

2007 Community Leader Opinion Survey Summary Report



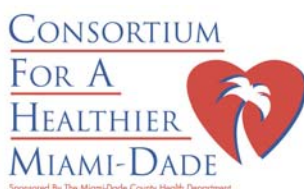
Prepared for:

Consortium for a Healthier Miami-Dade

By:

Health Council of South Florida, Inc.

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EXECUTIVE SUMMARY

The Consortium for a Healthier Miami-Dade (Consortium) was formed by the Miami-Dade County Health Department in 2003, to foster collaboration and coordination in the areas of health promotion and disease prevention. The Consortium conducts a community leader opinion (CLO) survey annually to identify and prioritize the most important health needs, problems and services in Miami-Dade County as identified by community leaders. Findings help shape the Consortium's future goals and objectives and assess its visibility in the community. The first CLO survey was conducted in the spring of 2005. The *2007 Community Leader Opinion Survey Report* summarizes the findings for the CLO survey conducted in the fall of 2007.

During the months of December 2007 to March 2008, the 2007 CLO survey was distributed to 900 community leaders constituting a variety of providers, program administrators, academics, funders and policy makers. At the end of the three months, a total of 137 surveys were collected.

Survey questions solicited opinions on priority health issues facing Miami-Dade County residents based on 16 health indicators identified in the Miami-Dade County Health Report Card released in the summer of 2007. Additionally, survey questions assessed awareness of the Consortium, its Committees and five Consortium initiatives carried out in 2007. Community leader recommended health policy priority areas were also solicited.

The following gives a brief summary of findings and recommendations offered:

I. Summary of Findings.

1. The most important health issue facing Miami-Dade County residents:

- i. Over half (54%) of survey respondents identified Uninsured (people under 65 years without health insurance) as the most important health issue in Miami-Dade County.

Root causes

Most survey respondents cited cost barriers as the root cause of the uninsured problem particularly due to i) lack of supplemental funds in general or poor economy; ii) high cost of purchasing health insurance; iii) and high cost of healthcare. Closely related to cost barriers, challenges with obtaining health insurance coverage associated with socioeconomic and immigration status was also highlighted as a contributing factor. Also cited was the lack of a universal healthcare system and lack of leadership from government to address the issue.

Recommended Solutions

Recommended approaches to address the uninsured crisis largely emphasized the need to implement a universal healthcare system. Legislative action and

government leadership were highlighted as essential to the progression of healthcare reform. Where resources exist to address the uninsured and undocumented populations, survey respondents recommended expansion of these resources. Survey respondents also recommended development of alternative solutions that are more affordable to the uninsured population and more accessible to the undocumented population.

- ii. Approximately 14% identified adult overweight/obesity as the most important health issue in Miami-Dade County

Root Cause

For the most part, survey respondents cited poor diet and lack of physical activity as the root cause of adult overweight and obesity in the county. To a lesser extent, lack of education on the benefits of good nutrition choices, proper cooking skills, consistent exercise and the impact of obesity on physical health was also cited as a contributing factor.

Recommended Solutions

Recommended approaches to address adult overweight and obesity emphasized the need to increase awareness, through education about the importance of healthy eating habits and engaging in regular physical activity. Some recommended solutions focused on environmental factors including: i) implementation of healthy lifestyle programs in institutions particularly at worksites and in schools; ii) building of neighborhoods that maximize opportunities for engagement in healthy behaviors such as inclusion of bicycle and pedestrian paths; iii) and implementation of food policies that mandate calorie information on menu items.

- iii. Approximately 7% identified diabetes long term complication admission rate as the most important health issue in Miami-Dade County.

Root Cause

Most survey respondents emphasized predisposing factors such as being overweight or obese, lack of physical activity and poor diet as the root cause of diabetes long term complication admission rate. To a lesser extent, lack of knowledge about risk factors and the importance of seeking care were also cited as contributing factors.

Recommended Solutions

Most survey respondents emphasized the need for increasing awareness through educational efforts at the community level as well as at the primary care provider level. Additionally, increasing access to healthcare including preventive health services was also highlighted.

2. Survey respondents' membership, awareness of the Consortium and perceived importance of the Consortium Committees:

- i. There was an increase in Consortium awareness (56.2% vs. 33.6%) and membership (37.2% vs. 13.6%) among survey respondents since 2006.
- ii. Likewise, survey respondent awareness of Consortium Committees followed a similar trend and saw an increase in awareness as well as perceived importance since 2006.

3. Survey respondents participation in Consortium meetings, activities and initiatives:

- i. Approximately 40% of survey respondents had participated at some point in Consortium activities and meetings. Additionally, only 16.2% of survey respondents attend Consortium Committee meetings once a month or more. Nevertheless, membership attendance to meetings monthly or more saw an increase since 2006 (9.5%).
- ii. Approximately 40% of survey respondents reported awareness of the Consortium's Annual Meeting while only 13.3% attended the 2007 event.
- iii. Awareness of the Consortium's involvement in the Mayor's Initiative on Aging (34.3% vs. 32.6%) and the Community Resource Inventory (14.8% vs. 12.9%) remained relatively the same as in 2006 while a slight increase was observed in the awareness of Step Up, Florida (35.4% vs. 28.5%).

6. Health policy focal areas for consideration by the Consortium as identified by survey respondents:

- i. Disease prevention and control
- ii. Health Insurance
- iii. Access to care

II. Recommendations.

The Health Council of South Florida proposes the following recommendations for consideration by the Consortium:

1. The Consortium should incorporate appropriate recommendations provided by survey respondents into their strategic planning process.
2. The Consortium initiatives demonstrate its alignment with at least three health issues highlighted in this report as important including adult overweight/obesity, diabetes, physical activity and hypertension. While the uninsured crisis is a critical issue that needs to be address, the Consortium should partner with other organization advocating for health policies geared towards healthcare reform.
3. While Consortium membership has grown, it is important to note that only 37% of survey respondents reported being members of the Consortium, only half of

which are active members (19.1%). In lieu of this, the Consortium should increase its efforts to recruit key stakeholders as active members.

4. To standardize the recruitment process the Consortium may want to develop a membership recruitment and retention plan as one of its strategic priorities for 2008-2009.
5. To gain more visibility in the community, particularly among those who are not Consortium members, the Consortium may need to undertake more efforts to publicize the Consortium's meetings, activities and initiatives.
6. In future CLO surveys, it would be recommended that the Consortium conduct analysis for members and non-members separately which is not possible in the Survey Monkey configuration.

Background

In an effort to promote 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 a healthy environment, healthy lifestyles and a healthy community. Its mission is to be a major catalyst for healthy living in Miami-Dade County.

Purpose

The 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 Consortium has been conducting the CLO Survey every year since 2005. The CLO Survey has a threefold purpose: a) to identify and prioritize the most important health needs, problems and services in Miami-Dade County as identified by community leaders; 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 priority health issues in Miami-Dade County and the best approaches to improving the health status of Miami-Dade County residents.

Methodology

The 2005 CLO survey instrument was based on a community leader opinion survey design by the Centers for Disease Control and Prevention (Planned Approach to Community Health Manual). Each year the instrument is reviewed and adapted. In November 2007, the Health Council of South Florida (Council) reviewed and updated the 2006 CLO Survey instrument [*Attachment I*]. Section A and B of the 2006 CLO Survey was modified to include questions addressing indicators identified in the Miami-Dade County Community Health Report Card (Report Card) [*Attachment II*]. The Report Card, released in June 2007, measures a robust set of 93 indicators of health against an ideal benchmark and sets targets in 10 priority need areas that include a total of 16 health indicators.

Over a period of 3 months (mid-December 2007 to mid-March 2008), Council staff encouraged community leaders in Miami-Dade County to complete the 2007 CLO survey. Approximately 900 surveys were distributed to potential respondents via email and a total of three reminders were sent to potential respondents.

The Consortium chose to distribute the CLO survey to community leaders representing the following entities:

- Academia
- Community action agencies

- Consortium members
- Funding Agencies
- Hospitals and community health centers
- Social service organizations
- Public Office

Survey respondents were asked to:

- Identify priority health issues facing Miami-Dade residents from among 16 specific health indicators identified in the Miami-Dade County Health Report Card
- Identify root causes of identified priority health issues
- Recommend solutions for addressing identified health issues
- Indicate awareness of the Consortium, its Committees and resulting initiatives
- Recommend health policy priority areas for the Consortium to address

Respondents had the option of completing the survey via www.surveymonkey.com or submitting a completed hard copy version by fax or regular mail to the Council. A total of 137 community leaders completed the survey (125 online and 12 mailed or faxed) representing a response rate of approximately 15%. This is a decrease from 152 in 2006 (response rate 23%).

Quantitative results were analyzed using Survey Monkey analytical capabilities while qualitative data were analyzed by Council staff. The qualitative data analysis methodology involved categorization of qualitative responses into themes based on a frequency of two or more.

This report provides a summary of the findings of the 2007 Community Leader Opinion Survey and recommendations based on survey findings. The report makes comparisons to the 2006 findings where similar responses were solicited from year to year. Additionally, due to the optional nature of the survey, total number of respondents may differ from one question to the next.

RESULTS

Respondent Demographics

Similar to findings in 2006, the majority of respondents were female (84; 62.2%) and the largest proportion of respondents identified themselves as a “health care professional” (*Table 1*).

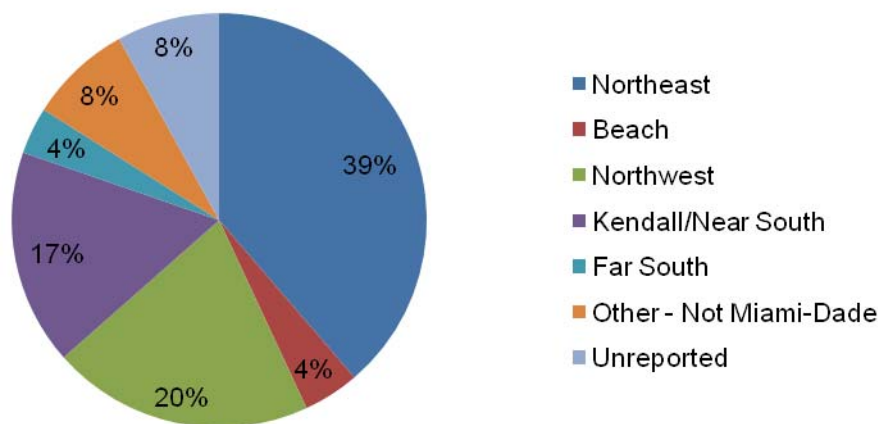
Table 1. Proportion (%) of respondents by type of work/profession

| Profession | 2006(n=140) | 2007(n=135) |
|---------------------------|-------------|-------------|
| Business Leader | 3.6% (5) | 10% (10) |
| Consultant | 3.6% (5) | 4.4% (4) |
| Consumer Advocate | 2.9% (4) | 0.7% (1) |
| Educator | 8.6% (12) | 14.8% (20) |
| Elected Official | 0.0% (0) | 0.0% (0) |
| Health Care Professional | 22.1% (31) | 20.7% (28) |
| Hospital Administrator | 6.4% (9) | 5.2% (7) |
| Legal Professional | 0.7% (1) | 0.0% (0) |
| Social Service Provider | 16.4% (23) | 7.4% (10) |
| Physician | 2.9% (4) | 1.5% (2) |
| Public Health Official | 2.1% (3) | 5.2% (7) |
| Public Service/Government | 14.3% (20) | 11.9% (16) |
| Funder | N/A | 7.4% (10) |
| Other | 16.4% (23) | 13.3% (18) |

N/A – data not available

An analysis of organization zip code information revealed that the largest proportion (39%) of respondents’ organizations are located in the northeast area of Miami-Dade County (*Figure 1*).

Figure 1. Proportion of survey respondents by organization's geographical location



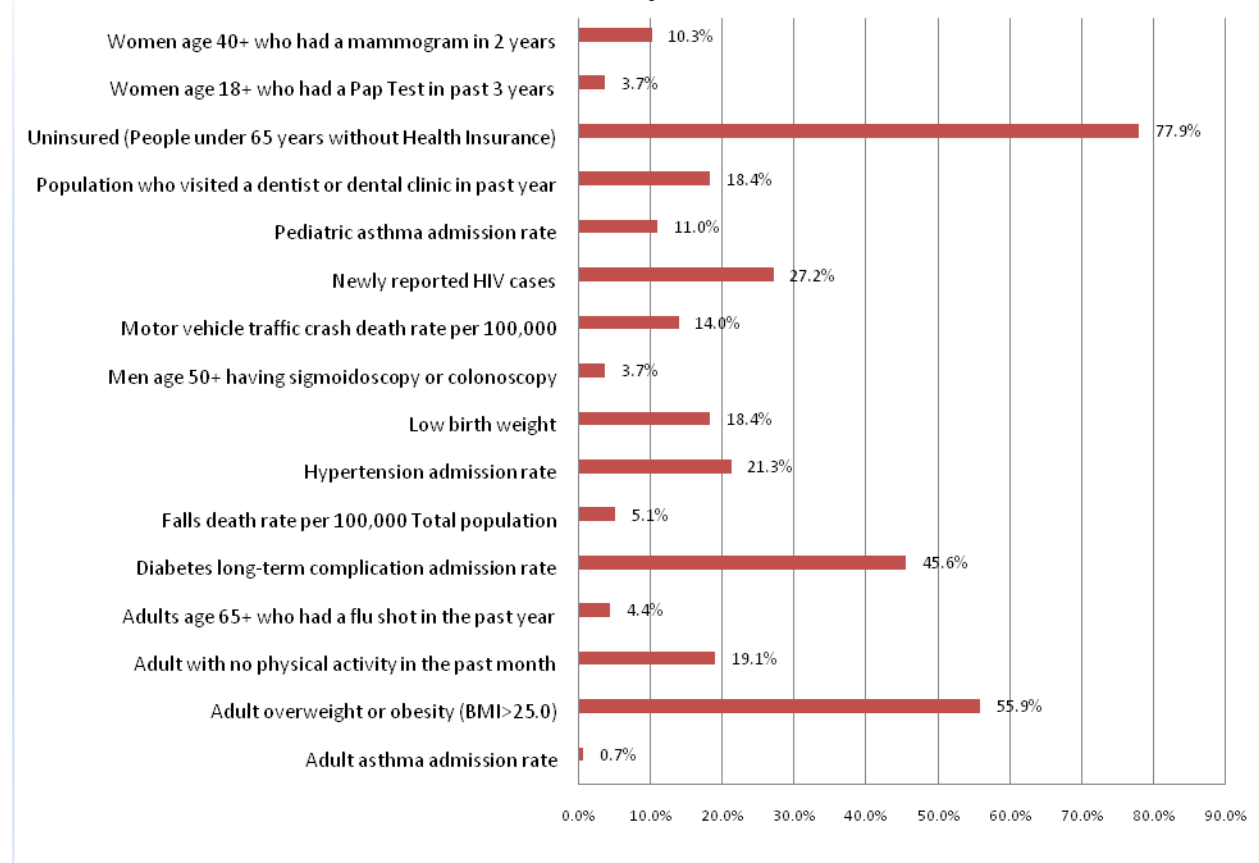
n=137

Survey questions in the CLO survey were organized into two parts. The first part solicits leader opinions on the most important health issues facing Miami-Dade residents and how to address them. The second part assesses community leader awareness of the Consortium and its initiatives.

I. The Most Important Health Issue in Miami-Dade County

The Report Card was used as the point of reference to solicit leader opinions on the most important health issues currently affecting Miami-Dade County residents. The Report Card highlights 16 health indicators as priority need areas [Appendix II]. At first, respondents were asked about their awareness of The Report Card. Well over half of the respondents reported being aware of the Report Card (60.6%). Respondents were then asked to identify from the list what they thought are the three most important health issues facing Miami-Dade County residents. In order of importance, respondents identified the following health indicators as the three most important (Figure 2.): Uninsured – people under 65 years without health insurance (77.4%); Adult overweight or obesity (55.5%); Diabetes long-term complication admission rate (45.3%).

Figure 2. The three most important health issues facing Miami-Dade County residents



n=136

To further narrow down their selections, respondents were asked to indicate from their selected three important health issues: 1) the most important health issue of the three; 2) the root cause of the selected health issue and 3) how the selected health issue could be reduced or eliminated. Findings of the top three cited health issues are discussed below. *Appendix III* illustrates the full spectrum of responses provided.

Results mirrored findings that emerged from the question that solicited the three most important health issues in Miami-Dade County. By far the largest proportion of respondents (54.0%) cited “Uninsured (people under 65 years without health insurance)” as the most important health issue in Miami-Dade County. The health indicator “Adult overweight or obesity (BMI>25.0)” ranked second with fewer than 14% of respondents citing it while “Diabetes long term complication admission rate” came in third with just under 7% of respondents citing it. (*Table 2*).

Table 2. Top 5 Most Important Health Issues Facing Miami-Dade County Residents

| Health indicator | % of respondents (#) |
|--|----------------------|
| Uninsured (people under 65 years without health insurance) | 54.0% (74) |
| Adult overweight or obesity (BMI>25.0) | 13.9% (19) |
| Diabetes long term complication admission rate | 6.6% (9) |
| Newly reported HIV cases | 5.8% (8) |
| Adult with no physical activity in the past month | 3.6% (5) |
| Pediatric Asthma Admission Rate | 2.1% (3) |
| Childhood Obesity | 1.5% (2) |
| Chronic Disease | 1.5% (2) |
| Hypertension | 0.7% (1) |
| Men age 50 + having sigmoidoscopy or colonoscopy | 0.7% (1) |
| Motor vehicle traffic crashes death rate per 100,000 | 0.7% (1) |
| Women 40 + who had a mammogram in 2 years | 0.7% (1) |
| Quality of and access to care | 0.7% (1) |
| All Three | 2.1% (3) |

n= 137

Proposed root causes and approaches of reducing or eliminating the top three most frequently cited health issues are discussed below. Responses gathered were analyzed by organizing them into themes based on statements that appeared more than two times. In some instances some responses contained statements that aligned with more than one theme, hence the denominator may be significantly higher than the number of respondents per health indicator (*Table 3*).

Uninsured (people under 65 years without health insurance)

Root Causes

Survey respondents reporting people under 65 years without health insurance as the most important problem provided a total of 100 responses when asked for their opinion on the root cause of the health issue. Responses gathered were organized into 11 themes [*Appendix IV*].

The most frequently cited root cause of the uninsured status in Miami-Dade County was related to various *cost barriers* (28) including: i) lack of supplemental funds in general or poor economy (13); ii) high cost of purchasing health insurance (9); iii) and high cost of healthcare (6).

Closely related to cost barriers, *challenges with obtaining health insurance coverage associated with socioeconomic and immigration status* was the second most cited root cause for the uninsured problem (27). Specific issues highlighted included: i) the existing large income disparity in the county; ii) low-income, working poor and undocumented populations' inability to purchase health insurance coverage due in part to financial constraints; iii) and the limited ability of the welfare system to address the needs of these populations particularly the working poor and undocumented populations.

The third most frequently cited reason for the uninsured status in the county emphasized *the current healthcare system, its governing public policy and government leadership* (26). Specific issues highlighted included: i) failure of the current healthcare system to ensure national coverage including the undocumented population (11); ii) and failure on the part of government leadership to initiate the development and implementation of a universal healthcare system, further aggravated by the governments' seemingly close relationship with health insurance companies (15).

Other reasons cited included the increasing loss of employer-based health insurance coverage due in part to the rising cost of healthcare (6), and difficulty in accessing and navigating available resources by the low income, working poor and uninsured populations (6).

Recommended Solutions

When asked to provide their opinion on how the health issue could be addressed survey respondents reporting the uninsured as the most important problem provided a total of 74 responses. Responses gathered were organized into 7 themes [*Appendix IV*].

The most frequently cited responses (28) indicated the need for *healthcare reform* to address the uninsured crisis in Miami-Dade County. Specific solutions included the need to develop and implement a more affordable and accessible universal healthcare system, delivered through a single payer system or a public-private partnership, that at the least provides basic insurance for everyone including the undocumented population.

The second most frequently cited responses (15) indicated the need to increase resources and develop new alternative solutions. Proposed solutions included the need to: i) *increase funding to or expand existing resources* such the local public hospital and free clinics; ii) and *develop alternative insurance and healthcare options* that stem the rising cost of healthcare thus increasing access for low-income and uninsured populations.

The third most frequently cited responses (11) indicated that *legislative action and government commitment* are important components if progress to curtail the uninsured problem is to occur.

Other proposed approaches cited included the need to:

- Enhance outreach activities to increase awareness of available services for at risk populations (5);
- Increase employer participation in insurance coverage programs (5);
- Increase employment rates in an effort to decrease the number of welfare recipients (3)

Adult Overweight or Obesity (BMI>25.0)

Root Cause

When asked their opinion on the root cause of adult overweight or obesity, survey respondents reporting it as the most important health issue in Miami-Dade County provided a total of 31 responses. Responses gathered were organized into 6 themes [Appendix V].

The most frequently cited responses (20) focused on *nutrition and physical activity practices*. Specifically, respondents indicated that poor diet and lack of physical activity was the root cause of adult overweight and obesity in the county. A small number of respondents (6) cited *lack of education* with regards to good nutrition choices, proper cooking skills, consistent exercise and the impact of obesity on physical health. Other responses cited included: i) lack of access to affordable healthy food choices due to cost; ii) and cultural influences.

Recommended Solutions

When asked to provide their opinion on how the adult overweight or obesity health issues could be curbed, survey respondents who reported this issue as the most important health issue in Miami-Dade County provided a total of 33 responses. Responses gathered were organized into 6 themes [Appendix V].

The larger proportion of the responses (13) emphasized the need to *increase awareness*, through education about *the importance of healthy eating habits and engaging in regular physical activity*. Other proposed approaches for eliminating or reducing adult overweight or obesity include:

- Implementation of worksite wellness programs (5)
- Implementation of school wellness programs that includes incorporation of physical education in the school curriculum, a healthy lunch program, and healthier vending machine options (4)
- Encourage building of neighborhoods that maximize opportunities for engagement in healthy behaviors such as bicycle and pedestrian paths (4)

- Implementation of food policies that mandate calorie information on menu items (3)

Diabetes Long Term Complication Admission Rate

Root Cause

When asked their opinion on the root cause of the diabetes long term complication admission rate, survey respondents who reported this issue as the most important health issue in Miami-Dade County provided a total of 10 responses. Responses gathered were organized into 5 themes [Appendix VI].

Due to the small number of responses and the broad array of responses provided, a clear analysis of the root cause of the health issue was difficult to obtain. Considering this limitation, for the most part survey respondents emphasized predisposing factors such as being overweight or obese, lack of physical activity and poor diet as the root cause of diabetes long term complication admission rate. Lack of knowledge about risk factors and the importance of seeking care as well as cultural influences on health were also cited as factors leading to the occurrence of this health problem.

Recommended Solutions

When asked for potential approaches to reduce or eliminate diabetes long term complication admission rate, a total of 13 responses were provided forming 3 themes [Appendix VI]. Survey respondents emphasized the need for increasing awareness through educational efforts at the community level as well as by primary care providers to their clients (7). Increasing access to healthcare including preventive health services such as health screenings was also highlighted as a key solution (3).

Other Important Health Issues Facing Miami-Dade County Residents

Survey respondents were asked to list other health issues in Miami-Dade County they regarded as important that were not identified in the Report Card. Approximately 40% of survey respondents provided a total of 75 responses. Responses gathered were organized into 12 themes [Appendix VII]. Most responses (15) highlighted childhood health issues, with particular emphasis on *childhood obesity*. *Minority discrimination and cultural influences* on the health of Miami-Dade County residents ranked in second (9) while *mental health issues* ranked in third (7).

Table 3. Top 3 Most Important Health Issues Facing Miami-Dade County Residents, Root Causes and Approaches for Reducing or Eliminating.

| Health indicator | % of respondents (#) | Root cause | Proposed method to eliminate or reduce impact |
|--|----------------------|--|--|
| Uninsured (people under 65 years without health insurance) | 54.0% (74) | n = 100 <ul style="list-style-type: none"> ▪ Cost barriers (28) <ul style="list-style-type: none"> ○ Lack of funds/poor economy ○ Cost of health insurance ○ Cost of healthcare ▪ Challenges with obtaining health insurance coverage by low income, working poor and undocumented populations (27) ▪ Healthcare system, public policy and government leadership (26) <ul style="list-style-type: none"> ○ Failure of current system to ensure national coverage ○ Failure of government to provide universal healthcare system and its relationship with health insurance companies ▪ Increasing loss of employer-based health insurance coverage (6) ▪ Difficulty accessing and navigating the system (6) ▪ Other (7) | n = 74 <ul style="list-style-type: none"> ▪ Healthcare reform (28) <ul style="list-style-type: none"> ○ Universal healthcare system ○ Single payer or public-private partnership ○ Include the undocumented population ▪ Increase resources and develop new alternative solution (15) ▪ Legislative action and government commitment (11) ▪ Enhance outreach activities (5) ▪ Increase employer participation in insurance coverage programs (5) ▪ Increase employment rates (3) |
| Adult overweight or obesity (BMI>25.0) | 13.9% (19) | n = 31 <ul style="list-style-type: none"> ▪ Poor diet and lack of physical activity (20) ▪ Lack of education (6) ▪ Lack of access to affordable health food choice (2) ▪ Other (3) | n = 33 <ul style="list-style-type: none"> ▪ Increase awareness through education about the importance of healthy eating habits and regular physical activity (13) ▪ Implement worksite wellness programs (5) ▪ Implement school wellness programs (4) ▪ Building of neighborhoods that maximize opportunities for engagement in healthy behaviors (4) ▪ Implement food policies (3) ▪ Other (4) |
| Diabetes long term complication admission rate | 6.6% (9) | n = 10 <ul style="list-style-type: none"> ▪ Predisposing factors e.g., being overweight or obese, lack of physical activity and poor diet (3) ▪ Lack of knowledge about risk factors and the importance of seeking care (2) ▪ Cultural influences (2) ▪ Other (3) | n = 13 <ul style="list-style-type: none"> ▪ Increase awareness through educational efforts at the community level as well as by primary care providers to their clients (7) ▪ Increase access to healthcare including preventive health services (3) ▪ Other (3) |

II. Consortium for a Healthier Miami-Dade

Consortium Awareness and Membership

A brief description of the Consortium and its mission was provided and responses to assess awareness of the Consortium and membership were solicited. Compared to 2006 findings, there was a significant increase in the proportion of respondents reporting both awareness of the Consortium and membership. Well over half (56.2%) of survey respondents were “very aware” or “aware” of the Consortium, 1.6 times higher than in 2006 (*Table 4*). Furthermore, approximately 85% of survey respondents were somewhat aware of the Consortium, 1.3 times higher than in 2006. According to survey findings, almost three times more survey respondents reported being Consortium members compared to 2006 findings (37.2% vs. 13.6%).

Table 4. Consortium Awareness

| Survey year | Very aware | Aware | Somewhat aware | Not aware | No opinion |
|-------------------|------------|------------|----------------|------------|------------|
| 2007 ^a | 21.1% (33) | 32.1% (44) | 29.2% (40) | 13.9% (19) | 0.7% (1) |
| 2006 ^b | 15.0% (21) | 18.6% (26) | 34.3% (48) | 30.0% (42) | 2.1% (3) |

a: n=137

b: n=140

Consortium Committee Awareness and Perceived Importance

Respondents were provided with a listing of the seven Consortium Committees and asked to rate their awareness and importance of each Committee. There was a general increase in survey respondents’ awareness of Consortium Committees since 2006 (*Table 5*).

Table 5. Consortium Committee Awareness

| | Very Aware | | Aware | | Somewhat Aware | | Not Aware | | No Opinion | |
|---|------------|------------|------------|------------|----------------|------------|------------|------------|------------|----------|
| | 2006 | 2007 | 2006 | 2007 | 2006 | 2007 | 2006 | 2007 | 2006 | 2007 |
| Health Promotion and Disease Prevention | 21.4% (30) | 26.9% (36) | 12.9% (18) | 20.1% (27) | 24.3% (34) | 20.1% (27) | 39.3% (55) | 29.9% (40) | 2.1% (3) | 3.0% (4) |
| Health and the Built Environment | 9.3% (13) | 16.8% (22) | 14.3% (20) | 16.8% (22) | 15.0% (21) | 19.8% (26) | 55.7% (78) | 43.5% (57) | 5.7% (8) | 3.1% (4) |
| Elder Issues | 19.3% (27) | 22.0% (29) | 13.6% (19) | 19.7% (26) | 19.3% (27) | 23.5% (31) | 45.7% (64) | 31.8% (42) | 2.1% (3) | 3.0% (4) |
| School Based Issues | 15.7% (22) | 22.7% (30) | 17.9% (25) | 22.7% (30) | 21.4% (30) | 24.2% (32) | 42.1% (59) | 27.3% (36) | 2.9% (4) | 3.0% (4) |
| Oral Health | N/A | 23.1% (30) | N/A | 21.5% (28) | N/A | 19.2% (25) | N/A | 33.1% (43) | N/A | 3.1% (4) |
| Worksite Wellness | 15.0% (21) | 24.0% (31) | 13.6% (19) | 16.3% (21) | 20.0% (28) | 21.7% (28) | 47.9% (67) | 34.9% (45) | 3.6% (5) | 3.1% (4) |
| Marketing | 8.6% (12) | 12.3% (16) | 10.0% (14) | 12.3% (16) | 19.3% (27) | 20.8% (27) | 52.1% (73) | 50.8% (66) | 10.0% (14) | 3.8% (5) |

2006 values based on n = 140

2007 values based on n = 135

N/A – data not available

For survey respondents reporting either “very aware” or “aware”, the awareness rating was highest for the Health Promotion and Disease Prevention Committee (47.0%), followed closely by both the School Based Issues Committee and the Oral Health Committee each with approximately 45%, then by the Elder’s Issues Committee and the Worksite Wellness Committee each with approximately 40%. The Health and the Built Environment Committee and the Marketing Committee were rated lowest with 33.6% and 24.6% respectively.

Similar to Consortium awareness findings, there was a general increase in survey respondents’ perception of Consortium Committee importance since 2006 (*Table 5*). Majority of respondents regarded the following Consortium Committees as “very important” or “important”: Elders Issues Committee (90.2%) had the highest rating, followed closely by the School Based Issues Committee (87.1%), the Health Promotion and Disease Prevention Committee (84.4%), the Oral Health Committee (83.2%), and the Worksite Wellness Committee (81.2).

While not as highly rated in importance as other Consortium Committees a relatively large proportion of survey respondents (76.5%) regarded the Health and the Built Environment as “very important” or “important” while approximately two thirds of survey respondents rated the Marketing Committee as “very important” or “important”.

Table 6. Consortium Committee Importance

| | Very Important | | Important | | Somewhat Important | | Not Important | | No Opinion | |
|---|----------------|----------------|---------------|---------------|--------------------|---------------|---------------|-------------|---------------|---------------|
| | 2006 | 2007 | 2006 | 2007 | 2006 | 2007 | 2006 | 2007 | 2006 | 2007 |
| Health Promotion and Disease Prevention | 80.4% (111) | 82.2% (111) | 15.2% (21) | 9.6% (13) | 1.4% (2) | 1.5% (2) | 0.0% (0) | 0.0% (0) | 2.9% (4) | 6.7% (9) |
| Health and the Built Environment | 28.3% (39) | 43.9% (58) | 30.4% (42) | 32.6% (43) | 19.6% (27) | 9.1% (12) | 4.3% (6) | 0.8% (1) | 17.4% (24) | 13.6% (18) |
| Elder Issues | 54.3% (75) | 62.9% (83) | 30.4% (42) | 27.3% (36) | 9.4% (13) | 3.0% (4) | 1.4% (2) | 0.0% (0) | 4.3% (6) | 6.8% (9) |
| Oral Health | N/A | 53.4% (70) | N/A | 29.8% (39) | N/A | 8.4% (11) | N/A | 0.8% (1) | N/A | 7.6% (10) |
| School Based Issues | 61.6% (85) | 65.9% (87) | 28.3% (39) | 21.2% (28) | 6.5% (9) | 5.3% (7) | 0.0% (0) | 0.8% (1) | 3.6% (5) | 6.8% (9) |
| Worksite Wellness | 29.7% (41) | 50.4% (67) | 33.3% (46) | 30.8% (41) | 26.8% (37) | 9.8% (13) | 2.2% (3) | 1.5% (2) | 8.0% (11) | 7.5% (10) |
| Marketing | 23.2% (32) | 36.9% (48) | 32.6% (45) | 28.5% (37) | 21.0% (29) | 19.2% (25) | 3.6% (5) | 1.5% (2) | 19.6% (27) | 13.8% (18) |

2006 values based on n = 138

2007 values based on n = 135

N/A – data not available

Consortium Activities and Initiatives

The 2007 CLO Survey solicited responses on awareness and in some instances participation in Consortium monthly meetings as well as activities, initiatives and products that the Consortium has participated in, planned/co-planned or developed including:

- The Consortium Annual Meeting
- Planned Approach to Community Health (PATCH)
- Step Up, Florida
- Mission to Health
- The Mayor’s Initiative on Aging
- The Community Resource Inventory for Healthy Living

Less than half (41.6%) of survey respondents, representing 57 individuals, reported participation in Consortium activities and meetings, of which approximately half (49.1%), representing 28 individuals, indicated participating in the Health Promotion and Disease Prevention Committee. Additionally, only 16.2%, representing 21 individuals, reported participating in Consortium Committee meetings at least once a month. While this is a low participation rate, it is significantly higher than the 2006 finding of less than 10% of survey respondents (*Table 7*).

Table 7. Consortium Committee Meeting Attendance

| | 2006 (n=137) | 2007 (n=130) |
|-----------------|---------------------|---------------------|
| Monthly or more | 9.5% (13) | 16.2% (21) |
| Quarterly | 8.0% (11) | 7.7% (10) |
| Once a year | 10.2% (14) | 18.5% (24) |
| Never have | 72.3% (99) | 57.7% (75) |

Survey respondents were asked to provide their opinion on the appropriateness of the PATCH planning model utilized by the Consortium to plan, conduct and evaluate its initiatives. Most respondents (80.1%) indicated that they thought use of the model was “very appropriate” or “appropriate”.

Responses soliciting awareness of the Consortium’s Annual Meeting held yearly to report the Consortium’s progress and disseminate findings of its activities and interventions revealed that fewer than 40% of survey respondents were aware of the Consortium’s Annual meeting (*Table 8*.) and that only 13.3% reported attending the Consortium Annual meeting in 2007.

Awareness about the Consortium’s involvement in Step Up, Florida, the Mayor’s Initiative on Aging and Mission to Health was also solicited (*Table 8*.) Only one third of survey respondents reported being aware of the Consortium’s involvement in organizing Step Up, Florida, a slight increase compared to 2006 findings. Similarly, one third of survey respondents reported being aware of the Consortium’s involvement in organizing

the Mayor's Initiative on Aging while less than one quarter were aware of its involvement in planning and implementing Mission to Health.

Furthermore, responses solicited to assess utilization of the Community Resource Inventory for Healthy Living demonstrated that only 14.8% of survey respondents have utilized the publication, a finding slightly higher than that of 2006 (*Table 8*).

Table 8. Awareness of Consortium Activities, Initiatives and Products

| | 2006 | n | 2007 | n |
|---------------------------------|------------|-----|------------|-----|
| Consortium Annual Meeting | N/A | N/A | 37.3% (50) | 134 |
| Step Up, Florida | 28.5% (39) | 137 | 35.4% (46) | 130 |
| Mission to Health | N/A | N/A | 23.7% (32) | 135 |
| The Mayor's Initiative on Aging | 32.6% (45) | 138 | 34.3% (46) | 134 |
| Community Resource Inventory | 12.9% (18) | 139 | 14.8% (20) | 135 |

N/A – data not available

Consortium Health Policy Priority Areas

Finally, respondents were provided with a list of potential Consortium health policy focus areas and asked to prioritize the most important focus area for consideration by the Consortium. Nearly half thought that the Consortium should consider addressing disease prevention and control, followed closely by obesity reduction and then physical activity or fitness. The top 5 health policy issues remained the same as those identified in 2006.

Table 9. Consortium Health Policy Priority Areas

| Health Policy Issue | 2006 (n=138) | 2007 (n=134) |
|--------------------------------|--------------|--------------|
| Disease Prevention and Control | 68.1% (94) | 49.3% (66) |
| Obesity Reduction | 37.7% (52) | 40.3% (54) |
| Health Literacy | 37.0% (51) | 19.4% (26) |
| Physical Activity or Fitness | 34.1% (47) | 28.4% (38) |
| Resource Allocation | 31.2% (43) | 20.1% (27) |

Respondents were also given an opportunity to list additional health policy issues for consideration by the Consortium. A total of 28 responses were provided [*Appendix VIII*]. For the most part, respondents agreed on two issues: 1) Addressing disease prevention and control is important because it is broad and covers all health issues; 2) The uninsured crisis and barriers of access to care are critical issues that were not listed and yet a need to address them exists.

III. Conclusion

Most Important Health Issue Facing Miami-Dade County Residents.

Findings show that the larger proportion (67.9%) of community leaders that responded to the 2007 CLO Survey were most concerned about two health issues affecting Miami-Dade County: 1) the Uninsured Crisis and; 2) prevalence of Overweight/Obese residents. Furthermore, survey respondents also emphasized the importance of childhood obesity. These findings are not surprising as these are critical issues of concern at the national level. While the Consortium is working to address chronic diseases countywide and as such focusing a large proportion of its time and resources to addressing adult and childhood overweight and obesity, the Consortium can benefit from opinions and recommendations provided by survey respondents.

Survey respondents provided numerous comments on what they think are the factors contributing to the uninsured problem. The main reasons raised included the lack of affordability of health insurance coverage due to low income status and the high cost of health insurance coverage and healthcare. Other suggested factors pointed indirectly to affordability of health insurance coverage and included: i) lack of affordable health insurance options for low income individuals and families and; ii) the predominantly small business community in Miami-Dade County being unable to cover their employees due to cost of healthcare. Another issue highlighted as a major contributing factor of the uninsured problem was the current public policy on healthcare and the lack of government leadership needed to reform the healthcare system to one that provides universal coverage. Difficulty in navigating or accessing the healthcare system by the uninsured population particularly the undocumented population was also highlighted as a contributing factor to a lesser extent. The prevailing recommendation of ways to reduce or eliminated the uninsured crisis was healthcare reform with government commitment and leadership. Other recommendations included the need to expand existing programs such as free clinics and the public hospital with increased funding and development of additional programs and facilities.

With regards to adult overweight and obesity, lack of physical activity was highlighted as the major contributing factor of this health issue. Lack of education and lack of access to affordable healthier food choices were also highlighted to a lesser extent. The prevailing recommendation of ways to reduce or eliminate adult overweight and obesity was to increase awareness about the importance of healthy eating and engagement in regular physical activity. Also emphasized was the implementation of healthy lifestyle programs in institutions particularly at worksites and in schools. To a lesser extent the following recommendations were provided: i) building of neighborhoods that maximize opportunities for engagement in healthy behaviors and; ii) enforcement food policies.

Consortium Awareness, Membership and Participation.

2007 CLO survey findings demonstrated a sharp increase in both reported awareness of the Consortium and reported membership in the Consortium, representing

approximately 60% and 40% of survey respondents respectively. At the Committee level findings revealed an increase in awareness across all seven Committees. Overall, at least two thirds of survey respondents rated all Consortium Committees as “very important” or “important”. Despite growth in awareness, the Consortium struggled to maintain regular participation of all its members at its meetings and activities with only about 40% of its reported members attending meetings monthly or more. Moreover, despite the well marketed 2007 Consortium Annual Meeting, which drew participation of over 50 attendees, media representation and featured presentations from key community leaders, only about one third of its reported members attended that event. It is however possible that survey respondents did not remember attending the meeting as it was held in unison with the launch of findings of the Living Healthy, Living Longer in South Dade Report. Nonetheless, the data provides evidence that the Consortium needs to work to maintain participation by its members.

Consortium Health Policy Priority Areas.

Recommendations for health policy areas to be included in the Consortium’s health policy agenda included a focus on disease prevention and control targeting a broad array of health and health related issues such as obesity, physical activity, health literacy and resource allocation. Also stressed is the need for a health policy focus on the uninsured crisis and barriers to access to care.

IV. Recommendations

While national solutions may serve as the most ideal in terms of addressing the uninsured and overweight/obesity problems, it may be a long time before such solutions are developed and implemented. Therefore, addressing these leading health issues at the local level is a necessary step. With the steady rise in its visibility, the Consortium has the opportunity to be a leader in promoting local and state policies that will support positive change in the current uninsured and overweight/obesity trends as well as recommended health policy focus areas. With increased efforts to bolster participation by key stakeholders the Consortium has the potential to lead the development and implementation of targeted evidence-based, culturally-appropriate programs with measurable outcomes. Numerous notable recommendations were provided by survey respondents who represent a proportion of Miami-Dade County community leaders. The Consortium may want to consider utilizing these recommendations to advocate for, plan for, develop and implement programs that the community needs.

The Health Council of South Florida offers the following recommendations for consideration by the Consortium:

1. The Consortium should incorporate appropriate recommendations provided by survey respondents into their strategic planning process.
2. The Consortium initiatives demonstrate its alignment with at least three health issues highlighted in this report as important including adult overweight/obesity, diabetes, physical activity and hypertension. While the uninsured crisis is a

critical issue that needs to be address, the Consortium should partner with other organization advocating for health policies geared towards healthcare reform.

3. While Consortium membership has grown, it is important to note that only 37% of survey respondents reported being members of the Consortium, only half of which are active members (19.1%). In lieu of this, the Consortium should increase its efforts to recruit key stakeholders as active members.
4. To standardize the recruitment process the Consortium may want to develop a membership recruitment and retention plan as one of its strategic priorities for 2008-2009.
5. To gain more visibility in the community, particularly among those who are not Consortium members, the Consortium may need to undertake more efforts to publicize the Consortium's meetings, activities and initiatives.
6. In future CLO surveys, it would be recommended that the Consortium conduct analysis for members and non-members separately which is not possible in the Survey Monkey configuration.

Appendix I

2007 Community Leader Opinion Survey Instrument

2007 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) whose mission is to be a major catalyst for healthy living in Miami-Dade County. Your responses will 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 Health Problems in Miami-Dade County:

1. The Miami-Dade County Community Health Report Card (Report Card) was developed to provide Miami-Dade County providers, community based organizations, health advocates and policy makers with reliable indicators to help prioritize health funding initiatives, measure program outcomes and health system improvement and identify health policy reform imperatives. The Report Card measures a robust set of 93 indicators of health, sets targets in 10 primary need areas and emphasizes the need for individuals, families, the health care industry, non-profit organizations and state agencies to work collectively to improve our health rankings. A copy of the publication can be found online at: <http://www.healthcouncil.org/communityreportcard.asp>.

Were you previously aware of the Report Card?

Yes No

2. The Report Card identifies the following 10 focal areas as the most pressing health issues in Miami-Dade County. Each focal area includes the specific health indicator(s) identified in the Report Card. Please select from the list what you think are the three most important health issues. Place a ✓ next to your appropriate answer.

Cancer Screenings

- Women age 40+ who had a mammogram in 2 years
- Women age 18+ who had a Pap Test in past 3 years
- Men age 50+ having sigmoidoscopy or colonoscopy

Chronic Diseases

- Diabetes long-term complication admission rate
- Pediatric asthma admission rate
- Adult asthma admission rate

Dental Health

- Population who visited dentist or dental clinic in past year

Elder Access to Care

- Adults age 65+ who had a flu shot in the past year

Health and Safety

- Motor vehicle traffic crash death rate per 100,000
- Falls death rate per 100,000 Total population

HIV/AIDS

- Newly reported HIV cases

Maternal and Child Health

- Low birth weight

Physical Activity and Nutrition

- Adult with no physical activity in past month
- Adult overweight or obesity (BMI>25.0)

Preventative Hospitalizations (Access to Care)

- Hypertension admission rate

Uninsured

- Uninsured (People under 65 years without Health Insurance)

3. Which one of the health issues selected do you consider to be the most important in Miami-Dade County?

4. What do you think is the root cause of this health issue?

5. How do you think this health issue can be reduced or eliminated in Miami-Dade County?

6. The Report Card was developed by an established Health Leadership Council and Technical Advisory Panel. Out of 1,200 health indicators reviewed, 93 health indicators were selected based on a rigorous set of 10 criteria some of which include data availability and reliability particularly geographic level data, impact on health and quality of life, consequences of inaction on health and feasibility of altering course. Are there additional health issues that you think are important?

Yes No

If "Yes", please list them.

B. 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 for healthy living in Miami-Dade County (revised August 2007)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 2005. The survey is now in its third year of administration. Have you completed this survey before?

Yes No Not sure

3. How did you first hear about the Consortium?

| | |
|--|--|
| <input type="checkbox"/> Email blast | <input type="checkbox"/> Community Event |
| <input type="checkbox"/> Invitation | <input type="checkbox"/> This survey |
| <input type="checkbox"/> Membership Agreement Form | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Miami-Dade County Health Department's | <input type="checkbox"/> Other _____ |

¹ Prior mission statement: 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.

website

4. The Consortium has two types of membership: 1) active membership²; and 2) membership-at-large³. What type of membership do you have?

Active membership Membership-at-large Not a member

5. The Consortium currently has seven Committees (please see below).

a. Please rate your awareness of each Consortium Committee.

| | Very Aware | Aware | Somewhat Aware | Not Aware | No Opinion |
|---|------------|-------|----------------|-----------|------------|
| Health Promotion and Disease Prevention | | | | | |
| Health and the Built Environment | | | | | |
| Elder Issues | | | | | |
| Oral Health | | | | | |
| School Based Issues | | | | | |
| Worksite Wellness | | | | | |
| Marketing | | | | | |

b. Please rate your opinion of the importance of each Consortium Committee.

| | Very Important | Important | Somewhat Important | Not Important | No Opinion |
|---|----------------|-----------|--------------------|---------------|------------|
| Health Promotion and Disease Prevention | | | | | |
| Health and the Built Environment | | | | | |
| Elder Issues | | | | | |
| Oral Health | | | | | |
| School Based Issues | | | | | |
| Worksite Wellness | | | | | |
| Marketing | | | | | |

6. Please indicate if you participate in activities or attend meetings of any of these Committees.

Health Promotion and Disease Prevention School Based Issues
 Health and the Built Environment Worksite Wellness
 Elder Issues Marketing

²Active membership - completed a Membership Agreement Form, attends 50% of committee and/or annual meetings held during the fiscal year and is eligible for membership benefits

³ Membership-at-large - completed a Membership Agreement Form, is not required to attend any committee meeting but receives meeting and event notices

- Oral Health
7. How often do you attend Committee meetings of the Consortium?
 Monthly or more Quarterly Once a year Never have
8. The Consortium holds an Annual Meeting to report on the Consortium's progress and disseminate findings of its activities, initiatives and interventions.
 a. Are you aware of the Consortium's Annual Meeting?
 Yes No
- b. Did you attend the last Consortium Annual Meeting held on September 18, 2007?
 Yes No
9. 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
10. Mission to Health is a faith-based initiative to promote physical activity and proper nutrition among the Pan African community in Miami-Dade County. Are you aware that the Consortium's Health Promotion and Disease Prevention Committee assists with the planning and implementation of Mission to Health?
 Yes No
11. 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 served as the main planning body for Phase I of the Mayor's Initiative on Aging and now oversees the implementation of Phase II of the initiative through Miami-Dade County parks, transit and libraries?
 Yes No
12. The Consortium is considering addressing the following health policy focus areas.
 a. Please place a ✓ next to the area you think is the most important focus area for consideration on the Consortium's health policy agenda.
- Disease prevention and control
 - Obesity reduction
 - Health literacy
 - Physical activity/fitness
 - Resource allocation
 - Nutrition
 - Tobacco use

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

13. 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

14. The Consortium has put together a Community Resource Inventory with information about the availability of resources in Miami-Dade County that address chronic disease prevention and management. A copy of the Community Resource Inventory for a Healthier Miami-Dade 2007 can be found online at <http://www.dadehealth.org/consort/CONSORTintro.asp>. 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"/> Funder |
| <input type="checkbox"/> Hospital Administrator | <input type="checkbox"/> Other _____ |

For more information on the Consortium, please access the website, <http://www.healthymiami.org> 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*

Appendix II

Miami-Dade County Community Health Report Card Page 17: *Focusing on the Future*



Focusing on the Future

Report Card planning and leadership team members identified desired improvements in ten focus areas through the year 2012. Together these ten domains represent the most important areas for developing best practices to improve trends and marshal resources for the future health of Miami-Dade.

Milestones are determined using various methods including computation of the percent difference between the County and the benchmark to project a target:

- if the difference is $\leq 30\%$, the target reflects a 5% improvement;
- if the difference is between 30-40%, the target reflects a 10% improvement;
- if the difference is $> 40\%$, the target reflects a 15% improvement;

The feasibility of improving the health measure and expert judgment based on knowledge of current community programs are also considered in creating the targets. Milestone progress will be measured by change from the baseline toward the target. As in Healthy People 2010 goals, some areas target a decrease in negative behaviors or outcomes, while others target an increase in positive health behaviors or outcomes. Progress in areas that contain multiple objectives will be measured separately. It is possible that progress in certain domains will be mixed.

| Focus Area (not in rank order) | Baseline | | | | | Target | |
|---|----------|------------|-----------|--------------------------------------|--------------------------------|---------------------------|----------------|
| | Year | Miami-Dade | Benchmark | Percent difference for locale County | Adjustment for locale (+/- 5%) | Percent Change for target | 2012 Objective |
| 1. Uninsured | | | | | | | |
| F a. Uninsured (People < age 65 w/o Health Insurance) | 2004 | 28.6% | 13.0% | 120% | -5% | 10% | 25.7% |
| 2. Chronic Diseases | | | | | | | |
| F a. Diabetes Long-Term Complication Admission Rate | 2004 | 144.7 | 141.0 | 3% | --- | 5% | 137.5 |
| D b. Pediatric Asthma Admission Rate | 2004 | 333.4 | 233.2 | 46% | --- | 15% | 288.5 |
| F c. Adult Asthma Admission Rate | 2004 | 175.4 | 146.6 | 20% | --- | 5% | 167.6 |
| 3. Preventable Hospitalizations (Access to Care) | | | | | | | |
| F a. Hypertension Admission Rate | 2004 | 115.8 | 64.5 | 80% | +5% | 20% | 92.0 |
| 4. HIV/AIDS | | | | | | | |
| C a. Newly Reported HIV Cases | 2005 | 56.7 | 42.4 | 34% | +5% | 15% | 49.2 |
| 5. Maternal and Child Health | | | | | | | |
| F a. Low Birth Weight | 2004 | 8.4% | 7.8% | 8% | +5% | 10% | 7.6% |
| 6. Physical Activity and Nutrition | | | | | | | |
| F a. Adults with no physical activity in Past Month | 2005 | 31.5% | 23.3% | 35% | --- | 10% | 28.4% |
| F b. Adult Overweight or Obesity (BMI > 25.0) | 2005 | 60.0% | 56.1% | 8% | --- | 5% | 57.9% |
| 7. Cancer Screenings | | | | | | | |
| F a. Women age 40+ who had a mammogram in 2 yrs | 2004 | 72.8% | 82.5% | 12% | +5% | 10% | 80.1% |
| F b. Women age 18+ who had a Pap Test in past 3 yrs | 2004 | 80.8% | 89.3% | 10% | +5% | 10% | 88.9% |
| D c. Men age 50+ having sigmoidoscopy or colonoscopy | 2002 | 38.4% | 55.7% | 31% | +5% | 15% | 44.2% |
| 8. Health and Safety | | | | | | | |
| C- a. Motor Vehicle Traffic Crash Death Rate / 100,000 | 2003 | 15.6 | 8.4 | 98% | --- | 15% | 14.1 |
| F b. Falls Death Rate per 100,000 Total Pop. | 2003 | 5.6 | 4.4 | 27% | --- | 5% | 5.3 |
| 9. Dental Health | | | | | | | |
| F a. Pop. visited dentist or dental clinic in past year | 2004 | 67.1% | 79.5% | 16% | --- | 5% | 70.5% |
| 10. Elder Access to Care | | | | | | | |
| F a. Adults age 65+ who had a flu shot in the past yr | 2005 | 40.7% | 69.8% | 42% | -5% | 10% | 44.8% |

For best practices and strategies pertaining to each focus area, log on to www.healthcouncil.org/communityreportcard.asp

Appendix III

Most Important Health Issue Facing Miami-Dade County

Most Important Health Issues in Miami-Dade County

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|---|--|
| 1 | <i>Newly reported HIV cases</i> | Education and lack of awareness, access to care for uninsured. | More resources (dollars and staff to train, educate and treat |
| 2 | | Drug Abuse, unprotected sex, poor health | |
| 3 | | Lack of information | massive public education |
| 4 | | LACK OF EDUCATION AND AWARENESS of risk factors | Education and understanding |
| 5 | | risky behavior and lack of education/information | Increased education and prevention initiatives |
| 6 | | Lack of education. | More efforts to educate. |
| 7 | | Fear | Education |
| 8 | | "not me" attitude of the youth population | case studies, scenarios, statistics, shared with youth. |
| 1 | <i>Uninsured (People under 65 years without Health Insurance)</i> | Poverty/working poor | Expansion of free clinics and other places for access |
| 2 | | Society's inability or desire to change | Legislative action |
| 3 | | Current health system | collaboration to ensure Kidcare enrollment, employer support |
| 4 | | financial constraints | By having contingency plans |
| 5 | | The cost of health insurance | Reducing the cost and having more alternatives. Also by having more community clinics that advertise health services to the community. |
| 6 | | unseen poverty...the working poor | universal health insurance |
| 7 | | Healthcare system | Healthcare reform |
| 8 | | We have money to build tunnels from the Port of Miami to MacArthur Causeway, but not enough money to provide basic, preventive care to our citizens without healthcare. | Miami-Dade County, as a starting point, needs to elevate the health of its population as a priority. This means more than just telling Jackson to "do more." It means a leaner government. |
| 9 | | cost; availability; people from other countries that are not accustomed to paying | universal healthcare or requiring businesses to offer health insurance |
| 10 | | Low income | |
| 11 | | There is not one root cause but many. | Universal coverage |
| 12 | | Poor governmental leadership | A commitment at all levels of government to address this issue |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|--|---|
| 13 | | Lack of funds | More money |
| 14 | | lack of better government and public support | Creation and implementation of better programs to assist those who are uninsured |
| 15 | | lack of consensus as to how to implement an effective program | |
| 16 | | Cost, reliance on emergency room services, falling "between the cracks" of Medicare and Healthy Kids, adults not eligible for Medicare | reduced, but not eliminated |
| 17 | | Lack of health insurance, limited availability to a large segment of this county population. | It will require commitment from the local government and the State, e.g. allocate funds to provide access to care to all Miami-Dade residents. |
| 18 | | Need for national health insurance which includes all (even illegal immigrants as this is a national issues not a local one). | Lobbying at national level |
| 19 | | Rising overall cost of health care | Looking at ways to stem rising cost of health care, which translates into rising health insurance costs (decreasing affordability) |
| 20 | | The current national individual risk-based rating system insurance and lack of will to change the employer delivered insurance to a community rating system and one where the already diagnosed individuals can obtain reasonable health insurance at all. | This has to be dealt with on a national basis. If the county commissioners decide to provide a three - share model of health insurance, this will not make an impact on people over 200% of FPL since the laws allowing it were set up that way in Florida. (other states have set up their regs to allow the average employee to be 200% of FPL). |
| 21 | | MALPRACTICE CRISIS | UNIVERSAL PAYER SYSTEM |
| 22 | | Our national policy on health coverage, aggravated by South Florida's reliance on primarily small businesses that find it impossible to offer coverage to employees. | Pursuing local solutions (like Miami-Dade's potential health insurance) as well as strong advocacy for a fair national policy |
| 23 | | poverty and disparity | one-party system ("Medicare for All") |
| 24 | | lack of money, lack of political will | Fund JMH to properly provide services, also create alternate insurance plans to meet the need of the uninsured for catastrophic care. |
| 25 | | Cost of living | universal health insurance |
| 26 | | Jobs that do not offer insurance. | Giving companies incentives to offer insurance. |
| 27 | | It's all about money. | If people can not afford insurance, they then need access to affordable, quality healthcare. |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|--|--|
| 28 | | 1`Many employers who do not provide health insurance for their employees. 2. Employees who do receive health insurance coverage cannot afford to pay the cost of insuring their spouse and children. | The government must provide health insurance for its citizens. We are the only nation in the developed world that does not provide such coverage and it is a disgrace! |
| 29 | | Immigration status, out of control health care costs, low income population unable to afford the service | Universal standard health care for people unable to afford health insurance |
| 30 | | lack of funding loss of employer-based health care rising costs of healthcare | universal healthcare |
| 31 | | | |
| 32 | | financial constraints | Medicaid providers |
| 33 | | Lack of national/state/local health plan | Create such a plan |
| 34 | | High costs | Partnership - public and private sectors |
| 35 | | Government policy | State mandated health insurance, federally mandated health insurance. |
| 36 | | Our diverse cultural population of immigrants and the cost of living in Miami Dade County | Ensure that the information that can help is appropriately distributed/advertised. |
| 37 | | economy, insurance costs and unemployment (welfare system) | Improve the economy by cutting down welfare recipients and increase the employment rate. |
| 38 | | lack of government mandate | |
| 39 | | Greedy HMOs | Requiring employers to provide minimal health insurance for their employees |
| 40 | | poverty and immigration status | funding facilitation |
| 41 | | No will among political and/or economic leaders. No tax base. Ignorance of tax payers. Limited compassion for poor and immigrant populations. | Ability to demonstrate (IN SIMPLIFIED FORMAT and from a budget and long-term economic perspective) the logical reasons to invest in at least a minimum threshold of basic health services. |
| 42 | | | |
| 43 | | health system; undocumented population | |
| 44 | | Public Policy | Policy change, advocacy |
| 45 | | Money(insurance not affordable to families or business) and undocumented residents not eligible for health care benefits. | Don't know. |
| 46 | | Education and Access | Subsidized affordable insurance products through a public/private partnership |
| 47 | | Poverty | Providing funds. |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|---|--|
| 48 | | No insurance means people wait until they are too sick before seeking medical care which usually is in the emergency room | Not until there is easier, cheaper and more affordable access to care can this be reduced or eliminated |
| 49 | | Poor economy | |
| 50 | | | |
| 51 | | | |
| 52 | | The system is difficult to access. The facilities (e.g., CHI) appear very industrial and uncaring (and unlike hospitals, have an option to treat and can require payment up front). It is difficult to make appointments for specialty services (orthopedics, oncology) and Jackson outpatient clinics require approval from the medical staff to accept a patient. | Some type of universal, basic insurance for everyone. Public Health Trust sharing our half cent sales tax. Building a seamless primary delivery system, easy to access and friendly. |
| 53 | | Failure of government to address this issue and the power of insurance companies over our elected officials. | Make it possible for small businesses to provide health insurance for workers/families until we implement universal healthcare in the US. |
| 54 | | Poverty | Public health care |
| 55 | | The absence of universal health care available to Miami-Dade residents, high number of new arrivals from abroad with no insurance and low household income. | I think that it can be reduced with a strong commitment from the local government and input from the private sector. |
| 56 | | illegal immigrants, low income and expensive cost of living in the county. | Outreach, education, county economic policies |
| 57 | | Failure to make universal health insurance coverage - either private, government provided, or a combination - mandatory. | Mandate private, government provided, or a combination of universal health insurance coverage. |
| 58 | | Although we promote the importance of prevention, it's still a society that doesn't take responsibility for adopting healthy lifestyle behaviors. | I don't think it can ever be eliminated but perhaps through education, creating awareness and easier access to services it can be controlled |
| 59 | | Socioeconomic disparity caused by failed extremist tax cut programs | Stop voting for tax-cut extremists |
| 60 | | Low employer offer of insurance coverage | Through increasing employment rates and employer participation in insurance coverage programs |
| 61 | | Greed; lack of effective leadership; vast income disparity in Miami-Dade County - literature indicates that a large income disparity is associated with poor health in any community. | Universal health care |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|---|---|
| 62 | | High medical-care costs & not enough government-subsidized hospital care for uninsured low-income Miami-Dade residents | Expand free-medical care for low-income Miami-Dade residents |
| 63 | | poverty, socio-economic disparities | government-subsidized, single-payer health insurance |
| 64 | | Cost of health insurance, availability, undocumented population | education, some form of health insurance program for all, getting undocumented population into the health system |
| 65 | | Lack of resources or facilities for affordable primary health care | more health care funding for the uninsured |
| 66 | | It's a financial issue really | I don't really know - universal health care plus a sense it's really OK for illegal aliens to have health care? |
| 67 | | The complete medical system in this country | Federal government subsidized medicine program |
| 68 | | Access and cost | public-private health care reform at a national level |
| 69 | | lack of funds cost of healthcare | improve access of healthcare to the uninsured as well as fund new innovative ways to reduce healthcare costs |
| 70 | | the federal government and all of us who continue to vote for people who do not represent our true needs | This is a national problem. When policy makers, business leaders and citizens from across the country agree that universal health care is in our national interest then something might be done about it. |
| 71 | | health insurance companies and federal & state governments | Universal health |
| 72 | | I believe the root cause of this issue is because there is insufficient participation from the federal government to assist local government to provide a universal health care | I believe that the issue would be best eliminated if a universal health care is provided. |
| 73 | | High health insurance costs | Mandate employers to have health insurance for all workers and decrease the number on welfare |
| 74 | | policy | continued advocacy and voting for politicians that support expanded coverage |
| 1 | <i>Diabetes long term complication admission rate</i> | Culture | Targeted strategies of education and intervention |
| 2 | | Culture and lack of evidence-based problems | Support of community term to plan and address issue |
| 3 | | overweight, inactivity, poor diet, and most of all insufficient education about the long term effects | education |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|---|---|
| 4 | | Ignorance of thinking it can't happen to them and that they do not have to be overweight to have the disease. | For all physicians to have literature in their office such as brochures to expose their patients to the effects of this disease and what they can do to ensure that they work towards improving their chances of not getting the disease. |
| 5 | | lack of primary care | by doing outreach to educate population to treat the illness |
| 6 | | I believe it is sometimes misdiagnosed as being diabetes and is not; I find that many people who are being diagnosed do not have an hereditary issue and are not overweight and are diagnosed very late in life. | I really don't know as I feel that this disease is a catch all because of my previous answer. |
| 7 | | Uninsured (people under 65 years without health insurance) | Access to preventive health care and providers taking some time to educate their clients |
| 8 | | inactivity & poor diet | education and screenings & access to healthcare |
| 9 | | obesity , ethnicity and inadequate exercise | education, screening, diagnosis - adding walking tracks etc. |
| 1 | <i>adult overweight or obesity</i> | education and economics | education and increase economic opportunity |
| 2 | | lack of nutritionist, cooking skills, no vegetables | by educating participants on healthy grocery, shopping, etc |
| 3 | | Lack of physical activity, easy access to food, lack of nutrition knowledge | Health promotion & disease prevention, nutrition education, more pedestrian/bicycle friendly areas |
| 4 | | Lack of nutrition education | More employee Wellness programs which promote healthy eating and exercise |
| 5 | | it is very multifactorial | multifaceted education. |
| 6 | | Inadequate eating habits and lack of PA | Massive campaign teaching healthy eating habits |
| 7 | | Adults lack of physical activity and increased consumption of foods high in fat, salt, sugar low in nutrients. Everything is made easier for people now- convenience foods, drive-throughs, lack of healthy foods at restaurants, and no emphasis on importance of physical activity. | Getting the message out to the community the importance of eating healthy and exercising, for our health. We need healthier food choices at restaurants, public messages encouraging physical activity with the whole family- stressing the implications if this is not done. |
| 8 | | Lack of nutrition information; lack of information regarding value of consistent exercise | Expanded education campaigns by local schools, county government, community based organizations and municipalities |
| 9 | | poor eating habits lack of exercise | better publicity of healthy habits |
| 10 | | The impact on health is over a long period of time and nutrition literacy and a lack of structured physical activity | Encourage people to cook at home with healthy foods and methods and create more physical activity emphasis in the work place |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|---|--|
| 11 | | poor habits--eating choices and lack of exercise | education, perhaps food legislation, but this has not been well tested |
| 12 | | overeating, eating the wrong types of food, lack of exercise | if people select healthier food, exercise more |
| 13 | | to much fast food available | Educating our children about the issue |
| 14 | | Inactivity | Media exposure, workplace exposure, school exposure |
| 15 | | The sedentary life style that individuals are leading. | Through education and through policies that encourage communities to build sidewalks walking paths etc. |
| 16 | | economics, culture, | education campaign, menu changes, |
| 17 | | Poor diet and lack of physical activity. | Yes, we need to address it at all levels, adults, children and seniors. |
| 18 | | lack of exercise secondary to lack of PE in school | More PE in school, workplace wellness |
| 19 | | nutrition and diet, lack of exercise ,lack of awareness of the health issues related to overweight(diabetes ,blood pressure, heart disease,etc) | Start with the schools at an early age with curriculum changes, lunch program, vending machines, physical education. Mandate calorie info on menu items, change the culture at worksite ,etc |
| 1 | <i>obesity (obesity in children is #1) not listed here</i> | diet and lack of activity, school menus, lack of parks, parental habits, marketing by fast food companies | changes in schools, affordable and safe exercise options, fruits and veggies available, access to care |
| 2 | | inactivity, over the top portions | we are starting a holistic weight management program at MCH for children |
| 1 | <i>Chronic Diseases</i> | Lifestyles | better lifestyles (important) |
| 2 | | Poor lifestyle choices, lack of information on healthy diets, culture | focusing and teaching younger generation about healthy habits/choices |
| 1 | <i>Those three are all critical</i> | In regards to all three - I think human behavior plays a great role. | These health issues may be reduced when programs are available that have the ability to promote and achieve behavior change. |
| 2 | | Privatization of health care and lack of prevention/education are the root causes of many health issues. | Systemic policy change and proper funding for health prevention and treatment. |
| 3 | | Primarily it is a failure of leadership, and a lack of willingness to work in a collaborative manner. Also, that health care costs are sky-rocketing, making it unaffordable, and a lack of health education and prevention services. | Again, get the leadership to focus on these issues, and direct resources to impacting them with measurable objectives. |
| 1 | <i>Pediatric asthma admission rate</i> | lack of insurance, lifestyles, lack of preventive medicine and education. | Taking the client and treating the patient as a whole. Health/mental health, prevention health access |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|--|---|--|
| 2 | | This is very sad and grossly unnecessary because, with proper, monitored prophylactic care, these admissions/deaths can be prevented. | More outreach education for parents of children with asthma and more home visits to assist identifying triggers. |
| 3 | | Environmental pollution | Reduction and Control of traffic and industrial (plants) pollution; Improving housing conditions; Any measure to reduce or eliminate lead poisoning would also reduce or eliminate asthma. |
| 1 | <i>Adults with no physical activity in past month</i> | Car commuting; monoculture neighborhoods; unsafe/unattractive/nonexistent sidewalks, destinations for walking. | better planning, improvements to streets and sidewalks. |
| 2 | | modern lifestyle, automobiles, television, safety | Public Transportation, bicycle paths and walking paths everywhere. |
| 3 | | Poor diet and lack of exercise | Increased awareness & education on proper nutrition and physical activity |
| 4 | | Lack of understanding of the relationship of physical activity to health and the lack of good places to walk and bicycle. | Public information campaigns to raise awareness and to encourage more people to bike and walk. Build more walkable neighborhoods, sidewalks, and bike-friendly roads. |
| 5 | | cultural norm | multifaceted approach: policy, environment, education, marketing |
| 1 | <i>Hypertension</i> | Diet, lack of exercise, Stress | Educating the public about the effects of life/stressful lifestyle on hypertension |
| 1 | <i>Men age 50+ having sigmoidoscopy or colonoscopy</i> | Health care provider behavior | Awareness of screening guidelines |
| 1 | <i>Cancer Screening - women age 40 plus</i> | lack of health screening and treatment | earlier health screening |
| 1 | <i>Motor vehicle crashes are a leading cause of death and injury among children and youth.</i> | Lack of proper seat belt restraints, car and booster seats; teen drivers/passengers. | Increased seat belt laws and campaigns to use them. |
| 1 | <i>Quality of and access to health care in Miami-Dade County.</i> | Ridiculously low Medicaid reimbursement rates, shortage of qualified clinicians. | Work with state legislature to increase reimbursement rates, additional incentives for recruitment of qualified staff. |

| n=137 | Which one of the health issues selected do you consider to be the most important in Miami-Dade County? | What do you think is the root cause of this health issue? | How do you think this health issue can be reduced or eliminated in Miami-Dade County? |
|-------|---|---|---|
| 1 | Low birth weight is a predictor of numerous educational, psychological and health problems. In general, I'm a little disappointed that children's health is not as prominent as it should be in the health report card. Issues like child abuse are absolutely crucial in the healthy development of a child, family, and society. the list of topics is very heavily weighted in favor of adults. If we don't intervene early, our chances of improving the health of Miami-Dade will be seriously diminished. | Low birth weight is the result of poverty, lack of access of preventive health care, teenage pregnancy, poor nutrition, and addictions | A massive home visiting campaign, as the one developed by David Olds, called the Nurse Family Partnership, is very promising. In general, we have to get to mothers at risk in multiple ways: through home visiting, through school based programs and through community based centers. It is very important that home visiting programs consist of sufficient dosage to make a difference. There is literature on that topic that can assist in interventions. It is interesting to note that Florida does not have the Nurse Family Partnership represented here. Healthy Families America, another home visitation program, does have a presence in Florida, and it may be worth exploring their contributions to the prevention of low birth weight a little further. |
| 1 | the obesity epidemic and the lack of a healthy lifestyle including moderate exercise are precursors to many other problems with the health i.e. Diabetes ,heart, hypertension | diet and exercise lack of proper education at early age and late stages with setting realistic goals about diet and exercise | Campaigns to create awareness in schools ,work ,gov't,media ,restaurants etc |
| 1 | Toss between overweight and uninsured. | Overweight - genetics, social networks, poverty, lack of information Uninsured - poverty, unemployment, lack of education | Overweight - programs through churches, access to information to support those programs. Community programs. Shared community initiatives. Uninsured - not my area. I wish I knew! |
| 1 | Uninsured and access to primary care. | The system is difficult to access. The facilities (e.g., CHI) appear very industrial and uncaring (and unlike hospitals, have an option to treat and can require payment up front). It is difficult to make appointments for specialty services (orthopedics, oncology) and Jackson outpatient clinics require approval from the medical staff to accept a patient. | Some type of universal, basic insurance for everyone. Public Health Trust sharing our half cent sales tax. Building a seamless primary delivery system, easy to access and friendly. |
| 1 | uninsured population and their lack to access to healthcare | lack of funds cost of healthcare | improve access of healthcare to the uninsured as well as fund new innovative ways to reduce healthcare costs |
| 1 | Motor vehicle traffic casualties and overweight/obesity | Stress, anxiety, and economic difficulties | Provide free exercise classes, yoga and counseling at the workplace or school. |
| 1 | Dental care | Lack of availability of dental care is compounded by the overall lack of health insurance - which is more acute at the oral health level. Additionally, the oral health carve out has created more difficulty in access to care issues. | A systemic approach to improving access that is multifaceted and includes education and preventive measures - a public health approach. |

Appendix IV

Uninsured (people under 65 years without health insurance)

Uninsured (People under 65 years without health insurance)

Root Cause

| | Cost | Healthcare System, Public Policy and Government Leadership | Low Socioeconomic Status, Working Poor, Large Income Disparities and Immigration Status | Difficulty Accessing and Navigating the Healthcare System | Loss of Employers – Based Health Insurance Coverage | Other | Total |
|---|---|--|---|--|--|---|----------|
| 1 | Financial constraints | Current health system | Poverty/ working poor | Lack of health insurance, limited availability to a large segment of this county population. | Our national policy on health coverage, aggravated by South Florida's reliance on primarily small businesses that find it impossible to offer coverage to employees. | There is not one root cause but many. | 6 |
| 2 | Cost of health insurance | Healthcare system | unseen poverty...the working poor | Education and Access | Jobs that do not offer insurance. | No insurance means people wait until they are too sick before seeking medical care which usually is in the emergency room | 6 |
| 3 | cost; availability; people from other countries that are not accustomed to paying | Need for national health insurance which includes all (even illegal immigrants as this is a national issues not a local one) | Low income | Lack of resources or facilities for affordable primary health care | 1`Many employers who do not provide health insurance for their employees. 2. Employees who do receive health insurance coverage cannot afford to pay the cost of insuring their spouse and children. | MALPRACTICE CRISIS | 6 |
| 4 | Lack of funds | The current national individual risk-based rating system insurance and lack of will to change the employer delivered insurance to a community rating system and one where the already diagnosed individuals can obtain reasonable health insurance at all. | poverty and disparity | Access and cost | lack of funding loss of employer-based health care rising costs of healthcare | Greedy HMOs | 6 |

| | Cost | Healthcare System, Public Policy and Government Leadership | Low Socioeconomic Status, Working Poor, Large Income Disparities and Immigration Status | Difficulty Accessing and Navigating the Healthcare System | Loss of Employers – Based Health Insurance Coverage | Other | Total |
|---|--|--|--|---|--|---|--------------|
| 5 | Cost, reliance on emergency room services, falling "between the cracks" of Medicare and Healthy Kids, adults not eligible for Medicare | Our national policy on health coverage, aggravated by South Florida's reliance on primarily small businesses that find it impossible to offer coverage to employees. | poverty and disparity | cost; availability; people from other countries that are not accustomed to paying | Money (insurance not affordable to families or business) and undocumented residents not eligible for health care benefits. | Education and Access | 6 |
| 6 | Rising overall cost of health care | Lack of national/state/local health plan | economy, insurance costs and unemployment (welfare system) | The system is difficult to access. The facilities (e.g., CHI) appear very industrial and uncaring (and unlike hospitals, have an option to treat and can require payment up front). It is difficult to make appointments for specialty services (orthopedics, oncology) and Jackson outpatient clinics require approval from the medical staff to accept a patient. | Low employer offer of insurance coverage | Although we promote the importance of prevention, it's still a society that doesn't take responsibility for adopting healthy lifestyle behaviors. | 6 |
| 7 | lack of money, lack of political will | health system; undocumented population | poverty and immigration status | | | Society's inability to change | 4 |
| 8 | Cost of living | The absence of universal health care available to Miami-Dade residents, high number of new arrivals from abroad with no insurance and low household income. | poverty and immigration status | | | | 3 |
| 9 | It's all about money. | Failure to make | No will among | | | | 3 |

| | Cost | Healthcare System, Public Policy and Government Leadership | Low Socioeconomic Status, Working Poor, Large Income Disparities and Immigration Status | Difficulty Accessing and Navigating the Healthcare System | Loss of Employers – Based Health Insurance Coverage | Other | Total |
|----|--|---|---|--|--|--------------|--------------|
| | | universal health insurance coverage - either private, government provided, or a combination - mandatory. | political and/or economic leaders. No tax base. Ignorance of tax payers. Limited compassion for poor and immigrant populations. | | | | |
| 10 | 1. Many employers who do not provide health insurance for their employees. 2. Employees who do receive health insurance coverage cannot afford to pay the cost of insuring their spouse and children. | The complete medical system in this country | No will among political and/or economic leaders. No tax base. Ignorance of tax payers. Limited compassion for poor and immigrant populations. | | | | 3 |
| 11 | Immigration status, out of control health care costs, low income population unable to afford the service | policy | health system; undocumented population | | | | 3 |
| 12 | lack of funding loss of employer-based health care rising costs of healthcare | cost; availability; people from other countries that are not accustomed to paying | Poverty | | | | 3 |
| 13 | lack of funding loss of employer-based health care rising costs of healthcare | Failure of government to address this issue and the power of insurance companies over our elected officials. | Poverty | | | | 3 |
| 14 | financial constraints | health insurance companies and federal & state governments | The absence of universal health care available to Miami-Dade residents, high number of new arrivals from abroad with no insurance and low household income. | | | | 3 |
| 15 | High costs | We have money to build tunnels from the Port of Miami to MacArthur Causeway, but not enough money to provide basic, preventive care to our citizens without healthcare. | The absence of universal health care available to Miami-Dade residents, high number of new arrivals from abroad with no insurance and low household income. | | | | 3 |

| | Cost | Healthcare System, Public Policy and Government Leadership | Low Socioeconomic Status, Working Poor, Large Income Disparities and Immigration Status | Difficulty Accessing and Navigating the Healthcare System | Loss of Employers – Based Health Insurance Coverage | Other | Total |
|----|---|---|---|--|--|--------------|--------------|
| 16 | Our diverse cultural population of immigrants and the cost of living in Miami Dade County | Poor governmental leadership | Illegal immigrants, low income and expensive cost of living in the county. | | | | 3 |
| 17 | economy, insurance costs and unemployment (welfare system) | lack of better government and public support | Illegal immigrants, low income and expensive cost of living in the county. | | | | 3 |
| 18 | economy, insurance costs and unemployment (welfare system) | lack of consensus as to how to implement an effective program | poverty, socio-economic disparities | | | | 3 |
| 19 | Money(insurance not affordable to families or business) and undocumented residents not eligible for health care benefits. | lack of money, lack of political will | poverty, socio-economic disparities | | | | 3 |
| 20 | illegal immigrants, low income and expensive cost of living in the county. | Government policy | Socioeconomic disparity caused by failed extremist tax cut programs | | | | 3 |
| 21 | High medical-care costs & not enough government-subsidized hospital care for uninsured low-income Miami-Dade residents | lack of government mandate | Greed; lack of effective leadership; vast income disparity in Miami-Dade County - literature indicates that a large income disparity is associated with poor health in any community. | | | | 3 |
| 22 | Cost of health insurance, availability, undocumented population | No will among political and/or economic leaders. No tax base. Ignorance of tax payers. Limited compassion for poor and immigrant populations. | High medical-care costs & not enough government-subsidized hospital care for uninsured low-income Miami-Dade residents | | | | 3 |
| 23 | It's a financial issue really | Public Policy | Immigration status, out of control health care costs, low income population unable to afford the service | | | | 3 |
| 24 | Access and cost | Greed; lack of effective leadership; vast income disparity in Miami-Dade | Immigration status, out of control health care costs, low | | | | 3 |

| | Cost | Healthcare System, Public Policy and Government Leadership | Low Socioeconomic Status, Working Poor, Large Income Disparities and Immigration Status | Difficulty Accessing and Navigating the Healthcare System | Loss of Employers – Based Health Insurance Coverage | Other | Total |
|--------------|----------------------------------|---|--|---|---|----------|------------|
| | | County - literature indicates that a large income disparity is associated with poor health in any community. | income population unable to afford the service | | | | |
| 25 | lack of funds cost of healthcare | the federal government and all of us who continue to vote for people who do not represent our true needs | Our diverse cultural population of immigrants and the cost of living in Miami Dade County | | | | 3 |
| 26 | lack of funds cost of healthcare | I believe the root cause of this issue is because there is insufficient participation from the federal government to assist local government to provide a universal health care | Money (insurance not affordable to families or business) and undocumented residents not eligible for health care benefits. | | | | 3 |
| 27 | High health insurance costs | | Cost of health insurance, availability, undocumented population | | | | 2 |
| 28 | Poor economy | | | | | | 1 |
| Total | 28 | 26 | 27 | 6 | 6 | 7 | 100 |

Approaches for Reducing or Eliminating the Number of People without Insurance

| | Expansion of existing free clinics and services for the uninsured/ Contingency plans/Alternate solutions | Government Commitments/Legislative action/ Lobbying | Improve accessibility and navigation of system through outreach and Education | Healthcare reform (inc. access/ make affordable)/ Public Private Partnership | Increase employment rates/Decrease welfare recipient | Promote employer based health insurance | Other | Total |
|---|--|---|--|--|--|--|--|-------|
| 1 | Expansion of free clinics and other places for access | Legislative action | Reducing the cost and having more alternatives. Also by having more community clinics that | Reducing the cost and having more alternatives. Also by having more community clinics that | Through increasing employment rates and employer participation in insurance coverage | universal healthcare or requiring businesses to offer health insurance | Miami-Dade County, as a starting point, needs to elevate the health of its population as a priority. This means more than just telling Jackson to "do more." It means a leaner government. | 7 |

| | Expansion of existing free clinics and services for the uninsured/ Contingency plans/Alternate solutions | Government Commitments/Legislative action/ Lobbying | Improve accessibility and navigation of system through outreach and Education | Healthcare reform (inc. access/ make affordable)/ Public Private Partnership | Increase employment rates/Decrease welfare recipient | Promote employer based health insurance | Other | Total |
|---|--|--|--|--|---|---|--|-------|
| | | | advertise health services to the community. | advertise health services to the community. | programs | | | |
| 2 | By having contingency plans | A commitment at all levels of government to address this issue | Ensure that the information that can help is appropriately distributed /advertised. | universal health insurance | Mandate employers to have health insurance for all workers and decrease the number on welfare | Giving companies incentives to offer insurance. | reduced, but not eliminated | 7 |
| 3 | Reducing the cost and having more alternatives. Also by having more community clinics that advertise health services to the community. | It will require commitment from the local government and the State, e.g. allocate funds to provide access to care to all Miami-Dade residents. | Outreach, education, county economic policies | Healthcare reform | Improve the economy by cutting down welfare recipients and increase the employment rate. | Requiring employers to provide minimal health insurance for their employees | This has to be dealt with on a national basis. If the county commissioners decide to provide a three-share model of health insurance, this will not make an impact on people over 200% of FPL since the laws allowing it were set up that way in Florida. (other states have set up their regs to allow the average employee to be 200% of FPL). | 7 |
| 4 | Creation and implementation of better programs to assist those who are uninsured | Lobbying at national level | I don't think it can ever be eliminated but perhaps through education, creating awareness and easier access to services it can be controlled | universal healthcare or requiring businesses to offer health insurance | | Make it possible for small businesses to provide health insurance for workers/families until we implement universal healthcare in the US. | Medicaid providers | 6 |
| 5 | Looking at ways to stem rising cost of health care, which translates into rising health insurance costs | Pursuing local solutions (like Miami-Dade's potential health insurance) as well as strong advocacy | education, some form of health insurance | Universal coverage | | Through increasing employment rates and | Don't know. | 6 |

| | Expansion of existing free clinics and services for the uninsured/ Contingency plans/Alternate solutions | Government Commitments/Legislative action/ Lobbying | Improve accessibility and navigation of system through outreach and Education | Healthcare reform (inc. access/ make affordable)/ Public Private Partnership | Increase employment rates/Decrease welfare recipient | Promote employer based health insurance | Other | Total |
|----|---|---|--|--|---|---|--|--------------|
| | (decreasing affordability) | for a fair national policy | program for all, getting undocumented population into the health system | | | employer participation in insurance coverage programs | | |
| 6 | Pursuing local solutions (like Miami-Dade's potential health insurance) as well as strong advocacy for a fair national policy | Policy change, advocacy | | It will require commitment from the local government and the State, e.g. allocate funds to provide access to care to all Miami-Dade residents. | | | Ability to demonstrate (IN SIMPLIFIED FORMAT and from a budget and long-term economic perspective) the logical reasons to invest in at least a minimum threshold of basic health services. | 4 |
| 7 | Fund JMH to properly provide services, also create alternate insurance plans to meet the need of the uninsured for catastrophic care. | Stop voting for tax-cut extremists | | UNIVERSAL PAYER SYSTEM | | | collaboration to ensure Kidcare enrollment, employer support | 4 |
| 8 | If people can not afford insurance, they then need access to affordable, quality healthcare. | This is a national problem. When policy makers, business leaders and citizens from across the country agree that universal health care is in our national interest then something might be done about it. | | one-party system ("Medicare for All") | | | | 3 |
| 9 | Expand free-medical care for low-income Miami-Dade residents | continued advocacy and voting for politicians that support expanded coverage | | universal health insurance | | | | 3 |
| 10 | Federal government subsidized medicine program | I think that it can be reduced with a strong commitment from the local government and input from the private sector. | | The government must provide health insurance for its citizens. We are the only nation in the | | | | 3 |

| | Expansion of existing free clinics and services for the uninsured/ Contingency plans/Alternate solutions | Government Commitments/Legislative action/ Lobbying | Improve accessibility and navigation of system through outreach and Education | Healthcare reform (inc. access/ make affordable)/ Public Private Partnership | Increase employment rates/Decrease welfare recipient | Promote employer based health insurance | Other | Total |
|----|--|---|---|---|--|---|-------|-------|
| | | | | developed world that does not provide such coverage and it is a disgrace! | | | | |
| 11 | improve access of healthcare to the uninsured as well as fund new innovative ways to reduce healthcare costs | Outreach, education, county economic policies | | Universal standard health care for people unable to afford health insurance | | | | 3 |
| 12 | More money | | | universal healthcare | | | | 2 |
| 13 | funding facilitation | | | Create such a plan | | | | 2 |
| 14 | Providing funds. | | | State mandated health insurance, federally mandated health insurance. | | | | 2 |
| 15 | more health care funding for the uninsured | | | Not until there is easier, cheaper and more affordable access to care can this be reduced or eliminated | | | | 2 |
| 16 | | | | Some type of universal, basic insurance for everyone. Public Health Trust sharing our half cent sales tax. Building a seamless primary delivery system, easy to | | | | 1 |

| | Expansion of existing free clinics and services for the uninsured/ Contingency plans/Alternate solutions | Government Commitments/Legislative action/ Lobbying | Improve accessibility and navigation of system through outreach and Education | Healthcare reform (inc. access/ make affordable)/ Public Private Partnership | Increase employment rates/Decrease welfare recipient | Promote employer based health insurance | Other | Total |
|----|--|---|---|--|--|---|-------|-------|
| | | | | access and friendly. | | | | |
| 17 | | | | Public health care | | | | 1 |
| 18 | | | | Mandate private, government provided, or a combination of universal health insurance coverage. | | | | 1 |
| 19 | | | | Universal health care | | | | 1 |
| 20 | | | | government-subsidized, single-payer health insurance | | | | 1 |
| 21 | | | | education, some form of health insurance program for all, getting undocumented population into the health system | | | | 1 |
| 22 | | | | I don't really know - universal health care plus a sense it's really OK for illegal aliens to have health care? | | | | 1 |
| 23 | | | | public-private health care reform at a national level | | | | 1 |
| 24 | | | | This is a national | | | | 1 |

| | Expansion of existing free clinics and services for the uninsured/ Contingency plans/Alternate solutions | Government Commitments/Legislative action/ Lobbying | Improve accessibility and navigation of system through outreach and Education | Healthcare reform (inc. access/ make affordable)/ Public Private Partnership | Increase employment rates/Decrease welfare recipient | Promote employer based health insurance | Other | Total |
|--------------|--|---|---|--|--|---|----------|-----------|
| | | | | problem. When policy makers, business leaders and citizens from across the country agree that universal health care is in our national interest then something might be done about it. | | | | |
| 25 | | | | Universal health | | | | 1 |
| 26 | | | | I believe that the issue would be best eliminated if a universal health care is provided. | | | | 1 |
| 27 | | | | Partnership - public and private sectors | | | | 1 |
| 28 | | | | Subsidized affordable insurance products through a public/private partnership | | | | 1 |
| Total | 15 | 11 | 5 | 28 | 3 | 5 | 7 | 74 |

Appendix V

Adult Overweigh/Obesity

Adult Overweight/Obesity

Root Cause

| | Lack of Education/Knowledge/Skills | Poor diet | Lack of physical activity/Sedentary lifestyle | Healthy Options less affordable | Other | Total |
|---|---|--|--|--|--|--------------|
| 1 | education and economics | lack of nutritionist, cooking skills, no vegetables | Inadequate eating habits and lack of PA | education and economics | it is very multifactorial | 5 |
| 2 | lack of nutritionist, cooking skills, no vegetables | Inadequate eating habits and lack of PA | Adults lack of physical activity and increased consumption of foods high in fat, salt, sugar low in nutrients. Everything is made easier for people now-convenience foods, drive-throughs, lack of healthy foods at restaurants, and no emphasis on importance of physical activity. | economics, culture, | economics, culture, | 5 |
| 3 | Lack of nutrition information; lack of information regarding value of consistent exercise | Adults lack of physical activity and increased consumption of foods high in fat, salt, sugar low in nutrients. Everything is made easier for people now-convenience foods, drive-throughs, lack of healthy foods at restaurants, and no emphasis on importance of physical activity. | poor eating habits lack of exercise | | Adults lack of physical activity and increased consumption of foods high in fat, salt, sugar low in nutrients. Everything is made easier for people now-convenience foods, drive-throughs, lack of healthy foods at restaurants, and no emphasis on importance of physical activity. | 4 |
| 4 | The impact on health is over a long period of time and nutrition literacy and a lack of structured physical activity | poor eating habits lack of exercise | poor habits--eating choices and lack of exercise | | | 3 |
| 5 | nutrition and diet, lack of exercise ,lack of awareness of the health issues related to overweight(diabetes ,blood pressure, heart disease,etc) | poor habits--eating choices and lack of exercise | overeating, eating the wrong types of food, lack of exercise | | | 3 |
| 6 | Lack of nutrition education | overeating, eating the wrong types of food, lack of exercise | Inactivity | | | 3 |
| 7 | | to much fast food available | The sedentary life style that individuals are leading. | | | 2 |
| 8 | | Poor diet and lack of physical activity. | Poor diet and lack of physical activity. | | | 2 |
| 9 | | nutrition and diet, lack of exercise ,lack of awareness of the health issues related to overweight(diabetes ,blood | lack of exercise secondary to lack of PE in school | | | 2 |

| | Lack of Education/Knowledge/Skills | Poor diet | Lack of physical activity/Sedentary lifestyle | Healthy Options less affordable | Other | Total |
|--------------|------------------------------------|-------------------------------|---|---------------------------------|----------|-----------|
| | | pressure, heart disease, etc) | | | | |
| 10 | | | nutrition and diet, lack of exercise, lack of awareness of the health issues related to overweight (diabetes, blood pressure, heart disease, etc) | | | 1 |
| 11 | | | The impact on health is over a long period of time and nutrition literacy and a lack of structured physical activity | | | 1 |
| Total | 6 | 9 | 11 | 2 | 3 | 31 |

Approaches for Reducing or Eliminating Adult Overweight/Obesity

| | Increase Awareness through education campaign | Making environment, public and private facilities conducive to promoting healthy behavior such as walking/eating healthy | Worksite Wellness Programs | Legislative Action | School Wellness Programs | Other | Total |
|---|---|---|--|---|--|--|-------|
| 1 | education and increase economic opportunity | Health promotion & disease prevention, nutrition education, more pedestrian/bicycle friendly areas | More employee Wellness programs which promote healthy eating and exercise | education, perhaps food legislation, but this has not been well tested | Expanded education campaigns by local schools, county government, community based organizations and municipalities | Multifaceted education. | 6 |
| 2 | by educating participants on healthy grocery, shopping, etc | Getting the message out to the community the importance of eating healthy and exercising, for our health. We need healthier food choices at restaurants, public messages encouraging physical activity with the whole family- stressing the | Encourage people to cook at home with healthy foods and methods and create more physical activity emphasis in the work place | Through education and through policies that encourage communities to build sidewalks walking paths etc. | Media exposure, workplace exposure, school exposure | Expanded education campaigns by local schools, county government, community based organizations and municipalities | 6 |

| | Increase Awareness through education campaign | Making environment, public and private facilities conducive to promoting healthy behavior such as walking/eating healthy | Worksite Wellness Programs | Legislative Action | School Wellness Programs | Other | Total |
|---|---|--|--|--|--|---|-------|
| | | implications if this is not done. | | | | | |
| 3 | Health promotion & disease prevention, nutrition education, more pedestrian/bicycle friendly areas | Through education and through policies that encourage communities to build sidewalks walking paths etc. | Media exposure, workplace exposure, school exposure | Start with the schools at an early age with curriculum changes, lunch program, vending machines, physical education. Mandate calorie info on menu items, change the culture at worksite ,etc | More PE in school, workplace wellness | if people select healthier food, exercise more | 6 |
| 4 | Massive campaign teaching healthy eating habits | education campaign, menu changes, | More PE in school, workplace wellness | | Start with the schools at an early age with curriculum changes, lunch program, vending machines, physical education. Mandate calorie info on menu items, change the culture at worksite ,etc | Yes, we need to address it at all levels, adults, children and seniors. | 5 |
| 5 | Getting the message out to the community the importance of eating healthy and exercising, for our health. We need healthier food choices at restaurants, public messages encouraging physical activity with the whole family- stressing the implications if this is not done. | | Start with the schools at an early age with curriculum changes, lunch program, vending machines, physical education. Mandate calorie info on menu items, change the culture at worksite ,etc | | | | 2 |
| 6 | Expanded education campaigns by local schools, county government, community based organizations and municipalities | | | | | | 1 |
| 7 | better publicity of healthy habits | | | | | | 1 |
| 8 | Encourage people to cook at home | | | | | | 1 |

| | Increase Awareness through education campaign | Making environment, public and private facilities conducive to promoting healthy behavior such as walking/eating healthy | Worksite Wellness Programs | Legislative Action | School Wellness Programs | Other | Total |
|--------------|---|---|-----------------------------------|---------------------------|---------------------------------|--------------|--------------|
| | with healthy foods and methods and create more physical activity emphasis in the work place | | | | | | |
| 9 | education, perhaps food legislation, but this has not been well tested | | | | | | 1 |
| 10 | Educating our children about the issue | | | | | | 1 |
| 11 | Media exposure, workplace exposure, school exposure | | | | | | 1 |
| 12 | Through education and through policies that encourage communities to build sidewalks walking paths etc. | | | | | | 1 |
| 13 | education campaign, menu changes, | | | | | | 1 |
| Total | 13 | 4 | 5 | 3 | 4 | 4 | 33 |

Appendix VI

Diabetes long term complication admission rate

Diabetes long term complication admission rate

Root Cause

| | Culture | Lack of Education/Ignorance | Predisposing factors | Other | Total |
|-------|---|---|---|---|-------|
| 1 | Culture | overweight, inactivity, poor diet, and most of all insufficient education about the long term effects | overweight, inactivity, poor diet, and most of all insufficient education about the long term effects | I believe it is sometimes misdiagnosed as being diabetes and is not; I find that many people who are being diagnosed do not have a hereditary issue and are not overweight and are diagnosed very late in life. | 4 |
| 2 | Culture and lack of evidence-based problems | Ignorance of thinking it can't happen to them and that they do not have to be overweight to have the disease. | inactivity & poor diet | Uninsured (people under 65 years without health insurance) | 4 |
| 3 | | | obesity , ethnicity and inadequate exercise | lack of primary care | 2 |
| Total | 2 | 2 | 3 | 3 | 10 |

Approaches for Reducing or Eliminating the Adult Overweight/Obesity Problem

| | Education | Access to Healthcare | Other | Total |
|-------|---|--|---|-------|
| 1 | Targeted strategies of education and intervention | Access to preventive health care and providers taking some time to educate their clients | Support of community term to plan and address issue | 3 |
| 2 | education | education and screenings & access to healthcare | I really don't know as I feel that this disease is a catch all because of my previous answer. | 3 |
| 3 | For all physicians to have literature in their office such as brochures to expose their patients to the effects of this disease and what they can do to ensure that they work towards improving their chances of not getting the disease. | education, screening, diagnosis - adding walking tracks etc. | education, screening, diagnosis - adding walking tracks etc. | 3 |
| 4 | by doing outreach to educate population to treat the illness | | | 1 |
| 5 | Access to preventive health care and providers taking some time to educate their clients | | | 1 |
| 6 | education and screenings & access to healthcare | | | 1 |
| 7 | education, screening, diagnosis - adding walking tracks etc. | | | 1 |
| Total | 7 | 3 | 3 | 13 |

Appendix VII

Other Important Health Issues Facing Miami-Dade County Residents

Other Health Issues Affecting Miami-Dade County Residents

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|---|--|-------------------------------|---|--|---------------------------------------|----------------|---|---|------------------------------|--|--|---|-------|
| 1 | Depression and suicide resulting in more resources needed to address these concerns or realities | Pediatric obesity/over weight | Linkage of hospitals and health care system to aging services | Diabetes, HIV, asthmatic kids, dental + uninsured people | Exposure to insecticide and radiation | Teen pregnancy | My mission is to help people make informed decisions. People need accurate, current, relevant health information so they can make good decisions. | prenatal care (related to low birth weight) smoking | culture | *Childhood obesity *Access to prescription meds (for the uninsured) *Teenage pregnancies *Teenage drug/ETOH abuse | All 1200 and more are equally important. Data reliability should not be a limiting factor in whether a health indicator is 'important' or not. Perhaps making such a choice helps study policy, but it marginalizes certain issues over others and doesn't address the systemic root causes. #6 above sounds dangerously close to care rationing - things like who will get organ transplants are now defining who and whose | Nutrition rate (e.g., hunger, malnutrition, etc.); Rate of occupational (e.g., pesticide) and environmental hazard exposures ; Skin disorders rate (e.g., acne, eczema, ring worm, etc.) | 13 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|---|--|---|---|---|--|---|--|------------------------------|--|---|--|--|-------|
| | | | | | | | | | | | disease will be addressed. We are regressing even further. | | |
| 2 | need better understanding of causes of stress. | Childhood Obesity | children and accidents ; elderly access to services; | Increase d rate of cancer in young adults | Nutrition rate (e.g., hunger, malnutrition, etc.); Rate of occupational (e.g., pesticide) and environmental hazard exposures ; Skin disorders rate (e.g., acne, eczema, ring worm, etc.) | *Childhood obesity *Access to prescription meds (for the uninsured) *Teena ge pregnancies *Teena ge drug/ET OH abuse | community health education | Tobacco cessation/prevention | Poverty, lack of educational investment, historic disenfranchisement of the Black community, linguistic isolation of English or Spanish monolingual residents, legal status of immigrants. | Linkage of hospitals and health care system to aging services | Understanding barriers to care beyond the data | This question is way too broad. | 13 |
| 3 | "STRESS " | children and accidents; elderly access to services; | Services for Caregivers of the elderly and Caregivers for Special needs populations | cancer and heart disease | Childhood lead poisoning; Traffic deaths; Functional autonomy of elders; Childhood obesity; Health literacy among adult population | improving birth outcomes, reduce the number of unwanted pregnancies | Childhood lead poisoning; Traffic deaths; Functional autonomy of elders; Childhood obesity; Health literacy among adult population | | minority discrimination | children and accidents; elderly access to services; | | I was part of the group working on this. | 11 |
| 4 | mental | childhood | Childhood | Chronic | | | 1.Participatio | | Not so much | HIV+ | | concentr | 8 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|--|----------------------------------|------------------------|--|--------------------|-------------------------------|-------------|---|-------------|---|---|----------------------------|-----------------------------|-------|
| | health, depression in particular | obesity and inactivity | lead poisoning; Traffic deaths; Functional autonomy of elders; Childhood obesity; Health literacy among adult population | disease management | | | 1. child care 2. quality of child care available 3. accessibility of child care 4. accessibility to educational enrichment 5. prevalence of mental health problems 6. prevalence of child abuse 7. prevalence of reports to emergency rooms 8. levels of social capital or social cohesion in certain communities 9. tax allocation to health and social services compared to other cities and states 10. level of school drop out in the county 11. public housing 12. transportation 13. participation in civic life 14. parenting | | additional issues but we must look at the role cultural diversity plays in terms of attitudes towards health and wellness | clients receiving sporadic care and treatment | | rate on prevention programs | |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|---|---------------------|--|---|------------------------|-------------------------------|-------------|---------------------------|-------------|---|---|----------------------------|--|-------|
| | | | | | | | courses available | | | | | | |
| 5 | mental health needs | *Childhood obesity *Access to prescription meds (for the uninsured) *Teenage pregnancies *Teenage drug/ETOH abuse | 1. participation in child care 2. quality of child care available 3. accessibility of child care 4. accessibility to educational enrichment 5. prevalence of mental health problems 6. prevalence of child abuse 7. prevalence of reports to emergency rooms 8. levels of social capital or social cohesion in certain communities 9. tax | chronic kidney disease | | | | | health disparity issues, especially breast cancer incidence rates among AA (particularly Haitian-American) women; prostate CA rates among AA men; other disparity issues reflecting inequalities in socioeconomic status. | childhood obesity, racial and ethnic health disparities, access to care and treatment | | 1. participation in child care 2. quality of child care available 3. accessibility of child care 4. accessibility to educational enrichment 5. prevalence of mental health problems 6. prevalence of child abuse 7. prevalence of reports to emergency rooms 8. levels of social capital or social cohesion in certain communities 9. tax allocation | 7 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|---|-----------------------------------|---------------------|--|-----------------|-------------------------------|-------------|---------------------------|-------------|---|--------------------|----------------------------|---|-------|
| | | | allocation to health and social services compared to other cities and states 10. level of school drop out in the county 11. public housing 12. transportation 13. participation in civic life 14. parenting courses available | | | | | | | | | to health and social services compared to other cities and states 10. level of school drop out in the county 11. public housing 12. transportation 13. participation in civic life 14. parenting courses available | |
| 6 | mental illness substance abuse | Overweight children | | | | | | | 1. participation in child care 2. quality of child care available 3. accessibility of child care 4. accessibility to educational enrichment 5. prevalence of mental health problems 6. prevalence of child abuse | | | Proper Nutrition | 4 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|---|---------------|--|--------------|-----------------|-------------------------------|-------------|---------------------------|-------------|---|--------------------|----------------------------|---|-------|
| | | | | | | | | | 7. prevalence of reports to emergency rooms 8. levels of social capital or social cohesion in certain communities 9. tax allocation to health and social services compared to other cities and states 10. level of school drop out in the county 11. public housing 12. transportation 13. participation in civic life 14. parenting courses available | | | | |
| 7 | Mental Health | Children's lack of physical activity and diet information. | | | | | | | childhood obesity, racial and ethnic health disparities, access to care and treatment | | | Childhood overweight/physical activity levels/nutrition. Breastfeeding initiation and sustainability. Child water | 4 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|----|---------------|--|--------------|-----------------|-------------------------------|-------------|---------------------------|-------------|---|--------------------|----------------------------|--|-------|
| | | | | | | | | | | | | safety--drowning /near-drowning . | |
| 8 | | Childhood lead poisoning; Traffic deaths; Functional autonomy of elders; Childhood obesity; Health literacy among adult population | | | | | | | income disparity - as long as Miami-Dade County has such a large income disparity, research would indicate that any other interventions will be much less successful. | | | improving birth outcomes, reduce the number of unwanted pregnancies | 3 |
| 9 | | More specific indicators on children. | | | | | | | Services for Caregivers of the elderly and Caregivers for Special needs populations | | | Newly reported HIV cases | 3 |
| 10 | | Childhood obesity | | | | | | | | | | I would have to see the entire list of criteria to determine that answer | 2 |
| 11 | | Pediatric dental providers | | | | | | | | | | Obesity in adults | 2 |
| 12 | | 1. participation in child care 2. quality of child care | | | | | | | | | | VIOLENCE | 2 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|----|---------------|---|--------------|-----------------|-------------------------------|-------------|---------------------------|-------------|------------------------------|--------------------|----------------------------|-----------|-------|
| | | available 3. accessibility of child care 4. accessibility to educational enrichment 5. prevalence of mental health problems 6. prevalence of child abuse 7. prevalence of reports to emergency rooms 8. levels of social capital or social cohesion in certain communities 9. tax allocation to health and social services compared to other cities and states 10. level of school drop out in the county 11. public housing 12. transportation 13. participation in civic life 14. parenting courses available | | | | | | | | | | | |
| 13 | | childhood | | | | | | | | | | Childhood | 2 |

| | Mental Health | Children Issues | Elder Issues | Chronic Disease | Environmental Hazard Exposure | Teen Issues | Health Literacy/Education | Tobacco use | Minority and Cultural Issues | Access to services | Prioritizing Health Issues | Other | Total |
|-------|---------------|---|--------------|-----------------|-------------------------------|-------------|---------------------------|-------------|------------------------------|--------------------|----------------------------|---|-------|
| | | obesity, racial and ethnic health disparities, access to care and treatment | | | | | | | | | | d lead poisoning ; Traffic deaths; Functional autonomy of elders; Childhood obesity; Health literacy among adult population | |
| 14 | | Childhood overweight/physical activity levels/nutrition. Breastfeeding initiation and sustainability. Child water safety--drowning/near-drowning. | | | | | | | | | | prenatal care (related to low birth weight) smoking | 2 |
| 15 | | anything and all related to child health needs, mental and dental health needs of children specifically, injury prevention | | | | | | | | | | women's issues | 2 |
| Total | 7 | 15 | 5 | 5 | 3 | 3 | 4 | 2 | 9 | 5 | 2 | 15 | 75 |

Appendix VIII

Additional Health Policy Focus Areas

Additional Health Policy Focus Areas

| | |
|----|--|
| 1 | Depression and suicide; domestic violence |
| 2 | Expanding the role of free clinic for access for the uninsured |
| 3 | Linkage of health care (especially hospitals) and services to elders |
| 4 | Obesity reduction |
| 5 | Stress Management |
| 6 | Abstinence, Dental and Birth Control |
| 7 | Teen Parents |
| 8 | poverty and infectious disease |
| 9 | The Uninsured |
| 10 | drowning prevention |
| 11 | Uninsured |
| 12 | All of the above are important issues. |
| 13 | All of the issues are worthy of inclusion. The first, Disease prevention and control, really could be considered as an overall term which includes--or should include--all of the others. |
| 14 | It is all essential and critical. Access to health care is the most important and I never see it on any list!!! THAT is what matters to your average uninsured family and individual! Where and how to get health care! |
| 15 | If you really address disease prevention and control, the other issues will be included. |
| 16 | Access to health care services: barriers such as cost, education & culture; Mental health and stress related health problems; Drug abuse |
| 17 | Mental Health prevention and fitness |
| 18 | Mental health |
| 19 | Choose disease prevention as will include strategies for obesity reduction, physical activity, health literacy, nutrition and tobacco use. |
| 20 | All of the above are critical issues. The problem is there will never be enough resources to address them all. Politically we lack the will to increase taxes to provide resources to address these adequately. Thus, resource allocation becomes paramount. |
| 21 | Chronic Diseases reduction and prevention |
| 22 | Access and use of healthcare for all residents of Miami-Dade County |
| 23 | It is hard to select one are from the above list as they are all important issues, especially resource allocation and literacy. |
| 24 | Health disparity issues |
| 25 | child abuse |
| 26 | I would like to see more information provided to children. I believe that we need to do more to make children aware of the importance of good health. |
| 27 | Prevention and control will include all of the other areas. |
| 28 | health insurance, expanded role of dental hygienists in providing oral health services, Medicaid reimbursement for dental services provided by physicians |