



**Miami-Dade County**

**Community Action and Human Services Department**

***Comprehensive Community Needs Assessment***

**2020**

The 2020 Miami-Dade County Community Needs Assessment  
is a product of the collaboration between  
Florida International University's Jorge M. Pérez Metropolitan Center and  
the Miami-Dade County Community Action and Human Services Department (CAHSD).

The **Florida International University Metropolitan Center** is Florida's leading urban policy think tank and solutions center. Established in 1997, the Center provides economic development, strategic planning, community revitalization, and performance improvement services to public, private and non-profit organizations in South Florida. Its staff and senior researchers are leaders in their respective fields, and bring extensive research, practical, and professional experience to each project. The Center's research has catalyzed major policy initiatives and projects in housing, economic redevelopment, transportation, social services, and health services throughout South Florida.



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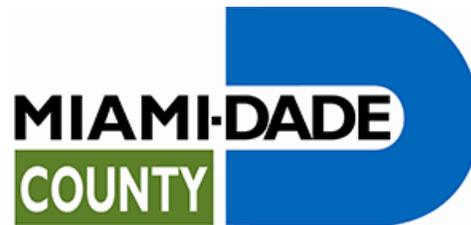
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## Key Findings

The *2020 Miami-Dade County Comprehensive Community Needs Assessment* presents a detailed description of the community, outlining the characteristics that point to its strengths, challenges and opportunities for improvement. While the report describes many of the conditions and challenges of Miami-Dade County residents, the findings below indicate a high correlation between those experiencing economic hardship and reliance upon social services. The information detailed in this report was collected and analyzed prior to the beginning of the coronavirus pandemic, and does not reflect COVID-19's catastrophic impact on the local economy.

In mid-2020, Miami-Dade County became the epicenter of the COVID-19 pandemic in the United States. Beyond the serious health impacts, the pandemic produced immediate and long-term economic and social shocks that further exacerbate the many challenges Miami-Dade County households already experience. Decline in economic activity, business closures and unemployment continue to generate disparate impacts on the most vulnerable residents. At the end of July 2020, Miami-Dade County was leading the state in unemployment with over 386,000 filed claims. The hospitality, food services and retail sectors were most impacted, but the COVID-19 effect radiated through all sectors.<sup>1</sup> Hospitality, food services and retail lost over 80,000 jobs in Miami-Dade County. Even though some businesses started reopening in the third quarter of the year, Miami-Dade County's economy is dependent on consumer demand, especially demand from tourism, and until there is confidence in the safety of travel, COVID-19 will have ongoing lingering effects.

Due to its economy, Miami-Dade County has a high number of vulnerable workers. The accommodation (hospitality), food services, wholesale and retail trade sectors account for around 40 percent of all vulnerable jobs. Over 400,000 workers in Miami-Dade County are at risk in these sectors alone. Among all occupations, more than 80 percent of customer-service and sales roles are at risk.<sup>2</sup> Sectors such as retail, food service, and arts/entertainment have traditionally provided gateway jobs for younger people starting in their careers, people working part-time or seasonally, and people with lower levels of educational. These industries face immediate risk from the pandemic, resulting in a set of vulnerable workers with a distinct demographic profile.

Although there is still much uncertainty related to vaccine development and possible future outbreaks, industry analysts predict that recovery may start in 2021. Compared to the Great Recession, the early stages of the COVID-19 economic crisis suggest that job loss will further fall disproportionately within the small business sector. Some estimates are that about 2.9 million microbusinesses are in industries at immediate or near-term risk from COVID-19. It is forecasted that 20-25 percent of all small businesses may close permanently, and almost 36 million Americans employed by small businesses appear to be at risk of unemployment. In our region, small businesses employ a large portion of our workforce.

According to the Household Pulse Survey of the U.S. Census, in the July 16 - July 21 period, approximately one in seven households in the Miami metropolitan area either sometimes or often did not have enough to eat in the last 7 days.<sup>3</sup> Approximately 38.3 percent of households delayed getting medical care because of the COVID-19 pandemic in the last 4 weeks. Approximately 26.5 percent reported missing last month's rent

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<sup>1</sup> Florida Department of Economic Opportunity, State Reemployment Assistance Claims Dashboard. [http://lmsresources.labormarketinfo.com/covid19/initial\\_claims.html](http://lmsresources.labormarketinfo.com/covid19/initial_claims.html)

<sup>2</sup> The places a COVID-19 recession will likely hit hardest. Mark Muro, Robert Maxim, and Jacob Whiton Tuesday, March 17, 2020 <https://www.brookings.edu/blog/the-avenue/2020/03/17/the-places-a-covid-19-recession-will-likely-hit-hardest/>

<sup>3</sup> U.S. Census Bureau, Household Pulse Survey. <https://www.census.gov/data-tools/demo/hhp/#/>

or mortgage payment, or having slight or no confidence that their household can pay next month's rent or mortgage on time. More than half of the households with children under 18 experienced loss of income.

The loss of income and financial instability are evident in the long food distribution lines across Miami-Dade County. Food assistance is one of the six types of assistance provided by the County. The County organizes weekly food distribution with Miami-Dade County Parks, Recreation and Open Spaces, in partnership with Feeding South Florida. The five other types of COVID-19 help include financial, housing, employment, business and senior assistance. Miami-Dade County partnered with United Way to provide short-term assistance for basic living expenses through the Miami-Dade Pandemic Assistance Program, and has also partnered with local hotels to provide more than 675 hotel rooms for residents who have tested positive or risk exposure in their households. The \$20 million in funding provided by the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, addresses short-term economic hardship through financial assistance for basic living expenses such as food, utilities, childcare, medical expenses and rental assistance, among other needs. As of the last week of August, due to the overwhelming response, many programs were no longer accepting applications.

The County is also facilitating employment assistance by providing printed copies of Florida Department of Economic Opportunity (DEO) Reemployment Assistance Applications at 26 library locations. Miami-Dade County police officers collect the completed forms and deliver them to CareerSource South Florida, which transmits them to DEO in Tallahassee for processing.

The County offers several business assistance programs, including 1) RISE, an acronym for Re-Investing in our Small Business Economy, a \$25 million small business loan program provided by federal CARES Act funds with the goal of helping Miami-Dade County small businesses affected by COVID-19; 2) The Hospitality Industry Grant (HIG) Program consists of a \$30 million fund to provide financial assistance to local independently owned and operated restaurants and non-home-based caterers; 3) The Miami-Dade Arts Support (MAS) Program is funded with \$10 million from the federal CARES Act to provide financial assistance to arts and cultural organizations and artist-entrepreneurs to survive the COVID-19 pandemic; and 4) The Small Business Assistance Forgivable Loan Program, consisting of \$5 million in federal CARES Act funds, provides loans of up to \$25,000 with zero percent interest and no origination fees.

On March 16, 2020, Miami-Dade County launched a temporary emergency senior meals program to help elderly residents stay safer at home and protect this most vulnerable group from the COVID-19 pandemic. The emergency senior meals program at its pinnacle served over 82,412 County residents age 60 and older. While enrollment for this emergency program ended in June, on August 31<sup>st</sup> there were still 60,000 seniors enrolled and receiving services. Seniors in need of services can also apply for the Supplemental Nutrition Assistance Program, and other programs in partnership with the Alliance for Aging. There is a wait list of over 5,000 seniors who have requested meals assistance.

Other governments and local nonprofit organizations are also providing various COVID-19 assistance. The South Beach Wine & Food Festival and FIU Chaplin School Hospitality Industry Relief Fund provides relief to caterers and employees of independently owned restaurants and bars in Miami-Dade County affected by the COVID-19 pandemic. Through CareerSource South Florida's Layoff Aversion Fund, small businesses and community-based organizations facing financial impacts and potential layoffs from COVID-19 can apply for up to \$10,000 in grants to prevent potential layoffs or minimize the duration of unemployment resulting from layoffs due to the pandemic.<sup>4</sup> Farm Share, a 501(c)(3) non-profit organization, focused on

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<sup>4</sup> Miami-Dade County Business Assistance. <https://www.miamidade.gov/global/initiatives/coronavirus/assistance/business.page>

reducing food insecurity, partners with local organizations and community leaders to host almost daily food distribution events throughout South Florida.<sup>5</sup>

Miami-Dade County's governmental and nonprofit organizations are focused on alleviating the immediate negative impacts of COVID-19, and the need for their intervention will continue until the health and economic crisis is resolved. The community needs in the context of COVID-19 are greater than they were prior to the pandemic. COVID-19 further exposes the vulnerability of Miami-Dade County households to financial shock. This report details the community's pre-COVID-19 challenges, which are summarized below.

**Continued, but Slowing Population Growth:** Population growth is important for demand for consumption and supply of labor. Population growth directly triggers higher demand for provision of goods and services including food, healthcare, housing, jobs, infrastructure, access to resources and many other issues. Population growth is also a barometer of the attractiveness of a community and an economy.

From 2007 to 2017, Miami-Dade County's population increased by more than 364,626 residents, or 15.3 percent, to approximately 2,751,796. However, the population growth is slowing down as a result of increased domestic out-migration and declining international migration. The proportion of Hispanic residents increased, while there was a decrease of White, non-Hispanic and Black/African American residents. While Miami-Dade County has a large prime working age population (ages 25-54) – 43.3 percent, overall the population is aging. The median age increased from 37.2 in 2009 to 39.5 in 2017.

The aging of the population is related to the decrease in the number of children. According to the U.S. Census Bureau estimates, from 2009 to 2017, there was a 4 percent decrease in the number of children under 18 years of age. The number of children under 5 decreased by 7.5 percent. The population estimates detailed in this report rely on U.S. Census Bureau data from the annual American Community Survey (ACS), which may produce inaccurate estimates due to the undercount of certain populations. Hard-to-count populations include children, rural residents, individuals of color, immigrants, homeless, and others. According to analysis by Population Reference Bureau (PRB), 84% of children under age 5 in Miami-Dade County live in a census tract with a very high risk of undercounting young children. Some estimates indicate that the 2010 census undercounted 18,000 Hispanic children in Miami-Dade County.<sup>6</sup> Additionally, it was estimated that the net undercount rate for Black (Alone or in combination) children under age 5 in the 2010 Census was 6.3 percent.<sup>7</sup> Based on the undercount estimates, almost 30,000 children in Miami-Dade County were undercounted in the 2010 Census, and the same undercount can also be inferred for the annual ACS estimates. The undercount impacts federal funding for programs that affect children, including nutrition assistance, Head Start, special education, foster care, Medicaid, and the Children's Health Insurance Program and housing assistance to help a child's family.

**Economic Challenges:** The proportion of residents in Miami-Dade County living below the poverty level increased from 2009 to 2017, rising from 17.2 percent to 19 percent, or 505,182 people. After reaching a low point in 2011, real household incomes (adjusted for inflation) in Miami-Dade County are still less than they were in 2009. The County's \$46,338 median household income slipped from 86 percent of the U.S. median household income in 2007 to only 80 percent in 2017. Stagnant incomes coupled with rising costs of living are creating excessive housing costs. Miami-Dade County's pattern of cost-burden is distinguished

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<sup>5</sup> FarmShare, <https://farmshare.org/food-distributions/#>

<sup>6</sup> O'Hare et al. The Invisible Ones: How Latino Children Are Left Out of Our Nation's Census Count: A Report from Child Trends Hispanic Institute and the National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund. <https://www.childtrends.org/wp-content/uploads/2016/04/2016-16TheInvisibleOnesLatinoCensus.pdf>

<sup>7</sup> O'Hare, William. 2020. The Undercount of Young Black Children in the U.S. Census. <https://countallkids.org/resources/the-undercount-of-young-black-children-in-the-u-s-census/>

from the rest of the U.S. in three ways: 1) excessively high composition of cost-burdened households, 2) rising composition of cost-burdened renter households, and 3) rising portion of "severely" cost-burdened households. In 2009, 41.8 percent of household owners were considered cost-burdened compared to 60.5 percent of renters, while in 2017, only 28.6 percent of owners were deemed cost-burdened, compared to 61.4 percent of renters. The most significant difference between Miami-Dade County and the rest of the nation has been the rate of growth in cost-burdened renter households. In Miami-Dade County, rather than peaking and receding, the composition of cost-burdened renter households has been steadily growing without interruption since 2000.

The community survey data, which includes responses from almost 3,000 Miami-Dade County residents, confirms the economic challenges outlined above. Low wages relative to the cost of living are a major concern for 69.3 percent of survey respondents, and 64.0 percent consider housing as a major concern. Unemployment is also a major concern for a small majority (50.5 percent), as well as poverty (50.6 percent) and job opportunities (53.6 percent). Only 57.1 percent of respondents have been employed continuously over the last two years.

**Social Needs:** The number of families receiving Supplemental Security Income, Cash Public Assistance, and food stamps or Supplemental Nutrition Assistance Program (SNAP) benefits increased substantially from 2009 to 2017. In the 2010-2017 period, there was a 49 percent increase in households receiving Social Security Income, a 28.7 percent increase in households receiving Cash Public Assistance income, and a 68.7 percent increase in households receiving food stamps or SNAP benefits. The significant increases in public assistance allocations to Miami-Dade County residents can be attributed to factors such as a lack of living-wage jobs, increased unaffordability of housing, and increased income inequality.

The survey results also confirm the social need of residents that can be inferred from the large percentage of residents who rely on welfare benefits. From a list of possible family concerns, the largest percentage of respondents selected "income to support my family" (43.8 percent) and "food to feed my family" (36.8 percent). Again, economic considerations are a priority that supersedes other concerns like mental health, child and elderly care. About one third of the survey respondents receive benefits through a social program. Almost half (47.2 percent) receive SNAP benefits and 36.2 percent participate in the free/reduced lunch program.

Multiple factors affect the needs of residents, including age, presence of children, employment status, and disabilities, among others. As discussed previously, for those in the prime working ages employment and wages are a significant concern. However, one third (33.5 percent) indicated access to services for the elderly is a major problem. Also, 27.4 percent believe elderly abuse and neglect is a major issue. Domestic violence was identified as a major problem by 34.3 percent of respondents, and 29.7 percent indicated the same for sexual assault.

**Health Conditions:** Environmental factors, access to healthy food, and individual health choices are some of the factors that affect health conditions. Air and water quality are consistently within recommended standards in Miami-Dade County. In 2016, 63.6 percent of Miami-Dade County residents, or approximately 1.6 million people, lived within ½ mile of a healthy food source. This percentage is significantly higher than the figure reported for Florida overall – approximately 31 percent. Multiple factors point to improved maternal health, including declining infant death rates and a decreasing number of babies born with low birth weight. The percentage of births to mothers that had prenatal care during their first trimester has been consistently high but there was a slight decrease from 86.1 percent in 2017 to 84.8 percent in 2018. The immunization levels of young children, those two years of age, in the County increased from 85.0 percent in 2014 to 92.8 percent in 2018.

There are also social determinants to health - those everyday factors like housing, food, and employment that influence our health and health outcomes. Although medical care is critically important, the quality of schools, housing affordability and stability, access to good jobs with fair pay, and neighborhood safety also greatly impact resident health. The community feedback shows that a large percentage of residents consider these social determinants lacking in their community. For example, 52 percent indicated lack of affordable housing, 33 percent believe living wage jobs are in short supply, and 24 percent believe their community lacks high quality neighborhood schools. Moreover, for 44 percent of respondents having enough income to support their families is a concern. Over one third (37 percent) are concerned about having enough food to feed their families and 18.5 are concerned about their lack of access to affordable healthcare.

**Crime and Safety:** The crime rate in Miami-Dade County decreased overall, as a result of a decrease in violent and property crimes, reported domestic violence offenses, and child abuse. The number of murders, robberies, and aggravated assaults decreased from 2014 to 2018, with rape cases being the only violent crime to increase by 14.4 percent. Drug related arrests decreased significantly, by almost 20 percent. Juvenile arrests also decreased across all age groups for juvenile offenders. Recidivism rates (after 36 months) for prisoners released in Miami-Dade County between 2010 and 2017 decreased from 27.9 percent in 2013 to 23.1 percent in 2015. Although prisoner releases are recoded from the time period of 2010 to 2017, the 36 month recidivism rate is not calculated till three years after the time individuals are released from prison. In 2019, when reported data was gathered, the 36 month recidivism rate was only available for those prisoners that were released in 2015.

Despite the overall decrease in crime, the community feedback shows significant safety concerns. For example, 46.1 percent reported violent crime and 39.1 percent indicated property crime are major problems. Significant percentages of residents also reported other safety factors as major problems – domestic violence (34.3 percent), human trafficking (31.9 percent), and child abuse and neglect (29 percent).

**Resources:** There is a large number of organizations providing social services across Miami-Dade County. Many resources are concentrated in the areas of highest need – targeted urban areas and opportunity zones. The analysis shows over 1,000 programs are located in or near these areas, including 748 child, family and education-related social services, 176 medical and public health service programs, and 97 mental health and substance abuse programs. Hundreds of programs are also located within the zip codes corresponding to opportunity zones.

Availability and access to resources that address current and emerging needs is important to support the community. The community continues to have significant unmet needs, especially in the economic realm where stagnant wages and rising cost of living continue to produce a high number of households who continue to rely on the social support system. The demand for social support will not be addressed without a concerted effort to decrease economic inequality.

The results of the community survey point to the many areas in which resources seem to be insufficient to meet the need. Food insecurity was an issue for many residents even prior to COVID-19. Over a third of survey respondents (36.8 percent) were concerned about having enough food to feed their families. Many respondents also indicated that their community lacks safe and sanitary housing (16.5 percent), healthy food options (17.5 percent) and access to affordable healthcare (18.5 percent). Other services that are lacking include help in understanding family conflicts and violence (11.3 percent), access to affordable childcare (11.5 percent), and senior centers and services (13.6 percent).

**Community Perceptions:** Community perceptions align with most of the challenges demonstrated through secondary data. Almost 3,000 residents participated in the survey, with data collected online, via phone and on paper. Overall, the survey respondents have positive views of their community as a good place to work and live. However, many residents also have concerns related to economic conditions, job opportunities and wages. The most significant concerns for residents were low wages relative to the cost of living, with 69.3 percent reporting it is a major concern for them, and housing, with 64.0 percent indicating it as a major concern. Traffic and road congestion are a major problem for 54.2 percent of respondents. Almost a third of working age respondents indicated they need to develop their computer skills to get a better paying job.

While income, housing and transportation are important for all residents, senior residents also have other concerns related to food security, access to elderly services and caregiver support. Younger residents and particularly those with children are more concerned about good quality schools, childcare, child abuse and neglect, violent and property crimes, and mental health.

More detailed information on the highlights described above is presented in the report. The significant challenges identified in the report also require heightened attention and even greater effort to mitigate the devastating impact of COVID-19 impact on Miami-Dade County residents. Four specific recommendations stem both from the analysis presented in the report, as well as from the preliminary data on COVID-19 impacts. COVID-19 exacerbated many of the adverse conditions and recurring challenges for Miami-Dade County residents, but the needs were evident even prior to the pandemic outbreak. Therefore, the recommendations take into account both the short-term and long-term needs of the community.

**Focus on Economic Opportunity and Mobility:** COVID-19 exposed the vulnerabilities of the Miami-Dade County economy to economic shocks. The economic metrics mentioned previously, including poverty, the large number of service sector jobs with low wages, the high cost of living and large number of cost-burdened households, amplified the economic downturn for many residents at the onset of the pandemic. While the COVID-19 challenges necessitate immediate provision of social services to address these challenges, the most important pillar of an economic development strategy is to broaden economic opportunities and mobility for residents. Workforce training and connecting workers to jobs are essential to building a more sustainable and inclusive economy prepared to face future economic shocks. The delivery of training programs at family and community service centers and the County's 50 public libraries would provide services and programs in close proximity to residents. CAHSD can add to its existing services by partnering with organizations with a track record of upskilling workers and connecting them to employers.

**Expansion and Enhancement of Services:** CAHSD offers a blend of programs and services to residents of all ages, from children to the elderly, the enhancement and expansion of services also need to be geared to meeting the specific needs of various groups. The type and location of services that CAHSD and its partners offer need to be based on the current and accurate assessment of need, with a consideration for access. CAHSD's continuous evaluation of data regarding the needs of residents and review of HS/EHS site locations and resource allocation, within the means of their federal funding, is necessary to continue to meet the current and emerging needs of residents. To help mitigate the added costs of continuous program evaluation and/or expansion, the Department can expand partnerships with other service providers to augment existing services. The community feedback points to the need for such expansion in all areas, from childcare and education, to workforce training and housing, as well as elderly services.

**Partnerships:** CAHSD has established partnerships with many organizations, and these partners recognize the importance of collaborations. The community, CAHSD staff and partners are in agreement for the need for partnerships. As the largest social service organization in Miami-Dade County, CAHSD can take a leadership role in creating a social service ecosystem that connects organizations to each other and to clients. The creation of a well-functioning ecosystem in which there are common goals, success metrics and adequate community knowledge of available resources will help reduce duplication of services and presents an opportunity to create a wrap-around service delivery system.

**Community Outreach and Engagement:** Awareness of the Department's existing programs and scope of services, as well as services offered by other providers, is vital to building an informed community with easy access to necessary resources. Community outreach was the third most often mentioned recommendation for CAHSD in the Community Action Committee discussions, after creating employment opportunities by providing job training, and affordable housing efforts. Enhanced marketing of the various programs and resources of the Department can help increase community involvement in Departmental events and programs implemented through the community centers and improve the Department's image as an involved and receptive organization.

## Methodology

The *2020 Miami-Dade County Comprehensive Community Needs Assessment* combines primary and secondary data to describe the characteristics of Miami-Dade County residents, families and households across important quality of life features. The purpose of the report is both to inform decision-makers of current conditions, and also to allow for comparison over time. For that purpose, the assessment is primarily reliant on publicly available data sources. The most important source for such data is the U.S. Census Bureau and its various programs, of which the most referenced in this report is the American Community Survey (ACS), accessed via American FactFinder platform (<https://factfinder.census.gov>), recently retired on March 31, 2020 and replaced by the new U.S. Census website (<data.census.gov>). The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information. The ACS includes information about jobs and occupations, educational attainment, veterans, whether people own or rent their homes, poverty and earnings, social benefits recipients, and other topics. Information from the survey generates data that helps determine how more than \$1.5 trillion<sup>8</sup> in federal and state funds are distributed each year. The ACS helps communities plan for hospitals and schools, support school lunch programs, improve emergency services, build bridges, inform businesses looking to add jobs and expand to new markets, and more.<sup>9</sup> Every year since 2005, the U.S. Census Bureau contacts over 3.5 million households across the country to participate in the ACS. In prior years, the detailed demographic, social, economic, and housing information about America's communities was only available once a decade. At the time of data collection and report development, the most current year for which ACS data was available was 2017.

The ACS data is also the only continuous reliable data available for smaller geographies. This report collected data by census tract, which are small, relatively permanent statistical subdivisions of a county. Miami-Dade County has 519 census tracts with an average population of 5,207 residents for each tract. By population, the smallest census tract has 62 residents, while the largest has 18,678 residents. Access to detailed demographic information by census tract allows for analysis and comparisons of communities and neighborhoods, which enables the identification of areas in distress and in need of specific services.



Another important resource, particularly for the health data used in this report is the Florida Department of Health's *Community Health Assessment Resource Tool Set (CHARTS)*. Florida CHARTS (<http://www.floridacharts.com>) is a web site providing easy access to health indicator data at the community and statewide-level for the State of Florida. Data for most CHARTS indicators are updated annually. However, information on birth, deaths, and communicable diseases is updated weekly.

Additional data sources include local data from Miami-Dade County departments and other agencies. The Community Action and Human Services Department (CAHSD) provided department-specific information, including their business plan and number of children served as reported in their tracking system.

Other sources included the Florida Department of Children and Families, Florida Department of Economic Opportunity, the U.S. Bureau of Labor Statistics, local nonprofits such as the Early Learning Coalition, United

<sup>8</sup> George Washington Institute of Public Policy, Counting for Dollar 2020 Brief 7: Comprehensive Accounting of Census-Guided Federal Spending (FY2017), <https://gwipp.gwu.edu/sites/g/files/zaxdzs2181/f/downloads/Counting%20for%20Dollars%202020%20Brief%207A%20-%20Comprehensive%20Accounting.pdf>

<sup>9</sup> U.S. Census Bureau, <https://www.census.gov/programs-surveys/acs/about.html>

Way, FarmShare and others. All these sources, in combination, present a comprehensive description of the needs of the community and the services targeting those needs.

The primary data was collected through a combination of methods and with different populations. A community-wide survey was administered, with responses collected online, via phone and in person (paper-based) to obtain a broad representation of residents and opinions. The survey was made available in English, Spanish and Haitian-Creole. A total of 2,997 responses were collected - 363 online, 605 phone and 2,029 paper-based. The paper-based responses were collected at over 50 sites selected by CAHSD. These sites included public library branches, community centers and Head Start/Early Head Start locations, to name a few.

Nine focus groups were also conducted in Miami-Dade County. Six of the eight focus groups were convened in targeted urban areas where the CAHSD wanted a better understanding of the particular needs of the community and its members. One focus group was held at a Community Action Agency Board meeting, another focus group was held at a Head Start Policy Council meeting to better understand the needs of parents and community members that have participated in the Head Start/Early Head Start program, and the last focus group was for members of CAHSD staff to gain insight into their experience, not only as employees of the department, but as members and advocates for the communities in which they work.

Feedback was also collected from other stakeholders, including CAHSD partners and staff. Their responses were collected online. A total of 175 CAHSD staff and community partners completed the surveys.

## Miami-Dade County Structure and Governance

Miami-Dade County is the most populous county in Florida. Located in the southeastern portion of the United States mainland, Miami-Dade County neighbors Broward County in the north, Collier County in the northwest, and Monroe County towards the southwest. The Atlantic Ocean covers the entire eastern portion of the County.

Miami-Dade County and the 34 incorporated municipalities within the area operate within a two-tier system of governance. Miami-Dade County's form of government was established in the 1957 charter that created both the Metropolitan government and home rule. Unlike a consolidated city-county, where the city and county governments merge into a single entity, in Miami-Dade County these two entities remain separate. Instead, there are two "tiers," or levels, of government: city and county. Cities are the "lower tier" of local government and may provide services such as police, zoning and code enforcement, and other typical city services within their jurisdiction. These services are paid for by city taxes. The County is the "upper tier," and it provides regional services of a metropolitan nature, such as emergency management, airport and seaport operations, public housing and health care services, transportation, environmental services, regional parks, solid waste disposal, police, fire, and correctional services, among others. These are funded by county taxes, which are assessed on all incorporated and unincorporated areas. Dade County was created on January 18, 1836, under the Territorial Act of the United States. The County was renamed "Metro-Dade" in 1957 to highlight the unique form of local government. On November 13, 1997, voters changed the name to Miami-Dade County.

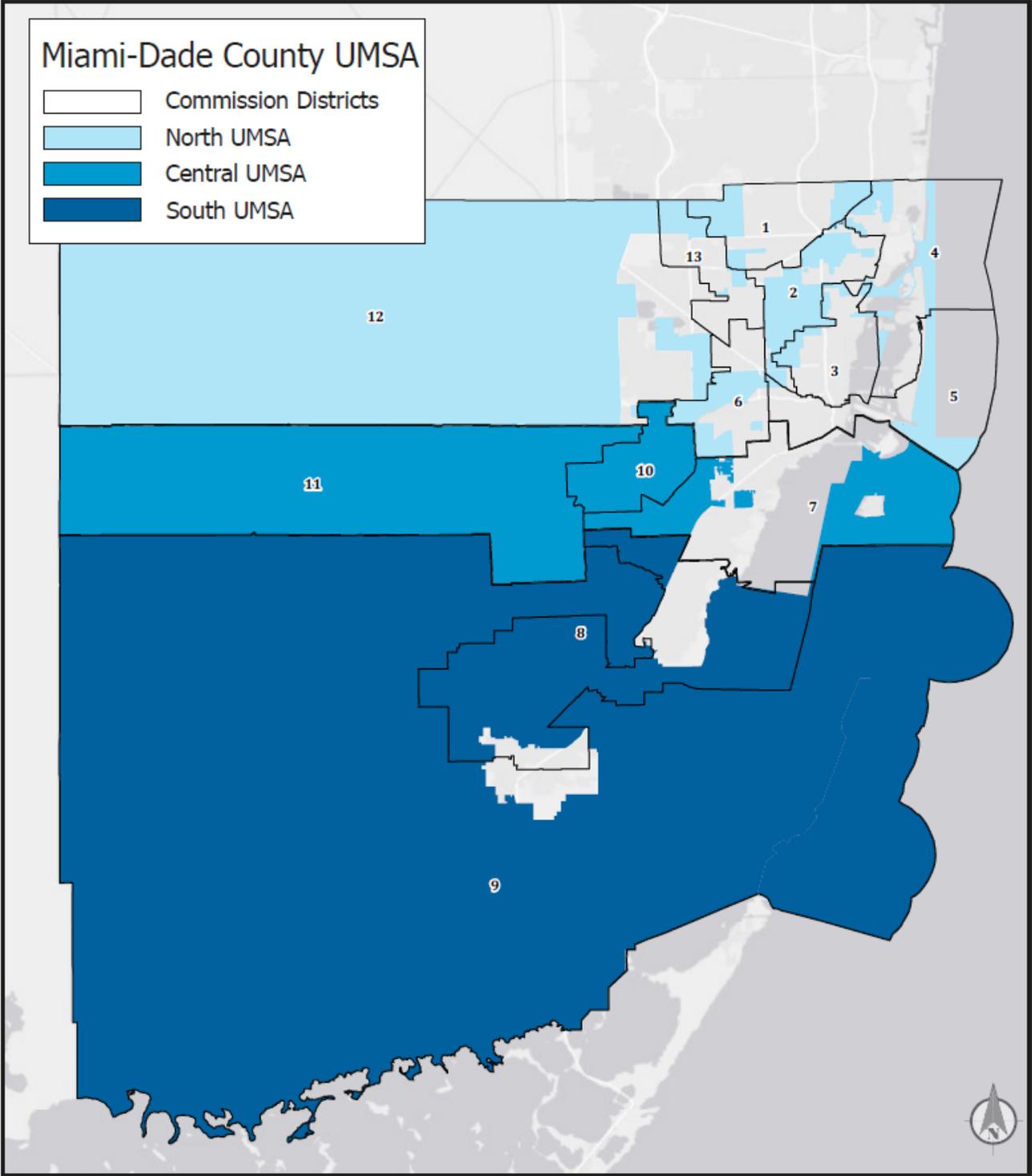
City of Miami is the largest municipality in the County, with 443,007 residents. (ACS 2017, U.S. Census Bureau) Large cities with over 50,000 residents, include Hialeah, Miami Gardens, Miami Beach, North Miami, Doral, and Coral Gables. Smaller cities include Biscayne Park (3,197 residents), Bal Harbor (2,959), Virginia Gardens (2,515), El Portal (2,329), Medley (1,111), Golden Beach (625), and Indian Creek Village (42).

Of the County's 2.7 million total residents, approximately 42 percent live in unincorporated areas, the majority of which are heavily urbanized. Almost 356,000 households are in the Unincorporated Municipal Service Area (UMSA), with the most significant portion located in central UMSA. UMSA's population exceeds one million, making it larger than any city in Florida and one of the largest in the nation. For UMSA residents, the County fills the role of both lower and upper-tier government, the County Commission acting as the lower-tier municipal representative body. Residents within this area pay an unincorporated tax, equivalent to a city tax, which is used to provide county residents with comparable city services (police, fire, zoning, water, and sewer, etc.)

Miami-Dade County government has 25 departments, overseen by an elected mayor and a 13-member commission. The County departments are divided into six strategic service delivery areas - Public Safety, Transportation, Recreation and Culture, Neighborhood and Infrastructure, Health and Human Services, and Economic Development.

The Miami-Dade County Community Action and Human Services Department, within the Health and Human Services strategic area, manages various programs and services provided to community members throughout the County. Programs include: the Head Start/ Early Head Start Program (HS/EHS), the Low Income Home Energy Assistance Program (LIHEAP), the Disability Services and Independent Living Program (DSAIL), the Rehabilitative Services programs, Domestic Violence Assistance programs, Home Rehabilitation programs, and Community Service Block Grant (CSBG) Programming to include: rental assistance, information referral, computer training, emergency food and shelter assistance, relocation assistance, youth intervention, case management, citizen participation/community advisory committees, and employment readiness and placement. CAHSD programs and services are all designed to help alleviate poverty and improve overall well-being of residents in Miami-Dade County.

Figure 0.1: Miami-Dade Commission Districts & Unincorporated Municipal Services Areas (UMSA)



## Community Action and Human Services Department (CAHSD)

The Community Action and Human Services Department (CAHSD) of Miami-Dade County is the largest provider of social services in the County and serves thousands of community members each day. Their organizational mission is to empower individuals, families, and communities through the provision of comprehensive social services<sup>10</sup> as they aim to address the multigenerational needs of the most vulnerable residents and communities throughout the County. According to their 2018 Annual Report, CAHSD's main focus areas are:

- Improving the quality of life for seniors
- Fighting the opioid epidemic
- Reducing the energy burden on low-income families
- Closing achievement gaps
- Supporting victims of domestic violence and human trafficking
- Strengthening resiliency among low-income individuals, families, and communities

These services are meant to align with the service goals outlined in the Miami-Dade County Strategic Plan for Health and Human Services. In 2019, CAHSD's Elderly and Disability Services Bureau (EDSB) helped to alleviate food barriers by providing more than 1.2 million meals to the elderly and adults with disabilities. The main programs for seniors and adults with disabilities implemented by the department are the Disability Services and Independent Living Program (DSAIL), and the community-based Adult Day Care Centers and Home Care Program. The DSAIL program assists adults with disabilities through case management, in-home support, group activity therapy, counseling, as well as assistance with employment, accessible housing, and social skills training. The Adult Day Care Centers are structured, community-based programs designed to meet the needs of functionally impaired elderly and younger adults with disabilities. Participants receive a variety of health, social, and related support services in a protective setting during the day. The Home Care Program provides homemaking, personal care, chore, and respite services to elderly and young adults with disabilities who need assistance with their activities of daily living in order to remain at home. In 2019, the Respite for Elders Living in Everyday Families Program (R.E.L.I.E.F) delivered 13,867 service hours through volunteers to low-income, overwhelmed caregivers to alleviate the stress of caring for their loved ones. Volunteers in the Senior Companion Program also provided 104,689 hours to over 270 frail elderly residents while 37 retired and Senior Volunteer Program volunteers were connected with 37 elderly homebound residents, providing more than 5,772 hours of companionship and respite. In 2019, CAHSD served 1.2 million nutritionally balanced meals to the elderly and adults with disabilities through their 21 congregate meal sites and senior centers.

CAHSD's Head Start/ Early Head Start (HS/EHS) programs aim to provide comprehensive early childhood education for children from birth to five years old. In 2018, CAHSD served 6,996 families throughout the HS/EHS programs. The HS/EHS programs were created to break the cycle of poverty and help close the gap between low and higher-income children going into Kindergarten by improving their school readiness and helping students to develop strong literacy, math, science, and social skills. Through the HS/EHS programs, CAHSD also promotes parental engagement and provides parents with resources that promote their self-sufficiency which can aid in their child's success. In 2018 there were 700 parent training sessions and 3,288 HS parents volunteered in their child's classroom. In 2019, 3 million meals were served to children in the HS/EHS programs, each day children received breakfast, lunch, and a snack.

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<sup>10</sup> Community Action and Human Services Department Annual Report (2018)  
<https://www.miamidade.gov/socialservices/library/reports/2018-annual-report.pdf>

The Rehabilitative Services Division of CAHSD offers comprehensive residential and outpatient treatment to adults struggling with substance abuse and co-occurring disorders. The evidence-based treatment practices used in CAHSD programs include individual and group counseling, psychiatric, medical and psychological services, Medication-Assisted Treatment (MAT), and intensive case management. In 2019, CAHSD provided substance abuse services to 2,603 individuals, 361 of whom suffered from opioid addiction, through residential and outpatient treatment programs. These programs resulted in 88 percent of outpatient clients successfully diverting from the criminal justice system and 95 percent of residential treatment clients being discharged into stable housing. In 2019, over 63,000 hours of counseling were provided to individuals with substance abuse disorders, 3,067 MAT doses were administered, and 239 Narcan kits were distributed to opioid users. The division also partners with the Miami-Dade County Drug Court helping to successfully divert 90 percent of referred program participants from the criminal justice system.

CAHSD is also committed to assisting domestic violence survivors and victims of human trafficking in Miami-Dade County. In 2019, CAHSD offered safety planning, advocacy support, legal services and many other crucial services, to 12,240 victims of domestic violence and human trafficking. The department provided emergency shelter to 1,878 victims, transitional housing and supportive services to 2,717 victims and their family members, and helped 516 victims relocate to a confidential location

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*CAHSD "practices a comprehensive, holistic approach to supporting victims of domestic violence, stalking, dating violence, sexual violence, and human trafficking. The department's services include safety planning, legal and court services, advocacy, direct relief assistance, emergency shelter, transitional housing, and counseling."*

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so they and their families could restart their lives in safety. Through the 24-hour Domestic Violence Hotline, the department was able to respond to 2,636 calls and provided 1,283 referrals. Through the Coordinated Victims Assistance Center's Helpline approximately 20,000 victims are assisted on an annual basis. CAHSD also provided food to 5,368 victims and their families and assisted 133 victims with emergency direct relief funds in the overall amount of \$187,349.87.

The Low-Income Household Energy Assistance Program (LIHEAP) is a federal program administered by CAHSD for the County for over 35 years to help diminish the energy burden among low-income households. According to CAHSD, LIHEAP low-income households are spending between 8 and 12.1 percent of their monthly income on energy costs. The LIHEAP provides financial assistance for low-income individuals to help pay their energy bills to alleviate the substantial energy burden. In 2019, the program provided \$9.5 million in financial assistance to 29,905 low-income households.

The wide variety of services provided by CAHSD continues to expand. It aims to strengthen communities through financial assistance, social services for seniors, adults with disabilities, needy families and children, and those suffering from addiction or abuse. Along with the more extensive services distributed, CAHSD is also dedicated to providing home and community improvement efforts, leadership development, and advocacy programs providing mental health services, employment services, implementing and organizing disaster relief efforts, and providing services for niche populations including at-risk youth and migrant farm workers.

In CAHSD's 2020-21 Proposed Budget and Multi-Year Capital Plan, the top three CAHSD divisions with the most funding allocation are the Head Start Division, the Family and Community Services Division, and the Elderly and Disability Services Bureau. Funding for the Head Start Division is over 50 percent of CAHSD's overall budget. It includes \$76.919 million from the United States Department of Health and Human Services, \$850,000 from the Children's Trust, and \$1.6 million from the United States Department of

Agriculture for their Summer Meals Program. The Head Start Division not only provides services through their HS/EHS Programs but also through their plethora of wraparound services for low-income families who require additional financial and emotional support.

The Family and Community Services Division receives the second-largest funding allocation in the Department through the federal Community Services Block Grant (CSBG). The division's services include family and community development, the Low Income Home Energy Assistance Program (LIHEAP), information referral, computer training, emergency food and shelter assistance, relocation assistance, youth intervention, and employment readiness. CSBG provides millions in funding to CAHSD to alleviate the causes and conditions of poverty in Miami-Dade County. CSBG funding supports projects that reduce poverty in communities and address the needs of low-income individuals, including the homeless, migrants, and the elderly. It includes services and activities addressing employment, education, better use of available income, housing, nutrition, and emergency services.

Most of the Department funding comes from federal funds through stakeholders such as the United States Department of Health and Human Services and large grants such as the Community Services Block Grant. The second primary source of funding for the Department is from the County's general fund, with a small portion of funding from state funds, interagency transfers, and proprietary fees.

## Defining the Need of Low-Income Areas

In 1997, Miami-Dade County identified 15 neighborhoods and two commercial corridors as Targeted Urban Areas (TUAs). The TUAs would serve as economic development priority areas and be the focus of public efforts largely directed by community input.<sup>11</sup> These areas were targeted because of the higher prevalence of poverty and lack of economic opportunity. Per capita income of TUA residents in 2000 was approximately 44 percent below the per capita income in the County as a whole. Median household income in the County was 1.5 times higher than in the TUAs in 2000. Approximately 46 percent of the TUA population 25 and older did not have a high school diploma or the GED equivalent in 2000.<sup>12</sup>

Although housing unaffordability and overall crime rates continue to increase in many of the TUAs, the 2018 Miami-Dade Economic Advocacy Trust (MDEAT) Report Card and Scorecard for the 17 Targeted Urban Areas found significant improvements in the areas of educational attainment and juvenile crime rates. Resources available to the populations of the TUAs continue to consist primarily of agencies and organizations providing basic services under three major categories: 1) child, family and school social services, 2) medical and public health social services, and 3) mental health and substance abuse social services. The analysis found significant needs in many of the TUAs as related to MDEAT's four policy areas: Jobs/Economic development, Housing, Education and Criminal Justice.<sup>13</sup>

The most recent attempt at addressing the needs of low-income neighborhoods is the creation of Federal Opportunity Zones. These opportunity zones are a new community and economic development tool that aims to drive long-term private investment into low-income communities throughout the country. The U.S. Department of the Treasury certified the Florida Opportunity Zones nominated by Governor Rick Scott on June 14, 2018. There are 67 opportunity zones in Miami-Dade County. According to the Miami-Dade County Open Data Hub, Opportunity Zones indicated stressed communities where new business investments may

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<sup>11</sup> Miami-Dade County, Targeted Urban Areas. <https://www.miamidade.gov/global/government/trusts/economicadvocacy/targeted-urban-areas.page>

<sup>12</sup> "Socio-Economic Conditions in Miami-Dade's Targeted Urban Areas 2007-2011." (2013). Economic Analysis & Policy Dept. of Regulatory & Economic Resources, Miami-Dade County.

<sup>13</sup> Miami-Dade Economic Advocacy Trust, Annual Report and Scorecard. <https://www.miamidade.gov/global/government/trusts/economicadvocacy/annual-reports.page>

be eligible for preferential tax treatment. Through the program, tax incentives are given for investors to re-invest their capital gains in Opportunity Funds that are aimed at developing the 67 designated Opportunity Zones. The initiative holds that increased large-scale investment in these economically distressed areas will lead to improved overall conditions through providing employment opportunities for residents, boosting revenues for existing businesses and encouraging the creation of new businesses. Secretary of the Treasury Steve Mnuchin stated that the program anticipates “that \$100 billion in private capital will be dedicated toward creating jobs and economic development in Opportunity Zones.”<sup>14</sup>

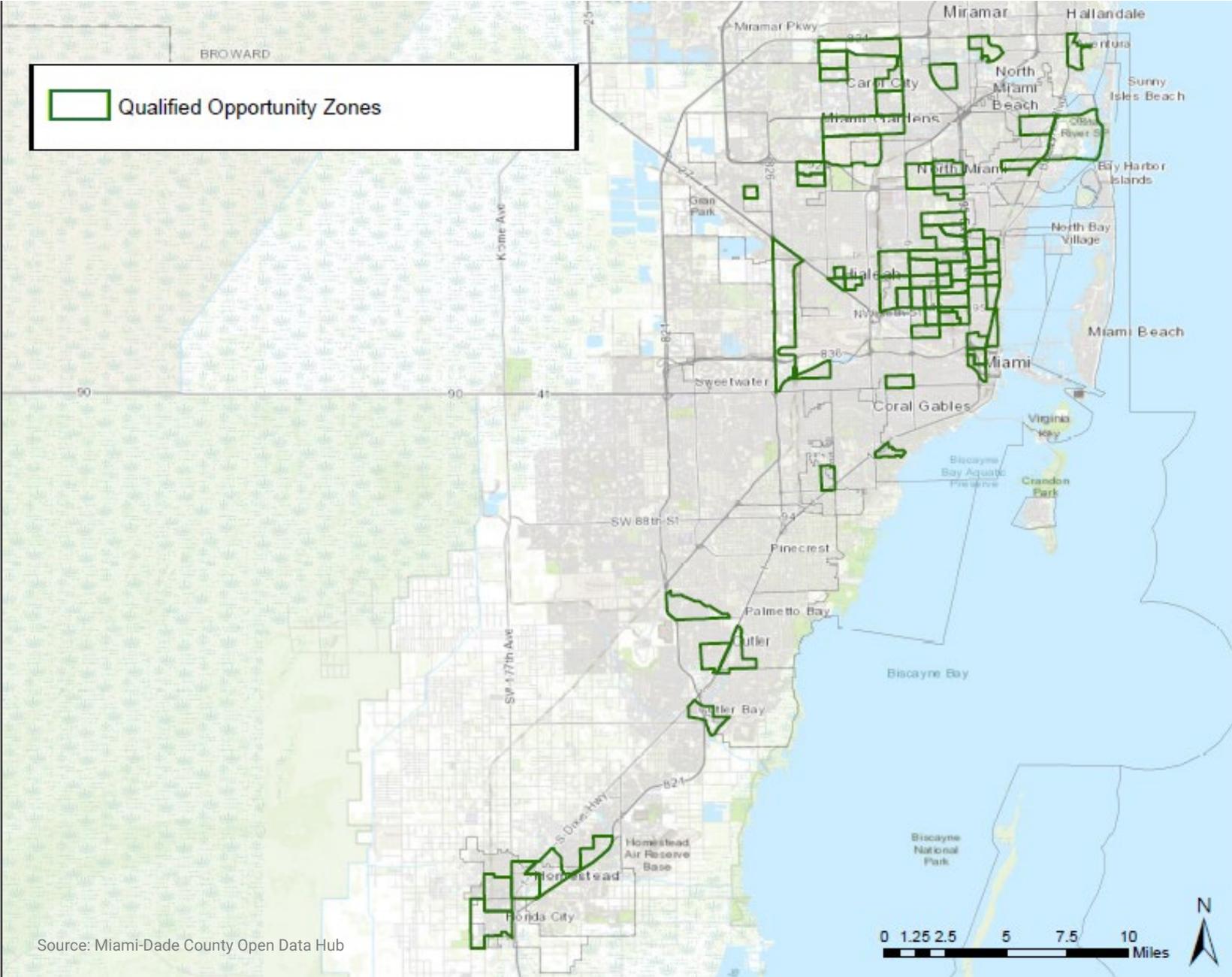
Projects such as SoLe Mia in North Miami, the proposed Magic City Innovation District in Little Haiti, the 45 Northeast 41<sup>st</sup> Street, the Design District project in North Miami, and the Wynwood Haus, Arts and Entertainment District on North Miami Avenue<sup>15</sup>, are all development projects that have been fully or partially funded by Opportunity Zone investment funds.

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<sup>14</sup> “Opportunity Zones: Broken Down in Plain English” US Federal Contractor Registration  
<https://uscontractorregistration.com/blog/opportunity-zones/>

<sup>15</sup> Francisco Alvarado (2019), “The Opportunity Zone Payday” The Real Deal South Florida Real Estate News.  
[https://therealdeal.com/miami/issues\\_articles/the-opportunity-zone-payday/](https://therealdeal.com/miami/issues_articles/the-opportunity-zone-payday/)

Figure 0.2: Qualified Opportunity Zones in Miami-Dade County

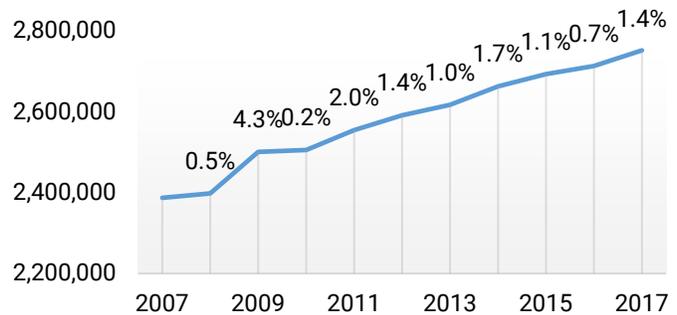


Source: Miami-Dade County Open Data Hub

## I. General Population Characteristics

Miami-Dade County experienced steady population growth in the last decade (see Figure 1.1). From 2007 to 2017, Miami-Dade County's population increased by more than 364,626 residents, or 15.3 percent, to approximately 2,751,796. The most significant population growth since 2007 occurred in 2009 when there was a 4.3 percent increase from the previous year. However, the pace of population growth slowed down to an annual 1.4 percent increase from 2016 to 2017. According to U.S. Census estimates, the growth decreased by 0.6 percent further from 2017 to 2018.

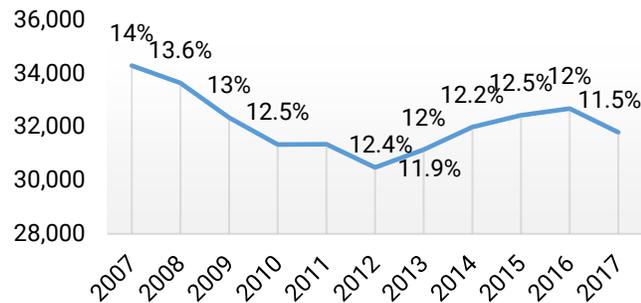
Figure 1.1: Population Growth, Year-Over-Year



Source: U.S. Census, American Community Survey 2007-2017 1-Yr estimate

In addition to natural growth from births (see Figure 1.2), the County also experiences growth through international migration. In 2017, approximately 464,229 people moved to the County from abroad; 309,335 from another county within Florida; and 285,017 from another state.<sup>16</sup> According to the 2018 U.S. Census current population estimates, population growth in the Miami-Dade County area is slowing down as a result of increased domestic out-migration and declining international migration. Both Miami-Dade County and Broward County show negative domestic migration. Since 2017, Miami-Dade County lost almost 52,000 residents, while Broward County lost about 10,800. Palm Beach County is the only South Florida County with gains from domestic migration (+3,661). Miami-Dade County first began recording negative domestic migration in 2012, which progressively increased over the last six years, from about 16,000 in 2012 to 51,671 in 2018.

Figure 1.2: Birth Rates, Year-Over-Year



Source: U.S. Census, American Community Survey 2007-2017 1-Yr

Miami-Dade County continues to be a majority-minority county, with ethnic and racial minorities making up the majority of the population. In 1990, 49.2 percent of the population was Hispanic, and 19.1 percent was Black. By 2000, the Hispanic population increased by 8.1 percent to 57.3 percent, while the Black share of the population also increased slightly to 19.7 percent. Black and African American residents accounted for 18.1 percent of the County's population in 2009, but their share decreased to 16.3 percent in 2017. In both 2009 and 2017, the majority of residents identified themselves as Hispanic, 61.4 percent, and 67.5 percent, respectively

Table 1.1: Residents by Race/Ethnicity

	2009		2017	
	Number	Percent	Number	Percent
White, non-Hispanic	443,615	18.1%	371,233	13.7%
Black or African American	444,667	18.1%	441,604	16.3%
Hispanic or Latino	1,507,621	61.4%	1,823,038	67.5%
<b>Total</b>	<b>2,457,044</b>		<b>2,702,602</b>	

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

<sup>16</sup> U.S. Census, 2007 & 2017 ACS 1-Year Estimates

(see Table 1.1). This increase continues the trend from previous years. In 2017, 33 percent of residents only spoke English; 59 percent indicated Spanish as their primary language; and 8 percent spoke another language. The distribution of residents by language group did not change significantly from 2009.<sup>17</sup>

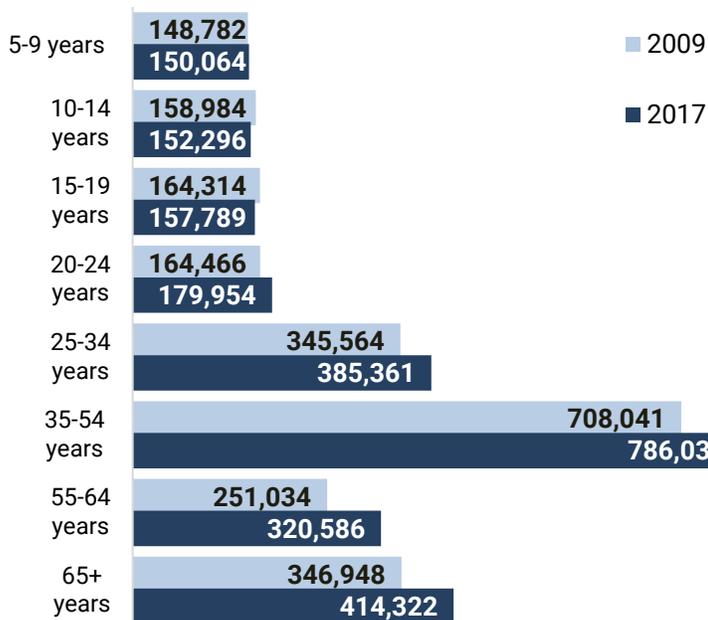
In both 2009 and 2017, the largest concentration of residents (43.3 percent) was in the prime working age range of 25 to 54. The number of residents in Miami-Dade County increased for all age groups 20 and over but decreased for the 19 and below age groups (see Figure 1.3). The younger age groups' proportion to the total population is decreasing while the older groups are increasing in both absolute numbers and as a proportion of the total population, the median age increased from 37.2 in 2009 to 39.5 in 2017.

Table 1.2 shows that there is an overall decline in the number of school-age children in Miami-Dade County, with the highest decrease being 8 percent among children under the age of 5. From 2009 to 2017 the population of all children 17 and under declined by 4 percent.

These significant decreases in school-aged children may be the result of the severe systemic undercount of children in the U.S. Census. According to the Census 2020 Perspectives from Hard-to-Enumerate Communities in Broward County report<sup>18</sup>, by the FIU Jorge M. Perez Metropolitan Center, parent participants in the Hard-to-Enumerate focus groups expressed fear at reporting any information about their children on the U.S. Census. The fear of having their child's identity stolen led many participants to purposely leave out information on their child, often not realizing that the community loses out on benefits due to this undercount. As a result of these significant undercounts the actual number of school-aged children throughout the County is not known and the actual decline in school-age children cannot be accurately determined.

At least 4 million U.S. children under age 5 live in neighborhoods with a very high risk of undercounting young children in the 2020 Census, according to a new analysis by Population Reference Bureau (PRB). The risk of undercounting young children varies widely across the 689 large counties included in the analysis. In Miami-Dade County, 84% of children under age 5 live in a census tract with a very high risk of undercounting young children. Figure 1.4 shows

**Figure 1.3: Number of Residents by Age Group**



Source: U.S. Census, American Community Survey 2009-2017 5-Yr estimate

**Table 1.2: Children by Age Group & (%) Change**

	2009	2017	Change
Under 5	168,911	156,200	-7.5%
5 to 9	148,782	150,064	0.9%
10 to 14	158,984	152,296	-4.2%
15 to 17	99,719	94,739	-5.0%
Total	576,396	553,299	-4.0%

Source: U.S. Census, 2009 and 2017 5-Yr estimates

<sup>17</sup> U.S. Census, 2009 & 2017 ACS 5-Year Estimates

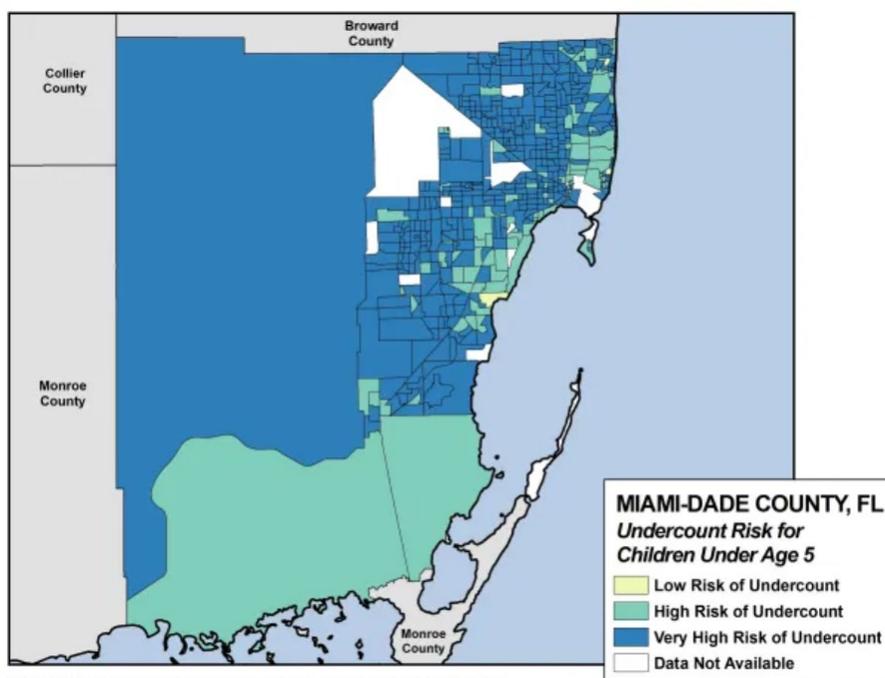
<sup>18</sup> FIU Jorge M. Perez Metropolitan Center (2020), Census 2020 Perspective from Hard-to-Enumerate Communities in Broward County, <https://metropolitan.fiu.edu/research/periodic-publications/recent-reports/broward-census-report-final-2.pdf>

the distribution of these census tracts in Miami-Dade County. There are only a few tracts with a low undercount risk.

PRB's research finds young children are more likely to be undercounted in neighborhoods with high concentrations of populations in seven groups: children living in poverty; adults ages 18 to 34 without a high school diploma or GED; children living in female-headed households with no spouse present; young children living with grandparent householders; households that are limited English speaking; children living in immigrant families; and people living in renter-occupied housing units.

The population estimates detailed in this report rely on U.S. Census Bureau data from the annual American Community Survey (ACS), which may produce estimates due to the undercount of certain populations. These individuals, sometimes referred to as hard-to-count populations, include children, rural residents, individuals of color, immigrants, homeless, and others. Some estimates indicate that the 2010 census undercounted 18,000 Hispanic children in Miami-Dade County. Additionally, it was estimated that the net undercount rate for Black (Alone or in combination) children under age 5 in the 2010 Census was 6.3 percent.<sup>19</sup> Based on the undercount estimates, almost 30,000 children in Miami-Dade County were undercounted in the 2010 Census, and the same undercount can also be inferred for the annual ACS. The undercount impacts federal funding for programs that affect children, including nutrition assistance, Head Start, special education, foster care, Medicaid, and the Children's Health Insurance Program and housing assistance to help a child's family.

**Figure 1.4: Undercount risk for Children Under Age 5**



<sup>19</sup> William O'Hare (2019), Differential Undercounts in the U.S. Census, Who is Missed? [https://philanthropydelaware.org/resources/Documents/2019\\_Book\\_DifferentialUndercountsInTheUS.pdf](https://philanthropydelaware.org/resources/Documents/2019_Book_DifferentialUndercountsInTheUS.pdf)

## Marital Status

Changes in marital status in Miami-Dade County help explain changes in household characteristics in the County. Table 1.3 shows that from 2009 to 2017, the percentage of residents in the County who are married decreased by 3.9 percent, while those who have never been married increased by 3.6 percent, and residents who are divorced increased by 1.0 percent.

**Table 1.3: Marital Status of Individuals 15 Years & Over, & (%) Change**

	2009	2017	Change
Now Married	44.5%	40.6%	-3.9%
Widowed	6.8%	6.1%	-0.7%
Divorced	11.9%	12.9%	1.0%
Separated	3.5%	3.6%	0.1%
Never Married	33.2%	36.8%	3.6%

Source: U.S. Census, 2009 and 2017 5-Yr estimates

## Household Characteristics

From 2009 to 2017, the number of households in Miami-Dade County increased by 3.7 percent (see Table 1.4). Over time, slow but steady changes in who lives with whom—or perhaps lives alone—reflect shifts in the country's economy, its social norms, and its choices of where and how to live. The percent of married-couple households is declining and accounts for less than half of homes in the United States. In 2010, for the first time, married-couple families fell below 50 percent of all households in the United States. In 2017, Miami-Dade County showed a similar trend, with only 43 percent of households consisting of married-couple households.

**Table 1.4: Household Composition Change**

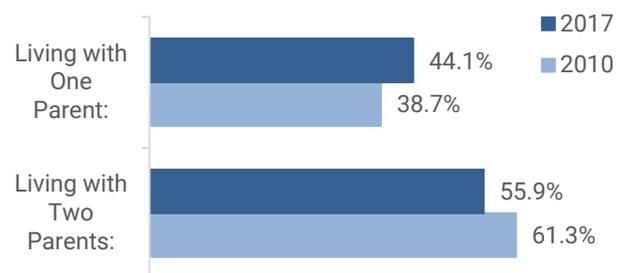
	2009	2017	Change
Married Couple Families	376,061	370,596	-1.5%
Male Householder, No Wife, Family Household	50,107	58,298	16.3%
Female Householder, No Husband, Family Household	141,142	156,582	10.9%
Nonfamily Household	260,621	272,813	4.7%
Total Households	827,931	858,289	3.7%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

In Miami-Dade County, married-couple households decreased by 1.5 percent from 2009 to 2017, with a significant change in male and female households with no spouse present. Male households with no wife present increased by 16.3 percent, and female households with no husband present increased by 10.9 percent. It should be noted that these households may have another adult, such as a parent or a long-term partner to the householder. Nonfamily households also increased by 4.7 percent. The average household size increased from 2.89 in 2009 to 3.09 in 2017.

From 2010 to 2017, the family dynamics for children under the age of 6 years old changed in Miami-Dade County. Over the past 20 years, single-parent families have become more common than the so-called "nuclear family" consisting of a mother, father, and children. Today we see families headed by mothers, headed by fathers, or led by a grandparent raising their grandchildren. The rise in U.S. children living with either cohabiting or solo parents is partially due to the long-term decline in marriage and the increase of out-of-wedlock births.<sup>20</sup> From 2010 to 2017, the number of children living with two parents decreased by 5.4 percent, and the number of children living with one parent increased by 5.4 percent (See Figure 1.5).

**Figure 1.5: Children Under 6 Living Arrangements (%)**



Source: U.S. Census, American Community Survey 2010-2017 5-Yr estimate

<sup>20</sup> Chamie (2017) Out-of-Wedlock Births Rise Worldwide, <https://yaleglobal.yale.edu/content/out-wedlock-births-rise-worldwide>

## Foreign Born Population

The foreign-born population in Miami-Dade County accounts for 52.0 percent of the overall population. More than half of the foreign-born individuals residing in the County are naturalized citizens (56.1 percent) while 43.9 percent are not. The foreign-born population residing in Miami-Dade County increased by 17.8 percent from 2009 to 2017, with the largest number of foreign-born residents immigrating from South America (22.8 percent). Due to the large portion of foreign-born residents from Latin America, 80.8 percent of immigrants speak Spanish as their primary language. The remaining foreign-born population groups speak an Indo-European language (8.9 percent), only English (7.7 percent), an Asian or Pacific Island language (1.4 percent), or another language (0.7 percent) as a primary or only language.

**Table 1.5:** Foreign Born Population Change by Country of Origin

	2009	2017	Population Growth
Latin America	1,123,571	1,330,984	18.5%
• Caribbean	704,140	861,560	22.4%
• Central America	198,349	197,912	-0.2%
• South America	221,082	271,512	22.8%
Europe	43,705	47,443	8.6%
Asia	33,879	39,898	17.8%
Other areas	13,740	12,555	-8.6%
Total foreign-born population	1,214,895	1,430,880	17.8%

Source: U.S. Census, 2009 and 2017 5-Yr estimates

## Veterans

In 2017, 49,728 veterans resided in Miami-Dade County, of whom 45,371 were male, and 4,357 were female. Veterans who were enlisted in the Vietnam War make up the largest number of veterans in the County (14,911), with the second largest group of veterans having participated in the Gulf War after September 2001 (10,312) (Table 1.6). The age group with the largest number of veterans is the 35 to 54-year-old age group, which correlates with the large number of veterans during both periods of the Gulf War.

**Table 1.6:** Veterans by Different Conflicts Served

	2017
Gulf War (9/2001 or later) veterans	10,312
Gulf War (8/1990 to 8/2001) veterans	9,465
Vietnam War Veterans	14,911
Korean War Veterans	3,359
World War II Veterans	2,282
Total Veterans	49,728

Source: U.S. Census, 2017 5-Yr estimates

In 2017, 9.9 percent of veterans in the County were living below the poverty level, and 24.3 percent reported having a disability. Supportive services for veterans trying to assimilate back into civilian life are a necessity, especially for those veterans struggling financially or living with a disability. Participants in the community focus groups mentioned the importance of safe housing and development opportunities for veterans, especially homeless veterans. CAHSD community partners also expressed the need for more attention to be directed at residential drug treatment programs and outpatient treatment services for veterans. One participant in the Partner Survey stated the need for "more locations that offer trauma counseling and therapy" for veterans in the community.

### CAHSD Veteran Programs

CAHSD's Veteran Services Program assists local Veterans and their families in applying for Veteran benefits, claims and appeals to the United States Department of Veterans Affairs at no cost. This program provides assistance with Veteran hospitalization, burials, military discharge reviews, compensation, pension, dependence and indemnity compensation, education, Veterans Administration home loans, and vocational rehabilitation and insurance. This program helps provide the necessary supportive services to Miami-Dade County residents who served in the military and their families.

## II. Economic Conditions in Miami-Dade County

According to Miami-Dade County's *State of the County 2017*, Miami-Dade County continues to expand its economy fueled by its two most substantial economic engines: Miami International Airport and PortMiami. Miami-Dade County is becoming one of the top global communities in international trade and commerce. The County's Gross Regional Product (GRP) grew 2.7 percent from 2014 to \$142 billion. The expansion of economic activity and global reach of the County's businesses translated into a low unemployment rate.

In 2017, 62.1 percent of residents were in the labor force, with 57.5 percent employed and 4.6 percent unemployed (see Table 2.1). Labor force participation in Miami-Dade County is slightly lower than the national rate of 63.4 percent. The labor force participation rate in the U.S. increased from about 60 percent in the 1950s and 1960s to a peak of 67 percent at the turn of the 21st century, after which it was decreasing gradually, to about 63 percent today. Economists are still debating the reasons for the declining rate. Some of the explanations include the start of retirement for the baby-boomer generation, a decline in the participation of prime-age workers, especially men, and a weak labor market.<sup>21</sup>

**Table 2.1:** Employment Status of Population 16 Years & Over

	2009	2017	Change
In Labor Force	62.8%	62.1%	-0.7%
Employed	57.4%	57.5%	0.1%
Unemployed	5.3%	4.6%	-0.7%
Armed Forces	0.1%	0.1%	0.0%
Not in Labor Force	37.2%	37.9%	0.7%

Source: U.S. Census, ACS 2010 and 2017 5-Yr estimates

After reaching a low point in 2011, real household incomes (adjusted for inflation) in Miami-Dade County in 2017 were still lower than they were in 2009. The County's \$46,338 median household income slipped from 86 percent of the U.S. median household income in 2007 to only 80 percent in 2017 (Table 2.2). Adjusted for inflation, the median household income in Miami-Dade County grew only 3 percent since the trough of the recession in 2011, while median household income across the U.S. increased by 5 percent for the same period. Income growth in Miami-Dade County since economic recovery was uneven across the income ladder. From 2011 to 2017, the County's two bottom quintiles continued to lose real household income, while only households in the highest quintile and top 5 percent gained significant income. The 95/20 ratio measures the difference between the mean income of the lowest 20 percent and 95th percentile (or top 5 percent) of household incomes. The County's 95/20 ratio grew by 20.9 percent since 2011.

Miami-Dade County's most substantial occupational employment is in the service industries. These occupations generally have low entry and median hourly wage rates. Many of the leading occupations that make up Miami-Dade County's employment base – retail salespersons, cashiers, and office clerks, represent the bottom of the occupation wage scale. According to the Florida Department of Economic Opportunities (DEO) 2018 Occupational Employment Statistics and Wages (OES) Program, the median hourly wage was \$16.90 compared to an entry-level worker average hourly wage of \$10.30.

**Table 2.2:** Principal Income & Benefits Change of Households

	2009	2017	Change
Median household income	\$49,819	\$46,338	-\$3,481
Mean household income	\$73,390	\$72,162	-\$1,228
Mean Household Earnings	\$76,307	\$75,954	-\$353
Social Security Income	\$14,831	\$15,195	\$364
Retirement Income	\$21,302	\$23,598	\$2,296
Supplemental Security Income	\$8,053	\$8,212	\$159
Cash Public Assistance Income	\$3,277	\$2,567	-\$710
Recipients of Food Stamp/ SNAP Benefits (Past 12 Months)	129,756	218,911	68.7%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

<sup>21</sup> James Bullard. (2014). "The Rise and Fall of Labor Force Participation in the U.S." Federal Reserve of St. Louis. <https://www.stlouisfed.org/from-the-president/speeches-and-presentations/2014/the-rise-and-fall-of-labor-force-participation-in-the-u-s>

Despite the almost full employment, income stagnation and the increasing cost-of-living resulted in an increased number of residents in poverty or struggling to support their families. The proportion of residents in Miami-Dade County living below the poverty level increased from 2009 to 2017, with the total population living below the poverty level rising from 17.2 percent to 19 percent, or 505,182 people (See Table 2.3).

For comparison, 14.6 percent of the U.S. population was living in poverty in 2017. The increased poverty rate occurred across most age groups, with one exception - residents 65 years and over living below the poverty line had a small decrease from 22.1 percent in 2009 to 21.4 percent in 2017. The proportion of

**Table 2.3: Population Below Poverty Level (%)**

	2009	2017	Change
Total Population	17.2%	19.0%	1.8%
Under 18 years	22.0%	25.4%	3.4%
18 to 64 years	14.4%	16.4%	2.0%
65 years and over	22.1%	21.4%	-0.7%
People in Families	14.1%	15.8%	1.7%

Source: U.S. Census, ACS 2009 and 2017 5-Yr estimates

*The most significant concerns for survey respondents were low wages relative to the cost of living, with 69.3% reporting it is a major concern for them, and 64.0% also indicating housing as a major concern. Unemployment is also a major concern for a small majority (50.5%), as well as poverty (50.6%) and job opportunities (53.6%).*

Miami-Dade County residents under the age of 18 living below the poverty line increased from 22 percent in 2009 to 25.4 percent or 138,967 individuals in 2017. The proportion of residents in the 18 to 64 age group living below the poverty level increased from 14.4 percent in 2009 to 16.4 percent in 2017, while the families living below the poverty line increased from 14.1 percent in 2009 to 15.8 percent in 2017.

The percentage of residents living below the poverty level varies depending on race/ethnicity, country of origin, educational attainment, and family type. Table 2.4 displays the number of residents living in poverty by race/ethnicity from 2012 to 2017. Hispanic or Latino individuals are the largest racial/ethnic group with the highest percentage of individuals living below poverty. In 2017, 67.1 percent of all individuals living below poverty were Hispanic or Latino origin, a 12.2 percent increase from 2012. Although the number of Black or African American residents living below poverty decreased by 2.4 percent from 2012 to 2017, they are still the second-largest racial/ethnic group living below poverty (25.8 percent). In terms of highest percentage of increase, individuals of Asian origin had the highest growth of individuals living below poverty with an increase of 14.0 percent from 2012 to 2017. Individuals of two or more races had the second-highest growth of 12.4 percent in individuals living below poverty level.

**Table 2.4: Population Below Poverty Level by Race/Ethnicity & (%) Change**

	2012	%	2017	%	% Change
White alone, not Hispanic or Latino	40,067	8.5%	37,724	7.5%	-5.8%
Black or AA	133,377	28.3%	130,114	25.8%	-2.4%
American Indian and Alaskan Native	794	0.2%	864	0.2%	8.8%
Asian	5,609	1.2%	6,395	1.3%	14.0%
Native Hawaiian	165	0.0%	118	0.0%	-28.5%
Some other race alone	15,456	3.3%	14,791	2.9%	-4.3%
Two or more races	5,663	1.2%	6,366	1.3%	12.4%
Hispanic or Latino	302,120	64.1%	339,082	67.1%	12.2%

Source: U.S. Census, ACS 2012 and 2017 5-Yr estimates

Poverty by country of origin was also examined to compare the poverty levels of native-born and foreign-born residents. Table 2.5 shows the percentage of individuals with incomes below 100 percent of the poverty level and individuals below 125 percent of the poverty level. Foreign-born residents had the largest percentage of individuals with incomes 100 percent and 125 percent below the poverty level in both 2010 and 2017. In 2017, 19.5 percent of foreign-born residents had incomes 100 percent below the poverty level, 1.1 percent higher than U.S. born residents, and 26.9 percent with 125 percent below the poverty level, 2.7 percent higher than U.S. born residents. Foreign-born residents who are naturalized citizens have lower

percentages of individuals living below the poverty level, with 15.4 percent living below 100 percent of the poverty level and 21.7 percent living 125 percent below the poverty level.

**Table 2.5: Population Below Poverty Level by Nativity Status (%)**

	2010		2017	
	Less than 100% of the poverty level	Less than 125% of the poverty level	Less than 100% of the poverty level	Less than 125% of the poverty level
U.S. Born	17.0%	22.4%	18.4%	24.2%
Foreign Born	17.3%	24.2%	19.5%	26.9%
• Naturalized Citizen	13.3%	19.1%	15.4%	21.7%

Source: U.S. Census, ACS 2010 and 2017 5-Yr estimates

Poverty status also varies significantly across educational attainment levels in Miami-Dade County. From 2012 to 2017, the number of individuals 25 years and older living in poverty by educational attainment increased substantially for all educational levels except for those with less than a high school graduate education. Over the five-year period, the most substantial percent change was for those individuals with a bachelor's degree or higher, with a 35.5 percent increase in these individuals living below the poverty level (Table 2.6). Individuals living below the poverty level with some college or an associate degree increased by 22.6 percent, while high school graduates living below poverty increased by 20.1 percent. Individuals living below the poverty level with less than a high school graduate degree decreased by 4.5 percent, although they are still the most abundant group living below the poverty level at 29.7 percent.

**Table 2.6: Poverty Status by Educational Attainment for Population 25 Years & Over**

Educational Attainment	2012	% of Total	2017	% of Total
Less than high school graduate	109,786	30.3%	104,798	29.7%
High school graduate (incl. equivalency)	91,504	19.5%	109,875	20.7%
Some college, associate degree	49,841	12.3%	61,124	12.9%
Bachelor's degree or higher	33,358	7.4%	45,199	8.6%

Source: U.S. Census, ACS 2012 and 2017 5-Yr estimates

The number of children under 18 years old living in poverty fluctuates greatly by family type, as shown in Table 2.7. The largest group of children under 18 years old living below the poverty level are children in female household families with no husband present (57.3 percent, or 78,527 children). The second-largest group of children living below the poverty level belongs to married-couple families (33.5 percent). Children belonging to households with a male householder and no wife present account for 9.3 percent of children living below the poverty level.

**Table 2.7: Children Under 18 in Poverty by Family Type, 2017**

	Number	%
Married-Couple Family	45,929	33.5%
Male Householder, No wife	12,687	9.3%
Female Householder, No husband	78,527	57.3%
<b>Total Children</b>	<b>137,143</b>	

Source: U.S. Census, ACS, 2017 5 Year Estimates

As the number of grandparents becoming primary caretakers of their minor grandchildren increases, it is also important to examine the number of grandparents living below poverty while taking care of grandchildren under 18. Table 2.8 shows there were 3,722 grandparents living below the poverty level who were responsible for their grandchildren in 2017. Of those, 1,992 grandparents were between the ages of 30 and 59 years old, and 1,730 were 60 years old or older. The additional financial burden on elderly grandparents who serve as primary caretakers for their young grandchildren must be addressed to adequately meet the needs of this growing population.

**Table 2.8: Grandparents Living Below Poverty, 2017**

	Count
Grandparent responsible for own grandchildren under 18 years:	3,722
• 30 to 59 years	1,992
• 60 years and over	1,730
Grandparent not responsible for own grandchildren under 18 years	13,192

Source: U.S. Census, ACS, 2017 5 Year estimates

## Opportunity Zones

In 2017, there were 278,522 individuals residing within the 67 opportunity zones across Miami-Dade County. Within the opportunity zones, the median labor force participation rate is 59.7 percent, over 2 percent lower than the labor force participation rate in Miami-Dade County overall (Table 2.9). The median employment rate within the opportunity zones was 50.1 percent, 7.4 percent lower than the employment rate in Miami-Dade County, and the median unemployment rate was 13.3 percent, which is 8.7 percent higher than the overall unemployment rate across the County.

**Table 2.9:** Employment Status of Population 16 Years & Over in Opportunity Zones, 2017

	2017
Median Labor Force Participation Rate	59.7%
Median Employment Rate	50.1%
Median Unemployment Rate	13.3%

Source: U.S. Census, ACS, 2017 5 Year estimates

Median income and earnings within these opportunity zones are significantly lower than overall median income and earnings in Miami-Dade County. Table 2.10 shows that from 2010 to 2017 median household income for families with children under 18 residing in opportunity zones decreased by 11.9 percent, when adjusted for inflation, while median earnings for full-time workers grew by 26.2 percent. In 2017, median household income in Miami-Dade County was \$46,338 compared to \$28,729 in the opportunity zones, while median earnings for full-time workers in Miami-Dade County was \$35,094 compared to \$27,878 for full-time workers in the opportunity zones. The significant income discrepancies in household and individual earnings between Miami-Dade County and the opportunity zones are representative of the vulnerable economic state of those individuals living within the zones in comparison to the financial state of the general public throughout the County.

**Table 2.10:** Income & Earnings for Households & Residents in Opportunity Zones

	2010	2017
Median Household Income for Families with Children under 18	\$32,627	\$28,729
Median Earnings for Full Time Workers	\$22,096	\$27,878

Source: U.S. Census, ACS, 2010 and 2017 5 Year estimates

Of households living within the 67 opportunity zones in Miami-Dade County, 96.6 percent receive a supplemental income or benefits (Table 2.11). The two most significant forms of supplemental income and benefits for residents are Supplemental Nutrition Assistance Program (SNAP)/Food Stamps and Social Security Income, with 42.1 percent of the population receiving SNAP/Food Stamps benefits and 31.1 percent of residents receiving additional income through Social Security Income. Also, 11.7 percent of residents receive Supplemental Security Income, 8.7 percent receive retirement income, and 3.0 percent are recipients of cash public assistance. The large number of residents receiving Supplemental Security Income and benefits through local and federal assistance programs help to supplement the low median income and earnings for residents within these opportunity zones.

**Table 2.11:** Supplemental Income & Benefits for Households Residing in Opportunity Zones, 2017

Households	Count	Percent
With Retirement Income	9,257	8.7%
With Social Security Income	33,067	31.1%
With Supplemental Security Income	12,468	11.7%
With Cash Public Assistance	3,237	3.0%
Receiving SNAP/Food Stamps	44,784	42.1%
<b>Total</b>	<b>102,813</b>	<b>96.6%</b>

Source: U.S. Census, ACS, 2017 5 Year Estimates

Within the 67 opportunity zones, there is a significant percentage of children under 17 year's old living in a household with only one parent. In 2017, 22.7 percent of children under 6 years old and 40.7 percent of children ages 6 to 17 years old were living in a household with one parent, and of those, 17.5 percent under 6 years old and 35.0 percent between the ages 6 to 17 years old lived primarily with their mother (Table 2.12). The large percentage of children living in single-mother households within the opportunity zones contributes to the growing numbers of children living below the poverty level in female-headed households

(30 percent of children under 18 living below poverty level within the opportunity zones are in female-headed households with no husband present). Although 13.1 percent of children under 6 years old and 26.9 percent of children between 6 to 17 years old were living with a mother who is in the labor force, women are generally employed in lower-wage industry sectors and occupations and are more likely to work part-time, making surviving on one income increasingly challenging.

**Table 2.12: Parental Employment for Children by Age Group in Opportunity Zones, 2017**

	Under 6	%	6 to 17	%
<b>Living with two parents:</b>	10,382	13.5%	17,789	23.1%
• Both parents in labor force	5,262	6.8%	10,593	13.8%
• Father only in labor force	4,192	5.4%	5,015	6.5%
• Mother only in labor force	624	0.8%	1,387	1.8%
• Neither parent in labor force	304	0.4%	794	1.0%
<b>Living with one parent:</b>	27,016	22.7%	31,336	40.7%
Living with Father	4,018	5.2%	4,418	5.7%
• In labor force	3,301	4.3%	3,728	4.8%
• Not in labor force	717	0.9%	690	0.9%
Living with Mother	13,452	17.5%	26,918	35.0%
• In labor force	10,047	13.1%	20,673	26.9%
• Not in labor force	3,405	4.4%	6,245	8.1%

Source: U.S. Census, ACS, 2017 5 Year Estimates

From 2010 to 2017, the total population living below the federal poverty level within the opportunity zones increased and is larger than the overall percentage of people living below poverty in the County. In 2017, almost 111,000 of the 344,000 opportunity zone area residents had incomes below the poverty level. In 2017, 19.0 percent of the overall population in Miami-Dade County lived below the poverty level, compared to 32.2 percent of the population within these opportunity zones (Table 2.13). The majority of those in poverty are in the working ages of 18 to 64 – almost 61,000 individuals. Poverty increased across most age groups, with the exception of a small decrease for children under 5, which may be due to the severe/systemic undercount of children under 5 years of age in hard-to-count populations in the U.S. Census.

**Table 2.13: Population Below Poverty Level in Opportunity Zones**

	2010	2017
Under 5	44.8%	43.1%
Under 18 Years	40.6%	43.4%
18 to 64 Years	20.1%	27.8%
65 Years and Over	31.5%	33.2%
<b>Total Population</b>	<b>30.3%</b>	<b>32.2%</b>

Source: U.S. Census, ACS 2010, 2017 5 Yr. Estimates

There are significant differences in poverty rates by race/ethnicity between the 67 opportunity zones and Miami-Dade County overall. Black or African American residents had the highest percentage of individuals living below the poverty level at 49.8 percent compared to 25.8 percent in the County overall. Hispanic or Latino residents were the second-highest racial/ethnicity group, with 47.8 percent of individuals living below the poverty level within the opportunity zones. A smaller proportion of Hispanics/Latinos are living below the poverty level within the opportunity zones than in Miami-Dade County overall.

**Table 2.14: Individuals Living Below Poverty Level by Race/Ethnicity in Opportunity Zones (%), 2017**

	Count	%
White alone, not Hispanic or Latino	3,839	3.5%
Black or AA	55,193	49.8%
American Indian and Alaskan Native	334	0.3%
Asian	679	0.6%
Native Hawaiian	5	0.0%
Some other race alone	3,504	3.2%
Two or more races	1,011	0.9%
Hispanic or Latino	52,909	47.8%

Source: U.S. Census, ACS, 2017 5 Yr. Estimates

The large percentage of Black individuals living in poverty is a concern for community members. Multiple participants in the Opa-

Locka focus group recognized the uneven distribution of funds and opportunities to Black residents. One participant stated, “Black people are not at the table and don’t have the same opportunities,” with another stating, “other community government resources are not allocated fairly.”

Poverty by educational attainment also differed significantly within the opportunity zones when compared to the County overall. In 2017, a much higher percentage of individuals with less than a high school degree (40.8 percent) were living below the poverty level within the opportunity zones, but the most significant difference is for those individuals with a bachelor’s degree or higher. In the opportunity zones, 15.9 percent of individuals over 25 years old with a bachelor’s or higher are living below the poverty level, a significant difference from the 8.6 percent throughout the County (Table 2.15). The significant increases in the concentration of individuals living below the poverty level, even when they have higher levels of educational attainment, may be attributed to lack of high wage job opportunities and increasing cost-of-living.

**Table 2.15:** Poverty Status by Educational Attainment for Population in Opportunity Zones (%), 2017

Educational Attainment	Count	%
Less than high school graduate	25,502	40.8%
High school graduate (includes equivalency)	23,408	29.3%
Some college, associate degree	10,989	20.3%
Bachelor’s degree or higher	5,175	15.9%

Source: U.S. Census, ACS, 2017 5 Year Estimates

Education was considered a major quality of life issue to participants in the eight focus groups. One participant from the Edison/Little River focus group expressed frustration at the state of the educational system in his area stating, “our young people are not motivated to get to the higher education level.”

Lack of access to quality education results in an increasingly unskilled labor force, an increase in crime, and a lack of upward mobility in the County overall and especially within opportunity zones.

*The majority of survey respondents (51.5%) indicated lack of skills had prevented from getting a better paying job, and 30.2% believe they need computer skills for a better paying job.*

In the 67 opportunity zones examined, there is a high concentration of grandparents living below the poverty level who serve as the primary caretakers of their grandchildren. Of all grandparents living below poverty level and taking care of their grandchildren, 35.7 percent reside within the opportunity zones. Of the grandparents living below the poverty level who are between the ages of 30 and 59, 42 percent live within the opportunity zones (Table 2.16). With more than one third of grandparents who are living in poverty and taking care of their grandchildren full-time residing in the opportunity zones, assistance to those taking on this financial responsibility is necessary.

**Table 2.16:** Grandparents Living Below Poverty in Opportunity Zones (%), 2017

	Count	% of Total number of Grandparents in Poverty
Grandparent responsible for own grandchildren under 18 years:	1,327	35.7%
• 30 to 59 years	837	42.0%
• 60 years and over	490	28.3%
Grandparent not responsible for own grandchildren under 18 years	2,586	19.6%

Source: U.S. Census, ACS, 2017 5 Year estimates

The large numbers of children under 18 years old living in poverty within the opportunity zones correlates with the higher concentration of children in female-headed households in these areas. The 23,590 children within the opportunity zones that are living below the poverty level in female-headed households with no husband present make up 30 percent of all children in female-headed households living in poverty in the County. The 34,818 children under 18 years old who are living in poverty in the opportunity zones make up 25.4 percent of the total children in poverty across the County. The high concentration of poverty, and especially children in poverty, within these areas, must be addressed to support these communities properly.

**Table 2.17:** Children 18 & Under Living in Poverty by Family Type in Opportunity Zones (%), 2017

	Children Under 18	Percent of Total Children in Poverty
Married-Couple Family	7,615	16.6%
Male Householder, No wife	3,613	28.5%
Female Householder, No husband	23,590	30.0%
<b>Total Children</b>	<b>34,818</b>	<b>25.4%</b>

Source: U.S. Census, ACS, 2017 5 Year Estimates

### **Community Perception of Economic Challenges**

A majority of respondents to the community survey expressed significant concern over residents' economic issues. Over 50 percent of survey respondents indicated job opportunities, poverty, and unemployment as significant issues facing Miami-Dade County residents. Over 60 percent of residents selected low wages/high cost of living, and affordable housing as major issues. When survey respondents were asked about their top concerns in their household, 43.8 percent stated having enough income to support their families, and 36.8 percent stated having enough food to feed their families as major concerns.

A majority of respondents from the Partner Survey echoed community survey respondents' concerns by also highlighting lack of affordable and safe housing as a major issue. These concerns were also brought up by focus group participants who continuously cited low wages, lack of affordable housing, and lack of job opportunities and job skills training as significant contributors to rising poverty rates in the County. One participant mentioned that the costly new development projects being built throughout the County are increasing the cost of living in areas where "upward mobility is impossible for some people."

Figure 2.1 below displays the median household income in Miami-Dade County. The figure illustrates that households with income below \$35,000 are primarily within opportunity zones or areas directly adjacent to them. Those opportunity zones have a large concentration of families with incomes below \$35,000 which speaks to the economic vulnerability of families throughout these areas.

The population currently living below the federal poverty level is also disproportionately located within the 67 designated opportunity zones. Figure 2.2 below displays the number of residents living below the poverty level and highlights that the majority of areas with over 1,000 residents living in poverty are within or around opportunity zones. These opportunity zones accurately represent the most vulnerable neighborhoods throughout the County.

Figure 2.1: Median Household Income (MHI)

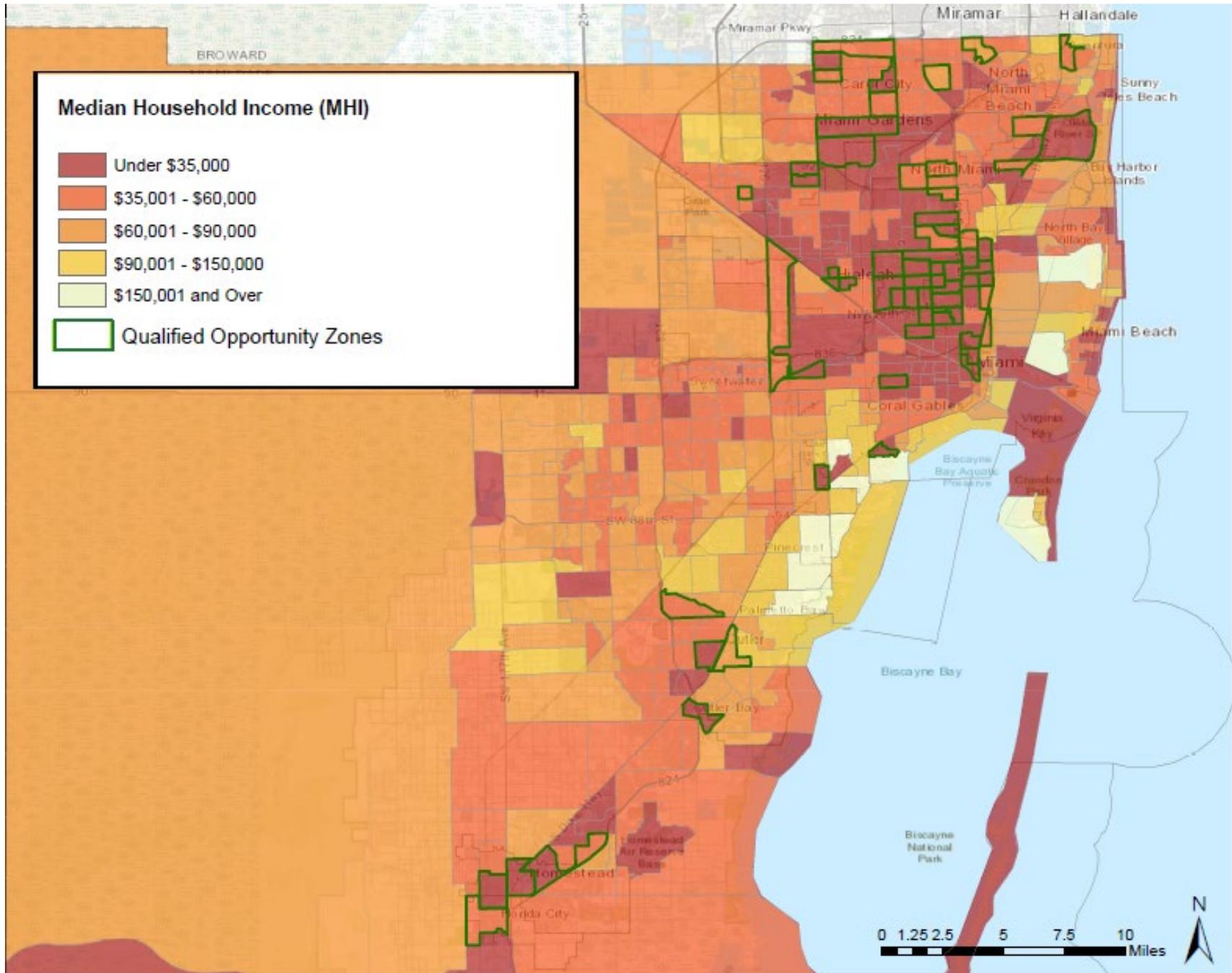
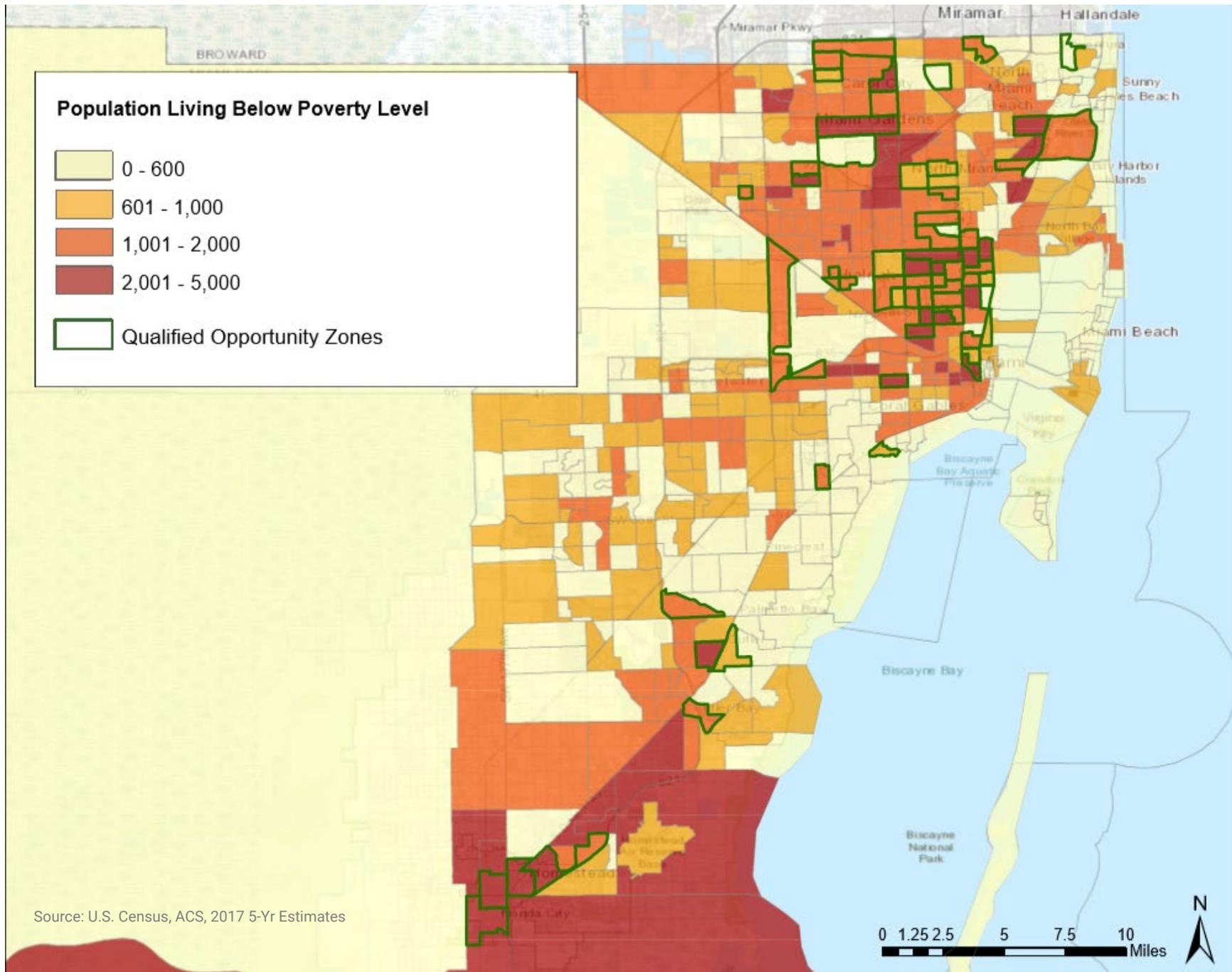


Figure 2.2: Population Living Below Poverty Level



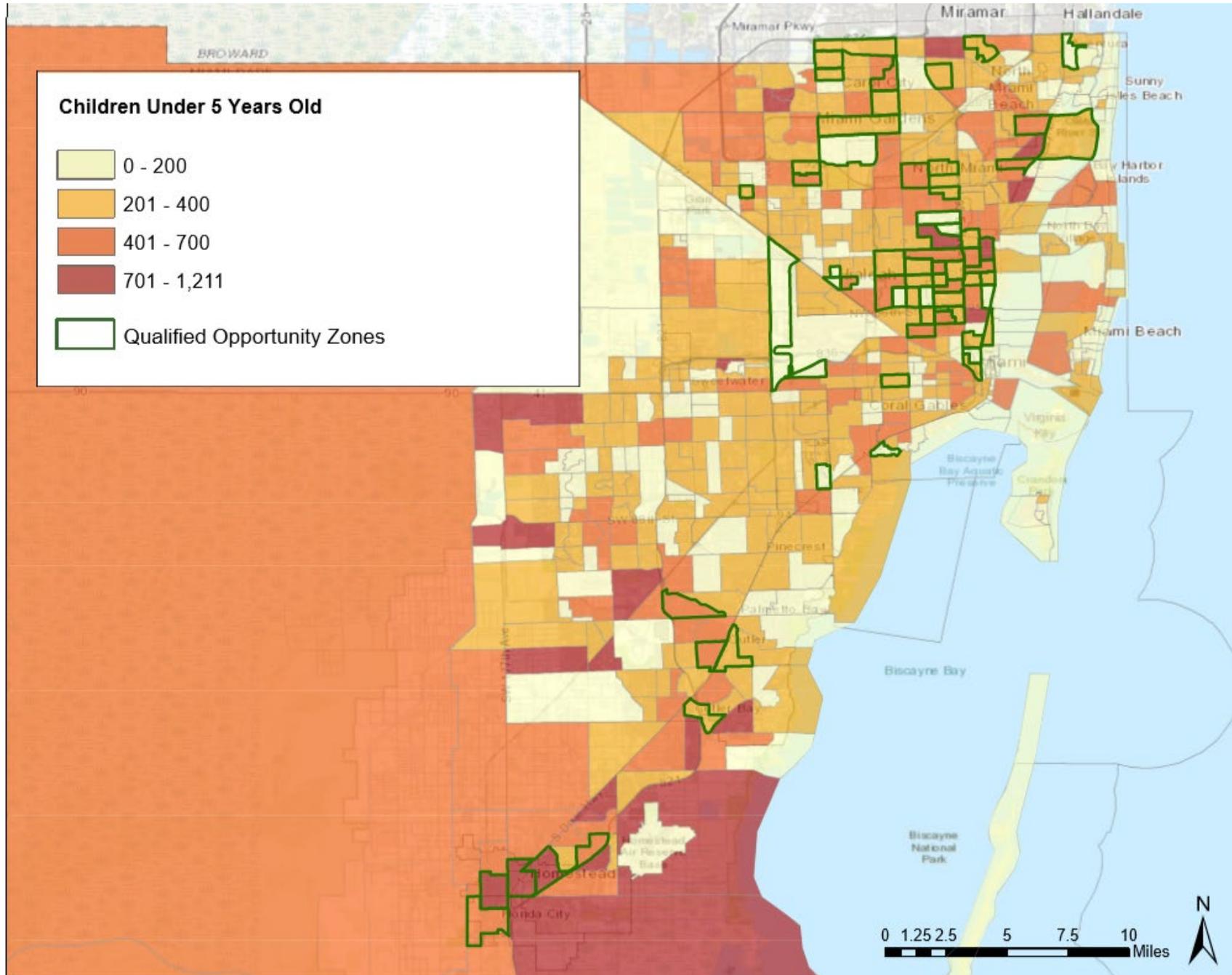
## Head Start Program History and Eligibility Requirements

In 1964, Sargent Shriver, inspired by President Lyndon B. Johnson's War on Poverty, assembled an expert panel focused on developing a comprehensive child development program aimed at meeting the educational needs of low-income preschool children throughout the country. Out of this panel of expert pediatricians, professors, and childcare professionals came the Head Start and Early Head Start Programs (HS/EHS) designed to help break the cycle of poverty for children and families of lower socioeconomic status. These programs promote school readiness for children from birth to 5 years old and focus on developing their social, cognitive, and emotional skills as well as helping to improve their literacy and learning abilities to prepare them for when they enter Kindergarten. Both HS/EHS emphasizes parental involvement in the child's education and provide families with support and services to help promote family well-being. EHS programs provide supportive services for pregnant mothers who have incomes below the federal poverty level.

To be eligible for HS/EHS, families with children from birth to 5 years old have to adhere to the income ranges outlined by the federal government's poverty guidelines. Any child who is homeless, living in foster care, or from a family receiving public assistance (Temporary Assistance to Needy Families or Supplemental Security Income) is eligible regardless of overall income. HS can enroll up to 10 percent of children from families with incomes above the poverty guidelines. Pregnant women are also eligible for the Early Head Start program. If the EHS program enrolls pregnant women, it must provide prenatal and postpartum information, education, and services.

Areas with large amounts of children under 5 years old are widely dispersed throughout the County. Figure 2.3 shows that many areas with over 200 children under 5 years old are within the opportunity zones confirming the need for comprehensive childcare programs within these areas. The opportunity zones in the southernmost area of the County have over 400 children under 5 years old residing in those zones, suggesting an even greater need for childcare in those areas.

Figure 2.3: Children Under 5 Years old



Source: U.S. Census, ACS, 2017 5-Yr Estimates

## Head Start – Eligible Population Characteristics

The population of eligible children and families for Head Start and Early Head Start is expansive and ranges across family types and different races and ethnicities. Table 2.18 shows the different family types consisting of eligible families who are living below the federal poverty level and have children 5 years or under. According to the U.S. Census, the two most significant concentrations of families with children under 5 years old who live below the federal poverty level are married-couple families and families of female-headed households with no husband present. In Miami-Dade County, 18.1 percent, or 158,178 households, are headed by a female with no husband present. There are 27,033 children under the age of 5 living below the poverty level in female-headed households.

**Table 2.18:** Children 5 & Under Living in Poverty by Family Type, 2017

	Children 5 & Under
Married-couple family	16,458
Male householder, no wife present	5,699
Female householder, no husband	27,033
Total Children	49,190

Source: U.S. Census, American Community Survey, 2017 5-Yr Estimate

Miami-Dade County's high poverty rate also results in a high number of people relying on social benefits. Families receiving Supplemental Security Income, Cash Public Assistance, and food stamps/ Supplemental Nutrition Assistance Program (SNAP) benefits have increased substantially from 2009 to 2017. There was a 49 percent increase in households receiving Social Security Income, a 28.7 percent increase in households receiving Cash Public Assistance income, and a 68.7 percent increase in households receiving food stamps or SNAP benefits over the past eight years. These significant increases in public assistance allocations to Miami-Dade County residents can be attributed to several factors such as a lack of living-wage jobs, increased unaffordability of housing, and increased income inequality. These increases also highlight the necessity of expanding public programs and services to assist people and families in the area.

There are significant racial disparities in the numbers of families with children under 5 years old who are living below the poverty level. According to the U.S. Census, the number individuals living in poverty in all three groups - White, not Hispanic or Latino, Black or African American<sup>22</sup>, and Hispanic or Latino decreased. Although overall poverty for these racial and ethnic groups declined, there are still significant numbers of families with children under 5 years old living in poverty, especially Black or African American, and Hispanic or Latino families. In 2017, there were 2,102 Black or African American families living below poverty and 6,445 Hispanic or Latino families living below poverty (Table 2.19). Miami-Dade County is predominately Hispanic or Latino, which explains the higher number of Hispanic or Latino families who are living below the poverty level. Immigrants who work at migrant camps and in the agriculture industry in the County likely make up a large portion of these impoverished families with young children.

**Table 2.19:** Families in Poverty, with Children 5 & Under by Race, & (%) Change

Race and Ethnicity	2009	2017	Change
White, Not Hispanic or Latino	525	385	-26.7%
Black or African American	2,710	2,102	-22.4%
Hispanic or Latino	5,954	6,445	8.2%
American Indian	27	18	-33.3%
Asian	30	60	100%
Native Hawaiian	0	0	0%
Some other race	362	301	-16.9%
Two or more races	24	85	254.2%

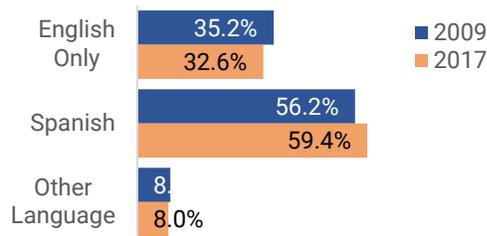
Source: U.S. Census, ACS, 2009 and 2017 5-Yr Estimates

Many of the immigrants who are currently residing in the County only speak Spanish in the home and only speak to their children in Spanish, which results in a large group of children who speak only Spanish when

<sup>22</sup> According to the U.S. Office of Management and Budget (OMB), "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. The Black racial category includes people who marked the "Black, African Am., or Negro" checkbox. It also includes respondents who reported entries such as African American; Sub-Saharan African entries, such as Kenyan and Nigerian; and Afro-Caribbean entries, such as Haitian and Jamaican.

they enter the school system. In 2017, approximately 59.4 percent of children between the ages of 5 and 17 report only speaking Spanish at home (Figure 2.4). Having to learn English when first enrolled in school can lead to students falling behind their classmates and not being able to learn at the same pace as their peers. HS/EHS programs are equipping children with the necessary language and literacy skills to be able to perform at the same level as their peers when they enter into the public school system.

**Figure 2.4:** Languages Spoken at Home by Children Age 5-17 (%)



Source: U.S. Census, ACS, 2009 and 2017 5-Yr Estimates

## Head Start Eligible Children by Opportunity Zone

Within the opportunity zones, children under 5 years old living in poverty make up 26.4 percent of all children under 5 years old living in poverty in Miami-Dade County (Table 2.20). Children under 5 years old living in female-headed households with no husband present make up the largest group of children (8,049) living below poverty level within the opportunity zones, and account for 16.4 percent of all children under 5 years old living below poverty in Miami-Dade County. Children under 5 years old in married couple families are the second largest group with 3,094 children under 5 years old living below poverty level within the opportunity zones, and account for 6.3 percent of children under 5 years old living in poverty in Miami-Dade County overall. One participant in the Community Needs Assessment staff focus group conducted expressed frustration at the higher rate of poverty among single-headed households stating, “the U.S. wasn’t designed for a single person.” The rate of poverty in single-headed household, especially female-headed single households is due to the lack of affordability in Miami-Dade County that makes supporting a family on one income alone very challenging and the creation of programs such as HS/EHS, a necessity.

**Table 2.20:** Children 5 & Under Living in Poverty by Family Type in Opportunity Zones, 2017

	Children 5 & Under	% of Total Number of Children under 5 in poverty
Married-Couple Family	3,094	6.3%
Male Householder, No wife	1,836	3.7%
Female Householder, No husband	8,049	16.4%
<b>Total Children</b>	<b>12,979</b>	<b>26.4%</b>

Source: U.S. Census, ACS, 2017 5 Year Estimates

The number of families in poverty with children under 5 years old also varies by race. Within the opportunity zones, the racial/ethnic groups with the highest numbers of families with children under 5 years old who are living below poverty are Hispanic or Latino and Black or African American families (See Table 2.21). In 2017, Hispanic or Latino families were the largest group with children under 5 years old living below the poverty level (882 families), a 4.5 percent decrease from 2010. Black or African American families were the second largest group with 775 families with children under 5 year’s old living in poverty, a 35.4 percent decrease from 2010. The number of families with children under 5 years old living in poverty decreased for almost every racial group except for marginal increases for American Indians (18 families) and Asians (10 families).

**Table 2.21:** Families in Poverty, with Children 5 & Under by Race, & (%) Change

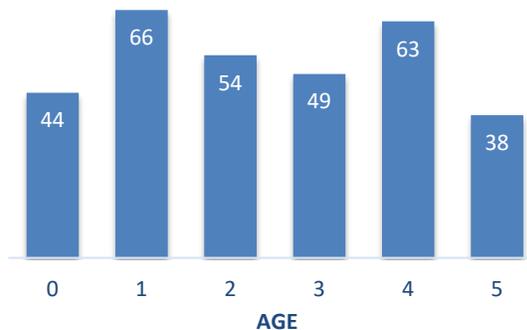
	2010	2017	Change
White, Not Hispanic or Latino	54	20	-63.0%
Black or African American	1,199	775	-35.4%
Hispanic or Latino	924	882	-4.5%
American Indian	0	18	1.0%
Asian	0	10	1.0%
Native Hawaiian	0	0	0.0%
Some other race	122	50	-59.0%
Two or more races	24	0	-100%

Source: U.S. Census, ACS, 2010 and 2017 5 Year Estimates

## Head Start Children who are Automatically Eligible

Children who are homeless or currently in the foster care system are automatically eligible for HS/EHS Programs. According to the Homeless Trust, there are 314 total children ages 5 and under who are currently experiencing homelessness in Miami-Dade County (Figure 2.5). Children who are 5 years old and under must be provided with stability and adequate housing to thrive under challenging circumstances. Being enrolled in a HS program where children from families in these difficult situations can receive the cognitive, social, and emotional help that they need is vital to their development during this critical period of their lives.

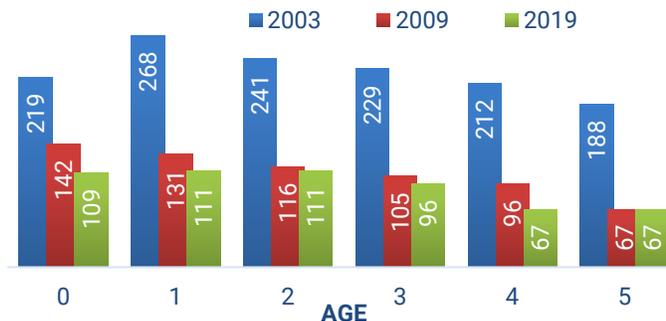
Figure 2.5: Children 5 & Under Experiencing Homelessness



Source: Miami-Dade County Homeless Trust, Point-In-Time Census 2018

Children who are 5 years old and younger and are currently in the foster care system are also in need of a certain degree of stability that can be supplied through an HS/EHS program. The number of children in the foster care system was steadily declining over the past decade, which is representative of the Department of Children and Families' rapid family rehabilitation approach over the past 10 years (Figure 2.6). For those children who are in the foster care system, the transitions and trauma that many children face must be dealt with early on to set them up for academic success throughout their school careers. HS programs give them the support and resources necessary to be able to do well after their pre-kindergarten experience. The programs automatic eligibility of homeless and foster children helps establish social support systems for these children early on.

Figure 2.6: Children 5 & Under in Foster Care System



Source: Department of Children and Families, 2003, 2009, and 2019

The map in figure 2.7 displays the number of children living below the poverty level throughout the County. From this map, it is apparent that most of the areas with the largest numbers of children living below the poverty level are within or around the 67 opportunity zones. Figure 2.8 displays a map of the number of children under the age of 6 living below the poverty level and exhibits a similar finding to the map in Figure 2.7. From this map, it is clear that the areas with the most substantial numbers of 6-year old children living in poverty are within the opportunity zones as well. The figures suggests an overwhelming need for childcare services within these opportunity zones specifically.

### Community Perception of Economic Needs of Families with Young Children

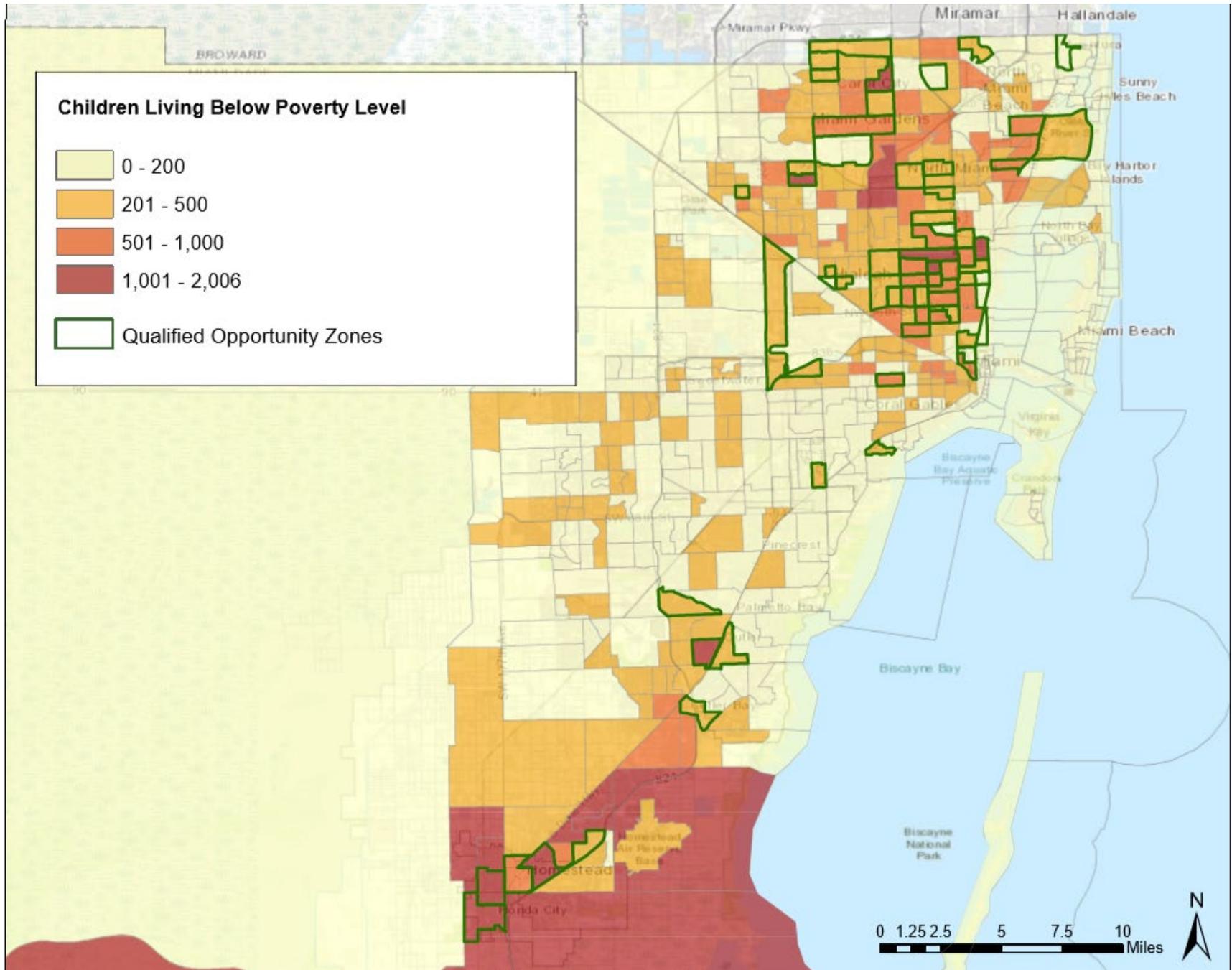
Survey respondents and focus group participant's highlighted the need for increased comprehensive child care programs and services. Approximately 43.3 percent of survey respondents indicated having at least one child, with 37.1 percent of children being between the ages of 0 and 3, and 16.7 percent of children between the ages of 4 and 5. Of these survey respondents, 34.3 percent stated a lack of childcare as a

major problem in Miami-Dade County. When asked to indicate major concerns in respondent's respective households:

- 23.5 percent stated getting healthcare or medicine for my child when they are sick,
- 23.3 percent stated getting tutoring services for my child,
- 22.8 percent stated finding convenient childcare,
- 22.2 percent stated finding affordable childcare,
- 19.4 percent stated getting help with my child's behavioral challenges, and
- 15.7 percent reported finding childcare for children with special needs.

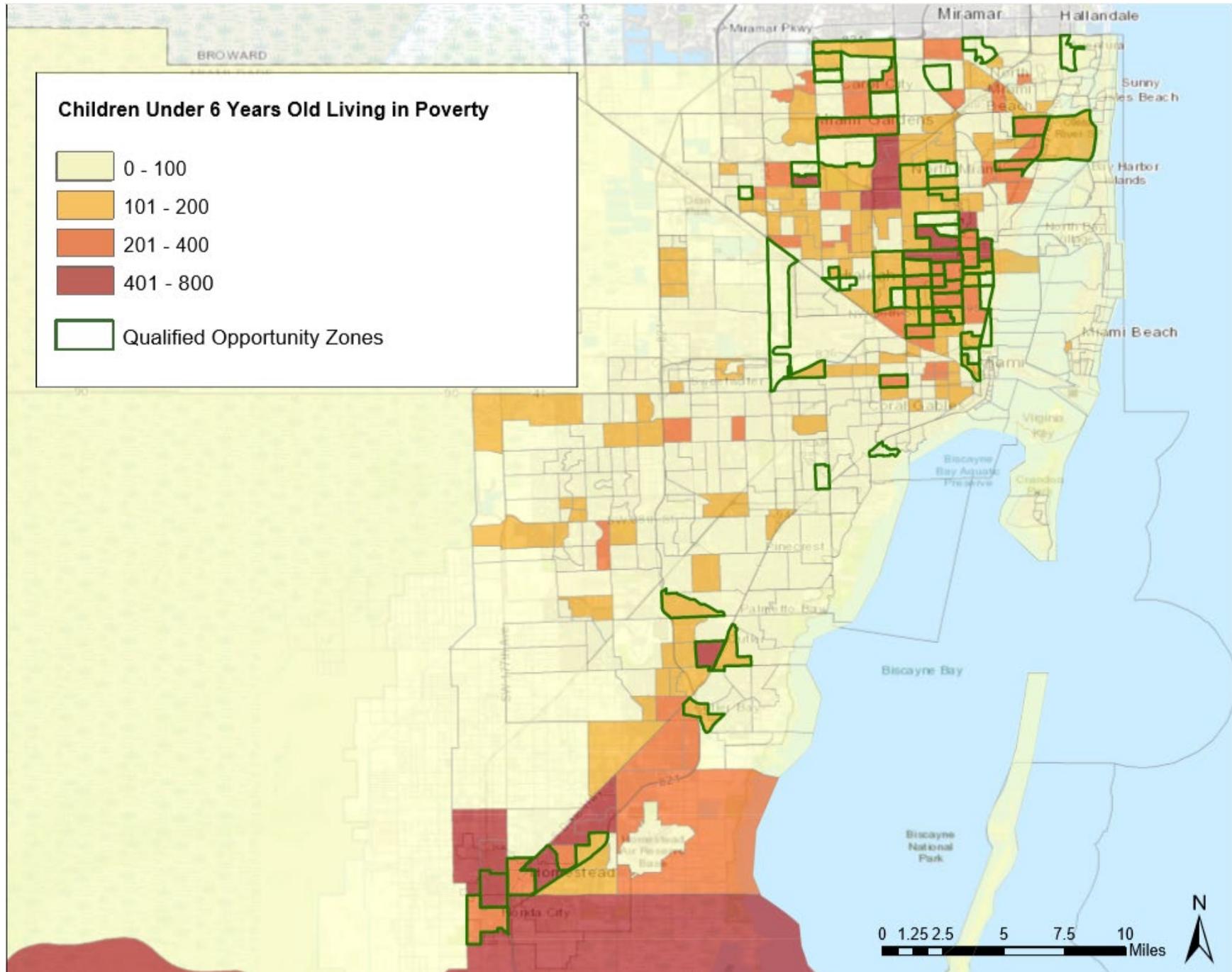
Expansion of childcare programs such as the HS/EHS Program may help alleviate the impact of these major economic challenges facing residents with children. Focus group participants shared their issues finding adequate and safe childcare before they found the HS Program. Finding accessible and affordable childcare that allows parents to work full-time jobs, advance in their careers or education was a struggle for most members of the Head Start Policy Council board before their involvement with the program. Participants of other focus groups throughout the County also expressed the need to expand HS/EHS programs throughout the County to help meet the ever-increasing demand for affordable childcare services.

Figure 2.7: Children Living Below Poverty Level



Source: U.S. Census, ACS, 2017 5-Yr Estimates

Figure 2.8: Children Under 6 Years Old Living in Poverty



Source: U.S. Census, ACS, 2017 5-Yr Estimates

## Other Important Socioeconomic Indicators

### Consumer Price Index

According to the U.S. Bureau of Labor Statistics, the consumer price index (CPI) is “a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services.”<sup>23</sup> The CPI reflects the change in prices of goods and services that are directly purchased in the marketplace. Table 2.26 shows the CPI from 2009 to 2019, along with the percent change from the previous year. Two CPI indexes are shown, the CPI-U and CPI-W. The CPI-U is the consumer price index for all urban consumers that is a more general index that seeks to track the retail prices as they affect all urban consumers. The CPI-W index is the consumer price index for all urban wage earners and clerical workers - it is a more specialized index, and it aims to track retail prices as they affect all urban hourly wage earners and clerical workers. When analyzing the annual CPIs as they increase, it is apparent that the CPI-U was rising at a faster rate over the past ten years. The greatest percentage increase for both CPI-U and CPI-W occurred from 2017 to 2018, at over 3 percent, however by 2019 it had decreased to below 2 percent. From 2009 to 2017, when adjusted for inflation, median wages decreased by 7.0 percent and median household income decreased by 1.7 percent, further highlighting the rise in cost of living and unaffordability in Miami-Dade County.

**Table 2.22: Annual CPI Increases for Urban Consumers & Urban Wage Earners & Clerical Workers**

	Annual CPI-U	Change from Previous Year	Annual CPI-W	Change from Previous Year
<b>2009</b>	221.387	-	218.958	-
<b>2010</b>	223.062	0.8%	221.088	1.0%
<b>2011</b>	230.851	3.5%	229.161	3.7%
<b>2012</b>	235.207	1.9%	234.323	2.3%
<b>2013</b>	238.179	1.3%	236.968	1.1%
<b>2014</b>	243.147	2.1%	241.532	1.9%
<b>2015</b>	245.419	0.9%	242.597	0.4%
<b>2016</b>	249.790	1.8%	245.903	1.4%
<b>2017</b>	256.681	2.8%	252.339	2.6%
<b>2018</b>	265.065	3.3%	261.267	3.5%
<b>2019</b>	269.776	1.8%	265.488	1.6%

Source: U.S. Bureau of Labor Statistics

### Financial Institutions

Lack of access to formal finance may leave poor households more vulnerable to adverse shocks, poverty traps, and predatory lending practices. Miami-Dade County's financial sector is robust, as shown by the presence of a variety of financial institutions. Financial institutions were distinguished by the type of financial institution as defined by the FDIC, and include: 1) Commercial Bank with National Charter and Federal Member, 2) Commercial or Savings Bank with a State Charter and Federal Member, 3) Commercial Bank with a State Charter and Federal Nonmember, and 4) State Chartered Thrifts. The first type of financial institution are commercial banks that are national banks chartered, regulated and supervised by the Office of the Comptroller of the Currency in Washington D.C.; the second type is a commercial or savings bank that is chartered, regulated and supervised by the State's banking division that is a member of the Federal Reserve; the third type was a commercial bank that is chartered by the State and is not a member of the Federal Reserve;<sup>24</sup> and lastly, the fourth type is a state-chartered thrift<sup>25</sup> that is a savings or loan association and is either owned by shareholders or by depositors and borrowers. From 2000 to 2019 there was a steady decrease in the number of financial institutions in Miami-Dade County across all types (Table

<sup>23</sup> U.S. Bureau of Labor Statistics, Consumer Price Index, <https://www.bls.gov/cpi/>

<sup>24</sup> FDIC Insured Bank Glossary of Terms, <http://fdicbanksinsured.com/fdic-insured-bank-glossary-of-terms/>

<sup>25</sup> Dixon, Amanda, Types of banks: Are you banking at a thrift, bank or credit union?, <https://www.bankrate.com/finance/cd/types-of-banking-institutions.aspx>

2.23). The first type of financial institution, commercial banks that are nationally chartered, decreased from 18

institutions in 2000 to 10 institutions in 2019. Commercial or savings banks that are chartered by the State decreased from six institutions in 2000 to two in 2019, while commercial banks that are chartered by the State and are not members of the Federal Reserve increased from 12 institutions to 22 institutions from 2000 to 2009 but then decreased back to only 12 institutions in 2019. In 2019, state-chartered thrifts had only one institution down from five institutions in 200.

**Table 2.23:** Financial Institutions by Type

	2000	2009	2019
Commercial Bank, National Charter and Federal Member	18	14	10
Commercial or Savings Bank, State Charter and Federal Member	6	3	2
Commercial Bank, state Charter and Fed Nonmember	12	22	12
State Chartered Thrifts	5	4	1

Source: FDIC, 2000, 2009, and 2019

While the number of financial institutions decreased significantly from 2000 to 2019, the total sum of bank deposits in each institution type increased considerably from 2000 to 2009. Table 2.24 shows that in 2009 there were significant increases in total bank deposits in each financial institution type, especially in commercial banks that are chartered by the State and are not members of the Federal Reserve and for state-chartered thrifts. In 2019, deposits decreased significantly from 2009 in each institution type except for commercial banks that are nationally chartered and are Federal Reserve members, which experienced a \$22,025,468 increase over the ten years. The financial institution with the largest decrease from 2009 to 2019 was the state-chartered thrifts with a \$35,592,432 reduction of deposits over the ten years.

**Table 2.24:** Bank Deposits by type of Financial Institution

	2000	2009	2019
Commercial Bank, National Charter and Federal Member	\$11,260,387	\$22,043,045	\$44,068,513
Commercial or Savings Bank, State Charter and Federal Member	\$1,131,998	\$1,401,806	\$1,249,713
Commercial Bank, state Charter and Fed Nonmember	\$4,731,094	\$12,314,539	\$11,346,472
State Chartered Thrifts	\$3,248,383	\$35,759,390	\$166,958

Source: FDIC, 2000, 2009, and 2019

### Household Debt

Household debt for the average Miami-Dade County renter and homeowner was calculated to examine the average cost-of-living expenses of residents. The non-housing expenses detailed in Table 2.25 are the expenditures of a two-person household, without children, after housing costs are deducted.

Median household monthly income estimates reflect the median amount of money each household makes monthly before deducting housing costs, non-housing expenses, transportation costs, and monthly credit card payments. This data was extracted from the U.S. Census American Factfinder database under table S2503, Financial Characteristics 2013-2017. Overall annual income estimates for renters and owners were first extracted and then divided by 12 to calculate the monthly household income. Median monthly housing costs estimates were also derived from U.S. Census 2013-2017 data. The housing to income ratio was then calculated by dividing the median household monthly income by the median monthly housing cost for both renters and owners.

Non-housing expense (food, healthcare, and other necessities) estimates from 2017 were found in the Economic Policy Institute Family Budget Calculator and then examined<sup>26</sup>. The cost of food for a two-person household in Miami-Dade County came to an average of \$541. These costs were based on the USDA's low-cost food plan, which assumes that almost all food is bought at a grocery store and then prepared at home. This food plan represents the amount families need to spend to have an adequately nutritious diet. Healthcare costs were estimated at \$677 and assumed that individuals bought the lowest cost plan on the health insurance exchange from the Affordable Care Act. These costs included insurance premiums and out-of-pocket costs that were calculated from the Health and Human Services Medical Expenditure Panel Survey. Other necessity costs came out to \$648 and included apparel, personal care, household supplies, reading material, and school supplies; these costs came from the 2017 Bureau of Labor Statistics Consumer Expenditure Survey.

Monthly transportation costs were retrieved from the Center for Neighborhood Technology's Housing and Transportation Affordability Index (2017)<sup>27</sup>. The annual cost of transportation in Miami-Dade County from the H&T Index was \$11,296, which was then divided by 12 to calculate the average monthly cost of transportation in the County.

Credit card monthly debt payment data was extracted from SmartAsset (2018). The overall average credit card debt per capita in Miami-Dade County was \$3,579 and was obtained from a study done by SmartAsset titled *Counties with the Lowest Credit Card Debt per Capita*<sup>28</sup>. The average credit card debt per capita was then inputted into a Credit Card Calculator to determine the amount of the monthly payments. An interest rate of 13.02% was used with a payoff period of two years. The average monthly payments were calculated to be \$309.

Total expenses were calculated by adding the non-housing expenditures, transportation costs, and credit card debt payments for both owners and renters. Disposable income was then determined by subtracting the housing costs and total expenses from the monthly household income of both owners and renters. The disposable income of Miami-Dade County Renters resulted in a negative amount of income (-\$1,604) leftover after the average renter pays for their basic housing and daily expenses. The disposable income calculated for the average Miami-Dade County homeowner after paying housing and daily living costs was a mere \$564. The negative disposable income calculated for renters and the minimal disposable income left over for homeowners is representative of the unaffordability experienced by Miami-Dade County residents and the growing financial burden of daily costs of living.

**Table 2.25:** Household Debt Calculator for Miami-Dade County Renters & Owners

	Census Data (2013-2017)	Census Data (2013-2017)	Housing to Income Ratio	Economic Policy Institute (2017)	H&T Index (2017)	SmartAsset (2018)	Total Expenses	Income-Housing Expenses
	Median Household Monthly Income	Median Monthly Housing Cost	Ratio	Non-housing expenses (food+ medical+ other) 2 Person Household Monthly Cost	Monthly Transportation Cost	Credit Card Monthly Debt Payment	Total Expenses	Disposable Household Income
<b>Renters</b>	\$2,707	\$1,195	44%	\$1,866	\$941	\$309	\$3,116	(\$1,604)
<b>Owners</b>	\$5,384	\$1,704	32%	\$1,866	\$941	\$309	\$3,116	\$564

<sup>26</sup> Family Budget Calculator, <https://www.epi.org/resources/budget/>

<sup>27</sup> H & T Fact Sheet, <https://htaindex.cnt.org/fact-sheets/?lat=25.5516034&lng=-80.6326916&focus=county&gid=371#fs>

<sup>28</sup> Counties with the Lowest Credit Card Debt per Capita, <https://smartasset.com/credit-cards/credit-card-calculator#us>

### **Tax Revenue to the County**

From 2017 to 2018, the total amount of tax revenue to the County increased by \$210 million. Revenue per capita also increased in that time period from \$959.14 per capita in 2017 to \$1,022.55 per capita in 2018. Increases in revenue from property taxes, county hospital sales surtax, transportation sales surtax, utility taxes, and other taxes offset the decreases in revenue from local option gas taxes and the communication tax. In 2018, property tax revenues increased by 8.7 percent or \$151 million. According to the Miami-Dade County Comprehensive Annual Financial Report, there was an increase in property values in 2018 when compared to 2017, which partly contributes to the large increase in property tax revenue. The improved economic climate in 2018 also contributed to the \$60 million increase in other tax revenues.

**Table 2.26:** Tax Revenues by Revenue Source

Tax Revenues (in millions)	2017	2018
Property Taxes	\$1,732	\$1,883
County Hospital 1/2% Sales surtax	\$256	\$275
Transportation 1/2% sales surtax	\$256	\$275
Utility Taxes	\$95	\$101
Local option gas taxes	\$60	\$59
Communication Tax	\$31	\$30
Other taxes	\$201	\$219
Total Tax Revenue:	\$2,631,000,000	\$2,842,000,000
Revenue per capita:	\$959.14	\$1,022.55

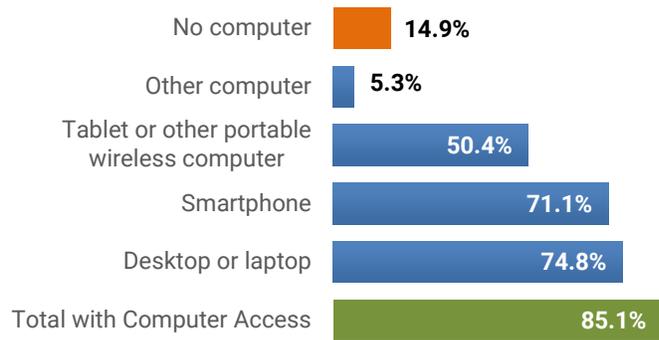
Source: Miami-Dade County Comprehensive Annual Financial Report, 2018

While tax revenues increased significantly from 2017 to 2018, many community members expressed confusion or lack of knowledge on the allocation of these revenues. One focus group participant stated, "Allapattah generates a lot of money for this County but only 5 to 10 percent stays in Allapattah. The NET office and Camillus House should have more money to deal with affordable housing."

### Computer and Internet Access

Computers and internet access are a vital necessity for individuals and families as it connects them to economic, educational, social, and other resources. Increasingly, community programs and information are being made available through online forums and websites. The percentage of households with access to a computer is relatively high in Miami-Dade County, with 85.1 percent of households having access to one or more computing devices (Figure 2.9). In 2017, 74.8 percent of residents have computer access through a desktop or laptop computer, 71.1 percent use a smartphone, 50.4 percent use a tablet or other wireless computer, and 5.3 percent use some other type of device. Only 14.9 percent of households have no computing device. The majority of residents rely on a combination of computing devices. Only 10.6 percent use a desktop or laptop with no other type of computing device, 5.4 percent rely exclusively on a smartphone, and 0.5 percent use only a tablet or other portable wireless computer.

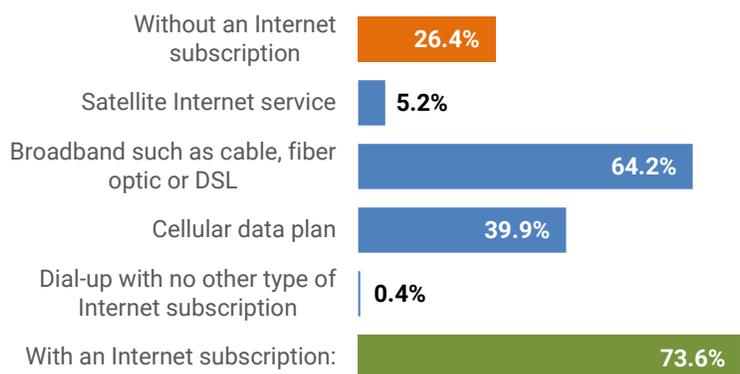
**Figure 2.9: Types of Computing Devices Used by Residents**



Source: U.S. Census, ACS, 2017 5-Year Estimates

Access to a computing device enables households to bridge the digital divide, which refers to population inequality as a result of unequal access to information technology. In addition to a lack of access to a computing device, the digital divide is also the result of a lack of access to the Internet. High-speed Internet access, or broadband, is critical for economic opportunity, job creation, education, and access to various services. According to the Federal Communications Commission, all of Miami-Dade County’s territory has broadband coverage.<sup>29</sup> However, according to U.S. Census estimates 227,000 households (26.4 percent) have no internet access (Figure 2.10). Consistent with the high percentage of individuals using their smartphone as one of their computing devices, 39.9 percent of households access the Internet through their cellular data plan, while 64.2 percent pay for some form of broadband such as cable, fiber optic or DSL. (The percentages in Figure 2.10 exceed 100 as many households have multiple Internet subscriptions.) Approximately 58,000 households, or 6.8 percent of total households in Miami-Dade County, access the Internet via a cellular data plan with no other type of Internet subscription.

**Figure 2.10: Types of Internet Subscription of Residents**



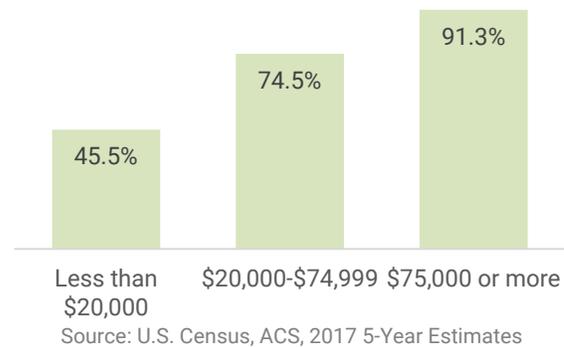
Source: U.S. Census, ACS, 2017 5-Year Estimates

Access to high-speed Internet is more limited for households in the lower-income ranges. In 2017, only 45.5 percent of households with income below \$20,000 had broadband access, compared to 91.3 percent of households with income of \$75,000 or more (Figure 2.11). There are over 200,000 households in Miami-Dade County with income below \$20,000.

<sup>29</sup> Federal Communications Commission, Fixed Broadband Deployment. <https://broadbandmap.fcc.gov/#/>

Affordability plays a major role in deterring people from adopting broadband. According to a U.S. Department of Commerce study, 28 percent of surveyed households without broadband cited cost as the primary barrier.<sup>30</sup> Everyday processes, from bill paying to job seeking, program enrollment, and education, require that people have access to and knowledge of computer usage and the Internet. Educational institutions are putting more classes, student, and teacher information on online platforms. For those individuals that do not have computer or internet access in their homes, there are numerous options throughout the community where a computer or the Internet is readily available such as at every public library or many public places such as restaurants and coffee shops.

**Figure 2.11: Broadband Access by Household Income**



Miami-Dade County operates 50 library branches throughout the County. With a library card, patrons are able to use library desktop computers and tablets/laptops for up to two hours a day. All computers and tablets/laptops have access to the Internet, Microsoft Office 2010, and USB 2.0 ports. Miami-Dade County also operates a Mobile Library service – the Bookmobile – which makes make scheduled stops at public parks, childcare facilities, condominium complexes, retirement communities, senior centers, and recreational facilities. Materials may be returned to the Mobile Library or to any branch in the public library system. Materials borrowed from branches may also be returned to the Mobile Library. Additionally, with a tablet/laptop device, Miami-Dade County libraries offer patrons the ability to download books, music, magazines and more for free using their library card.

Figure 2.12 shows County and municipal libraries along with the number of Mobile Library stops throughout Miami-Dade County. There are eleven municipal libraries in the County, including in North Miami Beach, Hialeah, Miami Shores, and Surfside. As shown in the map, there is a high number of county libraries and Mobile Library stops within and around the Northern opportunity zones, providing easy access for residents within those areas. The more Western and Southern areas of the County contain fewer county and municipal libraries but have larger numbers of Mobile Library locations to help meet the needs of residents with less access.

**Digital Convergence: 1 Million Project**

Through the 1 Million Project (1MP), Miami-Dade County Public Schools (M-DCPS) has partnered with the 1 Million Project Foundation to help close the homework gap by providing free devices and wireless service to eligible low-income high school students without home internet access. Eligible students use the device and Internet service for the time they are enrolled in high school, up to four years. This is a five-year project, starting in 2017-2018. Each year, devices are distributed to eligible students who keep them until they graduate from high school.

Students receive a smartphone (Android) or hotspot device, 10 G.B. per month of free high-speed LTE data while on the Sprint Network, unlimited data at 2G speeds, free hotspot capability, and unlimited domestic calls/texts while on the Sprint Network.

In 2017-18, M-DCPS deployed 3,577 phones to schools from October 2017 to May 2018, for an average of 358 phones per month. In 2018-19, M-DCPS deployed 3,852 phones from August 2018 to February 2019, for an average of 550 phones per month.

Source: Miami-Dade County Public Schools, <http://digital.dadeschools.net/sprint.asp>

<sup>30</sup> Exploring the Digital Nation: America’s Emerging Online Experience. (June 2013) [https://www.ntia.doc.gov/files/ntia/publications/exploring\\_the\\_digital\\_nation\\_-\\_americas\\_emerging\\_online\\_experience.pdf](https://www.ntia.doc.gov/files/ntia/publications/exploring_the_digital_nation_-_americas_emerging_online_experience.pdf)

### ***CAHSD Computer Literacy and Training Programs***

The Community Action and Human Services Department offer a Computer Training Program and a Computer Repair Program through some of their Community Resource Centers in Miami-Dade County. The Departments Computer Training program provides individuals who want to develop marketable skills, increase earning potential, and enhance personal development with more opportunities through computer literacy training. These courses are offered at five of the thirteen Community Resource Centers, including Accion Community Resource Center, Joseph Caleb/Liberty City Community Resource Center, Miami Gardens Community Resource Center, Naranja Community Resource Center, and Perrine Community Resource Center.

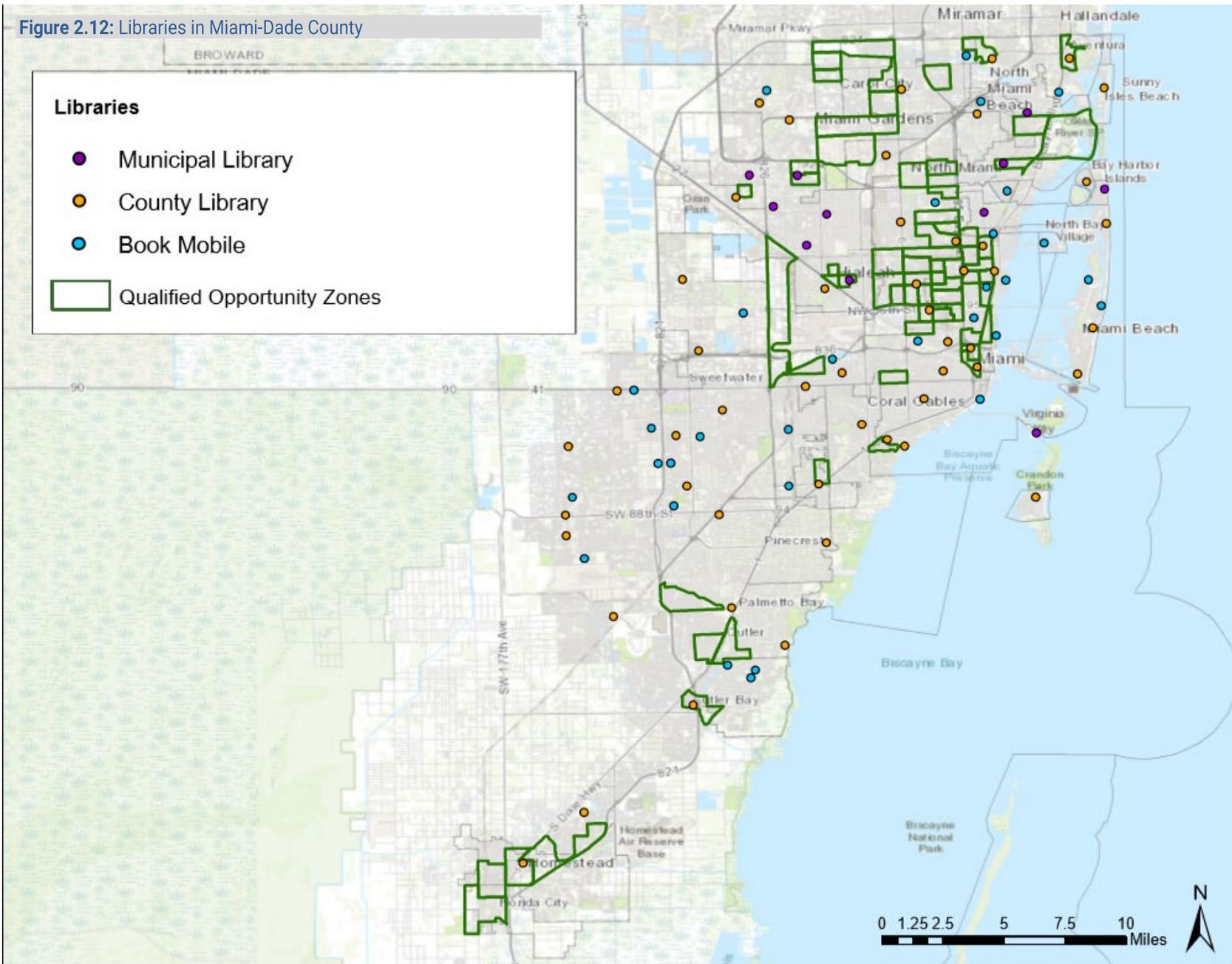
The Computer Repair Program is designed to teach individuals how to build a computer, install software, and set up a network. On-site job developers work with trainees to help enhance job skills and provided job placement referrals. This program is located at the Accion Community Resource Center. Both the Computer Training and Computer Repair Programs offer a certificate of completion in the area of concentration, and assistance with job placement to all graduates of the program.

Although 85.1 percent of residents in Miami-Dade County reported having access to a computer and 73.6 percent reported having an internet subscription, computer literacy programs are necessary to help residents learn how to better utilize computers and the internet to benefit their own development. Each of these programs can help increase computer literacy in Miami-Dade County while equipping residents with marketable skills that could help them attain higher-wage jobs and improve access to information and resources. The expansion of these programs to more community centers in the County could improve computer literacy overall and foster a more technically advanced workforce, especially in the lower-income communities of Miami-Dade County.

### ***CAHSD Volunteer Income Tax Assistance Program***

The Volunteer Income Tax Assistance (VITA) Program is help residents prepare their tax returns during tax season and is available for individuals who earn \$56,000 or less annually, individuals with a disability, the elderly, and residents with limited English speaking skills. During the COVID-19 Pandemic, CAHSD continued to offer free tax preparation assistance over the telephone and online. Eight Community Resource Centers participated in the program during COVID-19. This supportive service allows low-income residents and household to stay up-to-date with their annual filing of taxes and avoid legal ramifications.

Figure 2.12: Libraries in Miami-Dade County



### III. Education

Access to education is a major indicator of economic wellbeing for residents in Miami-Dade County. Although educational attainment is not a guarantee for financial stability, higher degrees of educational attainment increase knowledge of important skills and availability of higher wage employment opportunities. Participants in the Community Needs Assessment focus group discussions recognized the correlation between quality education and jobs, with one participant stating, “kids lose hope without education and jobs.” Lack of access to quality education results in an increasingly unskilled labor force, increase in crime, and a lack of upward mobility in the County. Quality education and increased opportunities for post-secondary education attainment are vital to the overall wellbeing of Miami-Dade County residents.

From 2009 to 2017, educational attainment increased among Miami-Dade County residents. In 2009, 76.5 percent of residents had at least a high school diploma or equivalent, which increased to 81 percent in 2017. Overall, 25 percent of residents had at least a bachelor's degree in 2009, and about 28 percent had at least a bachelor's degree in 2017.

Table 3.1 shows poverty rates by educational attainment for people aged 25 and older. The population over 25 years old living below the poverty level increased by 17.1 percent over the eight-year period. In both 2009 and 2017, most residents in poverty had a high school diploma or less. Residents with less than a high school diploma below the poverty level decreased by 14.4 percent. However, there was a significant increase in the number of residents below the poverty level with a high school diploma, some college/ associate degree, and a bachelor's degree or above. This demonstrates that advanced degrees are not adequately providing individuals with living wage jobs. The percentage of high school graduates in poverty increased by 33.7 percent, and individuals with some college/ associate degree in poverty increased by 30.2 percent. The most significant change of those living below the poverty level was for residents with a bachelor's degree or higher with a 72.9 percent increase from 2009 to 2017.

**Table 3.1: Adult Education Attainment Below Poverty Level & (%) Change**

	2009	2017	Change
With income in the past 12 months below poverty level	252,601	295,839	17.1%
Less than high school graduate	106,431	91,053	-14.4%
High school (incl. equivalency)	78,735	105,302	33.7%
Some college, associate degree	40,080	52,178	30.2%
Bachelor's degree or higher	27,355	47,306	72.9%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

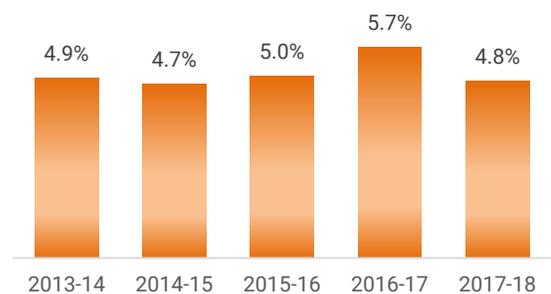
### High School Graduation Rates

Graduation rates among high school students display a positive trend from 2013-14 to 2017-18, with an increase from 76.6 percent to 85.4 percent (See Figure 3.1). The dropout rates among Miami-Dade County high school students decreased from 2013-14 to 2014-15, then followed an upward trend from 2014-15 to 2016-17. From 2016-17 to 2017-18, the dropout rate decreased by 0.9 percent (See Figure 3.2).

**Figure 3.1: Graduation Rates**



**Figure 3.2: Dropout Rates**



Source: Florida Department of Education

Graduation and dropout rates vary significantly when examined across racial/ethnic groups and gender as displayed in Table 3.2. Graduation rates are higher among female students across all racial/ethnic groups while dropout rates are higher among all male students. White students, both male and female have the highest graduation rates of 88.6 percent for white males and 93.6 percent for white females. Black or African American students have the lowest graduation rates among the three racial/ethnic groups analyzed and the highest dropout rates, with 7.1 percent of Black male students dropping out and 4.2 percent of female student dropping out in the 2017-2018 school year. Black male students have a dropout rate 3.6 percent higher than white male students, 1.5 percent higher than Hispanic male students, and 2.9 percent higher than Black female students.

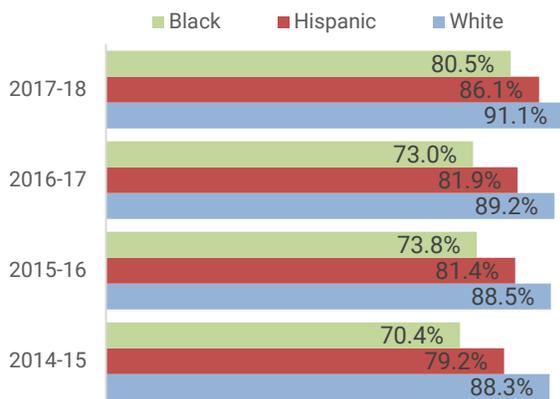
**Table 3.2:** Graduation & Dropout Rate by Race/ Ethnicity & Gender, 2017-18

	Graduation Rate		Dropout Rate	
	Male	Female	Male	Female
White non-Hispanic	88.6%	93.6%	3.5%	3.3%
Hispanic or Latino	82.8%	89.5%	5.6%	3.9%
Black or AA	75.5%	85.5%	7.1%	4.2%

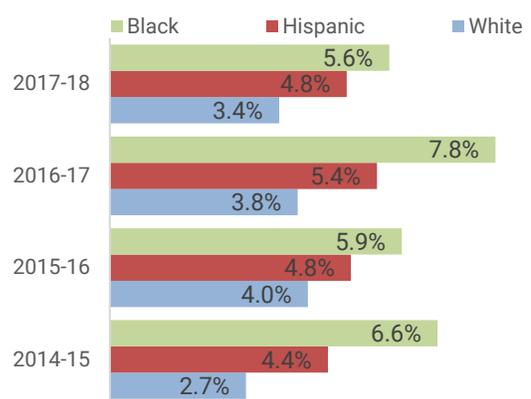
Source: Florida PK-12 Educational Portal

Figures 3.3 and 3.4 show the overall graduation and dropout rates of Black or African American Students, Hispanic or Latino students, and White non-Hispanic students in Miami-Dade County over the past four school years. From school year 2014-2015 graduation rates have increased and dropout rates have decreased for students from all three racial/ethnic groups. The graduation rate increased by 10.1 percent for Black or African American students, 6.9 percent for Hispanic or Latino students, and 2.8 percent for White non-Hispanic students. The dropout rate for Black or African American students decreased by 1.0 percent from the 2014-15 to 2017-18 school year, but increased by .04 percent for Hispanic or Latino students, and 0.7 percent for White non-Hispanic students. Although graduation rates have increased and dropout rates have decreased over the four school years examined, Black or African American students still have the lowest graduation rates and highest dropout rates when compared to their counterparts.

**Figure 3.3:** Graduation rates by Race/Ethnicity



**Figure 3.4:** Dropout rates by Race/Ethnicity



## Public vs. Private Student Enrollment

Student enrollment in public versus private school in Miami-Dade County was also examined to understand the distribution of students by school type in the County. Public school enrollment by grade level in 2009 and 2017 and within the 67 opportunity zones examined in this study are displayed in Table 3.3. From 2009 to 2017, overall public-school enrollment decreased by 2.4 percent, with enrollment only increasing slightly for student in preschool and Kindergarten and then decreasing for grade levels 1 through 12. When comparing overall public-school enrollment in 2017 to enrollment within the opportunity zones, 66.6 percent of students residing within opportunity zones are enrolled in public school compared to 56.7 percent overall in Miami-Dade County.

**Table 3.3: Public School Enrollment by Grade Level & in Opportunity Zones (OZ)**

	2009	%	2017	%	OZ 2017	%
Preschool	22,276	3.5%	24,315	3.7%	5,202	5.8%
Kindergarten	24,538	3.8%	26,771	4.0%	4,933	5.5%
Grade 1 to 4	105,898	16.5%	103,881	15.7%	16,871	18.7%
Grade 5 to 8	108,089	16.8%	105,945	16.0%	15,803	17.6%
Grade 9 to 12	118,967	18.5%	114,604	17.3%	17,147	19.1%
% of Total Enrolled in School	59.1%		56.7%		66.6%	

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

Students residing within opportunity zones are more likely to be enrolled in a public school and make up a significant portion of public-school enrolled students in Miami-Dade County. Table 3.4 shows the percentage of students per grade level that reside within opportunity zones. Preschool students residing in opportunity zones account for 21.4 percent of all the preschool students in public schools, with Kindergarten students making up 18.4 percent of all students. Students in grades 1 through 12 within opportunity zones account for 15.4 percent of all students attending a public school in Miami-Dade County.

**Table 3.4: Student Enrollment by Grade Level in Opportunity Zones (%)**

	%
Preschool	21.4%
Kindergarten	18.4%
Grade 1 to 4	16.2%
Grade 5 to 8	14.9%
Grade 9 to 12	15.0%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

Overall private school enrollment in Miami-Dade County also decreased from 2009 to 2017, going from 12.2 percent in 2009 to 11.3 percent in 2017. Only 7.3 percent of students residing in opportunity zones attended a private school in 2017. Preschoolers were the student group with the most private school enrollees with 3.2 percent attending in 2017. Students residing in opportunity zones were a small percentage of overall private school enrollees with preschool students accounting for 8.6 percent and Kindergarten students making up 6.4 percent. Students in grade levels 1 through 12 only accounted for 9.2 percent of private school students overall within those grade levels.

**Table 3.5: Private School Enrollment in Miami-Dade County & in Opportunity Zones (OZ)**

	2009	%	2017	%	OZ 2017	%
Preschool	22,359	3.5%	20,933	3.2%	1,799	2.0%
Kindergarten	6,018	0.9%	5,488	0.8%	351	0.4%
Grade 1 to 4	15,627	2.4%	17,018	2.6%	1,736	1.9%
Grade 5 to 8	17,431	2.7%	15,576	2.4%	1,249	1.4%
Grade 9 to 12	17,248	2.7%	15,458	2.3%	1,418	1.6%
% of Total enrolled in school	12.2%		11.3%		7.3%	

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

**Table 3.6: Private School Enrollment in Opportunity Zones (%), 2017**

	%
Preschool	8.6%
Kindergarten	6.4%
Grades 1 to 4	10.2%
Grades 5 to 8	8.0%
Grades 9 to 12	9.2%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

## Barriers to Quality Education

There are multiple major barriers to attaining a quality education for students in Miami-Dade County. With 25.4 percent of all children under 18 years old living below the poverty level, many school aged students are suffering from familial financial hardships that create a barrier to attaining a quality education. Students who are economically disadvantaged, as defined by the Florida Department of Education, are students determined to be eligible for free and reduced-price meals under the National School Lunch Program.<sup>31</sup> According to No Kid Hungry, 1 in 7 children in the U.S. goes hungry everyday due to living in “food insecure” homes that do not have enough food to feed every family member.

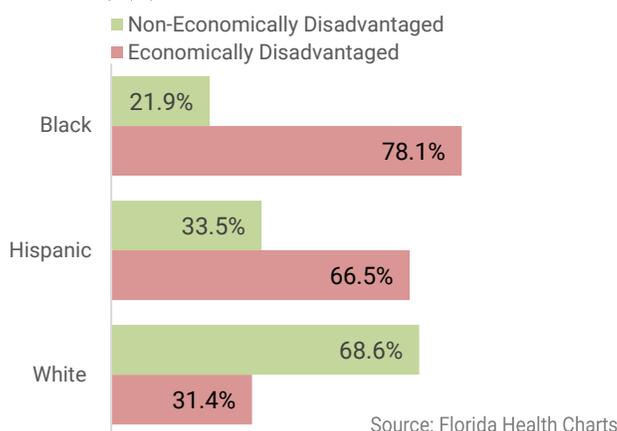
Many students go to school hungry and get most of their nutrients from free or reduced-price meals at school. Table 3.7 displays the percentage of children in Miami-Dade County that are considered economically disadvantaged over the past three school years. From school year 2015-16 to 2017-18, the percentage of economically disadvantaged students decreased by 5.9 percent. Although this decrease is significant, 66.1 percent of students are still economically disadvantaged in the County.

**Table 3.7:** Percentage of Economically Disadvantaged Students (%)

	Economically Disadvantaged	Non-Economically Disadvantaged
2015-16	72.0%	28.0%
2016-17	70.8%	29.2%
2017-18	66.1%	33.9%

Source: Florida PK-12 Educational Portal

**Figure 3.5:** Economically Disadvantaged Students by Race/Ethnicity (%)



In 2017-18 there were slightly more female students (66.3 percent) who were economically disadvantaged than male students (65.9 percent). Black or African American students have the highest percentage of students that are economically disadvantaged at 78.1 percent, compared to 66.5 percent of Hispanic or Latino students and 31.4 percent of White non-Hispanic students (Figure 3.5). The disproportionate number of economically disadvantaged Black or African American students in comparison to Hispanic or Latino and White, non-Hispanic students can be correlated to the lower graduation and higher dropout rates of Black or African American students who are facing greater financial and physical need.

## Homeless Students

The number of homeless children in Miami-Dade County is steadily increasing each year. In 2018, the Homeless Trust of Miami-Dade County reported 629 homeless children, ages 0 through 17, residing in the county. The number of homeless students is not formally collected by the Homeless Trust but is examined through the division of Miami-Dade County Public Schools and their program Project UP-START. According to Project UP-START, there are approximately 9,000 students within the county who are considered homeless or “unstably-housed;” a low estimate according to project UP-START Director of Community Outreach Ms. Albo-Steiger, who stated, “we do have more students that are out there. We have 14,000 to 15,000, if I had to guess.”<sup>32</sup> They attribute these exceptionally large numbers in part to increased displacement after the occurrence of numerous

<sup>31</sup> Florida Department of Education, Definitions, <https://edstats.fldoe.org/portal%20pages/Documents/Definitions.pdf>

<sup>32</sup> Quintana, (2018) Miami-Dade’s Homeless Student Population is Growing, and 2017’s Hurricanes Didn’t Help, <https://www.wlrn.org/post/miami-dades-homeless-student-population-growing-and-2017s-hurricanes-didnt-help#stream/0>

catastrophic hurricanes such as Harvey, Irma and Michael combined with the high cost of living and lack of affordable housing units in the area.

Local colleges such as Florida International University and Miami Dade College have created programs to assist their homeless and unstably-housed students to help them access higher education degrees and programs that can help them escape poverty and homelessness as they enter into adulthood. Florida International University's Fostering Panther Pride<sup>33</sup> program assists in the attaining and processing of Homeless Tuition Exemption, securing on or off campus housing, connecting students with community resources, and accessing priority course registration. They also assist students with finding housing during times in which the university is closed for winter and summer break so that they are not without a place to stay during those transitional times. Miami Dade College's Educate Tomorrow at Single Stop<sup>34</sup> student support program is designed to help "former or current foster youth, homeless, unaccompanied or disadvantaged" students. Through the program students will get access to community resources, academic support and mentoring, and streamlined financial advising. These programs are aimed at helping as many homeless students as possible but with the rapid rate at which the number of homeless students is growing, these programs will face capacity issues without increased funds and resources.

In addition to financial barriers in obtaining quality education there are behavioral barriers. When students are unable to focus on their work or are being disciplined by their teachers and school staff, it takes away from their ability to focus on their studies. Table 3.8 displays overall duplicated and unduplicated school suspensions in Miami-Dade County Public Schools (M-DCPS) from 2008 to 2018. Duplicated suspensions are the number of total suspensions, where a student who was suspended three times during the school year would be counted three times, while unduplicated suspensions refer to the total number of students who were suspended over the school year. The number of duplicated and unduplicated outdoor and indoor suspensions decreased drastically from 2008 to 2018 due to M-DCPS's efforts to eliminate the outdoor suspension of students in 2015. M-DCPS's decision to eliminate outdoor suspensions was driven by the findings of a 2012 study by Johns Hopkins University<sup>35</sup> that found that subjecting students to out-of-school suspensions led to increased alienation and incidences of students getting into trouble outside of school. Students who are suspended should now be referred to one of eleven Student Success Center sites where students receive counseling and academic support rather than completing an outdoor suspension.<sup>36</sup>

**Table 3.8:** Overall Suspensions in Public Schools

School Year	Duplicated		Unduplicated	
	Outdoor	Indoor	Outdoor	Indoor
2008-09	37,230	49,068	22,471	27,956
2009-10	39,333	55,304	24,061	30,419
2010-11	35,894	45,690	22,386	25,816
2011-12	37,512	41,050	22,891	23,765
2012-13	25,506	35,315	16,370	20,886
2013-14	25,819	32,503	16,274	19,593
2014-15	23,221	32,535	15,306	19,241
2015-16	2,182	19,879	1,583	11,479
2016-17	2,158	18,102	1,549	10,810
2017-18	1,923	15,763	1,443	9,957

Source: Miami-Dade County Public Schools, School Performance Data

<sup>33</sup> Florida International University, Fostering Panther Pride, <http://sas.fiu.edu/fpp/>

<sup>34</sup> Miami Dade College, Educate Tomorrow at Single Stop, [https://www.mdc.edu/main/singlestop/educate\\_tomorrow\\_at\\_single\\_stop.aspx](https://www.mdc.edu/main/singlestop/educate_tomorrow_at_single_stop.aspx)

<sup>35</sup> Balfanz, et. al, Sent Home and Put Off-Track: The Antecedents, Disproportionalities, and Consequences of Being Suspended in the Ninth Grade, Johns Hopkins University, <https://civilrightsproject.ucla.edu/resources/projects/center-for-civil-rights-remedies/school-to-prison-folder/state-reports/sent-home-and-put-off-track-the-antecedents-disproportionalities-and-consequences-of-being-suspended-in-the-ninth-grade/balfanz-sent-home-ccrr-conf-2013.pdf>

<sup>36</sup> Gerety (2017) Zero Suspensions and an Unexplained Leap in Excessive Absences in Miami-Dade Schools, <https://www.wlrn.org/post/zero-suspensions-and-unexplained-leap-excessive-absences-miami-dade-schools#suspensions>

## Post-Secondary Enrollment in Miami-Dade County

Accessibility and enrollment in post-secondary education is a large predictor of economic stability and opportunity for Miami-Dade County residents. Post-secondary educational certificate and degree programs help residents to attain the skills and education level necessary to work in high skill, high wage industries and occupations that allow residents to afford the high cost-of-living in Miami-Dade County. Enrollment in postsecondary institutions in Miami-Dade County and in the opportunity zones is examined in Table 3.9. From 2009 to 2017 overall post-secondary enrollment in Miami-Dade County schools slightly increased from 7.8 percent to 8.1 percent (Table 3.9). In the opportunity zones, postsecondary enrollment in 2017 was only 6.9 percent. Access to affordable education is a necessity for residents to have the ability to progress financially in Miami-Dade County.

**Table 3.9:** Postsecondary Institution Enrollment in Miami-Dade County & in Opportunity Zones

	2009	2017	OZ
Count	184,462	211,968	23,480
% Enrolled	7.8%	8.1%	6.9%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

A major barrier to accessibility to higher education is the cost of attendance. Tables 3.10 and 3.11 below show tuition and fees of Miami-Dade County's main public institutions from 2000 to 2017. Miami Dade College is the largest institution of higher education in the state and the second largest in the country, with eight campuses, over 165,000 students and more than 300 educational pathways. It is also one of the most affordable options for higher educational attainment in Miami-Dade County, with only minimal increases in yearly tuition and fees. From 2000 to 2017, the cost of tuition and fees when adjusted for inflation increased by \$1,479.

**Table 3.10:** Miami Dade College Tuition & Fees

Year	Unadjusted	Adjusted for Inflation
2000	\$1,490	\$2,173
2009	\$2,585	\$3,025
2017	\$3,547	\$3,652

Source: The Chronicle of Higher Education, Tuition and Fees

Florida International University (FIU) is Miami-Dade County's public research university, serving over 50,000 students and offering more than 190 degree options. From 2000 to 2017 the cost of tuition and fees at FIU almost doubled, increasing by \$3,324 when adjusted for inflation. This increase in tuition can be considered a significant barrier for many residents when choosing whether to pursue higher education. While FIU increased its costs over the past 17 years, it is still relatively affordable when compared to over \$50,000 annual tuition cost at the largest private university, the University of Miami.

**Table 3.11:** Florida International University Tuition & Fees

Year	Unadjusted	Adjusted for Inflation
2000	\$ 2,350	\$ 3,427
2009	\$ 4,580	\$ 5,360
2017	\$ 6,558	\$ 6,751

Source: The Chronicle of Higher Education, Tuition and Fees

The number of Federal Pell Grants awarded to needy students also increased significantly from 2000 to 2017. The Federal Pell Grant Program "provides need-based grants to low-income undergraduate and certain post baccalaureate students to promote access to postsecondary education."<sup>37</sup> Pell grants help ease the financial burden on qualifying students. The number of Pell grant recipients at Miami Dade College increased by 42 percent from 2000 to 2017, while FIU recipients increased by 217 percent (Table 3.12). From 2000 to 2017, the percent of Pell Grant recipients at Miami Dade College increased from 36 percent to 39 percent, while at FIU the increase was from 31 percent to 48 percent. The significant increase during this 17-year period is representative of the increased financial need of students pursuing higher education and the necessity to promote and increase access to postsecondary educational opportunities.

**Table 3.12:** Federal Pell Grants Awarded to Miami Dade College and Florida International University

MDC	Recipients	Enrolled	% Awarded
2000	23,983	66,301	36%
2009	29,188	96,123	30%
2017	34,110	88,312	39%
FIU	Recipients	Enrolled	% Awarded
2000	6,924	22,698	31%
2009	10,683	31,589	34%
2017	21,920	45,813	48%

Source: U.S. Department of Education, Distribution of Federal Pell Grant Program Funds by Institution

<sup>37</sup> U.S. Department of Education, Federal Pell Grant Program, <https://www2.ed.gov/programs/fpg/index.html>

### ***CAHSD Youth Education, Training and Employment Services***

CAHSD offers a variety of services to young adults between the ages of 18 and 25 who need assistance with their education, training, or employment services. The Department's Youth Education and Training Services program assists young adults residing in Miami-Dade County in achieving their education or training goals such as high school completion, paid work experience, occupational training, employability skills training, team building, guidance and counseling, and AmeriCorps scholarships.

The Youth Employment Services program is designed for young adult men residing in County Commission District 3 and assists them in achieving their employability goals. The program provides services such as; counseling, job development, job placement, job retention, employability skills training and guidance, employment orientation, and information and referrals.

The expansion of the Youth Education and Training Services program and the Youth Employment Services program to more community resource centers in Miami-Dade County would help improve the educational attainment levels and job skills of young adults throughout the County. These programs provide vital services to individuals entering the workforce to gain marketable skills that would help them achieve and retain higher-paying employment and improve their overall quality of life. These programs provide alternative options for young adults who may not have finished their formal schooling or were diverted from further educational endeavors after high school, to develop the necessary job skills. There are many different reasons why a student may not finish high school or may choose not to attend college or university, but programs that allow them to gain job skills and enter higher-wage, higher-skill industries must be available in order to develop a strong and advancing workforce.

### ***Community Perception of Educational Needs***

Increasing educational opportunities and attainment throughout the County is necessary to develop a highly-skilled workforce to remain competitive in high-skill, high-wage industries. Approximately 36.6 percent of community survey respondents stated a lack of access to high-performing public schools as a significant issue in their neighborhoods, and 23.6 percent stated high-quality neighborhood schools are missing from their communities.

Partner survey respondents also emphasized the need for increased resources to be directed toward educational programs. Many of the community organizations already contain an educational program component but they believe increased promotion of their programs could help promote overall wellbeing in the community with one respondent stating, "Education needs to be promoted and encouraged throughout the community. Technical programs like the ones we offer provide a better future."

The educational concerns brought up in the focus groups ranged from the need to expand early childhood quality education programs to easier accessibility for adults to pursue higher education. Many participants felt that these programs should be targeted toward the youth in the community to attain a higher level of education and be able to afford to live in the areas where they grew up. The need for the expansion of educational programs and scholarships for youths in the community, the Head Start programs and affordable daycare facilities were all major concerns for focus group participants. There was a significant emphasis on advocating for increased resources and funding for the educational system in Miami-Dade County and creating programs that would support the upward mobility of young residents.

## IV. Housing

Participants in the focus groups emphasized affordable housing as the number one quality of life issue facing Miami-Dade County residents. Many participants expressed distress over the increase in large and expensive development projects that are coming into their communities and pricing out long-time community members while others remarked on the political nature of affordable housing and unfair and unequal affordable housing development and allocation. Many participants remarked on the fact that many residents must work multiple jobs to pay for housing while one participant stated, “people who make decent money don’t make enough to afford to live in a decent neighborhood.” With large percentages of cost-burdened renters and owners, rising housing costs combined with the stagnation in wages and lack of employment opportunities are impacting residents who recognize that they simply cannot afford the cost of living in Miami-Dade County.

### Housing Occupancy

The total number of housing units in Miami-Dade County increased by 4.8 percent from 2009 to 2017 (Table 4.1). Out of the 1,008,908 total housing units, 858,289 units (85.1 percent) were occupied, and 150,619 (14.9 percent) were vacant. While occupied housing units increased by 3.7 percent, which coincides with the growth in total housing units, the significant 11.6 percent increase in vacant housing units is notable. The increase in vacant housing units is representative of the growing unaffordability of housing for county residents.

**Table 4.1: Housing Occupancy**

	2009	2017	% Change
Total Housing Units	962,935	1,008,908	4.8%
Occupied housing units	827,931	858,289	3.7%
Vacant housing units	135,004	150,619	11.6%

Source: U.S. Census, ACS, 2009 and 2017 5-year Estimates

In 2017, 47.7 percent of total vacant housing units were for seasonal, recreational, or occasional use, while 19.0 percent were categorized as “other vacant” properties and 18.6 percent were for rent (See Table 4.2). Housing units that were rented but not occupied accounted for 4.4 percent of total vacant units, while housing units that were sold but not occupied accounted for 4.1 percent of vacant units. According to a study by LendingTree in 2019, an explanation for the large percentage in vacant housing units in Miami-Dade County is that South Florida, especially Miami, is a popular destination for homeowners to buy secondary residences as vacation or seasonal homes.<sup>38</sup>

**Table 4.2: Vacancy Rates, 2017**

	Count	%
For rent	28,071	18.6%
Rented, not occupied	6,583	4.4%
For sale only	9,223	6.1%
Sold, not occupied	6,120	4.1%
For seasonal, recreational, or occasional use	71,818	47.7%
For migrant workers	208	0.1%
Other vacant	28,596	19.0%
Total:	150,619	14.9%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

Table 4.3 shows that in the 67 opportunity zones examined, there were 118,724 total housing units, 106,401 (89.6 percent) of which were occupied, and 12,323 (10.4 percent) were vacant. The total housing units within the opportunity zones account for 11.8 percent of the total housing units, 12.4 percent of occupied housing units, and 8.2 percent of vacant housing units in Miami-Dade County.

**Table 4.3: Housing Occupancy in Opportunity Zones, 2017**

	Count	% of Units in County
Total Housing Units	118,724	11.8%
Occupied housing units	106,401	12.4%
Vacant housing units	12,323	8.2%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

<sup>38</sup>Kapfidge, (2019) LendingTree Ranks Metros with the Highest Vacancy Rate, <https://www.lendingtree.com/home/mortgage/highest-vacancy-rates/>

From 2009 to 2017, there was a significant shift in the number of owner-occupied units compared to renter-occupied units (Table 4.4). Owner-occupied housing units significantly decreased from 58.3 percent in 2009 to 52.2 percent in 2017, while renter-occupied housing units significantly increased from 41.7 percent to 47.8 percent in 2017. The decrease in owner-occupied housing units and the increase in renter-occupied housing units is representative of the diminished ability of residents' ability to afford to purchase a home in Miami-Dade County.

**Table 4.4:** Owner & Renter-occupied Housing Units in Miami-Dade County and in Opportunity Zones

	2009	2017	OZ 2017
Owner-occupied	58.3%	52.2%	8.6%
Renter-occupied	41.7%	47.8%	16.6%

Source: U.S. Census, ACS, 2009 and 2017 5-year Estimates

In 2017, owner-occupied housing units accounted for 52.2 percent of all housing units, while renter-occupied housing units were 47.8 percent of occupied units in the County. In contrast, in the 67 opportunity zones owner-occupied units were 36.1 percent of housing units, while renter-occupied units accounted for 63.9 percent of units. Owner-occupied housing units in the opportunity zones were only 8.6 percent of the total owner-occupied units in Miami-Dade County, while renter-occupied units in the zones were 16.6 percent of all renter-occupied units in the County. Within the opportunity zones, there were much higher concentrations of renters than homeowners which can be attributed to a lack of affordable housing units for purchase, and the lower income levels of residents within the opportunity zones.

## Housing Costs

From 2009 to 2017, the median value of occupied housing units decreased by 14.0 percent from \$282,300 to \$242,800. Although this decrease in median value suggests that housing should be more affordable in 2017, with the rising cost-of-living and stagnation of wages, housing is still highly unaffordable for a large portion of residents in Miami-Dade County.

**Table 4.5:** Median Value of Owner-Occupied Housing Units

	2009	2017
Median Value	\$282,300	\$242,800

Source: U.S. Census, American Community Survey, 2009 and 2017 5-year Estimates

From 2009 to 2017, there was an 18.8 percent increase in households paying rent on occupied units. The monthly cost of housing for renters in the County is displayed in Table 4.4 below and details the overwhelming growth in the number of renters who are paying more than \$1,000 a month on rent. Renters paying \$1,000 to \$1,499 a month on rent increased by 40.3 percent, but the most significant growth from 2009 to 2017 is the increase in renters paying \$1,500 to \$1,999 a month and renters paying over \$2,000 a month. Renters paying \$1,500 to \$1,999 a month increased by 118.4 percent while renters paying over \$2,000 a month increased by 197.5% over the eight years. These significant increases in the number of residents paying over \$1,000 a month on rent are indicative of the rising cost-of-living throughout Miami-Dade County.

**Table 4.6:** Monthly Housing Cost for Renters

	2009	2017	% Change
Occupied units paying rent	333,414	396,015	18.8%
Less than \$500	39,633	31,988	-19.3%
\$500 to \$999	140,518	100,653	-28.4%
\$1,000 to \$1,499	105,210	147,624	40.3%
\$1,500 to \$1,999	34,391	75,109	118.4%
\$2000 or more	13,662	40,641	197.5%

Source: U.S. Census, American Community Survey, 2009 and 2017 5-year Estimates

When rent costs in the 67 opportunity zones were examined, the largest group of renters (27,499 renters) were paying an average of \$500 to \$999 a month on rent, making up 27.3 percent of all renters in the County with monthly rent costs falling in that price bracket (Table 4.7). Renters residing in the opportunity zones also account for 29.9 percent of all renters in Miami-Dade County paying less than \$500 a month on housing, and only account for 2.4 percent of all renters paying over \$2,000 a month. Due to the opportunity zones being located in economically distressed communities in Miami-Dade County, affordable housing and public housing developments had already been established in many of these areas. The already established affordable and public housing units in these zones can be attributed to why large percentages of residents in opportunity zones are paying less than \$999 a month in rent.

**Table 4.7:** Monthly Cost of Housing for Renters in Opportunity Zones (OZ), 2017

	OZ	% of total in County
Occupied units paying rent	65,640	16.6%
Less than \$500	9,550	29.9%
\$500 to \$999	27,499	27.3%
\$1,000 to \$1,499	21,391	14.5%
\$1,500 to \$1,999	5,603	7.5%
\$2000 or more	1,597	2.4%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

## Mortgage

In 2017, 63.0 percent of housing units had a mortgage, while 37.0 percent did not (Table 4.8). In the 67 opportunity zones examined, 60.5 percent of homes had a mortgage while 39.5 percent did not. 8.2 percent of all homes with a mortgage and 9.1 percent of homes without a mortgage of Miami-Dade County were located in the opportunity zones.

**Table 4.8:** Mortgage Status for Homeowners in Miami-Dade County & in Opportunity Zones (OZ), 2017

	County	OZ	%
Housing Units with a mortgage	282,187	23,261	8.2%
Without a mortgage	165,824	15,168	9.1%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

## Housing Affordability

The number of households in Miami-Dade County that are considered cost-burdened decreased for owners but increased significantly for renters. Housing affordability is measured by the percentage of income families spend on their housing costs. A threshold of 30 percent is the standard of affordability since 1981. According to HUD, households that spend more than 30 percent of their overall household income on housing costs are considered to be housing cost-burdened. Those households spending more than 50 percent of their household income are considered extremely cost-burdened.

Miami-Dade County's pattern of cost-burden is distinguished from the rest of the U.S. in three ways: 1) its excessively high composition of cost-burdened households, 2) its rising composition of cost-burdened renter households, and 3) its rising portion of "severely" cost-burdened households.

Miami-Dade County's high rate of cost-burdened households became a permanent feature of the local economy. Nationally, the composition of cost-burdened households rose from 28 percent of all households to 36 percent at the peak of the recession in 2010 and since declined to 32 percent. In Miami-Dade County, the percentage of cost-burdened households consistently runs at 1.5 times the national average. The most significant difference between Miami-Dade County and the rest of the nation is the rate of growth in cost-burdened renter households. At the national level, cost-burdened owner households grew from 13 percent to 19 percent of all households from 2000 to 2010, decreasing to 14.9 percent by 2015. The pattern is similar for renter households across the nation – growing from 14.3 percent to 17.5 percent from 2000 to 2010 and decreasing to 17.3 percent of all households. In Miami-Dade County, rather than peaking and receding, cost-burdened renter households' composition is steadily growing without interruption since 2000.

According to the U.S. Census, the number of cost-burdened owners in Miami-Dade County decreased in the past eight years. Table 4.9 shows that in 2009, 41.8 percent of household owners were considered cost-burdened

while in 2017 only 28.6 percent were considered cost-burdened. The number of homeowners who were considered to be extremely cost-burdened also decreased from 21.3 percent in 2009 to 13.7 percent in 2017.

**Table 4.9: Cost Burdened Owners & (%) Change**

	2009	%	2017	%	% Change
<b>Total:</b>	482,841		448,011		-7.2%
30.0 to 34.9%	32,637	6.8%	23,679	5.3%	-27.4%
35.0 to 39.9%	26,904	5.6%	18,116	4.0%	-32.7%
40.0 to 49.9%	39,209	8.1%	24,795	5.5%	-36.8%
50.0% or more	102,911	21.3%	61,350	13.7%	-40.4%
<b>Total</b>	<b>201,661</b>	<b>41.8%</b>	<b>127,940</b>	<b>28.6%</b>	<b>-36.6%</b>

Source: U.S. Census, American Community Survey, 2009 and 2017 5-year Estimates

There are even larger percentages of renters that are considered cost-burdened and extremely cost-burdened throughout the County. Table 4.11 shows that both cost-burdened renter households and extremely cost-burdened renter households increased from 2009 to 2017. The total number of cost-burdened and extremely cost-burdened renter households rose from 60.5 percent in 2009 to 61.4 percent in 2017, with extremely cost-burdened renters increasing from 32.9 percent in 2009 to 34.1 percent in 2017.

**Table 4.10: Cost Burdened Renters & (%) Change**

	2009	%	2017	%	% CHANGE
<b>Total:</b>	345,090		410,278		18.9%
30.0 to 34.9%	33,410	9.7%	36,502	8.9%	9.3%
35.0 to 39.9%	25,391	7.4%	30,321	7.4%	19.4%
40.0 to 49.9%	36,563	10.6%	44,847	10.9%	22.7%
50.0% or more	113,463	32.9%	140,062	34.1%	23.4%
<b>Total</b>	<b>208,827</b>	<b>60.5%</b>	<b>251,732</b>	<b>61.4%</b>	<b>20.5%</b>

Source: U.S. Census, ACS, 2009 and 2017 5-year Estimates

The increase in cost-burdened renter households coincided with the increase in home values during the housing bubble. Miami-Dade County's median gross rent increased from \$1,057 in 2011 to \$1,290 in 2018 (22 percent increase). As such, the number of cost-burdened renter households increased substantially during this period. It is worth noting that gross rent is defined by the U.S. Census as the amount of contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid for by the renter, or paid for the renter by someone else.

The rising number of cost-burdened households is contributing to the homelessness epidemic and a significant number of residents moving away from the County or the State to find a more affordable area to live in.

Housing affordability also affects the household size, as younger adults are delaying the move out of their parents' household, and older/retired adults are living with their younger family members. According to the U.S. Census Bureau, the share of Americans living in multigenerational households (homes with two or more adult generations) hit an all-time high in 2016. That same year, the number of multigenerational households increased to 20 percent of the U.S. population, or 64 million people.

In 2009, the average household size of owner-occupied housing was 3.04, and renter-occupied housing was 2.68. In 2017, the average household size of owner-occupied housing increased to 3.29, and renter-occupied increased to 2.88. The overall average household size in Miami-Dade County increased from 2.89 in 2009 to 3.09 in 2017<sup>39</sup>.

<sup>39</sup> U.S. Census, 2009 & 2017 ACS 5-Year Estimates

### Community Perception of Housing Affordability

Affordable housing was a major concern for all stakeholders who participated in the Community Survey, Partner Survey, and focus groups. In the Community Survey, 64.0 percent of respondents selected affordable housing as a significant problem in the community, while 52.0 percent indicated that affordable housing is lacking in their community. Approximately 46.9 percent of respondents reported housing expenses of \$1,300 or more. Based on the self-reported data of housing costs and income, roughly 35 percent of respondents pay more than 30 percent of their income on housing costs.

In the Community Partner Survey, 17 respondents indicated lack of affordable housing as the primary issue. With the rising cost of living and housing costs, respondents felt that many residents could not afford the cost of housing in Miami-Dade County, and the lack of affordable housing is exacerbating the issue. Respondents noted that the "homes were too expensive, and rent was too high," and the "inflated costs," made it challenging to serve all the residents who required assistance.

The lack of affordable housing in Miami-Dade County was one of the top three issues for 43 out of 64 focus group participants. In areas such as Florida City, Allapattah, and Hialeah, participants mentioned that lack of affordable housing has created multigenerational households, with multiple family members live in a two- or three-bedroom house. Another issue with affordable housing mentioned in many of the focus groups was fair and equal affordable housing for all. A participant in the Opa-Locka focus group stated that she had "no problem with development, but it is not equal development," with another participant in Edison/Little River saying, "affordable housing is so political." Many participants expressed their concerns about the lack of fairness regarding affordable housing development and allocation. Safe, decent and affordable housing should be available for all community members, including historically disenfranchised groups such as the homeless and veterans, and across all racial and ethnic groups.

### Utilities and Living Conditions

The majority of residents living in Miami-Dade County reside in homes with adequate utilities and living conditions. Over 99 percent of residents in the County live in housing units with complete plumbing systems and kitchens. Conduent Healthy Communities Institute estimates that 31.1 percent of Miami-Dade County residents experience severe housing problems, when affordability, overcrowding, and substandard housing facilities are taken into account.

The number of individuals living in housing with telephone service increased by 2 percent in the last eight years. The U.S. Census Bureau collected information on telephones or telephone service in occupied housing units since the 1960 decennial census. Over time, the questions have been phrased to include any type of telephone service, including landline, VOIP, and cell phone. In 2017, 92 percent of housing units use electricity as house heating fuel, while 2.4 percent utilize utility gas (Table 4.11). These numbers are representative of the adequate condition of housing facilities available in the County.

"Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards."

Conduent Healthy Communities Institute.  
*Miami Matters: Measuring What Matters in Miami-Dade County.*  
<http://www.miamidadematters.org/indicators/index/view?indicatorid=2365&localeid=414>

**Table 4.11: Occupied Housing with Utilities & (%) Change**

	2009	2017	Percent Change
Total Occupied Units	827,931	858,289	3.7%
Facilities with Complete Plumbing	99.6%	99.6%	0.0%
Facilities with Complete Kitchens	99.3%	99.3%	0.0%
Facilities with Telephone Service	94.2%	96.1%	2.0%
<b><u>House Heating Fuel</u></b>			
Utility gas	2.2%	2.4%	9.9%
Bottle, Tank or L.P. gas	0.6%	0.5%	-18.3%
Electricity	92.2%	92.0%	-0.2%
Fuel Oil, Kerosene, etc.	0.1%	0.1%	7.8%
Coal or Coke	0.0%	0.0%	0.0%
All other fuels	0.1%	0.1%	-6.8%
No fuel used	4.7%	4.9%	3.4%

Source: U.S. Census, ACS, 2009 and 2017 5-Year Estimates

## Housing Mobility

According to the U.S. Census Bureau's Census Flows Mapper, the number of individuals over the age of 1 living in Miami-Dade County increased by 6.0 percent from 2013 to 2017 (Table 4.12). This increase is largely due to an increase of residents moving into Miami-Dade County from abroad, which increased by 30.8 percent from 2013 to 2017. The number of individuals from different counties who are moving into Miami-Dade County decreased by 7.7 percent along with the number of individuals moving into the County from different states which decrease by 16.0 percent. Residents from Miami-Dade County that moved to another county increased by 9.7 percent while those who moved to another state increased by 0.4 percent. The increase in residents moving out of the County is felt deeply by community members. Community Needs Assessment focus group participants from Coconut Grove expressed their grief at the outflux of community members, with one stating, "people have disappeared," and another stating, "there was a time when 30,000 people lived here and now there are only 3,500." The increasing cost of living combined with the lack of adequate job opportunities and high housing costs have caused many long-time residents to move to other counties or states where housing and daily living are more affordable.

**Table 4.12: Housing Mobility and (%) Change, 2009-17**

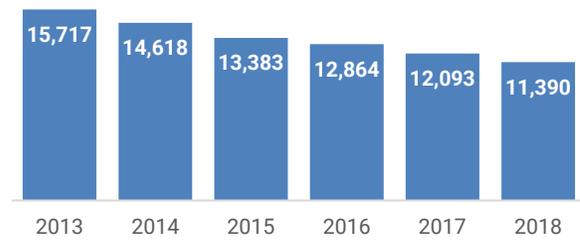
	2013	2017	Change
Total Estimate Population 1 year +	2,520,806	2,672,590	6.0%
Moved from different County, same state	28,869	26,660	-7.7%
Movers to a different County, same state	49,736	54,549	9.7%
Moved from different state	29,715	24,973	-16.0%
Movers to a different state	39,576	39,729	0.4%
Moved from abroad	38,191	49,942	30.8%

Source: U.S. Census, Census Flows Mapper, 2013 and 2017 5-year Estimates

## Evictions

Eviction filings are only recorded by Miami-Dade County for the South District, South Central District, East District, North District, Northwest District, and North Central District. Renters and tenants can be evicted by their landlords for not paying rent. Eviction filings for the six districts decreased by 27.5 percent from 2013 to 2018. This decrease in eviction filings may indicate that while housing costs have continued to rise in Miami-Dade County more renters have been able to pay their rent since 2013.

Figure 4.1: Eviction Filings



Source: Miami-Dade County Clerk of Courts, Eviction Filings, 2013-2018

## Overall Homelessness

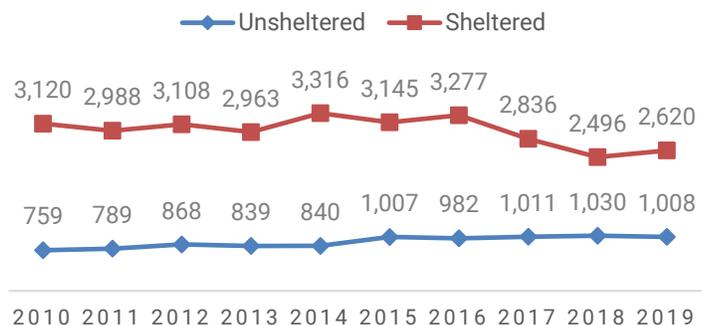
HUD defines homelessness as not having a fixed, regular, and adequate night-time residence. This includes individuals who are living on the streets, in shelters, welfare hotels, transitional housing programs, or couch surfing with friends and relatives. The Miami-Dade County Homeless Trust took on the task of ending homelessness throughout the County by providing services and resources to families and individuals who are homeless or are about to become homeless. To better understand the state of homelessness in the community, each year, the Trust undertakes an annual count of the individuals and families who are living unsheltered on the street and those who are living in temporary or emergency shelters. Figure 4.2 shows that while the number of homeless individuals remained relatively unchanged over the past ten years, the number of homeless people in our community is quite large. These numbers, while significant, are still not representative of the total number of individuals and families within the community who are homeless, this is simply an estimate taken of the homeless population that was visible to the Homeless Trust Census volunteers during the count, including families with school-aged children who are living in shelters, hotels, transitional housing, or on the street.

The number of homeless individuals in Miami-Dade County is likely much larger than the estimates from the Homeless Trusts' annual counts if every person who lives within the confines of the legal definition of homelessness is included.

Many partner survey respondents listed housing for the homeless population in Miami-Dade County as one of the top unmet needs in the community. Multiple respondents commented on the need for more emergency shelters for homeless individuals and families and homeless prevention services. Another participant commented on the lack of shelter for women with children that are not domestic violence survivors but are simply just homeless. The lack of support services for individuals who are homeless is a growing concern among community organizations in Miami-Dade County and is an area in which additional attention must be directed.

Increased attention on the homeless population in the County was also a major concern for multiple focus group participants who emphasized the need to resolve the housing challenges in Miami-Dade County through fair housing efforts and a greater focus on the homeless population.

Figure 4.2: Total Number of Homeless Individuals



Source: Miami-Dade County Homeless Trust. Point-in-Time

## Public Housing and Subsidized Housing Programs

Miami-Dade County's Public Housing and Community Development Department oversees the County's Public Housing Program, Section 8 Housing Choice Voucher Program, Section 8 Moderate Rehabilitation Program, and Section 8 New Construction Program. Each program aims to provide low-income individuals and families with adequate and safe housing at a price they can afford. Public housing programs are different from Section 8 Housing Programs because units are owned and run by the public housing authority. Housing authorities exist at both the County level and in some large municipalities – such as Miami, Miami Beach, and Hialeah. Therefore, each level of government oversees its own public housing units and subsidized housing programs.

The Section 8 Housing Choice Voucher Program is a tenant-based program in which tenants can choose their rental unit within the private housing market. Section 8 Housing Choice Voucher program's subsidized housing units are owned and operated by private owners who receive subsidies in exchange for renting to very low, low, and moderate-income individuals. Private owners can be individuals, private or nonprofit corporations. The tenants find rental housing in a private housing complex, and the subsidy is then paid to the private landlord. These housing subsidies are also referred to as a tenant-based voucher. In multifamily subsidized housing units, the subsidy stays with the property and is given directly to the owner of the building, who then provides affordable housing. These subsidies are also referred to as project-based vouchers. Section 8 tenants typically pay about 30 percent of their income on rent, while the County's Public Housing and Community Development department or the U.S. Department of Housing and Urban Development pays the difference.

The Section 8 Moderate Rehabilitation program assists very low-income families and individuals in rehabilitated multifamily buildings. The Section 8 New Construction program provides direct rental subsidies to building owners who house low-income tenants in new or recently renovated units. Tenants participating in each of these programs pay 30 percent of their income for rent, and the County or municipal housing authority pays the difference.

Miami-Dade County oversees more than 9,000 public housing units. The leasing of 14,310 units was facilitated through the Section 8 Housing Choice Voucher program, 596 units under the Section 8 New Construction program, and 1,898 units under the Section 8 Moderate Rehabilitation program. The City of Miami Public Housing Authority oversees 6,500 public housing units and 15,000 subsidized housing units. The City of Miami Beach only has one public housing property of 200 housing units for the elderly and 1,451 multifamily affordable housing units. The City of Miami Beach also manages a First-Time Homebuyer Program that assists first-time buyers with affordable housing. The City of Miami Affordable Housing Master Plan Draft documents the need for affordable housing and recommends for the City of Miami's to "grow the supply of affordable housing units by 20 to 25 percent by 2030," requiring the "preservation or development of 32,000 units over the next ten years."<sup>40</sup>

## Section 8 Waitlist

The lack of affordable housing in Miami-Dade County has created a high demand for Public and Subsidized housing. As of 2018, the number of public and subsidized housing units funded by the County and the municipal housing authorities increased substantially. Even with the increased number of subsidized housing units there are still overwhelming unmet housing needs within the County. Miami-Dade County currently has 35,184 people on their Section 8 Housing Choice Voucher program waiting list and 13,444 people on their Section 8 Moderate Rehabilitation program waiting list. The City of Miami Beach currently has 545 participants on their Section 8 Housing Choice Voucher program waitlist while the City of Miami capped their waitlist at 100 and is currently on

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<sup>40</sup> FIU Jorge M. Perez Metropolitan Center (2020) City of Miami Affordable Housing Master Plan Draft, <file:///C:/Users/camil/Downloads/City%20of%20Miami%20Affordable%20Housing%20Master%20Plan%20Draft-compressed.pdf>

participant number 28. The high number of residents on a Section 8 housing voucher waitlist is linked to the lack of affordable housing and the rise of income inequality and poverty in the County.

## CAHSD Housing Assistance Programs

The Community Action and Human Services Department provides numerous services through housing programs for qualifying Miami-Dade County residents. CAHSD's housing programs include rental and other assistance for the homeless or evicted, home rehabilitation programs, home weatherization assistance, a residential construction mitigation program, paint, and hurricane shutter assistance, and home beautification. Each program is designed to help alleviate housing costs or improve housing conditions for residents. Many programs aim to help low-income residents maintain safe and adequate housing.

The Rental and Other Assistance for the Homeless or Evicted program can help residents with their first month's rent payment, security deposit, mortgage, utility bills, emergency shelter, or food. There are three categories of housing assistance services, first-month assistance, rental assistance, or mortgage assistance. The maximum assistance for first-month assistance services and rental assistance is \$800, and the maximum assistance amount for mortgage assistance is \$1,200. If the maximum payment does not satisfy the payment requirements of the landlord or mortgage company, the resident receiving assistance must pay the remaining balance. Under this program, the resident can only receive one type of aid per year.

The Emergency Food and Shelter Program (EFSP), "provides assistance to eligible residents experiencing a one-time crisis situation which interrupts their ability to pay utility bills, rent/mortgage or secure necessary food."<sup>41</sup> The resident must be able to document the crisis and demonstrate their ability to maintain the housing expenses after the emergency assistance. Assistance for temporary shelter is also available on a limited basis.

CAHSD also manages two Home Rehabilitation Programs, the Housing Rehabilitation program, and the Single Family Home Rehabilitation program. The Housing Rehabilitation program provides forgivable loans to eligible low-income single-family homeowners to help them make repairs to their homes. The repairs are "prioritized to eliminate health and safety issues, correct code violations, make the home more energy-efficient and make improvements."<sup>42</sup> The Single Family Home Rehabilitation program also helps limited-income residents with home repairs by providing a housing inspector to help identify what repairs are needed in the home, assists in hiring licensed contractors, and ensures work on the house is progressing as planned.

The Home Weatherization Assistance Program is a federally funded program managed by CAHSD to assist low-income homeowners in making their homes energy-efficient. Repairs include attic insulation, low-flow showerheads, water heater jackets, energy-efficient light bulbs, weather-stripping, energy recovery ventilation (ERV), repair or replacement of doors, windows, refrigerators, water heaters or air conditioning systems.

CAHSD's Residential Construction Mitigation Program is a no-cost program funded by Florida Division of Emergency Management grants to provide retrofit measures to structures that serve as protection against wind drive forces such as hurricanes. Services provided include re-roofing, load path reinforcement, and opening protection (windows or shutters). Applications for the program are accepted on a first-come, first-served basis, but priority is given to low to moderate-income householders, seniors, and households with children.

The Paint and Hurricane Shutter Assistance Program is designed to assist individuals with the exterior painting or application of accordion hurricane shutters. The program provides forgivable loans on a first-come, first-served basis, and participation in the program is dependent on the availability of funds.

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<sup>41</sup> Miami-Dade County Community Action and Human Services Department, Rental and Other Assistance for the Homeless or Evicted, [https://www.miamidade.gov/global/service.page?Mduid\\_service=ser1497555806798351](https://www.miamidade.gov/global/service.page?Mduid_service=ser1497555806798351)

<sup>42</sup> Miami-Dade County Community Action and Human Services Department, Home Rehabilitation Programs, [https://www.miamidade.gov/global/service.page?Mduid\\_service=ser1541188139420804](https://www.miamidade.gov/global/service.page?Mduid_service=ser1541188139420804)

The Home Beautification program provides funding for exterior home painting and landscaping for residents within the County Commission Districts 1, 12, and 13. These upgrades are free for residents living in a single-family home.

CAHSD oversees two utility bill assistance programs for low-income individuals and families unable to pay their utility and gas bills. The first program is a federally funded program called the Low Income Home Energy Assistance Program (LIHEAP) that helps low-income households pay for the cooling or heating of their homes. LIHEAP helps qualified residents pay their energy bills and assist individuals suffering from an energy crisis. The two categories of assistance are Regular Home Energy Assistance and Crisis Home Energy Assistance. Regular Home Energy Assistance provides one-time benefit payment once a year, maximum amount of aid \$600. The amount of assistance is based on household income, size, and composition. The Crisis Home Energy Assistance category is limited to once during the cooling season and once during the heating season, and the applicant must have a final notice or shut-off of electricity. The maximum assistance is \$1,000 per season based on the need during the crisis. During the COVID-19 pandemic, LIHEAP is providing crisis assistance up to \$2,000 for those residents who are currently experiencing hardship in paying their home energy bills due to the pandemic.

The second light bill assistance program is the Florida Power and Light Care to Share Program that was implemented to provide emergency assistance funds to households with low income and in imminent danger of having their “services disconnected and are unable to make a payment due to hardship or lack of funds.”<sup>43</sup> Applicants are screened at one of the thirteen Community Resource Centers in Miami-Dade County and can receive a maximum one-time payment of \$600 within 12 months.

The third light bill assistance program is the Energy Assistance Program for households with one person aged 60 or older during a home energy emergency. The energy emergency may result from a receipt of disconnection notice or a delinquent utility bill.

Each of these programs provides supportive services for homeowners and renters to help residents maintain safe and affordable housing. These housing programs and light bill assistance programs can be the difference between safe housing and homelessness, and the expansion of these programs is a necessity for the overall wellbeing of community members in Miami-Dade County. With the economic consequences of the COVID-19 pandemic beginning to become glaringly apparent for many homeowners and renters, the expansion of safety net programs such as those managed by the CASHD will be even more critical moving forward.

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<sup>43</sup> Miami-Dade County Community Action and Human Services Department, Light Bill Assistance, [https://www.miamidade.gov/global/service.page?Mduid\\_service=ser1504204216164378](https://www.miamidade.gov/global/service.page?Mduid_service=ser1504204216164378)

## V. Transportation

Access to adequate transportation is a necessity in Miami-Dade County. Substantial population increases come with increased traffic congestion and wear and tear on major roadways and public transportation systems. In the Community Needs Assessment focus groups, transportation was the third most significant quality of life issue for participants. Participants in the Florida City focus group expressed feeling congested in their area due to the large population increase over the past ten years and the significant roadway developments that have been made to accommodate the increase in daily traffic to and from the area. Participants from the Hialeah and Coconut Grove focus groups discussed major changes to the bus routes and limited access to public transportation for residents in their areas causing significant delays for residents who rely on public transportation as their main method of getting to their destinations. Lack of safe and reliable transportation is a growing concern for Miami-Dade County residents.

*54.2% of survey respondents indicated traffic and road congestion is a major problem in their community.*

### Access

Access to transportation is of vital importance in Miami-Dade County due to it being a commuter-centric area in which many residents use their vehicles as their primary mode of transportation. The number of vehicles available for occupied housing units remained relatively high from 2009 to 2017, while the number of housing units with no vehicles available decreased slightly (Table 5.1).

**Table 5.1: Vehicle Availability for Occupied Housing Units, 2009-17**

	2009	2017
Total Population	827,931	858,289
No vehicles available	11.3%	10.7%
1 vehicle	39.1%	39.3%
2 vehicles	35.4%	34.8%
3 or more vehicles	14.2%	15.2%

Source: U.S. Census, ACS 2009 and 2017, 5 Year Estimates

The number of individuals who commute to work every day in the County rose slightly over eight years. The primary mode of transportation to work each day is driving alone by car, truck, or van with the second most cited mode of transportation being carpooling with other commuters in a car, truck, or van. There have been slight decreases in individuals primarily using these two forms of transportation from 2009 to 2017, which may be due to an increase in the number of commuters who now have the option to telecommute. To cut back on the high levels of traffic in the County some companies have enacted telecommute or flexible options for their employees to work from home either some or all workdays. This trend reflects the increased percentage of people who telecommute - from 3.4 percent in 2009 to 4.9 percent in 2017. On the other hand, public transportation usage decreased from 5.7 percent in 2009 to 5.2 percent in 2017 (Table 5.2). This decrease in public transportation may be attributed to the changing of bus routes and increasingly limited bus schedule, which participants in the Community Needs Assessment focus groups discussed as making it harder for residents to rely on public transportation as a reliable source of moving throughout Miami-Dade County. Accessible, affordable, and

**Table 5.2: Means of Transportation to Work**

	2009	%	2017	%
Total Population who Work	1,092,916		1,251,193	
Car, Truck or Van-Drove Alone	840,896	76.9%	961,416	76.8%
Car, Truck or Van- Carpooled	105,568	9.7%	111,870	8.9%
Taxicab	1,421	0.1%	3,024	0.2%
Motorcycle	2,219	0.2%	2,855	0.2%
Bicycle	3,976	0.4%	7,484	0.6%
Walked	23,399	2.1%	26,122	2.1%
Other means	15,670	1.4%	11,478	0.9%
Telecommuted	37,596	3.4%	61,423	4.9%
<b>Public Transportation</b>	62,171	5.7%	65,521	5.2%
Bus or Trolley Bus	54,101	5.0%	56,088	4.5%
Streetcar or Trolley Car	562	0.1%	555	0.0%
Subway or elevated rail	5,205	0.5%	7,118	0.6%
Railroad	2,211	0.2%	1,723	0.1%
Ferry Boat	92	0.0%	37	0.0%

Source: U.S. Census, American Community Survey, 2009 and 2017 5-Year estimates

well-designed public transportation that connects people with jobs, recreation, education, and other opportunities is a necessity to help diminish air pollution and traffic congestion that is currently plaguing the County.

The transportation modes of Miami-Dade County residents did not change significantly from 2009 to 2017. The use of public transportation decreased by 0.5 percent from 5.7 percent in 2009 to 5.2 percent in 2017. However, the percentage of residents who walk to work remains the same at 2.1 percent. The percentage of residents who work at home increased from 3.4 percent to 4.9 percent. The mean travel time for work from 2009 to 2017 increased from 29.9 minutes to 31.3 minutes.<sup>44</sup>

Table 5.3 shows that in 2017, 54.6 percent of workers in Miami-Dade County commuted less than 10 miles from their residence to their job location. Approximately 16 percent, or over 175,000 workers, commuted more than 25 miles to their jobs. The proportion of workers who travel long distances remained the same since 2009.

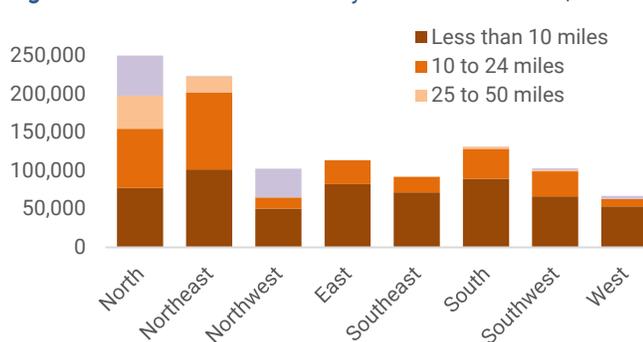
Consistent with the availability of housing and traffic patterns, the data shows that most workers live north/northeast or south/southwest of their job location (Figure 5.1). About 78 percent of employed Miami-Dade County residents live *and* work in the County while the remaining 22 percent travel outside the County for work.

**Table 5.3: Jobs by Distance - Home Census Block to Work Census Block**

	Count	Share
< 10 miles	593,138	54.6%
10-24 miles	325,456	30.0%
25-50 miles	69,214	6.4%
50+ miles	98,423	9.1%

Source: U.S. Census Bureau, Center for Economic Studies, On the Map 2017.

**Figure 5.1: Worker Job Counts by Distance/Direction, 2017**



Source: U.S. Census Bureau, Center for Economic Studies, On the Map 2017.

The reliance on personal vehicles for transportation and the increased travel time also adds to the cost of living. The Center for Neighborhood Technologies (CNT) developed the Housing and Transportation (H+T®) Affordability Index. This index provides a comprehensive view of affordability, including both the cost of housing and the cost of transportation. CNT defined an affordable range for H+T as the combined costs consuming no more than 45 percent of income. According to the H+T Affordability Index, Miami-Dade County's median monthly housing costs, as a percentage of monthly household income, is 37 percent. However, when transportation costs are combined with housing costs, the percentage of household income soars to an average of 60 percent, far above the 45 percent H+T Affordability Index threshold. Except for the City of Opa-Locka, all other municipalities in Miami-Dade County have an H+T Affordability Index far above the 45 percent threshold.<sup>45</sup>

**Table 5.4: Average Housing & Transportation Costs as % of Income**

	%
Housing + Transportation Costs % Income:	593,138
Housing Costs % Income:	325,456
Transportation Costs % Income:	69,214

Source: Center for Neighborhood Technology

<sup>44</sup> U.S. Census, 2009 & 2017 ACS 5-Year Estimates

<sup>45</sup> CNT, <https://www.cnt.org/tools/housing-and-transportation-affordability-index>

### ***Community Perception of Access to Transportation***

For 54.2 percent of survey respondents, traffic and road congestion were significant problems in their neighborhood. Due to the high percentage of respondents belonging to the higher age groups, many respondents overall are public transportation users (26.1 percent). Still, most respondents indicated they rely on their vehicles for transportation (66.5 percent). If only working-age respondents are considered, public transit users account for only about 22 percent of respondents, while 77 percent rely on their vehicle. Approximately 19.2 percent of survey respondents indicated reliable public transportation as missing from their neighborhoods.

For the focus group participants, the third most significant quality of life issue was transportation. With substantial population increases for many of the communities where focus groups were held, increased traffic congestion is proving to be a significant concern for residents. Participants in the Florida City focus group indicated the population increase has caused residents to feel congested in their community. It has created considerable roadway developments and infrastructure improvements to accommodate the increase in daily traffic to and from the area. In Allapattah, participants expressed concern and frustration at the quality of their roads that are not being improved upon or expanded to accommodate large numbers of people living and visiting the area. In Hialeah, one participant mentioned that the bus schedule had changed repeatedly over the past five years, eliminating many bus routes and changing the bus operation hours to close on the weekends. The change in bus routes and the elimination of some routes altogether caused significant transportation delays for residents who rely on the bus as their primary transportation source. In Coconut Grove, participants stated similar concerns regarding public transportation in their community. The change in the bus routes made it harder for residents to reach their destinations in reasonable times. Many participants expressed frustration at the “inadequate transportation” in the County and the need for the “expansion of transportation.”

## VI. Community Safety and Justice

### Child Safety

The safety of school-aged children throughout Miami-Dade County is a primary focus of public services and programs. Data from Florida Health Charts show the number of children experiencing child abuse significantly decreased within the last five years. In 2017, there were 772 child abuse cases reported, down from 1,583 cases in 2014 (Figure 6.1). The number of reported children experiencing sexual violence also steadily decreased from 89 cases in 2013 to 52 cases in 2017 (Figure 6.2). This decrease might be the result of increased community attention and programs that provide support for parents and kids from vulnerable populations.

The number of reported domestic violence offenses in Miami-Dade County also decreased over the past decade. An increase in services for families and children who are facing domestic violence within the home might be a contributor to the consistent decrease in cases. Miami-Dade County's Coordinated Victims Assistance Center, along with other community organizations such as Lotus House Women's Shelter and Miami Rescue Mission Center for Women and Children, provide specialized care for victims of domestic violence and a safe place for them to live while they attempt to recover from the abuse suffered. Families with children under 5 years old in these programs are automatically eligible for HS/EHS Programs.

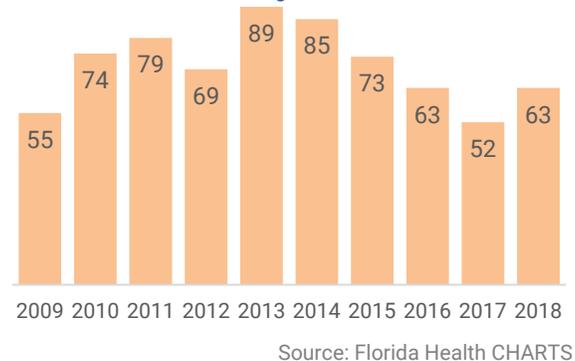
It is important to keep in mind that the counts of child abuse, sexual violence, and domestic violence are only the cases that are reported to law enforcement and are not representative of the exact numbers of children and families suffering from abuse. Additionally, vulnerable populations like individuals with disabilities and elderly individuals are also at higher risk for violence and neglect. It is also worth noting that during the COVID-19 crisis, women's shelters remain open and many community leaders are concerned that the pandemic exacerbated potentially existing difficult living situations due to having to stay indoors during quarantine. It is possible we will see a rise in domestic violence cases as a result.

Data on child abuse and children experiencing sexual violence is only available from Florida Health Charts starting from age 5 to age 11; therefore, these numbers are not taking into consideration the number of children under 5 years old who may be suffering from violence and abuse in or outside of the home. Children under the age of 5 are most likely unable to express the extent of the abuse or neglect that they face, which contributes to

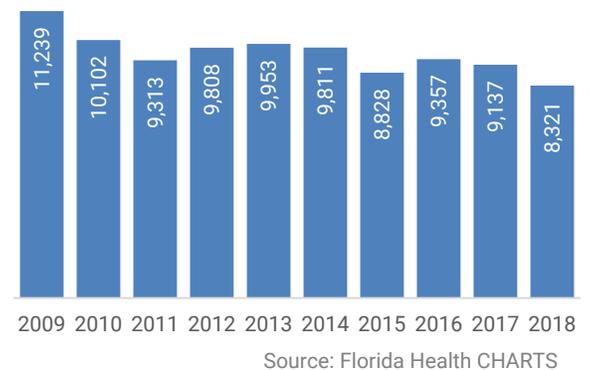
**Figure 6.1:** Children Experiencing Child Abuse, Ages 5-11



**Figure 6.2:** Children Experiencing Sexual Violence, Ages 5-11



**Figure 6.3:** Domestic Violence Offenses, 2009-18



the deficient reporting numbers of abuse for children younger than 5 years old. The HS/EHS programs are community programs that provide support for parents as well as social and emotional assistance for children who are victims of physical, emotional, or sexual abuse. These aspects of the HS/EHS programs help equip students with coping skills and the psychological help necessary to be able to deal with trauma and enter into the public-school system with the ability to perform adequately.

### ***CAHSD Domestic Violence Assistance Programs***

The Community Action and Human Services Department, Violence and Intervention Division is an accredited program by the Counsel of Accreditation (COA), and is the only certified program in the state of Florida.

CAHSD assists victims of domestic violence through their residential and non-residential programs. Victims can receive services through CAHSD's Coordinated Victims Assistance Center or at one of the five Domestic Violence Outreach Units located throughout Miami-Dade County. Services provided include injunctive relief, counseling, information and referral, emergency shelter, transportation, emergency financial assistance, transitional housing, emergency food and clothing, advocacy support, and individual treatment and family group counseling. Residential assistance programs include a certified Domestic Violence Center, Safespace, with three emergency shelters that provide advocacy and support services and a transitional housing program, Inn Transition, with two locations that provide longer-term housing, advocacy, and support services to victims and their families. Safespace shelters provide a coordinated process for placement and manage a 24 hour hotline for victims seeking shelter and/or services.

The Coordinated Victims Assistance Center (CVAC) is a non-residential, one-stop center for domestic violence, sexual assault, dating violence, and human trafficking victims that provides on-site services in collaboration with community partners and co-located organizations. The Domestic Violence Outreach Units are a court-based program with five locations that help provide representation and assistance to victims and their families as well as advocacy, referrals, financial assistance, access to a 24-hour victim assistance help line, and crisis counseling.

Domestic violence assistance programs are necessary to ensure the safety of victims of abuse and their dependents. These programs allow for domestic violence victims to escape their abusers and live a safer and healthier lifestyle. Although the number of domestic violence victims and children facing child abuse decreased over the past three years, as seen in Figures 6.1 and 6.3, the number of victims is still astounding, and the expansion of these services would help to continue supporting residents who are facing these life-threatening situations.

### ***Community Perception of Child and Family Safety***

Approximately 34.3 percent of survey respondents indicated that domestic violence was a significant problem in the community, while 29.0 percent indicated that child abuse and neglect are major problems. When asked what was missing from their community, 11.3 percent of respondents indicated that assistance in understanding family conflicts/violence was missing, and 18.1 percent of respondents indicated lack of information or help in handling family conflict/violence.

Partner survey respondents also recognized the need for "more resources for children, teens, and elders affected by domestic and dating violence." One respondent specifically highlighted the "insufficient safe housing for victims of domestic and sexual violence."

Focus group participants also emphasized growing concern over increases in domestic abuse incidents in their neighborhoods and the need for more assistance to victims and survivors of domestic violence. These concerns were coupled with other overwhelming community safety concerns such as increased gun violence, drug abuse, and gang violence.

## Crime Rate

Analyzing the number of crimes committed and residents arrested in Miami-Dade County helps to portray the status of community safety. Total arrests and the arrest rate per 100,000 population in Miami-Dade County significantly decreased each year from 2014 to 2018. In 2018, 72,187 residents were arrested, a 32.6 percent decrease from the 113,097 arrests in 2014 (Table 6.1).

According to the Florida Department of Law Enforcement, both more adult and juvenile male residents were arrested than female residents each year from 2014 to 2018. In 2018, 80.2 percent of adult individuals and 78.6 of juvenile individuals arrested in Miami-Dade County were male compared to only 19.8 percent of adult females and 21.4 percent of juvenile females. From 2014 to 2018, arrests decreased by 34.5 percent for adult males, 42.0 percent for adult females, 36.8 percent for juvenile males, and 41.0 percent for female juveniles.

When total arrests were analyzed by race/ethnicity, overall arrests decreased for both White and Black residents, while increasing for Indian and Asian residents from 2014 to 2018. From 2014 to 2018, arrests decreased for White residents by 37.3 percent and by 35.3 percent for Black residents. Arrests increased by 55.7 percent for Indian residents and 25.7 percent for Asian residents at the same time. While arrests for White and Black residents decreased from 2014 to 2018, in 2018 they still made up the majority of arrests in the County. In 2018, 56.8 percent of overall arrests were White residents, 42.4 percent were Black residents, 0.3 percent were Indian, and 0.5 percent were Asian.

**Table 6.1:** Miami-Dade County Arrest Rate Summary Data

Year	Population	Total Arrests	Arrest Rate Per 100,000
2014	2,613,692	113,097	4,327
2015	2,653,934	94,809	3,572
2016	2,700,794	79,319	2,937
2017	2,743,095	70,065	2,554
2018	2,779,322	72,167	2,597

Source: Florida Department of Law Enforcement

*According to the Miami-Dade Corrections and Rehabilitation Department, there are between 4,000 to 4,200 persons incarcerated daily in Miami-Dade County detention facilities. These incarcerated individuals are awaiting trial or serving sentences of 364 days or less.*

**Table 6.2:** Total Arrests by Age, Gender, and Race/Ethnicity

	Adult		Juvenile		Race/Ethnicity			
	Male	Female	Male	Female	White	Black	Indian	Asian
2014	84,772	23,706	3,577	1,042	65,317	47,362	122	296
2015	69,840	20,646	3,416	907	53,811	40,314	169	515
2016	59,414	16,331	2,892	682	45,443	33,164	188	524
2017	53,479	13,058	2,819	709	38,868	30,508	215	474
2018	55,547	13,743	2,262	615	40,975	30,630	190	372

Source: Florida Department of Law Enforcement

### Violent Crimes by Type

Crimes are classified as violent crimes or non-violent crimes. The four crimes classified as violent crimes are murder, rape, robbery, and aggravated assault. In Miami-Dade County, total violent crimes decreased by 17.1 percent from 2014 to 2018. Aggravated assault and robbery are the two violent crimes that are most commonly committed in Miami-Dade County. In 2018, there were 8,965 cases of aggravated assault and 3,653 cases of robbery. The number of murders, robberies, and aggravated assaults all decreased from 2014 to 2018, with rape cases being the only violent crime to increase by 14.4 percent.

**Table 6.3:** Violent Crimes by Type

Year	Murder	Rape	Robbery	Aggravated Assault	Total Violent Index Crime
2014	212	801	5,706	9,842	16,561
2015	217	756	5,366	9,896	16,235
2016	198	796	4,831	9,810	15,635
2017	188	874	4,032	9,364	14,458
2018	198	916	3,653	8,965	13,732

Source: Florida Department of Law Enforcement

### Property Crimes by Type

Property crimes are a category of non-violent crime that addresses crimes against personal and private property. The three main types of property crime examined in the Table 6.4 are burglary, larceny, and motor vehicle theft. The total number of property crimes committed decreased by 18.1 percent from 2014 to 2018. Larceny was the property crime with the most occurrences each year over the five years, with 69,295 cases in 2018. From 2014 to 2018, the number of cases in each type of property crime decreased by 46.4 percent for burglary crimes, 13.9 percent for larceny crimes, and 1.7 percent for motor vehicle theft.

**Table 6.4:** Property Crimes by Type

Year	Burglary	Larceny	Motor Vehicle Theft	Total Property Index Crime
2014	17,115	80,448	8,478	106,041
2015	14,534	76,400	8,800	99,734
2016	11,774	75,242	8,568	95,584
2017	11,628	72,384	8,702	92,714
2018	9,178	69,295	8,336	86,809

Source: Florida Department of Law Enforcement

### Drug Use

From 2014 to 2018, drug-related arrests decreased by 20.1 percent for males and 14.0 percent for females in Miami-Dade County (Table 6.5). Males made up 86.6 percent of all drug/narcotic arrests, while females accounted for the remaining 13.4 percent of drug-related arrests. Drug-related arrests also decreased by 21.5 percent for White individuals, 18.9 percent for Black individuals, and 33.3 percent for Asian individuals, only increasing for Indian residents by 118.2 percent. Although there were significant decreases in drug arrests for both White and Black individuals, they still account for a majority of the total drug arrests, with White individuals making up 56.1 percent and Black individuals making up 46.2 percent of total drug arrests.

**Table 6.5:** Drugs/Narcotics Offenses by Gender & Race/Ethnicity

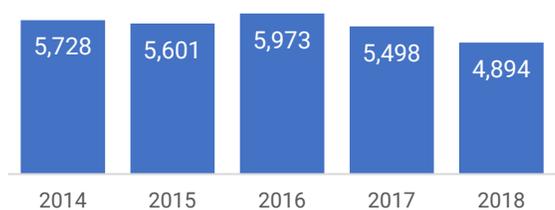
Year	Sex		Race			
	Male	Female	White	Black	Indian	Asian
2014	13,742	1,983	9,070	7,229	11	39
2015	10,403	1,560	7,054	5,298	16	29
2016	8,821	1,413	5,902	4,629	24	36
2017	9,942	1,480	6,322	5,413	22	36
2018	10,985	1,706	7,122	5,866	24	26

Source: Florida Department of Law Enforcement

### Firearm Use in Violent Crimes

Crimes involving a firearm decreased significantly from 5,728 in 2014 to 4,894 in 2018 (Figure 6.4). Firearms are most heavily used in murder crimes, with 76.3 percent of murder committed in 2018 involving a firearm, down from 84.0 percent in 2014. In 2018, firearms were involved in 41.0 percent of robberies, 35.9 percent of aggravated assaults, 25.0 percent of manslaughters, and 2.4 percent of forcible sex offenses (Table 6.6). The use of a firearm decreased from 2014 to 2018 for murders, robberies, and manslaughter, but increased in aggravated assault cases while remaining at the same rate of usage in forcible sex offense cases.

**Figure 6.4:** Total Crimes Involving a Firearm



Source: Florida Department of Law Enforcement

**Table 6.6:** Firearm Usage in Violent Crime

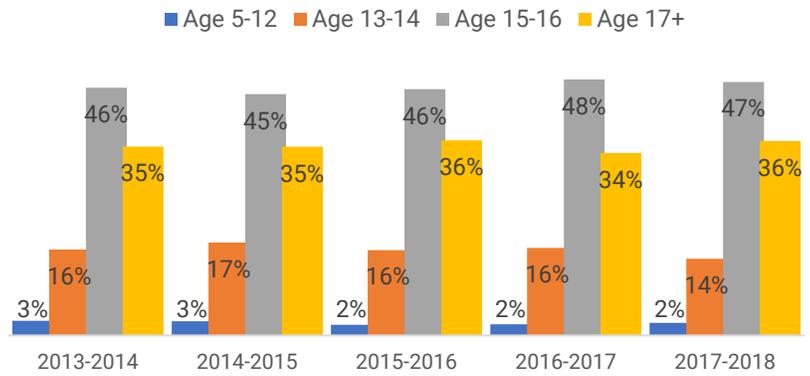
Year	Firearm Involved Murders	Firearm Involved Forcible Sex Offenses	Firearm Involved Robbery	Firearm Involved Aggravated Assault	Firearm Involved Manslaughter
2014	84.0%	2.4%	42.2%	31.6%	30.0%
2015	81.1%	1.2%	40.7%	32.6%	40.0%
2016	81.8%	4.5%	46.1%	36.1%	22.2%
2017	81.9%	3.0%	43.3%	38.1%	25.0%
2018	76.3%	2.4%	41.0%	35.9%	25.0%

Source: Florida Department of Law Enforcement

### Juvenile Crimes

The juvenile crime rate is a major predictor of the overall well-being of the youth in the community. When analyzing juvenile arrests by age, youths in the 15 to 16 age group have the highest percentage of arrests compared to their peers (Figure 6.5). In 2018, only 2 percent of arrests was of children between 5 and 12 years old, 14 percent was for children 13 to 14 years old, 47 percent was for children between 15 and 19 years old, and 36 percent was for children 17 years and older. From 2014 to 2018, the percentage of arrests across all age groups remained stable, with only very slight increases or decreases across the age groups.

Figure 6.5: Juvenile Arrests by Age Group



Source: Florida Department of Law Enforcement

Figure 6.6 shows that in 2018, 81 percent of juvenile arrests were of male juveniles compared to only 19 percent for female juveniles. Analysis of juvenile arrests across racial and ethnic groups demonstrates the disproportionate arrest rate of juvenile Black residents, with 52.3 percent of all juvenile arrests in 2018 being Black, 44.0 percent being Hispanic, and only 3.5 percent being White (Figure 6.7). From 2014 to 2018, the percent of Black juveniles being arrested increased by 2.2 percent, while decreasing by 1.5 percent for Hispanic juveniles, and decreasing 0.8 percent for White juveniles.

Figure 6.6: Juvenile Arrests by Gender

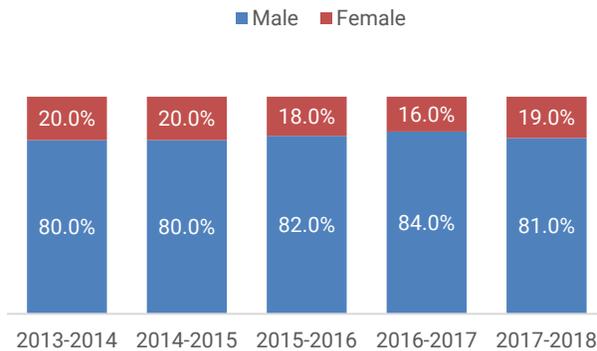
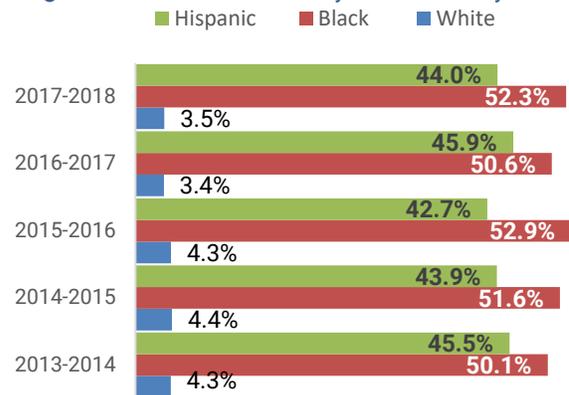


Figure 6.7: Juvenile Arrests by Race/Ethnicity



Source: Florida Department of Law Enforcement

### Juvenile Arrests by Offense

Juvenile arrests are also categorized by non-violent and violent offenses. In 2017-18, juvenile non-violent offense accounted for 70 percent of juvenile crimes committed, a 2 percent decrease from 2013-14 (Table 6.7). Burglary was the most common non-violent offense committed by juveniles. In 2017-18, 12.9 percent of juvenile non-violent offenses was for burglary, 6.4 percent for grand larceny, 6.4 percent for auto theft, and 5.2 percent for felony drug offenses.

**Table 6.7: Juvenile Arrests (%) for Non-Violent Offenses**

	2013-14	2014-15	2015-16	2016-17	2017-18
Arson	0.2%	0.1%	0.2%	0.2%	0.1%
Weapon/ Firearm	2.1%	3.5%	3.2%	3.9%	3.1%
Burglary	13.5%	12.6%	13.8%	17.9%	12.9%
Auto Theft	3.1%	4.2%	6.3%	5.9%	6.4%
Grand Larceny (Excl. Auto Theft)	5.2%	5.2%	6.3%	6.8%	6.4%
Felony Drug	4.2%	4.4%	3.3%	3.6%	5.2%
Fraud Forgery Counterfeiting	0.4%	0.5%	0.5%	0.7%	0.3%
Total (Non-Violent Offenses)	72%	73%	72%	74%	70%

Source: Florida Department of Juvenile Justice

While non-violent juvenile offenses decreased from 2013-14 to 2017-18, violent juvenile offenses increased by 2 percent, accounting for 30 percent of all juvenile offenses. Table 6.8 shows that in 2017-18, 9.6 percent of juvenile arrests for violent crimes was for aggravated assault/battery, 8.9 percent was for assault/battery, 4.7 percent for armed robbery, and 3.7 percent for other robberies. All other juvenile offenses accounted for less than 1 percent of arrests for violent offenses.

**Table 6.8: Juvenile Arrests (%) for Violent Offenses**

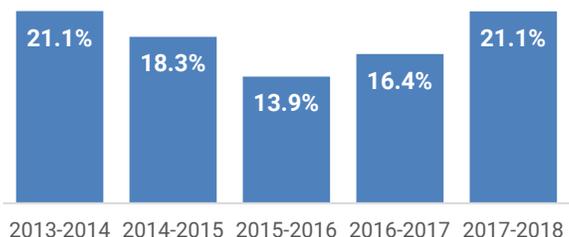
	2013-14	2014-15	2015-16	2016-17	2017-18
Murder/ Manslaughter	0.1%	0.4%	0.6%	0.2%	0.3%
Attempted Murder	0.3%	0.1%	0.4%	0.4%	0.4%
Sexual Battery	0.9%	1.2%	1.0%	1.0%	0.9%
Kidnapping	0.4%	0.4%	0.2%	0.3%	0.3%
Other Felony Sex Offense	0.4%	0.6%	0.5%	0.2%	0.5%
Armed Robbery	3.4%	3.4%	3.0%	3.8%	4.7%
Aggravated Assault/ Battery	8.1%	8.9%	9.5%	8.4%	9.6%
Other Robbery	3.6%	3.1%	3.6%	3.7%	3.7%
Obstruct Justice Violent	0.7%	0.7%	0.7%	0.8%	0.5%
Assault/ Battery	10.4%	8.2%	8.1%	7.3%	8.9%
Misdemeanor Sex Offenses	0.1%	0.0%	0.1%	0.0%	0.1%
Total (Violent Offenses)	28%	27%	28%	26%	30%

Source: Florida Department of Juvenile Justice

### Diversion Programs

According to the Florida Department of Juvenile Justice, 21.1 percent of juveniles participated in a diversion program in 2017-18. Diversion programs for juveniles are aimed at redirecting youth offenders from the justice system while still holding them accountable for their actions through different programming, supervision, and support. The percentage of juveniles participating in diversion programs decreased significantly from 2013-14 to 2015-16 by 7.2 percent but increased by the same amount from 2015-16 to 2017-18.

CAHSD oversees the Project Family and Child Empowerment (FACE) program, a 16-week intensive intervention program for youth aged 8 to 18 years old who have diverted from the juvenile justice system. The

**Figure 6.8: Juveniles Participating in a Diversion Program**

Source: Florida Department of Juvenile Justice

diversion program is located at the Edison Community Resource Center, and it is a voluntary program. Services included are individual counseling, group counseling, discussion groups, homework assistance, workshops and seminars, video presentations, teen summits, and other activities. Participants are referred to the program as a result of committing a criminal offense, portraying qualifiable behaviors or having academic issues, or a safe haven where participants can receive homework assistance and tutoring in a secure environment after school. Diversion programs are essential resources for youthful offenders that want to avoid the stigma and trauma of being formally processed in juvenile court.

### Juveniles Tried in Adult Court

When juveniles are tried in adult court, it is most likely for violent offenses. In 2017-18, 36.4 percent of juvenile offenders who were tried in adult court were charged with armed robbery, 11.4 percent were charged with murder/manslaughter, 9.1 percent for attempted murder, and 5.7 percent for aggravated assault/battery (Table 6.9). For each of the top five violent crimes, there were large increases from 2013-14 to 2017-18 of juveniles charged in adult court.

**Table 6.9:** Juvenile Tried in Adult Courts (%)

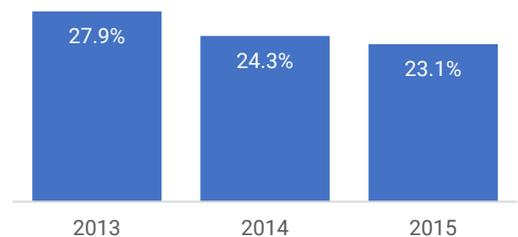
	2013-14	2014-15	2015-16	2016-17	2017-18
Murder/ Manslaughter	4.1%	13.3%	14.4%	4.7%	11.4%
Attempted Murder	7.1%	3.0%	6.8%	6.3%	9.1%
Sexual Battery	7.1%	5.9%	1.5%	1.6%	1.1%
Kidnapping	6.1%	2.2%	2.3%	2.4%	2.3%
Armed Robbery	29.6%	20.7%	27.3%	33.9%	36.4%
Aggravated Assault/ Battery	6.1%	5.9%	9.1%	6.3%	5.7%
Other Robbery	3.1%	8.1%	3.8%	1.6%	0.0%
Miami-Dade County overall	2%	3%	3%	3%	3%

Source: Florida Department of Juvenile Justice

### Recidivism Rates

The Florida Department of Corrections defines recidivism as a “return to prison, as the result of either a new conviction or violation of post-prison supervision, within three years of their prison release date.”<sup>46</sup> According to the Florida Prison Recidivism Report, in 2019, Miami-Dade County’s recidivism rates for prisoners released between 2010 and 2017 decreased from 27.9 percent in 2013 to 23.1 percent in 2015 (Figure 6.9). Although the report discusses prisoner releases from the time period of 2010 to 2017, the 36 month recidivism rate is not calculated till three years after the time individuals are released from prison. In 2019, when the data was gathered, the 36 month recidivism rate was only available for those prisoners that were released in 2015.

**Figure 6.9:** Miami-Dade County, Recidivism Rate after 36 Months of Release



Source: Florida Department of Corrections

### Adult Reintegration Programs

When released from prison, many adult and juvenile offenders find it difficult to reintegrate back into society. Finding employers that are willing to hire ex-prisoners is very challenging and can be discouraging for individuals who went to prison, served their sentence, and are trying to rebuild their lives. Multiple participants in the

<sup>46</sup> Florida Department of Corrections, 2019 Florida Prison Recidivism Report: Releases from 2010 to 2017

Community Needs Assessment focus group discussions expressed the need for comprehensive reintegration of formally incarcerated individuals who are trying to change their lives and support their families. One participant stated, "you have people who went to prison and come out and try to get a job and they can't. Jobs are not allowing them to work and this turns people back to a life of crime. Just the fact that you were incarcerated is a strike against you." Reintegration programs can focus on job skill development that would help these individuals be prepared to reenter the workforce and give them the skills to attain a living wage job.

### ***Community Perception of Public Safety***

Crime is a growing issue for many Miami-Dade County residents. Approximately 46.1 percent of community survey respondents indicated that violent crimes were a major problem in the community. In the community focus group discussions, many participants addressed the increase in crime and safety concerns in their neighborhoods. The focus group comprised of CAHSD staff members addressed significant community concerns observed by staff who work closely with community members within the neediest communities in Miami-Dade County, making them more aware of the effect of crime on their clients. Many participants made the connection between gentrification/lack of affordability to an increase in crime, with one participant stating, "because of gentrification we are having a lot of crime, and they are pushing other communities that already have crime into other areas." The lack of affordability, not only of housing but food and daily necessities, leads to desperate residents turning to crime to survive and support their families. One participant said, "there is a correlation between poverty and crime when people feel marginalized, they end up turning to these things."

This increase in crime led to many of the department's employees becoming fearful of working directly with community members, especially for those employees who are required to do home visits with their clients. A participant who is a community resource center employee expressed their concern saying, "We used to go knock on doors, and now we are so scared and so busy." Another participant stated, "gone are the days when you visit people for home visits as a caseworker."

Police perceptions varied greatly within each focus group and across the areas in which they were held. Participants in the Hialeah focus group discussion expressed frustration at the lack of police involvement and community communication. Many even expressed fear of an incident occurring at one of their Community Resource Center events due to the police's slow response rate, with one stating, "it's a mission to get them to even come down there, and there is no visibility."

In contrast, participants from other focus group discussions expressed the increase in police involvement in their neighborhoods and the positive effect on the community. When discussing the police's responsibility in addressing the major crime and drug issues that are facing the community, one participant stated, "the drug scene has decreased over the past year in my area. I have seen more officers that are more educated on who is making trouble and who isn't." Increased police education and involvement, and community policing can help to improve the community and community relations with the police overall.

## VII. Health and Wellness

The overall health and wellness of residents in Miami-Dade County is another important indicator of wellbeing in the County. Access to affordable healthcare and the development of healthy living habits is vital to the prevention of avoidable illnesses and unnecessary hospitalizations. Understanding the state of physical, emotional, and mental health of residents in Miami-Dade County helps to focus resources for the neediest populations to promote improved health and wellness programs and meet their needs. Participants in the Community Needs Assessment focus groups conducted voiced concern over a flawed healthcare system and an increased need for programs directed toward the increasing mental health needs of community members.

### Physical Health

#### Disability Status

Table 7.1 shows that 10.2 percent of the population in Miami-Dade County has a disability. The age group with the largest percentage of individuals with a disability is the 65 and over population, where 21.1 percent of adults between the ages of 65 and 74, and 48.6 percent of the population 75 and older have a disability. Only 0.6 percent of the population under 5 years old has a disability.

There is a higher percentage of residents with a disability in each age group in the 67 opportunity zones. In the opportunity zones, 26.8 percent of residents between 65 and 74 years old, and 49.2 percent of residents over 75 years old have a disability. A significantly higher percentage of residents between 35 and 64 years old in the opportunity zones have a disability, 14.6 percent compared to 8.6 percent in Miami-Dade County overall.

In terms of disability types, the largest percentage of Miami-Dade County residents have an ambulatory difficulty (5.7 percent), a cognitive difficulty (4.5 percent), and an independent living difficulty (4.3 percent) (Table 7.2). Only 2.1 percent of the population has a hearing or vision difficulty, and only 2.6 percent of the population has a self-care difficulty.

The number of children under 18 years old with a disability in Miami-Dade County increased slightly in the past four years. As the number of children with disabilities increases, public programs that help provide supportive services to families with children with disabilities must increase as well. Ensuring that public facilities are equipped for children with disabilities to be able to function and learn safely is imperative to their development.

**Table 7.1: Disability by Age Group**

	Overall		Opportunity Zone	
	Count	%	Count	%
Under 5 years	898	0.6%	229	0.9%
5 to 17 years	17,346	4.4%	3,376	5.8%
18 to 34 years	23,244	3.7%	4,625	5.4%
35 to 64 years	93,962	8.6%	19,594	14.6%
65 to 74 years	46,037	21.1%	6,882	26.8%
75 years and over	91,343	48.6%	9,442	49.2%
Total	272,830	10.2%	44,148	12.7%

Source: U.S. Census, ACS 2009 and 2017 5-Yr estimates

**Table 7.2: Disability Type by Age Group**

	Under 5 years	5-17 years	18-34 years	35-64 years	65+	Total
With a hearing difficulty	0.4%	0.5%	0.5%	1.3%	9.2%	2.1%
with a vision difficulty	0.3%	0.8%	0.9%	1.8%	6.9%	2.1%
	Under 18	18-34 years	35-64 years	65+	Total	
with a cognitive difficulty	-	3.4%	2.4%	3.7%	12.9%	4.5%
with an ambulatory difficulty	-	0.6%	1.0%	4.6%	23.3%	5.7%
With a self-care difficulty	-	0.9%	0.8%	1.7%	10.8%	2.6%
with an independent living difficulty	-	0.0%	1.5%	3.2%	17.2%	4.3%

Source: U.S. Census, ACS 2009 and 2017 5-Yr estimates

**Table 7.3: Children 18 & Under with a Disability**

	2014	2015	2016	2017
With a Hearing Difficulty	2,478	2,088	2,283	2,478
With a Vision Difficulty	3,509	3,464	3,487	3,511
With an Ambulatory Difficulty	1,873	1,894	2,018	2,355

Source: Florida Health Charts

### **Disability Services for People Living Independently (DSAIL)**

CAHSD manages the Disability Services and Independent Living (DSAIL) program that provides assistance to Miami-Dade County residents with disabilities ages 18 to 59. The aim of the program is to assist residents with disabilities in “maintaining and/or acquiring independence and autonomy at a personal level. The assistance and support provided can enhance adaptive living skills and help individuals remain at home and in the community.”<sup>47</sup> Services provided include case management, in-home support in the form of home care, personal care and chore services, information and referral, group activity therapy, family and individuals counseling and support, and assistance finding jobs and accessible housing. Programs such as DSAIL help to empower individuals living with disabilities to live independently and thrive on their own.

### **Rates of Infectious Communicable Diseases**

Starting in March 2010, the global coronavirus pandemic reached the United States and within weeks brought the U.S. economy to a halt. The explosion of cases overwhelmed the American healthcare system and in the third quarter of the year continues to affect many areas of the country, with California, Florida and Texas leading the nation in new cases. South Florida in particular is a “hot zone” accounting for about a third of new cases in the state. According to the Florida Department of Health’s COVID-19 Data and Surveillance Dashboard, as of August 5<sup>th</sup>, 2020, 126,789 Miami-Dade County residents had tested positive, 6,002 residents were hospitalized, and 1,784 residents had died due to the virus. The median age of residents who tested positive for COVID-19 was 43 years old, and females made up 64,512 of cases, while male residents accounted for 62,292 of the cases. All data on residents impacted by the coronavirus pandemic is preliminary, and the full impact of the pandemic on overall health and well-being in Miami-Dade County is likely to will remain unknown for a while, until a cure or a vaccine is available. Beyond the immediate health impacts and hospitalizations, the pandemic brought on economic strain and increased the food insecurity of tens of thousands of Miami-Dade County residents. Lack of healthy and nutritious food can have negative long-term health consequences.

While COVID-19 is the most immediate communicable disease impacting health in Miami-Dade County, understanding other primary infectious diseases and their impact on the wellbeing of Miami-Dade County residents is a necessity when evaluating overall health. Meningitis, hepatitis A, salmonellosis (salmonella), influenza/pneumonia, tuberculosis, and chickenpox are the six most infectious diseases affecting residents. Salmonellosis and influenza/pneumonia are the two most common infectious diseases. In 2017, 822 residents suffered from salmonellosis, and 330 residents suffered from influenza/pneumonia.

**Table 7.4: Common Communicable Disease Cases**

	Meningitis	Hepatitis A	Salmonellosis	Influenza/Pneumonia	Tuberculosis	Chickenpox
2013	34	32	608	241	135	67
2014	30	35	675	242	130	49
2015	10	37	743	242	125	58
2016	3	51	780	291	116	79
2017	12	132	822	330	99	68

Source: Florida Health Charts

### **Diabetes**

Diabetes is a disease that results in too much sugar in the blood and can be highly dangerous if not carefully monitored or adequately managed. From 2014 to 2018, the number of children hospitalized due to diabetes remained relatively stable. Children ages 12 to 18 had the highest number of hospitalizations from diabetes (Table 7.5).

<sup>47</sup> Miami-Dade County Community Action and Human Services Department, Disability Services for People Living Independently (DSAIL), [https://www.miamidade.gov/global/service.page?Mduid\\_service=ser1542233574645619](https://www.miamidade.gov/global/service.page?Mduid_service=ser1542233574645619)

Overall, diabetes hospitalizations and deaths are displayed in Table 7.6. The number of hospitalizations from or with diabetes and the number of preventable hospitalizations under 65 years old from diabetes fluctuated from 2014 to 2018. In 2018, there were 79,822 hospitalizations from or with diabetes, and 2,661 preventable hospitalizations for residents under 65 years old with diabetes. The number of diabetes deaths increased by 83 deaths from 2014 to 2018, with 666 people dying from diabetes in 2014 and 749 dying in 2018.

**Table 7.5: Diabetes Hospitalizations for Children 18 & Under**

	Under 1 years	1-5 years	5-11 years	12-18 years
2014	0	36	84	294
2015	0	26	87	261
2016	0	23	115	252
2017	0	28	94	322
2018	0	20	91	312

Source: Florida Health Charts

**Table 7.6: Diabetes Hospitalization and Deaths**

	Hospitalization from or with diabetes	Preventable hospitalizations under 65 from diabetes	Diabetes death
2014	79,687	2,639	666
2015	81,417	2,670	714
2016	83,174	2,958	763
2017	81,558	3,081	790
2018	79,822	2,661	749

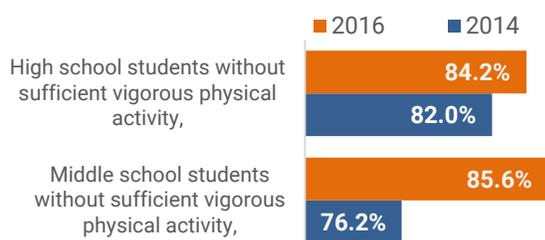
Source: Florida Health Charts

### Physical Activity

Daily inactivity is a substantial health predictor for both children and adults. Figure 7.1 details the percentage of high school and middle school students without sufficient vigorous physical activity in 2014 and 2016. There were increases in inactivity for both middle and high schoolers from 2014 to 2016, 9.4 percent and 2.2 percent respectively.

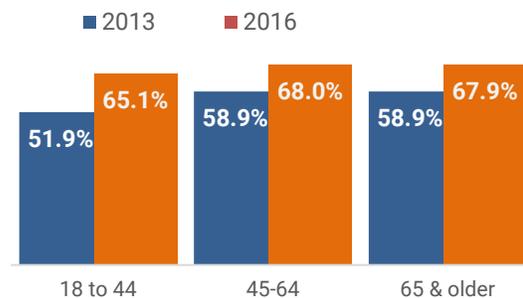
Adults who are sedentary, inactive, or insufficiently active are examined in Figure 7.2. From 2013 to 2016, adults who are inactive or insufficiently active increased significantly in all age groups. Adults who are inactive increased by 13.2 percent for adults 18 to 44 years old, 9.1 percent for adult's ages 45 to 64, and 9 percent for adults 65 years and older. Adults who are sedentary increased from 32.7 percent in 2013 to 33.5 percent in 2016. An inactive and sedentary lifestyle can lead to multiple potential health issues such as increased weight gain and risk of obesity.

**Figure 7.1: Students Without Sufficient Vigorous Physical Activity (%)**



Source: Florida Health Charts

**Figure 7.2: Adults who are Inactive or Insufficiently Active (%)**



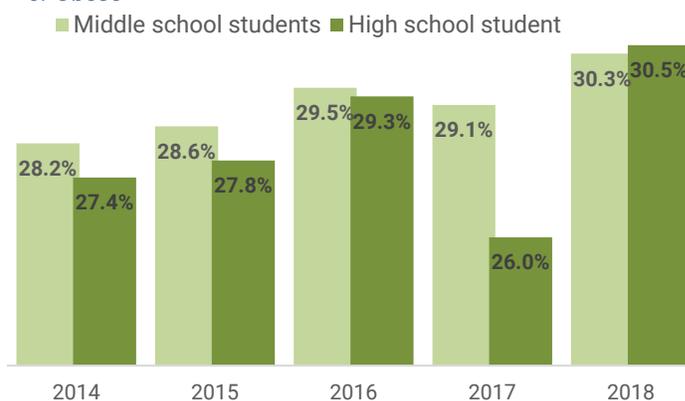
Source: Florida Health Charts

## Overweight or Obese

From 2014 to 2018, the number of students who were overweight or obese increased. In 2018, 30.3 percent of middle schoolers were considered overweight or obese, up from 28.2 percent in 2014 (Figure 7.3). The percentage of overweight or obese high school students also increased, from 27.4 percent in 2014 to 30.5 percent in 2018. Beyond the immediate health risks, childhood obesity is also linked to psychological problems and carries future health risks. According to CDC research, children who experience obesity are more likely to become adults with obesity, and adult obesity is associated with increased risk of a number of serious health conditions including heart disease, type 2 diabetes, and cancer.<sup>48</sup>

The percentage of adults who were overweight or obese fluctuated from 2010 to 2016. From 2013 to 2016, the percentage adults who were overweight increased from 31.5 percent to 35.3 percent for adults between the ages of 18 and 44, but decreased for adults in the 45 to 64, and 65 and older age groups. The increase was only 0.2 percent for residents ages 18 to 44, and 4.5 percent for adults ages 45 to 64, but there was a 0.1 percent decrease for ages 65 and older in the same period. Adults who are overweight and obese run the increased risk of heart disease, diabetes, high blood pressure, and high cholesterol.

**Figure 7.3: Percentage of Students who are Overweight or Obese**



Source: Florida Health Charts

## Hospital Admissions

From 2014 to 2018, the number of emergency department visits for children ages 0 to 19 decreased by 4.9 percent (Table 7.7). Emergency room visits for children ages 0 to 5 decreased by 8.5 percent from 2014 to 2018 and accounted for 48.0 percent of all child emergency room visits in 2018.

**Table 7.7: Emergency Department Visits, 2014-18**

	2014	2015	2016	2017	2018
Ages 0-5	152,404	148,780	151,505	138,795	139,490
Ages 5-19	171,223	171,306	177,396	165,829	166,534
Ages 0-19	305,964	303,718	311,704	289,713	290,870

Source: Florida Health Charts

In 2018, there were a total of 186,238 non-fatal injury emergency department visits in Miami-Dade County (Table 7.8). Over 93 percent of these emergency department visits were categorized as unintentional emergencies, 3.0 percent categorized as assault, and 3.1 percent were not E-coded or uncategorized injuries.

**Table 7.8: Non-Fatal Injury Emergency Department Visits by Intent, 2018**

	Count
Assault	5,559
Not E-Coded	5,755
Other (Legal Intervention/War)	157
Self-Harm	890
Undetermined	561
Unintentional	173,316
<b>Total</b>	<b>186,238</b>

Source: Florida Health Charts

<sup>48</sup> Centers for Disease Control, Childhood Obesity Causes & Consequences. <https://www.cdc.gov/obesity/childhood/causes.html>

## AIDS/HIV

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. According to the Florida Department of Health, in 2018 there were 27,908 Miami-Dade County residents, ages 13 and over, living with HIV. In other words, one in 85 adults in Miami-Dade County were known to be living with HIV. The rate of infections is significantly higher for Black residents.

Table 7.9 shows there was a slight decrease in AIDS cases and a slight increase in HIV cases from 2014 to 2018. The number of AIDs and HIV cases varies significantly across gender and racial/ethnic groups. Table 7.9 displays the number of AIDS and HIV cases per 100,000 population by gender in Miami-Dade County. In 2018, 37.2 percent of AIDs cases and 20.4 percent of HIV cases were among women.

**Table 7.9: AIDS & HIV Cases by Gender**

	AIDS cases per 100,000		HIV cases per 100,000	
	Male	Female	Male	Female
2014	318	117	992	197
2015	326	140	1,082	251
2016	346	119	1,028	232
2017	293	106	930	234
2018	293	109	1,017	207

Source: Florida Health Charts

Table 7.10 details the number of AIDs and HIV cases by race/ethnicity in Miami-Dade County. Black residents report the highest number of cases in both AIDs and HIV per 100,000 population. Hispanic residents had the largest number of AIDs cases in 2018 at 196 per 100,000 population. Still, they surprisingly had the lowest number of HIV cases, with only 24 per 100,000 population, compared to 352 for Black residents and 137 for White residents. For comparison, in 2018: one in 103 Whites, one in 31 Blacks, and one in 127 Hispanic/Latinos were living with HIV.

**Table 7.10: AIDS & HIV Cases by Race/Ethnicity**

	AIDS cases per 100,000			HIV cases per 100,000		
	White	Black	Hispanic	White	Black	Hispanic
2014	36	205	188	125	395	17
2015	32	227	202	120	409	33
2016	27	205	226	109	375	25
2017	33	166	193	97	369	30
2018	29	172	196	137	352	24

Source: Florida Health Charts

## Leading Causes of Death

The top three leading causes of death in Miami-Dade County are heart disease, malignant neoplasm (cancer), and cerebrovascular diseases. Table 7.11 shows that from 2013 to 2018, 31,253 residents died from heart disease, 25,742 residents died from malignant neoplasm, and 8,011 died from cerebrovascular diseases. The number of deaths per year for each of the three leading causes remained relatively stable with only slight fluctuations from year to year.

**Table 7.11: Resident Deaths by Top 3 Leading Causes of Death**

	Heart Diseases	Malignant Neoplasm (Cancer)	Cerebrovascular Diseases
2013	4,995	4,100	872
2014	5,082	4,247	1,061
2015	5,299	4,199	1,380
2016	5,333	4,380	1,443
2017	5,399	4,436	1,587
2018	5,145	4,380	1,668
Total	31,253	25,742	8,011

Source: Florida Health Charts

Table 7.12 details the percentage of adults in Miami-Dade County who have been told they have coronary heart disease, a heart attack, or a stroke. In 2016, 6.7 percent of the Miami-Dade County population was diagnosed with one or more of the ailments listed. The number of cancer incidences per 100,000 population is also examined with slight fluctuations occurring from 2013 to 2017, growing steadily from 2013 to 2016 but decreased slightly from 2016 to 2017 by 49 cases.

**Table 7.12:** Adults with Coronary Heart Disease, Heart Attack, or Stroke, Overall, 2007-16

Year	Miami-Dade
2007	6.5%
2010	7.0%
2013	7.3%
2016	6.7%

Source: Florida Health Charts

**Table 7.13:** Age-Adjusted Cancer Incidence, 2013-17

Year	Count per 100,000
2013	11,876
2014	11,827
2015	12,216
2016	13,002
2017	12,963

Source: Florida Health Charts

### Health Insurance

The lack of affordable healthcare in the United States and Miami-Dade County is a significant barrier to positive health outcomes for residents. One participant from the Community Needs Assessment focus group discussion stated, “I had to quit my job to qualify for healthcare for the birth of my daughter.” This shortcoming of the American healthcare system is experienced by residents everyday who cannot afford the out-of-pocket costs of health care and do not have adequate access through their jobs. Lack of insurance increases an individual’s risk of falling ill due to a lack of access to preventative care or annual check-ups.

**Table 7.14:** Uninsured Residents in Miami-Dade County and Opportunity Zones by Age Group, 2017

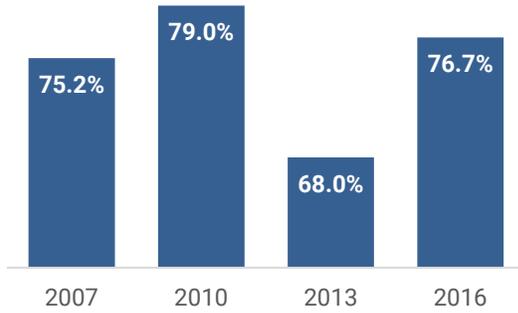
	Miami-Dade County Overall		Opportunity Zones	
	Total	% uninsured in age group	Total	% uninsured in age group
Under 6 years	9,034	5%	1,338	4.5%
6-18 years	42,022	11%	7,559	13.2%
19-25 years	80,190	32%	15,297	41.4%
26-34 years	107,424	32%	17,560	40.5%
35-44 years	112,751	30%	17,765	38.5%
45-54 years	111,155	28%	16,709	35.1%
55-64 years	76,477	24%	12,492	30.9%
65-74 years	10,494	5%	1,797	7.0%
75 years +	3,255	2%	530	2.8%
Total	552,802	20.7%	91,047	26.3%

Source: U.S. Census, ACS, 2017 5 Year Estimates

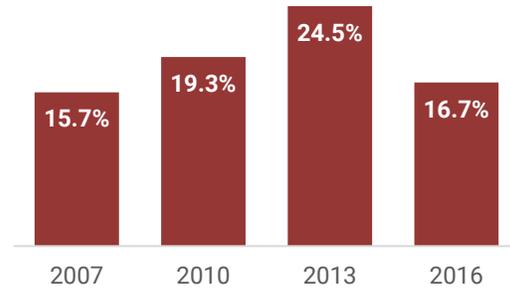
In 2017, 20.7 percent of residents in Miami-Dade County and 26.3 percent of residents within the 67 opportunity zones examined were uninsured. Individuals in age groups between 19 to 64 had the highest percentages of uninsured residents. In Miami-Dade County overall, 32 percent of residents ages 19 to 25 and 41.5 percent of residents in the same age group residing within opportunity zones were uninsured. Residents between 26 and 34 were the next largest group of uninsured residents, with 32 percent being uninsured in Miami-Dade County overall and 40.5 percent being uninsured in the opportunity zones.

In 2016, only 76.7% of adults had health insurance of any kind and 16.7 percent stated that they were unable to see a doctor in the past year due to the cost (Figure 7.4). The percentage of adults who visited a dentist or dental clinic from 2010 to 2016 in Miami-Dade County decreased from 65.2 percent in 2010 to 63.7 percent in 2016, a 1.5 percent decrease. From 2007 to 2016, adults with a personal doctor also decreased, from 74.7 percent to 63.8 percent (Figure 7.5). The increasing cost of healthcare and lack of comprehensive health insurance for all is detrimental to the overall health of all Miami-Dade County residents.

**Figure 7.4: Adults with any Type of Health Insurance**



**Figure 7.5: Adults who could not see a Doctor in the past year due to cost**



Source: Florida Health Charts

**Medicaid/Medicare Participation**

Medicare and Medicaid coverage is another important indicator of health, especially for populations that are under the age of 19 and those over the age of 65. Low-income populations and populations with a disability or particular need can qualify for Medicare or Medicaid coverage. In 2017, 93.1 percent of the population 65 and older in Miami-Dade County and 92.7 percent residing within opportunity zones, were covered by Medicare (Table 7.15). Over 51 percent of residents under the age of 19 in Miami-Dade County had access to healthcare through Medicaid (Table 7.16). Within the opportunity zones, a higher percentage of 71.1 percent of residents under the age of 19 were receiving Medicaid benefits. While large portions of the younger and older population have access to affordable health care in Miami-Dade County due to Medicare and Medicaid coverage, only 11.0 percent of the population ages 19 to 64 in Miami-Dade County and 19.9 percent within the opportunity zones have Medicaid. If affordable healthcare options are not available for the population between the ages of 19 and 64, a large portion of residents will be at risk of being unable to get the care they need when necessary.

**Table 7.15: Medicare Coverage by Age Group (%), 2017**

	Miami-Dade County		Opportunity Zones	
	With	Without	With	Without
Under 19	0.6%	99%	0.5%	99.5%
19 to 64	2.9%	97%	4.7%	95.3%
65 +	93.1%	7%	92.7%	7.3%

Source: U.S. Census, ACS, 2017 5 Year Estimates

**Table 7.16: Medicaid/Means-Tested Public Coverage by Age Group (%), 2017**

Medicaid	Miami-Dade County		Opportunity Zones	
	With	Without	With	Without
Under 19	51.1%	48.9%	71.1%	28.9%
19 to 64	11.0%	89.0%	19.9%	80.1%
65 +	38.4%	61.6%	47.7%	52.3%

Source: U.S. Census, ACS, 2017 5 Year Estimates

Approximately 44.9 percent of survey respondents indicated access to affordable healthcare is a major issue in the County. Partner survey respondents selected lack of access to healthcare as a primary issue in Miami-Dade County. Many participants commented on the high cost of healthcare and health insurance for community members. Unaffordable healthcare is a significant deterrent for individuals who need medical attention but feel they cannot afford adequate care. Multiple participants expressed concern over the lack of preventative or early intervention health care options in the County, especially for individuals with mental health needs.

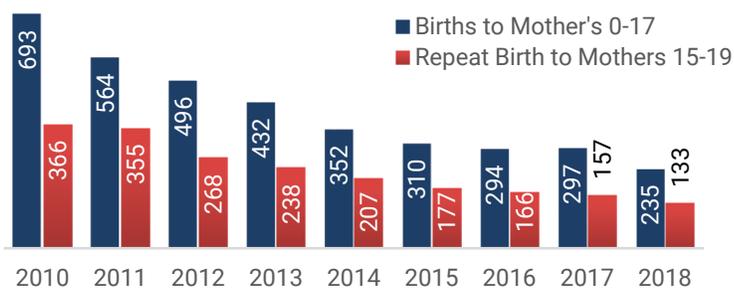
### Maternal and Child Health

The overall health of mothers and their infants and children are essential indicators of community health. Pregnant women, infants, and young children are some of the most vulnerable populations within Miami-Dade County. Public programs such as Head Start and Early Head Start provide support for women in a fragile state taking care of their young and developing children.

Maternal health during pregnancy can affect the cognitive development and functioning of the child in utero. The percentage of births to mothers that had prenatal care during their first trimester was consistently high over the past five years, even though there was a slight decrease from 86.1 percent in 2017 to 84.8 percent in 2018 (Table 7.17). Prenatal care is especially vital for pregnant mothers from lower socioeconomic backgrounds who may be dealing with multiple sources of stress or varying degrees of physical work. This medical supervision at the beginning and throughout the pregnancy can help provide necessary medical resources and information, as well as giving parenting resources that can help prepare parents for future children. The percent of mothers who initiated breastfeeding decreased from 2014 to 2018 (Table 7.18). In 2018, 27,801 (89.6 percent) mothers initiated breastfeeding down from 29,068 (90.9 percent) in 2014.

A mother's age can influence both maternal and infant health. According to the Centers for Disease Control and Prevention, teen pregnancy contributes to higher high school dropout rates for teen mothers. Children of teen mothers are more likely to have lower academic achievement, more significant health problems, a greater likelihood of incarceration, higher teen pregnancy rates, and higher levels of unemployment. Figure 7.6 shows that teen pregnancy rates in Miami-Dade County, have decreased significantly from 2010 to 2018. In 2010 there were an estimated 693 births to mothers between the ages of 0-17, while in 2018, the number went down to 235 births, a decrease of 458 births. The number of repeat births to mothers between the ages of 15 to 19 also decreased from 366 repeat births in 2010 to 133 repeat births in 2018.

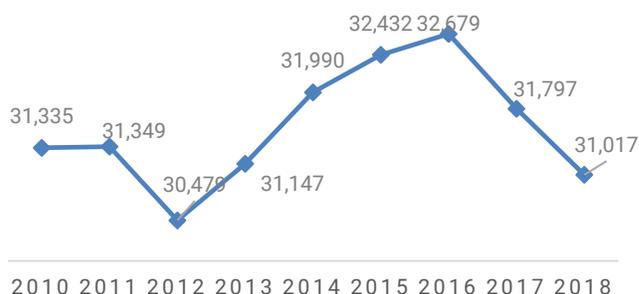
Figure 7.6: Teen Pregnancy Counts



Source: Florida Health Charts

Data on resident live births for Miami-Dade County from Florida Health Charts shows a decline in overall live births in the past few years (Figure 7.7). This decrease is consistent with the demographic shifts discussed earlier in this report, which point to the aging of the overall population, the decrease in the proportion of children within the total population, as well as the current trends of women to delaying childbirth until later years and often having fewer children.

Figure 7.7: Total Resident Live Births



Source: Florida Health Charts

Table 7.17: Births to Mothers with 1st Trimester Prenatal Care (%), 2014-18

Year	Percentage
2014	86.7%
2015	86.0%
2016	85.7%
2017	86.1%
2018	84.8%

Source: Florida Health Charts

Table 7.18: Mothers who Initiate Breastfeeding, 2014-18

Year	Count	%
2014	29,068	90.9%
2015	30,045	92.6%
2016	30,440	93.1%
2017	28,960	91.1%
2018	27,801	89.6%

Source: Florida Health Charts

Infant and child death rates also remained relatively unchanged, with slight decreases from 2016 to 2018 (Figure 7.8). The consistency of the death rates for infants and children is representative of overall community health. Supportive programs that help provide guidance and education on infant and child health and safety contribute to a decreasing numbers of deaths among young children. Sudden Infant Death Syndrome (SIDs), Shaken Baby Syndrome, physical abuse, death by drowning, and accidental poisoning are all common causes of mortality in infants and children under 5 years old.<sup>49</sup> Awareness of everyday health and safety issues that may be life-threatening to young children helps build a safer community.

The number of infants born with low or very low birth weight decreased slightly over the past three years. Babies born under 2,500 grams are considered to have low birth weight, and babies born under 1,500 grams are considered to have very low birth weight. Low birth weight is usually caused by premature birth, those before 37 weeks of gestation. Maternal health and use of a substance can also contribute to low or very low birth weight, especially if the mother is smoking cigarettes or abusing substances throughout her pregnancy.

Mothers who smoke, drink alcohol, or abuse substances during their pregnancies are not only at higher risk of having children with low or very low birth weight. These mothers are also at risk of having children with underdeveloped brains and lungs, increased risk of sudden infant death (SID), Fetal Alcohol Syndrome, and congenital disabilities. Mothers who are pregnant while addicted to drugs such as cocaine or meth may birth infants who are also dependent on their drug of choice. These babies suffer from Neonatal Abstinence Syndrome, which results in several different congenital disabilities and developmental issues. In 2017, 16 infants were born with Neonatal Abstinence Syndrome, and 216 children under the age of 11 were reportedly exposed to prescription opioids, heroin, or other drugs. These occurrences illustrate the far-reaching effects of the community-wide issue of substance abuse.

Figure 7.8: Infant & Child Death Rates

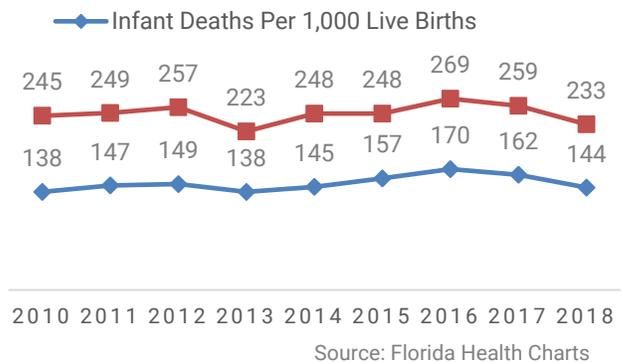
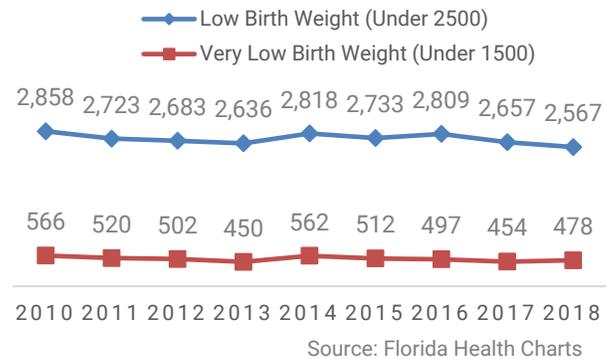


Figure 7.9: Babies Born with Low or Very Low Birth Weight



<sup>49</sup> Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

## Environmental Health

According to the American Public Health Association, environmental health is the branch of public health that focuses on the interrelationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities. The context of people's lives determines their health. The World Health Organization (WHO) defines the environment as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors."<sup>50</sup> In addition to social determinants, there are also factors related to the physical environment - safe water and clean air, healthy workplaces, safe houses, communities, and roads - contributing to the health of individuals and communities.

### Air Quality

According to the Environmental Protection Agency (EPA), clean air and water support healthy brain and body function, growth, and development.<sup>51</sup> Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment.

Miami-Dade County's Environmental Resources Management department implements monitoring, education, restoration, regulatory, and land management programs that protect water quality, drinking water supply, air quality, and natural resources. The department is vital to the health and well-being of all Miami-Dade County residents, visitors, and the ecosystem. According to the department, the air quality in Miami-Dade County usually falls in the "Good" range throughout the year. However, there are a couple of times throughout the year when the Air Quality Index (AQI) falls below the good range, which may be harmful to certain sensitive groups such as the elderly, the young, and those with respiratory conditions. Miami-Dade County offers an Air Quality Notification Service that residents can customize for their own needs.

Air pollution tracking occurs through the measurement of PM, also known as particle pollution, a complex mixture of airborne particles and liquid droplets composed of acids (such as nitrates and sulfates), ammonium, water, black (or "elemental") carbon, organic chemicals, metals, and soil (crustal) material. Health effects may include cardiovascular conditions such as cardiac arrhythmias, heart attacks, and respiratory effects such as asthma attacks and bronchitis. Exposure to particle pollution can result in increased hospital admissions, emergency room visits, absences from school or work, and restricted activity days, especially for those with pre-existing heart or lung disease, older people, and children. The EPA divides particles into two categories - "coarse particles" (PM<sub>10-2.5</sub>) such as those found near roadways and dusty industries which range in diameter from 2.5 to 10 micrometers (or microns), and "fine particles" (or PM<sub>2.5</sub>) such as those found in smoke and haze which have diameters less than 2.5 microns. Major sources of primary fine particles include cars and trucks (especially those with diesel engines); wildfires; fireplaces, woodstoves, cooking; dust from roads and construction, etc. Significant sources of fine secondary particles are power plants and some industrial processes, including oil refining and pulp and paper production.<sup>52</sup>

National air-quality standards for PM were established in 1971, and the last 2012 PM standard became effective on March 18, 2013.<sup>53</sup> The 24-hour PM<sub>2.5</sub> standard is set to 35 micrograms per cubic meter (µg/m<sup>3</sup>). According to the Florida Department of Health's Public Health Tracking program, the percentage of days with levels of particulate matter over the National Ambient Air Quality standard in 2016 was 0.3 percent. The Florida Department of Environmental Protection has eight sites throughout Miami-Dade County that measure air quality. Each site focuses on a specific pollutant, including sulfur dioxide, carbon monoxide, PM<sub>2.5</sub>, ozone, and nitrogen dioxide. The readings from each site are accessible to the general public. For example, the highest daily averages

<sup>50</sup> World Health Organization. 2006. Preventing Disease through a Healthy Environments. Geneva, Switzerland.

<sup>51</sup> Environmental Protection Agency. Air Topics. <https://www.epa.gov/environmental-topics/air-topics>

<sup>52</sup> Environmental Protection Agency. <https://www3.epa.gov/region1/airquality/pm-what-is.html>

<sup>53</sup> Environmental Protection Agency. <https://www3.epa.gov/region1/airquality/pm-aq-standards.html>

in 2018 for Miami Fire Station #5 were below the national standards for PM<sub>2.5</sub>. However, the Homestead Fire Station site had two recorded daily averages that were higher than the 35 µg/m<sup>3</sup> EPA standard.

High concentrations of ozone can also have harmful effects on the respiratory system, aggravate asthma, and can inflame and damage cells that line the lungs. Ozone may also aggravate chronic lung diseases such as emphysema and bronchitis and reduce the immune system's ability to fight off bacterial infections in the respiratory system. The EPA established the safe 8-hour ozone standard to 0.070 ppm. The two stations tracking ozone levels in Miami-Dade County recorded only three daily averages above the EPA standard.

Carbon monoxide (CO) is another pollutant that can increase the severity of lung ailments, cause dizziness, fatigue, nausea, and even death. EPA defined the national ambient air quality standard (NAAQS) for carbon monoxide as nine parts per million averaged over eight hours, and this threshold cannot exceed more than once a year, or an area would be violating the standard. Carbon monoxide levels were within the norms, with the highest readings at one part per million averaged over eight hours in Miami-Dade County.

Sulfur dioxide levels were also within the established standard in 2018 in Miami-Dade County. The highest readings of this gas recorded in 2018 in Miami-Dade County was 2 parts per billion. Short-term exposures to sulfur dioxide can harm the human respiratory system and make breathing difficult. The existing standard, established in 2010, is 75 parts per billion based on the three-year average of the 99th percentile of the yearly distribution of 1-hour maximum daily concentrations.

Lastly, another harmful pollutant measured throughout the year is nitrogen dioxide, which primarily gets in the air from the burning of fuel. It forms from emissions from cars, trucks and buses, power plants, and off-road equipment. Exposures over short periods can aggravate respiratory diseases, particularly asthma, leading to respiratory symptoms (such as coughing, wheezing or difficulty breathing), hospital admissions, and visits to emergency rooms. The national standard for nitrogen oxides is a 1-hour level of 100 ppb based on the 3-year average of 98th percentile of the yearly distribution of 1-hour maximum daily concentrations, and an annual standard at a level of 53 ppb. The highest reading for 2018 in Miami-Dade County was 58 ppb.

### Water Quality

Water quality is also essential in ensuring the health of residents. The federal Clean Water Act provides the statutory basis for the state water quality standards programs. The Watershed Monitoring Section (WMS) of the Florida Department of Environmental Protection manages two statewide water quality monitoring programs. WMS developed Status and Trend report cards into interactive map tools that are publicly accessible.<sup>54</sup> The report cards for region 6, which includes the southern counties from Monroe to St. Lucie (including Miami-Dade County), show that most of the rivers, streams, and canals in the region meet water quality thresholds for ammonia, nitrogen, phosphorus, and other water pollutants.

In 2018, the Florida Department of Environmental Protection (FDEP) performed a Source Water Assessment on the Miami-Dade County drinking water system. The assessment provided information about any potential sources of contamination in the vicinity of county wells. There are 89 possible sources of pollution identified for this system with low to high susceptibility levels. Regulatory contaminants sometimes found in drinking water include nitrates, arsenic, and disinfection by-products. These contaminants were selected by the Center for Disease Control and Prevention (CDC) Tracking Network due to them occurring more frequently in drinking water at levels that may impact health.<sup>55</sup> The assessment detected 21 contaminants in Miami-Dade County's drinking water in 2018, but all were below maximum contaminant levels allowed. According to the Florida Health Department's Public Health Tracking program, in 2015 98.2 percent of Miami-Dade County's population was

<sup>54</sup> Interactive Water Quality Report Cards, Florida Department of Environmental Protection. <https://floridadep.gov/dear/watershed-monitoring-section/content/interactive-water-quality-report-cards>

<sup>55</sup> Florida Department of Environmental Protection, Water Assessment and Protection Program, [www.dep.state.fl.us/swapp](http://www.dep.state.fl.us/swapp)

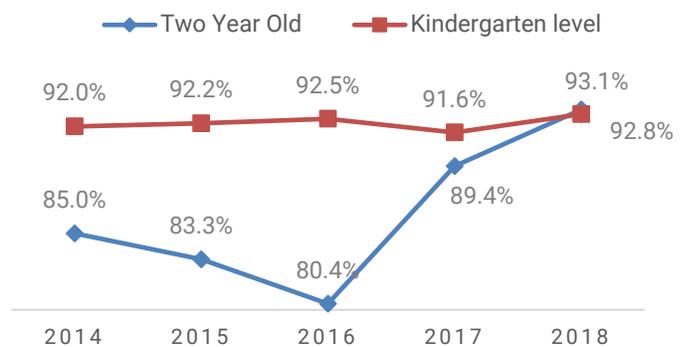
using public water with optimally fluoridated water supplies, compared to only 77 percent of Florida residents.<sup>56</sup> Community water fluoridation is recommended by nearly all public health, medical, and dental organizations as it helps prevent tooth decay. It is also recommended by the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service, and the World Health Organization.<sup>57</sup>

### Immunizations/Vaccinations

Immunizations, also called vaccinations, help prevent diseases like measles, chickenpox, and the flu. The CDC recommends vaccinations from birth through adulthood to provide a lifetime of protection against many diseases and infections. These include influenza, pneumococcal disease, human papillomavirus, and hepatitis A and B. Vaccine coverage refers to the proportion of a population that is appropriately immunized against a specific vaccine-preventable disease (VPD). Maintaining high immunization coverage is essential for the effective prevention and control of VPDs.

The immunization levels of young children in the County increased in the past five years, from 85.0 percent for children who are 2 years old in 2014 to 92.8 percent in 2018 (Figure 7.10). Immunization rates for children entering Kindergarten have remained relatively high over the past five years, with a slight increase of 1.1 percent from 2014 to 2018. Immunizations are vitally important in maintaining the health of young children, especially as they enter into the public-school system. Students who receive immunizations protect not only themselves but also their peers and those who are unable to receive vaccines due to health conditions.

**Figure 7.10: Immunization Levels of Young School Aged Children**



Source: Florida Health Charts

### Impact on Community

Concerns over the environmental health of Miami-Dade County are rising among community members. One participant from the Community Needs Assessment focus group discussions in Edison/Little River shared his concern over the increasing environmental disasters and their unequal impact on specific communities, especially the Black community and residents living in poverty. This participant stated, “Black communities are disproportionately affected by environmental injustice,” highlighting the need for increased attention on the impacts of environmental disasters, such as hurricanes and flooding, on residents from lower-income areas and historically disenfranchised groups.

## Mental Health of Children and Young Adults

The mental health and emotional well-being of children in the County are essential and determine many of their future outcomes. The estimated number of seriously emotionally disturbed youth between the ages of 9 and 17 increased from 2014 to 2018 (Table 7.19). In 2018, an estimated 25,487 children were thought to be emotionally disturbed, up from 24,773 children in 2014.

### Behavioral/Mental Health of Children and Young Adults

Examining the state of behavioral and mental health among children and young residents in Miami-Dade County is vital to understanding their overall health and wellness. The rate of young residents partaking in risky

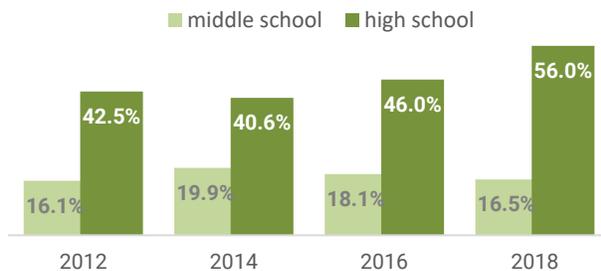
<sup>56</sup> Florida Environmental Public Health Tracking, <https://www.floridatracking.com/healthtracking/Report.htm>

<sup>57</sup> Centers for Disease Control, <https://www.cdc.gov/fluoridation/index.html>

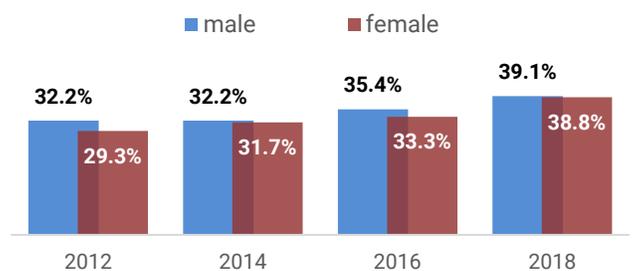
behaviors, such as early tobacco and alcohol/drug usage and unsafe sexual behavior, highlights the need for programs for school aged children that emphasize healthy living habits. Mental health status is also a major health and wellness indicator analyzed in this section to help illuminate the areas in which school-aged children and young adults need more support. Concern over mental health status throughout the County is growing among community members, especially when regarding youths.

Young adults who participate in risky behaviors at an early age are at a higher risk of numerous health concerns and developing unhealthy habits as they get older. Figures 7.11, 7.12 and 7.13 show tobacco usage of students from 2012 to 2018 by grade level, gender, and racial/ethnic group. High school students have a significantly higher percentage of students who have ever tried a tobacco product at 56.0 percent compared to 16.5 percent of middle school students. In 2018, when examined across gender, male and female students use tobacco at a very similar rate of 39.1 percent for males and 38.8 percent for female students. Tobacco usage increased by 6.9 percent for male students and 9.5 percent for female students from 2012 to 2018. When examined across racial and ethnic groups, tobacco usage of White students decreased by 8.3 percent from 2012 to 2018, while increasing by 16.9 percent for Black students and 8.9 percent for Hispanic or Latino students. In 2012, White students were the largest percentage of students that had ever tried a tobacco product at 44.9 percent, while in 2018, Hispanic or Latino students were the largest group of students who had tried a tobacco product at 41.8 percent. The increase in tobacco usage by middle and high school students is concerning considering the long-term effects of tobacco usage.

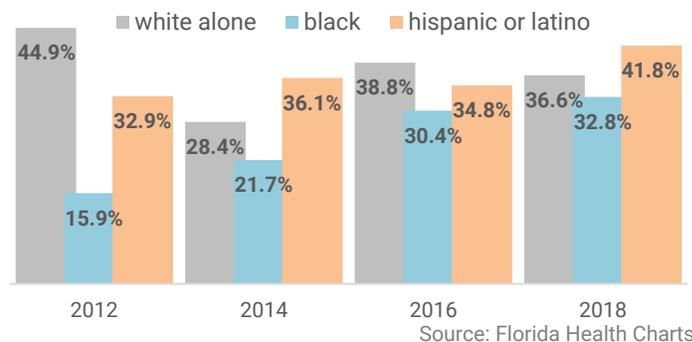
**Figure 7.11:** Students who have ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars by Grade Level (%)



**Figure 7.12:** Students who have ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars by Gender (%)



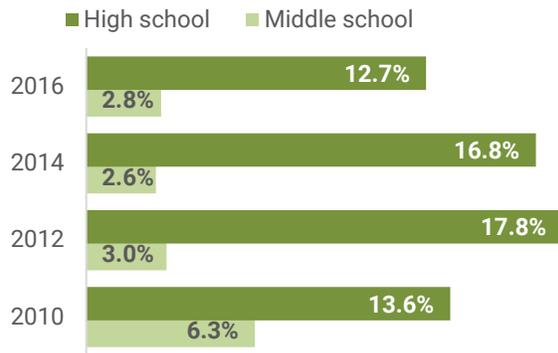
**Figure 7.13:** Students who have ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars by Race/Ethnicity(%)



Although tobacco usage increased from 2012 to 2018, Marijuana/hashish and alcohol usage by both middle and high school students have decreased over time (Figures 7.14 and 7.15). From 2010 to 2016, marijuana/hashish usage increased from 2010 to 2012 but then decreased significantly from 2014 to 2016. In 2016, 12.7 percent of high schoolers reported having used marijuana/hashish in the past 30 days down from

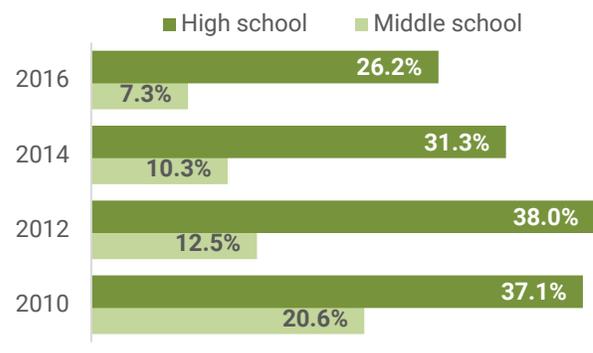
16.8 percent of high school students in 2014. Middle school students using marijuana/hashish increased by 0.2 percent from 2014 to 2016. Alcohol usage decreased from 2010 to 2016, with 37.1 percent of high school students and 20.6 percent of middle school students using alcohol in 2010, down to 26.2 percent among high school students and 7.3 percent among middle school students in 2016.

**Figure 7.14:** Marijuana/Hashish Usage in past 30 days by Grade Level (%)



Source: Florida Health Charts

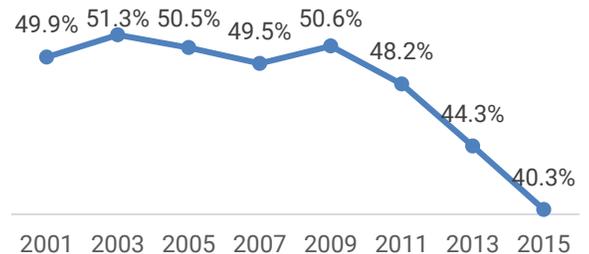
**Figure 7.15:** Alcohol Usage in Past 30 days by Grade Level (%)



### Sexual Behaviors of Children and Young Adults

Healthy sexual behavior is also imperative to the overall health of residents and especially young adults in Miami-Dade County. According to Psychology Today, the earlier a child begins having sex, “the likelier they are to engage in high-risk sex,” such as having multiple sexual partners, engaging in frequent intercourse, having unprotected sex, and using drugs or alcohol before sex.<sup>58</sup> Engaging in these high-risk behaviors can lead to unplanned pregnancies and contracting sexually transmitted diseases (STDs) that could potentially have lasting negative impacts on overall health. According to the Youth Risk Behavior Survey conducted by the Florida Department of Health from 2001 to 2015, the percentage of high school students in Florida who had ever had sexual intercourse decreased significantly over the fifteen year period (Figure 7.16). After slight fluctuation from 2001 to 2009, the rate of high school students who had sexual intercourse began to steadily decline from 50.6 percent in 2009 to 40.3 percent in 2015, a decrease of more than 10 percent.

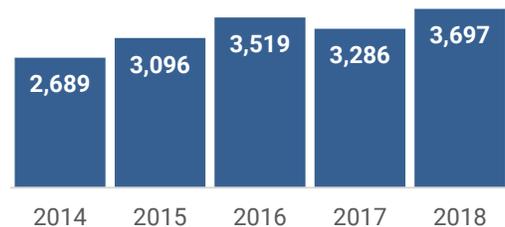
**Figure 7.16:** Percentage of High School Students who have ever had Sexual Intercourse in Florida



Source: Florida Health Charts

While the percentage of students in Florida having sexual intercourse in high school decreased in 2015, the rate of STDs continued to increase in Miami-Dade County. From 2014 to 2018, the number of bacterial STDs for residents between the ages of 15 to 19 increased by a rate of 1,008 cases per 100,000 people. In 2014, 2,689 residents per 100,000 people in that age group had a bacterial STD compared to 3,697 residents in 2018 (Figure 7.17).

**Figure 7.17:** Bacterial STDs, Ages 15-19 Per 100,000 People

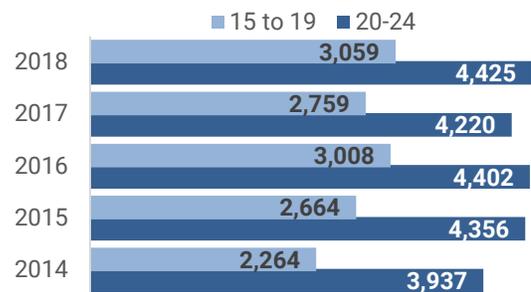


Source: Florida Health Charts

<sup>58</sup> Ross C., Overexposed and Underprepared: The Effects of Early Exposure to Sexual Content, <https://www.psychologytoday.com/us/blog/real-healing/201208/overexposed-and-underprepared-the-effects-early-exposure-sexual-content>

The number of chlamydia cases per 100,000 people also increased from 2014 to 2018, for both residents between the ages of 15 and 19, and ages 20 to 24. In 2018, 3,059 residents between the ages of 15 and 19, and 4,425 residents between the ages of 20 and 24 had chlamydia, up from 2,264 for ages 15 to 19 and 3,937 for ages 20 to 24 in 2014. The number of HIV cases per 100,000 people between the ages of 13 and 19 increased from 2014 to 2018. From 2014 to 2016, the number of HIV cases increased significantly from 32 per 100,000 people for ages 13 to 19 in 2014 to 45 cases in 2016, but from 2016 to 2018, the number of cases decreased from 45 to 41. The increase in STDs over the past five years is an indication of the number of young adults participating in high-risk sexual activity in Miami-Dade County. This clearly demonstrates a need for comprehensive sexual education for middle and high school students, when it relates to promoting safe and responsible sexual activity.

**Figure 7.18:** Chlamydia Cases by Age Group Per 100,000 population



Source: Florida Health Charts

### School Safety

School safety is another significant predictor of the overall health and safety of school-aged children in Miami-Dade County. Figure 7.19 displays the number of school environment safety incidents per 1,000 K-12 students from 2013 to 2018. The number of school environment safety incidents decreased significantly from 11,937 cases in 2013 to 3,679 in 2018. Although there was an overall decrease in incidents over the six years, there was an increase of 692 incidents from 2016 to 2017, and then another reduction of 357 cases from 2017 to 2018.

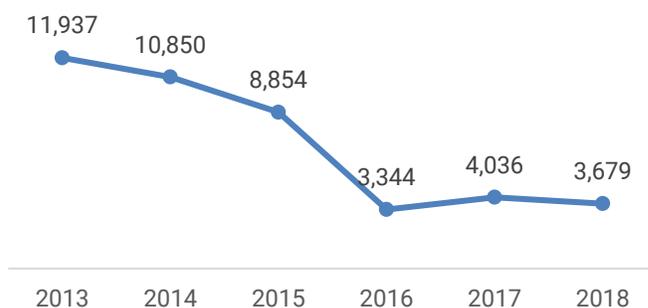
**Table 7.19:** Estimated Seriously Emotionally Disturbed Youth Ages 9-17

Year	Count
2014	24,773
2015	24,724
2016	24,872
2017	25,122
2018	25,487

Source: Florida Health Charts

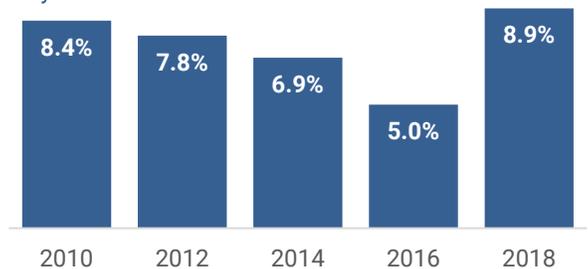
Despite the overall decrease in school safety incidents from 2013 to 2018, Figure 7.20 shows an increase of students who did not attend school out of safety concerns. In 2010, only 8.4 percent of students reported feeling unsafe while at school or on their way to school. Over the eight years, the percentage of students who felt unsafe at school fluctuated, with 8.9 percent reporting feeling unsafe in 2018, the highest since 2010. Feeling unsafe at school or on their way to school induces student anxiety and does not allow students to focus primarily on their studies or be comfortable when in class and on school property. Miami-Dade County Public Schools adopted School Board Policy 5517.01 that defines bullying and other unacceptable behaviors, and provides guidelines for preventing, reporting and addressing bullying.

**Figure 7.19:** K-12 School Environmental Safety Incidents, Rate Per 1,000 Students



Source: Florida Health Charts

**Figure 7.20:** Percent of middle and high school students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days



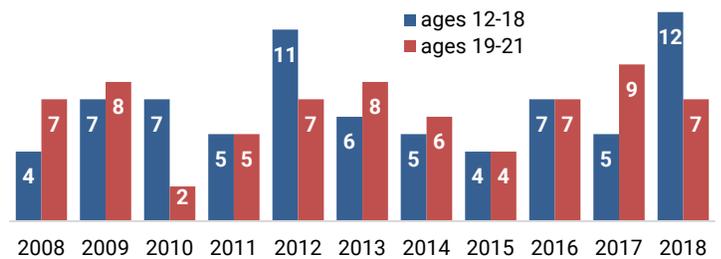
Source: Florida Health Charts

### Depression and Suicide in Children and Young Adults

Teen depression and suicide is a growing concern in Miami-Dade County. The percentage of students who felt sad or hopeless for two or more weeks in a row and stopped doing their usual activities increased from 2010 to 2018. In 2018, 23.3 percent of students felt sad or hopeless for two or more weeks in a row, an increase from 22.6 percent in 2010.

With the rise in students who felt sad for two or more weeks in a row, was an increase in the number of deaths by suicide for residents ages 12 to 21. Understanding the needed support systems and putting forth programs are a necessity for tackling the issue of teen depression and suicide. Residents ages 12 to 18 had the highest increase of deaths by suicide over ten years, increasing from 4 deaths in 2008 to 12 deaths in 2018 (Figure 7.21). The rate of residents ages 19 to 21 fluctuated minimally over the ten years, rising from 7 deaths in 2008 to 9 deaths in 2017, but then decreasing back down to 7 deaths in 2018. Focusing on the mental health status of school-age children should be the primary focus moving forward due to the significant increase in school-age children dying by suicide over the past ten years.

Figure 7.21: Deaths by Suicide for Residents ages 12 to 21



Source: Florida Health Charts

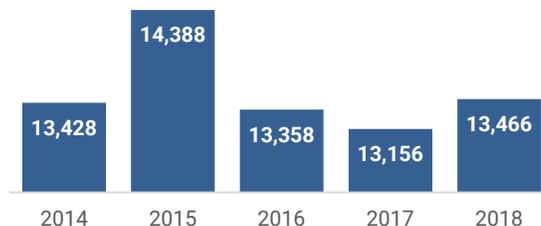
### Behavioral and Mental Health of Adults

The behavioral and mental health of adults in Miami-Dade County are other major indicators of overall health and wellness in the community. Community Needs Assessment focus group participants were especially concerned with the number of residents with mental health issues that are not receiving the necessary help.

#### Rates of Depression for Adults

The number of age-adjusted hospitalizations for mood and depressive disorders for adults in Miami-Dade County fluctuated often over the past five years. In 2018, there were 13,466 reported hospitalizations for mood and depressive disorders, up from 13,428 in 2014 (Figure 7.22). In 2015, there was a significant increase in admission from the previous year, but then a decrease in cases from 2015 to 2017.

Figure 7.22: Age-Adjusted Hospitalizations for Mood & Depressive Disorders for Adults



Source: Florida Health Charts

Table 7.20 shows a decline in the percentage of adults who have been diagnosed with a depressive disorder is displayed within the 18 to 44 age group and the 65 and older age group. A slight increase of 1.4 percent from 2013 to 2016 is shown among individuals in the 45 to 64 age group.

**Table 7.20:** Adults who have ever been told they had a depressive disorder, by Age Group

Year	18-44	45-64	65 & older
2013	8.1%	15.2%	16.1%
2016	7.6%	16.6%	14.2%

Source: Florida Health Charts

Table 7.21 displays the percentage of adults who are limited in activities because of a physical, mental, or emotional problem from 2007 to 2016. Adults within the 18 to 44 years old and 65 and older age groups both saw decreases in the percent of adults who are limited in any way, as did the percentages of adults told they have a depressive disorder. Adults in the 45 to 64 age group had the only increases in the percentage of adults, which increased from 17.5 percent in 2007 to 18.3 percent in 2016.

**Table 7.21:** Adults who are limited in any way in any activities because of physical, mental, or emotional problems, by Age Group

Year	18-44	45-64	65 & older
2007	5.9%	17.5%	26.6%
2010	13.5%	16.1%	32.1%
2013	11.6%	21.8%	30.8%
2016	4.4%	18.3%	19.8%

Source: Florida Health Charts

### Baker Acts

The Florida Mental Health Act of 1971, or more commonly known as the Baker Act, is a Florida law that allows for individuals with mental illness to be involuntarily held in a mental health facility for up to 72 hours. The process of a person being involuntarily held is more commonly referred to as being Baker Acted. A person can be Baker Acted if there is a reason to believe that they are mentally ill and they have refused to undergo a mental health evaluation, and if they pose a threat to themselves or someone else without immediate treatment. After the 72-hour involuntary commitment, the person may be discharged and referred to outpatient treatment, they may consent to continued voluntary commitment, or the facility can file a petition through the court system for involuntary placement of the individual. If the petition for involuntary placement is filed in court, a hearing must occur within five days to examine whether the person meets all of the necessary criteria to be committed to a mental health facility for up to six months.

According to the Baker Act Reporting Center, in Miami-Dade County the number of children under the age of 18 having to submit to involuntary examinations was steadily increasing over the past five years, with 36,078 children having an involuntary examination in the 2017-2018 year, up from 30,355 in 2013-2014. The number of older adults involuntarily examined also steadily increased over the past five years within the county, with 15,253 adults over 65 having to submit to involuntary examinations in 2017-2018, an increase of 1,694 involuntary examinations from 2013-2014.

In 2017-2018, children under 10 years old account for 2.0 percent of all involuntary examinations, while children 11 to 13 years old account for only 4.9 percent. Residents ages 25 to 34 account for 19.6 percent of all involuntary examinations, while residents ages 25 to 34 making up 15.6 percent. Individuals with a professional certificate make up 48.9 percent of initiators of involuntary examinations while law enforcement officers account for 48.5 percent of Baker Act initiations.

**Table 7.22:** Involuntary Exams by Age (Baker Act)

	Involuntary exam	% of total
<10	4,090	2.0%
11 to 13	9,942	4.9%
14-17	22,046	10.9%
18-24	26,328	13.0%
25-34	39,740	19.6%
35-44	31,540	15.6%
45-54	29,871	14.7%
55-64	23,866	11.8%
65-74	9,542	4.7%
75-84	4,154	2.1%
85+	1,557	<1.0%

Source: Baker Act Reporting Center  
FY17/18 Annual Report

The percentage of children under 18 years old who have been examined under the Baker Act in Miami-Dade County, is significantly lower in comparison to the overall percentage in Florida. In comparison, the number of older adults over 65 years old who have been examined under the Baker Act is significantly larger when compared to the entire state. Mental health efforts targeted at the County's older population may be necessary to combat the growing number of older individuals who are having to be involuntarily examined and committed.

### ***Mental Health Status of Incarcerated Individuals***

Incarcerated individuals with mental health issues is a large and growing issue throughout the entire United States, and especially in the state of Florida and Miami-Dade County. Correctional facilities and state prisons throughout the country have become some of the biggest providers of psychiatric services. Within Miami-Dade County, 9.1% of the population lives with a serious mental illness, while only 13% of these individuals receive any sort of public mental health care. The Miami-Dade County Jail houses around 1,200 prisoners with serious mental illness each day. The combination of a large population living with mental illness, homelessness or substance abuse, Miami-Dade County had to restructure their approach to dealing with a vast population of incarcerated individuals where approximately 17% have a mental illness.

The Criminal Mental Health Project was the County's solution to the growing issue and is hailed as the national model for decriminalizing mental illness. This program diverts nonviolent defenders who have committed a misdemeanor from the county criminal justice system and places them within a community-based treatment facility instead. Doing this cut down tremendously on the cost of maintaining these incarcerated individuals and decreased the number of overall prisoners throughout the county jail and prison systems. This program and the diversion of seriously mentally ill individuals into treatment not only cut cost for the community members and taxpayers, but increased safety throughout the community. Individuals who are suffering from mental illness have benefitted the most from these programs by being able to get needed services to reintegrate back into society.

### ***Community Perception of Access to Mental Health Services***

Approximately 39.4 percent of Community Survey respondents indicated lack of access to mental health services for adults and children in Miami-Dade County as a significant problem. Also, 21.1 percent of householders indicated that getting help with family members who have mental illness was a major concern.

Multiple partner survey respondents emphasized the growing mental health concerns in the community and the need for increased access to mental health services as a primary focus for community organizations. Many of the focus group participants who work in CAHSD Community Resource Centers expressed having experiences with community members who are suffering from mental health issues that had not received adequate services. One participant expressed the need for increased staff training on how to handle clients who had mental health issues in order to be able to properly help them while protecting themselves and Center staff from any potential violent outbursts or episodes from clients.

One participant highlighted the problem of mental health stemming from trauma and abuse being an overwhelming issue in Miami-Dade County that is not being dealt with properly. Many other participants agreed that it was one of the most significant problems not being appropriately addressed that has stemmed from decades of poverty and historical occurrences such as the drug epidemic in the 1970s and 80s in Miami-Dade County. The lack of communication and openness about these issues, especially in the Hispanic, Caribbean and Black cultures was also discussed as perpetuating the issue further due to the stigma surrounding mental health in these cultures.

## Substance Use

### Tobacco Use

Adults who are current smokers decreased significantly from 2007 to 2016 for those between 18 and 44 years old, and adults who are 65 years and older. In 2016, 9.8 percent of adults between 18 and 44 years old were current smokers, while 8.1 percent of adults over 65 years old were current smokers, down from 16.2 percent and 13.0 percent respectively in 2007. Adults between 45 and 64 years old who are current smokers increased from 15.8 percent in 2007 to 18.0 percent in 2016 (see Tables 7.23 and 7.24). Conversely, adults who were former smokers increased from 2007 to 2016 for adults ages 18 to 44 and 65 years and older and decreased for adults between 45 and 64 years old.

**Table 7.23:** Adults who are Current Smokers (%)

	18-44	45-64	65 & older
2007	16.2%	15.8%	13.0%
2010	13.2%	10.3%	6.7%
2013	14.0%	15.5%	11.6%
2016	9.8%	18.0%	8.1%

Source: Florida Health Charts

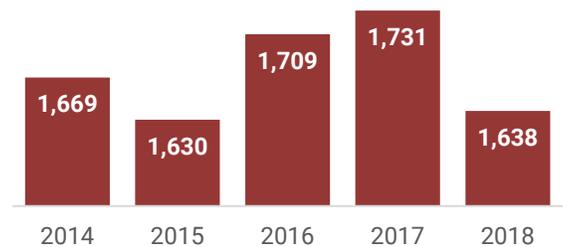
**Table 7.24:** Adults who are Former Smokers (%)

	18-44	45-64	65 & older
2007	13.4%	23.5%	35.5%
2010	9.7%	23.9%	42.5%
2013	16.0%	23.6%	32.2%
2016	15.5%	19.8%	41.5%

Source: Florida Health Charts

With the decrease in the percentage of adults who are current smokers, the number of tobacco-related cancer deaths decreased as well. Figure 7.23 shows that from 2014 to 2018, the number of tobacco-related cancer deaths decreased from 1,669 in 2014 to 1,638 in 2018. In 2016 and 2017, the number of tobacco-related cancer death had increased to 1,709 in 2016 and 1,731 in 2017 but then decreased significantly in 2018.

**Figure 7.23:** Tobacco-Related Cancer Deaths

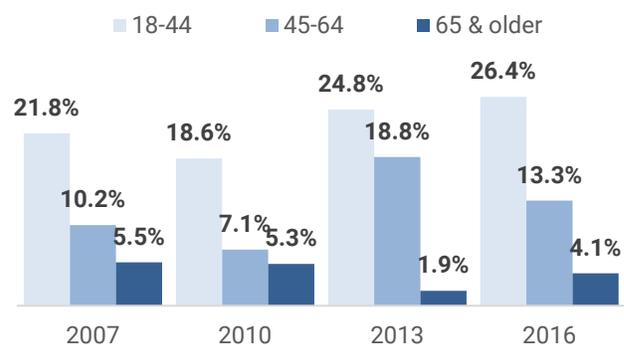


Source: Florida Health Charts

### Alcohol and Drug Abuse

Alcohol and drug use in Miami-Dade County is another major factor in overall community health and wellness. According to Florida Health Charts, adults who engage in heavy or binge drinking increased from 2007 to 2016 for residents between 18 and 64 years old (Figure 7.24). Residents 65 years and older were the only age group where heavy and binge drinking decreased. The number of alcoholic liver disease deaths increased by 23 deaths over the 2014 to 2018 period. The most alcoholic liver disease deaths, 115, were reported in 2016, followed by a decrease to 90 deaths in 2017, and another increase to 106 in 2018.

**Figure 7.24:** Adults who engage in Heavy or Binge Drinking (%)



Source: Florida Health Charts

Drug-related incidences and deaths are also a major concern related the well-being of Miami-Dade County residents. In 2017, 305 residents died of opioid overdose and 420 of drug overdoses. In 2017, there were 462 non-fatal opioid-involved overdoses and 3,244 non-fatal drug overdoses (Tables 7.25 and 7.26). There were 16 infants with neonatal abstinence syndrome in 2017.

**Table 7.25: Consequences of Drug Usage, 2007**

	2017
Drug confirmed traffic crash fatalities	6
Drug confirmed traffic crash injuries	6
Drug suspected traffic crash fatalities	7
Drug suspected traffic crash injuries	25

Source: Florida Health Charts

**Table 7.26: Drug Arrests, 2007**

	2017
Adult drug arrests	11,422
Juvenile drug arrests	371
Total Drug arrests	11,793

Source: Florida Health Charts

Traffic crash fatalities and injuries as a consequence of drug usage were also recorded in 2017, as shown in Table 7.27. There were 12 drug-related confirmed traffic crash fatalities and injuries and 32 drug suspected traffic crash fatalities and injuries. In 2017, 11,422 adults and 371 juveniles were arrested due to drug-related crimes.

**Table 7.27: Drug involved incidence, 2017**

	2017
Opioid Overdose deaths	305
Drug Overdose deaths	420
Suspected Non-fatal Opioid-involved Overdose	462
Suspected Non-fatal All Drug Overdose	3,244
Neonatal Abstinence Syndrome from Birth Defects Registry	16

Source: Florida Health Charts

### ***Recommendations from the Miami-Dade County Opioid Epidemic Task Force***

The Miami-Dade County Opioid Addiction Task Force<sup>59</sup> is dedicated to recognizing and finding solutions for the increasingly overwhelming public health issues that are associated with the opioid epidemic in Miami-Dade County. The task force outlined 25 recommendations to combat the effects of the opioid epidemic and ensure the health and safety of all Miami-Dade County residents. Their main goals are to maximize access to health care for resident and enhance the screening process for opioid misuse and addictions, create comprehensive treatment and recovery programs that are suitable for individuals seeking help for opioid addiction, create strong partnerships between law enforcement, the justice system, and first responders, to help establish best practices for prevention and policing efforts, and lastly to educate and increase awareness throughout the County of the effects of opioid use, abuse, and overdose. In 2018, the task force had completed 11 initiatives, completed and continued to work on 11 other initiatives, and were in the process of completing the last three initiatives (See Appendix C for the full list of recommendations).

<sup>59</sup> Miami-Dade County Opioid Addiction Task Force (2018), Opioid Addiction Task Force Implementation Report, <https://www.miamidade.gov/mayor/library/opioid-task-force/2019-opioid-implementation-report.pdf>

### ***CAHSD Substance Abuse Treatment Programs***

CAHSD oversees the Rehabilitative Services Division in Miami-Dade County that provides residential and outpatient treatments to adults diagnosed with substance use disorders. Services provided include assessment, intervention, direct treatment, case management, and referrals. The Division consists of four units specialized in offering services to help meet client's needs. The first unit is the Central Intake Unit, which is the entry point for adults seeking evaluation, referral, and substance abuse treatment placement. Individuals can be referred by another organization, the courts, the Police Department, the Corrections and Rehabilitation Department, the State Attorney's Office, a family member, and as walk-ins. At this stage, individuals are initially evaluated to determine their appropriate level of care and placement in a treatment program. In addition, through screening and risk assessment conducted at the Central Intake Unit, individuals may also be identified and engaged in the Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) project, a SAMHSA grant-funded initiative. The MASTER project aims to increase engagement in care for racial and ethnic minority individuals with substance use disorders and/or co-occurring substance use and mental disorders, who are at risk for HIV or are HIV positive and reside in Miami-Dade County. Through this project, the Rehabilitative Services Division expanded and enhanced the scope of outpatient and residential substance abuse treatment services provided to minority individuals at risk for HIV through comprehensive screening, assessment, referral and linkage to community partners, and provision of culturally competent and appropriate levels of care for HIV, Hepatitis B and C, Substance Use Disorders, Co-occurring Disorders, and ancillary supports. Furthermore, various residential and outpatient treatment opportunities are designated within units of the Rehabilitative Services Division to serve individuals who are deemed appropriate for engagement in the MASTER project.

The second unit consists of three residential treatment program options: the New Direction Treatment Program, the Specialized Transitional Opportunity Program (STOP) for the homeless, and an Intensive Day/Night Program for Women. Each program is designed to cater to individuals' specific needs through numerous treatment approaches such as Medication-Assisted Treatment (MAT), individual, group and family counseling, medical, psychiatric and psychological services, case management, continued care planning, and other services dependent on the need of the individual. Residential programs allow individuals to rehabilitate and learn to cope with their substance abuse problems in a safe and controlled environment.

The third unit of the Rehabilitative Services Division is the Diversion and Treatment Program (DATP), a comprehensive outpatient treatment program to help individuals referred by the criminal justice system as an alternative to jail. Treatment services include assessment, comprehensive treatment planning and development, evidence-based treatment, individual, group and family therapy, psychological, medical and psychiatric services, life skills training, and case management. This program is offered at Coconut Grove Community Resource Center, Miami Dade College North Campus, and Florida City Community Resource Center.

The fourth unit in the Division consists of correction-based treatment through the Driving Under the Influence (DUI) Program. This program provides treatment services to sentenced offenders, including individual and group counseling, substance abuse educational sessions, case management, and other support services. Each unit in the Rehabilitative Services Division aims to assist Miami-Dade County residents suffering from addiction to address and treat their substance abuse issues through specialized treatment programs built around their needs. Substance abuse can affect any individual and has lasting impacts on the physical and mental health of the individual and their families, programs implement by the Rehabilitative Services Division are vital in addressing the issue of substance abuse in the County and providing supportive services to those suffering from addiction.

### ***Community Perception of Substance Abuse within Miami-Dade County***

Substance abuse has been continued to be a growing concern for residents in Miami-Dade County. Approximately 46.5 percent of community survey respondents indicated that opioid/drug/alcohol abuse was a

major problem in the community, while 15.5 percent of respondents listed finding help for family members with substance use issues as a major concern in their household. Multiple partner survey respondents also addressed the growing substance abuse issues in the County by highlighting the need for more drug treatment programs in the community.

## Nutrition

Nutrition is a main indicator of physical health, and access to affordable and healthy food options is vital to the overall health of community members in Miami-Dade County.

### *Food Insecurity and Public Programs to Combat Food Insecurity*

Florida Health Charts documents the rise of children in the County who are considered food insecure from 2014 to 2017. Over the four years, child food insecurity grew by 2.4 percent (Table 7.28). Children who experience food insecurity are at risk of not receiving adequate amounts of necessary food filled with nutritional value that will help support their development and growth. These children may only eat one to two meals a day and sometimes go full weekends without an adequate meal.

**Table 7.28: Child Food Insecurity**

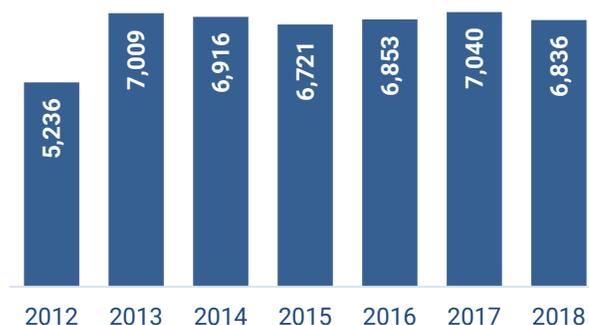
Year	Percent
2014	19.4%
2015	20.0%
2016	20.6%
2017	21.8%

Source: Florida Health Charts

While the food insecurity rate for children increased, the food insecurity rate for the entire Miami-Dade County population decreased from 2014 to 2016. In 2016, 9.1 percent of the population was considered food insecure, down from 11.3 percent in 2014. Fewer individuals reported being food insecure in Miami-Dade County than in Florida overall, with 9.1 percent being food insecure in Miami-Dade County in 2016 compared to 13.9 percent in Florida.

To help combat child hunger and food insecurity for children enrolled in Miami-Dade County Public Schools (MDCPS), the MDCPS' Department of Food and Nutrition administers the Free and Reduced-Price Meals Policy for students under the National School Lunch and Breakfast Programs. This program provides free or reduced meals during school hours for students whose family household income falls below a certain level. Households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), foster children, and homes with children who are migrants or homeless are automatically eligible to receive free or reduced lunch. The Florida Health Charts also collects the number of children in Pre-K receiving free or reduced lunch. The number of children in Pre-K4 who are eligible remained consistently around 6,000 to 7,000 children, fluctuating minimally from year to year (Figure 7.25). All Head Start/Early Head Start programs provide students with free daily hot and nutritious breakfast, lunch, and snacks. A dietitian approves all food served through the HS/EHS programs. Nutrition education is also provided to parents and students by those same HS dietitians.

**Figure 7.25: Children in Pre-K who are Eligible for Free/Reduced Lunch**



Source: Florida Health Charts

Table 7.29 shows that the percentage of elementary and middle school students who are eligible for free and reduced lunch decreased from 2014 to 2018. In 2018, 68.0 percent of elementary school students and 65.3 percent of middle school students eligible for free or reduced lunch, down from 75.1 percent and 75.6 percent in 2014.

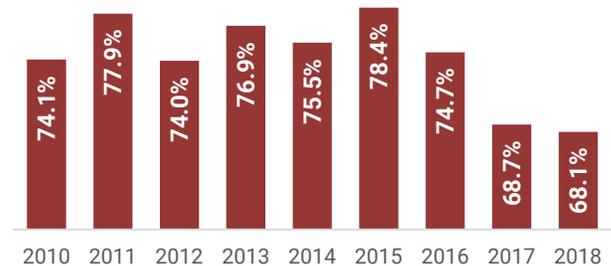
**Table 7.29: Students Eligible for Free & Reduced Lunch (%)**

Year	Elementary	Middle school
2014	75.1%	75.6%
2015	74.9%	74.5%
2016	73.3%	72.2%
2017	72.5%	70.7%
2018	68.0%	65.3%

Source: Florida Health Charts

The nutrition and health of mothers and their infants who are living in poverty are also at risk. The Women, Infants, and Children (WIC) program provides food, nutrition education, breastfeeding support, and referrals to outside resources for pregnant or postpartum women with infants and children up to 5 years old who are income eligible. They must be living below the federal poverty level to be eligible for services, and automatically qualify if they receive SNAP benefits, Medicaid, or TANF benefits. Florida Health Charts details the percentage of WIC-eligible Individuals that receive services. Figure 7.26 shows that over the past four years, the percentage of eligible individuals who are receiving services declined significantly. From 2015 to 2018, the number of eligible people served declined by 10.3 percent. The number of participating women and young children is correlated to the rise and fall of the number of low-income women and young children likely to be eligible. The number of WIC-eligible individuals is dependent on several factors, including economic conditions, the number of births to mothers in the eligible income categories, as well as federal funding for the WIC program.<sup>60</sup> Continuing to provide funding and resources for public assistance programs such as WIC helps to improve the overall health and nutrition of the entire community. Without these funds, low-income pregnant women and mothers of young children may not be able to support their families or have the knowledge necessary to take care of their infants and young children adequately. The WIC program also provides these mothers with the vital nutrients needed in their diets.

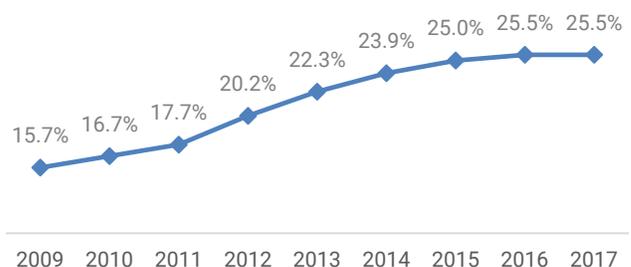
**Figure 7.26: Women, Infants, and Children (WIC) Program Eligible Individuals Being Served**



Source: Florida Health Charts

Although the number of WIC-eligible individuals in the County receiving services declined over the past four years, the percentage of residents receiving Food Stamps or SNAP benefits increased from 2009 to 2017. According to the U.S. Census, in 2017, 25.5 percent of the population was receiving Food Stamps/SNAP, up from 15.7 percent in 2009. Without the assistance of programs such as WIC and Food Stamps/SNAP, many families and children would be without proper food and nutritional intake.

**Figure 7.27: Residents Receiving Supplemental Nutrition Assistance Program (SNAP) Benefits (%)**



<sup>60</sup> Center on Budget and Policy Priorities, <https://www.cbpp.org/research/food-assistance/wic-participation-and-costs-are-stable>

Preventable hospitalizations and deaths for individuals under 65 years old due to nutritional deficiencies have increased significantly from 2014 to 2018. From 2014 to 2018, preventable hospitalizations from nutritional deficiencies increased by 129 percent. Deaths due to nutritional deficiencies increased by 173 percent.

**Programs to Combat Food Insecurity**

Food insecurity within Miami-Dade County is a growing issue, especially in areas with high concentrations of residents of lower socioeconomic status. The U.S. Department of Agriculture (USDA) defines food deserts as areas devoid of fresh fruit, vegetables, and other healthful whole foods. This is largely due to a lack of grocery stores, farmers markets, and healthy food providers. According to data reported by the Florida Environmental Public Health Tracking system, in 2016 63.6 percent of Miami-Dade County residents, or approximately 1.6 million people, lived within ½ mile of a healthy food source. This percentage is significantly higher than the figure reported for Florida overall – approximately 31 percent. City-specific data reported by Redfin shows Boston, Miami, and Baltimore had the most significant improvements in access to fresh food since 2014. According to Redfin, 57 percent of Miami residents lived within a five-minute walk of a grocery store or farmers market in 2019, which is a 49 percent increase from 2014.<sup>61</sup>

The Food Access Research Atlas (formerly the *Food Desert Locator*) is a mapping tool by the U.S. Department of Agriculture that provides a spatial overview of food access indicators. The Atlas shows pockets in which Miami-Dade County residents do not live within the proximity of a healthy food source.<sup>62</sup> These pockets coincide within areas that have a large concentration of low-income households. The USDA was reportedly working on an update of the Atlas in the summer of 2019.

**Table 7.30:** Hospitalizations and Deaths Due to Nutritional Deficiencies

Year	Preventable Hospitalizations Under 65 from Nutritional Deficiencies	Deaths due to Nutritional deficiencies
2014	307	11
2015	389	14
2016	577	12
2017	731	33
2018	703	30

Source: Florida Health Charts

<sup>61</sup> New York, Philadelphia and Miami are 2018’s Best Cities for Fresh-Food Access. Redfin. <https://www.redfin.com/blog/new-york-philadelphia-and-miami-are-2018s-best-cities-for-fresh-food-access>

<sup>62</sup> United States Department of Agriculture Economic Research Service. <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

To address food insecurity, community organizations throughout the County must come together to provide healthy and nutritious meals for underserved populations.

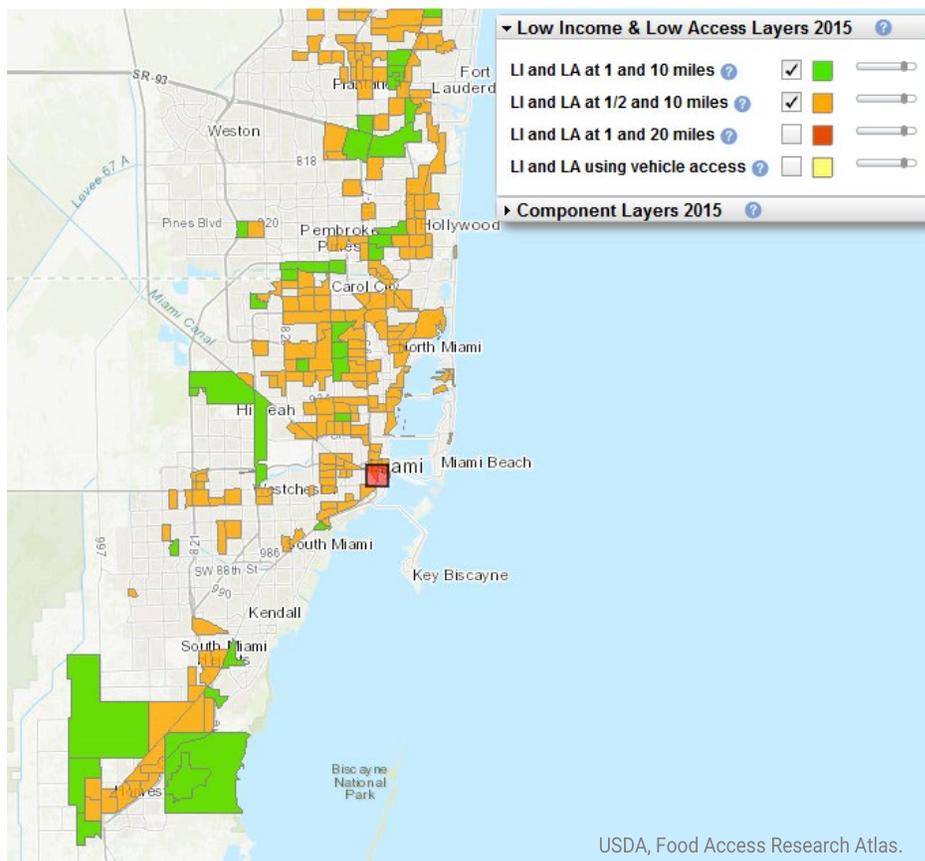
Farm Share is a community organization aimed at alleviating hunger throughout the state of Florida. They have partnered with the Florida Department of Agriculture and Consumer Services with locations throughout the state in Quincy, Jacksonville, Pompano Beach, and two locations in Miami-Dade County: Homestead and Florida City.

Their mission is to provide fresh produce to soup kitchens, homeless shelters, food banks, churches, and other charitable organizations that feed the hungry and underserved populations without fees to facilitate the eradication of hunger in Florida. Farm Share repackages fresh

fruits and vegetables that would be thrown away because they do not meet market standards and ships them to local food-serving organizations and individuals. Farm Share distributes more than 55 million pounds of healthy and nutritious food annually.<sup>63</sup>

Feeding South Florida is a regional food bank that partners with food pantries, soup kitchens, shelters, childcare centers, and the public-school systems throughout Miami-Dade, Monroe, Broward, and Palm Beach Counties. They serve approximately 300 nonprofit partner agencies that aid about 706,000 clients each year. Feeding South Florida rescues food from local grocery stores, farmers, manufacturers, and organizations that would go to waste without their intervention. This rescued food is then transported to their facilities to be inspected, under strict adherence to government guidelines, before it is allowed for distribution to other organizations, such as food banks and soup kitchens. Feeding South Florida seeks to combat child food insecurity by placing food pantries within elementary, middle, and high schools so that children and their families have easy access to food. They also deliver snacks for students participating in afterschool programs and implement the Backpack Program for students in schools where there is no School Pantry Program. The Backpack Program by Feeding South Florida and Caring for Miami consists of packing a bag with food to feed children while they are home over the weekends. The weekend food bag contains two breakfasts, two lunches, and two dinners, which would fit perfectly into a child's backpack. Feeding South Florida also implements the Summer BreakSpot Program, which helps feed school-aged children during the summer months of June, July, and August who would otherwise not have access to adequate meals during their summer breaks.

Figure 7.28: Food Access Research Atlas



<sup>63</sup> Fam Share, <http://farmshare.org/>

The Miami-Dade County Community Action and Human Services Meals on Wheels program provides home-delivered meals each week to low-income elderly and homebound with disabilities. Participants in the program receive seven frozen meals each week along with other basic grocery essentials such as fruit, vegetables, and dairy products. Miami-Dade County also provides nutritionally-balanced, hot meals to older adults at 21 locations throughout the County. At these meal locations, recipients also receive education on nutrition, counseling, and transportation to and from the facility, health and wellness services, and numerous recreational activities. The aim of this program is to reduce the need of premature institutionalization and malnutrition.

Lyft launched a national Grocery Access Program that was expanded to Miami in 2019.<sup>64</sup> The program started with a pilot in Washington, D.C. in 2018 and since expanded to Atlanta, and provides thousands of affordable rides (\$2.50) to grocery stores for local families.

### ***Community Perceptions of Access to Healthy Food***

In the community survey, 38.2 percent of respondents indicated lack of access to food and especially health food, as a major issue in the community, 17.5 percent of respondents felt that healthy food options were missing in their community, and 36.8 percent of respondents felt that having enough food to feed their family was a major concern in their household.

Access to healthy food options was also an essential unmet health-related need for respondents in the community partner survey. Individuals and families from low-income neighborhoods and the elderly population are especially likely to suffer from food insecurity. One respondent commented on the need for more home-delivered meals for elderly individuals and individuals who have a disability.

Multiple participants in the staff focus group expressed concern over their clients' lack of access to healthy food options in their communities. One participant explained the fact that many of their clients did not have easy access to fresh produce or healthy food option in the areas that they reside in, and the corner stores that clients rely on do not carry those healthy options, with another participants stating, "We are the hub of agriculture, but who has access to it?" Concerns over food insecurity and lack of access to healthy food options are growing and pose major barriers to health and wellness for residents in Miami-Dade County

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<sup>64</sup> Removing Transportation Barriers to Healthy Food. <https://blog.lyft.com/2019/4/25/removing-transportation-barriers-to-healthy-food>

## VIII. Community Resources

### Resources in Targeted Urban Areas

In 1997, Miami-Dade County identified 15 neighborhoods and two commercial corridors as Targeted Urban Areas (TUAs). The TUAs would serve as economic development priority areas and the focus of public efforts largely directed by community input.<sup>65</sup> These areas were targeted because of the higher prevalence of poverty and lack of economic opportunity. Per capita income of TUA residents in 2000 was approximately 44 percent below the per capita income in the County. Median household income in the County was 1.5 times higher than in the TUAs in 2000. Approximately 46 percent of the TUA population 25 years and older did not have a high school diploma or the GED equivalent in 2000.<sup>66</sup>

The 2018 Miami-Dade Economic Advocacy Trust (MDEAT) Report Card and Scorecard for the now 17 TUAs found significant improvements in the areas of educational attainment and juvenile crime rates, but persistent economic and housing affordability needs and growing violent and property crime rates in many of the TUAs. Most resources available to the populations of the TUAs continue to consist primarily of agencies and organizations providing basic services under three major categories: 1) child, family and school social services, 2) medical and public health social services, and 3) mental health and substance abuse social services. The analysis found significant needs in many of the TUAs in all MDEAT's four policy areas: Jobs/Economic development, Housing, Education, and Criminal Justice.<sup>67</sup>

The most current analysis (October 2019) of services targeting specific areas in Miami-Dade County from the Switchboard of Miami, which is maintained by the Jewish Community Services, produced an extensive list of programs and organizations. This analysis focused on these respective target areas: Carol City (33056, 33055), Coconut Grove (33133), Goulds (33170), Liberty City (33147), Little Haiti (33137, 33150, 33138, 33127), Model City/ Brownsville (33142, 33147), North Miami 7<sup>th</sup> Avenue Corridor (33168), North Miami Downtown Corridor (33161), North Miami West Dixie Highway (33161), N.W. 27<sup>th</sup> Avenue Corridor (33147), N.W. 183<sup>rd</sup> Street Corridor (33056, 33169), Opa-Locka (33054), Overtown (33136), Perrine (33157), Richmond Heights (33157), South Miami (33176), and West Little River (33143).

Overall, community resources are grouped into three specific categories: 1) Child, Family, and School Social Services; 2) Medical and Public Health Social Services (health, dental health, nutrition, disability services resources); and 3) Mental Health and Substance Abuse Social Services (Table 8.1). Most resources fall within the Child, Family, and School category, with an estimated 748 organizations and programs within the target regions. The Medical & Health category has about 176 organizations and programs providing services. Mental Health & Substance Abuse has about 97 organizations and programs providing services to the respective communities within the target areas, the least among the three categories.

Child, Family, and School Social Services category mainly consists of programs and services being held by Miami-Dade County Parks and Recreation, YMCA After School Programs, Boys and Girls Club, Miami-Dade County CAHSD, Early Learning Coalition, City of Miami Summer Camp Programs, FIU Afterschool All-Stars, Jewish Community Services of South Florida, Inc., Miami Children's Museum Afterschool Program, AmeriCorps Communities in Schools, and a host of other providers. Jackson Healthcare System, Baptist Health, Jessie Trice Community Health Center, Inc., AIDS Healthcare Foundation, Catholic Charities, and the University of Miami are some of the Medical and Public Health Social Service providers within the respective target areas along with a

<sup>65</sup> Miami-Dade County, Targeted Urban Areas. <https://www.miamidade.gov/global/government/trusts/economicadvocacy/targeted-urban-areas.page>

<sup>66</sup> "Socio-Economic Conditions in Miami-Dade's Targeted Urban Areas 2007-2011." (2013). Economic Analysis & Policy Dept. of Regulatory & Economic Resources, Miami-Dade County.

<sup>67</sup> Miami-Dade Economic Advocacy Trust, Annual Report and Scorecard. <https://www.miamidade.gov/global/government/trusts/economicadvocacy/annual-reports.page>

variety of others. Mental Health and Substance Abuse Social Service providers mainly consist of CAHSD, Jackson Healthcare System, Baptist Health, Harbor Village, Mercy Hospital, Inc., Agape Network, Inc., Miami Rescue Mission, Banyan Health Systems, Mactown, Inc. Group Homes, and the Salvation Army. The top three communities with the most considerable amount of total services available in the area are Little Haiti (134 providers), Model City/Brownsville (110 providers), and Overtown (106).

Analysis of services from the Switchboard of Miami did not include disability services and resources as a category. However, these services are included in the Medical and Public Health Social Services category. According to Switchboard of Miami, within the specific target areas, disability services are mainly offered at Ready Care Home Health, Inc., Children's Rehab Network, Jesse Trice, Epilepsy Foundation, American Cancer Society, and the University Of Miami Miller School Of Medicine. In addition, CAHSD provides programs and services offered through the Miami Elderly and Disability Services Home Care Program, which offers all-around assistance to the elderly and the young disabled who need help with their daily activities.

**Table 8.1:** Community Resources Available within Target Urban Areas

Target Urban Areas	Child, Family and School Social Services	Medical and Public Health Social Services	Mental Health and Substance Abuse Social Services	Total
Carol City	34	9	4	47
Coconut Grove	31	7	7	45
Gould's	7	0	0	7
Liberty City	45	5	1	51
Little Haiti	101	19	14	134
Model City/Brownsville	91	11	8	110
N. Miami 7th Ave Corridor	6	1	0	7
N. Miami Downtown Corridor	37	10	8	55
North Miami W. Dixie Hwy	37	10	8	55
N.W. 27th Ave Corridor	45	6	2	53
N.W. 183rd St. Corridor	43	19	12	74
Opa-Locka	36	4	7	47
Overtown	65	35	6	106
Perrine	43	6	5	54
Richmond Heights	25	12	6	43
South Miami	27	13	5	45
W. Little River	75	9	4	88
<b>Total</b>	<b>748</b>	<b>176</b>	<b>97</b>	<b>1,021</b>

Source: JCS Helpline Services

Many community service providers were located within the 67 designated opportunity zones (See Figure 11.1). Residents within the opportunity zones are the most economically disadvantaged citizens throughout the County and the high concentration of social service provider in or in the vicinity of these areas is reflective of the awareness of the need to make services accessible to low-income residents.

## Resources within Opportunity Zones

In order to determine the needs of a community, it is essential to determine what vital programs and services are offered within opportunity zones in Miami-Dade County. Over 50 zip codes in Miami-Dade County were analyzed to determine what resources are available in critical categories. The following section details the following six categories: General Family and Community, Economic/Employment, Education, Health and Wellness, Safety and Security, and Childcare/Early Childhood Development. Each category has multiple subgroups which feature the top five zip codes ordered by total resources. Additionally, each category also lists zip codes that do not feature any resources in their categories.

## General Family and Community Resources

The first category in this section is General Family and Community (Table 8.2). It features six subgroups: libraries and museums, recreational and cultural centers, family support, parenting classes, and parks and open spaces. Each of these subgroups provides essential programs and services in Miami-Dade County. Libraries and museums provide literacy programs and tax aide to residents. Recreational/cultural centers and family support services provide essential programs to families in the low to moderate-income bracket. Senior Services also provide essential programs to the elderly population in Miami-Dade County. They include transportation, food delivery service, and access to nutritional education and health referrals. Of the 57 total zip codes, zip code 33189 had the most resources (212 resources) in the general family and community category. There were only three zip codes (33157, 33169, 33134) that did not have any resources within this category.

**Table 8.2:** General Family & Community Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Libraries & Museums	Recreational & Cultural Centers	Family Support	Senior Services	Parenting Classes	Parks and Oper Spaces	Total Resources
33189	17	26	74	31	18	46	212
33136	2	21	63	29	12	47	174
33033	17	25	75	35	19	2	173
33127	5	30	55	29	13	36	162
33030	17	24	71	31	18	2	133
<b>Zip Codes with 0 resources: 33157, 33169, 33134</b>							

Source: JCS Helpline Services

## Economic/Employment

The Economic/Employment sector features three subcategories: employability skills, transportation, and mentorships/internships. Services in this sector are vital to residents because of the programs they provide to the workforce, especially for those who struggle to obtain employment or are in the low to moderate-income bracket. Services that provide employability skills include job training, interview skills, and resume assistance. Transportation is one of the critical resources, especially in Miami-Dade County, for residents who do not have personal vehicles. Mentorships/internships provide residents with opportunities like employability skills, job experience, and networking. Within this category, 33130 has the most resources (84) in the economic and employment sector. This area falls within the Downtown Miami area and the Brickell City Centre. There were three zip codes (33177, 33023, 33025) that did not have any resources within this category.

**Table 8.3:** Economic & Employment Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Employability Skills	Transportation	Mentorships/ Internships	Total Resources
33130	27	48	9	84
33125	33	6	9	48
33128	26	6	9	41
33142	28	6	4	38
33134	13	17	6	36
<b>Zip Codes with 0 Resources: 33177, 33023, 33025</b>				

Source: JCS Helpline Services

## Education

The Education sector provides much-needed services to residents in Miami-Dade County, including the three subgroups: adult education services, afterschool youth programs, and post-secondary institutions. Adult education services and post-secondary institutions provide technical and vocational programs for young adults. Some of these are offered through traditional colleges such as Miami-Dade College and Florida International University. Afterschool youth programs offer learning opportunities and educational programs in addition to education through the Miami-Dade County Public School system. All zip

**Table 8.4:** Education Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Adult Education Services	Afterschool Youth Programs	Post-Secondary Institutions	Total Resources
33177	26	1	11	38
33010	2	1	32	35
33161	2	1	31	34
33181	2	1	29	32
33170	24	6	0	30
<b>Zip Codes with 0 Resources: None</b>				

Source: JCS Helpline Services

codes analyzed in this category offer educational resources, which is due to it being one of the most needed resources in Miami-Dade County. Table 8.4 shows that the most significant number of afterschool youth programs lies in the 33177-zip code, which is in the South Miami Heights area.

### Health and Wellness

Healthcare, like Education, is one of the most in-demand sectors for Miami-Dade County residents. Three subcategories, which include medical clinics, dental clinics, and opioid programs, are heavily relied on in the County. For low to moderate-income residents, Medicaid is one of the most popular health insurance options. Both medical clinics and health clinics provide necessary services; however, residents who have low incomes struggle to afford necessities such as healthcare. Opioid programs provide substance abuse treatment to adults and families who have been affected. These include a wide range of services, from rehabilitation programs to AA/NA meetings. The zip code (33143) with the most resources in this category is in South Miami. It includes cities such as Coral Gables and Kendall. All zip codes analyzed in this section had resources in one of the three subcategories.

**Table 8.5:** Health & Wellness Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Medical Clinics	Dental Clinics	Opioid Programs	Total Resources
33143	59	17	10	86
33054	58	13	14	85
33162	58	16	0	74
33138	50	13	10	73
33016	45	12	16	73
Zip Codes with 0 Resources: None				

Source: JCS Helpline Services

### Safety and Security

The Safety and Security sector features three subcategories: mental health, crime prevention, and victim assistance. The mental health category is inclusive of support groups, therapy practices, and support for individuals with developmental disabilities. These services offered by both the public and private sectors contain multiple organizations that offer different types of mental health support for all demographic groups. Crime prevention services are structured to work in tandem with government-provided services like the police. Victim assistance provides support to individuals who are/were in unstable situations, such as abusive relationships. Within this category, 33179 has the most resources (100) in the Safety and Security sector, with mental health constituting most of these resources.

**Table 8.6:** Safety & Security Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Mental Health	Crime Prevention	Victim Assistance	Total Resources
33179	72	6	22	100
33167	63	6	21	90
33127	61	6	22	89
33009	64	6	17	87
33018	43	4	24	71
Zip Codes with 0 Resources: 33136, 33166, 33030, 33150				

Source: JCS Helpline Services

### Childcare/Early Childhood Development

The Childcare/Early Childhood Development sector includes early childhood education, supplemental programs such as summer camps, and developmental assistance like speech therapy. Childcare centers include programs directly related to early childhood development that provide social skills activities, physical fitness, and daily assistance with child growth. Within this category, 33142 has the most resources (66) in the Childcare/Early Childhood Development sector, with child development constituting most of these resources.

**Table 8.7:** Childcare & Early Childhood Development Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Child Development	Childcare Centers	Total Resources
33142	62	4	66
33137	52	4	56
33125	48	6	54
33128	43	7	50
33130	43	7	50
Zip Codes with 0 Resources: 33009, 33032			

Source: JCS Helpline Services

## Community Resources for Senior Citizens

With a large number of Miami-Dade County residents over the age of 60, community resources for senior citizens are vital to the overall health and well-being of the community. The Community Action and Human Services Department provides a variety of different programs catering to elderly residents in Miami-Dade County, including specialized senior centers, volunteer programs, and meals for the elderly, among other programs.

CAHSD oversees three specialized senior centers in Miami-Dade County: the Haitian American Senior Center, the Jack Orr Senior Center, and the Miami Gardens Senior Focal Point Center. To be eligible to receive services from these centers, individuals must be Miami-Dade County Residents, 60 years of age or older, and must be either physically and mentally stable. Transportation to and from the senior centers is available at the Haitian American and Miami Gardens centers. Services at each of the centers include Social services, screening and assessment, case management, information and referrals, volunteer opportunities, and immigration services.

Another major program to ensure the health of elderly community members in Miami-Dade County is the Meals for the Elderly program managed by CAHSD. Seniors at least 60 years old can receive nutritionally-balanced, hot meals at 21 locations throughout the County. At these meal locations, recipients also receive education on nutrition, counseling, and transportation to and from the facility, health and wellness services, and numerous recreational activities. The aim of this program is to reduce the need of premature institutionalization and malnutrition. Additionally, the Miami-Dade County Community Action and Human Services Meals on Wheels program provides home-delivered meals each week to low-income elderly and homebound with disabilities. Participants in the program receive seven frozen meals along with other basic grocery essentials such as fruit, vegetables, and dairy products.

For individuals over the age of 55 who want to maintain an active lifestyle while giving back to their community, CAHSD oversees three Senior Volunteer Programs: the Foster Grandparent Program (FGP), the Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP). These volunteer programs are designed to keep seniors active and involved in their communities while aiding children, veterans, needy adults, and other seniors who require assistance and companionship.

CAHSD also aids families and caretakers of seniors over 60 years old who require supportive systems. Through their Care Planning services, the department provides crisis intervention, short and long-term case management, and regular monitoring to seniors, especially functionally impaired individuals who live alone, thereby preventing premature institutionalization.

The Home Care Program offers assistance to elderly residents with disabilities by providing homemaking, personal care, chore, and respite services in the comfort of their own home.<sup>68</sup>

Adult Day Care centers for functionally-impaired elderly individuals and young adults with disabilities are also offered through the department. These daycare centers help support families and caregivers who are working full-time or need help caring for their family members while they are away from home. This support allows caretakers peace of mind while allowing the functionally impaired individuals to remain in their homes and avoid institutionalization. Services provided in these Center include health monitoring, social activities, recreation, nutritious meals, transportation, and information and referrals.

Each of these programs is vital to the health and safety of the elderly population in Miami-Dade County. These services allow senior citizens to remain in their homes while having all of their physical and mental needs met and to avoid institutionalization. They also provide tremendous support to family members and caregivers who care for their elderly family members full-time. Maintaining and expanding these programs is necessary to the

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<sup>68</sup> Miami-Dade County Community Action and Human Services Department, Home Care Assistance for Elderly Residents with Disabilities, [https://www.miamidade.gov/global/service.page?Mduid\\_service=ser1540580907924775](https://www.miamidade.gov/global/service.page?Mduid_service=ser1540580907924775)

physical and mental health of the senior citizens being served and the health and overall well-being of their families and caretakers.

## Child Care Resources

### *Local Child Care Centers*

According to the U.S. Census, in Miami-Dade County an estimated 40,477, or 26.3 percent of children under the age of 5 years old live below the federal poverty level. All 40,477 children would be considered eligible for Head Start/Early Head Start (HS/EHS) early education programs. Miami-Dade County has a large number of working mothers, with 74.6 percent of working females having children under the age of 18 and 70.4 percent of working mothers having children under the age of 6 years old. With the typical full-time work hours being 9 AM to 5 PM Monday through Friday, parents who work full-time have the option through HS Preschool programs to leave their children at the center for full-time care. Parents who work part-time also have the option of their children attending school for a half-day. HS/EHS programs, along with other early education programs in Miami-Dade County, are aimed at providing quality education for children while helping parents to be able to work without the worry of finding new childcare options daily.

In 2019, there were a total of 87 HS/EHS locations in Miami-Dade County that provide comprehensive child development services for low-income children and families. Of these, 21 provide EHS services.<sup>69</sup> EHS programs serve infants and toddlers under the age of 3 and pregnant women. HS programs follow the 10 month school calendar and provide full-day (7 hours) services.

Throughout Miami-Dade County, there are a large number of childcare facilities, centers, and programs that vary in size as well as in scope. While some offer progressive curriculums for preschools, others are more intimate daycare centers that take a more relaxed approach to childcare. According to data from the Department of Children & Families (DCF) available at the Miami-Dade County GIS Open Data portal, at the beginning of 2019 Miami-Dade County had 1,666 daycare providers with reported capacity of 148,854 children.<sup>70</sup> These providers are dispersed throughout the entire county.

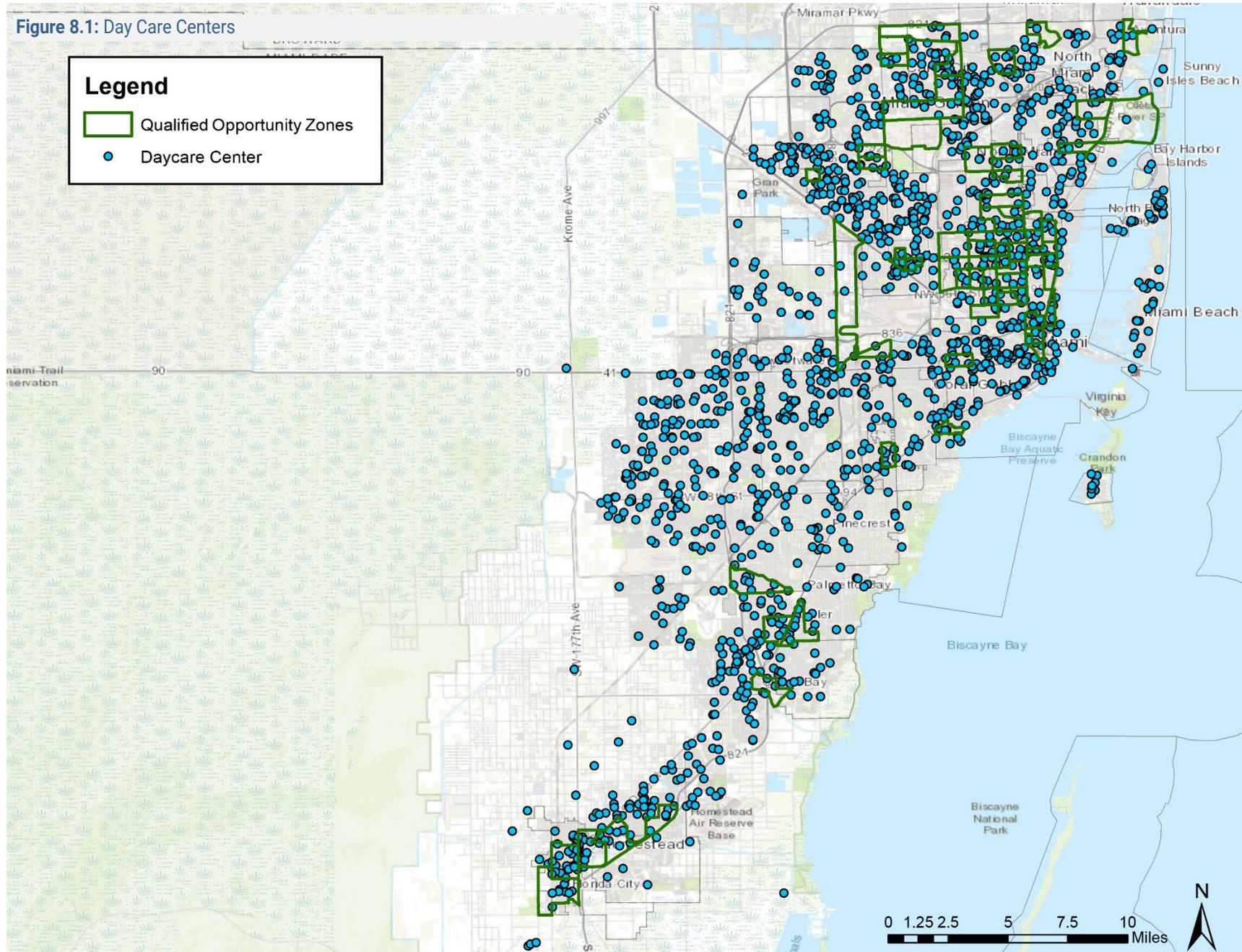
Figure 8.1 displays a map of all of the daycare centers throughout Miami-Dade County. Daycare centers follow an even distribution throughout the County with a high concentration of centers located within and around the opportunity zones. While childcare is easily accessible throughout the County, all the daycare centers may not be considered easily affordable.

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<sup>69</sup> Miami-Dade County Open Data Hub. <https://gis-mdc.opendata.arcgis.com/datasets/head-start>

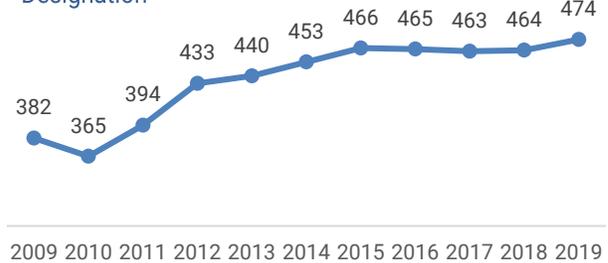
<sup>70</sup> Miami-Dade County Open Data Hub. <https://gis-mdc.opendata.arcgis.com/datasets/daycare>

Figure 8.1: Day Care Centers



In 1996, the Florida Legislature established the Gold Seal Quality Care program. The Gold Seal Quality Care designation is awarded to childcare facilities, large family childcare homes, or family day care homes that are accredited and whose standards substantially meet or exceed the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission. The Gold Seal Quality Care Program is not an accreditation; instead it is a recognition for the service providers receiving it. As of October 2019, Miami-Dade County had 474 Gold Seal providers, which represent 29 percent of the childcare centers in the County. The number of providers increased by 19 percent over the last decade. There are a total of 1,858 providers in the state. After Miami-Dade County, Palm Beach and Broward counties have the greatest number of Gold Seal designated providers.

**Figure 8.2: Providers with Gold Seal Quality Care" Designation**

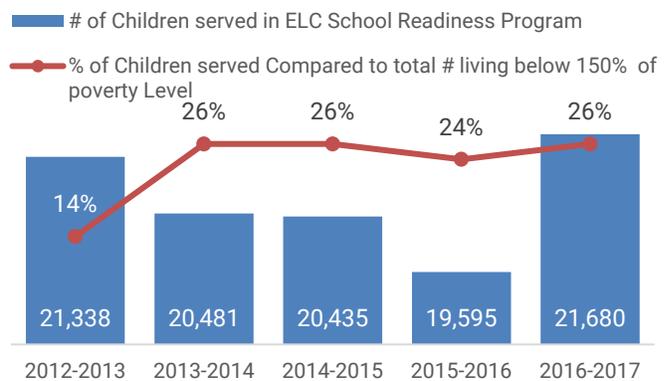


Source: Florida Department of Children and Families

The Early Learning Coalition (ELC) of Miami-Dade/Monroe is a non-profit organization that dedicated itself to providing high-quality early education to help local children of all income levels and from all backgrounds. It is the biggest learning coalition out of 31 similar organizations in the state of Florida, the largest provider of voluntary pre-school programs and school readiness programs, and the second-largest Early Head Start Grant recipient in the nation.<sup>71</sup>

According to their website, the ELC is in charge of 1,316 early care and education providers and facilitated the education of 22,043 children in the VPK program and 750 children in the EHS program. The ELC also provided the opportunity for 15,000 parents to be able to work because of access to childcare. Voluntary Pre-Kindergarten programs, or VPK, are free Pre-Kindergarten programs for all 4 and 5-year-olds in Miami-Dade and Monroe County to help prepare them for elementary education. There are over 100 VPK providers throughout Miami-Dade County. The school readiness programs, administered through the ELC provide early education for children under 5 years old who fall into specific income brackets. According to their 2017-2018 Annual Report, the ELC of Miami-Dade County enrolled 21,680 students in their school readiness programs, the highest number of children enrolled since the 2013-2014 school year (Figure 8.3). These programs are a preventative measure for students who are at a higher risk of future school failure. In 2017, the ELC served 26 percent of the 82,452 children in the County who are living below 150 percent of the federal poverty level, an increase from 24 percent in 2016-2017.

**Figure 8.3: Children Served in Early Learning Coalition (ELC) School Readiness Program**



Source: Florida Department of Children and Families

Along with the programs by the ELC, Miami-Dade County Public Schools have programs such as the Pre-Kindergarten Program for Children with Disabilities that provides early education for 3 to 5 year-olds that have cognitive, developmental, behavioral, or physical disabilities. There are 104 school sites for this program that serve 3,047 students with disabilities.

<sup>71</sup> "Early Head Start- Child Care Partnership and Early Head Start Expansion Awards" Office of Administration for Children and Families <https://www.acf.hhs.gov/ece/early-learning/ehs-cc-partnerships/grant-awardees>

## IX. Head Start and Early Head Start Children and Families

The Head Start/Early Head Start Division of the Community Action and Human Services Department is the sole Head Start grantee in Miami-Dade County, that contracts with 17 agencies in the community for the provision of Head Start (HS) and Early Head Start (EHS) services. Partner agencies include: Allapattah, Catholic Charities, Centro Mater, Easter Seals, Family Christian Association of America, Inc. (FCAA), Haitian Youth, KIDCO Creative Learning, Landow Yeshiva, Le Jardin Community Center, Inc., Miami-Dade County Public Schools, O’Farrill Learning Center, Sunflowers Academy, United Way Center for Excellence in Early Education, Our Little Ones, Paradise Christian, St. Albans, and YWCA of Greater Miami-Dade. In addition, agencies that provide EHS programs are located at Centro Mater, Easter Seals, FCAA, Haitian Youth Early Step Learning, KIDCO Creative Learning, Landow Yeshiva, Le Jardin Community Center, United Way Center for Excellence in Early Education, and YWCA of Greater Miami-Dade.

The number of children enrolled for full-day programming was consistent from 2015-16 to 2018-19, with a small decrease of two children from 2014-15 to 2015-16 (See Table 9.1). Home-Based programming was also consistent among the last five years, with 40 infants and toddlers being enrolled.

**Table 9.1:** Number of Children Enrolled in HS/EHS, 2014-19

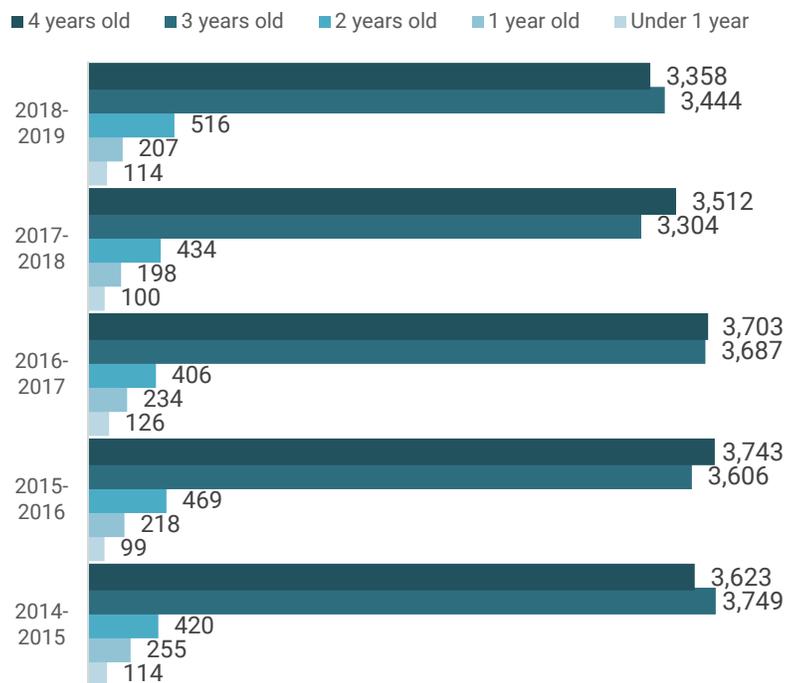
	2014-15	2015-16	2016-17	2017-18	2018-19
Full-Day Enrollment	6,718	6,716	6,716	6,716	6,716
Home-Based Program	40	40	40	40	40

Source: Head Start and Early Head Start PIR

The ages of children enrolled in the HS/ EHS program ranges from infants 2 months old to 5 years old. From 2014 to 2019, majority of children enrolled in the program were between the ages of 3 and 4 (See Figure 9.1). Children under the age of 1 are the least represented group of children enrolled in the program.

Table 9.2 shows the tribal/ racial/ ethnic composition of enrolled children and pregnant women in the HS/ EHS program for the 2015-19 year. Reporting for the 2014-15 year had differences between ethnic and racial groups. Black or African Americans that are Non-Hispanic and White Hispanics are the highest enrolled groups in the program (See Table 9.2). The least enrolled groups among Hispanics and Non-Hispanics are the American Indian or Alaska Natives, Native Hawaiians or other Pacific Islanders, and those that classify themselves as other.

**Figure 9.1:** Ages of Enrolled Children in HS/EHS, 2014-2019



Source: Head Start and Early Head Start PIR

**Table 9.2: Tribal/Racial Ethnic Composition of Children and Pregnant Women Enrolled in HS/EHS**

	2015-16	2015-16	2016-17	2016-17	2017-18	2017-18	2018-19	2018-19
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
American Indian or Alaska Native	1	1	0	1	0	6	0	4
Asian	1	40	0	37	2	34	3	25
Black/ African American	214	4,211	138	4,213	93	3,706	103	3,768
Native Hawaiian or other Pacific Islander	0	4	0	3	0	3	1	2
White	3,368	173	3,307	305	3,206	304	3,203	285
Biracial/ Multi-racial	107	19	109	46	131	63	166	82
Other	0	0	0	2	0	2	0	1

Source: Head Start and Early Head Start PIR

HS/EHS cumulative enrollment in the past five years declined, going from 8,161 students served in the 2014-2015 school year to 7,943 students in the 2018-2019 school year, a 218-student decline. Although cumulative enrollment decreased, the percentage of children that were enrolled for multiple years increased from 34.9 percent in 2014-2015 to 39.4 percent in the 2018-2019 school year, a 4.5 percent increase in retention of students over multiple school years.

There are 17 main HS service providers throughout Miami-Dade County that serve 7,422 three- and four-year-old children. Eleven of those service providers also provide EHS services and serve around 601 students 36 months old and younger. Miami-Dade County Public Schools (M-DCPS) and Catholic Charities of the Archdiocese of Miami serve the largest amount of students through their HS programs in comparison to the other 15 agencies. M-DCPS also serves the largest amount of students in their EHS programs. (See Tables 9.3 and 9.4 below)

**Table 9.3: HS Enrollment, 2018-19**

	2018-19
Allapattah	82
Catholic Charities	1,479
Centro Mater	575
Easter Seals	604
FCAA	558
Haitian Youth	105
KIDCO Creative Learning	333
Landow	83
Le Jardin Community Center, Inc.	546
Miami-Dade County Public Schools	1,866
O'Farrill Learning Center	302
Our Little Ones	145
Paradise Christian School, Inc.	206
St. Alban's Child Enrichment Center	208
Sunflowers Academy	42
United Way Center of Excellence	32
YWCA of Greater Miami-Dade	256
<b>Total</b>	<b>7,422</b>

Source: Head Start and Early Head Start PIR

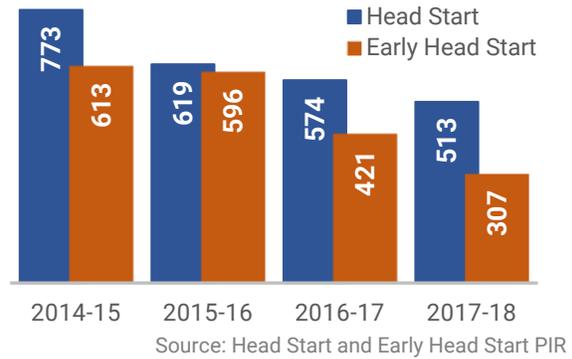
**Table 9.4: EHS Enrollment, 2018-19**

	2018-19
Centro Mater	83
Easter Seals	11
FCAA	28
Haitian Youth Early Step Learning	20
KIDCO Creative Learning	39
Landow	16
Le Jardin Community Center, Inc.	46
Miami-Dade County Public Schools	266
O'Farrill Learning Center	10

Source: Head Start and Early Head Start PIR

The number of students on the waitlist for HS and EHS Programs also decreased since the beginning of the 2014 school year. According to CAHSD's HS/EHS Division, since 2014 the County received two additional grants, the Child Care Partnership grant and the Early Head Start Expansion grant to serve an additional 792 EHS children in Miami-Dade County. Through these grants Miami-Dade County works with 10 community early childcare centers to provide EHS services for children and families and to enhance the quality of services provided by community-based private early childcare centers. This decrease in the number of students on the waitlist means that more eligible participants are being served in the 2018-2019 school year than in all previous years.

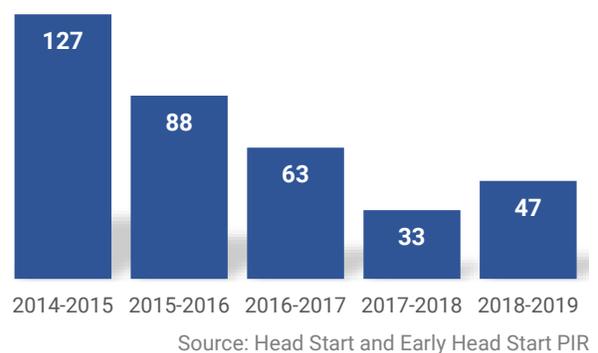
Figure 9.2: Waitlist for HS/EHS Programs



HS and EHS Programs can allow students from over-income families to participate in their programs. These applications are meticulously reviewed to ensure that the child and family would benefit from the program. This number of over-income level students has risen in the past five years from 110 over-income students served in 2014 to 142 students served in the 2017-2018 school year. This number is still well below the 10% allowed by the Office of Head Start and is due to those children transitioning from EHS to HS.

Homeless and foster care children are automatically eligible to participate in HS and EHS programs. The number of homeless children currently participating in the program decreased tremendously from the 2014-15 school year at 127 homeless students to the 2017-18 school year at 33 homeless students but has seen a slight increase in the most recent 2018-19 school year with 47 students enrolled under the homeless status (Figure 9.3).

Figure 9.3: Homeless Children Enrolled in HS



The number of children currently being served who are in the Foster Care system has remained consistent over the past five years, with a slight increase from 10 students in 2014-2015 to 13 students in the 2018-2019 school year. Providing services to children and families who are currently in these difficult financial or family situations helps build-up vulnerable communities in Miami-Dade County and better prepare children to perform throughout their lifetime.

A major way that HS/EHS assist children and families in difficult financial situations is through providing students with free daily hot and nutritious breakfast, lunch, and snacks. A dietitian approves all food served through the HS/EHS programs. Nutrition education is also provided to parents and students by those same HS dietitians. In 2019, 3 million meals were served to children in the HS/EHS programs.

## Parental Demographics

HS and EHS programs help parents feel supported, knowing their children are receiving high-quality care and education. The program motivates parents to pursue work or additional education or training to

improve their ability to provide for their families. This is especially true of single-parent households in which one parent would need the added support of comprehensive childcare because they lack the support of an additional parent or partner in their household. There are large numbers of parents with children in the HS or EHS programs that pursuing education or gaining additional job training to help improve their financial situations. The numbers of two-parent families and single-parent families with one or more parents pursuing school or job training have been declining over the past five years, but that may be explained by the decrease in program attendance overall (Table 9.5). The program strives to encourage parents to meet their family's goals of continuing education or job training. HS and EHS provides opportunities for parents to enroll in Child Development Associate Credential Programs (CDA), with the hope of employing the parents in the HS and EHS centers. For instance, several staff members in our Community Needs Assessment focus group discussions were parents themselves who found success in HS/EHS and eventually began to work for CAHSD.

Table 9.5 shows that the number of parents in two-parent families with both parents pursuing job training or additional schooling has remained relatively low over the past five years, with an all-time low of 90 parents in the 2018-2019 school year. Of those two-parent families, the number of families with only one of the two parents receiving additional schooling or training decreased steadily over the past five years from 687 parents in 2014-2015 to 590 parents in 2018-2019. For single-parent families, those parents pursuing increased training or school has fluctuated throughout the five years with a significant decrease of 81 parents from the 2017-2018 school year to the 2018-2019 school year. Parents who are not seeking additional schooling or training are consistently the largest group of parents, which could be due to the parents' financial situations, the need to work, or their citizenship status.

**Table 9.5:** HS/EHS Parental Pursuit of Job Training/Schooling

<b>Job Training/School</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Two Parent Family</b>					
Both parents/guardians are in job training or school	107	117	115	92	90
One parent/guardian is in job training or school	687	678	670	665	590
Neither parent/guardian is in job training or school	2,230	2,166	2,177	1,985	2,000
<b>Single Parent Family</b>					
The parent/guardian is in job training or school	768	873	869	817	736
The parent/guardian is not in job training or school	3,882	3,854	3,877	3,557	3,816

Source: Head Start and Early Head Start PIR

Most parents with children enrolled in HS or EHS have a high school diploma or GED, with the second-largest group having received less than a high school diploma, as shown in Table 9.6. The third-largest group has an associate degree, vocational schooling, or some college education. These three groups have remained the three largest over the past five years. Parents with a bachelor's or advanced degree are the smallest group

**Table 9.6:** HS/EHS Parent/Guardian Educational Attainment

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Advanced degree or baccalaureate degree	466	470	473	477	526
Associate degree, vocational school, or some college	1,593	1,752	1,894	1,792	1,825
High school graduate or GED	2,815	3,137	3,218	2,982	3,019
Less than high school graduate	2,800	2,329	2,119	1,865	1,862

Source: Head Start and Early Head Start PIR

out of the four, and their numbers have remained consistently low over the past five years,

although there have been gradual increases from 2014 with only 466 parents with an advanced degree to 2018 with 526 parents with these advanced degrees.

## Family Services

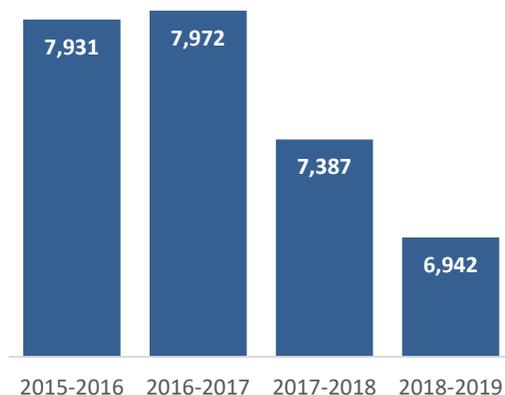
The HS/EHS Division provides not only comprehensive childcare services but also a plethora of wraparound services catered to the families with children enrolled in the HS/EHS program. The total number of families being served through the Division decreased significantly from the program year 2015-16 to 2018-19. Per CAHSD, the numbers reported for PY 2018-19 did not include the locally designed slots they serve, only funded slots. This lack of inclusion of locally designed slots contributes significantly to the overall decline in the number of total families served, as shown in Figure 9.4. Therefore, these numbers may not be fully representative of all families served in the 2018-19 program year, but give an overview of the main services needed and received by families in Miami-Dade County in the past five years.

Figure 9.5 shows the total percentage of families with children enrolled in the HS/EHS Program that received at least one family service provided by the HS Division. The percentage of families who received at least one family service decreased by 9.0 percent from PY 2014-15 to PY 2017-18 but increased by 3.2 percent from PY 2017-18 to PY 2018-19. While there was a significant decline in families who received at least one family service over the past five years, increased funding and support for the HS Division and family services will hopefully bring additional availability for more families to receive supportive services through the Division.

Family services provided by the HS Division include: emergency or crisis intervention, housing assistance, mental health services, adult education, job training, substance abuse prevention, substance abuse treatment, child abuse and neglect services, domestic violence services, child support assistance, health education, assistance to families of incarcerated individuals, parenting education, relationship or marriage education, and asset building services. These services provide support to the low-income families that have small children enrolled in the HS/EHS program, and help alleviate poverty and improve overall wellbeing of the families being served.

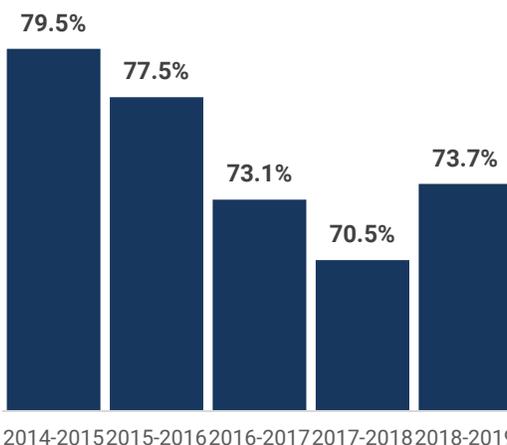
Table 9.7 below displays the number of families who identified that they had a specific need for services in a particular category. The total number of families that identified their need during the program year decreased by 11.2 percent from PY 2017-18 to PY 2018-19. In PY 2018-19, the top five services that had the largest number of families recognize they need those specific services are parenting education (67.3 percent), health education (42.4 percent), relationship or marriage education (33.2 percent), adult education (28.9 percent), and asset building (28.8 percent). The bottom five services that families identified

**Figure 9.4:** Total Families being served by HS/EHS Division



Source: Head Start and Early Head Start FIR

**Figure 9.5:** Families who received at Least One Family Service



Source: Head Start and Early Head Start FIR

they needed were substance abuse prevention services, substance abuse treatment, child abuse, and neglect services, domestic violence services, and child support assistance services. From PY 2017-18 to PY 2018-19 the largest increase in number of families who identified their need for specific services were for assistance to families of incarcerated individuals, job training, health education, mental health services, and relationship or marriage education services.

**Table 9.7:** Number of Families who Identified Need During the Program Year

	2015-2016	2016-2017	2017-2018	2018-2019
Emergency or Crisis Intervention	464	494	603	294
Housing Assistance	176	243	213	122
Mental Health Services	149	288	119	159
English as a Second Language (ESL) Training	511	459	480	504
Adult Education	1,175	990	804	914
Job Training	750	413	357	501
Substance Abuse Prevention	4	4	1	27
Substance Abuse Treatment	3	1	0	0
Child Abuse and Neglect Services	17	7	10	13
Domestic Violence Services	25	18	13	6
Child Support Assistance	15	10	7	4
Health Education	876	1,068	964	1,341
Assistance to Families of Incarcerated Individuals	12	14	13	37
Parenting Education	2,537	2,065	2,212	2,131
Relationship or Marriage Education	436	427	793	1,050
Asset Building services	529	868	841	913
Families Who Received at Least One Family Service	4,047	3,882	3,563	3,165

Source: Head Start and Early Head Start FIR

Table 9.8 shows the number of families who received a service regardless of whether they identified it as a need or not. The number of families who received services is significantly higher than the number of families who recognized that they had a need because the HS Division provides services through training, workshops, and activities to families even when they do not specifically identify that they are in need.

From PY 2017-18 to 2018-19, the top five services that had the largest number of families receive services were parenting education services (81.7 percent), health education services (41.1 percent), relationship or marriage education services (30.1 percent), asset building services (28.8 percent), and adult education services (20.5 percent). The bottom five services that families received were substance abuse treatment services (0.1 percent), child support assistance services (0.1 percent), child abuse and neglect services (0.8 percent), domestic violence services (0.8 percent), and assistance to families of incarcerated individuals (0.8 percent). The top five increases in most services received by families were relationship or marriage education services, job training, mental health services, health education, and child support assistance services. The five services that had the largest decreases in number of families receiving services from PY 2017-18 to PY 2018-19 were substance abuse treatment services, housing assistance services, child abuse and neglect services, emergency or crisis intervention services, and domestic violence services.

**Table 9.8:** Number of Families who Received Services During Program Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Emergency or Crisis Intervention	538	736	770	1,176	824
Housing Assistance	151	150	253	194	85
Mental Health Services	231	229	422	250	370
English as a Second Language (ESL) Training	808	531	494	521	619
Adult Education	1,698	1,739	1,154	920	1,050
Job Training	920	854	580	375	585
Substance Abuse Prevention	7	44	6	48	180
Substance Abuse Treatment	3	5	2	10	4
Child Abuse and Neglect Services	48	109	44	67	42
Domestic Violence Services	68	128	25	58	42
Child Support Assistance	20	16	10	5	6
Health Education	2,760	2,789	2,157	1,707	2,104
Assistance to Families of Incarcerated Individuals	21	18	19	16	42
Parenting Education	4,694	4,996	4,319	4,124	4,182
Relationship or Marriage Education	1,792	1,658	969	946	1,542
Asset Building services	--	1,043	1,481	1,259	1,472
Families Who Received at Least One Family Service	6,103	6,143	5,825	5,206	5,119

Source: Head Start and Early Head Start FIR

**Community Perception of Need for Family Services**

Family services provided by the HS Division are vital to meeting the needs of low-income families with small children in Miami-Dade County. These wraparound services not only aim to protect and improve the quality of life for the children being served through the HS/EHS program but help to enhance the quality of life for the entire family. While these services are making significant impacts on families throughout the County, expansion of these family services is necessary to meet Miami-Dade County residents' current needs.

In the Community Survey conducted, 43.8 percent of respondents listed having enough income to support their family as their primary family concern, and 36.8 percent selected having enough food to feed my family. Other family issues selected by respondents included getting healthcare or medicine for their child when the child is sick, access to information and services for unemployed young adults, and getting information to gain skills to help them be a better parent. Approximately 34.3 percent of respondents felt that a lack of access to childcare was a major concern in their community.

When partner survey respondents were asked to list how CAHSD and their organization could jointly improve family and children well-being in Miami-Dade County, twelve respondents listed strengthening collaboration. Many respondents commented on how increased and continued partnership between their organizations and the Department, a combining and improvement of resources and services, and an increased focus on educational programs could improve overall family and child well-being in the County.

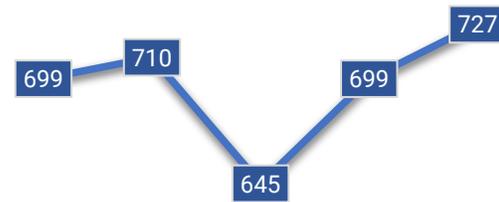
The question of improving family and child well-being in Miami-Dade County was also posed to all eight focus groups conducted. All eight focus groups expressed a need for CAHSD to focus more on educational programs for both parents and children. Many of the participants also expressed a need to expand the Head Start/Early Head Start Program and the need for widespread, affordable childcare. While CAHSD and

its HS Division are currently providing thousands of families with vital services, the need for more family services and more availability of HS/EHS programs is felt by residents throughout Miami-Dade County.

## Disability Status

The HS and EHS Programs also provide specialized services and educational options for children with disabilities. Figure 9.6 shows that the number of children with a cognitive, developmental, or physical disability who are enrolled in HS or EHS increased over the past five years, from 699 in the 2014-2015 school year, to 727 students enrolled in the 2018-2019 school year.

**Figure 9.6:** Number of Children with a Disability Enrolled in HS/EHS



2014-2015 2015-2016 2016-2017 2017-2018 2018-2019

Source: Head Start and Early Head Start PIR

The three main types of disabilities seen in students being served by HS or EHS are developmental delays, speech or language impairments, and autism (Tables 9.9 and 9.10). Developmental delays are the most prevalent disabilities, and the number of students with these conditions continues to increase, rising from 317 students in the 2014-2015 school year to 334 students in the 2018-2019 school year. Students who may not be receiving services directly from HS programs may be receiving outside services from other public or private organizations, depending on their levels of severity or specified service needs.

**Table 9.9:** Types of Disabilities of Students Enrolled in HS/EHS

	2014-15	2015-16	2016-17	2017-18	2018-19
Speech or language impairments	229	217	175	211	238
Autism	19	27	30	32	23
Non-categorical/developmental delay	317	319	309	322	334

Source: Head Start and Early Head Start PIR

**Table 9.10:** Resources Provided for Students with Disabilities Enrolled in HS/EHS

	2014-15	2015-16	2016-17	2017-18	2018-19
Speech or language impairments	228	216	174	211	238
Autism	16	27	29	28	21
Non-categorical/developmental delay	306	313	304	316	328

Source: Head Start and Early Head Start PIR

## Head Start Staff

HS and EHS programs serve a diverse base of students and parents, and their staff reflects the diversity of those that they serve each day. Table 9.11 shows that 418 staff members are White Hispanics, and 333 staff members are Black or African American. These numbers are reflective of the children being served throughout the program.

**Table 9.11:** Race and Ethnicity of HS/EHS Staff, 2018-19

	Hispanic or Latino	Non-Hispanic or Latino
American Indian or Alaska Native	0	1
Asian	0	1
Black or African American	13	333
Native Hawaiian or other Pacific Islander	0	0
White	418	28
Biracial/Multi-racial	9	2
Other	0	1
Unspecified	0	0

Source: Head Start and Early Head Start PIR

Large numbers of staff members are also proficient in languages other than English, with 417 staff members stating that they are fluent in a second language (Table 9.10). In the 2018-2019 school year, 368 of those staff members reported that they are fluent in Spanish while 45 are fluent in a Caribbean language. Being bilingual is especially crucial for HS staff members because a large group of parents and students are from Hispanic and Caribbean backgrounds, and many parents are not fluent in English.

**Table 9.12: Language Spoken by HS/EHS Staff**

	2014-15	2015-16	2016-17	2017-18	2018-19
The number who are proficient in a language(s) other than English	465	415	426	430	417
Of these, the number who are proficient in more than one language other than English	4	3	3	2	2
<b>Language groups in which staff are proficient:</b>					
Spanish	402	355	369	381	368
Caribbean Languages	59	56	53	45	45
Middle Eastern & South Asian Languages	2	3	3	3	3

Source: Head Start and Early Head Start PIR

The educational attainment of staff members is also an indicator of the quality of services provided to students and reflects the skill set of teachers and staff members. Table 9.13 shows that a large portion of the staff members working for HS or EHS have either a bachelor's degree or associate degree in Early Childhood Education or a related field. The number of staff members who have bachelor's degrees has slightly decreased over the past five years, while the number of staff members attaining their Child Development Associate certification has increased each year. There are very few staff members pursuing advanced degrees, and the number of staff members without the correct qualifications has decreased significantly over the past five years.

**Table 9.13: HS/EHS Staff Educational Attainment**

	2014-15	2015-16	2016-17	2017-18	2018-19
<b>Advanced Degree in:</b>					
Early Childhood Education	14	11	11	11	10
Any Field Relating to Early childhood Education	25	17	20	19	16
<b>A Baccalaureate Degree:</b>					
Early Childhood Education	120	115	119	116	105
Any Field Relating to Early childhood Education	139	155	150	156	145
<b>Associate Degree:</b>					
Early Childhood Education	87	86	98	100	102
Any Field Relating to Early childhood Education	30	40	40	42	47
<b>A Child Development Associate (CDA) credential or state certification:</b>					
Staff with the Certification	188	188	227	230	251
Number of Staff without the correct qualifications	121	83	46	40	19

Source: Head Start and Early Head Start PIR

HS Programs track staff members who are currently pursuing higher education while working for the program. Overall, there is a greater numbers of staff members pursuing associate and bachelor's degrees than any other degree program (Table 9.14). Although many staff members are pursuing higher education, there was an overall decrease in the number of staff members seeking these degree programs over the past five years. Increasing the knowledge of staff helps increase their capacity to provide quality educational services to students and their families.

**Table 9.14: HS/EHS Staff Pursuit of Higher Education**

	2014-15	2015-16	2016-17	2017-18	2018-19
Staff enrolled in an Advanced degree program	3	2	2	3	4
Staff enrolled in a Baccalaureate degree program	37	32	32	36	31
<b>A Child Development Associate (CDA) credential or state certification</b>					
Staff enrolled in Baccalaureate degree Program	5	2	0	1	0
Staff enrolled in Associate degree program	62	52	46	40	35
<b>Staff without the correct qualifications</b>					
Staff enrolled in Baccalaureate degree Program	1	1	0	0	1
Staff enrolled in Associate degree program	6	5	5	2	3

Source: Head Start and Early Head Start PIR

## Funding and the U.S. Census

Accurate counts in the U.S. Census survey have an enormous influence on the amount of funding available to HS and EHS programs. In two recent studies conducted by the FIU Jorge M. Perez Metropolitan Center on hard-to-count communities in Miami-Dade County and Broward County, researchers found that families may not fill out the census because of lack of understanding why it is important and how the funds are used in their community.<sup>72</sup> Some parents of children under 5 years old avoid putting their children's information on the form due to a concern for privacy and to protect their children's identity.<sup>73</sup> According to Dr. Yasuda, President of the American Academy of Pediatrics, the 2010 Census missed approximately one million young children, which has cost social service programs, such as Head Start, around one billion dollars in federal funding each year.<sup>74</sup> Latino and African American children under 5 years are among the most undercounted demographic, causing significant funding losses to the social programs that would benefit them. Helping community members understand the benefits of Census participation and its impact on their community programs and resources is a necessity in order to continue promoting the education and health of the most vulnerable populations in Miami-Dade County.

## Head Start/Early Head Start Impact

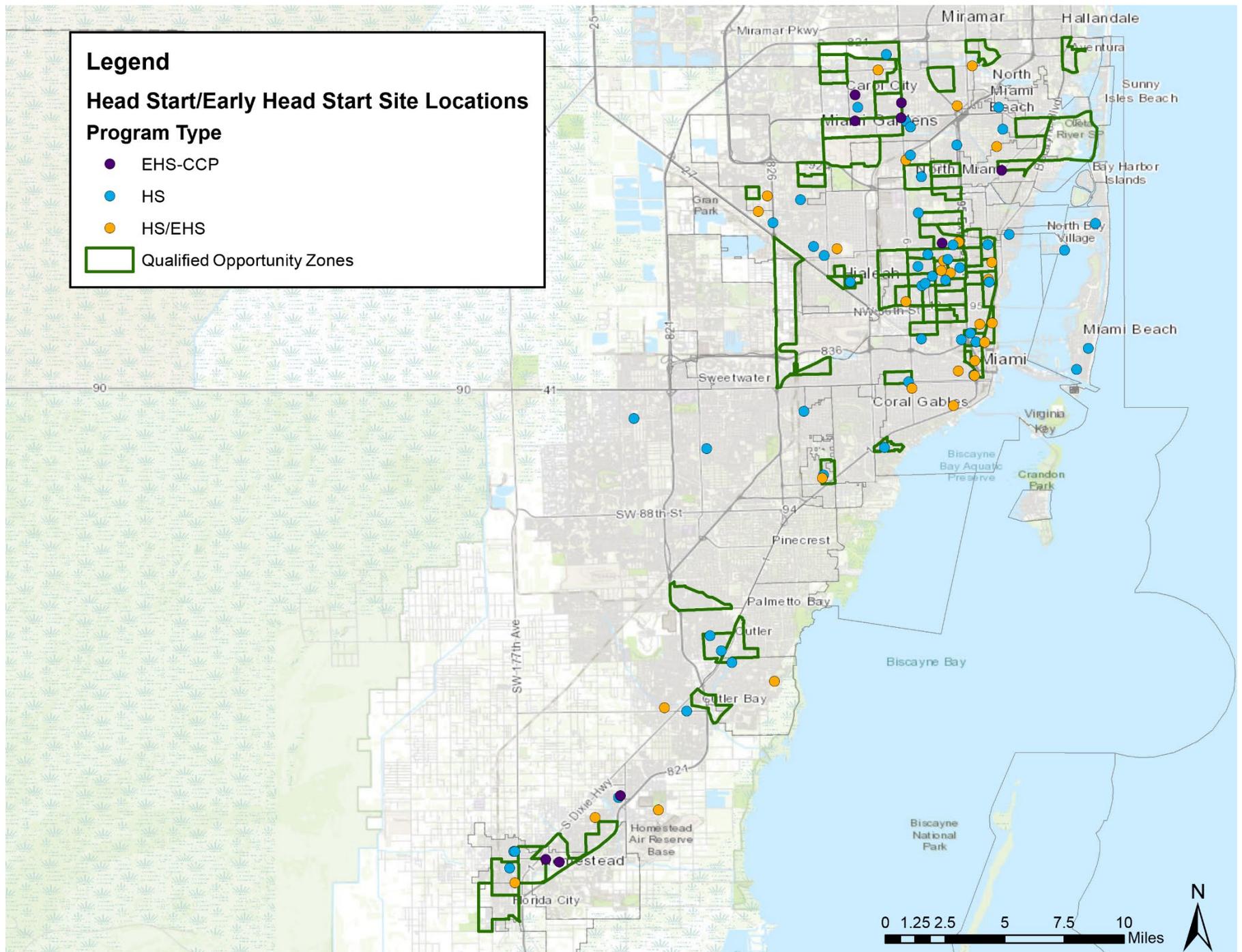
In addition to the six Community Needs Assessment focus group discussions conducted in targeted urban areas across Miami-Dade County, the seventh focus group was held at a monthly Head Start Policy Council meeting to understand the needs of community members with children enrolled in Head Start/Early Head Start Programs. The 16 participants included parents and representatives from community organizations that partner with Head Start. All participants expressed their gratitude and appreciation for the program, with one calling it a "godsend" and many others noting its great impact in their personal lives and the lives of others in the community. One participant discussed how the free childcare and wraparound services that the program offers help build up the community because parents can go back to school and better themselves while the children are being properly taken care of. Many expressed the need for expanded services through the neediest areas of Miami-Dade County, and many felt that it is part of the solution to helping many families escape poverty and progress in their careers and education.

<sup>72</sup> FIU Jorge M. Perez Metropolitan Center (2019), Census 2020: Perspectives from Hard-to-Count Communities in Miami-Dade, <https://metropolitan.fiu.edu/research/periodic-publications/recent-reports/miami-census-focus-groups-report-final.pdf>

<sup>73</sup> FIU Jorge M. Perez Metropolitan Center (2020), Census 2020: Perspectives from Hard-to-Enumerate Communities in Broward County, <https://metropolitan.fiu.edu/research/periodic-publications/recent-reports/broward-census-report-final-2.pdf>

<sup>74</sup> Jasuda, Kyle. January 24, 2019. 2020 Census: Make Sure Every Child is Counted. <https://www.aappublications.org/news/2019/01/24/letter012419>

Figure 9.7: Head Start and Early Head Start Provider Locations



## X. Community Perceptions of Needs

### Community Survey

The administrative data presented in this report, which relies on official government sources that collect population data over time, is supplemented with self-reported data from Miami-Dade County residents through a survey completed by **2,997** residents. The results of the survey are presented in the following section. The survey was administered online, over the phone and on paper. The data was collected over a two-month period, starting in the first week of December, and ending in the first week of February 2020. The survey was available in English, Spanish and Haitian-Creole. The online link was disseminated by Miami-Dade County and community partners, with a total of **363 online** responses. The phone data collection was administered with a random sample of Miami-Dade County households, with a total of **605 phone** responses. There were **2,029 paper-based** surveys collected. Paper-based surveys were collected from over 50 sites selected by the Community Action and Human Services Department (CAHSD). These sites included public library branches, community centers and Head Start/Early Head Start locations.

#### Key Findings

Overall, the survey respondents had positive views of their community as a good place to work and live. However, many residents also have concerns related to economic conditions, job opportunities and incomes. Some of the result highlights include:

- **Community Ratings:** A small majority (57.5 percent) believe the quality of life in their community is excellent or good. Most respondents think their community is a good place to raise children (59.0 percent), and a good place for elders to live (59.6 percent). Almost two-thirds (65.5 percent) indicated their community is a good place to live, but only a small majority consider their community to be a good place to work (51.3 percent).
- **Housing/Financial Need:** The most significant concerns for respondents were low wages relative to the cost of living, with 69.3 percent reporting it is a major concern for them, and 64.0 percent also indicating housing as a major concern. Unemployment is also a major concern for a small majority (50.5 percent), as well as poverty (50.6 percent) and job opportunities (53.6 percent).
- **Employment and Job Skills:** Only 57.1 percent indicated they have been employed continuously over the last two years, and 30.4 percent indicated they need to develop their computer skills to get better paying jobs.
- **Family Issues:** The top two family issues for respondents were having enough income to support their family (43.8 percent) and having enough food to feed their family (36.8 percent).
- **Transportation:** For 54.2 percent of respondents traffic and road congestion are a major problem in their neighborhood. While the majority rely on their own vehicle for transportation (66.5 percent), 26.1 percent rely on public transportation. However, only 86.7 percent indicated they have access to public transportation in their neighborhood.
- **Technology:** While most respondents have access to technology, many still lack sufficient access. Only 74.9 percent indicated they have a computer with Internet access. Most respondents (88.9 percent) have a smartphone. Only 80.0 percent have an email.
- **Assistance:** One out of three respondents (34.4 percent) have contacted a government agency for assistance in the past 12 months. Of the respondents who received assistance, almost half (47.2 percent) indicated they benefited from the Supplemental Nutrition Assistance Program (SNAP). The other assistance received by large percentages of respondents include free/reduced lunch

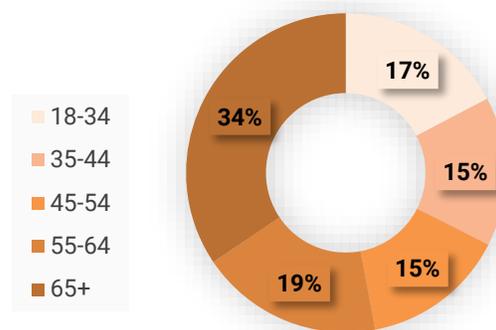
(36.2 percent), Supplemental Security Income (SSI) or Social Security Disability (SSD) (28.3 percent), and utility assistance (19.7 percent).

### Respondent Demographics

The mixed method of data collection – online, phone and paper-based – with the highest number of surveys collected on paper, resulted in respondent demographics that are not representative of the County as a whole. The demographic information of respondents presented, outlines the distribution of respondents by age, gender race and ethnicity, and other individual and household characteristics.

Residents in the older age groups were over-represented among respondents. The paper-based surveys were distributed at community centers and senior facilities, which accounts for the disparity between county residents and survey respondents. According to the 2018 American Community Survey (ACS), approximately 20 percent of Miami-Dade County residents were 65 years of age or older. Conversely, younger residents were underrepresented. The 2018 ACS shows 28 percent of Miami-Dade County adult residents were in the 18-34 age group. The differences in the other age groups were smaller, between 2 and 4 percent. Over half the survey respondents also indicated there are elderly members in their household, with 21 percent having one household member in the 65 and over age group, and 31 percent having two or more elderly members. One out of ten respondents (10.4 percent) indicated they were a grandparent taking care of children in the household.

Figure 10.1: Age of Respondents

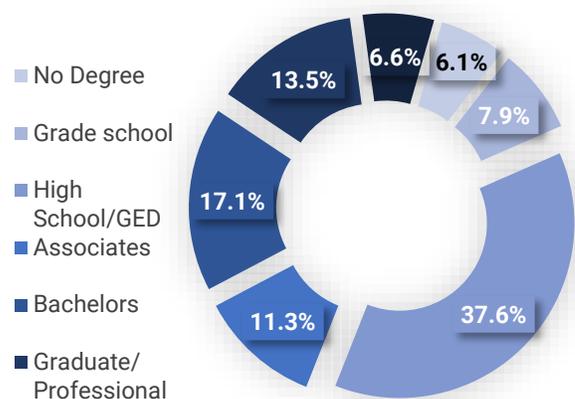


Source: 2019 Community Needs Assessment Survey

Most of the respondents had at least a high school or GED degree. Only 14 percent had less than a high school degree. Almost 31 percent indicated they had a bachelor’s degree or higher.

Of the 2,608 respondents who reported their race and ethnicity, 47 percent indicated Hispanic ethnicity, 35.7 percent indicated Black or African American race, 3.5 percent were of Caribbean American descent, 4.6 percent Haitian American, and 13.7 percent were White. Respondents could select multiple options for race and ethnicity. There were also 27 Asian respondents (1 percent), 29 American Indian (1.1 percent), and 30 indicated Other (1.2 percent).

Figure 10.2: Educational Attainment of Respondents



Source: 2019 Community Needs Assessment Survey

Some of the respondents indicated they are currently in the military (2.3 percent) or are veterans (8.3 percent). Of those who have served in the military, 91.2 percent reported they had been honorably discharged.

### Household Information

The most common language spoken in the households of respondents was English (48.1 percent), followed by Spanish (26.7 percent), and both English and Spanish (18.5 percent). Only 3 percent indicated their households speak Creole, and 3.0 percent indicated both English and Creole.

Single/never married and married households were the most represented in the respondent groups, each accounting for almost a third of respondent households. Large percentages indicated they were divorced (14.5 percent) or widowed (12.4 percent).

Approximately 43.3 percent of respondents indicated they have children, with most of them (63.8 percent) reporting one child in the household, 23.6 percent with two children and the remaining 12.6 percent having three or more children in the household.

The ages of children in the respondents' households distributed across all age groups. There is a large representation of households with children in the younger age groups as a result of the distribution of the survey at Head Start and Early Head Start locations.

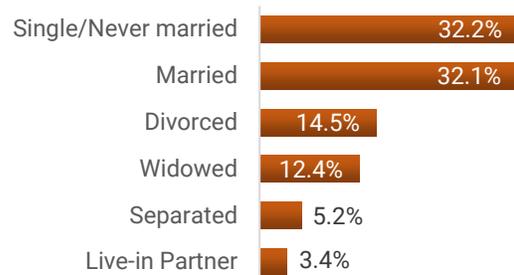
### Housing, Employment and Income

Just over a third of the respondents (35.7 percent) indicated they reside in housing they own. Approximately 40 percent of respondents were renters, while 8.2 percent indicated they live with a family member. Additionally, 8.1 percent indicated they live in elderly public housing, 1.9 percent lived in family public housing, and 3.6 percent were in Section 8 housing. Small percentages were in a shelter (1.4 percent) or indicated they were homeless (0.9 percent).

Consistent with the overrepresentation of respondents in the older age groups, in terms of employment status, a large proportion (29.2 percent) indicated they were retired and not working. Almost a third (32 percent) were employed full-time while 11.4 percent were part-time workers. One out of nine (11.6 percent) indicated they were unemployed but seeking employment. Other groups by employment status included 2.4 percent retired but returned to the workforce, 2.3 percent staying at home, not seeking work currently, and 9.0 percent were disabled or too ill to work.

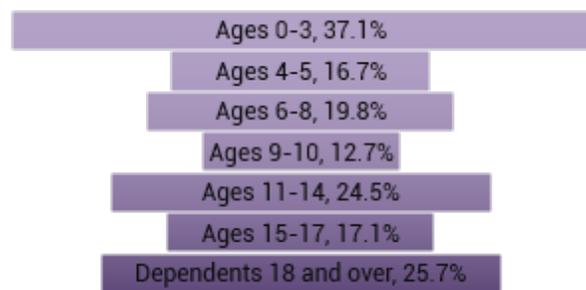
Of the 2,355 respondents who provided a response to the income question, the largest group were those with income below \$15,000 (40.7 percent). Approximately 22.3 percent indicated their household income was between \$15,000 and \$25,000. Additionally, 21.1 percent were with incomes between \$25,000 and \$50,000, while 16 percent were in the \$50,000 or more household income category.

**Figure 10.3: Marital Status of Respondents**



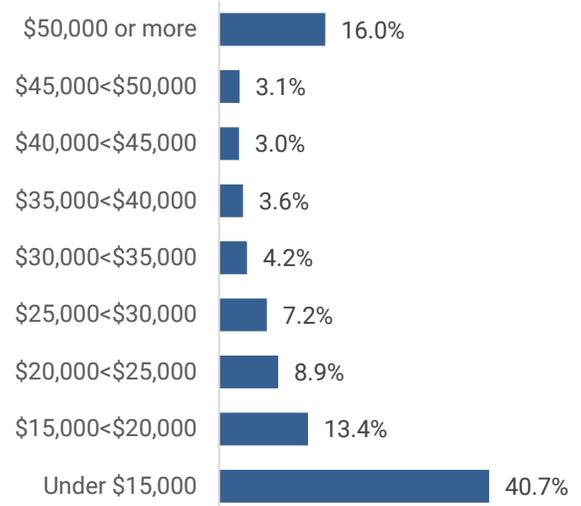
Source: 2019 Community Needs Assessment Survey

**Figure 10.4: Number & Ages of Children in Respondents Household**



Source: 2019 Community Needs Assessment Survey

**Figure 10.5: Distribution of Respondents by Income Category**



Source: 2019 Community Needs Assessment Survey

### Community Ratings

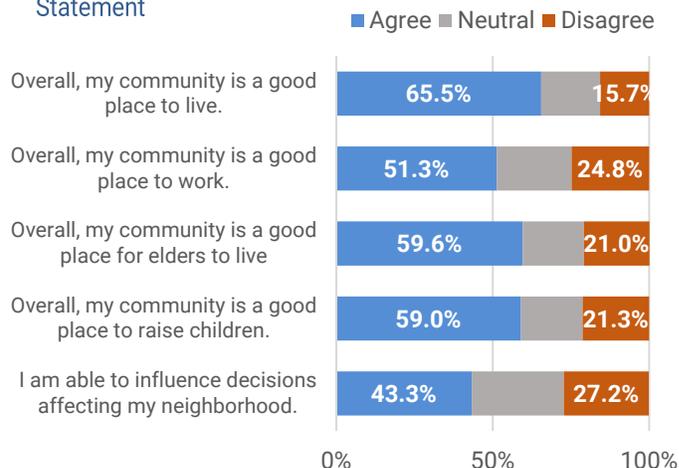
The survey began with a series of questions that gauged the respondents' perceptions of their community. Only a small majority indicated the quality of life in their community is excellent or fair (57.5 percent). Two thirds (65.5 percent) believe their community is a good place to live. A majority also indicated their community is a good place for elders to live (59.6 percent), as well as for raising children (59.0 percent). Only a small majority think their community is a good place to work (51.3 percent).

A large percentage do not believe they are able to influence decisions affecting their neighborhood. Respondents were presented with a list of community characteristics and challenges, and asked to indicate whether they consider each a major problem, a minor problem or not a problem in their neighborhood. Economic issues and transportation were the issues which the majority of respondents considered a major problem in their neighborhood. Traffic and road congestion was among the top three, with 54.2 percent indicating it as a major problem.

The issues that were indicated as a major problem by less than a third of respondents include elderly abuse and neglect (27.4 percent), access to parks and greenspaces (28.7 percent), child abuse and neglect (29.0 percent), sexual assault (29.7 percent), caregiver support (29.7 percent), and human trafficking (31.9 percent). The full list of issues and respective percentages are presented in the *Detailed Question Responses* section.

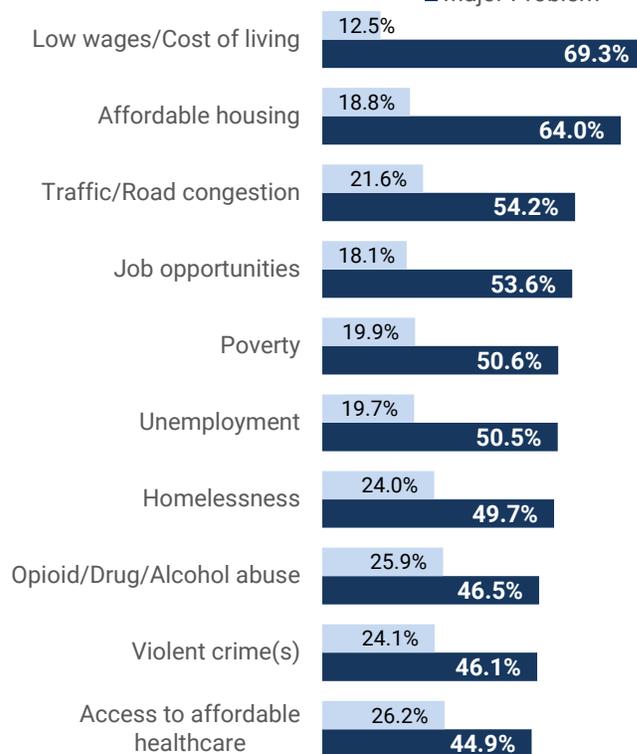
In a following question, the respondents were presented with a list of community characteristics and asked to indicate which of them were missing from their community. Only 10.5 percent indicated nothing is missing from their community. The majority indicated affordable housing is lacking in their community (52.0 percent). Significant percentages also selected living wage local jobs (32.8 percent) and high quality neighborhood schools (23.6 percent).

**Figure 10.6: Participant Agreement/Disagreement with Statement**



Source: 2019 Community Needs Assessment Survey

**Figure 10.7: Top Ten Major Issues** ■ Not a problem ■ Major Problem



Source: 2019 Community Needs Assessment Survey

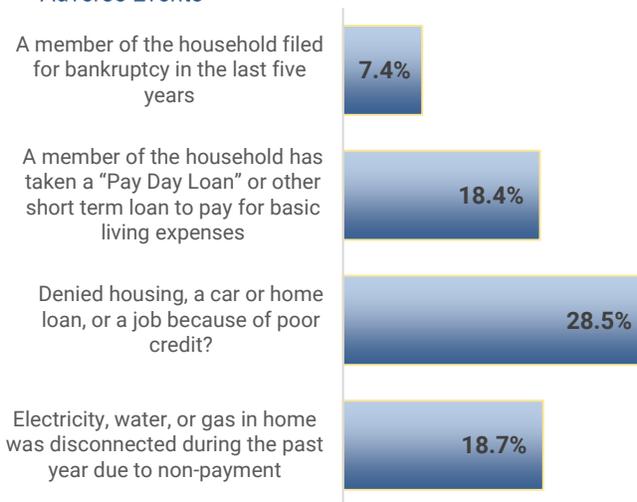
### Housing/ Financial Need and Employment

Respondent feedback on questions related to housing and financial needs were consistent with their concerns related to community perceptions. Only 55.1 percent of respondents consider the overall physical condition and quality of housing in their community to be excellent (13.6 percent) or good (41.5 percent). Only 37 percent indicated they spend less than \$1,000 monthly on housing. Almost half (46.9 percent) indicated housing expenses of \$1,300 or more. Based on the self-reported data of housing costs and income, approximately 35 percent of respondents pay in excess of 30 percent of their income on housing.

The financial need of many of the respondents was also shown from their answers to questions pertaining to adverse living situations. Over one quarter (28.5 percent) reported they have been denied housing, a car or a home loan because of poor credit. This correlated with 24.5 percent of respondents indicating a credit score of 600 or less, and 17.7 percent reporting credit scores in the 600-699 range. However, one third (33.4 percent) do not know their credit scores.

Almost one out of five respondents (18.7 percent) also reported the electricity, water, or gas in their home was disconnected during the past year due to non-payment. A similar percentage (18.4 percent) indicated that either themselves or another household member had taken a "Pay Day Loan" to meet basic living expenses.

**Figure 10.8: Percentage of Respondents Experiencing Adverse Events**



Source: 2019 Community Needs Assessment Survey

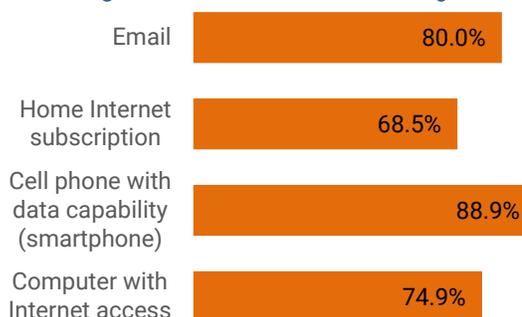
The financial need of the respondents is also linked to their employment and employability. Only 57.1 percent indicated they have been employed continuously over the past two years. Considering only respondents who are not in retirement age (aged less than 65), 64.1 percent have been employed continuously over the past two years. In the age groups younger than 65 years old, 41.6 percent reported being out of work at some point during the previous year and 48.5 percent have looked for a job in the past 12 months. However, the majority (51.5 percent) indicated lack of skills had prevented them from getting a better paying job, and 30.2 percent believe they need computer skills for a better paying job.

### Technology

Economic opportunities are also linked to residents' access and use of technology. The survey results show that only 74.9 percent of respondents have access to a computer with Internet access, and 88.9 percent have access via a smart phone. However, only 68.5 percent have an internet subscription at home.

Most respondents (73.8 percent) have had their current phone for more than two years, while 14.1 percent indicated they had their phone for a year or less. In relation to email, 26.3 percent reported they have had their email address for fewer than five years, while 42.5 percent have been using their current email address for five to 10 years, and almost a third for longer than 10 years.

**Figure 10.9: Most Used Technologies**



### Family Concerns

From a list of possible family concerns the largest percentage of respondents selected “income to support my family” (43.8 percent) and “food to feed my family” (36.8 percent). Again, economic considerations are a priority that supersede other concerns like mental health, child and elderly care. The other family issues, including getting healthcare or medicine for my child when he/she is sick, access to information and services for unemployed young adults, and getting information to gain skills to help me be a better parent etc. had less than a quarter of respondents selecting them as a concern for their household. The distribution of responses is in the *Detailed Question Responses* section.

### Transportation

Due to the high percentage of respondents belonging to the higher age groups, a large percentage of respondents overall are public transportation users (26.1 percent), but most respondents indicated they rely on their own vehicle for transportation (66.5 percent). If only working age respondents are considered, public transit users account for only about 22 percent of respondents, while 77 percent rely on their own vehicle. Some respondents indicated multiple modes of transportation. In addition to the two primary modes of transportation, 13 percent indicated walking, 4 percent indicated biking and 9 percent indicated ridesharing as modes of transportation. Approximately 87 percent indicated there is access to public transportation in their neighborhood.

### Assistance

Approximately a third of respondents (34.4 percent) indicated they have contacted a government agency for assistance. From the respondents in the working age groups, those less than 65 years old, 35.6 percent reported looking for government assistance. It is of note that when asked to indicate which agencies they had contacted, most respondents did not mention agencies, but specific programs, including SNAP/food stamps, WIC, SSI, Medicaid, utility assistance (Low-Income Home Energy Assistance Program), public housing and Head Start. The agencies that were mentioned by some respondents include Veterans Affairs, Social Security Administration, Department of Children and Families, Florida Department of Economic Opportunity and Community Action and Human Services Department/Community Action Agency. Some respondents also indicated contacting their local officials and departments. Of the 1,081 respondents who reported receiving government assistance, there was a wide range of programs indicated, with many respondents benefiting from more than one source of assistance.

**Table 10.1:** Percentage of Respondents who are Receiving Assistance

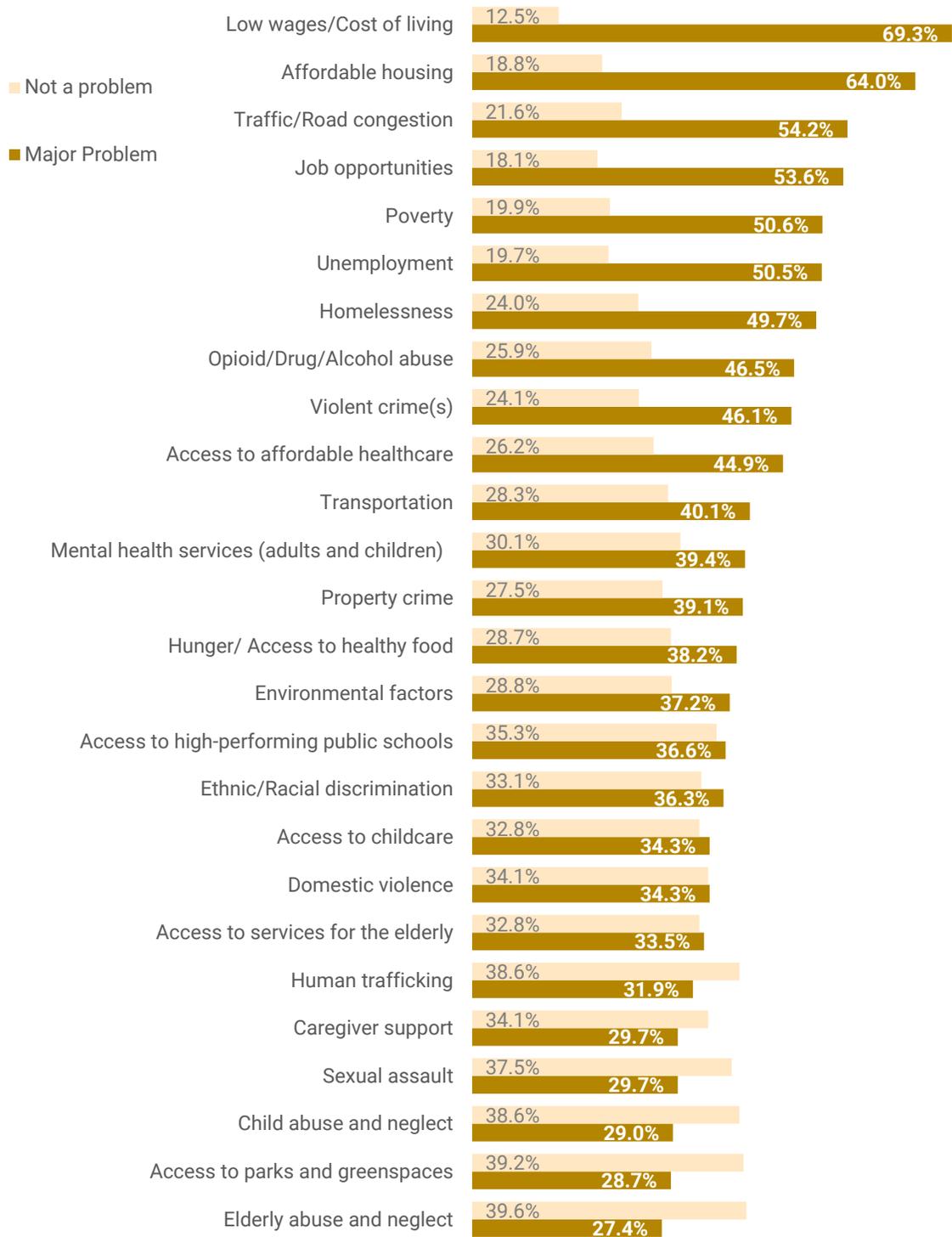
Program	Percent
Supplemental Nutrition Assistance Program (SNAP)	47.2%
Free/Reduced Lunch	36.2%
Supplemental Security Income (SSI) or Social Security Disability (SSD)	28.3%
Utility assistance (electricity/gas)	19.7%
Subsidized housing, vouchers, public housing	15.2%
Head Start/Early Head Start	15.1%
Women, Infants and Children (WIC)	14.1%
Transportation assistance	13.9%
Financial aid for education	9.3%
Childcare subsidies (VPK, CCDF)	9.3%
Temporary Assistance for Needy Families (TANF)	8.5%
Other	6.3%

Source: 2019 Community Needs Assessment Survey

## Detailed Question Responses

**Figure 10.10:** Survey Question: Neighborhood Issues

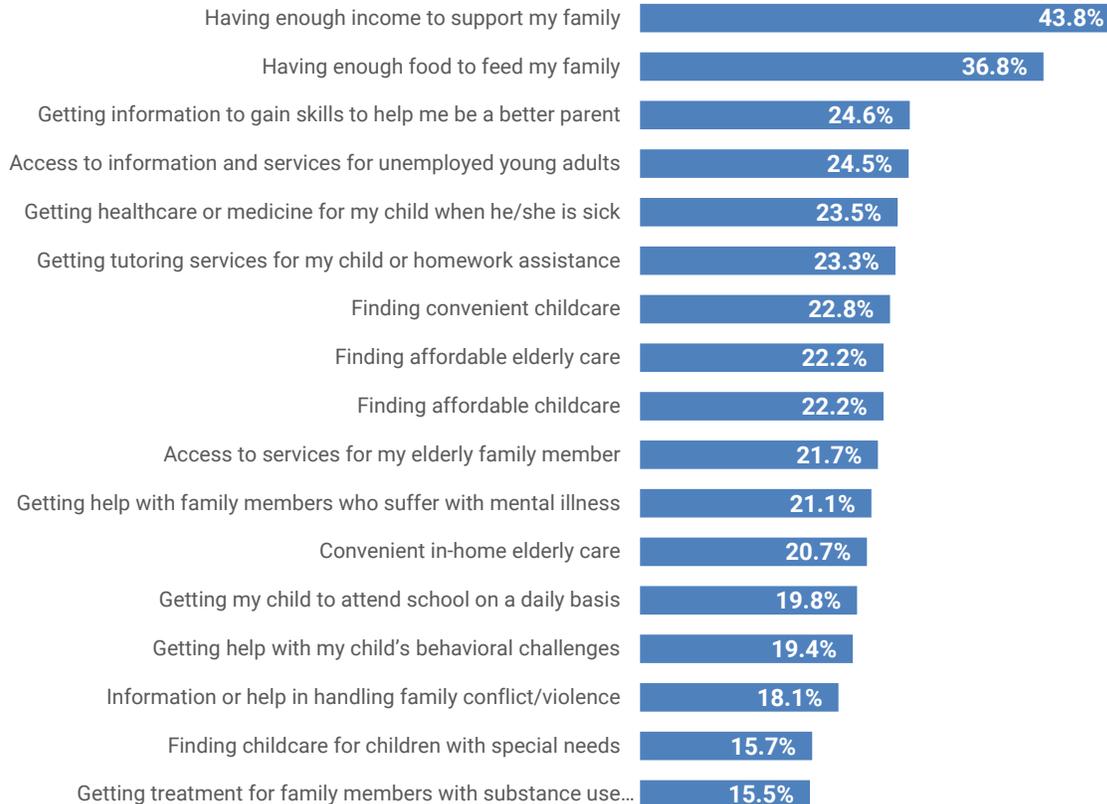
Please indicate whether each of the following is a Major Problem, Minor Problem or Not a Problem in your neighborhood



**Table 10.2:** Survey Question: Which three of the following are missing from your community?

Community Characteristic	Number of Respondents	Percentage
Libraries	276	10.3%
Nothing is missing from my community	283	10.5%
Neighborhood convenience stores	293	10.9%
Help in understanding family conflicts/violence	304	11.3%
Access to affordable childcare	310	11.5%
Senior centers/Services	366	13.6%
Community policing	385	14.3%
Parks/play areas	387	14.4%
Safe and sanitary housing	442	16.5%
Necessary infrastructure (i.e. streets, sidewalks, water, sewer)	447	16.6%
Green market/Healthy food options	471	17.5%
Access to affordable healthcare	497	18.5%
Reliable public transportation	515	19.2%
High quality neighborhood schools	634	23.6%
Living wage local jobs	880	32.8%
Affordable housing	1,396	52.0%

**Figure 10.11:** Survey Question: Please indicate if the following is a concern in your household



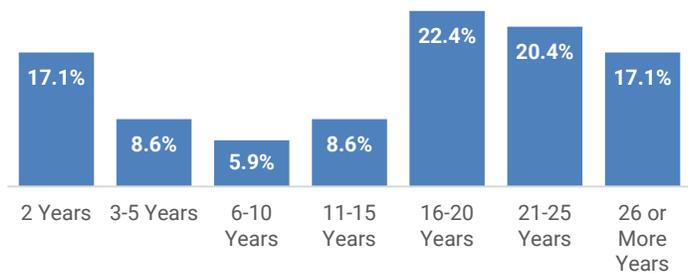
## XI. CAHSD Staff Survey

A staff survey was also conducted to understand CAHSD staff members' perspectives on the Department overall and the services provided. This survey included both open- and close-ended questions administered online and resulted in 166 completed surveys.

### Staff Demographics

The majority of staff respondents indicated they were employed by Miami-Dade County for more than 15 years, with 22.4 percent being employed between 16 and 20 years, 20.4 percent for 21 to 25 years, and 17.1 percent for over 26 years. Out of the 158 respondents who identified which division they worked in within CAHSD, more than half were employed in the HS Division (25.3 percent) and the Family and Community Services Division (29.7 percent) combined. Other staff respondents identified the Violence Prevention and Intervention Division (10.1 percent), Administration (8.9 percent), the Elderly and Disability Services Bureau (7.6 percent), and the Rehabilitative Energy, Transportation, and Facilities Division (1.9 percent) as their respective divisions of employment. Thirty-four respondents (20.4 percent) did not disclose their division.

Figure 11.1: Respondents Length of Employment



Source: 2019 Community Needs Assessment Staff Survey

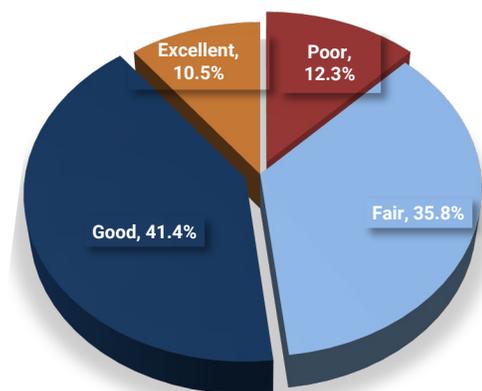
After analyzing the respondent's survey results, there was no significant difference in their responses based on the substantive questions that can be linked back to the employees' tenure or division.

### Staff Perception

#### Client Quality of Life

When asked to determine whether staff members felt their client's quality of life was excellent, good, fair, or poor, a small majority of respondents thought that the quality of life of CAHSD clients was excellent or good (51.9 percent). At the same time, a large percentage believed it was only fair (35.8 percent), and 12.3 percent of respondents felt it was poor.

Figure 11.2: Staff Perception of Clients Quality of Life



Source: 2019 Community Needs Assessment Staff Survey

homelessness, basic needs, and awareness of rights, services for people with special needs, counseling, mentoring, community events, financial literacy training, and immigration services.

### CAHSD Services and Mission

Most staff respondents understand and agree with CAHSD's mission and vision. A large majority, 87.3 percent, reported they have a good understanding of all services offered by CAHSD, 89.8 percent understood how their job contributed to CAHSD's mission, and 86.2 percent agreed with CAHSD's overall mission.

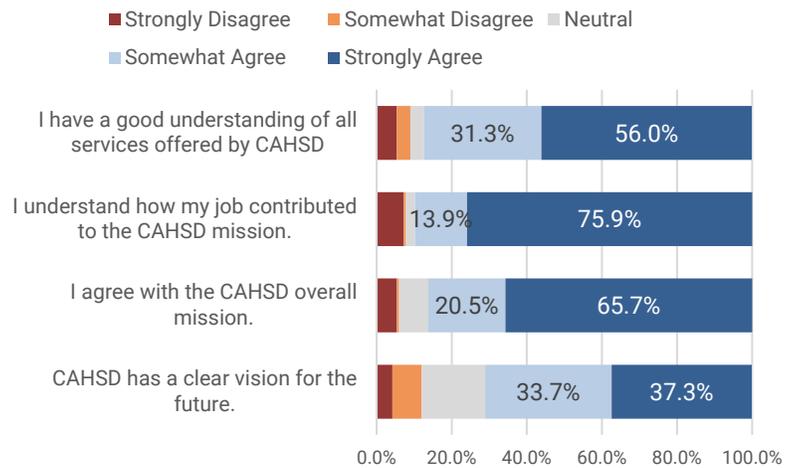
The statement with the smallest percentage of respondents in agreement pertained to CAHSD having a clear vision for the future, with 71.0% of respondents agreeing.

### CAHSD Service Delivery

When asked about the quality of CAHSD service delivery, the majority of staff respondents provided positive feedback. While the majority of feedback was positive, some employees had reservations. Approximately 9.7 percent of respondents disagreed with the statement "I refer clients to other available CAHSD services"; 11.0 percent disagreed with the statement "CAHSD services are responsive to the current needs of individuals, families, and communities"; 14.0 percent disagreed with the statement "I believe that the clients /residents served by CAHSD want to be self-sufficient"; and 15.2 percent disagreed with the statement "CAHSD services are delivered in a manner that is culturally sensitive."

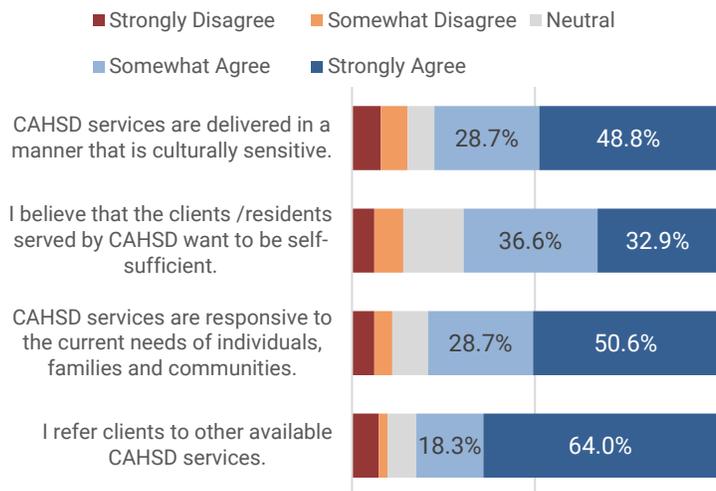
Respondents were then asked to identify the top three things that CAHSD is doing well. Since respondents could provide multiple answers, this question yielded 400 responses, which were grouped into six categories. Most of the responses (292) referenced services the Department provides to clients. Examples of different services include domestic violence intervention, utility assistance, childcare, and services to the elderly and food assistance. Also, 64 responses cited the Department had good organizational practices. Respondents felt the Department excels at providing good customer service and responsiveness to resident needs, employee professionalism, organizational resourcefulness and reliability, staff training, and having an overall good work environment. The promotion and communication of services were referenced in 64 responses as a strength of CAHSD. Employees felt that the Department was doing a good job at

**Figure 11.3: Staff Understanding of CAHSD Services and Overall Mission**



Source: 2019 Community Needs Assessment Staff Survey

**Figure 11.4: Staff Assessment of CAHSD Service Delivery**



Source: 2019 Community Needs Assessment Staff Survey

community outreach, media communications, family engagement, and community events. Nine survey respondents listed grant acquisition, three listed collaboration with other agencies, and two listed volunteer recruitment, as some of the top three things CAHSD was currently doing well. Seven respondents did not answer the question but instead pointed out some negative characteristics of the Department, as perceived by them, related to unfair hiring practices and low employee morale.

### ***CAHSD Improvement Areas***

The final substantive question of the survey asked respondents to identify areas in which CAHSD needs improvement. Since respondents could provide multiple answers, this question yielded over 300 responses, which were grouped into five categories. About 200 responses referenced CAHSD organizational improvements such as staff recognition, opportunities for growth within the organization, staff training and support, customer service and professionalism, staff turnover, and vacancies. The second category included 87 responses that suggested CAHSD could improve their services to clients. Respondents suggested improvement across all services provided by CAHSD, including elderly services, housing, and utility assistance, transportation assistance, childcare, mental health, and other services for youth, legal assistance, substance abuse help, and expansion of services overall. Additionally, 41 responses listed improving promotion and outreach efforts through more outreach to parents and families, marketing of services, social media use to promote programs and increased visibility to the community as a necessity. The fourth category included 18 suggestions for the Department to improve its grant acquisition process. The last category was on collaboration in which 11 responses noted that the Department should focus their efforts on improved collaboration and advocacy efforts with other community organizations and agencies, and within the Department itself.

## XII. Partner Survey

The data presented in this report relies on Partner Surveys distributed to community organizations that have a partnership with the Community Action and Human Services Department or are potential partners. Collaborative partnerships between the Department and other vital community organizations help to increase access and the distribution of essential community resources and services to community members in Miami-Dade County. The health and quality of these partnerships are vital to the quality of services provided to the community and were analyzed through the 44 completed partner surveys submitted throughout the online survey link distributed by the Department and other community partners. Some respondents were not official partners of CAHSD but had been working closely with the Department for some time. Out of the 44 survey respondents, 4 respondents had been partners with the Department for less than 5 years, 33 respondents had been partners for 5 to 9 years, and 6 respondents had been partners for 10 or more years, and one respondent did not answer the question. Participants were asked what the three most important unmet needs of families and individuals were in Miami-Dade County, what the top three main challenges were in solving those issues, how increased collaboration could help solve the issues, what the strengths of their partnership with CAHSD were, and how their partnership could improve.

### Key Findings

- **Unmet needs of families and individuals:** According to community partners, the top three most critical unmet needs of families and individuals in Miami-Dade County were housing, access to healthcare and healthy food options, and lack of community services.
- **Main Challenges:** Community partners listed lack of funding, lack of resources and services, and lack of awareness/quality of services as the top three main challenges to meeting the needs of Miami-Dade County residents.
- **Collaborative Opportunities:** Many respondents commented on how increased and continued collaboration between their organizations and the Department, combining and improvement of resources and services, and an increased focus on educational programs could help improve family and child wellbeing in the County.
- **Strengths of Collaboration with CAHSD:** Community partners noted that clear and continued communication between CAHSD and their organization has helped to create strong partnerships. The Department's commitment to service delivery and its reliability as a partner has also helped community partners value the partnerships and trust the Department.
- **Areas in which partnerships could improve:** Many partner survey respondents stated their partnerships with CAHSD could improve through the expansion of resources and services, continued support and expansion of partnerships, and increased communication.

### Unmet Needs of Families and Individuals

All community organizations that partner with CAHSD are closely involved with the community in Miami-Dade County and are keenly aware of the needs of the populations in which they work. When community partners were asked about the top three most critical unmet needs of families and individuals in Miami-Dade County, most respondents listed housing, access to healthcare and healthy food options, and lack of community services as the top three most important unmet needs.

## **Housing**

Out of 44 respondents, 26 listed housing as the top unmet need facing families and children in Miami-Dade County, with 17 respondents listing housing in general as the top issue, and 9 more respondents listing housing for the homeless population as the top unmet need. The 17 respondents who listed housing in general as the top unmet need for individuals and families in Miami-Dade County listed the lack of affordable housing as the primary issue. With the rising cost of living and housing costs, many residents are unable to afford the cost of living in Miami-Dade County, and the lack of affordable housing is exacerbating the issue.

Respondents noted lack of housing and shelter for community members who are homeless, veterans, women with children, or domestic and sexual violence victims, as a significant unmet housing need. Multiple respondents commented on the need for more emergency shelters for homeless individuals and families and homeless prevention services. One participant specifically highlighted the "insufficient safe housing for victims of domestic and sexual violence." Another partner commented on the lack of shelter for women with children that are not domestic violence survivors but are simply just homeless. The lack of support services for individuals who are homeless is a growing concern among community organizations in Miami-Dade County and is an area that needs additional attention. Safe and affordable housing for all individuals and families is vital to the overall wellbeing of the community.

"Insufficient safe housing for victims of domestic and sexual violence."

## **Community Services**

The second most significant unmet need for individuals and families in Miami-Dade County was the need for increased community services for vulnerable populations. Out of the 44 respondents, 14 listed a community service that was lacking but essential in Miami-Dade County. Multiple respondents mentioned the necessity for increased availability of childcare services. Access to free or affordable childcare is a necessity for the advancement of the residents in Miami-Dade County. Increased childcare options allow parents and guardians who must work full-time or are looking to advance their careers through higher educational pursuits, to feel secure in leaving their children in a safe environment while they work to provide for their families.

Multiple respondents also mentioned the need for increased legal services. One respondent stated that there was, "insufficient free immigration lawyers for survivors in immigration detention," while another stated "family legal assistance (divorce/custody)" as services that were unmet in the community. CAHSD partners also mentioned increased medical and senior services, Hispanic empowerment, life skills training, and in-home family services as being critical unmet services needed in the community.

## **Healthcare**

The third most crucial unmet need listed by 13 partner survey respondents was access to adequate healthcare and healthy food options for Miami-Dade County residents. Many participants commented on the high cost of healthcare and health insurance for community members. Unaffordable healthcare is a significant deterrent for individuals who need medical attention but cannot afford adequate care. Multiple participants expressed concern over the lack of preventive or early intervention health care options in the County, especially for individuals with mental health needs. As mental health concerns continue to grow as previously examined in the Health and Wellness section above (See section 7), the need for increased access to mental health services is a primary focus of community organizations. Respondents also recognized the need for more residential drug treatment programs and veteran outpatient treatment

services for both substance abuse and mental disorders. One participant stated the need for "more locations that offer trauma counseling and therapy" for veterans in the community.

Access to healthy food options was also an essential unmet health-related need for community partners. In 2016, 9.1 percent of the population in Miami-Dade County was considered food insecure and lacked access to healthy food options. Individuals and families from low-income neighborhoods and the elderly population are especially likely to suffer from food insecurity. One respondent commented on the need for more home-delivered meals for elderly individuals and individuals who have a disability.

## Main Challenges

Next, partner survey respondents were asked to state the three main challenges to solving the unmet needs in the community. Community partners listed lack of funding, lack of resources and services, and lack of awareness and services as the top three challenges to meeting the needs of Miami-Dade County residents.

### Funding

The first main challenge to solving the unmet needs in the Community was lack of funding. Twenty respondents listed funding as the number one challenge to helping meet the needs of residents. Without adequate funding of public programs, community organizations cannot serve the number of community members who need services. Funding is a significant barrier to tackling the unmet needs in Miami-Dade County and leads to a lack of resources and comprehensive services.

### Resources

Fourteen respondents listed lack of resources as the second main challenge they consider to be inhibiting the solving of unmet needs in the community. One participant expressed frustration at the lack of resources available to help community members, stating, "the demand for these services is too large for the current resources." Some participants explicitly stated the lack of resources in education and mental health programs that are growing necessities in the community.

"The demand for these services is too large for the current resources."

### Awareness/Services

The third main challenge mentioned by Partner Survey respondents was lack of awareness in the community of the services provided, as well as the quality of services that were currently provided and lack of funding. One participant mentioned the poor existing services being provided throughout the community, while another commented on the lack of awareness in the community, stating, "often families do not know where to go."

"Often families do not know where to go."

### Other Unmet Needs

Other challenges to solving the unmet needs of resident in Miami-Dade County include the high cost of living, lack of affordable housing, low wages, and lack of job opportunities. Respondents noted that the "homes were too expensive, and rent was too high," and the "inflated costs," were

"Lack of industry other than tourism/service."

"Lack of time-not able to create accessible opportunities for job training."

making it difficult to serve all the residents who required assistance. Combined with the high cost of housing and living was the low rate of wages and the lack of high wage employment opportunities. Multiple respondents noted the need for higher wages and the necessity to

“analyze current pay rates,” while another noted the “lack of industry other than tourism/service.” These issues regarding wages and employment coupled with the fact that some respondents felt there was a “lack of time-not able to create accessible opportunities for job training,” make the creation of job training programs difficult without increased funding and support from other organizations.

## Collaborative Opportunities

Partners were then asked to provide suggestions on how CAHSD and their own organization could jointly improve family and children wellbeing in Miami-Dade County. Many respondents commented on how increased and continued collaboration between their organizations and the Department, combining and improvement of resources and services, and an increased focus on educational programs could help improve family and child wellbeing in the County.

Twelve respondents listed collaboration as the most important way that the Department and their organization could improve family and child wellbeing in Miami-Dade County. Multiple participants called for increased collaboration and transparency, while others stated it was necessary that the Department continue collaborating and creating plans to deliver services in a more focused and organized manner. One respondent stated, “partnerships must be guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members.” Other participants commented on the need to “develop a true system of care instead of nonprofits operating in a silo. Too many of our youth and families are referred to numerous programs.”

“Partnerships must be guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members.”

“Develop a true system of care instead of nonprofits operating in a silo. Too many of our youth and families are referred to numerous programs.”

Combining resources to help tackle significant problems in Miami-Dade County was another focus of partner survey respondents. One partner stated that CAHSD, “should continue to support efforts to identify resources to improve access to safe housing and other critical services to the community,” while another partner expressed the need for “more resources for children, teens, and elders affected by domestic and dating violence.” Combining and focusing resources in specific focus areas helps to address major issues facing residents.

Focusing resources and efforts on educational programs was another primary concern for community partners. Many community organizations have an educational program component and felt that the promotion of their programs could help improve the overall wellbeing in the community.”

“Education needs to be promoted and encouraged throughout the community. Technical programs like the ones we offer provide a better future.”

## Strengths of Collaboration with CAHSD

Community partners were then asked what they felt were the strengths of their partnership with CAHSD. The main strength listed by respondents focused on the clear communication between their organization and the Department. Many respondents noted the respect and trust they felt with members of the Department and the open communication provided for a very positive and healthy partnership. One participant stated, “open communication, cooperation, willingness to work together, respect, and willingness to nurture and foster the working relationship,” as the strengths of their partnership with CAHSD. Clear

“Our partnership is long-standing, making for clear and direct lines of communication and strong collaborations focused on common goals.”

and continuous communication helps foster strong bonds between the Department and its community partners, and can produce a more seamless service delivery system.

Many partners also mentioned the reliability and professionalism of CAHSD staff and their commitment to serving the community as significant strengths of their partnership. One participant noted how the Department is skilled at "augmenting your gap areas and providing our unique services to those in need within your geographic location." This commitment to the proper delivery of services to community members through partnerships, helps community partners to know that the Department is helping to provide resources and services at their highest capacity.

"Augmenting your gap areas and providing our unique services to those in need within your geographic location."

## How can Partnerships Improve?

Lastly, community partners were asked how their partnerships with CAHSD could improve moving forward. Partners suggested that through the expansion of resources and services, continued support and expansion of partnerships, and increased communication, their partnerships with the Department could improve. Respondents noted that the expansion of the services provided by CAHSD was a way to continue to improve partnerships. Some respondents commented on the need for the Department to be more involved in specific areas such as assisting crime victims, emergency disaster relief efforts, diversity training, mental health programs, and farm workers. The Department's increased involvement in these areas could open more opportunities for partnerships and increased resources for organizations that are committed to providing services to these communities. One participant stated the need for "partnerships with more agencies," while another noted the need to "increase partnership opportunities where CAHSD adds value to existing local nonprofit programming." Stronger partnerships help provide a broader scope of services to community members.

"Increase partnership opportunities where CAHSD adds value to existing local nonprofit programming."

"By sustaining ongoing dialogue and exchange among partners to identify the needs of the community."

While communication was one of the main strengths listed by survey respondents, it was also listed as one of the main areas in which partnerships could improve. One partner stated that partnerships between the Department and community organizations could continue to improve, "by sustaining ongoing dialogue and exchange among partners to identify the needs of the community." Another partner commented on the need to follow up with community partners and agencies and to understand where

they are in their service delivery goals, and how the Department and the partnership established could be improved upon to help these organizations continue to provide adequate services. One respondent stated that "they could be more responsive and accountable," as a way to enhance communication and build strong partnerships that ultimately benefit the community in the highest capacity.

"They could be more responsive and accountable,"

### XIII. Focus Group Analysis

Eight focus groups were conducted in Miami-Dade County to collect primary data on the issues faced by Miami-Dade County residents. Six of the eight focus groups were conducted in targeted urban areas where CAHSD wanted a better understanding of the community's particular needs. These six urban areas were Opa-Locka/Miami Gardens, Hialeah, Allapattah, Florida City, Coconut Grove, and Edison/West Little River. Each location-based focus group was held in a Community Resource Center during a regularly scheduled Community Action Committee (CAC) meeting. Many participants were CAC board members, active members of the community, or staff members at the Community Resource Centers. The seventh focus group was held at a Head Start Policy Council Meeting to help CAHSD better understand the needs of parents and community members that have participated in the Head Start/Early Head Start program. The last focus group was for CAHSD staff members to gain insight into their experience not only as employees of the Department but as members and advocates for the communities in which they work. There were 75 overall participants over the eight focus groups, 47 participants were from the six location-based discussions, 16 were from the Head Start Advisory Board Meeting, and the last 12 participants were from CAHSD staff focus group.

#### Key Findings

At the beginning of each focus group, participants were asked to answer three questions on a CAHSD Discussion Sheet (See Appendix A) detailing their opinion of the top three quality of life issues, challenges to addressing those issues, and areas in which they felt CAHSD should focus on in the future. Only 64 participants (85.3 percent) filled out and submitted the discussion sheets. Qualitative analysis of the eight focus groups revealed the significant changes within each community, the issues faced by community members, the challenges to addressing these issues, and the areas in which the participants felt the Department should focus its efforts. The main findings across all groups are related to:

- **Community Change:** The majority of participants in each focus group had been long-term residents of Miami-Dade County, making them first-hand witnesses to the significant changes within their communities over the past ten years. Many discussed major shifts in the demographics and dynamics of their neighborhoods, as well as the construction of expensive housing developments, increased unaffordability in their neighborhoods, and significant transportation concerns.
- **Quality of Life Issues:** Participants listed affordable housing, low-wages, and transportation as the top three quality of life issues faced by Miami-Dade County resident. Other topics discussed by participants were the lack of employment opportunities, community safety, the educational system, and access to affordable healthcare.
- **Challenges to Solving Issues:** Participants stated that the lack of funding/resources, limited employment opportunities, and community involvement/community leadership were the main challenges to solving the primary quality of life issues in Miami-Dade County. Other significant challenges noted were community safety concerns, the educational system, housing costs, and transportation challenges.
- **CAHSD Future Focus Areas:** When asked where the Department should focus its attention most heavily in the future, participants expressed the need for the Department to help create employment opportunities through job training programs, increase their affordable housing efforts, and expand their community outreach initiatives. Other areas where CAHSD's focus was needed were in the expansion of educational programs, improved mental health services and training, and creation of community safety programs.

## Community Changes

To frame the conversation and direct the participants into thinking about their community, the discussion started with the participants sharing observations about their community. Across all focus groups, participants recognized multiple changes in the dynamics of their community. The most common changes noted in each focus group addressed a shift in neighborhood culture and demographics, increased housing development and unaffordability, and significant transportation issues. While answers varied during each focus group, each of these community-wide changes were brought up by participants during the eight focus groups.

When participants were asked how their community has changed over the past ten years, one of the most common and widely felt changes was the shift in neighborhood dynamics and demographics. During the six focus groups held in targeted urban areas in Miami-Dade County, participants in each area felt a cultural change over the past ten years. Participants expressed the outflux of long-time community members who were leaving their neighborhoods and homes searching for affordable housing and a lower cost-of-living either in other locations in Florida or outside of the state. One Coconut Grove resident recalls when "30,000 people lived here, and now there are only 3,500." This outflux of long-time residents from these areas has brought in large and expensive development projects and an influx of new residents from varying demographic backgrounds, further changing these targeted areas' landscape and culture.

Many participants in these focus groups have been Miami-Dade County residents for most of their lives and have lived in these target areas for over ten years. In Coconut Grove, participants in the focus group detailed the community's change from being a primarily black, middle-class community to a now mainly Hispanic/Latino community, similar to Allapattah, where one focus group participant also addressed the increasingly Hispanic demographic in the area. In Hialeah, participants noted a demographic change and the area shifting from a heavily Caucasian area in the 1980s to an incredibly diverse community with large numbers of Hispanic members in the past three decades and an increasing number of young Black families moving-in more recently.

With a pronounced demographic shift in an area, significant cultural change of the community happens as well. As different regions of Miami-Dade County have become more Hispanic, the primary language used daily has also evolved from English to Spanish, especially in areas such as Hialeah, Allapattah, and Coconut Grove. The heavy usage of Spanish as one of the primary languages in Miami-Dade County has caused many residents who do not speak Spanish to have a hard time communicating with their neighbors and finding jobs in which being bilingual is not a requirement. This language barrier and cultural differences that accompany it have caused many participants to express their view of their community as increasingly "divided" and "fragmented." One participant from Coconut Grove expressed her distress because "now we are in a divided community. My neighbors don't want to communicate with me. We must find out how to communicate and coexist," while another participant from Florida City said, "We are not a melting pot, nothing has melted."

"Now we are in a divided community. My neighbors don't want to communicate with me. We must find out how to communicate and coexist." -Coconut Grove Resident

The last significant change discussed by members in each of the eight focus groups conducted was the considerable increase in cost of living in their respective areas and the County as a whole. Each community has seen an increase in development in their neighborhoods, with significant high rises built in each focus group area, combined with rising housing costs and lack of affordable housing development. This development pushes out long-time residents who either cannot afford to live in the area anymore or feel they are being overcrowded and overrun by the influx of people from other regions. In Florida City and

Hialeah, participants expressed their understanding of their areas being the most affordable neighborhoods in the County, causing an increase in families and individuals migrating to their districts to rent and purchase in some of the last affordable communities in Miami-Dade County. The increase in residents is causing increased traffic congestion, changing the landscape of these areas that now have to accommodate substantial increases in overpopulation and traffic.

## Quality of Life Issues

After reflecting on the significant changes in their communities over the past ten years, participants were then asked to detail the main issues that they felt were affecting the quality of life in Miami-Dade County. The quality of life issues faced by members of each of the communities were vital to understanding and accurately assessing the needs of the residents served by CAHSD. Each focus group participant was asked on the Focus Group Discussion sheet to identify the top three issues impacting the quality of life for Miami-Dade County residents. When analyzing the written responses of the 64 participants who filled out and submitted their discussion sheets, the top three overall quality of life issues mentioned were affordable housing, low-wages, and transportation. During the focus group discussion, participants explained their answers in more detail.

### *Affordable Housing*

The lack of affordable housing in Miami-Dade County was one of the top three issues for 43 out of 64 focus group participants. Many of the focus group participants are actively involved in their communities. As they have witnessed housing prices increase, they have also noted the stagnation in wages across the County. Low wages combined with high housing costs and increased development of expensive high rises have led to a lack of affordability in all six focus group areas. Participants in the Edison-Little River focus group expressed how housing costs had escalated over the past five years, with one participant stating that "any three-bedroom home is over \$240,000." These rising housing costs are not coinciding with the income levels in the area. Residents in Coconut Grove face the same issues with overpriced housing developments built in the area outpricing long-time residents by causing an increase in property taxes and buying out residents who can't afford to live there any longer. One participant who has lived in Coconut Grove for 68 years expressed his discomfort at the changes in his neighborhood, stating, "they built two-story houses around me, and now I am uncomfortable because they are always looking down at me in my yard." In areas such as Florida City, Allapattah, and Hialeah, participants expressed the high demand for affordable housing that has caused many residents to participate in generational housing where multiple family members are all living in a two- or three-bedroom house. In Florida City, participants noted that the high demand for affordable housing has caused some residents to choose not to increase their income or progress in their careers to "not lose their subsidy" and have to leave the only affordable housing they have.

"They built two-story houses around me and now I am uncomfortable because they are always looking down at me in my yard." -Coconut Grove Resident

Another issue with affordable housing mentioned in many of the focus groups was the issue of fair and equal affordable housing for all. A female participant in the Opa-Locka focus group stated that she had "no problem with development, but it is not equal development," with another participant in Edison/Little River saying, "affordable housing is so political." Many participants expressed their concerns about the lack of fairness regarding affordable housing development and allocation. Development opportunities and safe

"No problem with development, but it is not equal development,"  
-Opa-Locka Resident

and affordable housing should be available for all members of the community, including historically disenfranchised groups such as the homeless and veterans, and especially across all racial and ethnic groups.

## Wages

Wages were the second most important quality of life issue expressed by participants during the focus group discussions. Many participants expressed the disproportion between individuals' salaries and income in Miami-Dade County and the high cost of housing and other daily expenses. One participant from Edison/Little River, a business owner and active member of the community, expressed his distress at not being able to "pay our employees what they need to survive and afford to live in this community." Low wages were mentioned as a significant problem in each of the six communities targeted for these discussions. Participants in Coconut Grove stated that minimum wage in their area is so low while housing costs are so high. One participant in Allapattah said that "employee wages don't keep up with the cost of living." Although participants recognize that there are plenty of job opportunities in Florida City and Hialeah, they are low-wage service sector jobs that can't accommodate the rising costs in each area. In Hialeah, participants recognized "there is work, but the wage is terrible nothing." In Florida City, one participant mentioned that the costly new development projects being built in the area are increasing the cost of living in an area where "upward mobility is impossible for some people."

"Upward mobility is impossible for some people."

-Florida City Resident

These wage issues transcend community boundaries and are even more prominent when examined across racial groups. In the Opa-Locka focus group, participants continually expressed the lack of equality when it comes to job availability and opportunities in their community, with one participant stating, "Black people are not at the table and don't have the same opportunities." In the Edison/Little River discussion, a participant expressed the same concerns, citing The Color of Wealth in Miami <sup>75</sup> report that details the differences in economic opportunity across ethnic and racial groups in the City.

"Black people are not at the table and don't have the same opportunities."

-Opa-Locka Resident

## Transportation

The third significant quality of life issue for participants in the focus group discussions was transportation. With substantial population increases for many of the six communities where discussions were held, comes increased traffic congestion and wear and tear on major roadways. In Florida City, the population increase has caused residents to feel congested in their community. It has created significant roadway developments and infrastructure improvements to accommodate the increase in daily traffic to and from the area. In Allapattah, participants expressed concern and frustration at the quality of their roads that are not being improved upon or expanded to accommodate large amounts of people living and visiting the area. In Hialeah and Coconut Grove, public transportation issues were causing significant problems for residents. In Hialeah, one participant mentioned that the bus schedule had changed repeatedly over the past five years, eliminating many of the bus routes and changing the bus operation hours to close on the weekends. The change in bus routes and the elimination of some routes altogether caused significant transportation delays for residents who rely on the bus as their primary source of transportation. In Coconut Grove, participants stated similar concerns regarding public transportation in their community, with the change in the bus routes making it harder for residents to effectively and efficiently make it to their destinations.

<sup>75</sup> The Color of Wealth in Miami, <http://kirwaninstitute.osu.edu/wp-content/uploads/2019/02/The-Color-of-Wealth-in-Miami-Metro.pdf>

### Other Quality of Life Issues

Although the top three issues discussed above were representative of most participants' top three quality of life issues, other significant issues also discussed were the lack of employment opportunities, community safety, the educational system and access to healthcare. From the Focus Group Discussion Sheet, a lack of employment opportunities and community safety were the next two most important quality of life issues to participants. Many participants expressed concern over the lack of job availability in their areas, with some participants expressing the need for equal working opportunities and new job producers. One participant in Coconut Grove addressed the need for skilled laborers in the established industries, and "this community doesn't have that, especially with no job training programs."

Safety was another major quality of life issue for participants. Many participants noted the increase in crime and gun violence in their neighborhoods, as well as the drug problem, domestic abuse, and hostile resident-police relations. In Florida City, participants expressed the effect that gentrification has made on the increase in gang violence in their area. One participant explained that gang members from Overtown and Liberty City who had been pushed out of their communities due to new development projects and gentrification efforts were now migrating to the Homestead/Florida City area. This influx of individuals from other Miami-Dade County locations has caused an increase in fighting between incoming gangs and gangs that had already been established in the area. In Hialeah, participants expressed concern over the level of crime in the area at nighttime and the lack of police involvement with one participant stating, "to reach them is a mission, and they have a super slow response rate."

"To reach [police] is a mission and they have a super slow response rate."

-Hialeah Resident

Education was the next most pressing issue for participants, ranging from the need to expand early childhood quality education programs to easier accessibility for adults to pursue higher education. One participant from Edison/Little River expressed frustration at the educational system in the area, stating, "our young people today from high school almost know nothing, our young people are not motivated to get to the higher education level." Participants in Florida City and Allapattah expressed similar concerns with one stating, "Kids lose hope without education and jobs." The lack of access to quality education has resulted in an increasingly unskilled labor force, an increase in crime, and a lack of upward mobility throughout the County.

"Kids lose hope without education and jobs."

-Florida City Resident

Health was the last major quality of life issue discussed by focus group participants. Access to affordable healthcare, healthy food access, and mental health were the three main concerns regarding this issue during the focus groups. In Hialeah, participants expressed the need for better mental health services for community members. Many of the participants who work in the Community Resource Centers had experience with community members who are suffering from mental health issues and are not receiving adequate services. One participant expressed the need for increased staff training on handling clients who had mental health issues to properly help them while protecting themselves and Center staff from any potential violent outbursts or episodes from clients.

### Challenges to Solving these Issues

Once focus group participants had expressed the main quality of life issues that residents were facing daily in Miami-Dade County, they were then asked to address what they felt was preventing them from being resolved. The second question on the Focus Group Discussion Sheet asked participants to identify the three main challenges they saw in their communities that prevent the area from improving. This question aimed at understanding the public's perspective on why the County is facing these significant and

overwhelming issues. The three main challenges listed across all eight focus groups were lack of funding/resources, employment opportunities, and community involvement/leadership.

### ***Lack of Funding/Resources***

The lack of funding and resources allocated to some of the neediest communities in Miami-Dade County is causing even more financial hardship for residents trying to survive in an increasingly unaffordable community. In areas such as Coconut Grove that are surrounded by expensive housing developments, funding is not being allocated to the area anymore even though many residents still require assistance. One participant stated, "we are the hole in the donut... funding used to be allocated here, but now there's wealth around us making us ineligible for funding." For areas in Miami-Dade County facing gentrification, the issue of funding and resource allocation seems to be shared, further pushing citizens who need community services and resources out of these areas. In Allapattah, participants noted the substantial amounts of money the community generates for the County, although the community members never see those funds because they are reallocated to other neighborhoods. One participant stated, "money is wasted or misused."

"We are the hole in the donut... funding used to be allocated here, but now there's wealth around us making us ineligible for funding."

-Coconut Grove Resident

In Florida City, one participant noted that there is never enough money to address the community's challenges. Hialeah's participant expressed grief at the depleted state of schools in the community and the lack of funds to purchase necessary supplies for the students and teachers. Numerous fundraising events were held in Hialeah to raise money for the schools, and the schools still have not been given those supplies, making many members wonder where these funds go. A participant in Hialeah, who also works at a Community Action Resource Center, stated, "we're being shoved off to other agencies who have more resources than us. Very discriminating against us."

### ***Employment Opportunities***

Another significant challenge for solving the issues facing residents in Miami-Dade County is the lack of employment opportunities. Many participants noted the need for fair and equal employment that does not discriminate or leave groups of residents out of eligibility because of their race or language. In the discussion sheet answers, some participants noted that the requirement for potential employees to speak Spanish disenfranchises a large portion of the population in the County. In Hialeah, one participant noted the lack of an effort from residents to speak or learn English, requiring most jobs to hire employees who are bilingual to communicate with their clientele. A participant in Coconut Grove also stated, "many people don't get jobs because they don't speak Spanish."

Other challenges regarding employment opportunities are large developers and private companies building in the County that have the potential to provide employment opportunities in disadvantaged areas but are refraining from hiring local residents. They have the potential to help support local economies but are choosing to bring workers from other neighborhoods in the County instead. There is no accountability for these developers, one participant in Edison/Little River expressed frustration that "we've allowed private companies to segment themselves from the public." Participants also pointed out that "private businesses are supposed to hire 30 percent local workers," but questioned who is keeping track of that 30 percent.

"We've allowed private companies to segment themselves from the public...private businesses are supposed to hire 30 percent local workers."

-Edison/Little River Resident

In other areas such as Florida City, infrastructure has not expanded, and there is no real job producer that can create more long-term, high-wage jobs. Many participants also noted the need for more job training programs in their areas where residents can learn the necessary skills required for work in higher-paying industries and positions.

### ***Community Involvement/Leadership***

Lack of community participation and poor leadership was the third largest issue recorded on the Focus Group Discussion Sheets by participants. Regarding community participation, many of the answers written by participants expressed a need for Miami-Dade County residents to have more exposure to the community's services, especially at the Community Resource Centers. This lack of exposure to the available services also created a lack of participation and involvement in community activities and services that could be beneficial for those in need. Answers on the Discussion Sheet that pertain to the leadership in these communities expressed a deep distrust in government leaders to bring about positive change in their communities. Many participants expressed a lack of communication between residents and local leaders, such as County and City commissioners that has resulted in a lack of accountability, voter apathy, and citizen participation.

In Hialeah, focus group participants expressed their struggle with the lack of citizen engagement in their area. One participant who is an employee of the Community Resource Center in Hialeah explained the lack of involvement from the community members that they serve. They expressed the effort put into organizing events and workshops for residents, but then "they don't show up unless we offer food," making it very difficult to reach people who can benefit from their programs. In other discussion groups, the public's need to be made aware of the services offered by CAHSD and the Community Resource Centers that they oversee is imperative in making the public aware of how they can receive help.

"When you vote you are hiring these people."  
-Edison/Little River Resident

In Edison/Little River, participants noted the need for education on civic engagement and the leaders in which they are voting into office. One participant stated, "when you vote, you are hiring these people." Employees of the Community Resource Center in Hialeah expressed their frustration at being blamed for the lack of resources and funding to provide services, when their community members "vote bad representatives into office," and "don't use their voice to advocate for their needs." In Allapattah, one participant stated, "Advocacy, education, and information, it is our fault for electing the wrong politicians. We have a lot to do to build community infrastructure." In Opa-Locka, one participant expressed their total lack of confidence in local government, stating, "County turns a blind eye and deaf ears to our recovery." This distrust and lack of confidence in local leaders is a massive barrier to solving problems effectively.

"Advocacy, education, and information, it is our fault for electing the wrong politicians. We have a lot to do to build community infrastructure."  
-Allapattah Resident

### ***Other Challenges***

Aside from the top three challenges to solving the quality of life issues facing residents, the next most important challenges that must be addressed are police relations with the community, the educational system, housing costs, and transportation.

Many participants emphasized the effect of negative relations between the police and the communities they serve as a barrier to effectively addressing crime in the County. Participants' written answers from the Focus Group Discussion Sheets stated, "people are afraid of the police," with some addressing the lack of "communication from the police department." One participant noted the necessity for "police positivity and

engagement," and the need to "bridge the gap between the police and the community." The need to bring the police and the community together was a common theme in many focus group discussions.

Education was another major challenge addressed by focus group participants. Many individuals expressed the need for more youth-based programs and higher quality education to improve overall outcomes in the community. One participant from Edison/Little River stated, "the lack of knowledge and resources," of community members as a primary challenge to addressing the broader issues impacting residents' daily lives.

Lack of affordable housing and increased homelessness were also addressed as a significant challenge facing Miami-Dade County residents. One participant expressed frustration at the high housing costs that cause residents to have to work multiple jobs to pay for their housing expenses. Unfair housing and housing discrimination were also addressed by participants who felt that "there is housing discrimination," with one participant emphasizing the need to resolve the housing challenges in Miami-Dade County through fair housing efforts and a greater focus on the homeless population.

Transportation was the last significant challenge addressed by focus group participants. Participants expressed their frustration at the "inadequate transportation" in the County and the need for the "expansion of transportation." Better enforcement of driving laws was also a big concern for citizens who have witnessed significant safety issues attributed to residents' lack of knowledge of driving and pedestrian laws and protections.

## Community Action and Human Services Department Focus Areas

The last question on the Focus Group Discussion Sheet refocused attention back on CAHSD and what it could do to improve outcomes in these areas of Miami-Dade County. The question posed was: what are the three main areas or issues in which CAHSD should focus its efforts? The three main areas that participants expressed were: 1) helping to create employment opportunities by providing job training, 2) affordable housing efforts, and 3) community outreach.

### *Job Training/Employment Opportunities*

The first main area in which participants felt CAHSD should focus its efforts was in implementing job training programs. Many participants expressed the need for workers in their areas to have access to job training and placement programs that would help them develop the necessary skills to work in a technologically advanced environment. These programs should also be targeted toward the youth in the community so that they could attain a higher level of education and be able to afford to live in the areas where they grew up. One participant from Edison/Little River, a leader in an organization within the community, expressed his difficulty finding someone with the necessary job skills. Another participant in Coconut Grove discussed the need for skilled labor in his community, suggesting that CAHSD "come in and do more intensive training to allow us to work more effectively and bridge the gap." In Allapattah, one participant expressed concern at the lack of job skills and job training in the Black community, explicitly stating that "no Black people are working on community projects," this is creating even more of a divide between the community and the employment opportunities provided.

Another area of employment opportunity creation is the development of programs for local entrepreneurs and support for small businesses in the area. In the Opa-Locka and Allapattah focus groups, modest business growth and development were discussed as well as support for companies that provide a living wage to their employees.

"Come in and do more intensive training to allow us to work more effectively and bridge the gap."  
-Coconut Grove Resident

## ***Housing***

Although affordable housing creation does not fall under the Department's scope, many participants felt that CAHSD could take a larger role in advocating and creating more supportive housing systems for community members. A large portion of the answers written on the Discussion Sheets addressed participants' desire for the Department to address the affordable housing crisis through housing or rental assistance or put programs into place for the homeless. In Florida City, one participant commented that even the expansion of the Low-Income Home Energy Assistance Program (LIHEAP) would be beneficial to the community.

## ***Community Outreach***

The last central area in which focus group participants felt the Department should focus its efforts was in their community outreach efforts. A large portion of the participants in these focus groups are employees at the Community Resource Centers in which these discussions were held, making them acutely attentive to the resources provided by the centers and the public's overall lack of awareness of the services offered. One participant in Edison/Little River noted that they could "advocate for effective programs and policies" in the future, while a participant from Hialeah voiced the need for more community events and involvement.

Participants also expressed the need for CAHSD to better communicate with communities on what programs are offered and their scope of services. A lack of communication over the years has resulted in many needy community members not receiving services due to a lack of understanding where to go, and many negative interactions with community members who do not understand what services the Department is actually able to provide. In Hialeah, participants expressed that community members have come into their resource centers in threatening or defensive manners just due to lack of understanding of the process and scope of the Center's work. One participant in Coconut Grove also reiterated the need for the community to "have realistic expectations because, at the center, we still have to work within parameters."

## ***Other Focus Areas for Community Action and Human Services Department Efforts***

The remaining three areas in which participants felt CAHSD should heavily focus on education, mental health services, and community safety. Participants expressed a need for the expansion of educational programs and scholarships for youths in the community. Multiple participants stated the need for an extension of Head Start programs and affordable daycare facilities, while other participants were heavily focused on expanding educational opportunities for teenagers. There was a large emphasis on advocating for increased resources and funding for the educational system in Miami-Dade County, and for the creation of programs that would support the upward mobility of young residents.

The need for more programs and training to address the community's mental health needs was also highlighted through the participant's written responses to the Focus Group Discussion Sheet. Many participants were employed in organizations that work directly with the public and, therefore, witnessed the immense need for mental health programs, especially for the homeless population.

Lastly, many participants felt that CAHSD should focus more on addressing community safety by creating more youth violence prevention programs and more assistance to victims and survivors of domestic violence. There was also an emphasis on police involvement in the process of diminishing crime and creating positive, healthy relationships with the community, especially with the youth.

## Head Start Policy Council Meeting Focus Group

In addition to the six focus groups conducted in targeted urban areas, a focus group was held at a monthly Head Start Policy Council Meeting to understand the needs of those community members that have children enrolled in Head Start (HS)/Early Head Start (EHS) Programs or have had children in these programs. There were 16 participants in the focus group discussion. Participants were made up of parents of children enrolled in the HS/EHS Program and representatives from community organizations that partner with HS. Their answers regarding the quality of life issues challenges to solving those issues, and areas in which they believe CAHSD should focus its efforts, were included in the previous analysis of the 64 participants who filled out and submitted the Focus Group Discussion sheet because their answers aligned with the answers provided by participants at the other location-based discussions.

### **Quality of Life Issues**

The quality of life issues addressed by participants in the HS/EHS group aligned directly with the issues discussed in the other focus groups. The high cost of living, lack of living wage jobs, and equal employment opportunities, and the increasing housing costs were all important quality of life concerns to participants. One participant stated, "people who make decent money don't make enough to afford to live in a decent neighborhood."

"People who make decent money don't make enough to afford to live in a decent neighborhood."

-Head Start Policy Council Member

The concerns regarding transportation and lack of community programs were also expressed, but the limited availability of childcare and a flawed health insurance system were also important topics. Many participants shared their issues finding adequate and safe childcare before they found the HS Program. Finding accessible and affordable childcare that allows parents to work full-time jobs or advance in their careers or education was a struggle for most board members before their involvement with HS. Adequate healthcare was another major issue for many participants, with one participant detailing her experience of trying to apply for healthcare after the open enrollment period when she unexpectedly found out she was pregnant stating, "I had to quit my job to qualify for healthcare for the birth of my daughter."

"I had to quit my job to qualify for healthcare for the birth of my daughter."

-Head Start Policy Council Member

These are major issues that parents face every day in Miami-Dade County.

### **Challenges to Solving these Issues**

The discussion on the challenges to solving the main quality of life issues in Miami-Dade County focused heavily on the lack of job-training programs and lack of support or communication from their local leaders. Another challenge identified by several participants was the topic of mental health. One participant brought up mental health problems stemming from trauma and abuse being an overwhelming issue in Miami-Dade County that is not being dealt with properly. Many other participants agreed that it was one of the most significant problems not being appropriately addressed and have stemmed from decades of poverty and historical occurrences such as the drug epidemic in the 1970s and 80s in Miami-Dade County. The lack of communication and openness about these issues, especially in the Hispanic, Caribbean, and Black cultures, was also discussed as perpetuating the issue further due to the stigma surrounding mental health in these cultures.

### **How do we Improve Family and Child Wellbeing?**

The question of improving family and child wellbeing in Miami-Dade County was posed to all eight focus groups, and all eight focus groups expressed a need for CAHSD to focus more on educational programs

for both parents and children. Many of the participants also expressed a need for the expansion of the HS/EHS Program. The need for widespread, affordable childcare was addressed in each of the communities.

Other ways in which CAHSD could improve family and child wellbeing, according to the Head Start Advisory Board members, were by organizing fun community activities, with one participant stating, "let's utilize our parks and get active." Participants also suggested that the Department hold entrepreneurship workshops to help support small business owners in the area, and financial literacy programs to help community members and young adults handle their finances appropriately. Lastly, participants suggested expanding job training programs for parents and young adults who need a job but do not have the skills to get one. One participant emphasized the need for collaboration and local organizations' willingness to help community members succeed by providing them with the necessary information and opportunities, stating, "some people have the information needed and don't want to give it out." Bringing the community together and supporting those residents who need additional support and assistance was extremely important to the participants in this group.

"Some people have the information needed and don't want to give it out."  
-Head Start Policy Council Member

### ***Head Start/Early Head Start Impact***

The last question asked of participants in the Head Start Policy Council focus group was what impact the HS/EHS program had on their lives and in the community. All participants expressed their sincere gratitude and appreciation for the program, with one calling it a "godsend" and many others noting its significant impact in their personal lives and others' lives in the community. One participant discussed how the free childcare and wraparound services that the program offers help build up the community because parents can go back to school and better themselves while the children are being properly taken care of. Many expressed the need for even more availability of these services through the neediest areas of Miami-Dade County, and many felt that it is part of the solution to helping many families escape poverty and make a move to progress in their careers and education.

## **Community Action and Human Services Department Staff Focus Group**

The last focus group was with the staff members of CAHSD. This focus group aimed to understand department staff's specific experiences in their work with the community and as community members themselves. Twelve staff members participated in the focus group discussion, most of whom had been working for the County for over 20 years. Participants were employed in multiple different divisions of CAHSD, such as Head Start, Procurement, Rehabilitation services, Community Resource Centers, and the Personnel Unit. The wide range of participants and the extended periods that they had been employed by CAHSD help provide a holistic view of services offered, the overall employee experience, and the areas in which the Department could improve institutional knowledge.

### ***Quality of Life Issues***

When asked about the quality of life issues facing residents, participants continued to state the same issues as participants in the other focus groups such as affordable housing, cost-of-living increases, transportation, and gentrification. One issue that was most heavily addressed during this focus group was the issue of crime. As community workers, many participants work closely with community members and within some of the neediest communities in Miami-Dade County, making them more aware of the effect of crime on their clients. Many participants made the connection between

"There is a correlation between poverty and crime when people feel marginalized, they end up turning to these things."  
-CAHSD Staff Member

gentrification/lack of affordability to an increase in crime, with one participant stating, "because of gentrification we are having a lot of crime, and they are pushing other communities that already have crime into other areas." The lack of affordability, not only for housing but food and daily necessities, has led to desperate residents turning to crime to survive and support their families. One participant said, "there is a correlation between poverty and crime when people feel marginalized, they end up turning to these things."

This increase in crime has resulted in many CAHSD employees becoming fearful of working directly with community members, especially for those employees who are required to do home visits with their clients. A participant who is an employee for a Community Resource Center expressed their concern saying, "We used to go knock on doors, and now we are so scared and so busy." Another participant stated, "gone are the days when you visit people for home visits as a caseworker."

"We used to go knock on doors, and now we are so scared and so busy."  
-CAHSD Staff Member

### ***Challenges to Solving Community Issues***

The staff focus group participants also had similar answers to the question of what challenges are faced when attempting to solve these issues, with many noting the lack of funding/resources and an increase in unaffordability in the area. One answer rarely discussed in any of the other focus group discussions was the challenge of a lack of healthy food access. One participant explained that many of their clients did not have easy access to fresh produce or healthy food options in the areas they reside in, and the corner stores that clients rely on do not carry those healthy options. Another issue is the lack of affordability of these healthy food options. A participant expressed their frustration by stating, "we are the hub of agriculture, but who has access to it?"

"We are the hub of agriculture, but who has access to it?"  
-CAHSD Staff Member

### ***Whose responsibility is it to address these issues?***

Another question posed to most focus groups conducted was the question of whose responsibility it was to address the community's issues. Most participants answered that local leaders, organizations, and public officials should be responsible for addressing these pressing issues. During the staff focus group, many participants stated that the Department's responsibility was to address these issues, with a participant saying, "We must take ownership. We must set up programs to keep people here unless the plan is not to keep people around this community."

"We must take ownership. We must set up programs to keep people here unless the plan is not to keep people around this community."  
-CAHSD Staff Member

Another participant noted the responsibility of the police in addressing the major crime and drug issues that are facing the community. One participant stated, "the drug scene has decreased over the past year in my area. I have seen more officers that are more educated on who is making trouble and who isn't." Increased police education and involvement can help to improve the community and community relations with the police overall.

The topic of collaboration between county departments and other community organizations was also widely discussed. One participant expressed the "need to have more collaborations. We can't be territorial about our resources or services." The need to combine resources across Miami-Dade County and "build a network of organizations that work together" was evident through the conversation. Staff members who are working with limited resources and trying to provide clients with the most help possible need other resourceful organizations to do it.

### ***Where should the Community Action and Human Services Department focus its efforts?***

When asked where CAHSD should focus efforts in the future, there was a significant emphasis on creating and organizing more training programs for community members and building more of an awareness about the Department and the services offered. One participant expressed their gratitude at the training program that they attended when they first enrolled their children in HS/EHS, stating, "I came in without a GED and with three kids, and I went through the program, and now I own my own home." One participant stated that many of CAHSD staff had similar success stories regarding the programs that are provided by the Department, especially the job training programs.

"I came in without a GED and with three kids, and I went through the program, and now I own my own home."  
-CAHSD Staff Member

The second area in which the staff members felt the Department should focus more heavily on was marketing the services that CAHSD offers. Participants expressed a lack of communication from CAHSD to the public, resulting in a lack of participation and residents' awareness. One participant stated, "we need to make it known that we are here; we need to go out into the community and let them know who we are," with another participant agreeing, "we need to understand our clientele and target everyone in a way that they can understand." Another participant suggested having an employee focused on posting on social media and communicating directly with the public on the Department's events daily.

"We need to make it known that we are here; we need to go out into the community and let them know who we are."  
-CAHSD Staff Member

### ***How do we improve the department?***

The last question for staff members was: how do we improve the Department? The first area in which staff members felt the Department could improve was professional development and training for employees within CAHSD. One participant expressed the importance of focus groups and stated, "we need a check-in point for the staff and community to give feedback and input, and this feedback goes to the staff who can make a difference." Another participant agreed, suggesting that even staff members needed to be better informed about the services that the Department offers to better communicate with the public they are serving. Professional development and training for staff members were also listed as highly crucial so that the Department can have excellent communication and protocol in all divisions and with all staff.

"We need a check-in point for the staff and community to be able to give feedback and input, and this feedback goes to the staff who can make a difference."  
-CAHSD Staff Member

The second major area that staff felt CAHSD could improve in was better utilizing their Community Resource Centers, with one participant suggesting, "we should make better use of our resource centers, a lot of them are empty. We should target community bus services to come into those centers." Another staff

"We need to know who our target audience is. Where are the needs and trends, that's where our services will be most effective."  
-CAHSD Staff Member

member also stated that employees need to do a better job following up with their clients and getting more involved in the centers and its members. Lastly, one participant expressed the need to accurately target clients and serve their needs effectively, stating, "we need to know who our target audience is. Where are the needs and trends, that's where our services will be most effective."

## Recommendations

The Miami-Dade County Community Action and Human Services Department (CAHSD) is the largest provider of social services in the County and has served hundreds of thousands of residents of all ages from its inception. The Department's mission is to empower individuals, families, and communities through comprehensive social services. According to CAHSD, services are designed and coordinated to address and relieve hardships associated with poverty.<sup>76</sup> The Department's service delivery model is comprised of eight components that meet the multigenerational need of residents and includes the Head Start/Early Head Start Division, the Family and Community Services Division, the Elderly and Disability Services Bureau, the Violence Prevention and Intervention Division, the Rehabilitative Services Division, and the Energy, Facilities and Transportation Division. The Greater Miami Service Corps (GMSC) Division administers and operates the National Urban Corps for Greater Miami, which involves young adults (ages 18-24) in the physical and social needs of their community through volunteerism and community service, while providing a structured and meaningful work experience and comprehensive educational opportunities. The Psychology Internship Program is an American Psychological Association (APA) accredited program in which doctoral students provide direct mental health services to residents participating in select CAHSD programs. CAHSD has also been awarding scholarships for the past 30 years to individuals between the ages of 16-25 to assist them with reaching their educational goals. This program targets areas represented with an annual household income that does not exceed 125 percent of the Community Service Block Grant (CSBG) Poverty Income Guidelines. The target areas are: Allapattah, Brownsville, Coconut Grove, Culmer, Edison/Little River, Florida City, Goulds, Hialeah, Liberty City, Little Havana, Naranja, Opa-Locka, Perrine, South Beach, South Miami and Wynwood.

With the onset of the COVID-19 pandemic and its economic and health consequences, the delivery of services to residents in need and facing an immediate financial or physical crisis has become even more crucial. CAHSD is responding to current and emerging needs, and continuing to address community challenges through the provision of social services, while also seeking opportunities to expand and augment programs. Following guidance from the Office of Head Start (OHS) and the Florida Department of Education (DOE), due to COVID-19 (coronavirus), CAHSD closed all Head Start/Early Head Start locations in spring and summer 2020. HS/EHS employees continued to provide high quality early childhood educational activities to children, engage families, deliver services remotely, and provide grab-and-go meals for enrolled children during the closure. Another example of the COVID-19-related changes was the closure of the senior community centers including the County's 21 community centers. However, on March 16, 2020, Miami-Dade County launched a temporary emergency seniors meals program in an effort to help elderly residents stay safer at home during the COVID-19 pandemic. Between March and July 2020, the County had spent nearly \$70 million on the emergency program, delivering nearly 8 million meals to over 80,000 seniors.

While there are numerous other agencies and nonprofit organizations in the social service ecosystem, CAHSD has the broadest reach and impact. In addition to the programs that address immediate needs, CAHSD also provides services that seek to address the persistent poverty for large segments of residents. The Family and Community Services Division provides services including family and community development, the Low Income Home Energy Assistance Program (LIHEAP), information referral, computer training, emergency food and shelter assistance, relocation assistance, youth intervention, and employment readiness and placement through the Community Services Block Grant (CSBG). CSBG provides funds to alleviate the causes and conditions of poverty in communities. The Community Action

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<sup>76</sup> CAHSD Business Plan, 2019-2020.

Agency Board is a 45-member advisory board to the Miami-Dade Board of County Commissioners regarding the development, planning, implementation and evaluation of Community Service Block Grant (CSBG) programs, Head Start and other programs administered by CAHSD. The board is comprised of 15 members representing Miami-Dade County's Mayor, Board of County Commissioners and the City of Miami Mayor, 16 members elected through a democratic process to represent identified low-income communities, and 14 members representing community stakeholders in the areas of business, industry, labor, religion, law enforcement, social welfare and education. The diverse membership of the board ensures that program design and service delivery are aligned with the needs of the community.

While CAHSD has been an anchor social service agency with significant impact to the lives of thousands of families and individuals, the extensive analysis in this report shows the persistent need, both based on the public and administrative data, as well as the community and stakeholder feedback. The following recommendations are informed by the comprehensive analysis of public data across various areas that describe conditions for Miami-Dade County residents, as well as the extensive community input, including resident perceptions, stakeholder discussions, and input from partners, staff, community advisory committee and Head Start Policy Council members. CAHSD also provided program data for its services, clients and staff. Based on the analysis of information from all these sources, the following are four broad areas of opportunity for expanded and enhanced CAHSD involvement towards alleviating poverty.

#### ***Economic Development: Broadening Economic Opportunity and Mobility***

Prior to the COVID-19 pandemic, many Miami-Dade County residents and their families were considered economically disadvantaged. With rising housing costs and South Florida's low-wage consumer-based and tourist-centric economy, individuals were already struggling to make ends meet and afford the high cost of living in the County. From 2009 to 2017, the total population living below the poverty level increased from 17.2 percent to 19 percent, or 505,182 people. In 2017, there were 138,967 children in poverty, which represents 25.4 percent of all children. There is a higher concentration of poverty in Miami-Dade County's opportunity zones. In 2017, almost 111,000 of the 344,000 opportunity zone area residents (32.2 percent) had incomes below the poverty level. Approximately 43.4 percent of children in these areas were living in poverty. Insufficient incomes also result in housing unaffordability. In 2017, 127,940 owner households (28.6 percent of total) were cost-burdened, paying in excess of 30 percent of their income on housing. The number of cost-burdened renter households was even higher – 251,732 or 61.4 percent.

Before COVID-19, Miami-Dade County's economy was centered on strong tourism, hospitality and service sectors that employed thousands of workers. Most of the jobs in these sectors are typically low-wage, low-skill jobs, which were temporarily or permanently eliminated at the onset of COVID-19. While the County's tourism, hospitality, and service sector industries were booming before the pandemic, affording the high cost of living in the County was a challenge for many of the workers in these industries. A majority of the leading occupations that made up Miami-Dade County's employment base, such as retail salespersons, cashiers, and office clerks, are all at the bottom of the occupation wage scale. The median hourly wage in 2018 was \$16.90 compared to an entry-level worker's average hourly wage of \$10.30. Despite almost full employment pre-COVID-19, income stagnation and low median and hourly wages combined with the high cost of living resulted in 19.0 percent of the population in 2017 living below the poverty level. Maintaining an economy that revolves around low-wage, low-skill jobs inhibits the potential for stable economic growth through the introduction of higher-wage, higher-skill industries that require a skilled and educated workforce. Low-wage economies have a direct negative effect on median earnings and household income and create significant wage gaps between skilled workers and unskilled workers. Post-COVID-19, there must be an emphasis on developing a skilled and educated workforce through workforce development programs and services.

COVID-19 exacerbated the economic challenges of the community. Due to the financial hardships faced by many individuals before the pandemic and the many economic difficulties yet to come, making communities more resilient to economic shocks is a crucial long-term strategy, which entails a concerted effort to diversify the local economy and develop local talent to take advantage of higher skill and higher paying jobs. Programs expanding workforce readiness are vital to creating a healthy and thriving local economy that improves the quality of life for all residents.

To improve County residents' economic conditions, CAHSD may consider expanding employment and training programs. Programs that provide individuals with computer literacy skills and resume building, as well as soft-skills training, trade skills, and vocational training, will help support the advancement of workers. The Employment and Training Division provides employment programs services such as vocational training, career planning/development and financial assistance for disadvantaged populations such as at-risk youth and farm workers. As the pandemic's economic impact continues to manifest in the local economy, the development of the workforce and connecting workers to jobs is vital to building a more sustainable and inclusive economy prepared to face future economic crises.

The feedback from the community speaks to the importance of employment opportunities for residents. The majority of survey respondents indicated that job opportunities (53.6 percent) and unemployment (50.5 percent) are major problems in their neighborhood. Almost a third (32.8 percent) believe living wage local jobs are missing from their community. Access to information and services for unemployed young adults is a concern for 24.5 percent of respondents. The majority of respondents (51.5 percent) indicated lack of skills had prevented them from getting a better paying job, and 30.2 percent believe they need computer skills for a better paying job.

Easy access to programs and services is also necessary to improve attendance and participation in these workforce development programs. Increased efforts and funding would need to be allocated to aid residents who want to attend workforce development programs, but have transportation limitations, lack computer literacy skills, or need childcare services. Accommodations must be made to cater to residents facing these limitations when trying to provide them with training and employment services. For example, Lyft and Uber have a well-established presence in Miami-Dade County and are working with other social service providers, such as Catalyst Miami, to provide discounted rides for workforce program participants who need to go for training and interviews with potential employers.

Economic conditions are directly related to other vital social indicators such as educational attainment, overall health, and community safety and justice. Improving economic conditions in Miami-Dade County will have a positive effect on other major community issues. Well-designed and intentional workforce development initiatives are the prerequisite of any effort for providing equitable, inclusive, and sustainable economic opportunities for broad segments of the County's workforce.

**Financial Implications:** To alleviate the financial burden of new program implementation, CAHSD could partner with other Miami-Dade County departments that already have workforce development programs and either refer residents to them or collaborate with them in offering these programs. CAHSD could partner with departments such as the Miami-Dade County Internal Services Department that oversees the Community Workforce Program (CWP) or other community organization such as the Miami-Dade Beacon Council and the South Florida Workforce Investment Board who also provide workforce recruitment and training programs for residents. CAHSD is already working with partners across different areas of service, and the survey with 44 organizations that are CAHSD partners indicates that partnerships can be further enhanced.

The top three most critical unmet needs of families and individuals in Miami-Dade County, according to the partner responses, were housing, access to healthcare and healthy food options, and lack of community services. Twelve respondents listed collaboration as the most important way that the Department and their community organization could improve family and child wellbeing in Miami-Dade County. The respondents also expressed that their partnership with CAHSD has been based on open communication, professionalism of CAHSD staff, and the focus on common goals. The recognition of the value of partnerships with CAHSD, and the appreciation of CAHSD as a good partner, provides additional opportunities to deepen and broaden their community reach through collaborative efforts and information sharing across social service providers.

The delivery of programs through the Department's 13 family and community service centers and the County's 50 public libraries would provide services and programs in close proximity to residents from all communities. Members of the Head Start Policy Council suggested that the department hold entrepreneurship workshops to help support small business owners in the area, and financial literacy programs to help community members and young adults be prepared to handle their finances appropriately. Established Community Resource Centers and libraries are located within the County's most vulnerable areas, and program delivery through these sites would improve access to participants who could avoid extensive travel. Providing these programs at CAHSD's facilities, in partnership with other organization would also help limit the cost of program development and implementation.

## Expansion and Enhancement of Services

The type and location of services CAHSD and its partners offer need to be based on the current and accurate assessment of need, with a consideration for access. Since CAHSD offers a blend of programs and services to residents of all ages, from children to the elderly, the enhancement and expansion of services also need to be geared to meeting the specific needs of various groups.

### ***Families and Children - Head Start/Early Head Start***

The main recommendation regarding the Head Start/Early Head Start programs is for CAHSD to continuously evaluate the locations of the HS/EHS service sites, and to continue expanding these services. In the 2017-2018 year, there were over 800 children on the wait list for HS/EHS services. Annual evaluation of low-income areas in Miami-Dade County and the concentration of children under five years old living in poverty would allow the Division to cater more directly to communities where residents are facing economic hardship. Post-COVID-19 this evaluation will be even more crucial to the distribution of services as more families will require the support services provided through the program.

Miami-Dade County's HS/EHS program is the largest comprehensive early childhood education and development program of its kind in the southeastern United States, and was recognized as a Program of Excellence by the National Head Start Association. More than half of the Department's expenditures are for services provided by the HS/EHS Division. The Division provides a comprehensive child development program for children (newborn to five years of age) from low-income families. The HS/EHS program includes the oversight of 17 delegate agencies in the provision of high-quality early childhood education in more than 350 classrooms, in over 90 locations across Miami-Dade County. Each year, the program offers education, child development and family support services to approximately 8,000 children, expectant mothers and their families. In addition to early childhood education, the Division also provides support to families through 16 additional interventions. Some of these address the economic and housing needs of residents - adult education, job training, English as a Second Language (ESL) training, asset building and housing assistance. In the 2018-2019 fiscal year, 81.7 percent of families

served by the Division received parenting education. Other family services include emergency and crisis intervention, substance abuse prevention and treatment, health education, relationship or marriage education, and mental health services. In 2018-2019, 5,119 families received at least one family service.

The Head Start/Early Head Start programs are held in high regard by the community and have provided vital resources and opportunities for the advancement of families. The participants in the Head Start Policy Council expressed their appreciation not only of the early childhood education programs of the Division, but also the additional wraparound services that the program offers that help build up the community because parents can go back to school and better themselves while the children are being properly taken care of. Many Head Start Policy Council members expressed the need for even greater availability of these services through the neediest areas of Miami-Dade County. The results of the community survey confirm the great need for these services as well.

The need for the expansion of HS/EHS programs is also apparent through the analysis of children under five and their families, and the Community Needs Assessment (CNA) focus groups conducted throughout Miami-Dade County. In 2017, 25.4 percent of the total population under the age of 18 lived below the poverty level. Within the opportunity zones, 43.1 percent of children under 5 years old and 43.4 percent of children under 18 years old were living below the poverty level. The large number of children living below the federal poverty level, combined with the severe undercount of children in that age group, necessitates an expansion of HS/EHS programs, especially post-COVID-19, in the most economically unstable areas in Miami-Dade County, such as the 67 designated opportunity zones.

In the CNA focus groups conducted, multiple participants remarked their gratefulness for the Head Start program and their desire for its expansion. Community members viewed the program as a real asset to county residents, and its value was continuously praised. The expansion of HS/EHS programs would provide even more children and families with improved opportunities through education and give parents the ability to participate in the workforce while their children receive quality childcare services.

Financial Implications: CAHSD's HS/EHS Division is funded primarily by the United States Department of Health and Human Services, and the United States Department of Agriculture for the Summer Meals Program. Additional funding for the Division is provided by the Early Head Start Child Care Partnership grant designed for the Partners for a Better Outcome Program to fund wrap-around services for 240 children ages birth to three years old.

CAHSD's continuous evaluation of data regarding the needs of residents and review of HS/EHS site locations and resource allocation, within the means of their federal funding, is necessary to continue to meet the current and emerging needs of residents. To help mitigate the added costs of continuous program evaluation and/or expansion, the Department can expand partnerships with other service providers to augment existing services. Increased collaboration efforts with other community organizations can help alleviate the cost burden of being the leading provider of services to the clients being served and expand the number of children and families being served. Additionally, there are opportunities for add-on or wrap-around services to the families whose children are enrolled in the HS/EHS programs. Many of these families could benefit from services such as financial literacy and planning, path to homeownership, training and workforce development, and potential job-seeking opportunities. CAHSD does not need to be a direct provider of these services for all families, but can collaborate with well-established organizations with a proven track record in this space.

### ***Elderly Services***

The Department provides a continuum of services to the elderly including specialized senior centers, meals for the elderly, recreation, health support, transportation, home care and care planning (e.g. Meals

for the Elderly, Meals on Wheels, Foster Grandparents and Senior Companions programs). As a response to COVID-19, the County implemented the County Emergency Senior Meals program which since its inception in March has delivered nearly 8 million meals, a program still ongoing as of August 2020. With an allocation from the CARES act, by the beginning of July 2020 Miami-Dade County had already spent nearly \$70 million on this program.

Access to services for the elderly was indicated as a major problem by 33.5 percent of community survey respondents. For 27.4 percent, elderly abuse and neglect were also a major problem. Approximately 13.6 percent believe senior centers or services are missing from the community and 21.7 percent are concerned about access to services for their elderly family members. This feedback reflects unmet needs that CAHSD and other organizations should focus on.

Financial implications: Similarly to the need to evaluate the location of children in need and their number, CAHSD would also need to conduct periodic assessment of its elderly services. And again, enhancing these services through partnership would be crucial to reduce inefficiencies and to provide wrap-around services. The partnerships can be for the joint provision of services or CAHSD staff can provide referrals to resources offered by other organizations such as the Alliance for Aging.

## Partnerships

The above recommendations point to the need of partnerships given the persistent social service needs of Miami-Dade County residents. Collaborations can also help organizations pool resources, not only financial, but in terms of expertise. The expansion of partnerships with other organizations was also suggested by multiple stakeholders. A Head Start Policy Council member emphasized the need for collaboration and willingness of local organizations to help community members succeed by providing them with the necessary information and opportunities. A CAHSD staff member stated, "We need to have more collaborations. We can't be territorial about our resources or services."

CAHSD has established partnerships with many organizations, and these partners recognize the importance of collaborations. Among the partner survey respondents, 4 organizations had been partners with the Department for less than 5 years, 33 had been partners for 5 to 9 years, and 6 had been partners for 10 or more years. These responses point to the Department's effort to build relationships with partners in the last decade. Partner survey respondents suggested their partnership with CAHSD could improve through the expansion of resources and services, continued support and expansion of partnerships, and increased communication. One partner stated that "partnerships must be guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members." Another participant commented on the need to "develop a true system of care instead of nonprofits operating in a silo. Too many of our youth and families are referred to numerous programs."

Financial Implications: There are no significant financial implications for building partnership, but they do require a clear delineation of responsibilities among partners and an agreement on common goals. Partner organization expressed their appreciation for the professionalism of CAHSD staff, the strong communication channels and collaborative spirit of their engagement with CAHSD. The strength of the existing partnerships allows CAHSD to enhance its collaborations and provides opportunities for the expansion of services.

## Community Outreach and Engagement

Increased community outreach and engagement efforts are highly recommended for the Community Action and Human Services Department. One theme present in each of the focus group sessions with the

six Community Action Committee (CAC) groups was community members' disappointment in the perceived lack of outreach and engagement efforts from the Department. Many participants voiced frustration at the lack of communication regarding programs and services provided by the Department, primarily through the Community Resource Centers. The lack of exposure to the programs and services provided resulted in a lack of resident participation and involvement in the available services or activities being held. Community outreach was the third most often mentioned recommendation for CAHSD in the CAC discussions, after creating employment opportunities by providing job training, and affordable housing efforts. One participant in Edison/Little River noted that CAHSD could "advocate for effective programs and policies" in the future, while a participant from Hialeah voiced the need for more community events and involvement. Partner survey respondents also pointed to the lack of awareness in the community of services provided, the quality of provided services and lack of funding. One participant stated that "often families do not know where to go."

Many participants in the focus groups were Community Resource Center staff members themselves who recognized the need for better communication with communities on the programs offered and the Center's scope of services. The lack of communication may result in community members not receiving the services they need because they may not be aware of the services offered through their local Community Resource Center. Focus group participants commented on the communities' lack of knowledge of the Department or of the Community Resource Centers due to lack of marketing efforts with one staff member stating, "we need to make it known that we are here; we need to go out into the community and let them know who we are."

Access to these programs and services also plays a crucial role in citizen participation. For residents who have transportation limitations, work full-time, or have children, attending events or programs at the Resource Center can be challenging if they are unable to get to the Center, if the program is in the middle of the day, or if there are no childcare services offered. With increased efforts from the Department to improve access to programs and events through transportation efforts, programs being offered at hours convenient to residents, and/or free childcare services, community participation may be significantly improved. As previously mentioned, CAHSD needs not to develop new services but can partner with existing providers and offer community center facilities and other county sites as a place for these programs.

Financial Implications: Improving community outreach and engagement does not require significant financial steps but does require an increase in the allocation of staff time and effort directed toward the promotion of services and resources provided by CAHSD. To help increase outreach and engagement efforts, the Department could assign staff for public-facing interaction and train them to direct the public to the appropriate resources based on their specific needs. Promotion of the Department's existing programs and scope of services is vital to building an informed community with easy access to necessary resources. Informing the public of the Department's scope of services will also help diminish confusion with community members about the areas in which the Department can and cannot assist.

CAHSD needs to address the perception among residents that they are not responsive through increased communication with the community members they are serving. Proper marketing of the Community Resource Centers and the various programs offered by the Department can help increase community involvement in Departmental events and programs implemented through the Centers and help improve the Department's image as an involved and receptive organization. Moreover, increased community participation would allow the Department to have a continuous feedback loop regarding community needs, challenges, and perceptions.

**CAC Discussion Sheet**

**Quality of Life Issues:** What are the top three (3) issues that are impacting the quality of life for Miami-Dade County residents?

- 1).....
- 2).....
- 3).....

**Community Challenges:** What are the three (3) main challenges you see in these areas that prevent the community from improving?

- 1).....
- 2).....
- 3).....

**CAHSD Focus Areas:** What are the three main areas or issues in which CAHSD should focus its efforts?

- 1).....
- 2).....
- 3).....



Appendix B: 2019 Community Needs Assessment Survey

The Metropolitan Center at Florida International University is conducting a survey of Miami-Dade County residents for the purpose of assisting the Miami-Dade County Community Action and Human Services Department in identifying needed services in your community.

Your answers will remain confidential and none of the information you provide will be directly attributed to you. Your feedback is important and greatly appreciated.

What neighborhood do you live in? Zip Code:

Please indicate your County Commission District and Commissioner. Choose one:

- Radio button options for Districts 1-13 and 'I don't know' with corresponding Commissioner names.

I. COMMUNITY RATINGS

1. Would you say the quality of life in your community is

- Radio button options: Excellent, Good, Fair, Poor

2. Over the next few years, do you think the quality of life in your community will

- Radio button options: Improve greatly, Stay the same, Get a little worse, Improve slightly, Get a lot worse

3. Please indicate your level of agreement with each of the following statements

Table with 5 columns: Statement, STRONGLY AGREE, AGREE SOMEWHAT, NEUTRAL, DISAGREE SOMEWHAT, STRONGLY DISAGREE. Rows include statements about influencing decisions, raising children, elders, work, and living in the community.

4. In order of importance, what do you see as the three major ISSUES currently affecting the quality of life in your neighborhood?

Most Important:
Second Most Important:
Third Most Important:

5. Please indicate whether each of the following is a MAJOR PROBLEM, MINOR PROBLEM, or NOT A PROBLEM in your neighborhood

	MAJOR PROBLEM	MINOR PROBLEM	NOT A PROBLEM
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low wages/Cost of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunger/ Access to healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent crime(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic/Racial discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to services for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic/Road congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid/Drug/Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to parks and greenspaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to high-performing public schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your opinion, which **three** of the following are missing from your community?

- |                                   |  |
|-----------------------------------|--|
| High quality neighborhood schools | Necessary infrastructure (i.e. streets, sidewalks, water, sewer) |
| Affordable housing                | Access to affordable childcare                                   |
| Neighborhood convenience stores   | Access to affordable healthcare                                  |
| Safe and sanitary housing         | Senior centers/Services  |
| Reliable public transportation    | Help in understanding family conflicts/violence                  |
| Libraries                         | Green market/Healthy food options                                |
| Parks/play areas                  | Nothing is missing from my community                             |
| Living wage local jobs            |  |
| Community policing                |  |

**II. HOUSING/FINANCIAL NEEDS**

7. In your neighborhood, what is the overall physical condition and quality of housing?  
 Excellent                       Good                       Fair                       Poor
8. How much do you spend each month on housing (rent/mortgage, utilities, taxes etc.)? \$ \_\_\_\_\_

	Yes	No
9. Was the electricity, water, or gas in your home disconnected during the past year due to non-payment?	<input type="radio"/>	<input type="radio"/>
10. Have you been denied housing, a car or home loan, or a job because of poor credit?	<input type="radio"/>	<input type="radio"/>
11. During the past year, have you or other members of your household taken a "Pay Day Loan" or other short term loan to pay for basic living expenses?	<input type="radio"/>	<input type="radio"/>
12. Have you or a member of your household filed for bankruptcy in the last five years?	<input type="radio"/>	<input type="radio"/>

13. In which of the following ranges is your credit score?  
 700 and above     600-699                       Less than 600                       I don't know my credit score

**III. EMPLOYMENT AND JOB SKILLS**

	Yes	No
14. Have you or any adult in your household been employed continuously for the last two years?	)	)
15. In the past 12 months has any adult in your household been out of work?	)	)
16. In the past 12 months, has any adult in your household looked for a job?	)	)
17. Has a lack of job skills prevented you or another member of your household from getting a better paying job in the past two years?	)	)
18. Does any adult member of your household need computer skills to help get a better paying job?	)	)

**IV. FAMILY ISSUES**

19. Please indicate whether the following is a concern in your household:	Yes	No	Not Applicable
Having enough food to feed my family	)	)	<input type="radio"/>
Getting information to gain skills to help me be a better parent	)	)	<input type="radio"/>
Getting healthcare or medicine for my child when he/she is sick	)	)	<input type="radio"/>
Getting my child to attend school on a daily basis	)	)	<input type="radio"/>
Getting help with my child's behavioral challenges	)	)	<input type="radio"/>
Getting tutoring services for my child or homework assistance	)	)	<input type="radio"/>
Finding childcare for children with special needs	)	)	<input type="radio"/>
Finding affordable childcare	)	)	<input type="radio"/>
Finding convenient childcare	)	)	<input type="radio"/>
Having enough income to support my family	)	)	<input type="radio"/>
Information or help in handling family conflict/violence	)	)	<input type="radio"/>
Getting help with family members who suffer with mental illness	)	)	<input type="radio"/>
Access to information and services for unemployed young adults	)	)	<input type="radio"/>
Convenient in-home elderly care	)	)	<input type="radio"/>
Finding affordable elderly care	)	)	<input type="radio"/>
Access to services for my elderly family member	)	)	<input type="radio"/>
Getting treatment for family members with substance use disorders	)	)	<input type="radio"/>

**V. TRANSPORTATION**

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20. Which of the following transportation modes do you use most often?

- My own/household vehicle
- Bicycle
- Special Transportation Services (STS)
- Public transportation
- Ride-sharing (Uber/Lyft)
- Walking

21. Is there public transportation available in your neighborhood?

- Yes
- No

**VI. TECHNOLOGY**

---

22. Which of the following technologies do you use? (Check all that apply)

Computer with Internet access	<input type="radio"/> Yes	<input type="radio"/> No
Cell phone with data capability (smartphone)	<input type="radio"/> Yes	<input type="radio"/> No
Home Internet subscription	<input type="radio"/> Yes	<input type="radio"/> No
Email	<input type="radio"/> Yes	<input type="radio"/> No

23. How long have you had your current phone number?

- Less than 6 months
- 6 months–1 year
- 1-2 years
- 2+ years

24. Approximately for how long have you been using the same email address? \_\_\_\_\_ years

**VII. ASSISTANCE**

---

25. Have you contacted a government agency for assistance in the past 12 months?

- No (Skip to Question 27)
- Yes. Which one(s)? .....
- .....

26. What kind of assistance did you **receive**? (e.g. monetary, referral, in kind etc.)? (mark **all** that apply)

- Free/Reduced Lunch
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants and Children (WIC)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI) or Social Security Disability (SSD)
- Head Start/Early Head Start
- Childcare subsidies (VPK, CCDF)
- Subsidized housing, vouchers, public housing
- Transportation assistance
- Utility assistance (electricity/gas)
- Financial aid for education
- Other.....
- .....
- I did not receive assistance

27. What other assistance programs are **needed** in your community?

No Need

.....

.....

## VIII. DEMOGRAPHICS

---

These final questions will help us compare responses across groups.

28. What is your age?

- 18-34       35-44       45-54       55-64       65 or older

29. What is your gender?

- Female       Male       Other \_\_\_\_\_

30. What is your marital status?

- Single/Never married       Live-in partner       Divorced  
 Married       Widowed       Separated

31. What is your housing status?

- I own       I live in a shelter  
 I rent       I live with a family member/other  
 I live in elderly public housing       I am homeless  
 I live in family public housing  
 I live in Section 8 housing

32. How many children live in your household? \_\_\_\_\_

If you have children in the household, what are their ages? (mark all that apply)

- 0-3       5-8 years       11-14 years       Dependents 18 and over  
 4-5       9-10 years       15-17 years

33. How many of your family members, including you, are 65 years or older residing in the same home? \_\_\_\_\_

34. Are you a grandparent who is the primary caretaker of your grandchildren?       Yes       No

35. What is the highest degree or level of school you have completed?

- No degree  
 Grade school  
 High school or GED  
 Associate's degree  
 Bachelor's  
 Graduate/Professional degree  
 Trade school/vocational education

36. Have you or anyone else in your household ever served in active duty in the U.S. Armed Forces, Reserves, or National Guard?

- Never served in the military  
 Now on active duty  
 I am a veteran. Please indicate       Honorary Discharge  
 Dishonorable Discharge

37. What is your race/ethnicity? (Mark all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Caribbean American
- Haitian American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Other (please specify) .....

38. What language is most often spoken in your home?

- English
- Spanish
- Both English and Spanish
- Creole
- Both English and Creole
- Other .....

39. Are you presently

- Employed full time
- Employed part time
- Unemployed and seeking work
- Retired and not working
- Retired but returned to the workforce
- Stay at home, not seeking work currently
- Disabled or too ill to work
- Other .....

40. Approximately, what is your annual household income?

- Under \$15,000
- \$15,000-\$20,000
- \$20,000-\$25,000
- \$25,000-\$30,000
- \$30,000-\$35,000
- \$35,000-\$40,000
- \$40,000-\$45,000
- \$45,000-\$50,000
- \$50,000 or more

## Appendix C: Miami-Dade County Opioid Addiction Task Force

The complete list of 25 recommendations by the Miami-Dade County Opioid Addiction Task Force and their progress in the completion of each.

- Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of Neonatal Abstinence Syndrome (NAS). **Complete and Ongoing.**
- Advocate for mandatory continuing educations for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse. **Complete.**
- Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services. **Complete Ongoing.**
- Review and develop regulations to promote safe prescribing and dispensing of controlled substances. **Complete**
- Encourage medical providers to utilize the prescription drug monitoring database (PDMP). **Complete.**
- Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder. **Complete.**
- Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process. **Complete.**
- Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care” by developing and implementing a comprehensive opioid addictions treatment “Recovery-Oriented System of Care (ROSC).” **Complete and Ongoing.**
- Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a recurring funding source to support opioid addiction services, including paying for the appropriate medication(s) in Medication Assisted Treatment (MAT) (i.e., Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.) **Complete and Ongoing.**
- Provide comprehensive psychosocial services when using medication-assisted treatment model. **Complete.**
- Develop entry points where Medication MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms. **Complete.**
- Increase the availability of permanent, supportive housing to improve treatment and recovery. **Complete and Ongoing.**
- Improve law enforcement, first responder, and outreach providers’ knowledge and awareness on drug court services, treatment resources, Marchman Act, and naloxone administration. **Complete and Ongoing.**
- Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) and implement a real-time overdose surveillance system on Naloxone dispensing. **Complete and Ongoing.**
- Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful unknown synthetic opioids. **Complete.**
- Amend legislation for the needle exchange program to expand services and support collaboration. **In Progress.**
- Create a Miami-Dade County contract that allows community stakeholders to purchase Naloxone. **In Progress.**
- Develop a public and educational campaign raising awareness and knowledge about opioid abuse, addiction, and overdose. **In Progress.**
- Promote the availability and distribution of Naloxone in Miami-Dade County. **Complete and Ongoing.**
- Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents through town hall meetings and community policing. **Complete and Ongoing.**

- Partner with the faith-based community to support substance abuse prevention and addiction treatment. **Complete and Ongoing.**
- Provide a culturally competent and sensitivity substance abuse segment in the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement. **Complete.**
- Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to Miami-Dade County laboratories for the identification of novel and emerging illicit drugs. **Complete.**
- Coordinate with Miami-Dade County Public Schools (MDCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate. **Complete and Ongoing.**
- Partner with the South Florida Behavioral Health Network and Drug Enforcement Administration to provide ongoing substance abuse education sessions and capacity building targeting school and community site personnel working with youth. (Youth focus). **Complete.**