

Community Leader Opinion Survey Summary Report

Consortium for a Healthier Miami-Dade



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Table of Contents

	Page
Executive Summary	1
Background – Purpose, Methodology, Respondent Demographics	5
Priority Health Issues Facing Families & Neighborhoods	7
Relative Importance of Community Problems & Services	9
Leader Opinions on the Consortium	13
➤ Awareness Level of the Consortium	
➤ Outcomes of Consortium Efforts	
➤ Priority Areas for Health Policy Impact	
➤ Additional Community Health Concerns for the Consortium to Address	
➤ Social Marketing	
Conclusion/Recommendations	17
Attachments	21

I.	Community Leader Opinion Survey	21
II.	Priority Health Issues Affecting Families & Neighborhoods	31
	A. <i>Priority Health Issues Affecting Families</i>	
	B. <i>Priority Health Issues Affecting Neighborhoods</i>	
III.	Relative Importance of Community Problems & Services	43
	A. <i>Relative Importance of Community Problems</i>	
	B. <i>Relative Importance of Community Services</i>	
IV.	Priority Areas for Health Policy Impact	51
V.	Additional Community Health Concerns for the Consortium to Address	55
VI.	Suggestions for a Social Marketing Campaign by the Consortium	61

EXECUTIVE SUMMARY

The Consortium for a Healthier Miami-Dade (Consortium) was formed by the Miami-Dade County Health Department in 2003, to foster coordination and collaboration in the areas of health promotion and disease prevention. The Consortium conducts a community leader opinion survey annually to identify and prioritize the most important health needs, problems and services in Miami-Dade County. Findings assist with development of the Consortium's future community activity goals and objectives and help assess community awareness of the Consortium and its initiatives. The first community leader opinion survey was conducted in the spring of 2005. The *2006 Community Leader Opinion Survey Report* summarizes the findings for the community leader opinion survey conducted in the fall of 2006.

During the months of August to October, approximately 650 surveys were distributed to community leaders by the Health Council of South Florida (Council) staff via email, and at community meetings or forums. Individual telephone interviews were also scheduled. Community leaders asked to participate included: hospital and community health center program administrators, social service organization program managers/administrators, educators, community action agency managers/administrators, elected officials, and Consortium members.

Survey questions elicited opinions on:

- Priority health issues facing families and neighborhoods
- Relative importance of community problems and services
- Awareness of the Consortium and its strategic focal areas
- Potential impact areas by the Consortium on health policy
- Appropriate community health planning and promotion models

Results were analyzed by Council staff and presented in aggregate format to maintain the confidentiality of all who participated.

In 2006, a total of 152 community leaders completed the survey, nearly twice the number in 2005 (87). Similar to the 2005 findings, a large proportion of respondents represented the healthcare (healthcare professional or hospital administrator) and social services fields (44.9%).

Priority Health Issues.

A majority of respondents identified issues associated with the health care system including *access to healthcare services* (27.7%), *cost of healthcare* (24.5%) and *lack of health insurance* (22.4%) as the highest priority problem for families or households. Subgroup findings differed from the 2005 leader opinion survey which indicated *lack of health insurance* as the single most important problem facing families.

Similar to findings for individual families, a large proportion of respondents (over 40%) identified issues associated with *access to healthcare services* as the highest priority problem for neighborhoods or communities. Other healthcare system barriers including *quality of care* (9.8%), *cost of healthcare* (8.8%) and *lack of health insurance* (7.8%) were also ranked among the top five health issues affecting neighborhoods or communities.

A notable inclusion this year was the identification of health information literacy as a high ranking issue, not at the forefront in 2005. Health literacy emerged as a priority problem at both the family and community levels (4th and 2nd positions respectively). It should be noted though, that health information literacy was identified as a target issue for health policy impact by the Consortium in 2005.

Relative Importance of Community Problems.

Similar to 2005 survey findings, when compared to other community problems, *lack of health insurance* was selected by the majority (60.7%; 82) of respondents as a major (big to very big) community problem. Also consistent with the 2005 survey findings the issues of poverty and overweight/obesity were ranked high in terms of relative importance following access to health insurance. Additionally, behavioral health issues specifically, domestic violence, drug abuse and depression were ranked as major issues in Miami-Dade County, and ranking similar to the 2005 survey findings.

Relative Importance of Community Services.

In terms of importance of services, *lack of healthcare access* was selected by a majority (61.7%; 84) of respondents as a crucial community service, findings similar to those in 2005. Additionally, *child healthcare for low income families* ranked high in 2nd position, similar to 2005 survey findings. Other issues receiving high ratings in 2006 included care of the elderly which ranked in 3rd position, health screenings such as breast exam and pap smear in 4th position, and job training/employment in 5th position.

Consortium Awareness.

Survey findings revealed that approximately a third (33.6%; 47) of the respondents were aware of the Consortium and its mission, a lower awareness rate than in 2005 (37.4%; 31). However, the slight proportionate decrease may be due to the greater number of respondents this year as indicated earlier. A disappointing finding was the large proportion of respondents (86.4%) who did not identify themselves as members of the Consortium. A host of suggestions were provided by respondents to strengthen the Consortium's visibility.

Committee Awareness and Importance.

Respondents were most aware of the Health Promotion and Disease Prevention, Elder Issues and School Based Issues Committees. The importance ratings for these

committees were also higher and relative to the awareness rating. Recommendations have been provided to enhance awareness of the other committees. It is worth noting that two additional committees, the Health and the Built Environment and the Oral Health Committees, were launched in 2006.

Consortium Initiatives.

Two specific Consortium initiatives were highlighted in the 2006 survey: the Mayor's Initiative on Aging and Step-Up-Florida. Approximately a third of respondents were aware of the Consortium's role as the main planning body of the Mayor's initiative on Aging and almost 30% were aware of the Consortium's participation in organizing Step-Up-Florida. It should be noted that the Elders Issues, the School Based Issues and the Health Promotion and Disease Prevention Committees were key players in organizing the Mayor's Initiative on Aging and Step-Up-Florida. Additionally, respondents were most aware of these committees leading to the conclusion that participation as key players in community initiatives by each committee may enhance committee visibility.

When asked to provide their rating about the use of the Planned Approach to Community Health (PATCH) process designed by the Centers for Disease Control and Prevention (CDC) to guide Consortium activities, the majority of respondents (80.9%) agreed that it was a "very appropriate" or "appropriate" method for community planning.

Respondents were asked separately about the Consortium's social marketing activities. Almost forty percent (38.4%) were "very satisfied" or "satisfied" with the Consortium's application of social marketing in its planning, outreach and educational activities. When asked to provide their suggestions on a social marketing campaign for the Consortium, of those who elected to respond (54), 18.5% were not aware of the Consortium's social marketing activities. Of those who provided suggestions (44), commentary leaned towards enhancement of current methods being employed. Suggestions include use of more diverse and culturally sensitive messages and expanded information dissemination channels. Community leaders also suggested investment in ad campaigns and utilization of advertising agencies.

Regarding the 2006 Community Resource Inventory, developed by the Consortium in 2005 and updated in 2006, less than 13 % of respondents were aware of its availability. Given its availability for two years, this was a lower than expected visibility level.

Priority Areas for Health Policy Impact.

Respondents identified the following top five areas for possible inclusion on the Consortium's current health policy agenda: disease prevention and control (68.1%); obesity reduction (37.7%); health literacy (37.0%); physical activity/fitness (34.1%); and resource allocation (31.2%). These findings are consistent with those of the 2005 survey findings.

Additionally, respondents were given the opportunity to recommend additional community health concerns for the Consortium to include on its health policy agenda. Of those who elected to respond (77), commentary leaned towards access to healthcare services and health insurance. Other issues with significant representation included health information literacy, behavioral health, oral health, and elder affairs.

Some of the issues identified and/or recommended are being addressed by the Consortium at the committee level and include:

- **Disease prevention and control** through the Health Promotion and Disease Prevention Committee;
- **Elder affairs** through the Elder Issues Committee;
- **Obesity reduction** and **physical activity/fitness** through the School Based Issues Committee; and
- **Oral health** through the Oral Health Committee.

The Consortium may wish to enhance its efforts in suggested areas that it is already addressing and consider including newly suggested issues not yet incorporated into its work agenda such as **access to healthcare services, health insurance, health literacy, resource allocation** and **behavioral health**.

Seven *recommendations for “next steps” to strengthen the Consortium’s visibility and enhance its community efforts* are offered and include:

- **Increase the Consortium’s visibility** through examination and implementation of more effective social marketing strategies, including use of effective information and product dissemination channels, and retention of an advertising agency.
- **Showcase key health policy issues** currently being addressed by considering inclusion of emerging health issues and identified health policy issues on the Consortium’s agenda.
- **Explore and expand participation** as a key player, in additional countywide, statewide and nationwide initiatives and partnerships similar to the Mayor’s Initiative on Aging and Step-Up-Florida to enhance the Consortium’s visibility and build on its credibility with other community and national partners.
- **Grow the Consortium membership** through strategic recruitment and retention approaches shown to be successful in the literature.
- **Conduct high profile annual meetings** with national and state level keynote speakers.
- **Design user-friendly materials and documents** to enhance dissemination and use of materials and create effective distribution strategies.
- **Continue the PATCH process** as an effective tool for assessing the Consortiums’ progress in promoting health and advancing disease prevention efforts.

Background

In an effort to effectuate greater coordination and collaboration in the areas of health promotion and disease prevention the Miami-Dade County Health Department (MDCHD) formed the Consortium for a Healthier Miami-Dade (Consortium) in 2003. The Consortium is comprised of over 40 community agencies that work together to address prevalent chronic diseases in Miami-Dade County with specific emphasis on heart disease, cancer and stroke. The Consortium's vision is to foster the adoption of healthier lifestyles. Its mission is to be a major catalyst in Miami-Dade County for promoting health and preventing disease by prioritizing, identifying opportunities, securing resources and increasing collaboration.

PURPOSE

The Community Leader Opinion (CLO) Survey is a recognized method utilized in community health planning and is a component of the Centers for Disease Control and Prevention's (CDC) Planned Approach to Community Health (PATCH) model. The 2006 CLO Survey is a follow-up survey to the initial survey conducted in April 2005 and has a threefold purpose: a) to identify and prioritize the most important health needs, problems and services in Miami-Dade County; b) to assist in the development of the Consortium's future community activity goals and objectives; and c) to assess community awareness of the Consortium. Survey results will be used to determine how to best coordinate efforts in promoting health among Miami-Dade County residents.

The following information provides a summary of the survey approach and salient findings, with comparisons to the 2005 survey results.

METHODOLOGY

The survey instrument was based on community leader opinion surveys developed by Ohio State University (Allen County Community Needs Assessment 2002) and the Centers for Disease Control and Prevention (Planned Approach to Community Health Manual) (*please see Attachment I*). The 2006 CLO Survey instrument design process was performed by Health Council of South Florida (Council) staff in April 2006 and involved modifying the 2005 CLO Survey based on 2005 survey findings. During the months of August to October 2006, Council staff administered the 2006 CLO Survey to community leaders in Miami-Dade County. Approximately 650 surveys were distributed to potential respondents via email and at community meetings or forums. Individual telephone interviews were also scheduled. Community leaders asked to participate included: hospital and community health center program administrators, social service organization program managers/administrators, educators, community action agency managers/administrators, elected officials, and Consortium members.

Respondents could complete the survey online via www.surveymonkey.com or submit completed surveys by fax or regular mail to the Council. Responses from completed surveys received by fax and post were manually entered into the same database

housing survey responses provided by individuals participating via the internet based survey site. Results represent aggregated individual responses to ensure the confidentiality of all who participated.

Survey questions elicited opinions on:

- Priority health issues facing families and neighborhoods
- Relative importance of community problems and services
- Awareness of the Consortium and its strategic focal areas
- Potential impact areas by the Consortium on health policy
- Appropriate community health planning and promotion models

Responses to survey questions requiring the use of a likert scale or rank order to elicit importance or awareness were weighted to provide an overall picture of the significance of various health issues and overarching categories to community leaders:

- 1) **Importance of issues affecting families and communities:** responses identified as a “most important issue” were assigned twice the weight of issues listed as “second most important”.
- 2) **Relative importance of community problems and services:** responses were assigned a weight corresponding to their rank: “very big problems/services” were assigned five times the weight of “very small problems/services”.
- 3) **Consortium/ Committee awareness and importance:** responses were assigned a weight corresponding to their rank: “very aware/very important” was assigned five times the weight of “no opinion”.

RESPONDENT DEMOGRAPHICS

A total of 152 surveys were completed, nearly twice the number completed in 2005 (87). The majority of the respondents reporting their gender (140) were female (89; 63.6%). Survey respondents predominantly reflected the following professions:

2006			2005		
N = 140			N = 62		
Profession	n	%	Profession	n	%
Other	45	32.2	Social service providers	19	24.4
• Business leader	5	3.6	Health care professionals	16	20.5
• Consultant	5	3.6	Other	16	20.5
• Consumer advocate	4	2.9	• Business leader	2	2.5
• Physician	4	2.9	• Consultant	3	3.8
• Public health official	3	2.1	• Consumer advocate	0	0
• Legal professional	1	0.7	• Physician	0	0
Health care professionals	31	22.1	• Public health official	2	2.5
Social service providers	23	16.4	• Legal professional	1	1.3
Public service government officials	20	14.3	• Public service government officials	1	1.3
Educators	12	8.6	• Educators	8	10.1
Hospital administrators	9	6.4	Hospital administrators	11	14.1

Similar to the 2005 CLO Survey the largest proportion of respondents represent the healthcare (healthcare professional or hospital administrator) and social services fields. However, unlike 2005 findings, a larger proportion of respondents from other professions participated including: business leaders, consultants, consumer advocates, physicians, elected officials, educators and public health officials.

Only 13% (19) of survey respondents reported being members of the Consortium, a lower than expected response. However, it is worth noting that the 2005 CLO Survey findings showed an undetermined number of members due to lack of responses to the question. This result therefore offers an indication of membership awareness and serves as a baseline reference for future assessments of survey participation by Consortium members.

Priority Health Issues

Community leaders were asked to respond to a series of open-ended questions related to the identification of priority health issues, first at the family level and then for neighborhoods or local communities. At each level, respondents indicated what they felt to be the most important and the second most important health issues. Responses were coded and grouped based on key content and categorized broadly into:

- health care systemic issues
- health information literacy
- chronic disease and associated risk factors
- environmental and social issues
- behavioral health
- other issues

For analytical purposes, “most important” issues were assigned twice the weight of “second most important” responses, providing an overall picture of the significance of various health issues and overarching needs identified by community leaders (*please see Attachment II for a detailed breakdown*).

PRIORITY ISSUES FACING FAMILIES OR HOUSEHOLDS

A majority of respondents identified issues associated with the health care system as the highest priority problem for families or households. **Access to health services** was the most frequently cited individual issue, claiming just under a third (27.7%) of the total weighted responses. Barriers pertaining to the **cost of health care** (both insurance and services) and **lack of health insurance** were also significantly represented (24.5% and 22.4% respectively). Almost 10% of respondents indicated **health information literacy** as having an important impact on total health care, usually relating to educating the public on health issues and preventive solutions and the need for resources directed towards educating the public on available services and how to navigate the healthcare system.

Subgroup findings differed from the 2005 leader opinion survey which indicated *lack of health insurance* as the most important problem facing families. The 2005 survey also identified *preventable chronic diseases (heart disease) and lifestyle-related risk factors*

and *mental health and drug abuse* as significant concerns following *lack of health insurance*. Additionally, health information literacy though identified as one of the top five areas for health policy impact by the Consortium, was not identified as a leading problem for families and neighborhoods. In the 2006 survey, chronic disease and lifestyle-related risk factors were still among the leading issues, but not nearly as highly rated. Overall, concern over the healthcare system barriers increased from approximately 50.0% to over 70.0%, emphasizing the current healthcare crisis being experienced across the country (*please see Attachment IIA for a detailed breakdown*).

Priority Issues Facing Families and Households, 2005 and 2006

2006 Issues	n	%
Access to health services	119	27.7%
Cost barriers to healthcare	105	24.5%
Lack of health insurance	95	22.4%
Health information literacy	41	9.6%
Chronic disease and associated risk factors	19	5.4%

*Values based on total number of weighted responses (429)

2005 Issues	n	%
Access to health insurance	56	23%
Cost barriers to healthcare	30	13%
Access to services	21	9%
Overweight/Obesity	21	9%
Heart Disease & Associated Risk Factors	16	7%
Mental Health & Drug Abuse	14	6%

*Values based on total number of weighted responses (261)

PRIORITY ISSUES FACING NEIGHBORHOODS OR COMMUNITIES

Similar to findings for individual families, the larger proportion of respondents (40.3%) identified issues associated with **access to health care services** as the highest priority problem for neighborhoods or communities. Also, similar to findings for families and households, **health information literacy** ranked high in priority in 2nd position this year. Additionally, another issue identified this year that was not one of the leading issue in 2005 was **environmental and social factors** such as safety related to crime, transportation and a healthy built environment that promotes healthy behavior which ranked 3rd in priority. Multiple respondents listed **quality of care**, barriers pertaining to the **cost of healthcare** and **lack of health insurance** as major issues at the community level. The aggregate proportion of healthcare system barriers (over 65%) at the community level corresponds to findings at the family level (*please see Attachment IIB for a detailed breakdown*).

Priority Issues Facing Neighborhoods/Communities, 2005 and 2006

2006 Issues	n	%
Access to services	161	40.3%
Health information literacy	51	12.8%
Environmental and social factors	45	11.3%
Quality of care	39	9.8%
Cost barriers to healthcare	35	8.8%
Lack of health insurance	31	7.8%

*Values based on total number of weighted responses (400)

2005 Issues	n	%
Mental health & drug Abuse	34	14%
Access to health insurance	28	12%
Access to services	20	8%
Heart disease & associated risk factors	18	8%
Sexual health & HIV/AIDS	18	8%
Cost barriers to healthcare	14	6%

*Values based on total number of weighted responses (238)

Relative Importance of Community Problems & Services

Following the open-ended response section, community leaders were presented with lists of potential community problems and services in order to ascertain the relative importance of a broad selection of health-related issues to the community. Respondents were asked to select and rank order their responses from 1 to 5 (with 1 indicating the highest ranking). For analytical purposes, issues were assigned a weight from 1 to 5 depending on their rank order: “very big problems/services” were assigned five times the weight of “very small problems/services”, providing an overall picture of the relative importance of various health problems and services to community leaders.

RELATIVE IMPORTANCE OF COMMUNITY PROBLEMS

When compared to other community problems, **lack of health insurance** was selected by the majority (60.7%; 82) of respondents as a major (big to very big) community problem. Similarly, **lack of health insurance** was also selected by the largest proportion of respondents in 2005, albeit at a higher rate.

The issues of poverty and overweight/obesity were ranked high in terms of relative importance following access to health insurance, a priority ranking distribution similar to the 2005 CLO Survey. The high ranking of poverty underscores the continued concern by community leaders about cost barriers to accessing healthcare among Miami-Dade County residents. Unlike 2005 findings, crime received a much higher ranking this year corresponding to the priority given to social and environmental concerns such as safety due to crime at the neighborhood/community level, as indicated in the open-ended response section. Additionally, community leaders identified limited supplies of family

doctors and pediatricians as a major issue. Unlike 2005 findings, this is a 2006 newly emerging issue.

RELATIVE IMPORTANCE OF COMMUNITY PROBLEMS (TOP 5), 2006

Community Problem	Very Big Problem Wt=5		Big Problem Wt= 4		Medium Problem Wt=3		Small Problem Wt=2		Very Small Problem Wt=1		Wt Mean*	Overall Wt %
	n	%	n	%	n	%	n	%	n	%		
Lack of health insurance	55	40.7	27	20.0	11	8.1	12	8.9	8	5.9	3.32	66.4
Poverty	28	20.7	21	15.6	9	6.7	7	5.2	9	6.7	2.03	40.6
Overweight/obesity	11	8.1	12	8.9	18	13.3	9	6.7	10	7.4	1.37	27.4
Crime	12	8.9	7	5.2	8	5.9	11	8.1	7	5.2	1.04	20.9
Not enough family doctors and pediatricians	5	3.7	15	11.1	5	3.7	5	3.7	5	3.7	0.85	17.0

*Values based on total number of respondents (135)

RELATIVE IMPORTANCE OF COMMUNITY PROBLEMS (TOP 5), 2005

Community Problem	Big Problem Wt=3		Medium Problem Wt=2		Small Problem Wt=1		Wt Mean*	Overall Wt %
	n	%	n	%	n	%		
Lack of health insurance	71	86	4	5	3	4	2.70	90
Poverty	55	66	19	23	2	2	2.47	82
Overweight/obesity	50	60	21	25	8	10	2.41	80
Physical inactivity	45	54	24	29	8	10	2.30	77
Sexually-transmitted diseases	42	51	26	31	14	17	2.28	76

*Values based on total number of respondents (83)

Another important contrast to the 2005 survey this year is the lower ranking of physical activity; though still selected as an important problem, it ranked 7th instead of 4th.

Nonetheless, its inclusion as one of ten important community problems demonstrates that community leaders continue to recognize the value of exercise and healthy lifestyle promotion for preventing chronic diseases and mitigating associated health risks and conditions.

Behavioral health issues specifically, domestic violence, drug abuse and depression were also ranked as major issues in Miami-Dade County, demonstrating that although they were not frequently cited in the open-ended section of this survey, community leaders continue to be concerned with the impact of mental health and substance abuse issues among Miami-Dade County residents. These findings are also comparable to 2005 survey findings where drug abuse, domestic violence and depression were rated among the leading issues. It should be noted though that their independent ratings last year were slightly higher which is consistent with findings in other survey components (*please see Attachment IIIA for a full summary*).

RELATIVE IMPORTANCE OF COMMUNITY SERVICES

Similar to the 2005 CLO Survey, **lack of healthcare access** was selected by majority (61.7%; 84) of the respondents as a crucial community service underscoring the high priority given in the open-ended section of this survey. Also comparable to 2005 findings, **child healthcare for low income families** ranked 2nd reflecting a slightly higher priority ranking than in 2005. This demonstrates the continued support for programs that address healthcare needs of children from low income families (e.g., SCHIP). Noteworthy is the lower priority ranking of prenatal care in 2006. This year prenatal care for low income families was just short of being ranked as one of the ten most important services unlike its 2005 ranking in 5th place.

The relative importance of care of the elderly received a higher ranking in 2006, ranking third only after healthcare access and child healthcare for low income families. This demonstrates the growing concern over the aging population in Miami-Dade County and is possibly a reflection of the work being done through the Mayor's Initiative on Aging that the Consortium has taken a lead role in facilitating.

Though ranked two categories lower this year, health screenings such as breast exam and pap smear were still identified as one of the top five most important community services following access to healthcare, child healthcare, and care of the elderly. This demonstrates community leaders continued support for chronic disease prevention services, with a special recognition of the need for importance placed on women's health issues, despite the low priority given to chronic disease and lifestyle-related risk factors in other survey components.

Another issue not highly represented in 2005 is the impact of job training/employment on the health of Miami-Dade County residents which ranked 5th this year.

RELATIVE IMPORTANCE OF COMMUNITY SERVICES (TOP 5), 2006

Community Service	Very Big Problem Wt=5		Big Problem Wt= 4		Medium Problem Wt=3		Small Problem Wt=2		Very Small Problem Wt=1		Wt Mean	Overall Wt %
	n	%	n	%	n	%	n	%	n	%		
Healthcare access	66	48.5	18	13.2	8	5.9	6	4.4	9	6.6	3.29	65.7
Child health care for low-income families	14	10.3	16	11.8	14	10.3	5	3.7	10	7.4	1.44	28.8
Care of the elderly	14	10.3	9	6.6	16	11.8	5	3.7	7	5.1	1.26	25.1
Health screening (breast exam, pap test, etc.)	5	3.7	19	14.0	8	5.9	10	7.4	9	6.6	1.13	22.6
Job training/employment	4	2.9	10	7.4	13	9.6	8	5.9	8	5.9	0.90	18.1

*Values based on total number of respondents (136)

RELATIVE IMPORTANCE OF COMMUNITY SERVICES (TOP 5), 2005

Community Services	Big Problem Wt=3		Medium Problem Wt=2		Small Problem Wt=1		Wt Mean	Overall Wt %
	n	%	n	%	n	%		
Healthcare Access	71	87	8	10	1	1	2.80	90
Health screening (breast exam, pap test, etc.)	59	72	20	24	1	1	2.66	89
Child health care for low-income families	57	70	17	21	3	4	2.54	85
Nutrition counseling and education	47	57	28	34	5	6	2.46	82
Prenatal care for low income	52	63	20	24	4	5	2.44	81

*Values based on total number of respondents (82)

Crime prevention was ranked 7th in this survey section underscoring community leaders' concerns expressed in other survey components. Nutrition counseling and education had a lower rating this year but shows its continued position as important to the health of Miami-Dade County residents due to the current high rates of overweight/obesity in the community. Additionally, mental health early intervention services for children and families ranked slightly higher this year making it one of the ten important services for Miami-Dade County residents. This finding corresponds to other survey components where mental health issues such as domestic violence and depression ranked high as major community problems in Miami-Dade County (*please see Attachment IIIB for a full summary*).

Leader Opinions on the Consortium

AWARENESS LEVEL OF THE CONSORTIUM

A brief description of the Consortium and its mission was included within the survey. Over a third (33.6%; 47) of the respondents were “very aware” or “aware” of the Consortium. Approximately 35% (48) responded to be “somewhat aware” and 30% (42) as “not aware” of the Consortium. Last year, almost forty percent (37.4%: 31) of respondents were “very aware” or “aware” of the Consortium. This slight proportionate decrease may be a reflection of the greater number of respondents this year, which on a numeric scale actually increased from 31 to 47 respondents indicating awareness.

While more than two thirds of respondents were at least somewhat aware of the Consortium, the vast majority (86.4%) did not consider themselves to be members of the Consortium, demonstrating the need for strengthening the Consortium’s member recruitment and retention strategies.

Consortium Awareness

Survey year	Very aware	Aware	Somewhat aware	Not aware	No opinion	Wt Mean	Overall Wt %
2005 ^a	19.3% (16)	18.1% (15)	36.1% (30)	25.3% (21)	1.2% (1)	3.29	65.8
2006 ^b	15.0% (21)	18.6% (26)	34.3% (48)	30.0% (42)	2.1% (3)	3.14	62.9

a: Values based on total number of respondents (83)

b: Values based on total number of respondents (140)

Respondents were provided with a listing of the six Consortium Committees and were asked to rate their awareness and importance of each Committee. Of the respondents reporting awareness and importance of Consortium Committees (140), relatively the same proportions were “very aware” or “aware” of the **Health Promotion and Disease Prevention Committee** (34%), **School Based Issues Committee** (34%) and **Elder Issues Committee** (33%). These proportions are consistent with those realized when respondents rated their awareness of the Consortium. It may then be important for the Consortium to enhance its efforts through its Committees to gain more visibility in the community. Recognition levels for the Worksite Wellness, Health and the Built Environment and Marketing Committees followed closely with 29%, 23% and 19%

respectively. It is worth noting that the Health and the Built Environment and Marketing Committees are relatively new which may explain respondents' lower awareness of them. Another newly formed committee, the Oral Health Committee was not assessed in this survey due to its novelty.

In terms of importance, almost all respondents (95%) thought that the Health Promotion and Disease Prevention Committee is either "very important" or "important", followed closely by School Based Issues (90%) and Elder Issues (84%). The Worksite Wellness, Health and the Built Environment and Marketing Committees followed with 66%, 58% and 56% respectively. These proportions demonstrate the level of perceived importance for the Consortium to address these areas. Participation by committees with lower awareness and importance rates in initiatives with measurable outcomes may change their perceived importance in future years.

Committee Awareness Levels

Committee	Very Aware	Aware	Somewhat Aware	Not Aware	No Opinion	Wt Mean	Overall Wt %
Health Promotion and Disease Prevention	21% (30)	13% (18)	24% (34)	39% (55)	2% (3)	3.12	62.4
Elder Issues	19% (27)	14% (19)	19% (27)	46% (64)	2% (3)	3.02	60.4
School Based Issues	16% (22)	18% (25)	21% (30)	42% (59)	3% (4)	3.01	60.3
Worksite Wellness	15% (21)	14% (19)	20% (28)	48% (67)	4% (5)	2.89	57.7
Health and the Built Environment	9% (13)	14% (20)	15% (21)	56% (78)	6% (8)	2.66	53.1
Marketing	9% (12)	10% (14)	19% (27)	52% (73)	10% (14)	2.55	51.0

*Values based on total number of respondents (140)

Relative Importance of Committees

Committee	Very Important	Important	Somewhat Important	Not Important	No Opinion	Wt Mean	Overall Wt %
Health Promotion and Disease Prevention	80% (111)	15% (21)	1% (2)	0% (0)	3% (4)	4.70	94.1
School Based Issues	62% (85)	28% (39)	7% (9)	0% (0)	4% (5)	4.44	88.8
Elder Issues	54% (75)	30% (42)	9% (13)	1% (2)	4% (6)	4.29	85.8
Worksite Wellness	30% (41)	33% (46)	27% (37)	2% (3)	8% (11)	3.75	74.9
Health and the Built Environment	28% (39)	30% (42)	20% (27)	4% (6)	17% (24)	3.48	69.6
Marketing	23% (32)	33% (45)	21% (29)	4% (5)	20% (27)	3.36	67.2

* Values based on total number of respondents (138)

OUTCOMES OF CONSORTIUM EFFORTS

Two specific Consortium initiatives were highlighted in the 2006 CLO Survey: the Mayor's Initiative on Aging and Step-Up-Florida. Approximately a third (32.6%; 15) of the respondents were aware of the Consortium's role as the main planning body of the Mayor's Initiative on Aging and almost thirty percent (28.5%) of respondents were aware of the Consortium's participation in organizing Step-Up-Florida in Miami-Dade County. These proportions correspond to those showing awareness of the Consortium and may lead to the conclusion that participation of the Consortium in countywide, statewide and even national initiatives and partnerships can further the Consortium's visibility among key stakeholders. The Health Promotion and Disease Prevention, School Based Issues and Elder's Issues Committees were instrumental in organizing or assisting with the Mayor's Initiative on Aging and Step-Up-Florida initiatives and this may explain the higher respondents' awareness levels of these as compared to the other committees.

Respondents were asked about their thoughts on utilization of the Planned Approach to Community Health (PATCH) process designed by the Centers for Disease Control and Prevention (CDC) to guide Consortium activities. Most respondents (80.9%) agreed that PATCH is a "very appropriate" or "appropriate" community process. In addition, when asked separately about the Consortium's social marketing activities, well over a third of the respondents (38.4%) were "very satisfied" or "satisfied" with the Consortium's application of social marketing in its planning, outreach and educational activities.

Respondents were provided with a description and purpose of the 2006 Community Resource Inventory developed by the Consortium. Less than 13% of respondents had used or referred someone to the resource inventory. Since the document has been in available for two years or longer, it should have a greater level of visibility to be useful to its target audience. The need for improved dissemination and marketing strategies to increase visibility of the Consortium and utilization of its products is underscored by these findings.

PRIORITY AREAS FOR HEALTH POLICY IMPACT

Respondents were provided with a list of several areas identified in the 2005 CLO Survey results for possible inclusion in the Consortium's Health Policy Agenda. The top five areas identified in 2006 for possible inclusion on the Consortium's current health policy agenda are:

- Disease prevention and control (68.1%)
- Physical activity/fitness (34.1%)
- Obesity reduction (37.7%)
- Resource allocation (31.2%)
- Health literacy (37.0%)

Community leaders identified several other priority areas including nutrition, school health, and HIV/AIDS prevention. These findings are consistent with those of the 2005

survey, further emphasizing the need for Consortium efforts to address these health policy issues (*please see Attachment IV for a full summary*).

ADDITIONAL COMMUNITY HEALTH CONCERNS FOR THE CONSORTIUM TO ADDRESS

At the close of the survey, respondents were provided an opportunity to recommend additional community health concerns for the Consortium to include on its health policy agenda. Of those who elected to respond to the open-ended question (77), commentary leaned heavily toward **access to health care services** and **health insurance**, which is not surprising as demonstrated by the high priority ranking of these pressing issues throughout the survey.

Community leaders also emphasized the need for increasing **health information literacy** among Miami-Dade County residents. These comments provided further clarification to findings from the open-ended survey component. These respondents linked lack of knowledge regarding available services and how to navigate the healthcare systems to the health status of Miami-Dade County residents.

In addition, community leaders expressed significant interest in a number of other health issues including:

- Behavioral health (11) - specifically mental health and substance abuse;
- Elder affairs (4) - needs of elder residents in terms of housing and Medicaid issues;
- Oral health (4) - the Consortium recently formed the Oral Health Committee to address access to oral health services in the community;
- Other issues (18) - quality of care, worksite wellness; school health; chronic disease prevention; HIV/AIDS and STD; maternal and child health; disability issues; alternative medicine; affordable housing, homeless issues and poverty

(Please see Attachment V for a full summary.)

SOCIAL MARKETING

Community leaders were asked to provide their suggestions on a social marketing campaign for the Consortium. Of those who elected to respond (54), almost 20% were not aware of the Consortium's social marketing activities further suggesting that the Consortium needs to enhance the visibility of its activities. Of those who provided suggestions (44), commentary leaned towards enhancement of current methods being employed, including utilizing more diverse and culturally sensitive messages and expanding information dissemination channels. Community leaders also suggested investment in ad campaigns and utilization of advertising agencies. One important comment was the inclusion of a needs assessment as part of the social marketing process.

Several community leaders (14) volunteered specific topics for inclusion in the Consortium's social marketing campaigns and included in order of representation:

- general health and wellness education
- school health
- physical activity
- sexual health

(Please see Attachment VI for a full summary.)

Conclusion/Recommendations

CONCLUSION

In acknowledgement and pursuant of the Department of Health and Human Services' *Healthy People 2010* goals, the Miami-Dade County Health Department has taken the lead role in collaborating with local public health partners through the creation of the Consortium for a Healthier Miami-Dade.

Findings from the 2006 CLO Survey identified several issues impacting the health of Miami-Dade County residents including:

- **Access to healthcare services and health insurance coverage** - demonstrating that healthcare system barriers have by far surpassed all other issues in terms of significance and the great urgency for the need to mobilize resources to address this ever-growing national problem.
- **Cost barriers to healthcare** - underscored by the high ranking of poverty as one of three most important community problems.
- **Lack of health information literacy** - in terms of lack of knowledge of how to access available services; how to navigate the healthcare system and; the importance of education on healthy lifestyle practices. This year health information literacy is an area of growing representation and interest unlike in the 2005 survey findings where it emerged as only a target area for health policy impact by the Consortium.
- **Child healthcare for low income families** - ranked higher this year in 2nd position as an important community service only after healthcare access demonstrates community leaders' growing support for child health services.
- **Environmental issues such as crime, transportation and a healthy built environment** - emphasized as important issues that impact health in the community. Noteworthy is the Consortium's newly formed Health and the Built Environment Committee convened to address a healthy and structurally supportive Miami-Dade County. Currently this committee is in the preliminary stages of developing walkable community assessments.
- **Behavioral health issues, nutrition counseling and education and physical inactivity** - though not as highly represented as healthcare system barriers, these health concerns were still highlighted as relatively important issues in need of continued support for their impact on the health of the community.

In terms of Consortium awareness and outcomes the following findings emerged:

- The proportion of respondents aware of the Consortium decreased compared to last year, demonstrating the need for the Consortium to invest in more aggressive methods to enhance its visibility.
- The proportion of respondents aware of the Consortium corresponded to that of those aware of the Consortium's participation in the Mayor's Initiative on Aging and Step-Up-Florida, leading to the possible conclusion that participation of the Consortium in more initiatives and partnerships could contribute to increased visibility.
- Community leaders were most aware of the Health Promotion and Disease Prevention, School Based Issues and Elder Issues Committees. These committees were instrumental in organizing Step-Up-Florida and the Mayor's Initiative on Aging, underscoring the importance of participation of the Consortium through its committees in more initiatives and partnerships to increase its visibility.
- The Consortium may wish to capitalize on more effective information and product dissemination methods, evidenced by the lower than anticipated awareness and/or use of the Community Resource Inventory and lower than the previous year's rate of awareness of the Consortium.
- A significant number of respondents were unaware of any social marketing campaigns of the Consortium. Suggestions for an improved approach centered on enhancement of current methods being utilized, including use of culturally appropriate messages to reach diverse populations and retention of an advertising agency.
- Majority of respondents agree that the PATCH process, used by the Consortium for community health planning, is an appropriate model.

Most of the areas identified by respondents for possible inclusion on the Consortium's health policy agenda demonstrated that the Consortium's current efforts are in line with many of the issues identified. The following areas are currently being addressed by the Consortium at the committee level and include:

- **Disease prevention and control** through the Health Promotion and Disease Prevention Committee;
- **Elder affairs** through the Elder Issues Committee;
- **Obesity reduction** and **physical activity/fitness** through the School Based Issues Committee; and
- **Oral health** through the Oral Health Committee.

The Consortium may wish to enhance its efforts in suggested areas that it is already addressing and consider including newly suggested issues not yet incorporated into its work agenda such as **access to healthcare services, health insurance, health literacy, resource allocation** and **behavioral health**.

RECOMMENDATIONS

Based on findings of this survey, the following recommendations are offered for consideration by the Consortium:

- **Increase the Consortium's visibility** through examination and implementation of more effective social marketing strategies, including use of effective information and product dissemination channels, and retention of an advertising agency.
- **Showcase key health policy issues** currently being addressed by considering inclusion of emerging health issues and identified health policy issues on the Consortium's agenda.
- **Explore and expand participation** as a key player, in additional countywide, statewide and nationwide initiatives and partnerships similar to the Mayor's Initiative on Aging and Step-Up-Florida to enhance the Consortium's visibility and build on its credibility with other community and national partners.
- **Grow the Consortium membership** through strategic recruitment and retention approaches shown to be successful in the literature.
- **Conduct high profile annual meetings** with national and state level keynote speakers.
- **Design user-friendly materials and documents** to enhance dissemination and use of materials and create effective distribution strategies.
- **Continue the PATCH process** as an effective tool for assessing the Consortiums' progress in promoting health and advancing disease prevention efforts.

Through collaborative partnerships in countywide, statewide and national initiatives and investment in more effective social marketing approaches, the Consortium can build on its visibility both among Miami-Dade residents as well as among other community organizations working towards the same mission of creating a healthier Miami-Dade County.

Attachment I

2006 Community Leader Opinion Survey

2006 Community Leader Opinion Survey

*Sponsored by the Miami-Dade County Health Department & the Health Council of South Florida, Inc.
Adapted from Ohio State University's and Center for Disease Control's (CDC) Community Leader Opinion Surveys.*

Dear Community Leader,

You have been selected to participate in a community leader opinion survey sponsored by the Consortium for a Healthier Miami-Dade (Consortium), under the leadership of over 35 participating organizations. Please help the Consortium identify and prioritize the most important health needs, problems and services in Miami-Dade County and assess community awareness of the Consortium. Survey results will be used to determine how to best coordinate efforts in promoting health among Miami-Dade County residents. This survey is anonymous and confidential. Your participation is greatly appreciated!

A. Most important problems:

Family Health Problems

1. What do you think is the **single most important** health need of **families or households** in Miami-Dade County?
-

2. What do you think is the **second most important** health need of **families or households** in Miami-Dade County?
-

Neighborhood and Community Health Problems

3. What do you think is the **single most important** health need of **neighborhoods or communities** in Miami-Dade County? "Neighborhood" or "Community" is defined as the service area of your organization.
-

4. What do you think is the **second most important** health need of **neighborhoods or communities** in Miami-Dade County? "Neighborhood" or "Community" is defined as the service area of your organization.
-

B. Relative importance of problems:

Please think about the importance of problems in the following list. Then number the five (5) most important problems in the community(s) you serve, 1 through 5 in the corresponding box, with 1 being the highest rank and 5 the lowest.

- Accidents (motor vehicles, falls, fires, etc.)
- Binge drinking (5 or more drinks on one occasion)
- Child abuse
- Chronic respiratory illnesses (asthma, etc.)
- Crime
- Depression
- Domestic violence
- Driving after drinking
- Drug abuse
- Families in danger of losing children because of mental illness and/or alcohol and other drug addictions
- Inadequate immunization of children
- Juvenile delinquency
- Lack of health insurance
- Lack of recreational programs and resources
- Lack of support for local business community
- Low birth weight infants/infant death rates
- Mentally retarded or developmentally disabled persons with mental illness and/or alcohol and other drug addictions
- Not enough family doctors and pediatricians
- Overweight/obesity
- Persons criminally involved with mental illness and/or alcohol and other drug addictions
- Persons with mental illness and alcohol and other drug addictions
- Persons with severe and persistent mental illness
- Physical inactivity
- Poverty
- Sexually-transmitted diseases
- Teenage pregnancy
- Tobacco use (all types)
- Underage alcohol use

- Unemployment
- Other _____

C. Relative importance of services:

Please think about the importance of each service in the following list. Then number the five most important services in the community(s) you serve, 1 through 5 in the corresponding box, with 1 being the highest rank and 5 the lowest.

- Adult group therapy
- Alcohol and substance abuse prevention
- Care of the elderly
- Child care
- Child health care for low-income families
- Crime prevention
- Diabetic education
- Employment and outreach services for mentally-ill persons
- Family group therapy
- Health care access
- Health screening (breast exam, pap test, etc.)
- Housing for mentally ill persons
- Immunizations for children
- Job training/employment
- Mental health crisis intervention training for law enforcement officers
- Mental health early intervention services for children and families
- Neighborhood issues (property upkeep, etc.)
- Nutrition counseling and education
- Prenatal care for low-income women
- Promotion of physical activity
- Psychiatrist services and medications for the mentally ill
- Research-based alcohol and drug treatment
- Research-based mental health treatment
- Services for persons with physical disabilities
- Sex offender treatment

- Sexually-transmitted disease prevention
- Teen pregnancy prevention
- Tobacco education (How to quit smoking, etc.)
- Youth programs (after school, weekends, summer)
- Other _____

D. Consortium for a Healthier Miami-Dade Activities:

Please place a (√) next to your appropriate answer.

1. The Consortium is comprised of community organizations that work in collaboration to promote health and wellness programs in Miami-Dade County. Its mission is to be a major catalyst in Miami-Dade County for promoting health and preventing chronic disease by prioritizing needs, identifying opportunities, securing resources and increasing collaboration (revised January 2006)¹.

How would you rate your awareness of the Consortium for a Healthier Miami-Dade?

- Very Aware Aware Somewhat Aware Not Aware No

Opinion

2. The Consortium first administered the Leader Opinion Survey in early 2005. Have you completed this survey before?
 Yes No Not sure
3. How did you first hear about the Consortium?
 Email blast
 Invitation
 Meeting notice
 Membership application
 Miami-Dade County Health Department's website
 This survey
 Word of mouth
4. Are you a member of the Consortium (having completed a membership application)?
 Yes No
5. How often do you attend full Consortium or Committee meetings?

¹ Prior mission statement: To create a healthier community through innovative and effective community-based health promotion and chronic disease prevention and control programs.

Monthly or more Quarterly Once a year Never have

6. The Consortium has six Committees focused on: 1) health promotion and disease prevention; 2) school based issues; 3) worksite wellness; 4) elder issues; 5) health and the built environment; and 6) marketing. Please rate your awareness of the following Consortium committees and activities and your opinion of their importance to community health. Please note: there are two responses for each section a through f.

a. Health Promotion and Disease Prevention

Awareness Very Aware Aware Somewhat Aware Not Aware No Opinion
 Importance Very Important Important Somewhat Important Not Important No Opinion

b. School Based Issues

Awareness Very Aware Aware Somewhat Aware Not Aware No Opinion
 Importance Very Important Important Somewhat Important Not Important No Opinion

c. Elder Issues

Awareness Very Aware Aware Somewhat Aware Not Aware No Opinion
 Importance Very Important Important Somewhat Important Not Important No Opinion

d. Worksite Wellness

Awareness Very Aware Aware Somewhat Aware Not Aware No Opinion
 Importance Very Important Important Somewhat Important Not Important No Opinion

e. Health and the Built Environment

Awareness Very Aware Aware Somewhat Aware Not Aware No Opinion
 Importance Very Important Important Somewhat Important Not Important No Opinion

f. Marketing

Awareness Very Aware Aware Somewhat Aware Not Aware No Opinion
 Importance Very Important Important Somewhat Important Not Important No Opinion

7. The Mayor’s Initiative on Aging is a wellness, fitness and safety campaign for Miami-Dade County residents 55 and over. Are you aware that the Consortium’s Elder Issues Committee serves as the main planning body for the Mayor’s Initiative on Aging?

Yes No

8. Step Up Florida is an annual event of the Florida Department of Health to promote physical activity among Florida residents. Are you aware of the Consortium's involvement in organizing Step Up Florida in Miami-Dade County?

Yes No

9. Several areas have been identified for possible inclusion on the Consortium's health policy agenda. Please mark what you consider the three (3) most important areas for inclusion on the Consortium's health policy agenda.

Disease prevention and control Nutrition
 Obesity reduction Worksite wellness
 Health literacy School health
 Physical activity/fitness HIV/AIDS prevention
 Resource allocation

10. What additional issues, if any, should the Consortium include on its health policy agenda?

-
11. Consortium activities are guided by the Planned Approach to Community Health (PATCH) process designed by the Centers for Disease Prevention and Control (CDC). Its main components are mobilizing the community; collecting data; choosing health priorities; developing a plan and evaluating the PATCH process. How would you rate this approach?

Very Appropriate Appropriate Somewhat Appropriate Not Appropriate
 No Opinion

Is there an alternative method you would recommend? If so, why?

-
12. Social Marketing is the application of commercial marketing concepts and tools to programs designed to influence the voluntary behavior of target audiences and/or society by which they are a part.² Popular examples of social marketing techniques include Ad Council campaigns such as "Friends don't let friends drive drunk" and "Take a bite out of crime".

How satisfied are you with the Consortium's use of Social Marketing in its planning, outreach and educational activities?

Very Satisfied Satisfied Somewhat Satisfied Not Satisfied No Opinion

² Andreasen, Alan R. (1994). "Social Marketing: Definition and Domain," *Journal of Marketing and Public Policy* (Spring), pp. 108-114.

What suggestions would you offer for a social marketing campaign by the Consortium for a Healthier Miami-Dade?

13. The Consortium has put together a Community Resource Inventory with information about the availability of resources in Miami-Dade that address chronic disease prevention and management. A copy of the 2006 Community Resource Inventory can be found on line at <http://www.dadehealth.org/downloads/2006%20Community%20Resource%20Inventory.pdf>. Have you used or referred anyone to the Community Resource Inventory?
- Yes No

Please tell us about yourself: (This information will be used for statistical purposes only.)

Gender: Male Female

Organization's Zip Code:

Type of work/profession:

- | | |
|---|--|
| <input type="checkbox"/> Business Leader | <input type="checkbox"/> Legal Professional |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Social Service Provider |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Public Health Official |
| <input type="checkbox"/> Elected Official | <input type="checkbox"/> Public Service/Government |
| <input type="checkbox"/> Health Care Professional | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital Administrator | |

For more information on the Consortium, please access the website, <http://www.dadehealth.org/consort/CONSORTintro.asp> or provide OPTIONAL contact info below.

Name: _____ Telephone: _____

Email: _____

Thank you for completing this survey. Your participation is greatly appreciated!

For Submission by facsimile or mail please send to:

Violet Murunga

Research Associate

Health Council of South Florida

8095 NW 12 Street, Suite 300

Miami, FL 33126

Fax #: 305.592.0589

Attachment II

A. Priority Health Issues Facing Families

B. Priority Health Issues Facing Communities

Attachment IIA

PRIORITY HEALTH PROBLEMS FACING FAMILIES, 2006

HEALTHCARE SYSTEM BARRIERS		319	74.4%
ACCESS TO HEALTH SERVICES	Wt	119	27.7%
Access to healthcare (3)	2	6	
Access (2)	2	4	
Access to care (2)	2	4	
Access to primary care (2)	2	4	
Health care (2)	2	4	
Access to basic care/medical home for all	2	2	
Access to healthcare and housing	2	2	
Access to healthcare services	2	2	
Access to medical care	2	2	
Access to primary care and prevention health services	2	2	
Access to primary care physicians	2	2	
Accessible primary care	2	2	
Asthma care	2	2	
Convenient primary care	2	2	
Getting health care (affording coverage, understanding health insurance, where to go etc)	2	2	
Having a 'medical home' where they enter a comprehensive system of care and receive quality services, regardless of ability to pay	2	2	
Health access	2	2	
Lack of appropriate health care	2	2	
Mental health needs	2	2	
Prevention health program	2	2	
Preventive Care	2	2	
Preventive medicine	2	2	
Preventive screenings for hypertension, diabetes, asthma, and obesity	2	2	
Primary care	2	2	
Primary health care	2	2	
Quality availability/ accessible care	2	2	
Quick and accessible service	2	2	
Regular check-ups by doctors	2	2	
Routine medical care	2	2	
Screening, prevention, early interventions that take place where ever families are	2	2	
Solid community clinics/physicians serving	2	2	
Timely access to healthcare	2	2	
<i>Access to health care (5)</i>	1	5	
<i>Access to care (3)</i>	1	3	
<i>Access (2)</i>	1	2	
<i>Health care access (2)</i>	1	2	
<i>Access to clinical services for pregnant women/ less OBGYN practicing medicine/immigration rates pregnant women not seeking prenatal care</i>	1	1	
<i>Access to convenient health care provider</i>	1	1	
<i>Access to coordinated care</i>	1	1	
<i>Access to good health care</i>	1	1	
<i>Access to health services</i>	1	1	
<i>Access to preventative health care services</i>	1	1	
<i>Access to preventive and primary care</i>	1	1	
<i>Access to primary care doctors</i>	1	1	
<i>Access to primary care when needed</i>	1	1	
<i>Access to urgent care</i>	1	1	
<i>Affordable and accessible dental care</i>	1	1	
<i>Anemia Care</i>	1	1	
<i>Availability of care</i>	1	1	
<i>Availability of primary care appointments</i>	1	1	
<i>Better access to primary and preventative care including dental</i>	1	1	
<i>Dental care</i>	1	1	
<i>Easier Access to the health care system</i>	1	1	
<i>Health Access</i>	1	1	
<i>Immigrant access (especially children) to healthcare</i>	1	1	
<i>Immunization program</i>	1	1	
<i>Medication</i>	1	1	
<i>Medication/follow-up</i>	1	1	
<i>Mental health care</i>	1	1	
<i>More family medicine physicians</i>	1	1	

<i>Non-emergent access(w/in 25 min)</i>	1	1	
<i>Oral healthcare</i>	1	1	
<i>Prescription medicine</i>	1	1	
<i>Preventive care – screening, healthy lifestyles, knowledge of health problems/concerns</i>	1	1	
<i>Primary Care Services</i>	1	1	
<i>Timely access to preventive medical services</i>	1	1	
<i>Transportation to facilities</i>	1	1	
ACCESS TO AFFORDABLE SERVICES		105	24.5%
Affordable health insurance (11)	2	22	
Affordable health care (6)	2	12	
Ability to pay for all needed services on a routine on-going basis	2	2	
Access to affordable and quality health care	2	2	
Access to appropriate affordable health care	2	2	
Access to prescription drugs (affordable)	2	2	
Affordability	2	2	
Affordable insurance	2	2	
Affordable Access to Healthcare	2	2	
Affordable accessible healthcare	2	2	
Affordable and accessible healthcare services	2	2	
Affordable coverage/access	2	2	
Affordable health care coverage	2	2	
Affordable Health Care Insurance	2	2	
Affordable health coverage	2	2	
Affordable health insurance coverage	2	2	
Affordable Healthcare Options i.e. insurance	2	2	
Affordable insurance coverage	2	2	
Affordable medical care	2	2	
Affordable providers (health)	2	2	
Cost of health care including dental	2	2	
Cost of health insurance/medicine	2	2	
Establishing access to affordable healthcare	2	2	
Funding for Insurance	2	2	
High costs of insurance	2	2	
Lower health insurance premiums	2	2	
<i>Affordable Health Insurance (2)</i>	1	2	
<i>Affordable medication (2)</i>	1	2	
<i>Affordable health care</i>	1	1	
<i>Ability of obtain affordable health Ins.</i>	1	1	
<i>Affordability</i>	1	1	
<i>Affordable and accessible dental care</i>	1	1	
<i>Affordable care</i>	1	1	
<i>Affordable dental services</i>	1	1	
<i>Affordable family health coverage</i>	1	1	
<i>Affordable healthcare services</i>	1	1	
<i>Affordable prescription costs</i>	1	1	
<i>Cost to live a healthy lifestyle</i>	1	1	
<i>Economical problems</i>	1	1	
<i>Low cost insurance</i>	1	1	
<i>Medications at a reasonable cost</i>	1	1	
<i>Money for prescriptions</i>	1	1	
<i>Money to purchase medicine, if they are sick</i>	1	1	
<i>Obtaining affordable healthcare</i>	1	1	
<i>Poverty reduction/ relief</i>	1	1	
<i>Social economical stability</i>	1	1	
<i>The cost of medication</i>	1	1	
ACCESS TO HEALTH INSURANCE	Wt	96	22.4%
Insurance (9)	2	18	
Health insurance (9)	2	18	
Insurance coverage (3)	2	6	
Medical insurance (2)	2	4	
Access to healthcare Insurance	2	2	
Access to medical home/uninsured	2	2	
Comprehensive insurance	2	2	
Financial coverage	2	2	
Health care coverage	2	2	
Health coverage	2	2	
Health coverage/ health insurance	2	2	
Health insurance coverage	2	2	

Immigrant health insurance	2	2	
Lack of health insurance	2	2	
Lack of Insurance	2	2	
Lack of insurance coverage	2	2	
Lack of or insufficient health insurance	2	2	
Primary care for the uninsured	2	2	
Proper insurance coverage	2	2	
Standard care for children / health insurance	2	2	
Uninsured	2	2	
Universal Coverage with a single payer system	2	2	
Universal health insurance/care	2	2	
<i>Insurance (3)</i>	1	3	
<i>Health insurance (2)</i>	1	2	
<i>A Florida Plan to cover all children and seniors as a first step</i>	1	1	
<i>Charity</i>	1	1	
<i>Having the capability to pay for care (either thru insurance, insurance-like coverage, or self-pay -- or receiving coverage for those who can not pay</i>	1	1	
<i>Lack of health coverage, lack of early treatment leads to more serious problems or ER visits</i>	1	1	
<i>Lack of health insurance/ lack of home supports</i>	1	1	
<i>Poor health insurance coverage</i>	1	1	
<i>Prescription coverage</i>	1	1	
HEALTH INFORMATION LITERACY		41	9.6%
Education(raise the health IQ	2	2	
Health education	2	2	
Health education/ awareness of community resources	2	2	
Incentive/ability/knowledge to access preventive medicine	2	2	
Knowledge of importance of Primary care follow up	2	2	
Lack of education	2	2	
More education about services offered in our community	2	2	
Preventive education	2	2	
Proper education on their health condition	2	2	
<i>Education (2)</i>	1	2	
<i>Accurate Health Information</i>	1	1	
<i>Education and guidance</i>	1	1	
<i>Education at healthcare services available</i>	1	1	
<i>Education for health access</i>	1	1	
<i>Education on health issues such as substance abuse, teenage pregnancy, use of tobacco etc.</i>	1	1	
<i>Education on healthy eating & lifestyles</i>	1	1	
<i>Education Re: disease prevention</i>	1	1	
<i>Free community classes to teach healthy habits and improve lifestyle</i>	1	1	
<i>Health care awareness</i>	1	1	
<i>Health education</i>	1	1	
<i>Health education-HIV/AIDS, childhood immunization</i>	1	1	
<i>Information about quality of healthcare</i>	1	1	
<i>Knowing what services are available if they cannot pay fully for care</i>	1	1	
<i>Knowledge of current health benefits. How do they access the services</i>	1	1	
<i>Lack of knowledge about health and health care</i>	1	1	
<i>Navigating a complex health system</i>	1	1	
<i>Physical Education in Schools</i>	1	1	
<i>Prevention education / screenings</i>	1	1	
<i>Prevention information</i>	1	1	
<i>Understanding how to navigate the healthcare system.</i>	1	1	
<i>Understanding of effect of healthy lifestyle on health outcomes - particularly with respect to</i>	1	1	
<i>Overeating and exercise</i>	1	1	
<i>Understanding of health care system</i>	1	1	
CHRONIC DISEASE AND ASSOCIATED RISK FACTORS		23	5.4%
NUTRITION		7	1.6%
Better nutrition	2	2	
Nutrition and healthy lifestyle	2	2	
Proper nutrition	2	2	
<i>Nutrition</i>	1	1	
OVERWEIGHT/OBESITY AND RELATED RISK FACTORS		9	2.1%
Obesity	2	2	

Overweight	2	2	
Diabetes	1	1	
Healthy living (obesity and other risks)	1	1	
Obesity	1	1	
Overweight/obesity	1	1	
Preventable illness (overweight, asthma, diabetes, etc)	1	1	
PHYSICAL ACTIVITY		2	0.5%
Inactive	1	1	
More physical activity	1	1	
HEALTHY LIFESTYLE PRACTICES		5	1.2%
Activities promoting lifestyle behavior change	1	1	
Health and wellness	1	1	
Healthy lifestyle management	1	1	
Motivation to embrace healthy lifestyle	1	1	
ENVIRONMENTAL AND SOCIAL PROBLEMS		9	2.1%
SAFETY RELATED		5	1.2%
Safety	2	2	
To be safe	2	2	
Churches and police department working police	1	1	
OTHER		4	0.9%
Abuse	1	1	
Appropriate parenting to children versus abuse and neglect	1	1	
Environmental health / surroundings	1	1	
Transportation Seniors/Families	1	1	
BEHAVIORAL HEALTH		4	0.9%
Depression	1	1	
Mental Health	1	1	
Mental health and substance abuse	1	1	
Substance abuse	1	1	
OTHER FACTORS		32	7.5%
Disabilities	2	2	
Housing	2	2	
Housing (Affordable), Transportation, Service Case Management	2	2	
I have no idea	2	2	
Poverty, employment, level of income	2	2	
Proper immigration of undocumented aliens and their children	2	2	
Stress	2	2	
Taking care of their elderly loved ones and dealing with the stress if life and finances	2	2	
Affordable housing (2)	1	2	
Stress (2)	1	2	
Crisis interventions for emergencies and disasters	1	1	
Family planning	1	1	
Health disparities	1	1	
HIV screening	1	1	
I have no idea	1	1	
Immunology of children	1	1	
Know who to call for help	1	1	
Limited to health care treatment	1	1	
Preventive	1	1	
Prioritizing financial resources to pay for primary care services	1	1	
Property	1	1	
Recognizing and acting upon behavioral factors actually drive health needs	1	1	
Responses to "Most Important Health Issues"	145	2	
Responses to "Second Most Important Health Issues"	139	1	
TOTAL NUMBER OF RESPONSES		429	100.0%

Attachment IIB

PRIORITY HEALTH PROBLEMS FACING COMMUNITIES OR NEIGHBORHOODS, 2006

HEALTHCARE SYSTEM BARRIERS		266	66.5%
ACCESS TO SERVICES	Wt	161	40.3%
Access to health care (3)	2	6	
Access (2)	2	4	
Mental health services (2)	2	4	
Prenatal care (2)	2	4	
Primary care (2)	2	4	
Primary care access (2)	2	4	
Access to care (information, fighting stereotypes, transportation, etc)	2	2	
Access to health	2	2	
Access to health insurance	2	2	
Access to health care facilities	2	2	
Access to health care providers	2	2	
Access to primary care and primary care physicians	2	2	
Access to primary care physicians	2	2	
Accessible clinics	2	2	
Accessible health care	2	2	
Accessible health care centers	2	2	
Accessible primary care	2	2	
Acute, episodic care access	2	2	
Availability of transportation to service providers	2	2	
Available care	2	2	
Care giver availability	2	2	
Children's mental health	2	2	
Communication and physical accessibility of health care providers	2	2	
Community based health care	2	2	
Community health centers	2	2	
Easily accessed healthcare centers with evening/ weekend hours	2	2	
Easy access	2	2	
Elderly activities centers and services	2	2	
Greater access to existing FQHC's or more FQHC's	2	2	
Having medical homes in their neighborhood	2	2	
Health access	2	2	
Health care	2	2	
Health centers	2	2	
Healthcare facilities/walk-in clinics that welcome the local residents	2	2	
Hospitals and customer service	2	2	
L.T. Care/ Supports	2	2	
Lack of health service providers	2	2	
Mini-clinics to serve the health needs of small communities	2	2	
Out Patient Clinics	2	2	
Pediatric care	2	2	
Preventive services	2	2	
Primary care physicians	2	2	
Proximity of accessible health care	2	2	
Quick and accessible service	2	2	
To have enough health centers	2	2	
Universal screening, prevention and early intervention accessible throughout	2	2	
Access	1	1	
Access to medical providers	1	1	
Access to medications	1	1	
Access to preventive and primary care	1	1	
Access to primary care	1	1	
Access to public health benefits	1	1	
Access to urgent care	1	1	
Access/ insurance to	1	1	
Accessible and affordable primary health care	1	1	
Accessible transportation services to healthcare services	1	1	
Adequate transportation to health providers	1	1	
Assistance in understanding how to access available	1	1	
Availability and cost of health services / employers- insure employees have health coverage	1	1	
Availability of physicians	1	1	
Awareness services	1	1	
Care of Senior Citizens at Home	1	1	

<i>Coordinated health services for the FAMILY, not just individuals --- child at school, grandparent through Medicare</i>	1	1	
<i>Dental care</i>	1	1	
<i>Dental needs</i>	1	1	
<i>Diversity of use</i>	1	1	
<i>Easier access to health care services</i>	1	1	
<i>Health access</i>	1	1	
<i>Health care coverage for all</i>	1	1	
<i>Health care for children and families including health insurance</i>	1	1	
<i>Health care for the uninsured</i>	1	1	
<i>Immunizations</i>	1	1	
<i>Local health access, locations and transportation</i>	1	1	
<i>Medical follow-up/medicines</i>	1	1	
<i>Mental health services</i>	1	1	
<i>More elder services</i>	1	1	
<i>Neighborhood subsidized wellness centers</i>	1	1	
<i>Newborn screening for 29 metabolic conditions</i>	1	1	
<i>Nutrition education/ health screenings</i>	1	1	
<i>Outreach for services available</i>	1	1	
<i>Outreach to educate communities on health issues</i>	1	1	
<i>Outreach/service programs</i>	1	1	
<i>Pediatric access</i>	1	1	
<i>Physical activities or programs</i>	1	1	
<i>Post incarceration health care and support services</i>	1	1	
<i>Prenatal services</i>	1	1	
<i>Prevention and screening services</i>	1	1	
<i>Prevention services</i>	1	1	
<i>Preventive care</i>	1	1	
<i>Preventive health care</i>	1	1	
<i>Preventive services</i>	1	1	
<i>Primary care</i>	1	1	
<i>Prophylactic care</i>	1	1	
<i>Providers that accept Medicaid Level funding</i>	1	1	
<i>Providing resources for our elderly population</i>	1	1	
<i>Services</i>	1	1	
<i>Therapy for those senior citizens that are in need</i>	1	1	
<i>Transportation to care</i>	1	1	
<i>Traveling dental clinics or mini dental clinics placed in small communities</i>	1	1	
<i>Treatment for mental illness and substance abuse</i>	1	1	
ACCESS TO QUALITY CARE		39	9.8%
<i>A good clinic with reputable humanitarian doctors</i>	2	2	
<i>Access to good medical care</i>	2	2	
<i>Access to quality care</i>	2	2	
<i>Access to quality healthcare</i>	2	2	
<i>Availability of good clinics</i>	2	2	
<i>Better mental health services</i>	2	2	
<i>Clinic engagement</i>	2	2	
<i>Culturally appropriate healthcare services</i>	2	2	
<i>Full service facilities</i>	2	2	
<i>Having Specialty Providers</i>	2	2	
<i>Honest and reliable primary care</i>	2	2	
<i>Long wait at hospital ER</i>	2	2	
<i>Waiting times at the neighborhood clinics</i>	2	2	
<i>Care management and accountability</i>	1	1	
<i>Culturally appropriate health providers</i>	1	1	
<i>Effective preventive medicine</i>	1	1	
<i>Efficient referrals process from Dr. office to Dr. office</i>	1	1	
<i>Good doctors</i>	1	1	
<i>Having their medical homes provide culturally appropriate care and be integrated within the larger system</i>	1	1	
<i>Long wait at hospital ER</i>	1	1	
<i>Quality community based healthcare</i>	1	1	
<i>Referral systems</i>	1	1	
<i>Reliable health care providers</i>	1	1	
<i>That the health centers give adequate services on time</i>	1	1	
<i>Timely Emergency Services</i>	1	1	
<i>Too much paperwork, lack of properly trained personnel in certain entities that deal with serving the public</i>	1	1	

ACCESS TO AFFORDABLE HEALTHCARE		35	8.8%
Affordable Health Insurance (2)	2	4	
Access to affordable healthcare	2	2	
Access to affordable preventive health care	2	2	
Access to appropriate affordable health care	2	2	
Accessible and affordable healthcare services	2	2	
Affordable health care	2	2	
Affordable health services, access/ available	2	2	
Affordable insurance coverage	2	2	
Affordable primary care	2	2	
Affordable quality healthcare	2	2	
Funding	2	2	
Providing access to affordable health care	2	2	
<i>affordability</i>	1	1	
<i>Affordability of healthcare</i>	1	1	
<i>Affordable care</i>	1	1	
<i>Affordable dental care for adults and children (emphasis on preventative services for children)</i>	1	1	
<i>Affordable Health Insurance</i>	1	1	
<i>Affordable medications</i>	1	1	
<i>Cost of medications</i>	1	1	
<i>Lack of affordable health care</i>	1	1	
<i>Lack of resources/funding</i>	1	1	
ACCESS TO HEALTH INSURANCE		31	7.8%
Health insurance (5)	2	10	
Insurance (2)	2	4	
A compressive plan for community based clinics for ALL CONSUMERS	2	2	
Health care coverage for children	2	2	
Health care for the uninsured	2	2	
The underinsured	2	2	
Uninsured	2	2	
<i>Access/ insurance to</i>	1	1	
<i>Health Insurance</i>	1	1	
<i>Insurance</i>	1	1	
<i>Lack of health coverage, lack of early treatment leads to more serious problems or ER visits</i>	1	1	
<i>Lack of resources for and increasing numbers of undocumented, uninsured individuals</i>	1	1	
<i>Prescription plan for all low income and uninsured and under insured</i>	1	1	
<i>The uninsured</i>	1	1	
HEALTH INFORMATION LITERACY		51	12.8%
Active Wellness Promotion	2	2	
Awareness - Communicable Diseases	2	2	
Community education	2	2	
Crime prevention	2	2	
Education	2	2	
Education about preventive medicine	2	2	
Health promotion programs	2	2	
HIV/AIDS Education	2	2	
Informing, communicating available services to the community	2	2	
Knowing what available and how to contact them	2	2	
Knowing where to go to get affordable services	2	2	
Lack of education	2	2	
Physical education opportunities	2	2	
Prevention Education and Nutrition	2	2	
Public health campaign on the increased incidence of premature births	2	2	
Strengthening families in basic areas e.g., how to lead a healthy lifestyle	2	2	
<i>Education(3)</i>	1	3	
<i>Health education(3)</i>	1	3	
<i>Accurate health information - both related to illness prevention and access to care</i>	1	1	
<i>Education - Communicable Diseases</i>	1	1	
<i>Education and guidance to resources</i>	1	1	
<i>Education of health related issues</i>	1	1	
<i>Health information literacy</i>	1	1	
<i>Knowledge of proper nutrition and hygiene</i>	1	1	
<i>Lack of information as to where resources are located</i>	1	1	
<i>Literacy i.e. how to read and understand directives given by health professionals</i>	1	1	
<i>Preventative medical education</i>	1	1	
<i>Public health and awareness</i>	1	1	
<i>Quality of education, which has a significant effect on health</i>	1	1	

<i>The need to expand health promotion and disease prevention</i>	1	1	
<i>Understanding of health care system</i>	1	1	
ENVIRONMENTAL AND SOCIAL PROBLEMS		45	11.3%
HEALTHY BUILT ENVIRONMENT		20	5.0%
A clean living environment	2	2	
A healthy built environment	2	2	
Neighborhoods	2	2	
Recreational activities for the neighborhood children	2	2	
Soil tests for Lead	2	2	
Traffic	2	2	
Transportation that is accessible and reliable	2	2	
Walkability	2	2	
<i>Activities motivating lifestyle behavior change</i>	1	1	
<i>More park facilities</i>	1	1	
<i>Neighborhoods that have parks & places to exercise</i>	1	1	
<i>Parks/walking trails/activity centers that promote physical activity for children through elders</i>	1	1	
<i>Transportation</i>	1	1	
SAFETY RELATED		20	5.0%
Crime	2	2	
Crime versus safe communities	2	2	
Safe places for physical activity	2	2	
Safety	2	2	
Safety, Social Services, Resources	2	2	
Violence/safety	2	2	
<i>Accident prevention</i>	1	1	
<i>Crime</i>	1	1	
<i>Knowing they will be safe</i>	1	1	
<i>Police presence and police accessibility</i>	1	1	
<i>Safe neighborhoods</i>	1	1	
<i>Safe recreation/exercise areas for families</i>	1	1	
<i>Safety (free from crime, auto accidents, etc)</i>	1	1	
<i>Violence (teen gangs, adult crimes, etc)</i>	1	1	
BEHAVIORAL PROBLEMS		5	1.3%
Drug addiction	2	2	
Mental Health	2	2	
<i>Substance Abuse</i>	1	1	
CHRONIC DISEASE AND ASSOCIATED RISK FACTORS		12	3.0%
HEALTHY LIFESTYLE PRACTICES		5	1.3%
Healthy Lifestyle	2	2	
<i>Healthy food and exercise opportunities</i>	1	1	
<i>Lifestyles</i>	1	1	
<i>Timely access to preventive services</i>	1	1	
OBESITY AND RELATED RISK FACTORS		7	1.8%
Chronic disease	2	2	
Disabilities/Obesity	2	2	
Obesity	2	2	
<i>Diabetes</i>	1	1	
OTHER		28	7.0%
Birth control	2	2	
Consistent Tx for Asthma, Anemia, frequent childhood...	2	2	
Elderly assistance	2	2	
Family support/ parenting support	2	2	
Help single parents with health care	2	2	
Housing	2	2	
Not enough money by government to employ more personnel, for assessment purposes, and informing public	2	2	
Proper immigration of undocumented aliens and their children	2	2	
Stress relief and community spaces	2	2	
<i>Good paying jobs</i>	1	1	
<i>Health information network</i>	1	1	
<i>Involvement</i>	1	1	
<i>Knowing how to apply with confidence for public-funded</i>	1	1	
<i>Oral Health</i>	1	1	

<i>Schools</i>	1	1	
<i>Stress</i>	1	1	
<i>Undocumented immigrants</i>	1	1	
Responses to "Most Important Health Issues"	135	2	
Responses to "Second Most Important Health Issues"	130	1	
TOTAL NUMBER OF RESPONSES		400	100.0%

Attachment III

- A. Relative Importance of Community Problems
- B. Relative Importance of Community Services

APPENDIX IIIA RELATIVE IMPORTANCE OF COMMUNITY PROBLEMS

Community Problem	Very Big Problem Wt=5		Big Problem Wt= 4		Medium Problem Wt=3		Small Problem Wt=2		Very Small Problem Wt=1		Wt Mean*	Overall Wt %
	n	%	n	%	n	%	n	%	n	%		
lack of health insurance	55	40.7	27	20.0	11	8.1	12	8.9	8	5.9	3.32	66.4
Poverty	28	20.7	21	15.6	9	6.7	7	5.2	9	6.7	2.03	40.6
Overweight/obesity	11	8.1	12	8.9	18	13.3	9	6.7	10	7.4	1.37	27.4
Crime	12	8.9	7	5.2	8	5.9	11	8.1	7	5.2	1.04	20.9
Not enough family doctors and pediatricians	5	3.7	15	11.1	5	3.7	5	3.7	5	3.7	0.85	17.0
Unemployment	7	5.2	7	5.2	10	7.4	4	3.0	5	3.7	0.79	15.7
Physical inactivity	4	3.0	9	6.7	10	7.4	8	5.9	2	1.5	0.77	15.4
Domestic Violence	7	5.2	5	3.7	8	5.9	7	5.2	9	6.7	0.76	15.1
Drug Abuse	3	2.2	6	4.4	11	8.1	9	6.7	8	5.9	0.73	14.5
Depression	3	2.2	6	4.4	10	7.4	6	4.4	7	5.2	0.65	13.0
Juvenile delinquency	1	0.7	9	6.7	3	2.2	8	5.9	4	3.0	0.52	10.4
Child Abuse	5	3.7	7	5.2	3	2.2	1	0.7	4	3.0	0.50	10.1
Persons with severe and persistent mental illness	1	0.7	5	3.7	9	6.7	5	3.7	2	1.5	0.47	9.5
Inadequate immunization of children	4	3.0	4	3.0	4	3.0	5	3.7	3	2.2	0.45	9.0
Lack of recreational programs and resources	2	1.5	9	6.7	0	0.0	3	2.2	9	6.7	0.45	9.0
Teenage pregnancy	3	2.2	3	2.2	6	4.4	6	4.4	4	3.0	0.45	9.0

Tobacco use (all types)	1	0.7	3	2.2	6	4.4	10	7.4	6	4.4	0.45	9.0
Accidents	3	2.2	2	1.5	10	7.4	0	0.0	5	3.7	0.43	8.6
Lack of support for local business community	4	3.0	4	3.0	4	3.0	3	2.2	3	2.2	0.42	8.4
Sexually-transmitted diseases	3	2.2	3	2.2	6	4.4	3	2.2	6	4.4	0.42	8.4
Low birth weight infants/infant death rates	1	0.7	6	4.4	5	3.7	3	2.2	4	3.0	0.40	8.0
Persons criminally involved with mental illness and/or alcohol and other drug addictions	6	4.4	2	1.5	3	2.2	1	0.7	5	3.7	0.40	8.0
Other	3	2.2	2	1.5	8	5.9	1	0.7	5	3.7	0.40	8.0
Driving after drinking	1	0.7	5	3.7	6	4.4	2	1.5	5	3.7	0.39	7.7
Families in danger of losing children because of mental illness and/or alcohol and other drug addictions	4	3.0	3	2.2	4	3.0	3	2.2	2	1.5	0.39	7.7
Chronic respiratory illness	0	0.0	3	2.2	5	3.7	5	3.7	6	4.4	0.32	6.4
Mentally retarded or developmentally disabled persons with mental illness and/or alcohol and other drug addictions	2	1.5	3	2.2	4	3.0	3	2.2	0	0.0	0.30	5.9
Underage alcohol use	2	1.5	3	2.2	2	1.5	4	3.0	0	0.0	0.27	5.3
Binge Drinking	0	0.0	1	0.7	5	3.7	2	1.5	2	1.5	0.19	3.7

* Values based on respondent total (135)

APPENDIX IIIB

RELATIVE IMPORTANCE OF COMMUNITY SERVICES

Community Services	Very Big Problem Wt=5		Big Problem Wt= 4		Medium Problem Wt=3		Small Problem Wt=2		Very Small Problem Wt=1		Wt Mean	Overall Wt %
	n	%	n	%	n	%	n	%	n	%		
Healthcare Access	66	48.5	18	13.2	8	5.9	6	4.4	9	6.6	3.29	65.7
Child health care for low-income families	14	10.3	16	11.8	14	10.3	5	3.7	10	7.4	1.44	28.8
Care of the elderly	14	10.3	9	6.6	16	11.8	5	3.7	7	5.1	1.26	25.1
Health screening (breast exam, pap test, etc.)	5	3.7	19	14.0	8	5.9	10	7.4	9	6.6	1.13	22.6
Job training/employment	4	2.9	10	7.4	13	9.6	8	5.9	8	5.9	0.90	18.1
Child Care	9	6.6	7	5.1	10	7.4	7	5.1	2	1.5	0.88	17.5
Crime prevention	4	2.9	10	7.4	6	4.4	11	8.1	12	8.8	0.82	16.5
Promotion of physical activity	6	4.4	6	4.4	11	8.1	8	5.9	8	5.9	0.82	16.3
Immunizations for children	8	5.9	7	5.1	5	3.7	4	2.9	9	6.6	0.74	14.7
Mental health early intervention services for children and families	4	2.9	7	5.1	7	5.1	10	7.4	6	4.4	0.70	14.0
Nutrition counseling and education	6	4.4	6	4.4	5	3.7	8	5.9	9	6.6	0.69	13.8

Prenatal care for low-income women	6	4.4	9	6.6	2	1.5	5	3.7	4	2.9	0.63	12.6
Alcohol and substance abuse prevention	7	5.1	3	2.2	6	4.4	6	4.4	7	5.1	0.62	12.4
Youth programs (after school, weekends, summer)	7	5.1	3	2.2	3	2.2	8	5.9	9	6.6	0.60	11.9
Housing for mentally ill persons	4	2.9	5	3.7	8	5.9	5	3.7	6	4.4	0.59	11.8
Diabetic education	3	2.2	5	3.7	9	6.6	6	4.4	5	3.7	0.58	11.6
Neighborhood issues (property upkeep, etc.)	5	3.7	6	4.4	7	5.1	2	1.5	3	2.2	0.57	11.3
Sexually-transmitted disease prevention	4	2.9	5	3.7	6	4.4	3	2.2	4	2.9	0.50	10.0
Teen pregnancy prevention	7	5.1	4	2.9	2	1.5	3	2.2	3	2.2	0.49	9.7
Psychiatrist services and medications for the mentally ill	4	2.9	3	2.2	6	4.4	6	4.4	1	0.7	0.46	9.3
Employment and outreach services for mentally ill persons	3	2.2	6	4.4	4	2.9	5	3.7	2	1.5	0.46	9.3
Mental health crisis intervention training for law enforcement officers	4	2.9	2	1.5	8	5.9	1	0.7	5	3.7	0.43	8.7
Services for persons with physical disabilities	1	0.7	7	5.1	5	3.7	4	2.9	2	1.5	0.43	8.5
Tobacco education (How to quit smoking, etc.)	3	2.2	3	2.2	4	2.9	3	2.2	9	6.6	0.40	7.9
Research-based alcohol and drug treatment	3	2.2	5	3.7	3	2.2	2	1.5	2	1.5	0.37	7.4

Research-based mental health treatment	1	0.7	6	4.4	5	3.7	1	0.7	3	2.2	0.36	7.2
Family group therapy	1	0.7	6	4.4	3	2.2	3	2.2	2	1.5	0.34	6.8
Adult Group Therapy	0	0.0	6	4.4	1	0.7	5	3.7	7	5.1	0.32	6.5
Sex offender treatment	1	0.7	5	3.7	0	0.0	4	2.9	1	0.7	0.25	5.0
Other	2	1.5	2	1.5	0	0.0	0	0.0	1	0.7	0.14	2.8

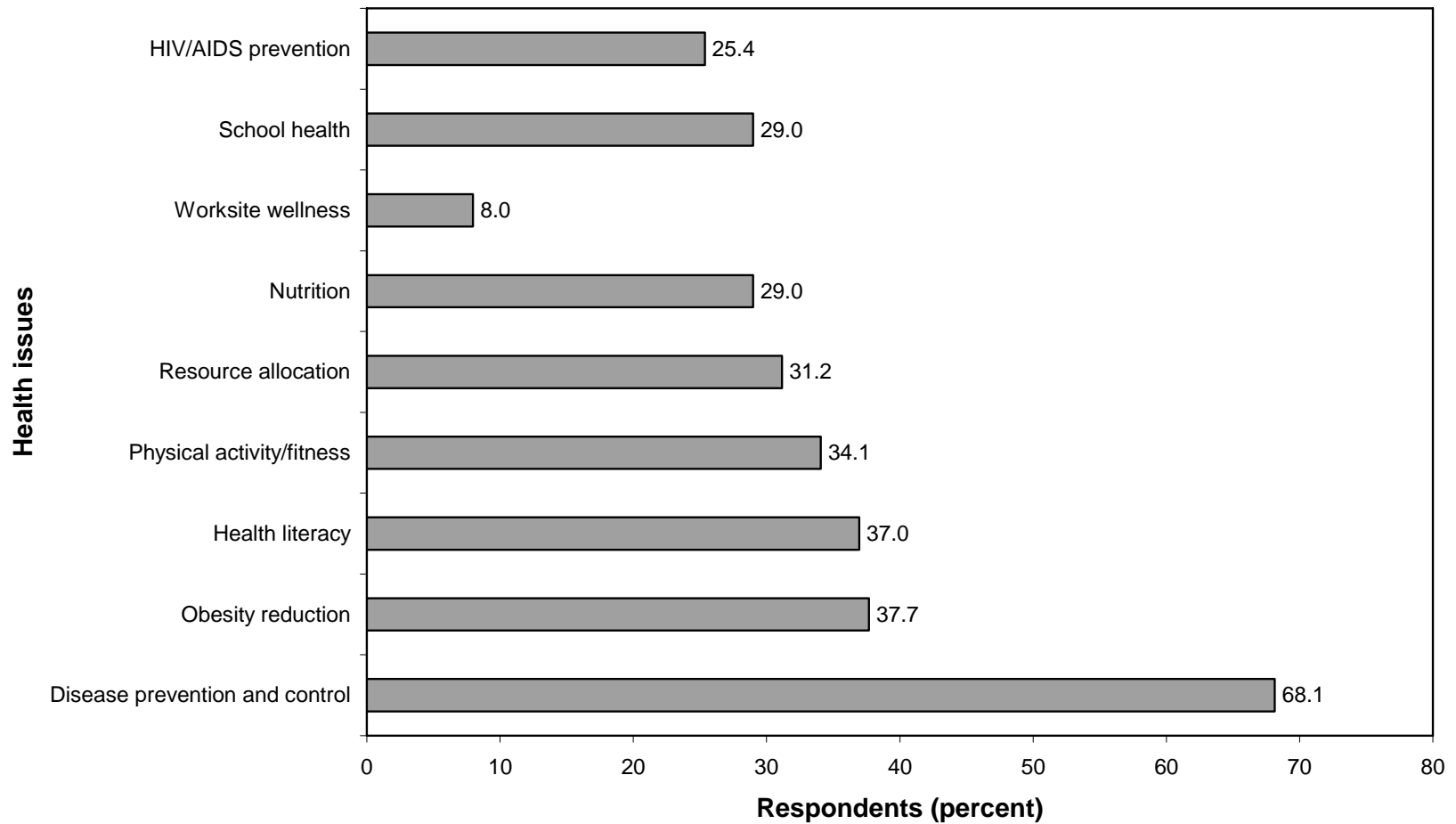
* Values based on respondent total (136)

Attachment IV

Priority Areas for Health Policy Impact

Attachment IV

PRIORITY AREAS FOR HEALTH POLICY IMPACT, 2006



Values based on total number of respondents (138)

Attachment V

Additional Community Health Concerns for the Consortium to Address

Attachment V

ADDITIONAL ISSUES FOR THE CONSORTIUM TO INCLUDE ON ITS HEALTH POLICY AGENDA (77)
ACCESS TO SERVICES (12)
<p>Access to affordable healthcare</p> <p>Access to Care</p> <p>Access to health care</p> <p>Affordable access to health care</p> <p>Affordable healthcare for working class</p> <p>Attaining medical homes (comprehensive sources of care - regardless of insurance status) for residents of the county Integrating community-based planning to limit duplication and focus energies on actionable/implementable tasks</p> <p>Children with complex special healthcare needs and (lack of) mental health services for children</p> <p>Economic justice and access to care...it doesn't matter how much people know if they can't afford care or can't access care...</p> <p>Health care for all residents</p> <p>Provide education in every venue open to a speaker, beginning in pre-k and up. Health education, medical and dental: body self respect: health issues improve your hope for the future presentations and sex education. Can we bring a clinic to the community/ neighborhood, school? Medical or dental van?</p> <p>Reproductive healthcare access</p> <p>Timely access to primary care physicians versus the use of emergency rooms.</p>
BEHAVIORAL HEALTH ISSUES (11)
<p>Addictions</p> <p>Children with complex special healthcare needs and (lack of) mental health services for children</p> <p>Depression and Nicotine Addiction</p> <p>Depression prevention</p> <p>Drug abuse</p> <p>Drug and Alcohol Prevention</p> <p>Evidenced-based mental health programs</p> <p>Impact of changes in funding of mental health services, particularly in light of the recent reports regarding the similar oral health pilot in Miami-Dade</p> <p>Mental health issues</p> <p>Mental Illness - drug/alcohol addiction</p> <p>Senior citizens in our community suffer from depression due to lack of companionship</p>
HEALTH INFORMATION LITERACY (7)
<p>Assure that persons between 50-65 have resources</p>

<p>Dissemination of information about health issue; barriers to access to care; primary care</p> <p>Education in every venue open to a speaker, beginning in pre-k and up. Health education, medical and dental: body self respect: health issues improve your hope for the future presentations and sex education. Can we bring a clinic to the community/ neighborhood, school? Medical or dental van?</p> <p>Information for elderly population in reference to power of attorney and protecting their life earnings and property to prevent exploitation (financial)</p> <p>Obesity, health literacy, fitness, worksite wellness, HIV prevention</p> <p>Sex ed. health for students.</p> <p>Trainings for professionals in the community</p>
<p>ACCESS TO HEALTH INSURANCE (6)</p>
<p>A plan for all of Florida to be covered by health insurance and prescription</p> <p>Advocacy for uninsured population. We have complex issues, i.e. population with access lack utilization and population that would utilize do not have access. Another issue that merits looking into is an over abundance of screenings....it is ok to screen but what do you do after that if there is no way to provide affordable follow up.</p> <p>Florida healthcare financing/ Medicaid-SCHIP</p> <p>Health insurance/ medical coverage for pregnant women and children/ increased funding for established health prevention programs</p> <p>Help people find affordable health insurance</p> <p>Uninsured Crisis</p>
<p>CHRONIC DISEASE PREVENTION (5)</p>
<p>An ounce of prevention is better than a pound of cure</p> <p>Diabetes awareness Stroke Prevention</p> <p>Disease prevention and control Worksite wellness Physical activity/fitness/obesity reduction School health</p> <p>General health of the community/ preventive rather than proactive approach</p> <p>Injury prevention</p> <p>Obesity reduction</p> <p>Obesity, health literacy, fitness, worksite wellness, HIV prevention</p>
<p>ELDER ISSUES (4)</p>
<p>Assure that persons between 50-65 have resources</p> <p>Elder Care</p> <p>Health policy issues surrounding older adults (e.g., housing, Medicaid reform, etc....)</p> <p>Information for elderly population in reference to power of attorney and protecting their life earnings and property to prevent exploitation (financial)</p>
<p>ORAL HEALTH ISSUES (4)</p>

<p>Dental and Oral Health</p> <p>Oral health</p> <p>Oral Health</p> <p>Oral healthcare</p>
PRENATAL CARE (3)
<p>Early prenatal care</p> <p>Maternal and child health</p> <p>Prenatal care</p> <p>Pre-Natal care</p>
SCHOOL HEALTH ISSUES (3)
<p>Disease prevention and control Worksite wellness Physical activity/fitness/obesity reduction School health</p> <p>School health</p> <p>The Consortium should include an increase in State support to local government for all preventative health strategies; in particular an increase in the Miami-Dade County Health Departments allocation for school health.</p>
ALTERNATIVE MEDICINE (2)
<p>Alternative medicine</p> <p>Education on CHOICE in terms of healthcare information and access so that complementary and alternative therapies be given equal weight with mainstream therapies. For example, traditional Chinese medicine using acupuncture and several other modalities is a form of primary healthcare. As a physician of this specialty with more than 10 years experience, I would be honored to share my insight with the Consortium.</p>
HIV/AIDS AND SEXUALLY TRANSMITTED DISEASE (2)
<p>Include STI and HIV/AIDS prevention in disease prevention and control</p> <p>Youth wellness and attitudes about positive health, including nutrition, alcohol and illicit drug use information, STD and HIV/AIDS education, and (additional) FUNDING for these programs.</p>
QUALITY OF CARE (2)
<p>In coordination with Office of Countywide Healthcare Planning and Florida Health Care Coalition, should address quality of health care services provided especially non-hospital physician services; also hospital-acquired infections.</p> <p>The development of a local and state health information network that will allow the exchange of health information between providers to improve patient safety and the quality of care.</p>
WORKSITE WELLNESS (2)
<p>Obesity, health literacy, fitness, worksite wellness, HIV prevention</p> <p>Promote wellness in the workplace</p>
OTHER (18)

Community Disaster Preparedness

Disability awareness

employment of qualified individuals with disabilities

Environmental pollution

Have more language available in Creole

Health care providers should serve as role models - many of our health care leaders are obese and smoke

Homeless issues

Housing for families of children with special needs.

Housing, poverty

Jail related health care

More involvement of the private sector with the Consortium. A membership Committee should be convened to recruit businesses to participate in consortium & community activities

Rationing

Support of marriage - children are better off in stable 'family' situations (however family is defined). We are quick to marry people (or civil commitments) but we need a strategy to continue to support the unit as a family.

The Pros and Cons of an Individual with Medicaid and Medicare who is associated with a private medical center, instead of independent

Attachment VI

Suggestions for a Social Marketing Campaign by the Consortium

Attachment VI

SUGGESTIONS FOR A SOCIAL MARKETING CAMPAIGN BY THE CONSORTIUM (54)
ENHANCE SOCIAL MARKETING STRATEGY (26)
<p>Enhance dissemination mechanisms (11)</p> <ul style="list-style-type: none"> • Deliver the message with much more frequency and clarity • Use of bus boards targeted radio spots in Creole, Spanish & English • Use of available media in the target communities • Come to each agency to present info and prevention to staff • To do more advertisements such as 1) Neighbor (Herald) 2) Create Newsletter by Magee Messener (education, information). Membership application, Fund raising events, and dinner for the elders etc. • More Outreach • Getting more youths involved and maybe offer scholarships for college in health related area • More public service announcements to children and teens (get them early) on Sat morning • Post information in areas such as clinics, schools, recreation centers, supermarkets, churches and place of employment, etc • Stay away from cliché- use real people talking about real problems • Billboards <p>Diverse and culturally sensitive strategies (5)</p> <ul style="list-style-type: none"> • Make sure it speaks to all populations. In our efforts to be politically and culturally correct, the needs of English speakers are often overlooked, especially the elder population of English speakers. Services to them are often provided by non-English speakers and it is very difficult for them. • Do one based upon our community's needs and culture versus a text book approach based upon a national focus and strategy. • Age appropriate initiatives culturally sensitive • Please ensure objectivity, fairness and diversity in prevention segments. The Ad Campaign should be broad based • To gain input from broad sectors of our community <p>Enhance visibility (4)</p> <ul style="list-style-type: none"> • Higher visibility, gain participation by appropriate community leaders. • Make it more visible. • Increase visibility • More exposure <p>Invest in public relations and ad campaigns (3)</p> <ul style="list-style-type: none"> • General ad campaigns are useful, but tend to be expensive if they are to get enough penetration to be effective. Hopefully members of the Consortium can touch 'nerve' points through their organizations to be more effective on the grassroots level--people in a business will respond to the policy of the business; people in an agency will respond to the policy of the agency, etc. • More resource availability-Social marketing is expensive • Do more social marketing. <p>Utilizing advertising agency (2)</p> <ul style="list-style-type: none"> • Have a company like MARC USA do a probono campaign. Have professionals do it in a modern smart way • Obtain appropriate funding and hire advertising agency to assist <p>Based on needs assessment (1)</p> <ul style="list-style-type: none"> • We need to review health statistics to identify areas of behavior-related illness that can be reduced. We then need to identify target groups, behavior change, benefits and barriers, and develop tactics for intervention.
SPECIFIC ISSUES (14)

<p>General Health Promotion and Disease Prevention (5)</p> <ul style="list-style-type: none">• There should be more marketing strategies in educating the public about key health issues.• One way is to target populations with access and poor utilization rates to be more cognizant of prevention and health issues that affect them. It is a matter of poverty and priorities well addressed in Maslow's hierarchy of needs• Market self-care, 'your health is in your hands; take responsibility'• Think before you eat Walk it off• Focus on prevention of disease. <p>School Health (4)</p> <ul style="list-style-type: none">• One which works with schools & involves the families.• Involve schools - K-12 and higher education to develop campaign• Focus on reducing obesity in kids• I believe that more emphasis should be placed in schools, government entities and in the private sectors <p>A marketing for elder abuse and financial exploitation</p> <p>Early prenatal care Signs and symptoms of preterm labor How to have a healthy baby</p> <p>Focus on Smoking; drinking; exercise; dangerous sexual behavior</p> <p>How to lobby your commission to work for access and coverage...</p> <p>Include ads that target and provide options for the uninsured and underinsured populations.</p> <p>Include family oriented and Mental Health oriented campaigns</p> <p>Nutrition/dietary habits/physical activities/prevention health strategies</p> <p>Targeted campaigns on HIV/AIDS and STI prevention; market places for and types of physical activity that have no cost</p>
<p>NOT AWARE OF SOCIAL MARKETING CAMPAIGN BY THE CONSORTIUM (10)</p> <p>I am not aware of any campaign!</p> <p>I am not aware of any social marketing campaigns conducted by the Consortium for a Healthier Miami-Dade</p> <p>I am not aware of significant social marketing efforts that the Consortium has initiated.</p> <p>I am not aware of social marketing campaign by the Consortium. What is its primary message. The research in Social Marketing directly states that the campaign must have a single 'message' that is being communicated. The successes of the aforementioned campaigns were supported by large budgets. What is the budget for your campaign? It is also important to evaluate whether there are other organizations in the community that have similar initiatives that would result in a mixed-message to consumers and would limit the ability to evaluate the penetration of your message vs. other messages.</p> <p>I am unaware of what social marketing the Consortium has completed. How about a strong social marketing campaign on teen pregnancy? Or, male responsibility for pregnancies and their children? Friends don't let friends walk away from their children.</p> <p>I have no knowledge of this activity.</p> <p>I have not seen much for which I was aware that it came from the consortium.</p> <p>I haven't experienced Consortium's social mktg. Perhaps the Consortium could become a</p>

<p>coordinator and funder of effective county-wide social marketing efforts. Attain and pool grants, develop a clearinghouse of proven techniques and models and establish a TA source.</p> <p>I work with 5 outreach and education programs for health related issues, including Healthy Start, HIV/AIDS Partnership and DOH and have never heard of this initiative. I have to wonder why. I suppose it is your strategy to make those in our community not directly involved in health care aware. None of the 40 + staff that I supervise has ever mentioned this or their involvement in any of the activities.</p> <p>Not overly visible in the community</p>
<p>OTHER (4)</p> <p>Networking with different health care provider agencies * Educating health care providers about community services and resources through continuing education courses</p> <p>No obese role models- everyone must work toward community health- it starts with the leaders</p> <p>Social marketing is a good campaign</p> <p>Where someone is hurting the whole community</p>