2023 Community Health Needs Assessment

Miami-Dade County, FL

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Jackson Health System
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Mount Sinai Medical Center

Nicklaus Children's Hospital
Where Your Child Matters Most

UHealth University of Miami Health System
University of Miami Miller School of Medicine

Electronic and paper copies of this document may be obtained at the locations listed on page 6

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Perspective/Overview

About the Miami-Dade Community Health Collaborative

Four organizations came together to create a comprehensive community health needs assessment for Miami-Dade County: Jackson Health System, Mount Sinai Medical Center, Nicklaus Children's Hospital, and University of Miami Health System. The collective impact this group can make is much greater than each one acting separately. Below is information on each collaborative hospital.

Mission and Values Statements

Jackson Health System: To build the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County.

Mount Sinai Medical Center: To provide high quality health care to our diverse community enhanced through teaching, research, charity care and financial responsibility.

Nicklaus Children's Hospital: To inspire hope and promote lifelong health by providing the best care to every child.

Values and Guiding Behaviors

- Collaboration
- Responsibility
- Empowerment
- Advocacy
- Transformation
- Empathy

University of Miami Health System: The mission of the University of Miami Health System and Leonard M. Miller School of Medicine is to be a state-of-the-art academic medical center that serves the South Florida community and beyond. This will be accomplished by:

- Delivering high-quality, compassionate health care
- Leading life-changing discoveries and transforming patient care through innovative research
- Educating the next generation of medical leaders
- Promoting the health and well-being of our community
- Nurturing diversity, equity, and inclusivity

Creating a Culture of Health in the Community

Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: http://www.Countyhealthrankings.org/roadmaps/action-center

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and fosters an open and transparent process to listen and understand the health needs of Miami-Dade County, Florida.

The Action Cycle shows how to create healthy communities. The rankings on page 45 assist in understanding what makes a healthy community.

2023 Community Health Needs Assessment

Collaborators

This is a multi-facility CHNA for Miami-Dade County conducted by the Miami-Dade Health Collaborative comprised of:

- Jackson Health System
  - Jackson Memorial Hospital EIN: 59-1713947
  - Jackson North Medical Center
  - Jackson South Medical Center
  - Jackson West Medical Center

- Mount Sinai Medical Center of Florida, Inc. EIN: 59-0624424
- Variety Children's Hospital d/b/a Nicklaus Children's Hospital, EIN: 59-0638499
- University of Miami Hospitals and Clinics, EIN: 59-0624458

The Miami-Dade Community Health Collaborative, as the sponsors of the assessment, engaged Syntellis, national leaders in community health needs assessments, to assist in the project. Syntellis provided the analysis of secondary community health data, the primary survey data, facilitated the focus groups, as well as the community health summit. Wilkins Research Services conducted the community surveys.

Making the CHNA Widely Available to the Public

Starting on January 1, 2024 this report is made widely available to the community via Miami-Dade Community Health Collaborative websites:

- Jackson Health System: jacksonhealth.org
- Mount Sinai Medical Center: msmc.com
- Nicklaus Children's Hospital: nicklauschildrens.org
- University of Miami Health System: umiamihealth.org

Paper copies are available free of charge at Miami-Dade Community Health Collaborative hospitals,

- Jackson Health System
  - Jackson Memorial Hospital: 1611 NW 12th Avenue, Miami, FL 33136, (305) 585-1111
  - Jackson North Medical Center: 160 NW 170th Street, North Miami Beach, FL 33169, (305) 651-1100
  - Jackson South Medical Center: 9333 SW 152nd Street, Miami, FL 33157, (305) 251-2500
  - Jackson West Medical Center: 2801 NW 79th Avenue, Doral, FL 33122, (786) 466-1000
- Mount Sinai Medical Center: 4300 Alton Road, Miami Beach, FL 33140, (305) 674-2273
- Nicklaus Children's Hospital: 3100 SW 62nd Avenue, Miami, FL 33155, (800) 432-6837
- University of Miami Health System: 1400 NW 12th Avenue, Miami, FL 33136, (305) 243-8627

Board Approval

The Miami-Dade Community Health Collaborative's hospital boards of directors approved this assessment as is required by the IRS.

Key Findings

Most Significant Health Priorities

Based on the Miami-Dade County Health Department priorities, secondary data, community focus groups, and employee, provider, and community surveys, the community participants selected the following significant health needs at the community health summit. A complete summary of findings with prioritization criteria can be found on page 45.

1. Access to healthcare
2. Mental health
3. Income inequality/financial stability
4. Housing
5. Access to affordable health insurance
6. Chronic diseases
    a. Heart disease
    b. Diabetes
    c. Cancer
7. Nutrition/food insecurity
8. Maternal/child health
9. Transportation
10. Healthy weight
11. Violence, injury, safety
11. Sense of community, community building, trust
13. Collaboration to meet needs
14. Sexual health
15. Physical activity
15. Substance use
17. Vaccinations
17. Communicable diseases
17. Stroke
20. Nicotine use – smoking and vaping

Community Input and Collaboration

Methods and Dates

In February 2023, the Miami-Dade Community Health Collaborative began a Community Health Needs Assessment for Miami-Dade County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in April 2023
- Community members participated in focus groups for their perspectives on community health needs and issues on May 9, 2023
- Community provider surveys were conducted from May 15, 2023 through July 10, 2023

- Health system employee surveys were conducted from May 15, 2023 through July 10, 2023
- A community survey was conducted via online, cell phone, and landlines from May 25 through June 13, 2023
- A community health summit was held on July 13, 2023, to create a common database of understanding of health needs, prioritize the most significant health needs, and brainstorm ways to improve the community's health. The audience consisted of representatives from the health department, healthcare providers, government representatives, schools, not-for-profit organizations, employers, and other community members.

Participation by Those Representing the Broad Interests of the Community

One hundred and twenty individuals from 62 community organizations participated in the focus groups and the CHNA Summit. The focus groups were aimed at identifying and defining significant health needs, issues, and concerns of Miami-Dade County. Additionally, a community health summit was held to establish a common understanding of the community's health status and prioritize the health needs of the community. The four-month process centered on gathering and analyzing data, as well as compiling input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participants

Organization	Population Represented	Participation
American Heart Association	All, those with heart disease, Racial, cultural, or ethnic minorities; General Public; Low Income; Medically Underserved; Elderly/Seniors; Uninsured/Underinsured	Summit, Focus Groups
Camillus Health Concern and Camillus House	Uninsured/Underinsured; Medically Underserved; people experiencing homelessness; Elderly/Seniors	Summit
Children's Bereavement Center / Lift from Loss	General Public; Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; Children; Uninsured/Underinsured; LGBTQ+	Summit
Children's Home Society	Children	Summit
City Year Miami	Children and Youth	Focus Groups
CLT Business Solutions	General Public; Low Income; Racial, cultural, or ethnic minorities	Summit
Common Threads	Low Income; Children; Racial, cultural, or ethnic minorities	Summit
Community member, mentally disabled	Mentally, disabled	Focus Groups
Coral Gables Fire Department	All	Focus Groups
Dade County Street Response	Racial, cultural, or ethnic minorities; Medically Underserved	Summit
Florida Department of Health in Miami-Dade County	Medically Underserved; General Public	Summit
Doctors within Borders Free Urgent Care and Clinic	Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; People with Disabilities; Uninsured/Underinsured; LGBTQ+; Unsheltered	Summit
Dream in Green	All, youth	Focus Groups
Early Steps	Children; People with Disabilities	Summit
Epilepsy alliance Florida	Low Income; Medically Underserved; Children; People with Disabilities; Uninsured/Underinsured	Summit
Feeding South Florida	Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; Children; People with Disabilities; Uninsured/Underinsured; LGBTQ+; Food insecure	Summit

Florida Department of Health in Miami-Dade County	General Public; Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; Children; People with Disabilities; Uninsured/Underinsured; LGBTQ+; Community Partners	Summit, Focus Groups
Florida International University	Children; Racial, cultural, or ethnic minorities	Summit
Girl Scouts of Tropical Florida	Low Income; Racial, cultural, or ethnic minorities; General Public; Children	Summit
Health Council of South Florida	Community Agency	Summit
Health Foundation of South Florida	General Public	Summit
Healthy Start Coalition of Miami-Dade	Pregnant women, fathers, infants & families	Summit, Focus Groups
Hope for Miami	Children and Youth	Focus Groups
ICU Baby	Medically Underserved; Racial, cultural, or ethnic minorities; Low Income; People with Disabilities; Uninsured/Underinsured; LGBTQ+; NICU	Summit
Jackson Health System	General Public; Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; Children; People with Disabilities; Uninsured/Underinsured; LGBTQ+	Summit, Focus Groups
Jackson Health System Trustee, Community member	All	Focus Groups
Lion Order Gold LLC	General Public; Low Income; Medically Underserved; Children; Elderly/Seniors; Palm Beach County	Summit
Leukemia and Lymphoma Society	General Public	Summit
Metro Mommy Agency	General Public; Racial, cultural, or ethnic minorities; Medically Underserved; Children; Uninsured/Underinsured; Small business owners/entrepreneurs	Summit
Miami Beach Community Health Center, Inc.	Low Income; Medically Underserved; Uninsured/Underinsured; LGBTQ+	Summit
Miami Dade County CAHSD Head Start	Low Income; Racial, cultural, or ethnic minorities; Children; People with Disabilities; Uninsured/Underinsured	Summit
Miami-Dade County Community Action Agency	General Public	Summit
Mind Over Matter Allied Health, LLC	General Public	Summit
Mount Sinai Medical Center	General Public; Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; People with Disabilities; Uninsured/Underinsured; LGBTQ+	Summit
NAACP South Dade and Sickle Cell Foundation	African Americans	Focus Groups
NAMI Miami	General Public	Summit
Nicklaus Children's Health System	Children; Low Income; LGBTQ+; Uninsured/Underinsured; Racial, cultural, or ethnic minorities; People with Disabilities	Summit, Focus Group
Nova Southeastern University	General Public	Summit
Office of Mayor Levine Cava	General Public	Summit
Open Door Health Center	Low Income; Uninsured/Underinsured	Summit
Overtown Youth Center	General Public	Summit
Prosperity Social and Community Development Group	Racial, cultural, or ethnic minorities; Low Income; Children	Summit
Roxcy Bolton Rape Treatment Center	Sexual assault survivors	Summit
Share Our Strength	General Public	Summit
South FL Cancer Collaborative	All, those with cancer	Focus Groups
SSJ Health Foundation	Medically Underserved	Summit
St. John Bosco Clinic, Inc.	Low Income; Medically Underserved; Children; Elderly/Seniors; People with Disabilities; Uninsured/Underinsured	Summit
The Children's Bereavement Center	Racial, cultural, or ethnic minorities; Low Income; General Public; Elderly/Seniors; Children; People with Disabilities; LGBTQ+; Uninsured/Underinsured	Summit
The Children's Trust	Racial, cultural, or ethnic minorities; General Public; Low Income; Children	Summit

TransSOCIAL Inc	LGBTQ+; Uninsured/Underinsured; People with Disabilities; Children; Elderly/Seniors; Medically Underserved; Racial, cultural, or ethnic minorities; Low Income; General Public	Summit, Focus Groups
University of Miami Sylvester Comprehensive Cancer Center	General Public; Medically Underserved; Racial, cultural, or ethnic minorities	Summit, Focus Groups
Unite Us	General Public	Summit
United Home Care	Low Income; Elderly/Seniors; Medically Underserved; People with Disabilities; Racial, cultural, or ethnic minorities	Summit
United Way Miami	General Public; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; People with Disabilities; Uninsured/Underinsured; Low Income; Children; LGBTQ+	Summit
University of Miami	General Public; Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; Children; People with Disabilities; Uninsured/Underinsured; LGBTQ+	Summit, Focus Groups
University of Miami Health System	General Public; Low Income; Racial, cultural, or ethnic minorities; Medically Underserved; Elderly/Seniors; LGBTQ+; Uninsured/Underinsured; People with Disabilities	Summit, Focus Groups
University of Miami Miller School of Medicine	Low Income; Racial, cultural, or ethnic minorities; LGBTQ+; People with Disabilities; Medically Underserved; Elderly/Seniors; Low Income; General Public; Uninsured/Underinsured	Summit, Focus Groups
VIP 305 Miami	General Public	Summit
Westchester Library Health & Wellness Information Center	All	Focus Groups
YWCA	General Public	Summit

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through the focus groups and the community surveys. Agencies representing these population groups were intentionally invited to the focus groups and the community health summit.

Input of Those with Expertise in Public Health

The Florida Department of Health in Miami-Dade County participated in the focus groups, health summit, and selection of the most significant health priorities.

Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

The Miami-Dade Community Health Collaborative did not receive any written comments on its most recent CHNA or implementation plan.

Process and Methods Used

Community Selected for Assessment

Miami-Dade County was the primary focus of the CHNA due to the service area of The Miami-Dade Community Health Collaborative hospitals. Used as the study area, Miami-Dade County provided the following inpatient origin to each hospital from January 1, 2022, through December 31, 2022:

- Jackson Health System: 81.5%
- University of Miami: 69.9%
- Mount Sinai Medical Center: 82.1%

- Nicklaus Children's Hospital: 79.7%

The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which the Miami-Dade Community Health Collaborative hospitals draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under the hospital's Financial Assistance Policy.

Community Health Needs Assessment Study Area – 2023

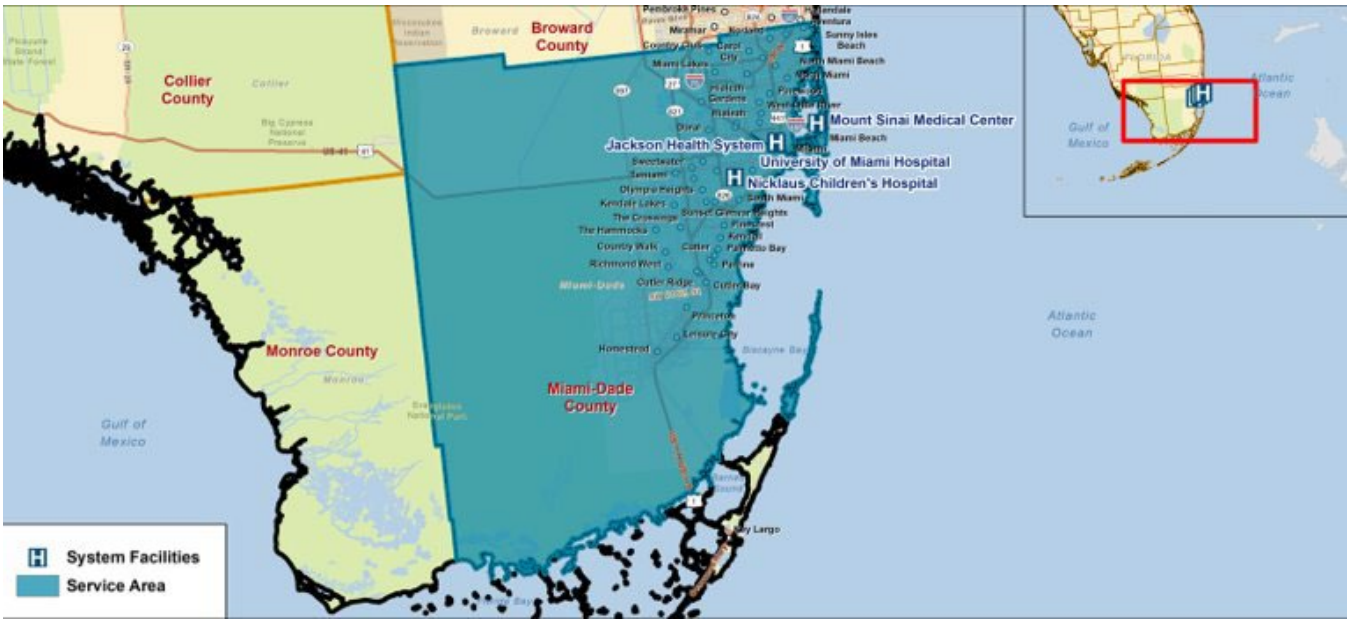


Photo credit: South Miami website

Data and Other Information Used in the Assessment

Primary methods included:

- Focus groups with community members and community-based organizations for their perspectives on community health
- Online survey of community providers (physicians and advance practice providers)
- Online survey of hospital employees
- Randomly selected community survey via online, landline, and cell phones
- Surveys and focus groups were conducted in both English and Spanish
- Community health summit for prioritization and brainstorming

Secondary methods included:

- Public health data – death statistics, County Health Rankings
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

Information Gaps

While this assessment was quite comprehensive, it cannot measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs, such as the unsheltered population.

Photo credit: Jackson Health System

Photo credit: Expedia, Tourism Media

Description of the Communities Served

Demographics and Economic Indicators

The table below shows the demographic summary of Miami-Dade County compared to FL and the U.S.

	Miami-Dade County	Florida	USA
Population 2022	2,739,385	22,114,754	335,707,897
Median Age	39.5	42.8	38.9
% 85 and over	2.1%	2.8%	2.1%
% 65 and over	17.3%	22.1%	17.5%
% 19 and under	22.7%	21.4%	24.4%
Median Household Income	$61,377	$65,438	$72,414
Annual Pop. Growth (2022-2027)	-0.02%	0.61%	0.25%
Household Population	984,316	8,760,977	128,657,669
Businesses	187,388	1,068,913	12,609,070
Employees	1,280,661	9,365,861	151,363,907
Health Care Index*	86	95	100
Average Health Expenditures	$6,089	$6,714	$7,087
Cost of Living	118.9	103.1	100

Source: Esri; Sterling's Best Places (2021)

**The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.*

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

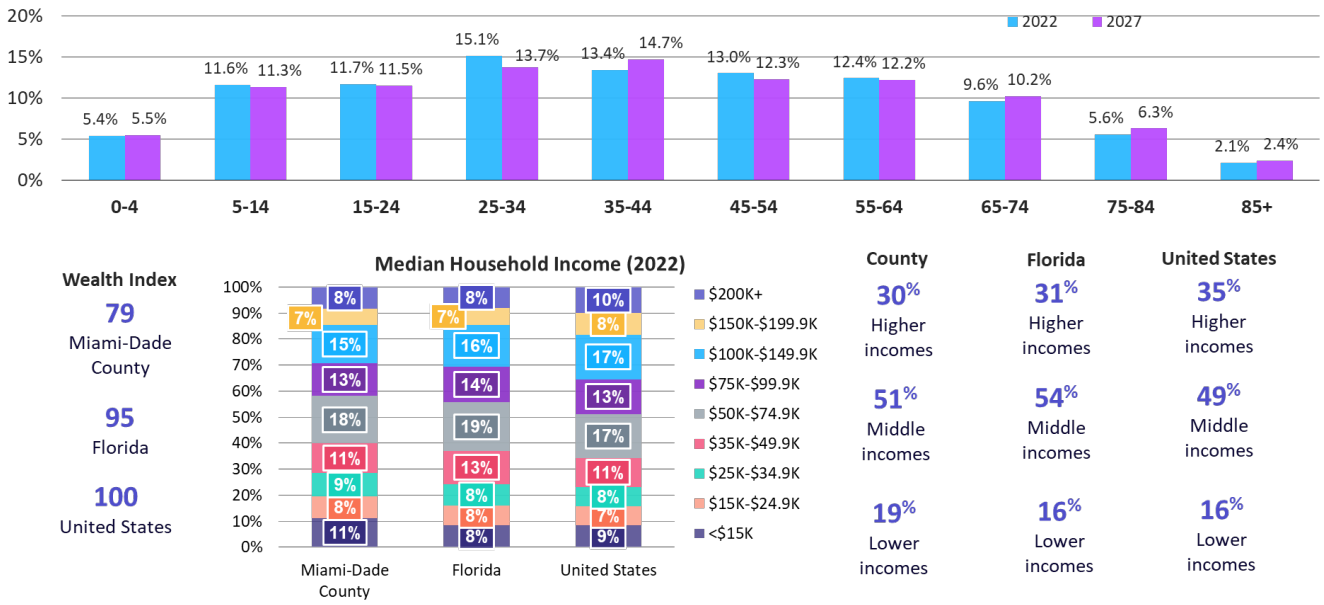
- The population of Miami-Dade County is projected to decrease from 2022 to 2027 (-0.02% per year). Florida is projected to increase 0.61% per year. The U.S. is projected to increase 0.25% per year.
- The 65+ population will comprise a larger percentage of total population by 2027.
- Miami-Dade County had a lower median age (39.5 median age) than FL (42.8) and higher than the U.S. (38.9). In Miami-Dade County the percentage of the population 65 and over was 17.3%, lower than the U.S. population 65 and over at 17.5%.
- Miami-Dade County median household income at $61,377 was lower than FL ($65,438) and the U.S. ($72,414). The rate of poverty in Miami-Dade County was 15.2% which was higher than FL (13.2%) and the U.S. (12.8%).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Miami-Dade County was 86, indicating 14% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The cost of living in Miami-Dade County was 15.8% more than FL and 18.9% more expensive than US.

Race and Ethnicity

	Miami-Dade County	Florida	USA
White	**27%**	57%	61%
Black	**14%**	15%	12%
American Indian	**0%**	0%	1%
Asian/Pacific Islander	**2%**	3%	6%
Other	**12%**	8%	9%
More than One Race	**45%**	17%	11%
Hispanic Origin	**70%**	27%	19%

Source: Esri

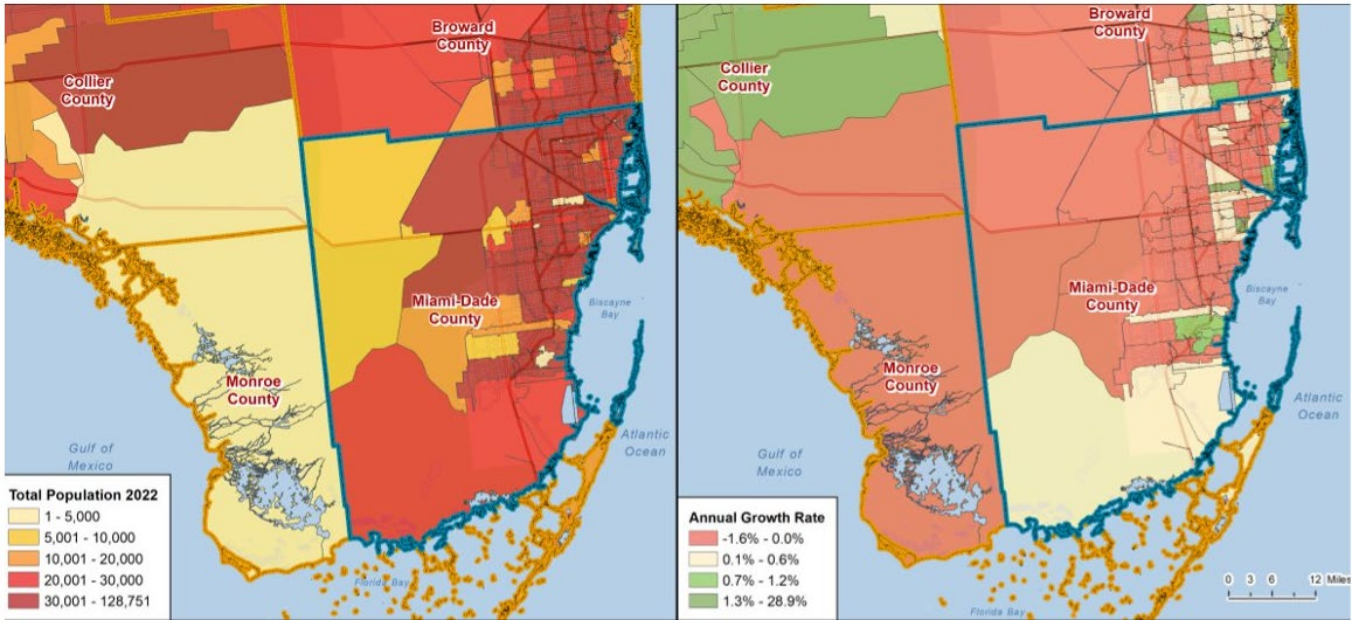
- The racial and ethnic make-up of Miami-Dade County was 27% White,14% Black, 70% Hispanic origin, 45% more than one race, and 12% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)



Source: Esri

- The household income distribution of Miami-Dade County was 30% higher income (over $100,000), 51% middle income, and 19% lower income (under $25,000). The largest income group is the 18% making $50,000 to $74,999.

2022 Population by ZIP Code and Projected Change (2022-2027)

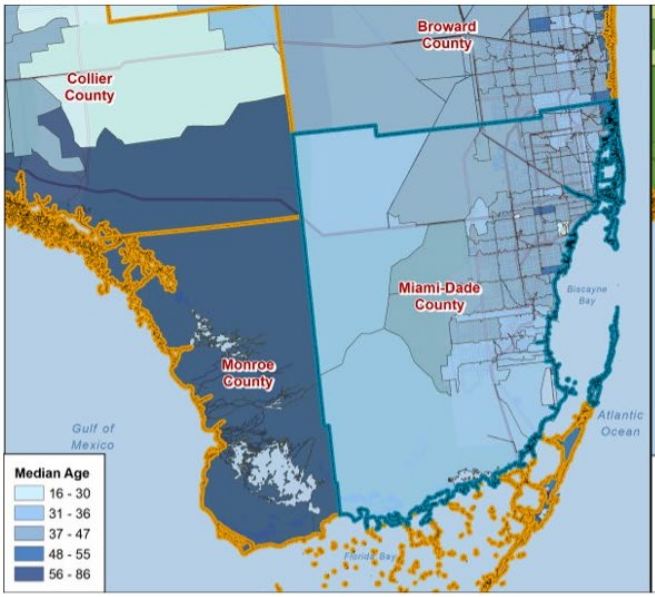


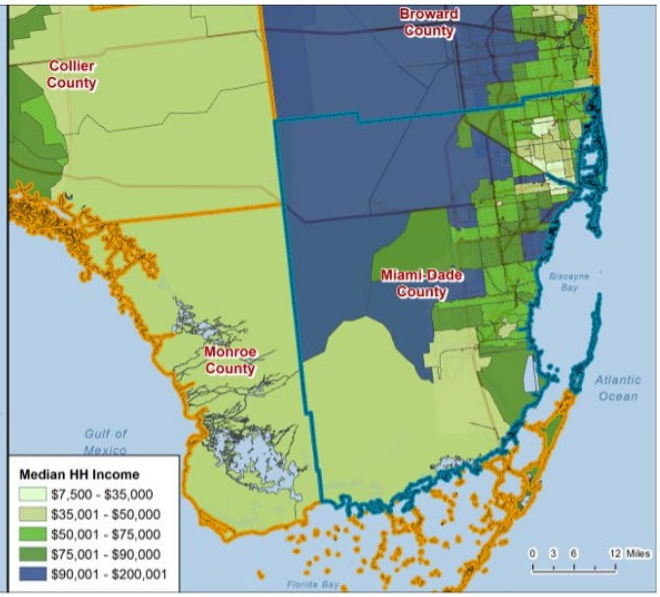
Source: Esri
Annual Growth Rate notes:
Red is population decline
Yellow is positive up to the FL growth rate
Green is greater than the FL growth rate
Dark green is twice the FL growth rate

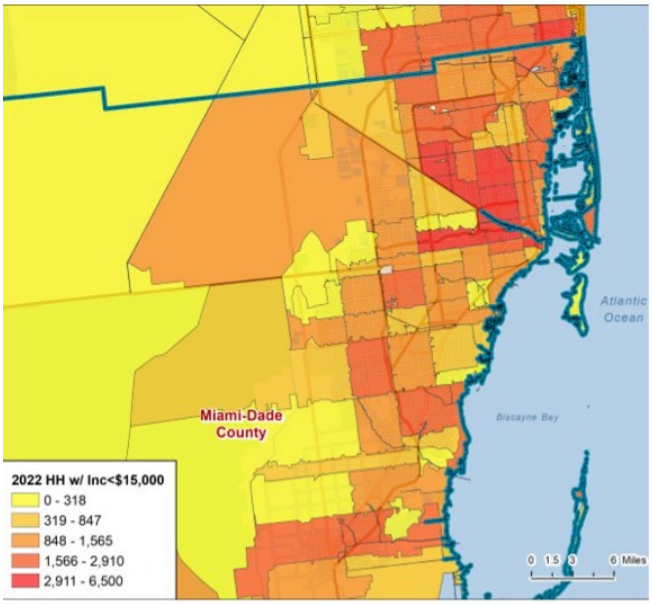
The higher populated ZIP Codes are smaller geographically and the less populated ZIP Codes are larger in geography. The highest populated ZIP Codes are in the northeastern part of Miami-Dade County.

Although the majority of Miami-Dade County is projected to decline, the southern portion has growth ranging from 0.1%-0.6%, and a few sections near Biscayne Bay show growth from 0.7%-1.2%.

2022 Median Age, Annual Income, and Households Making Less Than $15,000 per Year







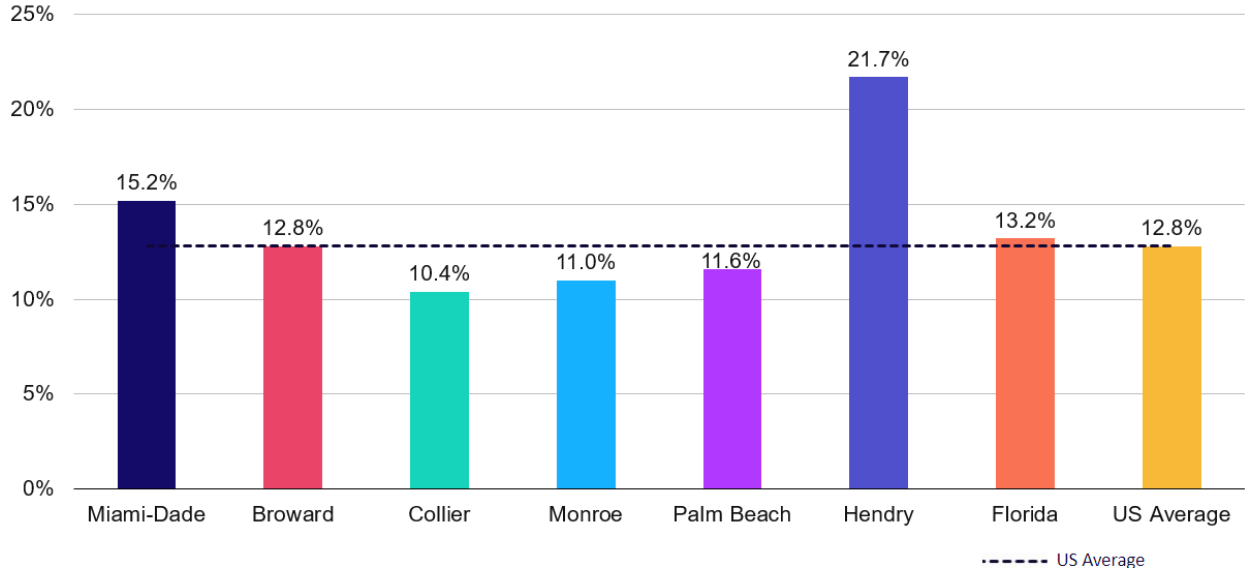
The top two maps depict median age and median income by ZIP Code. Looking at age and income by ZIP Code is helpful to demonstrate that all areas of a county are not the same. The health needs may be very different in the eastern ZIP Code by the Biscayne Bay with a higher median age range of 48-55 than the majority of the remaining tracts in Miami-Dade County.

Looking at median household income by ZIP Code also gives insight into health status. The lower income areas may require more resources than the higher income tracts. The southern and ZIP Codes with a lower median household income of $7,500 to $35,000 will probably have different needs than the dark blue tracts with a median income upwards of $90,000.

The lower map is the number of households making less than $15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. The ZIP Code located in northeastern Miami-Dade County shows over 2,000 households making less than $15,000 per year.

Economic Indicators

Percent in Poverty 2021



Miami-Dade County's 2021 poverty percentage was 15.2% compared to FL at 13.2% and the U.S. at 12.8%. The cost of living in Miami-Dade County was 15.8% higher than FL and 18.9% higher than the U.S.

Business Profile

53.9% percent of employees in Miami-Dade County were employed in:

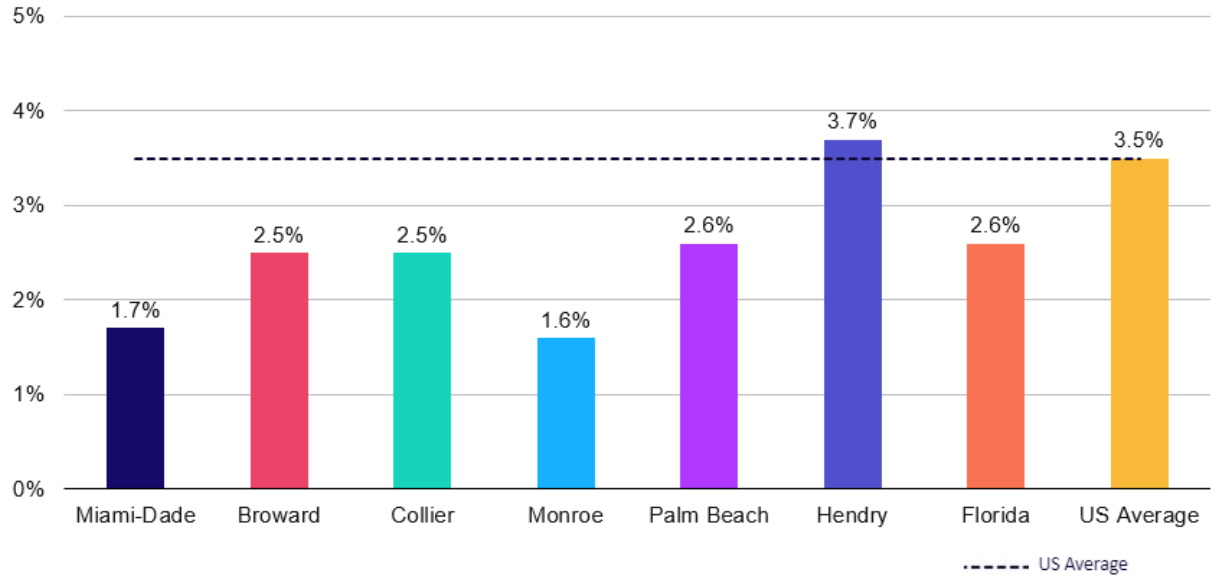
- Retail Trade (13.4%)
- Health Care & Social Assistance (13.3%)
- Professional, Scientific & Tech Services (10.5%)
- Accommodation & Food Services (10.5%)
- Educational Services (6.2%)

Source: Esri

Retail, accommodation, and food service offer health insurance at a lower rate than healthcare, professional, scientific, tech services, and educational services.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church, and school, which are excellent places to reach people to create a culture of health.

Unemployment February 2023



Source: BLS, February 2023, preliminary, not seasonally adjusted

Miami-Dade County's February 2023 preliminary unemployment was 1.7% compared to 2.6% in FL and 3.5% in the U.S.

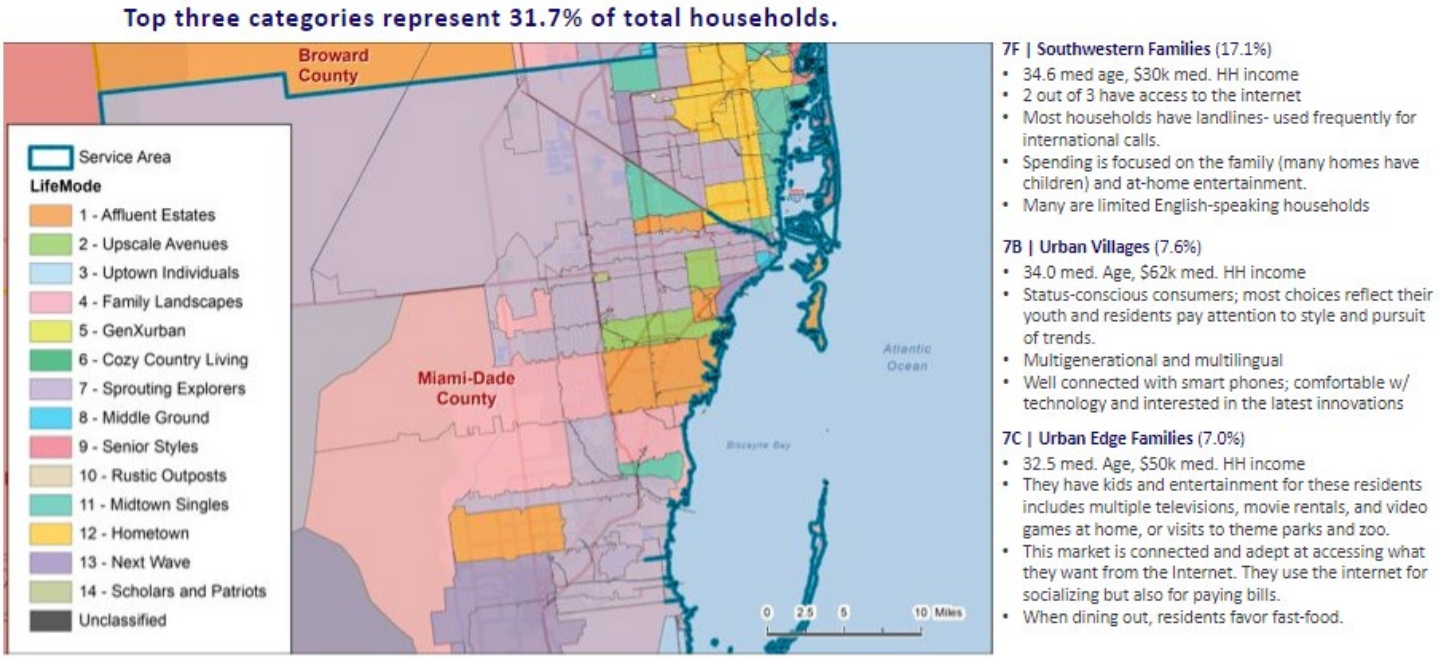
Photo credit: Jackson Health System

Psychographics – Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data combined with demographics. Almost thirty-two percent of Miami-Dade County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each ZIP Code is identified by number and name.

The dominant Tapestry Segments in the county were Southwestern Families (17.1%), Urban Villages (7.6%), and Urban Edge Families (7%).

There is a very brief description of the segments on the right of the map. Detailed information of tapestry segments can be found at http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm. Analyzing the Tapestry Segments in the study area helps determine health habits, technology, and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health.



Source: Esri

Focus Groups Summary

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in Focus Groups on May 9, 2023. Community participation in the Focus Groups represented a broad range of interests and backgrounds. Below is a summary of the Focus Groups. A more detailed summary is in appendix 1.

The participants defined health as multi-dimensional, a state of wellbeing encompassing the physical, mental, and spiritual. They believe health is impacted by social determinants of health, access to resources, and the ability to meet basic needs.

The most significant health issues for the communities were:

- **Access to healthcare** – inability to get appointments with providers, affordability of care, transportation
- **Mental health** – lack of resources and providers, stigmas in Black and Latino communities, high stress levels
- **Healthy eating/food insecurity** – poor nutrition, food deserts, lack of access to healthy foods, emphasis on eating out
- **Housing** – a basic need, a crisis that is hard to tackle, multiple people living in homes together, rising costs
- **Lack of communication and collaboration** – essential to meet people's needs, build community, community organizations working together to educate people
- **Disparities/inequities** – large gaps between the poor and affluent, social determinants of health, impoverished communities, not enough money after paying the bills
- **Chronic diseases** – diabetes, hypertension, heart disease
- **Legislation/economy** – "Don't Say Gay", immigration, Medicaid issues, reproductive health issues, lack of sex education in schools
- **Misinformation/mistrust** – media sensationalizing issues, misinformation, low immunizations, political views and ideologies affecting views of health
- **Substance use/education** – need more resources for meth addicts, need drug awareness education
- **Violence** – gun violence and safety, domestic violence, youth violence, neighborhood violence
- **Lack of support** – older communities don't have help, children have moved away,

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- **Legislation/insurance** – universal healthcare, need Medicaid expansion, more regulations for managed care organization, make it easier to understand health insurance
- **Communication/Integration/Continuum** – community health workers, more communication about available health services, continuum of care

- **Social structure/attitudes** – eliminate animosity, get back to civic pride and engagement, have empathy for fellow humans, teach children healthy behaviors
- **Access to quality care and information** – eliminate healthcare access barriers, increase quality of care, create medical mall, Medicaid expansion, make resources available in schools, free or affordable healthcare, prevention
- **Mental health resources** – teach the warning signs, make mental health resources available, dedicate mental health for homeless population
- **Investments** – fund small organizations, use nanotechnology to cure cancer, invest research and cures, cure diabetes
- **Focus on root causes of health issues** – access to food, housing, emotional health, healthy habits, environmental health
- **Climate change -** Sinking of the city, rising sea levels, flooding, mold, hurricanes

Photo credit: Jackson Health System

Hospital/Health System Employee and Community Provider Survey Summary

The collaborating hospitals distributed an online employee and provider survey within their employee network. In total, 885 employee surveys and 147 provider surveys were completed. The surveys were conducted from May 15, 2023, to June 15, 2023. Hospital employees and providers may live in the county, work in the county, and have a particular perspective on community health for consideration.

Given frequent interaction with sick or unwell individuals, 70% of employees and 75% of providers described the overall health status of the citizens of Miami-Dade County as fair or poor.

Most prevalent chronic diseases	Provider %	Employee %
High blood pressure	83%	84%
Diabetes	88%	82%
Obesity	87%	79%
Mental health	73%	69%
Heart disease	54%	61%
Cancer	41%	43%
Kidney disease	25%	22%
Respiratory disease	24%	19%

Top three issues that impact people's health	Provider %	Employee %
Access to affordable health insurance	41%	57%
Access to affordable healthcare services	44%	46%
Affordable fresh/natural foods	18%	41%
Poverty/financial stability	29%	39%
Stress/stress at work	13%	37%
Access to mental health services	32%	32%
Availability of doctors	22%	28%
Access to affordable mental health services	23%	28%
Access to primary care	33%	23%

Top three social determinants of health	Provider %	Employee %
Poverty/financial stability	73%	62%
Available and/or affordable housing	48%	55%
Jobs/employment	28%	37%
Safety – neighborhoods, places to be outside	16%	24%
Racial inequities	24%	22%
Transportation	19%	20%

Top three issues for children and youth	Provider %	Employee %
Physical activity	36%	41%
Healthy diet	36%	41%
Obesity	33%	35%
Stress/anxiety	22%	30%
Responsible, involved parents	24%	27%
Access to mental health services	26%	23%

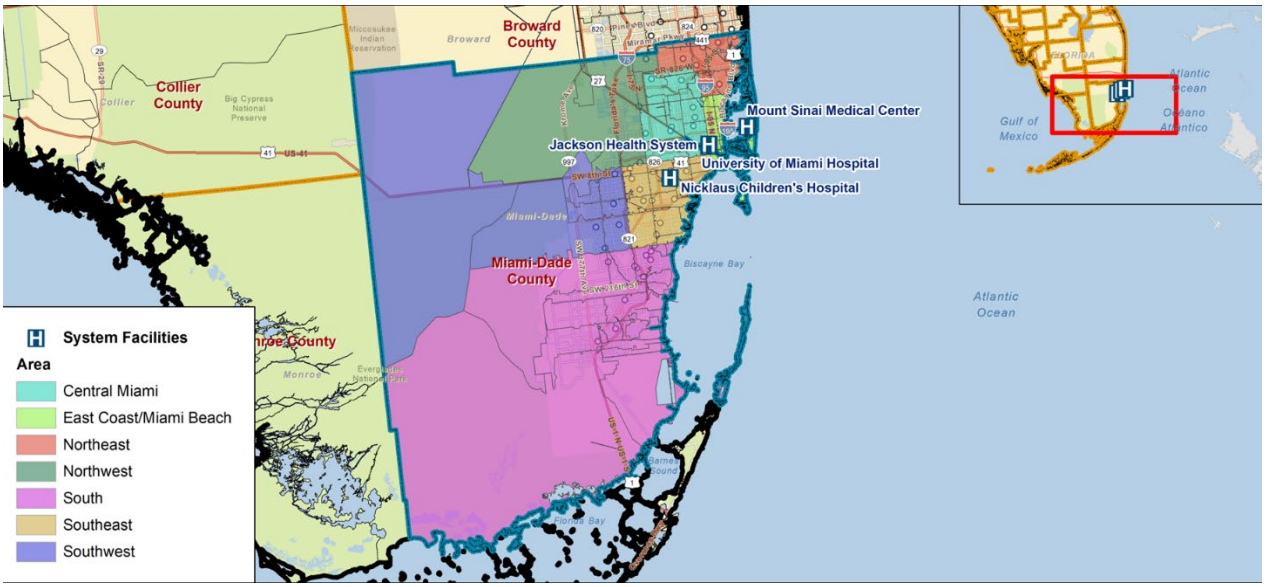
Community Survey Summary

The collaborating hospitals conducted a community survey using Wilkins Research to randomly survey 800 households in Miami-Dade County. The collaborating hospitals sent out a link to the survey to stakeholders for additional responses.

Survey Method	Sample Number
Wilkins landline telephones	100
Wilkins cell phone	100
Wilkins online	600
Collaborators online	229
Total Survey	**1,029**

The surveys were conducted from May 15, 2023, to June 15, 2023. Results were compared to 2020 when possible. When the entire sample is used, the confidence interval is +/- 3.04% at 50% with 95% confidence. The survey demographics very closely mirrored the demographics of the community.

The responses were analyzed by gender, age, race, ethnicity, income and by geographies in Miami-Dade. The map below depicts the geographic sectors used in the analysis.



Survey Results Summary

Access to Care

Area	Opportunities
Access to Care	• 14% poor or fair healthcare services available • 23% needed medical care but could not get it – could not get an appointment, cost of care, significant improvement from 2020 at 41% • 27% did not visit a doctor for a routine checkup in the last year • 24% are not at all or not very likely to use tele-medicine, 47% are very or extremely likely • 12% had a gap in insurance in the past 12 months
Access to care for a child	• 11% needed medical care for a child but could not get it – cost of visit and prescriptions • 32% had not visited a doctor for a routine checkup in the last year • 55% were not very likely or extremely likely to use telemedicine for their office visit

Disease States

Area	Opportunities
Respiratory	• 9% have been diagnosed with COPD, chronic bronchitis or emphysema • 21% have been diagnosed with asthma
Cancer	• 13% have been diagnosed with cancer, up 6% from 2020 • 52% of those eligible for a colonoscopy or sigmoidoscopy received one in the last 5 years
Diabetes	• 15% have been diagnosed as having diabetes
Heart Disease & Stroke	• 10% have been diagnosed with heart disease • 5% have been diagnosed as having had a stroke • 40% have been told they have high blood pressure • 44% have been told they have high cholesterol
Three or More Chronic Conditions	• 31% have three or more chronic conditions • 21% have two chronic conditions
Children	• 20% had been diagnosed with asthma • 11% had been diagnosed with an autism spectrum disorder • 41% with a child 11 or older had not received at least 2 doses of HPV vaccine

Other Health Issues

Area	Opportunities
Pain	• 14% had pain that limited life or work activities every day or most days
Healthy Weight – Nutrition & Activity	• 44% reported they were overweight or obese (7%) • 53% responded they do not meet recommended exercise levels
Children	• 19% were active for 60 minutes each day of the last 7 days

Social Drivers of Health

Area	Opportunities
Housing	• 19% had experienced unsafe or unhealthy housing conditions
Safety	• 26% feel slightly safe or not at all safe in their neighborhood • 16% had an intimate partner hurt them
Financial security	• 30% responded no, they could not pay a $400 unplanned expense • 44% are always, usually, or sometimes worried or stressed about having enough money to pay rent or mortgage
Food insecurity	• 35% sometimes or often worry about whether food would run out before they got to buy more • 28% it is very or somewhat difficult to buy fresh produce at an affordable price

Mental Health and Substance Misuse

Area	Opportunities
Mental Health	• 25% say their mental health is fair or poor • 24% indicate most days are extremely or very stressful, up from 18% in 2020 • 24% have been diagnosed with a depressive disorder, up 5% from 2020 • 16% are taking medication or receiving treatment for a mental health condition • 54% are not aware of providers, programs or resources available • 11% indicate there was a time in the past 12 months they needed mental health services but were not able to get them
Substance Misuse	• 8% are regular & occasional smokers, down 9% from 2020 • 13% vape every day or some days • 7% have used an illegal drug or taken a drug not prescribed to them, up 3% • 6% have sought professional help for an alcohol or drug related problem • 39% have had their life negatively affected by substance use issues

Inequities

Area	Opportunities
Race & Sexual Orientation	• 17% of the Black population believe they were treated worse in their healthcare experiences than people of other races. • 17% of the LGBTQ population believe they were treated worse in their healthcare experiences than others.
Geographic Segments	• Northwest struggles more with access, gaps in insurance coverage, asthma, healthy weight, financial stress, fresh food availability, stress, smoking & vaping, illicit drug use, lack of access for pediatric care, and lower HPV vaccinations • The South struggles more with available healthcare services, physical exams, higher ER visits, gaps in insurance coverage, COPD, physical pain, obesity, domestic abuse, financial security, food insecurity, poor mental health status, receiving mental health treatment, lack of mental health

	access, smoking, illicit drug and opioid use, negative impact of substance use, and pediatric autism spectrum disorder. • Central Miami struggles with neighborhood safety, living conditions, exercise, and drinking
	• The Northeast struggles with the *fewest* issues of all the segments, leading in only high cholesterol and pediatric asthma
Lower and Very Low Income	• Struggle more with access to care and insurance • Have more chronic diseases • Receive less screenings • 38% indicate most days are extremely or very stressful • More domestic abuse, financial stress, housing issues, food insecurity • Less aware of resources (39% awareness) • More vaping (38% vape) • Higher illicit drug and opioid use (21%)
Race & Ethnicity	• Hispanic population had more struggles with access to care, gaps in insurance coverage, financial stress, higher food insecurity, higher stress, higher fair or poor mental health, higher smoking and vaping, higher use of illegal drugs, most affected by drug use • White population higher diagnosis of cancer and heart disease, higher use of opioids, most likely to have a child on the autism spectrum • Black population higher diagnosis of a stroke, diabetes, high blood pressure, and pain, higher domestic abuse, less safe neighborhoods, financial stress, poor housing conditions, higher food insecurity, higher use of illegal drugs
Age	• Older (65+)– more likely to have poor or fair health (22%), least likely to use telemedicine, higher cancer diagnoses, higher cholesterol and blood pressure, higher diabetes, and multiple chronic conditions • Younger (18-39) – more struggles with access to care and insurance (21% had a gap in coverage), more likely to rate health services fair or poor (18%), more likely to use telemedicine, more asthma, higher financial stress, higher unsafe housing, more food insecurity, higher poor or fair mental health (35%), highest stress and more depressed, smoke and vape more, more illegal drug and opioid use, negatively impacted by drug use

Perception

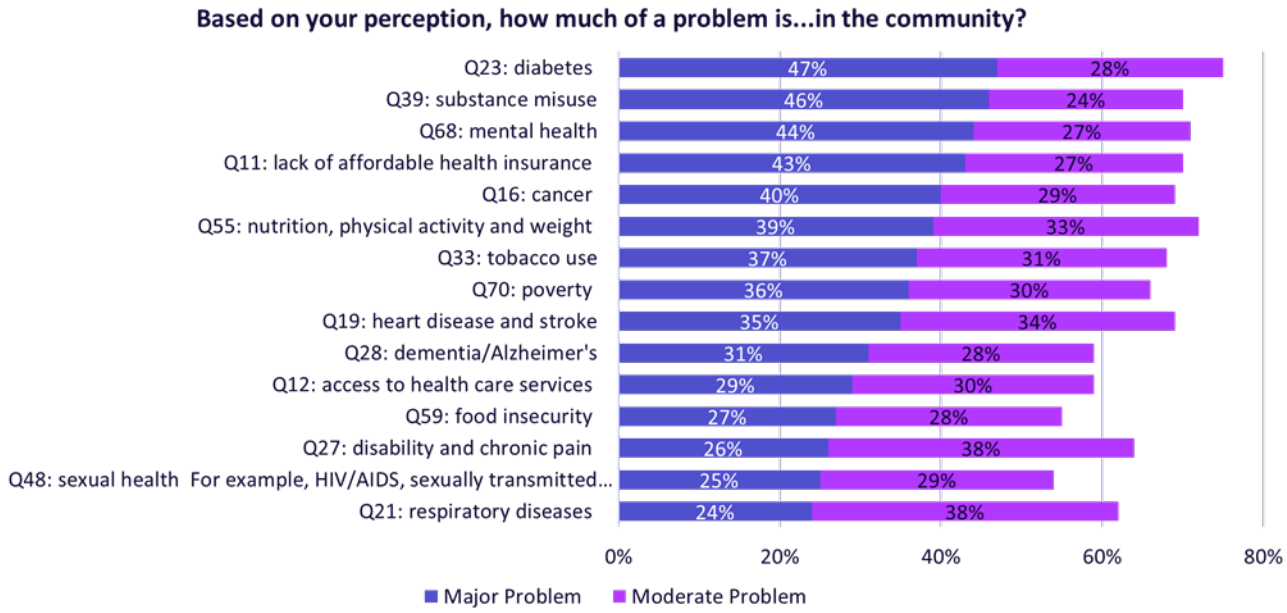


Photo credit: University of Miami

Photo credit: Expedia, Tourism Media

Health Status Data, Rankings, and Comparisons

Health Status Data

Based on the 2023 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin[2], Miami-Dade County ranked 6th out of 67 Florida counties ranked for health outcomes (1= the healthiest; 67 = unhealthiest), and 32nd for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment. To become the healthiest community in Florida and eventually the nation, Miami-Dade County must close several lifestyle gaps.

County Health Rankings suggested the areas to explore for improvement in Miami-Dade County were:

- higher adult smoking
- higher percentage of adult obesity
- higher physical inactivity
- higher uninsured
- higher preventable stays
- lower mammography screening
- lower flu vaccinations
- lower high school completion
- higher income inequality
- lower social associations
- higher severe housing problems

The strengths were:

- higher food environment index
- higher access to exercise opportunities
- lower excessive drinking
- lower alcohol-impaired driving deaths
- lower teen births
- lower injury deaths

When analyzing the health status data, local results were compared to FL, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). For additional perspective, FL was ranked the 27th healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better)

FL challenges were:

- Low supply of mental health providers
- High uninsured rate
- High percentage of households experiencing severe housing problems

The strengths were:

- Low racial disparity in premature death rates
- High reading proficiency among fourth grade public school students
- Low levels of air pollution

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the following pages such as: causes of death, demographics, socioeconomics, consumer health spending, and primary research. If a measure was better than FL, it was identified as a strength, and where an indicator was worse than FL, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red titles, and strengths were denoted with green titles for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

[2] *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Florida's counties every year since 2003.*

Photo Credit: Miami-Dade Community Health Collaborative

Rankings and Comparisons of Health Status

In most of the following graphs, Miami-Dade County is navy blue, FL is purple, U.S. is teal and the 90th percentile of counties in the U.S. is blue.

Health Outcomes (Length of Life and Qualify of Life)

Health outcomes are a combination of length of life and quality of life measures. Miami-Dade County ranked 6th in health outcomes out of 67 Florida counties.

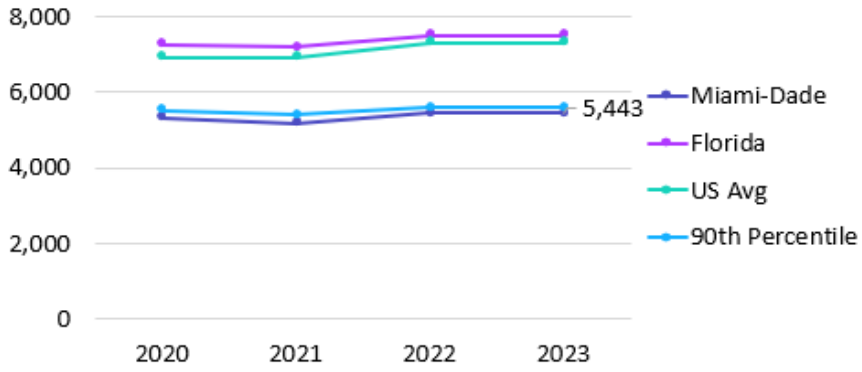
Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Miami-Dade County ranked 2nd in length of life in FL. Miami-Dade County lost 5,443 years of potential life per 100,000 population which was lower than both FL and the U.S.

Miami-Dade County residents can expect to live 3.1 years more than the average U.S. resident.

Premature death

(YPLL per 100,000 pop prior to age 75)



Life Expectancy

(Average number of years a person can expect to live)

	2018-2020
Miami-Dade County	81.6
Florida	79.7
US Avg*	78.5
90th Percentile	80.6

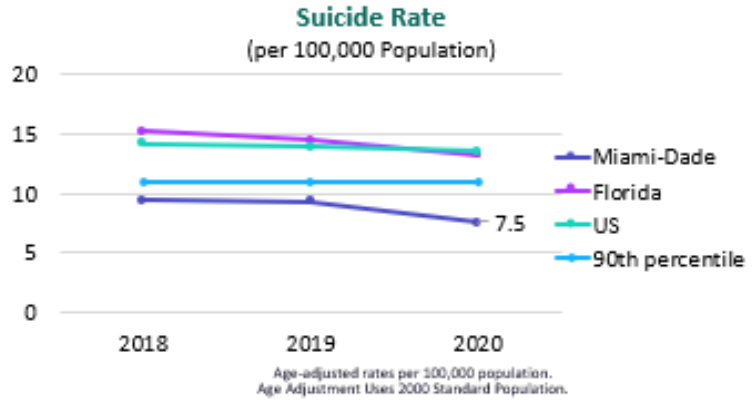
*Due to impacts of COVID, life expectancy in the US decreased 1.8 years from 2019.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Miami-Dade County	Florida	US
Heart Disease	149.5	143.1	168.2
Cancer	120.3	136.3	144.1
COVID-19*	100.1	56.4	85.0
Accidents (Unintentional Injuries)	36.0	67.7	57.6
Strokes	52.5	43.5	38.8
Respiratory Diseases	24.6	33.4	36.4
Alzheimer's	28.1	19.8	32.4
Diabetes	29.4	22.8	24.8
Suicide	7.5	13.2	13.5
Liver Disease	9.5	13.0	13.3
Influenza and Pneumonia	9.9	9.5	13.0
Nephritis, nephrosis	7.2	9.4	12.7
Hypertension	9.4	9.3	10.1
Parkinson Disease	8.5	8.7	9.9

Rates in red represent higher death rates higher than FL. The leading causes of death in Miami-Dade County were heart disease, cancer, COVID-19, and strokes.

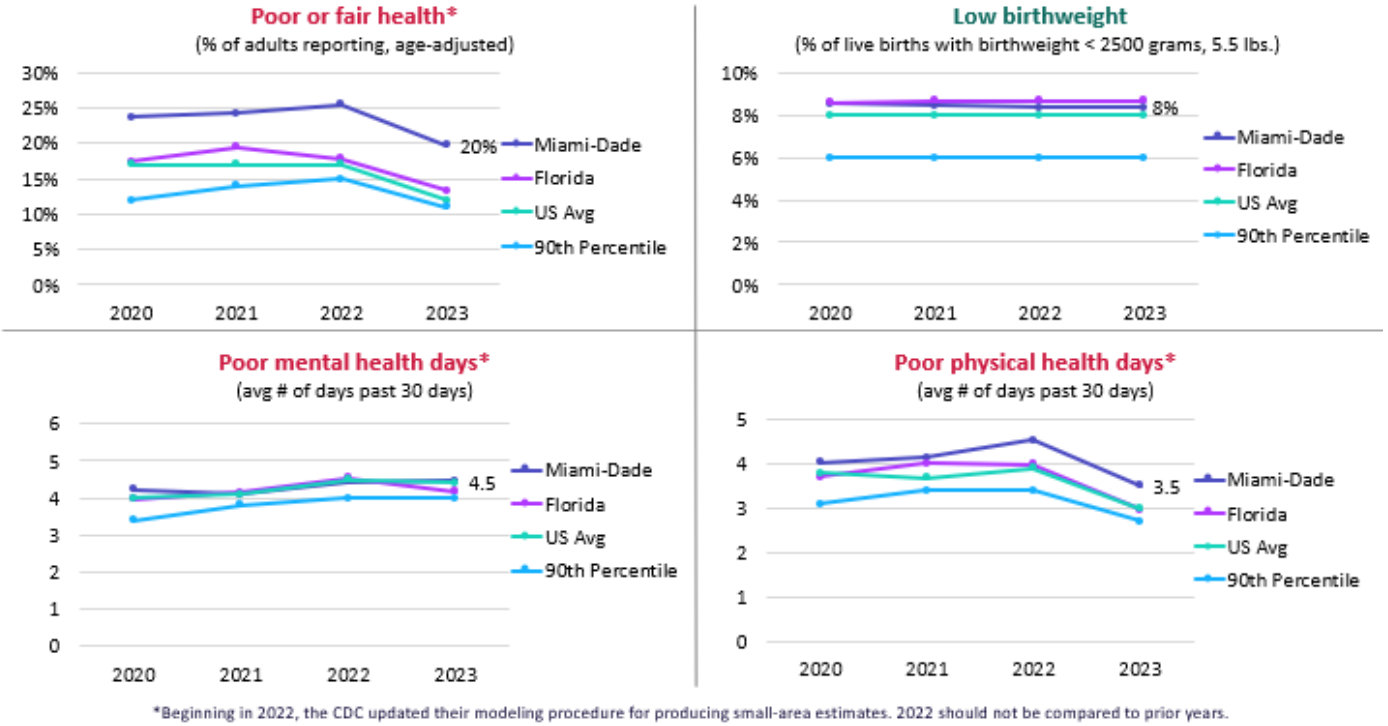


Miami-Dade County's suicide rate was below both FL and the U.S. and continues to decline.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Quality of Life

Quality of life is measured by: percentage reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and percentage of live births with birthweight less than 2500 grams, or 5.5 lbs. Miami-Dade County ranked 17th in quality of life out of 67 Florida counties.



*Beginning in 2022, the CDC updated their modeling procedure for producing small-area estimates. 2022 should not be compared to prior years.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2020
Source: County Health Rankings: National Center for Health Statistics – Natality files (2014-2020)

Photo Credit: University of Miami

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Miami-Dade County ranked 32nd in health factors out of 67 Florida counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Miami-Dade County ranked 2nd in health behaviors out of 67 counties in Florida. Although Miami-Dade County's percentage of obesity was 30%, which is high, the percentage was lower than the U.S. average. Miami-Dade County's health behavior issues were adult smoking, adult obesity and physical inactivity.

Adult obesity

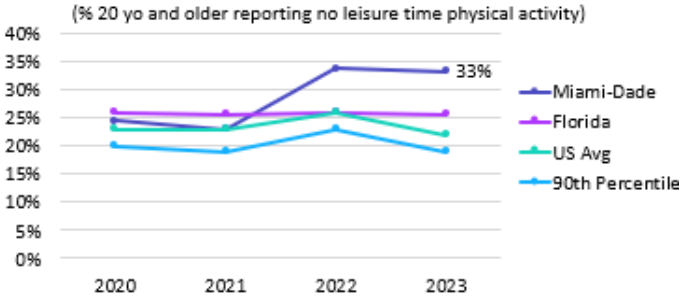
(% of adults that report a BMI of 30 or more)

	2022	2023
Miami-Dade County	30%	30%
Florida	26%	28%
US Avg	32%	32%
90th Percentile	30%	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

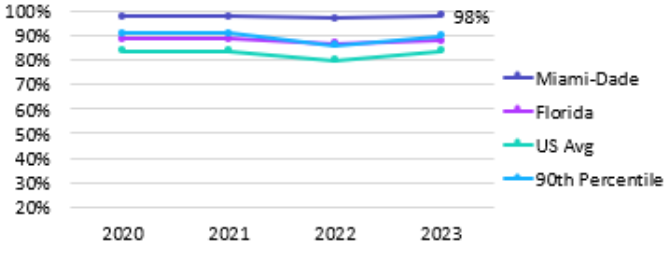
Physical inactivity

(% 20 yo and older reporting no leisure time physical activity)



Access to exercise opportunities

(% of population with adequate access to locations for physical activity)



Adult smoking

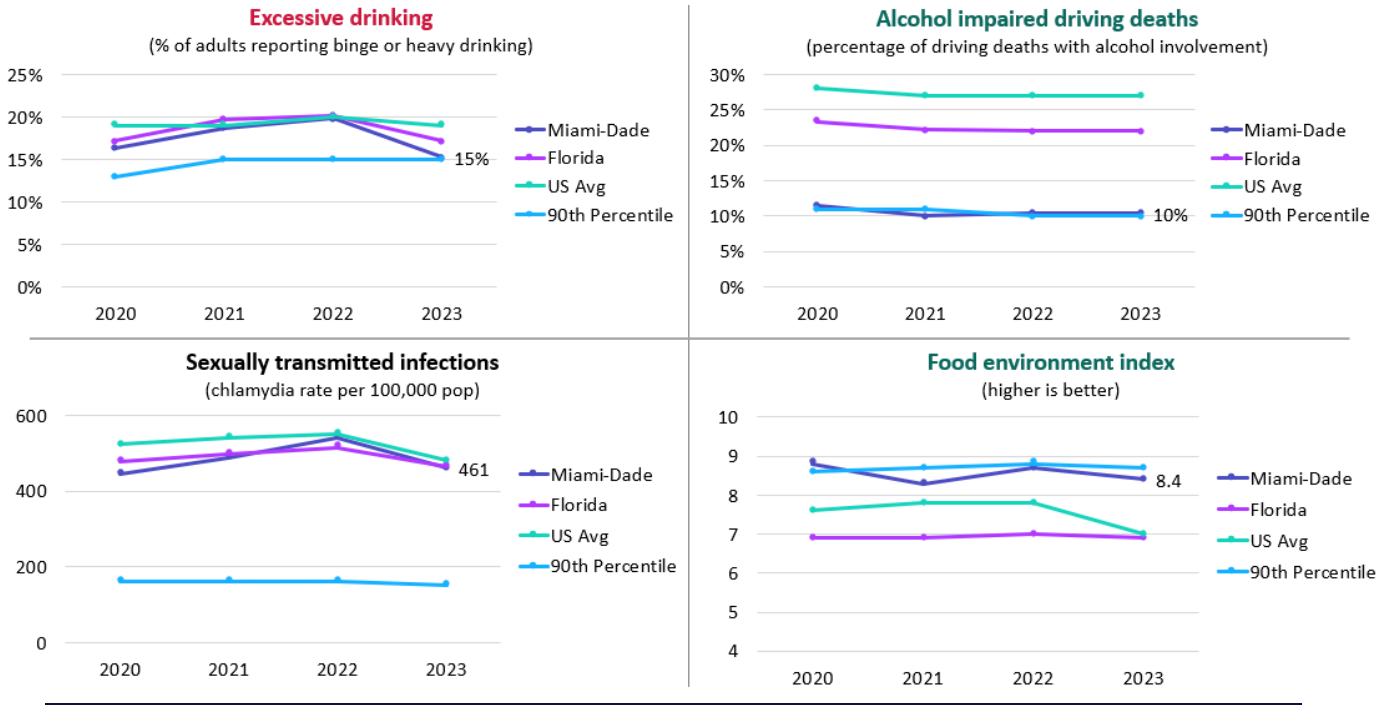
(% that report every day or "most days")

	2022	2023
Miami-Dade County	14%	15%
Florida	15%	16%
US Avg	16%	16%
90th Percentile	15%	15%

In 1965, 45% of the US smoked

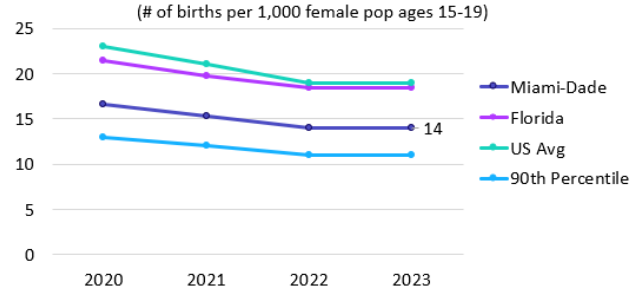
Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2020
Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2020 and 2022. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)
Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2020



Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2020
Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020
Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020
Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019-2020

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate

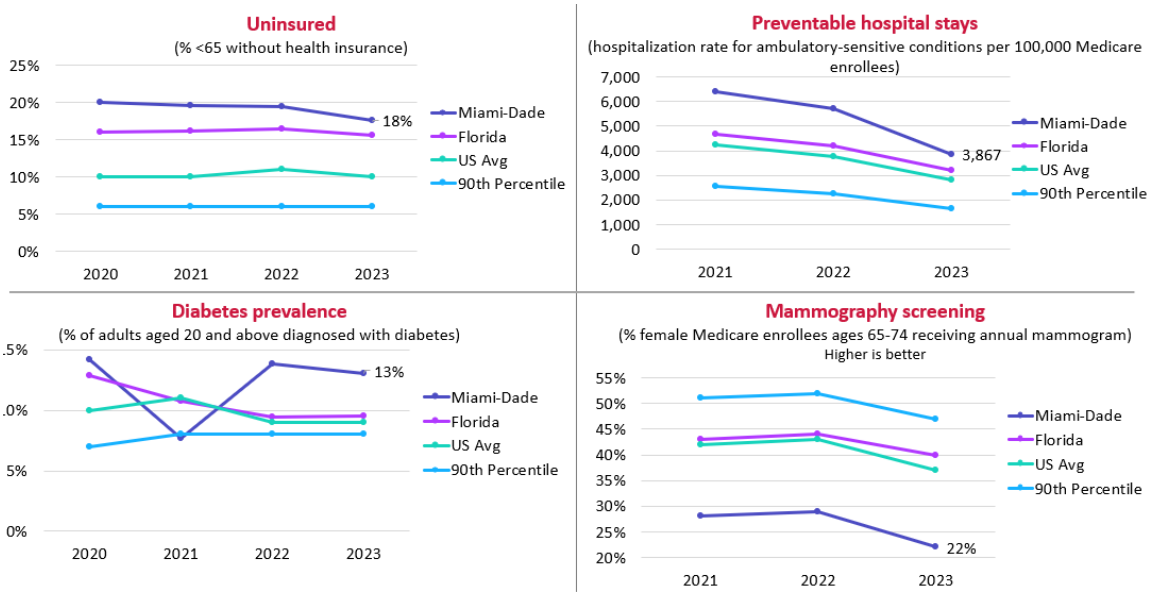
(# of births per 1,000 female pop ages 15-19)

Miami-Dade County	2023
Asian	2
Black	23
Hispanic	13
White	7

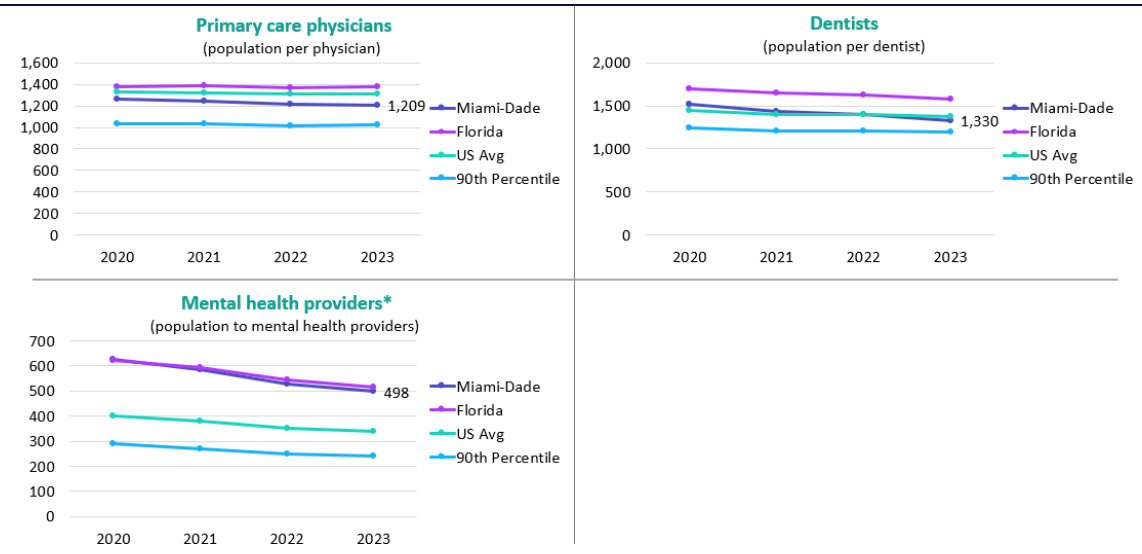
Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Miami-Dade County ranked 48th in clinical care out of 67 Florida counties. The clinical care issues were high percentage of uninsured, preventable hospital stays, low mammography screening and low flu vaccinations. Although Miami-Dade County had a lower percentage of flu vaccinations than Florida, the COVID-19 vaccination rate was higher than Florida.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2020
Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2020



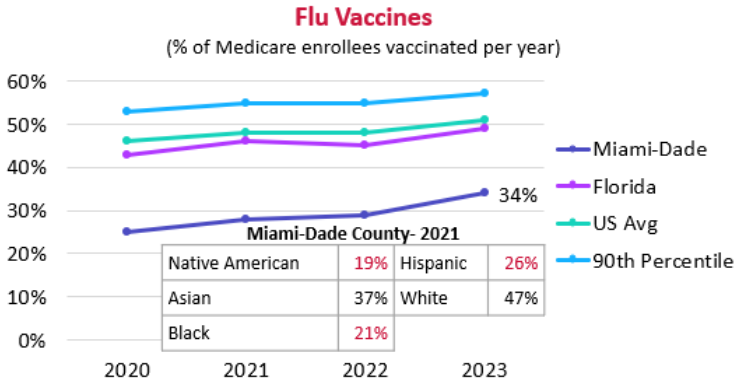
Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2020
Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2021Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2022 Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2020

Vaccination Rates

COVID-19 Vaccination Rates

Geography	% Fully Vaccinated
Miami-Dade County	95%
Florida	83%
U.S.	79%

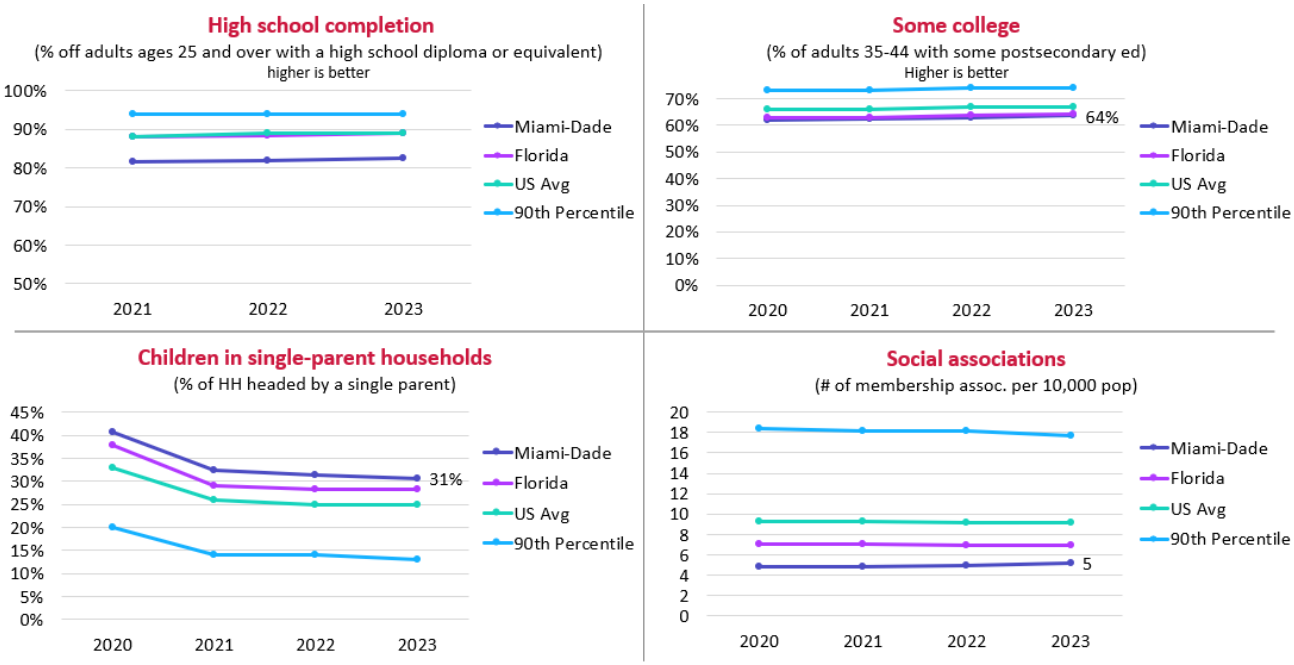
As of 4/5/23



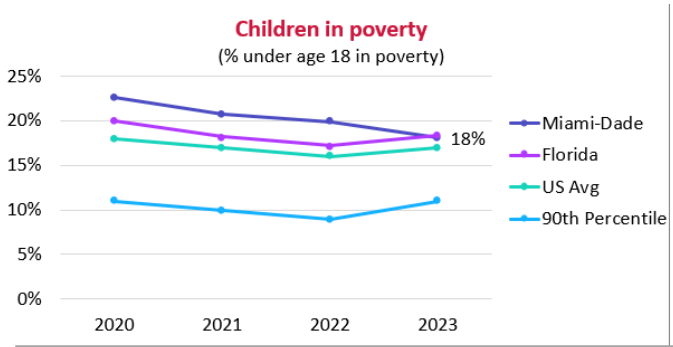
Source: covidactnow.org

Social and Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Miami-Dade County ranked 36th in social and economic factors out of 67 Florida counties. The social and economic opportunities for improvement were high school completion income inequality, and low social associations.



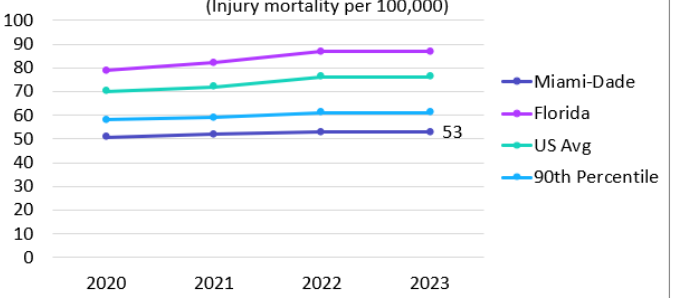
Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2017-2021
Source: Some college CHR; American Community Survey, 5-year estimates, 2017-2021.
Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2021
Source: Social associations - CHR; County Business Patterns, 2020



Children in poverty
(% under age 18 in poverty)

Miami-Dade County	2023
American Indian & Alaska Native	7%
Asian	13%
Black	34%
Hispanic	19%
White	11%

74% of children are eligible for free or reduced-price lunches 2020-2021, compared to 54% for FL

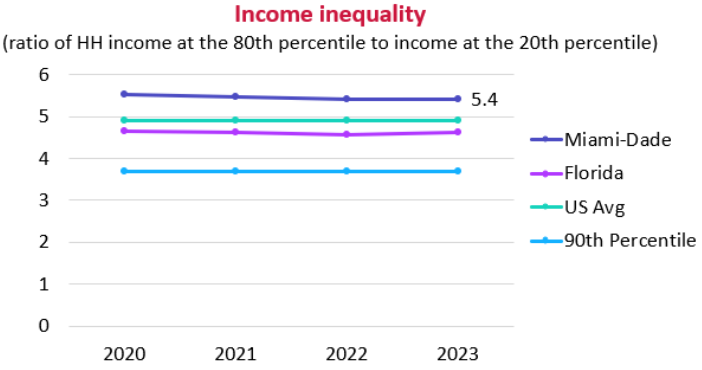


Injury deaths
(Injury mortality per 100,000)

Miami-Dade County	2023
American Indian & Alaska Native	NR
Asian	31
Black	78
Hispanic	41
White	85

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2017-2021

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020
Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016



Physical Environment

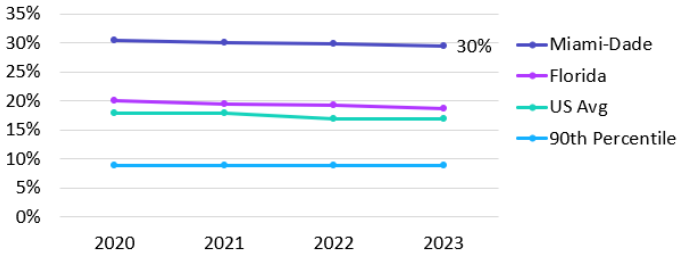
Physical environment contains four measures in the category and accounts for 10% of the county rankings. Miami-Dade County ranked 66th in physical environment out of 67 Florida counties. The concern was severe housing problems.

Drinking water violations

	2020	2021	2022	2023
Miami-Dade County	No	No	No	Yes

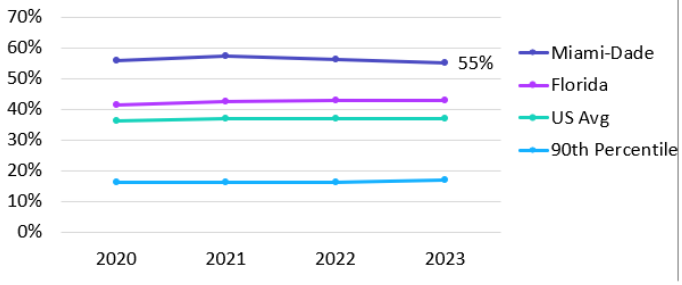
Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



Broadband access

(% of households with broadband internet connection)

	2023
Miami-Dade County	83%
Florida	87%
US Avg	87%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2021 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2015-2019. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2076-2021. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2019

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2017-2021

Summary of Most Significant Health Needs from all Sources

Below is a summary of the significant health needs identified by the community in the 2020 CHNA process, Miami-Dade County Health Department, secondary data, the surveys, and in the focus groups. The health issues are color coded across the sources for easier analysis. The community used this analysis to prioritize the most significant health issues in the county at the community health summit.

2020 CHNA	FL Dept of Health in Miami-Dade Co	Secondary Data	Surveys	Focus Groups

- Access to health care services
- Cancer
- COVID-19
- Diabetes
- Heart disease & stroke
- Housing
- Injury and violence
- Mental health
- Nutrition, physical activity & weight
- Sexual health
- Substance abuse
- Tobacco use
	- Access to care
	- Chronic disease
	- Communicable diseases
	- Injury/safety/violence
	- Maternal child health
	- Health equity
		- Uninsured
		- Preventable hospital stays
		- Mammography Screening
		- Flu Vaccinations
		- High School Completion
		- Income Inequality
		- Social Associations
		- Severe Housing
		- Adult obesity
		- Physical Inactivity
		- Adult smoking
			- Affordable healthcare
			- Affordable insurance
			- Access to primary care
			- Chronic diseases
			  - Diabetes
			  - Heart disease & stroke, HBP
			  - Cancer
			- Mental health
			- Increasing stress
			- Substance misuse
			- Poverty/financial stability
			- Healthy eating – availability of fresh food
			- Neighborhood safety
				- Access to care
				- Chronic diseases
				- Housing
				- Transportation
				- Mental health
				- Violence & Safety
				- Healthy eating/food insecurity
				- Substance misuse/vaping
				- Maternal/child health
				- Disparities/inequities
				- Lack of communication & collaboration
				- Legislation (women's health and LGBTQ+)/economy
				- Trust & misinformation

Green = access; light blue = disease states; blue = healthy weight; purple = substance misuse; orange = SDOH; teal = mental health; pink = maternal/child health; red = violence; yellow = health disparities; gray= other

Photo Credit: Miami-Dade County

Results of the CHNA: Prioritized Health Needs

Prioritization Criteria

The summit participants reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the CHNA Summit. Using a nominal group technique, each attendee received five votes and voted via Mentimeter. The number of votes appears after each health need.

1. Access to healthcare - 62
2. Mental health - 49
3. Income inequality/financial stability - 48
4. Housing - 46
5. Access to affordable health insurance - 42
6. Chronic diseases - 31
    a. Heart disease - 20
    b. Diabetes - 17
    c. Cancer - 16
7. Nutrition/food insecurity - 28
8. Maternal/child health - 18
9. Transportation - 17
10. Healthy weight - 16
11. Violence, injury, safety (tied) - 12
11. Sense of community, community building, trust (tied) - 12
13. Collaboration to meet needs - 11
14. Sexual health - 9
15. Physical activity (tied) - 6
15. Substance use (tied) - 6

17. Vaccinations (tied with next 2) - 2
17. Communicable diseases (tied) - 2
17. Stroke (tied) - 2
20. Nicotine use – smoking and vaping - 1

CHNA Summit Brainstorming

Once the stakeholders had prioritized the most significant health issues, the table groups discussed what might be done to improve the health issue. The attendees brainstormed solutions for the top eight issues. Below are notes from the brainstorming session from all table groups. These recommendations may not be fully adopted but will be used to inform the implementation plan.

Significant Health Need 1: Access to healthcare

Goal 1: By 2026, work to identify at least 20 municipal partners to provide transportation for healthcare access.

Action 1 – Identify bus and trolley routes

Resources/Collaborators needed: Commissioners

Goal 2: By 2026, identify and implement a community-based system to assist and link partners to needed community resources

Resources/Collaborators needed: Community centers, libraries,

Goal 3: Establish policies, system, and environmental changes to ensure all community residents have access to quality healthcare

Action 1 – Increase the number of mobile clinics so individuals don't have to find transportation

Action 2 – Expand hours of established adding afternoons and weekend appointments.

Action 3 – Use a centralized patient records system so patient information travels with them.

Resources/Collaborators needed: existing clinics and providers, organizations with mobile clinics, health systems and clinics

Goal 4: Increase the number of health providers in areas that lack access to specialty care, such as OB/Gyn, etc.

Goal 5: Increase accessibility and access for the uninsured families and individuals

Action 1 – Target 18–39-year-olds who experience 30% uninsured

Significant Health Need 2: Mental Health

Goal 1: Increase access to mental health care, improve lack of services and increase trained professionals

Action 1 – Increase training of staff

Action 2 – Provide a continuum of care

Action 3 – Develop/compile a resource guide with local and accessible mental health resources

Action 4 – Source funding opportunities (public/private/federal) to create needed programs

Resources/Collaborators needed: Funding for services and training, educators, providers, grants, mental health focused community-based organizations, advocacy groups

Goal 2: Increase awareness of services and care options

Action 1 – Increase outreach to communities

Action 2 – Increase outreach to healthcare networks

Resources/Collaborators needed: Support South Florida Mental Health Collaborative with participation, promotion and funding, Miami-Dade Mental Health Center

Goal 3: Destigmatize mental health issues and treatment

Action 1 – Create a public service campaign that targets 25% of South Florida residents

Action 2 – Develop a pre and post survey to gauge impact and efficacy of the campaign on outlooks of mental health

Resources/Collaborators needed: NAMI, mental health professionals, advocacy groups

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Significant Health Need 3: Income inequity/financial stability

Goal 1: Improve financial literacy

Action 1 – Find partners to collaborate on training programs

Goal 2: Develop career pathways

Resources/Collaborators needed: Banks, United Way, Miami-Dade County, Schools, higher education, large employers

Goal 3: Implement sick leave and paid time off in all employers to reduce preventable hospital stays

Action 1 – Provide incentives to small employers

Resources/Collaborators needed: County, State, FMLA, legislation

Goal 4: Address affordable, safe housing

Action 1 – Create a community advisory board to ensure that neighborhoods have affordable, safe housing, protect zoning, real estate development, etc.

Significant Health Need 4: Housing

Goal 1: Create an affordable housing program for low-income families, partnering with grass roots organization to increase access to housing by 5% over next 3 years

Action 1 – Provide educational resources for all stakeholders (recipients or developers)

Resources/Collaborators needed: Housing authority, CRA, investors/developers, grassroots organizations

Goal 2: Implement policy change to facilitate affordable housing

Action 1 – Form a task force to develop recommendations

Resources/Collaborators needed: Banks, grassroots organizations, commissioners, developers/ investors, community housing boards

Goal 3: Collaborate with local governments and philanthropic organizations to create a plan and awareness

Action 1 – Form a housing coalition

Action 2 – Share best practices using national initiatives

Goal 4: Promote community health through affordable workforce housing

Action 1 – Provide affordable housing for healthcare workforce

Action 2 – Determine funding for housing

Significant Health Need 5: Access to affordable health insurance

Goal 1: Decrease the number of uninsured adults by 5% within 5 years

Action 1 – Dissemination/connection/education/awareness/community connectedness

Action 2 – Expand Medicaid

Resources/Collaborators needed: Health Department, community transit, community facilities/liaisons, local pharmacies, churches

Goal 2: Increase retail/hospitality workers receiving insurance through their employer by 10% annually for the next 5 years

Action 1 – Incentive employers through grants, tax breaks, legislation

Action 2 – Require employers to provide affordable insurance

Action 3 – Engage legislators, engage lobbyists to create incentives for employers to offer insurance

Resources/Collaborators needed: Chambers of commerce, FL Legislators, insurance companies, grants from philanthropic organizations, public stakeholders, retail and hospital employers

Goal 3: Educate people regarding health insurance

Action 1 – using social media and printed marketing material, bring awareness to health insurance options

Action 2 – Provide education on conditions e.g., HIV, organizations can help with insurance

Resources/Collaborators needed: Doctors, medical centers, SAGE, Retirement communities, Marketplace vendors, United Home Care

Goal 4: Make health insurance more accessible to small employers

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Significant Health Need 6: Chronic diseases – heart disease, diabetes

Goal 1: Implement disease management programs to ensure patient does not reach the chronic failure stage

Action 1 – Increase interprofessional collaborations with nurse practitioners, nurses, doctors, physical therapists, social workers, and case managers

Action 2 – Increase screenings, vaccinations and medications

Goal 2: Increase access to care for underserved populations using mobile units, patient navigators, and health fairs

Action 1 – Increase community outreach via health fairs

Action 2 – Increase funding for genome testing, education

Action 3 – Lobby for healthcare security universal health coverage and access equity

Action 4 – Provide transportation including bus passes, gas cards, partner with local transportation

Action 5 – Increase outreach in more languages – Spanish and Haitian Creole

Goal 3: Focus on prevention to avoid chronic diseases

Action 1 – More education on living a healthy lifestyle providing more options to alternative treatments and knowledge with an emphasis on a holistic approach.

Goal 4: Move from reactive to proactive chronic disease care

Action 1 – Support relationship focused treatment with doctor

Action 2 – Emphasize doctors providing a holistic approach to chronic disease, not just a pill approach to health.

Significant Health Need 7: Nutrition/food insecurity

Goal 1: Develop a collaborative community coalition with representatives from local government and key stakeholders aligned to the community health needs assessment

Action 1 – Identify key stakeholders

Action 2 – Develop a structure and governance for the coalition

Action 3 – Develop a referral and support network with database sharing

Resources/Collaborators needed: Feeding South Florida, food banks, faith-based organizations, department of health, City government, WIC, school districts, greater Miami Chamber of Commerce, other community organizations

Goal 2: Reduce highly processed food consumption in Miami-Dade County by 5%

Action 1 – Require vending machines to stock vending machines with heathier options

Resources/Collaborators needed: Food scientists, lobbying efforts, collaboration with food vendors

Action 2 – Provide free fruits and vegetables to students in public schools in Miami-Dade County

Resources/Collaborators needed: Government subsidies, schools

Goal 3: Reduce obesity rates by 5% in Miami Dade County over the next 5 years

Action 1 – Build or improve a park with tree-lined walking trail within .5 miles of every person in Miami Dade County

Action 2 – Work with Publix to replace checkout offerings with healthy food options such as fruits

Resources/Collaborators needed: Parks and Recreation Department, funding, Publix

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Significant Health Need 8: Maternal and child health

Goal 1: Increase utilization and access to prenatal care

Action 1 – Create resource team comprised of multidisciplinary members and key stakeholders of the community

Resources/Collaborators needed: Nutritionists, mental health professionals, doulas, community health workers

Action 2 – Target geographic areas with high infant mortality and high maternal mortality and provide educational resources, awareness and build trust

Goal 2: Increase utilization of HPV vaccines in children 11 and older

Resources/Collaborators needed: Medical centers, Health Council of South Florida, Camillus House/Health, YWCA

Goal 3: Increase community engagement on adverse childhood experiences and childhood trauma

Action 1 – Build trust in the community

Action 2 – Provide classes in libraries and schools for parents and community members

Photo credit: Jackson Health System

Impact of 2020 CHNA and Implementation Plan

Evaluation of Past Activities

Community Benefit

Over the past three years, Jackson Health System (JHS) has remained dedicated to its mission of building the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County (MDC). JHS has continued to evolve as a nationally and internationally recognized, academic medical center, providing expert care to a diverse community. The commitment to providing unmatched expert care is demonstrated by:

- Over 1.8 million outpatient visits and 130,000 inpatient discharges between 2021 and 2022.
- More than $340 million in charity care in 2021 and 2022.
- $2 billion spent on capital investments, infrastructure improvements, technological advancements and cutting edge equipment over less than 10 years.

Our work also reflects a focus on meeting the health needs of the community, as described below.

Addressing Significant Health Needs

Jackson Health System conducted its last Community Health Needs Assessment (CHNA) in 2020 and reviewed all of the health priorities identified in the assessment. Taking into account all of the findings, the community's most critical needs, health system resources, and overall alignment with the health system's mission, vision, and strategic goals, it was determined at that time that Jackson Health would focus on developing and/or supporting strategies and initiatives to improve:

- COVID-19/Coronavirus
- Access to Health Care Services
- Mental Health
- Heart Disease & Stroke
- Nutrition, Physical Activity, & Weight
- Diabetes
- Substance Abuse
- Sexual Health
- Housing
- Cancer
- Injury & Violence
- Tobacco Use

Strategies and tactics for addressing these priority areas were outlined in Jackson Health System's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Jackson Health System to address these significant health needs in Miami-Dade County.

Priority Area 1: COVID-19/Coronavirus Disease	
Community Need	At the close of the previous CHNA cycle, COVID-19 became the third leading cause of death in the county, drastically impacting the health, livelihood, and emotional well-being of the residents of Miami-Dade County. The onslaught of COVID-19 also posed a huge challenge to health service delivery and patient care.
Goal	• Increase vaccination rates among patients and residents of Miami-Dade County. • Mitigate and prevent the spread of COVID-19 through the transition of patient care to virtual settings.
Strategy 1: Support county efforts to increase vaccination rates by providing information, resources, and access to the COVID-19 vaccine.	
Tactics	• Launch community education campaign that focuses on providing information to the public about vaccine distribution in the County. • Utilize the Jackson Health System web platform to provide up-to-date COVID-19 information, materials, and resources regarding the vaccine. • Collaborate with community organizations to expand vaccine access to individuals in underserved areas.
Strategy was implemented?	Yes

Results/Impact	• Vaccinations in MDC (Data provided by CDC, final update posted May 11, 2023)
	  ○ At Least One Dose: 3,047,662 (95% of total pop)
	  ○ Completed primary series: 2,420,633 (89% of total pop)
	• JHS administered its first shot on December 15, 2020; and vaccinated more than 167,000 people and administered a total of 301,000 Pfizer doses.
	• Established three dedicated vaccination sites (Christine E. Lynn Rehabilitation Center, Jackson South Medical Center, and North Dade Health Center.)
	• Expanded reach to minority and underserved communities through partnerships with houses of worships, non-profit groups, and community organizations. As a result, more than 52,000 people received the COVID-19 vaccines through these initiatives, of which 15% were black and 54% were Hispanic.
	• Launched COVID-19 vaccination initiative with colleges and universities in Miami-Dade County (Barry University, Florida International University, Florida Memorial University, Miami-Dade College and the University of Miami). Through this partnership, students received COVID vaccine appointments via the JHS online portal.

Strategy 2: Expand telehealth capabilities throughout all JHS facilities to reduce the risk of COVID-19 transmission.	
Tactics	• Conduct an analysis to evaluate the current telemedicine structure for opportunities to improve and expand services. • Leverage existing IT virtual platforms to administer a multi-structure clinical care approach as an additional tool and safety precaution.
Strategy was implemented?	Yes
Results/Impact	• Telemedicine has been expanded internally between each community hospital during and post COVID. • Telemedicine appointments are now available at all Jackson Medical Group offices and Primary Care Centers for a range of specialty care services. • Procured nine camera carts to utilize on COVID-19 critical care units, minimizing bedside visits, risk of contracting the virus, and served as an additional measure to protect employees and patients. • JHS submitted an application to the Federal Communications Commission (FCC) to obtain additional telehealth equipment to be used during the pandemic and beyond for targeted patient populations, including patients at Jackson Behavioral Health Hospital, Miami Transplant Institute, maternity units, long-term care centers, and corrections health services facilities.

Strategy 3: Prioritize the prevention and treatment of COVID-19 across all JHS locations.	
Tactics	• Adapt prevention and treatment protocols and guidelines as recommended by the CDC. • Establish a system-wide COVID-19 response plan, along with individualized plans by facility.
Strategy Was implemented?	Yes
Results/Impact	• Monitored, tracked, and adhere to COVID-19 guidelines as advised by the state and county government. • As of May 11, 2023 the federal COVID-19 Public Health Emergency (PHE) declaration has ended; resulting in revised protocols for testing, masking, and visitation. Current information on protocols and policies can be found at: nCoV-COVID-19-PROTOCOL.pdf (jacksonbadgebuddy.org) • Vaccines and testing will remain available through government distribution of free vaccinations, as well as, programs like Increasing Community Access to Testing (ICATT) offering free COVID testing.
Priority Area 2: Access to Health Care Services	
Community Health Need	Access to adequate healthcare services is imperative to maintaining physical and mental health, as well as, promoting a positive quality of life. Healthcare access and quality care is directly impacted by the proportion of licensed health care professionals in the community. In 2021-2022, the rate of Licensed Family Practice Physicians in Miami-Dade County was 15.8 per 100,000 compared to the Florida rate of 18.8.
Goals	• Increase access to health care services for preventative medicine, diagnostic screenings, and treatment of chronic illnesses. • Expand access points and reduce barriers to healthcare services for patients throughout the county.
Strategy 1: Improve access to inpatient and outpatient services through capital investments.	
Tactics	• Leverage Miracle Building Bond (MBB) Program to increase health care access points and service capabilities. • Establish multispecialty locations in select regions in Miami-Dade County.
Strategy Was implemented?	Yes
Results/Impact	Closed out the MBB Program May 2023. Over $2 billion dollars have been invested in infrastructure improvements, technological upgrades, and the procurement of cutting edge medical equipment. Some of the work that has been completed or pending completion since the previous CHNA include: • Jackson West: an acute care hospital featuring designated emergency departments for adults and children, state-of-the-art surgical facilities, and 100 all-private inpatient rooms. • DTC Critical Care Pavilion: three story, 80,500 square-foot vertical expansion housing 79 all-private ICU suites to support our transplant and neurosurgery services. • Complete network of Jackson Urgent Care Centers, including a sixth center, Galiano UCC, scheduled to open fall 2023. • Shriners Children's Orthopedic Center: $16 million grant to support development of the Shriners Children's Pediatric Orthopedic Center. • $1 million grant to build largest emergency department in the nation at Jackson Memorial Medical Center.
Strategy 2: Develop methods to increase Medicare enrollment for the 65+ year-old population.	
Tactics	• Investigate opportunities to work with managed care companies to convert appropriate patients to Medicare upon turning 65 years of age.
Strategy Was implemented?	Yes

Results/Impact	• All patients seen in the Ambulatory Care Centers and Primary Care Centers are educated on enrolling in Medicare at age 65 and how to continue receiving care within the system. • Collaboration efforts with Managed Service Organizations (MSOs), who coordinate care for Medicare Advantage patients throughout Miami-Dade, to provide services to Medicare patients.
	• Tailored JHS collateral for MSOs to provide education on JHS hospitalist services, specialty practices, and surgical specialty availability.
Strategy 3: Establish pathways to manage chronic health conditions and improve patient outcomes, by identifying barriers and facilitating access to care.	
Tactics	• Maintain and support JHS population health program, which provides assistance, education, and support to highly vulnerable residents. • Provide financial assessments, through Jackson Eligibility Management, to unfunded and uninsured patients seeking assistance for healthcare services throughout JHS facilities. • Continue to enroll qualified individuals into Medicaid and other appropriate programs they may qualify for, such as Jackson Prime.
Strategy Was implemented?	Yes
Results/Impact	• Piloting a population health approach to managing our vulnerable, uninsured patient population through a collaborative partnership with a contracted Managed Care Organization. In addition, the pilot will include building infrastructure for the co-management of our uninsured population in order to track medical expenditures and utilization, as well as, develop dashboards to gain insight on areas of opportunity. • Utilizing an intensive case management model, JHS population health program, on average, services 1,000 clients annually. • For 2021-2022, Jackson's Eligibility Management team processed an average of 3,053 patient financial assessment applications per month. • The Jackson Prime program currently has 8,658 patients enrolled.
Priority Area 3: Mental Health	
Community Health Need	In 2020, 20.3% of adults received some form of mental health treatment within the previous 12 months, including 16.5% who had taken prescription medication for mental health and 10.1% who received counseling or therapy from a mental health professional (National Health Interview Survey). Hospitalizations for mental disorder continue to rise, with the rate in Miami-Dade Country surpassing that of the state hospitalization rate. The ongoing opioid epidemic, and the impact of a global pandemic, have made the prioritization of mental health an important topic of discussion.
Goals	• Expand behavioral health scope of services and increase community accessibility and awareness of program offerings.
Strategy 1: Examine the feasibility of expanding JBHH programs to meet the dynamic needs of our diverse patent population.	
Tactics	• Explore alignment opportunities with community providers and organizations to meet community demand for mental health services. • Establish diagnosis-related units for substance abuse, co-occurring diagnoses, adults, geriatrics, pediatrics and adolescents.
Strategy Was Implemented?	Yes

Results/Impact	• In 2022, Jackson Behavioral Health Hospital (JBHH) leadership engaged an external consultant to conduct a needs assessment of the local community, assess behavioral health services being offered, and develop strategic goals and objectives related to inpatient and outpatient facilities. • Expanded telemedicine consultative services to JNMC and JSMC. • Successfully hosted JBHH's first and second annual "Mind Your Health" community event promoting mental health awareness. • Currently renovating inpatient units to ensure regulatory compliance and optimal patient safety. Renovations are scheduled to be complete in the summer of 2024.
Priority Area 4: Heart Disease & Stroke	
Community Health Need	Heart disease consistently tops the list for cause of death within the United States. According to the Florida Department of Health, in 2021 heart disease was the leading cause of death in the county, accounting for 20.8% of total deaths. Ensuring people who experience a cardiovascular emergency, like stroke, heart attack, or cardiac arrest, get timely recommended treatment can reduce their risk for long-term disability and death.
Goals	• Increase community awareness of risk factors for heart disease and stroke. • Expand early detection and treatment resources of heart disease and stroke for Miami- Dade County residents.
Strategy 1: Provide education to the community and patients on the importance of reducing risk factors and promoting heart health.	
Tactics	• Develop comprehensive cardiovascular health, heart disease, and stroke prevention resources through various media platforms targeting high risk population.
Strategy was implemented?	Yes
Results/Impact	• Successfully hosted 2022 Jackson Heart Institute Cardiac Symposium Series, a virtual event designed to foster productive relationships between clinicians and elaborate on the multidisciplinary approach to managing complex cardiac care. JHS plans to continue this serious throughout 2023. • Launched "Know Your Heart Age" community wellness initiative in February 2021. The "Learn Your Heart Age" quiz helps users to help determine their risk for heart disease (https://learnyourheartage.org/) • Published heart health educational materials and patient stories during Heart Month Series on JHS community blog.
Strategy 2: Expand service offerings and access points of care to reach more residents with a wider range of afflictions.	
Tactics	• Expand access to JHS network of cardiologists and outpatient practices through a streamlined and optimized referral process. • Evaluate increasing outpatient cardiac diagnostic testing locations. • Demonstrate a commitment to a higher standard of clinical excellence and service across the JHS continuum of care.
Strategy was implemented?	Yes

Results/Impact	• Launched the JHS Patient Appointment Request platform to improve the external referral process into Jackson Heart Institute. • Partnered with DoctorFare, a healthcare scheduling application, to provide timely access to appointment slots with the Jackson Medical Group practices, including Jackson Heart Institute, for Managed Medicare patients. • Expand outpatient cardiac diagnostics testing to new Coral Gables Urgent Care location (Galiano) slated to open fall of 2023. • Jackson South Medical Center earned the Joint Commission Gold Seal of Approval® and the American Stroke Association's Heart-Check mark for Advanced Primary Stroke Center Certification (2021). • Jackson West Medical Center established a Percutaneous Coronary Intervention (PCI) program and will continue to grow and expand the cardiology program.
Priority Area 5: Nutrition, Physical Activity, & Weight Management	
Community Need	Adequate physical activity, in conjunction with good nutrition and weight management are necessary to maintaining a healthy lifestyle and reducing the risk of chronic diseases and health conditions. According to FLCHARTS in 2019, 34.7% of adults in Miami-Dade County were classified as overweight.
Goal	• Improve physical activity, good nutrition, and weight management within the community to reduce and prevent disease and promote healthy living.
Strategy 1: Provide community-based wellness and disease prevention education highlighting the importance of physical activity and nutrition.	
Tactics	• Host community health fairs and events that provide education on the benefits of maintaining a healthy diet and physical activity. • Leverage JHS providers as a resources to provide pertinent health information on the importance of reducing obesity and obesity-related health issues.
Strategy was implemented?	Yes
Results/Impact	• In 2020, Jackson Health System launched its Parental Guidance family-friendly seminars, bringing health experts and expert parents together to discuss various health topics, including obesity and nutrition. ○ In 2023, six seminars have been held through June with over 1,200 registrants.
Strategy 2: Develop health and wellness programs for employees and employer-based programs in Miami-Dade County.	
Tactics	• Implement Complete Health Improvement Program (CHIP) designed to reduce disease risk factors by educating, motivating, and empowering participants to choose evidence-based heathy habits and achieve long-term lifestyle changes. • Encourage engagement in JHS employee wellness program by aligning program with employee needs and interests.
Strategy was implemented?	Yes
Results/Impact	• In 2021, the first CHIP cohort of 39 JHS employees completed the program and lost a collective weight of 595 pounds. Subsequent cohorts have launched since then. • Employee wellness services expanded to include discounts on various programs geared towards encouraging employees to live a healthy lifestyle including: ○ Free membership to Headspace, which include quick exercises and guided cardio for body and mind. ○ Discount on Peloton App membership and equipment. ○ Weekly discount on Fork to Farm weekly meal plans that are designed to promote good nutrition and weight loss.
Priority Area 6: Diabetes	

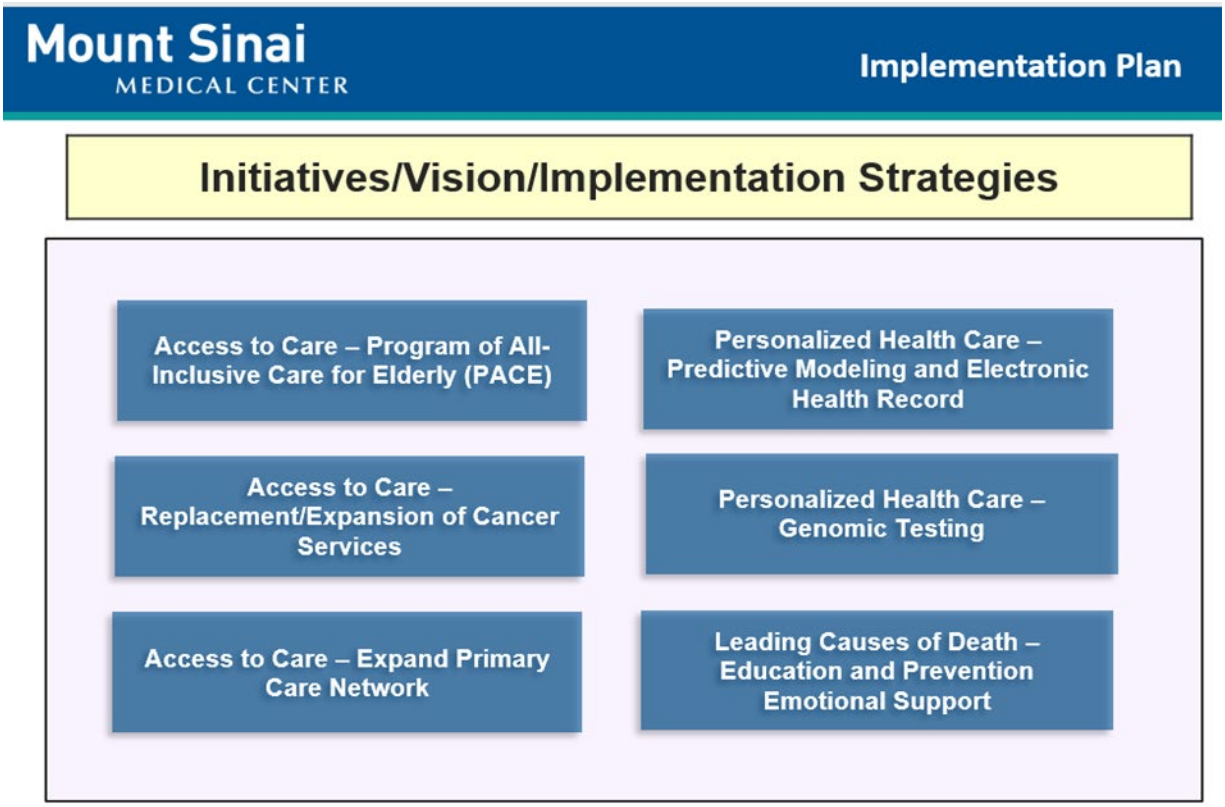
Community Need	In 2021, diabetes was the sixth leading cause of death in Miami-Dade County with an age adjusted rate of 27.4 compared to Florida at 24.2. The overall prevalence of patients with diabetes admitted to Jackson Memorial Hospital is higher compared to nationwide benchmarks.
Goal	• Reduce the burden of diabetes and improve the overall quality of life for patients with diabetes or at an increased risk for diabetes.
Strategy 1: Foster a dynamic, multidisciplinary spectrum of preventative and specialty diabetes care for our diverse patient population.	
Tactics	• Promote the treatment and management of diabetes through specialized care and collaboration with the University of Miami (UM).
Strategy Was Implemented?	Yes
Results/Impact	• Developed and implemented an inpatient diabetes consultative service at JMH and assigned an additional UM advanced practice practitioner for coverage. • Established the Diabetes Care Program, led by the director of diabetes care for JHS, that focuses on the inpatient diabetes care. • Collaborate with UM to provide specialized diabetes care to patients from the Miami Transplant Institute during pre- and post-transplantation. • Promote the UM Comprehensive Diabetes Center to patients requiring more specialized care.
Priority 7: Substance Abuse	
Community Need	Miami-Dade continues to experience the impact of significant increases in overdoses involving prescription drugs and illicit opioids. In 2021, the age-adjusted death rate due to drug overdose was 14.6 per 100,000 persons. In addition, in 2022, there we over 5,900 EMS responses to suspected drug overdoses.
Goal	• Increase the focus on prevention and treatment of people with substance abuse disorders through screening and targeted harm reduction programs.
Strategy 1: Institute community-based programs and services targeted to reduce substance abuse and opioid- related illnesses.	
Tactics	• Maximize the Medication Assisted Treatment (MAT) clinic to provide specialized services and evidence-based treatment to patients with substance abuse disorders. • Maintain and further cultivate partnership with City of Miami Police Department's (MPD) Pre-Arrest Diversion Program, which prioritizes care to adults with mental illness or co-occurring mental illness and substance abuse disorders.
Strategy was implemented?	Yes
Results/Impact	• Between 2021 and 2022, the MAT clinic at Jackson Behavioral Health Hospital treated 512 patients, which accounted for 2,637 medication management visits, 624 individual therapy sessions, and 427 group therapy sessions. • JBHH will continue to collaborate with the MPD Pre-Arrest Diversion Program to increase connectivity to behavioral health services.
Priority 8: Sexual Health	
Community Need	Sexually transmitted infections (STIs) continue to compromise the nation's health. According to the CDC's Sexually Transmitted Disease Surveillance 2019 report, more than 2.5 million cases of chlamydia, gonorrhea, and syphilis were reported. Miami-Dade County STI rates have continued to increase, similarly to the Florida rate; with recent STI rates for the County higher than the Florida rate.
Goal	• Raise awareness about STIs and reduce stigma and discrimination through access to resources to test and treat vulnerable populations. • Maintain a robust and comprehensive system of sexual health and support services through testing, education, and treatment.
Strategy 1: Provide access to screening, treatment, and education of STIs to reduce the spread and transmission of disease and prevent serious health conditions caused by them.	

Tactics	• Partner with county health department in implementing a holistic approach to sexual health care that also addresses social and structural determinants of health. • Support patients through various JHS locations offering specialized sexual health services.
Strategy was implemented?	Yes
Results/Impact	• Each JHS Primary Care Centers offer free HIV/AIDS testing at various times throughout the week. • South Florida AIDS Network (SFAN), located on the JMH campus, provides HIV testing and support services to assist patients who are diagnosed with HIV. • Jackson's Ambulatory Care Center and select Primary Care Centers offer special immunology clinics to treat and manage patients.
Priority 9: Housing	
Community Need	When families are burdened with spending a large portion of their income on housing, this reduces the discretionary income they have available to spend on healthcare. This can lead to increased health problems and risk of disease. Miami-Dade has one the highest percent of renters who spend 35% or more of their income on rent (54.1%), which is greater than renters at the state (48.6%) and national (40%) level.
Goal	• Although housing does not necessarily fall within the purview of a health system, JHS is committed to supporting community efforts, such as the University of Miami's Office of Civic and Community Engagement's housing initiatives, in alleviating housing instability in Miami-Dade.
Priority 10: Cancer	
Community Need	Cancer is a leading cause of death in the United States, and the second leading cause of death in Miami-Dade County. In 2021, cancer accounted for 16.5% of county's total deaths. Although there has been an overall decline in the cancer death, the number of new cases has continued to increase.
Goal	• Provide expert care and a wide range of information and resources to reduce the incidence and burden of cancer within the community.
Strategy 1: Support early detection and treatment of cancer though preventative screenings, expanded areas of expertise in cancer services, and a collaborative partnership with UM.	
Tactics	• Increase cancer screenings and treatment in specialty areas through physician recruitment and technological investments. • Provide education and community outreach activities to encourage cancer screening through partnership with UM.
Strategy was implemented?	Yes
Results/Impact	• Jackson Medical Group (JMG) recruited an additional gastroenterologist to expand screenings for colorectal cancer. • Miami Transplant Institute (MTI) enhanced its Lung Center, led by Dr. Tiago Machuca. Dr. Machuca's clinical interests include thoracic surgical oncology, and in 2022, he transplanted two lung cancer patients. Because the outcomes were successful, Dr. Machuca and his team are developing a new set of protocols for treating lung cancer patients at MTI. • From 2021-2023, the University of Miami Health System participated in 124 health screening events, reaching over 4,500 people.
Priority 11: Injury & Violence	
Community Need	Unintentional injury was the fifth leading cause of death in Miami-Dade County for 2021, with an age-adjusted death rate of 34.3 per 100,000 population. Nationally, unintentional injury is the number one cause of death for people aged 1 to 44 years of age, regardless of sex, race or ethnicity, and socioeconomic status. In addition to unintentional injury, injuries by violence, such as physical assaults, sexual violence, and firearm related injuries.
Goal	• Increase resources and funding to reduce and prevent injury and violence related deaths.

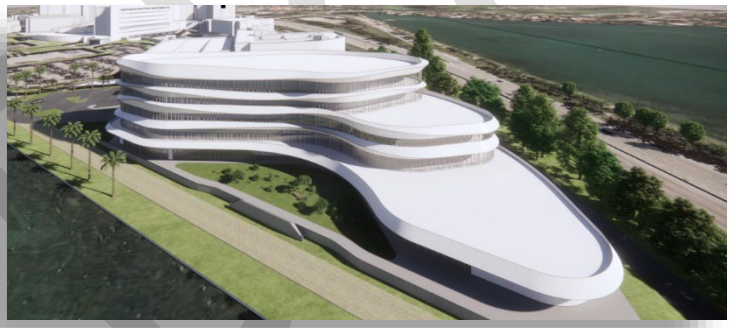
Strategy 1: Explore new grant opportunities geared towards reducing and preventing injury and violence, as well as, support existing JHS programs.	
Tactics	• Leverage existing JHS injury and violence prevention programs and partnerships to procure additional funding and resources to increase program capacity.
Strategy was implemented	Yes
Results/Impact	• JHS Grant Operations team engages in pre- and post-grant activities for JHS programs and develops strategic funding applications for priority initiatives. From 2021-2023, three programs at JHS received the following funding: • Injury Free Coalition for Kids of Miami® (Injury Free Miami): county-wide child injury prevention program aimed to reduce injury through interactive training on child safety and established multilingual curriculum. ○ **Program:** Buckle Up for Life/Abróchate a la Vida ▪ **Funder:** Cincinnati Children's Hospital Medical Center, in partnership with Toyota ▪ **Award:** $26,500 (2020-2021) ○ **Program:** Trust Academy Program ▪ **Funder:** The Children's Trust ▪ **Awards:** $408,000 per year (2020-2023 • Roxy Bolton Rape Treatment Center (RTC): comprehensive crisis center for victims of sexual violence. ○ **Program:** Victims of Crime Act Grant ▪ **Funder:** State of Florida, Office of the Attorney General ▪ **Awards:** $152,632 (2020-2021), $293,305 (2021-2022), $293,305 (2022-2023) ○ **Program:** Rape Prevention and Education ▪ **Funder:** Florida Council Against Sexual Violence ▪ **Awards**: $23,750 (2020-2021), $26,721 (2021-2022), $35,625 (2022-2023)
Results/Impact	○ **Programs:** Council's Rape Crisis Trust Fund (Sexual Battery Victims' Access to Services), Rape Crisis Centers, DOH General Revenue (GR), Office of Attorney General, General Revenue Plus ▪ **Funder:** Florida Council Against Sexual Violence ▪ **Awards:** $220,487 (2020-2021), $220,659 (2021-2022), $432,223 (2022-2023) • Gate Program for Juvenile Weapons Offenders (GATE): educational and behavioral management program for at-risk male youth who have been adjudicated on weapon charges. ○ **Program:** Racial Equity Fund ▪ **Funder:** Miami Foundation ▪ **Award:** $50,000 (2022-2023) ○ **Funder:** Miami-Dade County, Office of Management and Budget (OMB) ▪ **Awards:** $23,750 (2020-2021), $26,721 (2021-2022), $216,000 (2022-2023) ○ **Funder:** Miami-Dade County, Juvenile Services Department (JSD) ▪ **Awards:** $23,750 (2020-2021), $26,721 (2021-2022), $107,231 (2022-2023)
Priority 12: Tobacco Use	
Community Need	Overall mortality among male and female smokers in the United States is approximately three times higher than similar people who have never smoked. Smoking increases the risk of heart disease, stroke, and lung cancer, in addition to various other types of cancer. In Miami-Dade, 12% of the adult population are smokers. It is also worth noting that electronic nicotine delivery systems, such as vapes, have become the most prevalent tobacco product among the youth.
Goal	• Mitigate and reduce the risk of severe diseases and health complications related to smoking.

Strategy 1: Educate the community and provide resources to support and guide smoking cessation efforts.	
Tactics	• Offer and promote the "Quit Smoking Now" program as a resource for JHS patients and employees.
Strategy was implemented	Yes
Results/Impact	• Quit Smoking Now program provides free smoking cessation treatment to patients and employees. • Services provided through this program include educational material, support groups, individual/group classes, and phone coaching. Assistance is available in English, Spanish, and Creole. • Nicotine Replacement Therapy (e.g., patches) is provided for the six-week period.

Photo credit: Jackson Health System



- **Irma and Norman Braman Comprehensive Cancer Center**:



The new building is expected to be completed in 2025.
  - Will create the needed access to clinical expertise and robust clinical trials, in conjunction with Columbia University
  - Increased access to oncology sub-specialties will help to address the need for more cancer treatment resources, as incidences continue to rise
  - Patient-centric environment with robust support services for patients and families; greater access to diagnosis, prevention and treatments
  - True clinical excellence in a high-touch, high-tech environment

- **Continually expanding access to our brand of high quality care:**
  - **Mount Sinai Eldercare**- is now open in Hialeah. As boomers continue to age, our PACE program will serve as nationally recognized comprehensive healthcare model aimed to avoid/delay placement in a skilled nursing home facility.

- **FOURTH location in Monroe County** (3rd in Key West) and introducing expanded Mount Sinai Primary Care to Key West residents and visitors
- **Opened the Jay and Jeanie Schottenstein Center for Behavioral Health,** which is one of the largest and most comprehensive programs in South Florida. The center greatly expand access for a traditionally underserved population, especially as behavioral health and suicide incidences continue to rise year over year
- **New Aortic Center**, the first of its kind in South Florida, allowing our community to access a high level of clinical expertise in complex cardiac care
- **Expanding our Structural Heart Program to include Electrophysiology. Mount Sinai's cardiac cath lab performs more minimally invasive procedures than any other facility in South Florida**, speaking to the expertise of the team and ensuring our patients have access to better results, shorter recovery and less painful options
- **Recruited over 45 physicians and surgeons** in the past year in addition to teaching and training over 200 residents and fellows, and over 300 medical students
- **Expanded our Columbia affiliated programs to Oncology and Orthopedics.** Mount Sinai is the only hospital in South Florida to have Ivy League affiliated programs in Cardiology, Urology, Oncology and Orthopedics.

- **Continue to expand on our offerings by leveraging technology- reaching patients how and when they want to be reached with unique services**
  - Mount Sinai was the first in South Florida to offer genomics testing to our patients and
  - First in South Florida to offer "smart knee" replacement surgery- allowing physicians and patients to interact on their progress in real-time on an app

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Community Benefit

The University of Miami has a global footprint and is dedicated to transforming lives through education, research, innovation, and service. In the past year, the University of Miami has committed:

- $89 million to health professions educations
    - Training for over 40,000 physicians, first responders, and frontline workers to ensure a successful and impactful workforce
- $20 million to innovative clinical and community-based research
- $7 million to Financial Assistance and Charity Care
- $7 million in community health improvement programs
    - Serving over 50,000 people annually through community health fairs and mobile clinics

Community Health Action Plan

The University of Miami Health System last conducted its CHNA in 2020. The subsequent Implementation Plan was developed in 2021, and addressed the following community health priority areas:

- Access to Care
- Cancer
- COVID-19
- Mental Health
- Physical Activity, Weight, and Nutrition

The University of Miami is committed to moving its mission forward through community health improvement efforts and extending reach by partnering with other health systems and community-based organizations to address these disparities.

Photo credit: University of Miami

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ACCESS TO CARE: Provide access to care for South Florida residents, including mental health services, cancer screenings and nutrition education and resources.		
Objective	Strategy	Results
Increase access to preventive health services and education for residents that reside in South Florida.	Host eight annual screening health fairs. Operate four community clinics throughout South Florida.	8 health fairs hosted throughout SF 682 patients seen at health fairs 4 weekly clinics hosted throughout SF 764 patients seen at community clinics 221 people connected to follow up care
Increase access to the pediatric population to decrease barriers of access in underserved populations. This is inclusive of pediatric primary care, mental health, social work, and management of chronic illness.	Deploy mobile units to these areas of high need: Doral, 33172; Little Haiti, 33138; Homestead, 33030–33034; South Miami, 33173; Hialeah, 33018, in addition to Liberty City and Little Havana. Working with the Department of Health to identify areas of high need for primary care.	15,689 children seen through the Pediatric Mobile Clinic or Shotz-2-Go Program 6,373 children seen through the School Health Program
Connect underinsured and uninsured patients with financial services for medical care through UHealth programming and/or initiatives.	Through the Department of Finance, Case Management, and/or Social Work assist patients in the enrollment of available financial assistance for medical services as needed.	492 patients assisted with Exchange funding options 4,282 patients assisted with the Medicaid re-enrollment process

CANCER: Provide increased access to preventative cancer screenings.		
Objective	Strategy	Results
Increase access to preventive cancer screenings and education for residents that reside in medically underserved communities.	Partner with community and key stakeholders to promote cancer screening services. Provide free cancer screening through Sylvester Game Changer (cervical, colorectal, Hep C). Participate in local community health fairs and other cancer related events to increase education and awareness. Partner with community and key stakeholders to provide COVID vaccines in coordination with ongoing COVID-19 outreach in high need areas.	124 health screening events 4,573 people attended screening events 70 people screened

COVID-19: Vaccinate for COVID-19 the families and communities of our patient population.		
Objective	Strategy	Results
Vaccinate the families and communities of our patient population for COVID-19.	Partner with community organizations that provide resources to migrant workers' families in Miami-Dade County to promote vaccination and reduce COVID-19 vaccine hesitancy. Survey families of patients and children of the area about their fear/opportunity when the vaccine becomes available for children. Provide educational materials to families in the target language to mitigate hesitancy. Partner with other community programs to provide insights in hesitancy of COVID-19 vaccine.	62,141 vaccines administered 43 adolescents surveyed for their perception 17,909 unique users reached through media 6 University partners 12 community partners

MENTAL HEALTH: To help alleviate the stigma of mental health, promote awareness, and connect residents to services that support their health and wellbeing.		
Objective	Strategy	Results
Increase access to early intervention and services for mental health to decrease disparities in targeted communities throughout Miami-Dade County.	Partner with our internal stakeholders and other partners to increase awareness and create specific initiatives in identified communities.	UHealth has put forth efforts to address mental health issues in our community by forming prevention programs and continuing to fund research aimed at better understanding and addressing mental health.

PHYSICAL ACTIVITY, WEIGHT, NUTRITION: To support Miami-Dade County residents in achieving better health outcomes and education about chronic disease management through Physical Activity, Weight, and Nutrition initiatives and outreach.		
Objective	Strategy	Results
Increase access to culturally appropriate resources that promote physical activity and good nutrition using technology and other mediums that decrease barriers to these services in targeted communities.	Partner, support and promote internal and external activities related to digital health interventions through the development of the Healthy Juntos application that seeks to increase healthy lifestyle behaviors for parents and adolescents.	100 participants enrolled 479 people engaged through targeted outreach 75% of our participants reported that they strongly agree that Healthy Juntos helps them be more effective

Photo Credit: Miami-Dade County website

Appendices

1. Focus Group Summary
2. Hospital/Health System Employee and Provider Survey Summary
3. Community Survey Summary
4. Community Asset Inventory
5. IRS Requirements

1. Focus Group Results

Seventeen community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in Focus Groups on May 9, 2023, for their input into the community's health. Community participation in the Focus Groups represented a broad range of interests and backgrounds. Below is a summary of the Focus Groups.

1. **How do you define health?**
   - Multi-dimensional
     - State of wellbeing - Body, mind, spirit and physical, mental and emotional health, wholistic approach; ecosystem of healthy families & community
   - Social Determinants of Health (SDOH)
     - "Being healthy" includes SDOH that affect health (housing, food insecurity)
   - Resources
     - Access to care and medication
     - Healthcare should be equitable and accessible to everyone even if they can't afford it.
   - Ability to meet basic needs
     - A state where your basic needs are met
   - Absence of illness
     - Vitals are up to speed, defined by a physician's definition of healthy person

2. **For the purposes of this Community Health Needs Analysis, the community is Miami-Dade County, using your definition above, how would you describe the community's health?**
   - Needs improvement
     - Lots of opportunity for improvement, lacking, struggling, not good, below average
   - Varied
     - Depends on demographics, incredibly varied, divided
   - Reactive
     - Reactive and compartmentalized.

3. **What are the biggest health needs or issues for the county today?**
   - Access to care
     - Primary care and specialist access
     - Mental Health
     - Affordability
   - Mental health
     - Challenges, unemployment, domestic abuse, stress, anxiety, fear, affects emotional well-being, stigma
   - Healthy eating/food insecurity
     - Nutrition, hunger, childhood obesity, processed food, high fat, sodium, etc.
   - Housing
     - A basic need, and a real challenge in the county. Homelessness, multiple people living in a small, poorly maintained space, affecting the kids who live in these

spaces. People will continue to leave the area as it becomes more affluent, and costs become too expensive.

- Lack of communication and collaboration
    - Collaboration important to meet people's needs, a network to meet psychosocial needs, more wholistic approach, building community
- Disparities/inequities
    - Huge chasm between haves and have nots, need cultural understanding, generational poverty
    - Clinicians not knowing how best to assess SDOH needs
- Chronic diseases
    - Heart disease
    - Hypertension
    - Diabetes
    - Lifestyle
- Legislation/economy
    - Economy - Capitalism
    - Legislative issues – Don't Say Gay, immigration, Medicaid issues, reproductive health, education, insurance issues
- Misinformation/Mistrust
    - A lot of mistrust – post-COVID, political views, religious views, media, social media.
- Substance Use/Education
    - Drug awareness education with meaningful impact
    - More treatment options
- Violence
    - Gun safety, gun violence is rampant, safe communities, domestic violence
- Lack of support
    - In the older community there are people that don't have help

4. **What are the most important health needs facing medically underserved, low-income populations?**
    - Access to care
        - Medications
        - Affordability
        - Immigrant Community – fear, seasonal workers
        - Others – long wait times, dental care, can't take time off to get care
    - Physician/Patient Interactions
        - Training people that are providing service to be empathetic to all people, relay information in a way the patient can understand, work for better cultural competence.
    - Education
        - Immigrant populations getting reproductive education.
    - Housing

    - The homeless need housing
    - Housing costs
- Chronic Diseases
    - Cardiovascular disease
    - Hypertension
    - Diabetes
    - Cholesterol
    - Stroke
    - Heat stroke dangers where migrant workers could die

5. **What are the most important health needs facing children?**
    - Mental and behavioral health
        - Anxiety, depression, suicide, gender expression; Can't deal with their emotions, turn to drugs, violence, or gangs.
        - Things will get worse in FL for kids regarding legislation, e.g. Don't Say Gay, trans legislation with kids that are struggling already.
    - Nutrition and Activity
        - Food security, malnutrition, lack of activity; Childhood obesity contributes to lots of other problems
    - Substance Use/Vaping
        - Marijuana use and vaping
    - Home environment
        - Housing stability, hygiene, transiency, absenteeism, education
    - Access to care
        - Medicaid, in schools, follow-up care
    - Effects of the pandemic – socialization, activity, distrust
        - Socialization, speech development, educational regression, sedentary, trust in the healthcare system
    - Infant mortality and HIV
        - Maternal and infant mortality rates
        - Miami did not have a newborn with HIV in 5 years and had one in 2023.

6. **What are the most important health needs facing seniors?**
    - Isolation
        - Loneliness and isolation, lack of support system, falls
    - Health literacy and compliance with medications
        - How to use Medicare, medication compliance, drug interactions, errors
    - Chronic Diseases
        - Hard to diagnose issues, heart health, stroke, post COVID pulmonary issues and long COVID.
    - Mental health
        - Dementia, isolation, mental health treatment,
    - Access to resources

    - Difficult and expensive to get care for parents and takes a toll on the family. Need essentials, food and housing
    - Medicare Advantage – changing plans and change providers not ideal
- Family caretakers
    - Stress on children caring for families
- Cost of living and care
    - Our elderly population are on a fixed income. Cost of living is increasing.
    - Financial stress shouldn't play into getting care or drugs, delaying care
- Senior scams
    - Seniors – fraud, selling insurance, lottery scams
- Others – Dental, sexual health, relationships with providers, communication

7. **What are the most significant health needs facing segments we haven't mentioned, but you may be aware of?**
    - Black Population
        - Black women-assumptions that are made. treated like drug seeking and given very low doses of medications, highest rate of maternal deaths. COVID higher among Black population
        - Sickle cell patients with mild or mighty episode. It's a challenge to go to ER and talk about their pain and get characterized as addicted. Pharmacies make it too difficulty to get pain meds. Difficulty getting treated properly need more training on sickle cell treatment.
        - Black population - fear of physicians & healthcare and not being forthcoming with issues. Black community is not taken seriously when issues are brought up.
    - Low income
        - Transportation, work prevents them from seeking treatment, cost prevents seeking treatment, poorer diet, and poorer results for almost all health measures.
    - LGBTQIA+
        - Youth are more aware of their sexual identity. Access to gender affirming care, medications, and physicians. Fear to be authentic selves due to policies. Worried about their medical needs and safety.
        - Doctors aren't educated on gender-affirming care. Cookie cutter approach thinking all Trans men should be taking the same doses. Putting 20-year-olds on blockers who've already gone through puberty. Public information is incorrect. No child is put on hormone replacement therapy (HRT), only blockers that they can be taken off of at any time.
    - Underserved populations – Immigrants, Native Americans
        - Immigrants' road that brought them to the US is really difficult, political nightmares in their countries. They need to fix their lives before they can fix their health. They're not accessing some of the resources available because they're afraid to be sent back.
        - Be more inclusive of the Miccosukee Tribe
    - Non-English speakers/Language

    - For non-English speakers, health literacy and accessing info in native languages and being able to understand it and process it. So many different immigrant populations – getting requests for materials in languages we don't even have right now. Helping to meet the language needs of our population as we grow.
- Pregnancy
    - Medicaid waiver can treat the mom for 2 months after delivery, but then nothing
    - Abortion bans will lead women to go to illegal and unsafe sources.
- Mental Health
    - Homeless with mental illness. No place to get help.
    - Mentally disabled- not knowing what services are available
- Healthcare
    - Hard to get men to understand the importance of getting annual checkups and stigma in some cultures for some screenings.
    - For Women I would say breast cancer and not having insurance.
    - People using religious exemptions to not treat patients, example of not treating someone because they were Jewish and gay. Need respect for all patients
    - As a provider you must have 2 lenses – be culturally aware and inviting but also provide care for gender at birth since is can impact health later in life.
- Others – substances, outmigration, politics affecting resources

8. **The community performed a CHNA in 2020 and identified priorities for health improvement, I'm going to show you what they were, and I need you to tell me what's changed.**

1. Access to health care services
2. Cancer
3. COVID-19
4. Diabetes
5. Heart disease & stroke
6. Housing
7. Injury and violence
8. Mental health
9. Nutrition, physical activity & weight
10. Sexual health
11. Substance abuse
12. Tobacco use

What has changed most related to health status in the last three years?
Have any of these gotten better, worse? Are they still valid?

- All still valid, comprehensive list, some better some worse
- Access Discussion
    - Access is a bigger conversation. We made both progress and back-slid as well. Pandemic made the access problem clear. Telehealth helps.
- Same
    - Access is still the biggest problem
    - Diabetes still there along with high blood pressure
    - Tobacco-lung cancer
    - HIV make sure is included in sexual health
    - Sexual health is being addressed, but now it is prohibited to discuss condoms
    - Substance use

    - Cancer will always be at the top.
- Better or not as large an issue
    - COVID less of an issue now, but end of public emergency might see a resurgence
    - Tobacco is of lower importance, has gotten better; Misconception vaping is safe.
- Worse, or could get worse
    - Substance use is higher
        - Fentanyl
        - Nicotine use-vaping
        - Smoke shops
        - THC, edibles
        - Buying drugs on Snap Chat
    - Mental health
    - Sexual health
        - Change in reproductive rights could make sexual health a larger issue.
        - Increase in STDs, HIV.
    - Housing
        - Housing needs to be a focus, affecting the healthcare workforce.
    - Nutrition-food insecurity, eating right food, healthy food access.
    - Social media safely, bullying impact on mental health- misinformation.
    - Cost of living, homelessness
    - Lack of physical activity
    - injury and violence and mental health would move higher in the list.
- Additional Issues
    - Gun safety gun violence - one of the top causes of death for children
    - Misinformation- TikTok doctors giving misinformation
    - Human Trafficking
    - Social media
    - Add equitable in front of access
    - Combine substance use and tobacco
    - Nutrition, heart disease, stroke and diabetes can be combined
    - Lack of managed care

9. **What environmental factors have the biggest impact on community health?**
    - Climate change and weather
        - Sinking of the city, rising sea levels, flooding, mold, hurricanes
    - Driving, public transportation, and walkability
        - Not walkable, sidewalks, driving community. Unsafe for pedestrians.
        - Horrible public transportation system, people don't pay attention to bike paths.
        - Long commutes
    - Housing
        - Housing costs are pushing people further out, lack of affordable housing.
    - Food insecurity/cost/food deserts

    - Food security, grocery stores carrying fresh produce. Food deserts 362 ZIP Codes in S. FL mostly in black communities and ties into diabetes, heart disease. Can't afford fresh produce.
- Others – air conditioning, water, green spaces, farming
    - Hearing more about root causes more than treatment
    - Immigrants don't have an ecosystem that makes it easier for them to access healthcare
    - Broken window paradox – leads to more crime, perpetuates behavior.
    - Air conditioning always on, filter mold
    - Less and less green spaces
    - Statistics show people living with chronic conditions don't have access to AC.
    - Cleaning Biscayne Bay – saving the fish, but not cleaning water that goes into it.
    - Farm workers in the field – It's the one population that has suffered with regards to environmental issues (pesticides). Family living in a shipping container, not going to school, no sinks to brush teeth.

10. What do you think the barriers will be to improve health in the communities?

- Access to healthcare
    - Being able to care for a growing population and the growing complexity in the level of care. Affordability of healthcare, including both the cost to provide and reimbursements.

11. What community assets support health and wellbeing? What are those good things in the community that help people get and stay well?

- Physical Activity
    - Community has places of trust, able to get physical activity in major metro area
    - Parks do a great job and allow for activities. People can enjoy a green space.
- Community Organizations
    - Community organizations really help aid and support the residents.
    - Faith communities
    - MS helps to transport patients without transportation.
- Healthcare Providers
- Education
    - Health Fairs
    - Library Health and wellness Center
- Positive Effects of COVID
    - Healthcare providers worked together during COVID – should do that more.
    - COVID helped people to take mental health seriously.
- Others – Schools, technology, Good Rx, Media

12. If you had a magic wand, (resources were no issue) what improvement activities should be a priority to improve health? What would you do to fix the needs you identified?

- Legislation/insurance
    - Universal healthcare – people are much healthier in other countries
    - Medicaid expansion

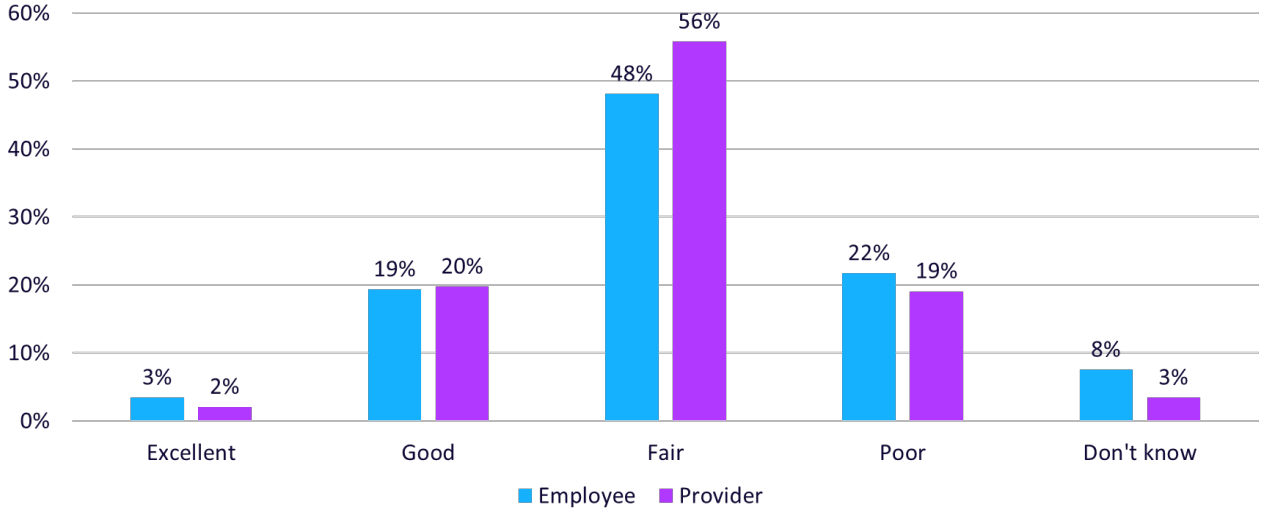
    - Make health insurance easier to understand
- Communication/Integration/Continuum
    - Bridge the clinical to community organizations
    - Integration of health records, improve the continuum of care
    - Community Health Workers, liaisons, chronic disease management
    - Solid communication structure that links all organizations & resources
- Social structure/attitudes
    - Get back civic pride and engagement and get rid of animosity
    - Seek to help each other, all would have empathy for their fellow human
    - Some believe life is a zero-sum game and have a scarcity mindset.
    - Ensure kids have a good foundation.
- Access to quality care and information
    - Eliminate all barriers to access to healthcare- 100% all the time.
    - Healthcare affordability; Free healthcare for all.
    - Person-focused care. Higher quality of care access.
    - Make all resources and information available in schools for the entire family
    - Need a number to call to get questions answered in multiple languages, help people make an appointment, understand their care and insurance.
    - Treating the whole person, not just the emergency. Need to ask about previous visits, and circumstances that affect the patient's access to care.
    - More mobile services
    - Free clinics that support all members of the communities.
    - Taking public transportation is hard – hot sun for hours, difficult to access
    - Need more community health workers
- Prevention
    - Imagining a world where people seek preventative health, engage with healthcare providers to address concerns/fears, then address the community aspect of health versus the individual. Making healthcare more like a working system, many components and cohesion.
    - Preventative services. In our healthcare system we are more focused on treating disease than preventing it
    - Reduce barriers of social determinants of health, food, housing, basic necessities that drive health and wellness.
- Mental health resources
    - Teach warning signs of mental health. Treat mental health. More funding for more programs, psychosocial needs
    - Dedicate mental health for homeless population including therapies (meds).
- Investments
    - Fund small organizations with a good track record who know the community
    - Invest heavily in research and cures. Cure cancer and diabetes
- Focus on root causes of health issues
    - Focus on prevention and root causes – food, emotional health, healthy habits, environmental health

- Housing- Rent control
- Access to food
- Economic environment – financial literacy and wealth. Cost of living, cost of buying medicine and healthcare

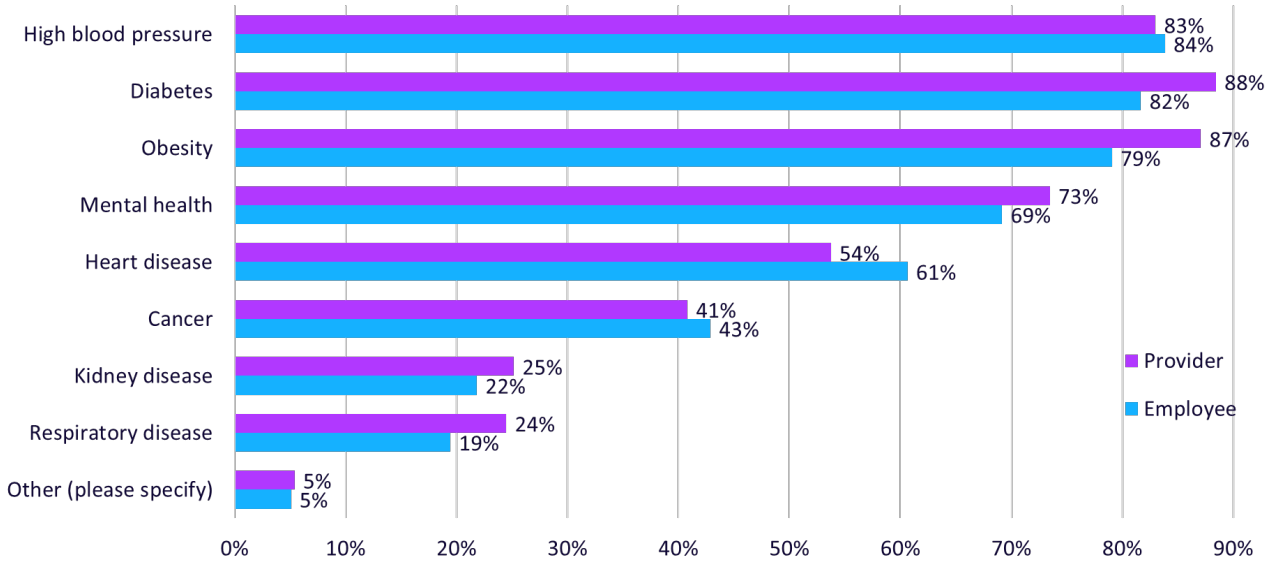
2. Employee and Provider Survey Summary

The collaborating hospitals distributed an online employee and provider survey. 885 employee surveys were completed, and 147 provider surveys were completed. The surveys were conducted from May 15, 2023, to June 15, 2023. Hospital employees and providers may live in the county, work in the county, and have a particular perspective on community health for consideration.

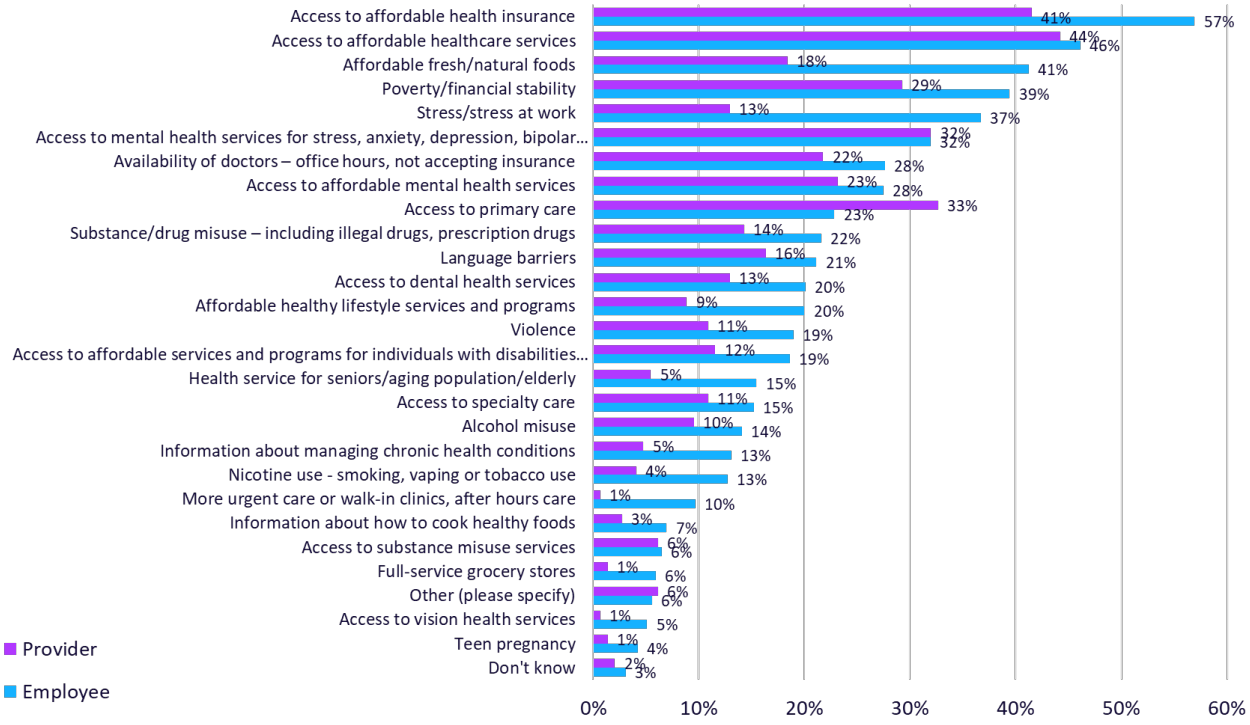
Q1. How would you describe the overall health status of the citizens of Miami-Dade County?



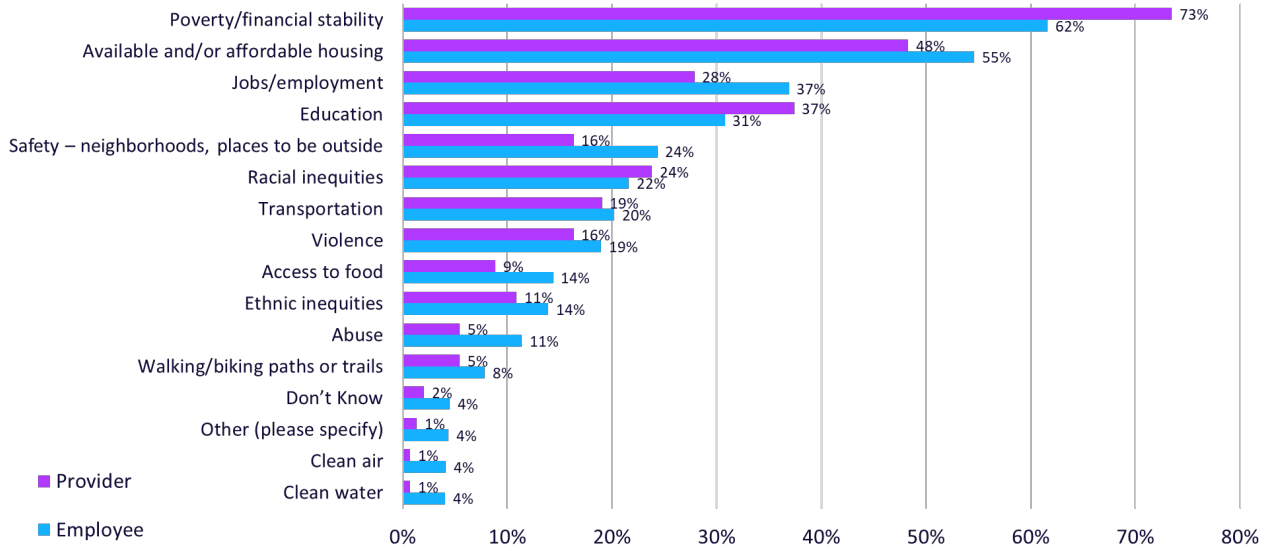
Q2. What are the most prevalent chronic diseases in your community (Mark all that apply)?



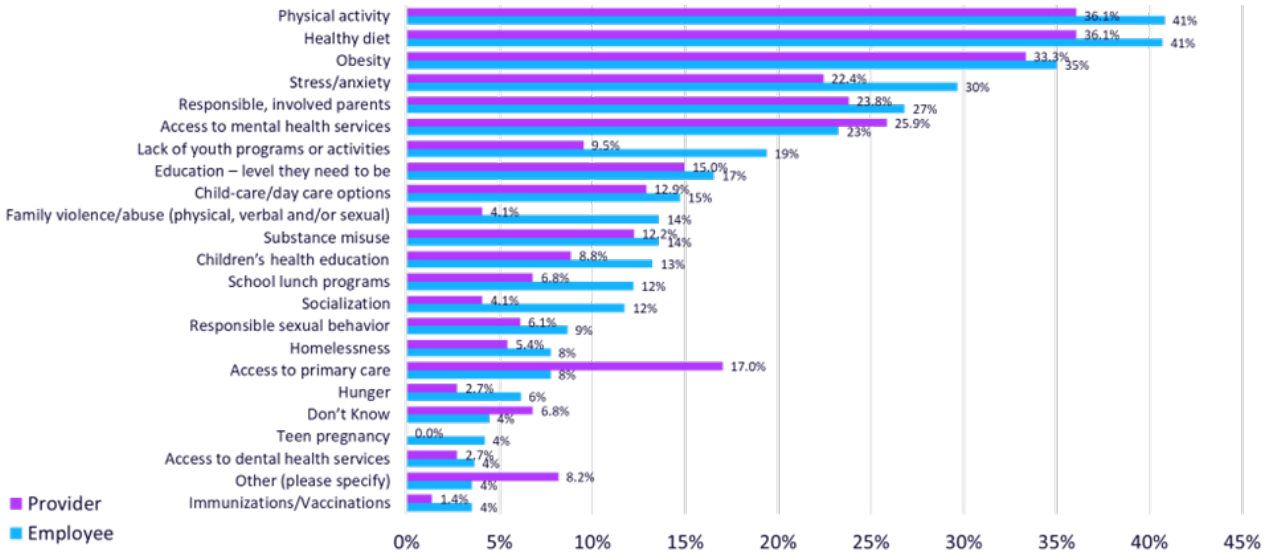
Q3. What are the top 3 issues in your community that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issues you can think of.



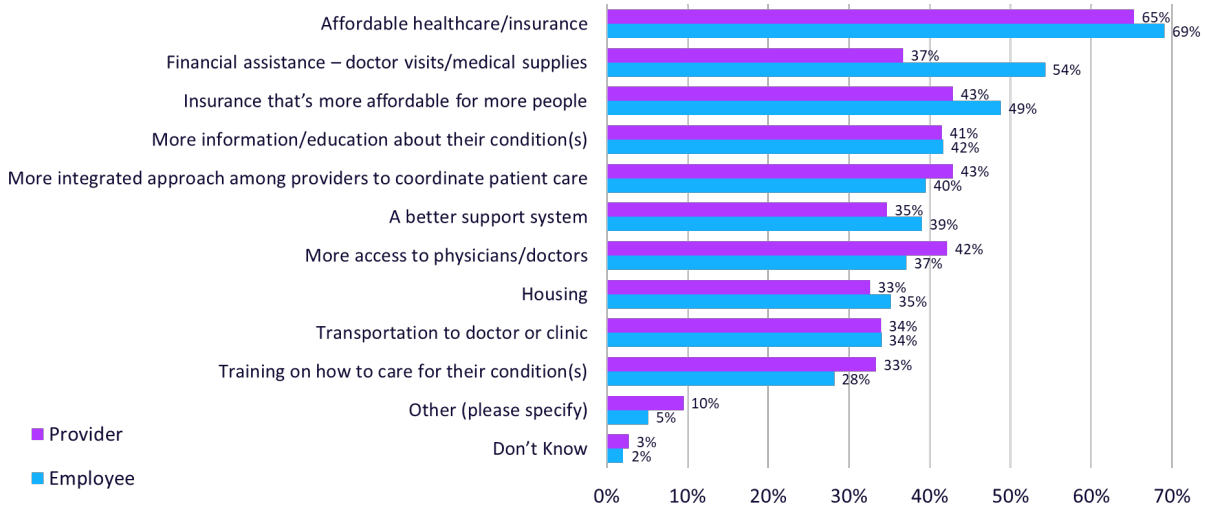
Q4. What are the top three social determinants of health issues that are impacting people's health?



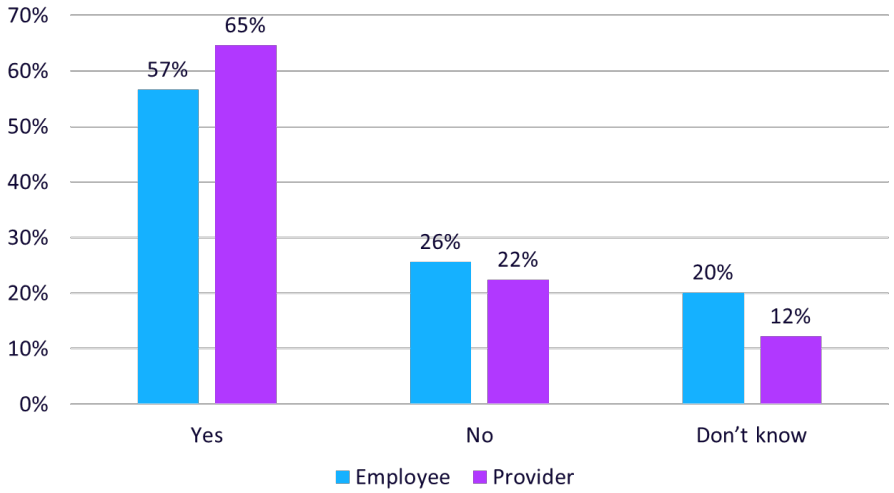
Q5. In your opinion, what are the top 3 health issues for youth and children in your community?



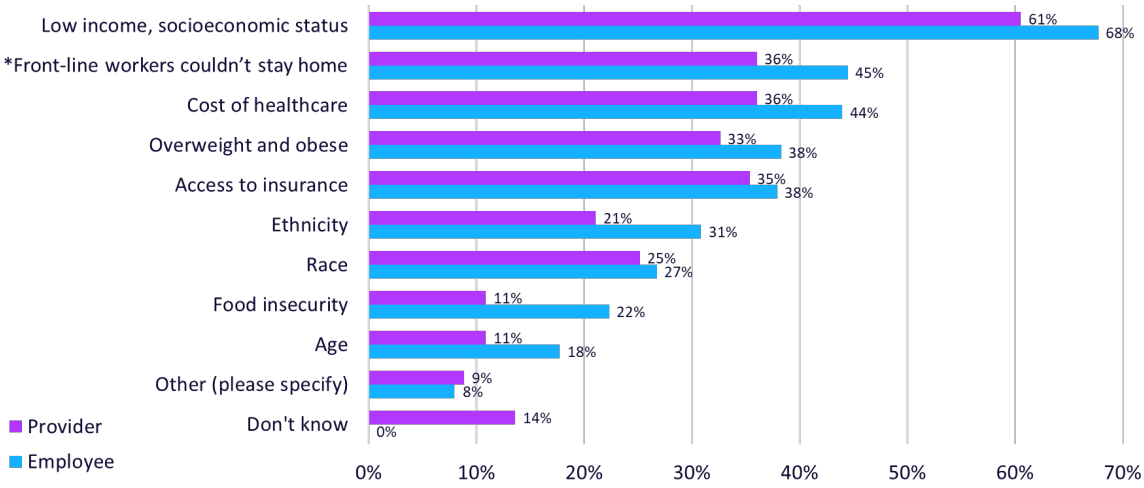
Q8. What, if anything, do you think the people in the county need in order to manage their health more effectively? (Select all that apply)



Q6. Did you notice any health disparities or inequities (differences in health) exposed in your community by COVID-19?

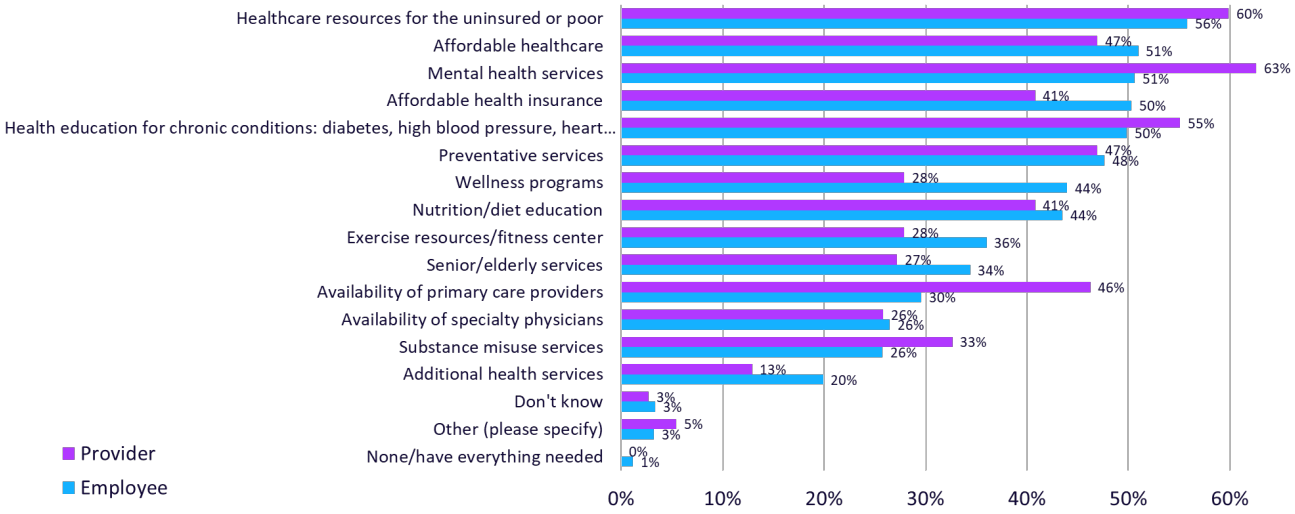


Q7. What were the causes of health disparities or inequities (differences in health) exposed in your community by COVID-19? (Select as many as desired)



***Grocery store clerks, food preparation workers, police, fire, healthcare workers**

Q9. What healthcare, health education or public health services or programs would be most beneficial to your community for local hospitals to provide/offer? (Select all that apply)



3. Community Survey Summary

The collaborating hospitals conducted a community survey using Wilkins Research from Chattanooga TN to randomly survey 800 households in Miami-Dade County. The collaborating hospitals sent out a link to the survey to stakeholders for additional responses.

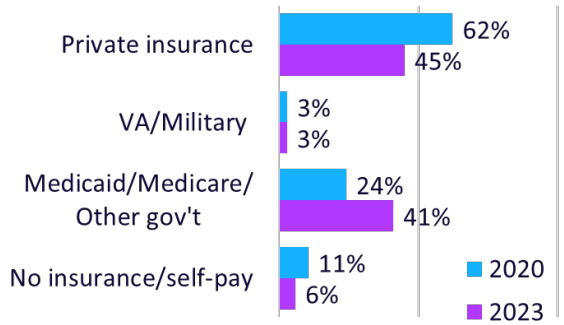
Survey Method	Sample Number
Wilkins landline telephones	100
Wilkins cell phone	100
Wilkins online	600
Collaborators online	229
Total Survey	**1,029**

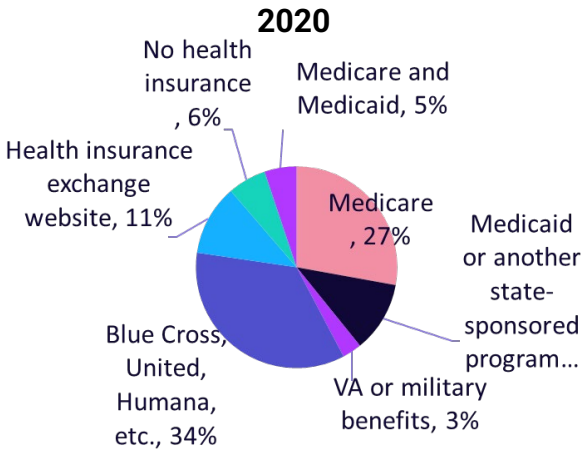
The surveys were conducted from May 15, 2023, to June 15, 2023. Results were compared to 2020 when possible. When the entire sample is used, the confidence interval is +/- 3.04% at 50% with 95% confidence. The survey demographics very closely mirrored the demographics of the community.

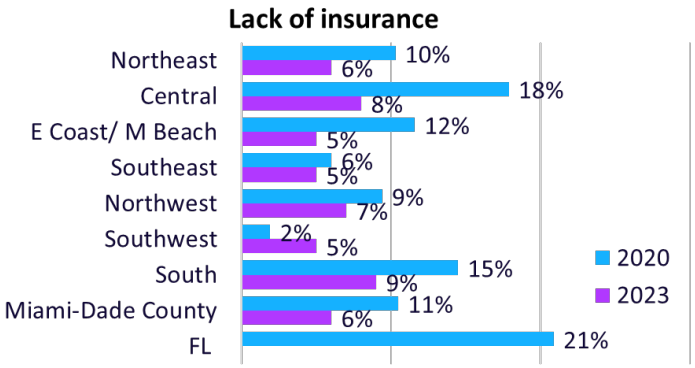
Survey Demographics

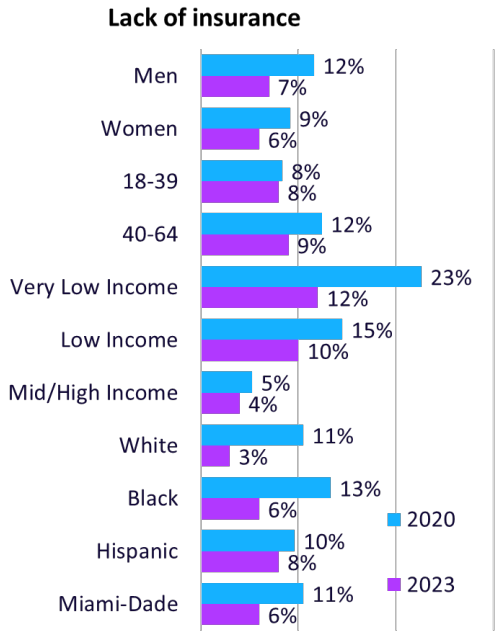
Label	Total Completes	%
Male	459	45%
Female	565	55%
18-39	361	35%
40-64	405	39%
65+	263	26%
White	223	22%
Hispanic	624	61%
Black	125	12%
Other	44	4%
South	128	12%
Southwest	123	12%
Northwest	86	8%
Southeast	229	22%
East Coast	155	15%
Central Miami	168	16%
Northeast	140	14%
Very Low Income	194	19%
Low Income	181	18%
Mid-High Income	499	48%
Refused	164	16%

Q52. What kind of health insurance do you have?



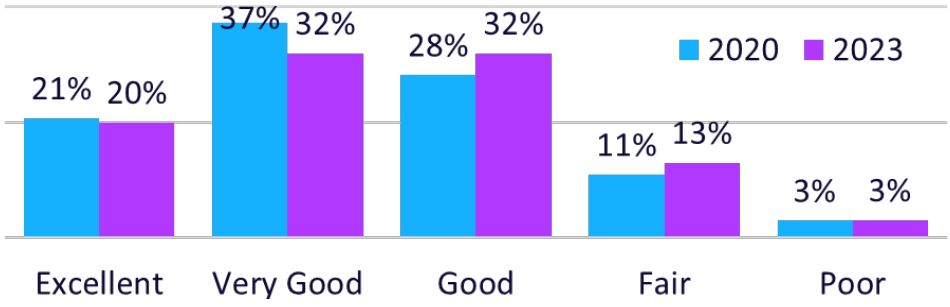


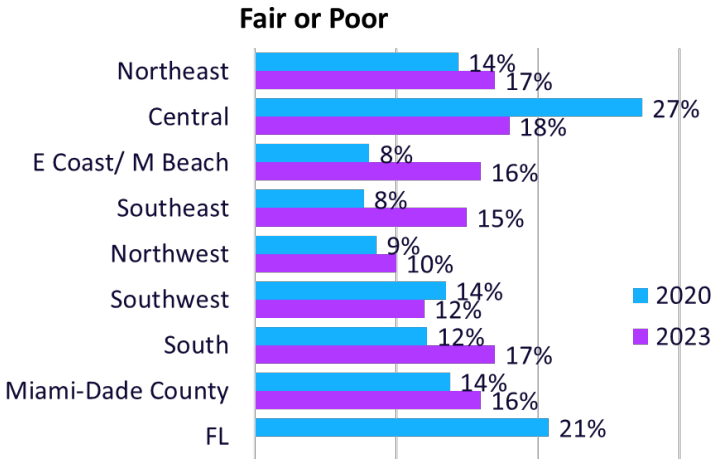


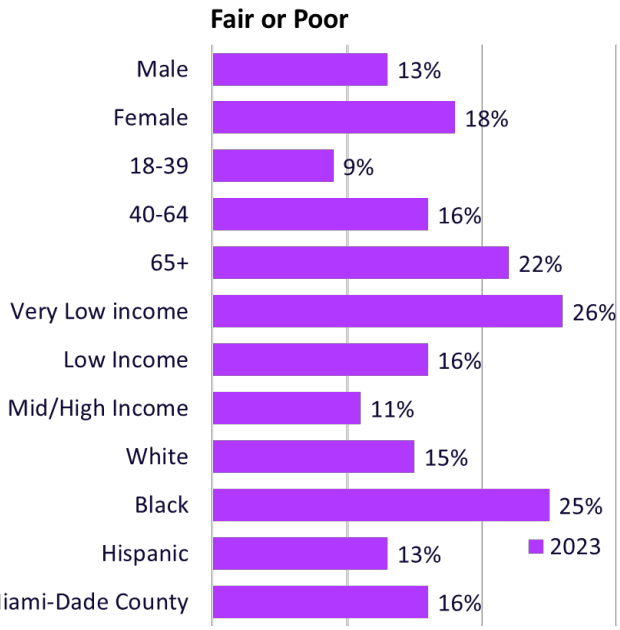


Health Status

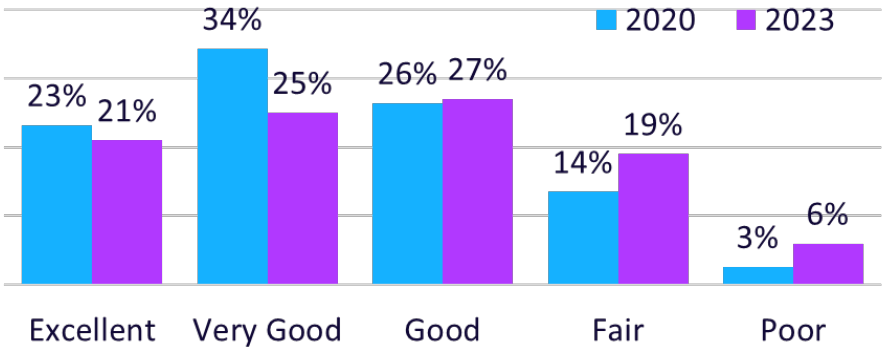
Q4: Would you say your health is...?

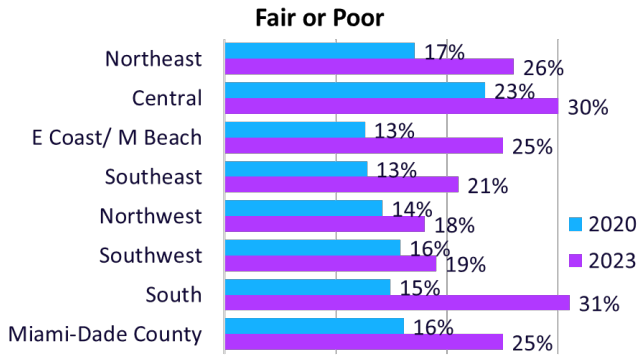


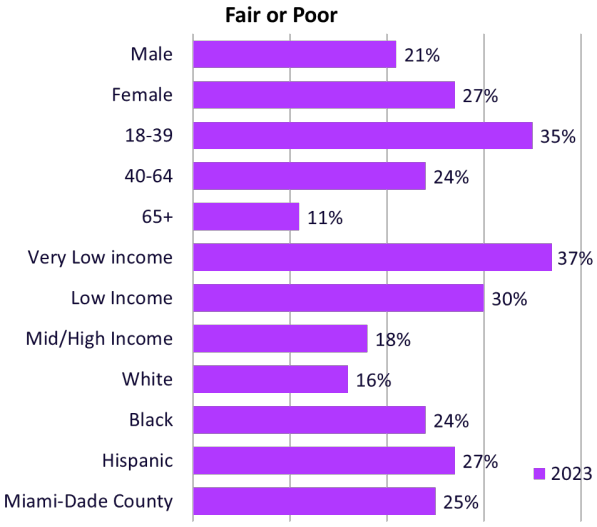




Q61: Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is:

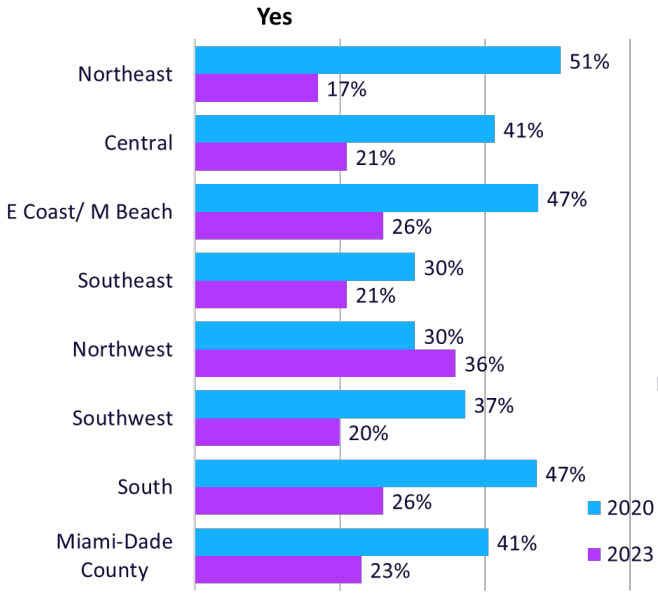


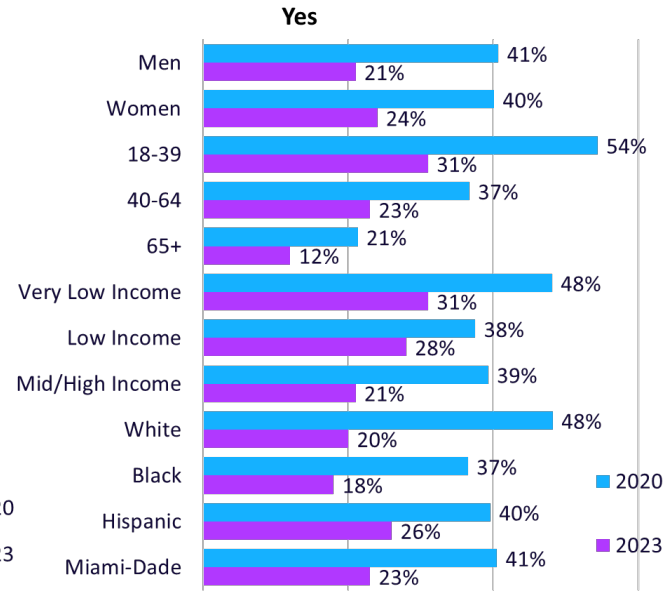




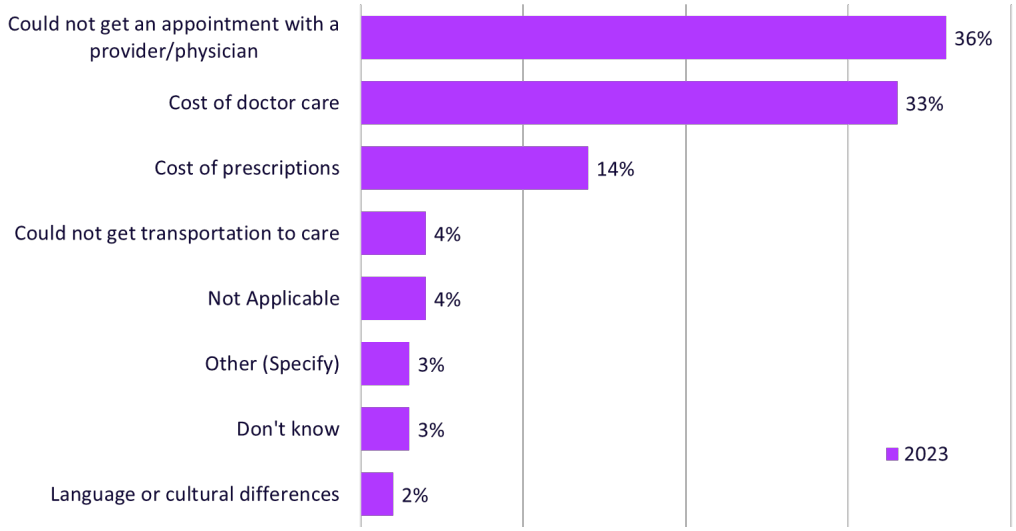
Access to Care

Q6: Was there a time in the past 12 months when you needed medical care, but could not get it?

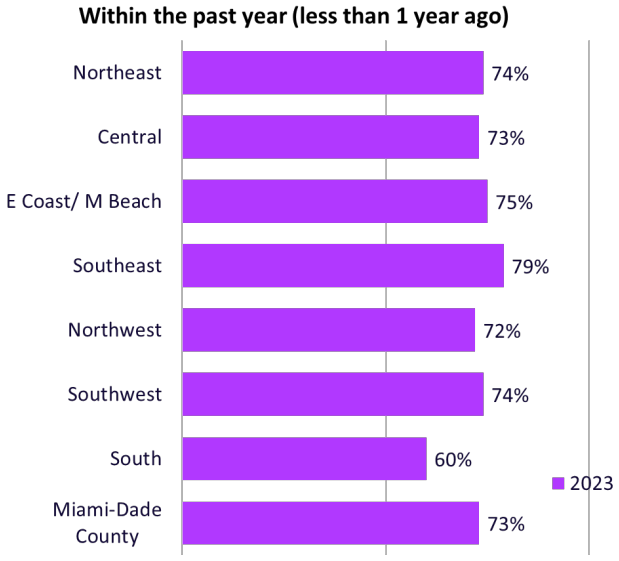


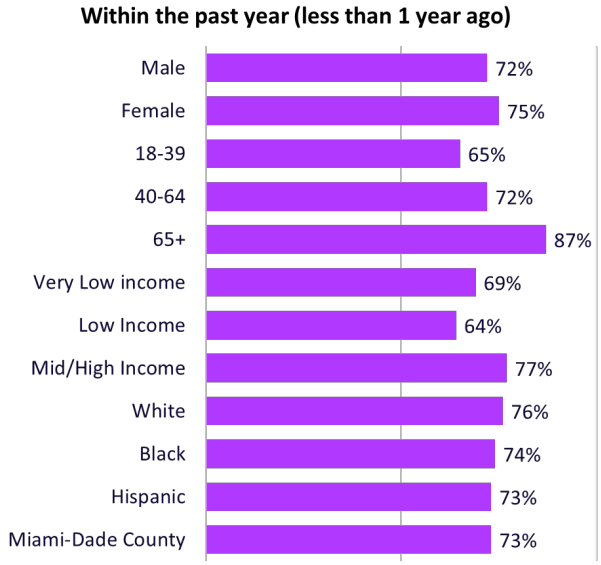


Q7: What was the primary reason you could not get care?

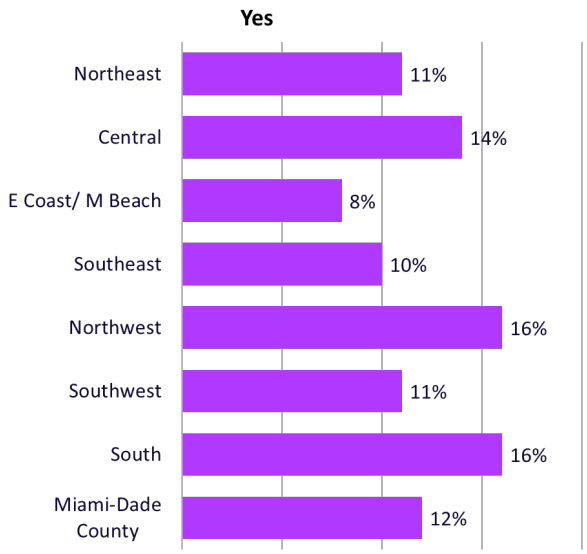


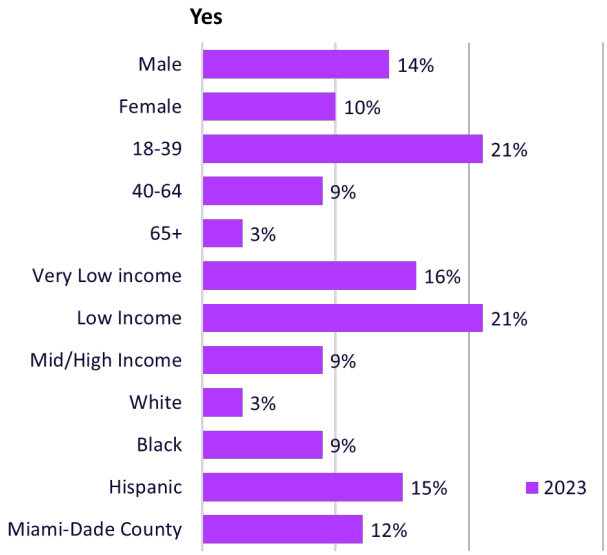
Q9: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?





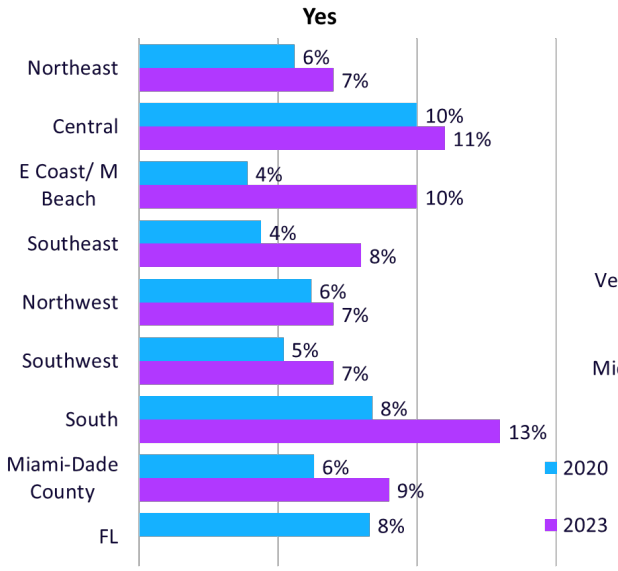
Q53: In the past 12 months, have you had a gap in insurance when you had no coverage?

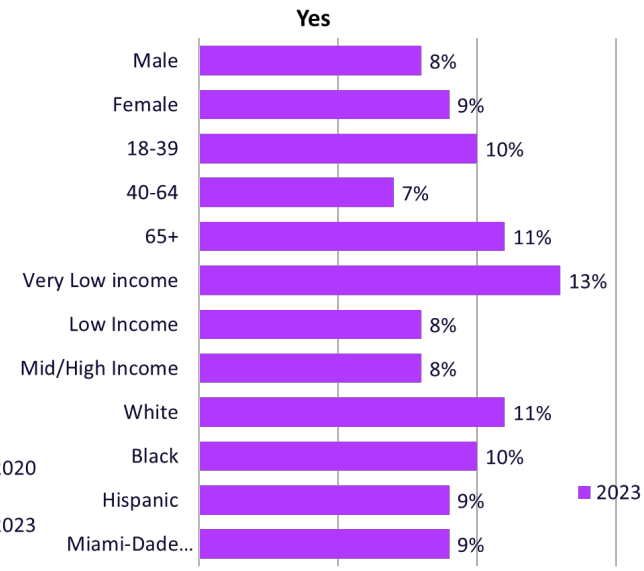




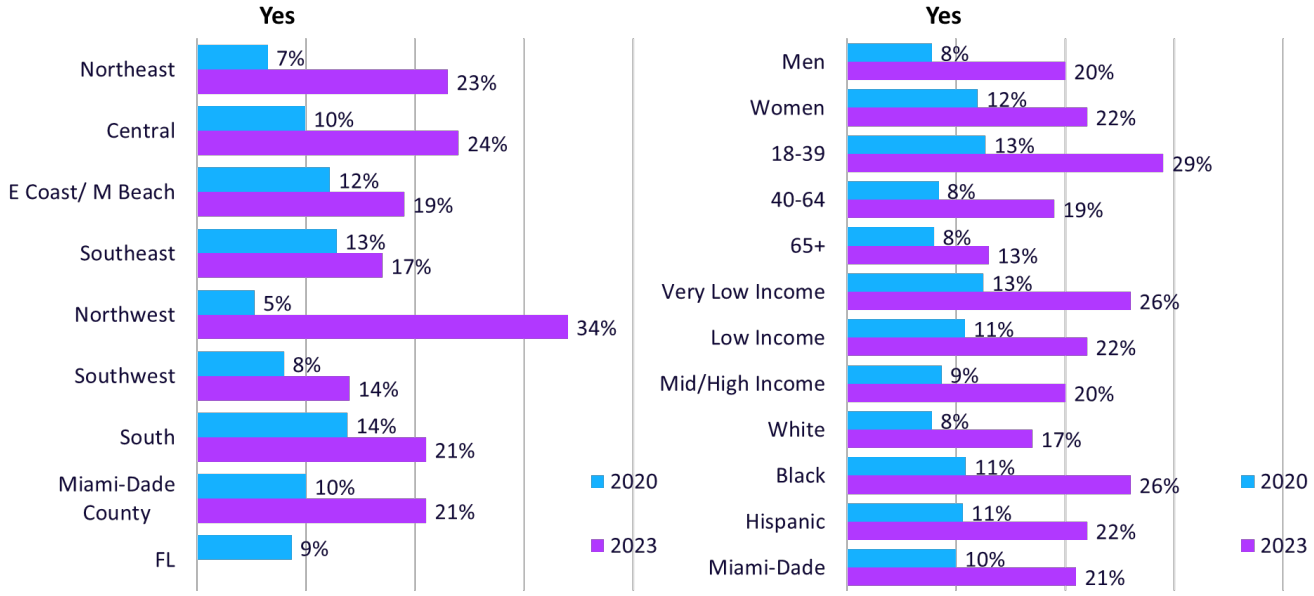
Chronic Diseases - Respiratory

Q13: Have you ever suffered from or been diagnosed with any of the following medical conditions? Chronic obstructive pulmonary disease (COPD), including chronic bronchitis or emphysema?



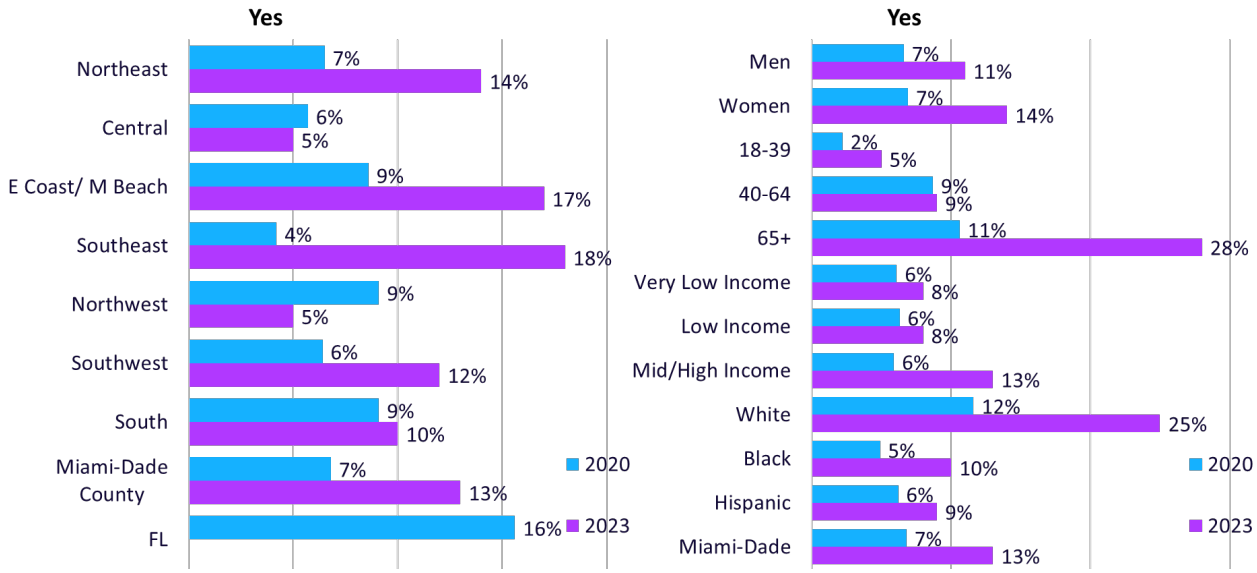


Q20: Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

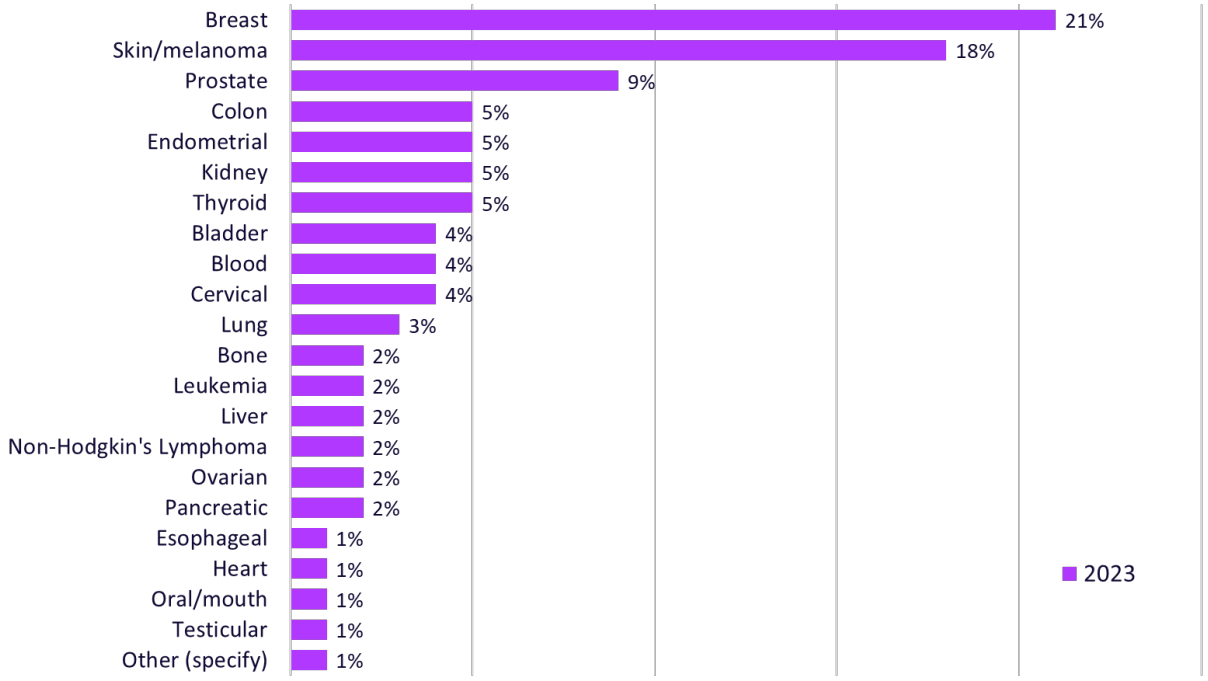


Chronic Diseases - Cancer

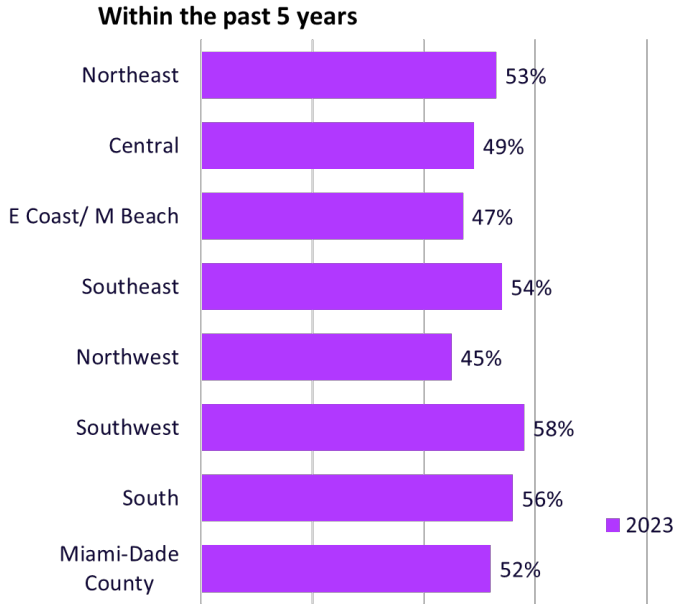
Q14: Have you ever suffered from or been diagnosed with Cancer?

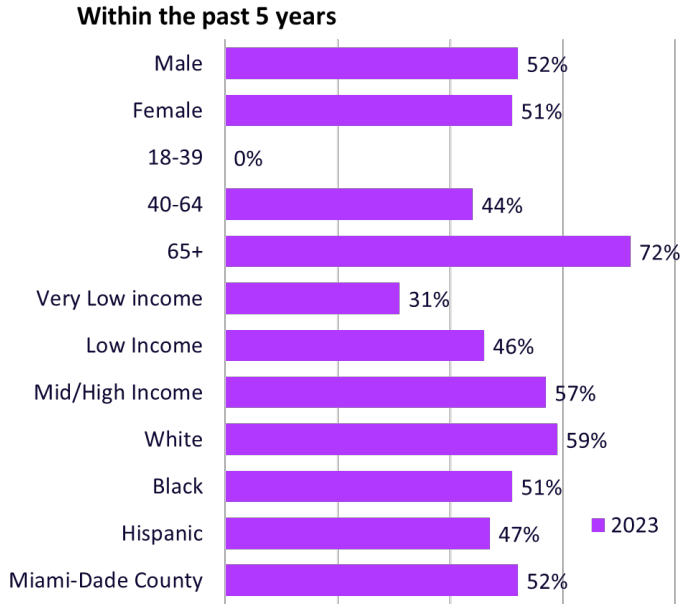


Q15: Which type of cancer were you diagnosed with? For example, was it breast cancer, bone cancer or lung cancer, etc.?



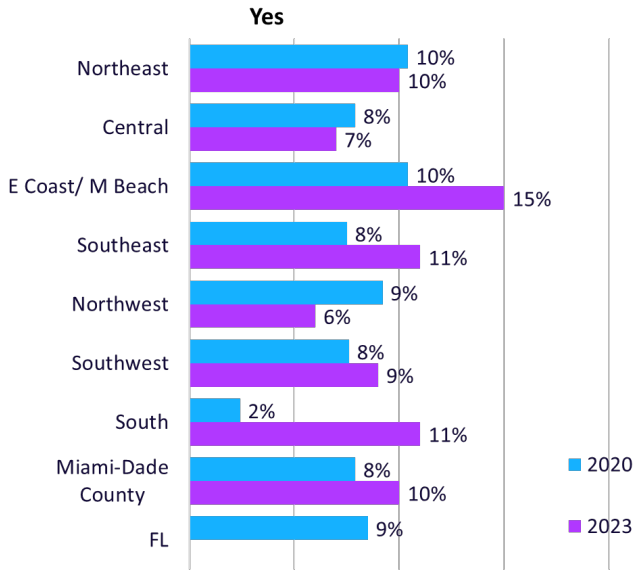
Q56: How long has it been since your last sigmoidoscopy or colonoscopy?

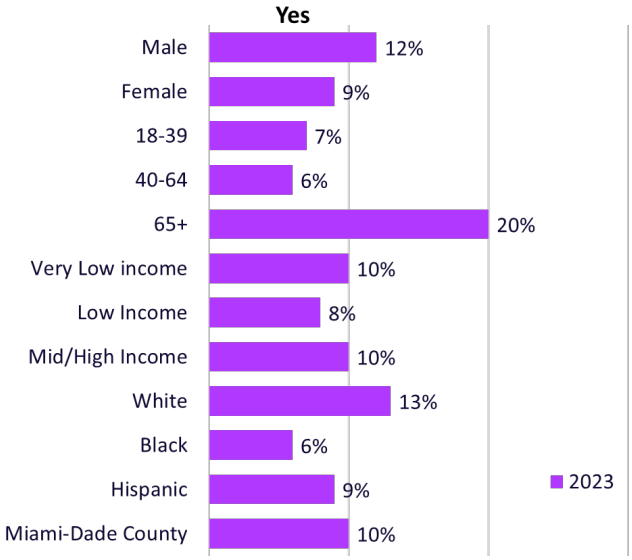




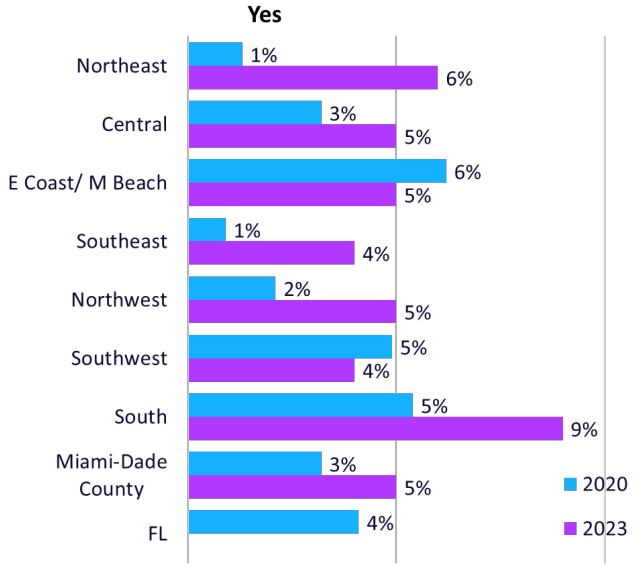
Chronic Diseases – Heart Disease and Stroke

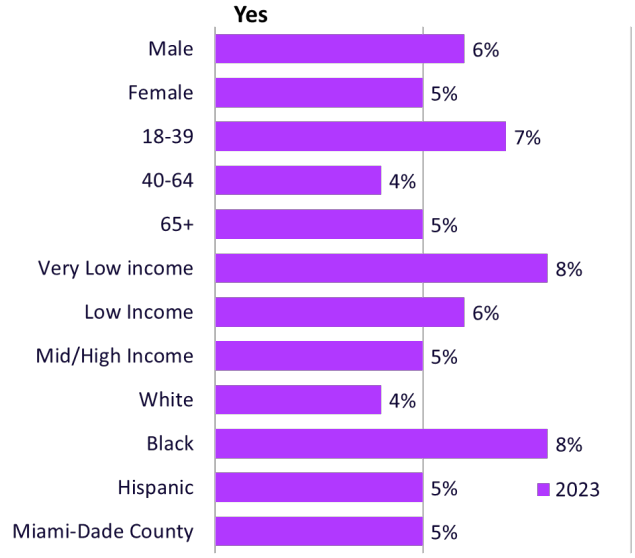
Q17: The next questions are about cardiovascular or heart disease. Has a doctor, nurse or other health professional ever told you that you had any of the following? Heart disease, including heart attack/myocardial infarction, angina, or coronary heart disease?



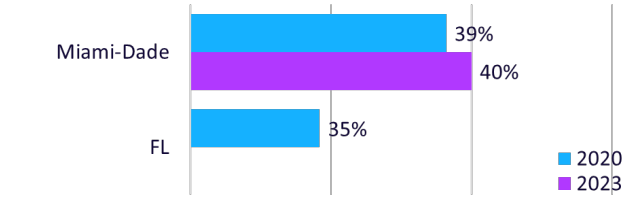


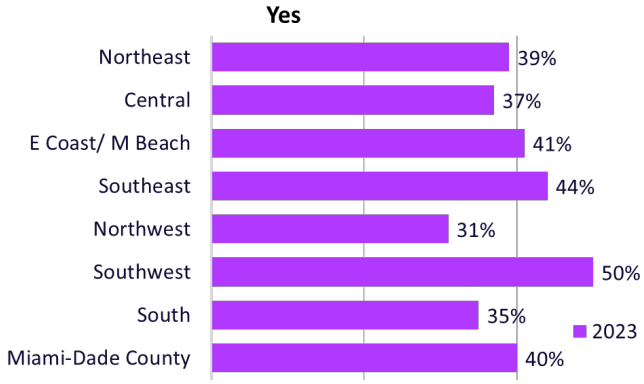
Q18: Has a doctor, nurse or other health professional ever told you that you had a stoke?

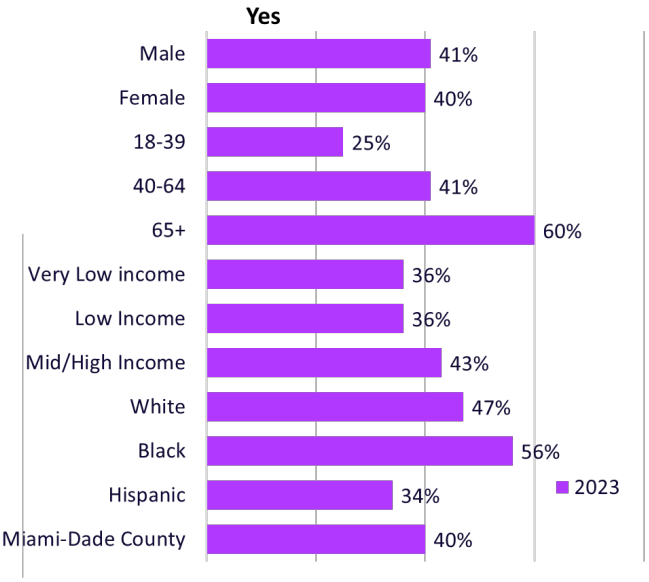




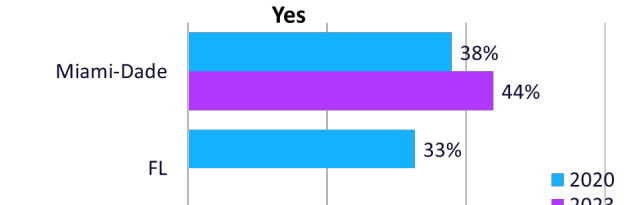
Q24: Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

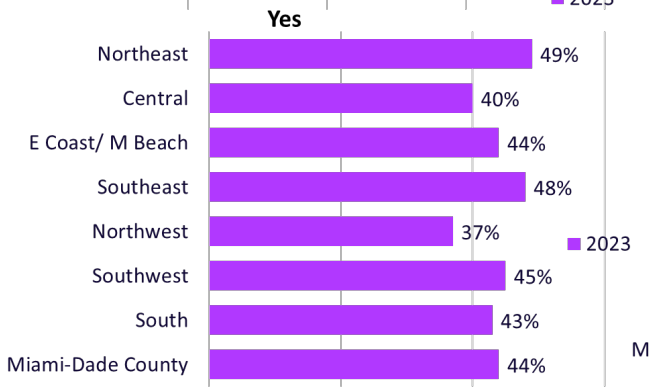


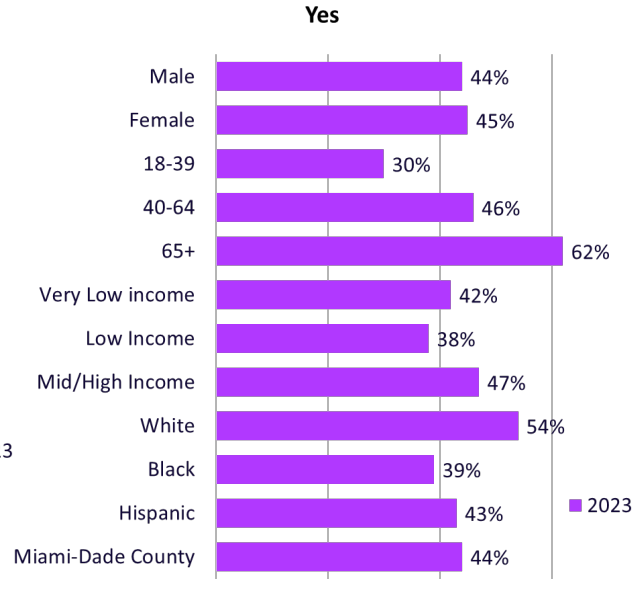




Q25: Have you ever been told by a doctor, nurse, or other health professional your cholesterol is high?

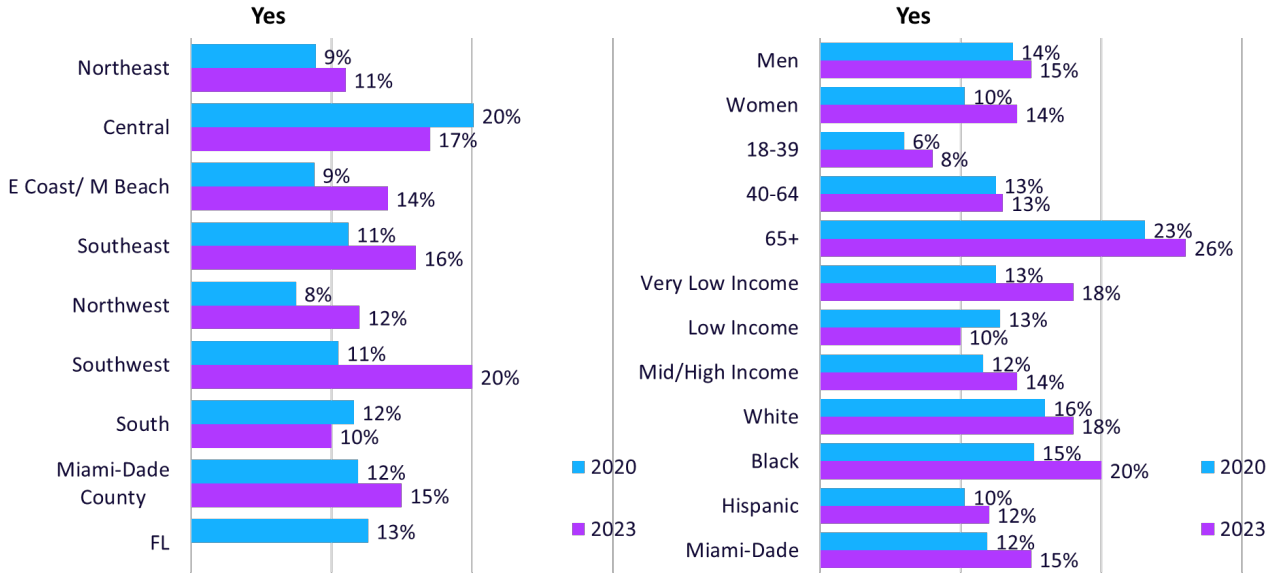






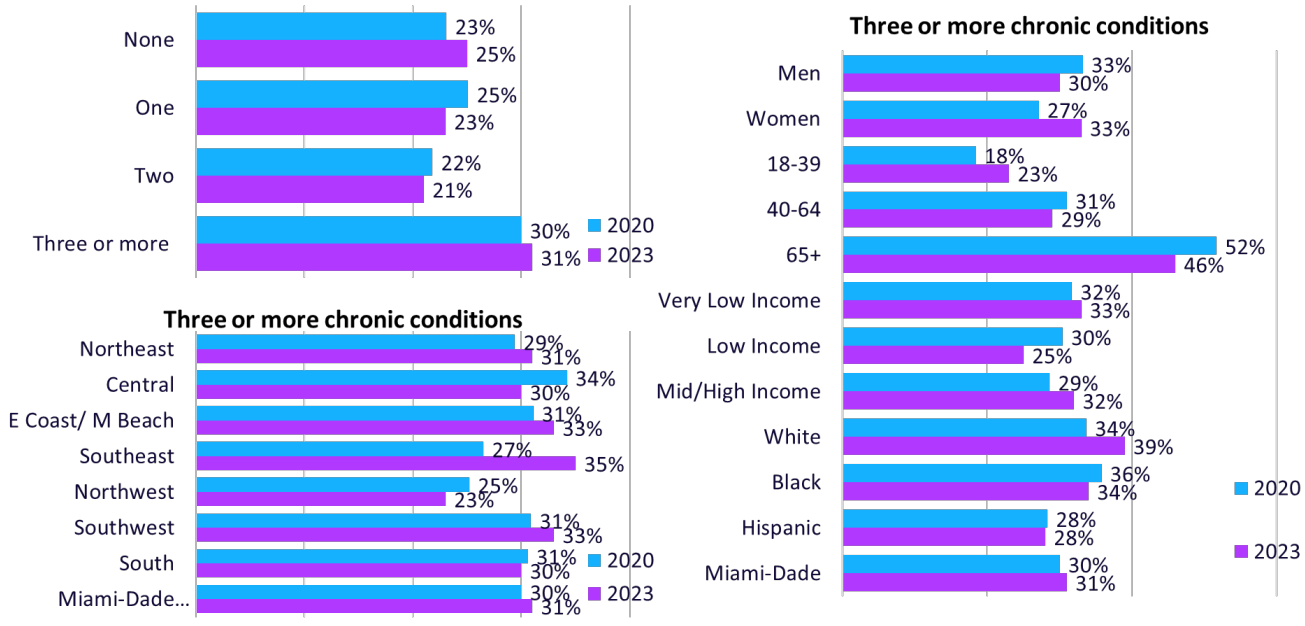
Chronic Diseases – Diabetes

Q22: (Not counting diabetes only occurring during pregnancy,) have you ever been told by a doctor, nurse or other heath professional you have diabetes?



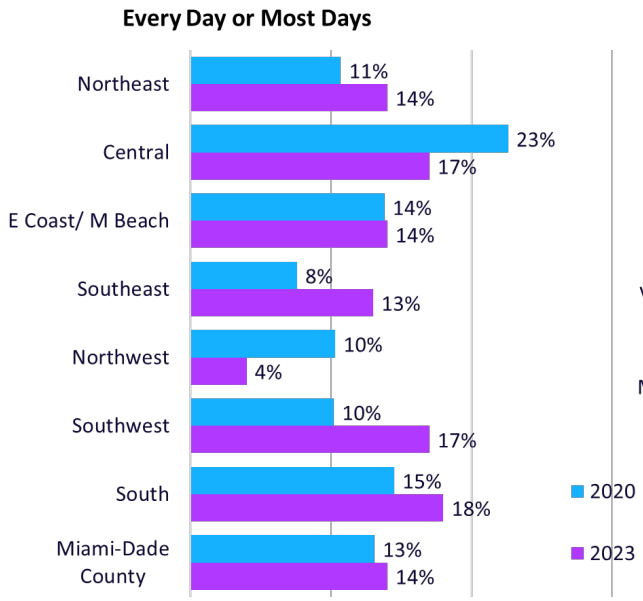
Chronic Diseases – Multiple Chronic Conditions

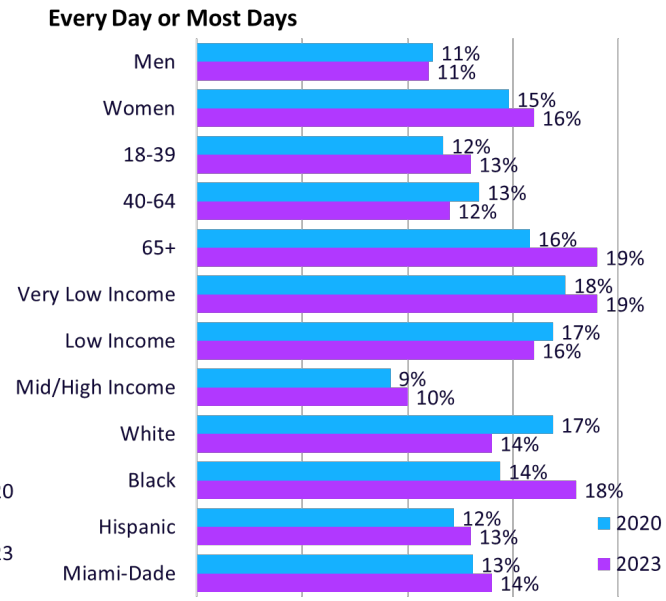
Q81: Do you have one or more chronic health conditions (including lung disease, cancer, heart disease, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity and/or diagnosed depression)?



Other Health Issues – Pain

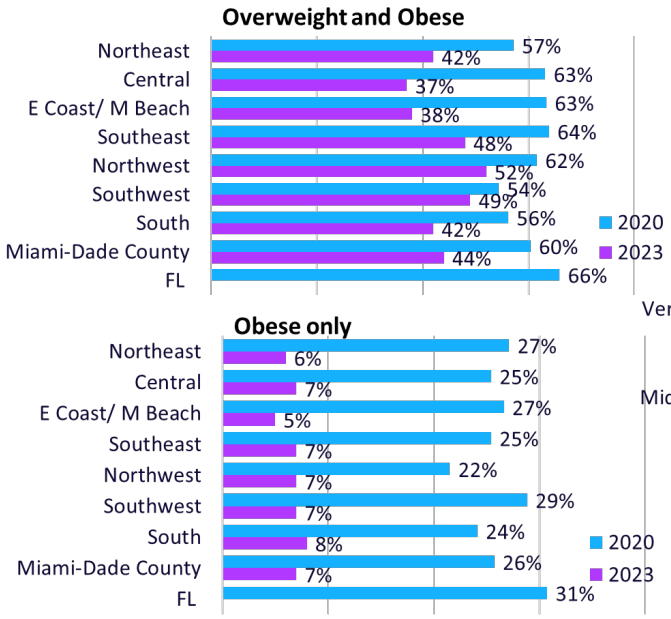
Q26: The next question is about physical pain. Over the past six months, how often did physical pain limit your life or work activities?

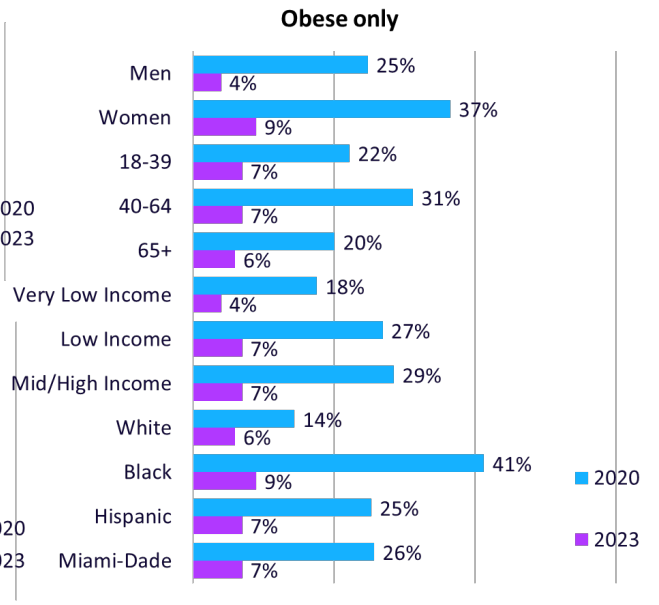




Other Health Issues – Healthy Weight

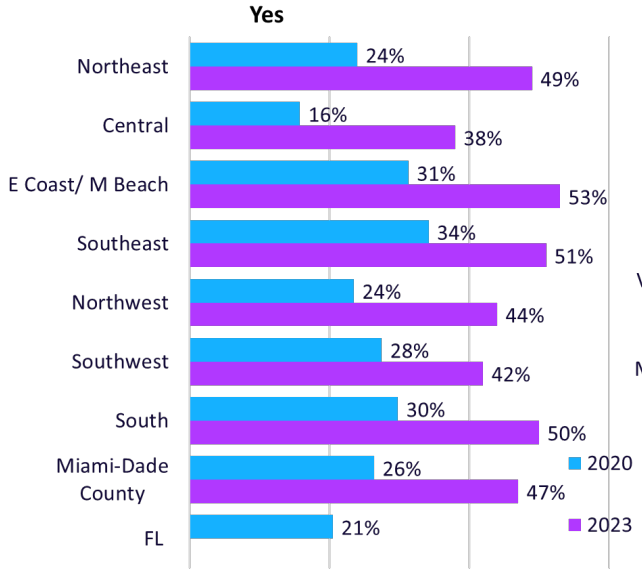
Q54: Based on your height and weight and recommended weight guidelines, BMI charts, do you think you are*:

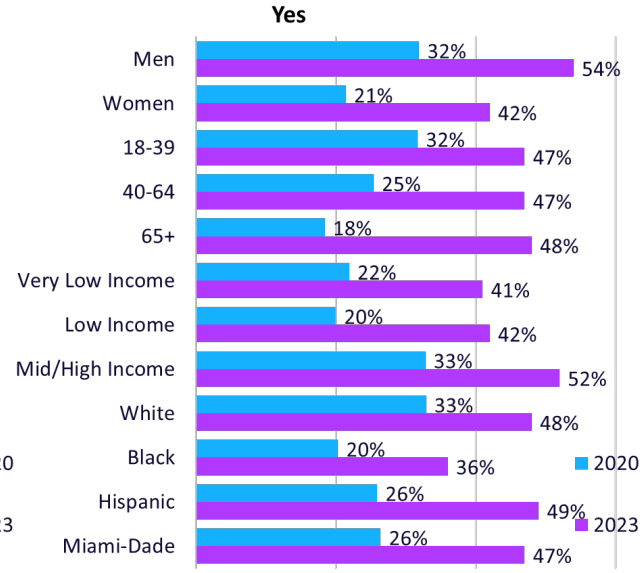




**Question changed in 2023. In 2020 BMI was calculated using five questions.*

Q60: Do you meet recommended exercise levels?*

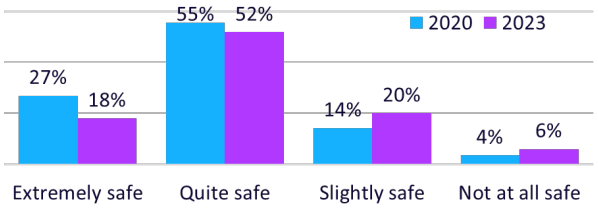


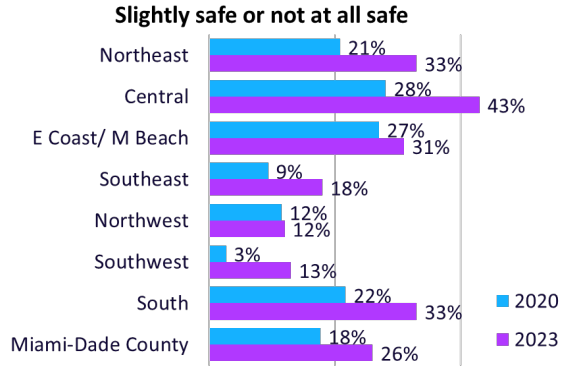


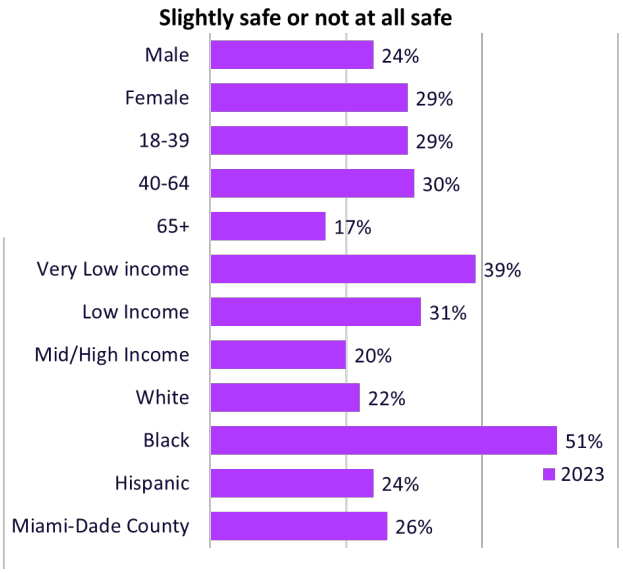
**Question changed in 2023. 2020 asked about various exercise standards.*

Social Drivers of Health – Safety

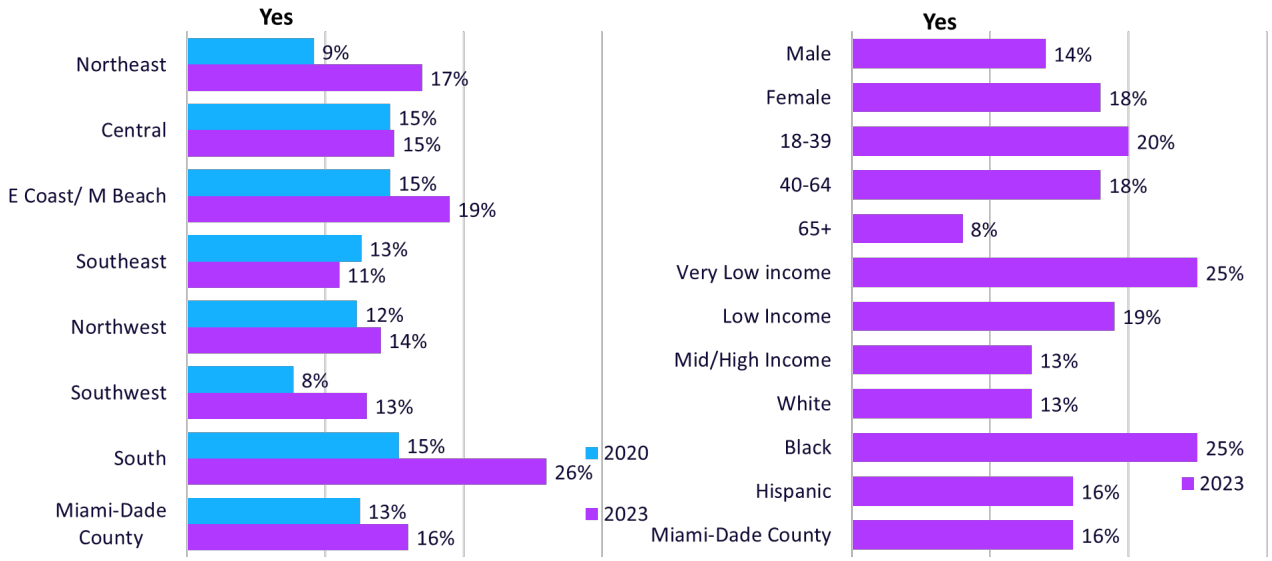
Q29: The next questions are about personal safety. How safe from crime do you consider your neighborhood to be?





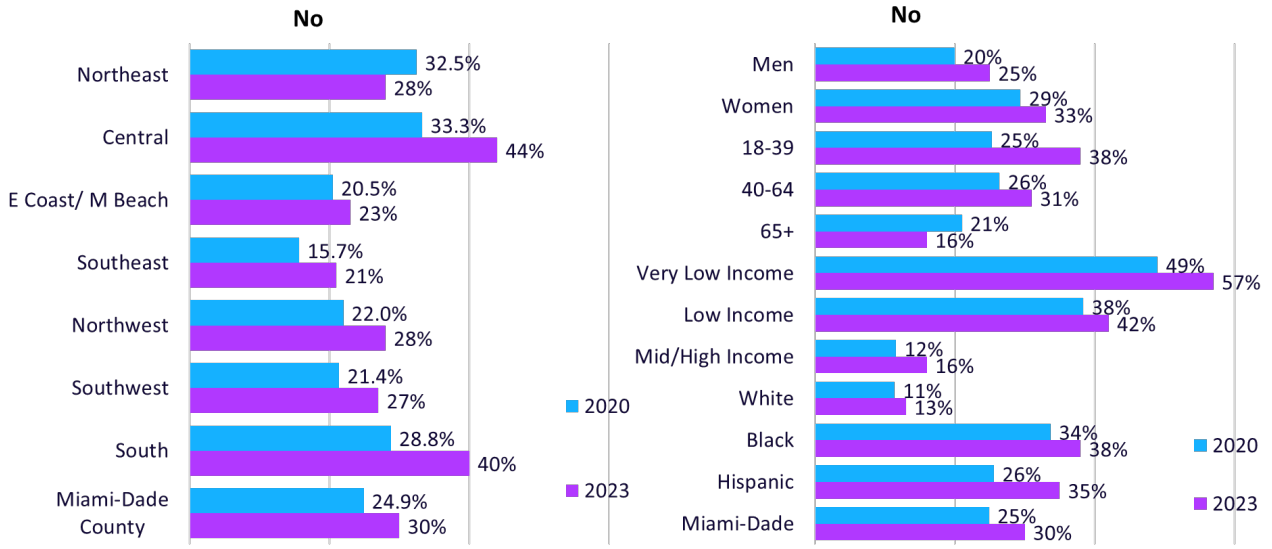


Q30: Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?

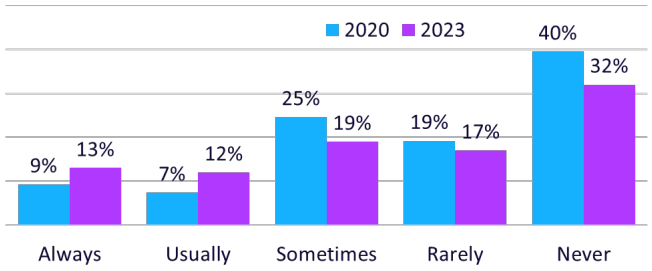


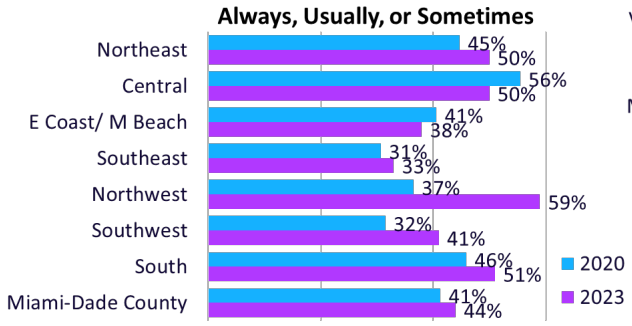
Social Drivers of Health – Financial Security

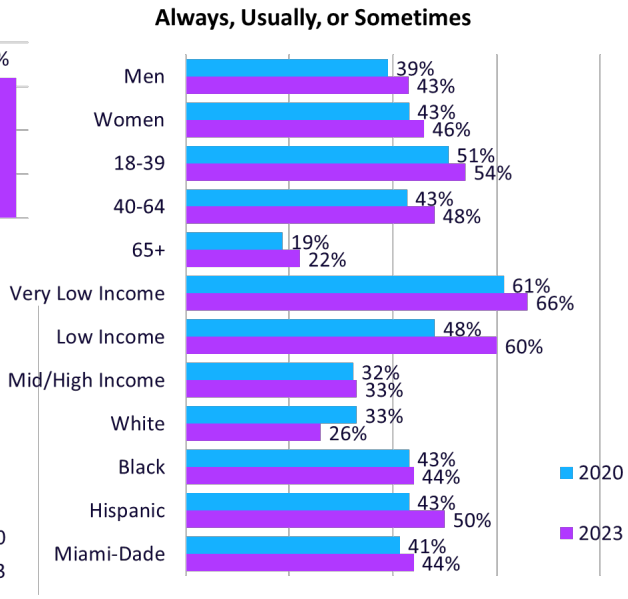
Q49: Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?



Q51: In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed?

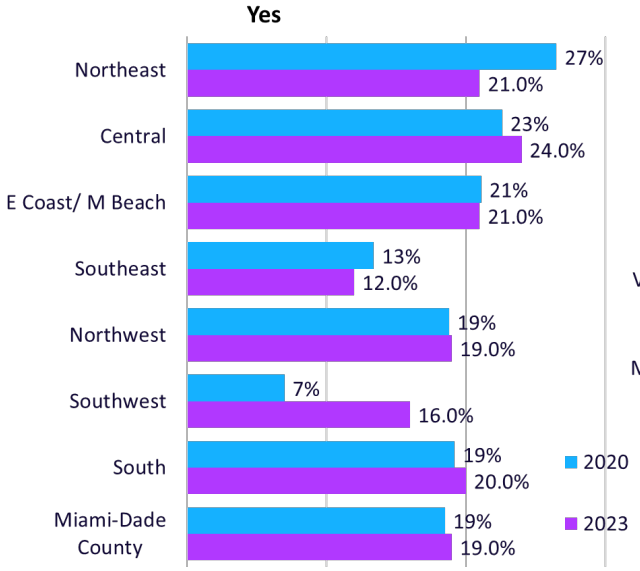


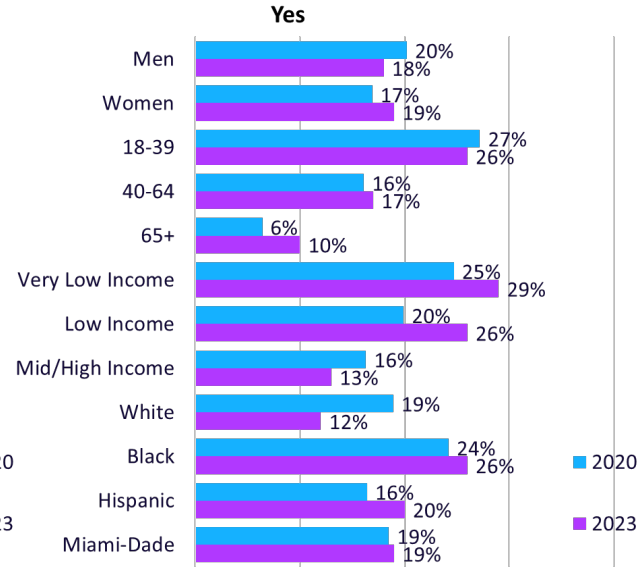




Social Drivers of Health – Housing

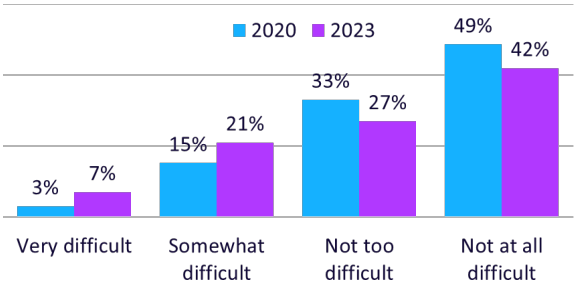
Q50: Over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?

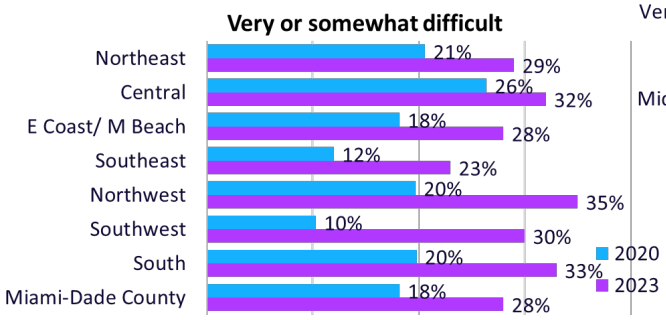


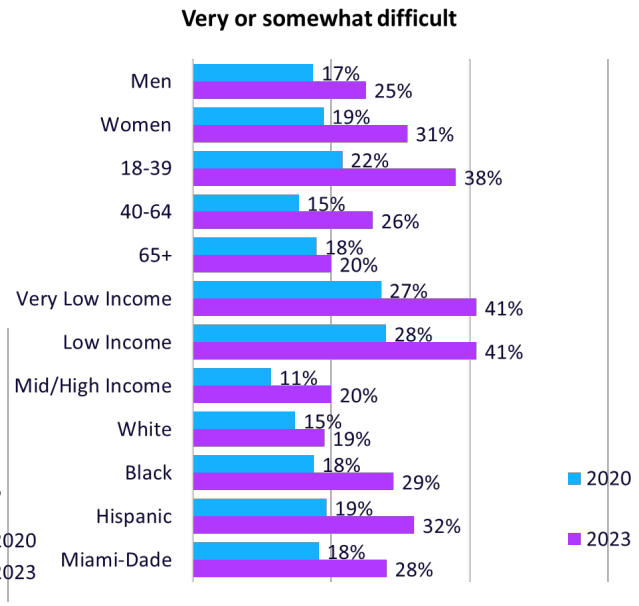


Social Drivers of Health – Food Security

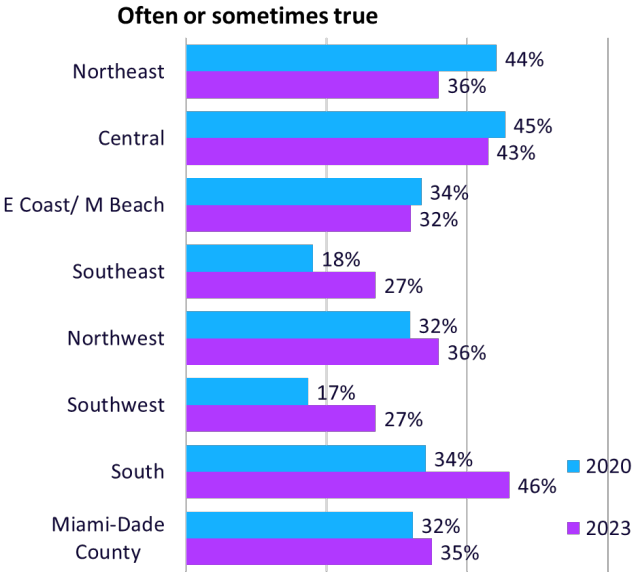
Q57: How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?

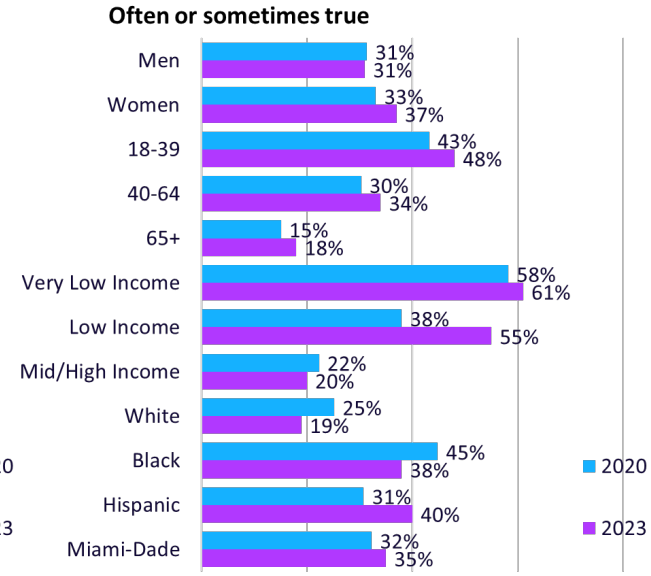






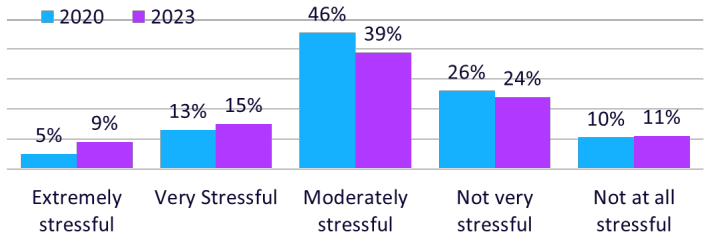
Q58: I worried about whether our food would run out before we got money to buy more. Was this statement:

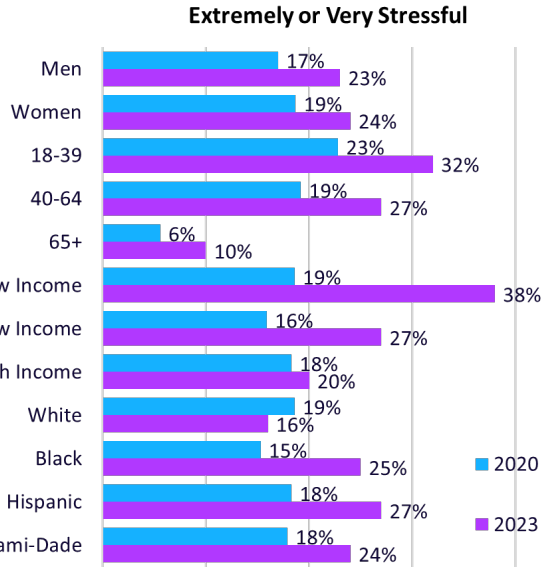


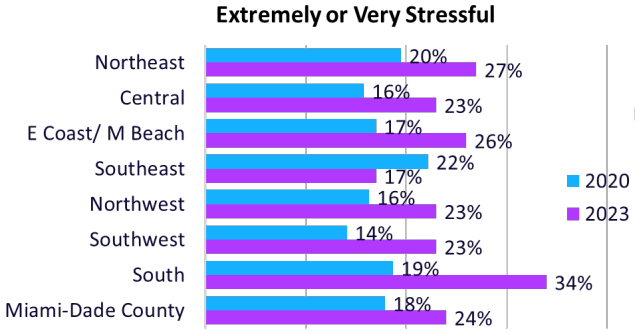


Mental Health

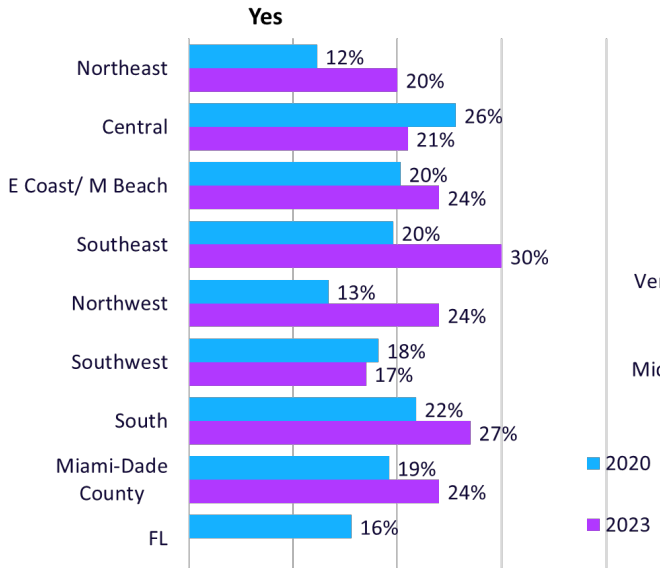
Q63: Thinking about the amount of stress in your life, would you say that most days are:

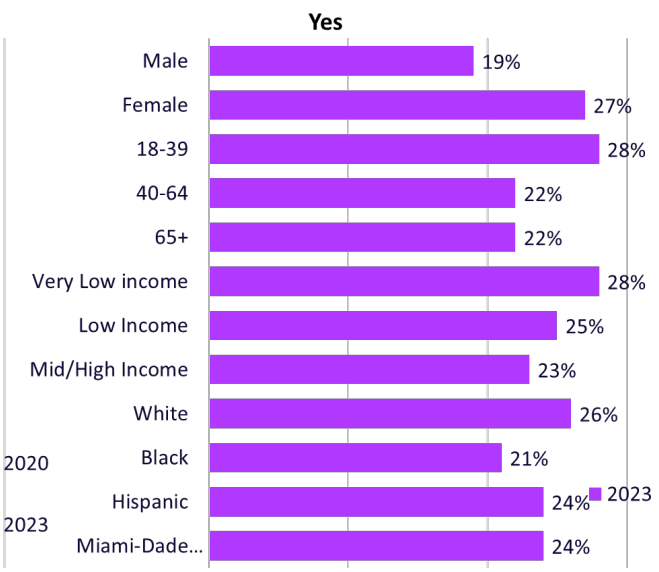




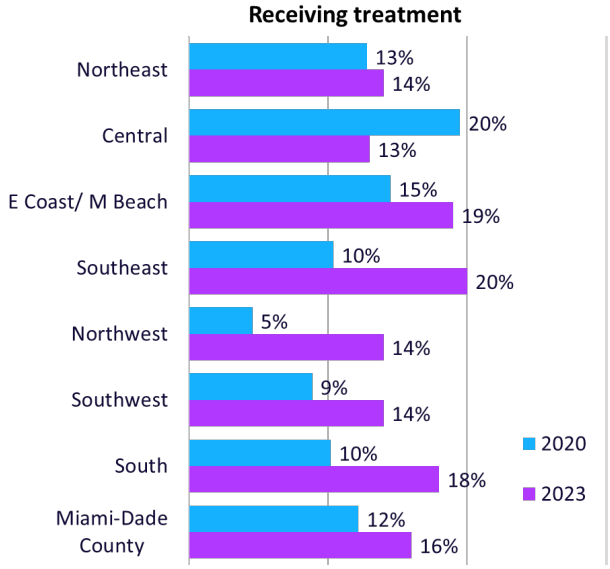


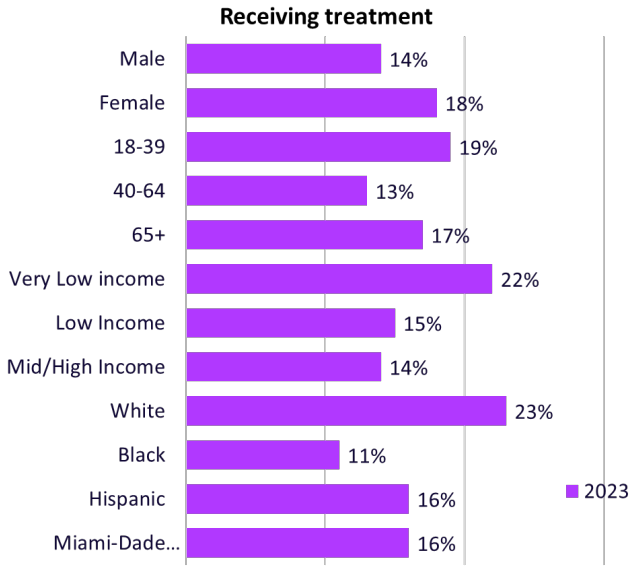
Q64: Has a doctor, nurse, or other health professional EVER told you that you have a depressive disorder, including depression, major depression, or minor depression?



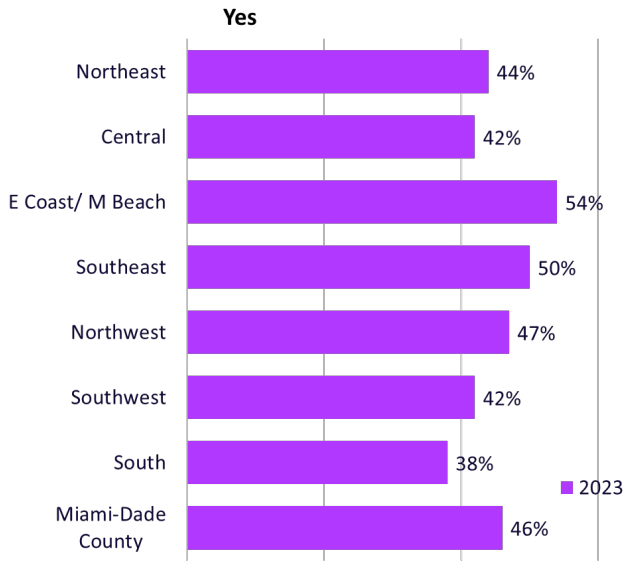


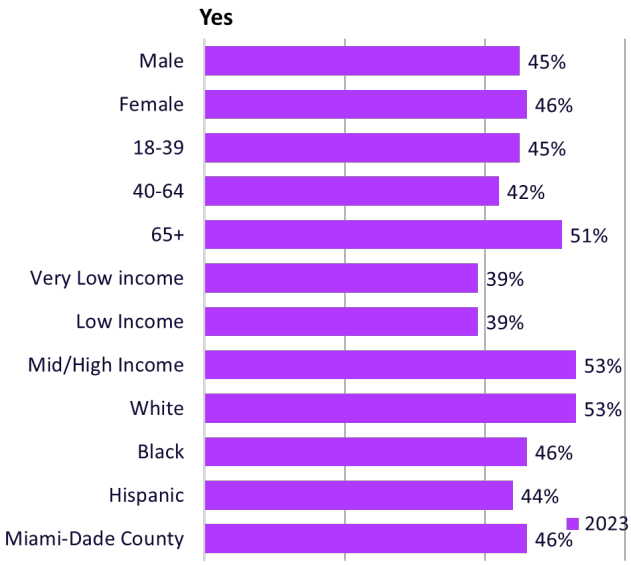
Q65: Are you NOW taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?



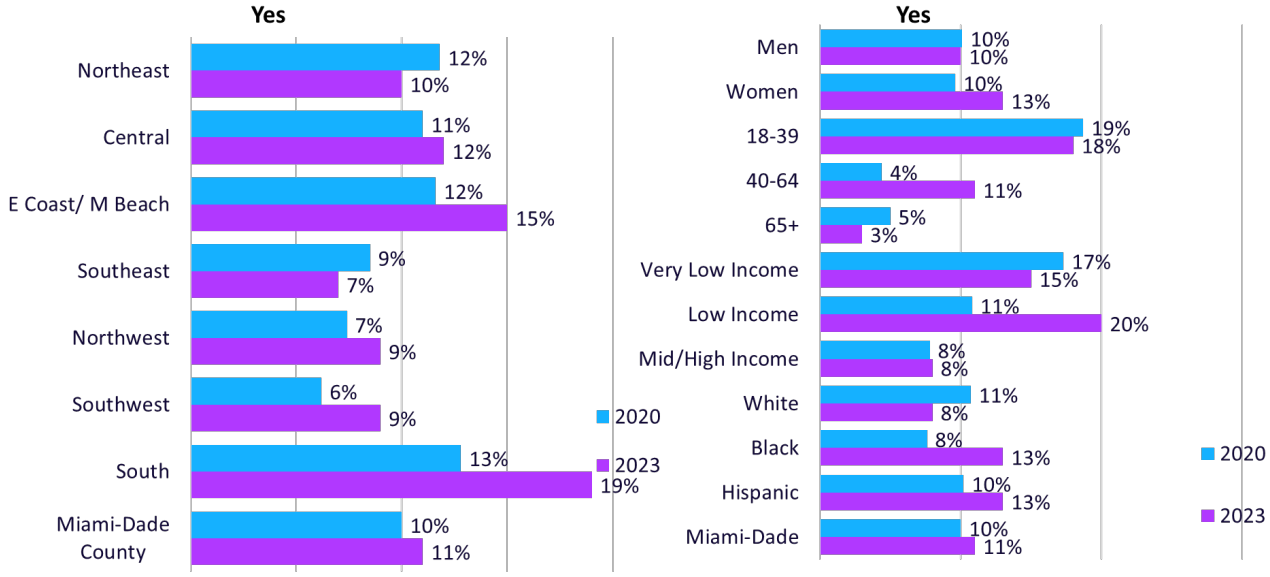


Q66: Are you aware of any providers, programs, or resources available in this community to help people with mental health needs?



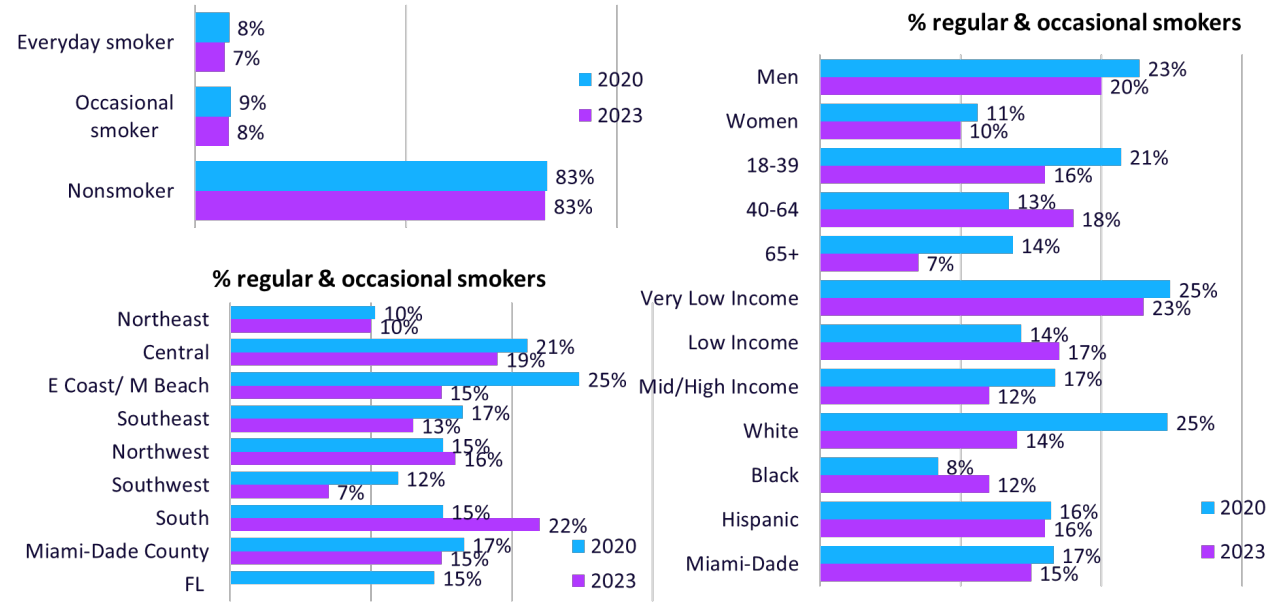


Q67: Was there a time in the PAST 12 MONTHS when you needed mental health services but were NOT able to get them?

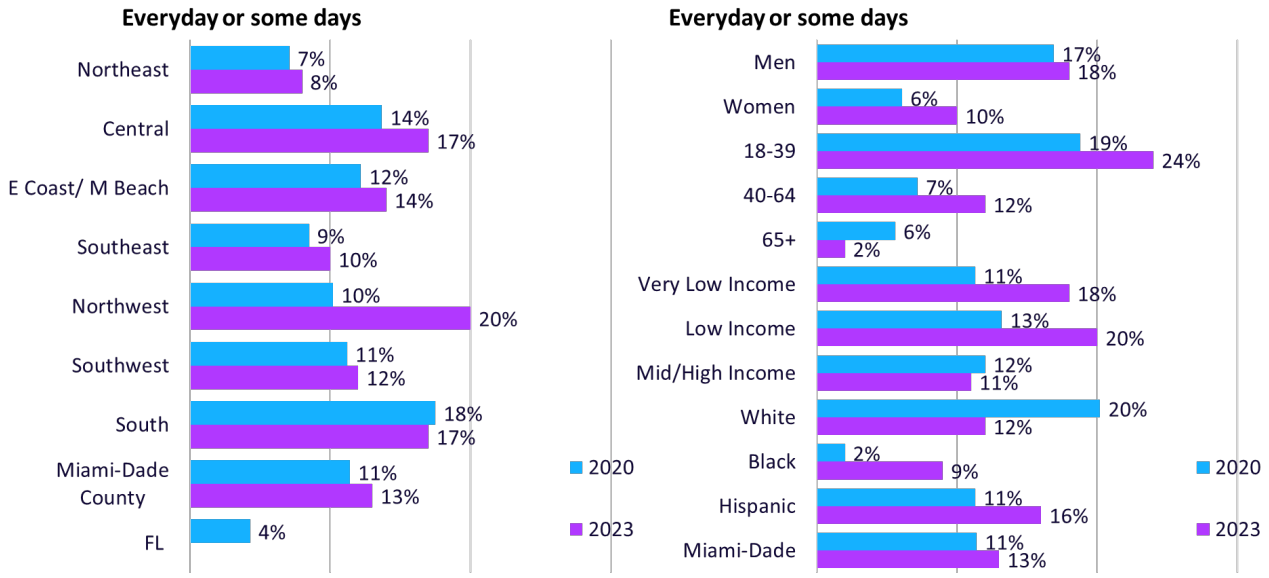


Substance Misuse

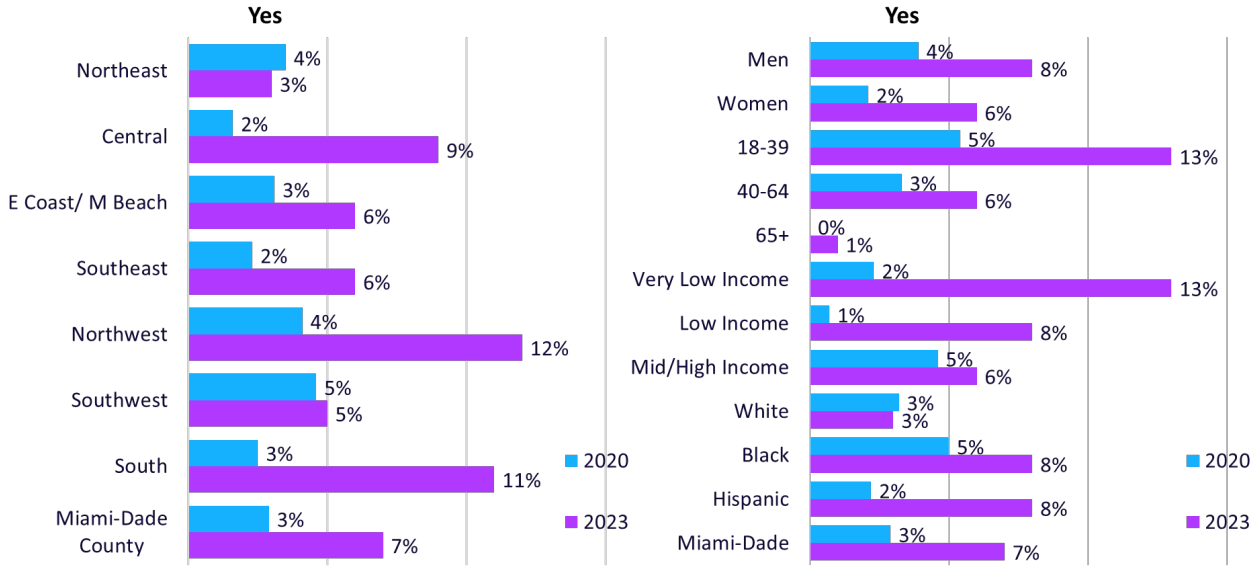
Q31: Do you CURRENTLY smoke cigarettes...?



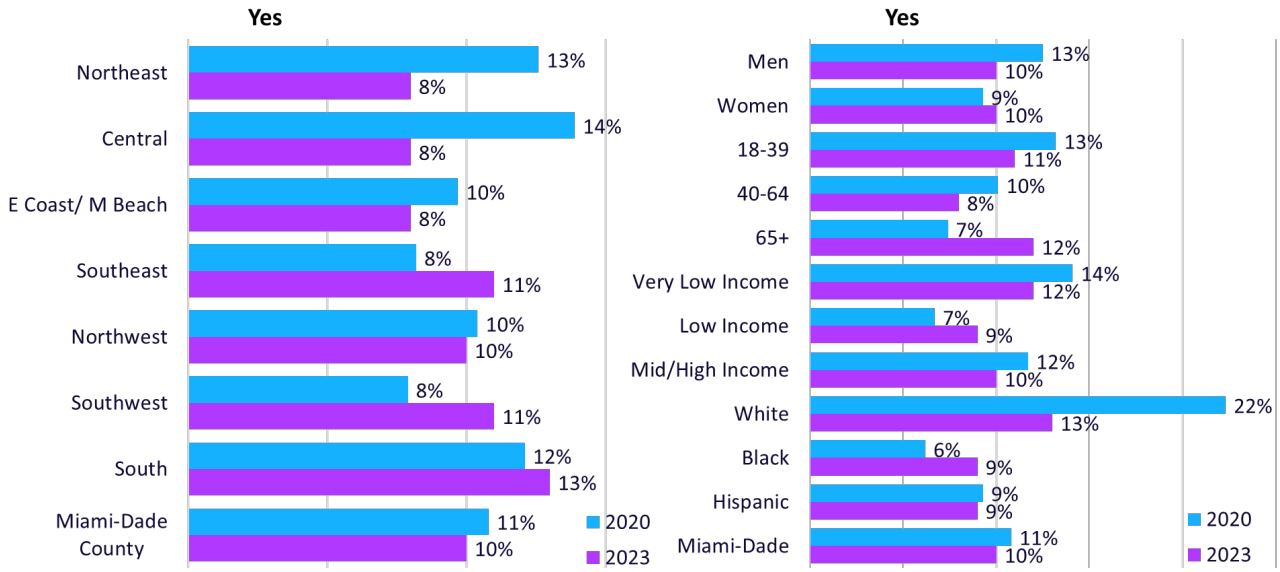
Q32: Do you use electronic "vaping" products, such as an e-cigarette?



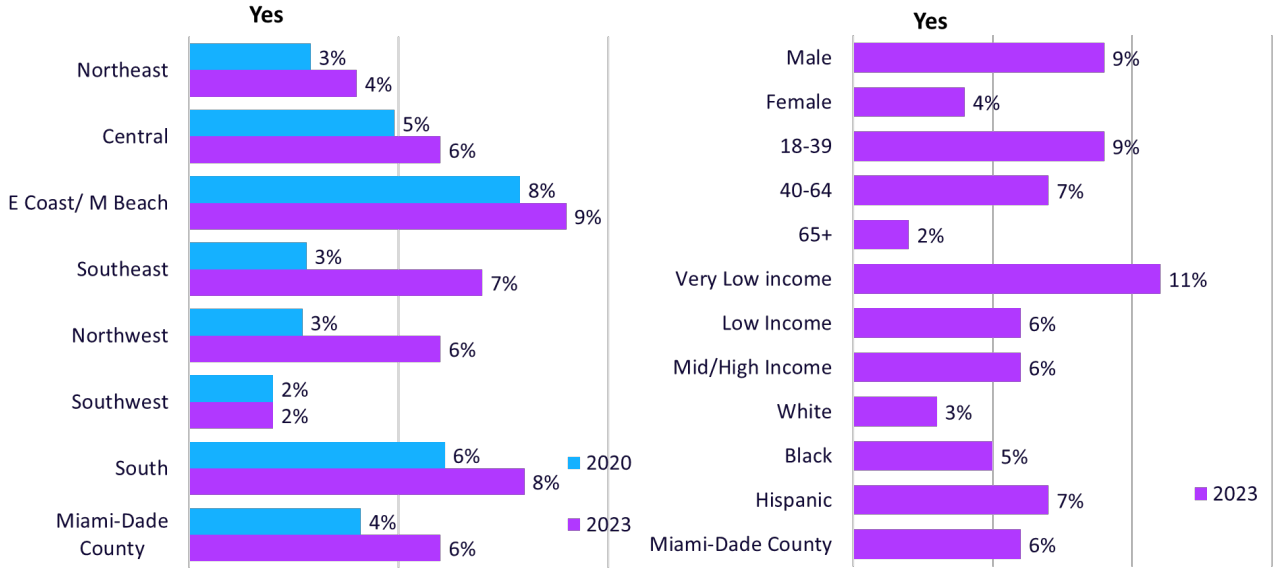
Q35: During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?



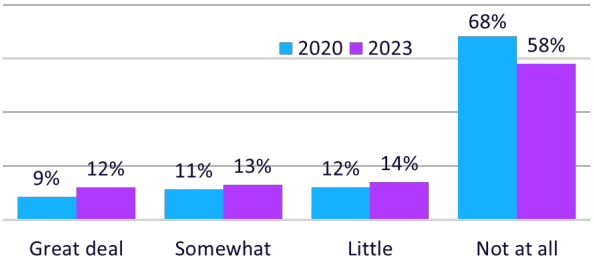
Q36: In the past year, have you used any of these prescription opiates? (Lists opiates)

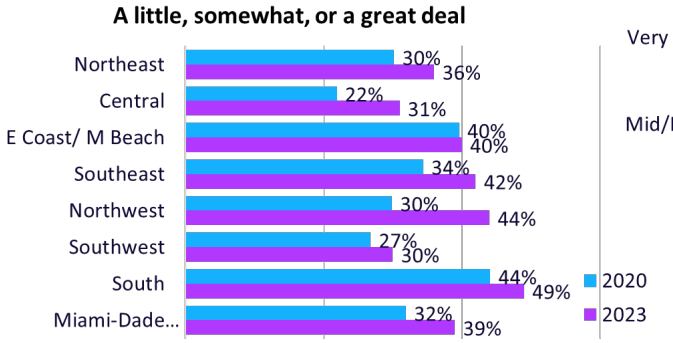


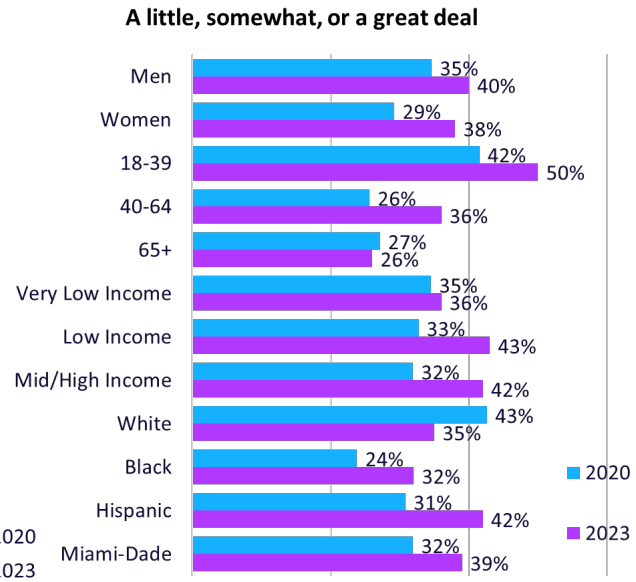
Q37: Have you ever sought professional help for an alcohol or drug-related problem?



Q38: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs?

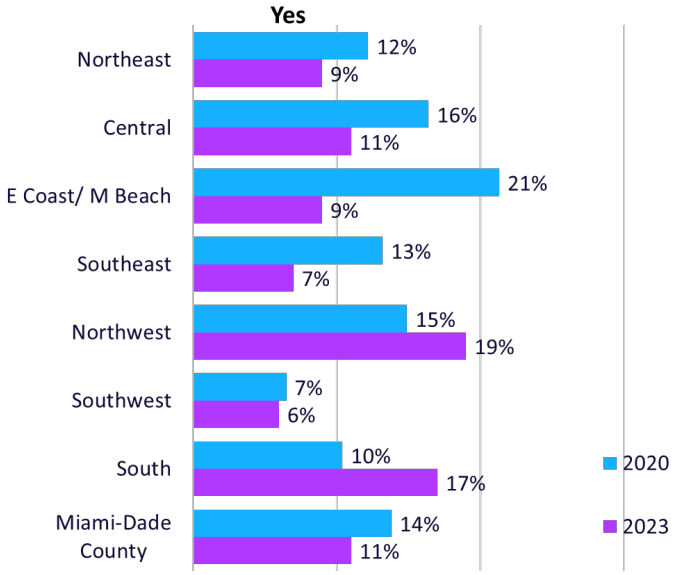


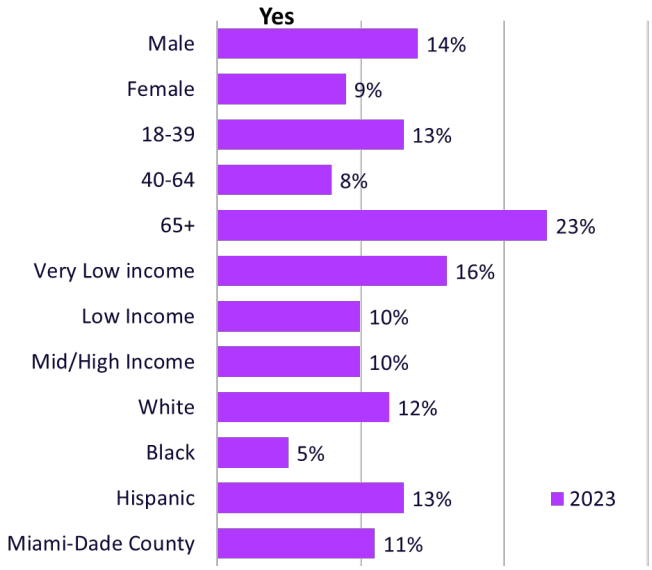




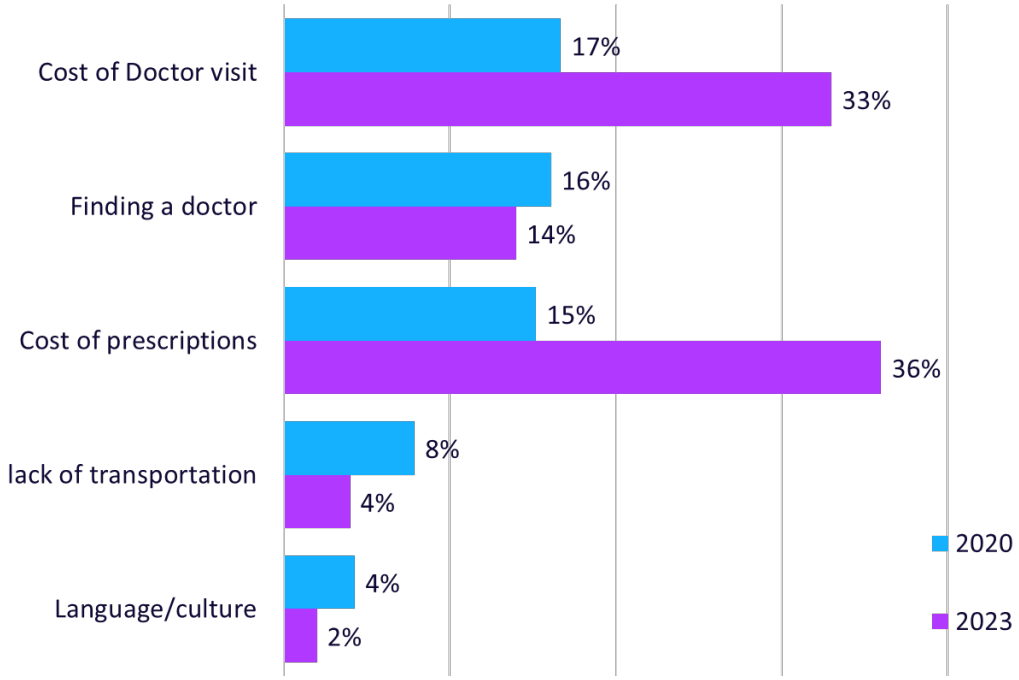
Children's Health

Q73: Was there a time in the PAST 12 MONTHS when you needed medical care for this child, but could not get it?

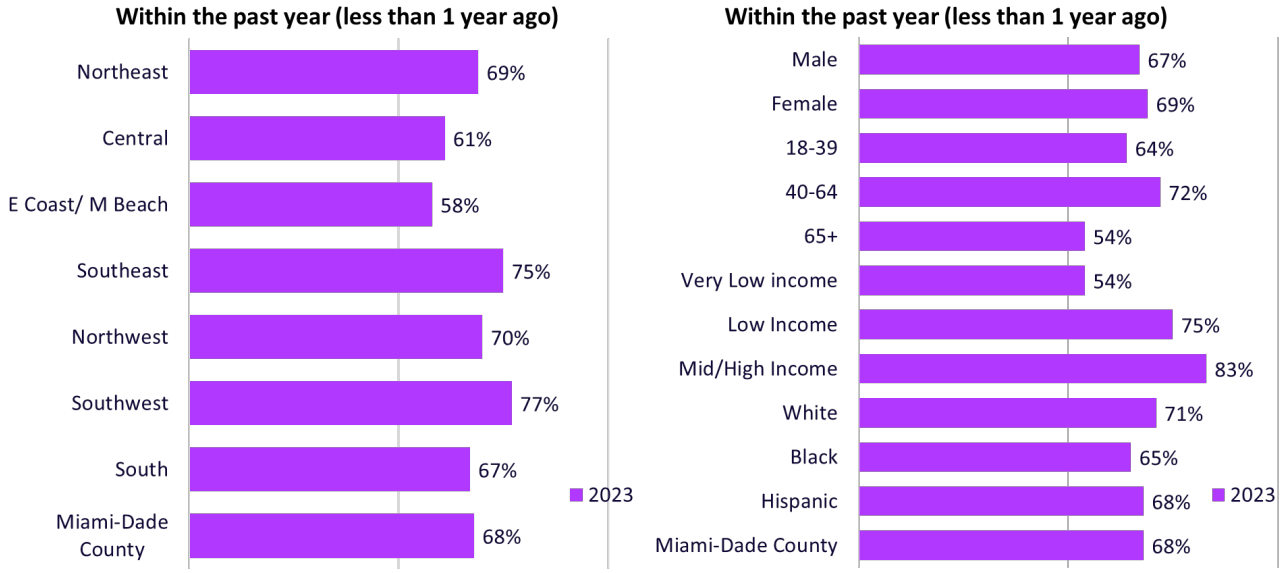




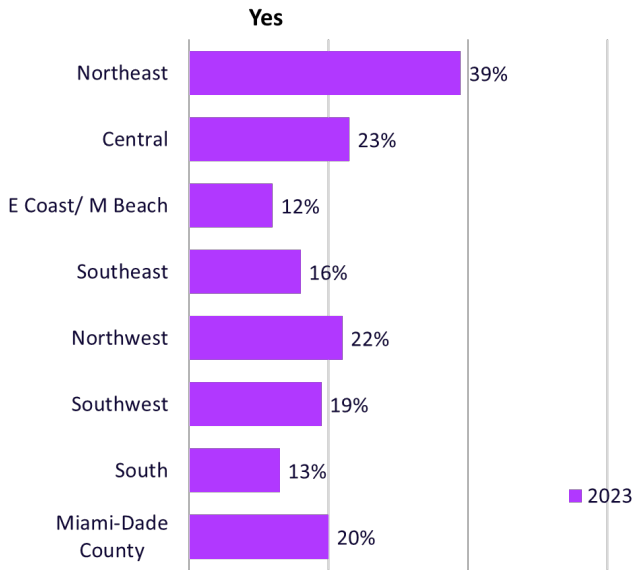
Q74: What would you say is the main reason you were not able to get the care you needed?

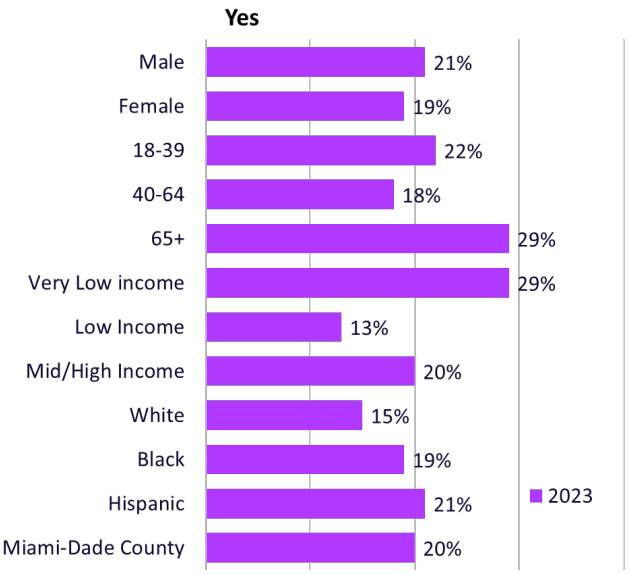


Q75: About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness or condition?

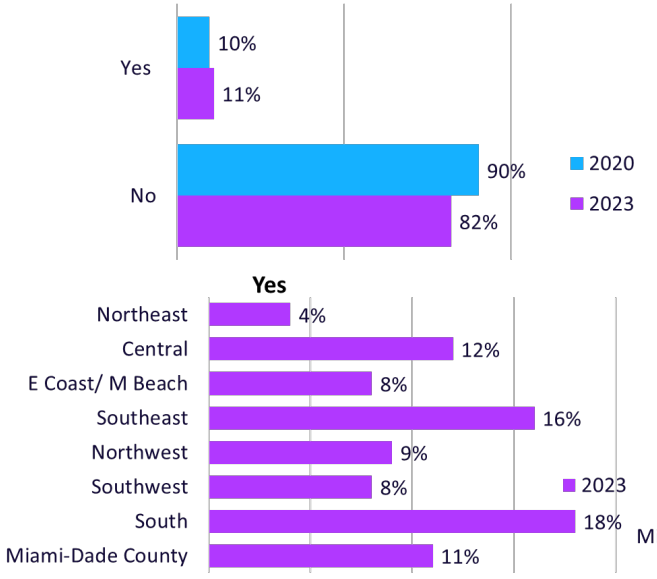


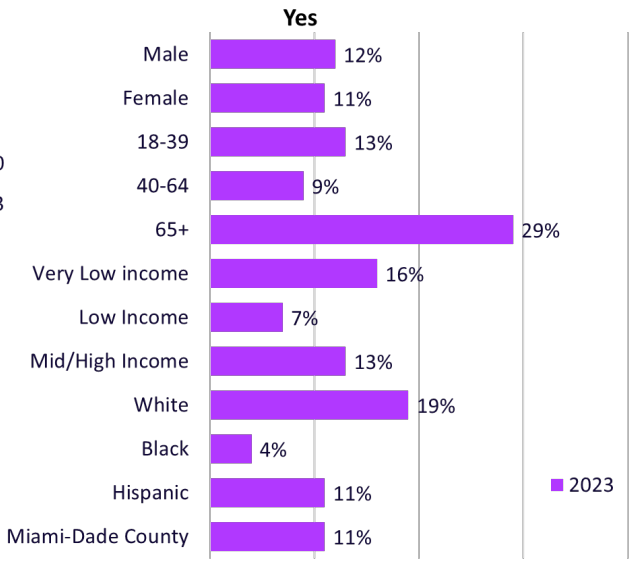
Q77: Has a doctor, nurse or other health professional ever told you that this child has asthma?



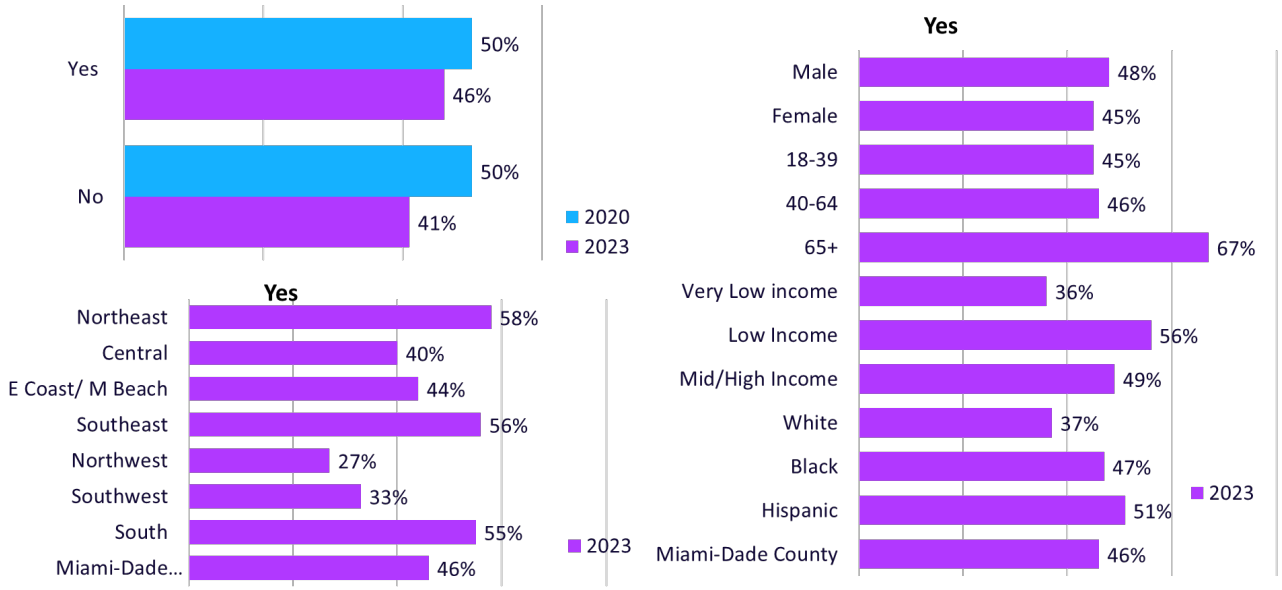


Q78: Has a doctor, nurse or other health professional ever told you that this child had any of the following: Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder?

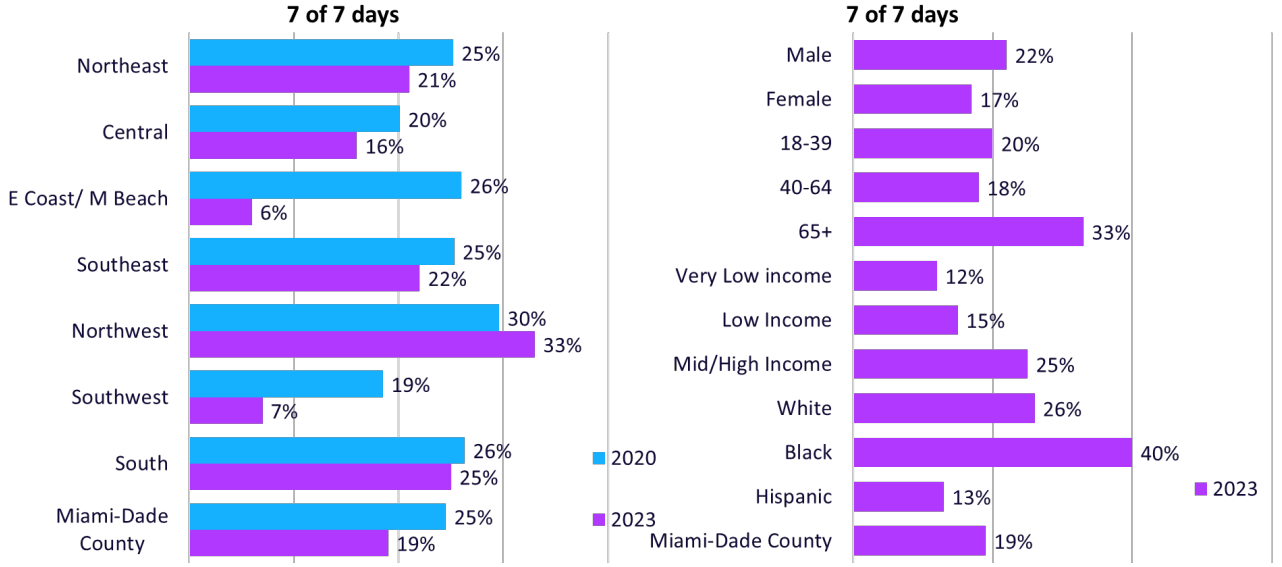




Q79: Has your child (11 or older) received at least two doses of the HPV vaccine?

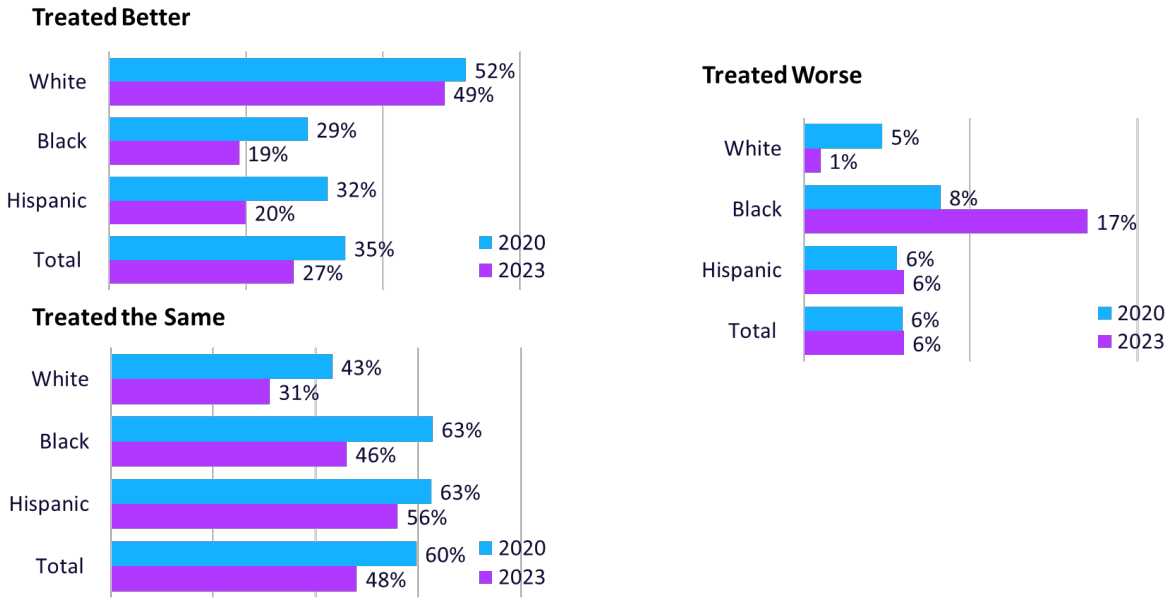


Q80: During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?

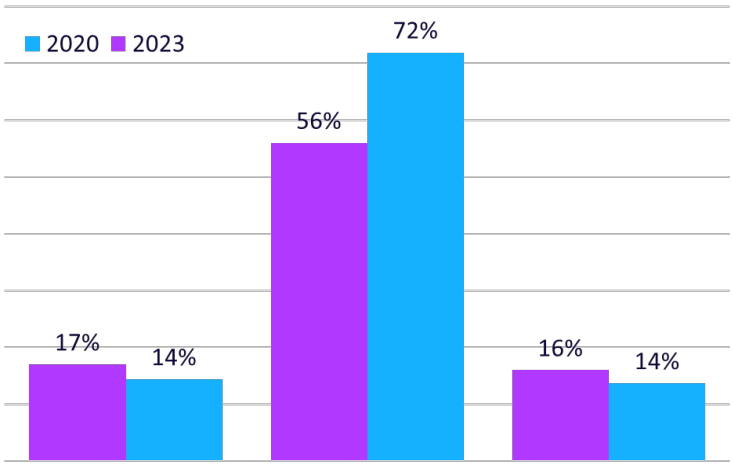


Health Care Experience

Q44: Thinking about all of your health care experiences in the past 12 months, in general, do you feel your experiences were better, the same, or worse than those of people of other races?



Q46: Thinking about all of your health care experiences in the past 12 months, in general, do you feel your experiences were better, the same, or worse than those of people who are not LGBTQ+?



N=115

4. Community Asset Inventory

The section contains a partial list of community assets and resources relative to the most significant health issues. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There is a form for making changes after the inventory at the end of this section.

Access to Health Care

211 Helpline
Affordable Care Act (ACA) / Obamacare
AIDS Healthcare Foundation (AHF)
American Red Cross
Area Health Education Center (AHEC)
Banyan Health System
Big Brothers Big Sisters
Borinquen Medical Centers of Miami-Dade
Camillus Health Concern
Care Resource Community Health Centers, Inc.
Catalyst Miami
Center for Family and Child Enrichment
Citrus Health Network
Community Health Centers FL
Community Health of South Florida
Empower U Community Health Center
Florida Breast Health Initiative
Florida Department of Children and Families
Florida Department of Health Miami-Dade County
Florida Immigrant Coalition
Health Choice Network
Health Council of South Florida
Health District Center
Jackson Health System
Jesse Trice Community Health Centers
League Against Cancer/Liga Contra Cancer
Light of the World Clinic
Little Haiti Health Center
Miami Beach Community Health Center
Miami-Dade Gay and Lesbian Chamber of Commerce
Miami-Dade WIC
Mount Sinai Medical Center
New Horizons
Nicklaus Children's Hospital
Pridelines
South Florida Behavioral Health Network
St. Johns Missionary Baptist Church
The Children's Trust
United Way
University of Miami Clinic at Miami Northwestern High School
University of Miami Health System (UHealth)
University of Miami IDEA Exchange—Needle Exchange Program
University of Miami Mitchell Wolfson Department of Community Service
University of Miami Pediatric Mobile Clinic
Veterans Affairs

Mental Health

Agape Network
Banyan Health
Baptist Hospital
Borinquen Medical Centers of Miami-Dade
Camillus House
CHI Behavioral Health
Children's Bereavement Center
Children's Medical Services
Children's Trust
Citrus Health
Douglas Gardens Community Mental Health Center
Eluna Network
Florida Behavioral Health Network
Florida Blue
Florida International University
Health Choice Network
Honeycomb House
Informed Families
I-Smile
Jackson Health System
Jesse Trice Community Health Centers
Jewish Community Services
Larkin Hospital
MDCPS School Health Advisory Committee
Mental Health Services
National Alliance on Mental Illness (NAMI)
National Suicide Prevention Lifeline
New Horizons
Nicklaus Children's Hospital
Public Health Trust
South Florida Behavioral Health Network
Southern Winds Hospital
Survivors' Pathway
Switchboard of Miami
The Key Clubhouse of South Florida

The Village
Thriving Mind
University of Miami Health System (UHealth)
University of Miami Mailman Center for Pediatrics
University of Miami Mitchell Wolfson Department of Community Service

Income Inequality / Financial Stability

ACCESS Miami
Agape Network
Arisa Health
Aunt Bertha
Axis South Florida
Bank On Miami
Branches
Catalyst Miami
Catholic Charities- New Life Family Shelter
Centro Campesino Farmworker Center
Citrus Health Network
Connect Familias
Cuban American National Council
Feeding South Florida
Florida Disaster Fund
Goodwill Industries of South Florida
Jewish Community Services
Miami Emergency Rental Assistance Program
Miami-Dade County Homeless Trust
Miami-Dade Relief Program (MRP)
PACE
Richmond-Perrine Optimist Club
Salvation Army Miami Area Command
Sant La Haitian Neighborhood Center
The Advocacy Network on Disabilities
United Way Miami-Dade
Youth Co-op
YWCA of Greater Miami

Housing

AARP Foundation Housing Solutions Center
Affordable Homeownership Program (Miami Dade County)
Apollo Bank
Camillus House
Carrfour Supportive Housing
Catholic Charities of the Archdiocese of Miami
Christian Towers Housing Assistance Programs
Christopher Homes
Citrus Health Network Inc.
City of Miami Homeless Assistance Program (MHAP)
College Park Towers
County of Miami-Dade
Dade County Housing Agency
Emergency Housing Assistance Program (Miami Dade County)
First Time Homebuyer Program (Miami Dade County)
Florida Housing Finance Corporation
Four Freedoms House of Miami Beach
Habitat for Humanity of Greater Miami
Hialeah Housing Authority
Homeless and Housing Services
Homeless Prevention and Rapid Re-Housing
Housing Assistance Network of Dade (HAND)
Housing Authority of the City of Miami Beach
Housing Choice Voucher Program
Little Haiti Housing Association Inc.
Miami Coalition for the Homeless
Miami Dade Housing Agency
Miami-Dade County Homeless Trust
Miami-Dade County Public Housing and Community Development
Mirabella Associate Ltd.
Municipality Housing Assistance Program (HAP)
Neighborhood Housing Services of South Florida
North Dade Senior Citizens Housing Development Corporation Inc
Notre Dame Apartments
OneUnited
OPA Locka Community Development Corporation
Orchid Grove Apartments Ltd
Pine Woods Housing Assistance
Shepherd's Court LLC
St. John Community Dev Corp Inch
The Lazarus Project
The Urban League of Greater Miami
Third Century Development Program
United Way Miami
US Department of Housing and Urban Development (HUD)
Vista Mar Apartments
Westgate Plaza Apartments Ltd.

Access to Affordable Health Insurance

Florida Department of Health in Miami-Dade County
Florida Department of Children and Families
Florida Health Justice Program
Community Health Centers FL
The Children's Trust

Chronic Diseases

American Cancer Society

American Diabetes Association
American Heart Association
Area Health Education Center (AHEC)
Aventura Medical Center
Banyan Health System
Baptist Health Cancer Center
Baptist Health South Florida
Brickell Run Club
Center for Family and Child Enrichment
Chamber of Commerce
Citrus Health Network
Cleveland Clinic Weston
Community Clinics
Community Health Centers FL
Community Health of South Florida
Community Health of South Florida
Community Health Workers
Community Specialists
Conviva
DaVita Dialysis
Diabetes Center of Miami
Diabetes Treatment Center of Mercy Hospital
Empower U Community Health Center
Federally Qualified Health Centers
Florida Blue
Florida Breast Cancer
Florida Department of Health
Florida Heart Research
Fresenius Dialysis
Heart Disease Foundation
Jackson Health System
Jesse Trice Community Health Centers
Kidney Walk
Leon
Liga Contra Cancer
Medicaid
Memorial Regional Hospital
Miami Beach Community Health Center
Miami Cardiac and Vascular Institute
Miami Transplant Institute
Moffitt Cancer Center
Mount Sinai Medical Center
National Kidney Foundation
Nicklaus Children's Hospital
Palmetto Hospital
Parks and Recreation
Public Health Trust
Sharsheret—Jewish Breast & Ovarian Cancer Community
St. John Bosco Clinic
Switchboard of Miami
Sylvester Game Changer
The Kidney Spa
University of Miami Chronic Kidney Failure
University of Miami Diabetes Research Institute
University of Miami Health System – Sylvester Comprehensive Cancer Center
University of Miami Health System (UHealth)
University of Miami Medical Center
University of Miami Mitchell Wolfson Department of Community Service (DOCS)
West Perrine Clinic
YMCA

Nutrition / Food Insecurity

Active Living Community Health Initiative (HEAL)
Camillus House, Inc.
Caring for Miami
Community Health of South Florida Inc
Country Natural Health Food Store
Culmer Community Resource Center
Curley's House Hope Relief Food Bank
Eat Wright
Edison Community Resource Center
Essence Nutrition
Farmshare
Feeding South Florida
Florida City Community Resource Center
Florida Department of Health Miami-Dade County
Food for Life Network
Grove Outreach- Food Distribution
Health in the Hood
Healthy Start Coalition of Miami-Dade
Hialeah Community Resource Center
Holy Cross Hospital
Live Healthy Miami Gardens (LHMG)
Miami Dade College
Miami Gardens/Opa-locka Community Resource Center
Miami-Dade WIC
Mobile Food Market
Naranja Community Resource Center
New Beginning Food Bank
Perrine Community Resource Center
South Beach Community Resource Center
Switchboard of Miami
True Gospel Food Distribution Center
University of Florida Expanded Food and Nutrition Education Program (EFNEP)
Victory for Youth
Wynwood Community Resource Center

Maternal / Child Health

Banyan Health System

CAP4Kids
Center for Family and Child Enrichment
Children's Home Society of Florida
Citrus Health Network
Citrus Health Network-Maternal and Child Health Center
Community Health of South Florida
Consortium for a Healthier Miami-Dade
Depression After Delivery Inc.
Empower U Community Health Center
FIU Center for Children
Health Start Coalition of Miami-Dade
Jackson Health System
Magnolia Birth House
Maternal-Fetal Medicine Specialists of South Florida
Maternity Options of Miami
Metro Mommy Agency
Miami Beach Community Health Center
Miami Maternity Center
Miami-Dade WIC
Mom Care Program
Nicklaus Children's Hospital
Teenage Parenting Program
The Gathering Place
University of Miami Health System (UHealth)
Young Parent Project

Transportation
City of Miami Transportation
Florida Care Planning Council
Florida Department of Transportation
Florida Senior Safety Resource Center
ITransport Services
Miami-Dade Transit
Paratransit Transportation
Seasons Senior Transportation
Southwest Regional Transportation Center
Special Transportation Service (STS)
The Arc of South Florida
Transportation America
Via Transportation Miami GO

Healthy Weight – Active Living
Healthy Eating, Active Living (HEAL) Initiative
Miami Aquatic Center
Miami Community Center
Miami HealthCoach
YMCA

Parks
Miami Labor Park Center
Harmon Park
Reynolds Park
1814 Brickwell
African Square Park
Alice. C. Wainwright Park
Allapattah Mini Park
Antonio Maceo Park
Athalie Range Park
Bayfront Park
Belafonte Tacolcy Center
Belle Meade Mini Park
Billie Rolle Mini Park
Biscayne Park
Balance Park
Bryan Park
Buena Vista Park
Charles Hadley Park
Charlie DeLucca Park
Coral Gate Park
Crestwood Park
Cuban Memorial Plaza
David. T. Kennedy Park
Domino Park
Dorsey Park
Douglas Park
E.G. Sewell Park
Eaton Park
Elizabeth Virrick Park
Ernesto Lecuona Park
Esther Mae Armbrister Park
Fern Isle Park
General Jose Franciso Morazan Quesada Park
Gerry Curtis Park
Grapeland Heights Park
Grapeland Water Park
Grove Mini Park
Henderson Park
Henry Reeves Park
Historic Virginia Key Beach Park
Jose Martí Park
Juan Pablo Duarte Park
Kirk Munroe Tennis Center
Legion Memorial Park
Lemon City Park
Lincoln Park
Little Haiti Park Project
Lummus Park
Margaret Pace Park
Marjory Stoneman Douglas Mini Park
Maurice A. Ferre Park
Melrose Park
Merrie Christmas Park

Miami River Rapids Park
Moore Park
Morningside Park
North Bay Vista
Peacock Park
Pine Heights Mini Park
Pullman Park
Rainbow Village Park
Regatta Park
Robert King High Park
Roberto Clemente Park
Sandra DeLucca Development Center
Shenandoah Park
Silver Bluff Mini Park
Simonhoff Park
Simpson Park
Southside Park
Theodore Gibson Park
Triangle Park
Unity Park
Virginia Key Beach North Point Park

Asset Inventory Updates and Input into the 2023 CHNA

QR code for changes to asset inventory as well as receives comments on the CHNA

5. IRS Requirements

Requirement	Page Number
Solicit and take into account input from persons who represent the broad interests of the community served by the hospital facility	8-10
Include those with special knowledge of or expertise in public health	10
Authorized body of the hospital facility adopt the CHNA	6
Define the community it serves	14
Assess the health needs of that community	15-42
Make the CHNA report widely available to the public	6

Community Health Needs Assessment for Miami-Dade County

Completed in collaboration with: