

IV. CHILD HEALTH INDICATORS

The following child health indicators represent data obtained from sources outside of the Coalition. This section was added to this most recent HSCMD Needs Assessment at the behest of the Data Committee. Please note that these data are not necessarily representative of all the indicators of child health. However, they are the result of laborious efforts by Coalition staff to compile and summarize the maximum amount of data and information from external sources. For other data related to child health and child health indicators please visit the Miami-Dade County Health Department website, review the recently published MDCHD CATCH Report and The Children's Trust 2003 Needs Assessment.

The Health Council of South Florida reported that in February 2005, 592,174 children under the age of 18 years old resided in Miami-Dade County and accounted for nearly 25% of the population. Research further shows that more than 140,000 of these children lived in households that earned annual incomes that fell below the federal poverty level. This section aims to explore factors that affect this vulnerable population.

A. HEALTH SERVICES

1. Immunizations

An immunization is a proven, cost-effective medical intervention able to protect children from a wide range of preventable conditions that can ultimately lead to mortality. Each year in the United States, immunizations save an estimated \$1.39 billion that would otherwise be used on treating health conditions preempted by appropriate vaccines. Immunization programs annually prevent 3.3 million cases of measles, 2.1 million cases of mumps, and 1.5 million cases of rubella that, if not prevented, would cost \$1.4 billion per year in medical care. This means that every \$1.00 spent on the combined MMR (measles, mumps and rubella) vaccine saves \$14.40 that would be incurred in later health care costs if an individual becomes infected.

The National Immunization Survey conducted by the Florida Department of Health found that the rate of vaccination coverage among children in Florida between 19-35 months old was 85.8%. This is largely due to the fact that Florida law currently requires children entering public and private schools to receive scheduled immunization against diphtheria, haemophilus influenza type B (*Hib*) (kindergarten only), hepatitis B virus (kindergarten and seventh grade), measles, mumps, pertussis, rubella, and tetanus. Immunization against varicella (chicken pox) is also recommended for children following their first birthday unless they have had the disease. Despite this mandate however, some children do not receive the necessary immunizations due to factors such as parental concerns about the safety of vaccines, inflexibility of parents' work schedules, cost of immunizations and limited access to healthcare.

Table 52 and Figure 35 illustrate a steady trend of children enrolled in kindergarten who were immunized between 2000 and 2003. Minimal fluctuation was noted throughout the period; the most recent data show that in 2003, of the 28,029 kindergartners in the Miami-

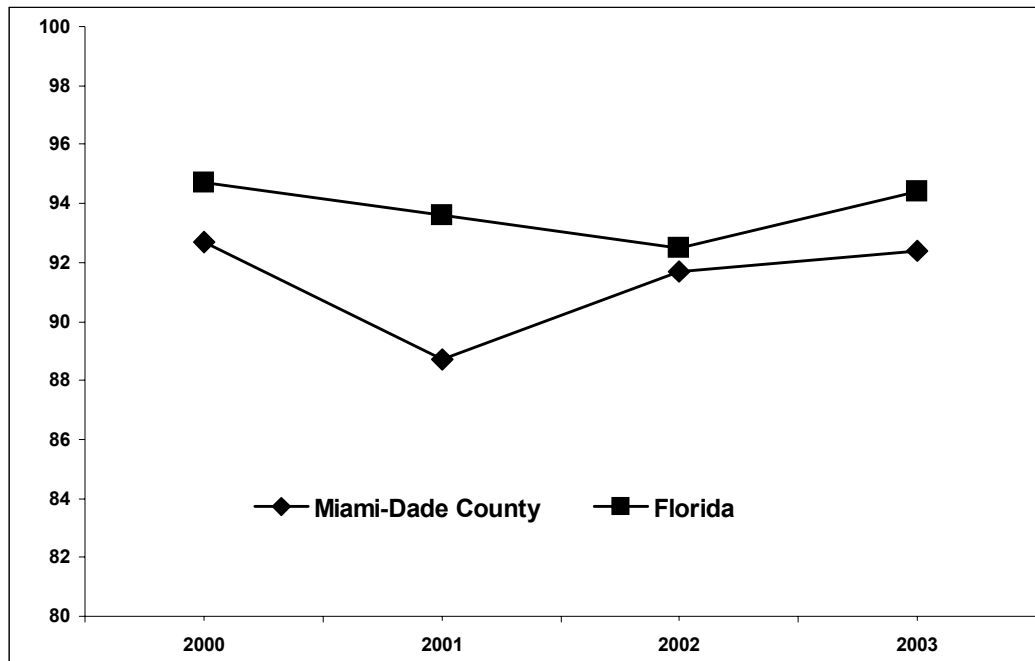
Dade, 92.4% have received the relevant vaccines. The county immunization rate is slightly lower than the overall state rate.

Table 52: Percent of Kindergarteners Fully Immunized, Miami-Dade County and Florida, 2000-2003

	2000	2001	2002	2003
Miami-Dade County	27,413	25,189	26,987	28,029
	92.7	88.7	91.7	92.4
Florida	192,081	190,074	192,847	205,322
	94.7	93.6	92.5	94.4

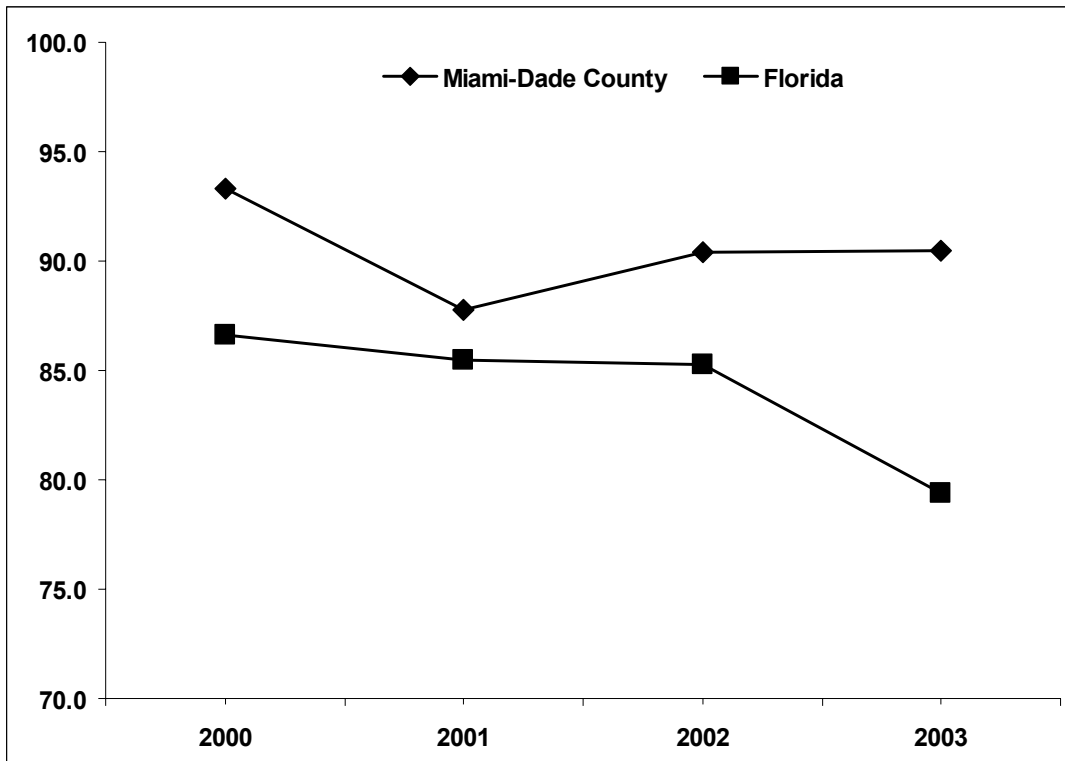
Source: Florida Department of Health, Bureau of immunizations, 2005

Figure 35: Percent of Kindergarteners Fully Immunized in Miami-Dade County and Florida, 2000-2003



Source: Florida Department of Health, Bureau of Immunizations, 2005

Figure 36: Percent of Two-Year-Old Children Fully Immunized in Miami-Dade County and Florida, 2000-2003



Source: Florida Department of Health, Bureau of immunizations, 2005

Figure 36 highlights the number of children aged two years old who were fully immunized in Miami-Dade and throughout the State of Florida between 2000 and 2003. Miami-Dade surpassed Florida in the rate of immunization throughout the period.

2. Child Healthcare Visits

Periodic visits to the doctor are of particular importance during the early years of childhood when young bodies are fragile and require surveillance to ensure proper health. Table 53 lists the number of children and ages at which visits to the doctor occurred during the 2000 to 2004 period.

The largest number of children (54,260) received health checkups during FY2003-2004. Of this number, the majority (18,698) were between the ages of 24 to 59 months old. The table also shows a trend in the intervals at which babies received health check-ups; most were during the ages of 24 to 59 months old. A significant number were also taken at under 12 months old, less frequent visits were recorded between 12 to 23 months age group, and a lesser number at 60-71 months old. The number of child health check-ups among all age groups has increased steadily since FY2000-2001, and showed a notable increase in the FY2003-2004 period. This denotes a growing number of babies are receiving child health check-ups and medical services compared to previous years.

Table 53: Number of Children Who Had a Child Health Check-up by Age, Miami-Dade County

Fiscal Year	< 12 Months	12 - 23 Months	24 - 59 Months	60 - 71 Months	Total
FY 2000-2001	14,134	10,066	14,861	4,018	43,079
FY 2001-2002	15,730	11,011	16,156	4,482	47,379
FY 2002-2003	17,389	11,614	17,996	4,640	51,639
FY 2003-2004	18,072	12,499	18,698	4,991	54,260

Source: Florida Department of Health, Bureau of Medicaid Services, 2004

3. Neonatal Intensive Care Units (NICU)

For those infants needing specialty care, 11 hospitals are licensed to offer neonatal intensive care (see Table 54). According to the Agency for Health Care Administration (AHCA), neonatal care services encompass “the aspect of perinatal medicine pertaining to the care of neonates,” or newborns. The Agency distinguishes three levels of neonatal care. Level 1 provides for well baby care and may include subventilation, intravenous feedings, resuscitation, and stabilization. Specialty designation is required for Level II neonatal care that includes the provision of ventilator services, and at least 6 hours of nursing services per day. Level II providers may treat neonates weighing 1,000 grams or more. The highest level of neonatal intensive care, Level III, includes the provision of continuous cardiopulmonary support services and 12 hours or more of nursing care per day. Providers with Level III status also may conduct complex neonatal surgery, pediatric cardiopulmonary surgery, pediatric neurology and neurosurgery, and pediatric cardiac catheterization.

Of the 11 providers with Level II units, the highest volume of admissions, by far, occurred at Jackson Memorial (1,476), with more than 3.5 times the rate as the next highest provider. Hialeah Hospital, Baptist Hospital, South Miami Hospital, Palmetto General Hospital and Parkway Regional Medical Center all range between 233 and 413 admissions each.

Five providers in the county are licensed to offer care at Level III status. These hospitals care for severely ill neonates regardless of birth weight. In 2003, they included Jackson Memorial Hospital (906 admissions), Miami Children’s Hospital (523 admissions), North Shore Medical Center (62 admissions), Baptist Hospital (65 admissions) and Mt. Sinai (76 admissions). Please see Table 54 on the next page for a complete listing of these data.

Table 54: NICU Utilization in Miami-Dade County

Hospital	NICU II		NICU III	
	Licensed Beds	Admissions	Licensed Beds	Admissions
Baptist Hospital of Miami	12	250	7	65
Hialeah Hospital	10	Not Reported	0	0
Jackson Memorial Hospital	60	1,465	66	906
Jackson North (Maternity Center)	10	0	0	0
Mercy Hospital	6	127	0	0
Miami Children's Hospital	7	116	23	523
Mount Sinai Medical Center	8	239	5	76
North Shore Medical Center	8	138	5	62
Palmetto General Hospital	15	287	0	0
Parkway Regional Medical Center	10	236	0	0
South Miami Hospital	23	280	0	0
Miami-Dade County Total	169	3,138	106	1,632

Source: Health Council of South Florida, Quarterly Hospitalization Surveys, 2003.

4. Insurance Coverage

In the United States, nearly 11 million children lack health insurance, despite the fact that over 6 million are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP). A study conducted by the University of Florida found that in 2003 9.8% of children were uninsured in Miami-Dade County, while most recent data estimated that 100,000 lacked health insurance in 2005. Due to this lack of insurance, many children are not taken to healthcare providers when they become ill because parents or caregivers are overwhelmed by the high costs associated with the service. Additionally, many uninsured families cannot typically afford the routine and preventive pediatric care needed to protect children from serious illnesses that can have lifelong or life threatening consequences. A simple ear infection for example, can lead to hearing loss if left untreated but in the absence of insurance, many children experience avoidable health risks such as this, simply because of the expenses associated with the necessary preventive measures.

a. Florida KidCare Program

Programs such as the Florida's KidCare are available for the estimated 100,000 uninsured children in Miami-Dade County (Health Foundation of South Florida, 2005). The program was created in response to a 1998 mandate from the Florida Legislature in response to the passing of the Title XXI Social Security Act and the State Children's Health Insurance Program (SCHIP) by US Congress one year earlier. The main objectives of the program are:

- To provide low cost health insurance benefits for eligible children.
- To inform families about the ways in which health insurance for children can be appropriately used.
- To ensure that Florida uses its full share of federal funds allocated for this purpose.

The SCHIP program is divided into four parts and classifies children by specific factors. First, MediKids is designed for children between the ages of 1 to 5 years old and administered by the Agency for Health Care Administration. Under this option, families are required to pay a \$15 to \$20 premium each month based on household income. Typically, the former is required of household incomes; 150% of the federal poverty level regardless of the

number of children seeking benefits while the latter is required from family incomes between 151% and 200%.

The second component of the program, Florida Healthy Kids, targets children between the ages of 5-18 years, and is administered by the Florida Healthy Kids Corporation. Established in 1990, the corporation acts as a public-private initiative that provides insurance through licensed health plans and health insurers. This is done by channeling funding acquired through local, state, federal and family sources that pay premiums to commercial health plans that in turn assume the insurance risk.

The third component, Children’s Medical Services (CMS) Network, provides benefits to children between the ages of birth to 18 years that are physically challenged or require behavioral health care. The network is administered by a contractual relationship between the Department of Health which administers physical health services and the Department of Children and Families which administers behavioral health, to provide a managed system of care for enrollees in need. Programs available through this component include child protection, infant hearing, sexual abuse treatment, liver transplant and cardiac issues.

Finally, the fourth component, Medicaid for Children, targets children from birth to 18 years old and is administered by the Agency of Health Care Administration and the Department of Children and Families. Costs are shared by the State and Federal government while eligibility is determined by the Department of Children and Families Services. Although many children qualify for benefits through KidCare programs, less than half are enrolled. In fact, total enrollment between January 2004 and January 2005 decreased by 2.6%.

b. Medicaid for Children

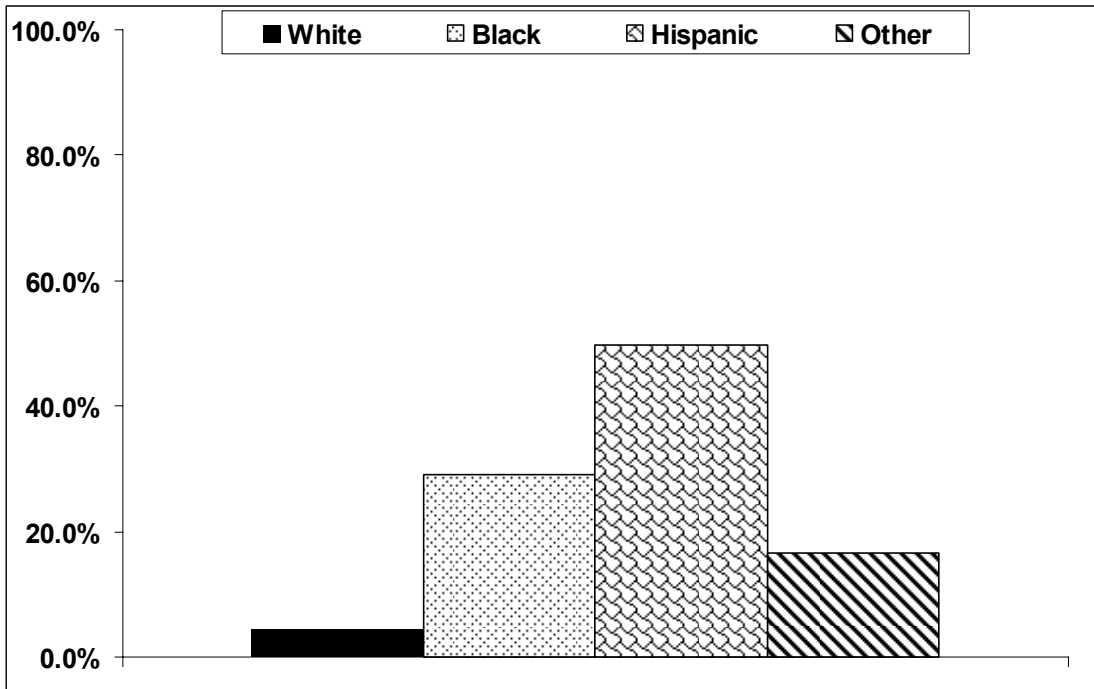
The following table illustrates Medicaid recipients between the ages of 0 to 5 years old by race and ethnicity. The Hispanic population accounted for 49.8% of the pediatric Medicaid population, or 70,810 children, making it the largest collective recipient of all groups in the County. Blacks accounted for 29.1% of the Medicaid population, while Whites accounted for 4.3% or 6,062. In total, there were 142,075 Medicaid recipients between 0-5 years old in Miami-Dade County during 2004.

Table 55: Medicaid Recipients Age 0-5, by Race-Ethnicity, Miami-Dade County 2004

Race	Number	Percent of Total 0-5
White	6,062	4.3%
Black	41,291	29.1%
Hispanic	70,810	49.8%
Asian	476	0.3%
American Indian	29	0.0%
Other	23,407	16.5%
Total	142,075	100.0%

Source: Agency for Health Care Administration, 2005

Figure 37: Medicaid Recipients Age 0-5 by Race-Ethnicity in Miami-Dade County, 2004



Source: Agency for Health Care Administration, 2005

Medicaid recipients under age 5 are illustrated in Table 56. A total of 66.7% or 94,781 constituted 3 years old or younger while the remaining 33.3% or 47,294 were between the ages of 4 and 5 years old. This suggests a tendency for Medicaid to be used for the care of the youngest in the population.

Table 56: Medicaid Recipients Age 0-5, Miami-Dade County, 2004

Age	Number	Percent of Total 0-5
0-3	94,781	66.7%
4-5	47,294	33.3%
Total 0-5	142,075	100.0%

Source: Agency for Healthcare Administration, 2005

5. Women Infants and Children (WIC)

The WIC program is federally funded and was established in 1974. It is available via 42 WIC local agencies in 67 counties in the State of Florida, 23 of which are located throughout Miami-Dade County. These locations include health clinics, health centers, school-based clinics and shopping centers. The Miami-Dade County Health Department administers the local WIC Program. Services are available through scheduled appointments. In addition, the University of Miami administers a WIC program located at Jackson Memorial Hospital.

The program is administered by the Florida Department of Health, Bureau of WIC and Nutrition Services. WIC staff provides education and counseling about nutrition,





breastfeeding, health care referrals and supplemental nutritious foods for its target population who are at nutritional risk. These foods are rich in protein, iron, calcium, and vitamins A and C while the dietary supplements provide key nutrients commonly lacking in the diets of the WIC target populations.

Eligibility for WIC services requires meeting specific criteria:

- Women who are pregnant, breast feeding, or were recently pregnant and children under 5 years old
- Residents of Florida (not limited to US citizens)
- Determined to have a nutritional risk by WIC personnel
- Meet income eligibility

a. Nutritional Counseling and Education

Nutritional counseling and education are available to all adult WIC participants as well as the parents or caretakers of child participants. The goals of nutritional counseling and education are:

-  To teach participants about the relationship between proper nutrition and health
-  To achieve a positive change in food consumption habits related to the participant's nutritional risk
-  To promote the optimal use of WIC supplemental foods and other nutritious foods
-  To provide nutritional education within the context of the ethnic and cultural preferences of the participant; consideration is given to the participant's language, educational background, and environmental limitations

b. Referrals for Health Care

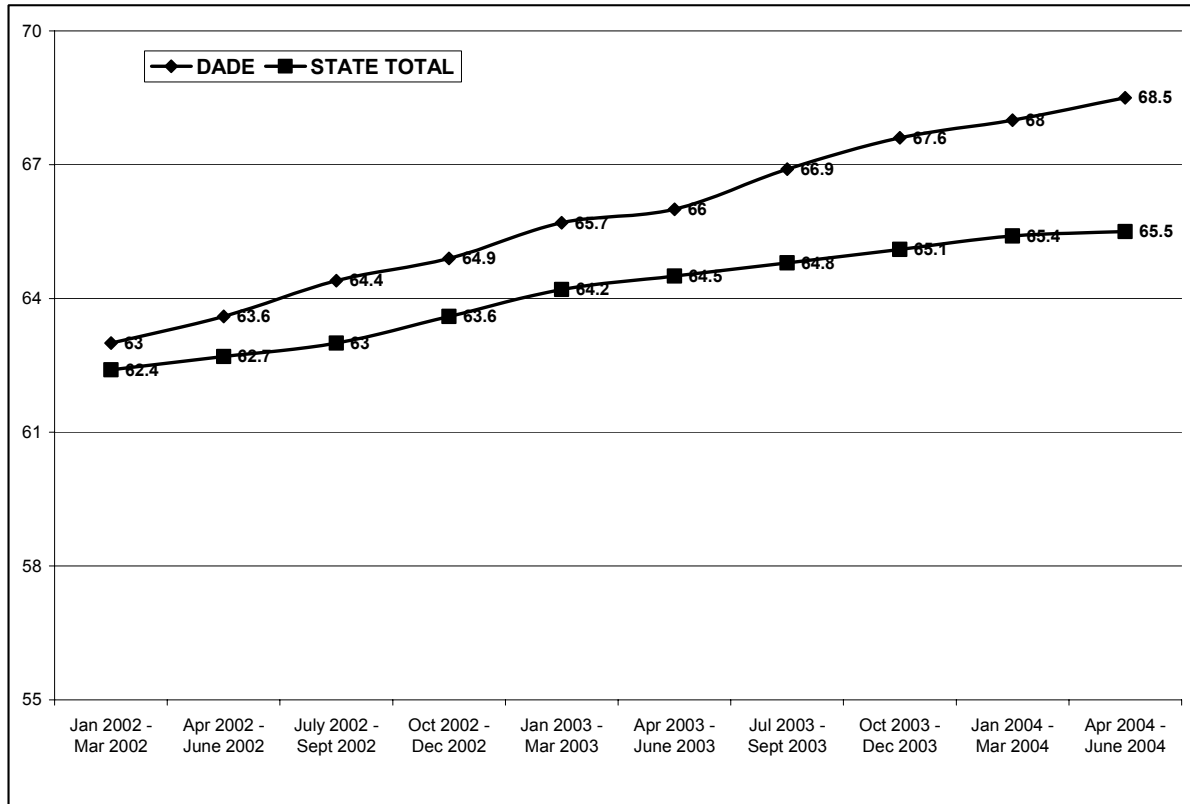
WIC does not provide routine health care but serves as an adjunct to the health care system. Through a reciprocal relationship with the health care community, it receives referrals from private and public health care providers and provides referrals as needed for health and social services, including immunizations and substance abuse counseling and treatment. Participants who are already receiving medical services are encouraged to remain under the care of their physician while receiving WIC benefits while individuals not receiving medical care are encouraged to seek and maintain appropriate care.

c. Breastfeeding Promotion and Support

Breast milk is widely acknowledged to be the most complete form of nutrition for infants, with a range of benefits for infants' health, growth, immunity, and development. The benefits of breastfeeding include decreased new cases or severity of diarrhea, respiratory infections, and ear infections, among others, and reduced cost to the family. In addition, breastfeeding has been shown to improve maternal health, with demonstrated effects, including reduction in postpartum bleeding, earlier return to pre-pregnancy weight, reduced risk of premenopausal breast cancer, and reduced risk of osteoporosis, continuing long after the postpartum period. In general, the American Academy of Pediatrics considers breastfeeding to be "the ideal method of feeding and nurturing infants" and recommends that infants be breastfed for approximately (at least) the first 6 months of life.

Breastfeeding promotion and support are integral parts of the WIC program. WIC is striving to increase the incidence and duration of breastfeeding among women enrolled in the program. Figure 38 demonstrates the percent of infants initially breastfed in Miami-Dade County and in Florida from 2002 to 2004.

Figure 38: Percent of WIC Infants Initially Breastfed, Miami-Dade County and Florida, January 2002 – June 2004



Source: UM/WIC Program

d. Benefits to Women and Newborns

Adequate nutrition is essential for an improved pregnancy outcome and subsequent growth and development of their child. Nutrition counseling is a key component of the Healthy Start Program. Local WIC programs work closely with the Healthy Start Coalition of Miami-Dade to ensure adequate reciprocal referrals. The benefits of the WIC program are numerous.

- 🌸 WIC saves public and private health care dollars. In Florida, \$1.77 is saved in associated Medicaid costs during the first 60 days after birth for every \$1.00 spent to serve a pregnant woman in WIC
- 🌸 WIC participation significantly increases the number of women seeking adequate prenatal care
- 🌸 WIC dramatically lowers infant mortality by approximately one-quarter to two-thirds among the Medicaid beneficiaries who participate in the program, compared to Medicaid beneficiaries who do not participate
- 🌸 WIC improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women

- ✿ WIC participation decreases the incidence of low birth weight by 3.3% and decreases preterm births by 3.5%
- ✿ Participation in Florida's WIC program by 30 weeks gestation prevents very low birth weight (VLBW) Medicaid births or an estimated reduction of 0.6% of live births that were VLBW. This is an estimated cost savings of \$2.3 million in Medicaid costs throughout Florida

e. Benefits to Children

In many geographic areas WIC services are an essential source for meeting children’s nutritional requirements.

- ✿ WIC improves the growth of at-risk infants and children. Researchers found that participating 3 to 3 1/2 year olds had weight gains of 1 kilogram in additional weight due to WIC benefits after being enrolled for 11 months and had a growth rate of 2 centimeters in additional height after receiving benefits for 6 months
- ✿ WIC significantly improves children's diets, particularly in iron, vitamin C, thiamin, niacin and vitamin B6
- ✿ Four and five year old children who participated in WIC in early childhood have a more developed vocabulary and digit memory scores when compared to children who did not participate in WIC
- ✿ WIC participation leads to higher rates of immunization against childhood diseases

In Federal Fiscal Year 2004, an average of 60,641 clients were served monthly thus receiving approximately \$3,649,909.00 in food benefits each month. In the same year, ethnic profile of recipients included, 62% Hispanic, 33% Black, 4% White and 1% Asian or American Indian. Additionally, 103,306 individuals received WIC at a total of \$43,798,902.00 and of this number, 32,490 were women and 70,816, were infants and children.





In March 2004, the Miami-Dade County WIC Program was recognized nationally for its nutrition education efforts by receiving The 2003 National Excellence Award for Employee and Community Education Efforts in promoting the “5 A Day for Better Health Message.” In 2004, children accounted for the highest number of WIC recipients or 37,927, closely followed by infants at 32,804 and women at 32,421. The Hispanic population accounted for the majority of recipients compared to other ethnic groups, followed by non-Hispanic Blacks, non-Hispanic Whites and Other ethnic groupings.

Table 57: WIC Services Fr Women in the Miami-Dade County WIC program, by Race-Ethnicity, Miami-Dade County, Federal Fiscal Year 2004.



RACE-ETHNICITY	Women	Infants	Children
Non-Hispanic White	1,148	1,866	1,324
Non-Hispanic Black	10,359	10,767	13,169
Hispanic	20,811	20,068	23,308
Non-Hispanic Other	103	103	126
All	32,421	32,804	37,927

Source: Florida Department of Health, January 2004. * These numbers are the women who are enrolled in the Miami-Dade County WIC program; they are not necessarily Miami-Dade County residents.

A total of 16,826 women received WIC services in North Miami-Dade during 2004. Of these, most WIC recipients in **North Miami-Dade** resided in:

-  Hialeah (33012)
-  Allapattah/Melrose (33142)
-  Liberty City (33147)
-  Biscayne Park/Miami Shores/North Miami (33161)

In Central Miami-Dade, a significantly lower total of WIC recipients were recorded. The highest numbers of women, infants and children who received WIC services in **Central Miami-Dade** resided in:

-  Little Havana (33125)
-  Doral (33126)

In **South Miami-Dade**, the highest number of recipients was found in:


-  Homestead/Leisure City (33030)

Figure 38 compares the percentages of infants in WIC recipient infants in Miami-Dade to the State of Florida who were breast-fed between January 2002 and June 2004. The rate of breast-feeding in the County has consistently been higher than that of the state.

B. MEDICAL CONDITIONS

1. Death And Mortality In Children

The following table shows the leading causes of mortality in Miami-Dade among children ages 1-4 years. Unintentional injuries and homicide were the leading causes of death among pre-school age children at 12.2 and 3.3 per 100,000 in 2003, respectively. Most of the subsequent causes of death in this age group are less likely to be preventable and include malignant neoplasms (3.3 per 100,000), and congenital malformations among others. Total deaths were 40 total or 32.5 per 100,000 of the population in 2003. The Healthy People 2010 goal for child mortality is 18.6 per 100,000.

Table 58: Causes of Deaths and Mortality (per 100,000) in Children Aged 1- 4 Years, Miami-Dade County, 2003.

TEN LEADING CAUSES OF DEATH (ICD-10-CODE)	NUMBER OF DEATHS	MORTALITY RATE/100,000
Unintentional Injuries (V01-X59,Y85-Y86)	15	12.2
Homicide (X85-Y09,Y87.1)	4	3.3
Malignant Neoplasms (C00-C97)	4	3.3
Congenital Malformations/Deformations & Chromosomal Abnormalities (Q00-Q99)	3	2.4
Symptoms/Signs & Abnormal Clinical Lab Findings (R00-R99)	3	2.4
Heart Diseases (I00-I09,I11,I13,I20-I51)	2	1.6
Other Infectious & Parasitic Diseases & Sequelae (A00-B99)	2	1.6
Septicemia (A40-A41)	2	1.6
Cerebrovascular Diseases (I60-I69)	1	0.8
Conditions Originating in Perinatal Period (P00-P96)	1	0.8
Remaining Causes of Death	3	2.4
Total Deaths	40	32.5

The two leading causes of death among children ages 1-4 years, unintentional injuries and homicide, are preventable and require the efforts of communities countywide. These data demonstrate a need for increased education to parents in injury prevention and safety.

2. Asthma

Asthma is a common chronic respiratory disease that in 2003 affected 20 million Americans (American Lung Association Fact Sheet). The disease is also a leading cause of ill health among youth and children and the third leading cause of hospitalization among children under the age of 15. In 2003, 5 million school-aged children suffered from the disease while 3.1 million had suffered an attack within the previous year. The cost of treatment for the under 18-year-old age group is an estimated \$3.2 billion per year (Center for Diseases Control and Prevention).

Sufferers experience episodes or attacks of inflammation and tightening of the small airway passages in the lungs in response to “asthma triggers”, such as allergens, changes in the weather and smoke. The severity of each episode can vary between mild to life threatening and manifests itself in different degrees of shortness of breath, wheezing, chest pain and tightness or a combination of these symptoms.

Typical candidates for asthma include the low-income population, minorities and children who live in poor or low-income areas. These groups are generally more predisposed to developing the disease and experience a higher rate of emergency room visits, hospitalization, complications and mortality because they do not receive the proper care needed to diagnose and control the disease.

These issues have made asthma a major focus of the Healthy People 2010 objective. Key objectives include:








-  reducing asthma deaths;
-  reducing emergency visits and hospitalizations due to asthma;
-  reducing activity limitations of asthma sufferers;
-  reducing the number of school and work days missed as a result of asthma;
-  increased education about the disease;
-  increased care for asthma based on National Asthma Education and Prevention Program guidelines; and,
-  an established surveillance system in ≥ 25 states for tracking illnesses, deaths and overall impact and management of the disease.

Table 59 shows that in North Miami-Dade, 7.1% of the 0-9 year old population between the ages of 0 to 4 years old were hospitalized because of asthma in 2003. This group, combined with children between the ages of 5 to 9 years old accounted for 4,780 cases, thus surpassing the number of children hospitalized due to asthma in South Miami-Dade. This data indicates a higher frequency of hospitalization due to the disease in North Miami-Dade than in South Miami-Dade. Countywide, 8,683 hospitalizations were attributed to the disease, asthma being the principal diagnosis in 2,276 cases and an indirect cause in 6,407 cases.

Table 59. Hospitalization Due to Asthma Status by Age in Miami-Dade County, 2003.



Area	Age Group	All		Principal Diagnosis		Non-Principal Diagnosis	
		Freq.	Percent	Freq.	Percent	Freq.	Percent
North Miami-Dade	0-4	341	7.1	147	11.4	194	5.6
	5-9	158	3.3	59	4.6	99	2.8
	All	4,780	100.0	1,285	100	3,495	100.0
South Miami-Dade	0-4	387	9.9	178	18	209	7.2
	5-9	143	3.7	69	7	74	2.5
	All	3,903	100.0	991	100	2,912	100.0
Countywide	0-4	728	8.4	325	14.3	403	6.3
	5-9	301	3.5	128	5.6	173	2.7
	All	8,683	100.0	2,276	100	6,407	100.0

Source: Miami-Dade County Health Department, Office of Epidemiology. Asthma Prevalence study, 2003. *The border for North and South Miami-Dade is Flagler Street.

3. Child Abuse

Over 1 million children fall victim to abuse in the United States each year, and each day more than 7,900 are reported to child protection agencies as suspected victims of abuse. Of this group, children under the age of 5 years old face the highest risk. Table 60 outlines the cases of child abuse based on zip codes in Miami-Dade Counties. The highest number of cases were found in:

North Miami-Dade

-  Allapattah/Melrose (33142)
-  Liberty City (33147)

South Miami-Dade



-  Richmond/Perrine/Cutler Ridge (33157)
-  Homestead/Leisure City (33030)






Table 60. Family Violence (Verified and Some Indication): Number of Children by Zip Code in 2004

ZIP Code	Number	ZIP Code	Number	ZIP Code	Number
33010	37	33133	23	33168	30
33012	40	33134	18	33169	59
33013	12	33135	43	33170	34
33014	27	33136	52	33172	18
33015	89	33137	20	33173	26
33016	37	33138	29	33174	14
33017	2	33139	16	33175	43
33018	27	33140	9	33176	36
33030	194	33141	25	33177	83
33031	4	33142	145	33178	5
33032	88	33143	12	33179	46
33033	68	33144	5	33180	7
33034	7	33145	13	33181	17
33035	6	33146	1	33182	13
33054	51	33147	135	33183	24
33055	91	33149	3	33184	12
33056	96	33150	77	33185	14
33101	11	33151	2	33186	54
33109	3	33155	24	33187	13
33110	1	33156	17	33189	36
33122	1	33157	102	33190	22
33125	73	33158	1	33193	53
33126	34	33160	15	33196	40
33127	97	33161	98	Unknown	145
33128	33	33162	50	Other	24
33129	4	33165	28	Monroe	135
33130	43	33166	11		
33132	2	33167	33	Total	1178


Source: Dept. of Families and Children.

Areas with the highest reports of child maltreatment include:

North Miami-Dade

-  Opa-Locka/Carol City (33055) & (33056)
-  Allapattah/Melrose (33142)
-  Liberty City (33147)
-  Wynwood (33127)
-  Biscayne Park/Miami Shores/North Miami (33161)

Central Miami-Dade

-  33136 (Overtown)

South Miami-Dade

-  Homestead/Leisure City (33030)



-  Redland/Princeton/Naranja (33032)
-  Richmond/Perrine/Cutler Ridge (33157)

Table 61: Maltreatment (verified and some indication): Number of Children by Zip Code, 2004

ZIP Code	Number	ZIP Code	Number	ZIP Code	Number
33010	100	33131	2	33167	101
33012	113	33132	4	33168	96
33013	54	33133	73	33169	174
33014	78	33134	40	33170	100
33015	171	33135	110	33171	1
33016	93	33136	223	33172	49
33017	2	33137	75	33173	66
33018	69	33138	96	33174	46
33030	386	33139	45	33175	98
33031	12	33140	28	33176	121
33032	226	33141	83	33177	191
33033	192	33142	477	33178	22
33034	93	33143	65	33179	105
33035	10	33144	24	33180	36
33054	220	33145	42	33181	39
33055	209	33146	2	33182	30
33056	224	33147	397	33183	82
33101	41	33149	10	33184	32
33109	3	33150	193	33185	25
33110	1	33151	2	33186	125
33112	1	33154	9	33187	41
33121	1	33155	73	33189	98
33122	2	33156	34	33190	48
33124	1	33157	278	33193	106
33125	171	33158	12	33194	2
33126	84	33160	43	33196	88
33127	273	33161	229	Unknown	555
33128	67	33162	148	Other	83
33129	11	33165	65	Monroe	408
33130	105	33166	38	Total	8,901

Source: Department of Families and Children

4. Obesity

The Body Mass Index (BMI) denotes the ideal distribution of weight and height an individual should achieve in order to be deemed healthy. Calculations are done by measuring the amount of body fat and lean body mass in the body. Obesity in children is particularly significant due to medical conditions such as diabetes, asthma and hypertension that evolve and continue throughout the life span, as well as the socio-economic implications that follow. Table 62 illustrates child BMI percentiles for children in 33 sites throughout Miami-Dade during February 2005 who were obese or found to be at-risk for obesity. Hialeah West, Carol City, Homestead/Florida City and Juanita Mann accounted for the highest rates in the County.

Table 62: Child BMI Percentile Summary Report Data as of 3/8/2005 BMI Percentile from 85 to 100.

Agency ID	Agency Name	Site ID	Site Name	Report Period	Total Enrollees	Enrollees In Band*	Percentage In Band*
13	DADE	1	GOULDS	Feb-05	441	124	28.12
13	DADE	2	PERRINE	Feb-05	542	149	27.49
13	DADE	3	ROSIE LEE WESLEY	Feb-05	727	266	36.59
13	DADE	4	FAMILIES R US	Feb-05	1054	390	37
13	DADE	5	JUANITA MANN	Feb-05	1119	354	31.64
13	DADE	6	NORTH MIAMI	Feb-05	1006	347	34.49
13	DADE	8	MIAMI BEACH HEALTH CENTER	Feb-05	398	109	27.39
13	DADE	9	HOMESTEAD/FLCTY	Feb-05	1291	415	32.15
13	DADE	10	FAMILY HEALTH CTR	Feb-05	760	198	26.05
13	DADE	11	MODEL CITIES(CLOSED)	Feb-05	9	4	44.44
13	DADE	12	COPE SCHOOL NORTH	Feb-05	9	1	11.11
13	DADE	13	COPE SCHOOL SOUTH	Feb-05	14	7	50
13	DADE	14	CAROL CITY	Feb-05	2047	618	30.19
13	DADE	15	COCONUT GROVE	Feb-05	310	112	36.13
13	DADE	17	LITTLE HAITI	Feb-05	831	255	30.69
13	DADE	22	FLAGLER	Feb-05	952	354	37.18
13	DADE	26	SWEETWATER	Feb-05	907	319	35.17
13	DADE	28	HIALEAH WEST	Feb-05	2234	894	40.02
13	DADE	30	NORTH MIAMI BEACH	Feb-05	748	205	27.41
13	DADE	31	NARANJA COMMUNITY	Feb-05	334	103	30.84
13	DADE	33	RAFAEL PENALVER CENTER	Feb-05	1010	354	35.05

*Band-BMI between 85th to 100 percentile; Children who are overweight or at-risk for obesity.

In Band* BMI between 85th to 100th percentile; children who are overweight or at-risk of becoming overweight

Source: Florida Department of Health, Bureau of WIC and Nutrition Services

The following table shows the percent children who are overweight or at-risk of being overweight in Miami-Dade County and Florida. Overall, it seems that the trends are reversed, with Miami-Dade County experiencing a very slight decrease in the percent children who are overweight or at-risk of being overweight from July 2002 to December 2004, and the State of Florida experiencing a negligible increase over the same time period.

Table 63: Percent Of Overweight Or At-Risk If Being Overweight Children (>=2 years at Date of Measurement) Miami-Dade County and Florida, July 2002-December 2004

	Jul-02	Dec-02	Mar-03	Jun-03	Sept-03	Dec-03	Mar-04	Jun-04	Sept-04	Dec-04
Miami-Dade	34.7%	33.3%	33.2%	33.4%	33.3%	32.6%	32.9%	33.1%	33.1%	32.8%
Florida	29.7%	29.5%	29.9%	29.8%	29.5%	29.7%	30.5%	30.5%	30.4%	30.8%

Source: Florida Department of Health, Bureau of WIC and Nutrition Services

C. CHILD CARE AND SCHOOLS

1. Child Care

Childcare is one of the most challenging issues faced by parents in the United States. Since 1941, Florida has tried to provide legislative regulation to ensure the safety of this vulnerable population. In 1974, the state mandated a licensure law aimed at governing childcare and developing minimum standards to ensure quality care. Final regulations for licensure were established in the following year, while yearly periodic amendments have continued to empower the objectives of the childcare licensing program.

Today, the Department of Children and Family Services through Florida Statute, is responsible for the licensing program for all counties in Florida. The department enacts the legislative intent to:

- protect the health and safety of all licensed facilities and homes
- provide training for child care providers in order to ensure safety and quality care
- develop child care standards which meet the needs of both children and providers

Licensed child care facilities, family day care homes, family child care homes in 60 of the 67 counties in Florida, are therefore regulated by the department which also administers the registration of family day care that do not require licensure.

In 2004, 193,986 children between the ages of 0-5 years old resided in Miami-Dade County while, by the following year, there are 1,157 licensed childcare centers able to accommodate a total capacity of 134,950 children. In North Miami-Dade, there are 533 childcare centers, with the following zip code areas having the highest number: Hialeah (33012), Liberty City (33147), Opa-Locka (33054), Allapattah/Melrose (33142).

The Central Miami-Dade area accounted for 377 childcare centers able to accommodate a total capacity of 46,581 children. The zip code areas with the highest numbers included Olympia Heights/Westchester (33165) and Tamiami/Olympia Heights (33175).

In South Miami-Dade, the zip code accounting for the greatest number of childcare centers are Homestead/Leisure City (33030) and Richmond/Perrine/Cutler Ridge (33157). Other zip code areas including Kendall (33176) and Kendall/Crossings (33186) also accounted for a significant number of centers. In total, the South Miami-Dade area accounted for 247 licensed day care centers.

2. Schools

The Florida Department of Education reported that as of the 2004-05 school year, there were 432 schools located in Miami-Dade County. Of this number, 208 were Elementary schools while the wider school system consisted of Middle/Junior, Senior, Adult, Vocational, Charter, Combination and Juvenile Justice Schools.

In 2004, total exceptional student membership totaled 68,088. This number constituted students within the Miami-Dade County School system classified according to characteristics

such as mental, emotional, physical handicaps or exceptional abilities. Children of Hispanic origin accounted for the majority of this total or 38,502. In addition, the highest number of gifted children and children who suffered from specific learning disabilities belonged to this group. The Black non-Hispanic population accounted for 18,161 exceptional students, while the white population accounted for 9,477. Gender differences among exceptional students are:




-  41,473 males vs. 26,615 females
-  1,698 males vs. 13,062 females are enrolled in the gifted program
-  16,034 males vs. 7,852 females are diagnosed with a specific learning disability.

Table 64: Exceptional Student Membership, Fall 2004

Primary Exceptionality	White/Non-Hispanic	Black/Non-Hispanic	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Multiracial	Female	Male	Total Membership
Educable Mentally Handicapped	103	1,394	990	12	2	13	991	1,523	2,514
Handicapped	80	489	547	7	2	2	460	667	1,127
Orthopedically Impaired	75	151	335	3	0	2	228	338	566
Speech Impaired	494	1,199	1,731	22	3	43	989	2,503	3,492
Language Impaired	46	127	479	4	0	9	237	428	665
Deaf or Hard of Hearing	51	135	286	6	0	2	219	261	480
Visually Impaired	17	43	84	2	0	1	61	86	147
Emotionally Handicapped	280	1,880	1,336	4	1	24	568	2,957	3,525
Specific Learning Disabled	2,004	7,133	14,491	84	10	164	7,852	16,034	23,886
Gifted	5,302	3,650	14,407	732	50	619	13,062	11,698	24,760
Hospital/Homebound Handicapped	55	101	273	5	0	2	213	223	436
Handicapped	58	205	226	2	0	3	232	262	494
Dual Sensory Impaired	1	3	4	0	0	0	1	7	8
Autistic	220	317	867	24	2	14	206	1,238	1,444
Disturbed	219	595	667	3	2	12	382	1,116	1,498
Traumatic Brain Injured	7	35	39	1	0	1	16	67	83
Developmentally Delayed	150	432	765	6	1	11	407	958	1,365
Established Conditions	0	9	8	0	0	0	9	8	17
Other Health Impaired	315	263	967	8	3	25	482	1,099	1,581
All Exceptionalities	9,477	18,161	38,502	925	76	947	26,615	41,473	68,088

DOE Student Database, Survey 2 data, October 11-15, 2004, as of December 23, 2004.

Source: Florida Schools District website, <http://www.firn.edu/doe/eias/flmove/dade.htm>

Table 65 indicates that in the Fall of 2004, total membership in Florida schools, between PK and the 12th grade totaled 365,456 students. Of this number, males held a slight majority. Data based on ethnicity showed that the Hispanic population accounted for the highest number, or 218,337 enrollees, seconded by Blacks at 102,568 and Whites at 35,994 students. The school population reflects the larger population of the county.

Table 65: PK-12 Student Membership, Fall 2004

Pk-12 Student Membership, Fall 2004									
Grade	White Non-Hispanic	Black Non-Hispanic	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Multiracial	Total Female	Total Male	Total Membership
PK	601	2,673	4,018	69	6	109	3,447	4,029	7,476
KG	2,409	7,025	15,929	241	25	376	12,455	13,550	26,005
1	2,626	7,516	16,731	281	24	449	13,202	14,425	27,627
2	2,716	7,195	16,409	296	16	411	13,143	13,900	27,043
3	2,889	8,869	18,033	299	26	483	14,789	15,810	30,599
4	2,698	7,185	16,326	303	21	391	13,215	13,709	26,924
5	2,472	5,604	14,124	279	22	329	11,482	11,348	22,830
6	2,654	8,148	16,830	286	30	343	13,516	14,775	28,291
7	2,699	8,421	17,181	323	21	292	14,062	14,875	28,937
8	2,807	8,452	17,808	327	31	281	14,454	15,252	29,706
9	3,229	10,725	21,311	370	33	224	17,160	18,732	35,892
10	3,058	8,374	17,250	371	32	168	14,452	14,801	29,253
11	2,721	6,505	14,378	353	28	128	12,104	12,009	24,113
12	2,415	5,876	12,009	324	22	114	10,772	9,988	20,760
TOTALS	35,994	102,568	218,337	4,122	337	4,098	178,253	187,203	365,456

DOE Student Database, Survey 2 data, October 11-15, 2004, as of December 23, 2004.

Source: Florida Schools Districts website, <http://www.firm.edu/doe/eias/flmove/dade.htm>

Attachment IV-A

**WIC Services for Resident Women, Infants, and Children by Race-Ethnicity and Zip Code in North Miami-Dade County,
Federal Fiscal Year 2004**

Zip Code	Women					Infants					Children				
	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other
33010	768	15	7	744	2	740	34	10	694	2	901	24	13	862	2
33012	1,043	11	8	1,021	3	1,015	36	8	968	3	1,185	27	10	1,146	2
33013	461	6	3	451	1	440	13	2	424	1	526	10	4	510	2
33014	503	15	14	473	1	502	27	8	466	1	577	25	26	524	2
33015	814	18	118	671	7	852	42	124	679	7	778	27	109	638	4
33016	735	7	9	719	0	709	31	10	668	0	835	25	17	791	2
33018	486	8	5	473	0	514	19	7	488	0	584	13	10	559	2
33054	708	5	538	164	1	727	13	565	148	1	820	9	603	206	2
33055	880	16	368	492	4	962	43	415	500	4	1,149	27	499	620	3
33056	699	7	615	73	4	775	4	684	83	4	864	7	734	121	2
33127	637	14	373	250	0	630	26	379	225	0	853	13	512	328	0
33137	244	9	102	132	1	218	23	92	102	1	312	9	143	158	2
33138	373	8	272	92	1	347	12	256	78	1	492	5	372	113	2
33139	259	35	11	212	1	234	33	3	197	1	179	36	6	136	1
33140	70	12	6	52	0	56	14	3	39	0	74	26	5	43	0
33141	493	24	10	456	3	458	32	5	418	3	468	31	18	417	2
33142	1,064	23	590	451	0	1,097	75	613	409	0	1,260	28	695	536	1
33147	1,212	12	773	427	0	1,231	34	806	391	0	1,463	14	926	521	2
33150	654	5	477	171	1	648	21	476	150	1	827	7	649	167	4
33154	52	3	4	45	0	50	4	5	41	0	42	4	7	31	0
33160	204	24	55	124	1	204	24	56	123	1	199	21	67	110	1
33161	1,227	15	988	219	5	1,146	34	921	186	5	1,744	15	1,445	278	6
33162	926	36	633	253	4	910	46	618	242	4	1,183	64	855	258	6
33167	401	2	308	91	0	385	4	294	87	0	484	5	372	107	0
33168	548	9	418	118	3	541	18	413	107	3	766	13	607	140	6
33169	668	10	584	69	5	717	14	637	61	5	928	12	807	107	2
33179	382	15	223	141	3	402	21	223	155	3	518	29	307	179	3
33180	53	9	9	35	0	46	11	6	29	0	47	14	4	29	0
33181	262	7	154	99	2	244	13	145	84	2	315	15	204	94	2
North Miami-Dade	16,826	380	7,675	8,718	53	16,800	721	7,784	8,242	53	20,373	555	10,026	9,729	63
Miami-Dade	31,371	1,101	9,910	20,262	98	31,551	1,802	10,233	19,418	98	36,539	1,266	12,574	22,583	116

Source: Florida Department of Health, 2004

Attachment IV-A (Continued).

**WIC Services for Resident Women, Infants, and Children by Race-Ethnicity and Zip Code in Central Miami-Dade County,
Federal Fiscal Year 2004**

Zip Code	Women					Infants					Children				
	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other
33122	1	0	0	1	0	0	0	0	0	0	2	0	1	1	0
33125	858	40	19	799	0	837	113	16	708	0	975	39	29	905	2
33126	604	18	9	575	2	591	50	7	532	2	743	17	12	714	0
33128	179	8	11	160	0	171	29	7	135	0	238	13	10	215	0
33129	41	3	1	37	0	39	2	0	37	0	45	2	0	43	0
33130	358	23	9	326	0	344	52	10	282	0	456	37	11	407	1
33131	7	0	2	5	0	12	1	2	9	0	12	0	2	10	0
33132	32	2	4	26	0	25	1	8	16	0	27	2	7	17	1
33133	217	7	69	140	1	228	20	87	120	1	253	15	96	140	2
33134	150	5	0	145	0	152	12	3	137	0	153	10	2	141	0
33135	552	40	3	509	0	545	66	4	475	0	646	24	9	612	1
33136	217	6	125	86	0	205	17	128	60	0	265	4	162	98	1
33143	169	9	62	97	1	186	9	75	101	1	179	3	82	93	1
33144	238	6	2	230	0	245	19	4	222	0	276	11	3	262	0
33145	246	11	2	233	0	248	32	3	213	0	268	20	3	245	0
33146	12	1	5	6	0	12	1	5	6	0	7	1	3	3	0
33149	6	0	0	6	0	4	0	0	4	0	5	0	2	3	0
33155	333	13	3	315	2	341	30	10	299	2	333	13	6	312	2
33165	518	23	9	485	1	509	46	5	457	1	559	22	2	533	2
33166	200	12	1	184	3	191	16	6	166	3	192	11	5	176	0
33172	549	16	3	529	1	539	38	5	495	1	591	16	8	567	0
33173	219	16	8	194	1	193	23	8	161	1	197	14	10	172	1
33174	367	11	3	353	0	358	25	4	329	0	440	13	2	421	4
33175	497	19	5	472	1	496	24	2	469	1	556	23	5	524	4
33178	153	3	5	144	1	141	12	7	121	1	139	6	4	129	0
33182	115	1	1	113	0	123	5	1	117	0	135	4	1	130	0
33183	370	10	7	352	1	358	13	6	338	1	384	11	7	365	1
33184	197	13	0	184	0	194	12	1	181	0	206	6	0	200	0
33185	94	1	1	91	1	107	5	4	97	1	95	1	1	92	1
33192	0	0	0	0	0	1	0	0	1	0	4	0	0	4	0
33193	588	30	14	540	4	631	38	18	571	4	671	30	20	617	4
33194	16	0	1	15	0	18	1	1	16	0	17	0	0	17	0
Central Miami-Dade	8,103	347	384	7,352	20	8,044	712	437	6,875	20	9,069	368	505	8,168	28
Miami-Dade	31,371	1,101	9,910	20,262	98	31,551	1,802	10,233	19,418	98	36,539	1,266	12,574	22,583	116

Source: Florida Department of Health, 2004

Attachment IV-A (Continued).

**WIC Services for Resident Women, Infants, and Children by Race-Ethnicity and Zip Code in South Miami-Dade County,
Federal Fiscal Year 2004**

Zip Code	Women					Infants					Children				
	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other	All	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other
33030	1,182	45	239	898	0	1,167	37	248	882	0	1,434	57	316	1,059	2
33031	27	7	1	19	0	31	8	5	18	0	20	4	1	15	0
33032	544	34	214	296	0	586	37	253	296	0	664	35	258	370	1
33033	775	53	169	552	1	789	42	181	565	1	945	36	185	723	1
33034	450	19	182	248	1	485	17	204	263	1	556	13	239	303	1
33035	47	14	8	25	0	42	11	8	23	0	31	5	7	19	0
33039	3	0	0	3	0	2	0	1	1	0	4	0	4	0	0
33156	93	12	8	73	0	86	11	7	68	0	94	8	13	71	2
33157	763	42	389	329	3	811	41	409	358	3	741	30	374	333	4
33158	3	0	1	2	0	0	0	0	0	0	3	0	0	3	0
33170	209	9	138	61	1	215	5	145	64	1	190	2	123	65	0
33176	330	16	145	166	3	358	17	156	182	3	348	14	147	184	3
33177	716	26	149	538	3	783	36	172	572	3	781	45	176	555	5
33186	416	30	39	341	6	410	25	35	344	6	400	30	27	342	1
33187	105	12	5	87	1	124	15	11	97	1	96	8	16	71	1
33189	281	26	104	148	3	295	31	101	160	3	293	27	95	170	1
33190	134	13	43	77	1	151	17	54	79	1	130	7	39	83	1
33196	364	16	17	329	2	372	19	22	329	2	367	22	23	320	2
South Miami-Dade	6,442	374	1,851	4,192	25	6,707	369	2,012	4,301	25	7,097	343	2,043	4,686	25
Marri-Dade	31,371	1,101	9,910	20,262	98	31,551	1,802	10,233	19,418	98	36,539	1,266	12,574	22,583	116

Source: Florida Department of Health, 2004