

“What We Do & Why It Matters”

Inside The Health Council of South Florida:

Summary Report

June 2025



Executive Summary

On June 17, 2025, the HCSF hosted a virtual public meeting highlighting our services to the community. Out of the 64 community partners who registered for this meeting, 40 attended. Our team had the opportunity to share the different types of public health services provided to the community and how we align our involvement in all projects with our mission and values. The following summary report expands on our public meeting and describes each project in detail and provides examples of current and past HCSF projects. Below is a synopsis of the different sections described in the report:

- Introduction to the HCSF
 - Mission and Values
- Data & Health Planning Analysis
 - Community needs Assessments
 - District 11 Health Profile
 - GIS mapping
 - AHCA Hospitalization data analysis
 - Methods, tools, and resources
 - Clusters
 - Focus group facilitation
- Evaluation
 - National Initiative on Health Equity
 - Climate Justice and Care for Creation initiative
- HIV/AIDS Program Services
 - Housing Opportunities for Person Living with HIV/AIDS (HOPWA)
 - Clinical Quality Management for Ryan White Part B
 - Ending the HIV Epidemic
 - Youth Homelessness Demonstration Program (YHDP)
- Program Management & Fiscal Administration
 - Health insurance application and enrollment assist
 - Local Coordinating Board (LCB) – Transportation Disadvantaged
 - Southeast Florida Cancer Control Collaborative (SFCCC)
 - HCSF Online Hospital and Nursing Home Report System

Thank you,

HCSF Team

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Introduction: The Health Council of South Florida (HCSF)

The Health Council of South Florida (HCSF) is one of eleven local health councils created by FS 408.033 to coordinate health services planning across the state. Insofar as the HCSF has determined that health services are and must be based on a foundation of ethics, our strategic goals emphasize reducing disparities in access to care and improving health promotion, with an emphasis on Miami-Dade and Monroe counties.

Mission Statement

Our mission is to be the source of unbiased health and quality of life data and analysis, the preferred partner for quality program planning, management, and evaluation, and facilitator of collaboration in Miami-Dade and Monroe counties.

Since our inception, the HCSF has focused on transforming and improving the health and quality of life of the community we serve, focusing on vulnerable and underserved populations. By remaining true to our core values and principles, the HCSF aligns our programs, projects, and partnerships to leverage maximum impact. The HCSF believes that health access is fundamental to eliminating health barriers, and throughout our storied history, we have taken a collaborative approach to addressing many population health and societal challenges that affect our community. Equally important, the HCSF's Board of Directors and Administration empowers staff to achieve our mission through shared visioning and create a culture of learning and togetherness.

Our Vision

To be the organization of choice that drives public and private sector collaboration, integration and community engagement for programs and policies that support and improve population health and health access in Miami-Dade and Monroe counties.

Our Community Values

Holism – A holistic approach to health recognizes the importance of the contextual whole person, with its interrelated physical, psychological, spiritual, and social interactions in its current environment.

Informed Choice – Individuals have the right to make informed decisions about their health, including personal behaviors, health services and treatment options, and end-of-life care decisions.

Cultural Differences – Our differences are essential components of a healthy and high functioning community. We recognize the responsibility to proactively reduce challenges in health access, clinical outcomes and care provided.

Responsibility – We fully understand that healthy lifestyle practices and behaviors contribute to a person’s overall health and well-being, as well as the health and wellness of our communities as a whole, is the shared responsibility to develop, promote and safeguard all programs and activities that support the health of our communities.

Accountability – Our health care system should be accountable to the public for the quality of healthcare services provided, the effectiveness of health promotion and disease prevention programs, along with the responsible stewardship of our limited resources.

Our Internal Values

The HCSF strives to foster a positive workplace environment that creates a high-performance setting that encourages innovation and creativity. We uphold the following key elements to accomplish this goal:

Respect – We embrace our differences and treat everyone with courtesy, impartiality, and fairness.

Integrity – We operate openly and hold the highest ethical standards.

Responsibility – We are accountable to our community and to each other.

Agility – We are devoted to constant innovation and improvement in our services.

Boldness – We are willing to make tough decisions, and we focus on results to ensure a healthy future for our community.

Collaboration – We communicate and work as a team, and we partner with the community to solve problems.

Dedication – We are proudly committed to providing outstanding customer service.

Commitment – Our employees are our most valuable asset and we are dedicated to attracting, retaining, and supporting the highest quality workforce.

Leadership – We are constantly guided by the best representative leaders in our respective healthcare communities.

Established Community Partnerships

For over 50 years, the HCSF has served the community of Miami-Dade and Monroe counties with a preference towards a collaborative approach. The HCSF recognizes that by collaborating with others the community will benefit through pooling of resources, talent, and time. In many instances, this can create synergy to tackle difficult issues, stretch limited or non-existent resources, improve awareness, and provide a forum for learning. The HCSF has built many trusted relationships and partnerships along our journey, many of whom, have assisted us to achieve our mission. Based on our work, the HCSF is fortunate to have collaborated with local, regional, and national partners. As such, we have leveraged our partnerships to maximize community impact. Some of our collaborative partners are: Allegany Franciscan Ministries, West Kendall Baptist Hospital, United Way of Miami-Dade, Mischon Miami (Greater Miami Jewish Federation),

Alliance for Aging, Thriving Mind South Florida, Florida Department of Health Miami-Dade, National Council on Aging, Conduent Healthy Communities Institute, Miami-Dade County, Health Foundation of South Florida, Kidcare, Florida CHW Coalition, FIU, City of Hialeah, Florida Association of Free and Charitable Clinics, Consortium for a Healthier Miami Dade.

Data & Health Planning Analysis

Examples of Projects

Mobilizing Action through Planning and Partnership (MAPP) Process for FDOH-Miami-Dade County and FDOH-Monroe County

The HCSF has been actively involved in community-wide health needs assessments and surveys during the past year. These projects have served various entities within Miami-Dade and Monroe Counties, including cities, regions, and community and governmental organizations.

Two of the major community health assessments conducted by HCSF included assistance with the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for the Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) and the Florida Department of Health in Monroe County (DOH-Monroe). These reports are completed by county health departments in the state of Florida every 5 years. The HCSF followed the Mobilizing Action through Planning and Partnership (MAPP) framework, outlined by the National Association of County and City Health Officials (NACCHO), to organize the steps involved in creating these plans.

For DOH-Miami-Dade, the HCSF was specifically tasked with analyzing data for the Community Context Assessment (CCA) among county residents representing all 13 zip code clusters. In February 2025, the HCSF completed and submitted the CCA report to DOH-Miami-Dade. The HCSF has also assisted DOH-Miami-Dade staff with revising their community well-being survey, which they distributed to county residents to gather data on their most urgent health concerns. Current CHA and CHIP efforts are still underway for Miami-Dade County.

For DOH-Monroe, the HCSF was tasked with completing the Community Partner Assessment (CPA) and Community Context Assessment (CCA), which are two of the three major assessments to be completed for the CHA report. The CPA involves conducting meetings with community leaders to better understand community strengths and resources. The CCA entails conducting focus groups with county residents to hear about pressing community needs from their perspectives. Once the series of meetings for the CPA and CCA were completed, the HCSF then analyzed data and produced full reports on both processes. In addition, for the CHIP process, the HCSF conducted community meetings for prioritization and goal setting. The final CHA and CHIP reports were submitted by DOH-Monroe in 2024.

Allapattah Needs Assessment

This initiative is a collaboration with the Florida Blue Foundation and Florida International University's Green Family Foundation NeighborhoodHELP program to implement an improved health model within Allapattah. Both qualitative and quantitative data collection will be employed to capture a comprehensive portrait of the community, ensuring that we have a deep understanding of the community dynamics. This is necessary to address the needs expressed by Allapattah residents and to promote effective action based on the results of the needs assessment process and this project is ongoing

Alliance for Aging

Alliance for Aging (AFA) conducts an annual client satisfaction survey of customer-facing services. In service to their mission of promoting and advocating for optimal quality of life for older adults and their families, the HCSF administered the survey from June to August 2024. Upon collecting the data, the HCSF then analyzed findings and compiled a summary report. Both quantitative and qualitative data were gathered on topics such as caregiving, employment, housing, independent living, transportation, social inclusion, outdoor spaces, community technology, health services, social participation, civic engagement, and disaster preparedness.

District 11 Health Profile

The HCSF has played an active role in the development of the District 11 Health Profile, which displays key social determinants of health indicators that reflect or contribute to health and wellness in Miami-Dade and Monroe counties (District 11). Indicators are organized into thirteen general sections ranging from population demographics and social and economic factors to measures of health status. Our objective is to identify and document the ten leading causes of death and high-cost emergency department visits within District 11. This initiative aims to provide a comprehensive understanding of the predominant health challenges faced by the population, thereby facilitating informed decisions for targeted interventions and resource allocation. Data collection includes various local sources as well as our data platform, Miami Matters.

Data Sources

Miami-Dade Matters

Miami-Dade Matters is an online data platform that provides health and quality-of-life indicators for Miami-Dade and Monroe Counties. It was launched in 2010 as an initiative of the HCSF to provide open data, program management, and community resources to South Florida. As an online data repository, it includes demographic data for Miami-Dade and Monroe Counties, over 1,000 health and social data indicators, and GIS heat maps illustrating the dispersion of various indicators across Miami-Dade County. Miami-Dade Matters also features information on funding opportunities, the Affordable Care Act, Healthy People 2030, promising practices for improving community health and quality of life, and local community resources. A notable feature on the Miami-Dade Matters platform is the Health Equity Index (HEI), which is a measure of socioeconomic need that is correlated with poor health outcomes. The HEI can help determine areas of Miami-Dade County that are at higher risk of poor health outcomes than others. In terms of user traffic, between March 1, 2024, and May 20, 2025, Miami-Dade Matters reported 24,118 new users, 26,547 user sessions, and 71,049 page views.

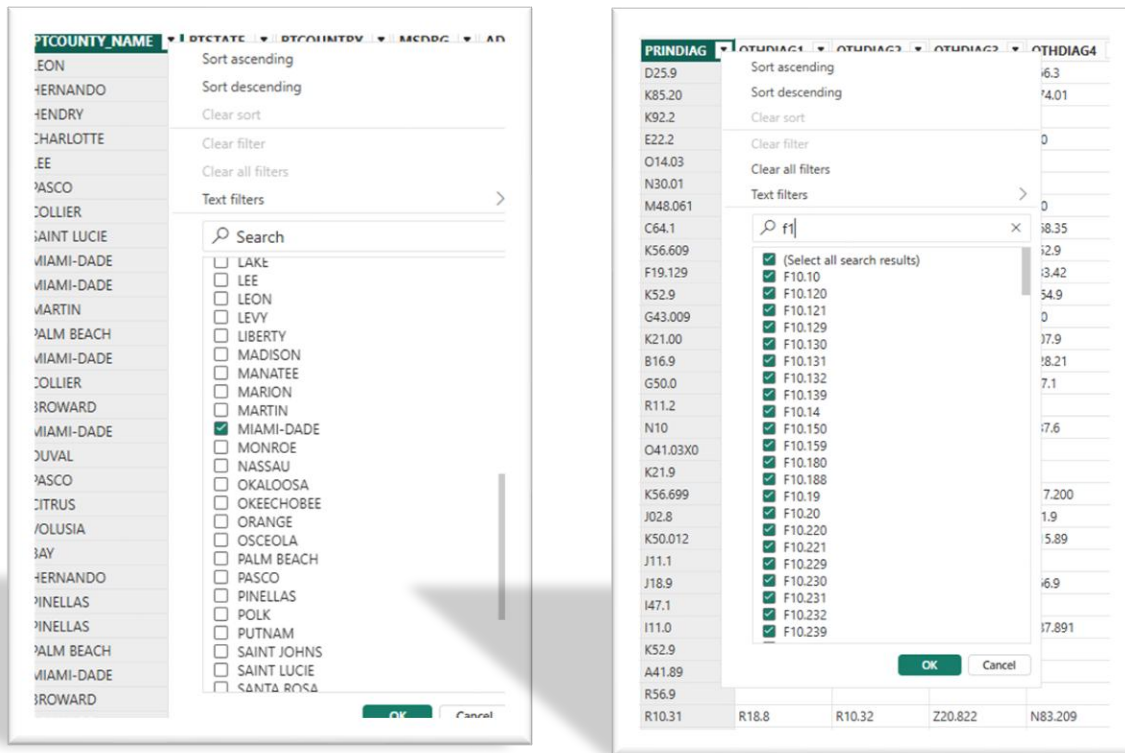
AHCA Hospitalization Data

With over 50 years of experience working with the Florida Agency for Health Care Administration (AHCA), on the Certificate of Need (CON) process, the HCSF is well-positioned to assist the community with emerging data and business intelligence needs associated with ambulatory, inpatient, and Emergency Department (ED) utilization data. Through this partnership with the State Agency, the HCSF has access to the most recent hospitalization data for the state of Florida, a robust dataset which also allows our team to assess the needs of the community and to develop the District 11 Health Profile to understand and highlight the health status of our community in Miami-Dade and Monroe counties. The dataset contains up to 30 diagnosis and procedure codes regardless where they occur in the patient discharge record (e.g., Primary diagnosis, Other diagnosis instance), as such comprehensive queries can be developed based on all ICD-10 codes and different levels of stratification, such as hospital name, patient county, zip code of residence, sex,

race, age, discharge status, payer source, among several others.

Due to large size of the hospitalization dataset shared by AHCA, the HCSF imports all three (3) data files (inpatient, ED, and ambulatory) to Microsoft Power BI, a business intelligence tool which generates interactive dashboards and reports allowing the HCSF team to manage the data effectively and efficiently. The HCSF employs Power BI in conjunction with Microsoft Excel to create pivot tables and query the data even further (i.e., once the data is filtered in Power BI, it is then exported to Microsoft Excel and customized based on a specific project). The following example depicts how hospitalization data is filtered in Power BI based on principal diagnosis for mental and behavioral health (ICD-10 codes) associated with psychoactive substance abuse for patients residing in Miami-Dade County (please refer to Figure 1).

Figure 1—Power BI Filtering Process: Mental & Behavioral Health Disorders (ICD-10 F10-F48)



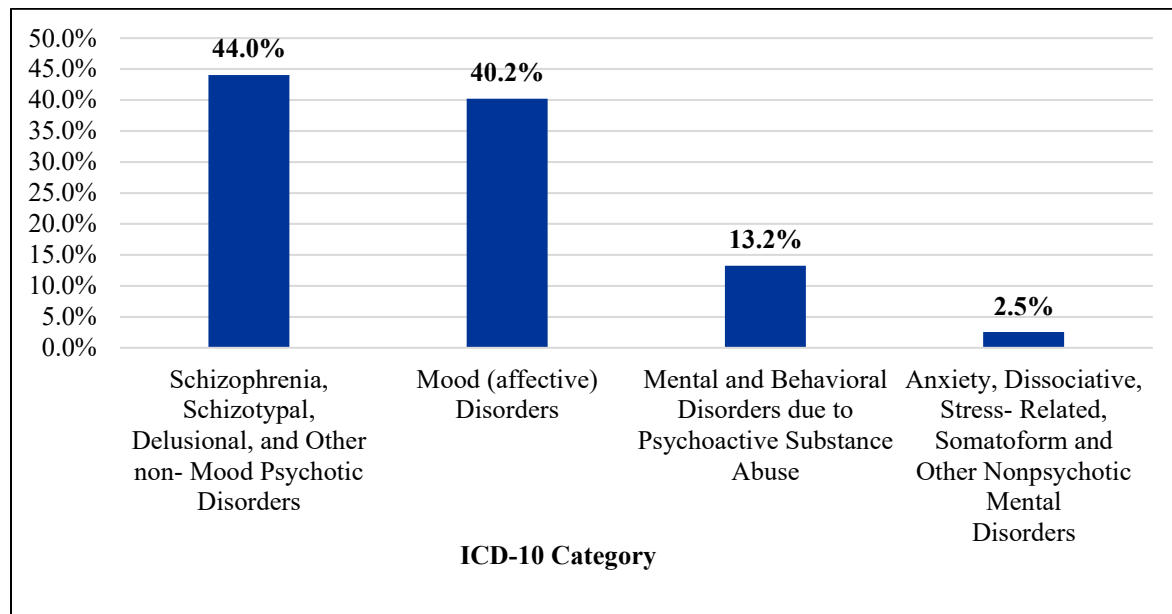
The same process is followed for all other mental health diagnosis (F20-F48). Table 2 depicts all data retrieved from Power BI once all pertinent mental health ICD-10 codes have been filtered in the database (F10-F48). Of note, “other diagnosis instances” reflects a mental health diagnoses in the patient's record not captured as a primary diagnosis (i.e., a patient may have been diagnosed with an external injury at the time of admission and upon further evaluation by a physician, a mental health condition is subsequently diagnosed). In 2023, the highest number of mental health discharges were attributed to schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders (11,625) which account for 44% of the total (Table 2 and Chart 1) of discharges due mental health disorders.

Table 1—Hospital Inpatient Discharges due to Mental Health Disorders, Miami-Dade County, 2023

ICD-10	Description	Primary Diagnosis Hospitalizations	Other Diagnosis Instances						Primary & Contributing Diagnosis Instances
			1	2	3	4	5	6	
F10-F19	Mental and Behavioral Disorders due to Psychoactive Substance Abuse	3,493	4,384	5,867	6,223	6,198	5,618	4,912	36,695
F20-F29	Schizophrenia, Schizotypal, Delusional, and Other non- Mood Psychotic Disorders	11,625	1,249	1,283	1,050	860	750	617	17,434
F30-F39	Mood (affective) Disorders	10,612	2,105	2,551	2,520	2,309	2,172	2,172	24,441
F40-F48	Anxiety, Dissociative, Stress-Related, Somatoform and Other Nonpsychotic Mental Disorders	668	1,818	2,719	3,054	3,038	2,940	2,846	17,083

Source: AHCA, Hospitalization Database, 2023

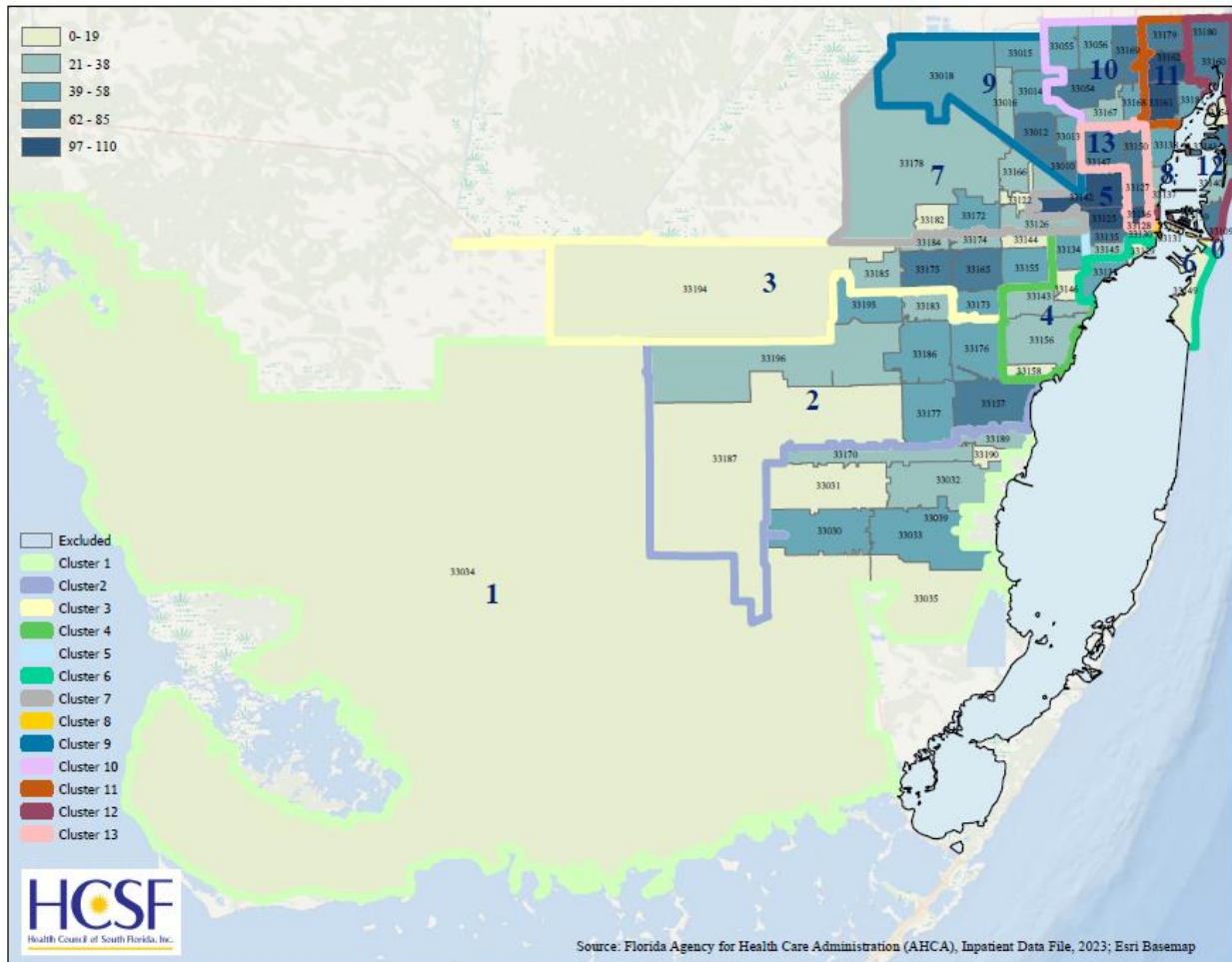
Chart 1—Percentage of Discharges due to Mental Health Disorders as a Principal Diagnosis, Miami-Dade County, 2023



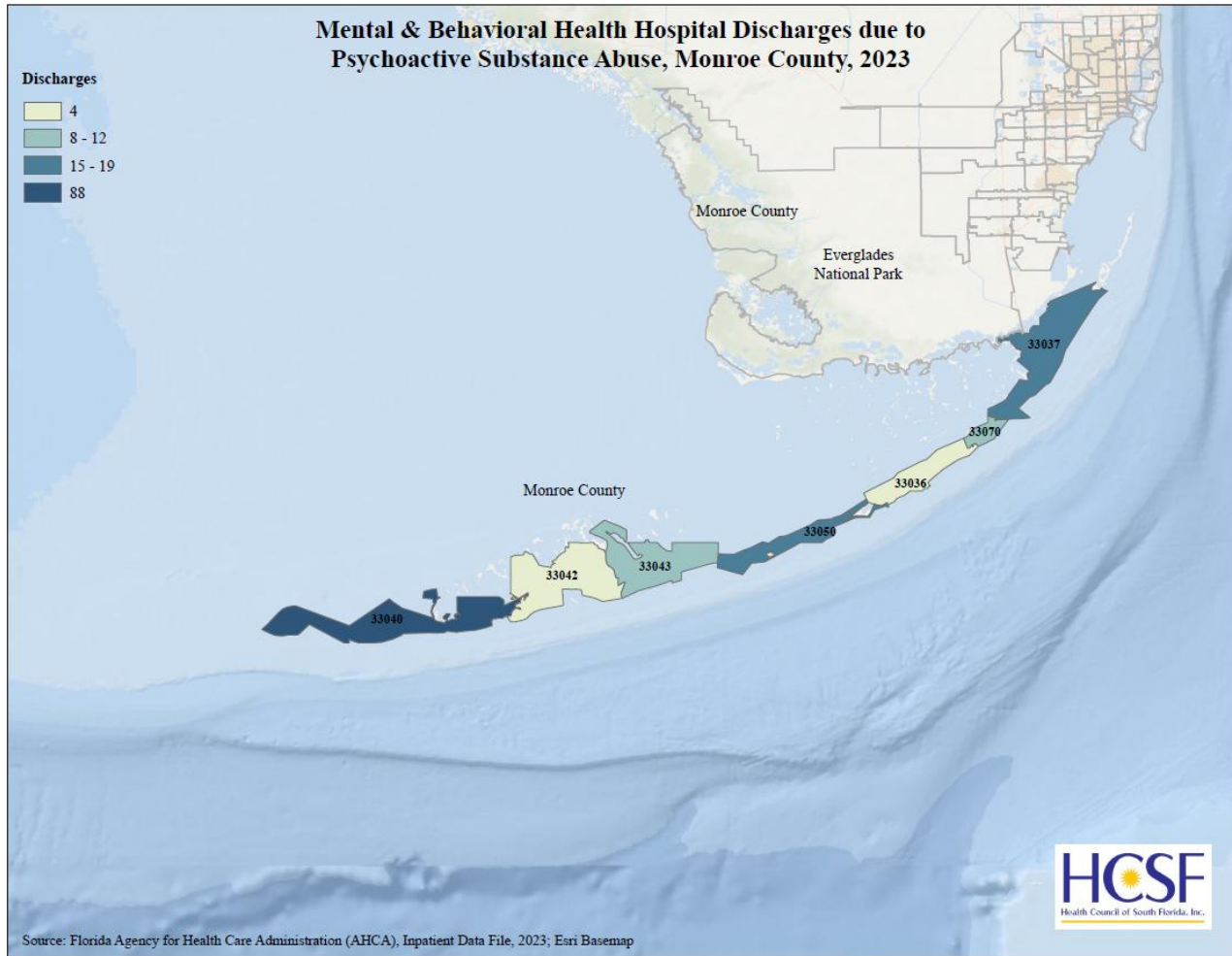
Map 1 illustrates the geographic distribution of hospital discharges in Miami-Dade County attributed to ICD-10 codes F10-F19, which represent mental and behavioral health discharges due to psychoactive substance abuse. As shown on the map, the highest number of discharges in Miami-Dade County derive from Cluster 5 (Brownsville/Coral Gables/Coconut Grove) and Cluster 11 (North Miami/North Miami Beach) represented by the dark blue color. By comparison, there were a total of 153 discharges in Monroe County due to this condition, with the highest proportion originating from Key West (57.5%), followed by

Key Largo (12.4%), and Marathon (9.8%). Map 2 shows the geographic distribution of these discharges in Monroe County.

Map 1—Mental & Behavioral Discharges due to Psychoactive Substance Abuse, Miami-Dade County, 2023



Map 2—Mental & Behavioral Discharges due to Psychoactive Substance Abuse, Monroe County, 2023



Methods, Tools, & Resources

Focus Group Facilitation

To gather qualitative data for needs assessments, HCSF often conducts focus groups composed of individuals representing the populations of interest (e.g., specific communities/zip codes). Conducting focus groups involves the recruitment of community members and/or leaders. Focus groups meet either in person or virtually (e.g., via Zoom). In typical focus group settings, a facilitator leads the group through a list of questions pertinent to population health and the area of concern (e.g., community perceptions of neighborhood strengths and weaknesses, knowledge about particular diseases or conditions, availability of community support). Focus group sessions are typically audio recorded and transcribed, with transcripts later analyzed for overarching themes. These themes, along with notable quotations from the focus group sessions, are detailed in final reports.

Miami-Dade County Clusters

In 2013, in partnership with Professional Research Consultants (PRC), the Health Foundation of South Florida, and Florida Department of Health in Miami-Dade County (FDOH-MDC), the Health Council of South Florida (HCSF) developed 13 neighborhood clusters including one oversampled cluster (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) consisting of financially and socially disadvantaged zip codes experiencing adverse health outcomes due to the Social Determinants of Health (SDoH). The following rationale was employed to develop the 13 clusters:

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

The 13 clusters are used by the HCSF as a geographical reference in GIS mapping to highlight the needs of residents in Miami-Dade County and to understand the disproportionate distribution of preventable hospitalizations and health inequalities experienced by vulnerable clusters (e.g., clusters 5 and 13) in comparison to less susceptible communities in the County (e.g., age-adjusted hospitalization rates due to long-term complications of diabetes). As such, the clusters are referenced in program evaluation, in the assessment of our local public health system, to geographically visualize the distribution of the Health Equity Index (HEI) with respect to cluster boundaries; and to depict the needs of specific populations, such as older adults or the uninsured. The following table features the cluster number, respective neighborhood, and zip codes within their delineated boundaries, while Map 3 illustrates cluster distribution, according to their assigned color gradient, within the boundaries of Miami-Dade County. We will reference these clusters in subsequent sections.

Table 2—Clusters According to Neighborhood and Zip Code, Miami-Dade County

Cluster	Name	ZIP Codes Included
Cluster 1	South Dade/Homestead	33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170, 33189, 33190
Cluster 2	Kendall	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
Cluster 3	Westchester/West Dade	33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185, 33194
Cluster 4	Coral Gables/Kendall	33134, 33143, 33146, 33156, 33158
Cluster 5	Brownsville/Coral Gables/Coconut Grove	33125, 33130, 33135, 33142, 33145
Cluster 6	Coral Gables/Coconut Grove/Key Biscayne	33129, 33131, 33133, 33149
Cluster 7	Doral/Miami Springs/Sunset	33122, 33126, 33166, 33172, 33178, 33182
Cluster 8	Miami Shores/Morningside	33132, 33137, 33138
Cluster 9	Hialeah/Miami Lakes	33010, 33012, 33013, 33014, 33015, 33016, 33018
Cluster 10	Opa-Locka/Miami Gardens/Westview	33054, 33055, 33056, 33167, 33168, 33169
Cluster 11	North Miami/North Miami Beach	33161, 33162, 33179, 33181
Cluster 12	Aventura/Miami Beach	33139, 33140, 33141, 33154, 33160, 33180
Cluster 13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	33127, 33128, 33136, 33147, 33150

spatial analysis has supported and continues to support public health efforts, such as immunization management, disease surveillance, outbreak investigations, emergency preparedness and response, community health needs assessments, environmental health assessments, and chronic disease prevention.

According to the World Health Organization (WHO), geospatial analysis in the form of GIS mapping is an integral part of public health as it informs populations about health inequities and improves public health planning and decision-making by analyzing risk factors patterns; identifying, preventing, and controlling diseases; and improving the impact of public health interventions through a monitoring process².

GIS Mapping Employed by the HCSF

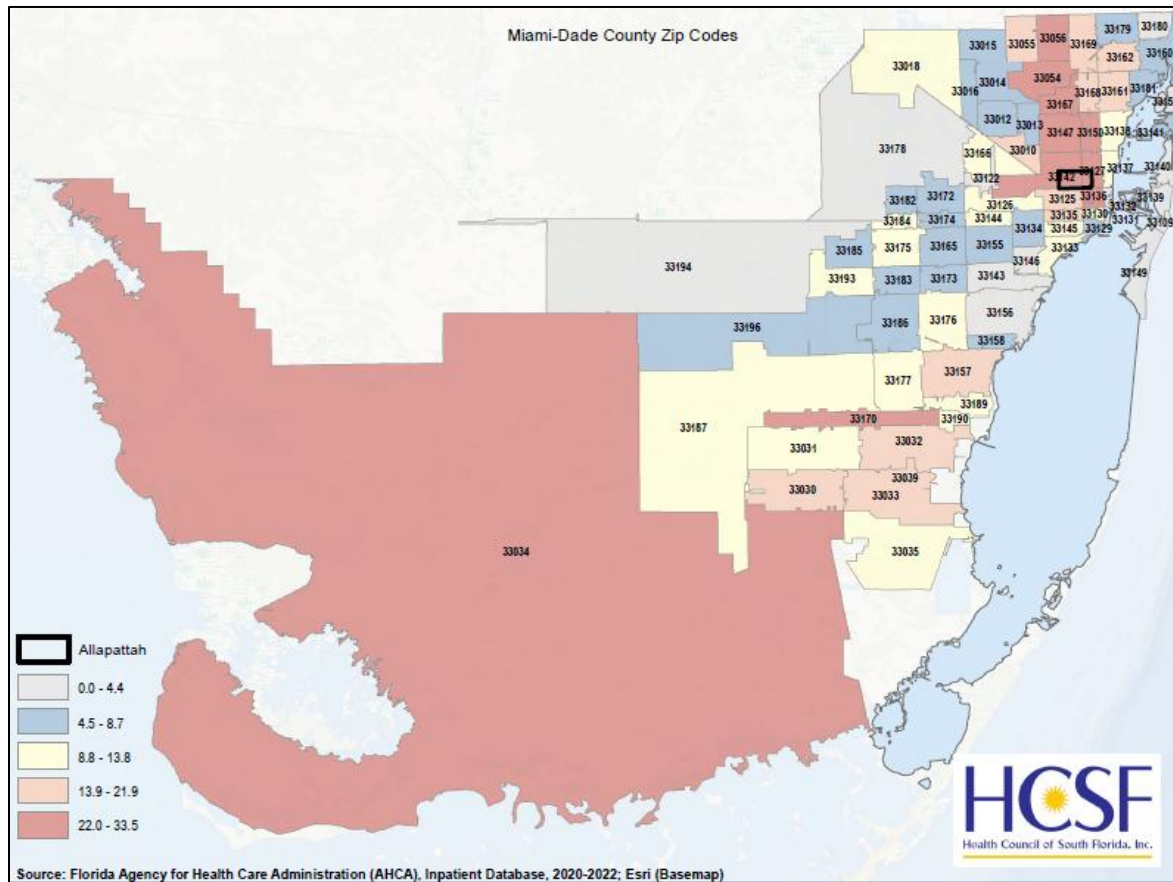
Since its inception over 50 years ago, the Health Council of South Florida (HCSF) has been using GIS mapping in all public health related projects. Depending on the granularity of the data, health and social data can be represented geographically according to zip code, census tract, as well as at the block group level.

Graduated Color and Heat Maps

Using public health data, the HCSF is able to design choropleth or graduated color maps illustrated by varying colors and shading based on the distribution of the data (e.g., higher rates depicted as darker colors). Please refer to Map 4 below for an example of a graduated color map.

² World Health Organization. WHO GIS Centre for Health. [Website]. [Cited 2025 May 14]. Available from <https://www.who.int/data/GIS>

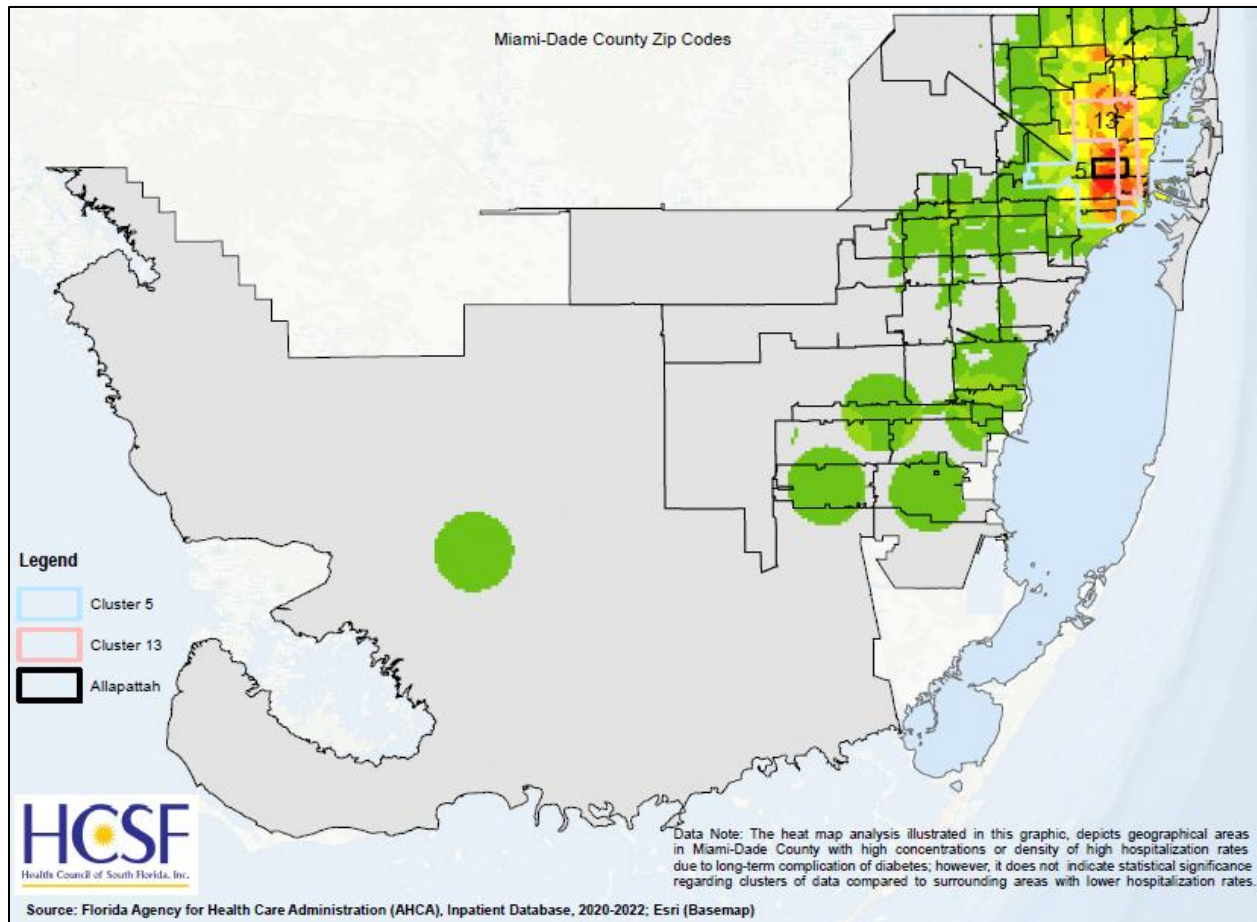
Map 4—Hospitalizations due to Long-Term Complications of Diabetes, Miami-Dade County



Map 4 illustrates the age-adjusted hospitalization rates due to long-term complications of diabetes (2020-2022) by zip code in Miami-Dade County. The dark red colors represent rates in the fifth quintile which range between 22.0 and 33.5 per 10,000 population. Of note, residents of zip code 33142, which is part of Cluster 13 (Downtown/E. Little Havan/Liberty City/Little Haiti/Overtown), experienced a rate of 33.5 per 10,000—three times as high as the rate observed at the county-level at 11.7 per 10,000.

Using the same data depicted in Map 4, the HCSF is also able to generate a heat map. A heat map provides a different perspective compared to a graduated color map. It presents high concentrations of numeric values (e.g., rates) within specific geographical areas, such as clusters. Often times, these numeric concentrations or densities represent values that fall in the fifth quintiles (e.g., highest age-adjusted hospitalization rates), however, depending on the nature of the data, values may concentrate, for instance, between the third and fourth quintiles. As such, the data would need to be interpreted accordingly. Familiarity with the data is an essential component of the GIS mapping process. Please refer to Map 5.

Map 5—Hospitalizations due to Long-Term Complications of Diabetes, Heat Map Analysis, Miami-Dade County



In Map 5, we can observe that high concentrations of age-adjusted hospitalization rates due long-term complications of diabetes or “heat” areas are within clusters 5 and 13 illustrated as bright red and yellow colors. Based on the distribution of the data, these heat areas also represent dense concentrations of high rates due to this condition. In other words, high rates due to this condition tend to concentrate within clusters 5 and 13 and consequently represent heat areas of Miami-Dade County as it relates to long-term complications of diabetes.

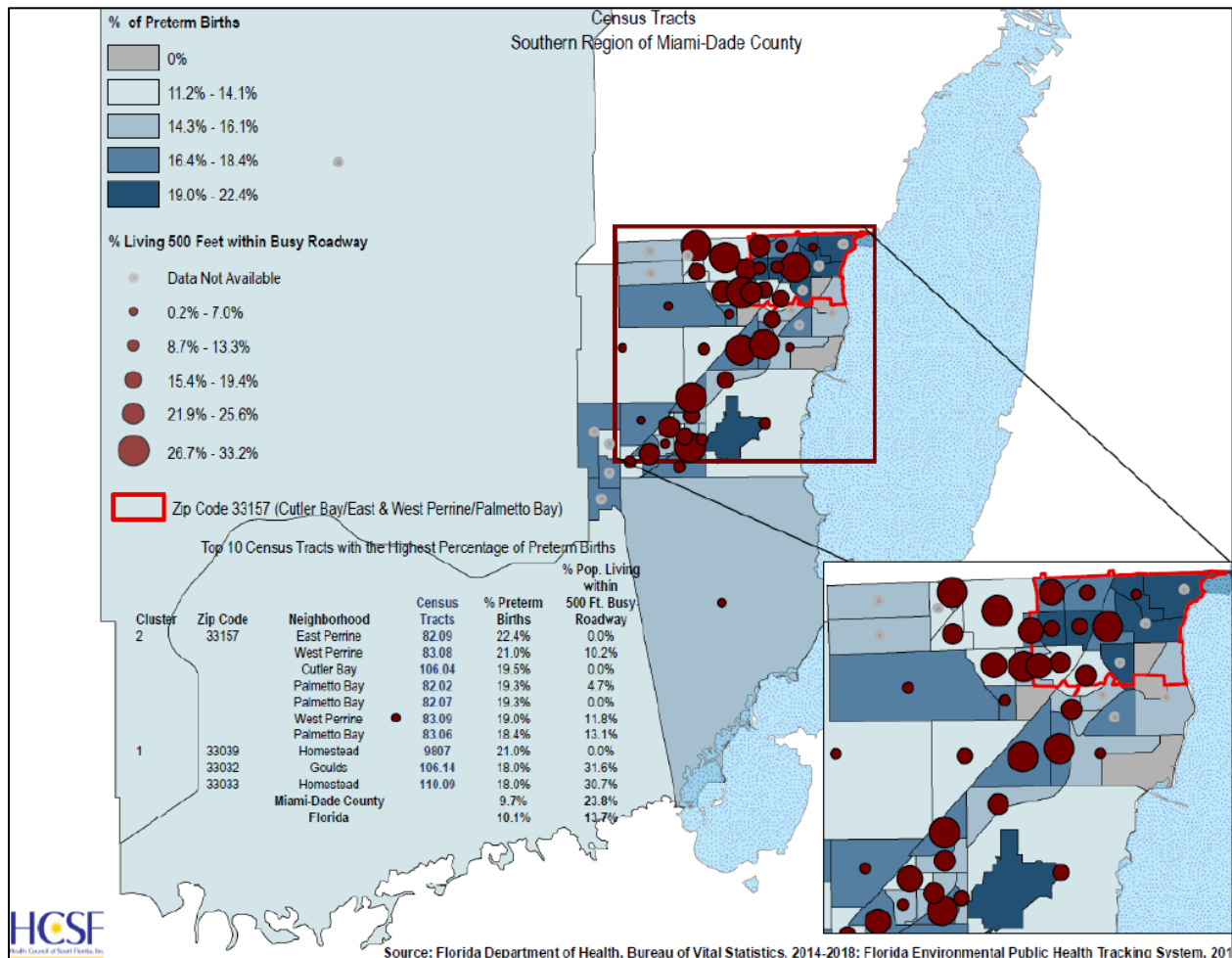
Dual Axis Indicator Map

Understanding how social factors influence the health of residents is an important component of the work that the HCSF carries out as it allows our team to effectively inform the community so that initiatives or interventions could be tailored to address the needs of vulnerable populations. In many cases, social and health indicators are correlated and their compounding effect on at-risk communities could result in detrimental health outcomes long-term. In such instances, the design of dual axis GIS map or bivariate choropleth map is key to better understand the geographic distribution of a health indicator as it relates to a social driver of health. A dual axis indicator map allows for the comparison of two different series of data with different measurement units, helping to reveal relationships, patterns, and trends, which may have been missed on a single axis map³. For example, Map 6 below depicts the distribution of preterm births

³Esri. Introducing Dual-Axis Charts in ArcGIS Dashboards. [Website]. [Cited 2025 May 15]. Available from

(<37 weeks gestation) in the southern region of the County, by census tract, according to the percentage of the population in this geographic area who reside within 500 feet of a busy roadway. The aim of this project was to assess air pollution exposure and whether there is a relationship between poor air quality and maternal and child health. The analysis of this data revealed that there were two (2) census tracts in this region (Goulds and Homestead) which ranked among the top ten census tracts with the highest rates for both indicators (preterm births and proximity to a congested highway). This finding is twofold—it can guide funders where to direct environmental efforts (e.g., environmental justice), and it can also point to the need to implement more resources to increase health care access among pregnant mothers consequently improving maternal and child health outcomes (e.g., full-term births).

Map 6—Percentage of Preterm Births According to the Percentage of the Population Residing within 500 Feet of a Congested Roadway, Miami-Dade County



Geocoding and Resource Inventory

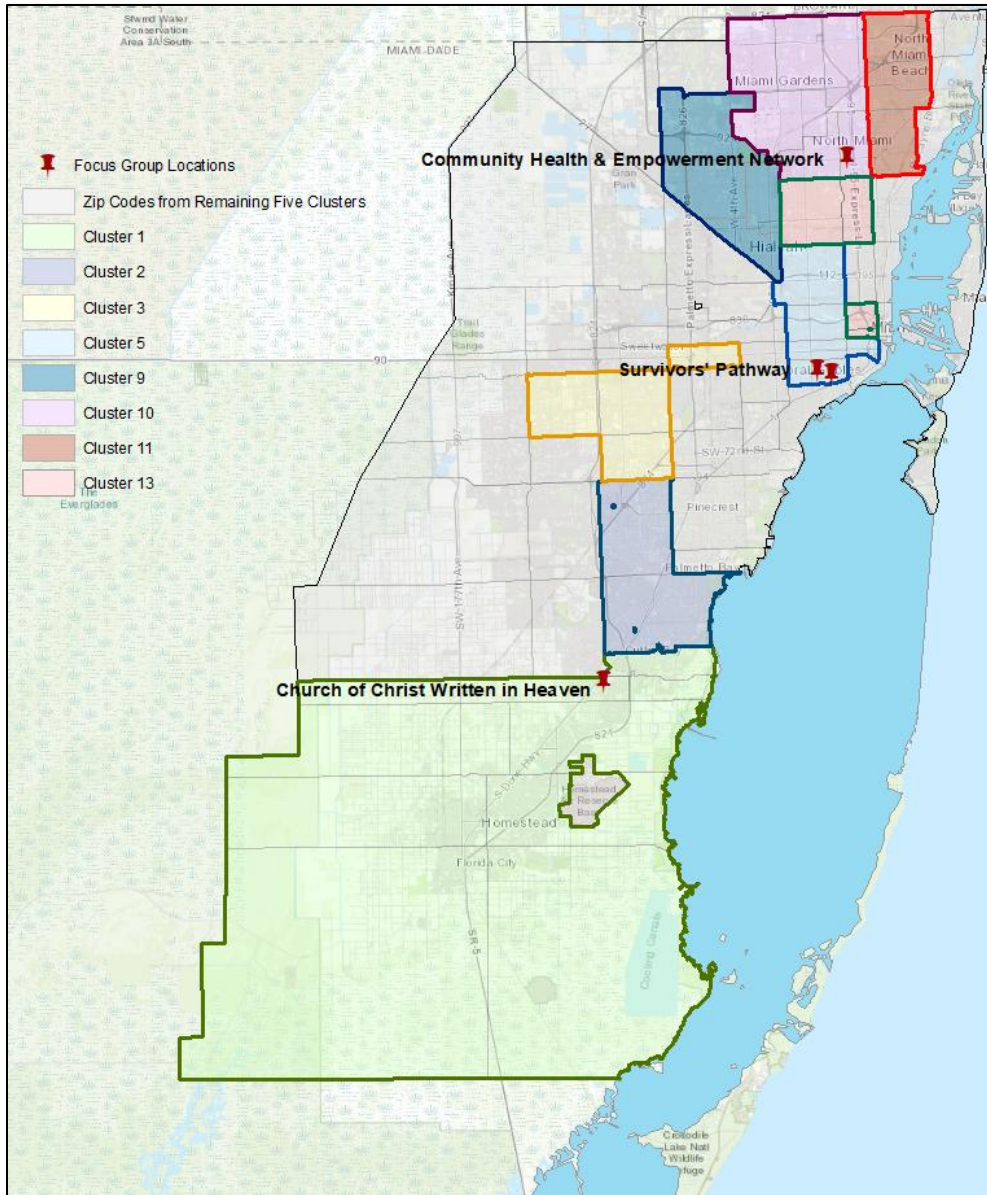
In addition to the design of graduated color, heat, and dual axis maps to identify and inform the community about the needs of its residents, the HCSF team also applies GIS mapping analysis to complement other

<https://www.esri.com/arcgis-blog/products/ops-dashboard/analytics/introducing-dual-axis-charts-in-arcgis-dashboards#:~:text=Dual%2Daxis%20charts%20allow%20you,comparable%20on%20a%20single%20axis.>

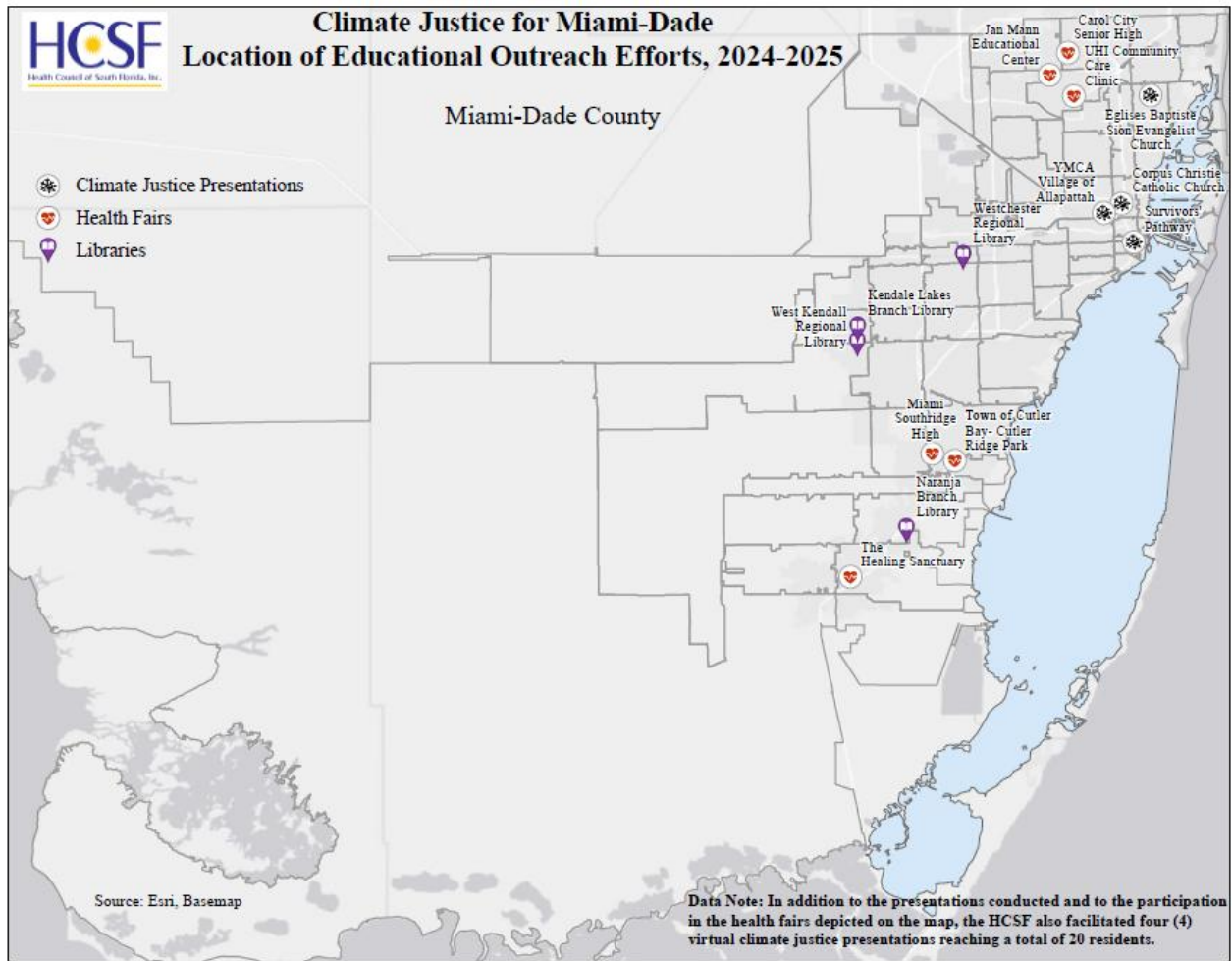
projects, such as the National Initiative on Health Equity, an initiative funded by CDC to the FDOH-MDC to address health disparities experienced by vulnerable populations of Miami-Dade County due to the COVID-19 pandemic. The HCSF was contracted by the FDOH to address the evaluation component of the initiative, to develop a population study which include a demographic profile of Miami-Dade County, and to facilitate community focus groups to hear, directly from residents, what were their most prominent health and social needs. The HCSF team geocoded the focus groups sessions based on respective addresses in order to visualize geographically where these sessions were carried out, and also to understand if there were common needs across the different clusters of Miami-Dade County (e.g., limited access to mental health care). Of note, geocoding refers to the process which translates nonspatial description of a place, such as an address, into spatial data that can be displayed as a feature on a map⁴. Please refer to Map 7 which shows the location of each of the focus groups facilitated as part of the National Initiative on Health Equity. Map 8 is another example how geocoding is utilized by the HCSF team, and it represents the location of in-person presentations as well as participation in health fairs throughout the County as part of an environmental project entitled Climate Justice for Miami-Dade County Residents.

⁴ GIS Dictionary. Geocoding Service. [Website]. [Cited 2025 May 16]. Available from <https://support.esri.com/en-us/gis-dictionary/geocoding-service#:~:text=%5Bgeocoding%2C%20Esri%20software%5D%20A,a%20feature%20on%20a%20map>.

Map 7—Focus Group Distribution According to Cluster, National Initiative on Health Equity, Miami-Dade County, 2023

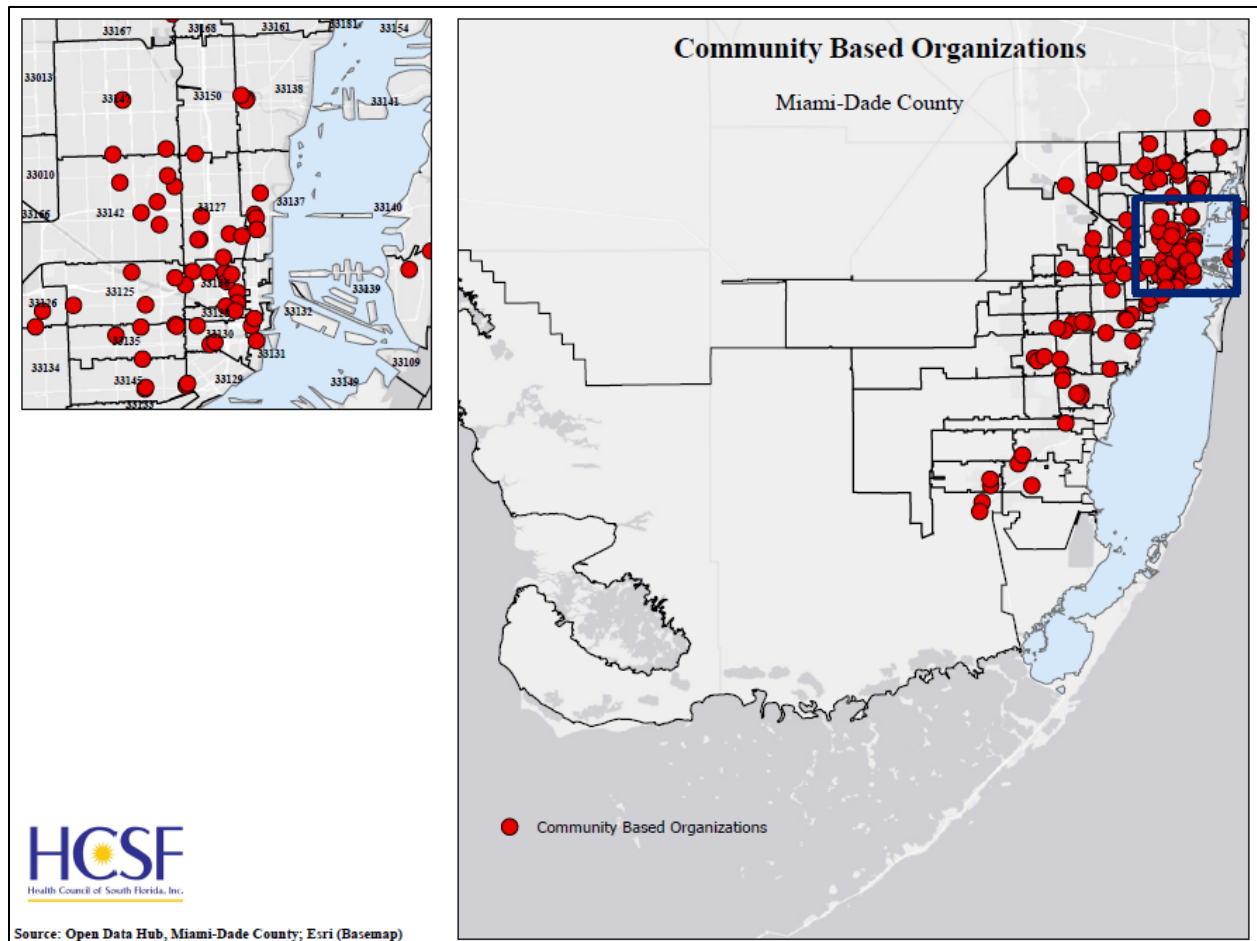


Map 8—Geographic Distribution of Presentations, and Health Fair & Public Library Attendance Related to the Climate Justice Initiative, Miami-Dade County, 2024-2025



Lastly, GIS mapping analysis could potentially be utilized during an environmental scan process where the main objective is to identify availability of health and social resources addressing a specific SDoH domains, such as education access and equity, social and community context, neighborhood and built environment, among others. For instance, Map 9, represents a resource inventory and highlights the number of Community-Based Organizations (CBOs) distributed throughout the County. Of note, the design of this map did not employ geocoding but rather it includes a shapefile created by the county as part of their data hub which is accessible to the public.

Map 9—Resource Inventory of Community Health Organizations, Miami-Dade County, 2023



Evaluation

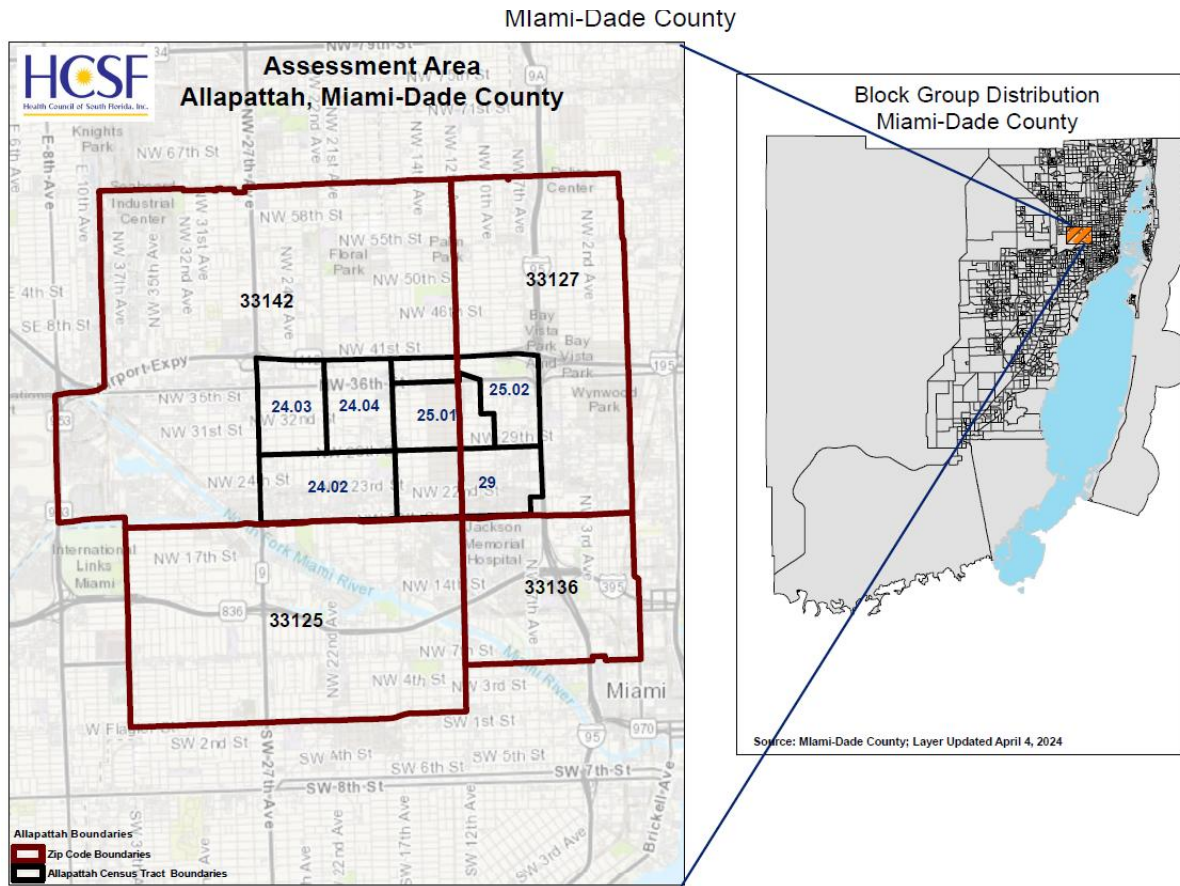
Examples of Projects

Allapattah Needs Assessment

In partnership with the Florida Blue Foundation and the Neighborhood Health Education Learning Program (NHELP) at Florida International University (FIU), the Health Council of South Florida (HCSF) aimed to establish a more effective health model within the Allapattah community. This vibrant yet underserved area was selected due to its alarming health differences and the scarcity of essential health resources available to its residents. Recognizing the critical need for improvement, we committed to applying our evaluation expertise to rigorously assess the proposed health model. Our goal was to measure its effectiveness, efficiency, and overall impact on the community's well-being, ultimately striving to enhance health outcomes for Allapattah's residents.

By implementing our previously discussed GIS mapping strategies, we successfully outlined the specific boundaries of the Allapattah neighborhood, allowing us to concentrate our efforts exclusively within this defined area.

Map 10—Geographic Boundaries of Allapattah, Miami-Dade County



Following this delineation, we started a comprehensive data collection initiative. We commenced our analysis by gathering comprehensive demographic data from the Allapattah community, with variables such as age, sex, race, and average household income. This information was then systematically compared to the data from the wider Miami-Dade County; this comparative study enabled us to gain valuable insights into the demographic characteristics of Allapattah in relation to the larger context of the county. Utilizing our specialized skills in GIS mapping, we developed both heat maps and color-coded visual representations to illustrate critical socio-economic factors. For instance, we highlighted the percentage of households living below the poverty line, providing a stark visual insight into the economic challenges faced by residents. Additionally, we incorporated prevention quality indicators (PQIs), such as the hospitalization rate due to uncontrolled diabetes, effectively showcasing the public health issues that affect the community. These detailed maps serve not only as analytical tools but also as essential resources for stakeholders aiming to address the needs of the Allapattah neighborhood effectively.

We subsequently developed a detailed focus group guide tailored for community members, along with a distinct key informant interview guide. These tools were designed to enhance our efforts as we prepare to conduct both focus groups and interviews. By creating two separate guides, we aim to capture a richer, more nuanced understanding of daily life in Allapattah. The community member focus group guide seeks to gather firsthand insights and experiences from residents, shedding light on the everyday challenges and joys they face. In contrast, the key informant interview guide is crafted to engage individuals in positions of influence or specialized knowledge within the community. This dual approach allows us to explore the intersections between grassroots perspectives and the broader social dynamics at play in Allapattah, enriching our understanding of community life from multiple angles. Following the analysis of the focus group discussions and key informant interviews, we successfully identified distinct community needs and highlighted particular areas where the enhanced health model could offer greater advantages. This in-depth examination allowed us to uncover gaps in current healthcare services, such as the lack of accessible mental health resources and the desire for more preventive care initiatives. By understanding these insights, we can tailor our improved health model to address the unique challenges faced by the community, ensuring that it not only meets their immediate health concerns but also fosters long-term wellness and resilience.

By employing established practices, we ensured the active participation of diverse stakeholders, from local leaders and educators to residents and healthcare providers, all of whom brought unique perspectives and experiences. To create a broad representation of the community, we identified specific populations of interest, including underserved families, youth, and elderly residents, thereby focusing on those whose voices often go unheard. Alongside this, we conducted an in-depth analysis of secondary data—census information, public health statistics, and socio-economic indicators—that together illustrated a comprehensive portrait of Allapattah. This combination of qualitative and quantitative information helped illuminate the community’s historical challenges and triumphs, ultimately guiding their understanding of current needs.

District 11 Health Profile

The Health Council of South Florida's District 11 Health Profile provides a comprehensive overview of critical social determinants of health that significantly impact the health and wellness of residents in Miami-Dade and Monroe counties. This profile analyzes various health indicators for both counties, allowing for direct comparisons with data from other counties within the state and national averages where applicable.

However, it is essential to take into account the existing differences in health outcomes that affect different population groups based on factors such as race, ethnicity, gender, age, level of education, and income. These factors highlight the complexities and nuances within the data and underscore the importance of tailored health interventions. To structure the findings effectively, the health indicators have been organized into fourteen distinct categories. This organization aims to highlight the top ten leading causes

of death as well as the most frequent high-cost Emergency Department visits in District 11. By focusing on these key areas, the Health Profile seeks to provide valuable insights that can inform public health strategies and improve health equity across the community:

- Population Demographics
- Social and Economic Indicators
- Access to Care
- Maternal and Child Health
- Crime and Public Safety
- Health Care Utilization
- Hospital Utilization
- Preventive Health
- Infectious Diseases (e.g., COVID-19)
- Behavioral Health and Substance Use
- Diversity
- Measures of Health Status
- Seniors
- Miscellaneous

We gathered a comprehensive set of data across various key indicators that fall under the 14 distinct areas of focus. This effort involved utilizing multiple platforms, most notably our proprietary Miami Matters data platform. This user-friendly online resource offers publicly accessible information, showcasing a wide range of health metrics, environmental data, and other vital quality of life indicators specifically for Miami-Dade County. Designed as a functional roadmap for collaborative community planning, the Miami Matters platform enables users to navigate through essential information efficiently. It also connects visitors to a wealth of promising practices and evidence-based resources.

For example, we collected data regarding life expectancy and the prevalence of self-rated health statuses, specifically focusing on individuals who reported their health as either "fair" or "poor." These metrics were categorized under "measures of health status." This enabled us to conduct an in-depth comparison between Miami-Dade County and Monroe County. The analysis aimed to highlight disparities in health outcomes and provide a clearer picture of how different regional factors influence overall health.

Climate Justice: Allegany

The Climate Justice project aimed to raise awareness about climate injustice and the growing issue of climate-related gentrification, particularly affecting low-income and marginalized communities in Miami-Dade County. As part of the initiative, a 30–45-minute educational presentation was developed in both English and Spanish to ensure accessibility to the communities. The presentation covered key climate challenges: such as flooding and rising temperatures, explored the causes and impacts of climate gentrification, and addressed climate-related policy issues. It also provided strategies for community advocacy and guidance on how to engage effectively with policymakers.

To evaluate the effectiveness of the workshops, participants completed pre- and post-assessments to measure changes in their knowledge of climate change and gentrification. A demographic survey was also carried out during the sessions to better understand the audiences reached through this educational effort. In addition to the educational presentations, the project team participated in local health fairs to further extend outreach efforts. At these events, bilingual infographics in both English and Spanish were distributed to attendees, providing accessible information on climate injustice and climate gentrification. These

materials served as a valuable tool to engage community members who may not have attended the formal workshops, helping to raise awareness and promote informed dialogue around climate-related issues in vulnerable communities throughout Miami-Dade County.

Previous Evaluation Projects

Communities Putting Prevention to Work (CPPW)

From 2010-2012, FDOH-Miami-Dade received the CPPW grant from the CDC, which sought to address improving nutrition and physical activity in Miami-Dade County through policy, systems and environmental change. One example of the CPPW initiative is the SPARK Curriculum (Sports, Play, and Active Recreation for Kids). In this initiative, physical activity was incorporated in elementary school curricula, and different biometric measurements were taken before and after completion of SPARK. Statistically significant results were obtained from a sample of approximately 3,500 students. For the CPPW grant, the HCSF served as an evaluator.

Partnership to Improve Community Health (PICH)

In 2015, HCSF was the Project Evaluator on the FDOH-Miami-Dade's Partnership for Improving Community Health (PICH) project with the CDC. PICH aimed to address a range of chronic disease risk factors and provide additional opportunities for chronic disease prevention and management. For example, one initiative in the PICH project was putting healthy food options on restaurant menus. Specifically, in 2015-2016, over 75 restaurants in MDC implemented healthy menu options as part of this initiative.

HIV/AIDS Program Services

Clinical Quality Management for Ryan White Part B Program

The Ryan White Part B Program (RWPBP) funds various medical and support services for people living with HIV, and these services include but are not limited to outpatient and ambulatory services, oral health care, medical case management, mental health services, and medical transportation. Since 2019, the HCSF has partnered with A.H. Monroe, the lead agency, to manage and support the Clinical Quality Management (CQM) program in Monroe County as part of the RWPBP, administered by A.H. Monroe. The partnership involves the implementation, monitoring, analysis, assessment, and reporting on measurable outcomes for the RWPBP. In addition to working with A.H. Monroe, the HCSF also collaborates with strategic partners, such as the Florida Department of Health in Monroe County (FDOH-Monroe County), as well as with local providers and stakeholders.

More specifically, the HCSF is responsible for the following tasks as part of our involvement in the CQM program:

- Monthly CQM data meetings with the lead agency (A.H. Monroe)
- Monthly Planning Meetings with team of providers and key community stakeholders
- Track and analyze key data metrics on a monthly and quarterly basis
- Survey RWPBP clients annually to determine satisfaction, ongoing needs, and gaps in care

In addition, the HCSF is a part of the Florida Keys HIV Community Planning Partnership as part of our CQM work with A.H. Monroe. This consortium is composed of representatives from the HCSF, A.H.

Monroe, FDOH-Monroe County, local providers, and consumers. The consortium provides guidance and advises the local Ryan White Program through monthly meetings. These activities ensure that people living with HIV in Monroe County receive the highest quality care possible under the care of a Ryan White Part B provider.

The following figures highlights one aspect of the CQM and progress reporting which is required on a quarterly basis. The data is retrieved from HRSA’s data reporting tool, CareWare, and QlikView. Key metrics retrieved from both systems are included in a progress report and a larger report with quarterly and annual trend analysis.

Figure 2—CareWare Data Reporting Tool



Figure 3—Progress Reporting, CareWare

Quarterly CQM Progress Report

Reporting period:	Jan – Mar 2025	Lead Agency:	A.H. Monroe
Completed by:	Health Council of South Florida	Date submitted:	April 3, 2025

INSTRUCTIONS: Complete the following table for each goal listed in your CQM Plan. Describe your progress as it relates to meeting the objective. Choose a status for each activity (**Achieved**, **In progress**, or **Not started**). Provide information in a narrative format, including numerical data as needed. Progress section must include specific information, as detailed below.

The below 'Progress' section requires specific details based on status. Please state the following:

Achieved – completion date, planned completion date; describe challenges, barriers, & successes

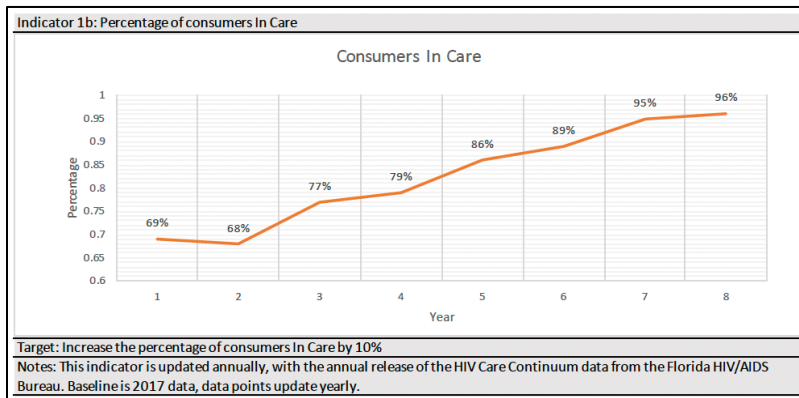
In progress – describe progress stage, identify if behind/ahead of schedule, challenges & barriers, next steps

Not started–anticipated start date, describe reason for not starting, next steps/plan to get on track

1.1 Increase Viral Load Suppression

Objective	By December 31, 2025, increase viral load suppression for PWH in Ryan White to from 90% to 94% by 2025. Source: Florida Department of Health in Monroe County (DOH Monroe County)
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Figure 4—Percentage of Consumers Receiving HIV Care: Trend Analysis



Housing Opportunities for Person Living with HIV/AIDS (HOPWA)

Housing Opportunities for Persons with AIDS (HOPWA) is a federal program providing housing assistance to low-income persons living with HIV/AIDS, with low income defined as an annual income that does not exceed 80% of the area median income (AMI). HCSF received a 2-year HOPWA Special Project grant in October 2020 through the Florida Department of Health (FDOH), with a focus on four sub-populations with unique needs: Persons with an opioid use disorder (OUD) who inject, pregnant women, persons who are transgender, and youth (18 to 24 years old). The program provides the following services to eligible low-income individuals: Rapid re-housing; permanent housing placement (covers application fees, rent deposits, utility fees); short-term rental, mortgage and utility (STRMU); up to 12 months of rental assistance based on need; and access to a dedicated case manager and a housing navigator. This program ended as of December 2022.

Ending the HIV Epidemic (EHE) in Miami-Dade

The Ending the HIV Epidemic: Housing Stability Services Program is part of the national “Ending the HIV Epidemic” (EHE) initiative. It is focused on addressing housing as a key social determinant of health and aims to reduce HIV transmission and improve health outcomes through housing support.

The HCSF Rapid Re-housing Program, funded by Miami-Dade County, provides assistance to individuals living with HIV/AIDS who are homeless or are experiencing housing instability. This program is a Ryan White Part A federal program, supported by the Health Resources and Services Administration (HRSA). HCSF was awarded and funded for the Housing Stability Services category, under RFP NO. EHE-2223.

Services offered as part of the program include rapid re-housing rental assistance for up to 12-24 months, assistance with locating a rental unit, and ongoing support from a housing specialist and navigator. The goals of the program are to improve retention in HIV care and viral suppression rates, to reduce housing-related barriers to treatment adherence, and to support long-term housing stability for vulnerable individuals.

Youth Homelessness Demonstration Program (YHDP)

The Youth Homelessness Demonstration Program (YHDP) in Miami-Dade County is a U.S. Department of Housing and Urban Development (HUD) initiative that aims to reduce youth homelessness. Miami-Dade County received an \$8.4 million grant in 2023 to develop and implement a coordinated community approach to preventing and ending youth homelessness. The Homeless Trust oversees the administration of this project. HCSF's youth program, SHIFT 4 Youth (S4Y), provides stable housing solutions and wrap-around support services tailored to the unique needs of young people and youth living with HIV (YLWH) ages 18-24. HCSF also provides assistance with rapid re-housing, transitional housing, and supportive services, such as non-medical case management, transportation, mental health services, education and employment support, life skills training, and legal assistance. HCSF is currently funded from October 1, 2024, to September 30, 2026.

Program Management & Fiscal Administration

HCSF & the Affordable Care Act

The HCSF serves as a Certified Application Counselor Designated Organization (CDO). We currently have a partnership with the University of Miami, funded by the University of South Florida. The HCSF employs trained and certified navigators who provide free, unbiased assistance with applications for Marketplace health insurance, Florida Medicaid, and other social service programs (SNAP and TCA). We also offer bilingual support, providing assistance in English, Spanish, and Creole. Both in-person consultations and virtual appointments are offered, providing flexible enrollment options to meet community needs. The HCSF also provides year-round assistance, supporting consumers not only during ACA Open Enrollment but also during Special Enrollment Periods and with post-enrollment issues. The HCSF also partners with local organizations, collaborating with local libraries and nonprofit groups to expand access to enrollment services across both counties.

LCB Coordinating Board (LCB), Monroe County

Chapter 427 of the Florida Statutes establishes the Florida Commission for the Transportation Disadvantaged (CTD), directing the CTD to “accomplish the coordination of transportation services provided to the transportation disadvantaged”. The “transportation disadvantaged” in the state of Florida are defined as those individuals who because of age, disability, or income restraints, do not have access to conventional public transportation options. More than half of Monroe County’s residents have no access to public transportation services. Lack of access to public transportation for the majority of the residents, coupled with various other local challenges, creates a great need for TD services in the area. Monroe County’s TD program serves the general TD population and the newly defined critical need TD population.

To ensure the availability of efficient, cost-effective, and quality transportation services for the transportation disadvantaged (TD), the CTD approves a Community Transportation Coordinator (CTC) for each area of the state, which is charged with arranging cost-effective, efficient, unduplicated, and unfragmented transportation disadvantaged services within its respective service area. Additionally, a designated official planning agency (DOPA) is approved by the CTD and charged with creating the Local

Coordinating Board (LCB) and providing technical assistance to the LCB. The LCB acts as an advisory board and as such provides guidance, monitors, evaluates and supports the transportation activities of the CTC.

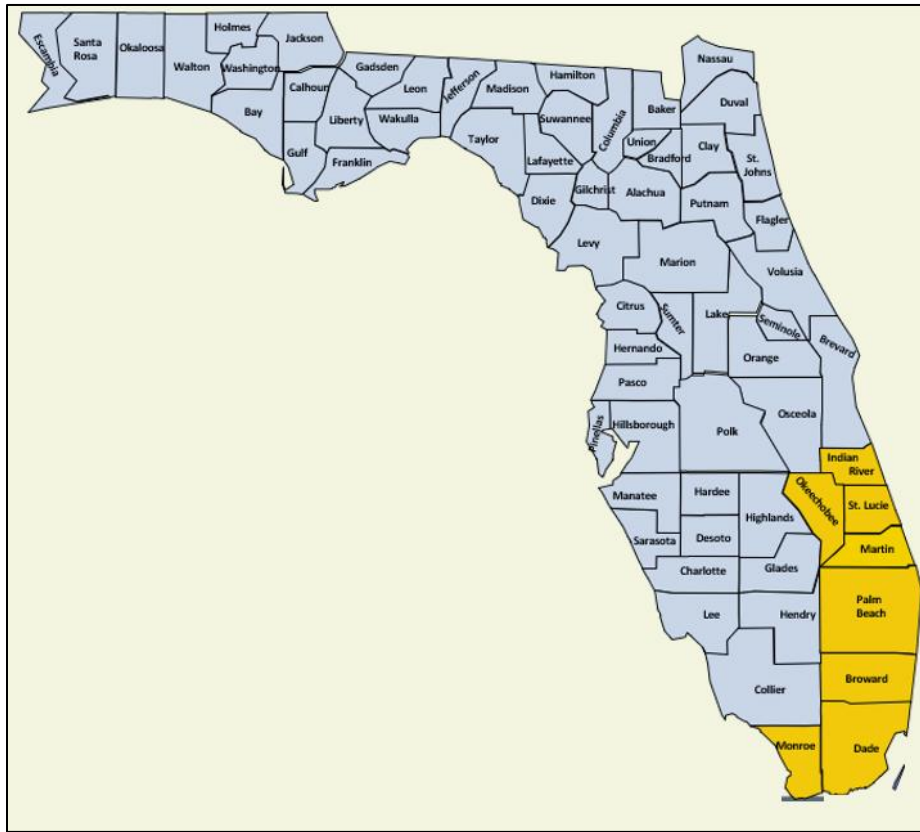
The HCSF has served as the DOPA for Monroe County since 1993. As the DOPA, the HCSF is tasked with providing the LCB with sufficient staff support and resources to enable the LCB to fulfill its responsibilities as set forth in Chapter 427, Florida Statutes, including scheduling meetings; training board members; evaluating cost effectiveness; working with the CTC to update and/or develop the local Transportation Disadvantaged Service Plan (TDSP); preparing, duplicating, and distributing meeting packets; and other necessary administrative duties. In FY 2024-2025, the HCSF completed all of its deliverables for the LCB and oversaw planning for four quarterly meetings (held on September 6, 2024; December 6, 2024; March 7, 2025; and June 6, 2025).

Southeast Florida Cancer Control Collaborative (SEFCCC)

The Southeast Florida Cancer Control Collaborative (SEFCCC) has a long-standing history of addressing cancer disparities through innovative, community-focused programs. The collaborative is composed of eight counties: Broward, Indian River, Martin, Miami-Dade, Monroe, Okeechobee, Palm Beach, and St. Lucie. With over a decade of experience, SEFCCC has implemented numerous initiatives aimed at reducing barriers to cancer care, particularly in underserved and high-risk populations. The organization's leadership includes skilled public health professionals, healthcare providers, and community advocates who bring diverse expertise to program planning, implementation, and evaluation.

The SEFCCC is dedicated to increasing awareness about cancer prevention and early detection, and to improving access to cancer care services. The collaborative focuses on aligning its efforts with the Florida Cancer Plan and its goals, ensuring that local strategies contribute to statewide priorities in cancer control. The SEFCCC's overarching goal is to decrease the burden of cancer through a united effort by promoting and conducting education, along with advocacy for the people of Southeast Florida.

Map 11—SEFCCC Region



Ending the HIV Epidemic (EHE) Grant

The Ending the HIV Epidemic (EHE) program is a national initiative that supports areas across the US facing high rates of new HIV cases. The EHE initiative is led locally by the Florida Department of Health in Miami-Dade (DOH-MD) and the Miami-Dade Ryan White Part A Program. The HCSF has been contracted by DOH-MD since 2021 to lead outreach and education efforts in Miami-Dade County. The HCSF serves as the grantee and has 11 subrecipients and 4 mini-grant awardees:

- AIDS Healthcare Foundation
- CAN Community Health
- Carefirst Foundation
- Community Health & Empowerment Network (CHEN)
- Community Health of South Florida (CHI)
- Health Education Prevention & Promotion
- Latinos Salud
- Survivors Pathway
- University of Miami ACTS
- University of Miami, IDEA Exchange
- Blessed Hands Outreach (mini-grant)
- Healthy Little Havana (mini-grant)
- Empowerment Zone Reentry Initiative (mini-grant)

- Optimal Health Foundation (mini-grant)

Subscription to the HCSF Online Hospital and Nursing Home Reporting System

Nursing Home Database

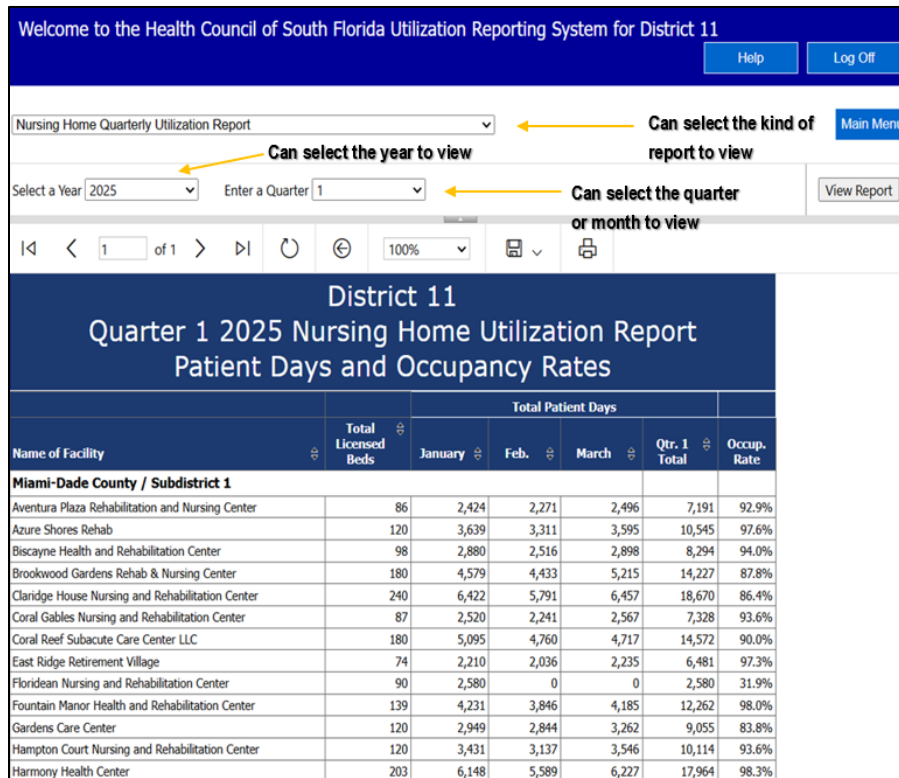
As part of our contractual obligations under the Department of Health (DOH) Planning agreement, we are tasked with the ongoing collection of nursing home utilization data from all licensed nursing home facilities within District 11, which encompasses both Miami-Dade and Monroe counties. This data collection is a critical component of our regional planning responsibilities and supports broader statewide healthcare planning and oversight efforts. Once collected, the data is compiled, reviewed, and submitted on a quarterly basis to the Agency for Health Care Administration (AHCA) to ensure compliance and alignment with state healthcare planning objectives. Nursing homes participating in this reporting process are required to provide detailed information on several key indicators of utilization. These include:

- Total Patient Days
- Medicaid Patient Days
- Medicare Patient Days
- Other Patient Days

as well as whether the facility operates as a Continuing Care Retirement Community (CCRC) or a Non-CCRC entity.

While the quarterly reports submitted to AHCA only require the inclusion of Total Patient Days and Medicaid Patient Days, the additional data collected such as Medicare Days, Other Patient Days, and facility classification is retained and utilized for our internal subscription-based services. This extended dataset allows for more comprehensive analysis, supports informed decision-making, and enhances the value of our services to stakeholders and partners. Subscribers gain access to a suite of powerful data tools, including the ability to view current utilization data from all hospitals and nursing home facilities in District 11, create custom trend reports, stratify data by month or quarter, print and export reports in PDF and Excel formats, and customize outputs by category of service.

Figure 5—Example of Nursing Home Quarterly Report, HCSF Nursing Home Report System



Hospital Database

In addition to nursing home data, our hospital database contains a wide array of detailed utilization information across numerous categories of care (19 different categories), including:

- Acute Care
- Long-Term Care,
- Obstetric, Pediatric
- NICU Levels II & III
- Rehabilitation
- Substance Abuse
- Pediatric and Adult Psychiatry services

This data is collected from major hospitals throughout District 11, offering a comprehensive view of the region’s healthcare delivery landscape. Although hospitals are no longer mandated to submit this utilization data as part of a formal reporting requirement, many continue to voluntarily report their data on a regular basis. This ongoing participation reflects the healthcare community’s commitment to transparency, planning, and quality improvement. As a result, our database remains a valuable and reliable resource for tracking service trends, assessing capacity, identifying gaps, and supporting evidence-based decision-making in healthcare planning and policy development across Southeast Florida.

Figure 6—Example of Acute Care Bed Utilization Report, HCSF Hospital Report System

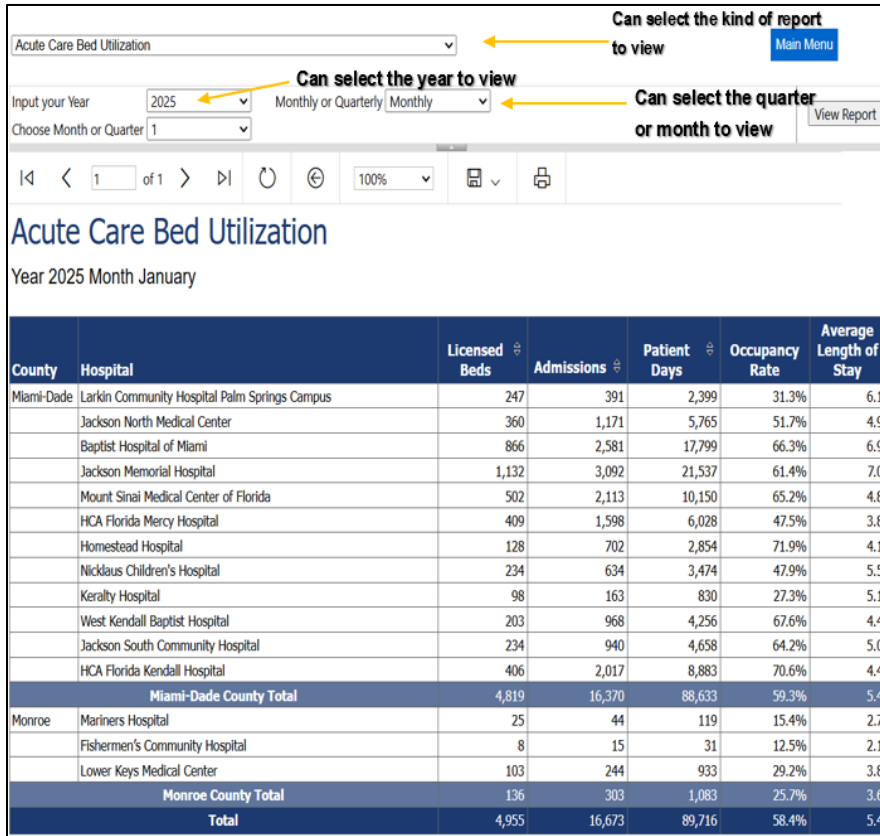
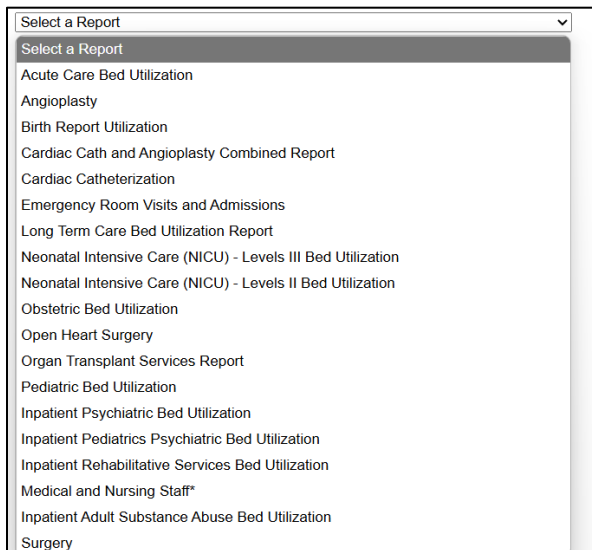


Figure 7—List of Reports Available to Subscribers, HCSF Hospital Report System



Conclusion

This report provided an overview of the different public health projects the HCSF is currently undertaking and it also highlighted examples of our previous works and partnerships. Our team makes every effort to align our partnerships with our mission and values with the overall goal of reducing health disparities among the most vulnerable populations of Miami-Dade and Monroe counties affected by the Social Determinants of Health. The HCSF has diverse team of professionals from a diverse professional background, ranging from public health, economy, finance, business administration, anthropology, sociology, and psychology. We are committed to collectively address the most pressing needs of our community by informing our partners and residents on health and social issues from an objective perspective.

Post Webinar Evaluation

After our public meeting ended, the HCSF asked participants to please complete an evaluation form. The first section of the evaluation included Likert scale questions regarding overall impression of the information shared and understanding and awareness of the work conducted by the HCSF. The second section were open-ended questions on the following topics: motivation for participating in the public meeting, most valuable project undertaken by the HCSF, potential projects the HCSF should be more involved in, and improvements the HCSF can make to operate more efficiently.

Overall, participants praised the HCSF for the work being conducted in the community. Below is a summary of the findings of participants who completed the post-evaluation of the public meeting.

Likert Scale Questions

- All participants (100%) rated their overall impression of HCSF's presentation as Excellent
- 44% indicated they were "very knowledgeable" about the HCSF and its programs and services; with 22.2% indicating "somewhat knowledgeable"
- Most participants (78%) rated their understanding of the scope of work performed by the HCSF as "excellent"
- Most participants (78%) indicated that their awareness of the impact of projects undertaken by the HCSF was excellent

Open-Ended Questions

The following information highlights the themes identified for each question of the open-ended section of the evaluation. The majority of participants joined the meeting due their interest in learning more about the HCSF and its programs and services and felt that the HOPWA project is the most valuable and suggested for the HCSF to be involved in maternal and child health issues in the future. In terms of improvements or adjustments that the HCSF could make, most participants praised the HCSF as doing excellent work and to continue on the same track but suggested working with the Trans community in the future to address their needs.