

## **Contents**

ACKNOWLEDGEMENTS	1
EXECUTIVE SUMMARY	2
RECOMMENDATIONS	7
SURVEY RESULTS	8
DEMOGRAPHIC SNAPSHOT: WOMEN AND MEN IN MIAMI-DADE COUNTY	11
HER MIAMI SURVEY RESULTS	14
HER MIAMI FOCUS GROUP FINDINGS	34
CONCLUSIONS AND RECOMMENDATIONS	54
APPENDIX A: YWCA HER MIAMI SURVEY QUESTIONNAIRE	58
APPENDIX B: FOCUS GROUP QUESTIONNAIRE	68

# **ACKNOWLEDGEMENTS**

The HER Miami: Women's Voices Shaping Community Services 2025 was prepared by the Florida International University Jorge M. Perez Metropolitan Center (FIU JPMC), South Florida's leading urban thinking tank and solutions center, in collaboration with YWCA South Florida and funded by The Children's Trust.







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Special thanks to the women who gave their time and voices for this report.

#### **About YWCA South Florida**

YWCA South Florida walks alongside women and families to break down barriers and create opportunities to thrive, with a focus on economic prosperity, health, safety and education. YWCA is proud to be the oldest and largest women's movement, providing services for women and their families in our community since 1919.





## **EXECUTIVE SUMMARY**

Women in Miami-Dade County continue to face persistent disparities in economic stability, healthcare access, and mental health support, even as a wide range of programs and services exist across the county. Yet many women remain disconnected from these resources due to limited awareness, fragmented systems, and barriers to access. To address this gap, The Children's Trust of Miami-Dade County awarded YWCA South Florida an innovation grant in September 2024 to conceptualize HER Miami, a centralized and user-friendly resource hub designed to connect women with opportunities, community, and essential support. To ensure the hub is grounded in real experiences and responsive to the most pressing needs, YWCA South Florida partnered with the FIU Jorge M. Pérez Metropolitan Center (FIU JPMC) to conduct a comprehensive, three-part study examining the needs of women who live and work in Miami-Dade County, laying the foundation for a coordinated system that empowers women and strengthens families.

## STUDY COMPONENTS

764 COMMUNITY SURVEYS

13 FOCUS GROUPS

73 PARTICIPANTS
across in-person and virtual focus group sessions in English and Spanish

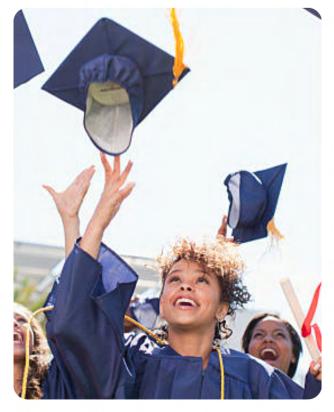
1 DEMOGRAPHIC SNAPSHOT

The following executive summary showcases study findings by combining components of our study, including survey and focus group results, with data on earnings, population, and other demographics derived from government sources, including the U.S. Census Bureau and the Florida Office of Vital Statistics. demographic snapshot provides objective demographic and socioeconomic data that offer essential context for understanding the structural conditions that shape women's experiences and complement survey findings on their challenges, concerns, and information needs.





## **EXECUTIVE SUMMARY**



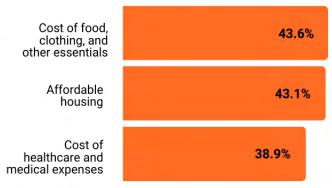
**ECONOMIC CONCERNS** 

During focus group discussions on the challenges women face, the most consistently discussed challenge was the high cost of living. Some participants lived "paycheck to paycheck," struggling to afford rent, utilities, and food while wages remained stagnant. Even women with full-time jobs or degrees said Miami's costs far exceed what average families can afford.2 Housing costs were among the most urgent daily challenges. described impossibility the findina affordable, safe, and stable homes, especially as single parents or caregivers.

In addition to having lower median earnings than men, women ages 16 to 64 were less likely than men to be employed full-time (70.5%) than men (78.5%).1 This employment and earnings gap has real economic consequences, affecting women's long-term financial security mobility. In our online survey with 764 responses, of the 532 survey respondents who indicated employment status, 67.3% were employed full-time. Moreover, low wages were identified as a top concern by 22.8% of women, while unemployment and job opportunities were selected by 14.3%. In our thirteen focus groups with 73 participants, women noted that gender bias, underemployment, and lack of equitable pay limit their ability to advance. Even highly educated women reported job discrimination and limited professional support.







<sup>1</sup>U.S. Census Bureau, 2024 American Community Survey, 1-Year Estimates <sup>2</sup>This mirrors the United Way's ALICE (Asset Limited, Income Constrained, Employed) report that found 54% of Miami-Dade households fell below the minimum income needed to cover essentials.





# EXECUTIVE SUMMARY Output Description: Out

#### SOCIAL CONCERNS

Women face many of the same daily challenges as men, such as traffic and road congestion, but they also carry unique concerns related to safety, work/life balance, and economic challenges. In terms of domestic violence, a crime that disproportionately affects women, the rate of total cases per 100,000 residents (of all genders) decreased by 7.2% from 2014 to 2024. The number of total domestic violence cases decreased from 7,548 in 2014 to 7,464 in 2024.3. A similar decrease occurred in forcible sex offenses, whose rate decreased by 13% for the same period. In our survey, 4.1% of 764 respondents stated gender-based violence was among their top three social concerns. Given these low figures, it is not surprising that 90.3% of 595 respondents stated they did not seek information or support services for victims of gender-based violence.

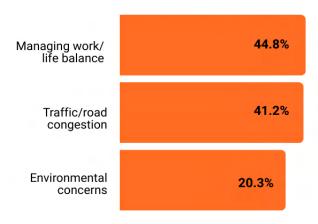
"My daughter has autism. I want time just to have fun with her, but there is homework, clean up time, and dinner."

- Kendall resident

In terms of work-life balance, women in our focus groups noted that balancing work, parenting, and caregiving is one of their defining struggles. Furthermore, nearly all noted how the shortage of time is a stressor — balancing jobs, family, caregiving, and survival tasks leaves little time for rest, personal growth, or joy. Similarly, focus group participants noted that transportation and traffic were obstacles that consumed time and increased stress. This lack of discretionary time not only affects mental well-being but also limits opportunities for career advancement and self-care.

# MOST SIGNIFICANT SOCIAL CONCERNS IN THEIR DAILY LIFE (TOP 3 CHOICES)

N = 764









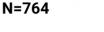
<sup>&</sup>lt;sup>3</sup> Florida Office of Vital Statistics, Florida Health Charts.

# EXECUTIVE SUMMARY

# HOW WOULD YOU DESCRIBE YOUR GENERAL PHYSICAL HEALTH AND YOUR GENERAL MENTAL HEALTH?



Very good/excellent physical health





Very good/excellent mental health

# HEALTHCARE AND MENTAL HEALTH

Healthcare and mental health are challenges faced by residents across the county. Women noted in our surveys and focus groups a need to address specific health and mental health challenges. One-third of survey respondents indicated having visited a mental health specialist in the past twelve months (32.9% of 750 respondents) compared to 81.9% who visited a primary care physician. Respondents were able to select from a list of resources they have received for social concerns in the past twelve months, and could select more than one. Thev were most likely to receive services/resources for healthcare (25.4%), mental health services/counseling (18.5%), and workforce training/vocational development/ training opportunities (9.4%).

In focus groups, health and mental health challenges featured heavily in discussions of challenges women face, with mentions of chronic pain, menopause, mental health, and lack of insurance.

Many expressed frustration with healthcare systems that lack empathy and fail to address the specific needs of women. Emotional burdens-ranging from trauma and grief to chronic stress-were frequently shared, underscoring the depth of mental health struggles. Cultural stigma surrounding mental health was especially noted among Black Caribbean and Hispanic participants, who described how societal norms often discourage seeking help. When asked about needed support systems, several women shared powerful stories of overcoming these taboos to access counseling or therapy. Despite growing awareness, affordability remains a major barrier, even when services are available.

Participants listed workplace Employee Assistance Programs (EAP), Medicaid coverage, college counseling services, and community groups like the National Alliance on Mental Illness (NAMI) and Al-Anon as support systems, while calling for greater normalization and affordability of mental health care services.









# OTHER SUPPORT SYSTEMS & RESOURCE AWARENESS

Given the role of many women as mothers as well as the unique challenges identified by focus group participants, including mental health and other concerns, other needed support systems include affordable childcare. transportation assistance. employment flexibility, and social support circles. Participants expressed a desire for empathetic, woman-centered spaces that recognize the realities of caregiving, trauma, and economic hardship. The support identified in response to community challenges centered on access to information and resources, affordable and equitable healthcare, mental health support, economic opportunities, empathy, and systemic change. Barriers to accessing existing services include limited awareness, restrictive eligibility criteria, and systemic inequities. In our survey, the main barriers to assistance with economic issues were not meeting eligibility requirements (37.8%) and lengthy wait times (23.5%).

While these barriers highlight systemic challenges, they also underscore a deeper issue: many women remain unaware of the resources available to support them. In focus groups, participants were asked about the types of support they need, are aware of, and use. While some identified government, nonprofit, and educational programs-such as the Early Learning Coalition (ELC), Catalyst Miami, and NAMI-

awareness was often inconsistent and largely dependent on word of mouth or personal networks. This highlights critical gaps in outreach, affordability, and language accessibility, underscoring the need for a centralized, multilingual resource hub.

Participants also shared their experiences with government and nonprofit services, revealing a disconnect between policy intent and actual accessibility in practice. Many described long waitlists, complex paperwork, and inconsistent communication as major barriers. While some successfully accessed support through programs such as the Workforce Innovation and Opportunity Act (WIOA), CareerSource South Florida, Step Up for Students, the Low Income Home Energy Assistance Program (LIHEAP), and Medicaid, others encountered bureaucratic hurdles, restrictive criteria, and a lack of transparency. Positive experiences were often associated with organizations that provided personalized, empathetic support. Themes from these discussions included gaps in healthcare access, navigating bureaucratic "referral loops," resource inequities and favoritism, reliance on word-of-mouth and digital self-advocacy, and persistent challenges related to transportation, housing, and family-based needs.





## **RECOMMENDATIONS**

The outlined recommendations are based on survey findings, focus groups, and demographic data. These recommendations are grounded in the lived experiences of over 800 women and aim to inform policy, programming, and community initiatives that respond directly to women's needs and priorities. Women-centered services should incorporate these key components:

# Recommendation 1: Provide resources and information in multiple languages.

To ensure women of diverse backgrounds can access resources, services should at a minimum be made available in English, Spanish, and Haitian Creole, and if possible, in additional languages, such as Portuguese and Russian.

# Recommendation 2: Offer services and support in person and virtually.

Services should be available through multiple methods—online (website and app), phone, live chat, and in-person options at community locations—so women can choose digital or human support based on their comfort and needs.

# Recommendation 3: Verify and frequently update information.

Create a centralized, curated resource directory that offers women accurate, up-to-date information organized by category and location. Women reported that information access and accuracy were key barriers.

# Recommendation 4: Work with local organizations to link local resources and services.

Local organizations should actively share resources, update information in real-time, and coordinate events to ensure inclusivity, avoid duplication, and amplify existing support systems for women. Women report that services are often disconnected from each other, making discovery and navigation more difficult.

# Recommendation 5: Champion and amplify women's perspectives and lived experiences.

Acknowledge and honor the full experience of each woman by leading with empathy, meeting her immediate needs, and being mindful of the broader support she may need. Women reported that the interconnected demands of health, caregiving, housing, transportation, education, finances, and employment often affect one another.

# Recommendation 6: Design user-friendly and accessible resources.

Resources should be easy to use, with clear visuals, information on location and eligibility, and complete contact details. Virtual tools should protect privacy and provide accurate quidance.





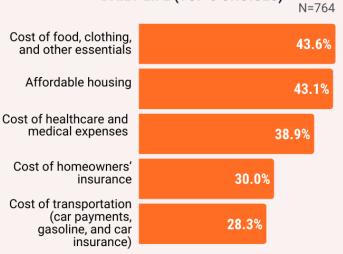
## **SURVEY RESULTS**

Findings from the HER Miami 2025 survey of women who live and/or work in Miami-Dade County\*:

#### What are the three most significant concerns in your daily life?

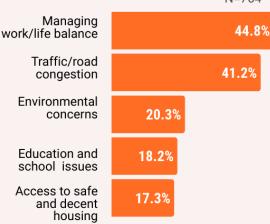
## MOST SIGNIFICANT ECONOMIC CONCERNS IN THEIR

**DAILY LIFE (TOP 5 CHOICES)** 



# MOST SIGNIFICANT SOCIAL CONCERNS IN THEIR DAILY LIFE (TOP 5 CHOICES)

N=764



#### **CONCERNS BY AGE**

N=537

The top economic concern for those ages 18 to 34 was affordable housing (56.3%), while those ages 35-44 and 45-54 identified the cost of food, clothing, and other essentials (42.1% and 45.8% respectively). For those ages 55-64, the top economic concern was healthcare and medical expenses (53.6%), and for those ages 65+, it was the cost of homeowners' insurance (49.3%).

#### **WOMEN'S EMPOWERMENT**

N=538

**77.5%** 

somewhat/strongly disagree that women are treated equally to men: in our society



73.4%

somewhat/strongly disagree that women are treated equally to men in the workplace.

\*N refers to the number of respondents for each question. For questions where respondents could select more than one option, percentages will exceed 100.







## **SURVEY RESULTS**

#### RESOURCES AND BARRIERS

#### In the past 12 months, have you sought information for any of the following concerns?

**Economic Concerns** 

N=625

**Social Concerns** 

N=595

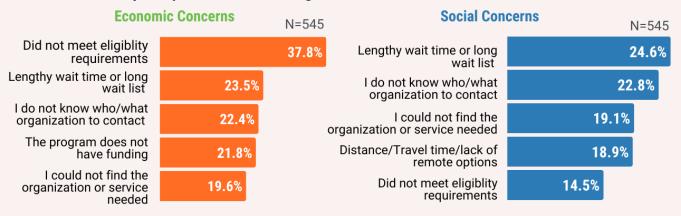
The assistance types for economic issues for which respondents were most likely to seek information were:

- financial assistance for education (14.9%),
- business support and support for entrepreneurs (13.9%), and
- income support (11.4%).

The assistance types for social issues for which respondents were most likely to seek information were:

- healthcare (19.5%),
- mental health services/counseling (16.0%), and
- financial literacy training (13.1%).

#### What barriers have you experienced in accessing information or resources for economic or social issues?



#### SOCIAL SUPPORT SYSTEM

# Please describe who is part of your support system.

N=547

Most respondents who stated they had a strong support system, indicated their support system included family (94.1%) and friends (69.5%).

78.3%

N=700

of respondents felt they had a strong support system in their daily life



Family



Friends

\*N refers to the number of respondents for each question. For questions where respondents could select more than one option, percentages will exceed 100.





## **SURVEY RESULTS**

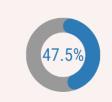
#### **HEALTHCARE AND MENTAL HEALTH**

How would you describe your general physical health and mental health?

N=764

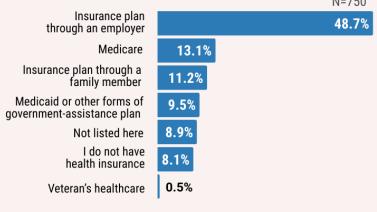
Are you covered by any of the following types of health insurance or health coverage plans? N = 750





Very good/excellent physical health

Very good/excellent mental health

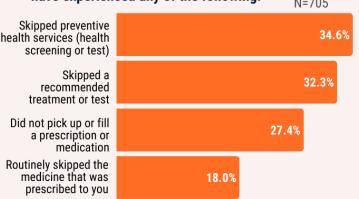


#### ACCESS TO HEALTH N=705

In terms of concerns or situations preventing respondents from accessing healthcare services or impacting their experience, almost half did not have concerns related to access (46.4%). while around three in ten felt the wait time to receive services in the office was too long or unpredictable (29.2%).

#### In the past twelve months, please indicate if you have experienced any of the following.

N=705



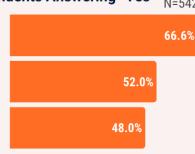
#### **FINANCES**

#### Percent of Respondents Answering "Yes"

Do you have a savings account that you regularly deposit money into?

> If you had an unexpected expense of \$500, could you easily cover it?

Do you have money left over each month after covering all household expenses?



"I need people to listen to the things I need... I find myself saying what I need and not receiving it."

West Miami Resident

\*N refers to the number of respondents for each question. For questions where respondents could select more than one option, percentages will exceed 100.







### DEMOGRAPHIC SNAPSHOT

#### WOMEN IN MIAMI-DADE COUNTY

## POPULATION

MEDIAN AGE (2024)



42 YEARS OLD



39.2 YEARS OLD

The 2024 population is predominantly women with 1,442,130 women and 1,396,331 men.

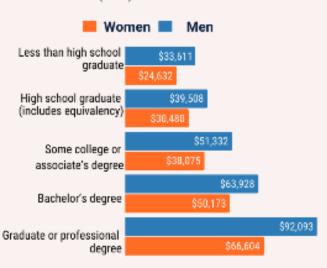
#### LIFE EXPECTANCY (2024)

In the 65-74 age group, there are 148,387 women compared to 119,486 men. The disparity becomes even more pronounced in the 75+ category, where 133,455 women far exceed the 87,008 men. This pattern mirrors broader life expectancy trends, with women generally living longer than men. Women's average life expectancy is 84.1 years, compared to 78.0 years for men. As a result, women represent a significantly larger portion of the senior population, an important factor to consider when planning healthcare services, elder care programs, and policies that address the needs of aging communities.

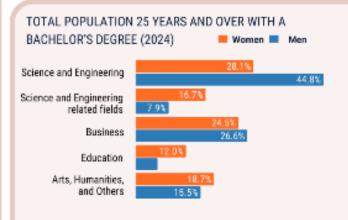
Sources: U.S. Census Bureau, 2024 American Community Survey, 1-Year Estimates; Florida Office of Vital Statistics, Florida Health Charts.

# **EDUCATION**

EDUCATIONAL ATTAINMENT FOR POPULATION 25 YEAR AND OVER (2024)



\*Men with graduate degrees earn \$92,093, while women earn \$66,604 — a 27.7% gap.



Men are far more likely than women to hold bachelor's degrees in Science and Engineering (44.8% vs. 28.1%), while women are more likely to earn degrees in Education (12.0% vs. 5.2%)





## **DEMOGRAPHIC SNAPSHOT**

#### LABOR FORCE PARTICIPATION 20-64 YEARS (2024)



**76.9% PARTICIPATION** 



86.3% PARTICIPATION

points lower participation among women





\$45,611



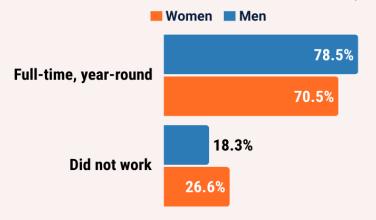
\$52,117

12.5%

10.9%

**Earnings Gap** 

### POPULATION 16 TO 64 YEARS WORK STATUS (2024)



In Miami-Dade, 78.5% of men ages 16 to 64 work full-time compared to just 70.5% of highlighting women, persistent gender gap in employment. Meanwhile, 26.6% of women in this age group are not working at allsignificantly higher than the 18.3% of men. This gap has real economic consequences, affecting women's long-term financial security and mobility.

Women rely slightly more on carpooling and transit, while men are more likely to bike or drive alone.







## **DEMOGRAPHIC SNAPSHOT**

#### **GENDER-BASED VIOLENCE**

Women face a disproportionately high risk of gender-based violence, making them more vulnerable to physical, sexual, and psychological harm than men. In Miami-Dade County, women represent 89% of sexual violence victims.\* This heightened vulnerability underscores the need for gender-responsive policies, comprehensive survivor support systems, and community-driven prevention strategies that directly address the unique risks women encounter.

DOMESTIC VIOLENCE RATE (2014-2024)\*\*
per 100,000 population

287.8

7.2%

267.0

7,548 cases (2014) decrease

7,464 cases (2024)

FORCIBLE SEX OFFENCE RATE (2014-2024) per 100,000 population

**13.1** 

**1** 

13.0%

11.4

343 cases (2014) decrease

319 cases (2024)

Sources: \*The Women's Fund Miami-Dade Gender Equity Dashboard; \*\*Florida Office of Vital Statistics, Florida Health Charts

#### HEALTH

**INSURANCE COVERAGE (2024)** 



of women had health insurance



of men had health insurance

#### DISABILITY

% OF DISABLED INDIVIDUALS IN MIAMI-DADE COUNTY (2024)

10.9%

**n** 9.3%

Women in Miami-Dade have slightly higher insurance coverage rates (89.1%) compared to men (86%). These gender disparities point to underlying differences in health outcomes and access to consistent care, with women facing greater long-term health challenges despite broader coverage.

Sources: U.S. Census Bureau, 2024 American Community Survey, 1-Year Estimates







## HER MIAMI SURVEY RESULTS

#### **SURVEY PROMOTION**

From May 29, 2025, to October 1, 2025, the FIU Jorge M. Perez Metropolitan Center (FIU JPMC) conducted an online survey for women who live in or work in Miami-Dade County. The survey was available in English and translated by native speakers into Spanish and Haitian Creole, with most responses in English (729 or 95.4%), followed by Spanish 4.5% and one Creole response. The survey was disseminated via an anonymous link with flyers created for social media and email sharing by FIU, YWCA, and partners of both organizations. Additionally, the FIU Jorge M. Pérez Center (FIU JPMC), in Metropolitan collaboration with YWCA South Florida, shared flyers on Instagram, LinkedIn, and Facebook on the following dates: June 3, 10, 11, 18, and 24; July 9 and 10; August 12, 19, and 28; and September 2 and 16. The following organizations/officials shared the flyers for the online survey and/or community discussions through different channels including email blasts, WhatsApp groups, newsletters, and social media: The Early Learning Coalition of Miami-Dade and Monroe, The Children's Trust, Catalyst Miami, Venprendedoras, Miami-Dade District 10 Commissioner Anthony Rodriguez, Miami-Dade District 3 Commissioner Keon Hardemon, City of Miami District 5 Commissioner Christine King, and the following departments/centers at Florida International University: Office International Student & Scholar Services, Department of Modern Languages, the

Women's Center, and the Center for Community Impact and Public Purpose.

On September 2, 2025, the FIU JPMC distributed the online survey link via email to female registered voters of Miami-Dade County. Most survey responses (63.1% of 764 total responses) were received via the anonymous link, while 282 responses were obtained from the email campaign sent to registered voters.

#### **METHODOLOGY**

The FIU JPMC created the survey in collaboration with YWCA South Florida. As the goal of the survey is to understand the challenges, opportunities, needs, and lived experiences of women, it is divided into sections covering challenges, healthcare and mental health, social support systems, resources and barriers, finances, women's and demographics. empowerment. Responses were confidential, and FIU JPMC prioritized respondents' privacy by using aggregate survey results, ensuring any identifiers had been removed from the data. Additionally, surveys were conducted only among people ages 18 and older.

The survey comprised 39 questions, including all skip and display logic follow-up questions and two questions at the end that asked respondents to indicate if they would like to participate in the community discussions, and consisted primarily of closed-ended questions. Some questions are specifically open-ended, and others allow for the 'other' option to write in responses. Most questions with an 'other' or 'not listed here' option required respondents to provide a fill-in answer if they selected that choice, except for Q15 through Q17, as the matrix multiple response and mutually exclusive options were not conducive to forcing fill-in







responses. Content analysis of open-ended responses allows the individual responses to be grouped into separate categories. This allows for condensation numerous responses to be interpreted into meaningful themes. If open-ended responses provided by selecting the 'other' option were similar or the same as those of a specified category from among the list of existing options, these totals were not recalculated. In other words, these were not counted toward the closed-ended response options but were included in categories in the 'other' responses. The survey questionnaire closed and open-ended consists of questions. The following were open-ended or had an open-ended 'other' option:

- Q3 the gender 'not listed here' option,
- Q4 zip code write-in response,
- Q5 economic concerns, the 'other concerns' option,
- Q6 social concerns, the 'other concerns' option,
- Q9 health insurance plan, the 'not listed here' option,
- Q10A through Q10D, the reasons for not visiting different healthcare professionals by type, the 'other' option,
- Q15 write-in option for why respondents feel they do not have a strong support system,
- Q16 service or resources received or sought 'other services and referrals for economic issues' option,
- Q17 service or resources received or sought, the 'other social services and referrals' option,
- Q18 barriers in accessing information or resources for

- economic or social issues, the 'other' option,
- · Q24 race/ethnicity, the 'other' option,
- Q25 language most often spoken in home, the 'other' option,
- · Q26 marital status, the 'other' option,
- Q27 the number of children under the age of 18 in the household,
- Q28 the fill-in question for the number of children by age group in the household,
- Q29 housing status, the 'other' option,
- Q31 the 'yes' fill-in response for having a disability or difficulty in doing certain daily activities due to a health problem, and
- Q32 employment status, the 'other' option.

The online questionnaire consisted of forced-choice questions, in which respondents were required to select a response to continue the survey. Additionally, the survey uses skip and display logic, so certain questions are displayed depending on the choices selected in prior questions. This includes the following:

- Q1: ending the survey if respondents were not 18 years or older,
- Q2: ending the survey if respondents did not live and/or work in Miami-Dade County,
- Q3: ending the survey if for gender respondents selected, 'male', 'transgender male', 'prefer not to disclose', and 'not listed here',
- Q10A-Q10D: asking the reasons respondents had not visited either a primary care physician, OB/GYN, mental health specialist, and/or dentist in the last twelve months was only displayed if in Q10







- respondents indicated they had not seen any of these specialists recently,
- Q14: asking respondents to describe who is part of their support system if they answered they felt they had a strong support system in their daily life in Q13.
- Q15: asking respondents who indicated in Q13 that they felt they did not have a strong support system, the reasons why they feel they do not have a strong support system, and
- Q28 asking the number of children under age 18 by age group was only displayed if respondents specified a numerical value for the number of children in their home greater than 0.

Most questions allowed respondents to select only one option for the list of choices. However, the following allowed respondents to select more than one option and as such their percentages can exceed 100. These include:

- Q2: asking respondents about their location of residence and employment, respondents could select living and/or working in Miami-Dade County,
- Q5: respondents could select between one and three most significant economic concerns in their daily lives,
- Q6: respondents could select between one and three most significant social concerns in their daily lives,
- Q10A-Q10D: asking the reasons respondents had not visited either a primary care physician, OB/GYN, mental health specialist, and/or

- dentist in the last twelve months, respondents could select as many as were applicable,
- Q12: detailing the concerns or situations preventing respondents from accessing healthcare services or impacting their service experience, respondents could select as many as were applicable,
- Q14: asking respondents to describe who is part of their support system, respondents could select as many as applicable,
- Q16: asking respondents if they had sought information, sought services or resources, received services or resources, or had not sought or received these services or information for economic issues, respondents could select as many options as applied to each category,
- Q17: asking respondents if they had sought information, sought services or resources, received services or resources, or had not sought or received these services or information for social issues, respondents could select as many options as applied to each category,
- Q18: asking respondents what barriers they have experienced in accessing information or resources for economic or social issues, respondents could select as many as were applicable,
- Q24: allowed respondents to select as many racial and ethnic identities as were applicable, and
- Q25: allowed respondents to select as many languages spoken in their home as were applicable.







On certain questions where respondents could select more than one option, mutually exclusive options were provided. These include:

- Q2: asking respondents about their location of residence and employment, respondents could select not living or working in Miami-Dade County,
- Q5: respondents could select not having any economic concerns,
- Q6: respondents could select not having any social concerns,
- Q12: respondents could select that they did not have concerns related to healthcare service access,
- Q16: respondents could select that they had not sought or received services or information for assistance with economic issues,
- Q17: respondents could select that they had not sought or received services or information for assistance with social issues, and
- Q18: respondents could select that they had not experienced different barriers for economic and social issues.

For all survey questions, answer choices did not include definitions, and as such, respondents provided answers based on their own interpretation.

#### INTRODUCTORY QUESTIONS

A total of 764 usable responses were collected from the online survey. A response was considered usable if:

- respondents were ages 18 and over,
- lived and/or worked in Miami-Dade,

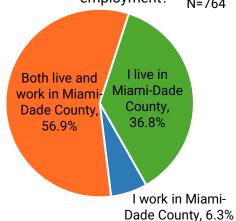
- did not identify as male, transgender male, prefer not to disclose, or not listed here,
- listed a valid Florida zip code (note the survey allows for respondents who work in Miami-Dade but live in other counties to be able to participate), and
- answered at least the first three substantive questions (Q5 through Q7).

Most respondents reached the final screen of the survey, and their response was marked as completed by Qualtrics (64.8%), while 269 of the 764 were incomplete responses.

All respondents were ages 18 and over. Most respondents identified as female (99.3%), while four stated they were nonbinary/gender fluid, and one was a transgender female. Note that responses from males (cisgender or transgender), those who did not want to disclose their gender, or those who stated their gender was not listed, could not complete the survey.

In response to the question, "Which of the following best describes your location of residence and employment", most respondents lived and worked in Miami-Dade County (56.9%), while about one-third lived in Miami-Dade (36.8%), and only 6.3% worked in Miami-Dade (**Exhibit 1**).

Exhibit 1: Which of the following best describes your location of residence and employment? N=764

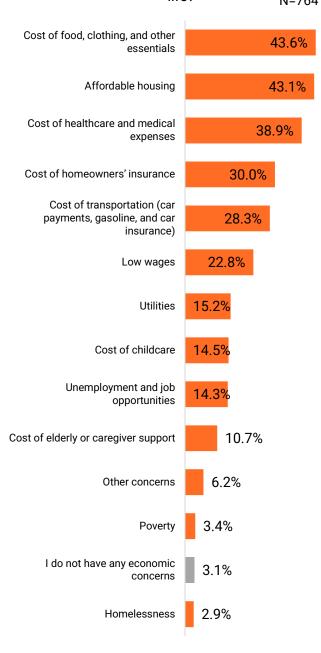




#### **CHALLENGES**

A total of 764 respondents indicated their top three economic concerns in their daily lives (Exhibit 2). The most cited were the cost of food, clothing, and other essentials (43.6%), affordable housing (43.1%), and healthcare and medical expenses (38.9%). A total of 3.1% selected the mutually exclusive option of not having economic concerns. Forty-seven provided 52 'other' fill-in responses, as respondents could list concerns that fell into different categories. These include: housing costs (property taxes, insurance, rent, utilities, and the need for affordable housing) (11), retirement issues (retirement savings) (5), debt (credit card debt and student loans) (4), healthcare concerns (access and insurance)(3), costs of childcare and child-focused activities (3), public transportation and traffic (including traffic safety, roads, accidents. speeding)(3), crime and public safety (loud noise, politically motivated violence, and corruption)(3), miscellaneous responses (including comments on an inhumane living, mental issues, and mistreatment by agency staff)(3), marital issues (including divorce and a lack of child support) (3), employment volunteer issues (including and employment opportunities, employment discrimination, and paid maternity leave)(3), animal issues (2), opportunities for women (2), business opportunities and resources (1), the cost of living (1), education costs (1), cleanliness and dumping (1), the economy (1), wages (1), and civic engagement and voting (1).4

Exhibit 2: What are the three most significant economic concerns in your daily life? N=764



category from among the list of existing options, these totals were not recalculated. In other words, these were not counted toward the closed-ended response options but were included in categories in the 'other' responses.



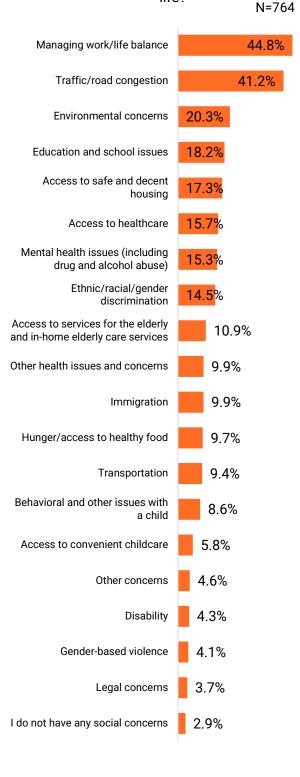




<sup>&</sup>lt;sup>4</sup> Content analysis of open-ended responses allows the responses to be grouped into separate categories and themes. If open-ended responses provided by selecting the 'other' option were similar or the same as those of a specified

Respondents also indicated their top three most significant social concerns in their daily lives (Exhibit 3). The most cited concerns were managing work/life balance (44.8%), congestion traffic/road (41.2%),environmental concerns (20.3%). Only 2.9% stated they did not have any social concerns. Thirty-five respondents selected the 'other concerns' option and provided forty-eight fill-These include crime and in responses. public safety (including gun safety and and road control) (6), public transit conditions (including traffic and street cleanliness) (5), the political climate (including the fear of political repercussions) (5), discrimination (by race, sex, education language, in employment and LGBTQ+ rights) (4), children's issues (including child abuse and neglect, after school activities, and speech therapy) (3), the need for affordable housing and housing support (3), civic engagement (including activities for retirees, a lack of community, and local politics) (3), the cost of living (including taxes) (3), education issues (including LGBTQ+ protection in schools, being overly educated, and education costs) (3), homelessness (2), employment issues (2), overdevelopment (including its effects on the environment, schools and resources) (2), disability (1), hunger and poverty (1), issues with construction and permitting (1). immigration and ICE raids (1), lack of English in the community (1), mental health (1), and the lack of insurance (1).

Exhibit 3: What are the three most significant social concerns in your daily life?









#### HEALTHCARE AND MENTAL HEALTH

Respondents were asked to evaluate their physical and mental health on a five-point scale (**Exhibit 4**). Most stated their physical health was very good or excellent (51.6%) compared to 47.5% who stated their mental health was very good or excellent.

Respondents specified the type of health insurance they had (750 respondents total). These include: an insurance plan through an employer (48.7%), Medicare (13.1%), a family member (11.2%), Medicaid or other forms of government assistance plan for those with low incomes or disability (9.5%), not having insurance (8.1%) and veterans' healthcare (0.5%). Sixty-seven (8.9%) indicated their insurance plan was not listed there. These include: Affordable Care Act (including healthcare marketplace, or Obamacare) (37); individual and private or self-insurance (15), Oscar (5), Consolidated Omnibus Budge Reconciliation Act (COBRA) Medicare/Medicaid supplemental and insurance (2), Co-op (1), Preferred Provider Organization (PPO) (1), United Health Preferred (1), insurance through partnership (1) and employer healthcare (1).

Respondents were asked if they had visited a series of healthcare specialists and providers in the past twelve months (**Exhibit 5**). Interestingly, eight in ten had visited a primary care physician (81.9%) compared to 69.2% of those who had visited a dentist or 63.7% of those who had visited an OB/GYN. About one-third had visited a mental health specialist (32.9%). Respondents who indicated they had not visited each of these specialists were then asked a follow-up question as to why they had not visited these providers.

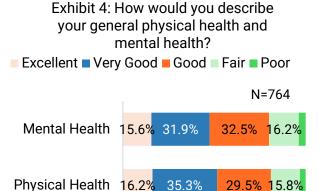
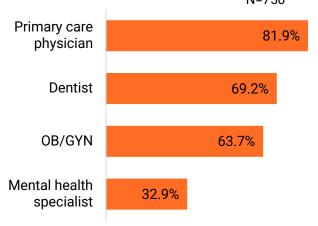


Exhibit 5: In the last twelve months have you visited any of these healthcare providers?

N=750



Of the 136 respondents who had not visited a primary care specialist, 129 indicated the reasons they had not visited this type of provider in the past 12 months (**Exhibit 6**). Many stated they could not take the time off from work or did not have the time (32.6%), followed by not being able to afford the out-of-pocket expenses (31.0%) and not finding a provider respondents felt comfortable with (24.8%). Eighteen respondents selected the 'other' option and provided fill-in responses specifying their reasons for not visiting a







primary care physician. These are: not covered or unable or no insurance (including not being able to find affordable insurance) (7), putting it off and procrastination (3), difficulty in finding a good provider (2), under OB/GYN care (2), the appointment is too far away (2), did not make the appointment themselves (1), and frustrated with navigating the healthcare system (1).

A total of 262 of the 272 respondents who had not visited an OB/GYN in the last twelve months specified the reasons for not visiting this type of provider (Exhibit 7). Many felt they did not need to visit an OB/GYN (30.2%), while about one in five could not take the time off from work or did not have the time (21.4%). Fifty respondents selected the 'other' option and provided fill-in responses for why they had not visited this type of provider. Many stated they did not need to visit an OB/GYN (including due to a hysterectomy, already went, their primary care physician (PCP) managers their reproductive health, age or no need for an annual visit) (24), procrastination (including visit coming up soon or did not yet schedule a visit) (9), no health insurance or not covered by insurance (7), the appointment or the timing with the appointments were difficult (3), anxiety and mental health issues (3), no childcare (1), not comfortable visiting one (1), never reminded of appointment (1), and unable to find a good doctor (1).

Exhibit 6: Why have you not visited a primary care physician in the last twelve months?

N=129 I could not take the time off from work, or I do not have the 32.6% I could not afford the out-of-31.0% pocket expenses I could not find a provider I felt 24.8% comfortable with I feel I do not need to visit this 21.7% provider Other 14.09 I had issues trying to schedule an appointment with this 14.0% provider I could not find a provider that 7.0% takes my insurance I could not find a provider in 5.4% my area, or I have limited transportation options I could not arrange care for an 2.3% elderly relative or childcare I encountered a language barrier when communicating 0.8% with the staff

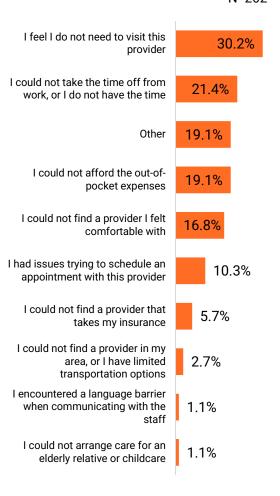






Exhibit 7: Why have you not visited an OB/GYN in the last twelve months?

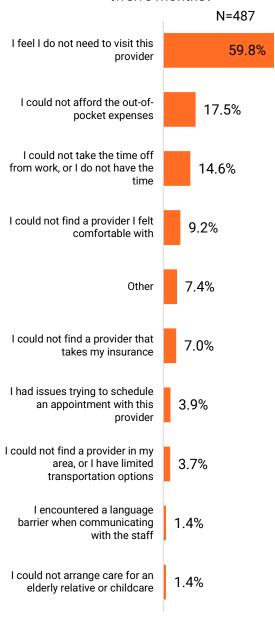
N=262



A total of 487 of the 503 respondents who had not visited a mental health specialist indicated why they had not visited one in the last twelve months (**Exhibit 8**). Many stated they did not need to visit this type of provider (59.8%), while 17.5% stated they could not afford the out-of-pocket expenses. Thirty-five selected the 'other' option and provided fill-in responses. These include: have not considered or searched for one (13), no insurance (5), busy (including have not made time) (4), have an upcoming appointment (3), unsure (3), could not find a good provider (2), ashamed or too long to explain (2), not

comfortable speaking to a therapist (1), being in between jobs (1), and a general response identifying the area (1).

Exhibit 8: Why have you not visited a mental health specialist in the last twelve months?









A total of 219 of 231 respondents who indicated they had not visited a dentist in the last twelve months specified the reasons they had not visited this type of provider (Exhibit 9). Many stated they could not afford the out-of-pocket expenses (46.1%), and could not take the time off from work, or did not have the time (24.7%). Thirty-one respondents provided 'other' responses including not having health insurance or the provider not taking their insurance (12), dislike or fear of the dentist or having a bad experience (5), being busy or not having the time (4), anxiety and mental health issues (2), no need at the moment (2), oversight (2), unsure (1), having an upcoming appointment (1), have not scheduled an appointment (1), and being in between jobs (1).

#### **HEALTHCARE FOLLOW THROUGH**

Seven hundred and five respondents answered a series of yes-or-no questions about skipping various types of health services and/or treatments (**Exhibit 10**). Many had skipped preventive health services (34.6%), a recommended treatment or test (32.3%), did not pick or fill a prescription or medication (27.4%), or routinely skipped medicine that was prescribed to them (18.0%).

Exhibit 10: In the past twelve months, please indicate if you have experienced any of the following.

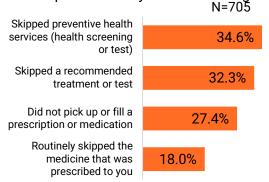
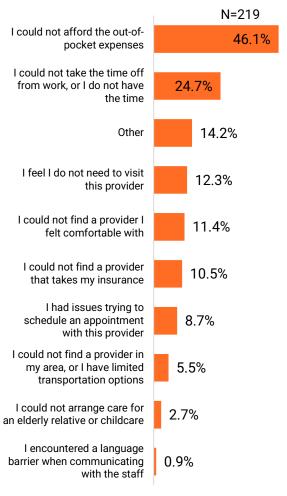


Exhibit 9: Why have you not visited a dentist in the last twelve months?



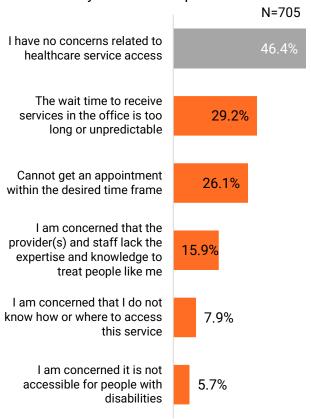
Seven hundred and five respondents were presented with a series of situations and concerns that could prevent them from accessing healthcare services or impact their service experience (**Exhibit 11**). Many stated they had no concerns related to healthcare service access (46.4%), followed by the wait time was too long or unpredictable (29.2%).







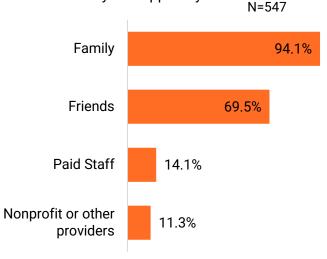
Exhibit 11: Do any of the following concerns or situations prevent you from accessing healthcare services or impact your service experience?



#### SOCIAL SUPPORT SYSTEM

A total of 700 people responded to a series of questions to understand if they had a social support system in their daily lives. Many stated they did (78.3%), while 152 said they did not feel they had a strong support system in their daily lives. Five hundred forty-seven respondents who stated they had a strong support system were asked who was part of their support system (**Exhibit 12**). Most indicated their support system included their family (94.1%) and friends (69.5%), while some stated they had support from paid staff (14.1%) and nonprofit or other providers (11.3%).

Exhibit 12: Please describe who is part of your support system.



One hundred and fifty-two respondents reported not having a strong support system. Of these, 136 provided 173 valid responses to a follow-up question asking why they felt they did not have a strong support system. These include not having family nearby beyond spouse or children to help (including nearby family being unable to help due to old age or disability or having a bad relationship with family) (62), others are busy with work and their lives or do not offer reliable help (20), marital status (including being a widow, a single mother or divorce) (20), being alone (including living alone, being a loner and not having anyone to talk to) (17), simply not having a strong support system (14), being self-reliant (including being a caretaker) (13), no close friends in the area (or loss of friends) (11), limited or unstable assistance (4), a lack of resources (including general resources and maternity leave) (4), respondent is disabled and sick (including needing support) (3), barriers to socializing with others (including language and finances) (3), commute times (1), and an unwillingness to let others help or care for her children (1).







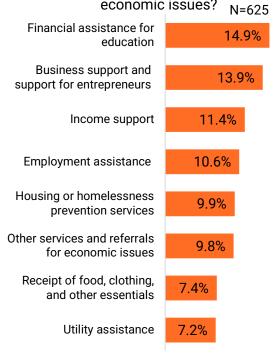
#### **RESOURCES AND ACCESS BARRIERS**

Respondents were asked about their access to resources and barriers. Six hundred twentyfive completed a matrix question inquiring about their receipt in the past twelve months of different types of services and information (sought information, sought services or resources, received services or resources, or had not sought or received these services or information) for a series of different assistance types for economic issues (Exhibits 13 and 14). Respondents could select as many assistance types and service receipt types as applicable. The exception is that those who selected they had not sought or received services or information for an assistance type could not select a different receipt type. Thus, if someone selected not seeking or receiving services or information for utility assistance, they could not select 'sought information', 'sought services or resources', or 'received services or resources' for utility assistance. The list below breaks down the top assistance types for each receipt type, which are marked in orange in **Exhibit 14**.

- The assistance types for which respondents were most likely to seek information (Exhibits 13 and 14) were financial assistance for education (14.9%), business support and support for entrepreneurs (13.9%), and income support (11.4%).
- The assistance types for which respondents were most likely to seek services or resources were business support and support for entrepreneurs (12.2%), financial assistance for education (10.6%), and housing or homelessness prevention services (8.2%).
- The assistance types for which respondents were most likely to receive services or resources were business

- support and support for entrepreneurs (9.0%), receipt of food, clothing, and other essentials (8.8%), and financial assistance for education (7.4%).
- The assistance types for which respondents did not seek or receive services or information were utility assistance (85.0%), other services and referrals for economic issues (83.0%), and housing or homelessness prevention services (80.8%). The high percentage of those not seeking services or information for utilities corresponds with only 15.2% who listed utilities as a top economic concern. Only 6.2% of respondents had other concerns, while only 2.9% listed homelessness as a major concern.

Exhibit 13: In the past 12 months, have you received information for any of the following assistance types for economic issues?







Although many selected the 'other' option, only forty-two respondents provided 43 valid fill-in responses for the other types of economic assistance types. These include both economic and social assistance types including: housing (including homeowners' and renters' insurance) (8), education (4), healthcare (including medication, treatment, and insurance) (4), debt (including student loans, credit recovery and debt settlement) (3), mental health support (3),

disability support (2), food assistance (2), entrepreneurship support (2), elderly support (2), financial literacy (2), insurance (not related to housing or healthcare) (2), retirement assistance services (2), caregiver support (1), a nation of eligibility issues (1), employment assistance (1), parental support (1), program support (1), budgeting (1), and support with the criminal justice system (1).

Exhibit 14: In the past 12 months, have you received information, services, or resources for any of the				
following assistance types for economic issues?				
	Sought information	Sought services or resources	Received services or resources	Have not sought or received these services or information
Housing or homelessness prevention services	9.9%	8.2%	5.8%	80.8%
Business support and support for entrepreneurs	13.9%	12.2%	9.0%	71.5%
Receipt of food, clothing, and other essentials	7.4%	7.7%	8.8%	79.2%
Employment assistance	10.6%	8.0%	6.2%	78.9%
Income support	11.4%	7.4%	3.5%	80.5%
Utility assistance	7.2%	6.6%	3.4%	85.0%
Financial assistance for education	14.9%	10.6%	7.4%	73.6%
Other services and referrals for economic issues	9.8%	6.4%	3.5%	83.0%

Five hundred ninety-five responded to a matrix about the social assistance types they may have sought information, sought services or resources, received services or resources, or had not sought or received services or information (Exhibits 15 and 16). Like the economic assistance types question, this matrix allowed respondents to select multiple assistance types and receipt types and had the mutually exclusive option of 'have not sought or received these services or information'. The list below breaks down the top assistance type choices for each receipt type, which are marked in orange in Exhibit 16.

- The assistance types for which respondents were most likely to seek information were healthcare (19.5%), mental health services/counseling (16.0%), and financial literacy training (13.1%) (Exhibits 15 and 16).
- The assistance types for which respondents were most likely to seek services or resources were healthcare (15.6%), mental health services/ counseling (13.8%), and workforce training/vocational development/training opportunities (9.4%).
- The assistance types for which respondents were most likely to receive services or resources were healthcare (25.4%), mental health services/







- counseling (18.5%), and workforce training/vocational development/training opportunities (9.4%).
- The assistance types for which respondents did not seek or receive services or information were drug rehabilitation services (95.0%), other social services and referrals (91.1%), and support for victims of gender-based violence (90.3%). Relatedly, only 15.3% selected mental health concerns, including drug and alcohol abuse, 4.6% selected other social concerns, and 4.1% gender-based violence as a top social concern.
- Although many selected the 'other' option, only sixteen respondents provided valid fill-in responses for the other types of social assistance. These include housing (2), childcare (2), education support (2), healthcare services (2), transportation services (1), pet services (1), elderly support (1), family support (1), employment (1), protective services (1), caregiver support (1), and insurance (1).

Exhibit 15: In the past 12 months, have you received information for any of the following social-issue assistance types?

N=595

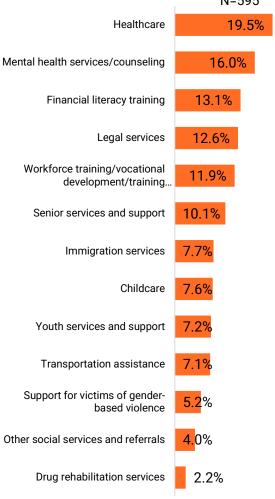








Exhibit 16: In the past 12 months, have you received information, services, or resources for any of the following social-issue assistance types?				
	Sought information	Sought services or resources	Received services or resources	Have not sought or received these services or information
Support for victims of gender- based violence	5.2%	3.0%	2.7%	90.3%
Immigration services	7.7%	4.5%	4.4%	85.4%
Legal services	12.6%	8.2%	7.9%	75.1%
Workforce training/vocational development/training opportunities	11.9%	9.4%	9.4%	73.4%
Financial literacy training	13.1%	8.4%	8.7%	74.1%
Childcare	7.6%	5.4%	8.1%	81.8%
Healthcare	19.5%	15.6%	25.4%	50.6%
Mental health services/counseling	16.0%	13.8%	18.5%	60.8%
Drug rehabilitation services	2.2%	2.2%	1.2%	95.0%
Youth services and support	7.2%	8.1%	6.6%	83.4%
Senior services and support	10.1%	6.9%	4.7%	81.0%
Transportation assistance	7.1%	4.0%	4.4%	86.9%
Other social services and referrals	4.0%	3.7%	2.2%	91.1%

Five hundred forty-five responded to a matrix inquiring if they had experienced a series of barriers in accessing information or resources for economic issues, social issues, or if they had not experienced this barrier, a mutually exclusive option (**Exhibit 17**). The following list displays the top barriers for assistance for each type of issue. These top choices are marked in orange in the following table.

- The main barriers for assistance with economic issues were not meeting eligibility requirements (37.8%), lengthy wait times or long wait lists (23.5%), and not knowing who/what organization to contact (22.4%).
- The main barriers for assistance with social issues were lengthy wait times or long wait lists (24.6%), not knowing who/what organization to contact (22.8%), and not finding the organization or service needed (19.1%).

- Many respondents had not experienced the following barriers: other barriers (92.1%), services not being accessible for people with disabilities (90.5%), and not having the technology or digital skills needed to complete forms or schedule appointments (89.4%).
- Seventeen respondents provided valid fill-in responses for other types of barriers experienced, including the type of service they were seeking. These include financial barriers (including bankruptcy and cash) (3), access barriers (including not finding the organization, confusing paperwork, and needing the motivation to seek help) (3), general need for support (including a practice closing) (3), issues with childcare (2), insurance issues (including COBRA running out and Medicaid) (2), access to fitness (1), higher education (1), elderly support (1), and housing (1).





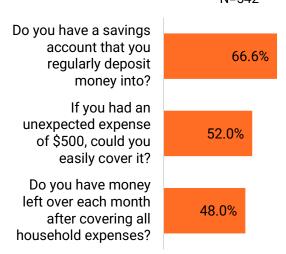


Exhibit 17: What barriers have you experience social issues?	ed in accessing inforn	nation or resource	s for economic or
	Economic Issues	Social Issues	I have not experienced this barrier
Did not meet eligibility requirements	37.8%	14.5%	58.0%
Could not contact a representative or agent at the organization	16.3%	12.3%	76.9%
Language barrier	6.6%	8.6%	88.1%
The program does not have funding	21.8%	11.6%	74.3%
Distance/Travel time/lack of remote options	18.7%	18.9%	72.1%
Lengthy wait time or long wait list	23.5%	24.6%	64.2%
Not accessible for people with disabilities	6.6%	6.2%	90.5%
I do not know who/what organization to contact	22.4%	22.8%	68.3%
I could not find the organization or service needed	19.6%	19.1%	72.7%
Concerned that provider(s) and staff are not specifically trained for the needs of people like me	10.6%	13.8%	81.7%
I did not have the technology or digital skills needed to complete forms or schedule appointments	7.9%	5.1%	89.4%
I lost assistance, coverage, or benefits	14.7%	8.3%	83.1%
Other	5.7%	4.0%	92.1%

#### **FINANCES**

Respondents were asked questions to gauge their financial literacy and financial stability, including three yes-or-no questions about their personal finances (**Exhibit 18**). Five hundred forty-two respondents answered this question. Many stated they had a savings account that they regularly deposited money into (66.6%), being able to cover an unexpected \$500 expense (52.0%), and having leftover money each month after covering all household expenses (48.0%).

Exhibit 18: Percent of Respondents Answering Yes to Financial Questions N=542







Five hundred forty-two respondents responded to the credit score question (**Exhibit 19**). Some did not know their score or refused to answer the question (6.3%), but most reported a credit score of 700 or higher (51.1%), while one in four had a score of 600 to 699.

#### **WOMEN'S EMPOWERMENT**

Five hundred thirty-eight respondents answered a series of questions on women's empowerment (**Exhibit 20**). Many felt women's empowerment initiatives positively impact society (89.4% somewhat/strongly agreed) and noted the importance of women having the same opportunities and rights as men (92.9%). Many somewhat or strongly disagreed that women are treated equally to men in society (77.5%) and in the workplace (73.4%).

Exhibit 20: Please indicate your agreement with the following statements.

- Somewhat/Strongly Disagree
- Neither Agree nor Disagree
- Somewhat/Strongly Agree

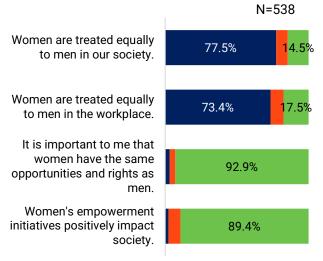
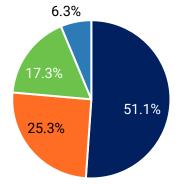


Exhibit 19: In which of the following ranges is your credit score?

N=542

- 700 and above
- **600-699**
- I ess than 600
- I do not know my credit score/refuse



#### **DEMOGRAPHIC INFORMATION**

Survey respondents varied by age (a total of 537 respondents), with one in four in the 35 to 44 age group (26.1%), followed by 45 to 54 (22.3%) and 25 to 34 (20.9%) (Exhibit 21). Only 2.6% were between the ages of 18 and 24. The survey slightly underrepresented those ages 18 to 24 and 65 and over, as the County's female population in those age groups is 8.1% and 19.5% respectively.

Exhibit 21: Survey and County Populations by Age			
Age Group	Miami-Dade County Female Population	Survey Sample	
18-24	8.1%	2.6%	
25-34	13.2%	20.9%	
35-44	13.6%	26.1%	
45-54	13.5%	22.3%	
55-64	13.2%	15.6%	
65+	19.5%	12.5%	

Source: U.S. Census Bureau, 2024 American Community Survey, 1-Year Estimates







Of the 537 respondents who specified their highest level of schooling, many had graduate or professional degrees (46.6%) while three in ten had a bachelor's degree (30.7%) (**Exhibit 22**). Those with higher levels of education were overrepresented in the survey, given how 23.3% of women in Miami-Dade County had a bachelor's degree compared to 30.7% of survey respondents.

Exhibit 22: Survey and County Populations by Highest Level of Educational Attainment			
J	Miami-Dade County Female Population	Survey Sample	
Less than high school	14.3%	1.5%	
High school or GED	25.7%	8.2%	
Some college, no degree*	13.9%		
Associate's degree	10.1%	9.9%	
Bachelor's	23.3%	30.7%	
Graduate/Profession al degree	12.7%	46.6%	
Trade school/ vocational education		3.2%	

\*Note: The County population data shows the highest level of educational attainment for the female population ages 18 and over. The U.S. Census and the survey categories were not identical, and certain categories marked by — were not asked in both surveys.

Source: U.S. Census Bureau, 2024 American Community Survey, 1-Year Estimates

A total of 537 respondents were asked to specify their race/ethnicity and were instructed to select all applicable (**Exhibit 23**). Most were Hispanic or Latino (51.8%), followed by Whtie/Caucasian (34.6%) and Black or African American (27.2%). Note that respondents could belong to multiple categories, and White and Black respondents may also be Hispanic. Eleven

provided twelve 'other' responses, including: Hispanic/Latino (3), mixed and multiracial (3), indigenous or native (2), European (1), Jewish (1), Indian (1), and Black Haitian (1). The three who indicated in their open-ended responses that they were mixed or multiracial selected only the 'other' category for race. When comparing the three major ethnic and racial groups in Miami-Dade with the 2024 American Community Survey, 1-Year Estimates, the survey underrepresented Hispanic women (70.7% of the County's population compared to 51.8% of the survey sample) and overrepresented Black women (13.8% of the County's population compared to 27.2% of the survey sample). White women comprised 23.5% of the County's population compared to 34.6% of the survey sample. Note that, like the survey, the Census 'White' race category allows for Hispanics and others to identify as White.

Exhibit 23: Survey and County Populations by Race and Ethnicity			
	Miami-Dade		
	County	Survey	
	Female	Sample	
	Population		
Hispanic or Latino	70.7%	51.8%	
White/Caucasian	23.5%	34.6%	
Black or African			
American	13.8%	27.2%	
Asian	1.8%	2.8%	
Other (Some Other			
race alone)	9.6%	2.0%	
American Indian or			
Alaska Native*	0.2%	1.1%	
Native Hawaiian or			
other Pacific			
Islander*	0.0%	0.6%	

\*Note: The County population data for all groups not marked with \* is from the 2024 American Community Survey, 1-Year Estimates, while data marked with \* is from the 2023 American Community Survey, 5-Year Estimates, as that is the most recently available data for smaller racial/ethnic groups in Miami-Dade County.

Source: U.S. Census Bureau, 2024 American Community Survey, 1-Year Estimates; 2023

American Community Survey, 5-Year Estimates

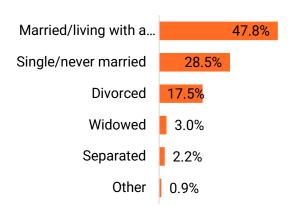




In the following demographic data sections. survey responses are not compared with the overall county population, as these metrics are available by household rather than by individual, so data are not available by gender. Regarding the language most spoken at home, the 536 respondents could select as many as were applicable. Most spoke English (89.0%), followed by Spanish (35.6%), Creole (3.7%), and 'other' (3.7%). Twenty provided 22 'other' responses, including: Portuguese (8), French (4), multiple languages or bilingual (2), Italian (2), Asian language not specified (1), Bulgarian (1), German (1), Papiamento (1), Patois (1), and Polish (1).

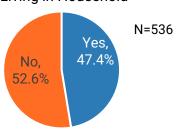
Five hundred thirty-six respondents specified their marital status (**Exhibit 24**). Many respondents were married or living with a partner (47.8%), followed by single/never married (28.5%), divorced (17.5%), widowed (3.0%), separated (2.2%), and 'other' (0.9%). The five 'other' respondents provided six responses, including: being separated or divorced (3), living together/cohabitation (2), and religious vows (1).

Exhibit 24: What is your marital status? N=536



Respondents were also asked if they had any children under age 18 living in their home (**Exhibit 25**). Most did not have minor children (52.6%), while 254 did. These 254 respondents had 408 children. Half of these 254 had one minor child (50.4%), followed by those with 2 children (41.7%), three children (6.3%), and 4 or more children (1.6%). In other words, 92.1% of women with minor children had no more than two children. Of these 408 children many were ages 0 to 3 (74), 4-5 years (64), 6-8 years (58), 9-10 years (46), 11-14 years (82), and 15-17 years (84).

Exhibit 25: Children Under Age 18 Living in Household



Five hundred thirty-four respondents indicated their household's housing status. Most were homeowners (51.7%), followed by renters (35.6%), living with family or other person (8.8%), living in Section 8 housing (1.5%), living in family public housing (0.6%), living in elderly public housing (0.4%), and homeless (0.2%). Seven (1.3%) selected the 'other' option and provided the following categories: apartment (2), foster home (1), housing with family but paying rent (1), having a mortgage (1), student housing (1), and recently sold the home (1).

Most of the 534 respondents who specified their veteran status had never served in the military (97.4%), while 2.4% were veterans, and one was on active duty (0.2%).







Only 16.7% of the 534 respondents who answered the disability question reported having a disability or difficulty with certain activities due to a health problem. Those who selected 'yes' were asked to specify their disability. Of these, 83 provided 114 valid responses, including mental health issues (includina depression, bipolar disorder, PTSD, anxiety and other disorders) (22), mobility (including paraplegia) (13), back issues (10), ADHD and ADD (10), cardiovascular issues (including high blood pressure and POTS) (7), arthritis (7), cancer (5), knee issues (5), vision issues (4), fibromyalgia (3), migraines (3), thyroid neurological issues (3),issues autoimmune (3), diabetes (2) digestive issues (2).respiratory issues (2).autism/neurodevelopmental disorders (2), allergies (1), dementia (1), heat intolerance (1), lipedema (1), long COVID (1), obesity (1), hearing (1), and sickle cell anemia (1).

Most respondents were employed full-time (67.3%), followed by employed part-time (10.5%) and unemployed and seeking work (7.0%) (Exhibit 26). Nine (1.7%) selected the option and provided 'other' thirteen includina: freelance/selfresponses. employed (3), part-time work (3), full-time work (2), caregiver/unpaid work (2), student (1), stay-at-home parent (1), and military downsizing (1).

Five hundred thirty-two respondents answered the annual household income question (**Exhibit 27**). Of these, 6.2% did not know their income or refused to provide it. One in four earned less than \$50,000 (25.9%), followed by \$50,000 to under \$75,000 (18.0%).

Exhibit 26: Are you presently...

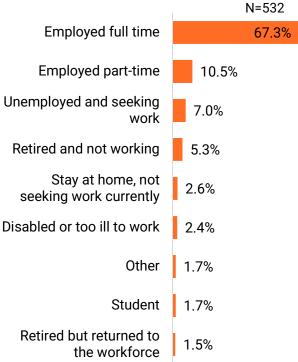
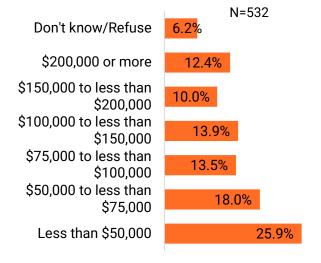


Exhibit 27: What is your annual household income?









# HER MIAMI FOCUS GROUP FINDINGS

#### **BACKGROUND**

In September 2025, the FIU Jorge M. Perez Metropolitan Center (FIU JPMC) conducted 13 focus groups across Miami-Dade County with 73 participants. Four of these were in person at the following locations: YWCA Intergenerational Center, United Way Miami Ansin Building, North Shore Library, and Hialeah Gardens Library. The remaining nine were conducted virtually via Zoom. One virtual discussion and the in-person discussion in Hialeah Gardens were conducted in Spanish, while the remaining eleven groups were conducted in English. Focus groups were conducted at different hours, including 8 am, 10 am, 12 noon, and 5:30 pm on weekdays.

- September 02, 2025, 8:00 am, at YWCA Intergenerational Center, English, 2 participants
- September 04, 2025, 10:00 am, United Way Ansin Building, English, 8 participants
- September 04, 2025, 5:30 pm, Virtual via Zoom, English, 6 participants
- September 10, 2025, 12:00 pm, North Shore Library, English, 4 participants
- September 10, 2025, 3:30 pm, Hialeah Gardens Library, Spanish, 4 participants
- September 11, 2025, 5:30 pm, Virtual via Zoom, English, 6 participants
- September 17, 2025, 5:30 pm, Virtual via Zoom, English, 4 participants
- September 18, 2025, 5:30 pm, Virtual via Zoom, English, 6 participants
- September 23, 2025, 12:00 pm, Virtual via Zoom, Spanish, 5 participants
- September 23, 2025, 5:30 pm, Virtual via Zoom, English, 6 participants
- September 24, 2025, 12:00 pm, Virtual via Zoom, English, 6 participants
- September 24, 2025, 5:30 pm, Virtual via Zoom, English, 9 participants
- September 25, 2025, 5:30 pm, Virtual via Zoom, English, 7 participants

Focus groups were semi-structured and lasted 90 minutes. During in-person discussions, refreshments were served. All discussions involved two total FIU JPMC staff members: a moderator and a notetaker. Focus groups were not recorded, and the privacy of participants was prioritized by analyzing the discussions in aggregate, without associating responses with names. YWCA South Florida provided \$50 Amazon gift cards to participants for their time.

#### **METHODOLOGY**

YWCA South Florida and the FIU JPMC created an English-language focus group questionnaire. FIU staff then translated it into Spanish. The questionnaire asks participants about their community and the challenges women face; their individual challenges; resource awareness and disparities; needed support systems; experiences with government and nonprofit services; and their conceptualization of a resource hub for women.

The FIU JPMC created digital flyers to promote community discussions. The flyers were available in English and Spanish and shared on social media by the research team and their contacts. Many community organizations and officials shared the flyers for the online survey and/or community discussions through different channels, including email blasts, WhatsApp groups, newsletters,







and social media. The FIU JPMC and YWCA did a series of collaborative social media posts promoting the flyer on June 3, 10, 11, 18, and 24, July 9 and 10, August 12, 19, and 28, and September 2 and 16. On June 10, The Children's Trust shared the flyer via Instagram. On August 28, Catalyst Miami shared it through WhatsApp, while Miami-Dade District 3 Commissioner Keon Hardemon, City of Miami District 5 Commissioner Christine King, and several departments and centers at Florida International University, including the Office of International Student and Scholar Services, the Department of Modern Languages, the Women's Center, and the Center for Community Impact and Public Purpose, shared it on Instagram. On August 29, the Early Learning Coalition of Miami-Dade and Monroe shared the flyer through their newsletter, and Miami-Dade District 10 Commissioner Anthony Rodriguez also distributed it in his newsletter.

Prior to discussions, potential participants filled out an online registration form that asked a series of demographic questions, including gender, age, race and ethnicity, language preference, and household income. Participants with income below \$110,000 were prioritized but those above that threshold were not excluded. Only women, transgender women, and nonbinary women who were ages 18 and over and lived and/or worked in Miami-Dade County were allowed to participate in discussions. To avoid misrepresenting participants and ensure a greater representation of women from different backgrounds, screener calls were conducted, and participants were selected if they verified the information provided. During these calls staff also asked additional questions like occupation and the area of Miami in which they lived or worked.

During discussions, in-person participants were provided with a discussion sheet. The moderator would pose a question, give participants a few moments to jot their responses, and then open up the discussion for that particular question. During virtual discussions, the moderator simply asked participants questions without the use of a discussion sheet. In these discussions, the notetaker wrote the responses offered with special attention to direct quotes. The notetaker also translated Spanish responses into English. These responses were all compiled into a matrix organized by participant and question with language and participant demographics as variables.

Some discussion questions with similar topics were grouped together for thematic analysis. The initial analysis was conducted using the Copilot add-on in Excel, prompted with "identify the major themes for each column of the matrix." The Al-generated themes were thoroughly cross-verified by staff members to ensure content validity. Based on these preliminary themes, direct quotes from participants were retrieved from the original notes. Further descriptions and thematic analyses were then developed for inclusion in the report. Additionally, demographic disparities in major challenges, resource needs, and information preferences among participants were examined using both the identified themes and demographic data.







#### **FOCUS GROUP QUESTIONNAIRE OVERVIEW**

The HER Miami Focus Group Findings Report summarizes insights gathered from women across Miami-Dade County to better understand their lived experiences, community strengths, daily challenges, and awareness of available resources. These focus groups form a core component of HER Miami's participatory research process, designed to elevate women's voices in shaping equitable, data-informed solutions for gender-responsive policy and community programming.

The report synthesizes qualitative insights from **73 participants**—representing diverse racial, ethnic, linguistic, and socioeconomic backgrounds—across six thematic areas:

- community identity and strengths;
- · challenges facing women and daily life;
- resource awareness and disparities;
- needed support systems;
- recent experiences with government and nonprofit services; and
- the design of an information source for women.

The findings reveal both the resilience and resourcefulness of women in Miami-Dade County, as well as the systemic inequities that constrain their access to affordable housing, healthcare, childcare, and economic opportunities. The report also highlights a shared call for centralized information, empathetic service delivery, and inclusive community engagement.

### **COMMUNITY IDENTITY AND STRENGTHS (Q1)**<sup>7</sup>

This section analyzes responses to "How would you describe your community?" What do you like the most about your community?" from **62 participants**. Findings highlight the strong sense of cultural pride, neighborhood solidarity, and local diversity that define women's experiences in Miami-Dade County. Participants emphasized the vibrant cultural mix, access to local businesses and outdoor spaces, and the supportive networks formed through churches, schools, and community organizations. Despite challenges, women described their communities as spaces of connection, resilience, and belonging.

Participants frequently highlighted the diversity and cultural identity of their communities. Many described their neighborhoods as melting pots, rich in cultural, racial, and linguistic variety. Expressions of cultural pride were common, with specific mentions of Cuban, Haitian, Guatemalan, and Brazilian heritage. Some communities, such as South Beach and Little Havana, were noted for their spiritual and cultural vibrancy.







<sup>&</sup>lt;sup>7</sup> The following sections are arranged by question, with Q1 through Q8 corresponding with the question numbers from Appendix B or the focus group questionnaire.

In terms of geographic and neighborhood identity, participants often defined their communities by location—by where they live, work, or socialize. Many referenced neighborhoods with strong

"Community is a melting pot with so many different cultures and backgrounds."

— Miami-Dade County resident

cultural or historic identity. Their sense of belonging was closely tied to local landmarks. And participants celebrated Miami's energy, color, and culture as essential to their identity.

Several participants emphasized positive community features, expressing appreciation for development. Community events and local engagement efforts were also valued. Some participants spoke fondly of farm life, spiritual communities, and family-oriented environments that fostered a sense of warmth and connection.

"Everybody shares things in common and uplifts and motivates each other." — *Miami-Dade County* 

However, challenges and negative aspects were also noted. Housing affordability and gentrification emerged as major concerns. Fragmentation and a lack of cohesion were mentioned by many. Safety issues, including violence and inadequate pedestrian infrastructure, were frequently cited. A number of participants expressed feelings of disconnection or isolation, attributing this to transient populations or limited community engagement.

Finally, regarding social dynamics and belonging, several individuals conveyed pride in their communities, while others felt excluded or unsupported, particularly in areas with scarce

resources or weak social ties. Some described their communities as supportive and nurturing, whereas others observed competition and selfishness among residents.

"I feel disconnected from peers...
Miami has so many pockets that it
may be hard to find your pocket." —
Liberty City resident

#### **Key Takeaways**

Women define "community" through diversity, culture, and shared resilience—but also reveal widening divides.

HER Miami's efforts should:

- Celebrate cultural diversity and connection
- Rebuild belonging across fragmented neighborhoods;
- Bridge information gaps on local resources; and
- Prioritize safety, affordability, and access in community-building initiatives.

#### Conclusion

Women across Miami-Dade County describe their communities as vibrant, diverse, and resilient, but also as increasingly strained by cost pressures, safety concerns, and social fragmentation. They take pride in their neighborhoods' multicultural character and sense of belonging, while emphasizing the need to rebuild community connection, preserve affordability, and improve access to resources.







### **CHALLENGES FACING WOMEN AND DAILY LIFE (Q2 & Q4)**

This section integrates responses from **68 participants** (Q2) and **33 participants** (Q4) to examine women's perceptions of the biggest challenges in both their communities and daily lives. Themes include high cost of living, limited childcare and eldercare options, housing instability, mental health stressors, and work-life imbalance. Participants also cited inequities in pay, safety, and access to healthcare. The section explores these challenges across demographic groups, revealing that Black and Hispanic women, single mothers, and lower-income residents face disproportionate burdens. **Exhibit 28** illustrates the most frequently mentioned words from direct quotes by focus group respondents regarding the challenges women face and their daily lives. The size of each word reflects its frequency of occurrence.



Exhibit 28: Word Cloud for Top Responses to Challenges Facing Women and Daily Life

#### 1. High Cost of Living and Financial Insecurity

"Equal pay and housing. What resources are available for people that need it the most? Housing costs have almost tripled." — North Miami

The most consistent challenge discussed was the high cost of living. Participants described living "paycheck to paycheck," struggling to afford rent, utilities, and food while wages remained stagnant. Even women with full-time jobs or college degrees noted that Miami's costs far exceed what average families can sustain. Several

participants described being "punished" for modest earnings that disqualify them from benefits, resulting in a situation where families struggle with both ineligibility and unaffordability.







#### 2. Housing Instability and Affordability

Housing costs were among the most urgent daily challenges. Women described the impossibility of finding affordable, safe, and stable homes, especially as single parents or caregivers. Housing

insecurity often drives other hardships, including stress, mental health strain, and displacement. Participants also emphasized the lack of housing designed for vulnerable populations, such as the elderly, single mothers, or people with disabilities.

"I have challenges in housing and can't afford any after-school activities." — Miami resident

#### 3. Childcare, Education, and Family Responsibilities

"My daughter has autism. I want time just to have fun with her, but there is homework, clean up time, and dinner." — Kendall resident Balancing work, parenting, and caregiving is one of the defining struggles for women in Miami-Dade. Participants described unaffordable childcare, inflexible school systems, and a lack of educational support for children with disabilities. These challenges compound stress and limit

women's professional opportunities. Participants also urged universities and employers to demonstrate greater support and flexibility for mothers in their roles as students and employees. Single parents described the emotional and financial toll of raising children alone.

#### 4. Health, Disability, and Access to Care

Health-related challenges — including chronic pain, menopause, mental health, and lack of insurance — were significant. Many participants described barriers to quality, affordable care, and frustration with systems that lack empathy or awareness of women's specific needs. Caregivers for elderly or disabled relatives also faced emotional and financial strain.

"People that are going to care for me, we need better facilities, better activities, and better housing for the elderly." — Liberty City resident

#### 5. Mental Health, Grief, and Emotional Burnout

"I'm on academic probation after my son was murdered... writing about it reintroduces me to the trauma."

- Miami Gardens resident

Many women shared deep emotional burdens — from trauma and grief to chronic stress and burnout. The combined weight of caregiving, work, and survival leaves little time for rest or healing. Participants also mentioned cultural stigma around seeking help, particularly in Black Caribbean and Hispanic communities.

#### 6. Employment Barriers and Economic Opportunity

Gender bias, underemployment, and lack of equitable pay limit women's ability to advance. Even highly educated women reported job discrimination and limited professional support. Entrepreneurs and nonprofit leaders also cited difficulty accessing funding, permits, and mentorship.

"Finding a job in my career is hard. I studied cybersecurity, but they always prefer a man." — Allapattah resident







#### 7. Transportation, Safety, and Mobility

"Public transportation in Miami is horrendous — you literally need a car if you're going anywhere." — Miami resident

Transportation and traffic were described as daily obstacles, consuming time and increasing stress. Poor public transit and unsafe conditions disproportionately affect women, especially those with disabilities or caregiving duties. Safety concerns restrict women's employment and freedom of movement.

#### 8. Bureaucratic and Institutional Barriers

Many participants expressed frustration that available resources are too fragmented or inaccessible. Women feel they must "know someone" or navigate endless forms to receive help. The lack of coordination among agencies and programs contributes to wasted time, confusion, and burnout.

"Receiving help is difficult unless you know someone in that office."— Miami Beach resident

#### 9. Gender Inequality and Lack of Empathy

"I wanted to improve my neighborhood, but a local commissioner called me the 'angry girl." — Little Havana resident

Women reported being dismissed, overlooked, or judged when advocating for themselves or their communities. This lack of empathy from institutions and leadership creates isolation and frustration. Some participants called for "a change in mentality" and greater empathy in public systems, workplaces, and community life.

#### 10. Time Scarcity and Burnout

Nearly all participants described a shortage of time as a central stressor — balancing jobs, family, caregiving, and survival tasks leaves little time for rest, personal growth, or joy. Time scarcity ties together nearly all other challenges, fueling exhaustion and preventing women from fully participating in community or self-care.

"Finding the work-life balance as a single woman caring for my younger brother with disability—it's hard to find time for myself."

— Liberty City resident

#### Conclusion

Women across Miami-Dade County described daily individual and structural challenges that affect their well-being, financial security, and ability to support their families. Their stories reveal a pattern of overlapping pressures — economic, social, and emotional — rooted in rising costs, caregiving responsibilities, lack of access to affordable housing and childcare, and limited institutional empathy. Women voiced frustration that systems meant to help are either too fragmented, too bureaucratic, or not designed with women's real-life needs in mind. Participants consistently called for centralized, empathetic, and accessible support systems that help them not just survive, but thrive, by recognizing the intersecting realities of women's lives.

## RESOURCE AWARENESS AND DISPARITIES (Q3 & Q6)

This section synthesizes findings from **51 participants** (Q3) and **36 participants** (Q6) to analyze what resources women need, know about, and use within Miami-Dade County. While participants mentioned a variety of government, nonprofit, and educational programs, awareness was inconsistent and often dependent on word-of-mouth or personal networks. Many women described systems as fragmented and difficult to navigate. The analysis highlights critical gaps







in outreach, affordability, and language accessibility, emphasizing the need for a centralized, multilingual resource hub.

#### 1. Community Access, Information, and Advocacy

A recurring theme was the lack of centralized information about available resources. Many women described having to "know someone in the office" to get help or spending significant time searching for services

"There's a barrier—it's like a lottery where everyone won't be assisted." — Miami-Dade County resident

on their own. Participants also highlighted barriers related to accessibility, such as transportation, parking, and a lack of awareness of public programs.

#### Resources Mentioned:

- 211 hotline (for local service referrals)
- County public hearings and budget meetings (civic engagement), Miami-Dade Commission for Women, Legal Services of Greater Miami
- Catalyst Miami (noted in related responses)
- Community centers and local nonprofits, e.g., Catholic Charities

Participants emphasized the need for transparent communication, equitable eligibility criteria, and simplified, online and in-person resource directories.

#### 2. Empathy, Community Harmony, and Cultural Change

Beyond tangible resources, participants called for a shift toward empathy, cultural sensitivity, and community connection. They felt that many systems—from health to housing—operate without compassion or understanding.

"I see in the public places we go to the lack of sensitivity and empathy."

— Cutler Bay resident

#### **Resources Mentioned:**

- Faith-based and community support networks
- Reading and self-education groups
- Peer advocacy and neighborhood groups

Participants connected empathy and mutual understanding to the effectiveness of all other resources, emphasizing that systemic empathy is itself a form of support.

#### 3. Housing, Financial Stability, and Basic Needs

"Resources are there, but there is no way for one person to know where to get these resources from."

— Hialeah resident

Women repeatedly cited housing affordability, financial assistance, and access to basic necessities as critical challenges. Participants expressed that although some funding or grants exist, they rarely reach individuals directly due to bureaucracy or scarcity of funds.







#### **Resources Mentioned:**

- Housing assistance programs (general), e.g. Low-Income Home Energy Assistance Program (LIHEAP), Florida Power & Light (FPL) Care to Share
- Section 8 / subsidized senior housing
- Emergency housing agencies (via 211), e.g. Camillus House, Miami Rescue Mission
- County-level housing resources, e.g. Miami-Dade County Housing Programs
- Grants and local nonprofit funding streams, e.g. Habitat for Humanity

Participants emphasized the need for better coordination among housing support programs and clear public communication so that individuals can navigate available assistance more easily.

#### 4. Mental Health and Emotional Well-being

Mental health resources were among the most discussed topics. While stigma remains—particularly in Black Caribbean and Hispanic communities—many women are beginning to access services through workplaces, colleges, and faith-based groups. Participants noted both the progress and persistent barriers in seeking therapy and emotional support.

"My family just addressed mental health and substance abuse for the first time... The resources that helped were Triangle Club, Al-Anon, and detox at Miami Jackson." — Miami resident

#### **Resources Mentioned:**

- Employer Assistance Program (EAP)
- Miami Dade College (free counseling sessions for students)
- FIU Counseling and NeighborhoodHELP (NHELP)
- National Alliance on Mental Illness (NAMI) and the NAMI Club at Miami Dade College
- Triangle Club (alcoholics anonymous meetings and Al-Anon meetings)
- Miami Jackson Hospital Detox Program
- Lotus House, Women in Transition of South Florida
- Church-based social and grief support groups

Women stressed the need for affordable therapy options, mental health education within communities, and culturally responsive services that reduce stigma and provide consistent emotional care.

#### 5. Health and Healthcare Access

Participants expressed frustration with health systems that prioritize profit over care. Access to

"Find a great doctor that doesn't just want to use me for making money."

— South Beach resident

empathetic, humanized, and affordable medical services was described as a pressing need—especially for women with chronic health conditions, disabilities, or caregiving roles.

#### **Resources Mentioned:**

- Federal and state-funded public insurance programs, e.g., Medicaid / Medicare, Access Florida
- Private/nonprofit & community-based resources, e.g., University of Miami Health System







 Nonprofit health programs, e.g., Care Resources, Universal Heritage Institute (UHI), Jessie Trice

Participants called for greater access to quality healthcare, particularly for older adults and people with limited insurance coverage. They also suggested training for healthcare staff in empathy and communication.

#### 6. Education, Employment, and Skills Development

Women highlighted the importance of education, vocational training, and support for entrepreneurship as pathways to stability. Several noted difficulty navigating systems to find training or licensing resources for small businesses or career advancement.

"More resources on permits or licenses for my food business."

Liberty City resident

#### **Resources Mentioned:**

- Vocational Rehabilitation Services
- Small business licensing offices/permitting support
- Workforce training and career development programs, e.g., CareerSource South Florida, Generation USA
- Miami Dade College Emergency Grants
- Coursera, Guitars Over Guns

Participants underscored the need for better outreach and mentorship to connect women with career and entrepreneurship opportunities.

#### 7. Childcare, Family, and Youth Support

Participants described challenges related to childcare affordability, access to special education resources, and limited after-school and summer programs. They emphasized the need for both information and funding to support working families.

"I had to figure out everything I had to do on my own. Maybe have people that are more informed to help you [find schools with special education]."

— Miami-Dade County resident

#### **Resources Mentioned:**

- Early Learning Coalition (ELC)
- Childfind and Florida Diagnostic and Learning Resources System (FDLRS) programs (for special needs children), University of Miami Center for Autism and Related Disabilities (UM CARD)
- Joshua's Heart, Children's Trust, Head Start, Step Up for Students (private school scholarships)
- After-school and summer camp programs, e.g., Achieve Miami, Thrive by 5
- Women, Infants, and Children (WIC), Community Health of South Florida Inc. (CHI), the Mobile Obstetric Maternal Health Workers (MOM) Project, FIU Parent Academy
- Public schools with special education resources

Women called for expanded and affordable childcare, as well as trained advocates who can guide parents through the educational system.







#### 8. Transportation

"It's a lot lacking in our community, it's the transportation..."

South Beach resident

Participants emphasized the need for safe, affordable public transportation. This includes not only general transit access but also specific support mechanisms such as bus passes, toll relief programs, and specialized transportation services for elderly and disabled individuals. These services are essential for ensuring mobility and independence, particularly for vulnerable populations.

#### **Resources Mentioned:**

- Miami-Dade County Special Transportation Services
- CareerSource Bus Passes
- Miami-Dade County Golden Passport

Participants requested reliable and affordable public transit, particularly for women with disabilities or limited income. They also emphasized that a digital resource hub should include information about transit options and geographically relevant services.

#### Conclusion

Participants across all focus groups highlighted a mix of unmet needs and existing awareness of community resources that support women's health, housing, education, caregiving, and overall well-being. While many women are aware of select programs (e.g., Early Learning Coalition, Catalyst Miami, NAMI), access remains fragmented, with barriers such as lack of information, financial limitations, insurance constraints, and cultural stigma—especially regarding mental health. The main gap identified is that these services are often limited in scope, poorly advertised, and inaccessible to individuals lacking digital literacy or internet access. This creates a barrier for many residents who rely on word of mouth or community networks to learn about available assistance. Participants expressed a need for better coordination, visibility, and empathy in service delivery, emphasizing that existing programs often fail to reach those most in need.

## **NEEDED SUPPORT SYSTEMS (Q5)**

Drawing on responses from **32 participants**, this section explores the supports women identify as most essential to overcoming their challenges. Recurring themes include mental health counseling, affordable childcare, transportation assistance, employment flexibility, and social support circles. Many participants expressed a desire for empathetic, woman-centered spaces that recognize the realities of caregiving, trauma, and economic hardship.

#### 1. Access to Information and Resources

Participants overwhelmingly highlighted the need for better awareness, guidance, and accessibility of community resources.

There are no real resources to help with these issues." — Country Club resident

Many expressed frustration that while resources exist, they are fragmented, poorly communicated, or limited to those who "know someone in the office." Participants also asked for trained, informed staff to guide residents through complex systems—from permits to education and healthcare.







#### **Common requests included:**

- Centralized, accessible information about programs
- Advocates or navigators to assist residents
- Simplified processes and fewer restrictions for eligibility
- Transparency on how grants and funds are distributed

#### 2. Health Care and Insurance Access

A major theme was inadequate and inequitable access to healthcare, even among those with insurance. Participants cited classism and systemic inequities in service delivery.

Many stressed that good insurance is essential, but often out of reach. The gap between those with comprehensive plans and those without was described as a barrier to basic care, therapy, and rehabilitation.

"When you have insurance, you are not automatically taken care of. There are classes within the system." — West Little River resident

#### 3. Mental Health Awareness and Stigma

"In the Black Caribbean community, it's frowned upon to do mental therapy. Without my church, family, and employer's EAP, I don't know how I would've continued to be a good mom, a good wife, and a decent person."

Miami-Dade County resident

Participants from diverse cultural backgrounds emphasized the stigma surrounding mental health, particularly within Black Caribbean and Hispanic communities. Several shared deeply personal stories about overcoming cultural taboos to seek therapy or support. Others noted that affordability remains a barrier, even when resources exist. Participants identified workplace EAP programs, Medicaid coverage, college counseling services, and community groups like NAMI and Al-Anon as critical support systems, while calling for greater normalization and affordability of mental health care.

#### 4. Economic and Social Supports

Participants identified a need for housing, childcare, and economic opportunity supports, including funding for after-school programs, affordable senior housing, and vocational training. Others linked these issues to systemic barriers and a lack of inclusivity, noting that many programs fail to account for differences in family size, income level, homeownership status, or health conditions.

"There are resources, but they don't accommodate people. If you have a big family, there are no resources that cater to that."

- Miami-Dade County resident

#### 5. Empathy, Human Connection, and Cultural Change

"I need people to listen to the things I need... I find myself saying what I need and not receiving it." — West Miami Resident Across responses, participants expressed a longing for empathy, compassion, and understanding from both systems and communities. Many felt that society's capitalist mentality and lack of care for vulnerable populations create further harm. Participants also noted that this HER Miami itself can provide vital emotional and informational support, giving them

a sense of being heard and connected.







#### Conclusion

The responses reflect systemic inequities and a call for humanized, accessible, and culturally responsive support systems. Participants' voices emphasize that addressing community challenges requires not only material resources, but also empathy, inclusion, and communication—ensuring every individual knows where to turn and feels valued in the process. Participants identified a wide range of supports needed to address community challenges, centered on access to information and resources, affordable and equitable health care, mental health support, economic opportunity, and greater empathy and systemic change. Many participants described barriers to accessing existing services, such as a lack of awareness, restrictive eligibility, and systemic inequities. Several participants emphasized the importance of this very resource hub as a source of connection and empowerment, while others called for humanized, informed, and empathetic assistance from institutions.

### RECENT EXPERIENCES WITH GOVERNMENT AND NONPROFIT SERVICES (Q7)

This section summarizes insights from **51 participants** who shared personal anecdotes about seeking or using services. Responses illuminate the disconnect between policy intent and on-the-ground accessibility, with stories of long waitlists, complex paperwork, and inconsistent communication. Participants also shared positive experiences with community-based and faith-led organizations that offered personalized support. The narratives provide valuable context for understanding how systemic barriers are experienced at the individual level.

#### 1. Healthcare/Social Barriers and Unequal Access

Participants across groups identified healthcare navigation as a persistent obstacle — from menopause to long-term care, ADHD therapy, and dialysis support.

Women described difficulty getting clear medical information and the burden of managing family members' care. Others found limited insurance

"To get Medicaid [long-term care] it's a whole different monster... I had to go to so many people to be able to fill out this section. It is not easy." — Miami resident

coverage: dialysis transport not covered, therapy unaffordable, and HMOs requiring referrals.

#### **Positive examples:**

- Participants praised FPL Community Action Agency for bill assistance, Medicaid Preferred Care Partners for healthy food credits, and Step Up for Students for education funding.
- Some cited church-based programs and community health drives as accessible alternatives.

#### 2. Bureaucracy, Favoritism, and "Gatekeeping"

Many participants described systemic barriers, long waiting lists, and inconsistent treatment by service

"Most resources pick and choose who to help." — Overtown resident

providers. Several noted referral dead-ends — being told to return with paperwork or referrals that were difficult to obtain. Others described programs closing cases for minor errors or missed reapplications, especially after Medicaid recertification policy changes.







Big Challenge: Many residents feel discouraged by bureaucratic processes that make them "hunt resources down like a rabbit" or wait years for basic needs like a crosswalk or housing. One noted being told the crosswalk would be done by 2029. After she posted it on social media, and they blocked her. After a lawyer emailed, they expedited it in weeks.

#### 3. Employment, Education, and Skill-Building Resources

Several participants had positive experiences with workforce and education programs:

- Workforce Innovation and Opportunity Act (WIOA) and CareerSource South Florida offered training, certifications, and vocational rehab.
- Central Florida Homeless Association connected participants to employment and financial aid.
- YWCA and WIOA offered financial coaching and matched savings.

"CareerSource helped me apply for training certificates—they even had a computer lab."— *Miami-Dade County resident* 

One noted how CareerSource helped her apply for training certificates and even had a computer lab. However, others found awareness limited — many "never heard of 211" or only learned about programs through social media or peers, not official outreach.

#### 4. Housing Instability and System Complexity

Housing was a dominant theme, illustrating long waits, restrictive qualifications, and inconsistent eligibility rules. Others shared frustrations with first-time homebuyer programs, citing confusing

city-by-city qualification processes and income thresholds that penalize modest raises. Housing and transportation were also described as linked barriers—from lack of elderly care transport to parking deterrents for civic engagement.

"I had a raise before applying that bumped me out of qualifying [for Hometown Heroes program]." — Liberty City resident

#### 5. Mental Health, Family, and Support Networks

"The people are a repository of resources—you can walk through those doors and find out."

- Edgewater resident

Participants' experiences also touched on mental health, childcare, and support for caregivers.

Others found creative ways to build informal networks of care: text groups like "Broken Moms Club," Facebook scholarship exchanges, or church announcements for

food drives and job postings.

#### 6. Digital and Peer-to-Peer Resource Navigation

A clear pattern emerged of participants using Google, ChatGPT, or word of mouth to identify resources due to a lack of centralized information. "Go to ChatGPT, search up online and Google. Apply anyway, the worst thing you hear is 'no." — Miami-Dade County resident

#### **Emerging self-help channels:**

- Single Stop at Miami Dade College emergency grants, utilities, scholarships.
- Online forums and church networks rapid information sharing.
- Employer and college programs accessible and trusted entry points.







#### 7. Trust, Transparency, and Humanized Systems

Underlying nearly every account was a desire for transparency, empathy, and accountability. Residents want clearer communication, shorter wait times, and fair treatment without favoritism

"The average person wouldn't be able to figure out how to complete the [Medicaid] application." — Miami resident

or bias. Participants repeatedly called for centers that consolidate information—"a place where people can tell their concerns and get referrals"—and for programs to educate residents about what's available before crises hit.

#### Conclusion

The stories illustrate both residents' determination and the fragmented nature of public and nonprofit service delivery. Participants described mixed and often frustrating experiences when seeking services from government or nonprofit organizations. While some successfully accessed support through programs such as WIOA, CareerSource, Step Up for Students, LIHEAP, and Medicaid, many reported bureaucratic barriers, inconsistent communication, eligibility restrictions, and lack of transparency.

#### Themes centered on:

- Healthcare access gaps
- Navigating bureaucracy and "referral loops"
- Resource inequities and favoritism
- Effective use of word-of-mouth and digital self-advocacy
- Transportation, housing, and family-based needs

Despite these challenges, many participants demonstrated strong resilience, resourcefulness, and mutual support, often turning to one another, social media, or support groups.

### **DESIGNING A RESOURCE HUB FOR WOMEN (Q8)**

This section analyzes responses from **59 participants** to identify what information women would want on a centralized hub. Participants called for clear, updated, and easy-to-navigate information on housing, childcare, healthcare, employment, and education—with multilingual access and a focus on trustworthy, verified resources. Women also emphasized the importance of including peer testimonials, women-led initiatives, and safety resources, underscoring the need for a holistic, user-friendly, and community-driven design.

#### 1. Accessibility and Multi-Modal Design

Participants agreed the resource hub must work for everyone—from tech-savvy younger users to older adults or those with limited internet access.

"Not everyone will have access to a phone." — Kendall resident

#### Key design recommendations:

1. Offer both website and app versions, plus phone or in-person help.

"Make it available in Spanish, English, and Creole." — Broward resident working in Miami







- 2. Include physical access points in libraries, community centers, and churches with staff or volunteers available to assist.
- 3. Provide printed pamphlets or flyers for distribution in places like food banks, WIC offices, and ACCESS centers.
- 4. Ensure the interface is simple, visual, and accessible for screen readers.

#### 2. Centralized, Curated, and Up-to-Date Information

Participants consistently rejected the idea of "just another list" of resources. They want curated, accurate, and current information organized by category and geography.

#### **Core content categories suggested:**

- Health and reproductive care
- Childcare, schools, and aftercare
- Housing and homeownership
- Financial literacy and employment
- Legal and immigration support
- Mental health and crisis services

- Elder care and caregiving
- Transportation and mobility resources
- Scholarships, training, and women's entrepreneurship

"A general application that can find all the websites... health, support groups, community events." - Allapattah resident

#### 3. Trust, Transparency, and Human Connection

"One always needs a person—access to a live person is important."

— Hialeah resident

Participants expressed deep concern about misinformation and lack of empathy in existing systems. They want a resource hub that is transparent, trustworthy, and people-centered.

To build trust, participants recommended:

- Adding disclaimers clarifying that listings are informational, not endorsements.
- Vetting content for bias, funding sources, and religious affiliation so users know what to expect.
- Including live chat, call centers, or peer advocates who can guide women through applications or referrals.
- Integrating AI tools carefully and ethically, ensuring privacy and accuracy.

"It is a good point of contact to access different resources."

Miami-Dade County resident

#### 4. Physical Presence and Community Integration

While digital access is vital, many participants insisted on physical, relational spaces that offer wraparound support and build community.

"Meet people where they are."

Perrine resident

#### Ideas included:

- Resource centers offering refreshments or incentives for attendance.
- Partnering with churches, libraries, and schools as trusted community anchors.
- Hosting regular women's discussion forums, career workshops, and mental health circles.







#### 5. Culturally and Linguistically Inclusive Design

The program should be tailored for women. They should be able to provide the resources in an accessible manner and be a way to offer my talents." — Miami-Dade County resident

Participants highlighted the importance of multilingual access and representation across backgrounds, ages, and abilities. They also suggested the resource hub should help users offer their own talents or services, reinforcing empowerment and mutual aid.

#### 6. Practical Content Priorities

Participants provided detailed ideas for content and functionality:

- Search filters for location, eligibility, and type of service.
- Real-time updates when programs reach capacity.
- Calendar of events for community activities and pop-up services.
- Legitimate job listings ("not Micky Mouse jobs"): excludes scam postings, unstable gigs, or exploitative roles; emphasizes legal, fair, and reliable employment.
- Scholarships, free clinics, and certification programs.
- Crisis hotlines and helplines for domestic violence and sexual abuse.
- Forums and peer exchange spaces to share experiences and advice.

#### 7. Collaboration, Not Duplication

"We don't need another organization in the alphabet soup—pair with those already doing the work." Miami-Dade County resident Participants stressed the need to leverage existing resources rather than creating redundant organizations. They urged HER Miami and partners to build upon trusted local systems and amplify them through coordinated communication and outreach.

#### Conclusion

Women across focus groups envision a dynamic, multilingual, multi-channel resource hub that connects technology with humanity. They seek clarity, connection, and compassion—a tool that not only informs but also uplifts.

They described an ideal hub that is:

- Multi-modal available as both a website and a mobile app, with in-person and phone access for those without technology.
- Well-curated and maintained with up-to-date, vetted, and bias-free information.
- Inclusive and accessible available in English, Spanish, and Creole; tailored for all ages, literacy levels, and digital skill sets.
- Comprehensive but easy to navigate organizing resources by topic (e.g., health, housing, childcare, employment, crisis, education).
- Community-connected leveraging churches, libraries, and trusted organizations already serving women.

Participants repeatedly emphasized that technology alone is not enough; they need human connection, cultural sensitivity, and empathy built into the design.







#### **DEMOGRAPHIC ANALYSIS OF CHALLENGES**

This section examines how reported challenges vary by demographic features such as age, income, race/ethnicity, family status, and language. Findings indicate that economic strain, childcare access, and mental health concerns are most pronounced among single mothers, Black and Hispanic women, and low-income participants. Older women and those with disabilities highlighted healthcare access and housing affordability, while younger participants cited workplace barriers and financial precarity.

Table 6: Key Thematic Patterns Across Demographics (Challenges)

Theme	Observed Disparities by Demographics
Childcare & Work Flexibility	Most critical for single mothers, women 25–44, Black and Hispanic participants. Flexible scheduling, homeschooling support, and after-school programs are often unavailable; mothers of children with special needs face added challenges.
Healthcare & Mental Health	Older women (55+), women with chronic health conditions or disabilities, and single mothers report insufficient access to healthcare, reproductive/menopause support, and mental health resources.
Pay Equity & Economic Opportunity	Highlighted by women 25–54 across income levels. Challenges include wage gaps, gender bias in employment, difficulty starting businesses, and a mismatch of wages to education/experience. Mothers often face additional financial pressures.
Housing & Cost of Living	Low-income participants, single mothers, and participants in high-rent areas face housing instability. The high cost of living affects all participants, including middle- and high-income women; commuting and transportation costs exacerbate the strain.
Safety & Transportation	Younger women, non-English speakers, and single mothers report unsafe neighborhoods and limited public transportation. Long commutes, traffic, and lack of transit options disproportionately impact women working outside their immediate communities.
Access to Resources	Word-of-mouth and personal networks are primary sources. Lack of centralized resources affects Black, Hispanic, and Haitian women; systemic neglect of areas like South Dade, Overtown, Liberty City, and Little Havana exacerbates disparities.
Education & Child Development	Single mothers, especially those with children with special needs, face barriers in school selection, special education access, and balancing work or school schedules. Hispanic and Black participants report navigating complex educational systems without adequate support.
Cultural & Community Norms	Hispanic participants highlight gendered leadership barriers; European/White participants note cultural and employment exclusion; Black women report both systemic neglect and high expectations to support communities while lacking resources.
Eldercare & Family Caregiving	Older participants, mid-life women, and women caring for elderly parents report high costs of assisted living, limited support, and significant caregiving burdens. Single mothers often manage multigenerational responsibilities simultaneously.
Food & Financial Security	Low-income women (especially <\$30,000) report food insecurity, insufficient access to benefits, and challenges meeting basic needs. Single mothers and midincome participants also note financial stress due to insurance, child support, and high living costs.







#### **DEMOGRAPHIC ANALYSIS OF RESOURCE AWARENESS**

This section provides an in-depth analysis of how awareness and use of resources differ by demographic characteristics. Results show that English-speaking, higher-income participants are more likely to know about formal resources, while Spanish-speaking, Haitian, and low-income women often depend on informal community networks. Digital divides and language barriers continue to limit equitable access to information. The section identifies opportunities for culturally responsive outreach and resource navigation support.

Table 7: Key Thematic Patterns Across Demographics (Resource Awareness)

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Theme	Observed Disparities by Demographics
Childcare & Early	Most critical for single mothers, younger women, Black and Hispanic participants.
Education	Awareness highest for Early Learning Coalition, Thrive by 5, and Children's Trust.
	Availability is limited in South Dade and low-income neighborhoods.
Healthcare &	Older women, uninsured participants, and caregivers of family members with
Mental Health	disabilities face major gaps. Black and Hispanic women report lack of culturally
	competent and affordable care despite awareness of programs like Jessie Trice
	and FIU NeighborhoodHELP.
Housing & Utility	Low-income participants, single mothers, and Haitian or Black women face greatest
Assistance	housing instability. Awareness of LIHEAP and Catholic Charities is high, but funding
	and eligibility remain inconsistent.
Education &	Younger and mid-career women aware of Coursera, Generation USA, and Step Up
Workforce	for Students, but low-income participants lack digital access and guidance. Single
Development	mothers express need for vocational rehab and job retraining.
Information	Across all groups, resource awareness depends on personal networks, churches, or
Access & System	schools. Older, Spanish-speaking, and low-income women face digital and language
Navigation	barriers in accessing information, including limited access to reliable internet, a lack
	of affordable devices, and challenges with digital literacy, such as navigating
	websites, using online forms, or understanding technology-based services.
Cultural &	Spanish-speaking and Haitian participants note lack of translated materials and
Linguistic	culturally appropriate outreach, leading to reliance on informal community
Accessibility	networks.
Mental Health &	Mental health stigma remains high among Black Caribbean and Hispanic women.
<b>Cultural Stigma</b>	Younger generations are beginning to break this cycle through EAP programs,
	NAMI, and college counseling.
Program Stability	Widespread frustration about eligibility and depleted program funding that leads to
& Trust	short-lived assistance. Many perceive government programs as unreliable or
	"lotteries" that only serve a few.

#### **DEMOGRAPHIC ANALYSIS OF INFORMATION PREFERENCES**

This section explores how preferences for information included in a women's resource hub vary across demographics. Younger and digitally connected women emphasize online navigation, mental health, and career advancement, while older and non-English-speaking participants prioritize healthcare, transportation, and social support services. The analysis underscores the importance of designing a multilingual, intergenerational, and inclusive resource hub tailored to diverse women's needs.







Table 8: Key Disparity Across Demographics (Information Preference)

Demographic Factor	Primary Disparity
Age	Younger women (18–34) preferred digital access and social media integration, focusing on childcare, jobs, and health. Middle-aged (35–54) participants wanted multi-channel access and curated, reliable updates. Older adults (55+) relied on physical hubs and needed tech assistance, revealing a clear digital divide.
Income	Lower-income women (<\$30k) emphasized basic needs and accessibility barriers. Middle-income (\$30k-\$90k) participants sought financial literacy and efficiency tools. Higher-income (>\$90k) focused on quality, multilingual options, and caregiving support—showing income-linked disparities in priorities and access.
Race/Ethnicity & Language	Black and Haitian participants stressed trust, representation, and simplified multilingual access. Hispanic women emphasized family caregiving and bilingual options. White and other groups prioritized career, education, and neutral information—showing cultural and linguistic differences in both needs and resource hub trust.
Single Mother Status	Single mothers prioritized childcare, housing, and financial aid, often struggling with fragmented resources. Non-single mothers focused on career and health-related support. For both groups, the challenge was most acute in balancing immediate survival necessities with access to long-term developmental resources—highlighting how short-term aid rarely connects to opportunities for lasting stability and growth.
Tech Access	Tech-savvy and higher-income participants preferred apps and online portals, while older and lower-income women relied on libraries, phone lines, and pamphlets. Haitian and Hispanic women requested multilingual options. Tech literacy and language barriers significantly shaped accessibility.

#### Implication for Resource Hub Design

- Must be multi-modal: website, app, phone, in-person support.
- Include curated, vetted resources with geographical and demographic filters.
- Multilingual options (English, Spanish, Creole) are essential.
- Provide physical hubs or libraries for low-tech users, especially single mothers and older adults.
- Avoid duplicating services and ensure neutral, culturally sensitive information.

#### **SUMMARY**

The HER Miami Focus Group Findings reveal a complex portrait of women's lives across Miami-Dade County—marked by resilience amid systemic inequities. While women express strong community pride and interdependence, they continue to face challenges related to affordability, mental health, caregiving, and access to reliable resources.

Across demographics, participants share a collective desire for empathy, equity, and connection—calling for systems that are more transparent, culturally competent, and navigable. The insights presented in this report serve as a foundation for HER Miami's next phase: translating women's lived experiences into actionable policy recommendations and programmatic innovation.







# CONCLUSIONS AND RECOMMENDATIONS

The following section details the expanded from the recommendations executive summary section. To understand the economic, social, and resource disparities affecting women who live and/or work in Miami-Dade County in a way that accounts for their lived experiences, YWCA South Florida partnered with the FIU Jorge M. Perez Metropolitan Center (FIU JPMC) to conduct a three-part study. The goal of the study was to understand the needs of local women and types of information that should be incorporated in the conceptualization of HER Miami, a resource hub for women that brings together opportunity, community, support, to inform gender-focused services and ensure women have better access to effective resources. The effort includes an online survey (764 responses in English, Spanish, and Creole), 13 focus groups (73 participants across in-person and virtual sessions in English and Spanish), and a snapshot highlighting key economic, social, and demographic data.

These recommendations draw on insights from surveys, focus groups, and demographic analysis. They reflect the lived experiences of more than 800 women and are designed to guide policy, programs, and community initiatives that directly address women's priorities and needs. A womencentered resource hub should incorporate the following essential elements:

# Recommendation 1: Provide Resources and Information in Multiple Languages.

To ensure women of diverse backgrounds can access resources, services should be made available in English, Spanish, and Haitian Creole. If possible, services can be added in additional languages, such as Portuguese and Russian.

# Recommendation 2: Offer services and support in person and virtually.

Services should be available through multiple methods—online (website and app), phone, live chat, and in-person options at community locations—so women can choose digital or human support based on their comfort and needs. This hybrid approach, combining technology with human interaction, will help bridge gaps in digital literacy, foster trust, and create a more equitable and user-friendly experience.

Recognizing that not all women have reliable internet access or feel comfortable navigating digital systems, it is essential to provide physical access points for information in trusted community spaces such as libraries, community centers, and faith-based organizations.

Moreover, participants strongly emphasized the importance of maintaining a human touch within service delivery. While digital tools are convenient, some individuals need to speak directly with a person rather than interact solely with a website or automated system.







# Recommendation 3: Verify and frequently update information.

Create a centralized, curated resource directory that offers women accurate, up-todate information organized by category and location. Women reported that information access and accuracy were key barriers. Women stated that when navigating complex systems, they often overwhelmed by fragmented, outdated, or biased information. They do not want another long, unfiltered list of resources; instead, they seek a curated, centralized resource hub that delivers accurate, current, and verified information organized by category and geography for easy navigation. Each listing should undergo a vetting process to ensure transparency about potential biases, funding sources, and any religious or ideological affiliations of service providers-so users can make informed choices and know what to expect before engaging.

To reinforce trust and credibility, the hub should include clear disclaimers stating that listings are provided for informational purposes only and do not constitute endorsements. This transparency helps manage expectations, reduces perceived conflicts of interest, and positions the site as a neutral, user-centered resource.

Additionally, regular audits and updates should be built into the system to maintain accuracy and relevance, signaling to users that the information they rely on is both dependable and up-to-date.

# Recommendation 4: Work with local organizations to link resources and services.

Local organizations should actively share resources, update information in real-time. and coordinate events to ensure inclusivity, avoid duplication, and amplify existing support systems for women. Women report that services are often disconnected from each other, making discovery and navigation more difficult. To promote the hub and ensure inclusivity and positive reception by women of all backgrounds, HER Miami should be created in community partnerships with nonprofit organizations. government, churches, educational providers, and others. Through these partnerships, a referral database can be created and frequent communication established with the HER Miami team to update resource information in real time. Additionally, events like mental health circles, support groups, forums, and career workshops can be created or promoted on the site.

This collaboration can ensure resources are not duplicated. Participants urged HER Miami and partners to build upon trusted local systems and amplify them through coordinated communication and outreach.

# Recommendation 5: Champion and amplify women's perspectives and lived experiences.

Acknowledge and honor the full experience of each woman by leading with empathy, meeting her immediate needs, and being mindful of the broader support she may need. Women reported that the interconnected demands of health. caregiving, housing, transportation, education, finances, and employment often







affect one another. The resource hub should include topics of interest for women identified in surveys and focus groups, including but not limited to:

- Health through all cycles of life: The hub should detail information and resources for overall health as well as for specific health concerns and conditions affecting women.
- Childcare, schools, and aftercare: The resource hub should include information on the types and costs of different local childcare programs.
- Housing and homeownership: Given how 43.1 percent of survey respondents identified affordable housing as a significant economic concern in their daily lives, special attention should be paid to programs with funding allocated for affordable housing and affordable rents.
- Financial literacy and employment:
   Given the wage and employment gaps
   between men and women in Miami Dade, as well as feedback from focus
   group participants, the resource hub
   should include employment
   opportunities, workforce training, and
   financial literacy training.
- Legal and immigration support: Given the county's large immigrant population, as well as numerous legal challenges women could face in their lifetime, including divorce, domestic violence, and discrimination, the resource hub should also contain legal resources and information.
  - Mental health and crisis services: Considering that in focus groups, participants noted a need for mental health resources, especially in

- communities where it is considered a taboo subject, this should be included in the resource hub.
- Elder care and caregiving: Some focus group participants noted the stress of caring for elder family members and special needs children. They noted difficulty finding information and resources.
- Transportation and mobility resources: Including this type of information and resources can help women without their own vehicle access events and resources beyond their immediate geographic area.
- Scholarships, training, and women's entrepreneurship: Information on scholarships, training, and women's entrepreneurship programs can help narrow the earnings gap between the genders and improve local women's opportunities.

## Recommendation 6: Design userfriendly and accessible resources.

Resources should be easy to use, with clear visuals, information on location and eligibility, and complete contact details. Virtual tools should protect privacy and provide accurate guidance. Accessibility features may include language options, screen-reader compatibility, and mobile responsiveness, ensuring that women with varying literacy levels, disabilities, or limited digital access can use the resource hub effectively.

Users should be able to filter resources by zip code, eligibility criteria, and service type (e.g., housing, healthcare, legal aid, childcare). Advanced search options can include keywords, urgency level, and cost to personalize results further. Each referral







should display essential details at a glance, such as phone numbers, websites, physical addresses, eligibility requirements, and hours of operation.

Additionally, the resource hub can integrate AI tools carefully and ethically, with strict safeguards for privacy, data security, and accuracy.







# APPENDIX A: YWCA HER MIAMI SURVEY QUESTIONNAIRE

HER Miami Survey In September 2024, The Children's Trust of Miami-Dade County awarded YWCA South Florida an innovation grant to begin conceptualizing the development of HER Miami, a project aimed at improving gender-focused information and resources for women. The end goal of this work is to create a centralized platform that brings together opportunity, community, and support to ensure all women and their families can improve their lives in an accessible, coordinated, and simple manner. To understand the needs and challenges women who work and/or live in Miami-Dade County face, the YWCA South Florida is working with Florida International University's Jorge M. Perez Metropolitan Center on a brief online survey on the lived experiences of women. 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. The survey takes approximately ten minutes to complete. The survey research lead is Dr. Maria Ilcheva, Associate Director of the Metropolitan Center. If you have any questions, please contact her via email at milcheva@fiu.edu, or phone 954-438-8652. Thank you for your participation! Q1 Are you 18 years or older?

Q1 Are	you 18 years or older?		
$\circ$	Yes	$\circ$	No
Skip To	: End of Survey If Are you 18 years or older? = No		
Q2 Whi	ch of the following best describes your location	of reside	nce and employment? (Select all that
	I live in Miami-Dade County		⊗I do not live or work in Miami-Dade
	I work in Miami-Dade County	County	
	: End of Survey If Which of the following best des all that = I do not live or work in Miami-Dade Co		ur location of residence and employment?
Q3 Wha	at is your gender?		
$\circ$	Female	$\circ$	Nonbinary/gender fluid
$\circ$	Male	$\circ$	Prefer not to disclose
$\circ$	Transgender female	$\circ$	Not listed here (please specify)
0	Transgender male		
Skip To Skip To	: End of Survey If What is your gender? = Male : End of Survey If What is your gender? = Transge : End of Survey If What is your gender? = Not liste : End of Survey If What is your gender? = Prefer n	ed here (pl	lease specify)
Q4 Wha	at is your ZIP Code?	<del></del>	

Q5 **Challenges** What are the three most significant **economic** concerns in your daily life? (Please select







up to th	nree.)		
	Affordable housing		Cost of childcare
	Homelessness		Cost of healthcare and medical expenses
	Unemployment and job opportunities		Cost of elderly or caregiver support
	Low wages		Cost of transportation (car payments,
	Poverty		gasoline, and car insurance)
	Cost of homeowners' insurance		Utilities
	Cost of food, clothing, and other essentials		Other concerns (please specify)
			⊗I do not have any economic concerns
Q6 Wh	at are the three most significant <b>social</b> concerns ir	n your	daily life. (Please select up to three.)
	Hunger/access to healthy food		Environmental concerns
	Transportation		Traffic/road congestion
	Immigration		Ethnic/racial/gender discrimination
	Legal concerns		Other health issues and concerns
	Gender-based violence		Access to safe and decent housing
	Access to healthcare		Education and school issues
	Access to convenient childcare		Disability
	Access to services for the elderly and in-		Behavioral and other issues with a child
	home elderly care services		Managing work/life balance
	Mental health issues (including drug and alcohol abuse)		Other concerns (please specify)
	⊗I do not have any social concerns		
Q7 <b>Hea</b>	althcare and Mental Health How would you desc	ribe yo	our general physical health?
$\circ$	Excellent	C	Fair
$\circ$	Very Good	C	Poor
$\circ$	Good		
O8 Hov	w would you describe your general mental health?		
QUITO	Excellent		Fair
0	Very Good		Poor
	Good		1 001







<ul><li>Insurance plan through an e</li><li>Insurance plan through a fa</li></ul>	amily member government-assistance plan for those	· .		
Q10 In the last twelve months have	you visited Yes	No		
Primary care physician	0	0		
OB/GYN	0	0		
Mental health specialist	0	0		
Dentist	0	0		
Display this question:  If In the last twelve months have you visited = Primary care physician [No]  Q10A Why have you not visited a primary care physician in the last twelve months? (Please select all that apply.)  I could not afford the out-of-pocket expenses  I could not find a provider that takes my insurance  I could not find a provider I felt comfortable with  I could not find a provider in my area, or I have limited transportation options  I had issues trying to schedule an appointment with this provider  I feel I do not need to visit this provider  I could not arrange care for an elderly relative or childcare  I could not take the time off from work, or I do not have the time  I encountered a language barrier when communicating with the staff  Other (please specify)				







İf	vithis question:  In the last twelve months have you visited = OB/GYN [No]  Why have you not visited an <b>OB/GYN</b> in the last twelve months? (Please select all that apply.)
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	I could not afford the out-of-pocket expenses
	I could not find a provider that takes my insurance
	I could not find a provider I felt comfortable with
	I could not find a provider in my area, or I have limited transportation options
	I had issues trying to schedule an appointment with this provider
	I feel I do not need to visit this provider
	I could not arrange care for an elderly relative or childcare
	I could not take the time off from work, or I do not have the time
	I encountered a language barrier when communicating with the staff
	Other (please specify)
	this question:
If	In the last twelve months have you visited = Mental health specialist [ No ]
If	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a <b>mental health specialist</b> in the last twelve months? (Please select all
Q10C	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a <b>mental health specialist</b> in the last twelve months? (Please select all
Q10C	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all pply.)
Q10C	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all uply.) I could not afford the out-of-pocket expenses
Q10C V that ap	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all uply.) I could not afford the out-of-pocket expenses I could not find a provider that takes my insurance
Q10C V that ap	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all oply.) I could not afford the out-of-pocket expenses I could not find a provider that takes my insurance I could not find a provider I felt comfortable with
Q10C V that ap	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all oply.) I could not afford the out-of-pocket expenses I could not find a provider that takes my insurance I could not find a provider I felt comfortable with I could not find a provider in my area, or I have limited transportation options
Q10C V that ap	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all oply.) I could not afford the out-of-pocket expenses I could not find a provider that takes my insurance I could not find a provider I felt comfortable with I could not find a provider in my area, or I have limited transportation options I had issues trying to schedule an appointment with this provider
Q10C V that ap	In the last twelve months have you visited = Mental health specialist [No] Why have you not visited a mental health specialist in the last twelve months? (Please select all oply.) I could not afford the out-of-pocket expenses I could not find a provider that takes my insurance I could not find a provider I felt comfortable with I could not find a provider in my area, or I have limited transportation options I had issues trying to schedule an appointment with this provider I feel I do not need to visit this provider
Q10C V that ap	In the last twelve months have you visited = Mental health specialist [No]  Why have you not visited a mental health specialist in the last twelve months? (Please select all oply.)  I could not afford the out-of-pocket expenses  I could not find a provider that takes my insurance  I could not find a provider I felt comfortable with  I could not find a provider in my area, or I have limited transportation options  I had issues trying to schedule an appointment with this provider  I feel I do not need to visit this provider  I could not arrange care for an elderly relative or childcare







Display this question:	andiad [No. 1			
If In the last twelve months have you visited = Do Q10D Why have you not visited a <b>dentist</b> in the last tw		se select all that apply.)		
☐ I could not afford the out-of-pocket expenses				
I could not find a provider that takes my insurance				
I could not find a provider I felt comfortable v	vith			
I could not find a provider in my area, or I hav	e limited transportat	ion options		
I had issues trying to schedule an appointment with this provider				
<ul> <li>I feel I do not need to visit this provider</li> </ul>				
<ul> <li>I could not arrange care for an elderly relative</li> </ul>	or childcare			
☐ I could not take the time off from work, or I d	o not have the time			
<ul> <li>I encountered a language barrier when comm</li> </ul>	nunicating with the s	taff		
Other (please specify)		<del></del>		
Q11 In the past twelve months, please indicate if you	have experienced as	ov of the following		
Q11 in the past twelve months, please indicate if you	Yes	No		
Skinned proventive health convices (health		•		
Skipped preventive health services (health screening or test)				
Skipped a recommended treatment or test	0	0		
Did not pick up or fill a prescription or medication	0	0		
Routinely skipped the medicine that was prescribed to you	0	0		
Q12 Do any of the following concerns or situations primpact your service experience? (Please select all that		essing healthcare services or		
	ervice access			
<ul> <li>I am concerned that I do not know how or wh</li> </ul>	iere to access this se	ervice		
<ul> <li>Cannot get an appointment within the desired</li> </ul>	d time frame			
☐ The wait time to receive services in the office	e is too long or unpre	dictable		
<ul> <li>I am concerned it is not accessible for people</li> </ul>	e with disabilities			
<ul> <li>I am concerned that the provider(s) and staff like me</li> </ul>	lack the expertise a	nd knowledge to treat people		
Q13 <b>Social Support System</b> Do you have a strong s can include relatives, friends, staff, providers, and oth scheduling, and other responsibilities.)	• • • • •			
O Yes	O No			





Display this question:  If Social Support System Do you have a strong support system in your daily life? (A support system c = Yes					
Q14 Please describe who is part of your support system. (Please select all that apply.)  Family  Friends  Nonprofit or other providers					
Display this question: If Social Support System No	n Do you have a	strong support syste	m in your daily life? (A	support system c =	
Q15 Please indicate why you	u feel you do no	t have a strong supp	ort system.		
Q16 <b>Resources and Barriers</b> resources for any of the follows:	•	•	received information, ic issues? (Please sel		
	Sought Information	Sought Services or Resources	Received Services or Resources	Have not sought or received these services or information	
Housing or homelessness prevention services					
Business support and support for entrepreneurs					
Receipt of food, clothing, and other essentials					
Employment assistance					
Income support					
Utility Assistance					
Financial assistance for education					
Other services and referrals for economic issues (please specify)					





Q17 In the past 12 months, have you received information, services or resources for any of the following **social-issue** assistance types? (Please select all that apply).

	Sought Information	Services or Resources	Services or Resources	received these services or information
Support for victims of gender- based violence				
Immigration services				
Legal services				
Workforce training/vocational development/training opportunities				
Financial literacy training				
Childcare				
Healthcare				
Mental health services/counseling				
Drug rehabilitation services				
Youth services and support				
Senior services and support				
Transportation assistance				
Other social services and referrals (please specify)				
Q18 What barriers have you experie issues? (Selectall that apply).	nced in accessing inf	ormation or res	sources for <b>eco</b>	nomic or social
	Economic Issue	es Social Is	I have ssues	e not experienced this barrier
Did not meet eligibility requiremen	ts			
Could not contact a representative or agent at the organization	•			





The program does not have funding

Language barrier



Appendix A: Survey Questionnaire Distance/Travel time/lack of remote options Lengthy wait time or long wait list Not accessible for people with disabilities I do not know who/what organization to contact I could not find the organization or service needed

Concerned that provider(s) and staff are not specifically trained for the needs of people like me I did not have the technology or digital skills needed to complete forms or schedule appointments I lost assistance, coverage, or benefits Other (please specify) Q19 Finances The following questions are about your personal finances. Please remember that all of your answers are confidential. Please answer the following. Yes No Do you have a savings account that you regularly deposit money into? Do you have money left over each month after covering all household expenses? If you had an unexpected expense of \$500, could you easily cover it? Q20 In which of the following ranges is your credit score? O 700 and above O Less than 600 0 600-699 I do not know my credit score/refuse



Q21 **Women Empowerment** Please indicate your agreement with the following statements.

•	Strongly Agree	Somewhat Agree	Neither Agree nor Disgree	Somewhat Disagree	Strongly Disagree
Women's empowerment initiatives positively impact society.	0	0	0	0	0
Women are treated equally to men in our society.	0	0	0	0	0
Women are treated equally to men in the workplace.	0	0	0	0	0
It is important to me that women have the same opportunities and rights as men.	0	0	0	0	0
Q22 Demographic Infor	<b>mation</b> Wha	at is your age?			
O 18-24		35-44		O 55-64	4
O 25-34		O 45-54		○ 65 oı	· older
Q23 What is the highest	degree or lev	vel of school you	have completed?		
<ul><li>No degree</li></ul>	J	•	O Bache		
<ul> <li>Grade school</li> </ul>			○ Gradu	ate/Professional o	degree
<ul><li>High school or 0</li></ul>	GED		<ul><li>Trade</li></ul>	school/vocationa	l education
O Associate's deg			`		
Q24 What is your race/e				awaiian or other P	acific Islandar
Asian	I UI AIdSKA IN	alive	□ White/Ca		acilic islanuel
Black or African	American		_	ease specify)	
☐ Hispanic or Lati	no		V.	. ,,	
Q25 What language is m	nost often sp	oken in vour hom	ne? (Select all that	apply.)	
☐ English			Creole		
<ul><li>Spanish</li></ul>			Other	(please specify) _	
Q26 What is your marita	l etatue?				
<ul><li>Single/never ma</li></ul>			<ul><li>Divorce</li></ul>	ced	
<ul><li>Married/living w</li></ul>			<ul><li>Separ</li></ul>		
Widowed			Other	(please specify) _	







Q27 H	ow many children under the age of 18 live in yo	our hous	ehold?
0	Number		No children live in my household
Z	y this question:		
	y this question. If How many children under the age of 18 live in	your ho	usehold? Text Response Is Greater Than 0
	lease indicate the number of children that fall in	n the fol	lowing age brackets. (Please select all that
apply.)			Number in each age group
	0 to 3 years		
	<u> </u>		
	4-5 tears		
	6-8 years		
	9-10 years		
	11-14 years		
	15-17 years		
	Total		
Q29 W	hich of the following best describes your hous	ehold's l	nousing status?
0	I/we own the home	0	I/we am/are homeless
$\circ$	I/we rent the home	$\circ$	I/we live in family public housing
$\circ$	I/we live in elderly public housing	$\circ$	I/we live in Section 8 housing
0	I/we live in a shelter	$\circ$	Other (please specify)
0	I/we live with a family member/other person		
Q30 H	ave you ever served in active duty in the U.S. A	rmed Fo	rces, Reserves, or National Guard?
0	Never served in the military		
0	Now on active duty		
0	I am a veteran		
031 D	o you have a disability or difficulty doing certain	n activiti	es because of a health problem?
QJID			·
	No.		<del></del>





Q32 Ar	e you presently			
$\circ$	Employed full time (includes full-time self-employed	, cor	nsultants, and contractors)	
$\circ$	Employed part-time			
$\circ$	Unemployed and seeking work			
$\circ$	Retired and not working			
$\circ$	Retired but returned to the workforce			
$\circ$	Stay at home, not seeking work currently			
$\circ$	Student			
$\circ$	Disabled or too ill to work			
$\circ$	Other (please specify)			
Q33 What is your annual household income?				
$\circ$	Less than \$50,000	$\bigcirc$	\$150,000 to less than \$200,000	
$\circ$	\$50,000 to less than \$75,000	$\bigcirc$	\$200,000 or more	
$\circ$	\$75,000 to less than \$100,000	$\bigcirc$	Don't know/Refuse	
$\circ$	\$100,000 to less than \$150,000			
Q34 Would you be interested in participating in one of our focus groups?				
$\circ$	Yes	$\circ$	No	
Display this question:  If Would you be interested in participating in one of our focus groups? = Yes				
Q35 Please provide your information to be contacted for our focus groups.				
0	Name		<del>_</del>	
0	Email		_	
0	Phone		<u> </u>	
Thank you for your time!				







# APPENDIX B: FOCUS GROUP QUESTIONNAIRE

#### Introduction

#### Good afternoon/evening,

I am pleased to meet all of you. I am with the Florida International University (FIU) Metropolitan Center, which is facilitating discussions for the YWCA's HER Miami, a project aimed at improving gender-focused information and resources for women. The end goal of this work is to create a centralized platform that brings together opportunity, community, and support to ensure all women and their families can improve their lives in an accessible, coordinated, and simple manner.

We are conducting community discussions across Miami-Dade. Rest assured that all the information you provide during this discussion will not be directly attributed to you. We will be taking notes on the information you share today, but it will be anonymous and will only serve as a reference as we write our report. We appreciate your input. For each question posed during this discussion, we will ask that you write your brief responses on the discussion sheet, and then we will have a discussion on your responses and why you wrote those responses. Before we begin, do you have any questions about this discussion?

**Warm-up question**: Let's go around, and each of you, in a few words, tell me who you are, how long you have lived in this community, and how you came to live here. I'll start. My name is ....

#### **Community Discussion**

- 1. Let's begin by discussing your community, however you may define it (this could be neighborhood, city, family/friends). How would you describe your community?
  - a. What do you like most about your community? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
- 2. What are the biggest challenges for **women in your community**? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
  - a. If respondents need prompting, suggest challenges like economic issues, the environment, crime and public safety, and other issues.
  - b. Why did you select these challenges?
  - c. How are these challenges impacting your community?
  - d. Who is responsible for addressing challenges?=
- 3. What resources are needed to address these challenges? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.







- a. Are there current resources that address these challenges?
- b. Do residents know how to access these resources?
- c. Are additional resources needed? Is more funding needed for certain resources?

#### **Challenges, Support, and Information**

Now we want to switch gears to focus on issues affecting you in your daily life.

- 4. What are the biggest challenges in **your daily life**? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
  - a. Why did you select these challenges?
  - b. How are they affecting your life?
- 5. What support do you need to address these challenges? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
  - a. Are you receiving this support?
  - b. Do you feel that obtaining this support will be difficult?
  - c. What are the barriers to obtaining this support?
- 6. What resources, including programs and services, are you aware of in the County? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
- 7. Can you tell me about a recent experience in seeking services or resources, either from the government or a nonprofit organization? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
  - a. Where did you go?
  - b. What service were you seeking?
  - c. Did you receive this service?
  - d. What barriers did you encounter? *Prompts can include costs, time, childcare, transportation, and culturally competent care.*
  - e. Did you specifically seek services from a women-serving organization? (Ask if they did not mention a women-serving organization during the discussion.)
- 8. Now we'll go full circle. A local women-serving organization wants to create a platform with information for women. What information would you like it to include? Invite participants to write short responses on the Discussion Sheet. After giving them a few minutes, ask them to elaborate on their answers during the discussion.
  - a. How would you prefer to access this platform? Prompts can include a website or an app.







#### **Discussion Sheet**

Q1. Community: How would you describe your community? What do you like the most about you community?
Q2. Community Challenges: What are the biggest challenges for women in your community?
Q3. Community Resources: What resources are needed to address these challenges?
Q4. Daily Challenges: What are the biggest challenges in your daily life?
24. Daily Orlaneinges. What are the biggest chancinges in your daily me:
Q5. Support: What support do you need to address these challenges?







<b>Q8. Women's Platform:</b> A local women-serving organization wants to create a platform with information for women. What information would you like it to include?

