



**COMMUNITY PARTNER ASSESSMENT (CPA)
FINAL REPORT
FLORIDA DEPARTMENT OF HEALTH –
MONROE COUNTY**

JULY 23, 2024

Our mission is to be the source of unbiased health and quality of life data and analysis; the preferred partner for quality program planning, management, evaluation, and community services; the facilitator of collaboration and partnerships in Miami-Dade and Monroe counties; and the trusted champion for ethical and targeted healthcare policy at the local, state, and national levels.

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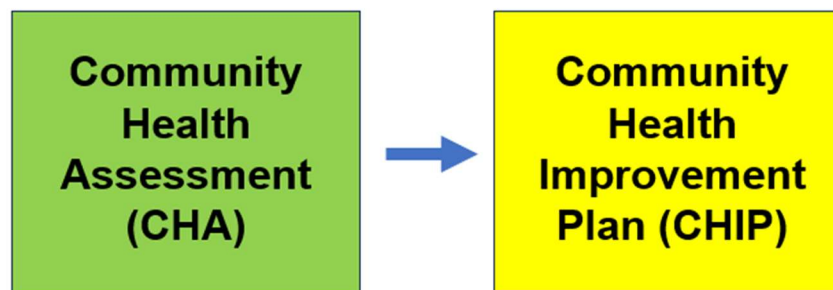
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INTRODUCTION

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

Assessing our community's health, well-being, and quality of life is one of the essential functions of public health. In Florida, each county health department gathers community partners together every 5 years to conduct a comprehensive community health assessment (CHA) in order to better understand the challenges facing our community and also to better utilize and align our strengths and assets. The CHA allows Florida Department of Health in Monroe County (DOH-Monroe) and its partnering agencies to create a snapshot of the health and quality of life of Monroe County residents at a given point in time. This CHA process involves several methods of data collection and analysis that will help identify the top health issues in Monroe. Once complete, the assessment results will eventually lead to the creation of a community-based strategic plan, known as a community health improvement plan (CHIP), to address these issues (see Figure 1 below).



Gathering of Data → Determination of Goals → Mobilization of Community

Figure 1. Infographic of goals and activities of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes (adapted from CHA website of Sedgwick County, Kansas).

Many of our partners have played a major role in developing and making progress on the priorities established in the last cycle. For reference, the previous CHIP cycle established the following 3 health priorities:

1. Health in All Policies
2. Mental Health and Substance Abuse
3. Access to Health

MAPP 2.0

Mobilizing for Action through Planning and Partnerships (MAPP) is the framework used for the previous CHIP cycle (2019-2024). The MAPP framework, which facilitates the CHA process, has been recently revised to streamline the process, resulting in MAPP 2.0. This streamlined process consists of 3 phases: Building the Community Health Improvement Foundation, (Phase 1), Telling the Community Story (Phase 2), and Continuously Improving the Community (Phase 3). The MAPP 2.0 framework is a continual process, as we will continue to check in with our community using this process every 5 years. Currently, we are in Phase 2, or telling the community story (see Figure 2 below).

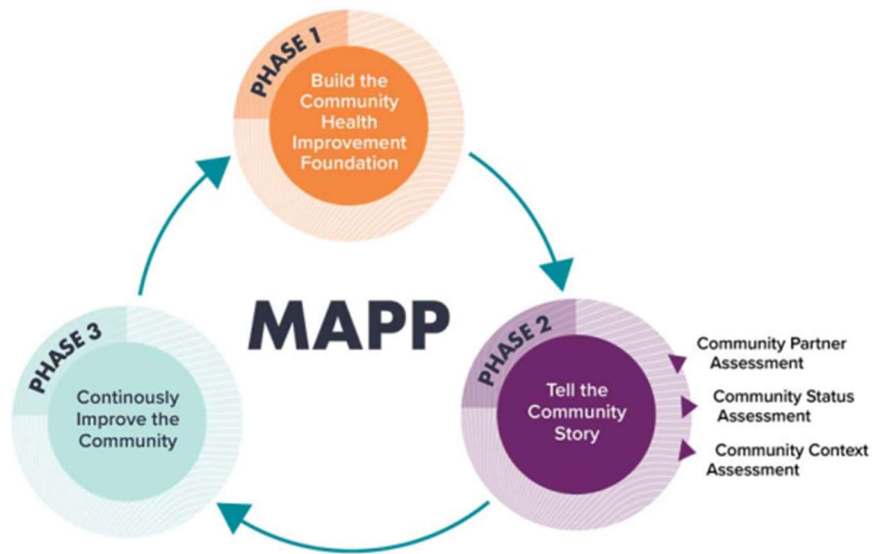


Figure 2. Summary diagram of MAPP 2.0 process (Source: NACCHO MAPP 2.0 User's Handbook)

Phase 2 of MAPP 2.0

During Phase 2, a total of 3 assessments are completed: 1) the Community Partner Assessment (CPA), which seeks to describe the capacity of our community partner network to support a CHA/CHIP process; 2) the Community Status Assessment (CSA), which utilizes quantitative data methods (e.g., surveys, publicly-available data) to describe the status of health and quality of life among Monroe County residents; and 3) the Community Context Assessment (CCA), which utilizes qualitative data methods (e.g. focus groups, key informant interviews) to describe the context surrounding the health and quality of life outcomes in Monroe.

Community Partner Assessment (CPA)

The goals of the CPA are as follows:

- (1) Identify community partnerships critical to the community health improvement process;
- (2) Identify how each partner contributes to the local public health system;
- (3) Assess each partner's capacity, skills and strengths to improve health and quality of life in Monroe County;
- (4) Identify collective strengths and opportunities for improvement;
- (5) After reviewing community capacity, ask whether any other partners should be involved in the process to help provide other skills or strengths.

METHODOLOGY

Beginning in February 2024, DOH-Monroe began to contact partner organizations serving the community. Many of these organizations have taken part in previous CHA/CHIP processes with DOH-Monroe, and other organizations were new to the process. Partners interested in participating were sent an invitation to two CPA meetings, to be held virtually on May 20 and May 23, 2024. Partners were asked to attend one of the meetings to provide their perspective on organizational capacity in the context of community assets and challenges.

As part of their participation in the CPA process, each organization was asked to complete a 47-question CPA survey, which assesses for the following: a description of the organization, interest in participating in and supporting MAPP, demographics and characteristics of the clients or members served/engaged by the organization, topic areas of focus, organizational commitment to quality of life, to whom the organization is accountable, organizational capacities related to the 10 Essential Public Health Services (EPHS), general capacities and strategies, data access and systems, and community-engagement practices. The composition of the survey was adapted from the handbook published by the National Association of County and City Health Officials (NACCHO). The survey was distributed to partners via the SurveyMonkey online survey platform. A total of 30 organizations completed the CPA survey between March 5 and May 10, 2024.

CPA Partner Meetings were held on May 20, 2024, and on May 23, 2024. Given that numerous community partners are spread out across Monroe County's 120 miles in length, these meetings were held virtually to maximize partners' ability to participate and share information. During the meetings, the following topics were discussed: an overview of the CHA/CHIP process, a discussion of quality of life in Monroe County, a discussion of community factors in health to determine what resources and assets are provided in the county, and an overview of the CPA survey results. In addition, 2-3 fictitious but realistic vignettes representing major public health challenges in Monroe County were presented in breakout sessions. The larger group was broken out into 3 smaller groups to discuss their scenario, with special focus on the challenges to health and quality of life and resources available in the community to improve the situation. The breakout groups subsequently convened to discuss their ideas with the larger group, with others welcome to add to the list of challenges, resources, and potential solutions for these local issues.

Once the meetings were completed, all data were analyzed. Response distributions of all CPA survey items were computed and graphically displayed using Microsoft Excel. Additionally, audiorecordings of the virtual meetings were transcribed and qualitatively analyzed using Nvivo v.12 to capture overall themes of discussions.

RESULTS

CPA Survey

A total of 30 organizations completed the CPA survey (see Table 1 below).

Table 1. Organizations Completing Online CPA Survey

Participating Organizations	
A.H. of Monroe County, Inc.	Key West Tropical Forest & Botanical Garden
Cayo del Mar	Keys to Be the Change
CIL of the Keys, Keys Advocacy Center	Leadership Monroe County
City of Key West	Lower Keys Medical Center
Coastlove Inc	Mariners Hospital and Fishermen's Hospital
Community Health of South Florida, Inc. (CHI)	Monroe Assoc for ReMARCable Citizens
Epilepsy Alliance Florida	Monroe County Coalition, Inc
Florida Keys Healthy Start Coalition, Inc.	Monroe County School District
Florida Keys Urgent Care	Parce Real Estate
Florida Keys Volunteer Center	Rural Health Network of Monroe County, Inc.
Good Health Clinic	Star of the Sea Foundation
Guidance/Care Center, Inc.	UF/IFAS Extension Monroe County
Keller Williams Key West Compass Realty	United Way of Collier and the Keys
Key Bridge, Inc	University of Miami Sylvester Comprehensive Cancer Center
Key West Police Department	Womankind

A summary of the survey findings is provided in Figures 3-54. Please note that the total number of respondents for each item is 30 organizations.

Overall Characteristics of Organizations

Figures 3 and 4 illustrate the type and interests of participating organizations. The overall findings of these figures are as follows:

- The largest proportion of participating organizations were non-profit organizations (46.7%), with 20% of respondents being health care providers of various types (public/private hospitals/clinics) (Figure 3)
- Participating organizations were most interested in developing and leveraging networks to gain services, creating long-term changes and identifying solutions, and delivering programs effectively and efficiently and avoiding duplication of efforts (Figure 4). They were also interested in building connections to other organizations, improving conditions for members/constituents, and making connections with decision-makers (Figure 5).
- A total of 63.3% of the respondents had ever participated in or facilitated community-led decision-making around policies, actions, or programs in the past, while 60% of respondents had participated in a CHIP process in the past (Figures 6 and 7).

- When asked about possible contributions to the CHIP process, the top responses were 1) staff time to support community engagement and involvement and 2) staff time to help facilitate Community Health Assessment meetings and activities (Figure 8).

Figure 3. Q6: Which of the following best describes your organization?

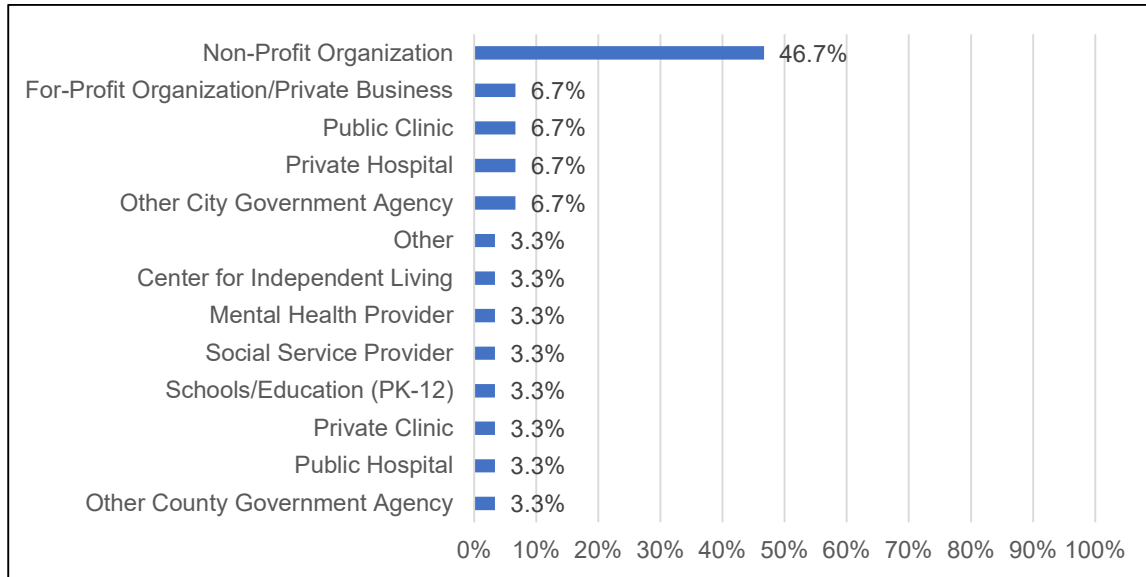


Figure 4. Q7: Top three reasons for joining a community health improvement partnership

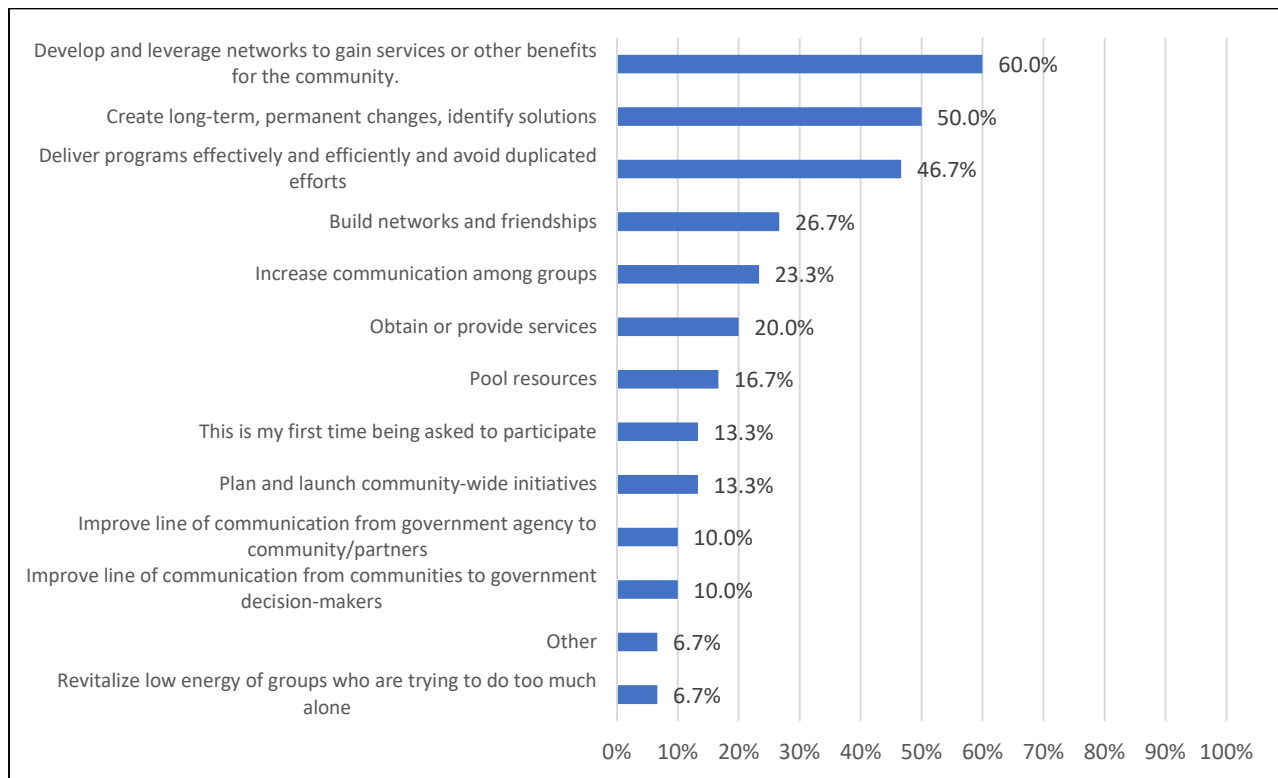


Figure 5. Q8: Interest in Participating in a Community Health Partnership

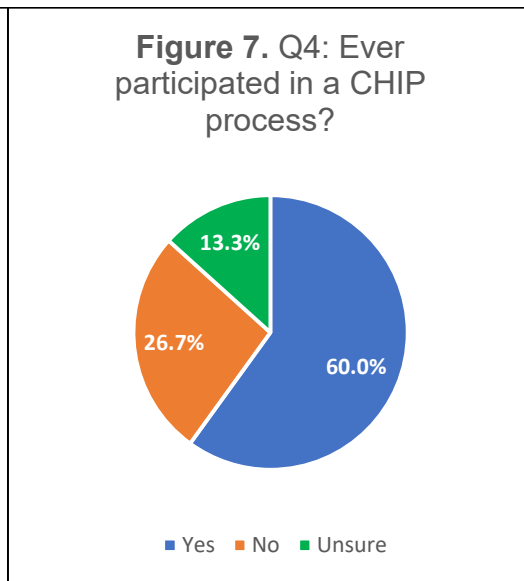
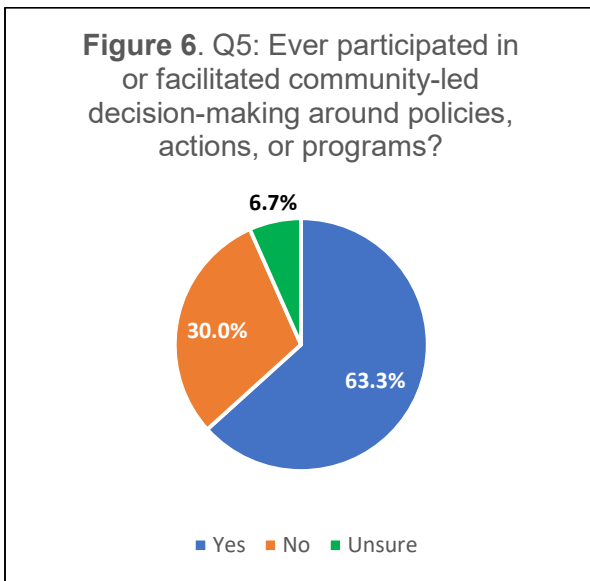
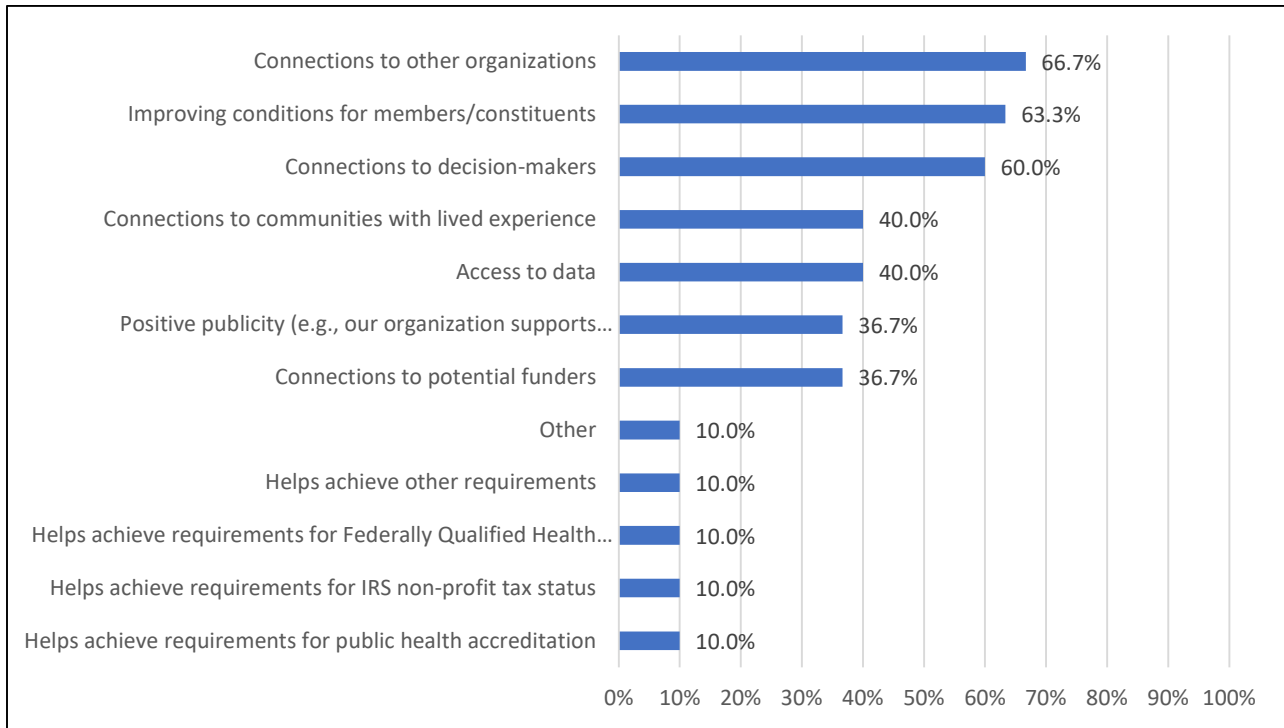
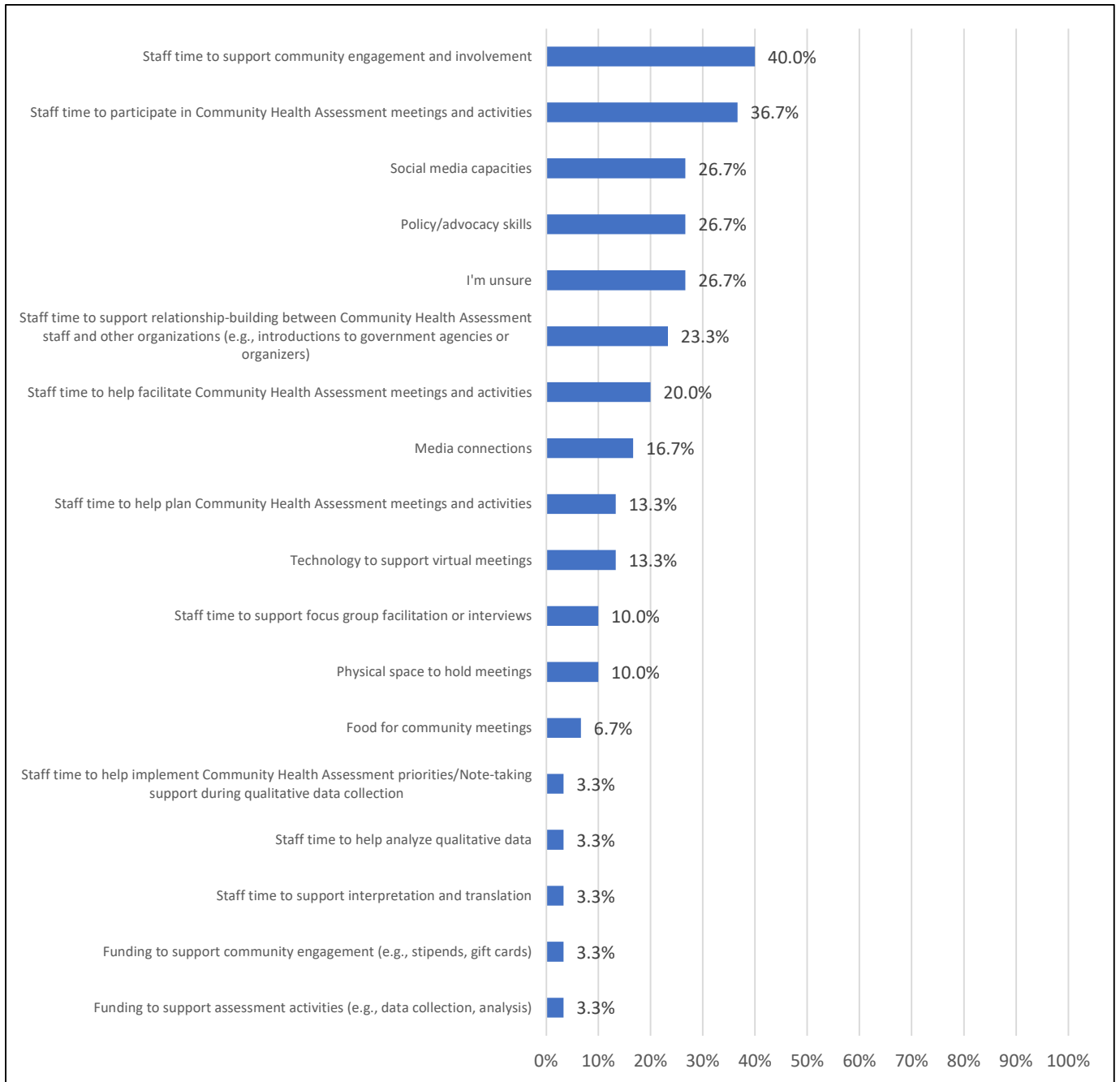


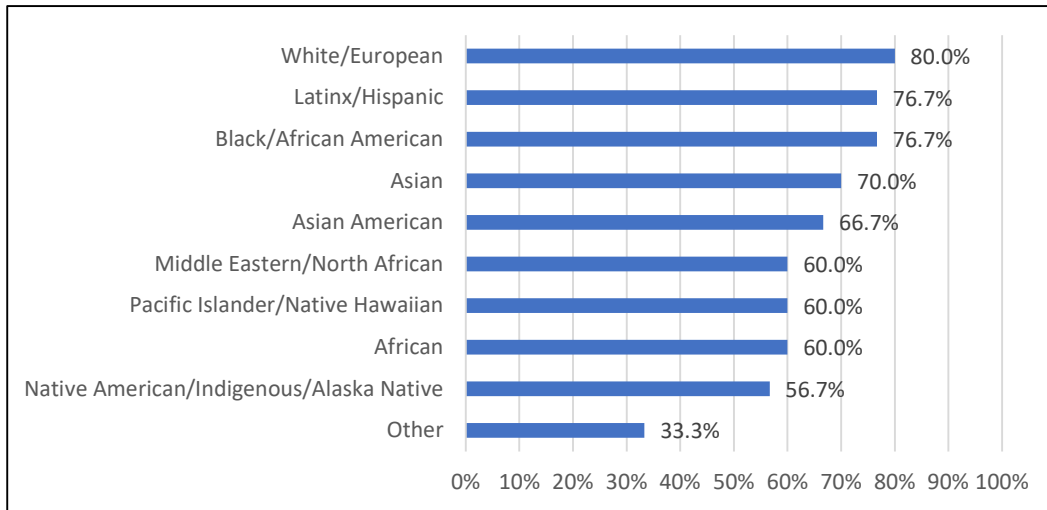
Figure 8. Q10: What resources might your organization contribute to support CHA activities?



Populations Served by Participating Organizations

- When asked about the populations they serve, the organizations as a whole reported working with a wide range of racial and ethnic groups (Figure 9).
- Additionally, 60% of respondents report working with immigrants, refugees, asylum seekers, and other populations who speak English as a second language (ESL) (Figure 10).
- Figure 11 shows that approximately two-thirds of organizations have access to interpretation and translation services to serve these populations.
- Regarding services for people with disabilities, total of 60% of organizations reported offering at least some services specifically for people with disabilities (Figure 12).
- When asked to describe additional characteristics of their populations, participants listed the following: developmentally disabled; high-risk youth and adults in the English language learner (ELL) community; low-income and uninsured; immigrant population; Cuban and Haitian Creole population; ALICE population (Asset Limited, Income Constrained, Employed); LGBTQIA+ community; homeless individuals; and those served by the criminal justice system and child welfare.

Figure 9. Q11: What populations does your organization work with?



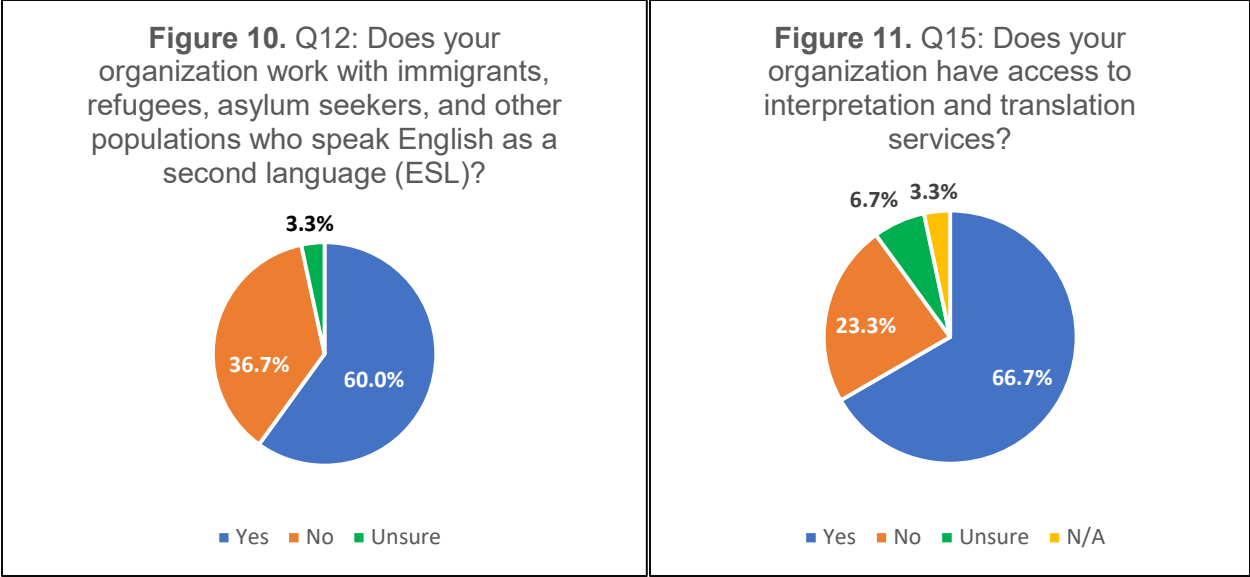
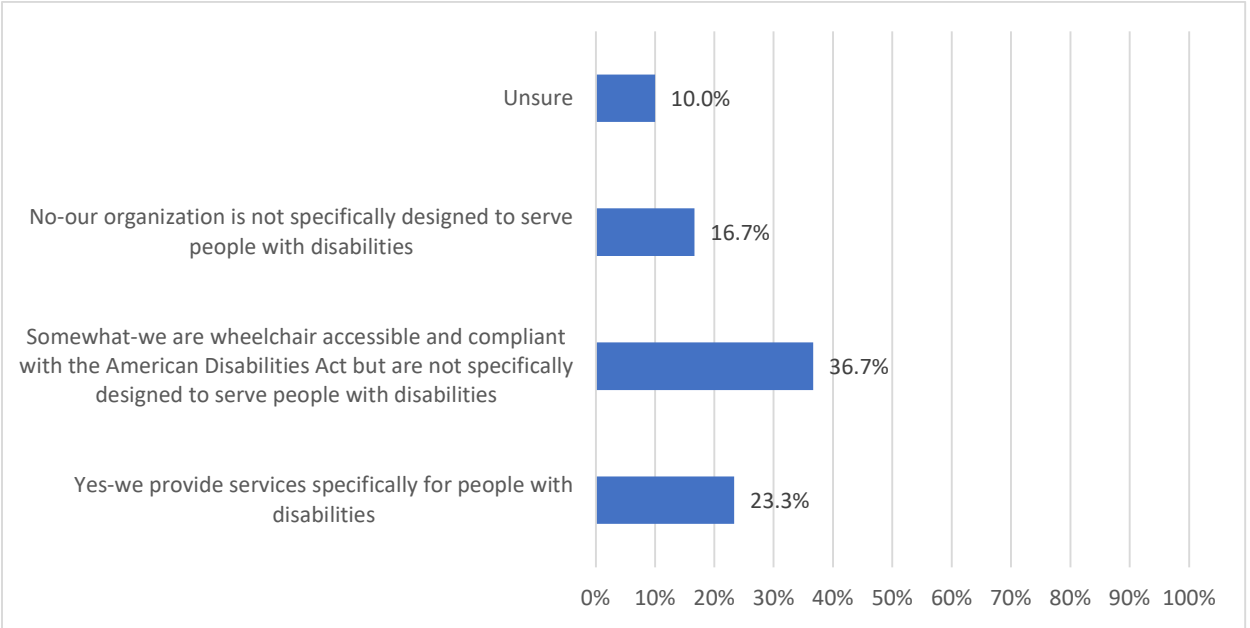


Figure 12. Q13: Does your organization offer services specifically for people with disabilities?



Extent to Which Organizational Staff and Leadership Reflect Populations Served

Some survey items inquired into the ways in which organizations engage with their target populations, and other items examine the extent to which organizational staff reflect the demographics of their target populations.

- The most frequently reported methods of engaging with target populations (Figure 13) were working closely with community organizations from target populations (66.7%), receiving many clients from target populations (63.3%), doing extensive outreach to target populations (53.3%), and receiving many referrals from target populations (53.3%).

- Half of organizations' leadership reflects the demographic characteristics of their target populations (Figure 14), compared to 60% of management staff (Figure 15) and 63.3% of administrative/frontline staff (Figure 16).
- While most organizations reported speaking English, approximately three-quarters of organizations also reported speaking Spanish, with 30% speaking French or French Creole (Figure 17).
- Most public meetings are held in English (86.7%), while 16.7% of meetings are held in Spanish (Figure 18).

Figure 13. Q17: What do you do to reach/engage/work with your clientele/community?

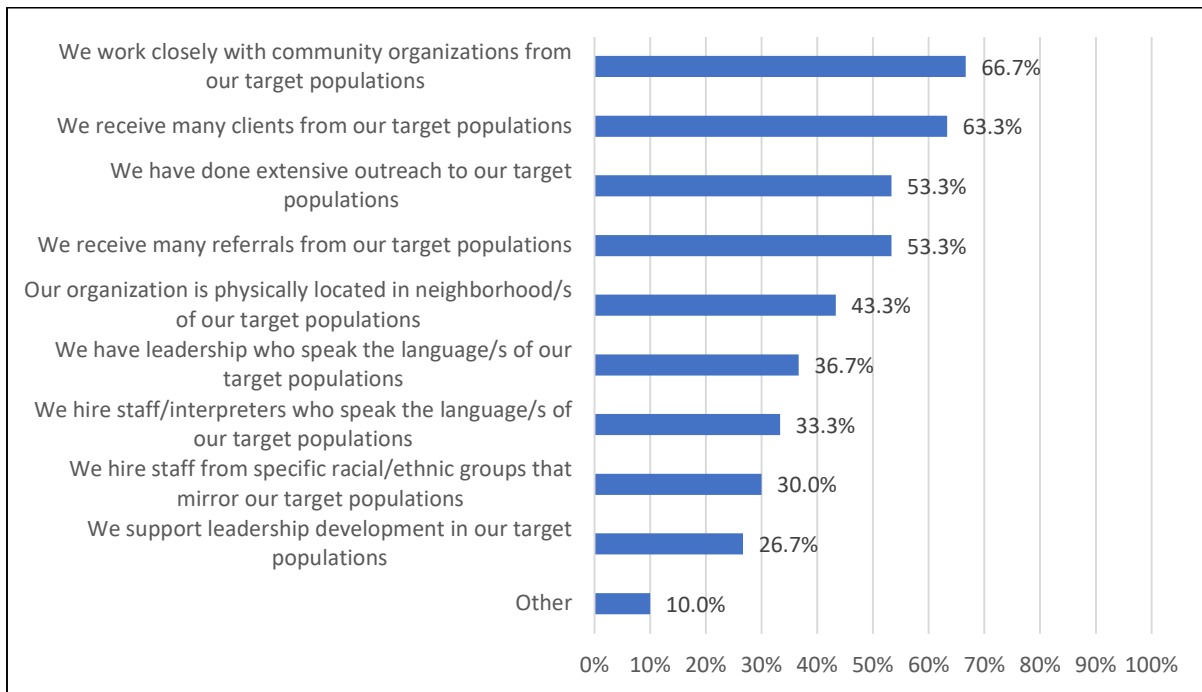
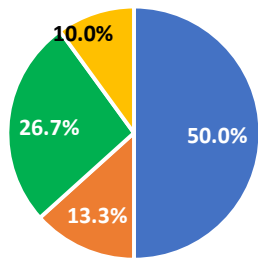
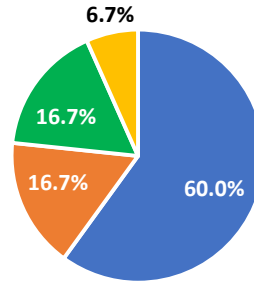


Figure 14. Q18: Does the leadership of your organization reflect the demographics of the community you serve?



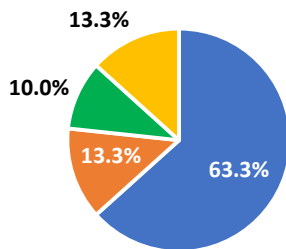
■ Yes ■ No ■ Unsure ■ N/A

Figure 15. Q19: Does the management of your organization reflect the demographics of the community you serve?



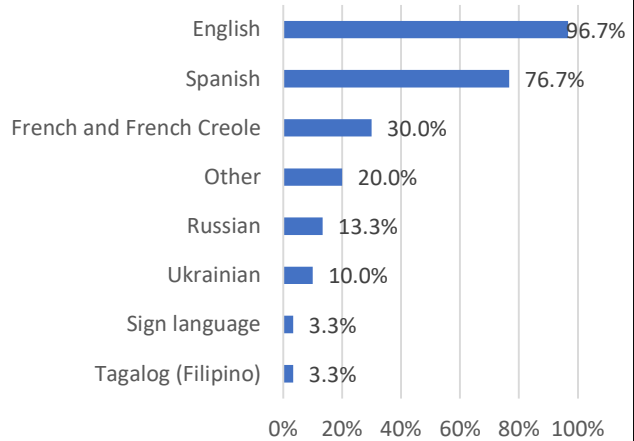
■ Yes ■ No ■ Unsure ■ N/A

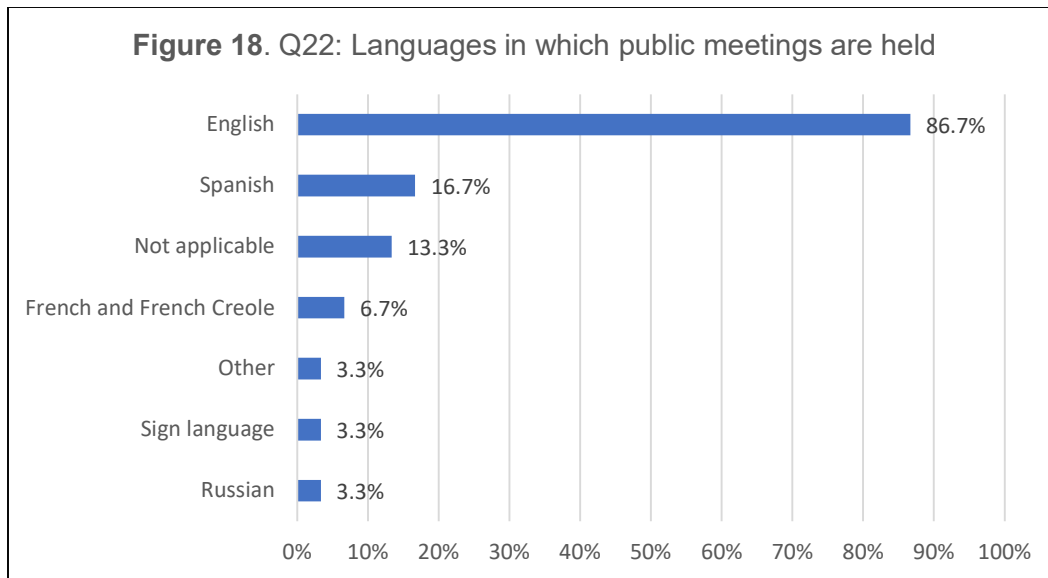
Figure 16. Q20: Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?



■ Yes ■ No ■ Unsure ■ N/A

Figure 17. Q21: Languages spoken by staff





Areas of Focus

Figures 19-23 display the extent to which organizations focus on each community factor in health (economic stability, education access and services, healthcare access and quality, neighborhood and built environment, and social and community context).

- Over half of respondents (56.7%) reported focusing “a lot” on efforts related to healthcare access and quality (Figure 21).
- Almost half of respondents reported focusing “a lot” on efforts related to neighborhood and built environment (Figure 22, 46.7%) and economic stability (Figure 19, 43.3%).
- In contrast, a lower proportion of respondents reported focusing “a lot” on efforts related to social and community context (Figure 23, 30%) and education access and services (Figure 20, 23.3%).

Additionally, Figure 24 shows specific community areas of focus for organizations, with at least 40% of organizations addressing healthcare access and utilization (43.3%), education (43.3%), housing (40%), and food access and affordability (40%). Finally, Figure 25 illustrates health topics of focus for organizations, with at least 40% of organizations focusing on healthcare access and utilization (46.7%), mental or behavioral health (43.3%), chronic diseases (43.3%), and health insurance/Medicare/Medicaid (40%).

Figure 19. Economic Stability

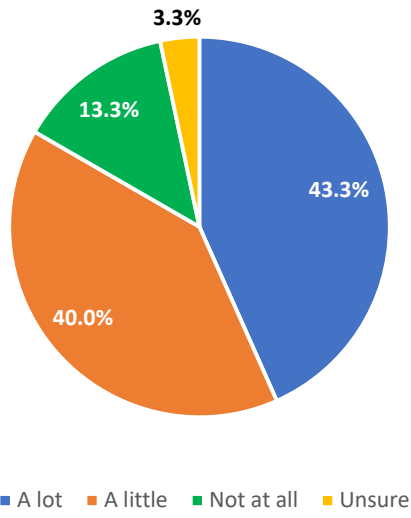


Figure 20. Education Access and Services

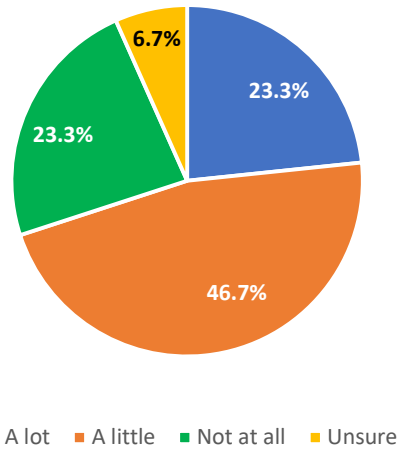


Figure 21. Healthcare Access and Quality

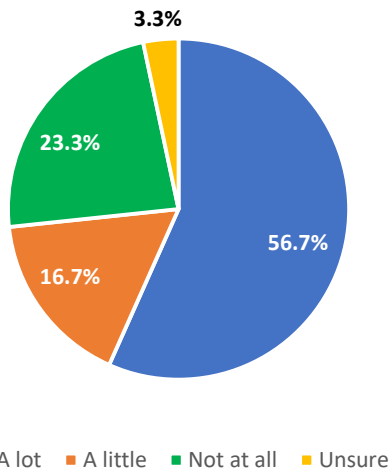


Figure 22. Neighborhood and Built Environment

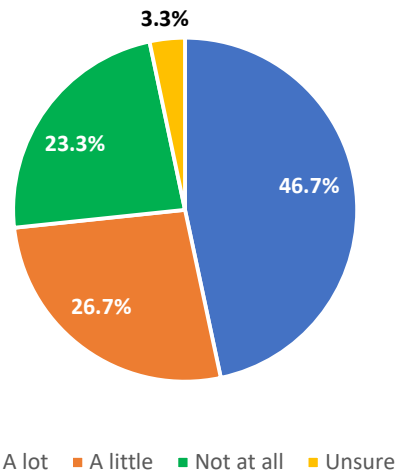
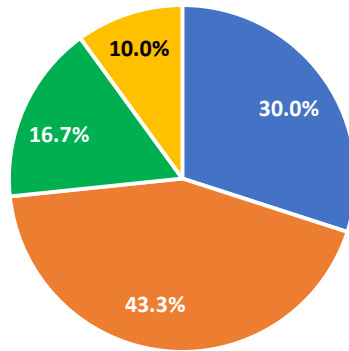
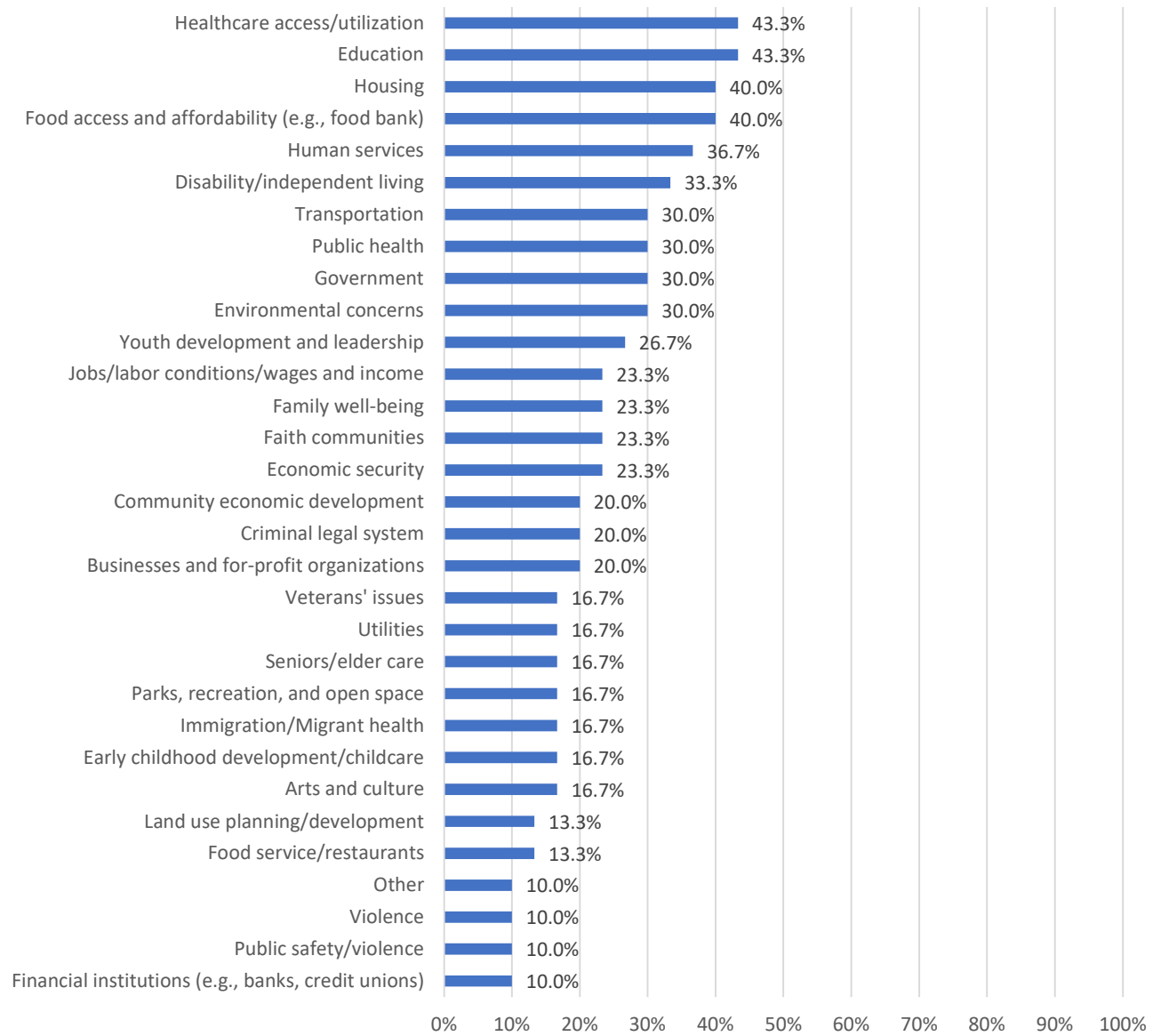


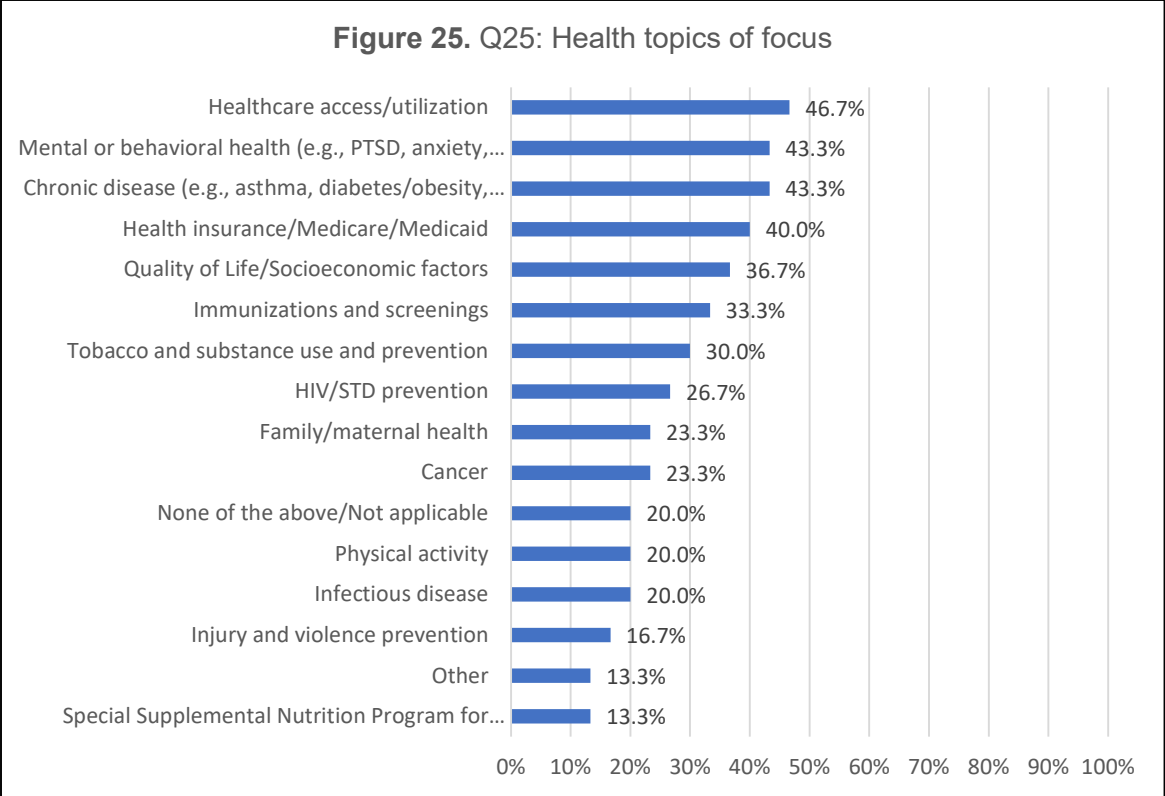
Figure 23. Social and Community Context



■ A lot ■ A little ■ Not at all ■ Unsure

Figure 24. Q24: Which of the following categories does your organization work on/with?





Organizational Commitment to Quality of Life

The survey included several items on organizational commitment to quality of life.

- Approximately 30% of respondents indicated having a shared definition of quality-of-life indicators (Figure 26).
- Approximately 43.3% of respondents have at least one person dedicated to addressing quality-of-life indicators internally within the organization (Figure 27), while 46.7% of respondents had at least one person dedicated to addressing quality-of-life indicators externally in the community (Figure 28).
- Over one-third (36.7%) of respondents indicated that they have staff dedicated to advancing quality-of-life measures within the organization (Figure 29), and the same proportion (36.7%) indicated that advancing quality-of-life is included in most job requirements at the organization (Figure 30).

Figure 26. Q26: Does your organization have a shared definition of quality-of-life indicators and how they impact health outcomes?

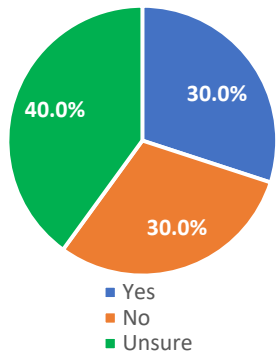


Figure 27. Q27a: We have at least one person in our organization dedicated to addressing quality of life measures internally in our organization.

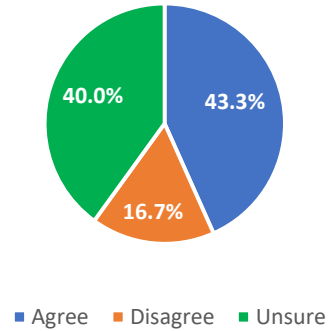


Figure 28. Q27b: We have at least one person in our organization dedicated to addressing quality of life measures externally in our community

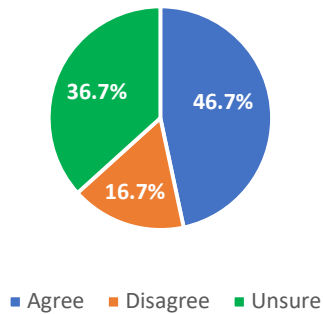


Figure 29. Q27c: We have a team dedicated to advancing quality of life measures and addressing them within our organization

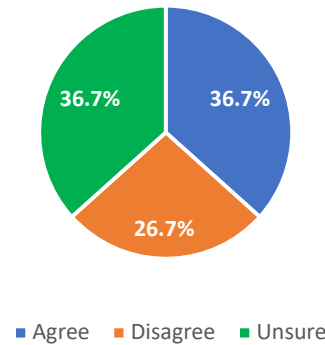
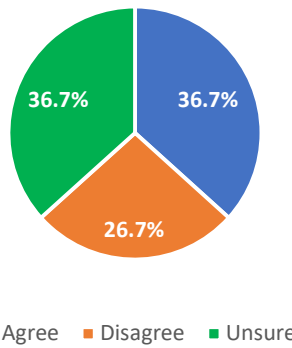


Figure 30. Q27d: Advancing quality of life/addressing socioeconomic factors is included in all or most staff job requirements



Organizational Accountability

Approximately 40% of organizations stated that they had a group of stakeholders impacted by their activities (Figure 31). When asked about the groups to which organizations are held accountable, 70% of organizations reported being accountable to a board of directors or trustees (Figure 32).

Figure 31. Q28: Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

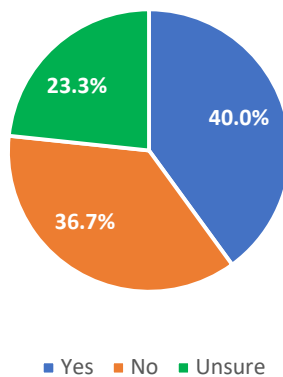
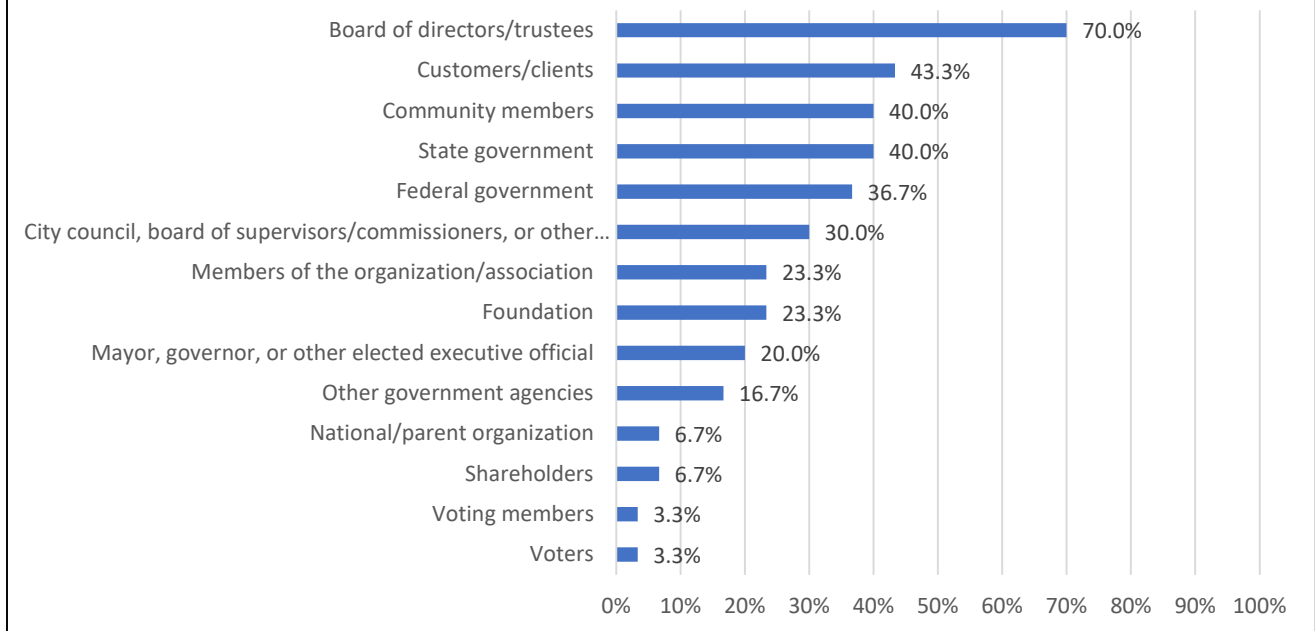


Figure 32. Q29: To whom is your organization accountable?



Capacities Related to the 10 Essential Public Health Services

With respect to the 10 Essential Public Health Services (EPHS; see Figure 33), organizations were asked to list the EPHS that they considered to be their strengths and/or performed most frequently.

- Approximately 56.7% of organizations reported engaging in Essential Service 4 (Community Engagement and Partnerships), followed by Essential Services 3 and 7 (Communication and Education and Access to Care, respectively, both reported by 50% of organizations; see Figure 34).
- The least frequently engaged EPHS were Essential Service 6 (Legal and Regulatory Authority, reported by 10% of respondents) and Essential Service 2 (Investigation of Hazards, reported by 13.3% of respondents; see Figure 34).
- The top 3 EPHS strengths reported were Essential Service 3 (Communication and Education, reported by 53.3% of respondents), Essential Service 4 (Community Engagement and Partnerships, reported by 50%), and Essential Service 7 (Access to Care, reported by 40%; see Figure 35).
- The EPHS that were least frequently endorsed by organizations as strengths were Essential Service 2 (Investigation of Hazards, reported by 0%) and Essential Service 6 (Legal and Regulatory Authority, reported by 3.3%; see Figure 35).
- As shown in Figure 36, approximately 43.3% of the respondents reported not having sufficient capacity (e.g., staff, funding, support) to meet the needs of their clients/target population.

Figure 33. Infographic describing the 10 Essential Public Health Services (EPHS) (adapted from the Public Health Accreditation Board (PHAB)).



Figure 34. Q30: Organizational engagement in the 10 essential public health services (EPHS)

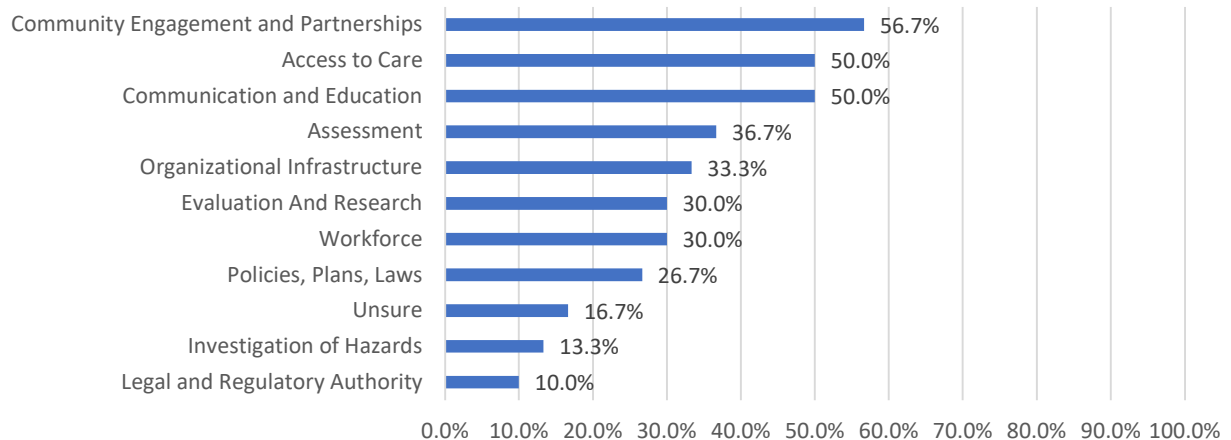


Figure 35. Q31: Top 3 EPHS strengths of organization

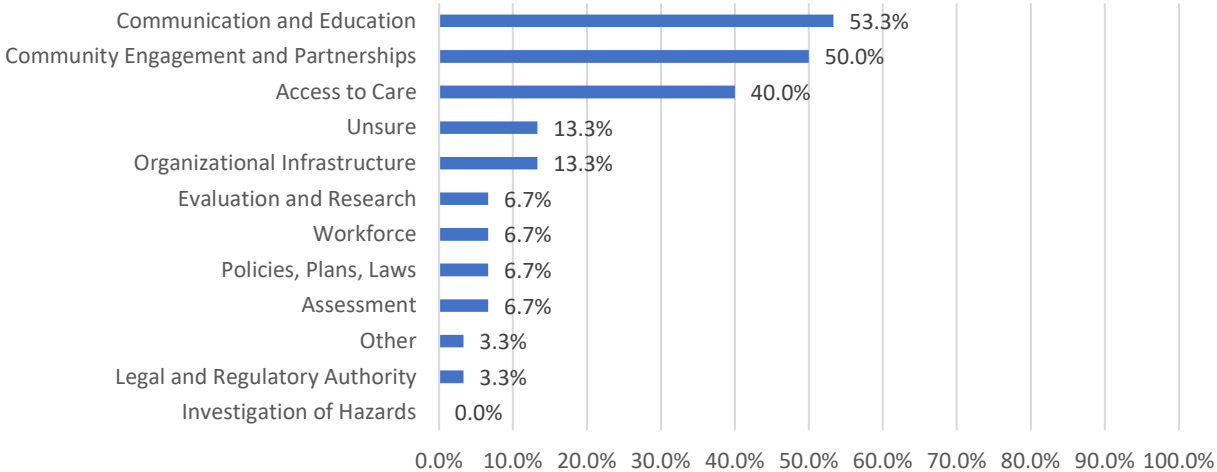
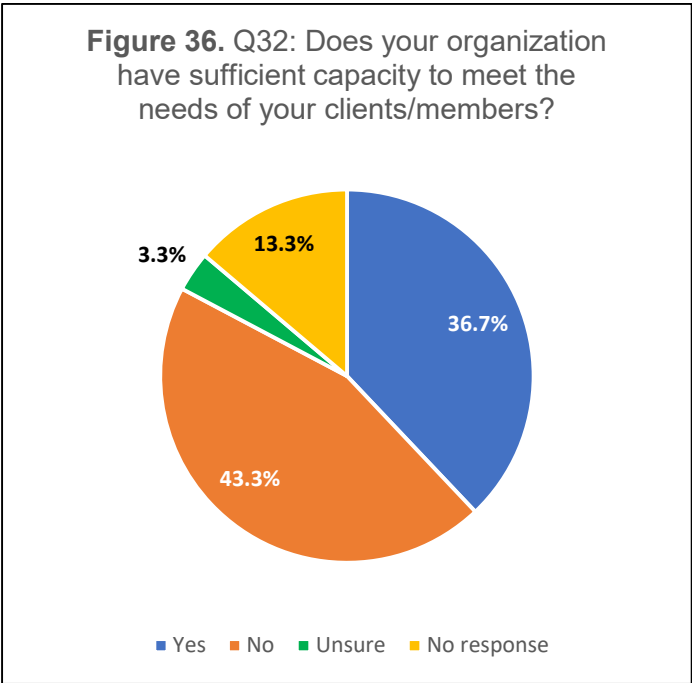
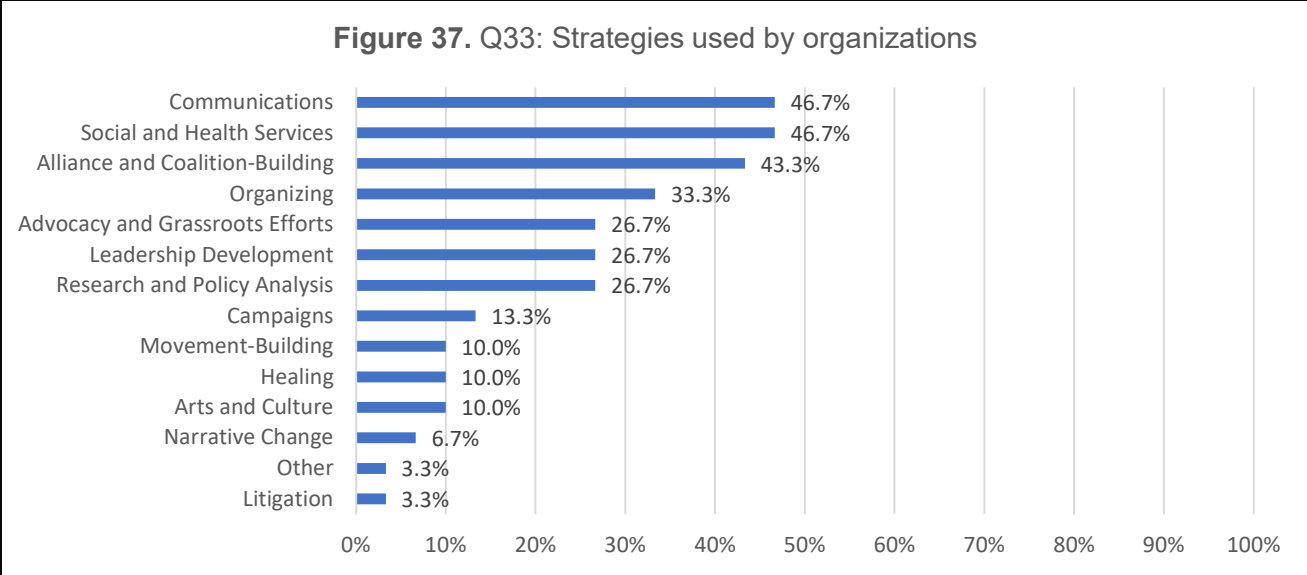


Figure 36. Q32: Does your organization have sufficient capacity to meet the needs of your clients/members?



General Strategies of Participating Organizations

Participants were also asked to describe the general strategies they used to accomplish their goals. As seen in Figure 37, communications and social/health services were each used by 46.7% of respondents, followed by alliance and coalition-building (43.3%).



Data Systems and Access

Several survey items also inquired about organizations’ involvement in data collection and analysis and ability to share any data collected.

- As shown in Figure 38, approximately one-third (33.3%) of respondents indicated that they conduct assessments, while the same proportion (33.3%) indicated that they did not.
- When asked if they could share any assessments they performed (Figure 39), 30% of respondents indicated that they could, while 30% indicated that they were unsure.
- When asked about the type of data collected (Figure 40), 56.7% reported collecting demographic data on clients, 43.3% collected evaluation/performance/quality improvement data on programs, and another 43.3% collected data on access to care/utilization of services.
- When asked if they could share any of their data, 16.7% of respondents indicated that they could share, while 60% indicated that they could not share or were unsure (Figure 41).
- When asked about methods of data collection, 40% of respondents reported using surveys, while one-third (33.3%) reported using feedback forms (Figure 42).
- With respect to specific data skills (Figure 43), organizations reported being most skilled at needs assessments (33.3%), which is consistent with the more frequent use of needs assessments shown in Figure 38. However, organizations reported less experience with other methods of data analysis, such as interviewing, focus group facilitation, survey design and analysis, facilitating community or town hall meetings, secondary data analysis, participatory research, detailed note-taking or transcription, mapping/visualization skills, and asset mapping (each reported by 20% or less of organizations).

- As seen in Figure 44, approximately 30% of respondents reported using a quality-of-life lens when using their data, while 36.7% reported that they did not, and 16.7% reported that they were unsure.

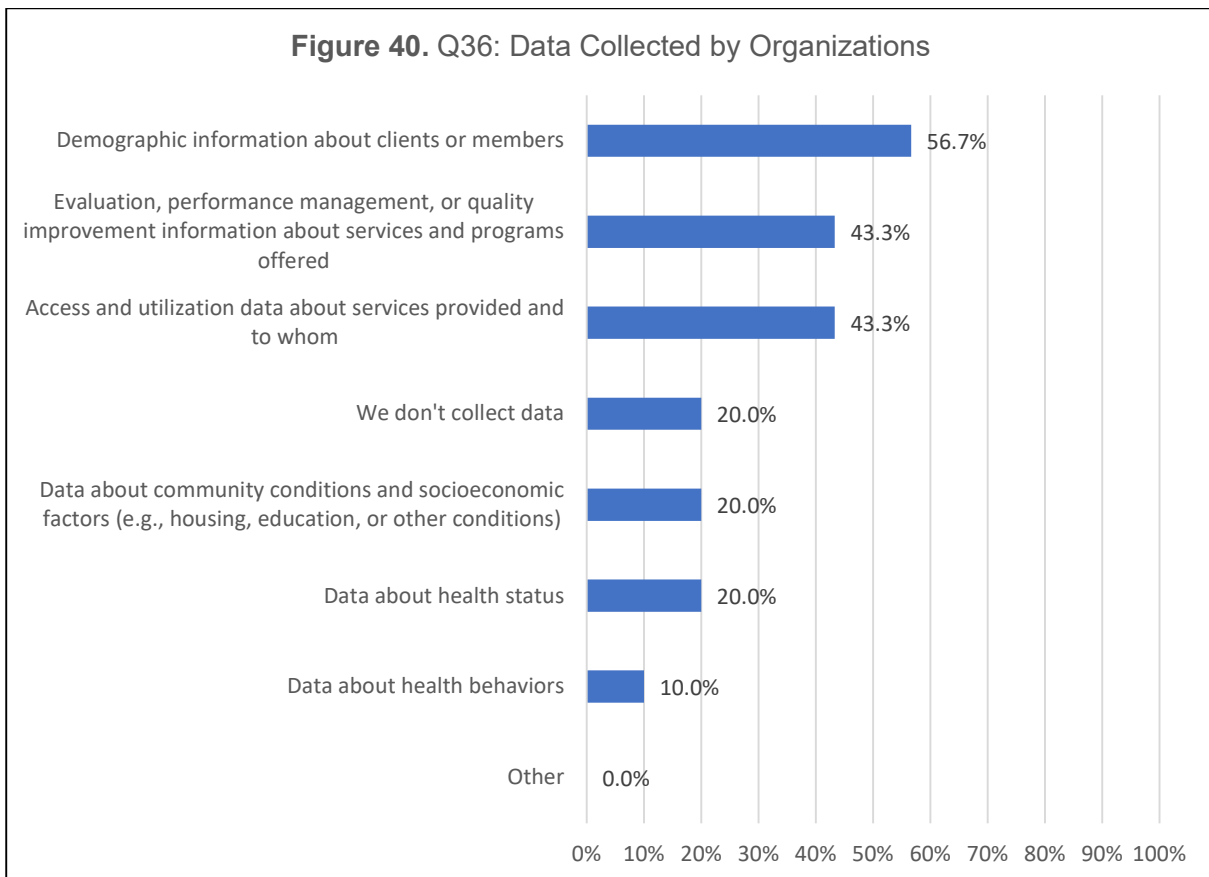
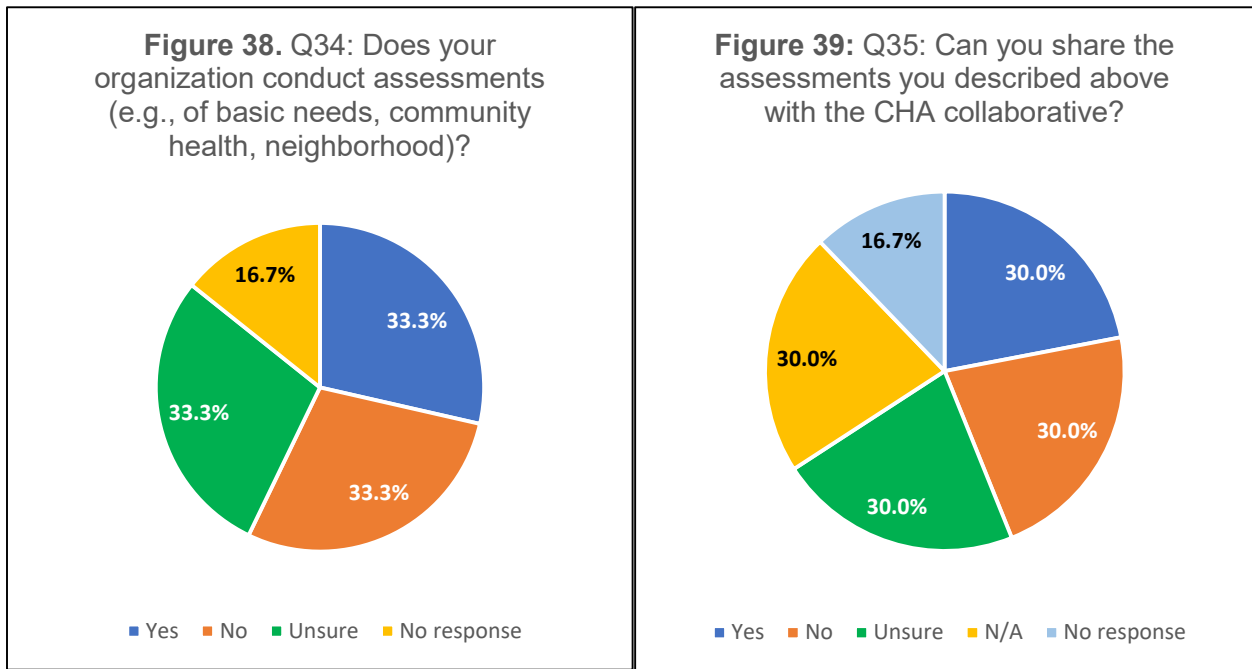
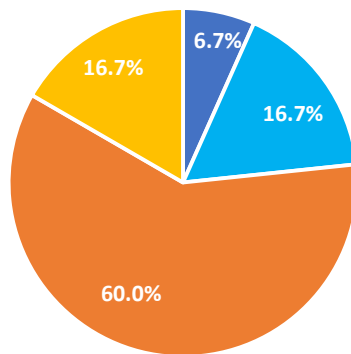


Figure 41. Q37: Can you share any of that data with the CHA collaborative?



■ Yes, already being shared ■ Yes, can share
■ No/unsure ■ No response

Figure 42. Q38: How does your organization collect data?



Figure 43. Q39: What data skills does your organization have?

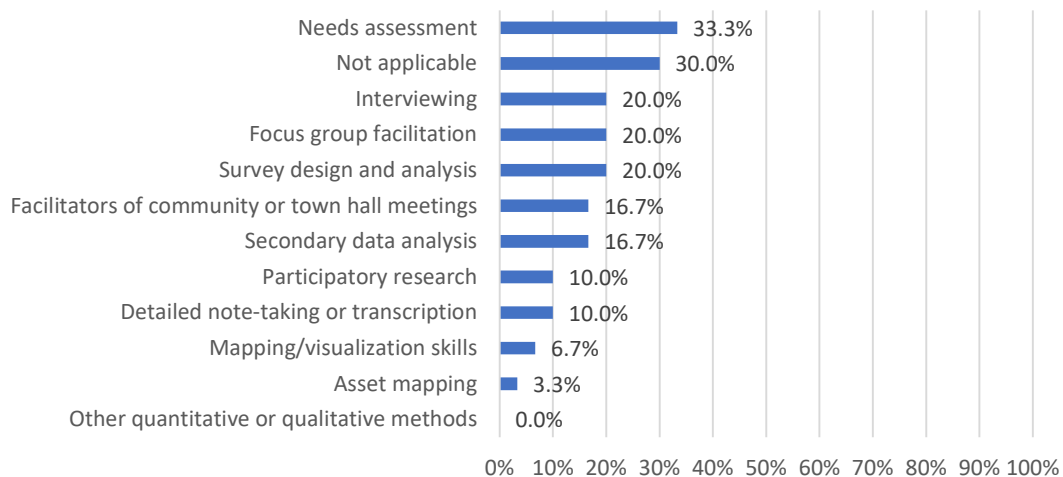
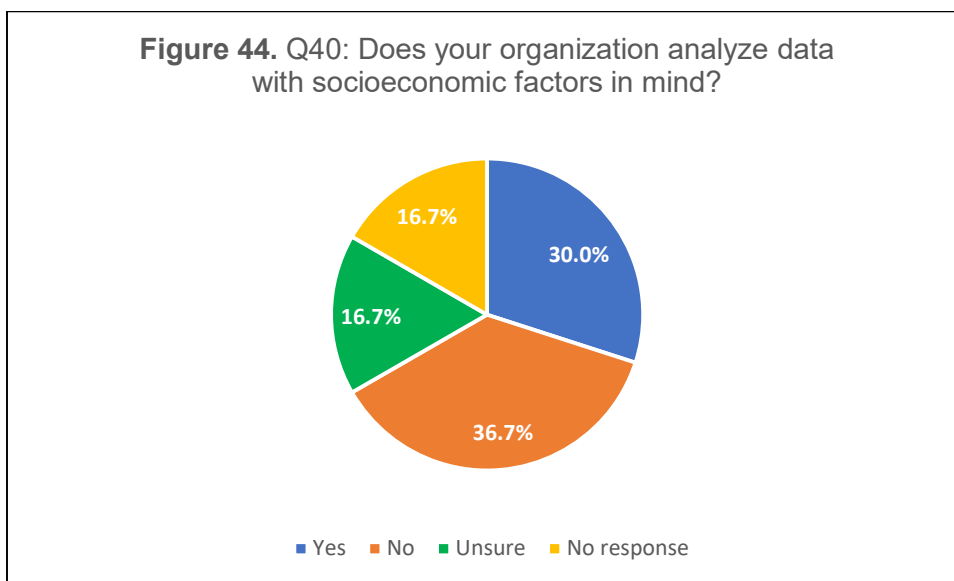


Figure 44. Q40: Does your organization analyze data with socioeconomic factors in mind?



Community Engagement Practices

Respondents were also surveyed on their use of various community engagement practices, as well as any services or supports they provide to participants in community meetings.

- As shown in Figure 45, most organizations reported engaging the community by **informing**, or providing the community with relevant information (26.7%). Approximately 16.7% reported **involving** the community, or ensuring that their needs and assets are integrated into planning processes, which is a more collaborative form of engagement.
- The most frequently used types of community engagement (Figure 46) were social media (reported by 53.3% of respondents) and presentations (50%), which is consistent with the “inform” method of community engagement.

- Approximately 30% of respondents reported offering food/snacks to those attending community meetings, while 23.3% offered virtual methods of participating, and 23.3% offered accessible materials for low-literacy populations (see Figure 47).

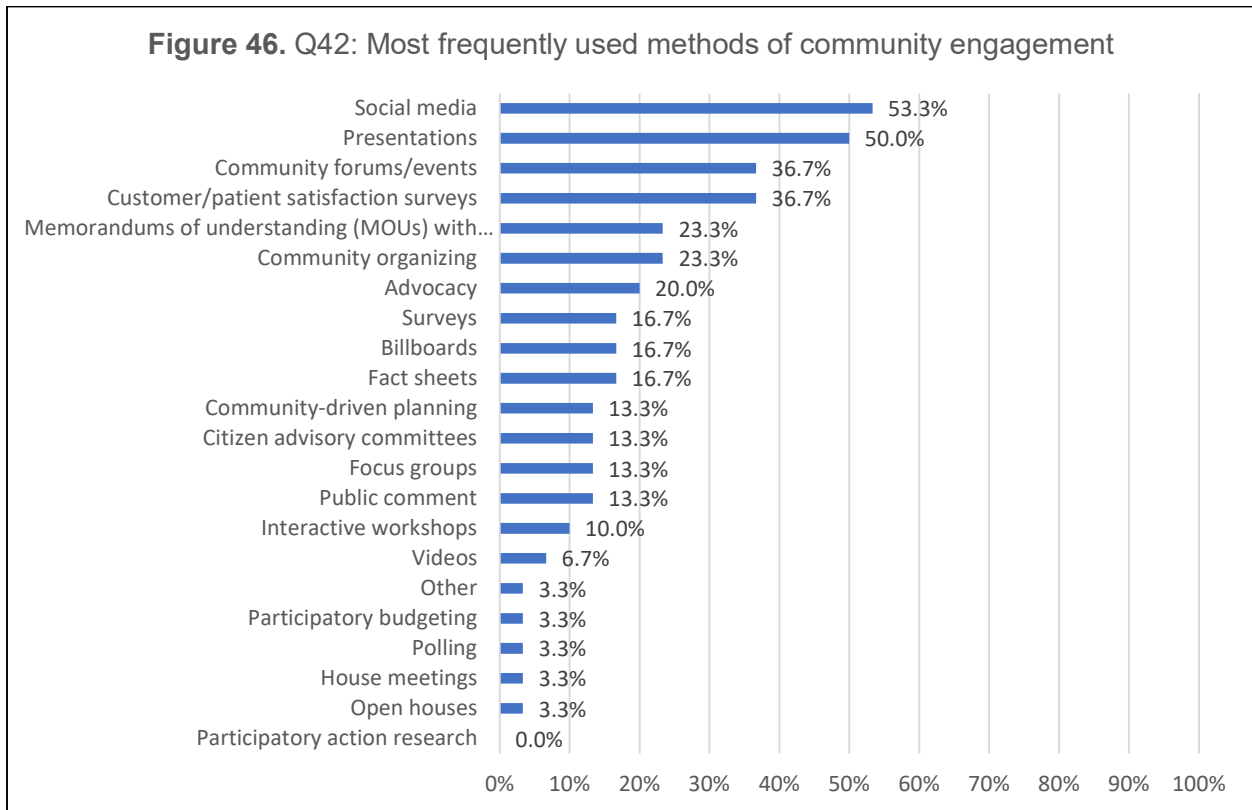
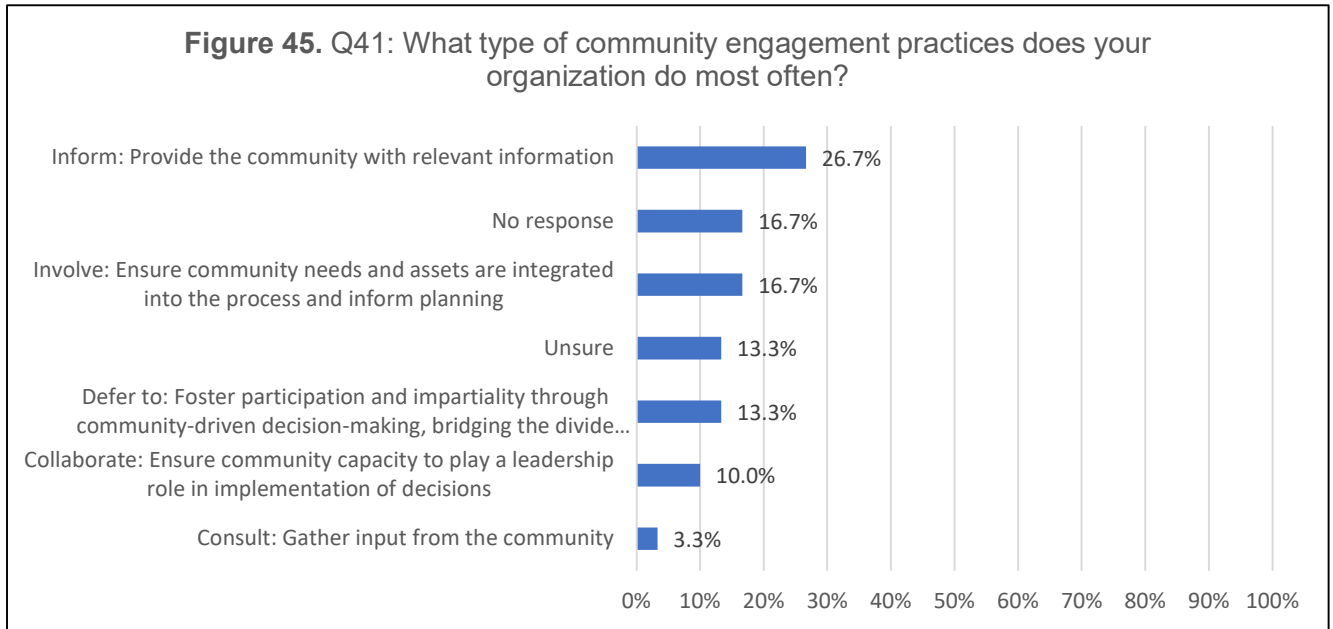
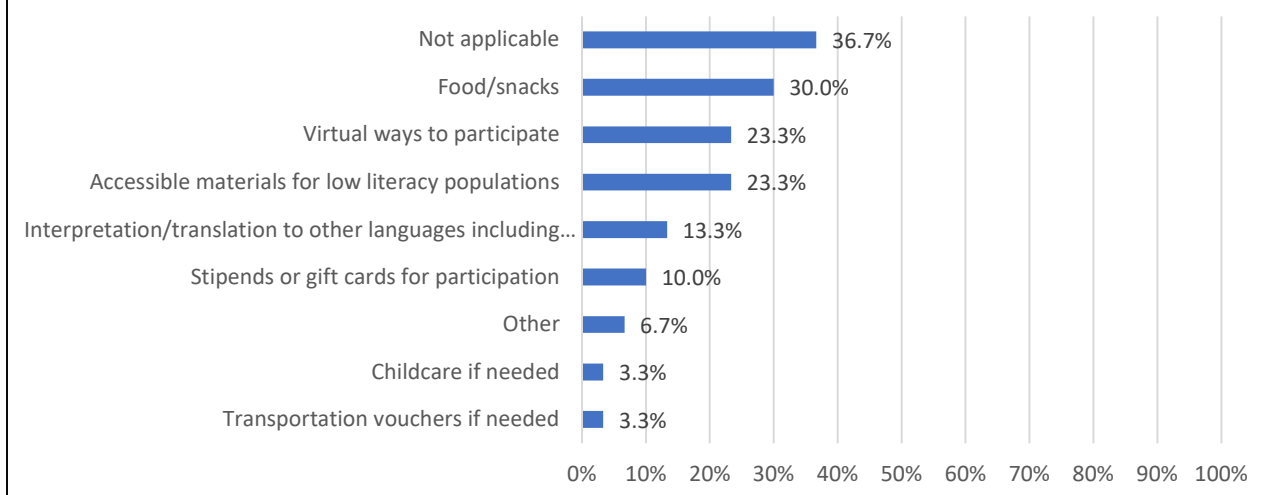


Figure 47. Q43: When you host community meetings, do you offer:



Communications

Finally, the survey included items on various communications strategies, such as media presence, communications capacity, and types of media used.

- Approximately 43.3% of respondents reported having a strong presence in local earned media (print/radio/TV; see Figure 48), and the same proportion (43.3%) reported having strong communications infrastructure and capacity (Figure 49).
- Over half (56.7%) of respondents reported having a clear communications strategy (Figure 50), and nearly three-quarters (73.3%) reported having good relationships with other organizations that can help share information (Figure 51), which is consistent with the finding of strong inter-organizational relationships within Monroe County.
- Approximately 40% of respondents reported using a clear quality-of-life lens for external communications and engagement efforts, while 40% were unsure (Figure 52).
- As shown in Figure 53, **over three-quarters (76.7%) of respondents reported using social media outreach as the most frequent method of communications, with 50% reported using external newsletters to members/the public.** Less than 50% of respondents relied on forms of communications that are often non-digital in nature (e.g., press releases, active relationships with local journalists/earned media, public meetings).
- Over one-third (36.7%) of respondents reported having publicly available materials that are translated into languages other than English for use during outreach efforts (Figure 54).

Figure 48. Q44a: Our organization has a strong presence in local earned media (print/radio/TV)

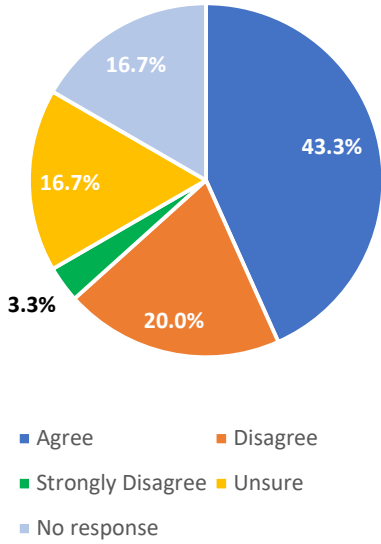


Figure 49. Q44b: Our organization has strong communications infrastructure and capacity

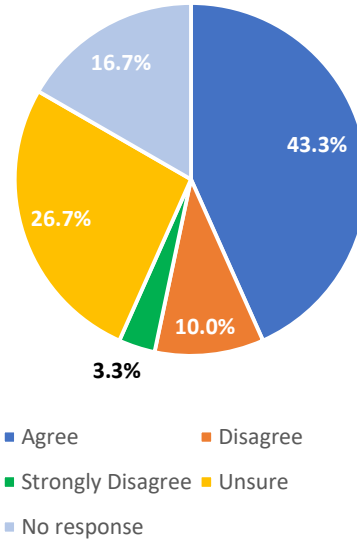


Figure 50. Q44c: Our organization has a clear communications strategy

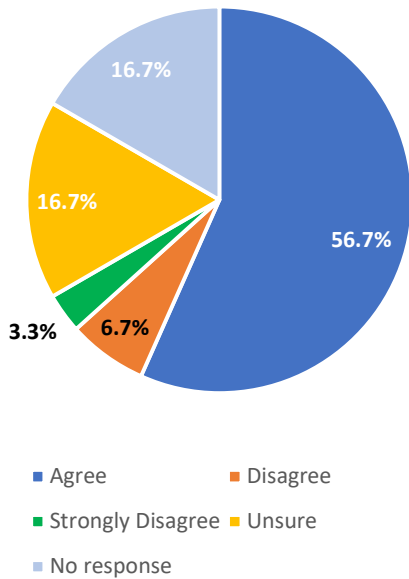


Figure 51. Q44d: Our organization has good relationships with other organizations who can help share information

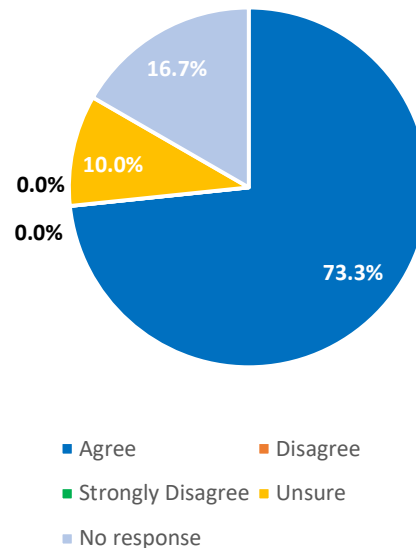


Figure 52. Q44e: Our organization has a clear quality of life lens that we use for our external communications and engagement work

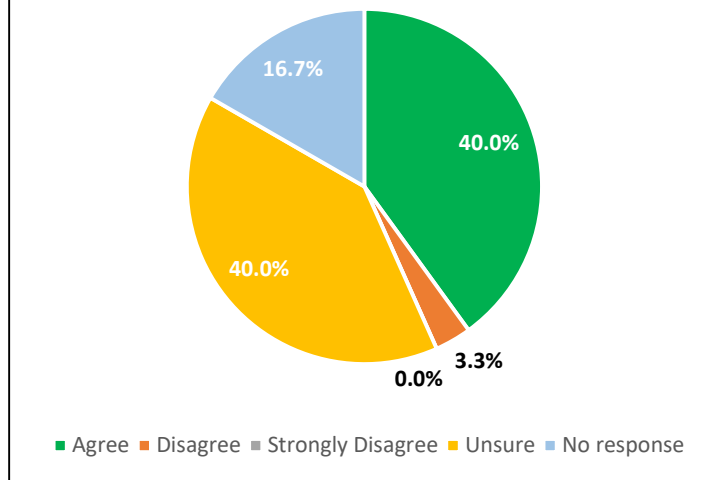


Figure 53. Q45: What communications work does your organization do most often?

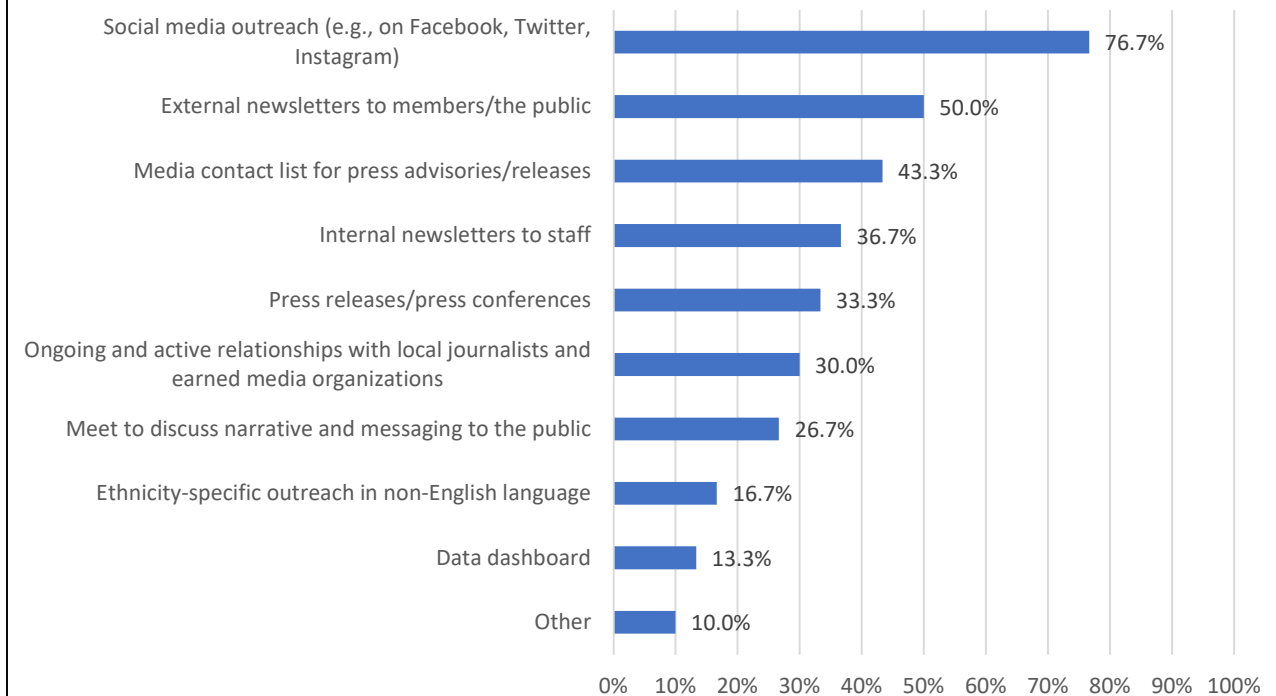
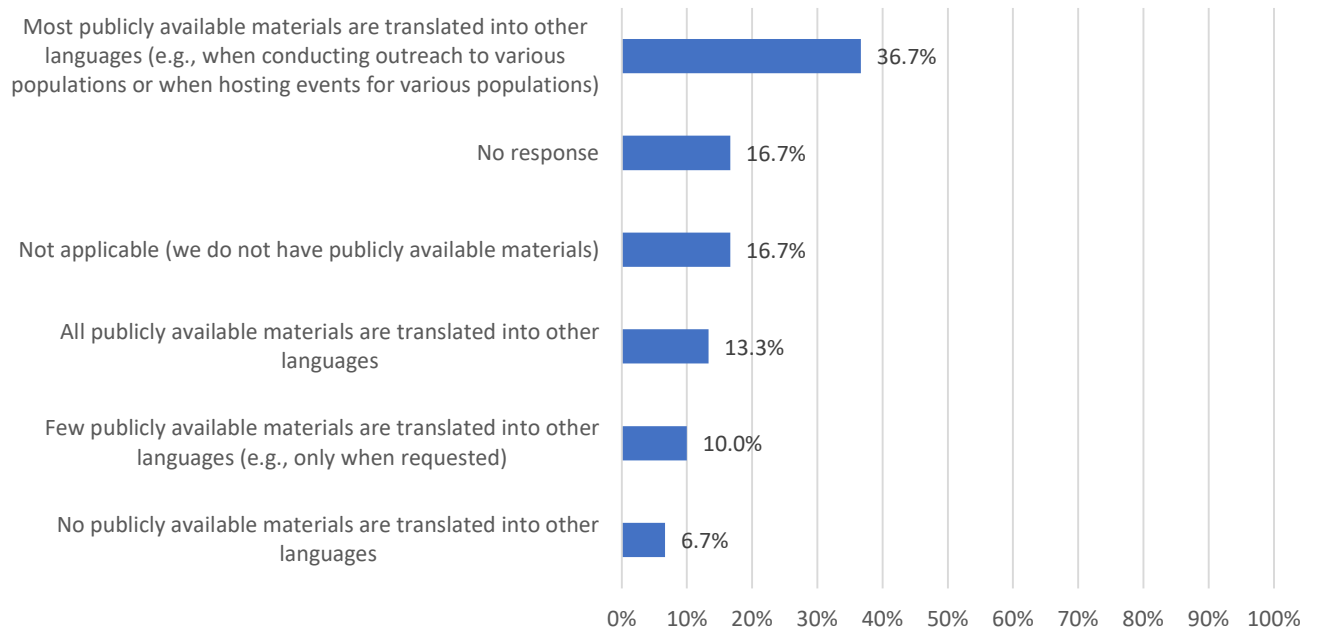


Figure 54. Q46: If your organization has publicly available materials, are they translated into other languages?



CPA Partner Meetings

A total of 33 community partners representing 29 organizations and agencies across Monroe County attended a CPA partner meeting (see Table 2 below).

Table 2. Organizations and Representatives Attending CPA Virtual Meeting Sessions

CPA Session Attended	Attending Organization	Representative(s)
May 20, 2024	Monroe County Coalition	Susan Moore, Sondra Esquinaldo, Lori Tomlin
	United Way of Collier and the Keys	Ashley Jones
	Rural Health Network of Monroe County	Amy Halstead
	City of Key West	Joe Tripp, Sheetal Almas
	WLRN News	Julia Cooper
	Monroe County Veterans Affairs	Cathy Crane
	Keys to be the Change	Heidi Golightly
	Florida Keys AHEC	Michael Cunningham
	Key West Botanical Garden	Misha McRae
	Florida Keys Mosquito Control	Mikki Coss
	Center for Independent Living	Lesly Quintanilla Lopez
	Community Health, Inc. (CHI)	Marianne Finizio
	Epilepsy Alliance Florida (ACA Navigation Services)	Carolyn Thomson
	Monroe County Emergency Management	Matt Massoud
May 23, 2024	The Good Health Clinic	Kate Banick
	Florida Keys Mosquito Control	Andrea Leal
	Community Health, Inc. (CHI)	Marianne Finizio
	Womankind	Cali Roberts
	University of Miami Sylvester Comprehensive Cancer Center	Valerie Bethel
	Lower Keys Medical Center	Rebecca Johnson
	Lower Keys Medical Center Behavioral Health	Isabel Lenderman
	Guidance/Care Center	Maureen Dunleavy
	Homeland Security Investigations – Key West	Oleg Sokolov
	Star of the Sea (SOS) Foundation	Morgan Tracey
	Monroe County Sheriff’s Office	Amie Szymanski, Alexandria Hradecky
	College of the Florida Keys	Lori Bosco
	City of Key West	Sheetal Almas
	City of Marathon	George Garrett
Department of Children and Families	Teresa Glover	

Audiorecordings of these meetings were transcribed and qualitatively analyzed. Information regarding issues of concern was compiled and organized into Table 3 below. The list of major

issues raised by partners included bike/pedestrian safety, disaster preparedness/management, domestic violence, economic challenges, food availability, health care access, housing, human trafficking, mental health/substance abuse, transportation, and water safety. Table 3 also includes a description of challenges related to each issue, community resources currently available, organizations and programs that can assist with these resources, and ideas for potential resources for each issue, as generated by various partners.

Overall Themes: Barriers to Utilizing Community Resources

A critical recurring theme was that despite its small size, Monroe County has multiple resources available for many of the issues raised; however, several barriers make it challenging for residents to make use of these resources. One frequently mentioned barrier was a lack of knowledge: many residents simply do not know about the resources available to them. Partners frequently revisited the challenge of how to get the word out to residents about the multitude of resources available. The following factors were identified by partners as playing a role in this lack of community awareness; partners also generated potential strategies to address these barriers.

Distance from resources. Numerous resources are described in Table 3, and several have locations throughout the Keys. However, some resources are located primarily in Key West or the Lower Keys, with less availability in the Upper Keys. In some cases, Upper Keys residents may find it more convenient to travel to Miami-Dade County for services.

Lack of technological literacy. A frequently discussed factor in this lack of community awareness was that many residents do not use technology (e.g., smartphones, Internet, computers in general) for various reasons (e.g., lack of tech literacy, cost, inconvenience, preference for other means of obtaining information). Since so much information about community resources and events is now shared online and through social media, efforts must continue to be made to disseminate this information through paper brochures, flyers, in-person events, and word-of-mouth. Of note, multiple partners mentioned the community resource guide put together by United Way that gives information about all available community services across Monroe County across all domains. This guide is continuously updated and is available in both paper and digital format (www.keyshelp.org) in three languages (English, Spanish, and Haitian Creole).

Linguistic and cultural barriers. Further challenges cited by partners in getting the word out about community resources were linguistic and cultural barriers. Many residents in Monroe County are recent immigrants and/or do not speak English as a first language; furthermore, many communities may not yet have developed a sense of trust in the larger Monroe County community to feel comfortable utilizing community resources. Thus, one strategy to help share information with these less-assimilated and/or less-represented communities is to form partnerships with leaders or influential members of these communities, periodically share information about community resources with them, and ask them to share this information with their communities. With time, this approach may build greater trust within these communities in the validity of the information given.

Complexity of navigating resources. For community members that do aim to access resources, some are challenged and/or overwhelmed by the numerous tasks to complete in order to access services: several forms and applications to complete, navigating multiple online platforms, and contacting multiple agencies to obtain services, to name a few. While many partners frequently aid clients in completing these tasks, several partners mentioned the idea of a central hub of social workers who know where to refer people. This hub might entail a single

application to complete that would automatically go to affiliated organizations, which may eliminate time and complexity from the enrollment process and enable more residents to take advantage of available resources. One community partner expanded on the context for this idea:

“If there was just a set of social workers as a central touchpoint...not even connected to any organization...their whole job is to know all these things because [of the challenge of] navigating this and expecting people who are going through crisis to navigate this incredibly complex system...[having] a universal application even, because even moving through each of these entities, [residents are] going to have to fill out 14 different applications, prove their insurance, prove this, prove this....I mean, we struggle to navigate it as educated, well-versed individuals in the field...there's all these resources out there, but they're patched together. And it's a huge systematic concern, but wouldn't it be nice to have [a central touchpoint]?”

Table 3. Summary of Discussions of Community Challenges and Resources from CPA Virtual Meetings

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
<p align="center">Bike Safety/Pedestrian Safety</p>	<ul style="list-style-type: none"> • Bikers • Pedestrians • Drivers 	<ul style="list-style-type: none"> • Many bikers and drivers do not feel safe with how laws around bike safety are enforced • Speed of electric bikes considered dangerous 	<ul style="list-style-type: none"> • New bike lanes added by City of Key West • Free bike lights given by City of Key West 	<ul style="list-style-type: none"> • City of Key West 	<ul style="list-style-type: none"> • Bike safety education campaign for all ages (proper signaling, safety gear, interpreting crosswalk traffic signals) • More consistent enforcement of safety rules by authorities • Creation of more bike lanes where possible throughout Key West and Monroe County
			<ul style="list-style-type: none"> • Free bike helmets available through DOH 	<ul style="list-style-type: none"> • DOH-Monroe 	
			<ul style="list-style-type: none"> • Availability of bus routes for those who don't feel comfortable biking 	<ul style="list-style-type: none"> • Key West Department of Transportation 	
<p align="center">Disaster Preparedness and Management</p>	<ul style="list-style-type: none"> • Aging adults • Those with disabilities • Those without transportation 	<ul style="list-style-type: none"> • Residents may be overwhelmed and avoid evacuation • Residents with pets may be hesitant to evacuate • Older adults may be reluctant to leave their homes • Long distance to travel to evacuate to safety 	<ul style="list-style-type: none"> • Disaster-related alerts from the County available upon registration (Alert!Monroe) 	<ul style="list-style-type: none"> • Monroe County Emergency Response 	<ul style="list-style-type: none"> • Establishment of a neighborhood watch to ensure that nobody gets overlooked in disaster prep/evacuation • Increasing community awareness of help available with disaster preparedness planning • Provide disaster-related info and resources to leaders
			<ul style="list-style-type: none"> • Disaster preparedness kits available • Can obtain loaner durable medical equipment (e.g., walkers) prior to evacuation • Assistance with other preparations (finding shelters to take in pets in case of 	<ul style="list-style-type: none"> • Center for Independent Living 	

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
			evacuation, refilling medications before evacuation)		of groups that may be less integrated into community (e.g., new immigrants, with translations of materials if needed) to promote greater awareness, trust, and use of resources in these subpopulations
			<ul style="list-style-type: none"> Transportation available for those who cannot evacuate independently 	<ul style="list-style-type: none"> Monroe County Social Services (with Monroe County Transportation) Guidance/Care Center (GCC) 	
				<ul style="list-style-type: none"> Additional programs that may assist: Monroe County Community Organizations Active in Disaster (COAD), DOH-Monroe 	

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
<p>Domestic Violence</p>	<ul style="list-style-type: none"> • All • Low-income families • Pregnant women • Immigrants 	<ul style="list-style-type: none"> • Possible social isolation • Possible fear of disclosing situation to others • Domestic Abuse Shelter (DAS) in Marathon still being rebuilt after Hurricane Irma damage • Waiting list for housing in Key West 	<ul style="list-style-type: none"> • Referrals by primary care providers to local shelters and/or mental health providers 	<ul style="list-style-type: none"> • Womankind • Guidance/Care Center • Wesley House for referrals (on mainland too) • Out-of-county resources for housing (Lotus House, Children’s Home Society, Chapman Partnership) 	<ul style="list-style-type: none"> • Encouraging victims to disclose situation to someone they trust • Educating community about available resources to increase the likelihood that victims can learn about them when needed
		<ul style="list-style-type: none"> • Demand for shelter exceeds availability • No domestic abuse housing in Upper Keys 	<ul style="list-style-type: none"> • Some local housing available for those seeking to leave their situations 	<ul style="list-style-type: none"> • Domestic Abuse Shelter Florida Keys (Marathon) • Samuel’s House (shelter in Key West) 	<ul style="list-style-type: none"> • Establishment of more housing in Monroe County to assist victims of domestic abuse

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
Economic Challenges	<ul style="list-style-type: none"> All Low-income individuals Aging adults 	<ul style="list-style-type: none"> Increasing cost of living in Monroe County Many residents working multiple jobs (lack of living wage in many jobs) Residents often living in chronic stress trying to make ends meet 	<ul style="list-style-type: none"> Assistance with bill payments (e.g., utilities) may be available (MCSS) 	<ul style="list-style-type: none"> Monroe County Social Services 	<ul style="list-style-type: none"> Exploring initiatives promoting a living wage for all residents
Food Availability	<ul style="list-style-type: none"> Low-income Aging adults 	<ul style="list-style-type: none"> Difficulty affording healthy foods/fresh produce Older adults who are housebound or less mobile may have trouble preparing meals for themselves 	<ul style="list-style-type: none"> Access to produce and healthy foods through local food pantries/grocery store delivery Assistance with food stamps/SNAP/WIC Some meals can be brought to housebound adults 	<ul style="list-style-type: none"> SOS Foundation Home delivery set-up through local grocery stores (Publix, Winn-Dixie) Monroe County Social Services DOH “Cooking with Love” program by MCC Church in Key West can bring a few meals a week to housebound adults 	<ul style="list-style-type: none"> Greater community education of available resources

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
<p align="center">Health Care Access</p>	<ul style="list-style-type: none"> • All • Low-income • Uninsured • Immigrants • Pregnant women 	<ul style="list-style-type: none"> • Busy work schedules may not allow for time flexibility to get health issues addressed by providers • Long wait to see a provider • Fewer specialists in Monroe County – much of this care needs to be addressed in Miami-Dade County • Lack of transportation to get to appointments in Miami or other parts of the Keys • Some residents with insurance coverage still have high out-of-pocket costs and will opt to forego seeking care 	<ul style="list-style-type: none"> • No- or low-cost medical care and dental care at multiple sites throughout Monroe County (including in schools and use of mobile units) 	<ul style="list-style-type: none"> • Community Health, Inc. (CHI) • Keys AHEC • Rural Health Network 	<ul style="list-style-type: none"> • Greater community education of available resources
			<ul style="list-style-type: none"> • Uninsured residents can be seen by a doctor, given a diagnosis/treatment plan, and be provided with medication 	<ul style="list-style-type: none"> • Good Health Clinic 	
			<ul style="list-style-type: none"> • Assistance with co-pays may be available 	<ul style="list-style-type: none"> • Keys Area Interdenominational Resources (KAIR) 	

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
		<ul style="list-style-type: none"> • Mistrust of medical system • Language barriers can impede communication with healthcare providers • Lack of health literacy among patients (with or without a language barrier) • Lack of follow-up plans for medical care can create resistance to seeking preventive care in the first place 	<ul style="list-style-type: none"> • Translation services available for patients with language barriers • ACA Navigators available to help residents through questions regarding insurance • Teladoc may be covered by most insurances, including Medicaid • Periodic community health fairs that provide health screenings, health insurance assistance, and more (e.g., “Health to You” events) 	<ul style="list-style-type: none"> • Lower Keys Medical Center • Rural Health Network • DOH • CHI • Other primary care providers throughout the county • Epilepsy Alliance Florida • DOH • Assistance/referrals from other organizations listed • DOH 	
Housing	<ul style="list-style-type: none"> • All • Low-income • Aging adults 	<ul style="list-style-type: none"> • Rising cost of housing (e.g., mortgages, rent) post-COVID • Difficulty staying in the Keys as one ages due to the cost 	<ul style="list-style-type: none"> • Possible assistance with some utility bills 	<ul style="list-style-type: none"> • Monroe County Social Services 	<ul style="list-style-type: none"> • Greater community education of available resources

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
		<ul style="list-style-type: none"> Unstable housing may put residents at risk of mental health difficulties 	<ul style="list-style-type: none"> Resources for housing or referrals for those who are homeless 	<ul style="list-style-type: none"> Domestic Abuse Shelter Samuel's House (Key West) 	
<p>Human Trafficking</p>	<ul style="list-style-type: none"> Service industry workers (e.g., withheld wages, labor exploitation) Females (school-aged or older) Immigrant population Low-income population 	<ul style="list-style-type: none"> Lack of awareness of issue among potential victims (young females, immigrants) Can happen anywhere and there is little widespread community awareness of issue Possible social isolation Possible fear of disclosing situation to others Difficulty maintaining privacy in a small community like Monroe County 	<ul style="list-style-type: none"> Local infrastructure is equipped to handle cases (e.g., MCSO, HSI) For undocumented non-citizen victims, immigration benefits can be provided, and referrals to partner NGOs are provided for other services (e.g., housing, mental health services, legal assistance) Community presentations can be offered for greater education on trafficking Education and awareness provided in schools Teachers are trained on warning signs 	<ul style="list-style-type: none"> Homeland Security – Key West (HSI) Monroe County Sheriff's Office Keys To Be the Change adult mentors Monroe County Public Schools (school resource officers, guidance counselors, social workers) 	<ul style="list-style-type: none"> Need greater community-wide education/awareness of overall issue as well as resources available Organization similar to Keys to Be the Change can be developed throughout Monroe County (e.g., in Middle/Upper Keys)

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
			<ul style="list-style-type: none"> Primary care providers from any organization can help inform authorities and connect with services (e.g., mental health) 	<ul style="list-style-type: none"> Primary care providers Womankind Guidance/Care Center 	
<p style="text-align: center;">Mental Health/Substance Abuse</p>	<ul style="list-style-type: none"> All Immigrant Aging Pregnant women 	<ul style="list-style-type: none"> Lack of social support Chronic stress of making ends meet Unstable housing situations Substance abuse (e.g., with alcohol) often used as a coping mechanism 	<ul style="list-style-type: none"> 988 number available nationwide for suicide risk 	<ul style="list-style-type: none"> Locally run through Jewish Community Services in Key Largo 	<ul style="list-style-type: none"> Need greater community-wide education/awareness of overall issue as well as resources available
			<ul style="list-style-type: none"> Services for mental health, therapy/counseling, substance abuse, medication management 	<ul style="list-style-type: none"> Guidance/Care Center Intensive Outpatient Program (Lower Keys Medical Center) 	
			<ul style="list-style-type: none"> Mental health services or referrals can be obtained from primary care providers and other local organizations 	<ul style="list-style-type: none"> Primary care providers Domestic Abuse Shelter Womankind Wesley House Family Services Samuel's House 	
<p style="text-align: center;">Transportation</p>	<ul style="list-style-type: none"> All Low-income Aging Those with disabilities 	<ul style="list-style-type: none"> Difficulty getting to medical appointments within Monroe County or in Miami-Dade County 	<ul style="list-style-type: none"> Door-to-door transportation for Monroe County residents based on eligibility criteria (>65/low-income/disabled) 	<ul style="list-style-type: none"> Guidance/Care Center Monroe County Transit (Monroe County Social Services) 	<ul style="list-style-type: none"> Greater community education of available resources

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
	<ul style="list-style-type: none"> Those without transportation 		<ul style="list-style-type: none"> Can be arranged with a phone call, which can be made on behalf of the person needing transportation Someone can accompany the rider if needed \$5 copay for rides to Miami-Dade If needed, can do early-morning pickups from Key West to Miami 	<ul style="list-style-type: none"> Monroe County Veterans Affairs Key West Department of Transportation City of Key West 	
<p>Water Safety</p>	<ul style="list-style-type: none"> All Children 	<ul style="list-style-type: none"> Mosquito-borne illnesses Drowning Prevention 	<ul style="list-style-type: none"> Mosquito Control can come to anyone's property to assist residents with safety related to mosquitos and water-holding devices 	<ul style="list-style-type: none"> Florida Keys Mosquito Control 	<ul style="list-style-type: none"> Greater community education of available resources

Issues Affecting Quality of Life	Frequently Affected Population	Specific Challenges	Available Community Resources	Organizations/ Programs* That Can Assist	Potential Resources to be Developed
			<ul style="list-style-type: none"> Past and continuing grants through DOH-Monroe and College of the Florida Keys to provide swim lessons for youth and adults throughout the Keys and training for adults to teach swimming 	<ul style="list-style-type: none"> DOH-Monroe College of the Florida Keys Additional resource: Florida Keys Drowning Prevention Task Force (www.keys2swim.com) 	

*Please note that the list of organizations and programs listed here is not exhaustive of all organizations providing these services in Monroe County. The information in this column only reflects the data shared during the CPA virtual meetings held on May 20 and May 23, 2024.

OVERALL CONCLUSIONS

Community Challenges and Assets

Challenges. While numerous community issues were discussed in the CPA virtual meetings, most issues shared a few common underlying themes: a high cost of living and a lack of awareness of community resources. **The high cost of living, coupled with the lack of a living wage for many residents, appeared to be a driving force behind many of the other major issues addressed**, such as health care access, housing, and mental health/substance abuse issues. As one partner stated:

“Anybody living under 300% of the federal poverty level is going to be affected by the social determinants of health, basic living necessities, and what their fundamental requirements are for daily life...a living wage helps them pay for shelter, pay for food, maybe they get health care with that, or maybe they access programs through Womankind, the Good Health Clinic, our FQHCs, AHEC, the health department...and then as they have a higher income level, then it's a little easier...to address each one of these different things that we talk about. So to me, a livable wage...helps them across the board for everything, and as they continue to have more of a livable wage and maybe not working two and three jobs, they have better access.”

Additionally, as previously discussed, most partners stated that **many community members were not aware of the multitude of services available to the community**. This is particularly challenging given that community organizations in Monroe County are very interconnected with each other and with their target populations in service delivery, education, and outreach efforts. However, partners identified a few barriers that may limit the reach of their services: community members' lack of technology use, language and cultural barriers, and a complex system of services to navigate. Through addressing these barriers, organizations may be more successful in getting the word out to community members about available services.

Assets. A resounding theme that was evident throughout the written CPA survey and during the CPA partner discussions was **the cohesion of the Monroe County community, particularly among the partnering organizations**. As one partner stated, “everybody works together in many capacities...no one really needs a phone book to get the job done here in Monroe County. We all know what to do.” Each partner was well-versed in where to go and who to contact in various situations, and multiple organizations stated that they invested substantial efforts into community outreach efforts. A prominent example that emerged from the CPA meeting discussion was Monroe County Coalition's community outreach events. These events were held in collaboration with Billy Davis and Associates and attended by numerous partners, including GCC, AHEC, SOS Foundation, DOH, and Rural Health Network, as well as several partners that were not able to attend the meetings. These outreach events aim to convene community organizations in minority communities to raise greater awareness of services available among these community residents. Organizations provide incentives for community members to attend these events, such as free Publix gift cards for the first 25 attendees. Through such outreach efforts, organizations invest an immense amount of time and effort in trying to reach subpopulations within the community that may not have optimal access to resources that may improve their quality of life.

Strengths and Gaps in Collective Capacity Among Partners

Strengths in collective capacity. The CPA survey demonstrated that organizations were willing to be involved in the CHA/CHIP process, with particular interest in strengthening their existing networks and contributing to long-term community change and solutions. Organizations were willing to contribute staff time to both support community engagement and involvement and to help CHA meetings and activities. Additionally, over 60% of organizations have participated in a previous CHIP cycle, and their experience, combined with the fresh perspectives of those who are new to the process, will be an asset to the completion of the upcoming CHIP cycle.

With respect to strengths in collective capacity among partners to aid DOH-Monroe in the CHA/CHIP process, the top essential public health services (EPHS) provided by organizations were as follows: **Essential Service 3 (Communication and Education), Essential Service 4 (Community Engagement and Partnerships), and Essential Service 7 (Access to Care)**. The most commonly used strategies used by partners in performing these services are communication (e.g., through outreach efforts such as community presentations and providing education, as well as sharing information via social media and online newsletters), providing social/health services, and building alliances and coalitions with other organizations. These findings are consistent with the strong community cohesion that was described multiple times in both the CPA survey and virtual meetings. This cohesion is a major strength for the community and enables organizations to provide more seamless outreach and service delivery to their target populations.

Additionally, organizations report focusing on some of the most urgent community needs, as indicated in the previous CHIP cycle and in the CPA virtual meetings for the current cycle, such as healthcare access and utilization, health insurance, mental and behavioral health, chronic diseases, education, housing, and food access. This overlap between organizational areas of focus and current community needs is another major strength among the partners involved in the CHA/CHIP process.

Gaps in collective capacity. With respect to gaps in collective capacity, the fewest number of partners reported engaging in the following EPHS: **Essential Service 2 (Investigation of Hazards) and Essential Service 6 (Legal and Regulatory Authority)**. Given this finding, it may be beneficial to enlist partners with legal expertise (e.g., local attorneys involved in public health issues) and/or those who may be able to investigate public health challenges using multiple sources of data (e.g., researchers, data scientists) in the CHA/CHIP process.

Additionally, while organizations are adept at conducting community outreach and are well-attuned to the needs of their target population, most respondents reported less experience with several methods of data analysis, such as interviewing, focus group facilitation, survey design and analysis, facilitating community or town hall meetings, and secondary data analysis. Organizations did report greater experience with and use of needs assessments, which is a major asset to the community. However, community groups may benefit from collaborating with entities experienced in data collection and analysis (e.g., data scientists, statisticians, colleges/universities, program evaluators) if needed.

Overall Opportunities

While community partners encompass a wide range of sectors that address some of the most urgent community challenges (e.g., non-profit sector, healthcare, those involved with major subpopulations in Monroe County such as aging adults, low-income families, and immigrant/ELL communities), fewer partners represent other sectors, such as local businesses, financial institutions, and education (K-12 and higher education). Additionally, given the community focus on healthcare access, mental health, and chronic diseases, it may also be beneficial to involve physicians working with community populations. Including partners from these sectors, in addition to other aforementioned sectors (e.g., the legal sector) may contribute to a more informed and well-rounded CHA/CHIP process to enable all members of the community, especially those disproportionately affected by socioeconomic factors, to attain more optimal health outcomes.

Furthermore, additional opportunities for reaching as many community groups as possible include the following: 1) having more community resources (e.g., paper brochures/guides, in-person outreach, paper-and-pencil surveys, and TV/newspaper/radio presence) available for those who do not use technology/computers/smartphones; 2) continuing outreach to build rapport and trust with immigrant communities that may feel less comfortable utilizing available community resources; and 3) developing a central hub for community members to seek various services to reduce the complexity and time involved in obtaining services. While these challenges will undoubtedly take time, strategy, and trial-and-error to address, community partners have shown tremendous enthusiasm and commitment in service to their target populations over time, which have been vital to all previous CHA/CHIP successes and will continue to fuel efforts in the upcoming CHA/CHIP cycle.

APPENDICES

Appendix A. Full CPA Survey Used by DOH-Monroe

A. About Your Organization

1. Are you filling this out on behalf of an agency/organization?
 - Yes
 - No

This section asks about your organization, including type, interest in participating in the Community Health Assessment, populations served, topic or focus areas, organizational capacity, accountability and community engagement.

2. What is the full name of your organization?
3. Which best describes your position or role in your organization?
 - Administrative staff
 - Front line staff
 - Supervisor (not senior management)
 - Senior management level/unit or program lead
 - Leadership team
 - Community member
 - Community leader
 - Other (please specify): ____
4. Has your organization ever participated in a community health improvement process?
 - Yes
 - No
 - Unsure
5. Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?
 - Yes
 - No
 - Unsure
6. Which of the following best describe(s) your organization?
 - City health department
 - County health department
 - State health department
 - Tribal health department
 - Other city government agency
 - Other county government agency
 - Other state government agency
 - Other Tribal government agency
 - Private hospital
 - Public hospital
 - Private clinic

- Public clinic
- Emergency response
- Schools/education (PK–12)
- College/university
- Library
- Non-profit organization
- Grassroots community organizing group/organization
- Tenants' association
- Social service provider
- Housing provider
- Mental health provider
- Neighborhood association
- Foundation/philanthropy
- For-profit organization/private business
- Faith-based organization
- Center for Independent Living
- Other (please specify): _____

Organizational Interest in Participating in and Supporting the Community Health Assessment

7. What are your organization's top-three interests in joining a community health improvement partnership:

- To deliver programs effectively and efficiently and avoid duplicated efforts
- To pool resources
- To increase communication among groups
- To break down stereotypes
- To build networks and friendships
- To revitalize low energy of groups who are trying to do too much alone
- To plan and launch community-wide initiatives
- To develop and use political power to gain services or other benefits for the community
- To improve line of communication from communities to government decision-makers
- To improve line of communication from government agency to community/partners
- To create long-term, permanent changes, identify solutions
- To obtain or provide services
- Never participated, but would like to join
- This is my first time being asked to participate
- Other: _____

8. Why is your organization interested in participating in a community health initiative?

- Access to data
- Connections to communities with lived experience
- Connections to other organizations
- Connections to decision-makers
- Connections to potential funders
- Positive publicity (e.g., our organization supports community health)
- Helps achieve requirements for public health accreditation
- Helps achieve requirements for IRS non-profit tax status

- Helps achieve requirements for Federally Qualified Health Center (FQHC) status
 - Helps achieve other requirements
 - Improving conditions for members/constituents
 - Other (please specify): _____
9. What are your agency's top three most valuable resources and strongest assets you would like other agencies to know? (i.e., what makes your organization great)?
10. What resources might your organization contribute to support Community Health Assessment activities? (check all that apply). Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.
- I'm unsure
 - Funding to support assessment activities (e.g., data collection, analysis)
 - Funding to support community engagement (e.g., stipends, gift cards)
 - Food for community meetings
 - Childcare for community meetings
 - Policy/advocacy skills
 - Media connections
 - Social media capacities
 - Physical space to hold meetings
 - Technology to support virtual meetings
 - Coordination with tribal government
 - Staff time to support community engagement and involvement
 - Staff time to support interpretation and translation
 - Lending interpretation equipment for use during meetings
 - Staff time to support relationship-building between Community Health Assessment staff and other organizations (e.g., introductions to government agencies or organizers)
 - Staff time to support focus group facilitation or interviews
 - Staff time to help analyze quantitative data
 - Staff time to help analyze qualitative data
 - Staff time to participate in Community Health Assessment meetings and activities
 - Staff time to help plan Community Health Assessment meetings and activities
 - Staff time to help facilitate Community Health Assessment meetings and activities
 - Staff time to help implement Community Health Assessment priorities
 - Note-taking support during qualitative data collection
 - Staff time to transcribe meeting notes/recordings
 - Other (please specify): _____

Demographics and Characteristics of Clients/Members Served/Engaged

11. What racial/ethnic populations does your organization work with? (check all that apply)
- Black/African American
 - African
 - Native American/Indigenous/Alaska Native
 - Latinx/Hispanic
 - Asian
 - Asian American
 - Pacific Islander/Native Hawaiian

- Middle Eastern/North African
- White/European
- Other (please specify): _____

12. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language (ESL)?

- Yes
- No
- Unsure

13. Does your organization offer services specifically for people with disabilities?

- Yes—we provide services specifically for people with disabilities
- Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
- No—our organization is not specifically designed to serve people with disabilities
- Unsure

14. Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.

- Yes (If yes, please list these groups: ____)
- No
- Unsure
- Not applicable

15. Does your organization have access to interpretation and translation services?

- Yes (If yes, list what languages are offered? ____)
- No
- Unsure
- Not applicable

16. Who are your priority populations that your agency works with/offers services for?

17. What do you do to reach/engage/work with your clientele or community? (check all that apply)

- We hire staff from specific racial/ethnic groups that mirror our target populations
- We hire staff/interpreters who speak the language/s of our target populations
- We support leadership development in our target populations
- We have leadership who speak the language/s of our target populations
- Our organization is physically located in neighborhood/s of our target populations
- We receive many clients from our target populations
- We receive many referrals from our target populations
- We work closely with community organizations from our target populations
- We have done extensive outreach to our target populations
- Other (please specify): ____

18. Does the leadership of your organization reflect the demographics of the community you serve?

- Yes
- No
- Unsure
- Not applicable

19. Does the management of your organization reflect the demographics of the community you serve?

- Yes
- No
- Unsure
- Not applicable

20. Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?

- Yes
- No
- Unsure
- Not applicable

21. What languages do staff at your organization speak? (check all that apply)

- English
- Spanish
- Chinese (Mandarin, Cantonese, Hokkien, etc.)
- Tagalog (Filipino)
- Vietnamese
- French and French Creole
- Russian
- Ukrainian
- Arabic
- Sign language
- Other (please specify): _____

22. In what language/s do you hold public meetings? (check all that apply)

- English
- Spanish
- Chinese (Mandarin, Cantonese, Hokkien, etc.)
- Tagalog (Filipino)
- Vietnamese
- French and French Creole
- Arabic
- Russian
- Ukrainian
- Sign language
- Not applicable

- Other (Please specify): _____

Topic Area Focus

23. How much does your organization focus on each of these topics? For each one, select a) A lot, b) A little, c) Not at all, or d) Unsure.
- a. Economic Stability: The connection between people’s financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.
 - b. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
 - c. Healthcare Access and Quality: The connection between people’s access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
 - d. Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
 - e. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.
24. Which of the following categories does your organization work on/with? (check all that apply)
- Arts and culture
 - Businesses and for-profit organizations
 - Criminal legal system
 - Disability/independent living
 - Early childhood development/childcare
 - Education
 - Community economic development
 - Economic security
 - Environmental concerns
 - Faith communities
 - Family well-being
 - Financial institutions (e.g., banks, credit unions)
 - Food access and affordability (e.g., food bank)
 - Food service/restaurants
 - Government
 - Healthcare access/utilization
 - Housing
 - Human services

- Immigration/Migrant health
- Jobs/labor conditions/wages and income
- Land use planning/development
- Parks, recreation, and open space
- Public health
- Public safety/violence
- Seniors/elder care
- Transportation
- Utilities
- Veterans' issues
- Violence
- Youth development and leadership
- Other (please specify): _____

25. Which of the following health topics does your organization work on? (check all that apply)

- Cancer
- Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- Family/maternal health
- Immunizations and screenings
- Infectious disease
- Injury and violence prevention
- HIV/STD prevention
- Healthcare access/utilization
- Quality of life/socioeconomic factors
- Health insurance/Medicare/Medicaid
- Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- Physical activity
- Tobacco and substance use and prevention
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- None of the above/Not applicable
- Other (please specify): _____

Organizational Commitment to Quality-of-Life (For the questions below, quality-of-life refers to social and economic factors impacting health.)

26. Does your organization have a shared definition of quality-of-life indicators and how they impact health outcomes?

- Yes
- No
- Unsure

27. Please review the following statements. For each one, select a) Agree, b) Disagree, or c) Unsure.

- a. We have at least one person in our organization dedicated to addressing quality of life measures internally in our organization.

- b. We have at least one person in our organization dedicated to addressing quality of life measures externally in our community.
- c. We have a team dedicated to advancing quality of life measures and addressing them within our organization.
- d. Advancing quality of life/addressing socioeconomic factors is included in all or most staff job requirements.

Organizational Accountability

28. Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

- Yes (if yes, what is that advisory board and what powers do they have?
_____)
- No
- Unsure

29. To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization’s decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (check all that apply)

- Mayor, governor, or other elected executive official
- City council, board of supervisors/commissioners, or other elected legislative officials
- State government
- Federal government
- Tribal government
- Foundation
- Community members
- Members of the organization/association
- Customers/clients
- Board of directors/trustees
- Shareholders
- Voters
- Voting members
- National/parent organization
- Other government agencies

B. Organizational Capacities

One goal of this assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community’s local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social, and environmental factors that shape our community.

Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public's health.

One way to understand, assess, and improve our local public health system is to name how your organizational capacities and activities align with the 10 Essential Public Health Services (EPHS).

The 10 statements below describe activities needed for the public health system (e.g., assessment, communication, community engagement).

30. Please select whether your organization regularly does the following activities. (check all that apply)

- Assessment: My organization conducts assessments of living and working conditions and community needs and assets.
- Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- Policies, Plans, Laws: My organization works to support, champion, and apply policies, plans, and laws that impact health and well-being.
- Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.
- Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- Unsure

31. Of the activities and capacities listed above (including any you added), which do you identify as your organization's top 1–3 core competencies or strengths?

- Assessment
- Investigation of Hazards
- Community and Education
- Community engagement and partnerships

- Policies, plans, laws
- Legal and regulatory authority
- Access to care
- Workforce
- Evaluation and research
- Organizational infrastructure
- Unsure
- Other (please specify): _____

32. Does your organization have sufficient capacity to meet the needs of your clients/ members?
For example, do you have enough staff/funding/support to do your work?

- Yes
- No
- Unsure (If unsure, please elaborate: ____)

General Capacities and Strategies

33. Which of the following strategies does your organization use to do your work? (check all that apply)

- Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services).
- Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities.
- Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- Litigation: Using legal resources to reach outcomes that further long-term goals.
- Advocacy and Grassroots Efforts: Educating public officials by speaking to them on health-related issues important to the local community.
- Alliance and Coalition-Building: Building collaboration among groups with shared values and interest.
- Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- Campaigns: Using organized actions that address a specific purpose, policy, or change.
- Healing: Addressing personal and community trauma and how they connect to larger social and economic challenges.
- Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems.
- Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- Other (please specify): _____

Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support the Community Health Assessment by doing that task. Following the set of questions is space for comments or questions.

Data Access and Systems

34. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

- Yes (if yes, please describe what they assess. ____)
- No
- Unsure

35. Can you share the assessments you described above with the Community Health Assessment collaborative?

- Yes
- No
- Unsure
- Not applicable—My organization does not conduct assessments.

36. What data does your organization collect? (check all that apply)

- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about community conditions and socioeconomic factors (e.g., housing, education, or other conditions)
- We don't collect data
- Other: _____

37. Can you share any of that data with the Community Health Assessment collaborative?

- Yes, already being shared
- Yes, can share
- No
- Unsure (If no or unsure, please explain: _____)

38. How does your organization collect data? (check all that apply)

- Surveys
- Focus groups

- Interviews
- Feedback forms
- Photovoice or other participatory research
- Notes from community meetings
- Videos
- Secondary data sources
- Electronic health records
- Data tracking systems
- Not applicable
- Other (please specify): _____

39. What data skills does your organization have? (check all that apply)

- Survey design and analysis
- Secondary data analysis
- Needs assessment
- Focus group facilitation
- Interviewing
- Detailed note-taking or transcription
- Participatory research
- Facilitators of community or town hall meetings
- Asset mapping
- Mapping/visualization skills
- Not applicable
- Other quantitative or qualitative methods (please specify): ____

40. Does your organization analyze data with socioeconomic factors in mind? If Yes or Unsure, please describe:

- Yes
- No
- Unsure

Community-Engagement Practices

41. What type of community-engagement practices does your organization do most often?

- Inform: Provide the community with relevant information.
- Consult: Gather input from the community.
- Involve: Ensure community needs and assets are integrated into process and inform planning.
- Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.
- Defer to: Foster participation and impartiality through community-driven decision-making, bridging the divide between community and governance.
- Unsure

42. Which of the following methods of community engagement does your organization use most often? (check all that apply):

- Customer/patient satisfaction surveys

- Fact sheets
- Open houses
- Presentations
- Billboards
- Videos
- Public comment
- Focus groups
- Community forums/events
- Surveys
- Community organizing
- Advocacy
- House meetings
- Interactive workshops
- Polling
- Memorandums of understanding (MOUs) with community-based organizations
- Citizen advisory committees
- Community-driven planning
- Participatory action research
- Participatory budgeting
- Social media
- Other (please specify): _____

43. When you host community meetings, do you offer: (check all that apply)

- Stipends or gift cards for participation
- Interpretation/translation to other languages including sign language
- Food/snacks
- Transportation vouchers if needed
- Childcare if needed
- Accessible materials for low literacy populations
- Virtual ways to participate
- Not applicable
- Other (please specify): _____

44. Please review the following statements. For each one, select a) Agree, b) Disagree, c) Strongly disagree, or d) Unsure

- Our organization has a strong presence in local earned media (print/radio/TV).
- Our organization has strong communications infrastructure and capacity.
- Our organization has a clear communications strategy.
- Our organization has good relationships with other organizations who can help share information.
- Our organization has a clear quality of life lens that we use for our external communications and engagement work.

45. What communications work does your organization do most often? (check all that apply)

- Internal newsletters to staff
- External newsletters to members/the public
- Ongoing and active relationships with local journalists and earned media organizations

- Media contact list for press advisories/releases
- Social media outreach (e.g., on Facebook, Twitter, Instagram)
- Ethnicity-specific outreach in non-English language
- Press releases/press conferences
- Data dashboard
- Meet to discuss narrative and messaging to the public
- Other (please specify): _____

46. If your organization has publicly available materials, are they translated into other languages?

- All publicly available materials are translated into other languages
- Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- Few publicly available materials are translated into other languages (e.g., only when requested)
- No publicly available materials are translated into other languages
- Not applicable (we do not have publicly available materials)

47. Please add any questions, comments, or suggestions about the Community Health Assessment process and our next steps together to improve community health.

Appendix B. Agenda for Virtual CPA Partner Meetings



Community Partner Assessment Virtual Meetings

May 20, 2024
1:00-4:00 PM

May 23, 2024
9:00 AM – 12:00 PM
Zoom Webinar

CPA Session Goals

- *Foster relationships among Monroe County groups/organizations*
 - *Describe the Community Health Assessment and Improvement Process and the role of Monroe County partners in these processes*
 - *Discuss quality of life in Monroe County and how it may differ among subpopulations*
 - *Identify community strengths and opportunities for improvement*
 - *Discuss overall findings of Community Partner Assessment surveys*
- 1) **Welcome and Introductions** - *Nicole Marriott, Health Council of South Florida*
 - 2) **Ground Rules for Discussion** – *Nicole Marriott, Health Council of South Florida*
 - 3) **Overview of MAPP and CPA** – *Anjana Morris, Health Council of South Florida*
 - 4) **Group Discussion: Quality of Life/Community Factors in Health**
 - 5) **Breakout Sessions 1 and 2:** Vignettes for Discussing Community Challenges and Resources
 - 6) **Review of CPA Survey Results** – *Anjana Morris and Ricardo Jaramillo, Health Council of South Florida*
 - 7) **Group Discussion 3:** Vignette for Discussing Community Challenges and Resources
 - 8) **Summary and Discussion of Collective Strengths and Gaps in Capacity** – *Anjana Morris, Health Council of South Florida*
 - 9) **Closing Remarks and Next Steps** – *Anjana Morris, Health Council of South Florida*