

## VII. CONCLUSIONS

Although we did not designate a separate section of this document to the disparities in risk factor prevalence and outcome rates between whites and non-whites, it is imperative to mention that that one continues to exist. Although the rates of many risk factors and health indicators have improved over the past few decades, the ‘gap’ or disparate rates between whites and non-whites is still notable and in some cases this gap is widening. The disparities between white and nonwhite groups in infant death, maternal death, and low birth weight are wide and, in some areas, growing. Although infant mortality rates have declined within both racial groups, the proportional discrepancy or “gap” between Non-Hispanic Blacks and whites remains largely unchanged.

Overall, it is evident from the data that Non-Hispanic Black and Haitian women have a higher rate of almost all of the risk factors designated as critical for evaluating risk among a given population. These two groups also have disproportionately higher rates of births to teens, low birth weight, preterm birth, fetal mortality and infant mortality.

Although data were not available by race and ethnicity for many of the child health indicators in this document, nationwide there is evidence that non-white children suffer disproportionately compared to white children. Non-white children are more likely to suffer and die from chronic treatable illness like asthma and diabetes. Non-white children are more likely to suffer or die from unintentional injury and homicides, are more likely to lag in their well-child visits and immunizations levels, as well as more likely to be uninsured.

Some of the highlights and key challenges from the community perspectives for further consideration include:

- 🌸 **Access to Care:** A number of health facilities were available in each community and at least one provided affordable services. However, participants complained about discrimination towards them and in some cases, this affected their willingness to seek care.
- 🌸 **Lack of Information:** Many communities are unaware of the services offered near their neighborhood or the range of services offered at the community clinic. Participants expressed surprise that local clinics provided free transportation. Some communities were unaware of where to seek information about needed services
- 🌸 **Health Insurance:** Current regulations about income requirements make subsidized health programs out of reach for many communities. If families do not have children or individuals are single or male, they are less likely to have health coverage. Also of concern, is the number of young men and women who lose Medicaid coverage after eighteen years and are not working jobs that provide them with health benefits.
- 🌸 **Community Health:** All communities described their health as poor. Similar to issues in maternal and child health, the largest concern on a community level, is nutrition/obesity that is linked to debilitating chronic illnesses such as diabetes and hypertension. Overall, there are an increasing number of fetal and infant deaths among women suffering from obesity and not receiving adequate referrals or nutrition services.
- 🌸 **Maternal Health:** All communities expressed concern over the increasing rate of depression among women. Yet while each community recognized depression as a

problem among women, none of the communities linked depression to other community wide health problems, nor did they talk about the need to seek care for depression.

- ✿ **Prenatal Care:** For the most part, communities were familiar with the importance of prenatal care and women had utilized the care relatively regularly during their pregnancy. To encourage women who are not currently seeking care, participants recommended financial incentives through gift certificates, access to free care, or gifts of needed baby items. Although statistics show a steady increase in the percentage of mothers reporting prenatal care within the first trimester, opportunities still exist to encourage more women, particularly Black women of all ethnicities, to enter prenatal care in a timely fashion and access care regularly throughout their pregnancy.
- ✿ **Teen Pregnancy:** This is a topic of great concern to most communities and in general, participants were very vocal in how teen pregnancy can be best prevented within their own communities. However, some groups did not acknowledge that teen pregnancy is a problem. Most importantly, they expressed knowledge on frequent births to teens but do not feel that births to teens are necessarily a problem. Some communities expressed that all the women in their families have been teen moms and that those babies have all been born healthy. Thus, the challenge in these communities' lies not only in preventing teens births, but educating communities about the negative immediate and long-term effects that teen pregnancy has on the mother, her family and the community as a whole.
- ✿ **Child Health:** Communities expressed concern over specific illnesses and condition currently affecting children in Miami-Dade, including asthma, poor nutrition, attention deficit disorder, increased rates of suicide and depression. Many communities were concerned about the increasing rate of asthma and confused about the etiology or causes driving this increase. Parents expressed concern about the lack of control over their child's eating habits—either because they feel that the child eats poorly at school, or that they themselves are unable to fully control their child at home.
- ✿ **Healthy Start:** While a number of communities (North Dade, Overtown, Liberty City and Goulds) were familiar with Healthy Start services and screenings, some neighborhoods were uninformed about the Healthy Start program. In particular, participants in North Miami and East Little Havana, areas that have high immigrant population, need to be better informed about Healthy Start.

Of specific interest to and within the scope of services of the Healthy Start Coalition of Miami-Dade, the 2005 Needs Assessment reveals the following challenges:

- ✿ Miami-Dade is comprised of a highly diverse population that requires increasingly culturally competent services at multiple levels.
- ✿ The proportion of uninsured individuals in Miami-Dade is higher than the state and national averages; lack of insurance can be a significant barrier to accessing health care services.
- ✿ A significant proportion of families (31%) have annual incomes of \$25,000 or less, suggesting that socioeconomic status and related poor health outcomes are a significant issue for the Coalition's service population.
- ✿ Non-Hispanic Black and Haitian women experience higher rates of infant mortality, preterm birth and low birth weight than women of other ethnicities do.
- ✿ An increasing number of births are occurring in women over the age of 35, who are at increased risk for complications of pregnancy.

- ✿ Although the teen birth rate is declining, but is still significantly higher than Healthy People 2010 objective. Pockets of increased teen pregnancy rates are found in targeted zip codes across Miami-Dade and the rate on repeat births among teens is higher in Miami-Dade County than in the State.
- ✿ Despite the availability of care, clients may be unaware of services in their local communities. This lack of awareness and knowledge is an opportunity for community awareness and education.
- ✿ Perceived discrimination or cultural/language barriers at local clinics prevent residents from seeking care, for both acute and chronic conditions. This community perception is an opportunity to conduct provider awareness and training.
- ✿ Clients may delay seeking preventative or basic health care due to the lack of insurance or inability to pay for health care. This is a particular problem for undocumented immigrants.
- ✿ The availability of enhanced services varies across the region; different providers may not coordinate/refer appropriately, or deliver comprehensive services in a consistent manner. This area is an opportunity for provider education and awareness.
- ✿ There is an opportunity for the Coalition to reduce the time from initial screening to care coordination services.
- ✿ There is a need for increased awareness and service provision around mental health issues, particularly postpartum depression.

The challenges presented in this document are very similar to those found in the 2001 Needs Assessment. They are by no means new or unique to Miami-Dade. Although we have made some inroads toward improving the health of women, infants and children in Miami-Dade County there is still much work to be done. Without notable changes during the two years we been working on this document, we can safely presume that these data reflect demographic and health status trends that will continue to drive the development and delivery of maternal, infant and child services in Miami-Dade County.

For a detailed action plan that addresses many of the indicators in this document and delineates the key strategies adopted by the Healthy Start Coalition of Miami-Dade please see the 2006-2010 Service Delivery Plan. You may review this document online at [www.hscmd.org](http://www.hscmd.org) or request a copy from the Coalition.