

North Miami-Dade Community Health Initiative

SYNOPSIS



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NORTH MIAMI-DADE COMMUNITY HEALTH INITIATIVE

SYNOPSIS

PROJECT OVERVIEW

This Synopsis provides a brief overview of the *North Miami-Dade Community Health Initiative*¹ and its products, including the North Miami-Dade Community Health Profile and the Final Report and its recommendations. The Initiative is part of an ongoing effort to assess the health care needs in the county. The Miami-Dade County Health Policy Authority (Authority) collaborated with the Health Council of South Florida, Inc. to develop and implement the Initiative. This Initiative, conducted in 2001-2002, examined the current health care delivery system in the 29 zip code area north of NW 20th Street to County Line Road, west to Okeechobee Road, and east to include Miami Beach (see map on previous page). This area is densely populated with more than one million people representing 46% of the county's total population. The Initiative represents one segment of a multi-year project that has created recommendations to enhance the delivery of primary and preventive health care services for the uninsured and underserved in South, Central, and now in North Miami-Dade County.

Using a community-based planning approach, a local task force was formed with representatives from public and private health care providers, community advocacy and faith-based organizations, and local/state government. The task force's yearlong effort led to the formulation of strategies that address the accessibility and availability of care to the uninsured and underinsured. The task force created several documents, as described below, culminating in the Initiative's Final Report.

The first document, the North Miami-Dade Community Health Profile, is a 300+ page quantitative assessment of demographic, socio-economic, and health status indicators by North Miami-Dade area zip codes. The Profile outlines the community health care system, including providers and support services. Thus, this separately bound publication presents a snapshot of the general level of health and health care resources available in North Miami-Dade. The remaining documents, "Community Health Perspectives: A Dialogue with Providers and Consumers," "Small Area Analysis," "Multimedia Education Campaign Packet," and the "Final Recommendations and Action Plan" are contained in the Initiative's Final Report.

To reflect the local community's health care perspective, a series of community-based discussions were conducted. The resulting report, "Community Health Perspectives: A Dialogue with Providers and Consumers," describes a qualitative analysis on the opinions of 509 community members and providers who live or work in the North Miami-Dade area. A series of personal interviews, physician focus groups, and a community forum were conducted as part of the Initiative to elicit individuals' concerns regarding access to primary care. The "Community Health Perspectives"

¹ For more information on the North Miami-Dade Community Health Initiative, please contact the Miami-Dade County Health Policy Authority at 305/585-1287, or the Health Council of South Florida, Inc. at 305/592-1452.

report was greatly enriched with the inclusion of survey and discussion data from the Community Dialogues report, as conducted by the United Way of Miami-Dade on behalf of the Community Voices Miami project. Additionally, findings from The Haitian Population of Miami-Dade County: Needs, Access, and Utilization of Health Care Services report have been incorporated and provide a rich source of data. This information greatly enhances the role of the “Community Health Perspectives” report in describing the health care needs of the understudied Haitian population. Taken together, these three distinct yet complementary data sets form the basis of the “Community Health Perspectives” report.

Another component included in the Final Report is the “Multimedia Education Campaign Packet,” which was developed as a user-friendly tool-kit for organizing a multimedia education campaign. The materials have been formatted for ease of dissemination and provide information on existing health programs, program eligibility, and the appropriate use of the health care system. The “Multimedia Packet” provides interested local community organizations guidance on educating community members on the appropriate way to access primary care and on applying for public health care benefits. The kit contains slide presentations to be used by local organizations, a trilingual health care resources brochure developed in English, Spanish and Haitian Creole to depict the primary care centers in North Miami-Dade, and communication scripts developed for TV, radio, and print media to educate the community on the appropriate use of the health care system.

The Final Report’s “Small Area Analysis” consists of a review of supplemental information from the Agency for Health Care Administration on the uninsured population as contained in the Florida Health Insurance Study (2000). The percentage of non-elderly residents who are uninsured is presented graphically by zip code, revealing that North Miami-Dade area residents exhibit a lower percentage of insurance than residents in the rest of the county.

The last component, the “Final Recommendations and Action Plan,” incorporates findings and recommendations from the Profile and the “Community Health Perspectives” report with task force review and input. Drawing from the findings comprised in these reports, the task force identified a number of health concerns and policy issues that can be addressed through local community action. To help guide these efforts, a set of 19 recommendations were formulated concerning the identified health needs of local residents. The final recommendations have been divided into eight Community Education and Outreach and eleven Health Care and Supportive Services recommendations. These community-driven strategies are designed to promote service delivery enhancements and improve the health of residents in the North Miami-Dade area. They serve as a critical component of the Final Report and offer a blueprint for implementing changes to improve access to health care for North Miami-Dade residents. The final recommendations are presented at the end of this Synopsis.

HIGHLIGHTED RECOMMENDATIONS

This portion of the Synopsis represents a selection of five final recommendations. Relevant findings are discussed with further elaboration on strategies to achieve these recommendations, followed by outcome examples.

Community Education and Outreach Recommendation

Support outreach initiatives to promote greater awareness and education to consumers on the wide array of services available and the eligibility requirements for public health care services.

It was noted in the personal interviews conducted for the “Community Health Perspectives” report that the majority of respondents were familiar with the Medicaid and KidCare programs. However, nearly one-fifth of the uninsured interviewees had not heard of these programs and were unaware of services/insurance for which they may qualify and how to access them.

Physicians and other medical providers stated that one of the major barriers to accessing primary care services was the lack of consumer knowledge/education. They were supportive of expanded educational programs and an enhanced array of service offerings. A number of physicians also expressed concern that poverty guidelines are set too low, thus disqualifying disadvantaged people from sliding fee scale eligibility. Moreover, they expressed the need to build customer confidence in seeking care in the most appropriate setting and being directed to available programs to reinforce compliance with healthy lifestyles and practices.

The “Small Area Analysis” indicates high percentages of non-elderly uninsured in low-income areas in the south-central portions including Liberty City (zip codes 33142, 33147), Little Haiti (zip codes 33127, 33137), and Miami (zip code 33150). Additionally, in the Profile, various levels of income in certain areas imply a correlation between health status and social indicators. Implications that may tie lower per capita incomes with specific health indicators include four areas of the community that consistently show disproportionately high levels of health and social indicators. The areas which exceed the total Miami-Dade County rate for a majority of the ten leading causes of death are: Allapattah/Brownsville/Melrose/Liberty City (zip code 33142); Liberty City (zip code 33147); Opa-locka (zip code 33054); and Little Haiti/Wynwood/Miami (zip code 33127).

Throughout the Initiative process, the need to disseminate primary care resource information was clearly articulated. The strategies to achieve this recommendation include the dissemination of the Health Care Resources Brochure. The task force recommends that residents be informed of the various public health care programs (e.g., Medicaid, KidCare) for which they may qualify. This can be achieved by publishing and disseminating public health care eligibility criteria for citizens, legal residents and undocumented individuals. Physicians and other providers participating in focus groups advocated that various communication channels should be used to maximize education efforts. This could be advanced via collaboration with other programs such as the Immigrant Health Access Improvement Initiative and the Miami-Dade County Refugee Task Force to disseminate information on health programs available to new arrivals (e.g., the Human Service Coalition’s Immigrant’s Health Care Access Guidelines). An outcome example could be radio broadcasted public service announcements, which is an appropriate information venue for specific population

groups such as the Haitian community. Another outcome would be the reduction of misperceptions about eligibility and citizenship requirements/legal status.

Targeted Prevention Programs Recommendations

Increase access to prenatal care services, particularly for low-income areas where the percentage of mothers receiving late or no prenatal care are high (e.g., zip codes 33054, 33127, 33142, 33147, 33150, and 33168).

Increase prevention education programs throughout the community and encourage the creation of population-specific educational materials directed at adults, elders, recent arrivals and the disabled populations. These targeted efforts should promote awareness about the consequences of unhealthy habits for some of the most serious health conditions found in the North Miami-Dade area (HIV/AIDS, STDs, suicide and teenage pregnancy), as well as chronic diseases such as heart disease, cancer, stroke, chronic obstructive pulmonary disease and diabetes.

It was noted in the Profile that problems concerning poverty and lack of education regarding the importance of prenatal care may lead to poor birth outcomes in some geographic areas. The North Miami-Dade area exhibited a higher risk on many maternal and infant health indicators as compared to the remainder of the county. For example, the initiation of prenatal care during the first trimester ranked lower for the area as a whole, with 83.3% of pregnant women seeking care compared to the remainder of the county at 88.2%. The Healthy People 2010 target is 90%.

During the personal interviews and Community Dialogues portion of the “Community Health Perspectives” report, respondents identified difficulty in obtaining obstetrical and gynecological services as one of the major barriers to accessing care. Physicians perceived the major gaps in prenatal care to include the lack of prenatal care providers available through health care centers and the long waiting lists for obstetric services. They also noted that many women utilized Medicaid’s presumptive eligibility clause toward the end of their pregnancy to obtain late prenatal care and delivery services, thus foregoing early prenatal care. A number of physicians recommended an increase in the number of prenatal care service providers available in the area.

Physicians felt that in order to mitigate the issue of high rates of live births to unwed mothers and to teens in some areas within the central “I95” corridor, educational programs targeted at teenagers should be expanded (e.g., provide programs through the school system, school-based clinics and social service agencies). Some physicians also noted that teenagers’ access to primary care services and gynecologists should be increased and that parental consent barriers to teenagers accessing birth control through health care centers should be examined.

In order to address the issue of high death rates due to HIV/AIDS in the North Miami-Dade area, as well as to lower the high morbidity rates for sexually transmitted diseases within the south-central portion of North Miami-Dade, physicians recommended that programs be developed to identify patients at earlier stages of disease progression; that social problems (e.g., poverty, drug use) leading to medical outcomes be addressed; that social support services (e.g., case managers, psychologists) be enhanced through increased funding; and that social support programs be tailored to meet patient

needs (e.g., provide home care services). Overall, physicians heavily supported outreach programs designed to improve access to prenatal care and promoting appropriate emergency room utilization. In the “Community Health Perspectives” report, most physicians interviewed placed the value of adequate and appropriate education for patients - either specific health education or general public education - above all other concerns. They felt that patients were often unaware of the many health care services that are available to them and that they were uninformed on the value of prevention and early intervention. During the personal interviews, consumers were also seeking a greater dissemination of information on available health services.

Action strategies to achieve recommendations related to prenatal care services include supporting the work of the Healthy Start Coalition and developing health policy recommendations to enhance Medicaid’s presumptive eligibility policy. This would lead to the outcome of reducing the incidence of pregnant women seeking late prenatal care.

Recommendations and action strategies have resulted which support focused/tailored prevention education efforts (e.g., on chronic diseases and HIV/AIDS, STDs, and teenage pregnancy) that are culturally sensitive and conducted in varied settings. Strategies to achieve this recommendation could be the construction of educational sessions devoted to teaching nutrition, disease prevention and disease management, utilizing the ideal settings of churches/synagogues (faith community), local universities and health care providers. Additionally, public service announcements should be designed on healthy lifestyles and their impact on health for both children and adults. This outreach effort should be conducted in three languages (English, Spanish and Haitian Creole) and could not only be disseminated via the local cable television station and radio stations, but also be developed for the print media and the Internet. Other mechanisms could be brochures, flyers and posters providing this information to schools, children and families service agencies, grocery stores, faith-based organizations and other respected community groups. Examples of the resulting outcomes could be a collaborative initiative in Liberty City focused on promoting disease prevention and health maintenance, e.g., for diabetes; a series of public service announcements to be utilized by the local media outlets; and the dissemination of educational materials on infectious diseases that are tailored to incarcerated individuals.

Mental Health Services Recommendation

Work with the Alliance for Human Services and the Mental Health Association of Dade County to match mental health resources (including alcohol, substance abuse and domestic violence programs) with identified needs of high-risk populations by geographic area.

The Profile drew attention to the potential implications that may tie a lack of mental health services with high suicide death rates. The North Miami-Dade areas of Hialeah Gardens/Hialeah/Miami Lakes (zip code 33018) and Bal Harbor/Bay Harbor Islands/Surfside/Indian Creek Village (zip code 33154) reported the highest and second highest suicide death rates in the North Miami-Dade area, yet there are no mental health support services located within these zip codes. The Department of Children and Families contracts with 88 mental health and/or substance abuse providers in North Miami-Dade. The majority, however, are located in the south-central portion of the North Miami-Dade area and only a little more than a quarter (23) of these programs offer mental health services. In the “Community Health Perspectives” report, physicians perceived that one of the major health care service gaps in the North Miami-Dade area was a lack of mental health services. Specifically,

when asked if there are adequate crisis intervention, mental health and substance abuse services available to residents in North Miami-Dade areas experiencing high suicide rates, physicians at one site believed that there was a lack of access to psychiatrists and limited availability of mental health services available through health care centers. During the personal interviews, residents stated that mental health, along with dental, pharmaceutical and emergency services were needed. Additionally, in the Community Dialogues report, participants identified several health problems in their community, including chronic illnesses (e.g., diabetes) and mental illness. They expressed the desire for a broader array of oral health, mental health and emergency services in their communities.

Hearing the residents' concerns and reviewing the data related to mental health care, the task force recommends that the Alliance for Human Services and the Mental Health Association of Dade County work to match mental health resources with identified needs by geographic areas beyond the saturated south-central portion, specifically in the western, northern and eastern areas of the county. The strategies to achieve this recommendation could include hosting a meeting with the Alliance for Human Services and the Mental Health Association to compare and contrast needs and resources. Additionally, advocacy is needed for the expansion of mental health, substance abuse, and combined programs available through the Department of Children and Families contractual service providers. Advocacy efforts should also be concentrated on obtaining mental health parity. The resulting outcomes may include the passage of a mental health parity bill and expanded mental health coverage.

Health Care Planning Recommendation

Encourage information sharing and joint planning efforts between local community-based organizations, local universities and the local health department.

The task force recognizes that there are several local entities that have overlapping health planning roles. These include the Public Health Trust, the Miami-Dade County Health Policy Authority, the Health Council of South Florida, Inc., the Alliance for Human Services, the Miami-Dade County Health Department, the University of Miami School of Medicine, Community Voices Miami and the Mayor's Health Care Access Task Force. With this in mind, the task force encourages that information be shared and that health planning efforts be conducted collaboratively among local community-based organizations, universities, and the health department.

One strategy to achieve this recommendation is to collaborate with the Health Council of South Florida, Inc., the University of Miami and the Miami-Dade County Health Department to develop a data warehouse with uniform standards and protocols for health planning, research and local community initiatives. Another strategy offered is to collaborate with other task forces (such as the Mayor's Health Care Access Task Force) that are addressing similar health issues to reduce duplication of efforts. An outcome that could result from this effort would be the availability of a comprehensive data warehouse accessible via the Internet for public use.

FINAL RECOMMENDATIONS

TAILORING COMMUNITY EDUCATION AND OUTREACH

- ❖ Support outreach initiatives to promote greater awareness and education to consumers on the wide array of services available and the eligibility requirements for public health care services.
- ❖ Increase prevention education programs throughout the community and encourage the creation of population-specific educational materials directed at adults, elders, recent arrivals and the disabled populations. These targeted efforts should promote awareness about the consequences of unhealthy habits for some of the most serious health conditions found in the North Miami-Dade area (HIV/AIDS, STDs, suicide and teenage pregnancy), as well as chronic diseases such as heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes.
- ❖ Foster partnerships with local universities, churches, and health care providers to launch neighborhood health improvement activities.
- ❖ Advocate for increased funding for health education and prevention.

ACCESSING PRIMARY CARE AND SUPPORTIVE SERVICES

- ❖ Increase access to prenatal care services, particularly for low-income areas where the percentage of mothers receiving late or no prenatal care are high (e.g., zip codes 33054, 33127, 33142, 33147, 33150, and 33168).
- ❖ Advocate for school-based health services in North Miami-Dade.
- ❖ Advocate for additional Federal, State, local and private funding for health care coverage.
- ❖ Work with the Alliance for Human Services and the Mental Health Association of Dade County to match mental health resources (including alcohol, substance abuse and domestic violence programs) with identified needs of high-risk populations by geographic area.
- ❖ Advocate for affordable and reliable transportation, as well as increased transportation services and vouchers in areas of need.
- ❖ Advocate for free or low-cost quality childcare to low-income families in geographic areas of need as well as increased access to licensed childcare facilities in areas of highest concentration of children.

FORGING PARTNERSHIPS

- ❖ Foster collaboration with the business community to expand community education and outreach efforts.
- ❖ Encourage public/private partnerships with primary care centers to disseminate health information and other educational initiatives throughout identified areas of need within North Miami-Dade.
- ❖ Establish relationships with physicians in the community so that their role is key to distributing resources and maximizing their capacity in the community.
- ❖ Support the HRSA Community Access Program (CAP) Initiative.

SETTING OUTCOME BENCHMARKS

- ❖ Endorse Healthy People 2010² and its goals to (1) increase quality and years of healthy life and (2) eliminate health disparities.
- ❖ Advocate for increased cultural sensitivity and competency among providers by encouraging them to develop linguistically and culturally appropriate services in concert with public health, social services and school systems.

PLANNING STRATEGICALLY

- ❖ Encourage information sharing and joint planning efforts between local community-based organizations, local universities, and health department.
- ❖ Advocate for the development of a cost-benefit analysis to determine how needed health services can be financed.
- ❖ Support the development of an emergency room study that is community specific and reassesses the underlying causes for the inappropriate use of emergency rooms. Furthermore, in order to decrease the inappropriate use of hospital and emergency services, provide eligibility screenings for health care coverage, disseminate patient education materials on the appropriate use of emergency services, as well as provide information on health services, insurance, and transportation options available to assist in reducing the cost of medical care.

² A comprehensive set of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Available at: www.health.gov/healthypeople.