

MIAMI-DADE COUNTY HEALTH EQUITY PLAN

February 2022 – December 2024



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DOH-Miami-Dade County

Health Equity Plan

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I. VISION

The Florida Department of Health in Miami-Dade County's Health Equity Office was established in June 2021 with funding from the Centers for Disease Control and Prevention (CDC) 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.

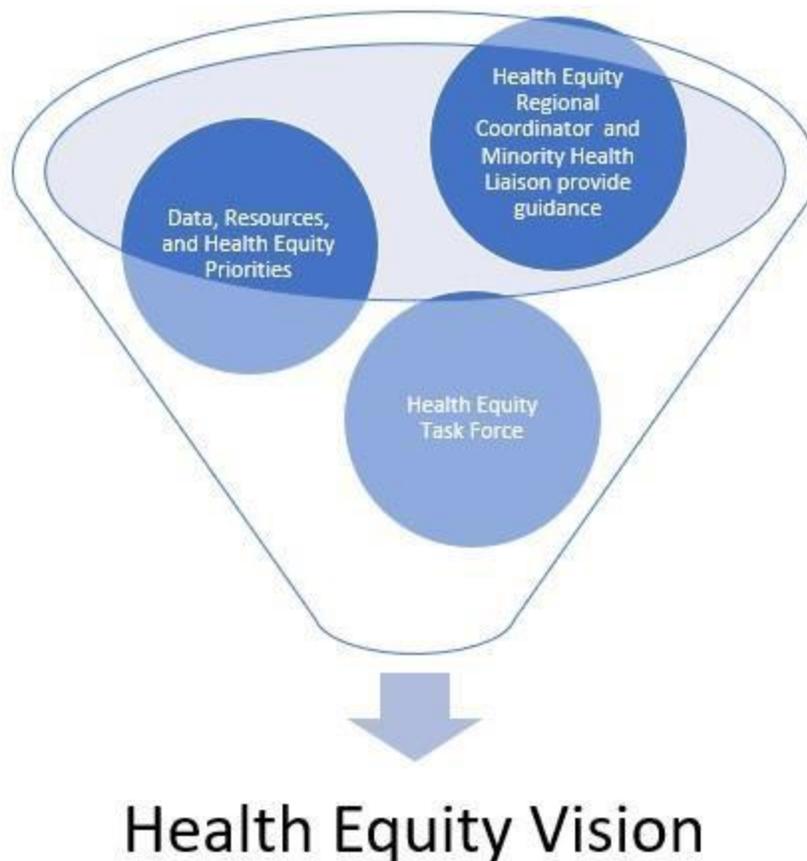
Florida Department of Health in Miami-Dade County's Health Equity Office includes the Health Equity Advisory Committee (HEO-AC) which was established in December 2021. The Advisory Committee is made up of various community stakeholders that focus their work on one or more of the social determinants of health and are working towards making an impact through sustainable policies, systems, and environmental changes in Miami-Dade County.

The Advisory Committee uses various methods to facilitate the process to establishing a health equity mission and vision statement. The committee held their first meeting on Friday, December 3, 2021. During this meeting, the Office of Community Health Planning (OCHP) Team was able to facilitate an interactive activity utilizing the Poll Everywhere platform to develop the mission and vision of the committee.

The second HEO-AC meeting was hosted on Friday, January 14, 2022, where the committee reconvened to discuss and review the drafted statements based on the results from the activity. The committee overall had a consensus on the mission. For the committee vision, there was a great discussion and brainstorming session where committee members shared their feedback to be included to further develop the vision. From these discussions, a survey was shared with the committee to vote on the approval of the mission and vision with the included feedback from the January 2022 meeting.

The Florida Department of Health in Miami-Dade County's Health Equity Advisory Committee developed and approved the following mission statement and vision of the committee on Friday, January 28, 2022.

- **Mission:** To unify efforts across diverse organizations and disciplines towards a common goal using a collaborative approach to address the root causes of health inequities through policy, systems, and environmental changes.
- **Vision:** Optimal quality of life in Miami-Dade County where health equity is prioritized, and root causes are eliminated to improve the wellbeing and health of the community.



II. PURPOSE OF THE HEALTH EQUITY PLAN

Health Equity is achieved when everyone can attain optimal health.

The Florida Department of Health's Office of Minority Health and Health Equity (OMHHE) works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021- 117 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, and integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Miami-Dade County. To develop this plan, Florida Department of Health Miami-Dade County (FDOH-MDC) followed the Florida Department of Health's approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within Miami-Dade County. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Office Advisory Committee, including

a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

Miami-Dade County Overview

Miami-Dade County is the largest major metropolitan area in the State of Florida representing 13% of the State's population, with an estimated population of 2,864,600. 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 71.51% of the Miami-Dade County population identify as either Latino or Hispanic compared to 27.65% of the State of Florida's population. Furthermore, 54.6% of residents in Miami-Dade County are foreign-born, with 76% speaking a language other than English at home, often Spanish or Haitian Creole. Miami-Dade County is also a young population in comparison to the State of Florida with 83.4% of residents under the age of 65 and 20.2% under the age of 18¹.

The Florida Department of Health in Miami-Dade County's Health Equity Office was established in June 2021 with funding from the Centers for Disease Control and Prevention (CDC) 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.

Through this grant, the Florida Department of Health in Miami-Dade County will be able to further address COVID-19 related health disparities and advance health equity by expanding capacity of the local CHD to provide services and to prevent and control the spread of COVID-19 among populations at higher risk and that are underserved.

The Florida Department of Health in Miami-Dade County understands the many concerns, barriers, and health disparities that exist throughout the community. The awarding of this grant allows for the utilization of data to examine issues on risk factors for disease, illness and mortality, socioeconomic and environmental conditions, inequities in health, and quality of life. Other data sources that will also

1. United States Census Bureau (2019). Age and sex Table S0101. Retrieved from <https://data.census.gov/cedsci/table?q=age%20of%20miami-dade&tid=ACSST1Y2019.S0101&hidePreview=false>

be used will be from the United States Census, Florida Health Charts, and Miami Matters.

III. DEFINITIONS



Coalitions¹ are collaborative partnerships of diverse community members who work toward a common goal and are utilized to address complex health issues at the local level.

Discrimination² is a broad term that includes but is not limited to racism. Prejudicial treatment has been based on a wide range of characteristics, including not only racial or ethnic group but also low income, disability, religion, LGBTQ status, gender, and other characteristics that have been associated with social exclusion or marginalization.

Ethnic groups² are a group of people who share a common culture (beliefs, values, or practices such as modes of dress, diet, or language). This usually involves sharing common ancestry in a particular region of the world. Some people use the term ethnicity or ethnic group to encompass both racial and ethnic group, based on recognition that race is fundamentally a social construct.

Equality³ each individual or group of people is given the same resources or opportunities.

Health disparities² are the quantifiable differences, when comparing two groups, on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.

Health equity² is achieved when everyone has a fair opportunity to achieve optimal health.

Health inequities² are systematic differences in the opportunity's groups have to achieve optimal health, leading to avoidable differences in health outcomes.

Implicit bias⁴ refers to attitudes towards people or associate stereotypes with them without our conscious knowledge.

Internalized racism² occurs when victims of racism internalize the race-based prejudicial attitudes toward themselves and their racial or ethnic group, resulting in a loss of self-esteem and potentially in prejudicial treatment of members of their own racial or ethnic group.

Interpersonal racism² is race-based unfair treatment of a person or group by individuals; examples include hate crimes, name-calling, or denying individuals a job, promotion, equal pay, or access to renting or buying a home based on race.

Race or racial group² refers to belonging to a group of people who share a common ancestry from a particular region of the globe. Common ancestry is often accompanied by superficial secondary physical characteristics such as skin color, facial features, and hair texture.

Racism² refers to prejudicial treatment based on racial or ethnic group and the societal institutions or structures that perpetuate this unfair treatment. Racism can be expressed on interpersonal, structural/institutional, or internalized levels.

Social determinants of health² are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities.

Social exclusion or marginalization² refers to barring or deterring particular social groups—based, for example, on skin color, national origin, religion, wealth, disability, sexual orientation, gender identity, or gender—from full participation in

society and from sharing the benefits of participation. These groups have less power and prestige and generally less wealth.

Structural racism (institutional racism)² is race-based unfair treatment built into policies, laws, and practices. It often is rooted in intentional discrimination that occurred historically, but it can exert its effects even when no individual currently intends to discriminate.

Task forces⁵ are work groups typically comprising experts in specified areas of knowledge or practice. Task forces are small groups of people—and resources—brought together to accomplish a specific objective, with the expectation that the group will disband when the objective has been completed.

Sources:

1. Janosky, J. E., Armoutliev, E. M., Benipal, A., Kingsbury, D., Teller, J. L., Snyder, K. L., & Riley, P. (2013). Coalitions for impacting the health of a community: the Summit County, Ohio, experience. *Population health management*, 16(4), 246–254. <https://doi.org/10.1089/pop.2012.0083>
2. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017
3. The George Washington University. (2021, December 9). Equity vs. equality: What's the difference?: Online public health. MPH@GW. <https://onlinepublichealth.gwu.edu/resources/equity-vs-equality>.
4. Implicit bias explained. Perception Institute. (2017, May 17). <https://perception.org/research/implicit-bias/>
5. Grigsby, R. Kevin (2008, January). Committee, Task Force, Team: What's the Difference? Why Does It Matter? AAMC. <https://www.aamc.org/media/21586/download>.

IV. PARTICIPATION

Cross-sector collaborations and partnerships are essential components of improving health and well-being. Cross-sector collaboration uncovers the impact of education, health care access and quality, economic stability, social and community context, neighborhood and built environment and other factors influencing the well-being of populations. Cross-sector partners provide the range of expertise necessary to develop and implement the Health Equity Plan.



The Florida Department of Health Miami-Dade County supports the efforts of the Consortium for a Healthier Miami-Dade, which encourages partnerships and collaboration amongst community-based organizations. The Consortium is composed of 7 committees, each with vast partnerships across the county to address their own top priority health concerns. The committee partners and liaisons work together to bring in new members that will support the activities and objectives in their workplan. Additionally, the Consortium hosts annual events and community meetings to keep the community informed of the activities and progress

of the workplan. These events encourage active members to invite others in the community who could benefit from our collaboration and encourage non-members to join and collaborate.

A. Minority Health Liaison

The Minority Health Liaison supports the Office of Minority Health and Health Equity in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: Dr. Valerie Bethel

Minority Health Liaison Backup: Imani Morgan

B. Health Equity Office

At the local level, the Health Equity team is comprised of local CHD staff that each have a role in the support of the Health Equity Advisory Committee. The Health Equity Team explores opportunities to improve health equity efforts within the county health department and in the community through partnerships. The Health Equity Team also relays information and data concerning key health disparities and SDOH in (County) to the Health Equity Office Advisory Committee. The Minority Health Liaison guides these discussions and the implementation of initiatives.

The Health Equity Team meets regularly, and meeting dates are noted below:

Meeting Date	Topic/Purpose
November 18 th , 2021	Health Equity Office Meeting
November 23 rd , 2021	Health Equity Office Meeting
December 2 nd , 2021	Health Equity-Advisory Committee meeting Rehearsal
January 3 rd , 2022	Health Equity Office Meeting
January 5 th , 2022	Health Equity-Advisory Committee meeting Rehearsal
January 10 th , 2022	Health Equity Office Meeting

C. Health Equity Advisory Committee

The Health Equity Office Advisory Committee includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this task force brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Health Equity Office Advisory Committee DOH staff wrote the Miami-Dade County Health Equity Plan and oversaw the design and implementation of projects. The Advisory Committee members designed and actively oversee the Advisory Committee workplan.

The Florida Department of Health in Miami-Dade County launched an application process to become a member of the Health Equity Office Advisory in Committee in Miami-Dade County. To recruit members for the committee, research was first conducted. Local leaders were invited to help build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices, including racial and ethnic minority populations and rural communities. The advisory committee members will work together to address policy systems and environmental changes to achieve health equity.

The Florida Department of Health in Miami-Dade County's Health Equity Office Advisory Committee serves the purpose of Task Force as outlined in this plan. Health Equity Office Advisory Committee members are listed below.

Health Equity Office Advisory Committee DOH Staff Members		
Name	Title	Program
Dr. Yesenia Villalta	Administrator/Health Officer	Administration
Ann-Karen Weller	Assistant Community Health Nursing Director	Office of Community Health and Planning
Dr. Valerie Bethel	Government Operations Consultant III	Office of Community Health and Planning

Imani Morgan	Senior Health Educator	Office of Community Health and Planning
Courtney Vijil	Senior Health Educator	Office of Community Health and Planning
Tamia Medina	Health Educator	Office of Community Health and Planning
Candice Schottenloher	Health Educator	Office of Community Health and Planning
Jessica Mulroy	Research Statistics Consultant	Office of Community Health and Planning
Daria Sims	Senior Health Educator	Office of Community Health and Planning

Health Equity Office Advisory Committee Members

Name	Organization
Max Rothman	Alliance for Aging, Inc
Martine Charles	Alliance for Aging, Inc
Sabine Delouche	American Heart Association
Robert Hill	American Heart Association
Gretchen Beesing	Catalyst Miami
Natalie Castellanos	Catalyst Miami
Eric Hansen	Miami-Dade Parks, Recreation, and Open Space Department
Emily M. D'Agostino	Miami-Dade Parks, Recreation, and Open Space Department
Courtney DeStefano	Miami-Dade Parks, Recreation, and Open Space Department
Pamela Hollingsworth	Early Learning Coalition of Miami-Dade/Monroe
Ana Sejeck	Early Learning Coalition of Miami-Dade/Monroe
Amy Rubinson	Educate Tomorrow
Devin Floyd	Educate Tomorrow
Brenda Lampon	Florida Department of Education, Vocational Division
Kirenia Pintado	Florida Department of Education, Vocational Division
Catherina Rozario	Florida Department of Education, Vocational Division
Michelle Hospital	Florida International University
Melissa Howard	Florida International University
Nicole Marriott	Health Council South Florida
Tiffany A. Albury	Health Council South Florida

Victoria Mallette O'Bryan	Homeless Trust
Manny Sarria	Homeless Trust
Heather Baker	Healthy Start Coalition of Miami- Dade County
Carlos Migoya	Jackson Health Systems
Edward Erickson	Jackson Health Systems
Kevin Cho Tipton	Jackson Health Systems
Mr. Nucleus Shelton	Jackson Health Systems
Monica Vignes-Pitan	Legal Services of Greater Miami
Guerby Noel	Legal Services of Greater Miami
Jayne Cassidy	Legal Services of Greater Miami
Jason Smith	Miami-Dade County
Gina Beato-Dominguez	Miami-Dade Police Department
Alton Sears	Miami-Dade Police Department
Pamillia Johnson	Miami-Dade Police Department
Julio Rodriguez	Miami-Dade Public Library System
Pablo Lopez	Miami-Dade Public Library System
Zinzi Bailey	University of Miami Miller School of Medicine
Kerry-Ann Royes	YWCA
Dawn White	Baptist Health

The Health Equity Office Advisory Committee meets regular and past meeting dates are noted below:

Meeting Date	Organizations	Topic/Purpose
December 3 rd , 2022	HEO-AC Member Organizations	Health Equity Office Advisory Committee Meeting
January 14 th , 2022	HEO-AC Member Organizations	Health Equity Office Advisory Committee Meeting
February 10 th , 2022	HEO-AC Member Organizations	Health Equity Office Advisory Committee Meeting
March 10 th , 2022	HEO-AC Member Organizations	Health Equity Office Advisory Committee Meeting
April 14 th , 2022	HEO-AC Member Organizations	Health Equity Office Advisory Committee Meeting
June 9 th , 2022	HEO-AC Member Organizations	Health Equity Office Advisory Committee Meeting

D. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators. These coordinators provide the Minority Health Liaison, Health Equity Team, and Health Equity Office Advisory Committee with technical assistance, training, and project coordination.

Name	Region
Carrie Rickman	Emerald Coast
Quincy Wimberly	Capitol
Diane Padilla	North Central
Ida Wright	Northeast
Rafik Brooks	West
Lesli Ahonkhai	Central
Frank Diaz-Gines	Southwest
TBA	Southeast

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. Health Equity Assessments

The Florida Department of Health in Miami-Dade County was able to develop and launch the Health Equity Training in 2020 to staff members. This training is also available to the community. Prior to the launch, research was conducted to assess the needs by using evidence-based and best practices to address the understanding of health equity to develop this training.

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure necessary to health inequities. Health equity assessments are needed to achieve the following:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities

- Meet [Public Health Administration Board \(PHAB\) Standards and Measures 11.1.4A](#) which states, “The health department must provide an assessment of cultural and linguistic competence.”
- Provide ongoing measures to assess progress towards identified goals developed to address health inequities
- Guide CHD strategic, health improvement, and workforce development planning
- Support training to advance health equity as a workforce and organizational practice

Miami-Dade County conducted a health equity assessment(s) to examine the capacity and knowledge of staff and county partners to address social determinants of health. During the Health Equity Trainings that were completed, there was a Health Equity Knowledge Pre-Test completed before the start of the training and a Health Equity Knowledge Post-Test completed after the training by all participants present. During this training, an overview of what public health is and health equity was shared. Important concepts and key terms were also shared with the audience so that they could have a better understanding of what health equity is and the factors and barriers that influence health inequities and disparities. The last component of the presentation included the “Meet Marry and Frank” interactive health equity activity. This activity included participation from the audience working through a live example of achieving health equity. Below are the dates trainings and assessments were distributed and the partners who participated.

Date	Assessment Name	Organizations Assessed
January 30, 2020	Health Equity Training (Included the Health Equity Knowledge Pre-Test and Post-Test.)	Office of Community Health and Planning (OCHP) Staff

March 5, 2020	Health Equity Training (Included the Health Equity Knowledge Pre-Test and Post-Test.)	Environmental Health Staff
March 6, 2020	Health Equity Training (Included the Health Equity Knowledge Pre-Test and Post-Test.)	CASS, CAC, and RHAP Staff

B. County Health Equity Training

Assessing the capacity and knowledge of health equity, through the Healthy Equity Training presentations, this helped the Minority Health Liaison identify knowledge gaps and create training plans for the Health Equity Office Advisory Committee and other county partners. Below are the dates, SDOH training topics, and organizations who attended training:

Date	Topics	Organization(s) receiving trainings
October 2, 2020	Consortium for a Healthier Miami-Dade Presents: Health Equity in 2020: What does this mean and why does it matter? Presented by: Dr. Marissa Levine and Ms. Elizabeth Spurrell-Huss. This webinar presented information on how to facilitate conversations on health equity in times of change and community challenges. From the COVID-19 public health emergency and its impact on minority communities to the nationwide realization that not all is fair or equitable in communities. We will share with you best practices, lessons learned, and strategies for leveraging partnerships to improve leadership and	Consortium for a Healthier Miami-Dade Members, community members, and Florida Department of Health in Miami-Dade County's staff

	organizational thinking to begin those tough conversations towards lasting change and equity.	
March 20, 2021	Social Determinants of Health in Miami-Dade County Presentation. In this presentation, the Health Equity Training interactive activity was also included.	Students from Agnes Scott College
July 23, 2021	The Importance of Cultural Humility, Diversity, Equity, and Inclusion Presentation by: Florence Greer	Florida Department of Health in Miami-Dade County's Office of Community Health and Planning (OCHP)
October 1, 2021	The 2021 Consortium for a Healthier Miami-Dade Virtual Annual Event & Awards Ceremony. During this event, there were two presentations. These included Dr. Isaac Prilleltensky from the University of Miami who presented on Mindfulness & Well Being in the Workplace and Dr. Marissa Levine from the University of South Florida who presented on <i>Leveraging Community Partnership to Improve Public Health Presentation</i> . Both of these presentations had a focus on health equity.	Consortium for a Healthier Miami-Dade Members and Florida Department of Health in Miami-Dade County's staff

C. County Health Department Health Equity Training

The Florida Department of Health in Miami-Dade County recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH Miami-Dade County staff receive the *Cultural Awareness: Introduction to Cultural Competency* and *Addressing Health Equity: A Public Health Essential* training. In addition, the

Health Equity Team provides regular training to staff on health equity and cultural competency. The trainings are recorded below:

Date	Topics	Number of Staff in Attendance
January 30, 2020	Health Equity Training (Included the Health Equity Knowledge Pre-Test and Post-Test.)	19 Office of Community Health and Planning (OCHP) staff members
March 5, 2020	Health Equity Training (Included the Health Equity Knowledge Pre-Test and Post-Test.)	45 Environmental Health staff members
March 6, 2020	Health Equity Training (Included the Health Equity Knowledge Pre-Test and Post-Test.)	38 CASS, CAC, and RHAP Staff

During the Health Equity Trainings that were completed, there was a Health Equity Knowledge Pre-Test completed before the start of the training and a Health Equity Knowledge Post-Test completed after the training by all participants present. On March 6, 2020, an evaluation of the training was implemented to use feedback from the participants who participated in the training to improve future trainings and development of materials. This evaluation is now shared at all in-person trainings.

D. Minority Health Liaison Training

The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process and goals, facilitation, and prioritization techniques, reporting requirements, and taking a systems approach

to address health disparities. The Minority Health Liaison training is recorded below:

Date	Topics
November 18, 2021	Monthly Minority Health Liaison Meeting: During this meeting, the Health Equity Plan template, Health Equity Assessments, and Health Equity Partnership Overview documents were presented and reviewed.
December 16, 2021	Monthly Minority Health Liaison Meeting was canceled. Office hours were held to address any questions.
January 20, 2022	Monthly Minority Health Liaison Meeting: During this meeting, the Health Equity Plan was shared showing alignment with the supporting handbook and resource library that is available to all county health departments. Other topics discussed were HMS EARS coding, budget clarification, and COVID-19 health disparities (HDG21).

E. National Minority Health Month Promotion

HealthyMiamiDade.org

Upcoming Events

Gardening and Your Health Webinar

When: April 8, 2021
Time: 1:00 PM

HIV/AIDS and STD Awareness Webinar

When: April 15, 2021
Time: 1:30 PM

For additional information and how to register, contact:

Bryanna McDaniel
Bryanna.McDaniel@FLHealth.Gov
 or Candice Schottenloher
Candice.Schottenloher@flhealth.gov

Get Active and Healthy this National Minority Health Month!

April is National Minority Health Month. This year the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services will highlight the theme Active & Healthy. This year's focus highlights safe ways all communities can stay physically active and to advance mental and emotional wellness. OMH invites everyone to join **#ActiveandHealthy**. This is a national social media campaign that focuses on the steps the nation can take every day in and around the home to keep our minds and bodies active, consistent with the social distancing guidelines to stop the spread of COVID-19.

This campaign encourages and includes creative ways to keep older adults and children safe and physically engaged, along with ideas to stay connected with friends, family and communities. Through this campaign, Physical Activity Guidelines for Americans and the Office of Disease Prevention and Health Promotion's [Move Your Way](#) campaign will be promoted too.

#ActiveandHealthy campaign highlights daily themes with simple steps people can take to maintain and sustain an active and healthy lifestyle while reducing stress and anxiety. These include:

- Wellness Mondays
- Trivia Tuesdays
- Work Out Wednesdays
- Throwback Thursdays
- Family Fridays
- Spotlight Saturdays
- Empowerment Sundays

For more information and to learn about ways to get involved, please visit the U.S. Department of Health and Human Services Office of Minority Health [here](#).

Minority Mental Health Awareness Month

Here are some ways you can help destigmatize mental health:

<p>Talk about it</p>	<p>Educate yourself</p>
<p>Support those with mental illness</p>	<p>Volunteer with local organizations</p>

July is

NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

[National Minority Health Month](#) is commemorated every April in Florida. This month raises awareness about health disparities that continue to affect racial and ethnic minority populations and encourage action through health education, early detection, and control of disease complications. (Source: [History of NMHM](#)) As

recognized by the [HHS Office of Minority Health](#), the COVID-19 pandemic has disproportionately impacted racial and ethnic minority communities and underscores the need for these vulnerable communities to get vaccinated as more vaccines become available. COVID-19 vaccination is an important tool to help us get back together with our families, communities, schools, and workplaces by preventing the spread of COVID-19 and bringing an end to the pandemic.

July is commemorated as Bebe Moore Campbell National Minority Mental Health Awareness Month. Mental illnesses are some of the most common health conditions in the United States, and over 50% of people are diagnosed with a mental illness at one point in their lifetimes. A mental illness is a condition that affects someone's behavior, mood, thoughts, and emotions. The rates of mental illness among racial, ethnic, and gender minorities are similar to those of the general population, but minority populations often face higher rates of poor mental health outcomes due to inadequate care and cultural stigma. Minorities also face higher rates of chronic illness, which can have adverse effects on mental health. Additional factors that may affect an individual's ability to receive proper care include lack of insurance, language barriers, distrust in the healthcare system, and a lack of diversity or cultural competence among medical providers.

Breaking the stigma behind mental health is fundamental in addressing the mental health issues faced by BIPOC. To get involved with Minority Mental Health Month, try engaging with local organizations who are committed to mental health equity and destigmatize mental health by speaking publicly. [The US Department of Health and Human Services Office of Minority Health](#) has a vast list of resources with information on mental health programs and statistics.

In Miami-Dade County, the Consortium for a Healthier Miami-Dade and the Florida Department of Health in Miami-Dade County are used to increase awareness and educate on National Minority Health Month. Newsletter articles, infographics, and social media posts have been used to promote this month. Additionally, this has also been shared on the Florida Department of Health in Miami-Dade County's intranet site to share the importance of this month with our staff.

VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Miami-Dade County. Data was pulled from multiple sources including FL CHARTS, the US Census Bureau, the Florida Department of Education, the Behavioral Risk Factor Surveillance System (BRFSS) and the Florida Youth Tobacco Survey.

The over 15 health disparities were identified in Miami-Dade County via data in the Community Health Assessment and each health issue was looked at with consideration for ethnicity, race, gender, age group, veteran status, disability and LGBTQ+ identity. Where data was not available at the county level, state-wide and national level data was used. The Health Equity Team decided to work on Heart Disease Mortality in the Health Equity Plan. Heart Disease was the number one leading cause of death in Miami-Dade County in 2020 for the total population as well as for each individual racial, ethnic and gender category. Heart Disease death rates are highest among the Black population when comparing race, the non-Hispanic population when comparing ethnicity, and among males when comparing gender. While Heart Disease is in the top 5 leading causes of death for age groups over the age of 25, heart disease related deaths more heavily impact the age groups 45-54, 55-64, 65-74 and over 75 years old. According to FLCHARTS death rates query, while the death rate due to heart disease among veterans is much lower than the general population, it remains among the leading causes of death for this population. While specific age adjusted death rate data for those living with a disability is not calculated, in Miami-Dade County, people living with at least one disability have statistically significant higher prevalence of cardiovascular health indicators such as high blood pressure, high cholesterol and having suffered a heart attack. Similarly for the LGBTQ+ population, while AADR due to heart disease is not calculated the BRFSS reveals higher rates of risk factors in the LGBTQ+ population.² The greatest disparity was observed between the black and white population. Data concerning Heart Disease Mortality is below.

DOH- Miami-Dade County

Health Equity Plan

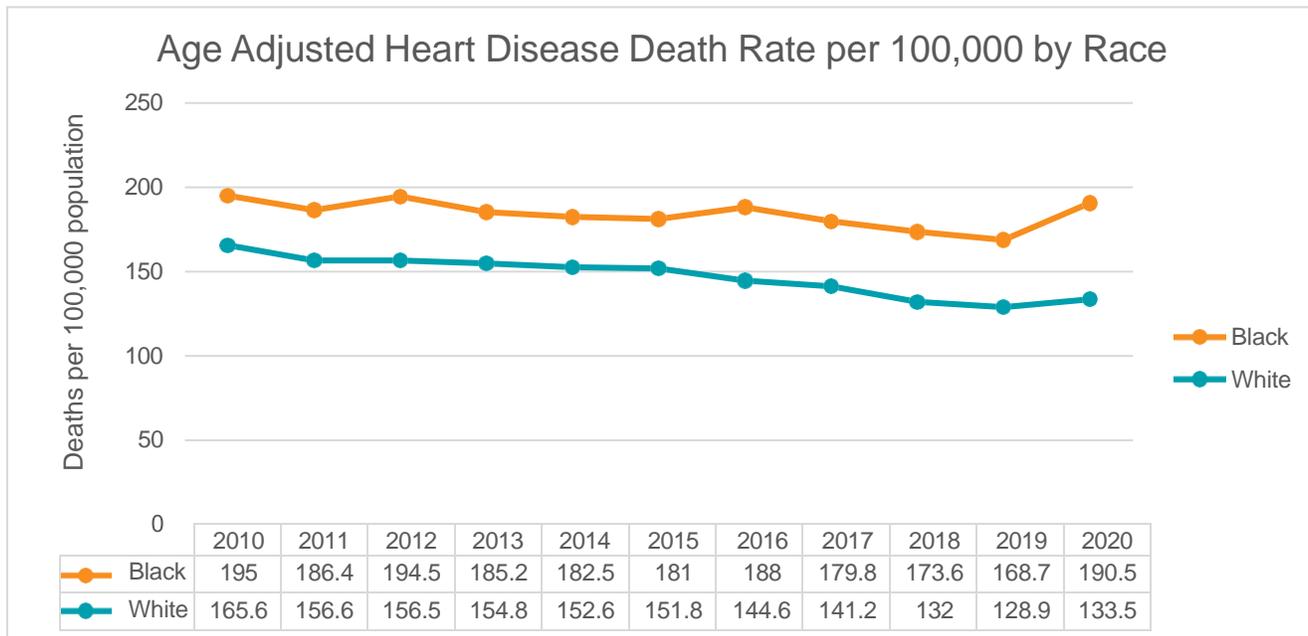
Leading Causes of Death Profile, Miami-Dade County, Florida - 2020

Causes of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	25,408	100.00	887.0	676.0	6,147.4
HEART DISEASE	5,567	21.91	194.3	143.0	804.1

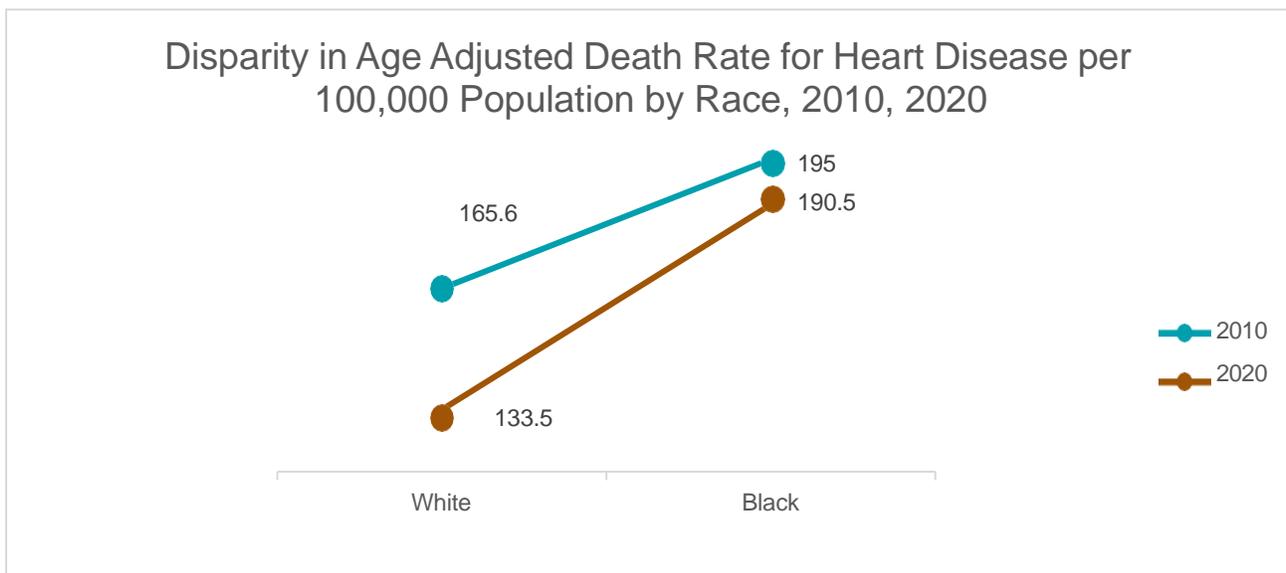
Gender/Race/Ethnicity	Deaths	Percent of Total Heart Disease Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
Male	2,981	53.55	214.2	191.6	1,207.0
Female	2,586	46.45	175.6	107.0	410.7
White	4,454	80.01	196.7	133.5	667.1
Black	990	17.78	194.9	190.5	1,412.1
Other	115	2.07	124.7	142.4	691.1
Hispanic	3,646	65.49	183.3	128.7	640.0
Non-Hispanic	1,851	33.25	211.4	172.2	1,105.7
Non-Hispanic White	858	15.41	232.1	148.4	643.5
Non-Hispanic Black	912	16.38	207.4	199.9	1,539.5
Non-Hispanic Other	81	1.46	122.4	120.1	712.4

The Black population had the highest Heart Disease Mortality rate in 2020 and the White population had the lowest Heart Disease Mortality rate in 2020. The disparity between these two groups were 57 deaths per 100,000. In 2020, there were 990 total heart disease deaths recorded for the black population.

Top Leading Cause of Death, Mortality Rate per 100,000 Population by Age Group, Miami-Dade County (2020)										Total	
	<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	
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 4267(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 56(14.9)	Unintentional Injuries 128(30.9)	Unintentional Injuries 158(43.5)	Diabetes Mellitus 237(93.1)	Cardiovascular Diseases 1581(718.5)	Cardiovascular Diseases 1995(69.5)
5					Heart Diseases 19(4.7)	Homicide 48(12.3)	Diabetes Mellitus 65(15.7)	Diabetes Mellitus 146(40.2)	Cardiovascular Diseases 330(91.3)	Alzheimer's Disease 1032(463.4)	Alzheimer's Disease 1095(38.2)
6					COVID-19 18(4.5)	Suicide 26(6.7)	Chronic Liver Disease 50(12.1)	Cardiovascular Diseases 96(27.3)	Chronic Lower Respiratory Disease 146(57.4)	Chronic Lower Respiratory Disease 700(314.3)	Diabetes Mellitus 1058(36.9)
7						Diabetes Mellitus 23(5.9)	Cardiovascular Diseases 63(16.1)	Chronic Liver Disease 97(26.7)	Unintentional Injuries 103(40.5)	Diabetes Mellitus 577(259.1)	Unintentional Injuries 1028(35.9)
8						Cardiovascular Diseases 19(4.8)	Suicide 36(8.7)	Chronic Lower Respiratory Disease 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 20(6.3)	Hypertension 45(12.4)	Hypertension 62(24.3)	Influenza & Pneumonia 208(93.4)	Hypertension 354(12.4)



The graph below shows heart disease death rates over the past decade in Miami Dade County by race. While both black and white death rates have improved in the past 10 years, the Black heart disease death rate has consistently been over 29 deaths per 100,000 higher than the White heart disease death rates, with the largest disparity occurring in 2020



Leading Cause of Death per 100,000 population, Military Veterans	Resident AADR, 2020
Heart Diseases	9.5
Malignant Neoplasm (Cancer)	6.7
COVID-19 (U07.1)	4.1
Other Causes of Death	3.6
Cerebrovascular Diseases (I60-I69)	2.5
Chronic Lower Respiratory Disease (J40-J42, J43, J44, J45-J46, J47)	1.6
Unintentional Injury	1.5
Diabetes Mellitus (E10-E14)	1.4
Alzheimer’s Disease (G30)	0.7
Influenza & Pneumonia (J09-J11, J12-J18)	0.6

Miami-Dade (2) County Descriptive Statistics and t-Test and χ^2 Test Results Comparing Across Disability Status

Measure	People with No Disabilities (Ages 18-65)		People with At Least 1 Disability (Ages 18-65)		PLW 0 vs. PLW 1+ Difference tests (χ^2 and t-Tests)
	<i>Mean/Prop</i>	<i>N</i>	<i>Mean/Prop</i>	<i>N</i>	
<i>Cardiovascular Health Measures</i>					
High Blood Pressure (Yes=1)	0.17	201	0.45	66	***
High Cholesterol (Yes=1)	0.27	187	0.50	63	***
Heart Attack (Yes=1)	0.01	201	0.06	66	***

VII. SOCIAL DETERMINANTS OF HEALTH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. They are pictured below.

Social Determinants of Health



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This report includes references to the 2019 Miami-Dade County Wellbeing Survey and to neighborhood clusters. This survey assigned certain zip codes to numbered neighborhood clusters which were created based on perceived community identity and geographic continuity. More information regarding the neighborhood clusters can be found in the 2019 Miami-Dade County Wellbeing Survey or in Appendix VI of the Miami-Dade County 2022 Community Health Assessment.

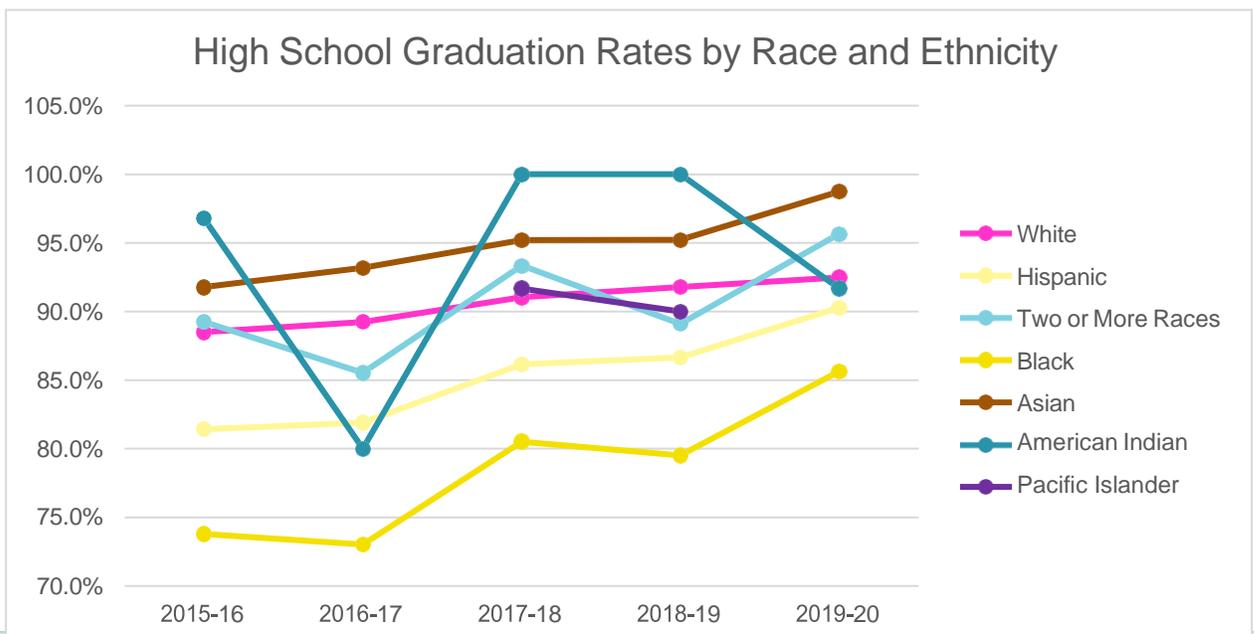
Neighborhood	Cluster	Zip Codes
South Dade Homestead	1	33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, 33190
Kendall	2	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
Westchester West Dade	3	33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185, 33194
Coral Gables Kendall	4	33134, 33143, 33146, 33156, 33158
Brownsville Coral Gables Coconut Grove	5	33125, 33130, 33135, 33142, 33145
Coral Gables Coconut Grove Key Biscayne	6	33129, 33131, 33133, 33149
Doral Miami Springs Sunset	7	33122, 33126, 33166, 33172, 33178, 33182
Miami Shores Morningside	8	33132, 33137, 33138
Hialeah Miami Lakes	9	33010, 33012, 33013, 33014, 33015, 33016, 33018
Opa-Locka Miami Gardens Westview	10	33054, 33055, 33056, 33168, 33167, 33169
North Miami North Miami Beach	11	33161, 33162, 33179, 33181
Aventura Miami Beach	12	33139, 33140, 33141, 33154, 33160, 33180
Downtown East Little Havana Liberty City Little Haiti Overtown	13	33127, 33128, 33136, 33147, 33150

A. Education Access and Quality



High School Graduation Rates by Ethnicity and Race

While high school graduation rates for all racial and ethnic groups have generally increased each year since 2015 there are still disparities in graduation rates. Black and Hispanic students have a lower graduation rate than White students. Lack of a high school diploma limits employment opportunities which may lead to low wages and poverty which impacts various aspects of overall health and access to care. To improve Heart Disease Mortality Rates for the Black Population, Miami Dade County is addressing disparities related to achieving a high school diploma.



Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Heart Disease Mortality
Literacy	Black and Hispanic Populations	Achievement in these categories facilitate a person’s ability to secure steady employment and increasing levels of pay. Financial stability and health care benefits from employment both impact a person’s ability to prevent heart disease and to successfully treat heart disease. Additionally, the Journal of the American Heart Association published in article in 2019 showing the at lower educational attainment is liked to coronary artery disease risk ³ .
Language		
Early Childhood Development		
Vocational Training		
Higher Education		

B. Economic Stability



Below is a summary of socioeconomic factors from the U.S. Census for Miami-Dade County. The median household income (\$48,982) is lower than the median household income at the state level (\$53,267) and at the national level (\$60,293). The proportion of those living below the federal poverty level (FPL) in Miami-Dade County (13.2%) is higher than the proportion of those living in poverty in Florida (10.6%) and the United States (10.1%). In Miami-Dade County, 81.5% of the population (ages 25+) is a high school graduate or higher, which is lower than the

3. Kelli, H. M., Mehta, A., Tahhan, A. S., Liu, C., Kim, J. H., Dong, T. A., Dhindsa, D. S., Ghazzal, B., Choudhary, M. K., Sandesara, P. B., Hayek, S. S., Topel, M. L., Alkholder, A. A., Martini, M. A., Sidoti, A., Ko, Y., Lewis, T. T., Vaccarino, V., Sperling, L. S., & Quyyumi, A. A. (2019). Low Educational Attainment is a Predictor of Adverse Outcomes in Patients With Coronary Artery Disease. *Journal of the American Heart Association*, 8(17). <https://doi.org/10.1161/jaha.119.013165>

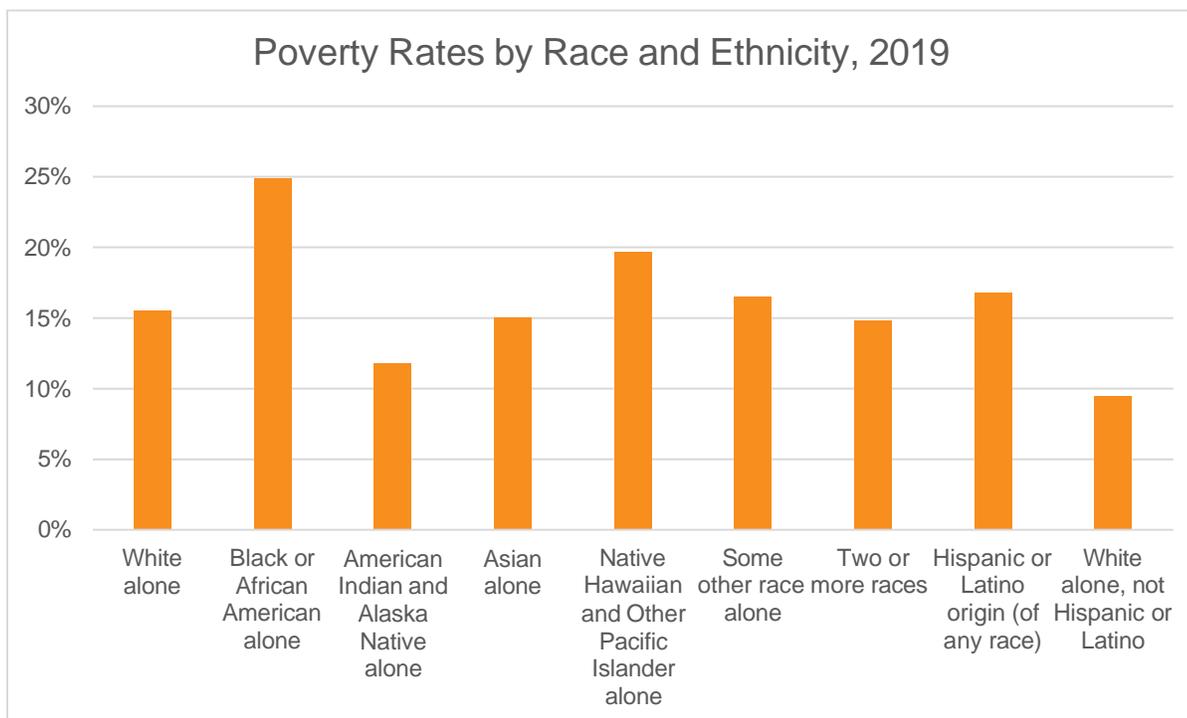
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state level (88%) and the national level (87.7%). The proportion of those in Miami-Dade County who have a bachelor's degree or higher (28.8%) is marginally lower than Florida's overall population (29.2%) and the United States (31.5%).

	<i>MIAMI-DADE COUNTY</i>	<i>FLORIDA</i>	<i>UNITED STATES</i>
Number of Housing Units	1,016,653	9,547,762	136,384,292
Median Household Income	\$48,982	\$53,267	\$60,293
Per capita income in past 12 months	\$26,838	\$30,197	\$32,621
Homeownership rate	51.60%	65%	63.80%
Persons with income below poverty level	13.20%	10.60%	10.10%
High school graduate or higher (ages 25+)	81.50%	88%	87.70%
Bachelor's degree or higher (ages 25+)	28.80%	29.20%	31.50%

The chart below shows poverty rates by race and ethnicity. The Black population has the highest poverty rates. Lack of financial stability impacts all aspects of health. Access to preventative services, health insurance and healthy foods are all limited by being in poverty.



Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Heart Disease Mortality
Employment	Black/African American and Native Hawaiian/other Pacific Islander Populations	Employment impacts the ability to purchase health insurance or obtain health insurance through the employer, facilitating access to preventative services. Adequate levels of income facilitate ability to access healthy foods. A study published in 2020 found that individuals with low socioeconomic status bear a disproportionate share of coronary heart disease. ⁴
Income		

4. Hamad R, Penko J, Kazi DS, et al. Association of Low Socioeconomic Status With Premature Coronary Heart Disease in US Adults. JAMA Cardiol. 2020;5(8):899–908. doi:10.1001/jamacardio.2020.1458

C. Neighborhood and Built Environment



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, 10.7% of households in Miami-Dade County do not have a vehicle, a proportion higher than both the state of Florida (6.7%) and the United States (8.8%).

	OCCUPIED HOUSING UNITS	NO VEHICLE	1 VEHICLE	2 VEHICLES	3+ VEHICLES
Miami-Dade County	895,801	9.9%	37.6%	35.4%	17.1%
Florida	7,809,358	6.2%	39.5%	38.1%	16.2%
United States	121,520,180	8.5%	32.5%	37.1%	21.9%

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Heart Disease Mortality
Housing	Residents of Cluster 5, 6, 12, 13 ¹	Affordable housing (paying 30% or less of income on rent) allows an individual to budget for insurance, healthy foods, and to live a healthy lifestyle.
Transportation	Residents of Cluster 5, 6 ²	Transportation access increases the accessibility of services, healthy foods, employment.
Safety	Residents of Cluster 5, 8, 11, 13 ³	A safe environment decreases chronic stress levels which can impact a person’s heart health.
Parks	Residents of Cluster 5, 11 ⁴	Access to parks facilitates healthy lifestyle activities such as exercise.
Access to nutritional food	Residents of Cluster 5, 13 ⁵	A healthy diet is vital to heart health.

For the Neighborhood and Built Environment section, the Miami-Dade County Community Themes and Strengths Assessment (CTSA) was used to determine the social determinants of health that highly impacted chronic diseases in vulnerable populations in Miami-Dade County. To learn more about this assessment and to view the results, please visit [here](#).

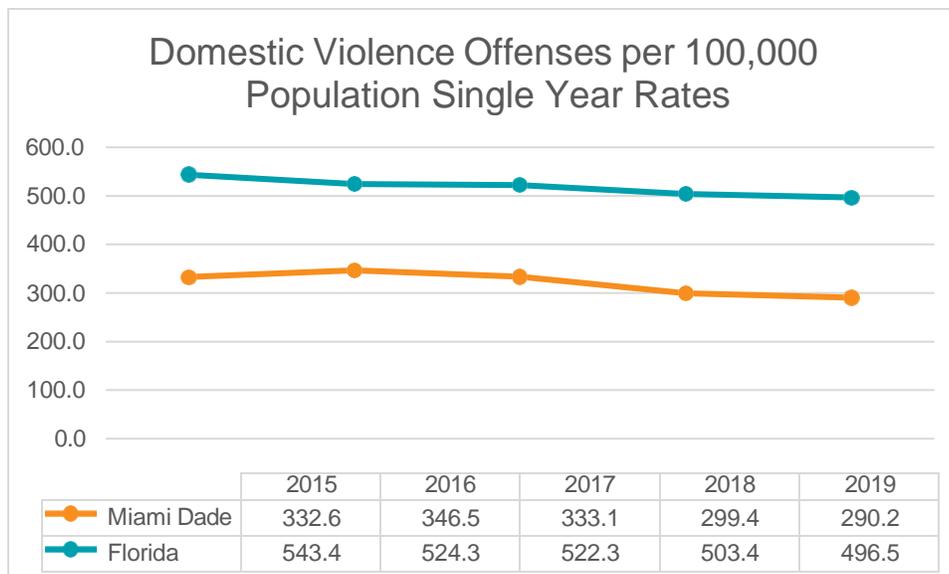
Sources:

1. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 36.
2. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 37.
3. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 35.
4. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 21.
5. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 42.

D. Social and Community Context



In the graph presented below, Miami-Dade County has lower rates of domestic violence when compared to the state's rates. The rates of domestic violence in 2019 for Miami-Dade County is 290.2 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.



Social and Community Context		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Heart Disease Mortality
Discrimination	Residents of Cluster 5, 6, 13 ¹	Discrimination in the healthcare system may lead to missed early warning signs by the provider or may have a chilling effect leading to an individual avoiding or delaying care.
Stress	Residents of Cluster 6, 7 ²	High levels of chronic stress have a negative impact on heart health. ⁵

For the Social and Community Context section, the Miami-Dade County Community Themes and Strengths Assessment (CTSA) was also used to determine discrimination and stress were factors that highly impacted chronic diseases in vulnerable populations in Miami-Dade County. To learn more about this assessment and to view the results, please visit [here](#).

Additionally, Healthy People 2030 shares discrimination can adversely affect health in various populations. It also states, “discrimination can be understood as a social stressor that has a physiological effect on individuals (e.g., irregular heartbeat, anxiety, heartburn) that can be compounded over time and can lead to long-term negative health outcomes.” It is important to consider these factors while they impact heart disease and one’s overall health.

Sources:

1. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 22.
2. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 13.
3. “Discrimination.” Discrimination - Healthy People 2030, US Department of Health and Human Services, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/discrimination>.

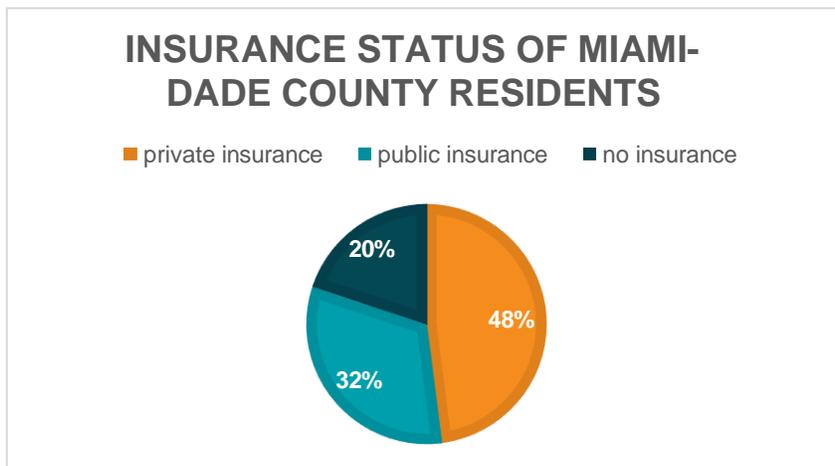
5. Tawakol, A., Ishai, A., Takx, R. A., Figueroa, A. L., Ali, A., Kaiser, Y., Truong, Q. A., Solomon, C. J., Calcagno, C., Mani, V., Tang, C. Y., Mulder, W. J., Murrough, J. W., Hoffmann, U., Nahrendorf, M., Shin, L. M., Fayad, Z. A., & Pitman, R. K. (2017). Relation between resting amygdalar activity and cardiovascular events: a longitudinal and cohort study. *The Lancet*, 389(10071), 834–845. [https://doi.org/10.1016/s0140-6736\(16\)31714-7](https://doi.org/10.1016/s0140-6736(16)31714-7)

E. Health Care Access and Quality



Health insurance coverage impacts a person's ability to receive the care they need. As shown in the graph, 79.3% of Miami-Dade County residents reported having health insurance coverage, surveyed by the United States Census Bureau and 20.7% reported not having health insurance. This proportion of uninsured is twice that of the United States overall, which has 10.5% listed as uninsured. Of those insured, 49.9% are insured with a private provider, while 33.4% are insured through a public health insurance provider.

Not having health insurance is a major barrier to care as paying for healthcare independently can be more expensive, depending on the healthcare service being provided. People who are uninsured may avoid care because they do not know what it will cost.



Health Care Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Heart Disease Mortality
Health Coverage	Residents of Cluster 7, 11, 13 ¹	Health coverage allows an individual to seek preventative care and to get adequate treatment.
Provider Linguistic and Cultural Competency	Residents of Cluster 1, 6, 13 ²	Cultural competency allows a healthcare provider and a patient to understand each other and prevents missed early warning signs.
Provider Availability	Residents of Cluster 5, 7, 11, 13 ³	Availability of the provider allows an individual to access care in a timely manner.

Sources:

1. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 60.
2. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 26.
3. Florida Department of Health, Health Council of South Florida (2019) Miami-Dade County Wellbeing Survey Analysis Chart 59.

VIII. SDOH PROJECTS

The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Office Advisory Committee. The Minority Health Liaison took into consideration the prioritized health disparity and the impactful SDOHs identified by the Health Equity Team during recruitment.

Please refer to the “Miami-Dade County Projects to Address the Social Determinants of Health” table in the following page to read more about the community partners, barriers identified, and collaborative strategies.

A. Data Review

The Health Equity Office Advisory Committee and Health Equity Team reviewed data, including health disparities and SDOHs. The Health Equity Office Advisory Committee and Health Equity Team also researched evidence-based and promising approaches to improve the identified SDOHs.

B. Barrier Identification

Members of the Health Equity Office Advisory Committee worked collaboratively to identify their organizations’ barriers to fully addressing the SDOHs relevant to their organization’s mission. Common themes were explored as well as collaborative strategies to overcome barriers.

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Miami-Dade County Projects to Address the Social Determinants of Health			
Partners	SDOH	Partner Barriers	Collaborative Strategies
Recover Restart Refreshed (\$200,000)	Healthcare Access and Quality	Provision of health educational services to the Faith-Based Community for the reduction of chronic disease to reduce the negative impact of COVID-19. Its goal is to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, and to develop or identify best practices for contact tracing.	Conduct multiple 3-week training on health literacy; develop individual nutrition plans; exercise plans; and refer participants to needed health services.
United Way Miami (\$150,000)	Economic Stability	Individuals with low income are predisposed to worse health outcomes because the existing socioeconomic gap. With a proper set plan to handle financial crisis, the threat of homelessness and poverty could be avoided and the negative impact upon these constituents' health would also be diminished	Identify unmet community needs, provide financial coaching and services, assist with tax preparation.
American Healthy Weight Alliance (\$400,000)	Neighborhood and Built Environment	The Provider will work with communities that are currently experiencing poor health outcomes related to access to healthy foods (obesity, diabetes, hypertension, etc.) by providing nutritional education and health counseling in the development of infrastructure and policy changes to reduce food insecurities and chronic diseases that contribute to increased negative health outcomes when exposed to COVID-19. At least three food	Target communities that are currently experiencing poor health outcomes related to access to health foods and will provide nutritional education and health counseling.

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		pantries will be implemented in communities that experience food insecurities. These pantries will be located at the Village of Allapattah YMCA Family Center, Healthy Little Havana, and one food pantry in the Homestead community.	
Metro Mommy Agency (\$200,000)	Healthcare Access and Quality	Provision of access to care through increased education of Doula services. Its goal is to improve linkage to care to reduce chronic disease that are exacerbated by COVID-19 exposures in populations that are at high-risk and underserved.	Partner with FQHC to develop referral form. Determine available resources, identify expectant families, and create educational materials
Healthy Little Havana (\$198,336.64)	Social and Community Context, Economic Stability	Provision of community linkage and access to care in the Little Havana community. Its goal is to improve community resource linkage and other COVID-19 response activities in populations that are at high-risk and underserved.	Train community liaisons, conduct outreach to those not technologically able.
University of Miami School of Law (\$700,000)	Social and Community Context, Neighborhood and Built Environment, Healthcare Access and Quality, Economic Stability	Engage in bidirectional education, advocacy and implementation of sustainable changes addressing health disparities and underlying social determinants of health that impact communities in Miami-Dade County.	Engage in bidirectional education, advocacy and implementation of sustainable changes addressing health disparities and underlying social determinants of health that impact communities in Miami-Dade County.

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<p>Overtown Children & Youth Coalition (\$200,000)</p>	<p>Neighborhood and Built Environment</p>	<p>Provision of Healthy Hubs in the park setting. Its goal is to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, and to develop or identify best practices for contact tracing.</p>	<p>CG9reate a parks-based community advocacy group, assess parks capabilities and needs, create parks-oriented emergency preparedness plan, provide services based on park assessment, develop sustainability plan, assess effectiveness of programs.</p>
<p>CLT Business Solutions LLC (\$200,000)</p>	<p>Social and Community Context</p>	<p>Provision of the development of educational curriculum for health equity. a. Its goal is to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, and to develop or identify best practices for contact tracing.</p>	<p>Create curriculum, conduct focus groups to refine effectiveness of curriculum, educate the community using the curriculum.</p>
<p>Florida Memorial University (\$406,243)</p>	<p>Education Access and Quality</p>	<p>Florida Memorial University will create a sustainable solution to educate and encourage youth and families in Miami Gardens, Florida.</p>	<p>Launch Engaged Community Schools as a cross-sector community collaborative in partnership with local elementary, middle, and high schools, as well as faith-based institutions, nonprofits, community-based organizations, health care providers, and other community stakeholders.</p>
<p>Florida International University (\$1,299,489.20)</p>	<p>Healthcare Access and Quality</p>	<p>FIU Thrive will advance health equity, systems transformation, public health response readiness, and the management of health for patients and populations by aligning systems and data from patient-consumers, community organizations, health care, social services, public policy into a coordinated health</p>	<p>Will provide an interoperable health IT ecosystem that empowers patients to participate in managing their health and partnering in their health and social care while facilitating community resource referrals, care coordination, and care management between patients, community</p>

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		information technology (IT) ecosystem that centers on patients and their households as its point of integration.	outreach teams, social and community-based organizations, and healthcare providers.
University of Miami School of Architecture (\$475,000)	Neighborhood and Built Environment	Based on extensive research confirming associations of higher levels of neighborhood greenness with lower levels of disease burdens including diabetes, dementia, cardio-vascular disease, hypertension, known to contribute to negative health outcomes for COVID-19, as well as associations of parks proximity with higher levels of physical activity and lower levels of obesity, also known to contribute to negative health outcomes for COVID-19, this project seeks to significantly enhance accessibility and greenness in Miami- Dade parks in high-risk and underserved racial and ethnic communities to reduce disease burdens and encourage physical activity.	Enhance accessibility and greenness in Miami-Dade Parks in high-risk and underserved racial and ethnic communities to reduce disease burdens and encourage physical activity negative health outcomes for COVID-19.
Miami Center for Architecture & Design (\$300,000)	Neighborhood and Built Environment	The Miami Center for Architecture & Design, Inc., will work with a team to update the Active Design Miami Guidelines previously created review work that has been done by our partner municipalities to determine implementation of Active Design Miami and Complete Streets, and address the health inequities as they relate to the built environment, looking most	The expansion project will present clear and accessible recommendations on how to create systems, strategies, policy, and practice to support the health of communities, most importantly those that are underserved and were particularly affected by the COVID-19 Pandemic.

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		specifically at the zip codes that the DOH-Miami-Dade has supplied us.	
Common Threads (\$200,000)	Education Access and Quality, Social and Community Context, Economic Stability	Provision of nutrition education services. Its goal is to improve nutrition education capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, and vulnerable to negative health outcomes related to COVID-19 due to lack of nutrition education.	Provide programming to 1 school and 21 parks in Miami-Dade County, consisting in a total of 5 (8 lesson) sessions, 1 (10 lesson) session, 22 (1 lesson) session.
Lotus House (\$200,000)	Healthcare Access and Quality	Provision of Wrap around health education services. Its goal is to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, and to develop or identify best practices reducing negative health outcome associated with chronic disease and COVID-19.	Provide detailed needs assessment for clients, develop action plan, guide access to healthcare services, conduct exit planning, provide shelter, food, clothing, life skills coaching.
Arts A L (\$200,000)	Social and Community Context	For children, the COVID-19 pandemic has led to serious disruptions of their lives including restrictions on school-related activities and numerous other stressors that may continue to pose challenges to their health and well-being. Physical activity is an important contributor to overall health and engaging in regular physical	Implement a physical activity model program in which students are actively engaged after school. Using age-appropriate physical activity, this program will incorporate learning, movement,

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		activity can decrease the risk for numerous adverse health outcomes.	education and fun into an activity that students will find engaging.
ConnectFamiliias (\$200,000)	Social and Community Context, Healthcare Access and Quality, Education Access, and Quality	Children from low-income families are more likely to experience disabilities than children from higher-income families. Children who are most at risk for developmental problems have experienced multiple risk factors during early childhood, including poverty, domestic violence, a biomedical risk condition, child maltreatment, and/or having a single parent, a parent with a mental health problem, or teenage parent.	Promote and educate the community on the importance of early developmental and social-emotional screening and access screening for children under the age of 5. Conduct Health Literacy workshops. ConnectFamiliias will conduct a community needs assessment and co-design solutions leading to a community action plan to ensure all children are ready for school.
YMCA of South Florida (\$190,254.33)	Healthcare Access and Quality	Residents of certain areas of Miami-Dade County struggle with an array of barriers that inhibit their ability to thrive which are tied to social, health, economic and quality of life outcomes. During the Covid-19 pandemic, these intersections of the social determinates of health combined with the comorbidities like age and race, leave certain communities within the City of Miami at a higher risk of having higher disparities in comparison to other neighborhoods	The YMCA proposes to serve 7,600 residents of the six City of Miami neighborhoods of: Allapattah, Little Havana, Little Haiti, Over Town, Liberty City and Brownsville. The overall project goal is to Improve Healthcare Access and Quality in the targeted minority population and will be delivered through YMCA Community Health, Outreach & YMCA Health Navigation (YHN) Program

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<p>Universal Heritage Institute (UHI) community Care Clinic (\$123,379)</p>	<p>Healthcare Access and Quality</p>	<p>More than a third of the Miami-Dade County population, underage of 65, are uninsured. Miami-Dade County's poor, uninsured, minority residents are leading health compromised lives, especially in chronic disease management (hypertension, diabetes, and obesity).</p>	<p>Expand primary medical practice, ensuring surrounding demographics are being engaged and represented in the clinic patient population. Develop a program evaluation methodology using best practices. Create social services and case management capacity for patients.</p>
<p>Buddy System (\$200,000)</p>	<p>Social and Community Context, Economic Stability</p>	<p>Food insecurity numbers are staggering. There are over a million food insecure people in South Florida alone, and approximately 10.3% of Miami-Dade County remains hungry. Because the area of need is so large, and the population ever-growing, it is important to focus our efforts on the county, rather than individual cities Food Access program is a multifaceted approach to healthy food access and food security</p>	<p>Build our capacity to continue our program in a more sustainable way. Create a specific schedule that the pantry will be open and staffed by an employee. Conduct regularly outreach in the neighborhoods that will improve the services offered and provided. Arrange and coordinate more partnerships.</p>
<p>Southern Birth Justice Network (\$200,000)</p>	<p>Healthcare Access and Quality</p>	<p>The provision of health education during pregnancy has been shown to be an important aspect of prenatal care. Maternal health behaviors during and after pregnancy such as smoking, drug use, infant sleep practices, breastfeeding rates, nutrition, and immunization have shown to affect both maternal and fetal health outcomes</p>	<p>The activities within this project will help with improving coordination, collaboration and linkages among public and private entities that specifically address maternal child health disparities related to the social determinants of health.</p>

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<p>Citrus Health Network, Inc. (\$200,000)</p>	<p>Healthcare Access and Quality</p>	<p>The Citrus Health Network (CHN) target area has been documented by local, state, and national data as an area that has been underserved. Persons who do not have a primary care home due to not having insurance, being underinsured, or not understanding how to navigate health systems can add to risk factors and other chronic health conditions related to the CDC's Four Domains of Chronic Disease Prevention. The third domain, health system strategies are implemented to improve the delivery and use of clinical and other preventive services that are designed to prevent disease or detect it early, reduce risk factors, and manage complications.</p>	<p><i>PC Link Program</i> will improve healthcare access and quality through addressing access to a primary care medical home. Increase the proportion of people with a usual primary care provider.</p>
<p>Center for Multicultural Wellness and Prevention (\$200,000)</p>	<p>Economic Stability</p>	<p>Provision of health literacy education services to clients at designated service locations. Its goal is to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, and to develop or identify best practices for contact tracing.</p>	<p>Develop and conduct financial literacy services and provide health education services to clients.</p>
<p>Health Education Prevention and Promotion, Inc. (\$200,000)</p>	<p>Healthcare Access and Quality</p>	<p>Provision of Preventive Health educational services to improve health outcomes related to chronic diseases in communities that experience higher rates of COVID-19 hospitalization and/or death rates.</p>	<p>Provider will provide preventive health education services using evidenced-based strategies to improve health outcomes related to chronic diseases to clients at</p>

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			designated service locations through a diabetes self-management program.
SB Pro Writing Services LLC (\$100,000)	Education Access and Quality	Health services an advance health equity to prevent and control COVID-19 infection among higher risk and underserved communities effected by COVID-19 related health disparities	Will work to provide health literacy education services. They will work with the older adult population to increase their literacy who are lacking these resources and advancing healthcare access for them too.
Jessie Trice Community Health System (\$200,000)	Healthcare Access and Quality	Provision of preventive health educational services to improve health outcomes related to chronic diseases in communities that experience higher rates of COVID hospitalization and/or death rates.	Community Health Workers (CHW) will provide culturally competent and effective education, screening and referral services that concentrate on the significant impact of COVID-19 on communities of color, specifically on individuals who have chronic conditions such as hypertension, diabetes, asthma and obesity, as well as those who are tobacco users.
Healing Heart Housing Education Program (\$200,000)	Neighborhood and Built Environment, Economic Stability	Past history has taught us those evictions and foreclosures persistently affect the same communities. The people and places most vulnerable to a housing loss before a crisis are often the ones who experience displacement most acutely during hard times. To prevent community displacement, Dade Residential Education (DRE) Community Housing is proposing to implement the Healing Heart Housing Education Program. The evidence is	Implement this program to Promote the public's awareness of housing needs and issues through informational and educational efforts. Promote equitable housing opportunities for residents in targeted ZIP codes. Increase resource efficiency by developing a housing community resource guide.

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		strong that addressing housing insecurity can improve individual and population-level physical and mental health and alleviate various health conditions like respiratory infections, asthma, lead poisoning, mental health conditions and more. Moreover, when permanent supportive housing is supplied to targeted populations, especially for vulnerable people with mental illness or chronic conditions, health improves, unnecessary hospitalizations are reduced, and cost can be reduced.	
Caring for Miami (\$200,000)	Neighborhood and Built Environment	Works to improve the lives of low income families in Miami Dade County by caring for their physical, spiritual and emotional need, provides access to healthy meals, affordable dental care, and English language education. They provide care to all people including individuals from marginalized groups such as racial and ethnic minorities of low-income populations. Regardless of religion, ethnicity, or gender, care is available and provided to those in need without discrimination.	Will provide a nutrition education program that teaches clients about nutritious food, how to make the most of their food budgets, substituting recipe favorites with healthier options, and how nutrition plays an active role in overall health. The nutrition education program will actively provide access to meal plans, recipes, and cooking demonstrations featuring fruits and vegetables with a focus in chronic disease management and maintaining a healthy lifestyle.
Jackson Health System (\$487,792)	Healthcare Access and Quality	The COVID-19 pandemic has impacted all the residents of Miami-Dade County (MDC)—economically, socially, and most importantly, physically and mentally. In some medically underserved communities, the	JHS will open “pop-up” access to care and outreach offices at two JHS locations serving communities with significant Black population who live at or below the poverty lin. They will provide (1) fundamental

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		<p>pandemic has exacerbated the health challenges its residents faced prior to its onset, and health disparities have been widened. This population is vastly affected by major social determinants of health, including persistent poverty. Up to 25% of Black residents in the county live at or below the poverty line and this has led to food insecurity, housing insecurity, being unhoused, lack of up-to-date information technology devices, lack of access to continuous Wi-Fi for internet connectivity, and low to no digital literacy.</p>	<p>outreach, health screening, and education to the target population, (2) perform basic health screening, provide COVID-19 vaccination, ensure linkage to primary care, and help coordinate appointments,(3) to support help link the patients to necessary social/community services and provide Medicaid eligibility assessment and enrollment assistance, as well as establish a trustworthy relationship to promote and ensure overall wellness, (4)to address health literacy needs and provide any health and wellness education, and further support the project through community outreach and (5) to support the computer literacy and digital needs of the patient, including electronic informational needs, appointment scheduling, job search, search for basic resources in the community, schedule vaccination and testing, and downloading useful applications to mobile phones</p>
<p>West Kendall Baptist Health (\$189,294.07)</p>	<p>Healthcare Access and Quality</p>	<p>More than 35% off residents living in 33175 are uninsured, through the Healthy Hub initiative they would be able to link residents to health navigators for them to gain access to insurance, and/or free or reduced cost health care via community partners.</p>	<p>The Healthy Hub program will extend their services to the zip code 33175 with approximately 56,000 residents to intervene in preventable conditions by engaging and empowering individuals to learn their health status.</p>

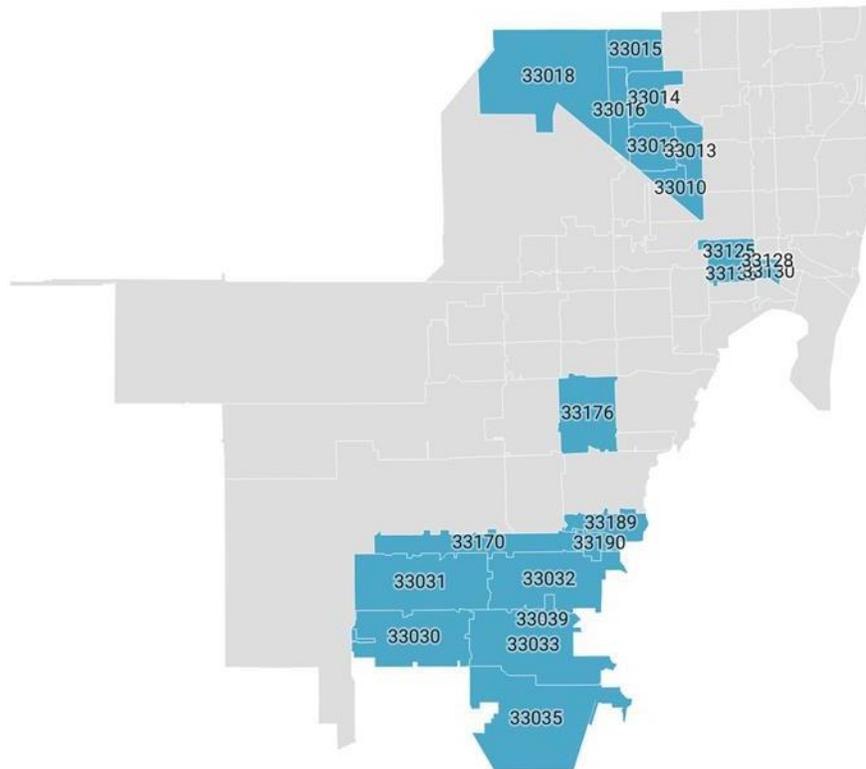
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<p>Community Health of South Florida (\$158,873)</p>	<p>Healthcare Access and Quality</p>	<p>To increase access to preventive health education for vulnerable communities within Florida City, Florida. b. To reduce morbidity and mortality associated with infectious illnesses such as Covid-19 and HIV, late-stage detection of illnesses and unmanaged chronic conditions.</p>	<p>To provide bi-weekly (twice per week) access to preventive health education directly in high-need, community-based locations within Florida City using CHI's two mobile health vans (mobile medical van and mobile dental trailer). To provide a minimum of 1,055 preventive health education service. Collaborate with the City of Florida City, faith-based organizations, non-profit social service organizations and other community stakeholders to increase the community awareness of CHI's mobile preventive health education services in Florida City and ensure high levels of utilization of these services among Florida City residents.</p>
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C. Grantee Focus Area Maps by SDOH

Economic Stability Grantee Focus Areas

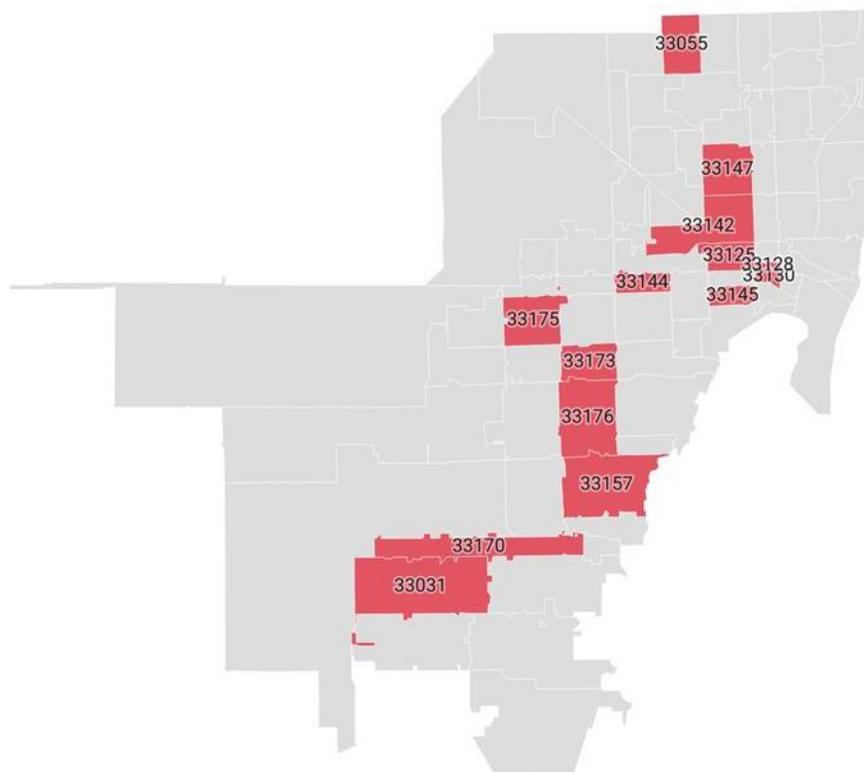


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Partners:

- Buddy System MIA
- Healing Heart Housing Education Program
- Healthy Little Havana
- The Center for Multicultural Wellness and Prevention
- United Way Miami
- University of Miami School of Law

Education Access and Quality Grantee Focus Areas

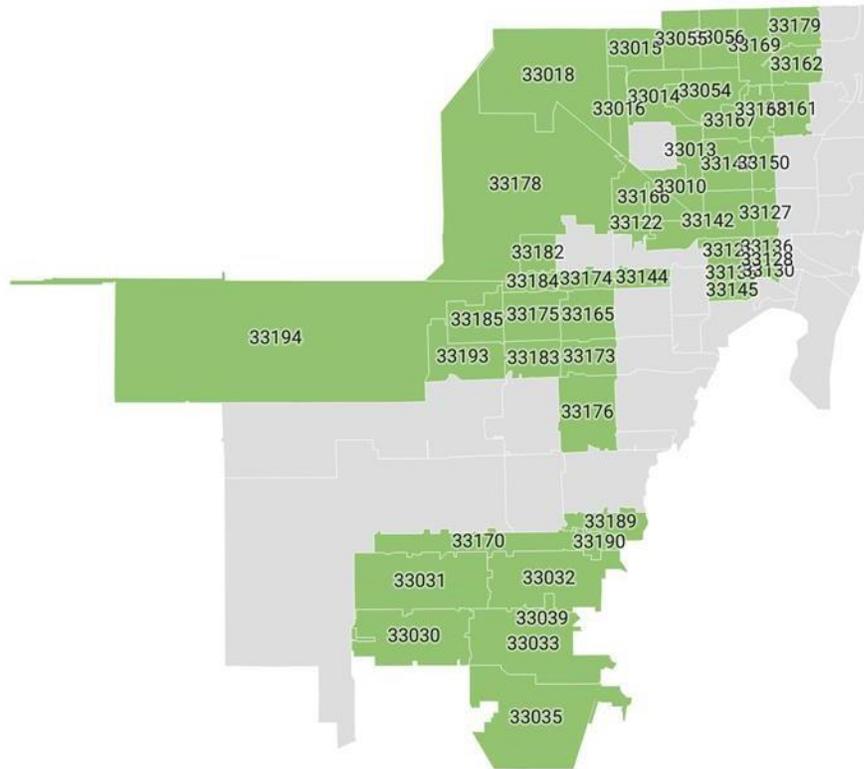


Created with Datawrapper

Partners:

- Common Threads
- ConnectFamiliesInc
- Florida Memorial University
- SB Pro Writing Services LLC

Healthcare Access and Quality Grantee Focus Areas

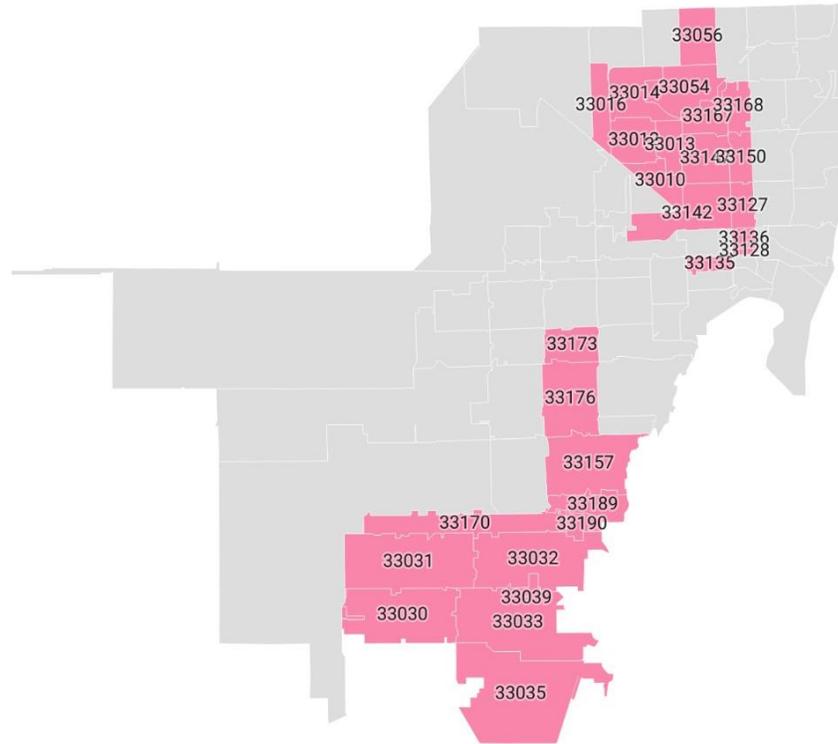


Created with Datawrapper

Partners:

- Citrus Health Network
- ConnectFamiliasInc
- Florida International University
- Health Education Prevention and Promotion
- Jessie Trice Community Health System Inc
- Lotus House
- Metro Mommy Agency LLC
- Recover Restart Refreshed
- Southern Birth Justice Network
- University of Miami School of Law
- YMCA of South Florida

Neighborhood and The Built Environment Grantee Focus Areas

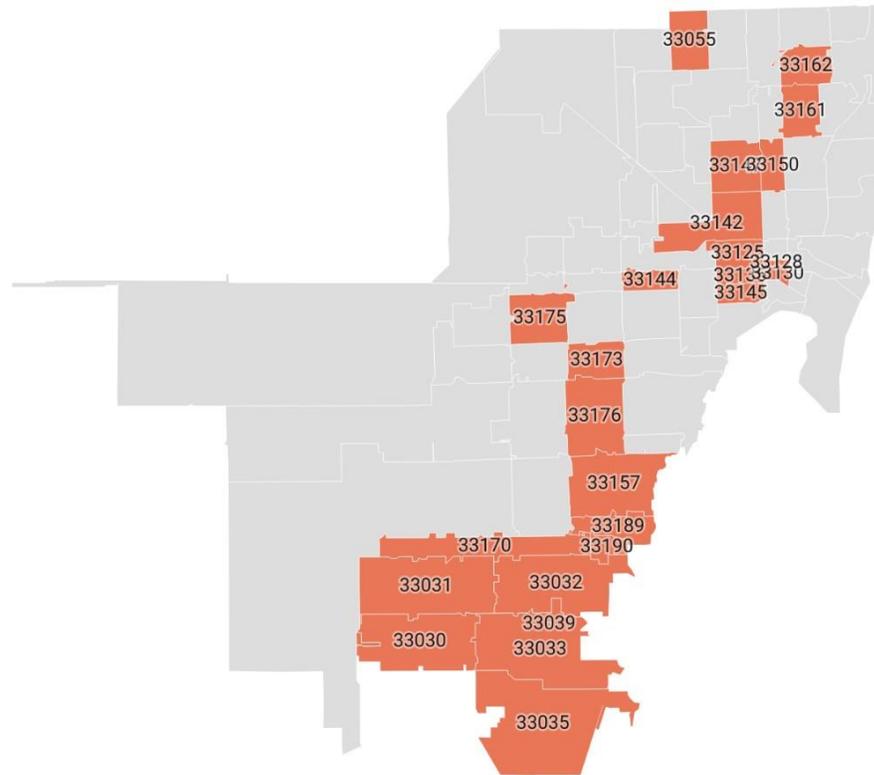


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Partners:

- American Healthy Weight Alliance Inc
- Healing Heart Housing Education Program
- Miami Center for Architecture and Design
- Overtown Children and Youth Coalition
- University of Miami School of Law
- University of Miami School of Architecture

Social and Community Context Grantee Focus Areas



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Partners:

- Arts a L, Inc
- Buddy System MIA
- CLT Business Solutions
- Common Threads
- ConnectFamiliesInc
- Healthy Little Havana
- University of Miami School of Law

D. Community Projects

The Health Equity Office Advisory Committee researched evidence-based strategies to overcome the identified barriers and improve the SDOHs that impact the prioritized health disparity. The Health Equity Office Advisory Committee used this information to collaboratively design community projects to address the SDOHs. Projects included short, medium, and long-term goals with measurable objectives. These projects were reviewed, edited, and approved by the Coalition to ensure feasibility.

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

Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness and ultimately the performance of public health systems.

The process consists of four separate assessments:

- Local Public Health System Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment
- Community Health Assessment

The four assessments will help us determine the health status, health needs and health inequities among Miami-Dade County residents. It is also important to highlight the MAPP process will be redesigned and will continue to be a community led process to improve population health. The new foundational MAPP principles that will be evaluated include health equity, inclusion, trusted relationships,

community power, strategic collaboration and alignment, data and community informed action.

From the results of the assessments, the Florida Department of Health in Miami-Dade County developed the Community Health Improvement Plan (CHIP). This plan encompasses input from a multidisciplinary and multisectoral group of community leaders coming together to develop a comprehensive health agenda. The CHIP is a plan that the entire public health system in Miami-Dade County will be able to follow to coordinate resources for a more efficient targeted and integrated health improvement efforts (Florida Department of Health, 2012). The CHIP is directly linked to the State Health Improvement Plan (SHIP). The 2019-2024 Miami-Dade County's CHIP addresses six strategic health priorities. These strategic health priorities are Health Equity, Access to Care, Chronic Disease, Maternal Child Health, Injury/Safety/Violence, and Communicable Diseases and Emergent Threats.

The Florida Department of Health in Miami-Dade County's CHIP has four specific Health Equity goals in the CHIP, which focus on equity topics such as service linkage, educational services, community involvement, and affordable and quality housing.

The Florida Department of Health in Miami-Dade County was also tasked with developing a PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) intervention as part of the Florida Healthiest Weight framework. The goal of this program is to minimize the disparities that exist in the built environment of communities. Built environment includes the physical makeup of where residents live, work, and play—including access to healthy foods and neighborhood safety. During project design, the Health Equity Office considered the policies, systems and environments that lead to inequities and used the data from the four community assessments carried during the MAPP process to determine the priority zip-code. Using these results, the Florida Department of Health in Miami-Dade County developed a targeted intervention focused on food security for the target zip-code of 33031.

The project timeline is based on the 12 PACE-EH steps. The development phase of this project, from January 2022 until July 2022, includes PACE-EH steps 1-11. This includes preparation such as finding and involving community partners in the creation of the community intervention. The final PACE-EH step encompasses program evaluation and will take place in August 2022 along with the implementation. The most important and last point on the timeline is garden sustainability. This includes appointing a community garden key organizer and creating long-lasting relationships with community partners.

The PACE-EH framework involves program planning, implementation, and evaluation using input from the community. To carry out this program, the FDOH-MDC is collaborating with Three Virtues Organization, the Green Haven Project, and the University of Florida's Institute of Food and Agricultural Sciences (UF/IFAS) Extension Program. Three Virtues is located within the Homestead Housing Authority and has close ties to the community through their community programs. They offer a food pantry, after school programming, a summer camp, and social services to the public. The Green Haven Project is an established community garden network throughout Miami-Dade County and Broward County led by two Miami residents. These gardens were created by the community for the community and the FDOH-MDC has partnered with them to ensure the success of this PACE-EH project. Finally, the UF IFAS Extension program focuses on nutrition education and horticulture. The IFAS Extension's expertise in gardening is being used in the planning and implementation phases of this project.

The PACE-EH project is a community garden hosted along two community-based organizations and is scheduled to open in Fall 2022. The goal of the project is to promote health, increase food access, and improve involvement by creating a communal garden and cultivating a sense of community at the Three Virtues Food Pantry location. The project is estimated to reach 600 people a month and will provide 50 produce grow bags to families in the area along with nutritional education provided by the FDOH-MDC and UF IFAS Extension. As the project is further developed, more details will be included for the objectives.

E. Community Project Action Plan

Goal	Strategy	Objective	Measure
Increase food access	Implement community Garden-In-A-Bucket at accessible location for zip code 33031.	Increase the number of community gardens in 33031 providing fresh produce to the community from 0 to 1.	# of community gardens
		Increase the number of garden buckets available in 33031 from 0 to 120 per month.	# of garden buckets made available
Improve community involvement	Recruit community members to provide input and support for community garden.	Increase the perception of community engagement.	% of people who report feeling community support in the area (community survey)
		Increase the number of community engagement opportunities through the community garden.	# of community members who volunteer to upkeep the garden
		Increase the number of volunteering opportunities for youths at the community garden.	# of volunteer openings reserved for youth # of volunteer hours approved
Provide cultural opportunities	Incorporate community recipes into development of community garden.	Increase the variety of produce options made available.	# of different produce options available # of seeds made available
		Increase the number of recipes submitted by community members at the distribution site.	# of recipes provided by community members
Increase health benefits	Improve health conversations within the community.	Increase the number of educational materials provided.	# of health educational resources available at the site of the community garden.

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Healthcare Access and Quality

Objective	Measure	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value
Plan Alignment - CHIP Goal Health Equity 1: Improve service linkage to encourage equity.						
Increase access to telehealth services within the public health system network of care	percentage of plans that reimburse for telehealth	DOH Miami-Dade County Staff	HEO-AC Members	AHCA	43%	TBD

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Create a network of affordable and available mental health services in Miami-Dade	# of behavioral mental health professionals per 100k population	DOH Miami-Dade County Staff	HEO-AC Members	FLDOH, Division of Medical Quality Insurance	103 per 100k (2,951 total)	TBD
	scores/ratings for Medicaid health plans for behavioral health care; how many plans have a score lower than the state in 2 or more categories			Florida Health Finder. Gov (AHCA)	8/15	TBD
Increase the accessibility of health insurance coverage/improve the amount of people who have health insurance coverage	number uninsured	DOH Miami-Dade County Staff	HEO-AC Members	US Census, ACS Table S2701	422,458	TBD
Improve ability of Health Care professionals to communicate with patients in their preferred language (cultural competency)	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD

* To be determined (TBD) after the formation of subcommittees groups by July 2022

B. Education Access and Quality

Objective	Measure	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value
Plan Alignment - CHIP Goal Health Equity 2: Provide access to quality educational services.						
From 2022-2027, a 5-year plan will be established to increase high school graduation rates in Miami-Dade County overall by 5%.	High school Graduation Rates	DOH Miami-Dade County Staff	HEO-AC Members	Florida Department of Education	90%	TBD
From 2022-2027, a 5-year plan will be established to increase high school graduation rates by 10% for black students in Miami-Dade County.	High school graduation rates by race	DOH Miami-Dade County Staff	HEO-AC Members	Florida Department of Education	85.6%	TBD

C. Social and Community Context

Objective	Measure	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value
Plan Alignment - CHIP Goal Health Equity 3: Improve Community Involvement.						
Incentivize housing builders to create housing that is accessible for all Miami-Dade residents including those with disabilities by creating a set of recommendations in a year from 0 to 1.	recommendation sets created	DOH Miami-Dade County Staff	HEO-AC Members	TBD	0	1
Improve quality of maintenance for existing public housing by increasing the amount of existing funding set aside for public housing maintenance.	dollars allocated for public housing maintenance	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD

D. Economic Stability

Objective	Measure	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value
Equitable access to online services.	% of households with one or more types of commuting devices	DOH Miami-Dade County Staff	HEO-AC Members	US Census, ACS Table S2801	92.4%	TBD
	% of households with access to broadband internet				80%	
Increase financial stability for black population through increasing use of traditional banking.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD

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Increase the amount of residents who are connected services for home buying and tenant rights.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD
Reduce the difficulty of denial of benefits appeal in order to decrease the gap in services.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD
Equitable access to government programs to low-income people to increase the number of eligible people applying. Increase awareness of eligibility of programs, improve accessibility of languages in materials.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD
Break down structural racism to provide more opportunity to small businesses. Due to a lack of capital, small businesses suffer.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD
Increase the availability of section 8 housing in Miami-Dade County from X% to X%.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD

E. Neighborhood and Built Environment

Objective	Measure	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value
Plan Alignment - CHIP Goal Chronic Disease 3: Increase the percentage of children and adults who are at a healthy weight.						
All municipalities in Miami-Dade County will have a plan in place to implement all aspects of complete streets.	number of municipalities with complete streets plan	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD
Plan Alignment - CHIP Goal Injury Safety and Violence 2: Build and revitalize communities so that people have access to safer and healthier neighborhoods						
Implement heat safety infrastructure as part of all Complete Street implementations across Miami-Dade County.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD
Miami-Dade County will implement a bicycle rental program to promote physical activity across all municipalities.	TBD	DOH Miami-Dade County Staff	HEO-AC Members	TBD	TBD	TBD

X. PERFORMANCE TRACKING AND REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMHHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. At least quarterly, the Minority Health Liaison meets with the Health Equity Office Advisory Committee to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator. The Regional Health Equity Coordinator leaders provide feedback to the Minority Health Liaison and the Health Equity Office Advisory Committee from these annual reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

XI. REVISIONS

Annually, the Health Equity Office Advisory Committee DOH staff members review the Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is then used to revise the plan as needed.

Currently, there are no revisions for Miami-Dade County. This is the first year the Health Equity Plan has been created. Once this plan is completed in December 2024, revisions will be considered and included for the next plan.