Nicklaus Children's Hospital 2022 Community Health Needs Assessment Report

Approved by Board of Directors: October 2022

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Nicklaus Children's Hospital

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BACKGROUND

Nicklaus Children's Hospital, part of Nicklaus Children's Health System, is a pediatric hospital in Miami, Florida. The 309-bed pediatric specialty hospital and its network of pediatric outpatient centers provides comprehensive care and rehabilitation for infants, children, and young adults of the region and beyond. Nicklaus Children's offers more than 40 pediatric specialties and sub-specialties and provides care for more than 13,730 admissions, 13,830 surgical visits, 470,789 outpatient visits, and 678,000 physician visits each year.

In 2022, Nicklaus Children's Hospital conducted a community health needs assessment (CHNA) of the community it serves in South Florida to provide an empirical foundation for future health planning, as well as fulfill the CHNA requirement for non-profit institutions put forth by the Internal Revenue Service (IRS). Nicklaus Children's hired Health Resources in Action (HRiA), a non-profit public health organization specializing in CHNA development, to collect and analyze data, and to develop the CHNA report. The 2022 Nicklaus Children's CHNA was conducted to achieve the following goals:
1. Examine the current health status of children and families in South Florida
2. Identify the current health priorities among children and families, focusing specifically on pediatric health
3. Explore community strengths, resources, and gaps in services in order to guide future planning and programming efforts for Nicklaus Children's Hospital
4. Understand perceptions of – and explore ways to address – health equity in South Florida

This report includes data from the seven Florida counties that Nicklaus Children's Hospital considers to be part of its overall service area: Broward, Collier, Lee, Martin, Miami-Dade, Monroe, and Palm Beach Counties. While patients of Nicklaus Children's come from many counties in Florida and around the world, the hospital is in Miami-Dade County and draws roughly 80% of its patient population from Miami-Dade. Therefore, the primary community of focus for this CHNA is defined as Miami-Dade County.

METHODS

To develop a comprehensive picture of the South Florida region, the assessment team employed quantitative and qualitative data collection methods. To gather quantitative data, the assessment team conducted a review of secondary data sources and administered a community survey to residents in South Florida. Secondary data included existing data from national, state, and local sources. The community survey was administered to residents of Broward, Collier, Lee, Martin, Miami-Dade, Monroe, and Palm Beach Counties. A total of 246 respondents are included in survey analysis.

In addition to quantitative data, qualitative data was gathered to develop a more nuanced understanding of the perceptions of the community served by Nicklaus Children's Hospital. Interviews were conducted with 26 service providers representing a range of sectors including public health, community development, social services, early childhood education, and healthcare. Additionally, three discussion groups with 29 residents were conducted with residents of South Florida.

This report discusses the findings from the 2022 CHNA conducted December 2021 – May 2022.

FINDINGS

COMMUNITY, SOCIAL, AND ECONOMIC CONTEXT
The following section provides a brief overview of the key findings of the population within Nicklaus Children's service area.

Demographic Characteristics: According to 2020 U.S. Census data, the population of the service area was 7,516,212 people, an 11.8% increase from 2010 Census data. In Miami-Dade, the population was 2,701,767 people. This was an 8.2% increase from 2010 Census data. In the service area, about one in five residents is under 18 years old (19.9%) while fewer than 1 in 10 is between 18 – 24 years old (7.9%). According to Florida's Office of Economic and Demographic Research, the statewide population of children under 18 years old is expected to increase 8% by 2025 and 13.2% by 2030. Growth in the service area is expected to increase 6% in 2025 and 9.7% in 2030. The largest growth is anticipated in Palm Beach, Collier, and Lee Counties, though these counties are among the smallest in terms of the number of children. Regarding race and ethnicity, Nicklaus Children's service area is considerably more diverse than the state. Specific to children under 18 years, the service area has more non-Hispanic Black, and Hispanic/Latino residents. Miami-Dade is a particularly diverse community, with 85% of children under 18 years identifying as Black or Hispanic/Latino. Further, more than half of residents reported being born outside the United States and nearly 3 in 4 residents reported speaking a language other than English at home. Additionally, many focus group and interview participants described the area as a majority minority community.

Education: High school graduation rates are relatively high in Florida, with only 3.2% of Florida's high school students reported to have dropped out of high school in 2021. While dropout rates are low overall, they are highest among Black students and Hispanic male students. In Miami-Dade, 85.6% of Black students and 88% of Hispanic male students graduated in 2021, compared to 93.6% of White students and 93.9% of Hispanic female students.

Income, Poverty, and Employment: Income distribution across Florida reflects that of the US overall, with roughly half of residents earning between $25,000 and $99,999 annually. Miami-Dade has the largest proportion of low-income residents with more than 1 in 4 (26.2%) earning less than $25,000. Across the entire service area, families with children consistently represent higher proportions of those living in poverty. Miami-Dade County has the highest proportion of families living in poverty – 13.8% of families and 19% of families with children. Additionally, in Florida, more than 1 in 6 children (17.1%) were projected to be food insecure in 2020. Projections are slightly lower throughout the service area but remain above 10% in all counties. Unemployment rates spiked at the height of the pandemic but decreased as time went on. As of March 2022, unemployment rates in Florida (2.7%) and Miami-Dade (3.0%) were near pre-pandemic levels.

Housing: According to qualitative data participants, increasing housing costs (along with other essentials like food and healthcare) create concerns that families are leaving South Florida, particularly Miami, in favor of less expensive areas. While most residents (61.9%) in the service area own their own home, many (39.6%) still experience housing cost burden, meaning their housing costs are ⅓ or more of their household income. Though housing is increasingly expensive for individuals and families, they are not necessarily living in high quality housing. In Miami-Dade, for example, 30% of households were living in homes with severe housing problems in 2017.

Transportation: Many residents without a vehicle (10.3% in Miami-Dade) face substantial challenges in accessing employment, healthcare, and social services. While qualitative data participants acknowledged that Miami does have a public transit system, they noted that the routes and times can be a barrier to care for families who do not own a vehicle or rely on bus lines to travel.

COMMUNITY HEALTH OUTCOMES AND BEHAVIORS

The following section provides an overview of the key health issues and concerns in Nicklaus Children's service area.

Overall Health: The mortality rate in the service area was lower than both Florida and the United States. While the mortality rate is lower in all counties in the service area, it is highest in Miami-Dade County. Specific to infant mortality, rates in Florida and the service area are higher compared to the United States. When examined by race/ethnicity, Black infants consistently have the highest mortality rate, when compared to White and Hispanic infants. When looking at causes of death, among children under one year old, the leading causes were perinatal period conditions and congenital malformations. Among children 1-24 years, the leading cause was unintentional injury. This was a leading cause across age groupings, but the rate of injury was highest among children 15-24 years.

Maternal and Child Health: Overall, 2 in 3 births in Florida received "adequate prenatal care" as defined by the Kotelchuck Index in 2020. These proportions are comparable or slightly higher in the service area, with Miami-Dade having the highest proportion. While proportions of births receiving prenatal care are relatively high, many births did not receive any prenatal care at all. Similar takeaways can be found in breastfeeding data. Nearly 9 in 10 women in Florida (86.1%) and the service area (88.4%) initiated breastfeeding in 2019. While these proportions are high, it still means roughly 1 in 10 mothers did not initiate breastfeeding at all.

Behavioral and Mental Health: Mental and behavioral health among children and young adults emerged as a common concern across all qualitative conversations. Further, quantitative data on mental and behavioral health supported the claims of qualitative data collection participants. At least 1 in 5 students reported persistent sadness in 2020 and at least 1 in 10 students reported seriously considering suicide in 2017 and 2019. Most service providers speculated that these proportions were higher in recent years due to increased isolation and limitations on mental health services driven by the pandemic (e.g., school closures, staff shortages for mental/behavioral health services).

Substance Use: Substance use among young people was not a common concern in interviews and focus groups. A handful of interview participants considered whether there was an increase in substance use among youth at the start of the pandemic but noted that it would be difficult to make determinations. The primary substance of concern among service providers was e-cigarettes, with some noting that prior to the pandemic, many public health efforts in the community were geared toward reducing e-cigarette use. In 2020, roughly 1 in 10 middle school students and 1 in 6 high school students reported using e-cigarettes. Proportions were considerably lower among students reporting current cigarette use (fewer than 1 in 20).

Healthy Eating / Active Living: Healthy eating and active living are strongly tied to obesity and chronic disease. Overall, reported health behaviors of youth in the service area align with youth in

the U.S. and Florida. For example, across middle and high school students in Florida, nearly 3 in 10 students are overweight or obese. Related, roughly 1 in 5 students did not participate in at least 60 minutes of physical activity, while about 2 in 3 high school students reported drinking soda weekly. Similar to speculations around mental and behavioral health, some service providers who were interviewed suggested that children and young adults are less healthy than before the pandemic due to fewer opportunities for physical activity and fewer opportunities to eat a well-balanced meal at school especially for students who rely on free or reduced meal programs.

HEALTHCARE ACCESS AND UTILIZATION

Barriers to Healthcare: Quantitative and qualitative data revealed that, for many residents, barriers to healthcare include lack of insurance coverage, cost of care, long wait times, insufficient internet access (especially for virtual appointments), a lack of knowledge of services (especially for mental health services), and inadequate transportation to access appointments. Specific to insurance coverage in the service area, a relatively small proportion of children under 18 years old were uninsured in 2019 (8.1%). However, service providers familiar with health insurance challenges noted that confusion around how to obtain coverage or access services can lead to parents not seeking coverage or care for their families. Related to challenges around coverage and knowledge about services, many service providers highlighted the importance of educating families about the services in the community. Qualitative data participants also noted the importance of providing education that is linguistically and culturally appropriate for families.

KEY THEMES AND CONCLUSIONS

After reviewing the quantitative and qualitative data, several key themes arose and are outlined below.

Miami-Dade is perceived as a resource-rich community. Across all conversations with residents and providers, there was a broad understanding of the range of services available in the community, particularly Miami-Dade. In the community survey, 46.9% of respondents perceived their community to have medical services to address physical health conditions that children or adolescents can also access. Additionally, 40.8% of respondents perceived there to be similar services for adults to access.

Miami-Dade is perceived to have a multitude of resources, but many residents have trouble accessing them. While there was a theme of a perceived abundance of services, many residents remain unclear on how to access the multitude of services available in the Miami-Dade area. When considering the barriers to accessing services, knowledge, language, and insurance were the primary barriers named. Specific to knowledge about services, residents and providers perceived a strong need for more community education around the services available, specifically where services are located, how much they cost, languages available, and whether residents need to provide information regarding their legal status. Additionally, because the percentage of households lacking English proficiency is substantially higher in the service area (e.g., 1 in 4 in Miami-Dade County), providers emphasized the importance of supplying linguistically appropriate information for families. Increasing education and awareness of health outcomes such as chronic diseases, developmental disabilities, and mental health were viewed as important in reducing negative health outcomes in the community. Specific to mental health, education and awareness were seen as key factors in combating stigma associated with seeking help for mental health

concerns. Related to knowledge of services, insurance emerged as a common barrier. In Miami, 7.2% of children are uninsured and according to qualitative discussion participants, coverage continues to be an issue especially for low-income children and children of recent immigrants in the area.

Mental and behavioral health among children and young adults is concerning for residents and service providers alike. Mental health remains a challenge in the community and school-aged children (K-12) remain of particular concern for poor mental health outcomes. While there was agreement that mental health was a concern for many years, qualitative data participants insisted that the mental wellbeing of children and young adults declined substantially since the start of the pandemic. Increasing awareness of mental health issues and services available to families was seen as an important part of ensuring a healthy community.

Housing and cost of living continue to pose challenges for many families. A perceived increasing cost of living in South Florida was consistently mentioned as a concern in the area. Several qualitative data participants claimed that the combination of relatively low wages and rising costs of essentials such as mortgage/rental payments, food, healthcare, health insurance, and more can be a substantial challenge for families in South Florida. These costs created concerns that families and low-income residents are leaving South Florida in favor of more affordable communities.

PRIORITIES IDENTIFIED
After engaging Community Advisory Board members in a group discussion and prioritization process, the following priorities were identified for Nicklaus Children's Hospital to focus on for the next three years.

1. Access to Services
2. Health Education
3. Children's Mental Health

The other areas identified in the 2022 Community Health Needs Assessment are areas that Nicklaus Children's did not make a priority due to less perceived feasibility, lack of institutional expertise, and/or the existence of other organizations addressing these needs within the community.

Overview of Nicklaus Children's Hospital

Nicklaus Children's Hospital, part of Nicklaus Children's Health System, is a pediatric hospital in Miami, Florida. The 309-bed pediatric specialty hospital and its network of pediatric outpatient centers provides comprehensive care and rehabilitation for infants, children, and young adults of the region and beyond. Nicklaus Children's offers more than 40 pediatric specialties and sub-specialties and provides care for more than 13,730 admissions, 13,830 surgical visits, 470,789 outpatient visits, and 678,000 physician visits each year.

The hospital's aim is to inspire hope and promote lifelong health by providing the best care to every child. Further, Nicklaus Children's Hospital seeks to fulfill its vision of a healthy future for every child through its values and guiding behaviors of collaboration, responsibility, empowerment, advocacy, transformation, and empathy.

Purpose and Scope of the Nicklaus Children's Community Health Needs Assessment (CHNA)

In 2022, Nicklaus Children's Hospital conducted a community health needs assessment (CHNA) of the community it serves in South Florida. The purpose of the CHNA was to provide an empirical foundation for future health planning, as well as fulfill the CHNA requirement for non-profit institutions put forth by the Internal Revenue Service (IRS). Nicklaus Children's Hospital hired Health Resources in Action (HRiA), a non-profit public health organization specializing in CHNA development, to collect and analyze data, and to develop the CHNA report. The 2022 Nicklaus Children's CHNA was conducted to achieve the following goals:

1. Examine the current health status of children and families in South Florida
2. Identify the current health priorities among children and families, focusing specifically on pediatric health
3. Explore community strengths, resources, and gaps in services in order to guide future planning and programming efforts for Nicklaus Children's Hospital
4. Understand perceptions of – and explore ways to address – health equity in South Florida

The 2022 CHNA builds on the work from the previous assessments conducted in 2015, 2018, and 2021. Priority areas for the past three assessments are included in Table 1. After deciding on priority areas during each year listed, Nicklaus Children's developed several commitments to address the specific findings of the CHNAs and created an open invitation to organizations and individuals in the community interested in collaborating. Priority areas and commitments for previous assessments can be found on Nicklaus Children's *Community Health Needs Assessment & Implementation Plan* webpage.

It should be noted that to fulfill the federal IRS requirements for 2021, and as a continuing best practice in community health, Nicklaus Children's Hospital sought and received approval to adopt a 2020 CHNA – conducted in collaboration with University of Miami Health System and Jackson Health System – along with a 1-year Strategic Implementation Plan (SIP). The 1-year SIP focused on Miami-Dade, the county that Nicklaus Children's sits in, rather than the entire service area and met the requirements of the IRS filing deadline. Approval of the 2020/2021 process and subsequent submission of the 2022 assessment effectively shifts the timeline for Nicklaus Children's Assessment and Planning process. The next assessment will be conducted in 2025.

Table 1. Priority Areas for 2015, 2018, 2021 Assessments

2015
• Access to healthcare services
• Asthma and other respiratory conditions
• Diabetes
• Injury and violence
• Mental health
• Nutrition, physical activity, and weight
• Oral health
• Potentially disabling conditions
• Substance abuse
• Vision, hearing, and speech conditions

2018
• Access to healthcare
• Asthma and other respiratory conditions
• Diabetes
• Injury and safety
• Mental and emotional health
• Nutrition, physical activity, and weight
• Potentially disabling conditions
• Prenatal and infant health
• Sexual health
• Substance abuse

2021
• Access to care
• Behavior management
• Mental health

Nicklaus Children's 2022 CHNA employed a methodology similar to previous assessments. The assessment team utilized primary and secondary data collection methods to describe the community's health behaviors and health outcomes, health care access, and available resources to help address needs identified in the community. For the 2022 CHNA, Nicklaus Children's conducted a more exhaustive assessment which included expanding their process of examining health equity and contributing social determinants of health focused on the pediatric (child and adolescent) population.

This report discusses the findings from the 2022 CHNA conducted December 2021 – May 2022.

Definition of Community Served

This report includes data from the seven Florida counties that Nicklaus Children's Hospital considers to be part of its overall service area. Figure 1 provides a visual representation of these counties. While patients of Nicklaus Children's come from many counties in Florida and around the world, the hospital is in Miami-Dade County and draws roughly 80% of its patient population from Miami-Dade. Therefore, the primary community of focus for this CHNA is defined as Miami-Dade County, depicted in dark blue in Figure 1. Data for Miami-Dade was captured through all qualitative and quantitative data collection methods. Broward and Palm Beach Counties (light blue) are considered secondary service areas. Data from these areas were captured largely through existing

national, state, and local data sources, though some information was gathered through primary data collection. Collier, Lee, Martin, and Monroe Counties (white/blue striping) are considered tertiary service areas. Data from these areas were captured through existing national, state, and local data sources.

Figure 1. Overview of Nicklaus Children's CHNA Community Area

DATA SOURCE: Health Resources in Action using ArcMap 10.8.2

METHODS

The following section describes the approach to data collection activities. This section also provides context about the overarching framework used to guide the assessment process. The 2022 methods expanded assessment data to include social and economic issues, examine disparities across sub-populations (where available), and further amplify the community voice. Additionally, the methods for this assessment were modified slightly to accommodate data collection during the COVID-19 pandemic, also described in detail below.

Social Determinants of Health Framework

While delivering quality health care to residents is an important part of maintaining community health, it is not the only factor that allows a community to thrive. In addition to individual factors (e.g., genetic makeup and personal behaviors), community health is also influenced by economic and social factors.[1] These factors create a root causes framework (Figure 2) and were used to guide discussions with interview participants and the search for secondary data indicators. The assessment team also used the Pair of ACEs Tree (Figure 3) to guide conversations around children and families given the population focus for Nicklaus Children's Hospital. This tree connects Adverse Childhood Experiences, or ACEs, to root issues and environments.

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[1] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Figure 2. The Health Tree
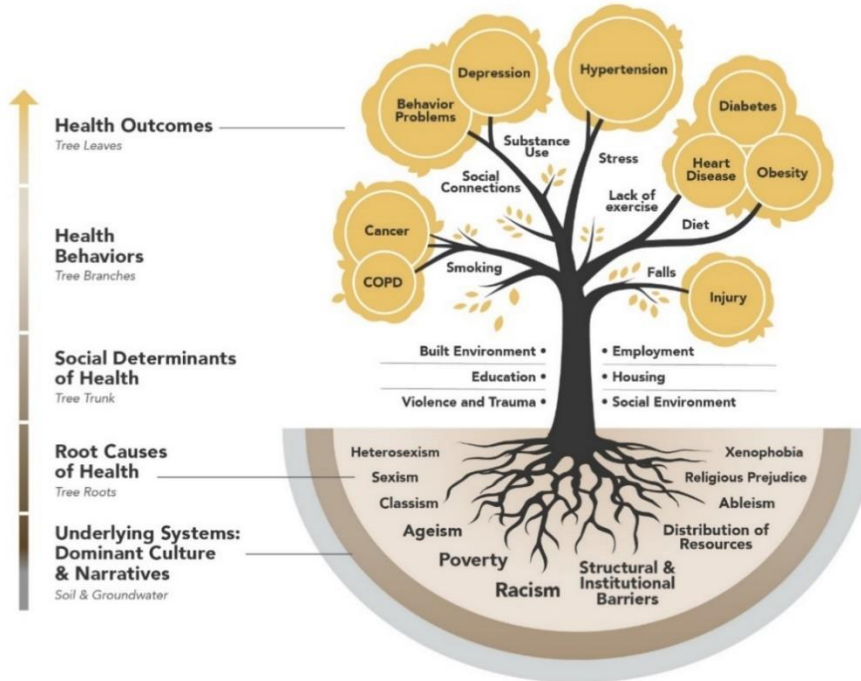
NOTE: The Health Tree is adapted by Health Resources in Action from the Human Impact Partners' Health Equity Guide

Figure 3. The Pair of ACEs Tree
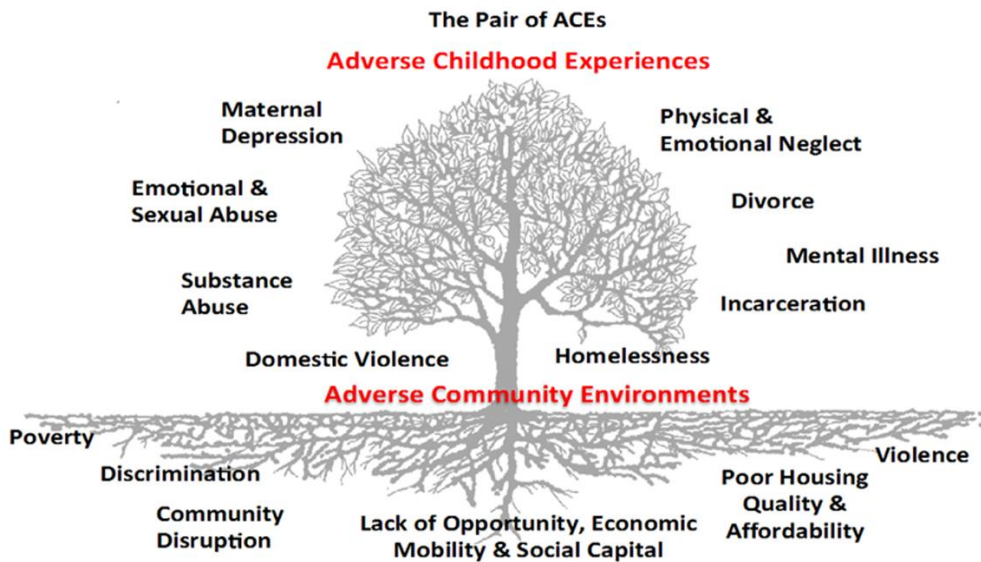
SOURCE: Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

In addition to capturing information on health outcomes and their root causes, it is also important to understand how underserved populations in a community are disproportionately affected by social determinants. This understanding is captured by employing a health equity lens when conducting assessment

> *"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."*
> – Robert Wood Johnson Foundation

activities. The assessment team engaged with interview participants either representing or identifying with various populations that are typically underrepresented in data collection (e.g., recent immigrants, young adults, and people of color).

Quantitative Data Collection

To develop a comprehensive picture of the South Florida region, the assessment team conducted a review of secondary data sources and administered a community survey to residents in South Florida.

Secondary Data

The assessment team reviewed existing data from national, state, and local sources. The types of data included demographics, vital statistics, public health surveillance, and self-reported health behaviors. Data sources included but were not limited to the U.S. Census, Centers for Disease Control's Youth Risk Behavior Survey, Florida Department of Education, and Florida Department of Health, among others. Data analyses such as significance testing were conducted by the original data source (e.g., U.S. Census). Much of the U.S. Census data derive from the American Community Survey, which is comprised of data from a sample of a given geographic area. Though much of the data analyzed is included throughout this report, additional data tables can be found in Appendix B.

Community Survey

To gain a greater understanding of the health care and social service needs of the community surrounding Nicklaus Children's Hospital, a community survey was also administered to residents of Broward, Collier, Lee, Martin, Miami-Dade, Monroe, and Palm Beach Counties. The survey asked respondents to provide their perceptions regarding: strengths and concerns in the community, health status of the community, particularly as it relates to children and adolescents, perceived health-related priorities in the community, and access to health care services. A total of 246 respondents are included in survey analysis. A table with demographics of survey respondents can be found in Appendix A.

Qualitative Data Collection

In addition to quantitative data, qualitative information was gathered through interviews with leaders from organizations serving the South Florida community and residents living in South Florida. These methods allowed the assessment team to develop a more nuanced understanding of the perceptions of community strengths and assets, health concerns, and suggestions on what programming or services are most needed to address the concerns highlighted by the community. In selecting both service providers and residents, the assessment team engaged in a deliberate process to ensure that the community was properly engaged in the assessment. Between Winter

2021 and Spring 2022, interviews and discussion groups were conducted with service providers and residents in the community.

Key Informant Interviews

Interviews were conducted with 26 service providers representing a range of sectors including public health, community development, social services, early childhood education, and healthcare. The interviews explored participants' perceptions of the community, priority health concerns, and suggestions for how to address perceived health issues. A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered. Interviews were approximately 40-60 minutes in length. A list of the service provider organizations interviewed can be found in the ACKNOWLEDGEMENT Section.

Resident Discussion Groups

Three discussion groups with 29 residents were conducted with residents in South Florida. One group was conducted with youth, one group with parents of children with complex care needs, and one group with recent immigrants. Participants ranged in age, racial identity, socioeconomic background, length of residence in South Florida, and county of residence, though most resided in Miami-Dade County. Similar to conversations with service providers, discussion groups explored perceptions of South Florida, health concerns, and suggestions for future programming and services to address stated concerns. A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered. Discussion groups were approximately 45-90 minutes in length and all participants were provided a stipend ($35) for their time.

Analyses

The collected information was coded using NVivo, a qualitative data analysis software, and then analyzed thematically for main categories and sub-themes. The assessment team identified key themes that emerged across the interviews, as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. Selected quotes – without personally identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Data Limitations

As with all data collection efforts, there are some limitations related to the assessment's methods that should be acknowledged. Regarding surveillance systems, while quantitative data is available for health outcomes among youth, they tend to be limited among younger children. There is also a time lag in data analyses for data surveillance systems. While this lag is not ideal, it is a challenge faced by health-related organizations and agencies across the state and nation.

Data based on self-reported information should be interpreted with caution, as respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly.

For the qualitative data, it is important to recognize results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. While efforts were made to talk to a diverse cross-section of individuals, it is not possible to confirm whether they reflect the composition of the region. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

It is also important to recognize that an assessment study is a snapshot in time. The Nicklaus Children's Hospital CHNA occurred nearly two years into the COVID-19 pandemic and two years after statewide closures of nonurgent medical services, which extended from March 20 to May 4, 2020. Consumer use of all Nicklaus Children's pediatric services was substantially lower in 2020 than rates seen in 2018 and 2019. However, rates surged in 2021, as families resumed seeking medical care for their children. During the early months of 2022, at the time of this CHNA, schools and businesses were moving toward normal operations, and vaccine rates increased, but the nation was still very much in the midst of the COVID-19 pandemic. Logistically, the pandemic impacted the feasibility of convening in-person discussions for the CHNA and the availability of key stakeholders and community members to participate in CHNA data-gathering activities. To accommodate this shift in data collection logistics, the assessment team engaged in more creative approaches for recruitment and conducted all interviews virtually by telephone or video conference.

FINDINGS

This report discusses the findings from the 2022 CHNA conducted December 2021 – May 2022. Each section provides relevant quantitative data for the US, state, and Nicklaus Children's service area. Additional data tables can be found in Appendix B. Themes from qualitative data are included in "Community Perspective" callout boxes where appropriate. Additional contextual information is included in callout boxes, where appropriate.

COMMUNITY, SOCIAL, AND ECONOMIC CONTEXT

The population profile of a community is an important factor that informs our understanding of a community's health and health care needs. This section provides an overview of the demographics of the South Florida counties within the service area of Nicklaus Children's Hospital, including total population, population change, racial/ethnic composition, age distribution, language and country of origin, and income-related measures. As the demographics of the county shift, it is important to understand these variations, as they can indicate the changing needs of a community.

Demographics

Table 2 shows the total population in the US, Florida, and Nicklaus Children's service area. Between 2010 and 2020, the total population of Florida grew 14.6% while the service area grew 11.8%. The largest amount of growth was in Lee County (23%) and Collier County (16.9%).

Table 2. Total Population, by U.S., State, Service Area and County, 2010 and 2020

	2010	2020	Percent Change
United States	308,745,538	331,449,281	7.4%
Florida	18,801,310	21,538,187	14.6%
Service Area	6,724,317	7,516,212	11.8%
Miami-Dade County	2,496,435	2,701,767	8.2%
Broward County	1,748,066	1,944,375	11.2%
Monroe County	73,090	82,874	13.4%
Palm Beach County	1,320,134	1,492,191	13.0%
Collier County	321,520	375,752	16.9%
Lee County	618,754	760,822	23.0%
Martin County	146,318	158,431	8.3%

DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2010 and 2020

Florida's age demographics are similar to the United States, particularly for populations younger than 64 years old (Figure 4). In the service area, about 1 in 5 residents are under 18 years (19.9%) while fewer than 1 in 10 are between 18 – 24 years old (7.9%). Monroe County, and the tertiary service area (Collier, Lee, Martin) have fewer children under 18 years, compared to the overall service area.

Figure 4. Age Distribution, by U.S., State, Service Area and County, 2015-2019

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64	65 years and over
United States	22.6%	9.4%	26.5%	25.8%	15.6%
Florida	20.0%	8.4%	25.1%	26.4%	20.1%
Service Area	19.9%	7.9%	25.5%	26.8%	19.9%
Miami-Dade County	20.5%	8.6%	28.1%	26.9%	16.0%
Broward County	21.3%	8.0%	26.9%	27.5%	16.3%
Monroe County	15.1%	6.4%	24.6%	31.8%	22.1%
Palm Beach County	19.2%	7.6%	23.4%	26.1%	23.6%
Collier County	17.4%	6.7%	19.3%	25.1%	31.6%
Lee County	17.8%	6.9%	21.2%	25.9%	28.1%
Martin County	16.5%	6.4%	18.3%	28.2%	30.6%
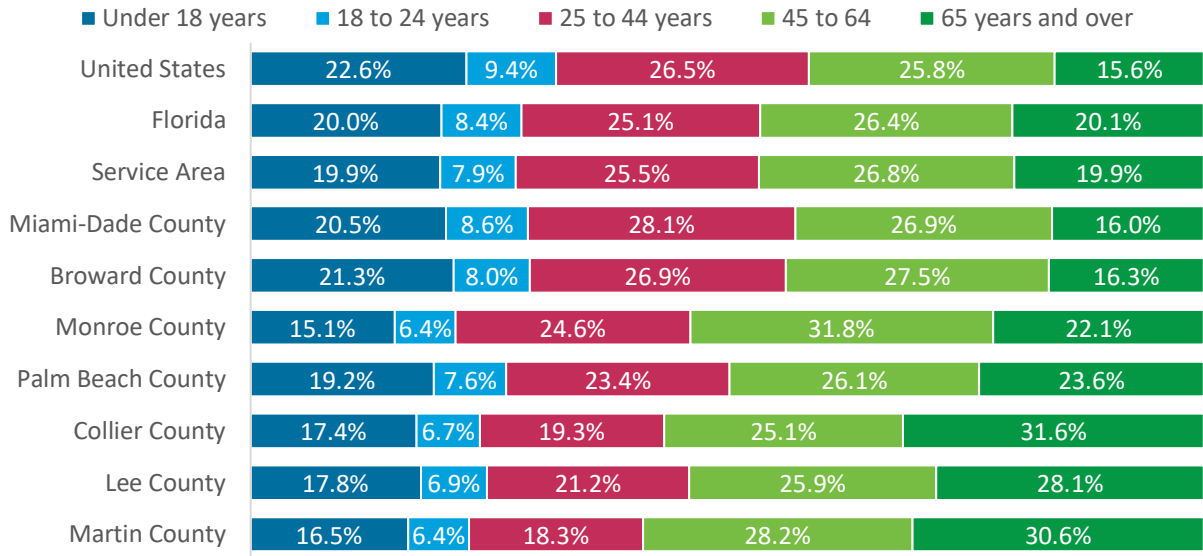
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Nicklaus Children's service area is more diverse compared to the state. Specific to children under 18 years, the overall service area has more Black, non-Hispanic, and Hispanic/Latino residents. Miami-Dade County has a substantially larger proportion of Hispanic/Latino children under 18 compared to the entire service area (64.4% vs. 45.0%). Similarly, Broward County has a considerably larger proportion of Black, non-Hispanic children, compared to the entire service area (35.4% vs. 24.5%).

Table 3. Percent Population Under 18 Years, Overall and by Race/Ethnicity, by U.S., State, Service Area and County, 2015-2019

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	Other, Non-Hispanic
United States	4.8%	14.0%	25.1%	50.6%	7.7%
Florida	2.5%	20.7%	31.2%	41.8%	4.1%
Service Area	2.1%	24.5%	45.0%	26.6%	4.1%
Miami-Dade County	1.2%	20.6%	64.4%	14.1%	4.3%
Broward County	3.3%	35.4%	32.5%	25.6%	4.0%
Monroe County	1.6%	11.5%	35.9%	49.4%	3.3%
Palm Beach County	2.5%	26.1%	31.1%	36.7%	3.4%
Collier County	0.9%	11.1%	46.9%	38.1%	2.9%
Lee County	1.5%	14.3%	35.4%	46.1%	5.6%
Martin County	1.8%	8.7%	28.2%	59.3%	5.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

The Miami-Dade area was perceived as large, diverse, and unique in terms of culture, religion, politics, and socioeconomics. The cultural and economic diversity of Miami were the most frequently cited. Residents thought of the area as a *"bubble"* within the state of Florida. Further, some participants described their neighborhoods as *"close knit"* and others noted the *"family-oriented"* nature of their neighborhood. Parents also perceived the area to be a safe community for their families. Regarding the cultural diversity of Miami, the community was frequently described as a *"majority minority"* city, with a large percentage of residents being born outside of the U.S., not identifying as White, and/or speaking English as a second language.

"Lots of merging of cultures [in Miami]; I think that's a good thing."
– Focus Group Participant

Nicklaus Children's service area has a substantially larger proportion of immigrants, with more than 1 in 3 residents (36.7%) being born outside of the United States, or "foreign born" (Figure 5). These proportions are consistent with the data in Figure 6 and Figure 7 regarding children in immigrant families in the US and in Florida. From 2015 to 2019, Florida consistently had between 32%-34% of children under age 18 who were foreign-born or resided with at least one foreign-born parent compared to 1 in 4 (25%) in the United States. Within the service area, the counties with the highest proportions of residents born outside of the U.S. were Miami-Dade (53.7%) and Broward (34.1%) (see Figure 5). Among the residents in the service area who were born outside the US, majority were from Cuba (31.3%), Haiti (9.3%), Colombia (7.0%), Jamaica (5.3%), and Venezuela (4.6%) (see Figure 8). In Miami-Dade County, majority of foreign-born residents are from Cuba (48.1%), Colombia (6.6%), Haiti (5.8%), Nicaragua (5.3%), and Venezuela (5.2%).

Figure 5. Percent Population Foreign Born, 2015-2019
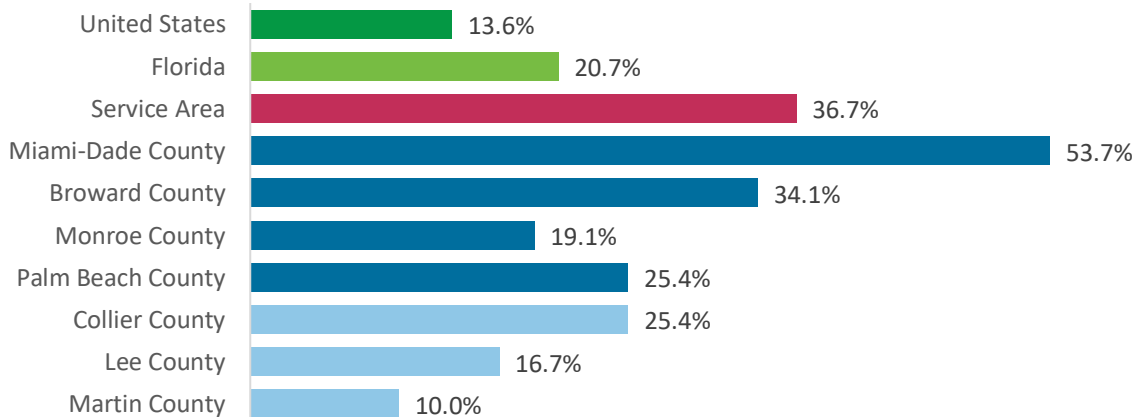
Location	Percent
United States	13.6%
Florida	20.7%
Service Area	36.7%
Miami-Dade County	53.7%
Broward County	34.1%
Monroe County	19.1%
Palm Beach County	25.4%
Collier County	25.4%
Lee County	16.7%
Martin County	10.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 6. Percent Children in Immigrant Families, by U.S., State, and County, 2015-2019
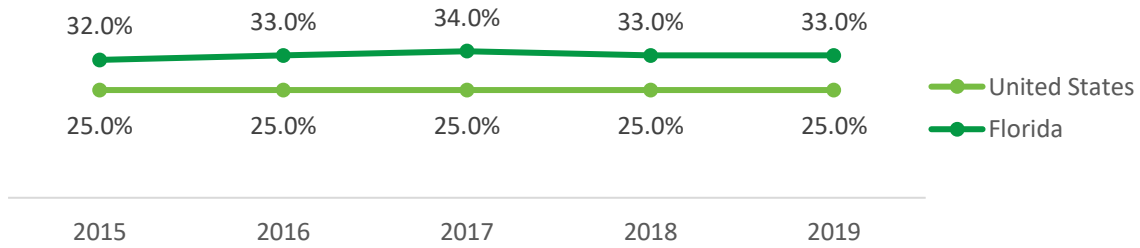
	2015	2016	2017	2018	2019
Florida	32.0%	33.0%	34.0%	33.0%	33.0%
United States	25.0%	25.0%	25.0%	25.0%	25.0%

DATA SOURCE: American Community Survey Public Use Microdata Sample (ACS PUMS), 2015-2019, as cited by Kids Count
NOTE: Children in immigrant families defined as individuals under age 18 who are foreign-born or reside with at least one foreign-born parent

Figure 7. Percent Youth and Young Adults Ages 14 to 24 who are Immigrants or Live in Immigrant Families, by U.S. and State, 2015-2019
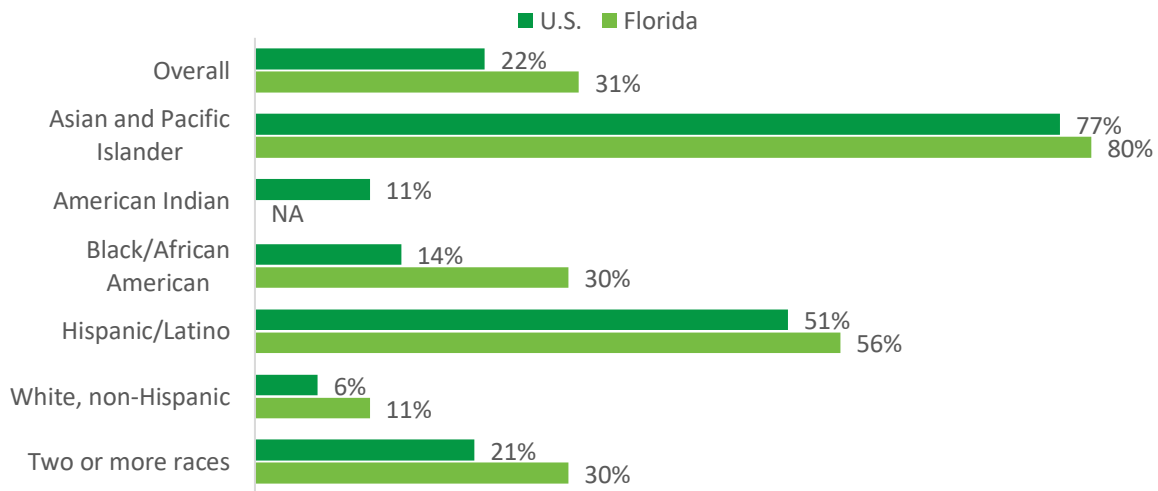
	U.S.	Florida
Overall	22%	31%
Asian and Pacific Islander	77%	80%
American Indian	11%	NA
Black/African American	14%	30%
Hispanic/Latino	51%	56%
White, non-Hispanic	6%	11%
Two or more races	21%	30%

DATA SOURCE: American Community Survey Public Use Microdata Sample (ACS PUMS), 2015-2019, as cited by Kids Count
NOTE: NA indicates estimate was due to the confidence interval around the percentage being greater than or equal to 10 percentage points

"The best [part of Miami] is that it is multicultural. I've lived here for about 40 years and there are so many different nationalities, cultures, foods, and everybody blends together. [There is] always something to learn and love about Miami life."
– Focus Group Participant

Figure 8. Percent Foreign Born Population by Country of Origin, by U.S., State, Service Area and County, 2015-2019

United States	Florida	Service Area	Miami-Dade County
Mexico 25.6%	Cuba 22.9%	Cuba 31.3%	Cuba 48.1%
India 5.8%	Haiti 7.7%	Haiti 9.3%	Colombia 6.6%
China (excluding Hong Kong and Taiwan) 4.9%	Colombia 6.3%	Colombia 7.0%	Haiti 5.8%
Philippines 4.5%	Mexico 6.2%	Jamaica 5.3%	Nicaragua 5.3%
El Salvador 3.1%	Jamaica 5.0%	Venezuela 4.6%	Venezuela 5.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

According to Figure 9, nearly half of all households in Nicklaus Children's service area speak a language other than English at home (48.6%). Within the service area, the largest proportions of households speaking a language other than English at home were in Miami-Dade County (74.9%), and Broward County (41.3%).

Figure 9. Percent Households Speaking Language Other than English at Home, 2015-2019

United States	21.6%
Florida	29.4%
Service Area	48.6%
Miami-Dade County	74.9%
Broward County	41.3%
Monroe County	22.4%
Palm Beach County	32.1%
Collier County	33.7%
Lee County	22.9%
Martin County	13.4%
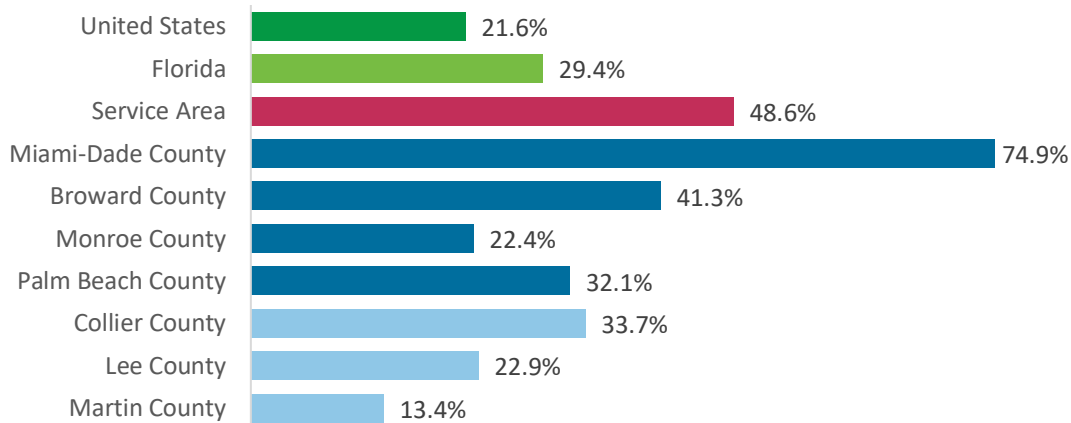
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Disability Status

In the service area, roughly 1 in 30 children under 18 years old have a disability. This proportion is lower when compared to Florida and the United States (Table 4). Of those in the service area, Broward (3.7%), Lee (3.8%), and Martin Counties (4.1%) have the highest proportions. Across the county, state, and country, cognitive disabilities are the highest reported disabilities for children under 18 years old.

Table 4. Percent Population Under 18 Years with a Disability, by Type of Disability, 2015-2019

	Overall	Hearing	Vision	Cognitive	Ambulatory	Self-Care
United States	4.2%	0.6%	0.8%	4.2%	0.6%	1.0%
Florida	4.4%	0.5%	0.7%	4.6%	0.6%	1.0%
Service Area	3.4%	0.5%	0.6%	2.5%	0.4%	0.6%
Miami-Dade County	3.3%	0.5%	0.6%	3.5%	0.6%	0.9%
Broward County	3.7%	0.5%	0.6%	3.8%	0.5%	0.9%
Monroe County	2.5%	0.3%	0.3%	2.3%	0.2%	0.2%
Palm Beach County	3.1%	0.4%	0.6%	2.9%	0.4%	0.7%
Collier County	3.1%	0.3%	0.5%	3.1%	0.6%	0.9%
Lee County	3.8%	0.7%	0.6%	3.7%	0.7%	0.5%
Martin County	4.1%	0.5%	0.9%	4.3%	0.5%	0.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE: Disabilities are defined by the U.S. Census Bureau as the following: Hearing – deaf or having serious difficulty hearing (DEAR). Vision – blind or having serious difficulty seeing, even when wearing glasses (DEYE). Cognitive – because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM). Ambulatory –serious difficulty walking or climbing stairs (DPHY). Self-care – having difficulty bathing or dressing (DDRS).

Community Perspective: Needs of Children with Disabilities

Several parents and service providers perceived a lack of school resources and supportive therapies available to children with developmental disabilities. One parent, when reflecting on enrolling their child in school, commented that they found accessing support to be difficult and perceived it to be a "*big issue*" in Miami schools. Service providers familiar with the needs of children with developmental disorders highlighted the need for more awareness among school administrators around the benefits of early intervention for young children.

A handful of service providers perceived an increasing need for therapies for older children with developmental disorders. One service provider suggested a transition program for young adults who will age out of Nicklaus Children's Hospital, noting that children with developmental disabilities still require specialized care in adulthood and commented that more providers who understand how to appropriately treat young adults with developmental disorders are needed.

While 18.3% of community survey respondents said their child is 'not at all likely' to participate in clinical research trials, more than half of respondents (54.8%) said their child is somewhat likely to participate (Figure 10).

Figure 10. Percent Parent or Guardian Respondents Reporting Likelihood of Allowing Child to Participate in Clinical Research Trial (N=126), 2021-2022
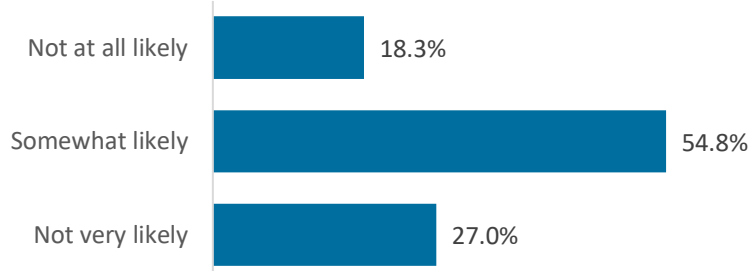
DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022

Two in five community survey respondents (39.4%) reported that they would seek genetic testing for their child to learn about their child's current conditions or to learn about any conditions their child may be at risk of developing (Figure 11). The same proportion of respondents reported that they would not seek genetic testing at all. A smaller proportion of respondents said they would seek genetic testing to find more effective treatment for their child (29.1%) or to help their child avoid negative side effects of medication.

Figure 11. Percent Parent or Guardian Respondents Reporting They Would Seek Genetic Testing for Their Child (N=127), 2021-2022
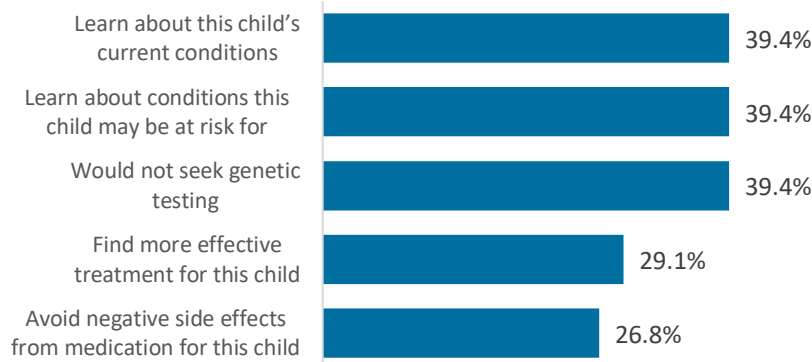
DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022
NOTE: Respondents could select multiple options; therefore, percentages may sum to more than 100%

Among Florida children with disabilities, a slightly smaller number of children in the service area ages 3-5 years received pre-K services, compared to the state (382.0 per 1000 vs. 391.0 per 1000). Within the service area, there are large fluctuations by county. Children in Broward County have the largest number of young children receiving pre-K services (505.3 per 1000), followed by Palm Beach County (454.9 per 1000), and Miami-Dade County (433.7 per 1000). Among children in grades K-12, 0.5% in the service area have received a diagnosis for an emotional/behavioral disability in 2020. Throughout the service area, this proportion ranges from a low of 0.3% in Collier County to a high of 1.0% in Monroe County.

Figure 12. Children Ages 3 to 5 with Disabilities Receiving Pre-K Services per 1,000, 2018-2020

County	Value
Florida	391.0
Service Area	382.0
Miami-Dade County	433.7
Broward County	505.3
Monroe County	224.9
Palm Beach County	454.9
Collier County	371.0
Lee County	208.1
Martin County	411.9
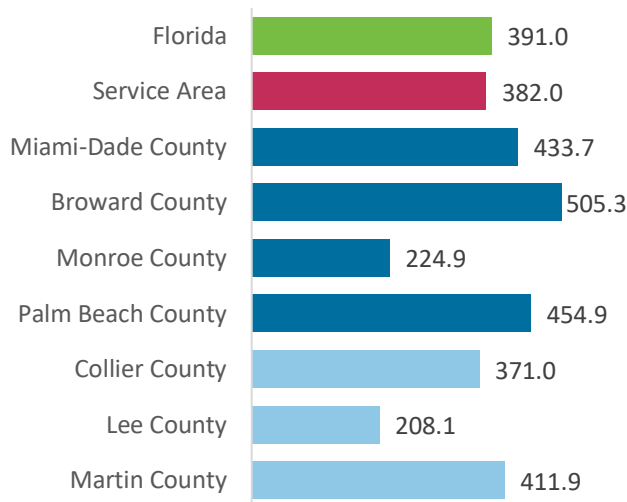
DATA SOURCE: FL Health Community Health Assessment Resource Tool Set (CHARTS), 2018-2020

Figure 13. Children in School Grades K-12 with an Emotional/Behavioral Disability, 2018-2020

County	Value
Florida	0.5%
Service Area	0.5%
Miami-Dade County	0.6%
Broward County	0.4%
Monroe County	1.0%
Palm Beach County	0.4%
Collier County	0.3%
Lee County	0.6%
Martin County	0.5%
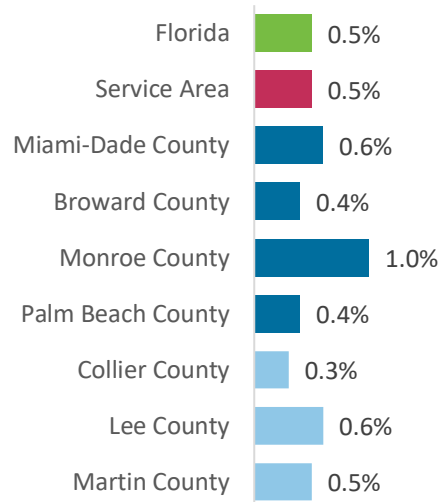
DATA SOURCE: FL Health Community Health Assessment Resource Tool Set (CHARTS), 2018-2020

Community Perspective: COVID-19 and Developmental Disabilities

Service providers and parents of children with developmental disorders also noted the devastating effects of the pandemic on their child's development. In addition to the typical challenges of working at home with children, these participants noted that it was especially hard for families to provide the necessary stimulating environment at home for children with developmental disorders. Additionally, the elimination of in-person social interactions was seen as detrimental to child development and progress.

One service provider with experience developing individualized education plans for children with developmental disorders commented that the pandemic created challenges in observing children and developing subsequent treatment strategies because children were no longer in their usual structured environments. However, this provider added that staff were able to adapt their approach in the virtual setting to meet with all family members to discuss individualized education plans.

"Because of safety precautions, [therapists/providers] had to stop doing home visits. Lots of services for the disabled community have been limited and not addressed."   – Focus Group Participant

Education

High school graduation rates are relatively high in Florida, with 90% of students graduating within four years of their initial enrollment in ninth grade (Table 5). These proportions vary throughout the service area, though all counties are at or above 85%. While rates are relatively high, they are lowest among Black students and Hispanic male students. In Miami-Dade, 85.6% of Black students and 88% of Hispanic male students graduated in 2021, compared to 93.6% of White students and 93.9% of Hispanic female students.

Table 5. High School Graduation Rate, Overall and by Race/Ethnicity, 2020-2021

	Overall	White	Black	Hispanic Male	Hispanic Female
Florida	90.0%	91.8%	87.1%	86.4%	92.4%
Miami-Dade County	90.1%	93.6%	85.6%	88.0%	93.9%
Broward County	89.1%	92.7%	86.6%	85.1%	93.0%
Monroe County	91.5%	93.2%	93.3%	82.9%	95.4%
Palm Beach County	91.0%	94.7%	88.8%	85.1%	92.2%
Collier County	92.6%	96.0%	90.3%	88.1%	93.5%
Lee County	85.1%	87.3%	83.6%	78.1%	88.0%
Martin County	94.1%	96.5%	86.5%	86.8%	94.9%

DATA SOURCE: Florida Department of Education, Education Information and Accountability Services (EIAS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020-2021
NOTE: Florida's high school graduation rate is the percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program, or an adult education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry.

Overall, 3.2% of Florida's high school students dropped out of high school in 2021 (Figure 14). In Nicklaus Children's service area, rates were highest in Palm Beach County (6.1%), Collier County (4.7%), and Miami-Dade County (4.3%). While these rates are relatively small – fewer than 1 in 20 – leaving school before graduation can have drastic effects on lifetime earnings and health outcomes.[2]

Community Perspective: COVID-19 and Education

Interview participants familiar with the educational landscape in Florida noted the substantial shift in education caused by the pandemic. From staff shortages to remote learning to managing the physiological needs of children, the pandemic has made a long-lasting impact on children and families.

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[2] Healthy People 2020, High School Graduation, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/high-school-graduation

Among students in grades K-12, the percentage of students who were absent from school for 21 days or more was roughly 1 in 10 (11.3%). This proportion was similar in Miami-Dade, Broward, Lee, and Martin Counties, but lower in Monroe, Palm Beach, and Collier Counties. When compared to 2019, proportions in Florida overall and the service area were lower in 2021 (data not shown). For example, in 2019, 17.9% of K-12 students in Miami-Dade County were absent for 21 days or more. In 2021, this number decreased to 10.7%.

Figure 14. High School Cohort Dropout Rate, by State and County, 2020-2021

Florida	3.2%
Miami-Dade County	4.3%
Broward County	2.0%
Monroe County	3.6%
Palm Beach County	6.1%
Collier County	4.7%
Lee County	2.4%
Martin County	3.8%
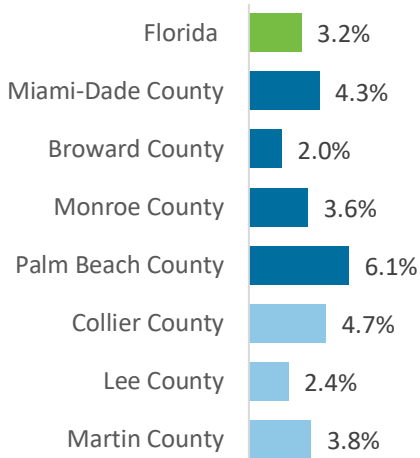
DATA SOURCE: Florida Department of Education, 2020-2021

Figure 15. K-12 Students Absent 21+ Days from School, by State and County, 2020-2021

Florida	11.3%
Miami-Dade County	10.7%
Broward County	11.5%
Monroe County	7.6%
Palm Beach County	7.1%
Collier County	6.1%
Lee County	12.2%
Martin County	10.1%
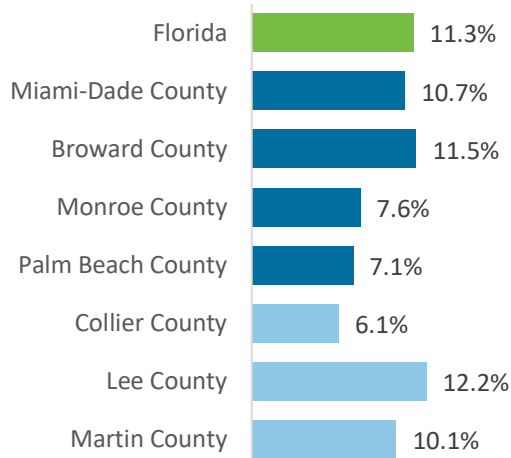
DATA SOURCE: Florida Department of Education, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020-2021

"People are tired, staff are tired, they are getting sick, kids are getting sick. Inconsistent staff in schools. Inconsistent attendance of students. [It's] challenging for staff to teach and for students to learn." – Key Informant Interviewee

Income, Poverty, and Employment

Income, poverty, and employment have substantial impacts on a child's health. All three can influence where families can live, what healthy foods and health-related services they can access, and the various education and professional skills they can access throughout life. Income distribution across Florida generally reflects that of the US overall, with roughly half of

> **Income by Race / Ethnicity**
> When examining the median household income in Miami-Dade by race/ethnicity:
> - Asian, Non-Hispanic – $60,292
> - Black, Non-Hispanic – $37,839
> - Hispanic/Latino – $53,753
> - White, Non-Hispanic – $87,181
> - Other Race/Ethnicity, Non-Hispanic – $53,753

residents earning between $25,000 and $99,999 annually (Figure 16). When examining by county, Miami-Dade has the largest proportion of low-income residents – 26.2% earn less than $25,000. Miami-Dade also has the largest proportion of residents earning $49,999 or less and has one of the lowest proportions of residents earning $200,000 or more. These income proportions may have shifted temporarily in 2020 and 2021 with the Economic Impact Payments[3] and the rollout of the Child Tax Credit under the American Rescue Plan[4].

Figure 16. Distribution of Income, by U.S., State, and County, 2015-2019
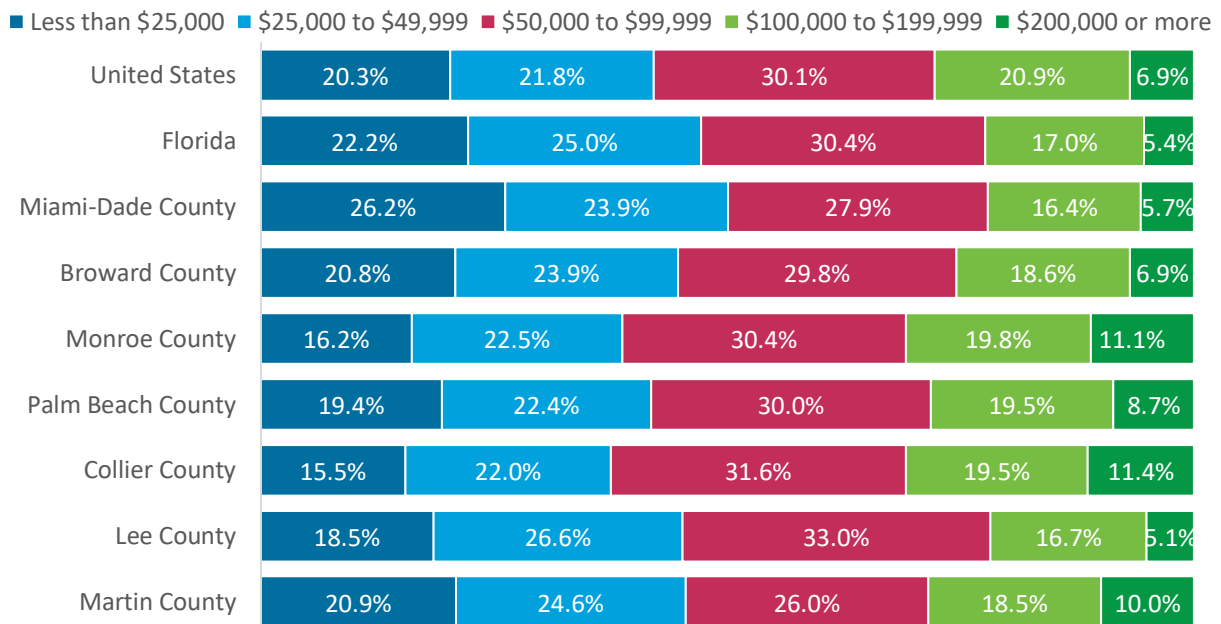
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

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[3] U.*S. Department of the Treasury, Economic Impact Payments*, https://home.treasury.gov/policy-issues/coronavirus/assistance-for-american-families-and-workers/economic-impact-payments.
[4] *The White House, Child Tax Credit*, https://www.whitehouse.gov/child-tax-credit/.

In the service area, 30.1% of children live in a single parent household. Throughout the service area, this proportion ranges from a low of 23.5% in Collier County to highs of 32.5% in Miami-Dade County and 31.5% in Broward County (Figure 17). This indicator is important because single parent households are more likely to live in poverty.[5]

Figure 17. Children in Single Parent Household, 2015-2019

Florida	29.0%
Service Area	30.1%
Miami-Dade County	32.5%
Broward County	31.5%
Monroe County	24.2%
Palm Beach County	27.1%
Collier County	23.5%
Lee County	27.0%
Martin County	25.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as cited by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2015-2019
NOTE: Single parent households include children that live in a household headed by a single parent.

Community Perspective: Economic Diversity

Participants viewed economic diversity as a strength from a philanthropic and community resource perspective. However, most participants also noted the substantial number of neighborhoods with few financial resources and highlighted the fact that some neighborhoods experience more hardship than others.

Figure 18 shows the proportion of families living in poverty. Across geographies, families with children consistently have higher proportions of people living in poverty. Miami-Dade County has the highest proportion of each group living in poverty: 17.1% of individuals, 13.8% of families and 19% of families with children are living in poverty. After Miami-Dade, Collier and Lee Counties have the highest proportions of families with children living in poverty (15.3% and 16.8%, respectively). Note, data on individuals living in poverty is not shown.

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[5] Gretchen Livingston, *The Changing Profile of Unmarried Parents,* https://www.pewresearch.org/social-trends/2018/04/25/the-changing-profile-of-unmarried-parents/.

Figure 18. Percent Families and Families with Children in Poverty, by U.S., State, and County, 2015-2019

Legend: ■ Families ■ Families with Children

	Families	Families with Children
United States	9.5%	15.1%
Florida	10.0%	16.3%
Miami-Dade County	13.8%	19.0%
Broward County	9.9%	14.3%
Monroe County	6.3%	12.1%
Palm Beach County	8.4%	14.1%
Collier County	7.4%	15.3%
Lee County	8.8%	16.8%
Martin County	6.8%	11.7%
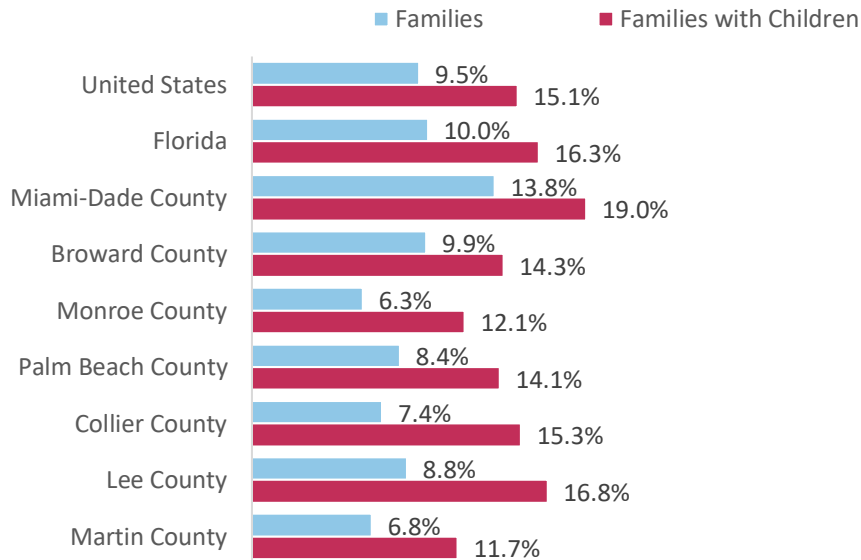
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

In Florida, more than 1 in 10 residents (12%) and nearly 1 in 5 children (17.1%) were projected to be food insecure[6] in 2020 (Figure 19). Projections of food insecure children are slightly lower throughout the service area but remain above 10% in all counties. Among children, projections are highest in Lee (16.9%), Palm Beach (15.7%) and Broward Counties (15.5%).

Figure 19. Percent Population Projected to Be Food Insecure, 2020

Legend: ■ Overall ■ Child

	Overall	Child
Florida	12.0%	17.1%
Miami-Dade County	10.3%	14.4%
Broward County	9.9%	15.5%
Monroe County	10.7%	13.4%
Palm Beach County	10.6%	15.7%
Collier County	10.1%	14.7%
Lee County	11.6%	16.9%
Martin County	11.1%	14.1%
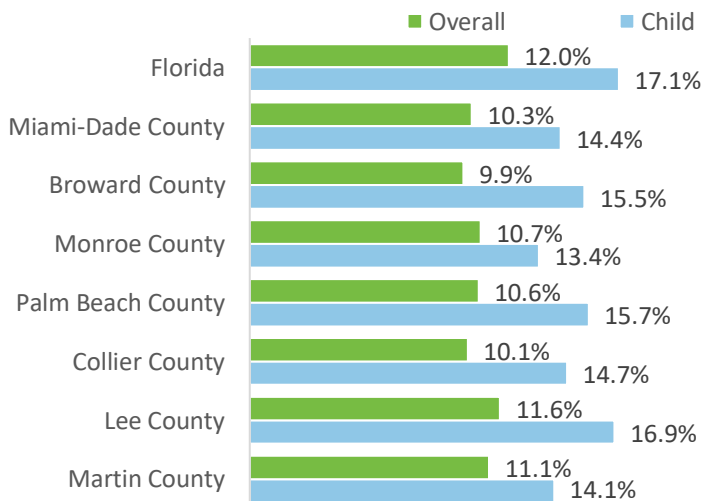
DATA SOURCE: Feeding America, Map the Meal Gap, 202

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[6] *Feeding America, Understanding Food Insecurity: What is Food Insecurity*,
https://hungerandhealth.feedingamerica.org/understand-food-insecurity/

Community Perspective: Food Access and Insecurity

In all focus groups and interviews, participants cited food access as a concern in the community. Food access looked different across participants. For some, food access related to affordable, healthy foods, while for others, it related to access to *any* food. While both issues were viewed as prevalent in the community, the latter was viewed as an issue that became worse during the pandemic.

Among service providers naming access to healthy and affordable foods, educating families on where to find affordable, healthy food, and how to properly prepare nutritious meals for their children was seen as one of the foundations of good health and a key factor in reducing chronic diseases such as obesity and diabetes among children and young adults.

Among participants who named access to any food, the issue of food deserts frequently emerged. Participants perceived food deserts to be in predominantly low-income, Black, and Brown communities. Further, participants perceived these communities tend to have a higher number of discount stores that do not consistently sell fresh or healthy foods.

Service providers noted that since the pandemic, the "*face*" of food insecurity has shifted. With the economic instability brought on by the pandemic, families that previously were able to manage their needs are now facing challenges in affording food. In addition to continued support of resources such as food pantries, service providers also emphasized the importance of sustained support for schools and community organizations that work to ensure children receive meals during the school year and in the summer.

"The face of hunger may surprise you. It's more prevalent than people realize. It's people who are underemployed, they might be earning income, but [rent] went from $1900 for two bedrooms, and now it's $3000. That's really what we are seeing." – Key Informant Interviewee

In the U.S., Florida, and Miami-Dade County, unemployment was relatively low January 2020 to March 2020 (Figure 20). Unemployment spiked in all geographies during the late spring and summer of 2020, an increase that was driven by the closures and precautionary measures taken at the height of the COVID-19 pandemic. Since October 2020, unemployment has steadily declined and as of March 2022, the proportion was similar to pre-pandemic levels.

Figure 20. Percent Population Over 16 Years Unemployed, January 2020-March 2022
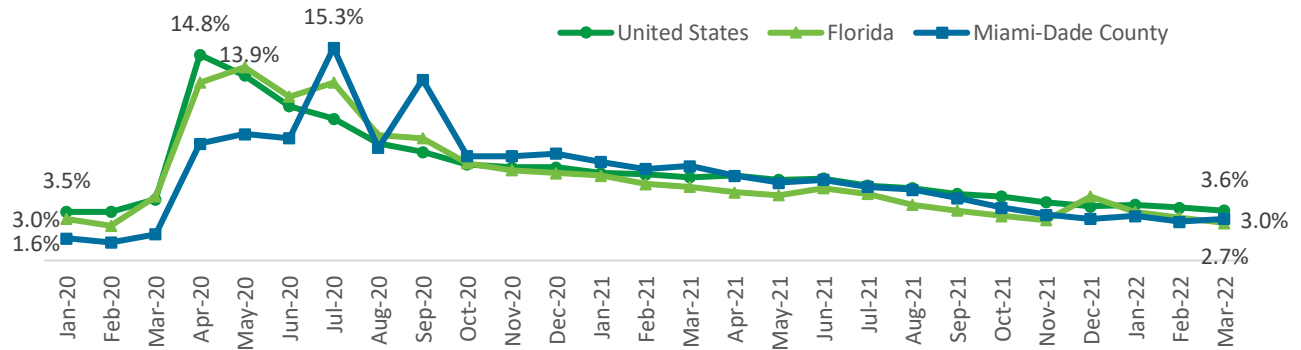
DATA SOURCE: U.S. Bureau of Labor Statistics, 2020-2022

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Community Perspective: COVID-19 and Employment

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Focus group and interview participants agreed that pandemic-related impacts on the labor market were devastating, particularly for the tourism industry, which participants considered to be how many residents in Miami earn a living. This impact was viewed as waning in the past year.

Most service providers also perceived a notable change in the childcare workforce. According to participants, at the height of the pandemic, childcare centers lost many childcare workers due to initial layoffs and later to alternative employment considered to be *"safer or provid[ing] a higher income."* This shortage of staff has led to longer wait lists for childcare and lower enrollment in childcare programs. Participants familiar with these challenges foresaw additional challenges as parents who experienced job loss or reduction in hours return to work and require childcare.

"Most childcare programs are still understaffed, and directors or owners are working in the classroom." – Key Informant Interviewee

Affordable, stable, healthy housing is a key component in ensuring the health of children and families. Unaffordable or unstable housing creates situations where families frequently move or forego paying for other essentials (e.g., utilities, food, etc.) to maintain their current housing. Additionally, housing issues such as mold and pest infestations can create or exacerbate health outcomes such as asthma in children.

Overall, more Florida residents own their home as opposed to renting (Figure 21). In the state and service area, roughly 2 in 3 residents owns their home. A higher proportion of residents own their homes in the tertiary service area (Collier, Lee, and Martin Counties), with at least 70% of those residents owning their home. Proportions of home ownership are the lowest in Miami-Dade County where 51.2% of residents owns while 48.8% rent their home.

Figure 21. Housing Tenure, 2015-2019
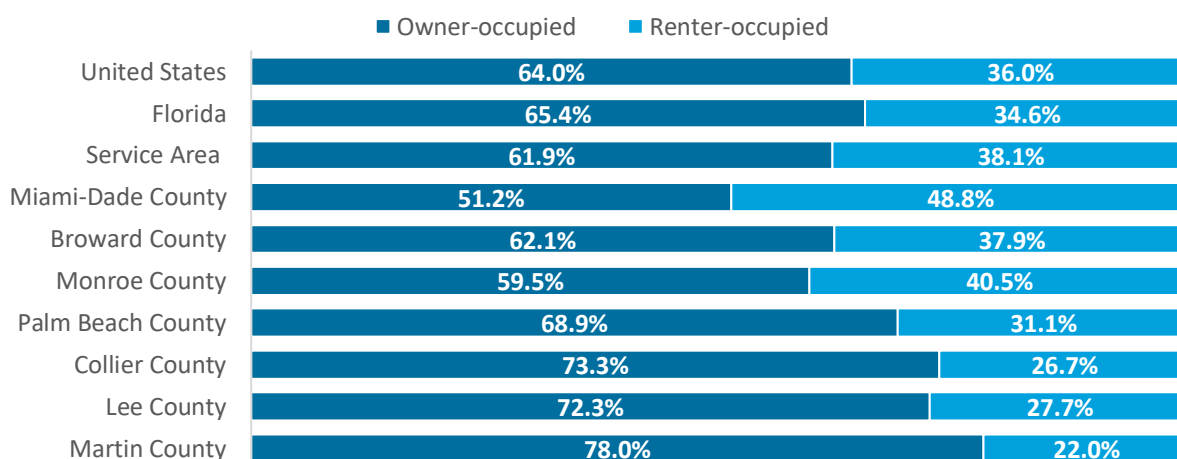
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

"Many of us see the housing situation [regarding availability and cost] getting worse, not better, in years to come." – Key Informant Interviewee

"For the families we serve, the challenges have remained the same. It was previously hard to make rent, now it's impossible." – Key Informant Interviewee

"Employees may not be able to afford to live [in Miami] because landlords see an opportunity to make more money. People have to choose between rent, utilities, food for their kids, and insurance." – Key Informant Interviewee

Median monthly housing costs for homeowners are higher than those of renters (Figure 22 and Figure 23). Overall, the housing costs for Floridan homeowners are $1,503 per month, and $1,175 per month for Floridan renters. In the both the primary and secondary service areas, housing costs are higher than the state and the US overall. Median monthly housing costs are highest for homeowners and renters in Monroe County. Though housing costs are higher for homeowners,

renters experienced more housing cost burden (Figure 24). Renters in Miami-Dade County experienced the most housing cost burden with 64.5% of renters reporting housing costs that are 30% or more of their household income.

Figure 22. Median Monthly Housing Costs, Owner-Occupied, 2015-2019
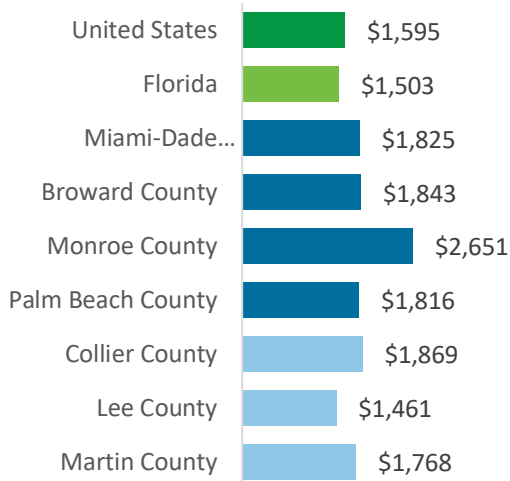
United States	$1,595
Florida	$1,503
Miami-Dade...	$1,825
Broward County	$1,843
Monroe County	$2,651
Palm Beach County	$1,816
Collier County	$1,869
Lee County	$1,461
Martin County	$1,768

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 23. Median Monthly Housing Costs, Renter-Occupied, 2015-2019
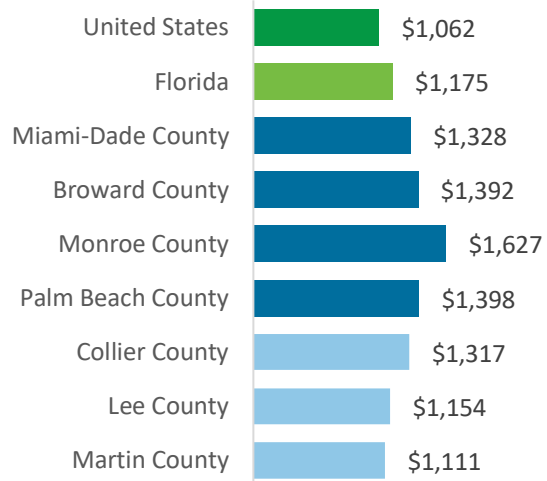
United States	$1,062
Florida	$1,175
Miami-Dade County	$1,328
Broward County	$1,392
Monroe County	$1,627
Palm Beach County	$1,398
Collier County	$1,317
Lee County	$1,154
Martin County	$1,111

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 24. Residents whose Housing Costs are 30% or More of Household Income, by Housing Tenure, 2015-2019

	Owner-Occupied	Renter-Occupied
United States	27.8%	49.6%
Florida	33.3%	56.3%
Service Area	39.6%	61.5%
Miami-Dade County	44.1%	64.5%
Broward County	40.0%	61.7%
Monroe County	49.4%	59.1%
Palm Beach County	37.2%	59.2%
Collier County	34.6%	56.0%
Lee County	33.8%	52.9%
Martin County	36.0%	54.8%
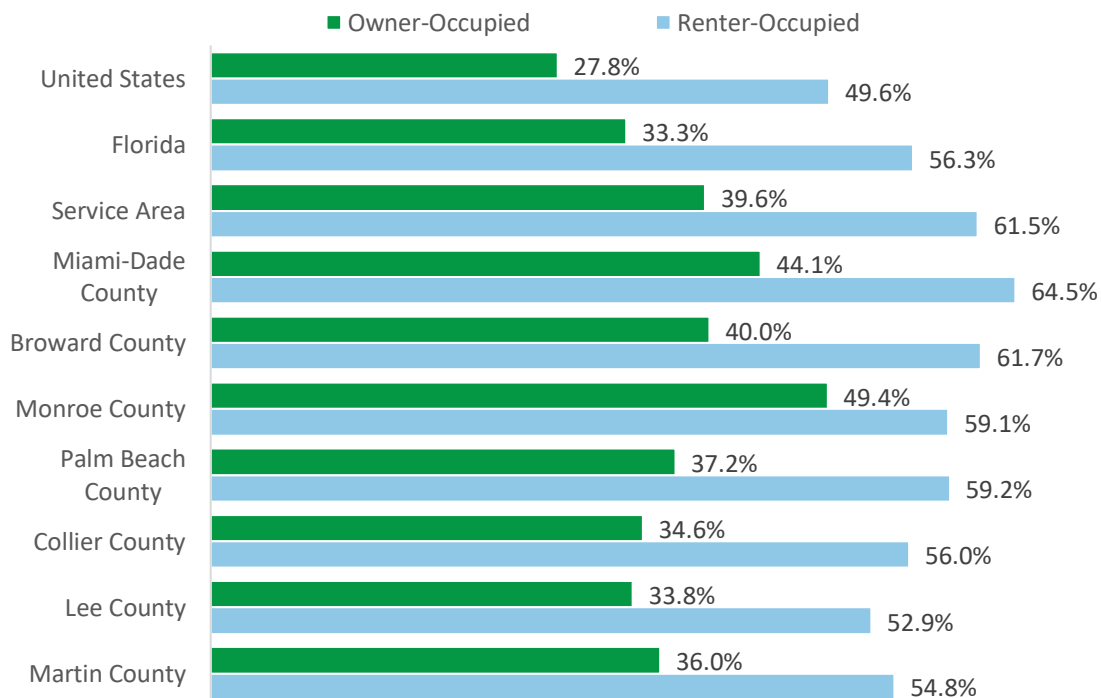
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

In 2017, nearly 1 in 5 households in Florida (19.5%) resided in a home with severe housing problems (Figure 25). This proportion was higher in much of the service area, where 3 in 10 families in Miami-Dade County (30%), and about 1 in 4 households in Broward (24.3%) and Monroe (25.1%) Counties have severe housing problems.

Figure 25. Percent Households with Severe Housing Problems, 2013-2017

County	Percent
Florida	19.5%
Miami-Dade County	30.0%
Broward County	24.3%
Monroe County	25.1%
Palm Beach County	21.8%
Collier County	19.9%
Lee County	17.6%
Martin County	16.6%
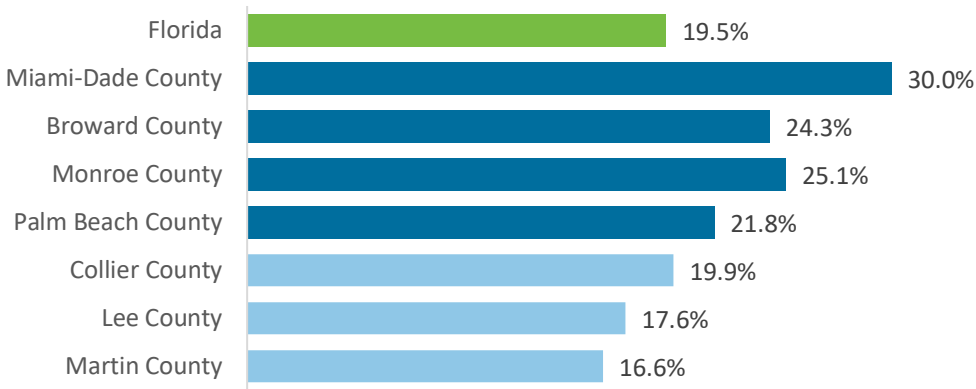
DATA SOURCE: Comprehensive Housing Affordability Strategy (CHAS) Data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2013-2017
NOTE: Includes households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Community Perspective: Housing and Cost of Living

Low-income households and families (regardless of income) were viewed as being especially vulnerable to the rising cost of living in the Miami area. Service providers repeatedly mentioned that it is becoming *"harder for residents to live where they work."* These participants noted that many of the low wage employees in Miami work in the hospitality industry and those jobs are in neighborhoods that are unaffordable. While service providers who were interviewed acknowledged that there are services available to help some residents pay for housing, they also noted that for programs such as Section 8, waitlists can be months- or years-long. As a result, many long-time residents are moving out of the city to more affordable areas in Florida.

Transportation

Transportation plays a direct role in connecting families to the places where they live work, play, and learn. Access to affordable and reliable transportation ensures that families have the opportunity to access resources that are essential to a high quality of life (e.g., housing, education, professional development, grocery stores, etc.). Across geographies, more than 2 in 3 residents rely on a personal vehicle for transportation to work (Figure 26). Additionally, roughly 1 in 10 residents relies on a carpool for transportation to work. This reflects data in Figure 27, which indicates that very few residents in Florida do not have a vehicle. Miami-Dade County has largest proportion of residents without a vehicle (10.3%).

Figure 26. Means of Transportation to Work for Population 16 Years and Over, 2015-2019

Legend:
- Car, truck, or van (alone)
- Car, truck, or van (carpool)
- Public transportation (excludes taxicab)
- Walked
- Other means
- Worked from home

Geography	Car, truck, or van (alone)	Car, truck, or van (carpool)	Walked	Other means / Worked from home
United States	76.3%	9.0%	5.0%	5.2%
Florida	79.1%	9.2%		6.2%
Service Area	77.8%	9.4%		5.9%
Miami-Dade County	76.6%	8.8%		5.5%
Broward County	79.5%	9.1%		5.2%
Monroe County	68.8%	7.2%	11.9%	6.4%
Palm Beach County	77.9%	10.0%		7.0%
Collier County	75.1%	12.4%		7.3%
Lee County	79.0%	10.2%		6.3%
Martin County	78.7%	9.5%		8.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
NOTE Data labels ≤5% not shown

Figure 27. Households with No Vehicle Available, 2015-2019
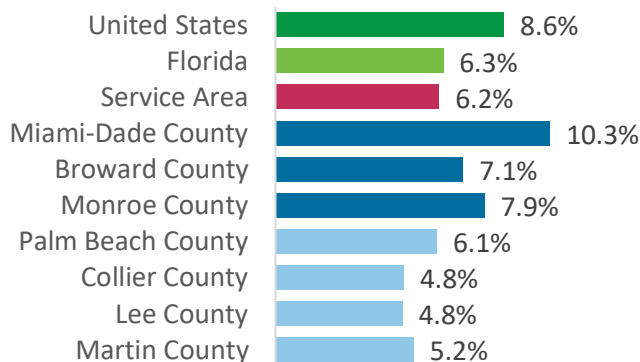
Geography	Percent
United States	8.6%
Florida	6.3%
Service Area	6.2%
Miami-Dade County	10.3%
Broward County	7.1%
Monroe County	7.9%
Palm Beach County	6.1%
Collier County	4.8%
Lee County	4.8%
Martin County	5.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Community Perspective: Concerns in the Community

Though focus group and interview participants noted many benefits and viewed their communities in a positive light, they also acknowledged that the region faces many challenges. All participants noted these challenges existed prior to the COVID-19 pandemic but worsened during the pandemic. Participants cited infrastructure and development (e.g., traffic, transportation, and construction), housing costs, cost of living, and access to mental and behavioral health services as substantial challenges in the area. Additionally, participants familiar with policy-level initiatives and efforts noted a perceived misalignment between state and local politics that can make it difficult to promote population health.

Participants perceived construction and community development as ongoing and something that *"never has an ending point."* One focus group participant perceived this to have negative impacts on the sense of community in the area because *"in the long term, you don't know your neighbors…[there's] always a turnover of people."* When thinking specifically about the challenges around infrastructure, another focus group participant highlighted the difficulties that residents in the North and South face in terms of transportation. This person perceived the lack of adequate transportation to different parts of Miami-Dade as something that creates *"two worlds in the county"* and expressed a desire for more integration of services and communities in the Northern and Southern parts of Miami-Dade County.

Participants attributed the increasing cost of living to the perceived rapid population growth and development in the area. Participants emphasized that the cost-of-living increases were occurring prior to the pandemic, but the issues worsened because of the perceived large number of people moving to Miami since the pandemic. While participants recognized that the growth and influx of people has created new jobs and opportunities, it has also added stress to an already strained environment. As a result of this growth, participants argued, many residents are finding it harder to pay rent and utilities while meeting the other day-to-day needs of their families.
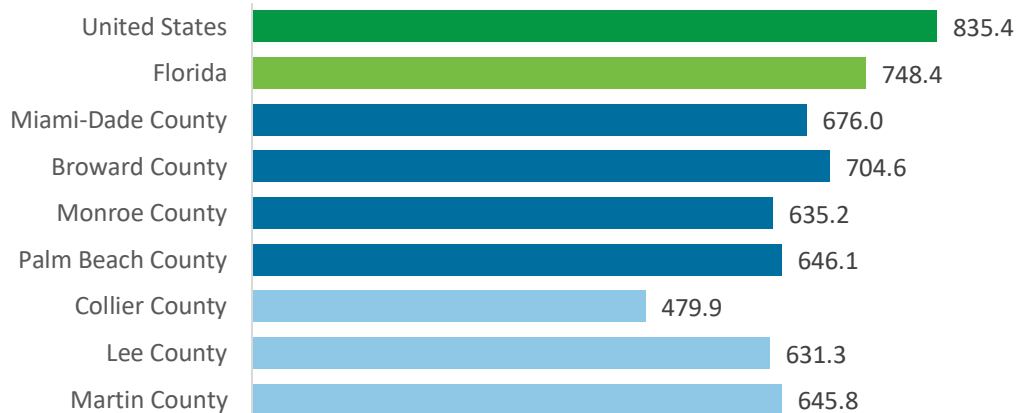
COMMUNITY HEALTH OUTCOMES AND BEHAVIORS

Understanding the health outcomes and behaviors as well as the perceptions of health in a community is a critical part of the assessment process. Data on leading causes of death, infant mortality, mental health, and more provide insight about the health status of the overall community. Community perceptions of these issues, although not statistically representative, complement quantitative data and provide perspectives on challenges and facilitators around certain issues. Data gathered through the community survey and qualitative discussions also fill in gaps on specific topic areas or population groups where limited secondary data are available.

Overall Health

The overall mortality rate was lower in Florida, compared to the United States (Figure 28). While the mortality rate is lower in all counties in the service area, it is highest in Miami-Dade County (676.0 per 100,000) and Broward County (704.6 per 100,000). Examining the mortality rate by age reveals that mortality rates among children ages 1-4 years are highest in Lee and Monroe Counties. Among children ages 5-14 years, rates are highest in Monroe County. Among children ages 15-24 years, rates are highest in Monroe, Palm Beach, and Lee Counties (see Table 6).

Figure 28. Overall Mortality Rate, Age-Adjusted per 100,000 Population, 2020

	Rate
United States	835.4
Florida	748.4
Miami-Dade County	676.0
Broward County	704.6
Monroe County	635.2
Palm Beach County	646.1
Collier County	479.9
Lee County	631.3
Martin County	645.8

DATA SOURCE: US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2020; FL and FL counties: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Table 6. Mortality Rate, Age-Specific Rates per 100,000 Population, by Age, 2020

	1-4 years	5-14 years	15-24 years
United States	22.7	13.7	84.2
Florida	25.5	14.6	86.8
Miami-Dade County	14.3	8.5	71.9
Broward County	21.7	10.9	86.4
Monroe County	36.5	31.5	107.9
Palm Beach County	26.2	12.9	97.7
Collier County	0.0	13.7	65.9
Lee County	46.8	14.9	93.1
Martin County	0.0	6.8	76.3

DATA SOURCE: US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2020; FL and FL counties: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Community Perspective: Overall Health

Chronic disease concerns in the community include childhood obesity, diabetes, heart disease, hypertension, and childhood asthma. Other health outcomes of concern in the community were infant mortality, sexually transmitted infections in teens and older youth, and vaccine preventable diseases in children and adults. Providers working in healthcare settings perceived an increase in obesity. Further, several service providers in the community perceived a direct link between poverty and childhood obesity in the community.

Figure 29 shows the top five leading causes of death in the U.S., Florida, and Florida children. The leading causes of death among Florida children under one year old were perinatal period conditions (303.2 per 100,000) and congenital malformations (115.5 per 100,000). Among children 1-24 years, the leading cause was unintentional injury. This is a leading cause across age groups, but the rate of injury was highest among children 15-24 years (39.8 per 100,000). Similarly, among children 1-24 years, homicide and cancer are leading causes across age groups, but the rates were highest among children 15-24 years.

Figure 29. Top Leading Causes of Death, Age-Adjusted Rates per 100,000 Population, by Age, 2020

United States All Ages	Florida All Ages (2018-2020 combined)	FL: Under 1 year	FL: 1-4 years	FL: 5-14 years	FL: 15-24 years
Heart Disease 168.2	Heart Disease 145.6	Perinatal Period Conditions 303.2	Unintentional Injury 10.1	Unintentional Injury 4.4	Unintentional Injury 39.8
Cancer 144.1	Cancer 142.4	Congenital Malformations 115.5	Congenital Malformations 2.8	Cancer 1.9	Homicide 16.0
COVID-19 85.0	Unintentional Injury 58.8	Unintentional Injury 40.9	Homicide 1.8	Suicide 1.4	Suicide 12.6
Unintentional Injury 57.6	Stroke 42.3	Sudden Infant Death Syndrome 28.8	Cancer 1.4	Homicide 1.3	Cancer 3.6
Stroke 38.8	Chronic Lower Respiratory Diseases (CLRD) 36.2	Heart Disease 10.7	Perinatal Period Conditions 0.5	Congenital Malformations 1.1	Heart Disease 1.9

DATA SOURCE: US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2020; FL and FL counties: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Figure 30 shows the COVID-19 mortality rate in Florida. Overall, between January 2020 and March 2022, Florida lost 323 per 100,000 residents to COVID-19. When examined by age, the mortality rate was highest among adults aged 65 years or older (1,166 per 100,000). When examined by race/ethnicity, residents who identified with a group other than White or Black experienced the highest rate of mortality (455 per 100,000), along with non-Hispanic residents (322 per 100,000).

Figure 30. COVID-19 Mortality Rate per 100,000 Residents, by Age and Race/Ethnicity, Florida, 2020- March 2022
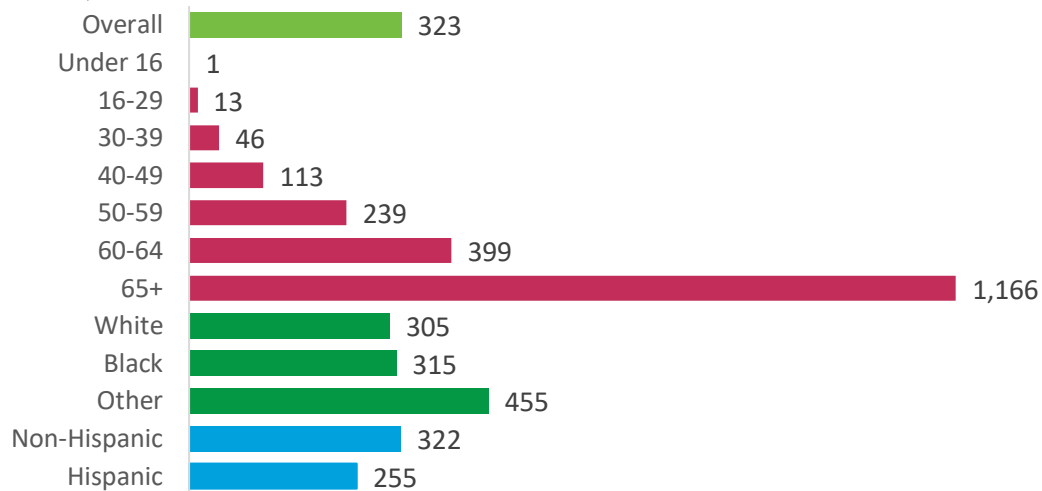
DATA SOURCE: Florida Health, COVID-19 Summary Rate, 2022
NOTE: Data as of March 4, 2022

Community Perspective: COVID-19 and Wellness Check ups

Participants familiar with the pandemic impacts on healthcare services expressed concern for a perceived decrease in diagnostics exams (e.g., mammograms and colonoscopies), child well visits, and immunizations among adults and young children across the state. A handful of these participants predicted increases in diagnoses of late-stage cancers and preventable illnesses because of these delays in care. One participant familiar with disease surveillance in Miami-Dade County perceived an increase in communicable diseases such as HIV and meningitis due to many organizations shifting their focus to COVID-19 for the past 1-2 years.

When compared to the United States, infant mortality rates in Florida and the service area overall are higher (Figure 31). The rate is lowest in Collier County (1.6 per 1,000) and highest in Martin and Broward Counties (5.6 and 5.1 per 1,000, respectively). When examined by race/ethnicity, Black infants consistently have the highest mortality rate, when compared to White and Hispanic infants (data not shown). Rates of infant mortality among Black infants are nearly double those of infants overall in Florida (10.7 per 1,000 compared to 5.8 per 1,000). In the service area, infant mortality rates among Black infants are highest in Miami-Dade County (11.0 per 1,000) and Lee County (15.8 per 1,000) (data not shown).

Figure 31. Infant Mortality Rate (0-364 days) per 1,000 Live Births, 2020
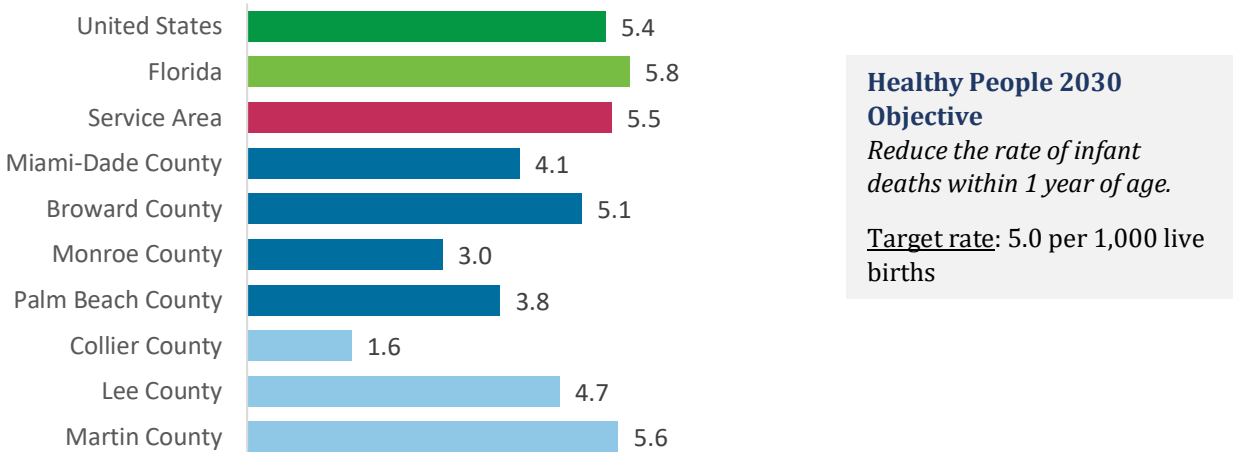
Location	Rate
United States	5.4
Florida	5.8
Service Area	5.5
Miami-Dade County	4.1
Broward County	5.1
Monroe County	3.0
Palm Beach County	3.8
Collier County	1.6
Lee County	4.7
Martin County	5.6

Healthy People 2030 Objective
Reduce the rate of infant deaths within 1 year of age.

Target rate: 5.0 per 1,000 live births

DATA SOURCE: US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2020; FL and FL counties: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Community survey respondents were also asked to identify what they perceive to be the issues impacting children of the community (Figure 32). Majority of respondents (60.3%) reported that mental or behavioral health was the top issue impacting children.

Figure 32. Percent Respondents Reporting Issues Impacting Children in Community (N=116)

Issue	Percent
Mental or behavioral health	60.3%
Overweight or obesity	44.0%
Care for children with special needs (physical, emotional, developmental, or behavioral)	41.4%
Access to early childcare and education	31.0%
Coronavirus/COVID-19	27.6%
Safety at schools or daycares (e.g., bullying, gun violence)	26.7%
Safety online (e.g., cyberbullying)	24.1%
Access to healthy food options	23.3%
Accidents and injuries (e.g., drownings, concussions, sports)	19.8%
Community violence (e.g., gangs, street crime)	15.5%

DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022
NOTE: Top 10 issues listed; Respondents could select multiple responses, therefore, percentages may add up to greater than 100%

Maternal and Child Health

The health of mothers, infants, and children are important indicators of community health as their wellbeing helps predict future public health challenges for families, communities, and the health care system. Infants born prematurely, for example, are at risk for neurological disabilities, respiratory conditions, or death.[7] Additionally, outcomes such as teen pregnancy have long term implications including adverse childhood experiences (e.g., poverty, neglect, mental illness) and chronic disease.[8] While the infant mortality rate in Florida has decreased since 2009, gaps remain, particularly by race/ethnicity, income, and geography.[9] Improving access to equitable healthcare for pregnant women and infants can help further reduce the rate of infant deaths and improve the overall health and wellness of families.

Overall, roughly 2 in 3 Florida births had "adequate prenatal care" as defined by the Kotelchuck Index (see note below Figure 33). Apart from Broward County, proportions are higher than 66.6% in the service area, meaning that most births in the service area received 80% - 109% of expected prenatal care visits.

Figure 33. Births With Adequate Prenatal Care Based on Kotelchuck Index, Percent of Adequate Prenatal Care, 2020

County	Percent
Florida	66.6%
Miami-Dade County	70.9%
Broward County	66.4%
Monroe County	72.4%
Palm Beach County	68.1%
Collier County	68.2%
Lee County	70.2%
Martin County	69.0%

DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020
NOTE: The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (received 50%-79% of expected visits), Adequate (received 80%-109% of expected visits), Adequate Plus (received 110% or more of expected visits). Mothers with unknown prenatal care are excluded from the denominator in calculating the percentage.

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[7] U.S. Department of Health and Human Services, Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07.
[8] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Reproductive Health: Teen Pregnancy*, https://www.cdc.gov/teenpregnancy/about/index.htm.
[9] Florida Department of Health, Division pf Community Health Promotion, *Trends in Teen Births in Florida, 2009-2019*, https://www.floridahealth.gov/PROGRAMS-AND-SERVICES/womens-health/family-planning/trends-in-teen-births-fl-2009-2019.pdf

Though most births in Florida and in the service area received adequate prenatal care, many births did not receive prenatal care at all (Table 7). Among mothers in the overall service area with no prenatal care, the birth rate was 17.1 per 1,000 births. While most birth rates in the service area were in the teens, the rate varied across the service area from a low of 11.2 per 1,000 in Miami-Dade County to a high of 25.4 per 1,000 in Broward County. When examined by race/ethnicity, the birth rate for mothers with no prenatal care is highest among Black mothers and non-Hispanic mothers across all geographies.

Table 7. Births Rate among Mothers with No Prenatal Care per 1,000 Births with Known Prenatal Care Status, 2020

	Overall	Black	White	Hispanic	Non-Hispanic
Florida	23.5	36.4	19.8	19.5	25.4
Service Area	17.1	31.3	12.2	12.1	21.6
Miami-Dade County	11.2	24.2	8.1	9.0	16.2
Broward County	25.4	38.6	17.4	18.2	28.9
Monroe County	18.6	37.8	16.0	13.9	21.0
Palm Beach County	19.7	32.9	14.9	16.8	21.1
Collier County	12.6	17.6	11.9	9.9	15.2
Lee County	14.2	16.0	13.6	11.6	15.4
Martin County	15.0	22.3	13.7	10.4	17.0

DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Breastfeeding is an important way for mothers and babies to stay healthy. Mothers who breastfeed can help lower their risk of negative health outcomes such as high blood pressure and Type 2 diabetes while infants who breastfeed have reduced risks of negative health outcomes such as asthma, obesity, and Type 1 diabetes.[10] According to the National Immunization Survey, 83.9% of U.S. children experienced any breastfeeding in 2018 (data not shown). Similar proportions are reflected in Florida overall where nearly 9 in 10 women in Florida (86.1%) and the service area (88.4%) initiated breastfeeding in 2019 (Table 8). These proportions were highest in Miami-Dade County (90.9%) and Broward County (90.2%) and lowest in Collier County (77.9%) and Lee County (77.7%). When examined by race/ethnicity, White and Hispanic mothers generally had higher proportions of breastfeeding initiation while Black mothers consistently had the lowest proportions of breastfeeding initiation in all counties shown.

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[10] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Breastfeeding, https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html.

Table 8. Percent mothers who initiate breastfeeding, 2017-2019

	Overall	Black	White	Hispanic	Non-Hispanic
Florida	86.1%	78.7%	88.0%	90.4%	90.4%
Service Area	88.4%	83.2%	90.1%	90.9%	90.9%
Miami-Dade County	90.9%	85.5%	92.3%	92.8%	92.8%
Broward County	90.2%	85.7%	93.0%	94.0%	94.0%
Monroe County	83.1%	62.0%	86.7%	83.3%	85.2%
Palm Beach County	87.9%	81.5%	90.3%	89.8%	89.8%
Collier County	77.9%	70.0%	78.8%	74.7%	74.7%
Lee County	77.7%	66.0%	89.6%	80.7%	80.7%
Martin County	85.7%	72.0%	87.4%	85.3%	83.3%

DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Teen birth rates have substantial implications in the lives of the infants, the teens, and society. Children born to teen parents have a higher risk of the many adverse childhood experiences referenced in Figure 3, as well as higher likelihoods of incarceration in adolescence and unemployment in adulthood.[8] Teen mothers have higher school dropout rates compared to teen girls who do not give birth.[8] This ultimately contributes to reduced employment opportunities, lower wages, and greater reliance on public assistance. Across the United States, rates of teenage pregnancy have steadily declined since the 1990s and according to the Florida Department of Health, the teenage birth rate declined from 69.1 per 1,000 women ages 15-19 years old in 1990 to 16.2 per 1,000 women ages 15-19 years old in 2019 (data not shown). Data from 2020 shows that this trend has continued in Florida and the overall service area, though some counties have rates higher than 16.2 per 1,000 (Table 9). Broward County had the lowest rate with 9.2 per 1,000 teen births while Collier and Lee Counties had the highest rates (18.9 and 18.6, respectively). When examining racial/ethnic differences by county, rates vary considerably.

**Table 9. Teen Births Ages 15-19 per 1,000 Population, 2020**

	Overall	Black	White	Hispanic	Non-Hispanic
Florida	15.0	21.2	13.5	17.6	13.7
Service Area	15.0	-	-	-	-
Miami-Dade County	10.2	14.9	9.1	9.6	10.7
Broward County	9.2	14.7	6.0	8.5	9.4
Monroe County	12.4	15.7	12.1	16.9	9.3
Palm Beach County	12.9	15.4	12.6	27.4	7.2
Collier County	18.9	14.4	20.0	31.8	8.0
Lee County	18.6	21.5	18.8	27.7	13.6
Martin County	15.2	6.7	15.1	48.1	5.4

DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Overall, fewer than 10% of Florida infants were born with low birth weight in 2017-2019 (Figure 34). When examined by race/ethnicity, these proportions generally remained low, with the lowest percentages among Hispanic (7.3%) and White (7.2%) births. The proportion of infants born with

low birth weight is highest among Black infants (13.9%). Related to low birth weight, Figure 35 shows the percent of infants born preterm in Florida in 2017-2019. Overall, 1 in 10 infants were born preterm in Florida (10.4%). When examined by race/ethnicity, there were similar patterns, when compared to low birth weights. The lowest percentages of preterm births were among Hispanic (9.3%) and White (9.3%) infants. The proportion of infants born preterm was highest among Black infants (14.2%). Detailed county-level data on low birth weights and infants born preterm can be found in Appendix B.

Figure 34. Percent of Low Birth Weight Births in Florida, by Race/Ethnicity, 2017-2019
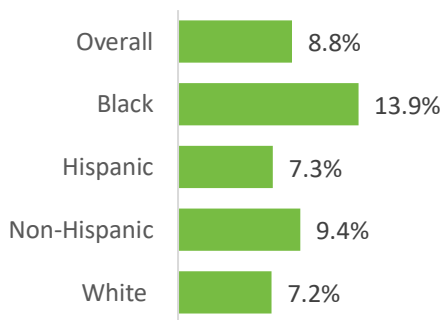
Category	Percent
Overall	8.8%
Black	13.9%
Hispanic	7.3%
Non-Hispanic	9.4%
White	7.2%

NOTE: Low birth weight is defined as weighing <2,500g
DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2017-2019

Figure 35. Percent Infants Born Preterm, in Florida, by Race/Ethnicity, 2017-2019
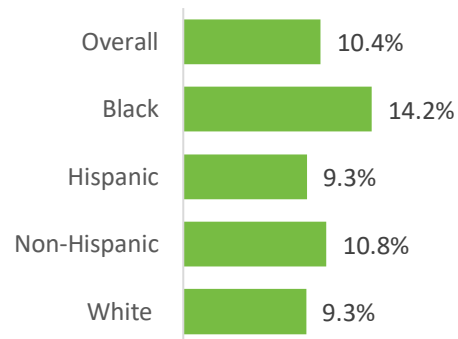
Category	Percent
Overall	10.4%
Black	14.2%
Hispanic	9.3%
Non-Hispanic	10.8%
White	9.3%

DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2017-2019
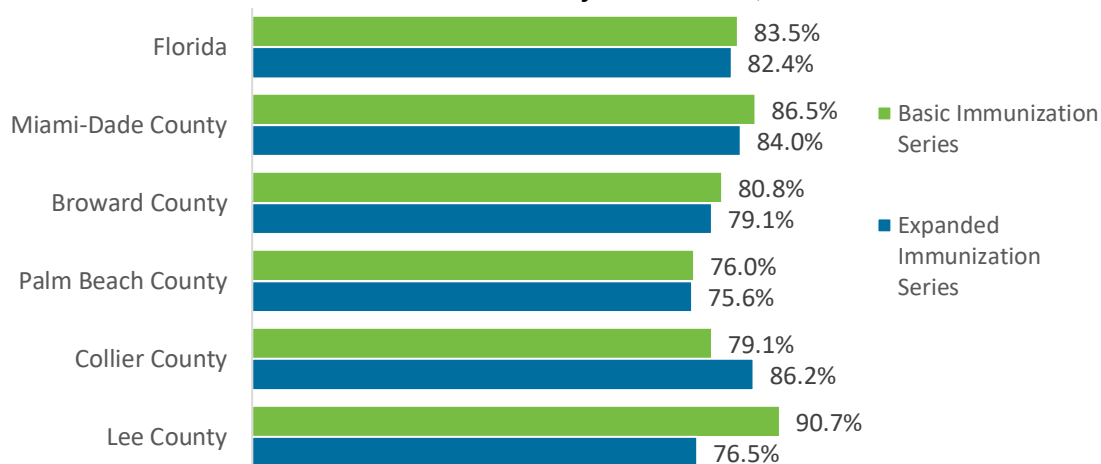
Overall, 83.5% of two-year old children received their basic immunization series while 82.4% of two-year old children received their expanded immunization series in 2019 (Figure 36). Across all geographies, at least 75% of two-year old children had both their basic immunization series as well as expanded immunization series. It should be noted that this data was collected before the COVID-19 pandemic. As such, the immunization data in Figure 36 does not include vaccination data related to COVID-19.

Figure 36. Percent Two-Year-Old Children Fully Immunized, 2019

County	Basic Immunization Series	Expanded Immunization Series
Florida	83.5%	82.4%
Miami-Dade County	86.5%	84.0%
Broward County	80.8%	79.1%
Palm Beach County	76.0%	75.6%
Collier County	79.1%	86.2%
Lee County	90.7%	76.5%

DATA SOURCE: Florida Department of Health, Bureau of Epidemiology, Immunization Section, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020
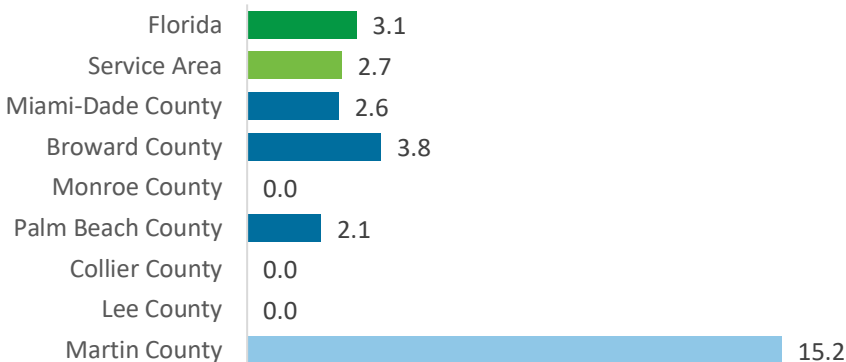
Behavioral and Mental Health

Behavioral and mental health are deeply intertwined, and it is important to understand how both components impact a community because they are also tied to other health outcomes. For example, mental illness is among one of the leading causes of disability in the United States. Further, in Florida, suicide was the third leading cause of death for children aged 5-24 (see Figure 29). Mental health disorders can affect individuals' mental health treatment, maintenance of physical health, and engagement in health-promoting behaviors.[11] Additionally, people with depression have an increased risk of cardiovascular disease, diabetes, stroke, Alzheimer's disease, and osteoporosis.[12]

"Mental health is a big issue right now. COVID brought a lot to the forefront, and this has affected the children – all kids." – Key Informant Interviewee

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In 2019, Florida had 3.1 child and adolescent psychiatric beds per 100,000 people (Figure 37). Compared to the state, Nicklaus Children's service area had fewer psychiatric beds, with 2.7 per 100,000. The number of beds varied, from a low of 2.1 in Palm Beach County to a high of 15.2 in Martin County. Additionally, three counties (Monroe, Collier, and Lee) reported no child and adolescent psychiatric beds in 2019.

Figure 37. Child and Adolescent Psychiatric Beds per 100,000, 2019

County	Beds per 100,000
Florida	3.1
Service Area	2.7
Miami-Dade County	2.6
Broward County	3.8
Monroe County	0.0
Palm Beach County	2.1
Collier County	0.0
Lee County	0.0
Martin County	15.2

DATA SOURCE: Florida Agency for Health Care Administration (AHCA), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2019


"School staff report that waiting lists for referrals to behavioral health services are really long. [I'm] not sure if it is volume or lack of staff, but there are concerns and fears for kids with severe issues." – Key Informant Interviewee

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[11] Office of Disease Prevention and Health Promotion. (n.d.). Mental Health and Mental Disorders. Retrieved April 21, 2019, from Healthy People 2020 website: https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders?topicid=28#three

[12] US Department of Health and Human Services: National Institute of Mental Health. (n.d.). Chronic Illness and Mental Health: Recognizing and Treating Depression. https://doi.org/15-MH-8015

Figure 38 shows the proportion of students reporting experiencing persistent sadness in Florida and Miami-Dade in 2020. In Miami-Dade, 30.3% of middle school students and 26.6% of high school students reported experiencing persistent sadness. When examined by race/ethnicity, White, non-Hispanic youth in Miami-Dade County reported the largest proportion of students experiencing persistent sadness. Similar proportions were reported among Black, non-Hispanic (27.5%) and Hispanic students (28.5%). When examined by gender, a substantially larger proportion of females in Florida (39.3%) and Miami-Dade County (37.1%) reported experiencing persistent sadness, when compared to male students in Florida (20.5%) and Miami-Dade County (19.7%).

Figure 38. Percent Students Reporting Experiencing Persistent Sadness, by Selected Indicators, 2020
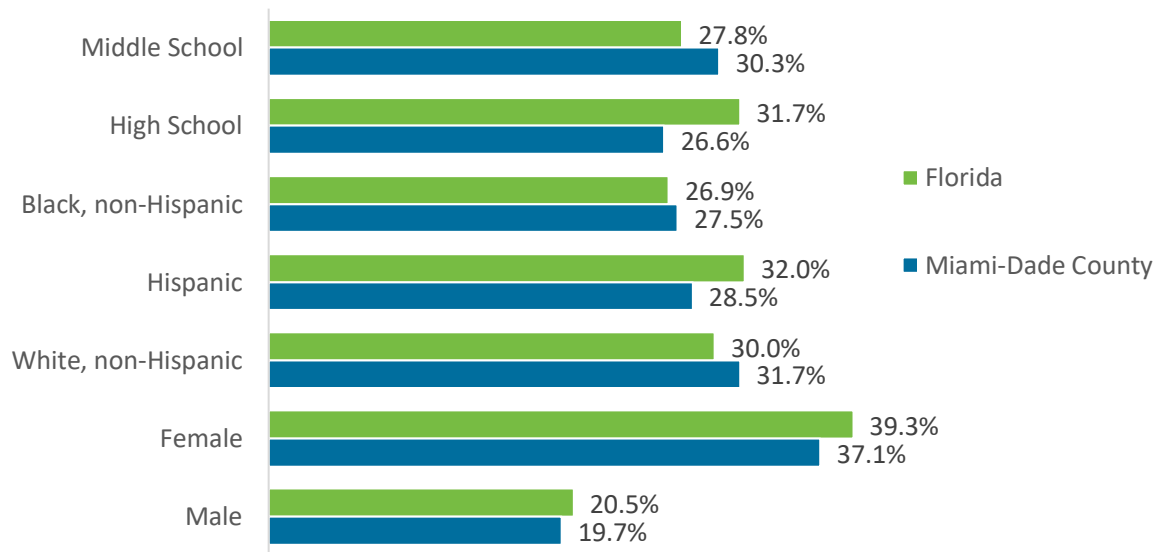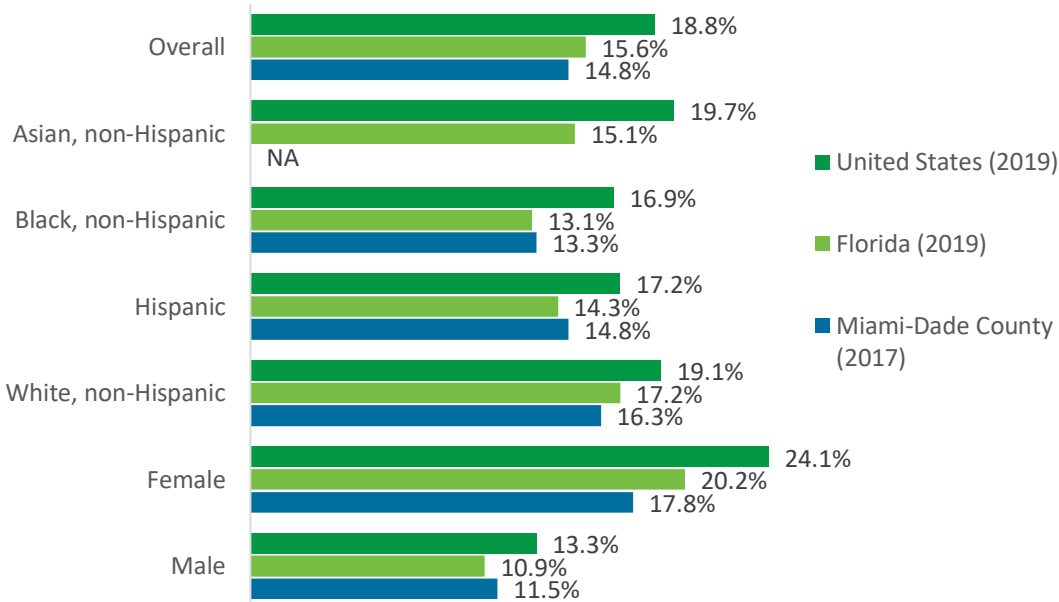

DATA SOURCE: Florida Youth Tobacco Survey (FYTS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

"A lot of people's mental health status changed significantly – I was enjoying [school] and then it just came to a stop. Everyone said 'we're coming back next week' but it went from a week to a month, to a year, and during that time I got depressed." — *Focus Group Participant*

Roughly 1 in 5 U.S. students (18.8%), and about 1 in 7 Florida students (15.6%) and Miami-Dade students (14.8%) reported seriously considering suicide in 2017 and 2019 (Figure 39). When examined by race/ethnicity, similar proportions of U.S., Florida and Miami-Dade students reported seriously considering suicide. When examined by gender, a substantially larger proportion of female students reported seriously considering suicide across all geographies presented, when compared to male students.
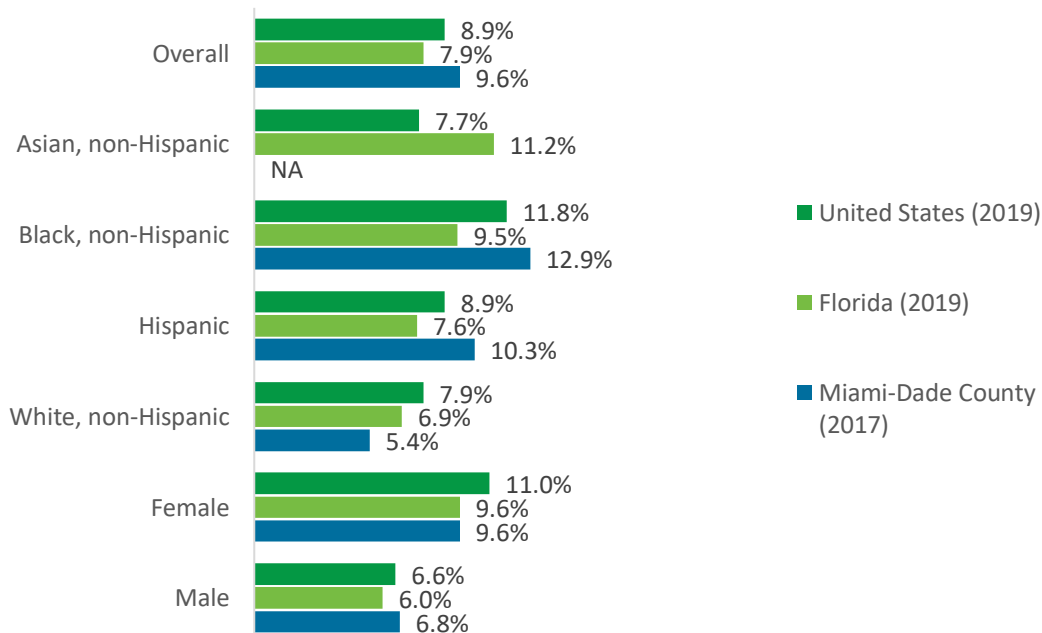
Figure 39. Percent Students Reporting Seriously Considering Suicide, 2017 and 2019

Legend:
- United States (2019)
- Florida (2019)
- Miami-Dade County (2017)

Overall: 18.8%, 15.6%, 14.8%
Asian, non-Hispanic: 19.7%, 15.1%, NA
Black, non-Hispanic: 16.9%, 13.1%, 13.3%
Hispanic: 17.2%, 14.3%, 14.8%
White, non-Hispanic: 19.1%, 17.2%, 16.3%
Female: 24.1%, 20.2%, 17.8%
Male: 13.3%, 10.9%, 11.5%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

Overall, fewer than 1 in 10 U.S., Florida, and Miami-Dade students reported attempting suicide in 2017 and 2019 (Figure 40). When data for Miami-Dade is examined by race/ethnicity, a higher proportion of Black, non-Hispanic students (12.9%) reported attempting suicide when compared to Hispanic students (10.3%) and White, non-Hispanic students (5.4%). Similar patterns occurred when racial/ethnic data is examined in the other geographies presented. When examined by gender, female students consistently report attempting suicide at higher proportions, when compared to male students.

Figure 40. Percent Students Reporting Attempting Suicide, 2017 and 2019

Legend:
- United States (2019)
- Florida (2019)
- Miami-Dade County (2017)

Overall: 8.9%, 7.9%, 9.6%
Asian, non-Hispanic: 7.7%, 11.2%, NA
Black, non-Hispanic: 11.8%, 9.5%, 12.9%
Hispanic: 8.9%, 7.6%, 10.3%
White, non-Hispanic: 7.9%, 6.9%, 5.4%
Female: 11.0%, 9.6%, 9.6%
Male: 6.6%, 6.0%, 6.8%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

Community Perspective: Mental and Behavioral Health

Focus group and interview participants perceived a marked increase in mental and behavioral health needs in adults and children alike. Many participants cited increased instability around mental health concerns including "*more anxiety*," "*more depression*," and "*shorter fuses*" as a result of the economic, housing, and food instability exacerbated by the pandemic. A handful of service providers perceived an increase in suicidal ideation and substance use disorders as well. While the pandemic was viewed as a terrible experience for everyone, children and young adults were seen as particularly sensitive to the massive changes that occurred in response to the pandemic. Among children of all ages, service providers and parents perceived increased challenges in behavioral health among young children, and increased demand for behavioral health services.

One provider, in suggesting a lack of social workers and licensed practitioners available to treat children and families, perceived the need for these professionals as increasing since the pandemic. While this person acknowledged the many resources available, "*the need seems to increase*" especially for services at the K-12 level. Service providers working directly in hospitals perceived an increase in behavioral health concerns among youth (e.g., drug use and sexual experimentation).

A handful of youth noted concerns related to societal pressures. While this pertained somewhat to peer pressure around drug use, there was agreement that academic pressure is prevalent in their communities and social circles. As one youth participant noted, "*there is a lot of pressure put on young people to exceed expectations*" and "*if you don't reach that goal, you feel so much worse.*"

Many youths also noted the toll of the pandemic on their mental health stating that the shift from in-person to virtual schooling was especially challenging. They also acknowledged that the shift was difficult for educators to manage and often resulted in less attention paid to youth joining virtually compared to the in-person youth. Service providers echoed this sentiment and noted that virtual schooling left many students experiencing markedly less socialization that is needed at their age.

*"Not being in school created a loss of interactions. Kids were cooped up at home. Schoolwork suffered. [It's] not the same when you don't have a live teacher in front of you. The lack of socialization brought more depression and increased isolation."*
– Focus Group Participant

Substance Use

In 2019, nearly 3 in 10 (29.2%) U.S. high school students reported current consumption of alcohol (Figure 41). This percentage was slightly higher than Florida students in Miami-Dade (28.7%), Broward (23.5%), and Palm Beach County (28.2%) who also reported current alcohol consumption in 2017 and 2019. Substantially smaller proportions of high school students reported current binge drinking in 2017 and 2019. In the service area, fewer than 1 in 10 high school students in Miami-Dade (8.3%), Broward (6.7%) and Palm Beach County (9.6%) reported current binge drinking.
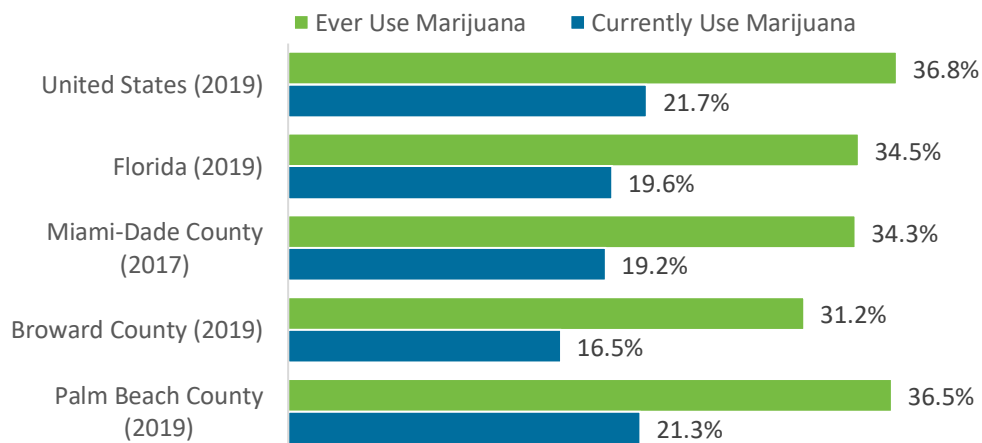
Figure 41. Percent High School Students Reporting Alcohol Consumption, 2017 and 2019
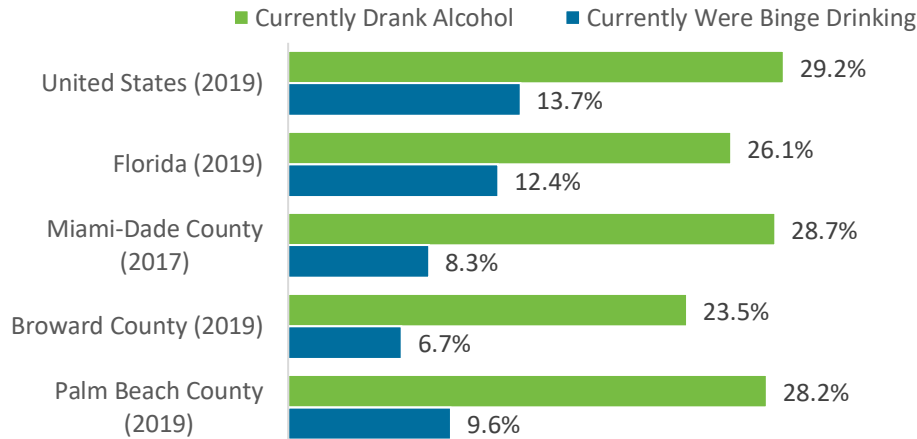
DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

In 2019, more than 1 in 3 (36.8%) U.S. high school students reported ever using marijuana (Figure 42). This percentage was slightly higher than students in Miami-Dade (34.3%), Broward (31.2%), and Palm Beach County (36.5%) who also reported ever using marijuana in 2017 and 2019. Smaller proportions of high school students reported current marijuana consumption in 2017 and 2019. In the service area, 19.2% of Miami-Dade students, 16.5% of Broward students, and 21.3% of Palm Beach County students reported current marijuana consumption.

Figure 42. Percent High School Students Reporting Marijuana Consumption, 2017 and 2019

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

Overall, a larger proportion of high school students reported current electronic vapor product use in 2020, when compared to middle school students during the same period (Figure 43). In the service area, fewer than 1 in 5 high school students reported current electronic vapor product use, while roughly 1 in 10 middle school students reported current electronic vapor product use. While these proportions are relatively small, they are considerably larger than the proportions of students who reported current cigarette consumption in 2020 (see Figure 44). Though the proportion of students who reported ever smoking cigarettes was similar to those reporting vapor product use, fewer than 1 in 20 students reported current cigarette consumption.

Figure 43. Percent Students Reporting Current Electronic Vapor Product Use, 2020
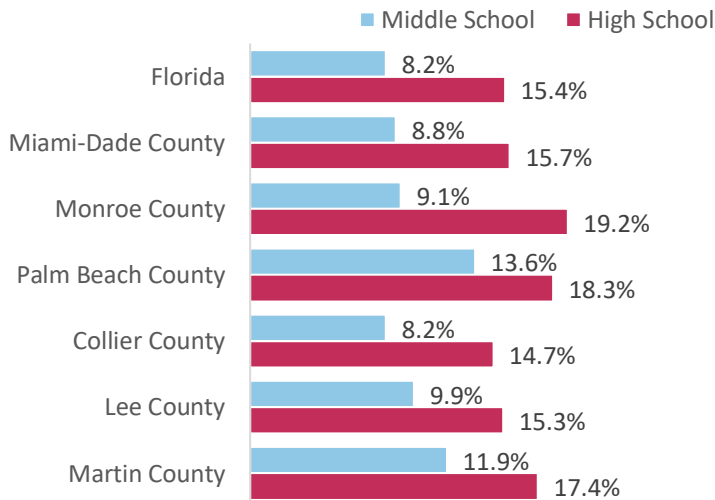
DATA SOURCE: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Figure 44. Percent Students Reporting Ever Smoking Cigarettes, 2020
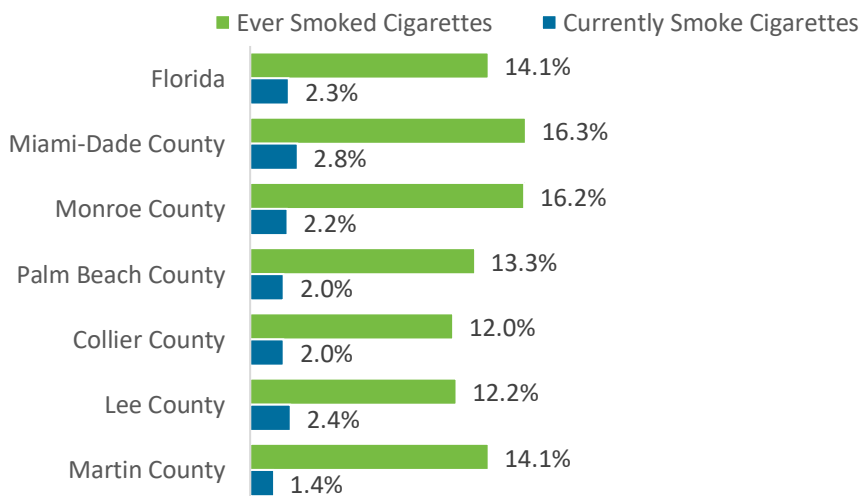
DATA SOURCE: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

In 2020, more than 1 in 5 middle school (22.8%) and high school (20.3%) students in Florida reported living with someone who smokes cigarettes (Figure 45). In the service area, these proportions were lower in all counties except for Monroe County where 24.3% of middle school students and 22.4% of high school students reported living with someone who smokes cigarettes.

Figure 45. Percent Students who Live with Someone Else who Smokes Cigarettes, 2020

DATA SOURCE: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020
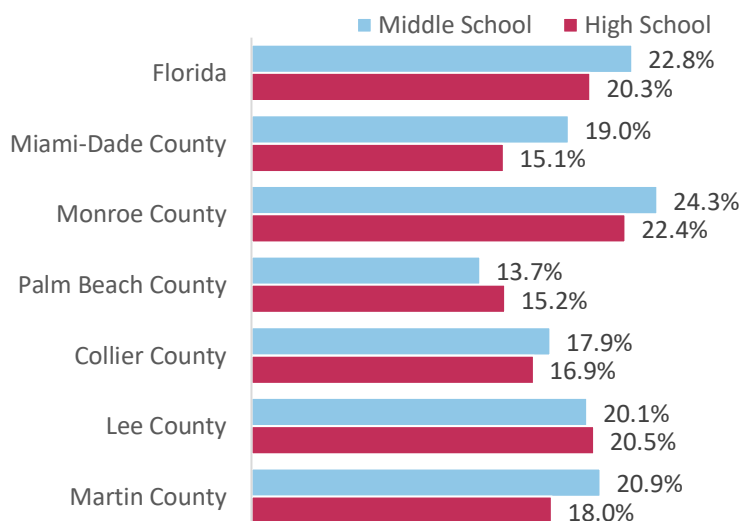
In 2019, 13.9% of Florida high school students reported ever misusing prescription pain medicine, a proportion that is slightly smaller than the U.S. (14.3%). While roughly the same proportion of high school students in Miami-Dade and Palm Beach County reported ever misusing prescription pain medicine in 2017 and 2019, 16.8% of high school students in Broward County reported ever misusing prescription pain medicine in 2019 (Figure 46).

Figure 46. Percent High School Students Reporting Ever Misusing Prescription Pain Medicine, 2017 and 2019
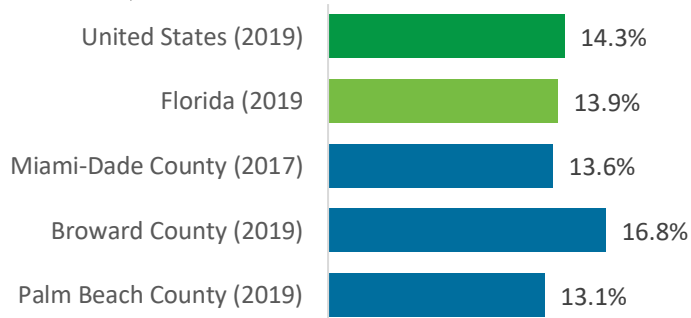
DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

A handful of parents spoke to the challenges of families advocating for their children with developmental disorders. They noted that many parents, due to stigma, cultural factors/traditions, or a lack of knowledge of early signs, do not advocate for their children who may have developmental disorders. This, parents suspected, can lead to a child being misdiagnosed or not diagnosed at all.

Healthy Eating / Active Living

Heart disease, cancer, and stroke have been the leading causes of death in the United States for many years. Indeed, these health outcomes were the leading causes of death in Florida in 2020 (see Figure 29). It is impor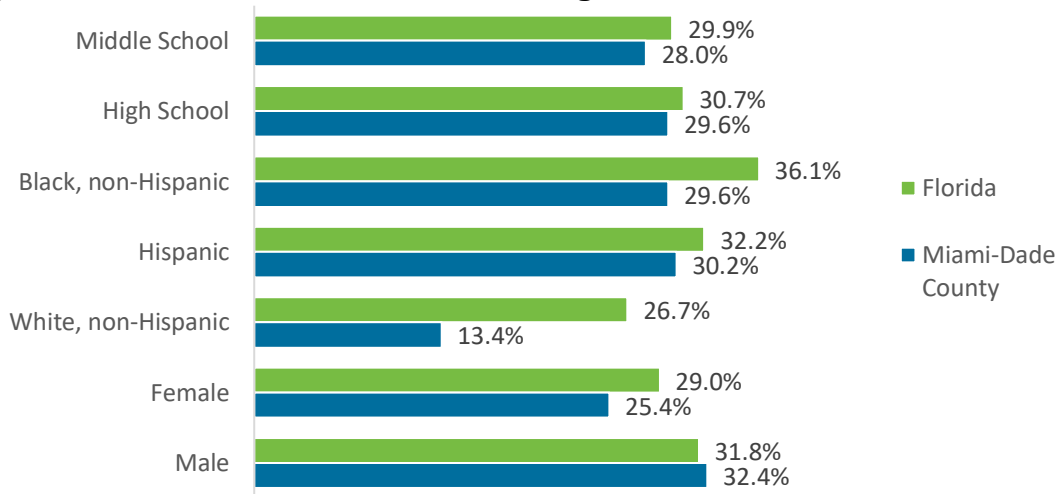tant to understand the prevalence of these outcomes as well as their risk factors (e.g., obesity, nutrition, and physical activity) because controlling the risk factors can help prevent the poor quality of life caused by the health issues.[13] It is especially important to understand the pervasiveness of risk factors among younger populations because early interventions can prevent negative health outcomes in adulthood.

"Most of the time when you interview the mother about the way the kids are living, those parents have 2 or 3 jobs, so they don't have time. They cook whatever they find without knowing the nutritious value of the food they are providing to the kids." – Key Informant Interviewee

In 2020, more than 1 in 4 middle school (28%) and high school (29.6%) students in Miami-Dade were overweight or obese (Figure 47). When examined by race/ethnicity, similar proportions were reported for Black students (29.6%) and Hispanic students (30.2%), but substantially lower among White, non-Hispanic students (13.4%). Further, White, non-Hispanic students in Miami-Dade County reported lowest proportions of overweight or obesity across all demographics and geographies presented. When examined by gender, smaller proportions of female students in Florida and Miami-Dade reported overweight or obesity status. Specifically, in Miami-Dade, 1 in 4 female students (25.4%) were overweight or obese while nearly 1 in 3 male students (32.4%) were overweight or obese.

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[13] U.S. Department of Health and Human Services, Healthy People 2030, Heart Disease and Stroke, https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke.

Figure 47. Percent Students Who Are Overweight or Obese, 2020

	Florida	Miami-Dade County
Middle School	29.9%	28.0%
High School	30.7%	29.6%
Black, non-Hispanic	36.1%	29.6%
Hispanic	32.2%	30.2%
White, non-Hispanic	26.7%	13.4%
Female	29.0%	25.4%
Male	31.8%	32.4%

DATA SOURCE: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

In 2019, roughly 1 in 5 Florida students (21.8%) reported they did not participate in at least 60 minutes of physical activity on at least one day in the past week (Figure 48). Proportions for 2017 and 2019 were slightly higher in the service area, with 23% of Miami-Dade County students, 23.5% of Broward County students, and 22.8% of Palm Beach County students reporting a lack of participation. All proportions were higher than what was reported for the U.S. overall – 17%.

Figure 48. Percent Students that Did not participate in at least 60 minutes of Physical Activity on at Least 1 Day in Past Week, 2017 and 2019
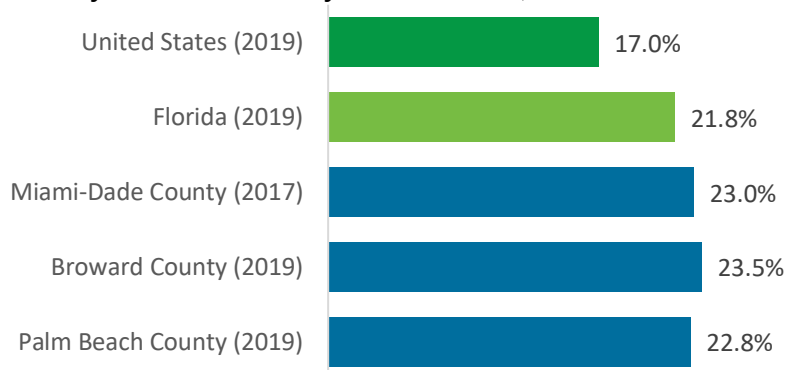
United States (2019)	17.0%
Florida (2019)	21.8%
Miami-Dade County (2017)	23.0%
Broward County (2019)	23.5%
Palm Beach County (2019)	22.8%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

In 2019, 2 in 3 high school students in the U.S. and Florida reported not eating breakfast on all seven days of the week (Figure 49). These proportions were lower than those in Broward County (72.2%) and Palm Beach County (68.0%) but higher than the 2017 proportion in Miami-Dade County (62.0%).

Figure 49. Percent High School Students Did Not Eat Breakfast on All 7 Days (during the 7 days before the survey), 2017 and 2019

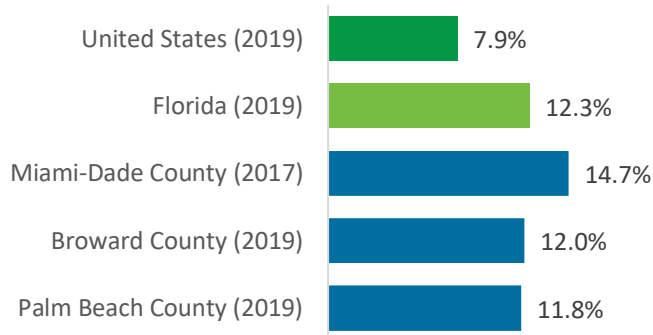|	
United States (2019)	66.9%
Florida (2019)	66.1%
Miami-Dade County (2017)	62.0%
Broward County (2019)	72.2%
Palm Beach County (2019)	68.0%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

In 2019, more than 1 in 10 (12.3%) Florida students reported not eating vegetables in the past week (Figure 50). Proportions were higher in 2017 in Miami-Dade County (14.7%), but slightly lower in 2019 in Broward County (12%) and Palm Beach County (11.8%). All proportions in the service area were higher than what was reported for the U.S. overall – 7.9%.

Figure 50. Percent High School Students Reporting Not Eating Vegetables in Past Week, 2017 and 2019

United States (2019)	7.9%
Florida (2019)	12.3%
Miami-Dade County (2017)	14.7%
Broward County (2019)	12.0%
Palm Beach County (2019)	11.8%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

In 2019, more than 2 in 3 U.S. and Florida students reported weekly soda consumption (Figure 51). Data from 2017 shows that proportions were slightly higher in Miami-Dade County (67.8%). However, 2019 data shows that proportions were lower in Broward County (63.4%) and Palm Beach County (63.8%).

Figure 51. Percent High School Students Reporting Drinking Soda Weekly, 2017 and 2019

United States (2019)	68.3%
Florida (2019)	67.2%
Miami-Dade County (2017)	67.8%
Broward County (2019)	63.4%
Palm Beach County (2019)	63.8%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

In 2019, less than 50% of U.S. and Florida students reported playing video or computer games or using a computer for three or more hours per day (Figure 52). All proportions in the service area were slightly lower than what was reported in the U.S. (46.1%) and Florida overall (47.7%) with between 38% and 45% of students reporting video or computer game use in Miami-Dade, Broward, and Palm Beach Counties in 2017 and 2019.

Figure 52. Percent Students Reporting Playing Video or Computer Games or Using a Computer 3 or More Hours Per Day, 2017 and 2019
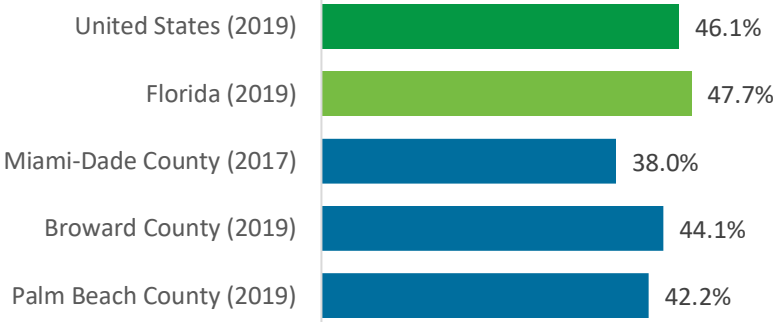
United States (2019)	46.1%
Florida (2019)	47.7%
Miami-Dade County (2017)	38.0%
Broward County (2019)	44.1%
Palm Beach County (2019)	42.2%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019

In 2019, nearly 8 in 10 U.S. and Florida students reported not getting eight or more hours of sleep (Figure 53). All proportions in the service area were higher than what was reported in the US (77.9%) and Florida overall (79.8%) with 84.5% of students in Miami-Dade County, 85.5% of students in Broward County, and 83.7% of students in Palm Beach County reporting fewer than eight hours of sleep in 2017 and 2019.

Figure 53. Percent High School Students that Did not get 8 or more hours of sleep (on Average School Night), 2017 and 2019

United States (2019)	77.9%
Florida (2019)	79.8%
Miami-Dade County (2017)	84.5%
Broward County (2019)	85.5%
Palm Beach County (2019)	83.7%

DATA SOURCE: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2017 and 2019
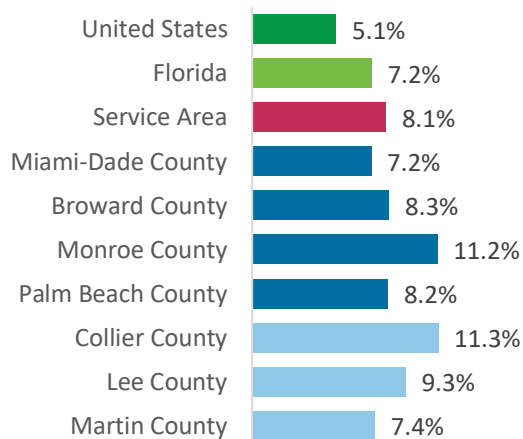
HEALTH CARE ACCESS AND UTILIZATION

Access to quality health care services is important for maintaining good health and managing disease. Service access is multi-faceted and includes components such as insurance coverage, having a regular source of health care, and being able to physically access health care services when needed. Community members who face barriers to access are less likely to receive medical care, more likely to delay care, and less likely to use preventive services, resulting in poorer health status and outcomes. From a community perspective, lack of access can lead to increased incidence of preventable diseases, inappropriate use of hospital emergency rooms, and higher overall health care costs for all patients.

Health Insurance Coverage Among Children

In the U.S. and Florida, a relatively small proportion of children under 18 years old were uninsured in 2019, with fewer than 1 in 10 being uninsured (Figure 54). In the service area, 8.1% of children are uninsured. Apart from Miami-Dade County, uninsurance is higher in the service area, when compared to the U.S. and Florida overall. The largest proportions of uninsured children are in Monroe County (11.2%) and Collier County (11.3%), though generally uninsurance among children in the service area is between 7.2% and 9.3%.

Figure 54. Percent Children Under 18 Years of Age Uninsured, 2015-2019

County	Percent
United States	5.1%
Florida	7.2%
Service Area	8.1%
Miami-Dade County	7.2%
Broward County	8.3%
Monroe County	11.2%
Palm Beach County	8.2%
Collier County	11.3%
Lee County	9.3%
Martin County	7.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

"It's hard to access healthcare because some people are uninsured or underinsured. They can't really focus on having a good and healthy lifestyle [without insurance]."
– Key Informant Interviewee

"I agree that there is a huge problem with insurance coverage. Even for people who have insurance, it often is not enough" – Focus Group Participant

In 2019, less than half of U.S. and Florida children were insured through public insurance (Figure 55). In the service area, this proportion was higher with 49% of children insured through public insurance. The largest proportion of children with public insurance is in Miami-Dade County (55.8%) while the smallest proportion is in Martin County (37.6%).

Figure 55. Children with Public Insurance Among Insured Children, by U.S., State, and County, 2015-2019
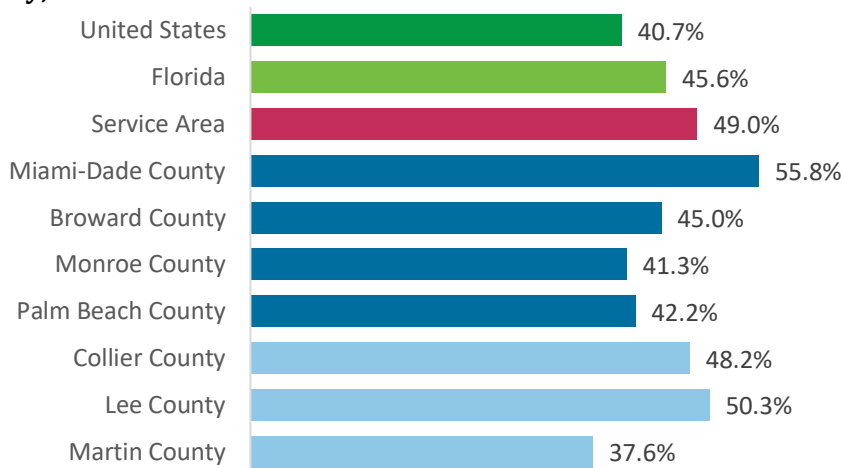
United States	40.7%
Florida	45.6%
Service Area	49.0%
Miami-Dade County	55.8%
Broward County	45.0%
Monroe County	41.3%
Palm Beach County	42.2%
Collier County	48.2%
Lee County	50.3%
Martin County	37.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Community Perception: Lack of Insurance as a Barrier to Care

Uninsurance and underinsurance emerged as themes in conversations with all focus group and interview participants. Participants agreed that being un- or underinsured is a barrier to care for many Florida residents. For participants more familiar with insurance coverage, more specific concerns were raised about Florida's lack of Medicaid expansion. As one provider said, Florida continues to have *"thousands of U.S. citizens [who are] too rich to qualify for Medicaid, but too poor to buy coverage through the [Affordable Care Act]."* While participants agreed that uninsurance and underinsurance can be barriers for all residents, they noted it can be especially challenging for recent immigrants who may be eligible for coverage but have misconceptions around the Public Charge rules. A handful of service providers noted that these fears and misconceptions can result in families deciding to forego insurance coverage for everyone in their family, including their children who may be eligible.

Service providers also clarified that once families obtain health insurance, challenges remain around navigating care. For many families, challenges revolve around understanding health insurance cost and coverage, understanding the importance of preventive care, and being able to physically access care via personal vehicles, public transport, etc. Many agreed that more education in the community about how to obtain and use health insurance is needed.

Figure 56 shows the percentage of households lacking English proficiency in the US, Florida, and service area. The proportion of those lacking English proficiency is substantially higher in the service area, when compared to the state (13.4% vs. 6.9%). This proportion is particularly high in Miami-Dade County where 1 in 4 households (25.1%) lacks English proficiency.

Figure 56. Percent Households with Lacking English Proficiency, by U.S., State, and County, 2015-2019
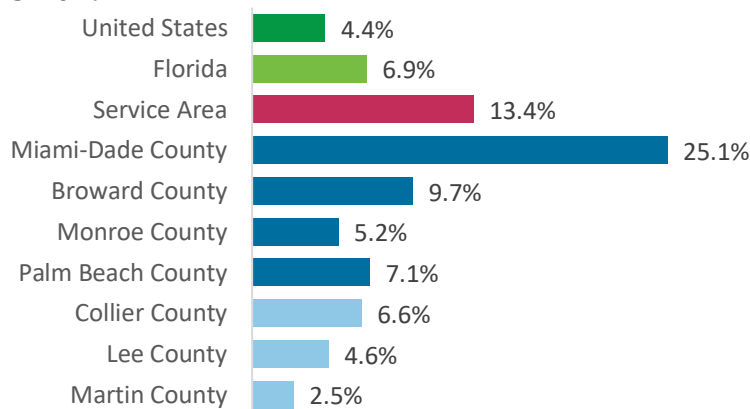
United States	4.4%
Florida	6.9%
Service Area	13.4%
Miami-Dade County	25.1%
Broward County	9.7%
Monroe County	5.2%
Palm Beach County	7.1%
Collier County	6.6%
Lee County	4.6%
Martin County	2.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Access and Barriers to Health Care

In 2020, nearly 3 in 10 students (29.5%) reported they did not visit their doctor in the past year (Figure 57). While this proportion was generally smaller in the service area, it was higher in Miami-Dade County where 34.2% of students reported not visiting the doctor. The largest proportion of students who did not visit their doctor was in Lee County (39.3%). Compared to previous years, the

proportion of U.S. students who did not visit the doctor in the past year is substantially higher. For example, in 2018, 17.9% of students did not visit the doctor, and in 2019, 17.5% of students did not visit the doctor (data not shown). Based on conversations with service providers, much of this increase can be attributed to the reductions in well visits and precautions taken during the COVID-19 pandemic.

Figure 57. Percent Students who Have Not Visited Doctor's Office in the Past Year, 2020
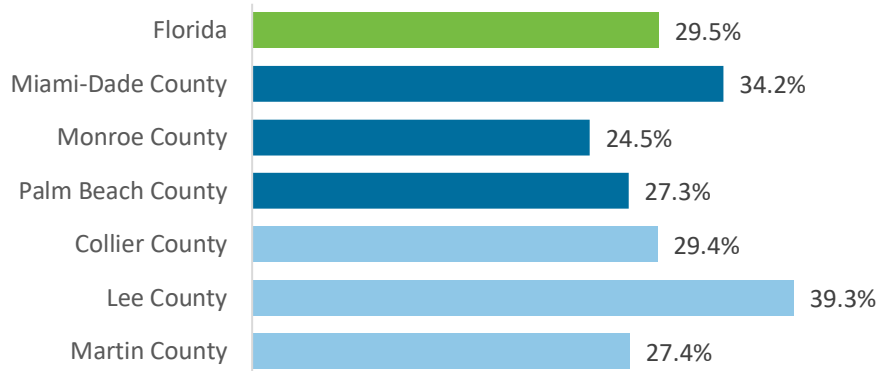
Florida	29.5%
Miami-Dade County	34.2%
Monroe County	24.5%
Palm Beach County	27.3%
Collier County	29.4%
Lee County	39.3%
Martin County	27.4%

DATA SOURCE: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2018 & 2020, as cited by FLHealthCharts

From 2018 to 2021, there were 21.9 pediatricians and 56.1 dentists per 100,000 people in Florida (Figure 58). The overall service area has a larger ratio of pediatricians (22.6 per 100,000) and dentists (68.5 per 100,000) relative to the entire state. The highest ratio of pediatricians is in Miami-Dade County (28.2 per 100,000) while the smallest is in Martin County (7.4 per 100,000). The largest ratio of dentists is in Martin County (88.3 per 100,000) while the smallest is in Lee County (44.6 per 100,000).

Figure 58. Total Licensed Providers (Pediatricians and Dentist) per 100,000 Population, 2018-2021
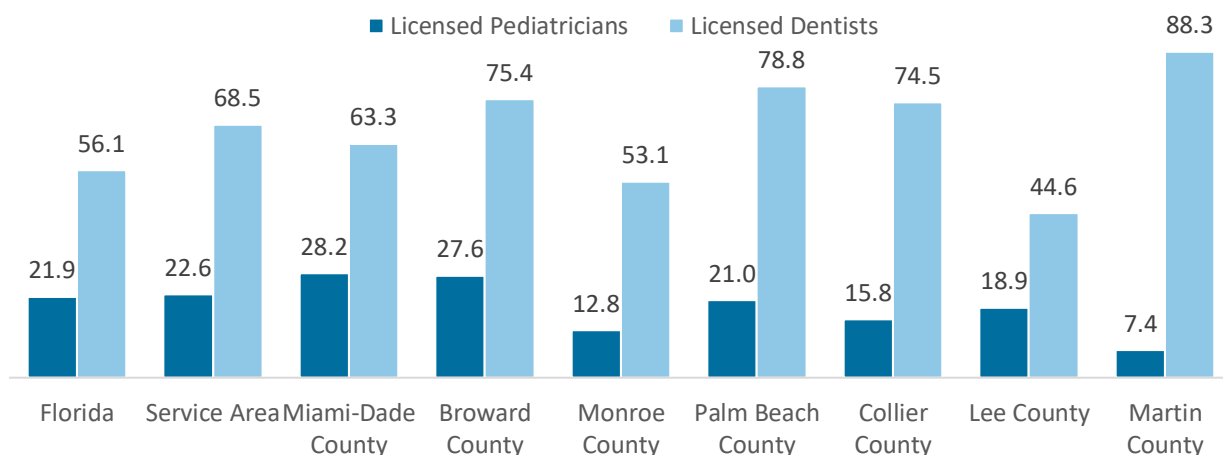
DATA SOURCE: FLHealth Community Health Assessment Resource Tool Set (CHARTS), 2018-2021

When thinking about the services available, participants noted the importance of awareness of the multicultural aspects of Miami. Several interview participants more familiar with the service landscape in Miami-Dade County noted that the needs of residents differ depending on where they reside in the county. Among these participants, the differences in needs between the Northern part of the county and the Southern part of the county were frequently mentioned. Specifically, participants noted that because the southern part of the county is home to many migrant workers, the specific needs and resources can be different though healthcare and social service needs largely remain the same.

In addition to the importance of understanding these nuances, service providers consistently mentioned the importance of providing materials that are linguistically and culturally appropriate. Some providers who work with high-need families noted the difficulties of providing services to families when the parents lack English proficiency as well as literacy overall. One service provider noted that in some cases, how children and families arrive in Miami misrepresent their language abilities. Specifically, some families arrive from countries where the primary language is Spanish, but they speak an Indigenous language from a separate country. When thinking about how the diversity of the community affects approaches to education and advocacy, service providers stated the importance of practicing cultural humility and flexibility in how populations are reached. As one service provider said, *"The population here is unique. I don't think it can be compared to any other state or area because we have a lot of immigrants. We speak mostly Spanish [in this community] and are culturally diverse… So, we need to tailor our approach."*

"The city is diverse and family oriented. There is a lot of community support within different organizations…there are major support systems in the community that I'm in." – Focus Group Participant

"In terms of what's around them, there is not enough support. [They] may not have adequate access to food. Due to their immigration status, they may only have access to emergency Medicaid." – Key Informant Interviewee

"Miami has a huge footprint. Many different cultures so you have to be considerate about how you provide support." – Key Informant Interviewee

"In a lot of Hispanic cultures, mental health, therapy, taking a child to a psychologist – it's frowned upon. It was not normal to see a psychologist. It was not seen as support or growth. It was like you were nuts." – Focus Group Participant

More than half of parents/guardians (58.8%) responding to the community survey reported that their child needed to see a specialist in the past year (Figure 59). Among these parents/guardians, more than 1 in 3 (34%) reported ever having trouble accessing mental health specialists for their child(ren) while about 1 in 5 (22.6%) reported ever having trouble accessing allergy specialists (Figure 59). Additional specialists reported as challenging to access include dentistry (17%), Other specialists (17%), and ophthalmology (15.1%).

Figure 59. Percent Parent or Guardian Respondents Reporting Their Child Needing to See a Specialist for any Reason in the Past Year (N=131), 2021-2022

Response	Percent
Yes	58.8%
No	41.2%

DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022

Figure 60. Percent Parent or Guardian Respondents Reporting Difficulty Accessing Types of Specialists (N=53), 2021-2022
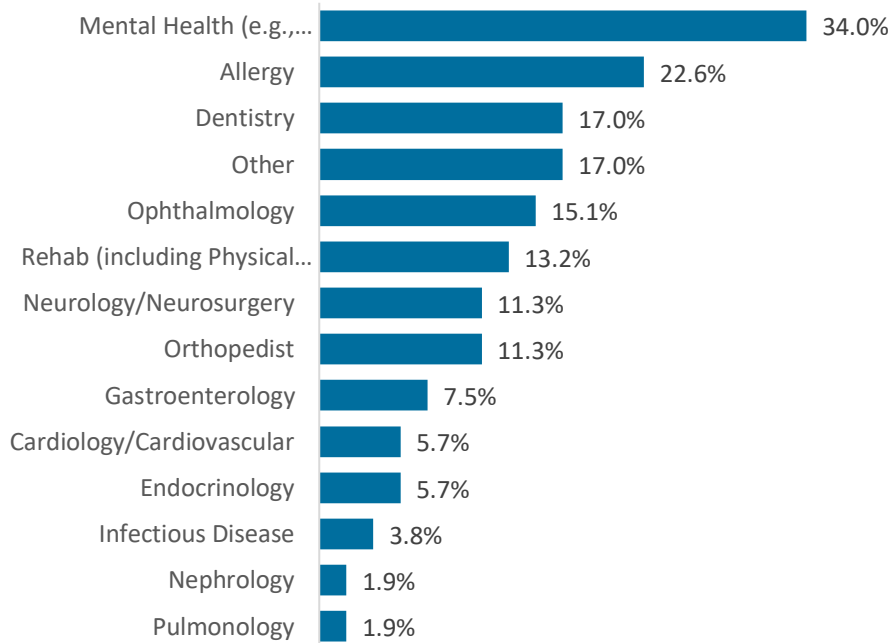
Specialist	Percent
Mental Health (e.g.,…	34.0%
Allergy	22.6%
Dentistry	17.0%
Other	17.0%
Ophthalmology	15.1%
Rehab (including Physical…	13.2%
Neurology/Neurosurgery	11.3%
Orthopedist	11.3%
Gastroenterology	7.5%
Cardiology/Cardiovascular	5.7%
Endocrinology	5.7%
Infectious Disease	3.8%
Nephrology	1.9%
Pulmonology	1.9%

DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022
NOTE: Respondents were allowed to write in responses in an "Other" category. Responses included dermatologist and podiatrist.
NOTE: Respondents were also given the option to select hematology/oncology, plastic surgery, and urology as potentially difficult to access. Respondents did not select these options, so they are not shown.

Community Perspective: COVID-19 Lessons Learned

Service providers noted that while there were many negatives, the pandemic also provided an opportunity for various community organizations to come together, share resources and re-examine how they serve the community. For example, one service provider noted that prior to the pandemic, they did not offer telehealth services, but since the pandemic, telehealth has been an impactful way to provide family planning services and ensure medication adherence. Telehealth also eliminated the stresses of finding transportation to health appointments and coordinating childcare for families. One health department staff member perceived an increase in families participating in the Special Supplemental Nutrition Program for Women, Infants, and Children, or WIC, because residents no longer need to leave home to receive services. Another health department staff member noted that switching to remote for educational services has increased participation in things like chronic disease prevention and expressed a desire to continue a hybrid model for education and outreach.

In terms of the challenges moving forward, many service providers recognized that while telehealth has been helpful in reaching '*hard-to-reach*' populations, challenges remain in bridging the '*digital divide*' for residents who cannot afford – or do not know how to use – the technologies required for telehealth (e.g., internet routers, cell phones, tablets, etc.). A handful of service providers highlighted the efforts they have made to continue providing care to families beyond telehealth, including remaining open through the pandemic and setting up mobile clinics in high-need neighborhoods.

"[The pandemic] brought to light the inequities that people outside of public health don't realize. It highlighted the importance of viewing the individual and the community in a holistic manner. We are hoping people continue to see health [through] an equity lens." – Focus Group Participant

"We have to provide the assistance and guidance to people. Many services exist, but people need to be connected." – Key Informant Interviewee

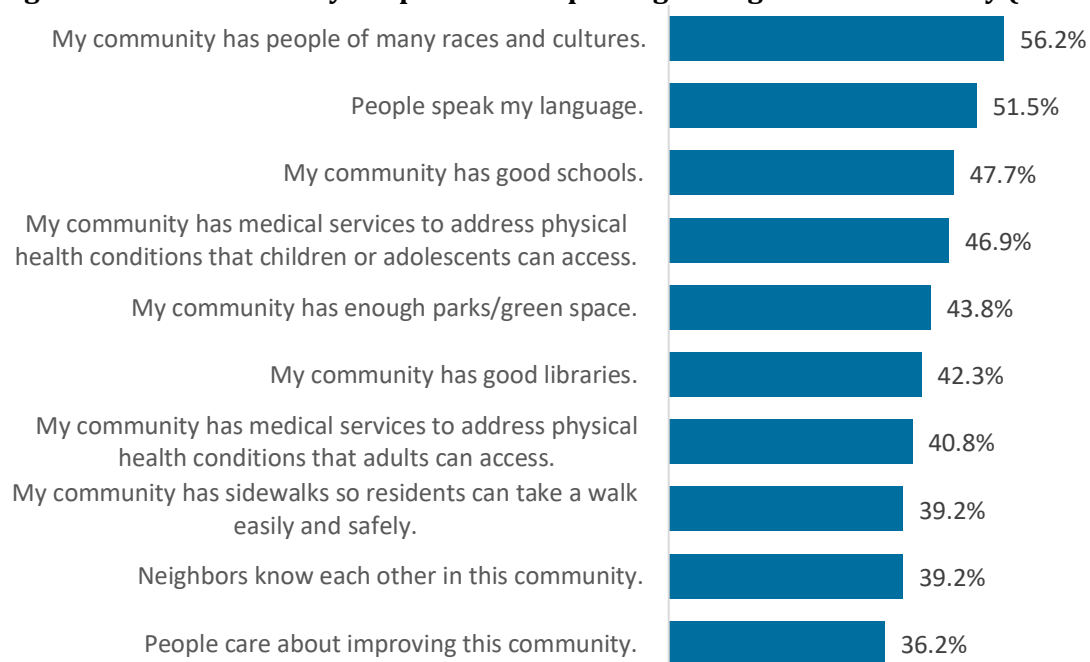## PERCEPTIONS OF COMMUNITY AND VISION FOR THE FUTURE

In both qualitative and quantitative data collection, participants were asked about the strengths of their communities. Participants in qualitative discussions were also asked about their perceptions of the role of Nicklaus Children's Hospital in the community as well as their vision for the future. Learning perceptions of the resources and services available in a community creates a greater understanding of where to tailor education efforts and clarify what gaps might exist in the services provided.

Community Resources and Assets

All participants noted the wide variety of services available to residents. While all participants were able to speak to some of the services available in Miami, providers in the community were able to speak to these services more. There was common agreement among providers that the service issues in Miami are less about the quantity of available programs and more about residents' knowledge of programs. One participant noted that the variety of health care facilities means that in an emergency, a parent can get care in the language that best suits them. Participants more familiar with the healthcare system also noted the several hospitals and health care facilities in Miami-Dade County and Florida overall. One person perceived a "*great public hospital system*" and cited the numerous Federally Qualified Health Centers in the region.

Community survey respondents were also asked to identify what they perceive to be the strengths of the community in which they reside (Figure 61). More than half of respondents reported that their community having people of many races and cultures (56.2%) and people speaking their language (51.5%) were top strengths of the community. Education and medical resources were also commonly mentioned.

Figure 61. Percent Survey Respondents Reporting Strengths of Community (N=130)

| Strength	Percent
My community has people of many races and cultures.	56.2%
People speak my language.	51.5%
My community has good schools.	47.7%
My community has medical services to address physical health conditions that children or adolescents can access.	46.9%
My community has enough parks/green space.	43.8%
My community has good libraries.	42.3%
My community has medical services to address physical health conditions that adults can access.	40.8%
My community has sidewalks so residents can take a walk easily and safely.	39.2%
Neighbors know each other in this community.	39.2%
People care about improving this community.	36.2%

DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022
NOTE: Top 10 strengths listed; Respondents could select multiple responses, therefore, percentages may add up to greater than 100%.

Majority of Miami-Dade residents (53.1%) responding to the countywide Thrive 305 survey agreed/strongly agreed that people are welcomed and respected by fellow residents (Figure 62). Respondents were split about equal opportunities for employment for people of all backgrounds – 39.5% of respondents disagreed/ strongly disagreed with the statement compared to 40.1% who agreed/ strongly agreed. When asked about their perceptions of safety in their county, 41.1% of respondents disagreed/strongly disagreed that Miami-Dade County residents have a safe and secure environment in the county while 36% agreed/ strongly agreed.

Figure 62. Percent Thrive 305 Survey Respondents Reporting Residents of All Backgrounds Level of Agreement with the Following Statements, 2021
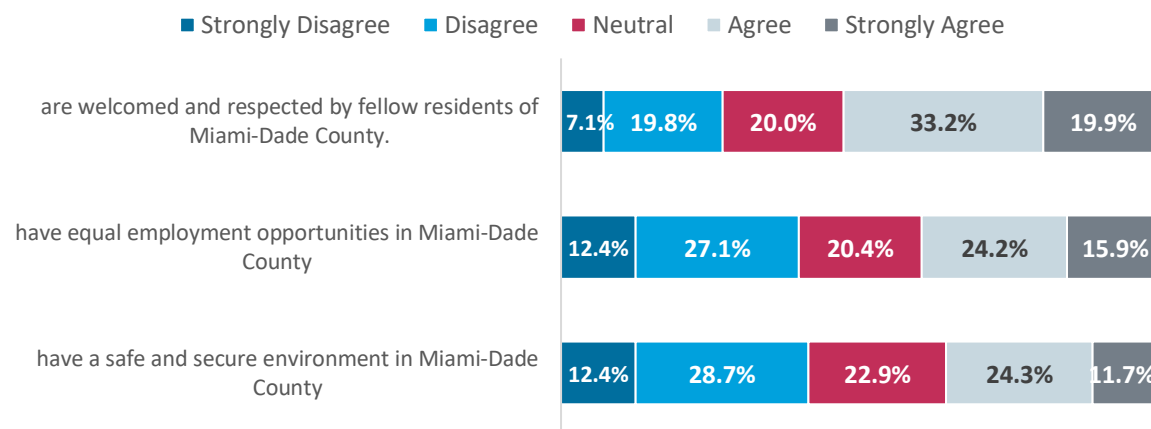
DATA SOURCE: Miami Dade County, Thrive 205 Countywide Survey, 2021

Perceptions of Nicklaus Children's Role in the Community

When considering the role of Nicklaus Children's Hospital in the community, all focus group and interview participants highlighted the good work that is already being done through Nicklaus Children's Hospital. Many participants noted the *"strong reputation"* and foundation of trust that Nicklaus Children's has established among families and residents in general.

> *"I think they do a good job and have solidified their role as a carer of children in Miami-Dade." – Key Informant Interviewee*

> *"[Nicklaus Children's] is a champion in pediatric area and service is on point. Special needs kids are really served with respect and empathy. I know that this hospital advocates for healthy life for children and their families." – Key Informant Interviewee*

Still, several interview participants stated that they would like to see the hospital consistently involved in the community more. As one participant commented, parents know that *"Nicklaus Children's Hospital is where to take their kids when they are sick"* but it would be good to see Nicklaus Children's getting *"closer"* to the community. While these sentiments were echoed across interviews, this closeness looked different to different participants. However, there were common themes around serving as a central location for health information/resources for all residents and

exploring ways to convene with other hospitals and community organizations to share resources and have a stronger voice in health-related policies in Florida.

Regarding outreach around health resources, participants saw Nicklaus Children's as a trusted organization in the community and envisioned the hospital leading efforts to better inform residents of the wide variety of resources available in the county. Throughout the many conversations with service providers, a common theme around the many resources in Miami-Dade arose. The problem, according to these participants, was that families do not know about them. Even in instances where the families are aware of resources, they may be hesitant to access them due to concerns around cost, immigration status, and other factors. Immigration status in particular was cited as a common reason why families in Miami do not seek care, because parents worry that they will be denied care or will put themselves at risk of being denied citizenship status. Service providers who highlighted this concern noted that it would be helpful for hospitals and community organizations to communicate and clarify factors such as cost, and requirements for accessing resources (i.e., does the organization ask about immigration status?).

In thinking about Nicklaus Children's as a convener, several participants viewed the hospital as an ideal convener of community organizations and hospitals in the area. Participants who made this suggestion noted that the longstanding presence and good reputation in the community would allow them to bring many diverse sectors to the table to share resources and develop a common goal for addressing needs in the community.

> *"The community is rich in resources, but we can get more bang for our buck if we eliminate duplication efforts. How can we better communicate to know what we are all doing? I want to see a system where different health organizations are able to speak the same language in terms of referrals and resources in the community.*
> *– Focus Group Participant*

All service providers were familiar, to some extent, with the various policies affecting their work. A handful of service providers who were more familiar with the needs of uninsured children and families in Florida envisioned Nicklaus Children's and other area hospitals playing a role in policies related to healthcare, specifically Medicaid expansion.

Vision for the Future

Overall, residents of Miami were repeatedly described as "*resilient*" relative to others in the state. Participants referenced residents' ability to adjust and adapt to the many challenges they face on a day-to-day or regular basis (e.g., food insecurity, housing insecurity, hurricanes, etc.) as well as emerging challenges in the community (e.g., climate change). As one service provider said, residents have a *"desire to want more, live better"* and carry a *"hope for tomorrow"* each day. Another participant highlighted this sentiment noting that South Florida residents, specifically, Miami-Dade residents are *"very resilient and responsive to the community."* Focus group and interview participants were asked to identify one word or phrase that best represented how they would like to see their community in 3-5 years. While participants shared a wide range of sentiments, 'acceptance,' 'access,' and 'inclusion' were mentioned the most frequently.

KEY THEMES AND CONCLUSIONS

Analysis of qualitative and quantitative data provided a detailed description of the counties served by Nicklaus Children's Hospital. While many strengths and concerns were highlighted, some key themes arose throughout the data and are listed below. Themes are not listed in order of magnitude. Note, while participants acknowledged that Nicklaus Children's is not expected to directly address issues such as housing, employment, transportation, and cost of living, these themes rose to the top as an ongoing challenge for families and are also mentioned below.

Abundance of Services. Across all conversations with residents and providers, there was a broad understanding of the range of services available in the community, particularly Miami-Dade. When asked about the strengths in their community, 46.9% of community survey respondents perceived their community to have an adequate number of medical services available for children or adolescents to address physical health conditions. Similarly, 40.8% of respondents perceived there to be an adequate number of medical services available for adults to address physical health conditions.

Access to Services. While there was a perception of an abundance of services, many residents remain unclear on how to access the multitude of services available in the Miami-Dade area. For example, when thinking about resources broadly, about 1 in 5 (22.3%) community survey respondents felt that people in the community can access the resources they need. When considering the barriers to accessing services, knowledge, insurance, and language were the primary barriers named. Specific to knowledge about services, residents and providers perceived a strong need for more community education around the services available, specifically where services are located, how much they cost, languages available, and whether residents need to provide information regarding their legal status. Additionally, because the percentage of households lacking English proficiency is substantially higher in the service area (in particular, 1 in 4 in Miami-Dade County), providers emphasized the importance of providing information in a language appropriate for the families. Related to knowledge of services, insurance emerged as a common barrier. In Miami, 7.2% of children are uninsured and according to qualitative discussion participants, coverage continues to be an issue especially for low-income children and recent immigrants.

Food Access & Insecurity. Families are facing more food insecurity since the pandemic. In Miami-Dade, 10.3% of adults and 14.4% of children were projected to be food insecure in 2020. Further, 23.3% of community survey respondents perceived access to healthy food options to be an issue impacting children in their community. Related to healthy food access, 44% of respondents perceived childhood overweight and obesity to be of concern. Service providers agreed that while many families were facing food insecurity before the pandemic, the issue became worse during the pandemic due to diminishing family income driven by job layoffs. Many children who relied on free/reduced meal programs at school also experienced increased food insecurity because of school closures. Service providers also noted that the "*face*" of food insecurity has changed as families that were previously economically stable, are now seeking food assistance since the pandemic. In addition to a growing need for affordable foods, providers agreed that opportunities exist to increase education on how families can access *and* prepare healthy foods.

Mental Health. Mental health and behavioral health remain challenges in the community; school-aged children (K-12) remain of particular concern for poor mental health outcomes. Qualitative data participants acknowledged the challenges of mental health prior to the pandemic and

repeatedly noted a perceived diminished wellbeing of children and young adults since the pandemic. Quantitative data on mental and behavioral health supported the claims of qualitative data collection participants. For example, about 3 in 5 community survey respondents (60.3%) found mental or behavioral health to be an issue impacting children in their community and about 2 in 5 (41.4%) expressed concerns regarding care for children with special needs, including emotional or behavioral needs. A review of secondary data showed that 30% of middle school students and 26.6% of high school students experienced persistent sadness in 2020. Service providers perceived similar proportions and further speculated that these proportions were higher in 2021 and 2022 due to the increased isolation and limitations on mental health services driven by pandemic-related precautions. Increasing awareness of mental health issues and services for families was seen as an important component in addressing the needs of children in the community.

Health Education. Conversations with residents and service providers revealed that many perceive a need for more health-related education in the community. Participants connected many challenges in the community to a lack of knowledge around how certain behaviors directly or indirectly contribute to negative health outcomes such as obesity, diabetes, substance use, and other issues. Increasing education and awareness of health outcomes such as chronic diseases, developmental disabilities, and mental health were viewed as important in not only reducing negative health outcomes in the community, but also empowering residents to engage in the healthcare system. While community members appreciated the cultural diversity in their communities, qualitative data participants highlighted challenges around navigating various cultural approaches to community issues such as mental health, behavioral health, and developmental disorders. When considering these particular issues, education and awareness for families were seen as key factors in encouraging families to advocate for their child's needs and combat stigma associated with advocacy and help seeking.

Housing and Cost of Living. Qualitative data collection revealed that perceived high housing costs and increasing costs of living remain a concern among Miami-Dade residents. The combination of relatively low wages and rising costs of essentials such as mortgage/rental payments, food, healthcare, health insurance, and more can be substantial challenges for families in South Florida. Among residents and service providers interviewed, there is also concern that the increasing cost of housing is causing low-income residents, immigrants, and families to leave South Florida in favor of more affordable communities. In Miami-Dade, median monthly housing costs for owner-occupied housing are $1,825 and $1,328 for renter-occupied housing. Both are several hundred dollars more than Florida overall. Further, American Community Survey data show that while most residents in the service area own their own home, many still experience housing cost burden. More than 2 in 5 homeowners (44.1%) experienced housing burden in 2019. Among renters in Miami-Dade, nearly 2 in 3 (64.5%) experienced housing burden in 2019. As indicated in the *"People are tired, staff* are tired, they are getting sick, kids are getting sick. Inconsistent staff in schools. Inconsistent attendance of students. [It's] challenging for staff to teach and for students to learn." – Key Informant Interviewee

Income, Poverty, and Employment section, Miami-Dade has the largest proportion of low-income residents with more than one in four (26.2%) earning less than $25,000. Further, half of households in Miami-Dade earn less than $50,000 annually (50.1%).

Employment. While unemployment was relatively low in Florida (3.0%) and Miami-Dade (1.6%) from January to March 2020, it spiked in all geographies during the late spring and summer of 2020 (13.9%—15.3%). Since October 2020, unemployment has steadily declined and as of March 2022, the proportion was similar to pre-pandemic levels. While unemployment rates have decreased, qualitative data participants familiar with the childcare industry perceived long-term, negative impacts on the industry because of the pandemic. Specifically, many childcare workers were laid off at the start of the pandemic and have not returned because they have caregiving duties within their families, or they transitioned to higher paying jobs and/or jobs considered to have a lower likelihood of COVID-19 transmission.

Transportation. Throughout the service area, most residents (77.8%) rely on a personal vehicle to transport to work. However, many require other means. In Miami-Dade, 10.3% of residents do not have access to a vehicle and 4.7% of residents rely on public transportation. These residents can face considerable challenges accessing employment, healthcare, and social services. Qualitative data participants acknowledged that Miami does have a public bus transit system, which can be helpful to residents. However, public transportation was also cited as a barrier to care for many families who do not own a vehicle and/or must rely on bus lines to travel. Qualitative data participants familiar with these challenges agreed that opportunities exist for Nicklaus Children's to expand on current voucher programs and possibly solicit feedback from patients regarding their transportation-related needs.

PRIORITIES IDENTIFIED

Nicklaus Children's Hospital examined the findings of the 2022 Community Health Needs Assessment and worked to prioritize areas where the institution could successfully engage and intervene. The prioritization of each item identified by the community stemmed from: 1) demonstrated need in the community as evidenced by assessment findings; 2) the perceived impact that Nicklaus Children's involvement would have on this need; 3) the perceived feasibility of Nicklaus Children's involvement in addressing this need, including institutional expertise and resource allocation; and 4) the alignment with Nicklaus Children's mission and institutional strategic priorities as defined in its strategic plan.

Based upon these criteria, the following areas were identified as priorities:

- Access to services
- Health education
- Mental health

The other areas identified in the 2022 Community Health Needs Assessment – including but not limited to housing, cost of living, employment, and transportation – are areas that Nicklaus Children's did not make a priority due to less perceived feasibility, lack of institutional expertise, and/or other organizations addressing these needs within the community.

A. Community Survey Demographics

Table 10. Demographics of Nicklaus Children's Hospital Survey Respondents

Demographics of Survey Respondents		
County of Residence (N=249)		
Broward	38	15.3%
Collier	1	0.4%
Lee	3	1.2%
Martin	0	0.0%
Miami-Dade	193	77.5%
Monroe	1	0.4%
Palm Beach	9	3.6%
None of the Above	4	1.6%
Parent or guardian of Child Under 18 (N=225)		
Yes	157	69.8%
No	68	30.2%
Age (N=224)		
Under 22 years old	11	4.9%
22-29 years old	17	7.6%
30-39 years old	70	31.3%
40-49 years old	64	28.6%
50-64 years old	45	20.1%
65-74 years old	15	6.7%
75 years or older	2	0.9%
Sex or Gender Identity (N=117)		
Male	28	23.9%
Female	89	76.1%
Sexual Orientation (N=116)		
Bisexual	5	4.3%
Gay or lesbian	8	6.9%
Straight/ heterosexual	102	87.9%
Additional category	1	0.9%
Primary Language Spoken at Home (N=137)		
English	112	81.8%
Spanish	20	14.6%
Other	5	3.6%
Race/Ethnicity (N=140)		
American Indian, Native American, First Nations, Native Hawaiian, or Pacific Islander	2	1.4%
Black, Sub-Saharan African, African-American, Afro-Caribbean, or other Afro-descent	14	10.0%
East Asian	0	0.0%
Hispanic or Latino(a)	65	46.4%
South Asian	4	2.9%
Middle Eastern/North African	5	3.6%
White	45	32.1%

Additional category	2	1.4%
Born in United States (N=125)		
Yes	86	69.4%
No	38	30.6%
Educational Attainment (N=125)		
Some high school	1	0.8%
High school graduate or GED	1	0.8%
Some college	3	2.4%
Associate or technical degree/certification	7	5.6%
College graduate	18	14.4%
Graduate or professional degree	95	76.0%
Demographics of Children		
Age (N=146)		
0-3 years	32	21.9%
4-5 years	20	13.7%
6-12 years	50	34.2%
13-14 years	15	10.3%
15-17 years	29	19.9%
Sex or Gender Identity (N=145)		
Male	71	49.0%
Female	73	50.3%
Additional category	1	0.7%
Sexual Orientation (N=132)		
Bisexual	3	2.3%
Gay or lesbian	3	2.3%
Straight/ heterosexual	91	68.9%
Additional category	4	3.0%
Don't know	31	23.5%
Race/Ethnicity (N=144)		
American Indian, Native American, First Nations, Native Hawaiian, or Pacific Islander	4	2.8%
Black, Sub-Saharan African, African American, Afro-Caribbean, or other Afro-descent	19	13.2%
East Asian	1	0.7%
Hispanic or Latino(a)	93	64.6%
South Asian	5	3.5%
Middle Eastern/North African	6	4.2%
White	45	31.3%
Additional category	2	1.4%
Born in United States (N=148)		
Yes	142	95.9%
No	6	4.1%

DATA SOURCE: Nicklaus Children's Community Health Survey, 2021-2022
NOTE: "Demographics of Children" reports the demographics of respondents under 18 years of age as well as the demographics of the children of parents responding to the survey.
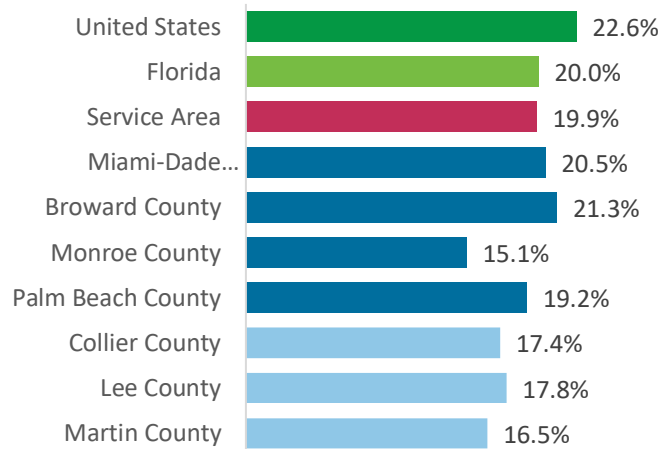
B. Additional Secondary Data

Demographics

Table 11. Population Projections of Children Under 18, by State, Service Area and County, 2019-2045

	2019	2025	2030	2035	2040	2045
Florida	4,308,493	4,654,212	4,876,184	5,058,549	5,191,591	5,293,711
Service Area	1,503,823	1,593,380	1,650,251	1,698,197	1,732,359	1,757,697
Miami-Dade County	575,307	601,895	615,876	627,495	634,374	639,373
Broward County	403,968	424,722	437,055	445,215	450,739	455,076
Monroe County	11,235	11,473	11,591	11,801	11,878	11,973
Palm Beach County	282,654	300,458	313,066	324,215	333,255	339,668
Collier County	68,905	75,296	79,900	84,571	88,075	90,672
Lee County	136,717	153,468	165,573	176,397	184,644	191,002
Martin County	25,037	26,068	27,190	28,503	29,394	29,933

DATA SOURCE: Office of Economic and Demographic Research, Florida Legislature, as cited by Kids Count, 2021

Figure 63. Percent Population Under 18 Years, by U.S., State, Service Area and County, 2015-2019

United States	22.6%
Florida	20.0%
Service Area	19.9%
Miami-Dade...	20.5%
Broward County	21.3%
Monroe County	15.1%
Palm Beach County	19.2%
Collier County	17.4%
Lee County	17.8%
Martin County	16.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 12. Age Distribution Population 21 Years of Age and Under, 2015-2019

	Under 5 years	5-9 years	10-14 years	15-17 years	18-21 years
United States	6.1%	6.2%	6.4%	3.9%	4.1%
Florida	5.4%	5.4%	5.7%	3.5%	3.6%
Service Area	5.5%	5.3%	5.7%	3.4%	3.4%
Miami-Dade County	5.9%	5.4%	5.7%	3.5%	3.6%
Broward County	5.8%	5.7%	6.1%	3.7%	3.3%
Monroe County	4.6%	3.7%	4.4%	2.4%	2.5%
Palm Beach County	5.1%	5.3%	5.4%	3.4%	3.3%
Collier County	4.5%	4.6%	5.2%	3.1%	2.7%
Lee County	4.7%	4.8%	5.3%	3.1%	3.1%
Martin County	4.1%	4.1%	5.3%	3.1%	3.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Table 13. Most Commonly Spoken Languages among Households, 2015-2019

	Spanish	Other Indo-European Languages	Chinese (including Mandarin, Cantonese)	Other Asian and Pacific Island Languages	Other and unspecified languages
United States	13.4%	1.9%	1.1%	1.0%	0.7%
Florida	21.8%	1.7%	0.4%	0.5%	0.4%
Service Area	38.0%	2.2%	0.4%	0.3%	0.6%
Miami-Dade County	66.1%	1.4%	0.4%	0.3%	0.5%
Broward County	26.6%	3.4%	0.6%	0.4%	1.0%
Monroe County	17.4%	0.8%	0.2%	0.5%	0.1%
Palm Beach County	19.0%	2.6%	0.4%	0.4%	0.7%
Collier County	24.8%	1.8%	0.2%	0.2%	0.2%
Lee County	17.6%	1.3%	0.2%	0.3%	0.1%
Martin County	9.8%	0.8%	0.3%	0.1%	0.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019
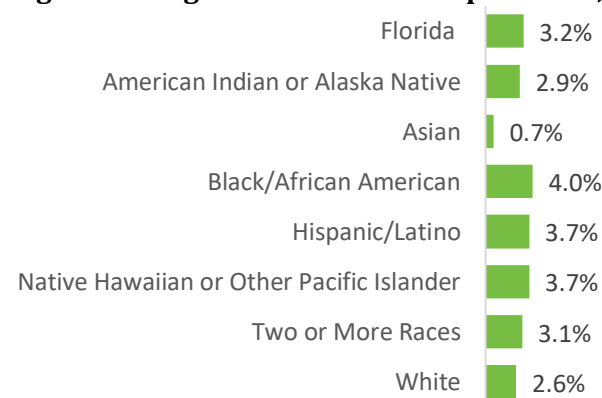
Education

Table 14. Educational Attainment of Population Aged 25 Years and Older, 2015-2019

	Less than high school	High school graduate (includes equivalency)	Some college, no degree	Associate degree	Bachelor's degree	Graduate or professional degree
United States	12.0%	27.0%	20.4%	8.5%	19.8%	12.4%
Florida	11.8%	28.6%	19.9%	9.8%	18.9%	11.0%
Service Area	13.9%	26.9%	17.9%	9.2%	20.1%	12.1%
Broward County	11.0%	27.3%	19.6%	9.6%	20.2%	12.2%
Collier County	12.9%	25.8%	17.0%	7.9%	21.5%	14.9%
Lee County	11.6%	31.0%	20.3%	8.9%	17.6%	10.6%
Martin County	9.0%	24.9%	22.6%	9.4%	21.7%	12.3%
Miami-Dade County	18.6%	27.3%	15.1%	9.3%	18.9%	10.9%
Monroe County	8.6%	26.7%	21.7%	8.6%	21.5%	12.9%
Palm Beach County	11.5%	24.0%	18.8%	9.0%	22.6%	14.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 64. High School Cohort Dropout Rate, by Race/Ethnicity, by State, 2020-2021

|	
Florida	3.2%
American Indian or Alaska Native	2.9%
Asian	0.7%
Black/African American	4.0%
Hispanic/Latino	3.7%
Native Hawaiian or Other Pacific Islander	3.7%
Two or More Races	3.1%
White	2.6%

DATA SOURCE: Florida Department of Education, 2020-2021

Table 15. Median Household Income, by Race/Ethnicity, 2015-2019

|	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	Other Race/Ethnicity, Non-Hispanic
United States	$62,843	$93,759	$41,935	$55,658	$71,664	$55,658
Florida	$55,660	$76,412	$41,702	$52,497	$65,149	$52,497
Miami-Dade County	$51,347	$60,292	$37,839	$53,753	$87,181	$53,753
Broward County	$59,547	$71,747	$47,863	$61,299	$70,466	$61,299
Monroe County	$70,033	$75,709	$50,750	$59,417	$77,629	$59,417
Palm Beach County	$63,299	$81,042	$47,646	$54,365	$77,094	$54,365
Collier County	$69,653	$152,000	$45,634	$53,520	$84,886	$53,520
Lee County	$57,832	$83,079	$42,572	$50,921	$67,846	$50,921
Martin County	$61,133	$117,697	$36,467	$64,383	$75,446	$64,383

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

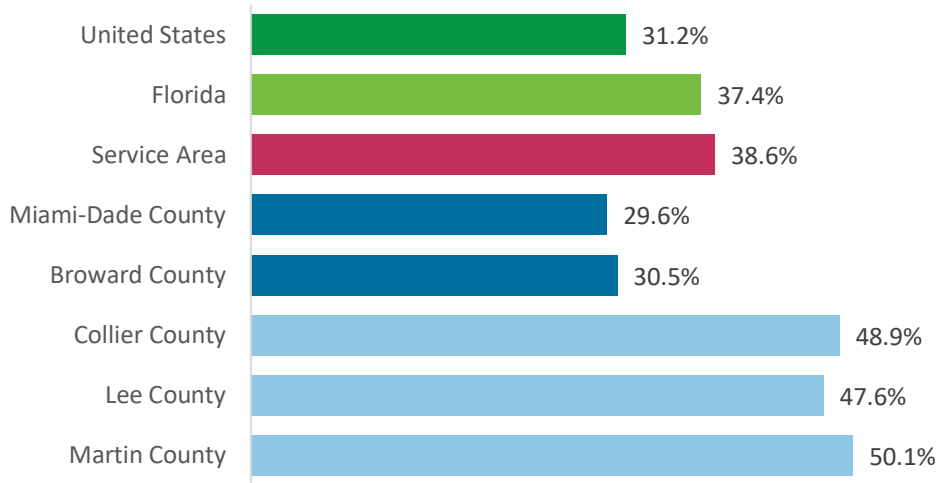## Figure 65. Percent Population Over 16 Years Unemployed, 2020 and 2021
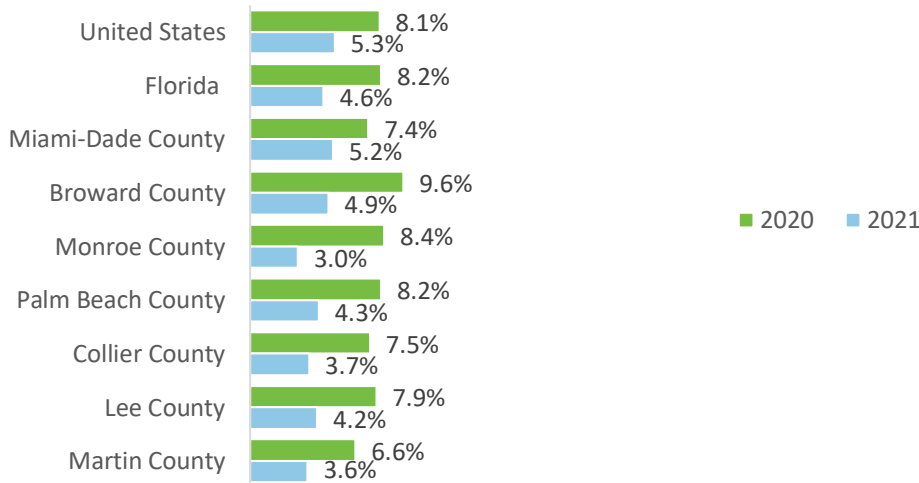
DATA SOURCE: U.S. Bureau of Labor Statistics, 2020-2021. NOTE: March 2022 data are preliminary

Figure 66. Individuals below Poverty Level (100% FPL), by Race/Ethnicity, U.S., State, and County, 2015-2019
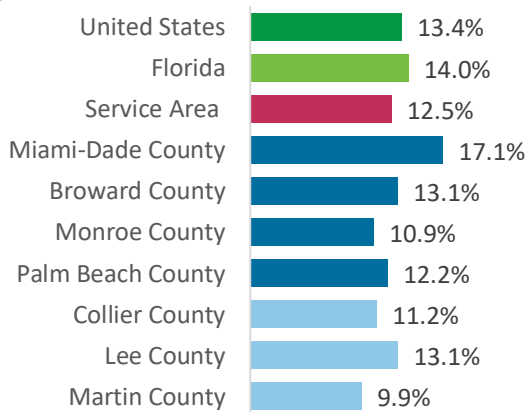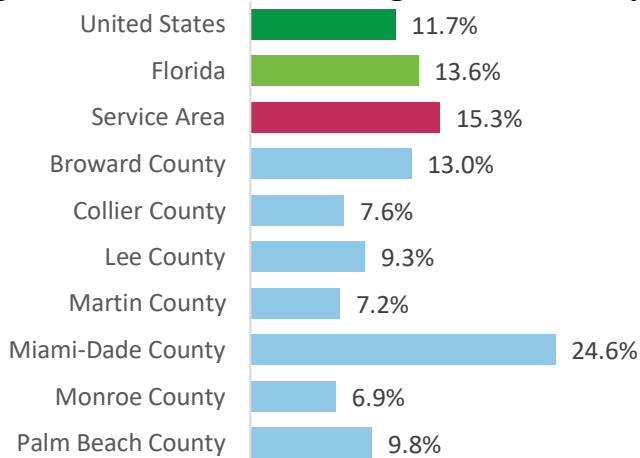

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 67. Households Receiving Social Security Income, by U.S., State, and County, 2015-2019
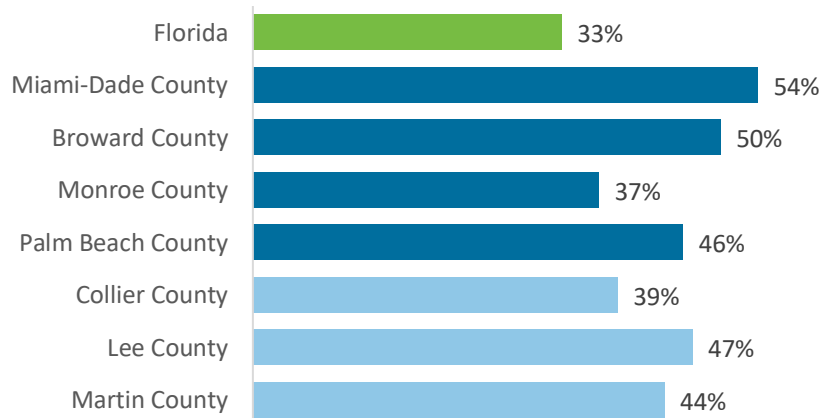
United States	31.2%
Florida	37.4%
Service Area	38.6%
Miami-Dade County	29.6%
Broward County	30.5%
Collier County	48.9%
Lee County	47.6%
Martin County	50.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 68. Households Receiving SNAP Benefits, by U.S., State, and County, 2015-2019

United States	11.7%
Florida	13.6%
Service Area	15.3%
Broward County	13.0%
Collier County	7.6%
Lee County	9.3%
Martin County	7.2%
Miami-Dade County	24.6%
Monroe County	6.9%
Palm Beach County	9.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 69. Percent Households below ALICE, by U.S., State, and County, 2018

Florida	33%
Miami-Dade County	54%
Broward County	50%
Monroe County	37%
Palm Beach County	46%
Collier County	39%
Lee County	47%
Martin County	44%

DATA SOURCE: United Way of Florida, ALICE in Florida: A Financial Hardship Study, 2018

Overall Health
Table 16. Years of Potential Life Lost, 2018-2020

	Overall	AIAN	Asian	Black	Hispanic	White
United States	7,300					
Florida	7,500	5,984	3,229	10,187	4,723	8,348
Miami-Dade County	5,400	-	3,100	10,900	4,200	6,200
Broward County	6,500	-	3,200	8,100	3,900	7,800
Monroe County	7,200	-	-	9,800	3,800	8,200
Palm Beach County	6,800	-	2,800	8,800	4,800	7,300
Collier County	5,500	-	-	7,400	4,300	6,200
Lee County	7,600	-	2,600	10,400	5,100	8,400
Martin County	7,000	-	-	7,200	5,100	7,700

DATA SOURCE: National Center for Health Statistics, National Vital Statistics System (NVSS), as cited by County Health Rankings, 2020
NOTE: Years of potential life lost (YPLL) before age 75 per 100,000 population (age-adjusted); Dashes (-) represent unreliable or missing data

Figure 70. Mortality Rate, Age-Adjusted Rate per 100,000 Population, by Race/Ethnicity, Florida, 2020
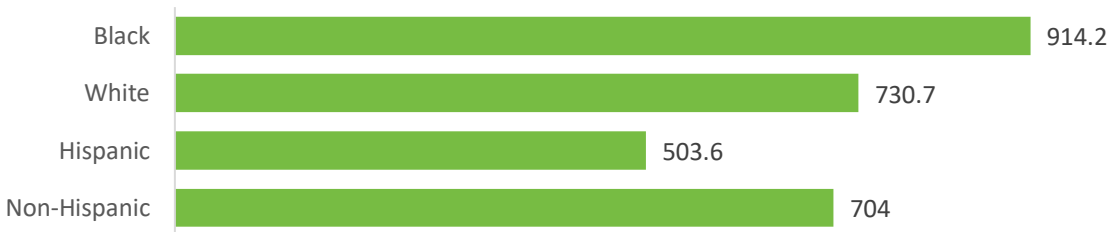
DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Table 17. Infant Mortality Rate (0-364 days) per 1,000 Live Births, by Race/Ethnicity, 2020

	Overall	White	Black	Hispanic	Non-Hispanic
Florida	5.8	4.2	10.7	4.7	6.1
Service Area	5.5	2.7	8.7	3.2	5.1
Miami-Dade County	4.1	2.6	11.0	3.0	6.6
Broward County	5.1	3.0	8.0	4.1	5.3
Monroe County	3.0	3.7	0.0	4.3	2.3
Palm Beach County	3.8	2.6	6.3	2.7	4.1
Collier County	1.6	1.6	2.5	0.6	2.6
Lee County	4.7	2.3	15.8	3.7	5.1
Martin County	5.6	5.6	0.0	8.8	3.8

DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Table 18. Percent of Low Birth Weight Births, 2017-2019

	Overall	Black	Hispanic	Non-Hispanic	White
Florida	8.8%	13.9%	7.3%	9.4%	7.2%
Service Area	8.6%	13.4%	7.2%	9.8%	6.9%
Miami-Dade County	8.3%	13.6%	7.2%	10.3%	6.9%
Broward County	7.3%	13.7%	7.6%	10.6%	7.0%
Monroe County	6.8%	8.4%	6.8%	6.6%	6.3%
Palm Beach County	8.7%	13.2%	6.9%	9.5%	6.7%
Collier County	7.3%	11.7%	7.0%	7.5%	6.6%
Lee County	8.1%	12.8%	7.4%	8.4%	7.2%
Martin County	7.1%	12.5%	6.8%	7.2%	6.9%

NOTE: Low birth weight is defined as weighing <2,500g
DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2017-2019

**Table 19. Percent Babies Born Preterm, by Race/Ethnicity, 2017-2019**

	Overall	Black	Hispanic	Non-Hispanic	White
Florida	10.4%	14.2%	9.3%	10.8%	9.3%
Service Area	10.3%	14.1%	9.3%	10.7%	9.1%
Miami-Dade County	9.8%	14.1%	9.2%	10.8%	8.1%
Broward County	10.9%	14.2%	9.6%	9.7%	8.8%
Monroe County	8.8%	10.4%	9.2%	8.3%	8.3%
Palm Beach County	9.8%	13.2%	9.0%	10.2%	8.5%
Collier County	10.0%	13.0%	10.0%	9.9%	9.6%
Lee County	10.3%	13.6%	10.1%	10.4%	9.6%
Martin County	8.4%	13.1%	8.7%	8.3%	8.8%

NOTE: Preterm is defined as <37 weeks gestation
DATA SOURCE: Florida Department of Health, Bureau of Vital Statistics, as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2017-2019

Behavioral and Mental Health

Figure 71. Percent Students Reporting Experiencing Persistent Sadness, by State, County, and Selected Demographics, 2020
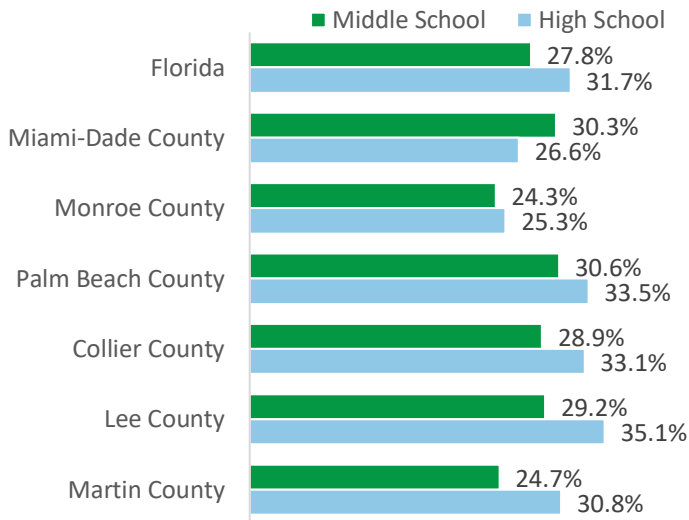
DATA SOURCE: Florida Youth Tobacco Survey (FYTS), as cited by FL Health Community Health Assessment Resource Tool Set (CHARTS), 2020

Access and Health Care Utilization

Table 20. Total Licensed Providers (Primary Care, Dentist, Mental Health) per 100,000 Population, 2018-2020

	Primary Care Physician (2018)	Dentist (2019)	Mental Health Provider (2020)
United States	1,320	1,400	380
Florida	1,385	1,645	592
Miami-Dade County	1,243	1,433	505

On June 2, 2022, HRiA led a facilitated process with the Community Advisory Board for Nicklaus Children's Hospital to review the key themes from the Community Health Needs Assessment (CHNA) and identify recommended priorities for future Strategic Implementation Planning efforts. During this virtual meeting, HRiA presented the key health issues identified in the 2022 CHNA, including the magnitude and severity of these issues and their impact on the most vulnerable populations. HRiA facilitated a discussion with participants to evaluate possible priorities based on the key criteria outlined in Figure 1.

Key Themes Presented
1. Health Education
2. Access to Services
3. Food Access & Insecurity
4. Mental Health
5. Housing
6. Employment
7. Transportation
8. Cost of Living

Criteria for Prioritization

RELEVANCE *How Important Is It?*	APPROPRIATENESS *Should We Do It?*	IMPACT *What Will We Get Out of It?*	FEASIBILITY *Can We do It?*
• Burden (magnitude and severity, economic cost; urgency) of the problem) • Community concern • Focus on equity and accessibility	• Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values	• Effectiveness • Coverage • Builds on or enhances current work • Can move the needle and demonstrate measurable outcomes • Proven strategies to address multiple wins	• Community capacity • Technical capacity • Economic capacity • Political capacity/will • Socio-cultural aspects • Ethical aspects • Can identify easy short-term wins

Through thoughtful consideration of the data presented, the prioritization criteria, and knowledge of the existing and planned programs already in place, members voted on which of the key themes should be prioritized. Following discussion of the polling results and consideration by Nicklaus Children's leadership, three priorities were recommended to be included in objectives and/or strategies in each of the priority areas of the Strategic Implementation Plan.

Priorities
• Access to Services
• Health Education
• Mental Health