2018 MIAMI-DADE COUNTY

WELLBEING SURVEY ANALYSIS

Miami-Dade County

JULY 22, 2019

I. INTRODUCTION

Miami-Dade County is the largest major metropolitan area in the State of Florida representing 13.4% of the State's population, with an estimated population of 2,702,602. It is also one of the few counties in the United State that is a "minority-majority", meaning that a minority group comprises the majority of the population, with 67.5% of the population in Miami-Dade County identifying as either Latino or Hispanic compared to 24.7% of the State of Florida population. Furthermore, 52.9% of residents in Miami-Dade County are foreign-born, with 73.8% speaking a language other than English at home, often Spanish or Haitian-Creole. Compared to Florida as a whole, Miami-Dade County is also a relatively young population with 84.7% of residents under the age of 65 and 20.5% under the age of 18.

Miami-Dade County has significant socioeconomic and health disparities to address, particularly among Black/African-American and Hispanic/Latino residents. Black/African-American and Hispanic/Latino residents consistently have a significantly lower Median Household Income ($35,082 and $43,802, respectively) compared to the county-wide ($46,338) and White, non-Hispanic residents ($75,083). Additionally, 27.6% of Black/African-American residents live below the Federal Poverty Level (FPL) compared to the county-side average (19.0%). There is also a significant disparity in educational attainment with 16.2% of Black/African-American residents age 25+ earning a bachelor's degree compared to 49.9%o of White, non-Hispanic residents and 27.8% of Miami-Dade County residents. Hispanic residents are much less likely to have a usual source of healthcare (57.6%) compared to non-Hispanic Black (72.2%) or non-Hispanic White (77.4%), and Black/African-American adults are less likely to have health insurance (69.0%) compared to Hispanic/Latino (74.6%) or White, non-Hispanic adults (86.4%).

Top 10 Leading Causes of Death by age-adjusted Death Rate, 2017[1]

1. Heart Disease
2. Cancer
3. Cerebrovascular Diseases/Stroke
4. Unintentional Injuries
5. Chronic Lower Respiratory Diseases
6. Alzheimer's Disease
7. Diabetes
8. Influenza and Pneumonia
9. Kidney Disease
10. Suicide

The top 10 leading causes of death in Miami-Dade County have not changed significantly over the past 5. The top 5 have remained constant since 2012, while slight differences were found in the latter 5 including Septicemia, HIV, and Homicide.

[1] Florida Department of Health in Miami-Dade County. Leading Causes of Death, 2017.Florida Death Rate Query System. Accessed: http://www.flhealthcharts.com/FLQUERY/Death/DeathRate.aspx

II. PROJECT OVERVIEW

Project Goals

This Wellbeing Survey serves as a follow-up to similar studies completed in 2006 and 2013. It is a systematic, data-driven approach to understanding the quality of life, environment, health risks, and access to healthcare of residents in Miami-Dade County. Therefore, the results of this analysis may be used to inform decisions and drive efforts to improve community health.

The Wellbeing Survey provides survey results that represent the issues of greatest concern to the community and can be utilized to determine resource allocation in order to make the greatest possible impact on community health. This analysis will serve as a tool toward reaching three basic goals:

1. Improve residents' health status, increase life expectancy, and elevate overall quality of life.
2. Reduce health disparities among residents of Miami-Dade County
3. Increase access to preventative healthcare services

The Wellbeing survey was developed and administered by the Florida Department of Health (FDOH), Office of Community Health and Planning with guidance from the Health Council of South Florida (HCSF). Analysis was completed on behalf of FDOH by the HCSF. The HCSF is the state-mandated health planning council for Miami-Dade and Monroe counties with extensive experience conducting community health assessments and evaluations.

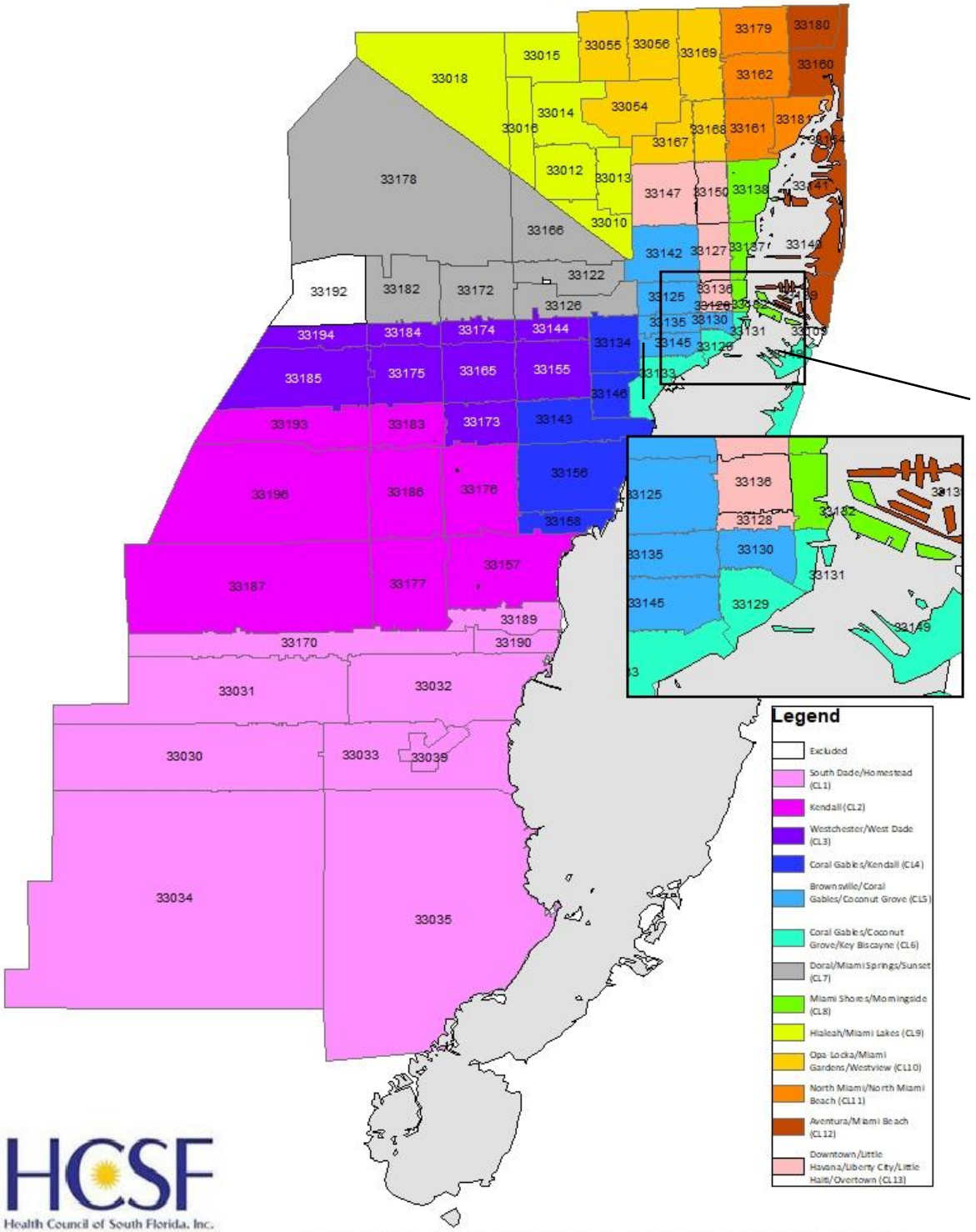
III. METHODOLOGY

Clustering Methodology

The clusters for the 2018 Miami-Dade County Wellbeing Survey are made up of ZIP codes linked according to their perceived community identity and geographic contiguity. However, at times these clusters also cross boundaries based upon socioeconomic status or population counts. There are thirteen (13) total clusters for sampling, twelve (12) standard clusters and one (1) oversampled cluster. The oversampled cluster consists of contiguous ZIP codes representing the most economically and socially deprived neighborhoods, many of which also suffer from the highest rates of hospitalization for preventable conditions.

The following map (Figure 1) shows the location of each of the defined clusters.

Fig. 1: Cluster Distribution According to Zip Code of Residence



HCSF
Health Council of South Florida, Inc.

Exclusion Criteria: Zip codes excluded from this analysis are those only associated with Post Office Boxes and zip code 33192, which has a significantly low population.

Details of the ZIP codes corresponding to each cluster are provided in Table 1.

Table 1: Clusters by Name and ZIP Code

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

Survey Instrument

The survey instrument used for this study was created by combining specific, validated survey questions from national surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS), into one succinct survey by the FDOH, Office of Community Health and Planning. Additional resources used in the creation of this survey instrument were the Will County Illinois Health Department and the Santa Monica Wellbeing Survey, and it was also largely based on previous county-wide surveys that address gaps in health promotion and disease prevention in communities. The final survey instrument was approved in consultation with the HCSF.

Sample Approach and Design

From June 12, 2018 to March 10, 2019, the FLDOH administered the 2018 Miami-Dade County Wellbeing Survey. To ensure proper representation of the population surveyed, an online, tablet or computer-based survey methodology was utilized. Participants were self-selected in public spaces, such as libraries, parks, and other community-based events. Email blasts were also used through the Consortium for a Healthier-Miami Dade and inclusion in newsletters such as those provided by the Miami-Dade County Library and the Consortium Connection.

The sample design employed sought a stratified sample of 2,970 individuals age 18 and older in Miami-Dade County based upon a population of 2,115,418. There were 220 expected surveys in Clusters 1 – 12 and 330 in the oversampled Cluster 13. In comparison to previous county-wide surveys discussing the health and well-being of Miami-Dade County residents, this survey has a higher overall sample size. A 2013 Community Health Needs Assessment had targeted sample size of 2,700 Miami-Dade County residents. This sample size was based upon a population age 18 and older of 1,989,485. The increase in population over age 18 in Miami-Dade County results in the increased sample size, while keeping sample error and confidence level consistent at 1.8% and 95% confidence, respectively.

Post-stratification Survey Weighting

To accurately represent the population of Miami-Dade County, post-stratification weights were applied to the raw data collected from the 2018 Miami-Dade County Wellbeing Survey. Though the survey design strove to minimize bias, it is common to apply weights after data is collected to improve representativeness. This is accomplished by adjusting the results of the random sample to match the sociodemographic and geographic characteristics of the general population.

The HCSF examined the respondents' sociodemographic characteristics including gender, age, ethnicity, household income, and education, and utilized statistical raking to determine and apply weights to the survey responses. Thus, while the integrity of each individual's responses is maintained, one respondent's response may contribute a larger proportion to the whole compared to another.

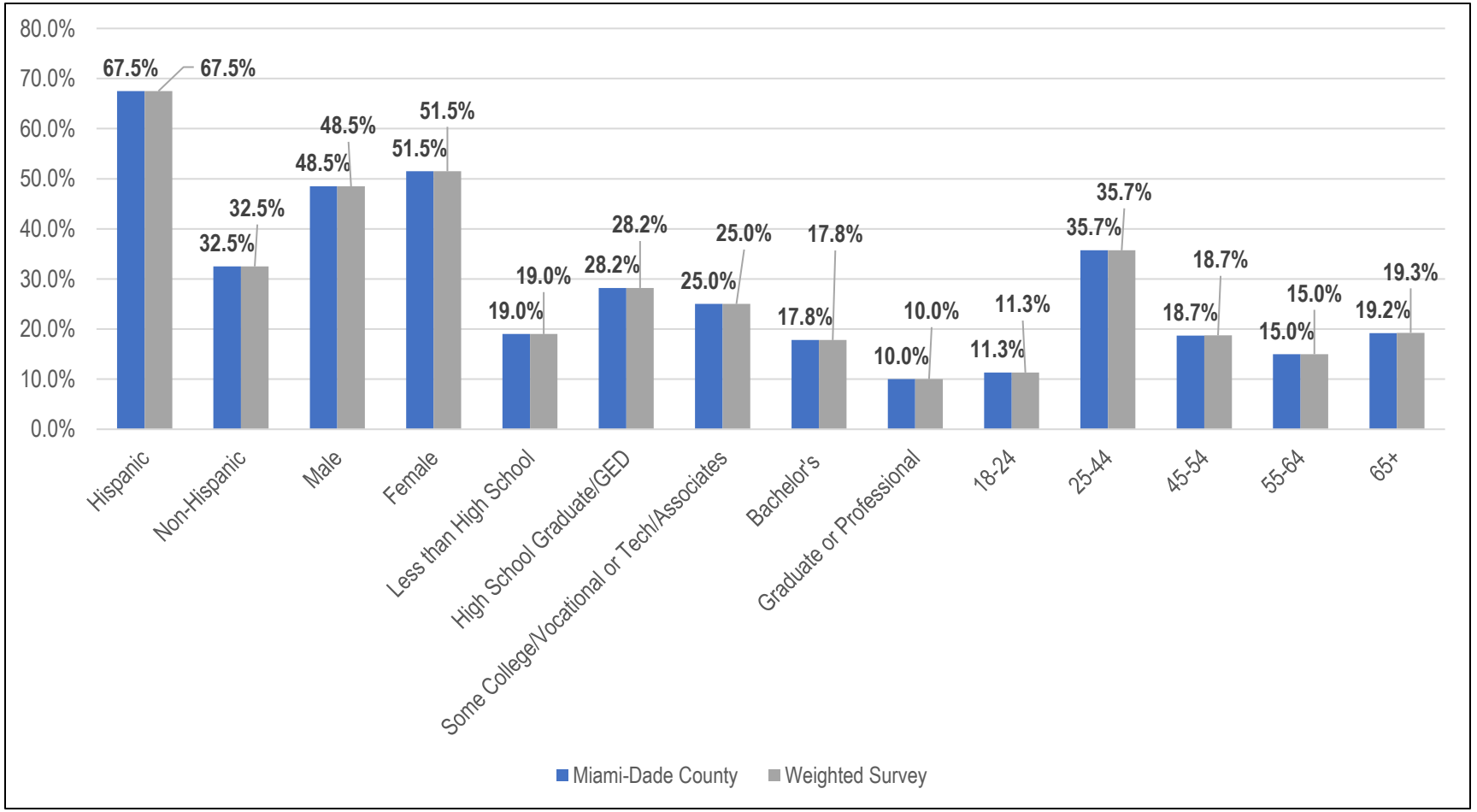
Figure 2 outlines select demographic characteristics of Miami-Dade County as estimated by the U.S. Census Bureau compared to the weighted survey results.

The sample design and quality control procedures used in data collection and analysis, as mentioned earlier in the Methodology section, ensure that the sample is representative when weights are applied. Therefore, the findings in *Weighted Results* section of this report (Section V) may be generalized to the total Miami-Dade population with confidence.

Limitations

This survey and analysis contain some limitations that are important to note. First, while design weights were applied prior to survey collection, due to the survey collection methodology employed the design weights were not followed accurately. Online survey collection is more difficult to control when seeking specific sample sizes from various locations for a single survey. In this case, some clusters, such as Cluster 2, had many more survey respondents than sought, while others, such as Cluster 6, were severely underrepresented (see Table 2). To remedy this, we included the proposed design weights as a variable in the post-stratification weighing methodology utilized after-the-fact. Furthermore, there were several questions that allowed more than one answer creating difficulties in analyzing them to gain representative samples. For example, the question "Where do you or your family go when sick or in need of healthcare, mental healthcare, or dental services?", allows multiple answers, which made it difficult to draw representative conclusions for the county and clusters. For these questions, rather than draw conclusions that may not be representative of the true cluster or county-wide makeup, we included them in the *Respondent Summary* section rather than in the *Weighted Results* section.

Figure 2—Population Characteristics, Miami-Dade County vs. Weighted Survey Respondents



IV. SURVEY RESPONDENT SUMMARY

The following results are based solely upon the respondents themselves. These results were not weighted utilizing the methodology described in Section III, and, thus, should not be considered representative of the individual clusters or the county. However, they represent the individuals who completed the Miami-Dade County Wellbeing Survey.

Geography

The 2018 Miami-Dade County Wellbeing Survey was collected from June 12, 2018 to March 10, 2019 with a total of 3,573 complete respondents. The largest percentage of respondents were from Cluster 2 (18.8%), Cluster 1 (11.3%), and Cluster 3 (11.0%). The smallest proportion of respondents were from Cluster 6 (3.6%), Cluster 8 (4.2%), and Cluster 7 (5.4%). Please refer to Table 2.

Table 2: 2019 Miami-Dade Wellbeing Survey Geographic Distribution

Cluster	Cluster Name	Expected Count	Expected Percentage	Actual Count	Actual Percentage
1	South Dade/Homestead	220	7.4%	403	11.3%
2	Kendall	220	7.4%	673	18.8%
3	Westchester/West Dade	220	7.4%	394	11.0%
4	Coral Gables/Kendall	220	7.4%	250	7.0%
5	Brownsville/Coral Gables/Coconut Grove	220	7.4%	209	5.9%
6	Coral Gables/Coconut Grove/Key Biscayne	220	7.4%	127	3.6%
7	Doral/Miami Springs/Sunset	220	7.4%	191	5.4%
8	Miami Shores/Morningside	220	7.4%	150	4.2%
9	Hialeah/Miami Lakes	220	7.4%	241	6.8%
10	Opa-Locka/Miami Gardens/Westview	220	7.4%	230	6.4%
11	North Miami/North Miami Beach	220	7.4%	213	6.0%
12	Aventura/Miami Beach	220	7.4%	240	6.7%
13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	330	11.1%	252	7.1%

Demographics

Of the 3,573 respondents who completed the survey, 89.8% (n=3,208) chose to take the survey in English while 9.5% (n=341) chose Spanish and 0.7% (n=24) chose Creole. The largest age group of respondents were 25-44 year old's (41.1%), followed by 45-54 year old's (20.3%) and 55-64 year old's (18.0%). The respondents overwhelmingly identified as female (74.3%) compared to male (25.8%). There were 18 respondents who began the survey that responded they identified as Other; however, they did not complete the survey and were, therefore, excluded from analysis. Furthermore, the majority identified as White (64.9%), followed by African-American (22.6%), Asian (2.9%), American Indian or Alaskan Native (0.6%), and Other (13.2%). Of those, 53.5% identified as Hispanic/Latino(a) and 46.5% as Not-Hispanic/Latino(a).

Table 3: 2019 Miami-Dade Wellbeing Survey Demographic Basics[2]

	Count	Percentage
Survey Language		
English	3208	89.8%
Spanish	341	9.5%
Creole	24	0.7%
Age		
18-24	348	9.7%
24-44	1470	41.1%
45-54	724	20.3%
55-64	642	18.0%
65+	389	10.9%
Sex		
Male	920	25.8%
Female	2653	74.3%
Race		
White	2319	64.9%
African-American	807	22.6%
American Indian or Alaska Native	23	0.6%
Asian	104	2.9%
Other	470	13.2%
Ethnicity		
Hispanic/Latino(a)	1913	53.5%
Not-Hispanic/Latino(a)	1660	46.5%

[2] The percentages by Race are not mutually exclusive, meaning that a person could respond that they are both White and African-American

Social Characteristics

Table 4 indicates that the respondents to the 2018 Miami-Dade County Wellbeing Survey largely speak English as their primary language (86.1%). Miami-Dade is also a metropolis of bi-lingual and tri-lingual residents. An additional 26.0% of respondents claimed Spanish was a primary language, 3.4% responded Haitian-Creole, and 3.6% responded Other. A large majority of the respondents have lived in Miami-Dade County for 15 years or more (69.8%). The next largest percentage of respondents have lived in Miami-Dade for 0-5 years (13.6%). Respondents who have lived in Miami-Dade for either 6-10 years or 11-15 years have similar proportions (8.4% and 8.3%, respectively).

There were 46.7% of respondents who responded they are Married or in a Civil Union and 37.0% who are Single. Only 13.4% responded that they are Separated or Divorced, and an additional 2.9% responded that they are a Widow or Widower. The respondents also, largely, had a high degree of education with 33.0% with a Masters/Professional degree, 25.9% with a Bachelor's degree. There were 29.8% of respondents who responded they have some college, vocational school, technical school, or an Associate's degree, and 7.8% with a high school education or GED. Only 3.6% of respondents have less than a high school education or less.

Table 4: 2019 Miami-Dade Wellbeing Survey Social Characteristics[3]

	Count	Percentage
Primary Language		
English	2825	86.1%
Spanish	1174	26.0%
Haitian-Creole	131	3.4%
Other	117	3.6%
Length of Miami-Dade Residence		
0-5	485	13.6%
6-10 years	299	8.4%
11-15 years	296	8.3%
15+	2493	69.8%
Marital Status		
Single	1322	37.0%
Married/Civil Union	1669	46.7%
Separated/Divorced	478	13.4%
Widow/er	104	2.9%
Highest Level of Education		
Less than High School	127	3.6%
High School Graduate/GED	279	7.8%
Some College/Vocational or Technical School/Associates	1063	29.8%
Bachelor's Degree	925	25.9%
Graduate/Professional Degree	1179	33.0%

[3] The percentages by Primary Language are not mutually exclusive, meaning that a person could respond that their Primary Language is both English and Spanish.

Economic Characteristics

Economically, the largest percentage of respondents have a household income of $50,000-$74,999 (16.5%) followed by those earning $35,000-$49,999 (14.7%), $100,000-$149,999 (13.9%), and $75,000-$99,999 (12.3%). Additionally, most respondents responded that they own their home (50.9%), while 34.3% responded that they rent. An additional 10.3% responded that they live with other people but do not own or rent. Finally, 69.0% responded that they are employed full-time while 12.0% responded that they are employed part-time. A total of 12.9% responded that they are in school, 4.7% unemployed, and 6.1% retired. These employment numbers are not mutually exclusive, meaning that a person could respond that they are both employed full-time and part-time or that they are in school but also work part-time.

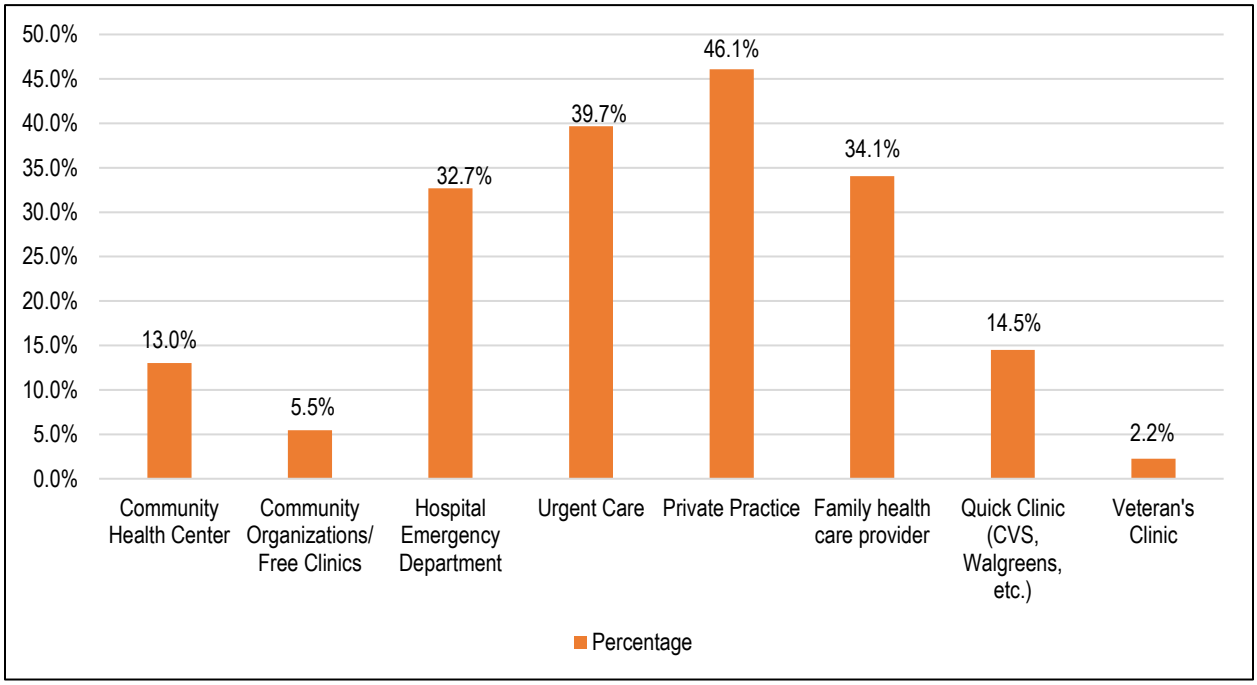
Table 5: 2019 Miami-Dade Wellbeing Survey Economic Characteristics

	Count	Percentage
Household Income		
<$10,000	297	8.3%
$10,000-$14,999	144	4.0%
$15,000-$24,999	224	6.3%
$25,000-$34,999	363	10.2%
$35,000-$49,999	525	14.7%
$50,000-$74,999	590	16.5%
$75,000-$99,999	439	12.3%
$100,000-$149,999	498	13.9%
$150,000-$199,999	244	6.8%
More than $200,000	249	7.0%
Household Living Situation		
Rent	1227	34.3%
Own	1817	50.9%
Live with someone but do not pay or rent	369	10.3%
Other	160	4.5%
Employment		
Employed Full-time	2467	69.0%
Employed Part-time	428	12.0%
In School	462	12.9%
Unemployed	169	4.7%
Retired	218	6.1%
Other	360	10.1%

Access to Care – Locations

In terms of where participants receive healthcare services, it was observed that slightly over 46.0% of respondents receive their healthcare (general, mental, or dental) from a private practice, followed by 39.7% who receive these services from urgent care, and family health with 34.1% (Chart 1). Please note that in many instances, respondents selected more than one answer to this question, as such the total number of respondents illustrated on Chart 1 aggregates to greater than 100%.

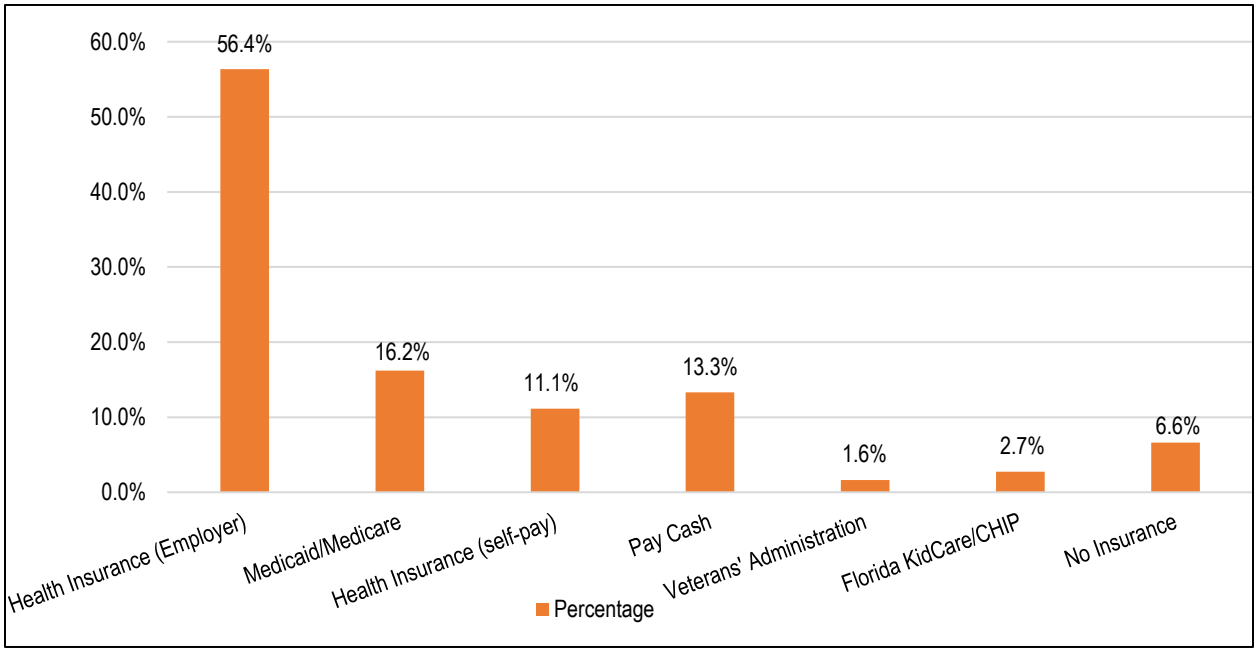
Chart 1 – *Where do you or your family go when sick or in need of healthcare, mental health care, or dental services?*



Healthcare Payor Source

When participants were asked how they pay for their healthcare services (non-dental), the majority (56.4%) of respondents indicated through an employer health insurance plan, followed by Medicaid/Medicare (16.2%), and self-pay health insurance plan with 11.1% (Chart 2). As mentioned in the previous question, respondents selected more than one answer to this question, as such the total number of respondents illustrated in Chart 2 aggregates to greater than 100%.

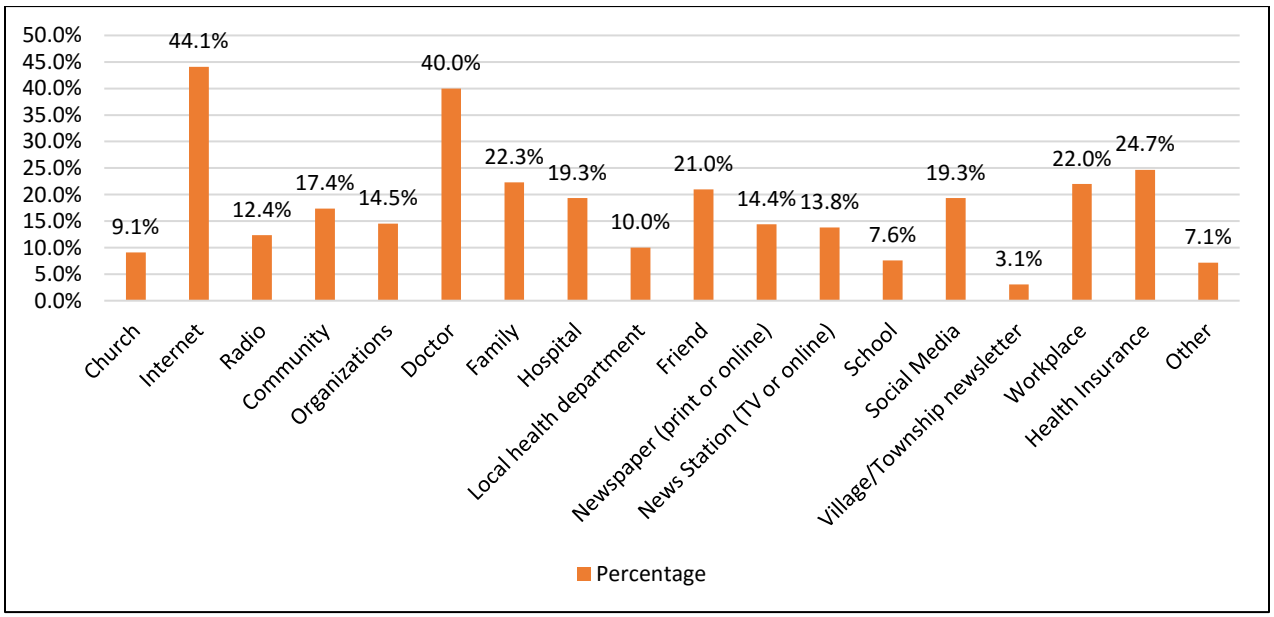
Chart 2 – *How do you pay for your health care (non-dental)?*



Health Information

Chart 3 depicts respondents' health information source. As observed in previous sections of the survey, respondents selected more than one answer to this question, as such the total percentage of responses does not equal to 100.0%. Most respondents (44.1%) selected the internet as their main source of information, followed by those who selected "doctor" with 40.0%. The least frequent response was "village/Township newsletter" as their source of information with 3.1%.

Chart 3—*Where do you get information about health-related issues/resources in your neighborhood?*



V. WEIGHTED RESULTS

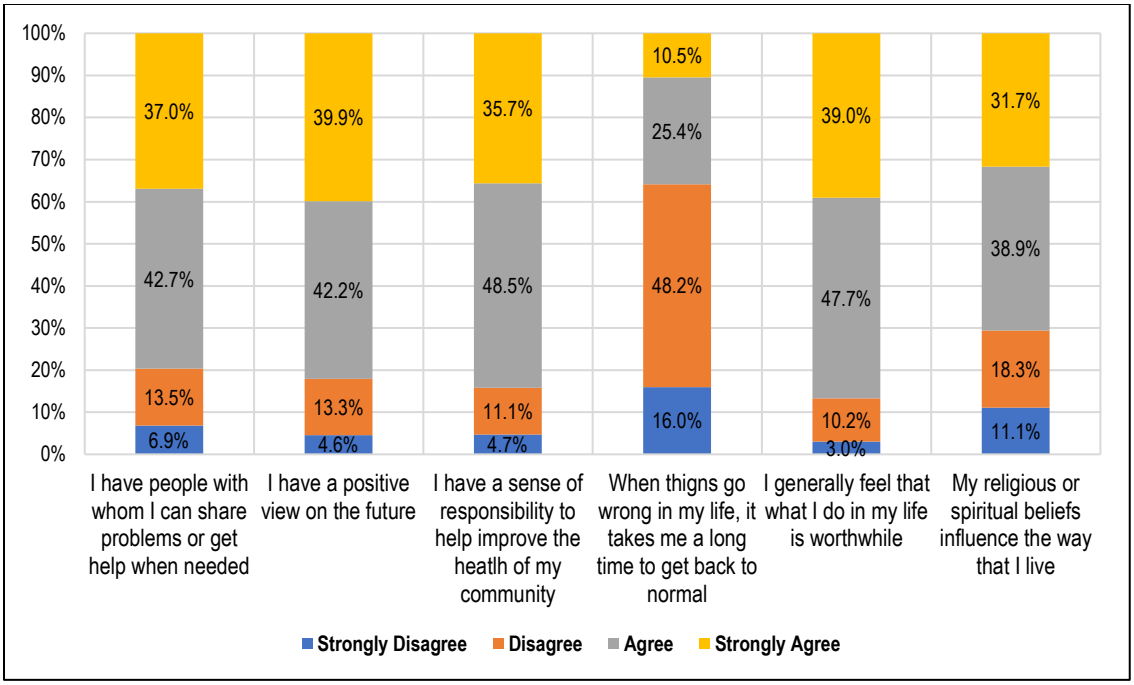
The following section are results from the weighted analysis. These results, based upon the methodology explained earlier in Section III, can be considered representative of the areas and county described.

Quality of Life

The first set of questions of the Miami-Dade Well-Being Survey under the Quality of Life section asked participants about their attitude to life as they are confronted with inevitable issues or problems. These questions aimed to inquire about the presence of individual and social support; the value of their own life; a sense of community identification with health-related issues; attitude to life in general; and the presence of beliefs, whether religious or spiritual, that influence how participants lead their lives.

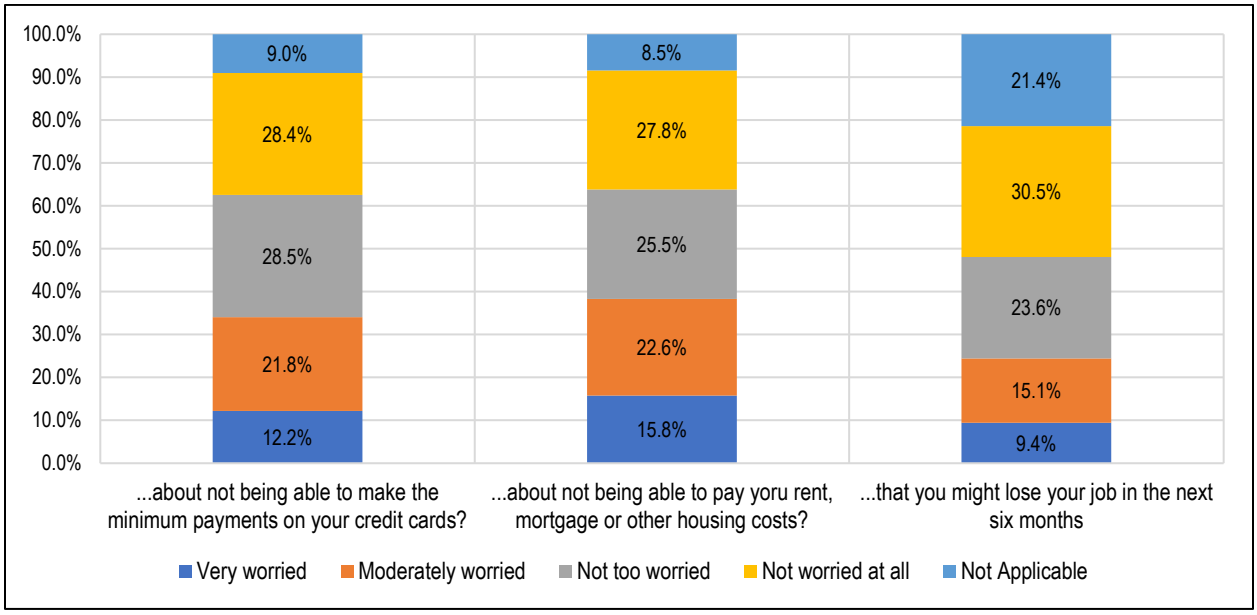
For instance, approximately 48.0% of respondents agree that what they do in their life is worthwhile (Chart 4) compare to 3.0% who strongly disagree with this statement. Additionally, 48.2% of respondents disagree that when things go wrong in their lives it takes them a long time to recover or to "get back to normal," compare to 10.5% of respondents who, conversely, agree strongly.

Chart 4 – *To what extent do you agree or disagree with each of the following statements about yourself*



When participants were asked how worried they were financially, a pattern was observed in the manner they answered. For instance, respondents felt that they were "not worried at all" in being able to make their credit card payments, being able to pay housing costs, or that they might lose their jobs in the next six months; followed by those who felt they were "not too worried" with respect to the three financial components described. Approximately 31.0% stated that that they are "not worried at all" that they might lose their jobs, followed by 24.0% who felt they are "not too worried", and 21.4% who indicated that this question was not applicable (Chart 5).

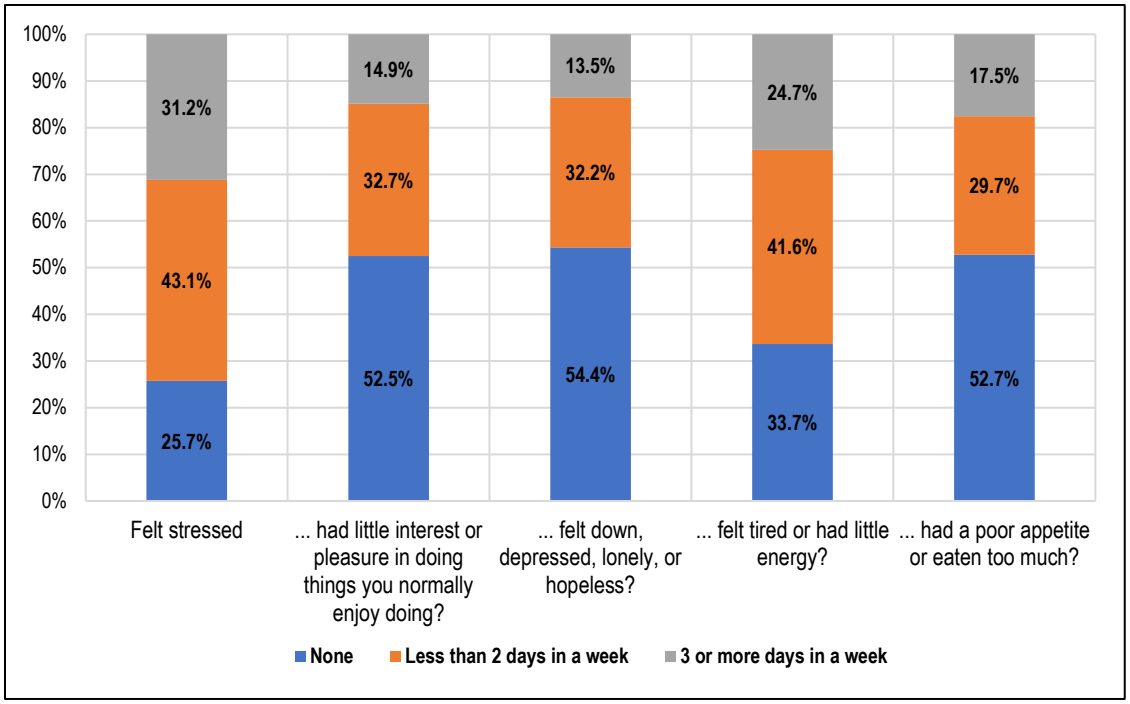
Chart 5 – *How worried are you right now…?*



The subsequent set of questions or topics aimed to capture participants' stress level, decreased interest in activities they would normally enjoy, depression level, energy, and appetite. As observed in previous categories or questions, certain patterns and variations were captured on this component of the Quality of Life section. When participants were asked about the amount of days that they had little interest in doing the "things" they would normally enjoy, more than half (52.5%) responded "none"; followed by 32.7% who indicated "less than 2 days in a week," and close to 15.0% who stated "3 or more days in a week." Please refer to Chart 6. Respondents answered similarly when asked about the amount of days they "felt down, depressed, lonely, or hopeless."

By contrast, the percentage of respondents who felt stressed in the past week varied in comparison to the previous set of questions. For instance, 25.7% of respondents indicated that did not feel stressed in any day of the week ("none" as their response); followed by 43.1% who felt stressed two days in a week; and 31.2% in three or more days in a week.

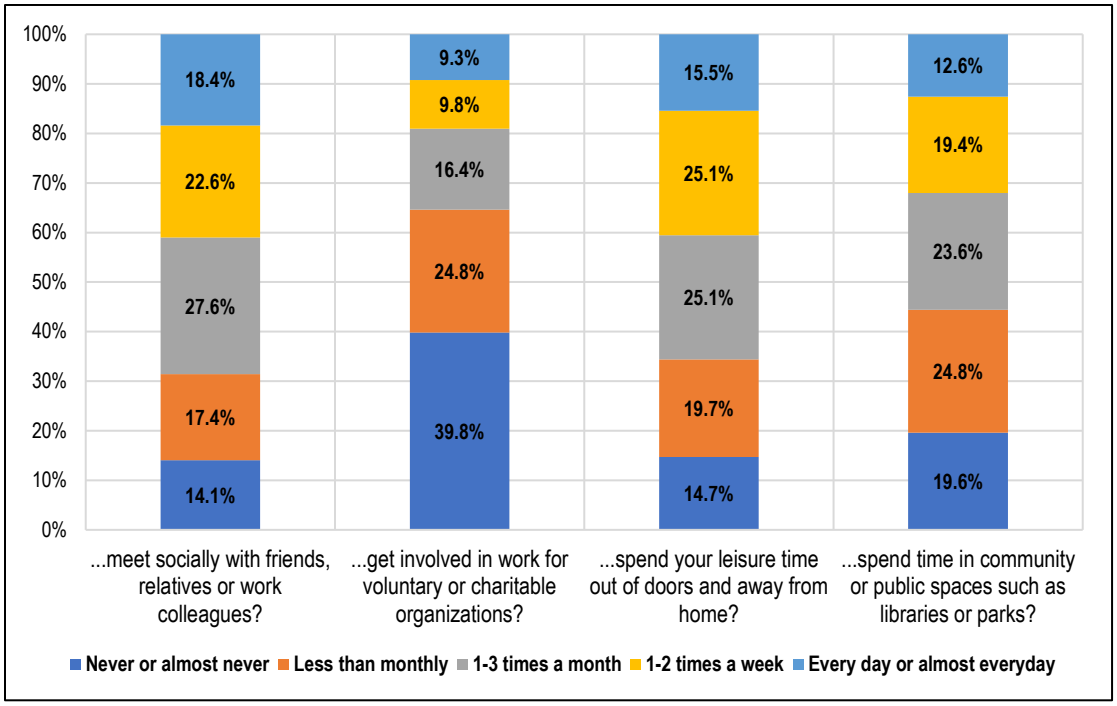
Chart 6 – *Over the last week, how man days have you…*



The next group of questions or topics covered in the survey inquired about the social interaction of participants, whether with friends, colleagues, or in the community; as well as the amount of time spent outdoors away from home. The majority of participants (27.6%) meet socially with their friends, family members or co-workers between one and three times a month; followed by 22.6% of respondents who indicated between one and two times a week, and 18.4% who meet socially every day or almost every day.

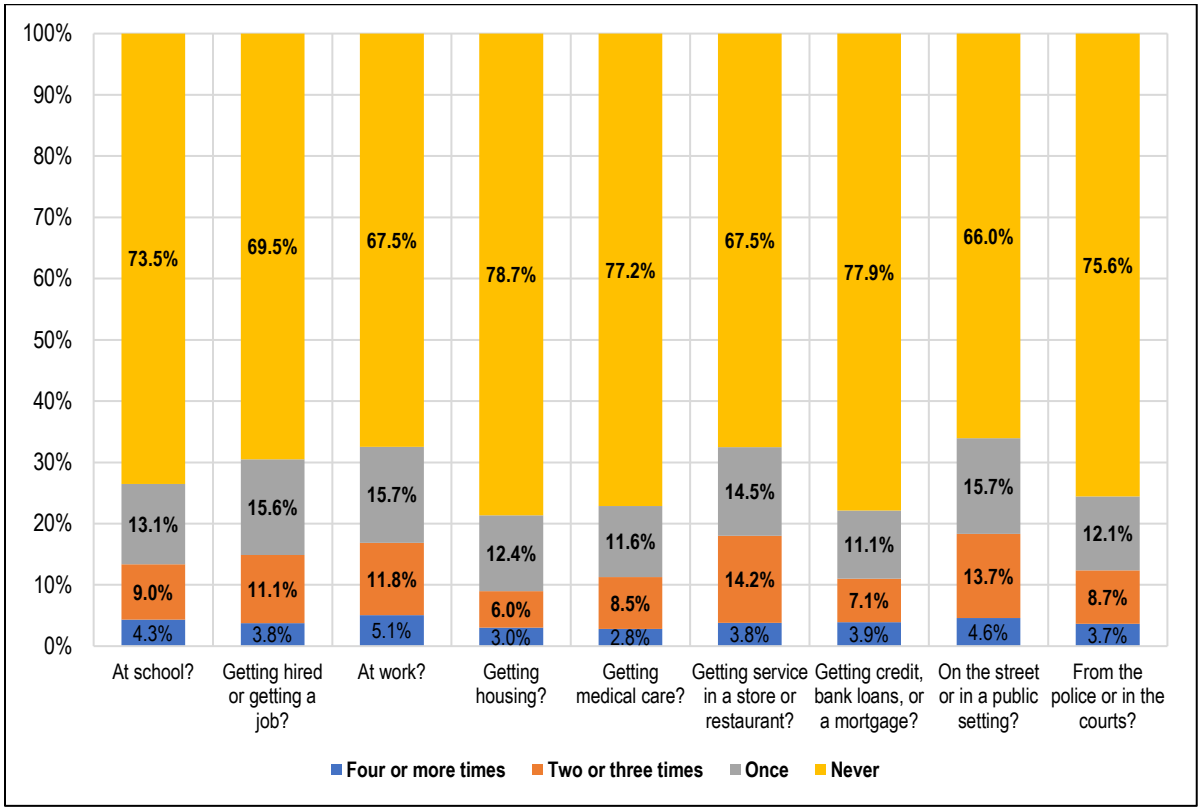
Compared to the previous question, the response distribution varied when participants were asked about the frequency of involvement associated with voluntary work or when working with charitable organizations. More specifically, approximately 40.0% of respondents are "never or almost never" involved in this type of work; followed by 24.8% of respondents who do so "less than monthly," and respondents who indicated between one and three times per month (16.4%). Please refer to Chart 7.

Chart 7 – *Thinking about your life at the moment, how often do you…*



The next topic covered under the Quality of Life section of the survey included questions associated with discrimination or being hassled at school, during the job hiring process, at work, while meeting housing accommodations, obtaining medical care, at a restaurant, public setting, bank, and by the police or in the courts. The greatest percentage of respondents indicated that in the last five years they have never been discriminated or hassled in any of the situations of places mentioned, and a decreasing pattern is observed as the frequency of these possible scenarios increases (i.e. once, two or three times, and four or more times). For example, approximately 78.0% of respondents stated that they have never been discriminated or hassled on the basis on race, ethnicity, or color; followed by those who indicated "once" as their response (11.1%), two or three times (7.1%), and four or more times (close to 4.0%). Please refer to Chart 8.

Chart 8 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?*

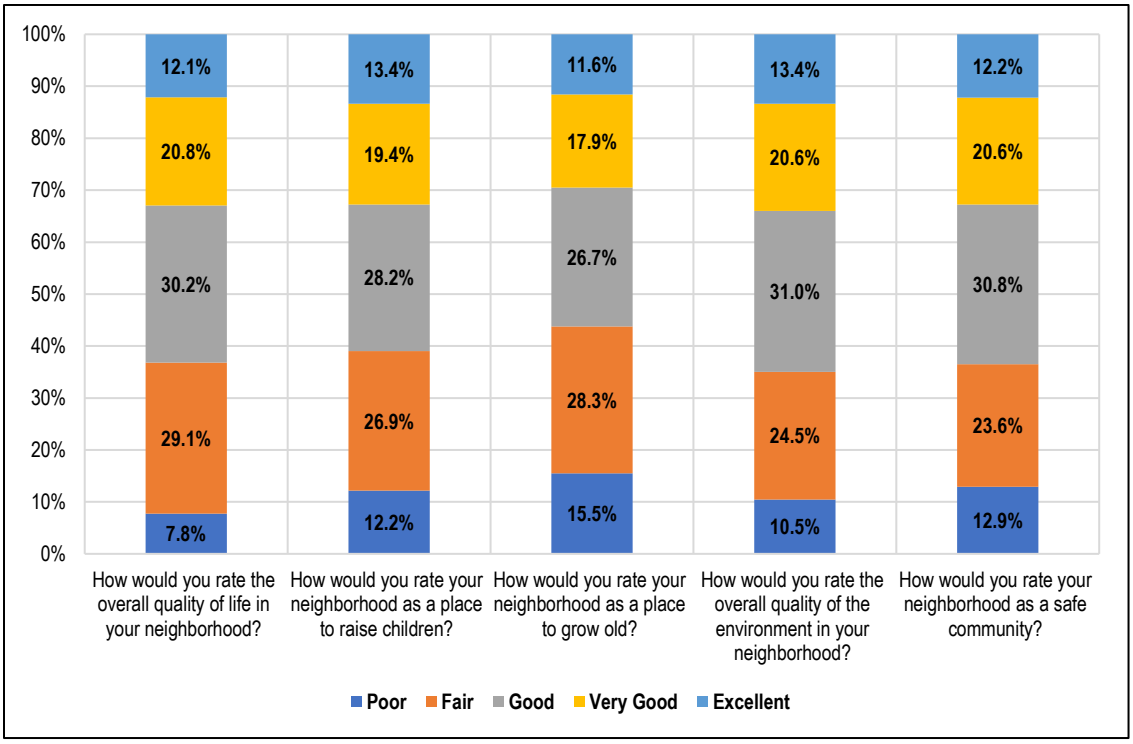


Environment

The next section of the survey, Environment, inquired about participants' neighborhood. The first set of questions under the Environment section asked participants to rate their neighborhood, from poor to excellent, based on the following themes or topics: overall quality of life, as a place to raise children, as a place to grow old, overall quality of the environment, and a as safe community.

It is important to note that close to 16.0% of respondents rated their neighborhoods as "poor" as a place to grow old, compared to 11.6% of respondents who rated their neighborhood as "excellent" for the same category or question (Chart 9). Conversely, 13.4% of respondents rated their neighborhoods as an excellent place to raise children compared to 12.2% of respondents who rated their neighborhoods as "poor" for the same category. Additionally, the majority of respondents rated their communities or neighborhoods as either good or fair for every category illustrated on Chart 9.

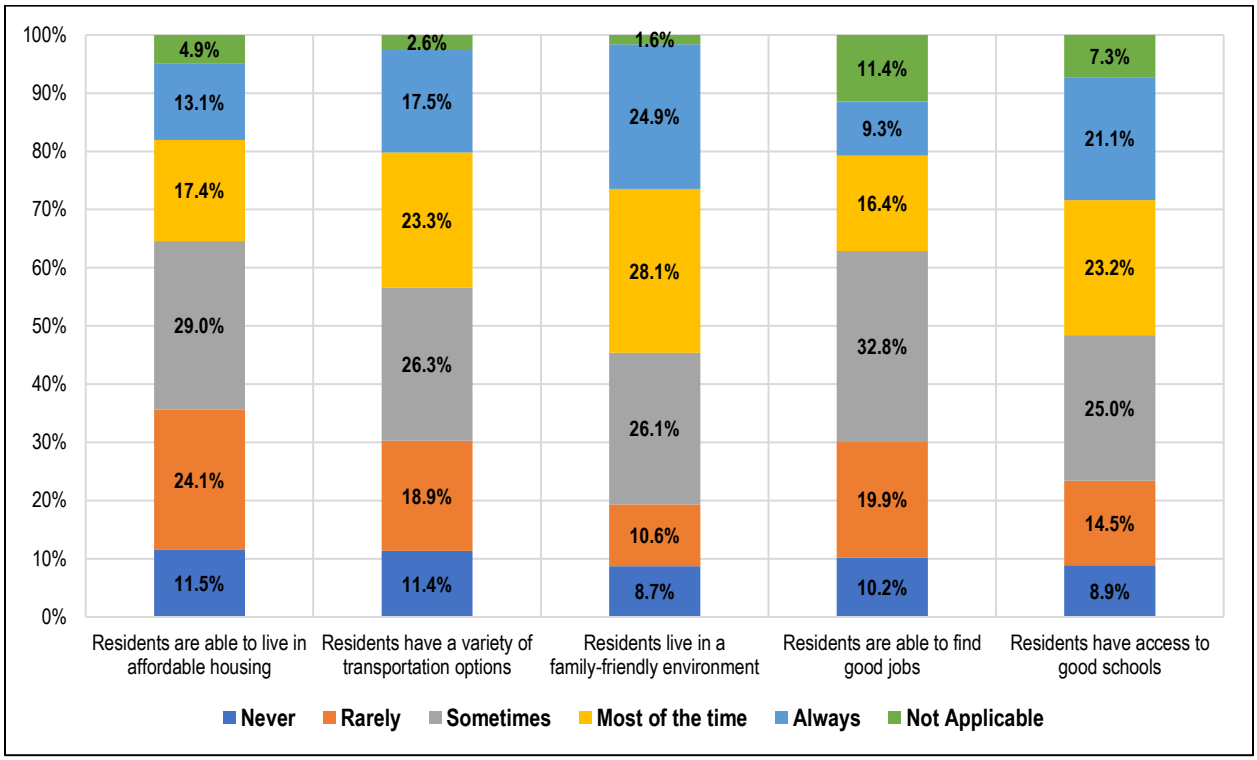
Chart 9 – *For every question, please select which most closely matches your opinion*



The following set of questions or categories of the survey asked participants to provide their opinions on affordable housing, transportation options, neighborhood environment, and on the quality of jobs and schools in their respective neighborhoods. The greatest percentage of respondents (32.8%) pointed out that residents in their neighborhoods are able to find good quality jobs "sometimes", followed by 20.0% of respondents who indicated that "rarely" this is the case (Chart 10). Similar results were also found when participants were asked about affordable housing in their neighborhoods, for which 29.0% of respondents shared that residents are able to live in affordable homes "sometimes", compared to 24.1% who claimed that this "rarely" true in their neighborhoods.

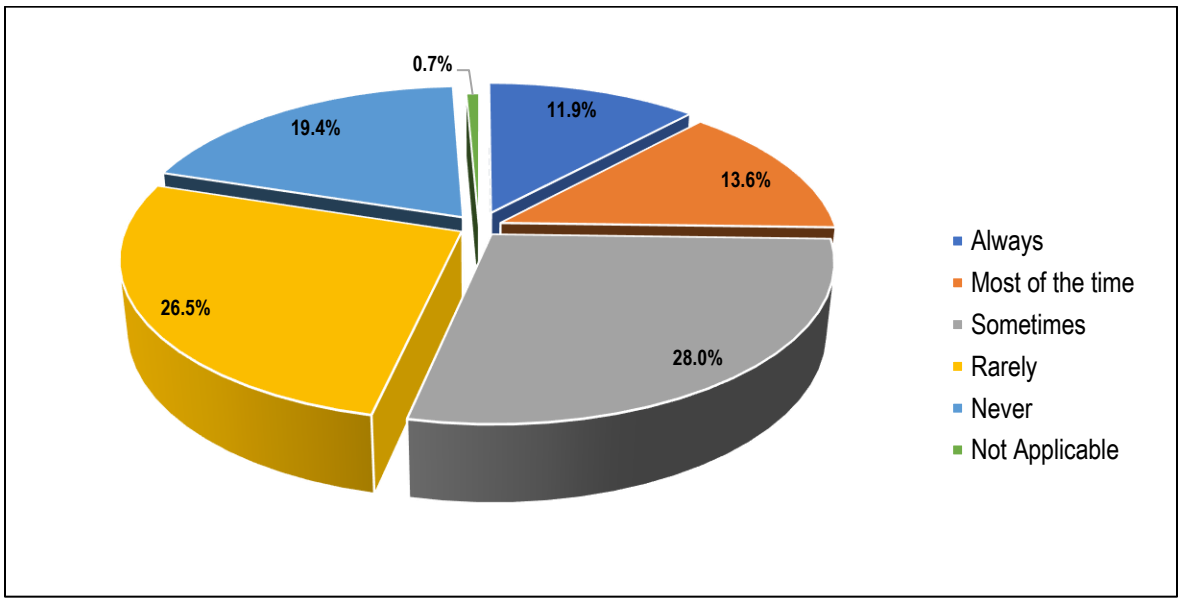
In addition, close to 25.0% of respondents highlighted that residents in their neighborhoods "always" live in a family-friendly environment, while 8.7% of respondents indicated that this is "never" the case.

Chart 10 – Please provide your opinion on the following statements when thinking about your neighborhood



When participants were asked how often they are bothered by noise in their neighborhood, most respondents (28.0%) shared that this occurs "sometimes", followed by respondents who indicated "rarely" (26.5%), and "never" (19.4%). Please refer to Chart 11.

Chart 11 – *To what extent are you bothered by noise in your neighborhood, including noise from neighbors, traffic, and airplanes/helicopters?*

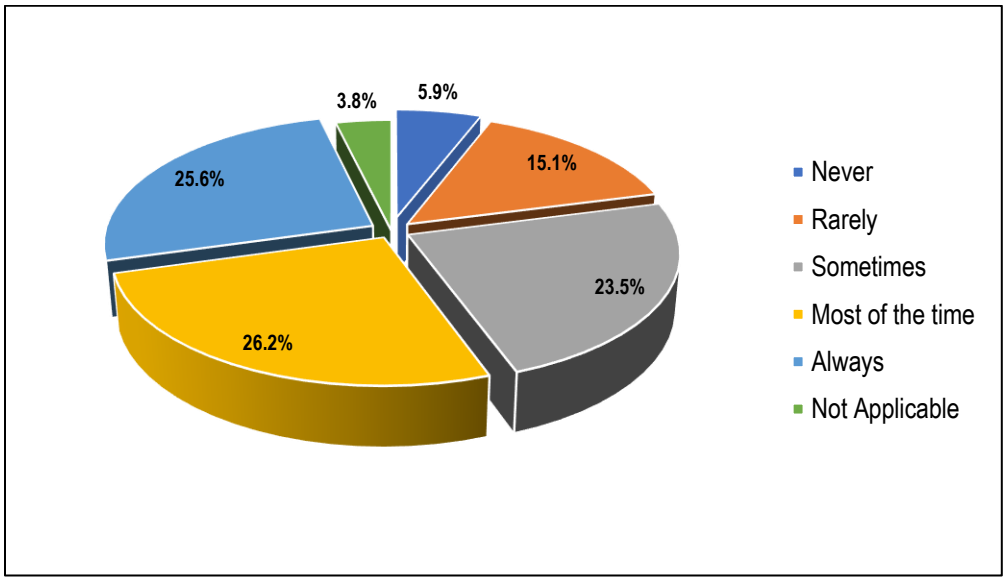


Modifiable Health Risks

This section of the survey encompasses Modifiable Health Risks pertinent to residents of Miami-Dade County. Chart 12 illustrates the results of the first question under this section of the survey, more specifically it highlights the frequency of participants' access to healthy and affordable food. The greatest percentage of respondents (26.2%), indicated that "most of time" they have access to affordable and healthy food; followed by respondents who answered "always" (25.6%), and close to 24.0% who reported "sometimes."

Chart 12 – *Please provide your opinion on the following statement when thinking about nutrition in your neighborhood:*

Residents have access to healthy and affordable food.



The second set of questions under the Modifiable Health Risks section aimed to capture participants' attitudes towards breastfeeding and included topics such as health benefits associated with breastfeeding, breastfeeding in comparison to formula feeding, breastfeeding in public places, and sentiments about the need to incorporate a private room at the work place for mothers to pump their milk.

It is important to note that for every question under this category, the responses yielded similar results with the majority of respondents agreeing strongly with the statements posed. For instance, approximately 58.0% of respondents "strongly agree" that breastmilk is the best source of food for babies, followed by those who "agree" (32.0%). Please refer to Chart 13. Similarly, close to 57.0% of respondents "strongly agree" that breastfeeding benefits the health of the mother and the baby, followed by 30.3% who "agree" with this statement.

Chart 13 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood*

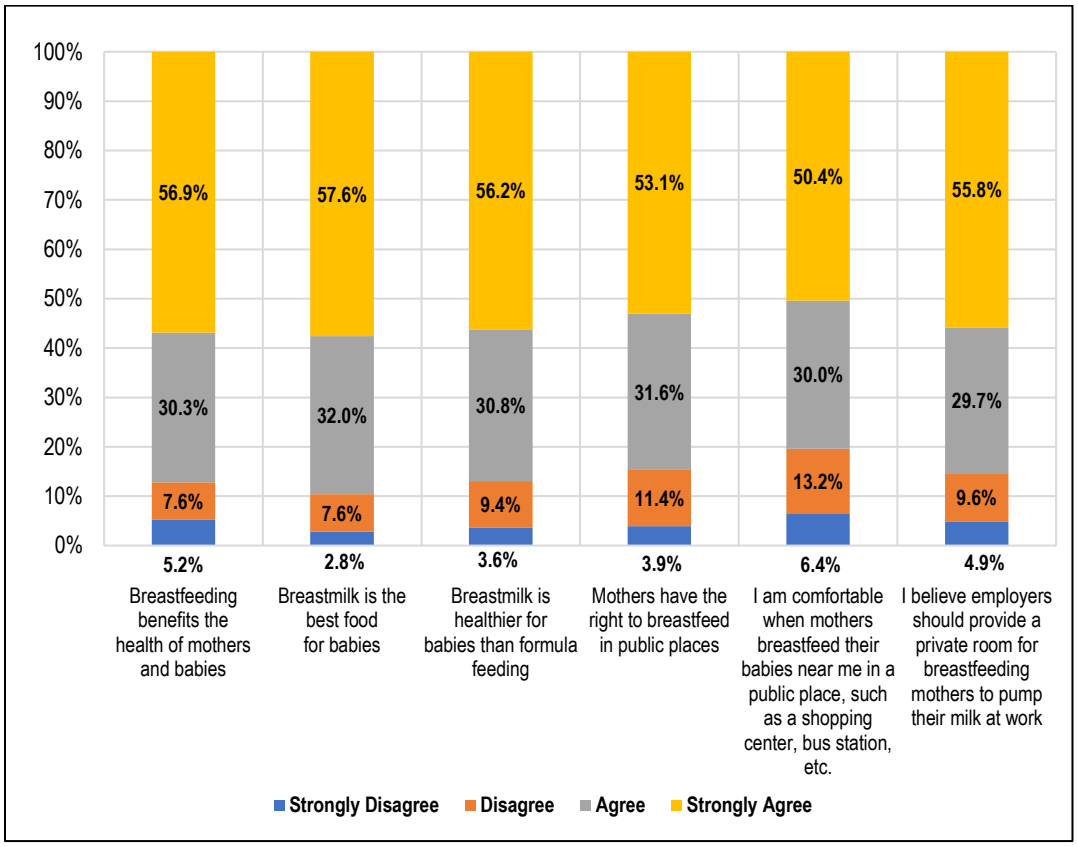
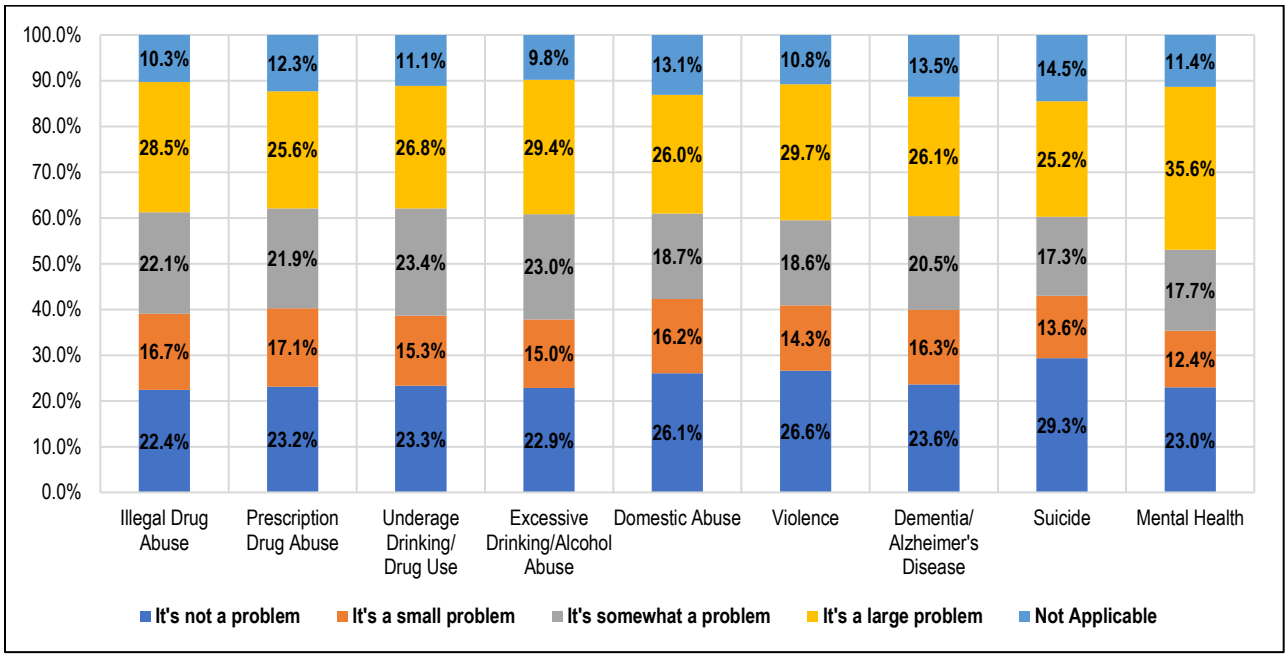


Chart 14 depicts the results of participants' attitudes towards specific issues present in the community related to whether they believe these issues are a problem in their community. These issues include: substance abuse, domestic abuse, violence, mental health, and suicide.

As highlighted in previous questions, a pattern is observed in the manner participants responded when asked about the aforementioned issues. For instance, when participants were asked whether suicide is a problem in their neighborhood, 29.3% of respondents stated that it is not a problem compared to 25.2% who claimed that this a large problem (Chart 14). Comparably, 26.1% of respondents felt that domestic violence is not a problem in their communities while 26.0% believed "it is a large problem."

Chart 14 – *Please provide your opinion on the following health issues when thinking about your neighborhood*

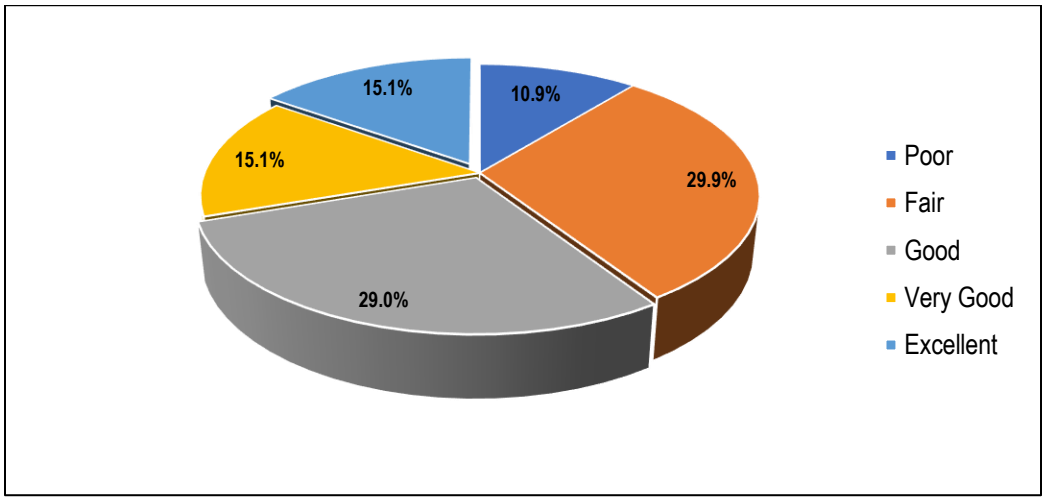


Access to Healthcare Services

The next section of the survey included Access to Healthcare Services and encompasses two set of questions. The first question asked participants to rate the quality of the healthcare system in their neighborhood, for which most of respondents (30.0%) answered that it is "fair", while 29.0% shared that it is "good." Please refer to Chart 15. Furthermore, close to 11.0% maintained that the quality of the healthcare system in their communities is deficient or "poor."

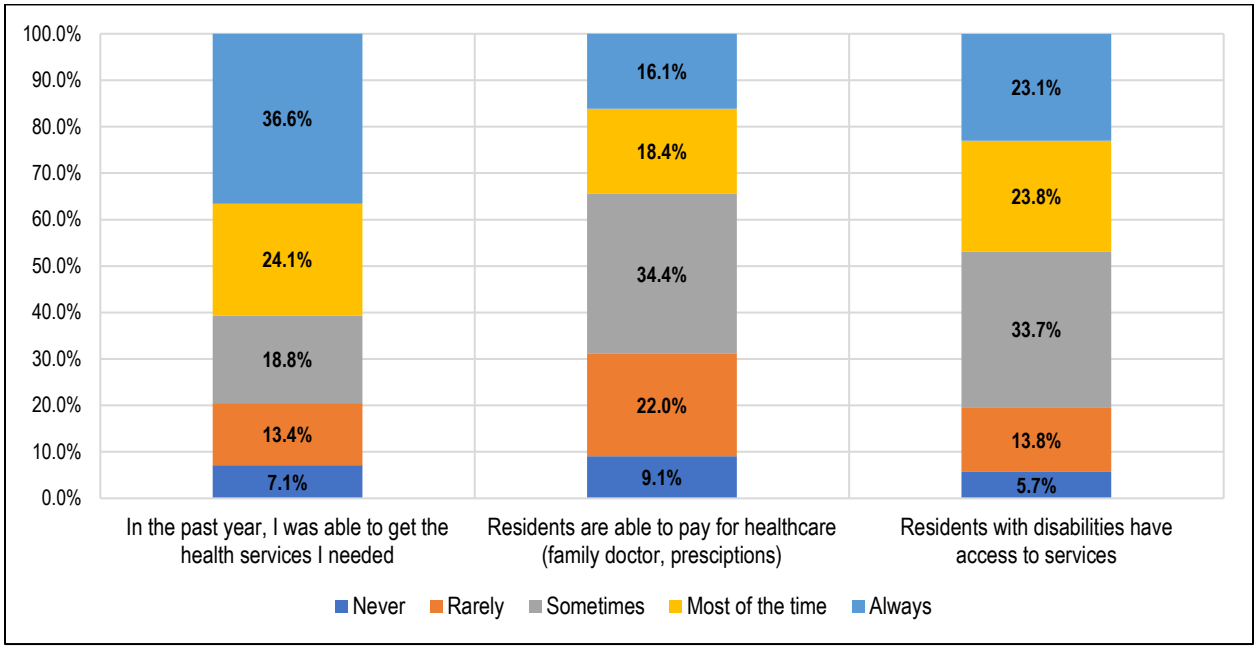
Chart 15 – *Please select which most closely matches your opinion:*

How would you rate the quality of the healthcare system in your neighborhood?



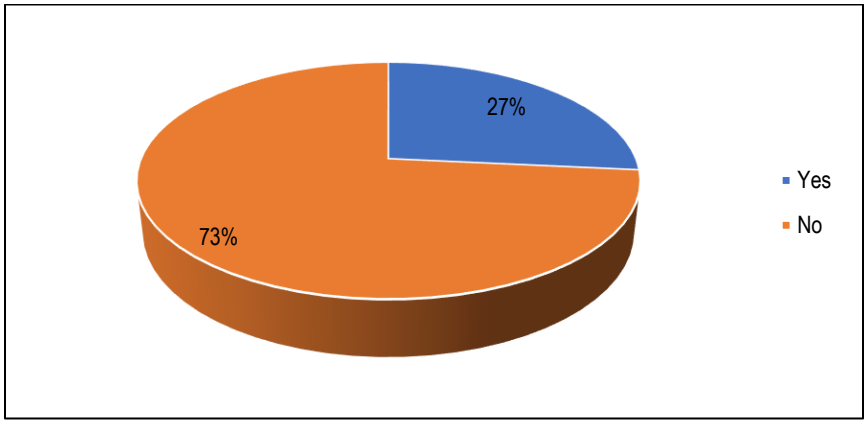
The second question under the section Access to Health Services, intended to inquire about participants' views on the delivery of health services and payment for these services. A certain degree of variation was observed in the manner participants answered these questions. For example, close to 37.0% of participants stated that they are "always" able to obtain the health services they needed; while 18.8% stated that they are able to receive these services "sometimes." Please refer to Chart 16. Conversely, 16.1% of respondents are "always" able to pay for healthcare services compared to 34.4% who responded "sometimes."

Chart 16 – *Please select which most closely matches your opinion when thinking about your neighborhood*



When participants were asked if they were under any medication or treatment prescribed by a doctor, close to three quarters of respondents (73.0%) answered "no" compared to 27.0% who responded affirmatively to this question (Chart 17).

Chart 17—*Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?*



VI. CONCLUSION

The 2018 Wellbeing Survey sought to understand the health status, needs, and expectations of the residents of Miami-Dade County. Overall, the residents of Miami-Dade County are optimistic about their health, their access to healthcare, and their overall quality of life. However, this is not universal across all indicators and clusters. The following section highlights the major findings of the 2018 Wellbeing Survey:

Respondent Summary

The respondents to the 2018 Wellbeing Survey were largely female, between the ages of 24-54, and White or African-American. Furthermore, many of them are long-term residents of Miami-Dade County and have a minimum education of a Bachelor's Degree. While these characteristics are not representative of Miami-Dade County as a whole, through advanced statistical processing, the results of the survey on specific health and quality of life indicators are representative (for more information see Section III - Methodology).

Quality of Life

As a whole, Miami-Dade County residents indicate that they, largely, agree that they have a high quality of life. The majority responded that they have good support systems when they need help, have positive views of the future, a sense of civic duty, and have a positive view on life. However, there are key neighborhoods/clusters within Miami-Dade that do not share this positive view. For instance, residents from Cluster 13 are less likely to strongly agree or agree that they have people with whom they can share problems or get help when needed compared to the County and other clusters. Additionally, residents from Cluster 6 are more likely to worry about losing their jobs in the next six months and are more likely to feel tired, stressed, down, depressed, lonely, or hopeless three or more days in a week compared to the County and other clusters. Meanwhile, Cluster 1 residents (South Dade/Homestead) exhibited the highest percentage of residents who have experienced prejudicial treatment four or more times in the past five years in the following settings: at school, at work, getting housing, receiving medical care, and on the streets or public setting.

Furthermore, housing and the health care system in Miami-Dade County continues to be a large concern for residents with 38.4% indicating they are moderately or very worried about their ability to pay for housing; while over 40% believe the quality of their health system is poor or fair.

These results indicate that, while residents' opinions of the overall quality of life in Miami-Dade County are good, there are specific areas that do not equally feel this positivity and larger, more wide-spread issues that must be addressed to continue to see improved quality of life.

Environment

As a place to live, the residents of Miami-Dade County found that, overall, the county is a good place to live and raise a family. However, unlike Quality of Life, there was not a clear tendency in the positive. When asked to rate their neighborhood as a place to grow old, to raise children, and as a safe community, responses were closely split between Fair, Good, and Very Good. Furthermore, these sentiments are not felt universally. Residents of Clusters 1, 5, and 13 have higher percentages of those who responded Poor

or Fair when asked to rate their neighborhood, while Clusters 4 and 6 tended to have higher percentages that rated their neighborhoods as Very Good or Excellent.

Specific aspects of the community environment did not reveal any large consensus either. While larger percentages at a County Level indicated that they believe their neighborhood is family friendly and provides access to good schools, key themes persist—issues with housing affordability and transportation—with most individual clusters indicating that they can either only sometimes, rarely, or never find affordable housing or a variety of transportation options. Only Clusters 4 and 9 consistently indicated a larger percentages of residents who answered they Always had access to these characteristics.

Modifiable Health Risks

Residents indicated that they are, generally, Always or Most of the Time have access to healthy and affordable food, and Strongly Agree on the importance of breastfeeding for infant health. These trends are common across clusters with only Cluster 13, and to a lesser extent Cluster 5, indicating lower access to healthy and affordable food and decreased understanding of the importance of breastfeeding. For instance, Cluster 13 is characterized with the highest percentage of residents who are more likely to strongly disagree or disagree with the following components associated with breastfeeding: it benefits the health of the mother and babies; it is the best food for babies; it is healthier for babies than formula feeding; mothers have the right to breastfeed in public places; that they are comfortable when mothers breastfeed their babies in a public place, and that employers should provide a private room for breastfeeding mothers to pump their milk at work. This indicates that for Cluster 13, additional health education opportunities are needed coupled with expanded availability of health and affordable food options for residents.

Additionally, when asked about specific modifiable health risks, such as illegal drug use and mental health, there were significant portions of the county that felt that these risks are at least somewhat of a problem. These sentiments are particularly strong in Clusters 13, 4, and 1, which consistently exhibited higher percentages that indicated modifiable health risks are a large problem. For example, Cluster 1 is characterized with the highest percentage of residents who feel that substance abuse (illegal drug use, prescription drug use, alcohol abuse) and mental health are large problems is their communities. These results indicate a need for targeted responses to modifiable health risk concerns at a neighborhood level in Miami-Dade County, with particular focus on those areas that indicate a moderate to high level of concern with answers of “It’s somewhat a problem” or “It’s a large problem”.

Access to Healthcare Services

While a large proportion of residents believe they are always able to get the health services needed, many did not indicate the quality of health services to be “Very Good” or “Excellent” or that they are able to pay for needed healthcare. This is especially true of Cluster 13 residents, who are more likely than the County and other clusters to respond that their community is “Never” able to pay for healthcare services and also represent the largest percentage of residents who feel that residents with disabilities “Never” have access to services. In contrast, residents of Cluster 6 largely feel they “Always” or “Most of the time” can get the health services needed, are able to pay for healthcare, and believe residents with disabilities have access to needed services.

Mental Health Medicine or Treatment

The vast majority of residents of Miami-Dade County are not taking medication or receiving treatment for any type of mental health condition or emotional problem. While there are varying rates across neighborhoods and clusters (e.g. 90.4% in Cluster 4 responded “no” while 55.8% of Cluster 13 responded “no”), every cluster continued to have the majority of residents respond that they do not take medications or receive treatment for mental health or emotional conditions.

Lessons Learned

There were several lessons gleaned from the 2018 Wellbeing Survey. First, for ease of analysis and interpretation, the inclusion of design weights is crucial. The current survey was implemented in an online only format and often distributed via email blasts to and through community partners and via the use of tablets at local community events. This does not allow for robust control over area specific sample size. In future surveys, mixed method approaches or a focus on phone-based interviews could allow for closer regulation over sample size, particularly at the cluster level.

Additionally, the 2018 Wellbeing Survey was a new iteration of previous county-wide surveys and included numerous new questions that were not able to be compared to previous years. While there are benefits to focusing on new subject matter or tweaking individual questions to be more specific to the population sought, this does not allow for time trend data. In future years, it would be beneficial to repeat large portions of the current survey or return to previous surveys so that time trend data is available, and interpretations can include improvements over a five-year to ten-year period.

Finally, any survey that is meant to represent a large metropolitan area must be expected to need post-stratification weighting. While, the 2018 Wellbeing Survey did utilize post-stratification weights, future surveys should develop the survey and design weights to minimize post-stratification weighing, particularly when it comes to the demographic profile of respondents.

Overall, the 2018 Wellbeing Survey is a scientifically rigorous, representative sample of Miami-Dade County. The weighted results presented in this report can be used to inform and plan for population health initiatives to improve upon the current response of residents. Furthermore, the results of this survey can be used to inform local administrators, government officials, community-based organizations, and academic communities as they also seek to implement programs to improve community health and the overall quality of life of residents.