

**Anne Bates Leach Eye Hospital
Bascom Palmer Eye Institute
Community Health Needs Assessment
2016**



Prepared by



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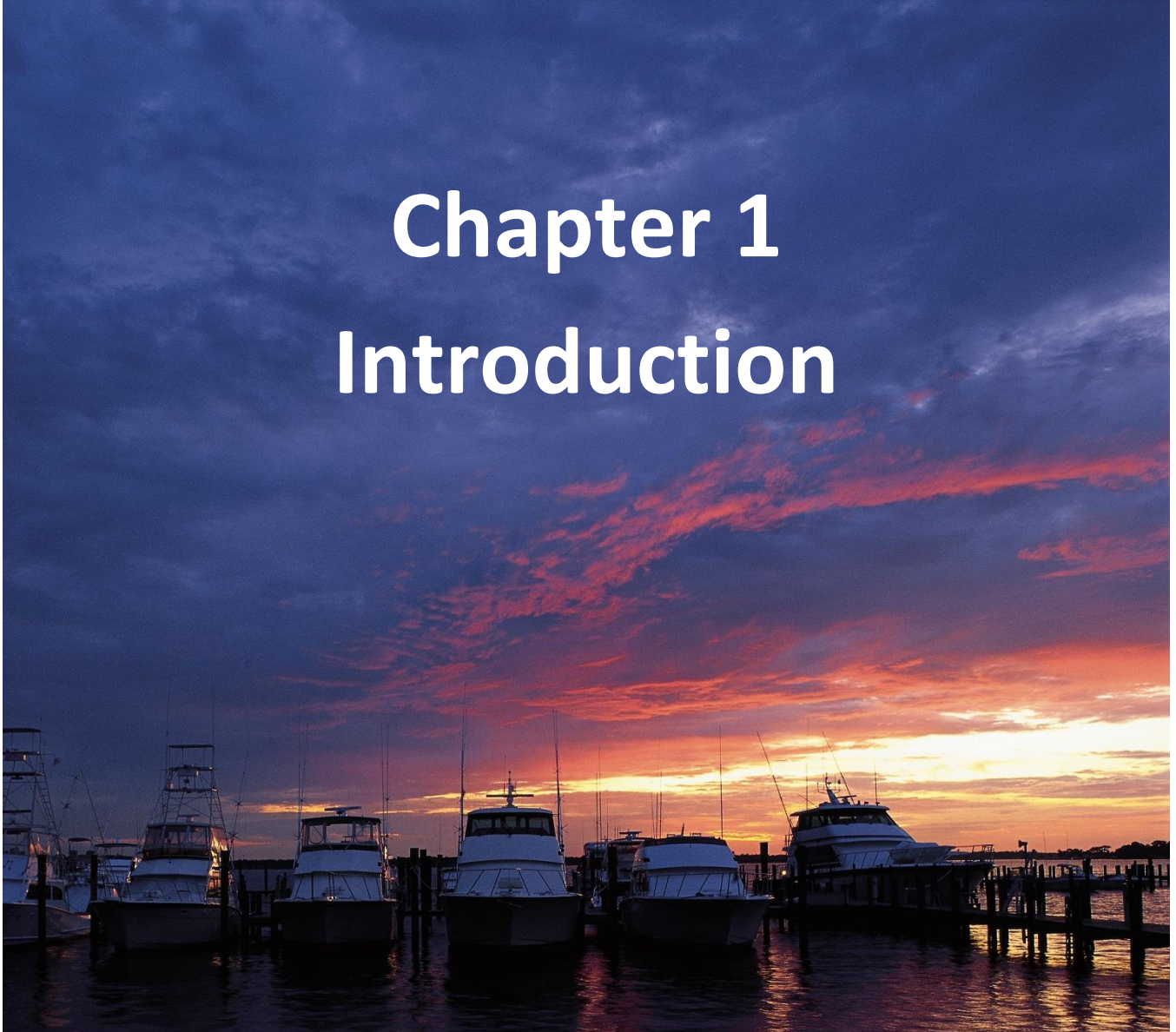
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Chapter 1

Introduction



Health Council of South Florida

The Health Council of South Florida, Inc. (HCSF) is a private, non-profit 501(c)3 organization serving as the state-designated local health planning agency for Miami-Dade and Monroe Counties. For 45 years, the Council has been engaged in forecasting health care needs and access to health care delivery systems; providing data analysis and insight; increasing public awareness about health and health care; and providing consultation and assistance to Miami-Dade County officials in the development and implementation of health care policy. Our mission is to be the source of unbiased health data; quality program planning, management, and evaluation; and strong community partnerships in Miami-Dade and Monroe Counties. The HCSF resume includes:

Data

- Miami Matters (regional open access data platform)
- County Health Profiles
- Online Healthcare Utilization Reporting Tool (HealthScope Tool)

Assessment/Strategic Planning

- Mobilizing for Action through Planning and Partnerships (MAPP)
- Miami Children's Hospital CHNA, 2012
- Baptist Health System CHNA, 2014 (6 hospitals)
- Jackson Memorial Hospital CHNA, 2015 (3 hospitals)

Health and Human Services

- AIDS Insurance Continuation Program (AICP): Administrator, in partnership with 15 community-based organizations across the state of Florida
- CDC Enhanced Comprehensive HIV Prevention Plan (ECHPP), Lead Planners on design to maximize the impact of HIV/AIDS prevention in Miami-Dade
- Affordable Care Act Implementation Efforts: Recipient of Health and Human Services (HHS) and Robert Wood Johnson awards for navigator and certified application counselor training and deployment

Leadership and Coalition Building

- Florida Association of Free & Charitable Clinics (FAFCC), Founder, Board Chair
- Florida Community Health Worker Coalition (FCHWC), Co-Founder
- Miami-Dade Health Action Network (MD-HAN), Founder and Administrator: MD-HAN is a volunteer collaborative comprised of over 2300 representatives focused on improving access to comprehensive primary health care in Miami-Dade
- Consortium for a Healthier Miami-Dade, Co-Chair: an over 200 member collaborative charged with implementation of prevention strategies in worksite wellness, school health, oral health, health promotion, and elder issues.
- Miami-Dade County Residents' Health Initiative, Lead: This is a population health initiative in partnership with Florida State Senator Rene Garcia, Miami-Dade County Mayor Carlos Gimenez and key community leaders
- Southeast Florida Cancer Control Collaborative (SFCCC), Administrator

- University of Miami's Clinical and Translational Sciences Institute Community Advisory Board, Co-chair
- Leadership Council of the Healthy Aging Regional Collaborative of South Florida (HARC)
- Monroe County Transportation Disadvantaged Local Coordinating Board, Facilitator
- Miami-Dade County Hospital Preparedness Consortium, Administrator

Program Analysis and Project Evaluation - Impact/Contribution

- Facilitates the Mobilizing Action through Planning and Partnerships (MAPP)/Local Public Health System Assessment (LPHSA), a community-driven strategic planning process for improving community health. This framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them
- Partnership for Improving Community Health (PICH), Evaluator- Center for Disease Control and Prevention (CDC) award in collaboration with the Miami-Dade Health Department
- Communities Putting Prevention to Work (CPPW), Evaluator - CDC award in collaboration with the Miami-Dade County Health Department

Anne Bates Leach Eye Hospital

Located on the University of Miami's Leonard M. Miller School of Medicine campus, the Anne Bates Leach Eye Hospital (ABLEH) is a 220,000 square-foot seven-story specialty hospital that is Bascom Palmer Eye Institute's primary clinical care facility. Bascom Palmer is the department of ophthalmology at the Miller School and is part of UMHS.

ABLEH is licensed by the Agency for Health Care Administration for 100 beds. Approximately 270,000 patient visits take place and 13,000 surgeries are performed each year at ABLEH. Bascom Palmer's clinical practices in Miami and Plantation, Florida are hospital-based, with ABLEH responsible for all medical billing and expenses. The chairman of the department of ophthalmology serves as medical director of ABLEH with the support of a board of governors and hospital administrator.

A small amount of space in ABLEH has been allocated to deliver other UMHS medical specialties, including ear, nose and throat (primarily pediatric ENT), orthopedics (primarily hand), UMHS Sleep Medicine, and radiology and imaging facilities.

Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is an in-depth analysis which helps hospitals, organizations, and governments strategize to improve the health of their community. CHNAs help ensure that the hospital or organization has the pertinent information needed to provide benefits and improve coordination to meet the needs of the community they serve. In 2012, section 501(r) of the Affordable Care Act added new requirements for non-profit hospitals in order to maintain their tax-exempt status. Every 501(c)(3) hospital organization is required to conduct a CHNA at least once every three years to assess community needs and must annually file progress updates regarding programs implemented to address those needs. Each CHNA must meet five (5) general requirements:

1. Describe the community served by the hospital facility

2. Describe the process and methods used to conduct the CHNA, including a description of the sources and dates of the data used in the assessment along with analytical tools methods applied to identify community needs
3. Describe how the hospital organization took into account input from persons who represent the broad community serviced by the facility (key stakeholders, patients, etc.)
4. Prioritize all of the community health needs identified through the CHNA, as well as criteria used to prioritize the health needs
5. Describe existing health facilities and other resources within the community available to community health needs identified in the CHNA

Source: https://www.irs.gov/irb/2011-30_IRB/ar08.html#d0e518

In addition to fulfilling governmental and regulatory requirements, the CHNA offers an opportunity to bring together population health data, quality of life indicators, community health data, and community input to provide a detailed health profile of community needs.

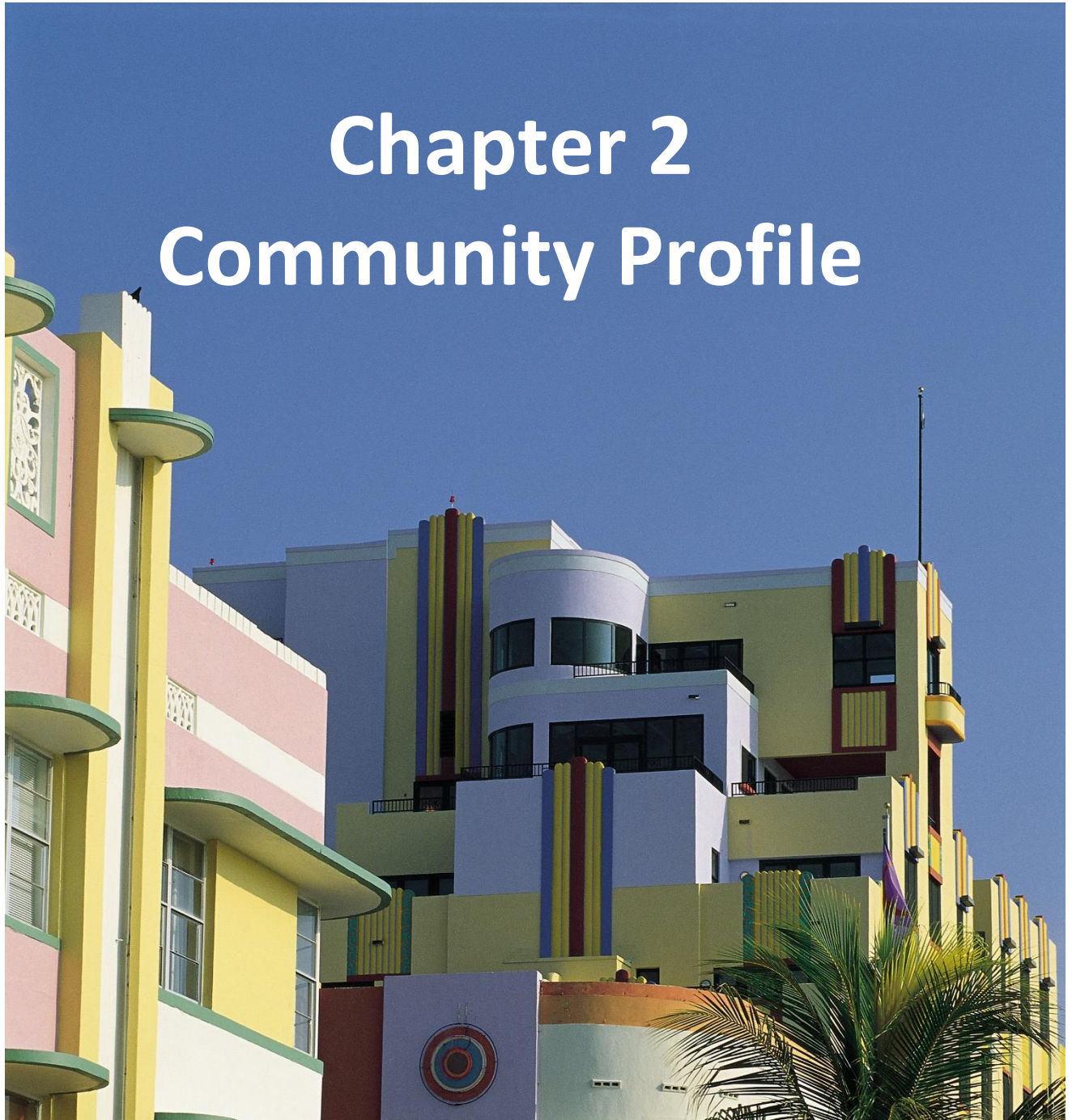
Every county health department in Florida is required to initiate a county-wide community health assessment that helps to determine public health priorities for the next three to five years. Mobilizing for Action through Planning and Partnerships (MAPP) is recommended by numerous national and state public health organizations including the National Association for City and County health Officials (NACCHO) and the Florida Department of Health as a best practice for community engagement and strategic planning. The health proprieties determined through the 2012 Miami-Dade MAPP process were used as a guide for this CHNA.

Source: <http://miamidade.floridahealth.gov/about-us/documents/miami-dade-cha-2013-20181.pdf>

Using national strategies including Healthy People 2020 and the Robert Wood Johnson Foundation's County Health Rankings as a framework, data were compiled from the most recent publicly available resources. Additionally, both primary and secondary research targeting key patient service areas (PSAs) were conducted to specifically speak to the greatest needs of the hospital's patient population and highlight key health disparities. The CHNA will be publicly accessibly on the University of Miami Hospital website.

Chapter 2

Community Profile

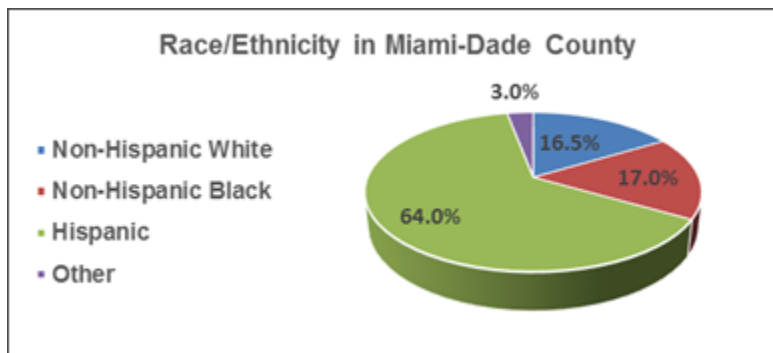


General Demographics

Miami-Dade County

Miami-Dade County is the eighth largest county in the nation and the largest metropolitan area in the State of Florida, representing 13.0% of the state's population. . According to Nielsen Claritas 2015 population estimates, Miami-Dade County is home to 2,666,776 residents. It is one of the few counties in the United

States that is "minority-majority," in that a minority group comprises the majority of the population, with approximately 64.0% Latino or Hispanic residents; 17.0% black, non-Hispanic; 16.5% white, non-Hispanic; and approximately 3.0% non-Hispanic residents who identified with more than one race. Compared to the other counties in the state of Florida, Miami-Dade County has a relatively young population with 85.0% of residents under age 65 and 21.0% under the age of 18.



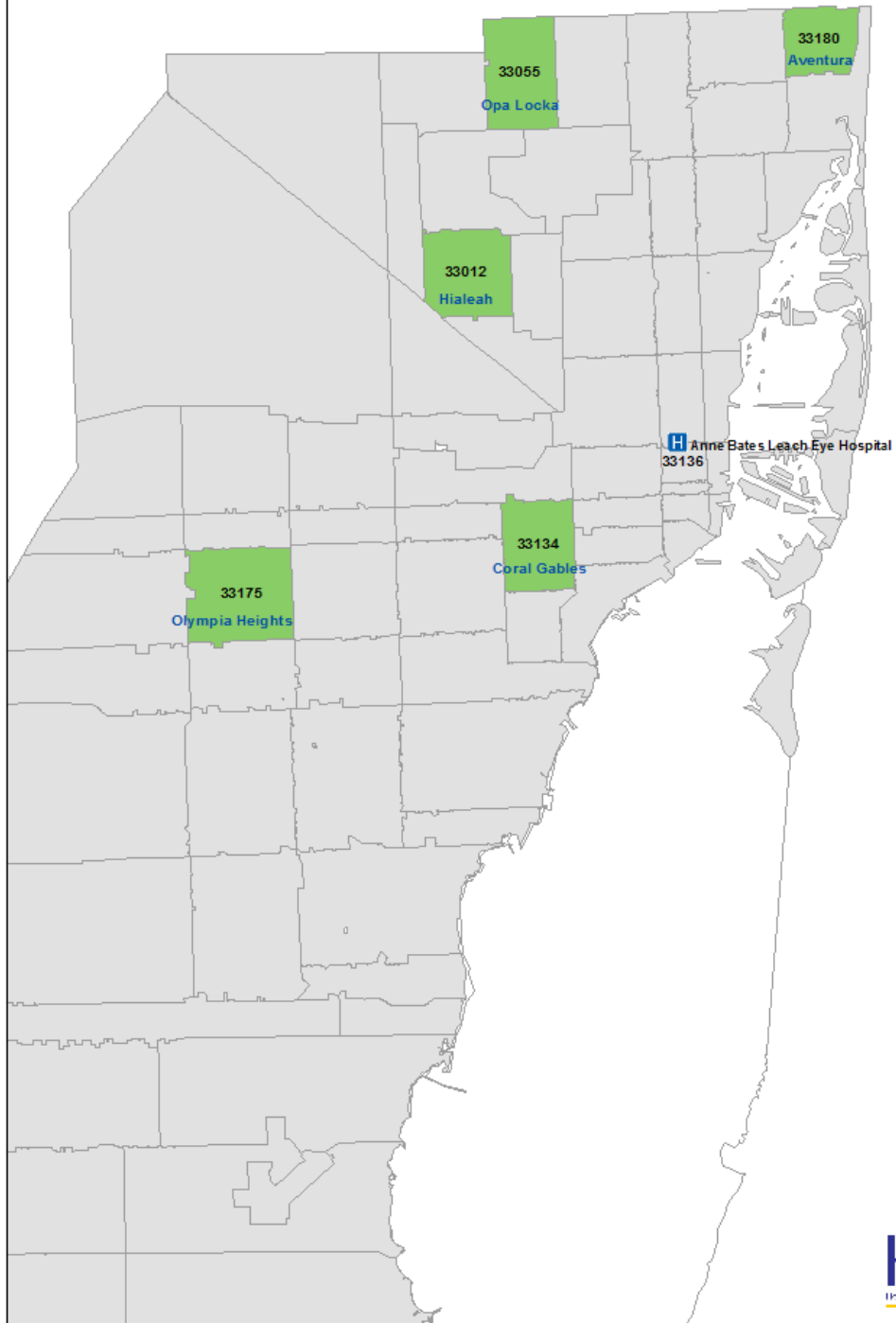
Miami-Dade County has significant health and socioeconomic disparities to address. According to the 2014 U.S. Census American Community Survey estimates, 30.2% of African American or black residents live below the federal poverty level (FPL), while 20.2% of Hispanic residents, and approximately 12.0% of white residents live below FPL. Additionally, according to the Nielsen Claritas 2015 population estimates, the average household income among Hispanics was \$57,079 compared to \$62,993 and \$43,846 observed among white and black or African American residents, respectively. Nielsen Claritas also estimates that the median household income for white residents is \$44,169 compared to \$32,851 for African-American residents, \$39,024 for Hispanic residents and \$42,148 for Miami-Dade County.

Source: Nielsen Claritas 2015 Population Estimates; U.S. Bureau of the Census, American Community Survey, 2014

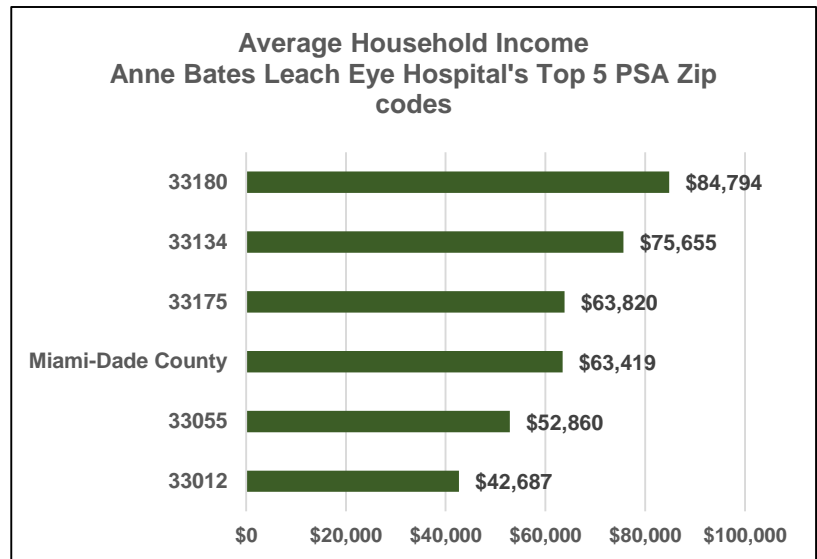
Anne Bates Leach Eye Hospital

Anne Bates Leach Eye Hospital (ABLEH) or Bascom Palmer Institute, serves as the Department of Ophthalmology for the University of Miami Miller School of Medicine. With its 100 licensed beds, ABLEH, a non-profit teaching hospital, serves approximately 250,000 people with eye-related ailments on annual basis. ABLEH's top five (5) PSA zip codes include 33012 (Hialeah), 33055 (Opa Locka), 33134 (Coral Gables), 33175 (Olympia Heights), and 33180 (Aventura). Approximately, 76.0% of ABLEH's top five (5) PSA total population are of Hispanic origin, and 60.0% are foreign-born.

Anne Bates Leach Eye Hospital Top 5 Patient Service Area (PSA) Zip Codes



Zip codes 33012 (Hialeah) and 33055 (Opa Locka) exhibited an average household income lower than the countywide average of \$63,419, while zip code 33180 (Aventura) residents have an average household income considerably higher than the countywide average at \$84,794 (please refer to the graph on the right). Additionally, close to 23.0% and 24.0% of residents from zip code 33012 (Hialeah) and 33055 (Opa Locka) live below FPL, which is higher than the countywide rate of 20.5%. Data from the American Community Survey



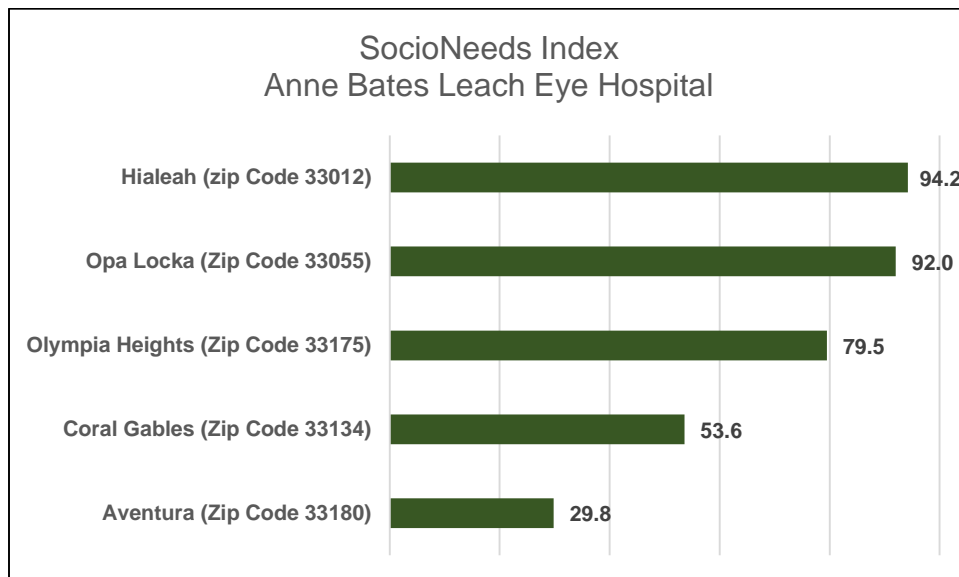
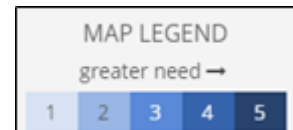
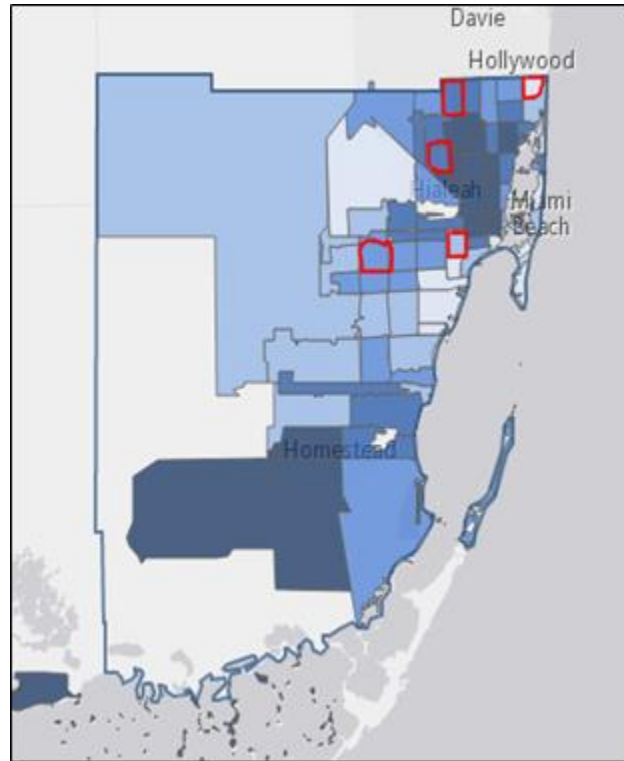
five-year-estimates reveal racial and economic disparities among residents of ABLEH's top five (5) PSAs with the black or African American population being the most affected. For instance, 56.5% of the black or African American residents of zip code 33102 (Hialeah) live below FPL compared to 18.1% of non-Hispanic white residents, and 23.0% of Hispanics residing in zip code 33012 (please refer to the table below).

Nielsen Claritas 2015 Population Estimates; U.S. Census Bureau, American Community Survey, 2010-2014

2010-2014	Percent below Poverty Level											
	33012		33055		330134		33175		33180		Miami-Dade County	
ABLEH Top 5 PSAs	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Race/Ethnicity												
Black or African American	722	56.5%	4,034	25.3%	94	9.2%	84	13.6%	526	38.6%	143,244	30.2%
Hispanic or Latino	16,472	23.0%	6,799	23.2%	3,776	12.1%	7,536	15.1%	1,357	12.0%	339,384	20.2%
White, non-Hispanic	476	18.1%	122	10.9%	881	10.5%	314	9.2%	2,207	12.0%	45,513	11.7%

The SocioNeeds Index confirms the socioeconomic disparities observed among residents of ABLEH's top five (5) PSAs, as explained above. The SocioNeeds Index, developed by the Healthy Communities Institute, is a measure of socioeconomic need calculated from several social and economic factors, ranging from poverty to education, which may impact health or access to care. The index is correlated with potentially preventable hospitalization rates related to chronic conditions, diabetes, and obesity. Index values range from 0 to 100, in which 100 represents communities with the greatest socioeconomic need.

The map on the right illustrates the socioeconomic status of Miami-Dade County residents based on the SocioNeeds Index. In addition to the SocioNeeds Index, a rank measure is calculated by comparing the SocioNeeds Index of all zip codes in Miami-Dade County (a rank of 5 represents high need, while a rank of 1 represents low need). As the map illustrates, all of ABLEH's top five (5) PSAs (represented by the red border) exhibited a rank of 4 or less with residents of zip code 33180 (Aventura) exhibited a rank of 1 and a SocioNeeds Index of 29.8, compared to residents of zip code 33012 (Hialeah) who received a rank of 4 and a SocioNeeds Index of 94.2 (please refer to the graph below).



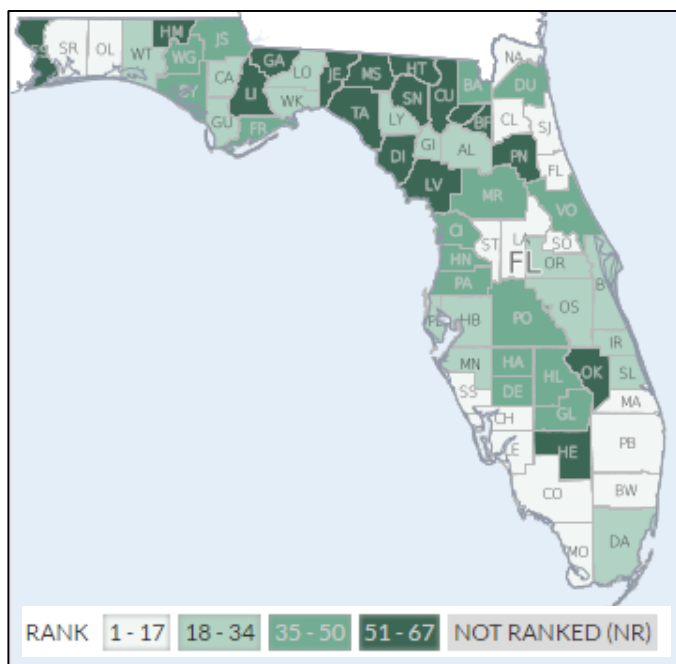
Source: Healthy Communities Institute, Nielsen Claritas 2016 Population Estimates

County Health Rankings

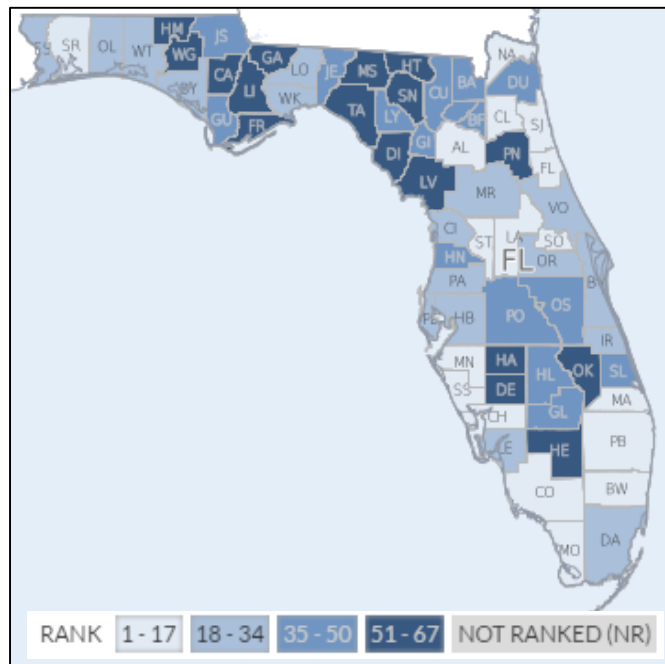
The national county health rankings provide several indicators that either fall under health outcomes, which are measures of how long and how well people live (length and quality of life) or health factors, which are the elements that contribute to how long and how well we live (health behaviors, clinical care, social and economic factors, and physical environment). Compared to its neighboring counties, Monroe and Broward counties, Miami-Dade County ranked lower in every category under health outcomes and health factors (overall rank), as exhibited in the most recent national county health rankings (please refer to the table and maps below below).

Selected FL Counties	Health Outcomes (out of 67 counties)			Health Factors (out of 67 counties)				
	Length of Life	Quality of Life	Overall Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Rank
Broward County	5	31	11	7	29	15	56	12
Miami-Dade County	1	54	19	1	52	43	64	28
Monroe County	24	4	7	12	39	7	4	8

Health Outcomes

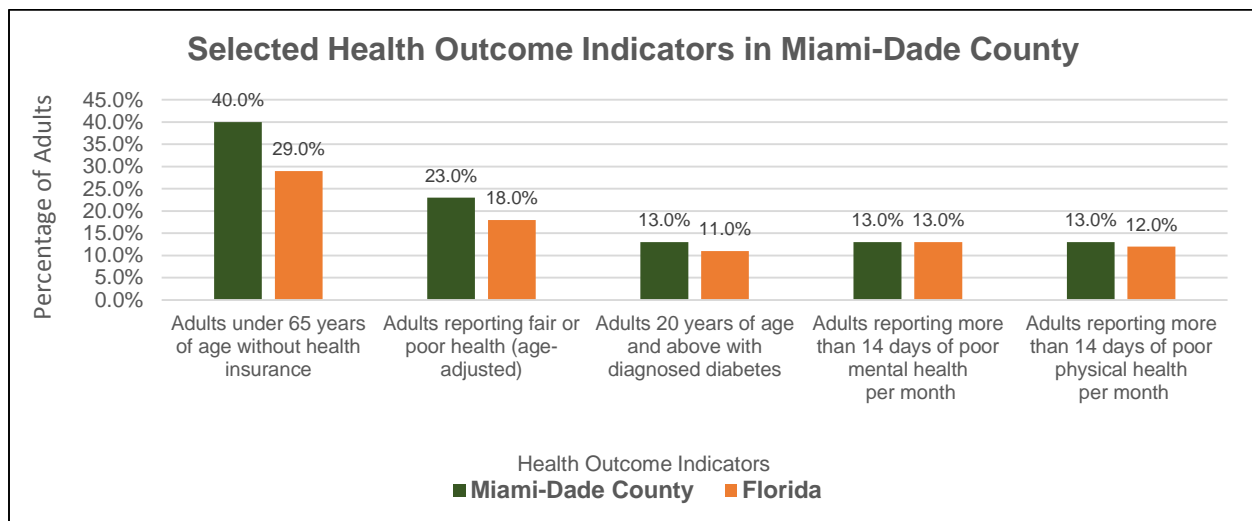


Health Factors



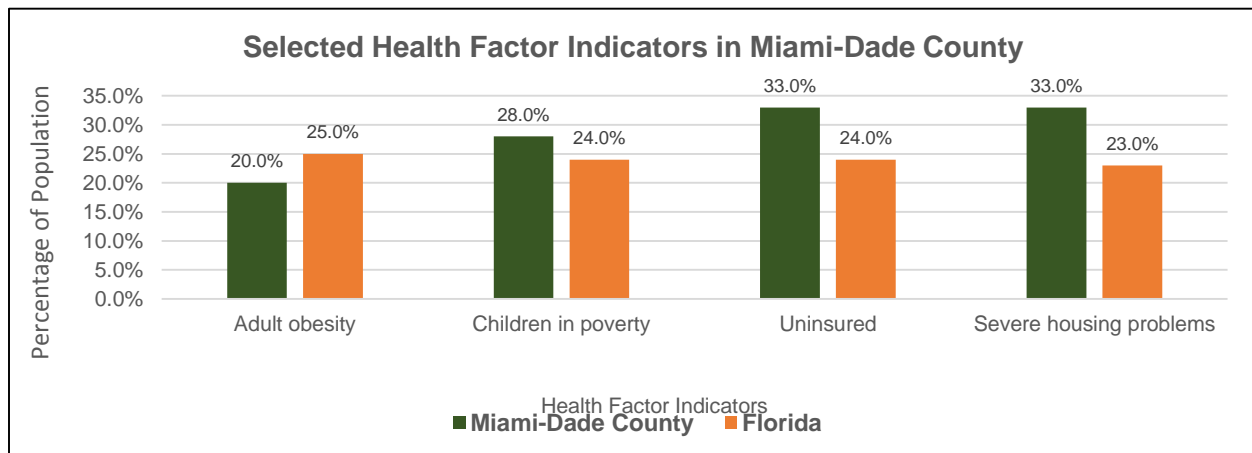
According to the 2016 National County Health Rankings, Miami-Dade County ranks 54th out of 67 counties in Florida in health-related quality of life, which includes indicators such as: adults reporting poor physical and mental health; diagnosed diabetes; and lack of health insurance among residents under the age of 65, among others (please refer to the graph below for a list of selected indicators). Among the indicators

selected, Miami-Dade County residents are at a disadvantage compared to the rest of the state in all but one indicator with an accentuated difference observed in the number of residents under the age of 65 without health insurance.



Source: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2013; BRFSS, 2014; CDC Diabetes Interactive Atlas, 2012

Under the category of health factors, as reported by the National County Health Rankings, Miami-Dade County is ranked 28th out of 67 Florida counties, which is significantly lower than its neighboring counties of Monroe and Broward counties (8th and 12th, respectively). Selected health factor indicators are presented in the graph on the next page, with the majority of these indicators illustrating the disproportionate disadvantage experienced by Miami-Dade residents compared to the remaining counties in the state of Florida. For instance, 33% of households reported experiencing at least one of four housing problems, such as overcrowding, high housing costs, or lack of kitchen or plumbing facilities compared to 23% at the state level.



Source: CDC Diabetes Interactive Atlas, 2012; Small Area Income and Poverty Estimates, 2014; Small Area Health Insurance Estimates, 2013; Comprehensive Housing Affordability Strategy (CHAS) data, 2008-2012

Leading Causes of Death

The leading causes of death in the United States are compiled annually by the CDC to help inform the public and set national medical/public health research priorities. The list is created using death certificates filled out by physicians, funeral directors, medical examiners, and coroners. The top ten (10) leading causes of death of the United States in 2014 are outlined in the table below.

Cause of Death	Count	Rate per 100,000
Heart Disease	614,348	195.6
Cancer	591,699	188.4
Chronic Lower Respiratory Disease	147,101	46.8
Unintentional Injury	136,053	43.3
Cerebrovascular Disease (Stroke)	133,103	42.4
Alzheimer's	93,541	29.8
Diabetes	76,488	24.4
Influenza and Pneumonia	55,227	17.6
Nephritis, nephrotic syndrome, and nephrosis	48,146	15.3
Suicide	42,773	13.6

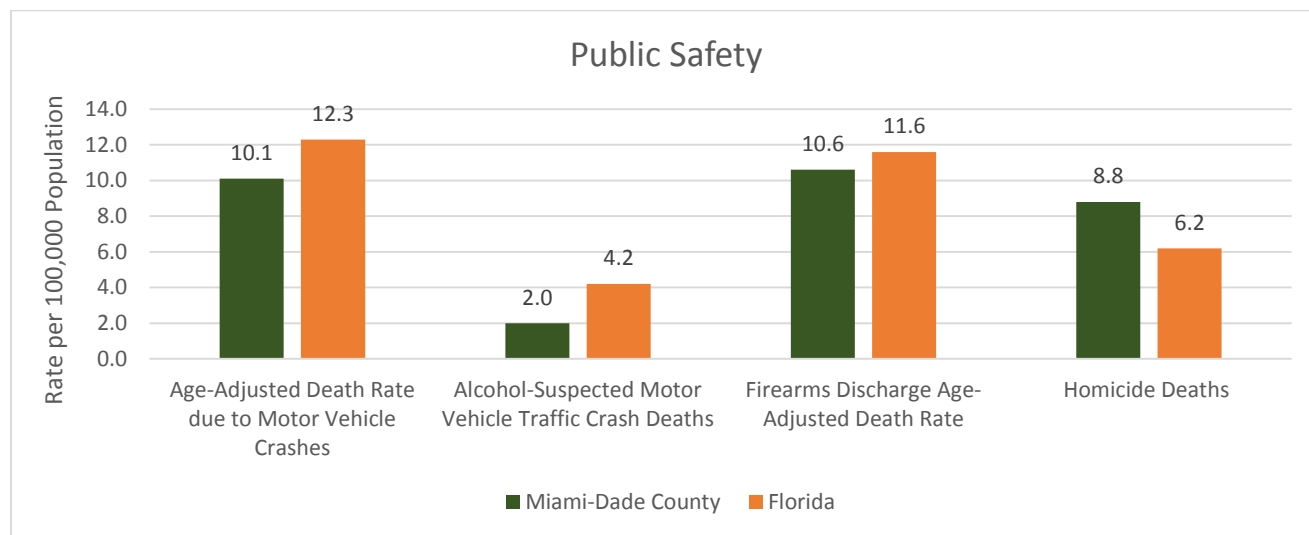
Source: CDC Leading Causes of Death, Health United States, Table 19, 2014

The top six (6) leading causes of death for Miami-Dade County are similar to those of the United States. The top cause of death for 2015 in Miami-Dade County was heart disease (19.5 deaths per 10,000) followed by cancer (16.3 deaths per 10,000). The top two also remain constant when looking at the top five (5) PSAs for ABLEH. The zip code with the largest death rate per 10,000 for heart disease was in zip code 33012 (29.1 deaths per 10,000 population) followed by zip code 33180 (27.4 deaths per 10,000) and 33175 (26.4 deaths per 10,000). All of the top five (5) PSAs were above the county death rate per 10,000 for heart disease. For cancer related deaths, zip code 33175 had the highest death rate per 10,000 (25.3 per 10,000) followed by zip code 33180 (24.6 per 10,000) and 33134 (20.0 per 10,000). All five of the top five (5) PSAs were above the county death rate per 10,000 for cancer.

Leading Causes of Death - Top 5 PSAs for ABLEH (Rate per 10,000 Population)							
Area	Heart Diseases	Cancer	Cerebrovascular Diseases (Stroke)	Chronic Lower Respiratory Diseases	Unintentional Injuries	Diabetes	All Causes
33012	29.1	19.9	4.9	5.6	3.1	3.2	93.3
33055	20.1	17.0	4.8	2.6	2.6	1.5	74.5
33134	20.5	20.0	6.8	1.7	1.5	2.2	81.0
33175	26.4	25.3	2.6	4.1	3.7	1.8	90.7
33180	27.4	24.6	4.0	3.7	2.2	2.5	97.2
County Total	19.5	16.3	4.1	3.3	2.8	2.6	72.5

Public Safety

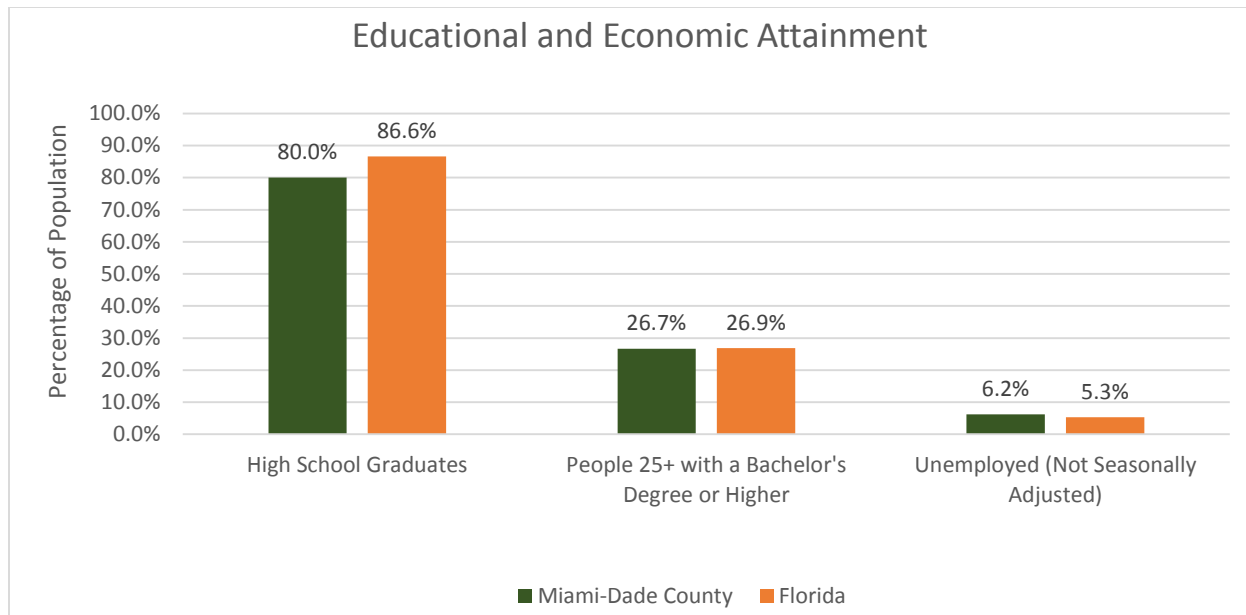
Compared to the state of Florida in 2014, Miami-Dade County had a lower age-adjusted death rate due to motor vehicle crashes (10.1 deaths vs. 12.3 deaths per 100,000 population, respectively); fewer alcohol-suspected motor vehicle traffic crash deaths (2.0 deaths vs. 4.2 deaths per 100,000 population, respectively); and a lower firearms discharge age-adjusted death rate (10.6 deaths vs. 11.6 deaths per 100,000 population, respectively). However, Miami-Dade County had a higher rate of homicide deaths compared to the state of Florida (8.8 vs. 6.2 deaths per 100,000 population, respectively; see chart below).



Source: Florida Department of Health, Bureau of Vital Statistics, 2014; Florida Department of Highway Safety and Motor Vehicles, 2014

Educational and Economic Attainment

The population of Miami-Dade County is comparable to that of the state of Florida across important indicators of educational and economic attainment. For example, according to Nielsen Claritas 2015 population estimates, Miami-Dade County had a lower percentage of individuals with at least a high school degree compared to the state of Florida (79.5% vs. 86.2%, respectively). However, the percentage of individuals ages 25 and older with a bachelor's degree or higher was similar in both regions (26.7% of the Miami-Dade County population vs. 26.5% of the Florida population). Finally, a higher percentage of the Miami-Dade County population was unemployed in 2015, compared to the state of Florida (6.2% vs. 5.3%, respectively; see chart below for more information).



Sources: Nielsen Claritas 2015 data estimates; State of Florida Labor Force Summary (Annual Average), State of Florida Department of Economic Opportunity, 2015

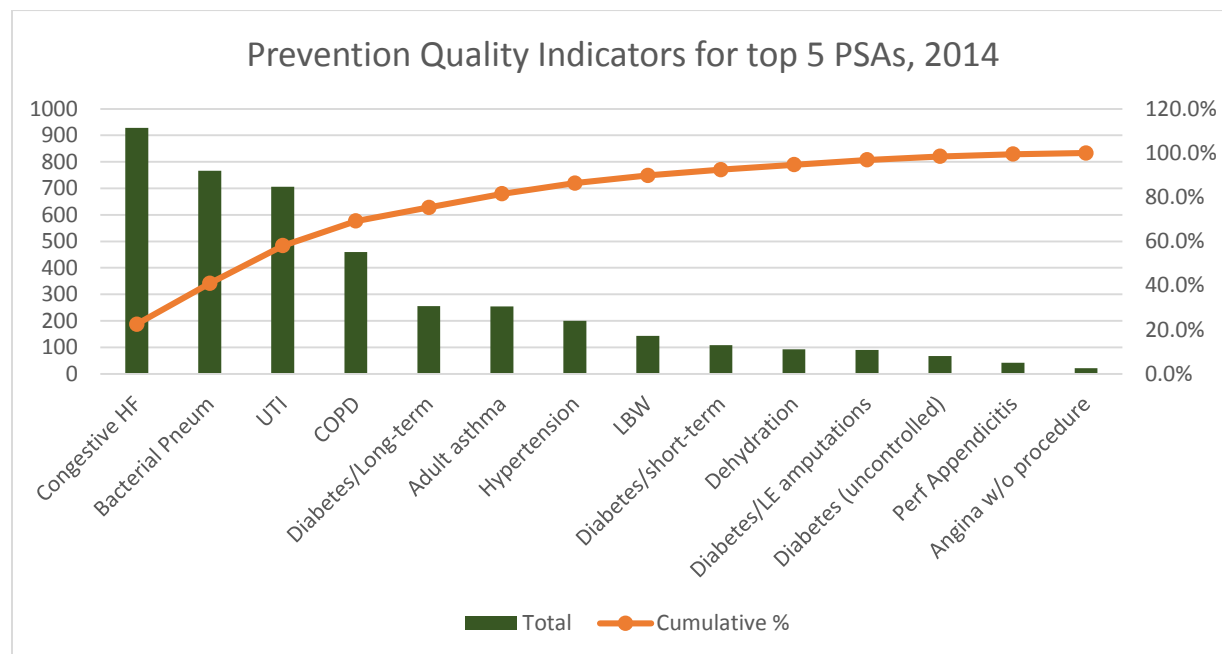
Chapter 3 Preventable Hospitalizations



Preventable Hospitalizations, Inpatient, and Outpatient Discharges

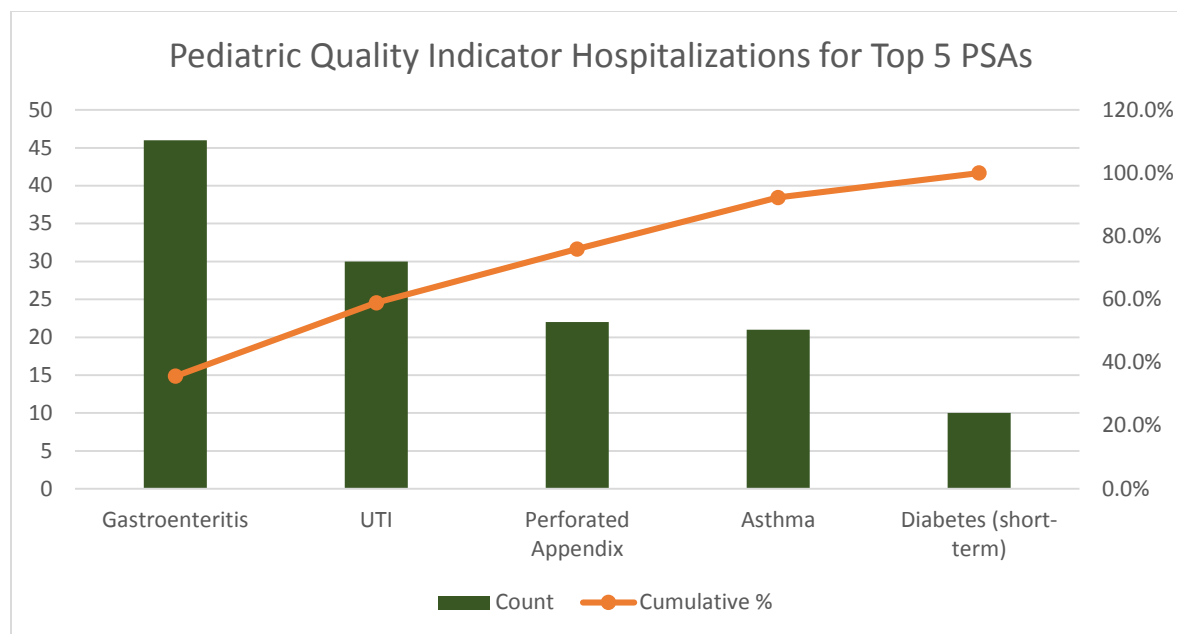
Preventable Hospitalizations

In 2014, there were 4147 adults residing in ABLEH's top five (5) PSAs that were admitted to Florida hospitals for preventable conditions, which represented 10.7% of the total preventable hospitalizations in Miami-Dade County. The largest proportion of these preventable hospitalizations were attributed to zip code 33012 (38.7%), followed by 33055 (18.7%) and 33175 (18.3%). Congestive heart failure, bacterial pneumonia, and urinary tract infection accounted for 58.1% of total preventable infections for patients residing in the top five (5) PSAs of this facility (please refer to the graph below and map on page 22, which illustrates total preventable hospitalizations in Miami-Dade County according to zip code).



Source: Florida Health Data Warehouse (Florida Agency for Health Care Administration 2014 Hospital Inpatient Data File, Nielsen Claritas Inc., population data and Agency for Healthcare Research and Quality Prevention Quality Indicators Technical Specifications)

Furthermore, in 2014, 129 preventable hospitalizations were observed among children living in ABLEH's top five (5) PSAs. These top five (5) PSAs represent 6.9% of the total preventable pediatric hospitalizations in Miami-Dade County (see graph on the following page). The largest proportion of preventable pediatric admissions were observed in zip code 33012 (39.5%) followed by zip code 33175 (30.2%). Gastroenteritis was responsible for the largest proportion of preventable pediatric hospitalizations (35.7%) followed by urinary tract infections (23.3%).

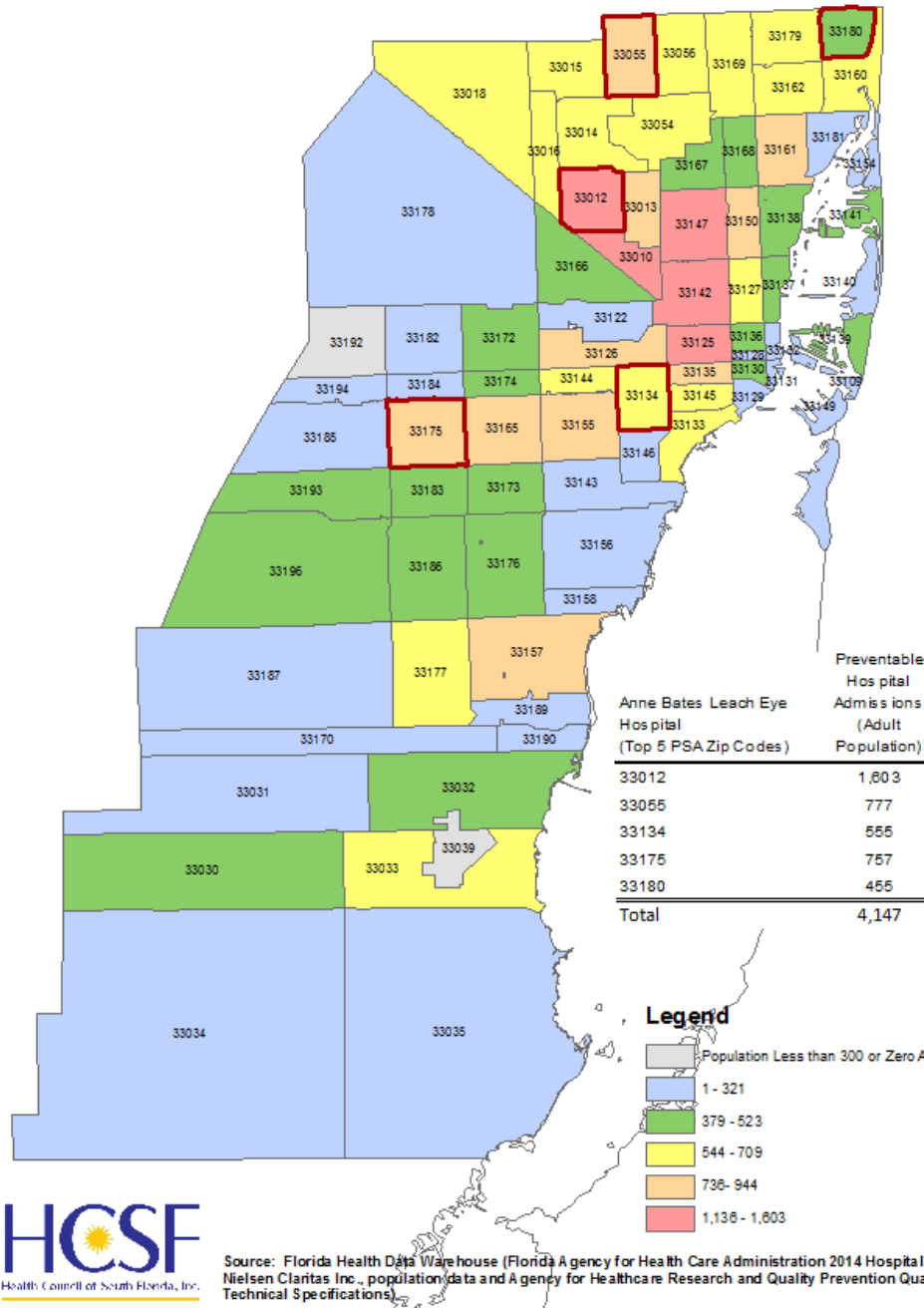


Source: Florida Health Data Warehouse (Florida Agency for Health Care Administration 2014 Hospital Inpatient Data File, Nielsen Claritas Inc., population data and Agency for Healthcare Research and Quality Pediatric Quality Indicators Technical Specifications)

Preventable Hospitalizations

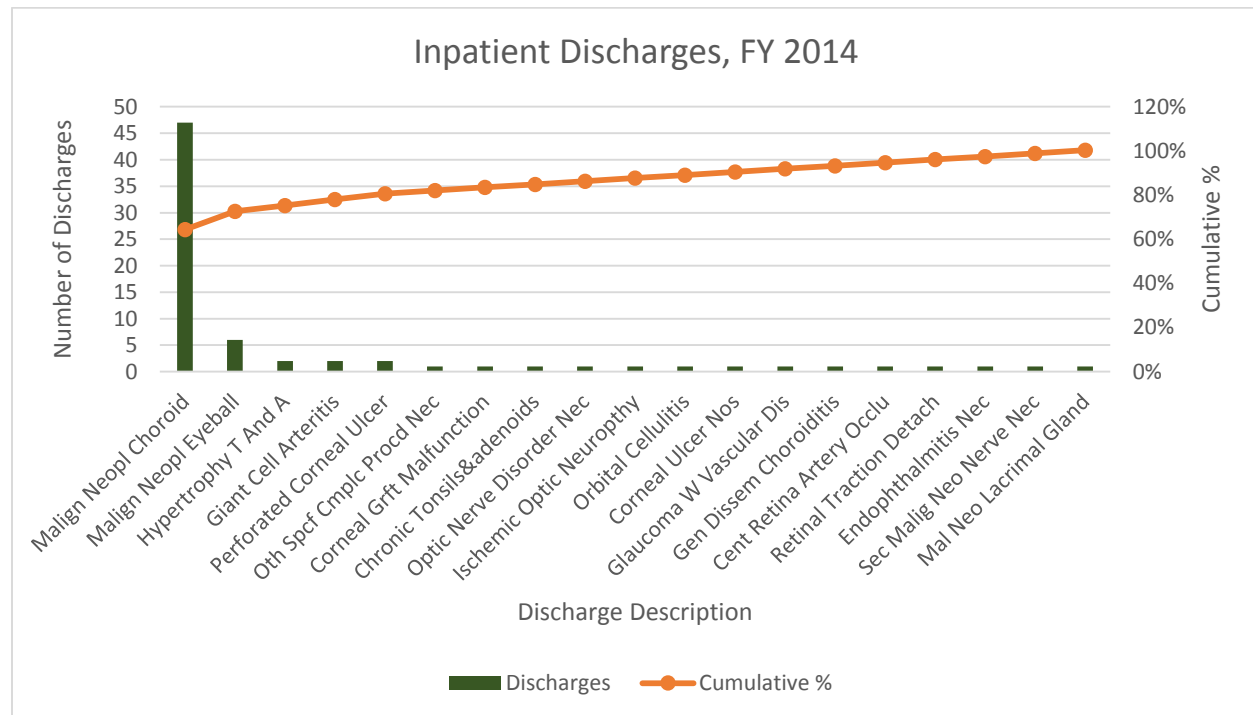
Hospital Admissions due to Preventable Conditions among the Adult Population, 2014

Miami-Dade Zip Codes



Total Inpatient Discharges

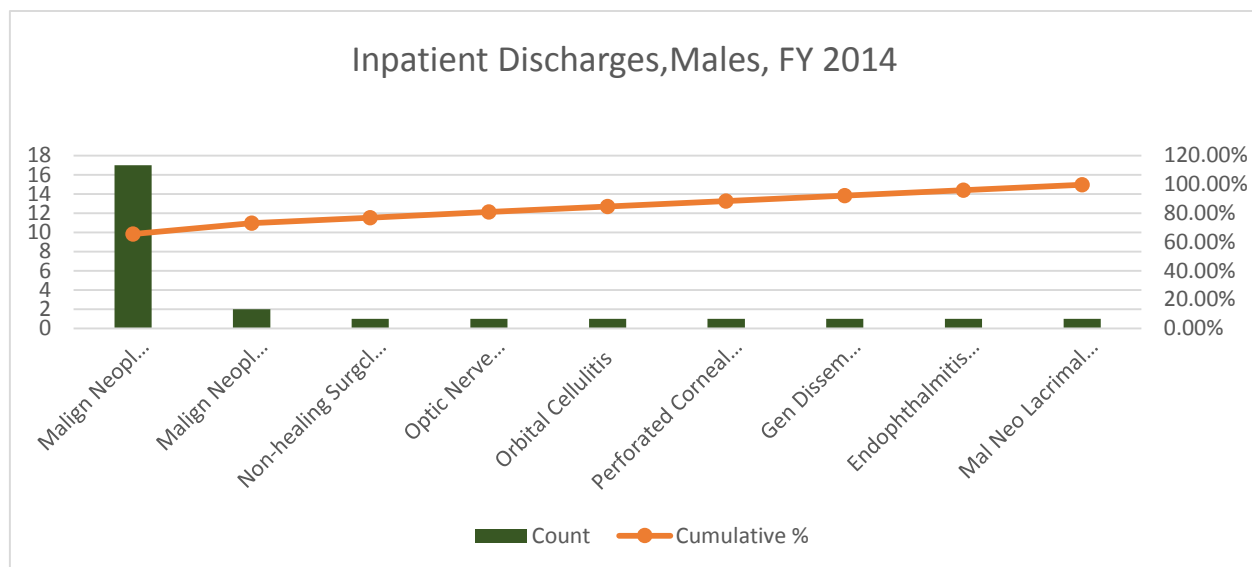
In 2014, ABLEH had a total of 73 inpatient discharges. The most common conditions recorded were malignant neoplastic choroid (64.4%), malignant neoplastic eyeball (8.2%), hypertrophy of tonsils and adenoids (2.7%), giant cell arteritis (2.7%) and perforated corneal ulcer (2.7%).



Source: Florida Hospital Inpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

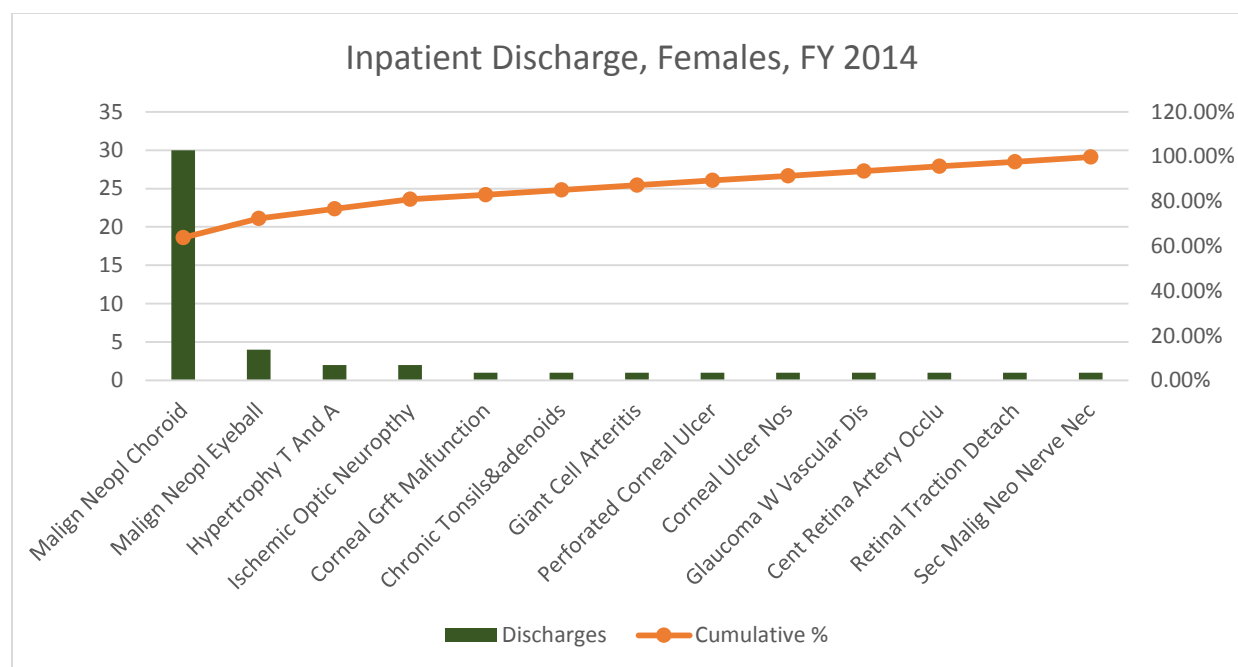
Inpatient Discharges by Gender and Ethnicity

Among males, the top inpatient discharge reason was malignant neoplastic choroid (65.4%). This was followed by malignant neoplastic eyeball (7.7%), non-healing surgical wound (3.8%), and optic nerve disorder (3.8%).



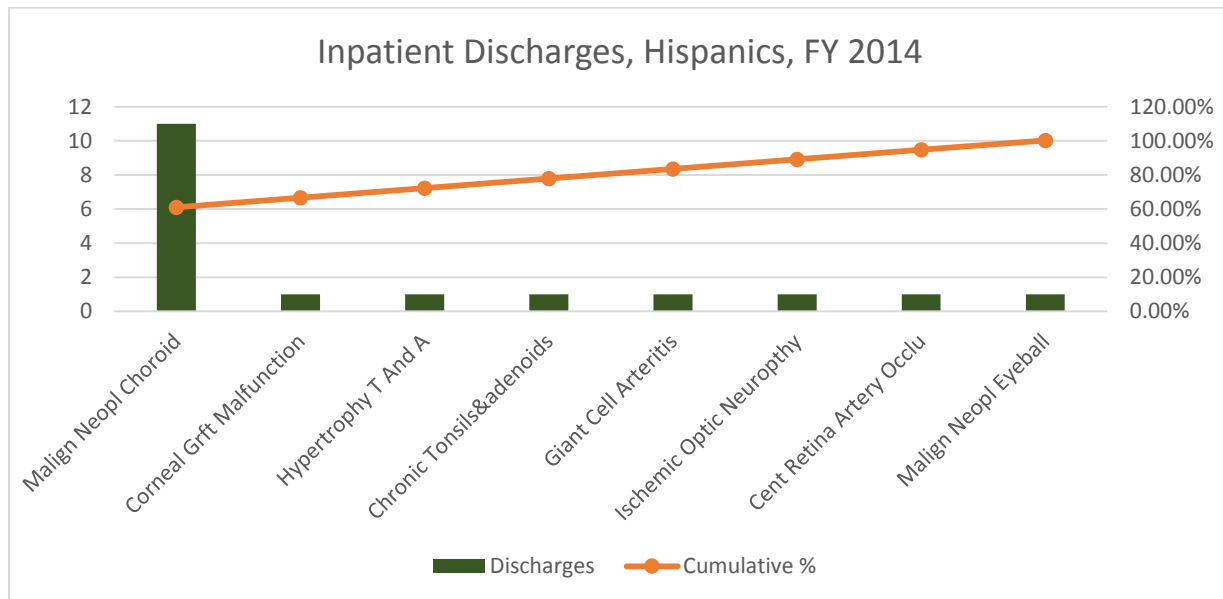
Source: Florida Hospital Inpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Among females, the top inpatient discharge reason was also malignant neoplastic choroid (63.8%). This was followed by malignant neoplastic eyeball (8.5%), hypertrophy of the tonsils and adenoids (4.3%), and ischemic optical neuropathy (4.3%).



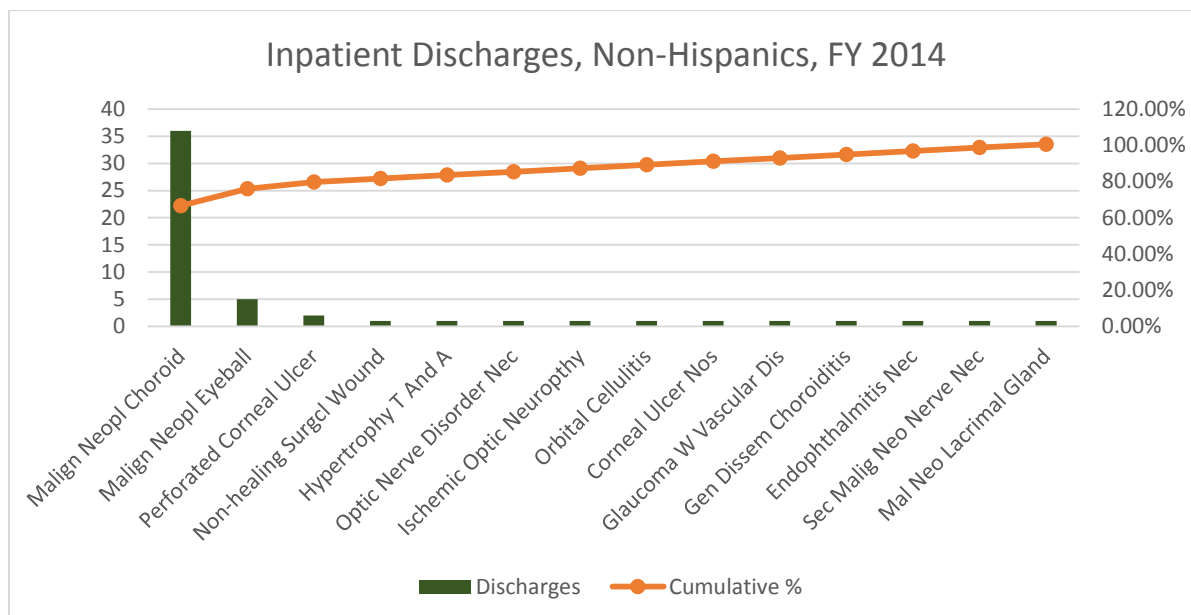
Source: Florida Hospital Inpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Among those who consider themselves of Hispanic ethnicity, the top inpatient discharge reason was malignant neoplastic choroid (61.1%). All other reasons only accounted for a single discharge.



Source: Florida Hospital Inpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

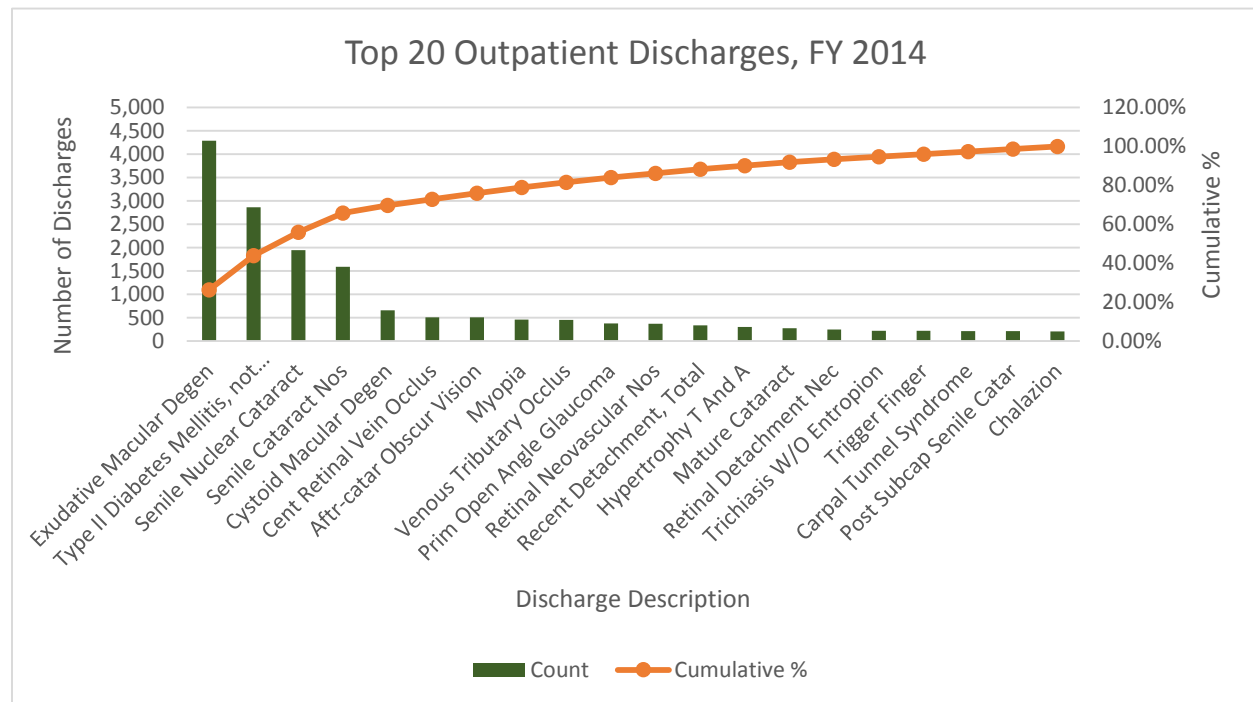
Among those who consider themselves to not be of Hispanic ethnicity, the top reasons for inpatient discharge were malignant neoplastic choroid, malignant neoplastic eyeball, and perforated corneal ulcer. All other reason only account for a single discharge.



Source: Florida Hospital Inpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Total Outpatient Discharges

The majority of ABLEH's patient population is examined and treated through the outpatient setting. In 2014, ABLEH had 16,270 outpatient discharges for their top five (5) PSAs. The most common discharge reasons were exudative macular degeneration (n=4288, 26.4%), type II diabetes mellitus (n=2867, 17.6%), senile nuclear cataract (n=1947, 12.0%), senile cataract not specified (n=1594, 9.8%), and cystoid macular degeneration (n=660, 4.1%).

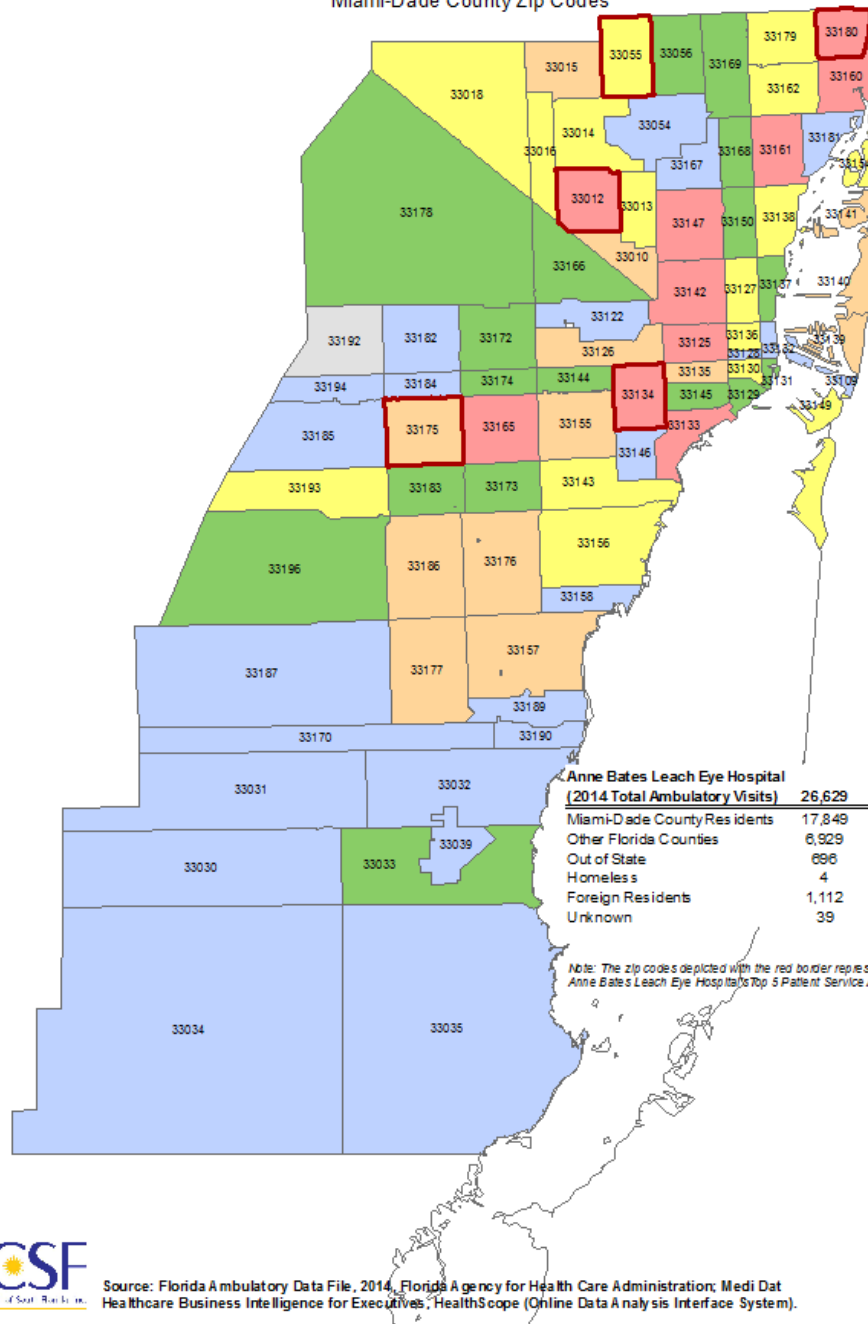


Source: Florida Hospital Outpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Anne Bates Leach Eye Hospital

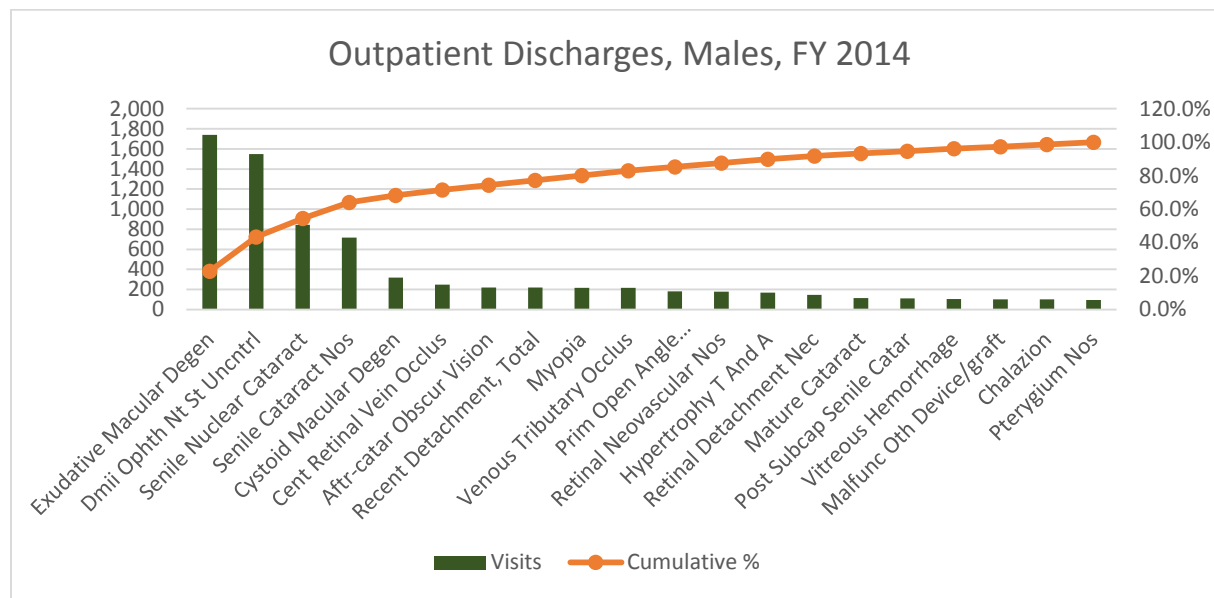
Miami-Dade County Resident Ambulatory Visits by Zip Code, 2014

Miami-Dade County Zip Codes



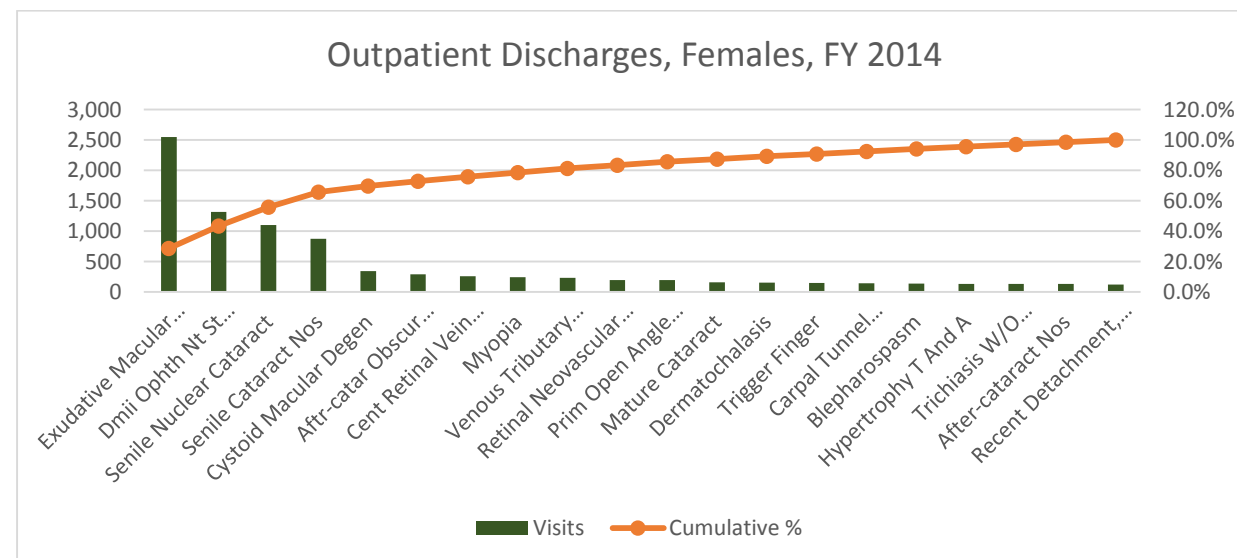
Outpatient Discharges by Gender and Ethnicity

Among males, the top outpatient discharge reasons were exudative macular degeneration, type II diabetes mellitus, senile nuclear cataract, senile cataract unspecified, and cystoid macular degeneration. Other common outpatient discharge reasons for males are shown in the graph below.



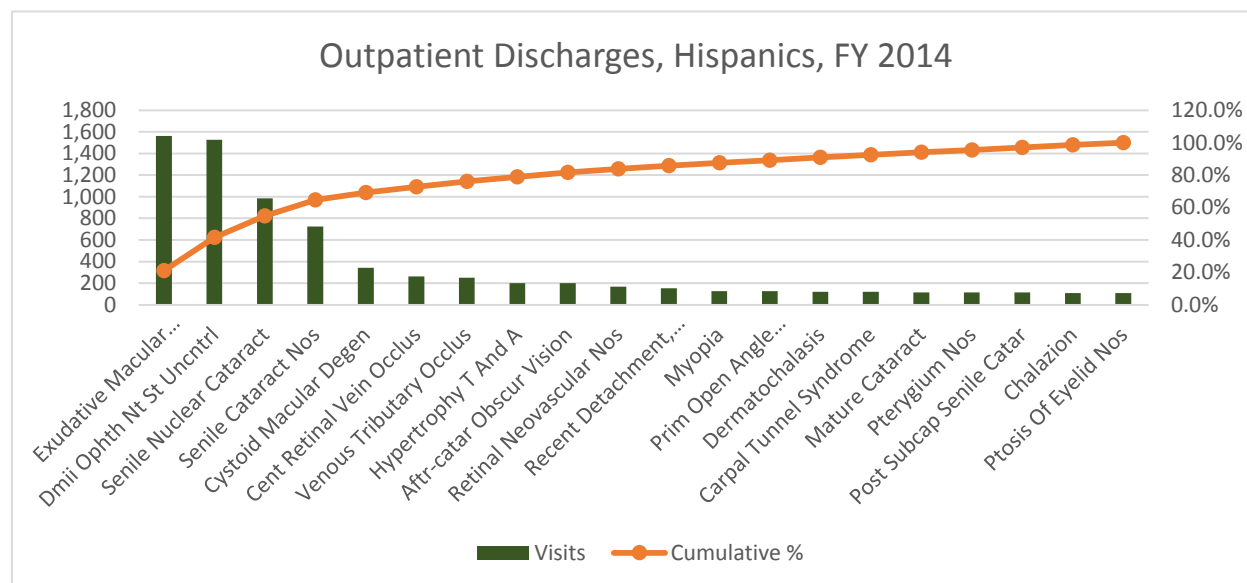
Source: Florida Hospital Outpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Among females, the top outpatient discharge reasons were the same as for males: exudative macular degeneration, type II diabetes mellitus, senile nuclear cataract, senile cataract unspecified, and cystoid macular degeneration. Other common outpatient discharge reasons for males are shown in the graph below.



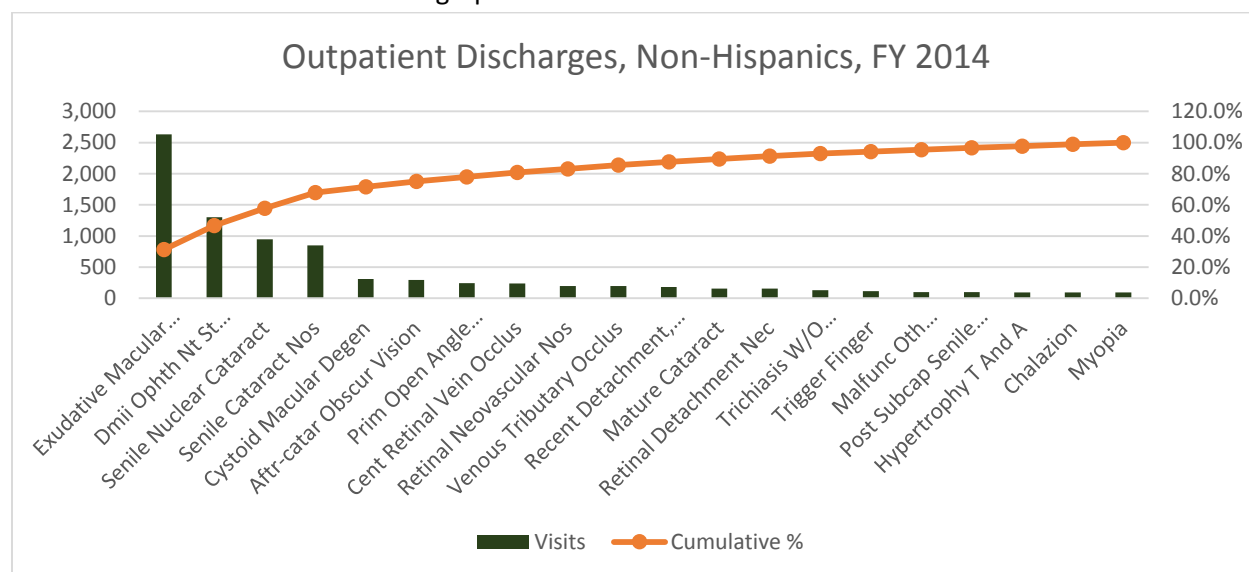
Source: Florida Hospital Outpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Among people who identify as Hispanic, the top outpatient discharge reasons were exudative macular degeneration, type II diabetes mellitus, senile nuclear cataract, senile cataract unspecified, and cystoid macular degeneration. Other common outpatient discharge reasons for males are shown in the graph below.



Source: Florida Hospital Outpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

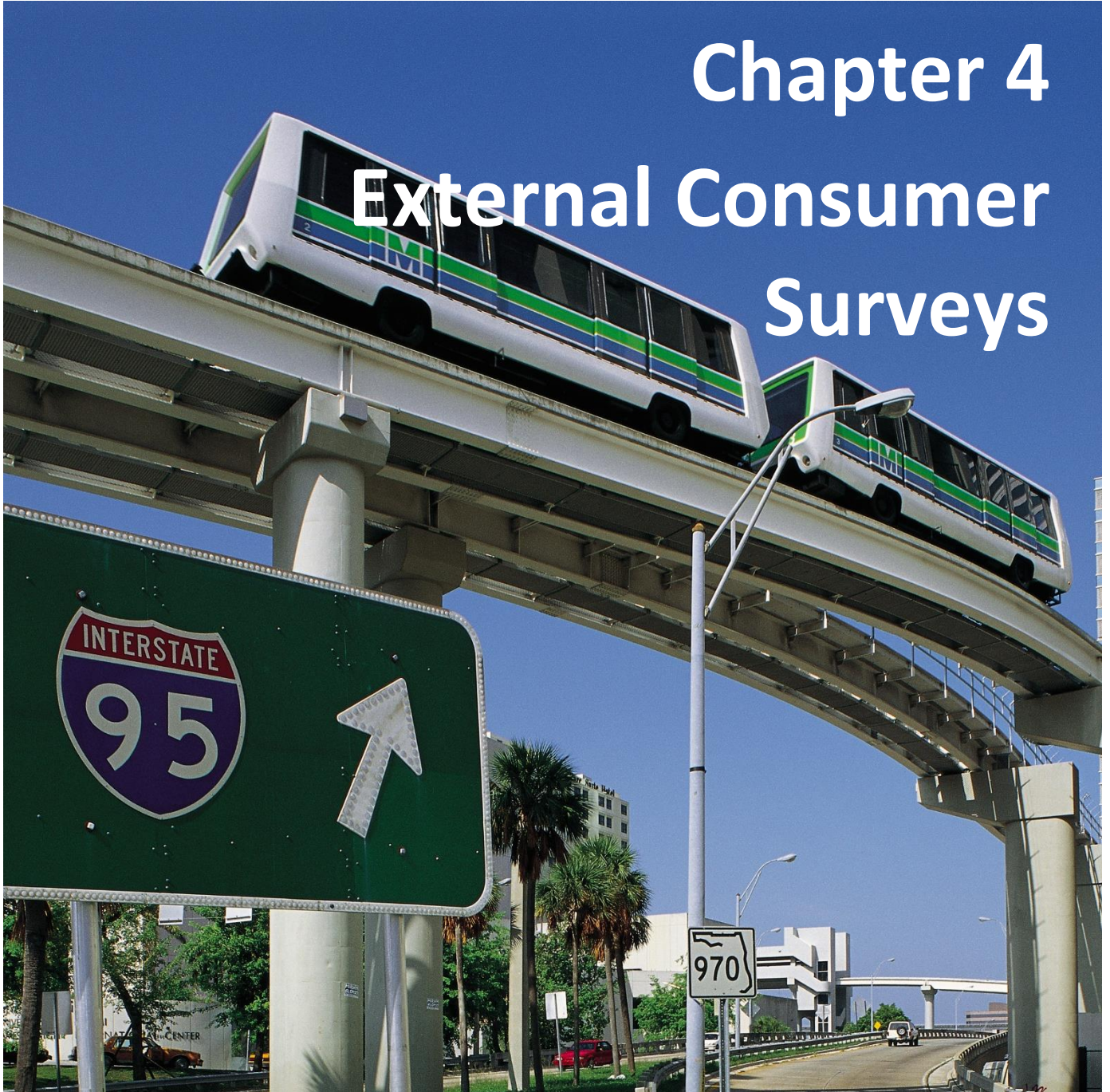
Among people who do NOT identify as Hispanic, the top outpatient discharge reasons were the same as those for Hispanics: exudative macular degeneration, type II diabetes mellitus, senile nuclear cataract, senile cataract unspecified, and cystoid macular degeneration. Other common outpatient discharge reasons for males are shown in the graph below.



Source: Florida Hospital Outpatient Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Chapter 4

External Consumer Surveys



PRC Community Health Survey

Methodology

This assessment incorporates data from primary research conducted by Professional Research Consultants, Inc. (PRC). These data, known as the PRC Community Health Survey, allows for comparison between health indicators in Miami-Dade County to benchmark data at the state and national levels.

To assess health status in Miami-Dade County at the neighborhood level, the 2013 PRC Community Health Survey created 12 neighborhood clusters, plus one oversampled cluster. Neighborhood clusters were formed through examination of zip codes, which were linked according to the community identity for which they are a part, but also based on socioeconomic status or population counts. All clusters are geographically contiguous.

The five contiguous zip codes of 33136 (Overtown), 33127 (Buena Vista), 33128 (Downtown/East Little Havana), 33147 (Liberty City) and 33150 (Little Haiti) were oversampled. These neighborhoods are among the poorest in Miami-Dade County and have among the highest rates of hospitalizations for preventable conditions. Through examining data by neighborhood cluster, communities can better understand geographical differences in health status and customize future health initiatives uniquely to the needs of neighborhoods.

Survey Instrument

The survey instrument used to collect data was based on the CDC Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys addressing health promotion and disease prevention. The final survey instrument was developed by the HCSF and PRC.

Study Design and Sample Characteristics

To ensure the best representation of the population surveyed, a telephone interview methodology was employed, which allows for random selection and efficiency of data collection.

The study design utilized a stratified random sample of 2,700 individuals in Miami-Dade County ages 18 and above, including 200 interviews in each of the 12 clusters and 300 in the oversampled clusters. Once the interviews were completed, they were weighted in proportion to the actual population distribution to appropriately represent Miami-Dade County. All administration of the surveys, data collection and data analysis was conducted by PRC.

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 2,701 respondents is $\pm 1.8\%$ at the 95 percent level of confidence.

Consumer Satisfaction Results

To gain insight from the residents of Miami-Dade County, the HCSF analyzed data from PRC, collected through the previously-described telephone surveys of healthcare consumers throughout Miami-Dade County. These data provided information on consumer health insurance coverage, types of healthcare services used, access of healthcare services, and barriers to receiving health services. In total, 2701 respondents completed the survey, with 220 respondents representing the top five (5) PSAs for ABLEH. Please refer to the table below for respondent demographics.

Demographic Characteristics	Miami-Dade County	Top 5 PSAs for ABLEH
<u>Gender</u>		
Female	63.9%	65.9%
Male	36.1%	34.1%
<u>Age</u>		
18-34 years old	15.5%	9.1%
35-44 years old	13.1%	12.3%
45-54 years old	20.9%	21.8%
55-64 years old	25.0%	25.0%
65+ years old	23.7%	30.5%
No response	1.8%	1.4%
<u>Race/Ethnicity</u>		
Non-Hispanic White	25.8%	24.5%
Non-Hispanic Black	18.4%	9.5%
Hispanic	51.9%	64.5%
Non-Hispanic Asian	1.3%	0.5%
Non-Hispanic Native American	0.4%	0%
Other	1.2%	0%
No response	1.1%	0.9%

<u>Highest Level of Educational Attainment</u>	Miami-Dade County	Top 5 PSAs for ABL
Never attended school or kindergarten only	0.6%	0.9%
Grades 1-8 (Elementary)	6.3%	8.2%
Grades 9-11 (Some high school)	5.6%	5.0%
Grade 12 or GED (High school graduate)	16.1%	17.7%
College 1-3 years (Some college or technical school)	28.2%	25.5%
Bachelor's degree (College graduate)	24.3%	21.8%
Postgraduate degree (Master's, MD, PhD, JD)	17.4%	20.5%
No response	1.5%	0.5%
<u>Employment Status</u>		
Employed for wages	36.2%	33.2%
Self-employed	10.9%	13.6%
Out of work for more than 1 year	5.3%	2.7%
Out of work for less than 1 year	3.5%	2.3%
Homemaker	9.3%	8.6%
Student	4.1%	4.5%
Retired	21.1%	26.4%
Unable to work	7.7%	7.7%
No response	1.8%	0.9%

Types of Healthcare Insurance Coverage

Overall and as shown in the following table, survey respondents were heavily covered by commercial third party health insurance payers for the overall sample and the top five (5) PSAs for ABLEH (43.8% and 40.4%, respectively). Respondents covered by Medicare alone represents 17.7% of the overall sample and 20.5% of the top five (5) PSAs for ABLEH. Of the underfunded/unfunded survey participants, Medicaid was the payer for 7.8% of the overall sample and 7.7% of the top five (5) ABLEH PSAs. Self-pay/no insurance/other accounted for the 22.1% and 21.8% of the overall sample and the top five (5) PSAs, respectively.

Type of Healthcare Insurance Coverage	Miami-Dade County	Top 5 PSAs for ABLEH
None/self-pay	19.5%	19.5%
Private through my employer, like an HMO or PPO	35.9%	30.9%
Private, and I pay for it myself through an individual policy	7.9%	9.5%
Medicaid or another State-Sponsored Program	7.8%	7.7%
Medicare (HMO/Advantage Plan/Fee for Service)	17.7%	20.5%
Medicaid and Medicare	5.8%	8.2%
VA or Military Benefits	1.8%	0.9%
Other	2.6%	2.3%
No response	1.0%	0.5%
Total	100%	100%

Ratings of Available Healthcare Services

The majority of respondents from both the overall survey and from the top five (5) PSAs rated their own health, as well as the quality of healthcare services available to them, as good to excellent.

However, based on respondents from Miami-Dade County as well as the top five (5) PSAs for ABLEH, the uninsured/underinsured were significantly more likely to rate both their health status and available health care services as lower than respondents with insurance (see table below).

Survey Item	Would you say that, in general, your health is:		How would you rate the overall health care services available to you?	
Responses	Miami-Dade County	ABLEH Top 5 PSAs	Miami-Dade County	ABLEH Top 5 PSAs
Excellent	21.1%	17.3%	19.0 %	19.1%
Very good	26.6%	23.2%	24.9%	21.4%
Good	29.4%	31.8%	32.2%	34.1%
Fair	16.3%	20.0%	12.1%	12.3%
Poor	5.4%	6.4%	6.9%	6.8%
No response	1.1%	1.4%	4.9%	6.4%

Usual Sites of Healthcare Services

When asked about where they usually go to seek healthcare services, respondents largely endorsed going to a doctor's office (reported by 42.2% of county-wide respondents and 46.8% of respondents in the top five (5) PSAs); however, a sizeable number of respondents did not report having a usual site of healthcare access (26.1% and 20.0% for county-wide and top five (5) PSA respondents, respectively).

Across Miami-Dade County, the majority of respondents with insurance reported going to a doctor's office for medical care (53% of respondents with government-assisted insurance and 68% of respondents with private insurance). In contrast, only 32% of respondents without insurance reported going to a doctor's office for medical care. Of note, more respondents without insurance reported going to the emergency room (ER) when they needed medical care, with approximately 15% of uninsured respondents going to the ER compared to 4% of those with private insurance and 5% of those with government-assisted insurance.

Within the top five (5) PSAs for ABLEH, the majority of respondents with insurance also reported going to a doctor's office for medical care (53.2% of respondents with government-assisted insurance and 80.5% of respondents with of private insurance). In contrast, 33.3% of respondents without insurance went to a doctor's office for medical care.

Survey Item	Where do you usually go if you are sick or need advice about your health?	
Responses	Miami-Dade County	ABLEH Top 5 PSAs
Hospital-based clinic	9.0%	5.9%
Clinic that is NOT part of a hospital	6.4%	5.0%
Urgent care/walk-in clinic	5.1%	4.5%
Doctor's office	42.2%	46.8%
Hospital Emergency Room	4.5%	5.5%
Military or other VA healthcare facility	1.0%	0.9%
Other	5.7%	5.9%
No response/not applicable	26.1%	25.5%

Routine Care by Physician

When asked about routine checkups with a doctor, the majority of respondents indicated that their last checkup occurred within the last year (74.2% and 77.3% of respondents in Miami-Dade County and the top five (5) PSAs, respectively). Of note, 91% of respondents across Miami-Dade County who were covered by government-assisted insurance and 77% of those with private insurance reported having had a routine checkup in the last year. In contrast, only 47% of the uninsured reported having had a routine checkup during the previous year.

Similarly, 91.8% of respondents within the top five (5) PSAs for ABLEH who were covered by government-assisted insurance and 80.4% of those with private insurance reported having had a routine checkup in the last year. In contrast, only 47.6% of the uninsured in the top five (5) PSAs reported having had a routine checkup during the previous year.

Survey Item	About how long has it been since you last visited a doctor for a routine checkup?	
Responses	Miami-Dade County	ABLEH Top 5 PSAs
Within the past year (less than 1 year ago)	74.2%	77.3%
Within the past 2 years (more than 1 year but less than 2 years ago)	12.0%	10.5%
Within the past 5 years (more than 2 years ago but less than 5 years ago)	6.7%	5.9%
5 or more years ago	3.9%	4.1%
Never	1.0%	0.5%
No response	2.2%	1.8%

Emergency Room Utilization

When asked how many times they went to the emergency room (ER) for medical services during the past 12 months, the majority of respondents reported not having gone to the ER at all (73.6% and 75.5% for Miami-Dade County and the top five (5) PSAs, respectively). When asked why they elected to go to the ER in the last 12 months, respondents largely reported experiencing an emergency or life-threatening situation (reported by 17.7% of county-wide respondents and 13.6% of respondents in the top five (5) PSAs).

	In the past 12 months, how many times have you gone to a hospital or emergency room about your own health?	
Responses	Miami-Dade County	ABLEH Top 5 PSAs
None	73.6%	75.5%
1	15.6%	14.5%
2	5.7%	7.3%
3-4	3.4%	1.8%
5	0.7%	0.5%
No response	0.9%	0.5%
	What is the main reason you used the emergency room instead of going to a doctor's office or clinic?	
Responses	Miami-Dade County	ABLEH Top 5 PSAs
After hours/weekend	4.3%	5.9%
Cost	0.3%	0.5%
Don't have a doctor/clinic	0.2%	0.9%
Don't have insurance	0.6%	0%
Emergency/life-threatening situation	17.7%	13.6%
Long wait for an appointment	0.4%	0.9%
Doctor's recommendation	0.7%	1.4%
Convenient location	0.3%	0.5%
Unsure	0.1%	0%
No response/not applicable	75.2%	76.4%

Barriers to Select Healthcare Services

At the county level and among the top five (5) PSAs, the most-reported barrier to seeking medical care was cost (reported by 20.7% of the overall sample and 22.7% of respondents from the top five (5) PSAs). Furthermore, 23.0% of the overall sample and 24.1% of respondents from the top five (5) PSAs reported the high cost of medications as a barrier to obtaining their prescriptions. In contrast, lack of transportation to medical appointments was less highly endorsed as a barrier to healthcare services at both the county and nor for the top five (5) PSAs.

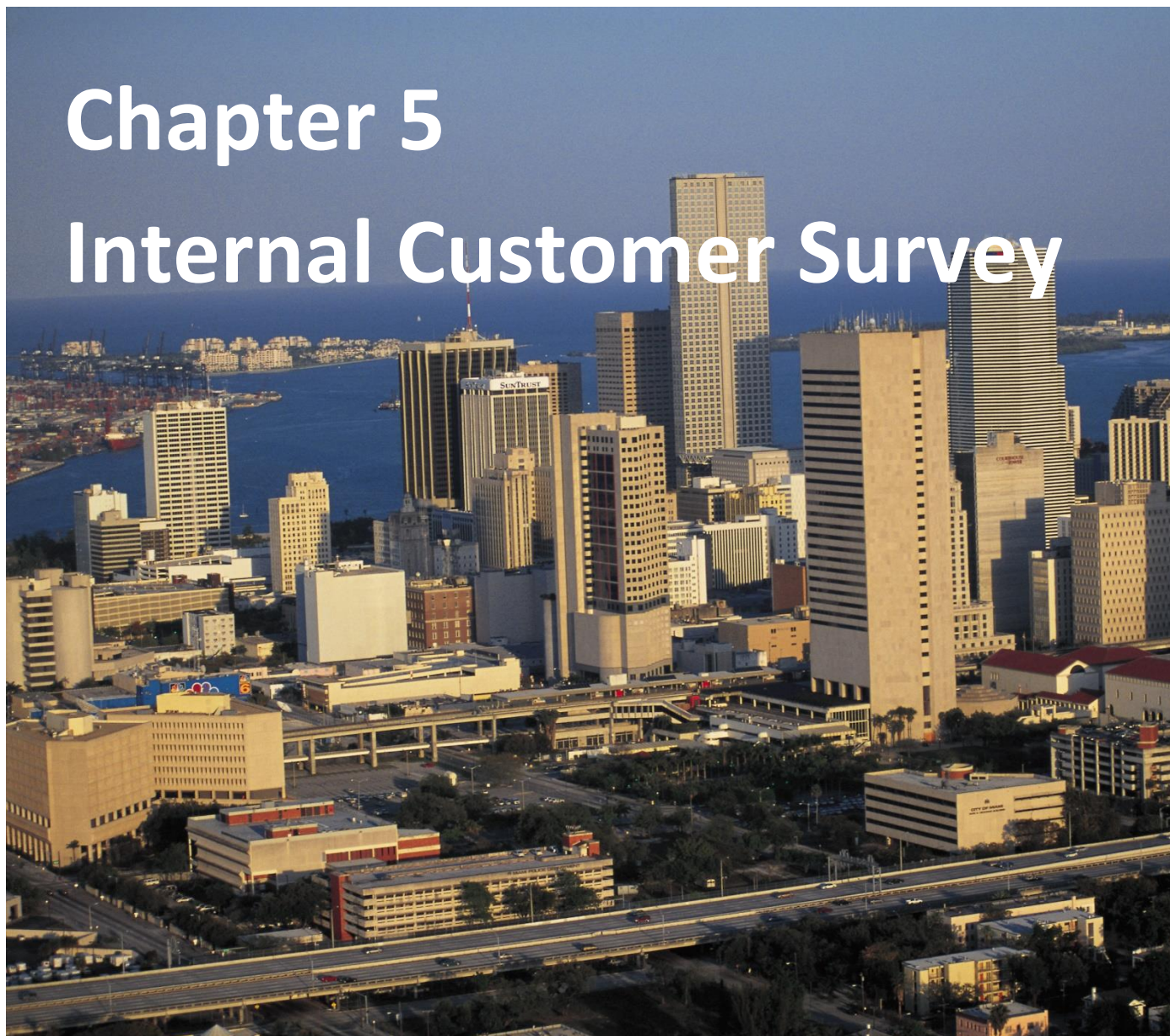
However, insurance status was related to several barriers to healthcare. Notably, survey respondents without insurance across Miami-Dade County were significantly more likely to have encountered difficulty finding a doctor for medical care, had trouble getting an appointment to see a doctor, been unable to see a doctor due to cost, had difficulty securing transportation to a medical appointment, and had trouble obtaining a prescription medication due to cost.

For respondents in the top five (5) PSAs for ABLEH, the major barriers for the uninsured were: Difficulty finding a doctor, difficulty getting an appointment to see a doctor, inability to see a doctor due to cost, and trouble obtaining a prescription medication due to cost.

Survey Item	Miami-Dade County			ABLEH Top 5 PSAs		
	Yes	No	No response	Yes	No	No response
Was there a time in the last 12 months...						
...when you needed medical care, but had difficulty finding a doctor?	12.6%	86.9%	0.5%	12.3%	87.7%	0%
...when you had difficulty getting an appointment to see a doctor?	16.9%	82.7%	0.4%	13.6%	85.9%	0.5%
...when you needed to see a doctor, but could not because of the cost?	20.7%	79.0%	0.3%	22.7%	76.8%	0.5%
...when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?	9.8%	90.1%	0.1%	8.6%	91.4%	0%
...when you were not ABLEH to see a doctor because the office hours were not convenient?	16.8%	82.9%	0.3%	14.5%	85.5%	0%
...when you needed a prescription medicine, but did not get it because you could not afford it?	23.0%	76.7%	0.4%	24.1%	75.0%	0.9%
...when you skipped doses or took smaller doses to make your prescriptions last longer and save costs?	18.3%	81.1%	0.6%	20.9%	78.6%	0.5%

Chapter 5

Internal Customer Survey



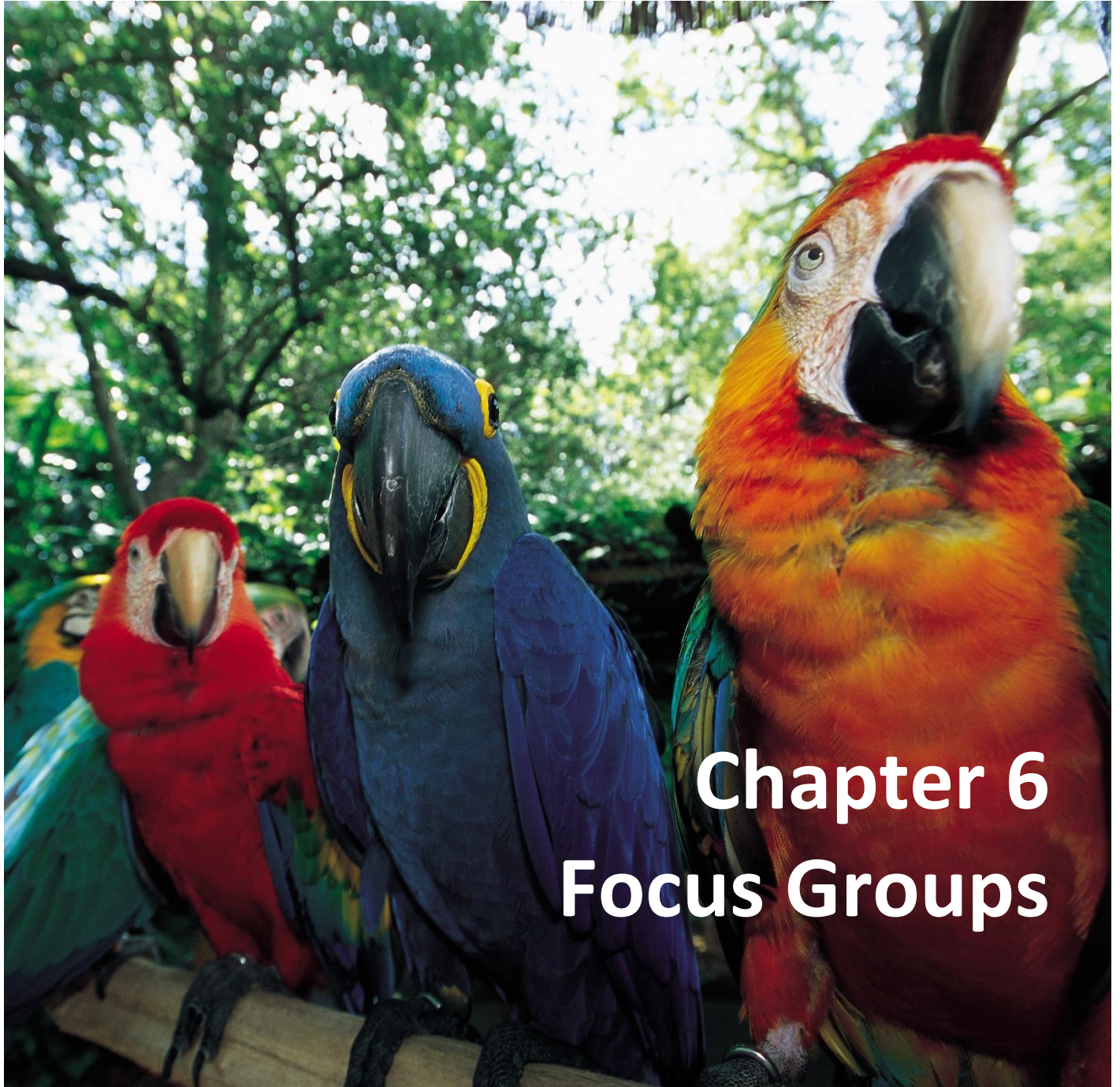
Internal Customer Survey

UMHS completes internal patient surveys in partnership with Press Ganey. With over 30 years of experience, Press Ganey is a leading provider of measurement of patient experience and health care analytics, as well as strategic solutions for health care organizations. These surveys are administered following patient treatment in UMHS hospitals. Survey questions pertain to treatment received, patient satisfaction, wait time, and demographics. From April 2015-April 2016, ABLEH surveyed 1,366 patients using outpatient services (see table below), 55.8% of whom were female and 44.2% of whom were male.

Outpatient Services-ABLEH		
	N	%
Age		
0 - 17	83	3.5%
18 - 34	105	4.4%
35 - 49	247	10.4%
50 - 64	765	32.3%
65 -79	903	38.2%
80+	263	11.1%
Sex		
Male	1045	44.2%
Female	1321	55.8%

An additional 626 patients at the Emergency Department (ED) were surveyed (see table below), 74.6% of whom visited between 7AM-7PM. Over 68% were 18-64 years of age, and 59.3% were female. When asked about their wait time, 26.6% reported waiting 4+ hours, while 21.8% reported waiting 2-2.5 hours.

Consumers of Emergency Department Services-ABLEH		
Time of Day	N	%
7AM-7PM	467	74.6%
7PM-7AM	159	25.4%
Sex		
Male	255	40.7%
Female	371	59.3%
Age		
0 - 17 Yrs	28	4.5%
18-64	429	68.5%
65+	169	27.0%
Wait Time		
< 1/2 hr	11	1.8%
1/2 hr - < 1 hr	21	3.5%
1 - < 1 1/2 hrs	60	10.0%
1 1/2 - < 2 hrs	71	11.8%
2 - < 2 1/2 hrs	131	21.8%
2 1/2 - < 3 hrs	43	7.1%
3 - < 3 1/2 hrs	68	11.3%
3 1/2 - < 4 hrs	37	6.1%
4 hrs or more	160	26.6%



Focus Groups

CHNA Methodology

As part of the 2010 Patient Protection and Affordable Care Act, hospital organizations are required to conduct a community health needs assessment (CHNA), which serves as a guiding document for strategic planning and will assist with developing an implementation strategy. Through the process of developing a CHNA, a hospital positions itself to address community health needs, especially those of the poor and underserved. The CHNA must also be made available to the public.

UMHS contracted with the HCSF to develop this CHNA. With extensive experience conducting needs assessments in Miami-Dade and Monroe Counties, the HCSF staff worked with representatives from several UM departments and facilities to create the document. The report is based on the latest data, health system leadership focus group results, a community resident survey and integration of hospital-specific data sets. In particular, the CHNA process includes the following components: designating a Steering Committee; conducting Leadership Focus Groups; and collecting and analyzing data from both primary and secondary sources.

An integral part of the CHNA process is the designation of a Steering Committee. The function of the Steering Committee is to guide the process of the CHNA, serving as an advisory group to review community health data, provide feedback, and establish health priorities for measurable and achievable goals. UMHS selected top leaders representing each of their three facilities to participate on the Steering Committee. HCSF held meetings with the Steering Committee periodically to review progress on the CHNA and to elicit feedback from committee members.

In addition, the HCSF team analyzed pertinent data from several sources, which include but are not limited to county health status report data; the Florida Department of Health Vital Statistics; the Miami Matters platform; Primary Care Area Statistical Profiles, and the U.S. Census Bureau; as well as from the most recent inpatient, outpatient, and emergency department visit data files compiled by Agency for Health Care Administration (AHCA). For instance, health data from primary and secondary sources as well as socioeconomic indicators accessible via the *Miami Matters: Measuring What Matters in Miami-Dade County* website at www.miamidadematters.org, are examined to establish priorities and to improve community health status and quality of life.

To prioritize health issues for the UMHS PSAs, the following steps were taken:

- Focus groups of UMHS leaders were invited to rate health priorities in terms of seriousness and community concern.
- A broad cross-section of Miami-Dade County health experts, advocates and consumers were surveyed on leading health issues.
- Health issues were reviewed based on the most recent birth indicators, leading causes of death, access to care, chronic disease, communicable disease, health behaviors and social issues to present a community profile.
- Prevention Quality Indicators (PQIs), available by resident zip code, were evaluated. PQIs examine hospital inpatient discharge data to identify quality of care for “ambulatory care-sensitive conditions.” These are conditions for which outpatient care and early intervention can potentially prevent hospitalization, complications or more severe disease. These data are especially instructive given that they are age-adjusted and available at the resident ZIP code level.

- UMHS programs and services were summarized.
- Health care facilities or assets were mapped (see Appendix G).

Anne Bates Leach Eye Hospital CHNA Focus Group Methodology

A focus group was conducted with key staff and executives from ABLEH to gauge perceptions of the role of the hospital in the community and to collect qualitative data. The members of the focus group were selected for participation by UMHS leadership. A series of seven (7) questions was asked to allow participants to express their position regarding health issues. Each of these elements were considered in the prioritization of local health need. Focus group discussion topics included:

- Access to Care and Access to Appropriate Care
- Availability of Primary Care and Prevention
- Cancer Prevention and Treatment
- Chronic Disease Management
- Communicable Diseases/STD/HIV
- Dental/Oral Health Care
- Elder Care
- Healthy Lifestyles: Exercise and Nutrition
- Maternal and Child Health
- Behavioral/Mental Health and Substance Abuse
- Neurology
- Respiratory/Pulmonary Disease

Focus groups were facilitated by Marisel Losa, MHSA; Nicole Marriott, MBA; Anjana Morris, PhD, MPH; Ricardo Jaramillo, MPH; and Brady Bennett, MPH. Focus group findings are summarized in the following pages.

UMHS Leadership Focus Group Findings

To ensure that the ABLEH's Community Health Needs Assessment would have the benefit of unbiased feedback from key community stakeholders and consumers, HCSF facilitated a series of focus groups and surveys to collect information from internal stakeholders and prioritize community health needs. Attendees provided invaluable feedback as to how ABLEH is viewed in terms of its current strengths, barriers to providing care, and potential or emerging opportunities to improve health outcomes for Miami-Dade County residents.

In accordance with the methodology developed by the HCSF, and approved by the UMHS Steering Committee to guide the CHNA process, HCSF met with the Steering Committee three times and once with the Leadership Focus Group, from April to May of 2016.

Hospital Leaders

Priority Setting Exercise Methodology

The HCSF hosted and facilitated focus groups with various hospital and health system leaders to obtain insight into the most critical needs of the community, ABLEH and healthcare as a whole. During these focus group, health system leaders were asked to rank five of the top community health priorities based on their understanding of healthcare in Miami-Dade County, taking into account the specific populations

they serve, if appropriate. Among their major concerns were access to care, primary and preventative care, healthy lifestyles, behavioral and mental health including substance abuse, cancer prevention and treatment, homelessness, maternal and child health, chronic disease management, availability of healthcare services in various areas of Miami-Dade County, and trauma care. The table below represents the concerns of the leaders of ABLEH. The final priorities were established by weighing the responses from the ABLEH leadership focus group as well as additional input from community leaders and residents surveyed.

Top Priorities	ABLEH
1	Access to Care (for uninsured)
2	Chronic Disease Management
3	Availability of Primary Care and Prevention
4	Healthy Life Styles: Exercise/Nutrition
5	Elder Care

This exercise, as well as questions posed by the facilitator, generated extensive discussion, which is provided in the following section. For a summary of results from the facilitator questions, see Appendices E and F.

Anne Bates Leach Eye Hospital Leadership Focus Group Discussion

Strengths

Focus group attendees stated that ABLEH provides fantastic quality of care with a high level of expertise. ABLEH's access to cutting-edge medical technology, research, and outreach efforts set it apart as the specialty eye hospital of South Florida.

In terms of patient care and customer service, the consensus was that ABLEH is a significant provider of expert ophthalmic care. The system provides glaucoma outreach to Haitian/Haitian-American residents and has been a leader in the care of sight-threatening diseases for neonatal patients.

Community Needs

Access to health care for the prevention of acute and chronic eye diseases was addressed by several ABLEH leaders. With the implementation of the Affordable Care Act (ACA), the health system has seen some patients obtain health insurance coverage; however, there are still major barriers, including health insurance plans' narrow networks and high/unaffordable deductibles. Even with the ACA, many residents of Miami-Dade County will continue to be under- or uninsured, as they are not eligible for Marketplace health coverage, or they fall in the Medicaid coverage gap. As of this writing, the state of Florida has not agreed to Medicaid expansion, which leaves a moderately-sized population of unfunded or underfunded patients seeking treatment for eye diseases at a private hospital.

Several leaders mentioned the need to expand outreach to more community satellite locations to increase access to high-level primary ophthalmic care. Furthermore, the leaders mentioned increased ophthalmology education for medical students as well as the community.

Lastly, leaders at ABLEH believe an expansion of the existing diabetic eye screening program in conjunction with federally qualified health centers (FQHCs) through telemedicine is an area that can have a tremendous impact on the Miami-Dade community.

Potential Barriers

Funding concerns were the primary barrier addressed by the leadership focus group for ABLEH. Focus group members frequently commented on the impact of payer challenges and a lack of capital funds, which contribute to difficulty in transitioning with the changing medical environment, as well as the acquisition of quality leadership to help with the transition.

Additionally, many leaders commented that clear differentiation between the functions of optometrists and ophthalmologists was a key concern and potential barrier to improved care for the community. Branding as a quality eye care hospital is paramount to the reputation of Anne Bates Leach and could potentially be a barrier if not performed effectively.

Suggestions

The Leadership Focus Group suggested two primary areas that could help improve the healthcare for those in greatest need in Miami-Dade County. Several members mentioned increasing the utilization of technology to expand access in the community. The advent and use of telehealth has greatly increased the access of preventative care to people further from the hospital or clinical setting, and the expansion of services to preventative medicine-based clinics can expand the reach of ABLEH to the community.

The Leadership Focus Group suggested working with government officials on grant applications for increased funding for Miami-Dade to expand the capacity for ABLEH. Additionally, partnering with community based organizations that provide funding and services to the neediest residents could potentially increase access to care and expand outreach in the community.



Chapter 7

Priority Needs

Priority Needs

Priority Area 1

Access to Care

The interdependence of health outcomes, insurance coverage and ability to obtain appropriate care is widely recognized, but affordability and the lack of employer offerings are major barriers to accessing care. Consistent utilization of health care resources within a community has a direct influence on better health outcomes for men, women and children relative to morbidity and mortality rates for chronic disease and regular maintenance of dental health. Individuals have difficulty accessing care when they cannot obtain information on community resources; affordable health, dental, behavioral health insurance coverage; durable medical equipment; transportation; prescriptions; or secure a primary care provider.

Indicator 1, [Adults with Health Insurance](#)



In 2014, 69.2% of adults in Miami-Dade between the ages of 18 and 64 had some type of health coverage, as compared to 76.2% of adults living in Florida and 83.7% of adults in the United States. This rate has increased from 59.5% in 2011, yet still falls short of the 100% insured Healthy People 2020 goal. The rates of insurance tended to increase by age group, with 73.0% of residents aged 55 to 64 insured, as compared to only 66.5% of residents aged 25 to 34. Additionally, females tend to be insured more frequently than males, at 71.3% compared to 67.1%, respectively. More non-Hispanic whites were insured than non-Hispanic blacks and Hispanics, at 83.6.6%, 65.6%, and 66.2%.

Miami Matters Community Dashboard

Health priorities as determined by the focus groups are presented with color-coded gauges and accompanying narrative. Dashboard gauges provide a visual representation of how **Miami-Dade County** is doing in comparison to other communities. The tri-colored dial represents the distribution of values as compared to other counties; ordered from those doing the best to those doing the worst. Green represents the top 50th percentile; yellow represents the 25th to 50th percentile; and red represents the "worst" or bottom quartile.

From www.miamidadematters.org

Adults with Health Insurance	Miami-Dade County (%)	Florida (%)	US (%)	HP 2020 (%)
Overall	69.2	76.2	83.7	100
Age				
18-24	68.5			
25-34	66.5			
35-44	67.9			
45-54	70.4			
55-64	73			
Sex				
Male	67.1			
Female	71.3			
Race/Ethnicity				
Hispanic	66.2			
Non-Hispanic White	83.6			
Non-Hispanic Black	65.6			

Source: U.S. Bureau of the Census, 2014 American Community Survey

Indicator 2, [Children with Health Insurance](#)



In 2014, 91.2% of children between the ages of 0 and 17 years of age living in Miami-Dade had some type of health insurance, as compared to 94.0% of children living in other US counties. This rate has improved from 79.8% in 2008. Of those who have coverage, approximately 48% are enrolled in some form of Medicaid, a state-funded health insurance program.

Source: U.S. Bureau of the Census, 2011 American Community Survey

Children with Health Insurance	Miami-Dade County (%)	Florida (%)	US (%)	HP 2020 (%)
Overall	91.2	90.7	94	100
Age				
0-5	95.4			
17-Jun	89.1			
Sex				
Male	91.1			
Female	91.3			
Race/Ethnicity				
Hispanic	90.8			
Non-Hispanic White	94.3			
Non-Hispanic Black	90.1			

Indicator 3, [Median Monthly Medicaid Enrollment](#)



In 2013-2015, the 3-year rolling median monthly Medicaid enrollment was 25,813.2 per 100,000 people in Miami-Dade; up from 20,417.0 in 2008. The statewide rate was 19,001.3 per 100,000. The total number of monthly Medicaid enrollees in Miami-Dade in 2014 was 675,121, or 25.3% of the total population. Each of the top five (5) provider service areas (PSAs) had lower average Medicaid enrollment per 100,000 compared to the Miami-Dade county average (25,813.2 per 100,000). The highest Medicaid enrollment was in zip code **33012** (27,291 per 100,000) and the lowest was in zip code **33180** (2,969 per 100,000).

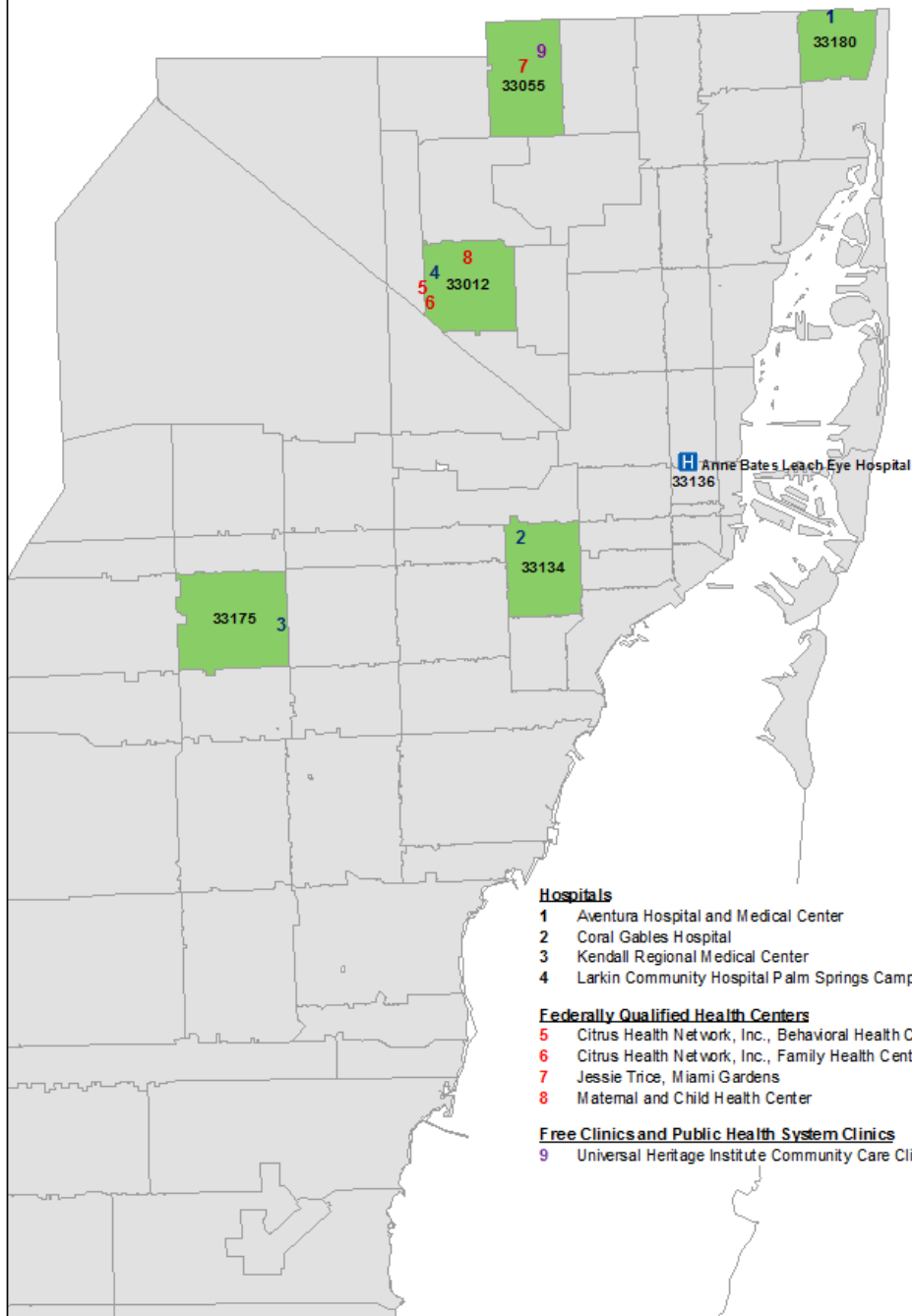
ZIP	Median Monthly Medicaid Enrollment per 100,000
33012	27,291
33055	16,331
33134	5,858
33175	13,608
33180	2,969
Miami-Dade	25,813
Florida	19,001

Source: Florida Department of Health, Office of Data, Evaluation and Data Analysis

Anne Bates Leach Eye Hospital Health Care Assets Map

Hospitals, Federally Qualified Health Centers, Free Clinics, and Public Health Systems

Top 5 Patient Service Area (PSA) Zip Codes



Priority Area 2

Chronic Disease Management

Chronic diseases can often be controlled, but rarely cured. They include conditions such as heart disease and stroke, cancer, diabetes, arthritis, Alzheimer's, back problems, asthma, obesity, allergy and chronic depression. Chronic diseases are the leading cause of death and disability, worldwide. In 2014, the leading cause of death in ABLEH's top five (5) PSAs was heart disease, followed by malignant neoplasms, chronic lower respiratory diseases, cerebrovascular diseases, and diabetes.

Indicator 4, [Adult Diabetes](#)



In 2013, approximately 9.0% of adults in Miami-Dade County reported a diabetes diagnosis, compared to 11.0% reported statewide; a rate that has remained relatively stable since 2010.

Source: Florida Behavioral Risk Factor Surveillance System

Indicator 5, [Age-Adjusted Hospitalization Rate due to Diabetes](#)



Between 2012 and 2014, the average annual age-adjusted hospitalization rate due to diabetes observed in Miami-Dade County was 24.7 admissions per 10,000 people; slightly higher than the Florida average of 23.9 admissions per 10,000 people.

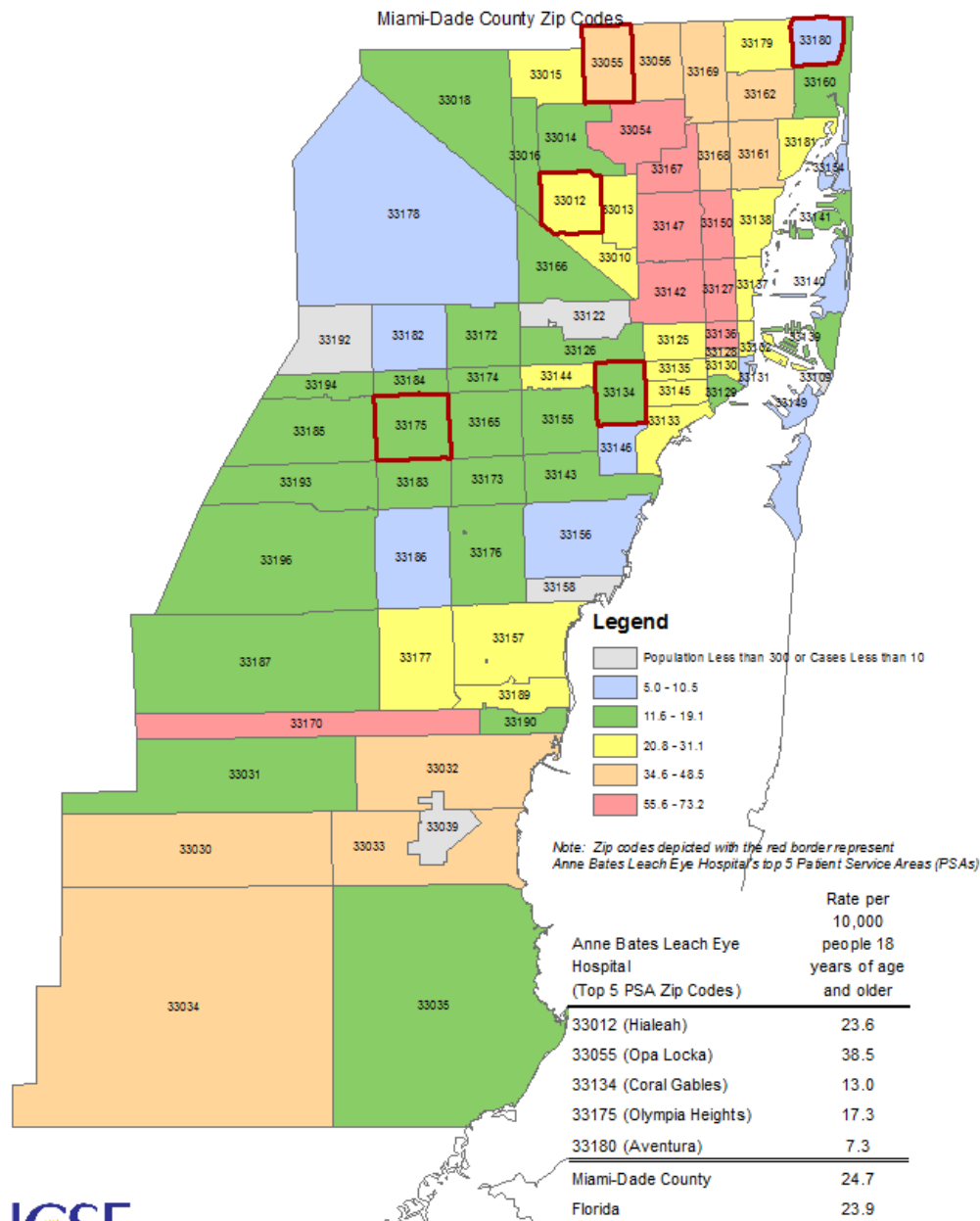
Additionally, black or African American Miami-Dade County residents experienced a rate of 57.4 admissions per 10,000 people; compared to 19.0 and 16.6 admissions per 10,000 people observed among Hispanic and non-Hispanic white residents, respectively.

It is important to note that zip code 33055 (Opa Locka) exhibited the highest admission rate due to diabetes among ABLEH's top five (5) PSA zip codes, with 38.5 admissions per 10,000 people; a rate higher than the county- and statewide rate (24.7 and 23.9 admissions per 10,000, respectively). In contrast, zip code 33012 (Hialeah) exhibited the lowest rate among the top five (5) PSA zip codes at 7.3 admissions per 10,000 people; a rate that is one-third of that observed at the county and state level.

Source: Florida Agency for Health Care Administration (AHCA)

Hospitalization Rate due to Diabetes

Average annual age-adjusted hospitalization rate
due to diabetes per 10,000 people ages 18 and older, 2012-2014



Source: Florida Agency for Health Care Administration 2012, 2013, 2014 Hospital Inpatient Data Files;
Nielsen Claritas Inc. (Population Data); Healthy Communities Institute (Age-Adjustment).

Chronic Obstructive Pulmonary Disease

In 2013, 6.1% of adults in Miami-Dade County reported a diagnosis for chronic obstructive pulmonary disease (COPD), compared to 7.4% reported statewide. The greatest proportion of Miami-Dade County residents who reported a COPD diagnosis were 65 years of age and older (13.4%); compared to residents between the ages of 18 and 44 (3.5%), and those between the ages of 45 and 64 (5.9%). The same pattern was observed at the state-level during the same year.

Source: Florida Behavioral Risk Factor Surveillance System

Indicator 6, [Age-Adjusted Hospitalizations due to COPD](#)



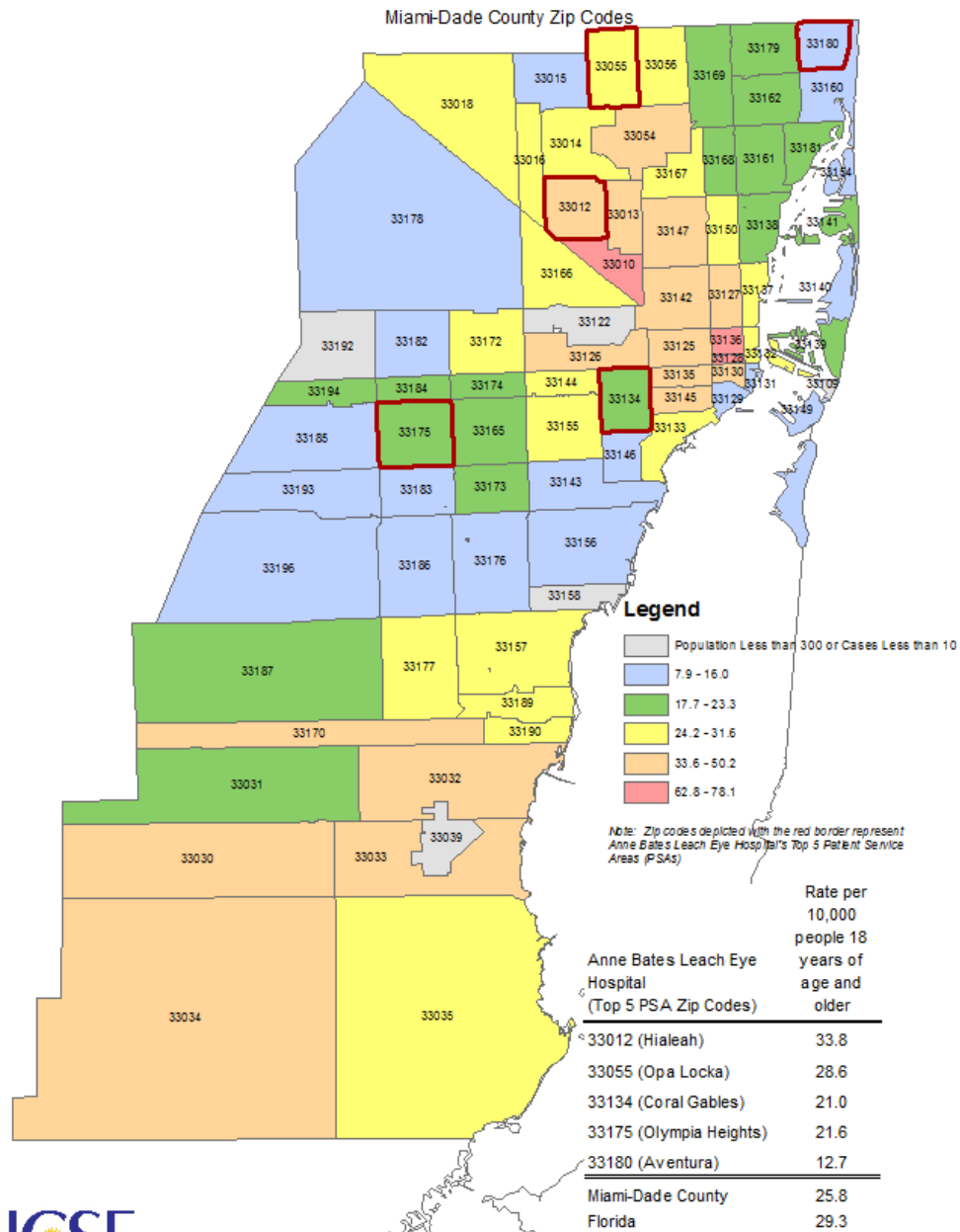
Between 2012 and 2014, the average annual age-adjusted hospitalization rate due to COPD observed in Miami-Dade County was 25.8 admissions per 10,000 residents; which is lower than the Florida average of 29.3 admissions per 10,000 Florida residents (please refer to the colored gauge). Additionally, Hispanic residents experienced a rate of 26.5 admissions per 10,000 people; compared to 24.5 and 23.7 admissions per 10,000 people observed among African American and non-Hispanic white residents, respectively.

It is important to note that zip code 33012 (Hialeah) experienced the highest COPD admission rate among ABLEH's top five (5) PSA zip codes with 33.8 admissions per 10,000 people; which is higher than the county- and statewide rate of 25.8 and 29.3 admissions per 10,000 people, respectively. The remaining four PSA zip codes exhibited a rate lower than the county- and statewide average, with the lowest COPD admission rate, among the top five (5) PSAs, deriving from residents of zip code 33180 (Aventura) at 12.7 admissions per 10,000 people.

Source: Florida Agency for Health Care Administration (AHCA)

Hospitalization Rate due to Chronic Obstructive Pulmonary Disease

Average annual age-adjusted hospitalization rate due to COPD
per 10,000 people ages 18 and older, 2012-2014



Source: Florida Agency for Health Care Administration 2012, 2013, 2014 Hospital Inpatient Data Files;
Nielsen Claritas Inc. (Population Data); Healthy Communities Institute (Age-Adjustment).

Heart Disease

Heart disease is the leading cause of death in the United States. High blood cholesterol is one of the major risk factors for heart disease. Hypertensive heart disease refers to coronary artery disease, heart failure, and enlargement of the heart due to high blood pressure. Hypertension increases the pressure in blood vessels, causing the heart to work harder to work against this pressure, making it a risk factor for heart disease and stroke. Hypertension is associated with behavioral risk factors including poor diet, physical inactivity, tobacco use, diabetes, overweight, and obesity.

Indicator 7, [Heart Disease](#)



In 2014, the age-adjusted death rate due to hypertensive heart disease in Miami-Dade County was 12.8 deaths per 100,000 people, a rate that has remained relatively stable since 2010; but it is higher than the statewide rate of 9.9 deaths per 100,000 people.

In Miami-Dade County, black/African American residents are disproportionately affected with a death rate of 19.5 per 100,000 people; which represents approximately twice the death rate observed among to whites and Hispanics (11.4 and 10.1 per 100,000 people, respectively).

Source: Florida Department of Health, Bureau of Vital Statistics

Indicator 8, [Hypertension/High Blood Pressure](#)



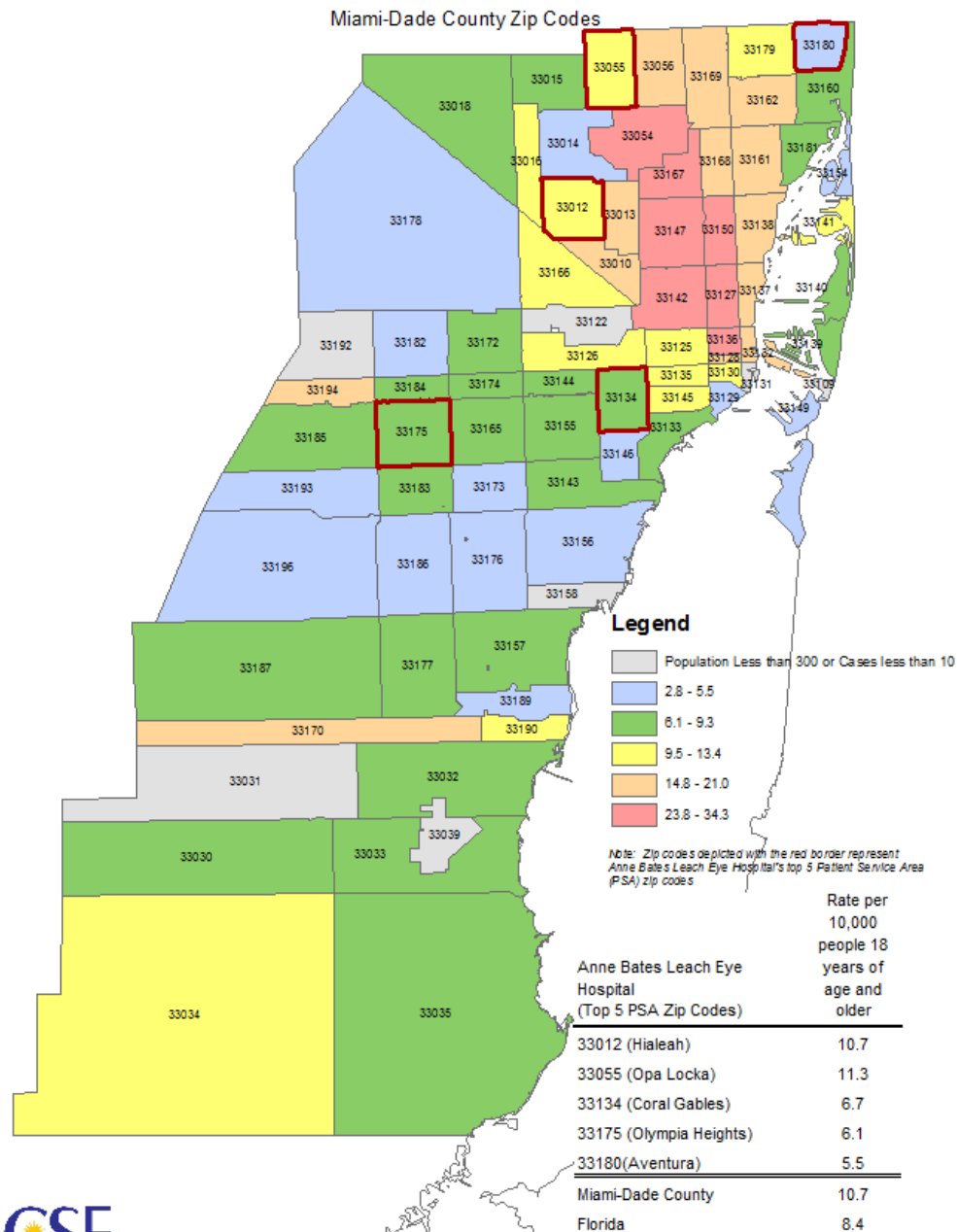
Between 2012 and 2014, the average annual age-adjusted hospitalization rate due to hypertension or high blood pressure observed in Miami-Dade County was 10.7 admissions per 10,000 people; which is higher than the Florida average of 8.4 admissions per 10,000 people (please refer to the colored gauge). Additionally, black/African American residents experienced a rate of 24.9 admissions per 10,000 people; which represents close to five times the rate observed among non-Hispanic whites (5.4 admissions per 10,000 people), and close to three times the rate observed among Hispanics (8.7 admissions per 10,000 people).

Among the top five (5) PSA zip codes, residents of zip codes 33012 (Hialeah) and 33055 (Opa Locka) exhibited the highest hypertension admission rate with 10.7 and 11.3 admissions per 10,000 people, respectively. Coincidentally, the hypertension admission rate observed among residents of zip code 33012 (Hialeah) is the same as the rate observed at county-level; but higher than the statewide average (8.4 admissions per 10,000 people). Furthermore, the rate observed among residents of zip code 33055 is higher than the rate observed at county- and state level (11.3 admissions per 10,000 compared to 10.7 and 8.4 admissions per 10,000, respectively).

Source: Florida Agency for Health Care Administration (AHCA)

Hospitalization Rate due to Hypertension

Average annual age-adjusted hospitalization rate due to hypertension or high blood pressure per 10,000 people ages 18 and older, 2012-2014



Source: Florida Agency for Health Care Administration 2012, 2013, 2014 Hospital Inpatient Data Files; Nielsen Claritas Inc. (Population Data); Healthy Communities Institute (Age-Adjustment).

Indicator 9, [Stroke](#)



In 2014, the age-adjusted death rate due to stroke in Miami-Dade County was 32.9 deaths per 100,000 people, a rate that has been increasing since 2010; but it is slightly lower than the statewide rate of 33.8 per 100,000 people. In Miami-Dade County, black/African Americans were disproportionately affected with a rate of 45.7 deaths per 100,000 people; compared to non-Hispanic whites and Hispanics (30.1 and 29.6 deaths per 100,000 people, respectively).

Source: Florida Department of Health, Bureau of Vital Statistics

Priority Area 3

Availability of Primary Care and Prevention

The nationwide shortage of primary care providers is projected to worsen as our population ages, as fewer medical students choose to practice primary care and access to health insurance coverage increases under the Affordable Care Act. Further exacerbating the shortage are the low rates of reimbursement to providers accepting Medicaid, the national health program for low-income individuals and families. Because the current Medicaid reimbursement rates are low, many providers are unwilling to accept new patients. As a result, Medicaid enrollees and the uninsured often must turn to the safety net and charity care for the primary care they need.

Indicator 10, [Adults with a Usual Source of Healthcare](#)



In 2013, 62.6% of adults residing in Miami-Dade had one or more people they thought of as their personal doctor or primary health care provider, compared to 73.2% statewide - a statistically significant difference between both measures. Between 2002 and 2010, there had been a steady increase with respect to this indicator; however, between 2010 and 2013, a 20.2% decrease was observed in the number of Miami-Dade County residents who reported having a usual source of health care. It is important to note that a greater proportion Miami-Dade County residents 65 years of age and older (95.2%) reported having a usual source of health care than residents between the ages of 18 and 44 and between the ages of 45 and 64 (49.3% and 63.0%, respectively). Additionally, a greater proportion of non-Hispanic black residents (71.8%) reported having a usual source of health care than non-Hispanic white and Hispanic Miami-Dade County residents (71.4% and 60.1%, respectively).

Source: Florida Behavioral Risk Factor Surveillance System

Indicator 11, [Percentage of Adults who had a Medical Checkup in the Past Year](#)



In 2013, 67.6% of adults residing in Miami-Dade had a medical checkup in the past year, compared to 70.3% observed statewide. This rate represents a decrease from 2010, during which 68.6% of adults had a medical checkup in the past year. It is important to note that 94.6% of Miami-Dade County residents 65 years of age and older reported they had an annual checkup in the past year; compared to approximately 58.0% of residents between the ages

of 18 and 44. Additionally, 76.9% of non-Hispanic black residents reported they had a medical checkup in the past year; compared to 71.7% and 66.4% among the non-Hispanic white and Hispanic Miami-Dade County residents, respectively.

Source: Florida Behavioral Risk Factor Surveillance System

	Admissions	%
Medicare	774	81.6%
Medicaid	107	11.3%
Private, incl. HMO	40	4.2%
Self-Pay	19	2.0%
No charge/Charity	2	0.2%
Other	6	0.6%
Total	948	100.0%

Indicator 12, [Primary Care Physicians Ratio](#)



In 2014, primary care physician ratio was 1,275 to 1 in Miami-Dade, while the national benchmark is 1,051 to 1; indicating a shortfall of at least 224 primary care physicians in Miami-Dade County. The Miami-Dade County rate, however, is better than the Florida state figure of 1,426 to 1, as represented in the gauge above. This data is based on the Health Resources and Services Administration (HRSA) physician data from the American Medical Association master file and on census population estimates. Additionally, in 2013 there were 80 primary care providers per 100,000 residents of Miami-Dade County; a rate that has remained relatively stable since 2010.

Source: County Health Rankings & Roadmaps

Indicator 13, [Congestive Heart Failure per 10,000 people 18 years of age and older](#)

Congestive heart failure derives from hospital inpatient data, and it is part of a list of Prevention Quality Indicators (PQIs) developed by the Agency for Healthcare Research and Quality (AHRQ); with the purpose to highlight potential health care quality problem areas that would need to be further investigated, which in turn would help assess primary care access or outpatient services in the community. As such, PQIs are defined as set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.

Congestive heart failure is defined as all non-maternal/non-neonatal discharges of patients 18 years of age and older with ICD-9-Clinical Modification (CM) principal diagnosis for this condition. In 2013, Miami-Dade County experienced a congestive heart failure rate of 40.5 per 10,000 people; which coincidentally is the same rate observed statewide.

It is important to note that 39.0% of congestive heart failure admissions observed among ABLEH's top five (5) PSAs derived from zip code 33012 (Hialeah), which experienced a rate of 61.0 admissions per 10,000 people; higher than the county- and statewide rate of 40.5 admissions per 10,000 people. Zip code 33134 (Coral Gables) experienced the second highest rate among ABLEH's top five (5) PSAs with 44.1 congestive heart failure admissions per 10,000 people (please refer to the map below).

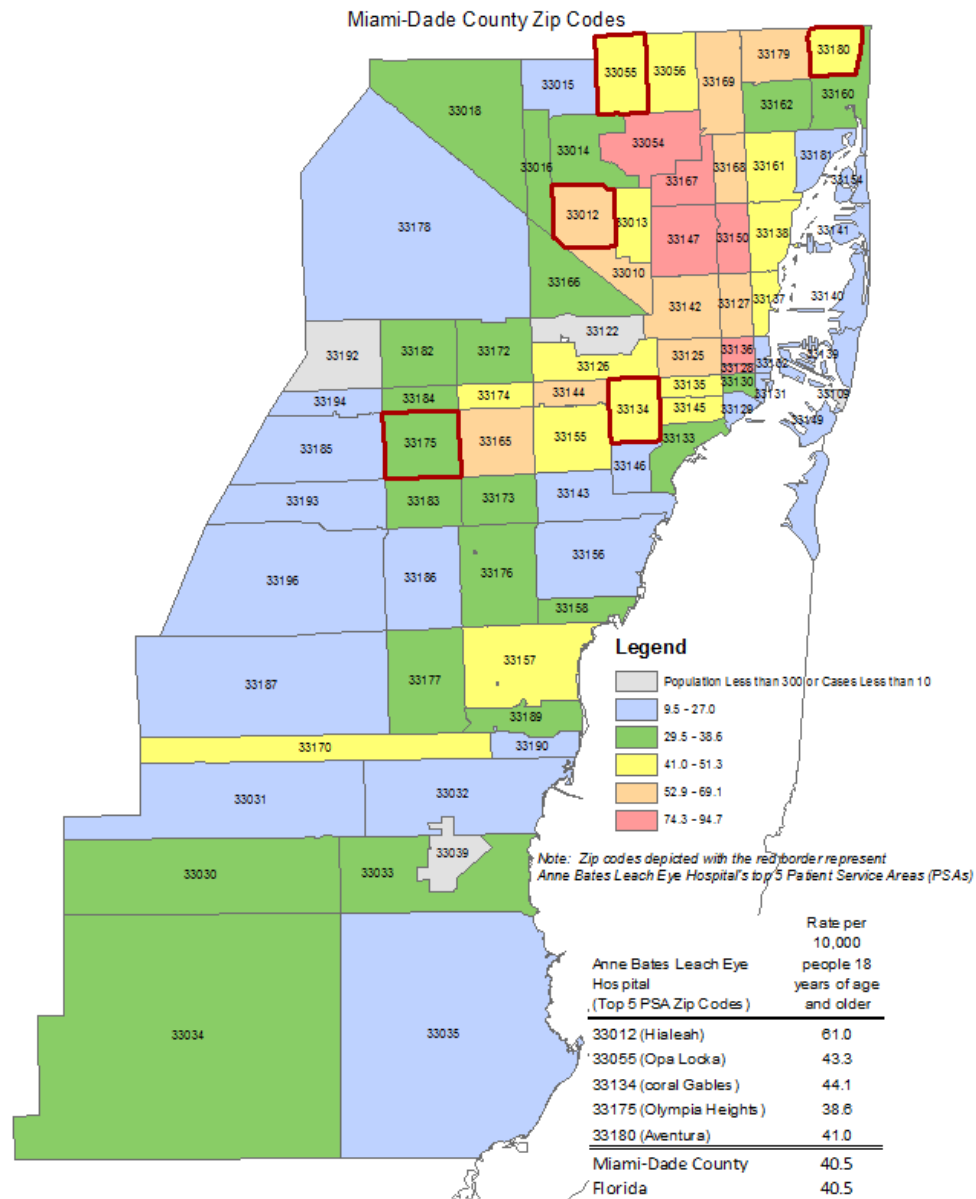
The principal payer for total charges incurred as a result of congestive heart failure admissions among ABLEH's top five (5) PSA zip codes was Medicare with 81.6%, followed by Medicaid (11.3%); while private

health insurance, self-pay, charity, and “other” accounted for 7.1% of the remaining payer sources. Among the top five (5) PSAs, 39.3% of total Medicare admissions due to congestive heart failure derived from residents of zip code 33012 (Hialeah); followed by zip code 33175 (19.6%), zip code 33134 (15.2%), zip code 33180 (13.6%), and zip code 33055 (12.3%).

Source: Agency for Healthcare Research and Quality (AHRQ)

Hospitalization Rate due to Congestive Heart Failure (CHF)

Unadjusted hospitalization rate due to CHF (Prevention Quality Indicator)
per 10,000 people 18 and older, 2013



Source: Florida Health Data Warehouse (Florida Agency for Health Care Administration 2013 Hospital Inpatient Data File, Nielsen Claritas Inc., population data and Agency for Healthcare Research and Quality Prevention Quality Indicators Technical Specifications)

Priority Area 4

Healthy Lifestyles: Exercise and Nutrition

A strong correlation exists between chronic disease and illness and lifestyle. Physical activity and healthful nutrition are key factors in preventing and controlling chronic conditions including cardiovascular disease, diabetes, some cancers and obesity.

Indicator 14, [Adult Fruit and Vegetable Consumption](#)



In 2013, 19% adults in Miami-Dade County ate five (5) or more servings of fruits and vegetables per day. This percentage has steadily dropped since 2002, with 24.4% of county residents consuming at least five servings of fruits and vegetables in 2002 and 23.1% of residents consuming this amount in 2007. Fruit and vegetable consumption was highest among residents ages 18-44, with 20.8% of these residents consuming five or more servings. In contrast, 16.7% of adults ages 45-64 years old consumed five or more servings, while 19.2% of adults 65+ consumed five or more servings. In terms of gender, more females than males consumed five (5) or more servings of fruits and vegetables per day (19.9% vs. 18.0%). Finally, racial and ethnic differences in fruit and vegetable consumption also emerged, with 29.6% of Non-Hispanic Black residents consuming five or more servings of fruits and vegetables, compared to 18.6% of Hispanics and 10.8% of Non-Hispanic Whites.

Source: Florida Behavioral Risk Factor Surveillance System

Indicator 15, [Obesity](#)



This indicator shows the percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units ($BMI = \text{Weight (Kg)} / [\text{Height (m)}^2]$). A BMI greater than or equal to 30 is considered obese. In 2013, 23.8% of adults in Miami-Dade County were obese, which marked a decrease from the 29.3% of county residents who were obese in 2010. By age, the age group consisting of the highest percentage of obese adults was the 65+ age group (28.8%), compared to 26.0% of adults ages 45-64 and 20.3% of adults ages 18-44 who were obese. In terms of gender, more females than males in Miami-Dade County were obese (27.2% vs. 20.2%). There were also marked ethnic differences in obesity prevalence, with 28.2% of non-Hispanic black residents and 25.6% of Hispanic residents as obese. In contrast, only 14.0% of non-Hispanic white residents were obese.

Source: Florida Behavioral Risk Factor Surveillance System

Indicator 16, [Adults who are Overweight or Obese](#)



A BMI between 25 and 29.9 is considered overweight and a BMI greater than or equal to 30 is considered obese. In 2013, 63.6% of Miami-Dade County residents were overweight or obese. This figure represents a decrease in prevalence of overweight/obesity from 2010, during which 67.4% of county residents were overweight/obese. When examined by age, 73.8% of adults ages 65+ and 74.1% of adults ages 45-64 were considered overweight/obese, compared to only 51.8% of adults ages 18-44. By gender, more males than females were considered overweight/obese (67.4% vs. 59.9%). Finally, when examined by race/ethnicity, Hispanic residents and non-Hispanic Black residents had the highest prevalence of overweight/obesity (67.8% and 71.7%, respectively), compared to only 44.1% of non-Hispanic White residents who were considered overweight/obese.

Source: Florida Behavioral Risk Factor Surveillance System

Indicator 17, [Sedentary Behavior](#)



This indicator shows the percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month. In 2013, 32.7% of Miami-Dade County residents did not participate in any physical leisure-time activities during the past month. This figure represents a decrease in sedentary activity from 2007, during which 35.4% of county residents were sedentary. When examined by age, 42.1% of adults ages 65+ and 36.2% of adults ages 45-64 were sedentary, compared to only 26.9% of adults ages 18-44. By gender, more females than males were considered sedentary (34.1% vs. 31.2%). Finally, when examined by race/ethnicity, non-Hispanic black residents had the highest prevalence of sedentary activity (43.9%), compared to only 32.1% of Hispanic residents and 25.2% of non-Hispanic white residents.

Source: Florida Behavioral Risk Factor Surveillance System

Priority Area 5

Elder Care/Geriatrics

Indicator 18, [Hospitalization Rate due to Hip Fractures among Females 65+](#)



Between 2012 and 2014, the number of hospitalizations due to hip fractures among females 65+ in Miami-Dade County was 657.6 per 100,000 population. When these rates were examined by age, the rate of hospitalization was substantially higher among older females. In fact, among females 85+, the rate of hospitalization was 2,171.1 per 100,000, compared to 390.3 per 100,000 among females ages 65-84.

With regard to racial and ethnic differences, the rate of hospitalization was particularly pronounced among White non-Hispanic residents, with a rate of 932.3 hospitalizations due to hip fractures per 100,000 population, in comparison to Hispanic, Black, and Asian residents, who had rates of 646.0 per 100,000, 262.6 per 100,000, and 176.6 per 100,000, respectively.

The hospitalization rates for females 65+ for each of the top five PSAs for ABLEH were higher than the rate for Miami-Dade County, except for zip code 33055, which had a lower hospitalization rate compared to the county (459.8 hospitalizations vs. 657.6 hospitalizations per 100,000, respectively).

Area	2014 Hospitalization Rate due to Hip Fractures – Females 65+ (per 100,000 population)
Miami-Dade County	657.6
Top 5 PSAs for ABLEH (zip codes)	
33012	659.4
33055	459.8
33134	830.9
33175	694.8
33180	698.7

Source: Florida Agency for Health Care Administration (AHCA)

Indicator 19, [Hospitalization Rate due to Hip Fractures among Males 65+](#)



Between 2012 and 2014, the number of hospitalizations due to hip fractures among males 65+ in Miami-Dade County was 377.9 per 100,000 population. Similar to females, there was a tremendous increase in hospitalizations due to hip fractures among males when examined by age group. Among males 85+, the rate of hospitalizations was 1,608.2 per 100,000, compared to 237.4 per 100,000 among males ages 65-84.

Furthermore, in terms of racial and ethnic differences, the rate of hospitalization was particularly pronounced among White non-Hispanic residents (493.1 hospitalizations per 100,000 population), compared to Hispanic and Black residents (364.5 per 100,000 and 211.3 per 100,000, respectively).

The hospitalization rates for males 65+ for each of the top five PSAs for ABLEH were lower than the rate for Miami-Dade County, except for zip code 33175, which had a higher hospitalization rate compared to the county (434.4 hospitalizations vs. 377.9 hospitalizations per 100,000, respectively).

Area	2014 Hospitalization Rate due to Hip Fractures – Males 65+ (per 100,000 population)
Miami-Dade County	377.9
Top 5 PSAs for ABLEH (zip codes)	
33012	334.2
33055	320.1
33134	370.9
33175	434.4
33180	336.6

Source: Florida Agency for Health Care Administration (AHCA)

Indicator 20, [Age-Adjusted Death Rate due to Falls](#)



In 2014, the number of deaths due to falls among individuals in Miami-Dade County was 5.2 per 100,000 population. This 2014 death rate represents an increase from the 2013 death rate (4.7 deaths per 100,000). Of note, the 2014 death rate was substantially higher among males compared to females (7.3 deaths per 100,000 vs. 3.8 deaths per 100,000, respectively). With regard to ethnic differences, White residents had a death rate of 5.5 deaths per 100,000, compared to 5.1 deaths and 4.3 deaths per 100,000 for Hispanic and Black residents, respectively.

In examining the top five PSAs for ABLEH, three of the five PSAs have death rates that are higher than the overall death rate of Miami-Dade County (see table below). In contrast, the zip codes 33012 and 33055 have lower death rates due to falls compared to Miami-Dade County.

<i>Area</i>	<i>2014 Death Rate due to Falls (per 100,000 population)</i>
Miami-Dade County	5.2
Top 5 PSAs for ABLEH (zip codes)	
33012	4.7
33055	2.9
33134	6.7
33175	7.1
33180	6.0

Source: Florida Department of Health, Bureau of Vital Statistics

Indicator 21, [People 65+ Living Below Poverty Level](#)



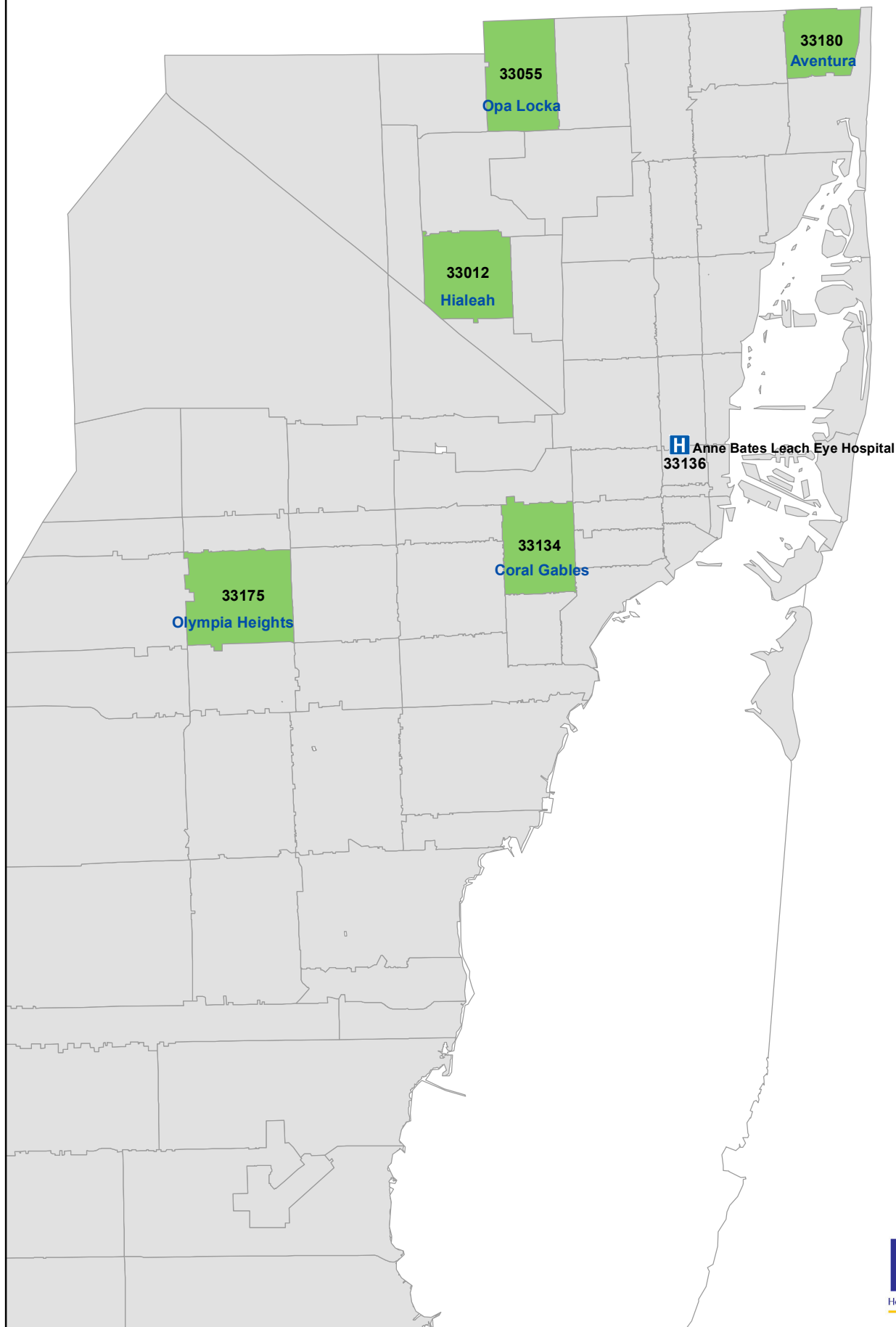
Between 2010 and 2014, 21.5% of Miami-Dade County residents ages 65+ were living below the federal poverty level. This rate was particularly pronounced in the 75+ age group, which had 23.3% of individuals falling below the poverty line, while 19.9% of residents ages 65-74 fell below the poverty line. With regard to gender, more individuals below the poverty line were female than male (23.3% vs. 19.0%, respectively). Importantly, higher percentages of racial and ethnic minorities in the 65+ age group fell below the federal poverty level. In particular, 25.9% of this age and socioeconomic group were Black/African American, 24.2% were Hispanic or Latino, 23.7% identified as 2 or more races, 22.4% identified as “other,” 20.9% were Asian, 10.9% were American Indian or Alaska Native, and 10.1% were White Non-Hispanic.

In examining the top five PSAs for ABLEH, three of the five PSAs had a lower prevalence of adults ages 65+ living below the poverty level, compared to the overall prevalence in Miami-Dade County (see table below). However, both 33012 and 33055 had higher percentages of older adults living below the poverty line.

<i>Area</i>	<i>2014 People 65+ Living Below Poverty Level</i>
Miami-Dade County	21.5%
Top 5 PSAs for ABLEH (zip codes)	
33012	26.3%
33055	24.9%
33134	14.7%
33175	16.7%
33180	14.4%

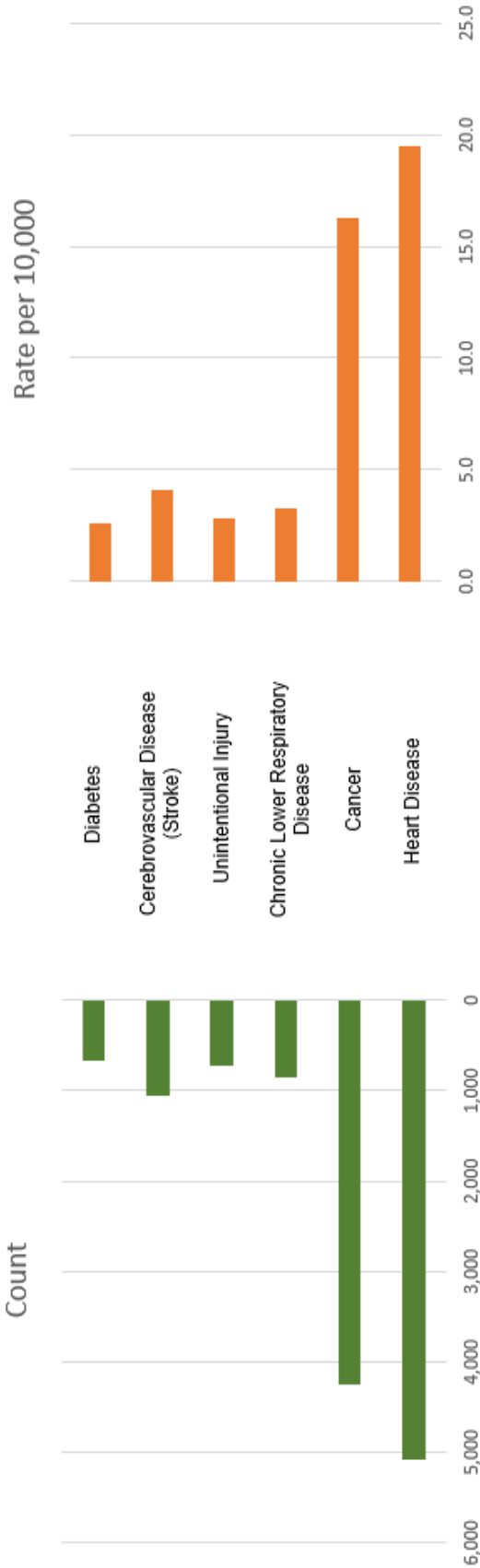
Source: 2010-2014 American Community Survey

Anne Bates Leach Eye Hospital Top 5 Patient Service Area (PSA) Zip Codes



Appendix B

Leading Causes of Death in Miami-Dade County, by count and rate per 100,000

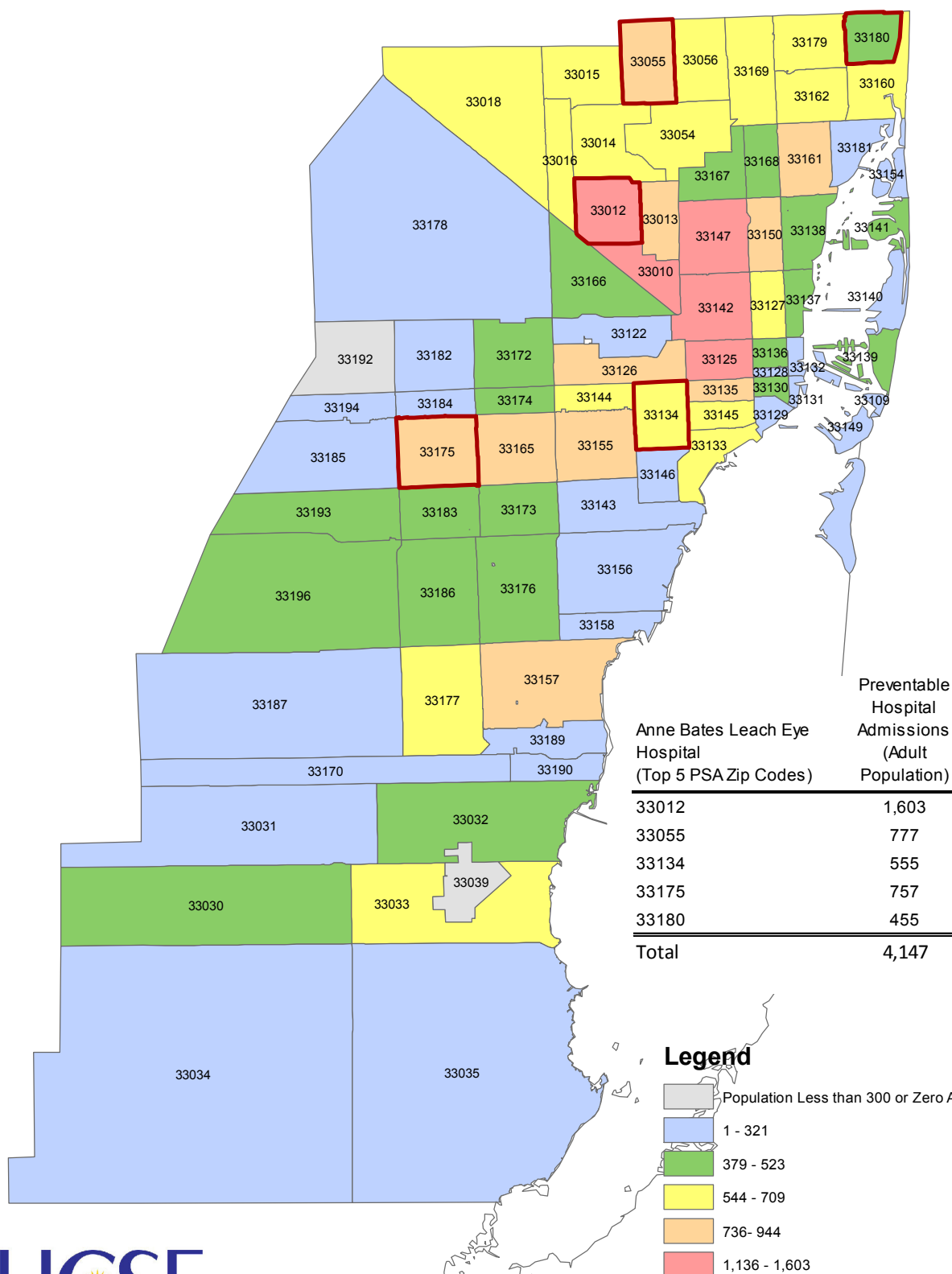


Appendix C

Preventable Hospitalizations

Hospital Admissions due to Preventable Conditions among the Adult Population, 2014

Miami-Dade Zip Codes



Appendix E

Q6: On which of the following leading health indicators for Miami-Dade County do YOU consider to be the FIVE most critical areas the ABL should focus on in its effort to improve health outcomes for MDC?							
Leading Health Indicators	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Total Score	Rank
Access To Care	3	1	1			22	1
Availability of Primary Care and Prevention	1		1	1		10	3
Cancer Prevention and Treatment				1		2	6
Chronic Disease Management	1	2	2			19	2
Communicable Disease/STD/HIV						0	9
Dental/Oral Health						0	9
Elder Care/Geriatrics			1			3	5
Healthy Lifestyles: Exercise and Nutrition		2				8	4
Maternal and Child Health				1		2	6
Neurology					1	1	8
Psychiatric/Substance Abuse Treatment						0	9
Respiratory/Pulmonary Disease						0	9

Appendix F

Community Health Needs Assessment (CHNA) University of Miami Hospital System (UMHS) Anne Bates Leach Eye Hospital

1. On which of the following leading health indicators for Miami-Dade County do YOU believe UMHS is currently having the greatest impact? Why do you believe that is so? (Please number your top priorities, 1-5)

LEADING HEALTH INDICATORS	Anne Bates Leach Eye Hospital	Comments
Access to Care (for the Uninsured)		
Availability of Primary Care and Prevention		
Cancer Prevention and Treatment		
Chronic Disease Management		
Communicable Diseases/STD/HIV		
Dental/Oral Health Care		
Elder Care / Geriatrics		
Healthy Lifestyles: Exercise and Nutrition		
Maternal and Child Health		
Neurology		
Psychiatric/Substance Abuse Treatment		
Respiratory/Pulmonary Disease		
Other:		

2. What do you consider to be UMHS's greatest strengths in its current efforts to promote excellence in health care and to improve health outcomes for South Florida residents?

Appendix F

3. **As UMHS develops its long-term strategic plan, where do you believe the hospital can have the greatest impact on improving Miami-Dade health indicators? What would it take to get there?**
4. **Do you foresee any significant internal or external challenges that UMHS may encounter in its efforts to improve health outcomes in Miami-Dade County?**
5. **Do you see any emerging Business Opportunities and/or Partnership Opportunities for UMHS that would strengthen UMHS's ability to positively impact these leading health indicators?**

Appendix F

6. Which of the following leading health indicators do YOU consider to be the FIVE most critical areas that UMHS should focus on in its efforts to improve health outcomes for Miami-Dade? Why? (Please number your top priorities, 1-5)

LEADING HEALTH INDICATORS	Anne Bates Leach Eye Hospital	Comments
Access to Care (for the Uninsured)		
Availability of Primary Care and Prevention		
Cancer Prevention and Treatment		
Chronic Disease Management		
Communicable Diseases/STD/HIV		
Dental/Oral Health Care		
Elder Care / Geriatrics		
Healthy Lifestyles: Exercise and Nutrition		
Maternal and Child Health		
Neurology		
Psychiatric/Substance Abuse Treatment		
Respiratory/Pulmonary Disease		
Other:		

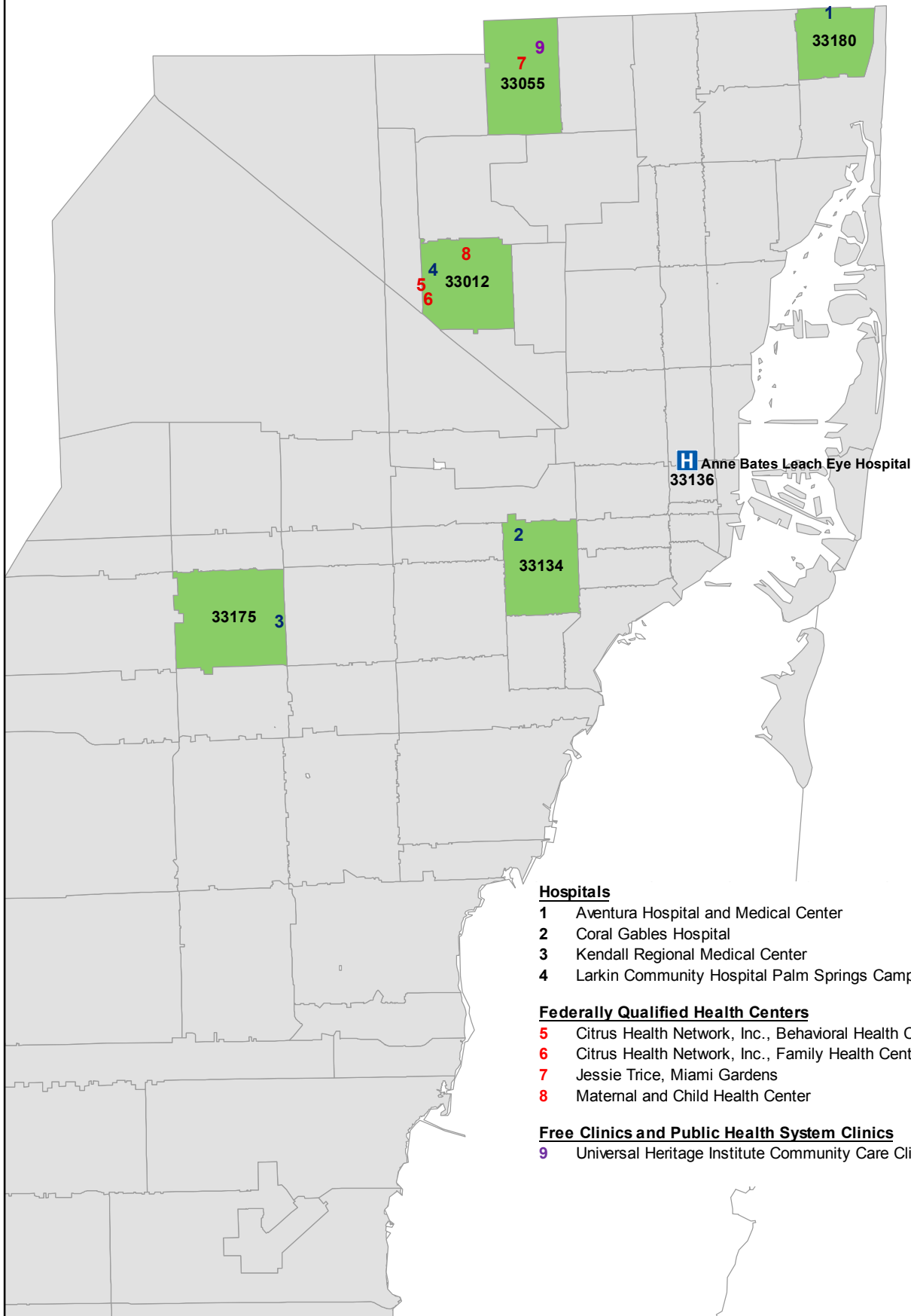
7. Do you have any suggestions for University of Miami, and its affiliated hospitals, to improve access to healthcare services for those in greatest need?

Appendix G

Anne Bates Leach Eye Hospital Health Care Assets Map

Hospitals, Federally Qualified Health Centers, Free Clinics, and Public Health Systems

Top 5 Patient Service Area (PSA) Zip Codes

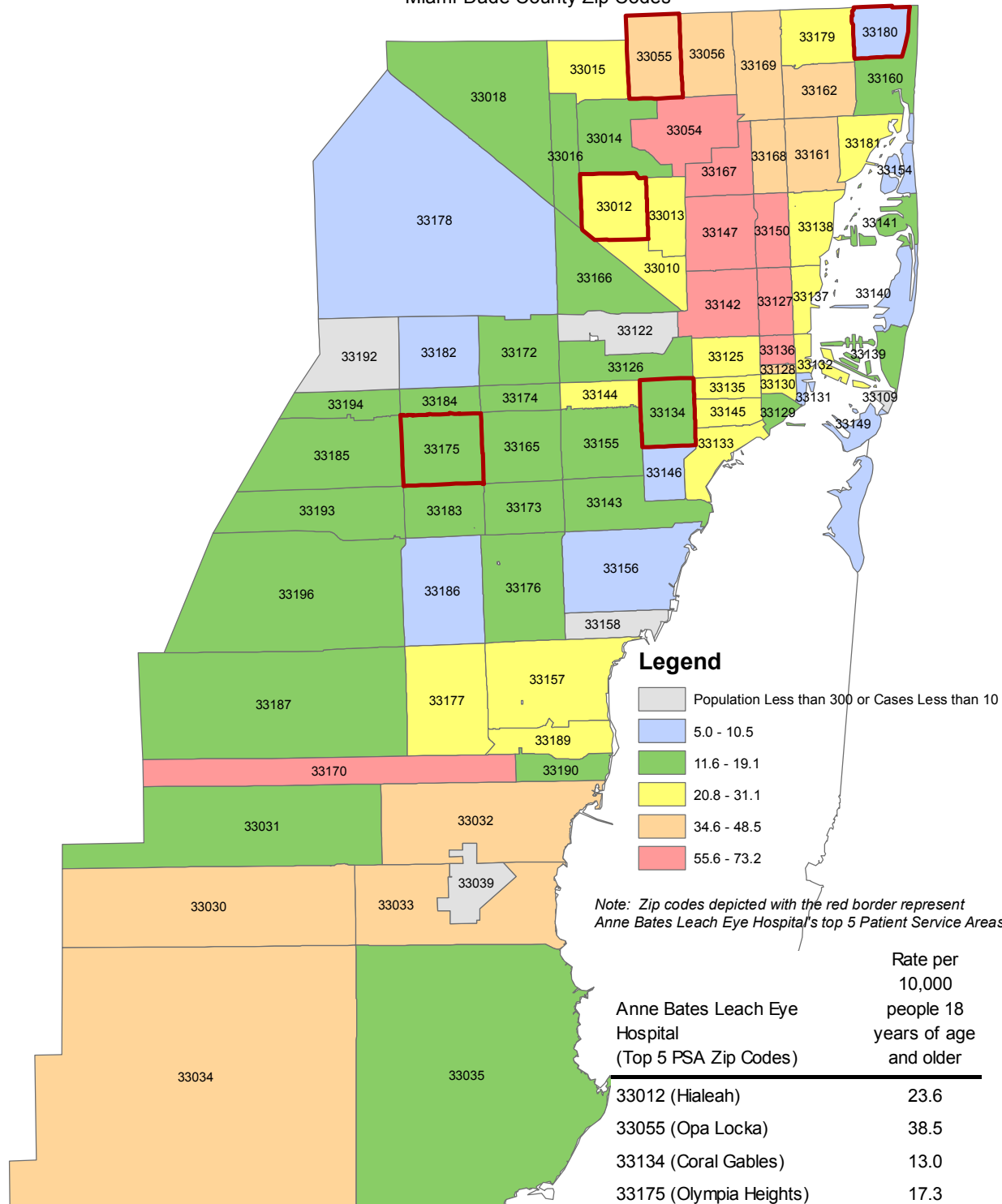


Appendix H

Hospitalization Rate due to Diabetes

Average annual age-adjusted hospitalization rate
due to diabetes per 10,000 people ages 18 and older, 2012-2014

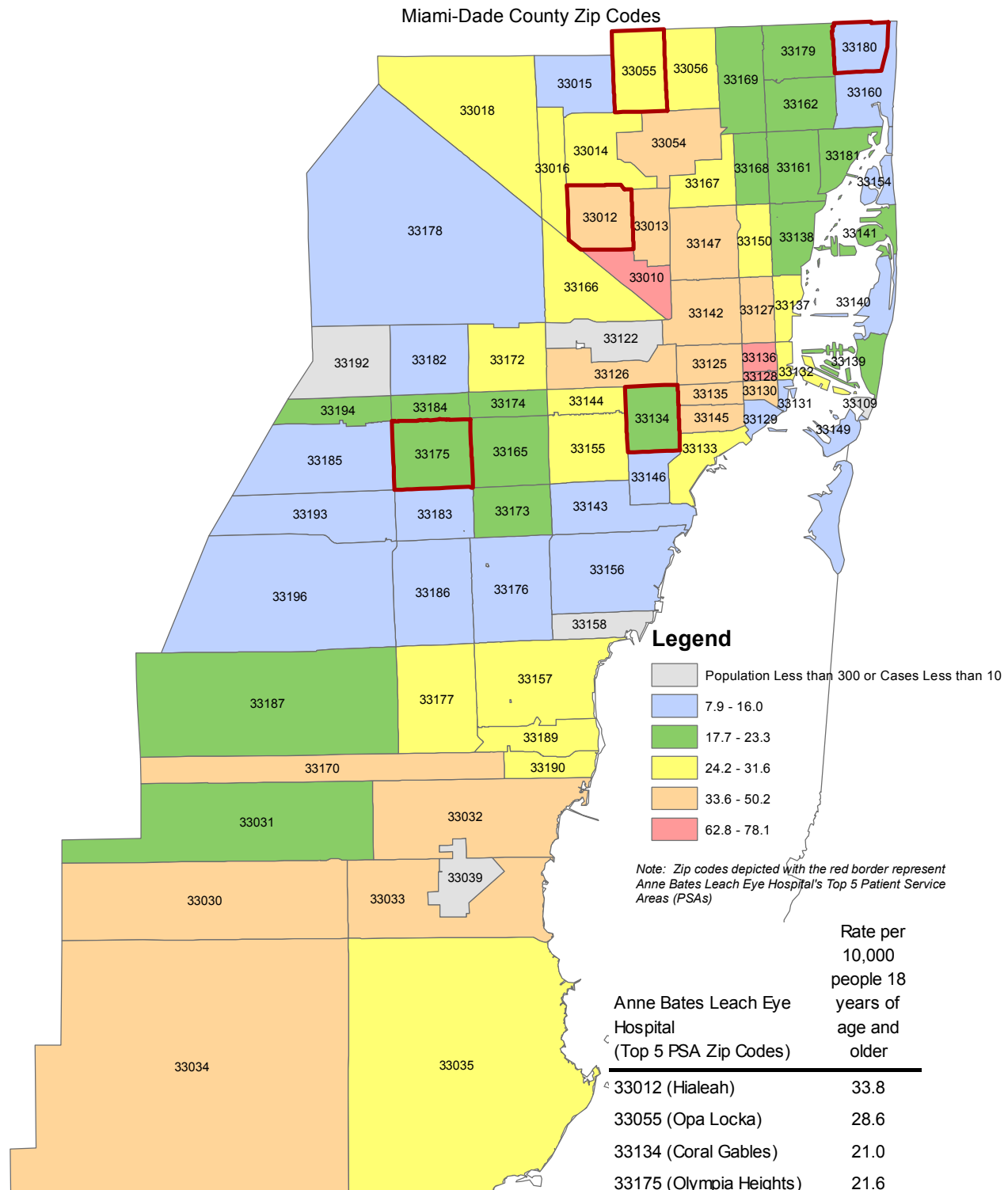
Miami-Dade County Zip Codes



Appendix I

Hospitalization Rate due to Chronic Obstructive Pulmonary Disease

Average annual age-adjusted hospitalization rate due to COPD
per 10,000 people ages 18 and older, 2012-2014

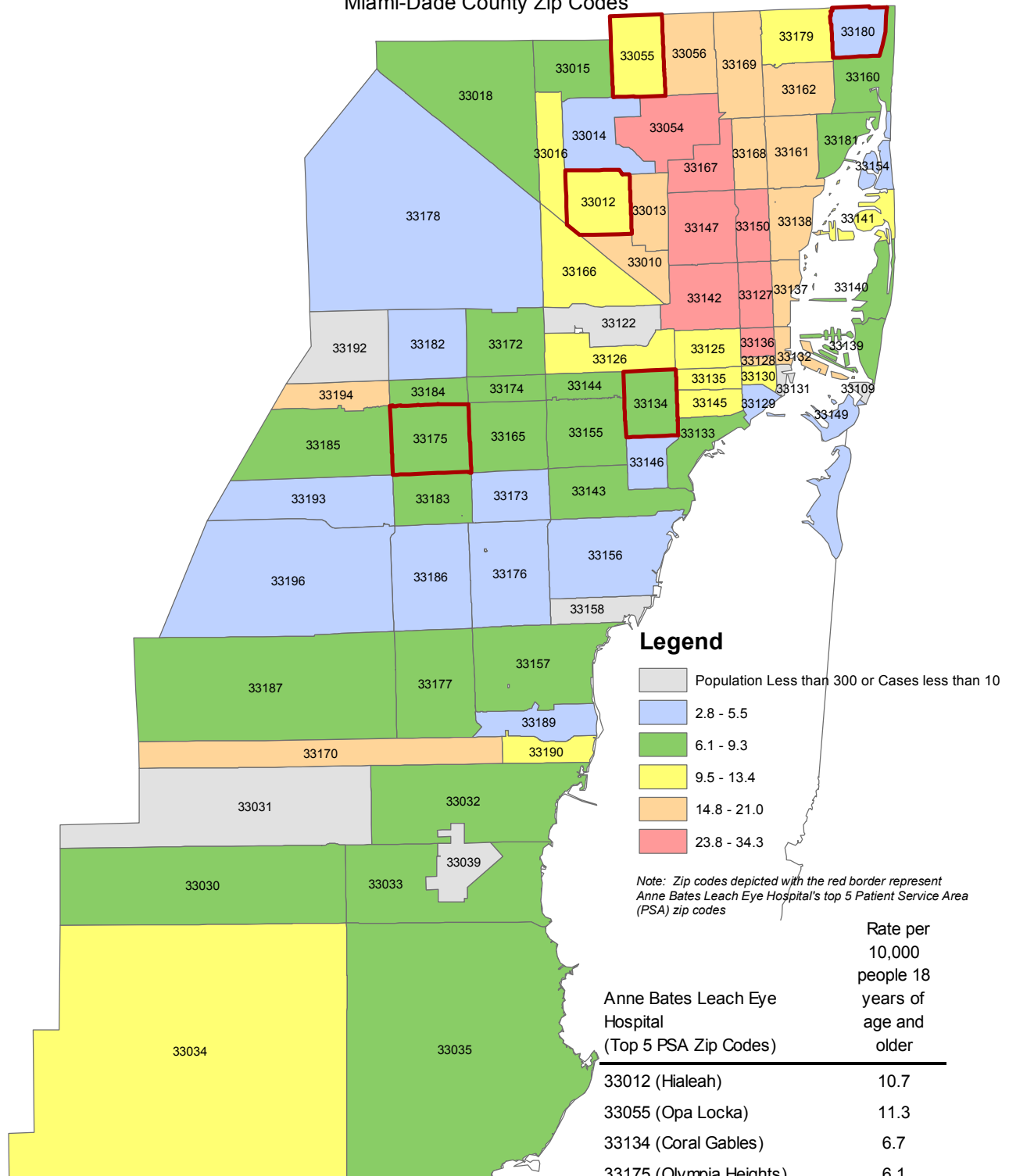


Appendix J

Hospitalization Rate due to Hypertension

Average annual age-adjusted hospitalization rate due to hypertension or high blood pressure per 10,000 people ages 18 and older, 2012-2014

Miami-Dade County Zip Codes

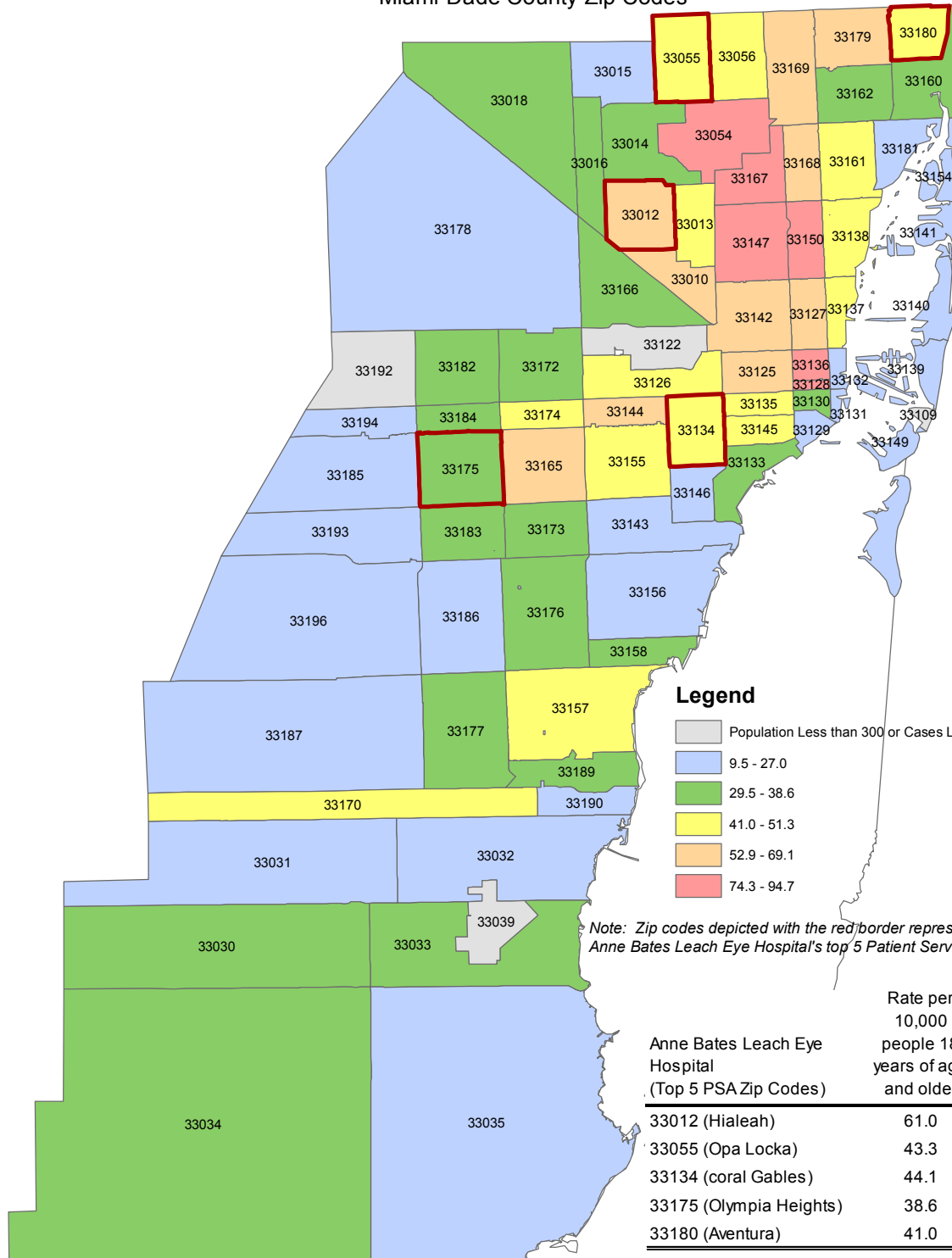


Appendix K

Hospitalization Rate due to Congestive Heart Failure (CHF)

Unadjusted hospitalization rate due to CHF (Prevention Quality Indicator)
per 10,000 people 18 and older, 2013

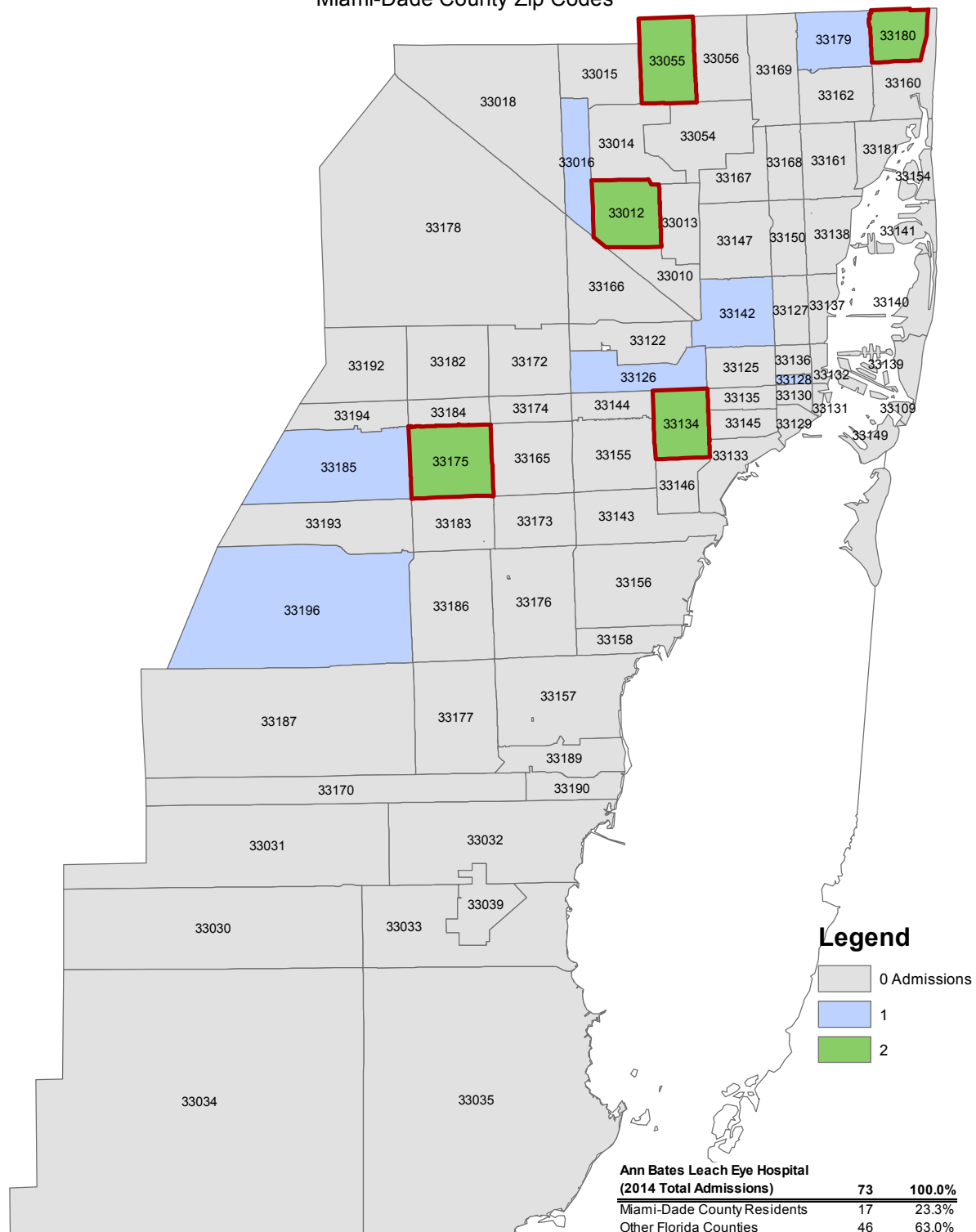
Miami-Dade County Zip Codes



Anne Bates Leach Eye Hospital

Miami-Dade County Resident Admissions, 2014

Miami-Dade County Zip Codes



Ann Bates Leach Eye Hospital (2014 Total Admissions)	73	100.0%
Miami-Dade County Residents	17	23.3%
Other Florida Counties	46	63.0%
Out of State	8	11.0%
Homeless	0	0.0%
Foreign Residents	2	2.7%

This report was prepared by the Health Council of South Florida, Inc. (HCSF)
Office: 305.592.1452

Marisel Losa, MHSA
President & Chief Executive Officer
mlosa@healthcouncil.org



As President and CEO of the Health Council of South Florida (HCSF), Ms. Losa directs a team of dedicated health professionals committed to providing services in a variety of areas including strategic health planning and service coordination; program development and evaluation; chronic disease management and health disparities; and promotion of wellness and healthy lifestyles for both Miami-Dade and Monroe Counties. Ms. Losa holds a Bachelor's degree in Health Services Administration from Barry University and a Master's degree in Health Services Administration from Florida International University. Prior to her position at the Council, she was the Director of Mission Services at Mercy Hospital and Director of the St. John Bosco Clinic, which provides free medical care to the uninsured and underserved populations of Miami-Dade. As the Project Manager for Reach Out Miami Project, Ms. Losa also worked with Camillus Health Concern, and was responsible for recruiting volunteer physicians to provide free medical services. Since arriving at the Council in 2007, she founded the Florida Association of Free and Charitable Clinics (FAFCC). FAFCC is a statewide association of over 90 free clinics offering primary care services at little or no cost to low-income individuals. She now serves as a board member for FAFCC, most recently with the Senate and House awarding \$10 million in 2016 for the organization's continued work. She has continued to impact the community through her leadership with the Miami-Dade Health Action Network (MD-HAN), the Consortium for a Healthier Miami-Dade, and the Southeast Florida Cancer Control Collaborative (SFCCC). Ms. Losa, as co-founder of the Florida Community Health Worker Coalition (FCHWC), has been instrumental in developing and adopting a statewide curriculum and certification process for CHWs. Recognizing the need to disseminate health data to a wide audience, she spearheaded an initiative with the Healthy Communities Institute (HCI, now Xerox) to launch the Miami Matters website. This website provides data and maps on available health outcomes to facilitate ongoing community planning.

Nicole Marriott, MBA
Manager, Community Programs & Engagement
nmarriott@healthcouncil.org



Nicole A. Marriott, MBA joined the HCSF team in January 2014 as a Community Health Specialist focusing on several Health Council initiatives, including the Affordable Care Act (ACA)/Health Insurance Marketplace enrollment efforts, the Miami-Dade One-E-App Common Eligibility Initiative for the Miami-Dade Health Action Network (MD-HAN) South Dade Chapter, War on Poverty - Building A Healthy Community Project in Opa-Locka, and other community projects. Shortly after her arrival to the HCSF, she was promoted to Manager of AICP (AIDS Insurance Continuation Program) to administer the statewide outreach program designed to preserve the private health insurance coverage of low-income Floridians living with HIV/AIDS who cannot afford to pay their health insurance premiums. Currently, she is the Manager of Community Programs and Engagement and serves as the Lead Evaluator for the Partnerships to Improve Community Health (PICH), a CDC grant initiative administered through the Florida Department of Health – Miami-Dade office. She oversees the evaluation team reporting on the outcomes of various public health initiatives implemented through the PICH grant, which focuses on improvements in Smoke/Tobacco-free Protection Strategies, Physical Activity in Childcare Settings and Community & Clinical Linkages/Healthy Hubs.

Ricardo Jaramillo, MPH
Senior Community Research and Data Analyst
rjaramillo@healthcouncil.org



Ricardo A. Jaramillo, MPH is the Senior Community Health Data Analyst with the Community Health and Data Division of the Health Council of South Florida (HCSF). He received a Master's in Public Health from Florida International University Robert Stempel School of Public Health, and a Bachelor of Arts in Anthropology and Sociology from the same institution. Mr. Jaramillo has been employed with the HCSF since 2011. As part of the HCSF team, Mr. Jaramillo has been actively involved in the Community Putting Prevention to Work initiative (CPPW); an initiative created by the Department of Health and Human Services, with the purpose to reduce risk factors and prevent chronic diseases related to obesity and tobacco use in Miami-Dade County. In particular, he has provided ongoing expertise in data collection and analysis. Since 2013, Mr. Jaramillo has been working with the Certificate of Need (CON) program, a regulatory process that requires certain health care providers to obtain state approval before offering new or expanded services. He is responsible for the collection of monthly utilization information from nursing homes and hospitals in District 11.

Anjana Madan Morris, PhD, MPH
Community Health Specialist
amorris@healthcouncil.org



Anjana Madan Morris serves as a Community Health Specialist with the Health Council of South Florida. At the HCSF, she serves as an evaluator on the PICH grant, coordinates the Monroe LCB: Transportation Disadvantaged program, and provides data analytic support for Community Health Needs Assessments (CHNAs). She received her MPH in Health Behavior and PhD in Developmental Psychology, both from the University of Alabama at Birmingham (UAB). Prior to joining the HCSF, she spent her graduate studies at UAB and postdoctoral fellowship at the University of Miami, studying the relationships between adolescent mental health and chronic illness, community violence, and family violence.

Brady Bennett, MPH
Community Research and Data Specialist
bbennett@healthcouncil.org



Brady W. Bennett, MPH is a Community Research and Data Specialist with the Health Council of South Florida (HCSF). He received his Master's in Public Health with a focus in Epidemiology and Global Health from Brown University in Providence, Rhodes Island, and a Bachelor of Science in Biochemistry from Berry College in Rome, Georgia. During his graduate studies, his research focused on the intersection between global infectious disease, particularly HIV/AIDS, and sociopolitical factors such as war and displacement. Brady provides analytic support for ongoing Community Health Needs Assessments (CHNAs) and serves as an evaluator for the PICH grant, a CDC funded project to implement novel interventions to attack the chronic disease epidemic in Miami-Dade County.

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