Community Themes and Strengths Assessment: Focus Group Analysis

HCSF
Health Council of South Florida, Inc.

Florida HEALTH
Miami-Dade County

Table of Contents

Acknowledgements

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is pleased to present the results of the Community Themes and Strengths Assessment Focus Group Analysis. We are truly appreciative for all the residents throughout the county that took time to participate. Their insight will be valuable to our community as we design programs and work on policies, systems and environmental change that will promote a healthier Miami-Dade County.

DOH-Miami-Dade would also like to thank the Miami-Dade County Public Health Library System, Mount Sinai Hospital and the Community Centers for allowing us the opportunity to utilize their facilities to conduct the various focus groups. A special thank you to the Health Council of South Florida for their help with the facilitation of focus groups and for assistance in the preparation of this document.

Executive Summary

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is the local division of the state agency the Florida Department of Health. The state agency is comprised of a central office located in Tallahassee and 67 county health departments- including DOH-Miami-Dade. The mission of the department is to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. Its vision is to be the Healthiest State in the Nation.

DOH-Miami-Dade as part of its core function, is responsible for the continuous assessment of the county's health status. A comprehensive assessment is conducted every five-years using the evidenced-based strategy Mobilizing for Action through Planning & Partnership (MAPP). MAPP is a community-driven process that identifies resources and opportunities that can improve the community's health. The process consists of four assessments: Local Public Health System Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment and the Community Health Assessment. The four assessments together examine issues such as risk factors for disease, mortality, socioeconomic factors, environmental conditions, inequities in health, and quality of life. The following report that was prepared by the Health Council of South Florida for DOH-Miami-Dade is part of the Community Themes and Strengths Assessment and highlights the results of the focus group responses.

The Community Themes and Strengths Assessment (CTSA) was conducted in two parts to capture both the qualitative and quantitative aspects of how the residents in Miami-Dade County perceive their community and quality of life, access to care, and identifying disparities that may exists to reduce them. This was accomplished through focus groups and the use of the Wellbeing Survey. The focus group discussion gathered information that assisted in identifying areas of concern that residents face in their communities and allocate needed resources accordingly. It is our hope that organizations will review these results in order to assist decision makers in improving the quality of life for all Miami-Dade County residents. 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 and 3.) increase access to preventative

healthcare services. This report provides the results from the focus groups only and information and analysis from the Wellbeing Survey can be found in a separate report entitled *2018 Miami-Dade Wellbeing Survey Analysis published July 22, 2019.*

In total, 14 focus groups were conducted and facilitated by staff from DOH-Miami-Dade and the Health Council of South Florida. The groups were conducted at the public library branches and community-based locations throughout the county. Focus group participants represented 13 clusters in Miami-Dade County, which are comprised of zip codes linked according to perceived community identity and geographic contiguity. Please refer to page 3 for a complete listing of clusters.

The Community Based Participatory Research (CBPR) qualitative approach was used for the focus groups. This approach allows the participants to share their knowledge and experience of their community with facilitators, which could subsequently be utilized to support relevant programs or policy development to improve the lives of residents living in that community. Participants for the focus groups were recruited voluntarily. Each focus group had a minimum of 3 participants. Each session was recorded for transcription purposes, and any identifying information was not transcribed.

Prior to the beginning the focus group sessions, participants were informed about the purpose of the assessment and they were given instructions on the process involved in obtaining their feedback to the pre-selected questions The questions were designed to capture areas of concern in their communities and included the following:

- Length of time living in Miami-Dade County
- Size of residents' homes to accommodate their families
- Racial diversity in residents' communities
- Neighborhood features that residents' value
- Availability and accessibility of healthy food options
- Safety
- Health care utilization
- Residents' perspectives on how to improve their communities

With all results analyzed, it was observed that there is residential stability as one in three participants lived in their respective communities for 21 years or more and one in four lived in their communities between two and ten years. Overall, 65.2% of participants believed their neighborhood to be racially diverse whereas 29.3% do not believe this is the case.

Across the focus groups there were six common themes identified from the topics discussed; transportation/built environment, access to healthy food, education, neighborhood safety, health service utilization, and community involvement.

1. **Transportation and the built environment:** Participants shared their discontent with the public transportation system in Miami-Dade County. Participants believed that expanding Metrorail can improve the economy and transportation system. Traffic congestion in Miami-Dade County is the result of a poor transportation system and constant projects that takes place on developed highways. Residents are traveling longer distances. Additionally, in the area of housing participants expressed that larger homes should be made more affordable for families. Flooding is a concern for those living in Cluster 7 (Doral, Miami Springs, Sunset.)

These participants state that during heavy rain, their neighborhoods are completely flooded due to being built on lower land. Lastly, participants stated that in order to improve residential safety, pedestrian crossing lanes should be clearly marked, and roadways should be paved.

2. **Access to healthy foods**: Approximately 37% of participants stated that they do have access to healthy food options, while 33.3% of participants said they do not have access. Participants from Cluster 11 (North Miami Beach) accounted for the greatest proportion of respondents who do not have access to healthy food at 35.4% which represents 62.5% of the total number of participants from the cluster. Several barriers were expressed by participants such as the high cost of healthy food options and the increased density of corner stores and fast food restaurants. These identified barriers made it difficult to maintain a healthy diet. Additionally, lack of transportation to supermarkets such as Publix or Whole Foods are unavailable, due to the supermarkets being outside of their neighborhoods.

3. **Education:** In order to improve the educational system, community members expressed the importance of implementing more specialized educational and vocational programs. All participants expressed concern with not only the educational system in Miami-Dade County, but also the educational level of adult residents. Participants from Cluster 2 (Kendall) voiced concerns about the substantially perceived disparity between private and public-school education. They also vocalized the importance of educating the community about infectious diseases in communities with drug use.

4. **Neighborhood safety.** Overall, many focus group participants did not feel safe at night and voiced the following concerns:
     i. Limited police presence
     ii. Poor built environment (e.g., no sidewalks or adequate lighting)
     iii. Drug and alcohol abuse
     iv. Poor sanitary conditions in participants' neighborhoods regarded by participants as a health issue leading to chronic conditions. Participants from Cluster 2 (Kendall), Cluster 4 (Coral Gables, Kendall), and Cluster 10 (Opa-Locka, Miami Gardens/Westview) voiced their concern about drug and alcohol abused and the presence of drug dealers in their neighborhoods, usually occurring at night. As a result, participants are hesitant to walk around their neighborhoods at night.

5. **Health Service Utilization.** Overall, many participants voiced their concern and dissatisfaction with their local free health clinics. This is based on their personal experience with long wait times to see the physician or nurse, not being guaranteed that they would be seen or treated on the day they visited the clinic, limited access to free services, and impersonal communication and treatment by the staff. More than half of participants do not utilize Federally Qualified Health Centers (FQHCs) or Department of Health clinics in their neighborhoods. Services are sought at: Jackson Memorial Hospital, Mercy Hospital Clinics, urgent care clinics and private clinics.

6. **Community Involvement** was the last area of concern. Participants expressed that they needed to be more involved in community meetings and activities. Many expressed that being

part of a community was an essential component that characterized their neighborhoods as great places to live.

When participants were asked about their ideal community the following themes emerged as to what they valued in their communities:

1. Grocery Stores – value placed on healthy food option availability
2. Shopping Centers- valued as entertainment
3. Schools – participants valued specialized programs available for students and safety of all students and staff
4. Police stations – participants felt that police presence is crucial in the community
5. Parks –participants valued having access to parks promoted healthy living and provide activities for children
6. Community Centers –participants valued community engagement and extracurricular activities for children.

In summary, the overall focus group analysis identified key features as to what residents considered an ideal community. Participants placed value on accessibility and proximity to the built environment and nature. Availability of programs for children as well as residing in a place that is clean, friendly, peaceful, quiet, and safe were also characteristics that participants value in their neighborhoods. In conclusion the Communities Themes and Strengths Assessment Focus Group Analysis has provided valuable feedback that will be utilized in addressing health disparities in Miami-Dade County.

INTRODUCTION

In 2018, the Florida Department of Health in Miami-Dade County (FDOH-MD), in partnership with the Health Council of South Florida (HCSF), conducted 14 focus groups to gain insight from Miami-Dade County residents on eight different issues that are important to the well-being of all residents. In conjunction with other assessments by the FDOH-MD, the information gathered from the focus groups will assist in identifying areas of concern that residents face in their communities and allocate needed resources accordingly, which can assist in improving the quality of life for all Miami-Dade County residents. This effort is part of the 2018 Miami-Dade County Community Themes and Strengths Assessment championed by the FDOH-MD.

The use of focus groups as a Community-Based Participatory Research (CBPR) approach in qualitative analysis is widely recommended by experts in the field, as it allows participants to share their knowledge and experience of the community with facilitators, which could subsequently be utilized to support relevant programs or policy development to improve the lives of those involved.[1]

Focus group participants represented 13 clusters in Miami-Dade County (12 neighborhood clusters and one oversampled cluster), which are comprised of zip codes linked according to perceived community identity and geographic contiguity. At times the clusters cross boundaries based on socioeconomic status or population size and were identified in previous assessments of Miami-Dade County.[2] The number of residents who participated in the focus groups ranged from 3 to 16, with the smallest number of participants deriving from Cluster 12 (Aventura/Miami Beach) and the largest number from Cluster 11 (North Miami Beach).

The focus groups were conducted in public library branches or other community-based locations throughout the county with a total of 92 residents participating in the focus group sessions. Gender was the only demographic variable collected with 65.2% of participants being female and 34.8% male. Additional demographic information was not collected from participants in this assessment. The following table depicts each cluster and corresponding community or neighborhood:

Table 1 – Clusters Identified

Clusters	Neighborhoods/Communities	Clusters	Neighborhoods/Communities
1	South Dade/Homestead	8	Miami Shores//Morningshore
2	Kendall	9	Hialeah/Miami Lakes
3	Westchester/West Dade	10	Opa-Locka/Miami Gardens/Westview
4	Coral Gables/Kendall	11	North Miami
5	Brownsville/Coral Gables/Coconut Grove	11	North Miami Beach
6	Coral Gables/Coconut Grove/Key Biscayne	12	Aventura/Miami Beach
7	Doral/Miami Springs/Sunset	13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown

[1] Minkler M., Blackwell A.G., Thompson M., Tamir H. Community-based participatory research: implications for public health funding. Am J Public Health [Internet]. 2003 [cited 2018 Nov 22]; 93(8): 1210-1213. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447939/

[2] Professional Research Consultants. Miami-Dade County Community Health Needs Assessment Household Survey Report. Miami: PRC; 2013.

A previous demographic analysis of the 13 clusters in Miami-Dade County by the HCSF team revealed the following salient points:

- Age[3]
  - The highest percentage of children under 5 is found in Cluster 1 (South Dade/Homestead) with 8.0% compared to the smallest percentage found in Cluster 3 (Westchester/West Dade) with 4.3%
  - The highest percentage of residents between 6 and 19 years of age is found in Cluster 1 (South Dade/Homestead) with 23.9% compared to lowest percentage, which is found in Cluster 8 (Miami Shores/Morningshore) with 11.6%
  - The distribution of residents between 20 and 34 years of age is evenly distributed across all clusters with Cluster 8 (Miami Shores/Morningshore) accounting for the greatest percentage with close to 28.0%
  - Compared to other age groups, residents between the ages of 35 and 64 are distributed disproportionately across all clusters with Cluster 8 (Miami Shores/Morningshore) representing the highest percentage (43.5%), while Cluster 1 (South Dade/Homestead) accounted for the lowest percentage with 36.7%
- The highest percentage of adults 65 years old and older reside in Cluster 12 (Aventura/Miami Beach) with 20.5%, while Cluster 1 (South Dade/Homestead) comprises the lowest percentage of residents under this age category with 9.0%.
- Except for Cluster 11 (North Miami/North Miami Beach), Cluster 12 (Aventura/Miami Beach), and Cluster 13 (Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown), White residents account for the greatest percentage of the population in all remaining clusters[4]
- Cluster 8 (Miami Shores/Morningshore), Cluster 10 (Opa-Locka/Miami Gardens/Westview), Cluster 11 (North Miami/North Miami Beach), Cluster 12 (Aventura/Miami Beach), and Cluster 13 (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) have larger populations of Non-Hispanic residents than Hispanic residents[5]
- Cluster 13 (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) represents the greatest percentage of children living below the Federal Poverty Level[6]
- Gender distribution is similar across most clusters, with a slightly larger percentage of female residents compared to male residents. However, there is a larger proportion of males in South Dade/Homestead (Cluster 1), Miami Shores/Morningshore (Cluster 8), and Aventura/Miami Beach (Cluster 12).[7]

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[3] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
[4] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
[5] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
[6] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
[7] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

METHODOLOGY

The focus group questions were designed by the FDOH-MD and the HCSF and consisted of the following eight topics: length of time living in Miami-Dade County, size of residents' home to accommodate their families; racial diversity in residents' neighborhoods/communities; availability and accessibility of healthy food options, safety, health service utilization; and residents' perspectives on how the community could be improved.

Participants were recruited voluntarily until the target sample size (a minimum of 3 per focus group) was reached. Each focus group session was recorded for transcription purposes, and any identifying information, such as participants' name, was not recorded. Prior to the commencement of the focus group sessions, participants were informed about the purpose of the assessment and they were given instructions on the process involved in obtaining their feedback to the pre-selected questions. Participants were not compensated for their time.

The analysis of all qualitative data gathered during the focus group sessions was carried out in NVIVO 12 Plus Pro software, a tool designed to identify social themes that emerge from key-informant or face-to-face interviews as well as from focus group sessions.

Qualitative researchers have warned about the utilization of numbers or percentages when analyzing qualitative data, as this approach may overestimate participants' responses (same person responding two or three times).[8] As such, in instances in which participants' responses could not be placed in a binary category (i.e. "Yes" or "No" response), percentages have not been calculated. However, in instances in which responses could be placed in a binary category, two different approaches were employed: first, percentages have been calculated based on number of responses out of the total number of participants per cluster and, secondly, percentages based on the number of responses out of total participants who provided a response.

It is important to note that in a few instances, participants responses were unintelligible in the transcription of the recordings, which are the result of participants speaking over one another or speaking in a very low voice.

ICEBREAKER ACTIVITY

The focus group sessions started with an icebreaker activity in which participants were asked to draw their ideal community and to identify in their drawings five community features along with an explanation of why they chose the top five features. The facilitator explained that features could include hospitals, parks, schools, among other features which participants felt were important to them and their families to design their ideal community.

Due to the vast amount of content provided by participants, the information has been summarized by highlighting the top five themes or features selected by participants during this discussion. It is noteworthy that a common theme that arose across all clusters was that all features drawn or identified by participants were located within walking distance from their homes. As such, proximity and accessibility to these features were drivers for the design of participants' ideal community. Additionally, even though some participants selected hospitals and/or health centers as well as churches as community features, they did not surface as a theme. The subsequent discussion expands on the top five features

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[8] Krueger, RA. Focus group, a practical guide for applied research. SAGE Publications, CA; 2009

selected by participants from all clusters which included: grocery stores, shopping centers, schools, police stations/departments, parks or accessibility to parks, and community centers (out of the total number of features selected, three ranked as top four, as such six features were included in the analysis and discussion). The following table summarizes the top features identified by participants:

Table 2 – Top Features Identified during the Icebreaker Activity

Top Features Identified	Quotes from Participants	Participant's Cluster (Community)
Grocery Stores	"The most important things for me in a community would be grocery stores and restaurants that focus on healthy eating because I'm terrible at it"	Cluster 7 (Doral/Miami Springs/Sunset)
Shopping Centers/Malls	"...sooner or later I was going to draw a shopping center for entertainment."	Cluster 3 (Westchester/West Dade)
Schools	"... I put like slash a magnet school because I feel like, umm, like when you put like focus on the like, like certain interests and make school a lot better and it can create a lot of different types of things that I guess kids really want to cultivate but can't".	Cluster 7 (Doral/Miami Springs/Sunset)
Police Stations/Departments	"...a police station for safety and then a tight community as well that's surrounded by homes".	Cluster 8 (Miami Shores/Morningshore)
Parks	"... then add trails, lakes and rivers, peaceful parks".	Cluster 10 (Opa-Locka/Miami Gardens/Westview)
Community Centers	"...also over here you could have like the basketball court or volleyball and a community center where everybody can come together to talk about, uh, what's going on..."	Cluster 13 (Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown)

Across all clusters, participants were aware of the importance of eating healthy and the connection between a poor diet and the prevalence of chronic conditions. Based on participants' design of their ideal community, accessibility to grocery stores in their neighborhoods was the top feature selected. Participants gave examples, which included accessibility to Publix, Whole Foods, and Presidente supermarkets.

The second feature identified by participants were shopping centers or malls. For instance, one participant from Cluster 1 (South Dade/Homestead) indicated that shopping centers were places for people to "get away and shop a little sometimes" or for entertainment purposes. The inclusion of schools in participants' drawings was the third top feature identified, and participants shared different reasons as to why this feature was included. Some participants expressed that the inclusion of a Magnet school, which provides specialized programs or curricula, would allow children to have the opportunity to succeed as these resources become accessible. Other participants discussed the importance to maintain safe schools in the community for teachers and students and gave examples of the recent school shootings in South Florida.

As mentioned previously, three features tied for the 4th ranked feature identified by participants and included: police stations or police departments, accessibility to parks, and community centers (i.e. the three features received the same number of references by participants). According to participants, the availability and "presence" of a police station or a police department adds a sense of safety that, in many instances, is lacking in the neighborhood. With respect to the accessibility to parks, several adjectives

were utilized by participants to describe their ideal parks such as clean, peaceful, large, numerous, and walkable. Additionally, one participant shared that his or her ideal park would be a place where kids could go, and in which different activities would be available to them during the summer.

Lastly, participants cited that community centers would be an important component of the ideal community in that it would be a place that provides diverse physical activities for kids and adults, a place "where everybody can come together" to discuss the issues that the community faces, and a place to access resources.

Other features that did not rank among the top five but are important to mention included paved roads, affordable housing for large families, "green communities" that focus on sustainability, recycling, diverse communities, walkable trails, rehabilitation centers for seniors and veterans, and medical centers.

Please refer to the Word Cloud representation below which mirrors the features identified during the analysis of the icebreaker activity.

Word Cloud Figure – Participants' Ideal Community (Icebreaker Activity)

FOCUS GROUP QUESTIONS

Question 1: How many years have you lived in this community/neighborhood?

The amount of time that participants lived in their communities varied across all clusters, based on selected categories provided during the focus group sessions (one year or less, between 2 and 10 years, 11 and 20 years, 21 years or more, "All My Life"). Overall, more participants lived in their communities or neighborhoods for 21 years or more than any other category provided, which represents close to 32.0% of total participants (all clusters). This was followed by participants who reported that they have lived in their communities between 2 and 10 years (25.0%). Please refer to the Chart 1. It is noteworthy that 13 out of the total number of participants (92) or 14.1% did not share their responses to this question.

Chart 1 – Overall Responses (All Clusters) to Question 1: How many years have you lived in the community/neighborhood?

Years Living in the Community or Neighborhood

Category	Percentage
1 year or less	6.5%
2-10 years	25.0%
11-20 years	16.3%
21 years or more	31.5%
All of my life	6.5%
No Response	14.1%

More specifically, out of the total number of participants who shared their responses to this question, residents of Cluster 11 (North Miami Beach) accounted for the greatest proportion of participants who have lived in the communities for 21 years or more with 38.0% of the total responses and constitute 68.8% of the number of residents from this cluster who participated in the focus group session (please refer to Table 3). This finding could signify more residential stability among participants of Cluster 11 (North Miami Beach), compared to other cluster groups that participated in the focus group sessions.

When the second largest category was analyzed further (residents who have lived in their communities or neighborhoods between 2 and 10 years), it is noteworthy that all participants residing in Cluster 1 (South Dade/Homestead) have lived in their communities between 2 and 10 years and constitute the largest proportion of respondents (21.7%) from all clusters who indicated that they have lived in the communities or neighborhoods during this time frame.

Table 3 – Responses to Question 1: How many years have you lived in this community/neighborhood?

Clusters*	1 year or less n	1 year or less %	2-10 years n	2-10 years %	11-20 years n	11-20 years %	>21 n	>21 %	All My Life n	All My Life %	No Response n	No Response %	Total Participants
1	0	0.0%	5	21.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5
2	0	0.0%	2	8.7%	0	0.0%	3	10.3%	0	0.0%	0	0.0%	5
3	2	33.3%	0	0.0%	1	6.7%	0	0.0%	1	16.7%	0	0.0%	4
4	0	0.0%	3	13.0%	0	0.0%	1	3.4%	1	16.7%	1	7.7%	6
5	0	0.0%	1	4.3%	1	6.7%	3	10.3%	0	0.0%	0	0.0%	5
6	1	16.7%	0	0.0%	2	13.3%	0	0.0%	0	0.0%	0	0.0%	3
7	0	0.0%	1	4.3%	1	6.7%	3	10.3%	0	0.0%	1	7.7%	6
8	1	16.7%	0	0.0%	1	6.7%	4	13.8%	0	0.0%	0	0.0%	6
9	0	0.0%	1	4.3%	1	6.7%	1	3.4%	0	0.0%	1	7.7%	4
10	0	0.0%	3	13.0%	1	6.7%	0	0.0%	1	16.7%	0	0.0%	5
11[a]	0	0.0%	3	13.0%	4	26.7%	1	3.4%	0	0.0%	6	46.2%	14
11[b]	0	0.0%	2	8.7%	1	6.7%	11	37.9%	0	0.0%	2	15.4%	16
12	2	33.3%	0	0.0%	1	6.7%	0	0.0%	1	16.7%	2	15.4%	6
13	0	0.0%	2	8.7%	1	6.7%	2	6.9%	2	33.3%	0	0.0%	7
Total	6	100.0%	23	100.0%	15	100.0%	29	100.0%	6	100.0%	13	100.0%	92

[a] North Miami (Part 2 of Cluster 11); [b] North Miami Beach

*Due to limited space on this table, neighborhood or city names have not been included. Please refer to the Introduction section of this report for additional information

Question 2: Do you believe that your home is large enough for your family?

When responses from all clusters were analyzed, a sizable percentage of participants shared that their homes were large enough to accommodate their families, however, they could use additional space or "extra room" such as a family room, backyard, parking space, and more storage room. Although it did not surface as a theme, participants from Cluster 11 (North Miami Beach) felt that their homes were too big; however, they did not move or sell their homes because their children, who are now married and have children of their own, always come back to visit them. This could indicate that participants from Cluster 11 (North Miami Beach) are older than participants from other clusters, in which the confounding factor, age, may have determined how participants responded to this question (i.e. A young family would prefer a bigger home to accommodate the children).

Chart 2 details the analysis of participants' responses to Question 2. It was observed that 52.2% of all participants (48 out of 92) believe that their homes are large enough for their families, while 25.0% did not feel this way. A substantial percentage of participants (20 out of 92 participants or 22.0%) did not shared their responses to this question or their responses were not recorded (please refer to Chart 2).

Chart 2 – Size of the Home to Accommodate Participants' Families (All Clusters)
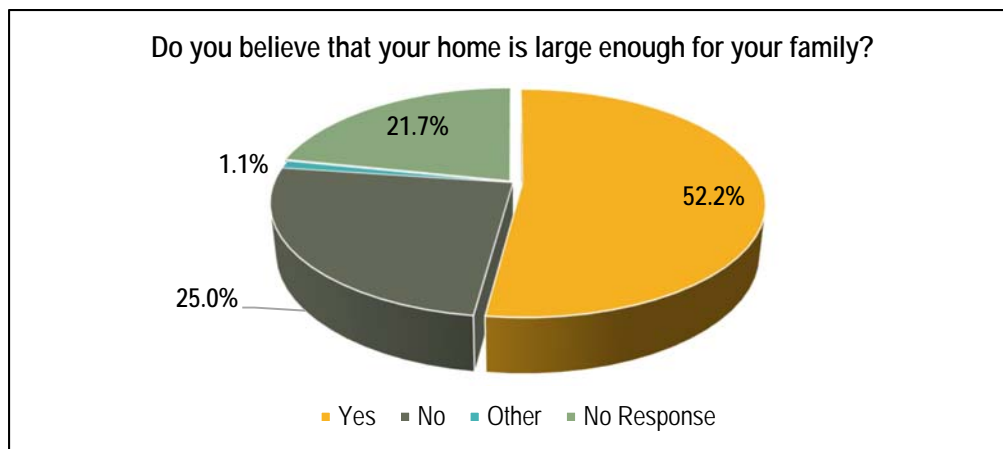
As mentioned above, close to 22.0% of participants from all clusters did not share their responses when asked about the size of their homes to accommodate their families, and as this figure is disaggregated by cluster the greatest proportion of "No Response" derives from North Miami (Cluster 11, Part 2) and North Miami Beach (Cluster 11), with 40.0% and 35.0%, respectively.

Furthermore, participants residing in Cluster 4 (Coral Gables/Kendall) who provided a response to this question accounted for the greatest proportion of respondents from all clusters who felt that their homes are not large enough for their families (17.4%) and comprise 66.4% of the total number of Cluster 4 participants (i.e. 4 out 6 participants). Table 4 provides additional details by cluster and response rate. By contrast, all participants from Cluster 6 (Coral Gables/Coconut Grove/Key Biscayne) and Cluster 7 (Doral/Miami Springs/Sunset) believed that their homes were large enough for their families.

Table 4 – Responses to Question 2: Do you believe your home is large enough for your family?

Clusters	Communities	Yes		No		Other		No Response		Total Participants
		n	%	n	%	n	%	n	%	
1	South Dade/Homestead	2	4.2%	3	13.0%	0	0.0%	0	0.0%	5
2	Kendall	4	8.3%	1	4.3%	0	0.0%	0	0.0%	5
3	Westchester/West Dade	3	6.3%	0	0.0%	1	100.0%	0	0.0%	4
4	Coral Gables/Kendall	1	2.1%	4	17.4%	0	0.0%	1	5.0%	6
5	Brownsville/Coral Gables/Coconut Grove	4	8.3%	1	4.3%	0	0.0%	0	0.0%	5
6	Coral Gables/Coconut Grove/Key Biscayne	3	6.3%	0	0.0%	0	0.0%	0	0.0%	3
7	Doral/Miami Springs/Sunset	6	12.5%	0	0.0%	0	0.0%	0	0.0%	6
8	Miami Shores//Morningshore	4	8.3%	1	4.3%	0	0.0%	1	5.0%	6
9	Hialeah/Miami Lakes	3	6.3%	1	4.3%	0	0.0%	0	0.0%	4
10	Opa-Locka/Miami Gardens/Westview	2	4.2%	3	13.0%	0	0.0%	0	0.0%	5
11[a]	North Miami	3	6.3%	3	13.0%	0	0.0%	8	40.0%	14
11[b]	North Miami Beach	7	14.6%	2	8.7%	0	0.0%	7	35.0%	16
12	Aventura/Miami Beach	1	2.1%	2	8.7%	0	0.0%	3	15.0%	6
13	Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown	5	10.4%	2	8.7%	0	0.0%	0	0.0%	7
Total		48	100.0%	23	100.0%	1	100.0%	20	100.0%	92

[a] North Miami (Part 2 of Cluster 11)
[b] North Miami Beach

It is important to note that when participants were asked about the size of the homes to accommodate their families, the information provided was substantially less in content compared to other responses provided during the focus group sessions. This finding is reflected in the word frequency analysis illustrated below.

Word Cloud Figure – Adequate Size of Participants' Home (Question 2)

Question 3: Do you believe your community/neighborhood to be racially diverse?

When asked about whether participants believe their community or neighborhood to be racially diverse, responses varied across all clusters from as low as 20.0% of participants (e.g., 1 out of 5 in Cluster 1) who answered "Yes" to as high as 100.0% of participants (e.g., all participants in Cluster 3) who also responded affirmatively to the question (please refer to the Table 5). It is important to highlight that most of the participants from Cluster 7 (5 out of 6 participants or 83.3%) did not believe their neighborhood to be racially diverse followed by Cluster 1 and Cluster 10 (4 out 5 participants or 80% each) as the second highest percentage of participants among all clusters who answered negatively to this question.

Table 5 – Responses to Question 3: Do you believe your community to be racially diverse?

Clusters	Communities	Yes		No		Other		No Response		Total Participants
		n	%	n	%	n	%	n	%	n
1	South Dade/Homestead	1	1.7%	4	14.8%	0	0.0%	0	0.0%	5
2	Kendall	2	3.3%	3	11.1%	0	0.0%	0	0.0%	5
3	Westchester/West Dade	4	6.7%	0	0.0%	0	0.0%	0	0.0%	4
4	Coral Gables/Kendall	5	8.3%	1	3.7%	0	0.0%	0	0.0%	6
5	Brownsville/Coral Gables/Coconut Grove	2	3.3%	2	7.4%	1	33.3%*	0	0.0%	5
6	Coral Gables/Coconut Grove/Key Biscayne	2	3.3%	1	3.7%	0	0.0%	0	0.0%	3
7	Doral/Miami Springs/Sunset	1	1.7%	5	18.5%	0	0.0%	0	0.0%	6
8	Miami Shores//Morningshore	2	3.3%	3	11.1%	1	33.3%*	0	0.0%	6
9	Hialeah/Miami Lakes	2	3.3%	2	7.4%	0	0.0%	0	0.0%	4
10	Opa-Locka/Miami Gardens/Westview	1	1.7%	4	14.8%	0	0.0%	0	0.0%	5
11[a]	North Miami	14	23.3%	0	0.0%	0	0.0%	0	0.0%	14
11[b]	North Miami Beach	16	26.7%	0	0.0%	0	0.0%	0	0.0%	16
12	Aventura/Miami Beach	3	5.0%	1	3.7%	0	0.0%	2	100.0%	6
13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown	5	8.3%	1	3.7%	1	33.3%	0	0.0%	7
Total		60	100.0%	27	100.0%	3	100.0%	2	100.0%	92

[a] North Miami

[b] North Miami Beach

*Please note that this percentage represents 1 out 3 participants (overall) who provided an answer other than "Yes" or "No", and it constitutes a small proportion of residents that participated in the focus group sessions. Please be cautious when interpreting this statistic.

Overall, 65.2% of participants (60 out of 92 participants) believed their neighborhood to be racially diverse, compared to 29.3% who felt that their neighborhood was not racially diverse (27 out of 92 total participants). Approximately, 2.0% of participants did not provide any feedback to the question, while 3.0% provided a response other than "Yes" and "No". Please refer to the Chart 3.

Chart 3 – Racial Diversity in Participants' Neighborhoods (All Clusters)

Do you believe your community/neighborhood to be racially diverse?

2.2% 3.3%

29.3%

65.2%

- Yes
- No
- No Response
- Other
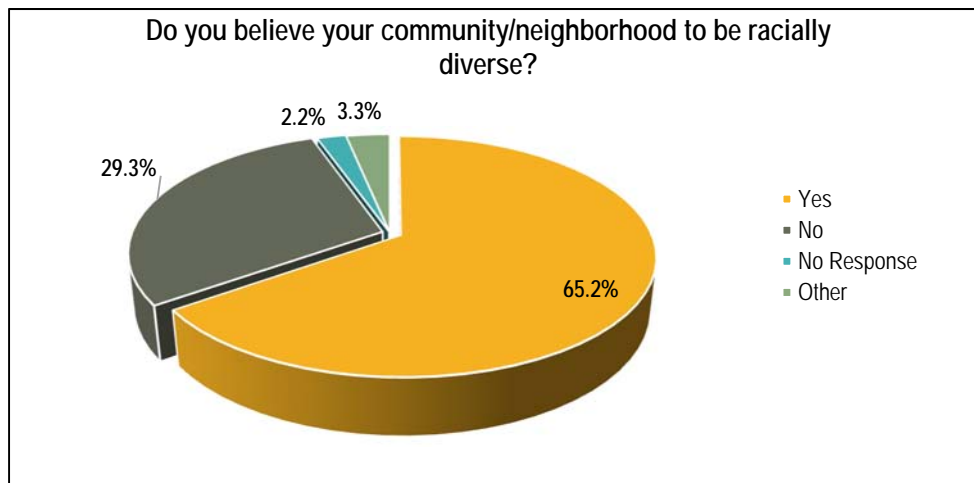
As the discussion of racial diversity expanded, some participants shared that in order to answer whether racial diversity exists in their respective neighborhoods, diversity would need to be defined, as people's perspective of diversity is subjective. Participants posed the question: how many ethnic groups would need to be present in a neighborhood to be considered a racially diverse community? One participant stated that diversity is like beauty, "it is in the eye of the beholder."

It is noteworthy that there were different points of view across and within clusters regarding the acceptance of residents of a different race and ethnic background. For instance, some participants of Aventura/Miami Beach (Cluster 12) and Coral Gables/Kendall (Cluster 4) indicated that residents are reluctant to have a "harmonious relationship" with neighbors of a different race and ethnicity as well as with those of the same background. In this instance, the word "hate" was employed to describe some of the tension experienced in these neighborhoods regardless of ethnic or racial identity. Furthermore, participants of North Miami Beach (Cluster 11), expressed that acceptance of people of different racial and ethnic backgrounds was not the issue, but the unwillingness of foreign residents to learn the English language, which could "alleviate" communication problems on basic issues such as those associated with health (e.g., communication with physician or nurse).

By contrast, participants from Doral/Miami Springs/Sunset (Cluster 7) and Aventura/Miami Beach (Cluster 12), shared that they not only embrace people of other cultures but also appreciate a racially diverse society, which teaches children to play with one another regardless of racial or ethnic identification. One participant stated that racial and ethnic diversity brings new ideas to the community and creates "bondage" in society.

The Word Cloud representation illustrates the words commonly employed by participants when asked about racial diversity in their neighborhoods/communities.

Word Cloud Figure – Racial Diversity (Question 3)

Question 4: What are some things you like about our neighborhood?

Most of the participants expressed their high level of satisfaction with their neighborhoods and provided insightful information regarding the features they feel make their neighborhoods or communities great places to live. However, it is also important to note that other participants shared their discontent with their neighborhoods and the discussion at times deviated from the question originally posed. This, concurrently, creates an opportunity to revisit their concerns on future assessments of the community. Table 6 summarizes participants' responses which have been organized into theme categories.

Table 6 – Features, Concepts, Programs and Neighborhood Descriptions Identified by Participants

Theme Categories	Features
Accessibility & Proximity to the Built Environment & Nature	Available transportation (e.g., mini bus)
	Bus stop
	Church
	Fire Department
	Flea markets
	Grocery stores
	Gym
	Hospitals
	Major highways
	Metro stations
	Nature
	Parks
	Police Departments
	Restaurants
	Wide sidewalks
	Shopping centers
	Water

Table 6 (Continued)

Theme Categories	Essential Concepts	
A sense of Community	"Church community"	
	"Contained" or close community	
Activities for Children	Available Programs	
	Community centers	
	Library activities	
	Special programs	
Neighborhood	Description of Communities	
	Clean	
	Friendly	
	Peaceful	
	Quiet	
	Safe	

When all features or "things" that participants value in their neighborhoods were analyzed, the top theme that emerged across all clusters was accessibility and proximity to the features present in the built environment or in nature (please refer to Table 6). In other words, whether participants mentioned grocery stores, bus stations, and/or parks as their top features, they placed value on the proximity and accessibility of these features to their homes. This was the consensus for participants from all clusters. According to participants residing in North Miami (Cluster 11 Part 2), North Miami Beach (Cluster 11), and Hialeah/Miami Lakes (Cluster 9) being close to the bus stop as well as to a hospital were essential components that made their neighborhoods great places to live. For instance, one participant from Cluster 11 Part 2 (North Miami) shared the following: "I live in Skylight on Miami Gardens Drive and for me I can walk out the door and take four or five different buses, shopping is right across the street".

The subsequent three categories included on Table 6 illustrate concepts (e.g., "church community"), available programs (e.g., summer school activities for children), and a description of participants' neighborhoods (e.g., quiet) for which participants place value on.

Several participants shared that being part of a community generates a sense of peacefulness, harmony, and trust among community neighbors, in which everyone looks after one another. One participant described the community as a "church community", while others described it as a "contained or closed community" characterized by friendly neighbors and a quiet and safe neighborhood (please refer to Table 7 for notable mentions by participants). These are qualities that participants value in their communities.

Additionally, participants placed value on school and reading programs tailored for children, which are accessible in the library and community centers, especially when summer programs are no longer available (please refer to Table 7 for participants notable mentions). Participants from Cluster 3 (Westchester/West Dade) and Cluster 4 (Coral Gables/Kendall) felt strongly that the presence of these programs were important features in their neighborhoods.

Lastly, participants utilized the several adjectives to describe their neighborhoods such as friendly, peaceful, quiet and safe. One participant from Cluster 11 Part 2 (North Miami) explained that being surrounded by friendly neighbors make him or her feel safe when walking at night.

Table 7 – Participants' Notable Mentions According to the Theme Categories Identified

Theme categories	Quotes from Participants	Participant's Cluster (Community)
Accessibility & Proximity to the Built Environment & Nature		
Fire Department	"Everything is accessible, we have the church, to a restaurant, a fast food and police station, fire station".	Cluster 11 Part 2 (North Miami)
Metro Stations	"I can walk to the metro station and that's important for me".	Cluster 8 (Miami Shores/Morningshore)
A Sense of Community		
Contained or close community	"...very peaceful, very quiet and I never had like nothing big has ever happen before, so pretty contained community".	Cluster 3 (Westchester/West Dade)
Church community	"If it wasn't for my church community, I think I would have left already".	Cluster 2 (Kendall)
Activities for Children		
Community center	"...it's the community center, cause it's a lot of kids in this community, so it should be able to help them out and it seems like it's going in great directions as far as with the children, cause there is no more summer school and they need something to do during the summer".	Cluster 4 (Coral Gables/Kendall)
Library activities	"I'm more grateful for the library because they open up opportunities for the kids to do something during the summer as far as the reading program and everything".	Cluster 4 (Coral Gables/Kendall)
Neighborhood		
Safe	"I love my neighborhood. My neighborhood is a pretty safe neighborhood".	Cluster 7 (Doral/Miami Springs/Sunset)
Quiet & peaceful	"...that's very quiet, peaceful, and I love my neighborhood I want to be honest, like I love it, I love it, because also I like that there are a lot of school programs for kids".	Cluster 3 (Westchester/West Dade)

As observed in the Word Cloud representation and the previous discussion, participants placed value on being part of a community as well as other features in their neighborhoods, such as proximity to bus stations, supermarkets, shopping centers, among others.

Word Cloud Figure – Features, Concepts, and Qualities that Participants Value in their Neighborhoods (Question 4)
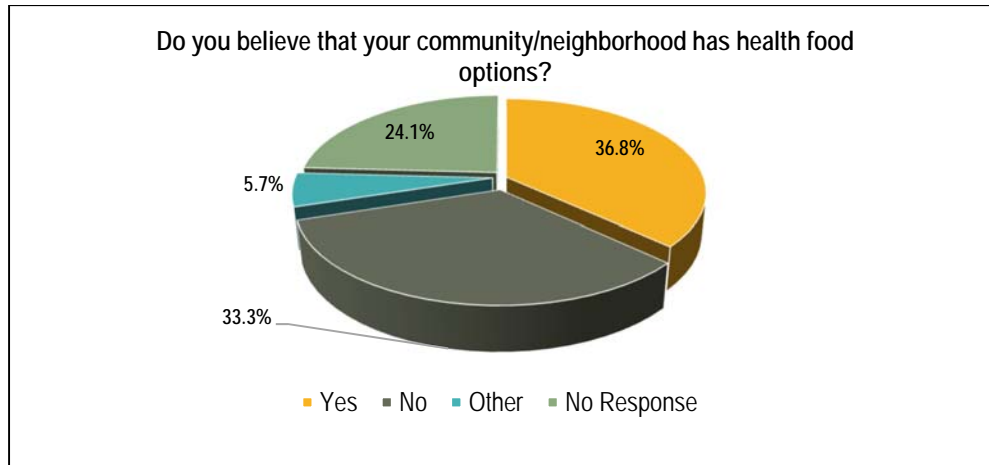
Question 5: Do you believe that your community/neighborhood has healthy food options?

Based on information shared by participants, accessibility of healthy food options in all clusters vary to a certain degree; however, all clusters shared common themes or topics that emerged during the focus group sessions. The definition of "healthy" was regarded as subjective by several respondents, and it was reinforced by participants' individual responses to this question. One respondent, for instance, stated that "what's healthy for one person is not healthy for somebody else". In addition, in several instances throughout the analysis, the phrase "healthy food options" and the word "variety" were employed interchangeably, which implied that participants felt that access to different types of ethnic food options would equate to access to healthy food options.

Approximately 37.0% of participants stated that they have access to healthy food options in their communities/neighborhoods compared to 33.3% who do not access to healthy food options (please refer to Chart 4). As it has been observed throughout the analysis of the focus group questions, a great percentage of participants (24.1% or 21 participants) did not shared their responses to this question. This substantial statistic could be attributed to a recording error of the focus group session as noted earlier in this report caused by participants speaking in a low tone or by participants speaking over one another. Additionally, nearly 6.0% of respondents provided additional context to this close-ended question.

Chart 4 – Accessibility of Healthy Food Options (All Clusters) Overall Responses (All Clusters)

Do you believe that your community/neighborhood has health food options?

- Yes 36.8%
- No 33.3%
- Other 5.7%
- No Response 24.1%

Participants from Cluster 11 (North Miami Beach), accounted for the greatest proportion of respondents who do not have access to healthy food options (34.5%) and constitute 62.5% (10 out of 16) of the total number of participants from this cluster (please refer to the Table 8). By contrast, participants from North Miami (Cluster 11, Part 2) accounted for the greatest proportion of respondents (7 out of 32) who indicated that their neighborhood has healthy food options (21.9%) and represent half of the participants from this cluster (7 out of 14).

Table 8 - Responses to Question 5: Do you believe that your community/neighborhood has healthy food options?

Clusters	Communities	Yes		No		Other		No Response		Total Participants
		n	%	n	%	n	%	n	%	
1	South Dade/Homestead	Data Not Available								
2	Kendall	3	9.4%	1	3.4%	1	20.0%	0	0.0%	5
3	Westchester/West Dade	1	3.1%	2	6.9%	0	0.0%	1	4.8%	4
4	Coral Gables/Kendall	2	6.3%	0	0.0%	0	0.0%	4	19.0%	6
5	Brownsville/Coral Gables/Coconut Grove	2	6.3%	2	6.9%	1	20.0%	0	0.0%	5
6	Coral Gables/Coconut Grove/Key Biscayne	1	3.1%	1	3.4%	0	0.0%	1	4.8%	3
7	Doral/Miami Springs/Sunset	2	6.3%	2	6.9%	2	40.0%*	0	0.0%	6
8	Miami Shores//Morningshore	5	15.6%	0	0.0%	0	0.0%	1	4.8%	6
9	Hialeah/Miami Lakes	4	12.5%	0	0.0%	0	0.0%	0	0.0%	4
10	Opa-Locka/Miami Gardens/Westview	1	3.1%	3	10.3%	1	20.0%	0	0.0%	5
11	North Miami[a]	7	21.9%	1	3.4%	0	0.0%	6	28.6%	14
11	North Miami Beach[b]	1	3.1%	10	34.5%	0	0.0%	5	23.8%	16
12	Aventura/Miami Beach	2	6.3%	1	3.4%	0	0.0%	3	14.3%	6
13	Downtown/E. Little Havana/Liberty City/ Little Haiti/Overtown	1	3.1%	6	20.7%	0	0.0%	0	0.0%	7
Total		32	100.0%	29	100.0%	5	100.0%	21	100.0%	87[c]

[a] North Miami (Part 2 of Cluster 11)

[b] North Miami Beach

[c] Totals from each column do not equal to 92, as data from Cluster 1 was missing

*Please note that this percentage represents 2 out 5 participants (overall) who provided an answer other than "Yes" or "No", and it constitutes a small proportion of residents that participated in the focus group sessions. Please be cautious when interpreting this statistic.

As mentioned previously, 6.0% of respondents, from all clusters, provided additional information to this question which added context to availability of healthy food options. Two of the themes that emerged are linked to the residents' socioeconomic status: affordability and transportation. The high cost of healthy food options was perceived as an obstacle for participants to receive a healthy nutrition as well as lack of transportation to get to the establishments that provide healthy foods (e.g., Publix, Whole Foods) that in most cases, were distant from participants' neighborhoods. The availability of corner stores, fast food restaurants, and "dollar menus", which do not generally offer healthy food options, was a concern voiced by participants that impede participants ability to maintain a healthy diet.

Several participants provided suggestions that would allow residents in their neighborhoods access to healthy food options, such as community gardens and farmers markets.

The following figure or Word Cloud illustrates the most commonly used words by participants when asked about availability and accessibility of healthy food options. These words correlate with themes identified above.

Word Cloud Figure – Availability of Healthy Food Options in Participants' Neighborhoods (Question 5)

Question 6: Do you feel safe walking in your neighborhood no matter what time it is (streets well dept, lighting, mobility, grass cut, no litter, no needles, etc.)?

Across all clusters, participants were very vocal during the focus group sessions regarding the safety of their neighborhoods and provided valuable context to this close-ended question. Please note that the inclusion of a frequency table of participants' responses to this question (i.e. "Yes" or "No" answer), would not be an accurate representation of their views regarding the safety of their neighborhoods as their answers could not be placed in a "yes" or "no" binary category. As such, a frequency table, in this instance, has not been included.

Overall, most of the participants from each cluster felt that they were safe walking in their neighborhoods regardless of the time; however, a number of participants also felt that they were not safe. It is important to highlight that a small number of participants felt that they were safe in the daytime but not at night and refrained from walking during this time.

There were several themes that emerged as question 6 was posed to participants from all clusters during the focus group sessions, mainly among participants who did not feel safe walking in their neighborhoods regardless of the time of the day, but especially at night. Participants from Cluster 2 (Kendall), Cluster 4 (Coral Gables/Kendall), and Cluster 10 (Opa-Locka/Miami Gardens/Westview) voiced their concern about drug and alcohol abuse as well as the presence of drug dealers in their neighborhoods, which, according to participants, occurs at night. As a result, participants feel hesitant to walk at night.

In addition, participants maintained opposing views regarding the presence of the police that would help them develop a sense of safety in their neighborhoods. Participants from Cluster 11 (North Miami Beach) and one participant from Cluster 12 (Aventura/Miami Beach) presented the following points of views to account for the lack of police patrolling in their neighborhoods: firstly, budget cuts observed in recent years in which several police officers lost their jobs; and secondly, police officers seen as "greedy" which has resulted in a low retention rate. One participant stated, "they want to get paid like doctors". By contrast, participants in Cluster 8 (Miami Shores/Morningshore), Cluster 9 (Hialeah), and Cluster 12 (Aventura/Miami Beach) felt content with the police presence in their neighborhoods, as one participant shared: "...there was always a constant police and public safety presence... They are on the streets any time of day doesn't matter".

Participants also felt that the built environment, such as the absence of sidewalks and adequate lighting on the streets, as well as drivers who do not respect the rules of traffic (e.g., not yielding to pedestrians), are factors that hinders residents from walking in their neighborhoods especially at night.

It is important to mention that one participant, who identifies as an advocate to increase police patrolling in residents' neighborhoods, provided the following recommendations: promote the recruiting and retention of police officers by providing bonuses as well as "putting money back to the police department".

To conclude, a small number of participants from Cluster 3 (Westchester/Kendall) associated poor sanitation to a safety issue and described their neighborhood as full of debris caused by Hurricane Irma; in which debris has not been cleaned by the city for months. Participants added that this could result in an epidemic and they cited asthma as one of the chronic conditions that residents could develop by being exposed to poor sanitary conditions.

The following Word Cloud below summarizes the most commonly used words by participants and complements the themes that were identified in this section of the analysis.

Question 7: Do you utilize services provided by Federally Qualified Health Centers (FQHCs), the Department of Health, and/or private clinics found in your neighborhood?

Throughout this report, participants' views on the issues discussed during the focus group sessions varied among all clusters, but there were common themes that emerged during these discussions. When asked about whether participants utilize services provided by Federally Qualified Health Centers (FQHCs), the Department of Health (DOH), and/or private clinics in their neighborhoods, responses ranged from simply "Yes" or "No" to context that added value to the discussion of the issues, obstacles, and strengths perceived by participants pertinent to their neighborhoods. Due to the great variation of participants' responses observed in all clusters, a frequency table has not been included as the aggregation of all responses could not be placed in a binary category. However, among participants in which a binary category could be determined (62 out of 92 participants), the majority do not utilize health services provided by FQHCs, DOH, and/or private clinics located in their neighborhoods.

Among the themes that emerged, the discontent or dissatisfaction with their local free health clinics was voiced by participants. Participants cited personal experiences, which included a long wait to be seen by a nurse or physician, not being given a guarantee that they would be seen or treated on the day they visited the clinic, limited access to free services, and the impersonal communication and treatment by the staff. As such, utilization of local health clinics, whether categorize as FQHCs or as a part of the DOH, is low or infrequent among residents who participated in the focus group sessions. In several instances during the discussion of this topic, participants shared that they would prefer to pay for services they would otherwise receive for free than to utilize their local free clinics. Most of the participants utilize the following health systems or programs accessible in Miami-Dade County: Jackson Memorial Hospital, Mercy Hospital clinics, urgent care clinics, private clinics, and/or primary care physician clinics.

One of the obstacles that was shared by a young parent from Cluster 2 (Kendall) was that even though his or her children receive federal assistance coverage, he or she does not qualify and cannot afford to pay the sliding scale fee to be treated for services in her local clinic. Other participants shared the same

concern in that they do not qualify for federal assistance and cannot afford to pay for medication or treatment of their chronic conditions (e.g., diabetes) otherwise covered by a health insurance plan; thus, health services are being sought at their local hospital.

Cluster 11 (North Miami and North Miami Beach) provided additional context that, while it does not answer the question directly about utilization of their local clinics, it adds value to the topic of services provided by specific health programs. Based on responses provided, participants from Cluster 11 were retired senior citizens who feel that their Medicare coverage provides the services they need, as well as it "takes cares of the bills" that accrue once services are rendered. More specifically, participants residing in North Miami Beach feel that available transportation to their health clinics is an essential component that would assist in meeting their health needs, and it is, more often than not, met by their health plans.

As observed in the Word Cloud representation below, the word "people" was the most commonly used word during the discussion of utilization of local health clinics, and it correlates with the first theme identified as it discusses the interaction of residents or "people" with their local health centers.

Word Cloud Figure – Health Service Utilization (Question 7)
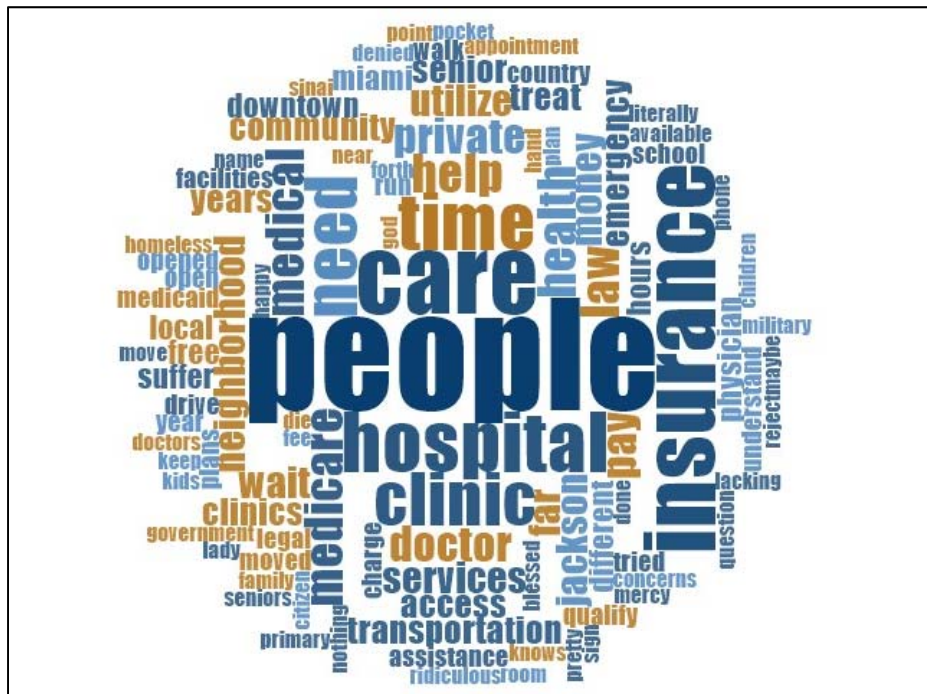
Question 8: What improvements can be made in your community (safety, aesthetics, etc.)?

This open-ended question allowed participants to express their thoughts on how their community could be improved, and most participants shared their concerns, ideas, and/or experiences which were discussed in the focus group sessions. The information provided by participants pertaining to this question summarizes what was discussed previously throughout the focus group sessions and complements the overall report. Due to the large amount of information shared by participants, themes have been aggregated into the following categories: Built Environment, Education, Transportation, Community Involvement, Police Responsiveness and Involvement, and Emergency Preparedness.

Built Environment

Participants shared that Miami-Dade County residents need to develop or "build" their own economy, and not to rely solely on tourism. By generating or "building" the County's economy, participants feel that the built environment could be improved. This could be accomplished by researching the best economic models and by searching for investors. Participants shared that once sufficient revenue has been generated, one way to improve the built environment would to expand the Metrorail and Metromover and to build more highways "above ground", which would, consequently, alleviate traffic congestion.

Another theme that emerged under the category of Built Environment was the issues that residents are experiencing with flooding during a rainstorm, and this concern was voiced by participants residing in Doral/Miami Springs/Sunset (Cluster 7), in particular. One participant from this cluster stated that homes in this neighborhood have been built "a little bit lower than in other places" and, as a result, the streets flood constantly when heavy rains start.

Several themes surfaced regarding homes in Miami-Dade County, however most were categorized under the Police Responsiveness and Involvement category since it involved safety/security of neighborhoods. These will be discussed subsequently. In relation to the Built Environment category, however, participants felt that larger and affordable homes were necessary to accommodate large families that cannot afford larger homes, and, by contrast, other participants shared that smaller homes and larger backyards are important components that their neighborhoods are lacking.

Other themes that emerged under the Built Environment that would improve the safety of residents included: the need to clearly mark pedestrian crossing lanes -especially near elementary schools, and the repair of old buildings that could potentially contaminate tenants with asbestos and/or fungal spores. More specifically, participants of Cluster 2 (Kendall), some who also reside in Homestead, felt that the absence of paved roads in certain areas are an important component that hinders the safety of residents.

Education

Participants across all clusters were concerned with the educational system in Miami-Dade County, not just the public-school district serving grades K-12, but also the educational level of adult residents. More specifically, participants of Cluster 2 (Kendall) and Cluster 10 (Opa-Locka/Miami Gardens/Westview) stated that there is a substantial disparity between private and public school education that serve school-aged children in Miami-Dade County, and they feel that as children grow into young adults they don't realize that they have received a low education because, as one participant stated, "this is all they know". One participant of Cluster 10 (Opa-Locka/Miami Gardens/Westview) cited Carol City as providing a lower education level than other cities, such as Aventura. In this participant's experience, residents are willing to invest in private education for their children rather than to enroll them in any of the public schools located in Carol City.

Within the Education category, participants offered suggestions as to how the educational system, for children and adults, could be improved. For instance, participants of Cluster 3 (Westchester/West Dade) agreed that implementing specialized educational programs or vocational programs in public schools that are tailored for students' interests will improve the educational level of residents. Other participants felt that it is important to shift from the mentality of a four-year college education to a technical school education which could, subsequently, relieve the pressure that parents place on their children to pursue a college career. As one participant expressed, "…not everybody has to be a doctor or a lawyer".

Finally, participants also expressed that offering practical courses for adult residents in Miami-Dade County would be beneficial for the community as a whole. Examples provided by participants included

driving classes, first aid courses, and educating residents on the laws or rules. One participant stressed the importance of informing or educating the community about infectious diseases, especially in areas with a high rate of drug abuse where needles are commonly found on the ground. As this participant stated: "if you see a needle on the floor, don't grab it".

Transportation

As mentioned previously, few of the themes that were placed in one category overlap with another category, and this has been the case when respondents expressed their discontent with the public transportation system in Miami-Dade County. For instance, one theme that emerged during the discussion of the Built Environment was the expansion of the Metrorail and Metromover that could be possible as the economy in the County improves, and, concurrently, would improve the public transportation system for residents that rely on this system as their means of transportation.

Most of the participants from all clusters expressed that the public transportation system could be improved, as one participant residing in Coral Gables/Coconut Grove/Key Biscayne (Cluster 6) shared: "…transportation conditions here is a complete mess". Additionally, participants also shared that traffic congestion in Miami-Dade County is the result of a poor transportation system and the constant construction projects being developed on the highways. Other participants stated that as certain cities in Miami-Dade County have "become more popular", such as Homestead, residents need to travel long distances and, coupled with a poor transportation system, commute time increases substantially.

Specific examples were also cited by participants demonstrating their discontent with the public transportation system, such as the way the bus system is managed which causes the user to wait for a long time at the bus station. Participants feel that they shouldn't have to file a formal complaint for buses to "run on time", as residents pay for the trainings provided to the drivers.

Community Involvement

During this discussion, participants residing in Cluster 3 (Westchester), Cluster 8 (Miami Shores/Morningshore), Cluster 12 (Aventura/Miami Beach), and Cluster 13 (Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown), expressed the importance of being involved with issues that affect the community; which could start by simply getting acquainted with their neighbors. Participants indicated that, as a community, residents could advocate to address those same issues at community meetings so that their voice could be heard which will in turn start the process of reform. Other participants suggested calling the Commissioner's office to inquire when community meetings are held or to call 311, a non-emergency call system. One participant stated that one of the benefits of attending community meetings is that the local police are also present, as such local issues or barriers could be discussed.

As observed during this discussion, participants felt that by being involved a sense of empowerment would develop that would allow residents to "have a voice" on the issues they experience in their communities and, consequently, allow them to make choices for the betterment of their own communities.

Police Responsiveness and Involvement

This category expands on the discussion of safety posed in Question 6, in that participants expressed the need to have more "police presence" in their neighborhoods. Some participants suggested the presence of more police stations or "sub-police stations" that would help address issues encountered as well as increase responsiveness to incidents that occur in the community. Overall, participants from Cluster 1 (South Dade/Homestead), Cluster 2 (Kendall), and Cluster 5 (Brownsville/Coral Gables/Coconut Grove)

shared that increasing police patrolling in their neighborhoods would provide a sense of safety or security to residents. More specifically, one participant from Cluster 5 stated that it is important to increase the enforcement of "zero tolerance" for areas considered "drug zones".

Emergency Preparedness

It is important to highlight that even though Emergency Preparedness has been placed as an additional category, it is actually a theme specific to Cluster 11, which comprised of residents from North Miami and North Miami Beach. Based on the anecdotes shared by participants of North Miami Beach, this population comprises retired senior citizens, some with limited mobility, which voiced their concern based on their previous experience with Hurricane Irma that affected residents in South Florida. Participants emphasized the importance of being prepared for such storms, which are common in South Florida, before and after it affects the community especially among the elderly population and the handicapped. Other participants suggested access to a governmental hotline, whether at the city- or state- level, in which residents could communicate their needs after a natural event, such as a hurricane, affects the community. Additionally, participants stated the need to get more churches or centers involved so that they could be utilized as shelters for those most in need.

Please refer to the Word Cloud figure below which highlights the most commonly utilized words during this discussion.

Word Cloud Figure – Question 8: What improvements can be made in your community (safety, aesthetics, etc.)? (Question 8)

CONCLUSION

Many of the clusters identified cross boundaries based on socioeconomic status or population size, and this fact was also reflected in the way participants defined or perceive their "community". For instance, one participant indicated that "north of Flagler" is not part of his or her community even though this reference point may lie within the identified cluster boundaries from which he or she came from. This definition has important implications on how participants responded to the questions posed during the focus group sessions. For instance, when participants were asked about topics associated with accessibility to healthy food options, safety, health services provided by FDOH-MD, and racial diversity, their responses depended on how they defined their community and not on the physical boundaries encompassed by their respective clusters. One participant shared that his or her community is defined by where one person is willing to drive to.

Most of the questions shared with participants were close-ended questions, however, with a few exceptions, participants provided valuable content in addition to a "Yes" and "No" response that described their experiences associated the topics discussed. It is noteworthy to highlight that participants' responses to a specific question overlapped with other questions. For instance, when participants were asked if their community or neighborhood has healthy food options they also shared how accessibility of healthy food options could be improved or increased in their community (e.g., community garden), which also coincided with their responses to Question 8, that inquired about improvements that could be made in their community overall.

Additionally, the icebreaker activity which asked participants to draw their ideal community summarizes their responses to the eight questions posed. For instance, if schools, hospitals, or churches were features of the built environment that participants value in their neighborhoods they were illustrated in their drawings.

It is also important to note that participants shared information that, although it was not related to the questions posed, could add value for future assessments of Miami-Dade County. Some of this information was briefly discussed in the focus group sessions but could be expanded on different efforts. For instance, when asked about "some things" participants like about their neighborhood they also indicated things they did not like. These included: traffic congestion, inadequate transportation system, failure of the government to address community needs, health threats (e.g., Zika virus), lack of activities for children, lack of information that delineates resources (e.g., rehabilitation centers for senior citizens, free services), increase violence, and crime.

Finally, one theme that surfaced in Questions 4 through 7 was accessibility and proximity to the different components discussed in the focus group sessions. In other words, accessibility and proximity were essential components to participants when asked about availability of healthy food options (e.g., Whole Foods Supermarket), safety (police stations nearby), and health service utilization (e.g., free clinics).