

2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Miami-Dade County, Florida

Sponsored by
University of Miami Health System
and Jackson Health System

In collaboration with
Nicklaus Children's Hospital

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment 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 that historically have 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 University of Miami Health System (UHealth) and Jackson Health System, in collaboration with Nicklaus Children's Hospital, by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

PRC Community Health Survey

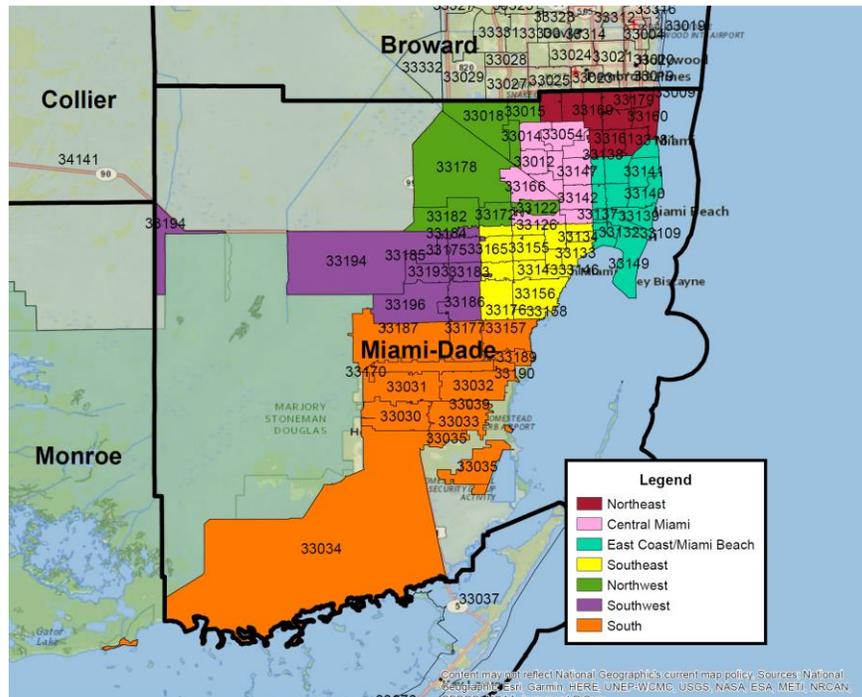
Survey Instrument

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 collaboratively among UHealth, Jackson Health System, Nicklaus Children's Hospital, and PRC.



Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Miami-Dade County. For the purposes of the PRC Community Health Survey, the county was further divided into seven geographic divisions, as illustrated in the following map.



Rationale for Community Definition

JACKSON HEALTH SYSTEM ► As a health system owned by Miami-Dade County’s taxpayers and established to provide a high standard of care for its residents, Jackson Health System is inexorably tied to the county’s specific geography. The overwhelming share of Jackson’s services are focused on Miami-Dade residents. In 2019, 83.9% of patients discharged, 90.0% of outpatient visits, and 89.3% of emergency and observation patients listed a residential address in Miami-Dade. Accordingly, Jackson has chosen Miami-Dade County to be the focus of this Community Health Needs Assessment.

UNIVERSITY OF MIAMI HEALTH SYSTEM (UHEALTH) ► University of Miami Health System’s base of operations is located centrally in Miami-Dade County. In addition to the main hospital campus, UHealth has 15 satellite clinics and Walgreens clinics in Dade County as well. Although some of UHealth’s services are available in neighboring counties, 64.6% of outpatients, 72.2% of inpatients, and 82.5% of Emergency Department patients originate from Miami-Dade. That, coupled with the urgent health needs that are prevalent here, led UHealth to focus this assessment specifically within Miami-Dade County.

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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. The surveys were conducted in either English or Spanish, whichever the respondent felt most comfortable with.

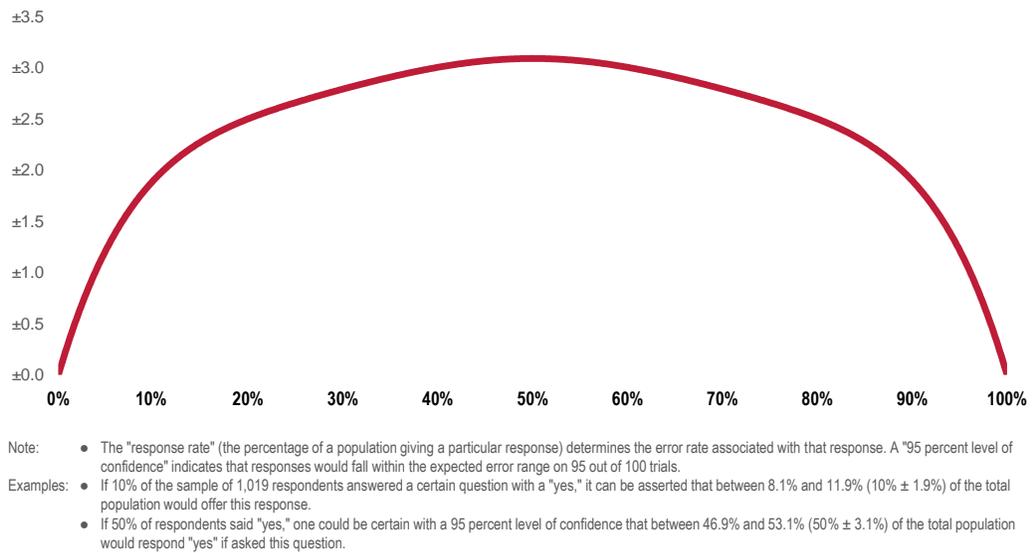
The sample for this effort consisted of a total of 1,019 surveys among adults age 18 and older in Miami-Dade County; this sample included 800 surveys initiated by PRC through phone and online sampling, as well as 219 achieved through community outreach efforts by the sponsoring hospitals to direct community



residents to a link to take the survey online. The sample was geographically distributed as follows: 146 surveys in Northeast Miami-Dade; 172 in Central Miami; 131 in the East Coast/Miami Beach area; 199 in Southeast Miami-Dade; 110 in Northwest Miami-Dade; 121 in Southwest Miami-Dade; and 140 in South Miami-Dade. 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 PRC. For statistical purposes, the maximum rate of error associated with a sample size of 1,019 respondents is $\pm 3.1\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,019 Respondents at the 95 Percent Level of Confidence



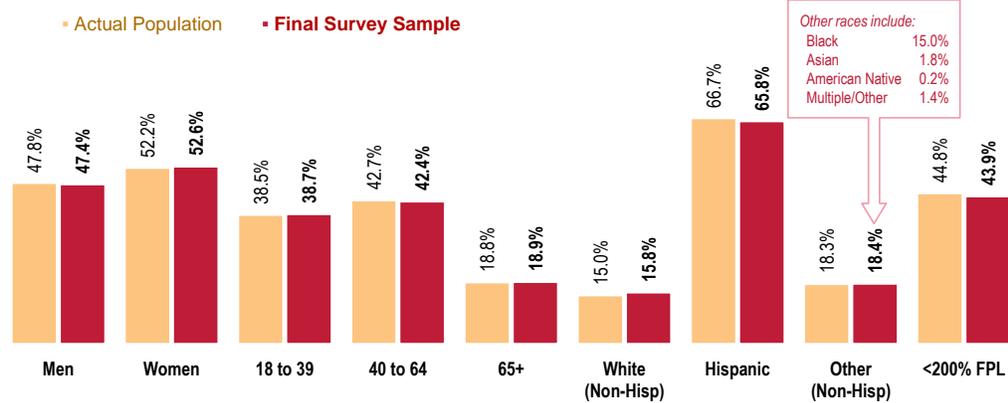
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 sex, 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 health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Miami-Dade County, 2020)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2020 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► 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 2019 guidelines place the poverty threshold for a family of four at \$25,750 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 and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

A Note About the 2020 COVID-19 Pandemic

It is important to acknowledge that the survey described above was administered between August and October 2020, a time when communities were implementing preventive measures (such as business closures, mask wearing, and social distancing) in response to the novel coronavirus/COVID-19 pandemic of 2020. To a greater or lesser extent, the social, behavioral, and economic impacts of isolation, job losses, etc., might be reflected in some of the survey’s findings.



Key Informant Input

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by University of Miami Health System, Jackson Health System, and Nicklaus Children’s Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 91 community stakeholders took part in the Online Key Informant Survey, as outlined below:

| ONLINE KEY INFORMANT SURVEY PARTICIPATION | |
|---|----------------------|
| KEY INFORMANT TYPE | NUMBER PARTICIPATING |
| Physicians | 16 |
| Public Health Representatives | 17 |
| Other Health Providers | 15 |
| Social Services Providers | 23 |
| Other Community Leaders | 20 |

Final participation included representatives of the organizations outlined below.

- Adrienne Arsht Center
- American Heart Association
- Avanse Ansanm
- Beacon Council
- Borinquen Medical Centers of Miami-Dade
- Boys Scouts of America
- Branches, Inc.
- Brief Strategic Family Therapy Institute
- Carrollton School of the Sacred Heart
- Catalyst Miami
- Center for Family and Child Enrichment
- Center for Haitian Studies
- City of Hialeah Gardens
- City of Miami Gardens
- City of Miami Springs
- Community Newspapers
- Coral Gables Fire Rescue
- Dan Marino Foundation
- Florida Blue
- Florida Department of Health–Miami-Dade
- Friends of the Underline 501-C3 non-profit
- Greater Miami Jewish Foundation
- Health Council of South Florida
- Hispanic Women of Distinction
- Hope For Miami
- Jackson Health Foundation
- Jackson Health System
- Jessie Trice Community Health Centers
- La Liga Contra El Cancer
- Liberty City Reads
- Marlins Community Program
- Marlins Foundation



- Miami Beach Community Health Center
- Miami Dade College
- Miami Dade Fire Rescue
- Miami Dade Gay & Lesbian Chamber
- Miami Fire Rescue
- Miami Girls Rock Camp
- Miami Knight Foundation
- Miami-Dade Community Action & Human Services Department
- Miami-Dade Delegation
- Miami-Dade Homeless Trust
- Miller School of Medicine (MSOM)
- Nicklaus Children’s Hospital–Neurosurgery
- Overtown Children and Youth Coalition
- Overtown Youth Center/ Honey Shine
- Public Health Trust of Miami-Dade County
- Ronald McDonald House
- Roxcy Bolton Rape Treatment Center
- Service Employees International Union (SEIU) Local 1991
- South Florida Hispanic Chamber of Commerce
- Thelma Gibson Health Initiative
- United Way of Miami-Dade
- University of Miami
- University of Miami Health System – Sylvester Comprehensive Cancer Center, Office of Outreach and Engagement
- University of Miami Health System (UHealth)
- University of Miami School of Architecture
- WIC Program

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants’ opinions and perceptions of the health needs of the residents in the area.

Personal Interviews

In addition to the input from community stakeholders through the Online Key Informant Survey, PRC also conducted personal interviews (via teleconference) with six representatives of hospital leadership at UHealth, Jackson Health System, and Nicklaus Children’s Hospital (two per organization). Input from these key leaders are blended with the Online Key Informant Survey findings throughout this report.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Miami-Dade County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- Florida Department of Health
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.



- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

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, 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 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 medical conditions and other health-related needs that are not specifically addressed.

Public Comment

For this Community Health Needs Assessment (CHNA), input from the broader community was considered and taken into account in identifying and prioritizing the significant health needs of the community through population surveys and key informant feedback. For prior CHNA reports, the sponsors of this study have made those reports publicly available through their respective websites; through that mechanism, they requested from the public written comments and feedback regarding the CHNA and implementation strategy. The hospitals will continue to use their websites to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

| AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT | |
|---|---|
| ACCESS TO HEALTH CARE SERVICES | <ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Cost of Physician Visits – Finding a Physician ▪ Routine Medical Care ▪ Regular Dental Care ▪ Difficulty Accessing Children’s Health Care ▪ Ratings of Local Health Care |
| CANCER | <ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Prostate Cancer (Deaths and Incidence) |
| COVID-19/ CORONAVIRUS DISEASE | <ul style="list-style-type: none"> ▪ Economic Impact of the Pandemic ▪ Mental Health Impact of the Pandemic ▪ Health Care Delay/Avoidance ▪ <i>Key Informants: COVID-19 ranked as a top concern</i> |
| DIABETES | <ul style="list-style-type: none"> ▪ Prevalence of Borderline/Pre-Diabetes ▪ <i>Key Informants: Diabetes ranked as a top concern</i> |
| HEART DISEASE & STROKE | <ul style="list-style-type: none"> ▪ Leading Cause of Death <ul style="list-style-type: none"> – High Blood Pressure Prevalence – High Blood Cholesterol Prevalence ▪ <i>Key Informants: Heart disease and stroke ranked as a top concern</i> |
| HOUSING | <ul style="list-style-type: none"> ▪ Housing Insecurity ▪ Unhealthy/Unsafe Housing Conditions |
| INJURY & VIOLENCE | <ul style="list-style-type: none"> ▪ Homicide Deaths ▪ Violent Crime Rate |
| MENTAL HEALTH | <ul style="list-style-type: none"> ▪ Depression ▪ <i>Key Informants: Mental health ranked as a top concern</i> |

— continued next page —



AREAS OF OPPORTUNITY (continued)

| | |
|---|--|
| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | <ul style="list-style-type: none"> ▪ Children’s Physical Activity ▪ Overweight & Obesity [Adults] ▪ <i>Key Informants: Nutrition, physical activity, and weight ranked as a top concern</i> |
| SEXUAL HEALTH | <ul style="list-style-type: none"> ▪ HIV/AIDS Deaths ▪ HIV Prevalence |
| SUBSTANCE ABUSE | <ul style="list-style-type: none"> ▪ Binge Drinking |
| TOBACCO USE | <ul style="list-style-type: none"> ▪ Use of Vaping Products |

Further note that many of the needs in the county are more localized, with **Central Miami** (and to some degree **Northeast Miami-Dade**) experiencing even greater impact as related to:

- [Access to Health Care](#)
- [Diabetes](#)
- [Neighborhood Safety](#)
- [Mental Health](#)
- [Nutrition, Physical Activity & Weight](#)
- [Oral Health](#)
- [Potentially Disabling Conditions](#)
- [Social Determinants of Health](#)

Community Feedback on Prioritization of Health Needs

On January 14, 2021, the sponsors of this assessment convened an online meeting attended by 49 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the virtual meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?



- Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).
- Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **COVID-19**
2. **Access to Health Care Services**
3. **Mental Health**
4. **Nutrition, Physical Activity & Weight**
5. **Heart Disease & Stroke**
6. **Diabetes**
7. **Substance Abuse**
8. **Sexual Health**
9. **Housing**
10. **Cancer**
11. **Injury & Violence**
12. **Tobacco Use**

Hospital Implementation Strategy

UHealth, Jackson Health System, and Nicklaus Children's Hospital will use the information from this Community Health Needs Assessment to develop Implementation Strategies to address the significant health needs in Miami-Dade County. While the hospitals will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of their action plans to guide community health improvement efforts in the coming years.

Note: An evaluation of UHealth's and Jackson Health System's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Miami-Dade County results are shown in the larger, gray column.
- The columns to the left of the Miami-Dade County column provide comparisons among the seven communities, 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 comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. 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.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.



| SOCIAL DETERMINANTS | DISPARITY AMONG SUBAREAS | | | | | | | Miami-Dade | MIAMI-DADE vs. BENCHMARKS | | |
|--|--------------------------|---------------|--------------------|------------|------------|------------|-------|------------|---------------------------|--------|------------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South | | vs. FL | vs. US | vs. HP2030 |
| Linguistically Isolated Population (Percent) | | | | | | | | 19.7 | 6.4 | 4.4 | |
| Population in Poverty (Percent) | | | | | | | | 18.0 | 14.8 | 14.1 | 8.0 |
| Children in Poverty (Percent) | | | | | | | | 24.2 | 21.3 | 19.5 | 8.0 |
| No High School Diploma (Age 25+, Percent) | | | | | | | | 18.5 | 12.1 | 12.3 | |
| % Unable to Pay Cash for a \$400 Emergency Expense | 32.5 | 33.3 | 20.5 | 15.7 | 22.0 | 21.4 | 28.8 | 24.9 | | 24.6 | |
| % Worry/Stress Over Rent/Mortgage in Past Year | 44.7 | 55.5 | 40.6 | 30.7 | 36.5 | 31.5 | 45.9 | 41.3 | | 32.2 | |
| % Member of HH Lost a Job During the Pandemic | 23.4 | 27.3 | 24.7 | 25.2 | 28.6 | 23.9 | 20.2 | 24.9 | | | |
| % Member of HH Lost Hours/Wages During the Pandemic | 41.2 | 43.3 | 33.5 | 35.8 | 39.7 | 34.5 | 43.8 | 38.9 | | | |
| % Unhealthy/Unsafe Housing Conditions | 26.5 | 22.6 | 21.1 | 13.4 | 18.8 | 7.0 | 19.2 | 18.5 | | 12.2 | |
| % Worried About Food in the Past Year | 44.2 | 45.4 | 33.5 | 18.1 | 31.9 | 17.4 | 34.1 | 32.3 | | 30.0 | |
| % Health Care Experience is "Worse" Based on Race | 9.9 | 10.1 | 3.6 | 2.8 | 3.2 | 6.5 | 3.4 | 5.9 | | | |
| % [LGBTQ+] Health Care Experience is "Worse" Based on Identity | | | | | | | | 13.7 | | | |

Note: In the section above, each subarea is compared against all other areas 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

| OVERALL HEALTH | DISPARITY AMONG SUBAREAS | | | | | | |
|------------------------------|---|---|---|--|--|---|---|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| % "Fair/Poor" Overall Health |  14.4 |  27.4 |  8.1 |  7.7 |  8.6 |  13.5 |  12.2 |

Note: In the section above, each subarea is compared against all other areas 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.

| ACCESS TO HEALTH CARE | DISPARITY AMONG SUBAREAS | | | | | | |
|---|---|---|--|---|---|---|---|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| % [Age 18-64] Lack Health Insurance |  10.3 |  17.9 |  11.6 |  6.0 |  9.4 |  1.9 |  14.5 |
| % Member of HH Lost Health Insurance During the Pandemic |  12.2 |  17.3 |  8.2 |  5.0 |  7.7 |  3.3 |  5.4 |
| % Difficulty Accessing Health Care in Past Year (Composite) |  50.5 |  41.4 |  47.7 |  30.4 |  30.4 |  37.3 |  47.2 |
| % Cost Prevented Physician Visit in Past Year |  17.8 |  20.6 |  15.6 |  12.4 |  16.4 |  14.4 |  19.8 |
| % Cost Prevented Getting Prescription in Past Year |  23.3 |  19.0 |  13.3 |  12.2 |  11.8 |  11.3 |  13.4 |
| % Difficulty Finding Physician in Past Year |  10.6 |  17.2 |  16.8 |  14.8 |  15.4 |  14.3 |  24.9 |
| % Transportation Hindered Dr Visit in Past Year |  7.0 |  14.6 |  10.0 |  3.9 |  6.5 |  3.5 |  8.6 |
| % Language/Culture Prevented Care in Past Year |  1.0 |  9.2 |  7.0 |  1.0 |  4.2 |  1.6 |  6.2 |
| % Likely to Use Telemedicine in the Future |  46.2 |  42.4 |  57.2 |  57.4 |  44.9 |  46.6 |  50.1 |

| Miami -Dade | MIAMI-DADE vs. BENCHMARKS | | |
|-------------|---|---|---|
| | vs. FL | vs. US | vs. HP2030 |
| 13.8 |  20.8 |  12.6 | |
| |  better |  similar |  worse |

| Miami -Dade | MIAMI-DADE vs. BENCHMARKS | | |
|-------------|---|--|--|
| | vs. FL | vs. US | vs. HP2030 |
| 10.5 |  20.9 |  8.7 |  7.9 |
| 8.8 | | | |
| 40.5 | | | |
| 16.7 |  16.2 |  12.9 | |
| 15.2 | |  12.8 | |
| 16.1 | |  9.4 | |
| 7.9 | |  8.9 | |
| 4.3 | |  2.8 | |
| 49.5 | | | |

DISPARITY AMONG SUBAREAS

| ACCESS TO HEALTH CARE (continued) | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|--|------------|---------------|--------------------|------------|------------|------------|-------|
| % Difficulty Getting Child's Health Care in Past Year | 12.2 | 16.4 | 21.3 | 13.2 | 14.9 | 6.5 | 10.4 |
| % [Parents] Avoided Child's Medical Care Due to COVID-19 | 31.4 | 27.8 | 34.7 | 16.0 | 35.8 | 24.4 | 26.7 |
| % [Parents] Likely to Use Telemedicine for Child's Care | 61.6 | 49.7 | 54.4 | 70.1 | 55.3 | 45.1 | 46.7 |
| Primary Care Doctors per 100,000 | | | | | | | |
| % Have a Specific Source of Ongoing Care | 69.9 | 75.1 | 74.5 | 76.7 | 64.8 | 74.3 | 73.2 |
| % Avoided Medical Care Because of COVID-19 Concerns | 38.9 | 39.1 | 32.5 | 36.1 | 35.3 | 26.8 | 40.2 |
| % Have Had Routine Checkup in Past Year | 76.3 | 74.0 | 73.4 | 73.7 | 72.7 | 82.0 | 70.0 |
| % Child Has Had Checkup in Past Year | 74.0 | 73.3 | 69.9 | 90.1 | 86.4 | 71.8 | 68.6 |
| % [Parents] Outmigration for Child's Medical Care | 17.0 | 16.3 | 17.9 | 7.6 | 10.6 | 2.3 | 17.7 |
| % Two or More ER Visits in Past Year | 12.0 | 15.6 | 9.7 | 8.5 | 8.5 | 8.8 | 11.2 |
| % Eye Exam in Past 2 Years | 72.5 | 68.7 | 58.0 | 68.7 | 67.0 | 67.0 | 63.5 |

MIAMI-DADE vs. BENCHMARKS

| Miami-Dade | vs. FL | vs. US | vs. HP2030 |
|------------|--------|--------|------------|
| 13.8 | | 8.0 | |
| 27.7 | | | |
| 55.1 | | | |
| 79.5 | 72.5 | 76.6 | |
| 73.2 | | 74.2 | 84.0 |
| 35.8 | | | |
| 74.6 | 80.4 | 70.5 | |
| 76.4 | | 77.4 | |
| 13.1 | | | |
| 10.8 | | 10.1 | |
| 66.9 | | 61.0 | 61.1 |

| ACCESS TO HEALTH CARE (continued) | DISPARITY AMONG SUBAREAS | | | | | | |
|--------------------------------------|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| % Rate Local Health Care "Fair/Poor" | 12.9 | 16.1 | 10.4 | 10.1 | 9.9 | 5.6 | 18.1 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 12.1 | | 8.0 | |
| | better | similar | worse |

| CANCER | DISPARITY AMONG SUBAREAS | | | | | | |
|--|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Lung Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Prostate Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Female Breast Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Colorectal Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Cancer Incidence Rate (All Sites) | | | | | | | |
| Female Breast Cancer Incidence Rate | | | | | | | |
| Prostate Cancer Incidence Rate | | | | | | | |
| Lung Cancer Incidence Rate | | | | | | | |

| Miami-Dade | MIAMI-DADE vs. BENCHMARKS | | |
|------------|---------------------------|--------|------------|
| | vs. FL | vs. US | vs. HP2030 |
| 127.6 | 144.8 | 152.5 | 122.7 |
| 24.2 | 35.6 | 36.6 | 25.1 |
| 21.3 | 16.5 | 18.9 | 16.9 |
| 16.2 | 18.5 | 19.9 | 15.3 |
| 14.0 | 13.1 | 13.7 | 8.9 |
| 423.1 | 457.1 | 448.7 | |
| 108.4 | 118.3 | 125.9 | |
| 111.0 | 93.9 | 104.5 | |
| 42.8 | 57.7 | 58.3 | |

DISPARITY AMONG SUBAREAS

| CANCER (continued) | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|---|--|--|---|--|--|--|--|
| Colorectal Cancer Incidence Rate | | | | | | | |
| % Cancer |  6.5 |  5.7 |  8.6 |  4.2 |  9.1 |  6.4 |  9.1 |
| % [Women 50-74] Mammogram in Past 2 Years | | | | | | | |
| % [Age 50-75] Colorectal Cancer Screening | | | | | | | |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
|------------|---|---|---|
| 40.0 |  36.3 |  38.4 | |
| 6.8 |  15.6 |  10.0 | |
| 84.4 |  81.4 |  76.1 |  77.1 |
| 81.9 |  71.0 |  77.4 |  74.4 |

 better  similar  worse

DISPARITY AMONG SUBAREAS

| CORONAVIRUS DISEASE/COVID-19 | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|--|---|---|--|---|---|---|---|
| % Have Been Tested for COVID-19 |  32.6 |  42.8 |  38.7 |  39.8 |  38.3 |  45.1 |  31.2 |
| % High Risk for Severe COVID-19 Complications |  61.7 |  64.7 |  55.2 |  61.8 |  53.9 |  51.7 |  63.8 |
| % COVID-19 is a Major Problem in the Community |  62.3 |  58.5 |  56.3 |  64.6 |  58.0 |  50.3 |  56.0 |
| % Have Strictly Observed Pandemic Guidelines |  84.5 |  69.5 |  71.1 |  79.2 |  76.9 |  66.8 |  75.8 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
|------------|--------|--------|------------|
| 38.7 | | | |
| 59.7 | | | |
| 58.6 | | | |
| 75.0 | | | |

 better  similar  worse

| DISPARITY AMONG SUBAREAS | | | | | | | |
|--|------------|---------------|--------------------|------------|------------|------------|-------|
| DIABETES | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| Diabetes (Age-Adjusted Death Rate) | | | | | | | |
| % Diabetes/High Blood Sugar | 8.9 | 20.1 | 8.8 | 11.2 | 7.5 | 10.5 | 11.6 |
| % Borderline/Pre-Diabetes | 11.4 | 12.4 | 11.2 | 13.9 | 18.6 | 10.1 | 14.4 |
| % [Non-Diabetics] Blood Sugar Tested in Past 3 Years | 57.9 | 49.3 | 40.0 | 50.7 | 52.8 | 46.2 | 38.4 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 22.1 | 19.8 | 21.3 | |
| 11.9 | 12.6 | 13.8 | |
| 12.9 | | 9.7 | |
| 48.3 | | 43.3 | |

better similar worse

| DISPARITY AMONG SUBAREAS | | | | | | | |
|--|------------|---------------|--------------------|------------|------------|------------|-------|
| HEART DISEASE & STROKE | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| Diseases of the Heart (Age-Adjusted Death Rate) | | | | | | | |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | 10.4 | 7.9 | 10.4 | 7.5 | 9.2 | 7.6 | 2.4 |
| Stroke (Age-Adjusted Death Rate) | | | | | | | |
| % Stroke | 1.3 | 3.2 | 6.2 | 0.9 | 2.1 | 4.9 | 5.4 |
| % Told Have High Blood Pressure | 38.0 | 47.1 | 38.2 | 35.5 | 35.2 | 39.2 | 36.8 |

| Miami-Dade | MIAMI-DADE vs. BENCHMARKS | | |
|------------|---------------------------|--------|------------|
| | vs. FL | vs. US | vs. HP2030 |
| 147.2 | 145.0 | 164.7 | 127.4 |
| 7.9 | 8.5 | 6.1 | |
| 42.8 | 38.6 | 37.3 | 33.4 |
| 3.2 | 4.1 | 4.3 | |
| 39.1 | 34.6 | 36.9 | 27.7 |

| HEART DISEASE & STROKE (continued) | DISPARITY AMONG SUBAREAS | | | | | | |
|------------------------------------|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| % Told Have High Cholesterol | 36.2 | 35.0 | 41.1 | 41.0 | 36.3 | 39.5 | 36.1 |
| % 1+ Cardiovascular Risk Factor | 81.0 | 86.6 | 86.4 | 80.4 | 85.8 | 86.6 | 84.6 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 38.0 | | 32.7 | |
| 84.3 | | 84.6 | |

better similar worse

| INFANT HEALTH & FAMILY PLANNING | DISPARITY AMONG SUBAREAS | | | | | | |
|---|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| No Prenatal Care in First Trimester (Percent) | | | | | | | |
| Low Birthweight Births (Percent) | | | | | | | |
| Infant Death Rate | | | | | | | |
| Births to Adolescents Age 15 to 19 (Rate per 1,000) | | | | | | | |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 21.1 | 29.8 | | |
| 8.5 | 8.7 | 8.2 | |
| 4.9 | 6.1 | 5.7 | 5.0 |
| 16.7 | 21.4 | 22.7 | 31.4 |

better similar worse

| INJURY & VIOLENCE | DISPARITY AMONG SUBAREAS | | | | | | |
|---|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| Unintentional Injury (Age-Adjusted Death Rate) | | | | | | | |
| Motor Vehicle Crashes (Age-Adjusted Death Rate) | | | | | | | |

| Miami-Dade | MIAMI-DADE vs. BENCHMARKS | | |
|------------|---------------------------|--------|------------|
| | vs. FL | vs. US | vs. HP2030 |
| 31.1 | 54.7 | 48.3 | 43.2 |
| 10.8 | 14.5 | 11.5 | 10.1 |

| INJURY & VIOLENCE (continued) | DISPARITY AMONG SUBAREAS | | | | | | |
|---|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| [65+] Falls (Age-Adjusted Death Rate) | | | | | | | |
| Firearm-Related Deaths (Age-Adjusted Death Rate) | | | | | | | |
| Homicide (Age-Adjusted Death Rate) | | | | | | | |
| Violent Crime Rate | | | | | | | |
| % Victim of Violent Crime in Past 5 Years | 8.9 | 9.2 | 9.1 | 3.3 | 3.3 | 0.4 | 7.3 |
| % Perceive Neighborhood as "Slightly/Not At All Safe" | 20.8 | 28.1 | 27.0 | 9.4 | 11.5 | 2.7 | 21.7 |
| % Victim of Intimate Partner Violence | 9.2 | 14.7 | 14.7 | 12.6 | 12.3 | 7.7 | 15.3 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 27.9 | 66.6 | 63.4 | 63.4 |
| 10.4 | 12.6 | 11.9 | 10.7 |
| 7.9 | 6.6 | 6.1 | 5.5 |
| 568.4 | 433.9 | 416.0 | |
| 6.1 | | 6.2 | |
| 17.7 | | | |
| 12.5 | | 13.7 | |

better similar worse

| KIDNEY DISEASE | DISPARITY AMONG SUBAREAS | | | | | | |
|--|--------------------------|---------------|--------------------|------------|------------|------------|-------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
| Kidney Disease (Age-Adjusted Death Rate) | | | | | | | |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 8.9 | 10.0 | 13.0 | |

better similar worse

| MENTAL HEALTH | DISPARITY AMONG SUBAREAS | | | | | | | MIAMI-DADE vs. BENCHMARKS | | | |
|---|--------------------------|---------------|--------------------|------------|------------|------------|-------|---------------------------|--------|--------|------------|
| | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South | Miami-Dade | vs. FL | vs. US | vs. HP2030 |
| % "Fair/Poor" Mental Health | 17.1 | 23.4 | 12.6 | 12.8 | 14.2 | 15.8 | 14.9 | 16.1 | | 13.4 | |
| % Diagnosed Depression | 12.3 | 25.6 | 20.3 | 19.6 | 13.4 | 18.2 | 21.8 | 19.2 | 15.6 | 20.6 | |
| % Typical Day Is "Extremely/Very" Stressful | 19.5 | 15.8 | 17.0 | 22.2 | 16.3 | 14.1 | 18.7 | 17.9 | | 16.1 | |
| Suicide (Age-Adjusted Death Rate) | | | | | | | | 8.6 | 14.4 | 13.9 | 12.8 |
| Mental Health Providers per 100,000 | | | | | | | | 75.3 | 39.8 | 42.6 | |
| % Taking Rx/Receiving Mental Health Trtmt | 12.8 | 19.5 | 14.5 | 10.4 | 4.6 | 8.9 | 10.2 | 12.2 | | 16.8 | |
| % Unable to Get Mental Health Svcs in Past Yr | 11.8 | 11.0 | 11.6 | 8.5 | 7.4 | 6.2 | 12.8 | 10.0 | | 7.8 | |
| % Aware of Local Resources for Mental Health | 40.2 | 39.9 | 46.1 | 47.7 | 45.9 | 49.0 | 46.6 | 44.7 | | | |
| % [Age 5 to 17] Child Has Autism Disorder | | | | | | | | 9.7 | | | |
| % Mental Health Worsened During the Pandemic | 29.4 | 16.4 | 25.1 | 26.4 | 19.3 | 16.0 | 28.1 | 23.1 | | | |
| % [Age 5-17] Child's Mental Health Worsened During the Pandemic | | | | | | | | 12.1 | | | |

Note: In the section above, each subarea is compared against all other areas 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

DISPARITY AMONG SUBAREAS

| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|---|------------|---------------|--------------------|------------|------------|------------|-------|
| Population With Low Food Access (Percent) | | | | | | | |
| % "Very/Somewhat" Difficult to Buy Fresh Produce | 20.6 | 26.4 | 18.2 | 12.0 | 19.7 | 10.3 | 19.8 |
| % No Leisure-Time Physical Activity | 27.4 | 34.1 | 29.1 | 14.4 | 25.2 | 26.0 | 32.8 |
| % Meeting Physical Activity Guidelines | 24.0 | 15.8 | 31.3 | 34.2 | 23.5 | 27.5 | 29.8 |
| % Physical Exercise Has Decreased During the Pandemic | 32.3 | 47.0 | 38.0 | 33.4 | 31.7 | 31.1 | 35.4 |
| % Child [Age 2-17] Physically Active 1+ Hours per Day | 25.2 | 20.1 | 26.0 | 25.3 | 29.6 | 18.5 | 26.3 |
| % Healthy Weight (BMI 18.5-24.9) | 35.5 | 30.8 | 23.4 | 30.4 | 28.1 | 32.1 | 34.4 |
| % Overweight (BMI 25+) | 57.2 | 63.2 | 63.4 | 63.9 | 61.6 | 54.4 | 56.2 |
| % Obese (BMI 30+) | 27.1 | 25.4 | 26.6 | 25.4 | 21.5 | 28.8 | 24.1 |

MIAMI-DADE vs. BENCHMARKS

| Miami-Dade | vs. FL | vs. US | vs. HP2030 |
|------------|--------|--------|------------|
| 6.8 | 25.7 | 22.4 | |
| 18.2 | | 21.1 | |
| 26.7 | 26.8 | 31.3 | 21.2 |
| 26.4 | 20.5 | 21.4 | 28.4 |
| 36.2 | | | |
| 24.5 | | 33.0 | |
| 30.7 | 32.2 | 34.5 | |
| 60.4 | 65.9 | 61.0 | |
| 25.7 | 30.7 | 31.3 | 36.0 |

Note: In the section above, each subarea is compared against all other areas 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

DISPARITY AMONG SUBAREAS

| ORAL HEALTH | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|--|--|--|---|--|--|--|--|
| % [Age 18+] Dental Visit in Past Year |  56.1 |  55.3 |  57.9 |  74.7 |  64.3 |  65.9 |  60.8 |
| % Child [Age 2-17] Dental Visit in Past Year |  63.8 |  61.1 |  70.4 |  74.0 |  74.7 |  70.1 |  70.9 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
|------------|--|--|--|
| 62.3 |  65.7 |  62.0 |  45.0 |
| 68.7 | |  72.1 |  45.0 |

 better  similar  worse

DISPARITY AMONG SUBAREAS

| POTENTIALLY DISABLING CONDITIONS | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|---|--|--|---|--|--|--|--|
| % 3+ Chronic Conditions |  29.4 |  34.2 |  31.1 |  26.5 |  25.2 |  30.9 |  30.6 |
| % Activity Limitations |  27.6 |  26.6 |  14.8 |  16.6 |  17.3 |  13.6 |  20.8 |
| % With High-Impact Chronic Pain |  10.7 |  22.6 |  13.8 |  7.6 |  10.3 |  10.2 |  14.5 |
| Alzheimer's Disease (Age-Adjusted Death Rate) | | | | | | | |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
|------------|--|--|---|
| 30.0 | |  32.5 | |
| 20.1 | |  24.0 | |
| 13.1 | |  14.1 |  7.0 |
| 23.5 |  20.5 |  30.6 | |

 better  similar  worse

DISPARITY AMONG SUBAREAS

| RESPIRATORY DISEASE | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|---|---|---|--|---|--|--|---|
| CLRD (Age-Adjusted Death Rate) | | | | | | | |
| Pneumonia/Influenza (Age-Adjusted Death Rate) | | | | | | | |
| % [Age 65+] Flu Vaccine in Past Year | | | | | | | |
| % [Adult] Asthma |  6.5 |  9.9 |  12.2 |  12.8 |  5.3 |  8.0 |  13.8 |
| % [Child 0-17] Asthma |  10.8 |  10.4 |  16.2 |  4.0 |  5.0 |  1.6 |  9.7 |
| % COPD (Lung Disease) |  5.6 |  10.0 |  3.9 |  4.4 |  6.2 |  5.2 |  8.4 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
|------------|---|---|------------|
| 28.2 |  38.0 |  40.4 | |
| 8.6 |  9.5 |  14.2 | |
| 62.1 |  52.8 |  71.0 | |
| 10.0 |  8.7 |  12.9 | |
| 8.3 | |  7.8 | |
| 6.3 |  8.3 |  6.4 | |

 better  similar  worse

DISPARITY AMONG SUBAREAS

| SEXUAL HEALTH | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|------------------------------------|------------|---------------|--------------------|------------|------------|------------|-------|
| HIV/AIDS (Age-Adjusted Death Rate) | | | | | | | |
| HIV Prevalence Rate | | | | | | | |
| Chlamydia Incidence Rate | | | | | | | |

MIAMI-DADE vs. BENCHMARKS

| Miami-Dade | vs. FL | vs. US | vs. HP2030 |
|------------|--|--|------------|
| 7.2 |  4.4 |  2.1 | |
| 1116.3 |  607.0 |  372.8 | |
| 486.8 |  499.2 |  539.9 | |

DISPARITY AMONG SUBAREAS

| SEXUAL HEALTH (continued) | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|---|------------|---------------|--------------------|------------|------------|------------|-------|
| Gonorrhea Incidence Rate | | | | | | | |
| % [Child Age 11-17] Has Received 2+ HPV Shots | | | | | | | |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 156.6 | 155.6 | 179.1 | |
| 50.0 | | | |

better similar worse

DISPARITY AMONG SUBAREAS

| SUBSTANCE ABUSE | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|---|------------|---------------|--------------------|------------|------------|------------|-------|
| Cirrhosis/Liver Disease (Age-Adjusted Death Rate) | | | | | | | |
| % Binge Drinker | 27.4 | 36.7 | 44.5 | 33.8 | 37.4 | 43.5 | 29.5 |
| Unintentional Drug-Related Deaths (Age-Adjusted Death Rate) | | | | | | | |
| % Illicit Drug Use in Past Month | 3.5 | 1.6 | 3.1 | 2.3 | 4.1 | 4.6 | 2.5 |
| % Used a Prescription Opioid Drug in the Past Year | 12.6 | 13.9 | 9.7 | 8.2 | 10.4 | 7.9 | 12.1 |
| % Ever Sought Help for Alcohol or Drug Problem | 2.9 | 4.9 | 7.9 | 2.8 | 2.7 | 2.0 | 6.1 |
| % Personally Impacted by Substance Abuse | 30.2 | 21.9 | 39.6 | 34.4 | 29.9 | 26.8 | 44.1 |

Note: In the section above, each subarea is compared against all other areas 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. HP2030 |
| 7.1 | 11.6 | 10.9 | 10.9 |
| 35.8 | 15.8 | 23.6 | 25.4 |
| 9.6 | 21.8 | 18.1 | |
| 2.9 | | 2.0 | 12.0 |
| 10.8 | | 12.9 | |
| 4.1 | | 5.4 | |
| 31.9 | | 35.8 | |

better similar worse

DISPARITY AMONG SUBAREAS

| TOBACCO USE | North-east | Central Miami | E. Coast/ M. Beach | South-east | North-west | South-west | South |
|--|--|--|---|--|--|--|--|
| % Current Smoker |  10.3 |  21.1 |  24.8 |  16.5 |  15.1 |  11.9 |  15.1 |
| % [Smokers] Have Quit Smoking 1+ Days in Past Year | | | | | | | |
| % Currently Use Vaping Products |  7.1 |  13.7 |  12.2 |  8.5 |  10.2 |  11.2 |  17.5 |

Note: In the section above, each subarea is compared against all other areas 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

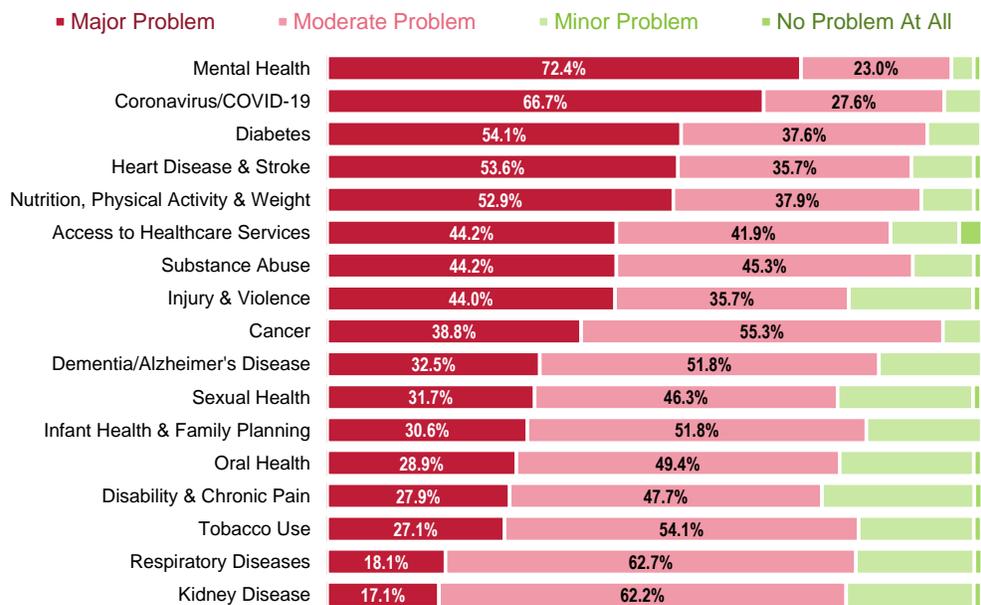
| Miami-Dade | vs. FL | vs. US | vs. HP2030 |
|------------|--|--|--|
| 16.6 |  14.5 |  17.4 |  5.0 |
| 52.2 |  57.0 |  42.8 |  65.7 |
| 11.4 |  4.3 |  8.9 | |

 better
  similar
  worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community





COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Miami-Dade County, the focus of this Community Health Needs Assessment, encompasses 1,898.75 square miles and houses a total population of 2,715,516 residents, according to latest census estimates.

| | TOTAL POPULATION | TOTAL LAND AREA (square miles) | POPULATION DENSITY (per square mile) |
|-------------------|------------------|--------------------------------|--------------------------------------|
| Miami-Dade County | 2,715,516 | 1,898.75 | 1,430.16 |
| Florida | 20,598,139 | 53,638.93 | 384.01 |
| United States | 322,903,030 | 3,532,068.58 | 91.42 |

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

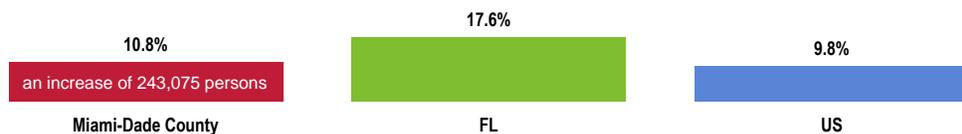
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the county population increased by 243,075 persons, or 10.8%.

BENCHMARK ▶ Above the US percentage change but well below the Florida percentage.

Change in Total Population (Percentage Change Between 2000 and 2010)



Sources:

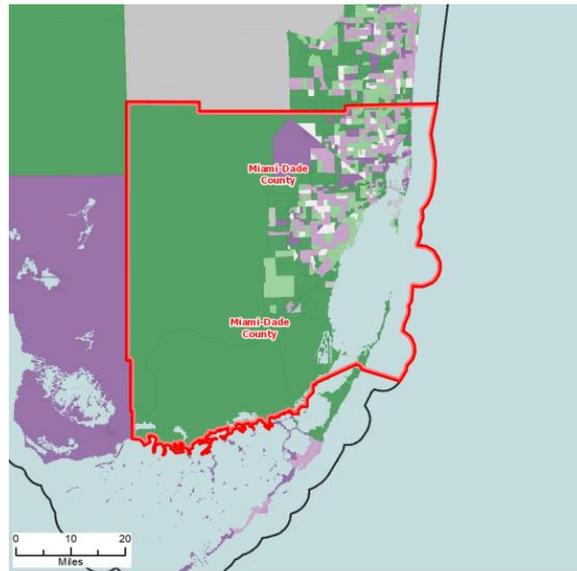
- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

 Notes:

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.



This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



Map Legend

Population Change, Percent by Tract, US
Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

Report Location, County



SparkMap

Urban/Rural Population

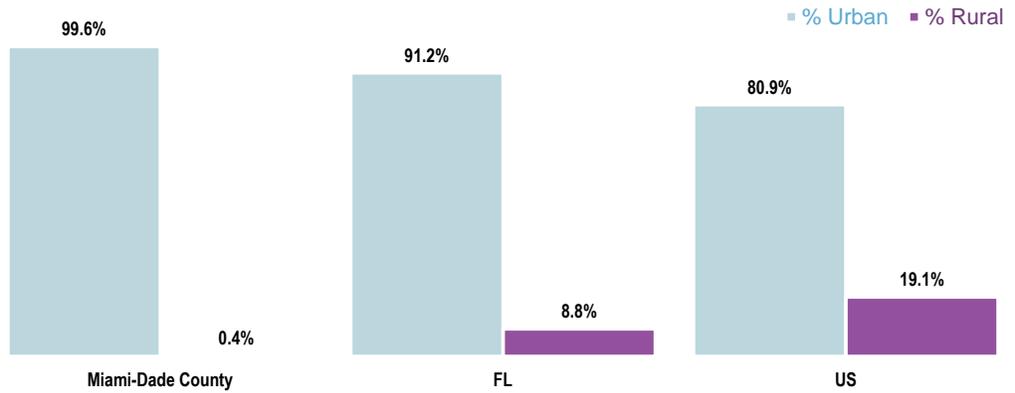
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Miami-Dade County is almost completely urban, with 99.6% of the population living in areas designated as urban.

BENCHMARK ► A much higher percentage urban population than state and national reports.



Urban and Rural Population (2010)



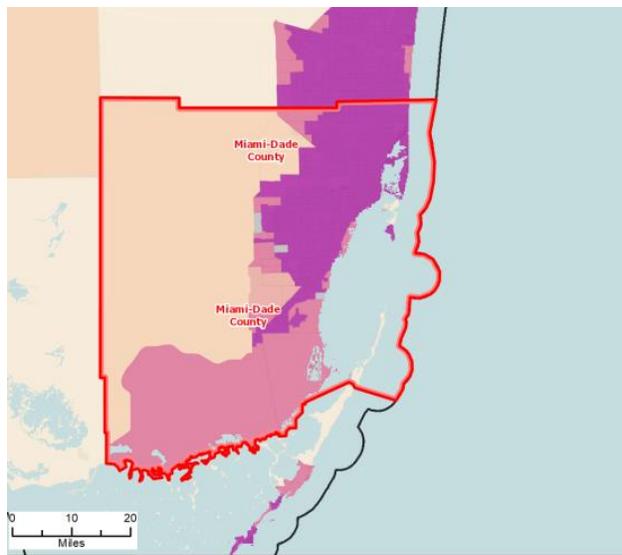
Sources:

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in Miami-Dade County.



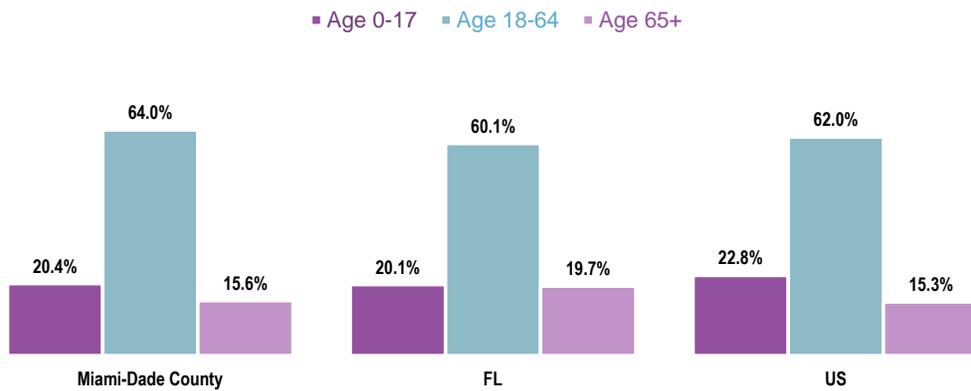
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Miami-Dade County, 20.4% of the population are children age 0-17; another 64.0% are age 18 to 64, while 15.6% are age 65 and older.

BENCHMARK ▶ The 65+ population is well below the statewide prevalence but slightly higher than the US figure.

Total Population by Age Groups (2014–2018)



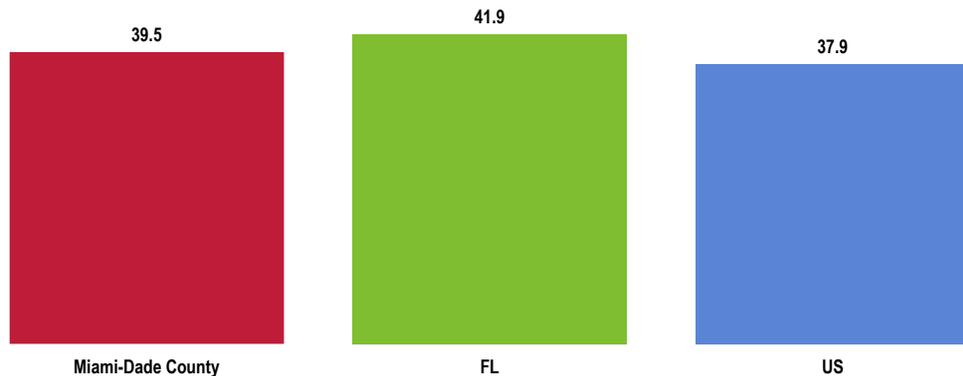
Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Median Age

Miami-Dade County is “younger” than the state in that the median age is lower.

BENCHMARK ▶ The county is “older”, on the other hand, than the US as a whole.

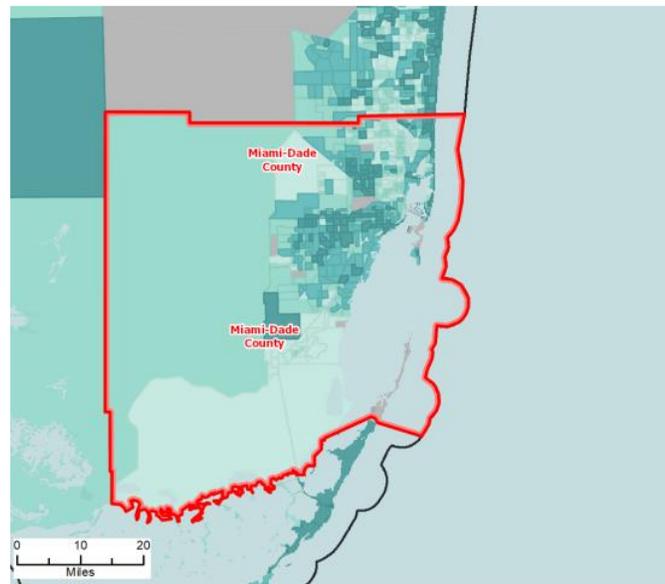
Median Age (2014–2018)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).



The following map provides an illustration of the median age in Miami-Dade County.



Race & Ethnicity

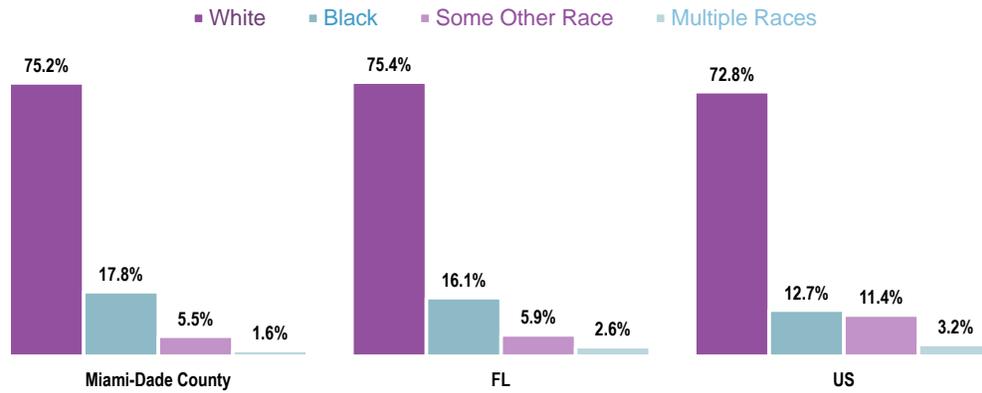
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 75.2% of residents of Miami-Dade County are White and 17.8% are Black.

BENCHMARK ► Both breakouts are proportionally higher than the national figures.



Total Population by Race Alone (2014–2018)



Sources:

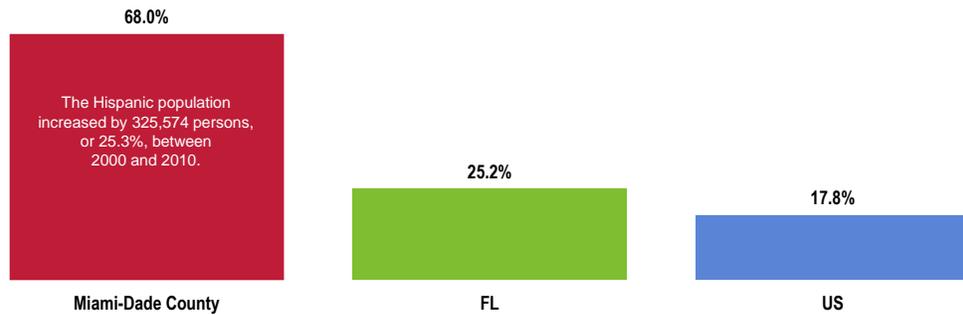
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Ethnicity

A total of 68.0% of Miami-Dade County residents are Hispanic or Latino.

BENCHMARK ► Dramatically higher than state and national percentages.

Hispanic Population (2014–2018)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

 Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

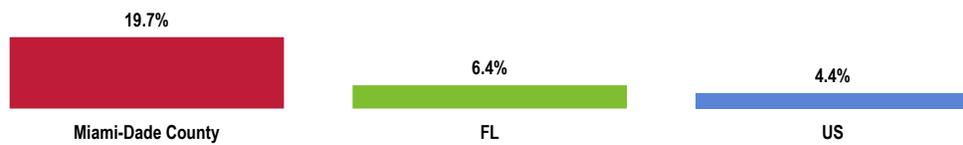


Linguistic Isolation

A total of 19.7% of the Miami-Dade County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ► Well above the Florida and US percentages.

Linguistically Isolated Population (2014–2018)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

The latest census estimate shows 18.0% of the county's total population living below the federal poverty level.

BENCHMARK ▶ Above the state and national benchmarks. Fails to satisfy the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Miami-Dade County is 24.2% (representing over 133,000 children).

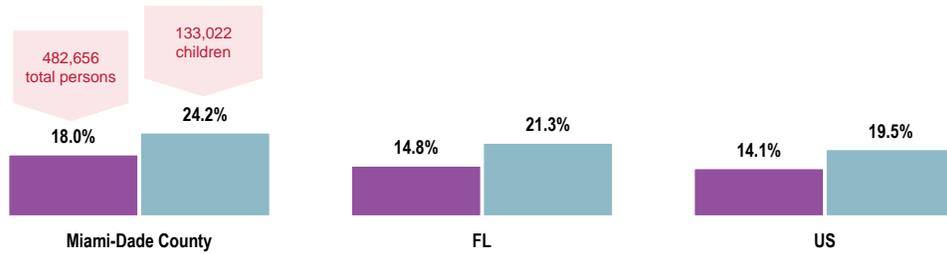
BENCHMARK ▶ Worse than the US figure and three times the Healthy People 2030 goal.



Population in Poverty (Populations Living Below the Poverty Level; 2014–2018)

Healthy People 2030 = 8.0% or Lower

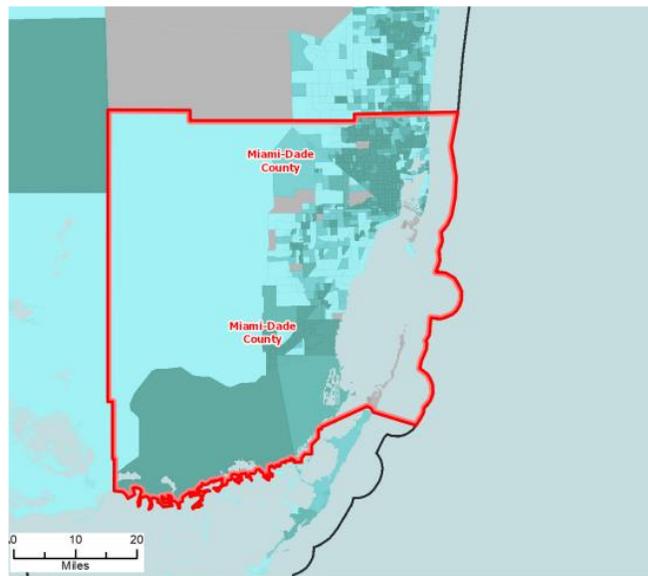
■ Total Population ■ Children



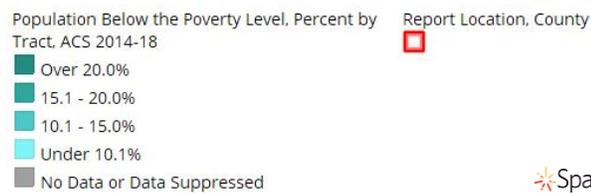
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.

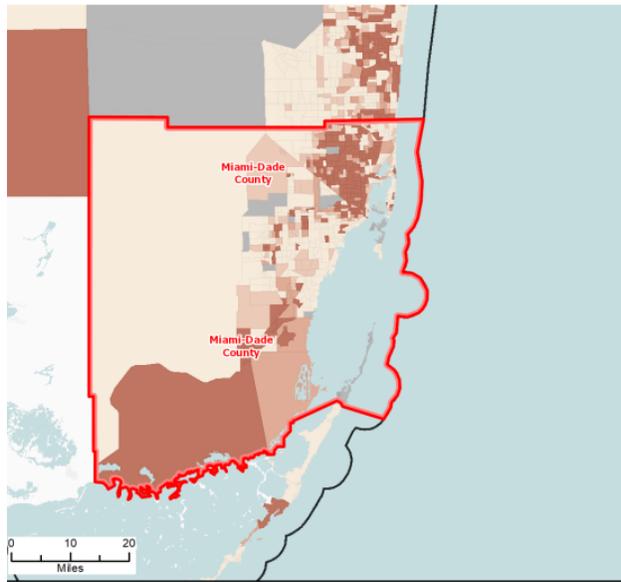


Map Legend



SparkMap



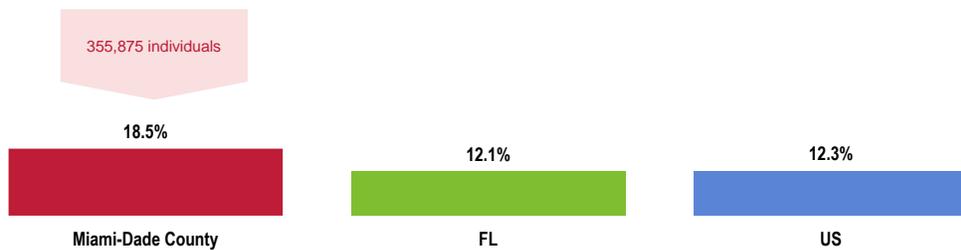


Education

Among the Miami-Dade County population age 25 and older, an estimated 18.5% (nearly 356,000 people) do not have a high school education.

BENCHMARK ► Well above the Florida and US percentages.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2014–2018)



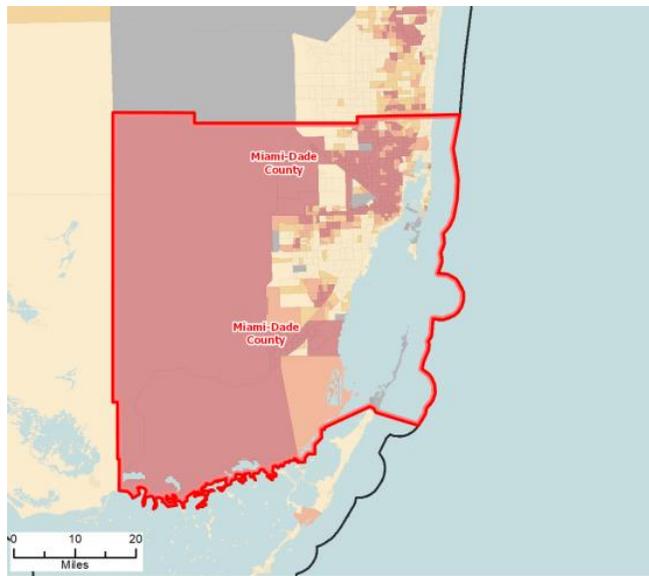
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.





Map Legend



Financial Resilience

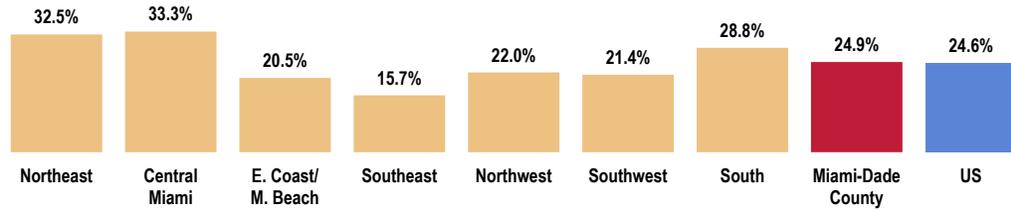
One in four (24.9%) Miami-Dade County residents would not be able to afford an unexpected \$400 expense without going into debt.

DISPARITY ► Unfavorably high in Northeast Miami-Dade and Central Miami. Viewed by demographic characteristics, the prevalence correlates with age and is higher among women and in communities of color.

Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"



Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources:

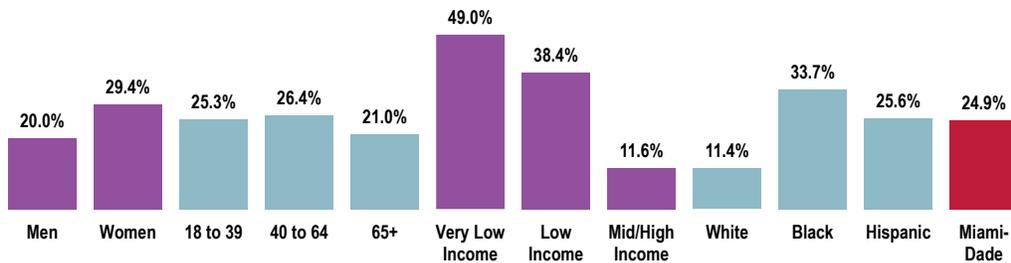
- 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Miami-Dade County, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
- Asked of all respondents.

Notes:

- Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

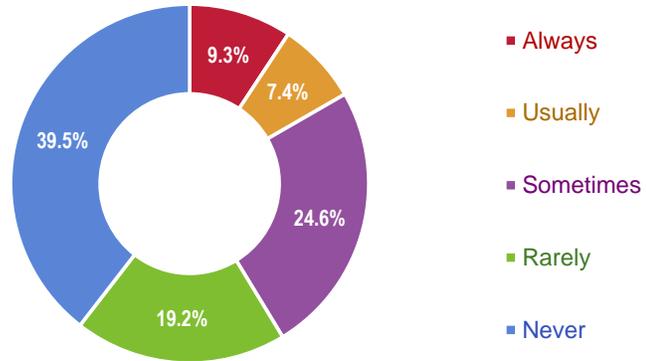


Housing

Housing Insecurity

Over half of surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Miami-Dade County, 2020)



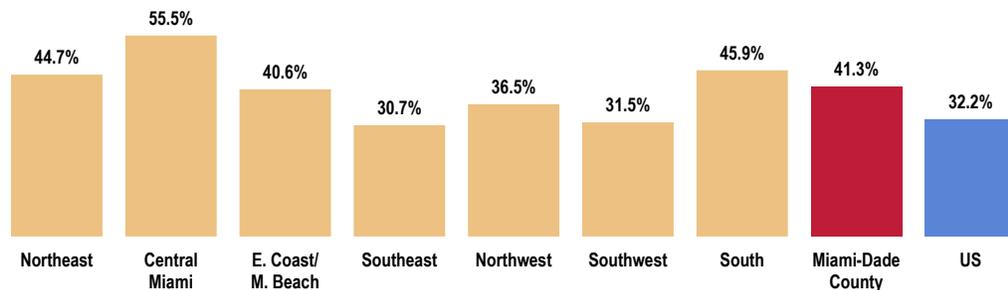
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

However, a considerable share (41.3%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Well above the national figure.

DISPARITY ► Unfavorably high in Central Miami. Strong correlation with age and income, and much higher in communities of color.

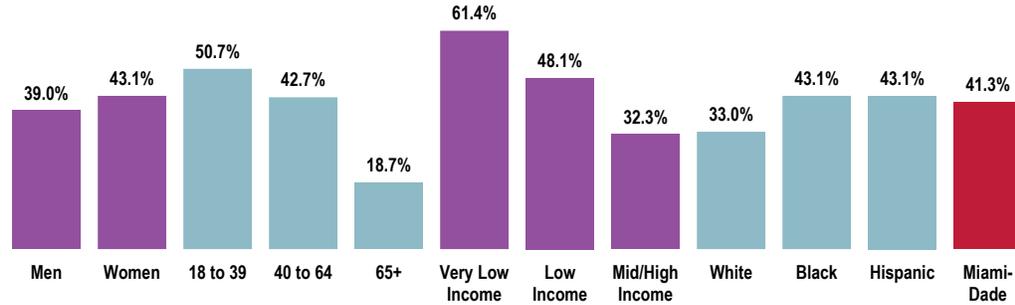
“Always/Usually/Sometimes” Worried
About Paying Rent/Mortgage in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

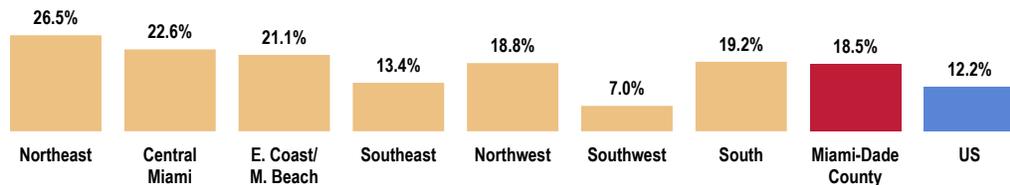
Unhealthy or Unsafe Housing

A total of 18.5% of Miami-Dade County residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Well above the US prevalence.

DISPARITY ► Considerably higher in Northeast Miami-Dade. Correlates with age and income and is higher in the Black population.

Unhealthy or Unsafe Housing Conditions in the Past Year

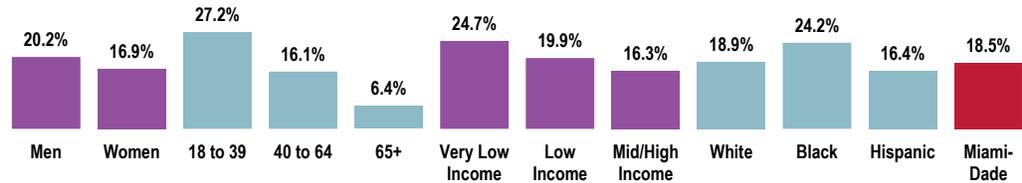


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Respondents were asked: “Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”



Unhealthy or Unsafe Housing Conditions in the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
 Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

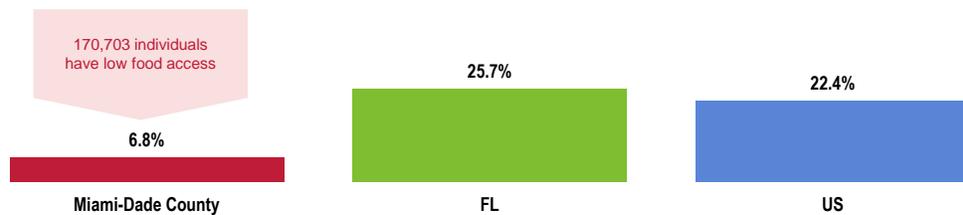
Food Access

Low Food Access

US Department of Agriculture data show that **6.8% of Miami-Dade County population (representing about 170,700 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.**

BENCHMARK ► Well below the Florida and US figures.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

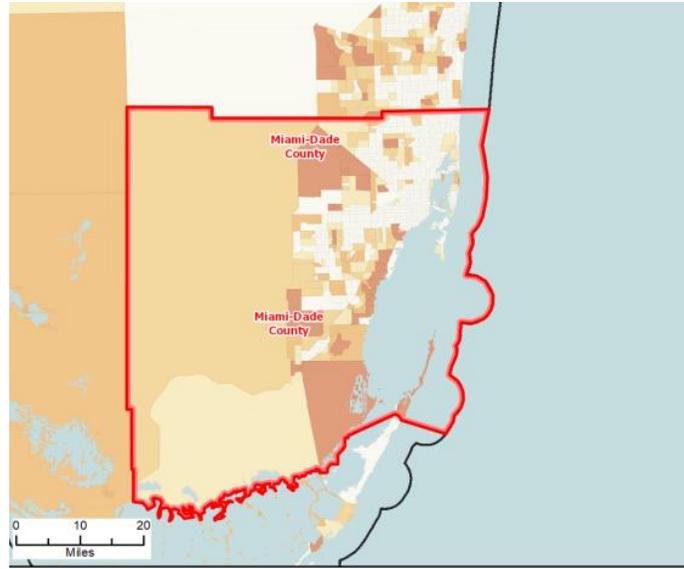


Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
 See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.



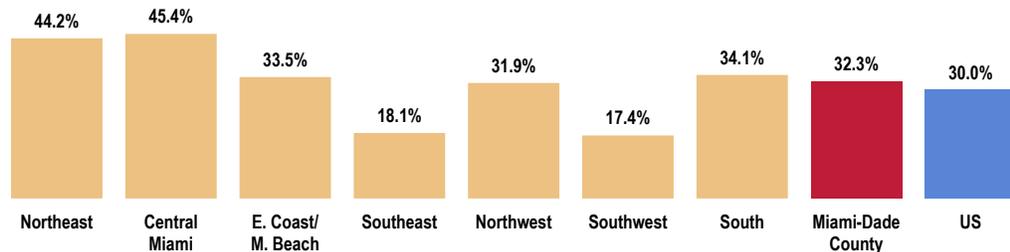


Food Insecurity

Overall, 32.3% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

DISPARITY ► Unfavorably high in Northeast Miami-Dade and Central Miami. Higher in the Black population and decreases with age and income level.

Worried About Running Out of Food In the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 80]
 • 2020 PRC National Health Survey, PRC, Inc.

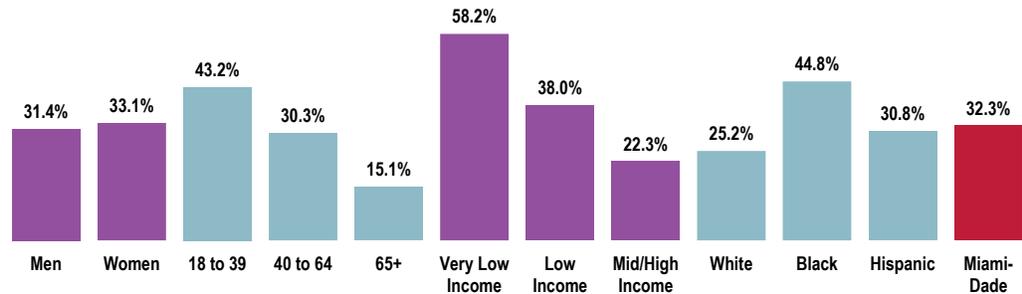
Notes: • Asked of all respondents.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

Worried About Running Out of Food In the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 80]
Notes: • Asked of all respondents.

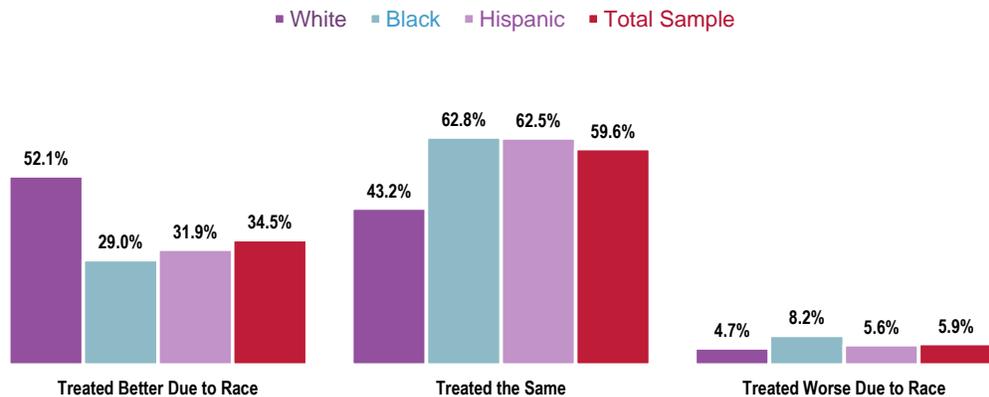
Equity in Health Care

Treatment Based on Race

When asked to consider all health care experiences over the past year, over 60% of Black or Hispanic residents in Miami-Dade County feel they were treated no differently from others of different races; a narrow majority of White respondents believe they were treated “better” than people of different races.

DISPARITY ► Note, however, that 8.2% of Black residents and 5.6% of Hispanic residents believe they have been treated “worse” in health care settings than people of different races.

Perceived Treatment Based On Race During Health Care Experiences in the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

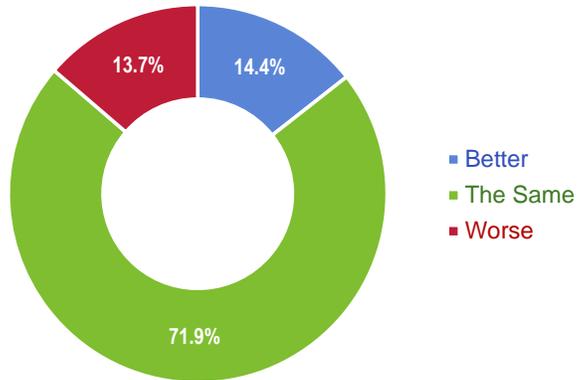


Treatment Based on Sexual Orientation or Gender Identity

By and large, most LGBTQ+ respondents taking part in the survey do not believe that they were treated any differently than non-LGBTQ+ peoples in their health care experiences over the past year.

However, 13.7% feel that they were treated “worse.”

Perceived Treatment During Health Care Experiences
in the Past Year Compared With People Who Are Not LGBTQ+
(Miami-Dade County LGBTQ+ Respondents; 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents who identify as LGBTQ+.





HEALTH STATUS

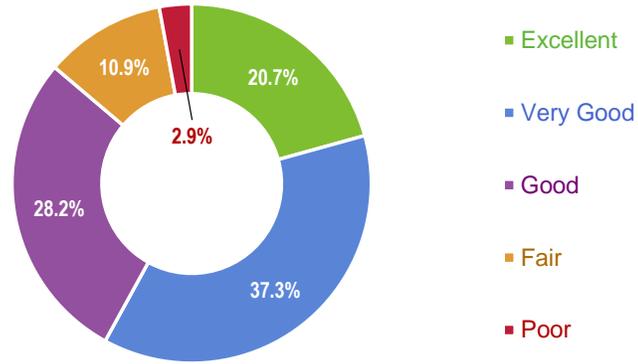
OVERALL HEALTH STATUS

Most Miami-Dade County residents rate their overall health favorably (responding “excellent,” “very good,” or “good”).

The initial inquiry of the PRC Community Health Survey asked: “Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?”

Again, keep in mind that the 2020 PRC Community Health Survey in Miami-Dade was administered in August through October 2020, in the midst of the 2020 COVID-19 Pandemic.

Self-Reported Health Status
(Miami-Dade County, 2020)



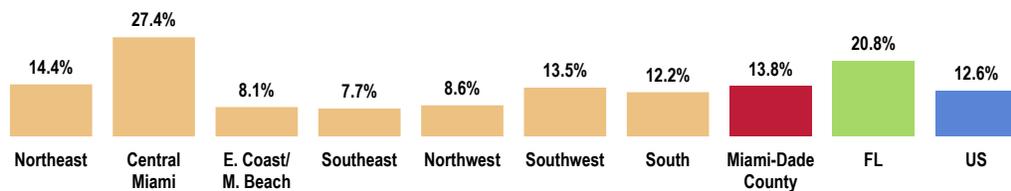
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 13.8% of Miami-Dade County adults believe that their overall health is “fair” or “poor.”

BENCHMARK ▶ Lower than the Florida prevalence.

DISPARITY ▶ Highest among respondents in Central Miami. Increases with age and decreases with household income level.

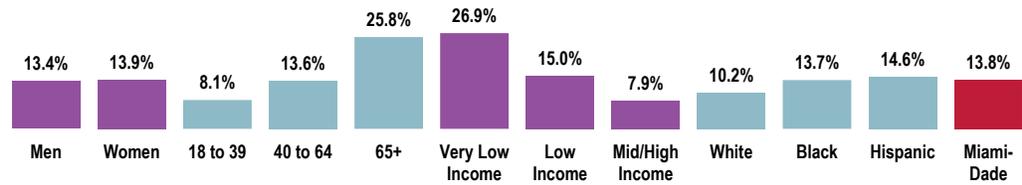
Experience “Fair” or “Poor” Overall Health



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

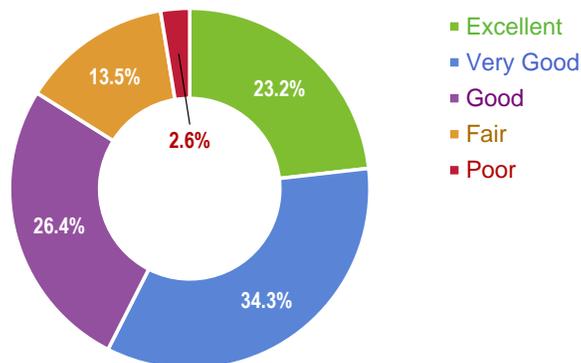
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

Most Miami-Dade County adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

“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, 2020)



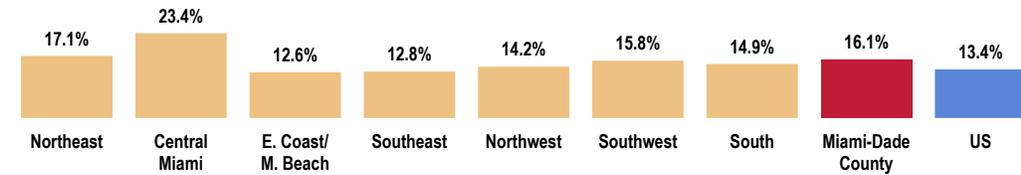
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.



However, 16.1% believe that their overall mental health is “fair” or “poor.”

DISPARITY ► The prevalence is considerably higher among Central Miami respondents.

Experience “Fair” or “Poor” Mental Health



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Depression

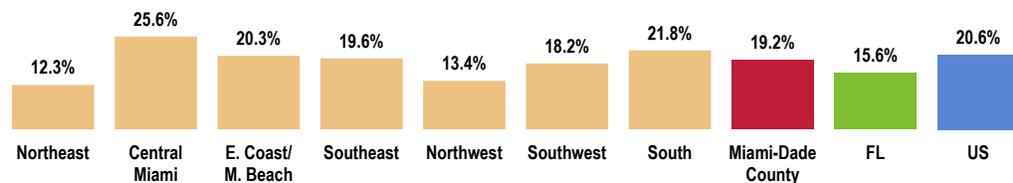
Diagnosed Depression

A total of 19.2% of Miami-Dade County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Worse than the Florida percentage.

DISPARITY ► Unfavorably high in Central Miami.

Have Been Diagnosed With a Depressive Disorder



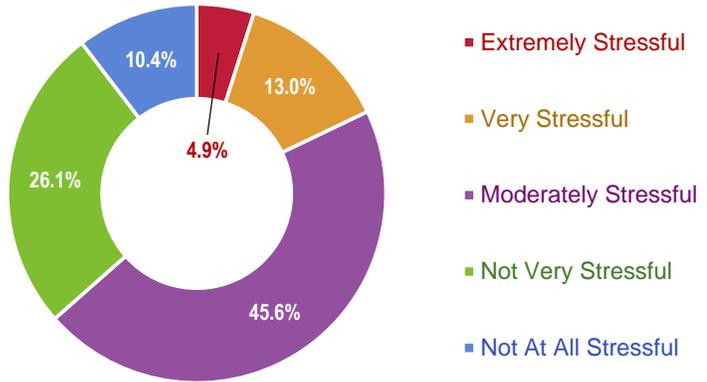
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 93]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.



Stress

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day
(Miami-Dade County, 2020)

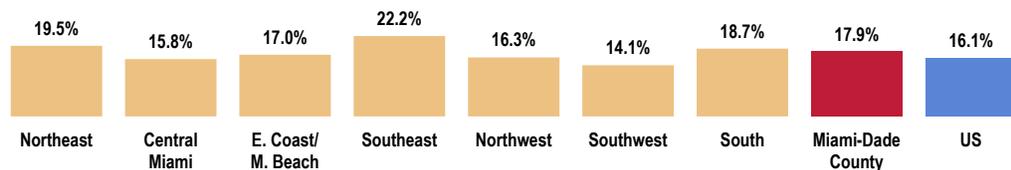


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

In contrast, 17.9% of Miami-Dade County adults feel that most days for them are “very” or “extremely” stressful.

DISPARITY ► Strong correlation with age among survey respondents.

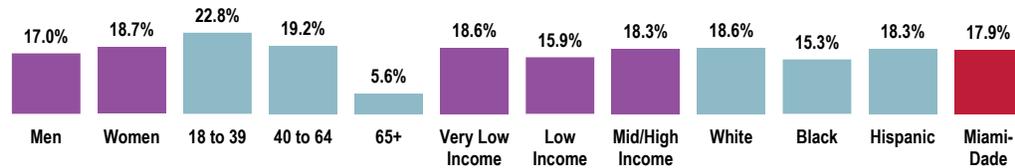
Perceive Most Days as “Extremely” or “Very” Stressful



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Suicide

In Miami-Dade County, there were 8.6 suicides per 100,000 population (2016-2018 annual average age-adjusted rate).

BENCHMARK ▶ Below the state and national suicide rates. Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Dramatically higher among Whites than Blacks and Hispanics in Miami-Dade County.

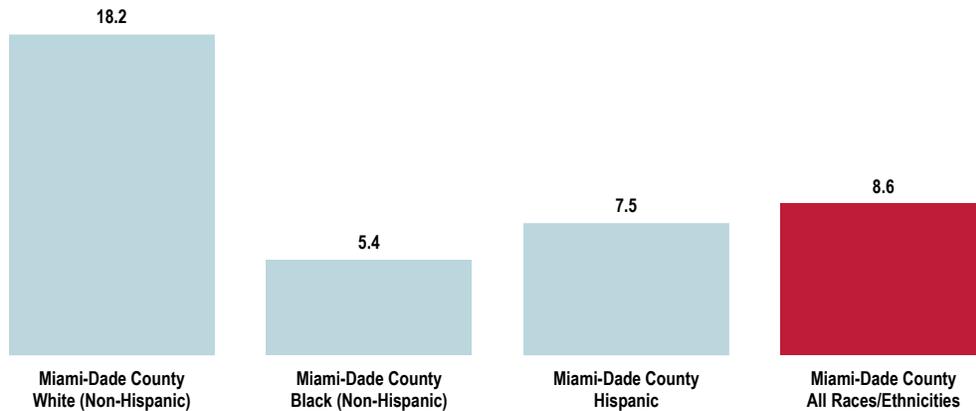
Suicide: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Suicide: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

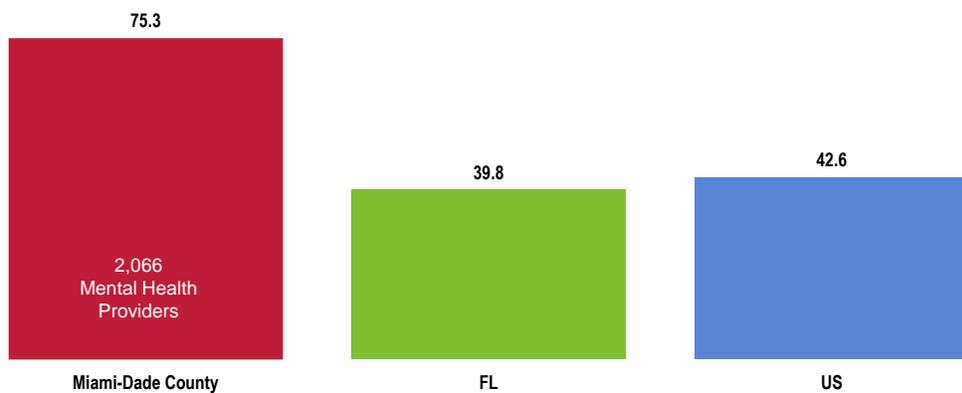
Mental Health Treatment

Mental Health Providers

In Miami-Dade County, there are 75.3 mental health providers for every 100,000 population.

BENCHMARK ▶ A considerably higher proportion than reported statewide and nationally.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2020)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Miami-Dade County and residents in Miami-Dade County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



Currently Receiving Treatment

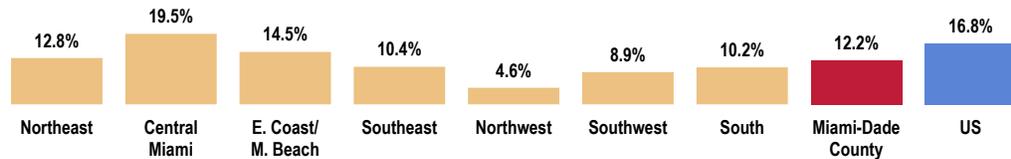
A total of 12.2% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Lower than the US prevalence.

DISPARITY ▶ Highest among Central Miami adults.

Currently Receiving Mental Health Treatment

Among respondents ever diagnosed with a depressive disorder, 44.8% are currently receiving treatment.



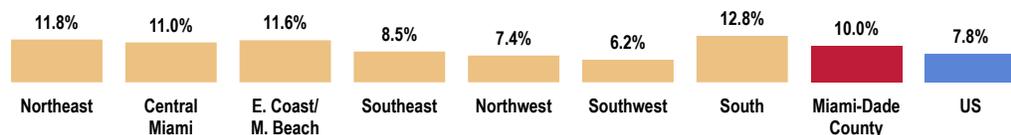
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 93-94]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 10.0% of Miami-Dade County adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ▶ Correlates with income level and is highest among adults under age 40.

Unable to Get Mental Health Services When Needed in the Past Year

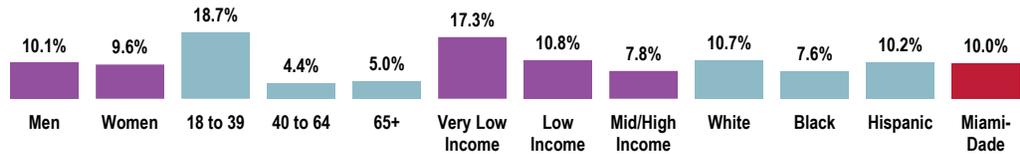


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 95]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Unable to Get Mental Health Services When Needed in the Past Year (Miami-Dade County, 2020)

A total of 44.7% of respondents are aware of local providers, programs, or resources available to help people with mental health needs.



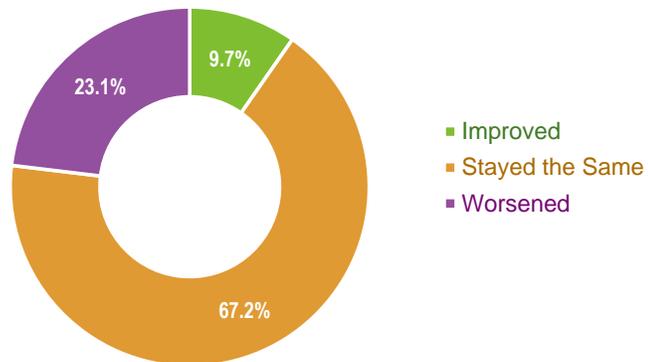
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 95, 306]
Notes: • Asked of all respondents.

Mental Health & the Coronavirus Pandemic

Adults

A total of 23.1% of survey respondents believe that their mental health status has gotten worse since the beginning of the pandemic.

Perceived Change in Mental Health Since the Start of the Pandemic (Miami-Dade County, 2020)



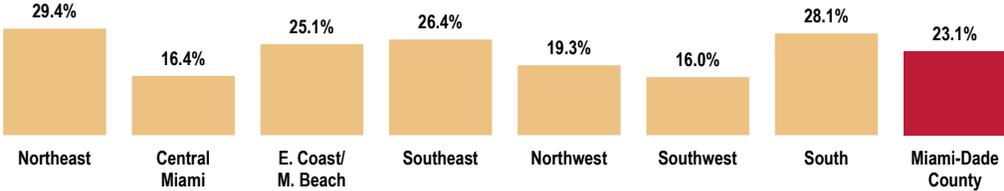
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Asked of all respondents.

See also *Coronavirus Disease/COVID-19* in the **Death, Disease & Chronic Conditions** section of this report.



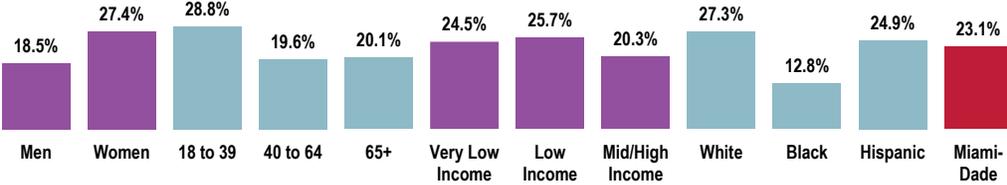
DISPARITY ► Respondents in Central Miami and Southwest Miami-Dade were least likely to report worsening mental health during the COVID-19 pandemic. The prevalence is more often reported among women, young adults, Whites, and Hispanics.

Mental Health Has Worsened Since the Start of the Pandemic



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 315]
 Notes: • Asked of all respondents.

Mental Health Has Worsened Since the Start of the Pandemic (Miami-Dade County, 2020)



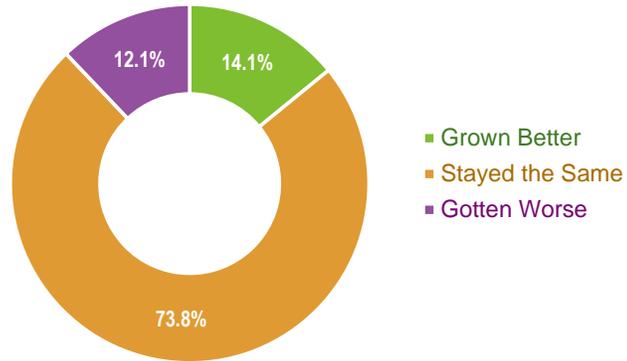
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 315]
 Notes: • Asked of all respondents.



Children

Among parents of a child age 5 through 17 at home, 12.1% report that their child’s mental health has worsened during the pandemic.

Perceived Change in Child’s Mental Health Since the Start of the Pandemic
(Miami-Dade County Parents of a Child Age 5-17; 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all parents about a child age 5 to 17 at home.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

The biggest challenge seen is the availability of access to mental health care providers. Costs associated with being seen by a mental health provider. Also including stigma for those who admit they may have mental health issues. – Public Health Representative

Access to care and the availability of services other than an acute psychiatric admission is lacking in the Miami Dade area. Jackson Behavioral Health and Thriving Mind are leading the charge we need more funding. – Healthcare Provider



In my professional career and personal life, it seems access to mental health care is not as readily and easily available as say programs to lose weight or stop smoking. There are many organizations and even wellness programs that employers offer to help with these but not mental health. Look at the number of mass shooting that have occurred over the last five years or so and a majority were directly caused by individuals with mental health issues. Wellness programs at work should offer a mental health aspect just as they do obesity and physical health. – Healthcare Provider

Lack of services and means to pay for services that exist. – Healthcare Provider

Access to care. The Jackson Health System Behavioral Health Hospital is overwhelmed and vastly under resourced. – Physician

Limited access to care and services. Transportation. – Physician

Access and follow up. Outpatient management. Also often times is accompanied by other disorders. Substance abuse for example. – Physician

Lack of access to medical professionals. Cost. Stigma. – Community Leader

Shocking lack of coherent care system. Very little financial support for families for behavioral care, lack of providers. – Community Leader

Access to ongoing therapy. – Physician

Lack of community resources which should be readily available. – Physician

Something we have an issue with is that we don't have enough [pediatric] psychologists to target this population. – Hospital Leader

There's a strong need for inpatient services, there's very few pediatric inpatient psych services available. The need is for both outpatient and inpatient. – Hospital Leader

It is not easy to navigate the system for access and ongoing care. Where do you start. Not all physicians are aware of the signs and the navigation either. – Community Leader

Well this is a huge issue in Miami-Dade County, I do think we've done a relatively good job. There's a network that's been set up to deal with mental health issues among many different public and private providers. – Hospital Leader

It's a challenge to address long-term. People float in and float out of the mental health arena, and even if you solve the short-term problem and then discharge the patient, some of them are chronic and they tend to come back. – Hospital Leader

Denial/Stigma

Mental health has always been a challenge in our community and the onset of the pandemic has forced us all to address the fragile state of one's mental health. The stigma of mental health and accessing care has been a huge barrier to the success of improving mental health. Unfortunately, mental health issues are not always in isolation as comorbidity of substance abuse issues compounds this and makes it more challenging to address. – Healthcare Provider

Stigma, stigma and culture. Lack of access to culturally appropriate services, and transportation to these services. – Social Services Provider

The stigma for mental health continues. Additionally there are not enough providers who can help with this area. – Public Health Representative

Acceptance. – Social Services Provider

There's a huge amount of mental health issues in this community, Although not a whole lot different than other major urban environments. And many of these people are in denial of their mental health issues and that will not seek any type of therapy. So how do we as a community deal with that early enough so that it doesn't get worse? – Hospital Leader

The biggest challenges for people with mental health issues is the stigma associated with mental health. This causes them to not seek treatment. Also, navigating the mental healthcare system is difficult and cumbersome. – Public Health Representative

Mental health and wellness can be hard to quantify for a community. However, mental health issues are pervasive; and the impact individuals with mental health disorders as well as their families. Stigma is a barrier for people getting the care they need. For initial or escalating episodes of mental health disorders, people don't always know where to turn for help. For people living with serious mental illness, they don't have access to the ongoing supports and services they need for housing, maintaining employment, etc. In general, funding of services in the community is stretched as Florida invests very little in mental health compared to other states in the nation. Considering the intersection of mental health and substance abuse, opioid addiction is a costly issue for our community and devastating to entire families. – Social Services Provider

The biggest challenge people face is the stigma around mental health. In the Hispanic and African American communities there does still exist some stigmas around mental illness and especially conditions of depression and anxiety. There is not a big problem with suicide here compared to other major cities. There are resources in the community for mental health but not generally for mental wellness and maintenance. It would be nice to see more programs that help people maintain their mental health rather than treat them after an incident – Public Health Representative



Stigma. Awareness, access to good care. Insurance sometimes does not cover visits and are extremely expensive. – Physician
Stigma, lack of resources. – Social Services Provider

Vulnerable Populations

I think this is often overlooked and culturally minorities do not tend to see a therapist or seek support whether for religious reasons or pride. Everyone has experienced loss due to COVID and has more economic pressure and stress and mental health is not being addressed – Community Leader

Social determinants of care are important to improved outcomes. We have many communities with people who are challenged with SDC such as mental health issues, food insecurity, transportation etc. Even practices that take care of insured patients do to provide sufficient mental health services. With knowledge that the elderly constitute a large care group in MDC and that statistics demonstrate those who are either Hispanic or Black over 65 live close to the poverty line mental health issues are considerable. – Physician

For some immigrants in this community, mental health is a bad word. They are not willing to admit they have any kind of mental issue. – Hospital Leader

Certainly in terms of demographics, it's the adolescent population that struggles most. But we are seeing it in younger and younger kids with increasing frequency. Traditionally you would think of these things in terms of high school kids, but we're seeing it younger, even 7 and 8 year olds with anxiety issues. – Hospital Leader

Over the past three years, we've certainly seen an increase in need in the pediatric and adolescent mental health space. We are unhealthier there, with more pediatric psychiatric and psychological issues. – Hospital Leader

Especially in the past year with COVID and everything else going on, we've seen a lot more children suffering from anxiety which then leads to depression and the need for Psychological Services. – Hospital Leader

Kids are on social media more often. Sometimes they compare themselves to other kids and we're seeing more come in with self-esteem issues ... social media has really impacted the way that kids see themselves. – Hospital Leader

Adolescent medicine is a very underutilized specialty, highly specialized, sort of like geriatric medicine. I think those needs are growing for adolescents -- a lot of psych issues, a lot of the obesity issues, reproductive health, eating disorders. And we're going to see a lot more adolescents hitting that age group. – Hospital Leader

There's a very successful, student-run program [Health Information Project or HIP] that turns students into peer counselors for different issues. So for example, every high school will have a student who is designated as a peer mental health person -- they're of course not experts in the field, but students can go to this person and they have a binder or folder of resources available and information available for the kids. It's really well done. – Hospital Leader

Affordable Care/Services

Nine percent of Miami residents suffer from mental health. Three times higher than the national average. Access to resources is the biggest issue and homelessness. – Healthcare Provider

Access to affordable care and knowledge that services are available. – Social Services Provider

Access to quality, affordable healthcare services in a timely fashion. – Public Health Representative

I believe that our community needs the ability to receive appropriate and consistent outpatient mental health care. – Healthcare Provider

Awareness/Education

Lack of education, denial, and stigmatization associate with mental health. – Community Leader

Acknowledging that we have a mental health crisis that has been exacerbated during COVID is key. Ability to receive skilled treatment, medication, a plan, proper maintenance and evaluation. – Public Health Representative

Awareness, lack of education, scarcity of service. – Public Health Representative

Poor outreach. – Physician

COVID-19

I've seen mental health issues rising or coming to light over the past 7 months due to COVID and the additional stress and anxiety caused by the virus. The loss of jobs, closures, and the uncertainty of everyday life are impacting our mental health and we need long range planning on how to address the long-term effects. – Community Leader

COVID hasn't helped, but I think we were already seeing an increase in the number of kids suffering from anxiety. And certainly parental anxiety doesn't help either. And depression and anxiety go hand-in-hand, so if we don't have one under control, we don't have the other one under control, and it goes on. – Hospital Leader

COVID 19. SDOH. – Public Health Representative



Access to Care for Uninsured/Underinsured

Lack of high quality services and programs for those most needing such care. Like homeless and uninsured populations. – Physician

It's a very large underserved population with Medicaid because there's simply not enough providers in the community who will offer services to the Medicaid population. – Hospital Leader

It's really hard to get pediatric Medicaid patients in to see a psychologist. – Hospital Leader

Co-Occurrences

COVID has made it only worse, there is a huge disparity in terms of socio economic, diversity, cultural. It directly impacts physical health. – Healthcare Provider

Diagnosis/Treatment

Undiagnosed. Untreated. Self medicating. No clear pathways to get help. Lack of interventions. Lack of understanding. Stigma. – Social Services Provider

Funding

Nationwide, underfunded. – Physician

And because reimbursement is so poor, very few institutions are willing to take mental health on. – Hospital Leader

Florida, as a state, has one of the lowest funding levels for mental health. – Hospital Leader

Homelessness

What exacerbates it, and this goes through cycles, is that with mental health some of these folks end up in jail . And those numbers can go up or down depending on enforcement, so it has a big see-saw effect on what happens with mental health and of course homelessness. – Hospital Leader

In the county jail, estimates are that 50% of the inmates have mental health issues. And estimates are that 90% of the homeless have mental health issues. – Hospital Leader

It affects all aspects of issues-homelessness, violence, crimes in general. The idea that people with mental illness are best-served outpatient is ridiculous. Only saves the government money. We can't look at few organizations and expect them to handle it. – Social Services Provider

Lack of Alternative Strategies

Very prevalent disease treated primarily with medications. Would love to see more holistic and comprehensive treatments. – Community Leader

Lack of Providers

Access to healthcare providers. Very few providers give the proportion of people within the county. – Public Health Representative





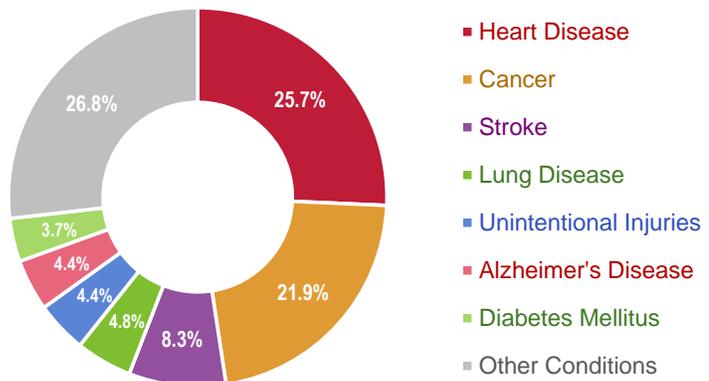
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly one-half of all deaths in Miami-Dade County in 2018.

Leading Causes of Death
(Miami-Dade County, 2018)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Florida and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2016-2018 annual average age-adjusted death rates per 100,000 population for selected causes of death in Miami-Dade County.



Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes (2016-2018 Deaths per 100,000 Population)

| | Miami-Dade County | Florida | US | HP2030 |
|---|-------------------|---------|-------|--------|
| Diseases of the Heart | 147.2 | 145.0 | 164.7 | 127.4* |
| Malignant Neoplasms (Cancers) | 127.6 | 144.8 | 152.5 | 122.7 |
| Cerebrovascular Disease (Stroke) | 42.8 | 38.6 | 37.3 | 33.4 |
| Unintentional Injuries | 31.1 | 54.7 | 48.3 | 43.2 |
| Chronic Lower Respiratory Disease (CLRD) | 28.2 | 38.0 | 40.4 | — |
| Falls [Age 65+] | 27.9 | 66.6 | 63.4 | 63.4 |
| Alzheimer's Disease | 23.5 | 20.5 | 30.6 | — |
| Diabetes | 22.1 | 19.8 | 21.3 | — |
| Motor Vehicle Deaths | 10.8 | 14.5 | 11.5 | 10.1 |
| Firearm-Related | 10.4 | 12.6 | 11.9 | 10.7 |
| Unintentional Drug-Related Deaths | 9.6 | 21.8 | 18.1 | — |
| Kidney Disease | 8.9 | 10.0 | 13.0 | — |
| Intentional Self-Harm (Suicide) | 8.6 | 14.4 | 13.9 | 12.8 |
| Pneumonia/Influenza | 8.6 | 9.5 | 14.2 | — |
| Homicide/Legal Intervention | 7.9 | 6.6 | 6.1 | 5.5 |
| HIV/AIDS | 7.2 | 4.4 | 2.1 | — |
| Cirrhosis/Liver Disease | 7.1 | 11.6 | 10.9 | 10.9 |

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.
 Note: • *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted heart disease mortality rate of 147.2 deaths per 100,000 population in Miami-Dade County.

DISPARITY ► Highest in the county's Black population.

The greatest share of cardiovascular deaths is attributed to heart disease.

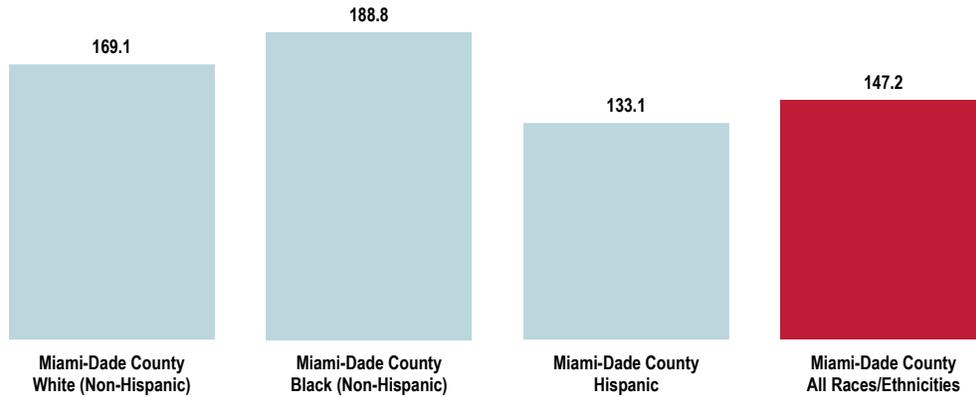
Heart Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Heart Disease: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

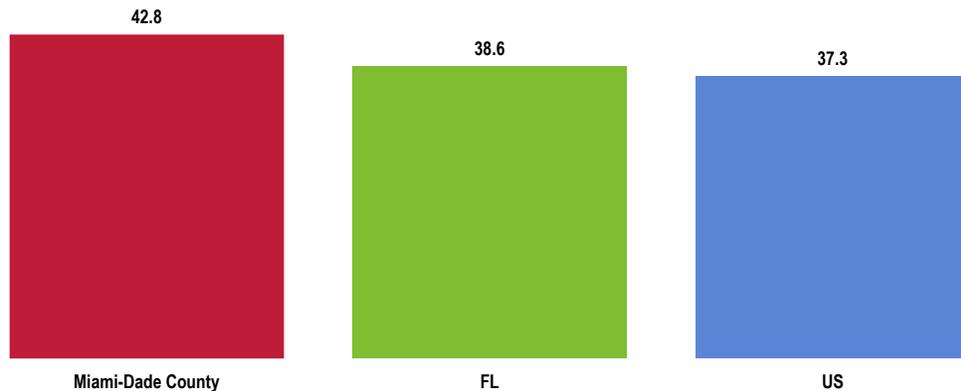
Stroke Deaths

Between 2016 and 2018, there was an annual average age-adjusted stroke mortality rate of 42.8 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Considerably higher in the county's Black population.

Stroke: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



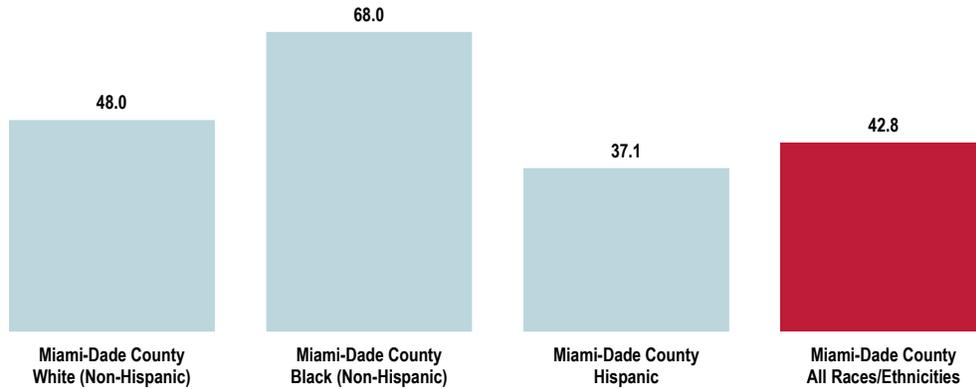
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Stroke: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



Sources:
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

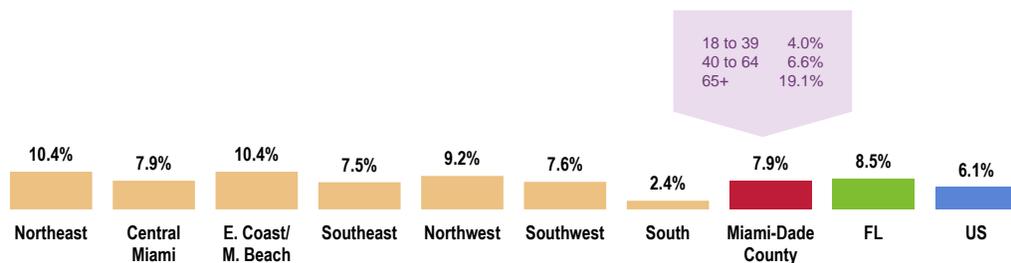
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► The prevalence is lowest in South Miami-Dade. Correlates with age among survey respondents.

Prevalence of Heart Disease



Sources:
 • 2020 PRC Community Health Survey, PRC, Inc. [Item 301]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes:
 • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

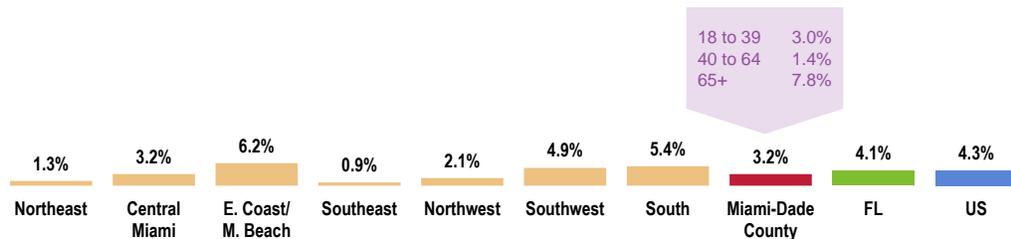


Prevalence of Stroke

A total of 3.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Lowest in Northeast and Southeast Miami-Dade. Highest among adults age 65+.

Prevalence of Stroke



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 29]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 39.1% of Miami-Dade County adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Well above the Florida prevalence. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably high in Central Miami (not shown).

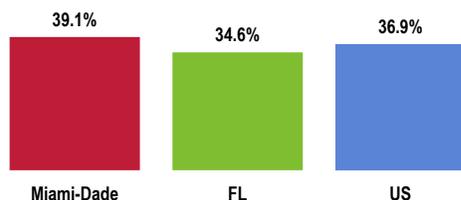
A total of 38.0% of adults have been told by a health professional that their **cholesterol level** was high.

BENCHMARK ► Worse than the US prevalence.

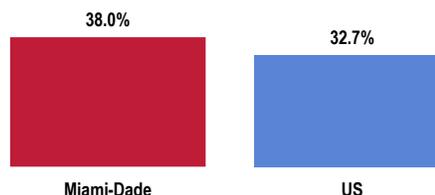


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

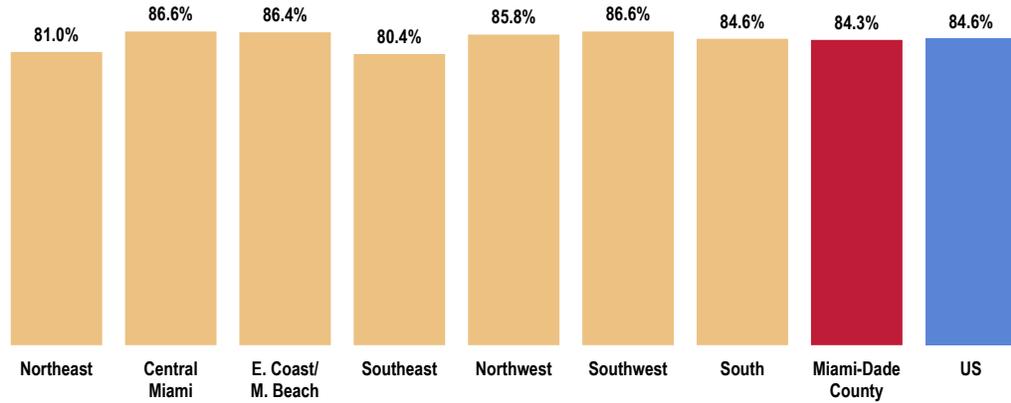
A total of 84.3% of Miami-Dade County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ► Correlates directly with age and is higher among men than women.

RELATED ISSUE
 See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.



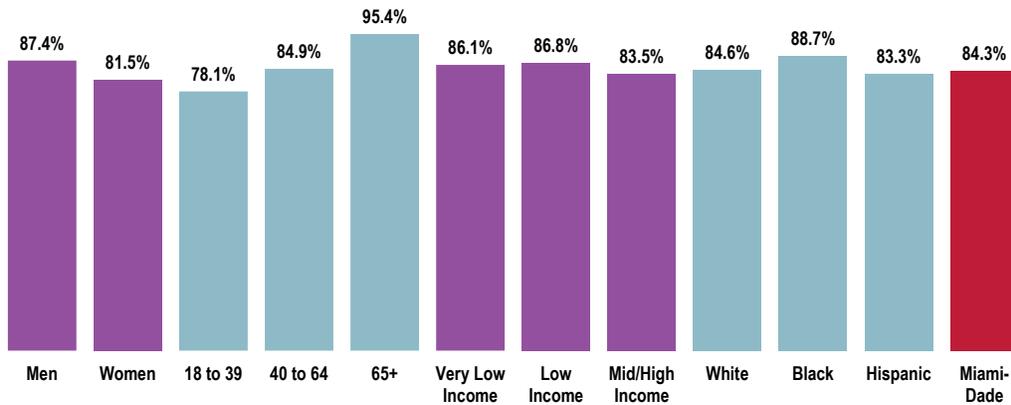
Present One or More Cardiovascular Risks or Behaviors



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 115]

Notes: • Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2020)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Too many people die every year because of these two diseases. – Community Leader
- The heart disease incidence data for demographic speaks for itself. – Healthcare Provider
- One of the highest cause of Emergency Department visit and mortality. – Physician
- High risk factor load. – Physician
- Chronic diseases that utilize majority of healthcare dollars spent. – Community Leader
- Data/indicators point that direction, reflecting health disparities. This is also an area where there are poorer outcomes. Hospitalization and death, for people of color. – Social Services Provider
- Common and lethal without warning. – Public Health Representative
- Leading cause of death in the county. – Public Health Representative
- The incidence of heart disease. – Social Services Provider
- Specifically for stroke in Miami-Dade County as a whole, through its Fire/Rescue, they've done an excellent job - not just a good job - but an excellent job in setting up stroke networks. This is a place that if you have a stroke, you're going to go to a stroke center, whether it's primary or comprehensive, and get Interventional activity going very rapidly. So that is outstanding for Miami-Dade County. – Hospital Leader

Contributing Factors

- Heart disease and stroke affect our community, disproportionately due to education, nutrition, health care access, lack of control and self-care. – Community Leader
- Lack of education, lacks in examinations, physical. – Public Health Representative
- Obesity and poor nutrition, along with hereditary heart disease, continue to impact us all. I've lost many friends and colleagues to heart disease, mostly from poor nutrition and lack of exercise. Local foods, high in carbs, do not help. – Community Leader
- Coronary incidents, cost associated. – Social Services Provider
- Prevalence, poverty, lack of organized programs. – Physician
- The unknown when it occurs. The better understanding of early symptoms and those that are asymptomatic. Diet for those in immigrant communities is poor. – Social Services Provider
- There is poor general knowledge on healthy lifestyle. Diet exercise, etc., that leads to these disease states. Further, just as with diabetes, close follow up with medical care is lacking. – Physician

Comorbidities

- Health Inequities. – Public Health Representative
- This is a silent killer in the community. High blood pressure can lead to strokes and stress leads to high blood pressure. Stress levels have increased in our community due to COVID. – Community Leader
- Because of mismanagement of hypertension and diabetes. – Social Services Provider



We have a community of significant diversity. There exists a lot of people with comorbidities that places them at high risk for heart disease and eventual stroke. – Physician

Nutrition & Physical Activity

Poor diet, less exercise. – Social Services Provider

Sedentary lifestyles combined with unhealthy diet. – Social Services Provider

Obesity, unhealthy diet, and physical inactivity. – Healthcare Provider

Vulnerable Populations

Miami is a very diverse community, with Hispanics and Blacks comprising the majority of the population. These particular ethnic/race groups have higher incidences of heart disease and stroke than Caucasians and therefore Miami-Dade have very high rates of these afflictions. Also, the percentage of obese people in Miami is high and that is a contributor to heart disease and stroke. – Public Health Representative

This conditions impact have a disproportionate impact on the Hispanic community and that is a large portion of the population in Miami Dade (>66%) therefore I believe confronting this problem with the communities being most affected would be critical to the overall wellness of the city. Heart disease is also a common reason for community members to be hospitalized which can be costly for families that have unreliable insurance. Untreated heart disease is one of the most deadly conditions in the US, it coincides with nutrition and physical activity so it is an outcome influenced by many other barriers to healthy living and should be used as a metric for impacts on major initiatives to improve health – Public Health Representative

Access to Care/Services

Individuals in this community may not have access or the resources to appropriate foods, medications to live a healthier lifestyle. Their environment may also not lend itself for individuals to feel safe to exercise. – Public Health Representative

Lack of access to primary care and management. – Community Leader

Lifestyle

Lifestyle. – Community Leader

Silent killer, poor health habits. – Community Leader

From the science perspective, we've come a long way in dealing with cardiology and stroke in this community. In handling the disease, we're tremendously better. Where we're not better is the preventive side. – Hospital Leader

Impact on Quality of Life

This impacts so many aspects of health, and we have so many seniors here. – Healthcare Provider

Leading Cause of Death

They are two of the top five leading causes of death. Obesity, stress, lack of primary care physician follow up continue to pose risk to our community. – Healthcare Provider



CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

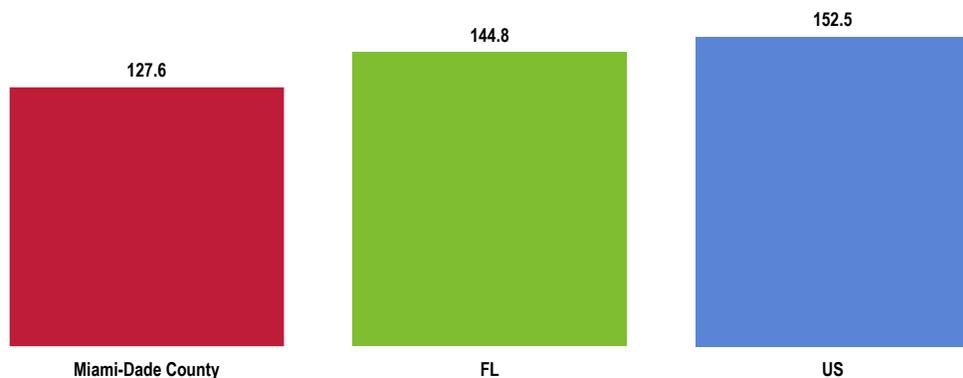
All Cancer Deaths

Between 2016 and 2018, there was an annual average age-adjusted cancer mortality rate of 127.6 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ▶ Lower than the national death rate.

DISPARITY ▶ Higher in non-Hispanic race groups.

Cancer: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

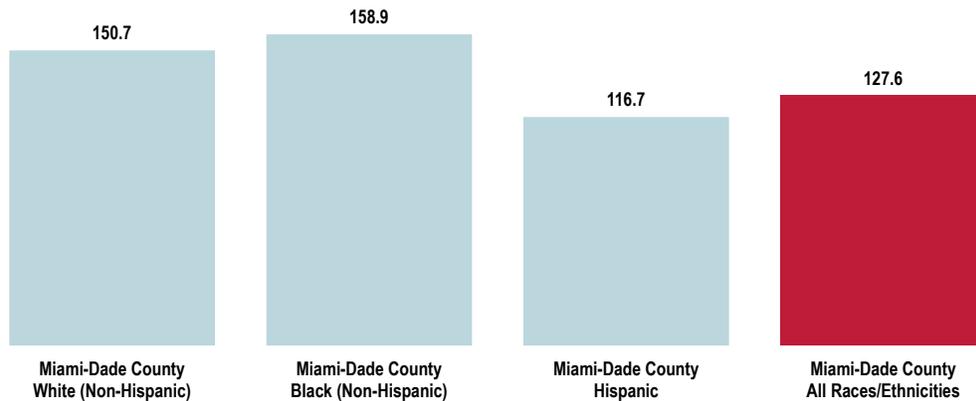


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



Sources:
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Miami-Dade County.

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Lower than both state and national rates.

Prostate Cancer ► Worse than the state rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Lower than the national rate.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site (2016-2018 Annual Average Deaths per 100,000 Population)

| | Miami-Dade County | Florida | US | HP2030 |
|-----------------------------|-------------------|--------------|--------------|--------------|
| ALL CANCERS | 127.6 | 144.8 | 152.5 | 122.7 |
| Lung Cancer | 24.2 | 35.6 | 36.6 | 25.1 |
| Prostate Cancer | 21.3 | 16.5 | 18.9 | 16.9 |
| Female Breast Cancer | 16.2 | 18.5 | 19.9 | 15.3 |
| Colorectal Cancer | 14.0 | 13.1 | 13.7 | 8.9 |

Sources:
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer Incidence

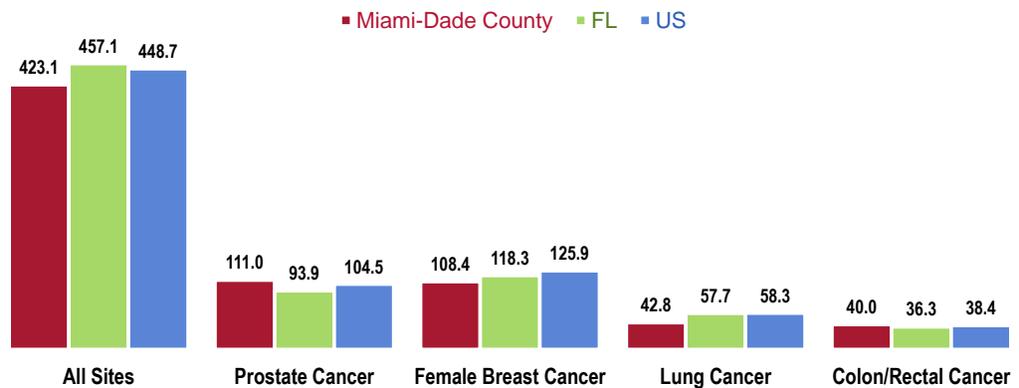
“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for prostate cancer and female breast cancer.

BENCHMARK

- Prostate Cancer ▶ Worse than the Florida rate.
- Female Breast Cancer ▶ Lower than the national rate.
- Lung Cancer ▶ Lower than both state and national rates.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2013–2017)



Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

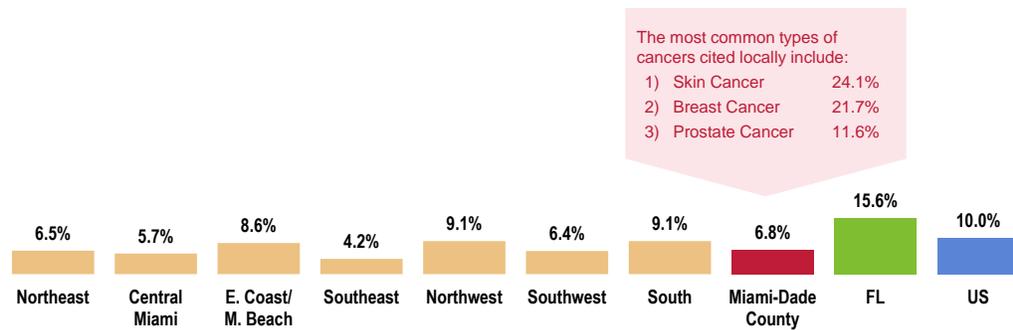
Prevalence of Cancer

A total of 6.8% of surveyed Miami-Dade County adults report having ever been diagnosed with cancer. The most common types include skin cancer, breast cancer, and prostate cancer.

- BENCHMARK ▶ Well below the Florida and US figures.
- DISPARITY ▶ Correlates with age and is highest among White residents.



Prevalence of Cancer



The most common types of cancers cited locally include:

- 1) Skin Cancer 24.1%
- 2) Breast Cancer 21.7%
- 3) Prostate Cancer 11.6%

Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

Prevalence of Cancer (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 25]
 Notes: • Reflects all respondents.

RELATED ISSUE
 See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

ABOUT CANCER RISK

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 two cancer sites: female breast cancer (mammography) and colorectal cancer (colonoscopy/ sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

- 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, 84.4% have had a mammogram within the past 2 years.

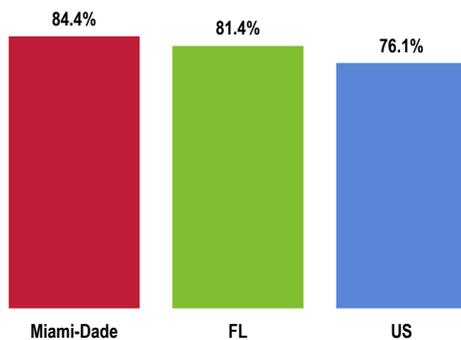
BENCHMARK ▶ Higher than the US prevalence. Satisfies the Healthy People 2030 goal.

Among all adults age 50-75, 81.9% have had appropriate colorectal cancer screening.

BENCHMARK ▶ Well above the Florida percentage. Satisfies the Healthy People 2030 objective.

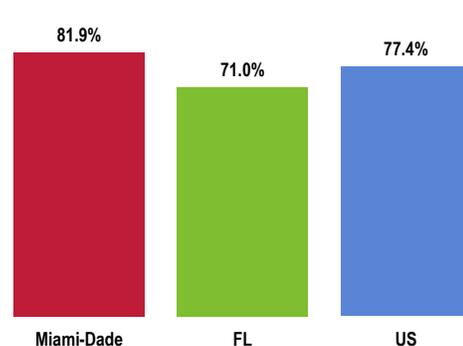
Breast Cancer Screening
(Women Age 50-74)

Healthy People 2030 = 77.1% or Higher



Colorectal Cancer Screening
(All Adults Age 50-75)

Healthy People 2030 = 74.4% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 116, 118]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



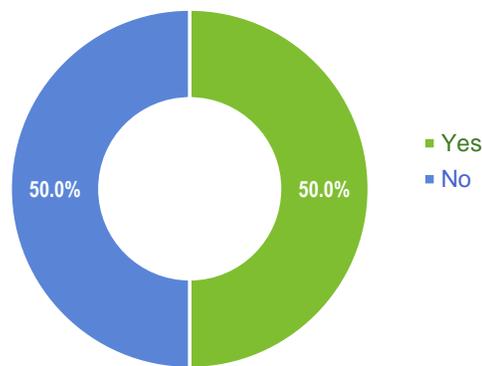
HPV Vaccination

HUMAN PAPILLOMAVIRUS (HPV)

The human papillomavirus, also known as HPV, is a common infection that can lead to several types of cancer later in life. It is recommended that children age 11 and older receive at least two shots of the HPV vaccine, sometimes called Gardasil or Cervarix.

Half (50.0%) of children age 11 to 17 are reported to have received at least two shots of the HPV vaccine.

Child Has Received at Least Two Doses of the HPV Vaccine
(Miami-Dade County Parents of a Child Age 11 to 17 Years; 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: • Asked of all parents about a child age 11 to 17 at home.

Key Informant Input: Cancer

Over half of key informants taking part in an online survey characterized *Cancer* as a “moderate problem” in the community.

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Higher incidence of disease. – Healthcare Provider

Because the numbers are extremely high. Far too many people die every year to this disease. – Community Leader

So many types of cancer, cancer does not discriminate. While treatments are improving, many types of cancers remain deadly. – Social Services Provider

High incidence rate and increasing. And huge life impact, lifestyle and financial impact. I am affected as an example. – Community Leader

Each year, tens of millions of people are diagnosed around the world and more than half eventually die from it. – Healthcare Provider

Large number of people from children to adults diagnosed with early and late disease. – Physician

Society as a whole needs to start looking at the causes of the skyrocketing number of cancer occurrences in our community. What is the culprit? Is it in the water? Food supply? Where is it coming from ... I'm sure that if you look at the percentage of cancer in the population over the last 50 years, you will see a significant increase. Very young women with breast cancer. Yes, treatments have made leaps and bounds but prevention and reducing the occurrence has to be part of the strategy to reduce or rid society of this costly disease. Not just the cost in lives and loved ones lost, but the staggering cost of treatment and care. – Healthcare Provider

Cancer is an illness that affects many people. The number of cancer-focused facilities indicates how much of a need there is for treatment. I don't think a single person can say they don't know someone who has been diagnosed with cancer. It has become such a prevalent disease and affects without discrimination. – Public Health Representative

Our cancer rates have been increasing especially in communities of color. – Social Services Provider

Florida is in the nation's top tier of new cases and deaths tied to cancer and lung cancer. Is a great concern. – Community Leader

Incidence of cancer in Miami-Dade. – Social Services Provider

Along with heart disease, cancer is the one of the leading diseases affecting my peers, staff, and family. – Community Leader

The incidence in our community and especially in the underservice and minority populations. – Healthcare Provider

So many contracting cancer. – Public Health Representative

Access to Care/Services

Limited access to specialists, cost of novel therapies, many children with limited insurance or none. – Physician

Health disparities in our community affect people of all backgrounds in our community. Lack of access to healthcare causes an increase in cancer cases. They are not able to access healthcare for preventative care/treatment and therefore use the emergency systems as healthcare. – Community Leader

For cancer, if you look at the socioeconomics of this community, a lot of the people in the community unfortunately seek cancer care in the later stages; and then in some cases because it, what transpires is a lot of the patients don't totally have access unless they have the “right” insurance. – Hospital Leader

Access to care. Health inequities. – Public Health Representative

If there was a better coordination of the different social agencies and what they're doing ... there's a lot of good private not-for-profits out there doing some good stuff. – Hospital Leader

Contributing Factors

Poor diet, stress and prolonged trauma. – Social Services Provider

Behavior impacts of tobacco and alcohol, lack of physical activity, limited access to screening and primary care. – Community Leader

Lack of prevention and early detection. Lack of access to health care services for early detection. Contributing factors such alcohol, STD's, tobacco, poor diet., aging population and life style related activities. – Public Health Representative

Awareness/Education

Lack of early detection, lack of yearly exams for the affected population. – Public Health Representative

Lack of knowledge. Lack of screening and/or under screening. Late diagnosis. – Public Health Representative



Prevention/Screenings

In the areas where there is health disparities people are not seeking care early enough. Specifically among African Americans the rate of cancer is higher. – Public Health Representative

Under screening, high load of risk factors. – Physician

Even for those that can afford it or have insurance, many do a horrible job of prevention. Colonoscopy is a good example of that. – Hospital Leader

Testing is not available for many for free, especially at early signs. Also, not available in different languages with the diverse population in South Florida. – Social Services Provider

Diagnosis/Treatment

Common and expensive to treat. – Public Health Representative

Impact on Quality of Life

It is a very debilitating condition. – Social Services Provider

Income/Poverty

Usual risk factors, exacerbated by poverty. Very poor access for prevention, early diagnosis and treatment. – Physician



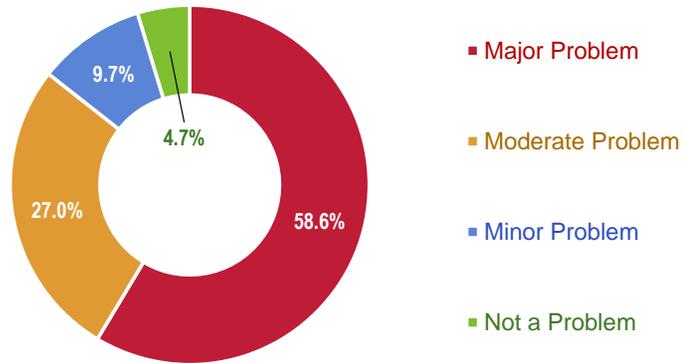
CORONAVIRUS DISEASE/COVID-19

Keep in mind that the following findings relative to COVID-19 and the pandemic represent a point-in-time survey administered August-October 2020.

Perceived Severity of the COVID-19 Pandemic

Over half of Miami-Dade County survey respondents consider the coronavirus/COVID-19 to be a “major problem” in the community.

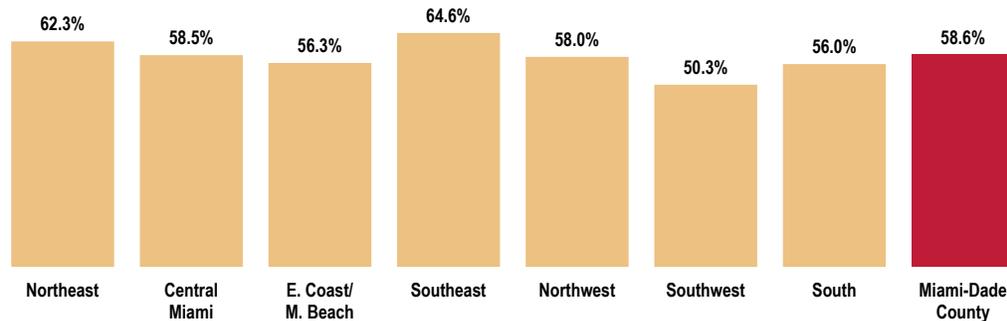
Rating of COVID-19 as a Problem in the Community
(Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

DISPARITY ► “Major problem” ratings are lowest in Southwest Miami-Dade. Greater concern is noted among women and adults age 40 and older.

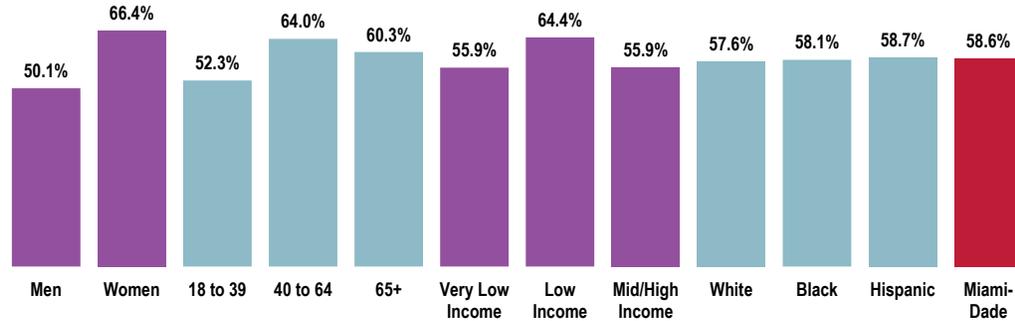
Consider COVID-19 To Be a Major Problem in the Community



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.



Consider COVID-19 To Be a Major Problem in the Community (Miami-Dade County, 2020)



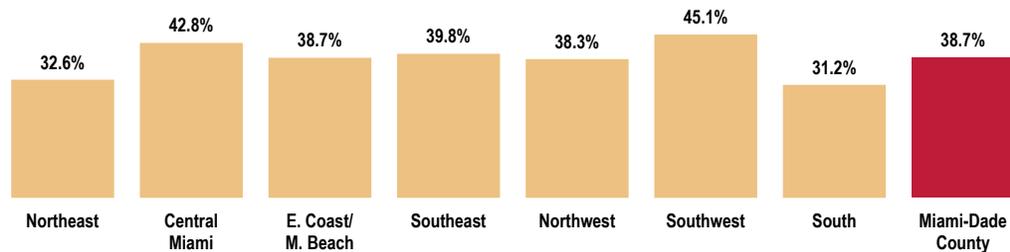
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

Testing

During late summer/early fall 2020, 38.7% of Miami-Dade County respondents had been tested for the COVID-19 virus.

DISPARITY ► Testing is lowest among adults in the South. By demographics, adults under 65 and those with the highest household incomes are more likely to have been tested.

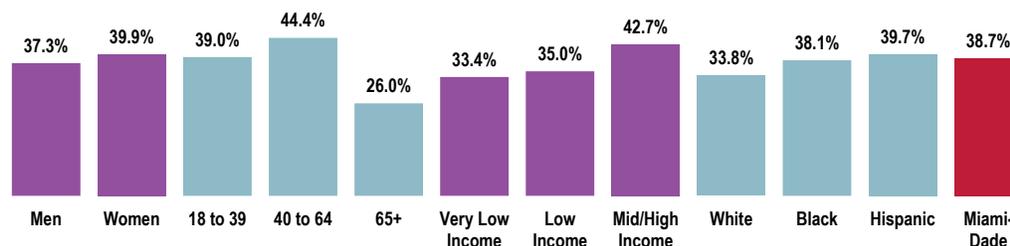
Have Been Tested for COVID-19



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: • Asked of all respondents.



Have Been Tested for COVID-19 (Miami-Dade County, 2020)

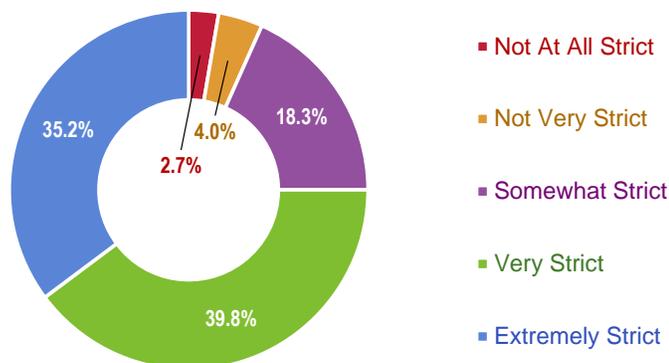


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: • Asked of all respondents.

Adherence to Public Health Guidelines

Three in four survey respondents believe that they have been “extremely strict” or “very strict” in following public health guidelines for containing the spread of the coronavirus, such as social distancing and stay-at-home recommendations.

Level of Strictness in Observing Social Distancing and Stay-at-Home Recommendations During the COVID-19 Pandemic (Miami-Dade County, 2020)

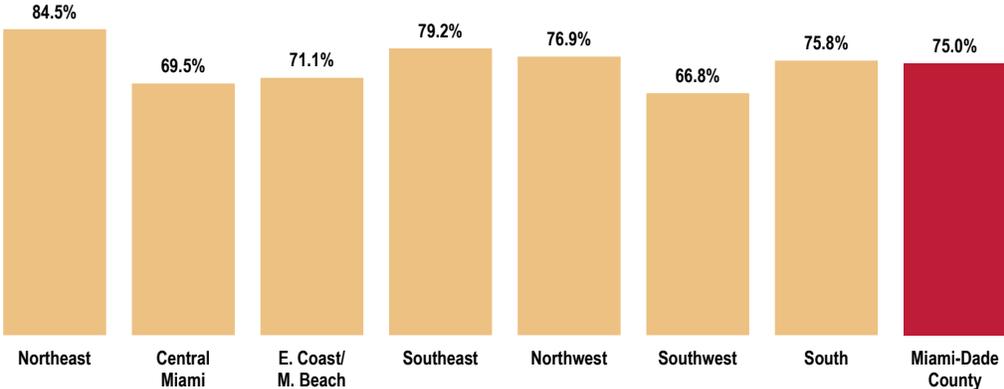


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.



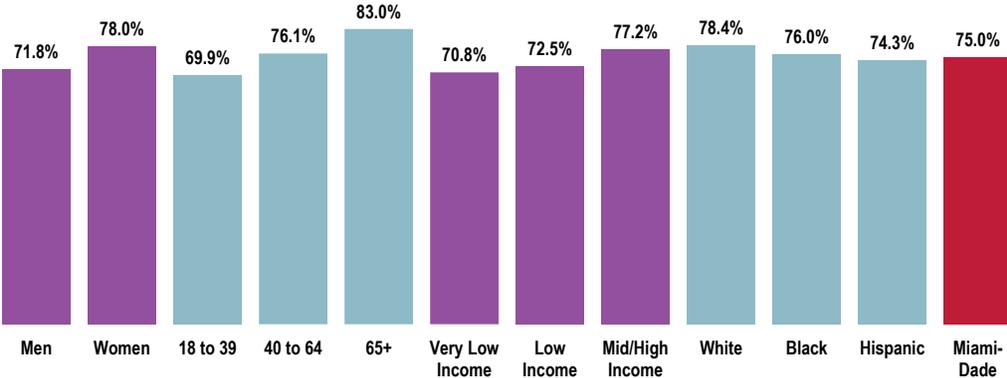
DISPARITY ▶ Adults in Southwest Miami-Dade are the least likely to report strictly observing public health guidelines during the pandemic. Adherence to guidelines improves with age but is lower among men than women in the county.

Have Been “Extremely” or “Very” Strict in Observing Pandemic-Related Public Health Guidelines



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 309]
 Notes: • Asked of all respondents.

Have Been “Extremely” or “Very” Strict in Observing Pandemic-Related Public Health Guidelines (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 309]
 Notes: • Asked of all respondents.



Economic Impact of the Pandemic

A total of 24.9% of survey respondents in Miami-Dade County report that they or a member of their household lost a job as a result of the coronavirus/COVID-19 pandemic.

DISPARITY ► The prevalence is higher in younger adults, those with lower incomes, and in communities of color.

Another 38.9% of county adults lost work hours or wages (but didn't lose a job) due to the pandemic.

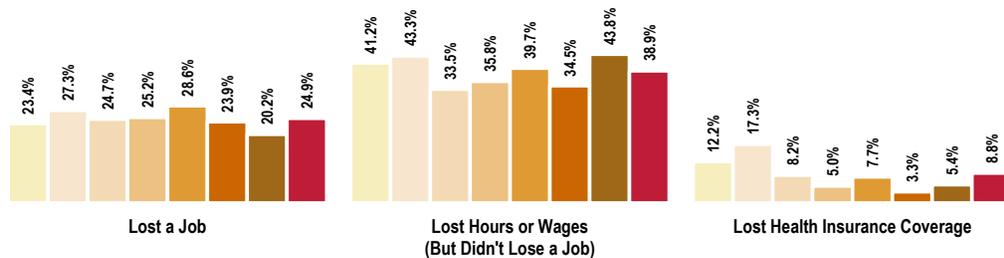
DISPARITY ► Higher among women and adults under age 65.

Overall, 8.8% of respondents indicate that they or a member of their household lost health insurance coverage as a result of the COVID-19 pandemic.

DISPARITY ► This is particularly prevalent in Central Miami.

Economic Effects of the COVID-19 Pandemic to Respondent or Another Member of the Household (Miami-Dade County, 2020)

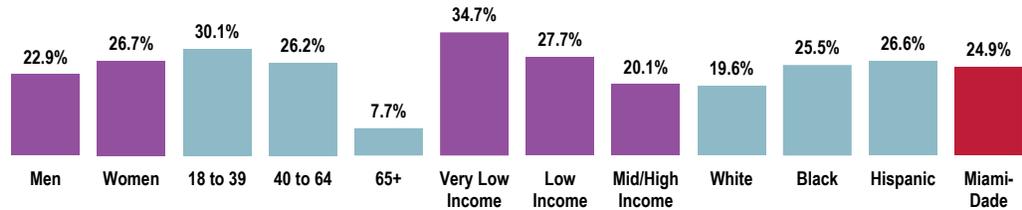
■ Northeast ■ Central Miami ■ E. Coast/M. Beach ■ Southeast ■ Northwest ■ Southwest ■ South ■ Miami-Dade County



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 310–312]
 Notes: • Asked of all respondents.

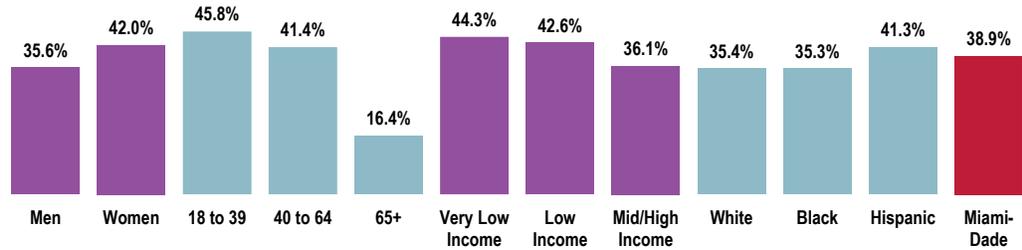


Respondent or Member of Household Lost a Job Since the Start of the Pandemic (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 310]
 Notes: • Asked of all respondents.

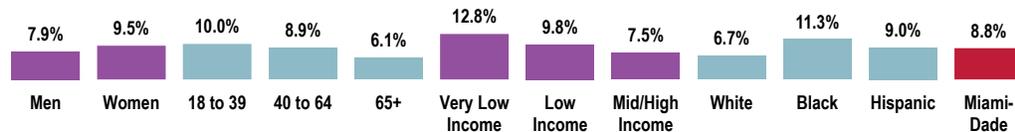
Respondent or Member of Household Lost Hours of Wages at Work Since the Start of the Pandemic (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 311]
 Notes: • Asked of all respondents.



Respondent or Member of Household Lost Health Insurance Since the Start of the Pandemic (Miami-Dade County, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.

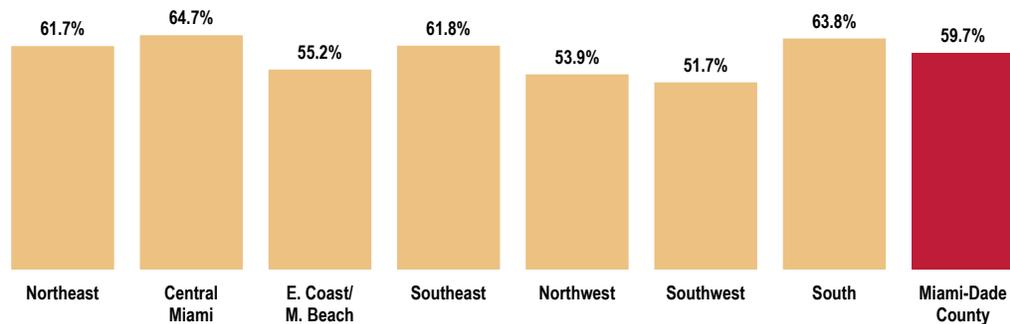
Risk of Severe COVID-19 Illness

Overall, 59.7% of county adults are considered to be at high risk for severe COVID-19 complications.

DISPARITY ► As defined by health guidelines, severe risk for COVID-19 complications increases with age (those age 65+ are by definition at high risk). The prevalence is also higher among men and non-Hispanic residents.

In this case, “high risk” includes those adults who are age 65+ or report any of these conditions: high blood pressure, heart disease, lung disease, cancer, diabetes, or asthma.

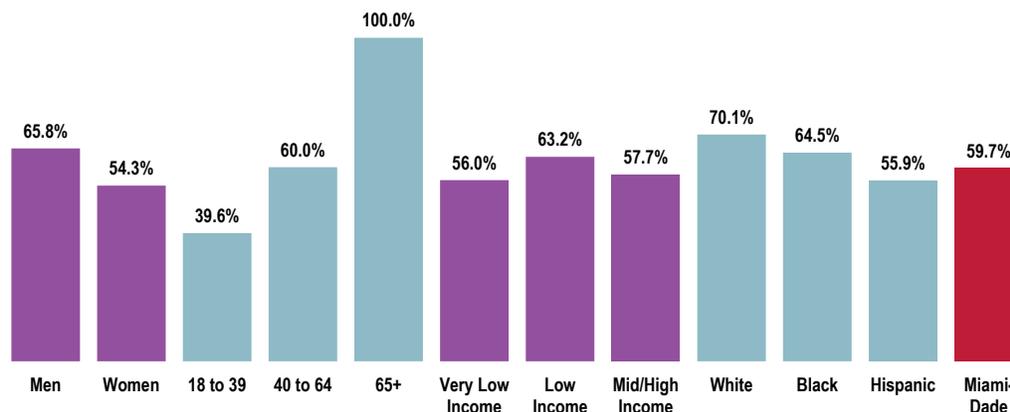
High Risk for Severe COVID-19 Complications



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents.
● Includes those respondents who are age 65+ or have high blood pressure, heart disease, lung disease, cancer, diabetes, or asthma.



High Risk for Severe COVID-19 Complications (Miami-Dade County, 2020)

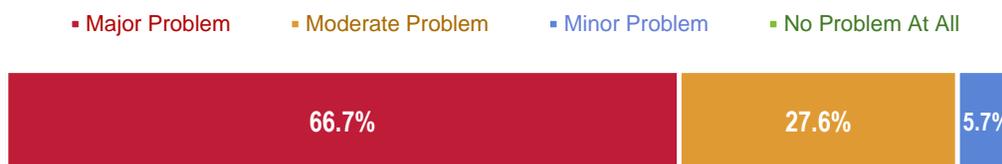


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 326]
 Notes: • Asked of all respondents.
 • Includes those respondents who are age 65+ or have high blood pressure, heart disease, lung disease, cancer, diabetes, or asthma.

Key Informant Input: Coronavirus Disease/COVID-19

Two in three key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “major problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

It is a worldwide problem. – Community Leader

Miami-Dade is has one of the highest numbers. – Healthcare Provider

Miami Dade County has been a hot spot, so we need to address the post infection conditions that may exist. – Healthcare Provider

We currently have 171,396 cases and over 3,000 deaths. Lack of precautionary measures, not everyone adhere to social distancing, wearing masks and washing hands. Lack of trust in government. – Public Health Representative

We have over 167,000 cases in our community and the rates continue to increase. Although locally we have firm plans in place, the state, and federal partners do not have clear guidance for dealing with this pandemic. We are not on the same page. – Public Health Representative



The novel coronavirus has been a major public health issue for our community and the nation because (in my opinion) the lack of discipline to listen and follow science. Leadership on a national level has failed to lead by example or enact policies that could save lives. I believe Miami-Dade County has done a better job than our national leaders to enforce mandates, such as stay at home orders and mask wearing, which can help to mitigate the issue. While this health issues have become very politized, we must continue to look at the scientific facts to make decisions that impact the health and lives of residents in our community. Economic recovery which is also important will continued to be thawed if we do not address the public health aspect in a responsible manner. – Healthcare Provider

We have had the highest COVID rates in the state and in the country. – Public Health Representative

Highly contagious disease that is not well understood. And has also been politicized leading to inaccurate information. – Community Leader

High prevalence of infection. Persistent high positivity rat. Significant disparities in incidence and mortality. – Public Health Representative

Numbers in Florida and Miami Dade, some of highest in country and world. – Community Leader

Miami was for a time the epicenter of the pandemic world-wide. There were lock down orders and closures in place. Mandatory mask orders have been implemented and expanded since April 2020. Schools have not resumed in person classes. Many people are working remotely and no longer go into their place of business. I have seen a lot of business close in my area. The numbers of infections per day, total infections and deaths, have been some of the highest in the country. – Public Health Representative

COVID-19 is the largest problem across the world right now. It has impacted every facet of our lives. Personally, my mother passed in April at an assisted living facility. The impact to our "normal" lives and the economy pale in comparison to the loss of a family member and the mental/psychological long term effects. – Community Leader

COVID-19 has become the number-four killer in our community and country. While it seems moderately under control at around 5% infection rate, the economy is opening up as are our schools and disaster response/irresponsibility within the community has me concerned that people will slack off following the safety guidelines and jump infection rate sky high once more. And we haven't gotten into the second wave yet. – Community Leader

Because of number of people who have gotten sick and died. – Social Services Provider

Miami experienced a severe outbreak and public policy at state and local level influx. – Social Services Provider

While we have not exceeded local hospital bed capacity in the last six months, the fact is that most everyone we know through our non-profit agency has had a personal case of COVID or a family member infected. Miami has had more cases than many other parts of the US, as I have been following the statistics and news reports. – Social Services Provider

FL has a high rate of infection, and S.FL/Miami-Dade specifically high. Tourism in this city is huge, and having the high rate of infection and being forced to shut down hotels and limit capacity in restaurants has had a very big impact on the people of our community. – Social Services Provider

While the curve is flattening, positivity rate in Miami-Dade was among highest in the nation. Vaccine and treatments still in development. – Social Services Provider

Awareness/Education

There is widespread misunderstanding about safety measures. The politicization of mask wearing and the shame based culture that makes fun of people following public health rules. The lack of understanding about how to care for the homeless population. – Healthcare Provider

Myths and misconception regarding spread of virus. Health disparities. Lack of access to testing. Disproportionate burden of chronic diseases such as diabetes, heart disease and asthma. – Public Health Representative

The issue is that we're more reactive at this point, like everyone in the country. From the county perspective, we've actually done a fair amount of testing. But we still have the challenge of many people not even believing that it's actually a problem. – Hospital Leader

Prevention/Screenings

Lack of adherence and compliance with social distancing and mask use in the general population. – Public Health Representative

Too many people ignoring guidance from CDC and Health Department. Not enough mask wearing and social distancing. The issue has been politicized and people are not following the science. – Community Leader

Poor enforcement of guidelines. – Physician

Until there is a vaccine or a more efficacious treatment, this is a major concern. Especially as it relates to its effect on the economy, workforce and business. – Community Leader

Failure to adhere to recommendations on prevention that will decrease spread of the virus. Lack of healthcare education at the street level. – Physician



Not enough testing; no masks are mandatory in public, those that are positive are not quarantining themselves for fear of losing their jobs; confusing messages from elected officials; bars open and no social distancing guidelines....no financial help to those in need. – Social Services Provider

Vulnerable Populations

COVID is disproportionately affecting communities of color and it is related to the lack of resources and health care that we are seeing such significant rates and poor outcomes for these individuals. COVID was mishandled by the governor of this state and by the federal government by not setting a better example around wearing a protective mask. Masks are recommended to all but not distributed to the communities with the highest risk. Essential workers should be protected as they continue to serve the population that has been able to lockdown and keep employment – Public Health Representative

The majority of people impacted are in the black and brown community. – Healthcare Provider

Primarily impacts people of color. Individuals with chronic diseases. – Public Health Representative

I think the community has been pretty well-educated on things like and washing, social distancing and masking. The state has done an excellent job in protecting nursing home patients. They started to test not only the patients but also the workers, and continue to do so, so that has really shut that valve off. – Hospital Leader

Contributing Factors

Dense population, lots of schools, colleges, bars, restaurants etc., hence more likely to transmit. Hospitals were challenged in July and if it gets significantly worse than July, then healthcare capacity may be limited. – Physician

There are many reasons why Miami-Dade is a hot spot. This is true for many metropolitan cities. The area is densely populated; Inconsistent accessible PPE for residents who are income challenged, and/or housing insecure. Inconsistent messaging from local and national leaders. Slow testing availability and not enough testing. Resistance to wear masks and social distance. – Public Health Representative

Socioeconomic Factors

Socio-economic class once again affects the health care disparities in our community. Most of the people in our community have comorbidities and lack of access to health care. COVID-19 has a greater impact on those who have health conditions such as hypertension, diabetes, etc. resulting in a major problem in our community. – Community Leader

Due to cultural norms there are many that pockets of the community that have multigenerational families under one roof. In addition, there are several cultures which emphasize continual family contact, which has exacerbated the spread of disease and more so to high-risk populations. South Florida also has a significant working class population which has forced large numbers of employees to face long periods of unpaid leave which has threatened not only their health and but their overall safety and well-being. – Public Health Representative

Many of the poorer people who need to go to work, even if they're sick, they don't want to be tested because they can't afford to miss work. A lot of the higher positivity rates are in the poorer zip codes. – Hospital Leader

The real key is when you look at the demographics of Miami-Dade County, Those people who don't have the resources -- say you're a gardener, can you really afford to take off the next 10 days and self-quarantine? The answer is no. – Hospital Leader

Access to Care/Services

Patients can't access their medical home because of limited availability of tests, PPE for providers. Children have very limited access to testing. Need rapid testing in offices/schools. – Physician

Comorbidities

We have a compromised patient community as we are surrounded by SNF's and have a lot of obesity and heart disease. – Healthcare Provider

Preexisting conditions. – Social Services Provider

All these people who got covid-19 in these communities, we have a long-term sequelae of disease and there should be an emphasis on COVID survivors and their long-term health care needs. – Hospital Leader

COVID-19

COVID-19 has been fundamentally disruptive across the board, with impacts on health and the economy, including devastating financial impacts on individual families who were already struggling to make ends meet prior to COVID. All the normal "helping organizations" have been hampered too. The politicization of this pandemic, nationally, is a concern for its potential to undermine a cohesive, long-term response. – Social Services Provider



Cultural/Personal Beliefs

Based on our religious beliefs, we do not accept the plasma based treatment, but do accept alternative treatment. – Community Leader

Younger people have a higher need to socialize and don't feel like this is going to hurt them, but they don't realize that they can be spreading it to someone else. – Hospital Leader

Lack of Coordinated Response

Total lack of coordinated response as a nation, state, county, city. – Healthcare Provider

Vaccine

Still with us and likely to come back with a vengeance. No immunization. – Community Leader



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

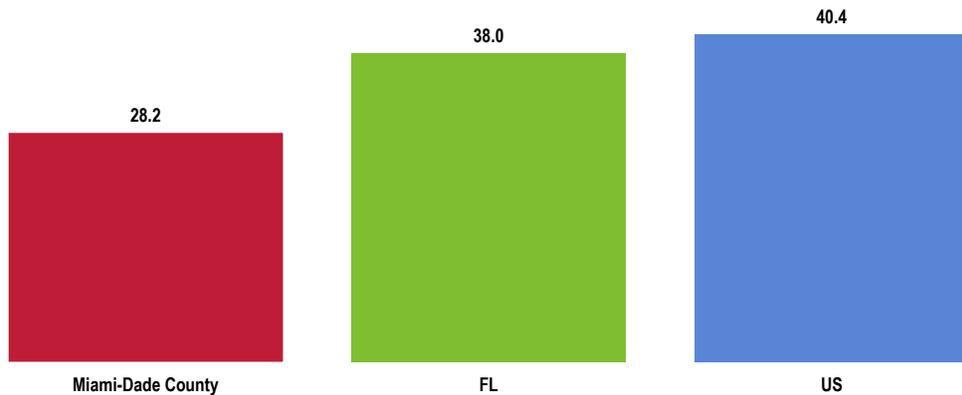
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2016 and 2018, there was an annual average age-adjusted CLRD mortality rate of 28.2 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ▶ Below the Florida and US rates.

DISPARITY ▶ Notably higher among Whites in Miami-Dade County.

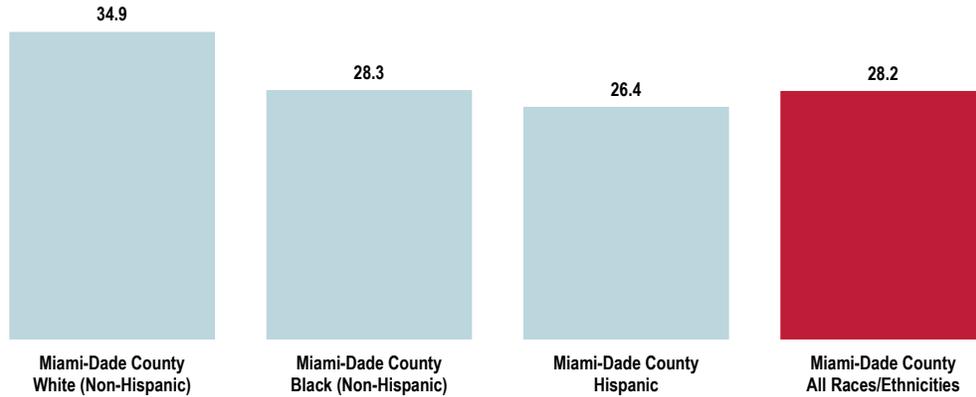
CLRD: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
Notes: • CLRD is chronic lower respiratory disease.



CLRD: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
Notes: • CLRD is chronic lower respiratory disease.

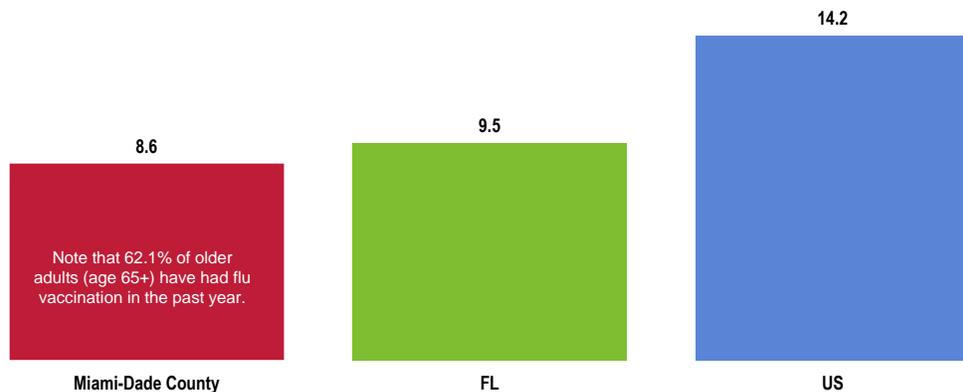
Pneumonia/Influenza Deaths

Between 2016 and 2018, Miami-Dade County reported an annual average age-adjusted pneumonia influenza mortality rate of 8.6 deaths per 100,000 population.

BENCHMARK ► Below the national death rate.

DISPARITY ► The death rate is higher in Blacks.

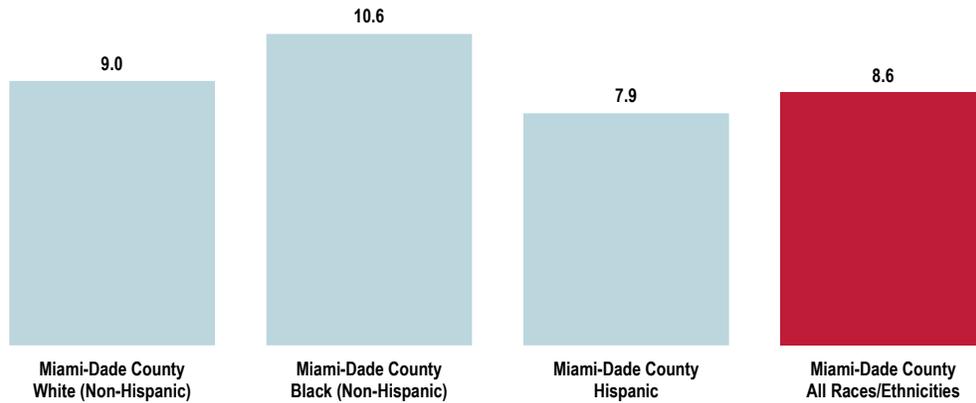
Pneumonia/Influenza: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.



Pneumonia/Influenza: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.

Prevalence of Respiratory Disease

Asthma

Adults

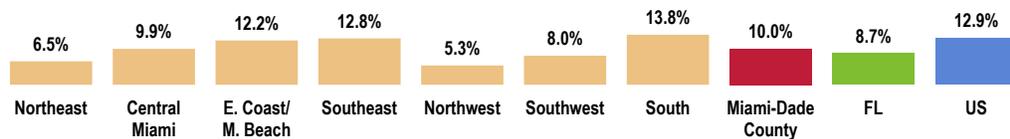
A total of 10.0% of Miami-Dade County adults currently suffer from asthma.

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Favorably low in Northwest Miami-Dade. By demographics: highest among women and young adults.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.

Notes: • 2020 PRC National Health Survey, PRC, Inc.
• Asked of all respondents.
• Includes those who have ever been diagnosed with asthma and report that they still have asthma.



Prevalence of Asthma (Miami-Dade County, 2020)



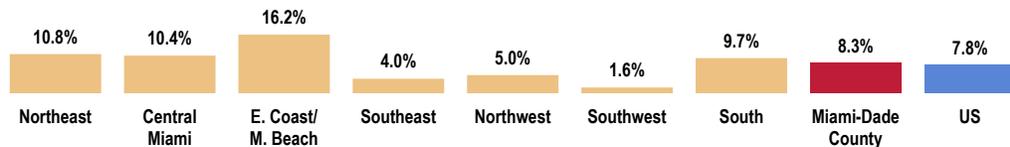
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Children

Among Miami-Dade County children under age 18, 8.3% currently have asthma.

DISPARITY ► [Lowest in Southwest Miami-Dade.](#)

Prevalence of Asthma in Children (Parents of Children Age 0-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 120]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household; note that East Coast/Miami Beach and Southwest respondent samples are <50.
 • Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

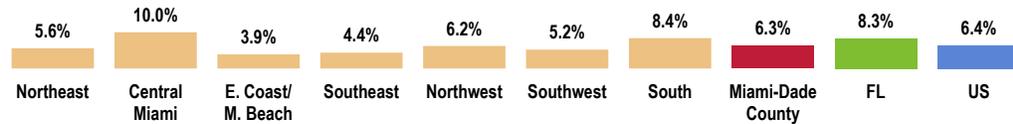


Chronic Obstructive Pulmonary Disease (COPD)

A total of 6.3% of Miami-Dade County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ▶ Below the Florida prevalence.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



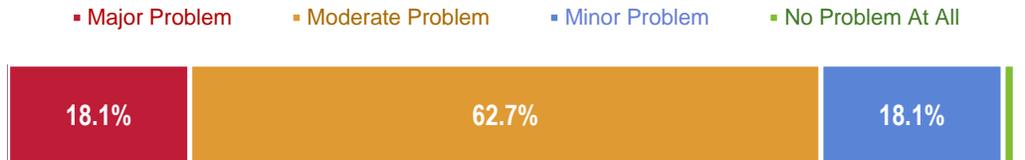
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 23]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- Asthma and other respiratory diseases are a big problem in our community due to low socioeconomic health disparities. Lack of education/awareness. Smoking. – Community Leader
- Smoking still prevalent in our society. Undiagnosed lung issues and transfer of germs to the public. – Social Services Provider



COVID-19 may pose a risk for those that contracted the virus and subsequently recovered. We also have many folks that are smokers. – Healthcare Provider

Environmental Contributors

Asthma is an issue triggered from dilapidated housing, exposure to chemical irritants. Not enough trees to clean the air. – Public Health Representative

Large number of people living near highways and major roadways. – Community Leader

Housing

Mold in rented apartments and section eight/ HUD houses. – Social Services Provider

Incidence/Prevalence

High risk factor load. – Physician



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional injury mortality rate of 31.1 deaths per 100,000 population in Miami-Dade County.

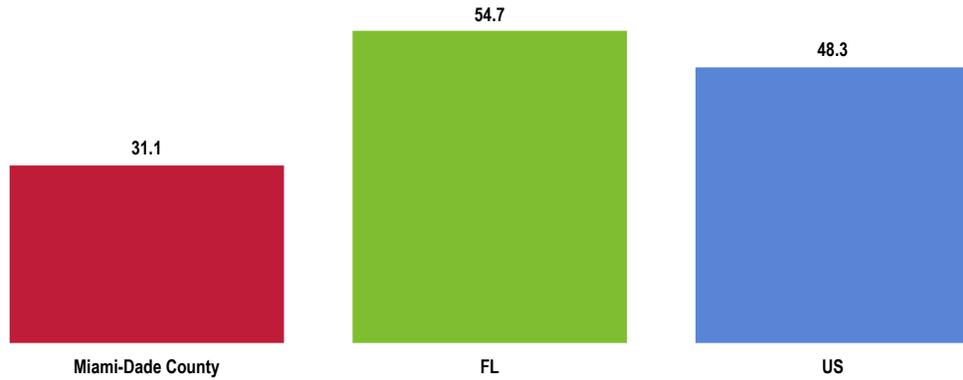
BENCHMARK ► Well below the state and national death rates. Satisfies the Healthy People 2030 objective.

DISPARITY ► Particularly high among Whites in Miami-Dade County.



Unintentional Injuries: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

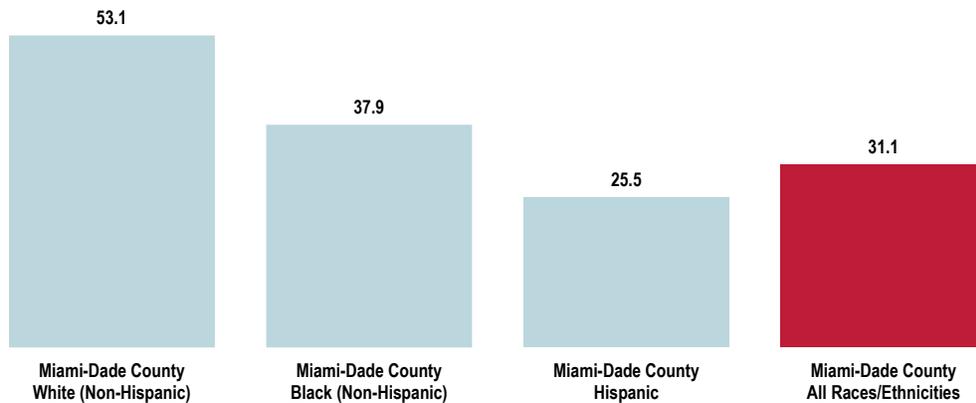


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Unintentional Injuries: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



Sources:

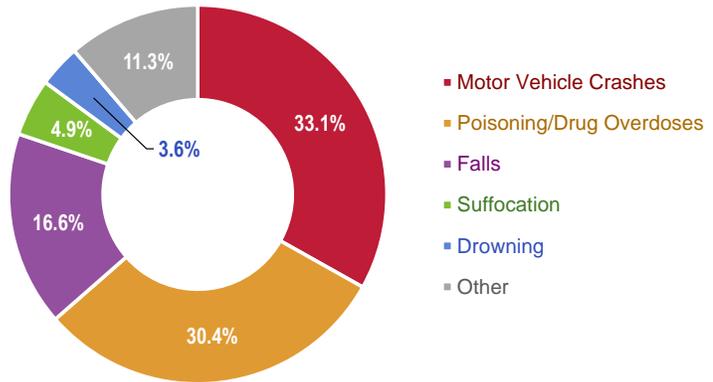
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes and poisoning (including unintentional drug overdose) accounted for nearly two-thirds of unintentional injury deaths in Miami-Dade County between 2016 and 2018.

Leading Causes of Unintentional Injury Deaths
(Miami-Dade County, 2016-2018)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
Note: • *Poisoning includes death by accidental drug overdose.

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In Miami-Dade County, there were 7.9 homicides per 100,000 population (2016-2018 annual average age-adjusted rate).

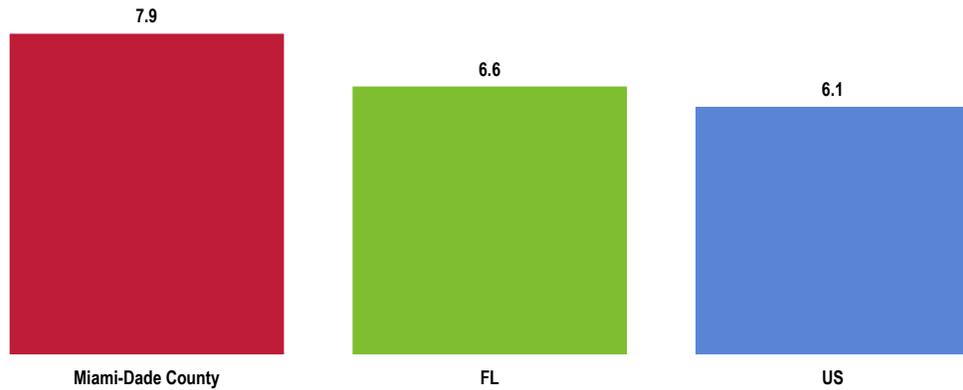
BENCHMARK ► Worse than the Florida and US homicide rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Dramatically higher in the county's Black population.

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

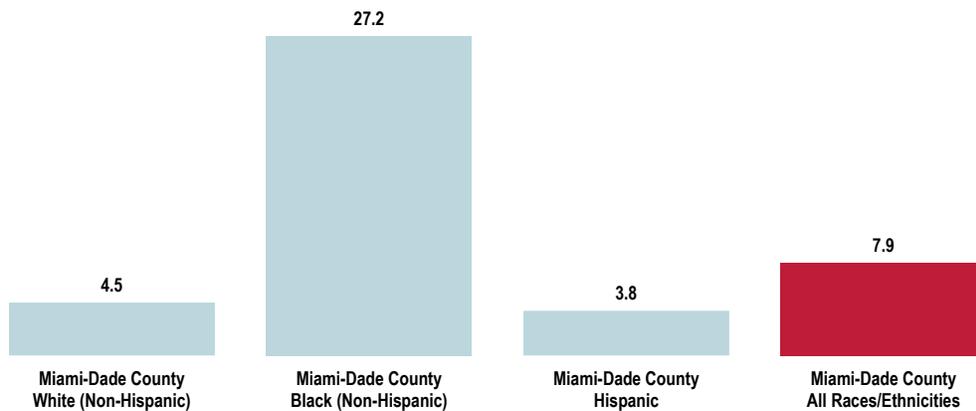


Homicide: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Homicide: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



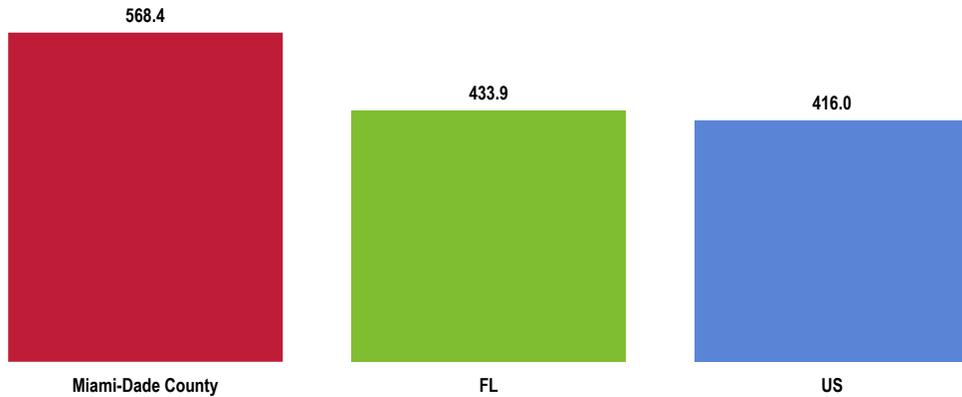
Violent Crime

Violent Crime Rates

Between 2015 and 2017, there were a reported 568.4 violent crimes per 100,000 population in Miami-Dade County.

BENCHMARK ► Worse than the state and national crime rates.

Violent Crime
(Rate per 100,000 Population, 2015–2017)



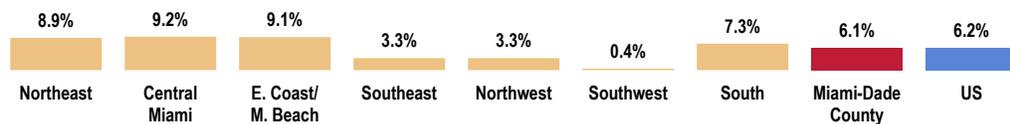
- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 6.1% of surveyed Miami-Dade County adults acknowledge being the victim of a violent crime in the area in the past five years.

DISPARITY ► Lowest in Southeast and Southwest Miami-Dade. More often reported among men and young adults.

Victim of a Violent Crime in the Past Five Years



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Victim of a Violent Crime in the Past Five Years (Miami-Dade County, 2020)



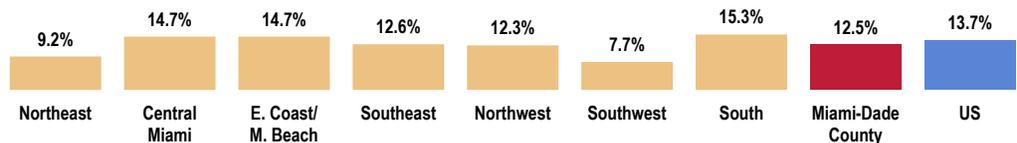
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: • Asked of all respondents.

Family Violence

A total of 12.5% of Miami-Dade County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

DISPARITY ► The prevalence is considerably lower among respondents in Southwest Miami-Dade.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 47]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

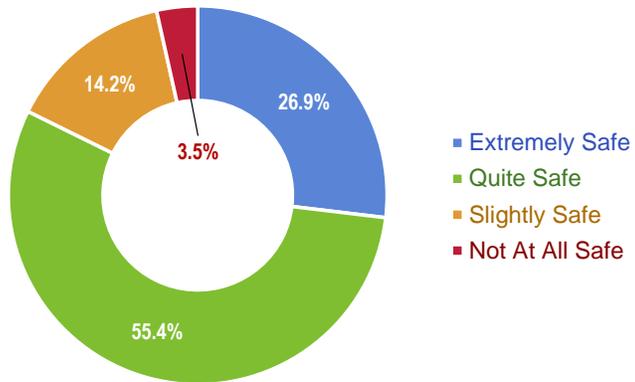


Perceived Neighborhood Safety

While most Miami-Dade County adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 17.7% consider it only “slightly safe” or “not at all safe.”

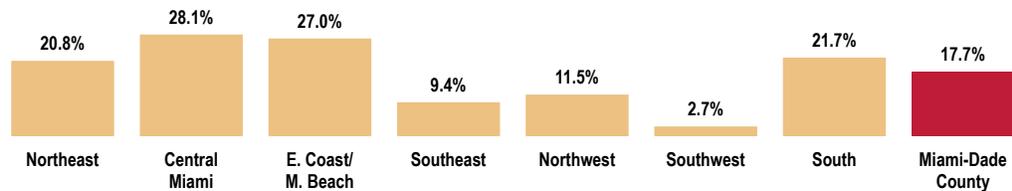
DISPARITY ▶ Residents of Central Miami and East Coast/Miami Beach express the greatest concern about neighborhood safety.

Perceived Safety of Own Neighborhood
(Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe



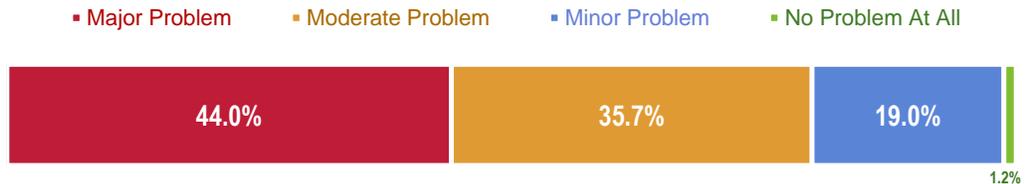
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.



Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “major problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Unintentional (accidental) injuries accounted for 862 (64%) of injury deaths, followed by suicides (280, 21%) and homicides (201, 15%). Firearm injuries were the leading cause of injury-related death (296, 22%) followed by poisonings (258, 19%) and falls (185, 14%). – Healthcare Provider

Lots of community examples that make this a significant concern. Media coverage is constant about these issues. Trauma Centers remain busy. – Physician

Street crime is more prevalent in Dade County. – Physician

What I read in the newspapers. – Community Leader

Data on vehicular injuries, firearms, and drowning, especially as they disproportionately impact people of color. Also, I've heard concerns about gun violence directly from youth; participants in the Youth Institute leadership program facilitated by United Way consistently name gun violence as a top issue that impacts their peers and their families. In addition to the data, this is an important insight that should not be overlooked. – Social Services Provider

High crime. – Physician

Due to an increase of individuals with mental health issues and lack of access to appropriate treatment and therapy there are disparities within our community. We are seeing issues of violence, child abuse as well as drug abuse within our community. – Public Health Representative

High rates of domestic violence in Miami-Dade. – Public Health Representative

Violence is a major issue in SFL. – Healthcare Provider

Crime and incidents reported. From experience in the community represents a small percentage of actual incidents. – Social Services Provider

Intolerance. Lack of communication/understanding. – Social Services Provider

The responsibility there is engaging the community in such a way that ... we established community-based programs that reduce recidivism. We can at least have certain interventions that tend to preemptively address some of those issues. – Hospital Leader

This is an area where we tend to generate great scholarship around the issue, but yet we are not taking the next step from a public health standpoint to intervene based on the substance of our findings. – Hospital Leader

There are different programs that are out there to try to reduce violence in the street, but that's always an area where you can do more. – Hospital Leader

Gun Violence

On the recent MAPP Process performed by the Dept of Health in Miami Dade, "Gun Violence and Shooting Deaths" appeared on their list of the top 10 issues facing the community. The impact is underreported because the number of homicides is not reflective of the negative impact gun violence has on the community and the families. Additionally there is some concerns about domestic violence and human trafficking, both of which have been critical problems in Miami for a long time. Finally there are many reports of sexual abuse among the homeless population that has been growing in the city for some time and is expected to worsen during this economic downturn. – Public Health Representative

Gun violence, automobile accidents, domestic violence. – Community Leader



I see victims of violence, particularly gun shot wounds regularly and routinely. Nothing seems to be done about it. – Physician

Miami has a high incidence of violence, especially gun violence. I believe Miami is one of the leading cities in the United States when it comes to gun violence. Also, because of all the traffic, injury for car and motorcycle accidents is very high too. – Public Health Representative

We have to continue enforcing the importance of the proper handling of guns. – Hospital Leader

We lead in gunshot wounds and penetrating injuries. Lack prevention programs. – Community Leader

There are certain areas within the community where gun violence is a problem. Also these same areas have high crime rates. This tends to occur in neighborhoods with health disparities. – Public Health Representative

Income/Poverty

Poverty. Housing. Education. – Physician

Poverty, discrimination, no access. – Physician

Trauma is a big deal in these disenfranchised communities, injury and violence in particular. And these disproportionately affect people in these economically depressed areas.

Communities where there are higher number of poor and low wage earners tend to also be plagued by domestic violence, street violence, trauma, and untreated mental illness. – Public Health Representative

Alcohol/Drug Use

Too much access to alcohol and weaponry. – Community Leader

Awareness/Education

Lack of education, access to weapons, exposure to social media. – Public Health Representative

Funding

Failure to invest in public health infrastructure. – Physician

Prevention/Screenings

There are excellent trauma services, but little or no services to prevent injury or violence. – Physician

The fact that we have an academic medical center right in the middle of Miami is very important. We have a Level 1 trauma center in this area and that's critical. And even though pediatric care is fragmented, at least it's there and that's a positive. – Hospital Leader

Safety

We're seeing people biking more and it's important that people are wearing helmets when they are riding. – Hospital Leader

Vulnerable Populations

Impact of social determinant of health. Racial and social injustices. – Public Health Representative



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

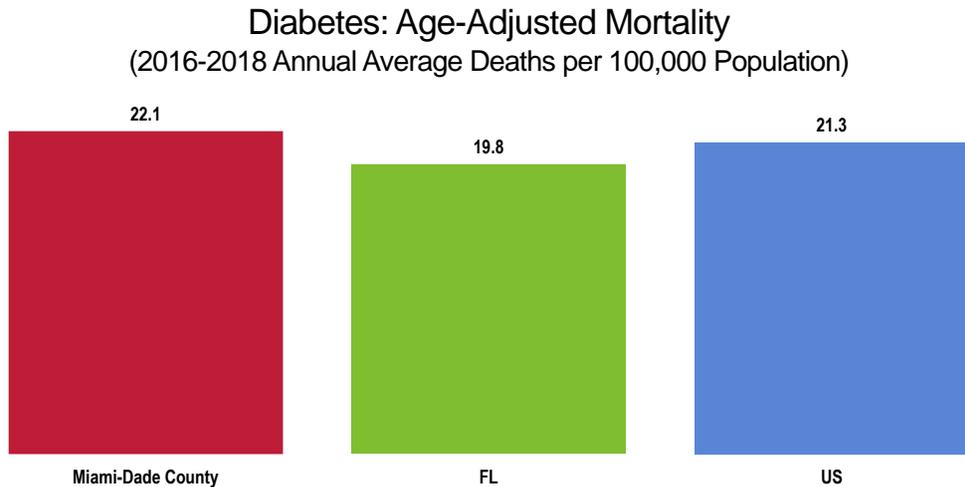
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Diabetes Deaths

Between 2016 and 2018, there was an annual average age-adjusted diabetes mortality rate of 22.1 deaths per 100,000 population in Miami-Dade County.

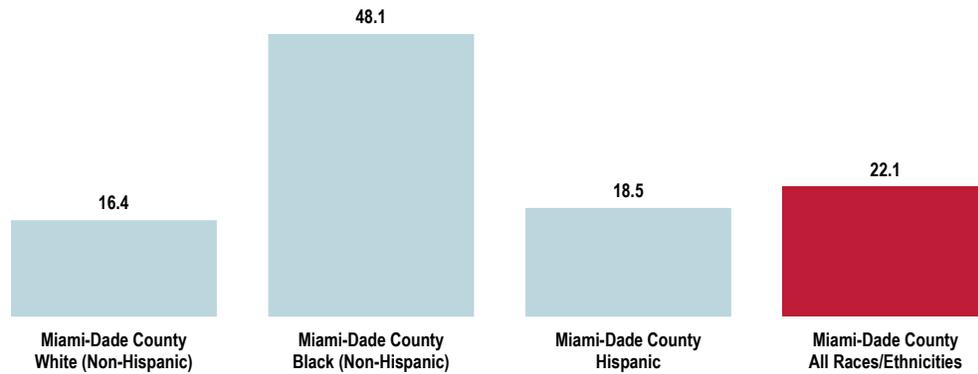
DISPARITY ► Dramatically higher in the Black population.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.



Diabetes: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)



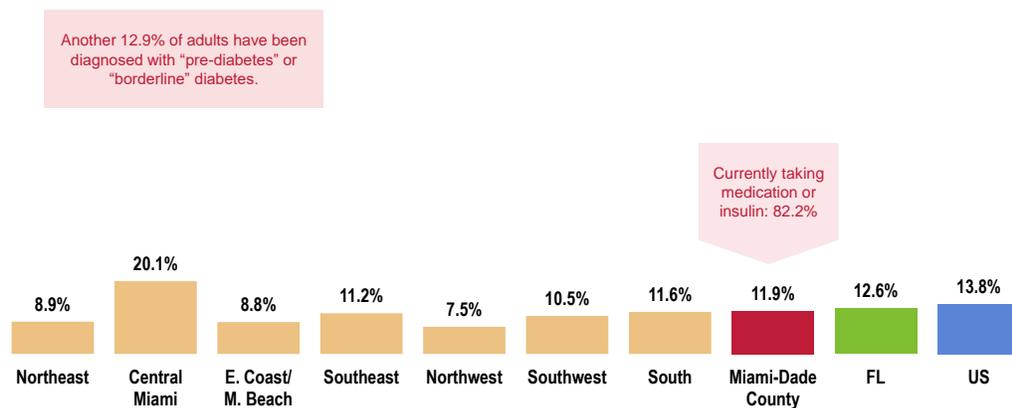
Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.

Prevalence of Diabetes

A total of 11.9% of Miami-Dade County adults report having been diagnosed with diabetes.

DISPARITY ► Unfavorably high in Central Miami. The prevalence increases sharply with age and is higher among Whites and Blacks when compared with Hispanics.

Prevalence of Diabetes



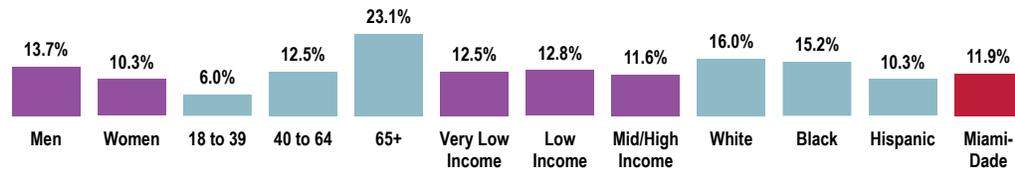
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 121, 302]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Prevalence of Diabetes (Miami-Dade County, 2020)

Note that among adults who have not been diagnosed with diabetes, 48.3% report having had their blood sugar level tested within the past three years.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

More than half of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

People with diabetes have several barriers when it comes to preventing diabetes and managing diabetes once diagnosed. I believe the most prevalent are, education of disease, availability to affordable food, fresh produce and lean meats, cost of medication, and all socio economic factors that plague poor and/or people of color. – Public Health Representative

Diet. Exercise. Lack of regular care and follow-up related to condition. Financial barriers related to prescription costs. Lack of insurance. – Public Health Representative

Diet, lack of information and lack access to medications. – Social Services Provider

We have a lot of illegal immigrants who, for the most of their lives, lived in another country Where nutrition has been very very different from what you would find here. They've been eating things all their lives that have led to diabetes, heart issues, and stroke. They don't really know how to eat right. For many of these people, who may be in their 50s or 60s, nutritional education might be too late. – Hospital Leader



Education about diet, exercise and preventive measures. Access to care for the uninsured or people w poor education, even educated people sometimes is not easy to find the right provider and implement prevention rather than end stage management of complications – Physician

Access to care and healthy food options in some food desert neighborhoods. Exercise management of diabetes is also a challenge in neighborhoods without safe streets and parks nearby. Plus our hot weather. – Social Services Provider

Access to nutritious food and safe spaces to move. – Community Leader

Health equity issue, and this impacts so many aspects of health. – Healthcare Provider

Access to care, lack of access to healthy foods. – Public Health Representative

Access to healthy food, physical exercise, access to ongoing care. – Community Leader

Awareness/Education

Education about dietary control. – Public Health Representative

Lack of education and control. Socio economic disparities. – Community Leader

Education and access to medication. – Physician

Lack of education and testing. – Public Health Representative

Education, diagnosis and getting their insulin and/or other prescriptions. – Public Health Representative

Access to Care/Services

Access to a primary care physician and proper counseling on nutrition. – Healthcare Provider

Diabetes is an underlying health factor for other conditions and I believe that in our community people do not have healthy eating habits and sometimes do not have access to healthier options that may be more expensive. People tend to eat processed foods. there are cultural foods that tend to be higher in fat and minorities have a higher propensity to obesity that leads to diabetes as well. There are environmental factors that play a role. In Miami everyone drives everywhere there is less of an active lifestyle that encourages walking, biking etc. – Community Leader

Cost of medications, access to care. Especially nutrition/healthy food and other barriers related to social determinants of health. – Physician

Being diagnosed and affording the medicines that are costly. – Social Services Provider

Regular access to follow-up outpatient care is likely the biggest challenge. Control of diabetes requires regular clinic visits and follow-up. Many in our community have difficulty with copays even if they have private insurance, so that is another significant barrier. – Physician

Access to continuing care. – Physician

Weight Status

Obesity is a major problem and diabetes is highly prevalent in our community. Again among minorities. – Healthcare Provider

People are overweight and eat too much. Huge portions of food and too much fast food. – Community Leader

I am assuming this is a problem because I see many people who are overweight. I suspect diet is an issue. – Community Leader Co-Morbidities

Susceptibility to other illnesses and disease. – Social Services Provider

Disease Management

One of the biggest challenges for people with diabetes is properly managing their disease. Either because education has not been provided or they don't adhere to the medication management protocol, their disease isn't well managed and they may suffer from additional acute afflictions as a result. Another reason people are unable to manage their disease, is the availability of insulin. Either they can't afford it or there isn't enough supply, and that leads to them foregoing their treatment. – Public Health Representative

Controlling their A1C, access to health care. Taking medications consistently. Health/diet, exercise. – Community Leader

I think we do pretty well in this community on the management of the disease once they have it, the challenge is how to prevent it. – Hospital Leader

Vulnerable Populations

Diabetes as a chronic disease has had significant impact on communities of colors, Black/African American and Latino population. Social Determinants of health factors such as income, education, access to health foods, and transportation plays a role in the diminished health outcomes for many in this population groups. By addressing these health and social inequities we can help to minimize diabetes, and other chronic diseases, from having the ravishing effects on these communities of color. – Healthcare Provider



For some in this community who might not be legal residents, they're concerned if they go to one of the clinics -- what's going to happen to me if I'm not here legally? – Hospital Leader
Diabetes is a challenge for African Americans in the community due to inability to obtain care. – Public Health Representative

Food Insecurity

Food scarcity in the community. – Healthcare Provider
Diet. Tremendous sugar content in too many foods. – Public Health Representative
Food deserts, a salad costs \$7, a burger costs \$1. – Social Services Provider

Incidence/Prevalence

We have a lot of Hispanic and African American and Caribbean-based blacks, they are very, very high levels of diabetes just to begin with from a socio-economic perspective and a cultural perspective. – Hospital Leader
Continued increase in diabetes diagnosis across all age groups. – Social Services Provider
High risk factor load. – Physician
Thirteen percent of Florida adult population has diabetes, and many don't know it. – Healthcare Provider

Income/Poverty

Income per capita, especially in minorities, contribute to a very deficient nutritional policy and education. – Physician

Co-Morbidities

Susceptibility to other illnesses and disease. – Social Services Provider



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

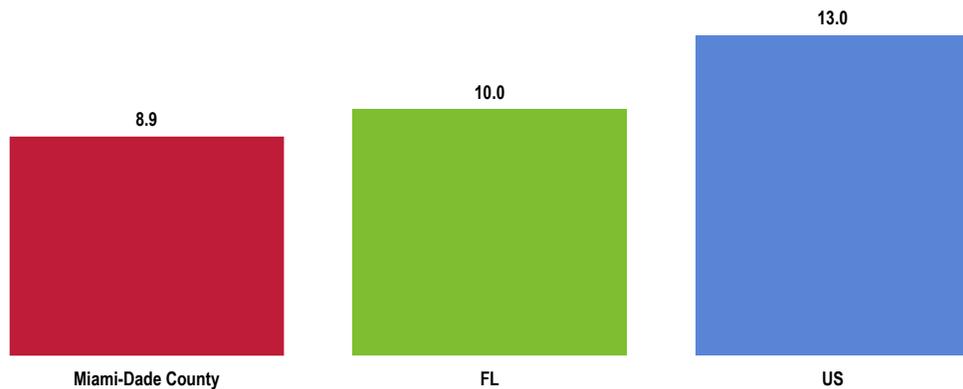
Age-Adjusted Kidney Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted kidney disease mortality rate of 8.9 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ▶ Below the US death rate.

DISPARITY ▶ The death rate is much higher in the county's Black population.

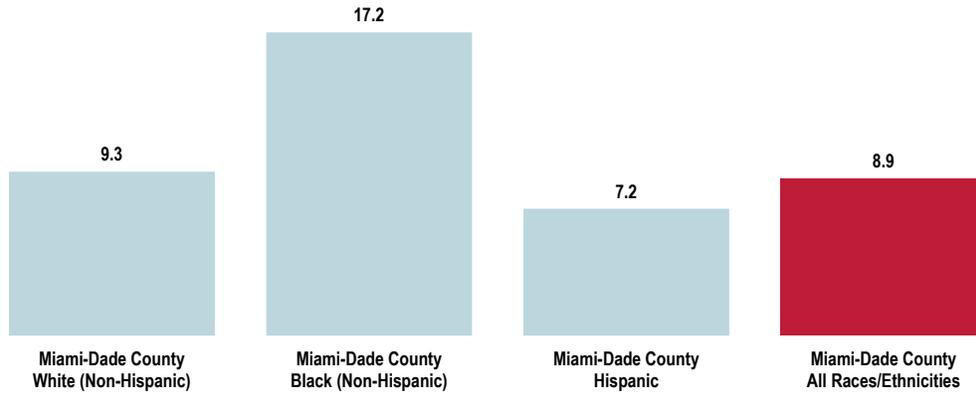
Kidney Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.



Kidney Disease: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)

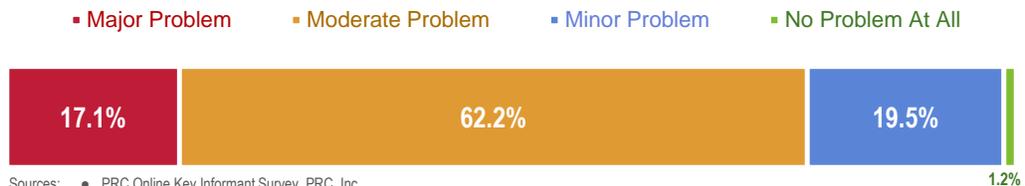


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “moderate problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- The Miami Transplant Institute at Jackson Memorial Hospital consistently performs the most or is in the top 5 for the number of kidney transplant performed in a year. There are a large number of dialysis clinics in Miami, leading me to believe that there is a large demand for dialysis services. – Public Health Representative
- Prevalence. – Physician
- High risk factor load. – Physician
- Statistical likelihood related to population demographics. – Community Leader

Lifestyle

- Lack of self-care, nutrition, and access to healthcare. – Community Leader



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

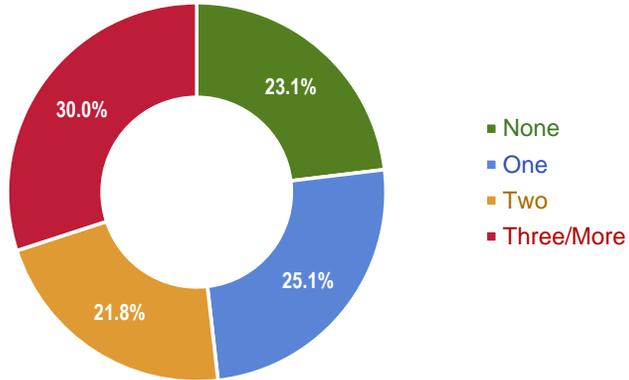
For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

More than three out of four Miami-Dade County adults have at least one chronic health condition.

Number of Current Chronic Conditions
(Miami-Dade County, 2020)

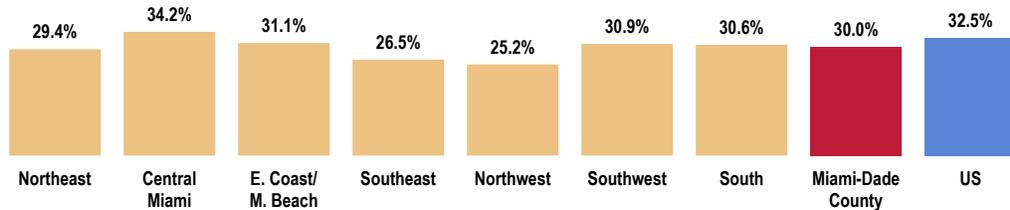


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, heart disease, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 30.0% of Miami-Dade County adults report having three or more chronic conditions.

DISPARITY ► The prevalence increases sharply with age and is higher among men than women.

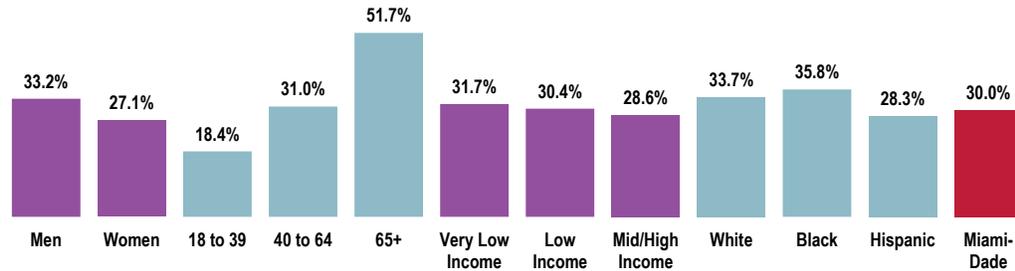
Currently Have Three or More Chronic Conditions



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, heart disease, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



Currently Have Three or More Chronic Conditions (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Chronic Pain

High-Impact Chronic Pain

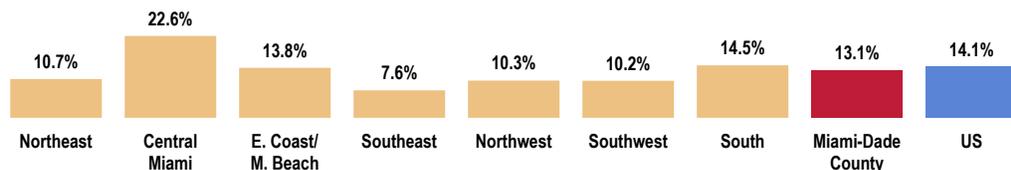
A total of 13.1% of Miami-Dade County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► The prevalence is much higher among residents in the lower-income breakouts. Unfavorably high in Central Miami.

Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower

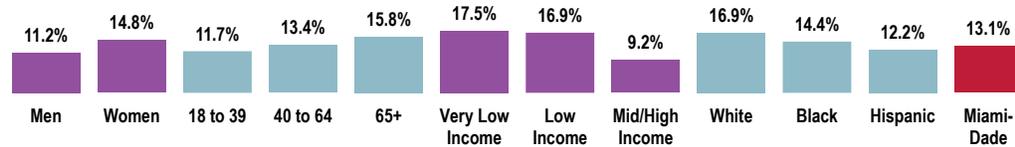


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Experience High-Impact Chronic Pain (Miami-Dade County, 2020)

Healthy People 2030 = 7.0% or Lower



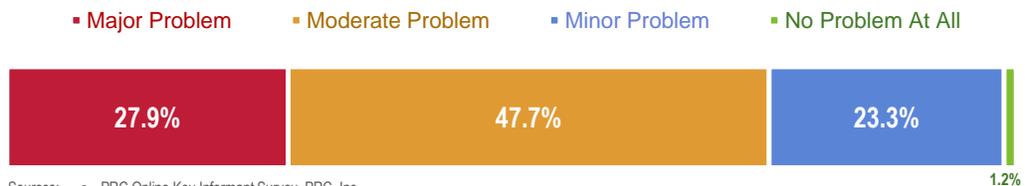
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Key Informant Input: Disability & Chronic Pain

Nearly half of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Pervasive. – Physician

This is an encompassing problem, young adult through octogenarians. – Social Services Provider

I see lots of people with disabilities. Working in the healthcare sector and especially by the VA Hospital, there are so many people that are not able bodied or suffer from some other variety of disabilities. Chronic pain is also a big issue that I think a lot of people hide and don't talk about. Opioid abuse often starts because of chronic pain and that is a big problem in Miami. – Public Health Representative



Access to Care/Services

Lack of access to consistent services to all particularly those who are underinsured or uninsured. – Physician
Because of the reactions to the opioid crisis, people who need support are not getting it and are often treated poorly, if they receive treatment at all. Holistic approaches are not often funded; physical therapy, massage, acupuncture, yoga, etc. are not accessible unless wealthy enough to pay out of pocket. – Social Services Provider

Contributing Factors

Lack of education. Physical inactivity. Lack of access to health care. Lack of self-care. Socioeconomic disparities. – Community Leader
Relates to workforce, chronic absenteeism, drug use. Opioids. – Community Leader
Poor diet, less exercise. – Social Services Provider
Lack of education, therapy, intervention programs. – Public Health Representative

Vulnerable Populations

People with disabilities face greater health disparities than any other population. – Physician
There is well documented national research demonstrating lack of empathy by physicians, under estimation and mismanagement of pain in African Americans. They are less likely to be medicated and more likely to receive lower dosages if medicated, less likely to be referred to experimental protocols and innovative treatments. – Public Health Representative

Impact on Quality of Life

People who live with chronic pain and disabilities may not be able to work, or function effectively which leads to economic, social and mental health issues. Access to proper diagnosis and affordable treatment is key. – Public Health Representative

Addiction

Overprescribing of narcotics. – Physician

Aging Population

Age of population and large percentage of people in service industries. – Community Leader

Lack of Alternative Strategies

Treatment is conventionally done with pain medications and muscle relaxants versus correcting cause. Would recommend more alternative strategies such as chiropractic and acupuncture. – Community Leader

Opioids

Addiction to opioids. – Physician



Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (<https://health.gov/healthypeople>)

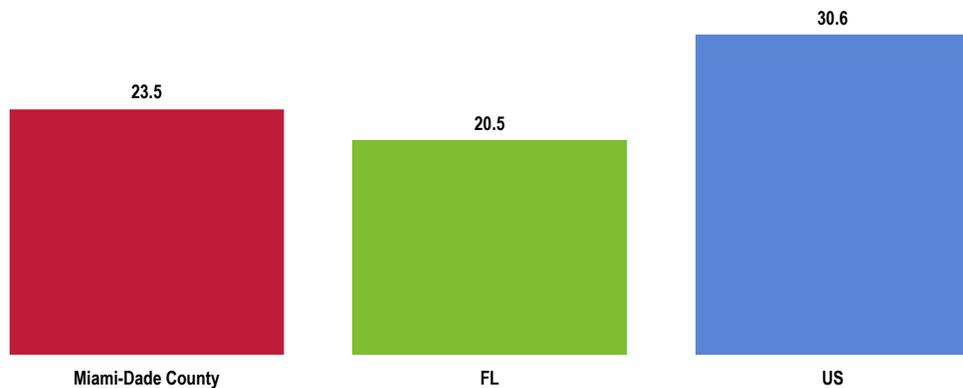
Age-Adjusted Alzheimer's Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted Alzheimer's disease mortality rate of 23.5 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ▶ Below the US death rate.

DISPARITY ▶ Higher among Hispanic residents.

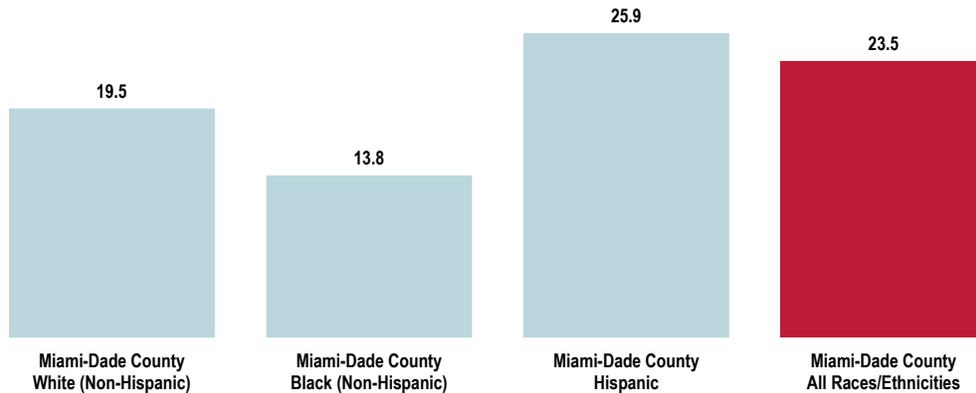
Alzheimer's Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.



Alzheimer's Disease: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)

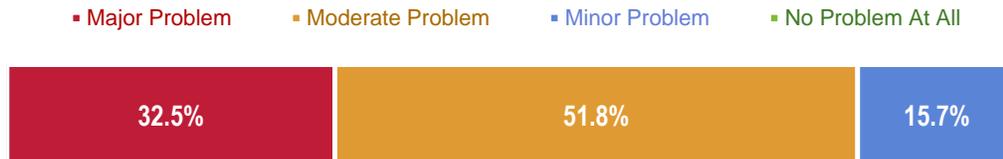


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.

Key Informant Input: Dementia/Alzheimer's Disease

Over half of key informants taking part in an online survey consider *Dementia/ Alzheimer's Disease* to be a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

Miami has a larger percentage of elder individuals than many parts of the country. As well, we have immigrant elders who were not receiving quality healthcare during their lifetime and this may predispose them to develop dementia later in life. This is also a problem due to cultural resistance to healthcare services from some immigrant groups. – Social Services Provider

Miami has a large older adult population. – Social Services Provider

Increasingly older population affected by dementia/Alzheimer's. Working families often have poor/limited options for long term care and often resort to subpar ALFs. – Community Leader

Miami, like many other areas in the county, has an aging population. More and more people are suffering from these diseases, sometime undiagnosed. These are sometimes misunderstood diseases and people don't know how to go about finding treatment, or there is a stigma likened to mental health. I think the prevalence is much higher than most people realize. They are difficult disease to treat and cope with, and people may want to try and hide those suffering away. – Public Health Representative



There is no cure nor medication and people are living longer and getting dementia at a younger age. – Community Leader

Age of population and statistical likelihood. – Community Leader

Miami-Dade has a aging population which is only expected to grow over the next ten years. Many of our seniors face declining health with Dementia/Alzheimer's being one of the major health issues many are living with and families are trying to navigate. This disease has significant toll on the affected person, family members, caretakers and resources. Until a cure is developed, we must continue our research and find drugs that can slow the effects to allow individuals affected to live a better quality of life with this awful disease. – Healthcare Provider

Dementia mainly affects those 65 and over. Florida has a large number of retirees. – Healthcare Provider

Fundamental shifts in our aging population are not being strategically addressed; Alzheimer's and dementia are critical concerns for this population as they impact individual older adults as well as their families. People are living longer, yet traditional investments in services for older adults have not kept pace. Our community lack the combination of leadership plus resources needed to prepare for and address the fact that our community is getting older. – Social Services Provider

There is a skewing of the population toward 65 and older here in MD county. – Healthcare Provider

Awareness/Education

So prevalent with minimal education/prevention. – Community Leader

Poor outreach. – Physician

It is not frequently diagnosed. – Public Health Representative

Lack of education and discovery resources. – Public Health Representative

I think that dementia and Alzheimer's can go undiagnosed and that there is a higher incidence than reported. As we age, we forget things and we think that is the normal aging process and often times certain cultures do not talk about it due to pride or not wanting to "get old" and this is a big issue that there should be more education around so people can take steps towards brain health earlier in life and not be afraid to discuss this. – Community Leader

Incidence/Prevalence

It is a significant public health challenge, The trends are going upward. – Public Health Representative

Incidence in Miami-Dade. – Social Services Provider

Growing everywhere. – Physician

Access to Care/Services

The disease process and lack of health care in our community. – Community Leader

My mother lived with dementia for over 10 years and it became obvious to me, while caring for her, that there were not enough resources to assist in her care and that the medical care she could afford was not adequate or did not have the answers we asked. I witnessed many of her "neighbors", and their families, at her ALF left with many questions and no answers about proper care for their parents. I feel this entire generation's health care and well-being is being taken for granted and it became obvious during the pandemic. Many lives were lost, including my mom's, due to disregard for proper safety protocols. – Community Leader

Funding

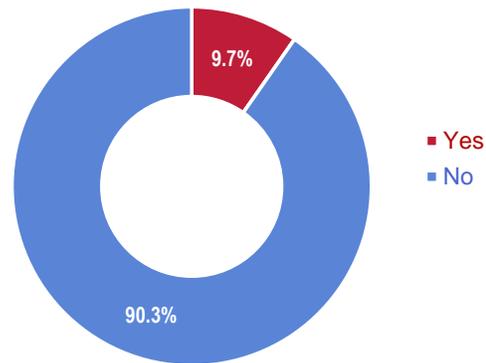
Excellent resources at the UHealth Clinics but they are often research protocols or training facilities. University faculty are disconnected from the African American community. There is a glaring lack of investment in developing long term community relationships. Outreach is made for specific research studies then resources disappear. – Public Health Representative



AUTISM SPECTRUM DISORDER IN CHILDREN

Among parents of a child age 5 through 17 at home, 9.7% report that their child has autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder.

Child Has Autism, Asperger's Disorder,
Pervasive Developmental Disorder, or Autism Spectrum Disorder
(Miami-Dade County Parents of a Child Age 5-17; 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: • Asked of all parents about a child age 5 to 17 at home.





BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

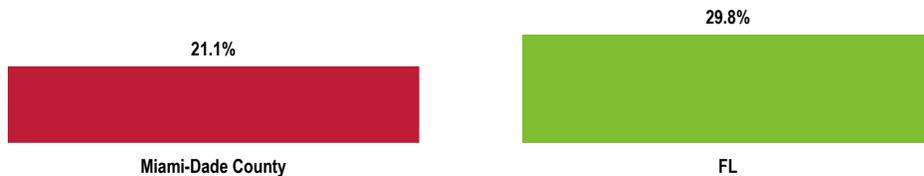
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Between 2015 and 2017, 21.1% of all Miami-Dade County births did not receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► Lower than the statewide prevalence.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2015–2017)



- Sources:
 - Florida Department of Health, Division of Public Health Statistics & Performance Management. Data retrieved October 2020 from www.kidscount.org.
- Note:
 - This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Early and continuous prenatal care is the best assurance of infant health.



BIRTH OUTCOMES & RISKS

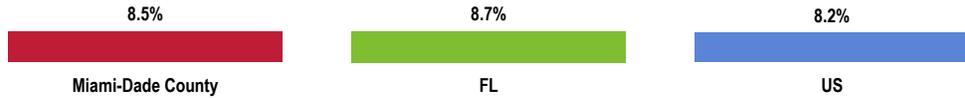
Low-Weight Births

A total of 8.5% of 2015-2017 Miami-Dade County births were low-weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2015–2017)



Sources: • Florida Department of Health, Division of Public Health Statistics & Performance Management. Data retrieved October 2020 from www.kidscount.org.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

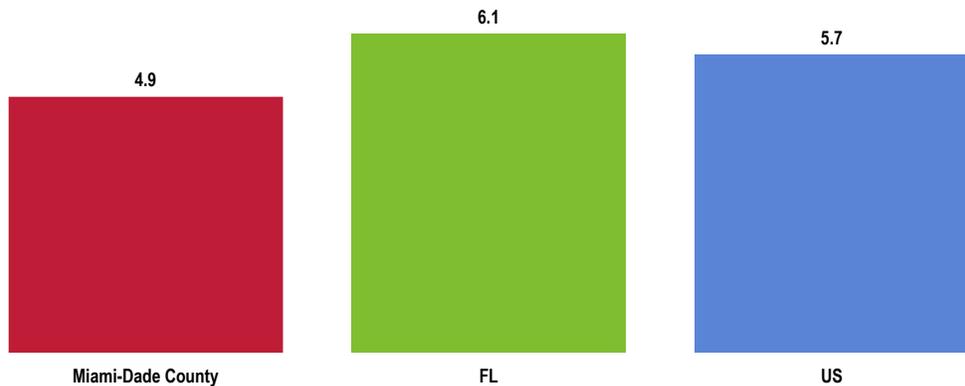
Between 2016 and 2018, there was an annual average of 4.9 infant deaths per 1,000 live births.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

BENCHMARK ► Lower than the state and national mortality rates.

DISPARITY ► Dramatically higher in Black infants.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2016-2018)
Healthy People 2030 = 5.0 or Lower

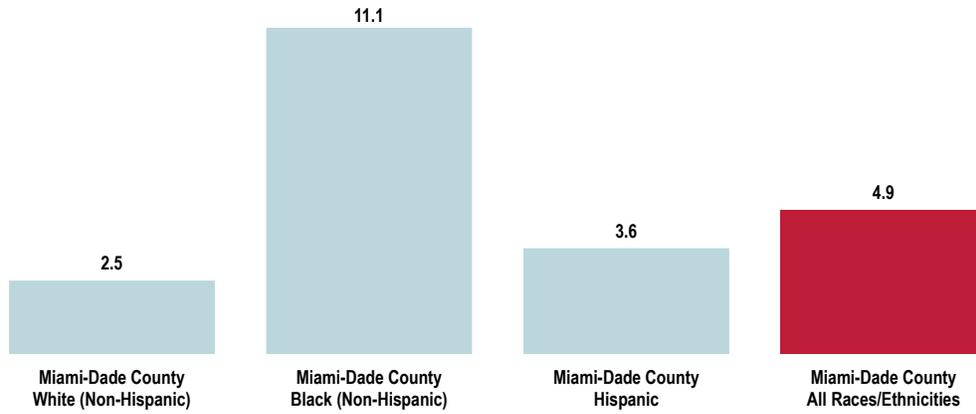


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Infant deaths include deaths of children under 1 year old.
• This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



Infant Mortality Rate by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2016-2018)

Healthy People 2030 = 5.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2020.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Between 2012 and 2018, there were 16.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Miami-Dade County.

BENCHMARK ▶ Well below the state and national rates. Satisfies the Healthy People 2030 objective.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2012–2018)
Healthy People 2030 = 31.4 or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System; retrieved from <http://www.SparkMap.org>.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2020)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Infant Mortality Rates

High rate of infant mortality in unserved communities. – Public Health Representative

High infant mortality rates. – Community Leader

While the infant low birth numbers have improved. We continue to have an opportunity to provide better access to care and prenatal health care to the underserved community. – Healthcare Provider

While the infant mortality rate and outcomes have been trending better in Miami-Dade County, the Black/African American population have continued to witness steady increases with poor outcomes. Agencies such as the Health Start Coalition of Miami-Dade has done a terrific job but this issue continues to plague the Black community. Programs to address the root factors of low birth outcomes and mortality rates are needed to ensure that all infant and mothers outcome thrive. – Healthcare Provider

In any urban area, family planning is always a challenge. And once that happens the child is at risk. – Hospital Leader

Vulnerable Populations

Despite this being 2020 the United States has one of the highest infant mortality rates in the world. This is evident in communities where the population is higher in poor and people of color. Again access to health care, prenatal care, birth control that is affordable and inclusive is necessary. In addition to policies that support family planning. – Public Health Representative

Miami sees a major disparity in infant mortality rates between white and black babies. This indicates a severe lapse in health access and resources in communities of color. Miami actually sees one of the worst IMR's in the country. – Public Health Representative

Minorities have a higher percent of infant health problems. Family planning does not equally permeate all socioeconomic classes. – Physician

High rates of infant mortality in black and brown communities as compared to whites. – Healthcare Provider

Awareness/Education

There is a dearth of information provided to young people about sex education and family planning. – Social Services Provider

Lack of education. – Public Health Representative

Poor outreach. – Physician

Access to Care for Uninsured/Underinsured

Uninsured, social determinants. – Physician

Limited Medicaid access for families in need. – Community Leader



Comorbidities

Lack of prenatal care and more high risk pregnancies due to age and comorbidities. – Healthcare Provider

Lack of Providers

Access to pediatricians in under resourced communities. Family planning coverage for uninsured is nonexistent.
– Physician

Childhood Literacy

The Reach Out and Read program is so important. We're seeing less and less early childhood literacy now with so much emphasis now on kids being tech-savvy. Reading is falling through the cracks. But reading is so important just for kids to be successful in general. – Hospital Leader





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

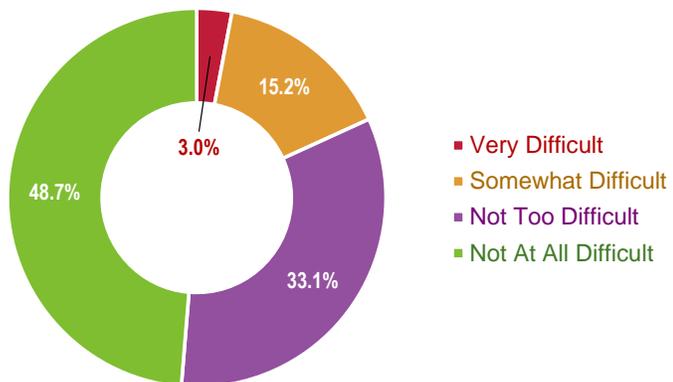
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Difficulty Accessing Fresh Produce

Most Miami-Dade County adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

However, 18.2% of Miami-Dade County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

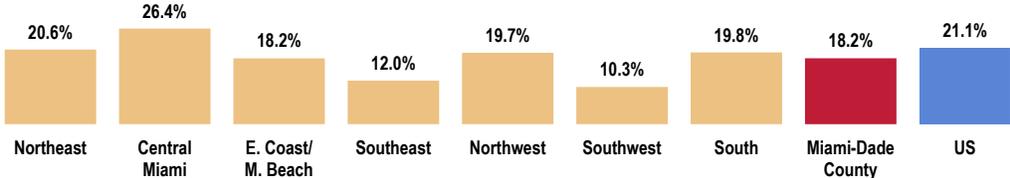
DISPARITY ► Unfavorably high among Central Miami respondents. More often reported among young adults and those living at or near the federal poverty level.

Respondents were asked: “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

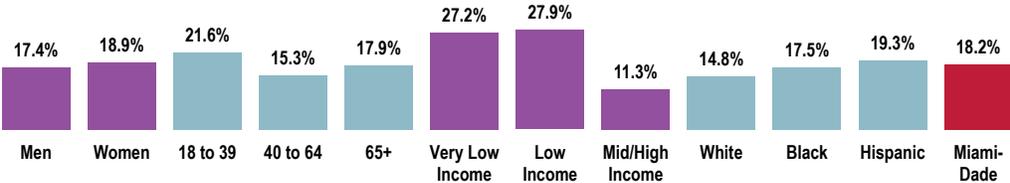


Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

A total of 26.7% of Miami-Dade County adults report no leisure-time physical activity in the past month.

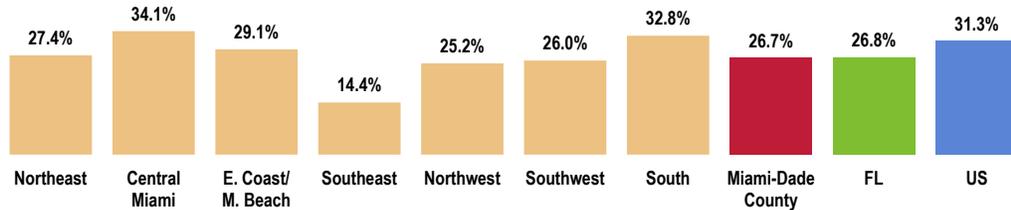
BENCHMARK ▶ Better than the US figure but fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest among respondents in Central Miami.

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.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

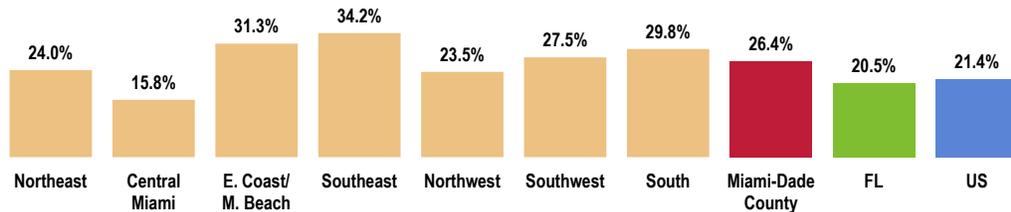
A total of 26.4% of Miami-Dade County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ▶ Better than the Florida and US percentages.

DISPARITY ▶ Lowest in Central Miami. These adults are less likely to report activity levels that meet physical activity recommendations: women, adults age 65+, lower-income residents, and communities of color.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

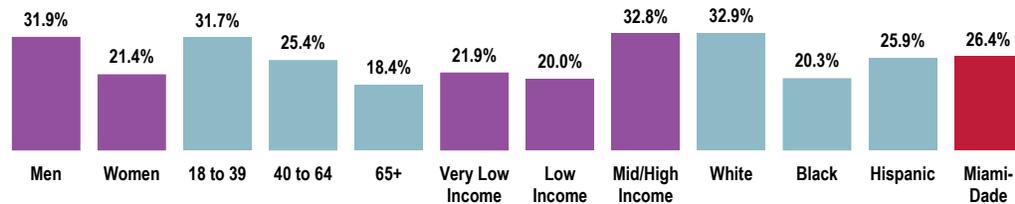


- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
 - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Florida data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Miami-Dade County, 2020)

Healthy People 2030 = 28.4% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

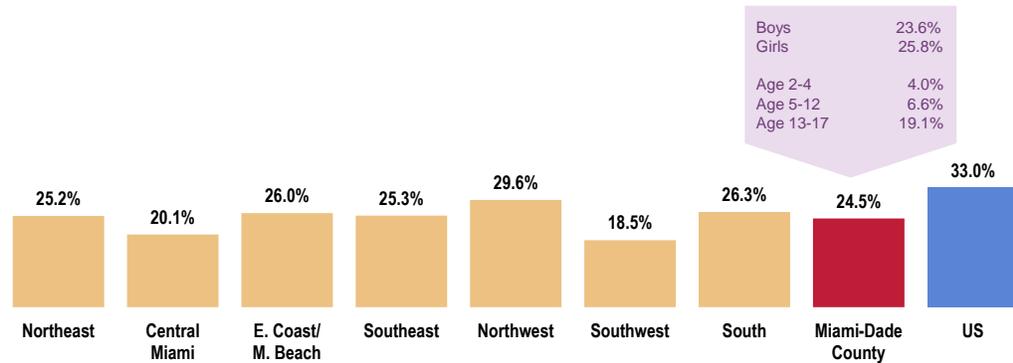
Among Miami-Dade County children age 2 to 17, 24.5% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ▶ Lower than the national prevalence.

DISPARITY ▶ By age, Miami-Dade teens appear to be the most active.



Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.

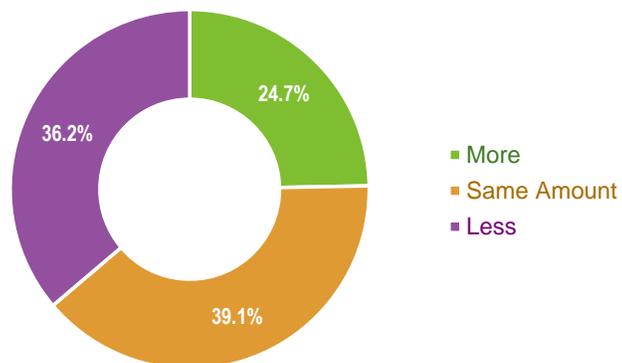
Notes: • Asked of all respondents with children age 2-17 at home; note that East Coast/Miami Beach and Southwest respondent samples are <50.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Physical Activity During the COVID-19 Pandemic

A plurality of survey respondents (39.1%) report that their level of exercise has not changed since the beginning of the pandemic.

- However, 36.2% report that their activity levels have decreased during the pandemic (24.7% report increased levels).

Change in Physical Activity Levels Since the Start of the Pandemic (Miami-Dade County, 2020)



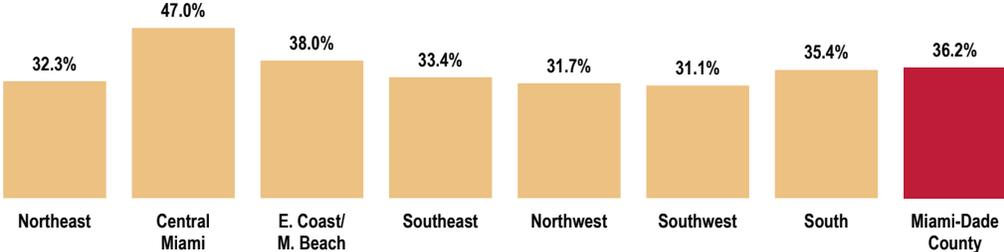
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents.

See also *Coronavirus Disease/COVID-19* in the **Death, Disease & Chronic Conditions** section of this report.



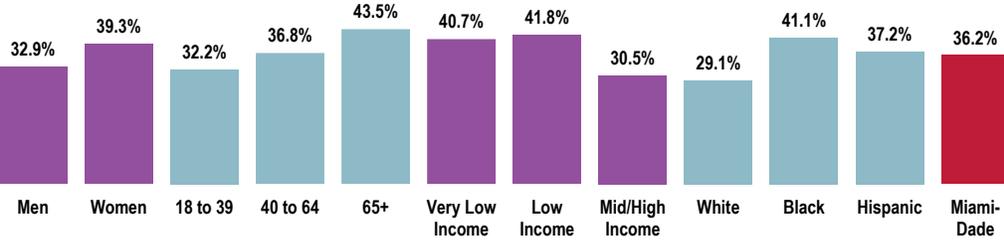
DISPARITY ► Nearly half of Central Miami respondents indicate that their physical activity levels have decreased since the beginning of the pandemic. More often reported women, older residents, those living in lower-income households, and communities of color.

Physical Activity Levels Have Decreased During the Pandemic



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents.

Physical Activity Levels Have Decreased During the Pandemic (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

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 (inches²)] 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 $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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.

Adult Weight Status

| 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.



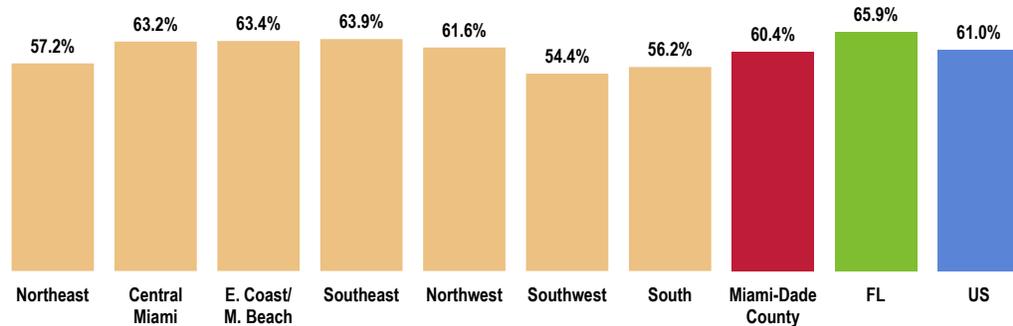
Overweight Status

A total of 60.4% of Miami-Dade County adults are **overweight**.

BENCHMARK ▶ Lower than the Florida prevalence.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Florida data.
 - 2020 PRC National Health Survey, PRC, Inc.
- 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.

The overweight prevalence above includes 25.7% of Miami-Dade County adults who are **obese**.

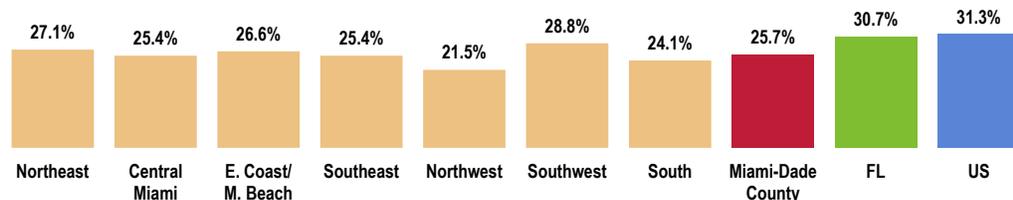
BENCHMARK ▶ Below the state and US percentages. Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Unfavorably high among adults age 40 to 64, those living above poverty, and communities of color when compared with Whites.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

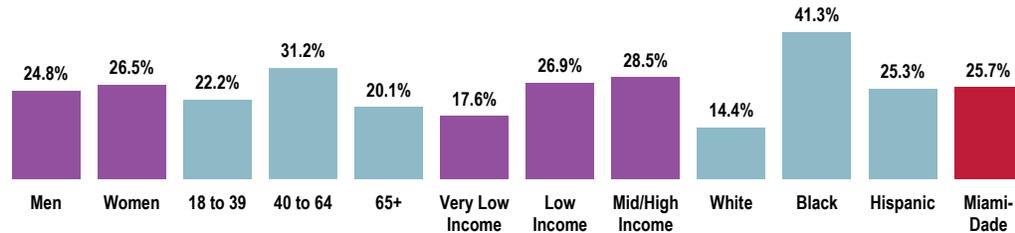


- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Florida data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- 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.



Prevalence of Obesity (Miami-Dade County, 2020)

Healthy People 2030 = 36.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

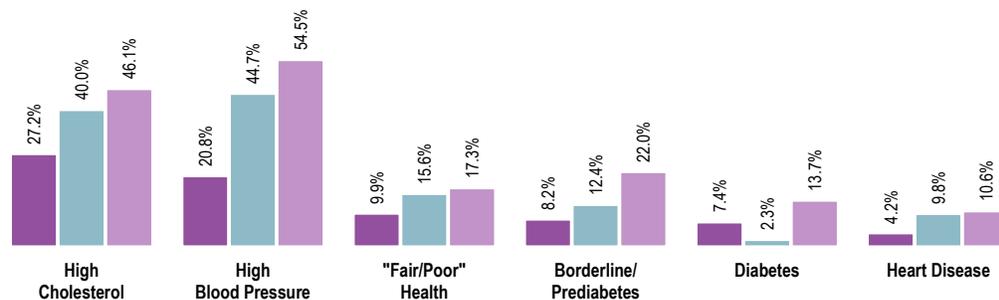
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Miami-Dade County, 2020)

■ Among Healthy Weight ■ Among Overweight/Not Obese ■ Among Obese



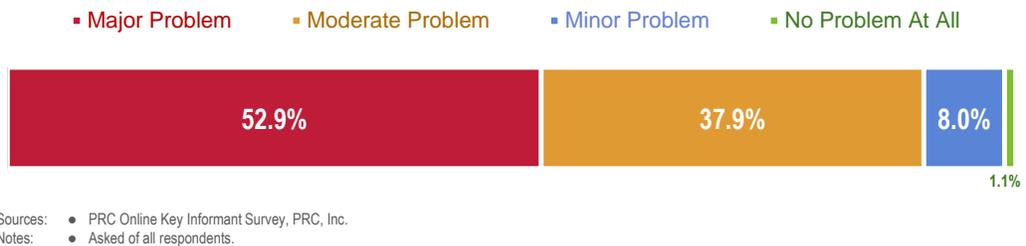
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
 Notes: • Based on reported heights and weights, asked of all respondents.



Key Informant Input: Nutrition, Physical Activity & Weight

Just over half of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2020)



Among those rating this issue as a “major problem,” reasons related to the following:

Access to Affordable Healthy Food

We need more attention and energy and access to these initiatives with a goal of improving population health, while decreasing overall healthcare costs. – Community Leader

Access to health foods. – Community Leader

The biggest challenge related to nutrition is the socio-economic status of the majority of the population in Miami. Based on the locations of health grocery stores there are not many options for those that have less money to purchase healthy, nutritious food. Also, the expense of living in Miami leaves less money to make better food choices. Although Miami is a great city for physical activity, with the proximity to the ocean and the abundant sunshine, it can also be oppressively hot and it is not very walking or cycling friendly. Many people drive here, public transportation is not robust and the overall sedentary lifestyle, leads to weight problems. Additionally, the foods of many prevalent cultures in Miami are not the healthiest, leading the weight problems. – Public Health Representative

In Overtown, you don't see any Publix there, you don't see any Whole Foods. How are people going to have good nutrition? Where are you going to buy an apple in Overtown? It's a shame, we have to do better. – Hospital Leader

Lack of resources to help address these issues. – Physician

Food insecurity and food deserts in low income communities. – Public Health Representative

Prevalence of unhealthy food, dangerous environment for physical exercise, culture. – Public Health Representative

It's a lot easier and less expensive for families to buy unhealthy foods than it is to have a proper meal for kids. some of these families just don't have the means. But I think we have an opportunity for more intervention and particularly education about proper nutrition. – Hospital Leader

If the parents don't live healthy lifestyles themselves, it's very hard to get children to eat nutritious foods. It's not what the parents buy and have at home so the kids just don't have access to it. – Hospital Leader

Support services like nutrition are so important, but they are also low revenue-generating. So they are hard services to provide despite the absolute need. We get a lot of denials from insurance companies for nutrition, for example. There are a lot of structural barriers to providing this sort of best care. – Hospital Leader

It's challenging because it's not only educating the kids if the parents aren't making the changes. So if the parents are buying sodas, you know, younger kids aren't doing the grocery shopping, so that's what they have access to. If the parents aren't willing to make those changes, then the kids unfortunately can't do it on their own. – Hospital Leader

For parents who are struggling just to get by, it's hard for us to imagine what they're going through, and sometimes that's just not a priority for them. Priority is just putting food on the table, whatever it is. – Hospital Leader



Culturally it's hard, because a lot of times Hispanics tend to view "fuller" as healthier. And that's not necessarily the case. And often the food that they eat -- the rice and beans, the fried foods -- those are staples. And it's hard to change that. – Hospital Leader

Depending on the neighborhood is having access to fresh fruits and vegetables, costs of buying fresh fruits and vegetables. In addition, individuals may not feel safe walking in their neighborhoods due to crime, safety or even access to parks or a sidewalk. – Public Health Representative

Access to healthy food/food deserts. – Healthcare Provider

Nutrition

Food deserts, access to safe places to exercise/walk. – Community Leader

Food deserts, high price of food. – Social Services Provider

Food deserts. – Public Health Representative

Food deserts, not enough trees to encourage walking or jogging in the South Florida heat. Not enough trees on the streets and even in the parks. Safety issues in high crime spots. – Public Health Representative

Research tells us that nutrition, physical activity and weight are important when achieving and maintaining a health lifestyle. Prior responses regarding some of the health issues addressed (diabetes, dementia, etc.) have direct correlation with our nutrition and physical health (mental health too). By proactively addressing these factors we can help to teach residents how to maintain healthier lifestyles for better health outcomes. Income, education, access, and other social determinants of health have significant impacts on being able to live a healthier lifestyle. For many low-income families, this is a huge issue with often very poor outcomes. Lack of access to fresh food and vegetables for some communities is a huge reality which has significant impact on children and learning. – Healthcare Provider

Obesity

Issues with obesity, ancillary health care challenges. Heart disease, diabetes, etc. – Community Leader

We have an obesity issue that causes so many other health issues. – Healthcare Provider

Obesity. – Community Leader

Obesity epidemic, and access to healthy food. – Physician

High levels of obesity in our community. – Physician

Obesity cost lives and money. Acceptance of unhealthy living/obesity for example, in order to be politically correct. Encourages people to not improve their habits. – Social Services Provider

Awareness/Education

Lack of education. Low socio-economic class. Work long hours and take care of the elders at home. Lack of nutritional resources. Low income is directly related to nutritional food access. Ex: some people can not afford nutritionist food to feed a large family group, as a result, they resort to less expensive and most convenient food. – Community Leader

Obesity and physical activity end up contributing to a lot of these underlying conditions that we see. If we start [education] relatively early -- at the level of elementary school -- with certain types of behaviors and activities, then we can change the culture so that people engage in meaningful physical activity and then don't end up being overweight and obese. – Hospital Leader

Educating community members about healthy options could prevent serious future health issues. – Social Services Provider

We need better health education at every level -- at the community level, in the public schools, at the college level; things like nutrition, the value of exercise, education in terms screening programs, cancer prevention, prevention of other issues. We could do a much better job in terms of education. – Hospital Leader

There's an opportunity to put together longitudinal programs that could be impactful, whether it's in Overtown, Liberty City, Allapattah, Little Haiti ... wherever. – Hospital Leader

Vulnerable Populations

This affects those generally in the ethnic diversity groups. The BMI of African-American women is high as is it is for Hispanic females especially as they age. Some of this is cultural and some is based on food availability. A large swath of people eat fast food regularly which provides lots of calories but poor nutritional value. Moreover, physical activity (exercise) is generally a luxury and although physicians recommend it rarely is it structured – Physician

Economic issues. High poverty rates cause for more unhealthy meals and habits. – Social Services Provider

In terms of physical activity, a lot of kids now are inside and on their screens playing video games and are not exercising. And COVID hasn't helped with that. – Hospital Leader

Screen time has been a problem for a long time, but this year we're just seeing it get worse [due to COVID] since kids are just not as able to do things outdoors as much as they were before. – Hospital Leader



Physical activity and childhood obesity and screen time are concerns. Especially in the past year because kids are learning virtually now, and we're seeing a lot more issues with ADD/ADHD, and more screen time doesn't help. – Hospital Leader

Lifestyle

People do not walk or bike enough. Even many with sculpted bodies are in horrible physical shape. – Community Leader

Lack of motivation. Lack of education. Costs associated with healthier foods vs. fast foods, gym memberships. – Social Services Provider

Cultural/Personal Beliefs

Cultural foods are not always the healthiest. Cost of healthy foods tends to be higher. We do not have built-in physical activity in our daily lives. We are overweight as a community—obesity is an issue for sure. – Community Leader

Prevention/Screenings

Poor preventive care and outreach. – Physician



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

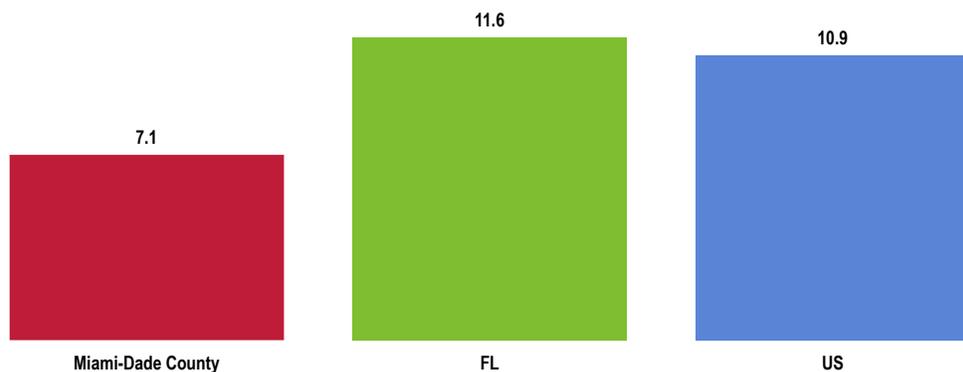
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2016 and 2018, Miami-Dade County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 7.1 deaths per 100,000 population.

BENCHMARK ▶ Below the state and national rates and satisfying the Healthy People 2030 objective.

DISPARITY ▶ The mortality rate is considerably higher among Whites in Miami-Dade County.

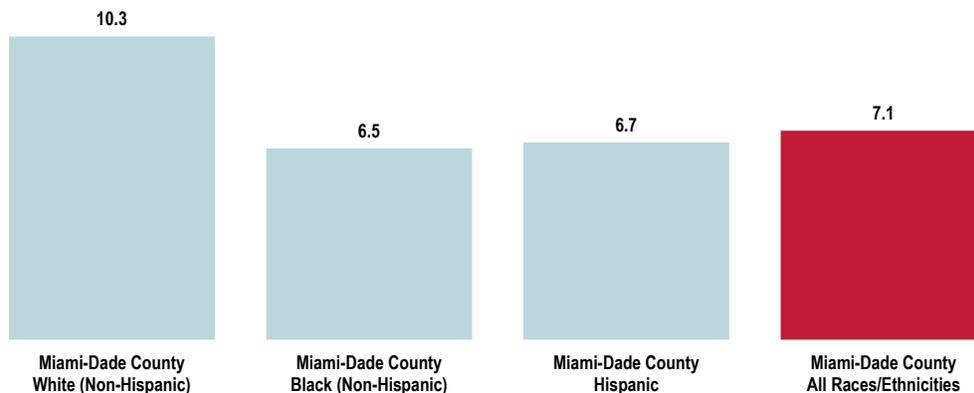
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 Objective = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Alcohol Use

Binge Drinking

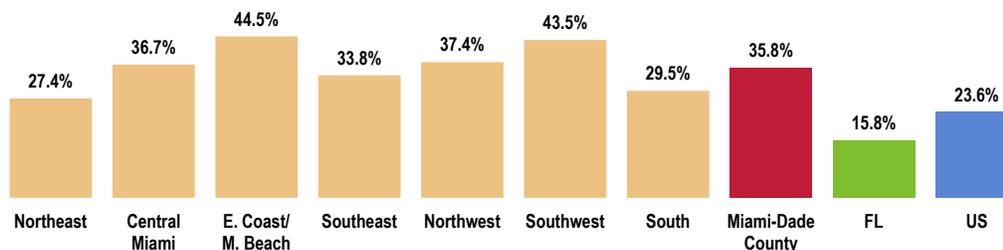
A total of 35.8% of area adults are binge drinkers (men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month).

BENCHMARK ▶ Much higher than Florida and US benchmarks. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest in East Coast/Miami Beach. Reported more often among men, young adults, respondents on either end of the income spectrum, Whites, and Hispanics.

Binge Drinkers

Healthy People 2020 = 25.4% or Lower (Adults Age 21+)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 48]
- 2020 PRC National Health Survey, PRC, 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): 2018 Florida data.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

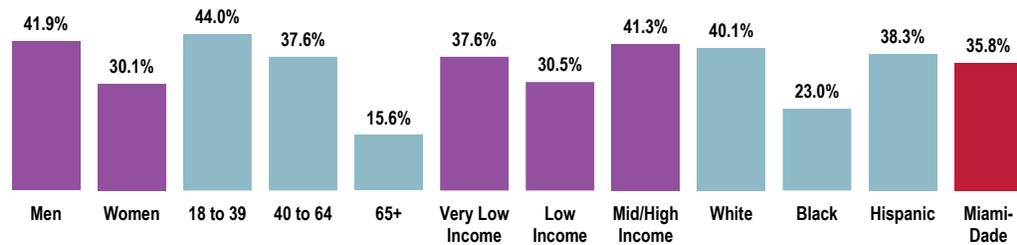
- Asked of all respondents.
- Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



Binge Drinkers

(Miami-Dade County, 2020)

Healthy People 2020 = 25.4% or Lower (Adults Age 21+)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 48]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

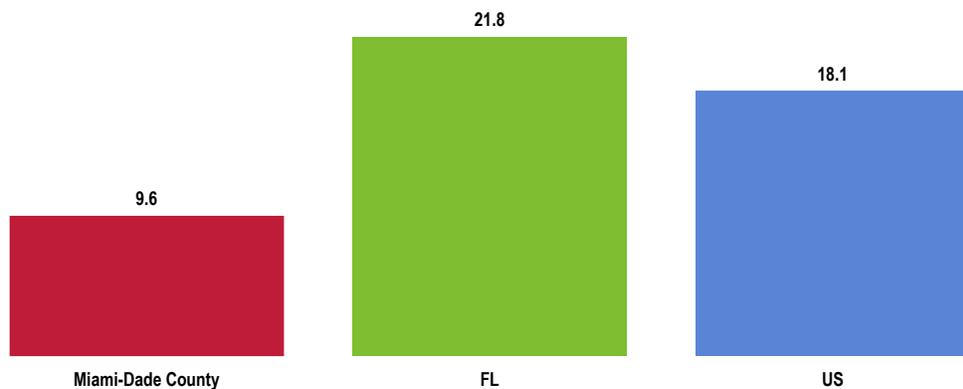
Age-Adjusted Unintentional Drug-Related Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional drug-related mortality rate of 9.6 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ▶ Well below the state and national rates.

DISPARITY ▶ Highest among Whites in Miami-Dade County.

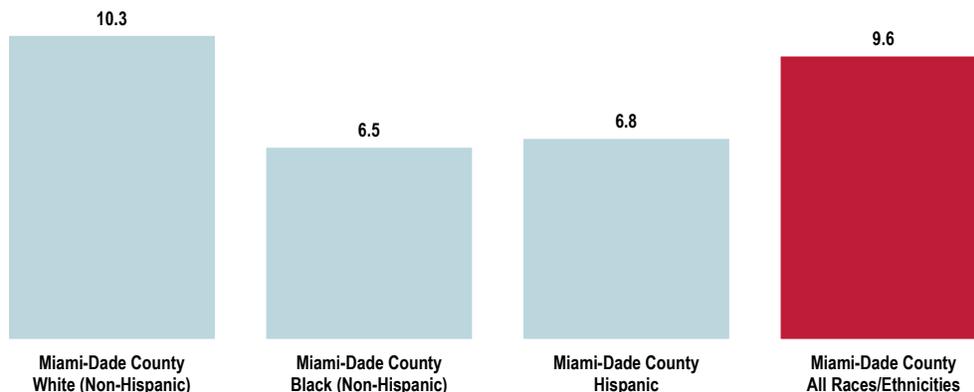
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.



Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.

Drug Use

Illicit Drug Use

A total of 2.9% of Miami-Dade County adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ Easily satisfies the Healthy People 2030 objective.

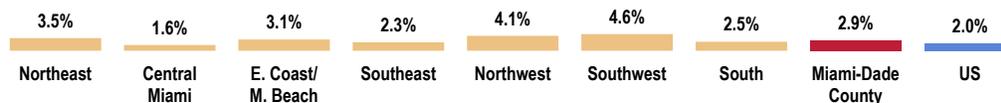
DISPARITY ▶ The prevalence decreases with age and is much higher among upper-income residents when compared with those in households with lower income levels.

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.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Illicit Drug Use in the Past Month (Miami-Dade County, 2020)

Healthy People 2030 = 12.0% or Lower



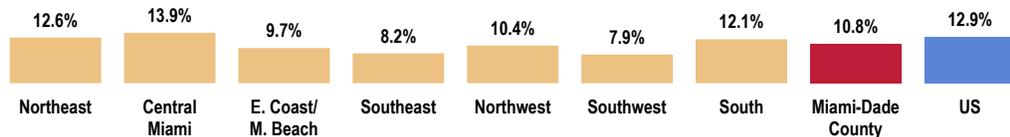
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Use of Prescription Opioids

A total of 10.8% of Miami-Dade County report using a prescription opioid drug in the past year.

DISPARITY ► Decreases with age and is highest among Whites and residents at either end of the income spectrum.

Used a Prescription Opioid in the Past Year

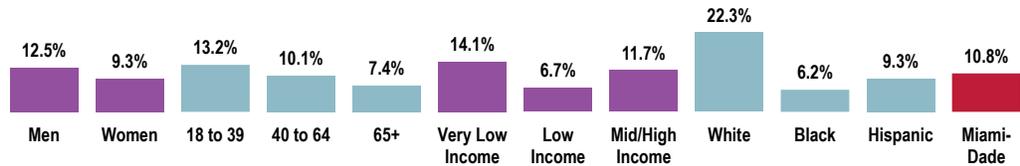


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.



Used a Prescription Opioid in the Past Year (Miami-Dade County, 2020)

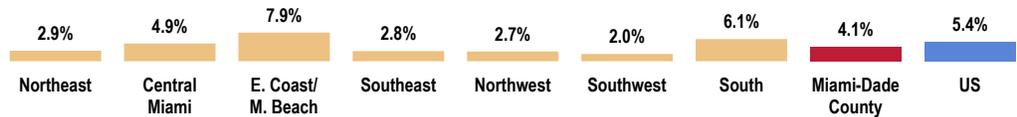


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 4.1% of Miami-Dade County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 60]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

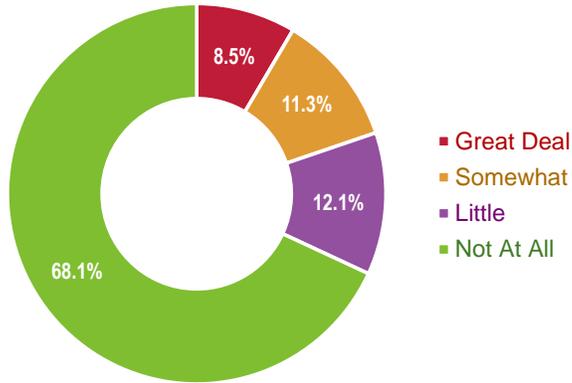


Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Miami-Dade County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Miami-Dade County, 2020)

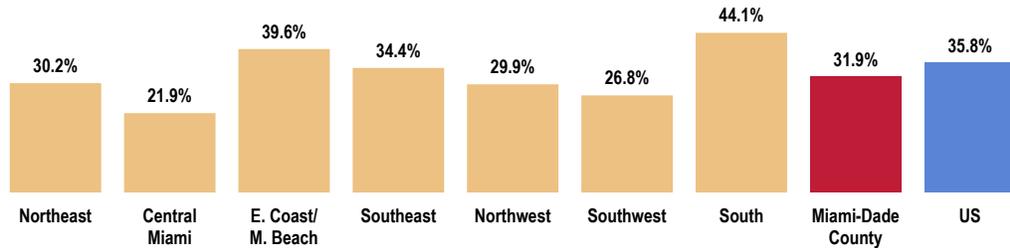


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: • Asked of all respondents.

However, 31.9% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

DISPARITY ► Unfavorably high in South Miami-Dade. Mentioned more often among young adults and Whites in Miami-Dade County.

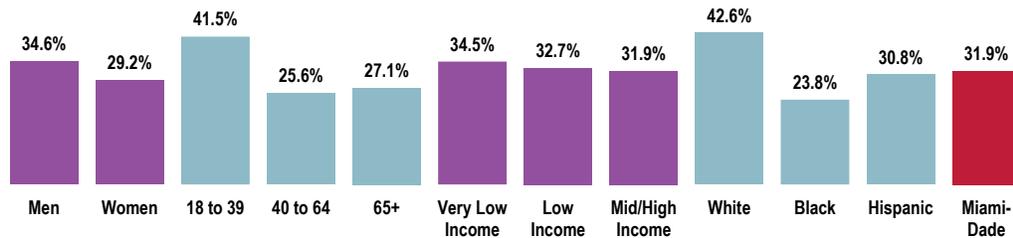
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes response of “a great deal,” “somewhat,” and “a little.”



Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Miami-Dade County, 2020)

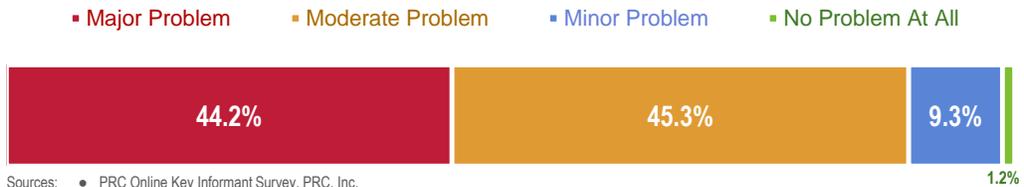


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: ● Asked of all respondents.
 ● Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized **Substance Abuse** as a “moderate problem” in the community, followed closely by “major problem” ratings.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2020)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- Barriers include lack of readiness/ reluctant to seek treatment because they hold certain beliefs about it. Or they may not have insurance to cover the costs. Or they may live in an area where treatment isn't available. – Healthcare Provider
- Denial that there is a problem. I think alcoholism has increased due to COVID, but people don't realize there is a problem until it gets really bad. How do we look at a more preventative approach to this and educate folks so they realize they need help. – Community Leader
- Treatment options, stigmas associated with anon programs. – Public Health Representative
- Lack of interventions. Outdated state civil commitment statute. Unwillingness/inability of participants to commit to long term recovery. Lack of acceptance. Not enough use of harm reductions models. – Social Services Provider
- This is a crisis in SFL. Over prescribed, availability, depression and anxiety, suicide. – Healthcare Provider



If you have insurance it's not a problem. BUT if you don't then it is very difficult to get adequate treatment. Substance abuse, in my opinion, is very much related and intertwined with the mental health issues. Cause and effect if you will. Mental Health issues lead to substance abuse. Not hard to figure out....in my opinion. – Healthcare Provider

There are so many tentacles to this one. Substance abuse is such a loaded disease that has not been addressed effectively throughout the US. Our community is plagued by residents who have been led or fallen into substance abuse for varied reasons, self-medication of chronic disease or mental illness, homelessness. Over-prescribed medications, poor etc. The main barrier to accessing treatment is lack of resources! – Public Health Representative

Lack of self-control. Denial. Anxiety. – Community Leader

Cost and reputation. Miami lends itself to a certain lifestyle which makes drugs and alcohol very accessible. – Public Health Representative

Access to Care/Services

Lack of available resources to all socio-economic groups. – Physician

Substance use treatment is underfunded by both insurance companies and public health services. Families don't have the financial means to pay for the services. And services are not available that are culturally responsive and in other languages. – Social Services Provider

Cost. Lack of facilities. Stigma. – Community Leader

The demand. – Social Services Provider

Insufficient beds and treatment program. – Public Health Representative

Awareness/Education

Lack of education on long term effects. – Community Leader

Poor outreach. – Physician

Awareness of programs is the greatest barrier. After that, cost. – Public Health Representative

Lack of Providers

Shortage of outreach workers, culturally competent healthcare. – Public Health Representative

Lack of mental health providers. – Community Leader

Co-Occurrences

The issue with substance abuse and mental health go hand in hand. – Public Health Representative

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as causing the most problems in the community, followed by **heroin or other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC (Among Key Informants Rating Substance Abuse as a “Major Problem”)

| | |
|--|-------|
| ALCOHOL | 48.0% |
| HEROIN OR OTHER OPIOIDS | 20.0% |
| PRESCRIPTION MEDICATIONS | 8.0% |
| MARIJUANA | 8.0% |
| COCAINE OR CRACK | 8.0% |
| METHAMPHETAMINES OR OTHER AMPHETAMINES | 4.0% |
| OVER-THE-COUNTER MEDICATIONS | 4.0% |



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

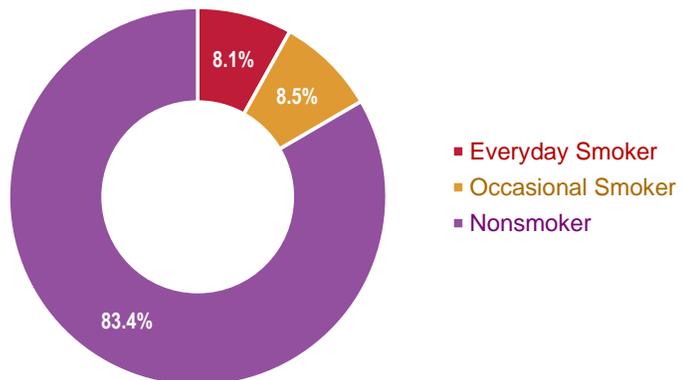
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.6% of Miami-Dade County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



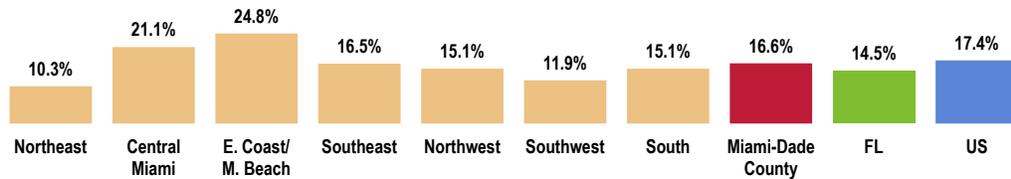
Note the following findings related to cigarette smoking prevalence in Miami-Dade County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in the East Coast/Miami Beach community. More often reported among men, young adults, residents living below poverty, and Whites.

Current Smokers

Healthy People 2030 = 5.0% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

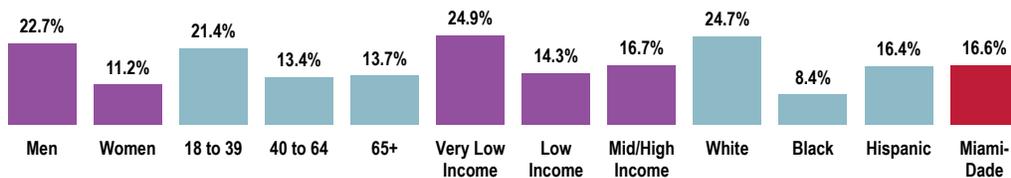
Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Miami-Dade County, 2020)

Healthy People 2030 = 5.0% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).



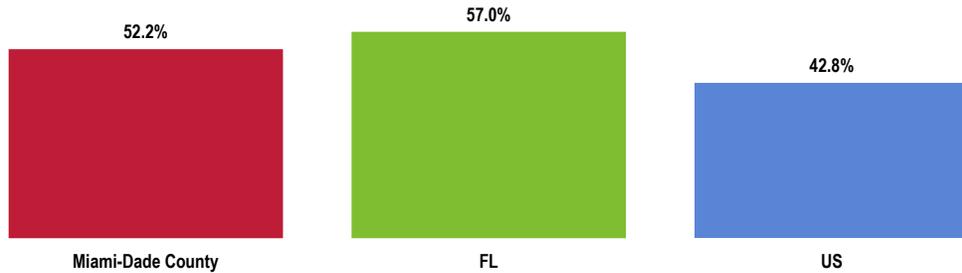
Smoking Cessation

Just over half of regular smokers (52.2%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► The prevalence fails to satisfy the related Healthy People 2030 goal.

Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 41]
 - 2020 PRC National Health Survey, PRC, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
- Notes:
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 - Asked of respondents who smoke cigarettes every day.

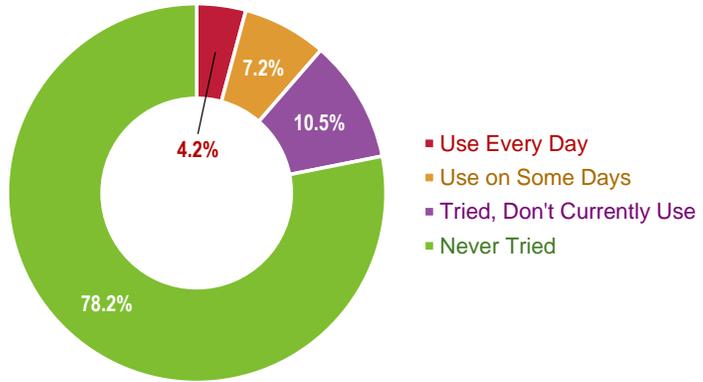


Other Tobacco Use

Use of Vaping Products

Most Miami-Dade County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Miami-Dade County, 2020)



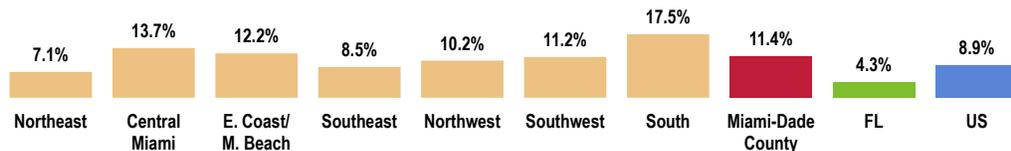
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: • Asked of all respondents.

However, 11.4% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Over twice the Florida prevalence.

DISPARITY ▶ Unfavorably high in South Miami-Dade. More often reported among men, young adults, Whites, and Hispanics.

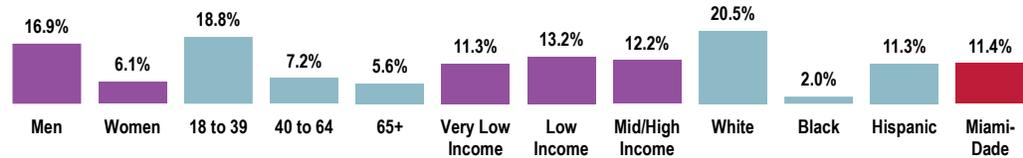
Currently Use Vaping Products
(Every Day or on Some Days)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
• 2020 PRC National Health Survey, PRC, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Currently Use Vaping Products (Miami-Dade County, 2020)

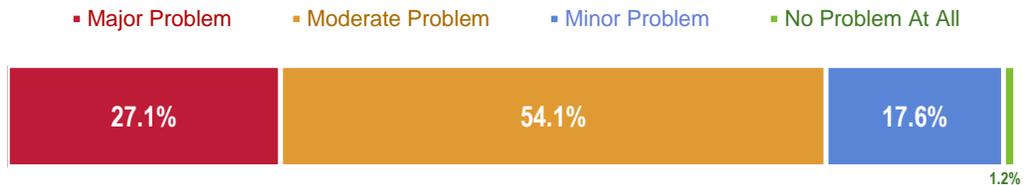


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

Over half of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Co-Occurrences

- Cancer. – Social Services Provider
- Increased instances of cancer and other respiratory issues in smokers and others exposed to secondhand smoke. – Social Services Provider
- Tobacco products lead to a number of chronic health conditions that include heart disease, diabetes, COPD, cancer. – Public Health Representative
- To manage anxiety/stress. – Community Leader

E-Cigarettes

- Growth of vaping. – Community Leader
- Kids are smoking e-cigarettes thinking that this does not lead to smoking or is dangerous. – Community Leader



Poverty

My patients are generally indigent and have time on their hands which many use to smoke when they can buy cigarettes. The effect of smoking and its detrimental effects have only significance when people care if they live.
– Physician

Poor/disparate education. – Physician

Contributing Factors

Lack of self-control. Denial. Anxiety. – Community Leader

Addictive. Attractive/cool to young people. Hard to quit. – Social Services Provider

Incidence/Prevalence

The incidence of smoking is still high in our community. – Healthcare Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

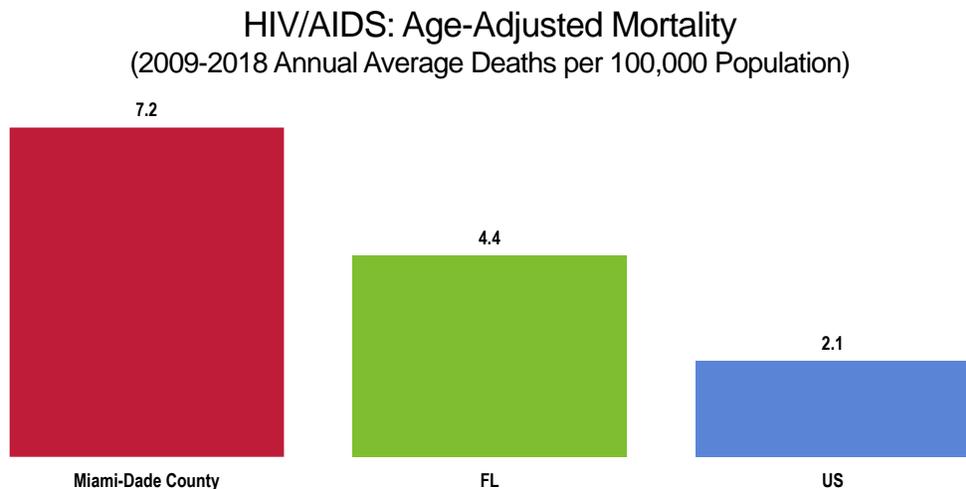
HIV

Age-Adjusted HIV/AIDS Deaths

Between 2009 and 2018, there was an annual average age-adjusted HIV/AIDS mortality rate of 7.2 deaths per 100,000 population in Miami-Dade County.

BENCHMARK ▶ Much worse than the state and national rates.

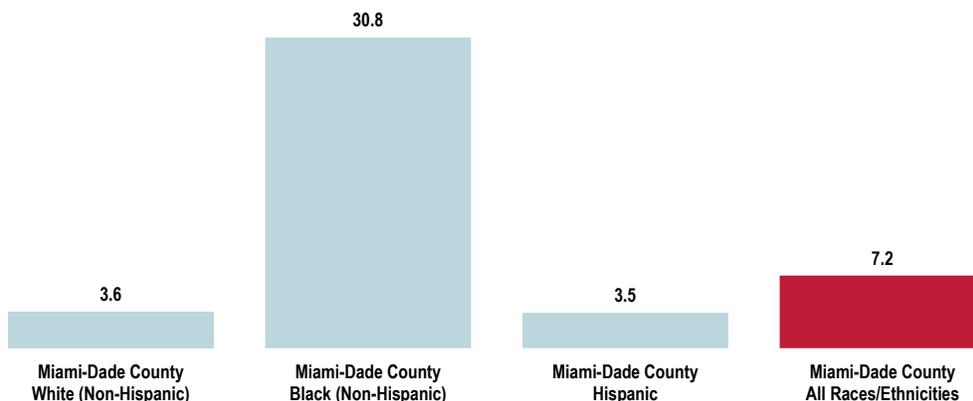
DISPARITY ▶ Dramatically higher in the county's Black population.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.



HIV/AIDS: Age-Adjusted Mortality by Race (HIVYRS Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2020.

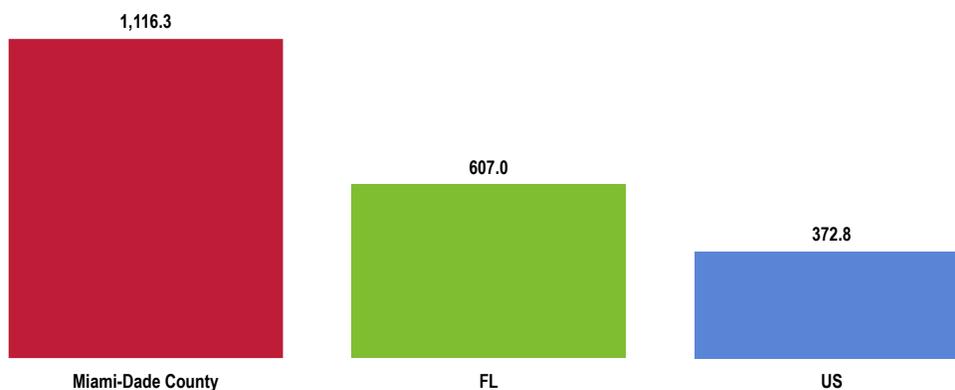
HIV Prevalence

In 2018, there was a prevalence of 1,116.3 HIV cases per 100,000 population in Miami-Dade County.

BENCHMARK ► Dramatically higher than the Florida rate and especially the US rate.

DISPARITY ► The rate is exponentially higher in the county's Black population.

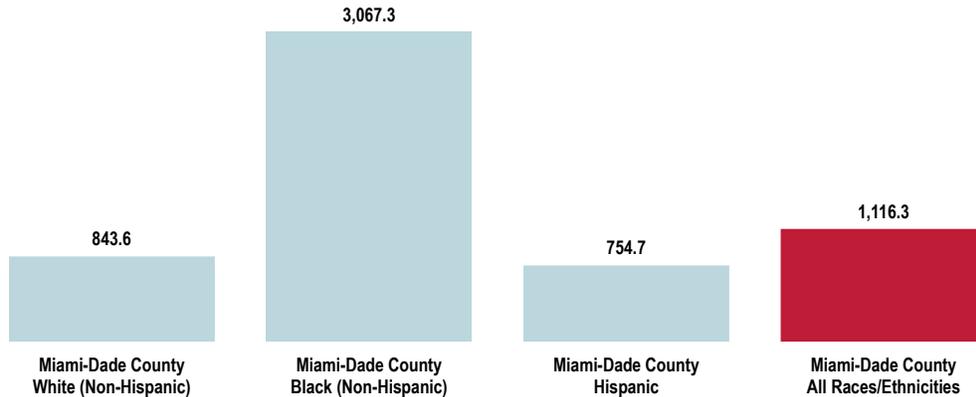
HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2018)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

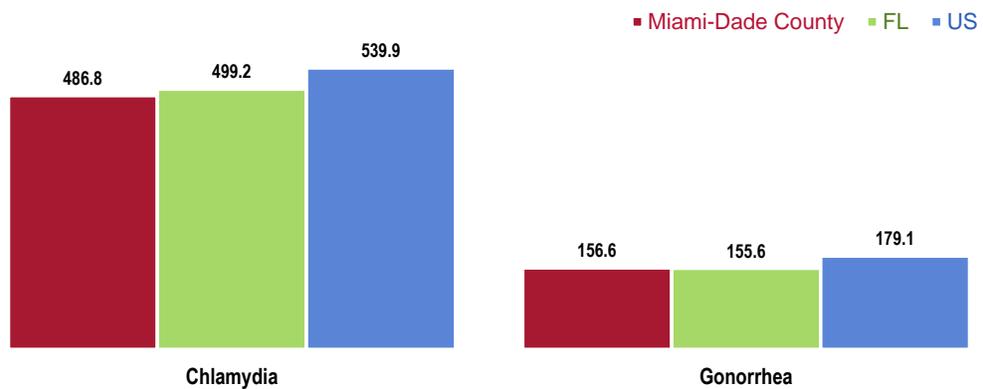
Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Miami-Dade County was 486.8 cases per 100,000 population.

The Miami-Dade County gonorrhea incidence rate in 2018 was 156.6 cases per 100,000 population.

See also *HPV Vaccination* in the **Cancer** section.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Notes:

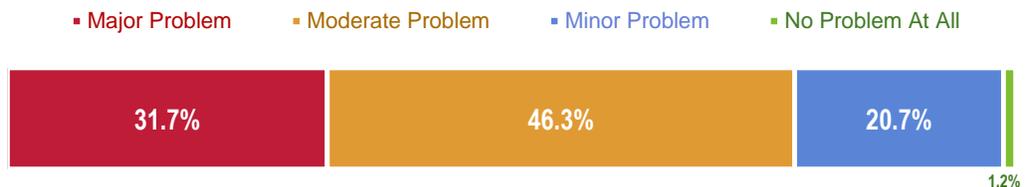
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.



Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.

Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2020)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- South Florida has one of the highest HIV and AIDS infection in all of the US. Particularly among young people 15-24. And it doesn't seem like there is a coordinated community effort to do much about it. – Social Services Provider
- Transmittable disease in both young and old. – Social Services Provider
- Epicenter of HIV/AIDS epidemic and resurgence of other STD's. – Public Health Representative
- STI's are high in Miami-Dade county as per health department. – Public Health Representative
- We live in one of the world's most extreme HIV zones. The HIV rate in Miami is actually similar to certain hot zones found in Africa. The individuals and communities impacted are disproportionately Gay/ homosexual and the African American community. The resources needed to prevent the spread of HIV are sometimes inaccessible due to cost or convenience. – Public Health Representative
- There continues to be an increase in STI's within our community. There are high rates of syphilis, chlamydia gonorrhea and including HIV. Unfortunately, Miami continues to be number one for the number of new infections. – Public Health Representative
- South Florida continues to have the highest rate of new HIV diagnoses in the country and STD's are on the rise. Lack of early education/intervention, access to contraception/healthcare. – Healthcare Provider
- Impact of HIV. – Public Health Representative
- High rate of infection for STD's, HIV rates, use of prep. – Community Leader

Lack of Education

- In the jurisdiction with the highest rate of new HIV Infection in the country. six years running, we have no Sex Ed in our high schools. What sometimes passes for sex ed in Miami-Dade is ineffective abstinence-based/abstinence-only, heteronormative, not up-to-date, science or fact-based. – Public Health Representative
- HIV transmission continues to occur in South Florida as do other STI's. While there are education campaigns and support from the DOH and community hospitals, this is still an area of need. – Physician
- Poor education. – Physician
- Lack of education. Lack of awareness. Sense of denial, invincibility. – Community Leader

Access to Care/Services

- Lack of access to consistent care. – Community Leader

Social Determinants

- Social determinants for health. – Physician





ACCESS TO HEALTH CARE

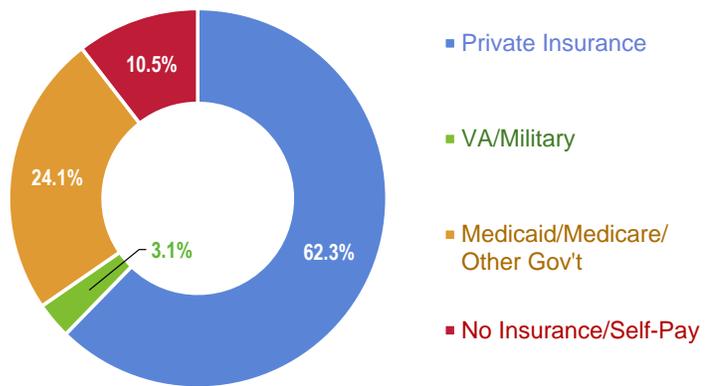
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 62.3% of Miami-Dade County adults age 18 to 64 report having health care coverage through private insurance. Another 27.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 10.5% report having no insurance coverage for health care expenses.

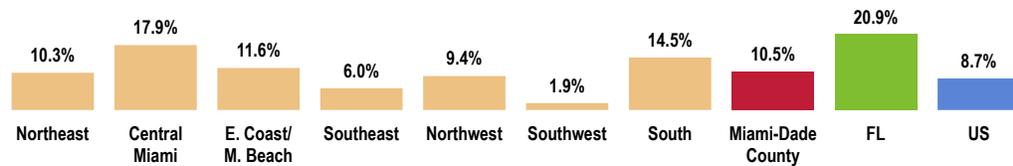
BENCHMARK ► Half the Florida percentage but fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Unfavorably high in Central Miami. Strong correlation with household income level; higher among adults age 40 through 64.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower



Sources:

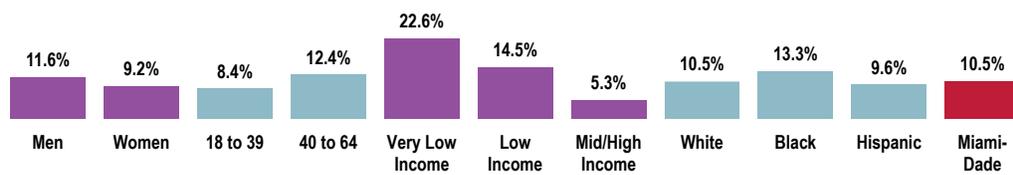
- 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Miami-Dade County, 2020)

Healthy People 2030 = 7.9% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

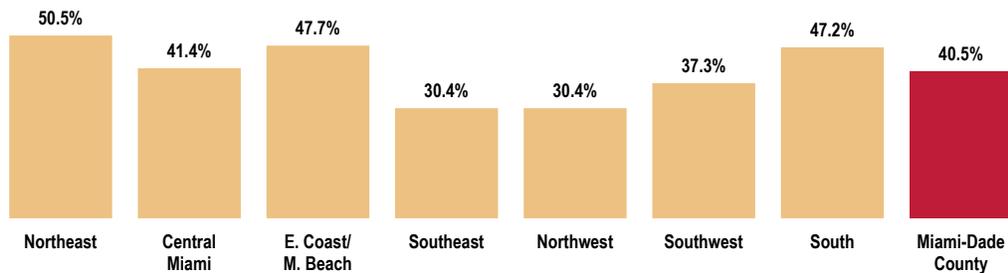
— Healthy People 2030 (<https://health.gov/healthypeople>)

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 40.5% of Miami-Dade County adults report some type of difficulty or delay in obtaining health care services in the past year.

DISPARITY ► Highest in Northeast Miami-Dade (affecting half of respondents there). Highest among young adults, residents living on very low incomes, and Whites.

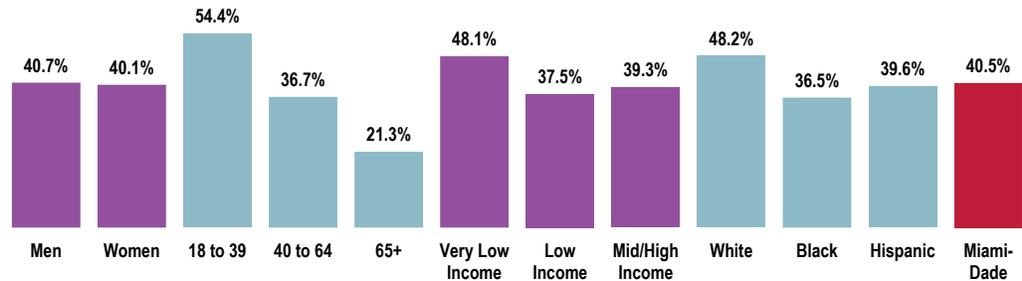
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

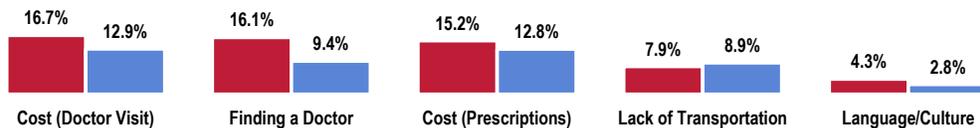
Of the tested barriers, cost of a physician visit and difficulty finding a doctor impacted the greatest shares of Miami-Dade County adults.

BENCHMARK ► Both barriers received a much higher percentage response than found nationally.

DISPARITY ► Northeast Miami-Dade, Central Miami, and South Miami-Dade reported the highest percentages of barriers (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year

■ Miami-Dade County ■ US



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 7-13]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

To better understand health care access barriers, survey participants were asked whether any of seven 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.



Difficulties Accessing Health Care for Children

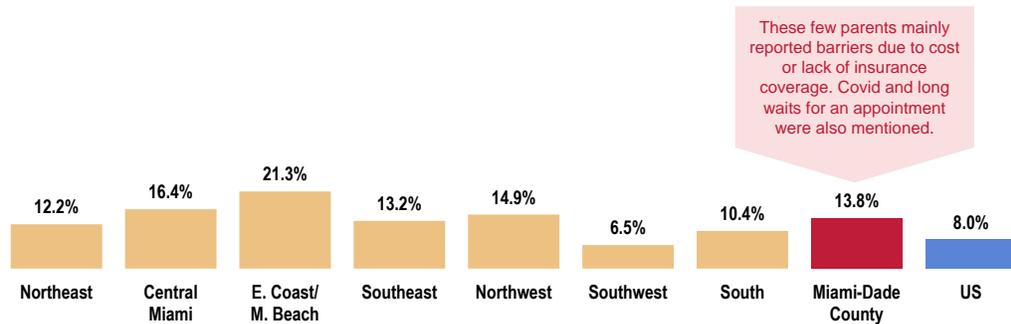
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 13.8% 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.

BENCHMARK ▶ Well above the US prevalence.

DISPARITY ▶ Lowest in Southwest Miami-Dade.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 104, 317]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household; note that East Coast/Miami Beach and Southwest respondent samples are <50.



Delay/Avoidance of Medical Care Due to COVID-19

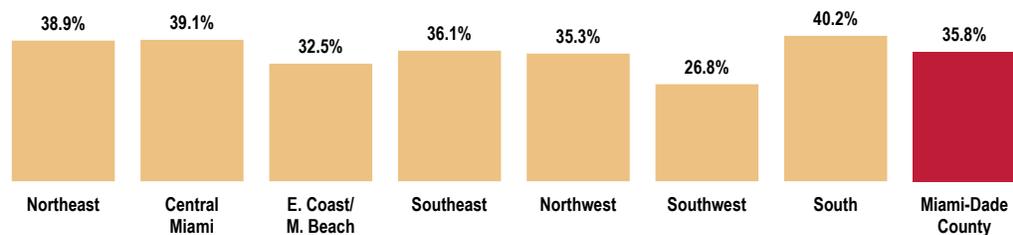
Adults

A considerable proportion (35.8%) of survey respondents report that there been a time since the start of the pandemic when they needed medical care or had a medical appointment scheduled, but chose to avoid receiving care due to concerns about possible exposure to the virus.

DISPARITY ▶ The prevalence is lowest among Southwest Miami-Dade respondents. By demographics, the percentage decreases with age in Miami-Dade County.

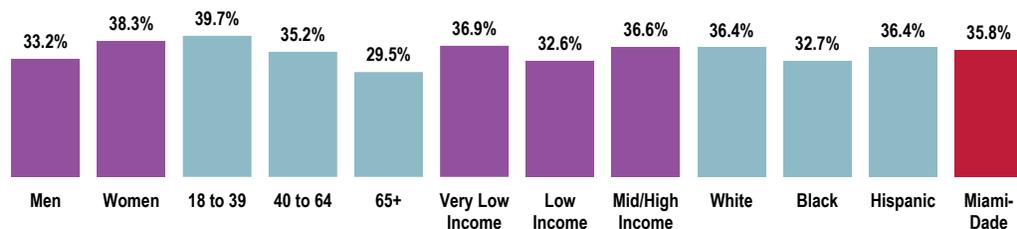
See also *Coronavirus Disease/COVID-19* in the **Death, Disease & Chronic Conditions** section of this report.

Avoided Medical Care Because of Concerns Over COVID-19



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 313]
 Notes: • Asked of all respondents.

Avoided Medical Care Because of Concerns Over COVID-19 (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 313]
 Notes: • Asked of all respondents.

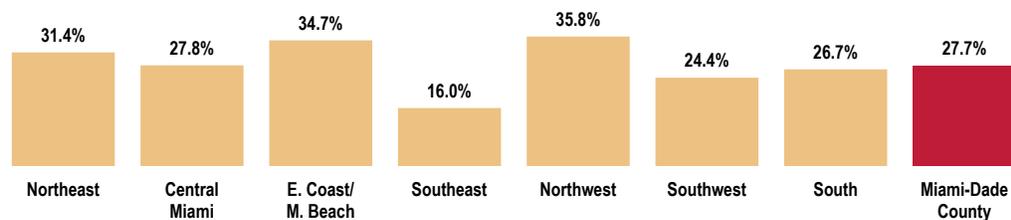


Children

A considerable proportion (27.7%) of surveyed parents report a time since the beginning of the pandemic when they avoided getting needed medical care for their child due to concerns about COVID-19.

DISPARITY ► The prevalence is lowest among parents in Southeast Miami-Dade.

Avoided Child’s Medical Care Due to Concerns About COVID-19 (Miami-Dade County Parents of a Child <18; 2020)

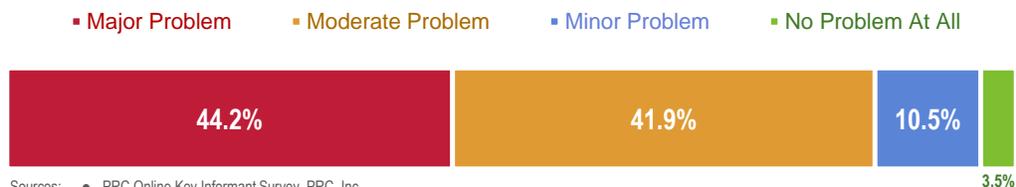


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents about a child under 18 at home.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “major problem” in the community, followed closely by “moderate problem” ratings.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2020)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Multi-Factorial

Lack of insurance, People cannot afford to go the doctor and they usually wait until they are really sick to go to the ER. Immigration is also a factor contributing to people accessing health care services due to fear of being deported. Lack of health education and prevention. People do not know what services are available and where they can access them. Cultural beliefs is a major issue due to the facts that people prefer to use home remedies before seeking health care services – Public Health Representative



Accessing health care services in the community is complex due to insurance status and the associated cost with utilizing health insurance (i.e. copays, deductibles, co-insurance, etc.) and availability of "off-hour" appointments such as nights/weekends, providers' ability to run on time. In some communities, there are also barriers with language, cultural norms, trust, etc. – Public Health Representative

Number of uninsured individuals. High number of undocumented individuals. Poor access to dental services for underserved populations. – Physician

Lack of insurance, lack of trust for local practitioners, transportation. – Social Services Provider

Economic vulnerability. Access to quality care; immigration status. Preventative care. – Social Services Provider

Two thirds of Miami Dade County residents do not earn a living a wage. Living conditions are spread across the county with various levels of risk for flood, heat, and energy burdens. Florida limits access to Medicaid. – Community Leader

Shortage of available healthcare providers. Limited appointment availability. Language barriers. – Public Health Representative

Affordable health insurance and transportation. – Healthcare Provider

No robust primary care infrastructure. Significant numbers of uninsured and underinsured. Cultural and other structural barriers to care utilization. – Public Health Representative

Cost, availability and education. – Community Leader

The biggest issue is affordability and disparity in health care access between affluent communities and communities with mostly underrepresented groups (race, ethnicity, citizenship status). Many communities are under equipped to provide the complex medical attention and even general wellness procedures for the people living there. Adequate healthcare is unaffordable so people must typically rely on free or subsidized services that are often irregularly delivered and cannot provide comprehensive treatment. There are many immigrants in Miami who are uninsured or afraid to present at a doctor's office even when they face significant health issues. We do not prioritize promotion of health living, and when we do it comes with limited strategies to actually conform to that guidance. For example nutrition in food swamps or physical activity in communities that are not walkable. – Public Health Representative

Ability to obtain doctors who take the insurance you have, or do not have, and get management of your illness when there are a variety of health issues. The specialization of medical services is good, however, the lack of communication between physicians affects the overall health and success for a patient. Those with little income, or unemployed, are not provided healthcare and infecting the community at large. – Social Services Provider

Health Insurance. Education. Transportation, copayments. – Social Services Provider

Lack of insurance and education. – Social Services Provider

Access to Care for Uninsured/Underinsured

Uninsured patients and cost of health care. Small employers cannot afford to purchase health coverage for employees. They are squeezed out of the market. Out Medicaid eligibility is too low. There is a mentality of staying away from care when share-of-cost is too high. Uninsured patients tend to hold off until it is an emergency which leads to more expensive care and services. We need to find ways to grow the supply chain on mental health professionals and develop more access points and ease to mental health support. – Community Leader

Access to healthcare is a problem at all levels. For those with insurance wait times for primary care are high and secondary care to a specialist may be long. For those with Medicaid or no insurance waiting times to see a specialist may be on the order of months to see someone. This drives patients into urgent care or ER visits – Physician

The variability in insurance coverage and access to adequate health and preventive services across the continuum of care. – Healthcare Provider

Affects the uninsured and underinsured. – Physician

High rate of uninsured and underinsured, in part related to high rate of under documented immigrants. – Physician

Lack of health insurance. Poorly coordinated care. – Physician

Access to services is available for uninsured via free clinics and Emergency Room. But ongoing health, check-ups, prevention, management, is not available for one million people. – Community Leader

1) Persistent rate of uninsured. 2) Persistent health disparities by race/ethnicity partially reflect differences in access to quality care from one population to the next. 3) Limited health literacy and/or other barriers that prevent people from utilizing their health insurance and/or healthcare system in a way that maximizes prevention and early treatment. – Social Services Provider

Lack of insurance, and adequate funds. – Social Services Provider

Affordable Care/Services

Financial inability to access options. Options that are available often include too many hoops to jump through, or too many barriers to accessibility. And sometimes disrespect of clients. – Social Services Provider



One of the biggest challenges in obtaining health care service is the cost of health care in our community and in our nation. Individuals in our community have a difficult time in paying for necessity to live such as housing, food, etc. that what happens they put health care last. – Public Health Representative
Poverty/cost of healthcare. – Community Leader

Vulnerable Populations

Persistent health disparities. Inequities impacting people of color. – Social Services Provider
The structural inequities that put disenfranchised communities at risk for health disparities are also related to the fact that they don't have health insurance. And that funnels into inequities in housing, education, and income. – Hospital Leader
In Miami-Dade, we have very rich people and then we have the poorest of the poor. People who have less resources and lower socioeconomic status do get left behind. People in the downtown area, Little Haiti, Little Havana, Hialeah.... – Hospital Leader
The community is plagued with housing insecure and homeless residents. – Public Health Representative
Structural racism is a health issue. Black folks have disproportionate effects across almost all health issues. From COVID to infant/mother mortality rates. – Social Services Provider
Autism. – Social Services Provider

Insurance Issues

Insurance coverage disparities and/or no coverage for some. – Community Leader
The first question no matter who they call is, *what's your insurance?* Everybody gets a free screening but then gets no definitive care. Everybody sends their uninsured to Jackson one way or another, and Jackson is limited in how much it can give away. – Physician
Lack of universal coverage by health insurance. For profit and quasi for profit institutions putting payment above access. Insufficient community based clinics, providers and programs. Costly competition between providers, hospitals and systems. Virtually no access for undocumented individuals. – Physician

Socioeconomic Factors

Community residents, specifically residents who are poor and/or brown and black, have socioeconomic factors that hinder or prevent them from accessing health care i.e. no insurance, poor insurance, low wage earners, language barriers, housing insecure, existing pre-conditions, distrust of healthcare system, biased care givers and lack of education. In addition, the city and state funding and programs that is charged with mitigating these barriers to healthcare are not sufficient. – Public Health Representative
Socio economic disparities is the biggest challenge in our community. It affects the general health of our community and access to health care. – Community Leader

Vulnerable Populations

Multiple vulnerable populations of homeless men, women and teenagers and children that have not transportation or health care. – Healthcare Provider
LGBTQ Health. There are few health services for the LGBTQ community, a population with severe health disparities. – Public Health Representative
Miami-Dade County is a melting pot of different cultures and ethnicity with a thriving immigration population, some of whom are illegal and cannot obtain access to services. This can put a strain on our public health system which means we need the fiscal support to serve this population whom is often very vital to our local economy. In addition, legal citizens are also shut out due to income and social disparities that may preclude many vulnerable populations being able to access care. Florida must expand Medicare to address the health and improve the lives of residents in our community. Our population in Miami-Dade County is at risk as well, so programs to access care for elderly and other low-income populations must be a priority for our local leaders. – Healthcare Provider

Specialties

Occupational illness. Many employers are not held to national standards and audited well enough to prevent occupational-related health issues. – Physician
Orthopedic joint and spine issues. – Physician
I have heard quite a bit about eyesight being a big concern for children and families in the community. – Social Services Provider

Coordinated Care

Access to primary care and pediatric care, I think that's a deficiency in Miami-Dade. Fragmented care is a huge challenge for pediatric care in this population. – Hospital Leader



No coordinating body or approach to address our issues and what needs to be done. Lots of well-intentioned people and organizations, but they don't come to table in a collaborative way with a leading organization to align and marshal resources. – Healthcare Provider

Lack of coordination for the delivery of complex care. Because of competition between health care systems. – Physician

We have a very fragmented pediatric care system, with multiple organizations competing for resources, and I don't know how well that serves the community. – Hospital Leader

We are more focused on specialty care, not on primary care. With the population of Miami-Dade and South Florida growing so rapidly, I don't think we have enough providers to manage this population. – Hospital Leader

Awareness/Education

Disjointed access in information where to go, waiting for appointments, costs. People give up and try to make due. And County Public Health's belief that they do a good job in getting out information, their best is not good. – Social Services Provider

COVID-19

There are concerns of safety around contracting coronavirus and patients are less likely to utilize their traditional clinics. Part of this problem is tied to individuals that use the ER as their PCP. If there was a streamlined way to highlight and share telehealth implementation this could be stemmed. There is also a false belief currently that those in health crisis are better off not going to the ER because of fears of COVID-19 contraction. As always, there are issues of healthcare costs as well. I know those who will forgo all medical treatment because they are of the belief that all an ER visit will do is give them medical bills with no real support. Some of the best support that can be offered is a continued focus on innovative, prevention. – Social Services Provider

Appointment Availability

The next available appointment for many patients in this community is prohibitively long. – Hospital Leader



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

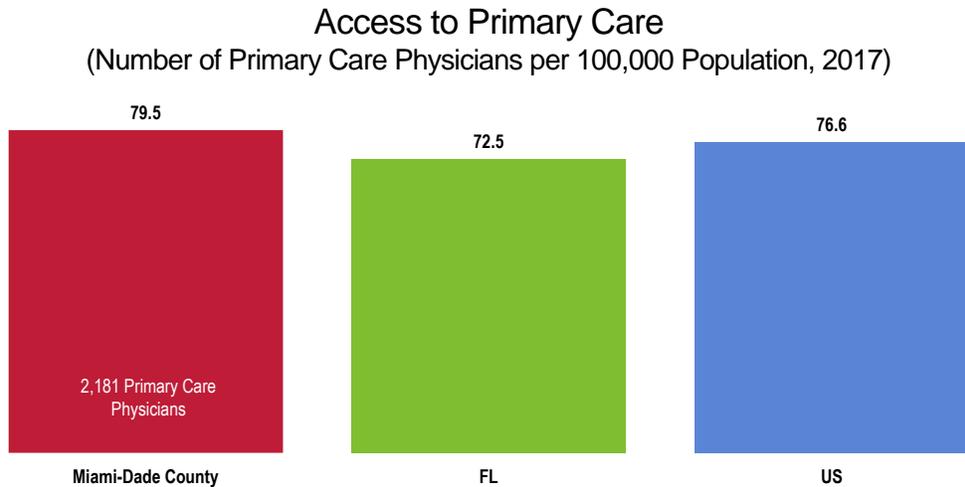
Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

In 2017, there were 2,181 primary care physicians in Miami-Dade County, translating to a rate of 79.5 primary care physicians per 100,000 population.



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2020 via SparkMap (sparkmap.org).

Notes:

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



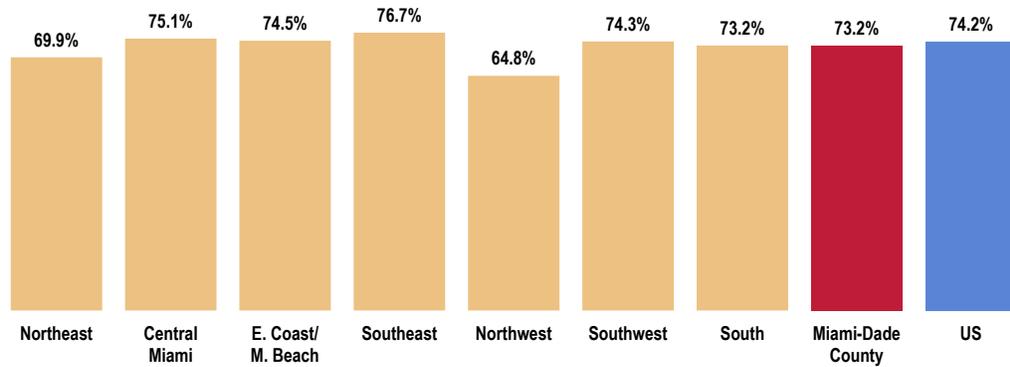
Specific Source of Ongoing Care

A total of 73.2% of Miami-Dade County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ The prevalence fails to satisfy the Healthy People 2030 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 170]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

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 crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Utilization of Primary Care Services

Adults

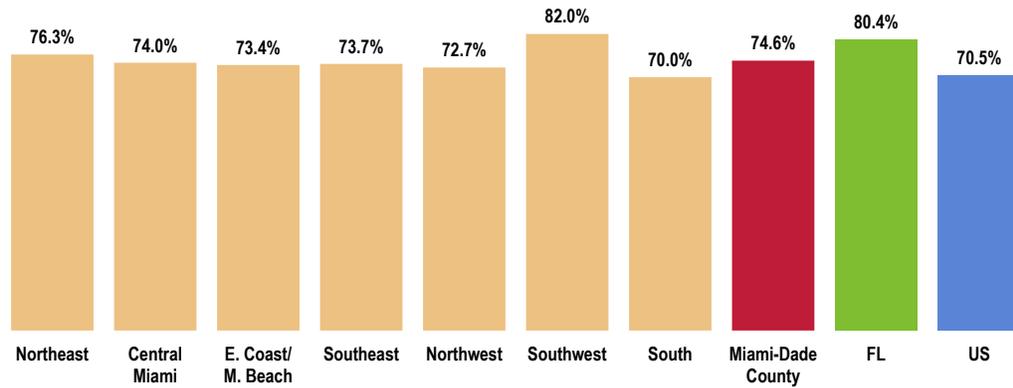
Three in four adults (74.6%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Lower than the Florida figure but higher than the US figure.

DISPARITY ▶ Highest in the Southwest community. Reported less often among men, young adults, those at either end of the income range, Whites, and Hispanics.



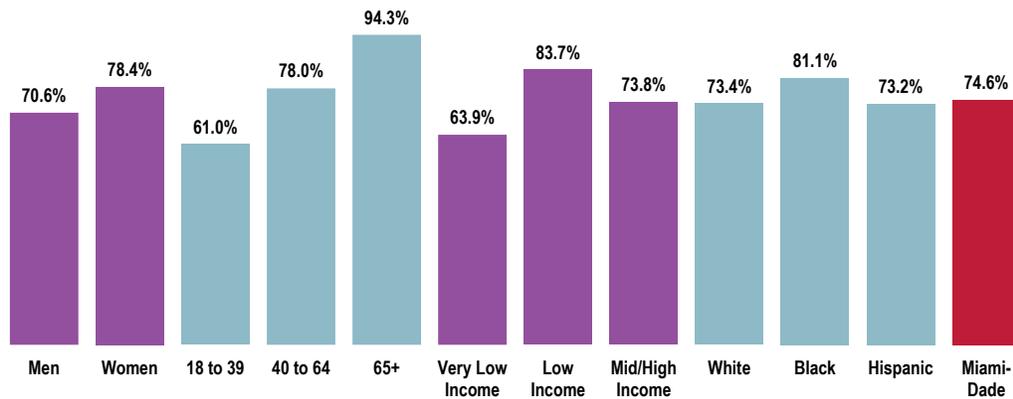
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Florida data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

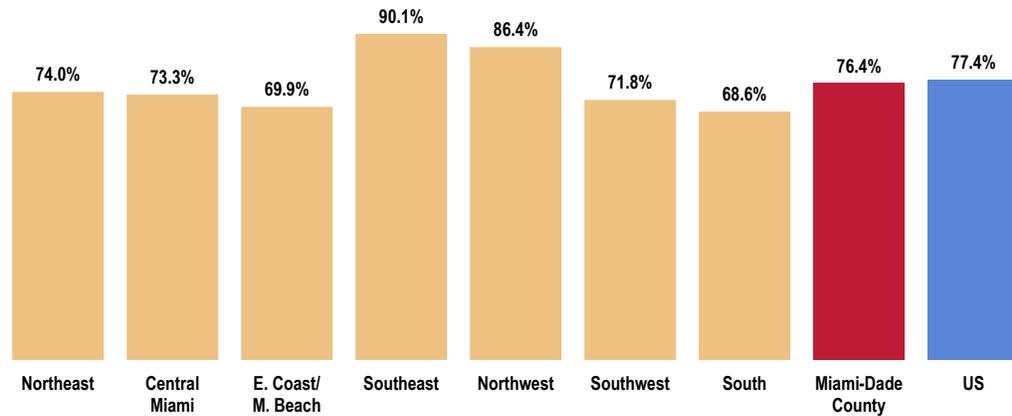


Children

Among surveyed parents, 76.4% report that their child has had a routine checkup in the past year.

DISPARITY ► Highest in Southeast and Northwest Miami-Dade.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 105]
• 2020 PRC National Health Survey, PRC, Inc.

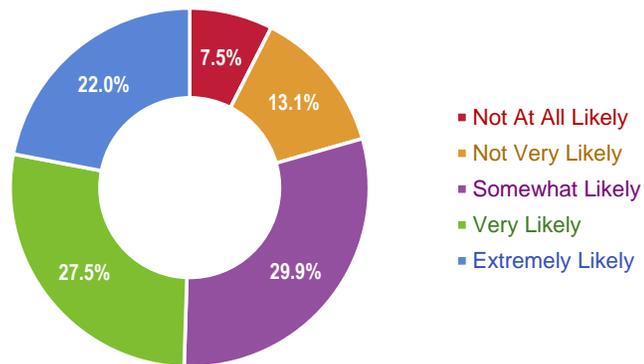
Notes: • Asked of all respondents with children 0 to 17 in the household; note that East Coast/Miami Beach and Southwest respondent samples are <50.

Likelihood of Using Telemedicine for Future Routine Medical Care

Adults

Half of Miami-Dade County adults would be “extremely” or “very” likely to use tele-medicine in the future.

Likelihood of Using Telemedicine for Future Routine Medical Care (Miami-Dade County, 2020)



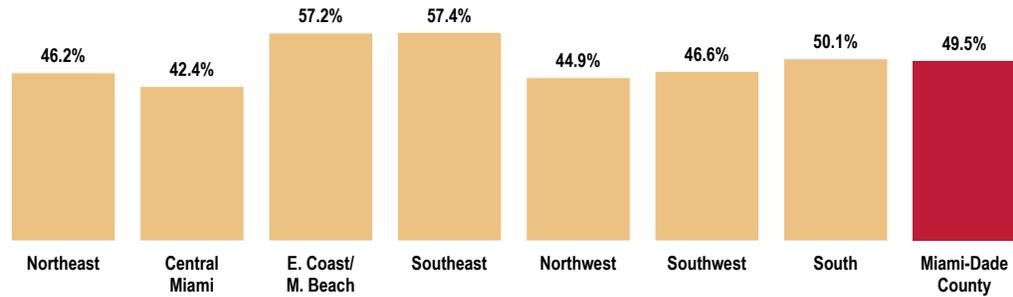
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 314]

Notes: • Asked of all respondents.



DISPARITY ► The prevalence is highest in the East Coast/Miami Beach community.

Would Be “Extremely” or “Very” Likely to Use Telemedicine for Future Routine Medical Care



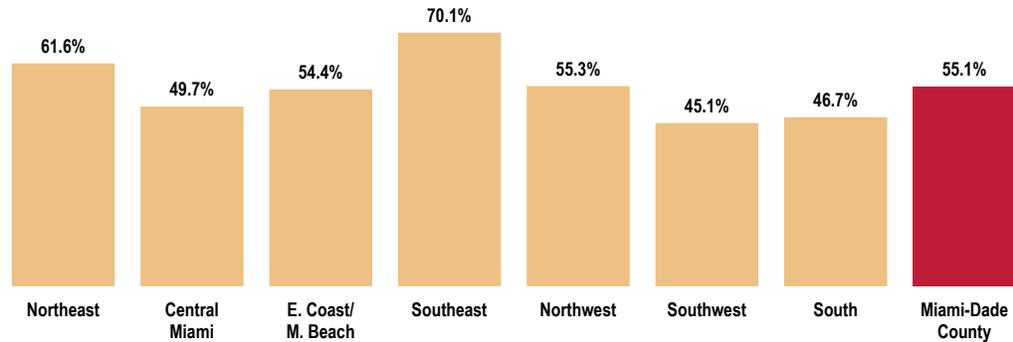
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: • Asked of all respondents.

Children

Among surveyed parents, 55.1% report they would be “extremely” or “very likely” to use telemedicine instead of an office visit for their child’s routine medical care in the future.

DISPARITY ► More often reported among parents in Southeast Miami-Dade.

“Extremely/Very Likely” to Use Telemedicine for Child’s Future Routine Medical Care (Miami-Dade County Parents, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents with children 0 to 17 in the household; note that East Coast/Miami Beach and Southwest respondent samples are <50.

Telemedicine (services and information via telecommunication technologies) allows for long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.

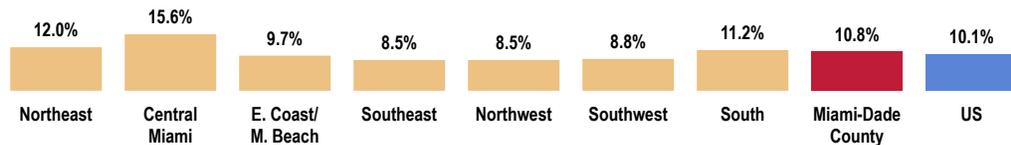


EMERGENCY ROOM UTILIZATION

A total of 10.8% of Miami-Dade County adults have gone to a hospital emergency room more than once in the past year about their own health.

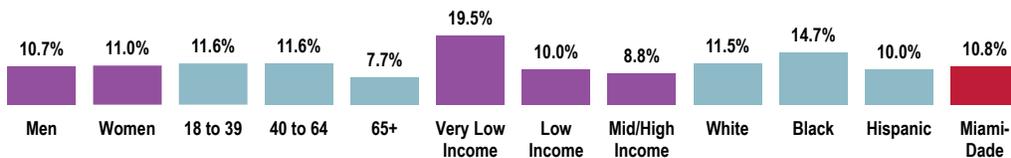
DISPARITY ► Geographically highest in Central Miami. Exceptionally high in residents living below the poverty level throughout Miami-Dade County.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Miami-Dade County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Care

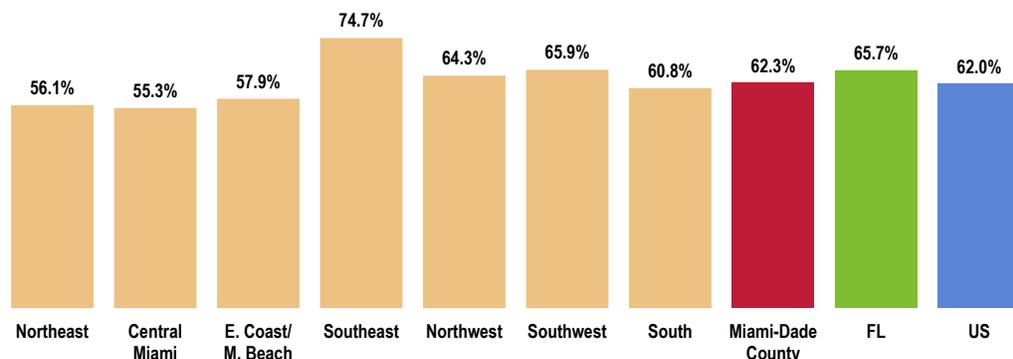
Adults

A total of 62.3% of Miami-Dade County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Below statewide findings, but satisfies the Healthy People 2030 target.

DISPARITY ▶ Lowest in Central Miami; highest in Southeast Miami-Dade. In terms of demographics, receipt of dental care is low among younger adults, and especially low in Blacks and households with very low incomes.

Have Visited a Dentist or
Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher



Sources:

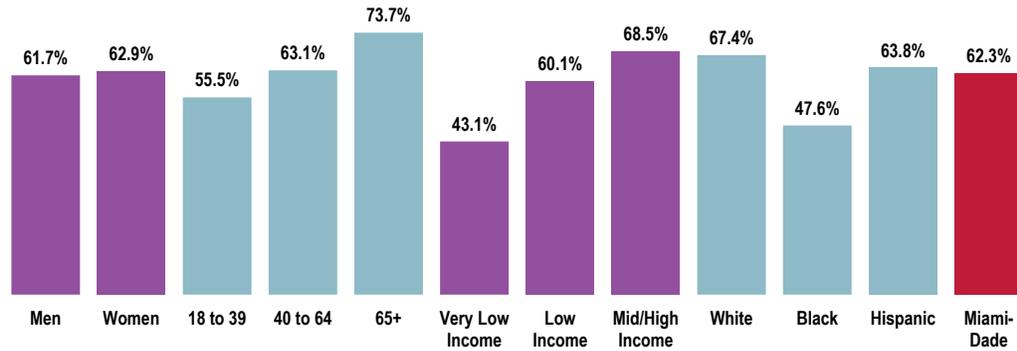
- 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Florida. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Florida data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.



Have Visited a Dentist or Dental Clinic Within the Past Year (Miami-Dade County, 2020) Healthy People 2030 = 45.0% or Higher



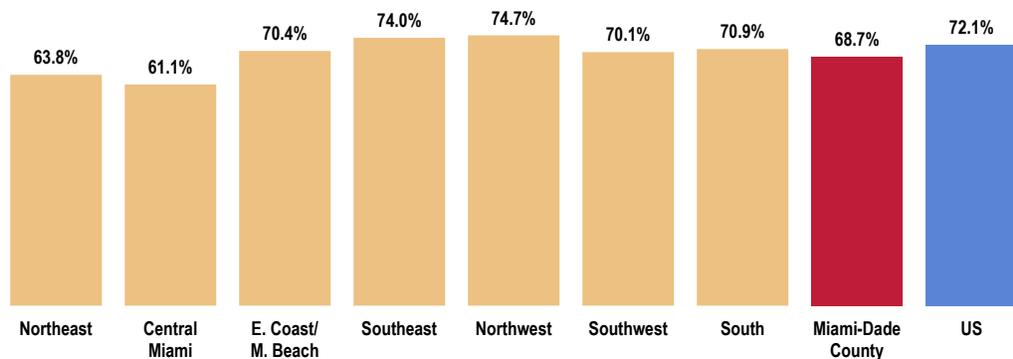
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Children

A total of 68.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 target.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17) Healthy People 2030 = 45.0% or Higher

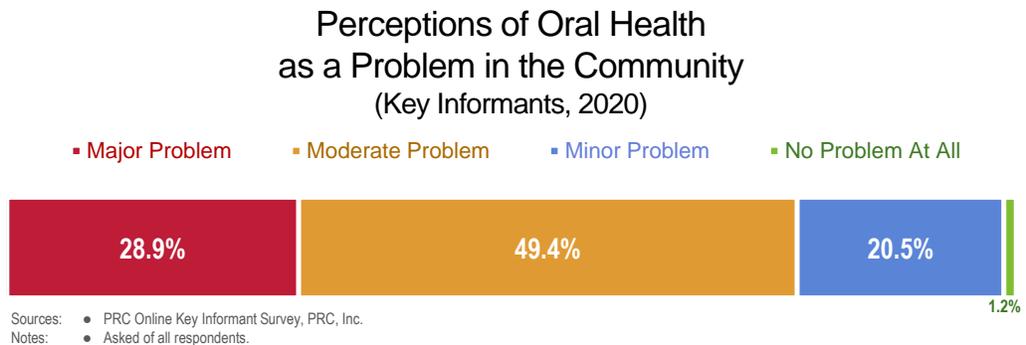


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 2 through 17.



Key Informant Input: Oral Health

Nearly half of key informants taking part in an online survey characterized *Oral Health* as a “moderate problem” in the community.



Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

- Access to dental insurance. – Healthcare Provider
- People do not have access to affordable dentistry. Very few health policies even by companies have adequate coverage. – Social Services Provider
- Insufficient resources, especially. for people living in or near poverty. – Physician

Access to Care

- No insurance coverage. – Public Health Representative
- Lack of access to consistent dental care. – Community Leader
- Because uninsured or underinsured cannot get services. – Physician

Contributing Factors

- Expensive services, lack of insurance, lack of awareness. – Social Services Provider
- Affordability, health professional shortage in unserved/underserved, lack of preventive care, diabetes. – Public Health Representative
- More dental clinics needed. Many workers with health benefits do not have dental care coverage. Oral interventions are expensive. – Public Health Representative

Awareness/Education

- It is not recognized as important to overall health, despite the dangers of infection causing serious health problems. Again, there is little access to those who can't afford it. – Social Services Provider
- Poor outreach. – Physician

Lack of Providers

- Lack of pediatric dentists, especially willing to care for Medicaid patients. – Physician

Vulnerable Populations

- Many immigrants who had poor dental health growing up. – Community Leader



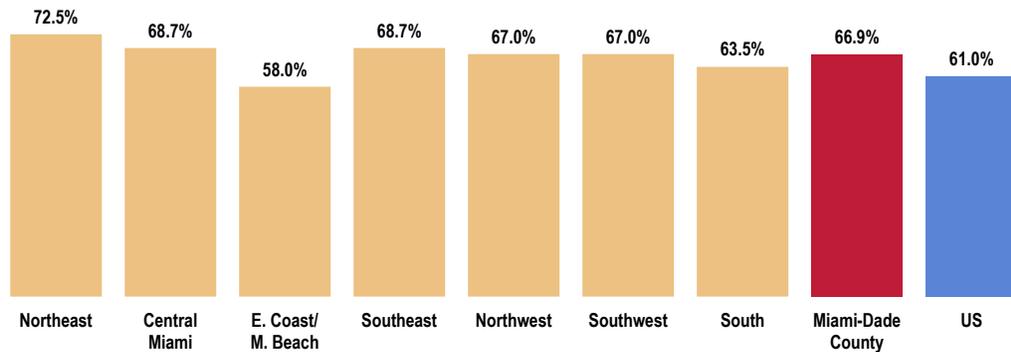
VISION CARE

Two-thirds (66.9%) of Miami-Dade County residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Better than found nationally.

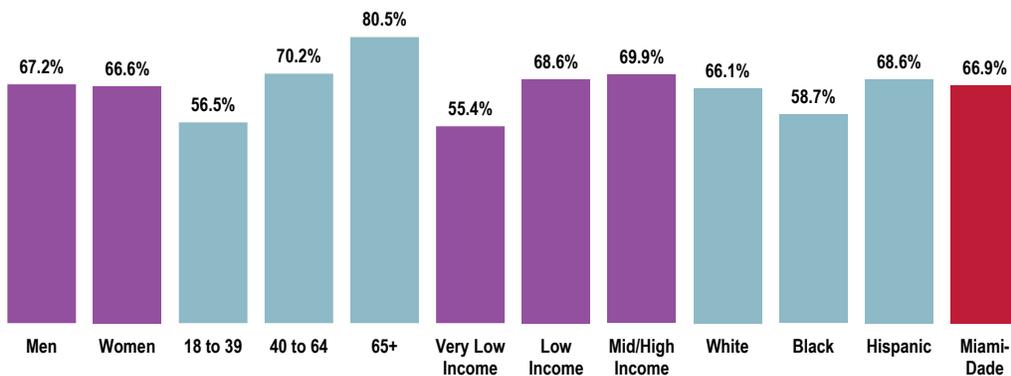
DISPARITY ► Quite low in the East Coast/Miami Beach community. Further, adults under age 40, those living below poverty, and Black adults are much less likely than their counterparts to have had a recent eye exam.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
Healthy People 2030 = 61.1% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Miami-Dade County, 2020)
Healthy People 2030 = 61.1% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.



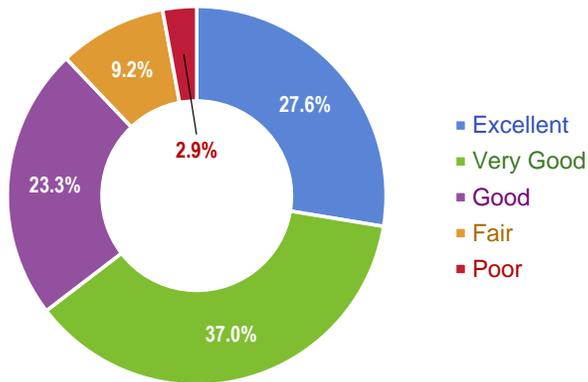


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Miami-Dade County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Miami-Dade County, 2020)



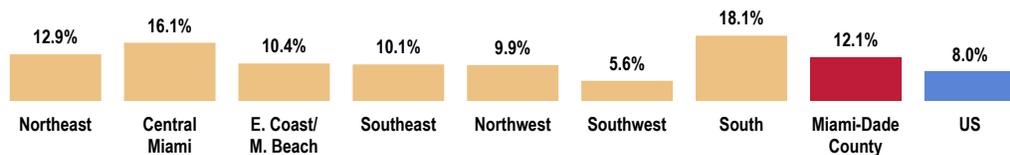
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 12.1% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ▶ Less favorable than national findings.

DISPARITY ▶ South Miami-Dade residents are particularly critical of local health care services. Note also the very strong correlation with income; in fact, “fair/poor” ratings are primarily associated with respondents who experienced access barriers over the course of the past year.

Perceive Local Health Care Services as “Fair/Poor”

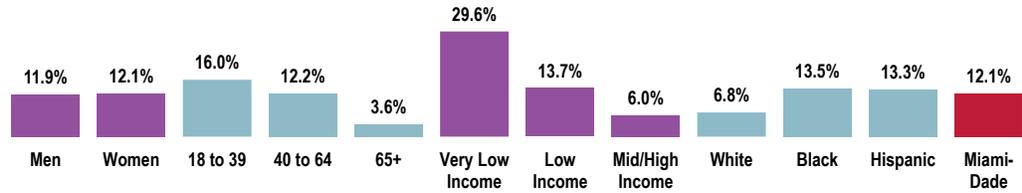


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Miami-Dade County, 2020)

With Access Difficulty 26.1%
No Access Difficulty 2.5%



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.



OUTMIGRATION FOR CHILDREN'S HEALTH CARE SERVICES

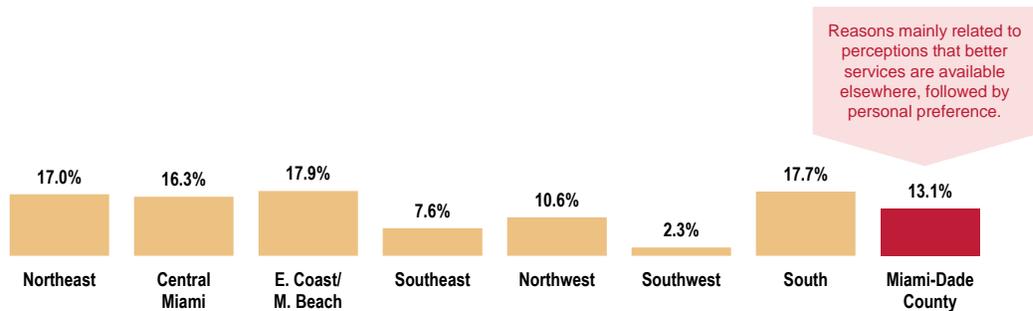
Among surveyed households with a child under the age of 18, 13.1% say there are medical services for which they feel the need to leave the county for their child's care.

DISPARITY ► Relative few respondents in Southwest Miami-Dade expressed a perceived need to leave Miami-Dade for their child's care.

While uncertainty was high (38.3%), reasons primarily involved a perception that **better care is available elsewhere** (22.2%) or **personal preference** for service outside the county (11.4%). Only 7.1% say it was because a particular service is not available locally.

Surveyed parents were also asked if there are any health care services for which they feel the need to leave Miami-Dade County to receive care for their child.

Outmigration for Child's Medical Care
(Miami-Dade County Parents, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 320-321]

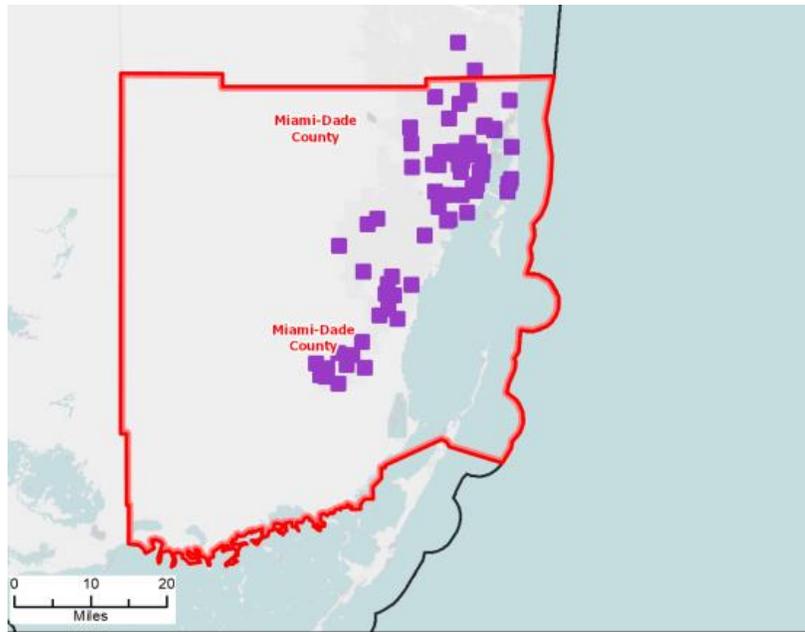
Notes: • Asked of all respondents with children 0 to 17 in the household; note that East Coast/Miami Beach and Southwest respondent samples are <50.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Miami-Dade County as of December 2019.



Map Legend

Federally Qualified Health Centers, POS
December 2019
■

Report Location, County
□

SparkMap



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- 211 Helpline
- Affordable Care Act (ACA)/ Obamacare
- AIDS Healthcare Foundation (AHF)
- American Red Cross
- Area Health Education Center (AHEC)
- Big Brothers Big Sisters
- Borinquen Behavioral Health Resource Center
- Borinquen Medical Centers of Miami-Dade
- Camillus Health Concern
- Care Resource Community Health Centers, Inc.
- Catalyst Miami
- Catholic Services
- Community Clinics
- Community Health Centers
- Federally Qualified Health Centers
- Florida Breast Health Initiative
- Florida Health Miami Dade County
- Florida Immigrant Coalition
- Free Clinics
- Health Choice Network
- Health Council of South Florida
- Health District Center
- Health Fairs
- Homeless Shelters
- Jackson Health System
- Jackson Memorial Hospital
- Jackson Public Health Trust
- Jesse Trice Community Health Centers
- League Against Cancer/Liga Contra Cancer
- Light of the World Clinic
- Little Haiti Health Center
- Miami-Dade Gay and Lesbian Chamber of Commerce
- New Horizons
- Pediatric Mobile Clinic
- Pridelines
- South Florida Behavioral Health Network
- St. Johns Missionary Baptist Church
- The Children's Trust
- United Way

- University of Miami Clinic at Miami Northwestern High School
- University of Miami Health System (UHealth)
- University of Miami IDEA Exchange—Needle Exchange Program
- University of Miami Mitchell Wolfson Department of Community Service
- University of Miami Pediatric Mobile Clinic
- Veterans Affairs
- WIC

Cancer

- American Cancer Society
- Area Health Education Center (AHEC)
- Baptist Health Cancer Center
- Baptist Health South Florida
- Cleveland Clinic Weston
- Community Health Centers
- Community Health of South Florida (CHI)
- Federally Qualified Health Centers
- Florida Breast Cancer
- Jackson Health System
- Jackson Health System Holtz Children's Hospital
- Jackson Memorial Hospital
- Liga Contra Cancer
- Moffitt Cancer Center
- Mount Sinai Medical Center
- Nicklaus Children's Hospital
- Sharsheret—Jewish Breast & Ovarian Cancer Community
- Switchboard of Miami
- Sylvester Game Changer
- University of Miami Health System (UHealth)
- University of Miami Mitchell Wolfson Department of Community Service (DOCS)
- University of Miami Health System – Sylvester Comprehensive Cancer Center
- West Perrine Clinic

Coronavirus Disease/COVID-19

- Baptist Health South Florida
- Baptist Hospital
- Centers for Disease Control (CDC)
- Chamber of Commerce



- City of Miami
- City Outreach Workers
- Community Health Centers
- County Government
- COVID Programs
- COVID Screening Site
- Drive-in Testing Sites
- Federally Qualified Health Centers
- Feeding South Florida
- Florida International University
- Food Banks
- Foundations
- Homeless Trust
- Insurance Company
- Jackson Health System
- Jackson Memorial Hospital
- Jesse Trice Community Health Centers
- Johns Hopkins
- Larkin Hospital
- MDCPS School Health Advisory Committee
- Miami-Dade County
- Miami-Dade County Food Delivery
- Miami-Dade County Testing Sites
- Miami-Dade Gay and Lesbian Chamber of Commerce
- News Media
- Nicklaus Children's Hospital
- Overtown Children and Youth Coalition
- Pediatric Mobile Clinic
- Public Health Trust
- Quest Diagnostics
- State Political Public Health and AHCA Leadership
- United Way
- University of Miami Health System (UHealth)
- University of Miami Moderna Trial

Dementia/Alzheimer's Disease

- Alliance for Aging
- Alzheimer's Association
- American Association of Retired Persons (AARP)
- Baptist Health South Florida
- Consortium for a Healthier Miami-Dade
- Easter Seals
- Elders Affairs
- Florida Department of Elderly Affairs
- Florida Silver Alert
- Jackson Health System Behavioral Health Hospital
- Jackson Memorial Hospital
- Miami Alzheimer's Care
- Miami Dade Age Friendly Initiative

- Miami-Dade County
- Mount Sinai Medical Center
- United Way
- University of Miami Health System (UHealth)
- VITAS End-of-Life Care

Diabetes

- American Diabetes Association
- Area Health Education Center (AHEC)
- Aventura Medical Center
- Baptist Health South Florida
- Chamber of Commerce
- Community Clinics
- Community Health Centers
- Community Health of South Florida
- Community Health Workers
- Community Specialists
- Conviva
- Diabetes Center of Miami
- Diabetes Treatment Center of Mercy Hospital
- Federally Qualified Health Centers
- Florida Department of Health
- Insurance Company
- Jackson Memorial Hospital
- Jesse Trice Community Health Centers
- Leon
- Memorial Regional Hospital
- Nicklaus Children's Hospital
- Nonprofits
- Nutrition Services
- Public Health Trust
- Radio
- St. John Bosco Clinic
- University of Miami Diabetes Research Institute
- University of Miami Health System (UHealth)
- University of Miami Medical Center
- University of Miami Mitchell Wolfson Department of Community Service (DOCS)
- YMCA

Disabilities

- Children's Trust
- Disabled Firefighter Association
- Federally Qualified Health Centers
- IDEA Needle Exchange
- Independent Living Centers
- Jackson Health System
- Jackson Pain Clinic
- Lynn Rehab Center
- Mailman Center for Pediatrics at University of Miami Health System
- Miami Pain Institute



Morning Star Disability Advocate
 Pain Management Clinical at University of
 Miami Health System
 Parent to Parent of Miami
 University of Miami Health System (UHealth)
 University of Miami Health System Physical
 Medicine and Rehab Clinics
 Veterans Affairs

Family Planning

Children's Trust
 Community Health Centers
 Dade Family Planning Clinic
 Federally Qualified Health Centers
 Florida Department of Health
 Health Information Project
 Health Start Coalition of Miami Dade
 Jackson Health System
 Jackson Health System Holtz Children's
 Hospital
 Jackson Memorial Hospital
 Jesse Trice Community Health Centers
 Nicklaus Children's Hospital
 Overtown Children and Youth Coalition
 Pediatric Mobile Clinic
 Planned Parenthood
 Public Health Trust
 University of Miami Health System (UHealth)
 University of Miami Mailman Center for
 Pediatrics at University of Miami Health
 System
 WIC

Heart Disease

American Heart Association
 Area Health Education Center (AHEC)
 Baptist Health South Florida
 Brickell Run Club
 Community Health Centers
 Doctor's Offices
 Federally Qualified Health Centers
 Fitness Centers/Gyms
 Florida Blue
 Florida Department of Health
 Florida Heart Research
 Heart Disease Foundation
 Jackson Health System
 Jackson Heart Institute
 Jackson Memorial Hospital
 Miami Cardiac and Vascular Institute
 Mount Sinai Medical Center
 Nonprofits
 Palmetto Hospital
 Parks and Recreation

St. John Bosco Clinic
 University of Miami Health System (UHealth)
 University of Miami Mitchell Wolfson
 Department of Community Service (DOCS)

Injury and Violence

911
 Aventura Trauma Center
 Baptist Health South Florida
 Camillus House
 Children's Trust
 Community Run Events
 Florida Chapter of AAP
 Florida Department of Health
 Gang Alternative, Inc.
 GATE Program (Gifted and Talented)
 Homeless Trust
 Jackson Health System
 Jackson Health System Behavioral Health
 Hospital
 Jackson Memorial Hospital
 Kendall Regional Medical Center Trauma
 Center
 Lotus House
 Miami Children's Initiative
 Miami-Dade County
 Nonprofits
 Ryder South Trauma Center
 School System
 Survivors' Pathway
 The Circle of Brotherhood
 The Lodge
 Together for Children
 Trauma Center Programs
 United Way
 University of Miami Department of Pediatrics
 Injury Prevention Program
 University of Miami IDEA Needle Exchange
 Program
 University of Miami Safe Routes to School
 Program
 Victim Response Inc.

Kidney Disease

Area Health Education Center (AHEC)
 DaVita Dialysis
 Florida Department of Health
 Fresenius Dialysis
 Jackson Health System
 Kidney Walk
 Medicaid
 Miami Transplant Institute
 National Kidney Foundation
 The Kidney Spa



University of Miami Chronic Kidney Failure
University of Miami Health System (UHealth)
University of Miami Mitchell Wolfson
Department of Community Service (DOCS)

Mental Health

Agape
Banyan Health
Baptist Hospital
Borinquen Medical Centers of Miami-Dade
Branches–South Florida
Camillus House
CHI Behavioral Health
Children’s Bereavement Center
Children’s Medical Services
Children’s Trust
Citrus Health
Community Clinics
Douglas Gardens Community Mental Health Center
Eluna Network
Federally Qualified Health Centers
Florida Behavioral Health Network
Florida Blue
Florida International University
Foundations
Health Choice Network
Honeycomb House
Informed Families
Inpatient Facilities
I-Smile
Jackson Health System
Jackson Memorial Hospital
Jackson South
Jail System
Jesse Trice Community Health Centers
Jewish Community Services
Larkin Hospital
MDCPS School Health Advisory Committee
Meditation Apps
Mental Health Services
National Alliance on Mental Illness (NAMI)
National Suicide Prevention Lifeline
New Horizons
Nicklaus Children’s Hospital
Nonprofits
Private, For-Profit Programs
Public Health Trust
South Florida Behavioral Health Network
Southern Winds Hospital
Survivors’ Pathway
Switchboard of Miami

The Key Clubhouse
The Village
Thriving Mind
University of Miami Health System (UHealth)
University of Miami Mailman Center for Pediatrics
University of Miami Mitchell Wolfson
Department of Community Service (DOCS)

Nutrition, Physical Activity, and Weight

American Heart Association
Area Health Education Center (AHEC)
Bridge to Hope
CAP for Kids
Caring for Miami
Churches
Community Food Pantries
Community Gardens
Community Health Workers
Community-Based Organizations
Consortium for a Healthier Miami-Dade
Farm Share
Feeding South Florida
Fitness Centers/Gyms
Florida Department of Health
Florida Impact to End Hunger
Food Banks
Foot Works Running Group
Ford Foundation
Little Havana Activities and Nutrition
Meal Delivery Services
Miami Rescue Mission
Nutrition Services
Parks and Recreation
Peleton
School System
The Urban Oasis Project
University of Miami Health System (UHealth)
University of Miami Mitchell Wolfson
Department of Community Service (DOCS)
University of Miami/JHS Mobile Clinic
Urban Vegetable Project
Weight Loss Centers of America
Weight Watchers
West Kendall Baptist Healthy Hub
WIC
YMCA

Oral Health

Caring for Miami
Colgate Van
Community Health Centers
Dental Lifeline



- Jackson Health System
- NOVA Clinics
- Smiles Dental Program
- University of Miami Mitchell Wolfson
Department of Community Service (DOCS)
- University of Miami Pediatric Mobile Clinic

Respiratory Disease

- American Lung Association
- Anti-smoking Campaigns
- Area Health Education Center (AHEC)
- COPD Foundation
- Florida Department of Health
- Florida Resource Center
- Jackson Health System
- Liga Contra Cancer
- Miami Children's Initiative
- University of Miami Mitchell Wolfson
Department of Community Service (DOCS)

Sexual Health

- AIDS Health Foundation
- Area Health Education Center (AHEC)
- Be Strong International
- Borinquen Medical Centers of Miami-Dade
- Care Resource
- Care4U Management
- Community Health Centers
- Community-based Organizations
- Federally Qualified Health Centers
- Florida Department of Health
- Hispanic AIDS Foundation
- Latinos Salud
- League Against AIDS
- MDCPS School Health Advisory Committee
- Miami-Dade County Health
- Planned Parenthood
- Pridelines
- Project U-Turn | Hope For Miami
- Ryan White Program (County Service)
- Switchboard of Miami
- TransSocial/South Florida AIDS Network
- Trinity Church Peacemakers Family Center
- University of Miami Health System (UHealth)
- University of Miami Health System – Sylvester
Comprehensive Cancer Center
- University of Miami Health System IDEAS
Clinic and PrEP Mobile Units
- University of Miami IDEA Needle Exchange
Program
- University of Miami Mitchell Wolfson
Department of Community Service (DOCS)
- Urgent Care
- World AIDS Museum

Substance Abuse

- AA/NA
- Agape
- Banyan Health
- Better Way
- Betty Ford
- Borinquen Medical Centers of Miami-Dade
- Camillus House
- Catalyst Miami
- Citrus Health
- Jackson Health System Behavioral Health
Hospital
- Jackson Memorial Hospital
- JHS Medication Assistance Treatment Clinic
- Lakeview Health
- Larkin Hospital
- Lotus House
- Miami Addiction Treatments
- Miami Dade Community Services
- Miami Substance Abuse
- New Hope C.O.R.P.S.
- Public Health Trust
- South Florida Behavioral Health Network
- Substance Abuse and Mental Health Services
Administration
- Switchboard of Miami
- University of Miami IDEA Needle Exchange
Program
- University of Miami Mitchell Wolfson
Department of Community Service (DOCS)
- Village South / Westcare

Tobacco Use

- American Cancer Society
- American Lung Association
- Area Health Education Center (AHEC)
- Tobacco Free Florida
- United Way
- University of Miami Mitchell Wolfson
Department of Community Service (DOCS)
- Urban Partnership of Miami-Dade County





APPENDICES

UNIVERSITY OF MIAMI HOSPITAL AND CLINICS: EVALUATION OF PAST ACTIVITIES

Community Benefit

The University of Miami Health System (UHealth) completed its last Community Health Needs Assessment in 2018, however UHealth decided to join Jackson Health System and Nicklaus Children's Health System in completing Miami-Dade County's first collaborative Community Health Needs Assessment. This historic joint effort helps to ensure a comprehensive evaluation of community needs, spurring continued communication and collaboration on addressing identified areas of opportunity for improved health and well-being within Miami-Dade County. In doing so, UHealth is effectively moving forward our requirement to survey community health status by two years and will complete a corresponding implementation plan to address the needs identified in this collaborative assessment.

Thus, the information reflected below is reflective of one year of community benefit activity as opposed to a three-year summary which are traditionally included in Community Health Needs Assessment's Evaluation of Past Activities.

Addressing Significant Health Needs

In the University of Miami Hospital and Clinics (UHealth) most recent Community Health Needs Assessment (CHNA), the following were identified as priority community health needs:

- Access to Care
- Availability of Primary Care and Prevention
- Cancer – Prevention and Treatment
- Chronic Disease Management
- Communicable Disease, including HIV and STD's
- Healthy Lifestyles, including physical activity and nutrition
- Maternal and Child Health

To address these needs, UHealth developed a comprehensive implementation plan with specific strategies to positively impact the identified areas of opportunity and the overall health and well-being for the residents of Miami-Dade County. Each of the priorities identified in our recent CHNA have several corresponding strategies/action plans included in the implementation plan, which were developed via consensus amongst a multidisciplinary steering committee. The implementation plan was approved by the UHealth Board of Directors in September 2019.

UHealth's community benefit activities were greatly impacted beginning in March 2020 by the novel coronavirus (COVID-19). In early March 2020, all community-based activities, that could not be shifted online, were placed on hold for the safety of our community residents, faculty and staff. However, it should be noted that UHealth successfully transitioned many of its community benefit outreach, education and wellness activities, as well as health care delivery, to virtual platforms ensuring continuity of information and care to address the most pressing needs in our community.



Evaluation of Impact

| PRIORITY AREA 1: ACCESS TO CARE | |
|--|--|
| Community Health Need | Accessing health care is often complex, with residents often facing multiple financial, organizational, institutional and social or cultural barriers that may impact appropriate utilization of the health care system. Although the Affordable Care Act expanded health insurance coverage to Americans, it is still unclear if increased coverage has impacted the clinical outcomes. In addition, it is understood that expanded insurance coverage does not mitigate the additional barriers to accessing appropriate health care |
| <i>Strategy 1: Connect patients to health insurance coverage</i> | |
| Actions | Provide financial assistance to enroll patients seeking care with appropriate financial resources |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth assisted with linking 1,280 Miami-Dade uninsured residents to health insurance coverage via outreach, education and enrollment efforts. These residents were also provided additional information and referrals to local County programs that may also provide additional support |
| <i>Strategy 2: Educate patients, their family members and community members on all financial resources available to them to ensure they receive appropriate care</i> | |
| Actions | Develop a comprehensive guide for all financial resources available and train financial counselors on accessing all options to use when counseling patients on options |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth staff were trained on a variety of financial resources including Florida Medicaid, Florida KidCare, UHealth's charity care policy as well as other sponsored programs. In addition, they are well versed to provide additional guidance on out-of-pocket costs such as co-pays, deductibles and coinsurance as well as global packages, payment plans and self-pay offerings |
| <i>Strategy 3: Screen and provide referrals to appropriate services for patients with low vision needs</i> | |
| Actions | Provide referrals to Light House and Division of Blind Services for appropriate |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth screened and provided referrals to 48 individuals with low vision to appropriate community-based services |
| <i>Strategy 4: Increase enrollment in Florida KidCare to ensure access to appropriate care</i> | |
| Actions | Enroll children needing coverage and provide education on resources available for children needing care |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth provided assistance with Florida KidCare, Florida Medicaid and various disability coverage to more than 1,200 community members |



PRIORITY AREA 2: AVAILABILITY OF PRIMARY CARE AND PREVENTION

| | |
|---|--|
| Community Health Need | The nationwide shortage of primary care providers is projected to worsen as our population ages, as fewer medical students choose to practice primary care and access to health insurance coverage increases under the Affordable Care Act. Further exacerbating the shortage are the low rates of reimbursement to providers accepting Medicaid, the national health program for low-income individuals and families. Because the current Medicaid reimbursement rates are low, many providers are unwilling to accept new patients. As a result, Medicaid enrollees and the uninsured often turn to the safety net and charity care for the primary care they need |
| <i>Strategy 1: Provide free comprehensive primary care to underserved populations</i> | |
| Actions | Conduct free comprehensive health fairs and clinics |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth hosted 15 health fairs/clinics in underserved communities, including South Dade, Little Haiti, Hialeah, Liberty City, West Kendall and two sites in our tertiary service area, Fort Lauderdale and the Florida Keys. At these events, 1,900 community members received free comprehensive primary care including access to screenings for blood pressure, cholesterol and glucose, cancer (colorectal, skin etc.), oral health, memory and mental health, hearing loss, vision (including glaucoma), Hepatitis C, HIV, intimate partners violence, men and women's health, osteoporosis, pap smears, physical therapy and pediatric education |
| <i>Strategy 2: Increase availability to primary care providers</i> | |
| Actions | Recruit additional primary care providers and open clinics in Miami-Dade County |
| Strategy Was Implemented? | Yes |
| Results/Impact | Our health system has onboarded an additional seven primary care providers (PCPs) who provided care to underserved patients in UHealth primary care clinics |
| <i>Strategy 3: Provide well child visits and chronic health management services</i> | |
| Actions | Provide well child visits in mobile clinic free of charge |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth faculty and staff provided 4,484 school children with well child visits or chronic health management appointments through our Pediatric Mobile Unit |



PRIORITY AREA 3: CANCER PREVENTION AND TREATMENT

| | |
|---|---|
| Community Health Need | As of 2011, cancer surpassed heart disease to become the primary cause of mortality for Floridians, primarily due to the State's large population of older adults (65 years of age and older). This trend is mirrored in Miami-Dade County. Cancer-specific mortality has been steadily increasing across the region over the past 10 years, even for cancer sites, largely amenable to prevention and early detection. As in Florida and the broader US, breast, colorectal, lung, and prostate cancers account for the majority of cancer deaths in the Miami metropolitan area. However, there appears to be a unique pattern of disease burden among ethnic/racial minorities within Miami. Blacks and Hispanics are significantly more likely to be diagnosed with late stage disease for multiple cancer sites relative to their white counterparts |
| <i>Strategy 1: Provide cancer screening and prevention activities among populations with high incidence of cancer</i> | |
| Actions | Utilize a mobile unit to provide educational material promoting cancer awareness, conduct free cancer screening tests and facilitate connection to other resources through use of a resource directory |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth provided 2,700 community residents cancer screening and prevention materials, with more than 5% (157) residing in high cancer incidence zip codes within Miami-Dade County. Of those screened, 100% of those were referred to community-based supportive resources when appropriate |
| <i>Strategy 2: Conduct colon cancer screenings and educational activities</i> | |
| Actions | Series of colorectal cancer-focused health events to increase education about colorectal cancer and the importance of early detection of disease and free screening via fecal immunochemical (FIT) tests |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth provided 2,700 community residents with educational materials specific to colon cancer at 35 educational health events through the county. We also provided 73 no-cost colon cancer screening kits, with over 63% of them being returned for processing |
| <i>Strategy 3: Conduct free skin and thyroid cancer screenings for firefighters</i> | |
| Actions | Series of firefighter screenings in locations throughout Miami-Dade County |
| Strategy Was Implemented? | Yes |
| Results/Impact | Due to the high rate of cancer within our first responder community, UHealth conducts free cancer screenings for firefighters in South Florida. In FY20, UHealth screened 80 firefighters |
| <i>Strategy 4: Provide cancer screening and educational/prevention activities</i> | |
| Actions | Utilize a mobile unit to provide educational material promoting cancer awareness, conduct free cancer screening tests and facilitate connection to other resources through use of a resource directory |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth provided 2,700 community residents cancer screening and prevention materials |
| <i>Strategy 5: Provide reduced cost lung cancer screenings</i> | |
| Actions | Utilize outreach events to promote lung cancer screening and mobile unit to provide screenings to eligible individuals |
| Strategy Was Implemented? | Yes |
| Results/Impact | This year our team 326 residents with reduced cost lung cancer screenings, resulting in 4 lung cancer diagnoses and 21 residents who required additional evaluation over time |



PRIORITY AREA 4: CHRONIC DISEASE MANAGEMENT

| | |
|---|---|
| Community Health Need | Chronic diseases can often be controlled, but rarely cured. They include conditions such as heart disease and stroke, cancer, diabetes, arthritis, Alzheimer's, back problems, asthma, obesity, allergy and chronic depression. Chronic diseases are the leading cause of death and disability, worldwide. In 2014, the leading cause of death in UMHC's top five (5) PSAs was heart disease, followed by malignant neoplasms, chronic lower respiratory diseases, cerebrovascular diseases, and diabetes |
| <i>Strategy 1: Reduce hospitalizations related to hypertension/high blood pressure</i> | |
| Actions | Provide free glucose screening and blood pressure checks through health fairs and clinics |
| Strategy Was Implemented? | Yes |
| Results/Impact | In FY20, UHealth completed 1,600 blood pressure checks for residents, with 391 screenings resulting in elevated blood pressure readings. In addition, we provided glucose screenings for 1,466 Miamians, of which 135 were abnormal. 100% patients who underwent glucose or blood pressure screens were provided relevant education and guidance on how to improve their results |
| <i>Strategy 2: Educate the community on risks, prevention and management of chronic disease such as heart disease, diabetes, COPD</i> | |
| Actions | Conduct free community education talks on chronic disease |
| Strategy Was Implemented? | Yes |
| Results/Impact | In addition to community-based screenings, UHealth experts participated in two educational sessions with our world-renowned faculty and researchers. In November 2019 we hosted a session focused on Diabetes that educated 36 community members, and in February 2020, we hosted an informational evening for approximately 440 attendees focused on heart health |
| <i>Strategy 3: Create awareness of risk factors for heart disease, educate on factors to reduce risk and provide access to early intervention</i> | |
| Actions | Provide free online risk assessment for heart disease and access to intervention if needed |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth provided a free online Heart Aware risk assessment, which provides insight into an individual's risk factors for identifying cardiovascular disease; learning the next steps based on individual risk factors, and insight on lifestyle changes to lower heart disease risk. In FY20, 336 community residents completed the HeartAware Risk Assessment heart disease, of which 73% (245) were identified as "at-risk." Of those who completed the HeartAware screening, 125 community members received a face-to-face consultation. In addition, UHealth offered web-based WeightAware and StrokeAware screenings at no-cost as well. During February 2020, also known as "American Heart Month", UHealth also offered a reduced rate for Cardiac Calcium screenings. These screenings are normally \$99, but during heart month we offer the screenings at a reduced rate of \$25. In February 2020, UHealth provided 359 community members greatly reduced cardiac calcium screenings |



PRIORITY AREA 5: COMMUNICABLE DISEASE, INCLUDING HIV AND STDS

| | |
|--|--|
| Community Health Need | Communicable diseases, also known as infectious diseases, are those that can spread from one person to another. Preventing and controlling the spread of communicable disease is key to maintaining optimal health. Per the American Public Health Association, "There are many ways to prevent the spread of disease. Vaccinations have helped eliminate or greatly reduced disease threats. Proper handwashing, ensuring the food we eat and water we drink is safe, avoiding people who are sick and practicing safe sex are other important ways to slow or stop disease transmission. Outbreaks of communicable diseases can have an extraordinary impact on human health |
| <i>Strategy 1: Decrease HIV and AIDS incident rates in at risk populations</i> | |
| Actions | Utilize a mobile unit to provide free HIV screening and PrEP (pre-exposure prophylaxis) to individuals at high risk of infection but not yet infected |
| Strategy Was Implemented? | Yes |
| Results/Impact | In FY20, UHealth screened 493 community members for HIV. Those who tested positive were navigated to community-based follow up care |
| <i>Strategy 2: Decrease Hepatitis C incident rates in at risk populations</i> | |
| Actions | Utilize a mobile unit and the free clinical services provided by the Infectious Disease Elimination Act (IDEA) clinic to screen individuals at high risk of Hepatitis C for active infection |
| Strategy Was Implemented? | Yes |
| Results/Impact | UHealth screened 513 community residents for Hepatitis C, those who tested positive were then navigated to treatment and provided education on addressing healthcare needs in a timely manner, harm reduction and wound care |

PRIORITY AREA 6: HEALTHY LIFESTYLES: PHYSICAL ACTIVITY AND NUTRITION

| | |
|---|--|
| Community Health Need | With the increased burden of chronic disease, there is a need to enhance the time and attention to preventative measures to help prevent disease. In order to have a meaningful impact, access and availability of health-conscious spaces must be fostered by the community. This includes access to affordable fresh fruits and vegetables, safe communities that foster healthy lifestyles, and a foundational understanding of how lifestyle choices may impact clinical health outcomes |
| <i>Strategy 1: Link patients and their families with important resources for accessing nutritional meals.</i> | |
| Actions | Share schedules and locations to Farm Share trucks and provide links to Meals on Wheels and other options for nutritional options |
| Strategy Was Implemented? | Yes |
| Results/Impact | At our DOCS fairs and clinics, we share information with the community about various food banks and food distribution centers, including Feeding South Florida |



JACKSON HEALTH SYSTEM: EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Jackson Health System (JHS) has continued working to build the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County, just as it has for the last hundred years. Our commitment to this mission is exemplified in:

- Almost 2 million outpatient visits and 200,000 inpatient discharges between 2018 and the third quarter of 2020.
- More than \$710 million in charity care in 2018 and 2019.
- \$617 million spent on capital project to expand and improve facilities and points of access over the last three years.

Our work also reflects a focus on meeting the health needs of the community, as described below.

Addressing Significant Health Needs

Jackson Health System conducted its last CHNA in 2017 and reviewed the health priorities identified through that assessment. Taking into account the findings of the assessment, most critical needs, hospital resources, and overall alignment with the hospital's mission, goals, and strategic priorities, it was determined at that time that Jackson Health would focus on developing and/or supporting strategies and initiatives to improve:

- Availability of Primary Care and Prevention
- Access to Care
- Chronic Disease Management
- Maternal and Child Health
- Healthy Lifestyles: Exercise and Nutrition

Additionally, conversations indicated that behavioral health and substance abuse are a growing concern among hospital executives and medical professionals in Jackson Health System and in Miami-Dade County and warrants inclusion.

Strategies and tactics for addressing these priority areas were outlined in Jackson Health System's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Jackson Health System to address these significant health needs in Miami-Dade County.



Evaluation of Impact

| PRIORITY AREA 1: AVAILABILITY OF PRIMARY CARE AND PREVENTION | |
|---|--|
| Community Health Need | Access to primary care and prevention remains one of the areas the uninsured/underinsured find most difficult. According to the County Health Rankings & Roadmaps, there was a shortage of primary care physicians in Miami-Dade County when compared to the 2014 national average. |
| Goals | <ul style="list-style-type: none"> • Provide greater availability and more opportunities for Miami-Dade residents to access primary and preventive healthcare. • Address the shortage of primary care health professionals servicing the area. |
| <i>Strategy 1: Expand primary care locations to regions throughout Miami-Dade County.</i> | |
| Tactics | <ul style="list-style-type: none"> • Conducting a demand analysis to better understand the need for additional primary care physicians within its network of primary care centers. • Recruiting and hiring more general and family practitioners, as well as internal medicine physicians. • Expanding its network of community-based physicians, including specialists. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • Additional primary care physicians were hired at Jackson Memorial Hospital and Jackson North Medical Center. • Jackson's physician network has expanded in the following specialties: cardiology, interventional cardiology, cardiac surgery, colorectal, neurosurgery, orthopedics, OB/GYN, maternal-fetal medicine, and specialty pediatric physicians. |
| <i>Strategy 2: Continue expanding access to care by opening urgent care centers (UCCs).</i> | |
| Tactics | <ul style="list-style-type: none"> • Continue to open at least five UCCs in partnership with the University of Miami, as promised to Miami-Dade County taxpayers as part of the Miracle-Building Bond Program. • At select urgent care centers, JHS will begin establishing primary care offices where patients can make appointments to see a PCP. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • Five urgent care locations are now operating, located in various areas throughout the County. • JHS is still exploring the possibility of including primary care offices at the urgent care locations. • Additionally, telemedicine is being considered for urgent care visits. |
| <i>Strategy 3: Establish multispecialty sites in selected regions in Miami-Dade County.</i> | |
| Tactics | <ul style="list-style-type: none"> • Jackson West campus, which will be a medical campus comprised of medical offices, an ambulatory surgical center, diagnostic and treatment platform and emergency department. • A multispecialty physician office network plan is underway with hopes of bolstering Jackson specialists' presence in various parts of the county. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • Jackson West Medical Center is expected to open March 2021. This campus includes medical offices, an ambulatory surgery center, diagnostic and treatment platform, inpatient acute care tower, and emergency department. • The Jackson Medical Group has grown its network around the county. • A multispecialty site opened in western Miami-Dade and an MTI transplant clinic in Plantation. • Jackson South Medical Center is building a multispecialty office building and another is planned for Coral Gables. • Telemedicine is now available at each site to enhance access to services, including behavioral health and stroke in the EDs. |



| PRIORITY AREA 2: ACCESS TO CARE | |
|---|--|
| Community Health Need | The study also found that uninsured/underinsured continue to face greater barriers to care than those with third-party payer insurance. |
| Goals | <ul style="list-style-type: none"> Jackson's mission since it opened its doors almost 100 years ago has always been "to build the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County" and this includes providing care to anyone, regardless of their ability to pay. Increase access points for patients. |
| <i>Strategy 1: Implement capital building campaign to improve access to outpatient programs and services through upgrade and expansion of JHS facilities.</i> | |
| Tactics | <ul style="list-style-type: none"> All Jackson facilities are slated for upgrades of patient rooms. All emergency rooms will be upgraded and some of the busier departments will add capacity. Expansion of urgent care centers throughout the county and added free-standing emergency department in Doral. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> All Jackson facilities have been upgraded in recent years, including patient rooms, maternity units at all hospitals, a newly constructed rehabilitation hospital, MTI clinic, new ICU tower, Holtz Children's Hospital pediatric ED, and Jackson North rehabilitation unit. Emergency rooms at the hospitals have also been upgraded. Five urgent care locations are now operating, located in various areas throughout the county. The Jackson West Medical Center will include both medical offices and emergency care and is scheduled to open March 2021. A free-standing emergency department is in development in Coral Gables. |
| <i>Strategy 2: JHS will expand contractual relationships with all payers to ensure access to JHS continuum of care.</i> | |
| Tactics | <ul style="list-style-type: none"> JHS will continue to have ongoing discussions with all managed care providers to ensure as many plans are accepted as possible. Evaluate and access alternative payment models as they arise. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> An assessment was done to evaluate competitiveness of payer contracts compared to other sites in Miami-Dade County for inpatient and outpatient services. A contracting strategy was developed to maximize access to care for patients throughout Miami-Dade County. |
| <i>Strategy 3: JHS will develop strategies to enroll the 65+ year-old population into Medicare.</i> | |
| Tactics | <ul style="list-style-type: none"> Investigate opportunities to work with managed care companies to convert these patients to Medicare upon turning 65 years of age. Culture and age specific hospitality measures will be explored to make the 65+ population as comfortable as possible. |
| Strategy Was Implemented? | Yes |



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| Results/Impact | <ul style="list-style-type: none"> • Patients see in the Ambulatory Care Centers and Primary Care Centers are educated on enrolling in Medicare once they turn 65 and how to continue receiving care within the system. • Required learning modules have been developed and deployed to all staff on diversity, inclusion, and population-specific healthcare. • JHS identified Managed Service Organizations (MSOs), which coordinate care for Medicare Advantage patients throughout Broward and Miami-Dade, and works in collaboration with them to provide services to Medicare patients. • JHS also works with MSOs to provide education on JHS hospitalist services, specialty practices, and surgical specialty availability. |
| <i>Strategy 4: JHS will provide education on the Jackson Prime program to residents without access to health insurance.</i> | |
| Tactics | <ul style="list-style-type: none"> • Continue to aggressively enroll qualified individuals, adult and children, into Medicaid or programs they may qualify for, such as Jackson Prime. • Likely add a financial assistance office at its Jackson West site. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • A financial assistance office is located at all hospital and outpatient clinic locations and one will open at the Jackson West Medical Center. • Sites provide financial screening to evaluate patients on what resources are available to them, including Medicaid, Managed Care Medicaid, and Jackson Prime. |



PRIORITY AREA 3: CHRONIC DISEASE MANAGEMENT

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| Community Health Need | With a higher concentration of diabetes, asthma (both adult and pediatric) and heart failure found within lower socio-economic zip codes within the county, increased access to care and education on specific disease management was identified as a top priority. |
| Goals | <ul style="list-style-type: none"> • Improve the general health of the population by preventing and managing chronic conditions. • Lower preventable hospital visits. • Lower healthcare costs. |
| <i>Strategy 1: Expand chronic disease programs to address diagnosis specific health indicators.</i> | |
| Tactics | <ul style="list-style-type: none"> • Jackson has partnered with Care Angel, an automated “virtual caregiving assistant”, to manage certain patients with chronic diseases upon discharge. Capabilities include medication reminders and provider access for patients. • Pilot programs for chronic disease states, such as diabetes, will continue to be examined and implemented as seen fit. |
| Strategy Was Implemented? | No |
| Results/Impact | <ul style="list-style-type: none"> • The Care Angel pilot was primary care-based with a focus on diabetes and hypertension. The pilot program was terminated on January 3, 2019. |
| <i>Strategy 2: Devise a population health management plan that will address the needs of patients with chronic illnesses within its primary care and ambulatory care network.</i> | |
| Tactics | <ul style="list-style-type: none"> • Continue to study the patient demographics and segment the population into disease states and fill in gaps where patient care is needed. • Upon identification of the need, examine the root cause to determine the best medical intervention to serve patients. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • Jackson has implemented a population health program which navigates patients who access care through the emergency room to follow up with primary care for management of chronic diseases. The program provides support with medication management, community resources, and social services. |
| <i>Strategy 3: Expand web site content to include and enhance educational content and links to third-party educational resources for patients.</i> | |
| Tactics | <ul style="list-style-type: none"> • The website is continuously enhanced to ensure it meets the needs of patients and link to appropriate resources, as necessary. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • In October 2020, the Jackson Health website launched an entire redesign aimed at enhancing patient access to web-based information related to services and community resources. The website is continually updated. |
| <i>Strategy 4: Identify select educational opportunities within primary care system to educate patients on management of their chronic conditions.</i> | |
| Tactics | <ul style="list-style-type: none"> • Primary care providers will provide education to patients during visits. This education includes but is not limited to not only providing results but also explaining what the results mean and how it impacts the patient’s overall quality of life. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • In compliance with Medicare requirements, Jackson’s primary care providers educate patients on healthy eating, smoking cessation, preventative testing, cardiac health, wellness initiatives, review of lab results and indicators, weight management, cholesterol, blood pressure, women’s health issues, and men’s health issues. |



PRIORITY AREA 4: MATERNAL AND CHILD HEALTH

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| Community Health Need | Leadership interviews revealed a need for greater access to obstetric, gynecological, and pediatric care in the primary care setting, prior to needing hospital services, in order to ensure proper pre/postnatal care. |
| Goals | <ul style="list-style-type: none"> • Improve the well-being of mothers, infants, and children. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. |
| <i>Strategy 1: Expand OB and Maternal Fetal Medicine to all Jackson campuses.</i> | |
| Tactics | <ul style="list-style-type: none"> • Place MFM providers at all three of its hospital locations to provide geographic access throughout the County. • Streamline the processes for ultrasounds and MFM appointments with the ambulatory care center and primary care centers with MFM offices. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • Obstetric and maternal-fetal medicine services have expanded to all Jackson Health System sites including Jackson North, Jackson South, Ambulatory Care Centers, Jackson West, and Doral Commons, in collaboration with the University of Miami and Jackson MedicalGroup. • Inpatient and outpatient maternity programs are provided at each of the hospitals. |
| <i>Strategy 2: Provide education on the Holtz Children's Hospital's comprehensive network of pediatric services.</i> | |
| Tactics | <ul style="list-style-type: none"> • Continue to provide pre-natal education to expectant mothers along with other education for parents. • JHS and UM pediatricians and pediatric specialist will work collaboratively to treat patients as they are treated. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> • Jackson offers seminars to the community on how to be ready for pregnancy, marketed to recently married individuals. Other seminars also cover prenatal education, high-risk prenatal education, and support. • UHealth Jackson Children's Care program was created to further the collaboration between Jackson Health System's and the University of Miami's pediatric network of pediatric specialists. |



PRIORITY AREA 5: HEALTHY LIFESTYLES: EXERCISE AND NUTRITION

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| Community Health Need | With a significant burden of chronic disease, incorporating a population health based scope, particularly in the primary care setting, can help prevent many of the hospitalizations from chronic disease complications. |
| Goals | <ul style="list-style-type: none"> JHS remains focused on health outcomes and the management of patients to improve their quality of life. |
| <i>Strategy 1: Provide community based disease prevention education.</i> | |
| Tactics | <ul style="list-style-type: none"> Continue to participate in health fairs and other community events to provide awareness and education. Continue to participate in educational series depending on the need and disease state. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> In addition to primary care physicians educating patients on wellness and the importance of weight management, Jackson Health participates in employer health fairs and community events to provide education, biometric screenings, and information and access to healthcare resources. Jackson's network of cardiologists educates on heart health and bariatric surgeons conduct seminars on weight management. Physicians give lectures and discussions through a series called DocTalks on different topics to educate the community. |
| <i>Strategy 2: Develop health and wellness program for employees and employer-based programs for Miami-Dade County.</i> | |
| Tactics | <ul style="list-style-type: none"> Continue to enhance the employee work life balance by creating specialized programs to encourage employee wellness. JHS has partnered with MDLive to provide Virtual Visits. Virtual Visits provides remote access to board-certified doctors. It can be used to treat minor illnesses and injuries, including but not limited to cold/flu, cough, earaches, fever, nausea/indigestion, pink eye, rash, respiratory problems, and sore throats. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> Jackson has many programs and services in place committed to enhancing the work life balance of its employees. Employees are incentivized to have their annual wellness visit with a primary care physician and the Wheel of Wellness gives cash rewards to employees that lead healthy lifestyles. The Employee Assistance Program (EAP) is available to all employees and focuses on resources for living. Services include, but are not limited to: counseling, work-life balance services, stress management, legal/financial services, identify theft, fraud resolution consultation, emotional wellbeing, time management, setting personal goals, health and wellness, grief support, crisis intervention, and mediation. Pausing for Peace spiritual sessions, Music in the park, and yoga is also offered. Jackson continues to partner with MDLive to provide employees with virtual healthcare visits. |
| <i>Strategy 3: Develop education and wellness through all primary care providers.</i> | |
| Tactics | <ul style="list-style-type: none"> Jackson providers will provide education to patients during visits. Results will not only be discussed but what they mean to the patient and their quality of life. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> Jackson providers educate patients on healthy eating, smoking cessation, preventative testing, cardiac health, wellness initiatives, review of lab results and indicators, weight management, cholesterol, blood pressure, women's health issues, and men's health issues. |



OTHER PERTINENT PRIORITY AREA: PSYCHIATRY/SUBSTANCE ABUSE TREATMENT

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| Community Health Need | Conversations during the Executive Leadership Focus Groups indicate that behavioral health and substance abuse are a growing concern among hospital executives and medical professionals in Jackson Health System and in Miami-Dade County. While, according to our methodology for determining priority areas, Psychiatry/Substance Abuse Treatment was not chosen one of the top five priorities, this particular area warrants inclusion and data analysis. |
| Goals | <ul style="list-style-type: none"> With the rise of cyber bullying, increased awareness of mental/behavioral health issues including suicide, and the opioid epidemic throughout the United States, it is important to understand the data surrounding these important health areas. |
| Strategy 1: Expand Behavioral Health Programs. | |
| Tactics | <ul style="list-style-type: none"> Explore the feasibility of expanding program to meet the dynamic needs of the community. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> Implemented programs throughout the lifecycle for child, adolescent, adult, and geriatric patients. Expanded the telemedicine consultative program to community hospitals and outpatient facilities. Developed health and recovery programs under a co-occurring diagnosis model for depression, psychosis, and substance abuse. |
| Strategy 2: Partner with and align with community based providers, the University of Miami and other academic providers. | |
| Tactics | <ul style="list-style-type: none"> Bring awareness of prevention and substance abuse by aligning with community based providers, the University of Miami and other academic partners. Align the needs and support for emergency services with community demand. Partner with behavioral health providers to meet the needs of outpatient and inpatient clinical behavioral services. |
| Strategy Was Implemented? | Yes |
| Results/Impact | <ul style="list-style-type: none"> Expanded outpatient programs and a hospitalist model with the University of Miami. Prepared an observation program. Partnered with community providers and managed care plans for hospital-based services. Redesigned ED for intake and referrals unit. |

