Miami-Dade County
Mobilizing for Action through Planning and Partnerships

2013-2018
Community Health Priorities, Goals & Strategies

Prepared for the Florida Department of Health in Miami-Dade County by:

Health Council of South Florida

May 1, 2013

Summary

Beginning in 2012, the Health Council of South Florida (Health Council) partnered with the Florida Department of Health in Miami-Dade County (FDOH-MDC) to provide technical assistance and implementation management to support the application of the National Association of County and City Health Officials (NACCHO) tool, Mobilizing for Action through Partnerships and Planning (MAPP) for the 2013-2018, five-year term. The Health Council began this work by organizing community health stakeholders around the MAPP strategy and reflecting on vision and past strategic action. Please refer to **Appendix A** for a matrix of existing community health improvement strategies.

After reviewing existing community health improvement efforts, especially in the area of increasing access to care, the Health Council worked with FDOH-MDC to implement the four MAPP Assessments:

i. Local Public Health System Performance Assessment (LHPSA): The LHPSA involves bringing the public health community together to reflect on the performance of the system and identify areas of success and improvement. The National Public Health Performance Standards Program (NPHSP) LHSPA instrument is designed to examine the capacities and efficiencies of the local public health system in support of assessing and improving the delivery of services. The instrument is based on the framework of the ten Essential Public Health Services representing the spectrum of public health activities that should be available in any area. Refer to **Appendix B** for the LPHSA Report of Results.

ii. Community Themes and Strengths Assessment (CTSA): The CTSA provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The information gathered during this phase informed the strategic issues identification phase of the MAPP process. A Miami-Dade County CTSA meeting was held on October 5, 2012. Refer to **Appendix C** for a summary of CTSA outcomes and a list of individuals who attended the meeting.

iii. Forces of Change Assessment (FOCA): The FOCA identifies factors such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" A Miami-Dade County FOCA meeting was held on November 14, 2012. Refer to **Appendix D** for a summary of FOCA outcomes and a list of individuals who attended.

iv. Community Health Status Assessment (CHNA): The CHNA provides a list of core indicators (data elements) for 11 broad-based categories. Communities may also select additional indicators. By gathering data for each of these and comparing the jurisdiction's data to trend information or peer, state, and national data, health issues are identified.

   For this assessment, FDOH-MDC desired to implement a community health needs assessment household survey. Health Council solicited bids from survey contractors, receiving estimates from Gallup, the local firm Bendixen and Amandi, and Professional Research Consultants (PRC). Offering the most competitive bid, as well as a nationally vetted 150-question CHNA survey tool and the ability to customize questions, PRC was selected to conduct a survey of 2,700 households in Miami-Dade County. PRC had the additional advantage of having conducted a household health survey in Miami-Dade County in 2006. The 2013 survey would breakout results at the neighborhood level, yielding 200 surveys each in 12 neighborhoods, and 300 surveys in an oversampled cluster indicating high need. Refer to **Appendix E** for the full 2013 PRC Miami-Dade County Community Health Needs Assessment Household Survey Report (Household Health Survey) and a list of individuals who attended the July 17, 2012 Technical Advisory Panel (TAP) meeting to review and enhance the list of survey questions.

The final stages of this work involved:

a. Identification of strategic issues whereby a list of the most important issues facing the community would be itemized. Based on the results of the four MAPP Assessments, particularly the Household Health Survey, the following areas of opportunity for enhanced public health intervention were identified. The issues are listed according to rank, as established during a community health leader meeting on April 11, 2013. Sixty Miami-Dade County community health stakeholders attended, including hospital executives, public health planners, Federally Qualified Health Center (FQHC) and free clinic leaders, and academics attended the meeting and voted on leading health issues. Thirty voting devices were distributed allowing one vote per agency. Participants ranked their priorities on a scale of 1-10. Each vote was weighted using a multi-attribute utility analysis technique. The meeting was facilitated with Alexandria Douglas Bartolone of Building Community, an agency specializing in coalition-building and service partnerships. Refer to **Appendix F** for a list of individuals who attended the meeting.

Final Rank	MAPP Community Health Priorities 2013-2018	Final Score
1	***Access to Care***	220
2	***Chronic Disease and Prevention***	173
3	***Health Care Disparities***	154
4	***Primary Care and Medical Homes***	137
5	***Nutrition and Physical Activity***	115
6	***Mental Health and Mental Disorders***	112
7	***Socioeconomic Factors Impacting Health***	99
8	***Increased Interagency Coordination***	91
9	***Heart Disease and Stroke***	79
10	***HIV, STDs and Infectious Diseases***	59
11	Cancer	54
12	Special Needs Populations, incl. Children w/disabilities and Seniors	54
13	Substance Abuse and Excessive Drinking	53
14	Maternal and Child Health	46
15	Undocumented Populations	32
16	Cultural Competency	26
17	Workforce	25
18	Oral Health Care	23
19	Injury and Violence Prevention	20
20	Tobacco Use	17

b. Document goals and strategies to support revision of Community Health Improvement Plans. Enclosed are issue pieces addressing the top ten public health priorities

Benefits of MAPP

- Results in a healthier community and a better quality of life
- Helps communities (local health systems) better anticipate and manage change
- Creates a stronger health infrastructure that leads to better services and resources coordination
- Builds leadership
- Can produce innovative, effective, and sustainable solutions to complex community problems.

2013-2018 MAPP Goals to Improve Health and Wellness in Miami-Dade County

The following matrix highlights challenges and opportunities for community health improvement. The results are informed by a review of the key findings from all four MAPP assessments. Refer to the appendix for more details on each of the individual assessments.

Goals that address the top ten priority issues impacting health and wellness in Miami-Dade County:

1. Increase Access to Care
2. Address Chronic Disease and Prevention
3. Decrease Health Care Disparities
4. Increase Availability of Primary Care and Medical Homes
5. Promote Nutrition and Physical Activity
6. Address Mental Health and Mental Disorders
7. Address the Social Determinants of Health
8. Increase Interagency Coordination
9. Decrease Heart Disease and Stroke
10. Decrease HIV, STDs and Infectious Diseases

1. Increase Access to Care

In 2011, 42% of people in Miami-Dade County (MDC) between the ages of 18 and 64 had no healthcare coverage, as compared to 19% of people nationwide.[i]

Healthy People 2020 Goal - Adult health insurance rate: 100%[ii]

Challenges and Barriers	Opportunities, Strategies and Partnerships

Low-income individuals suffer the health and financial consequences of not having access to health insurance. Often forced to go to the Emergency Room for needed health care, to forego critical life-saving preventive services and incur sometimes insurmountable medical debt, which factors into 62% of all bankruptcies.[iii]
+ High copays/deductibles lead to underinsured
+ Economic and political climate; policies, systems, and environmental changes present barriers, i.e.:
  + Lack of Medicaid and KidCare coverage for immigrants and legal residents here less than 5 years; and for county employees
  + Florida KidCare program[iv] is not fully funded
  + Inadequate service for incarcerated individuals
  + Lack of access to lower cost generic
	+ As of 2014, the Affordable Care Act /Health Care Exchanges will be implemented in Florida to ensure access to care for eligible MDC residents, including individuals with pre-existing conditions.
	+ Organizations must collaborate to ensure that patients know how to access the healthcare system (including the new Health Care Exchanges).
	+ Healthy San Francisco model for MDC through partnerships with **Miami-Dade Health Access Network**, **South Florida Cancer Control Collaborative** and **Consortium for a Healthier M-D**
	+ **American Cancer Society** Patient Navigator Program at Jackson Memorial Hospital
	+ **Catalyst Miami** Prosperity Campaign for comprehensive benefits assistance and navigation and Healthcare Heroes life coaching in South Dade
	+ **CMS** Health Navigators Program
	+ **Florida International University** Mobile Health Center (MHC) and NeighborhoodHELP Program
	+ **Health Connect in Our Schools (HCiOS)** school-based health and mental health services
	+ **Health Connect in Our Communities (HCiOC)**

drugs due to Florida's approval (beyond FDA approval) + Lack of transport to obtain medical services + Few providers accept new Medicaid patients because the reimbursement is low; those who do accept new patients the wait times are long + Fewer workers have Paid Time Off/Sick Leave hampering access health care + Tailored health improvement messages and interventions are necessary for diverse populations consider education-level and illiterate populations + Undocumented cannot access most health services + Lack of technological integration, i.e. FQHC's utilize a Health Level 7 interface, while FLDOH clinics utilize Health Management System (HMS)	+ **Health Foundation of South Florida** initiatives + **Healthy Start** services for pregnant women, infants and children up to age three, incl. care coordination, counseling, parenting education, breastfeeding education, nutrition counseling, tobacco cessation, home visits and outreach. + **Homestead Hospital** implementing Stanford model providing health navigators + Greater focus on healthcare disparities based upon income, race and ethnicity and identification of unhealthy neighborhoods. + Expansion of Community Health Outreach Workers (CHWs) and Community Health Fairs + One-e-App would potentially provide a platform where the **FQHC's** and the **FLDOH** clinics would speak if the HL7 interface is an added component and added screening abilities for publicly assisted programs qualifying and enrollment (Medicaid). + Electronic Medical Records to coordinate care + Engage the corporate sector, e.g. **Walgreens, CVS** Minute Clinic + **National Association of Counties (NACo)** Prescription Drug Discount Card Program + **OCHP** Health Insurance Assistance (HIA) + **Public Health Trust** (Safety net for uninsured) + **Switchboard of Miami/211** effort to increase usage by health care providers + **Refugee Health Access Program** + **United Way of Miami's** partnership with Family- Wize to provide prescription drug discount cards + Use of Technology/Educational Apps/Social Media + Use of Low Cost Technology to Monitor Health Status (e.g. tools for monitoring Blood Sugar)
See **Appendix G** for more "Access to Care" information from April 11 Strategies Meeting	

2. Address Chronic Disease and Prevention

Indicator	*Miami-Dade County* (CHARTS, 2011)	*Healthy People 2020 Goal* (CDC, 2011)
Heart disease deaths	156.9 per 100,000	**100.8 per 100,000**
Diabetes deaths	19.7 per 100,000	65.8 per 100,000
Stroke deaths	28.8 per 100,000	33.8 per 100,000
Low birth weight infants	8.7% of live births	**7.8% of live births**
50+ who receive colorectal cancer screen	10.6%	**70.5%**
18+ women who had a Pap. in the past yr.	56.9%	**93.0%**
40+ women w/mammogram in the past 2 yrs.	64.2%	**81.1**%

Challenges and Barriers	Opportunities, Strategies and Partnerships
- Decreased funding - Chronic disease self-management is a struggle - Conflict with work times (many are unable to take time off for medical appointments) - Fear of mammograms, colonoscopies and other preventive health screenings - Fear of serving Medicaid population given low rates of Medicaid reimbursement for treatment - Fragmented health services whereas not all necessary services are available in all areas - Funding for programs, grants are time limited - Inadequate attention to asthma and prevention - Lack of focus on prevention and motivational issues Racial and ethnic disparities in chronic disease, esp. among Non-Hispanic Black/African-Americans - Linguistic and cultural barriers - Pharmaceutical access - Uninsured/Underinsured - Shortage of Primary Care Physicians and Specialty Care Physicians - Transportation is an ongoing issue, esp. in So. Dade - Undocumented populations have limited access - Older population/Baby Boomers will create more need for services for patients with chronic diseases	+ Amplify advocacy using the voice of the **American Heart Association** and **American Cancer Society**. + **Catalyst Miami**'s Health Care Navigators, working in partnership with Homestead Hospital (BHSF) + **Alliance for Aging** CMS funded-initiative assists older adults transitioning from hospital to home. Living Healthy program provides education and Diabetes Self-Management Program + **Baptist Health South Florida** Follow-up Care Clinic + **FQHCs** Care Management Medical Home Center grant for diabetes and other chronic conditions home visits + Evidence-based strategies: Cancer Screenings for Incarcerated Women Cancer Screening Office Systems (Cancer SOS) CDC Community Guide: Cancer Prevention CDC Community Guide: Community-wide campaigns informational approaches CDC Community Guide: Diabetes Prevention Community-based Diabetes and Hypertension Program Dana-Farber Mammography Van Healthy Start Increased Medicaid Reimbursements to Enhance Breast/Cervical Cancer Screening Project Living for Health New Moms Network Physician-Oriented Intervention on Follow-Up in Colorectal Cancer Screening Prevention Care Management Prompting and Reminding at Encounters for Prevention REACH for Wellness Refugee Health Assessment Program The Stanford Five-City Project YMCA's Diabetes Prevention Program + Pharmaceutical Assistance and Medical Supplies, i.e. patients receive a free meter, but cannot afford to buy the necessary test strips + Replicate the Stanford model which provides Health Care Navigators for patients who have chronic diseases. The model promotes self-advocacy

See **Appendix H** for "Chronic Disease and Prevention" information from April 11 Strategies Meeting

3. Decrease Health Care Disparities

Indicator	***Black/African Americans*** *Miami-Dade County* (CHARTS, 2011)	*Healthy People 2020 Goal* (CDC, 2011)
Heart disease deaths	**166.2** per 100,000	100.8 per 100,000
Diabetes deaths	33.6 per 100,000	65.8 per 100,000
Stroke deaths	**41.6** per 100,000	33.8 per 100,000
Low birth weight infants	**12.9%** of live births	7.8% of live births
18+ women who had a Pap. in the past yr.	**32.6%**	93.0%

Challenges and Barriers	Opportunities, Strategies and Partnerships
By comparing preventable hospitalizations and ER visits to household income rates by ZIP code as available on Miami Matters, it is apparent that areas in the preventable hospitalizations "red zone" also have lower household incomes. The maps reveal disparities in health with the "I-95 Corridor" and in South Dade representing particularly underserved areas. Avoidable hospital admissions indicate gaps in service, lack of access, lack of insurance, and poverty. **See Appendix I** - During the 2012 Communities Putting Prevention to Work (CPPW) project, *A Healthier Future: Expanding Supermarket Access in Areas of Need for Miami-Dade County* report determined that 250,000 Miami-Dade residents (10%) live in low-income areas that have poor supermarket access and higher than average death rates from diet-related causes.[v] - Lack of a countywide master plan to reduce cancer disparities. Efforts are not coordinated and are not sustainable while grant-funding dependent. - Lack of coordinated health resources - Lack of financial incentives for physicians to practice in need areas. Physicians may want to "give back," but need some incentives. - More involvement is necessary from the decision-makers/opinion leaders such as the Mayor and County Commissioners. - Racial and ethnic disparities in low birth weight rates, infant mortality and chronic disease, particularly among Non-Hispanic Black/African-Americans. - Socioeconomic challenges - Transportation	+ **Jasmine Project** focuses on Opa-Locka area follows at-risk women for up to two years + Evidence-based strategies: Baltimore community navigators project Community Voice: Taking it to the People Culturally Tailored Navigator Pgm for Cancer Screening Harlem Children's Zone Healthy Families America Healthy Start Improving Cancer Screening for Medically Underserved Increasing Screening Colonoscopy in Urban Public Hospitals Leading, Integrating, Networking for Kids (LINK) Let's Move! The Magnolia Project Neighborhood Involvement Program Nurse Family Partnership (NFP): Palm Beach Open Doors to Health Pasadena Community Asthma Program (PCAP) Project PREVENT Provider Intervention to Improve Colorectal Cancer Screening Rates Among African American Patients Putnam County Early Entry into Prenatal Care-WIC SISTERS St. Joseph's Hospital Health Center Community-Building/Vocational Services Initiative Targeted Outreach for Women Act Wellness for African Americans through Churches (WATCH) + **FQHCs** partner with farmer's markets providing fresh fruits and vegetables in high-need areas + Hospital volunteer programs that incentivize physicians to work in high-need areas + Implement a System of Care (e.g. in Liberty City). + Jay Weiss Institute for Health Equity at the Sylvester Comprehensive Cancer Center, UM Miller School of Medicine + Provide Hands-On Navigators who work with neighborhood residents to remove barriers. + Create "Master Cancer Plan," as in other cities + Prioritize neighborhoods, mobilize the community. + Miami-Dade Health Access Network (MD-HAN) work with Mayor Jimenez, the Dade Delegation, County Commissioners

See **Appendix I** for more "Health Care Disparities" information from April 11 Strategies Meeting

4. Increase Availability of Primary Care and Medical Homes

In 2010, 78.4% of adults in Miami-Dade County had an ongoing source of care[vi]

Healthy People 2020 Goal - Adults with an ongoing source of care: 89.4%

Challenges and Barriers	Opportunities, Strategies and Partnerships
The current Medicaid rates are so low that providers are unwilling to accept new patients. Compounding the low provider reimbursement rates, there is an issue with a general lack of providers. - Care coordination: do not "shop around" for a doctor because it fragments care. - Maintaining patient-compliance - Misuse of the ER, when a patient may already be using a health clinic - Shortage of healthcare providers - Timing appointments during regular business hours when employees cannot leave work - Lack of knowledge of the benefit of medical homes	+ Evidence-based strategies: The CARES Program Healthy San Francisco: Medical Homes - Access To Services Health Connect in Our Schools (HCiOS) Hypertension Treatment in Barbershops Florida Healthy Kids Kids Get Care Latino Health Insurance Program (LHIP) Marion County Indigent Care Program Neighborhood Health Clinic Opportunity NYC Demonstrations- Family Rewards Para Su Salud Patient/Provider Communication Assistant Positive Choice: Interactive Video Doctor + Accountable Care Organizations + As of 2014, the Affordable Care Act /Health Care Exchanges will be implemented in the State of Florida and will ensure access to health care for all eligible Miami Dade County residents, including individuals with pre-existing conditions. + Community Health Workers + Care coordination and joint staffing of patient care + Electronic Medical Records to coordinate care + **FQHC**s in Miami-Dade are nationally accredited + Greater focus on primary care thanks to **FIU School of Medicine** and interdisciplinary programming + **Jackson Memorial Hospital** has cadre of primary care sites, and are now going for accreditation + **Baptist Health South Florida** provides 20,000 free health screenings at annual health fairs + **MomCare**, administered by the Healthy Start Coalition of Miami-Dade, assured medical homes, WIC, Healthy Start enrollment and screening + One-E-App (Unified Eligibility Application)

See **Appendix J** for "Primary Care and Medical Homes" information from April 11 Strategies Meeting

5. Promote Nutrition and Physical Activity

Indicator	*Miami-Dade County* (CHARTS, 2011)	*Healthy People 2020 Goal* (CDC, 2011)
Adult Fruit and Vegetable Consumption	23.1%	N/A
Adult Obesity	29.3%	30.5%
Teen Obesity	12.7%	16.1%
Adult Sedentary Behavior	**35.4%**	32.6%
Teen Physical Activity	37%	N/A

Challenges and Barriers	Opportunities, Strategies and Partnerships
- Decreased funding - Corner stores in the inner city may not offer healthy fruits and vegetables. - In 2012, the Communities Putting Prevention to Work (CPPW) report on *Expanding Supermarket Access in Areas of Need for Miami-Dade County* determined that 250,000 Miami-Dade residents (10%) live in low-income areas that have poor supermarket access and higher death rates from diet-related causes - In 2010, 67.4% of MDC adults ere reportedly overweight or obese; a rate that has increased from 61% in 2002 - Inadequate access to healthy foods in schools and programs that create awareness and interest in healthy foods - Inadequate recreational spaces, low or free exercise programs and food deserts - Lack of PE and afterschool physical activity, leading to sedentary lifestyles - Lack of awareness of healthy food purchasing and preparation - Safety must be improved so that more young people can use public parks	+ Common Threads is a national nutrition education model that is now being offered to students in 3-4 Middle Schools in Miami-Dade County (replicating Chicago model) + Continue the work started by CPPW into other initiatives + Evidence-based strategies: CDC COMMUNITY GUIDE: Environmental and Policy Approaches to Increase Physical Activity: Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities CDC COMMUNITY GUIDE: Obesity Prevention Healthy Hoops Hearts N' Parks Let's Move! New York City's Phase Out of Artificial Trans Fat PACE+: Exercise + Nutrition Adolescent Counseling Preventive Nutrition Cardiovascular Disease Program Stepping Up To Health Women On the Move through Activity And Nutrition (WOMAN) Study + **Alliance for Aging** provides techniques on changing eating habits and improving health and fitness + **Baptist Health South Florida** provides over 200 free exercise classes per month, as well as a nutritionist + **Blue Foundation Childhood Obesity Prevention Programs in Hialeah and Opa-Locka** + **Centro Mater** grant from HFSF to fight childhood obesity + **Consortium for a Healthier Miami-Dade** implementation of the evidenced-based strategies of media access, price/point of purchase/promotion and social support/services practices to decrease the obesity epidemic + **The Children's Trust** promotes good eating habits + **FQHCs** partner with farmer's markets providing fresh fruits and vegetables in high-need areas through CPPW funding + **Health Foundation of South Florida** (HFSF) provides Healthy Aging grants focused on stretching, flexibility, balance, and low-impact aerobics + **Miami-Dade County Public Schools** dietary improvements to meal plans, school health and nutrition services and healthy vending machine options implemented + **United Way of Miami-Dade** funds programs that focus on youth and the importance of eating healthy and exercising

See **Appendix K** for more "Nutrition and Physical Activity" information from April 11 Strategies Meeting

6. Address Mental Health and Mental Disorders

In 2011, the age-adjusted death rate due to suicide in Miami-Dade County was 7.6 deaths per 100,000.[vii]

Healthy People 2020 Goal - 10.2 deaths per 100,000

Challenges and Barriers	Opportunities, Strategies and Partnerships
Mental disorders and substance abuse often manifest as comorbid conditions. Promising targeted preventive interventions and resilience training to identify strengths that may promote health and healing can reduce the risk for mental disorders and substance abuse and the burden of suffering in vulnerable populations. + Inadequate availability of programming for substance abuse and mental health treatment and prevention (long waiting list, inadequate care, short-term only) + Substance abuse and mental health is a widely recognized community issue, but there is little to no support for residents who require services in these areas. + Lack of funding for mental health service + Economic and political climate; policies and systems present barriers	+ Evidence-based strategies: CDC Community Guide Home interventions reduce depression CDC: Care for the Management of Depressive Disorders CDC: Reducing Psychological Harm from Traumatic Events: Cognitive-Behavioral Therapy for Children and Adolescents CDC: Interventions to Reduce Depression Among Older Adults CDC: Therapeutic Foster Care to Reduce Violence CDC: Interventions to Improve Caregivers' Parenting Skills Cognitive Behavioral Therapy for Adolescent Depression Comprehensive Homeless Access to Nontraditional Clinical Experiences (CHANCE) The Connect Project Coping and Support Training (CAST) Counselors Care (CARE) Driving and Dementia Toolkit IMPACT Intimate Partner Violence Intervention Migrant Health Promotion MoodGym and Blue Pages: Internet Depression Intervention Pathways to Housing, Inc. Penn Resiliency Program Reach Out Central Reconnecting Youth Runaway Intervention Program (RIP) SOS Signs of Suicide Program Telephone Intervention for Caregivers of Stroke Survivors Trauma-Focused Cognitive Behavioral Therapy Youth with Disabilities Demonstration Project + **Alliance for Aging** is the convener for 2013 meetings pertinent to the behavioral health needs of older adults and cultivates partnerships for funding mental health interventions. + **DCF Substance Abuse and Mental Health Program (SAMH)** works with **FQHCs** to promote integrated primary care services for medically underserved with behavioral health care needs. The DCF SAMH Managing Entity, **South Florida Behavioral Health Network** (SFBHN), requires all of its Subcontractors to execute a Memorandum of Understanding with an FQHC. + Trauma Informed Care (TIC): SFBHN and the DCF Southern Region are developing a system of care that incorporates comprehensive assessment tools that identify those affected by trauma and a system of care that meets their needs. The TIC Initiative will identify the effects of trauma on those seeking services and the provision of treatment options. As part of the TIC Initiative, SFBHN has: facilitated regional TIC meetings to develop the process to identify and respond to those affected by trauma, led regional TIC trainings, developed and implemented TIC language for all subcontractors.

See **Appendix L** for more "Mental Health and Mental Disorders" information

7. Address the Social Determinants of Health

Indicator	*Miami-Dade County*	*United States*
Median Household Income	$43,957 (Census, 2011)	$43,417 (Census, 2011)
Families Living Below Federal Poverty Level	14.6% (Census, 2011)	10.8% (Census, 2011)
Unemployed Workers in Civilian Labor Force	8.0% (US Bureau of Labor, 2012)	6.7% (US Bureau of Labor, 2012)
High School Graduation Rate	78.1% (FL DOE, 2011)	78.0% (US DOE, 2011)
Adults Age 25+ with Bachelor's Degree	26.2% (Census, 2011)	17.7% (Census, 2011)

Challenges and Barriers

The similarity of the "red zones" on the maps of ER visits for asthma, a largely preventable condition, and the household income map demonstrate a correlation between emergency care usage and socioeconomic status. **See Appendix I**

+ High copays and deductibles leading to underinsured
+ Insufficient focus on integrated care that encompasses social determinants of health (including housing, income, education) leading to unsustainable solutions
+ In 2012, the Communities Putting Prevention to Work (CPPW) report, *A Healthier Future: Expanding Supermarket Access in Areas of Need for Miami-Dade County* report determined that 250,000 Miami-Dade residents (10%) live in low-income areas that have poor supermarket access and higher than average death rates from diet-related causes.
+ Lack of awareness of prevention and lack of focus on motivational issues
+ Lack of awareness of healthy food purchasing and preparation

Opportunities, Strategies and Partnerships

+ Evidence-based strategies:
  Bank On San Francisco
  CAMINOS
  CDC: Early Childhood Development Programs: Comprehensive, Center-Based Programs for Children of Low-Income Families
  CDC: Housing: Tenant-Based Rental Assistance Programs
  CDC: Promoting Health Equity, Education Programs and Policies: Full-Day Kindergarten
  Community Market Farms
  College Track
  EMERGE
  The Food Trust
  Fred G. Acosta Job Corps Center
  Free Income Tax Assistance Program
  HIRED
  Interfaith Housing of Western Maryland
  Janice Mirikitani Family, Youth and Childcare Center
  Michigan Farmers' Market Nutrition Program
  Network for Teaching Entrepreneurship (NFTE)
  Parent-Child Home Program: Palm Beach
  Phoenix Healthy Homes
  Play Streets with Strategic Alliance for Health (SaFH)
  Project for Pride in Living
  See You in School
  Summer Search
  Wisconsin Home Energy Assistance Program (WHEAP)
  Youth Opportunity Baltimore
+ **Catalyst Miami** Prosperity Campaign for comprehensive benefits assistance and navigation and Healthcare Heroes life coaching in South Dade
+ Common Threads is a national nutrition education model that is now being offered to students in 3-4 Middle Schools in Miami-Dade County (replicating Chicago model)
+ **Camillus House**
+ **Chapman Partnership**
+ **Habitat for Humanity**
+ **People Acting for Community**
+ **United Way of Miami-Dade**
+ **WeCare of South Dade**
+ Greater focus on healthcare disparities based upon income, race and ethnicity; identification of unhealthy neighborhoods
+ Funding alone will not make a difference. A **totally different approach** is necessary that includes the community and will address the social determinants of health.

See **Appendix M** for more "Social Determinants of Health" information from April 11 Strategies Meeting

8. Increase Interagency Coordination

Challenges and Barriers	Opportunities, Strategies and Partnerships
- Fragmentation and lack of coordination involving separate actions undertaken by government, schools, industry and the voluntary and philanthropic sectors - Inadequate service to incarcerated individuals - Lack of utilization of electronic medical records which would allow for better coordinated and non-duplicative care. - Lack of technological integration – The FQHC's utilize a HL7 interface but the FLDOH clinics utilize HMS.	+ **Alliance for Aging** working with **Baptist Health South Florida** and other hospitals on Care Transitions program + **Catalyst Miami** working with **Baptist Follow-Up Care Clinic** and connecting residents to services + **Consortium for a Healthier Miami-Dade** promotes collaboration and leveraging of resources, implementation of evidenced based practices, and community-focused programs and services. The group comprises governmental agencies, hospitals, businesses, foundations, schools and other entries working together to promote healthier lifestyles. + **Department of Children and Families** (DCF) and **University of Miami Childcare Taskforce** work through the Consortium for a Healthy Miami-Dade + **Health Connect in Our Schools** (HCiOS) and **Health Connect in Our Communities** (HCiOC) + **Healthy Start Coalition of Miami-Dade** is one of the strongest Healthy Start systems of care in the state. This partnership includes many private and public sector colleagues. + The Miami-Dade County Hospital Preparedness Consortium works with hospitals throughout the community in order to be prepared for manmade and natural disasters. + **United Way of Miami-Dade** will use the results of this MAPP process to inform their health priorities goal area. + The **Miami-Dade Health Action Network** (MD-HAN) is working to bring community players together toward a better coordinated health system and toward a unified common eligibility application, or One-e-App.

See **Appendix N** for more "Interagency Coordination" information from April 11 Strategies Meeting

9. Decrease Heart Disease and Stroke

Indicator	*Miami-Dade County* (CHARTS, 2011)	*Healthy People 2020 Goal* (CDC, 2011)
Heart disease deaths	**166.2** per 100,000	100.8 per 100,000
Stroke deaths	**41.6** per 100,000	33.8 per 100,000
High Blood Pressure Prevalence	**34.1%**	26.9%
Cholesterol Test History	67.5%	N/A

Challenges and Barriers	Opportunities, Strategies and Partnerships
- Insufficient funding for services - Identifying those at-risk so that they may seek treatment - Individuals, workplaces and communities are not prioritizing health - In Miami-Dade, there has been an increase in ***hypertensive heart disease death rate in the last decade*** (Miami Matters, 2011) - Blacks have more than twice the hypertensive heart disease death rate as compared to Whites and	Align community, non-profits with **Consortium for a Healthier Miami-Dade** to work towards one goal under proactive and enthusiastic leadership + **American Heart Association** (AHA) "Good to Go" initiative helps patients to their own blood pressure readings; Simple Cooking with Heart in underserved neighborhoods through churches, health fairs and events; Walking Paths certification program; Fit Friendly Award recognition program for organizations that care about their employees' health; "Get to Goal" provides blood pressure education and enrolls participants in a software program called "Heart360" which provides BP tracking and heart-healthy tips;

Hispanics, at 23.3, 11.2 and 9.6 per 100,000. - More work needs to be done in order to reach the *Healthy People 2020* goal - Physical activity levels are worsening for both adults and children; in adults, obesity levels are rising - Cholesterol levels are rising in both adults and children - High blood pressure prevalence is worsening for adults - The disparities are wide between cardiovascular disease (CVD)/stroke rates among Blacks, Hispanics and Whites	"Together to End Stroke" to raise awareness about stroke, how to prevent it, and how to recognize it using a new mobile phone app (F.A.S.T.") among uninsured; a text health-messaging campaign focusing on heart-health, nutrition, physical activity, and general wellness + **Florida Heart Research Institute** conducts cardiovascular risk factor screenings; a Living for Health (L4H) program that targets underserved and uninsured adults; and the PUSHCPR® public awareness campaign + **Florida Department of Health in Miami-Dade County** has Community Health Action Teams (CHAT) providing blood pressure, BMI, body fat, carbon monoxide and diabetes risk screenings. The Worksite Wellness Program provides technical assistance to organizations and provides educational programs and screenings on chronic disease. + Evidence-based strategies: Heart to Heart The Heart Truth Hypertension Initiative of South Carolina Hypertension Treatment in Barbershops Internet-Based Case Management for Secondary Prevention of Heart Disease Million Hearts Living for Health: L4H model produces statistically significant outcomes that are easily replicated Preventive Nutrition Cardiovascular Disease Program Project Health Education Awareness Research Team (HEART) Salud Para Su Corazón (Health for Your Heart) The Virginia Cardiovascular Health Program Worcester Area Trial for Counseling in Hyperlipidemia (WATCH) + **South Miami Heart Center** Screenings, free programs on heart disease risk factors, recognizing heart attack symptoms, and relationship betw. obesity & heart disease + Other Local Agencies/Contributors One beat CPR Faith-based and health ministry Worksites and educational institutions Mobile-phone technology strategies include heart-healthy messaging (for example, text HEALTH to 2722 to receive weekly health tips)
See **Appendix O** for more "Heart Disease and Stroke" information from April 11 Strategies Meeting	

10. Decrease HIV, STDs and Infectious Diseases		
Indicator	*Miami-Dade County* (CHARTS, 2011)	*Florida* (CHARTS, 2011)
HIV Cases	**50.3** per 100,000	26.9 per 100,000
AIDS Cases	**28.5** per 100,000	17.4 per 100,000
Chlamydia Cases	350.0 per 100,000	401.3 per 100,000
Gonorrhea Cases	93.4 per 100,000	104.0 per 100,000
Syphilis Cases	**13.1** per 100,000	6.6 per 100,000
Tuberculosis Cases	**6.2** per 100,000	4.0 per 100,000

Challenges and Barriers	**Opportunities, Strategies and Partnerships**
HIV/STD Initiatives - The success of Awareness Days and Take Control Events at public schools is a challenge. STD/HIV Prevention presentations and health fair materials motivate the students and their friends to get tested, but there is not enough time or providers to meet the requests; and students do not follow-up with providers in the community to get tested. - There is funding to provide community partners with Chlamydia/Gonorrhea testing for young ladies but not for their partners or young males. - Not enough funding or staff to provide services - Funding for STD awareness social marketing campaign that describes signs and symptoms - The percentage of newly infected HIV positive individuals currently receiving care is at 65%, but should be at 80%+. - Physicians who have become part of the Test Miami Initiative do not always submit data making it difficult to determine HIV testing impact - There is a need for more initiatives targeting the men who have sex with men (MSM) community as they are most affected by HIV in Miami-Dade - Co-infection of STDs, specifically Syphilis, needs specific attention as it is a significant predictor in future HIV infection - Monitor antibiotics resistant Gonorrhea in Miami-Dade County - Physicians education: antibiotics resistance Gonorrhea, testing for pharyngeal and anal Chlamydia/Gonorrhea. Tuberculosis (TB) - Transitional Housing for TB patients - Administrative and engineering controls of congregate settings - Discharge planning for TB patients - Short course of treatment for Latent TB Infection - Lack of funding - Educate health care provides, patients and families - Patients lost to follow-up -	+ Evidence-based strategies: **AIDS Insurance Continuation Program** SEXINFO: A Sexual Health Text Messaging Service for San Francisco Youth HIV/STD Initiatives + *Take Control* was developed in 2006 through the **MDCHD Office of HIV/AIDS** Health Education Risk Reduction Program to increase the number of HIV and STD tests in non-clinical settings. Take Control community health fairs provide free information and screenings that range from glucose screenings to HIV testing in target communities. *Test Miami* promotes the CDC recommendation of integrating HIV testing in routine clinical care across healthcare settings. It aims to encourage individuals to know their HIV status and seek treatment. The campaign also seeks to eliminate perinatal transmission and has allowed for a social marketing campaign. The FDOH-MDC has been recruiting doctors for this initiative since 2010. + The Enhanced Comprehensive HIV Prevention Planning (ECHPP) Project is a 3-year demonstration project funded by CDC's Division of HIV/AIDS Prevention (DHAP) for the 12 municipalities with the highest number of people living with AIDS in the United States. Targeting High Impact Prevention (HIP) ECHPP is being implemented in five areas with the highest HIV incidence in Miami-Dade. Florida Department of Health funds five new Miami-Dade County organizations to implement HIP activities including: HIV testing, prevention for positives, condom distribution, and outreach. These activities commenced in January 2013. ECHPP supports the National HIV/AIDS Strategy goals by improving program planning and implementation to: reduce new HIV infections; link people with HIV to care and treatment and improve health outcomes; reduce HIV-related health disparities, and achieve a more coordinated national response to the HIV epidemic. + Development of a South Florida Men's Syphilis

	Coalition beginning April 2013 to address syphilis and co-infections. + New CDC funding PS12-1201 allows for expansion of STD testing and Program Collaboration and Service Integration + **Sembrando Flores** conducts testing in South Dade + **Thelma Gibson Health Initiative** – HIV Program + **United Way** funds a *Care Connection* program for HIV positive individuals living in Liberty City, which has historically been a very difficult population to reach. By supporting this program, the HIV positive rate has decreased in recent years. + Chlamydia/Gonorrhea screening program for young females 15 – 24 years of age involves memorandums of agreement with community partners to provide screening in non-traditional locations during non-traditional hours + Active participation with community coalitions and groups such as local govt, **Connect to Protect**, **HIV Partnership**, Miami-Dade County Public Schools. Tuberculosis Initiatives + **Florida DOH** focuses on groups at high risk of contracting the disease, such as the homeless; and reinforces the importance of timely reporting, early case detection and diagnosis through quality-assured bacteriology, IGRAs (Interferon Gamma Release Assay) testing, case management and treatment of Latent TB Infection with standardized supervision, and patient support. + Application of Genotyping to Tuberculosis Prevention and Control + Workplace-based Directly Observed Therapy
See **Appendix P** for "HIV, STDs and Infectious Diseases" information from April 11 Strategies Meeting	

Next Steps

The results of the MAPP assessments will be used to develop a Community Health Improvement Plan (CHIP). The CHIP will serve as the strategic plan to improve health and quality of life in Miami-Dade County.

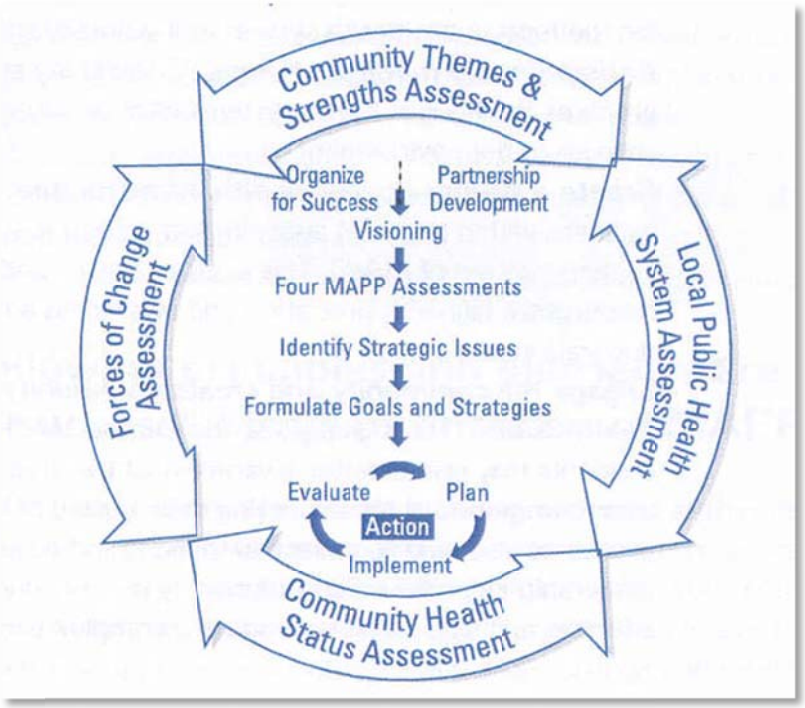
Other reports recently published will also be considered in formulating the CHIP for Miami-Dade County, such as the state CHIP completed by the Florida Department of Health and the 2013 County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

There are many community partnerships and coalitions that have been established to improve the health of Miami-Dade County. These groups should consider the following next steps:

- Engage community groups and residents in prioritizing what is important in the four MAPP assessments and this Report of Findings.

- Collaborate to develop a new Community Health Improvement Plan (CHIP) and evaluation plan based on the findings of these four assessments and the goals and strategies herein. Target organizations and representatives to join are in **bold** on the goals matrix. These groups will help

    - identify resources for the CHIP
    - evaluate/determine the gaps and search for solutions
    - create action plans to implement best practices/promising practices
    - implement the plan
    - review/revise evaluation plan



See also process map in **Appendix Q**

Coming Soon! Miami-Dade County Community Health Improvement Plan (MDC-CHIP)

A Community Health Improvement Plan (CHIP) is a community-wide strategic plan to improve the health and quality of life of the people who live in a community. A CHIP is a plan that helps communities:

- Ascertain and prioritize community health issues
  Utilize the priorities here in to address the most important health issues facing the community, while considering the unique circumstances and needs of Miami-Dade County.

- Address issues by identifying and aligning resources
  Facilitate a coalition of information, commitment, talents, skills, and financial resources to improve upon the health issues facing Miami-Dade County.

- Take action
  Mobilize community organizations toward strategic action to improve health outcomes.

Endnotes

[i] U.S. Census Bureau. (2011). Income, poverty, and health insurance coverage in the United States: 2010. Retrieved from http://www.census.gov/prod/2012pubs/p60-243.pdf.

[ii] Centers for Disease Control and Prevention (2011, April 28). Healthy people 2020. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf.

[iii] Health Care for Florida Now, Talking Points provided by Florida Legal Services, Inc. Retrieved from www.healthcareforflorida.org.

iv Annual Report and Recommendations. (2012). Florida KidCare Coordinating Council. Retrieved from http://www.floridakidcare.org/council/reports/KCC2012report-Web.pdf.

[v] Miami-Dade County Health Department (2012). A healthier future: expanding supermarket access in areas of need for Miami-Dade County. Retrieved from healthymiamidade.org/system/js/back/ckfinder/userfiles/files/Miami%20Dade%20Supermarket%20Access%20Report%20WEB%20FINAL.pdf.

[vi] Florida Department of Health (2010). Florida behavioral risk factor surveillance system. Retrieved from www.floridacharts.com.

[vii] Florida Department of Health (2011). Bureau of Vital Statistics. Retrieved from www.floridacharts.com.

Who	When	No.	What	No.	How	
Florida Department of Health Long Range Statewide Goals	2012-2017	1	Collaboration	1	Prevent and treat infectious disease of public significance	These are aligned with the Governor's Priorities:
		2	Coordination	2	Ensure FL's health & medical system achieves & maintains Nat'l preparedness	1. Accountable budgeting
		3	Increased access	3	Improve access to basic family health care services	2. Reduce government spending
		4	Workforce development	4	Capabilities	3. Regulatory reform
						4. Focus on job growth and retention
Miami-Dade County Health Department	2011-2014	1	Collaboration	1	a. Community assessment process	
					b. Particpate in state health improvement plan	
					c. Maintain Hospital Preparedness Consortium	
		2	Coordination	2	a. Implement a Central Appointment system for clinical services	
					b. Community Outreach	
		3	Integration	3	Develop and implement a systematic engagement plan across all programs	
		4	Increased access	4	a. Identify health disparaties in community	
					b. Develop contracts with HMO/PSNs for Medicaid Reform	
		5	Technology	5	a. Implement an Information Technologu Management Framework (ITIL)	
					b. Deployment and integration of Electronic Health Records	
		6	Accountability	6	a. Policy/Procedures for third party insurance	
					b. Policy/Procedure for health center managment	
		7	Workforce development	7	a. Analyze, plan, align and balance workfore for future	
					b.Promote, support and train workforce and volunteers	
Miami-Dade County Health and Human Services Strategic Plan	2012	1	Collaboration	1	Develop public/private partnerships with existing programs	
		2	Coordination	2	a. Expand participation in existing programs	
					b. Refer public health trust patients ti chronic disease management programs	
		3	Integration	3	a. Expand partnerships with community service providers	
					b. Increase community awareness of services	
		4	Increased access	4	a. Increase access to health service through primary care medical home	
					b. Increase patients served by Federally Qualified Health Centers	
					c. Increase available clinical space for primary care	
		5	Technology	5	Increase enrollment into Miami Dade Blue Health Plan	
		6	Workforce development	6	Strengthen partnerships between private and public workforce agencies	
Miami-Dade County Hospital Governance Task Force	2011	1	Coordination	1	Create a Public Health Advisory Committee to ensure coordination of countywide public health	The recommendations overlap: "Recommendations should be viewed in their entirety rather than selectively; many recommendations are coupled with others."
		2	Integration	2	Create a Public Health Advisory Committee to ensure mission as safety net fulfilled	
		3	Accountability	3	Create a Public Health Advisory Committee to ensure public funds utilized fullfil mission as a safety net	
		4	Increased access	4	Create a Public Health Advisory Committee to ensure mission as safety net fulfilled	
			Governance	5	a. Public Health Advisory Committee	
					b. Implementation Committee to become the board of governance	

Who	When	No.	What	No.	How
Florida Medicaid Medical Home Task Force	2010	1	Coordination	1	Promote medical home model
		2	Collaboration	2	Work with community based networks
		3	Increased Access	3	a. Identify one rural and one urban with academic/medical school for pilot
					b. Include a variety of providers and community based partnerships
		4	Accountability	4	Use the National Committee for Quality Assurances standards
		5	Governance	5	Appoint a Medical Home Advisory Board
Miami-Dade County Community Health Report Card	2007	1	Maternal & Child Health	1	Children and mothers are healthy, utilize healthcare and available social services
		2	Risk Reduction	2	Adults and youth avoid risky behaviors, such as substance abuse and unprotected sex
		3	Health Promotion	3	Residents practice healthy behaviors, such as good nutrition, exercise and stress reduction
		4	Primary Care & Prevention	4	Families utilize healthcare when needed and in the most cost-effective setting
		5	Chronic Disease	5	Residents effectively prevent chronic disease and illness
		6	Access to Care	6	Residents have a wide range of health insurance options and readily access coverage
		7	Safety and Security	7	Families live in safe and supportive environments
		8	Senior health	8	Elders are healthy and utilize the healthcare system effectively and efficiently
Social Services Master Plan	2006-2008	1	Basic Needs: Poverty and Hunger		The vision is "residents have access to quality healthcare and lead healthy lives" and the goals are: a. Residents will know how and where to access healthcare services. b. Residents will have equal opportunities for access to comprehensive healthcare services. c. Residents will be knowledgeable and have the capability to make healthy lifestyle choices and effectively manage their health. d. Healthcare providers will provide culturally appropriate care to the populations they serve.
		2	Health		
		3	Children, Youth and Families		
		4	Elders		
		5	Children and Adults with Disabilities		
		6	Workforce Development for Special Populations		
		7	Criminal Justice		
		8	Immigrants and New Entrants		
		9	Special Needs (Mental Health, Substance Abuse, Homelessness, Victims of Domestic Violence or Sexual Assault)		
Miami Action Plan for Access to Healthcare	2005	1	Collaboration	1	a. Create coordinated system that facilitates appointment scheduling, referral and follow up for all levels of care
					b. Organize and coordinate providers to define strategies to increase access too all levels and type of care
		2	Coordination	2	a. Create coordinated system that facilitates appointment scheduling, referral and follow up for all levels of care
					b. Improve disease management services
					c. Link consumers with medical homes
					d. Decrease wait time for primary care and specialty services
					e. Follow up with consumers with chronic health problems
					f. Minimize duplication of services
					g. Streamline intake and referral process to ensure continuum of care
		3	Increased Access	3	a. Increase proportion of people with health insurance
					b. Insurance model of working individuals without insurance
					c. Advocate for changes in eligibility requirements
					d. Increase capacity of traditional and non-traditional providers to screen for eligibility
					e. Innovative ways to cover remaining uninsured (medical homes and amnesty to ineligible immigrants)
					f. Strategies to increase prescription drugs to uninsured

Who	When	No.	What	No.	How
					g. Include mental health/substance abuse services into insurance coverage (no disparity between mental and physical health coverage)
Miami Action Plan for Access to Healthcare					h. Improve geographic access, extend hours of operation and improve transportation system to providers
					i.Increase emphasis on school based clinic services and include preventive, mental and oral health services
					j. Decreased wait time for appointments
					k. Community dialogue about the need to improve access to primary/preventive services including mental and oral health
					l. Public education campaign
					m. Raise awareness within health profession about the need to care for uninsured and underserved
					n. Increase understanding on how to navigate the healthcare system (disseminate tools and implement media campaign)
					o. Expand efforts to include non-traditional organizations
					p. Create a sustainable system
		4	Governance	4	Convene and empower an independent body to monitor and evaluate the health care system for the uninsured and underserved; to determine if access to healthcare is sufficient, effective, and efficient; to report results and recommendations to the County Commission, planning boards, health care providers and community; to implement necessary changes responsive to community needs
		5	Integration	5	a. Create and utilize community wide health and human services information and referral system
					b. Increase health education and promotion programs capacity to provide community resources links
					c. Create coordinated system that facilitates appointment scheduling, referral and follow up for all levels of care
					d. Develop healthcare system that coordinates behavioral, mental and oral health programs
					e. Expand efforts to include non-traditional organizations
					f. Increase the number of psychiatrists, psychologists, mental health professionals and dentist who accept the underserved
					g. Increase emphasis on school based clinic services and include preventive, mental and oral health services
					h. Build linkages between hospitals and primary, diagnostic, specialty care centers
		6	Accountability	6	a. Educate and improve understanding of when and how to utilize emergency, primary and urgent care services
					b. Independent body created to monitor and evaluate where county funds for health care are spent
		7	Workforce development	7	a. Train community based organizations to screen for eligibility
					b. Increase the number of cultural competency and customer service training
					c. Train nurses to screen children for eligibility for insurance programs
					d. Implement cultural competency training in medical, nursing and dental school
					e. Implement or expand cultural competence training in hospitals, primary care clinics and CBO's
					f. Increased all health care providers trained to use community wide information and referral system
					g. Improve CBO capacity to link consumers to resources
					h. Implement training CBO around general public health issues
					I. Train traditional and non-traditional provider organizations to better educate about public health issues
		8	Technology	8	a. Streamline screening process
					b. Develop a uniform screening toll
					c. Place enrollment workers closer to uninsured
					d. Decrease time for transferred medical records
					e. Create appointment scheduling, referral and follow up system for all levels of care
					f. Create mechanism to streamline access for providers and patients
					g. Expand shared information system
					h. Timely transfer of medical records/sharing of records
					i. On-line referral access/website data sharing
					j. Patient tracking
					k. Improve capacity of providers to link consumers to community resources

Who	When	No.	What	No.	How
Miami Dade County Access Task Force	2003	1	Coordination	1	Improve existing delivery system/resources; ER visits to be coordinated with community-wide services; Inventory workforce/service to the poor
		2	Collaboration	2	Coordinated coalition on health care; Outreach and education to maximize enrollment
		3	Integration	3	Increase integration between mental health and substance abuse with other health programs
		4	Increased Access	4	Exploring coverage alternatives; Expanding coverage for the working uninsured; Mental health services improvement
		5	Accountability	5	Implement a countywide, ongoing process of ongoing monitoring and evaluation to certify health service quality
		6	Governance	6	Governance, planning and organization; Adequate representation and balance is necessary on the Public Health Trust Board
		7	Technology	7	Student enrollment should be combined with screening for Medicaid eligibility and enrollment

NPHPSP

National Public Health Performance Standards Program

Local Public Health System Performance Assessment

Report of Results

Miami Dade County Health Department -Local Public Health Assessment

6/12/2012

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

Table of Contents

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT	Greater than 50%, but no more than 75% of the activity described

ACTIVITY	within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement

planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	62
2	Diagnose And Investigate Health Problems and Health Hazards	83
3	Inform, Educate, And Empower People about Health Issues	86
4	Mobilize Community Partnerships to Identify and Solve Health Problems	89
5	Develop Policies and Plans that Support Individual and Community Health Efforts	81
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	83
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	73
8	Assure a Competent Public and Personal Health Care Workforce	58
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	67
10	Research for New Insights and Innovative Solutions to Health Problems	69
Overall Performance Score		75

Figure 1: Summary of EPHS performance scores and overall score (with range)

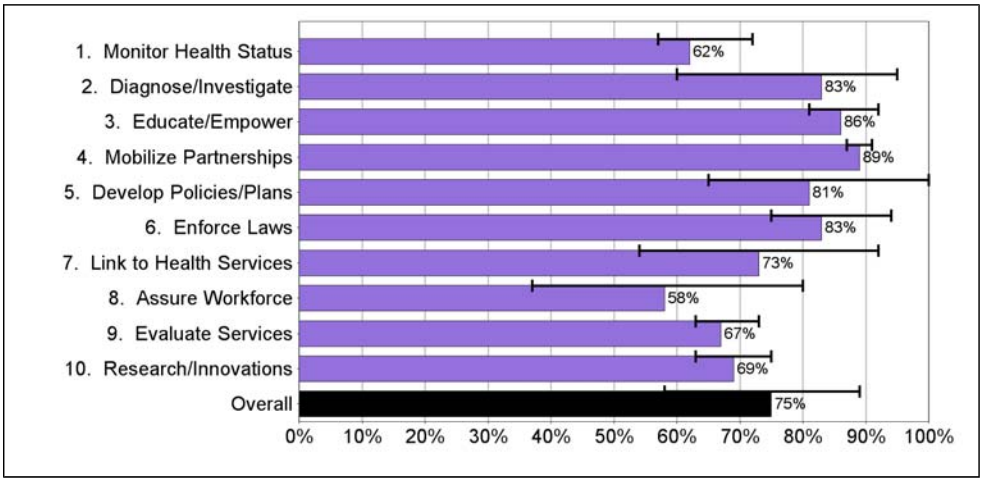


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

Figure 2: Rank ordered performance scores for each Essential Service

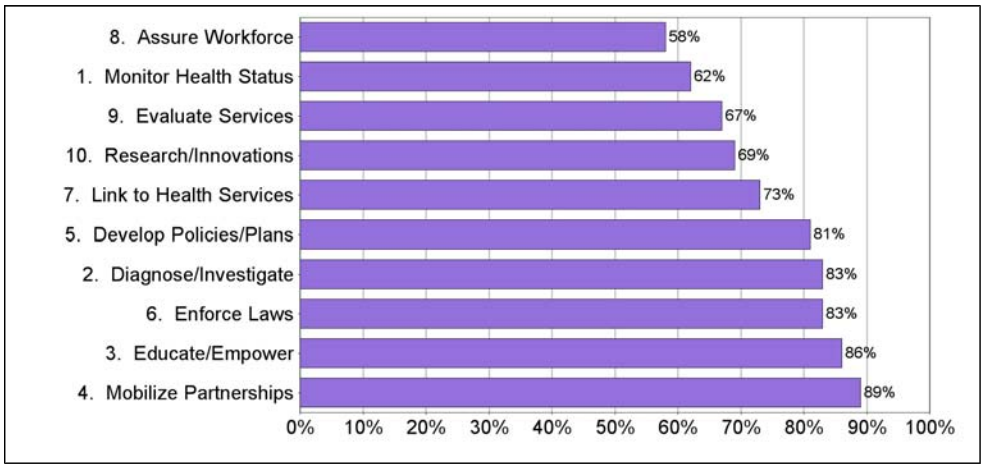


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

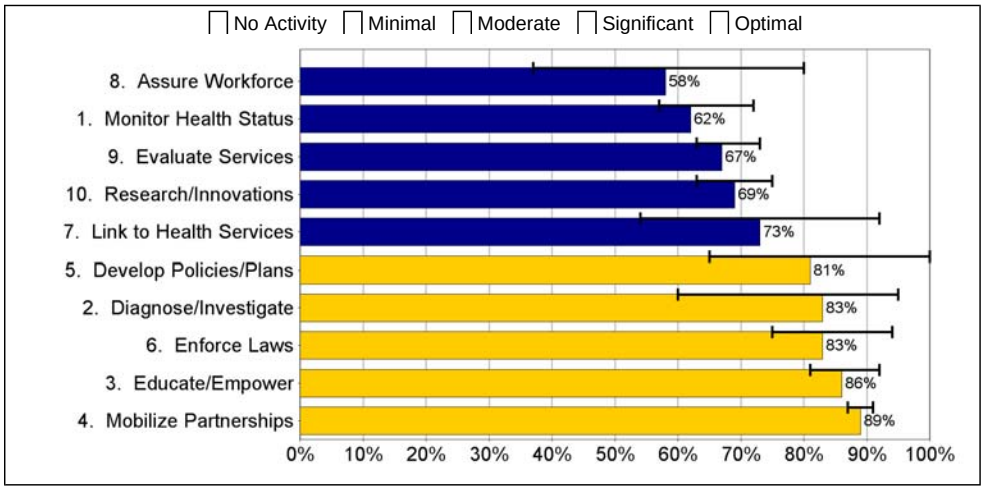


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

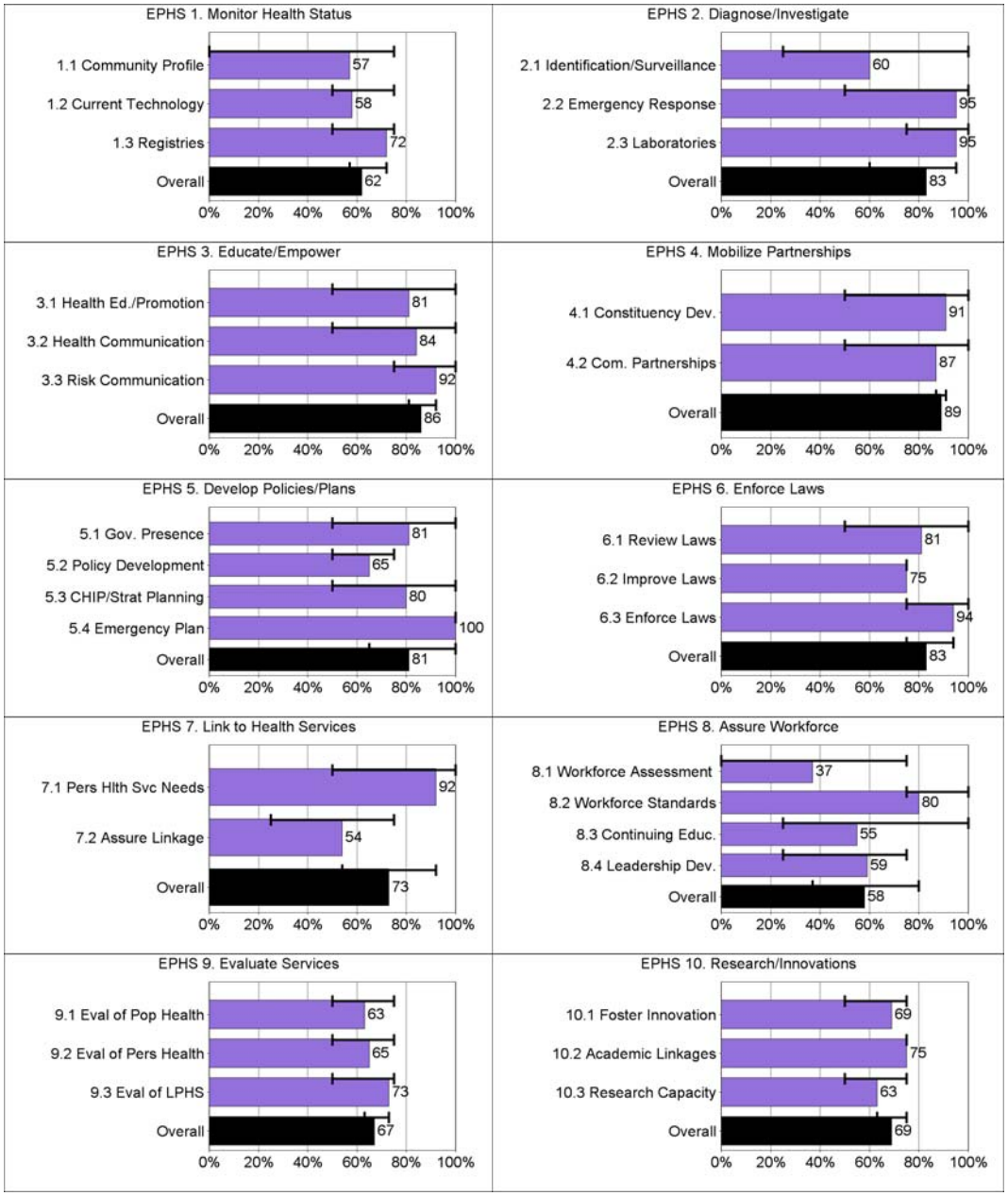
Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service



Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	62
1.1 Population-Based Community Health Profile (CHP)	57
1.1.1 Community health assessment	69
1.1.2 Community health profile (CHP)	63
1.1.3 Community-wide use of community health assessment or CHP data	38
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	58
1.2.1 State-of-the-art technology to support health profile databases	75
1.2.2 Access to geocoded health data	50
1.2.3 Use of computer-generated graphics	50
1.3 Maintenance of Population Health Registries	72
1.3.1 Maintenance of and/or contribution to population health registries	69
1.3.2 Use of information from population health registries	75
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	83
2.1 Identification and Surveillance of Health Threats	60
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	92
2.1.2 Submission of reportable disease information in a timely manner	50
2.1.3 Resources to support surveillance and investigation activities	38
2.2 Investigation and Response to Public Health Threats and Emergencies	95
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	88
2.2.5 Evaluation of public health emergency response	88
2.3 Laboratory Support for Investigation of Health Threats	95
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	81
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	86
3.1 Health Education and Promotion	81
3.1.1 Provision of community health information	94
3.1.2 Health education and/or health promotion campaigns	75
3.1.3 Collaboration on health communication plans	75
3.2 Health Communication	84
3.2.1 Development of health communication plans	65
3.2.2 Relationships with media	88
3.2.3 Designation of public information officers	100
3.3 Risk Communication	92
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	100
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	94

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	89
4.1 Constituency Development	91
4.1.1 Identification of key constituents or stakeholders	100
4.1.2 Participation of constituents in improving community health	100
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communications strategies to build awareness of public health	100
4.2 Community Partnerships	87
4.2.1 Partnerships for public health improvement activities	90
4.2.2 Community health improvement committee	95
4.2.3 Review of community partnerships and strategic alliances	78
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	81
5.1 Government Presence at the Local Level	81
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	93
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	65
5.2.1 Contribution to development of public health policies	71
5.2.2 Alert policymakers/public of public health impacts from policies	50
5.2.3 Review of public health policies	75
5.3 Community Health Improvement Process	80
5.3.1 Community health improvement process	76
5.3.2 Strategies to address community health objectives	88
5.3.3 Local health department (LHD) strategic planning process	75
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	83
6.1 Review and Evaluate Laws, Regulations, and Ordinances	81
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	75
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	94
6.3.1 Authority to enforce laws, regulation, ordinances	94
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4 Provision of information about compliance	88
6.3.5 Assessment of compliance	88

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	73
7.1 Identification of Populations with Barriers to Personal Health Services	92
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	100
7.1.3 Assessment of personal health services available to populations who experience barriers to care	75
7.2 Assuring the Linkage of People to Personal Health Services	54
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	58
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	31
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	58
8.1 Workforce Assessment Planning, and Development	37
8.1.1 Assessment of the LPHS workforce	50
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	48
8.1.3 Dissemination of results of the workforce assessment / gap analysis	13
8.2 Public Health Workforce Standards	80
8.2.1 Awareness of guidelines and/or licensure/certification requirements	88
8.2.2 Written job standards and/or position descriptions	75
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	88
8.2.5 LHD performance evaluations	75
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	55
8.3.1 Identification of education and training needs for workforce development	58
8.3.2 Opportunities for developing core public health competencies	63
8.3.3 Educational and training incentives	25
8.3.4 Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	59
8.4.1 Development of leadership skills	47
8.4.2 Collaborative leadership	50
8.4.3 Leadership opportunities for individuals and/or organizations	75
8.4.4 Recruitment and retention of new and diverse leaders	63

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	67
9.1 Evaluation of Population-based Health Services	63
9.1.1 Evaluation of population-based health services	75
9.1.2 Assessment of community satisfaction with population-based health services	53
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	65
9.2.1.In Personal health services evaluation	75
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	63
9.2.4 Information technology to assure quality of personal health services	63
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	73
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	71
9.3.3 Evaluation of partnership within the LPHS	75
9.3.4 Use of LPHS evaluation to guide community health improvements	72
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	69
10.1 Fostering Innovation	69
10.1.1 Encouragement of new solutions to health problems	50
10.1.2 Proposal of public health issues for inclusion in research agenda	75
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	75
10.2 Linkage with Institutions of Higher Learning and/or Research	75
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	63
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	50

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

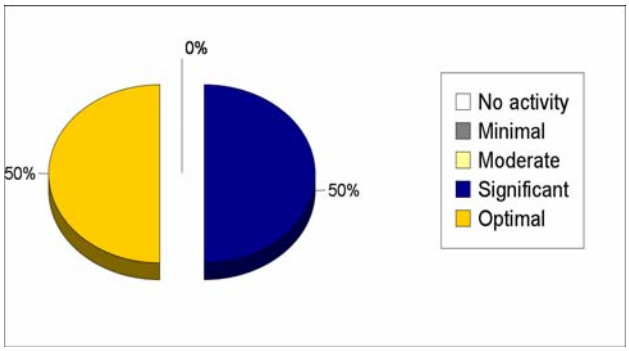


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

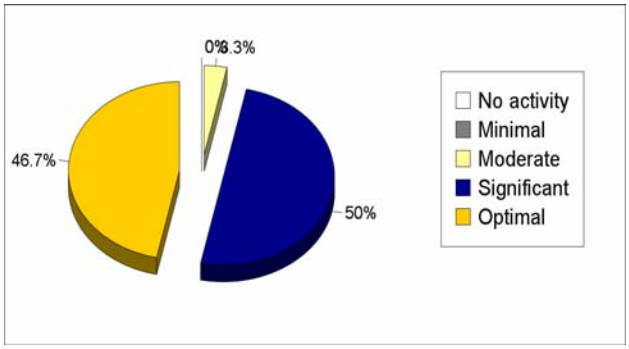


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

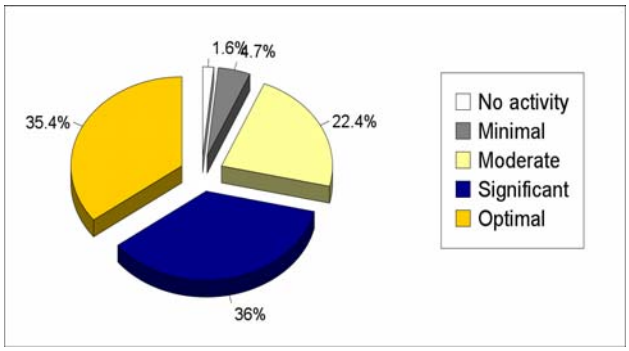


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

Local Public Health System Performance Assessment - Report of Results
Miami Dade County Health Department -Local Public Health Assessment
6/12/2012

APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation -** NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide -** The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf).

- **NPHPSP Online Tool Kit -** Additional resources that may be found on, or are linked to, the NPHPSP website (http://www.cdc.gov/NPHPSP/generalResources.html) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center -** Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;

- **NPHPSP Monthly User Calls -** These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop -** Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html) for more information.

- **Public Health Improvement Resource Center at the Public Health Foundation -** This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.

- **Mobilizing for Action through Planning and Partnerships (MAPP) -** MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

Miami-Dade County Health Department

Mobilizing for Action through Planning and Partnerships (MAPP)

Visioning and
Community Themes and Strengths Assessment Results

Prepared by the Health Council of South Florida
December 2012

BACKGROUND: VISIONING AND COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Miami-Dade County Health Department and the Health Council of South Florida facilitated a Vision and Community Themes and Strengths Assessment on **October 5th, 2012** with MAPP stakeholders invited from the community. The following themes arose:

1. High risk behavior
2. Increased coordination between agencies and across sectors
3. Maximizing resources; i.e., making best use of limited in resources
4. Promoting individual and organizational stewardship and accountability
5. Affordable Care Act and the undocumented population/understanding Medicaid
6. Health Disparities, incl. inequity based on income and race in current built environment
7. Gainful Employment
8. Obesity
9. Work force/Service Learning
10. Awareness of resources

A summary of the visioning and themes assessment is provided below.

VISIONING

Participants were split into three groups and asked to answer the following questions:

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

The session included a hands-on activity in which each group was asked to illustrate their vision for an ideal community of the future. Participants envisioned Miami-Dade County in 10-15 years as a community with adequate access to primary care that is affordable, wherein ER visits for treatable conditions are reduced. The vision put forth by the participants included healthy living throughout the lifespan (e.g., breastfeeding, access to healthy foods, primary care, wellness programs) and engaging the community at every level. Participants indicated this envisioned community would possess environmental assets that motivate residents to make healthy choices. Sound planning for the modification of the existing infrastructure was a stated necessity.

Key vision words highlighted by the group were:

Life cycle/Span	Continuity	Coordination/Collaboration
Access (to Health Resources)	Prevention	Wellness
Outreach	Promotion	Connectivity (location and transportation)
Education	Medical Home	Social responsibility
Literacy	Design/re-Design	Nutrition/ Affordable Food
Cultural norms	Participation	Continuity of care
Empowerment	Partnerships	Choice
Safety and Prevention	Equity	Physical Activity

Picturing and Envisioning an Ideal Community

The themes for the groups were similar focusing on the "journey of life" from birth to death and the assets required to maintain a healthy community with intergenerational, quality, comprehensive care. A wellness model for delivering healthcare would be followed; not a disease model. Thus, participants drew paths with themes along the way, such as a mother and her baby; families; a playground, church/temple; trees and homes; someone on a bicycle; a fresh market, which addresses the nutrition component; a wellness center; hospitals and clinics. One group connected to a clinic/urgent care or a wellness center (ER →urgent care facility) with the hospital portrayed as the last resort, as the place where one is born (the beginning), and arrows protruding from it leading to different centers. Participants also portrayed the importance of financial stability; this aspect is crucial, according to participants, to the reduction of stressors; as well as collaboration (people in the community being involved) and social interaction, which is portrayed by people sitting together at a table, conversing. Location of every item in the drawing was crucial, emphasizing the need for an efficient transportation system, according to participants.

Figure 1: Group 1

Figure 2: Group 2

Figure 3: Group 3

Throughout the discussion, participants emphasized the importance of health education, in conjunction with widely accessible health resources and health information, as crucial components enabling community members to make healthy choices. According to participants, health education should start as early as in Kindergarten, so that children would understand the importance of eating fruits and vegetables and daily physical activity. Participants added that health education would allow the mental and physical dimensions of health to be met. They also emphasized the need for health organizations to implement employee health and wellness programs. For example, many health employees exhibit the same chronic health conditions as the rest of the community; therefore, the self-management component needs to be addressed in the aforementioned wellness programs for health sector employees and the community in general. In addition, participants discussed the importance of equal access to health resources; as well as the availability of health information that is comprehensive and culturally-sensitive. This would allow the public to be informed about where to access pertinent health resources.

Health education would allow not only the mental and physical dimensions of health to be addressed but also the spiritual (i.e. the three elements that encompass the ten dimensions of health). By educating faith-based professionals on what it means to be healthy, they may share information with their congregations. Participants believe that those who are hurting, whether physically or mentally, seek out their respective churches or temples; thus, health professionals must involve faith-based professionals. In general, participants propose a holistic approach to healthy living.

COMMUNITY THEMES AND STRENGTHS

Participants were informed that the information gathered during this phase will feed into the Identify Strategic Issues Phase of the MAPP process (the other three assessments will also provide important sources of information). This assessment provides a deep understanding of the issues that the community feels are important by answering the following questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" Participants were guided on the tenants of an asset-based versus a needs-based discussion (proactive vs. reactive).

Needs Based	Asset Based
Focus on deficits	Focus on assets
Problem response	Opportunity identification
Charity orientation	Investment orientation
Programs are the answer	People are the answer
More services	Less services
Grants to agencies	Grants, loans, contracts, investment, leverage dollars
High emphasis on government agencies	Emphasis on associations, business, agencies, churches, etc.
Focus on individual	Focus on community or neighborhood
See people as “clients"	See people as “citizens”
	Develop potential
Source: United Way of Metro Atlanta in MAPP Sourcebook	

Participants highlighted the following key issues and strengths

Community Needs/Issues	Community Strengths or Solutions	Challenges
1. High risk behavior	• Increased capacity for cross-sector community-based prevention work (CPPW, CTG, Health Foundation funded initiatives)	• Balance between preserving autonomy and responsibility; • Identifying cause and effect
2. Increased coordination between agencies and across sectors	• Collaboration • Media • Established partnerships • Existing coalitions (Consortium for a Healthier Miami-Dade, Miami-Dade Health Action Network, Florida Association of Free Clinics)	• Egos • Competition • Duplication • Funds
3. Maximizing resources i.e. making best use of limited in resources	• Community programs	• Outreach and Education
4. Promoting individual and organizational stewardship and accountability	• Extensive health promotion capacity (Consortium, community based organizations)	• Holding people/health organizations accountable for the resources they are receiving
5. Affordable Care Act impact on the undocumented population/ understanding Medicaid	• Florida Association of Free Clinics • Volunteers/sovereign immunity • Empathy and organized supports • Health Advocacy • Individual and political advocacy to navigate through needed resources • Community Health Workers/Patient Navigators (more training needed on health disparities, affordable care act, accessing benefits)	• Lack of funding
6. Health Disparities including inequity based on income and race in current built environment	• Funding opportunities • Recognition of the issue • Foundation for organizing structure in place • Knowledge • Media outreach • Academic health centers • Funding, i.e. diabetes programs • Trust of faith-based organizations • Switchboard Miami referrals	• Gaps between the “haves” and “have nots” • Lack of empathy and understanding • Changing the built environment • Cultural differences • Lack of trust • Positive behavior changes Linguistic/education
7. Gainful Employment	• Large and qualified workforce • Workforce programs • Good educational system • Reserved programs	• Hiring bias against unemployed • Age discrimination • Not enough program to retrain workforce

Community Needs/Issues	Community Strengths or Solutions	Challenges
8. Obesity	• Prevention programs • Media campaign • Agriculture • Strong community leaders • Funding	• Built environments • Cultural issues • Economic • Perception • Knowledge transfer • Diabetes epidemic • Comfort food
9. Work force/Service Learning	• Higher education	
10. Awareness of resources	• Switchboard Miami; 311; Alliance of Aging Elder Health Line; and ECHPP, which has centralized the information that would benefit those afflicted with HIV/AIDS • Partnerships with medical schools in the community • Yearly conferences where health professionals share the types of projects they are involved in, leading to collaboration; and types of data available • The Florida Health Data Warehouse	• The absence of a centralized system

FORCES OF CHANGE ASSESSMENT RESULTS

Miami-Dade County Health Department

Mobilizing for Action through Planning and Partnerships (MAPP)

Forces of Change Assessment Results

Prepared by the Health Council of South Florida
December 2012

BACKGROUND: FORCES OF CHANGE ASSESSMENT

The HCSF is implementing the Mobilizing Action through Planning and Partnerships (MAPP) process on behalf of the MDCHD as the five-year follow-up to the 2007-2008 MAPP process, which resulted in the Miami-Dade Disparities Report and Action Plan. Two of the four assessments, the Local Public Health System Assessment and the Community Themes and Strengths Assessments have been completed. On **November 14th, 2012**, MAPP Stakeholders came together to complete the Forces of Change Assessment. Karen Weller of the Miami-Dade County Health Department introduced the session and the role of the MAPP Process in supporting the MDCHD's Community Health Improvement Planning Process. Shelley-Anne Glasgow-Wilson, from the Health Council of South Florida, described the purpose and format of the Forces of Change Assessment in identifying the key factors that are impacting or will impact community health planning in the coming years.

The intended result of the Forces of Change Assessment is a comprehensive, but focused, list that identifies key influences and describes their impact. It answers the questions:

1. "What is occurring or might occur that affects the health of our community or the local public health system?"
2. "What specific threats or opportunities are generated by these occurrences?"

Identifying and addressing forces of change is a form of environmental scanning. It ensures that the MAPP process: is relevant and timely, builds upon opportunities, and responds to potential threats. The identification of forces illuminates some of the "givens" under which the public health system operates or will need to operate. If these forces are not fully considered, the strategies developed later in the MAPP process may be less effective.

Forces are a broad all-encompassing category that includes trends, events, and factors defined as:

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Participants identified a variety of trends, factors, and events that shape the public health landscape in Miami-Dade County. Using this framework, and guided small group discussions facilitated by the Health Council team, MAPP Stakeholders identified Forces of Change, Opportunities, and Threats to improving community health in the county.

FORCES OF CHANGE ASSESSMENT RESULTS

Results

Four key forces were identified by the breakout groups:

- **Affordable Care Act:** changes to Medicaid and Medicare, private insurance market and managed care privatization
- **Shifting Demographics:** aging population and workforce, immigration and birth trends
- **Social Inequities:** evolving ethnic make-up of the community, underrepresented communities, the cost of care for un-and underinsured, and environmental justice issues
- **Technological Advances:** relating to Electronic Health/Medical Records, the role of social media and technology in data collection

Specific topics identified are shown in Table 1.

Table 1: Force of Change Results

Forces of Change (Trends, Factors, Events)	Opportunities (Prospects, Responses)	Threats (Barriers, Challenges)
The Patient Protection and Affordable Care Act (ACA) • i.e. Healthcare Reform: Medicaid, Medicare, private insurance, managed care privatization	• "The angel is in the details" of ACA: education and awareness on what it means to communities • Focus of preventative care and health across the life span with holistic, integrated and coordinated care and follow-up. • Increase access to coverage • Access to care despite pre-existing conditions • Improve health outcomes • Increase job opportunities • Innovation and economic growth associated with ACA • Education for professional shortage areas • Loan forgiveness • Funding for community-based initiatives • Fosters partnership and collaboration	• "The Devil is in the details;" misinformation • Uncertainty with Medicaid e.g .small businesses are not expanding due to the unknown • Changes in state program that may cause higher costs or reduced services • Political resistance at state level to federal funding and other political challenges faced within the state • Financial impact on business • Consolidation threatens local control / autonomy

FORCES OF CHANGE ASSESSMENT RESULTS

Table 1: Force of Change Results		
Forces of Change (Trends, Factors, Events)	**Opportunities** (Prospects, Responses)	**Threats** (Barriers, Challenges)
Shifting Demographics: • i.e. Increased Hispanic population, Aging Population (baby boomers), Birth Trends, an aging workforce	• Recognition of needs • Increase education and create targeted messages for different demographics • Increase partnerships • Grow the medical and public health workforce, using expertise of qualified immigrant population • Increased jobs associated with care for the elderly • Miami-Dade can be a model for caring for the undocumented and older adults	• Increased cost of living associated with aging population • Loss of expertise as seniors retire • Chronic disease prevalent in older residents • Health disparities faced in certain ethnic populations • Younger people not seeking preventive care • Lack of Primary Care across the lifespan • Increased ER use • Societal ageism • Lack of infrastructure to accommodate growing populations • Quality to meet demand for services • Funding for higher quality services • Shortage of prepared medical and public health workforce • Cultural competency • Misinformation • Generation gap/trust • Depletion of the system
Social Inequities: i.e. changes in ethnic make-up of the community, underrepresented communities, the cost of care to the un-and underinsured and issues of environmental justice	• Support medically underserved • Funding for health disparities • Increase collaboration across sectors • Increase education with regards to environmental influences on health • Increase the number of agencies focusing on environmental conditions	• Barriers to access/information • Increasing health and socioeconomic disparities • Lack of individual/personal responsibility • Unsanitary conditions • Not enough cross-agency collaboration

FORCES OF CHANGE ASSESSMENT RESULTS

Table 1: Force of Change Results		
Forces of Change (Trends, Factors, Events)	**Opportunities** (Prospects, Responses)	**Threats** (Barriers, Challenges)
Technological Advances • i.e. Electronic Medical/Health Records (EHR/EMR). Social media; Data	• Strengthening community based services • Resource sharing • Improved coordination of care • Reduces medical error • Tailored/targeted health communication messages • Job growth/innovation • Tele-health improves access to care • Consumer choice improvement • Integration of information • Increased evidence based approach • Better outreach/education on available resources • Better health outcomes	• Validity • HIPPA compliance • Standardization of EHR/EMR • Security breach of EMRs • Speed of Innovation, some cannot catch-up – lack of capacity • Cost association with implementation • Fraud/Identity Theft • Data interpretation w/o knowledge • Data validity
Workforce development • i.e better utilization of existing resources. Training and education, funding for education	• Targeted learning • Retraining of unemployed • Recruitment expand the use of students and the National Health Service Corps; partnering with higher education • Matching trained professionals to areas of concern or need • ACA offers funding for education • Messaging –community awareness	• Cultural competency • High school drop-out rates • Gaps in needs • Cost of education (loan debt) • Lack of cross-training between public health and health care
Immigration • i.e. services to the undocumented and uninsured	• Easily targeted for messaging • Funding information to educate on available resources • Increase available services	• Improper use of hospitals and clinics • Undocumented cannot get health insurance • Limited resources to undocumented in general • Privatization of Jackson

FORCES OF CHANGE ASSESSMENT RESULTS

Table 1: Force of Change Results		
Forces of Change (Trends, Factors, Events)	**Opportunities** (Prospects, Responses)	**Threats** (Barriers, Challenges)
Improving Wellness i.e. health education, Physical Activity, sedentary lifestyles, nutrition, mental health	• Utilizing parks and green space • Early education • "Make Healthy Happen" initiative • Increasing Physical Education in schools • Increase farmers markers in low income areas • Diminished cost/taking advantages of group wellness programs	• Increase in chronic disease Healthcare delivery • High rate of obesity and chronic disease • Diminished health education in low income populations
Reduced funding i.e., bureaucratic issues between organizations; struggling economy	• Hope for a stronger economy; increased awareness of the issues faced by average person • Decreased unemployment rate • More efficiency within programs; more collaboration • Higher awareness of public health	• People becoming sicker; cost of care is rising • Fraud • Social determinants of health • Reduced funding to social programs • High cost of living; lack of jobs
Political Climate	• Compromising /find solutions • Educating population on their right to vote • Educate legislators/decision-makers • Legislators to focus on issues and find solutions	• Resistant to change/lack of compromise • Confused/disengaged population • Misuse of resources which creates lost opportunities

At the end of the meeting, there was consensus that addressing uncertainties presented by the ACA and focusing on wellness and social inequities should be the core strategic priorities of the Community Health Improvement Action Plan in Miami-Dade County.

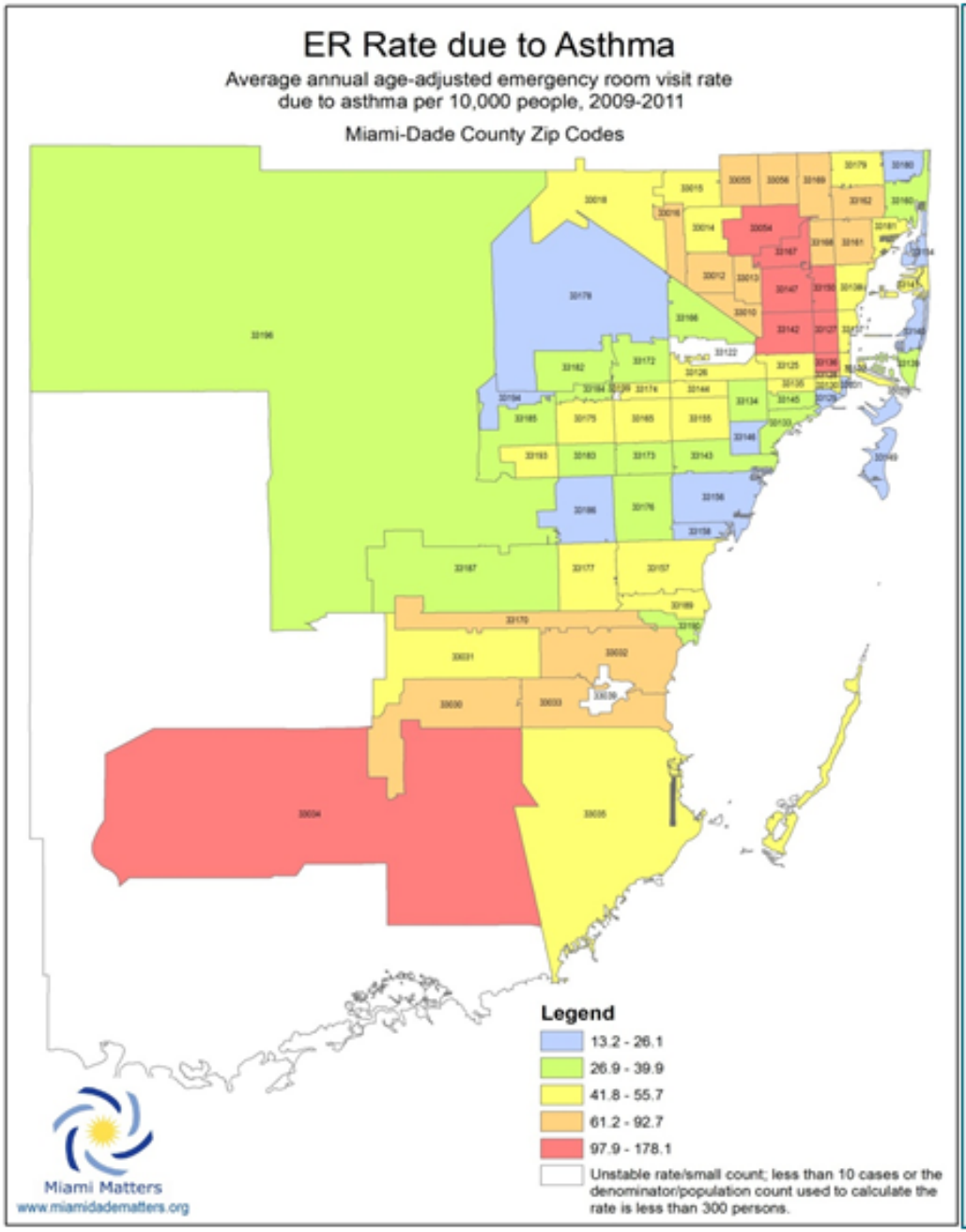
MAPP 2013-2018 Community Health Priorities Goals & Strategies

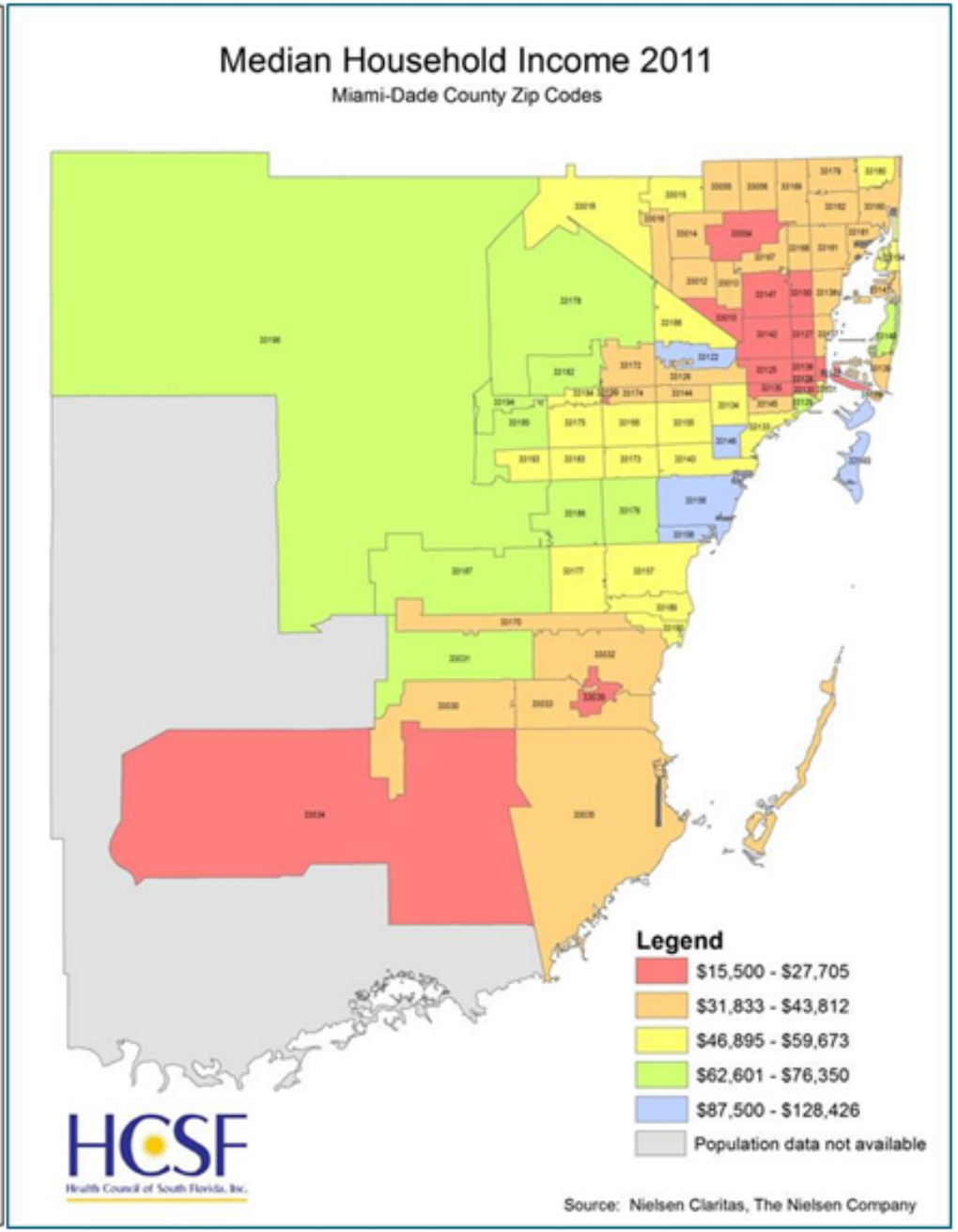
Thursday April 11, 2013

Last Name	First Name	Degree	Title	Organization
Acomulada	Lorna			Community Health Of South Florida, Inc.
Anyamele	Clarinda		Rehabilitative Service Supervisor	Miami-Dade County
Bello	Lauren		Program Coordinator	Urban Health Partnerships
Brasher	Mike		Strategic Business Development, Employer a	Healthways, Inc.
Brehm	Roxana			Community Health Of South Florida, Inc.
Campbell	Tom	MBA	Assistant Executive Director, Director of Plar	Health Choice Network
Crudele	Jeffrey		Executive Vice President & Chief of Strategy	Jackson Health System
Dietz	Gayle	MS, RD, LD/N	Community and Civic Registered Dietitian	Nutridietz
Donworth	Mary		Group Vice President, Community Investme	United Way
Douglas-Bartolone	Alexandra	MA	Faciliator	Building Community
Duval	Ruth			Jessie Trice Community Health Center, Inc.
Edwards	Trudy	MBA	Grant Writer	Miami Beach Community Health Center
Fermin	Manuel		CEO	Healthy Start Coalition of Miami-Dade
Goldsmith	Silvia		Executive Vice President /COO	Jewish Community Services of South Florida, Inc.
Gonzalez	Vanessa	PhD	Senior Associate for Health Data and Quanti	Miami-Dade County OCHP
Hawley	Jeff		Program Officer	United Way
Howard	Melissa	PhD, MPH, MCHE	Clinical Assistant Professor	FIU College of Public Health & Social Work
James	Terisa	MSW	Executive Vice President of Programs and Fu	Health Choice Network
Johnson	Suzanne	RN, MBA	Sr. Community Health Nursing Supervisor	Florida Department of Health in Miami-Dade Co.
Johnson-Cobb	Latavea		Victim of Crime Act Supervisor I	Miami-Dade County
Jordahl	Lori	MBA, HA	Senior Human Services Program Manager ST	Florida Department of Health in Miami-Dade Co.
Krasovic	Trudy		Crisis Counselor/Trainer	Switchboard of Miami
LaBoeuf	Jackie		Administrative Project Analyst	Homestead Hospital
Losa	Marisel	MHSA	President and CEO	Health Council of South Florida
Martinez	Maria	MPH, CHES	Community Health Educator, CHAMPS	Baptist Health South Florida
Masters	Melissa		Director of Program Planning	Jackson Health System
Meagher	Katy		Affiliate Manager	Susan G. Komen for the Cure
Medina	Angie		Manager of Community Health	Baptist Health South Florida
Mendijar	Sorangely		SVP of Patient Services	Miami Beach Community Health Center
Mogul	Harve		President and CEO	United Way
Moore-Ramos	Morneque	MPH	Research & Evaluation Analyst	The Children's Trust

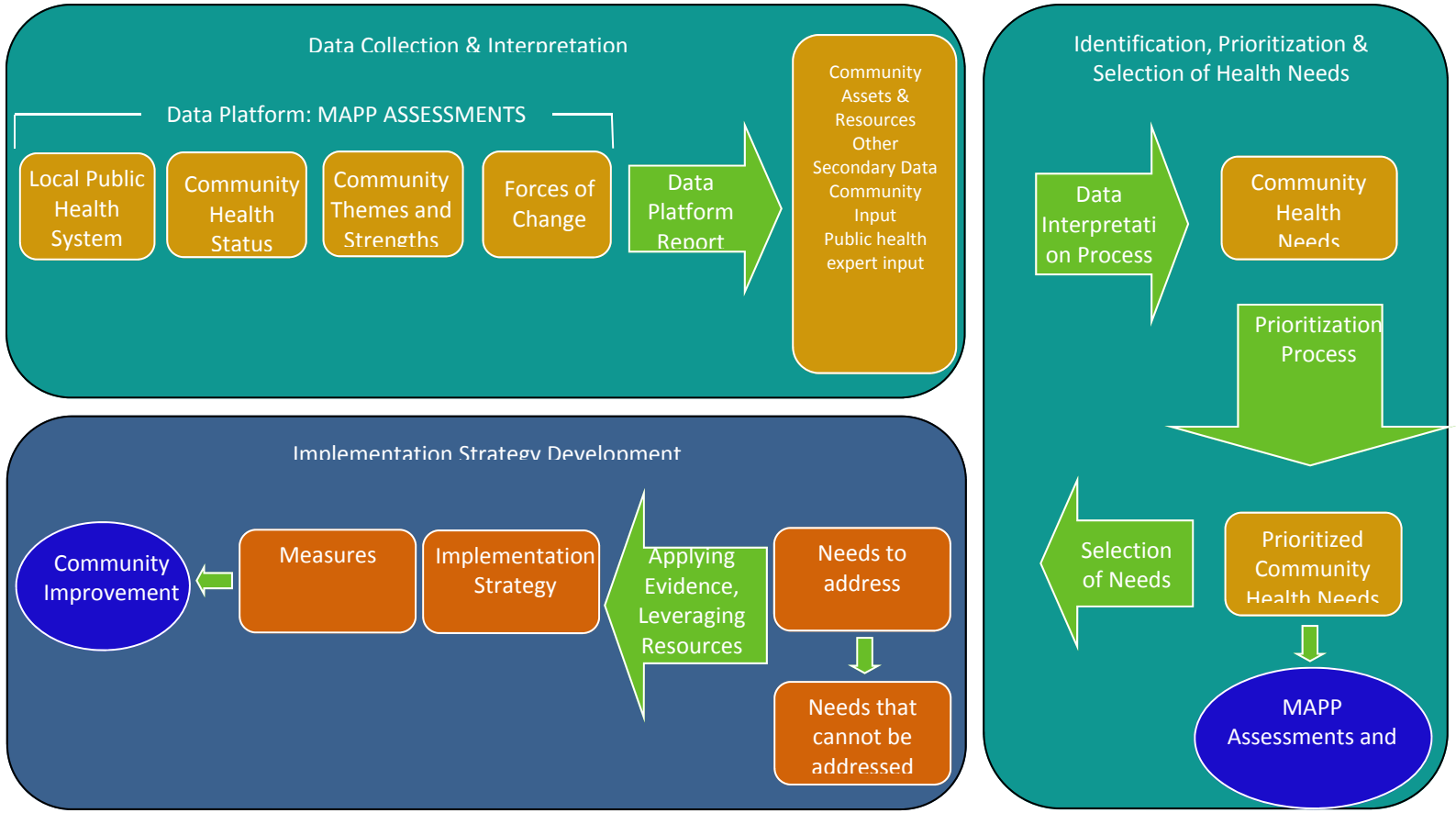
Moxam	Michael		Social Service Administrator	Miami-Dade County
Neasman	Annie		President & Chief Executive Officer	Jessie Trice Community Health Center, Inc.
Perez-Stable	Alina	MSW	Director, Academic Support Services	FIU College of Medicine
Rabinowitz	Mark			MBCHC
Riley	Akeemia			Community Health Of South Florida, Inc.
Rios	Berta	PHD	Patient Services Manager Florida Division	American Cancer Society, Inc.
Rivera	Lillian	RN, MSN, PhD	Director	Florida Department of Health in Miami-Dade Co.
Rivera	Nancy		Founder / Executive Director	Sembrando Flores
Rodriguez	Marlene	RD	Nutrition Projects Coordinator	Florida Heart Research Institute
Rodriguez	Abilio	PhD	Program Administrator	Centro Mater West
Rodriguez	Brendaly			UM
Rodriguez-Loddo	Amelinda	BS		Florida Department of Health in Miami-Dade Co.
Schotthoefer	Linda		Director of Community Initiatives	United Way
Schwartz	Robert	MD	Professor & Chair	UM, Dept of Family Medicine & Community Health
Scott	Tangier		Social Service Supervisor I	Miami-Dade County
Scotto	Maria	MS	Director of Healthy Aging Programs	Alliance for Aging, Inc.
Serle	Christiana		Volunteer	Florida Department of Health in Miami-Dade Co.
Soto	Nilda	MD	Medical Director	Open Door Health Center
Souto	Islara	MPH	Regional Director	American Heart Association
Stock	Fred		President & CEO	Miami Jewish Home & Hospital
Tran	Thao	MD, MPH		Health Council of South Florida
Tucker	Susan		Executive Director of Community Initiatives	YMCA
Tuero	Cristina		Senior Health Planning Services Coordinator	Health Council of South Florida
Villamizar	Kira	BS, MPH	Health Manager	Florida Department of Health in Miami-Dade Co.
Waddell	Charlotte		Executive Board Liaison	Florida Department of Health in Miami-Dade Co.
Watkins	Jessica	MSW	Director of Community Health	Catalyst Miami
Watson	Shanika		Children Issues Liaison	Florida Department of Health in Miami-Dade Co.
Weinger	Jessica	MPH, CHES	Health Educator	Florida Department of Health in Miami-Dade Co.
Weller	Karen	RN BSN MBA-HSM	Assistant Community Health Nursing Directo	Florida Department of Health in Miami-Dade Co.
Williams	Jenelle			Florida Department of Health in Miami-Dade Co.
Wood	Peter	MPA	Vice President of Programs and Community	Health Foundation of South Florida
Wyatt	Belita			Jessie Trice Community Health Center, Inc.
Zaharatos	Julie	MPH	Senior Community Health Specialist	Health Council of South Florida
Zweig	Ilene		Consultant	IHCM

Appendix I: By comparing preventable hospitalizations and emergency room (ER) visits to household income rates by ZIP code, it is apparent that areas in the preventable hospital visits "red zone" also have lower household incomes. The maps reveal disparities in health with the "I-95 Corridor" and in South Dade representing particularly underserved areas. Avoidable hospital admissions indicate gaps in service, lack of access, lack of insurance, and poverty.





Appendix Q: Mobilizing for Action through Planning and Partnerships (MAPP) Process Map



MAPP Goal:
Improving Access to Care

A. Existing Approaches/Strategies Underway in Miami-Dade County to address this MAPP Goal

- American Cancer Society Patient Navigator Program at Jackson Memorial Hospital
- Catalyst Miami's Prosperity Campaign (comprehensive benefits application assistance and navigation) and Campaign for Earned Sick Leave
- Catalyst's Healthcare Heroes life coaching in South Dade with Baptist Health
- CMS Health Navigators Program
- Charity Care (Private Hospitals and Health Care Providers)
- Community Health Outreach Workers/Patient Navigators (MD-HAN, CHW and SFCCC)
- Corporate health industry, i.e. flu shots at Walgreens
- Faith-based Organizations/Health Ministries, Church-based health communities
- Fast Track Clinic
- Florida International University Mobile Health Center (MHC) launched in August 2012.
- FIU Neighborhood HELP Program
- Florida Kid Care (Healthy Start/S-CHIP)
- Florida Department of Health in Miami-Dade County clinics offering Family Planning services; tuberculosis, STD and HIV screening
- Federally Qualified Health Centers (FQHCs)
- Free Clinics
- HealthConnect in Our Schools (HCiOS) - The Children's Trust's partnership with Miami-Dade County Public Schools and Miami-Dade County Health Department offering school-based health and mental health services to students
- HealthConnect in Our Community (HCiOC) – The Children's Trust's initiative to assist families with determining eligibility and applying for low-cost health insurance to access health services for their children and themselves
- Healthy Start services available to pregnant women, infants and children up to age three include care coordination to assure access to a medical home and needed services; Psychosocial counseling; Parenting education and support; Childbirth education; Breastfeeding education and support; Nutrition counseling; Tobacco education and cessation counseling; Home visiting; and Outreach
- Health Foundation of South Florida's initiatives
- Homestead Hospital (BHSF) partnership with Catalyst to implement the Stanford model which provides Health Care Navigators for patients who have chronic diseases. The model promotes self-advocacy.
- Liga Contra el Cancer
- Miami-Dade Health Access Network (MD-HAN) "mobilizing" neighborhoods toward utilizing best practices to promote access to care
- National Association of Counties (NACo) Prescription Drug Discount Card Program

- Office of Countywide Healthcare Planning (OCHP) Expanding Health Insurance Coverage Partnership with Blue Cross Blue Shield of Florida for Miami-Dade Blue (MDB)
- OCHP Health Insurance Assistance (HIA) – premium assistance
- Public Health Trust (Safety Net for Uninsured)
- Refugee Health Access Program
- Social/technological advancements, including educational smart phone applications.
- Text campaign for Health—Text: "Health" to "12722"
- Uniform Common Eligibility Screening/Technology (i.e., One eApp)
- United Way of Miami's partnership with FamilyWize to provide prescription drug discount cards available to uninsured/underinsured
- United Way of Miami-Dade supports the use of "health navigators" or "community health workers" to connect individuals in the community to healthcare.
- United Way funds a "care connection" program for HIV positive individuals living in Liberty City, which has historically been a very difficult population to get into care. By supporting this program, the HIV positive rate has decreased in recent years
- Others: _____

B. Measurable Results/Positive Impacts since 2008

- In 2011, KidCare enrollment increased 3.9% and its Medicaid component by 4.4%. KidCare currently provides health care to more than 2 million and Medicaid to 1.7 million. Despite the millions enrolled in KidCare or Medicaid, "nearly 400,000" are still uninsured[i].
- HCiOS is in 157 M-DCPS schools attended by 140,000 students (out of a total of 360 non-charter M-DCPS schools with a student population of 305,000). In 2011-12, HCiOS health suites served 76,000 students with 275,000 visits, of which 84% of students returned to class, provided state-mandated BMI and vision screenings for 43,000 students and provided 73,000 referrals for additional health services.
- HCiOC health navigators assisted 2,056 uninsured adults and 9,072 uninsured children to obtain health insurance (8,679 through Medicaid and 393 through KidCare) in 2011-12.
- The Public Health Trust provides care Miami-Dade County residents who have no insurance, or whose insurance coverage is not sufficient to cover the cost of their treatment.
- 102,229 Uninsured Individuals (including 36,337 children) received free or low cost health care, on a sliding fee scale from FQHCs in 2012 (Data Source: Uniform Data System Reports, 2012)
- Free Clinics serve over 76,187 uninsured individuals in Miami-Dade County, 2011
- United Way's partnership with FamilyWize has already saved Miami-Dade residents over $1 million on the cost of their prescription
- 650 households served through FIU in-home comprehensive and follow-up care community medicine program in the following communities: North Miami-Dade County: the City of Miami Gardens, the City of Opa-Locka, a portion of Unincorporated Northwest Dade County, City of Hialeah, City of Miami Lakes, City of North Miami, City of North Miami Beach, and Little Haiti. This program is made possible through the Green Family Foundation NeighborhoodHELP™ program delivering care through interprofessional teams of medical, nursing, social work, and law; or through the FIU Community Outreach Team.

- Florida International University Mobile Health Center (MHC) currently offers three sessions each week (and up to four in the next few months). Through April 4, 2013: 109 patients seen in 250 encounters.
- MDB and MDB-associated insurance products led to more than 10,000 being insured in Miami-Dade County, raised $1 million for Premium Assistance
- National Association of Counties (NACo) Prescription Drug Discount Card Program free card will give discounts on prescriptions for residents who are uninsured, underinsured, seniors and pet owners in the county. 2,025 residents have utilized the card since 2011, saving an average of 24% on prescriptions
- 147 individuals financially qualified for premium assistance; 711 completed on-line survey; 123 enrolled in HIA
- Anticipated program end on 12/31/13 as Affordable Care Act (ACA) is implemented
- Others: _____

C. Challenges Encountered/Enhancements Needed in 2013-2018

- A lack of providers in MDC taking new Medicaid patients and for those who do accept the wait times are too long
- Chronic disease self-management is a struggle for many
- Co-payments for patients with Medicaid / Share of cost
- Co-payments at Jackson Memorial Hospital
- Connecting people to care
- Economic and political climate, policies, systems, and environmental changes present barriers
- Education-level and how to engage illiterate populations
- Ensuring access for populations that do not read or write
- Ensuring that patients know HOW to access the healthcare system (including the new Health Care Exchanges)
- Fear of mammograms, colonoscopies and other preventive health screenings
- Fewer workers have Paid Time Off/Sick Leave which allows them to access health care
- Financial assistance for cancer patient medical needs
- The Florida KidCare Coordinating Council, responsible for making the program's implementation and operation recommendations, identified a single priority for 2012: "Fully fund the Florida KidCare program…"[ii]
- High copays and deductibles leading to underinsured
- Hospitals who do not want to serve Medicaid or uninsured patients
- In 2012, as part of the Communities Putting Prevention to Work (CPPW) grant, a report on *Expanding Supermarket Access in Areas of Need for Miami-Dade County* determined that 250,000 Miami-Dade residents (10%) live in low-income areas that have poor supermarket access and higher than average death rates from diet-related causes.
- Inadequate service to incarcerated individuals
- Lack of Medicaid and KidCare coverage for immigrants (even legal residents here less than 5 years), lack of KidCare for employees of state government workers
- Lack of access to lower cost generic drugs due to Florida's high bar for approval even beyond FDA approval
- Lack of transport to obtain medical services
- Lack of awareness of prevention and lack of focus on motivational issues

- Lack of technological integration – The FQHC's utilize a HL7 interface but the FLDOH clinics utilize HMS.
- Linking patients to health care providers
- Many low-income individuals suffer from the health and financial consequences of not having access to health insurance. They are often forced to go to the Emergency Room for needed health care, forego critical life-saving preventive services, and incur sometimes insurmountable medical debt (which factors into 62% of all bankruptcies).[iii]
- Miami-Dade County requires interventions and health improvement messages that are tailored to the specific needs of its diverse populations.
- Shortage of healthcare providers
- Transportation is a major issue; i.e., even for STS ($3 one-way/day). Not all can afford $6 roundtrip
- Undocumented populations cannot access most health services
- Others: _____

D. Emerging Opportunities

- As of 2014, the Affordable Care Act /Health Care Exchanges will be implemented in the State of Florida and will ensure access to health care for all eligible Miami Dade County residents, including individuals with pre-existing conditions
- Community Health Fairs
- Community Outreach Workers
- Electronic Medical Records
- Engage the Corporate Sector, (e.g. Walgreens, CVS Minute Clinic)
- Evidence-Based Approaches that could be replicated in Miami Dade County
- Greater focus on healthcare disparities based upon income, race and ethnicity; identification of unhealthy neighborhoods
- Expansion of Community Health Workers (CHWs)
- One-e-App (Unified Eligibility Application) would potentially provide a platform where the FQHC's and the FLDOH clinics would speak if the HL7 interface is an added component and added screening abilities for publicly assisted programs qualifying and enrollment (Medicaid)
- Switchboard of Miami/211 effort to increase usage by health care providers
- Use of Technology/Educational Apps
- Use of Social Media
- Use of Low Cost Technology to Monitor Health Status (e.g. tools for monitoring Blood Sugar)
- Others: _____

E. Access to Care Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

---

i Menzel, Margie. (2012). Kidcare for state workers still a possibility. The News Service of Florida

ii Annual Report and Recommendations. (2012). Florida KidCare Coordinating Council.

[iii] Health Care for Florida Now, Talking Points provided by Florida Legal Services, Inc. Downloaded on April 8, 2013 from *www.healthcareforflorida.org*.

MAPP Goal: *Chronic Disease and Prevention*

A. Existing Approaches/Strategies Underway in Miami Dade County to address this MAPP Goal

- Florida Department of Health in Miami Dade County Initiatives:
  - Community Health Action Team (CHAT): Provides blood pressure, BMI, body fat, carbon monoxide and diabetes risk screenings. Also provide educational class on cardiovascular health, nutrition and other health topics.
  - Consortium for a Healthier Miami-Dade: Community initiative made up of several organizations working together on projects that promote policies, systems and environmental changes that will have an impact on chronic disease.
  - Worksite Wellness Program: Program provides technical assistance to organizations wishing to implement a program. Staff also provides educational programs and screenings on chronic disease.
- Community clinics – Good News Care Center, Open Door Health Center, San Juan Bosco (free healthcare for the indigent population)
- 7 FQHC's have received funding from the GE Foundation to provide "Care Management Medical Home Center" (Diabetes, and other chronic conditions). Program includes home visits.
- Alliance for Aging's (CMS funded) initiative assists Older Adults who are transitioning from the hospital to home. The Alliance has built a partnership with nine area hospitals and community based providers who provide the home based care.
- Alliance for Aging's Living Healthy/*Tomando Control de su Salud* Program: Provides techniques on changing eating habits, improving health, communicating with healthcare providers, managing sleep and fatigue, using medication correctly and reducing the use of hospital services.
- Alliance for Aging's Diabetes Self-Management/*Manejo Personal de su Diabetes* Program: This program is geared towards helping older adults learn to manage their symptoms and blood glucose (sugar) better, learn about and adopt healthy eating and physical activity habits, strategies for preventing complications, coping with anxiety, anger and stress, and managing their day-to-day activities.
- American Heart Association Initiative ("Good to Go") assists patients to take their own Blood Pressure readings (prevention orientation)
- Baptist Health Follow-up Care in Homestead – Advanced Registered Nurse Practitioners, diabetes nurse educators and social workers address our patients' healthcare needs and social determinants of health. The team also helps transition patients to a permanent medical home
- Baptist Health South Florida offers free educational programs, exercise classes, support groups and health screenings to inform and inspire the community to live a healthier lifestyle. Services include: heart disease, cancer, nutrition, back pain, diabetes and

other educational programs. Exercise classes include zumba, pilates, yoga, Tai Chi-style and aerobics. Screenings include blood pressure, BMI, bone density, cholesterol, breast cancer. Support groups include Al-Anon, Lupus, Diabetes, Addiction, Allergy, Arthritis, Cancer, Digestive disorders/gluten-free diet, Heart Disease and more.**Many support groups are also offered in Spanish*.

- Baptist Health Congregational Health Dept – Wellness Fairs & Workshops in the Faith Communities – Free health screenings conducted annually to promote health education programs that match the health profile of the community. Services include: cholesterol, glucose, bone density, BMI, blood pressure. Cooking demonstrations and community resources.
- Baptist Health Congregational Health Dept – Faith and Health Support Groups – Integration of spirituality and health model for health promotion and disease management. Themes include: Cancer survivors' group, Exercise/Fitness groups, Seniors health.
- Community Health of South Florida, Inc. (CHI) P.A.M.P.E.R. program
- CHI provides free transportation for its clients
- Community Health Workers provide education about self-management
- Florida Heart Research Institute conducts biometric screenings in the community, including the underserved and uninsured populations and in the workplace. Participants are coached on healthy lifestyle changes, as needed.
- Health Foundation of South Florida Initiatives
- Healthy Aging Regional Collaborative
- Hypertension awareness and monitoring project: "Get to Goal" teaches self-management of chronic conditions such as hypertension.
- Jessie Trice Economic Opportunity Health Center
- The Living for Health (L4H) grant-funded program followed participants referred to FQHCs for care and looked at the match rate. L4H participants also received coaching phone calls at 1, 3, 6 and 12-months on positive lifestyle behavior change.
- Thelma Gibson Health Initiative – HIV Program
- "Together to End Stroke" is a program of the American Heart Association to prevent and raise awareness of cardiovascular disease and stroke among uninsured populations
- United Way funds a "care connection" program for HIV positive individuals living in Liberty City, which has historically been a very difficult population to get into care. By supporting this program, the HIV positive rate has decreased in recent years
- YMCA
- Others:

B. Measurable Results/Positive Impacts since 2008

- The FDOH CHAT team has seen over 3,000 clients for the 2012-2013 fiscal year through outreach activities. Staff have participated in over 80 health fairs and health promotion activities during this same time period
- The Consortium for a Healthier Miami-Dade implemented a media campaign called *Make Healthy Happen Miami* in three languages. Awareness of the campaign with statistics is available through FDOH-Miami-Dade County
- 70 recipients of worksite wellness program in Miami-Dade County

- Alliance for Aging's Chronic Disease Self-Management/Evidence-Based Programs are offered at community centers and faith-based organizations, and target seniors 60 years and older, free of charge in English and Spanish. 1,050 older adults completed these programs in 2012. Data analysis for the 2008-2012 Healthy Aging Regional Collaborative participants in Broward, Miami-Dade and Monroe Counties indicate the following outcomes: Enhanced Fitness participants improved their fitness function by 66% overall; A Matter of Balance participants self-reported an overall 38% increase in self-efficacy skills and a 23% increase in exercise frequency; and Stanford Self-Management Programs participants self-reported an overall 20% increase in ability to use specified skills to manage their chronic disease and a 47% increase in activity frequency.
- Others:

C. Challenges Encountered/Enhancements Needed in 2013-2018

- Fragmented Services—not all needed services are available in all areas
- Racial and ethnic disparities in chronic disease, particularly among Non-Hispanic Black/African-Americans.
- Inadequate attention to asthma treatment and prevention
- Decreased funding
- Fear of mammograms, colonoscopies and other preventive health screenings
- Pharmaceutical Access
- Uninsured/Underinsured
- (Physicians') Fear of Serving Medicaid Population (low rates of Medicaid reimbursement for treatment)
- Linguistic and cultural barriers
- Conflict with work times (many are unable to take time off for medical appointments)
- Funding for Programs—Time Limited Grants
- Lack of Primary Care Physicians
- Lack of Specialty Care Physicians
- Transportation (especially in South Dade—NOTE that this is an ongoing issue)
- Access for Undocumented Populations
- Baby Boomer-Older Populations will create more need for services for patients with chronic diseases
- Others:

D. Emerging Opportunities

- Evidence-Based Approaches that could be replicated in Miami-Dade County
- Catalyst's Health Care Navigators, working in partnership with Homestead Hospital (BHSF)
- Pharmaceutical Assistance and Medical Supplies (for example, where patients get a free meter, but cannot afford to buy their medical supplies)
- Replicate the Stanford model which provides Health Care Navigators for patients who have chronic diseases. The model promotes self-advocacy (Homestead Hospital, in partnership with Catalyst Miami, is replicating this model)
- Use the voice of the local American Heart Association and American Cancer Society to leverage and amplify advocacy

- Others:

E. Chronic Disease & Prevention Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

MAPP Goal: *Reducing Health Care Disparities in Miami-Dade County*

A. Existing Approaches/Strategies Underway in Miami-Dade County to address this MAPP Goal

- The Jasmine Project, which is overseen by the University of Miami's Starting Early Starting Smart Program, is a federal project focusing on three specific zip codes: 33054, 33055 and 33167 and provides intense services to at-risk women and follows them for up to two years.
- FQHCs in Miami-Dade County address disparities by promoting health and access at the neighborhood level
- Communities Putting Prevention to Work (CPPW) priority outcome objective include:
    - Addressing the health prevention needs of childcare centers in low-income, underserved, minority communities.
    - Supporting farmers markets in low-income, underserved, minority communities.
    - Researching and determining the location of "food deserts" in Miami-Dade County
    - Safe Routes to School program focusing on low-income, underserved, minority communities.
- Consortium for Healthier Miami-Dade works on prevention though education, support of policy, systems and environmental changes to reduce health disparities, through provision of educational forums, programs and screenings.
- Diabetes collaborative focused on Hispanics in Hialeah
- "Get to Goal," "Together to End Stroke," and "Go Red Por Tu Corazon" teach self-management of chronic conditions in underserved populations such as the African American, Hispanic and Caribbean American community
- Alliance for Aging partners with community organizations, health care providers and faith-based centers, to offer evidence-based programs to older adults. A Diabetes self-management workshop is offered free-of-charge to seniors in English (Diabetes Self-Management) and Spanish (Manejo Personal de la Diabetes). This program helps older adults with diabetes learn to manage their symptoms and blood glucose; appropriate use of medication and healthy eating and exercise to maintain and improve strength and endurance. In 2012, the Alliance for Aging partnered with Citrus Health and provided Diabetes Self-Management (Spanish) workshops in Hialeah. In 2013, the Alliance for Aging has a partnership with Community Medical Group of Hialeah to provide Diabetes Self-Management (Spanish) at their medical center in Hialeah.
- Jay Weiss Institute for Health Equity at the Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine

- United Way funds a "care connection" program for HIV positive individuals living in Liberty City, which has historically been a very difficult population to get into care. By supporting this program, the HIV positive rate has decreased in recent years
- Others:

B. Measurable Results/Positive Impacts since 2008

- In June of 2010, 21.5% of students in the City of Miami reported that they walk to and from school. 33.4% take a school bus and 41.3% ride in a car to school.

C. Challenges Encountered/Enhancements Needed in 2013-2018

- Fragmentation/Lack of coordination of health care resources
- In 2012, as part of CPPW, *A Healthier Future: Expanding Supermarket Access in Areas of Need for Miami-Dade County* determined that 250,000 Miami-Dade residents (10%) live in low-income areas that have poor supermarket access and higher than average death rates from diet-related causes.
- Lack of a countywide master plan to reduce cancer disparities. Efforts exist, but they are not coordinated and they are not sustainable (grant funding dependent)
- Lack of financial incentives for physicians to practice in need areas. There are MDs who want to "give back" who are willing to work in these areas, but we need financial incentives.
- Need to have the decision-makers/opinion leaders involved, i.e. the Mayor, Commissioners, etc.
- Racial and ethnic disparities in low birth weight rates, infant mortality and chronic disease, particularly among Non-Hispanic Black/African-Americans.
- Socioeconomic challenges
- Transportation
- By comparing preventable hospitalizations and ER visits by ZIP code, to household income rates by ZIP code as available on Miami Matters, it is apparent that areas in the preventable hospitalizations "red zone" also have lower household incomes. The maps reveal disparities in health with particularly underserved areas demanding our attention. These areas are located in the "I-95 Corridor" and in South Dade. Avoidable hospital admissions indicate gaps in service, lack of access, lack of insurance, and poverty. The similarity of the "red zones" on the maps of ER visits for asthma, a largely preventable condition, and the household income map demonstrate a correlation between emergency care usage and socioeconomic status.

D. Emerging Opportunities

- As of 2014, the Affordable Care Act /Health Care Exchanges will be implemented in the State of Florida and will ensure access to health care for all eligible Miami-Dade County residents, including individuals with pre-existing conditions
- Create Financial Incentives for Physicians who would be willing to work in these areas
- Need a System of Care (e.g. in Liberty City).

- Provide Hands-On Navigators who work with neighborhood residents to remove barriers.
- Funding alone will not make a difference. A **totally different approach** is necessary that includes the people who live in these communities—and will address the social determinants of health.
- "Master Cancer Plan" should be created, as in other metropolitan areas
- MD-HAN is seeking to prioritize neighborhoods, and mobilize the community.
- Miami-Dade could focus in on a specific goal area—shared focus. We have done it before, and right now we have the momentum.
- MD-HAN has moved to a new level with support from Mayor Jimenez, key members of the Dade Delegation and the Board of County Commissioners
- Evidence-Based Approaches that could be replicated in Miami-Dade County
    - Need to explore other communities in the U.S. that are successfully reducing Health Care Disparities (e.g. Baltimore, Maryland, which has been organizing at the community level with NAVIGATORS.).
    - "Benchmark" Miami-Dade County against other counties that are most like our community/national counterparts.
    - Implement solutions that come from within the community, like Harlem Children's Zone—where they worked on improving outcomes in a limited geographic area, "block-by-block"
- Others:

E. Reduction of Health Care Disparities Embraced as a Priority for Miami-Dade County's MAPP for 2013-2018

MAPP Goal: *Increasing Access to Primary Care and Medical Homes*

A. Existing Approaches/Strategies Underway in Miami Dade County to address this MAPP Goal

- Community clinics – Good News Care Center, Open Door Health Center (free healthcare for the indigent population)
- FQHCs in Miami Dade County are already nationally accredited
- Jackson has a cadre of primary care sites, and are now going for accreditation
- MomCare, administered by the Healthy Start Coalition of Miami-Dade, works to assure a medical home, WIC and Healthy Start enrollment, and screening for approximately 22,000 pregnant women on expanded Medicaid, up to 185% of FPL. Overseen by AHCA and Florida Department of Health.
- Healthy Start's goal is universal screening and a medical home for all pregnant women and infants born in the state of Florida. These strategies improved maternal, infant and child outcomes (i.e., decreased rates of low birth weight babies, pre-term birth and infant mortality)
- Baptist Health 20,000 free screenings for cholesterol, blood pressure, body composition and osteoporosis at our annual health fairs
- Baptist Health – Men's Health Day – free annual seminar, health screening and lectures such as physical fitness, prostate health, and stress reduction
- Baptist Health – Women's Health Day – day of free health screening, lectures, cooking & fitness demonstrations, and discussions with medical experts on a broad range of topics
- Baptist Health Follow-up Care in Homestead – Advanced Registered Nurse Practitioners, diabetes nurse educators and social workers address our patients' healthcare needs and social determinants of health. The team also helps transition patients to a permanent medical home
- Others:

B. Measurable Results/Positive Impacts since 2008

- Office of Countywide Healthcare Planning (OCHP) Strategic Investing in Primary Care Expansion: leveraging $25 million in Government Obligation Bonds (GOB) funds to expand the primary care delivery capacity of the County's Federally Qualified Health Centers (FQHCs). 64% of planned GOB projects have an approved agreement. Approved agreements represent 18,100sf operational clinic space and 35,414sf of clinical space in various stages of completion.
- Others:

C. Challenges Encountered/Enhancements Needed in 2013-2018

- The current Medicaid rates are so low that providers are unwilling to accept new patients. Compounding the low provider reimbursement rates, there is an issue with a general lack of providers.
- Maintaining the patient-compliance and also ensuring patients do not "shop around" for doctors, and end up fragmenting their care.
- Care Coordination
- Misuse of the ER, when a patient has been using a Department of Health clinic
- Timing of Appointments—when workers are unable to leave work
- People do not know what a medical home is and how they would benefit from it
- Others:

D. Emerging Opportunities

- As of 2014, the Affordable Care Act /Health Care Exchanges will be implemented in the State of Florida and will ensure access to health care for all eligible Miami Dade County residents, including individuals with pre-existing conditions
- Accountable Care Organizations
- Community Health Workers
- Care Coordination (Joint Staffing of patient care)
- Electronic Medical Records
- Evidence-Based Approaches that could be replicated in Miami-Dade County, such as San Francisco, where safety net patients get a card and are assigned a "medical home." The card is connected to a stipend. The patient can request to change to a different medical provider, but it must go through the system.
- Greater focus on primary care thanks to FIU School of Medicine and interdisciplinary programming
- One-E-App (Unified Eligibility Application)
- Others:

E. Primary Care and Medical Homes Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

MAPP Goal: *Nutrition and Physical Activity Promotion to Reduce Obesity*

A. Existing Approaches/Strategies Underway in Miami-Dade County to address this MAPP Goal

- Alliance for Aging's Living Healthy/*Tomando Control de su Salud* Program: Provides techniques on changing eating habits, improving health, communicating with healthcare providers, managing sleep and fatigue, using medication correctly and reducing the use of hospital services.
- Alliance for Aging's Enhance Fitness Program: This group exercise program focuses on stretching, flexibility, balance, low-impact aerobics, and strength training.
- Healthy Aging Grant from the Health Foundation of South Florida to focus on enhanced fitness for seniors in the North Dade Community
- Baptist Health South Florida (BHSF) and some insurers provide free exercise classes. BHSF nutritionist provides free educational programming twice a week
- Blue Foundation Childhood Obesity Prevention Programs in Hialeah and Opa-Locka
- The Children's Trust promotion of good eating habits, particularly afterschool snacks
- FQHC Partnership with Farmer's Markets, providing fresh fruits and vegetables
- Miami-Dade Public Schools-Dietary Improvements, Fresh Fruit, Vending Machines, Exercise)
- An integral part of school health services are nutrition services. Health Screening and health appraisals conducted by the school nurse help to identify students at nutritional risk who need follow up for further diagnosis and treatment. Florida Statute 64F.6.003 mandates that students receive specific Health Screening Services annually. Growth & Development (G&D) Screenings are conducted on students using Body Mass Index (BMI), in grades 1, 3, 6 (at minimum), and optionally grade 9 in public schools based on available resources and parental notification with the choice to opt-out. (Florida Statue 381.0056(4)(a)(9), F.S Ch. 64F-6.003(3), F.A.C.) Nutrition education is provided. Students with nutrition-related problems are referred to a health care provider or other related resources.
- Centro Mater grant from the Health Foundation to help fight childhood obesity
- Communities Putting Prevention to Work (CPPW) implemented programming through the Consortium for a Healthier Miami-Dade to (1) Increase number of high-level community leaders who enact and support evidence-based policies; (2) Raise awareness of healthy eating and promote healthy food choices and physical activity; (3) Increase access to healthy food and beverages, require daily activity, and limit screen time; (4) Improve access to healthy foods and reimbursable meals in public schools; (5) Increase physical activity in public schools; (6) Increase community access

to healthy and affordable foods; (7) Increase access to healthy foods, fruits, and vegetables through farmers' markets; (8) Increase breastfeeding practices and breastfeeding friendly facilities; (9) Increase active transportation and recreation through the built environment; (10) Increase sustainable Safe Routes to School initiatives; and (11) Increase the number of worksite wellness programs that implement nutrition policies and physical activity.

- Consortium for Healthier Miami-Dade works on prevention though education, support of policy, systems and environmental changes that encourage healthy living, provision of educational forums, programs and screenings,
- Food Policy Council (promoting healthy, local food and farmers markets),
- Baptist Health Community Programs – more than 12,000 have attended free educational lectures, with topics ranging from diabetes & nutrition, weight control and children's topics *Many *lectures are also offered in Spanish*
- Baptist Health Congregational Health Dept – Wellness Fairs & Workshops in the Faith Communities – Free health screenings conducted annually to promote health education programs that match the health profile of the community. Services include: cholesterol, glucose, bone density, BMI, blood pressure, cooking demonstrations and community resources.
- Baptist Health – Women's Health Day – day of free health screening, lectures, cooking & fitness demonstrations, and discussions with medical experts on a broad range of topics
- Baptist Health Congregational Health Dept – Faith and Health Support Groups – Integration of spirituality and health model for health promotion and disease management. Themes include: Cancer survivors' group, Exercise/Fitness groups, Seniors health.
- South Miami Heart Center Screenings, free programs on heart disease risk factors, recognizing heart attack symptoms, and relationship between obesity and heart disease
- United Way of Miami-Dade currently funds three promising programs that work with youth, teaching them about the importance of eating healthy and getting enough physical activity. These are all in traditionally underserved communities. This is especially important given that physical education is not offered in most public schools.
- Youth Organizations, e.g. YMCA – promote physical activity and healthy living
- Others:

B. Measurable Results/Positive Impacts since 2008

- Alliance for Aging's Enhance Fitness program has shown the following results as reported by the Healthy Aging Regional Collaborative for 2008-2012:
    - 69% improved the number of chair stands they were able to complete in 30 seconds.
    - 71% improved the number of arm curls they were able to complete in 30 seconds.
    - 60% reduced the number of seconds needed to complete an eight-foot walk.
    - 99% self-reported that they would take the class again.
    - 84% self-reported that they were extremely likely to recommend the class to a friend.
    - 99% self-reported they were very satisfied with the program.

    - 38% self-reported that they engaged in physical activity that is about as hard as EF 3 or more days a week after 16 weeks of participation in an EF class.
- In 2011, 27.7% of high school students in Miami-Dade were overweight or obese; a rate that has decreased slightly from 28.2% in 2003
- In 2011, 37% of Miami-Dade high school students engaged in regular physical activity for at least 60 minutes on five or more days of the week; a rate that has improved significantly from 26.9% in 2005.
- Results of student BMI screens include the percent of students referred with abnormal BMI results (Underweight and Obese). In 2010-2011 the rate was 22.47%; 2009-2010: 24.04%; and 2008- 2009: 24.49%
- Thirty (30) CPPW outcome objectives were implemented, with 77% of outcome objectives being met

C. Challenges Encountered/Enhancements Needed in 2013-2018

- Inadequate recreational spaces, low or free exercise programs and food deserts
- Safety must be improved so that more young people can use public parks
- Corner stores in the inner city may not offer healthy fruits and vegetables.
- Lack of PE and afterschool physical activity, leading to sedentary lifestyles
- Lack of awareness of healthy food purchasing and preparation
- Inadequate access to healthy foods in schools and programs that create awareness and interest in healthy foods
- In 2012, as part of the Communities Putting Prevention to Work (CPPW) grant, a report on *Expanding Supermarket Access in Areas of Need for Miami-Dade County* determined that 250,000 Miami-Dade residents (10%) live in low-income areas that have poor supermarket access and higher than average death rates from diet-related causes.
- In 2010, 67.4% of adults in Miami-Dade were reportedly overweight or obese; a rate that has increased from 61% in 2002
- Decreased funding

D. Emerging Opportunities

- Common Threads is a national nutrition education model that is now being offered to students in 3-4 Middle Schools in Miami-Dade County (replicating Chicago model)
- Continue work started by CPPW into other initiatives.
- Evidence-Based Approaches that could be replicated in Miami Dade County
- Others:

E. Nutrition and Physical Activity Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

MAPP Goal: *Mental Health and Mental Disorders*

All too often, mental disorders and substance abuse manifest as comorbid conditions. Promising targeted preventive interventions and resilience training to identify strengths that may promote health and healing can reduce the risk for mental disorders and substance abuse and the burden of suffering in vulnerable populations.

A. Existing Approaches/Strategies Underway in Miami-Dade County to address this MAPP Goal

- The Department of Children and Families Substance Abuse and Mental Health Program Office (SAMH) have the following initiatives that demonstrate the linkage between behavioral health and improved health outcomes:

- Federally Qualified Health Centers (FQHC): The DCF Southern Region promotes the integration of primary care services to the medically underserved that also have behavioral health care needs.

  The DCF SAMH Managing Entity, South Florida Behavioral Health Network (SFBHN), requires all of its Subcontractors to execute a Memorandum of Understanding (MOU) with a FQHC. All subcontractors of SFBHN have an executed MOU with a FQHC.

- Trauma Informed Care (TIC): Many individuals with behavioral health issues have experienced trauma that affects their development and adjustment and the research suggests this has an impact on primary health. SFBHN and the DCF Southern Region are committed to developing a system of care that incorporates comprehensive assessment tools that identify those affected by trauma and a system of care that meets their needs. It is the goal of the TIC Initiative to identify the effects of trauma on those seeking services and the provision of treatment options. As part of the TIC Initiative, SFBHN has: facilitated the regional Trauma Informed Care meetings to develop the process for identifying and responding to those affected by trauma, coordinated regional trainings regarding Trauma Informed Care, and developed and implemented TIC language for all subcontractors.

B. Measurable Results/Positive Impacts since 2008

C. Challenges Encountered/Enhancements Needed in 2013-2018

- Inadequate availability of programming for substance abuse and mental health treatment and prevention (long waiting list, inadequate care, short-term only)
- Substance abuse and mental health is a widely recognized community issue, but there is little to no support for residents who require services in these areas.

D. Emerging Opportunities

- The Alliance for Aging, Inc., is hosting a number of meetings in 2013 to bring Miami-Dade and Monroe community organizations together to discuss issues pertinent to the behavioral health needs of older adults. (Meeting #1 was January 18, 2013; Meeting #2 is scheduled for May 15, 2013.) Depression and other mood disorders in elders are under-recognized and under-treated, and are frequently co-morbid with physical illness (such as diabetes, cancer, and other chronic conditions). The Alliance is meeting with community organizations to share information regarding local resources to address the mental health needs of older adults, to discuss the need for education to recognize the signs of depression and other mental illnesses, and encourage collaboration among community providers to provide preventative intervention services. The next scheduled meeting will focus on evidence-based interventions to address the behavioral health needs of older adults, as well as possible partnerships to seek funding opportunities for the provision of mental health interventions.

MAPP Goal: *Socioeconomic Factors Impacting Health*

A. Existing Approaches/Strategies Underway in Miami-Dade County to address this MAPP Goal

- Catalyst Miami's Prosperity Campaign (comprehensive benefits application assistance and navigation)
- Campaign for Earned Sick Leave
- Catalyst's Healthcare Heroes life coaching in South Dade with Baptist Health
- Common Threads in school home economic training
- 5000 Role Models of Excellence
- Camillus House
- Chapman Partnership
- Dress for Success
- Habitat for Humanity
- People Acting for Community
- United Way of Miami-Dade
- WeCare of South Dade
- Women's Fund of Miami-Dade

B. Measurable Results/Positive Impacts since 2008

- _____

C. Challenges Encountered/Enhancements Needed in 2013-2018

- High copays and deductibles leading to underinsured
- Lack of awareness of prevention and lack of focus on motivational issues
- Lack of awareness of healthy food purchasing and preparation
- Insufficient focus on integrated care that encompasses social determinants of health (including housing, income, education) leading to unsustainable solutions

D. Emerging Opportunities

- Evidence-Based Approaches that could be replicated in Miami-Dade County
- Others:

E. Need to Improve Socioeconomic Factors Impacting Health Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

MAPP Goal: *Promoting Increased Coordination Between Agencies and Across Sectors*

A. Existing Approaches/Strategies Underway in Miami Dade County to address this MAPP Goal

- Alliance for Aging working with Baptist Health on Care Transitions program
- Catalyst Miami working with Baptist Health on Follow-Up Care Clinic and connecting residents to services
- Consortium for Healthier Miami-Dade promotes collaboration and leveraging of resources, implementation of evidenced based practices, and community-focused programs and services. The group comprises governmental agencies, hospitals, businesses, foundations, schools and other entries working together to promote healthier lifestyles.
- Health Connect in Our Schools (HCIOS) and Health Connect in Our Communities (HCIOC)
- Healthy Start Coalition is one of the strongest Healthy Start systems of care in the state. This partnership includes many private and public sector colleagues.
- Hospital Preparedness Consortium: Works with hospitals throughout the community in order to be prepared for manmade and natural disasters.
- United Way will use the results of this MAPP process to inform their health priorities goal area.
- The Miami-Dade Health Action Network (MD-HAN) is working to bring community players together toward a better coordinated health system.
- One-e-App
- Others:

B. Measurable Results/Positive Impacts since 2008

- The Alliance for Aging has partnered with nine area hospitals, six community-based agencies, and Walgreens Pharmacy to form the Greater Miami Coalition to Prevent Unnecessary Re-hospitalizations (GMCPUR). The GMCPUR has implemented a Community-based Care Transitions Program (CCTP) to provide eligible Medicare fee-for-service patients with a coaching intervention to assist with a successful transition from hospital to home and reduce hospital readmissions. Funding for this project is provided by the Center for Medicare and Medicaid Services (CMS).
- CCTP implements an adaptation of the Eric Coleman model (Care Transitions Intervention) which addresses re-admission drivers with components such as medication management, nutrition education, physician/specialist follow-up care, completion of a personal health

record, and education regarding "red flag" indicators or warning signs which indicate the patient should contact their doctor. In addition, GMCPUR'S transition intervention includes the additional components of meals for those in need, and linkage to home and community-based resources through the ADRC (Aging and Disability Resource Center).

- Thirty (30) Communities Putting Prevention to Work (CPPW) outcome objectives were implemented, with 77% of outcome objectives being met
- The Consortium for a Healthier Miami-Dade helped implement the CPPW project. As a result the following success were achieved:
    - Over 650 Child Care Centers and Child Care Family Programs were trained by the University of Miami in the areas of nutrition, physical activity and screen time standards established with CPPW resources; within these trainings, over 1,700 child care center and child care family programs employees were trained. An estimated 100,000 children will benefit from these trainings. Additionally, Consulting Registered Dietitians have reached out to 485 child care centers and child care family programs and as a result, there was a 70% participation in having their menus revised to include healthier food and drink items.
    - Miami-Dade County Public Schools (MDCPS) Food & Nutrition department has worked closely with celebrity chefs to design a menu for reimbursable vending machines. As of Thursday, April 28th, 2011, there have been 16 reimbursable vending machines installed in 16 Miami-Dade County Public High Schools with an average of two machines being installed per week and a goal of 23 machine installations by May 16th, 2011. The vending machines avail USDA approved meals to students as an option over lower nutritive items from competitive foods. Throughout the month of March and the first week of April, over 2,800 meals were served in the vending machines. An estimated 10,000 reimbursable meals will be provided to 99,636 high school students when all machines are installed.
    - Hospital Designation Miami-Dade, FL: Baby Friendly and Worksite Lactation Policy: 10 out of 14 birthing centers in Miami-Dade County have agreed to move forward and take steps towards Baby-Friendly Designations and the implementation of a Worksite Lactation Policy. Four of those hospitals have moved to the second pathway (out of four pathways) to Baby-Friendly Designation. An estimated 11,227 mothers will be impacted by the Baby Friendly Hospital Initiative. South Florida Hospital and Healthcare Association (SFHHA) passed a resolution supporting SFHHA's provision of services associated with the Miami-Dade County Health Department Communities Putting Prevention to Work initiative.
- The GMCPUR partnership plans to serve approximately 8,000 Medicare fee-for-service patients per year, and expects to provide successful post-discharge support to eligible patients, thereby reducing the re-admission rate. Early results indicate the program may reduce unnecessary re-admissions by as much as 46%.

C. Challenges Encountered/Enhancements Needed in 2013-2018

- Fragmentation and lack of coordination involving separate actions undertaken by government, schools, industry and the voluntary and philanthropic sectors
- Inadequate service to incarcerated individuals

- Lack of utilization of electronic medical records which would allow for better coordinated and non-duplicative care.
- Lack of technological integration – The FQHC's utilize a HL7 interface but the FLDOH clinics utilize HMS.

D. Emerging Opportunities

- Department of Children and Families (DCF) and University of Miami Childcare Taskforce work through the Consortium for a Healthy Miami-Dade
- Evidence-Based Approaches that could be replicated in Miami Dade County
- Miami-Dade Health Access Network (MD-HAN) initiatives including One-E-App and Electronic Medical Records
- Others:

E. Need to Increase Coordination Across Agencies and Sectors Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

MAPP Goal: *Reducing Heart Disease & Stroke in Miami-Dade County*

A. Existing Approaches/Strategies Underway in Miami-Dade County to address this MAPP Goal

- Community Health Action Team (CHAT): Provides blood pressure, BMI, body fat, carbon monoxide and diabetes risk screenings. Also provide educational class on cardiovascular health, nutrition and other health topics.
- Consortium for a Healthier Miami-Dade: Community initiative made up of several organizations working together on projects that promote policies, systems and environmental changes that will have an impact on chronic disease.
- Worksite Wellness Program: Program provides technical assistance to organizations wishing to implement a program. Staff also provides educational programs and screenings on chronic disease.

Florida Heart Research Institute (FHRI)

- Cardiovascular Risk Factor Screening started in 2001
- Living for Health (L4H) started in 2008 - is a cardiovascular community health program that targets underserved and uninsured adults throughout Miami-Dade County
- PUSHCPR® started in 2011 - PUSHCPR® is a public awareness campaign educating the public about bystander-continuous chest compression CPR.

American Heart Association

- American Heart Association (AHA) targeting three major prevention issue areas:
    1. Healthy Diet & Nutrition Education
    2. Physical Activity
    3. Blood Pressure awareness and self-management of chronic hypertension
- AHA Simple Cooking with Heart demonstrations and heart-healthy nutrition information taken directly into underserved neighborhoods through churches, health fairs, events, etc.;
- AHA new certification program for Walking Paths;
- AHA Fit Friendly Award recognition program for organizations that care about their employees' health;
- AHA "Get to Goal" Program to educate communities about blood pressure and to enroll participants in a unique software program called "Heart360" which provides BP tracking and heart-healthy tips;
- AHA "Together to End Stroke" to raise awareness about stroke, how to prevent it, and how to recognize it using a new mobile phone app (F.A.S.T.");

- AHA Text health-messaging campaign focusing on heart-health, nutrition, physical activity, and general wellness
- South Miami Heart Center Screenings, free programs on heart disease risk factors, recognizing heart attack symptoms, and relationship betw. obesity & heart disease

Other Local Agencies/Contributors

- One beat CPR

B. Measurable Results/Positive Impacts since 2008

- FHRI Cardiovascular Risk Factor screening on-site and off-site total participants 46,624
- L4H alone screened 9,453 individuals of which 5,571 were referred for medical follow-up. 2,787 were referred to an FQHC; of those 1,889 were new patients. HCN follow-up data showed 201 or 11% were matched to a medical home.
- PUSHCPR® - 7263 people have been trained and taken our pledge to act with PUSHCPR ®if they see someone collapsed who is not breathing

In Miami-Dade County, ***the stroke death rate has improved significantly in the last decade***:

- In 2009, the age-adjusted death rate due to stroke in Miami-Dade was 29.5 deaths per 100,000 people; down from the 2003 rate of 38.4 deaths per 100,000 and is better than the statewide average of 30.3 deaths per 100,000.
- In Miami-Dade County, Blacks continue to have a higher death rate than Whites and Hispanics during the same year at 40.6, 26.5, and 25.2 per 100,000 people, respectively. (Source: Miami Matters, 2010)

- Mortality rates from CVD & stroke have steadily declined over the last three years, dropping by 6.1%.
- There were more than 32,000 fewer age-adjusted deaths from CVD and stroke in 2009 than in 2007 (last years for which data is available).
- Rates of non-smoking and decreased blood sugar levels are improving.
- Improvements are being seen among children in body-weight (by BMI-for-age).
- Blood pressure levels are dropping.

C. Challenges Encountered/Enhancements Needed in 2013-2018

- Insufficient funding for services
- Getting people identified as at-risk to seek treatment
- Individuals, workplaces & communities not prioritizing health
- In Miami-Dade, there has been an increase in ***hypertensive heart disease death rate in the last decade*** *(Source:* Miami Matters, 2010*)*
    - In 2009, the age-adjusted death rate due to hypertensive heart disease in Miami-Dade was 13.4 deaths per 100,000; a rate that **increased** from 12.9 in 2003, and is worse than the statewide rate of 9.7 per 100,000.
    - Blacks have more than twice the hypertensive heart disease death rate as compared to Whites and Hispanics, at 23.3, 11.2 and 9.6 per 100,000.

More work needs to be done in order to reach the Impact Goal for 2020, including:

- Physical activity levels are worsening for both adults and children; in adults, BMI levels (obesity levels) are rising.
- Cholesterol levels are rising in both adults and children.
- Blood pressure is worsening for adults
- The disparity gaps still are wide between CVD/stroke rates among Blacks, Hispanics and Whites.

D. Emerging Opportunities

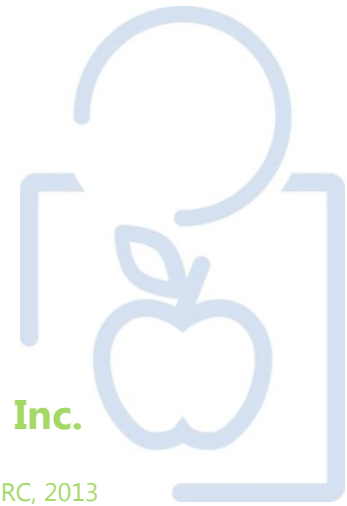
- Programs and services listed above under Section A are opportunities to reduce CVD and stroke rates in Miami-Dade County, particularly among underserved populations.
- Faith-based and health ministry partnerships are being fostered by AHA, as well as at worksites and educational institutions
- In the Miami-Ft Lauderdale AHA, there are renewed and aggressive efforts to promote heart-health messaging, recruit volunteers, develop a cadre of Ambassadors, raise funding for community interventions and research, and apply evidence-based approaches to community interventions (for example, the Get to Goal program).
- Many opportunities exist to collaborate and partner with the AHA -- not only to decrease CVD and stroke in our area, but to improve overall health, as well.
- One area of great opportunity is the advocacy component, with AHA serving as the "voice" for governmental and other groups with limited advocacy capacity.
- Another area is mobile-phone technology, which is emerging as:
    - a vehicle for heart-healthy messaging (for example, text HEALTH to 2722 to receive weekly health tips).
    - a delivery mechanism for applications, such as the F.A.S.T. Campaign to raise awareness about strokes.
- L4H is a community health model that produces statistically significant outcomes that is easily replicated
- Focus on outcomes measurements
- Economies of scale: aligning with health dept.'s Consortium for a Healthier Miami-Dade, community, non-profits to work towards one goal under proactive and enthusiastic leadership

E. Heart Disease & Stroke Prevention Strategies Embraced as a Priority for Miami-Dade County's MAPP 2013-2018

2013 PRC Miami-Dade County Community Health Needs Assessment Household Survey Report

With Introduction and Conclusion
by the Health Council of South Florida

Sponsored by
Florida Department of Health
in Miami-Dade County
Health Council of South Florida
Health Foundation of South Florida



Professional Research Consultants, Inc.
11326 "P" Street • Omaha, Nebraska 68137-2316
(800) 428-7455 • www.prconline.com • 2012-0766-02

Table Of Contents

INTRODUCTION

Introduction by the Health Council of South Florida

Miami-Dade County is the largest metropolitan area in the State of Florida, representing 13.5% of the State's population, and the eighth largest county in the nation. According to 2012 estimates, Miami-Dade is home to 2,527,709 residents. It is one of the few counties in the United States that is "minority-majority," in that a minority group comprises the majority of the population, with 66% Latino or Hispanic residents, 19% black, non-Hispanic, and 15% white, non-Hispanic. According to the 2010 U.S. Census Bureau's American Community Survey (ACS), 52% of its nearly 2.5 million residents are foreign-born, a percentage greater than any other American county. Of residents age five and older, 72% speak a language other than English at home; often Spanish or Creole. Unlike much of Florida, Miami-Dade County has a relatively young population with 86% of residents less than 65 and 22% under the age of 18.

Miami-Dade County has significant health and socioeconomic disparities to address. Less than a fifth of the population is considered middle class; the city of Miami has one of the highest poverty levels in the country, and yet Miami-Dade consistently ranks among the top ten counties in America in total millionaires. Data from the American Community Survey reveal levels of poverty among African Americans at 26% living below the federal poverty level (FPL), while 17% of Hispanics fall below FPL, and only 10% of white non-Hispanics. Median annual family income for Hispanics was $45,000; while it was $39,000 for African Americans and more than double for white non-Hispanics, at $84,000. Disparities in educational attainment are also apparent; 92% of non-Hispanic whites possess a high school diploma or better, while the same is true of only 73% of Hispanics, and 72% of African Americans.

Top 10 Leading Causes of Death: Miami-Dade County, 2011

1. Heart Diseases
2. Cancer
3. Stroke
4. Chronic Lower Respiratory Diseases (including Asthma)
5. Unintentional Injuries
6. Diabetes
7. Alzheimer's Disease
8. Kidney Disease
9. Influenza and Pneumonia
10. Septicemia

Prevention Quality Indicator (PQI) data gathered from hospitalization and emergency room admissions reveal disparities in health observed across Miami-Dade County. PQIs identify avoidable hospital admissions and indicate gaps in service, lack of access, lack of insurance, and poverty. Analysis of 2012 data from the Florida Agency for Healthcare

Administration demonstrate increased burdens for a number PQIs (e.g. diabetes, hypertension, congestive heart failure) in lower income neighborhoods. Specifically, residents in the neighborhoods of Overtown, Buena Vista, East Little Havana, Little Haiti and Liberty City fare less favorably. Many of these neighborhoods are historically black, while others are predominantly made up of recent immigrants.

In an effort to enhance community collaboration and strategic intervention, the Health Council of South Florida partnered with PRC, the Florida Department of Health in Miami-Dade County, and the Health Foundation of South Florida to bring you this household community health needs assessment survey by neighborhood cluster.

Research demonstrates that socioeconomic environment shapes resources, opportunities, and exposures (positive and negative) thereby influencing health outcomes either directly or indirectly. Socioeconomic status, referring to poverty, education-level and racial segregation, significantly influences health care use (i.e. prenatal care), and health outcomes (i.e. heart disease, chronic disease mortality, and birth weight). By characterizing the leading health issues affecting our County and considering psychosocial influences on health status by neighborhood cluster, we aim to create incentives for and measure progress toward improved health.

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2006, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Miami-Dade County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Health Council of South Florida by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

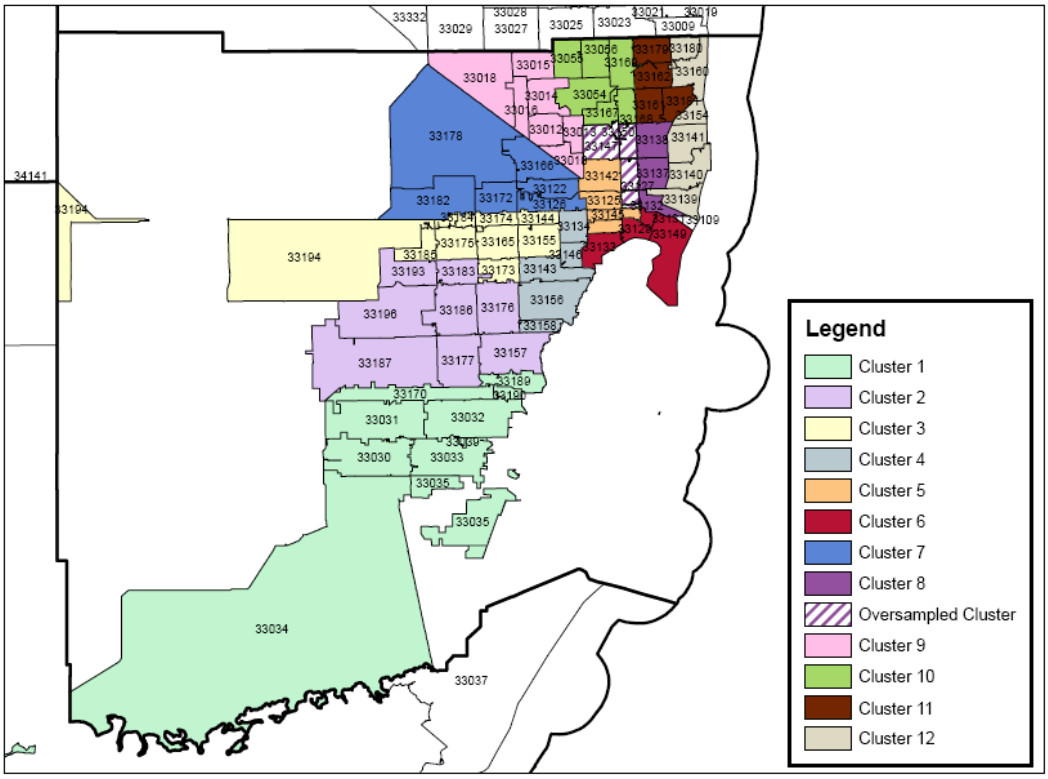
Community Defined for This Assessment: Neighborhood Clusters

In order to assess health status at the neighborhood level, the 2013 PRC Miami-Dade County Community Health Needs Assessment delineated 12 neighborhood clusters, plus one oversampled cluster, based on the following rationale:

- ZIP codes are linked according to the community identity for which they are a part, but at times cross boundaries based on (1) socioeconomic status or (2) population counts. Miami-Dade is a complex area, with a mixture of suburban cities, neighborhoods, and villages.
- All clusters are geographically contiguous.
- Of the "sickest" ZIP codes, based on hospitalizations for preventable conditions, the five contiguous ZIP codes of 33136 (Overtown), 33127 (Buena Vista), 33128 (Downtown/East Little Havana), 33147 (Liberty City) and 33150 (Little Haiti) were oversampled. These neighborhoods are also among the poorest in Miami-Dade County.

Polling by neighborhood cluster allows for differences in wellness to be highlighted and addressed in future community planning efforts.

The following map shows the location of each of the defined clusters.



Detail of the ZIP codes comprising each cluster are provided on the following page.

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

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey), which allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Health Council of South Florida and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Sample Approach & Design

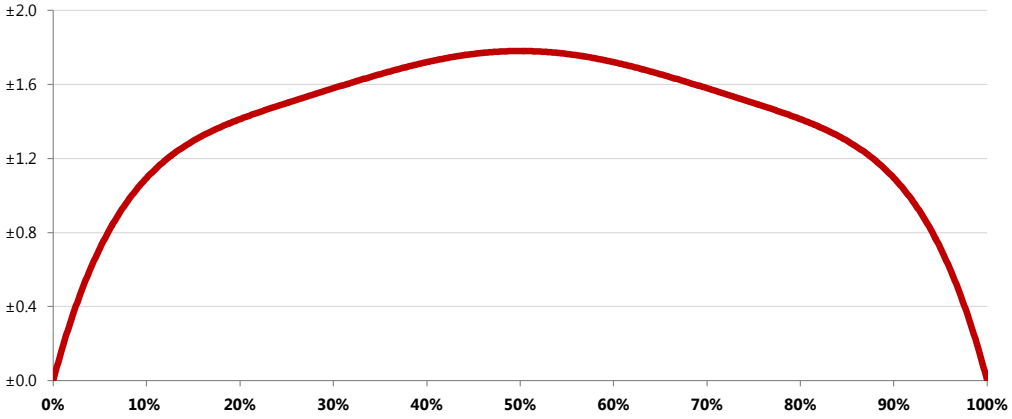
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 2,700 individuals age 18 and older in Miami-Dade County, including 200 interviews in each of the 12 clusters and 300 in the oversample. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Miami-Dade County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 2,700 respondents is ±1.8% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 2,700 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 2,700 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% (10% ± 1.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% (50% ± 1.8%) of the total population would respond "yes" if asked this question.

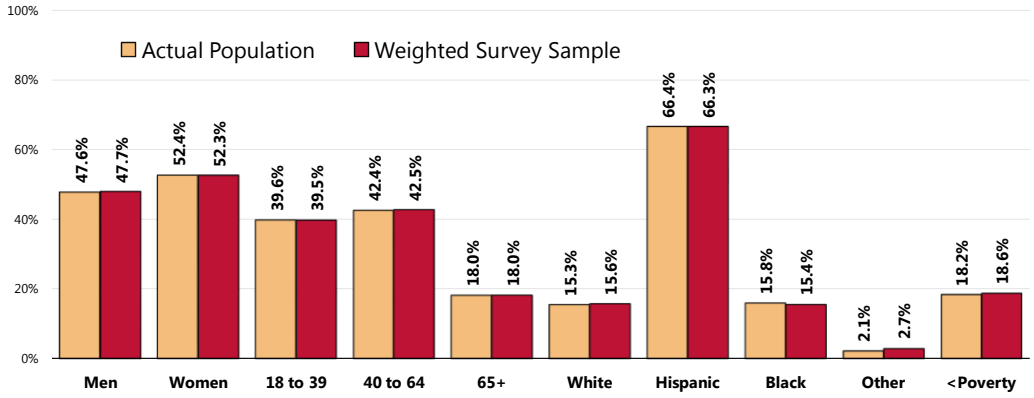
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Miami-Dade County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Miami-Dade County, 2013)



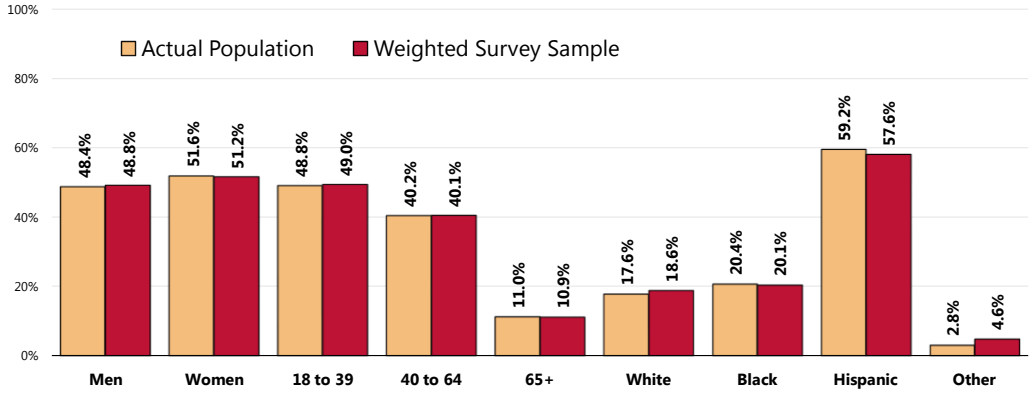
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

Charts below and on subsequent pages describe the population and sample characteristics for each of the sampled clusters. Note that poverty estimates are not available at this level.

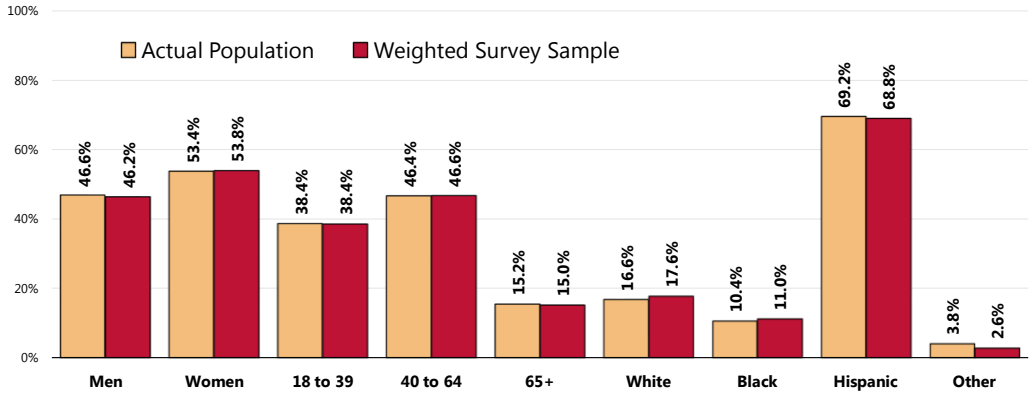
Population & Sample Characteristics

(Cluster 1, 2013)



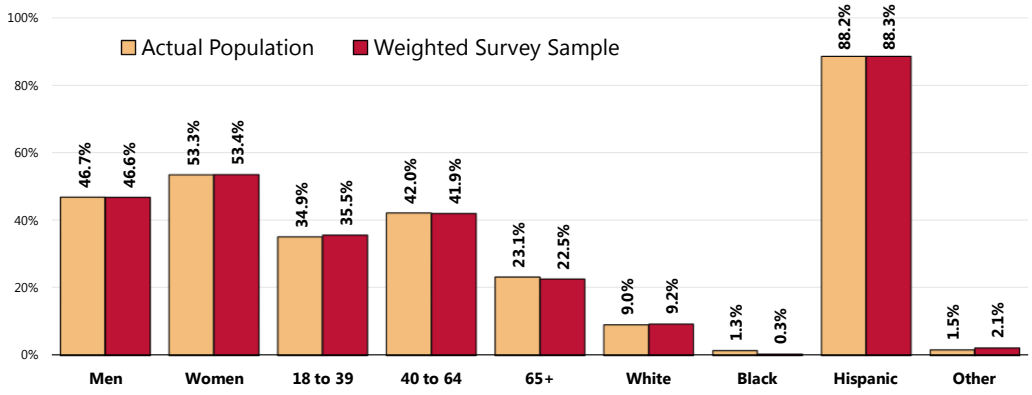
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 2, 2013)



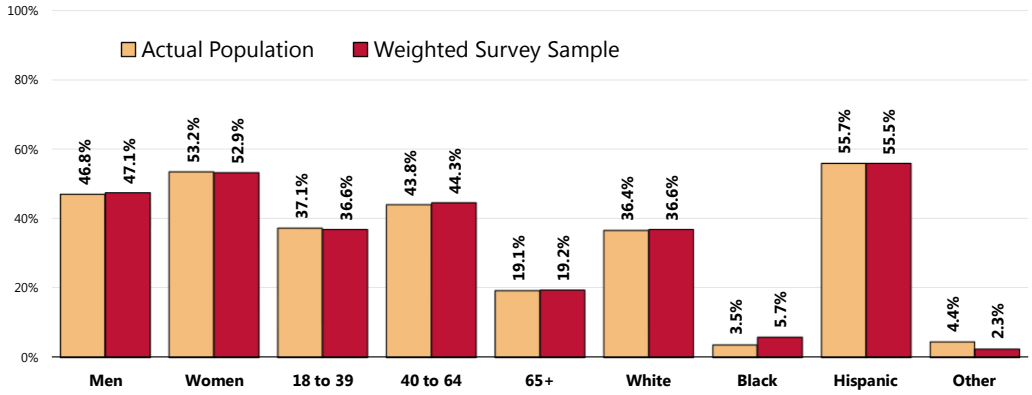
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 3, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

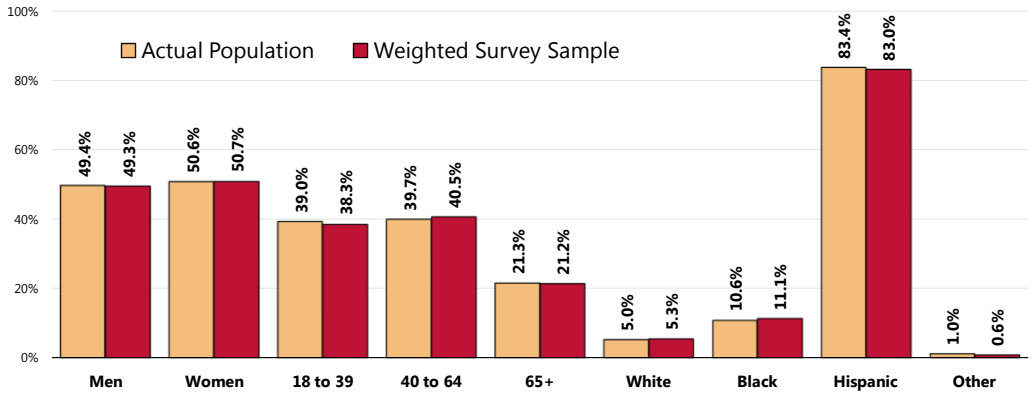
Population & Sample Characteristics
(Cluster 4, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics

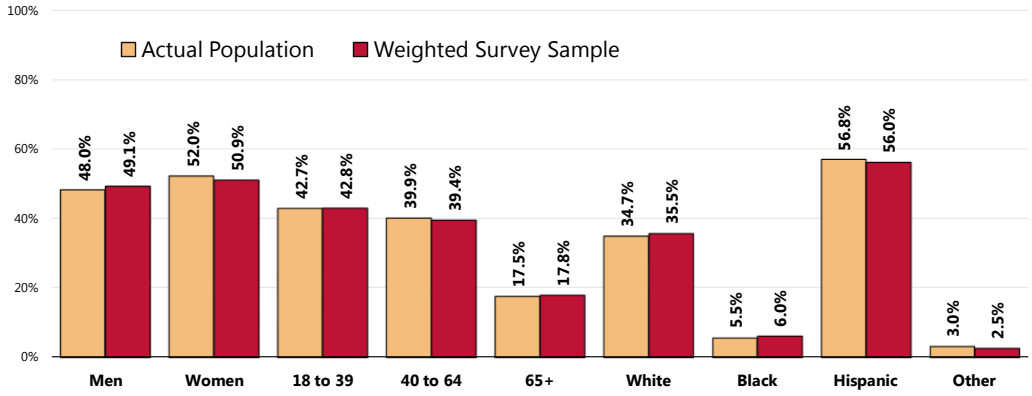
(Cluster 5, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics

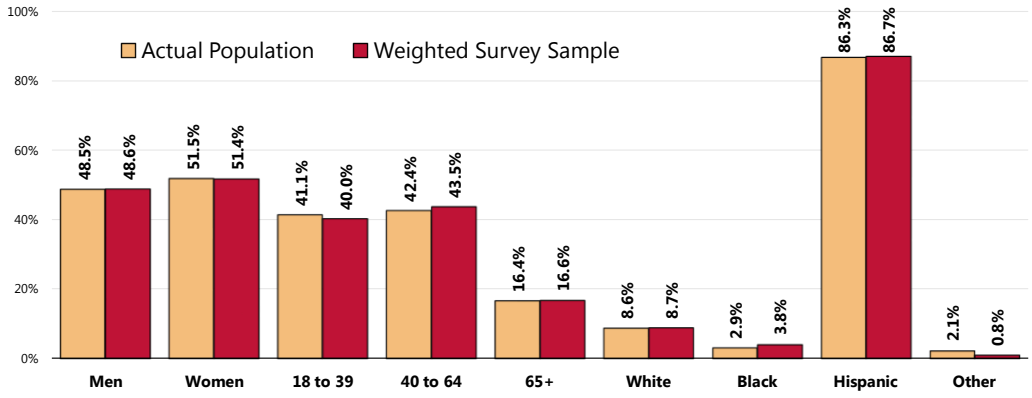
(Cluster 6, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

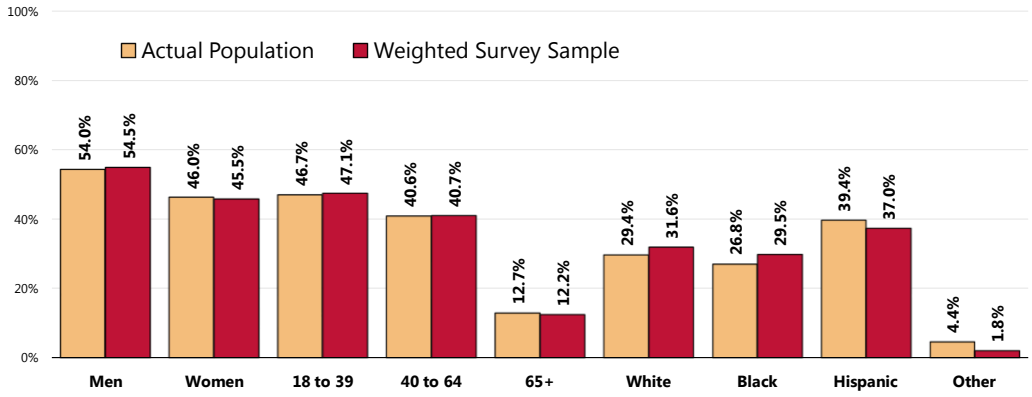
Population & Sample Characteristics

(Cluster 7, 2013)



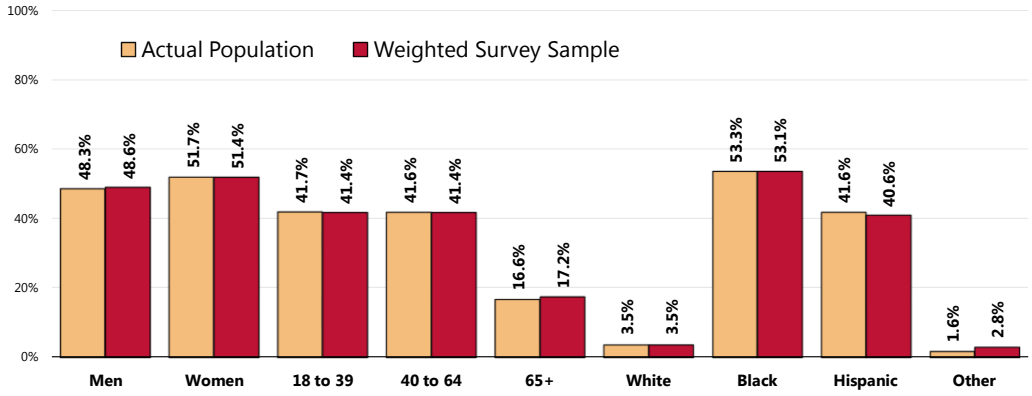
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 8, 2013)



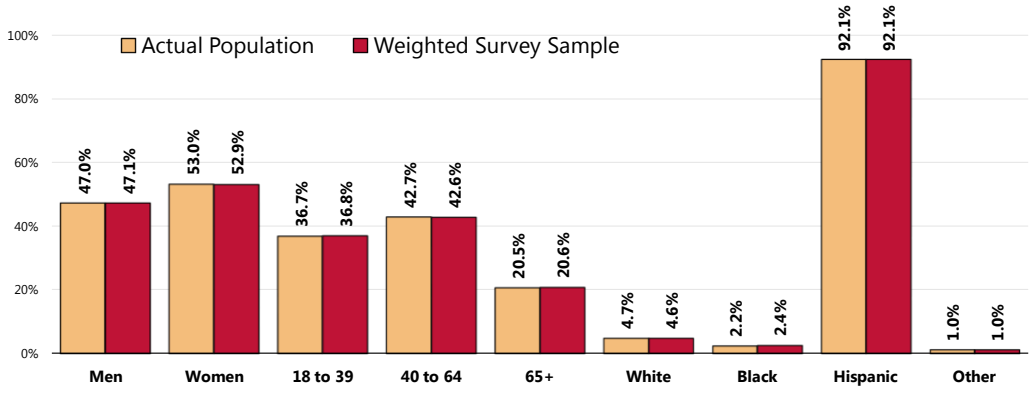
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Oversampled Cluster, 2013)



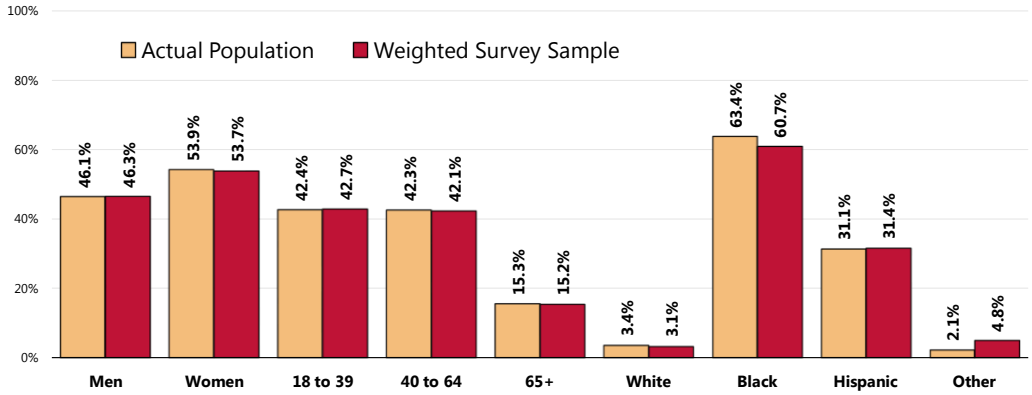
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 9, 2013)



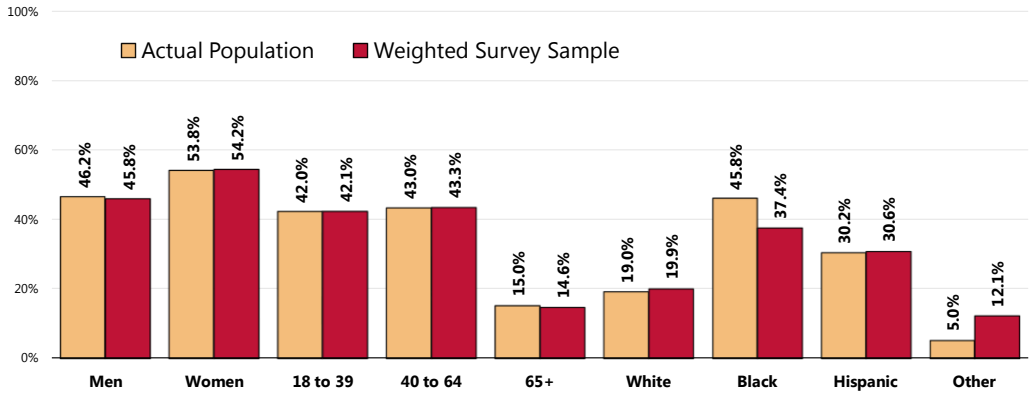
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 10, 2013)



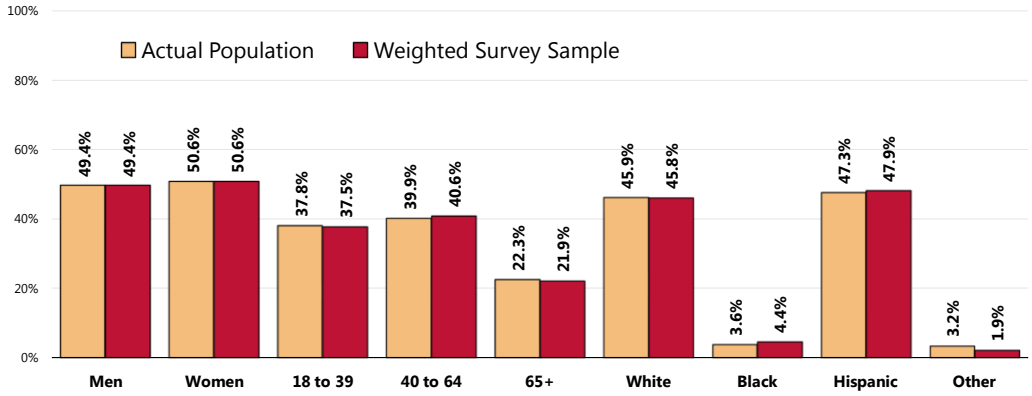
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 11, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Sample Characteristics
(Cluster 12, 2013)



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Benchmark Data

Trending

A similar survey was administered in Miami-Dade County in 2006 by PRC on behalf of Health Council of South Florida. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

Florida Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of

interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	

Access to Health Services	• Lack of Healthcare Coverage
	• Supplemental Coverage (Age 65+)
	• Insurance Instability
	• Difficulty Accessing Healthcare Services
	  ○ Office Hours
	  ○ Cost of Prescriptions
	  ○ Cost of Office Visits
	  ○ Difficulty Finding a Physician
	  ○ Lack of Transportation
	• Stretching/Skipping Prescriptions
	• Difficulty Obtaining Child's Healthcare
	• Specific Source of Ongoing Care
	• Use of the ER

Arthritis, Osteoporosis & Chronic Pain	• Chronic Neck Pain
Cancer	• Skin Cancer • Pap Smears (Women 21 to 65)
Educational & Community-Based Programs	• Attendance at Health Promotion Events
Heart Disease & Stroke	• Blood Pressure Screenings • Taking Action to Control High Blood Cholesterol
Injury & Violence Prevention	• Children's Use of Seat Belts • Children's Use of Bicycle Helmets • Violent Crime Victimization • Perceptions of Neighborhood Safety
Mental Health & Mental Disorders	• Symptoms of Chronic Depression • High Levels of Stress
Nutrition & Weight Status	• Fruit/Vegetable Consumption
Oral Health	• Dental Visits (Adults & Children) • Dental Insurance
Physical Activity	• Children's Computer Usage • Daily Physical Activity (Children)

— continued next page —

Areas of Opportunity (continued)	
Sexually Transmitted Diseases	• Multiple Sexual Partners • Condom Use
Substance Abuse	• Illicit Drug Use
Tobacco Use	• Use of Cigars
Vision	• Blindness/Trouble Seeing

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Miami-Dade County, including comparisons among the individual clusters, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

In the following charts, Miami-Dade County results are shown in the larger, blue column.

The green columns [to the left of the Miami-Dade County column] provide comparisons among the 13 areas, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Miami-Dade County column provide trending, as well as comparisons between the county and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Miami-Dade County compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	29.3	37.0	26.3	13.0	36.3	18.7	26.1	22.2	32.6	28.1	30.8	28.6	26.9	29.0	30.1	14.9	0.0	28.0
% [65+] With Medicare Supplement Insurance														42.2		75.5		
% [Insured] Insurance Covers Prescriptions	93.5	92.4	97.5	96.6	94.0	94.4	91.4	94.4	85.5	94.8	95.6	94.3	89.1	93.6		93.9		
% [Insured] Went Without Coverage in Past Year	9.9	9.3	4.5	4.3	11.9	8.2	6.0	13.3	14.2	12.4	14.5	13.5	9.2	9.7		4.8		13.1
% Difficulty Accessing Healthcare in Past Year (Composite)	47.7	51.7	52.8	37.4	44.7	41.6	40.8	44.7	48.4	47.2	43.5	51.7	41.6	46.9		37.3		36.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.8	18.9	25.1	11.4	18.2	16.4	17.2	16.6	16.9	11.5	15.4	21.5	18.4	17.7		14.3		
% Cost Prevented Getting Prescription in Past Year	27.8	26.7	23.4	16.4	28.7	18.4	20.1	20.5	23.7	28.2	31.4	23.2	14.4	24.4		15.0		20.2
% Cost Prevented Physician Visit in Past Year	25.0	28.6	21.4	15.6	22.5	16.3	18.0	16.6	26.2	28.6	22.6	24.7	20.4	23.5		14.0		17.4
% Difficulty Getting Appointment in Past Year	22.9	25.1	14.0	15.0	18.2	15.0	15.6	16.1	16.9	12.1	15.1	16.8	16.4	17.1		16.5		16.6
% Difficulty Finding Physician in Past Year	13.5	16.5	9.9	10.7	15.1	8.8	13.8	8.4	14.8	13.7	13.6	14.3	9.5	13.0		10.7		11.9
% Transportation Hindered Dr Visit in Past Year	12.3	10.2	9.9	4.0	11.0	4.5	9.1	5.2	14.7	12.9	11.3	9.3	6.2	10.0		7.7		9.4
% Skipped Prescription Doses to Save Costs	20.7	22.4	18.0	14.4	18.3	11.4	11.9	20.1	17.6	20.4	25.1	18.9	13.5	18.7		14.8		17.5

Access to Health Services (continued)	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% Difficulty Getting Child's Healthcare in Past Year	5.8	3.1	3.1	0.7	9.1	7.2	0.7	3.7	9.2	15.6	11.5	6.8	3.9	6.5		1.9		10.6
% [Age 18+] Have a Specific Source of Ongoing Care	60.4	68.9	68.9	67.7	54.0	67.4	65.3	70.2	59.8	54.0	62.8	64.6	71.8	63.8		76.3	95.0	69.1
% Have Had Routine Checkup in Past Year	68.1	70.7	73.0	73.1	70.8	67.9	66.7	70.6	78.5	73.9	72.6	74.3	69.9	71.7		67.3		72.3
% Child Has Had Checkup in Past Year	86.4	86.9	94.3	91.5	92.2	86.8	88.0	97.4	95.1	95.4	93.7	83.5	95.5	91.2		82.0		90.7
% Two or More ER Visits in Past Year	11.1	9.7	9.3	5.0	10.1	7.6	6.7	5.2	17.0	10.7	12.9	9.0	2.7	9.3		6.5		4.6
% Rate Local Healthcare "Fair/Poor"	25.1	23.2	19.0	17.5	26.4	17.3	22.9	16.4	19.5	21.5	25.7	23.7	19.8	22.0		15.3		

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Arthritis, Osteoporosis & Chronic Back Conditions	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	34.7	27.4	36.7	29.4	46.3	22.5	36.0	31.2	45.0	41.9	33.9	37.4	31.4	35.6		35.4		37.6
% [50+] Osteoporosis	16.2	16.8	13.8	13.8	15.3	12.1	18.3	6.2	10.8	17.8	9.0	10.7	11.0	14.3		11.4	5.3	12.4
% Sciatica/Chronic Back Pain	19.0	17.9	20.5	21.4	25.8	12.3	22.5	20.2	21.6	28.4	15.8	19.8	19.1	21.0		21.5		19.2
% Migraine/Severe Headaches	12.2	13.8	15.8	20.0	16.7	11.0	11.8	18.4	19.0	19.1	17.8	12.8	14.0	15.6		16.9		

Arthritis, Osteoporosis & Chronic Back Conditions (cont.)

Each Cluster vs. Others Combined

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Chronic Neck Pain	9.2	10.3	13.4	7.2	16.2	6.7	7.3	7.8	10.3	17.4	8.7	12.1	6.7

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade vs. Benchmarks

Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
11.3		8.3		

better similar worse

Cancer

Each Cluster vs. Others Combined

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Skin Cancer	3.9	6.2	5.7	8.8	3.3	8.2	4.5	5.6	2.5	4.0	2.2	3.3	5.5
% Cancer (Other Than Skin)	4.9	5.0	5.2	6.0	4.4	5.7	4.7	5.7	3.9	8.2	4.2	7.1	5.1
% [Women 50-74] Mammogram in Past 2 Years	78.8	83.1	82.0	84.0	80.2	84.3	84.8	73.2	83.3	84.4	78.9	80.4	71.2
% [Women 21-65] Pap Smear in Past 3 Years	89.7	84.7	87.5	92.3	78.9	89.8	84.3	90.5	87.5	84.9	84.1	87.1	88.0
% [Age 50+] Sigmoid/Colonoscopy Ever	71.8	76.5	72.9	77.0	68.0	73.6	68.8	78.8	72.1	65.2	77.1	79.1	74.1
% [Age 50+] Blood Stool Test in Past 2 Years	53.6	45.4	45.6	48.1	58.7	46.4	47.5	34.3	50.7	54.6	44.2	47.0	33.1
% [Age 50-75] Colorectal Cancer Screening	72.8	78.4	72.8	76.4	73.4	76.7	69.0	77.1	76.1	74.2	81.9	75.0	71.7

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade vs. Benchmarks

Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
4.8	9.0	8.1		2.9
5.5	7.4	5.5		6.1
81.3	80.4	79.9	81.1	85.7
86.2	80.4	84.7	93.0	92.5
72.6	68.2	72.0		57.3
47.6	21.1	28.3		
75.0			70.5	

better similar worse

Diabetes

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Diabetes/High Blood Sugar	8.6	8.3	9.8	8.2	15.4	4.9	9.4	8.5	14.5	14.2	15.3	13.0	5.6

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade	Miami-Dade vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
10.8	10.4	10.1		11.3

better similar worse

Educational & Community-Based Programs

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Attended Health Event in Past Year	15.4	23.2	12.2	23.3	18.4	20.4	19.7	14.1	22.4	16.5	21.5	15.2	18.2

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade	Miami-Dade vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
18.3		22.2		15.3

better similar worse

General Health Status

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% "Fair/Poor" Physical Health	16.8	17.7	12.3	8.9	33.9	10.3	17.3	16.8	30.8	30.7	20.4	19.2	10.6
% Activity Limitations	13.8	18.2	12.0	13.0	24.0	17.1	12.1	10.2	15.8	21.2	18.8	18.5	14.8

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade	Miami-Dade vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
19.7	20.6	16.8		20.0
16.8	26.8	17.0		

better similar worse

Hearing & Other Sensory or Communication Disorders	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	5.1	7.3	7.2	10.2	7.1	5.6	6.7	5.8	5.8	5.8	6.9	6.0	5.8	6.6		9.6		

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Heart Disease & Stroke	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.2	3.2	6.0	6.2	7.5	4.4	4.9	8.4	9.8	7.8	7.0	4.5	6.7	6.2		6.1		6.5
% Stroke	3.3	0.0	1.1	2.1	5.0	2.1	0.5	1.4	6.2	2.3	2.6	2.2	0.5	2.0	3.8	2.7		1.8
% Blood Pressure Checked in Past 2 Years	91.3	92.7	96.3	96.8	90.5	94.8	94.5	92.2	92.7	92.9	93.5	90.9	94.6	93.3		94.7	94.9	95.6
% Told Have High Blood Pressure (Ever)	31.1	24.5	30.3	29.0	43.4	23.7	34.5	26.8	42.3	42.4	35.0	24.8	27.7	32.6	34.2	34.3	26.9	32.7
% [HBP] Taking Action to Control High Blood Pressure														93.7		89.1		85.3
% Cholesterol Checked in Past 5 Years	93.0	91.4	93.3	97.7	92.1	96.3	97.4	95.3	91.7	91.4	94.1	92.6	96.8	93.5	79.0	90.7	82.1	92.4
% Told Have High Cholesterol (Ever)	29.4	30.9	33.5	34.8	32.2	31.4	35.5	38.2	30.5	35.9	23.9	28.6	34.3	32.2	41.9	31.4	13.5	32.1
% [HBC] Taking Action to Control High Blood Cholesterol	81.8	88.1	87.2	81.1	78.7	77.0	74.8	97.6	89.8	86.2	81.3	88.1	87.7	84.8		89.1		84.6
% 1+ Cardiovascular Risk Factor	87.3	75.0	81.4	74.2	88.1	69.5	82.6	78.4	87.8	86.5	87.6	83.8	79.2	82.2		86.3		83.8

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

HIV

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Age 18-44] HIV Test in the Past Year	34.4	35.8	31.1	26.8	41.4	32.1	26.7	20.9	36.9	34.4	47.2	46.6	28.9

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade	Miami-Dade vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
35.0		19.9	16.9	35.7

better similar worse

Injury & Violence Prevention

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% "Always" Wear Seat Belt	87.4	87.1	88.7	91.4	83.0	90.4	93.2	81.8	74.1	82.1	71.6	85.4	90.5
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	90.1	81.9	97.7	100.0	98.8	83.6	93.0	72.8	77.7	92.5	92.3	83.9	90.7
% Child [Age 5-17] "Always" Wears Bicycle Helmet	51.4	35.8	45.5	56.0	49.9	69.1	29.0	30.9	30.7	65.7	37.8	50.2	58.6
% Child [Age 5-17] Child Has Been Bullied on School Property	11.5	6.7	1.7	9.9	9.8	10.1	6.7	26.3	9.9	4.3	11.7	6.9	10.1
% Child [Age 5-17] Child Has Been Cyber-Bullied	1.6	8.0	0.0	1.1	0.0	2.4	2.4	0.0	0.0	0.0	0.0	0.0	0.0
% Neighborhood Safety/Security is "Fair/Poor"	18.2	11.1	11.4	6.9	32.2	7.4	7.3	27.3	42.1	21.1	23.2	31.9	4.6
% Victim of Violent Crime in Past 5 Years	4.9	5.4	4.3	1.4	3.8	3.4	0.3	4.1	5.2	2.2	7.1	6.8	3.9
% Ever Threatened With Violence by Intimate Partner	11.4	8.3	5.8	3.4	11.3	5.7	4.8	12.8	14.7	8.1	11.8	15.5	12.6
% Victim of Domestic Violence (Ever)	10.1	9.6	5.3	4.2	11.4	5.3	6.4	15.5	16.6	10.2	8.8	15.5	9.7

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade	Miami-Dade vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
85.3	93.3	85.3	92.4	84.9
90.2		96.6		93.4
47.2		44.1		59.8
7.8				
1.7				
17.7				
4.1		1.6		4.6
9.3		11.7		
9.5		13.5		

better similar worse

Mental Health & Mental Disorders	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	10.6	14.1	8.9	6.9	18.1	5.7	8.8	12.6	17.2	17.9	14.3	9.6	9.3	12.6		11.7		12.8
% Major Depression	7.3	8.0	8.9	6.9	15.7	7.3	9.3	6.3	10.3	16.9	6.6	8.8	6.1	9.8		11.7		10.4
% Symptoms of Chronic Depression (2+ Years)	31.5	27.9	30.4	20.3	35.3	21.4	25.7	35.3	35.4	42.1	34.2	32.4	29.3	31.7		26.5		35.5
% [Those With Major Depression] Seeking Help														74.3		82.0	75.1	67.8
% Typical Day Is "Extremely/Very" Stressful	11.3	27.5	18.9	14.5	12.0	11.1	16.0	14.8	11.9	11.4	9.8	8.6	17.0	14.0		11.5		18.2
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	15.0	5.3	2.8	1.8	5.5	7.2	0.0	9.3	2.8	4.3	1.5	6.7	7.7	5.3		10.2		
% [Age 5-17] Child Had 2+ Weeks Feeling Sad/Hopeless in Past Yr	7.2	1.9	0.0	0.9	6.4	0.0	0.0	5.3	1.7	4.3	1.7	0.0	4.6	2.8		6.0		
% [Age 5-17] Child Has Depression	7.6	1.8	0.0	1.8	1.8	1.6	1.7	1.3	0.0	0.0	1.4	0.8	4.5	1.9		4.6		
% [Age 5-17] Child Worries a Lot	17.5	27.3	18.1	21.2	14.0	6.4	3.5	14.0	3.9	24.1	5.1	7.5	14.0	16.7		25.4		
% [Age 5-17] Child Has Sleep Issues	13.7	9.9	7.0	11.6	11.0	5.1	14.5	2.6	2.5	7.8	3.1	4.8	7.8	8.6		13.5		
% [Age 5-17] Child Needed Mental Health Svcs in the Past Year	11.9	3.4	10.1	7.7	1.8	2.9	0.0	6.9	4.2	4.8	7.5	2.7	17.8	6.4		13.1		
% [Age 5-17] Child Took Prescription for Mental Health	3.4	5.1	2.6	7.2	6.4	1.6	4.8	3.8	1.9	5.9	1.4	1.9	3.3	4.2		8.0		

Mental Health & Mental Disorders (continued)	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% Child [Age 5-17] Takes Prescription for ADD/ADHD	0.9	6.4	0.0	6.5	4.5	3.5	4.3	9.4	0.0	5.0	1.4	5.1	2.2	3.7		6.5		

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Nutrition & Weight Status	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	41.6	38.5	36.1	51.9	33.7	50.7	34.1	38.2	32.1	32.1	38.3	38.5	44.0	38.0		48.8		36.8
% Medical Advice on Nutrition in Past Year	40.7	37.2	39.7	39.8	43.5	40.7	43.4	39.4	50.1	46.9	47.3	46.1	33.8	42.0		41.9		40.5
% [Age 2-17] Family Shared 7+ Meals in the Past Week	71.3	60.7	72.6	73.9	62.9	59.6	79.5	74.0	52.1	74.6	70.3	60.2	73.1	68.7				
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	24.6	14.5	9.3	12.8	8.4	10.4	15.7	15.6	25.1	12.0	17.5	25.6	6.0	14.6		21.5		23.7
% [Age 0-17] Child Was Ever Breastfed	70.3	83.7	92.4	82.8	71.2	81.3	72.3	79.8	64.0	73.3	74.0	85.4	81.3	78.3		69.8	81.9	74.3
% Healthy Weight (BMI 18.5-24.9)	27.7	39.2	38.8	50.3	25.1	48.8	36.0	32.5	34.8	32.7	28.8	33.1	47.5	36.1		31.7	33.9	35.6
% Overweight	70.5	60.6	59.7	48.5	72.6	48.3	63.8	65.2	65.1	64.4	69.8	66.2	50.4	62.4	63.3	66.9		63.7
% Obese	30.6	20.0	19.2	15.1	34.0	21.1	31.2	17.6	33.9	28.0	31.1	29.0	12.6	24.8	26.6	28.5	30.6	23.6
% Medical Advice on Weight in Past Year	26.2	22.7	26.6	32.2	35.3	27.4	30.3	26.5	33.4	34.4	30.6	35.5	26.7	29.5		25.7		31.3

Nutrition & Weight Status (continued)

Each Cluster vs. Others Combined

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Overweights] Counseled About Weight in Past Year	30.9	30.1	31.4	54.4	41.9	41.8	40.1	39.1	43.7	43.9	38.7	48.6	39.9
% [Obese Adults] Counseled About Weight in Past Year													
% [Overweights] Trying to Lose Weight Both Diet/Exercise	40.8	43.3	26.7	47.4	36.2	48.3	42.1	51.9	31.8	29.0	37.6	45.1	53.5
% Children [Age 5-17] Overweight	42.0	23.4	54.2	20.1	46.4	42.1	46.4	31.2	37.6	35.5	31.1	42.8	17.7
% Children [Age 5-17] Obese	35.1	12.6	26.1	12.6	33.5	28.3	25.0	26.1	24.9	14.8	15.1	19.5	11.8

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade vs. Benchmarks

Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
38.8		30.9		
56.1		47.4	31.8	
38.5		38.6		
35.5		30.7		
20.3		18.0	14.6	

better similar worse

Oral Health

Each Cluster vs. Others Combined

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Age 18+] Dental Visit in Past Year	60.6	62.8	64.5	76.6	39.3	74.4	67.0	65.1	50.0	63.6	48.0	57.8	66.5
% Child [Age 2-17] Dental Visit in Past Year	72.8	78.1	76.4	85.7	70.7	82.6	72.6	86.1	76.4	84.8	74.7	72.2	71.0
% Have Dental Insurance	62.2	54.3	56.4	68.9	42.8	58.9	61.1	58.8	52.3	58.2	56.1	57.9	47.7

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Miami-Dade vs. Benchmarks

Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
60.9	66.4	66.9	49.0	65.5
77.1		85.9	49.0	70.8
56.0		60.8		

better similar worse

Physical Activity	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% [Employed] Job Entails Mostly Sitting/Standing	53.2	68.5	64.7	71.5	60.7	81.5	73.0	82.6	49.5	64.7	51.1	57.0	65.1	64.0		63.2		
% No Leisure-Time Physical Activity	29.4	26.2	34.1	12.5	36.0	18.3	27.5	24.5	32.7	41.0	27.3	30.3	24.6	29.9	26.9	28.7	32.6	33.9
% Meeting Physical Activity Guidelines	42.9	45.3	40.5	55.1	38.0	57.1	42.1	52.2	39.6	34.2	45.1	45.6	50.5	43.3		42.7		39.6
% Moderate Physical Activity	30.6	22.9	19.9	30.4	18.8	34.6	21.7	25.5	24.9	17.4	26.0	23.4	33.0	23.8		23.9		25.4
% Vigorous Physical Activity	31.7	35.9	31.1	46.2	27.7	44.5	32.1	44.6	27.5	27.0	37.0	36.9	39.2	33.8		34.8		28.0
% Medical Advice on Physical Activity in Past Year	41.8	42.8	47.0	51.3	45.1	50.2	50.3	45.1	51.3	48.2	46.5	44.4	47.9	46.6		47.8		46.5
% [Age 5-17] Child Was Physically Active One Hour/Day in Past Week	42.6	21.8	35.4	29.7	31.2	28.5	38.4	12.5	46.3	39.3	45.5	20.1	47.8	34.8		50.2		
% Child [Age 5-17] Watches TV 3+ Hours per Day	21.2	21.3	17.9	3.5	16.6	12.0	11.9	3.0	22.5	34.5	22.1	26.3	7.0	19.6		39.3		
% Child [Age 5-17] Uses Computer 3+ Hours per Day	18.6	23.5	7.3	7.5	7.8	10.9	17.6	18.7	17.1	17.9	10.7	36.6	8.4	15.8		15.0		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	45.8	63.0	56.6	38.2	44.6	31.4	43.2	57.7	54.1	50.1	50.3	58.7	38.8	50.6		54.7		

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Respiratory Diseases

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Nasal/Hay Fever Allergies	18.1	13.5	11.2	16.9	13.5	16.1	20.6	16.2	19.9	17.6	16.6	22.8	16.6
% Sinusitis	14.7	11.8	11.5	13.2	9.1	12.7	12.6	12.1	10.4	9.5	10.6	7.8	13.5
% Chronic Lung Disease	8.6	5.5	5.7	2.1	6.4	4.1	9.0	7.8	10.4	7.1	5.6	5.5	6.3
% [Adult] Currently Has Asthma	10.4	4.8	5.9	2.8	6.6	3.0	2.4	4.6	9.4	6.0	5.5	7.2	3.3

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	Miami-Dade	Miami-Dade vs. Benchmarks			
	Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
% Nasal/Hay Fever Allergies	16.3		27.3		
% Sinusitis	11.3		19.4		
% Chronic Lung Disease	6.4		8.4		6.6
% [Adult] Currently Has Asthma	5.7	7.6	7.5		8.4

better similar worse

Sexually Transmitted Diseases

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	6.0	12.1	12.1	26.3	7.3	15.8	5.2	13.9	6.4	22.5	21.2	2.9	16.0
% [Unmarried 18-64] Using Condoms	39.4	41.2	44.1	38.9	49.2	37.8	34.6	37.0	60.9	54.7	51.1	45.3	45.2

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	Miami-Dade	Miami-Dade vs. Benchmarks			
	Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	12.9		7.1		9.6
% [Unmarried 18-64] Using Condoms	46.1		18.9		55.1

better similar worse

Substance Abuse

	Each Cluster vs. Others Combined												
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12
% Current Drinker	52.9	59.1	61.0	76.0	38.7	73.6	62.9	58.4	41.7	44.2	45.7	46.5	67.0
% Chronic Drinker (Average 2+ Drinks/Day)	3.5	1.7	2.4	8.1	2.4	8.4	2.0	6.7	4.4	3.8	1.9	0.2	4.5

	Miami-Dade	Miami-Dade vs. Benchmarks			
	Miami-Dade	vs. FL	vs. US	vs. HP2020	TREND
% Current Drinker	54.8	56.9	58.8		51.2
% Chronic Drinker (Average 2+ Drinks/Day)	3.2	7.6	5.6		2.1

Substance Abuse (continued)

Each Cluster vs. Others Combined

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12	Miami-Dade	Miami-Dade vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	18.3	18.7	19.1	25.9	12.9	26.9	20.5	19.8	17.2	15.5	13.2	15.1	25.7	18.4	17.1	16.7	24.3	8.3
% Drinking & Driving in Past Month	1.4	6.6	1.5	4.3	2.9	4.2	2.6	3.4	3.2	2.9	1.3	2.1	2.6	3.1		3.5		2.8
% Driving Drunk or Riding with Drunk Driver	4.2	9.9	5.2	8.6	5.6	7.3	4.7	6.2	8.7	4.0	7.0	6.4	8.8	6.6		5.5		
% Illicit Drug Use in Past Month	1.5	3.3	5.4	3.6	2.1	5.5	1.5	3.9	5.5	1.6	2.0	3.4	7.2	3.4		1.7	7.1	4.1
% Ever Sought Help for Alcohol or Drug Problem	3.2	1.9	2.7	0.8	0.3	4.1	0.6	6.4	6.3	3.1	4.4	1.4	2.5	2.6		3.9		1.8

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Tobacco Use

Each Cluster vs. Others Combined

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12	Miami-Dade	Miami-Dade vs. Benchmarks: vs. FL	vs. US	vs. HP2020	TREND
% Current Smoker	11.8	7.7	13.9	4.9	9.5	7.2	8.3	9.0	12.2	13.6	9.3	7.6	10.4	10.1	19.3	16.6	12.0	11.8
% Someone Smokes at Home	9.5	8.8	11.5	6.1	12.5	8.1	8.4	3.9	14.7	21.3	10.8	6.6	10.3	11.4		13.6		16.4
% [Non-Smokers] Someone Smokes in the Home	3.1	5.4	5.6	5.1	9.1	4.6	5.9	2.6	8.1	13.7	7.2	2.8	6.4	6.8		5.7		
% [Household With Children] Someone Smokes in the Home	5.8	7.4	8.5	5.4	8.4	6.2	8.3	4.4	15.4	18.4	7.2	4.1	16.6	9.7		12.1		14.7
% [Smokers] Received Advice to Quit Smoking														64.0		63.7		

Tobacco Use (continued)	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% [Smokers] Have Quit Smoking 1+ Days in Past Year														57.7		56.2	80.0	
% Smoke Cigars	7.9	6.2	6.1	3.6	7.0	5.3	8.3	6.5	6.0	6.9	7.5	5.4	6.3	6.5		4.2	0.2	
% Use Smokeless Tobacco	2.3	2.4	3.0	0.3	2.4	1.1	1.5	0.8	0.7	1.6	3.8	2.1	0.9	2.0		2.8	0.3	

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Vision	Each Cluster vs. Others Combined													Miami-Dade	Miami-Dade vs. Benchmarks			
	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Over-sample	Cluster 9	Cluster 10	Cluster 11	Cluster 12		vs. FL	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	7.1	15.2	16.5	10.8	18.0	10.1	9.9	12.1	14.9	19.2	16.3	13.7	7.3	14.1		6.9		

Note: In the green section, each cluster is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

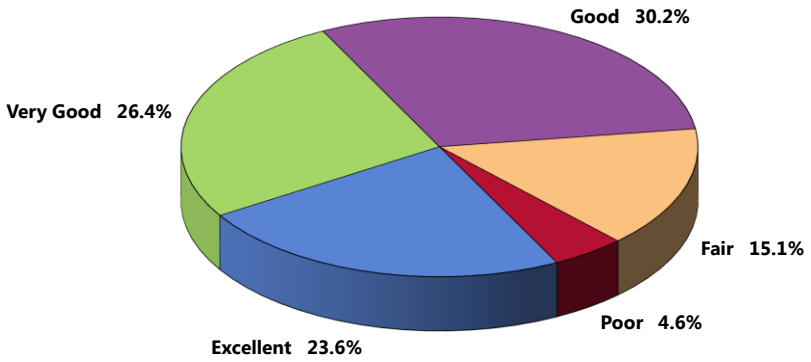
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

One-half (50.0%) of Miami-Dade County adults rate their overall health as "excellent" or "very good."

- Another 30.2% gave "good" ratings of their overall health.

Self-Reported Health Status
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

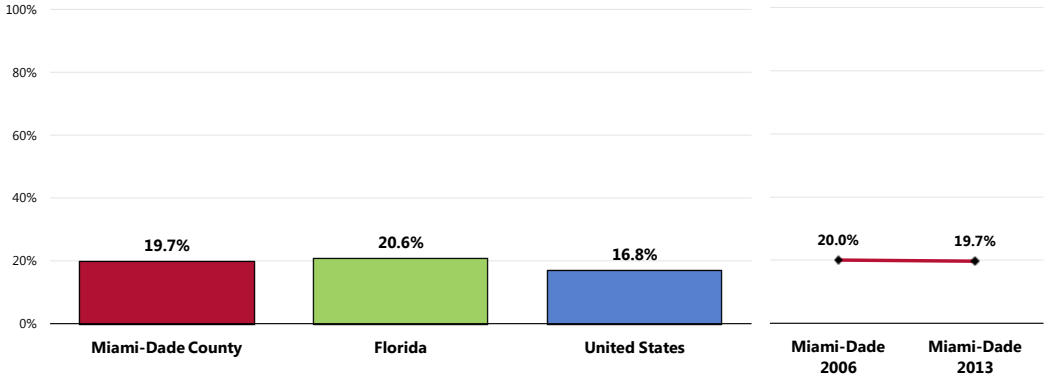
However, 19.7% of Miami-Dade County adults believe that their overall health is "fair" or "poor."

- Comparable to statewide findings.
- Worse than the national percentage.
- No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous (2006) survey results.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-level data are provided.

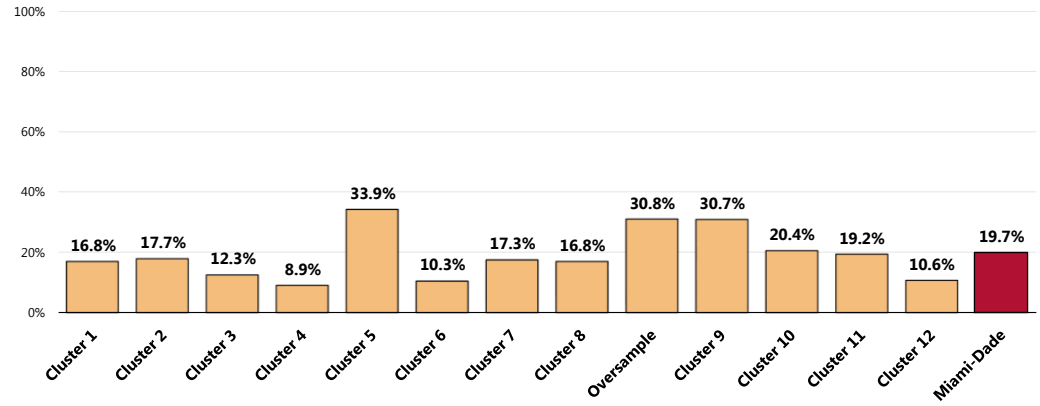
Experience "Fair" or "Poor" Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Viewed by Cluster, the prevalence is statistically low in Clusters 3, 4, 6, and 12; on the other hand, the prevalence is statistically high in Clusters 5 and 9 as well as in the Oversample.

Experience "Fair" or "Poor" Overall Health



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

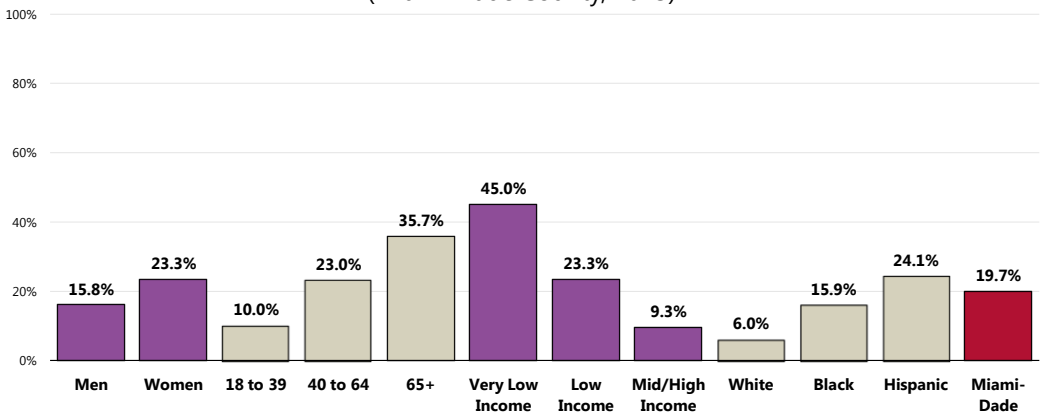
Adults who are statistically more likely to report experiencing "fair" or "poor" overall health include:

- Women.
- Those age 40 and older (note the positive correlation with age).
- Residents living at lower incomes (note the negative correlation with income).
- Blacks and Hispanics.

Experience "Fair" or "Poor" Overall Health

(Miami-Dade County, 2013)

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

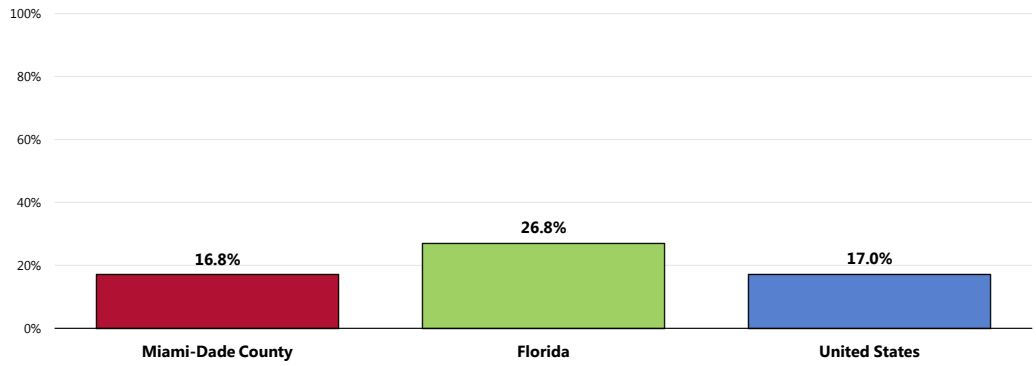
– Healthy People 2020 (www.healthypeople.gov)

A total of 16.8% of Miami-Dade County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- Similar to the national prevalence.
- *[The item was not addressed in the 2006 survey.]*

RELATED ISSUE: See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

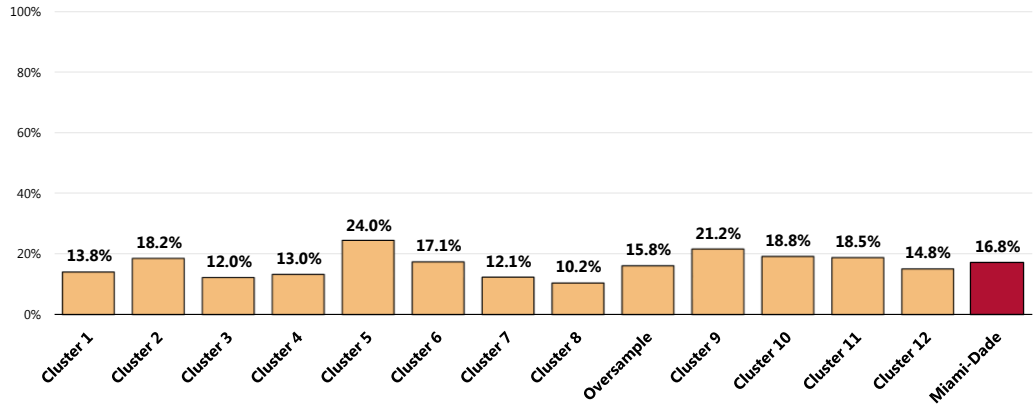


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Favorably low in Clusters 3, 7, and 8; unfavorably high in Cluster 5.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

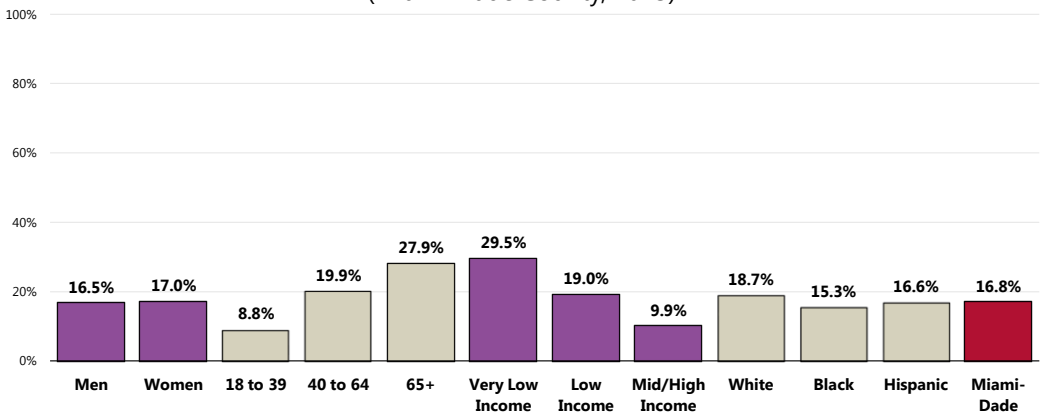
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- In contrast, note the negative correlation between income and activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Miami-Dade County, 2013)



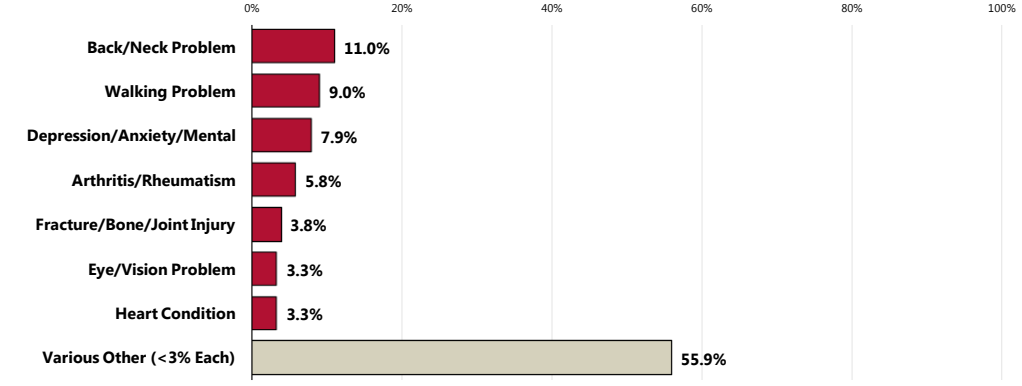
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, difficulty walking, arthritis/ rheumatism, or fractures or bone/joint injuries.

Note also that many of these respondents mentioned some type of mental illness as limiting their activities.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Miami-Dade County, 2013)



Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

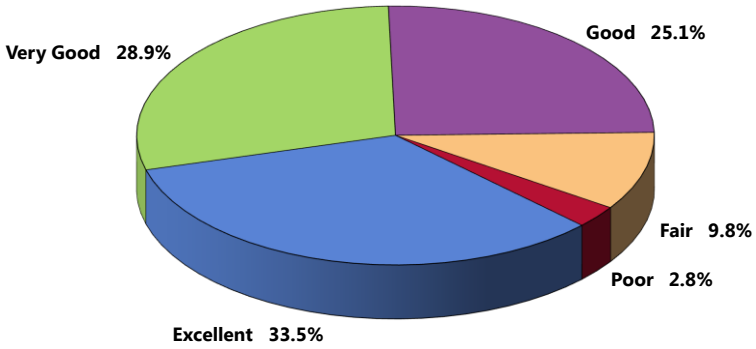
Adults' Mental Health Status

A total of 62.4% of Miami-Dade County adults rate their overall mental health as "excellent" or "very good."

Another 25.1% gave "good" ratings of their own mental health status.

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Self-Reported Mental Health Status
(Miami-Dade County, 2013)

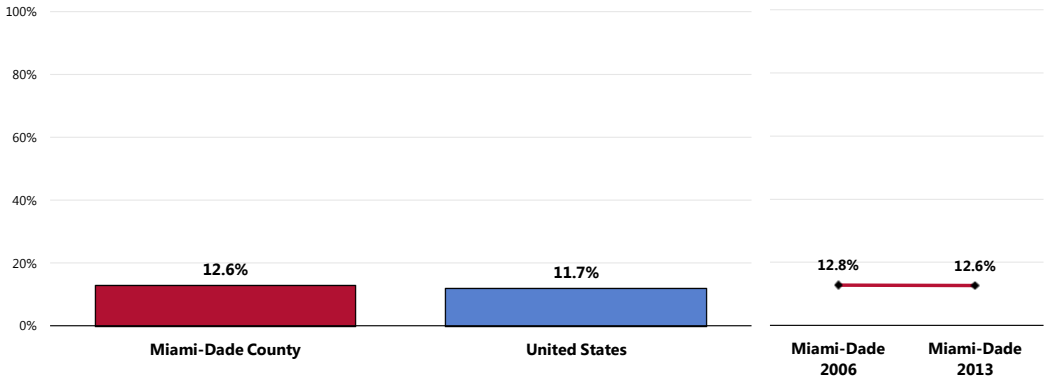


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

A total of 12.6% of Miami-Dade County adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Unchanged over time.

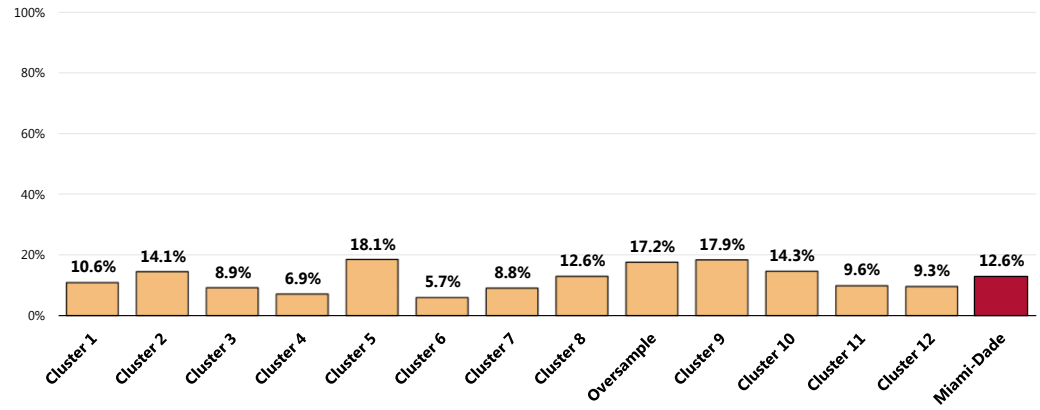
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Lowest in Clusters 4 and 6, higher in Clusters 5, 9, and the Oversample.

Experience "Fair" or "Poor" Mental Health

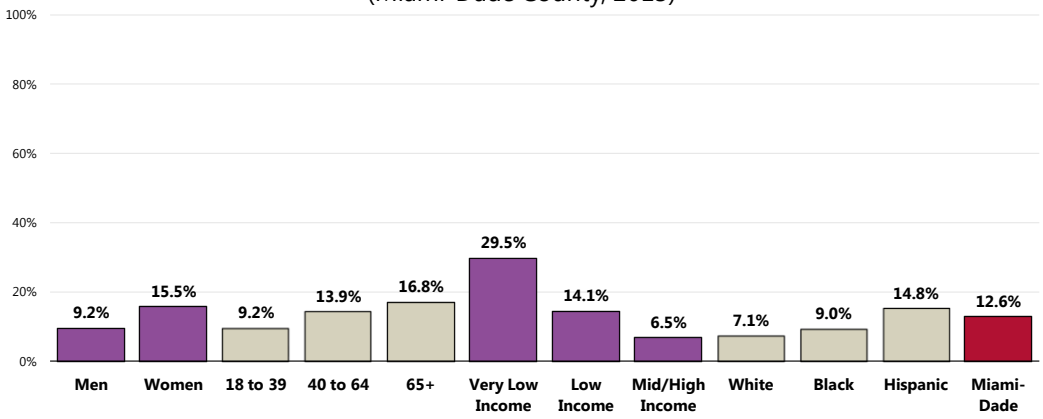


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

- Low ratings of mental health were higher among women, adults aged 40 and older, residents living in poverty, and Hispanics.

Experience "Fair" or "Poor" Mental Health

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

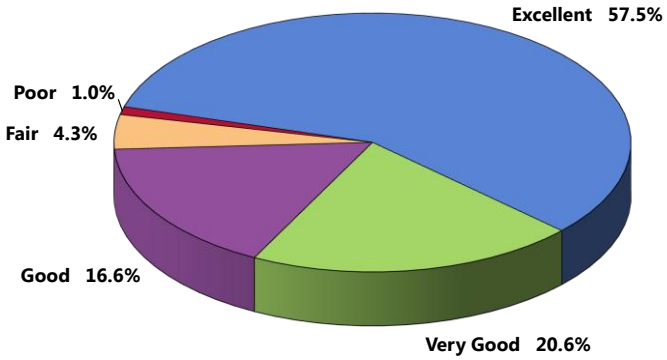
"Now thinking about this child's mental health, which includes stress, depression, and problems with emotions, would you say that this child's mental health is: excellent, very good, good, fair or poor?"

Most Miami-Dade County parents rate their (age 5-17) child's mental health — which includes stress, depression, and problems with emotions — as "excellent" (57.5%) or "very good" (20.6%).

Another 16.6% gave "good" ratings of their child's overall health.

Child's Mental Health Status

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



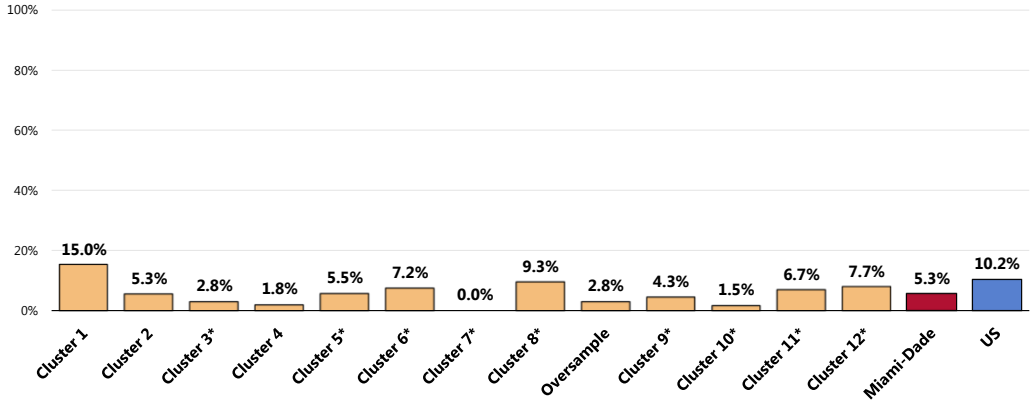
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 5.3% of Miami-Dade County parents believe that their (age 5-17) child's mental health is "fair" or "poor."

- More favorable than national findings.
- Unfavorably high in Cluster 1.
- *Many Cluster samples of respondents with a randomly-selected child aged 5-17 are quite small (<50) and this must be taken into consideration when making comparisons.*

Child Experiences "Fair" or "Poor" Mental Health

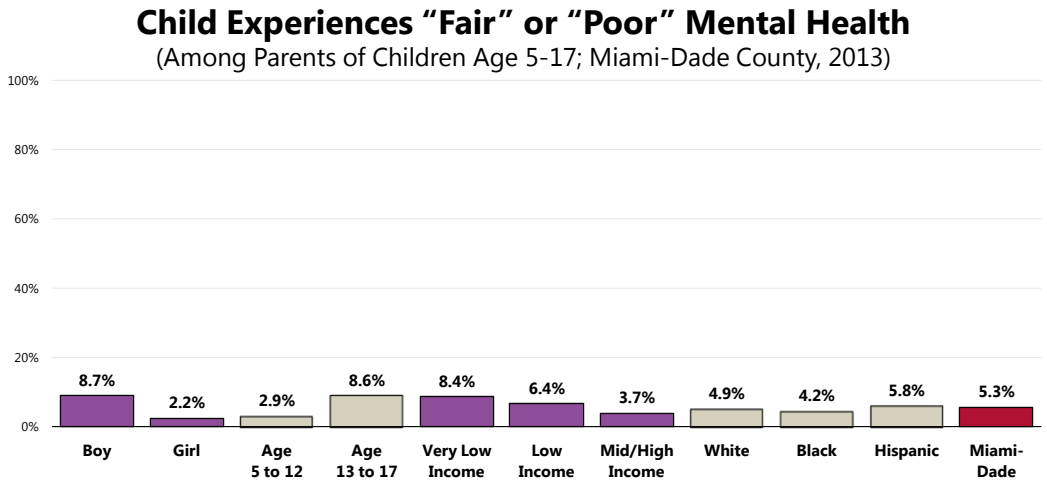
(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• *Sample size is <50 and must be taken into account when making comparisons.

"Fair/poor" mental health status is more often noted for:

- Boys.
- Teens.
- Children in lower-income households.



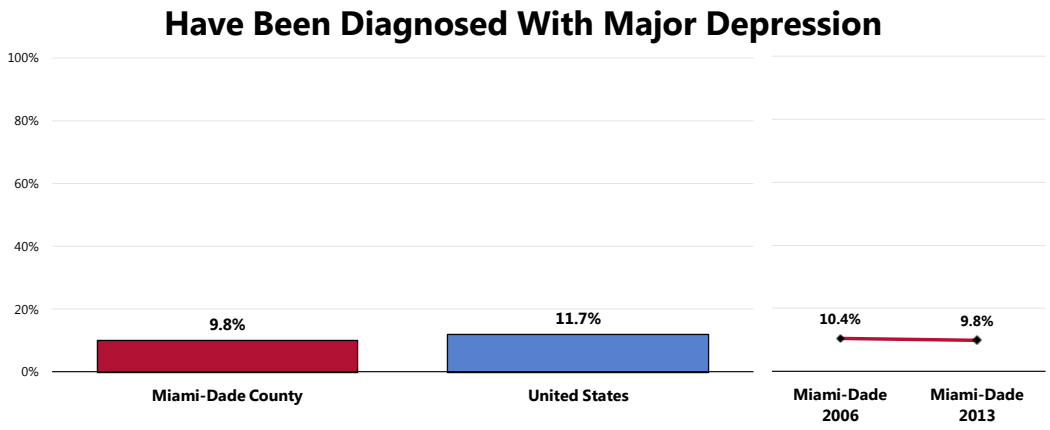
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Adults Diagnosed With Major Depression

A total of 9.8% of Miami-Dade County adults have been diagnosed with major depression by a physician.

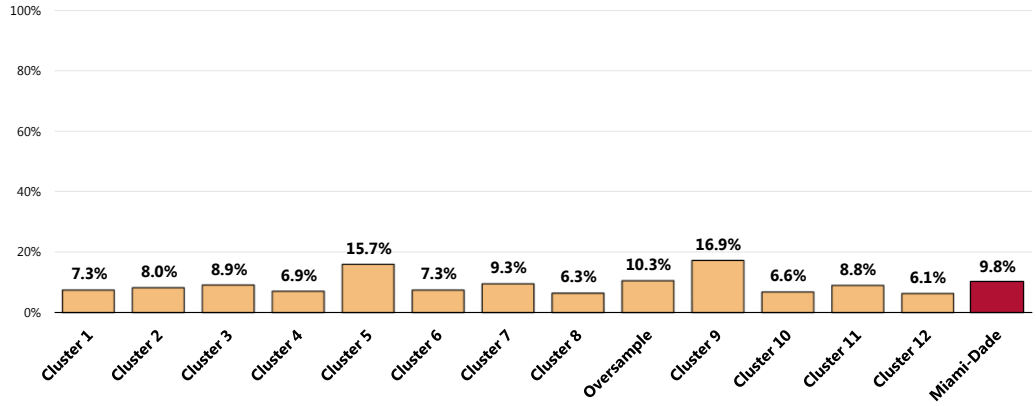
- Similar to the national finding.
- Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Unfavorably high in Clusters 5 and 9; lowest in Cluster 12.

Have Been Diagnosed With Major Depression

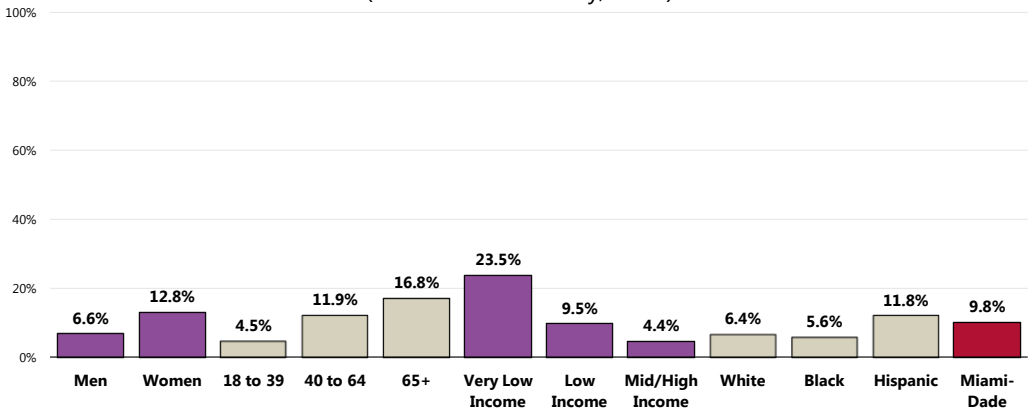


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

- Women.
- Adults age 40 and older (positive correlation with age).
- Community members living below the federal poverty level.
- Hispanics.

Have Been Diagnosed With Major Depression
(Miami-Dade County, 2013)



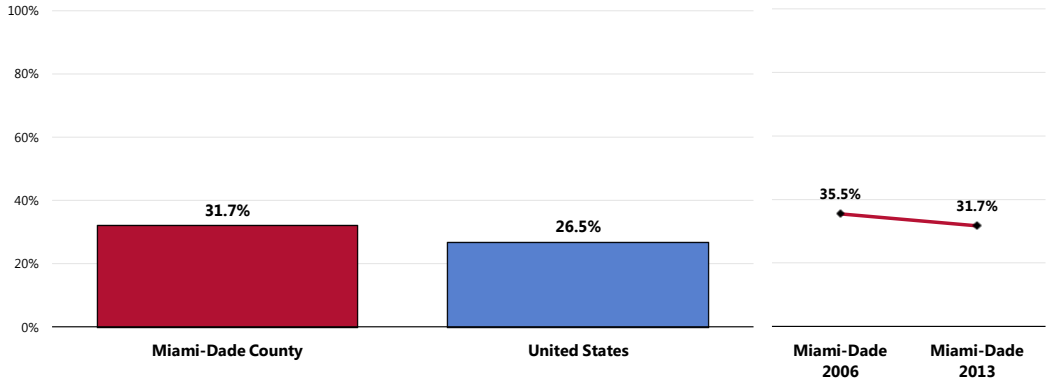
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Adults With Symptoms of Chronic Depression

A total of 31.7% of Miami-Dade County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Less favorable than national findings.
- Marks a significant decrease from that reported in Miami-Dade County in 2006.

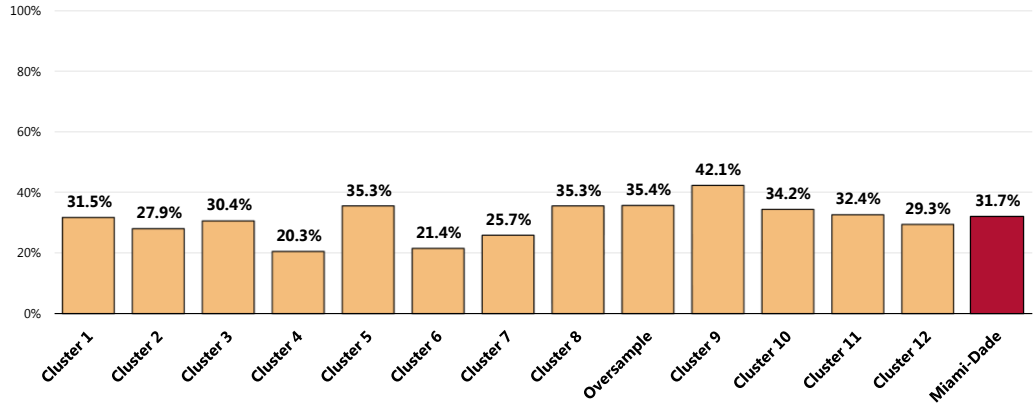
Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Highest in Cluster 9; favorably low in Clusters 4, 6 and 7.

Have Experienced Symptoms of Chronic Depression

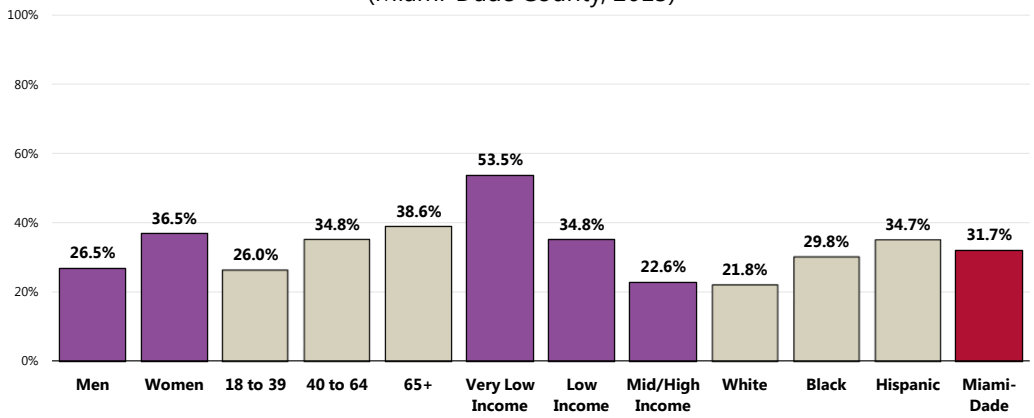


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

- Note that the prevalence of chronic depression is notably higher among: Women, adults aged 40+, those with lower incomes (negative correlation), and Blacks and Hispanics.

Have Experienced Symptoms of Chronic Depression

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

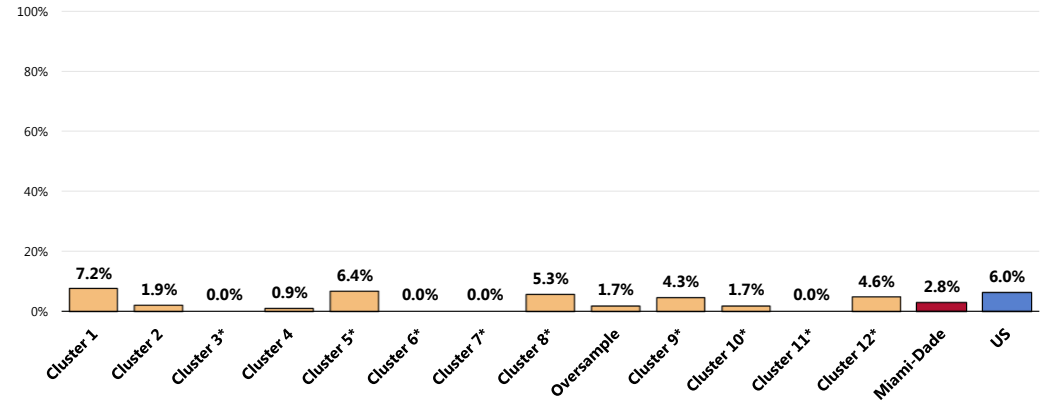
Children With Signs of Depression

A total of 2.8% of Miami-Dade County parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that he/she stopped doing some usual activities.

- Better than the national figure.
- No reports of depression among respondents in Clusters 3, 6, 7, and 11 (*each of which had small samples responding*).

Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

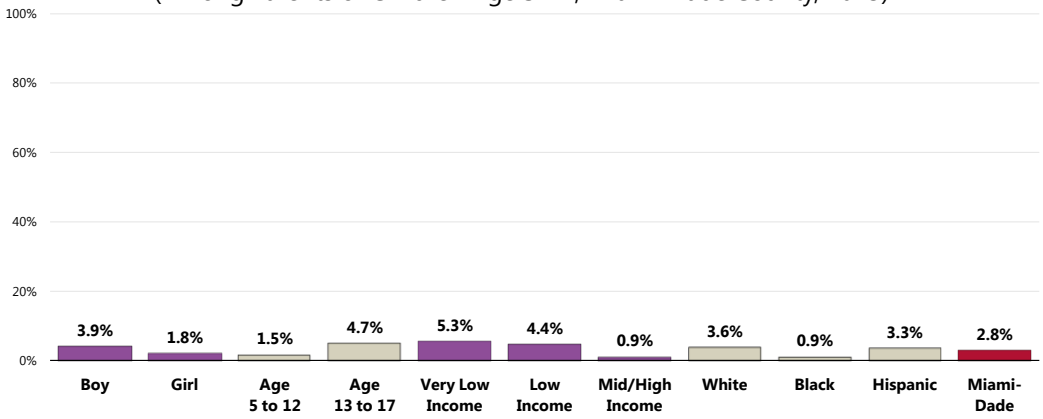
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Among school-aged children, such signs of depression are notably higher among:

- Teens.
- Children in lower-income households.
- Whites and Hispanics.

Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 131]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further note that, of the 17 surveyed parents reporting signs of depression in their child, about two in three report that they sought treatment for their child's feelings of sadness or hopelessness.

Children Diagnosed With Depression

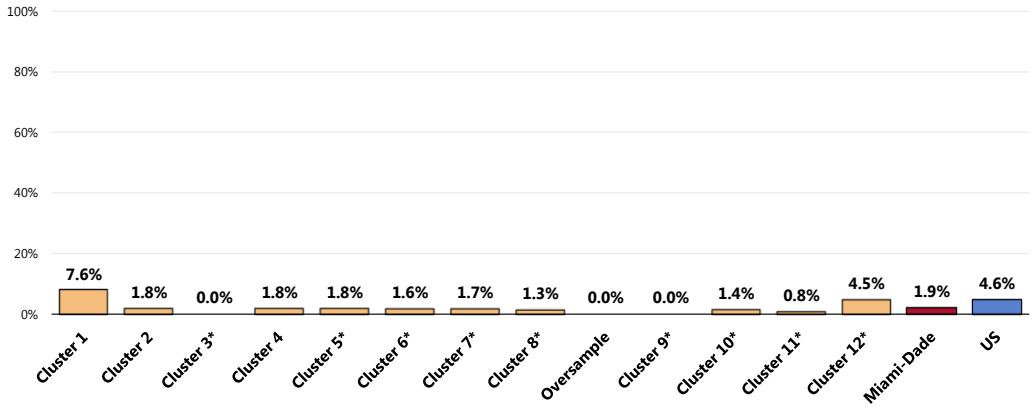
"During the past 12 months, did this child ever feel so sad or hopeless almost every day for two weeks or more in a row that he/she stopped doing some usual activities?"

A total of 1.9% have been told by a doctor or other health care provider that their school-age child had depression.

- Better than national findings.
- No reports of depression in Clusters 3, 9, and the Oversample; *note, however, the small samples in many of the Clusters below*.

Child Has Been Diagnosed With Depression

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

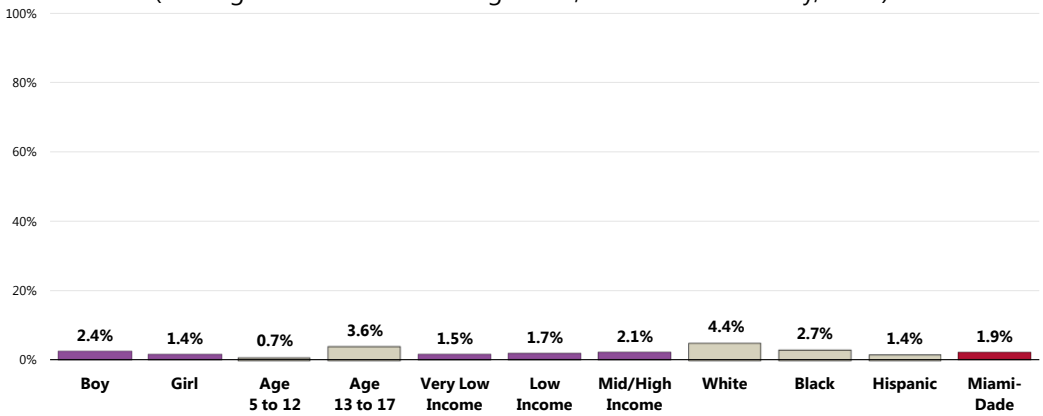
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Miami-Dade County school-aged children more likely to have depression include:

- Teens.
- Whites.

Child Has Been Diagnosed With Depression

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress & Worry

Stress Among Adults

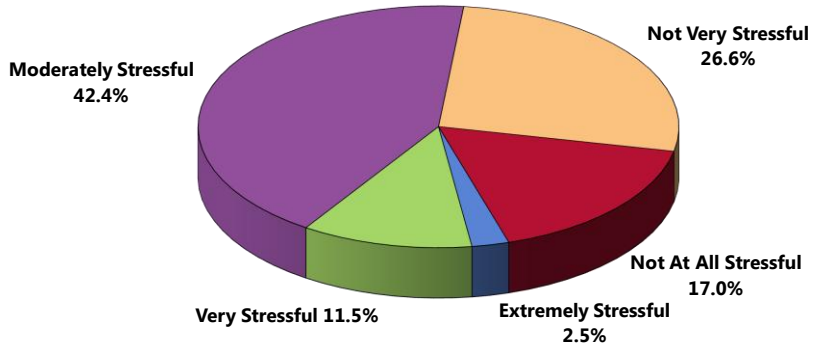
RELATED ISSUE: See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than 4 in 10 Miami-Dade County adults consider their typical day to be "not very stressful" (26.6%) or "not at all stressful" (17.0%).

Another 42.4% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Miami-Dade County, 2013)

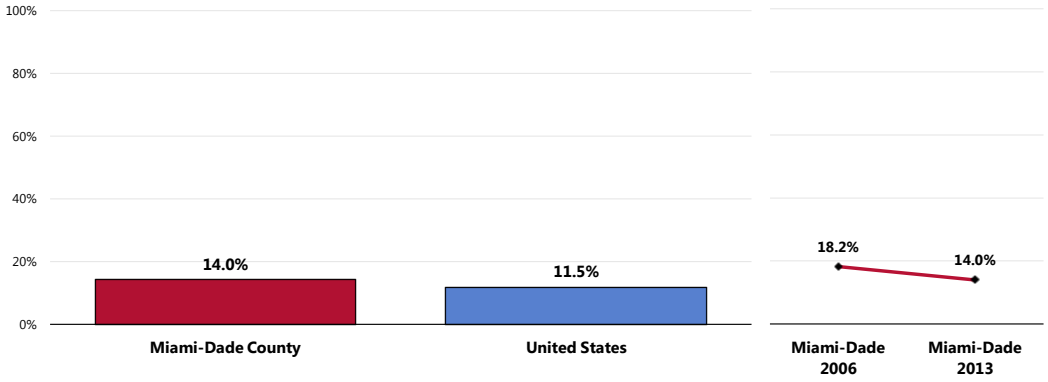


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents.

In contrast, 14.0% of Miami-Dade County adults experience "very" or "extremely" stressful days on a regular basis.

- Less favorable than national findings.
- Marks a statistical decrease over time.

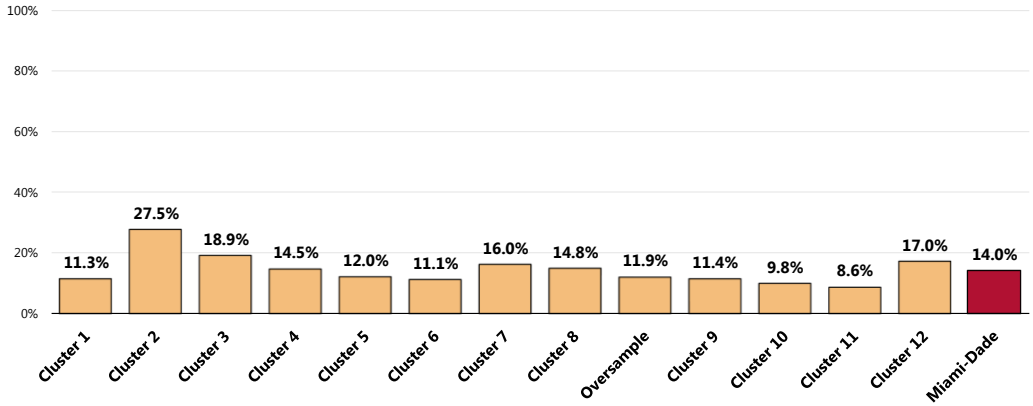
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 107]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Lowest in Clusters 10 and 11; unfavorably high in Cluster 2.

Perceive Most Days as "Extremely" or "Very" Stressful

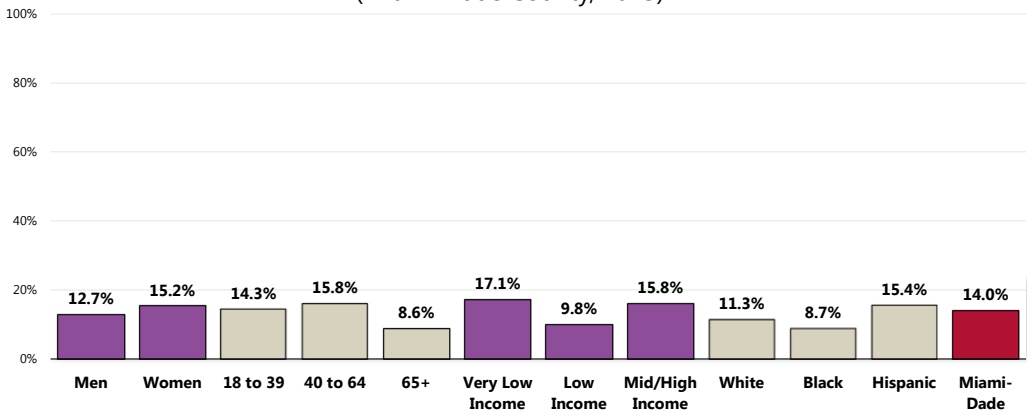


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents.

- Stress is lower in seniors, adults living just above the poverty level, and Blacks.

Perceive Most Days as "Extremely" or "Very" Stressful

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

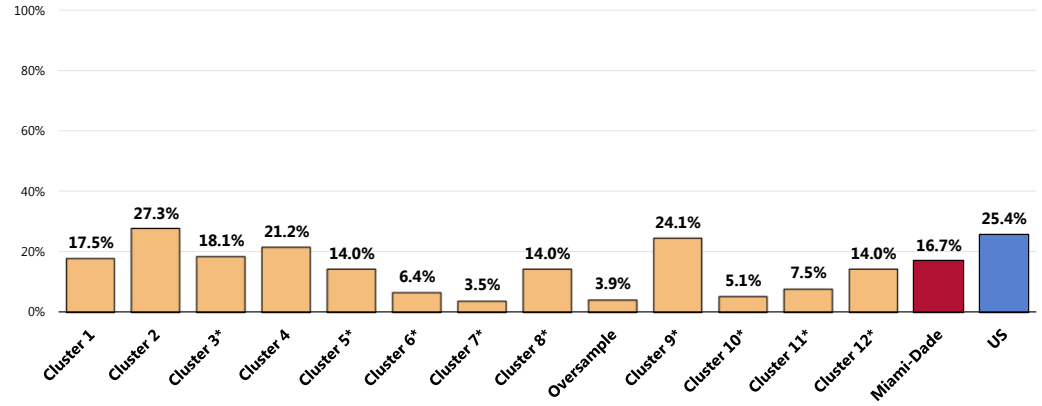
"Would you say that this child worries a lot?"

Among Miami-Dade County parents with a school-age child, 16.7% report that their child worries a lot.

- Lower than the national figure.
- Highest in Cluster 2; favorably low in Clusters 6, 7, 10, 11, and the Oversample (*again, it is important to keep in mind the small samples which many of these percentages represent*).

Child Worries a Lot

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



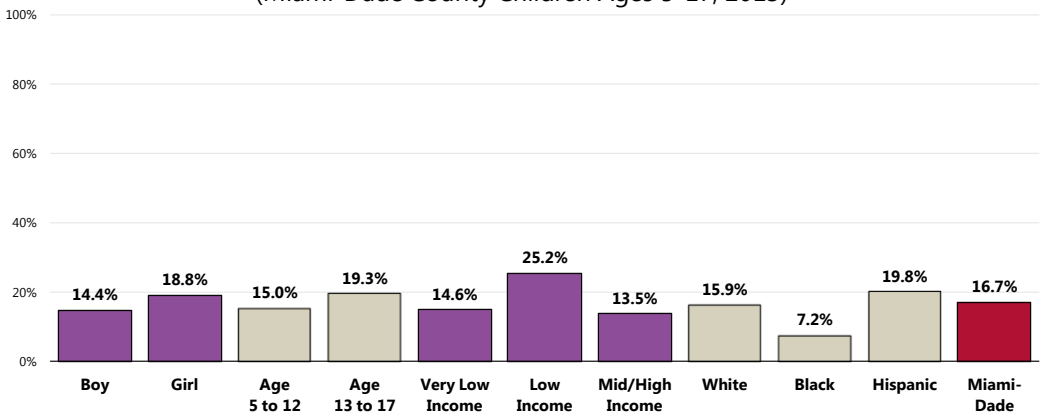
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Frequent worry is more often reported among these school-aged children: those in households just above the federal poverty level, Whites, and Hispanics.

Child Worries a Lot

(Miami-Dade County Children Ages 5-17, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]

Notes:
- Asked of all respondents about a randomly-selected child aged 5-17 in the household.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sleep

"Does this child have difficulties falling asleep and/or sleeping through the night?"

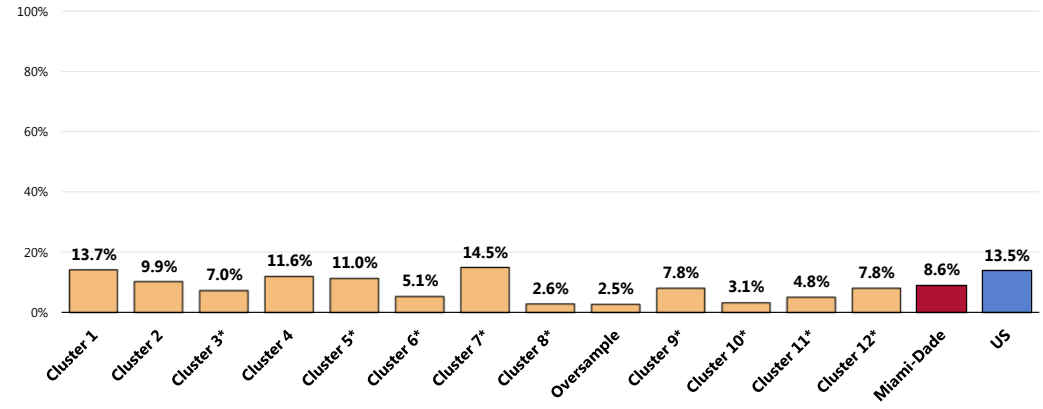
Children With Sleep Issues

A total of 8.6% of parents with a school-aged child report that the child has sleep issues such as falling asleep at night or sleeping through the night.

- Lower than the national figure.
- Favorably low in the Oversample.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

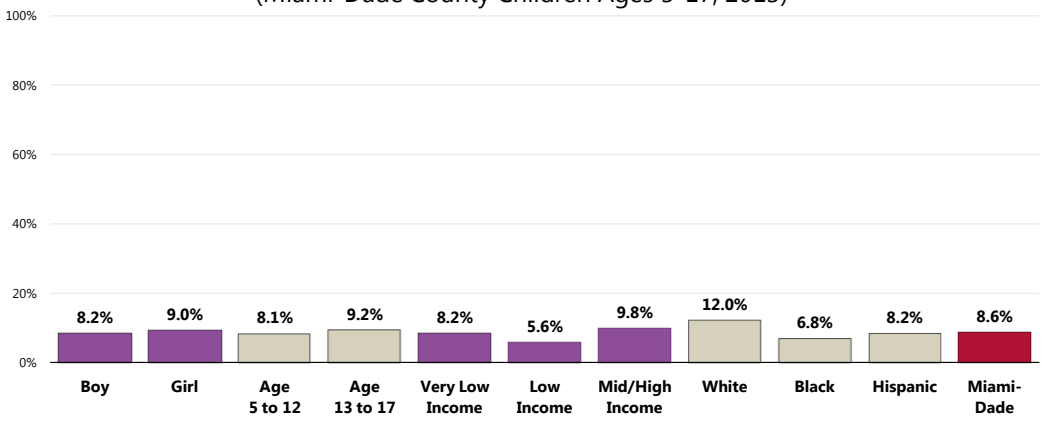
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Sleep issues are statistically higher in these groups of school-aged children:

- Children in upper-income households.
- Whites.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night

(Miami-Dade County Children Ages 5-17, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]

Notes:
- Asked of all respondents about a randomly-selected child in the household.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

ADD/ADHD

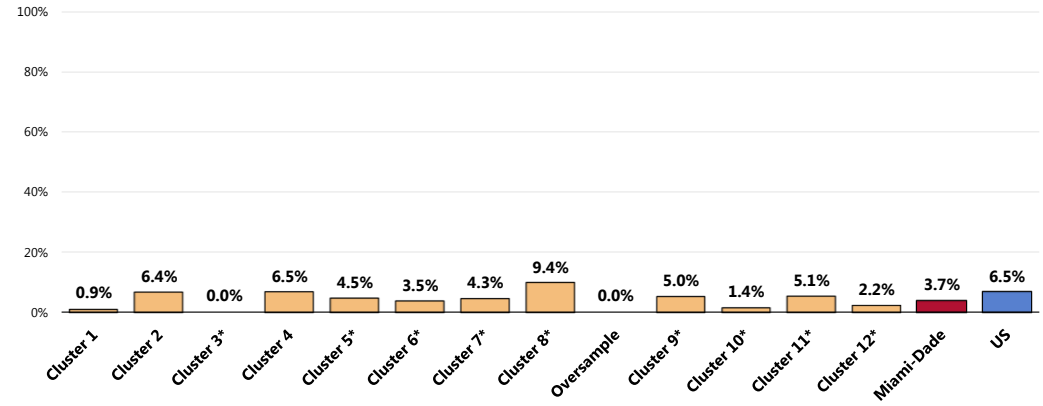
Children Taking Medication for ADD/ADHD

Among Miami-Dade County adults with children age 5 to 17, 3.7% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.
- Favorably low in Clusters 1 and 3 and in the Oversample.

Child Takes Medication for ADD/ADHD

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)

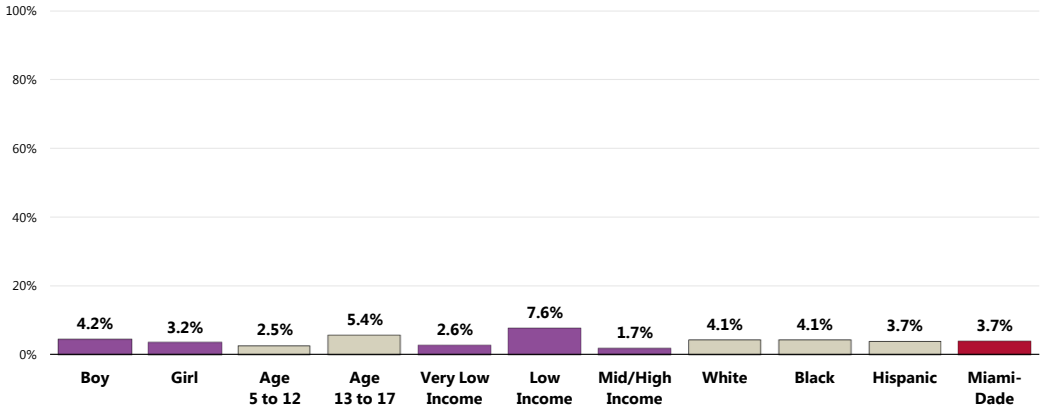


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

The county's ADD/ADHD prevalence among school-aged children is statistically high in households with incomes just above the federal poverty level.

Child 5-17 Takes Medication for ADD/ADHD



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

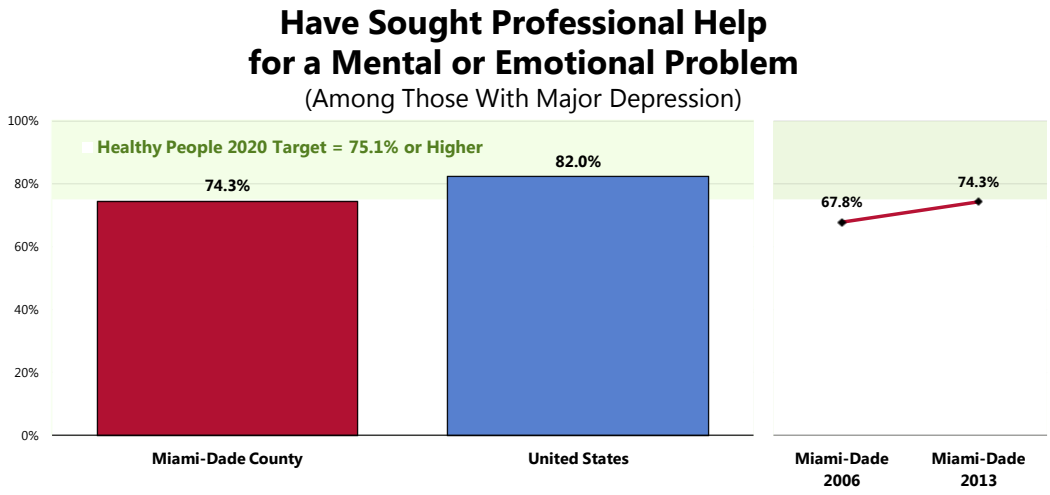
Mental Health Treatment

Adults Seeking Help

"Diagnosed depression" includes respondents reporting a past diagnosis of major depression by a physician.

Among adults with diagnosed depression, 74.3% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Similar to the Healthy People 2020 target of 75.1% or higher.
- There has been no statistically significant change over time among adults with recognized depression.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-9.2]

Notes:
- Asked of those respondents with major depression diagnosed by a physician.
- Trend data represent those adults with "recognized depression," including those who have been diagnosed with major depression OR have experienced 2+ years of depression at some point in their lives.

Children Needing Mental Health Services

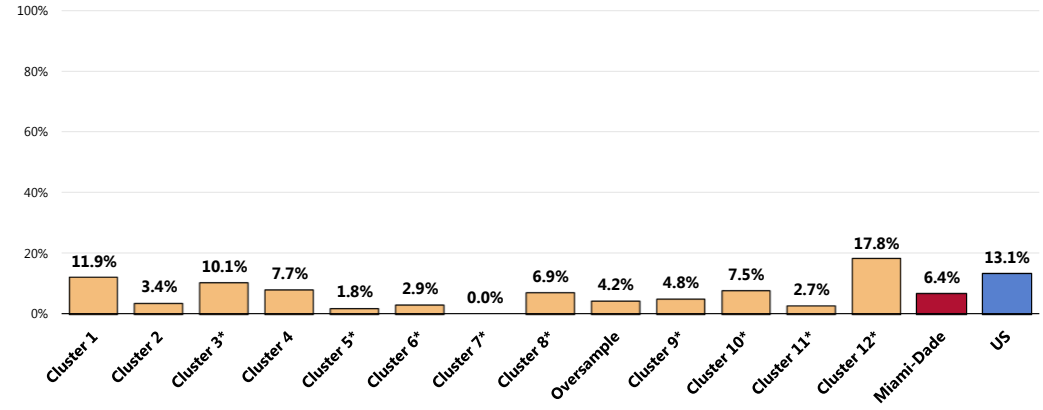
A total of 6.4% of Miami-Dade County school-aged children needed mental health services in the past year.

- Lower than national findings.
- Highest in Cluster 12 (*but keep in mind the small sample size*); favorably low in Clusters 5 and 7 (*also small samples*).

Of those who needed services, 79.1% received counseling and/or treatment.

Child Needed Mental Health Services in the Past Year

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



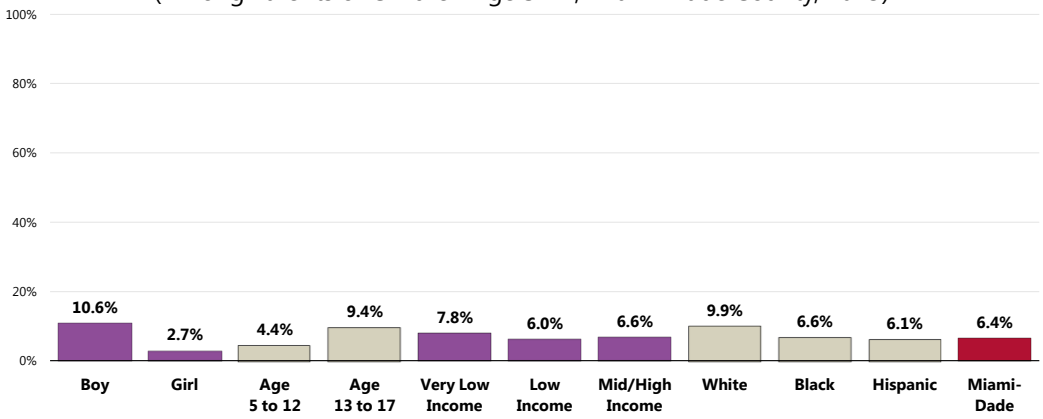
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Statistically high among these school-aged children: boys, teens, and Whites.

Child Has Needed Mental Health Services in the Past Year

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

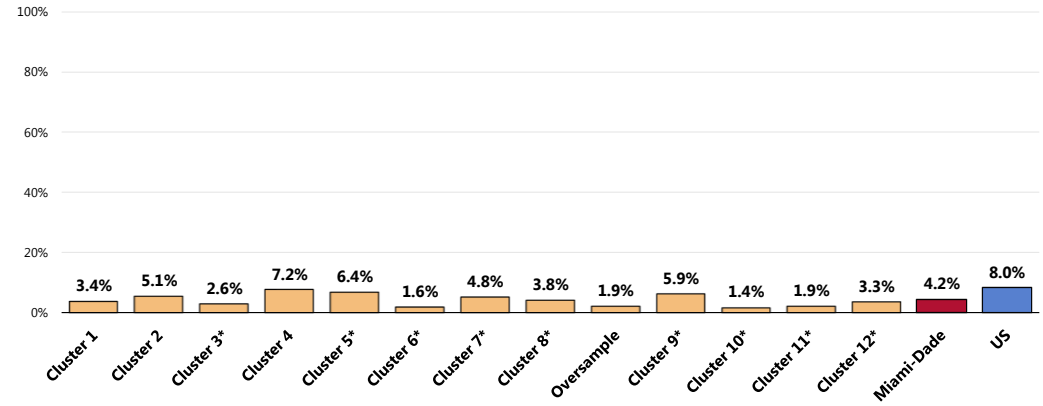
Children Taking Prescriptions for Mental Health

A total of 4.2% of Miami-Dade County parents report that their school-aged child has ever taken prescribed medication for his/her mental health.

- Lower than national findings.
- Statistically similar among the individual Clusters.

Child Has Taken Prescribed Medications for Mental Health

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



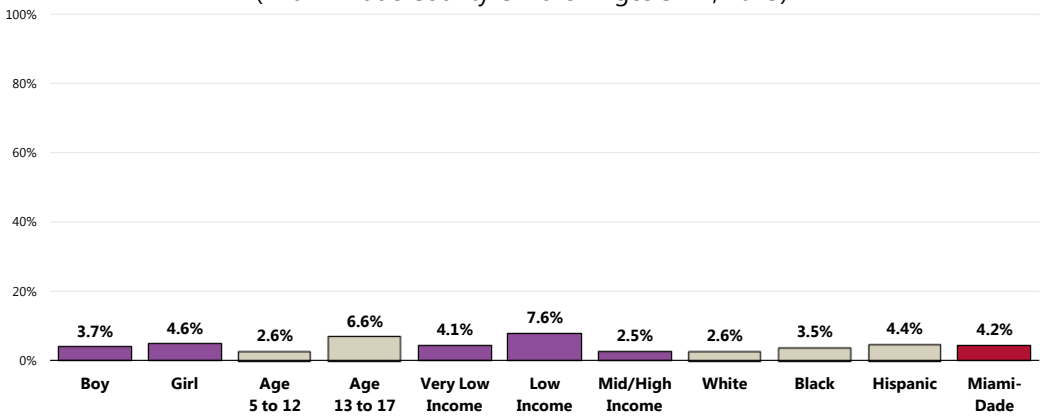
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Use of prescription medication for a school-aged child's mental health is statistically higher among Miami-Dade County teens, those living just above the federal poverty level, and Hispanics.

Child Has Taken Prescribed Medications for Mental Health

(Miami-Dade County Children Ages 5-17, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes:
- Asked of all respondents about a randomly-selected child aged 5-17 in the household.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

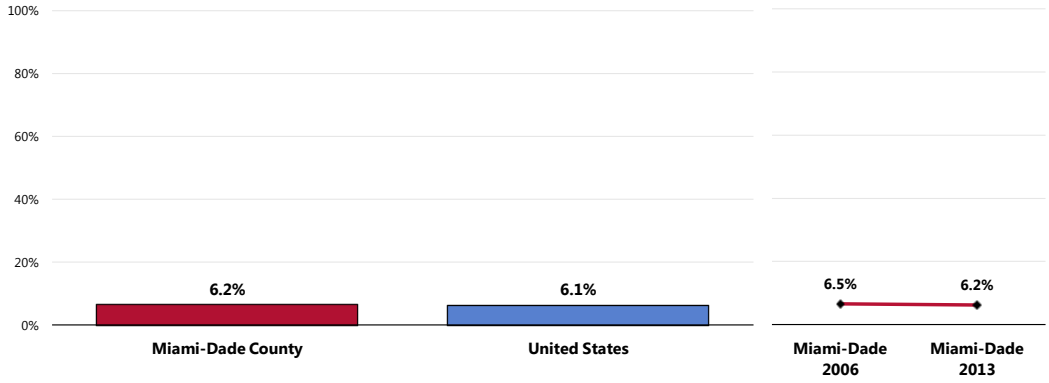
– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Heart Disease

A total of 6.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Statistically unchanged since 2006.

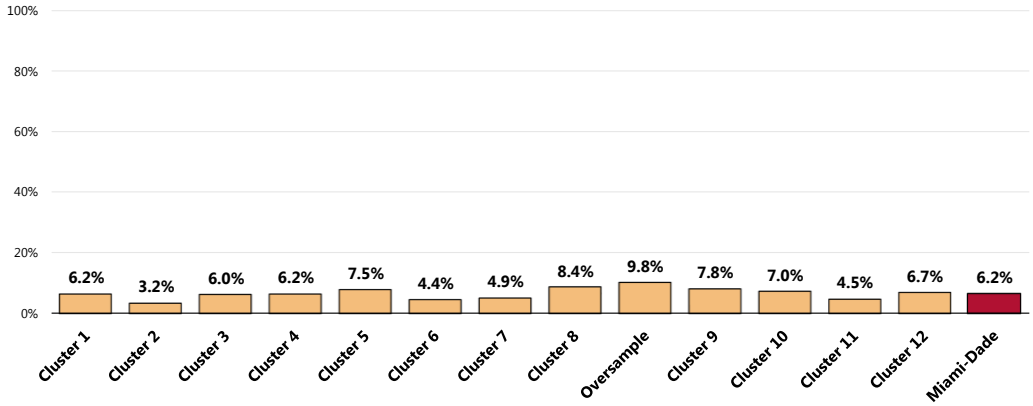
Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Lower in Cluster 2; unfavorably high in the Oversample.

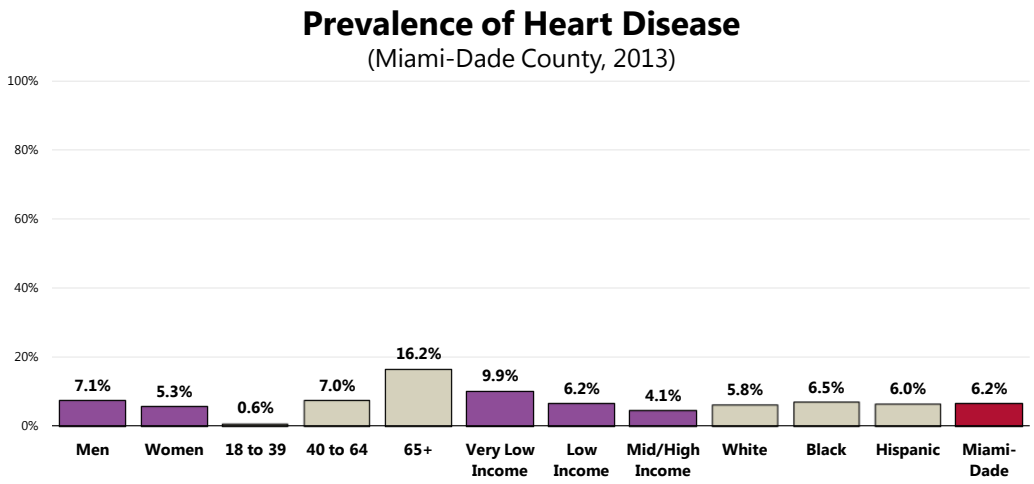
Prevalence of Heart Disease



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- Those age 40 and older (note the positive correlation with age).
- Residents living below the federal poverty level.



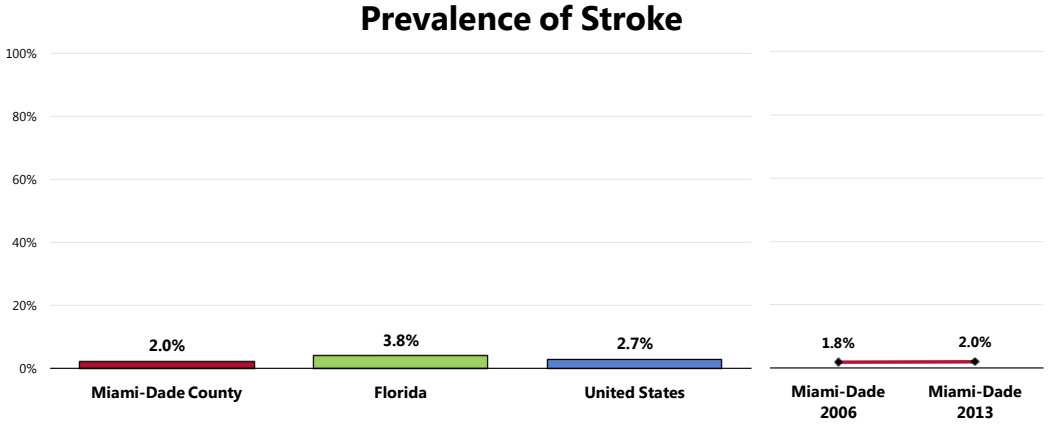
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Lower than statewide findings.
- Similar to national findings.
- The stroke prevalence is statistically unchanged over time.

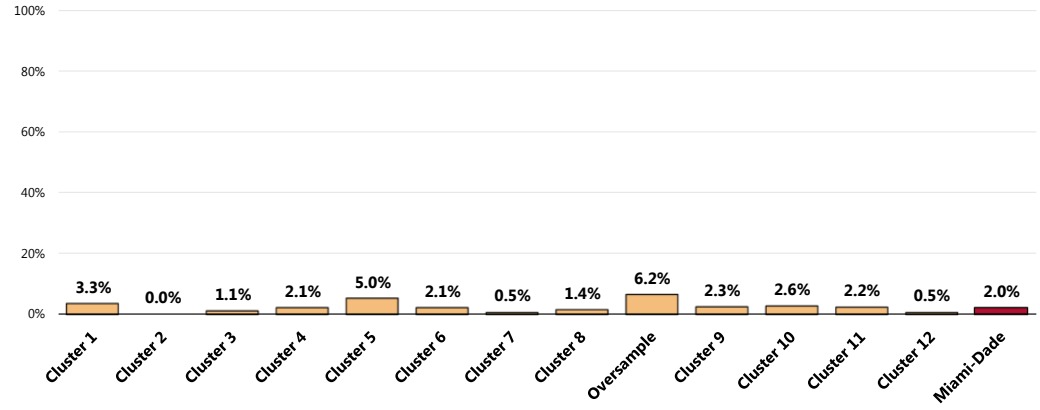


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.

Notes:
- Asked of all respondents.

- Higher in Cluster 5 and the Oversample; lower in Clusters 2 and 12.

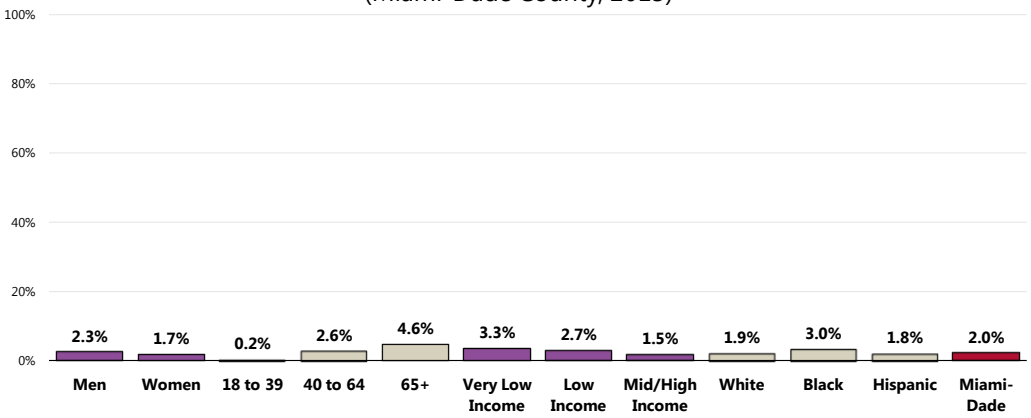
Prevalence of Stroke



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
Notes: • Asked of all respondents.

- Prevalence of stroke increases with age in Miami-Dade County and decreases with income level.

Prevalence of Stroke
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

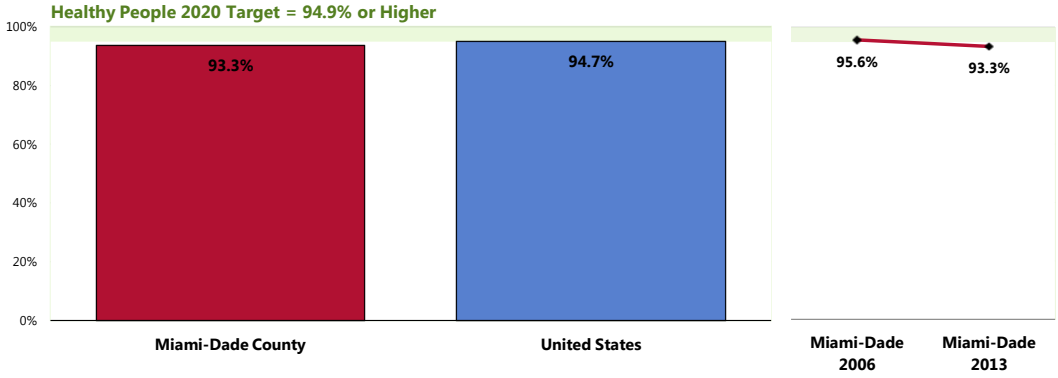
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 93.3% of Miami-Dade County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (94.9% or higher).
- Marks a significant decrease since 2006.

Have Had Blood Pressure Checked in the Past Two Years

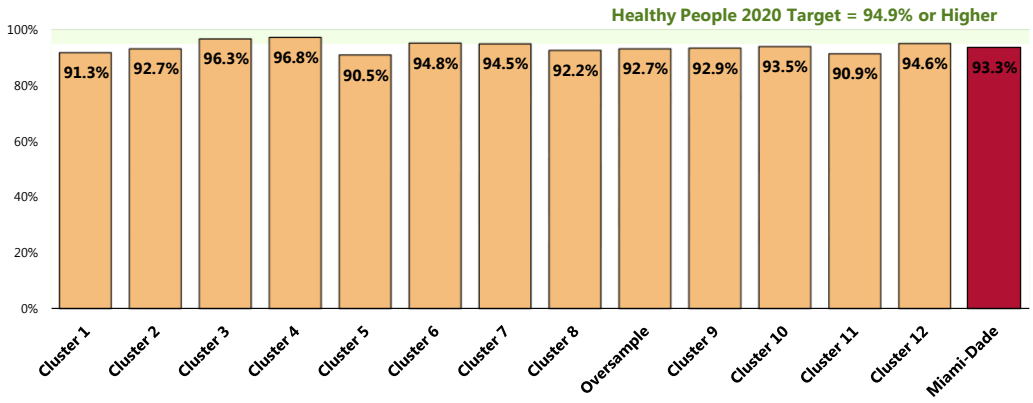


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

- Highest in Clusters 3 and 4.

Have Had Blood Pressure Checked in the Past Two Years



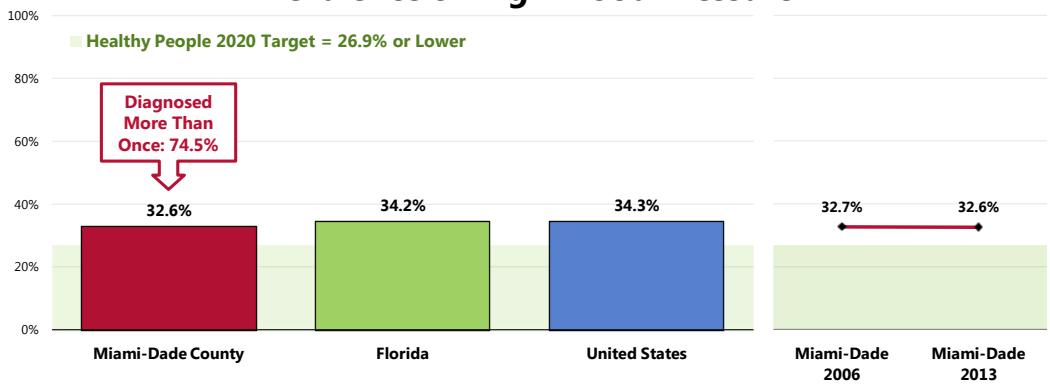
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

A total of 32.6% of adults have been told at some point that their blood pressure was high.

- Similar to the Florida prevalence.
- Similar to the national prevalence.
- Fails to meet the Healthy People 2020 target (26.9% or lower).
- Unchanged over time.
- Among hypertensive adults, 3 in 4 have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

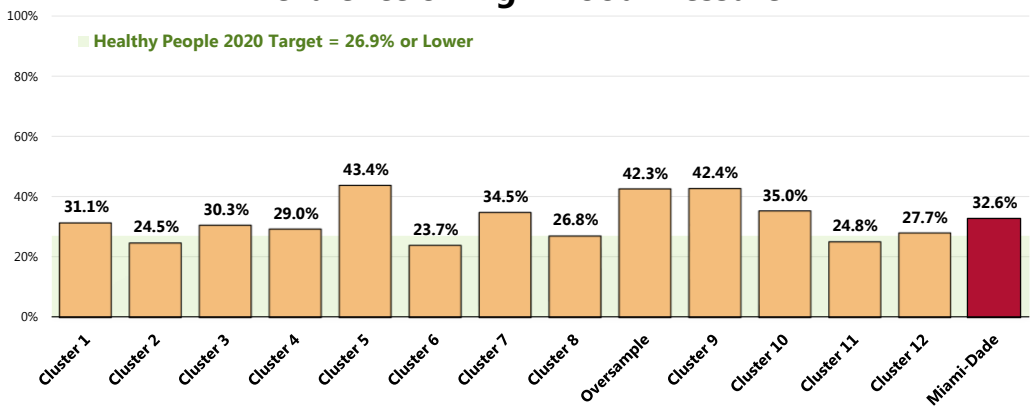


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 46, 153]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

- Hypertension is unfavorably high in Clusters 5 and 9 and in the Oversample, while lowest in Clusters 2, 6, and 11.

Prevalence of High Blood Pressure



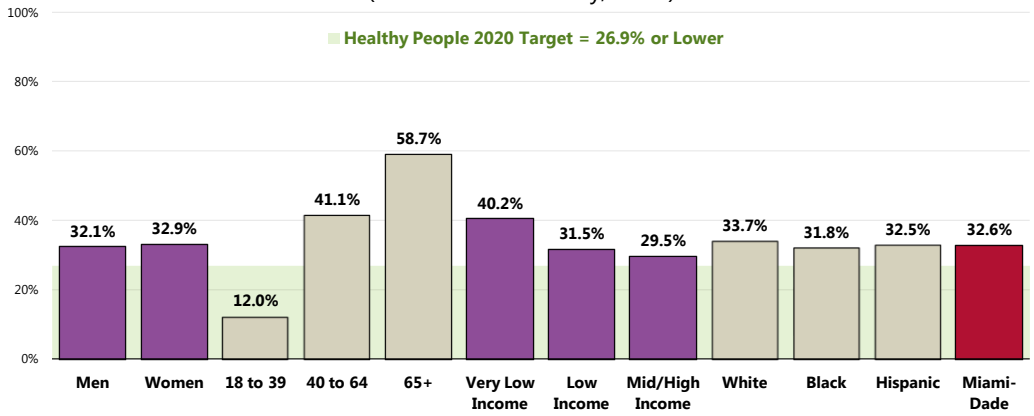
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

Note the positive correlation between age and hypertension among Miami-Dade County residents, along with the negative correlation between hypertension and income level.

Prevalence of High Blood Pressure

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Respondents reporting high blood pressure were further asked:

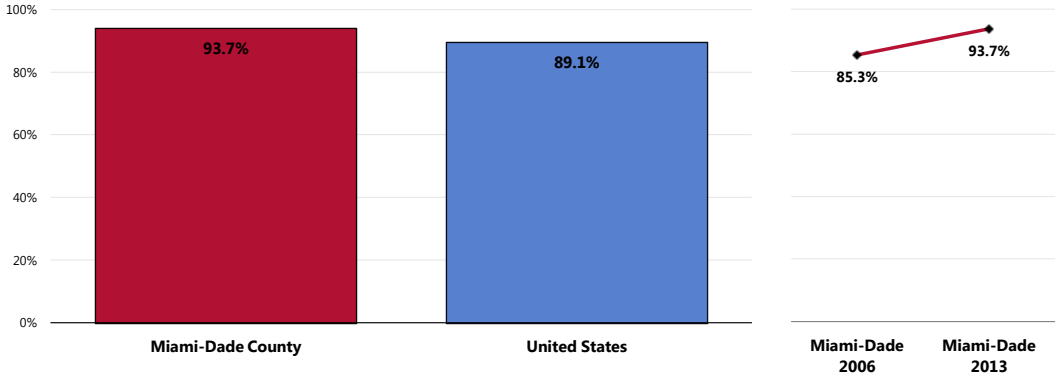
"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 93.7% report that they are currently taking actions to control their condition.

- Better than national findings.
- Marks a significant improvement since 2006.

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

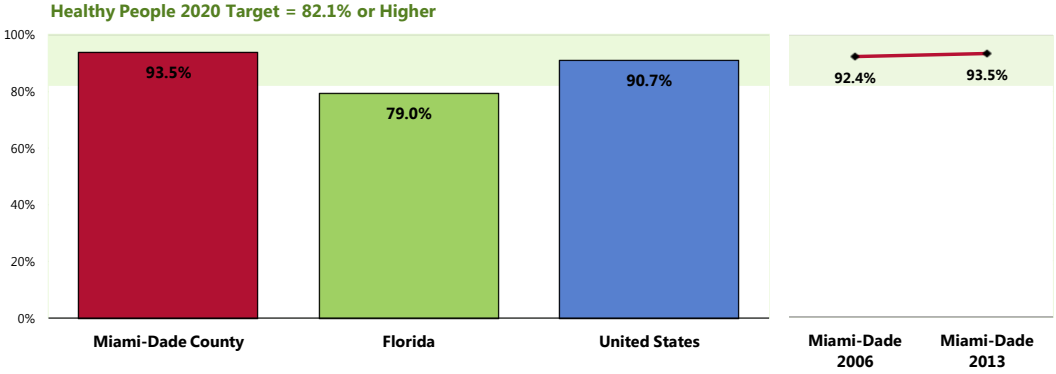
High Blood Cholesterol

Blood Cholesterol Testing

A total of 93.5% of Miami-Dade County adults have had their blood cholesterol checked within the past five years.

- More favorable than Florida findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Statistically unchanged since 2006.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

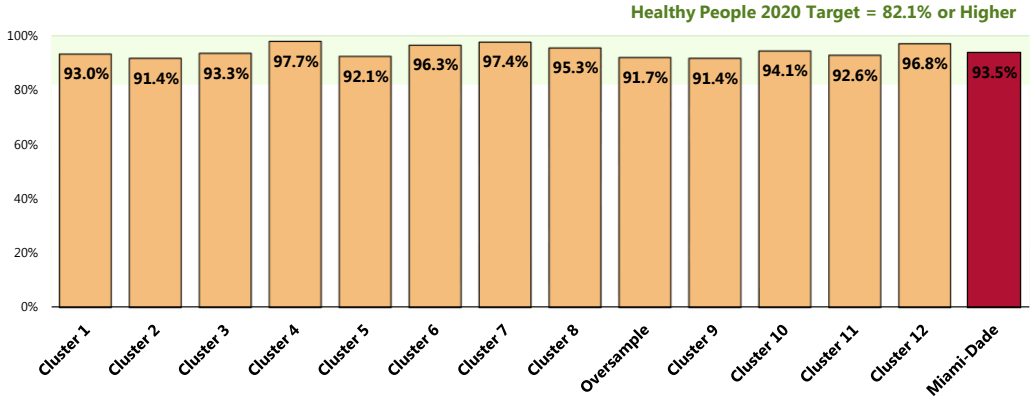


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

- Favorably high in Clusters 4, 6, 7, and 12.

Have Had Blood Cholesterol Levels Checked in the Past Five Years



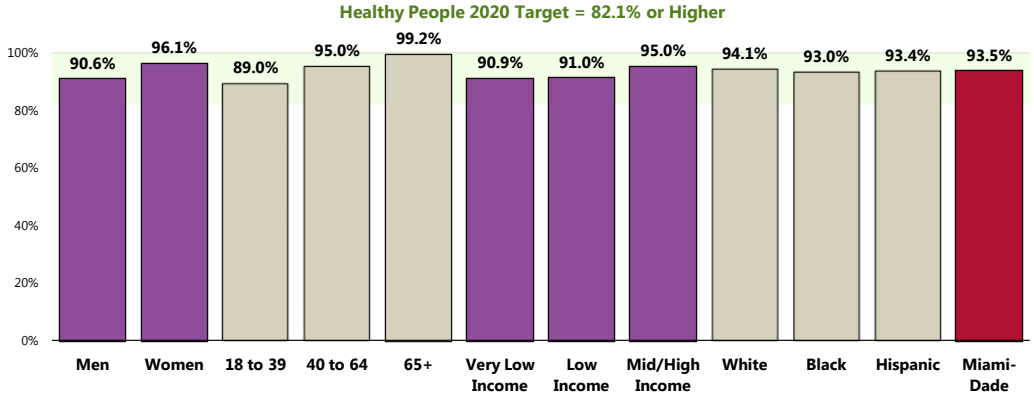
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Blood cholesterol screenings in Miami-Dade County are lower in men, young adults, and residents living on lower incomes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

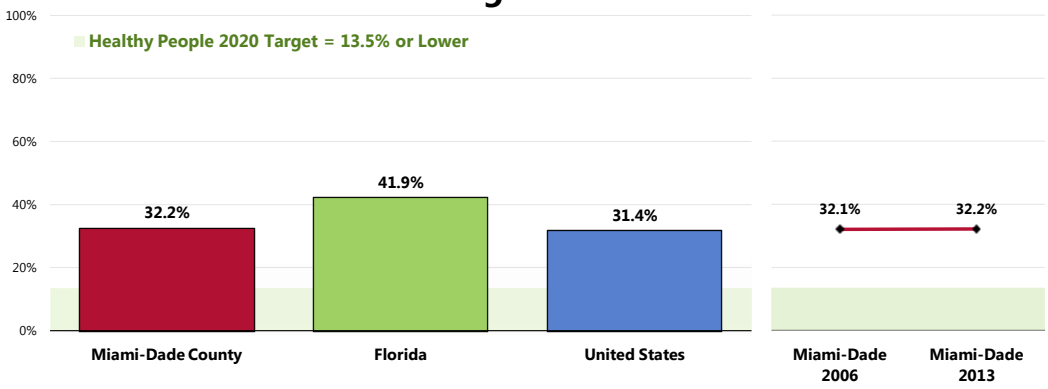
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

A total of 32.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Florida findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Unchanged since 2006.

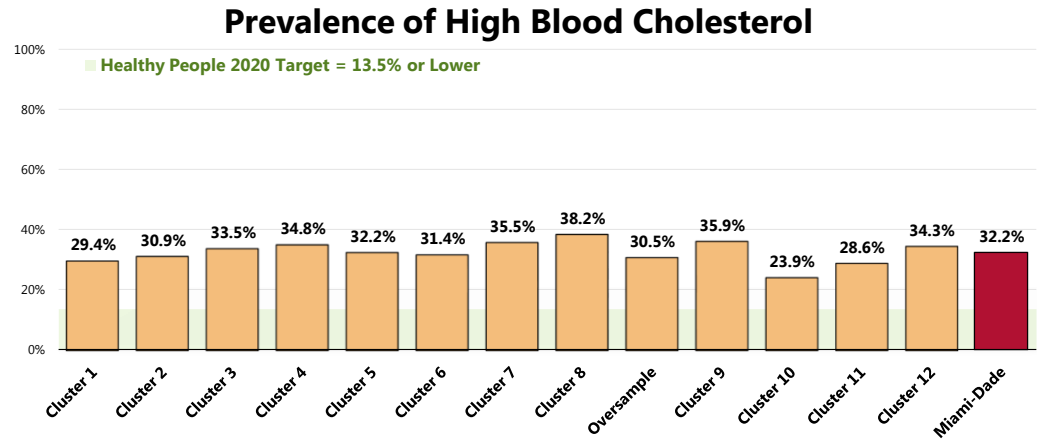
Prevalence of High Blood Cholesterol



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Florida data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

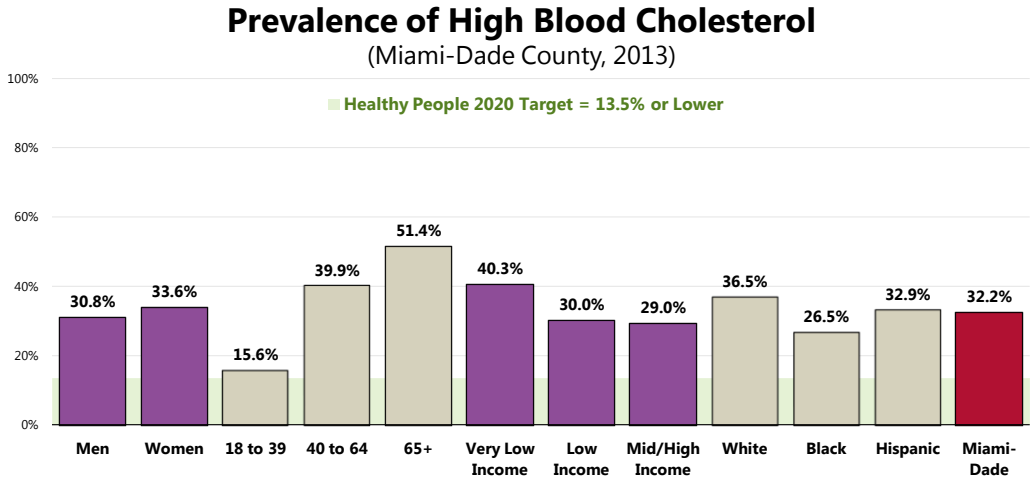
- Favorably low among residents of Cluster 10.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
• United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]
Notes: • Asked of all respondents.

Note that 9.9% of Miami-Dade County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.
- The prevalence is also high in adults living below the poverty level, Whites, and Hispanics.
- Keep in mind that "unknowns" are relatively high in men, young adults, lower-income residents, and Hispanics.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
• United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respondents reporting high cholesterol were further asked:

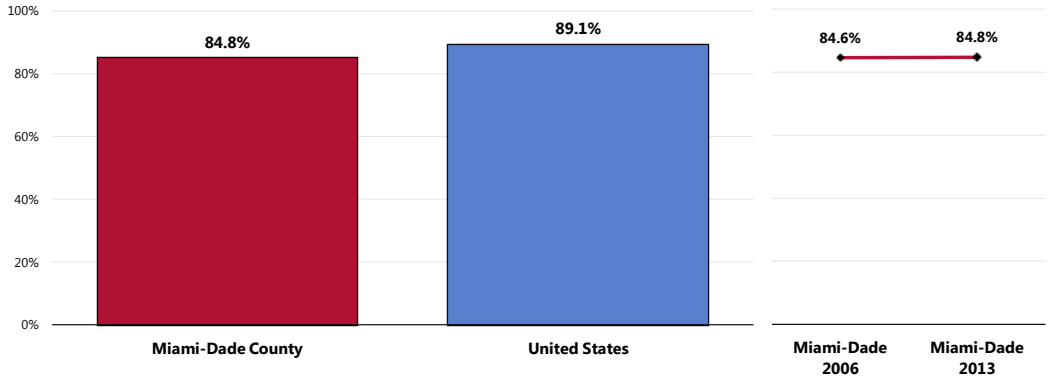
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 84.8% report that they are currently taking actions to control their cholesterol levels.

- Less favorable than found nationwide.
- No difference from 2006 survey findings.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults with High Cholesterol)



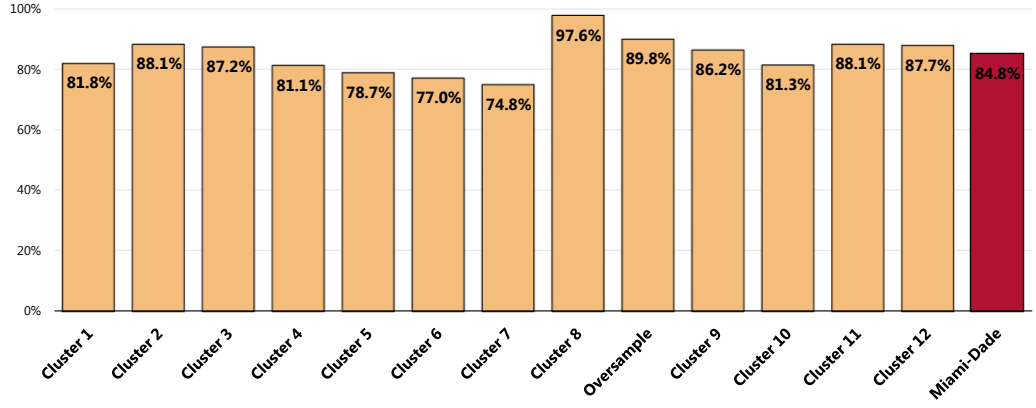
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

- Lowest in Cluster 7; highest in Cluster 8.

Taking Action to Control Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the USModifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

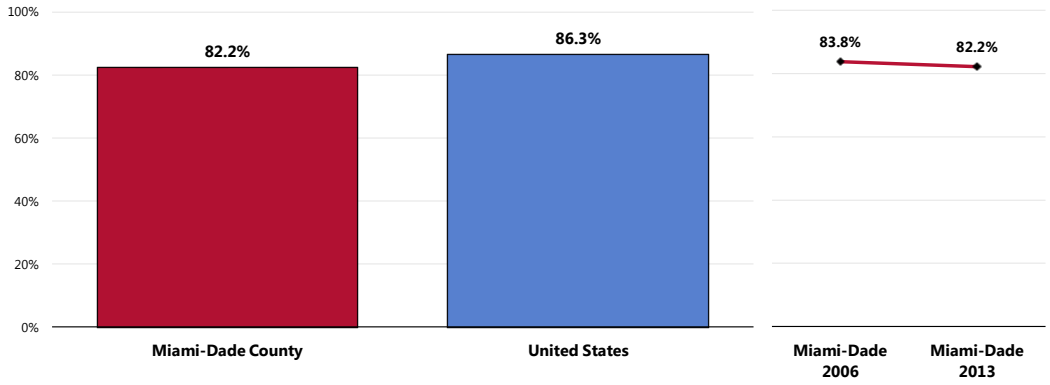
Total Cardiovascular Risk

A total of 82.2% of Miami-Dade County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Lower than national findings.
- Statistically similar to the 2006 findings.

RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Present One or More Cardiovascular Risks or Behaviors

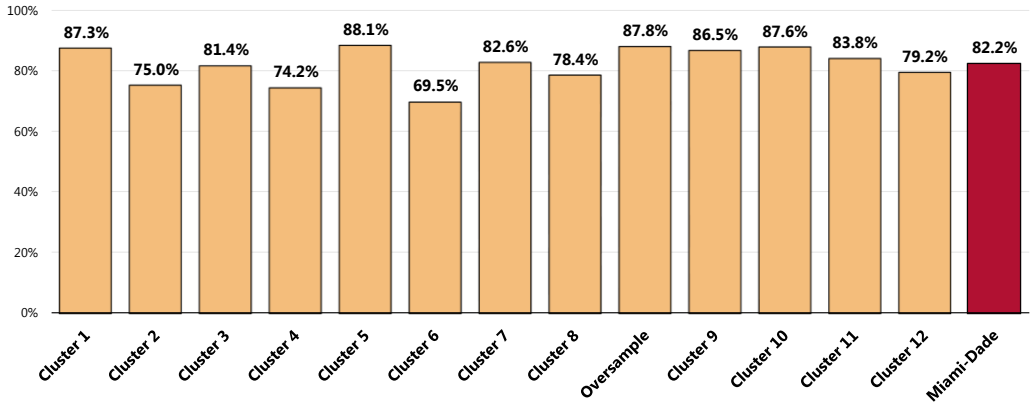


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- Highest in Clusters 1, 5, 9, 10, and the Oversample; favorably low in Clusters 2, 4, and 6.

Present One or More Cardiovascular Risks or Behaviors



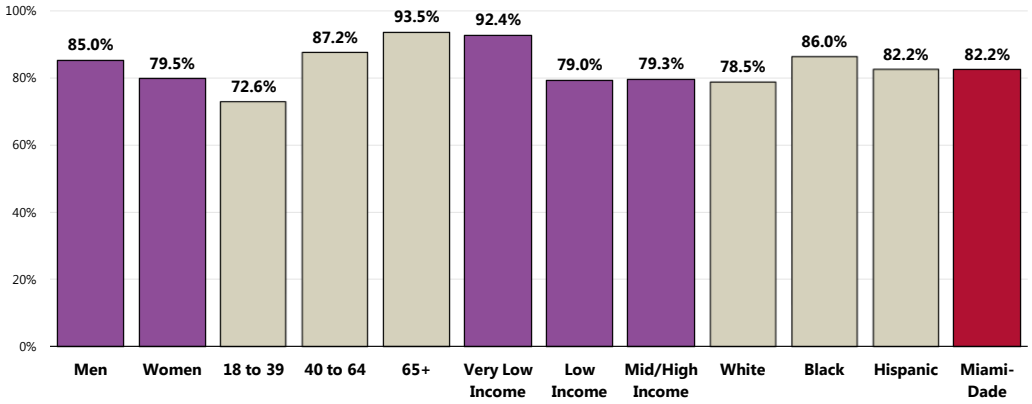
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
Notes: • Asked of all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.
- Residents living below poverty.
- Blacks.

Present One or More Cardiovascular Risks or Behaviors

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
Notes: • Asked of all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

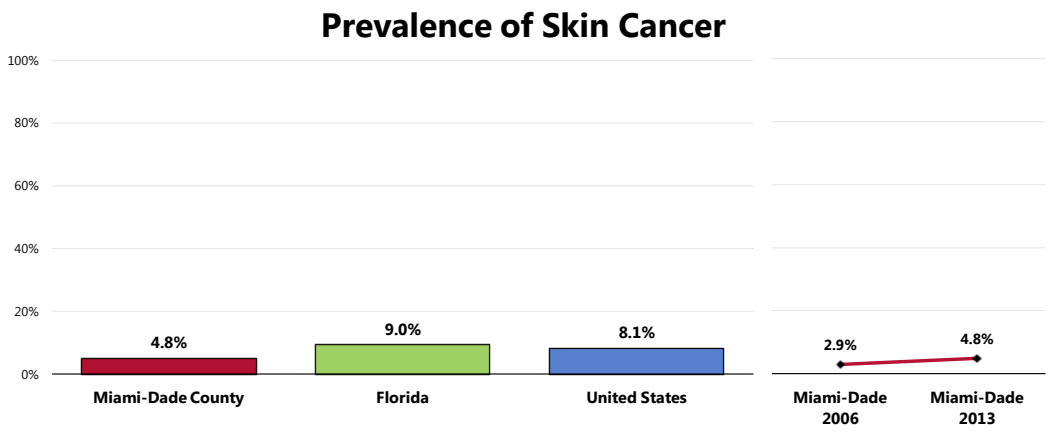
– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Cancer

Skin Cancer

A total of 4.8% of surveyed Miami-Dade County adults report having been diagnosed with skin cancer.

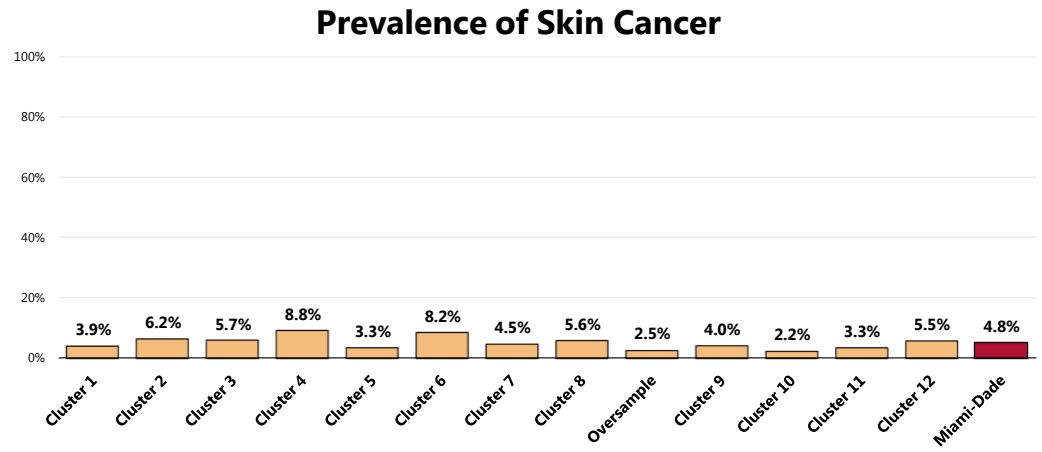
- Better than the state average.
- Better than the national average.
- However, denotes a significant increase over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Particularly high in Cluster 4; lowest in Cluster 10 and the Oversample.

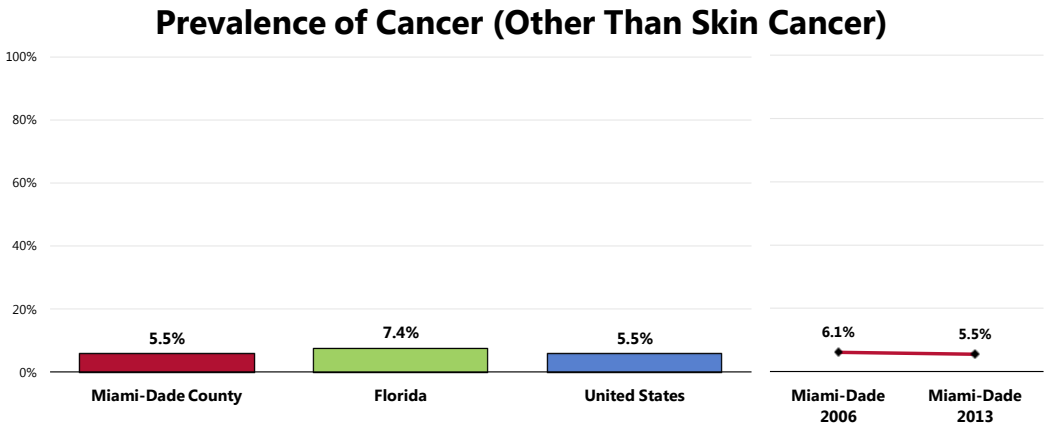


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
Notes: • Asked of all respondents.

Other Cancer

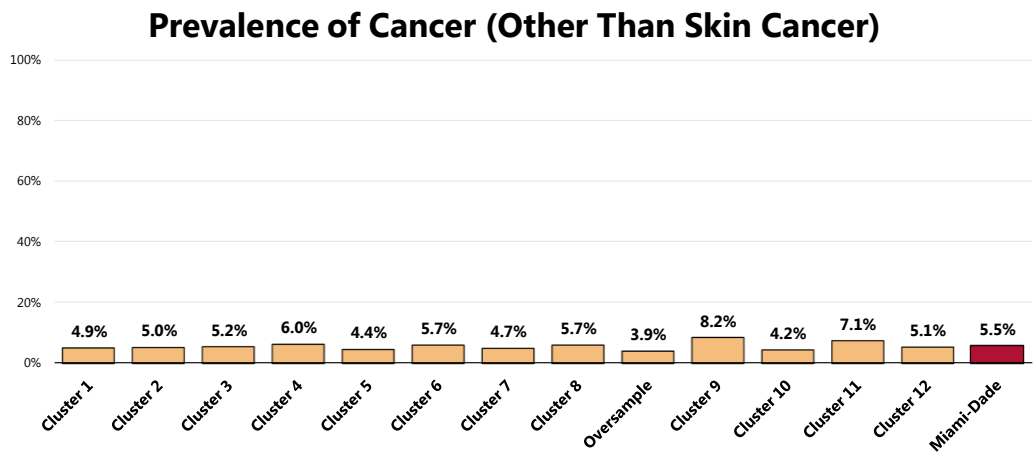
A total of 5.5% of respondents have been diagnosed with some type of (non-skin) cancer.

- Lower than the statewide prevalence.
- Identical to the national prevalence.
- The prevalence of cancer has remained unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- No statistical difference by Cluster.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
Notes: • Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk. All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking. According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

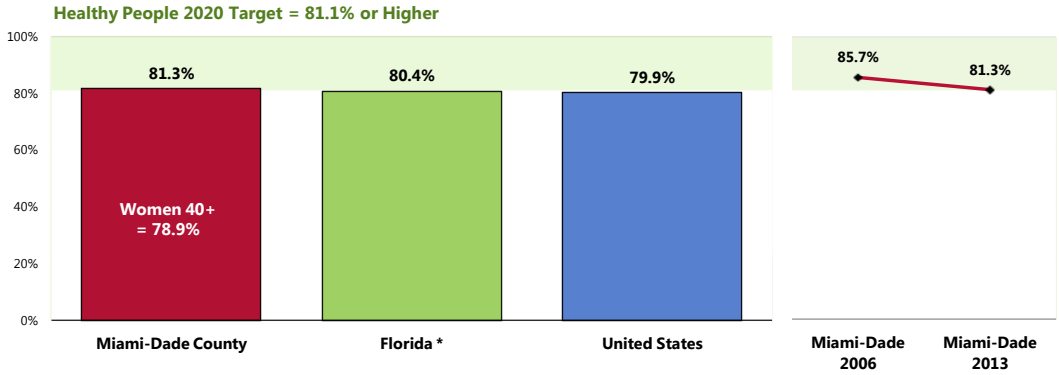
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50-74, 81.3% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Statistically unchanged since 2006.
- Among women 40+, 78.9% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



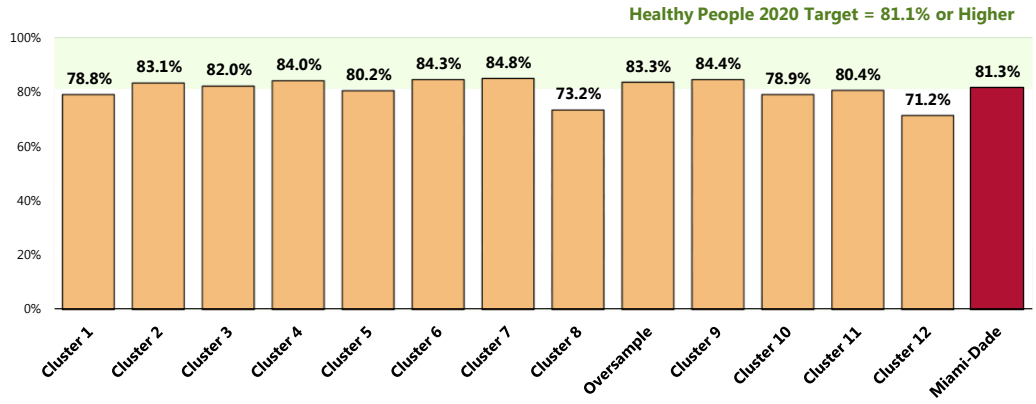
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 156-157]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, United States and Healthy People data).

- Statistically similar by Cluster.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

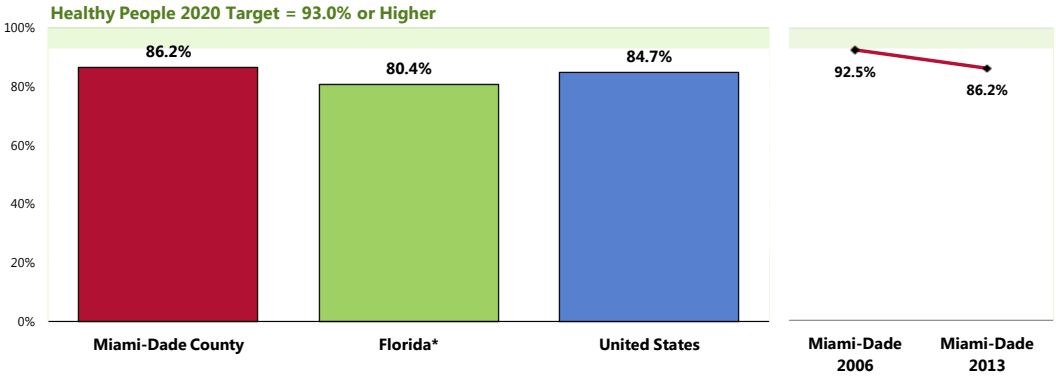
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 21 to 65, 86.2% had a Pap smear within the past three years.

- Higher than Florida findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Marks a significant <u>decrease</u> over time.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)



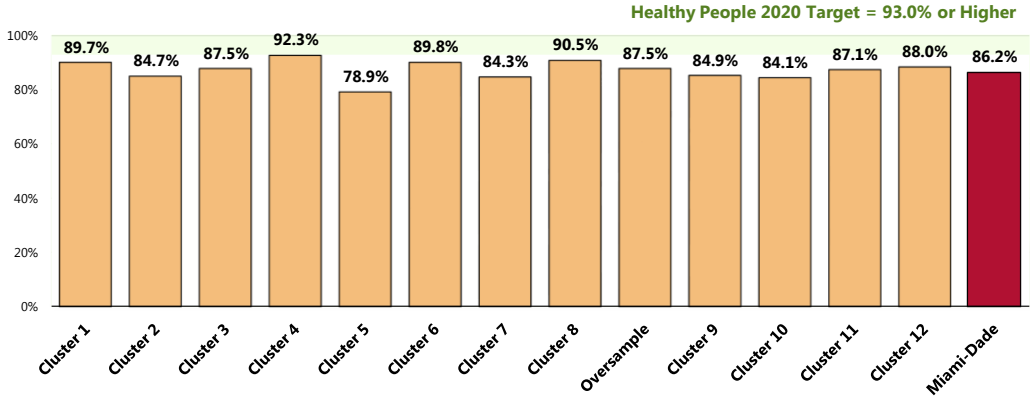
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the Florida percentage represents all women age 18 and older.

- Favorably high in Cluster 4.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents 21-65.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

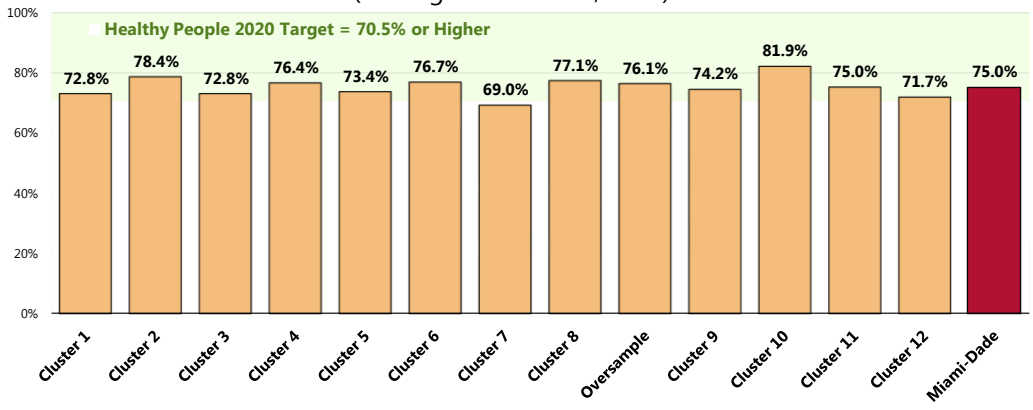
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among adults age 50-75, 75.0% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Satisfies the Healthy People 2020 target (70.5% or higher).
- Statistically similar by Cluster.

Have Had a Colorectal Cancer Screening

(Among Adults 50-75; 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

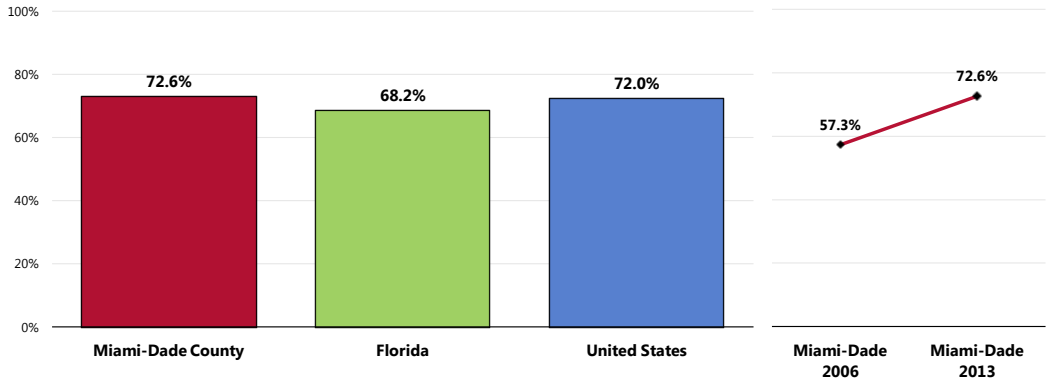
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Among adults age 50 and older, more than 7 in 10 (72.6%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Florida findings.
- Comparable to national findings.
- Marks a significant increase in testing over time.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



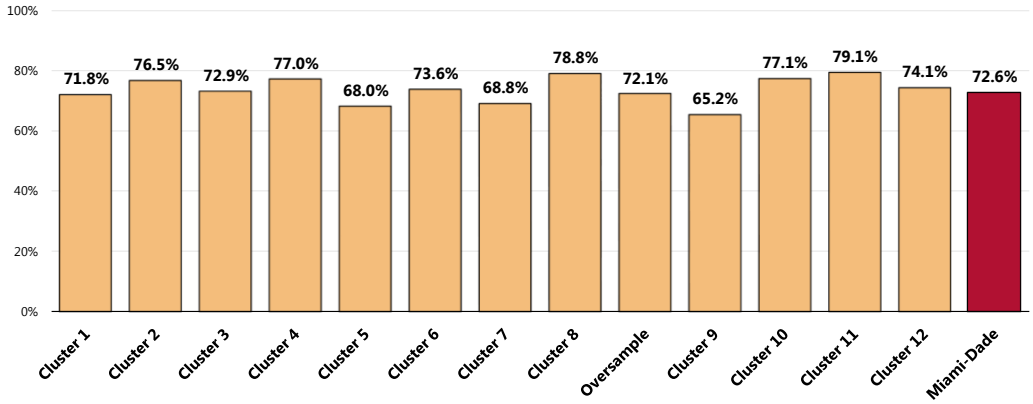
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

- Statistically similar by Cluster.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

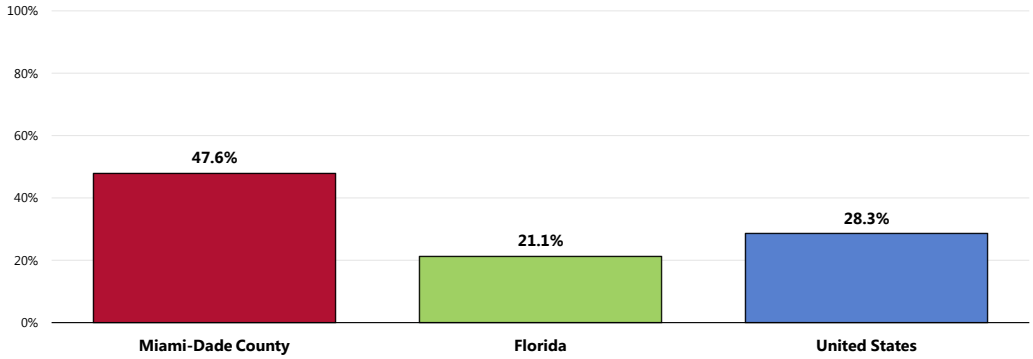
Notes:
- Asked of all respondents 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Among adults age 50 and older, 47.6% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Well above Florida findings.
- Well above national findings.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



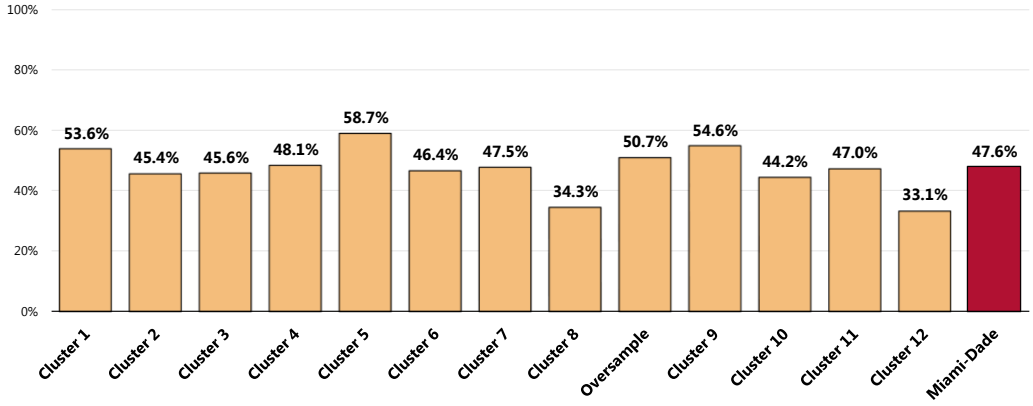
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.

- Lowest in Clusters 8 and 12; highest in Cluster 5.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]

Notes:
- Asked of all respondents 50 and older.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health. Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

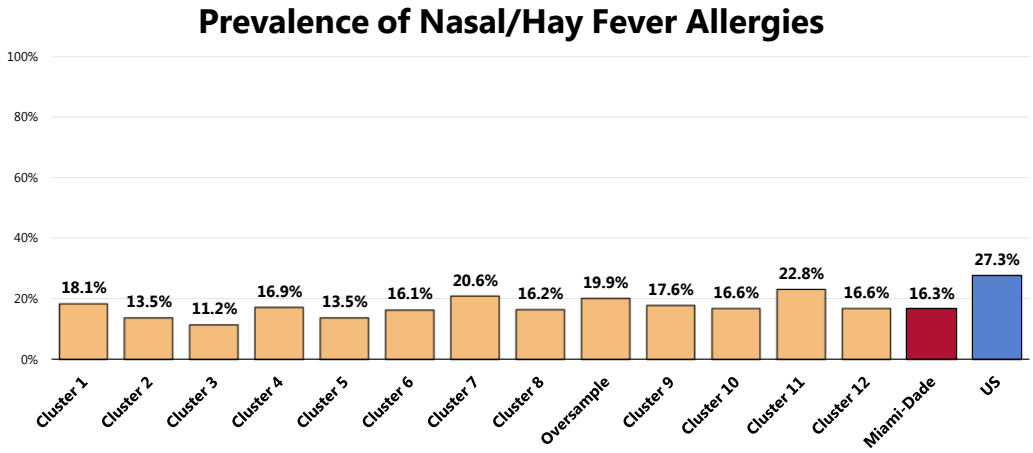
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

Prevalence of Nasal/Hay Fever Allergies

A total of 16.3% of Miami-Dade County adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Well below the national prevalence.
- Unfavorably high in Cluster 11; lowest in Cluster 3.

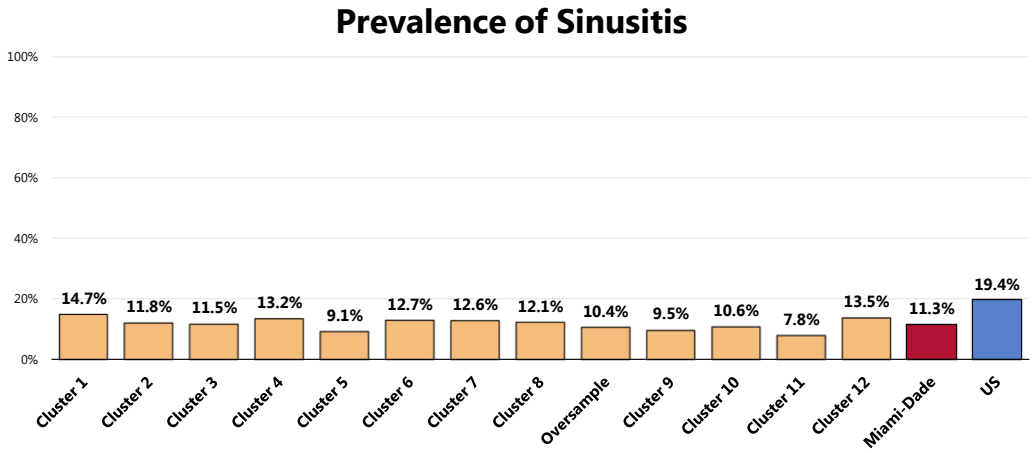


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Sinusitis

A total of 11.3% of Miami-Dade County adults suffer from sinusitis.

- More favorable than the national prevalence.
- Statistically comparable by Cluster.

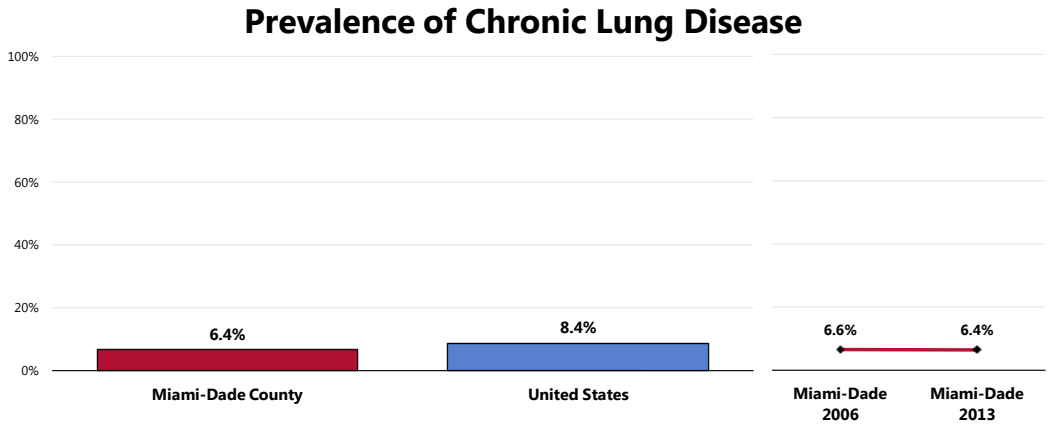


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Chronic Lung Disease

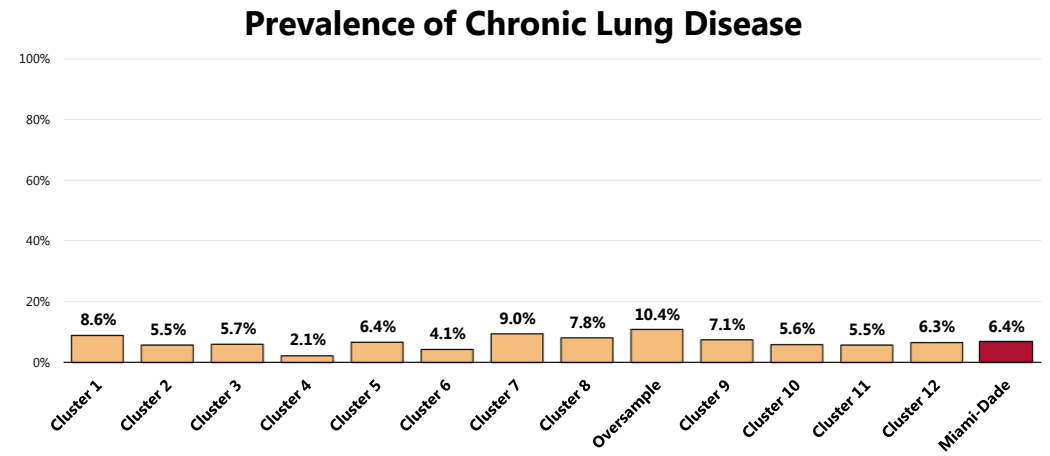
A total of 6.4% of Miami-Dade County adults suffer from chronic lung disease.

- Better than the national prevalence.
- Unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Highest in the Oversample; lowest in Cluster 4.



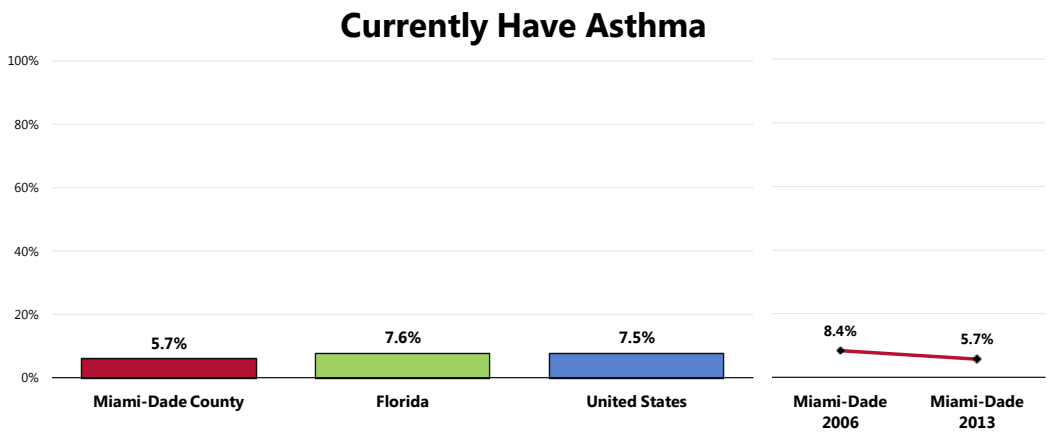
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
Notes: • Asked of all respondents.

Prevalence of Asthma

Adults

A total of 5.7% of Miami-Dade County adults currently suffer from asthma.

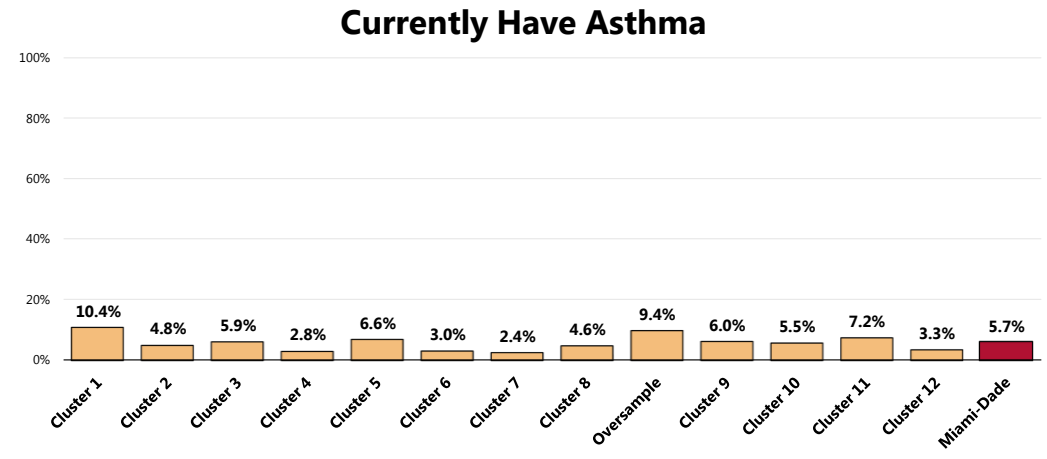
- Better than the statewide prevalence.
- Similar to the national prevalence.
- Marks a statistical improvement over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.

Notes:
- Asked of all respondents.

- Unfavorably high in Clusters 1 and in the Oversample; lowest in Clusters 4, 6, and 7.



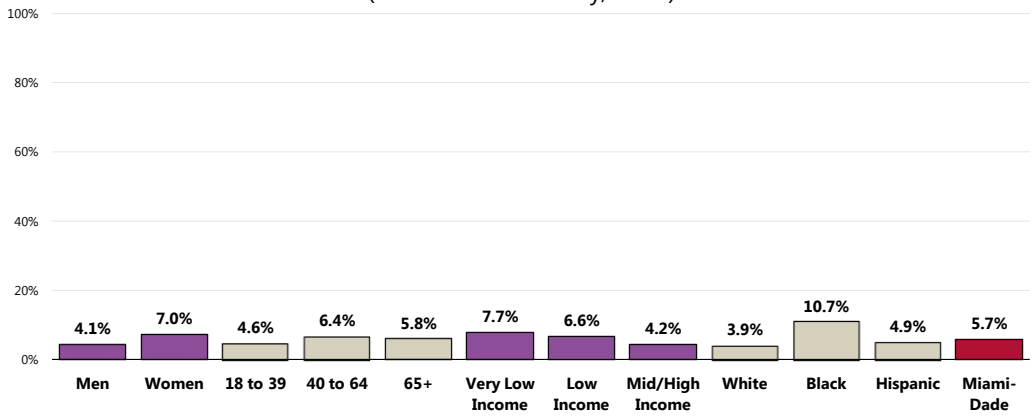
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

Notes:
- Asked of all respondents.

Asthma in Miami-Dade County is statistically high in women, lower-income residents, and Blacks.

Currently Have Asthma

(Miami-Dade County, 2013)

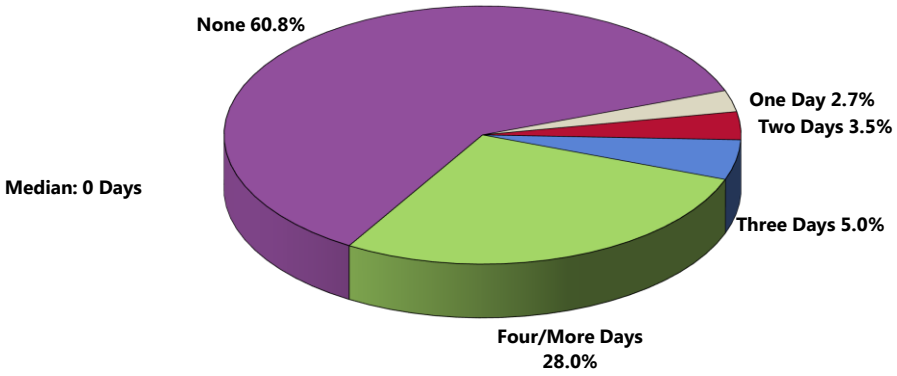


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 28.0% of respondents with asthma report four or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

Number of Days in Past Year on Which Asthma Interfered With Work or Usual Activities

(Among Miami-Dade County Adults w/Asthma, 2013)



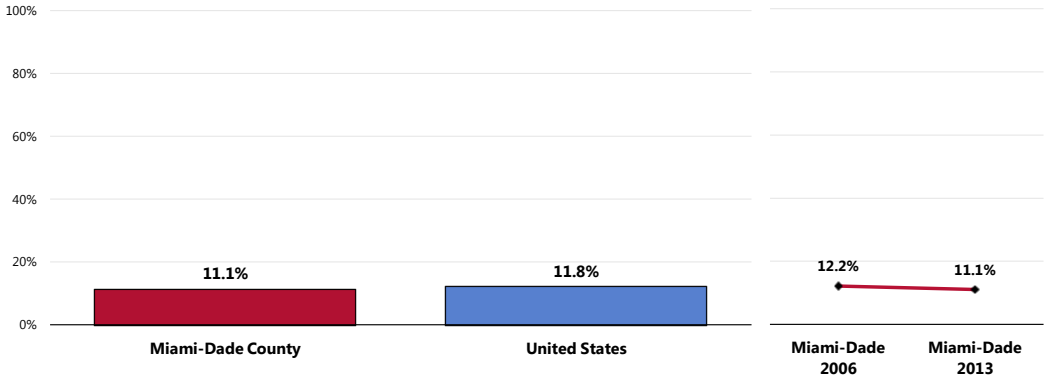
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
Notes: • Asked of all respondents with asthma.

Among Miami-Dade County children under age 18, 11.1% have been diagnosed with asthma.

- Similar to national findings.
- The prevalence of children who have ever been diagnosed with asthma has not changed significantly over time.

Child Has Ever Been Diagnosed With Asthma

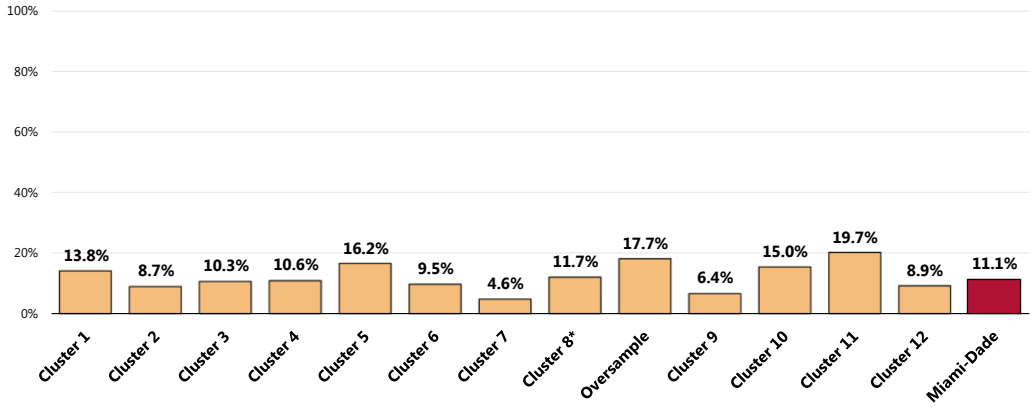
(Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
• 2013 PRC Community Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

- Favorably low among children in Cluster 7.

Child Has Been Diagnosed With Asthma



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of all respondents with children under 18 at home.
• *Sample size is <50 and must be taken into account when making comparisons.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable. Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

- Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:
- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

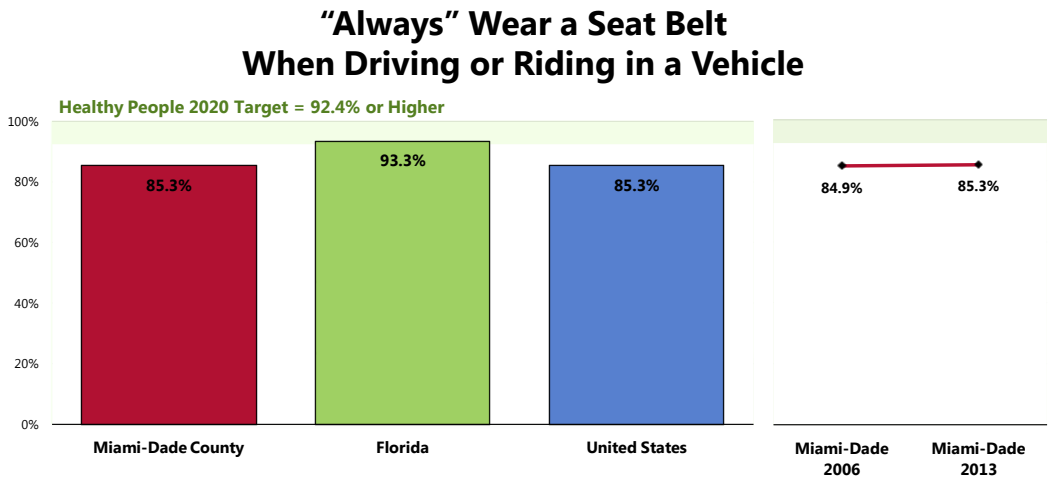
Injury Control

Seat Belt Usage

Adults

Most Miami-Dade County adults (85.3%) report "always" wearing a seat belt when driving or riding in a vehicle.

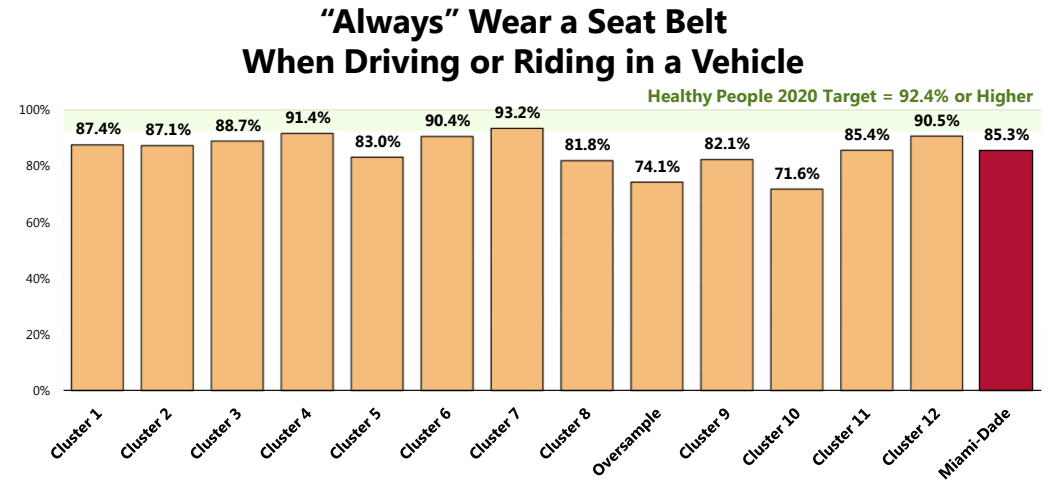
- Lower than the Florida percentage.
- Identical to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- Statistically unchanged since 2006.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

Notes:
- Asked of all respondents.

- Lowest in Cluster 10 and the Oversample; favorably high in Clusters 4, 6, 7, and 12.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

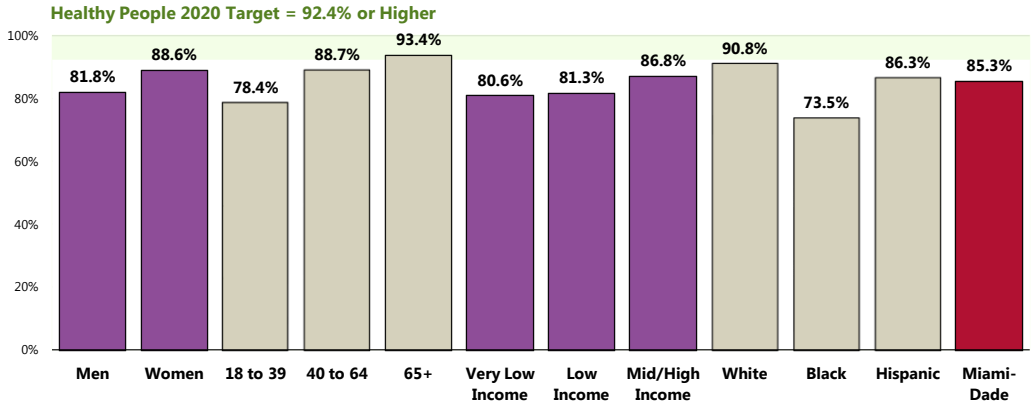
Notes:
- Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Young adults.
- Low-income residents.
- Blacks.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

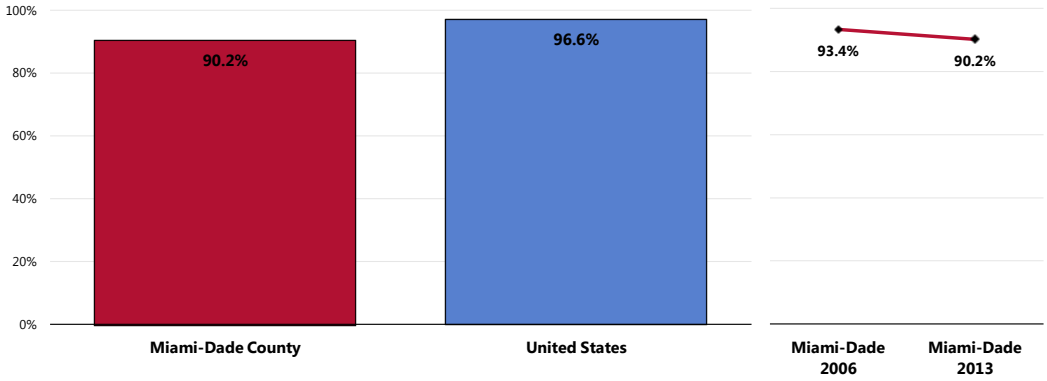
Children

A full 90.2% of Miami-Dade County parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Lower than what is found nationally.
- Statistically unchanged since 2006.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



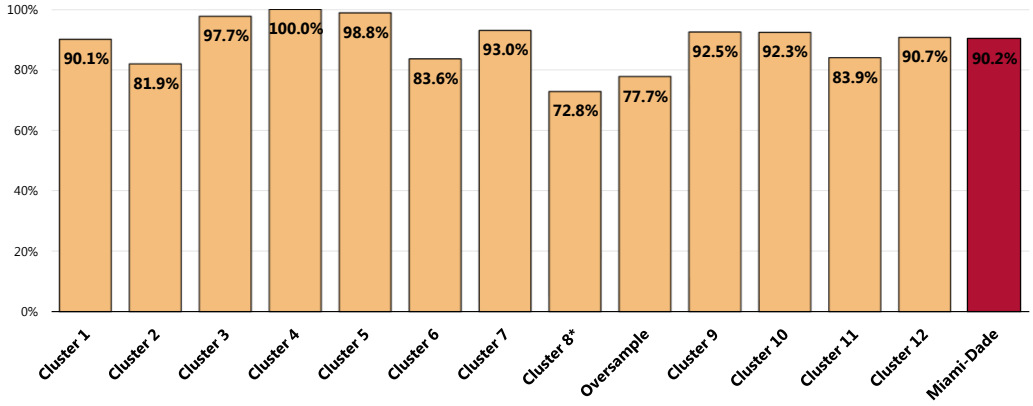
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2012 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

- Unfavorably low in Clusters 2 and 8 and in the Oversample; favorably high in Clusters 3, 4, and 5.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children <18)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
Notes: • Asked of all respondents with children under 18 at home.
• *Sample size is <50 and must be taken into account when making comparisons.

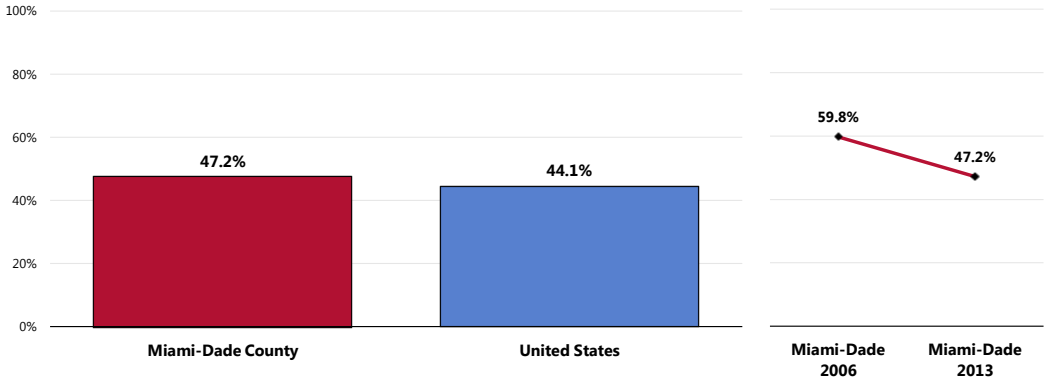
Bicycle Safety

A total of 47.2% of Miami-Dade County children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- Marks a statistical decrease over time.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)

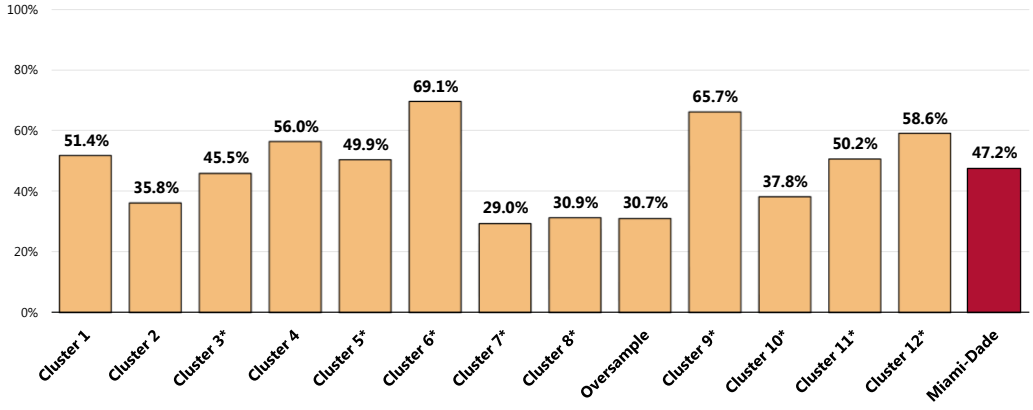


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17 at home.
• 2006 trend data represents children age 5-16.

- Favorably low in Cluster 2 and the Oversample.
- *Reminder: keep in mind the small sample size which many of these percentages represent when making comparisons.*

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes:
- Asked of all respondents with children age 5-17 at home.
- *Sample size is <50 and must be taken into account when making comparisons.

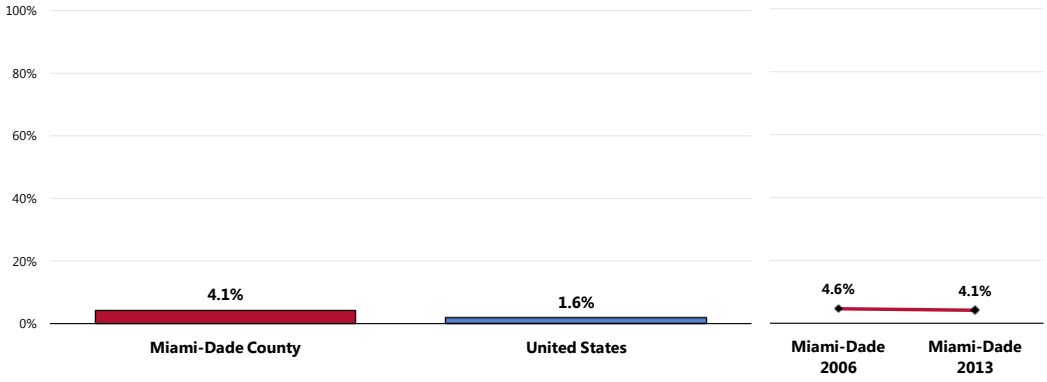
Violence

Violent Crime Victimization

A total of 4.1% of Miami-Dade County adults acknowledge being the victim of a violent crime in the past five years.

- Higher than national findings.
- Statistically unchanged over time.

Victim of a Violent Crime in the Past Five Years

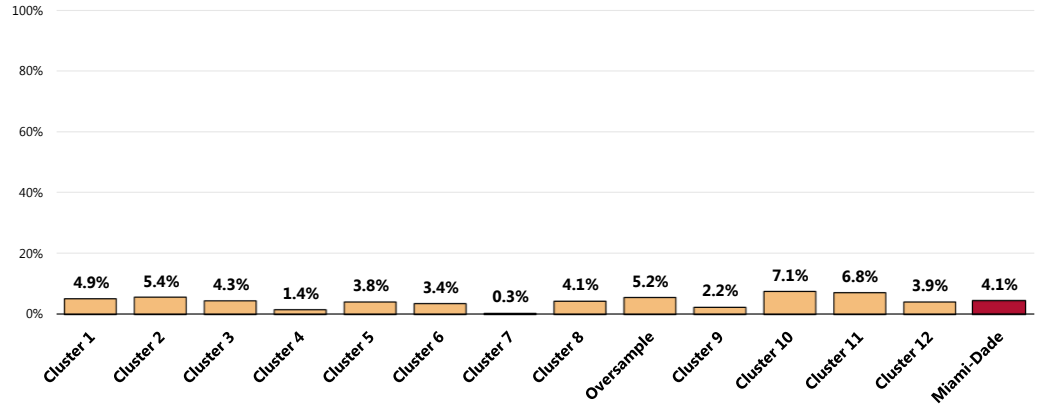


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Favorably low in Clusters 4, 7, and 9.

Victim of a Violent Crime in the Past Five Years

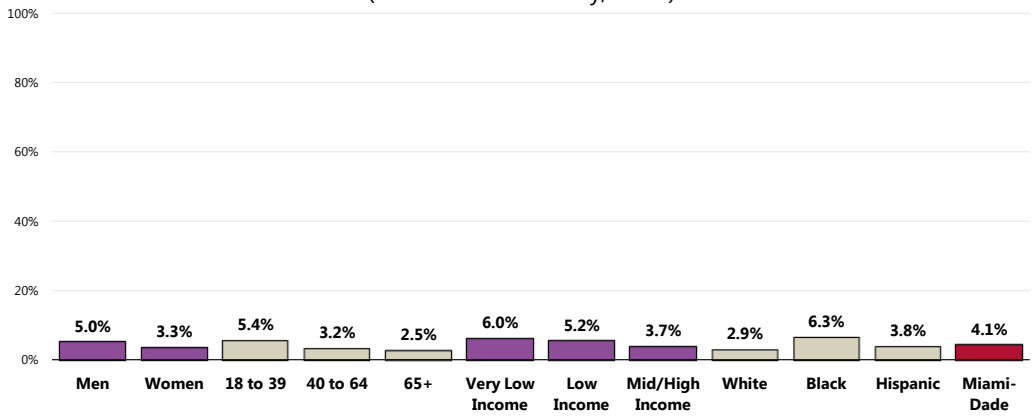


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of all respondents.

- Recent crime victimization is more often noted among men, young adults, and Blacks in Miami-Dade County.

Victim of a Violent Crime in the Past Five Years

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

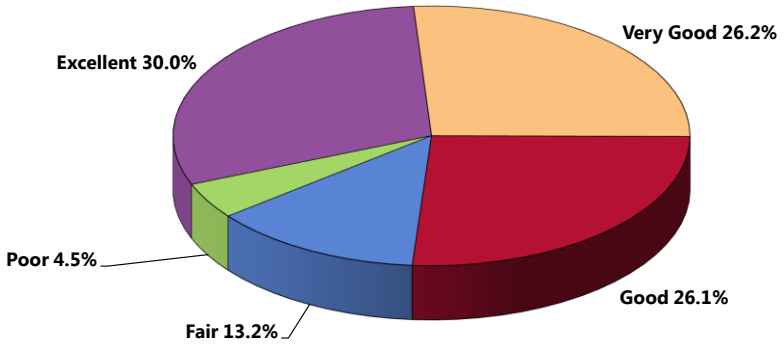
"Would you say the levels of safety and security in your neighborhood are excellent, very good, good, fair or poor?"

When asked about the level of safety and security in their neighborhood, 56.2% of respondents gave "excellent" or "very good" ratings.

Another 26.1% reported "good" ratings for the level of safety and security in their neighborhood.

Rating of Neighborhood's Safety and Security

(Miami-Dade County, 2013)

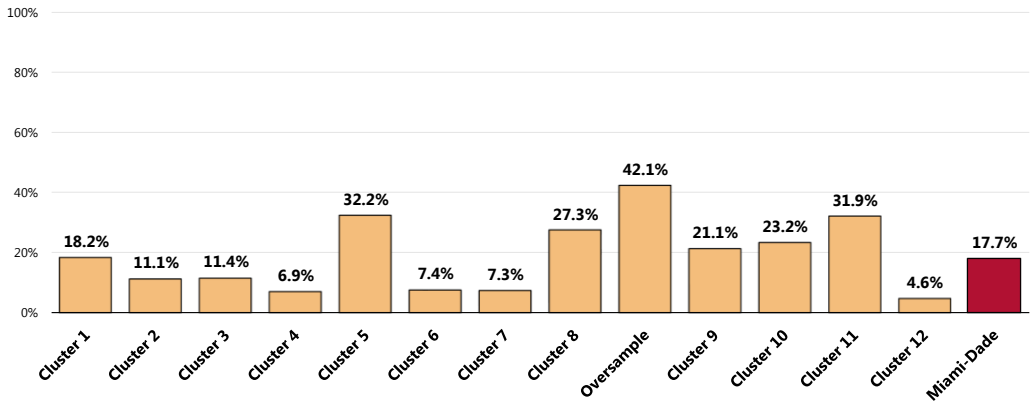


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

Of those respondents giving low ratings of their neighborhood safety and security, most made various references to crime, while some mentioned poor lighting and others mentioned traffic issues.

- "Fair" or "poor" ratings of neighborhood safety and security are favorably low in Clusters 2, 3, 4, 6, 7, and 12, but statistically high in Clusters 5, 8, 11, and in the Oversample.

Neighborhood Safety and Security is "Fair" or "Poor"

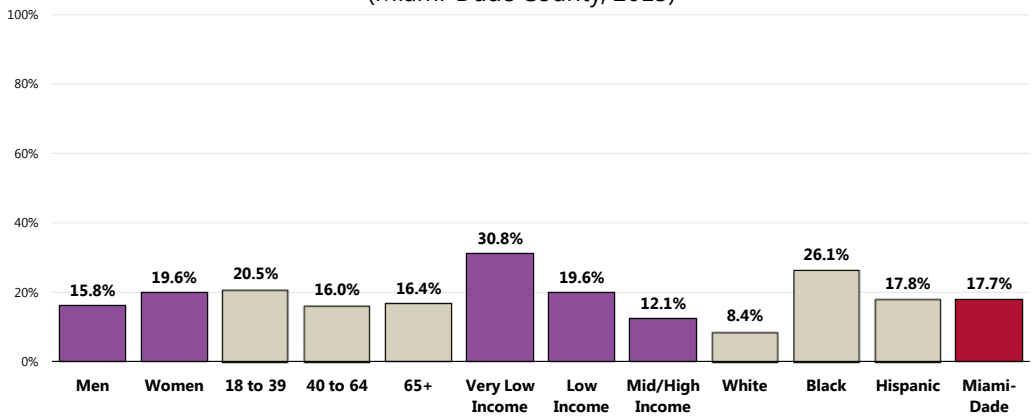


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

Reports of violence decrease with income level and are unfavorably high among Blacks in Miami-Dade County.

Neighborhood Safety and Security is "Fair" or "Poor"

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

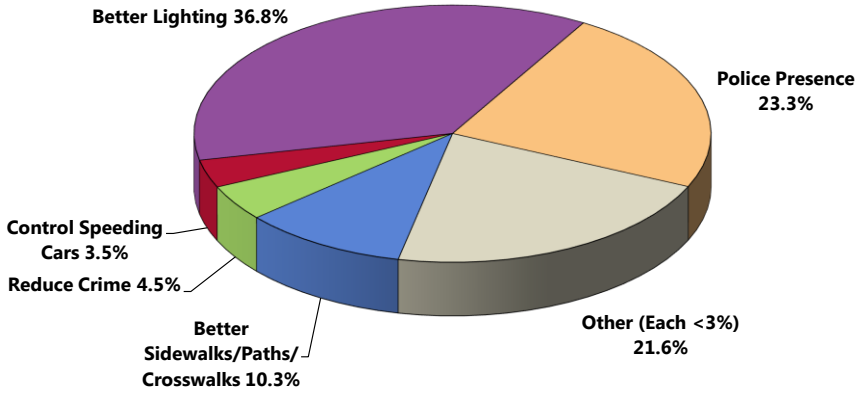
"What ONE thing most needs improvement to increase the safety and security you feel walking on the roads in your neighborhood?"

Asked to specify the one thing that most needs improvement in order to increase the safety and security felt when walking on neighborhood roads, the largest share of responses was for better lighting (mentioned by 36.8%), followed by a more substantial police presence (23.3%).

Other improvements included references to better sidewalks, paths, and/or crosswalks (mentioned by 10.3%), a reduction in crime (4.5%), and control of speeding cars (3.5%).

#1 Improvement Needed to Increase Safety and Security While Walking on Neighborhood Roads

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents; excludes the 37.3% of respondents who were uncertain or said "nothing."

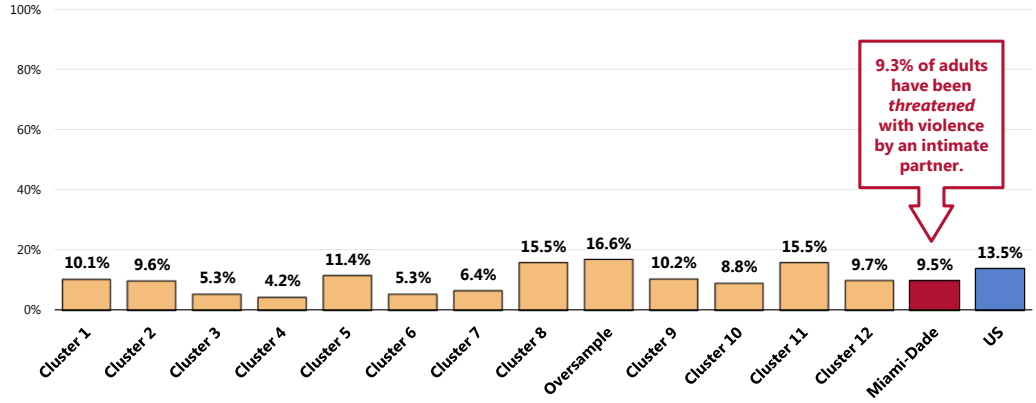
A total of 9.3% of Miami-Dade County adults report that they have ever been threatened with physical violence by an intimate partner.

- More favorable than that reported nationally (not shown).
- Lowest in Clusters 3, 4, 6, and 7; highest in Cluster 11 and in the Oversample (not shown).

A total of 9.5% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Unfavorably high in Clusters 8 and 11 and in the Oversample; favorably low in Clusters 3, 4, and 6.

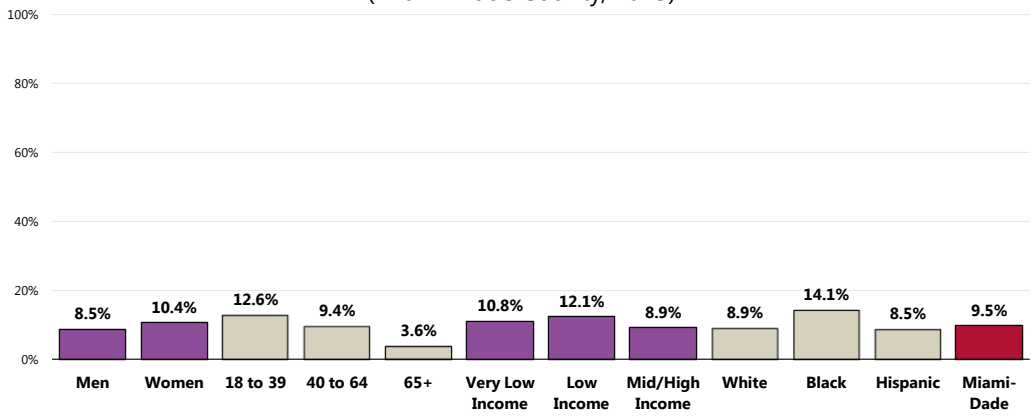
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 54-55]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Reports of domestic violence are statistically high among adults under 65 (note the negative correlation with age) and Blacks.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Bullying

Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue, fight, or tease each other in a friendly way.

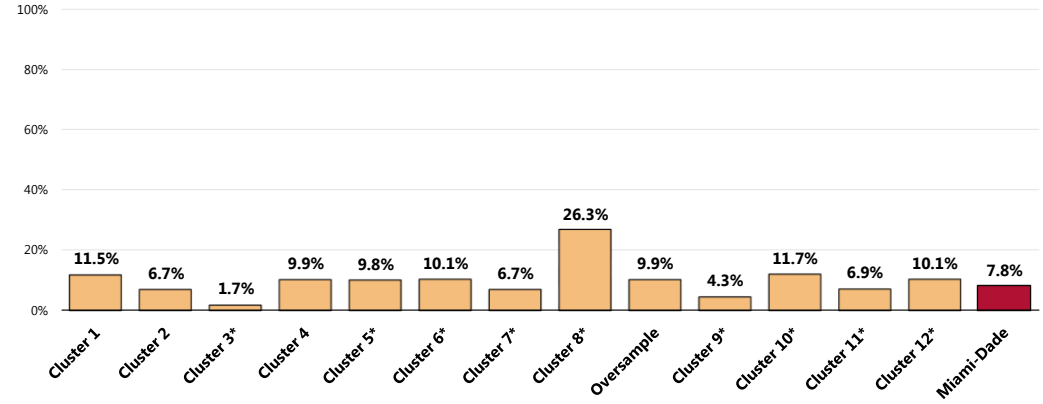
"During the past 12 months, has this child been bullied on school property?"

Bullying On School Property

Among Miami-Dade County parents of school-aged children, 7.8% report that their child has been bullied on school property in the past year.

- Lowest in Cluster 3, highest in Cluster 8; *it is important to note, however, the small samples which many of the percentages represent*.

Child Has Been Bullied on School Property
(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



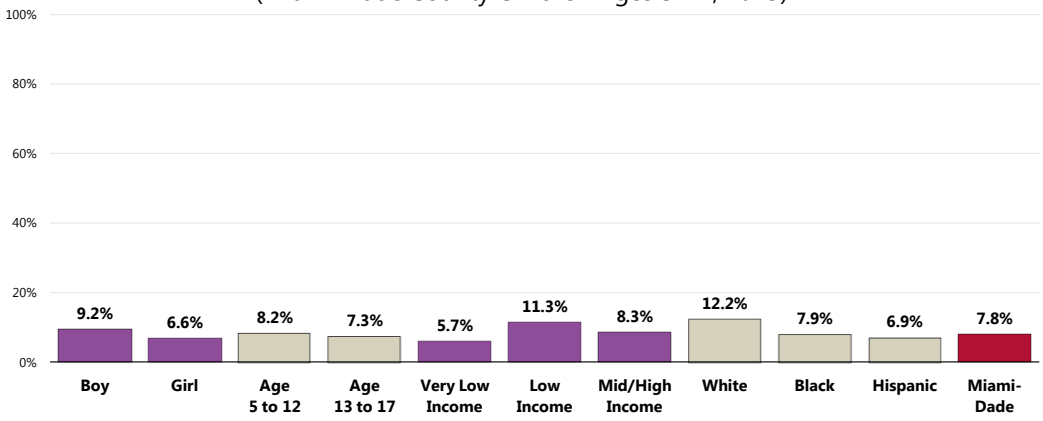
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• *Sample size is <50 and must be taken into account when making comparisons.

Bullying on school property is statistically high among these population segments:

- Children in households with incomes above the federal poverty level.
- Whites.

Child Has Been Bullied on School Property

(Miami-Dade County Children Ages 5-17, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]

Notes:
- Asked of all respondents about a randomly-selected child in the household age 5-17.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cyber-Bullying

Cyber-bullying happens when a child is electronically bullied, such as through email, chat rooms, instant messaging, websites or texting.

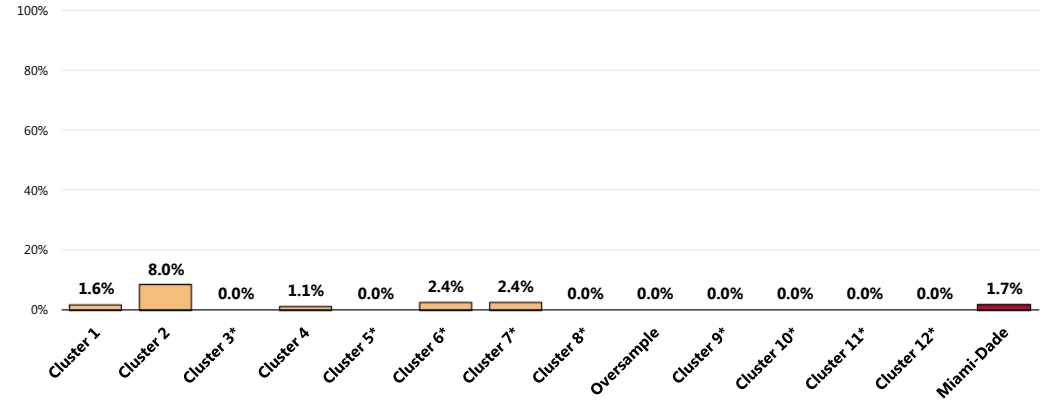
"During the past 12 months, has this child been cyber-bullied?"

Among Miami-Dade County parents of school-aged children, 1.7% report that their child has been electronically bullied in the past year.

- Unfavorably high among children in Cluster 2.

Child Has Been Cyber-Bullied

(Among Parents of Children Age 5-17; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

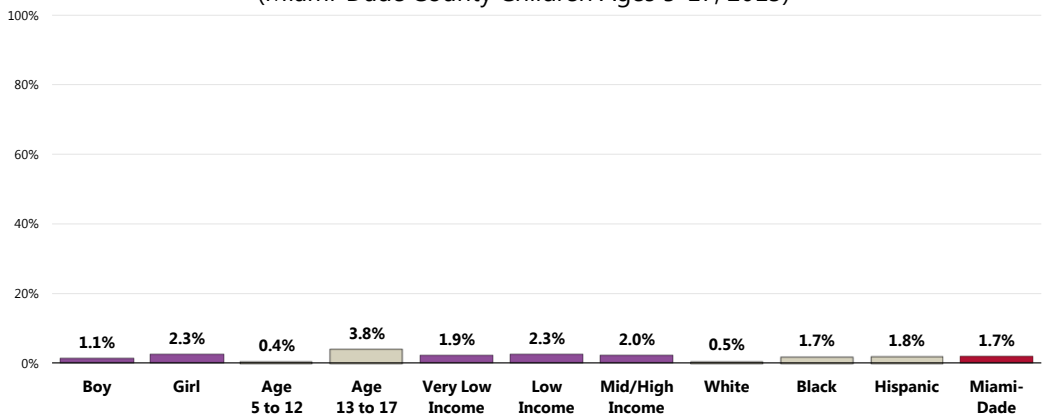
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- The term "cyber-bullied" refers to electronic bullying through email, chat rooms, instant messaging, websites, or texting.
- *Sample size is <50 and must be taken into account when making comparisons.

Electronic bullying is statistically high among these children:

- Teens.
- Blacks and Hispanics.

Child Has Been Cyber-Bullied

(Miami-Dade County Children Ages 5-17, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents about a randomly-selected child in the household age 5-17.
- The term "cyber-bullied" refers to electronic bullying through email, chat rooms, instant messaging, websites, or texting.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

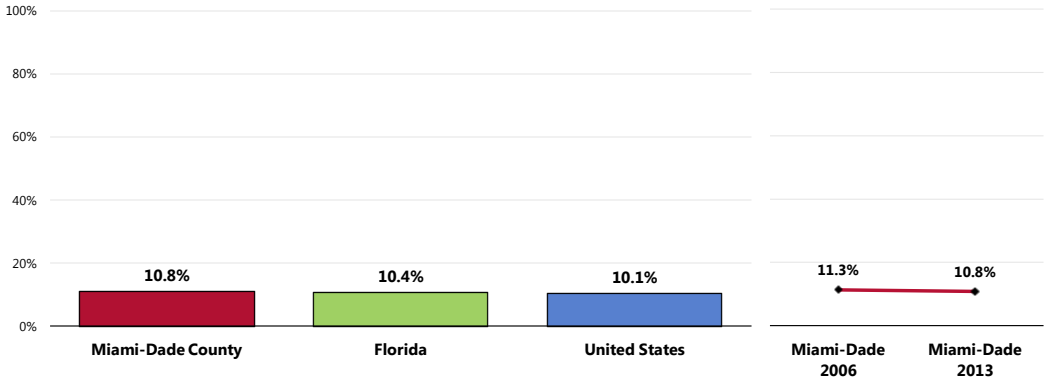
– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 10.8% of Miami-Dade County adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.
- Similar to the national proportion.
- Statistically unchanged since 2006.

Prevalence of Diabetes

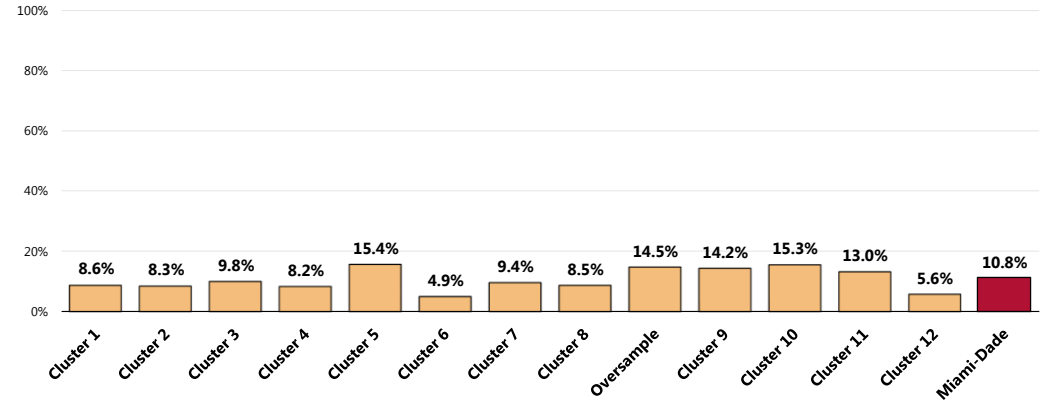


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.

Notes:
- Asked of all respondents.
- Excludes gestation diabetes (occurring only during pregnancy).

- Favorably low in Clusters 6 and 12.

Prevalence of Diabetes

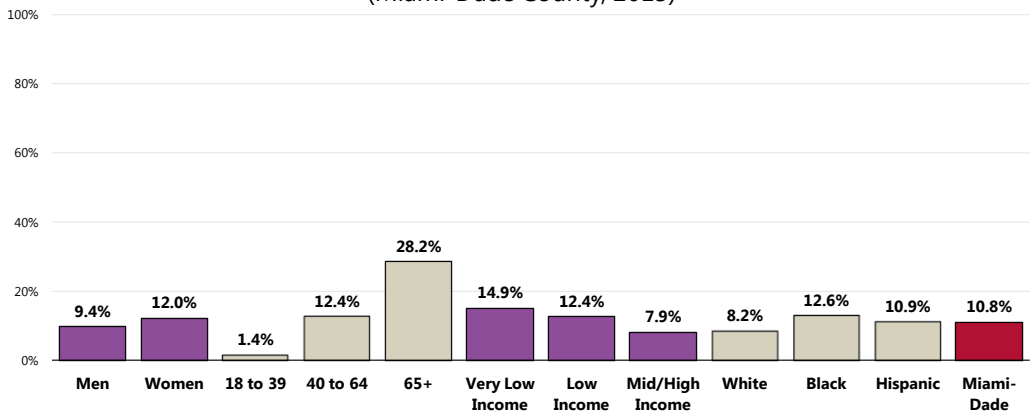


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

Notes:
- Asked of all respondents.
- Excludes gestation diabetes (occurring only during pregnancy).

- Note the positive correlation between diabetes and age (with 28.2% of seniors with diabetes).
- Women, lower-income residents, and Blacks and Hispanics are also more likely to report being diabetic.

Prevalence of Diabetes
(Miami-Dade County, 2013)

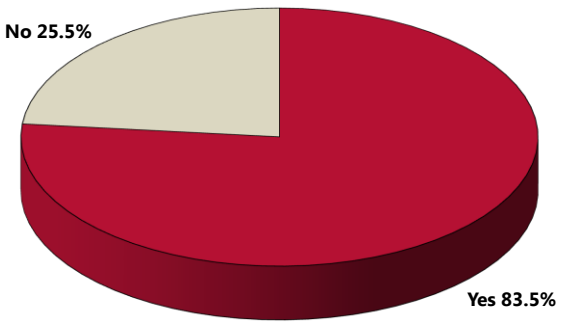


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Treatment

Among adults with diabetes, most (83.5%) are currently taking insulin or some type of medication to manage their condition

Taking Insulin or Other Medication for Diabetes
(Among Miami-Dade County Diabetics)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: • Asked of all diabetic respondents.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

RELATED ISSUE:
See also *Activity Limitations* in the **General Health Status** section of this report.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

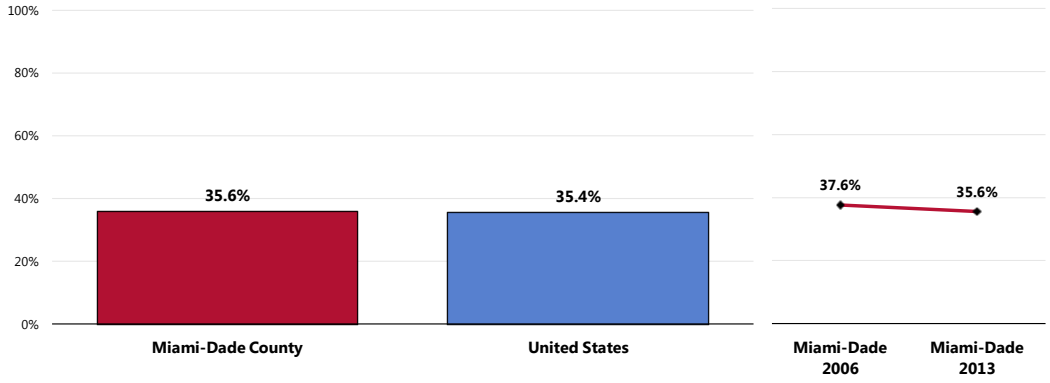
Prevalence of Arthritis/Rheumatism

Over one-third (35.6%) of Miami-Dade County adults age 50 and older reports suffering from arthritis or rheumatism.

- Almost identical to that found nationwide.
- The prevalence of arthritis/rheumatism is similar to that reported in 2006.

Prevalence of Arthritis/Rheumatism

(Among Adults 50+)

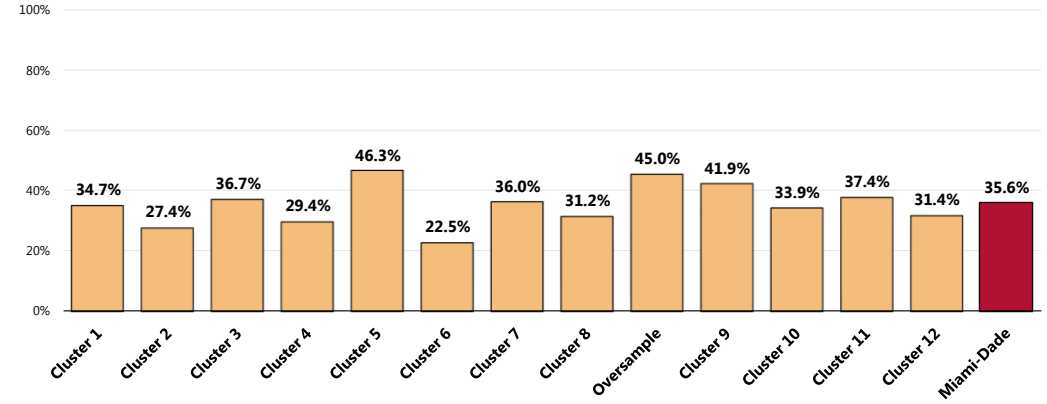


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents 50 and older.

- Highest in Cluster 5 and in the Oversample; favorably low in Clusters 2 and 6.

Prevalence of Arthritis/Rheumatism

(Among Adults 50+)

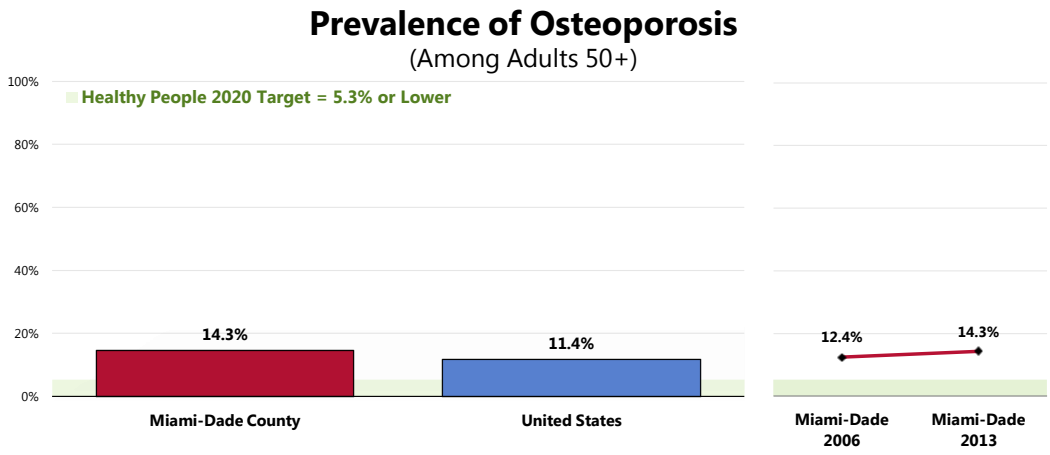


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 14.3% of survey respondents age 50 and older have osteoporosis.

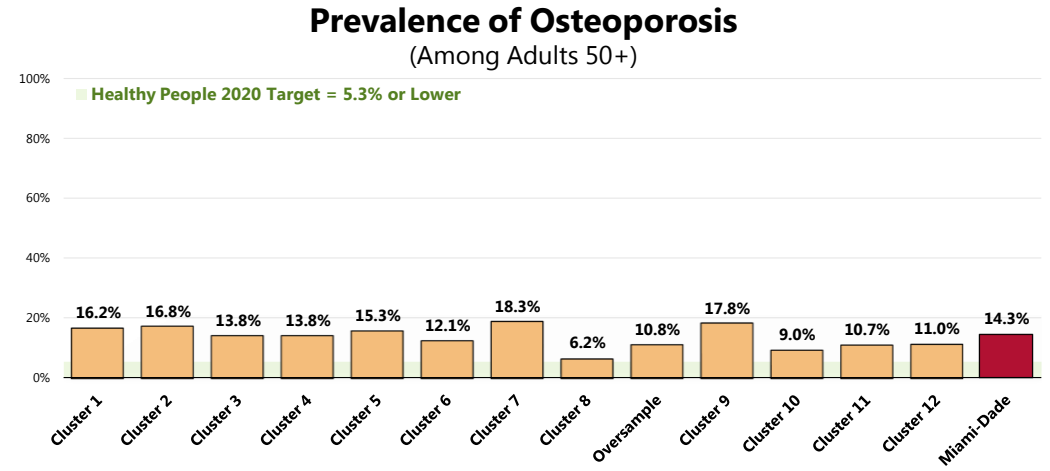
- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Statistically unchanged over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents 50 and older.

- Lowest in Cluster 8.



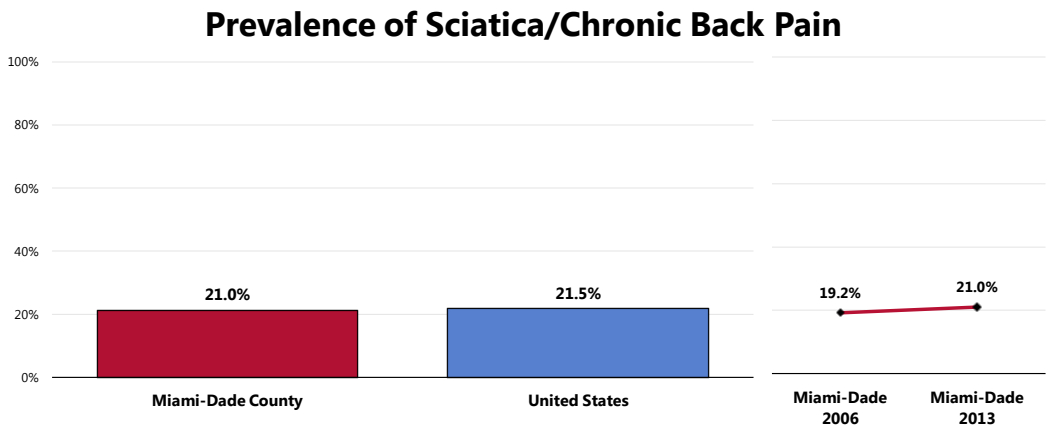
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Asked of all respondents age 50+.

Prevalence of Sciatica/Chronic Back Pain

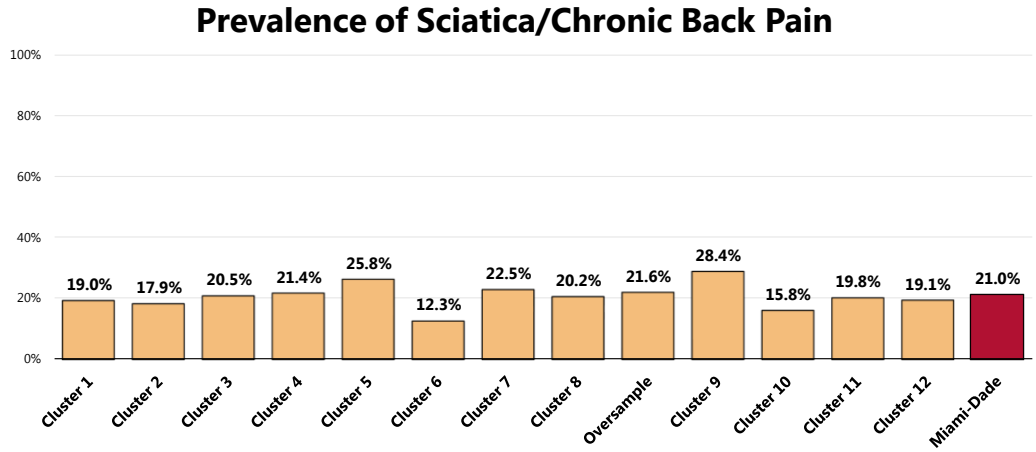
A total of 21.0% of survey respondents suffer from chronic back pain or sciatica.

- Nearly identical to that found nationwide.
- Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Highest in Cluster 9; favorably low in Clusters 6 and 10.

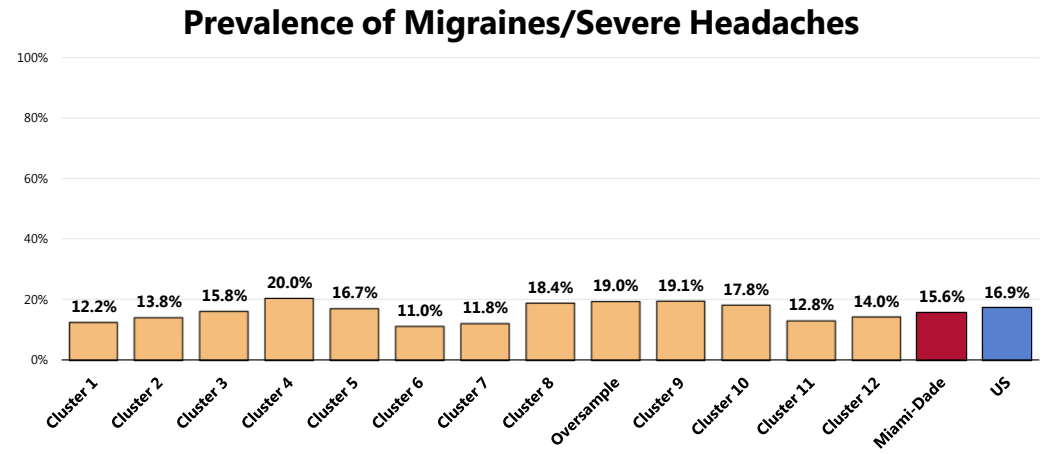


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
Notes: • Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 15.6% of survey respondents report suffering from migraines or severe headaches.

- Similar to that found nationwide.
- Favorably low in Cluster 6.

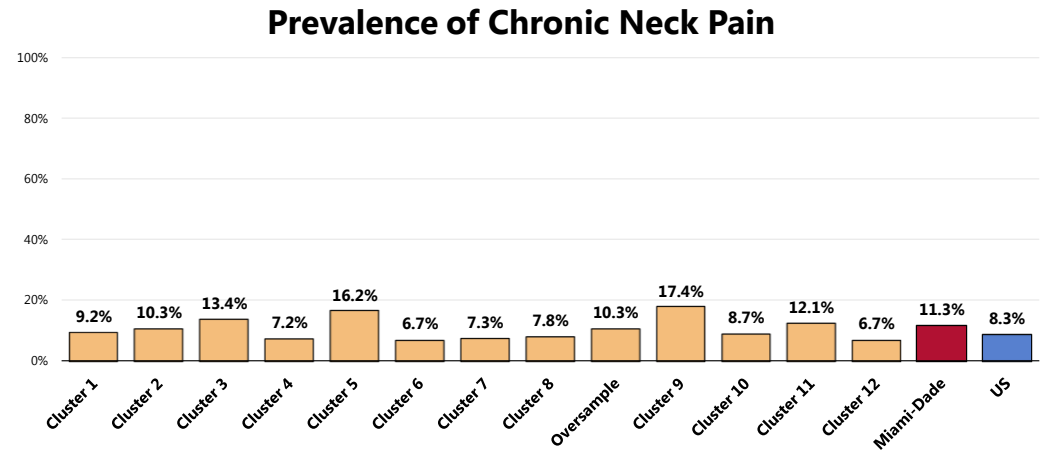


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 11.3% of survey respondents currently suffer from chronic neck pain.

- Higher than that found nationwide.
- Highest in Clusters 5 and 9; lowest in Clusters 4, 6, 7, and 12.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Vision & Hearing Impairment

Vision Trouble

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

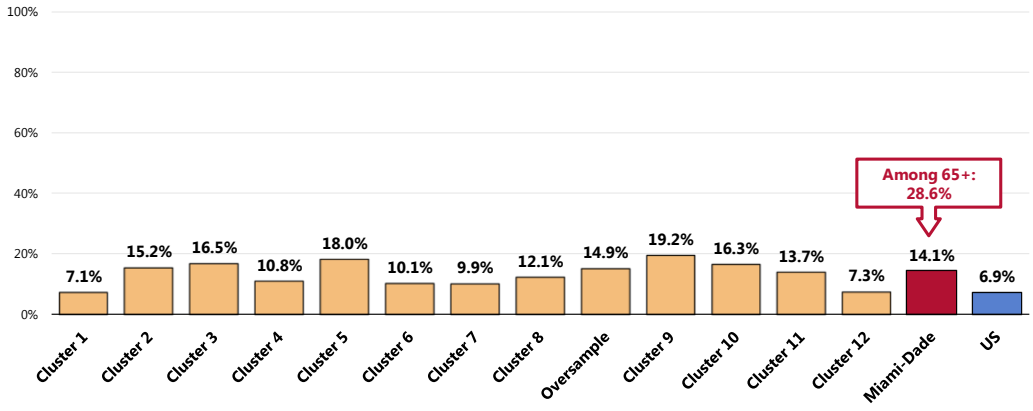
– Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.

A total of 14.1 % of Miami-Dade County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Twice that found nationwide.
- Among Miami-Dade County adults age 65 and older, 28.6% have vision trouble.
- Lower in Clusters 1, 7, and 12; statistically high in Cluster 9.

Prevalence of Blindness/Trouble Seeing



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

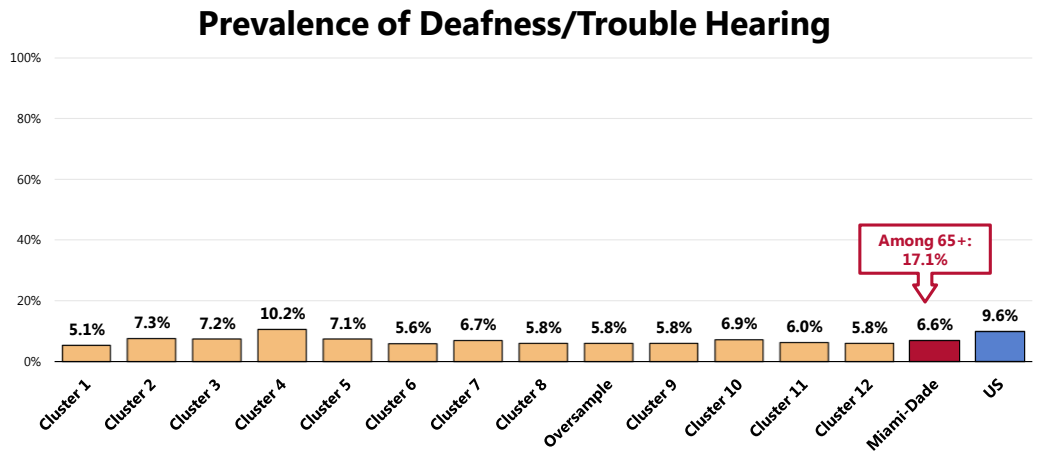
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 6.6% of Miami-Dade County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Among Miami-Dade County adults age 65 and older, 17.1% have partial or complete hearing loss.
- No statistical difference by Cluster.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

HIV & STDs

HIV Testing

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

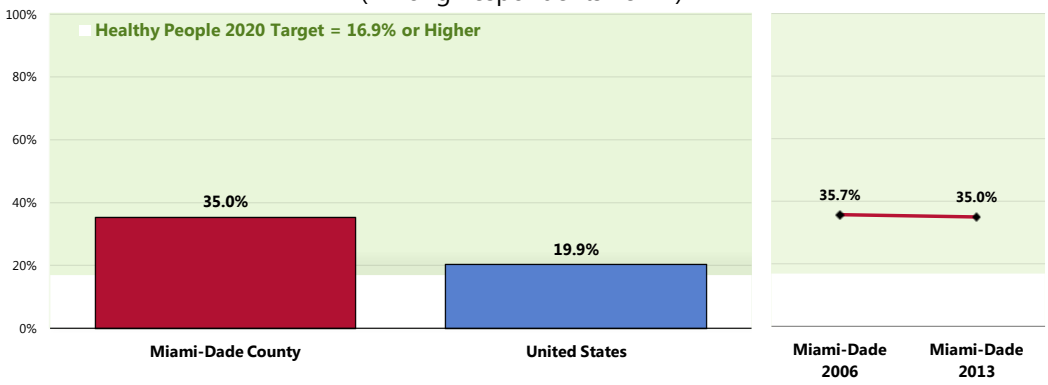
– Healthy People 2020 (www.healthypeople.gov)

Among Miami-Dade County adults age 18-44, 35.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Higher than the proportion found nationwide.
- Easily satisfies the Healthy People 2020 target of 16.9% or higher.
- Testing has remained stable since 2006.

Tested for HIV in the Past Year

(Among Respondents 18-44)



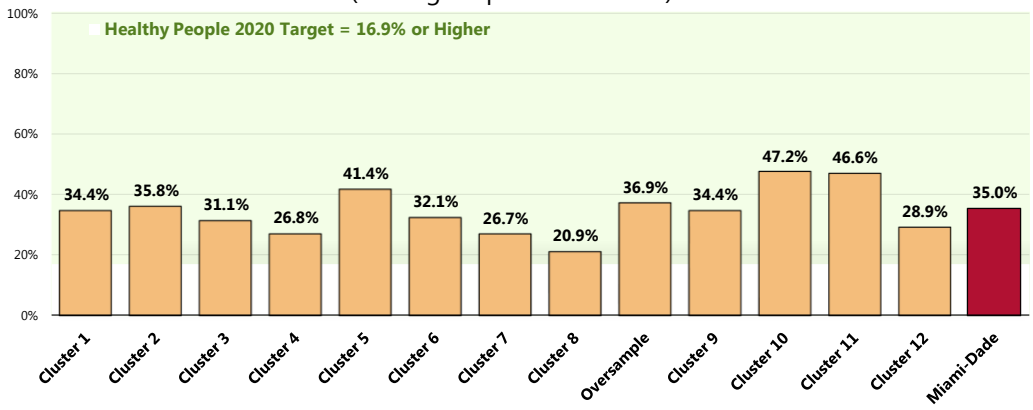
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 177]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

- Highest in Clusters 10 and 11; lowest in Cluster 8.

Tested for HIV in the Past Year

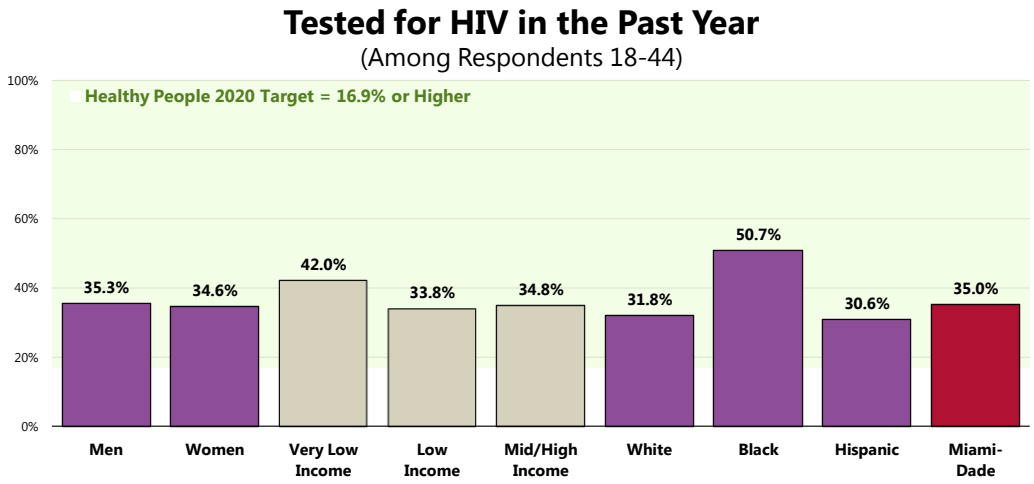
(Among Respondents 18-44)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

County residents living in poverty and Blacks more often report having been tested for HIV.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

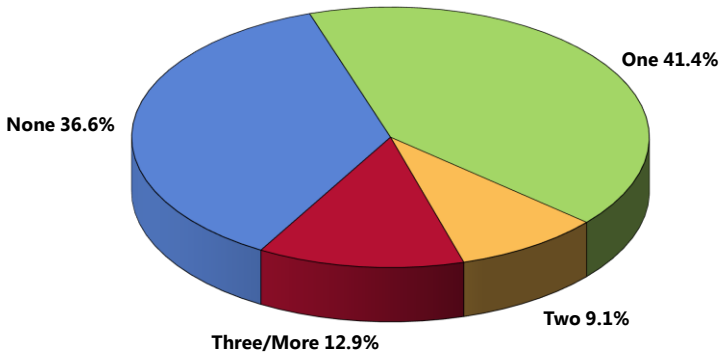
– Healthy People 2020 (www.healthypeople.gov)

Sexual Partners

Among unmarried Miami-Dade County adults under 65, the vast majority cites having one (41.4%) or no (36.6%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults 18-64; Miami-Dade County, 2013)



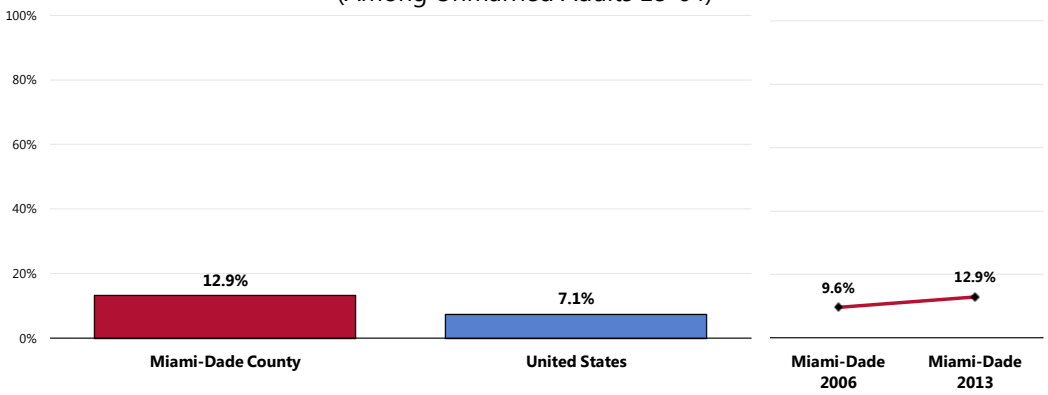
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 12.9% report three or more sexual partners in the past year.

- Higher than that reported nationally.
- Marks a significant increase over time.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)

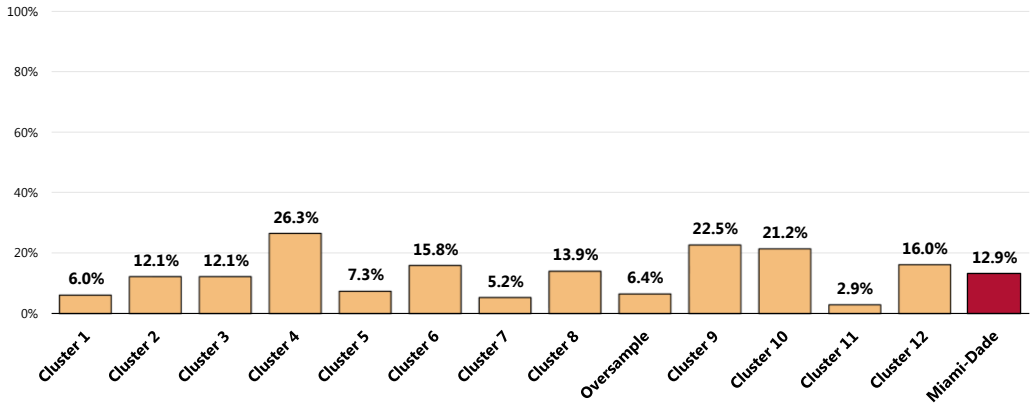


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

- Highest in Clusters 4, 9, and 10; favorably low in Clusters 1, 5, 11 and the Oversample.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



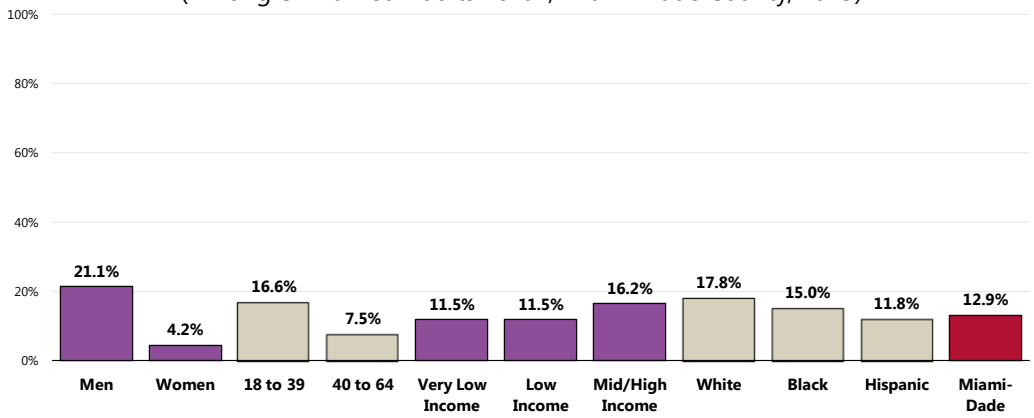
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: • Asked of all respondents.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Young adults (age 18 to 39).
- Upper-income residents.
- Whites.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

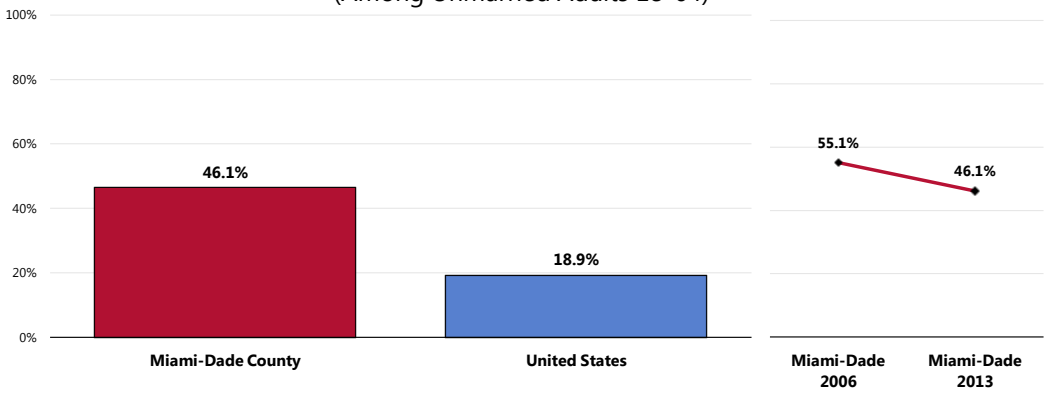
Condom Use

Among Miami-Dade County adults who are under age 65 and unmarried, 46.1% report that a condom was used during their last sexual intercourse.

- Much higher than the national figure.
- Marks a significant decrease since 2006.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)



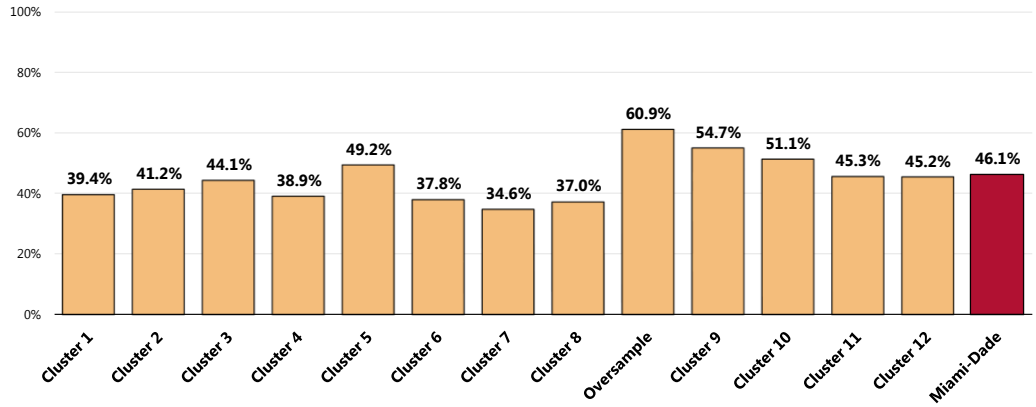
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all unmarried respondents under the age of 65.

- Highest among adults in the Oversample.

Condom Was Used During Last Sexual Intercourse

(Unmarried Respondents Age 18-64)



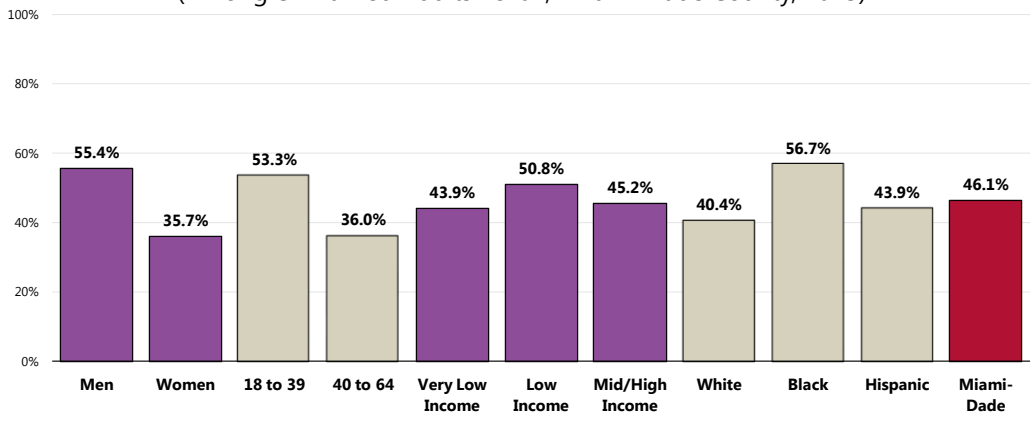
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all respondents.

Those more likely to report that a condom was used during their last sexual intercourse include:

- Men.
- Young adults.
- Residents living just above the poverty level.
- Blacks.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all unmarried respondents under the age of 65.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

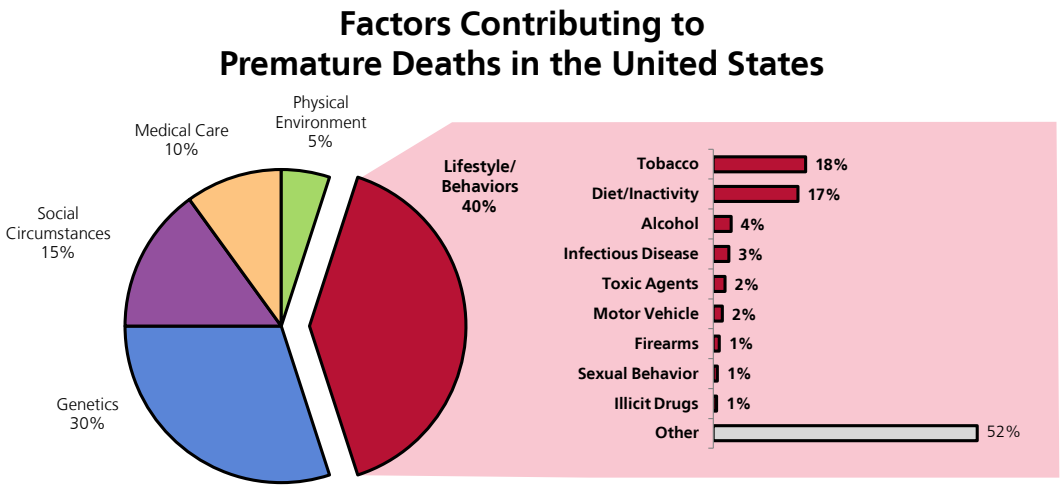
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States."

JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use	ObesityElevated serum cholesterol DiabetesHigh blood pressure Sedentary lifestyle
Cancer	Tobacco use	AlcoholImproper diet Occupational/environmental exposures
Cerebrovascular disease	High blood pressure	Elevated serum cholesterolTobacco use
Accidental injuries	Safety belt noncompliance abuse	Occupational hazardsAlcohol/substance Stress/fatigueReckless driving
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.
"Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet. Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

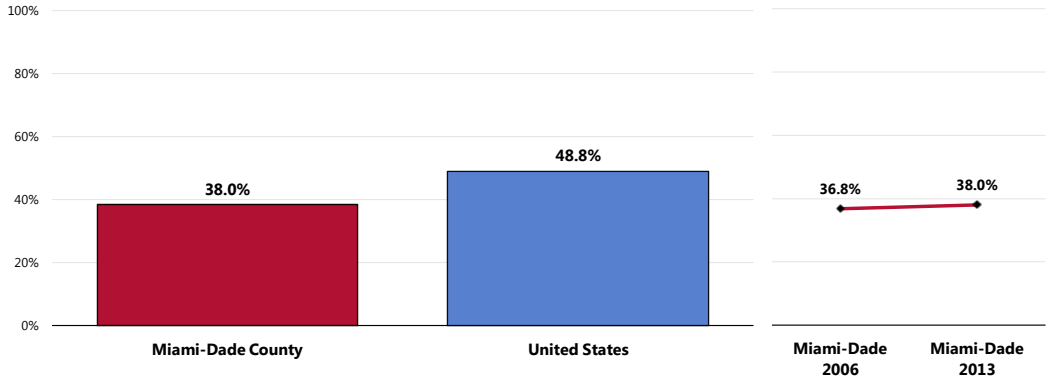
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 38.0% of Miami-Dade County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- Fruit/vegetable consumption has not changed significantly since 2006.

Consume 5+ Servings of Fruits/Vegetables Per Day

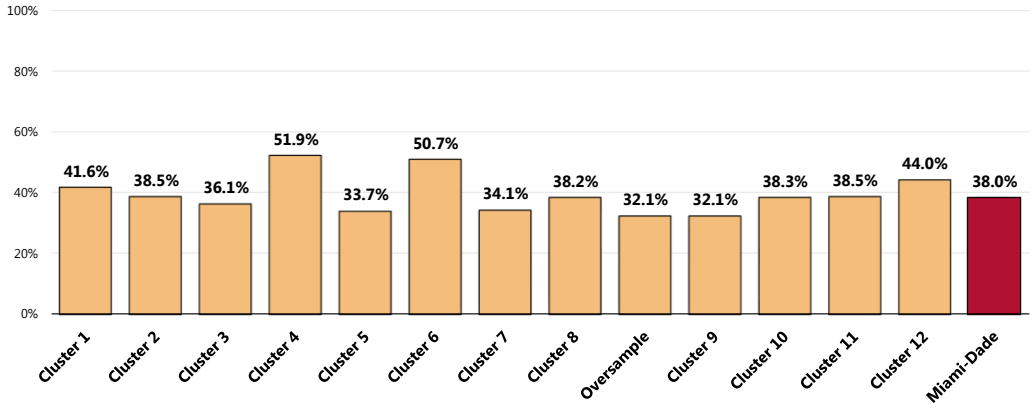


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Lowest in the Oversample and Cluster 9; favorably high in Clusters 4 and 6.

Consume 5+ Servings of Fruits/Vegetables Per Day



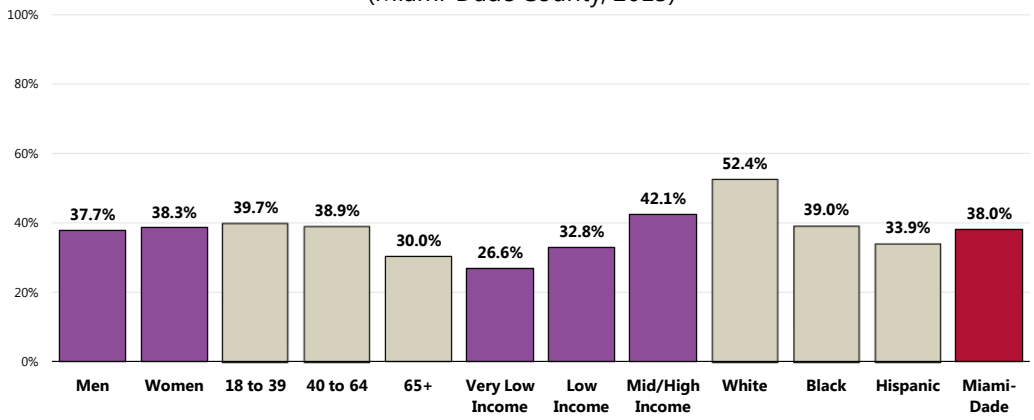
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]

Notes:
- Asked of all respondents.

- Consumption of fruits and vegetables is lower among seniors, adults in lower-income households, and Blacks and Hispanics.

Consume 5+ Servings of Fruits/Vegetables Per Day

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

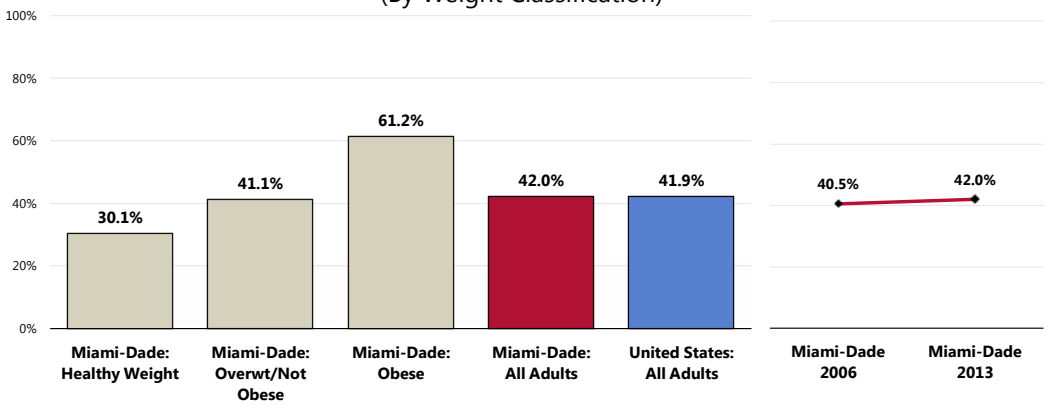
Health Advice About Diet & Nutrition

A total of 42.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Nearly identical to national findings.
- Statistically unchanged since 2006.
- Note: Among obese respondents, 61.2% report receiving diet/nutrition advice (meaning that more than one-third did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)

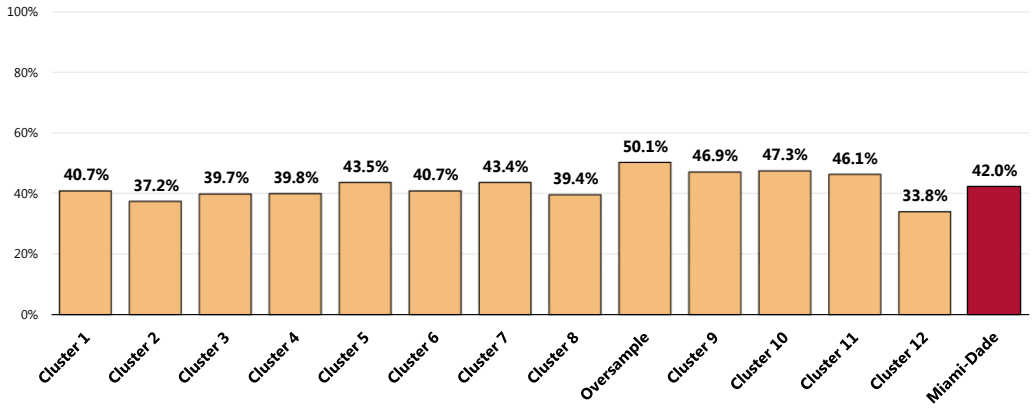


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Lowest in Cluster 12, highest in the Oversample.

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: • Asked of all respondents.

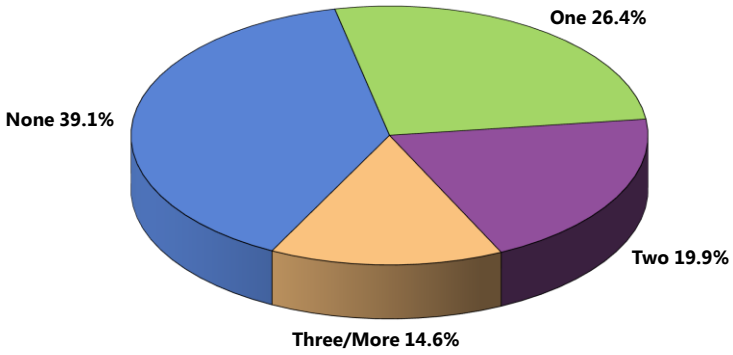
Fast Food Consumption in Children

Among parents of a randomly-selected child between the ages of 2 and 17, 39.1% report that this child did not have any fast food meals in the past week, and 26.4% reported that the child consumed one fast food meal.

On the other hand, 14.6% of parents report that their child (age 2-17) had **three or more** fast food meals in the past week.

Number of Fast Food Meals for Child in the Past Week

(Among Parents of Children Age 2-17; Miami-Dade County, 2012)

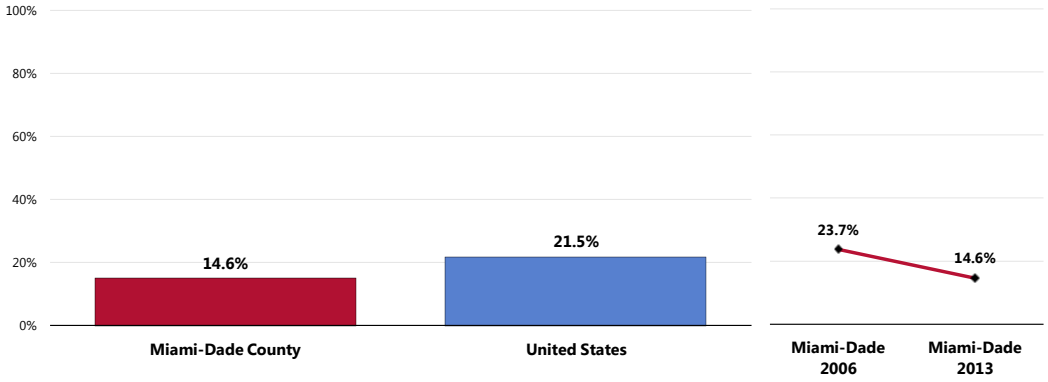


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- The percentage of children eating 3+ fast food meals in the past week is more favorable than the national percentage.
- Fast food consumption among Miami-Dade County children has <u>decreased</u> significantly since 2006.

Child Had Three or More Fast Food Meals in the Past Week

(Among Parents of Children Age 2-17)

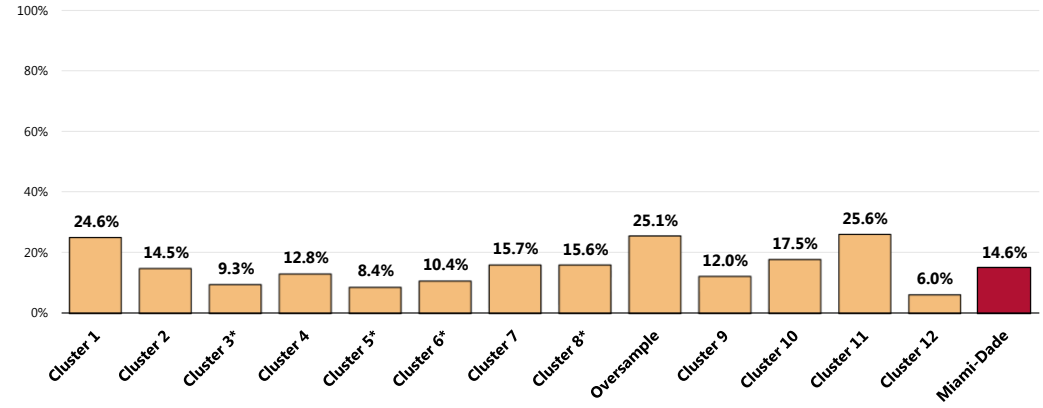


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 138]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- By Cluster, consumption is highest in Cluster 1 as well as the Oversample; consumption is favorably low, on the other hand, in Cluster 12.

Child Had Three or More Fast Food Meals in the Past Week

(Among Parents of Children 2-17)

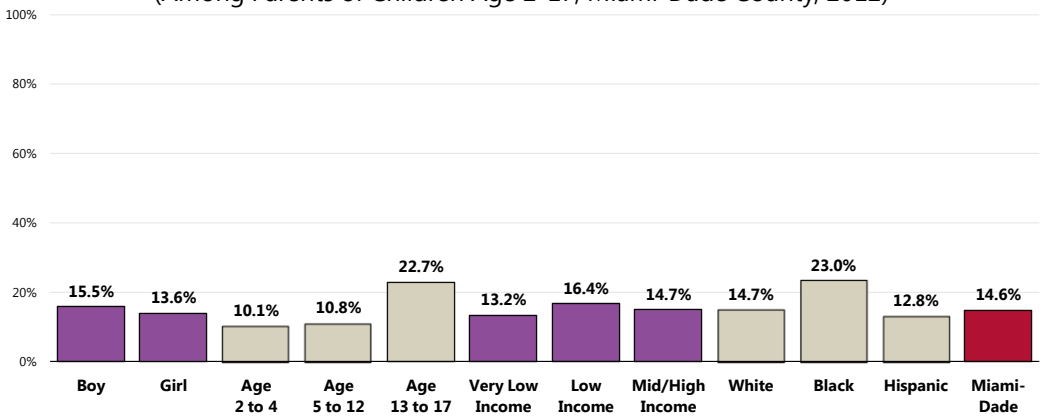


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: • Asked of all respondents with children 2-17 at home.
• *Sample size is <50 and must be taken into account when making comparisons.

- By demographics, fast food consumption among county children is highest in teens and Blacks.

Child Had Three or More Fast Food Meals in the Past Week

(Among Parents of Children Age 2-17; Miami-Dade County, 2012)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
• Race represents respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

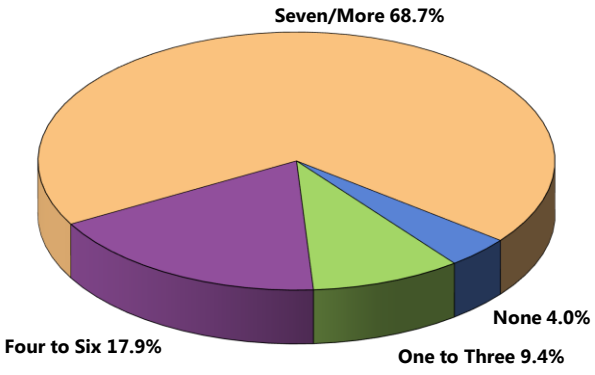
Family Meals

Among parents with a randomly-selected child between the ages of 2 and 17, 68.7% ate at least one meal per day together as a family in the past week.

In contrast, 4.0% of these respondents **did not share any** meals as a family in the past week.

Number of Meals Shared as a Family in the Past Week

(Among Parents of Children Age 2-17; Miami-Dade County, 2012)

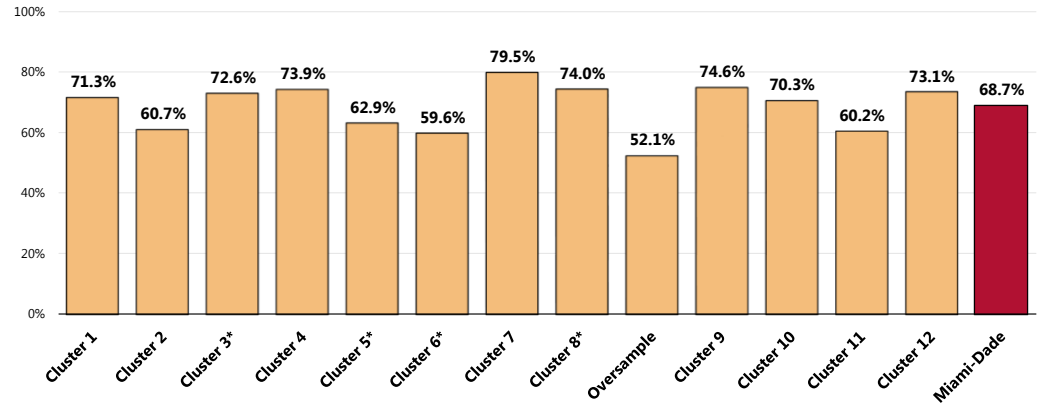


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Highest in Cluster 7, lowest in the Oversample.

Family Shared 7+ Meals Together in the Past Week

(Among Parents of Children 2-17)



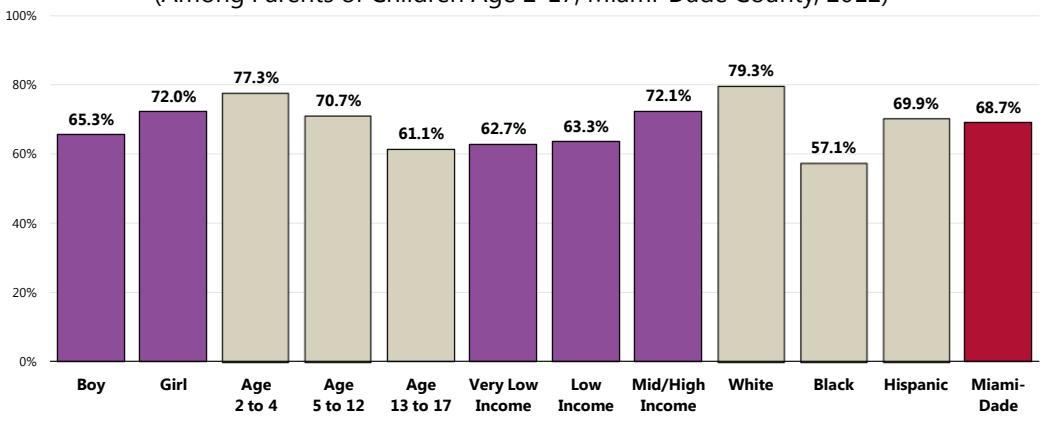
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: • Asked of all respondents with children 2-17 at home.
• *Sample size is <50 and must be taken into account when making comparisons.

The following population segments are more likely to report sharing a family meal at least daily in the past week:

- Adults under 65 (note the negative correlation with age).
- Higher-income respondents.
- Whites and Hispanics.

Family Shared 7+ Meals in the Past Week

(Among Parents of Children Age 2-17; Miami-Dade County, 2012)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

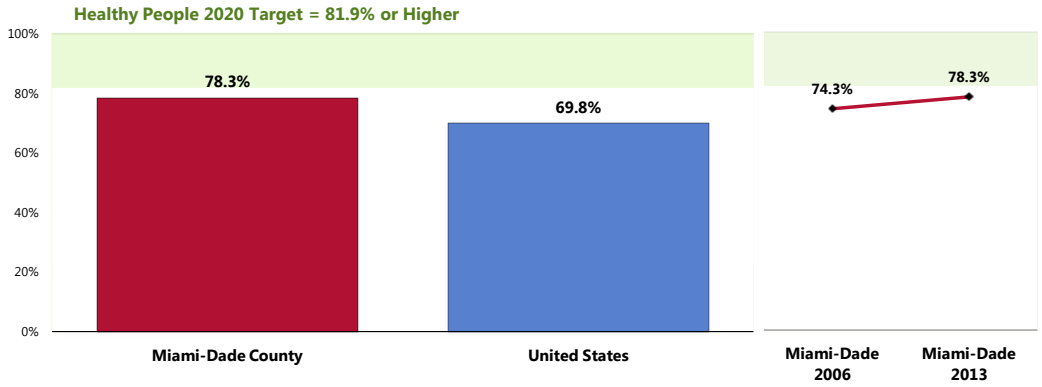
Breastfeeding

Most respondents with children under 18 (78.3%) indicate that their child was breastfed or fed breast milk at some point in the child's infancy.

- Higher than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (81.9% or higher).
- Statistically unchanged since 2006.

Child Was Ever Breastfed/Fed Breast Milk as an Infant

(Miami-Dade County Children <18, 2012)



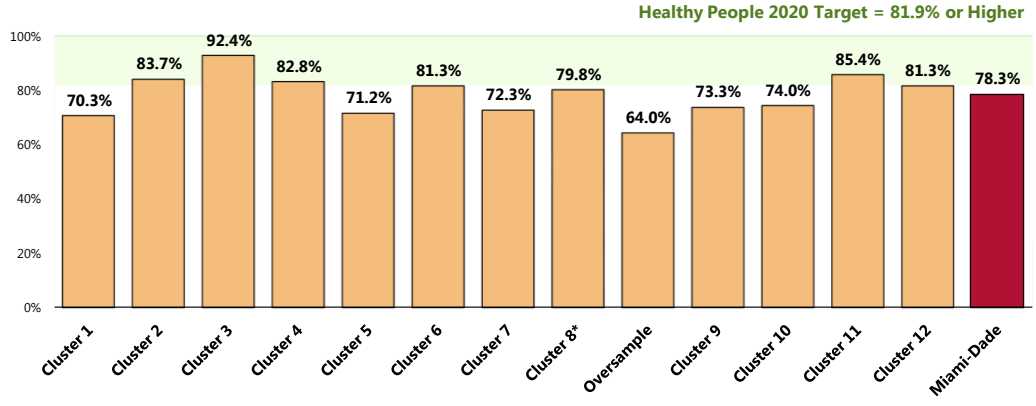
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]

Notes:
- Asked of all respondents about a randomly-selected child age 0-17 in the household.

- Highest in Cluster 3; lowest in the Oversample.

Child Was Ever Breastfed/Fed Breast Milk as an Infant

(Miami-Dade County Children <18, 2013)



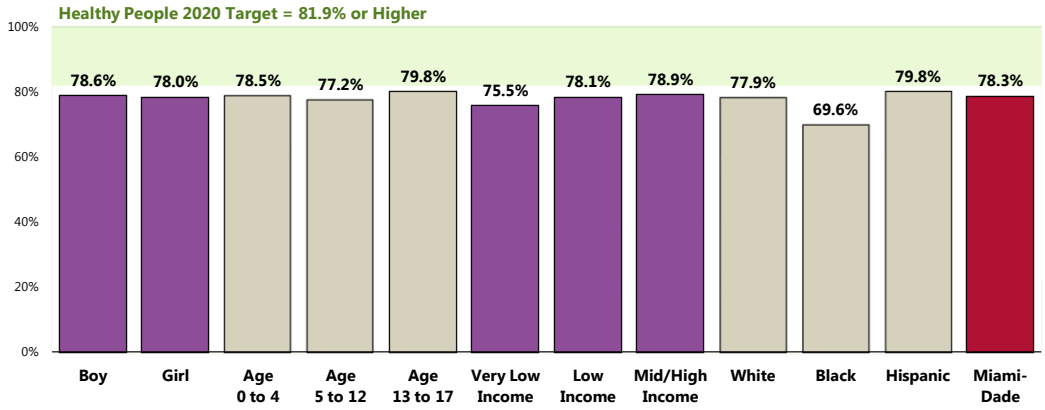
Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 140]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]

Notes:
- Asked of all respondents about a randomly-selected child age 0-17 in the household.
- *Sample size is <50 and must be taken into account when making comparisons.

- Miami-Dade County Blacks are least likely to report that their child was ever fed breast milk.

Child Was Ever Breastfed/Fed Breast Milk as an Infant

(Miami-Dade County, 2012)



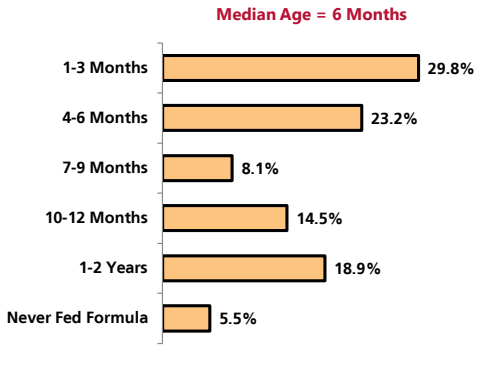
Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]

Notes:
- Asked of all respondents about a randomly-selected child age 0-17 in the household.
- Race represents respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

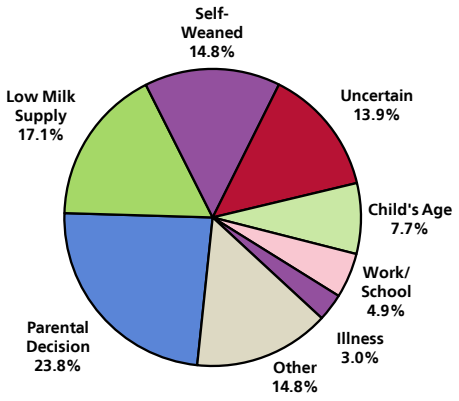
- Among survey respondents whose randomly-selected child is under 6 and was fed breast milk, more than half (53.0%) report that formula was first introduced to the child during the first 6 months of age.
- When asked why they stopped breastfeeding their children, various responses included references to the parent's personal decision, dwindling milk supply, the child self-weaning, the child's age, etc.

Infant Feeding

(Among Miami-Dade County Parents of Children Aged 0-5)



Age at Which Child Was First Fed Formula



Reason for Ending the Breastfeeding

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 141-142]

Notes:
- Asked of respondents with a child aged 0 to 5 years old.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

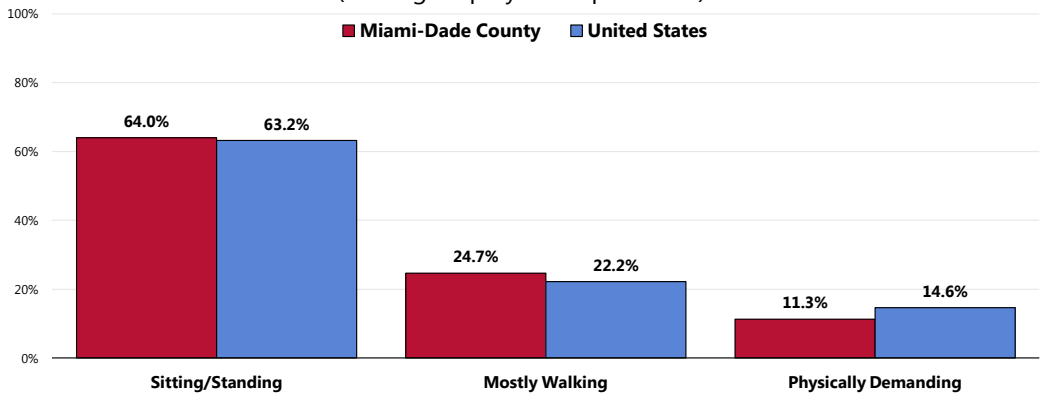
Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Over 6 in 10 employed respondents (64.0%) report that their job entails mostly sitting or standing, similar to the US figure.
- 24.7% report that their job entails mostly walking (similar to that reported nationally).
- 11.3% report that their work is physically demanding (lower than reported nationally).

Primary Level of Physical Activity At Work

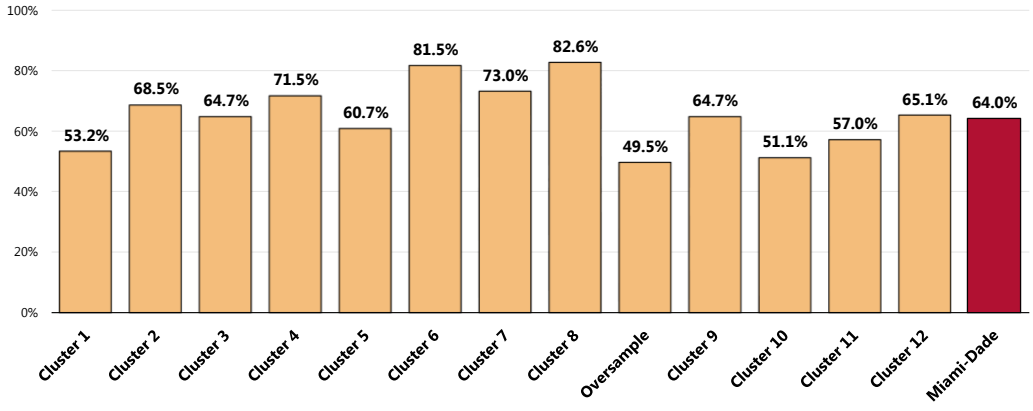
(Among Employed Respondents)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who are employed for wages.

- By geography, sedentary employment is lowest in Clusters 1, 10, and the Oversample; highest in Clusters 6 and 8.

Employed Respondent Generally Sits/Stands While at Work



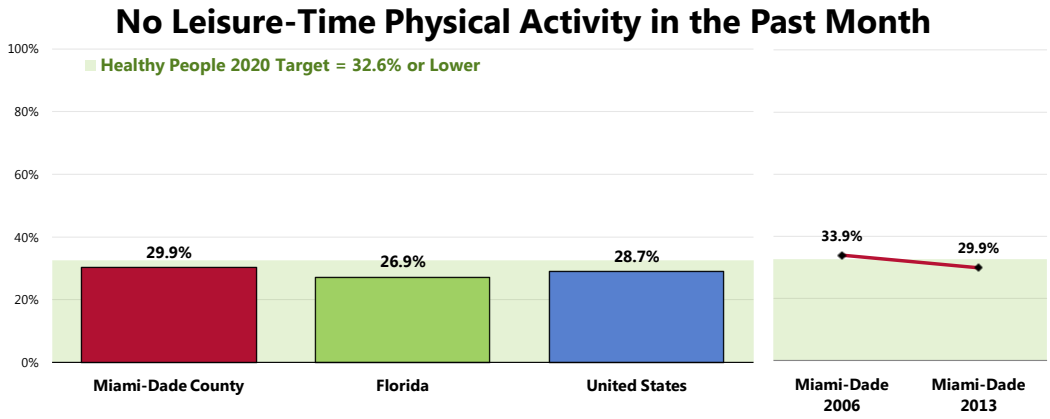
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
Notes: • Asked of those respondents who are employed for wages.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Leisure-Time Physical Activity

A total of 29.9% of Miami-Dade County adults report no leisure-time physical activity in the past month.

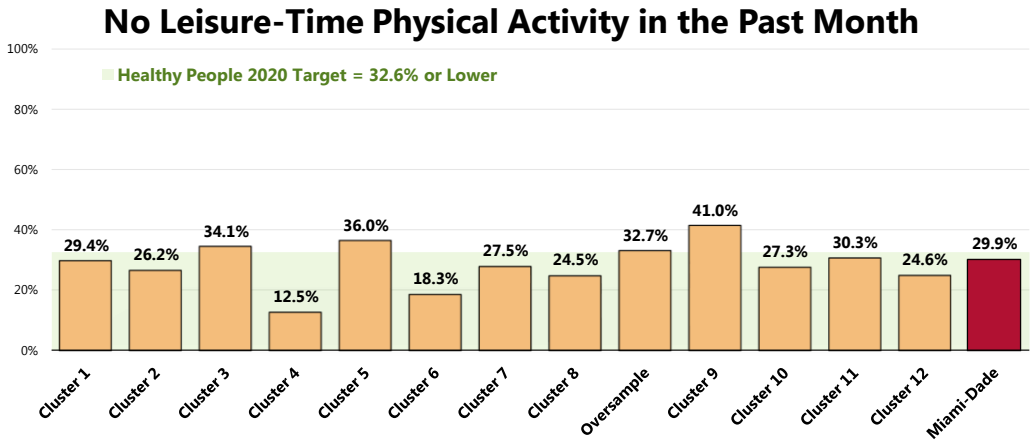
- Less favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Marks a significant improvement over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 94]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

- Unfavorably high in Cluster 9; lowest in Clusters 4 and 6.



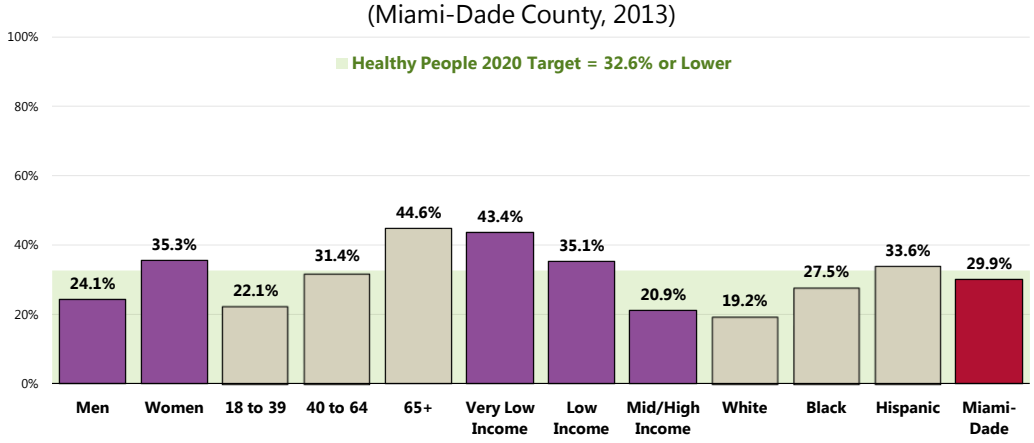
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Adults 40+ (note the positive correlation with age).
- Lower-income residents (negative correlation).
- Blacks and Hispanics.

No Leisure-Time Physical Activity in the Past Month
(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

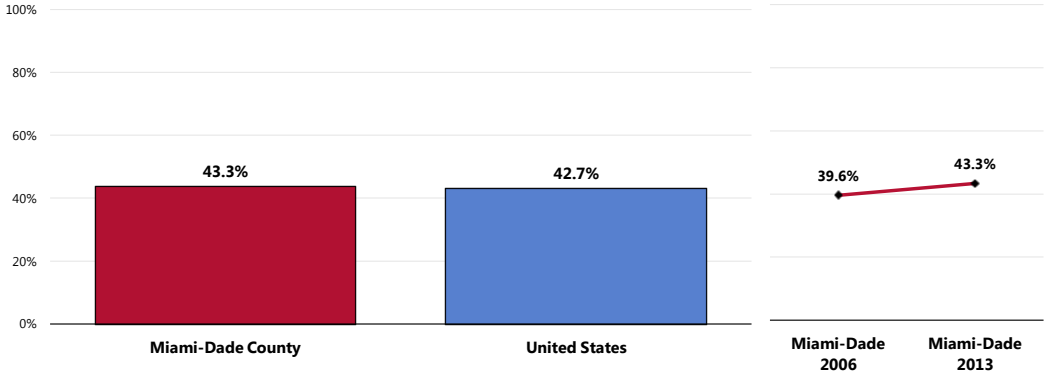
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 43.3% of Miami-Dade County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Marks a significant improvement since 2006.

Meets Physical Activity Recommendations

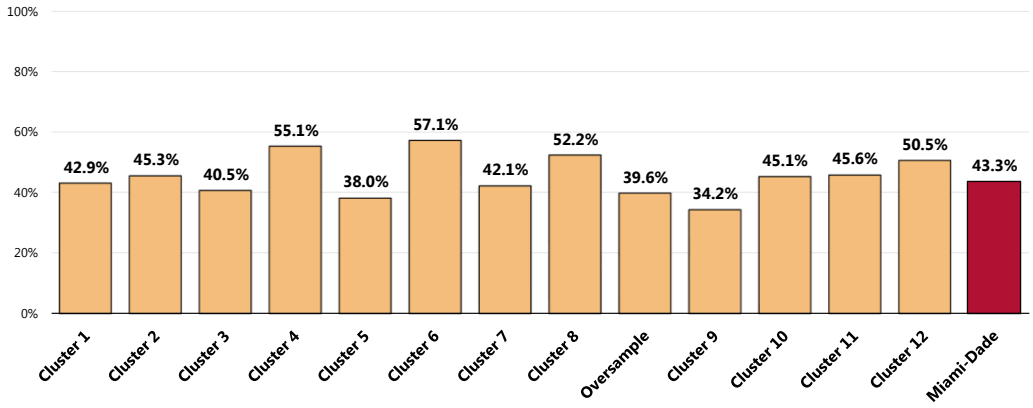


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 182]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

- Unfavorably low in Cluster 9; highest in Clusters 4, 6, 8, and 12.

Meets Physical Activity Recommendations



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]

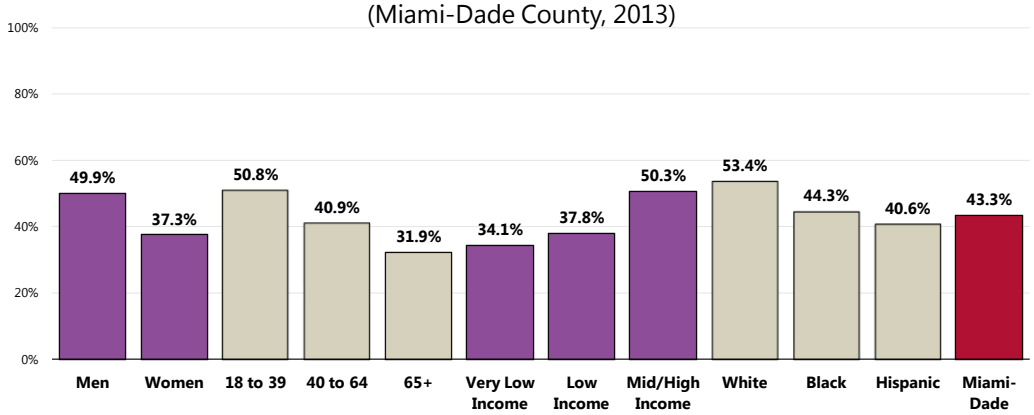
Notes:
- Asked of all respondents.

Those less likely to meet physical activity requirements include:

- Women.
- Seniors (65+).
- Respondents in lower-income households.
- Blacks and Hispanics.

Meets Physical Activity Recommendations

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

A total of 23.8% of adults participate in moderate physical activity (5 times a week, 30 minutes at a time).

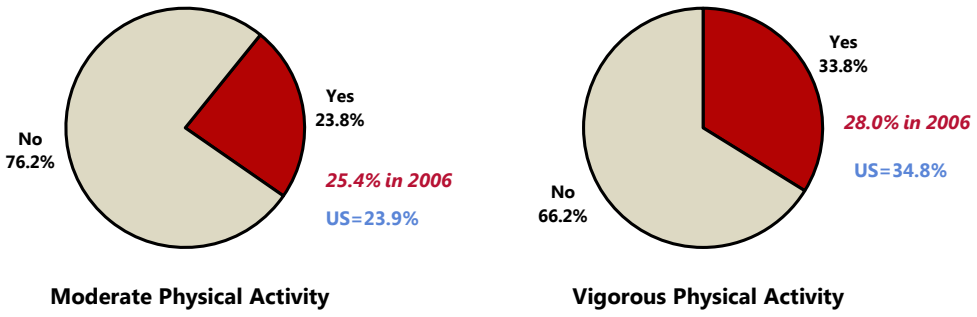
- Nearly identical to the national level.
- Statistically unchanged since 2006.

One-third (33.8%) participate in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- Marks a significant increase over time.

Moderate & Vigorous Physical Activity

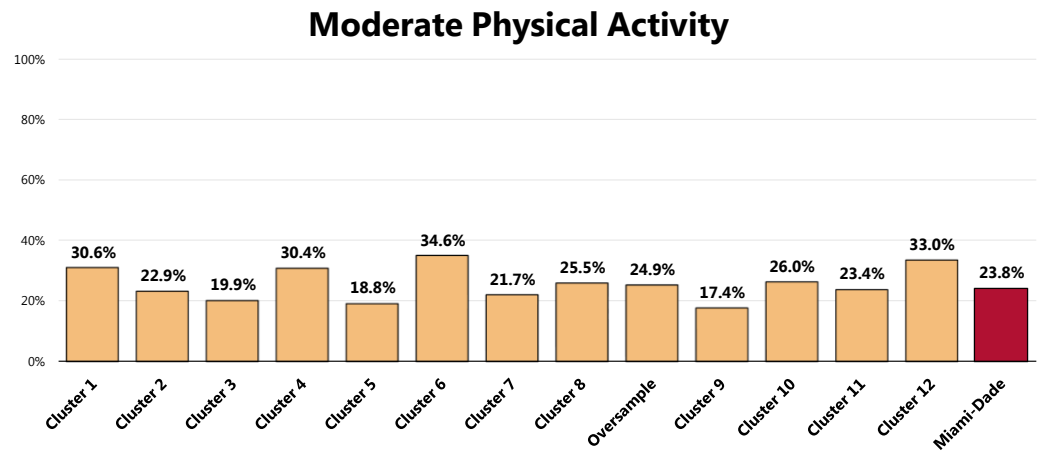
(Miami-Dade County, 2013)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 184-185]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

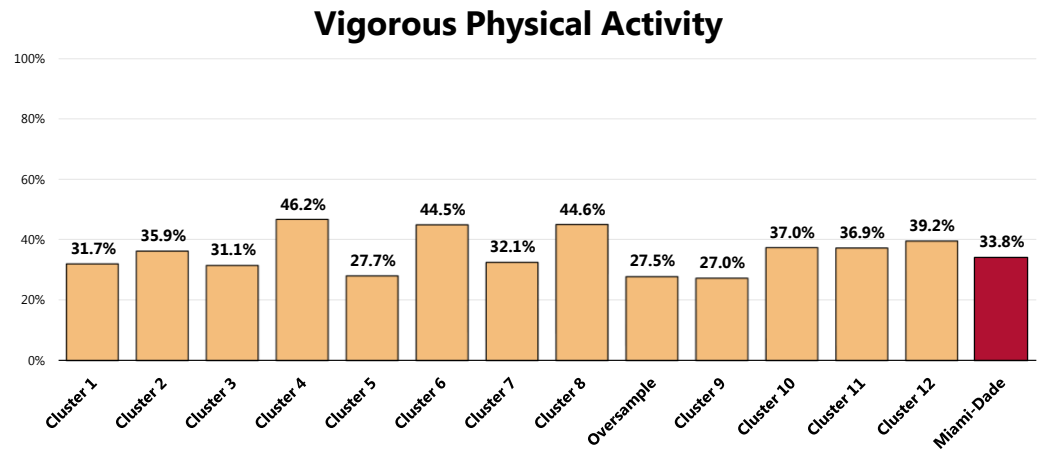
Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

- Moderate physical activity is unfavorably low in Cluster 9, and highest in Clusters 1, 4, 6, and 12.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
Notes: • Asked of all respondents.

- The prevalence of vigorous physical activity is statistically low in Clusters 5, 9, and in the Oversample; statistically high in Clusters 4, 6, and 8.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
Notes: • Asked of all respondents.

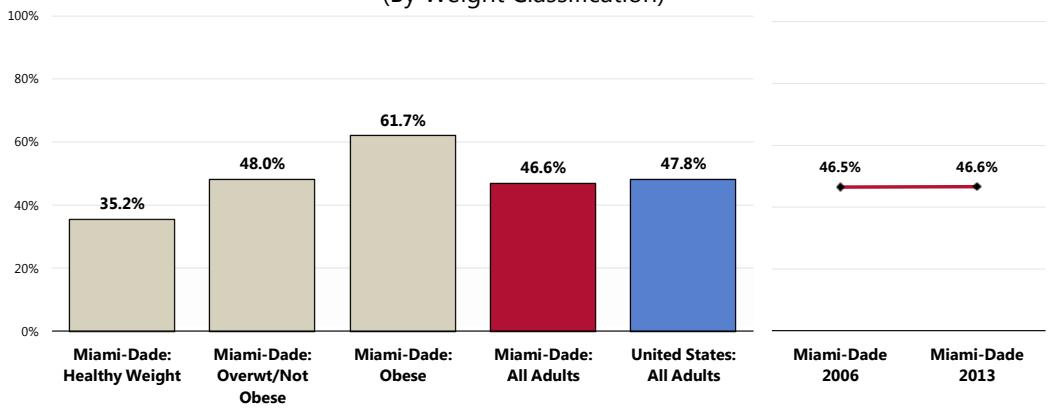
Health Advice About Physical Activity & Exercise

A total of 46.6% of Miami-Dade County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.
- Unchanged from 2006 survey findings.
- Note: 61.7% of obese Miami-Dade County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

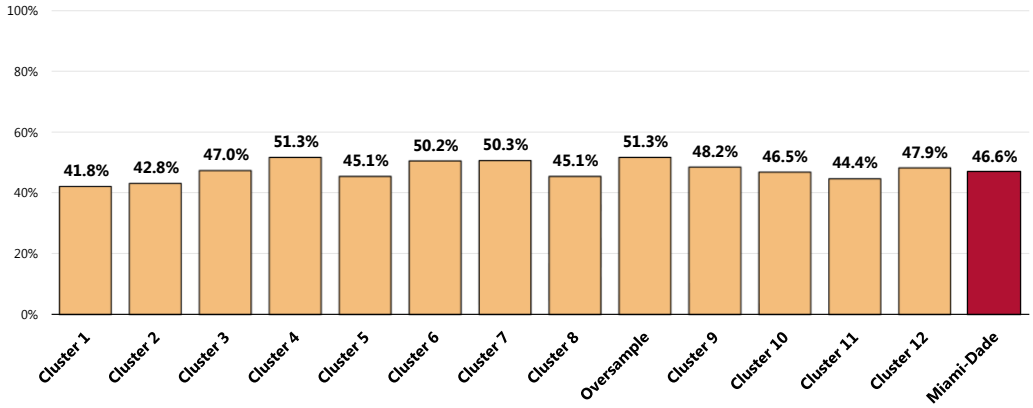
(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- No statistical differences by Cluster.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
Notes: • Asked of all respondents.

Children & Physical Activity

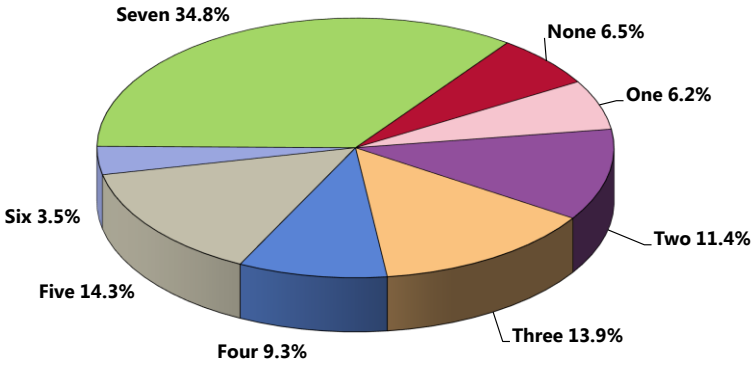
Daily Exercise

Among parents of school-aged children, 34.8% report that their child was physically active for at least one hour each day last week.

In contrast, 6.5% had no physical activity last week and 6.2% only had one hour of exercise in the past week.

Number of Days in the Past Week on Which Child Was Active for One Hour or Longer

(Among Parents of Children 5-17; Miami-Dade County, 2012)

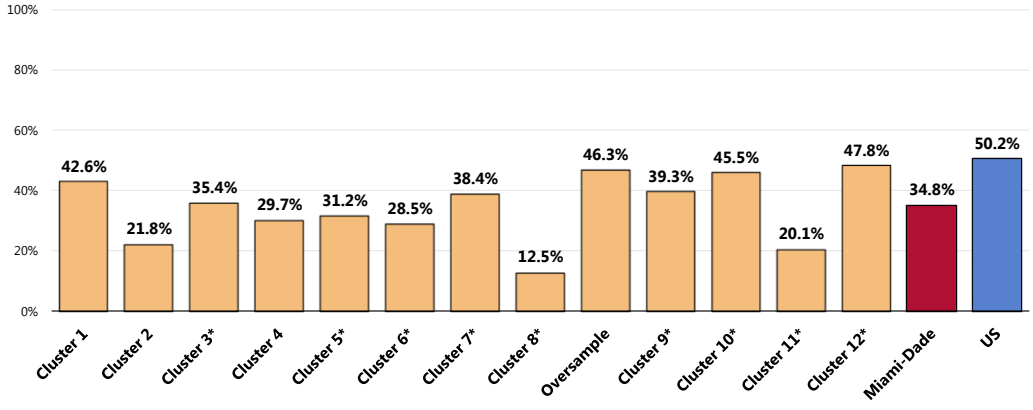


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- The prevalence of children who exercised for at least one hour each day last week is much lower than the national prevalence.
- Favorably high in Cluster 12 and the Oversample; lowest in Clusters 2, 8, and 11.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Among Miami-Dade Parents of Children 5-17)



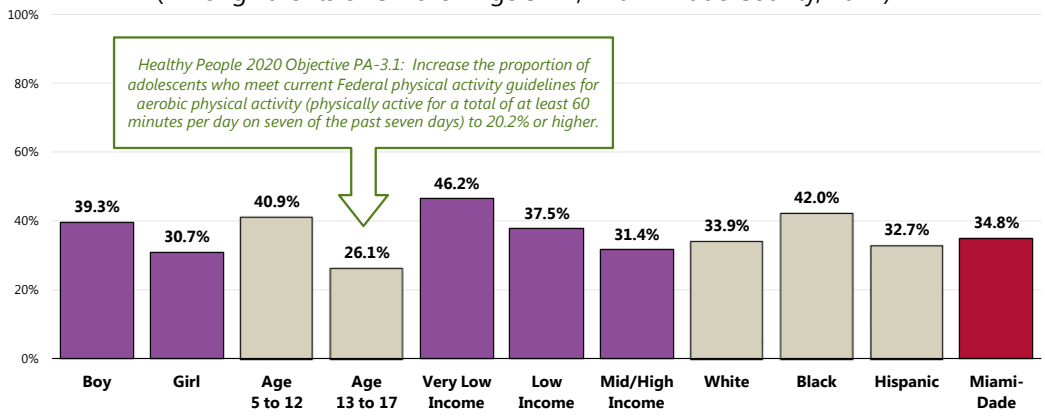
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 5-17 at home.
• *Sample size is <50 and must be taken into account when making comparisons.

School-aged children less likely to have been physically active for at least an hour each day last week include:

- Girls.
- Teens (but satisfying the related Healthy People 2020 goal of 20.2% or higher).
- Those in upper-income households.
- Whites and Hispanics.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Among Parents of Children Age 5-17; Miami-Dade County, 2012)



Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-3.1]

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

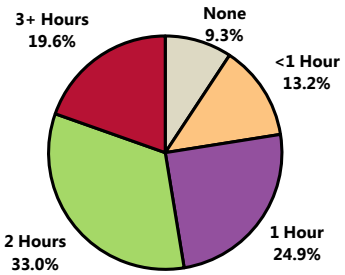
Television Watching & Other Screen Time

Among children aged 5 through 17, 19.6% are reported to watch three or more hours of television per day; 15.8% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

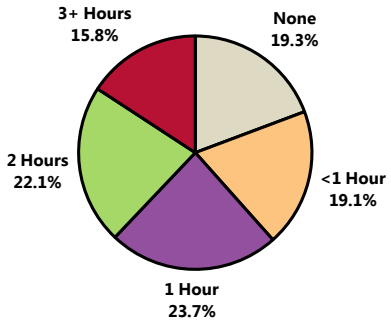
- The prevalence of television hours is much lower than the national figure; the prevalence of computer time, however, is similar.

Children's Screen Time

(Among Parents of Children Ages 5-17; Miami-Dade County, 2013)



Hours per Day of Television



Hours per Day of Other Screen Time

(i.e., video games, computer/Internet entertainment)

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 149-150, 186-187]
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

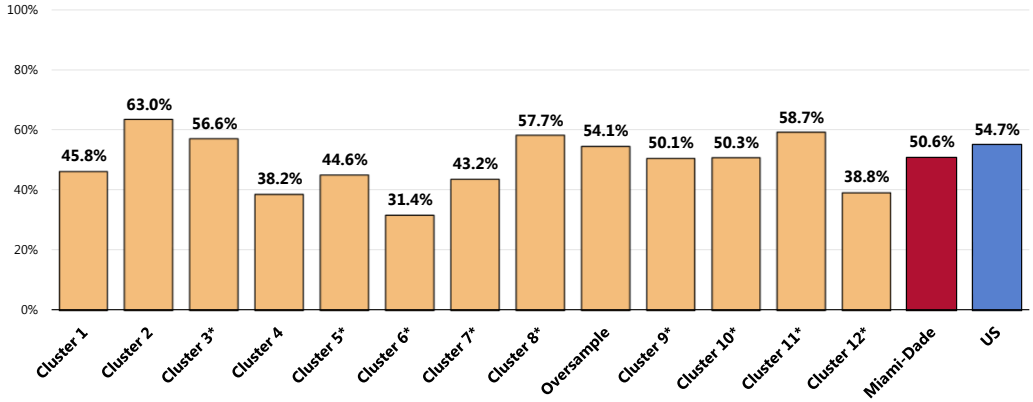
Total Screen Time

When combined, one-half (50.6%) of Miami-Dade County children aged 5 to 17 spends three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Similar to that found nationally.
- Lowest in Clusters 4 and 6; unfavorably high in Cluster 2.

Child With Three or More Hours per School Day of Total Screen Time (TV, Computer, Video Games, Etc. for Entertainment)

(Among Parents of Children 5-17)

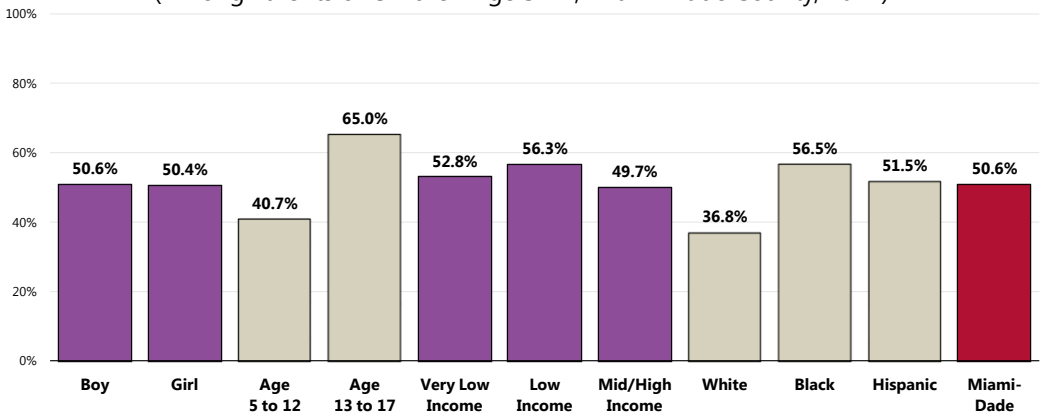


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 5-17 at home.
• For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
• "Three or more hours" includes reported screen time of 180 minutes or more per day.
• *Sample size is <50 and must be taken into account when making comparisons.

- Screen time is statistically high among teens as well as Blacks and Hispanics in the county.

Child With Three or More Hours per School Day of Total Screen Time (TV, Computer, Video Games, Etc. for Entertainment)

(Among Parents of Children Age 5-17; Miami-Dade County, 2012)



Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 188]

Notes:
- Asked of all respondents with children 5-17 at home.
- For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
- "Three or more hours" includes reported screen time of 180 minutes or more per day.
- Race reflects the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools. The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic Black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic Black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

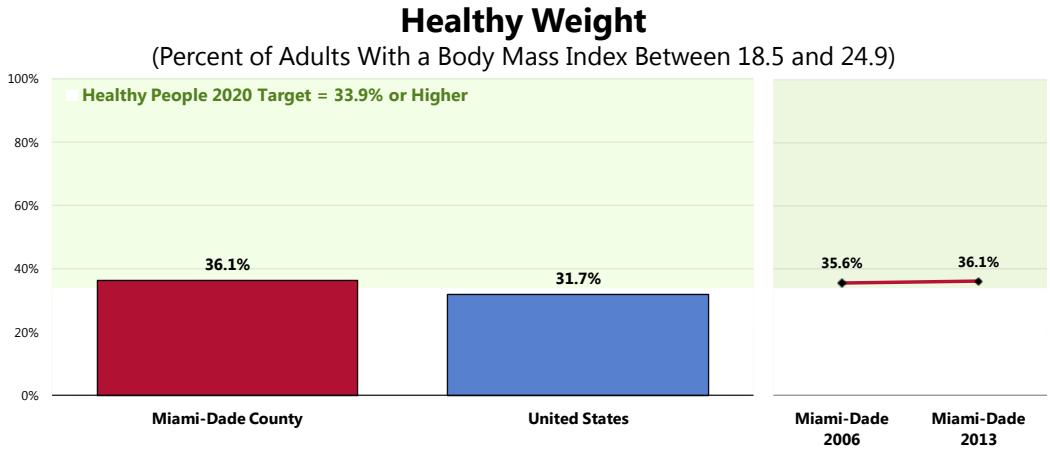
Adult Weight Status

Healthy Weight

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 36.1% of Miami-Dade County adults are at a healthy weight.

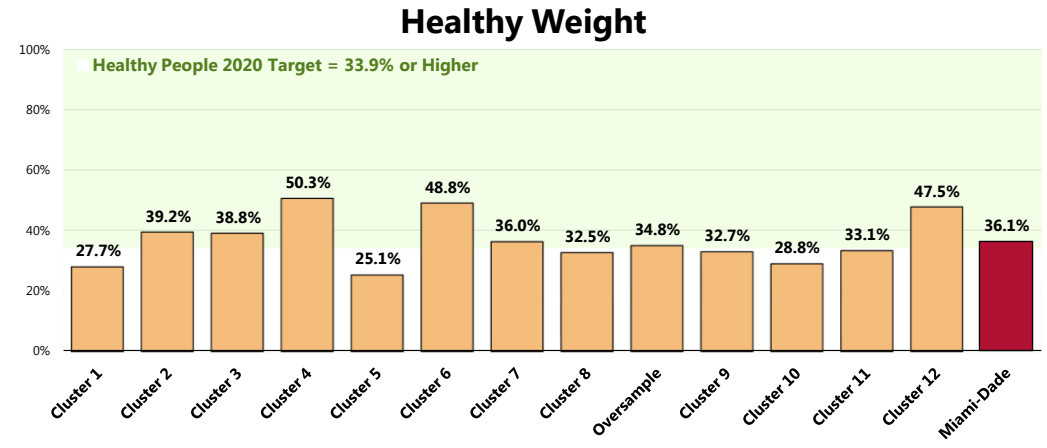
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (33.9% or higher).
- Statistically unchanged since 2006.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

- More favorable in Clusters 4, 6, and 12; less favorable in Clusters 1, 5, and 10.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

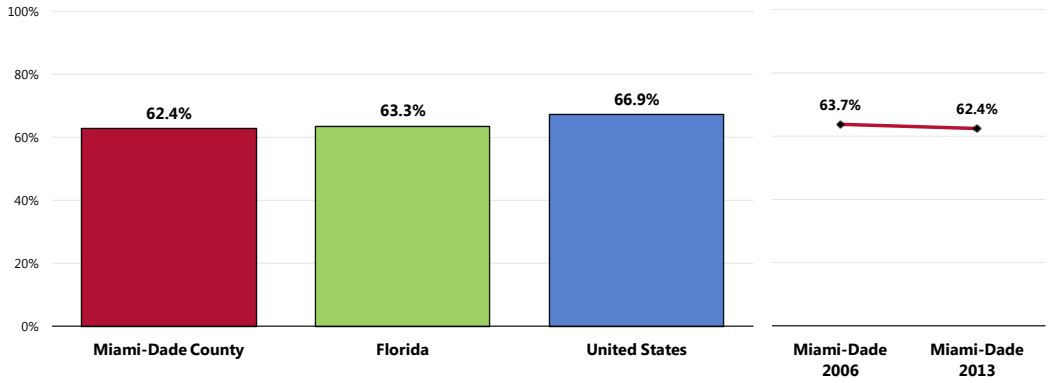
Here, "overweight" includes those respondents with a BMI value ≥25.

Over 6 in 10 Miami-Dade County adults (62.4%) are overweight.

- Comparable to the Florida prevalence.
- More favorable than the US overweight prevalence.
- Statistically unchanged since 2006.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

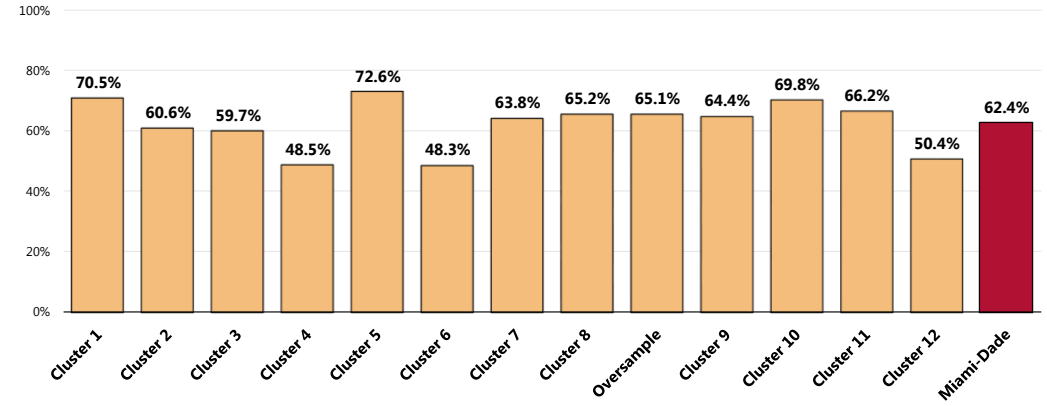


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

- Overweight is highest in Clusters 1, 5, and 10, lowest in Clusters 4, 6, and 12.

Prevalence of Total Overweight



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

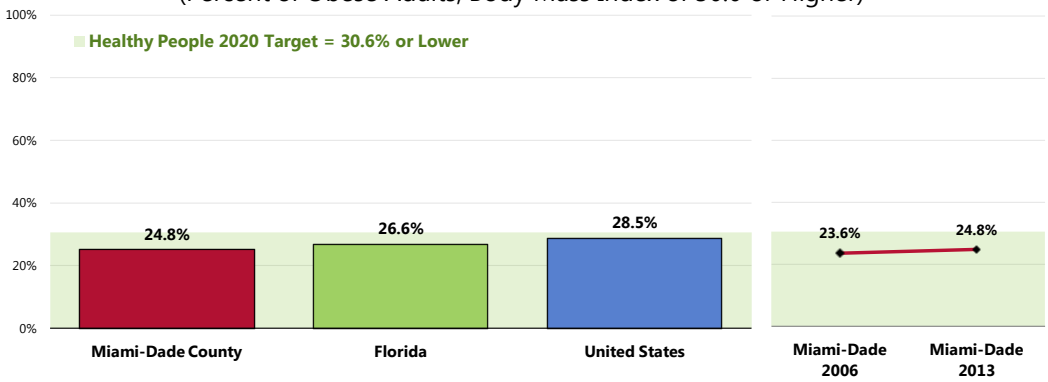
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, one in four Miami-Dade County adults is obese (24.8%).

- Similar to Florida findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.6% or lower).
- The obesity prevalence has not changed significantly since 2006.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



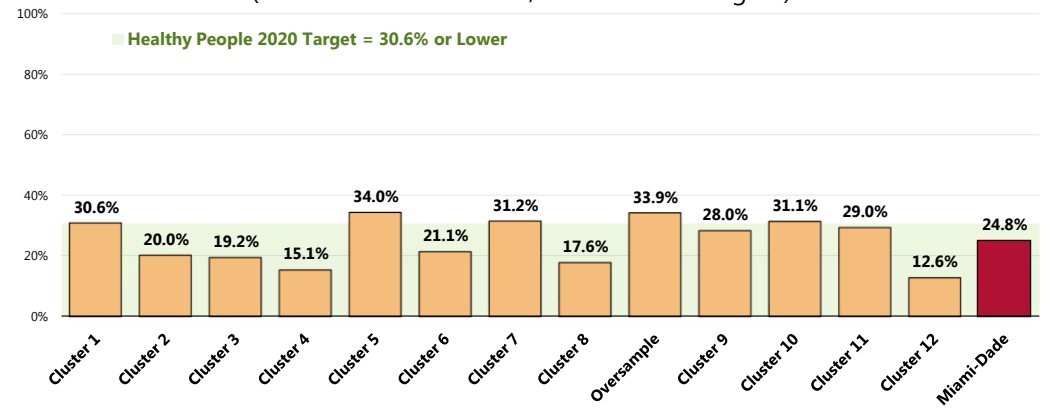
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is highest in Clusters 5, 7, 10, and in the Oversample; favorably low in Clusters 3, 4, 8, and 12.

Prevalence of Obesity

(Percent of Obese Adults; BMI of 30.0 or Higher)



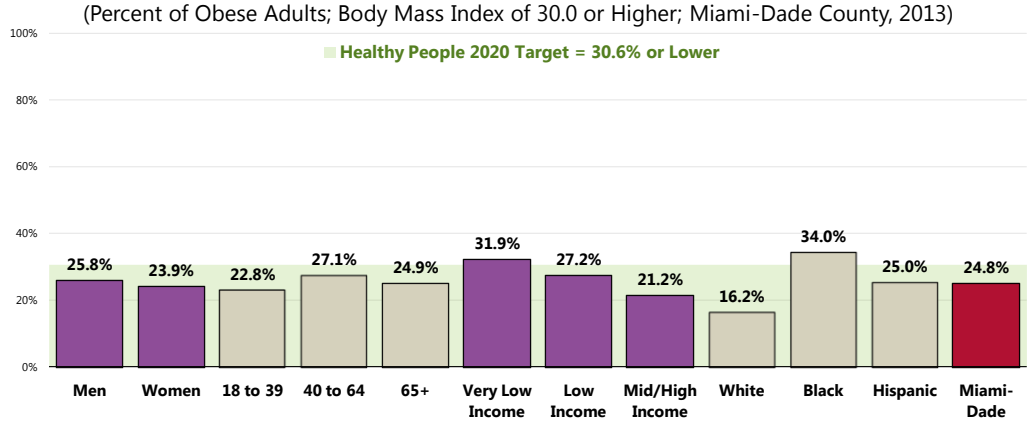
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among adults age 40-64, lower-income residents, and Blacks and Hispanics in Miami-Dade County.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

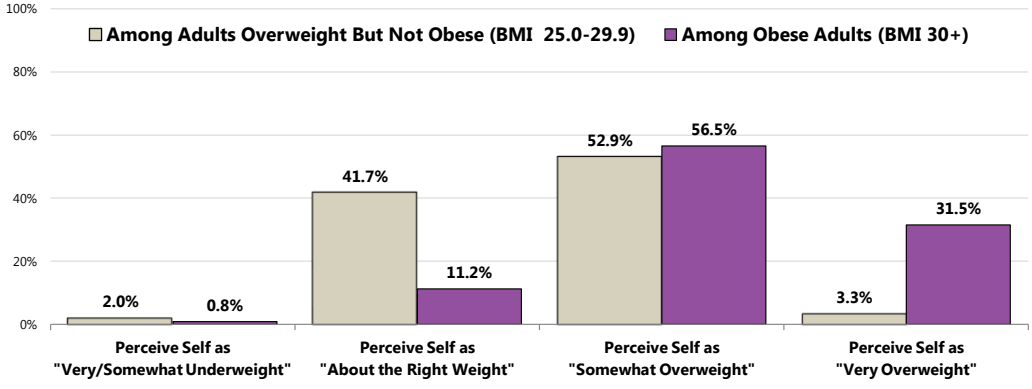
Actual vs. Perceived Body Weight

A total of 11.2% of obese adults and 41.7% of overweight (but not obese) adults feel that their current weight is "about right."

- 52.9% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 31.5% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Adults Who Are Overweight/Obese Based on BMI; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

Notes:
- BMI is based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions.

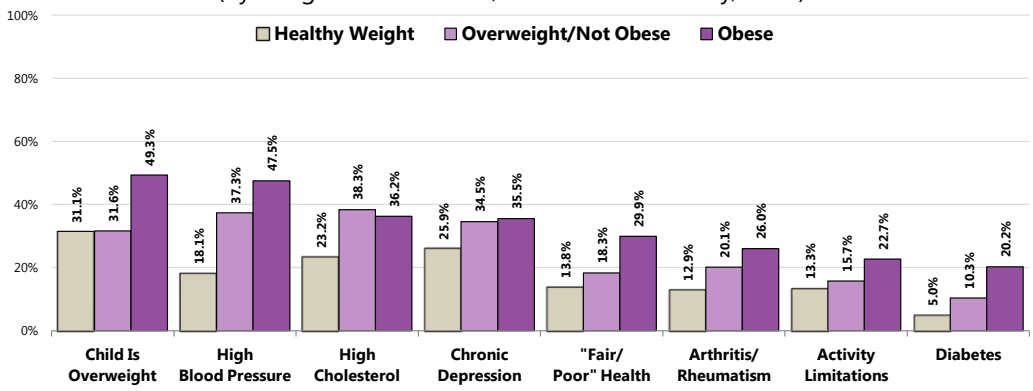
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Chronic depression.
- "Fair" or "poor" physical health.
- Arthritis/rheumatism.
- Activity limitations.
- Diabetes.

Obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 27, 43, 106, 152-154, 194]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

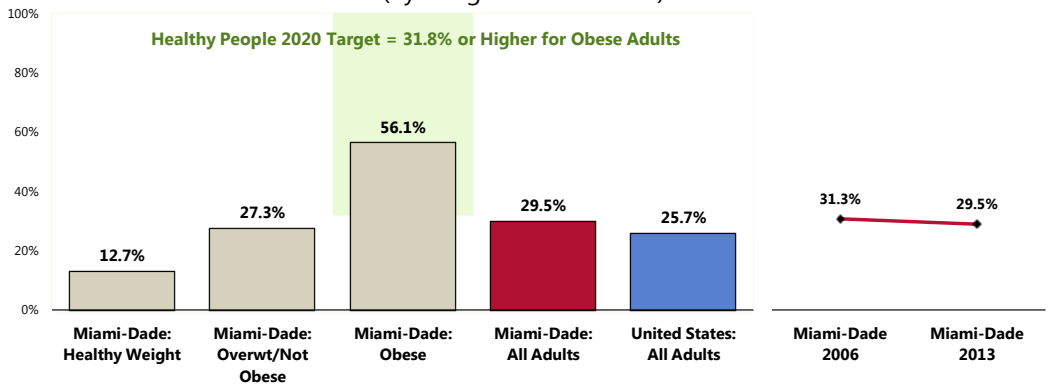
Health Advice

A total of 29.5% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Higher than the national findings.
- Statistically unchanged from that reported in 2006.
- Note that 56.1% of <u>obese</u> adults have been given advice about their weight by a health professional in the past year (while over 4 in 10 have not).
  - This easily satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)

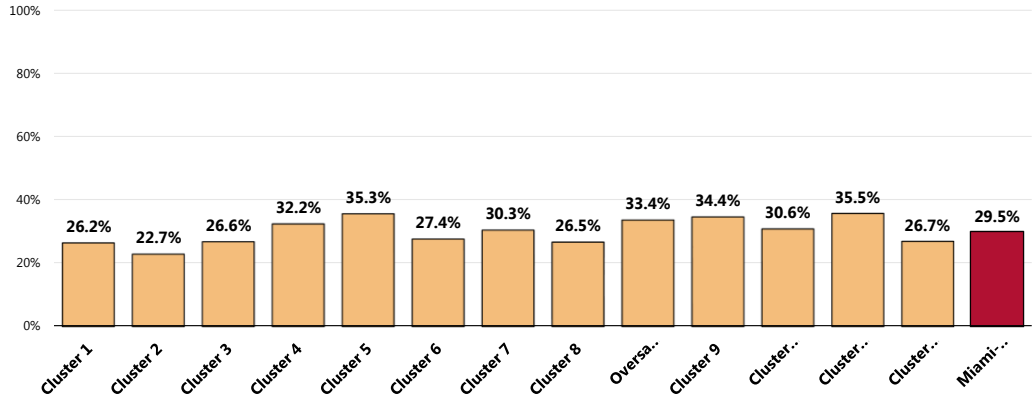


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 103, 193]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-6.2]

Notes:
- Asked of all respondents.

- Statistically low in Cluster 2.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes:
- Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

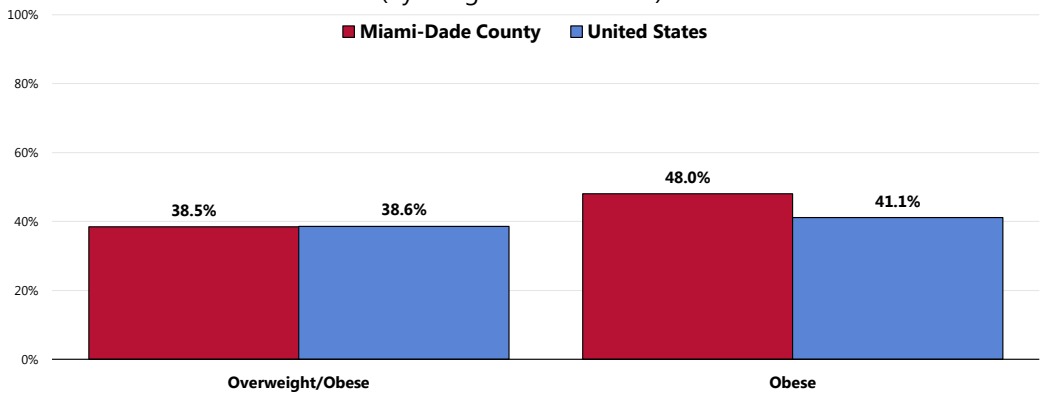
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 38.5% of Miami-Dade County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Nearly identical to national findings.
- Note: 48.0% of obese Miami-Dade County adults report that they are trying to lose weight through a combination of diet and exercise, higher than the national figure.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(By Weight Classification)

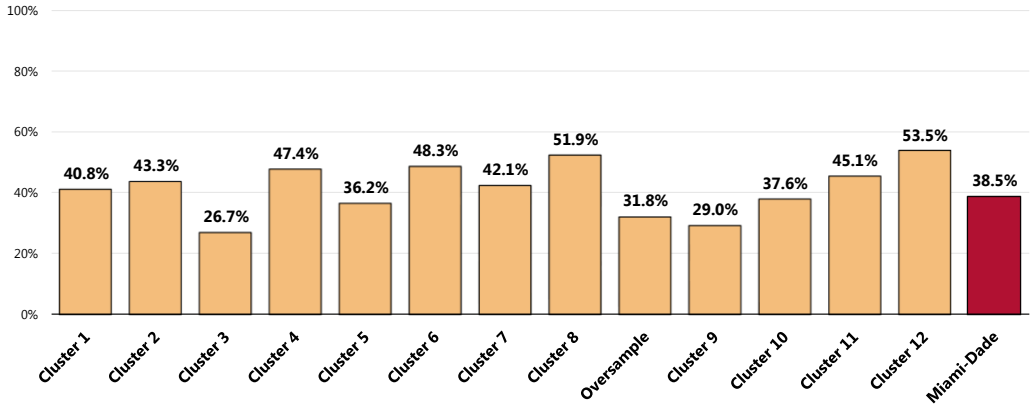


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.

- The prevalence of overweight/obese adults trying to lose weight is highest in Clusters 8 and 12; lowest in Clusters 3, 9, and the Oversample.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(Overweight/Obese)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

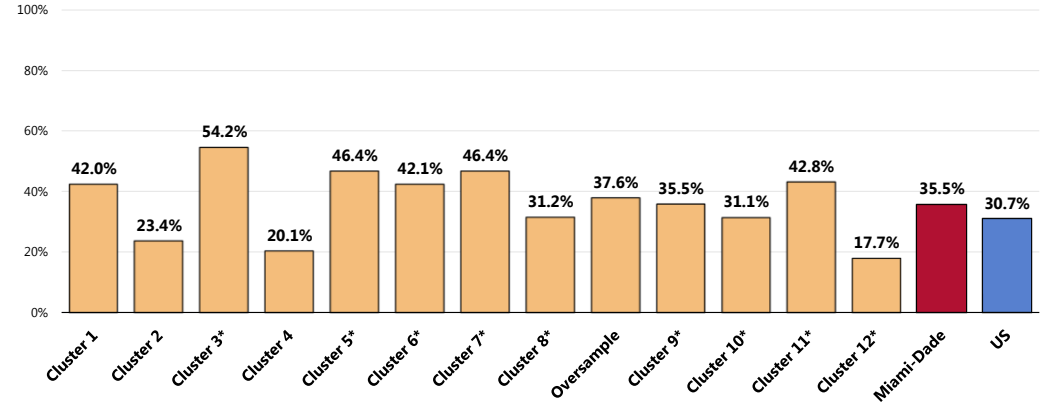
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 35.5% of Miami-Dade County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- Unfavorably high in Cluster 3 (although based on an unreliably-low sample); lowest in Clusters 2, 4, and 12.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



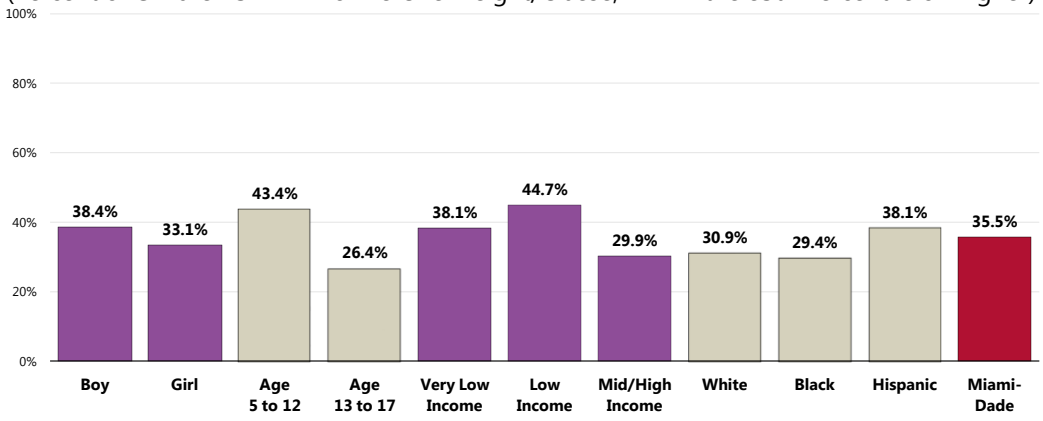
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of United States growth charts by gender and age.
- *Sample size is <50 and must be taken into account when making comparisons.

Obesity among Miami-Dade County children is highest among those aged 5-12, those in lower-income households, and Hispanics.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

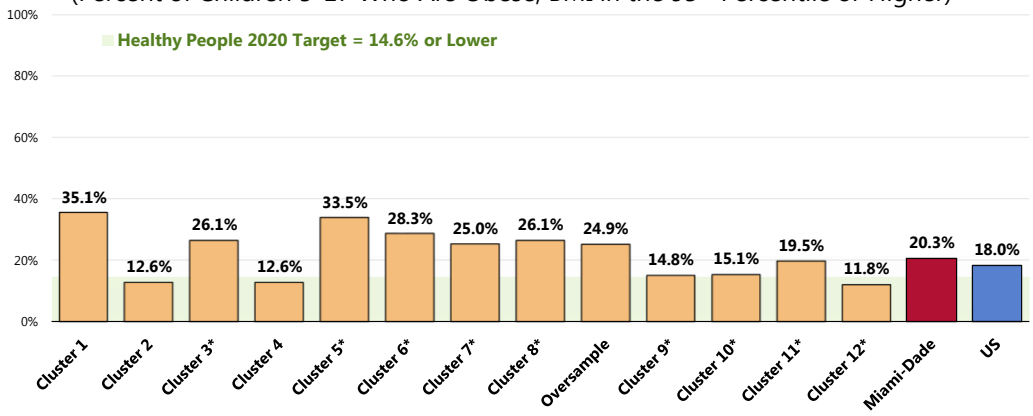
Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of United States growth charts by gender and age.
- Race reflects the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 20.3% of Miami-Dade County children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically high in Cluster 1.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



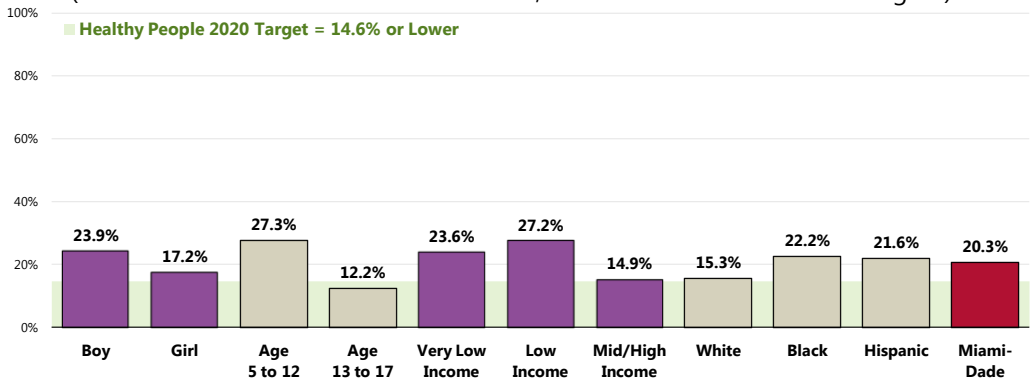
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of United States growth charts by gender and age.
- *Sample size is <50 and must be taken into account when making comparisons.

Obesity is highest in boys, younger children, lower-income children, Blacks and Hispanics.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of United States growth charts by gender and age.

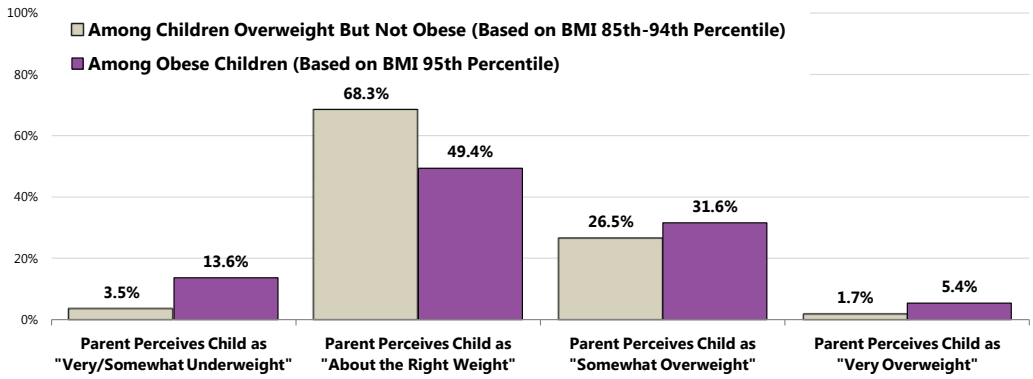
Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese, at least half see their child as being at "about the right weight."

Only 26.5% perceive their overweight child as "somewhat overweight" and 5.4% of parents with obese children consider them to be "very overweight."

Children's Actual vs. Perceived Weight Status

(Among Children 5-17 Who Are Overweight/Obese; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of United States growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

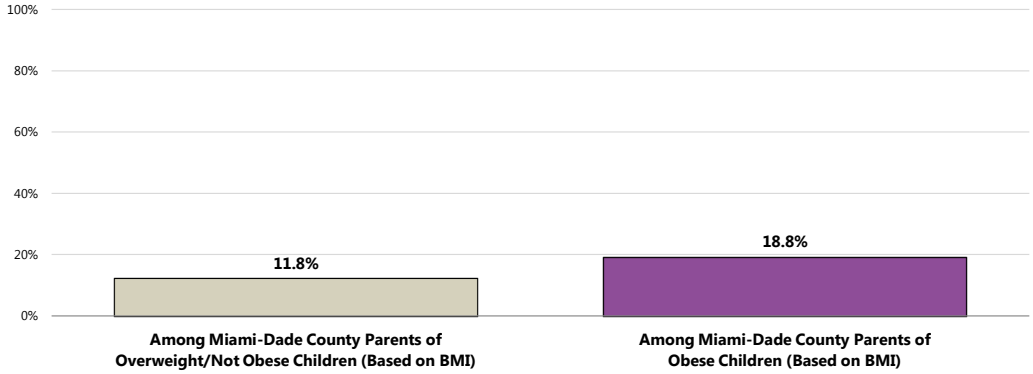
School Professional

Among parents of school-aged children who are overweight/obese, 11.8% have been told by a school professional that their overweight child is overweight.

The same is true for 18.8% of parents with obese children in school.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Among Children 5-17 Who Are Overweight/Obese; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of United States growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

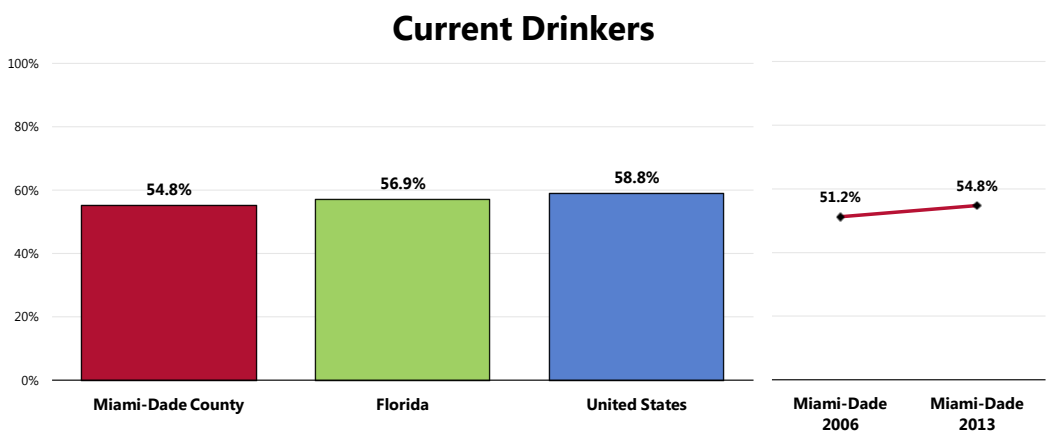
– Healthy People 2020 (www.healthypeople.gov)

Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 54.8% of area adults had at least one drink of alcohol in the past month (current drinkers).

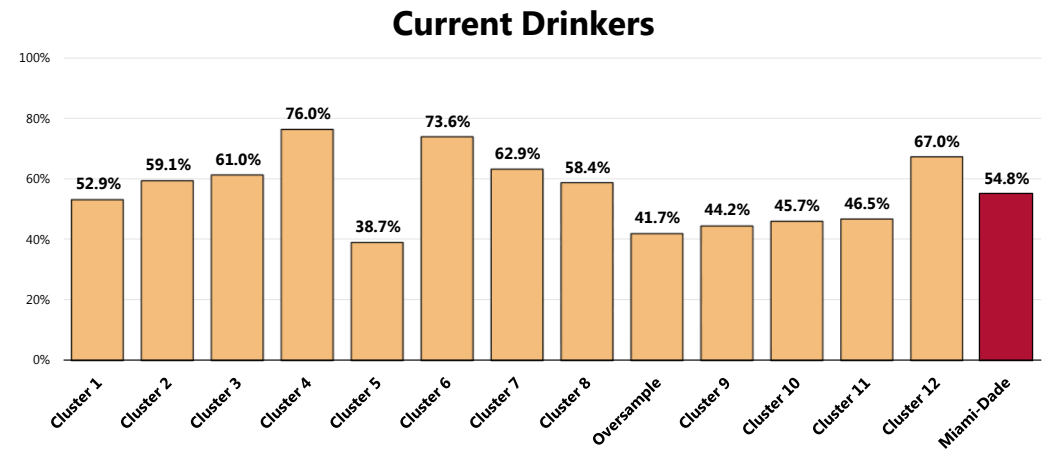
- Better than the statewide proportion.
- Better than the national proportion.
- Statistically unchanged since 2006



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 199]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

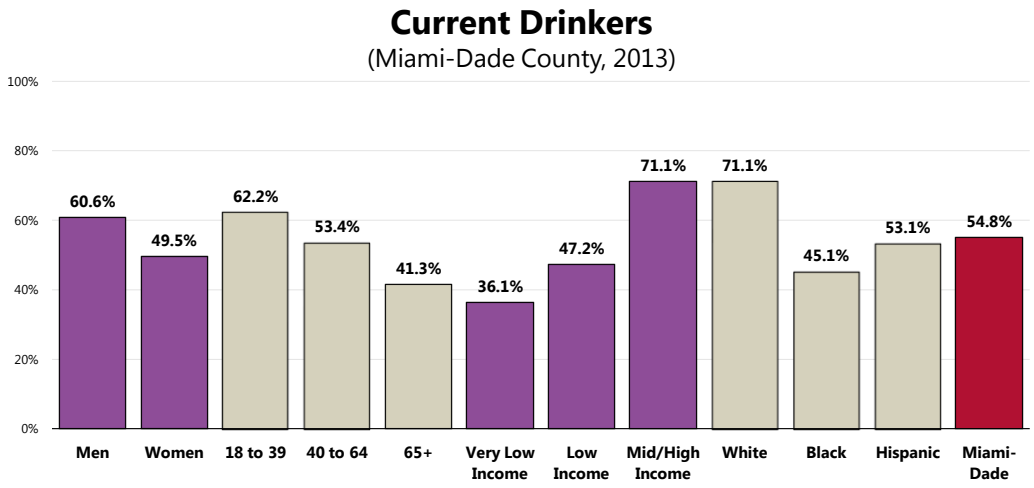
- Highest in Clusters 3, 4, 6, 7, and 12; lowest in Clusters 5, 9, 10, 11, and the Oversample.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Current drinking is highest in men, young adults, upper-income households, and Whites.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

High-Risk Alcohol Use

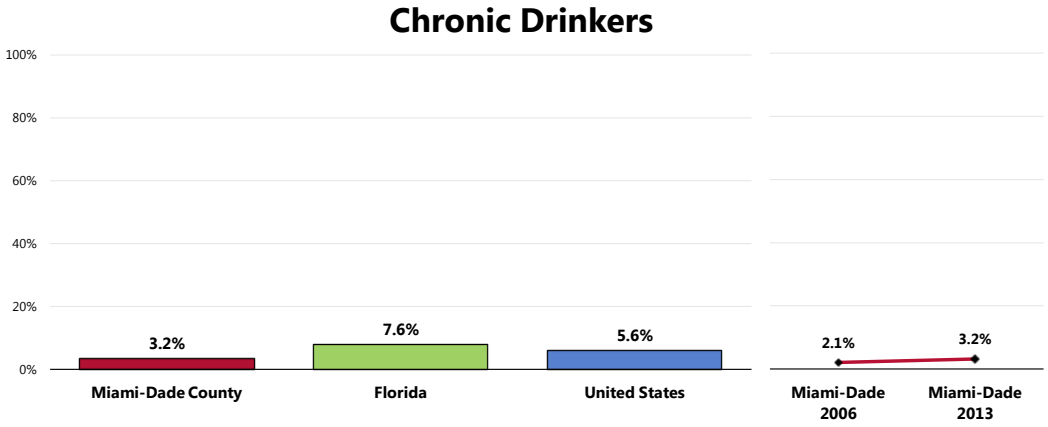
Chronic Drinking

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 3.2% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.
- Statistically unchanged since 2006.

RELATED ISSUE: See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

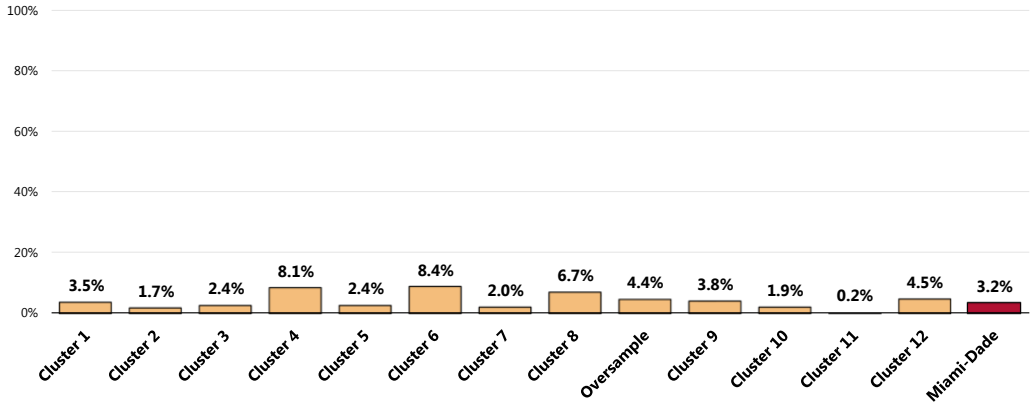


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

- Highest in Clusters 4, 6, and 8; significantly low in Cluster 11.

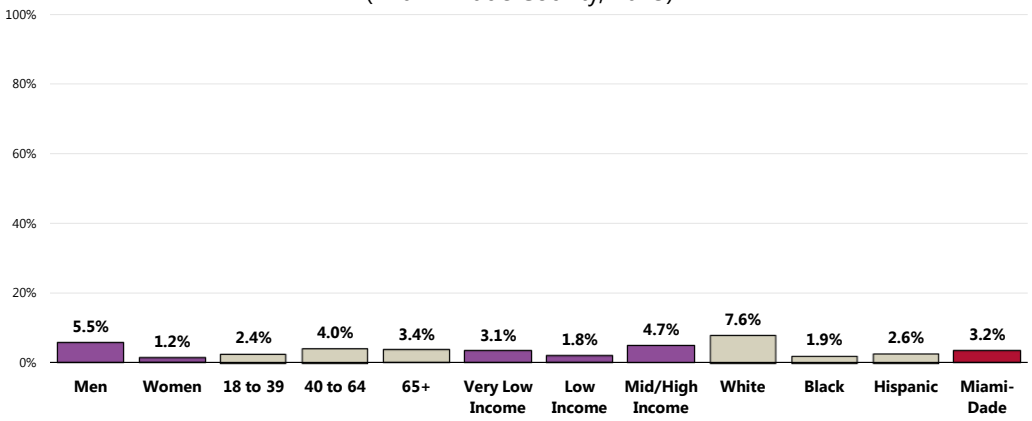
Chronic Drinkers



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
Notes: • Asked of all respondents.
• Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- Chronic drinking is more prevalent among county men, upper-income residents, and Whites.

Chronic Drinkers
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

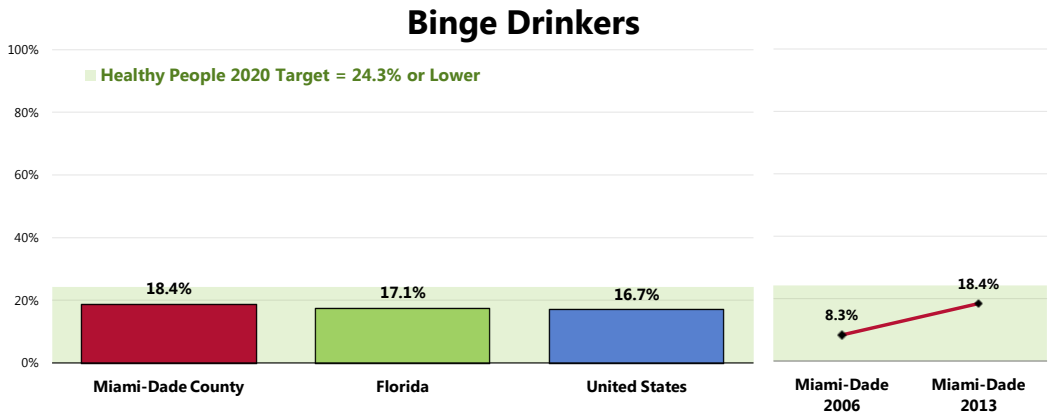
"Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 18.4% of Miami-Dade County adults are binge drinkers.

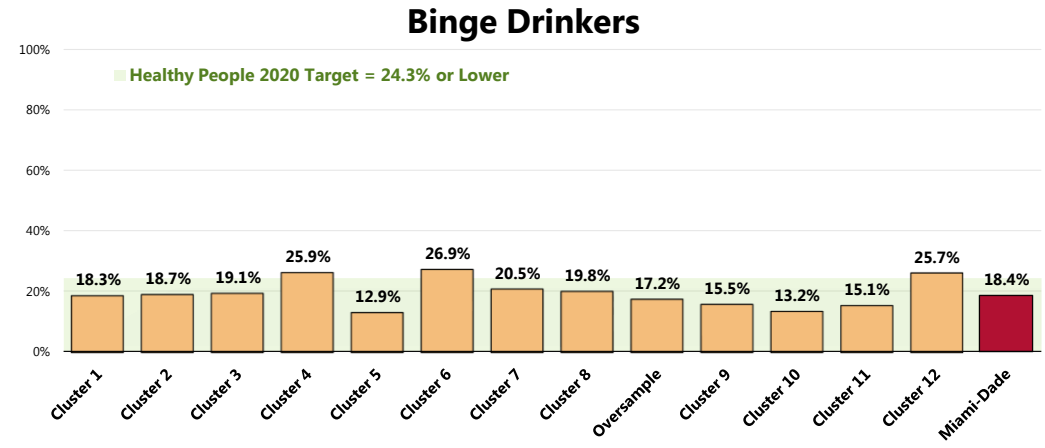
- Similar to Florida findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Denotes a significant increase over time (*it is important to note that the definition for binge drinking in 2006 was 5+ drinks on one occasion, regardless of gender*).



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion; in 2006 the definition was 5+ drinks, regardless of gender.

- Unfavorably high in Clusters 4, 6, and 12; lowest in Clusters 5 and 10.

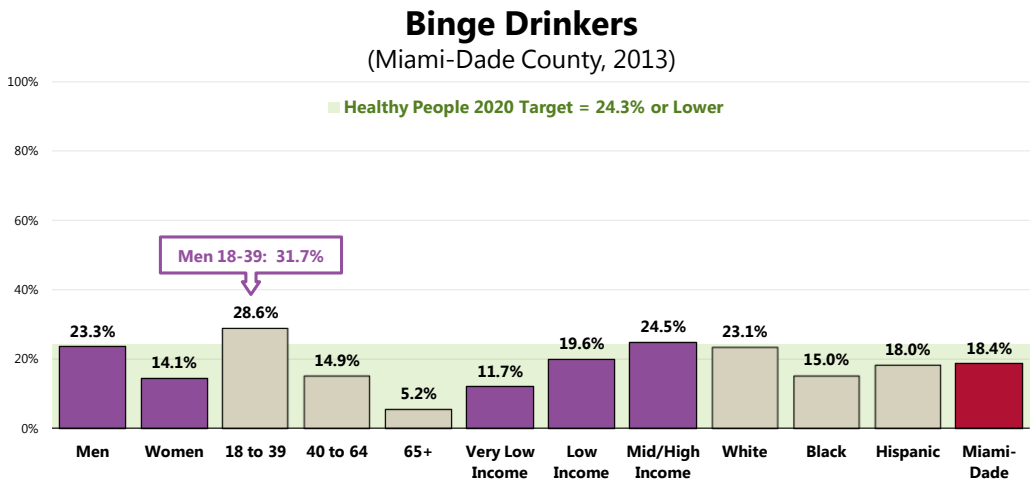


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Young adults.
- Upper-income households.
- Whites.



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

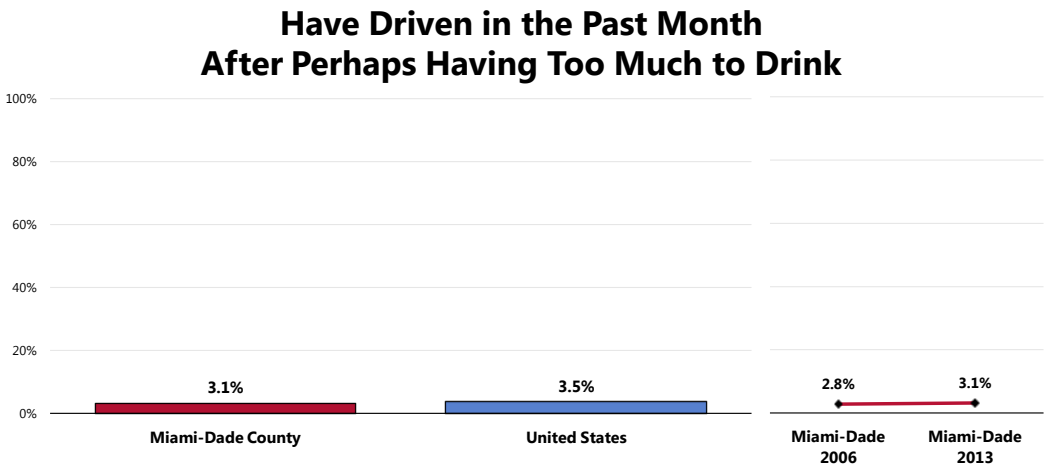
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 3.1% of Miami-Dade County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.
- The drinking and driving prevalence has not changed significantly over time.

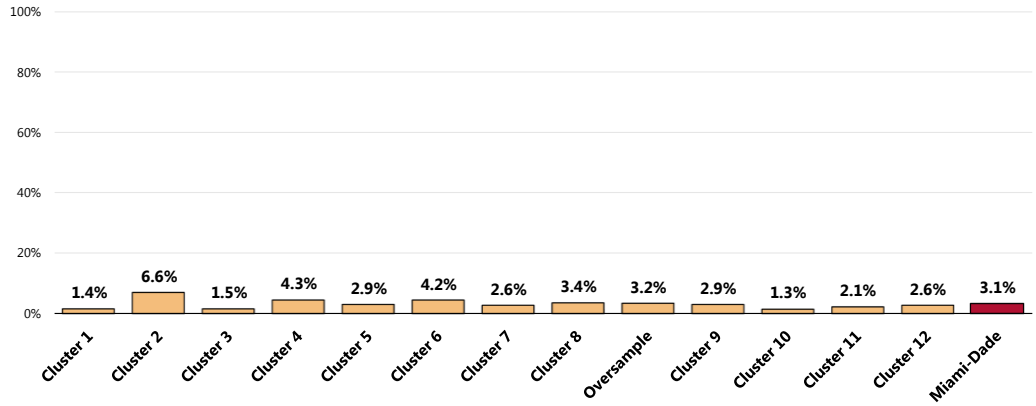


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Highest in Cluster 2; lowest in Clusters 1 and 10.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

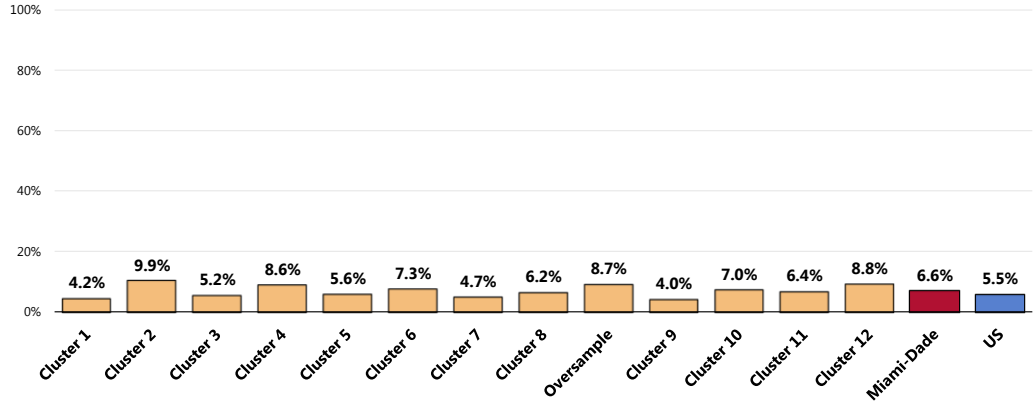


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
Notes: • Asked of all respondents.

A total of 6.6% of Miami-Dade County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Comparable to the national findings.
- Most favorable among Cluster 9 respondents.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Illicit Drug Use

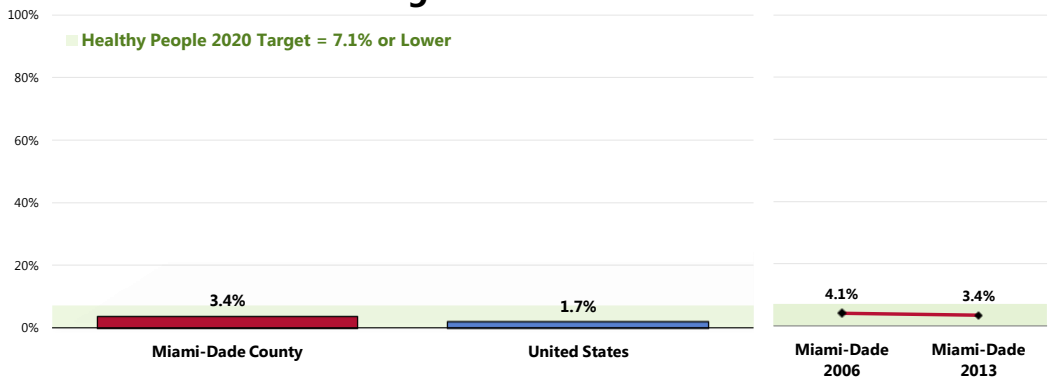
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 3.4% of Miami-Dade County adults acknowledge using an illicit drug in the past month.

- Higher than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Statistically unchanged over time.

Illicit Drug Use in the Past Month

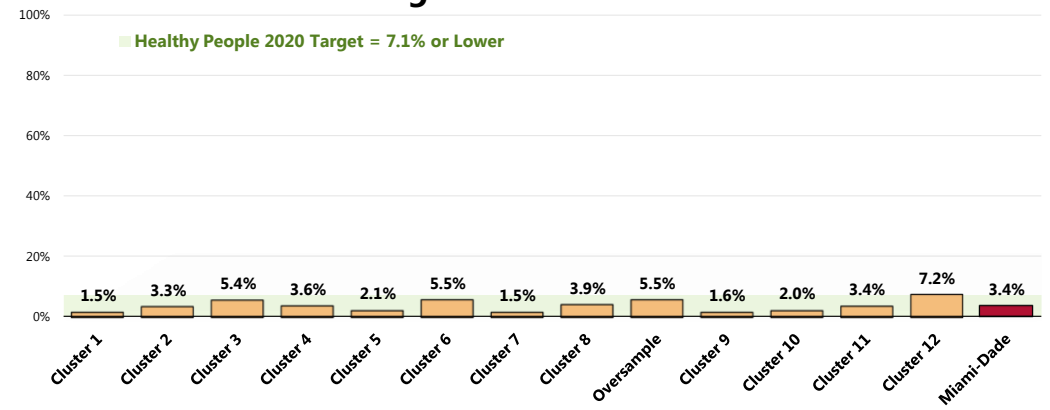


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

- Highest in Cluster 12; favorably low in Clusters 1, 7, and 9.

Illicit Drug Use in the Past Month

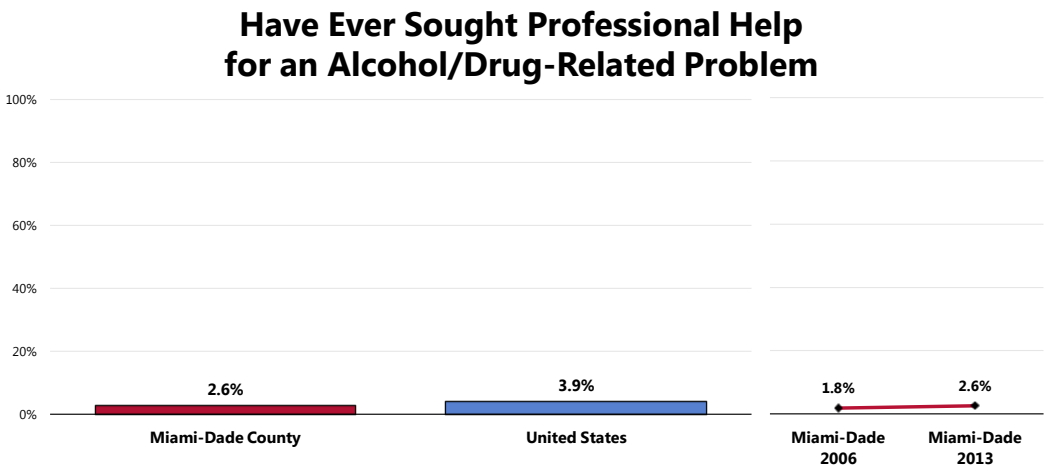


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

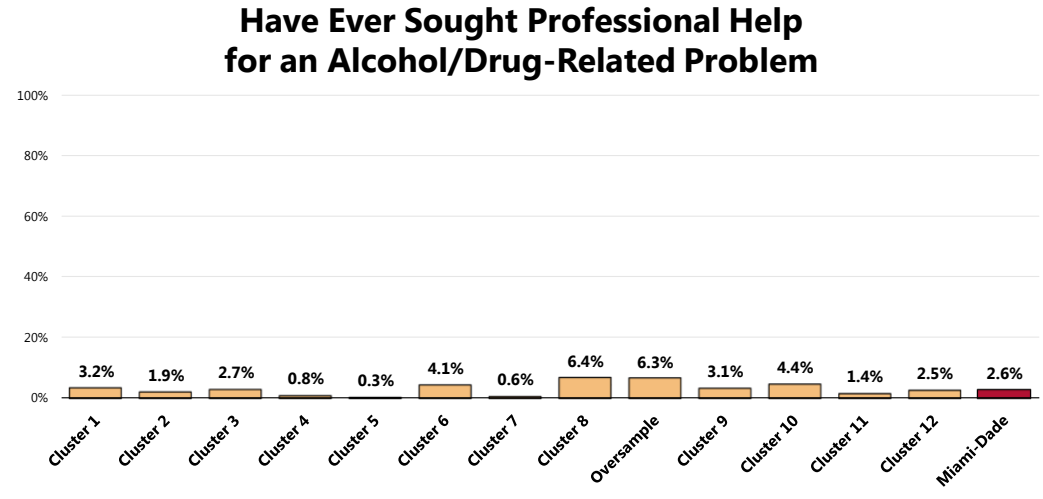
A total of 2.6% of Miami-Dade County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 69]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Lowest in Clusters 4, 5, and 7; highest in Cluster 8 and the Oversample.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: • Asked of all respondents.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

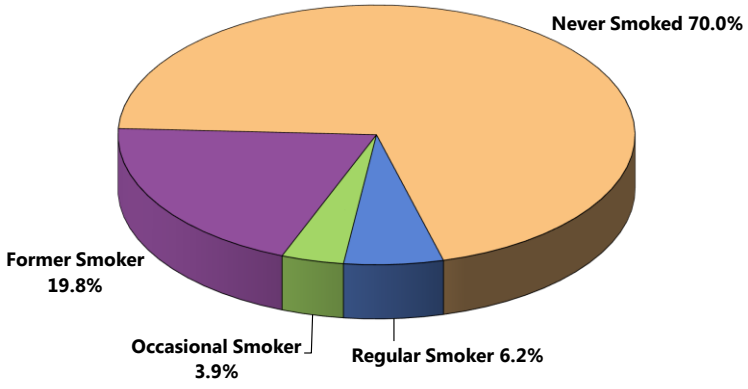
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 10.1% of Miami-Dade County adults currently smoke cigarettes, either regularly (6.2% every day) or occasionally (3.9% on some days).

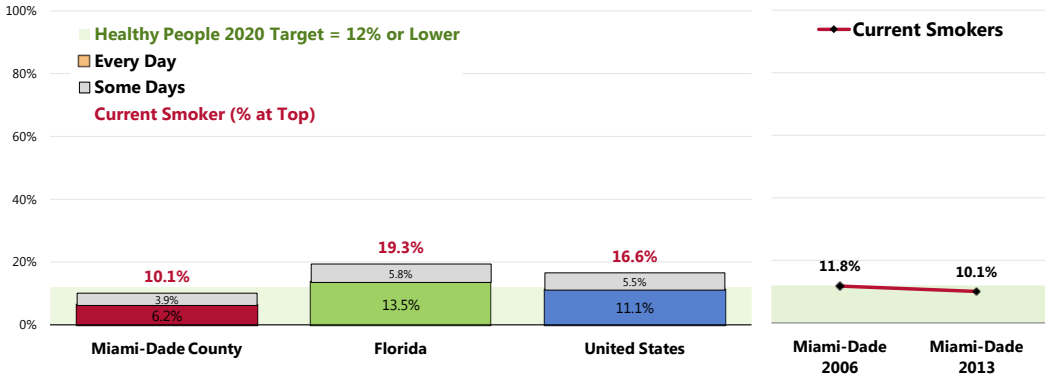
Cigarette Smoking Prevalence
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
Notes: • Asked of all respondents.

- Better than statewide findings.
- Better than national findings.
- Satisfies the Healthy People 2020 target (12% or lower). The current smoking percentage is statistically unchanged since 2006.

Current Smokers

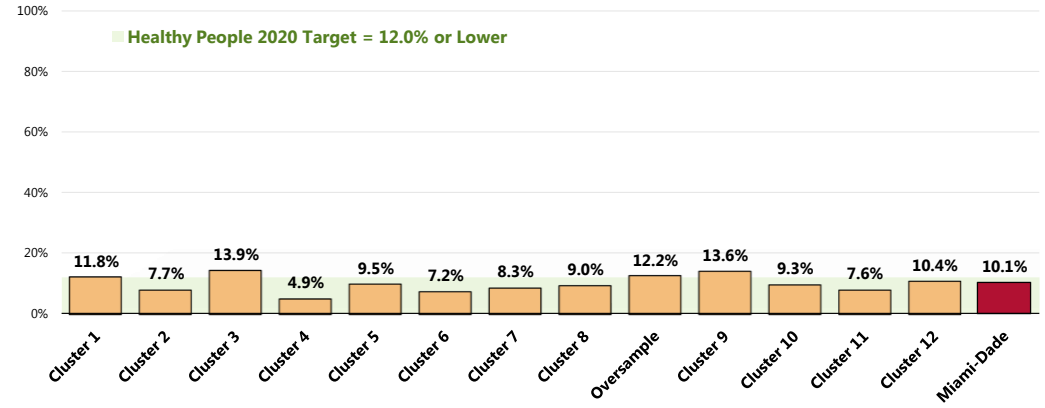


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 195]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

- Statistically low in Cluster 4.

Current Smokers



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

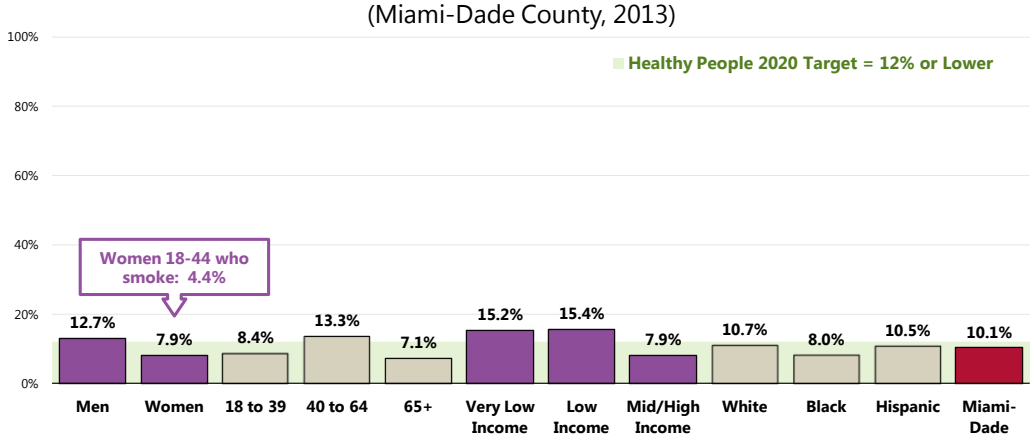
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

- Men.
- Adults age 40 to 64.
- Lower-income residents.
- Note also: Just 4.4% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 195-196]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

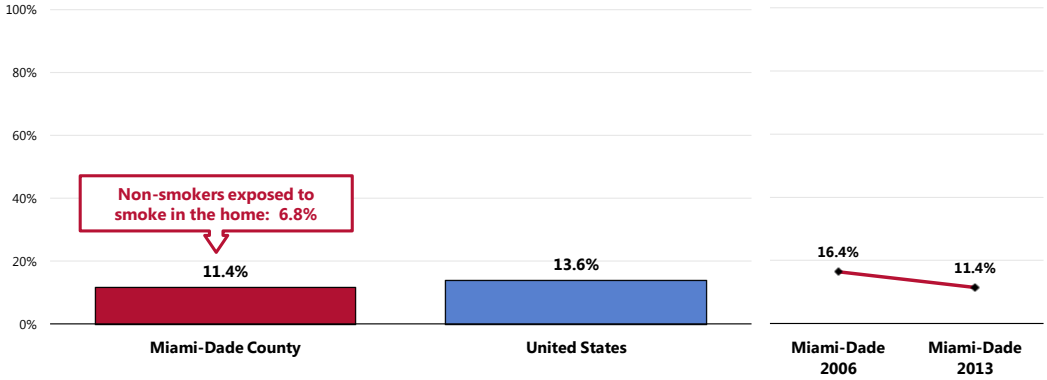
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 11.4% of Miami-Dade County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- Marks a statistically significant decrease over time.
- Note that 6.8% of Miami-Dade County non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

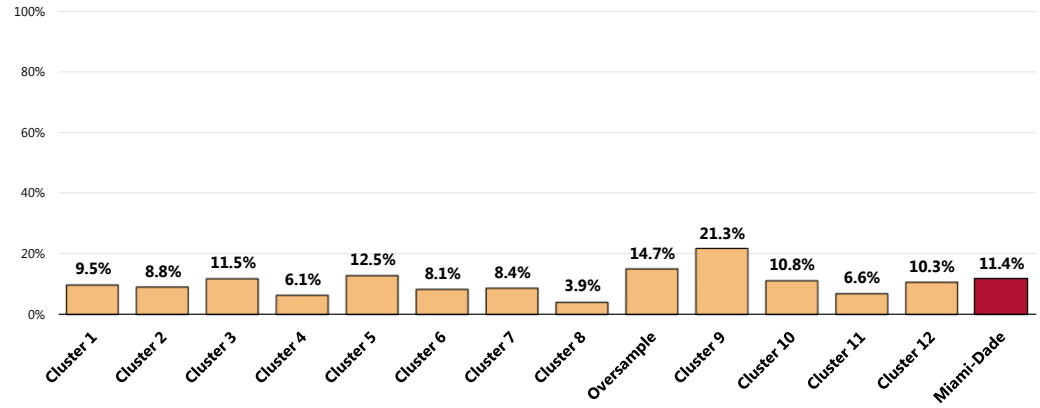


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 60, 197]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Highest in Cluster 9, lowest in Clusters 4, 8, and 11.

Member of Household Smokes at Home

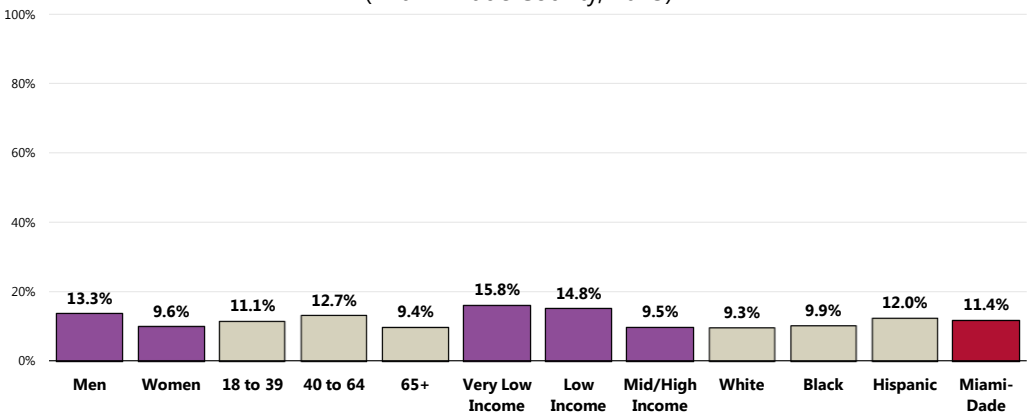


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: • Asked of all respondents.

- Notably higher among men, adults age 40-64, and residents with lower incomes.

Member of Household Smokes At Home

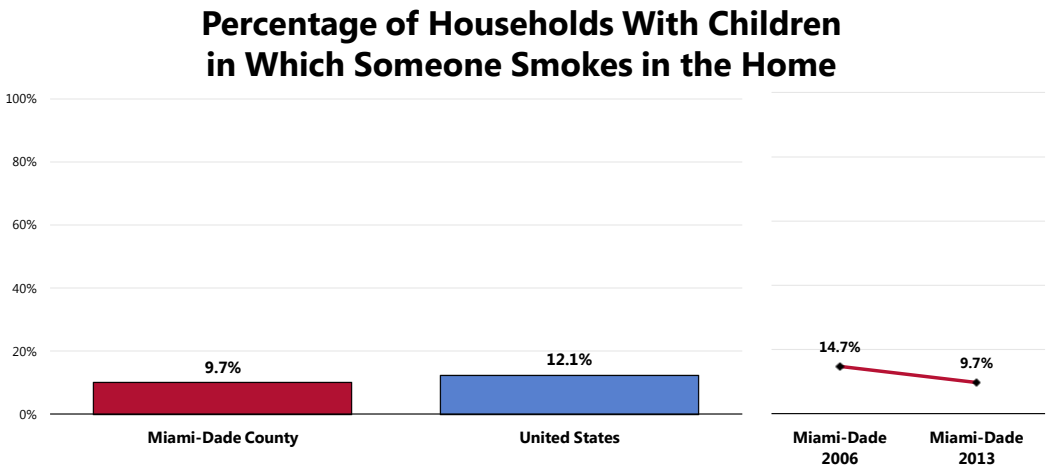
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

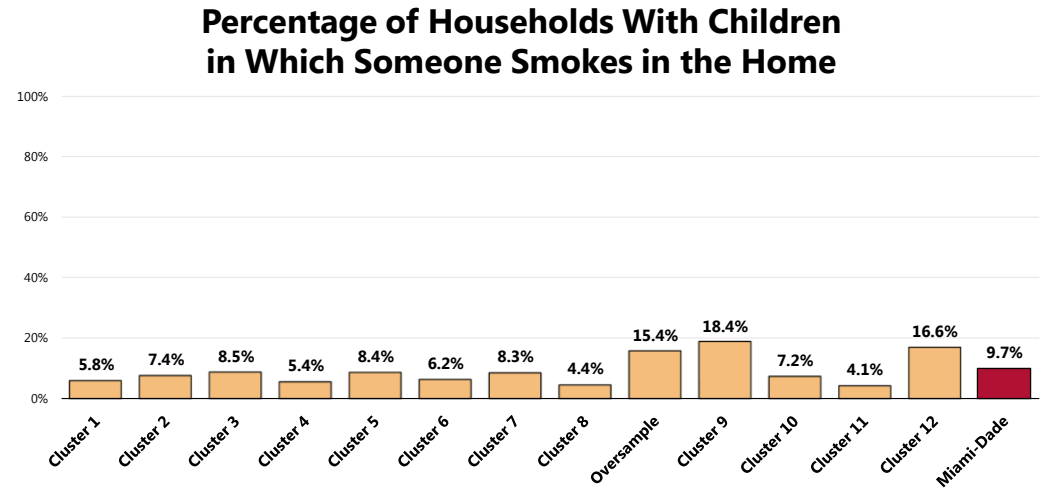
Among households with children, 9.7% have someone who smokes cigarettes in the home.

- Similar to national findings.
- Marks a significant decrease over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 198]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Highest in Cluster 9; lowest in Cluster 11.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
Notes: • Asked of all respondents.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

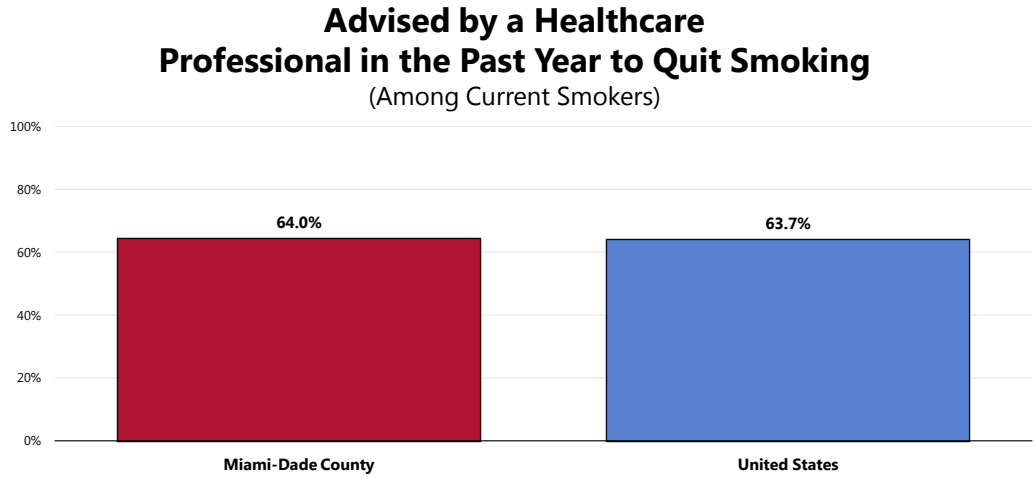
Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 64.0% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Nearly identical to the national percentage.



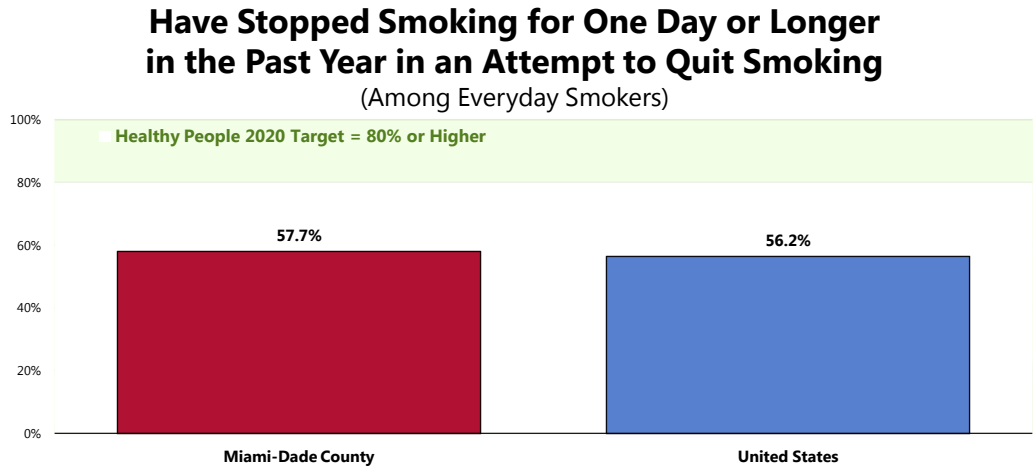
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Smoking Cessation Attempts

Over half (57.7%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

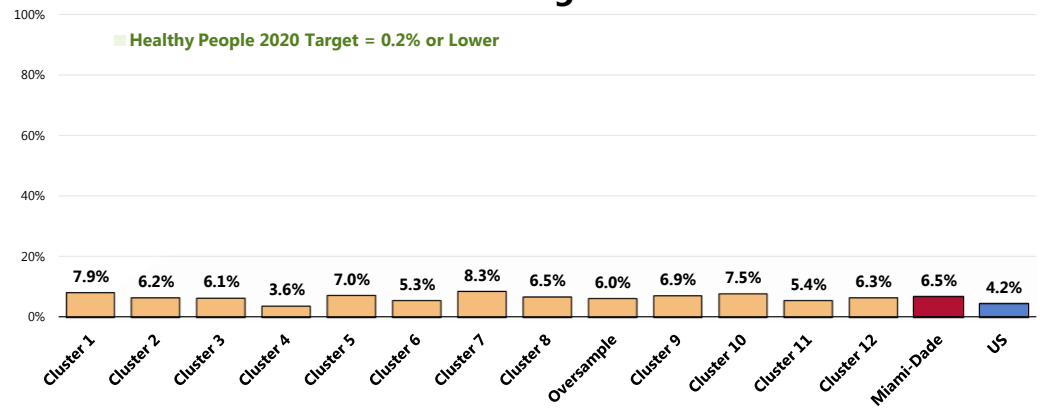
Other Tobacco Use

Cigars

A total of 6.5% of Miami-Dade County adults use cigars every day or on some days.

- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Favorably low in Cluster 4.

Use of Cigars



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

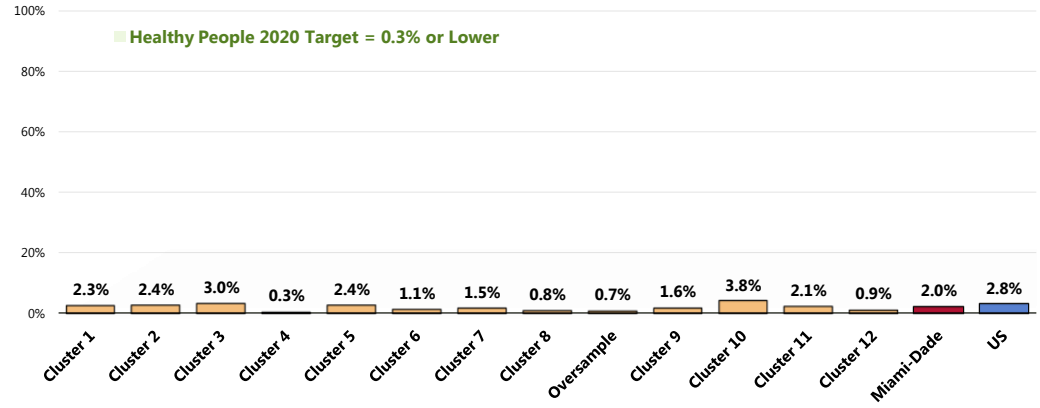
Smokeless Tobacco

A total of 2.0% of Miami-Dade County adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Statistically low in Cluster 4 and in the Oversample.

Use of Smokeless Tobacco



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

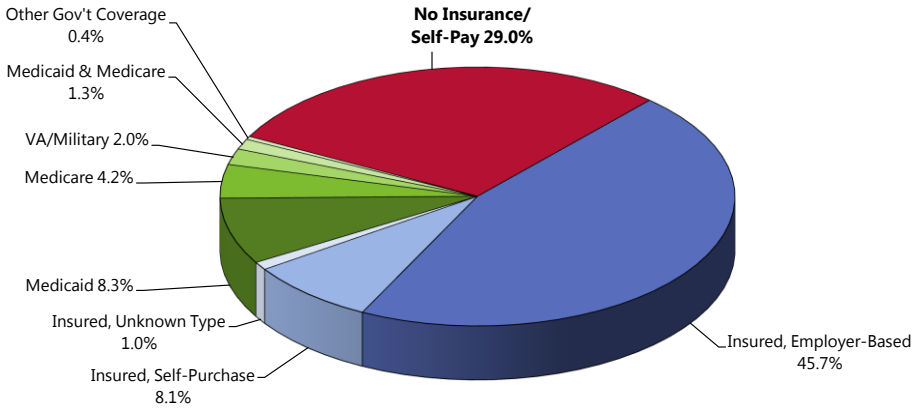
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 54.8% of Miami-Dade County adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults 18-64; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]
Notes: • Reflects respondents age 18 to 64.

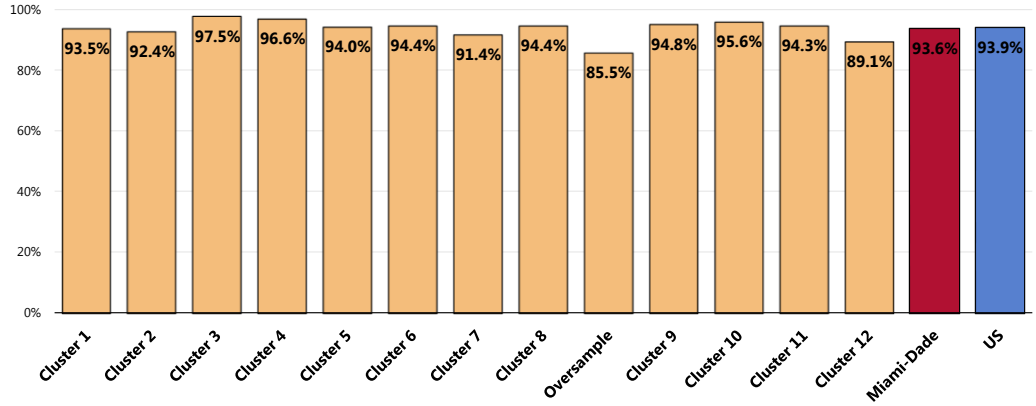
Prescription Drug Coverage

Among insured adults, 93.6% report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence.
- Highest in Clusters 3 and 4; lowest in the Oversample.

Health Insurance Covers Prescriptions at Least in Part

(Among Insured Respondents)



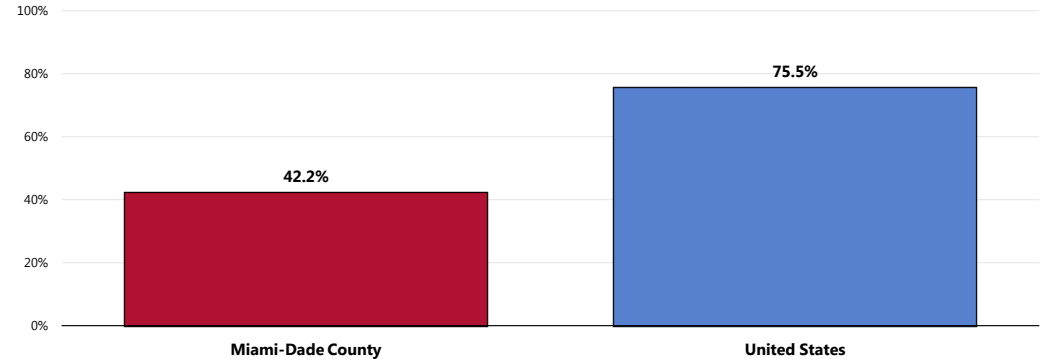
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

Supplemental Coverage

Among Medicare recipients, 42.2% have additional, supplemental healthcare coverage.

- Significantly lower than among seniors nationally.

Have Supplemental Coverage in Addition to Medicare
(Among Adults 65+)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 65+.

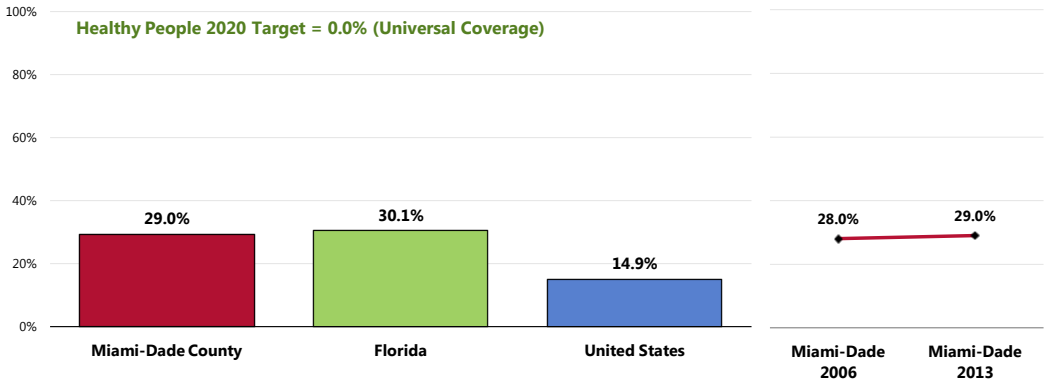
Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 29.0% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Twice the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar to 2006 findings.

Lack of Healthcare Insurance Coverage
(Among Adults 18-64)



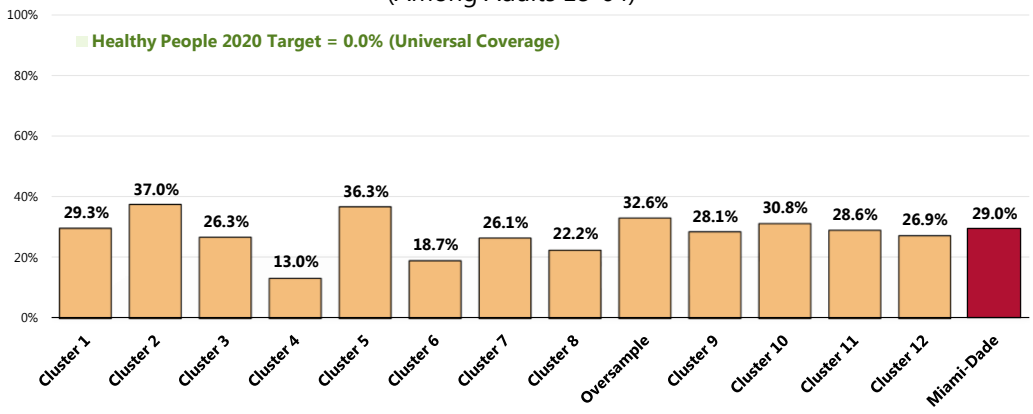
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 203]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

- Highest in Cluster 2; lowest in Clusters 4 and 6.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

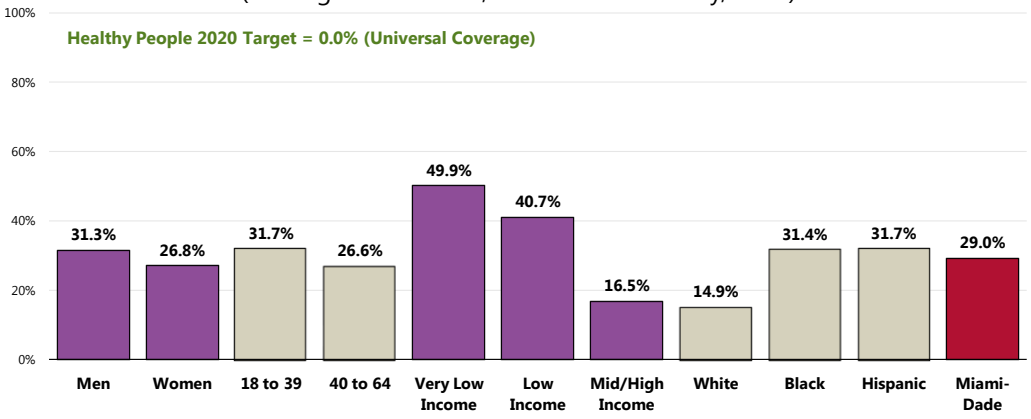
Notes:
- Asked of all respondents under 65.

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Young adults.
- Residents living at lower incomes (note the 49.9% uninsured prevalence among adults living in poverty).
- Blacks and Hispanics.

Lack of Healthcare Insurance Coverage

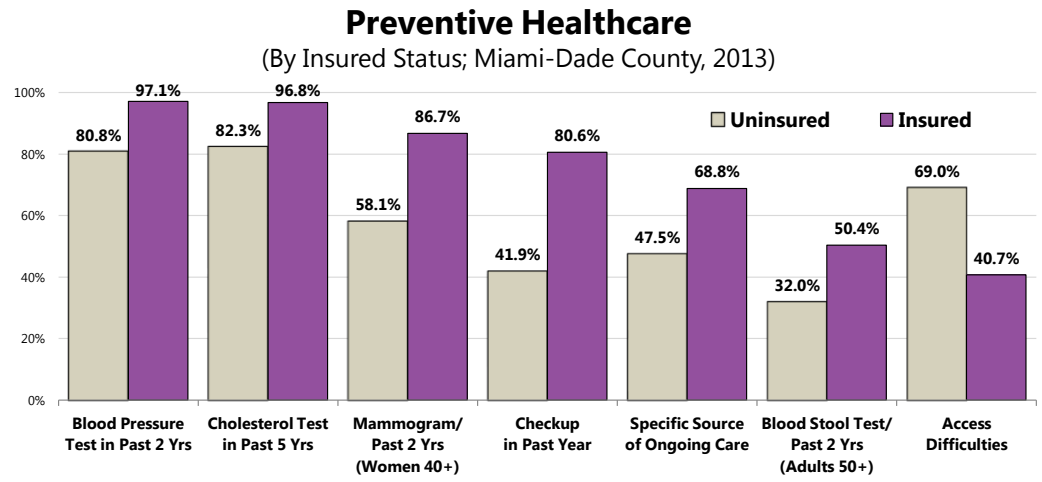
(Among Adults 18-64; Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 203]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in Miami-Dade County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

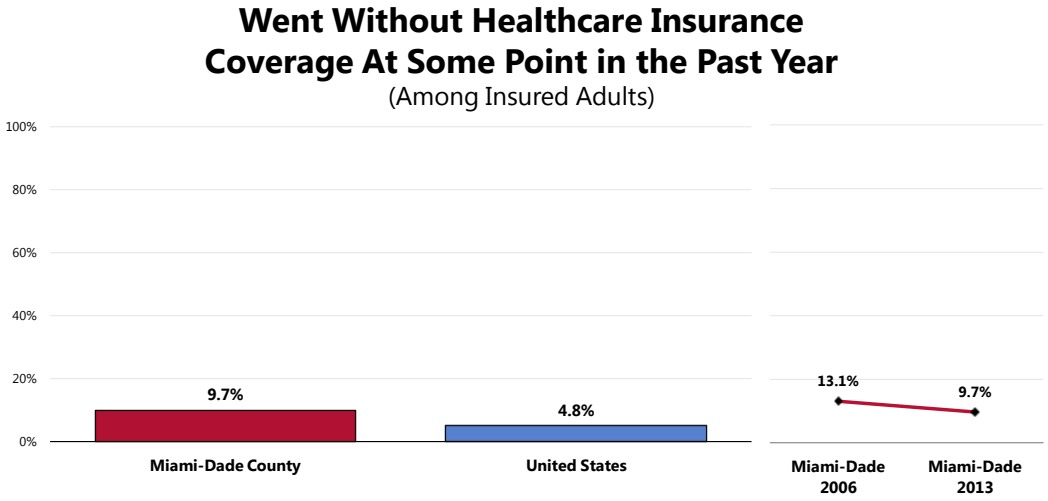


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 48, 51, 156, 161, 204, 207]
Notes: • Asked of all respondents.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Miami-Dade County, 9.7% report that they were without healthcare coverage at some point in the past year.

- Twice the US prevalence.
- Marks a significant improvement over time.

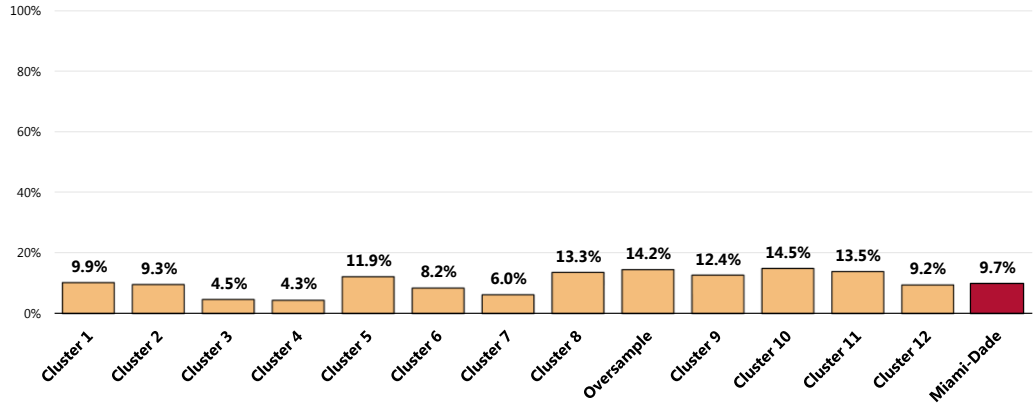


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 80]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

- Favorably low in Clusters 3, 4, and 7.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



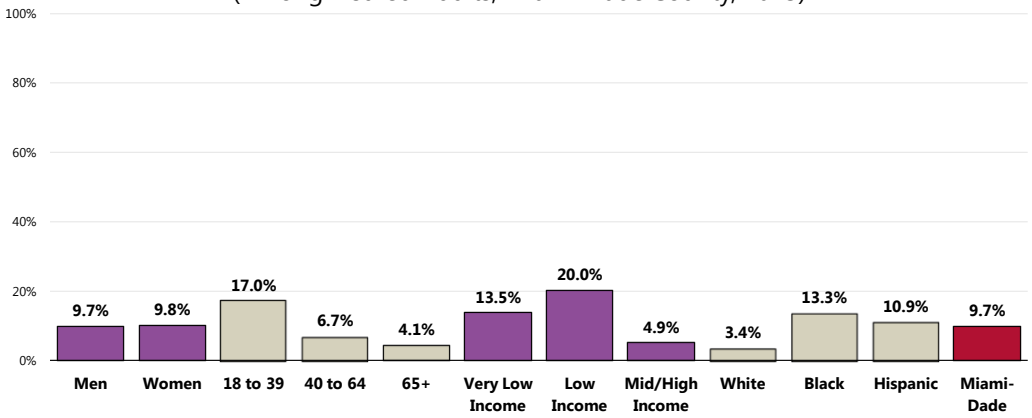
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
Notes: • Asked of all respondents with healthcare insurance coverage.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Young adults.
- Lower-income residents.
- Blacks and Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
Notes: • Asked of all insured respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

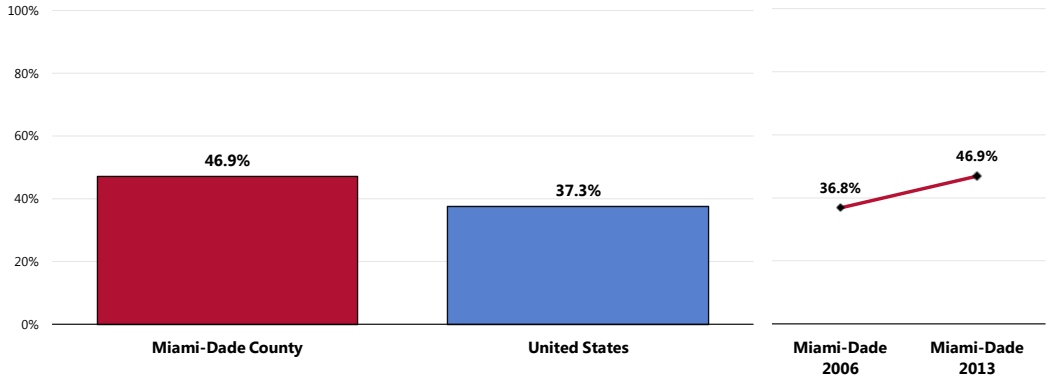
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 46.9% of Miami-Dade County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- Marks a significant increase over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

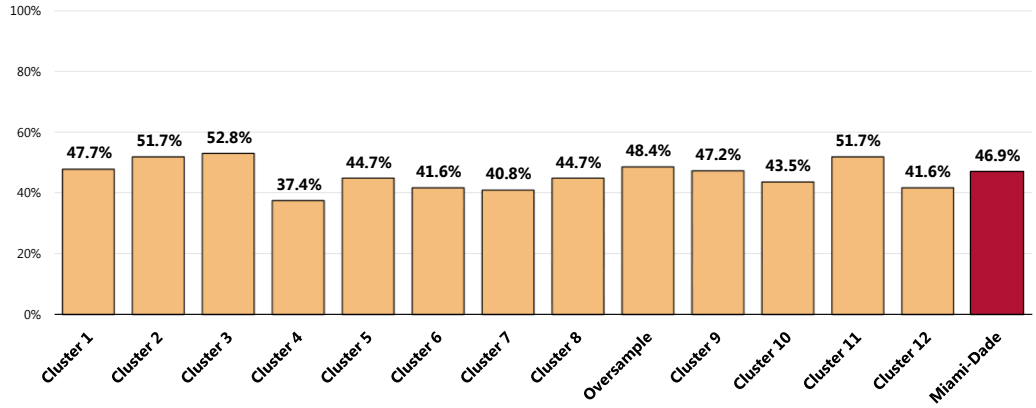


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Favorably low in Cluster 4.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



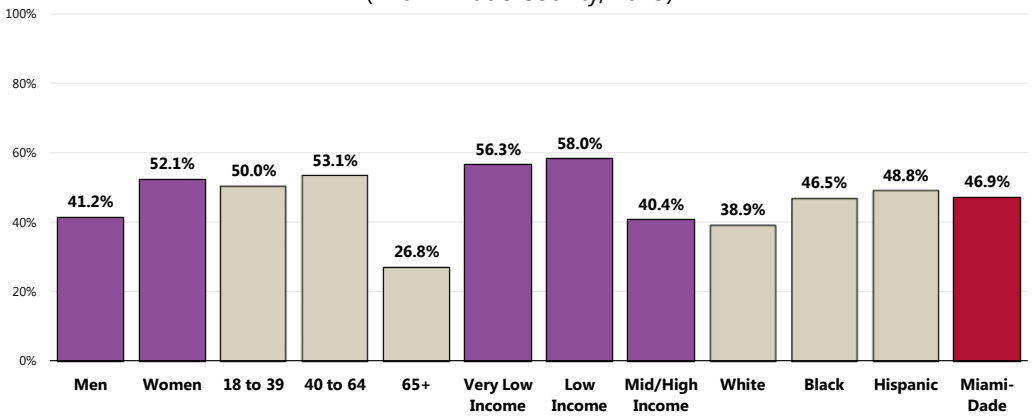
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Lower-income residents.
- Blacks and Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

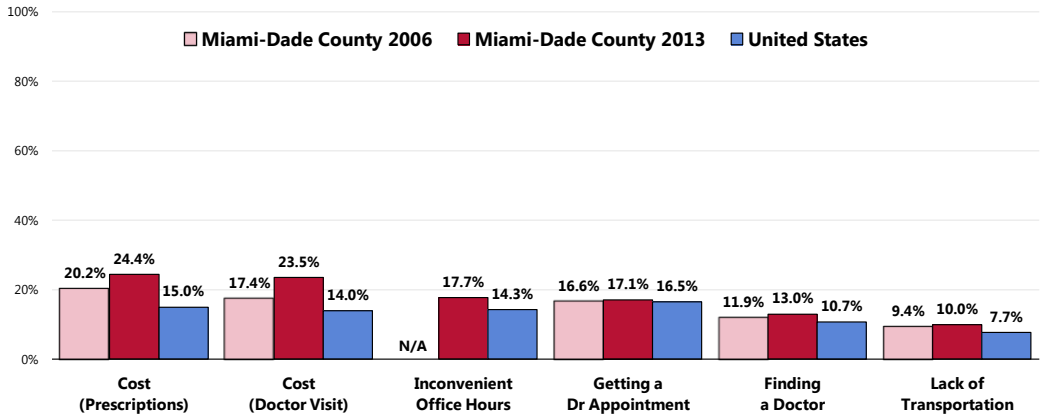
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medications as well as cost of doctor visits impacted the greatest share of Miami-Dade County adults (over 23% of respondents say that cost prevented them from obtaining a needed prescription and/or a physician visit in the past year).

- The proportion of Miami-Dade County adults impacted was statistically worse than that found nationwide for each of the tested barriers, with the exception of difficulty getting an appointment (findings were similar).
- Compared to baseline 2006 data, the Miami-Dade County has seen a significant increase with regard to the barrier of **cost** (for prescriptions as well as physician visits).

Barriers to Access Have Prevented Medical Care in the Past Year

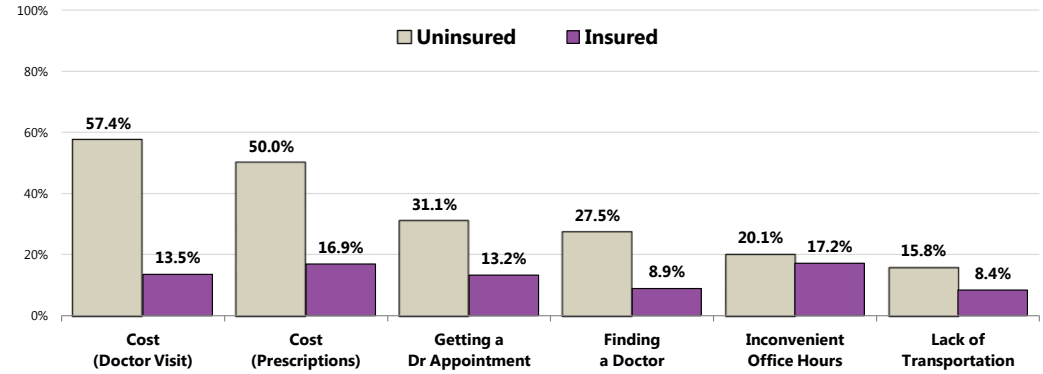


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- As might be expected, Miami-Dade County adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access

(By Insured Status, Adults 18+; Miami-Dade County, 2013)

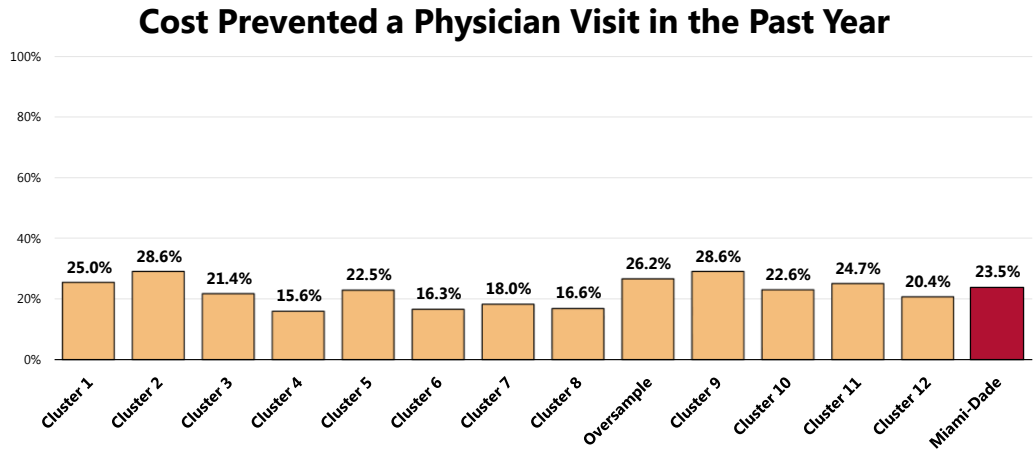


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: • Asked of all respondents.

Barriers by Cluster

Cost of a Physician Visit

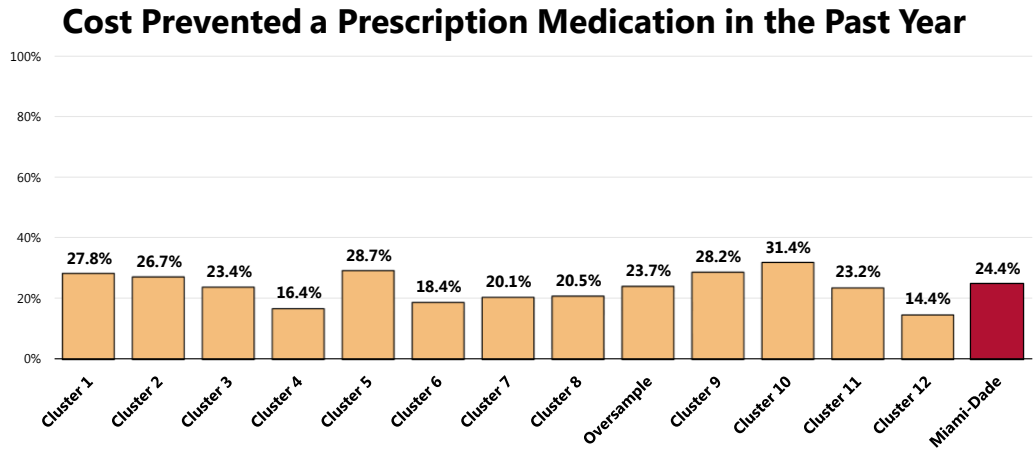
- By Cluster, cost as a barrier to physician visits in the past year is statistically low in Clusters 4, 6, 7, and 8.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
Notes: • Asked of all respondents.

Cost of a Prescription Medication

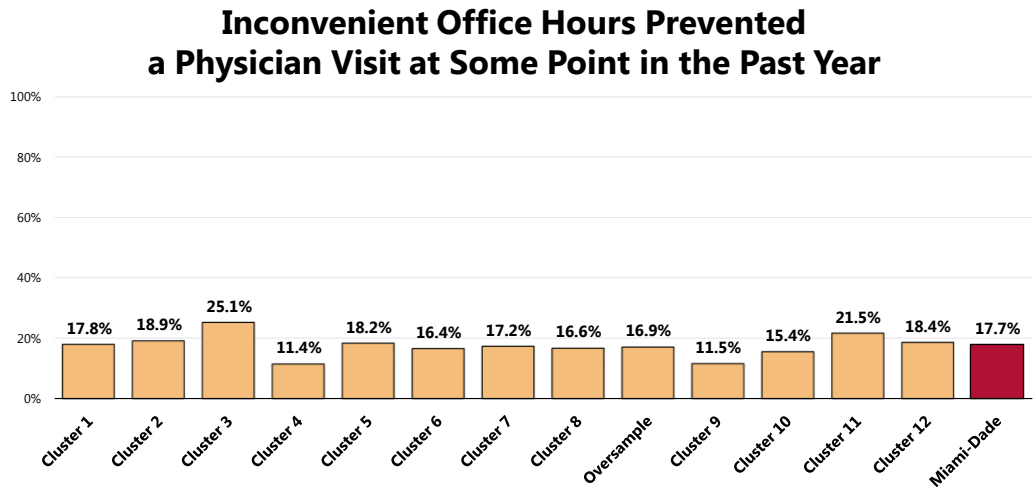
- More favorable in Clusters 4, 6, and 12; unfavorably high in Cluster 10.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
Notes: • Asked of all respondents.

Inconvenient Office Hours

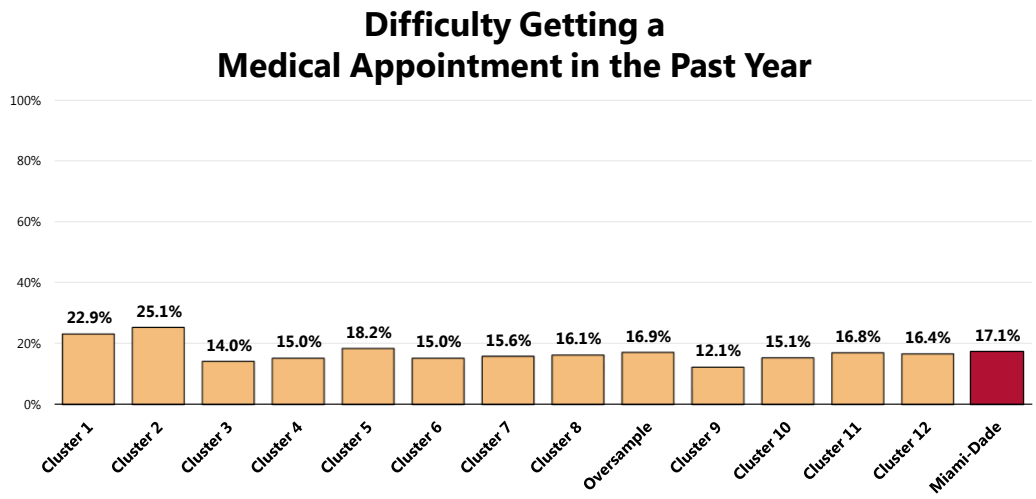
- Unfavorably high in Cluster 3; lowest in Clusters 4 and 9.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
Notes: • Asked of all respondents.

Difficulty Getting an Appointment

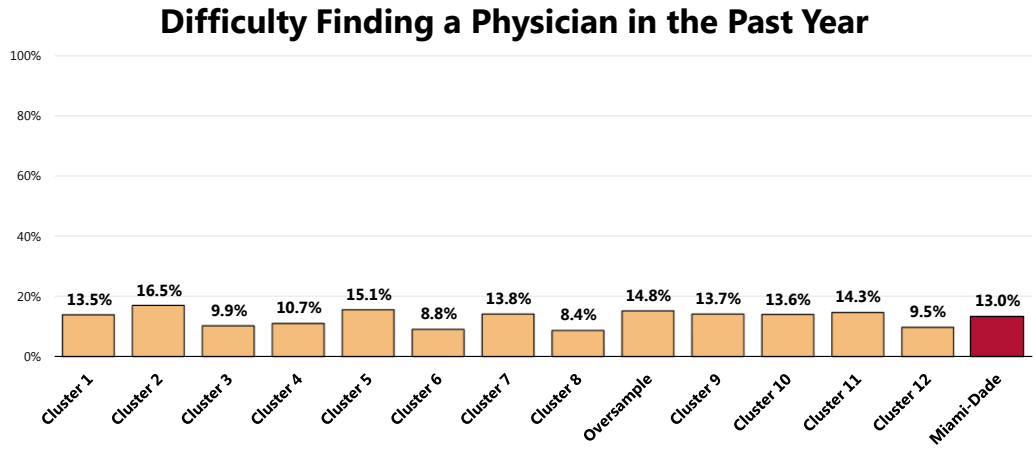
- Unfavorably high in Clusters 1 and 2; lowest in Cluster 9.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

Difficulty Finding a Physician

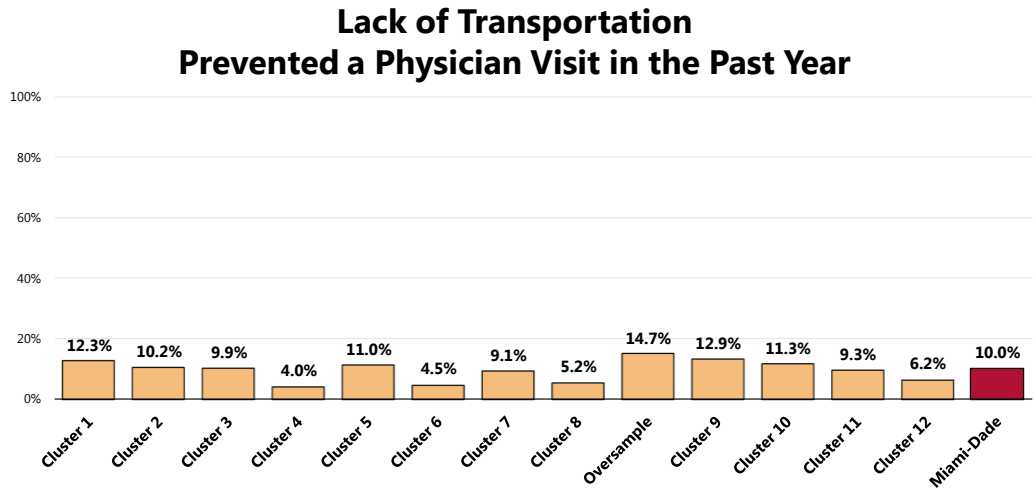
- Favorably low in Clusters 6 and 8.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.

Lack of Transportation

- Unfavorably high in the Oversample; lowest in Clusters 4, 6, 8, and 12.

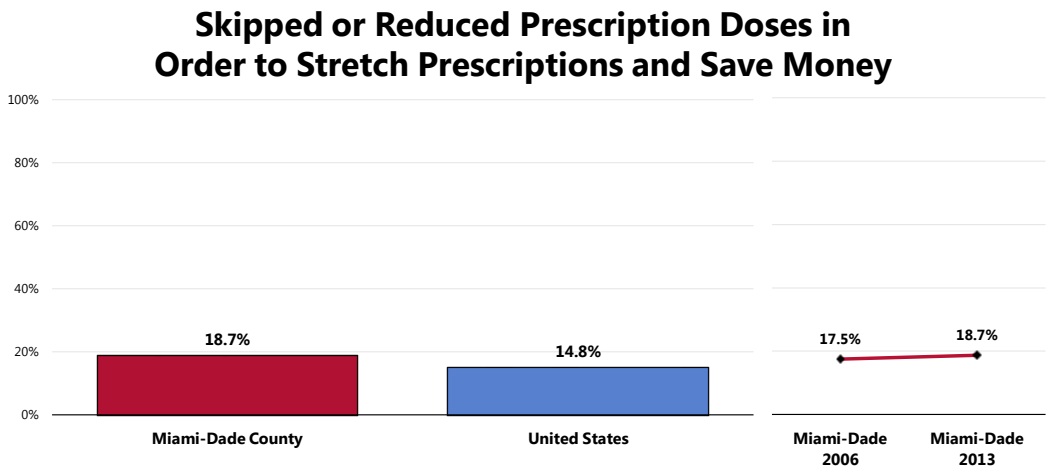


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
Notes: • Asked of all respondents.

Prescriptions

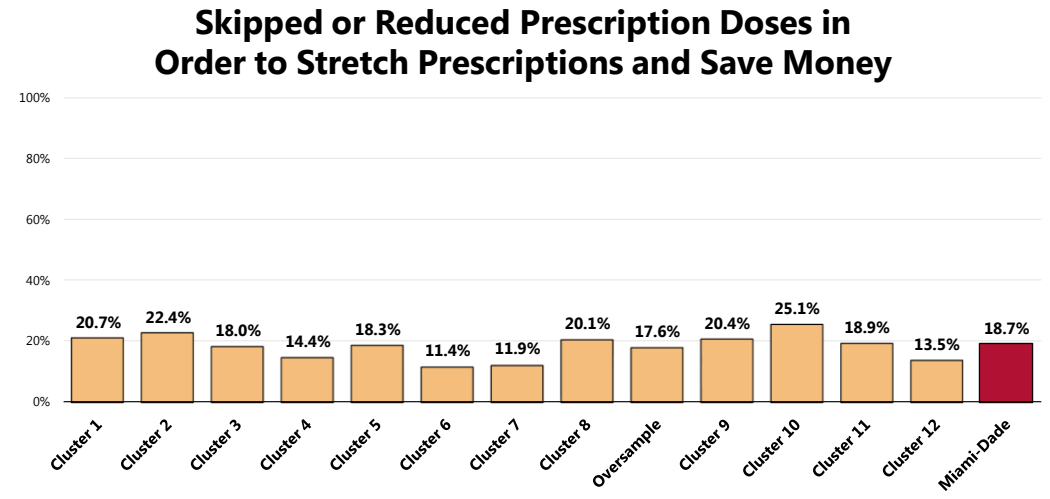
Among all Miami-Dade County adults, 18.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.
- Statistically similar to 2006 findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Unfavorably high in Cluster 10; lowest in Clusters 6, 7, and 12.



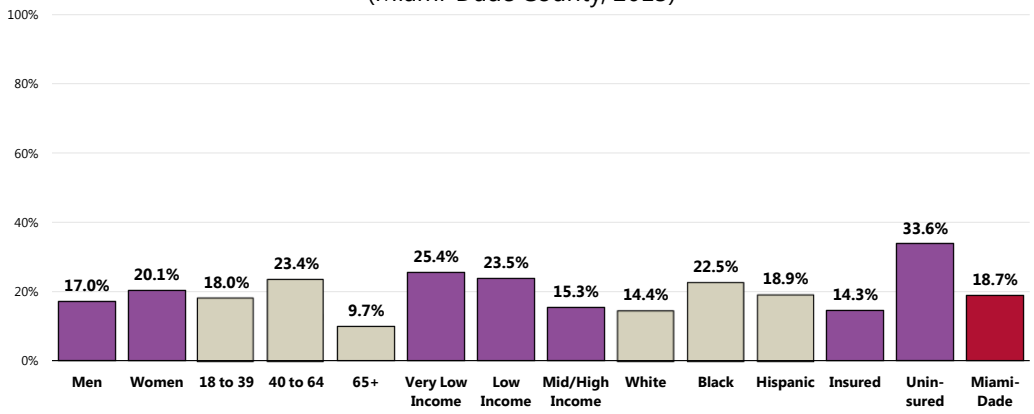
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults under 65.
- Respondents with lower incomes.
- Blacks and Hispanics.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

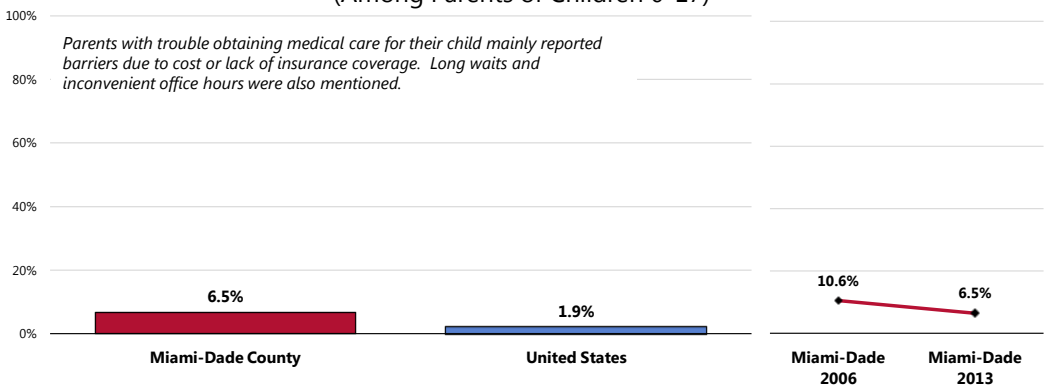
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 6.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Much higher than what is reported nationwide.
- Marks an improvement since 2006.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 118-119]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

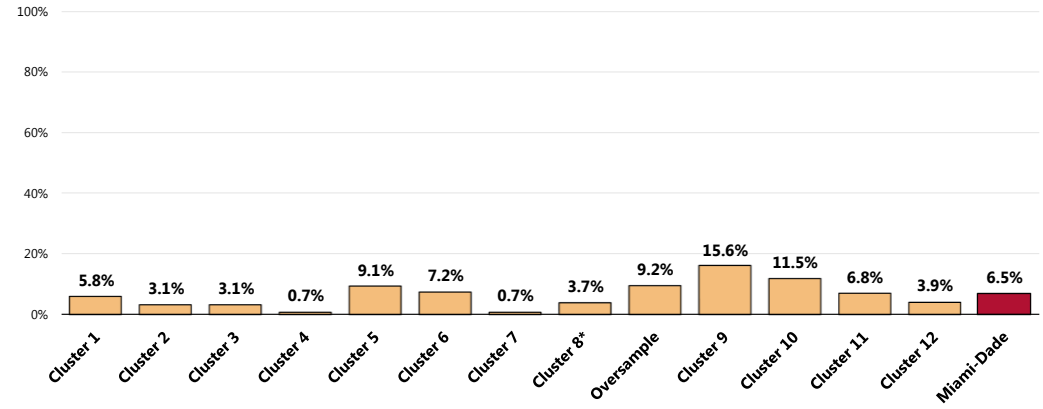
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits and inconvenient office hours.

- Lowest in Clusters 4 and 7; unfavorably high in Cluster 9.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Parents of Children 0-17)

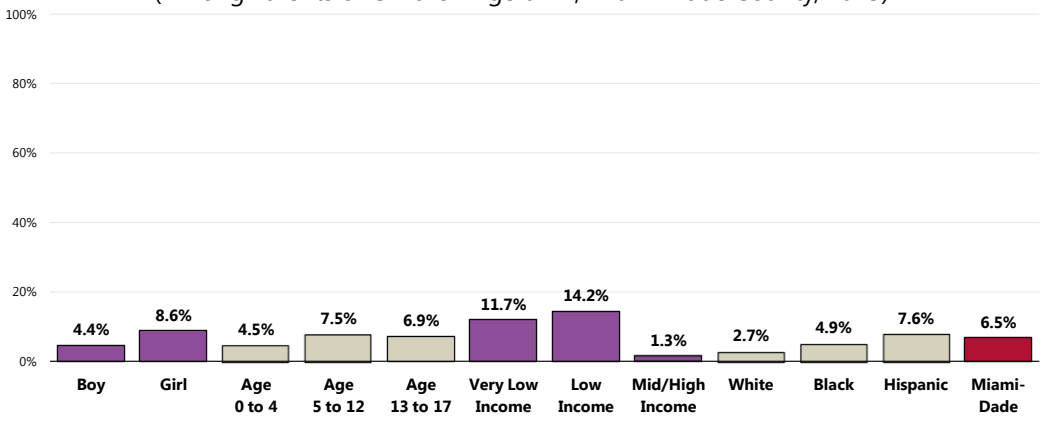


Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of all respondents with children under 18 at home.
● *Sample size is <50 and must be taken into account when making comparisons.

- Difficulty obtaining a child's medical care was noted more often among Hispanics, parents in lower-income households, and those with daughters.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children Age 0-17; Miami-Dade County, 2013)



Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 0 and 17.
● Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care
- Improving health care services includes increasing access to and use of evidence-based preventive services.

Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

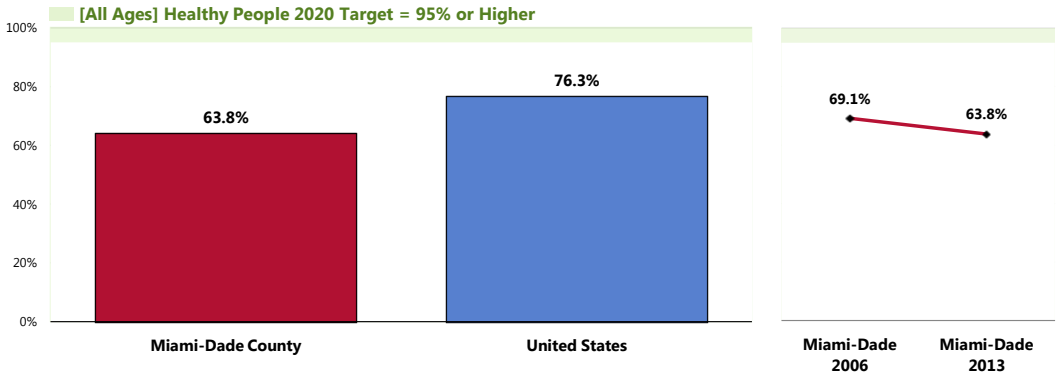
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 63.8% of Miami-Dade County adults were determined to have a specific source of ongoing medical care (a "medical home").

- Lower than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- Marks a statistically significant decrease since 2006.

Have a Specific Source of Ongoing Medical Care

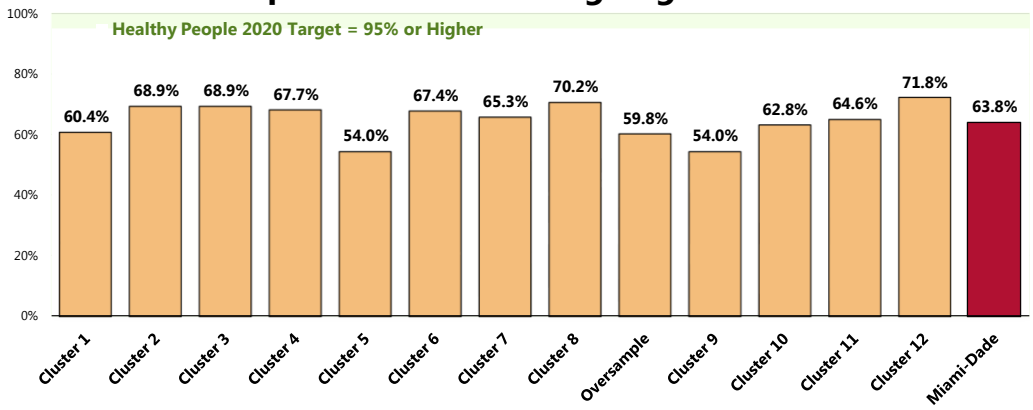


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 204]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

- Most favorable in Cluster 12; lowest in Clusters 5 and 9.

Have a Specific Source of Ongoing Medical Care



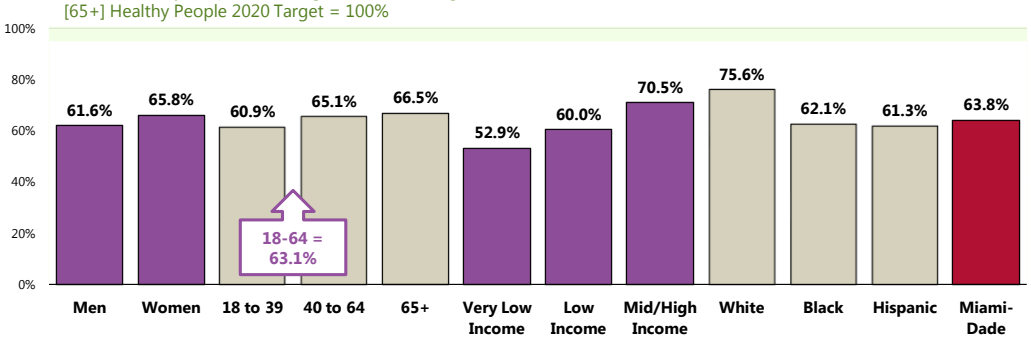
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

- When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care: women, young adults, lower-income residents, and Blacks and Hispanics.
- Among adults age 18-64, 63.1% have a specific source for ongoing medical care, less favorable than national findings (not shown).
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 66.5% have a specific source for care, less favorable than the percentage reported among seniors nationally (not shown).
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Miami-Dade County, 2013)



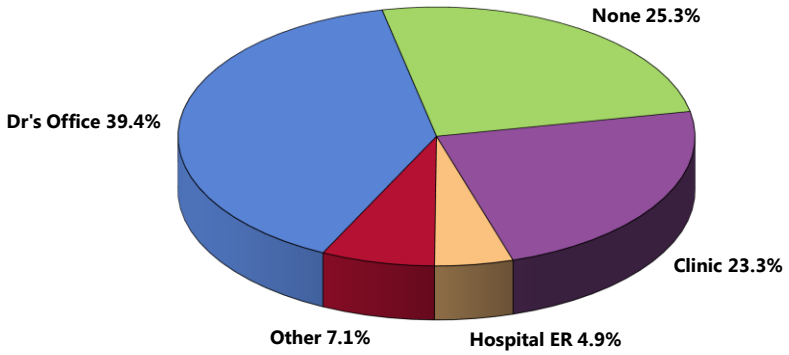
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 204-206]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (39.4%) identified a particular doctor's office. A total of 23.3% say they usually go to some type of clinic, while 4.9% rely on a hospital emergency room.

Particular Place Utilized for Medical Care
(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: • Asked of all respondents.

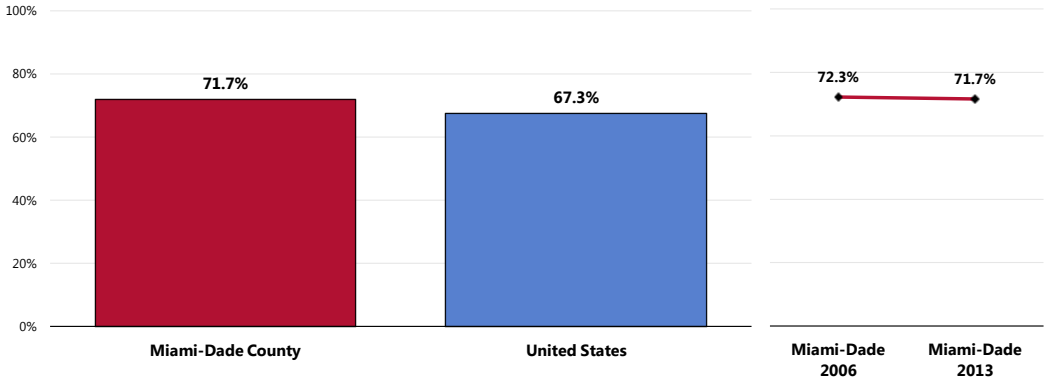
Utilization of Primary Care Services

Adults

Over 7 in 10 adults (71.7%) visited a physician for a routine checkup in the past year.

- Better than national findings.
- Statistically similar to 2006 findings.

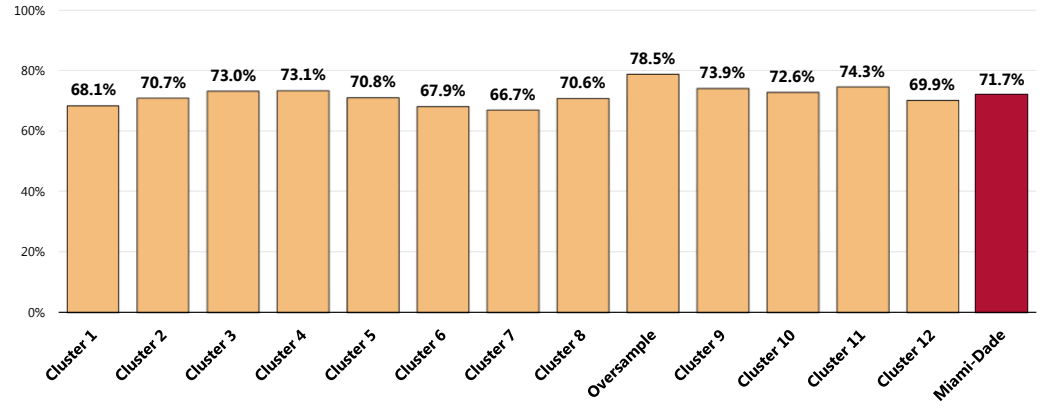
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Highest among residents in the Oversample.

Have Visited a Physician for a Checkup in the Past Year

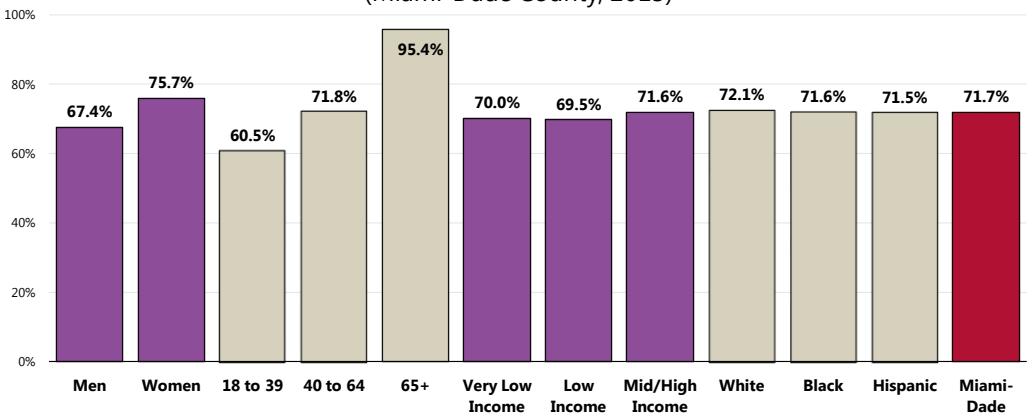


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: • Asked of all respondents.

- Men and adults under age 40 are <u>less likely</u> to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Miami-Dade County, 2013)



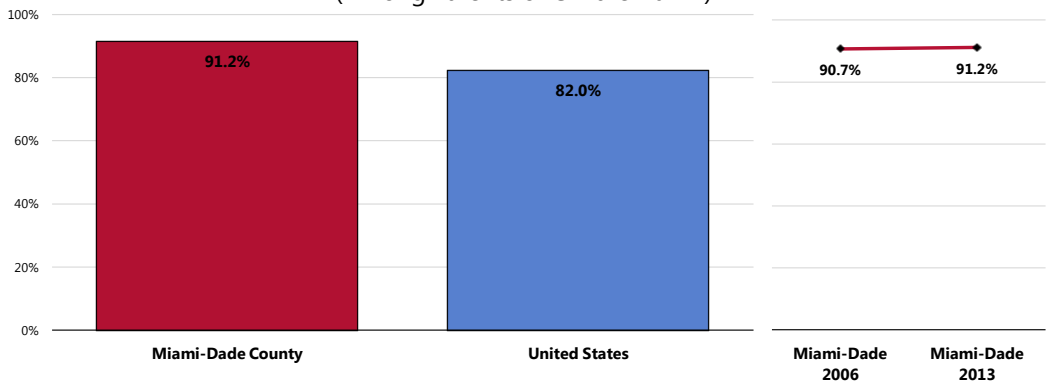
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among surveyed parents, 91.2% report that their child has had a routine checkup in the past year.

- Higher than national findings.
- Statistically similar to 2006 findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



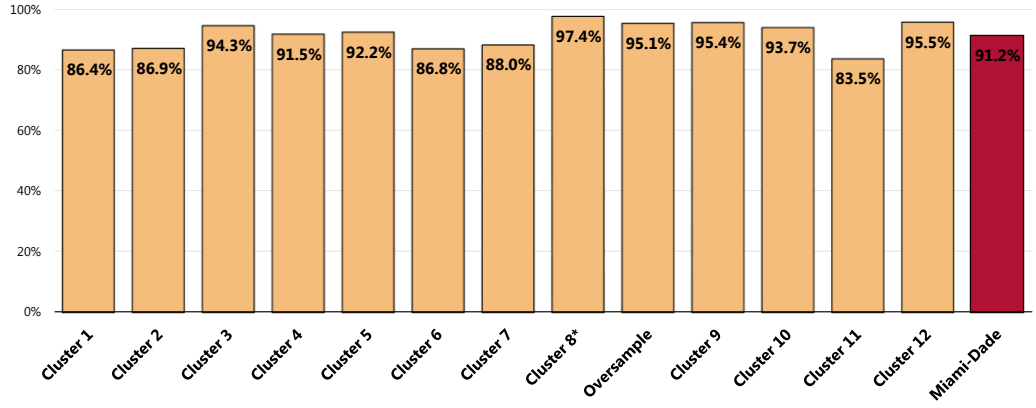
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 120]
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

- Highest among children in Cluster 8 (*keeping in mind the small sample size*).

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Parents of Children 0-17)



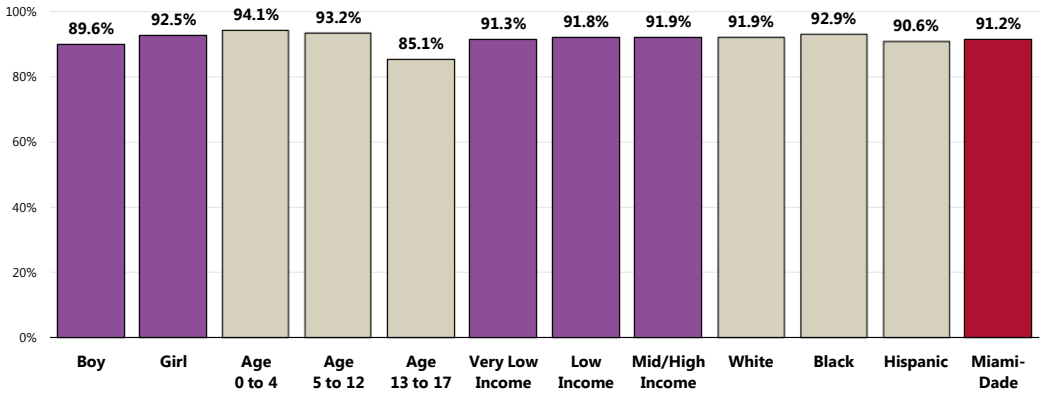
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]

Notes:
- Asked of all respondents with children under 18 at home.
- *Sample size is <50 and must be taken into account when making comparisons.

Note that routine checkups are highest in Miami-Dade County among children under age 13.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children Age 0-17; Miami-Dade County, 2013)



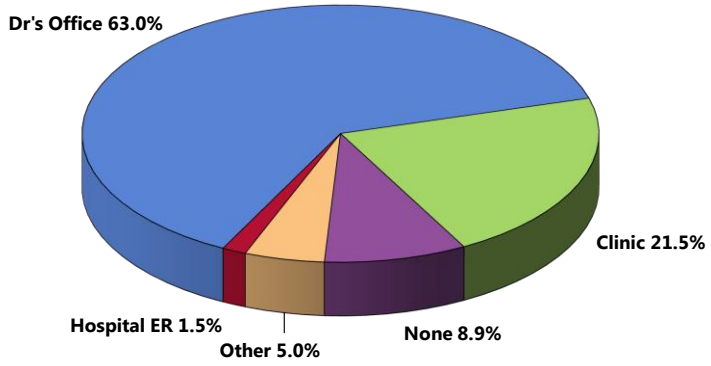
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 0 and 17.
• Race represents the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked where they primarily take their child for well-child doctor visits, 63.0% of parents mentioned a doctor's office.

Other sites mentioned include clinics (21.5%) and a hospital ER (1.5%).

Particular Place Utilized for Well-Child Visits

(Miami-Dade County Parents of Children <18, 2013)

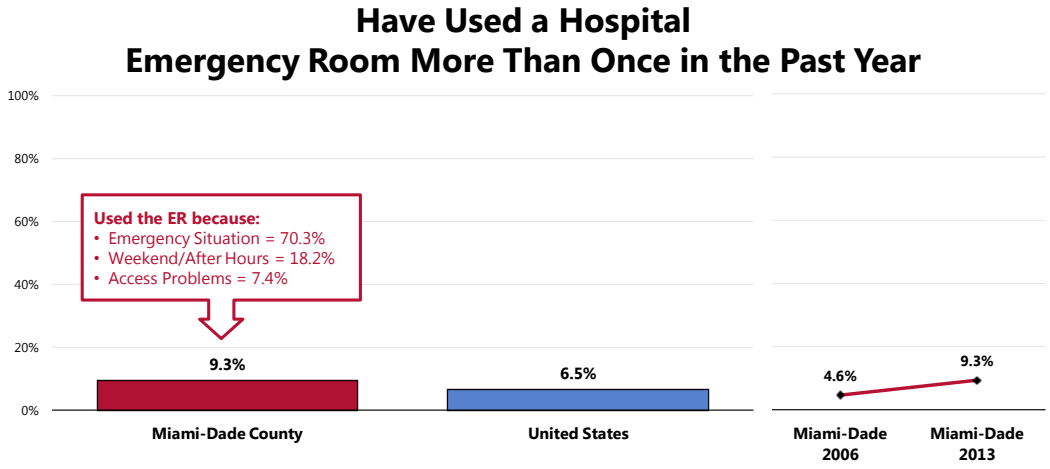


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 121-122]
Notes: • Asked of all respondents with children under 18 at home.

Emergency Room Utilization

A total of 9.3% of Miami-Dade County adults have gone to a hospital emergency room more than once in the past year about their own health.

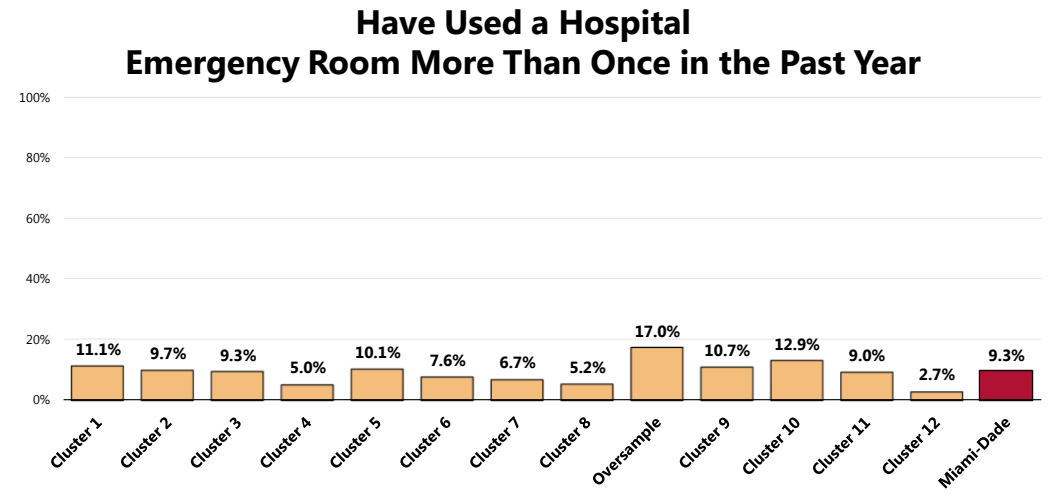
- Above the national figure.
- The 2006 prevalence has doubled over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 22-23]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Of those using a hospital ER, 70.3% say this was due to an **emergency or life-threatening situation**, while 18.2% indicated that the visit was during **after-hours or on the weekend**. A total of 7.4% cited **difficulties accessing primary care** for various reasons.

- Unfavorably high in the Oversample; lowest in Clusters 4, 8 and 12.

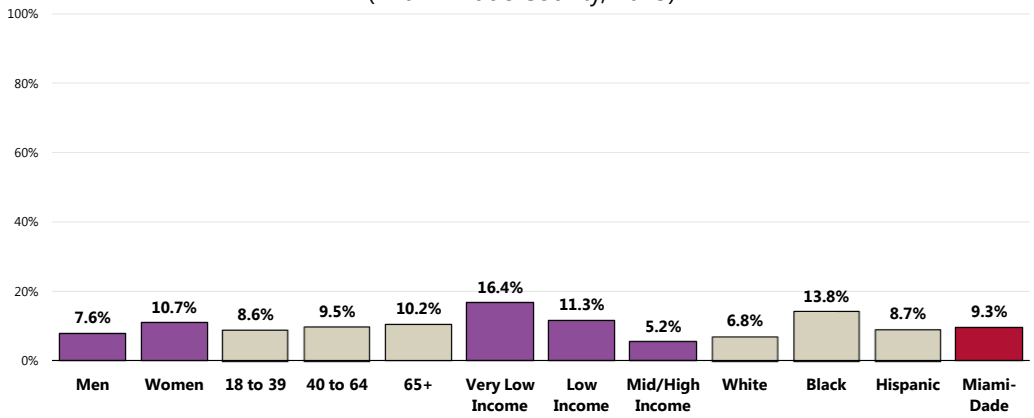


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
Notes: • Asked of all respondents.

ER use is more prevalent among county women, lower-income residents, and Blacks.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

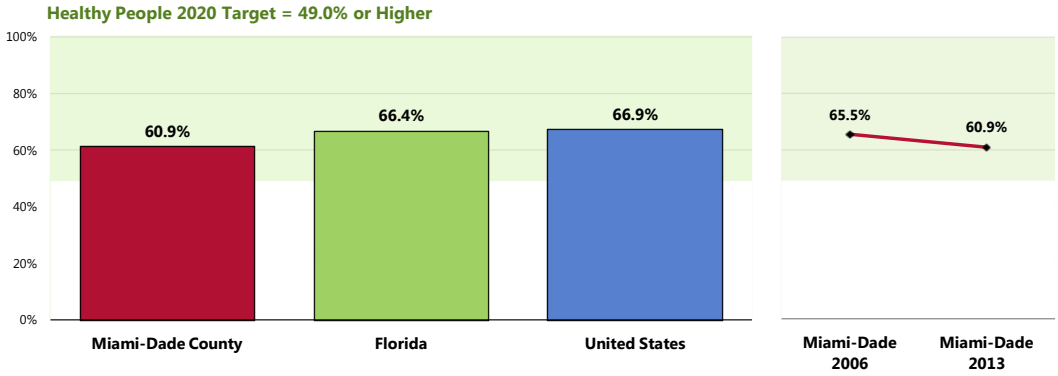
Dental Care

Adults

Just over 6 in 10 Miami-Dade County adults (60.9%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Marks a significant decrease over time.

Have Visited a Dentist or Dental Clinic Within the Past Year

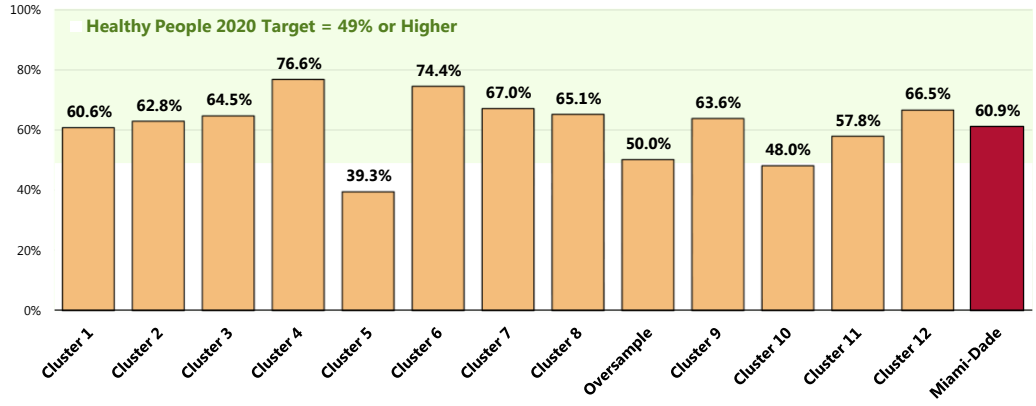


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Florida data.

Notes:
- Asked of all respondents.

- Lower in Clusters 5, 10, and in the Oversample; favorably high in Clusters 4 and 6.

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

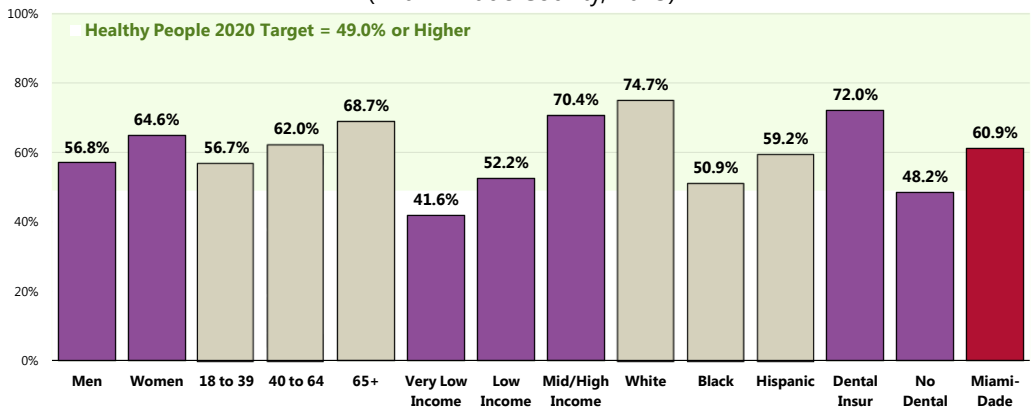
Notes:
- Asked of all respondents.

Note the following:

- Men are less likely than women to report recent dental care.
- There is a positive correlation between age and recent dental visits.
- Persons living in the highest income category report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely than Blacks or Hispanics to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

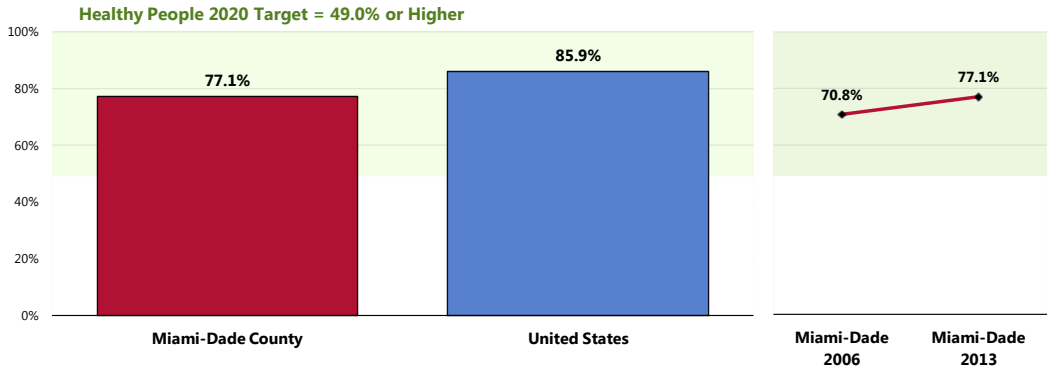
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 77.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Marks a statistically significant increase in children's dental care since 2006.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



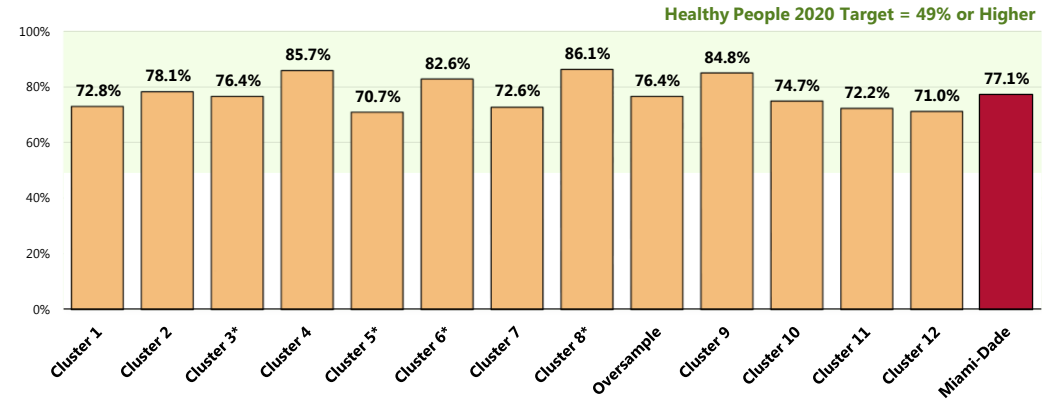
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 123]
- 2012 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

- Children's recent dental care is statistically high in Cluster 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



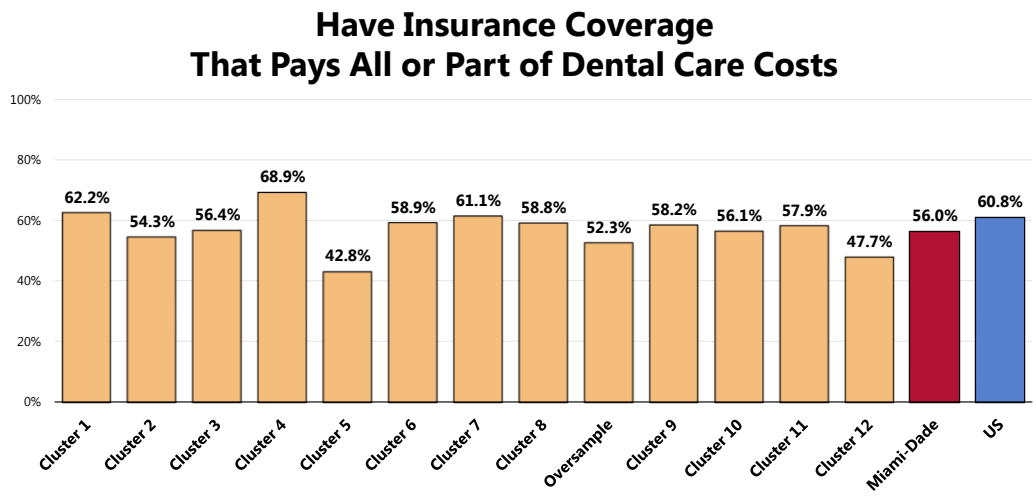
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- United States Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.
- *Sample size is <50 and must be taken into account when making comparisons.

Dental Insurance

Over one-half of Miami-Dade County adults (56.0%) have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.
- Lowest in Clusters 5 and 12; highest in Cluster 4.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

HEALTH EDUCATION & OUTREACH

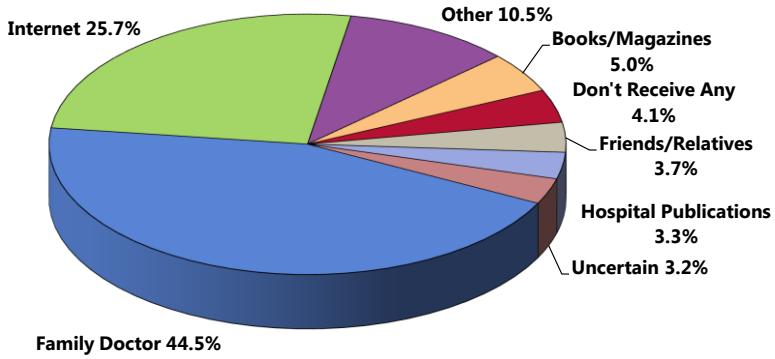
Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 44.5% of Miami-Dade County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 25.7%.
  - Other sources mentioned include books and magazines (5.0%), friends and relatives (3.7%), and hospital publications (3.3%).
- A total of 4.1% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information

(Miami-Dade County, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

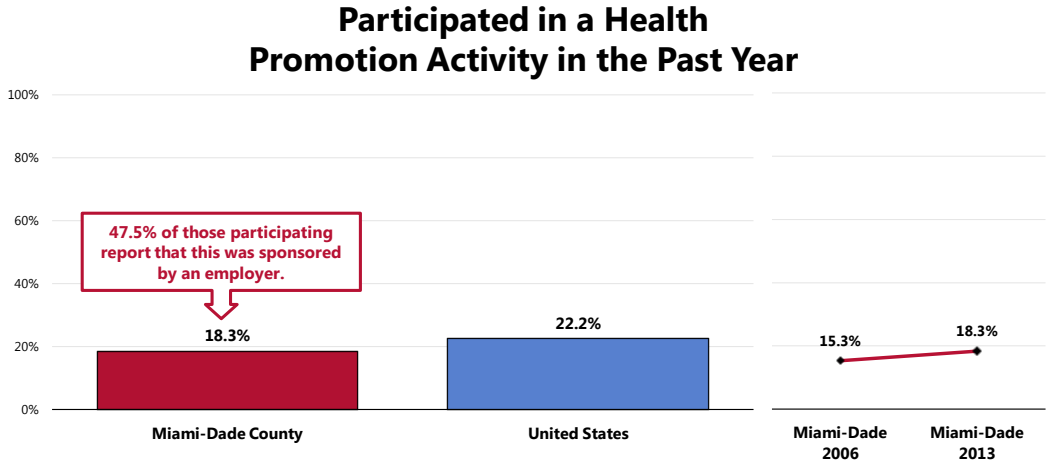
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

A total of 18.3% of Miami-Dade County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Marks a significant increase since the 2006 survey was conducted.
- Note that 47.5% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

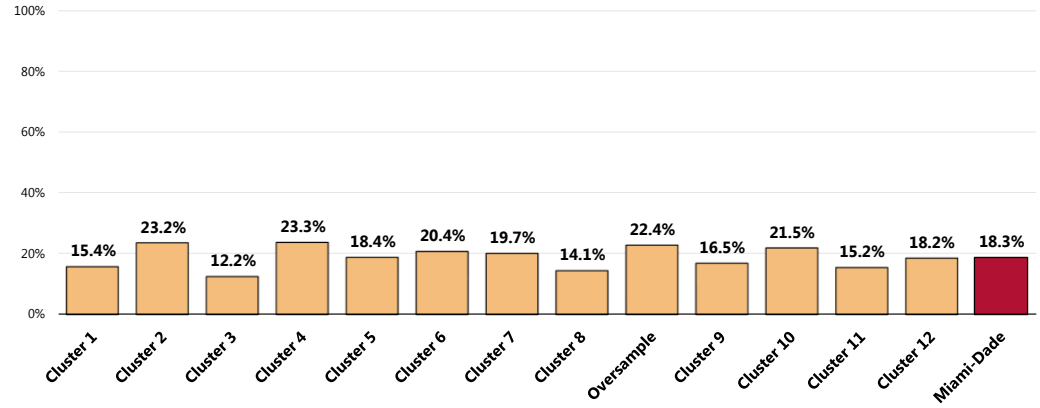


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 112-113]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Lowest in Cluster 3.

Participated in a Health Promotion Activity in the Past Year



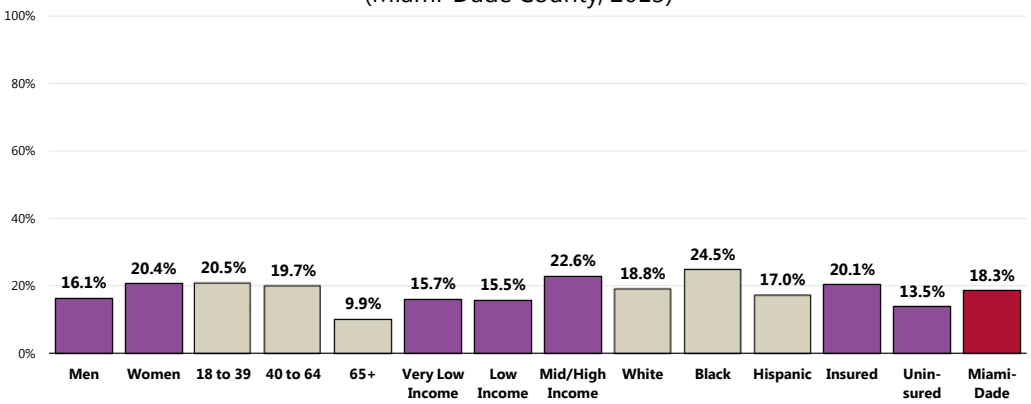
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics. Participation is lowest among these populations:

- Men.
- Seniors.
- Lower-income residents.
- Whites and Hispanics.
- The uninsured.

Participated in a Health Promotion Activity in the Past Year

(Miami-Dade County, 2013)



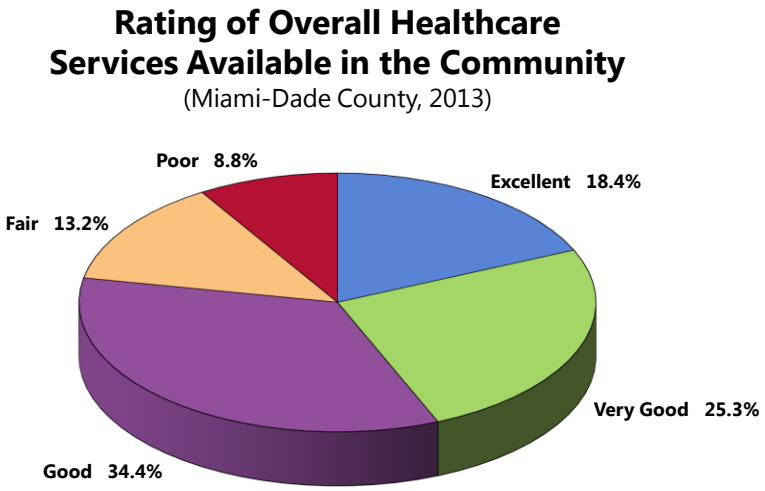
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

LOCAL HEALTHCARE

Perceptions of Local Healthcare Services

Just over 4 in 10 Miami-Dade County adults (43.7%) rate the overall healthcare services available in their community as "excellent" or "very good."

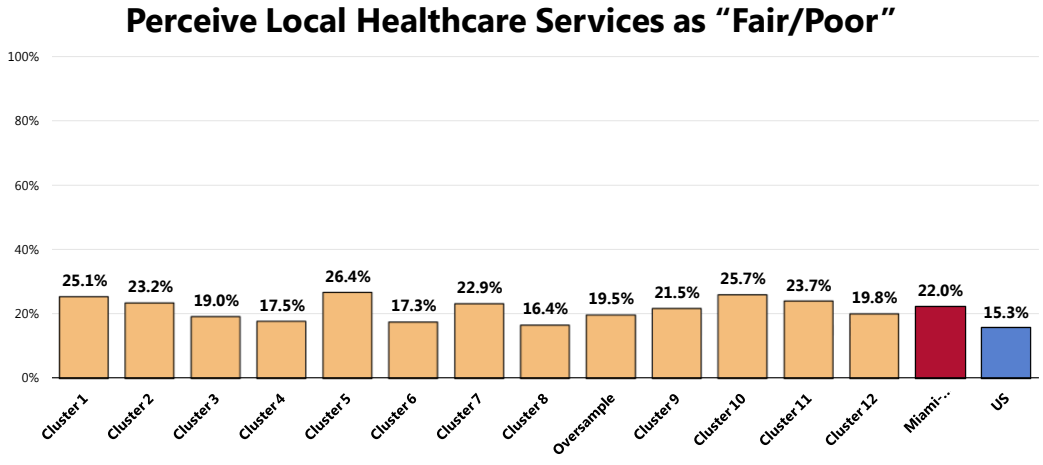
- Another 34.4% gave "good" ratings.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 22.0% of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than reported nationally.
- Favorably low in Cluster 8.



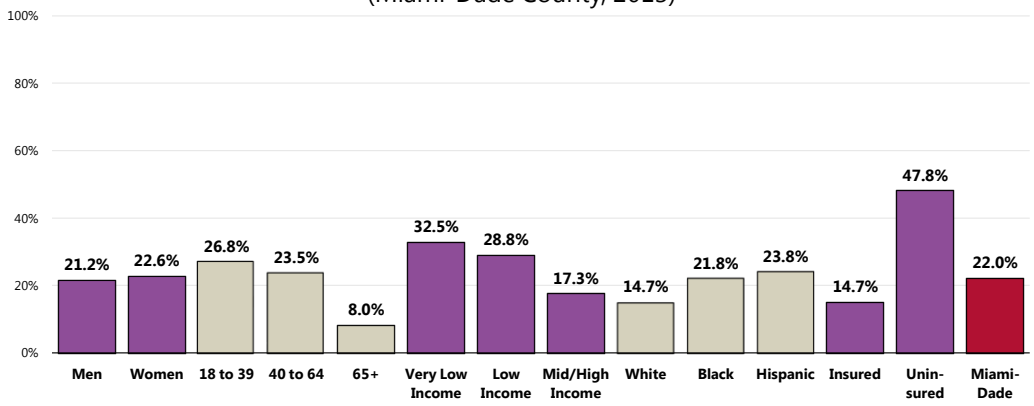
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Blacks and Hispanics.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(Miami-Dade County, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

CONCLUSION

Conclusion by the Health Council of South Florida

Oversampled Communities

For the 2013 survey, the ZIP codes of 33136 (Overtown), 33127 (Buena Vista), 33128 (Downtown/East Little Havana), 33147 (Liberty City) and 33150 (Little Haiti) were oversampled. Survey data reveal particular health issues faced by residents in the oversampled area. Utilizing a two-tiered approach: 1) magnitude of disparity between the area and the remainder of Miami-Dade County and 2) population impact; leading health concerns are listed below:

1.	"Fair" or "Poor" Overall Health	30.8%	vs. 19.7% countywide
2.	"Fair" or "Poor" Mental Health	17.2%	vs. 12.6% countywide
3.	Heart Disease	9.8%	vs. 6.2% countywide
4.	Stroke	6.2%	vs. 2.0% countywide
5.	High Blood Pressure	42.3%	vs. 32.6% countywide
6.	Chronic Lung Disease	10.4%	vs. 6.4% countywide
7.	Asthma	9.4%	vs. 5.7% countywide
8.	Arthritis/Rheumatism	45.0%	vs. 35.6% countywide
9.	Consume Five or More Fruits/Vegetables Daily	32.1%	vs. 38.0% countywide
10.	Family Shared Seven or More Meals in the Past Week	52.1%	vs. 68.7% countywide
11.	Child Had Three or More Fast Food Meals This Week	25.1%	vs. 14.6% countywide
12.	Child Was Ever Breastfed/Fed Breast Milk as an Infant	64.0%	vs. 78.3% countywide
13.	Obesity	33.9%	vs. 24.8% countywide
14.	"Always" Wear a Seat Belt	74.1%	vs. 85.3% countywide
15.	Child "Always" Uses Seat Belt/Car Seat	72.8%	vs. 90.2% countywide
16.	Neighborhood Safety and Security is "Fair" or "Poor"	42.1%	vs. 17.7% countywide
17.	Victim of Domestic Violence	16.6%	vs. 9.5% countywide
18.	Transportation Hindered Doctor Visit in the Past Year	14.7%	vs. 10.0% countywide
19.	Two or More Emergency Room Visits in the Past Year	17.0%	vs. 9.3% countywide
20.	Dental Visit in the Past Year	50.0%	vs. 60.9% countywide

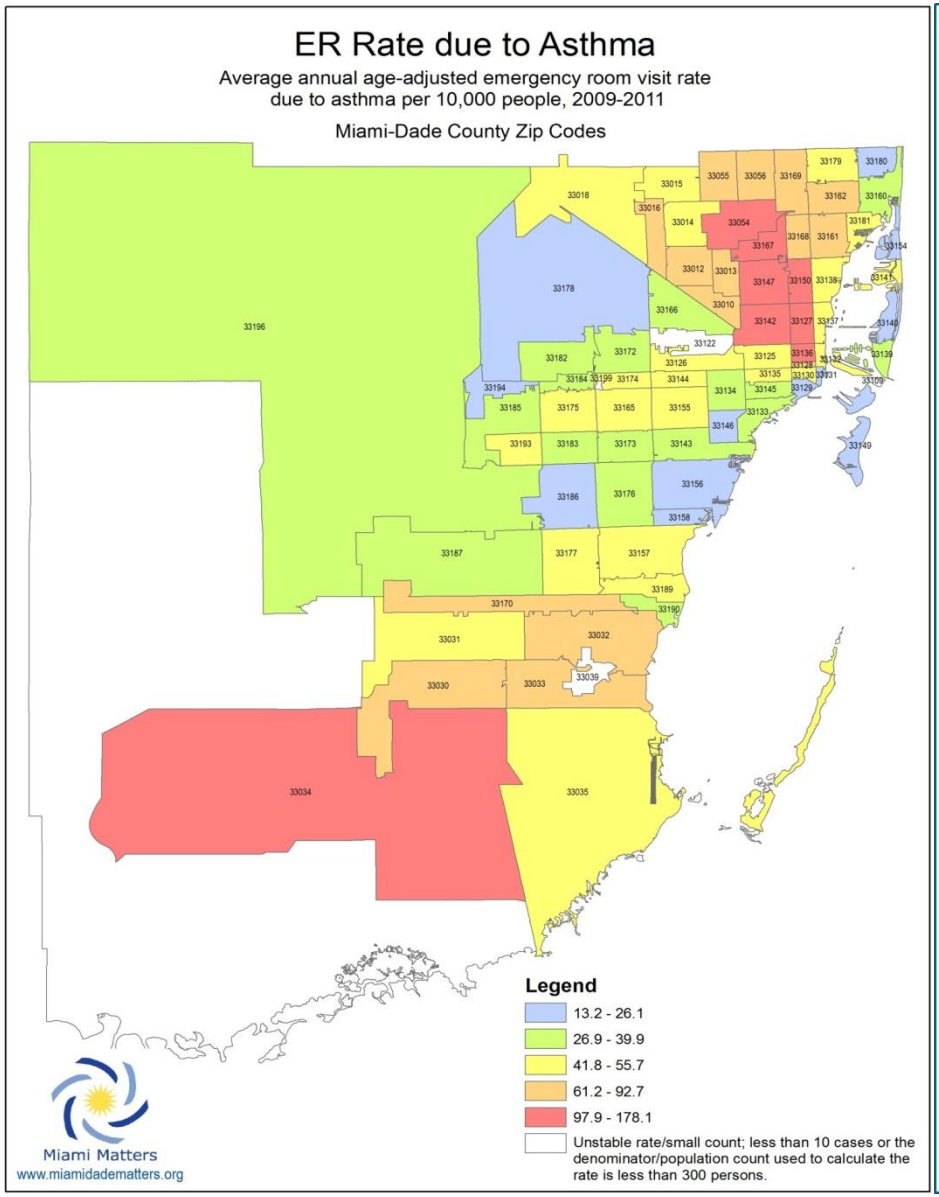
While the oversampled area has particular challenges, residents report favorably high rates of visiting a doctor in the past year for a checkup, condom use, receiving advice about diet and nutrition in the past year from a health professional, and physical activity in children. They also report among the lowest rates of skin cancer, sedentary employment, having three or more sexual partners in the past year, and current alcohol use.

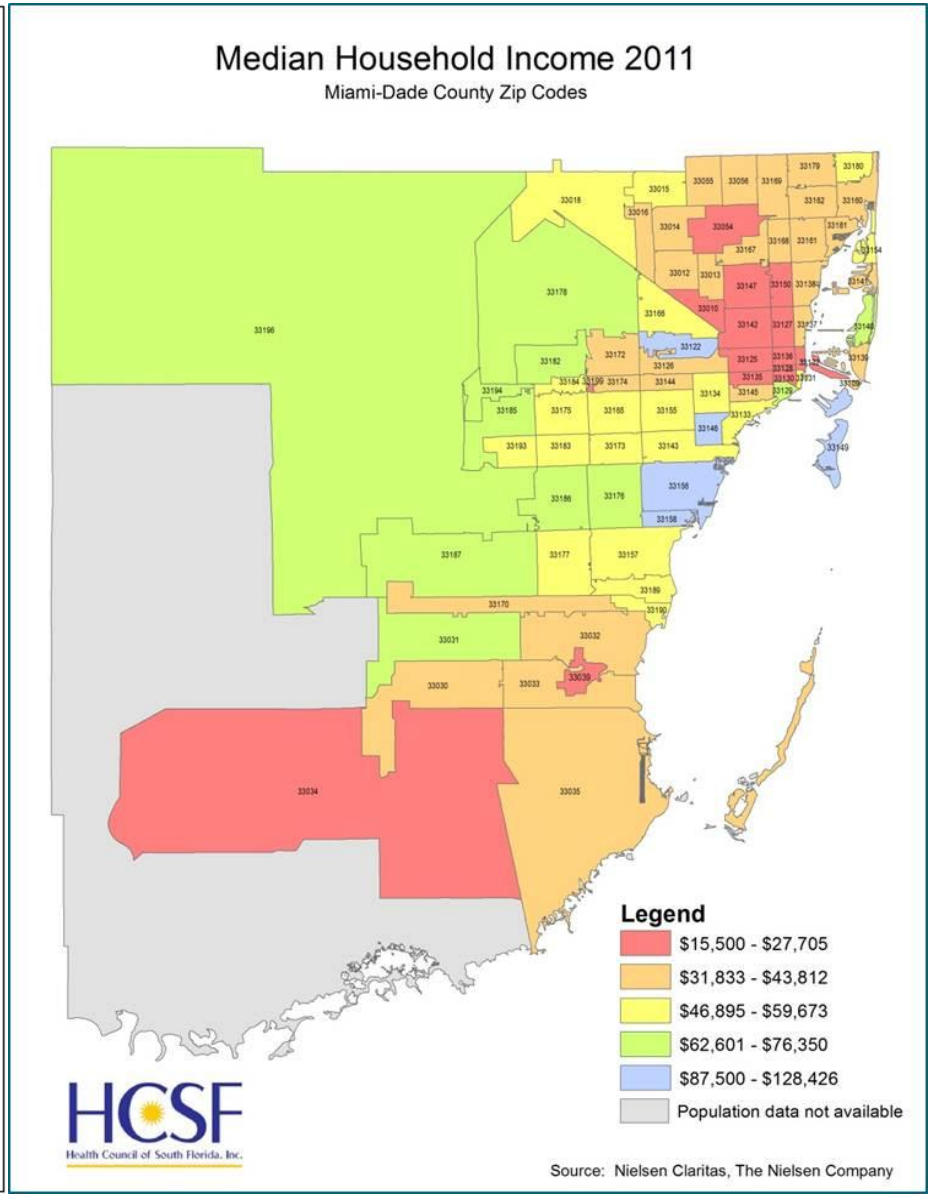
For the 2006 PRC Miami-Dade County household survey, South Dade/Homestead, or Cluster 1 ZIP codes 33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189 and 33190 were oversampled. Like the neighborhoods of Overtown, Buena Vista, Downtown/East Little Havana, Liberty City and Little Haiti, South Dade faces disproportionately high rates of children eating three or more fast food meals in a week and low rates of family sharing seven or more meals in a week. In South Dade (Cluster 1

in 2013), 35.1% of children ages 5 to 17 are reportedly obese.

Adults in the 2013 oversample and 2006 oversample experience increased rates of asthma. Because asthma tends to appear early on in life, without treatment and proper intervention, it can negatively affect individuals throughout their entire lives resulting in poorer health outcomes, and elevated health care expenditures. According to the CDC, daily treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

ZIP codes in the "red zone" on preventable hospitalizations and emergency room (ER) visits also have lower household incomes. The maps on the following page reveal disparities in health with particularly underserved areas demanding our attention. Avoidable hospital admissions indicate gaps in service, lack of access, lack of insurance, and poverty. The similarity of the impoverished areas on the maps of ER visits for asthma, a largely preventable condition, and the household income map demonstrate a correlation between emergency care usage and socioeconomic status.


ER Rate due to Asthma
Average annual age-adjusted emergency room visit rate due to asthma per 10,000 people, 2009-2011
Miami-Dade County Zip Codes
Legend
13.2 - 26.1
26.9 - 39.9
41.8 - 55.7
61.2 - 92.7
97.9 - 178.1
Unstable rate/small count; less than 10 cases or the denominator/population count used to calculate the rate is less than 300 persons.
Miami Matters
www.miamidadematters.org


Median Household Income 2011
Miami-Dade County Zip Codes
Legend
$15,500 - $27,705
$31,833 - $43,812
$46,895 - $59,673
$62,601 - $76,350
$87,500 - $128,426
Population data not available
HCSF
Health Council of South Florida, Inc.
Source: Nielsen Claritas, The Nielsen Company

Please visit www.miamidadematters.org for the latest best practice models and promising programs that may be applied to address the underlying problems the neighborhoods of Overtown, Buena Vista, Downtown/East Little Havana, Liberty City and Little Haiti.

In Conclusion

National goals established by the Department of Health and Human Services Healthy People 2020 campaign have set important targets for the future of Miami-Dade County. Of 33 Healthy People 2020 measures tracked on the Miami Matters website at www.miamidadematter.org, Miami-Dade has met 11 targets and must make significant strides this decade to meet the remaining goals. Of particular concern are the high rates of adults (18-64), children (0-17), and elders (65+) without health insurance and Medicare coverage. Lack of coverage further exacerbates health disparities. While the interdependence of health outcomes, insurance coverage and access to care is widely recognized, affordability is a major barrier for the uninsured.

As the influence of psychosocial and socioeconomic factors on health outcomes are more widely recognized, partnerships are encouraged between the healthcare, social services, educational and economic sectors to create meaningful change and healthier living standards for Miami-Dade County residents.