2018 MIAMI-DADE COUNTY

WELLBEING SURVEY ANALYSIS

Miami-Dade County Clusters

JULY 22, 2019

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I.   INTRODUCTION

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

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

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

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

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

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

II.   PROJECT OVERVIEW

Project Goals

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

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

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

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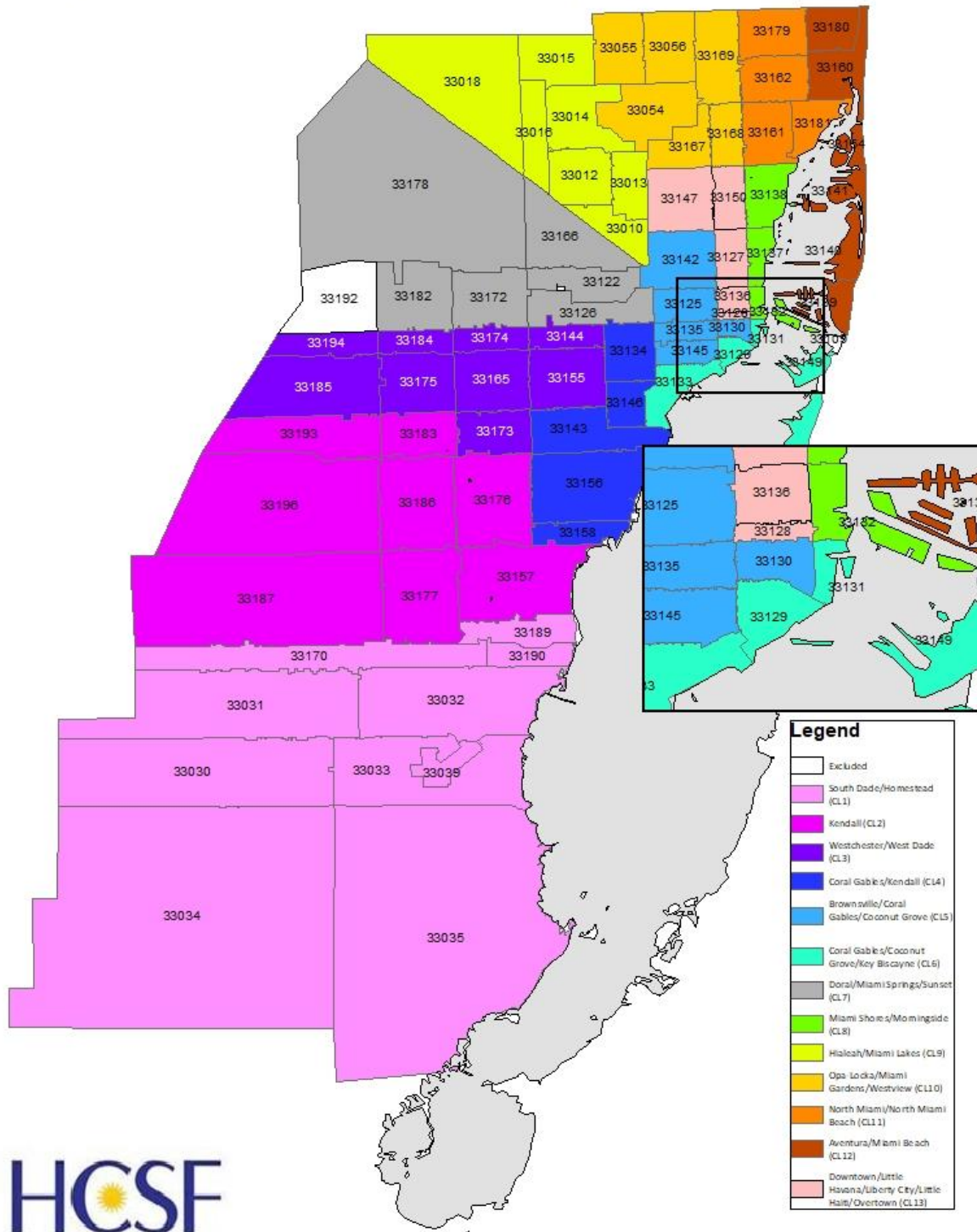
III.   METHODOLOGY

Clustering Methodology

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

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

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

Legend

Excluded	(white)
South Dade/Homestead (CL1)	
Kendall (CL2)	
Westchester/West Dade (CL3)	
Coral Gables/Kendall (CL4)	
Brownsville/Coral Gables/Coconut Grove (CL5)	
Coral Gables/Coconut Grove/Key Biscayne (CL6)	
Doral/Miami Springs/Sunset (CL7)	
Miami Shores/Morningside (CL8)	
Hialeah/Miami Lakes (CL9)	
Opa-Locka/Miami Gardens/Westview (CL10)	
North Miami/North Miami Beach (CL11)	
Aventura/Miami Beach (CL12)	
Downtown/Little Havana/Liberty City/Little Haiti/Overtown (CL13)	

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

HCSF
Health Council of South Florida, Inc.

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

Table 1: Clusters by Name and ZIP Code

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

Survey Instrument

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

Sample Approach and Design

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

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

Post-stratification Survey Weighting

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

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

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

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

Limitations

This survey and analysis contain some limitations that are important to note. First, while design weights were applied prior to survey collection, due to the survey collection methodology employed the design weights were not followed accurately. Online survey collection is more difficult to control when seeking specific sample sizes from various locations for a single survey. In this case, some clusters, such as Cluster 2, had many more survey respondents than sought, while others, such as Cluster 6, were severely underrepresented (see Table 2). To remedy this, we included the proposed design weights as a variable

in the post-stratification weighing methodology utilized after-the-fact. Furthermore, there were several questions that allowed more than one answer creating difficulties in analyzing them to gain representative samples. For example, the question "Where do you or your family go when sick or in need of healthcare, mental healthcare, or dental services?", allows multiple answers, which made it difficult to draw representative conclusions for the county and clusters. For these questions, rather than draw conclusions that may not be representative of the true cluster or county-wide makeup, we included them in the *Respondent Summary* section rather than in the *Weighted Results* section.

Figure 2—Population Characteristics, Miami-Dade County vs. Weighted Survey Respondents
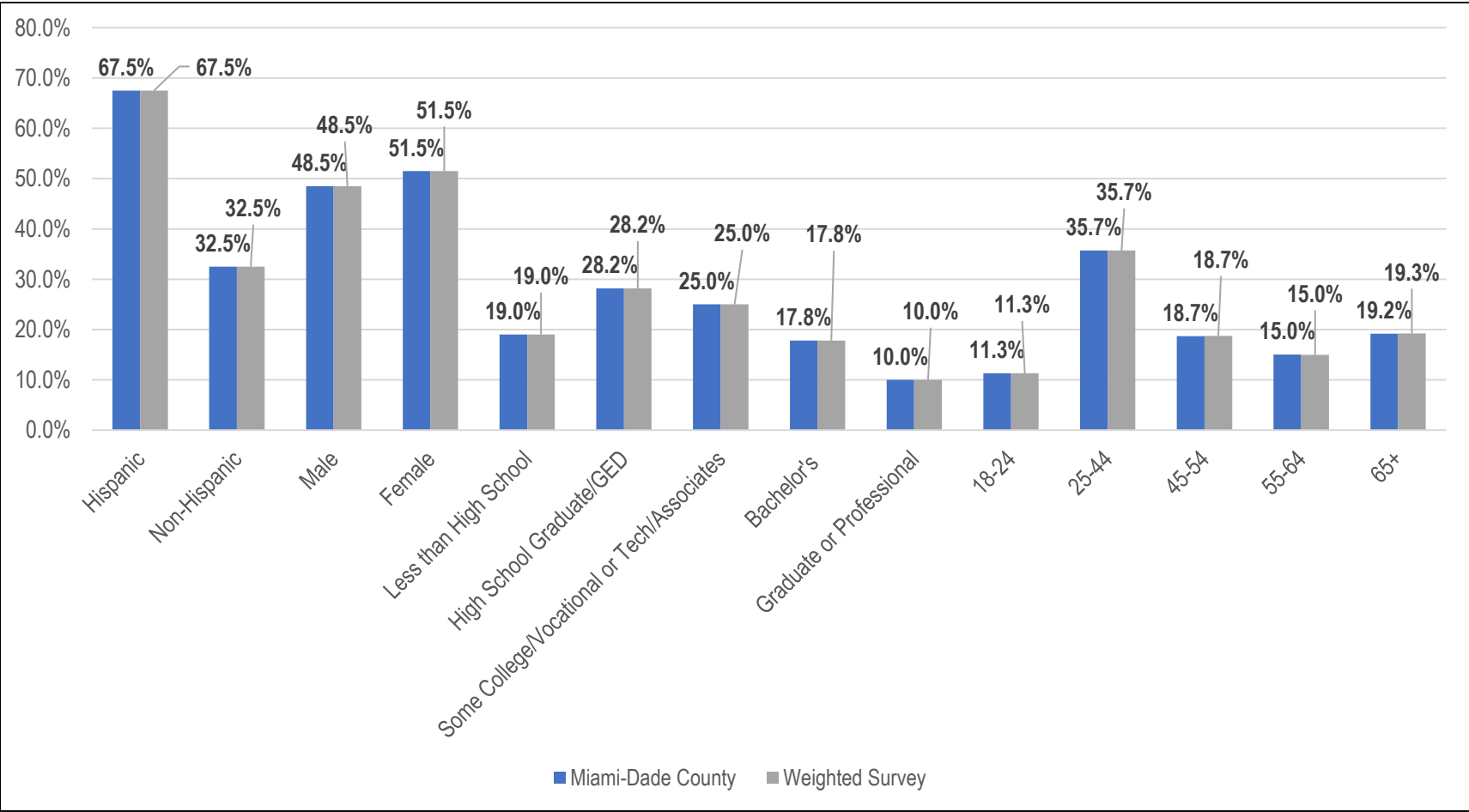
IV. SURVEY RESPONDENT SUMMARY

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

Geography

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

Table 2: 2019 Miami-Dade Wellbeing Survey Geographic Distribution

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

Demographics

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

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

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

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

Social Characteristics

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

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

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

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

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

Economic Characteristics

Economically, the largest percentage of respondents have a household income of $50,000-$74,999 (16.5%) followed by those earning $35,000-$49,999 (14.7%), $100,000-$149,999 (13.9%), and $75,000-$99,999 (12.3%). Additionally, most respondents indicated that they own their home (50.9%), while 34.3% responded that they rent. An additional 10.3% responded that they live with other people but do not own or rent. Finally, 69.0% responded that they are employed full-time while 12.0% responded that they are employed part-time. A total of 12.9% responded that they are in school, 4.7% unemployed, and 6.1% retired. These employment numbers are not mutually exclusive, meaning that a person could respond that they are both employed full-time and part-time or that they are in school but also work part-time. Please refer to Table 5.

Table 5: 2019 Miami-Dade Wellbeing Survey Economic Characteristics

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

Access to Care – Locations

In terms of where participants receive healthcare services, it was observed that slightly over 46.0% of respondents receive their healthcare (general, mental, or dental) from a private practice, followed by

39.7% who receive these services from urgent care and family health with 34.1% (Chart 1). Please note that in many instances, respondents selected more than one answer to this question, as such the total percentage of respondents illustrated on Chart 1 aggregates to greater than 100%.

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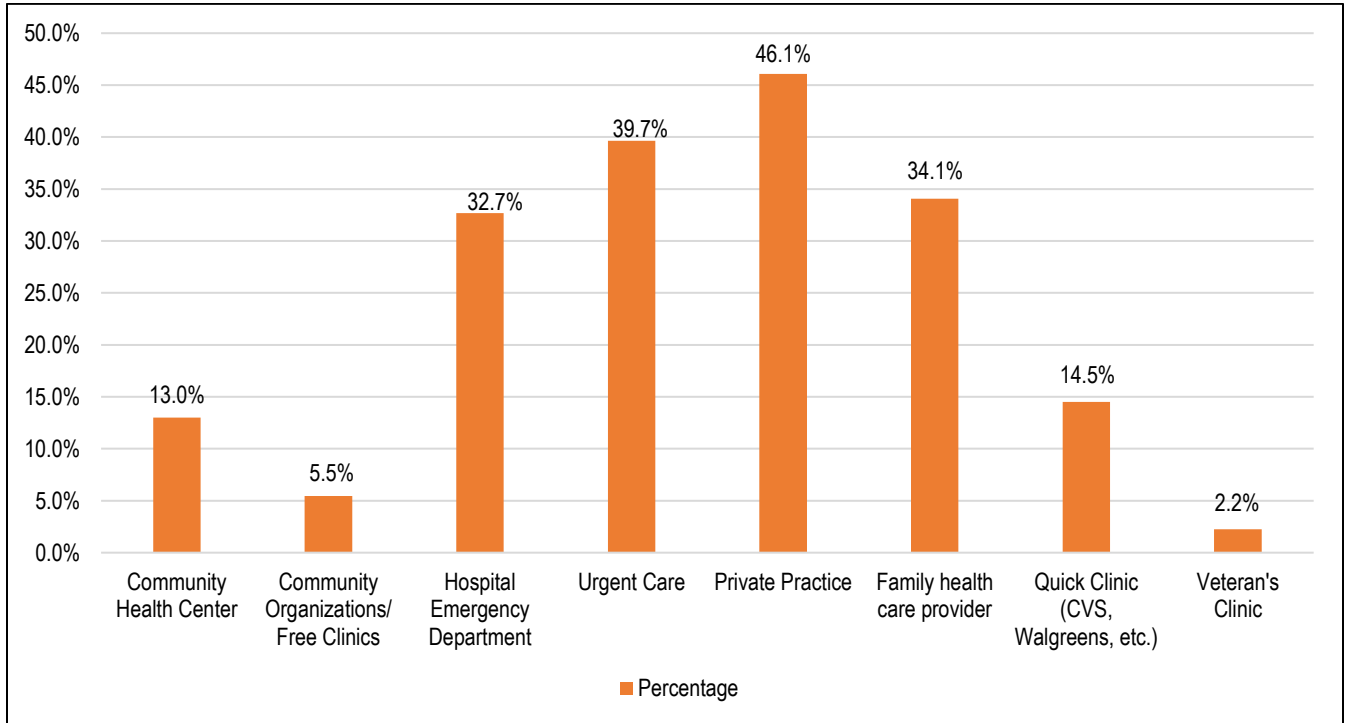
Healthcare Payor Source

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

Chart 2 – *How do you pay for your healthcare (non-dental)?*
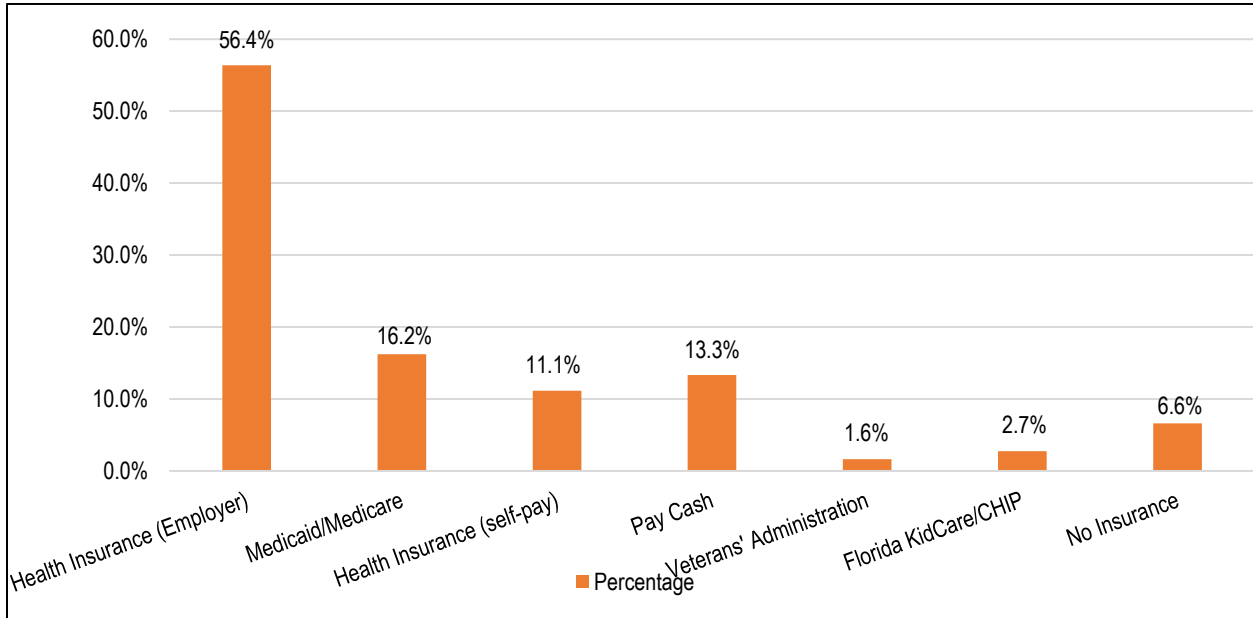
Health Information

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

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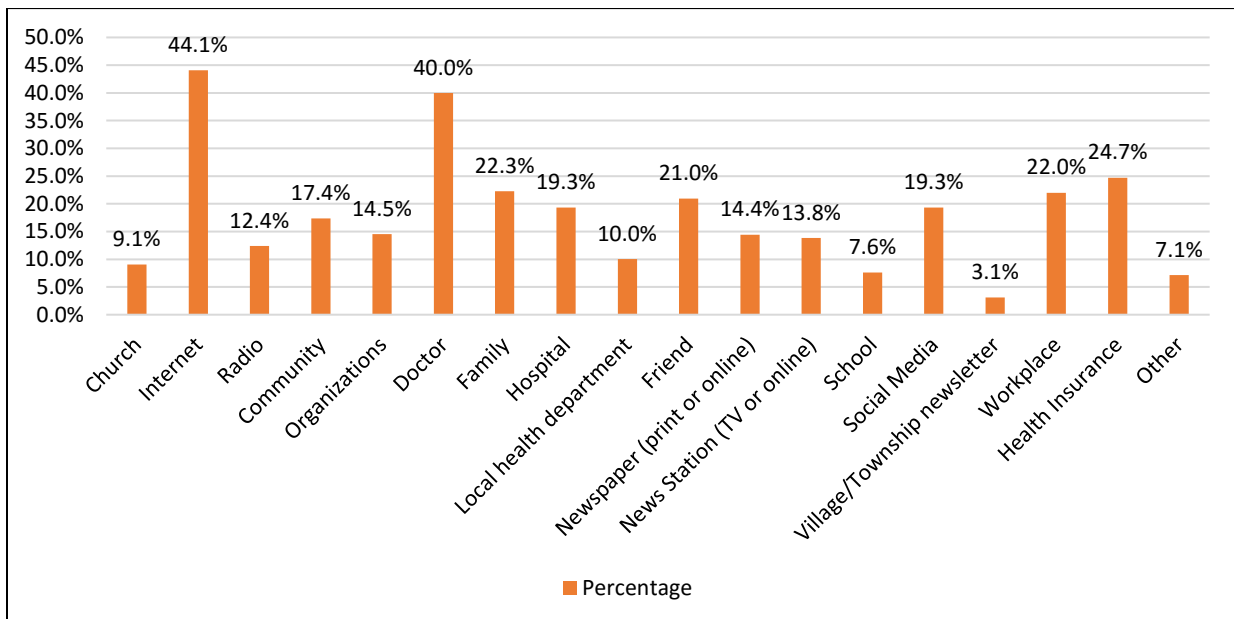
V.   WEIGHTED RESULTS

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

Quality of Life

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

To begin, the survey asked the degree to which the respondent agrees with a series of questions related to their view on life. For example, 79.7% of respondents either strongly agree or agree that they have people with whom they can share problems or get help when needed (Chart 4). However, this is not universal across all clusters. Cluster 13 has 58.5% that either strongly agree or agree with an additional 41.5% responding that they disagree or strongly disagree.

Chart 4– *To what extent do you agree or disagree with each of the following statements about yourself: I have people with whom I can share problems or get help when needed.*
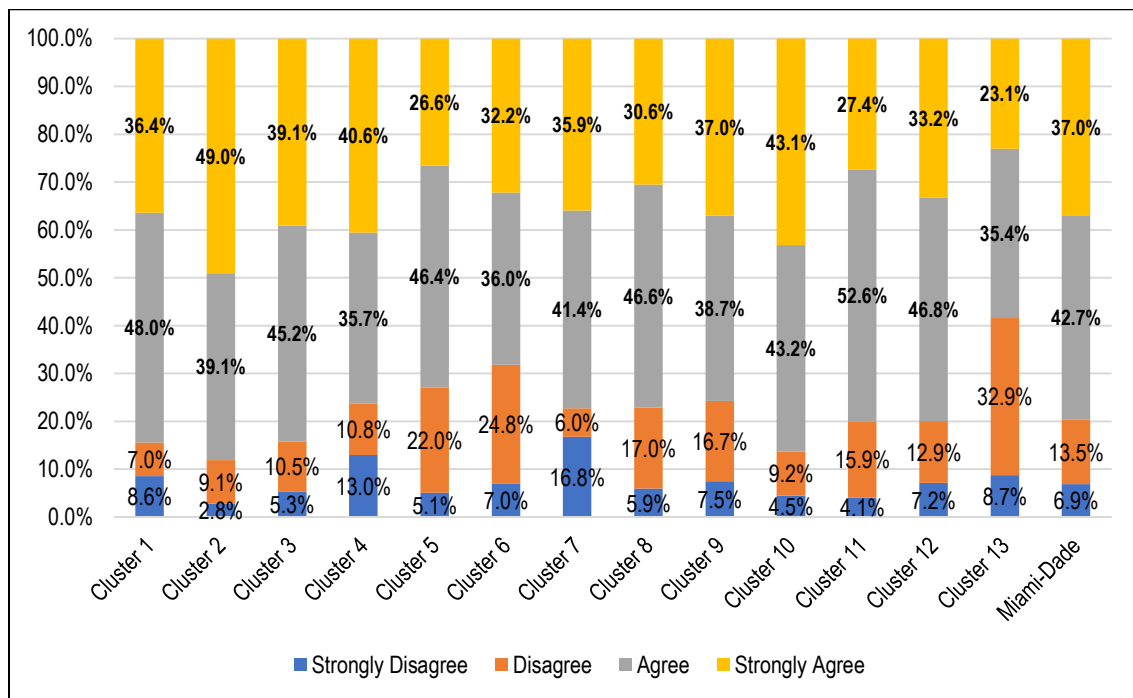
Additionally, when asked whether they have a positive view on the future, over 80% of respondents strongly agree or agree that they do have a positive view. This is pretty standard across clusters, with the largest percentage seen in Cluster 2, where 91.9% strongly agree or agree and the lowest percentage seen in Cluster 5 with 72.4% (Chart 5).

Chart 5– *To what extent do you agree or disagree with each of the following statements about yourself: I have a positive view on the future.*
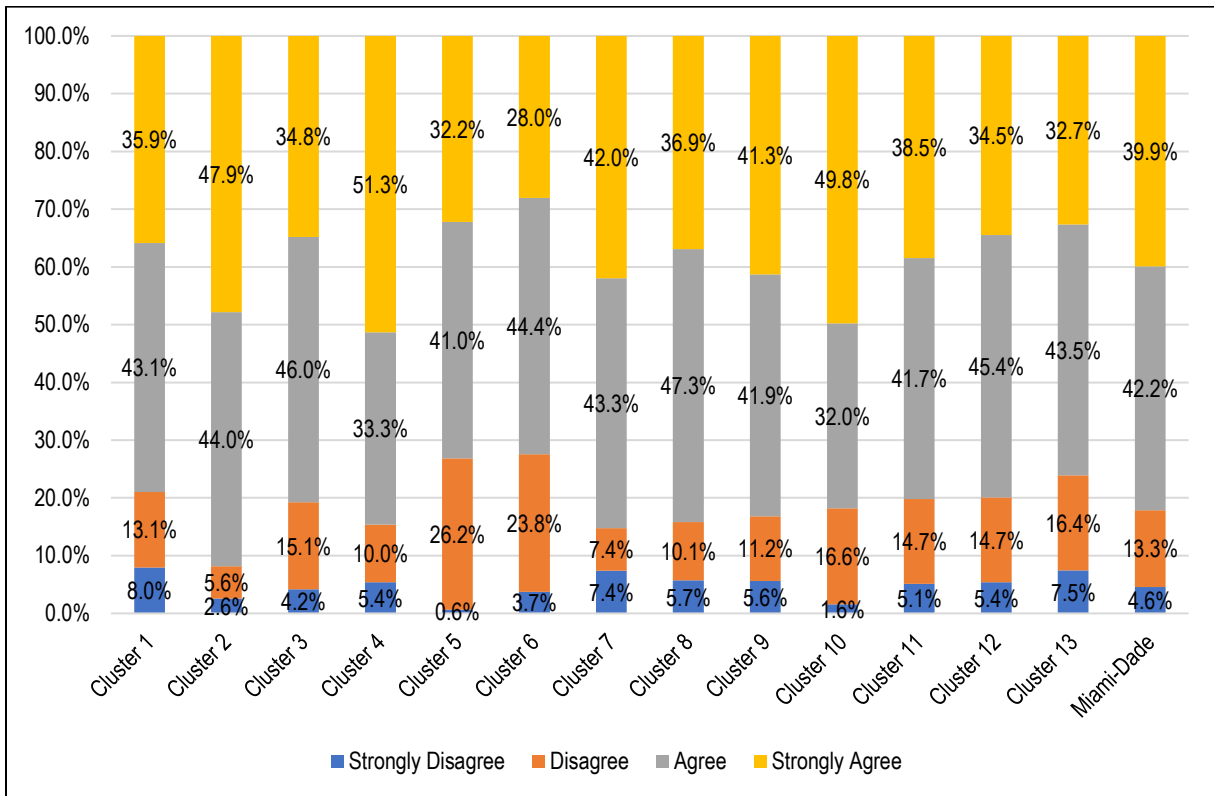

When asked whether they have a sense of responsibility to help improve the health of their community, 84.2% of respondents stated that they either strongly agree or agree. This, too, was similarly represented across clusters, with most responding with 70% strongly agreeing or agreeing. The largest percentage was seen in Cluster 2 (93.3%) with the smallest percentage seen in Cluster 8 with 74.3% of those strongly agreeing/agreeing and 25.7% strongly disagreeing/disagreeing (Chart 6).

Chart 6– *To what extent do you agree or disagree with each of the following statements about yourself: I have a sense of responsibility to help improve the health of my community.*
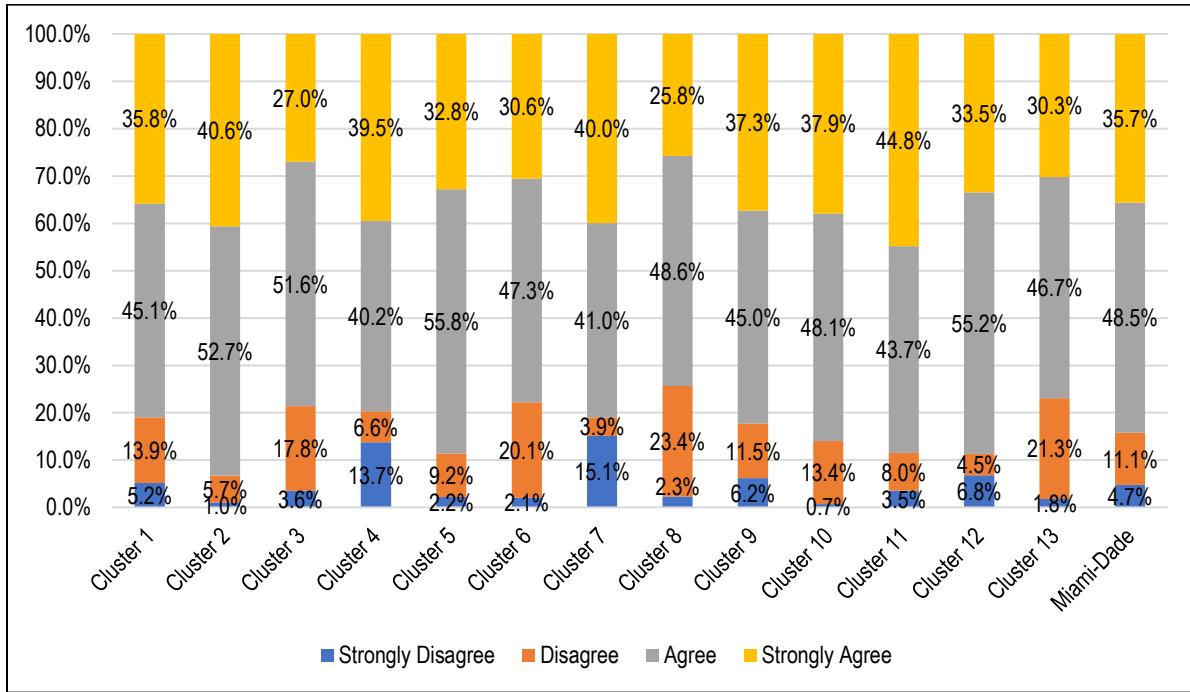
The majority of respondents (64.2%) stated that they strongly disagree/disagree that it takes them a long time to get back to normal when things have gone wrong in their life. The largest percentages of those who strongly disagree/disagree were found in Cluster 2 (76.4%), Cluster 4 (76.7%), and Cluster 6 (77.4%), while the smallest percentage was seen in Cluster 5 (46.6%) and Cluster 9 (48.8%). Please refer to Chart 7.

Chart 7– *To what extent do you agree or disagree with each of the following statements about yourself: When things go wrong in my life, it takes me a long time to get back to normal.*
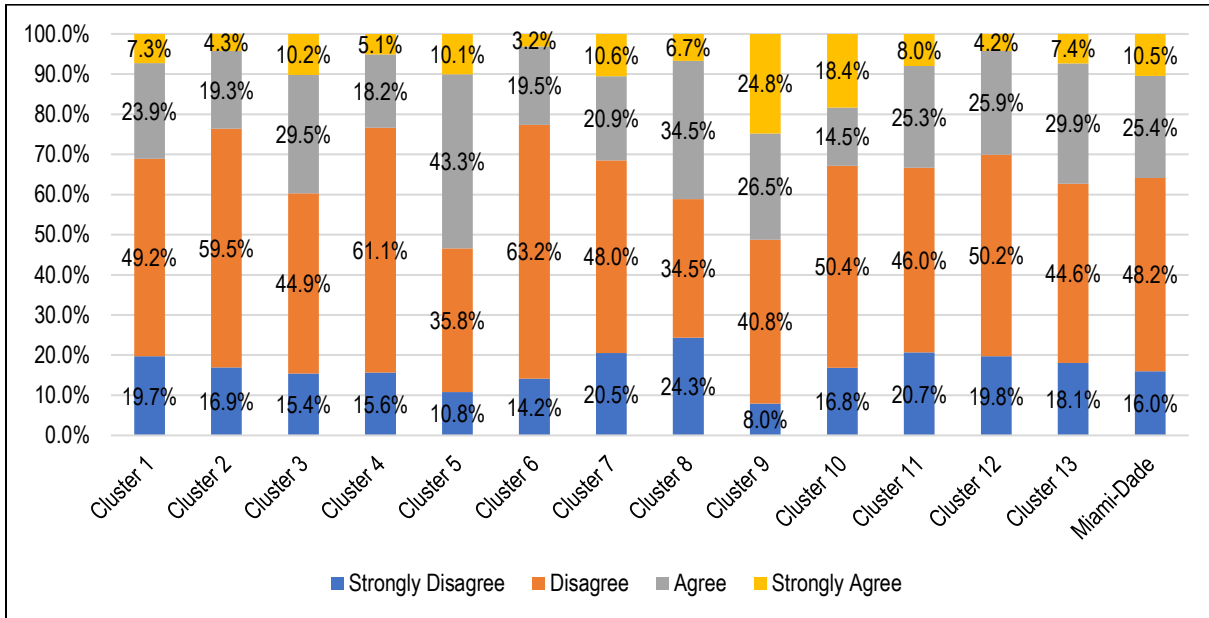
The residents of Miami-Dade County also feel that their lives, in general, are worthwhile with 86.7% of respondents indicating that they strongly agree/agree when prompted. This sentiment is fairly common across all clusters. The highest percentage that strongly agree/agree are found in Cluster 2 (92.9%) and the lowest percentage in Cluster 8 (72.2%).

Chart 8– *To what extent do you agree or disagree with each of the following statements about yourself: I generally feel that what I do in my life is worthwhile.*
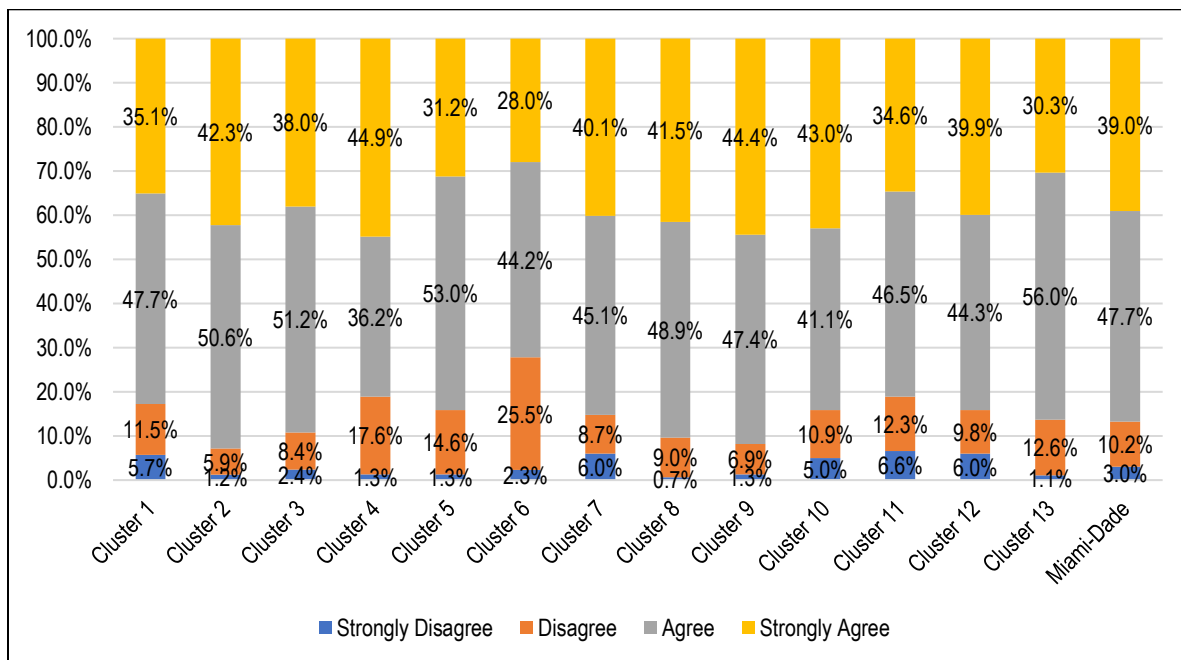
Overall, the majority of residents indicate that their religious or spiritual beliefs influence the way that they live (70.6% strongly agree/agree; 29.4% strongly disagree/disagree) with varying degrees over the clusters. Cluster 4 had the largest percentage of residents who strongly agree/agree (79.9%) while Cluster 6 had the lowest percentage (50.8%). Please refer to Chart 9.

Chart 9– *To what extent do you agree or disagree with each of the following statements about yourself: My religious or spiritual beliefs influence the way that I live.*
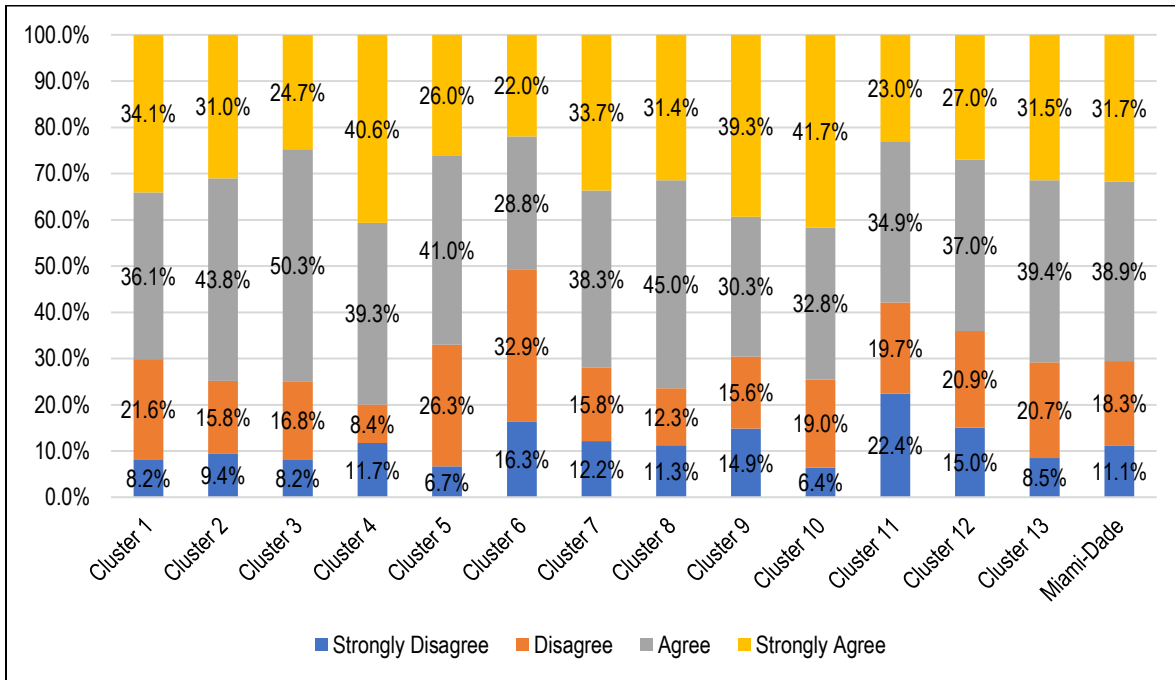
Residents were also asked about how worried they are about financial concerns in their life, such as credit card payments, rent, and job security. Overall, residents are not too worried or not worried at all (56.9%) about making minimum payments on their credit cards with 34.0% indicate that they are moderately worried or very worried and 9.0% not applicable. Clusters 13 and Cluster 7 indicated the least amount of worry about making minimum credit card payments (49.7% and 50.4%, respectively). Cluster 7, however, indicated the largest percentage who are very worried and moderately worried (45.2%) followed by Cluster 6 (40.1%). Please refer to Chart 10.

Chart 10– *How worried are you right now about not being able to make the minimum payments on your credit cards?*
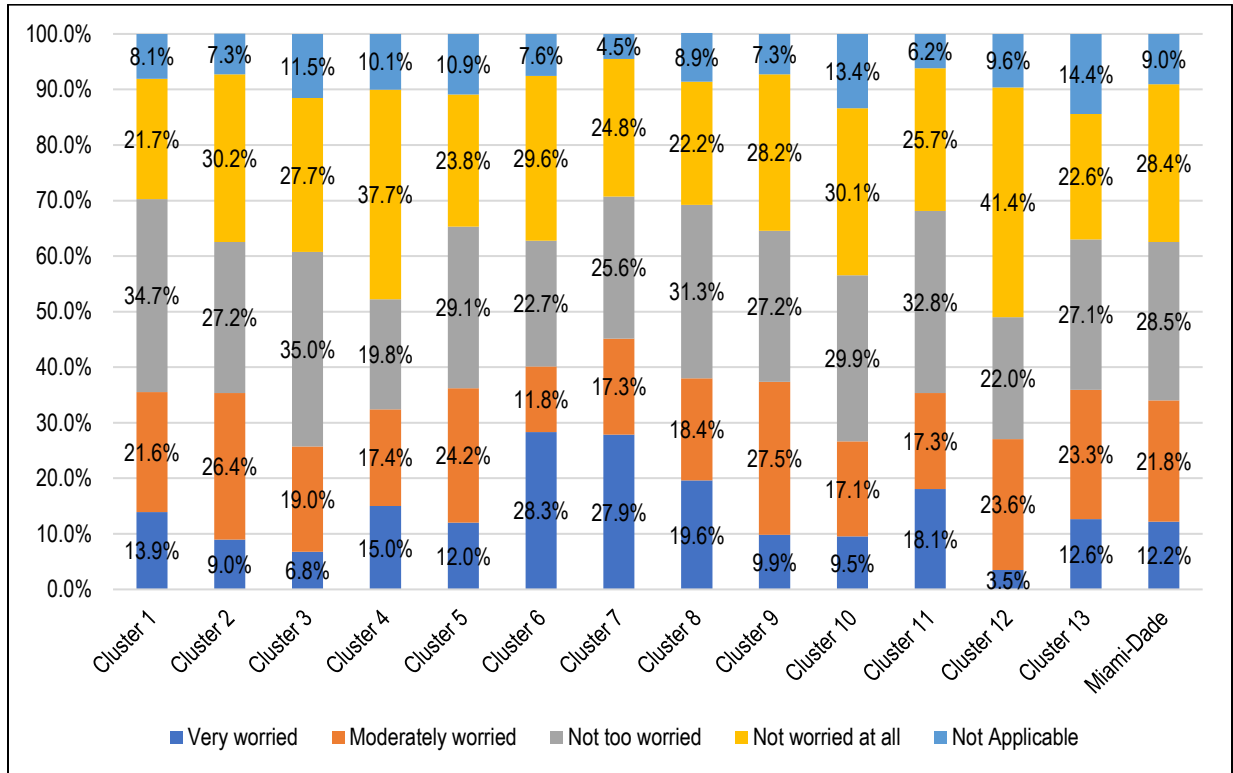

A larger percentage of residents are worried about not being able to pay their rent, mortgage, or other housing costs. Overall, 38.4% indicate they are very worried or moderately worried about housing costs. Cluster 1 and Cluster 7 have over 50% of their residents very worried or moderately worried about housing costs (52.2% and 51.6%, respectively), while Clusters 2, 3, and 10 all have much lower percentages indicating worry (33.1%, 30.7%, and 30.2%, respectively). Please refer to Chart 11.

Chart 11– *How worried are you right now about not being able to pay your rent, mortgage, or other housing costs?*
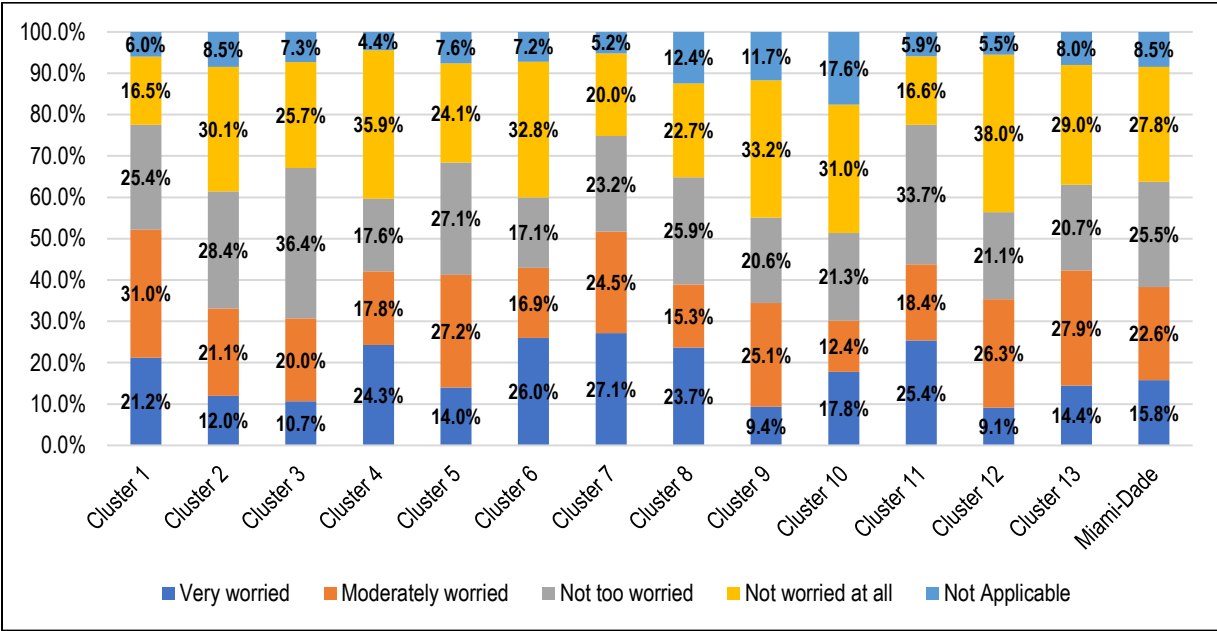
Finally, overall, less than one-quarter (24.5%) of residents are worried that they might lose their job in the next six months. While all clusters remain below 50.0%, not all clusters feel as secure in their jobs. Clusters 5, 6, and 7 have greater percentages of those very worried or moderately worried about their job security with 34.9%, 36.6%, and 34.3%, respectively. Please refer to Chart 12.

Chart 12– *How worried are you right now that you might lose your job in the next six months?*
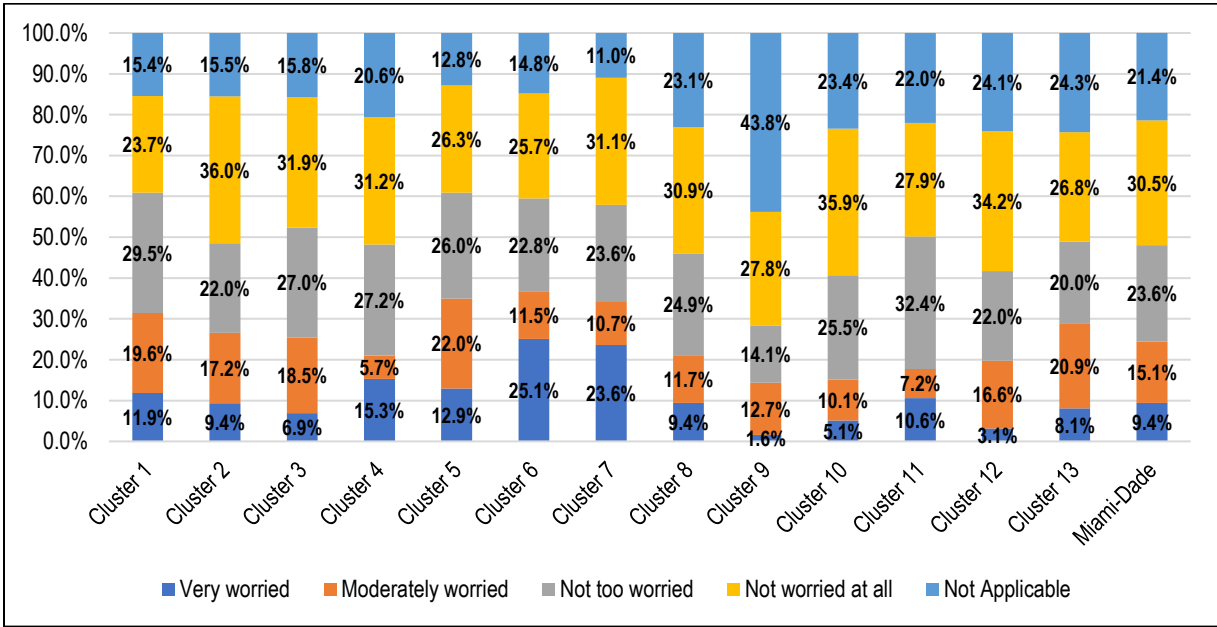
The subsequent set of questions aimed to capture residents' stress level, decreased interest in activities they would normally enjoy, depression level, energy, and appetite. As observed in previous categories or

questions, certain patterns and variations were captured on this component of the Quality of Life section. Overall, when residents were asked whether they feel stressed, 31.2% indicated that they felt stressed 3 or more days in a week and 43.1% indicated they feel stressed less than 2 days in a week. Cluster 6 residents, however, report that 50.2% of residents feel stressed 3 or more days in a week, while only 6.9% indicate that they never feel stressed on average. Whereas, 38.2% of Cluster 10 indicate that they never feel stressed. Please refer to Chart 13.

**Chart 13 –*Over the last week, how many days have you felt stressed?***
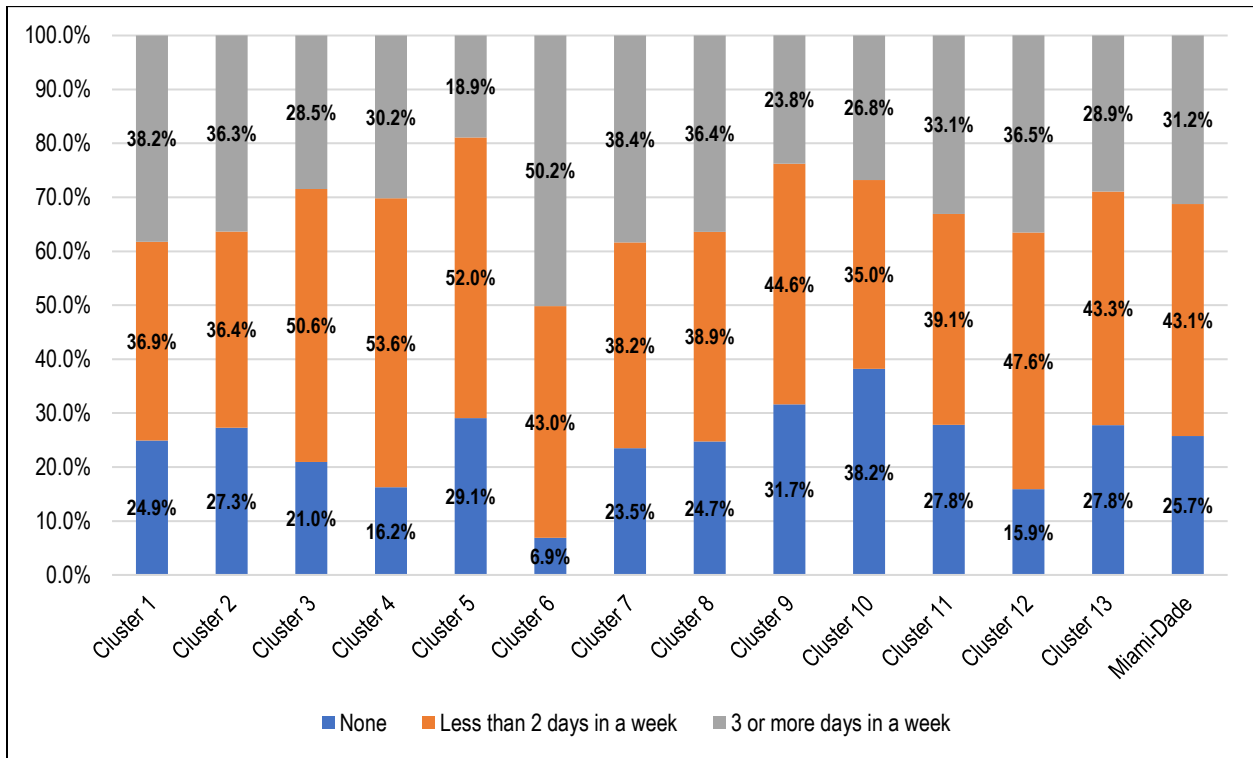
The majority of residents (52.5%) responded "none" to indicate the number of days in a week in which they had little interest or pleasure in doing things that they normally enjoy compared to 32.7% who said they had less than 2 days in a week and 14.9% who had 3 or more days in a week (Chart 14). Residents of Cluster 6, however, had 29.9 % who responded that they had 3 or more days in a week in which they had little interest or pleasure in doing things that they normally enjoy doing with 47.1% responding "none". Cluster 8 had the lowest percentage of residents who responded that they had no days in which they felt apathetic toward their normal interests (34.9%) with an additional 44.6% with less than 2 days in a week and 21.1% who responded 3 or more days in a week.

Chart 14 – *Over the last week, how many days have you had little interest or please in doing things you normally enjoy doing?*
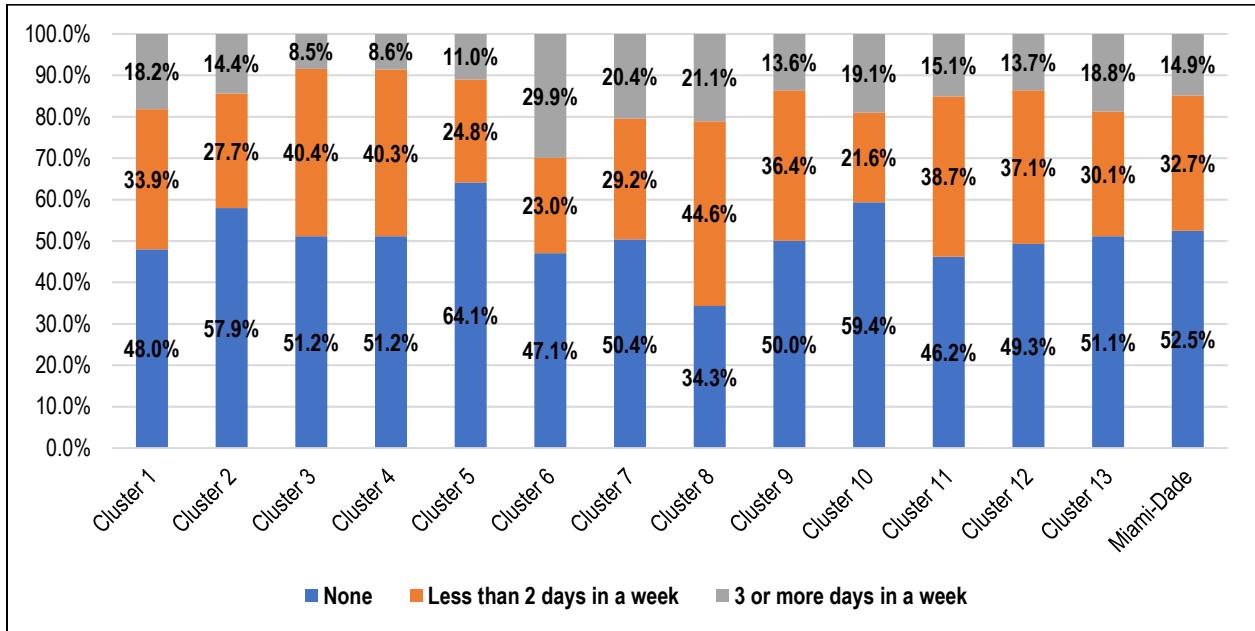
When asked how many days they felt down, depressed, lonely, or hopeless, the majority responded "none" (54.4%), with only 13.5% responding 3 or more days in a week. Cluster 6 had the largest percentage of residents who responded that they felt depressed, lonely, or hopeless 3 or more days in a week (34.0%), while Cluster 2 had the smallest (9.2%). Furthermore Cluster 6 also had the smallest percentage of residents who responded "none" (42.4%) while Cluster 2 had the largest percentage who responded "none" (68.0%). Please refer to Chart 15.

Chart 15 – *Over the last week, how many days have you felt down, depressed, lonely, or hopeless?*
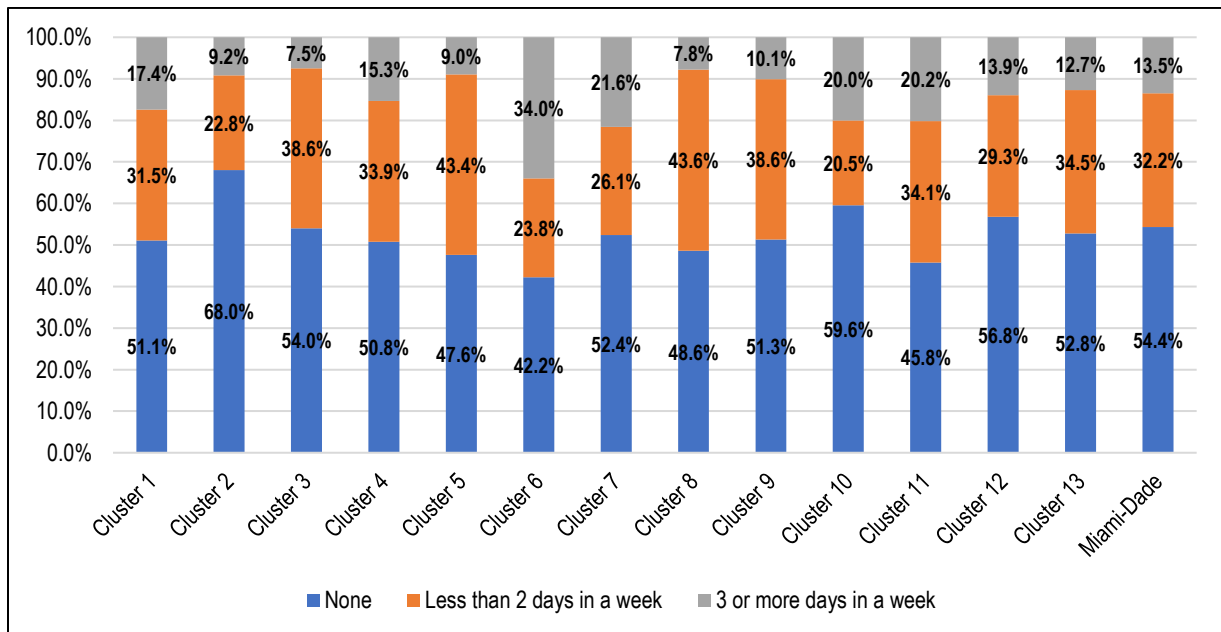
The following question intended to capture participants' energy level over the last week. Countywide, the majority of residents (41.6%) indicated that they have felt tired or had little energy less than two days in a week; followed by those who indicated "none" with 33.7%; and close to 25.0% who shared that they have felt tired or had little energy three or more days in a week (please refer to Chart 16). When participants' responses were stratified by cluster, most clusters showed similar results as the County overall. However, most respondents in Cluster 4, 9, and 10 (41.2%, 42.9%, and 38.4%, respectively) pointed out that they have not felt tired or had little energy over the last week, while the majority of respondents in Cluster 6 (44.5%) indicated that they have felt tired or had little energy three or more days in a week and represents the largest percentage of respondents compared to other clusters and the County as a whole.

Chart 16 – *Over the last week, how many days have you felt tired, or had little energy?*
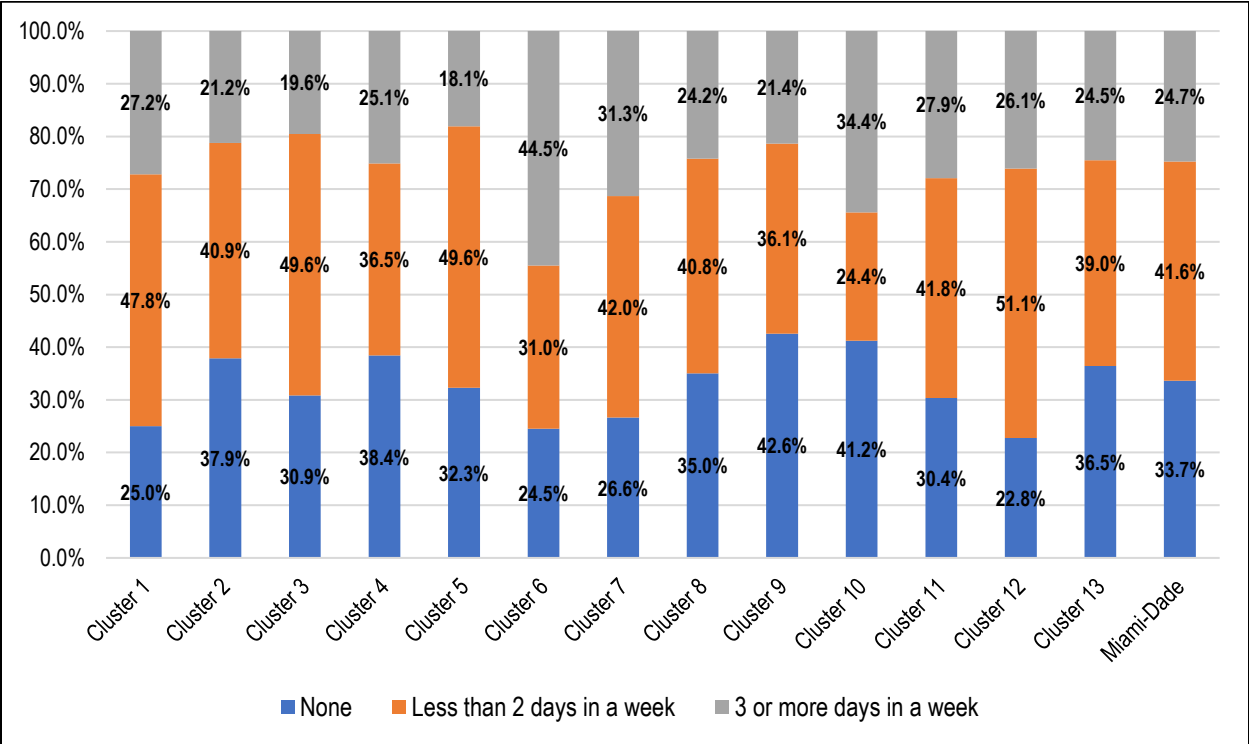
The following question inquired about participants' nutritional habits, more specifically it asked participants whether they had a poor appetite or had eaten too much over the last week. At the county-level, most residents (52.7%) indicated "none" as their answer, followed by those who shared "less than 2 days in a week" (30.0%), and close to 18.0% who pointed out three or more days in a week (please refer to Chart 17). It is important to note that with the exception of Cluster 6, the response distribution across all clusters mirrored the countywide response results with a few fluctuations observed among clusters. In Cluster 6, the second most frequent response derived from residents who had a poor appetite or had eaten too much three or more days in a week with 33.0%, and it represents the highest percentage of residents compared to other clusters and the County as a whole.

Chart 17 – *Over the last week, how many days have you had a poor appetite or eaten too much?*
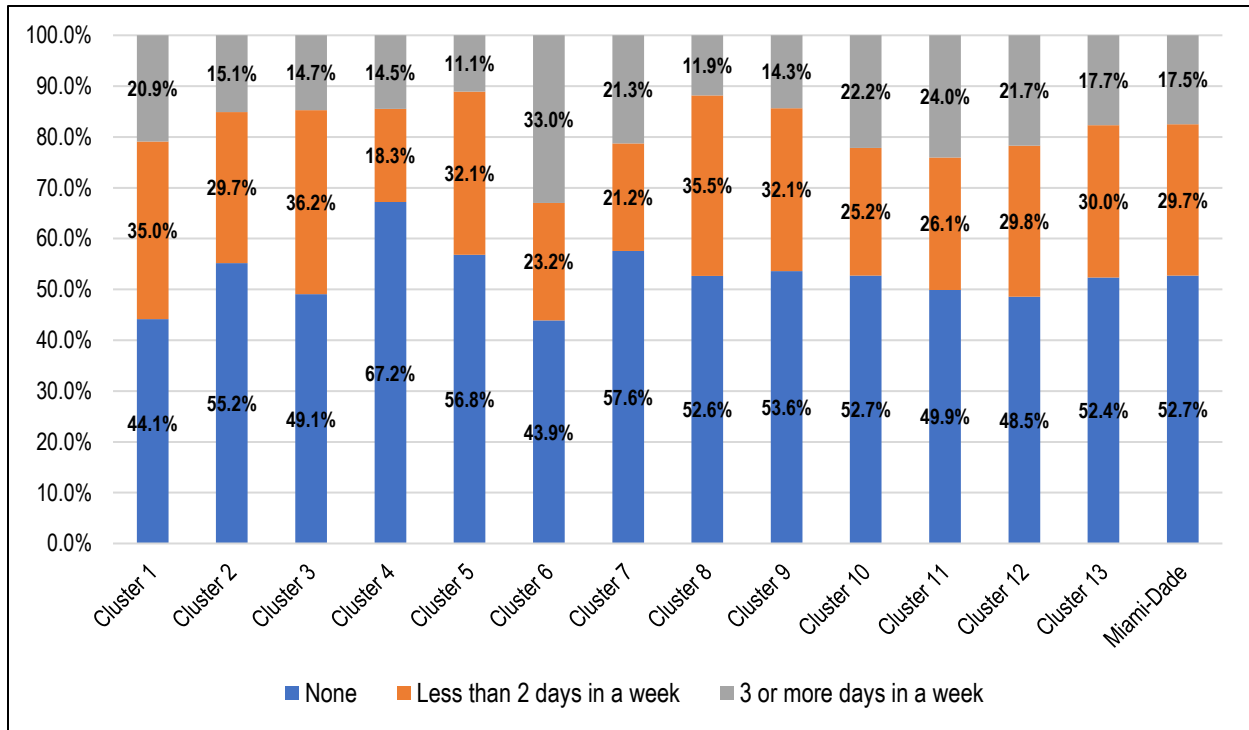
The next of group questions or topics covered in the survey inquired about the social interaction of participants, whether with friends, colleagues, or in the community; as well as the amount of time spent outdoors away from home.

At the county-level, the majority of residents (27.6%) meet socially with their friends, family members or co-workers between one and three times a month; followed by 22.6% of respondents who indicated between one and two times a week, and 18.4% who meet socially every day or almost every day (please refer to Chart 18). Slightly over 14.0% of residents "never or almost never" meet socially with friends, relatives or work colleagues. Responses varied across all clusters. The most frequent response derived from Cluster 8 residents, in which close to 42.0% indicated that they meet with friends, family members, and co-workers between one or two times a week. By contrast, the least frequent response derived from Cluster 9, in which 7.2% of residents engage in social activity less than monthly.

Chart 18 – *Thinking about your life at the moment, how often do you meet socially with friends, relatives, or work colleagues?*
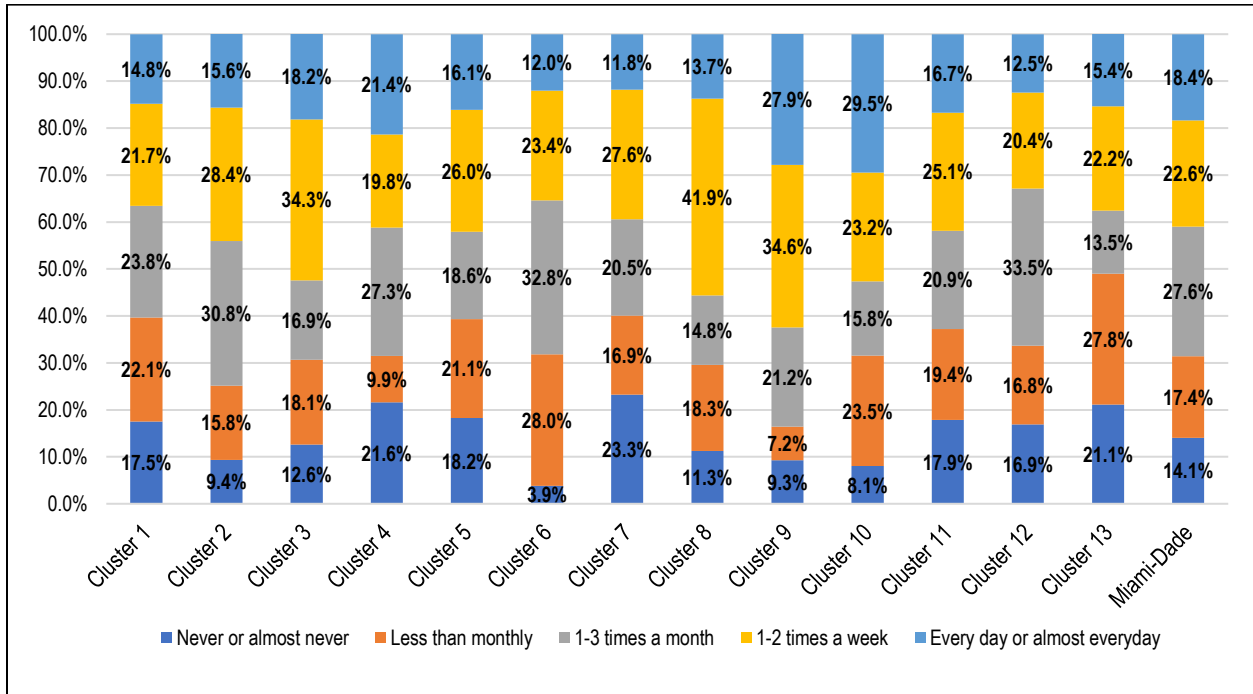
The following question asked participants about the frequency of involvement associated with voluntary work or when working with charitable organizations. Overall, 40.0% of residents are "never or almost never" involved in this type of work, followed by 24.8% who do so "less than monthly," and those who indicated between one and three times per month (16.4%). Please refer to Chart 19.

Half of residents (50.0%) from Cluster 7 "never or almost never" engage in work for voluntary or charitable organizations, which is the highest percentage across all clusters. Cluster 6 exhibited the lowest percentage of residents that are involved in this type of work with 4.5%, and the highest percentage that does so "less than monthly" (43.9%).

Chart 19 – *Thinking about your life at the moment, how often do you get involved in work for voluntary or charitable organizations?*
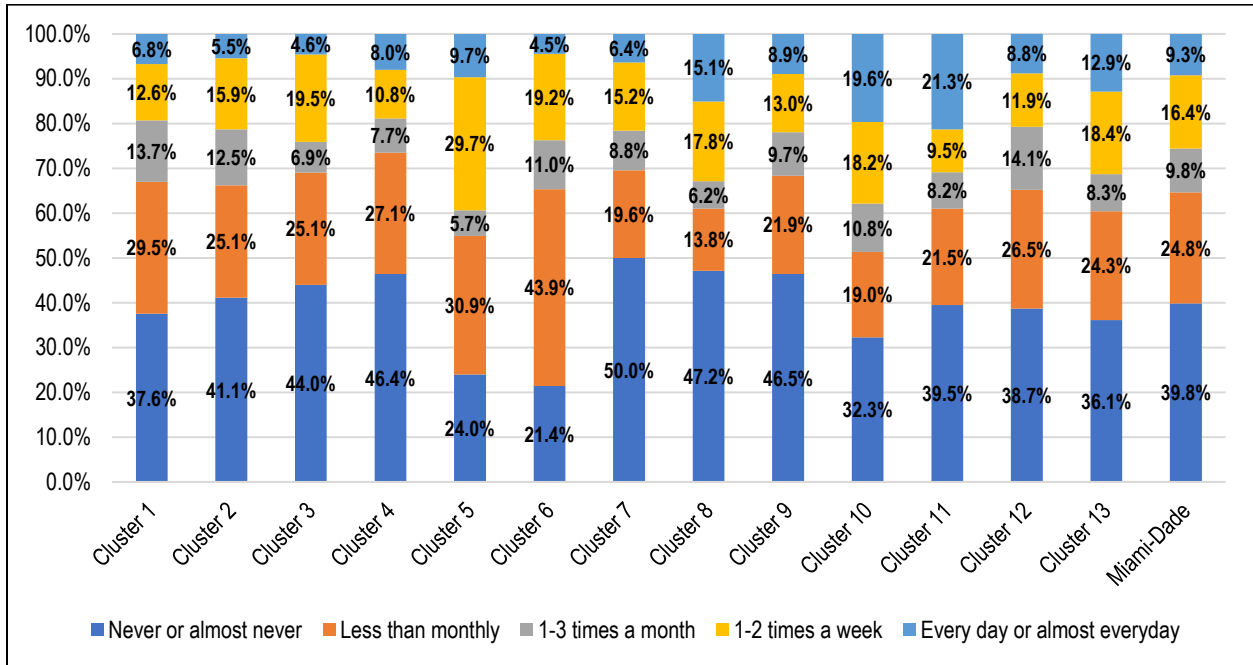
Countywide, 25.1% of residents spend their leisure time outdoors or away from home between one and two times a week; and the same percentage of residents do so between one and three times a month (please refer to Chart 20). The least frequent response at the county-level derived from residents who "never or almost never" spend their leisure time outdoors or away from home with 14.7%, which is substantially higher than the percentage of respondents residing in Cluster 6 (4.8%).

Compared to the County as a whole, the percentage of respondents residing in Cluster 10 who spend their leisure time outdoors or away from home "every day or almost every day" was twice as high (15.5% compared to 31.0%). Additionally, only 9.1% of respondents residing in Cluster 8 spend their leisure time outdoors or away from home "every day or almost every day" which is 3.4 times lower than the percentage of respondents who reside in Cluster 10.

Chart 20 – *Thinking about your life at the moment, how often do you spend your leisure time out of doors and away from home?*
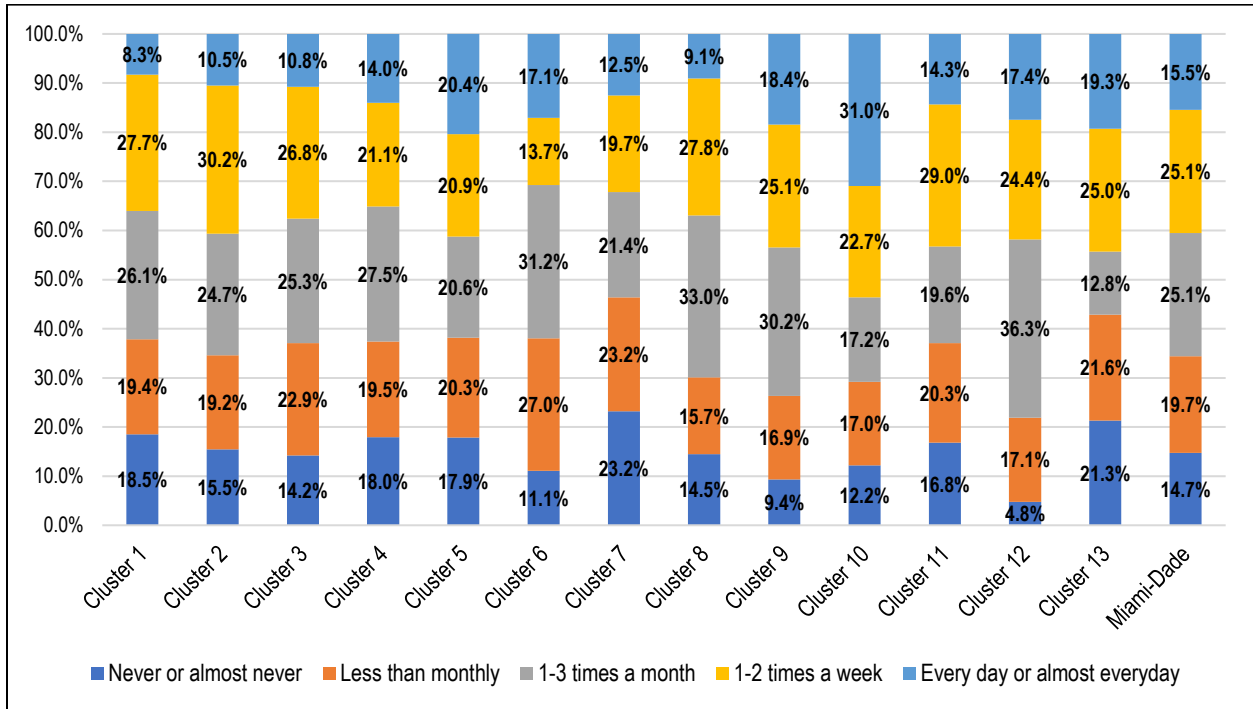
The following question concludes the set questions, under the Quality of Life, that aimed to learn about participants' social interaction and it examines the degree of frequency that participants spend time in community or public spaces. Approximately, 25.0% of respondents spend time in community or public spaces "less than monthly", followed by those who indicated between one and two times a week (23.6%), and 19.6% who responded "never or almost never."

Certain patterns were observed with the response distribution across all clusters. For instance, Cluster 10 exhibited the highest percentage of respondents that spend time in community or public spaces (e.g., libraries, parks) "every day or almost every day" with 24.3% (as mentioned in the previous section, Cluster 10 also exhibited the highest percentage of respondents who spend their leisure time outdoors or away from home). Additionally, Cluster 6 residents constituted the lowest percentage of respondents who "never or almost never" spend time in community or public spaces with 10.3%. Please refer to Chart 21.

Chart 21 – *Thinking about your life at the moment, how often do you spend time in community or public spaces such as libraries or parks?*
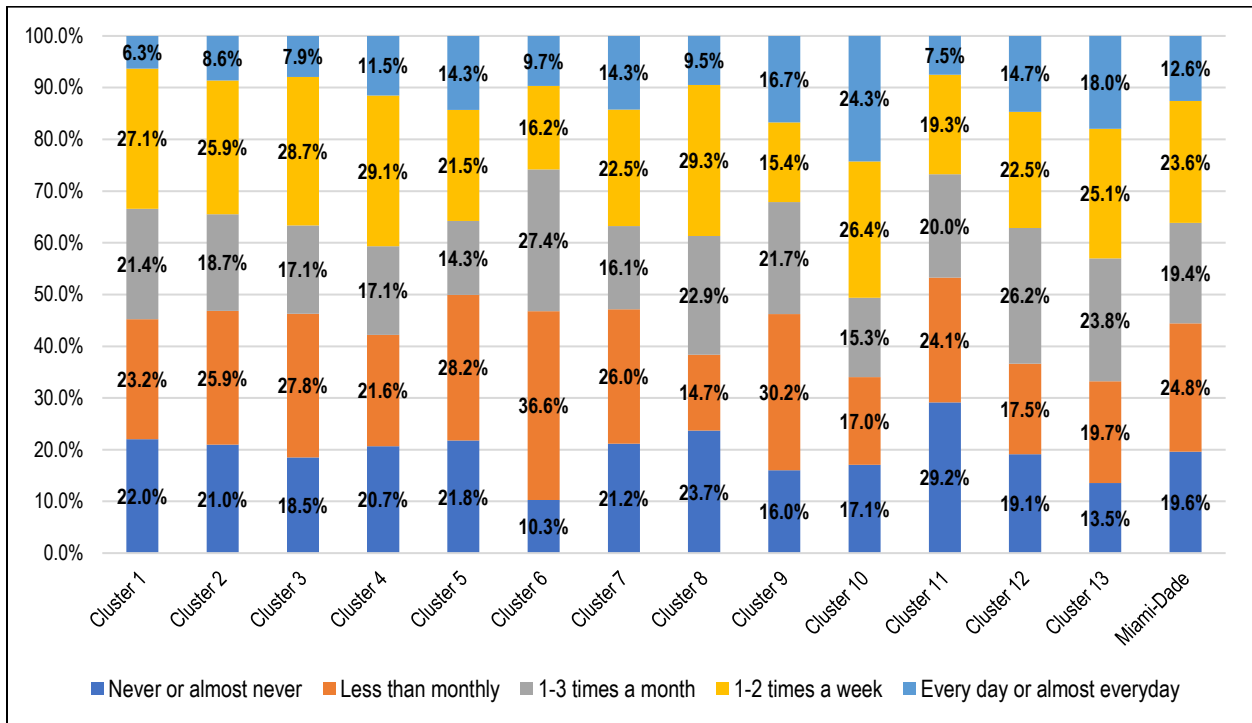

The last topic covered under the Quality of Life section of the survey asked participants whether, in the last five years, they have experienced discrimination, been prevented for doing something, been hassled, or made to feel inferior during the following scenarios or situations based on race, ethnicity, or color: at school, during job hiring process or at work, while meeting housing accommodations, receiving medical care, receiving service at a store or restaurant; obtaining credit, bank loans, or a mortgage; public setting, and from the police or in the courts.

At the county-level, most respondents indicated that in the last five years they have never experienced this prejudicial treatment in any of the situations or places mentioned, and a decreasing pattern is observed as the frequency of these possible scenarios increases (i.e. once, two or three times, and four or more times). However, when responses from all clusters are considered, a certain degree of variation is observed in the percentage of respondents who felt they have undergone this treatment; although the majority of respondents still maintained that that they have never been discriminated, been excluded or prevented, been hassled, or made feel inferior based on their race, ethnicity, or color.

School

Countywide, close to 74.0% of respondents shared that in the last five years they have never been subjected to prejudicial treatment at school based on their race, ethnicity, or color; followed by those who indicated "once" (13.1%); two or three times (9.0%); and four or more times (4.3%). Please refer to Chart 22. Cluster 7 exhibited the highest percentage of respondents who have been never experienced this treatment at school with 86.3%, while Cluster 6 exhibited the lowest percentage (61.1%). By comparison, the highest percentage of respondents who felt they have been subjected to this treatment four or more times based on their race, ethnicity, or color derived from Cluster 1 with 11.0%.

Chart 22 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : At school*
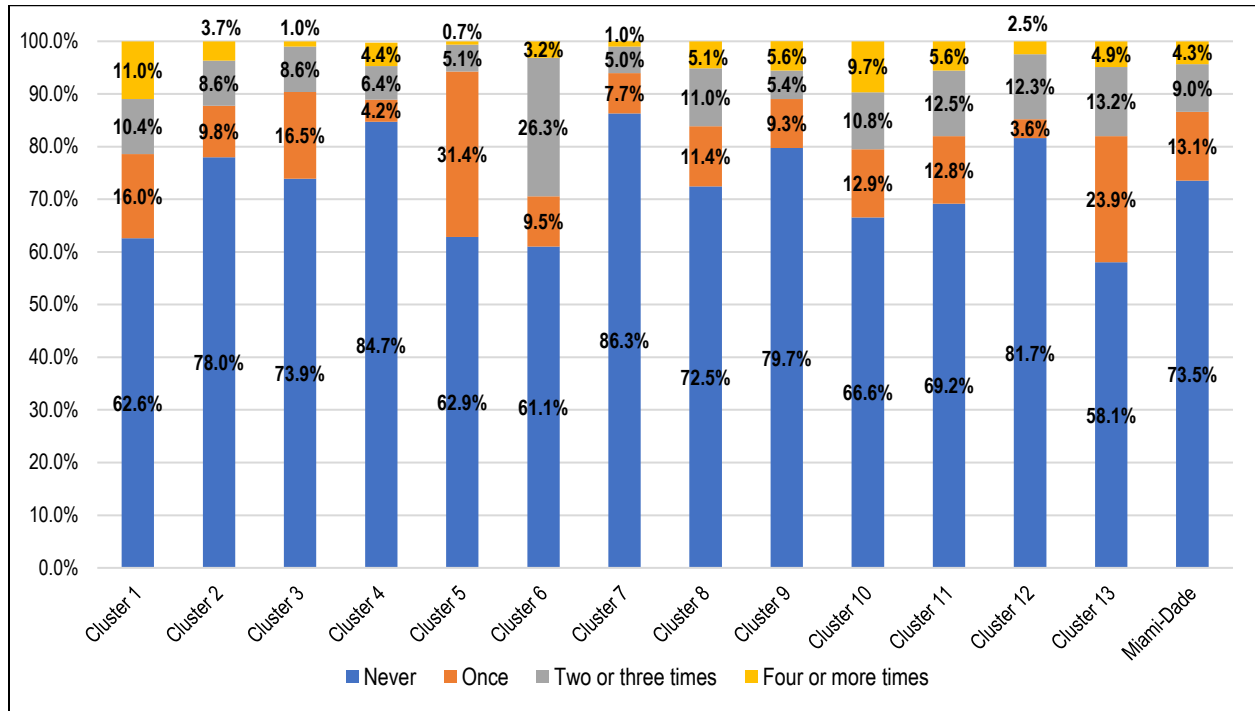
Hiring Process

Chart 23 illustrates the response distribution of participants, by cluster, when they were asked if in the last five years they have been treated with prejudice while getting hired or getting a job based on their race, ethnicity, or color. Approximately 81.0% of residents from Cluster 7 never experienced this type of treatment while getting hired or getting a job, which represents the highest percentage compared to all clusters and the County as a whole. Cluster 8 displayed the highest percentage of residents who felt they have been discriminated, been excluded or prevented, been hassled, or made feel inferior four or more times during the aforementioned scenario with 8.1%; compared to Cluster 9 which exhibited the lowest percentage at 2.1%.

Chart 23 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting hired or getting a job*
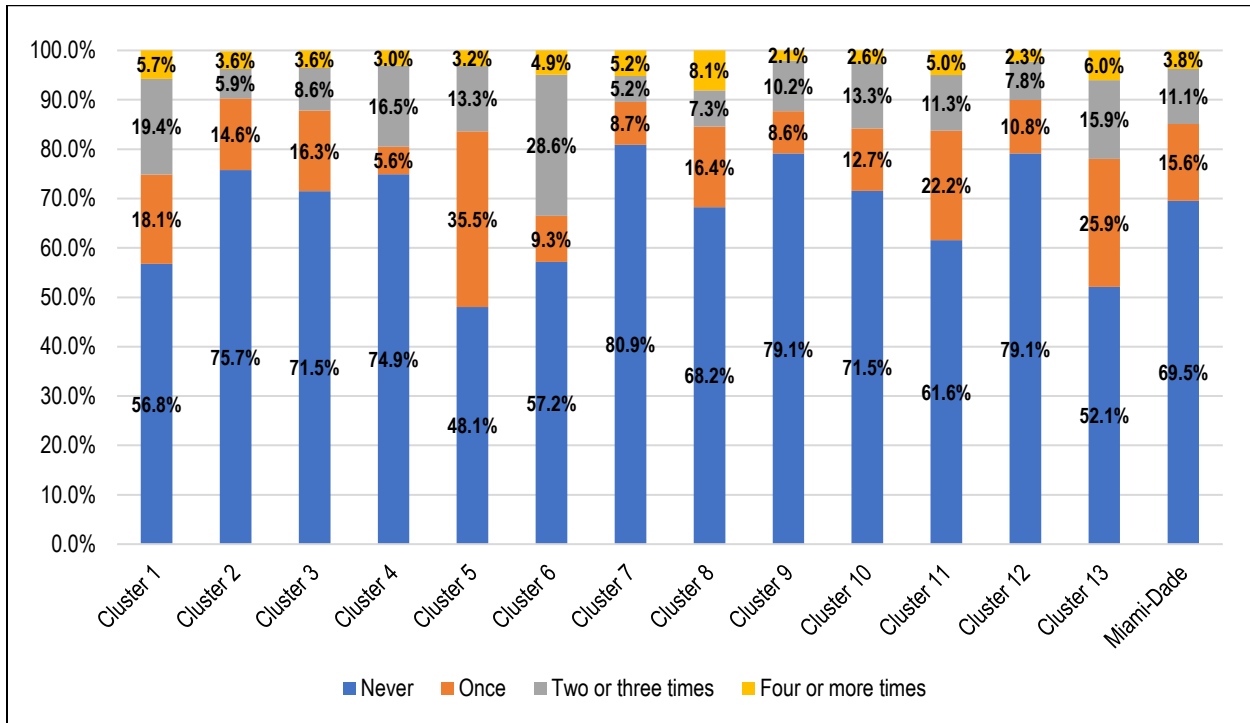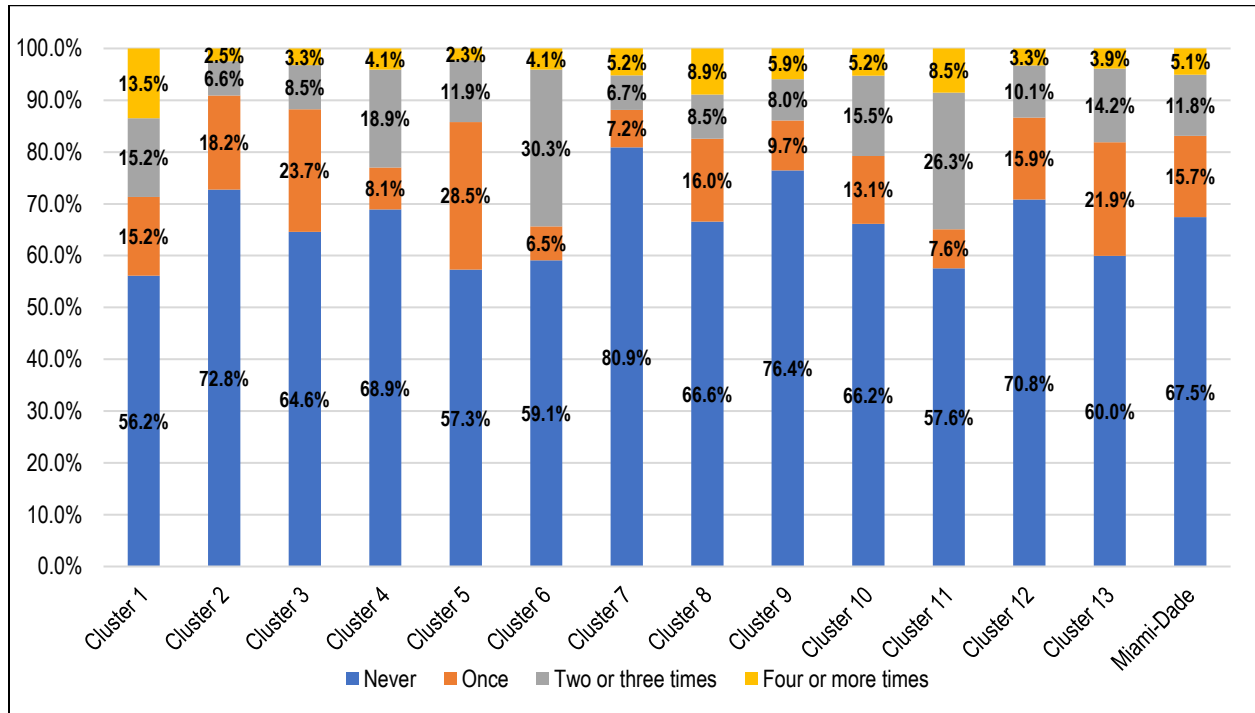

Work

Compared to the County and all other clusters, Cluster 7 represented the highest percentage of respondents who indicated they have never been experience prejudicial treatment at work based on their race, ethnicity, or color with close to 81.0%; while Cluster 6 exhibited the highest percentage of respondents who have experienced this treatment two or three times in the last five years (30.3%). Please refer to Chart 24. Additionally, close to 14.0% of respondents from Cluster 1 indicated that they have been discriminated, been excluded or prevented from doing, been hassled, or make feel inferior at work four or more times, which is the highest percentage compared to other clusters and the overall response distribution.

Chart 24 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : At work*


Legend: Never | Once | Two or three times | Four or more times

Cluster	Never	Once	Two or three times	Four or more times
Cluster 1	56.2%	15.2%	15.2%	13.5%
Cluster 2	72.8%	18.2%	6.6%	2.5%
Cluster 3	64.6%	23.7%	8.5%	3.3%
Cluster 4	68.9%	8.1%	18.9%	4.1%
Cluster 5	57.3%	28.5%	11.9%	2.3%
Cluster 6	59.1%	6.5%	30.3%	4.1%
Cluster 7	80.9%	7.2%	6.7%	5.2%
Cluster 8	66.6%	16.0%	8.5%	8.9%
Cluster 9	76.4%	9.7%	8.0%	5.9%
Cluster 10	66.2%	13.1%	15.5%	5.2%
Cluster 11	57.6%	7.6%	26.3%	8.5%
Cluster 12	70.8%	15.9%	10.1%	3.3%
Cluster 13	60.0%	21.9%	14.2%	3.9%
Miami-Dade	67.5%	15.7%	11.8%	5.1%

Housing

As observed previously, response distribution varied across all clusters and the County overall when respondents were asked if they have been discriminated, been excluded or prevented, been hassled, or made feel inferior while pursuing housing accommodations based on race, ethnicity, or color. For instance, approximately 93.0% of residents from Cluster 4 stated that they have never been subjected to this treatment while "getting housing" and represents the highest percentage among all clusters and the County's overall response distribution (please refer to Chart 25).

Additionally, less than one percent of respondents residing in Cluster 2 have undergone this experience four or more times while pursuing housing accommodations; compared to 9.0% of respondents from Cluster 1, which represents the highest percentage of respondents who encountered the experience this frequently based on race, ethnicity, or color. It is also important to note that 20.3% of respondents from Cluster 6 have experienced prejudice, 9.2 times higher than the percentage of respondents from Cluster 4.
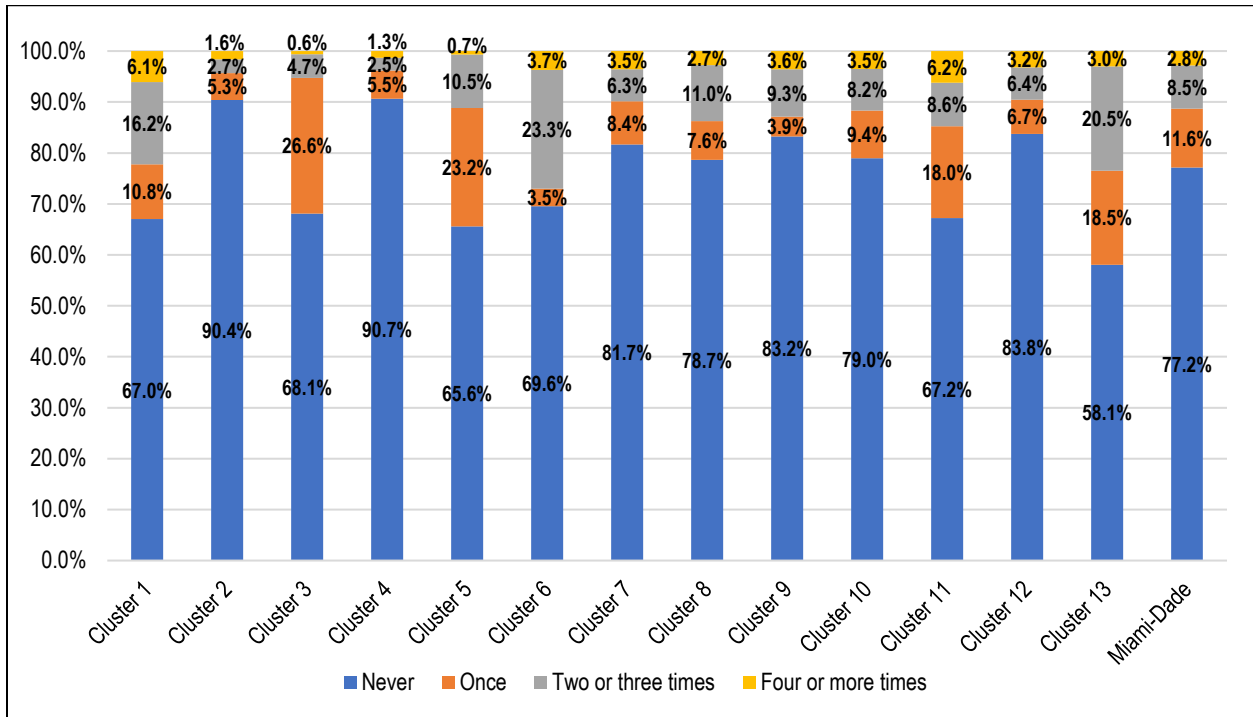
Chart 25 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting housing*
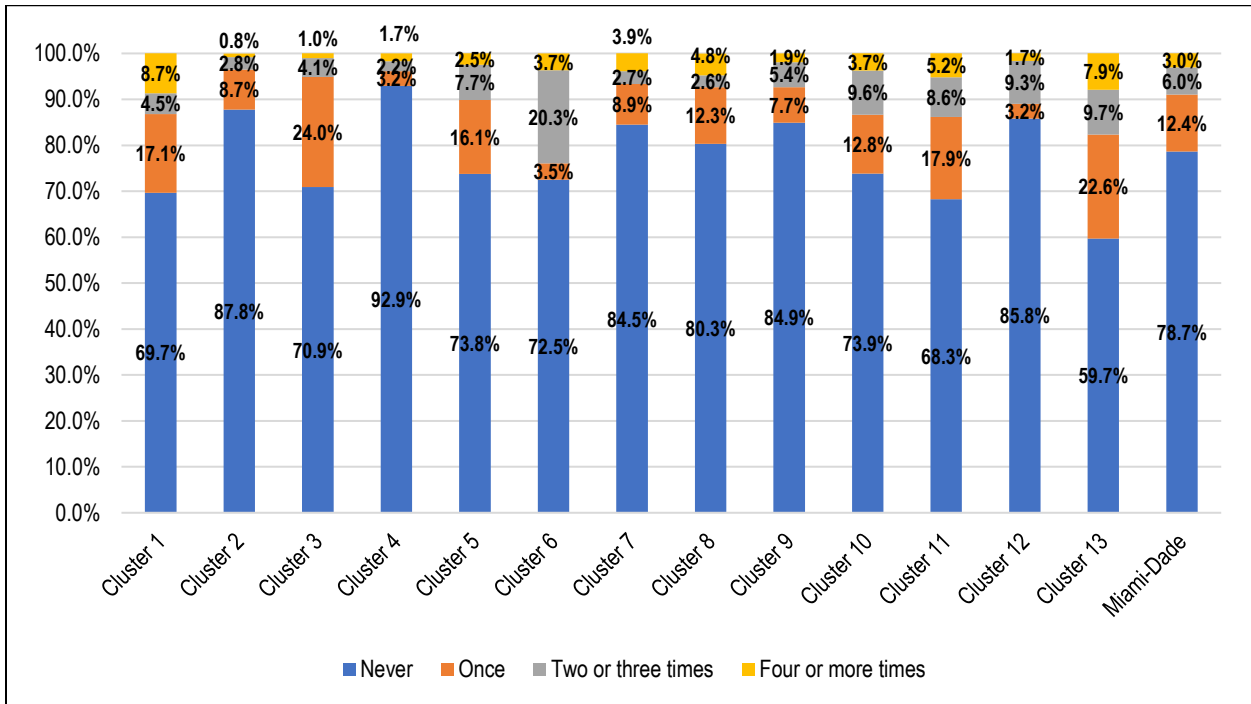
Medical Care

When receiving medical care is concerned, 6.2% of respondents from Cluster 11 stated that they have experienced an unjust encounter four or more times and represents the highest percentage of respondents compared to all other clusters and the County (please refer to Chart 26). By contrast, 90.4% of respondents from Cluster 2 indicated that they have never experienced this treatment while receiving medical care and it constitutes the highest percentage of respondents across all clusters and the County as a whole.
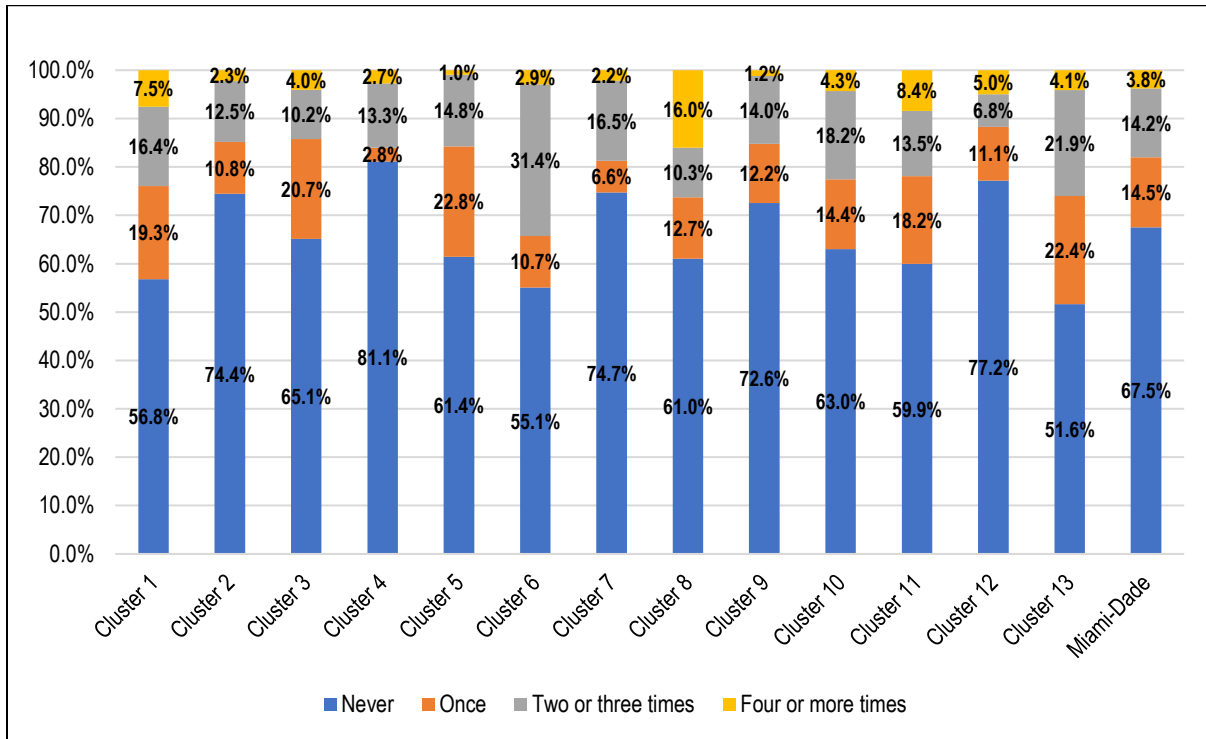
Chart 26 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting medical care*

Receiving Service in a store or restaurant

Sixteen percent of respondents residing in Cluster 8 felt that they have been subjected to prejudicial treatment while getting service at a store or restaurant four or more times, compared to 1.0% of respondents in Cluster 5 and 3.8% overall who indicated the same type of treatment (please refer to Chart 27). Conversely, 81.1% of respondents from Cluster 3 never experienced prejudice compared to 51.6% among respondents from Cluster 13.

Chart 27 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting service in a store or restaurant*

Financial Transaction

Compared to the County, a greater percentage of respondents from Cluster 7 (92.8%) stated that they have never been discriminated, been excluded or prevented from conducting an activity, been hassled, or made to feel inferior while applying for credit, a bank loan, or a mortgage (please refer to Chart 28). Additionally, 21.3% of respondents from Cluster 6 were subjected to prejudice two or three times during a financial transaction and constitutes the greatest percentage of respondents across all cluster and the County overall.

Chart 28 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : Getting credit, bank loans, or a mortgage*
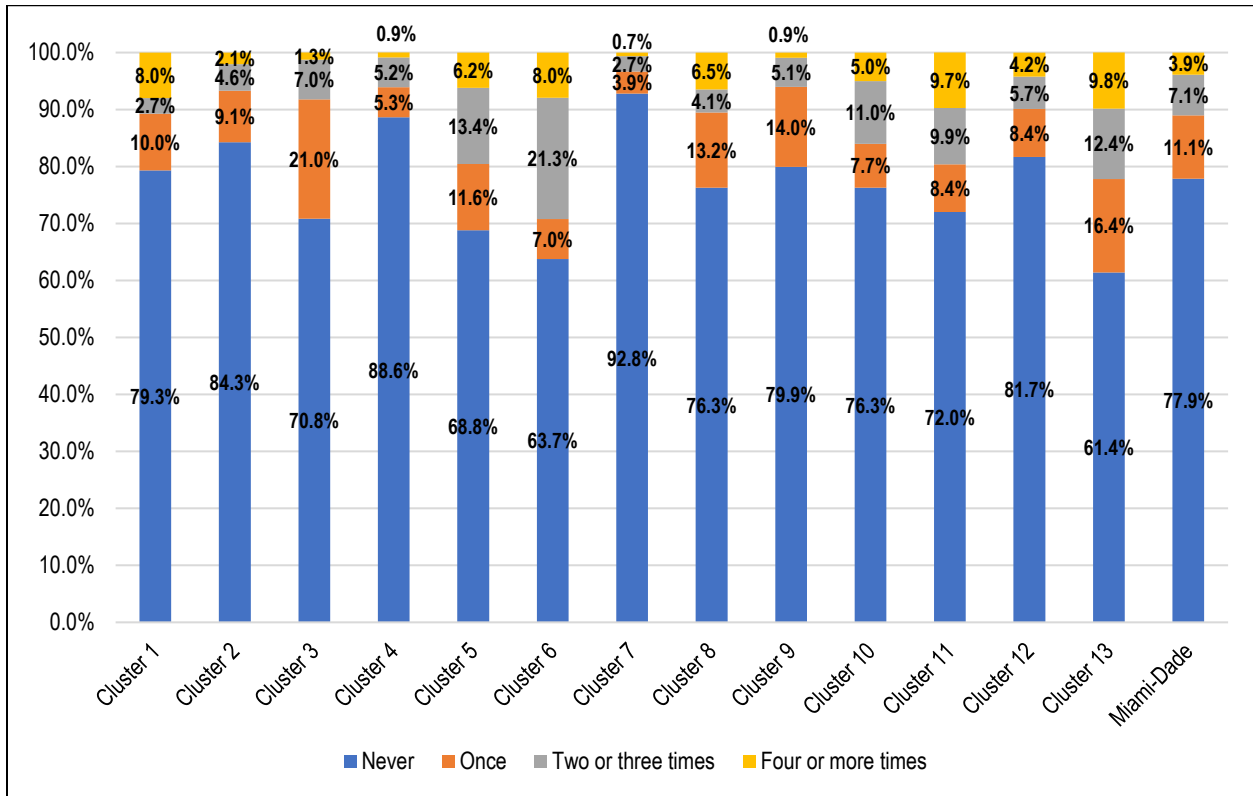

Street or Public Setting

Respondents from Cluster 13 exhibited the lowest percentage of respondents who have never suffered prejudice on the street or public setting, also observed in previous questions, with 41.2%; and the second highest percentage of respondents who encountered prejudice two or three times (26.2%). Please refer to Chart 29. Additionally, close to 33.0% of respondents from Cluster 6 shared that they have been subjected to prejudice two or three times on the streets or public setting and represents the highest percentage compared to all other clusters and the County overall.

Chart 29 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : On the street or in a public setting*
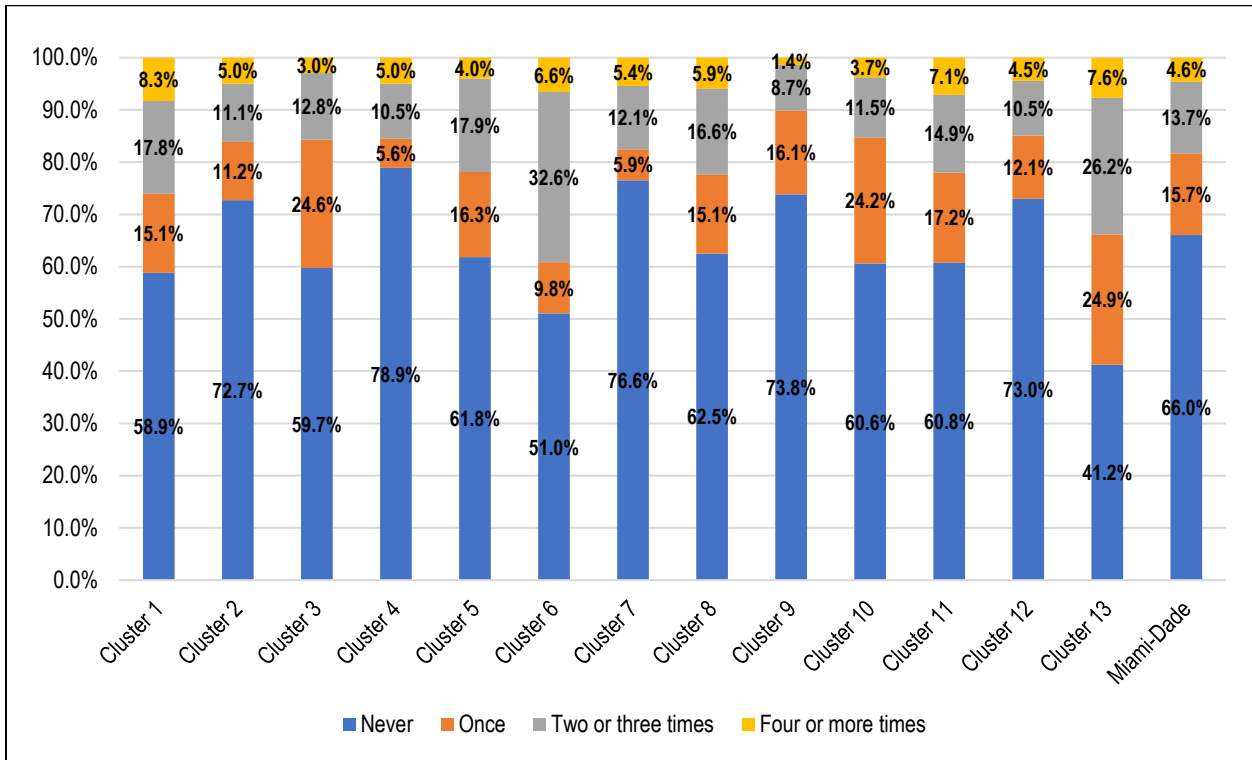
At the county-level, close to 76.0% of respondents have never received any type of prejudice by the police or in the courts, followed 12.1% of respondents who indicated "once", two or three times (8.7%), and close to 4.0% who indicated four or more times (please refer to Chart 30). Cluster 4 exhibited the highest percentage of respondents who have never encountered an unjust treatment by the police or in the courts with 89.1%, while Cluster 13 exhibited the lowest percentage. Consequently, Cluster 13 also displayed the highest percentage of residents who expressed that they have been subjected to prejudice from the police or in the courts four or more times with 9.0%.

Chart 30 – *In the last five years, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? : From the police or in the courts*
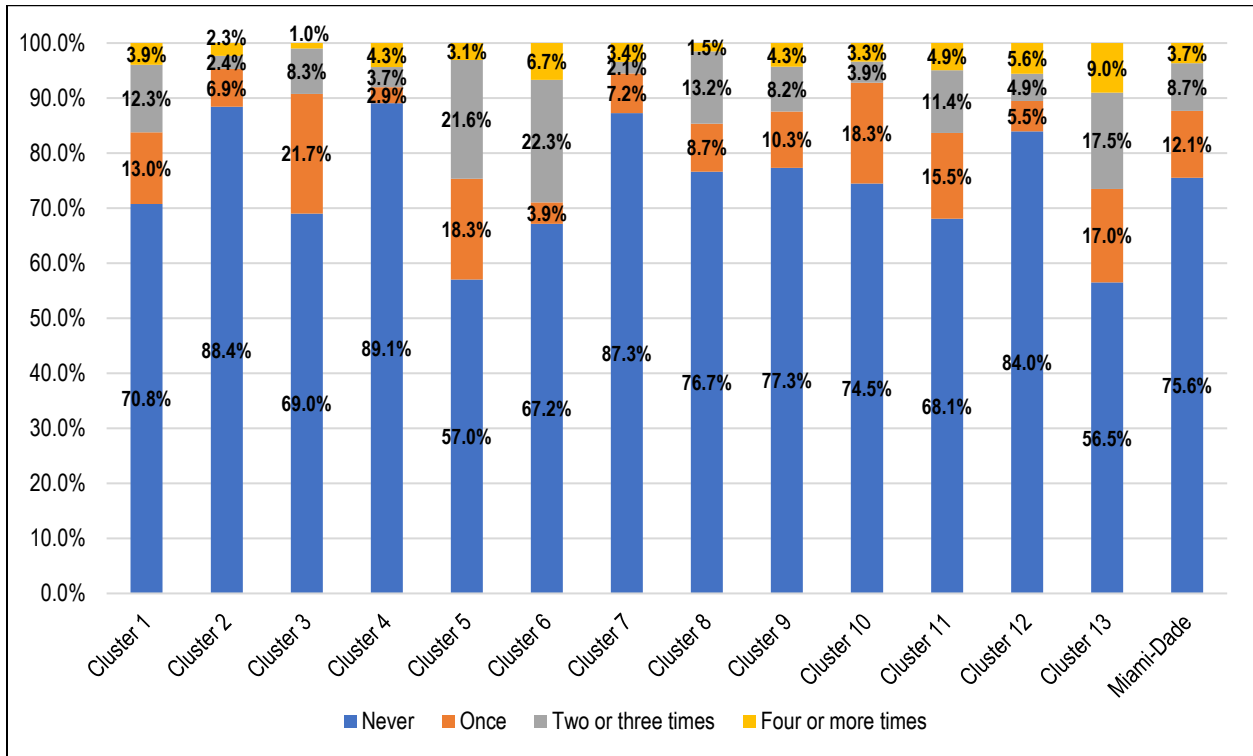

Environment

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

When asked to rate the overall quality of life in their neighborhood, 36.9% of residents rated their neighborhood as Poor or Fair, while 32.9% rated their neighborhood as Very Good or Excellent. However, 17.2% of residents in Cluster 5 and 15.8% in Cluster 13 rated the quality of life in their neighborhood as Poor with an additional 35.8% in Cluster 5 and 42.1% in Cluster 13 as Fair, both of which are significantly higher than the county-wide percentage. These clusters additionally had the lowest percentages to respond that the quality of life in their neighborhood is Excellent with 3.1% and 3.2% respectively. In contrast, Clusters 4 and 6 had much lower percentages of residents who responded Poor (2.1% and 5.4%) and higher percentages of residents who responded Excellent (21.4% and 20.7%) compared to the county and especially to Clusters 5 and 13 (Chart 31)

Chart 31 – *For every question, please select which most closely matches your opinion: How would you rate the overall quality of life in your neighborhood?*
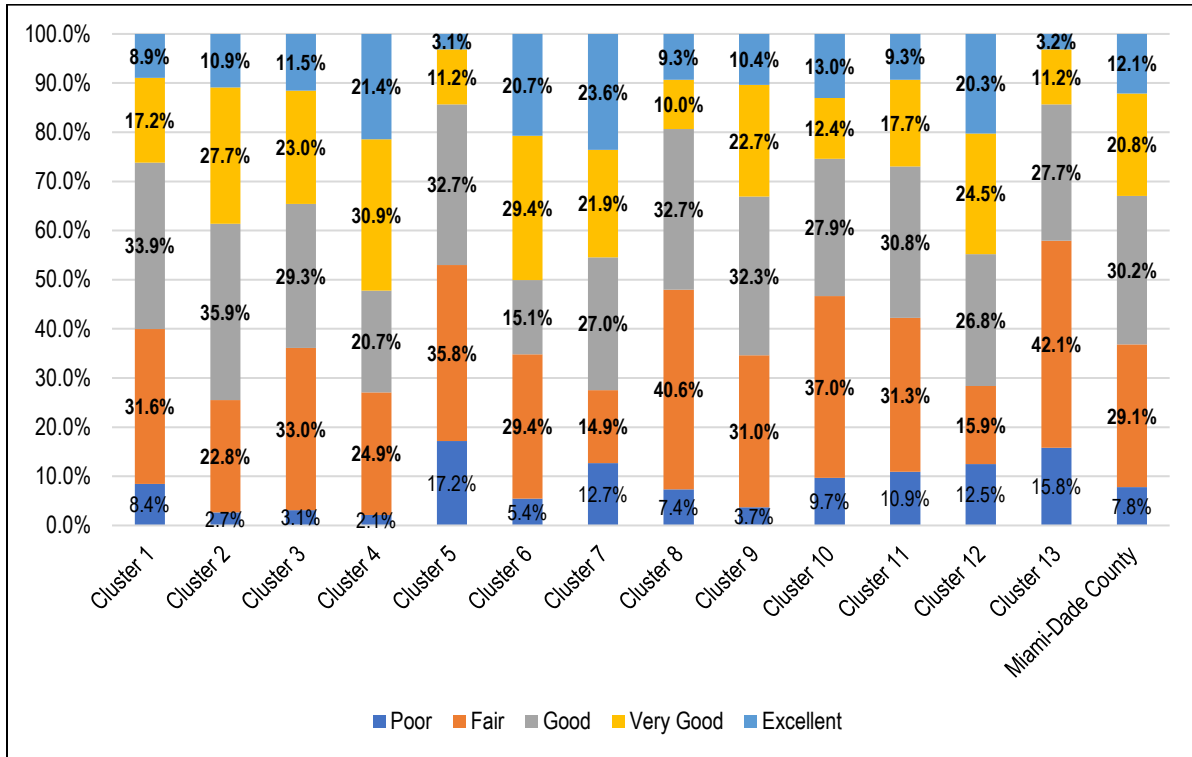
As a place to raise children, 39.1% of residents believe that their neighborhood is Poor or Fair, while 32.8% believe their neighborhood is Very Good or Excellent. Similar to the overall quality of life in their neighborhood, these sentiments were not universal. Clusters 5, 8, and 13 had much higher percentages of residents who responded that their neighborhood is a Poor place to raise children (27.9%, 22.7%, and 24.2%, respectively), while also having much lower percentages who responded their neighborhood is an Excellent place to raise children (3.1%, 5.5%, and 4.3%, respectively). Furthermore, Clusters 2, 3, 6, and 9 all have significantly lower percentages of residents who responded that their neighborhood is a poor place to raise children, while 36.3%, 40.5%, 40.4%, and 39.0% responded that their neighborhood is Very Good or Excellent (Chart 32)
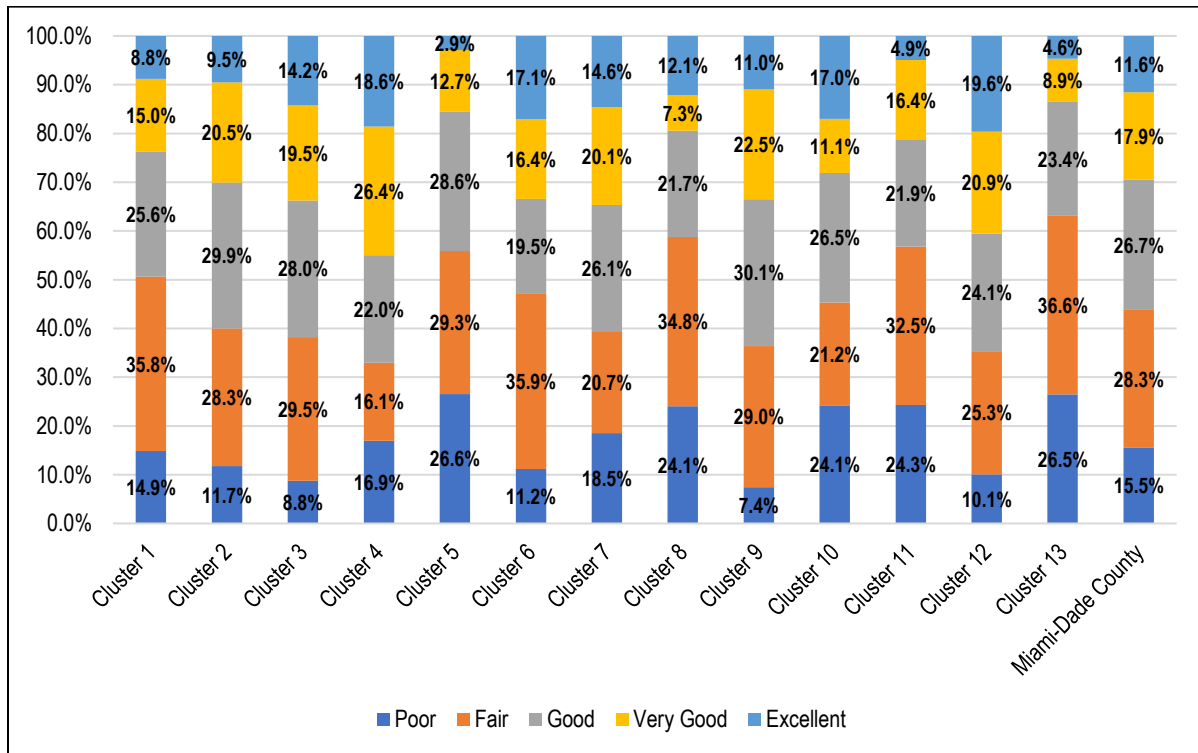
Chart 32 – *For every question, please select which most closely matches your opinion: How would you rate your neighborhood as a place to raise children?*
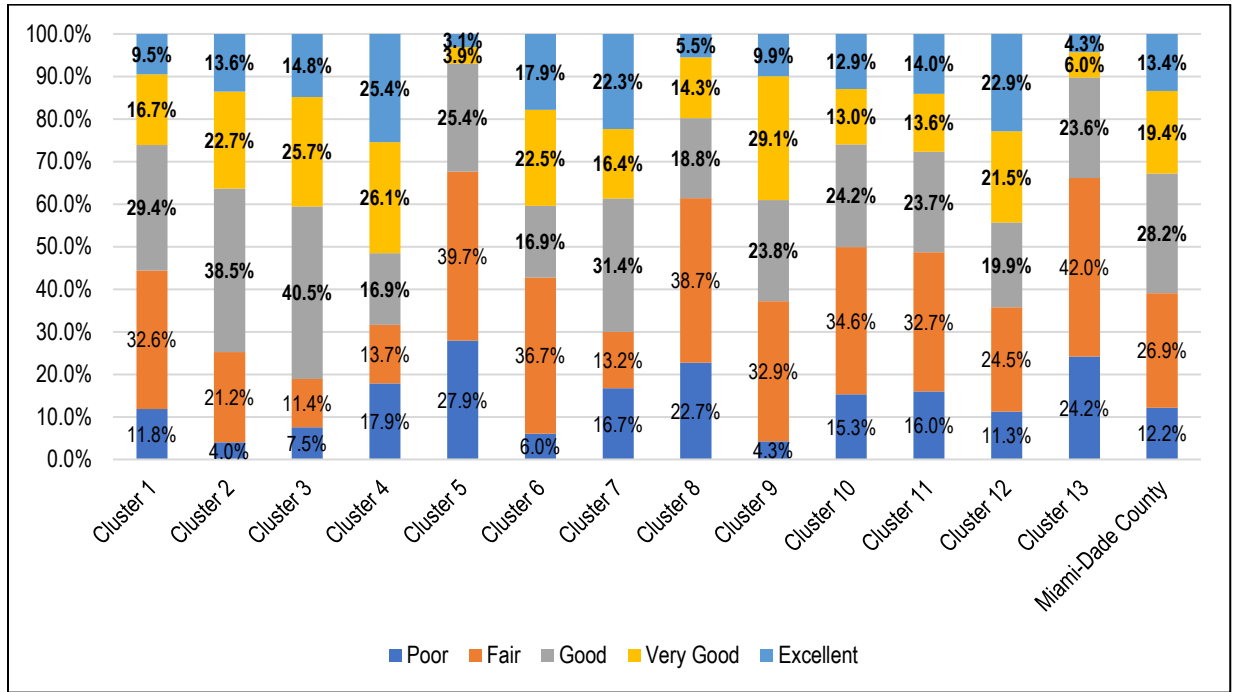

When asked to rate as a place to grow old, 15.5% responded that their neighborhood is a poor place to grow old and 28.3% as Fair, while 17.9% responded that their neighborhood is Very Good and 11.6% Excellent. However, Clusters 5, 8, 10, 11, 13 had much larger percentages responding that their neighborhood is a Poor or Fair place to grow old. Over 50% of Clusters 5, 8, 11, and 13 responded that their neighborhoods are Poor or Fair (55.9%, 58.9%, 56.8%, and 63.1%, respectively). Cluster 3, on the other hand, only had 8.8% who responded their neighborhood is Poor, and Cluster 9 had an even smaller percentage with 7.4%. Clusters 4, 6, 10 have the highest percentages who responded that their neighborhood is Excellent (18.6%, 17.1%, 17.0%, and 19.6%, respectively). Please refer to Chart 33.

Chart 33 – *For every question, please select which most closely matches your opinion: How would you rate your neighborhood as a place to grow old?*

Cluster	Poor	Fair	Good	Very Good	Excellent
Cluster 1	14.9%	35.8%	25.6%	15.0%	8.8%
Cluster 2	11.7%	28.3%	29.9%	20.5%	9.5%
Cluster 3	8.8%	29.5%	28.0%	19.5%	14.2%
Cluster 4	16.9%	16.1%	22.0%	26.4%	18.6%
Cluster 5	26.6%	29.3%	28.6%	12.7%	2.9%
Cluster 6	11.2%	35.9%	19.5%	16.4%	17.1%
Cluster 7	18.5%	20.7%	26.1%	20.1%	14.6%
Cluster 8	24.1%	34.8%	21.7%	7.3%	12.1%
Cluster 9	7.4%	29.0%	30.1%	22.5%	11.0%
Cluster 10	24.1%	21.2%	26.5%	11.1%	17.0%
Cluster 11	24.3%	32.5%	21.9%	16.4%	4.9%
Cluster 12	10.1%	25.3%	24.1%	20.9%	19.6%
Cluster 13	26.5%	36.6%	23.4%	8.9%	4.6%
Miami-Dade County	15.5%	28.3%	26.7%	17.9%	11.6%

Legend: ■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

Overall, 35.0% of residents indicated that the overall quality of the environment in their neighborhood is Poor or fair and 34.0% responded that their neighborhood is Very Good or Excellent. Cluster 5 and Cluster 13, however, had 21.4% and 17.3% who responded that the quality of the environment in their neighborhood is Poor and 7.7% and 12.9% Very Good or Excellent. Please refer to Chart 34.

Chart 34 – *For every question, please select which most closely matches your opinion: How would you rate the overall quality of the environment in your neighborhood?*
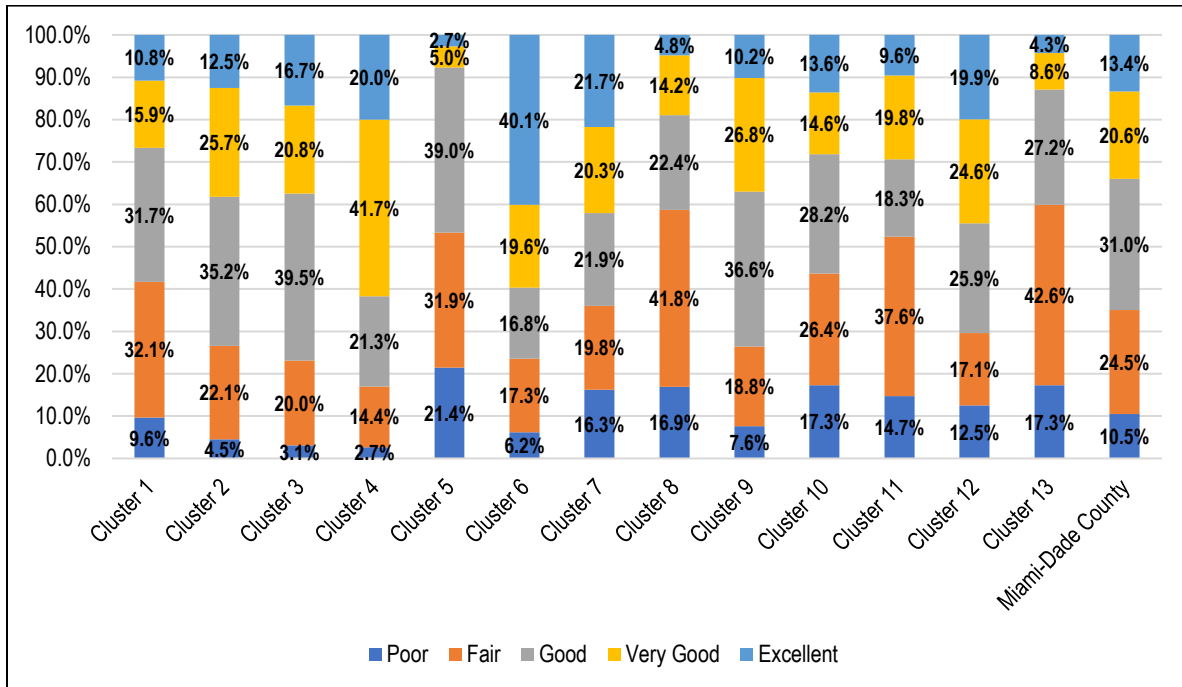
When asked to rate whether their neighborhood is a safe community, 12.9% in Miami-Dade County responded Poor and 23.6% Fair, while 20.6% responded Very Good and 12.2% Excellent. Clusters 2, 3, 6, 9, and 12 all had much lower percentages of residents who responded Poor with 5.3%, 7.1%, 4.8%, 4.0%, and 5.6%, respectively. However, Clusters, 4, 5, 10, 11, and 13 had much higher percentages with Clusters 5, 11, and 13 having significantly high percentages of Poor and Fair combined (56.0%, 55.7%, and 63.9%). Please refer to Chart 35.

Chart 35 – *For every question, please select which most closely matches your opinion: How would you rate your neighborhood as a safe community*
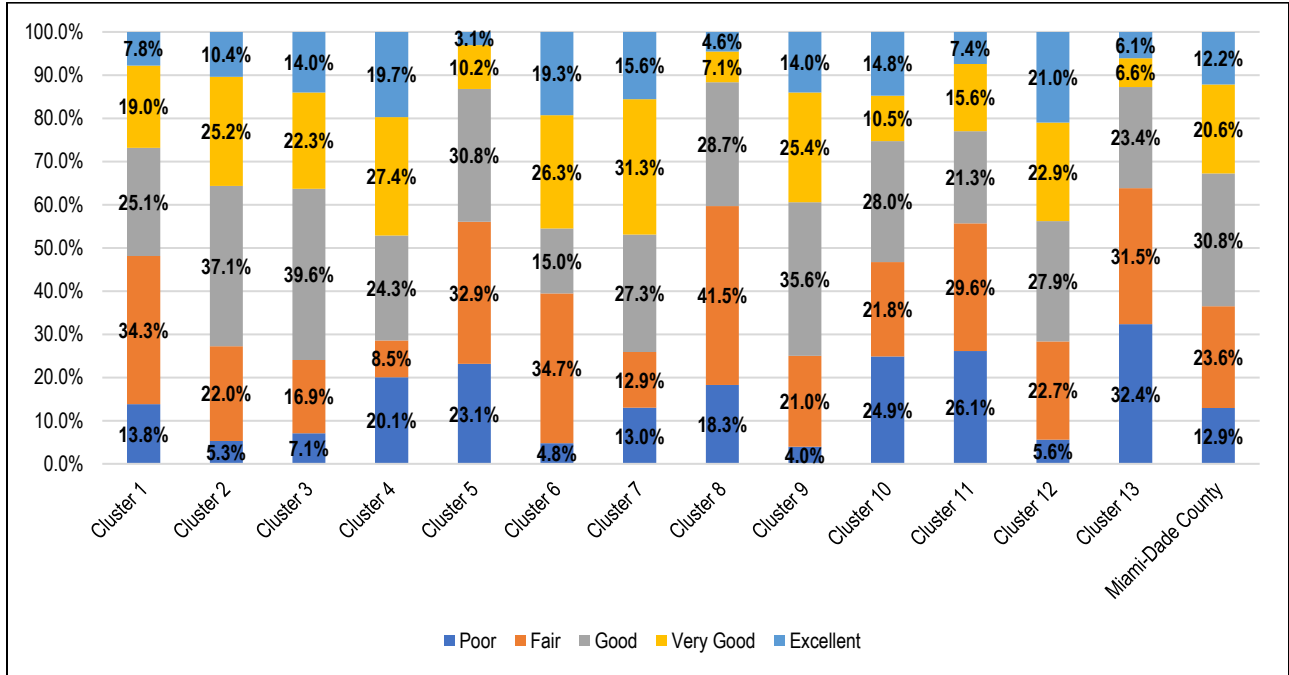
The following set of questions or categories of the survey asked participants to provide their opinions on affordable housing, transportation options, neighborhood environment, and on the quality of jobs and schools in their respective neighborhoods.

Over 35% of respondents highlighted that residents in their neighborhoods Never or Rarely are able to live in affordable housing, while 30.5% responded Always or Most of the Time. However, 31.0% of Cluster 6 and 20.1% of Cluster 13 responded Never with an additional 30.1% and 28.3% responding Rarely. Only Cluster 9 had a large percentage who responded they Always are able to live in affordable housing (30.0%). Please refer to Chart 36.

Chart 36 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents are able to live in affordable housing
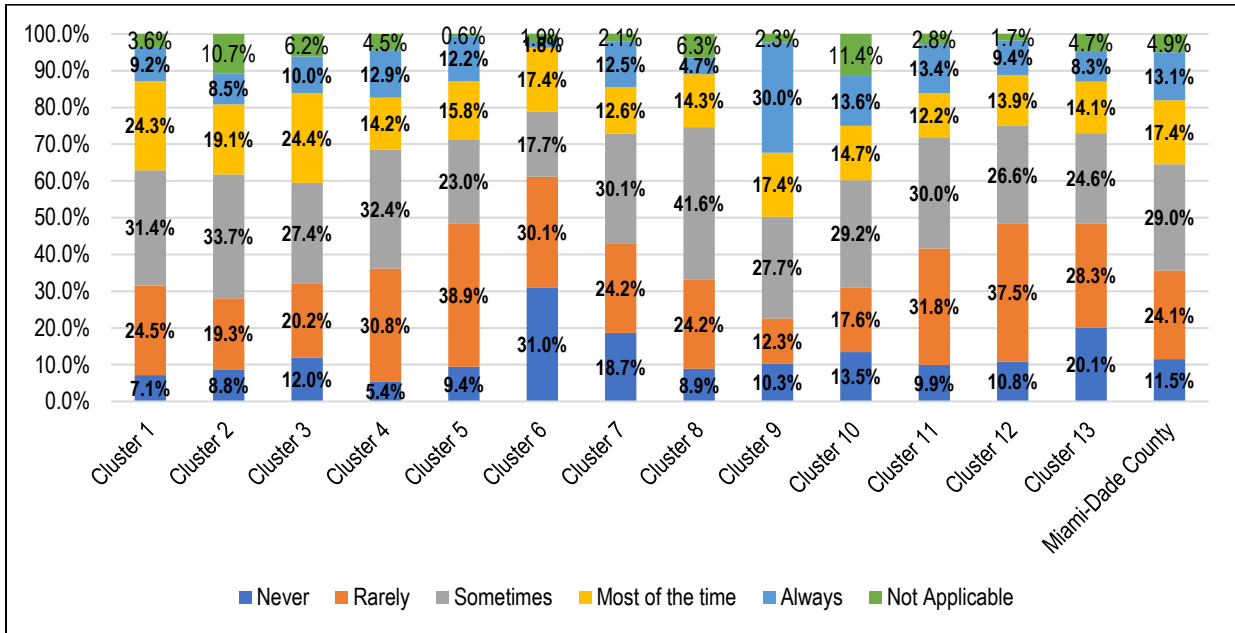

When asked whether they have a variety of transportation options, 11.4% responded Never, 18.9% Rarely, 23.3% Most of the Time, and 17.5% Always. Clusters 5 and 6 had the largest percentages who responded Never with 16.3% and 24.8%, while Cluster 4, 7, and 13 had larger percentages who responded Always (28.1%, 26.7%, and 27.1%, respectively). Please refer to Chart 37.

Chart 37 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents have a variety of transportation options
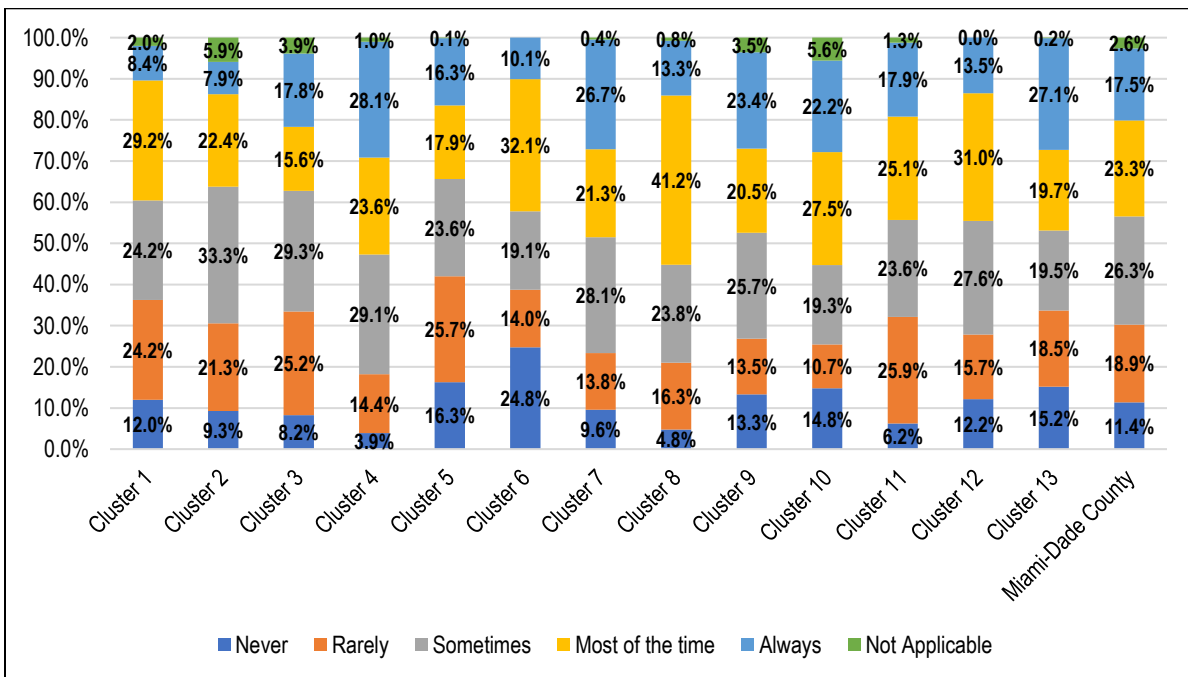
There were significant disparities when asked whether residents live in a family-friendly environment. Overall, 8.7% responded Never with an additional 10.6% Rarely. Furthermore, 24.9% and 28.1% responded Most of the Time and Always. However, 36.0% in Cluster 5 responded either Never or Rarely with 34.7% in Cluster 6 and 39.8% in Cluster 13. In contrast, 64.6% of Cluster 2, 57.0% of Cluster 3, 62.0% of Cluster 4, and 67.0% of Cluster 9 responded Always or Most of the Time. Please refer to Chart 38.

Chart 38 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents live in a family-friendly environment
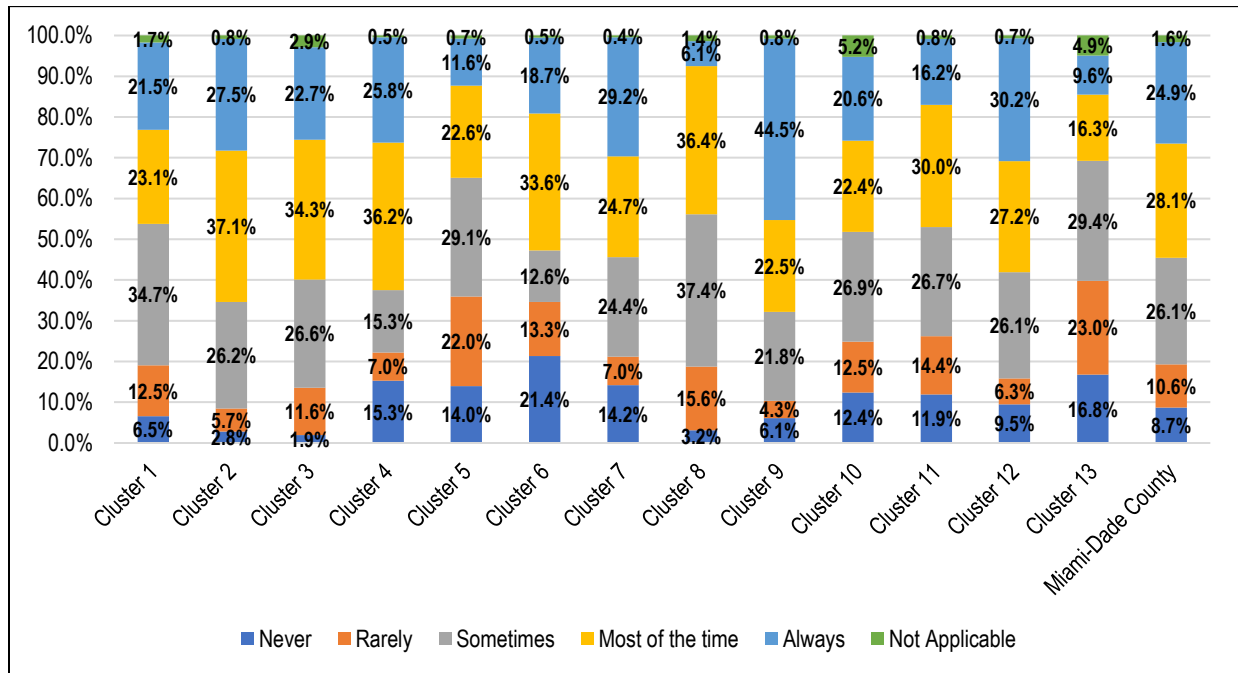

Residents were also asked whether they are able to find good jobs. Overall, 10.2% of residents indicated that they are Never able to find good jobs and 19.9% that they Rarely are able to. A smaller proportion indicated that they can find good jobs Most of the Time or Always (16.4% and 9.3%). Clusters 5, 6, 8, and 13, however, indicated a much higher percentage who Never or Most of the Time are able to find good jobs (46.5%, 42.6%, 44.8%, and 47.9%). Cluster 2, on the other hand, had 27.7% who indicated they are able to find jobs Most of the Time, while Cluster 4 had 25.5%. Interestingly, 27.2% of Cluster 9 responded "Not Applicable". Please refer to Chart 39.

Chart 39 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents are able to find good jobs
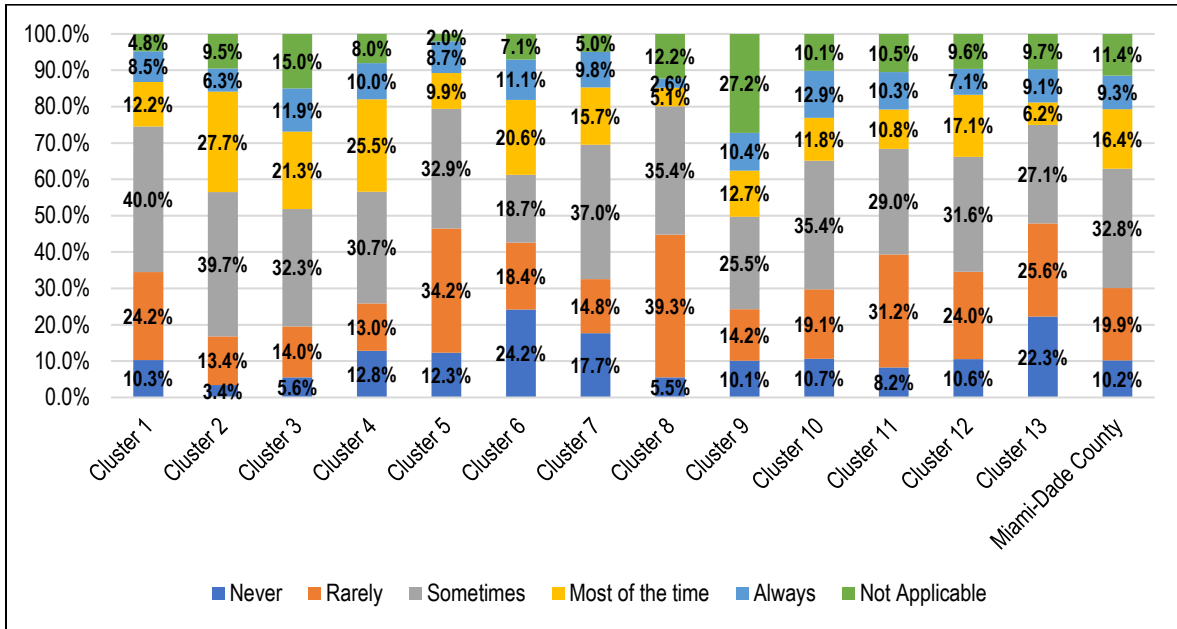

When asked whether residents have access to good schools, over 44% responded that they either "always" or "most of the time" do have access. Clusters 2, 3, 4, and 12 haver overwhelmingly large percentages who indicated they "always" or "most of the time" have access to good schools (60.0%, 55.7, 56.4%, and 51.4%), while Clusters 1, 5, 8, and 13 have much larger percentages who responded "never" or "rarely" (32.9%, 36.7%, 36.9%, and 43.6%). Please refer to Chart 40.

Chart 40 – Please provide your opinion on the following statements when thinking about your neighborhood: Residents have access to good school
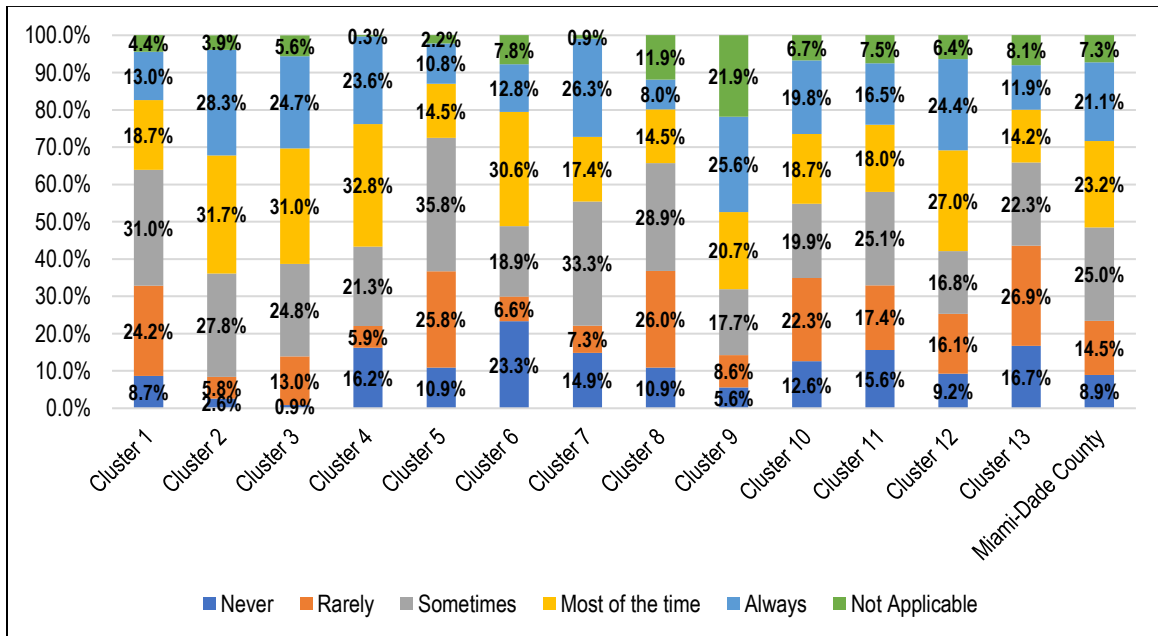
When participants were asked how often they are bothered by noise in their neighborhood, most respondents (28.0%) shared that this occurs "sometimes", followed by respondents who indicated "rarely" (26.5%), and "never" (19.4%). Clusters 5, and 7 had the largest percentages of residents who indicated they "always" are bothered by noise in their neighborhood with 24.1% and 21.3%, respectively. In contrast, Cluster 4 and Cluster 9 have large percentages who "never" are bothered by noise (33.1% and 39.8%). Please refer to Chart 41.

Chart 41 – *To what extent are you bothered by noise in your neighborhood, including noise from neighbors, traffic, and airplanes/helicopters?*
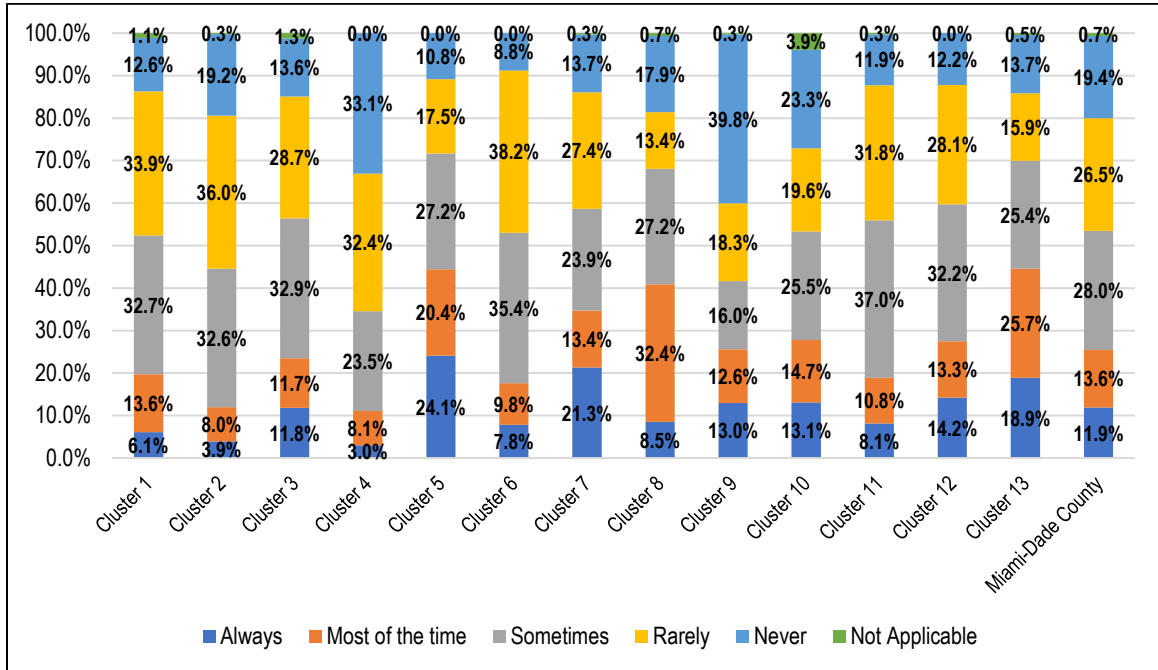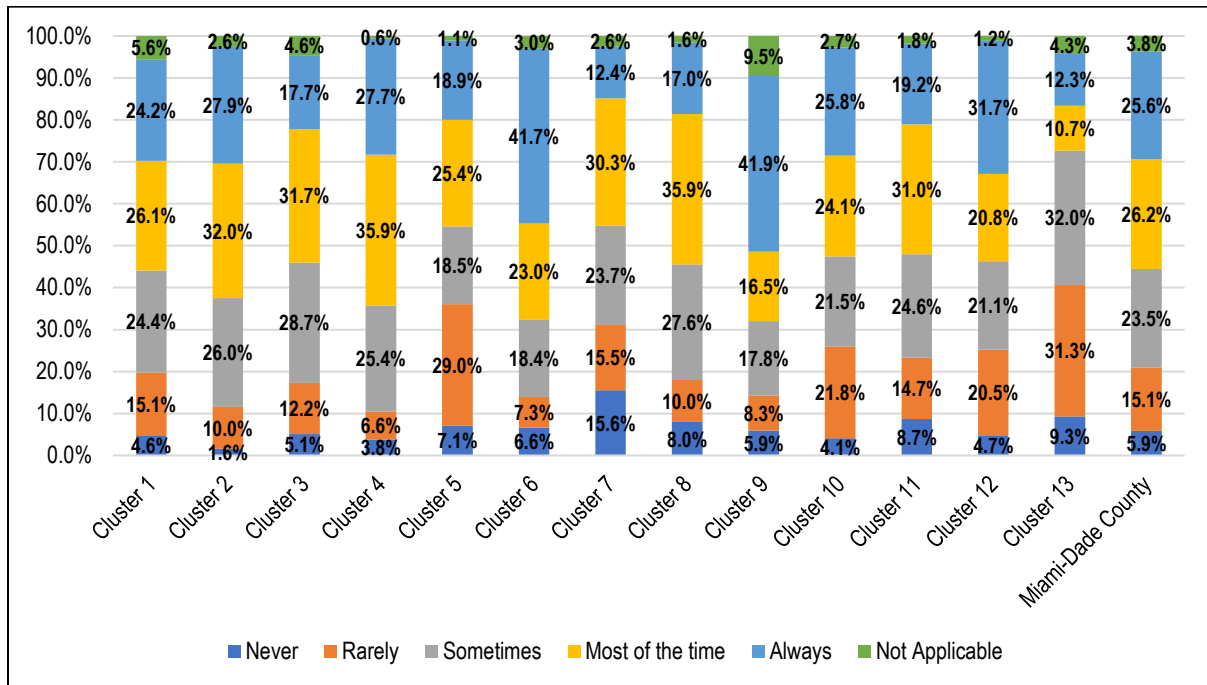

Modifiable Health Risks

This section of the survey encompasses Modifiable Health Risks pertinent to residents of Miami-Dade County. Chart 42 illustrates the results of the first question under this section of the survey: residents' access to healthy and affordable food. Overall, the greatest percentage of respondents (26.2%), indicated that "most of time" they have access to affordable and healthy food; followed by respondents who answered "always" (25.6%), and close to 24.0% who reported "sometimes". Cluster 5 and Cluster 13 had significantly larger percentages of residents who responded that they "never" or "rarely" have access to healthy and affordable food (36.1% and 40.6%), while Cluster 2, Cluster 4, Cluster 6, and Cluster 9 have much lower percentages of those who do not have access to healthy and affordable food (11.6%, 10.4%, 13.9%, and 14.2%). Cluster 6 and Cluster 9 also have very large percentages of respondents who responded "always" (41.7% and 41.9%).

Chart 42 – *Please provide your opinion on the following statement when thinking about nutrition in your neighborhood: Residents have access to healthy and affordable food.*

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

It is important to note that for every question under this category, the responses yielded similar results with the majority of respondents agreeing strongly with the statements posed. For instance, 56.9% of residents "strongly agree" that breastfeeding benefits the health of both mothers and babies, with an additional 30.3% responding that they "agree" with that statement. This sentiment is repeated throughout the county clusters but with varying degrees of how much one strongly agrees or agrees. The largest percentages of those who "strongly agree" are found in Clusters 2, 4, 6, and 7 with 64.1%, 69.7%, 67.3%, and 72.5% strongly agreeing. The smallest percentages were found in Clusters 8, 10, and 13 with 41.6%, 38.7%, and 38.8% responding that they "strongly agree". Please refer to Chart 43.

Chart 43 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Breastfeeding benefits the health of mothers and babies*
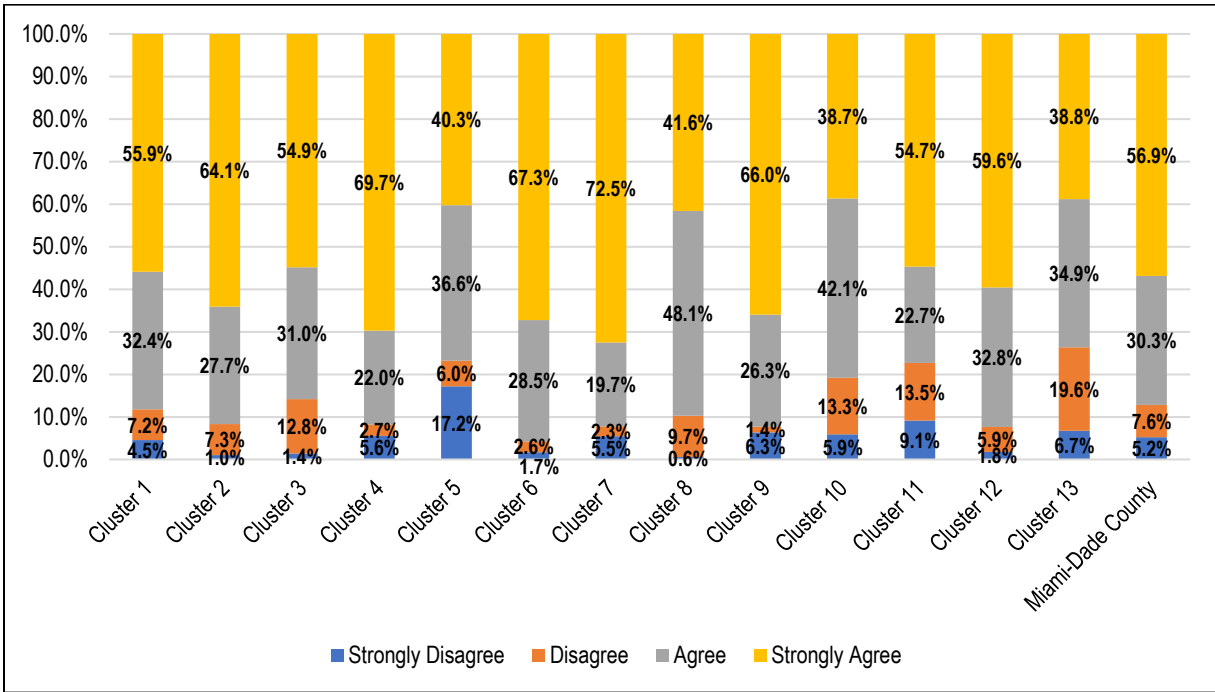

The vast majority of respondents also "strongly agree" or "agree" that breastmilk is the best food for babies. Overall, 57.6% responded that they "strongly agree" that breastmilk is the best food for babies, while an additionally 32.0% responded "agree". This response is similar across neighborhoods with the highest percentages seen in Cluster 1, Cluster 2, and Cluster 6 where 92.4%, 95.9%, 96.0% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5, Cluster 10, and Cluster 13 (80.7%, 81.5%, 74.4%). Please refer to Chart 44.

Chart 44 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Breastmilk is the best food for babies*
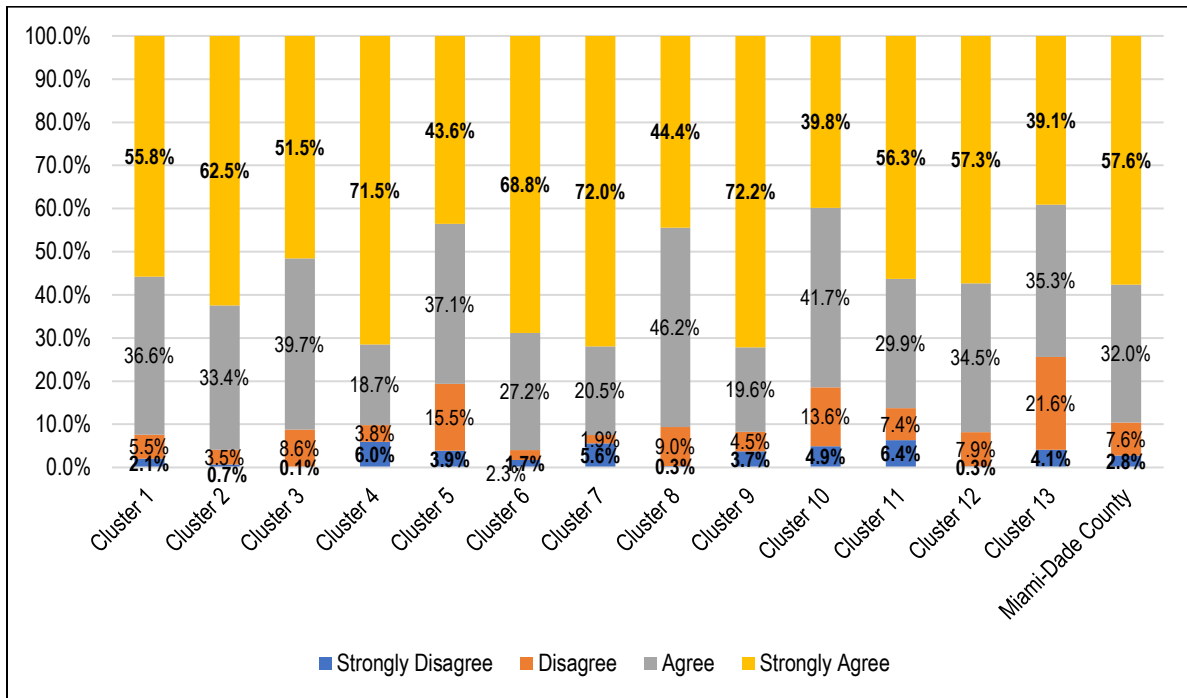

The majority of respondents also responded that they "strongly agree" or "agree" that breastmilk is healthier for babies than formula. Overall, 56.2% responded that they "strongly agree" that breastmilk is healthier than formula, while an additionally 30.8% responded "agree". The response is similar across clusters with the highest percentages seen in Cluster 1, Cluster 2, Cluster 3, and Cluster 6 where 91.9%, 90.0%, 92.4%, and 97.3% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5, Cluster 11, and Cluster 13 (74.2%, 78.0%, 68.7%). Please refer to Chart 45.

Chart 45 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Breastmilk is healthier for babies than formula feeding*
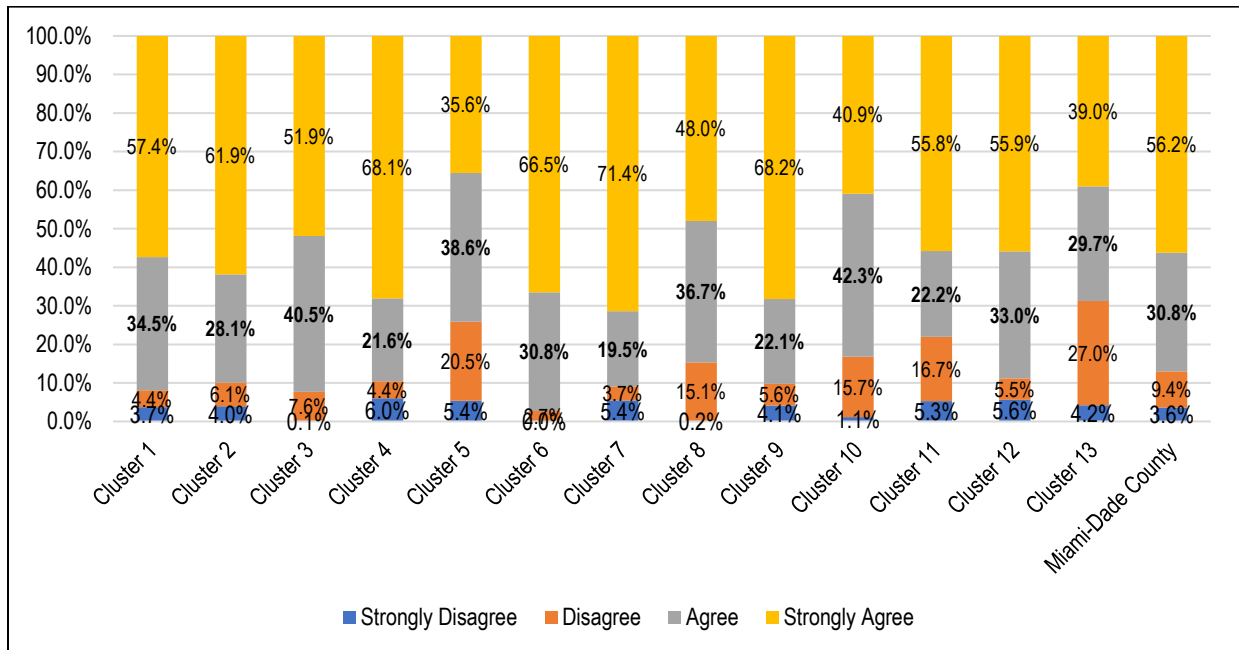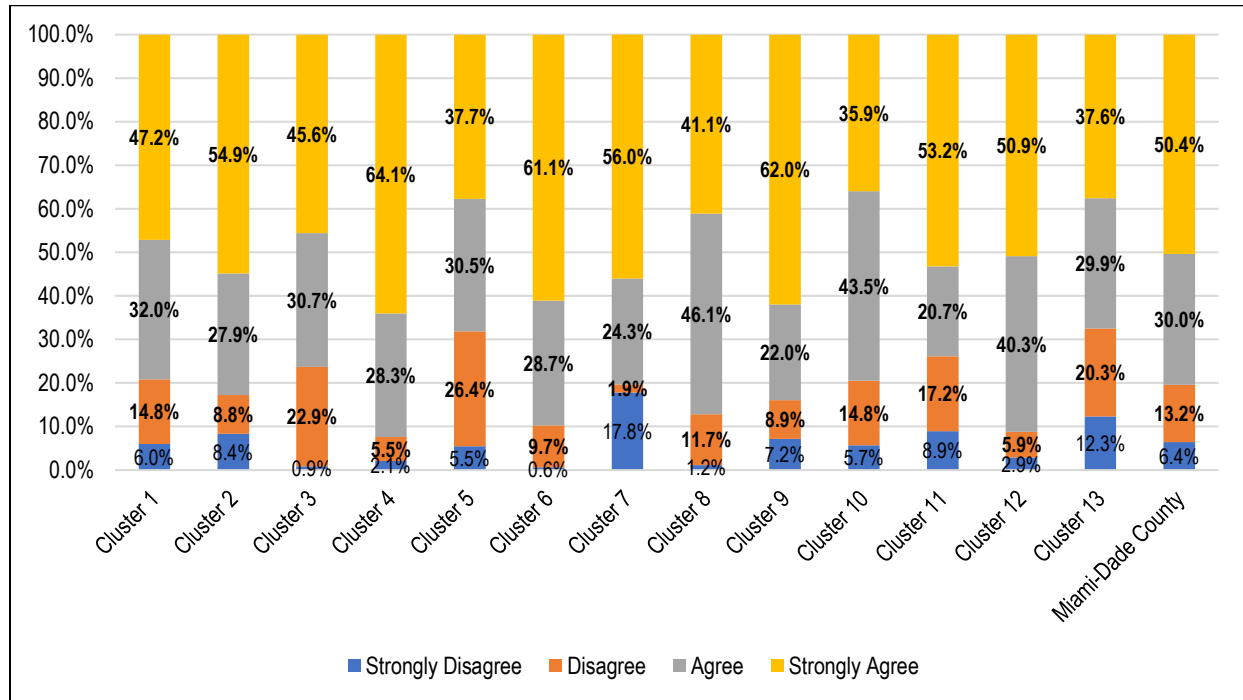

When asked whether mothers have the right to breastfeed in public, most of the respondents also indicated that they "strongly agree" or "agree". Overall, 53.1% responded that they "strongly agree", while an additionally 31.6% responded that they "agree". The response is similar across the neighborhood clusters with the highest percentages seen in Cluster 2, Cluster 4, and Cluster 6 where 91.9%, 94.1%, and 98.4% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5, Cluster 7, and Cluster 13 (72.4%, 79.2%, 63.8%). Please refer to Chart 46.

Chart 46 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: Mothers have the right to breastfeed in public*
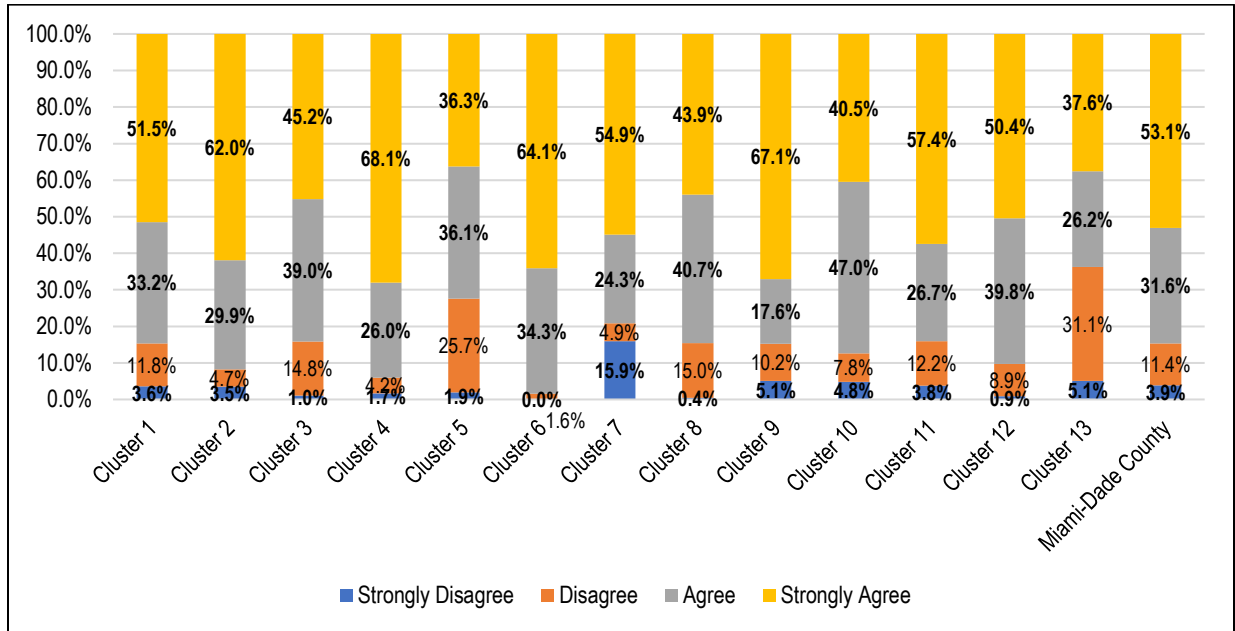
When asked whether they are comfortable when mothers breastfeed their babies in a public place, most of the respondents indicated that they "strongly agree" or "agree". Overall, 50.4% responded that they "strongly agree", while an additionally 30.0% responded that they "agree". This response, too, is similar across clusters in Miami-Dade County with the highest percentages seen in Cluster 4, Cluster 6, and Cluster 12 where 92.4%, 89.8%, and 91.2% responded either "strongly agree" or "agree". The smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5 and Cluster 13 (68.2% and 67.5%, respectively). Please refer to Chart 47.

Chart 47 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: I am comfortable when mothers breastfeed their babies near me in a public place, such as a shopping center, bus station, etc.*

Finally, when asked whether they believe employers should provide a private room for breastfeeding mothers to pump milk at work, the majority of respondents again indicated that they "strongly agree" or "agree". Overall, 55.8% responded that they "strongly agree", while an additional 29.7% responded that they "agree". This sentiment was seen throughout clusters in Miami-Dade County, with a few discrepancies. The highest percentages of those who "strongly agree" or "agree" were seen in Cluster 4, Cluster 6, and Cluster 12 (93.7%, 97.5%, and 96.1%). However, the smallest percentages of those who "strongly agree" or "agree" were seen Cluster 5 and Cluster 13 with much lower rates of 68.1% and 70.1%, respectively. Please refer to Chart 48.

Chart 48 – *Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood: I believe employers should provide a private room for breastfeeding mothers to pump their milk at work*
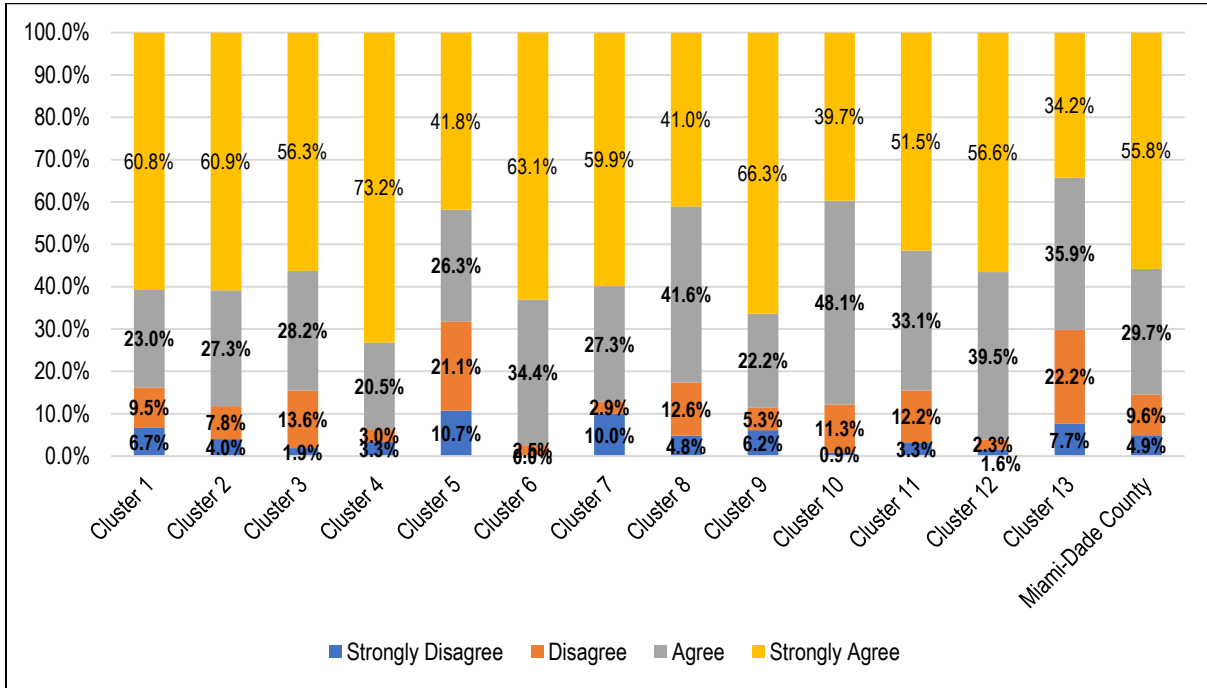

Chart 49 depicts the results of participants' attitudes towards specific health issues present in the community including substance abuse, domestic abuse, violence, mental health, and suicide.

When asked their opinion on Illegal Drug Abuse, 50.6% of residents responded that it is a "large problem" or "somewhat of a problem", while 16.7% responded that it is "a small problem" and 22.4% that it is not a problem". However, this sentiment is not universal. For instance, in Cluster 9, 38.7% believe illegal drug abuse is "not a problem", while only 12.9% in Cluster 13 and 7.0% in Cluster 6 responded similarly. In addition, 44.6% of respondents in Cluster 13, 39.7% in Cluster 4, and 39.0% in Cluster 1 responded that illegal drug abuse is "a large problem".
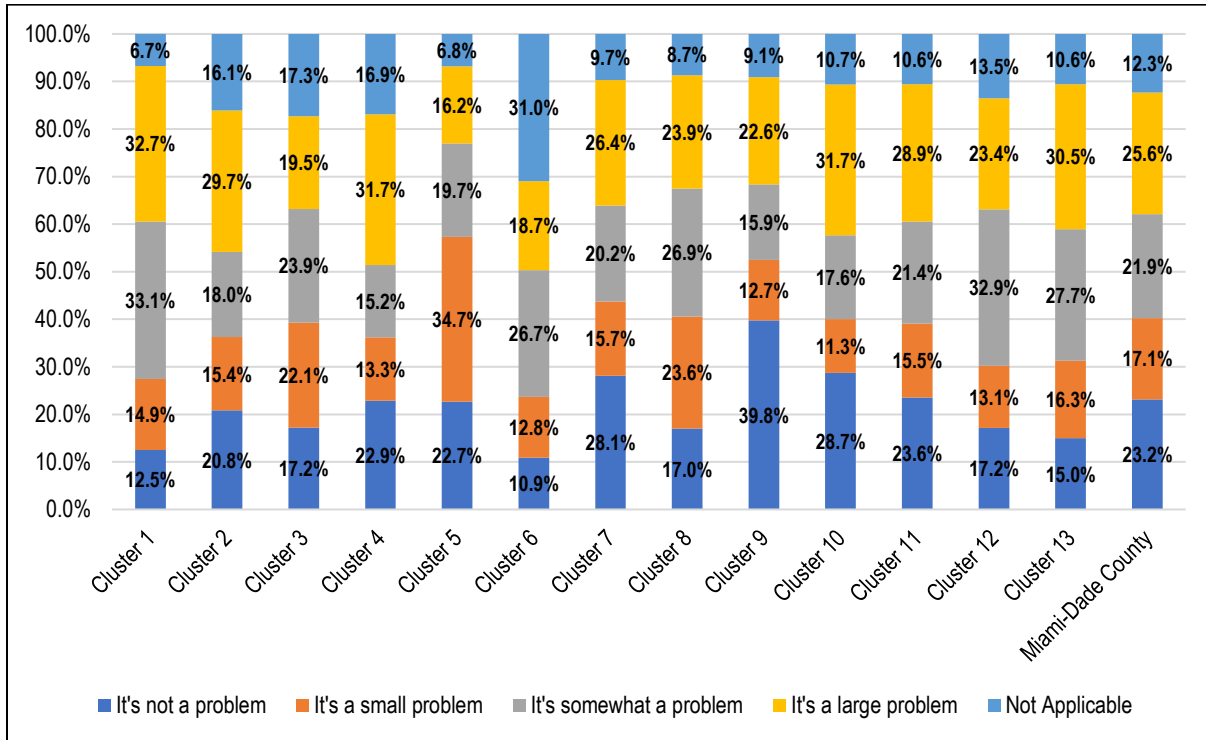
Chart 49 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Illegal Drug Abuse*
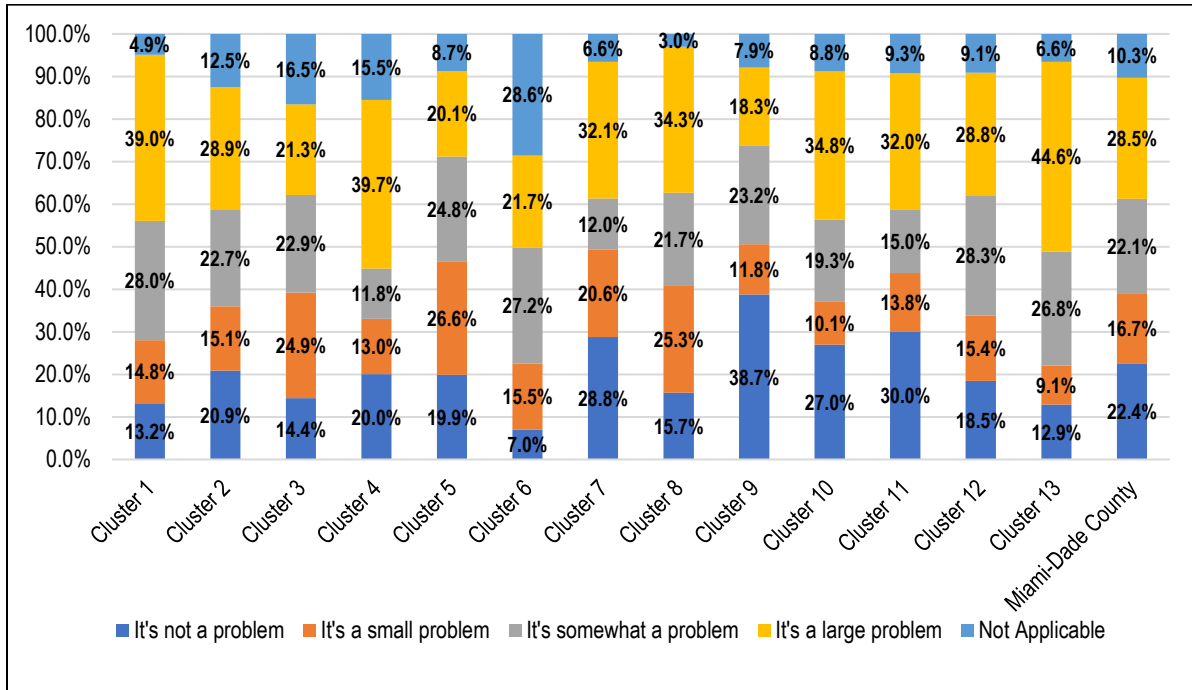
Nearly one-quarter of residents believe that prescription drug abuse is "not a problem", while an additional 25.6% believe it is a "large problem". However, in Cluster 9, nearly 40% (39.8%) believe prescription drug abuse is "not a problem". Most clusters have between 20%-30% who respond that it is a "large problem" with the largest being 32.7% in Cluster 1 and the smallest 16.2% in Cluster 5. Please refer to Chart 50.
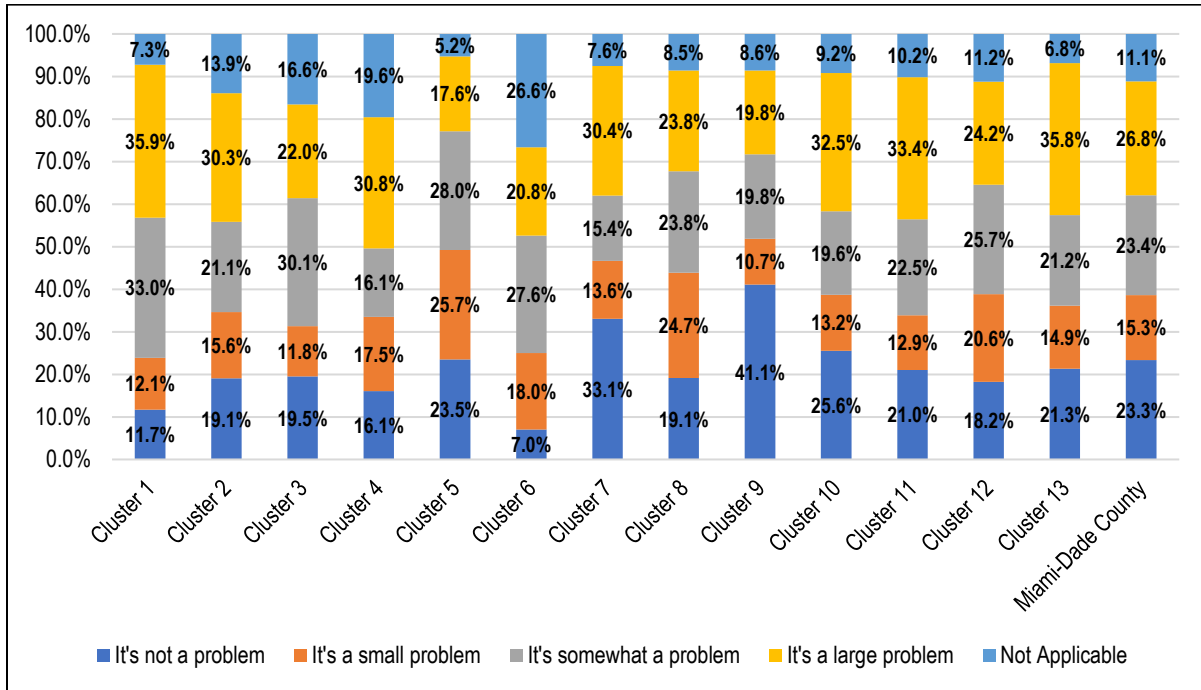
Chart 50 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Prescription Drug Abuse*

When asked their opinion on underage drinking and drug abuse, 50.2% of residents responded that it is a "large problem" or "somewhat of a problem", while 23.3% responded that it is "a small problem" and 15.3% that it is not a problem". However, in Cluster 9, 41.1.7% believe underage drinking and drug abuse is "not a problem", while only 7.0% in Cluster 6 and 11.7% in Cluster 1 responded similarly. Furthermore, 35.9% of respondents in Cluster 1, 33.4% in Cluster 11, and 35.8% in Cluster 13 responded that underage drinking and drug abuse is "a large problem". Please refer to Chart 51.

**Chart 51 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Underage Drinking/Drug Use***

Legend: It's not a problem | It's a small problem | It's somewhat a problem | It's a large problem | Not Applicable

When asked their opinion on excessive drinking and alcohol abuse, 52.4% of residents responded that it is a "large problem" or "somewhat of a problem", while 22.9% responded that it is "a small problem" and 15.0% that it is not a problem". However, in Cluster 9, 43.6% believe excessive drinking and alcohol abuse is "not a problem", while only 4.4% in Cluster 6, 11.6% in Cluster 1, and 11.8% of Cluster 13 responded similarly. Furthermore, 38.6% of respondents in Cluster 1 and 36.5% in Cluster 13 responded that excessive drinking and alcohol abuse is "a large problem". Please refer to Chart 52.

Chart 52 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Excessive Drinking/Alcohol Abuse*
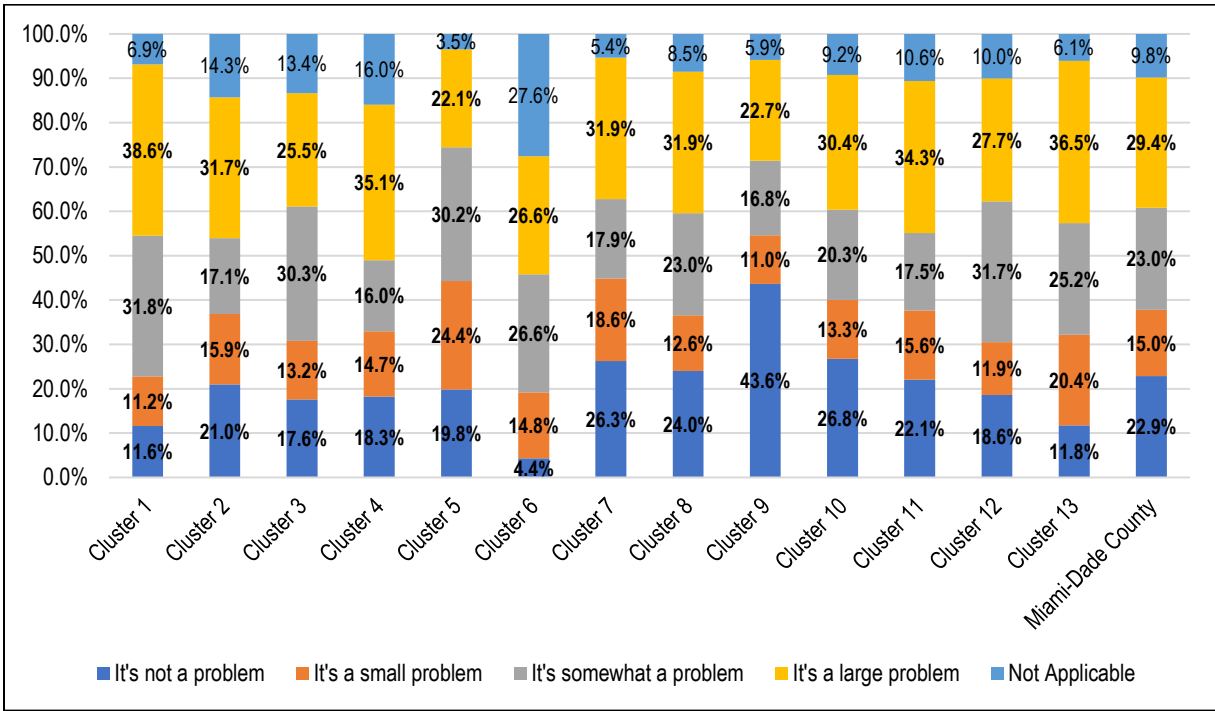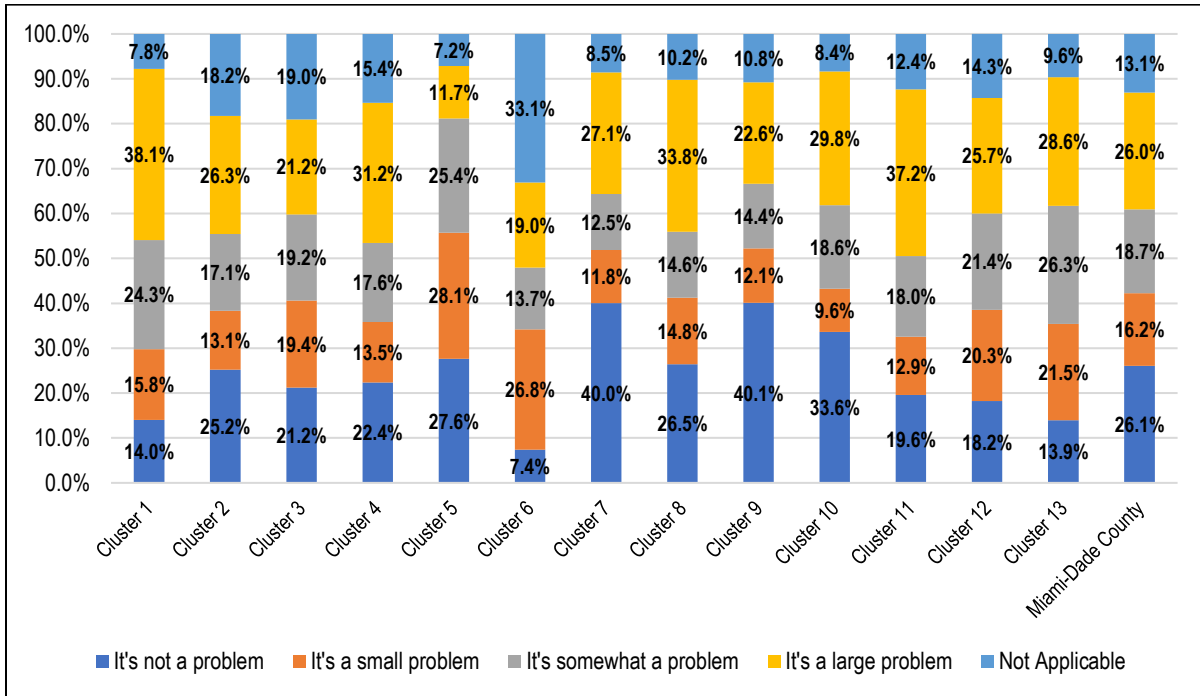

When asked their opinion on domestic abuse, 44.7% of residents responded that it is a "large problem" or "somewhat of a problem", while 26.1% responded that it is "a small problem" and 16.2% that it is not a problem". This is a smaller overall percentage compared to previous questions, such as excessive alcohol use, drug abuse, and underage drinking. In Cluster 9 and Cluster 7, over 40% believe domestic abuse is "not a problem", while only 7.4% in Cluster 6 responded similarly. Furthermore, 38.1% of respondents in Cluster 1 and 37.2% in Cluster 11 responded that domestic abuse is "a large problem". Please refer to Chart 53.

Chart 53 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Domestic Abuse*

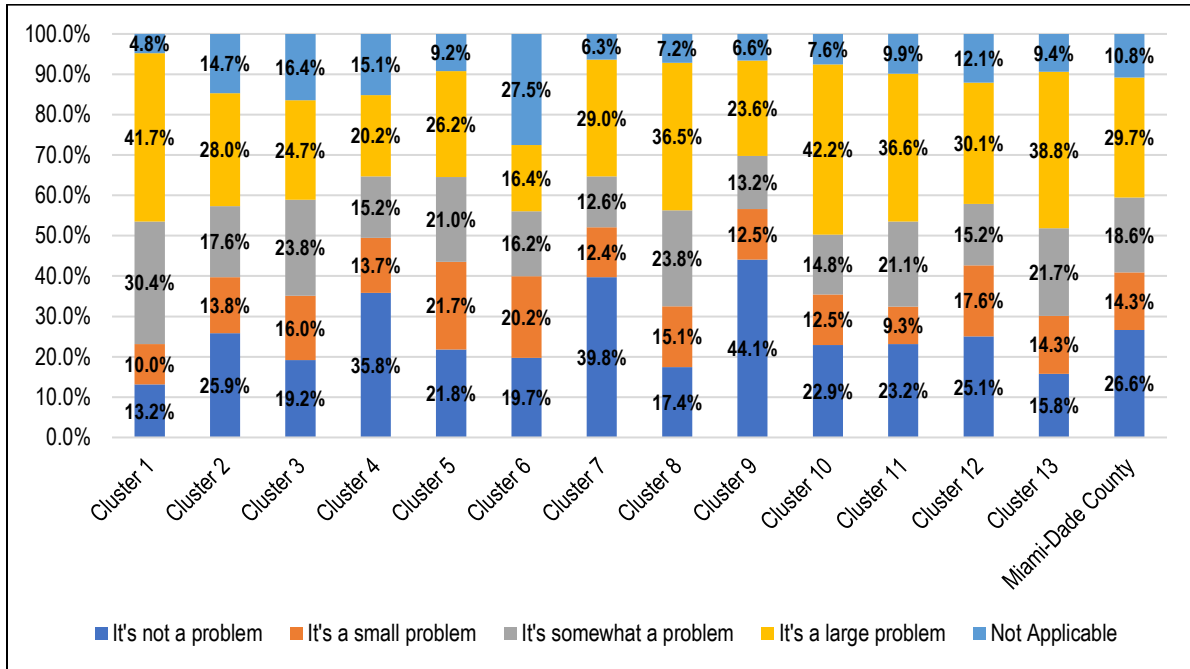When asked their opinion on violence in their neighborhood, 48.3% of residents responded that it is a "large problem" or "somewhat of a problem", while 29.7% responded that it is "a small problem" and 18.6% that it is "not a problem". This is a similar overall percentage to opinions of domestic abuse. In Cluster 4, Cluster 7, Cluster 9, 35.8%, 39.8%, and 44.1% believe violence is "not a problem", while only 13.2% in Cluster 1 and 15.8% in Cluster 13 responded similarly. Furthermore, 41.7% of respondents in Cluster 1, 42.2% in Cluster 10, and 35.8% in Cluster 4 responded that violence is "a large problem". Please refer to Chart 54.

Chart 54 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Violence*

Respondents were also asked their opinion on dementia/Alzheimer's Disease in their neighborhood where 46.6% of residents responded that it is a "large problem" or "somewhat of a problem", while 23.6% responded that it is "a small problem" and 16.3% that it is "not a problem". In Cluster 9, 42.6% believe dementia/Alzheimer's Disease is "not a problem", while only 5.4% in Cluster 6 responded similarly. Furthermore, 35.6% of respondents in Cluster 1, 34.4% in Cluster 11, and 36.7% in Cluster 12 responded that dementia/Alzheimer's Disease is "a large problem". Interestingly, over 30% of respondents in Cluster 6 responded "not applicable." Please refer to Chart 55.

Chart 55 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Dementia/Alzheimer's Disease*
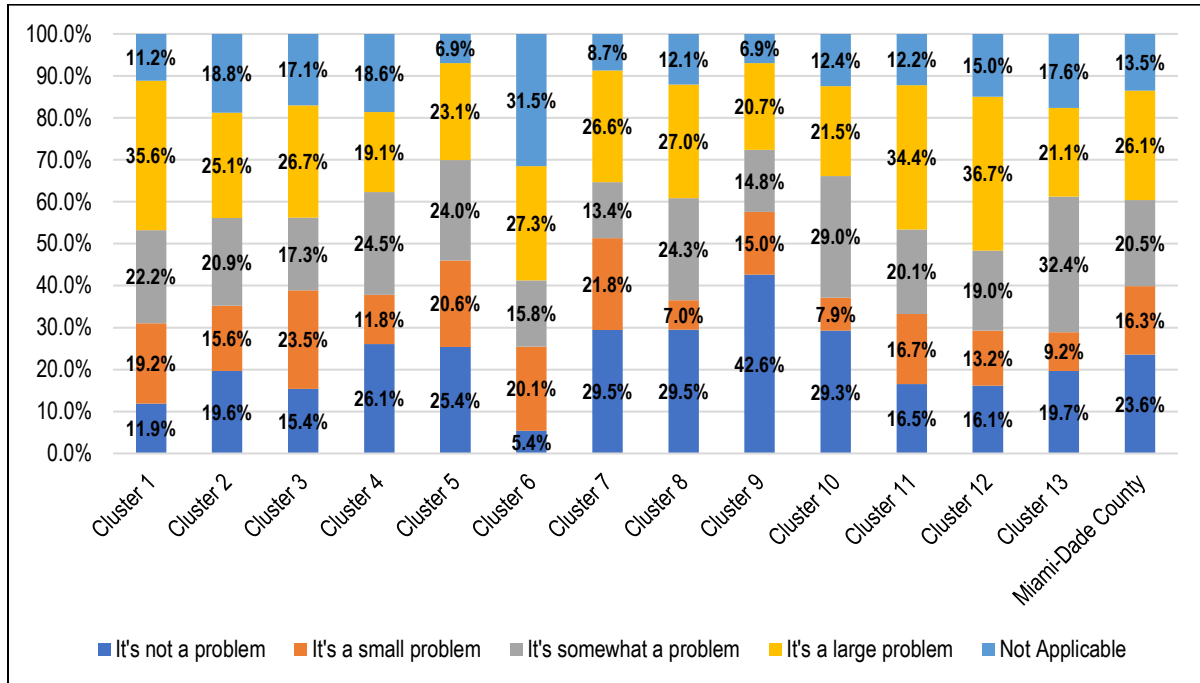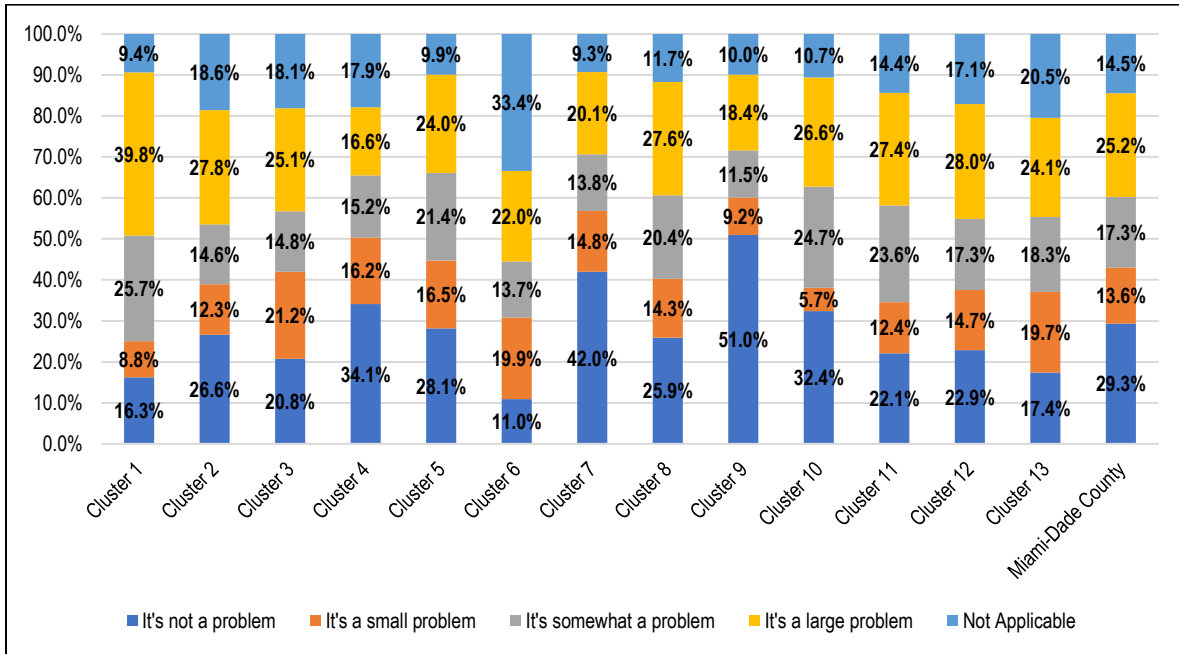

When asked their opinion on suicide in their neighborhood, 42.5% of residents responded that it is a "large problem" or "somewhat of a problem", while 29.3% responded that it is "a small problem" and 13.6% that it is "not a problem". This is a similar overall percentage to opinions of domestic abuse and violence. In Cluster 4, Cluster 7, Cluster 9, 34.1%, 42.0%, and 51.0% believe suicide is "not a problem", while only 16.3% in Cluster 1, 11.0% in Cluster 6, and 17.4% in Cluster 13 responded similarly. Furthermore, 39.8% of respondents in Cluster 1 responded that suicide is "a large problem". Similar to opinions of dementia/Alzheimer's Disease, over 30% of respondents in Cluster 6 responded "not applicable". Please refer to Chart 56.

Chart 56 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Suicide*

Finally, when asked their opinion on mental health in their neighborhood, 53.3% of residents responded that it is a "large problem" or "somewhat of a problem", while 23.0% responded that it is "a small problem" and 12.4% that it is "not a problem". However, in Cluster 7 and Cluster 9, 36.3% and 42.7% believe mental health is "not a problem", while only 10.3% in Cluster 1 and 4.5% in Cluster 6 responded similarly. Furthermore, 50.7% of respondents in Cluster 1, 46.5% in Cluster 11, 42.4% in Cluster 12, and 42.3% in Cluster 13 responded that mental health is "a large problem". Please refer to Chart 57.

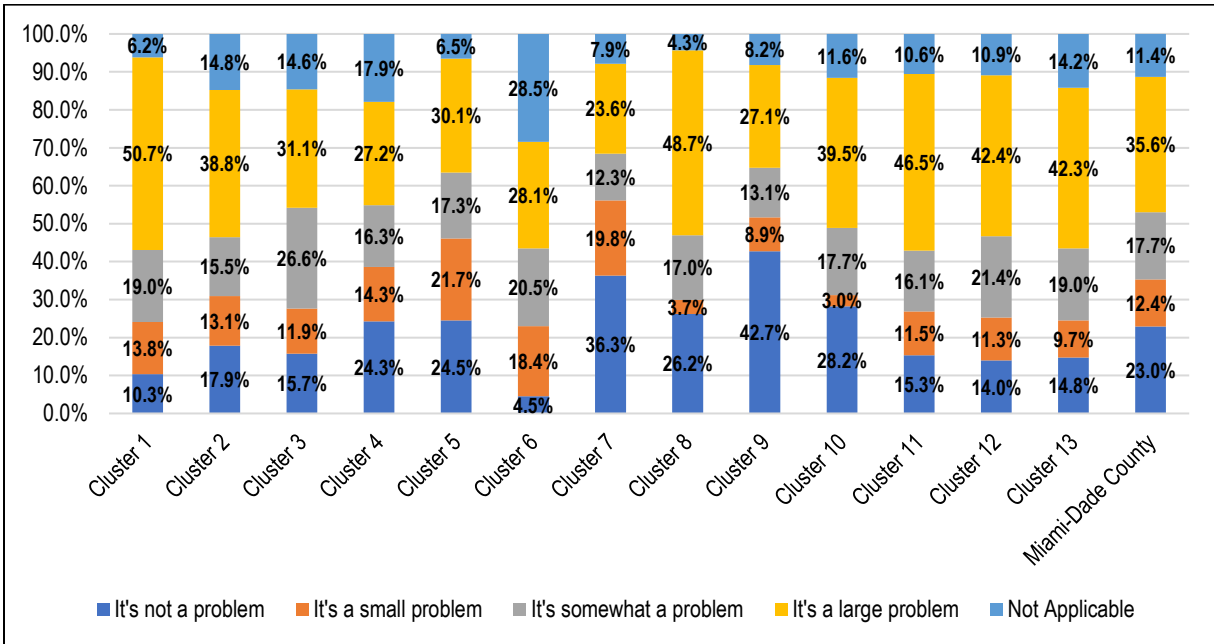**Chart 57 – *Please provide your opinion on the following health issues when thinking about your neighborhood: Mental Health***
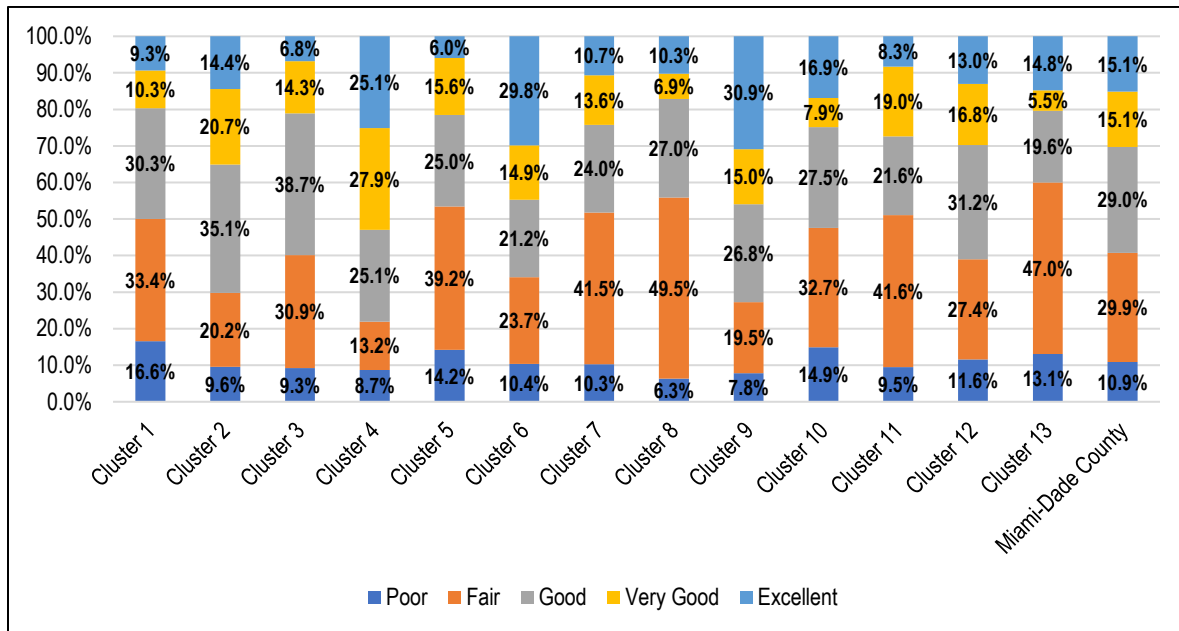

Access to Healthcare Services

The final section of the Wellbeing Survey included questions pertaining to Access to Healthcare Services The first question asked participants to rate the overall quality of the healthcare system in their neighborhood, for which most of respondents (29.9%) answered that it is "fair", while 29.0% shared that it is "good." Furthermore, 10.9% maintained that the quality of the healthcare system in their communities is deficient or "poor." However, perceived quality of healthcare was not universally felt across the county. In Cluster 1, 16.6% of residents felt that they quality of the healthcare system in their neighborhood was "poor" with an additional 33.4% responding that it is "fair". Similar percentages were seen in Cluster 5, Cluster 7, Cluster 8, and Cluster 13, with Cluster 13, specifically, having the largest percentage who responded "poor" or "fair" combined: 13.1% and 47.0% for a combined 60.1%. In contrast, Cluster 4 and Cluster 9 had significantly smaller percentages responding "poor" and "fair" (21.9% and 27.3%) and much larger percentages responding "excellent" and "very good" (53.0% and 45.9%). Please refer to Chart 58.

Chart 58 – *Please select which most closely matches your opinion: How would you rate the quality of the healthcare system in your neighborhood?*

The second question under Access to Health Services, intended to inquire about participants' views on the delivery of health services and payment for these services. Overall, 36.6% of respondents indicated that over the past year they were always able to get the health services they needed, while 24.1% responded they could "most of the time" and only 7.1% responded "never". While the percentages of those who responded "never" remained pretty low across neighborhood clusters, there were some differences based on area. Cluster 11, in particular, had over double the rate of respondents who claimed they were "never" able to get the health services they needed (15.6%). In contrast Cluster 4 had a much larger percentage of respondents who indicated they "always" are able to get the health services they needed (59.1%). Please refer to Chart 59.

Chart 59 – *Please select which most closely matches your opinion when thinking about your neighborhood: In the past year, I was able to get the health services I needed*
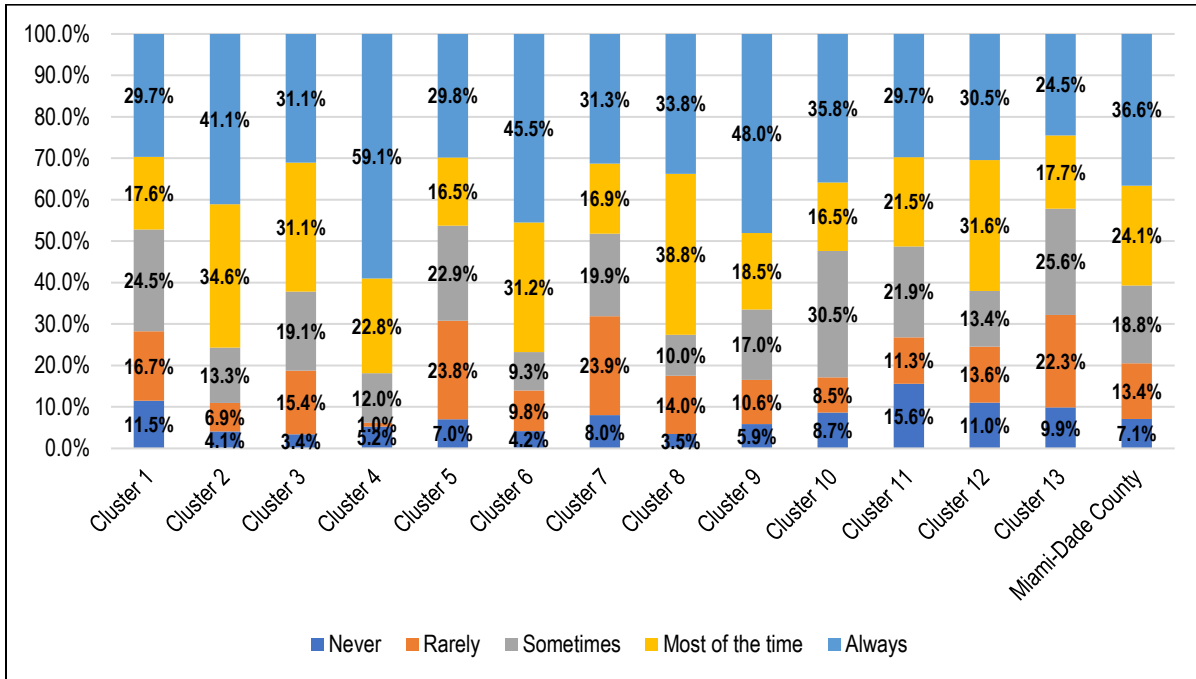
When asked whether residents are able to pay for healthcare, the largest proportion indicated that they are "sometimes" able to pay (34.4%), while only 9.1% say they are "never" able to, and 16.1% "always". In contrast, 12.6% in Cluster 7, 17.1% in Cluster 11, and 19.1% in Cluster 13 responded they are "never" able to pay for healthcare. Cluster 4, Cluster 6, and Cluster 9, in turn, have much smaller percentages who indicate they are unable to pay (6.4%, 6.2%, and 7.5%) and much larger percentages that are "always" able to pay for healthcare (26.8%, 34.8%, and 30.3%, respectively). The smallest percentage of those who indicate they are "never" able to pay for healthcare is found in Cluster 8; however, Cluster 8 has a large percentage who indicate they "rarely" are able to pay (34.9%). Please refer to Chart 60.

The final question in the Access to Healthcare Services section asked residents whether those with disabilities have access to services in their neighborhood. Overall, 5.7% responded "never" with 13.8% indicating "rarely", 33.7% "sometimes", 23.8% "most of the time", and 23.1% "always". Cluster 1, Cluster 7, and Cluster 13, however, have higher percentages of residents who believe those with disabilities "never" have access to services (8.5%, 9.2%, and 13.5%). Cluster 5 and Cluster 8, on the other hand, only had 1.5% of residents who responded "never". Additionally, 36.4% in Cluster 4, 38.0% in Cluster 6, and 37.2% of Cluster 9 responded residents with disabilities "always" have access to services. Please refer to Chart 61.

Chart 61 – *Please select which most closely matches your opinion when thinking about your neighborhood: Residents with disabilities have access to services*

Legend: Never, Rarely, Sometimes, Most of the time, Always

Cluster	Never	Rarely	Sometimes	Most of the time	Always
Cluster 1	8.5%	21.9%	31.2%	23.4%	15.1%
Cluster 2	3.1%	9.0%	33.2%	29.8%	24.9%
Cluster 3	5.4%	13.5%	38.3%	29.4%	13.4%
Cluster 4	4.8%	7.7%	21.8%	29.2%	36.4%
Cluster 5	1.5%	25.7%	28.1%	17.2%	27.5%
Cluster 6	5.3%	4.5%	25.0%	27.2%	38.0%
Cluster 7	9.2%	15.8%	40.0%	23.6%	11.5%
Cluster 8	1.5%	13.4%	36.7%	30.4%	18.1%
Cluster 9	7.3%	6.5%	32.2%	16.9%	37.2%
Cluster 10	6.0%	16.2%	34.9%	16.2%	26.7%
Cluster 11	7.6%	21.9%	36.8%	19.1%	14.7%
Cluster 12	2.9%	10.4%	40.3%	32.9%	13.6%
Cluster 13	13.5%	16.9%	33.5%	17.1%	19.2%
Miami-Dade County	5.7%	13.8%	33.7%	23.8%	23.1%

Mental Health Treatment

A final question was asked regarding participants use of medication or reception of treatment for any type of mental health condition or emotional problem. Consistently, across all neighborhood clusters and Miami-Dade County as a whole, the majority of residents responded they are not taking medication or receiving treatment for a mental health or emotional condition. The largest percentage is found in Cluster 4 (90.4%), while Cluster 13 has the smallest percentage (55.8%). For additional details refer to Chart 62.

Chart 62 —*Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?*
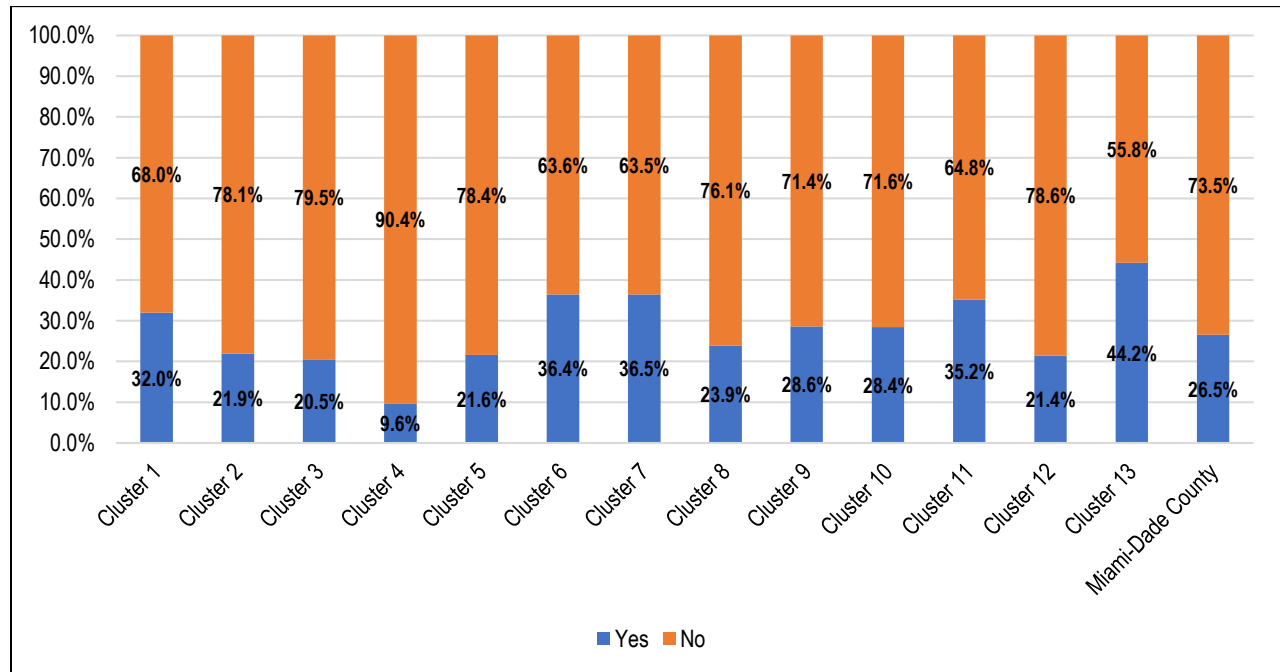
VI.   CONCLUSION

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

Respondent Summary

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

Quality of Life

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

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

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

Environment

As a place to live, the residents of Miami-Dade County found that, overall, the county is a good place to live and raise a family. However, unlike Quality of Life, there was not a clear tendency in the positive. When asked to rate their neighborhood as a place to grow old, to raise children, and as a safe community, responses were closely split between Fair, Good, and Very Good. Furthermore, these sentiments are not felt universally. Residents of Clusters 1, 5, and 13 have higher percentages of those who responded Poor or Fair when asked to rate their neighborhood, while Clusters 4 and 6 tended to have higher percentages that rated their neighborhoods as Very Good or Excellent.

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

Modifiable Health Risks

Residents indicated that they are, generally, Always or Most of the Time have access to healthy and affordable food, and Strongly Agree on the importance of breastfeeding for infant health. These trends are common across clusters with only Cluster 13, and to a lesser extent Cluster 5, indicating lower access to healthy and affordable food and decreased understanding of the importance of breastfeeding. For instance, Cluster 13 is characterized with the highest percentage of residents who are more likely to strongly disagree or disagree with the following components associated with breastfeeding: it benefits

the health of the mother and babies; it is the best food for babies; it is healthier for babies than formula feeding; mothers have the right to breastfeed in public places; that they are comfortable when mothers breastfeed their babies in a public place, and that employers should provide a private room for breastfeeding mothers to pump their milk at work. This indicates that for Cluster 13, additional health education opportunities are needed coupled with expanded availability of health and affordable food options for residents.

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

Access to Healthcare Services

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

Mental Health Medicine or Treatment

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

Lessons Learned

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

Additionally, the 2018 Wellbeing Survey was a new iteration of previous county-wide surveys and included numerous new questions that were not able to be compared to previous years. While there are benefits

to focusing on new subject matter or tweaking individual questions to be more specific to the population sought, this does not allow for time trend data. In future years, it would be beneficial to repeat large portions of the current survey or return to previous surveys so that time trend data is available, and interpretations can include improvements over a five-year to ten-year period.

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

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