



Florida Department of Health in Broward County
COMMUNITY HEALTH IMPROVEMENT PLAN

2021 - 2026

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Executive Summary

Broward County has a long history of collaboratively planning across multiple state, county, and local entities from the public and private sectors to ensure the highest quality of care that also reduce redundancies and duplication within the system of care. The Florida Department of Health in Broward County (DOH-Broward) utilized this existing community-based planning structure to assist in the development of the Community Health Assessment (CHA) which is the foundation for the Community Health Improvement Plan (CHIP).

A Community Health Needs Assessment (CHNA) has been conducted in Broward County for more than 20 years with the intent of assessing quality of life and well-being of the community. In 2018-2019, Broward Regional Health Planning Council continued this qualitative approach to understand how well Broward residents are faring. Professional Research Consultants, Inc (<https://prccustomresearch.com/>) was contracted to gather input from the community using a Community Health Survey (Community Themes and Strengths Assessment).

A Community Health Needs Assessment Advisory Council that included participation by DOH-Broward was convened with the mission to:

- Guide the assessment process.
- Act as a sounding board and assist in obtaining community input.
- Participate with the Planning Team in evaluating health issues and priorities once the assessment is completed.
- Engage in collaborative action planning on an ongoing basis.

The Community Health Assessment Advisory Council began meeting on December 13, 2018 and ended on March 14, 2019. During these meetings, the Council reviewed health rankings and quantitative community health data, and qualitative data sets which included key informant interviews, community conversations, a community health survey, and provider and community focus groups. These data sets were analyzed and discussed to identify and prioritize the following community health needs areas: Access to Care; Social Determinants of Health (SDOH); Preventive Care; Community Education; Quality of Care; and Substance Abuse/ Mental Health focusing on Broward Health strategic planning.

A copy of the 2019 Broward Health CHNA can be accessed at: <https://www.browardhealth.org/-/media/Broward-Health/Pages/Other-PDFs/2019-Broward-Health-CHNA.pdf?la=en>. Page 7 of the 2019 Broward Health CHNA shows the results of the discussion by the Broward Health Community Health Needs Assessment Advisory Council. The Council prioritized the needs as:

- Access to Care
- Community Education
- Preventive Care
- Quality of Care
- Social Determinants of Health
- Substance Abuse/Mental Health

These priorities were then ranked using qualitative and quantitative data sources. The results of this ranking were:

1. Access to Care
2. Social Determinants of Health
3. Preventive Care
4. Community Education
5. Quality of Care
6. Substance Abuse/Mental Health

The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. A total of 15 areas were identified with 4 identified as local in scope. These were: 1) Community Collaboration; 2) Diversity; 3) Social/Emotional Learning and ACES; 4) Transportation. Hurricanes and COVID-19 were added to the list due to the need for response and protecting citizens and visitors.

The DOH-Broward Community Health Assessment (CHA) was made available for public review and comment on the DOH-Broward website for 10 days (March 1 – 10, 2021). Once the comment period closed, a review of comments was made and used to develop the CHIP strategies, target dates, and identify key partners for each priority area. The CHIP was posted on the DOH-Broward website for community review and feedback for 10 days (March 11-March 21, 2021). The Broward Regional Health Planning Council voted to approve and implement the plan on March 22, 2021. CHIP strategies summarized below:

1. Access to Care
 - a. Increase health insurance for children ages 0-18
2. Communicable and Infectious Diseases
 - a. Reduce the Incidence of Communicable and Infectious Diseases
3. Maternal, Infant and Child Health
 - a. Perinatal transmission of HIV
 - b. Syphilis cases/incidence
 - c. Cervical Cancer
 - d. Infant Mortality (blacks)
 - e. Fetal deaths
4. Preventive Care
 - a. Immunizations
 - b. Unintentional Injury and Drug Use
 - c. Obesity, Black Adults

Introduction

The Mission of the integrated Florida Department of Health is “to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts”. In accordance with this Mission, DOH-Broward engaged with the Broward County community in the Mobilizing for Action through Planning and Partnerships (MAPP) process in 2012, 2016, and 2019. MAPP is a strategic approach to community health improvement and assists communities to improve health and quality of life through community-wide strategic planning. MAPP includes four separate assessments: Community Health Status, Community Themes and Strengths, Local Public Health System, and the Forces of Change.

Broward County has a long history of collaboratively planning across multiple state, county, and local entities from the public and private sectors to ensure the highest quality of care that also reduce redundancies and duplication within the system of care. This community-based planning structure has been utilized since 2004. The organizations participating in this process represent hospital and healthcare providers, faith-based community, academic institutions, tribal nations, local school district, state and local government agencies, businesses, and others. DOH-Broward joined with this wide range of community key partners representing multiple sectors of the community in developing the community health assessment (community health needs assessment) and the community health improvement plan. The following agencies participated in this process:

Community Key Partner Agencies

211 Broward
Agency for Health Care Administration
Aging and Disability Resource Center of Broward County
Alliance for a Healthier Generation
American Heart Association
American Lung Association
AT&T
Audacious Inquiry
BAND
Baptist Health Systems
BCHPPC Perinatal HIV Workgroup
Berger Singerman
Brazilian Faith Based
Brickell Bay Realty Group
Broward Behavioral Health Coalition
Broward College
Broward County Comprehensive School Health Advisory Committee
Broward Community and Family Health Center
Broward County Government
Broward County Healthcare Services
Broward County Human Services
Broward County Medical Association
Broward County Municipalities
Broward County Public Elementary Schools
Broward County Public Schools
Broward County Sheriff's Office
Broward Health
Broward Health Coral Springs
Broward Health Imperial Point
Broward Health Medical Center
Broward Healthy Start Coalition
Broward Regional Health Planning Council, Inc.
Broward Sheriff's Office
Broward Teachers Union
Broward Wellness Center
Career Source
CCB Million Meals Committee
Child Net
Children's Diagnostic and Treatment Center
Children's Services Council of Broward County
City of Dania Beach
City of Lauderdale Lakes
Commit 2B Fit
Community Action Center
Community Advocates
Community Ambassadors
Community Health Action Information Network
Cooperative Feeding Program
Coordinating Council of Broward
Cordova Rodriguez & Assoc., Inc.
Department of Children and Families
EMS Council
ESciences Inc.
Family Central
Florida Atlantic University
Florida Department of Children and Families
Florida Department of Transportation
Florida International University
Florida Introduces Physical Activity and Nutrition to Youth
Galt Ocean Community
Gilda's Club South Florida
Greater Fort Lauderdale Realtors
Harvard Jolly, Inc.
Health Choice Network
Healthy Mothers, Healthy Babies
Healthy Start Coalition
HealthStreet
Henderson Behavioral Health
High Impacto
Hispanic Unity of Florida
HIV Surveillance
Holy Cross Hospital
Hospital ED's
Housing Authority
Humana Bold Gold
Image
KidCare
Latino Salud
Lauderhill Mall
Legal Aid Service of Broward County
Leukemia and Lymphoma Society
Light of the World Clinic
Local businesses
Malka & Kravitz, P.A.
Marjory Stoneman Douglas High School
Maternal Child Health Systems Committee (MCHSC)
Medical Staffing Network
Memorial Healthcare System
Miccosukee Tribe of Florida
Miller Legg

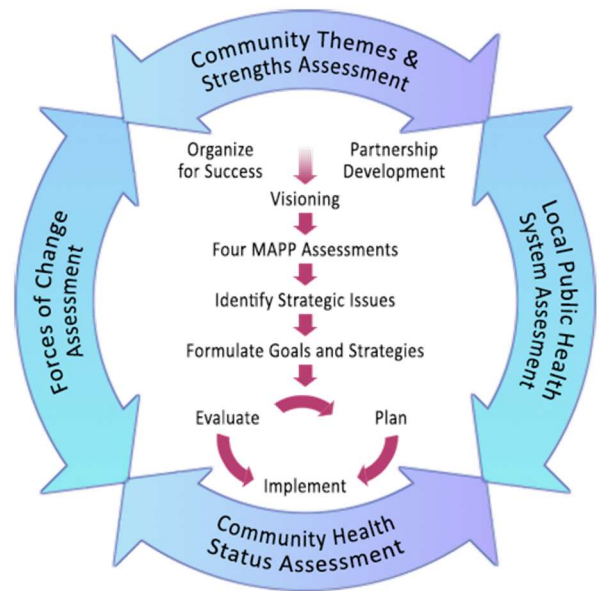
Minority Development and Empowerment, Inc.
Miramar Fire-Rescue
Nova Southeastern University
Nurses
Nutrition and Fitness Task Force of Broward
County
On Call Leadership, Inc.
Phyl's Academy
Physicians
Planned Parenthood
PRIDE
Primary Care Providers
Project Caine
Publicly funded HIV testing sites
Regent Bank
Retired Public Health Subject Matter Experts
Revive Lives
Sanofi Pasteur
Save-A-Lot food stores
School Board of Broward County
Seminole Tribe of Florida
Smart Growth Partnership of Southeast Florida
South Florida Regional Planning Council
Special Olympics
Sunrise Fire / EMS
Sustainable Performance Solutions
Transforming Our Community's Health
(TOUCH)
Treatment providers
United Way of Broward County
Urban Health Solutions
Urban League of Broward County
US Social Security Administration
US Veterans Administration
Volunteer Broward
Western Community Leader
Whole Foods Market
WIC
WorkForce One
World AIDS Museum
YMCA of Broward

Overview of MAPP Process

MAPP is a community-driven strategic planning tool developed by the National Association of County & City Health Officials (NACCHO) for improving community health.

The MAPP process consists of 6 phases outlined below:

- **Phase 1:** Organizing and Engaging Partners
 - The first phase of CHA/CHIP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership.
- **Phase 2:** Visioning
 - The second phase guides the community through a collaborative, process that leads to a shared community vision and values.
- **Phase 3:** The Four MAPP Assessments
 1. *Community Health Status Assessment:* Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data.
 2. *Forces of Change Assessment:* The impact of forces, such as legislation and technology, that affect the context of the community are evaluated.
 3. *Local Public Health System Assessment:* Comprehensively examines organizations from across multiple sectors and their contribution to the public's health.
 4. *Community Themes and Strengths Assessment:* Examines health issues Broward County residents feel are important and the assets the community possesses to address those issues.
- **Phase 4:** Identifying and Prioritizing Strategic Issues
 - During this phase of the CHA/CHIP, a list of the most important issues facing the community are identified. This is the convergence of the four MAPP assessments.
- **Phase 5:** Developing Goals, Strategies, and an Action Plan
 - After identifying a list of strategic issues, goals are then developed related to those issues. Then, broad strategies are identified, and the result is the development and adoption of strategy statements.
- **Phase 6:** Taking and Sustaining Action
 - The Action Cycle links three activities – Planning, Implementation, and Evaluation. It is the final phase of the CHA/CHIP.



Summary of Results

Phase 1: Organizing and Engaging Partners

The first phase of the MAPP process involves organizing the planning process and developing the partnerships. The Broward County Health Care Access Committee (HCAC) has functioned as the MAPP steering committee since 2013. The HCAC was established in 1996 as a committee of the Coordinating Council of Broward. The purpose of the committee is to improve access to healthcare for the residents of Broward County, through the establishment of outcomes and indicators, which have been and will continue to be implemented and measured throughout the next several years (www.brhpc.org/benchmarks). The members of the committee represent various facilities, agencies and/or departments within the county, and the leadership of the Coordinating Council. The HCAC meets monthly.

The Coordinating Council of Broward (CCB) role in the MAPP process is to engage decision makers, community partners, and the community. In 1995, the CCB was created to unite government, business and nonprofit leaders in advocacy and coordination of health and human services in Broward County. The CCB is composed of the top executives of state and county entities from the public, private and business sectors, who are responsible for funding and implementing a broad array of health, public safety, education, economic and human services in Broward County. The Council's goal is to better coordinate services and identify barriers that the ALICE (Asset Limited Income Constrained Employed) population experience. ALICE represents 50% of Broward County residents.

Phase 2: Visioning

Visioning guides the community through a collaborative, creative process that leads to a shared community vision and common values. As the MAPP steering committee, the Broward County HCAC first engaged in the visioning process in 2011. Since then, Broward County MAPP partners have increased our understanding of the role SDOH, health inequity and institutional racism play in creating and perpetuating health disparities, poorer health outcomes and higher health risks within specific populations. This has allowed Broward County to develop a more comprehensive community health assessment and improvement process that incorporates a broader array of partners and creates a more inclusive health equity approach. DOH-Broward held a meeting on October 11, 2018 where the vision was updated to incorporate a commitment to health, opportunity, and equity through collaboration and inclusion, especially with historically marginalized populations and those facing the greatest challenges to good health.

Through the visioning process, Broward County codified the following five principles, in alignment with the Robert Wood Johnson Culture of Health criteria, as the core values of the community health assessment and improvement process:

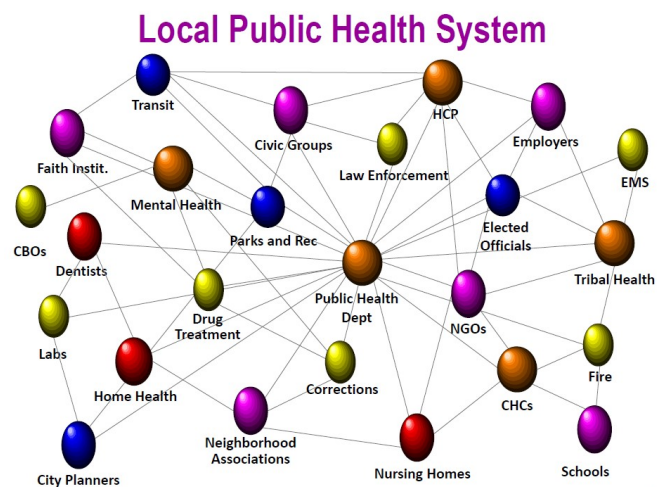
- Committing to sustainable systems changes and policy-oriented long-term solutions.
- Creating conditions that give everyone a fair and just opportunity to reach their best possible health.
- Harnessing the collective power of leaders, partners, and community members.
- Securing and making the most of available resources.
- Measuring and sharing progress and results.

Phase 3: Four Assessments

The **Community Health Status Assessment** was completed in November 2020. The health status assessment outlines community health status through six broad health categories: Maternal and Child Health, Behavioral Health and Substance Use, Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey, School Health, Environmental Health, Leading Causes of Morbidity and Mortality and Communicable Disease. The report presents 10 years of data when available and trends indicating better, worse or the same as the previous year. Data sources included Florida Charts, Behavioral Risk Factor Surveillance Survey, Florida Department of Health, United Way Commission on Behavioral Health and Substance Abuse, Broward County Environmental Protection and Growth Management Department, Youth Risk Behavior Survey and Broward County Public Schools.

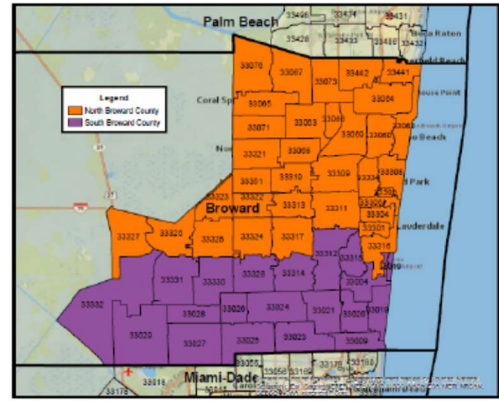
The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" In Broward County, the survey was completed by two community focus groups, two provider focus groups, community meetings, presentations, and key informant interviews.

The **Local Public Health System Assessment** (LPHSA) was conducted in the fall of 2019 using The National Public Health Performance Standards Program (NPHPSP). These assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs while answering these questions helps to identify strengths and opportunities for improvement. Forty-eight organizations completed the online performance rating survey. The Healthcare Access Committee members completed the priority rating questionnaire and Florida Department of Health leadership completed the agency contribution section.



The **Community Themes and Strengths Assessment** utilized the 2019 Community Health Needs Assessment developed by Professional Research Consultants, Inc. The Community Health Needs Assessment is a continuation of nine similar studies conducted since 1994 and is a systematic, data driven approach to determining the health status, behaviors and needs of residents in Broward County, Florida. The Assessment serves as a tool toward reaching three basic goals: to improve resident's health status, increase their life span, and elevate their overall quality of life; to reduce health disparities; and, to increase access to preventive services.

The study area for the survey is established as each of the residential ZIP Codes comprising Broward County, Florida. To ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. These included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. Once the interviews were completed, these were weighted in proportion to the actual population distribution to appropriately represent Broward County as a whole.



An analysis of the four MAPP assessments identified health related challenges in Broward County that were identified and were validated in the Community Health Status Assessment. These challenges were then categorized into four broad categories each containing one or more of the identified health challenges:

1. Access to Care
 - a. Increase health insurance for children ages 0-18
2. Communicable and Infectious Disease
 - a. Reduce the Incidence of Communicable and Infectious Disease
3. Maternal, Infant and Child Health
 - a. Perinatal transmission of HIV
 - b. Syphilis cases/incidence
 - c. Cervical Cancer
 - d. Infant Mortality (Blacks)
 - e. Fetal deaths
4. Preventative Care
 - a. Immunizations for Children (2 y/o's, Kindergarten, 7th graders)
 - b. Unintentional injury and Drug Use
 - c. Obesity, Black Adults

Social Determinants of Health - Working Together

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030 grouped SDOH into 5 domains that are considered in creating CHIP objectives:



Throughout the response to COVID-19, DOH-Broward and its community partners have continued to collaboratively move forward. The overarching characteristic of Broward County's (BC) efforts to create a culture of health is non-competitive cooperation and partnership across all sectors, with a broad array of coalitions addressing different disparities and populations, and each partner serving in the appropriate role at the appropriate time.

BC has a unique health and human service system in which extensive and continuous collaboration occurs between agencies and coalitions in an informal and formal manner. Much of this collaboration occurs organically due to a long-standing history of agency leaders making decisions based on the good of the community rather than their individual agency and directing resources to the most expert and best positioned organizations. Agency leaders and subject matter experts prioritize participation in BC's multiple coalitions working to give all residents the chance to live their healthiest life possible. This shared expertise and communication across

committees provides the opportunity to leverage resources and avoid duplication of effort. Some of these coalitions include: Healthy Start Community Action Group, Breast Feeding Taskforce, Perinatal Provider Network, Early Learning Coalition, KidCare Taskforce, Comprehensive School Health Advisory Committee, Healthcare Coalition, Nutrition and Fitness Taskforce, Drowning Prevention Taskforce, HIV Prevention Planning Council, Commission on Substance Abuse, Dignity in Aging Taskforce, Funders Forum, Association of Non-profit Executives, League of Cities, Smart Growth Partnership, Local Coordinating Board (Transportation Disadvantaged) Complete Streets Advisory Committee, and the Broward Alliance. Regarding formal collaboration, there are three overarching structures: Coordinating Council of Broward (CCB), Health Care Access Committee (HCA), and the Children's Strategic Plan (CSP) Leadership Coalition.

Operating for almost 25 years, the CCB is comprised of top executives of state and county entities from the public, private and business sectors, who are responsible for funding and implementing a broad array of health, public safety, education, economic and human services in BC. At monthly meetings, members share information about activities and initiatives of their agencies as well as those of the coalitions, taskforces, and committees on which they serve. When CCB initiatives require extensive time and resources, separate committees are created under the CCB structure, such as the Long-Term Recovery Coalition and the Dignity in Aging Taskforce. The HCA has been in existence since 1991. Members of the committee represent hospitals, public health, universities, Broward County Public Schools (BCPS), Federally Qualified Health Center (FQHC), volunteer clinics, Children's Service's Council (CSC), law enforcement, community members and community-based organizations (CBO). The original purpose of this committee was to improve access to primary health care. In 2013, the committee expanded its scope to include oversight of the BC CHA and CHIP process. The HCA reviews the data gathered through the Mobilizing for Actions through MAPP, identifies and prioritizes the opportunities for improvement and monitors the progress of the action plans to address these issues.

The CSP Leadership Coalition oversees the work of the 40 CSP Committees implementing the CSP. The CSP brings together government, non-profits, the private sector, and community members to improve the lives of BC's children and families by achieving five desired results: children living in stable and nurturing families, children are mentally and physically healthy, children are ready to succeed in school, children live in safe and supportive communities and young people successfully transition to adulthood. Partners work on a common agenda, share data and strategies, and maximize resources. Reports and recommendations from the Committees are brought to the Leadership Coalition.

In 2005, the Special Needs Advisory Coalition (SNAC), a CSP Committee, was formed in response to a Special Needs Business Plan in which stakeholders identified needs and priorities for BC's special needs community. The 200-member committee is comprised of community leaders, stakeholders, providers, and parents. SNAC is an example of how BC has built an effective collaboration.

Reflecting our efforts to broadly define health and address the SDOH, BC has implemented large-scale long-term policy interventions to promote affordable housing, access to

transportation, environmental justice in land use, and safe streets for users of all ages and abilities.

Partners have united with community members in assessment and planning processes based on data and sharing results such as the CHA, CHIP, CSP and Healthy Community Zones (HCZ).

HCZs build a culture of health in an identified area of need by working from the top-down, through city leadership, and bottom-up, with resident engagement, to form a shared action plan. The initiative works with over 30 diverse partners including non-profit organizations, planning agencies, public health, law enforcement, foundations, hospitals, schools, business owners, faith-based organizations, municipal and county governmental agencies. Through a participatory process, community stakeholders identified key areas of interest for their community and developed context-specific community action plans for sustainable change. Each HCZ implemented strategies to address their community's specific needs to reduce tobacco use, improve access to healthy foods and beverages, provide opportunities for physical activity and offer programs for preventing and managing chronic diseases. Each community has 2 to 8 resident liaisons who are connected to the focus areas, plus governmental champions in each area. Thus far, HCZs have resulted in 19 policy, system, and environmental improvements. Liaisons have been employed by cities to continue their work. With the support of HCZs, the BC Board of County Commissioners adopted Complete Streets, leading to a county wide investment in infrastructure by the Metropolitan Planning Organization (MPO) and Department of Transportation (DOT) of over \$100 million. BCPS passed a resolution for Safe Routes to School and the BC City of Hallandale HCZ was granted \$350,000 to support this policy.

The voter approved penny sales tax for transportation and the grants awarded as a result of HCZs demonstrate our success in leveraging resources to improve the community's health. In response to identified needs, preventive health services for disproportionately affected populations are delivered in a way that eliminates barriers such as lack of insurance and transportation exemplified by the DOH-Broward Dental SEALS, Test and Treat, and Rapid PrEP Programs. To achieve maximum impact, these services are provided system wide, such as in all elementary and middle schools and the entire Ryan White system of HIV patient care. The ongoing Racial Equity training and caucuses will continue to provide a common language and structure to eliminate racism and health disparities.

Population Overview

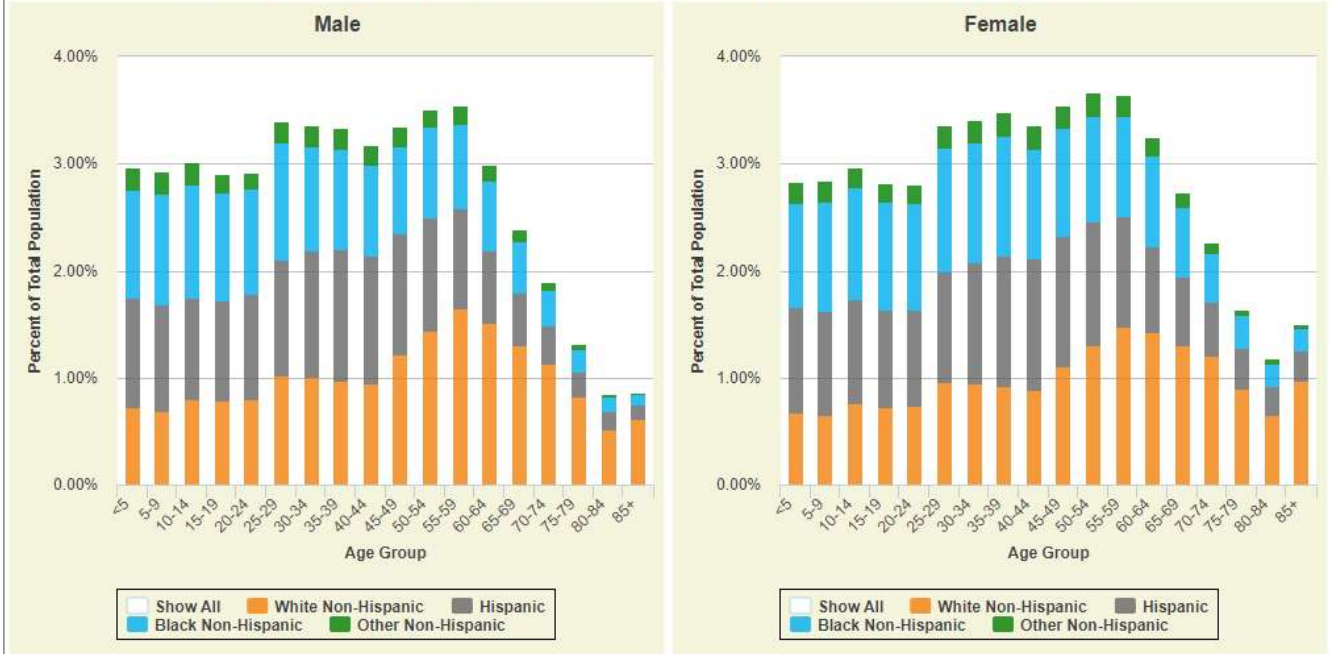
Broward County is the second most populous county in Florida with an estimated population of 1,952,778 in 2019, and home to 9% of Florida's residents. BC is the seventh largest county in the nation by size. BC hosts an estimated 14 million annual visitors. BC has a diverse population with residents representing more than 200 different countries and speaking more than 130 different languages with one-third of the residents being foreign-born.

Percent of Population by Age Group, Sex, Selected Races, and Ethnicity

Select a Year Select a county

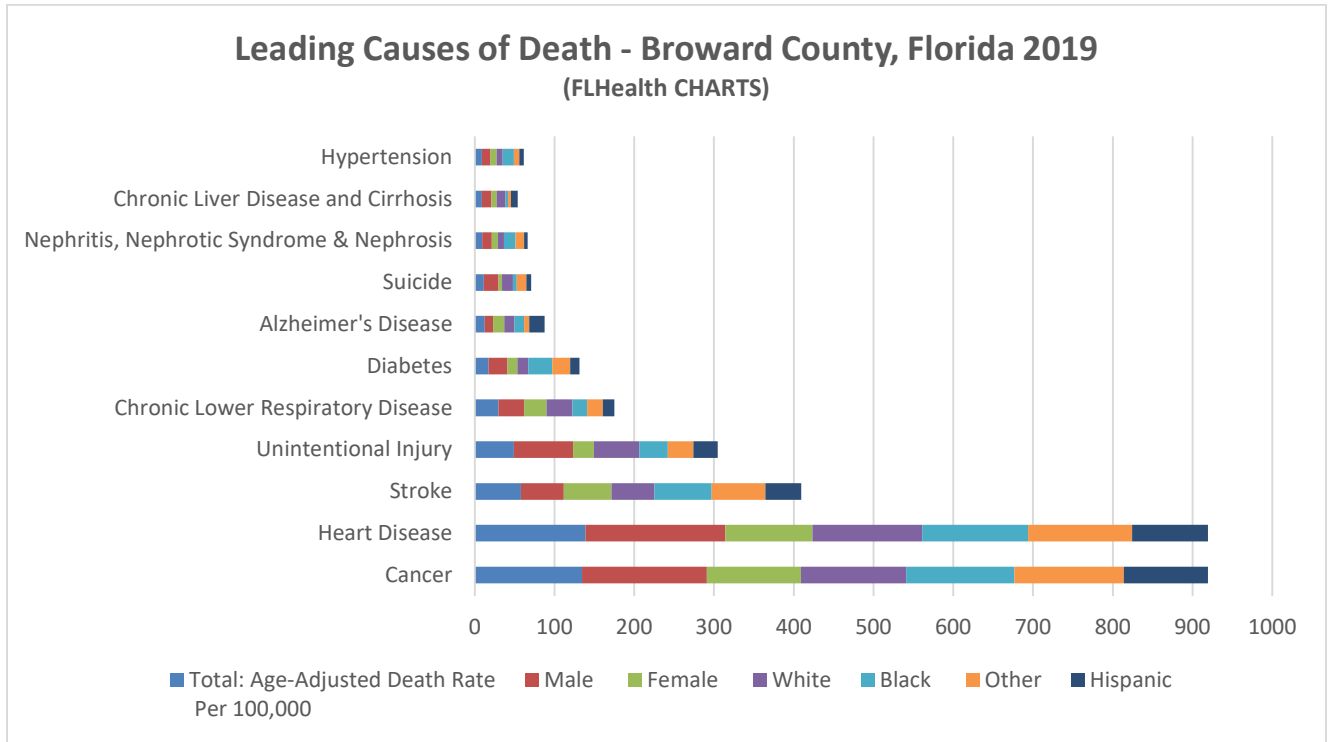


Percent of Population by Age Group, Sex, Selected Races, and Ethnicity Broward County, 2019



Source: Florida Legislature, Office of Economic and Demographic Research.

Leading Cause of Death in Broward



Cancer

Gender/Race/Ethnicity	Deaths	YPLL <75 Per 100,000 under 75
Male	1,738	1,234.4
Female	1,653	1,233.8
White	2,528	1,212.8
Black	708	1,260.0
Other	153	1,101.4
Hispanic	592	809.0
Non-Hispanic	2,777	1,410.6

Heart Disease

Gender/Race/Ethnicity	Deaths	YPLL <75 Per 100,000 under 75
Male	1,915	1,180.4
Female	1,687	509.4
White	2,843	797.3
Black	633	994.3
Other	124	530.6
Hispanic	506	386.0
Non-Hispanic	3,013	997.7

Stroke

Gender/Race/Ethnicity	Deaths	YPLL <75 Per 100,000 under 75
Male	575	243.9
Female	961	167.0
White	1,155	166.0
Black	319	263.2
Other	59	241.5
Hispanic	234	136.1
Non-Hispanic	1,291	229.3

Unintentional Injury

Gender/Race/Ethnicity	Deaths	YPLL <75 Per 100,000 under 75
Male	720	2,223.7
Female	284	751.7
White	761	1,725.9
Black	202	1,101.9
Other	39	919.2
Hispanic	177	1,009.2
Non-Hispanic	779	1,597.3

Strategic Issue Areas, Goals, Alignment, Strategies, Objectives, Key Partners and Policy Changes

Based on the data from the Broward Health CHNA, CHA, and the MAPP process, the following strategic issue areas, goals, strategies and objectives were developed to align with local initiatives by the local health care system, Florida State Health Improvement Plan, Florida Department of Health Strategic Plan and Healthy People 2030. Key Partners that have accepted responsibility for implementing strategies were identified. In addition, initial policy changes were identified that may help address social and economic conditions that impact health equity (i.e., housing, transportation, education, job availability, neighborhood safety, access to recreational opportunities, and zoning).

CHIP Priority 1. CHIP Priority 4.	Access to Care Enhance Preventative Care Activities
Goal 1.a. Goal 4.a.	Increase access to immunizations. Immunizations for Children (2 y/o, Kindergarten, 7 th graders).
Alignment	2017-2021 State Health Improvement Plan, 2016-2020 FDOH Agency Strategic Plan, 2019 Broward Health CHNA, Healthy People 2030 (IID-02)
Strategy	Increase the number of BC residents who are fully vaccinated for COVID-19. Increase number of newborns and children less than 24 months enrolled in Shots by Two. Increase the number of children ages 0-18 years with health insurance (i.e., Florida KidCare).
Key Partners	Lead: DOH-Broward , Health Care Access Committee, Healthy Start Coalition, 211, Broward Health Systems, Memorial Health Systems, Healthy Mothers, Healthy Babies, Urban League, CDTC, Premiere OB-GYN, 8 delivery hospitals, Early Learning Coalition, Immunization Action Coalition, Healthy Families Advisory Council, Healthy Start. Nurse Family Partnership, Broward Regional Health Planning Council, Department of Health, Broward County Public Schools
Policy Changes	Collaborate with community partners to increase hospital and provider participation in Shots by Two initiative. CMS COVID vaccine policy expand access.
Evidence-based Resources	John Hopkins School of Public Health ComminiVax Immunization Schedules for Health Care Providers (ACIP Recommendations) Centers for Disease Control and Prevention. (2014). Front Portion of Surveillance Manual: Manual for the Surveillance of Vaccine-Preventable Diseases. U.S. Department of Health and Human Services. (2016). Goal 4: Ensure a Stable Supply of, Access to, and Better Use of Recommended Vaccines in the United States

Objective(s)
1.a.1. Increase the percent of Broward County residents who are current with their COVID-19 vaccination schedule (fully vaccinated) from 0% (2019) to 80% by December 31, 2025.
4.a.1. Increase the percent of 2-year-olds fully immunized from 79.1% in 2019 to 95.0% by December 2023.
4.a.2. Increase the percent of children fully immunized in Kindergarten from 93.9% in 2020 to 96.0% by December 2023.
Data Source: FL Health CHARTS, FL SHOTS

CHIP Priority 2.	Communicable and Infectious Diseases
Goal 2.a.	Reduce the incidence of communicable and infectious diseases.
Alignment	2017-2021 State Health Improvement Plan, 2016-2020 FDOH Agency Strategic Plan, 2019 Broward Health CHNA; Healthy People 2030 (STI-03, HIV-01, HIV-04)
Strategy	Decrease the incidence of communicable diseases including STIs, HIV, and eliminate perinatal HIV transmission.
Key Partners	Lead: DOH-Broward & Ryan White Part A Grantee Office , Test and Treat Champions: Ryan White Part A Providers, Test and Treat Contacts: Registered Counseling and Testing Sites, CBOs, DOH, Healthcare Providers, BRTA businesses, Contracted providers, Black AIDS Institute
Policy Changes	Collaborate with community partners on the development of a needle exchange program in Broward County; IDEA, section 381.0038(4), Florida Statutes 2016.
Evidence-based Resource	U.S. Preventive Services Task Force. (2016). Final update summary: Syphilis infection in nonpregnant adults and adolescents: Screening Centers for Disease Control and Prevention. (2018). US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. U.S. Department of Health and Human Services, Panel on Antiretroviral Guidelines for Adults and Adolescents. (2019). Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV

Objective(s)
2.a.1. Decrease the rate of new HIV Infection from 32.4 per 100,000 to 26.32 by December 2023.
2.a.2. Decrease the rate of early syphilis per 100,000 population from 60.6 in 2019 to 55.6 by December 2023.
2.a.3. Decrease the rate of infectious syphilis cases among blacks from 25.6 per 100,000 in 2019 to 19.4 by December 2023.
2.a.4. Increase the percent of people living with HIV retained in care at ART from 74% in 2019 to 90% by December 2023.
2.a.5. Increase the percent of people living with HIV retained in care on ART with suppressed viral load from 70% in 2019 to 90% in December 2025.
2.a.6. Increase the number of Broward County residents who get tested for HIV for the first time from 11,026 in 2019 to 15,134 by December 2024.
Data Source: FL Health CHARTS, HIV Surveillance report

CHIP Priority 3.	Maternal, Infant and Child Health
Goal 3.a.	Perinatal transmission of HIV
Goal 3.b.	Syphilis cases/incidence
Goal 3.d.	Infant Mortality (Blacks)
Goal 3.e.	Fetal Deaths
Alignment	2017-2021 State Health Improvement Plan, 2016-2020 FDOH Agency Strategic Plan, 2019 Broward Health CHNA, Healthy People 2030 (HIV-06, STI-04)
Strategy	Reduce racial disparity in infant mortality.
Key Partners	Lead: DOH-Broward , Healthy Start Coalition, 211, Broward Health Systems, Memorial Health Systems, Healthy Mothers, Healthy Babies, Urban League, CDTC, Premiere OB-GYN, 8 delivery hospitals, Early Learning Coalition, Immunization Action Coalition, Healthy Families Advisory Council, Healthy Start, Nurse Family Partnership, Broward Regional Health Planning Council, Department of Health, Broward County Public Schools
Policy Changes	Work with community partners to promote adoption of Baby Friendly Hospitals and Breastfeeding Friendly Worksites in Broward County Coordinate provision of prenatal care services
Evidence-based Resources	National Network of Perinatal Quality Collaboratives (PQCs) to improve pregnancy and infant outcomes Syphilis Infection in Pregnant Women: Screening, U.S. Preventive Services Task Force (2018). Final update summary: Syphilis infection in pregnant women: Screening.
Objective(s)	
3.a.1. Maintain the incidence of perinatal transmission of HIV at zero (2020) through December 2024.	
3.b.1. Decrease the number of total syphilis cases among women ages 15-44 years from 236 in 2019 to 175 by December 2023.	
3.d.1. Decrease the black infant mortality rate from 9.1 in 2019 to 6.0 by December 2026.	
3.d.2. Decrease the percentage of preterm births (37 weeks gestation) from 11.2% in 2019 to 9.5% by December 2026.	
3.d.3. Decrease the percentage of preterm births (37 weeks gestation) among blacks from 14.4% in 2019 to 12.5% by December 2026.	
3.e.1. Decrease the rate of fetal deaths (stillbirths) per 1,000 deliveries from 7.4 in 2019 to 6.0 by December 2026.	
Data Source: FL Health CHARTS and DOH-Broward PROACT Program.	

CHIP Priority Area 3.	Maternal, Infant, and Child Health
Goal 3.c.	Cervical Cancer
Alignment	2017-2021 State Health Improvement Plan, 2016-2020 FDOH Agency Strategic Plan, Healthy People 2030 (C-09, IID-08), 2019 Broward Health CHNA
Strategy	<p>Reduce new cases of cancer and cancer-related illness, disability, and death.</p> <p>Increase awareness of Florida Breast and Cervical Cancer Detection Program (FBCCDP).</p> <p>Implement activities to refer women to Breast and Cervical Cancer Detection Program.</p>
Key Partners	Lead: DOH-Broward , Broward Regional Health Planning Council, Department of Health, Broward County Public Schools, 211, Broward Health Systems, Memorial Health Systems
Policy Change	<p>Increase community understanding of the benefits of HPV vaccinations.</p> <p>Reduce structural barriers to increase cancer screening (i.e., scheduling, transportation, language translation, childcare).</p> <p>Increase collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.</p>
Evidence-based Resources	<p>Guide to Community Preventive Services. (2016). Cancer Screening: Multicomponent Interventions — Cervical Cancer</p> <p>U.S. Preventive Services Task Force. (2018). Cervical cancer: screening</p> <p>National Cancer Institute. (n.d.). Cervical cancer screening intervention programs</p> <p>Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations immunization schedule for children and ACIP recommendation “Use of a 2-dose Schedule for Human Papillomavirus Vaccination – Updated Recommendations of the ACIP (2016)</p>
Objective(s)	
<p>3.c.1. Increase the proportion of women who receive Cervical Cancer Screening from 54.7% in 2016 to 75% by December 2024. Data Source: FL Health CHARTS</p>	

CHIP Priority 4.	Preventative Care
Goal 4.b.	Unintentional Injury and Drug Use: Prevent and reduce unintentional injuries and deaths.
Goal 4.c.	Obesity, Black Adults
Alignment	2017-2021 FDOH State Health Improvement Plan, 2016-2020 FDOH Agency Strategic Plan, Healthy People 2030 (IVP-03, MICH-03, OA-02), and 2019 Broward Health CHNA
Strategy	Increase awareness of medications and contraindications. Prevent child drowning injuries or death through local-level prevention activities and media campaigns.
Key Partners	Lead: DOH-Broward , Broward Regional Health Planning Council, DOH, Broward County Public Schools, 211, Broward Health Systems, Memorial Health Systems
Policy Change	Work in partnership with local Code Enforcement to enforce the use of fencing around pools accessible to the community. Encourage local government, health care partners, and community organizations to support healthy behaviors by considering a “Health in All Policies” approach during the local planning process.
Evidence-based Resources	Overdose prevention (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.). Overdose prevention) Misuse of Prescription Drugs (National Institutes of Health, National Institute on Drug Abuse. (2018). Misuse of Prescription Drugs.) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2012). National action plan for child injury prevention
Objective(s)	
4.b.1. Reduce deaths related to poisoning for whites from 56.9 in 2019 to 49.2 by December 2025.	
4.b.2. Reduce drownings among blacks from 3.5 in 2019 to 1.5 by December 2025.	
4.b.3. Reduce the % of prescribing providers who prescribe more than 90 Morphine Milligram Equivalents (mms) at one time from 28% to 20% by December 31, 2025.	
4.b.4. Increase the % of providers who are registered with Prescription Drug Monitoring Program from 65% TO 70% by December 31, 2025.	
4.c.1. Reduce the proportion of black adults who are obese from 74.5% (2016) to 30.5% by December 2026.	
Data source: FL Health CHARTS & Prescription Drug Monitoring Program	

Monitoring

Progress towards meeting the outlined objectives will be monitored through CHIP quarterly reports. Specific activities and actions will be developed by subject matter experts and key partners and tracked. CHIP objectives and respective activities are assigned owners who will report on the progress on a quarterly basis to the Community Health Planner using the CHIP template. In addition, DOH-Broward has developed and implemented a comprehensive performance management system, Active Strategy, that continuously monitors organizational performance. This system will be used as a data clearing house to store and monitor CHIP objective data. During monthly Performance Management Council (PMC) meetings, business reviews are conducted on community and program metrics at all levels in the organization. CHIP objectives are reviewed for their progress during the monthly PMC meetings. Variance reports are created for underperforming metrics and corrective actions are implemented.

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. DOH-Broward and community partners will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussions. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports by February of each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state, and national levels. By working together, we can have a significant impact on the community's health by improving where we live, work and play. These efforts will allow us to realize the vision of a healthier Broward County.

On March 22, 2021, the Broward Regional Health Planning Council met to approve the CHIP. The Council decided to include three additional objectives to address maternal, infant, and child health in Broward County. The three objectives that were approved include:

- Decrease the percentage of preterm births (37 weeks gestation) from 11.2% in 2019 to 9.5% by December 2026.
- Decrease the percentage of preterm births (37 weeks gestation) among blacks from 14.4% in 2019 to 12.5% by December 2026.
- Decrease the rate of fetal deaths (stillbirths) per 1,000 deliveries from 7.4 in 2019 to 6.0 by December 2026.