9 had an even smaller percentage with 7.4%. Clusters 4, 6, 10 have the highest percentages who responded that their neighborhood is Excellent (18.6%, 17.1%, 17.0%, and 19.6%, respectively). Please refer to Chart 33.

Chart 33 – *For every question, please select which most closely matches your opinion: How would you rate your neighborhood as a place to grow old?*



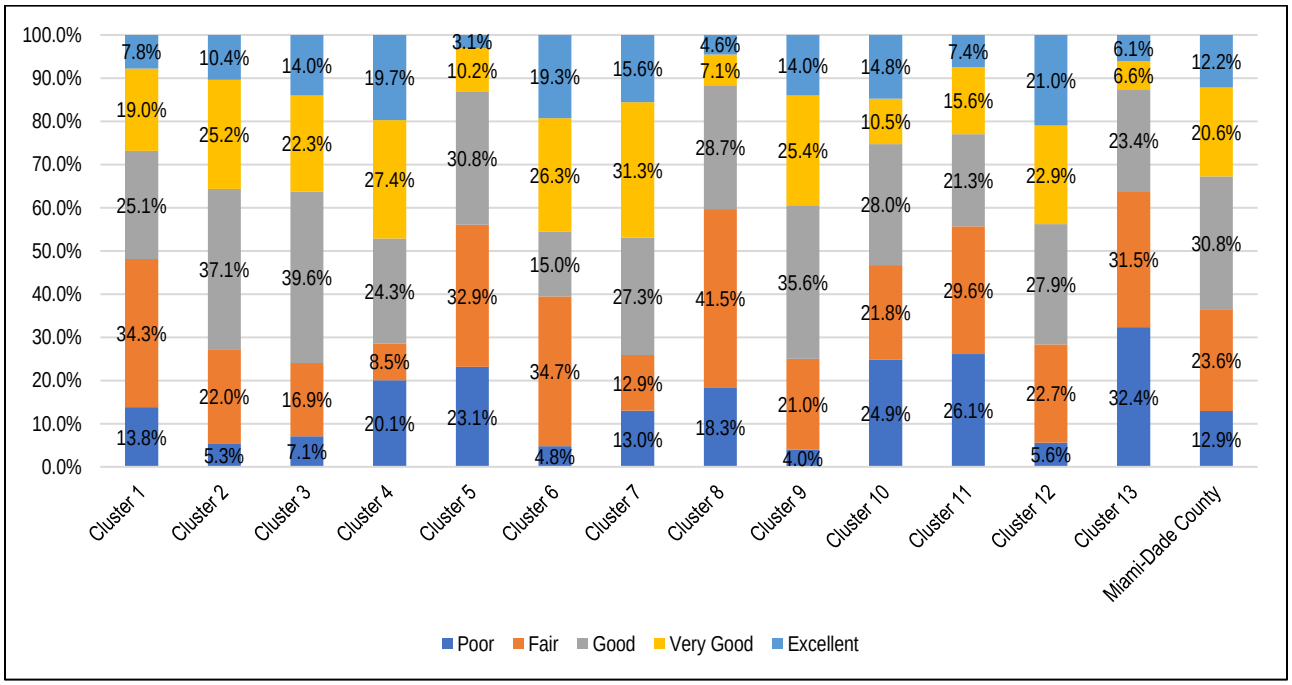
Overall, 35.0% of residents indicated that the overall quality of the environment in their neighborhood is Poor or fair and 34.0% responded that their neighborhood is Very Good or Excellent. Cluster 5 and Cluster 13, however, had 21.4% and 17.3% who responded that the quality of the environment in their neighborhood is Poor and 7.7% and 12.9% Very Good or Excellent. Please refer to Chart 34.

Chart 34 – *For every question, please select which most closely matches your opinion: How would you rate the overall quality of the environment in your neighborhood?*



When asked to rate whether their neighborhood is a safe community, 12.9% in Miami-Dade County responded Poor and 23.6% Fair, while 20.6% responded Very Good and 12.2% Excellent. Clusters 2, 3, 6, 9, and 12 all had much lower percentages of residents who responded Poor with 5.3%, 7.1%, 4.8%, 4.0%, and 5.6%, respectively. However, Clusters, 4, 5, 10, 11, and 13 had much higher percentages with Clusters 5, 11, and 13 having significantly high percentages of Poor and Fair combined (56.0%, 55.7%, and 63.9%). Please refer to Chart 35.

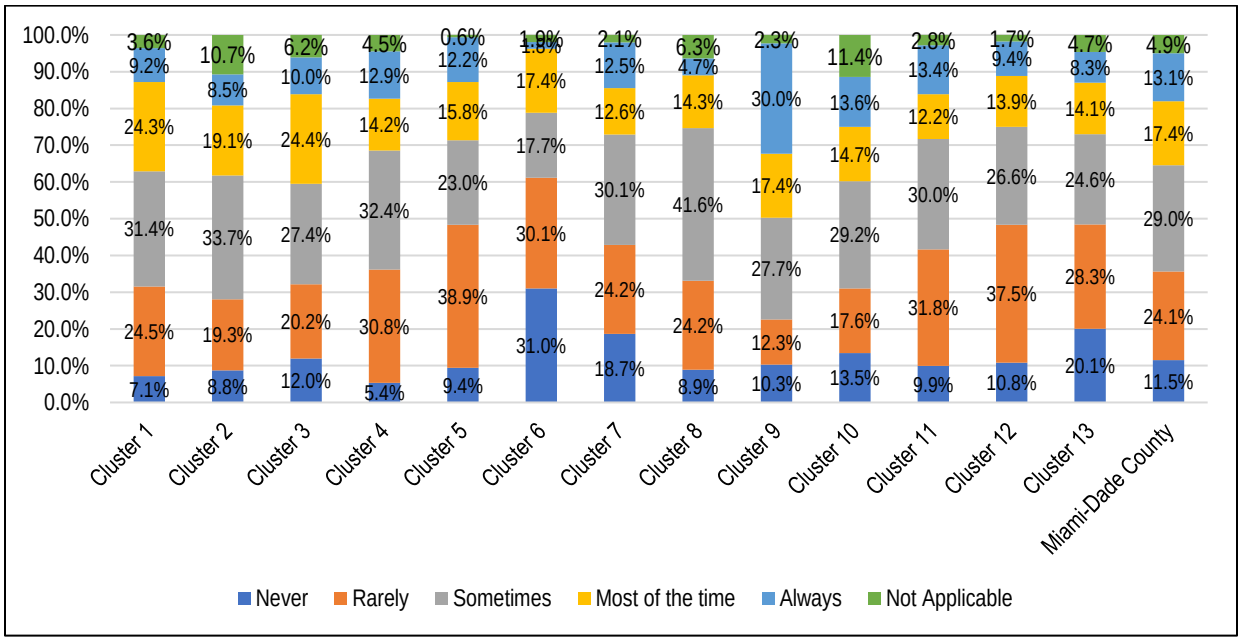
Chart 35 – *For every question, please select which most closely matches your opinion: How would you rate your neighborhood as a safe community*



The following set of questions or categories of the survey asked participants to provide their opinions on affordable housing, transportation options, neighborhood environment, and on the quality of jobs and schools in their respective neighborhoods.

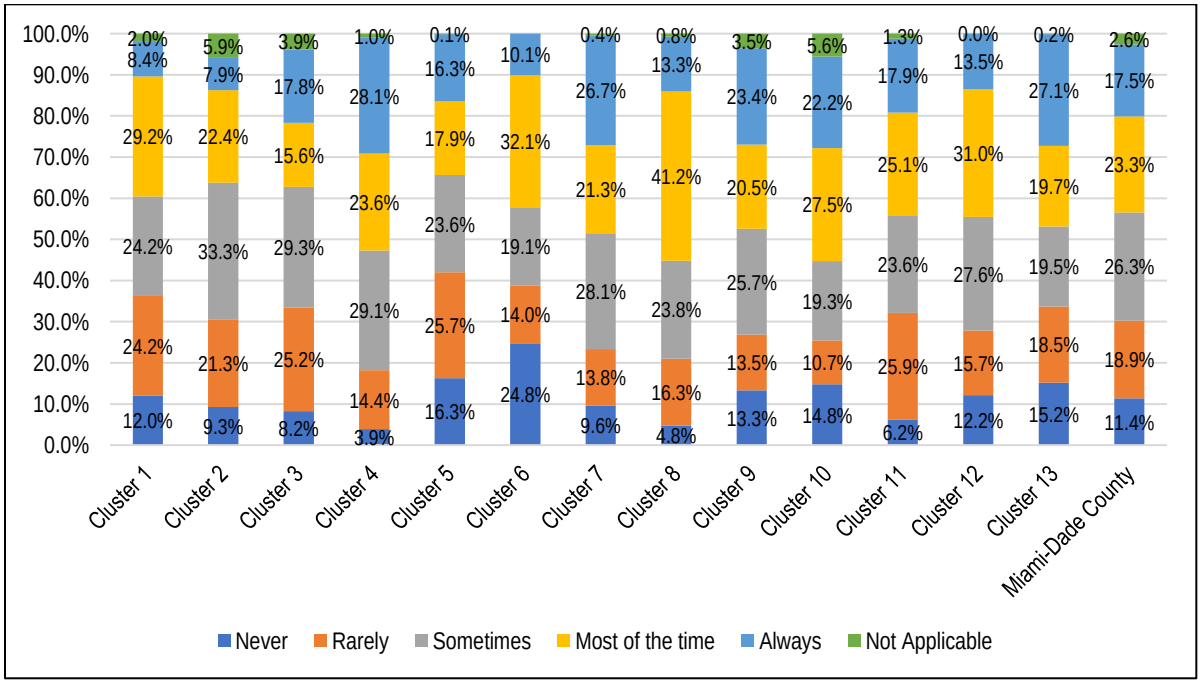
Over 35% of respondents highlighted that residents in their neighborhoods Never or Rarely are able to live in affordable housing, while 30.5% responded Always or Most of the Time. However, 31.0% of Cluster 6 and 20.1% of Cluster 13 responded Never with an additional 30.1% and 28.3% responding Rarely. Only Cluster 9 had a large percentage who responded they Always are able to live in affordable housing (30.0%). Please refer to Chart 36.

Chart 36 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents are able to live in affordable housing



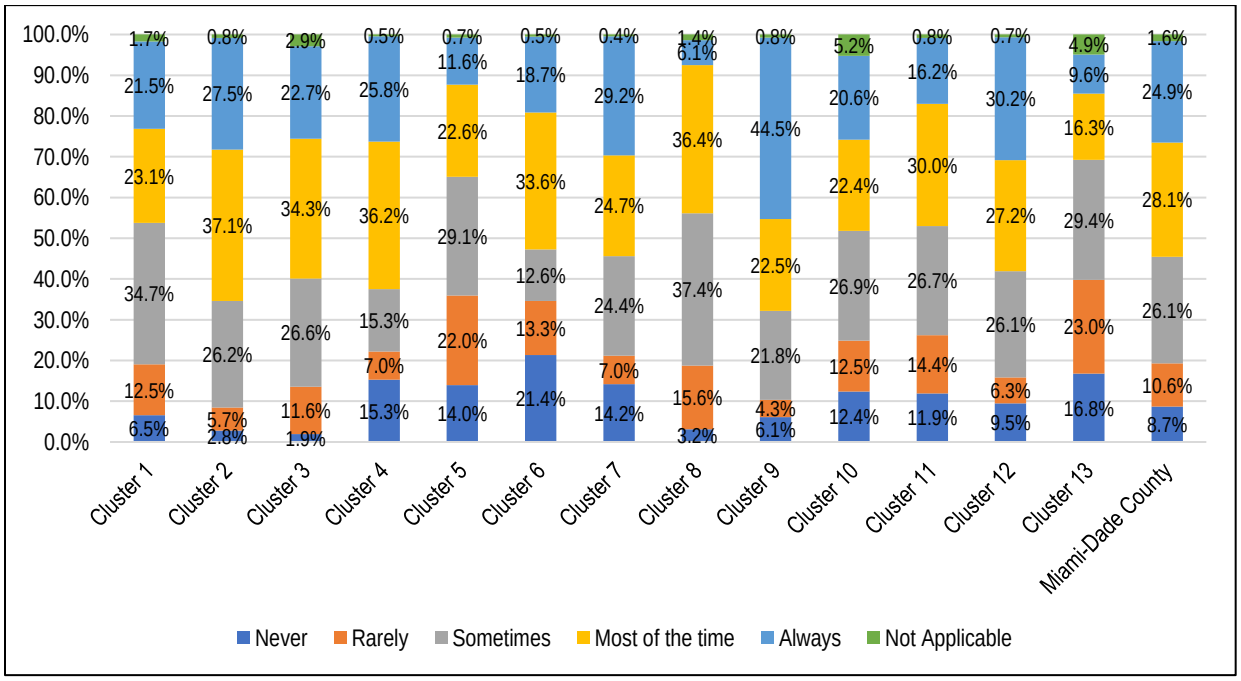
When asked whether they have a variety of transportation options, 11.4% responded Never, 18.9% Rarely, 23.3% Most of the Time, and 17.5% Always. Clusters 5 and 6 had the largest percentages who responded Never with 16.3% and 24.8%, while Cluster 4, 7, and 13 had larger percentages who responded Always (28.1%, 26.7%, and 27.1%, respectively). Please refer to Chart 37.

Chart 37 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents have a variety of transportation options



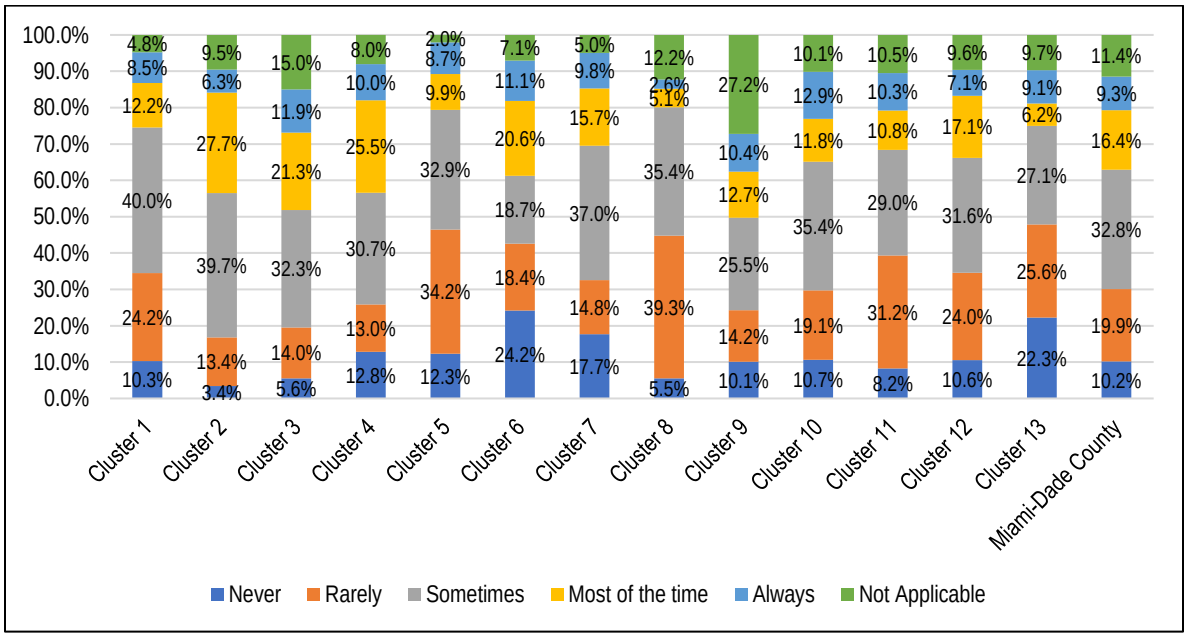
There were significant disparities when asked whether residents live in a family-friendly environment. Overall, 8.7% responded Never with an additional 10.6% Rarely. Furthermore, 24.9% and 28.1% responded Most of the Time and Always. However, 36.0% in Cluster 5 responded either Never or Rarely with 34.7% in Cluster 6 and 39.8% in Cluster 13. In contrast, 64.6% of Cluster 2, 57.0% of Cluster 3, 62.0% of Cluster 4, and 67.0% of Cluster 9 responded Always or Most of the Time. Please refer to Chart 38.

Chart 38 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents live in a family-friendly environment



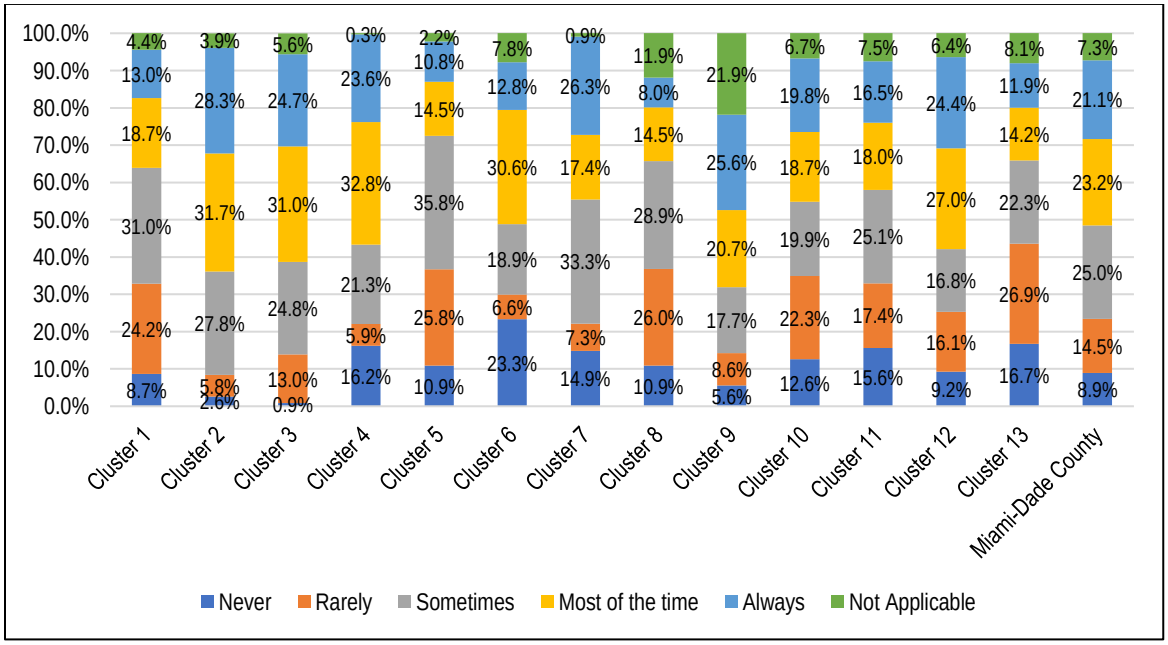
Residents were also asked whether they are able to find good jobs. Overall, 10.2% of residents indicated that they are Never able to find good jobs and 19.9% that they Rarely are able to. A smaller proportion indicated that they can find good jobs Most of the Time or Always (16.4% and 9.3%). Clusters 5, 6, 8, and 13, however, indicated a much higher percentage who Never or Most of the Time are able to find good jobs (46.5%, 42.6%, 44.8%, and 47.9%). Cluster 2, on the other hand, had 27.7% who indicated they are able to find jobs Most of the Time, while Cluster 4 had 25.5%. Interestingly, 27.2% of Cluster 9 responded "Not Applicable". Please refer to Chart 39.

Chart 39 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents are able to find good jobs



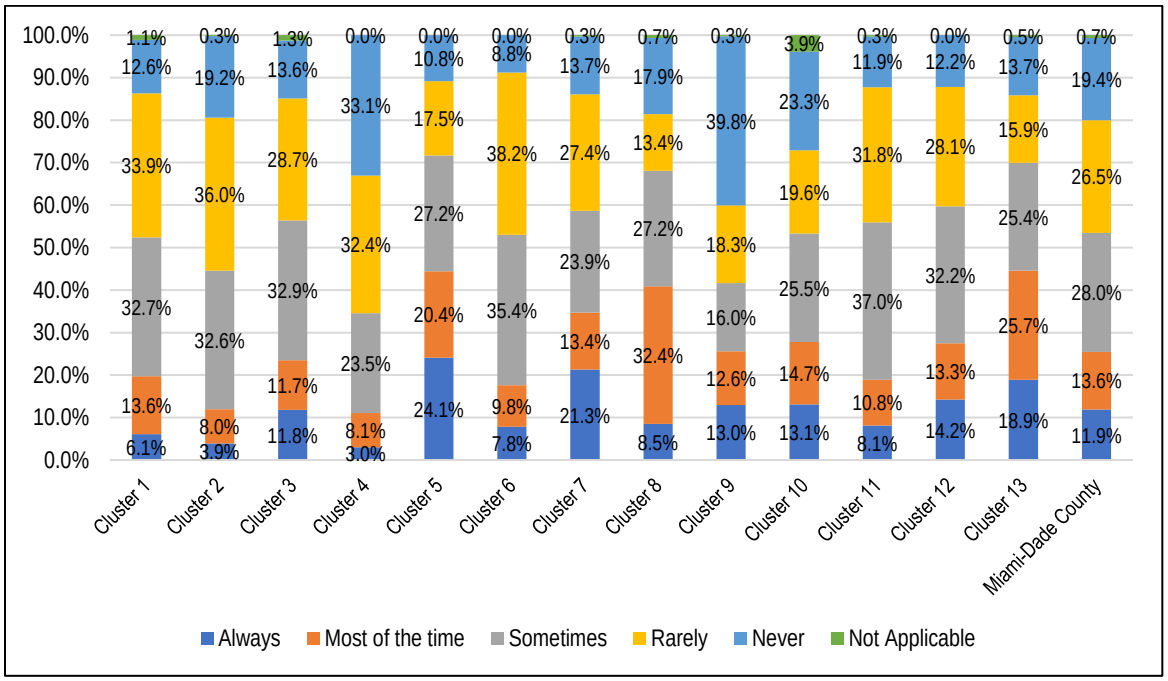
When asked whether residents have access to good schools, over 44% responded that they either "always" or "most of the time" do have access. Clusters 2, 3, 4, and 12 haver overwhelmingly large percentages who indicated they "always" or "most of the time" have access to good schools (60.0%, 55.7, 56.4%, and 51.4%), while Clusters 1, 5, 8, and 13 have much larger percentages who responded "never" or "rarely" (32.9%, 36.7%, 36.9%, and 43.6%). Please refer to Chart 40.

Chart 40 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents have access to good school



When participants were asked how often they are bothered by noise in their neighborhood, most respondents (28.0%) shared that this occurs "sometimes", followed by respondents who indicated "rarely" (26.5%), and "never" (19.4%). Clusters 5, and 7 had the largest percentages of residents who indicated they "always" are bothered by noise in their neighborhood with 24.1% and 21.3%, respectively. In contrast, Cluster 4 and Cluster 9 have large percentages who "never" are bothered by noise (33.1% and 39.8%). Please refer to Chart 41.

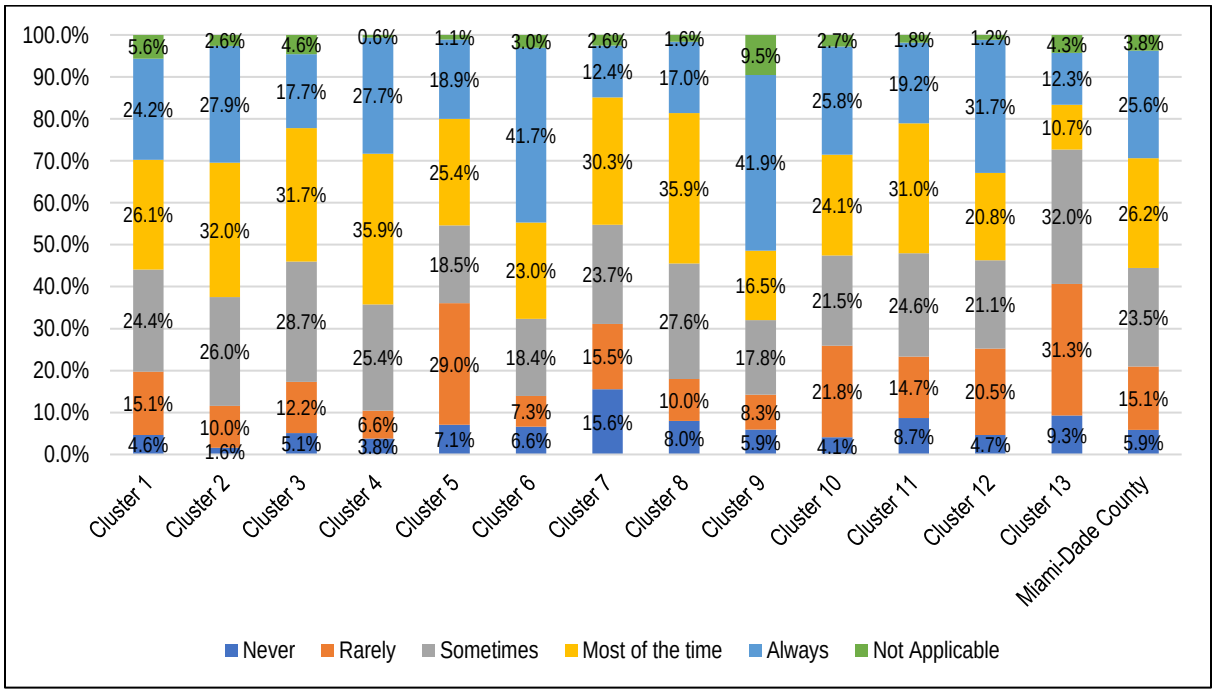
Chart 41 – *To what extent are you bothered by noise in your neighborhood, including noise from neighbors, traffic, and airplanes/helicopters?*



Modifiable Health Risks

This section of the survey encompasses Modifiable Health Risks pertinent to residents of Miami-Dade County. Chart 42 illustrates the results of the first question under this section of the survey: residents' access to healthy and affordable food. Overall, the greatest percentage of respondents (26.2%), indicated that "most of time" they have access to affordable and healthy food; followed by respondents who answered "always" (25.6%), and close to 24.0% who reported "sometimes". Cluster 5 and Cluster 13 had significantly larger percentages of residents who responded that they "never" or "rarely" have access to healthy and affordable food (36.1% and 40.6%), while Cluster 2, Cluster 4, Cluster 6, and Cluster 9 have much lower percentages of those who do not have access to healthy and affordable food (11.6%, 10.4%, 13.9%, and 14.2%). Cluster 6 and Cluster 9 also have very large percentages of respondents who responded "always" (41.7% and 41.9%).

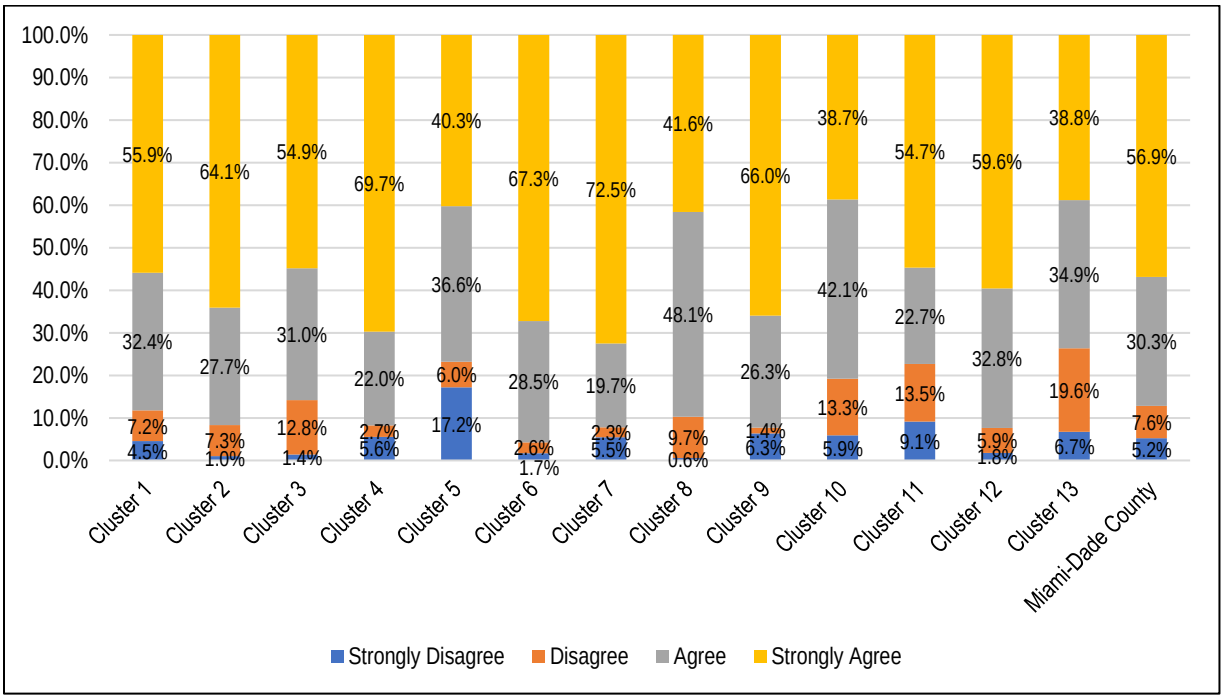
Chart 42 – *Please provide your opinion on the following statement when thinking about nutrition in your neighborhood: Residents have access to healthy and affordable food.*



The second set of questions under the Modifiable Health Risks section aimed to capture residents' attitudes towards breastfeeding including topics such as health benefits associated with breastfeeding, breastfeeding in comparison to formula feeding, breastfeeding in public places, and sentiments about the need to incorporate a private room at the work place for mothers to pump their milk.

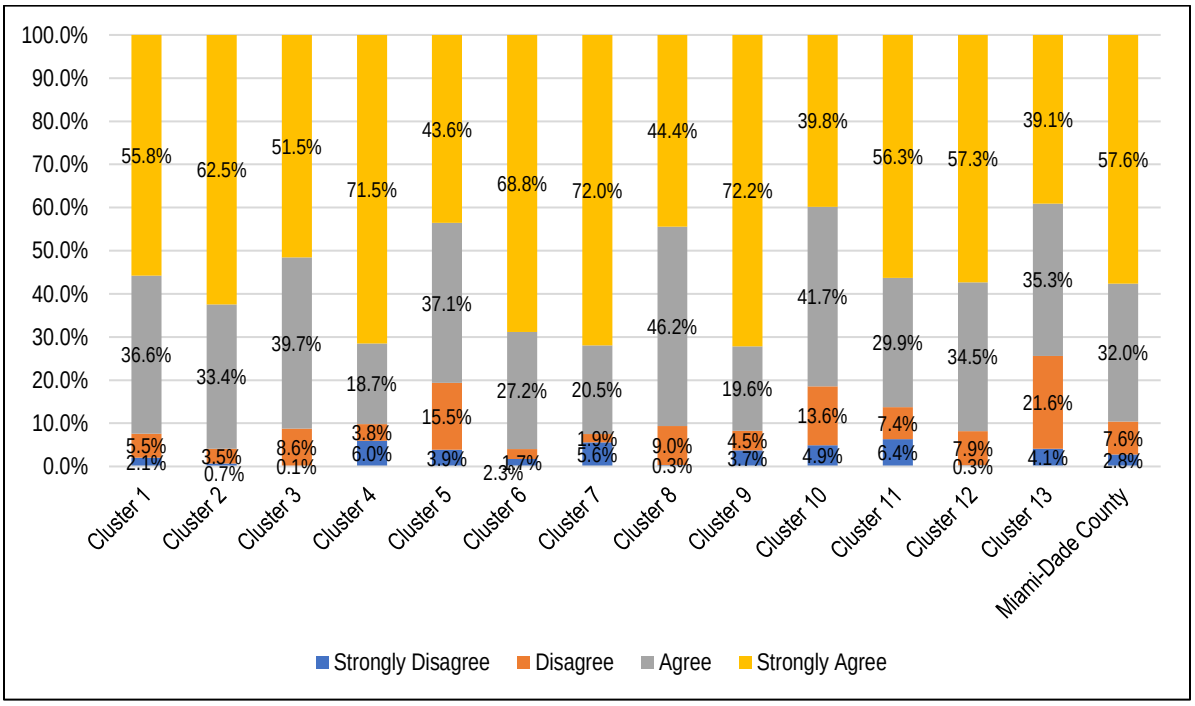
It is important to note that for every question under this category, the responses yielded similar results with the majority of respondents agreeing strongly with the statements posed. For instance, 56.9% of residents "strongly agree" that breastfeeding benefits the health of both mothers and babies, with an additional 30.3% responding that they "agree" with that statement. This sentiment is repeated throughout the county clusters but with varying degrees of how much one strongly agrees or agrees. The largest percentages of those who "strongly agree" are found in Clusters 2, 4, 6, and 7 with 64.1%, 69.7%, 67.3%, and 72.5% strongly agreeing. The smallest percentages were found in Clusters 8, 10, and 13 with 41.6%, 38.7%, and 38.8% responding that they "strongly agree". Please refer to Chart 43.

Chart 43 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Breastfeeding benefits the health of mothers and babies*



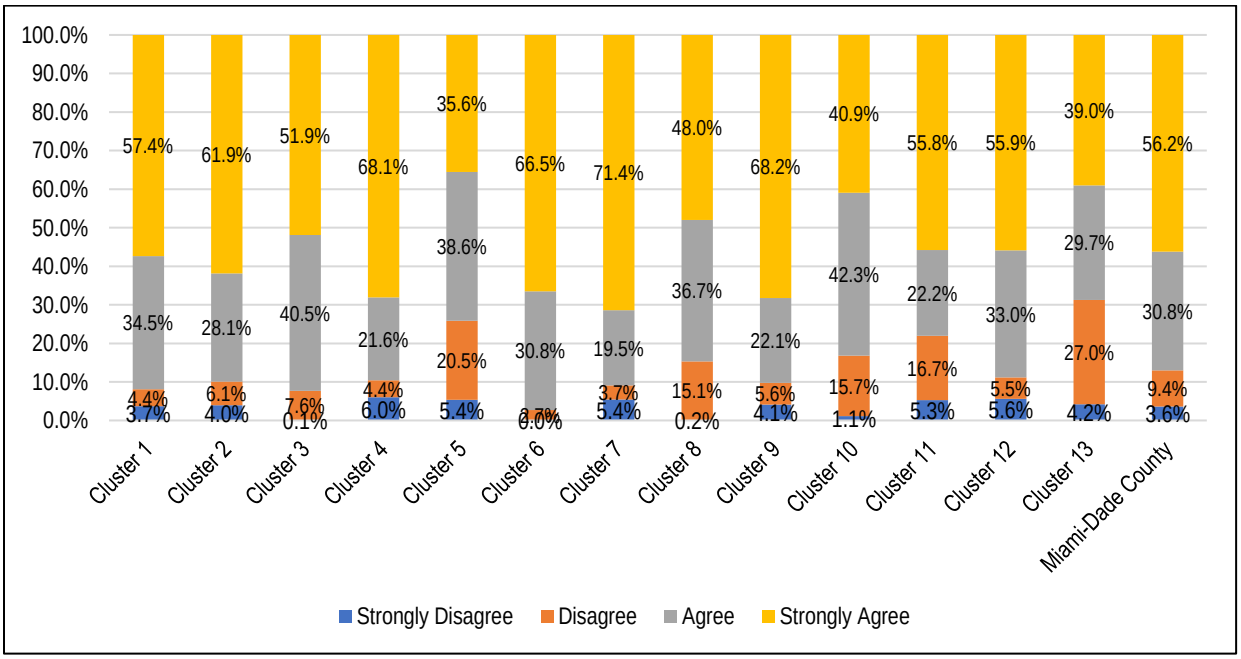
The vast majority of respondents also “strongly agree” or “agree” that breastmilk is the best food for babies. Overall, 57.6% responded that they “strongly agree” that breastmilk is the best food for babies, while an additionally 32.0% responded “agree”. This response is similar across neighborhoods with the highest percentages seen in Cluster 1, Cluster 2, and Cluster 6 where 92.4%, 95.9%, 96.0% responded either “strongly agree” or “agree”. The smallest percentages of those who “strongly agree” or “agree” were seen Cluster 5, Cluster 10, and Cluster 13 (80.7%, 81.5%, 74.4%). Please refer to Chart 44.

Chart 44 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Breastmilk is the best food for babies*



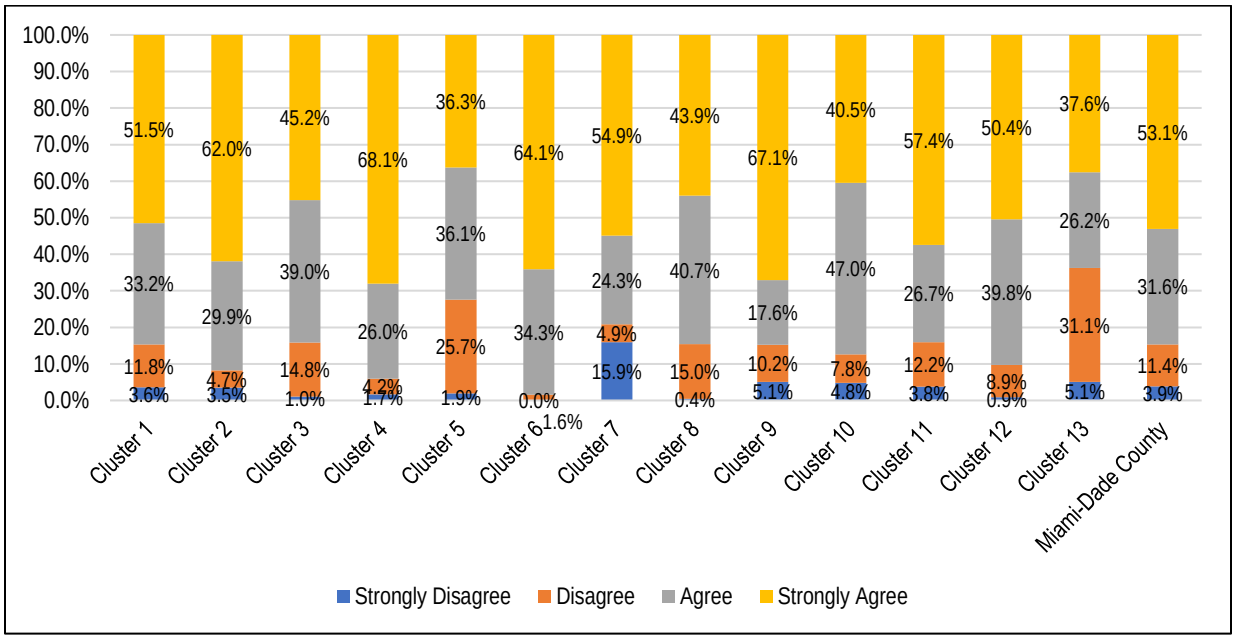
The majority of respondents also responded that they "strongly agree" or "agree" that breastmilk is healthier for babies than formula. Overall, 56.2% responded that they "strongly agree" that breastmilk is healthier than formula, while an additionally 30.8% responded "agree". The response is similar across clusters with the highest percentages seen in Cluster 1, Cluster 2, Cluster 3, and Cluster 6 where 91.9%, 90.0%, 92.4%, and 97.3% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5, Cluster 11, and Cluster 13 (74.2%, 78.0%, 68.7%). Please refer to Chart 45.

Chart 45 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Breastmilk is healthier for babies than formula feeding*



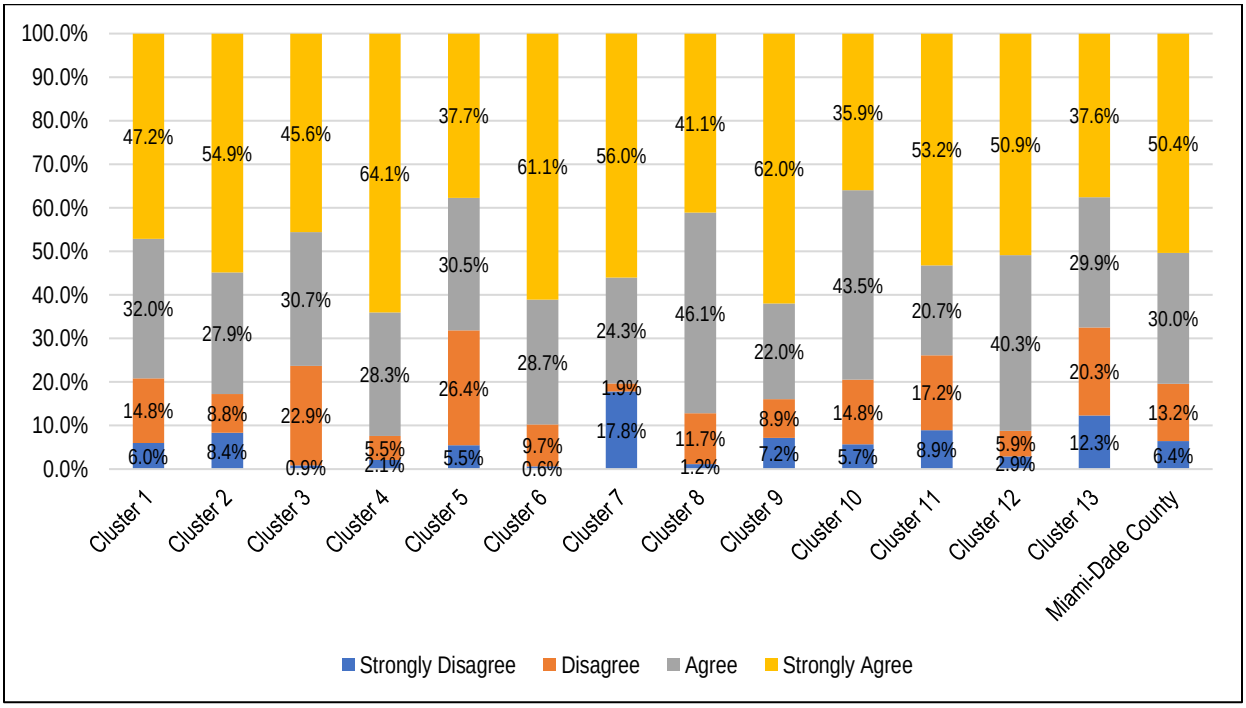
When asked whether mothers have the right to breastfeed in public, most of the respondents also indicated that they "strongly agree" or "agree". Overall, 53.1% responded that they "strongly agree", while an additionally 31.6% responded that they "agree". The response is similar across the neighborhood clusters with the highest percentages seen in Cluster 2, Cluster 4, and Cluster 6 where 91.9%, 94.1%, and 98.4% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5, Cluster 7, and Cluster 13 (72.4%, 79.2%, 63.8%). Please refer to Chart 46.

Chart 46 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Mothers have the right to breastfeed in public*



When asked whether they are comfortable when mothers breastfeed their babies in a public place, most of the respondents indicated that they "strongly agree" or "agree". Overall, 50.4% responded that they "strongly agree", while an additionally 30.0% responded that they "agree". This response, too, is similar across clusters in Miami-Dade County with the highest percentages seen in Cluster 4, Cluster 6, and Cluster 12 where 92.4%, 89.8%, and 91.2% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5 and Cluster 13 (68.2% and 67.5%, respectively). Please refer to Chart 47.

Chart 47 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: I am comfortable when mothers breastfeed their babies near me in a public place, such as a shopping center, bus station, etc.*



Finally, when asked whether they believe employers should provide a private room for breastfeeding mothers to pump milk at work, the majority of respondents again indicated that they "strongly agree" or "agree". Overall, 55.8% responded that they "strongly agree", while an additional 29.7% responded that they "agree". This sentiment was seen throughout clusters in Miami-Dade County, with a few discrepancies. The highest percentages of those who "strongly agree" or "agree" were seen in Cluster 4, Cluster 6, and Cluster 12 (93.7%, 97.5%, and 96.1%). However, the smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5 and Cluster 13 with much lower rates of 68.1% and 70.1%, respectively. Please refer to Chart 48.

Chart 48 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: I believe employers should provide a private room for breastfeeding mothers to pump their milk at work*

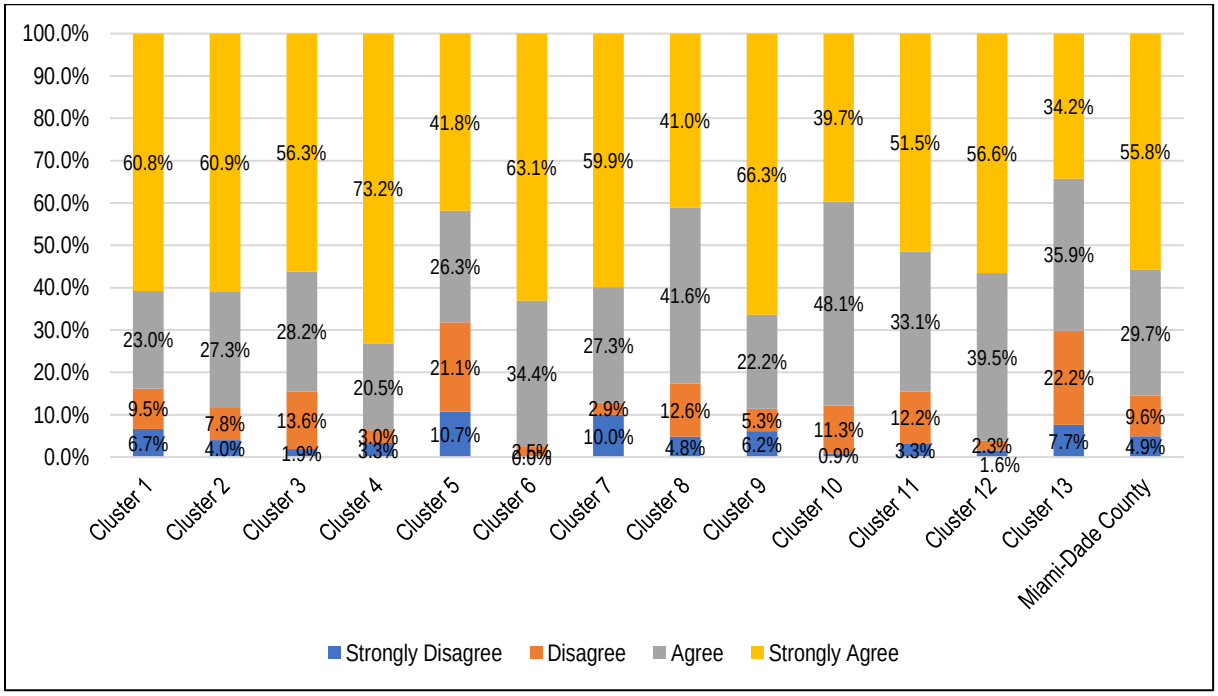
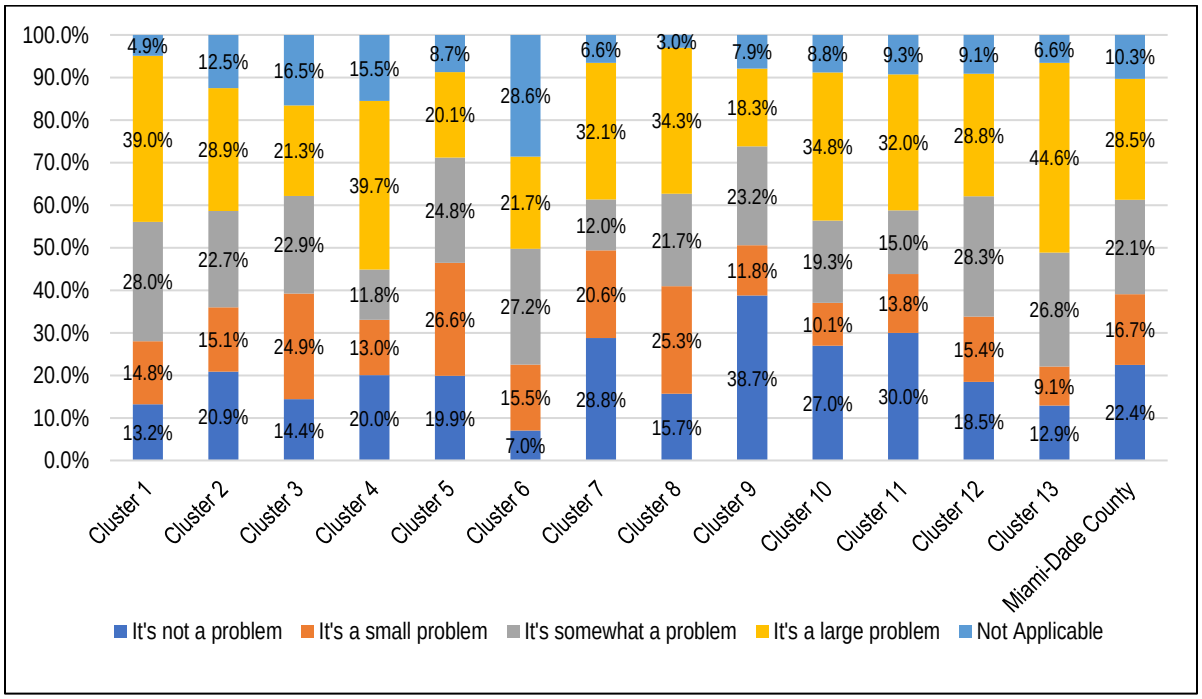


Chart 49 depicts the results of participants' attitudes towards specific health issues present in the community including substance abuse, domestic abuse, violence, mental health, and suicide.

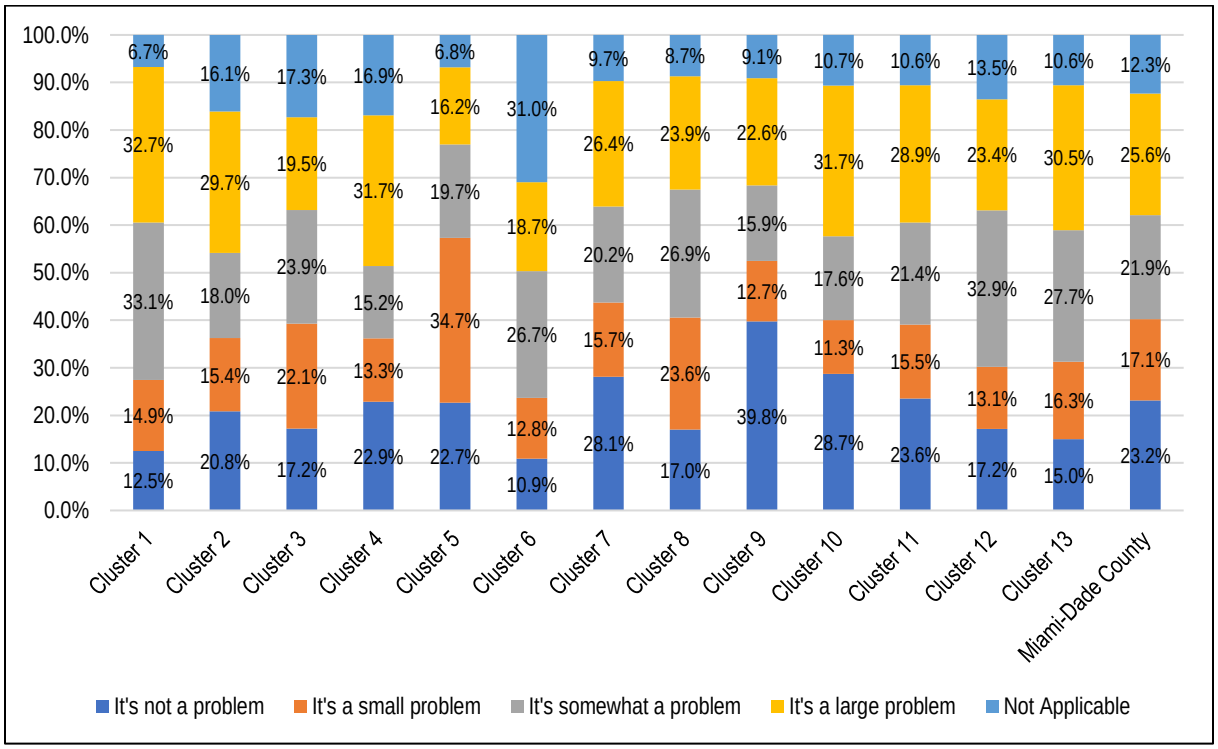
When asked their opinion on Illegal Drug Abuse, 50.6% of residents responded that it is a "large problem" or "somewhat of a problem", while 16.7% responded that it is "a small problem" and 22.4% that it is not a problem". However, this sentiment is not universal. For instance, in Cluster 9, 38.7% believe illegal drug abuse is "not a problem", while only 12.9% in Cluster 13 and 7.0% in Cluster 6 responded similarly. In addition, 44.6% of respondents in Cluster 13, 39.7% in Cluster 4, and 39.0% in Cluster 1 responded that illegal drug abuse is "a large problem".

Chart 49 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Illegal Drug Abuse*



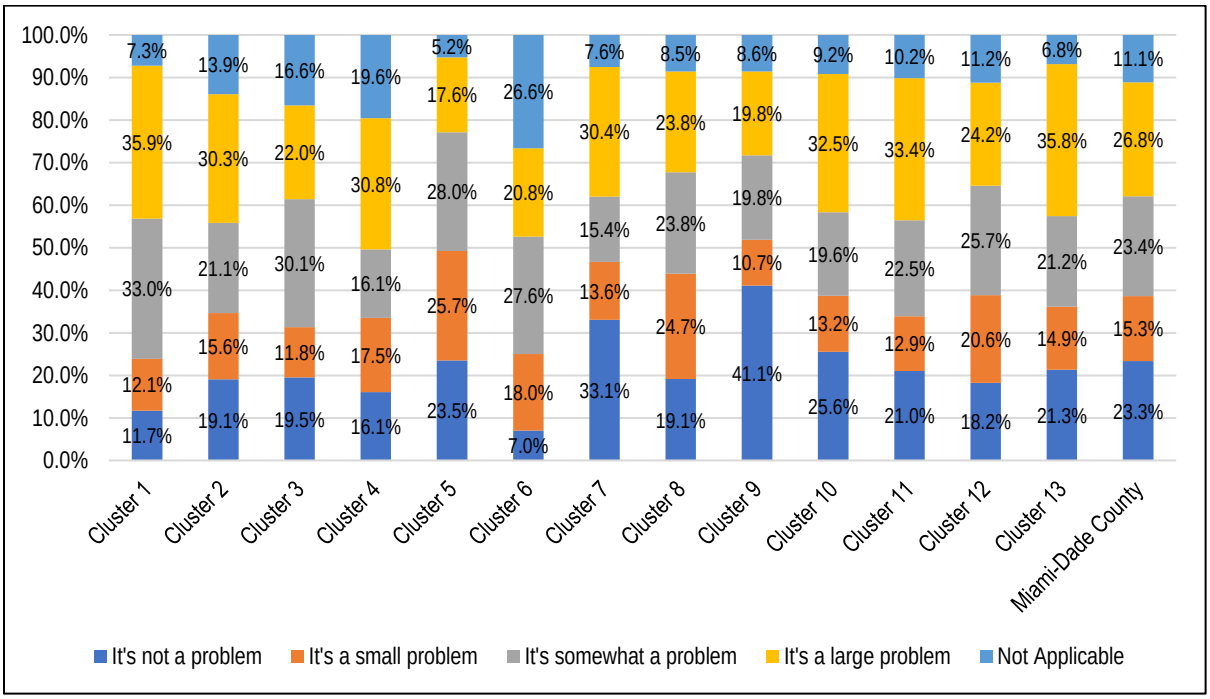
Nearly one-quarter of residents believe that prescription drug abuse is “not a problem”, while an additional 25.6% believe it is a “large problem”. However, in Cluster 9, nearly 40% (39.8%) believe prescription drug abuse is “not a problem”. Most clusters have between 20%-30% who respond that it is a “large problem” with the largest being 32.7% in Cluster 1 and the smallest 16.2% in Cluster 5. Please refer to Chart 50.

Chart 50 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Prescription Drug Abuse*



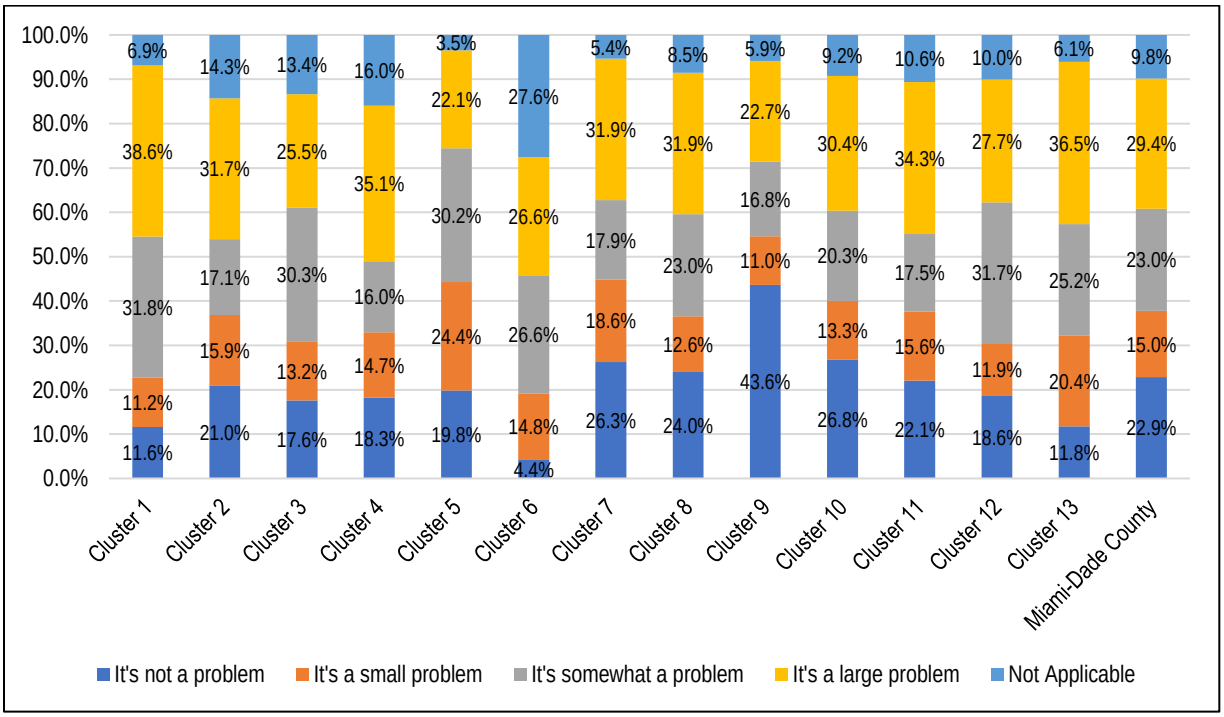
When asked their opinion on underage drinking and drug abuse, 50.2% of residents responded that it is a "large problem" or "somewhat of a problem", while 23.3% responded that it is "a small problem" and 15.3% that it is not a problem". However, in Cluster 9, 41.1.7% believe underage drinking and drug abuse is "not a problem", while only 7.0% in Cluster 6 and 11.7% in Cluster 1 responded similarly. Furthermore, 35.9% of respondents in Cluster 1, 33.4% in Cluster 11, and 35.8% in Cluster 13 responded that underage drinking and drug abuse is "a large problem". Please refer to Chart 51.

Chart 51 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Underage Drinking/Drug Use*



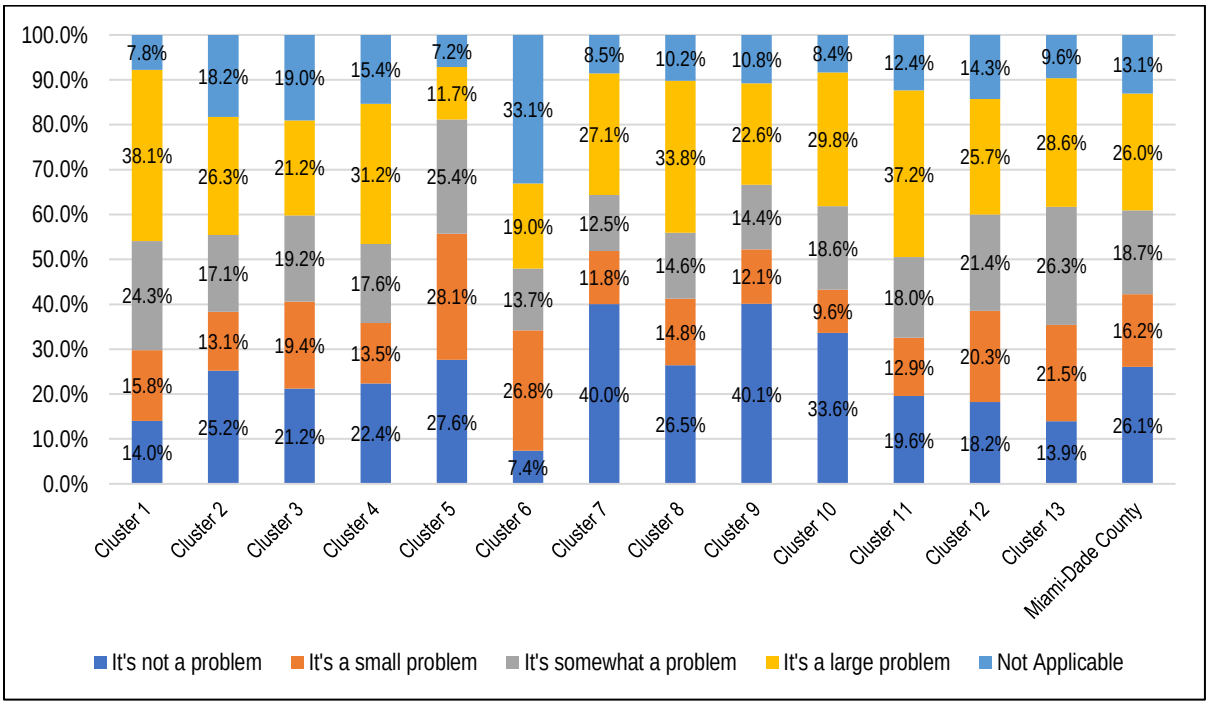
When asked their opinion on excessive drinking and alcohol abuse, 52.4% of residents responded that it is a “large problem” or “somewhat of a problem”, while 22.9% responded that it is “a small problem” and 15.0% that it is not a problem”. However, in Cluster 9, 43.6% believe excessive drinking and alcohol abuse is “not a problem”, while only 4.4% in Cluster 6, 11.6% in Cluster 1, and 11.8% of Cluster 13 responded similarly. Furthermore, 38.6% of respondents in Cluster 1 and 36.5% in Cluster 13 responded that excessive drinking and alcohol abuse is “a large problem”. Please refer to Chart 52.

Chart 52 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Excessive Drinking/Alcohol Abuse*



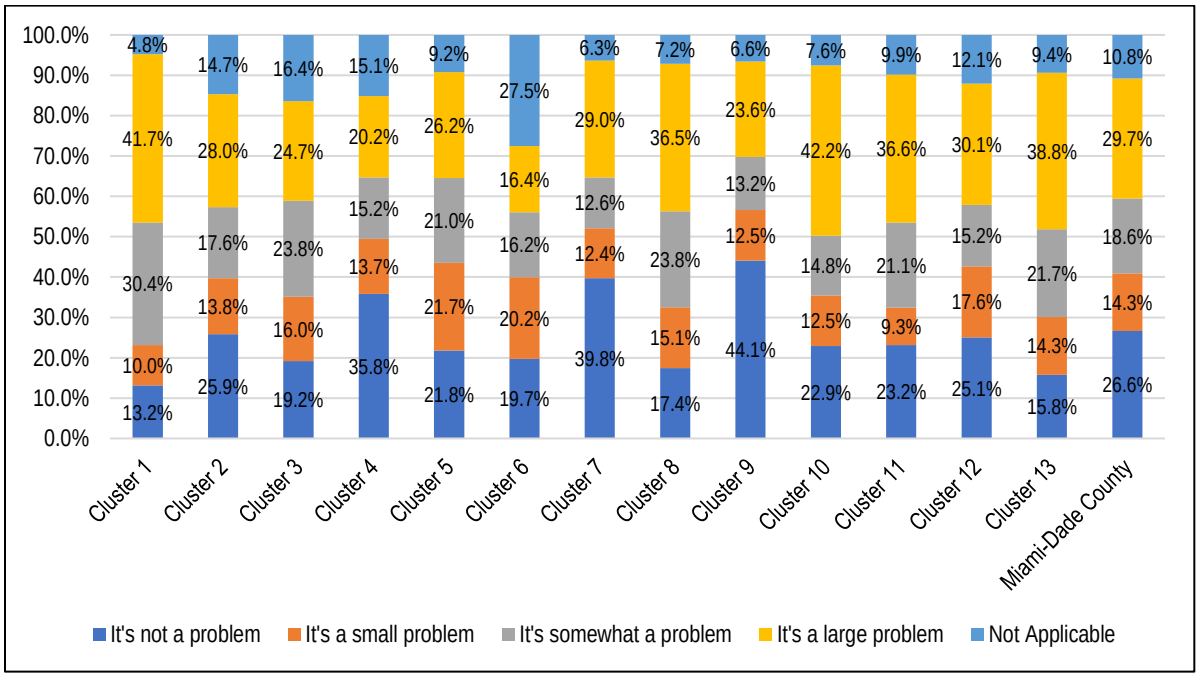
When asked their opinion on domestic abuse, 44.7% of residents responded that it is a “large problem” or “somewhat of a problem”, while 26.1% responded that it is “a small problem” and 16.2% that it is not a problem”. This is a smaller overall percentage compared to previous questions, such as excessive alcohol use, drug abuse, and underage drinking. In Cluster 9 and Cluster 7, over 40% believe domestic abuse is “not a problem”, while only 7.4% in Cluster 6 responded similarly. Furthermore, 38.1% of respondents in Cluster 1 and 37.2% in Cluster 11 responded that domestic abuse is “a large problem”. Please refer to Chart 53.

Chart 53 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Domestic Abuse*



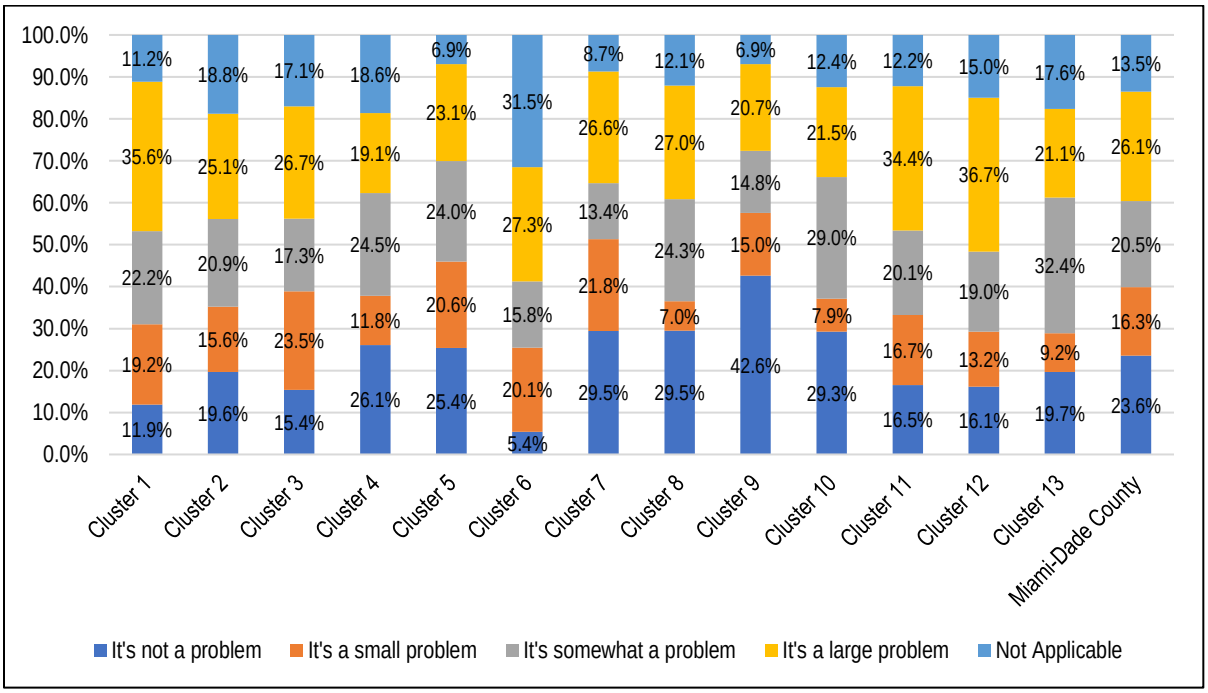
When asked their opinion on violence in their neighborhood, 48.3% of residents responded that it is a "large problem" or "somewhat of a problem", while 29.7% responded that it is "a small problem" and 18.6% that it is "not a problem". This is a similar overall percentage to opinions of domestic abuse. In Cluster 4, Cluster 7, Cluster 9, 35.8%, 39.8%, and 44.1% believe violence is "not a problem", while only 13.2% in Cluster 1 and 15.8% in Cluster 13 responded similarly. Furthermore, 41.7% of respondents in Cluster 1, 42.2% in Cluster 10, and 35.8% in Cluster 4 responded that violence is "a large problem". Please refer to Chart 54.

Chart 54 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Violence*



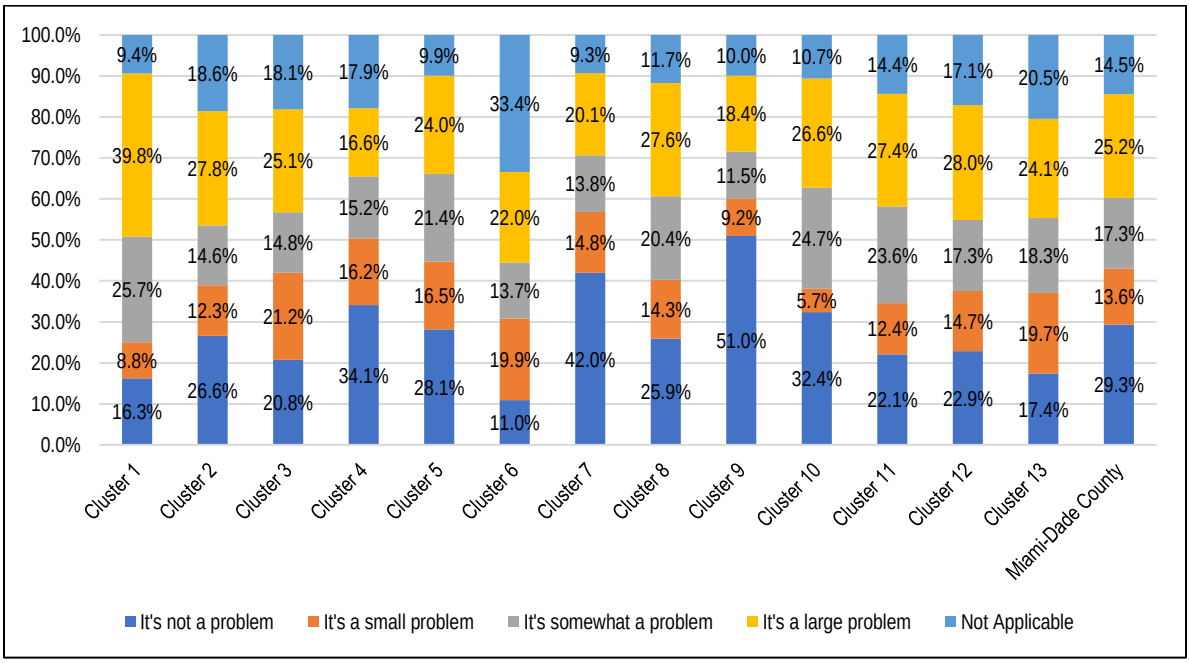
Respondents were also asked their opinion on dementia/Alzheimer's Disease in their neighborhood where 46.6% of residents responded that it is a "large problem" or "somewhat of a problem", while 23.6% responded that it is "a small problem" and 16.3% that it is "not a problem". In Cluster 9, 42.6% believe dementia/Alzheimer's Disease is "not a problem", while only 5.4% in Cluster 6 responded similarly. Furthermore, 35.6% of respondents in Cluster 1, 34.4% in Cluster 11, and 36.7% in Cluster 12 responded that dementia/Alzheimer's Disease is "a large problem". Interestingly, over 30% of respondents in Cluster 6 responded "not applicable." Please refer to Chart 55.

Chart 55 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Dementia/Alzheimer's Disease*



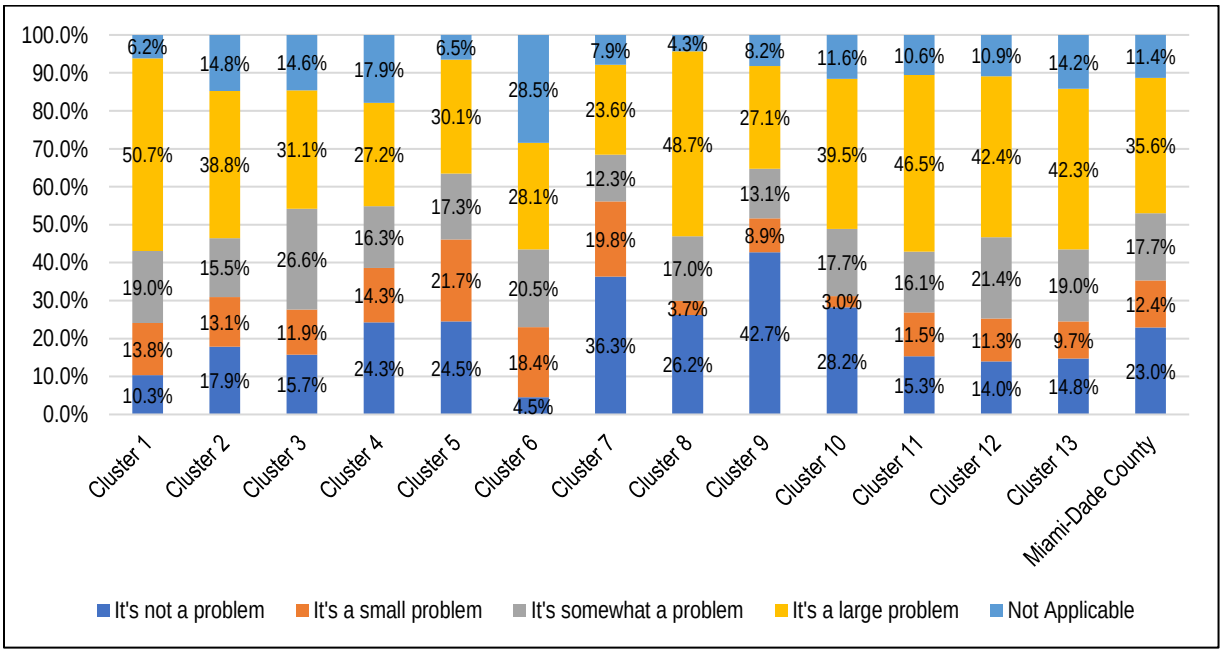
When asked their opinion on suicide in their neighborhood, 42.5% of residents responded that it is a "large problem" or "somewhat of a problem", while 29.3% responded that it is "a small problem" and 13.6% that it is "not a problem". This is a similar overall percentage to opinions of domestic abuse and violence. In Cluster 4, Cluster 7, Cluster 9, 34.1%, 42.0%, and 51.0% believe suicide is "not a problem", while only 16.3% in Cluster 1, 11.0% in Cluster 6, and 17.4% in Cluster 13 responded similarly. Furthermore, 39.8% of respondents in Cluster 1 responded that suicide is "a large problem". Similar to opinions of dementia/Alzheimer's Disease, over 30% of respondents in Cluster 6 responded "not applicable". Please refer to Chart 56.

Chart 56 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Suicide*



Finally, when asked their opinion on mental health in their neighborhood, 53.3% of residents responded that it is a “large problem” or “somewhat of a problem”, while 23.0% responded that it is “a small problem” and 12.4% that it is “not a problem”. However, in Cluster 7 and Cluster 9, 36.3% and 42.7% believe mental health is “not a problem”, while only 10.3% in Cluster 1 and 4.5% in Cluster 6 responded similarly. Furthermore, 50.7% of respondents in Cluster 1, 46.5% in Cluster 11, 42.4% in Cluster 12, and 42.3% in Cluster 13 responded that mental health is “a large problem”. Please refer to Chart 57.

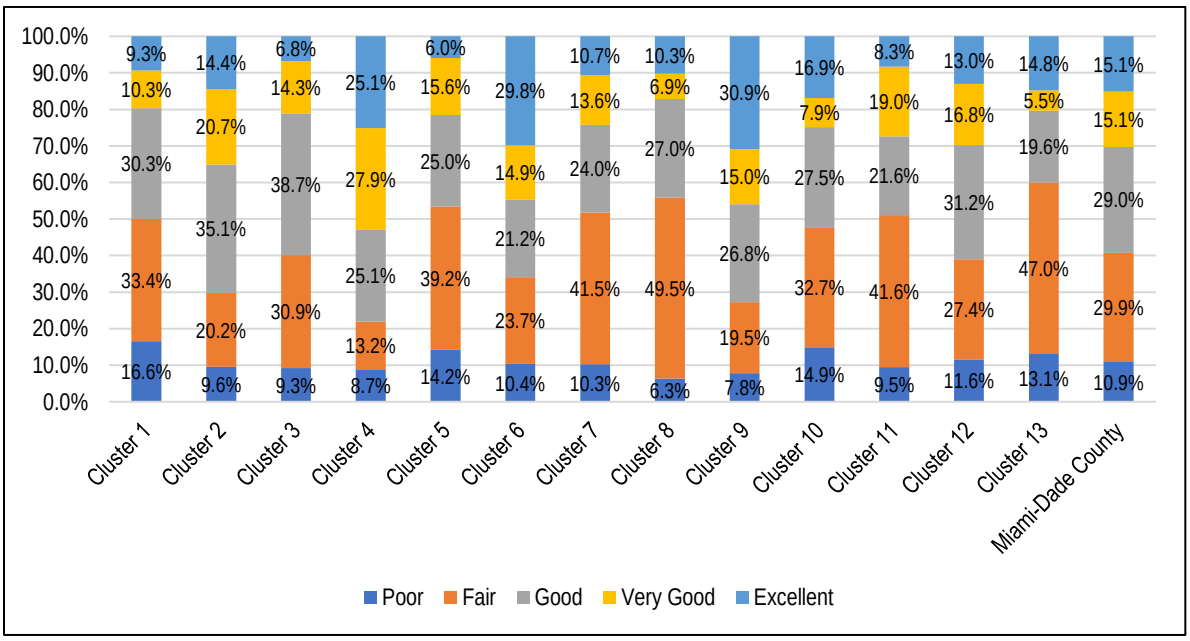
Chart 57 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Mental Health*



Access to Healthcare Services

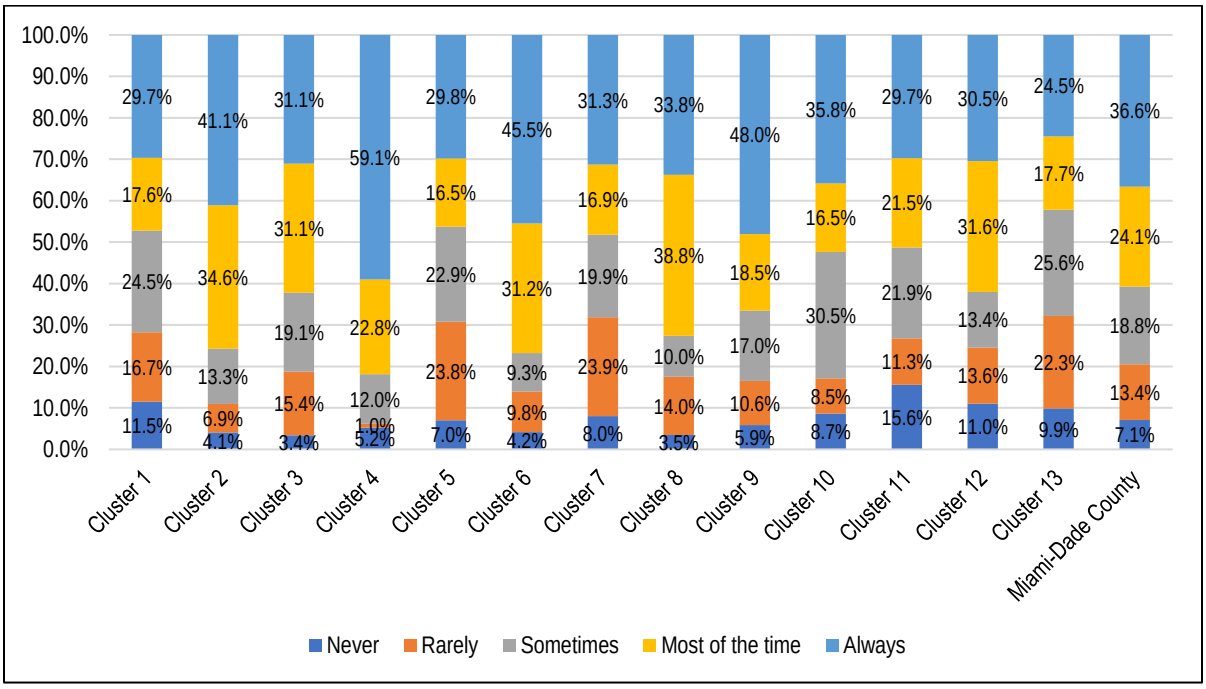
The final section of the Wellbeing Survey included questions pertaining to Access to Healthcare Services The first question asked participants to rate the overall quality of the healthcare system in their neighborhood, for which most of respondents (29.9%) answered that it is "fair", while 29.0% shared that it is "good." Furthermore, 10.9% maintained that the quality of the healthcare system in their communities is deficient or "poor." However, perceived quality of healthcare was not universally felt across the county. In Cluster 1, 16.6% of residents felt that they quality of the healthcare system in their neighborhood was "poor" with an additional 33.4% responding that it is "fair". Similar percentages were seen in Cluster 5, Cluster 7, Cluster 8, and Cluster 13, with Cluster 13, specifically, having the largest percentage who responded "poor" or "fair" combined: 13.1% and 47.0% for a combined 60.1%. In contrast, Cluster 4 and Cluster 9 had significantly smaller percentages responding "poor" and "fair" (21.9% and 27.3%) and much larger percentages responding "excellent" and "very good" (53.0% and 45.9%). Please refer to Chart 58.

Chart 58 – *Please select which most closely matches your opinion: How would you rate the quality of the healthcare system in your neighborhood?*



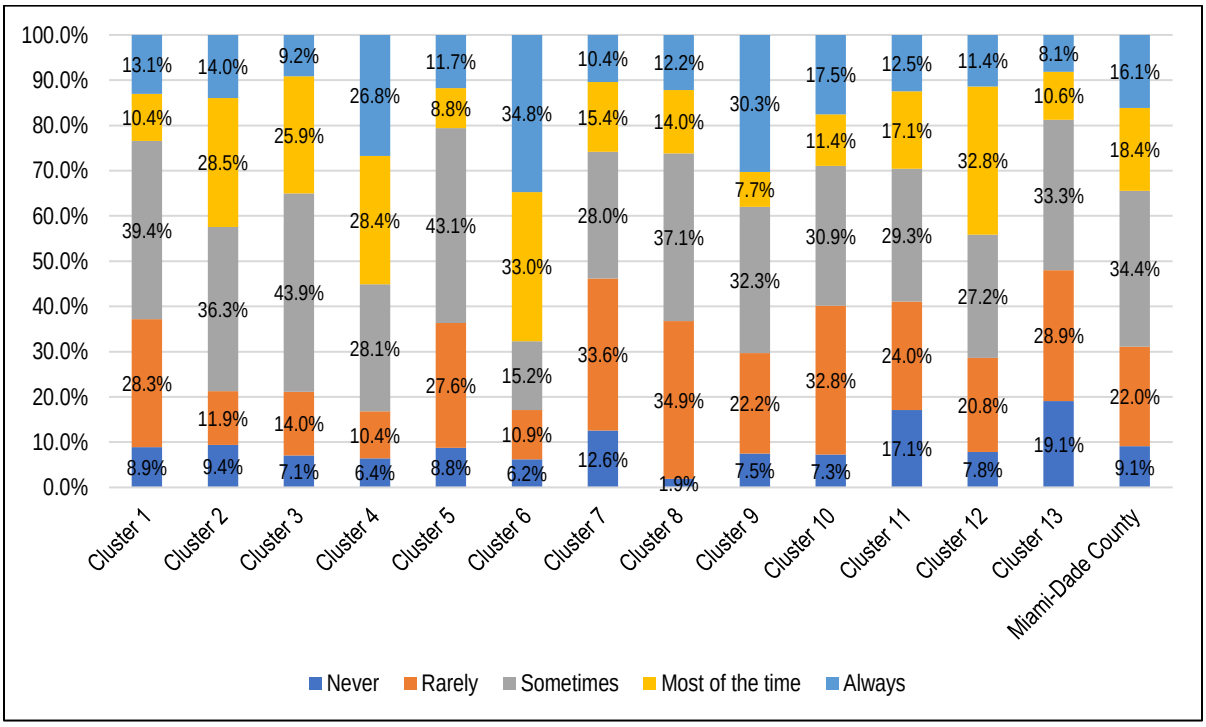
The second question under Access to Health Services, intended to inquire about participants' views on the delivery of health services and payment for these services. Overall, 36.6% of respondents indicated that over the past year they were always able to get the health services they needed, while 24.1% responded they could "most of the time" and only 7.1% responded "never". While the percentages of those who responded "never" remained pretty low across neighborhood clusters, there were some differences based on area. Cluster 11, in particular, had over double the rate of respondents who claimed they were "never" able to get the health services they needed (15.6%). In contrast Cluster 4 had a much larger percentage of respondents who indicated they "always" are able to get the health services they needed (59.1%). Please refer to Chart 59.

Chart 59 – *Please select which most closely matches your opinion when thinking about your neighborhood: In the past year, I was able to get the health services I needed*



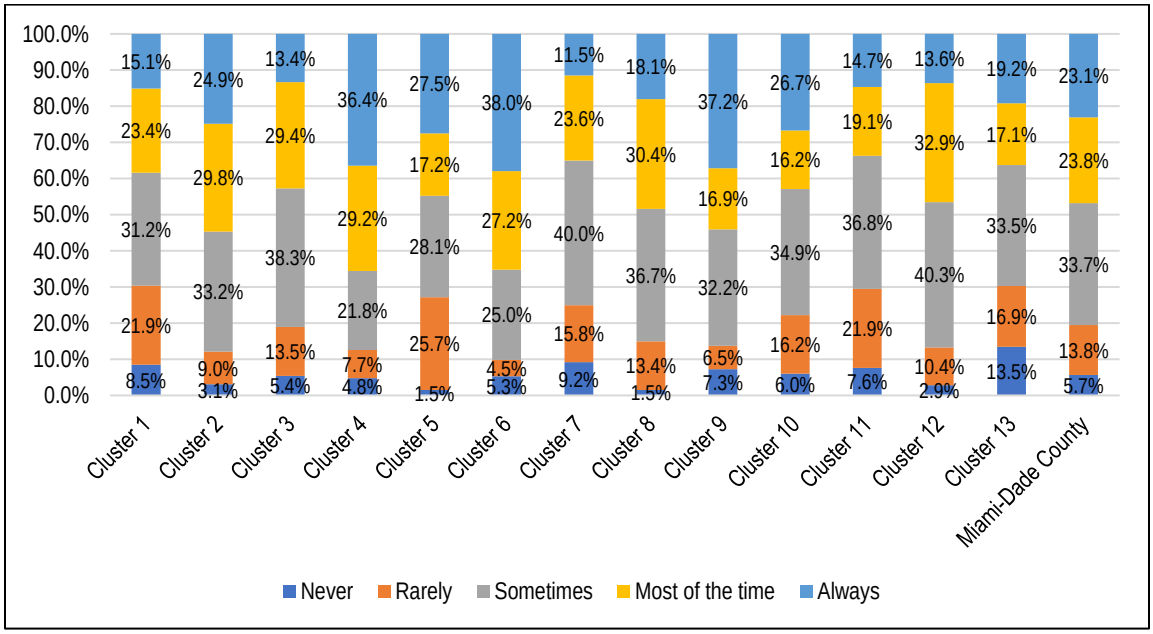
When asked whether residents are able to pay for healthcare, the largest proportion indicated that they are "sometimes" able to pay (34.4%), while only 9.1% say they are "never" able to, and 16.1% "always". In contrast, 12.6% in Cluster 7, 17.1% in Cluster 11, and 19.1% in Cluster 13 responded they are "never" able to pay for healthcare. Cluster 4, Cluster 6, and Cluster 9, in turn, have much smaller percentages who indicate they are unable to pay (6.4%, 6.2%, and 7.5%) and much larger percentages that are "always" able to pay for healthcare (26.8%, 34.8%, and 30.3%, respectively). The smallest percentage of those who indicate they are "never" able to pay for healthcare is found in Cluster 8; however, Cluster 8 has a large percentage who indicate they "rarely" are able to pay (34.9%). Please refer to Chart 60.

Chart 60 – *Please select which most closely matches your opinion when thinking about your neighborhood: Residents are able to pay for healthcare (family doctor, prescriptions, etc.)*



The final question in the Access to Healthcare Services section asked residents whether those with disabilities have access to services in their neighborhood. Overall, 5.7% responded “never” with 13.8% indicating “rarely”, 33.7% “sometimes”, 23.8% “most of the time”, and 23.1% “always”. Cluster 1, Cluster 7, and Cluster 13, however, have higher percentages of residents who believe those with disabilities “never” have access to services (8.5%, 9.2%, and 13.5%). Cluster 5 and Cluster 8, on the other hand, only had 1.5% of residents who responded “never”. Additionally, 36.4% in Cluster 4, 38.0% in Cluster 6, and 37.2% of Cluster 9 responded residents with disabilities “always” have access to services. Please refer to Chart 61.

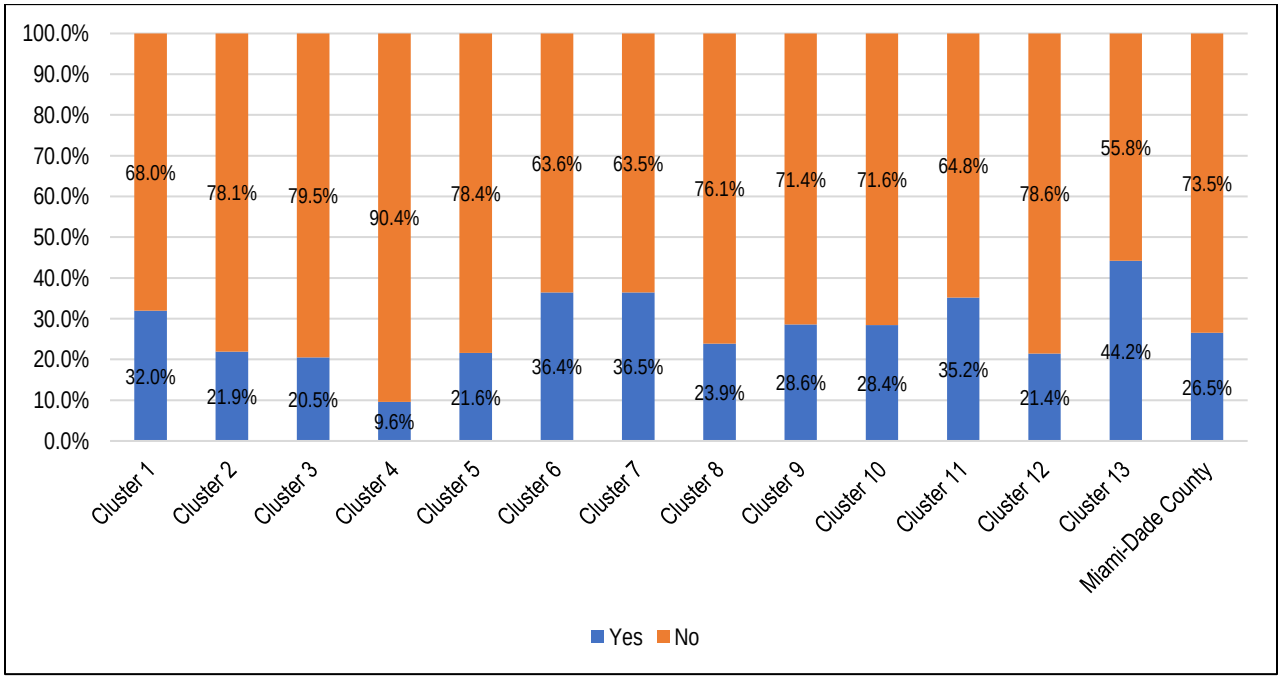
Chart 61 – *Please select which most closely matches your opinion when thinking about your neighborhood: Residents with disabilities have access to services*



Mental Health Treatment

A final question was asked regarding participants use of medication or reception of treatment for any type of mental health condition or emotional problem. Consistently, across all neighborhood clusters and Miami-Dade County as a whole, the majority of residents responded they are not taking medication or receiving treatment for a mental health or emotional condition. The largest percentage is found in Cluster 4 (90.4%), while Cluster 13 has the smallest percentage (55.8%). For additional details refer to Chart 62.

Chart 62 —*Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?*



VI. CONCLUSION

The 2018 Wellbeing Survey sought to understand the health status, needs, and expectations of the residents of Miami-Dade County. Overall, the residents of Miami-Dade County are optimistic about their health, their access to healthcare, and their overall quality of life. However, this is not universal across all indicators and clusters. The following section highlights the major findings of the 2018 Wellbeing Survey:

Respondent Summary

The respondents to the 2018 Wellbeing Survey were largely female, between the ages of 24-54, and White or African-American. Furthermore, many of them are long-term residents of Miami-Dade County and have a minimum education of a Bachelor's Degree. While these characteristics are not representative of Miami-Dade County as a whole, through advanced statistical processing, the results of the survey on specific health and quality of life indicators are representative (for more information see Section III - Methodology).

Quality of Life

As a whole, Miami-Dade County residents indicate that they, largely, agree that they have a high quality of life. The majority responded that they have good support systems when they need help, have positive views of the future, a sense of civic duty, and have a positive view on life. However, there are key neighborhoods/clusters within Miami-Dade that do not share this positive view. For instance, residents from Cluster 13 are less likely to strongly agree or agree that they have people with whom they can share problems or get help when needed compared to the County and other clusters. Additionally, residents from Cluster 6 are more likely to worry about losing their jobs in the next six months and are more likely to feel tired, stressed, down, depressed, lonely, or hopeless three or more days in a week compared to the County and other clusters. Meanwhile, Cluster 1 residents (South Dade/Homestead) exhibited the highest percentage of residents who have experienced prejudicial treatment four or more times in the past five years in the following settings: at school, at work, getting housing, receiving medical care, and on the streets or public setting.

Furthermore, housing and the health care system in Miami-Dade County continues to be a large concern for residents with 38.4% indicating they are moderately or very worried about their ability to pay for housing; while over 40% believe the quality of their health system is poor or fair.

These results indicate that, while residents' opinions of the overall quality of life in Miami-Dade County are good, there are specific areas that do not equally feel this positivity and larger, more wide-spread issues that must be addressed to continue to see improved quality of life.

Environment

As a place to live, the residents of Miami-Dade County found that, overall, the county is a good place to live and raise a family. However, unlike Quality of Life, there was not a clear tendency in the positive. When asked to rate their neighborhood as a place to grow old, to raise children, and as a safe community, responses were closely split between Fair, Good, and Very Good. Furthermore, these sentiments are not felt universally. Residents of Clusters 1, 5, and 13 have higher percentages of those who responded Poor or Fair when asked to rate their neighborhood, while Clusters 4 and 6 tended to have higher percentages that rated their neighborhoods as Very Good or Excellent.

Specific aspects of the community environment did not reveal any large consensus either. While larger percentages at a County Level indicated that they believe their neighborhood is family friendly and provides access to good schools, key themes persist—issues with housing affordability and transportation—with most individual clusters indicating that they can either only sometimes, rarely, or never find affordable housing or a variety of transportation options. Only Clusters 4 and 9 consistently indicated a larger percentages of residents who answered they Always had access to these characteristics.

Modifiable Health Risks

Residents indicated that they are, generally, Always or Most of the Time have access to healthy and affordable food, and Strongly Agree on the importance of breastfeeding for infant health. These trends are common across clusters with only Cluster 13, and to a lesser extent Cluster 5, indicating lower access to healthy and affordable food and decreased understanding of the importance of breastfeeding. For instance, Cluster 13 is characterized with the highest percentage of residents who are more likely to strongly disagree or disagree with the following components associated with breastfeeding: it benefits

the health of the mother and babies; it is the best food for babies; it is healthier for babies than formula feeding; mothers have the right to breastfeed in public places; that they are comfortable when mothers breastfeed their babies in a public place, and that employers should provide a private room for breastfeeding mothers to pump their milk at work. This indicates that for Cluster 13, additional health education opportunities are needed coupled with expanded availability of health and affordable food options for residents.

Additionally, when asked about specific modifiable health risks, such as illegal drug use and mental health, there were significant portions of the county that felt that these risks are at least somewhat of a problem. These sentiments are particularly strong in Clusters 13, 4, and 1, which consistently exhibited higher percentages that indicated modifiable health risks are a large problem. For example, Cluster 1 is characterized with the highest percentage of residents who feel that substance abuse (illegal drug use, prescription drug use, alcohol abuse) and mental health are large problems is their communities. These results indicate a need for targeted responses to modifiable health risk concerns at a neighborhood level in Miami-Dade County, with particular focus on those areas that indicate a moderate to high level of concern with answers of "It's somewhat a problem" or "It's a large problem".

Access to Healthcare Services

While a large proportion of residents believe they are always able to get the health services needed, many did not indicate the quality of health services to be "Very Good" or "Excellent" or that they are able to pay for needed healthcare. This is especially true of Cluster 13 residents, who are more likely than the County and other clusters to respond that their community is "Never" able to pay for healthcare services and also represent the largest percentage of residents who feel that residents with disabilities "Never" have access to services. In contrast, residents of Cluster 6 largely feel they "Always" or "Most of the time" can get the health services needed, are able to pay for healthcare, and believe residents with disabilities have access to needed services.

Mental Health Medicine or Treatment

The vast majority of residents of Miami-Dade County are not taking medication or receiving treatment for any type of mental health condition or emotional problem. While there are varying rates across neighborhoods and clusters (e.g. 90.4% in Cluster 4 responded "no" while 55.8% of Cluster 13 responded "no"), every cluster continued to have the majority of residents respond that they do not take medications or receive treatment for mental health or emotional conditions.

Lessons Learned

There were several lessons gleaned from the 2018 Wellbeing Survey. First, for ease of analysis and interpretation, the inclusion of design weights is crucial. The current survey was implemented in an online only format and often distributed via email blasts to and through community partners and via the use of tablets at local community events. This does not allow for robust control over area specific sample size. In future surveys, mixed method approaches or a focus on phone-based interviews could allow for closer regulation over sample size, particularly at the cluster level.

Additionally, the 2018 Wellbeing Survey was a new iteration of previous county-wide surveys and included numerous new questions that were not able to be compared to previous years. While there are benefits

to focusing on new subject matter or tweaking individual questions to be more specific to the population sought, this does not allow for time trend data. In future years, it would be beneficial to repeat large portions of the current survey or return to previous surveys so that time trend data is available, and interpretations can include improvements over a five-year to ten-year period.

Finally, any survey that is meant to represent a large metropolitan area must be expected to need post-stratification weighting. While, the 2018 Wellbeing Survey did utilize post-stratification weights, future surveys should develop the survey and design weights to minimize post-stratification weighing, particularly when it comes to the demographic profile of respondents.

Overall, the 2018 Wellbeing Survey is a scientifically rigorous, representative sample of Miami-Dade County. The weighted results presented in this report can be used to inform and plan for population health initiatives to improve upon the current response of residents. Furthermore, the results of this survey can be used to inform local administrators, government officials, community-based organizations, and academic communities as they also seek to implement programs to improve community health and the overall quality of life of residents.