

JUNE 2010

# COMMUNITY BENCHMARK

## EXECUTIVE SUMMARY

NORTHWEST MIAMI-DADE



Herbert Wertheim  
College of Medicine

Office of Academic Affairs  
Division of Research and Information  
Data Coordinating Center

# COMMUNITY BENCHMARK

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## **The families and households who graciously gave their time to complete the survey**

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# I. BACKGROUND

Florida International University Herbert Wertheim College of Medicine (HWCOC) has the vision of being “South Florida’s leader in providing clinically competent physicians to the local communities, and in discovering innovations in the science and delivery of medical care.” In order to reach this vision, the HWCOC has developed a series of educational activities that are strongly embedded in the community and represented by the neighborhood health education program (NeighborhoodHELP™) as well as the evaluation and research components associated with it. The program’s fundamental pivot is visitation to community households by medical, nursing, and social work students. The inaugural launch of NeighborhoodHELP™ was in communities located in north Miami–Dade County and this report illustrates the results of the first developmental step for the program’s research component – an extensive and detailed survey of that program area developed as a community based participatory research project (CBPR).

North Miami–Dade is an underserved area which has not previously been studied in detail; therefore, the availability of health data was extremely limited. When the HWCOC decided to implement its NeighborhoodHELP™ in this area, it was imperative to do a comprehensive baseline assessment of the community through CBPR. Thus, the Benchmark Survey was implemented. This survey provides novel and insightful information about an area with unique racial and social characteristics and with unique assets and needs. This report is the result of an activity that is the basis for the establishment of an ongoing surveillance system that not only will collect information about this area but will become the key element in providing continued, timely, and valid information and knowledge for the improvement of the social wellbeing and health of the members of the community.

The survey used high quality science and participation of multiple community members including the Community Advisory Team (CAT) in its design and implementation. Community, capacity building and promotion activities were key components in the success of the survey. It ultimately helped the transfer and reinvestment of resources into the community through recruitment of interviewers and by empowering the community to objectively think about their challenges and to build data to answer relevant questions. Through an academic partnership model we were able to implement the needed activities to do complex analysis and produce information to develop strategies for evidence–based program implementation and policy generation.

The Division of Research and Information/ Data Coordinating Center is committed to the unbiased generation and analysis of data and the translation and dissemination of results in order to serve the needs of our community, the academic pursuits of FIU faculty, and the educational aspirations of FIU students. We trust this report provides the type of valuable, reality–driven information needed to serve those functions.

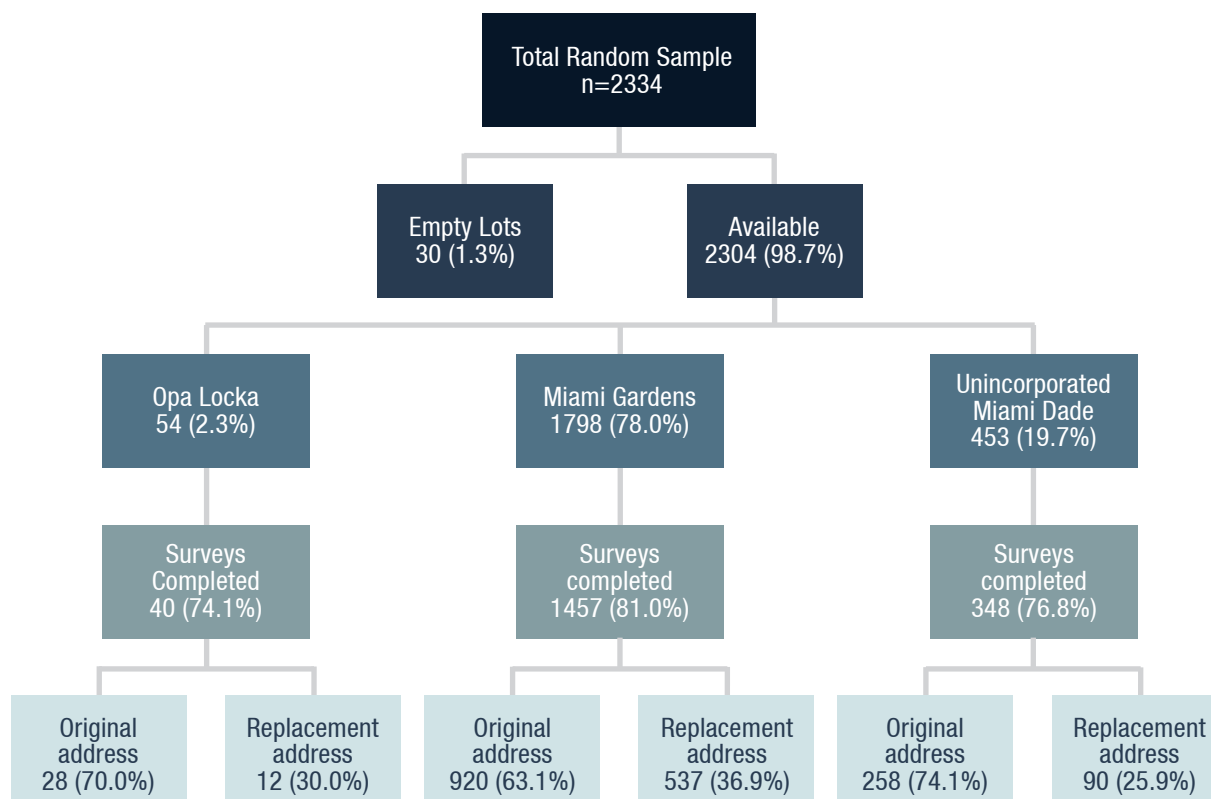
Methodical and systematic data collection, data analysis, and timely data reporting are among the cornerstones for the FIU Herbert Wertheim College of Medicine’s Division of Research and Information/Data Coordinating Center. It was with these guiding principles in mind that the Community Benchmark Survey process was undertaken.

## II. METHODOLOGY

The North Miami–Dade Benchmark Survey, which consists of 156 standardized questions, was developed with the aim of examining household and individual health/wellness indicators for families residing in an area of North Miami–Dade conformed by the City of Miami Gardens, a portion of the City of Opa Locka, areas of Unincorporated Miami–Dade (east of Red Road/57th Avenue), and referred households from Northeast Miami–Dade<sup>1</sup>. The communities whose data are revealed in the report were selected because they are among the most vulnerable in Miami–Dade County. The questionnaire was developed through community participation and input. The data gathered provided a snapshot of community health from October 2009 to April 2010. The compiled information will serve as a baseline for measuring the impact of further initiatives in this area.

The questionnaire was administered by trained interviewers recruited from the community to a statistically representative sample of the families in the area living in single family homes, duplexes, or mobile homes. One consenting adult, 18 years old or older, answered the questions on behalf of the entire household. As shown in Figure 1, the total sample size was 2334 households, with a survey completion rate of 79% (1845 surveys). Of these, 639 surveys were completed at a replaced address. Out of the replaced addresses, 434 (67.9%) households were replaced because member(s) of the original household refused to participate; 74 (11.6%) because the original house was abandoned; and 131 (20.5%) because of other reasons. The majority of the respondents were females (56.8%), individuals between 45 and 64 years old (36.6%), and African Americans (57.4%).

**FIG. 1: RESPONSE RATE AND REPLACEMENT RATE BY COMMUNITY IN THE STUDY AREA**



<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population-based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

# III. RESULTS

## A. DEMOGRAPHICS

### 1. RACE/ETHNICITY

It was assumed that the race/ethnicity of the entire household was the same as the one reported by the respondent. Based on the self-reported race/ethnicities of the respondents, the population of the study area is predominantly African American (56.7%) and Hispanic (29.0%). When compared by communities, the distribution of the race/ethnicities differs across a relatively small geographical area (Table 1). The majority of the households are Hispanic in Opa Locka and Unincorporated Miami-Dade, while in Miami Garden, are African Americans. In the Northeast area, 37.8% of the households identified themselves in the “Others” category. This race/ethnicity distribution highlights the importance of taking into consideration the difference between geographic areas that can be a contributor to disparities and health issues.

**TABLE 1. RACE/ETHNICITY CHARACTERISTICS IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Non-Hispanic White	3.2 (0.4, 5.9)	1.4 (1.1, 1.7)	1.7 (1.0, 2.4)	27.0 (12.0, 42.0)	1.5 (1.2, 1.8)
African American	32.5 (25.1, 39.8)	66.1 (64.8, 67.4)	14.2 (12.1, 16.3)	18.9 (5.7, 32.1)	56.7 (55.6, 57.8)
Hispanic	58.0 (50.2, 65.7)	17.6 (16.6, 18.7)	80.5 (78.1, 82.9)	16.2 (3.8, 28.7)	29.0 (28.1, 30.0)
Others	6.4 (2.5, 10.2)	14.2 (13.2, 15.1)	3.6 (2.5, 4.7)	37.8 (21.4, 54.2)	12.2 (11.4, 13.0)
Missing	0.0	0.7	0.0	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0

### 2. LANGUAGE

It was assumed that the primary language spoken at the household was the same as the one reported by the respondent. English is the primary language spoken at the majority of the households interviewed, accounting for 71.7% of the total followed by Spanish (21.9%) and Creole (4.4%). In Opa Locka, 45.0% of the households speak English and 47.5% speak Spanish. In Miami Gardens and Northeast, more than 70.0% of the households speak English. In 60.6% of the households of Unincorporated Miami-Dade, Spanish is spoken as the primary language.

### 3. EDUCATIONAL ATTAINMENT

Table 2 depicts the level of education of the head of the Household. Unincorporated Miami-Dade and Northeast have the highest percentage of less educated head of the household: 12.8% and 40.5% head of households who have completed less than high school, respectively.

<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population-based communities. Data from Northeast is not included in any totals or comparison tables/graphs.



**TABLE 2. LEVEL OF EDUCATION OF THE HEAD OF THE HOUSEHOLD IN THE STUDY AREAS**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Less than High School	10.0 (5.8, 19.4)	11.4 (9.8, 13.0)	12.8 (9.3, 16.3)	40.5 (23.9, 57.1)	11.6 (10.1, 13.1)
High School or Equivalent	37.5(22.3, 52.7)	34.5 (32.0, 36.9)	41.5 (36.2, 46.9)	16.2 (3.8, 28.8)	35.7 (33.5, 37.9)
Voc. Technical School or Some College	32.5 (17.8, 47.2)	32.7 (30.3, 35.2)	30.1 (25.2, 35.1)	35.1 (19.0, 51.3)	32.3 (30.1, 34.4)
Bachelor's Degree	15.0 (3.8, 26.2)	12.9 (11.2, 14.6)	12.5 (9.0, 16.1)	5.4 (0.0, 13.4)	12.9 (11.3, 14.4)
Master's Degree	0.0	6.0 (4.8, 7.2)	2.7 (0.9, 4.5)	2.7 (0.0, 8.2)	5.3 (4.3, 6.3)
Doctoral or Professional Degree	0.0	0.8 (0.4, 1.3)	0.0	0.0	0.7 (0.3, 1.0)
Missing	5.0	1.7	0.3	0.0	1.6
Total	100.0	100.0	100.0	100.0	100.0

#### 4. EMPLOYMENT STATUS

When analyzing the employment status of the head of the household by community, the most striking fact is the high percentage of unemployed heads of households in Opa Locka (25.0%), Unincorporated Miami–Dade (22.2%), and Northeast area (27.0%) (Table 3). The Northeast area has the highest percent of retired head of the household (45.9%). When analyzing the employment status of the head of the household by race/ethnicity categories, almost 20% of the Hispanic head of households are unemployed.

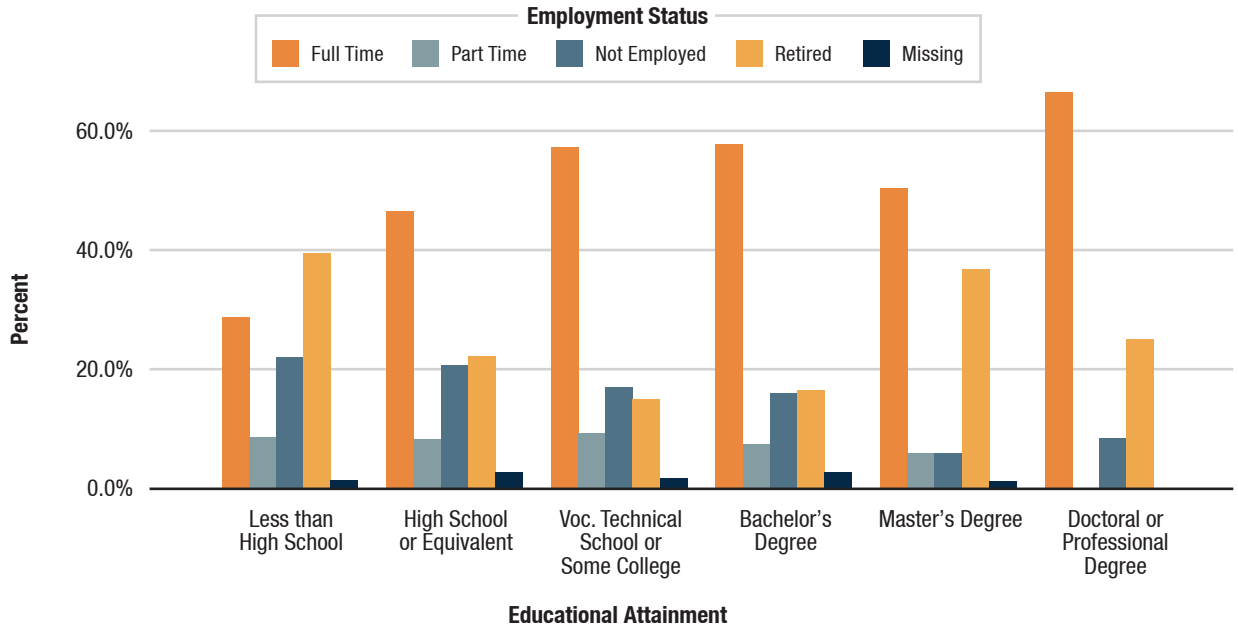
**TABLE 3. EMPLOYMENT STATUS OF THE HEAD OF THE HOUSEHOLD IN THE STUDY AREAS**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Full Time	45.0 (29.4, 60.6)	50.4 (47.8, 52.9)	47.3 (41.9, 52.7)	40.5 (5.7, 32.2)	49.7 (47.4, 52.0)
Part Time	12.5 (2.1, 22.9)	8.6 (7.2, 10.1)	6.8 (4.2, 9.4)	8.1 (0.0, 17.3)	8.4 (7.2, 9.7)
Not Employed	25.0 (11.4, 38.6)	16.8 (14.9, 18.7)	22.2 (17.9, 26.6)	27.0 (12.0, 42.0)	17.9 (16.2, 19.7)
Retired	17.5 (5.6, 29.4)	22.2 (20.1, 24.4)	20.4 (16.0, 24.8)	45.9 (29.2, 62.8)	21.8 (19.9, 23.7)
Missing	0.0	1.9	3.2	0.0	2.1
Total	100.0	100.0	100.0	100.0	100.0

The survey responses reveal that those with less than a high school education have the largest percentage of unemployment, almost 20.0% (Figure 2).

<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population–based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

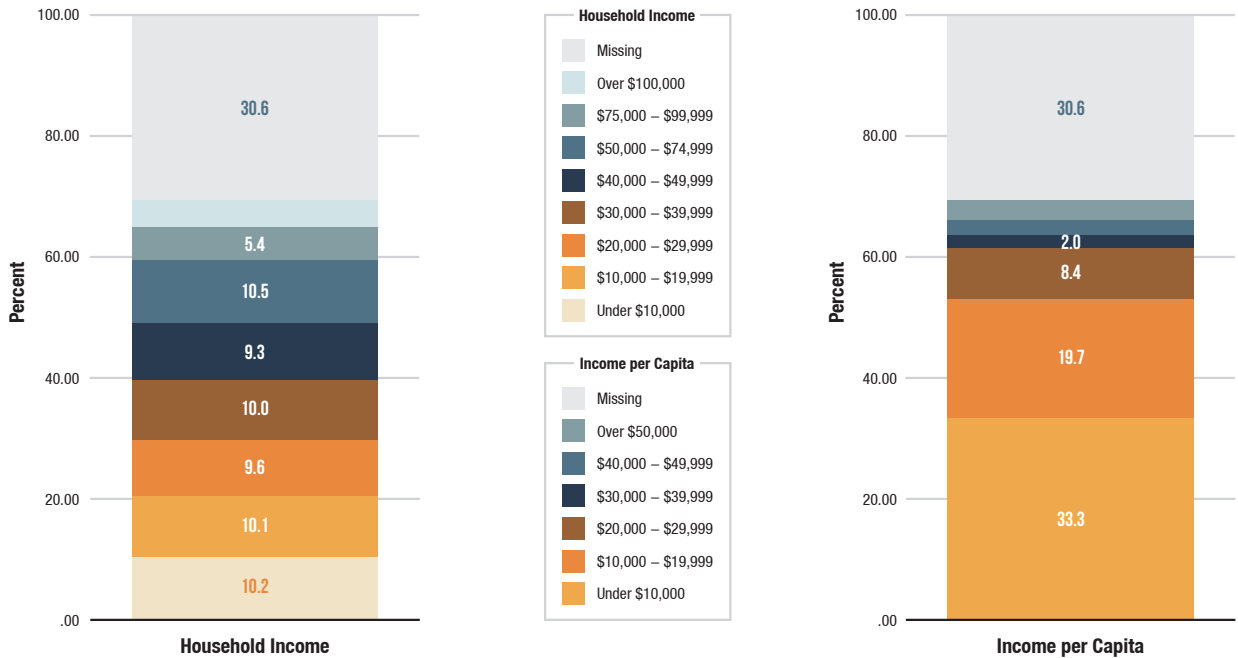
**FIG. 2: HEAD OF THE HOUSEHOLD'S EMPLOYMENT STATUS BY EDUCATIONAL ATTAINMENT**



**5. INCOME**

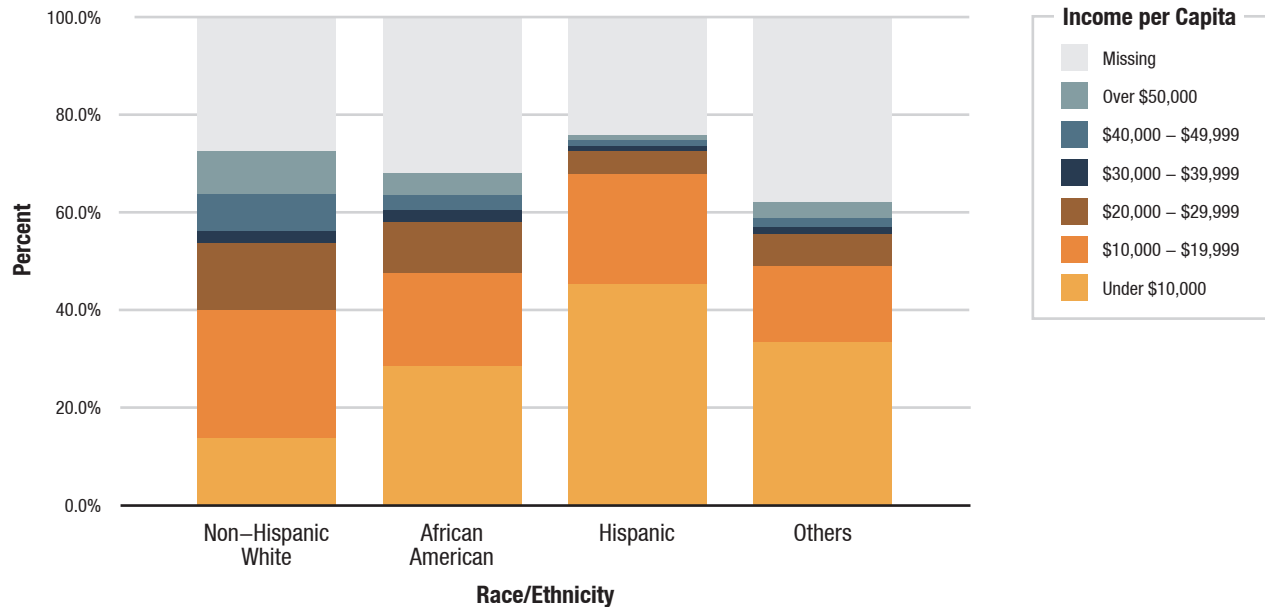
The distribution of self-reported household income shows that the study area is poorer than the national average. Based on the most recently available Census data, 7.2% of the households in the United States have household income of \$10,000 or less compared to 10.2% of the households in the study area. As shown in Figure 3, the poverty in this area is more apparent when income per capita is taken into consideration. In the study area, 33.3% of the households have an income per capita of less than \$10,000 per year. In the Northeast area, 51.4% of the households have an income under \$40,000. About 30% of all the households interviewed refused to report their household income.

**FIG. 3: HOUSEHOLD INCOME VERSUS CALCULATED INCOME PER CAPITA IN THE STUDY AREA**



Hispanics is the race/ethnicity with the highest proportion of households with income of less than \$10,000 per year (Figure 4).

**FIG. 4: INCOME PER CAPITA BY RACE/ETHNICITY FOR THE HOUSEHOLDS INTERVIEWED**



## B. COMMUNITY ASSETS AND SOCIAL CAPITAL

### 1. HOME OWNERSHIP

Among the households interviewed, 59.4% are owned with mortgages. Unincorporated Miami– Dade, Opa Locka, and the Northeast are, respectively, the communities with the highest percentage of households owned with a mortgage, owned and completely paid for, or rented (Table 4). The majority of the households which are owned and completely paid for identified themselves as non–Hispanic Whites. The majority of the households which are owned with a mortgage identified themselves in the “Other” race/ethnicity category. The majority of the households which rented identified themselves as African American or Hispanics.

**TABLE 4. HOME OWNERSHIP FOR EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Owned and completely paid for	7.5 (0.0, 15.8)	19.5 (17.5, 21.5)	31.0 (26.2, 35.9)	29.7 (14.3, 45.2)	21.2 (19.3, 23.0)
Owned with a mortgage	72.5 (58.5, 86.5)	60.9 (58.4, 63.4)	50.4 (45.1, 55.9)	18.9 (5.7, 32.2)	59.4 (57.2, 61.6)
Rented	15.0 (37.8, 26.2)	14.8 (13.0, 16.7)	16.1 (12.2, 20.0)	51.4 (34.5, 68.2)	15.0 (13.4, 16.7)
Given in exchange for services	0.0	0.2 (0.0, 0.4)	0.0	0.0	0.2 (0.0, 0.4)
Other	0.0	0.8 (0.3, 1.2)	0.7 (0.0, 0.3)	0.0	0.7 (0.3, 1.1)
Missing	5.0	3.8	1.7	0.0	3.5
Total	100.0	100.0	100.0	100.0	100.0

<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population–based communities. Data from Northeast is not included in any totals or comparison tables/graphs.



## 2. FINANCIAL STABILITY

In 26.7% of the households interviewed lives at least one person who has had problems with a creditor. The community with the highest percentage of households in which one of the members has problems with creditors was Opa Locka (32.5%).

## 3. COMMUNITY ORGANIZATIONS AND PARTICIPATION

Parent/Student/Teacher Associations (33.7%) and sports leagues (33.1%) are the most active organizations in the studied communities. Unincorporated Miami–Dade and Northeast were the communities reporting the lowest percentages of active community–based organizations in their area. The majority of the support for these community–based organizations was reported to come from the local government, schools and teachers, and religious organizations. In the study area, 65.0% of the respondents did not recognize any leaders in the community. Thirty–four percent of the respondents considered the spirit of participation in the community to be low or very low. Opa Locka was the community with the highest percentage of interviewees rating the spirit of participation low or very low.

## 4. SECURITY

In the study area, 88.9% of the households in the study area perceived their neighborhoods as peaceful (Table 5). Miami Gardens reported the highest percentage of households perceiving their neighborhood as conflictive. Close to 10% of the households in Miami Gardens perceived their neighborhood as conflictive. In the Northeast area, 21.6% of the households perceived their neighborhood as conflictive.

**TABLE 5. SELF PERCEPTION OF THE NEIGHBORHOOD SECURITY BY RESIDENTS OF EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Peaceful	92.5 (84.2, 100.0)	87.7 (86.0, 89.4)	94.1 (91.6, 96.6)	78.3 (64.4, 92.3)	88.9 (87.5, 90.3)
Conflictive	5.0 (0.0, 11.9)	9.7 (8.2, 100.0)	3.3 (1.5, 5.2)	21.6 (7.7, 35.5)	8.5 (7.2, 9.8)
Missing	2.5	2.6	2.6	0.0	2.6
Total	100.0	100.0	100.0	100.0	100.0

## 5. ENVIRONMENTAL CONDITIONS

The households interviewed rated the current environmental conditions to be “good” or “very good” 43.4% of the time and “poor” or “very poor” 9.5% of the time (Table 6). In Opa Locka, 17.5% of the households reported poor or very poor environmental conditions in the neighborhood. In the Northeast area, none of the household interviewed reported very poor environmental conditions; however, 18.9% reported poor environmental conditions.

<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population–based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

**TABLE 6. SELF PERCEPTION OF THE NEIGHBORHOOD ENVIRONMENTAL CONDITIONS BY RESIDENTS OF EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Very Poor	2.5 (0.0, 7.4)	2.6 (1.8, 3.4)	1.9 (0.5, 3.3)	0.0	2.5 (1.8, 3.2)
Poor	15.0 (3.8, 2.6)	7.0 (5.7, 8.3)	6.1 (3.5, 8.7)	18.9 (5.7, 32.2)	7.0 (5.9, 8.2)
Average	55.0 (39.4, 70.6)	45.0 (42.4, 47.5)	45.7 (40.4, 51.1)	45.9 (29.1, 62.8)	45.3 (43.0, 57.6)
Good	20.0 (7.4, 32.6)	33.3 (30.9, 35.7)	35.7 (30.5, 40.9)	21.6 (7.7, 35.5)	33.4 (31.2, 35.6)
Very Good	7.5 (0.0, 15.8)	10.3 (8.7, 11.9)	8.9 (5.8, 11.9)	8.1 (0.0, 17.3)	10.0 (8.6, 11.4)
Missing	0.0	1.9	1.7	5.4	1.8
Total	100.0	100.0	100.0	100.0	100.0

## C. HEALTH ACCESS

### 1. HEALTH INSURANCE COVERAGE

In 35.8% of the households interviewed lived an individual who was uninsured at some point during the twelve months prior to the survey (Table 7). Opa Locka has the highest percentage of uninsured in the past twelve months (50.0%), compared to Miami Garden (34.3%), Unincorporated Miami–Dade (40.8%), and Northeast area (43.2%).

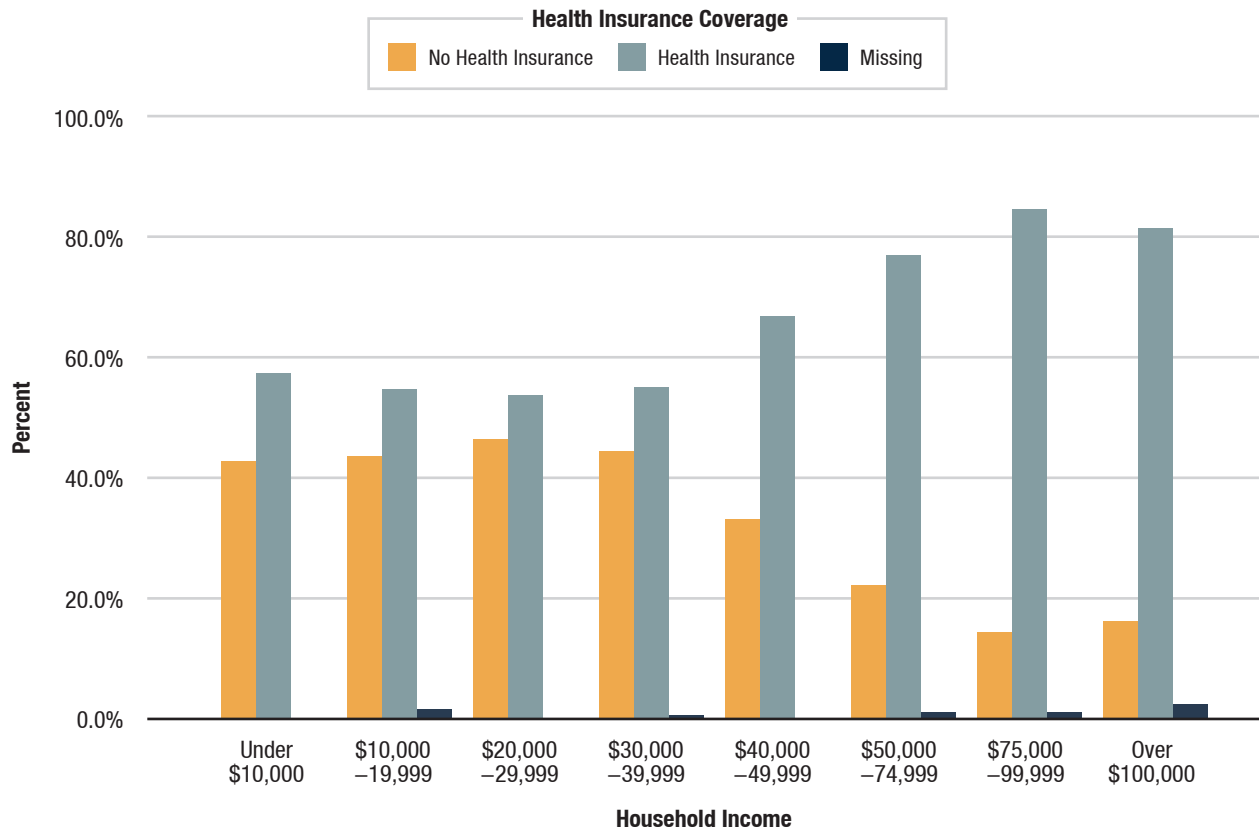
**TABLE 7. ANYTIME WITHOUT HEALTH INSURANCE COVERAGE DURING THE PAST TWELVE MONTHS**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
No Health Insurance	50.0 (34.3, 65.7)	34.3 (31.9, 36.8)	40.1 (35.5, 46.0)	43.2 (26.5, 60.0)	35.8(33.6, 37.9)
Health Insurance	50.0 (34.3, 65.7)	63.4 (60.9, 65.9)	58.4 (53.1, 63.7)	56.8 (40.0, 73.5)	62.3 (60.0, 64.5)
Missing	0.0	2.3	0.9	0.0	2.0
Total	100.0	100.0	100.0	100.0	100.0

The percentage of households with uninsured members anytime during the past twelve months is larger among Hispanic and Other race/ethnicities, accounting for more than 40.0% on both. The highest percentages of households without health insurance anytime in the past twelve months are clearly concentrated in households with incomes under \$40,000 (Figure 5).

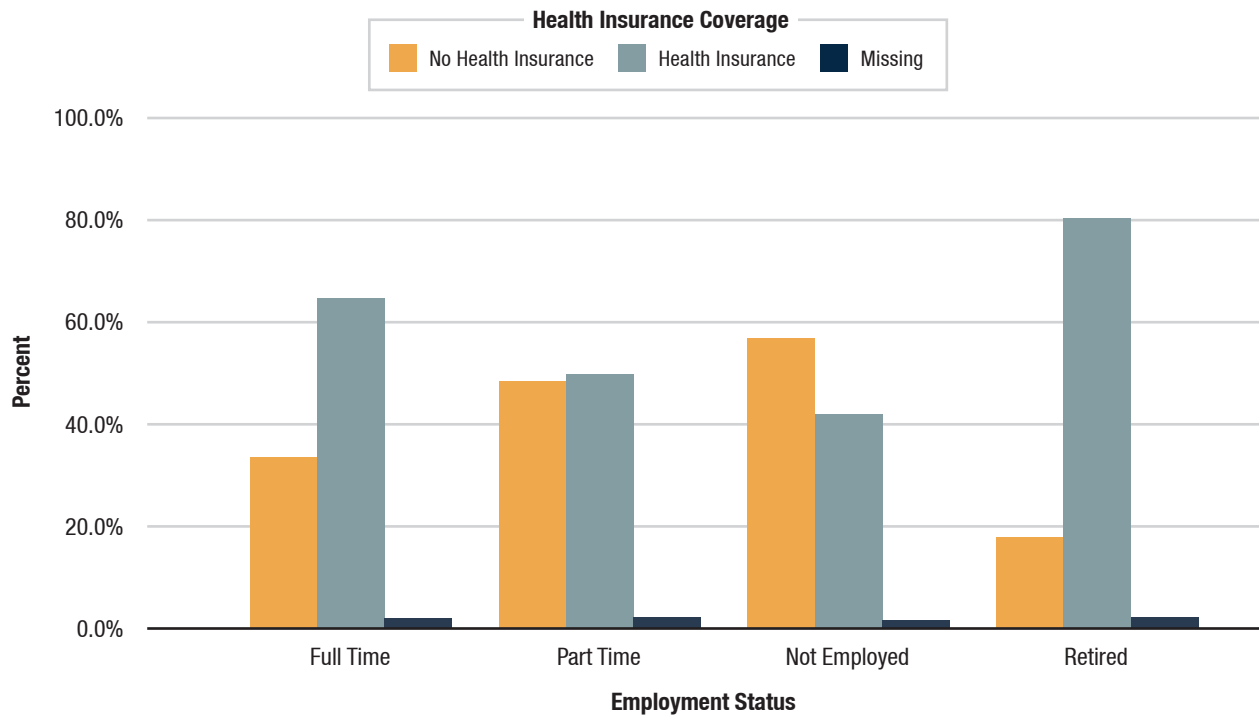
<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population–based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

**FIG. 5: HEALTH INSURANCE COVERAGE BY HOUSEHOLD INCOME DURING THE LAST TWELVE MONTHS**



The data indicate that from the 35.0% who has been without health insurance anytime in the past twelve months, the majority are unemployed or have part-time jobs. Respondents stated cost (53.4%) and unemployment (21.9%) as the main reasons for not having health insurance coverage (Fig. 6).

**FIG.6 HEALTH INSURANCE COVERAGE BY EMPLOYMENT STATUS DURING THE LAST TWELVE MONTHS**





## 2. SOURCES OF HEALTH INSURANCE COVERAGE

Approximately 44% of the randomly selected households obtained their health insurance through the head of the household’s employer. Medicare and Medicaid were the main sources of health insurance for 21.7% and 19.1% of the households respectively. At the moment the survey was conducted, 12.1% of the households did not have any source of health insurance. On the other hand, the Northeast community, with 45.95% of the head of the household already retired, has the highest percentage of households reporting Medicare (56.8%) and followed by Medicaid (45.9%) as the main sources of health insurance.

## 3. REGULAR PLACE OF CARE

As shown in Table 8, approximately 76% of all respondents reported doctor’s offices or private clinics as their regular place of care. The second most commonly reported place of care was the hospital’s emergency room (28.4%). In the Northeast area, 82.9% reported doctor’s office as their regular place of care. Nevertheless, 77.1% reported also to access the hospital emergency room as a regular place of healthcare.

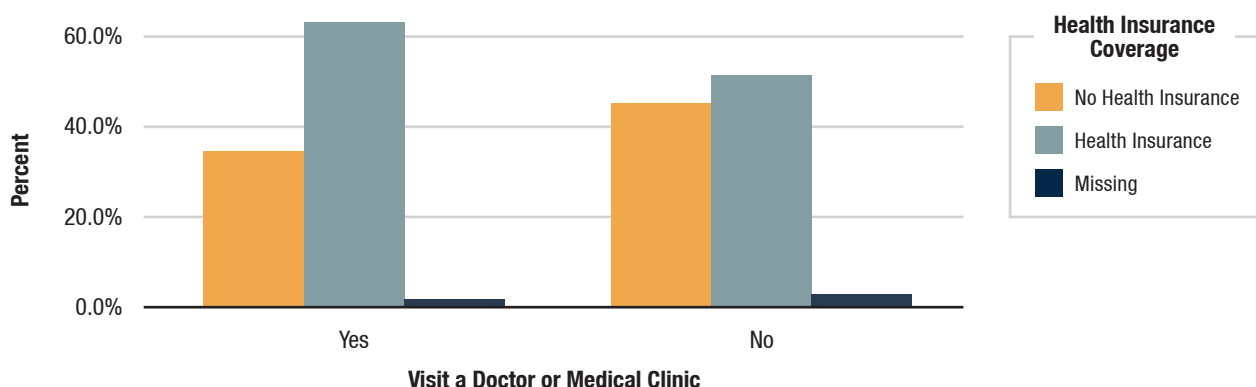
**TABLE 8. REPORTED REGULAR PLACE OF HEALTH CARE<sup>2</sup>**

	Opa Locka % (95% CI) N = 35	Miami Gardens % (95% CI) N = 1318	Unincorporated % (95% CI) N = 303	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1656
Doctor's office or private clinic	85.7 (73.9, 97.5)	76.2 (73.9, 78.5)	72.5 (67.4, 77.6)	82.9 (69.7, 96.0)	75.8 (73.7, 77.8)
Community Health Center or other public clinic	8.5 (0.0, 18.0)	14.6 (12.7, 16.5)	18.7 (14.3, 23.1)	20.0 (6.1, 33.9)	15.1 (13.4, 16.8)
Hospital outpatient department	14.3 (2.5, 26.1)	10.0 (8.4, 11.6)	9.6 (6.3, 13.0)	28.6 (12.8, 44.3)	10.0 (8.6, 11.5)
Hospital emergency room	11.4 (0.7, 22.1)	28.5 (26.1, 31.0)	30.0 (24.6, 35.1)	77.1 (62.5, 91.8)	28.4 (26.2, 30.1)
Some other places	2.9 (0.0, 8.5)	2.4 (1.6, 3.3)	2.3 (0.6, 4.0)	5.7 (0.0, 13.8)	2.4 (1.7, 3.2)
No regular place of care	0.0	1.1 (0.6, 1.7)	1.1 (0.0, 10.4)	0.0	1.1 (0.6, 1.6)

## 4. REGULAR HEALTH CARE PROVIDER

Of the households interviewed, 88.0% reported that they had a regular doctor or health care provider. In the Northeast area this percentage was 91.4%. Ninety percent of the households were able to visit a doctor during the twelve months prior to answering the survey. Out of these households, the percentage of those with health insurance was almost twice as much as the percentage of those without (Fig. 7).

**FIG. 7 ABILITY TO VISIT A DOCTOR OR MEDICAL CLINIC BY HEALTH INSURANCE COVERAGE DURING THE PAST TWELVE MONTHS**



1 Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population-based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

2 Percentages do not total 100%, because respondents had the choice of checking more than one option.

## 5. POSTPONEMENT OF CARE

Out of the households who visited a doctor during the past year, in 21.1% at least one individual had to postpone medical care when it was needed (Table 9). From this group, 47.1% did so because of cost (Table 10). In Opa Locka, 83% of the households reported cost as the main reason for postponing medical care, compared to 45.9% in Miami Gardens and 50.4% in Unincorporated Miami–Dade. In the Northeast area, out of the 94.6% households who visited a doctor in the past year, 40.0% postponed medical care, and 35.7% of those did so because of cost (Table 10).

**TABLE 9. MEDICAL PROBLEM POSTPONED**

	Opa Locka % (95% CI) N = 35	Miami Gardens % (95% CI) N = 1318	Unincorporated % (95% CI) N = 303	Northeast <sup>1</sup> % (95% CI) N = 35	Total % (95% CI) N = 1656
Yes	17.1 (4.5, 29.8)	22.0 (19.8, 24.2)	17.4 (13.1, 21.6)	40.0 (22.9, 57.1)	21.1 (19.2, 23.1)
No	82.9 (70.2, 95.5)	75.6 (73.2, 77.9)	79.8 (75.2, 84.4)	60.0 (42.9, 77.1)	76.4 (74.4, 78.5)
Missing	0.0	2.4	2.8	0.0	2.4
Total	100.0	100.0	100.0	100.0	100.0

**TABLE 10. REASON TO POSTPONE MEDICAL PROBLEM**

	Opa Locka % (95% CI) N = 6	Miami Gardens % (95% CI) N = 290	Unincorporated % (95% CI) N = 56	Northeast <sup>1</sup> % (95% CI) N = 14	Total % (95% CI) N = 352
Cost	83.3 (50.6, 100.0)	45.9 (40.1, 51.6)	50.4 (36.7, 64.0)	35.7 (7.0, 64.4)	47.1 (41.9, 52.4)
Other reason	16.7 (0.0, 49.4)	45.5 (39.8, 51.3)	44.9 (31.3, 58.6)	57.1 (27.5, 86.8)	44.9 (39.7, 50.2)
Missing	0.0	8.6	4.7	7.1	7.9
Total	100.0	100.0	100.0	100.0	100.0

## 6. PREVENTIVE CARE SCREENINGS

Complete physical exams, blood pressure checks, and cholesterol checks were completed by at least one member in approximately 80% of the households interviewed in the past year. From the households interviewed, in 50.0% of the households having at least one female 40 years old or older, one of these women had a mammogram during the past year. In 11.0% of the households randomly selected and 3.3% of the households in Northeast lives a woman 40 years old or older who has never has a mammogram. Statistics for Pap smear test only account for households where at least one of the members was a female. In 68.8% of the households randomly selected and 54.6% of the households in the Northeast, females reported having a Pap test during the past two years. On the other hand, 27.8% in the random sample area and 51.6% in the Northeast area, reported never had the Pap test. Dental exams were reported in 72.6% and 45.9% of the households interviewed in the random sample and in the Northeast area respectively during the past two years.

<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population–based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

## D. HEALTH BEHAVIORS AND LIFESTYLE

### 1. CIGARETTE SMOKING

In 45.5% of the households interviewed, at least one of its members has smoked a whole cigarette at least once. As shown in Table 11, in 51.7% of these households, at least one of its members currently smokes cigarettes, corresponding to 24.7% of the households in the study area. The percentage of households with current smokers is the highest for Opa Locka (73.7%).

**TABLE 11. CURRENT CIGARETTE SMOKING (FROM HOUSEHOLDS IN WHICH A MEMBER HAS EVER SMOKED CIGARETTES)**

	Opa Locka % (95% CI) N = 19	Miami Gardens % (95% CI) N = 653	Unincorporated % (95% CI) N = 168	Northeast <sup>1</sup> % (95% CI) N = 17	Total % (95% CI) N = 840
Yes	73.7 (53.3, 94.1)	51.6 (47.8, 55.4)	49.3 (41.5, 57.0)	23.5 (1.05, 46.0)	51.7 (48.3, 55.1)
No	26.3 (5.9, 46.7)	46.6 (42.7, 50.4)	49.7 (41.9, 57.4)	76.5 (54.0, 99.0)	46.6 (43.3, 50.0)
Missing	0.0	1.1	1.1	0.0	1.7
Total	100.0	100.0	100.0	100.0	100.0

For approximately 24% of the households interviewed, current smokers smoke 2 to 10 cigarettes per day. However, in Opa Locka, 35.7% of the current smokers smoke 11 to 20 cigarettes a day. In 38.1% of the households where there was a cigarette smoker, they started with this habit when they were 16 years old or younger. One of the indicators that stand out is that 21.1% of cigarettes smokers in Opa Locka started smoking when they were 13 to 14 years old.

### 2. ALCOHOL CONSUMPTION

In 21.7% of the households, respondents had their first drink of alcohol when they were underage, and in 23.9% of the households the respondents had never had a drink of alcohol. In 3.8% of the households interviewed, at least one of the members drank alcohol every day in the 30 days prior to answering the survey (Table 12). Opa Locka was the community with the largest percentage of households in which at least one of the members drank alcohol every day in the 30 days prior to answering the survey (Table 12).

**TABLE 12. PERCENTAGE OF HOUSEHOLDS IN WHICH AT LEAST ONE MEMBER DRANK EVERYDAY DURING THE 30 DAYS PREVIOUS TO ANSWERING THE SURVEY.**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
All 30 days	7.5 (0.0, 15.8)	3.6 (2.7, 4.6)	3.8 (1.8, 5.8)	0.0	3.8 (2.9, 4.6)

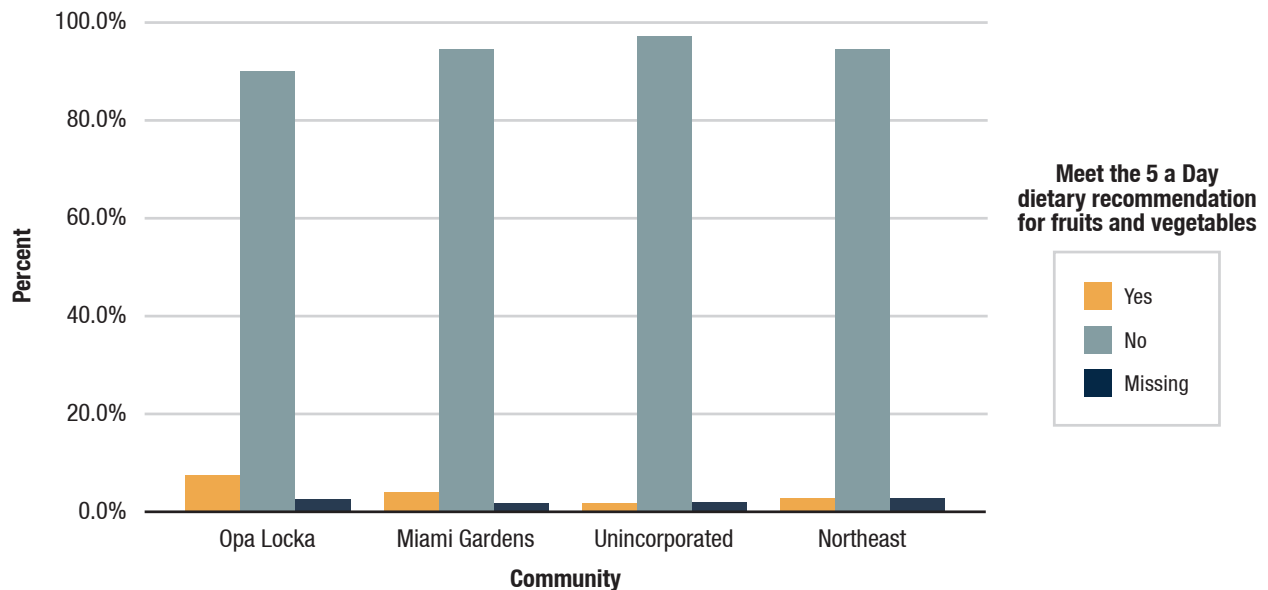
<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population-based communities. Data from Northeast is not included in any totals or comparison tables/graphs.



### 3. NUTRITION AND DIET

Members of 19.1% of the households interviewed drank soda at least once every day during the seven days prior to answering the survey. In 10.2% of the households interviewed, the respondents did not eat fruit, and in 18.0% they did not eat green salad in the 7 days prior to answering the survey. More than 90.0% of the households interviewed did not meet the dietary recommendations of 5 servings a day of fruit and/or salad. Only 1.4% of the households in Unincorporated Miami–Dade met the five a day dietary recommendation for fruit and vegetables (Fig. 8).

**FIG. 8. HOUSEHOLDS WHICH MEET THE FIVE-A-DAY DIETARY RECOMMENDATION FOR FRUIT AND VEGETABLES FOR EACH COMMUNITY<sup>1,3</sup>**



### 4. PHYSICAL ACTIVITY

As illustrated in Table 13, in 57.5% of the households interviewed, the respondents engage in physical activity at least three times a week. In 20.0% of the households the respondents reported to never engage in a minimum of 20 minutes of physical activity. Opa Locka was the community reporting the lowest percentage of households where the respondents never engaged in physical activity for at least 20 minutes.

**TABLE 13. PHYSICAL ACTIVITY FOR AT LEAST 20 MINUTES PER DAY IN THE STUDY AREA E. HEALTH OUTCOMES**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Never	15.0 (3.8, 26.2)	19.3 (17.3, 21.3)	24.1 (19.5, 28.6)	24.3 (9.8, 38.8)	20.0 (0.2, 21.8)
Less than once a week	5.0 (0.0, 11.8)	5.4 (4.3, 6.6)	3.9 (1.8, 6.0)	2.7 (0.0, 8.2)	5.2 (4.1, 6.2)
1 to 2 times a week	15.0 (3.8, 26.2)	16.4 (14.5, 18.3)	15.0 (11.3, 19.0)	27.0 (12.0, 42.0)	16.2 (14.5, 17.9)
3 times a week	17.5 (5.6, 29.4)	16.7 (14.8, 18.7)	17.4 (13.3, 21.5)	2.7 (0.0, 8.2)	16.9 (15.2, 18.6)
More than 3 times a week	47.5 (31.8, 63.2)	40.8 (38.3, 43.4)	38.8 (33.5, 44.0)	43.2 (26.5, 60.0)	40.6 (38.4, 42.9)
Missing	0.0	1.3	0.7	0.0	1.2
Total	100.0	100.0	100.0	100.0	100.0

<sup>1</sup> Households in Northeast were not randomly selected, but referred by outreach workers based on their health needs. Therefore, this community is not comparable with the rest of the population–based communities. Data from Northeast is not included in any totals or comparison tables/graphs.

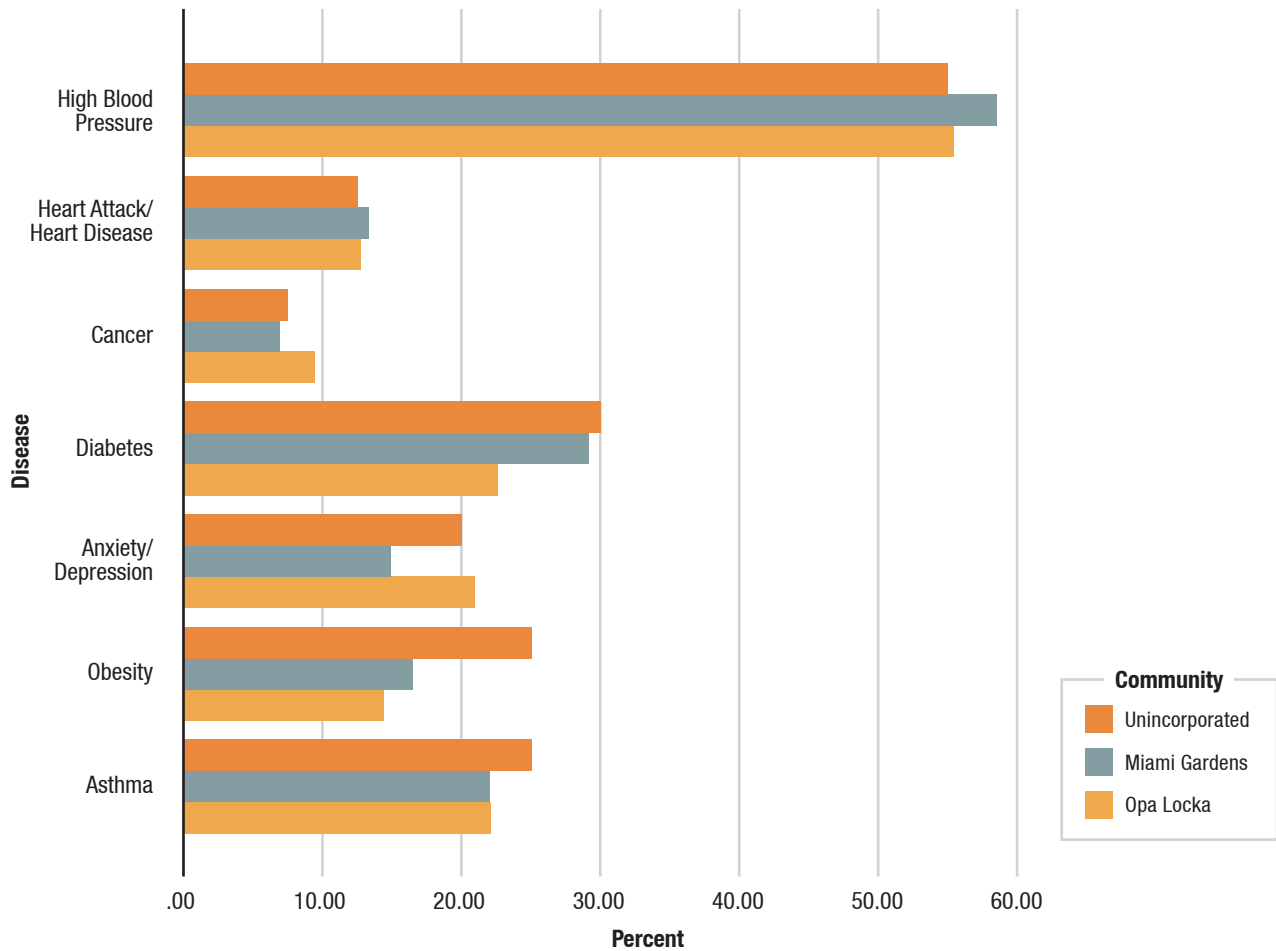
<sup>3</sup> Consumption of fruit juice was not considered as a source of fruit intake in the survey.

## E. HEALTH OUTCOMES

### 1. PREVALENCE OF CHRONIC DISEASES

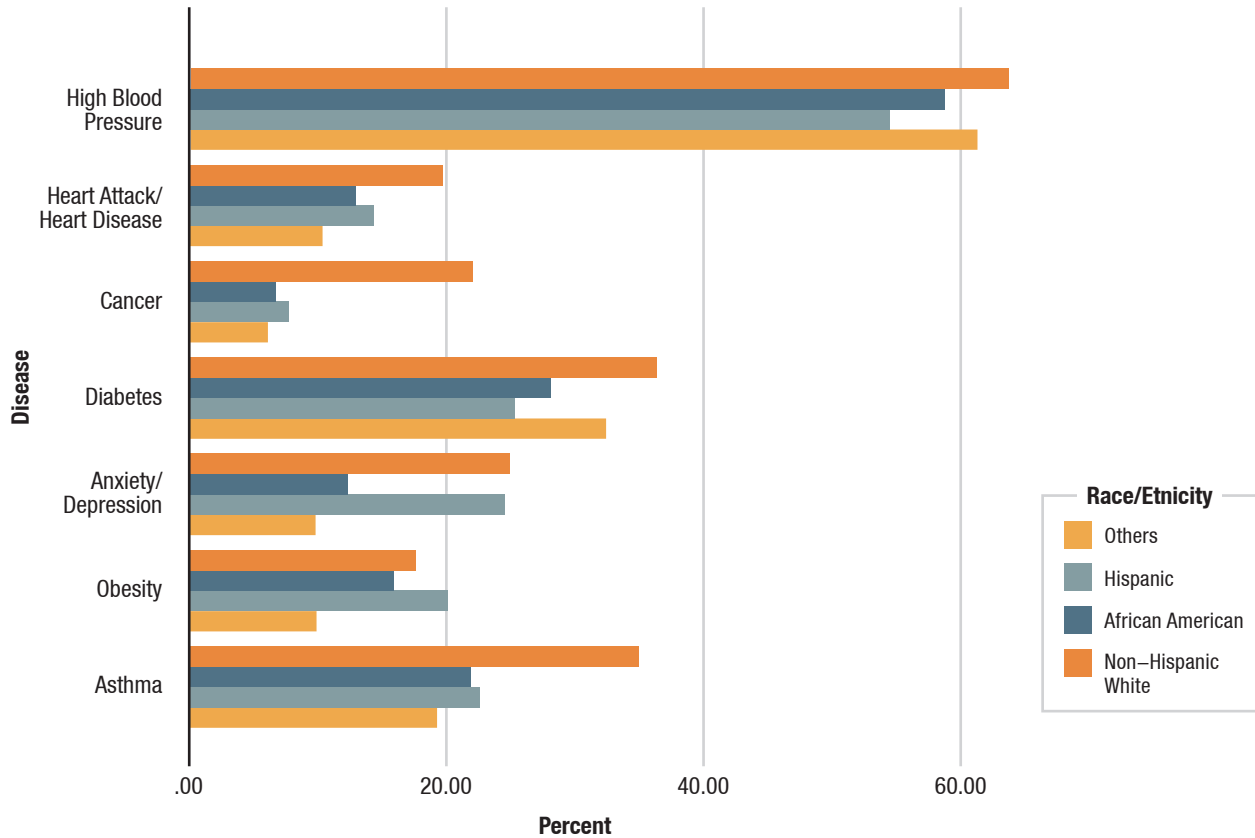
Hypertension was the more prevalent chronic condition in the study area, with at least one member being diagnosed in 57.9% of the households interviewed (Fig. 9). Opa Locka had the highest percentage of households reporting one of the members diagnosed with obesity (25.0%), and asthma (25.0%) during the five years previous to answering the survey. Households in the Northeast reported the highest percentage of members diagnosed with heart attack/heart disease (18.9%), cancer (16.2%), and anxiety/depression (45.9%). The high percentage of these chronic diseases in the Northeast community may be caused by the fact that these households were not randomly selected, but referred by community leaders and outreach workers based on their health needs.

**FIG. 9: PREVALENCE OF CHRONIC HEALTH CONDITIONS DURING THE PAST FIVE YEARS FOR EACH COMMUNITY**



As it is shown in Figure 10, Hispanic households reported the highest percentage of members diagnosed with anxiety/depression and obesity. Households in the “Other” race/ethnicity category reported high percentage of members being diagnosed with high blood pressure and diabetes. The consistently high prevalence of chronic diseases among the members of non-Hispanic White households can be explained by the fact that these households are older, on average, than households of the remaining race/ethnic groups.

**FIG. 10: PREVALENCE OF CHRONIC HEALTH CONDITIONS DURING THE PAST FIVE YEARS BY RACE/ETHNICITY**



## 2. SATISFACTION WITH LIFE

Throughout the study area, in general, 16.9% of the respondents reported they never or rarely receive the social and emotional support they needed. As it is illustrated in Table 14, about 10.0% of the respondents reported to be “dissatisfied” or “very dissatisfied”. In spite of the many challenges related to health and environmental conditions, none of the households in Opa Locka reported to be “dissatisfied” or “very dissatisfied” with their lives. The percentage of household members who reported to be dissatisfied or very dissatisfied with their lives was the highest in the Northeast community (37.8%).

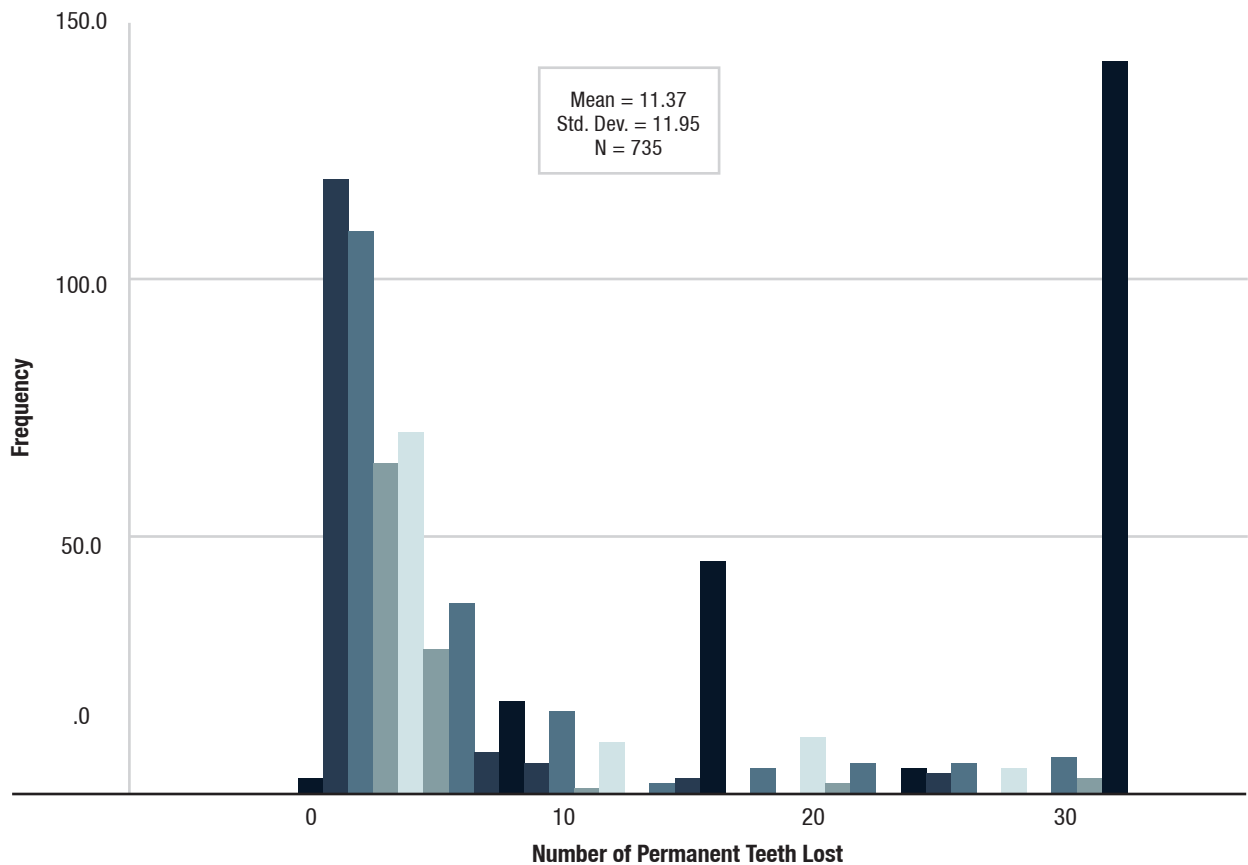
**TABLE 14. SELF-REPORTED SATISFACTION WITH LIFE FOR EACH COMMUNITY**

	Opa Locka % (95% CI) N = 40	Miami Gardens % (95% CI) N = 1457	Unincorporated % (95% CI) N = 348	Northeast <sup>1</sup> % (95% CI) N = 37	Total % (95% CI) N = 1845
Very dissatisfied	0.0	4.0 (3.0, 5.1)	3.9 (1.8, 6.0)	8.1 (0.0, 17.3)	3.9 (3.0, 4.8)
Dissatisfied	0.0	6.5 (5.2, 7.7)	5.3 (2.9, 7.7)	29.7 (14.3, 45.2)	6.1 (5.0, 7.2)
Satisfied	57.5 (42.0, 73.0)	48.6 (46.0, 51.2)	51.2 (45.8, 56.6)	45.9 (29.1, 62.8)	49.2 (46.9, 51.5)
Very satisfied	40.0 (24.6, 55.4)	39.4 (36.9, 41.9)	38.9 (33.7, 44.2)	13.5 (2.0, 25.1)	39.3 (37.1, 41.6)
Missing	2.5	1.5	0.7	2.7	1.4
Total	100.0	100.0	100.0	100.0	100.0

### 3. LOSS OF PERMANENT TEETH

In 35.0% of the households interviewed, at least one of the members has lost a permanent tooth due to gum disease or tooth decay. Out of 6443 people in the sample, 756 have lost at least one permanent tooth, comprising 11.7% of the sampled individuals, and 142 people have lost all their teeth, comprising 18.8% of individuals who have lost teeth and 2.4% of all sampled individuals. The mean age of those individuals who have lost at least one permanent tooth is 56.8 years (SD=15.6), and it is higher for the Northeast community, 66.0 years (SD=19.0). The mean number of teeth lost among those who have lost permanent teeth is 11.4 (SD=11.9), and this average is higher for the Northeast community, 15 teeth (SD=13) (Fig. 11).

FIG. 11: FREQUENCY DISTRIBUTION OF FOR THE NUMBER OF PERMANENT TEETH LOST



## F. MATERNAL AND CHILD HEALTH

### 1. MATERNAL AND CHILD POPULATION

The maternal and child population for the study area, 43.0%, is larger than that of the State of Florida in 2009 (36.8%). As shown in Table 15, 21.9% of the individuals in the study area are women of reproductive age, and 21.1% are children 14 years old or younger. Among the three communities, Unincorporated Miami–Dade reported the smallest maternal and child population (39.8%).

In the Northeast community, no delivery was reported to have occurred in the twelve months prior to answering the survey; therefore, data about maternal and child health will not be summarized for this community in this section.

**TABLE 15. MATERNAL AND CHILD POPULATION FOR EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 157	Miami Gardens % (95% CI) N = 5105	Unincorporated % (95% CI) N = 1181	Total % (95% CI) N = 6443
Infants <1	1.3 (0.0, 3.0)	1.1 (0.8, 1.4)	0.8 (0.3, 1.3)	1.1 (0.8, 1.3)
Children 1–4	6.4 (2.5, 10.2)	5.9 (5.3, 6.6)	4.7 (3.5, 5.9)	5.7 (5.2, 6.3)
Children 5–9	10.2 (5.4, 14.9)	6.6 (5.9, 7.3)	6.2 (4.8, 7.6)	6.6 (6.0, 7.3)
Children 10–14	3.8 (0.8, 6.8)	8.0 (7.2, 8.7)	7.3 (5.7, 8.8)	7.7 (7.1, 8.4)
Women 15–44	25.5 (18.6, 32.3)	22.0 (20.8, 23.1)	20.9 (18.6, 23.3)	21.9 (20.9, 22.9)
Others	52.9 (45.0, 60.7)	56.0 (54.6, 57.4)	59.9 (57.0, 62.7)	56.6 (55.3, 57.8)
Missing	0.0	0.4	0.3	0.4
Total	100.0	100.0	100.0	100.0

## 2. FAMILY PLANNING

Among the women who gave birth during the year prior to answering the survey, 69.7% were not trying to get pregnant, and from these women, only 35.5% were using some type of contraception for themselves or their partners. The majority of the respondents who did not use any type of contraception did so because they did not mind if they got pregnant (38.2%) and/or because their partners did not want to use any type of birth control (26.7%). After delivery, 52.3% of the women were avoiding unintended pregnancy and 20.7% were not using any type of contraception. The main reasons reported for not using contraception after delivery were the women’s inability to pay for birth control (83.3%) and the fact that they thought they were sterile (83.3%).

## 3. PRENATAL CARE

As illustrated by Table 16, out of all the births that occurred in the study area in the year prior to answering the survey, 54.4% of the mothers went to their first prenatal care visit during their first trimester. However, 19.3% and 1.1% of the mothers did not obtain prenatal care until their second and third trimester respectively. Miami Gardens was the only community reporting cases in which pregnant women did not obtain prenatal care until their third trimester (1.4%).

**TABLE 16. TIME FOR THE FIRST PRENATAL CARE VISIT FOR EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 4	Miami Gardens % (95% CI) N = 71	Unincorporated % (95% CI) N = 15	Total % (95% CI) N = 90
First trimester	75.0 (25.3, 100.0)	53.5 (41.7, 65.4)	52.5 (25.1, 79.8)	54.4 (43.7, 65.0)
Second trimester	0.0	19.7 (10.3, 29.2)	22.9 (1.0, 44.7)	19.3 (11.0, 27.5)
Third trimester	0.0	1.4 (0.0, 4.2)	0.0	1.1 (0.0, 3.4)
Missing	25.0	25.3	24.7	25.2
Total	100.0	100.0	100.0	100.0



From the women who gave birth during the 12 months prior to answering the survey, 9.4% had problems accessing prenatal care because they did not have enough money or insurance coverage, and 63.1% used Medicaid as the main source of payment for prenatal care.

#### 4. LOW BIRTH WEIGHT

As shown in Table 17, in the study area, 2.2 very low birth weight babies (VLBW) were born for every 100 live births, and 12.2 low birth weight (LBW) babies (accounting for VLBW) were born for every 100 live births. Both of these percentages are higher than the percentages for Miami–Dade and Florida. In Miami–Dade and Florida, respectively, 1.8% and 1.6% of the babies born were VLBW and 9.0% and 8.7% were LBW. However, results in this section should be interpreted with caution due to the small number of births reported in the study area in the year prior to the administration of the survey. Babies born in the study area in the year prior to answering the survey weighted, on average, 112.0 ounces (SD=24.5). Miami Gardens was the community with the lowest median birth weight for the babies born in the 12 month prior to answering the survey.

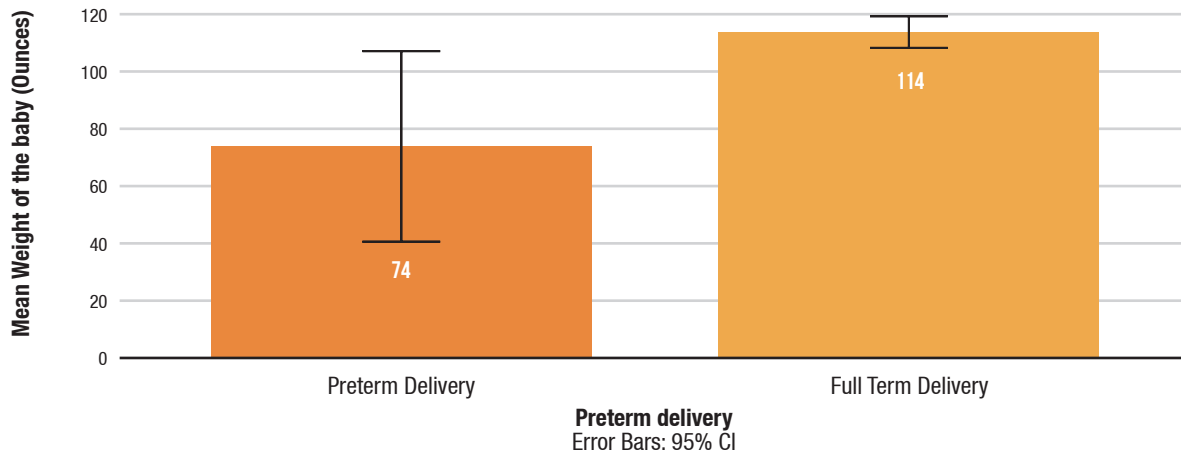
**TABLE 17. VERY LOW AND LOW BIRTH WEIGHT FOR EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 4	Miami Gardens % (95% CI) N = 71	Unincorporated % (95% CI) N = 15	Total % (95% CI) N = 90
Very low birth weight (VLBW)	0.0	2.8 (0.0, 6.7)	0.0	2.3 (0.0, 5.5)
Low birth weight (LBW) (does not account for VLBW)	0.0	11.3 (3.8, 18.8)	4.9 (0.0, 14.9)	9.9 (3.5, 16.2)
Normal weight	75.0 (31.7, 100.0)	60.6 (49.0, 72.2)	70.4 (45.7, 95.2)	62.6 (52.3, 72.9)
Missing	25.0	25.4	24.7	25.2
Total	100.0	100.0	100.0	100.0

#### 5. PRETERM BIRTHS

In the study area, there was an incidence of 9.9% of preterm deliveries during the year prior to answering the survey. This percentage was smaller than the percentage of preterm births for Miami–Dade (16.3%) and Florida (14.0%). However, results in this section should be interpreted with caution due to the small number of births reported in the study area in the year prior to the administration of the survey. Unincorporated Miami–Dade is the community with the highest incidence of preterm deliveries (13.1%). Almost 60.0% of the preterm deliveries in the study area were low birth weight or very low birth weight babies. Babies who were born preterm in the study area weighted about 74.0 ounces compared to 114.0 ounces for babies born at term (Fig. 12).

**FIG. 12: MEAN BIRTH WEIGHT BY TYPE OF DELIVERY IN THE STUDY AREA**



## 6. BREASTFEEDING

As it is shown in Table 18, 15.6% of the babies that were born twelve months before the survey was completed were not breastfed at least once. In Opa Locka and Miami Gardens, 25.0% and 16.9% of the mothers, respectively, did not breastfed their babies at least once. Only 14 households provided information about the length of breastfeeding. The length of breastfeeding ranged from less than a week (5 mothers) to 13 weeks (1 mother), and the average length of breastfeeding for these 14 mothers was 3.7 weeks.

**TABLE 18. PERCENTAGE OF BREASTFEEDING AT LEAST ONCE AFTER DELIVERY FOR EACH COMMUNITY IN THE STUDY AREA**

	Opa Locka % (95% CI) N = 35	Miami Gardens % (95% CI) N = 59	Unincorporated % (95% CI) N = 12	Total % (95% CI) N = 74
Yes	50.0 (0.0, 100.0)	66.2 (56.4, 76.6)	73.8 (49.8, 97.8)	66.5 (56.4, 76.6)
No	25.0 (0.0, 74.7)	16.9 (8.0, 25.8)	4.9 (0.0, 14.8)	15.6 (7.9, 23.3)
Missing	25.0	16.9	21.3	17.9
Total	100.0	100.0	100.0	100.0

## 7. INFANT HEALTH

In the study area, 5.7% of the babies who were born in the year before the survey was completed did not have a well-baby checkup. All of these babies were from Miami Gardens, comprising 7.0% of all the babies born in that community 12 months prior to the completion of the survey.

## IV. PUBLIC HEALTH IMPLICATIONS

The North Miami–Dade Benchmark Survey successfully achieved a high response rate in a hard–to–reach community composed primarily of residents from minority ethnic groups. The survey results provided quality data that describes the highly diverse population living in the area.

The specific race/ethnicity distribution of the region and the differences found between ethnic/racial groups highlights the importance of taking into consideration the difference between small geographic areas that can be a contributor to disparities in health issues when considering implementation of community–based programs or small–area policies.

In North Miami–Dade, African American and Hispanics are the predominant race/ethnicities. This is an underprivileged community with a high percentage of unemployment and low household incomes. In one–third of the households lived at least one individual without health insurance at some point during the past year, and almost one–fifth of the households obtained their health insurance through Medicare and Medicaid. In the majority of the households where one of the members was uninsured, the head of the household is unemployed or has a part–time job. The survey also discloses the fact that households in the area have to postpone medical care due to cost. Access to preventive care was limited and especially low for the cancer screening tests. This situation highlights the lower utilization of medical services and preventive care, worse health outcomes, and poorer quality of life for individuals without health insurance coverage and for individuals with health insurance but with limited access because of the cost of the services.

The survey reveals that the majority of the households did not meet the dietary recommendations of five servings a day of fruit or vegetables; this could reflect limited access to healthy diet and fresh produces. Twenty percent of the households reported limited or no physical activity. These findings could be related to the fact that obesity was the most prevalent chronic condition in the study area.

The scenario described above calls for an effective, coordinated plan to engage and educate local residents on a variety of health–related issues. Working in this direction, the report can provide valuable information to guide intervention strategies designed to improve wellness and health access. The results provided by the FIU’s Herbert Wertheim College of Medicine’s community benchmark survey highlights the significance of utilizing a community–participatory survey and research methodology which produces both the neighborhood level data needed to make informed decisions about possible interventions and actively engages/empowers local residents to implement them. Both are needed to effectively address social determinants of health and health disparities at the community level. It is hoped that this information will feed long–term strategic planning processes for NeighborhoodHELP™ and other FIU HWCOCOM programs, and will facilitate the development and implementation of effective strategies which will translate into fully recognized benefits for these communities. The ability to replicate this community–based experience might enhance the county and the state’s ability to prevent the escalation of poor health status and health costs attributable to disparities and inadequate access to health care.

