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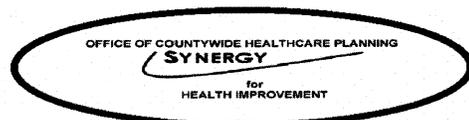
**Miami-Dade Board of County Commissioners'  
Healthcare Task Force**

**Final Report**

**To be presented at the January 22, 2008  
Board of County Commissioners' meeting**



*Delivering Excellence Every Day*



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## **Acknowledgements**

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# Executive Summary

## **Background and Purpose**

The Miami-Dade Board of County Commissioners' Healthcare Task Force (Task Force) was established by Ordinance (No. 05-169) on September 8, 2005. As envisioned by the sponsor, County Commissioner Joe A. Martinez, the Task Force was created to recommend viable and sustainable strategies for countywide healthcare improvements to the Board of County Commissioners (BCC) for consideration. The 17 Task Force members were individually named in the enabling Ordinance and reflect the health and human service leadership necessary to accomplish Commissioner Martinez' vision.

The Task Force focused its efforts on three strategic areas that can make a significant difference in the health and well-being of our community:

- Coverage Expansion – increasing health insurance participation among residents
- Medical Homes – ensuring that MDC residents have an entry point into a comprehensive health system
- Healthy Lifestyles – health education and the promotion of healthy choices

## **Process**

With staff support provided by the Office of Countywide Healthcare Planning (OCHP), the Health Council of South Florida (HCSF), and the Public Health Trust (PHT), the Task Force used evidence-based methodologies and implementation approaches in identifying model strategies that correspond to the three (strategic) focus areas. Numerous recommendations from former Mayor Penelas' Healthcare Access Task Force Final Report were assessed, together with priorities proposed by other community efforts. This framework guided the Task Force in focusing on best practice strategies under the three (strategic) focus areas. OCHP and HCSF staff have researched, analyzed, and summarized dozens of Evidence-Based Model Strategies and promising approaches for Task Force consideration.

Ultimately, the Task Force recommended 19 strategies and approaches for BCC action – 11 supporting medical homes, one coverage expansion recommendation (limited benefit insurance product), and seven recommendations supporting healthy lifestyles. During its two-year span, the Task Force held 11 meetings achieving quorum each time. The Task Force's initial sunset date of December 31, 2006 was extended to September 30, 2007 to accommodate a yearlong RFI and RFP procurement process to engage an insurer in the co-design of a limited benefit insurance product.

This Final Report contains an Executive Summary, the Matrices of Final Recommendations, and the Narratives of Final Recommendations as an attachment. The Executive Summary provides an overview of the Task Force's charge and course of action in developing its 19 recommendations. The final recommendations are summarized in matrix form stating each recommendation's goal, showing the priority level (high, intermediate, or low) with timeframe and any relevant funding

recommendations. Note that the timeframe indicated for the Medical Homes recommendations and the Healthy Lifestyles recommendations reflect Task Force passage during September and November 2006, respectively. Thus, the timeframes for recommended action should reflect an approximate one-year offset. Supportive descriptions providing overall context with background information and methodology are attached as the Narratives of Final Recommendations. These two-page documents describe the core benefits for each recommendation, the planning and development steps for each recommendation and elaboration on relevant funding needs.

### **Final Recommendations**

**Medical Homes – ensuring that MDC residents have an entry point into a comprehensive health system**

#### **1. Co-Training Effort For Navigators**

To maximize opportunities to extend referrals and linkages of health and human service clients into properly accessing the health care system, it is recommended that staff be trained to carryout "Navigator-like work" in organizations that employ Navigators and Community Health Workers. This training effort can also be brought to other types of organizations in locales which do not currently have Navigators, thereby ensuring that County residents who need assistance in obtaining health coverage and primary care medical homes can receive assistance from Navigators and Community Health Workers in their communities.

#### **2. Support The Expansion of "Health Connect In Our Schools" To Additional Sites And Include Evaluation, Systems Integration & Reimbursement Components**

Health Connect in Our Schools is a program of The Children's Trust and provides coordinated school-based healthcare at schools. The goal of this recommendation is to provide effective services that are integrated with existing community-based medical care and that are sustainable through provider agreements and reimbursements. The expansion would ensure that preventive health care is provided at additional schools by allowing a team of professionals that include a nurse or nurse practitioner, a social worker and two health aides to offer physical, mental and behavioral health services. An evaluation component will ensure effective service delivery and coordination to achieve positive health outcomes.

**3. Evaluate The Continuum Of Care For The Homeless Including Assessing The Medical Street Outreach Program – To Guide The Strategic Placement Of Additional Services**

People at risk of becoming homeless do not usually seek aid from existing programs that might stabilize or save their housing. Many of these families and individuals are grappling with underlying issues that precipitated their housing crisis, such as job loss, medical expenses, substance abuse, divorce, mental illness, etc. It is recommended that The Homeless Trust perform an evaluation on the full continuum for health services and the cycling in/out of homelessness in Miami-Dade County to identify where additional services could be strategically placed. The evaluation will include an assessment of the healthcare components and their functionality.

**4. Establish A Consumer Advisory Board (CAB) As A Community-Based Entity To Provide An Independent Consumer ‘Voice’ On Key Health And Human Service Issues**

A community-based body will provide an independent consumer ‘voice’ on key health and human services issues. Configured in this way, the Consumer Advisory Board (CAB) can be a significant resource for multiple entities seeking participation by informed community members on boards and other policy-setting efforts. Training and information resources (data, maps, user-friendly materials) would be provided to help improve the consumers’ level of knowledge on highly technical health issues.

**5. Conduct An Emergency Room Use Study To Develop A Baseline And Trending Resource For Health Providers & Planners In Assessing ER Utilization**

In Miami-Dade County there is increasing use of hospital ERs, often for non-emergent and even for routine health care problems. The purpose of the study will provide a better understanding as to why people are using the emergency room (ER) for treatment of illnesses that can be otherwise managed in a clinic or physician’s office. Additionally, the study will also attempt to determine whether the patients showing up at ERs truly need immediate emergency medical attention – the ER is the most expensive form of health care. This study will collect data and other demographic characteristics of the patient and of their household and will serve as a baseline and trending resource for health providers and planners in the County to better assess emergency room utilization.

**6. Assess The Feasibility Of Placing Additional Mobile Vans In Geographic Areas Of Need To Ensure That Residents Have Access To Primary Care In Areas Without Primary Care Centers**

The goal of this recommendation is to ensure that residents have access to primary care countywide regardless if there isn't a primary care center in their neighborhood. The feasibility study will ascertain access to health care, quality of services, and local capacity to sustain health services. This study will initially inventory all the mobile health vans currently operating in Miami-Dade County to assess services offered, geographic service area, utilization and added roles that the mobile vans can partake in (such as assistance during disaster mobilization).

**7. Support The Institutionalization Of An Effective Mechanism For Emergency Room Triage & Diversion That Will Shift Consumers From Using The ER As A Source Of Primary Care And Into Primary Care Medical Homes**

Based on Florida Agency for Health Care Association's ER data study (2005), in Miami-Dade County, utilization of ER for the 10 mayor non-urgent conditions is approximately at 33.5%. This recommendation builds on the ER Use Study (recommendation #5) by institutionalizing a triage & diversion process to appropriately steer those ER patients who would be more efficiently served in a primary care setting. Possible in-kind participation or partial funding by participant hospitals will support ARNPs to triage patients who come to the ER with a non-urgent condition. After assessment, the ARNP would determine which health care center most appropriately will meet the patient's needs (within federal guidelines). Appointments to the primary care centers can be directly scheduled through an on-line system (modeled after Jackson Memorial Hospital's ER diversion). The goal is to wean consumers from using the ER as a source of primary care and into primary care medical homes.

**8. Create A Dentist Clearinghouse To Match Volunteer Dentists With Community-Based Clinics**

The number of dentally uninsured or underinsured in Miami-Dade County remains a significant barrier to dental care. The Clearinghouse would address the problem of a lack of adequate access to dental care for an estimated 90% of the low-income and uninsured County residents by instituting a centralized mechanism that maximizes utilization of volunteer dentists at Federally Qualified Health Centers (FQHCs). The Clearinghouse would consist of using a single point of access that matches community resources, including pool of public sector dental programs and private sector volunteer dentists and oral surgeons to monitor and proctor dental students in order to provide services to underserved patients in need of dental services. The clearinghouse also will serve to develop additional physical capacity by exploring use of the Primary Health Care Facilities

Fund General Obligation Bond capital funds for dental chairs.

**9. Establish A Medical Homes Association To Develop A Forum For Discussion And Coordination Of Services**

The Medical Homes Association (MHA) would provide an environment where all categories of medical service providers (primary, secondary and tertiary) can come together to share business practice information in finding viable solutions for health care access challenges in our community. The Association would focus on: integration of services and the exchange of patient information, leveraging funds, reducing service duplication, resolving system access issues, development of uniform/compatible systems, and supporting relevant recommendations from the Task Force (e.g., dental clearinghouse; mobile vans; ER survey).

**10. Formalize The Comprehensive Planning Strategy For The Primary Health Care Facilities General Obligation Bond, Building On Existing Infrastructure, Service Utilization, And Unmet Needs To Leverage Resources And Maximize Sustainability**

This planning and distribution process for the Primary Health Care Facilities Fund General Obligation Bond includes a comprehensive planning effort with each of the seven Federally Qualified Health Center (FQHCs) communities that is intended to increase the number of primary care facilities, increase facility capacity together with increasing the number of services provided and individuals served. The plan will leverage the \$25 million in Primary Health Care Facilities funding to generate additional capital and the operational dollars necessary for sustainability. The planning process, as led by the Office of Countywide Healthcare Planning, for all FQHCs includes infrastructure analysis and assessments; multi-tiered planning meetings with community leaders, planners and consumers; data gathering and analysis of service utilization and health indicators; analysis of current operations and planned enhancements with these funds by service and the sourcing of leveraged operational and capital funding for facilities.

**11. Identify And Replicate Effective Models Of Client-Based Chronic Disease Management And Validate That These Models Are Cost Effective**

In Miami-Dade County, chronic conditions such as diabetes, cardiovascular disease, chronic obstructive pulmonary disease, long-term mental disorders and HIV/AIDS are the leading causes of death and disability. The CDC estimates that 70% of deaths in the United States are due to chronic disease, which represents approximately 13,000 deaths in Miami-Dade County annually. In

response to this growing burden many state and local governments are taking a great interest in improving the management of chronic conditions.

The focus of a chronic care model would allow for improvements in chronic disease management across Miami-Dade's continuum of care by providing a resource tool for managing chronic conditions thereby improving health and reducing health care costs. Key components include having demonstrated outcomes across a range of chronic diseases that can be improved if a multifaceted approach is taken and attention given to the community, health system, self-management support, delivery system design, decision support and clinical information systems. The model provides a road map for improving the way organizations provide chronic illness care. A chronic care model represents an organizational culture that promotes and supports change, fosters strong linkages with community programs and resources, emphasizes educating and empowering patients, ensures clinical care is consistent with scientific evidence and patient preferences, provides proactive and planned care as well as utilizes a comprehensive clinical information system. Ultimately, these efforts should lead to healthier outcomes delivered in a more cost effective manner via better management of chronic conditions.

### **Coverage Expansion – Via A Limited Benefit Insurance Product**

#### **12. Develop A Strategy For A Public-Private Health Insurance Product Via A Limited Benefit Insurance Product For The Uninsured**

Limited Benefit Insurance Product – To develop & implement (upon Board of County Commissioners approval) a sustainable, real solution for increasing access to and enrollment in health coverage. The insurance product is being co-designed with the insurer to include comprehensive services (including primary & specialty care, inpatient services, diagnostic services, and pharmacy benefits) with capped (limited) benefits. A machine readable, paperless, point-of-service insurance product (under section 627 of the Florida State Insurance Code) is aimed at lowering administrative costs. The insurer will assume the risk, not County government, nor the providers. This product will incorporate a Chronic Disease Management and Emergency Room Diversion approach to increase healthcare efficiencies and health outcomes. The insurer's commercial network will be combined with the local safety-net providers, including participating Federally Qualified Health Centers (FQHCs) and Jackson Health System's primary care centers and its hospitals. Contingent upon funding availability, low-income qualifying residents' monthly premiums will be subsidized during a three-year pilot phase. The goals of the post-pilot phase, full implementation of the Limited Benefit Insurance Product include: reduction in the number of uninsured

Miami-Dade residents via enrollment; reduction in the amount of charity care provided by safety-net providers (including Jackson Health System hospitals and other participating hospitals); reduction in avoidable visits to the ER; establishing a "Medical Home" for enrollees who are thereby able to access a full spectrum of services from primary to inpatient care; with the ultimate result of having healthier Miami-Dade residents.

**Encouraging Healthy Lifestyles And Outreach/Education – Health Education In The Promotion Of Healthy Choices**

**13. Extend The Commit 2B Fit™ Educational Program To Miami-Dade Schools To Promote Daily Physical Activity And Healthy Eating Habits In Children And Their Families**

Obesity in children is now an epidemic in the United States due to unhealthy habits. The number of children who are overweight has doubled in the last two to three decades; currently one in five is overweight. Type 2 diabetes, which used to be an adult disease, is now showing up in children; which may lead to the first generation ever who will not outlive their parents! Based on the 2005 Youth Risk Behavior Survey, most Miami-Dade high school students are not engaging in healthy habits: 77% ate fruits and vegetables less than 5 times per day during the past 7 days and 73% did not meet currently recommended levels of physical activity. A focus on the health of children and youth needs to start early to counter this epidemic through an effective educational youth fitness and nutrition initiative that is introduced at the school level, reinforced at home and in the community.

The Commit 2B Fit program provides a successful solution-based program which aids in reversing the trend of physical inactivity and poor nutrition through its integration of school, home and community. The foundation of the program is a daily planner for students (available in English and Spanish), that is used to set and assess goals in physical activity and nutrition by recording daily physical activity and intake of fruits and vegetables. Participants in Commit 2B Fit take a pledge that commits them to be physically active every day and to make healthy food choices. Another component of Commit 2B Fit is a series of exercise posters, in English and Spanish. These posters lead participants through a total body workout strengthening and stretching the body. Commit 2B Fit is being used in Broward County schools and elsewhere, and is promoted in county parks, in Publix supermarkets and on the radio.

This evidence based educational program may be piloted and targeted initially in grade school children at 13 Miami-Dade County schools to complement existing curriculum through the use of a customized daily student planner to log daily

school assignments as well as physical activity and healthy food choices made. The overall goal of this recommendation is to decrease the risks for obesity.

**14. Encourage A Collaborative Pilot Of The Make Your Heart Healthy Program To Conduct Cardiovascular Risk Factor Screening, Education And Medical Follow-Up**

The Make Your Heart Healthy Program is a cardiovascular screening and education program operated by the Florida Heart Research Institute. It utilizes the Framingham Heart Study Risk Assessment/Adult Treatment Panel tool to evaluate risk of having a major cardiac event in 10 years and assists participants in the identification of a medical home in their area. 2006 Miami-Dade County data shows more than one-half of those with cardiac risk factors were twice as likely to die of a heart attack within 10 years relative to individuals the same age with no risk factors; 32% required follow-up for high cholesterol, 29% for hypertension, and 70% shown to be either overweight or obese. The program identifies those at risk for heart disease, diabetes and obesity and offers education to prevent disease and reverse onset of disease.

Political support to include medical follow-up with the existing screening and education would enable the program to work in collaboration with Federally Qualified Health Centers (FQHCs) and expand services provided which will include a personalized counseling session by nurse and a physician-trained health educator and coordination of follow-up treatment as warranted.

**15. Refer The PHASES (Preventive Health And Safety Education For Students) Program To The Children's Trust Health Connect In Our Schools Initiative For Consideration**

PHASES Program offers preventive health and safety education for children on topics such as nutrition, cardiovascular health, eating disorders, breast cancer, skin cancer and bone health.

The PHASES Program incorporates the Sunshine State Standards as educational benchmarks specific to targeted grades in elementary, middle and high schools. This Program consists of seven - 50 minute interactive health presentations (longer high school lessons are scheduled as a two-hour program or as two one-hour presentations) to a maximum class size of 30 students, communicating via hands-on activities, music, story telling, and a variety of educational props. Lessons are accompanied by supplies for each child and teacher. The Program has already served a cumulative total of 24,000 students for all grade levels in Miami-Dade County Public Schools under the Miami-Dade Area Health Education Center (AHEC). AHEC is working on a proposal for

consideration by The Children's Trust to allow the program to reach more students.

**16. Community Health Report Card Proposals As Developed By The Health Council Of South Florida – Information Gathered Can Serve As A Critical Resource For Focusing Efforts On Improving Low Health Outcomes.**

The 2007 Miami-Dade County Community Health Report Card assesses the community on 93 health indicators in eight general areas of well-being. The Report Card, developed and produced by the Health Council of South Florida with initial funding from the Health Foundation of South Florida, assesses how well systems and institutions meet residents' needs. Grades are given on (1) maternal and child health; (2) the health of people through youth into adulthood; (3) lifestyle practices that influence health; (4) the use of the healthcare system; (5) chronic disease from a prevention approach; (6) the nearly 600,000 persons without health insurance; (7) the safety and support of the community and environment; and (8) issues affecting elders. The Report Card identifies areas where resources can be targeted for health improvement.

Proposals on three levels are highlighted which will lead to the institutionalization and periodic updating of the Report Card.

**17. Promote Healthy Environment By Design Principles To Be Integrated Into Community And Economic Planning (Built Environment)**

Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits. Activity decreases with age, and sufficient activity is less common among women than men and among those with lower incomes and less education. In Miami-Dade County, 59% of adults report engaging in no regular moderate physical activity and approximately 35% are reported as being overweight. Insufficient physical activity is not limited to adults. More than a third of young people in grades 9–12 do not regularly engage in vigorous physical activity. In Miami-Dade County, 73% of high school students did not meet currently recommended levels of physical activity and 17% are at risk for becoming overweight based on the 2005 Youth Risk Behavior Survey.

Physical activity and a healthy environment can be increased through community designs that offer opportunities for incorporating planning functions that determine the spatial relationships, intensity, design features, and operational criteria for residences, commercial areas, industrial uses, parks, sidewalks, bike paths, routes for walking or bicycling to school or work, and safe streets and communities, as important determinants of improvements to the community's health and well-being. A local policy should highlight the potential public health

benefits of current efforts at creating livable communities, and acknowledging those efforts to be an important part of the strategy to promote the health, safety, and welfare of residents.

Examples of such efforts will recognize and encourage community design principles that provide opportunities for physical activity, thereby, promoting public health through promotion of strategies, which may include: use of non-motorized transportation modes, locating public facilities accessible by multiple transportation modes, Availability and maintenance of quality pedestrian paths or sidewalks, establishing interconnectivity between similar development projects, and providing pedestrian and bicycle linkages between existing residential and nonresidential land uses.

#### **18. Public And Private Employers Make A Political Statement To Set An Example For Others To Implement And Evaluate Worksite Wellness Initiatives**

Research shows that 50 percent of an organization's health care costs are driven by the lifestyle related behaviors of employees, such as smoking, poor diet, and lack of exercise. However, research also shows that untargeted health-promotion initiatives have little long-term impact on chronic diseases, which rob individuals and families of their health and happiness, represent major costs to employers in the form of health-care and disability costs, lost productivity, and absenteeism. Therefore, a targeted worksite wellness initiative accompanied by a political statement can address risky behaviors which can help employees eat healthier, increase their level of physical activity, help reduce stress, lower blood pressure and cholesterol, and assist in smoking cessation. Wellness programs should also focus on helping employees achieve and maintain their optimal health status.

The Task Force recommends that a political statement be made by County government and other employers to support worksite wellness initiatives and to review their outcomes.

#### **19. Extend And Integrate "Navigator-Like" Cross Training Of Miami-Dade Prosperity Campaign Workers To Ensure Appropriate Support Of Task Force Initiatives, Particularly Referrals To Medical Homes**

Low-wage workers are finding it increasingly difficult to meet basic family support needs from their salaries alone. The Prosperity Campaign offers free tax preparation services, economic benefit screenings and other services. Low-wage workers are connected to existing economic benefits programs available to them such as the Earned Income Tax Credit and Childcare Tax Credit in sites throughout the county. Additionally, Prosperity Campaign workers assist families in finding housing, meeting nutrition needs, paying for quality childcare and more.

This recommendation is to extend and integrate "navigator-like" cross training of Prosperity Campaign workers for referrals to medical homes and public funded programs such as KidCare and Medicaid. This may then serve as an integrated referral system for health to the uninsured that access health and social services as well as provide a unique way to identify and gain access to people who may be medically underserved.

Prosperity Campaign workers will be enlisted to serve as a human "portal" as they ask clients about health insurance status. Clients who report no health insurance for self and/or family members can be assisted by prosperity workers who will be obtaining more detailed information and will work with clients to refer them to available resources and 'medical homes'.

### **Next Steps**

Following Task Force Final Report presentation to and action by the BCC, OCHP will continue and initiate, as appropriate, efforts to achieve Task Force recommendations. OCHP has begun efforts on 10 of the 19 recommendations and plans to prioritize and collaboratively pursue these recommendations within existing resources. The following delineates the activities which OCHP has undertaken within the three strategic focus areas.

### **Medical Homes**

OCHP Staff has sought to identify opportunities to improve the existing health care infrastructure by holding meetings with the Homeless Trust to discuss assessing the Medical Street Outreach program; advising the Human Services Coalition's establishment of a Consumer Advisory Board for consumer 'voice' on key health and human service issues; obtaining and analyzing Emergency Department data components in assessing ER utilization; co-leading a survey of mobile health vans operating in Miami-Dade County for the Mobile Health Coalition of South Florida; and recommended funding allocations for two Federally Qualified Health Centers consistent with the Primary Health Care Facilities comprehensive planning strategy.

### **Limited Benefit Insurance Product**

The Limited Benefit Insurance Product procurement award recommendation for the co-design of the public/private insurance product was approved by the County Commission at its meeting on December 4, 2007. OCHP and the Expert Consortium are now working with Blue Cross Blue Shield of Florida to develop a benefit structure tailored to the health care needs and financial resources of Miami-Dade's uninsured. By May 15, 2008, staff will bring several design options for consideration by the BCC to award the pilot implementation to the insurer. Public input will have been obtained and will be reflected in the final design options. Funding sources will be identified to partially support premium subsidies for qualifying low-income uninsured residents. A three-year pilot implementation period for the limited benefit indemnity insurance product (LBIP)

will allow for modifications during the pilot phase. At the end of the pilot implementation, an evaluation and subsequent recommendation would be made regarding the sustainability and re-bidding of the LBIP. Two key design features of the LBIP will be to incorporate a Chronic Disease Management Model and an ER triage and diversion feature to better manage the proper accessing of health care.

#### Healthy Lifestyles

OCHP has initiated the piloting of the Commit 2B Fit™ program into Miami-Dade County public charter schools in each of the 13 Commission Districts reflecting the educational school-based program to decrease children's risk for obesity; and has shared health element principles from another South Florida county with the Consortium for a Healthier Miami-Dade's Health and the Built Environment Committee.

Please note that substantive actions for each of the 19 recommendations are contained within the Recommendation Narratives.

To continue the momentum established through the Task Force and its recommendations as highlighted throughout this Final Report, an additional recommendation involves bringing together an annual "health leadership forum." This forum will review achievements and will look ahead in finding solutions that will continue the improvements of the County's health care system and overall health of our residents. The health leadership forum will track progress toward completion of the recommendations and will identify new and continuing priorities for health leaders to address. OCHP and a community partner would serve as conveners and the Health Council of South Florida would provide staff support in preparing annual status reports.

# MATRICES OF FINAL RECOMMENDATIONS

Board of County Commissioners Healthcare Task Force Recommendations (approved during 9/27/06 meeting)

FOCUS AREA/PRIORITY I -- MEDICAL HOMES <sup>1</sup>

OPERATIONS LEVEL I				
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
1 Institute a co-training effort that will prepare other staff within existing Navigator sites to do "Navigator-like work". This effort could also be extended to provide training for "Navigator-like staff" in locales that do not currently have Navigators.	Ensure that County residents who need assistance in attaining health coverage and primary care medical homes, receive assistance from Navigators and Community Health Workers in their communities.	II. INTERMEDIATE	County Fiscal Year 2007/2008	Creation of a shared-funding "pool" to place navigators where there are unmet needs, dependent on outcomes of initial assessment.
2 Support the expansion of "Health Connect in Our Schools" to additional sites and include evaluation, systems integration & reimbursement design (Medicaid & 3rd party) components.	Assist school-linked services, and the "Health Connect in Our Schools" initiative (as appropriate), to provide effective services that are integrated with existing community-based medical care (and do not replace existing services) and that are sustainable through provider agreements and reimbursements.	I. HIGH	Calendar Year 2007	\$5 million

OPERATIONS LEVEL I -- Continued				
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
3 Homeless Trust perform an evaluation on the full continuum for health services and the cycling in/out of homelessness in Miami-Dade County to identify where additional services could be strategically placed and that the evaluation include an assessment of the healthcare components and their functionality.	Develop and help implement an evaluation of the Medical Street Outreach program, and if appropriate, enable its replication elsewhere in the County.	I. HIGH	Calendar Year 2007	\$0
4 Establish a Consumer Advisory Board (CAB) as a community-based entity.	Assist in the creation of a critical community-based consumer advisory resource that is utilized by multiple organizations throughout the County to obtain informed consumer input on health initiatives and services.	I. HIGH	Calendar Year 2007	\$0

OPERATIONS LEVEL I -- Cont.					
	Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
5	Implement an emergency room use study and create a baseline and trending resource for the analysis of emergency room trends.	Develop a baseline and trending resource for health providers and planners in the County in assessing emergency room utilization.	I. HIGH	Calendar Year 2007	\$50,000
6	Assess the feasibility of placing additional mobile vans in geographic areas of need.	Ensure that residents have access to primary care in areas without primary care centers.	I. HIGH	Calendar Year 2007	\$0

OPERATIONS LEVEL I -- Cont.				
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
7 Support the institutionalization of an effective mechanism for emergency room triage & diversion that will assist consumers in transitioning from emergency rooms as sources of primary care and into primary care medical homes through the in-kind participation or partial funding by participant hospitals.	Institute an effective mechanism to assist consumers in receiving primary care from primary care providers rather than emergency rooms.	I. HIGH	Calendar Year 2007	Approximately \$5 million (cumulative number consisting of \$3.5M = \$120K per 29 Countywide emergency rooms for computer systems integration set up and approximately \$1.5M = \$55K per 28 hospitals for software licensing and to participate in the South Florida Health Information Initiative Network)  In Year I -- Mercy Hospital already a participant.
8 Create a clearinghouse that will aid the assignment (match) of volunteer dentists with community-based clinics needing dental services and develop additional physical capacity by exploring use of the Primary Health Care Facilities General Obligation Bond (GOB) capital funds.	Institute a centralized mechanism for maximizing the utilization of volunteer dentists where their services are most needed.	I. HIGH	County Fiscal Year 2007/2008	Explore the use of the Primary Health Care Facilities General Obligation Bond (GOB) capital funds for physical capital in the amount of \$50,000 for two dental chairs and undertake the support of \$250,000 for staff at two sites as a pilot effort.

OPERATIONS LEVEL II -- Systems Management				
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
9	<p>Establish a Medical Homes Association that will bring providers from all aspects of Miami-Dade County healthcare delivery system together to collaboratively address issues and propose solutions for improving the County's healthcare system.</p>	<p>I. INTERMEDIATE</p>	<p>County Fiscal Year 2007/2008</p>	<p>\$0</p>
10	<p>Support the comprehensive planning strategy, led by the Office of Countywide Healthcare Planning for Primary Health Care Facilities General Obligation Bond (GOB) that will distribute these funds in a way that builds upon existing infrastructure, service utilization, and unmet need.</p>	<p>I. HIGH</p>	<p>Calendar Year 2007</p>	<p>\$0</p>

OPERATIONS LEVEL III -- Chronic Disease Management					
	Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
11	Identify and replicate effective models of client-based chronic disease management (including nurse-driven diabetic case management) and capture money-saving capability.	Identify and replicate effective models of client-based chronic disease management and validate that these models can actually save money that can be used to serve more individuals.	II. INTERMEDIATE	County Fiscal Year 2007/2008	\$0

<sup>1</sup> "Medical Homes" definition

Entry Point into a comprehensive health care system that ensures each client receives access to a full spectrum of services -- from primary care to inpatient

Citations: McPherson M, Arango P, Fox HB, A new definition of children with special health care needs. Pediatrics 1998; 102:137-140

The "Medical Homes" concept is used and adapted by the American Academy of Family Physicians and the American College of Physicians as defined by the American Academy of Pediatrics.

# FOCUS AREA/PRIORITY II - Coverage Expansion -- Limited Benefit Insurance Product

## Recommendation: Develop a strategy for a public-private health insurance product

- ◆ **Vision for Insurance Product:**  
To develop & implement (upon Board of County Commissioners approval) a sustainable, real solution for increasing access to and enrollment in health coverage
- ◆ **Product Parameters:**  
Comprehensive services including primary & specialty care, inpatient services, diagnostic services, and pharmacy benefits  
Capped (limited) benefits under a Limited Benefit Insurance Product  
Machine readable, paperless, point-of-service insurance product (under section 627 of the Florida State Insurance Code) to lower administrative costs  
Insurer assumes the risk, not County government, nor the providers  
Insurer markets the Product for all uninsured County residents -- many of which will be able to afford the monthly premium without a subsidy  
Incorporate a Chronic Disease Management and Emergency Room Diversion approach to increase healthcare efficiencies and health outcomes
- ◆ **Type of Providers/Network**  
Insurer's commercial network and local safety-net providers, including participating Community Health Centers, Jackson Health System's primary care centers and hospitals
- ◆ **Product Financing**  
Premiums and co-pays to be paid by enrollees and employers; lowest income Miami-Dade residents will be subsidized
- ◆ **Goals:**  
Reduce the number of uninsured Miami-Dade residents  
Reduce the amount of charity care provided by safety-net providers, including JMH, its JHS primary care centers, and other participating hospitals  
Establish a "Medical Home" for enrollees who are thereby able to access a full spectrum of services from primary to inpatient care  
End result → healthier Miami-Dade residents

- ◆ The following **Selected Design Options** were approved by the BCC Healthcare Task Force during its final meeting on September 19, 2007.
  - ◆ **Target Population**  
Adults & children who are ineligible for other public programs;  
No exclusions for select chronic conditions, exclusion for catastrophic illnesses
  - ◆ **Eligibility Criteria**  
Proof of County residency, no minimum length
  - ◆ **Income Verification**  
Same as Medicaid, but also allow notarized employer letter w/salary
  - ◆ **Application/Enrollment Sites**  
Through insurance provider, "Navigators," participating Community Health Centers, Jackson Health System primary care centers, & hospital ERS
  - ◆ **Proposed Supplemental Services -- Dental and Behavioral Services**  
Dental Services: general basic coverage including preventive & screening services, prophylactics, extractions with benefit limitations  
Behavioral Services: covered under primary care with limitations for outpatient visits; inpatient services subject to benefit maximum
- ◆ **Cost Sharing -- Premium & Co-Pays**  
Premium:  
Income under 100% of Federal Poverty Level (FPL) = no premium  
Income between 101% and 200% of FPL = 30-50% of premium  
Income between 201% and 300% of FPL = 50-75% of premium  
Income above 300% of FPL = 100% of premium  
Co-Pays:  
Set of co-pays for specific services, with incentives/disincentives to encourage/discourage certain behaviors
- ◆ **Out of Network Services**  
Members at all income levels pay 100% of charges

## Key Elements of Coverage Expansion/Limited Benefit Insurance Product incorporating the Task Force's recommendations

Board of County Commissioners Healthcare Task Force Recommendations (approved during 11/29/06 meeting)

FOCUS AREA/PRIORITY III - Healthy Lifestyles & Outreach Education <sup>1</sup>

<i>Evidence-Based Models</i> <sup>2</sup>				
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation
13 Commit 2B Fit™	Educational program based on behavioral change theoretical models that focuses on youth fitness and nutrition to promote daily physical activity and healthy eating habits in children and their families currently offered at Broward County Schools.	I. HIGH	School Year 2007-2008	Recommend funding for all 4th grade children in Miami-Dade County Public Schools (28,650 kids @ \$20 each) at a total amount of \$573,000
14 Make Your Heart Healthy Cardiovascular Risk Factor Screening, Education and Medical Follow-up	Educational program based on behavioral change theoretical models that focuses on youth fitness and nutrition to promote daily physical activity and healthy eating habits in children and their families currently offered at Broward County Schools.	N/A	TBD	Political support to evolve and finalize cost factors on one collaborative pilot between the Florida Heart Research Institute working with 2 Federal Qualified Health Centers testing in a closed system with 50% leveraging of existing grant to enable them to bring more people into this closed system with follow up screening.
15 PHASES (Preventive Health And Safety Education for Students)	Program developed using the Sunshine State Standards as educational benchmarks specific to targeted grade levels. Under the program, approximately 70% funded by the Florida Department of Health and the United States Department of Health and Human Services; elementary, middle and high school students are educated on preventive health and safety topics such as nutrition, cardiovascular health, eating disorders, breast cancer, skin cancer and bone health. [Miami-Dade Area Health Education Center -- MD-AHEC]	N/A	N/A	Referral of program to The Children's Trust Health Connect in Our Schools Initiative for consideration.

**FOCUS AREA/PRIORITY III - Healthy Lifestyles & Outreach Education <sup>1</sup> Continued**

<b>Concepts/Approaches <sup>2</sup></b>			
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe
Report Card			<p>Recommend that the proposals as outlined in Options 1 through 4 be done by the appropriate agency (Health Council of South Florida) and dollar amount identified be used only as a guideline and not as a recommended funding level to develop:</p> <ul style="list-style-type: none"> <li>• Option 1 - Political support for the institutionalization of the "Report Card" so that it can be accessed for periodicity and format after its current production at no cost.</li> <li>• Option 2 - Primary data collection and analysis based on a cost of \$90,000.</li> <li>• Option 3 - Biennial report production based on a cost of \$90,000.</li> <li>• Option 4 - Produce set of 1-2 page snapshots based on a cost of \$25,000-\$37,500</li> </ul>
		N/A	<p>Every two to three years</p> <p>Every two to three years</p> <p>Every two to three years</p> <p>Every year</p>

25

**FOCUS AREA/PRIORITY III - Healthy Lifestyles & Outreach Education <sup>1</sup> Continued**

<b>Concepts/Approaches <sup>2</sup></b>					
Final Recommendation	GOAL	Level of Prioritization I. HIGH II. INTERMEDIATE III. LOW	Timeframe	Funding Recommendation	
17 Built Environment	Healthy environment by design principles to be integrated into community and economic planning.	N/A	N/A	N/A	
18 Worksite Wellness	Political statement for employers (public and private) including County government who can set the example to implement and evaluate worksite wellness initiatives.	N/A	N/A	N/A	
19 Prosperity Campaign	Extend and integrate "navigator-like" cross-training of Prosperity workers to ensure appropriate support of Task Force initiatives particularly referrals to Medical Homes.	N/A	N/A	N/A	

## FOCUS AREA/PRIORITY III - Healthy Lifestyles & Outreach Education -- Glossary

<sup>1</sup> Healthy Lifestyles and Outreach Education "... education, political, regulatory & organizational supports (programs & services) designed to ease voluntary actions conducive to healthy lifestyles through strategies & interventions."

Citation: \*Green & Kreuter, Health Promotion Planning, 3rd ed., 1999

<sup>2</sup> "Evidence-Based" definitions :

"Evidence-Based" are strategies and interventions derived through an evidentiary process, scientific methodologies drive design, implementation and validation of findings. Evidence-based approaches are selected through literature reviews of studies published in peer-reviewed journals. Implementation of evidence-based strategies and interventions involves the manualization of process and outcomes. "Evidence-based" is identified as an ultimate level of development as a concept moves from initial design as a "promising practice" through validation in "field testing" to "best and model" approaches, and finally to evidence-based.

**Model** -- the process of transferring an evidence-based strategy or intervention, through adaptation, to another site.

**Best Practices** -- processes, practices or systems widely recognized as improving the performance and efficiency and outcomes.

**Research Validated Best Practice** -- program, activity or strategy that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation.

**Field Tested Best Practice** -- program, activity or strategy that has demonstrated effectiveness in an implementation setting but has not yet undergone a regimented validation process.

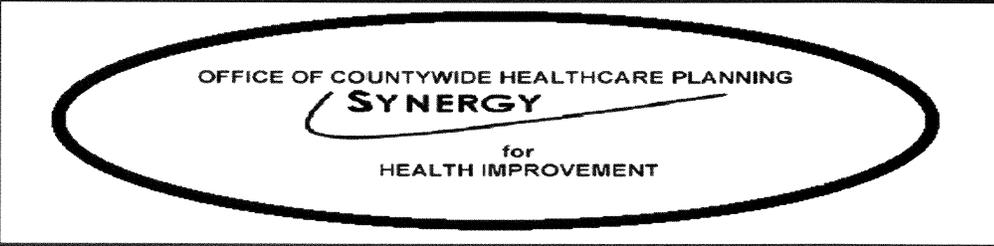
**Promising Practice** -- program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long-term sustainable impact. The sustainable impact must undergo some objective review and have demonstrated potential for replication.

Citation: Brownson RC, Baker EA, Leet TL, et al. Evidence-based public health. Oxford: Oxford University Press

NARRATIVES OF FINAL  
RECOMMENDATIONS



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# RECOMMENDATION CO-TRAINING EFFORT FOR NAVIGATORS

**Institute a co-training effort that will prepare other staff within existing Navigator sites to do "Navigator-like work". This effort could also be extended to provide training for "Navigator-like staff" in locales that do not currently have Navigators.**

## Core Benefit

Ensure that County residents who need assistance in attaining health coverage and primary care medical homes, receive assistance from Navigators and Community Health Workers in their communities.

## Planning & Development:

Instituting a co-training effort would allow for the following twofold purpose:

- 1) Existing staff at current navigator sites to receive training to enhance services at the sites.
- 2) Allowing for "navigator like staff" or community health workers to be trained to provide services in areas with out Navigators.

The program's goal would be to improve health care outcomes specifically in health disparity populations, populations--not defined solely by race and ethnicity--that have a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population.

These programs would then provide outreach to communities to seek preventive care and coordinate health care services for individuals. The navigator program would assist clients and family members deal with the complexities of the health care system through the following:

### Increased capacity of individuals within each community to:

- Access health education and services in order to attain health coverage and a primary care medical home
- Knowledge on how to prevent the most common causes of death and disease in their community
- Collection of data in order to document any health needs in their community
- Navigate current and future health systems and be a culturally competent medical guide

### Advantages of "Navigator Like" Model:

- Increased resources and appropriate referrals
- Increased trust and knowledge of current health resources
- Increased access to insurance coverage/low cost health care
- Increased advocacy and support for patients and their families throughout Miami-Dade County
- Increased health knowledge, beliefs and trust between diverse communities and other navigators
- Increase in participation of community health initiatives
- Evaluating strengths and weaknesses of community programs

**Design:**

**Adopted from Community Health Worker and Navigator Curriculum.**

**Funding Recommendation**

**Creation of a shared-funding "pool" to place navigators where there are unmet needs, dependent on outcomes of initial assessment.**



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## **RECOMMENDATION HEALTH CONNECT IN OUR SCHOOLS**

Support the expansion of "Health Connect in Our Schools" to additional sites and include evaluation, systems integration & reimbursement design (Medicaid & 3rd party) components.

### **Core Benefit**

Assist school-linked services, and the Health Connect In Our Schools initiative (as appropriate), to provide effective services that are integrated with existing community-based medical care (and that do not replace existing services), and that are sustainable through provider agreements and reimbursements.

**Program As Developed (<http://www.thechildrenstrust.org/InitiativesHealth.asp>):**

The expansion would ensure that preventive health care is provided at additional schools by allowing a team of professionals that include a nurse or nurse practitioner, a social worker and two health aides to offer physical, mental and behavioral health services. The program provides a coordinated level of school-based healthcare at every school and provides the following coordinated school based services:

- Expanded health screenings and assessments with access to follow-up care
- Mental and behavioral health services to identify and solve student health and educational issues
- Nutrition and health counseling
- Better access to a regular primary-care physician
- Primary health services for uninsured students with no other options or access to health care
- Emergency first aid/CPR
- Chronic disease management

**Design:**

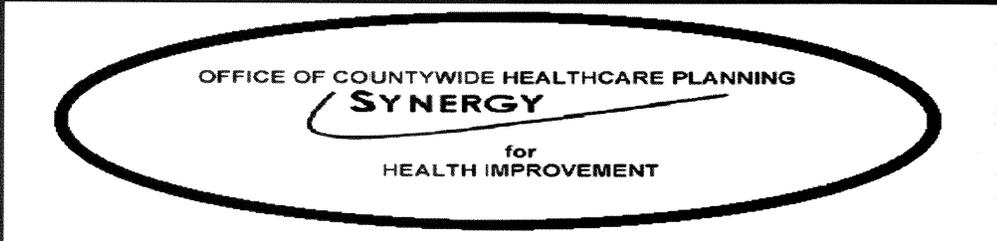
**Existing Health Connect in Our Schools Model**

**Funding Recommendation:**

**\$5 Million**



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# RECOMMENDATION MEDICAL OUTREACH EVALUATION/CONTINUUM OF CARE

Homeless Trust perform an evaluation on the full continuum for health services and the cycling in/out of homelessness in Miami-Dade County to identify where additional services could be strategically placed and that the evaluation include an assessment of the healthcare components and their functionality.

## Core Benefit

Develop and help implement an evaluation of the Medical Street Outreach program, and if appropriate, enable its replication elsewhere in the County.

### Planning & Development:

In January 2006, it was estimated that on average, approximately 4,709 people experienced episodes of homelessness in Miami-Dade County. 83% are homeless for a short period and 17% are homeless for a long period of time <sup>1</sup>. Many of these episodes relate to individuals and families who are experiencing homelessness for the first time as a result of lack of knowledge to support services. People at risk of becoming homeless do not seek aid from existing programs that might stabilize or save their housing. Most of these families and individuals are grappling with underlying issues that precipitated their housing crisis, such as job loss, medical expenses, substance abuse, divorce, mental illness, etc.

By developing an administering an evaluation that incorporates a continuum of health care component, a better understanding of the service loop would be attained. Thus, the evaluation would allow for available data and input from all segments of the homeless service community to be identified, these components would allow for a greater emphasis on initiatives for prevention in the spectrum of health that include: prevention, outreach, emergency shelter, transitional housing, permanent supportive and permanent housing, as well as, mental health and substance abuse counseling, legal and health services, etc.

### Design:

OCHP will develop survey instrument and metrics.

## Funding Recommendation

N/A



## RECOMMENDATION CONSUMER ADVISORY BOARD

**Establish a Consumer Advisory Board (CAB) as a community-based entity.**

### Core Benefit

A community-based body will provide an independent consumer 'voice' on key health and human services. Configured in this way, the CAB can be a significant resource for multiple entities seeking participation by informed community members on boards and other policy-setting efforts.

### Planning & Development:

- Working with a CBO (community based organization), bring together a representative group of health and human services consumers
- Provide training and information resources (data, maps, user-friendly materials) to help improve consumers' level of knowledge on highly technical health issues

### Design:

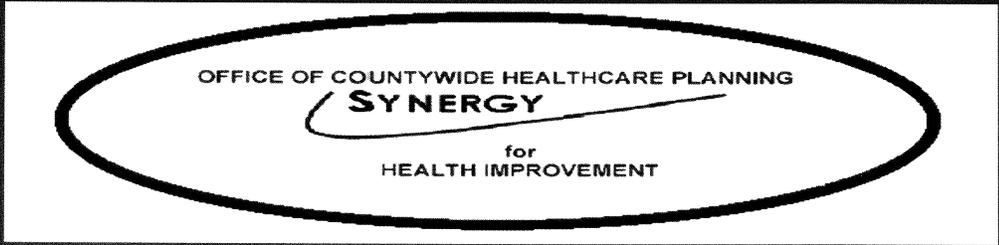
- Initiate a health and human services CAB Planning Group
- Organize and carry-out outreach and additional education efforts that will attract an initial core group of consumers
- Develop effective outreach to continue to attract consumers from a broadly representative group of community members
- Identify and develop, as possible, the informational resources needed to support the CAB
- Elect two representatives from the CAB to serve on OCHP's Health Planning Advisory Group
- Promote additional representations by CAB members on other organizational boards and advisory groups, together with investment there-in, to ensure that there is a consistent and active voice in health decision making at county-wide level

## Funding Recommendation

- Collaboratively seek grant funding to support CAB operations
- OCHP and other organizations provide in-kind support for informational and educational resources



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# RECOMMENDATION

## CONDUCT AN EMERGENCY ROOM USE STUDY

Implement an emergency room use study and create a baseline and trending resource for the analysis of emergency room trends.

### Core Benefit

Develop a baseline and trending resource for health providers and planners in the County in assessing emergency room utilization.

### Planning & Development:

The purpose of the study is to create a baseline to serve in the analysis of emergency room trends and better understand why people are using the emergency room for treatment of illnesses that can be managed in a clinic or physician's office. The study will also attempt to determine whether the patients showing up at emergency rooms really need immediate emergency medical attention.

The socio-economic demographics of the patient, as well as the type of health insurance coverage, contribute to the explanation on why patients choose to use the ER for non-emergency treatment. This study will collect data and other demographic characteristics of the patient and of their household from a targeted survey population. The data collected will assist in further comprehending the health care community in Miami-Dade County.

In Miami-Dade there is increasing use of hospital Emergency Rooms (ERs), often for non-emergent – and even for routine – health care problems. According to data from the Florida Agency for Health Care Administration, ER use for 2005 was approximately 33.5% for non urgent-conditions. This use has been linked to growth in the number of uninsured residents, but is also closely tied to reduced access to a regular source of care, especially primary care providers. Many ER visits are treated and discharged, with no hospital inpatient admission.

The County is challenged to increase healthcare delivery efficiencies while improving access. The strategy is to provide care to more people and do it in the most efficient manner possible, however, higher ER 'utilization rates' translate to greater consumption of costly ER resources. Are these increases consistent with a true ER need? In an environment of ever increasing resource constraints, a survey will allow us to examine providers to determine how resources are being consumed: emergency departments, walk-in clinics, and other urgent-care facilities. Studies have shown that having a regular source of health care – often referred to as a 'medical home' – reduces ER use significantly, not only for healthy patients but also for those who are sicker and have greater health care needs.

It is therefore needed to conduct a thorough needs assessment of the target population for primary medical, dental and mental health care. As part of the requirements, a sample of patients will be surveyed in hospital ERs to determine the pattern of utilization; the subsequent analysis of this data is essential to our being able to quantify who is using the ER for treatment. It is equally important to understand when and why they are using the ER in order to be effective in providing health care access outside of the ER environment.

## Design:

On possible design for the study is for emergency room users to be requested to participate in a survey to determine utilization patterns of the emergency rooms in Miami-Dade County. The survey questionnaire would consist of a set number of questions, including open-ended, closed-ended and Likert scale questions. After the survey is completed, the data collector will provide the acuity level of care information by an authorized hospital professional. The acuity level of care will be adjusted according to information provided by the hospital emergency rooms in the following manner: resuscitation (level 1), emergency (level 2), urgent (level 3) and non-emergency (level 4).

The survey process will be conducted over four different time periods: Monday through Friday, during the day (period 1); early evening (period 2); late evening (period 3); and Saturday through Sunday, daytime and evening hours (period 4). The sample will consist of randomly selected participants for each defined time period and from each of the hospitals. Graduate students may be used for survey collection and data entry, while data analysis and interpretation of the data obtained will be conducted by the Office of Countywide Healthcare Planning for final analysis. The methodology and consent form for the study will be provided to each participant hospital and will comply with HIPAA requirements for anonymity and privacy. Each participant will be told that involvement in the study is voluntary.

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## Funding Recommendation:

**\$50,000**

## Sources:

Billings J, Parikh N and Mijanovich T. "Emergency Department Use in New York City: A Survey of Bronx Patients." Commonwealth Fund Issue Brief, November 2000.

Billings J, Parikh N and Mijanovich T. "Emergency Department Use in New York City: A Substitute for Primary Care?" Commonwealth Fund Issue Brief, November 2000.

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Care-Seeking Patterns of Inner-City Families Using an Emergency Room: A Three-Decade Comparison. Deval Shah-Canning, Joel J. Alpert, Howard Bauchner  
*Medical Care*, Vol. 34, No. 12 (Dec., 1996), pp. 1171-1179.

Center for Health and Public Service Research. The Care Seeking Questionnaire, fielded in New York City. March-December 1998

Duck E, Delia D and Cantor JC. "Primary Care Productivity and Health Care Safety Net in New York City." *Journal of Ambulatory Care Management*, 24(1): 1-14, 2001.

United Health Fund. Ambulatory Care Provider Survey, fielded in New York City. December 1996, December 1997 and December 1999.

Weiss E, Haslanger K, and Cantor JC. "Accessibility of Primary Care Services in Safety Net Clinics in New York City." *American Journal of Public Health*, 91(8): 1240-1245, 2001.



## **RECOMMENDATION MOBILE VANS**

**Assess the feasibility of mobile vans in geographic areas of need.**

### **Core Benefit**

**Ensure that residents have access to primary care in areas without primary care centers.**

### **Planning & Development:**

The feasibility study will ascertain access to health care, quality of services, and local capacity to sustain health services. This study will initially inventory all the mobile health vans currently operating in Miami-Dade County to assess services offered, geographic service area, utilization and added roles that the mobile vans can partake in (such as assistance during disaster mobilization). One of the major initial steps for this assessment was the establishment of the Mobile Health Coalition of South Florida through the sponsorship of the Health Foundation of South Florida, an organization with the goal of identifying opportunities for the advancement of knowledge and coordination of health services in the community. Secondly, the Coalition also benefited from membership of a national organization of mobile health, the Mobile Health Clinic Network. Membership in this national network will facilitate access to information on national models, development of outcome measures and performance standards and the sharing of experiential data that will be beneficial in the successful completion of the feasibility study.

During the first stage of this study, an inventory tool to identify all organizations operating mobile health vans was developed by the members of the Strategic Planning Committee of the Coalition. The purpose of this inventory was to determine: the number of health vans operating; geographic areas of coverage; services provided; utilization patterns; types of equipment and personnel and funding sources.

A GIS map has been developed identifying by zip code the coverage areas and types of services provided by the mobile vans. This information will be updated periodically and will be made available on the Web for community members to access.

## Design:

The inventory tool was designed to be web available through Zoomerang, so that data could be easily collected and analyzed. However, very few participants utilized this process. As a back up, a Word document was also produced and e-mailed. A total of 13 organizations responded to survey. Eleven organizations currently operate vans, an additional two organizations have temporarily suspended the use of their vans due to vehicle malfunction. One organization (Miami-Dade County Health Department) recently inaugurated a new dental van. Analysis of survey data is preliminary, due to problems with incomplete surveys. Based on this limited analysis, information collected so far is as follows:

- Number of active mobile vans = 15
- Types of Vans - (13 are mobile units, 2 are passenger vans)
- Size: Mobile vans are between 36 feet and 50 feet long. Passenger vans are large; for 12-15 passengers.
- Services provided: comprehensive primary care (4); dental services (2); vision examination (2); eligibility screening (1); HIV/AIDS testing and counseling (2); Physical exams (1); Mammography (1); injury prevention (1); pediatric care (1); prenatal care (1)
- Areas being served: countywide, with emphasis on West and South Miami-Dade.

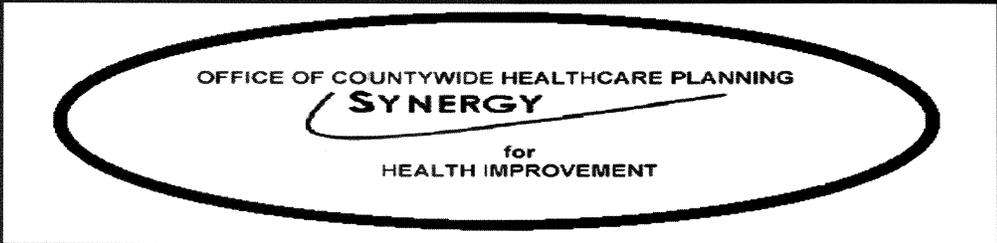
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## Funding Recommendation

Not applicable



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# RECOMMENDATION EMERGENCY ROOM TRIAGE

**Support the institution of an effective mechanism for emergency room triage & diversion that will assist consumers in transitioning from emergency rooms as sources of primary care and into primary care medical homes through the in-kind participation or partial funding by participant hospitals.**

## Core Benefit

**Institute an effective mechanism to assist consumers in receiving primary care from primary care providers rather than emergency rooms.**

### Planning & Development:

Studies and data from the CDC's National Center for Health Statistics (NCHS), show that ER use has risen by almost 20 percent since 1990, to 110 million visits in 2002. This increased use has been linked to growth in the number of uninsured Americans, but is also closely tied to reduced access to a regular source of care, especially primary care providers. As many as 95% of all ER patient visits are treated and discharged, with no hospital inpatient admission. In the case of Medicaid, 90% of all ER patient visits resulted in discharge from the ER. Yet only 20% of ER patient visits are for emergent conditions, and at least 1/3 of all these visits are for non-urgent health problems. Based on AHCA's ER data study, 2005, in Miami-Dade County utilization of ER for the 10 mayor non-urgent conditions is approximately at 33.5%.

Therefore, the use of an emergency room triage model such as Jackson's ER Diversion Program bridged with the use of information technology such as the South Florida Health Information Initiative (SFHII) would allow for comprehensive different systems of care (from hospitals and community health centers ) to communicate with each other to establish a regular source of health care – often referred to as a primary care' medical home'. Through collaborative partnerships, featuring access to appointment systems, pharmaceuticals; assistance in navigating the health care system; education on illnesses; an emphasis on prevention; primary care centers will be able to provide continuity of care, reducing ER use significantly, not only for healthy patients but also for those who are sicker and have greater health care needs.

### Design:

Each participating hospital ER will be staffed with ARNPs to triage patients that present to the ER with a non-urgent condition. After assessment, ARNP will determine which health care center most appropriately will meet patient's needs. Appointment to the primary care centers will be directly scheduled through an on-line system. Patient will be scheduled to be seen within 48 –72 hours, depending on patient's condition. At this point, this primary care center will become the patient's medical home and provide on-going care.

Furthermore, an effective "triage mechanism" to medical homes through the use of an operational system wide integrated electronic network (SFHII) that aligns itself to clinics and FQHCs would link consumers and ensure them access to a primary care medical home. This system would then provide the framework for diverting inappropriate users in hospital ERs, and refer patients to a medical home for on-going care. Ultimately, this system may improve health outcomes to consumers at a reduced cost in contrast to care provided through emergency departments, walk-in clinics, and other urgent-care facilities.

## Funding Recommendation:

Approximately \$5 million (cumulative number consisting of \$3.5M = \$120K per 28 Countywide emergency rooms for staffing and computer systems integration set up and approximately \$1.5M = \$55K per 28 hospitals for software licensing and to participate in the South Florida Health Information Initiative Network).



## RECOMMENDATION DENTAL CLEARINGHOUSE

Create a clearinghouse that will aid the assignment (match) of volunteer dentists with community-based clinics needing dental services and develop additional physical capacity by exploring use of the Primary Health Care Facilities General Obligation Bond (GOB) capital funds.

### Core Benefit

Institute a centralized mechanism for maximizing the utilization of volunteer dentists where their services are most needed.

#### Planning & Development:

The number of dentally uninsured or underinsured in Miami-Dade County remains a significant barrier to dental care. The Clearinghouse would consist of using a single point of access that matches community resources, including pool of public sector dental programs and private sector volunteer dentists and oral surgeons to monitor and proctor dental students in order to provide services to underserved patients in need of dental services.

The Clearinghouse's role would be to provide a service that is useful to community-based clinics who work with the low income population in need of oral health care.

#### Design:

- A coordinator (possibly navigator-like) will refer individuals in need of dental care to available resources regardless of insurance status
- Coordination with area social service agencies, dentists, and schools for referrals and recruitment along with informative fliers and brochures will be sent out to inform individuals on what the Clearinghouse offers
- Agencies would disseminate program brochures and fliers to educate the public
- Volunteer dentists would be recruited, placed and scheduled at the safety-net community health centers in order to increase access to services
- Coordinator will work with dental providers to ensure a sufficient pool of dentists are available

## Funding Recommendation

Explore the use of the Primary Health Care Facilities General Obligation Bond (GOB) capital funds for availability of capital in the amount of \$50,000 for two dental chairs and undertake the support of \$250,000 for staff at two sites as a pilot effort.



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## RECOMMENDATION MEDICAL HOMES ASSOCIATION

**Establish a Medical Homes Association that will bring providers from all aspects of Miami-Dade County healthcare delivery system together to collaboratively address issues and propose solutions for improving the County's healthcare system.**

### Core Benefit

A coordinated, continuous, comprehensive and integrated approach for delivering care that is accessible, compassionate, and culturally effective. A medical home will provide health care services in a high-quality and cost-effective manner. Health care professionals, individuals and families participate in decision making at all levels and are satisfied with services received.

#### Planning & Development:

An Association of Miami-Dade County's health care delivery system providers whose goal is to assure a comprehensive and integrated network of Medical Homes linked through an electronic operational system wide electronic network (South Florida Health Information Initiative -- SFHII). This network is aligned to clinics and Federally Qualified Health Centers (FQHCs) and enables a patient's health history to be known as well as ensures them access to a medical home regardless of ability to pay, and enables them to routinely seek medical care.

In addition, this association allows a forum for discussion and coordination among the safety-net and other public and private health and social service providers as well as health advocates in Miami-Dade County. The Medical Homes Association plans to include representatives from the following: Federally Qualified Health Centers, Jackson Health System Primary Care Centers, Miami-Dade County Health Department, Miami-Dade County government, Miami-Dade County Medical Association, South Florida Hospital & Healthcare Association, University of Miami-Department of Family Medicine and Community Health, Florida International University's new Medical School, Florida Department of Children and Families, Human Services Coalition and Alliance for Aging among others.

The Association would focus on: leveraging of funds, coordinating services to avoid duplication, resolving system access issues, development of uniform/compatible systems, and supporting the BCC Healthcare Task Force recommendations such as the Dental Clearinghouse, Mobile Vans feasibility study and ER survey.

#### Design:

In progress

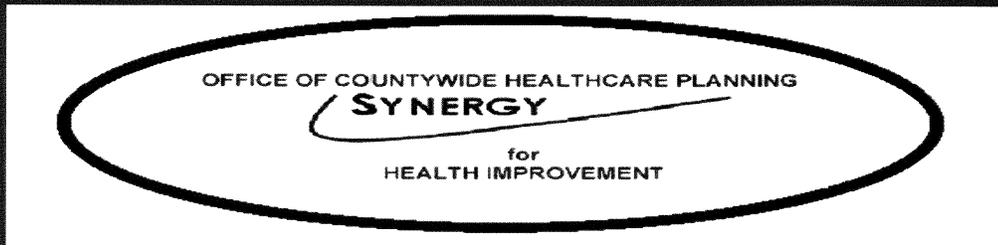
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## Funding Recommendation

Not applicable.



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## RECOMMENDATION GOB

**Formalize the Primary Health Care Facilities General Obligation Bond Comprehensive Planning Strategy that builds on existing infrastructure, service utilization, and unmet needs to leverage resources and maximize sustainability.**

### Core Benefit

Resource allocations, under the General Obligation Bond for increasing primary health care facilities, will be accomplished through a comprehensive planning process that involves multiple sectors within a community. The resulting contract will detail plans for the use of GOB resources, leveraging of these capitol dollars and sustainable funding for the services and facilities that are added.

### Planning & Development:

The comprehensive planning strategy for the Primary Health Care Facilities General Obligation Bond (GOB), as led by the Office of Countywide Healthcare Planning (OCHP), will seek to distribute funds in a way that builds upon existing unmet needs. OCHP will lead the countywide initiative that will provide a framework on how to 'achieve a network of integrated community-based medical homes' by bringing together various multi-sector community stakeholders including health and human services agencies as well as the business community.

This planning process includes two core components: 1) informational/statistical and systems capacity analyses which help form a detailed framework of the current state of Miami-Dade County's primary care delivery system, and 2) community-specific planning involving three tiers of community leaders and consumer input which OCHP will lead in the seven primary care GOB-recipient communities. These two planning components, together with Miami-Dade County's amazing foresight in providing \$25 million through the GOB for Primary Health Care Facilities – places Miami-Dade at the forefront among other communities that are working to evolve their Federally Qualified Health Centers (FQHCs) and other public health clinics into fully networked and comprehensive providers of care whose facilities "are welcoming to all residents, including those who have private insurance" (national Medical Homes movement).

The goal of an integrated network of community-based primary care 'medical homes' is not one that can be achieved unilaterally, and clearly, it will not be achieved solely through the allocation of GOB funds. Achieving an integrated network can only occur through a convergence of multiple resources, both capital and operational, that involve multiple sectors – health, human services, community and economic development, as well as the business community. In addition to the GOB, success in achieving our goal will come through the dove-tailing of key systems-changing initiatives including:

- Limited Benefit Insurance Product – developing a limited benefits health insurance product for uninsured residents (low and no-income residents) that enables provider reimbursements at the point of service
- Best Practice Clearinghouse & GIS Health Mapping – A community resource that will assist providers in implementing proven health interventions as well as tracking and assessing their outcomes
- South Florida Health Information Initiative (SFHII) – system wide electronic network aligned to providers allows for a patient's health history to be known, as well as, ensures them access to a medical home regardless of ability to pay

**Design:**

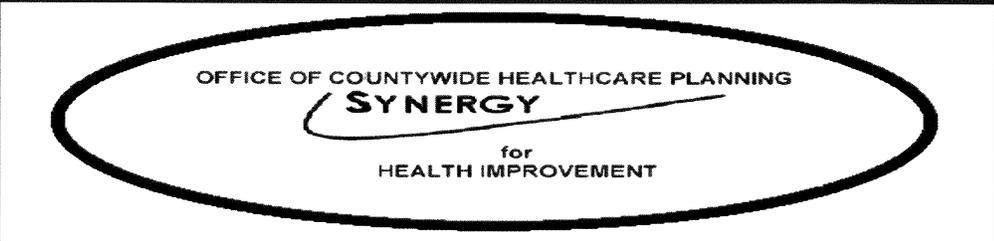
The "Comprehensive Plan for Facility Enhancement" (CPFE) as developed by OCHP staff will identify all capital and operational enhancements to be achieved by the FQHCs as a result of the leveraging of multi-sourced funds. The CPFE details all staffing, equipment and facility improvements by program component that will lead to increased number of patients and increased services.

**Funding Recommendation:**

Not applicable.



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# RECOMMENDATION CHRONIC DISEASE MANAGEMENT

**Identify and replicate effective models of client-based chronic disease management (including nurse-driven diabetic case management) and capture money-saving capability.**

## Core Benefit

Identify and replicate effective models of client-based chronic disease management and validate that these models can actually save money that can be used to serve more individuals.

### Planning & Development:

In Miami-Dade, chronic conditions such as non-communicable diseases (e.g., diabetes, cardiovascular disease and chronic obstructive pulmonary disease), long term mental disorders and certain communicable diseases such as HIV/AIDS are the leading causes of death and disability. The World Health Organization reports that chronic diseases are currently responsible for 60% of the global disease burden . The CDC estimates that 70% of deaths in the United States are due to chronic disease, which represents approximately 13,000 deaths in Miami-Dade County annually. In response to this growing burden many state and local governments are taking a great interest in improving the management of chronic conditions through a chronic care model.

A *Chronic Care Model* represents an organizational culture that promotes and supports change, fosters strong linkages with community programs and resources, emphasizes educating and empowering patients, ensures clinical care is consistent with scientific evidence and patient preferences, provides proactive and planned care as well as utilizes a comprehensive clinical information system.

The focus of a chronic care model would allow for improvements in chronic disease management across Miami-Dade's continuum of care by providing a resource tool for managing chronic conditions thereby improving health and reducing health care costs. Key components include having demonstrated outcomes across a range of chronic diseases that can be improved if a multifaceted approach is taken and attention given to the community, health system, self-management support, delivery system design, decision support and clinical information systems. This model provides a road map for improving the way organizations provide chronic illness care.

## Design:

The chronic disease management model would consist of the following:

- Supporting family physicians in their management of people with chronic conditions by partnering them with community care coordinators (nurses). Community Care coordinators assist family physicians in the management of patients with chronic conditions by providing case management, referral to appropriate services and disease management according to clinical practice guidelines
- Increasing the access of family physicians to specialist expertise and support by having regional staff from acute care specialty clinics see high risk/complex patients
- Medical specialists provide CMEs and care algorithms for the care teams based on best practices
- Implementing an integrating a synergistic component through the South Florida Health Information Initiative (SFHII) to allow all providers across the continuum of care to communicate with each other to monitor and manage chronic diseases
- Embedding alerts and reminders into the system so that they are available at point of care
- Supporting patients through community based exercise and education programs run by collaborating partners in the county
- Providing linkages to self-management support programs that are lay led and suitable for people with a range of chronic conditions.
- Providing evaluation of chronic disease management program(s) through the following:
  - Ascertaining stakeholders' needs and capacities
  - Formally evaluating infrastructure for regularly assessing the effectiveness of public health programs
  - Creating and maintaining evaluation monitoring systems to collect, analyze, and interpret public health intervention findings
  - Monitoring progress toward improving the health of vulnerable populations
  - Evidencing that findings about changes in health outcomes (whether positive or negative) are used to make changes in programs

## Funding Recommendation:

Not applicable.

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## RECOMMENDATION COVERAGE EXPANSION

Develop a strategy for a public-private Limited Benefit Insurance Product that addresses the key elements of coverage expansion incorporating the Task Force's recommendations.

### Core Benefit

The goals of the limited benefit insurance product are to increase the number of insured, increase the number of residents having a "medical home," reduce the demand for charity care thereby the viability of safety-net providers (hospitals and clinics) will be increased, and avoidable ER use will be reduced while providing an additional source of reimbursement for care. As a result, the long-term goal is healthier residents.

### Planning & Development:

The challenges facing Miami-Dade County's (MDC) residents and health care system are staggering. Approximately 600,000 residents in MDC are uninsured, representing more than 25% of County residents (compared with 16% nationally). The cost of health insurance premiums increased 19% between 2002 and 2005. Four of the top 10 ER diagnoses in MDC are for conditions defined by both the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC) as possibly treatable in primary care settings. Charity care provided by the Public Health Trust (PHT) through its three hospitals and eleven primary care centers is projected to increase 14% by 2010. Findings of the "Living Healthy, Living Longer" 2006 telephone survey show that 12% of MDC children are reported to have asthma (exceeding the national average). These statistics provide the County with both significant challenges and opportunities for achieving real improvements in the health of its residents and the viability of its health care system.

Recognizing these issues, the BCC Healthcare Task Force formed the Task Force Expert Consortium to develop a sustainable, real solution for increasing access to and enrollment in health coverage. Nearly 30 national, state and local coverage expansion strategies were identified and assessed. From the analysis and subsequent discussion, the Task Force identified a core set of product parameters to guide the design phase: comprehensive services including primary & specialty care, inpatient services, diagnostic services, and pharmacy benefits; capped (limited) benefits; machine readable, paperless, point-of-service insurance product to lower administrative costs; insurer assumes the risk (not the County, nor the providers); insurer markets the product for all uninsured County residents; and Chronic Disease Management and Emergency Room Diversion components are incorporated to increase healthcare efficiencies and health outcomes.

## Design:

The Limited Benefit Insurance Product procurement award recommendation for the co-design of the public/private insurance product was approved by the County Commission at its meeting on December 4, 2007. The subsequent contract with Blue Cross Blue Shield of Florida was signed on December 27, 2007. OCHP and the Expert Consortium are now working with Blue Cross Blue Shield of Florida to develop a benefit structure tailored to the health care needs and financial resources of Miami-Dade's uninsured. By May 15, 2008, several design options will be presented for consideration by the County Commission towards the implementation of a pilot initiative. Public input will be obtained and reflected in the final design options. Multiple funding sources will be pursued to create a premium subsidy program for qualifying low-income uninsured residents. A three-year pilot implementation period for the Limited Benefit Insurance Product will allow for modifications of the components during the pilot phase. The insurer's commercial network will be combined with the local safety-net providers, including participating Federally Qualified Health Centers (FQHCs) and the Jackson Health System. During the pilot, continuous efforts will be made to refine and develop the ideal insurance product that is comprehensive, accessible, and sustainable. If successful — following completion of the pilot, the ideal product will be recommended for full implementation.

## Funding Recommendation:

There are no costs related to the design. Cost factors identified during the design (including application assistance and subsidies) will be outlined in the proposal together with funding sources. A request for funding has been made to the Florida State Low Income Pool (LIP) Council to create a premium subsidy program for qualifying low-income County residents. The amount requested is \$20 million. Additional funding sources will be sought to support premiums for the low-income undocumented residents (who would not be eligible for federal/state LIP funding), and a strategy for inpatient care needs related to catastrophic illnesses, which exceed the plan maximum, will be addressed.



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## RECOMMENDATION COMMIT 2B FIT™

### Extend Commit 2B Fit education program to Miami-Dade County Schools

#### Core Benefit

Educational program based on behavioral change theoretical models that focuses on youth fitness and nutrition to promote daily physical activity and healthy eating habits in children and their families.

#### Planning & Development:

Miami-Dade's 2005 Youth Risk Behavior Survey reported that among high school students 77% ate fruits and vegetables less than 5 times per day during the past 7 days; 73% did not meet currently recommended levels of physical activity; 14% had not participated in any vigorous or moderate physical activity during the past 7 days; 55% did not attend physical education classes and 82% did not attend physical education classes daily. The Commit 2B Fit program provides a successful solution-based program that aids in reversing the trend of physical inactivity and poor nutrition through its integration of school, home and community. The foundation of the program is a daily planner for students (available in English and Spanish), that is used to set and assess goals in physical activity and nutrition by recording daily physical activity and intake of fruits and vegetables. Participants in Commit 2B Fit take a pledge that commits them to be physically active every day and to make healthy food choices. Another component of Commit 2B Fit is a series of exercise posters, in English and Spanish. These posters lead participants through a total body workout strengthening and stretching the body. The exercises can be a warm-up for additional activity or can be used at a worksite as an exercise break. Commit 2B Fit is used in the schools and promoted in the county parks, in Publix Supermarkets and on the radio, which makes it a school, home and community program. Commit 2B Fit has been recognized by Governor Crist as an effective program and has won several awards including the National School Community Recognition Award from the American Alliance of Health, Physical Education, Recreation and Dance.

This evidence outcomes based program may be piloted and targeted initially in grade school children at 13 Miami-Dade County schools to complement existing curriculum through the use of a customized daily student planner to log daily school assignments as well as physical activity and healthy food choices made.

## Design:

Ten month program that provides nine components:

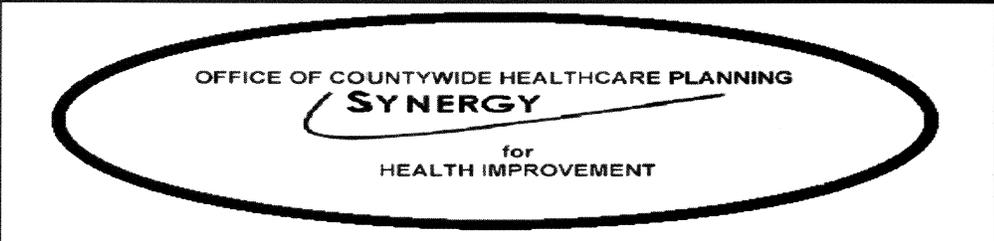
- Customized daily student planner (one - customized planner per student is used as a communication tool between the teacher, student and parents in attaining fitness and nutrition goals)
- Student training manual (one - training manual per student helps in designing an activity plan to meet individual needs and situation (in their home and community environment)
- Teacher/facilitator training manual (one - teacher/facilitator training manual for curriculum)
- Incentives (five - incentives/charms per student are given for meeting goals, reflecting pride and accomplishment and reinforcing the students continued efforts in the program)
- Pied Piper Tunes Belt (one - Pied Piper Tunes Belt/external walkman per 22 students provides upbeat fitness walking music in program)
- Spoga4Kids™ DVD (one - Spoga4Kids™ DVD per 22 students consist of five, 15-minute workouts that teach gentler forms of aerobics, relaxation techniques, and yoga-like moves, among other exercises)
- Community/Media support (a comprehensive community/media support campaign that includes 150 educational radio vignettes. each vignette is a nutrition or fitness tip to help educate parents and encourages them to get their families involved in the program)
- Monthly brochures (ten - monthly brochures (through calendar year) promoted throughout South Florida Public locations. Parents are encouraged to buy participating Commit 2B Fit™ products where they can earn points and redeem them for fun, active merchandise and events)
- Two surveys (one pre and one post test per student and per teacher/facilitator)

## Funding Recommendation:

**Recommend funding for all 4th grade children in Miami-Dade County Public Schools (28,650 kids @ \$20 each) at a total amount of \$573,000**



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# RECOMMENDATION Make Your Heart Healthy

## Cardiovascular Risk Factor Screening, Education and Medical Follow-Up

### Core Benefit

Cardiovascular screening and education program utilizes Framingham Heart Study Risk Assessment/Adult Treatment Panel tool to evaluate risk of having a major cardiac event in 10 years and assists participants in the identification of a medical home in their area [Florida Heart Research Institute].

### Planning & Development:

The Make Your Heart Healthy Program is a cardiovascular screening and education program operated by the Florida Heart Research Institute. It utilizes the Framingham Heart Study Risk Assessment/Adult Treatment Panel tool to evaluate risk of having a major cardiac event in 10 years and assists participants in the identification of a medical home in their area.

2006 data shows 57% twice as likely to die of a heart attack within 10 years relative to individual the same age with no risk factors; 32% required follow-up for high cholesterol, 29% for hypertension, and 70% shown to be either overweight or obese in Miami-Dade County. Political support to evolve and finalize cost factors on one collaborative pilot between the Florida Heart Research Institute working with two Federally Qualified Health Centers (FQHCs) testing in a closed system would allow screenings to be provided to community organizations in underserved areas. The program identifies those at risk for heart disease, diabetes and obesity and offers education to prevent disease and reverse onset of disease. Florida Heart Research Institute travels to host site.

Political support would enable the program to work in collaboration with FQHCs and expand services provided which include:

- One health survey that determines family history for heart disease, whether they are currently under treatment for diabetes, high blood pressure or cholesterol, smoking, etc.
- Six clinical tests include: fingerstick to test blood for Total Cholesterol, Glucose, HDL (good cholesterol), Ratio of TC to HDL, blood pressure and Body Mass Index (BMI) for obesity
- Personalized clinical results include: established clinical ranges as well as 5 free educational pamphlets on heart health (Eng/ Spanish/Creole)
- One counseling session by nurse and a physician-trained health educator on their clinical and reported health survey results. Includes recommendations for healthy lifestyle changes (diet, exercise, smoking cessation, etc.); coordinates with (if no PCP) CAP or CareNet if follow-up medical treatment is required

### Design:

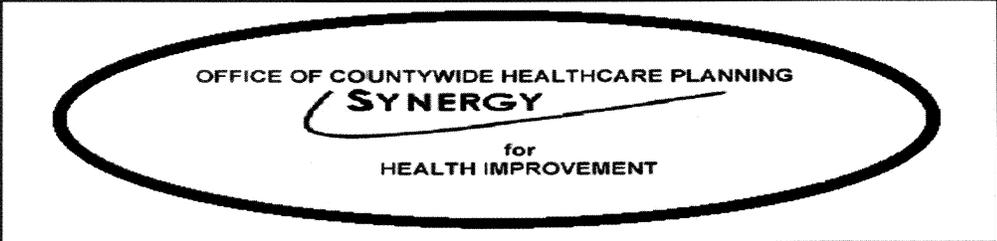
Florida Heart  
Research Institute

**Funding Recommendation:**

Political support to evolve and finalize cost factors on one collaborative pilot between the Florida Heart Research Institute working with 2 Federal Qualified Health Centers testing in a closed system with 50% leveraging of existing grant to enable them to bring more people into this closed system with follow up screening.



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# RECOMMENDATION PHASES

Refer the PHASES (Preventive Health and Safety Education for Students) Program to The Children’s Trust Health Connect in Our Schools Initiative for consideration.

## Core Benefit

PHASES Program offers preventive health and safety education for children on topics such as nutrition, cardiovascular health, eating disorders, breast cancer, skin cancer and bone health.

### Planning & Development:

Miami-Dade AHEC working on a proposal for consideration by The Children’s Trust to allow the program to reach more students.

### Design:

The PHASES Program incorporates the Sunshine State Standards as educational benchmarks specific to targeted grades in elementary, middle and high schools. This Program consists of seven - 50 minute interactive health presentations (longer high school lessons are scheduled as a two-hour program or as two one-hour presentations) to a maximum class size of 30 students, communicating via hands-on activities, music, story telling, and a variety of educational props. Lessons are accompanied by supplies for each child and teacher serves approximately a cumulative total of 24,000 students at all grade levels in Miami-Dade County Public Schools.

Seven lessons include:

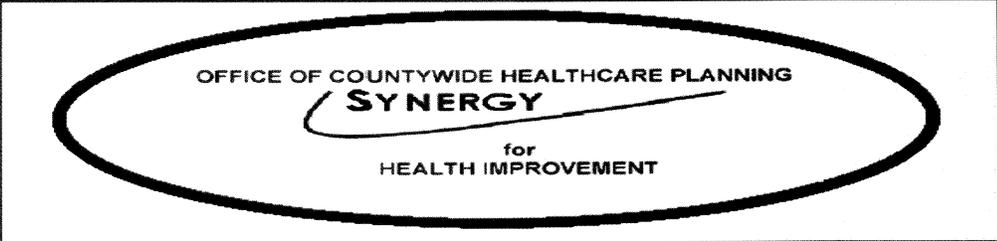
- “Bone Zone” (Nutrition, Exercise, & Bone Health Education) for 2<sup>nd</sup> Grade
- “Pyramid Power” (Food Guide Pyramid & Nutrition Education) for 3<sup>rd</sup> Grade
- “A Walk Through the Heart” (Nutrition, Exercise, & Heart Health Education) for 4<sup>th</sup> Grade
- “Sun Smarts” (Avoiding Sun Overexposure & Skin Cancer Prevention) for 5<sup>th</sup> Grade
- “Fit for Life” (Nutrition, Exercise, & Bone Health Education) for 6<sup>th</sup> – 8<sup>th</sup> Grades
- “Food for Thought” (Nutrition, Obesity, Eating Disorders) for 9<sup>th</sup> – 12<sup>th</sup> Grades
- “Hands on Health” (Teens and Breast Cancer Education)

**Funding Recommendation:**

Referral of program to The Children's Trust Health Connect in Our Schools Initiative for consideration.



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# RECOMMENDATION COMMUNITY HEALTH REPORT CARD

## Core Benefit

Measures trends in health care, socioeconomic and environmental realms. Miami-Dade County successes in public health achievements are showcased and we are challenged to improve certain lower than average health outcomes. In some areas data are available by zip code on significant health issues. This information serves as a critical resource for improving health, community by community.”<sup>1</sup>

### Planning & Development:

Based on the 2007 Miami-Dade County Community Health Report Card, the Report Card will continue to evaluate how well systems and institutions meeting residents’ needs through the following options and timeframe:

- (1) Political support for the institutionalization of the "Report Card" so that it can be accessed for periodicity and format every 2-3 years
- (2) Primary data collection and analysis every 2 years
- (3) Biennial report production every 2 years
- (4) Produce set of 1-2 page snapshots every year

**Planning & Development:** Health Council of South Florida

### Design:

Health Council of South Florida

## Funding Recommendation:

Recommend that the proposals as outlined in options 1 through 4 be done by the appropriate agency (Health Council of South Florida) and dollar amount identified be used only as a guideline and not as a recommended funding level:

- Option 1 - No cost
- Option 2 - Primary data collection and analysis based on a cost of \$90,000
- Option 3 - Biennial report production based on a cost of \$90,000
- Option 4 - Produce set of 1-2 page snapshots based on a cost of \$25,000- \$37,500



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## RECOMMENDATION BUILT ENVIRONMENT

**Promote Healthy environment by design principles to be integrated into community and economic planning.**

### Core Benefit

Physical activity and a healthy environment can be increased through community designs that offer opportunities for incorporating planning functions that determine the spatial relationships, intensity, design features, and operational criteria for residences, commercial areas, industrial uses, parks, sidewalks, bike paths, routes for walking or bicycling to school or work, and safe streets and communities, as important determinants of improvements to the community's health and well-being.

### Planning & Development:

Chronic diseases account for 7 of every 10 U.S. deaths and for more than 75% of medical care expenditures. In addition, the prolonged illness and disability associated with many chronic diseases decrease the quality of life for millions of Americans. Much of the chronic disease burden is preventable. Physical inactivity and unhealthy eating contribute to obesity, cancer, cardiovascular disease, and diabetes. Together, these two behaviors are responsible for at least 400,000 deaths each year. Only tobacco use causes more preventable deaths in the United States. People who avoid behaviors that increase their risk for chronic diseases can expect to live healthier and longer lives.

Regular physical activity and the right nutrition have long been regarded as an important component of a healthy lifestyle and reducing chronic illnesses. Regular physical activity reduces people's risk for heart attack, colon cancer, diabetes, and high blood pressure, and may reduce their risk for stroke. It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications.

Moreover, physical activity need not be strenuous to be beneficial; people of all ages benefit from moderate physical activity, such as 30 minutes of brisk walking five or more times a week. Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits. Activity decreases with age, and sufficient activity is less common among women than men and among those with lower incomes and less education. In Miami-Dade County, 59% of adults report engaging in no regular moderate physical activity and approximately 35% are reported as being overweight (2007 County Health Status Summary -- <http://www.floridacharts.com>). Insufficient physical activity is not limited to adults. More than a third of young people in grades 9–12 do not regularly engage in vigorous physical activity. In Miami-Dade County, 73% of high school students did not meet currently recommended levels of physical activity and 17% are at risk for becoming overweight (2005 Youth Risk Behavior Survey -- [www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth)).

## Planning and Development continued:

A local policy should propose to highlight the potential public health benefits of current efforts at creating livable communities, and acknowledging those efforts to be an important part of the strategy to promote the health, safety, and welfare of residents. Examples of such efforts will recognize and encourage community design principles that provide opportunities for physical activity, thereby, promoting public health through promotion of strategies, when appropriate, including, but not limited to:

- Utilization of non-motorized transportation modes
- Location of public facilities accessible by multiple transportation modes
- Availability and maintenance of quality pedestrian paths or sidewalks
- Provision of street furniture and lighting enhancements
- Provision of civic and recreational facilities
- Establishment of interconnectivity between like development projects
- Through vehicular and/or pedestrian cross access
- Provision of pedestrian and bicycle linkages between existing residential and nonresidential land uses

## Design: Adopted from Active Living by Design Calls to Action -- [www.activelivingbydesign.org](http://www.activelivingbydesign.org):

- Develop and maintain a multidisciplinary partnership
- Establish a close and consistent link between land use and transportation plans and priorities
- Update zoning ordinances, building codes, and approval processes to encourage compact community design and a tighter mixture of activities
- Enact ordinances, codes and other policies that encourage owners to build on vacant lots and revitalize vacant properties
- Focus on convenient sitting and safe multimodal access to important destinations such as public schools and civic buildings
- Mix land uses close together and include civic uses in the mix.
- Place high density housing near commercial centers, transit and parks
- Create commercial centers or districts, rather than strip malls, to encourage walking
- Build accessible parks, trails and other recreational spaces
- Revive the downtown as a community gathering place and add housing to help create a safe, 24-hour-a-day walking environment. Renovate vacant, upper-story apartments in downtowns
- Locate schools, parks, work sites and shopping areas near residential areas to encourage routine walking and biking
- Create community gardens to bring people together, encourage physical activity and good nutrition and decrease crime
- Develop parking lots that provide for a continuous, attractive streetscape, safe pedestrian and bicycle access to buildings, and opportunities for shared use

## Funding Recommendation:

**Not applicable**



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# RECOMMENDATION WORKSITE WELLNESS

**That a political statement be made by employers (public and private) including County government (who may set the example to implement and evaluate worksite wellness initiatives).**

## Core Benefit

Fit employees are more productive employees, with fewer sick days, fewer accidents, higher morale, and lower job turnover. A comprehensive worksite wellness initiative enabled through a political statement would provide for the development of a plan that consists of a variety of awareness, lifestyle change, and supportive environment programs, policies, and activities that will target risk behaviors, needs, and interests of employees.

## Planning & Development:

Research shows that 50 percent of an organization's health care costs are driven by the lifestyle related behaviors of employees, such as smoking, poor diet, and lack of exercise. However, research also shows that untargeted health-promotion initiatives have little long-term impact on chronic diseases, which rob individuals and families of their health and happiness, represent major costs to employers in the form of health-care and disability costs, lost productivity, and absenteeism. Therefore, a targeted worksite wellness initiative accompanied by a political statement should address risky behaviors that can help employees eat healthier, increase their level of physical activity, help reduce stress, lower blood pressure and cholesterol, and assist to quit smoking. Wellness programs should also focus on helping employees achieve and maintain their optimal health status.

A political statement promoting a worksite wellness initiative should provide an integrated, strategic approach specific to the needs, goals, and culture of the organization, designed throughout an annual cycle. It will be important to evaluate, review and revise policies governing such areas as smoking, vending machines, and cafeterias. Also, it is useful to examine what worksite wellness or health-promotion activities are offered under existing health-benefit plans.

- Develop activities based on the program goals and the specific needs of employees. Focus on those topics that are of greatest interest to employees and the greatest needs of the organization. Avoid topics with narrow appeal.
- Keep it simple. Design the program so it's easy for the participants to understand and track. Let employees focus their learning efforts on their own behavior, not on the rules and regulations of the program. Also, simplify the program administration. Let people record their own activities when possible; create a mixture of self-reported activities along with verified activities.

Sources:

1 National Vital Statistics Reports, Vol. 53, No. 15, February 28, 2005.

2 JAMA, April 20, 2005 - Vol 293, No. 15, pg 1861.

## Design:

- Activities that focus on practicing a desired behavior and continue for 4-8 weeks and focus on specific topics (such as physical activity, nutrition, or stress management).
- Learning experiences (seminars, videos, classes): One-time activities that last for a relatively short time and focus on a specific topic; these can precede “challenge activities” to prepare participants for behavior change.
- Behavior changes (such as smoking cessation): Interventions may or may not be offered at the workplace; individuals should be encouraged to make lifestyle changes that they wanted to make even without the incentive.
- Disease management (support and education groups for diabetes and hypertension): These may be provided or supported by the company through disease-management vendors, or by community, health, or religious organizations.
- New skills (first aid, cardiopulmonary resuscitation): These may be provided or supported by the company, or by community, health, or religious organizations.
- Screenings, wellness assessments, physical exams: A wellness assessment provides the company with aggregate data that can be used in program planning and evaluation; preventive screenings and physical exams can be encouraged by awarding credits to employees.

## Funding Recommendation:

Not applicable.

### Sources:

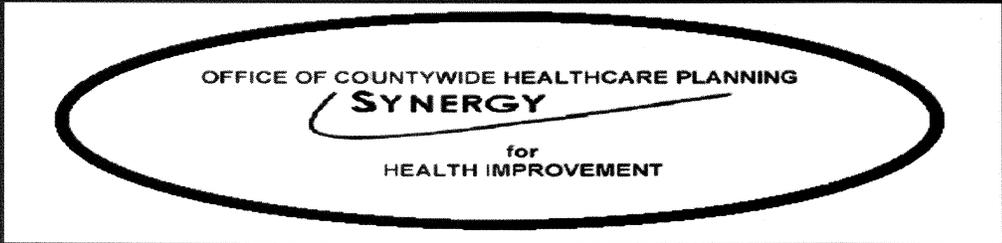
1 National Vital Statistics Reports, Vol. 53, No. 15, February 28, 2005.

2 JAMA, April 20, 2005 - Vol 293, No. 15, pg 1861.

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# RECOMMENDATION PROSPERITY CAMPAIGN

## Core Benefit

Extend and integrate "navigator-like" cross training of Miami-Dade Prosperity Campaign<sup>1</sup> workers to ensure appropriate support of Task Force initiatives, particularly referrals to Medical Homes.

### Planning & Development:

The Prosperity Campaign connects low-wage workers to existing economic benefits programs available to them by allowing for referrals to medical homes to take place.

Prosperity Campaign workers will be enlisted to serve as a human "portal" as they ask clients about health insurance status. Clients who report no health insurance for self and/or family members will be assisted by prosperity workers who will be obtaining more detailed information and will work with clients to refer them to available resources and 'medical homes'. This will serve as an integrated referral system for health to the uninsured that access health and social services as well as provides a unique way to identify and gain access to people who may be medically underserved. In addition to health related referrals, the clients will also benefit from being directed to resources for other services such as nutrition, housing, shelter, childcare, clothing, legal help, transportation, and employment.

### Design:

Miami-Dade Prosperity Campaign

**Funding Recommendation:**

**Not applicable.**