University of Miami Hospital and Clinics
Sylvester Comprehensive Cancer Center
Community Health Needs Assessment
2016

UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM

Prepared by

HCSF
Health Council of South Florida, Inc.

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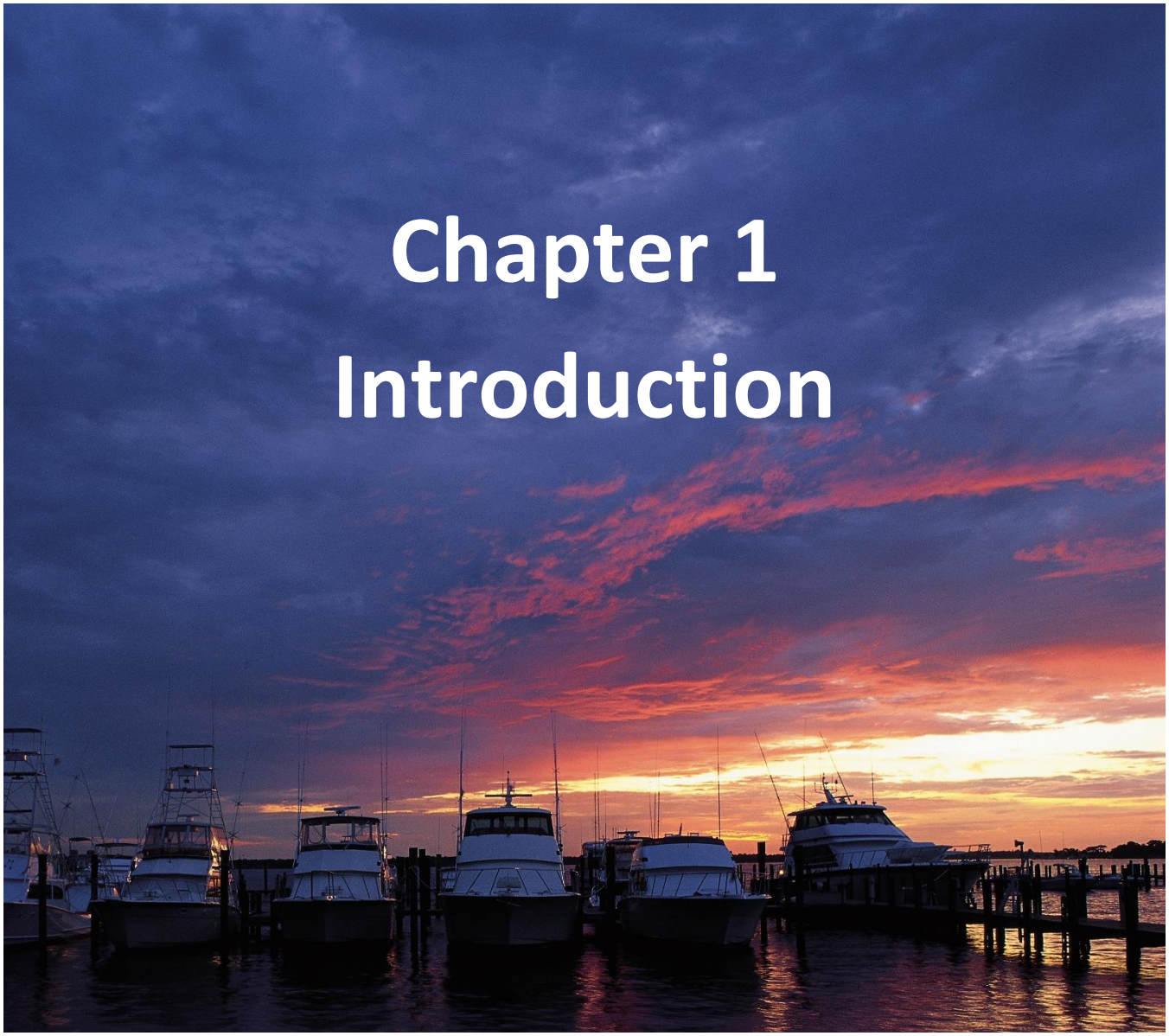
Contents



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)

Assessments/Strategic Planning Resume

- 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: 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), Member: a collaborative focused on the importance of healthy aging and fall prevention
- Monroe County Transportation Disadvantaged Local Coordinating Board, Facilitator
- Miami-Dade County Hospital Preparedness Consortium, Administrator

Program Analysis and Project Evaluation
- 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

University of Miami Hospital and Clinics

University of Miami Hospital & Clinics (UMHC) serves as the hospital base for Sylvester Comprehensive Cancer Center, part of UHealth - the University of Miami Health System. With 425,000 square feet, the facility contains 40 inpatient beds, with 19 specialized Stem Cell Transplant bed and 7 ICU-capable beds.

The hospital's cancer care facilities include more than 100 chemotherapy chairs, radiation oncology, psycho-social/integrative medicine, 3-D digital mammography and pediatric oncology. As the main comprehensive treatment unit of Sylvester, 57,000 chemotherapy infusions are provided each year and more than 28,000 radiation oncology procedures.

A variety of illnesses are treated at UMHC's multidisciplinary clinics, such as interventional radiology, Crohn's and colitis, spine care, pain treatment, a wheelchair clinic and radiologic imaging.

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 need 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 and methods applied to identify community needs
3. Describe how the hospital or 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 serve community health needs identified in the CHNA

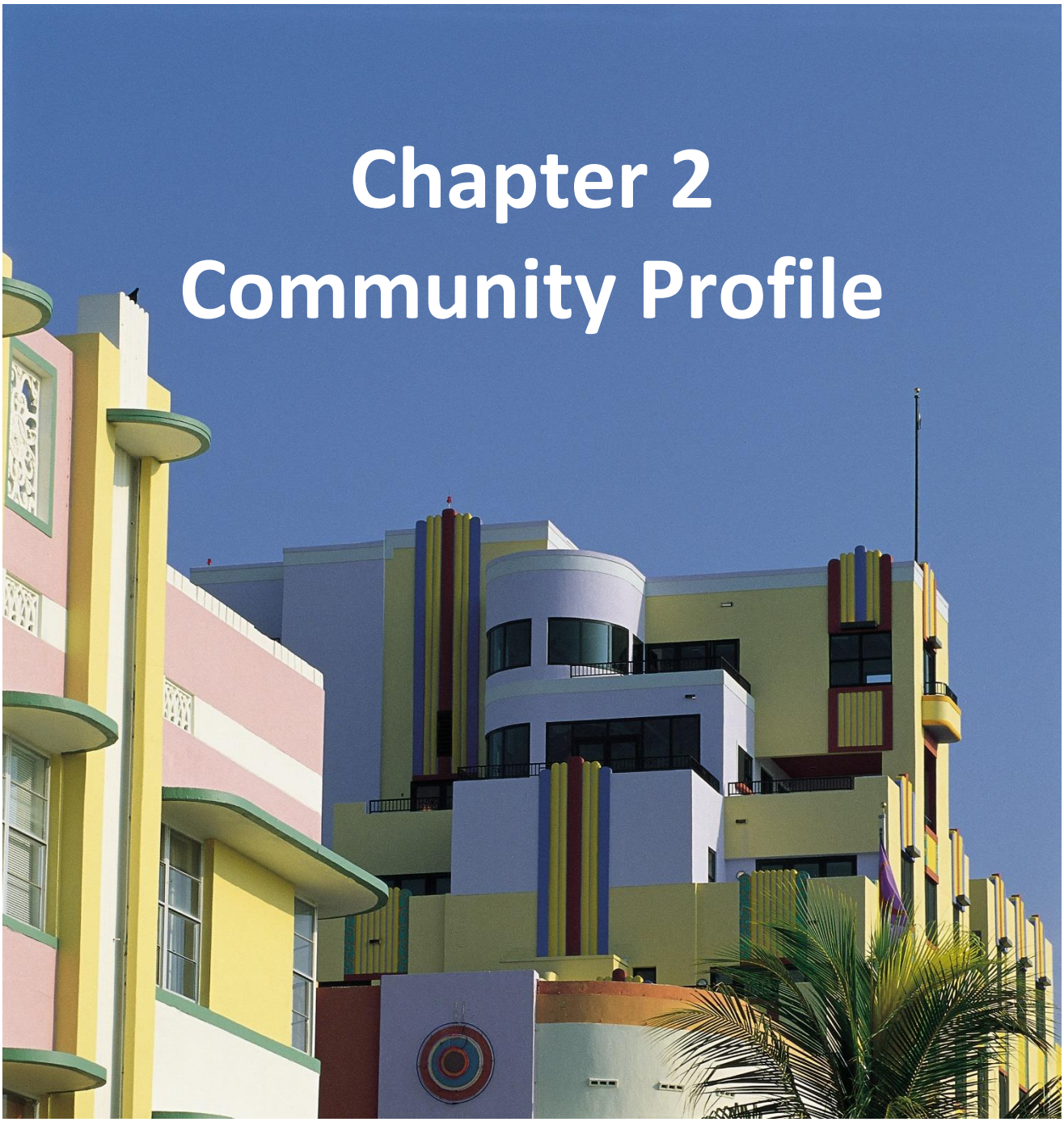
   Source: https://www.irs.gov/irb/2011-30_IRB/ar08.html#d0e518

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

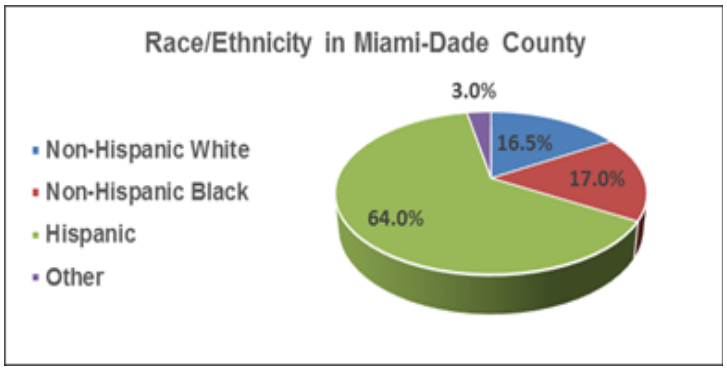
Using national strategies including Healthy People 2020 and the Robert Wood Johnson Foundation's County Health Rankings as a framework, data were compiled from the most recent publicly available resources. Additionally, both primary and secondary research targeting key patient service areas (PSAs) were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



Chapter 2
Community Profile

General Demographics

Miami-Dade County



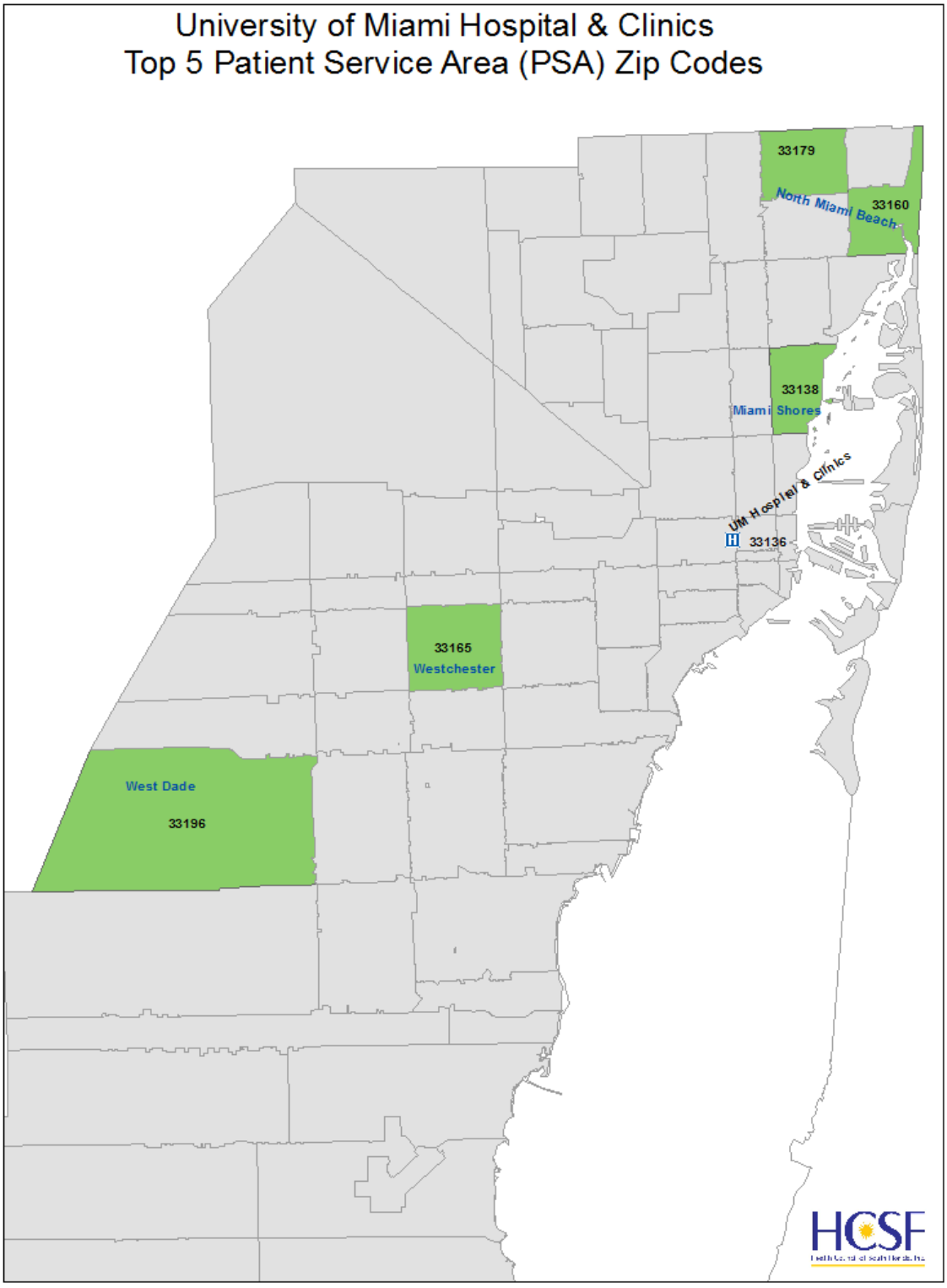
Miami-Dade County is the eighth largest county in the nation and the largest metropolitan area in the state of Florida, representing 13.0% of the State's population. According to Nielsen Claritas 2015 population estimates, Miami-Dade County is home to 2,666,776 residents. It is one of the few counties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

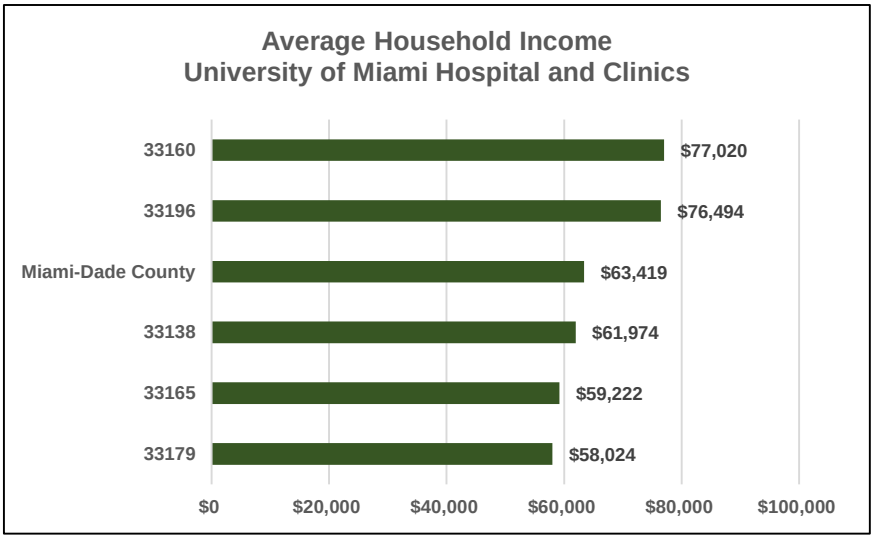
Source: Nielsen Claritas 2015 Population Estimates; U.S. Bureau of the Census, American Community Survey, 2014

University of Miami Hospital and Clinics

UMHC, including the Sylvester Comprehensive Cancer Center, is a non-profit accredited teaching hospital, which is part of UHealth- University of Miami Health System (UMHS). With its 40-licensed beds, UMHC attends to approximately 1,300 inpatient admissions; and treats 4,400 new cancer patients on an annual basis. UMHC's top five (5) PSA zip codes include 33160 and 33179 (both located in North Miami Beach), 33138 (Miami Shores), 33165 (Westchester), and 33196 (West Dade). Approximately, 56.0% of UMHC's top five (5) PSA total population are of Hispanic origin, and 52.2% are foreign-born.


University of Miami Hospital & Clinics
Top 5 Patient Service Area (PSA) Zip Codes
33179
North Miami Beach
33160
33138
Miami Shores
UM Hospital & Clinics
33136
33165
Westchester
West Dade
33196
HCSF

Residents of zip codes 33138, 33165, and 33179 (Miami Shores, Westchester, and North Miami Beach, respectively) exhibited an average household income lower than the countywide average of $63,419. Residents from zip codes 33160 (North Miami Beach) and 33196 (West Dade) exhibited an average household income higher than the countywide average at $77,020 and $76,494, respectively (please refer to the chart to the right).

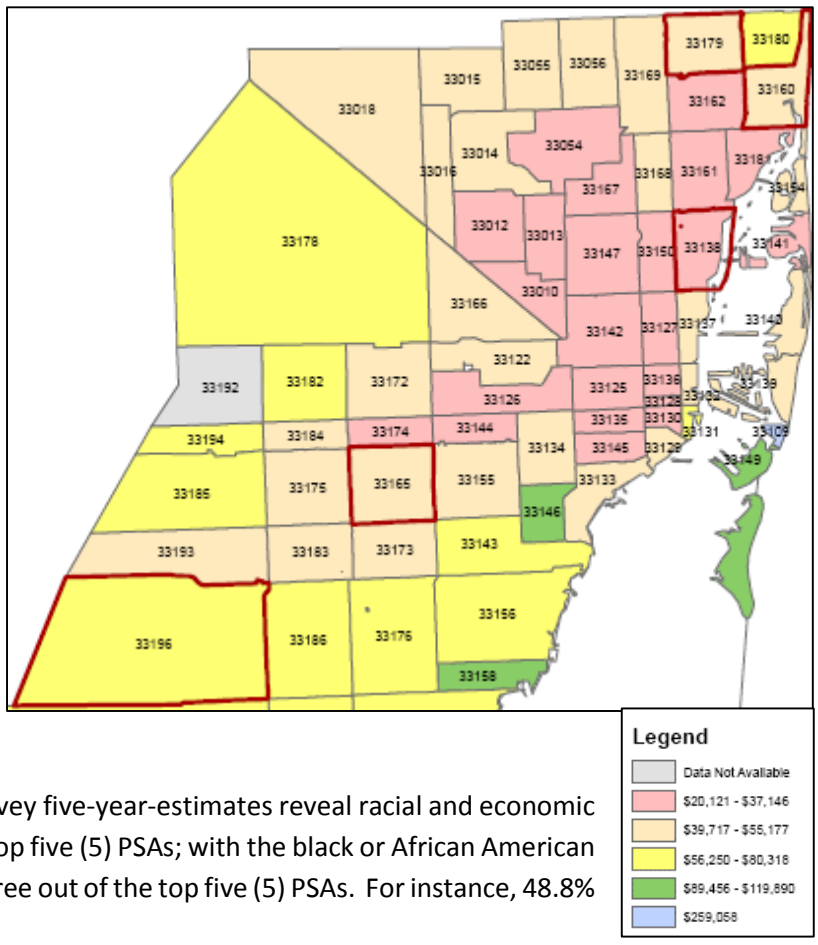


Additionally, close to 28.0% of zip code 33138 (Miami Shores) residents live below the FPL, which is higher than the countywide rate of 20.5%; and the age-group affected the most are residents under the age of 18 with 39.0% living below FPL, compared to 27.4% at the county-level under the same age category.

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

According to Nielsen Claritas 2015 population estimates, the median household income observed in Miami-Dade County ($42,148) is lower than most of UMHC's top five (5) PSA zip codes except for zip code 33138 (Miami Shores residents) who exhibited a median household income of $37,146. It is important to note that African American residents of Miami Shores exhibited a median household income that is close to three times as low as the median household income observed among white residents; and two times as low as Hispanic residents' median household income.

Source: Nielsen Claritas 2015 Population Estimates; U.S. Census Bureau, 2010-2014 ACS

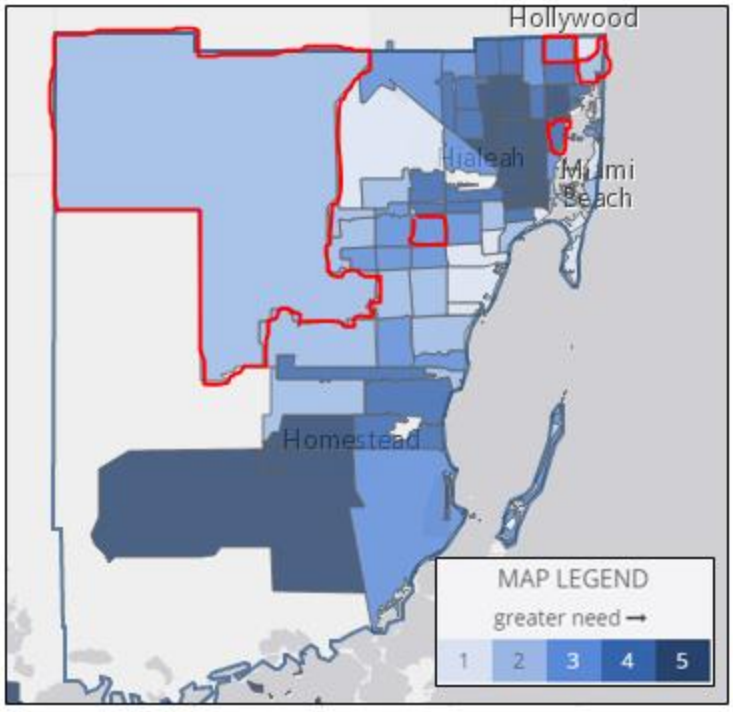


Data from the American Community Survey five-year-estimates reveal racial and economic disparities among residents of UMHC's top five (5) PSAs; with the black or African American population being affected the most in three out of the top five (5) PSAs. For instance, 48.8%

of black or African American Westchester residents (zip code 33165) live below FPL; compared to 18.0% and 12.0% of Hispanic and non-Hispanic white residents, respectively. A similar pattern is observed in zip codes 33138 (Miami Shores), and 33160 (North Miami Beach); in which a greater percentage of black or African American residents live below FPL in comparison to other ethnic groups (please refer to the table below).

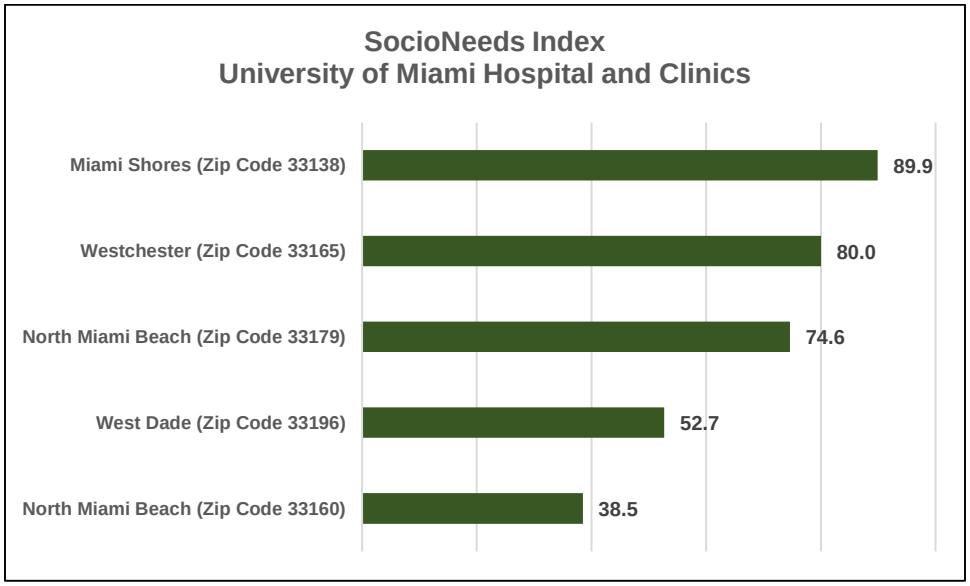
2010-2014	**Percent below Poverty Level**											
UMHC Top 5 PSAs	**33138**		**33160**		**33165**		**33179**		**33196**		**Miami-Dade County**	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Race/Ethnicity												
Black or African American	5,622	45.8%	472	21.3%	783	48.8%	2,710	16.6%	274	7.9%	143,244	30.2%
Hispanic or Latino	1,616	20.6%	2,326	14.9%	9,134	18.0%	2,639	18.1%	4,460	13.1%	339,384	20.2%
White, non-Hispanic	1,002	11.7%	2,384	11.6%	546	12.0%	1,574	14.0%	418	6.5%	45,513	11.7%

The SocioNeeds Index confirms the socioeconomic disparities observed among residents of UMHC'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 on the right illustrates, all of UMHC's top five (5) PSAs (represented by the red border)

exhibited a rank of 4 or less; with North Miami Beach (zip code 33160) and West Dade residents (zip code 33196) exhibiting a rank of 2 and a SocioNeeds Index of 38.5 and 52.7, respectively (please refer to the chart below).



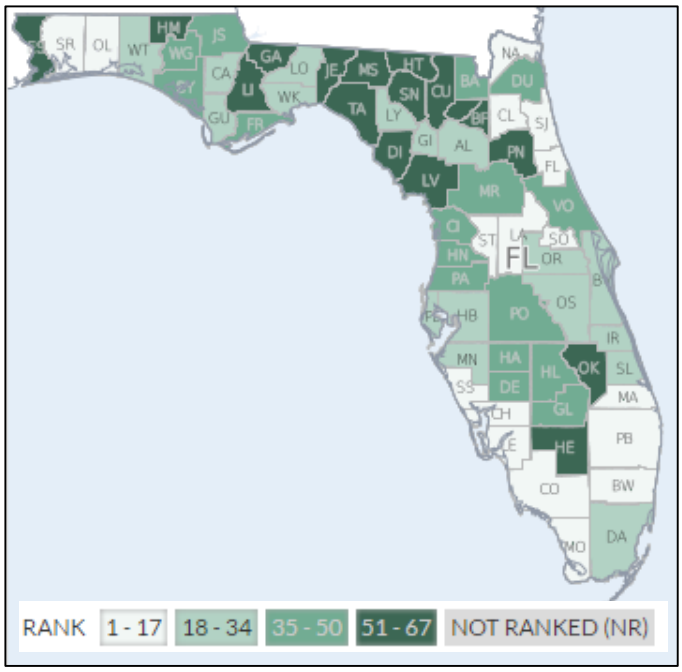
Source: Healthy Communities Institute, Nielsen Claritas 2016 Population Estimates

County Health Rankings

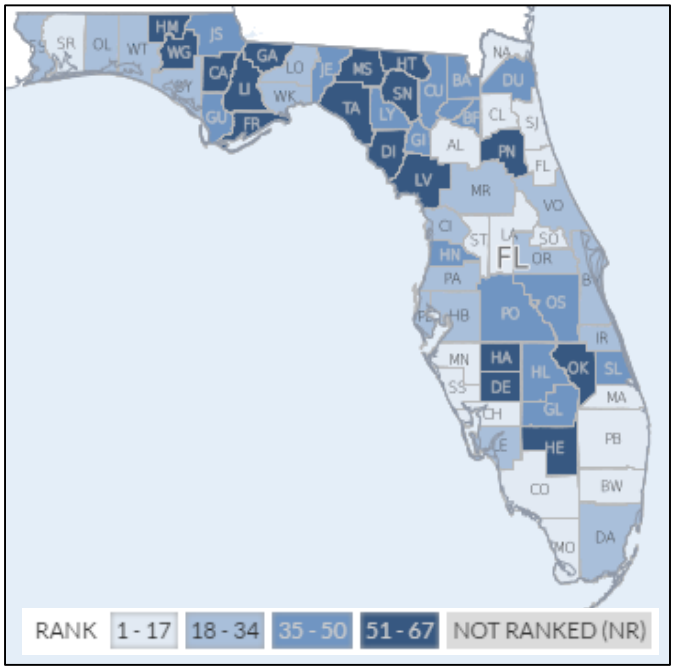
The national county health rankings provide several indicators that either fall under health outcomes, which are measures of how long and how well people live (length and quality of life) or health factors, which are the elements that contribute to how long and how well we live (health behaviors, clinical 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 below and the maps on the next page).

	Health Outcomes (out of 67 counties)			**Health Factors (out of 67 counties)**				
Selected FL 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**

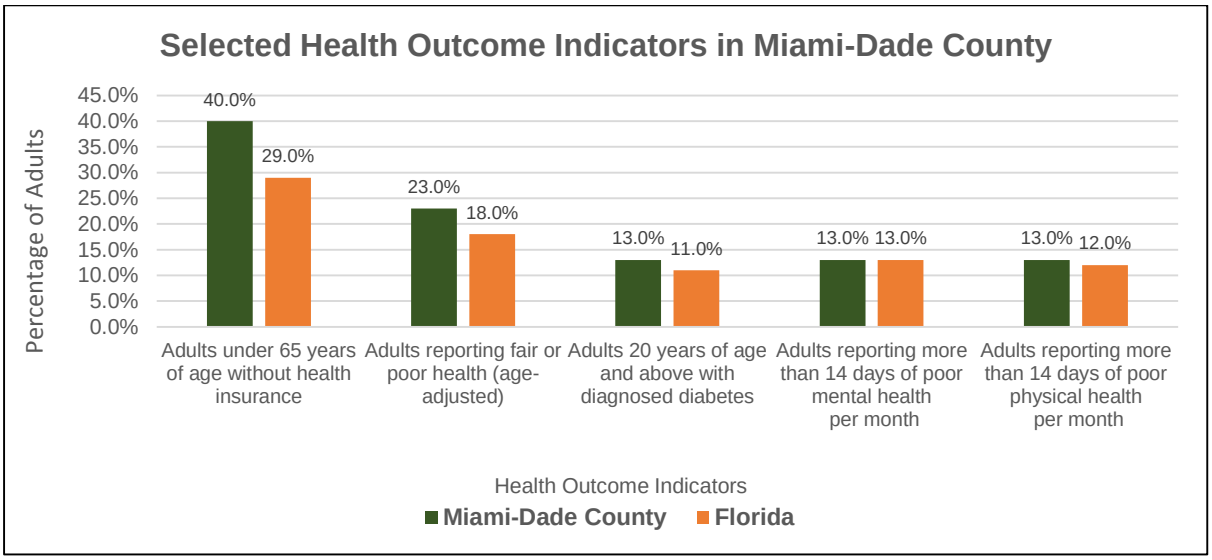
Health Outcomes



Health Factors

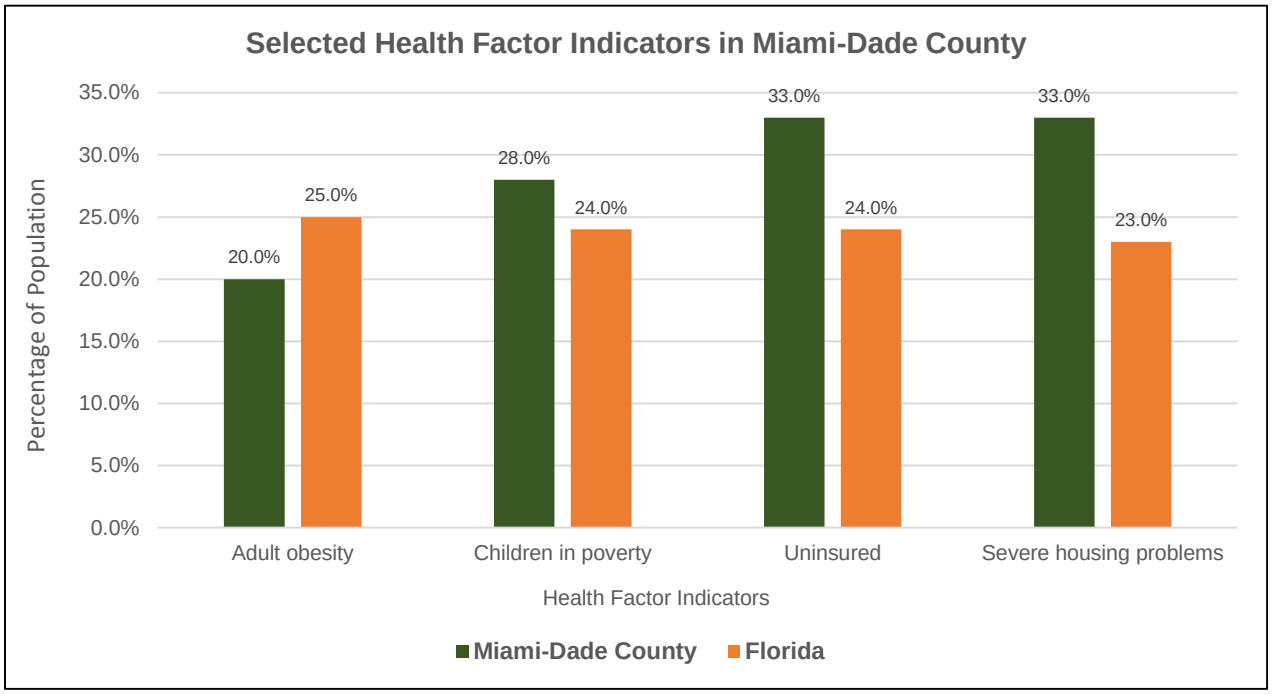


According to the 2016 National County Health Rankings, Miami-Dade County ranks 54th out of 67 counties in health-related quality of life; which includes indicators such as: adults reporting poor physical and mental health; diagnosed diabetes; and lack of health insurance among residents under the age of 65, among others (please refer to the chart 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, significantly lower than its neighboring counties of Monroe and Broward counties (8th and 12th, respectively). Selected health factor indicators are presented in the chart below, 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 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 for 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

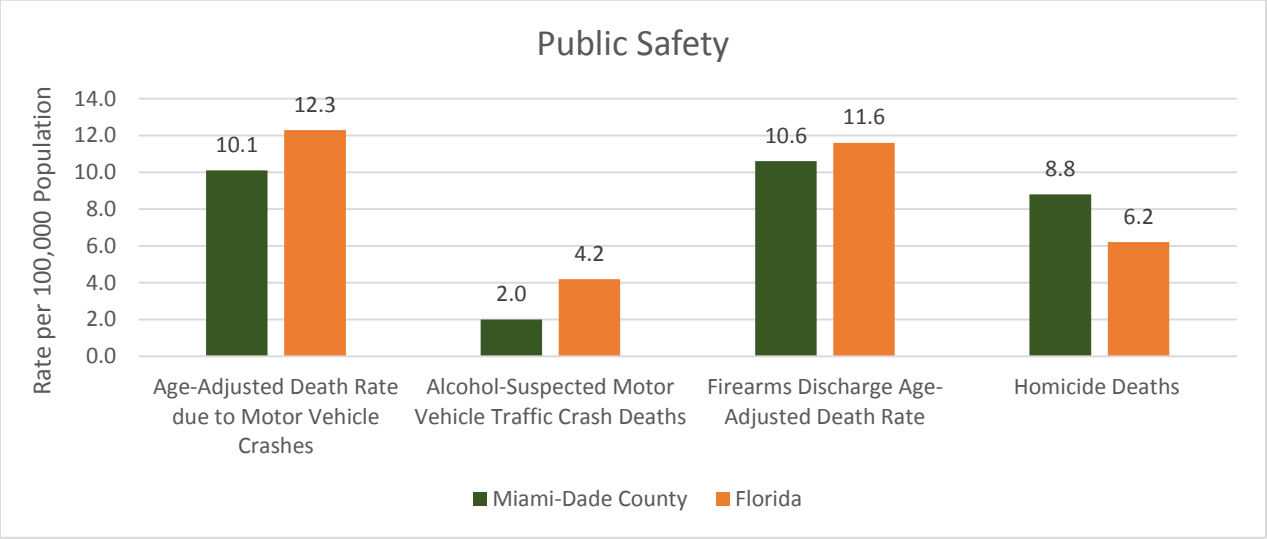
Source: CDC Leading Causes of Death, Health United States, Table 19, 2014

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 UMHC. The zip code with the largest death rate per 10,000 for heart disease was in zip code 33165 (26.7 deaths per 10,000 population) followed by zip code 33160 (25.0 deaths per 10,000) and 33179 (20.0 deaths per 10,000). Three of the top five (5) PSAs were above the county death rate per 10,000 for heart disease, with zip code 33196 (11.2 per 10,000) well below the county death rate per 10,000. For cancer related deaths, zip code 33160 had the highest death rate per 10,000 (23.5 per 10,000) followed by zip code 33165 (20.8 per 10,000). The other three zip codes included the top five (5) PSAs for UMHC were below the county death rate per 10,000 for cancer.

Leading Causes of Death - Top 5 PSAs for UMHC (Rate per 10,000 Population)							
Area	Heart Diseases	Cancer	Cerebrovascular Diseases (Stroke)	Chronic Lower Respiratory Diseases	Unintentional Injuries	Diabetes	All Causes
33138	18.3	13.2	4.1	2.7	3.0	4.4	69.8
33160	25.0	23.5	5.9	3.8	2.8	2.8	95.0
33165	26.7	20.8	5.2	3.0	3.0	3.4	95.1
33179	20.0	15.8	2.8	4.0	3.0	4.9	74.6
33196	11.2	12.0	1.9	1.3	2.6	1.5	45.1
County Total	19.5	16.3	4.1	3.3	2.8	2.6	72.5

Public Safety

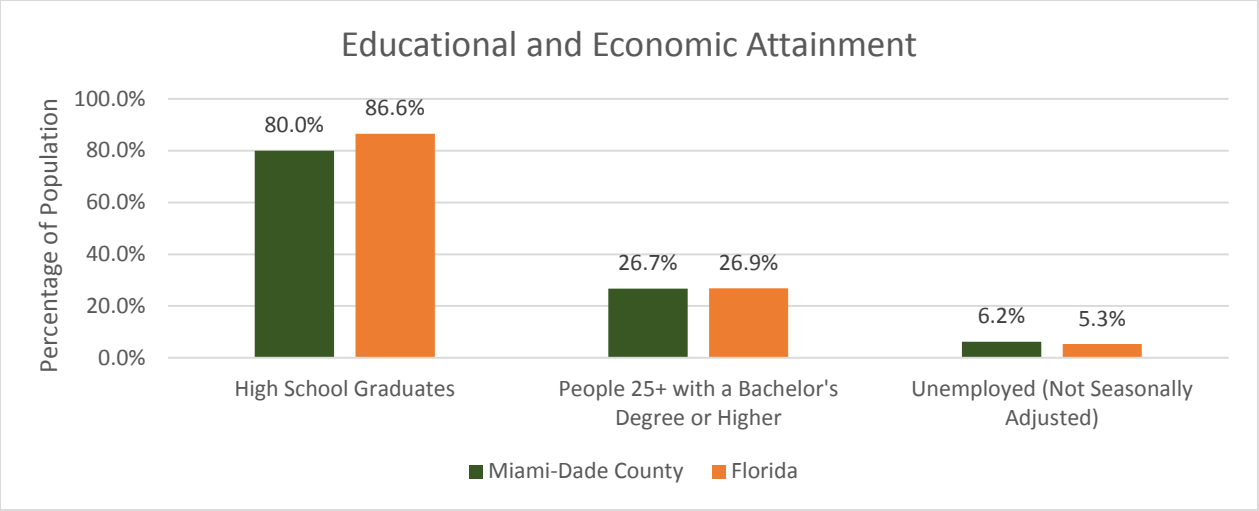
Compared to the state of Florida in 2014, Miami-Dade County had a lower age-adjusted death rate due to motor vehicle crashes (10.1 deaths vs. 12.3 deaths per 100,000 population, respectively); fewer alcohol-suspected motor vehicle traffic crash deaths (2.0 deaths vs. 4.2 deaths per 100,000 population, 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 graph 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 graph on the next page for more information).

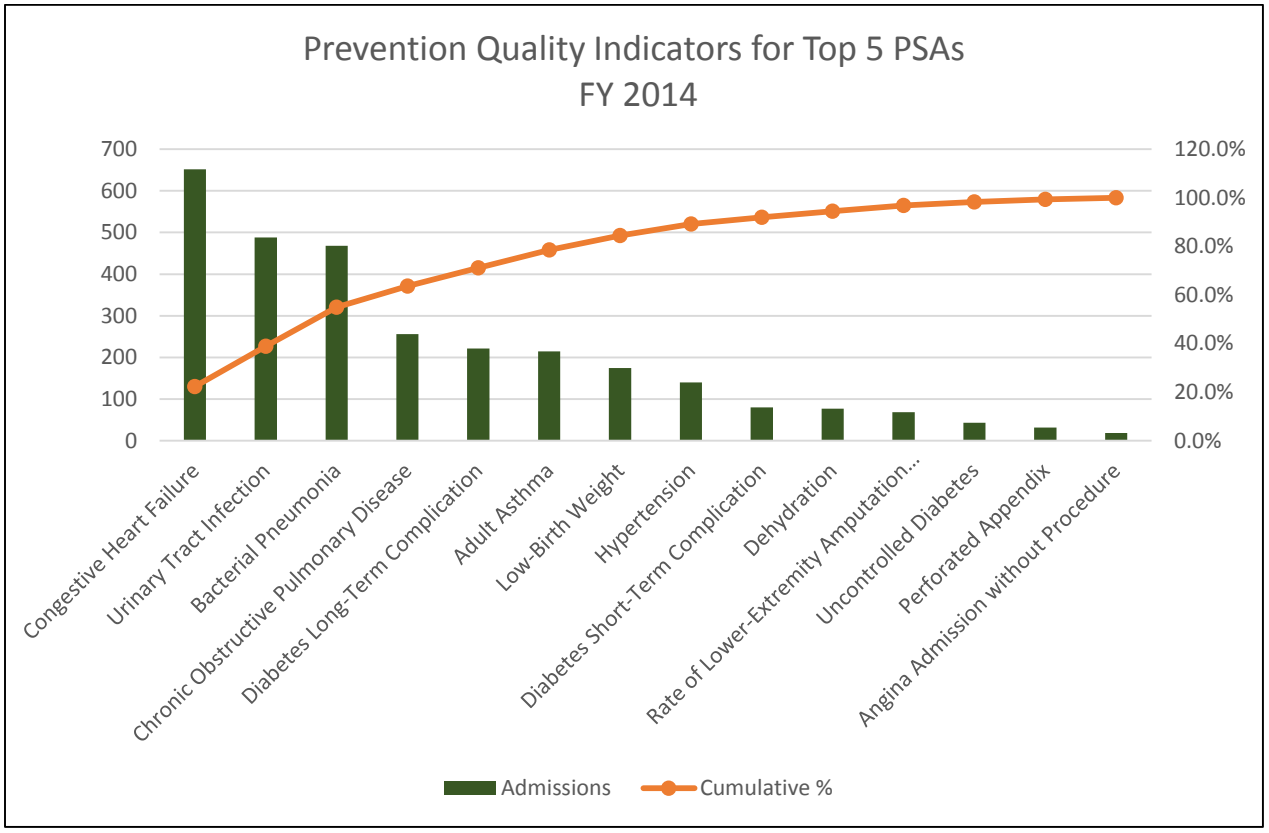


Sources: Nielsen Claritas 2015 data estimates; State of Florida Labor Force Summary (Annual Average), State of Florida Department of Economic Opportunity, 2015

Chapter 3 Preventable Hospitalizations

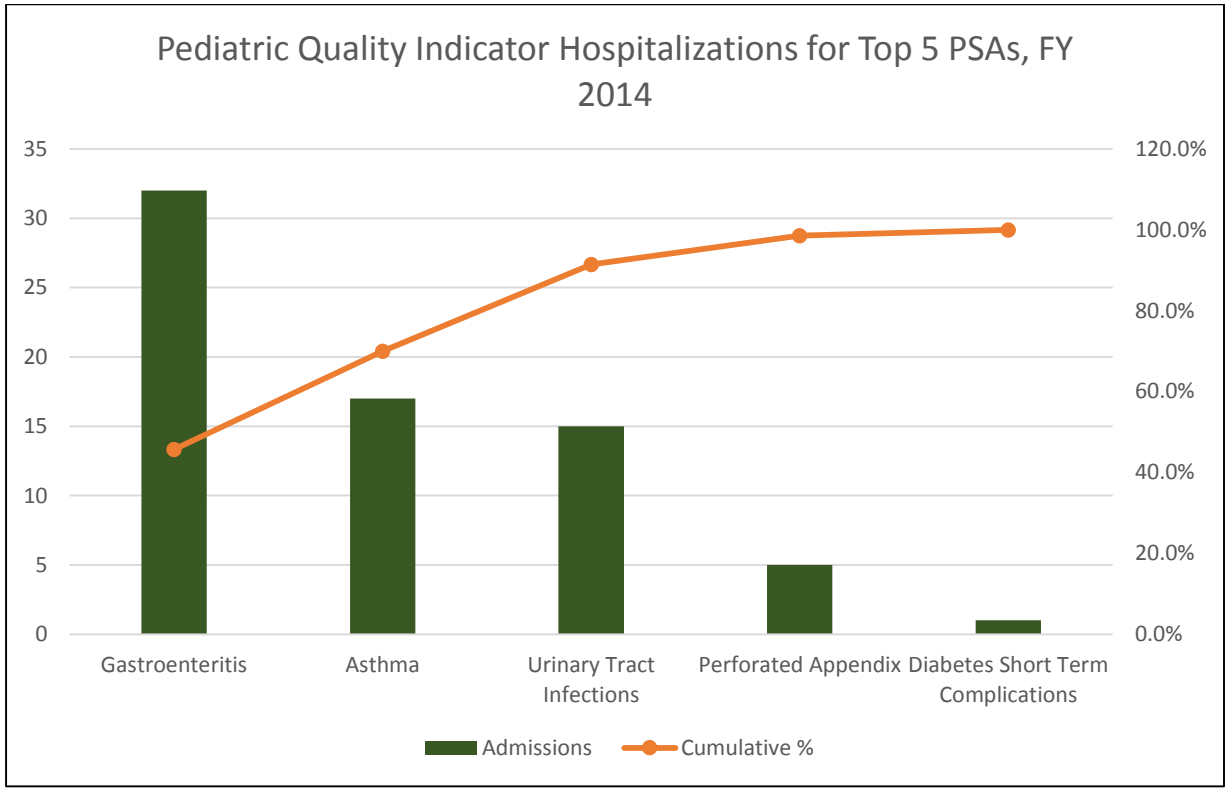
Preventable Hospitalizations

In 2014, there were 2,930 adults residing in UMHC's top five (5) PSAs who were admitted to Florida hospitals for preventable conditions, which represent 7.5% of total preventable hospitalizations observed in Miami-Dade County. A great proportion of admissions derived from zip code 33165 (30.7%), followed by zip codes 33179 and 33160 (each with 21.0%). Congestive heart failure, urinary tract infection, and bacterial pneumonia accounted for 55.0% of total preventable hospitalizations for patients residing in the top five (5) PSAs of this facility. Please refer to the map on page 23, which depicts 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

Additionally, in 2014, 70 preventable hospitalizations were observed among children residing in UMHC's top five (5) PSAs, which represent close to 4.0% of total preventable hospitalizations observed in Miami-Dade County (see chart on the following page). Approximately 46.0% of total preventable admissions were attributed to gastroenteritis, followed by asthma (24.3%), urinary tract infections (21.4%), perforated appendix (7.1%), and short-term complications of diabetes (1.4%). The greatest concentration of pediatric preventable hospitalizations originated in zip codes 33165 (62.9%), followed by zip code 33196 (21.4%).

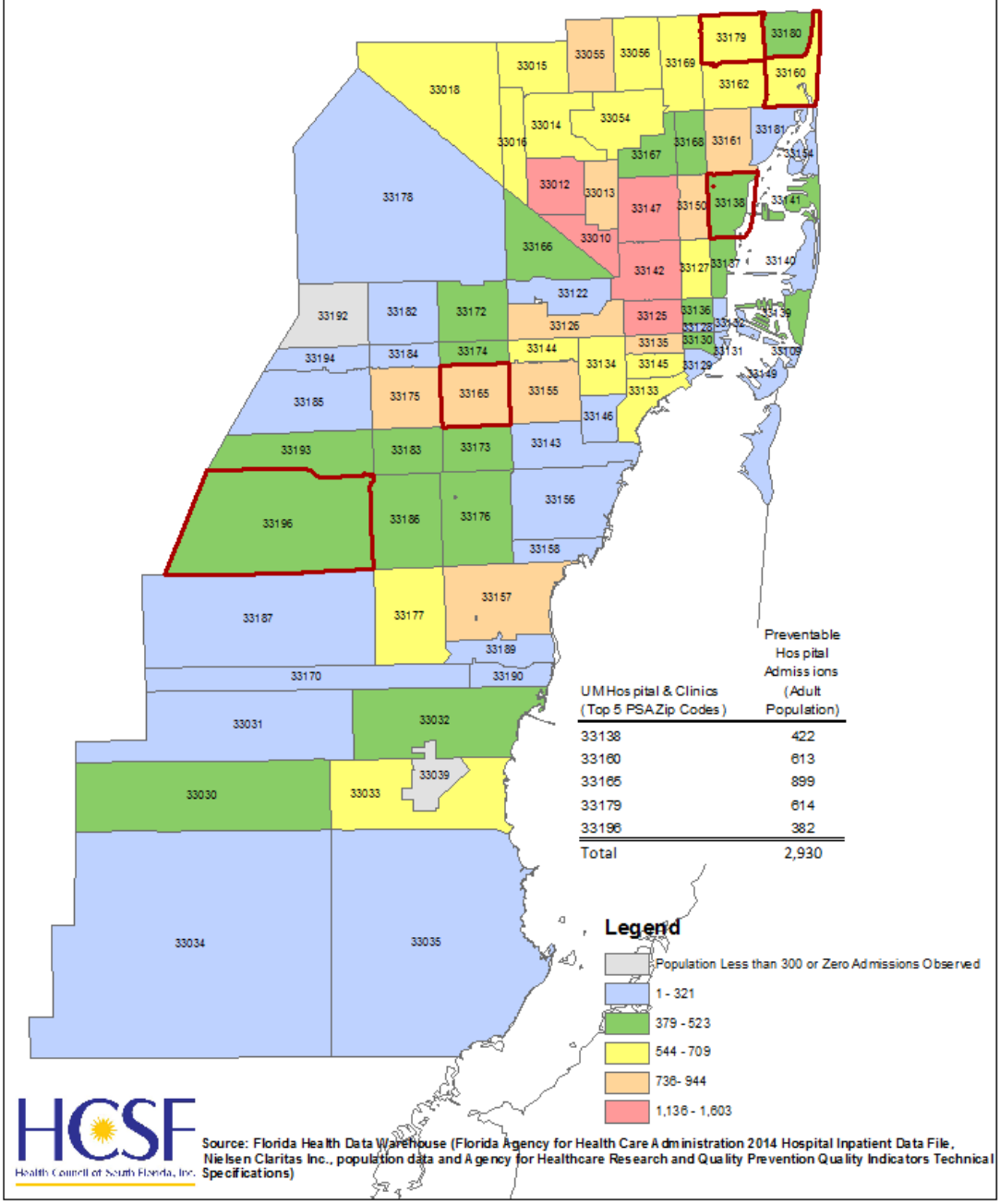


Source: Florida Health Data Warehouse (Florida Agency for Health Care Administration 2014 Hospital Inpatient Data File, Nielsen Claritas Inc., population data and Agency for Healthcare Research and Quality Pediatric Quality Indicators Technical Specifications

Preventable Hospitalizations

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

Miami-Dade Zip Codes



UM Hospital & Clinics (Top 5 PSA Zip Codes)	Preventable Hospital Admissions (Adult Population)
33138	422
33160	613
33165	899
33179	614
33196	382
Total	2,930

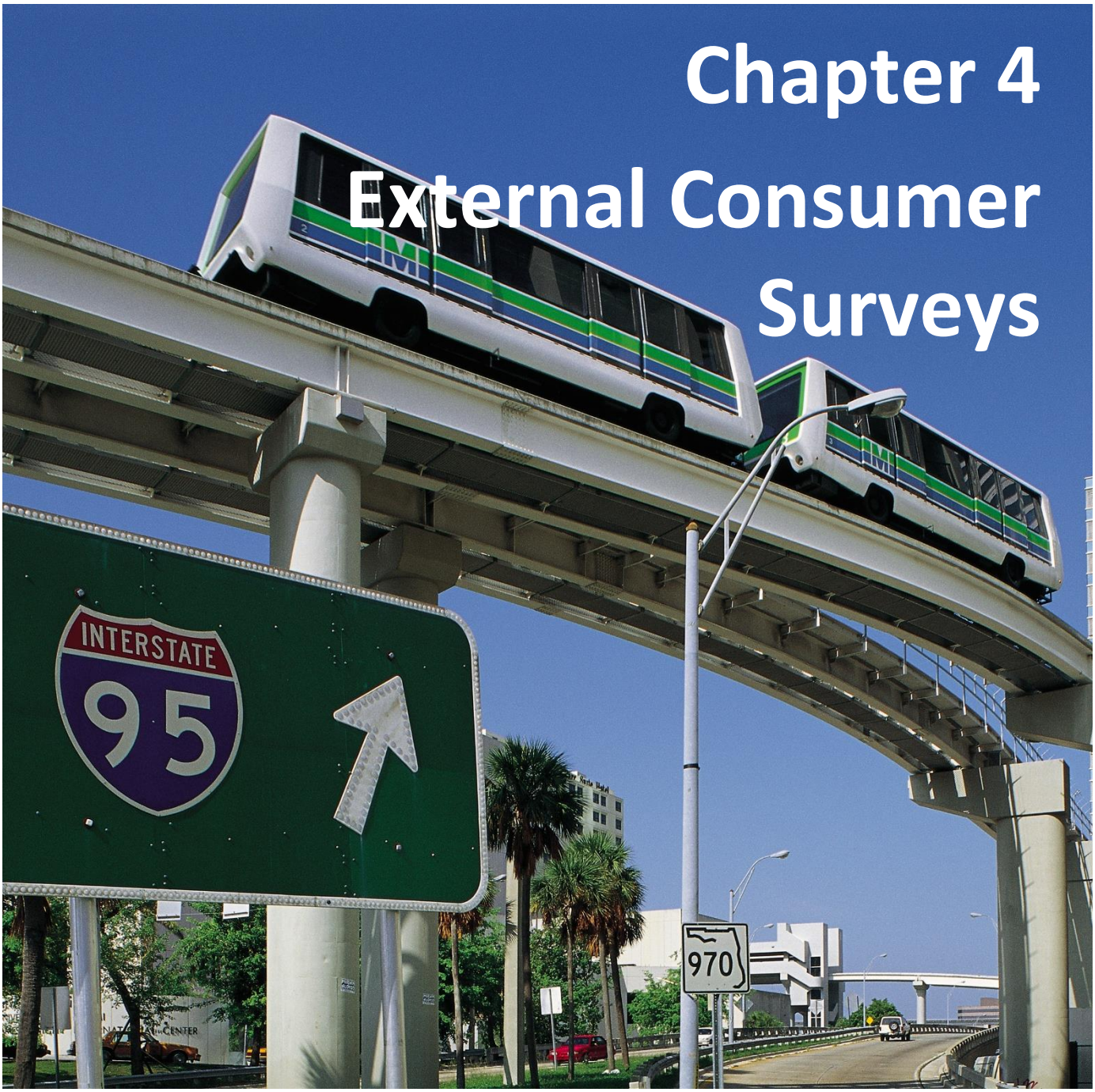
Legend

- Population Less than 300 or Zero Admissions Observed
- 1 - 321
- 379 - 523
- 544 - 709
- 736- 944
- 1,136 - 1,603

HCSF Health Council of South Florida, Inc.

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)

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 2,701 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 ±1.8% at the 95 percent level of confidence.

Consumer Satisfaction Survey Results

To gain insight from the residents of Miami-Dade County, the HCSF analyzed data from PRC, collected through 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 269 respondents representing the top five (5) PSAs for UMHC. Please refer to the table below for respondent demographics.

Demographic Characteristics	Miami-Dade County	Top 5 PSAs for UMHC
Gender		
Female	63.9%	65.1%
Male	36.1%	34.9%
Age		
18-34 years old	15.5%	8.6%
35-44 years old	13.1%	14.1%
45-54 years old	20.9%	23.0%
55-64 years old	25.0%	26.8%
65+ years old	23.7%	26.4%
No response	1.8%	1.1%
Race/Ethnicity		
Non-Hispanic White	25.8%	48.0%
Non-Hispanic Black	18.4%	12.3%
Hispanic	51.9%	35.7%
Non-Hispanic Asian	1.3%	1.1%
Non-Hispanic Native American	0.4%	0%
Other	1.2%	1.5%
No response	1.1%	1.5%

Highest Level of Educational Attainment	Miami-Dade County	Top 5 PSAs for UMHC
Never attended school or kindergarten only	0.6%	0%
Grades 1-8 (Elementary)	6.3%	7.1%
Grades 9-11 (Some high school)	5.6%	1.5%
Grade 12 or GED (High school graduate)	16.1%	13.8%
College 1-3 years (Some college or technical school)	28.2%	27.9%
Bachelor's degree (College graduate)	24.3%	28.3%
Postgraduate degree (Master's, MD, PhD, JD)	17.4%	19.7%
No response	1.5%	1.9%
Employment Status		
Employed for wages	36.2%	36.8%
Self-employed	10.9%	14.1%
Out of work for more than 1 year	5.3%	3.3%
Out of work for less than 1 year	3.5%	3.0%
Homemaker	9.3%	6.7%
Student	4.1%	3.3%
Retired	21.1%	25.7%
Unable to work	7.7%	5.6%
No response	1.8%	1.5%

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 (43.8% and 47.6% for the overall sample and the top five (5) PSAs for UMHC, respectively). Respondents covered by Medicare alone represent 17.7% of the overall sample and 21.9% of the top five (5) PSAs for UMHC. Of the underfunded/unfunded survey participants, Medicaid was the payer for 7.8% of the overall sample and 5.9% of the top five (5) UMHC PSAs. Self-pay/no insurance/other accounted for the 22.1% and 19.7% of the overall sample and the top five (5) PSAs, respectively.

Type of Healthcare Insurance Coverage	Miami-Dade County	Top 5 PSAs for UMHC
None/self-pay	19.5%	17.5%
Private through my employer, like an HMO or PPO	35.9%	37.2%
Private, and I pay for it myself through an individual policy	7.9%	10.4%
Medicaid or another State-Sponsored Program	7.8%	5.9%
Medicare (HMO/Advantage Plan/Fee for Service)	17.7%	21.9%
Medicaid and Medicare	5.8%	3.3%
VA or Military Benefits	1.8%	1.1%
Other	2.6%	2.2%
No response	1.0%	0.4%
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 UMHC, the uninsured/underinsured were significantly more likely to rate both their health status and available health care services as lower than respondents with insurance.

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	UMHC Top 5 PSAs	Miami-Dade County	UMHC Top 5 PSAs
Excellent	21.1%	25.7%	19.0 %	19.3%
Very good	26.6%	32.7%	24.9%	25.3%
Good	29.4%	26.8%	32.2%	36.1%
Fair	16.3%	9.3%	12.1%	13.4%
Poor	5.4%	4.1%	6.9%	3.7%
No response	1.1%	1.5%	4.9%	2.2%

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 53.5% 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 20.8% 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 of 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 UMHC, the majority of respondents with insurance also reported going to a doctor's office for medical care (65.8% of respondents with government-assisted insurance and 71.7% of respondents with of private insurance). Interestingly, a substantial percentage of respondents without insurance (55.9%) also 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**	**UMHC Top 5 PSAs**
Hospital-based clinic	9.0%	7.4%
Clinic that is NOT part of a hospital	6.4%	7.1%
Urgent care/walk-in clinic	5.1%	3.0%
Doctor's office	42.2%	53.5%
Hospital Emergency Room	4.5%	1.5%
Military or other VA healthcare facility	1.0%	1.5%
Other	5.7%	5.2%
No response/not applicable	26.1%	20.8%

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 70.2% 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, 91.0% of respondents within the top five (5) PSAs for UMHC who were covered by government-assisted insurance and 82.3% of those with private insurance reported having had a routine checkup in the last year. In contrast, only 51.1% 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**	**UMHC Top 5 PSAs**
Within the past year (less than 1 year ago)	74.2%	79.2%
Within the past 2 years (more than 1 year but less than 2 years ago)	12.0%	11.9%
Within the past 5 years (more than 2 years ago but less than 5 years ago)	6.7%	6.3%
5 or more years ago	3.9%	1.1%
Never	1.0%	0.7%
No response	2.2%	0.7%

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 79.6% 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 14.1% 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**	**UMHC Top 5 PSAs**
None	73.6%	79.6%
1	15.6%	14.9%
2	5.7%	3.0%
3-4	3.4%	1.4%
5-10	0.7%	0%
No response	0.9%	1.1%

	What is the main reason you used the emergency room instead of going to a doctor's office or clinic?	
Responses	**Miami-Dade County**	**UMHC Top 5 PSAs**
After hours/weekend	4.3%	3.0%
Cost	0.3%	0%
Don't have a doctor/clinic	0.2%	0%
Don't have insurance	0.6%	0%
Emergency/life-threatening situation	17.7%	14.1%
Long wait for an appointment	0.4%	0.4%
Doctor's recommendation	0.7%	1.1%
Convenient location	0.3%	0.4%
Unsure	0.1%	0%
No response/not applicable	75.2%	81.0%

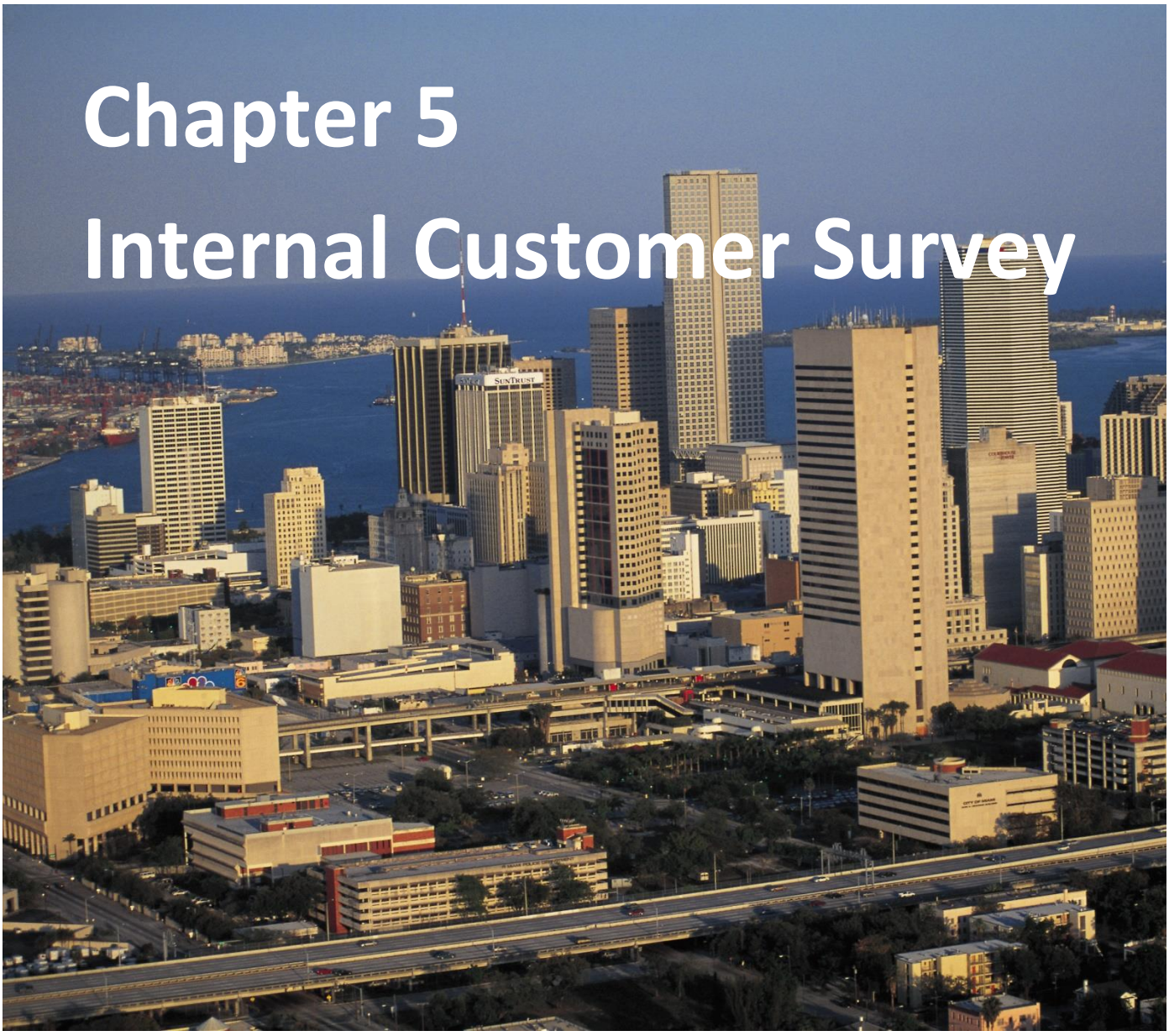
Barriers to Select Healthcare Services

At the county level, the most-reported barrier to seeking medical care was cost (reported by 20.7% of the overall sample). Furthermore, 23.0% of the sample reported the high cost of medications as a barrier to obtaining their prescriptions. Among respondents representing the top five (5) PSAs for UMHC, 19.7% reported difficulty getting an appointment as a barrier to healthcare services. In contrast, lack of transportation to medical appointments was less highly endorsed as a barrier to healthcare services at both the county level and for the top five (5) PSAs.

However, insurance status was related to several barriers to healthcare. Those without health insurance had substantially more barriers to healthcare access than those with some type of insurance. 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 UMHC, the major barriers for the uninsured were: difficulty finding a doctor, inability to see a doctor due to cost, and trouble obtaining a prescription medication due to cost. Interestingly, among the 5 PSAs, respondents who had some type of government-assisted insurance had more trouble seeing a doctor due to inconvenient office hours, compared to respondents without government-assisted insurance.

Survey Item	Miami-Dade County			UMHC Top 5 PSAs		
Was there a time in the last 12 months…	**Yes**	**No**	**No response**	**Yes**	**No**	**No response**
…when you needed medical care, but had difficulty finding a doctor?	12.6%	86.9%	0.5%	8.9%	90.7%	0.4%
…when you had difficulty getting an appointment to see a doctor?	16.9%	82.7%	0.4%	19.7%	80.3%	0%
…when you needed to see a doctor, but could not because of the cost?	20.7%	79.0%	0.3%	16.4%	83.6%	0%
…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%	6.7%	93.3%	0%
…when you were not able to see a doctor because the office hours were not convenient?	16.8%	82.9%	0.3%	18.2%	81.0%	0.7%
…when you needed a prescription medicine, but did not get it because you could not afford it?	23.0%	76.7%	0.4%	17.5%	81.8%	0.7%
…when you skipped doses or took smaller doses to make your prescriptions last longer and save costs?	18.3%	81.1%	0.6%	17.5%	81.8%	0.7%


Chapter 5
Internal Customer Survey

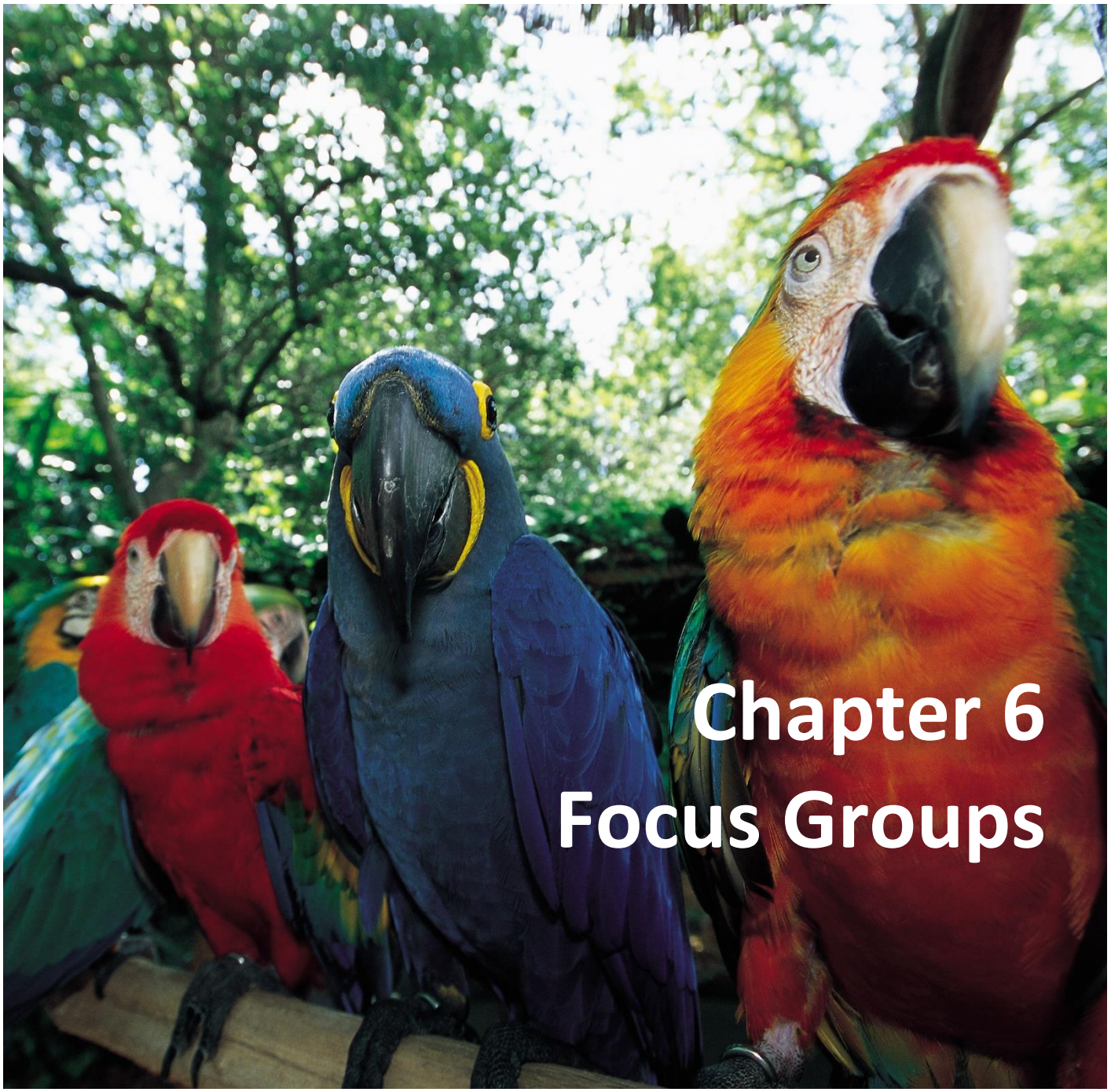
Internal Customer Survey

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, UMHC surveyed 1,366 patients who utilized outpatient services, described in the tables below. The largest age group represented were between 65-79 years of age (38.2%), followed by 50-64 years of age (32.3%). Additionally, 55.8% of patients surveyed who used outpatient services were female, compared to 44.2% for male respondents.

Outpatient Services-UMHC		
Age	**N**	**%**
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%

Outpatient Oncology Consumers-UMHC		
Cancer Type	**N**	**%**
Breast	375	22.90%
Lung	173	10.50%
Lymphoma	129	7.90%
Prostate	128	7.80%
Head and Neck	88	5.40%
Leukemia	77	4.70%
Colon	61	3.70%
Ovarian	59	3.60%
Gastric	40	2.40%
Brain	36	2.20%
Melanoma	30	1.80%
Rectum	20	1.20%
Other	424	25.90%



Chapter 6
Focus Groups

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 E).

UMHC CHNA Focus Group Methodology

A focus group was conducted with key staff and executives from UMHC 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 UMHS'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 UMHS 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 for UMHC, from April to May of 2016.

Hospital Leaders

Priority Setting Exercise Methodology

The HCSF hosted and facilitated focus groups with various hospital leaders to obtain insight into the most critical needs of the community, UMHC and healthcare as a whole. During these focus groups, hospital 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 UMHC. The final priorities were established by weighing the responses from the UMHC leadership focus group, as well as additional input from community leaders and residents surveyed.

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

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 K and L.

UMHC Leadership Focus Group Discussion

Strengths

The Leadership Focus Group attendees of UMHC unanimously stated that their greatest strengths are research and the hospital's status as a cancer center of excellence and the only academic cancer specialty hospital in the South Florida region. As an academic cancer hospital, UMHC has the unique ability to attract top cancer researchers and physician-scientists.

Furthermore, UMHC is a member of the Alliance for Clinical Trials in Oncology (ACTO) and has also recently applied to become a National Cancer Institute designated cancer center. The ACTO contains over 10,000

hospitals committed to conducting multidisciplinary cancer control and prevention trials, while simultaneously providing a scientifically robust infrastructure for clinical and translational research. If UMHC is also accepted as a NCI-designated cancer center, it will join 69 other hospitals across the United States with a proven focus upon cancer research, treatment, and transdisciplinary research that bridges multiple scientific areas.

Community Needs

Improving cancer patient outcomes was the primary community need mentioned by the leadership focus group. Specifically, the cancer patient survival rate was labeled as a chief community need. In order to accomplish this, several members of the focus group mentioned employing culturally focused cancer care, partnerships with groups such as *La Liga*, and further community outreach in the realms of research, education, and screening.

Other important community needs identified by focus group members included increasing the number of beds for inpatients, and forming key strategic partnerships with community based organizations and those with county-wide notoriety, such as the Miami Dolphins and Jackson Memorial Hospital.

Potential Barriers

Government regulations and funding were mentioned as the chief barriers to UMHC meeting community needs. Restrictions to specialty services (like those offered at UMHC) are often implemented as a cost-saving mechanism at the national level (i.e., reimbursement by Center for Medicare Services) and by private insurance companies.

Physical space within the hospital was also named as a primary barrier to growth. According to the leadership focus group, a lack of space requires partnerships with clinics and other facilities to allow for expansion. Partnering with other clinics and facilities also addresses other barriers and needs, such as cancer prevention and treatment education.

Suggestions

The primary suggestion given by the leadership focus group for improving health services was increased opportunity for cancer screening throughout Miami-Dade County. Mobile screening options, along with an increased number of satellite clinics, would offer a transportable way to meet citizens where they work or live.

The Leadership Focus Group also suggested building sustainable relationships with key stakeholders and local community based organizations. Several members mentioned expanding partnerships with local hospitals and with organizations that focus on health education and outreach.

Chapter 7
Priority Needs

Priority Needs

Priority Area 1

Cancer Incidence, Mortality, and Screening

Indicator 1, Incidence of Cancers per 100,000 population

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

In 2014, the incidence of all cancers for Miami-Dade County was 400.5 new cases per 100,000 population. The incidence was particularly pronounced in the non-Hispanic black community which had an incidence of 523.6 per 100,000 population compared to the Hispanic and non-Hispanic white population which had incidences of 372.5 per 100,000 and 382.5 per 100,000, respectively.

Specifically, prostate cancer is the leading form of cancer incidence in Miami-Dade County (136.6 per 100,000), which is higher than the Florida state average (114.6 per 100,000).

Breast cancer has the second highest incidence per 100,000 (86.0 per 100,000) followed by lung and bronchus (41.9 per 100,000) and colorectal (40.5 per 100,000). Colorectal cancer incidence is above the state average (33.7 per 100,000) while both breast cancer incidence and lung and bronchus cancer incidence are below the state average (90.4 per 100,000 and 58.0 per 100,000, respectively).
Source: U.S. Bureau of the Census, 2014 American Community Survey

Indicator 2, Select Cancer Mortality Rates

The leading age-adjusted mortality rate in Miami-Dade County is lung cancer (28.8 per 100,000), followed by prostate cancer (21.3 per 100,000), breast cancer (18.9 per 100,000), and colorectal cancer (14.5 per 100,000). The age-adjusted death rate for both prostate cancer and colorectal cancer are higher in Miami-Dade County than the Florida state average (17.5 per 100,000 and 13.8 per 100,000, respectively); however, both lung cancer and breast cancer are lower than the state average (43.4 per 100,000 and 20.2 per 100,000, respectively).

Lung cancer, while below the national Healthy People 2020 target of 45.5 per 100,000 is most pronounced in males (41.8 per 100,000) compared to females (19.2 per 100,000). However, there is no significant difference between non-Hispanic black, Hispanic, and non-Hispanic white (26.5, 26.5, and 29.5 respectively).

 While the overall age-adjusted mortality rate for prostate cancer in Miami-Dade County is comparable to the Healthy People 2020 target, prostate cancer disproportionately affects the non-Hispanic black community in Miami-Dade County. The non-Hispanic black age-adjusted mortality rate is 34.4 per 100,000 compared to 19.0 and 19.1 per 100,000 for the Hispanic and non-Hispanic white communities.

 Breast cancer also disproportionally affects the non-Hispanic black community in Miami-Dade County. The age-adjusted mortality rate in the non-Hispanic black population is 26.7 per 100,000 compared the 16.3 and 17.4 per 100,000 for the Hispanic and non-Hispanic white populations. The overall age-adjusted mortality rate for breast cancer in Miami-Dade County is slightly below that of the Healthy People 2020 target of 20.7 per 100,000.

 Age-adjusted mortality rate of colorectal cancer is similar across most demographics. The Miami-Dade average is equal to the Healthy People 2020 target of 14.5 per 100,000. Additionally, the age-adjusted mortality across ethnicities is comparable with non-Hispanic black, Hispanic, and non-Hispanic white having age-adjusted mortalities of 14.9, 13.9 and 14.4 per 100,000, respectively. However, males do have a higher age-adjusted mortality compared to females (17.5 per 100,000 compared to 12.1 per 100,000).

For the top five (5) PSAs for UMHC, only data for breast cancer and colorectal cancer were available. For breast cancer, all five of the top PSAs were below the Miami-Dade County average age-adjusted mortality rate of 18.9 per 100,000. The highest value was found in zip code 33160 and the lowest in zip code 33196. For colorectal cancer, zip code 33138 has an age-adjusted mortality rate of 16.9 per 100,000 compared to 14.5 per 100,000 for the Miami-Dade average. The other four zip codes of the top-five PSAs were below the Miami-Dade average with the lowest being from zip code 33179 (7.8 per 100,000).

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

Indicator 3, Percent of Associated Cancer Screenings

The percent of eligible citizens receiving proper cancer screening varies across four primary tests. The most frequently-administered test was the prostate-specific antigen test, which was given to 69.5% of the male population over 50. This test was followed by mammography with 64.2%, Pap tests with 53.8%, and colon screening with only 16.9% of the population over 50 being properly screened.

 There is a distinct discrepancy between age groups and ethnicities of those who received prostate-specific antigen tests. Men aged 65 and older had a screening percentage of 81.8%,

compared to men 45-64 at 60.8%. Furthermore, 71.9% of non-Hispanic white men were screened compared to 63.7% of Hispanic men (no data were available for non-Hispanic black men).

The percentage of women who received mammograms was comparable across ethnicities and age groups, though there was a slight increase in screening percentage with increased age (71.8% for women age 65 and older versus 66.2% for women aged 45-64).

There were large differences in the percentage of women who received a Pap test across ethnicities. Non-Hispanic black women had the highest Pap test percentage (73.4%), followed by Hispanic women (51.0%), and non-Hispanic white women (48.1%). Pap test screening percentage also has an inverse relationship with age, with a decrease in uptake when comparing women 18-44 (57.2%), 45-64 (50.4%), and 65 and older (48.4%).

Colon screening had the smallest percentage of exams compared to prostate-specific antigen tests, mammograms, and Pap tests. The screening percentage also varied widely by ethnicity, age, and gender. The non-Hispanic black population had a colon screening percentage of 26.9% compared to 8.4% for the Hispanic population and 16.6% for the non-Hispanic white population. Additionally, people 45-64 years of age had a dramatically smaller colon screening percentage (8.4%) compared to the population 65 years and older (29.3%). Females also had a higher uptake (19.6%) compared to males (12.9%).

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

Priority Area 2

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 4, 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 5, 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

Indicator 6, 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 7, 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 coincidently is the same rate observed statewide.

It is important to note that 36.0% of congestive heart failure admissions observed among UMHC'S top five (5) PSAs derived from zip code 33165 (Westchester), which experienced a rate of 58.4 admissions per 10,000 people; higher than the county- and statewide rate of 40.5 admissions per 10,000 people. Zip code 33179 (North Miami Beach) experienced the second highest rate among UMHC'S top five (5) PSAs with 53.9 congestive heart failure admissions per 10,000 people (please refer to the map below).

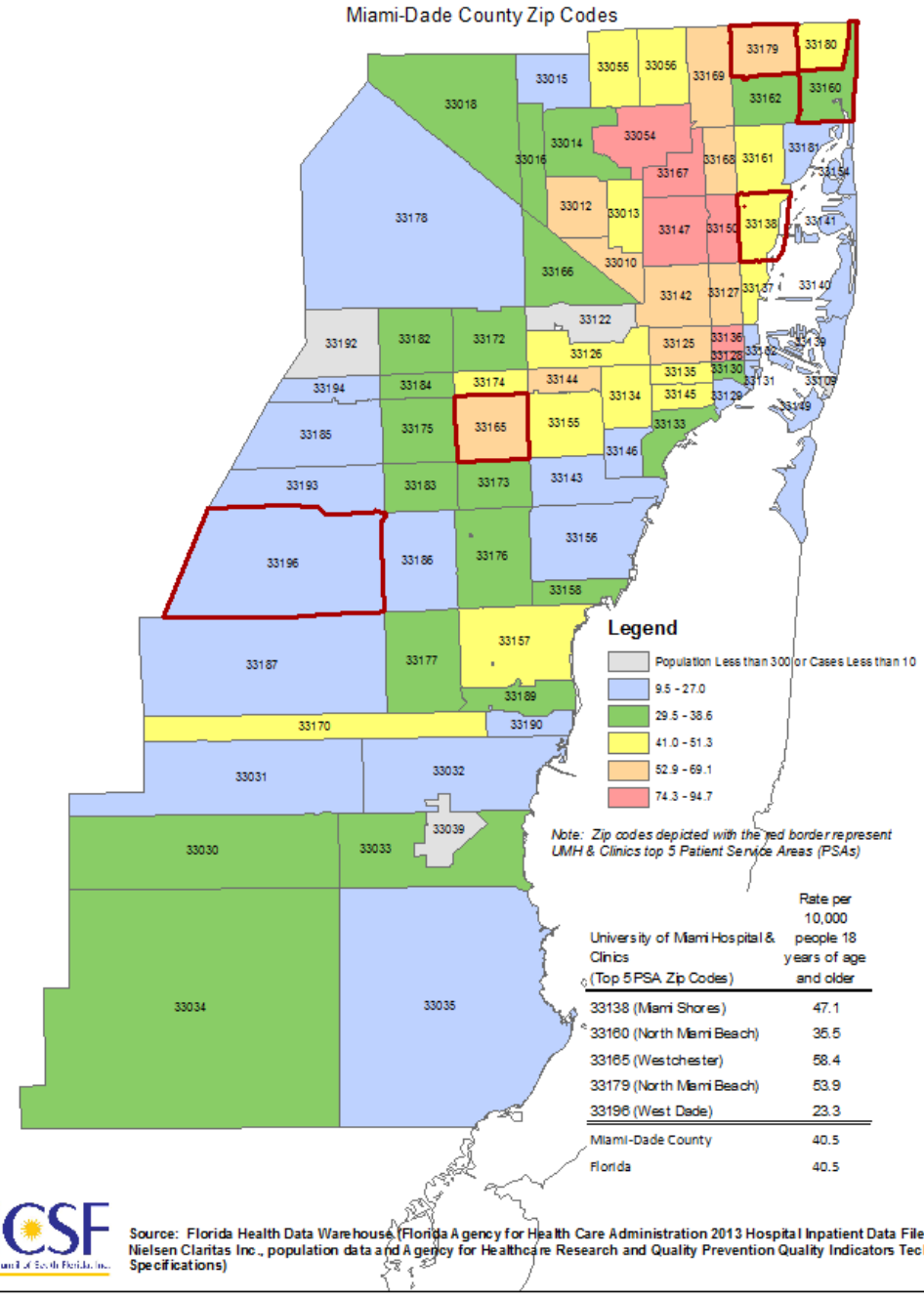
The principal payer for total charges incurred as a result of congestive heart failure admissions among UM Hospital and Clinics' top five (5) PSA zip codes was Medicare with 79.3%, followed by Medicaid (13.0%); while private health insurance, self-pay, charity, and "other" accounted for 7.8% of the remaining payer sources. Among the top five (5) PSAs, 37.1% of total Medicare admissions due to congestive heart failure derived from residents of zip code 33165 (Westchester); followed by zip code 33179 (21.6%), zip code 33160 (19.0%), zip code 33138 (12.4%), and zip code 33196 (10.0%).

	Admissions	%
Medicare	612	79.3%
Medicaid	100	13.0%
Private, incl. HMO	36	4.7%
Self-Pay	13	1.7%
No charge/Charity	7	0.9%
Other	4	0.5%
Total	772	100.0%

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



University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	47.1
33160 (North Miami Beach)	35.5
33165 (Westchester)	58.4
33179 (North Miami Beach)	53.9
33196 (West Dade)	23.3
Miami-Dade County	40.5
Florida	40.5

HCSF Health Council of South Florida, Inc.

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 3

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. Please refer to the health care assets map on the next following pages (see Appendix E for full-size map).

Indicator 8, 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. A greater number of non-Hispanic whites had insurance compared to non-Hispanic blacks and Hispanics, at 83.6.6%, 65.6%, and 66.2%.

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

Indicator 9, 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 (for more detailed information, please refer to the table below).

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

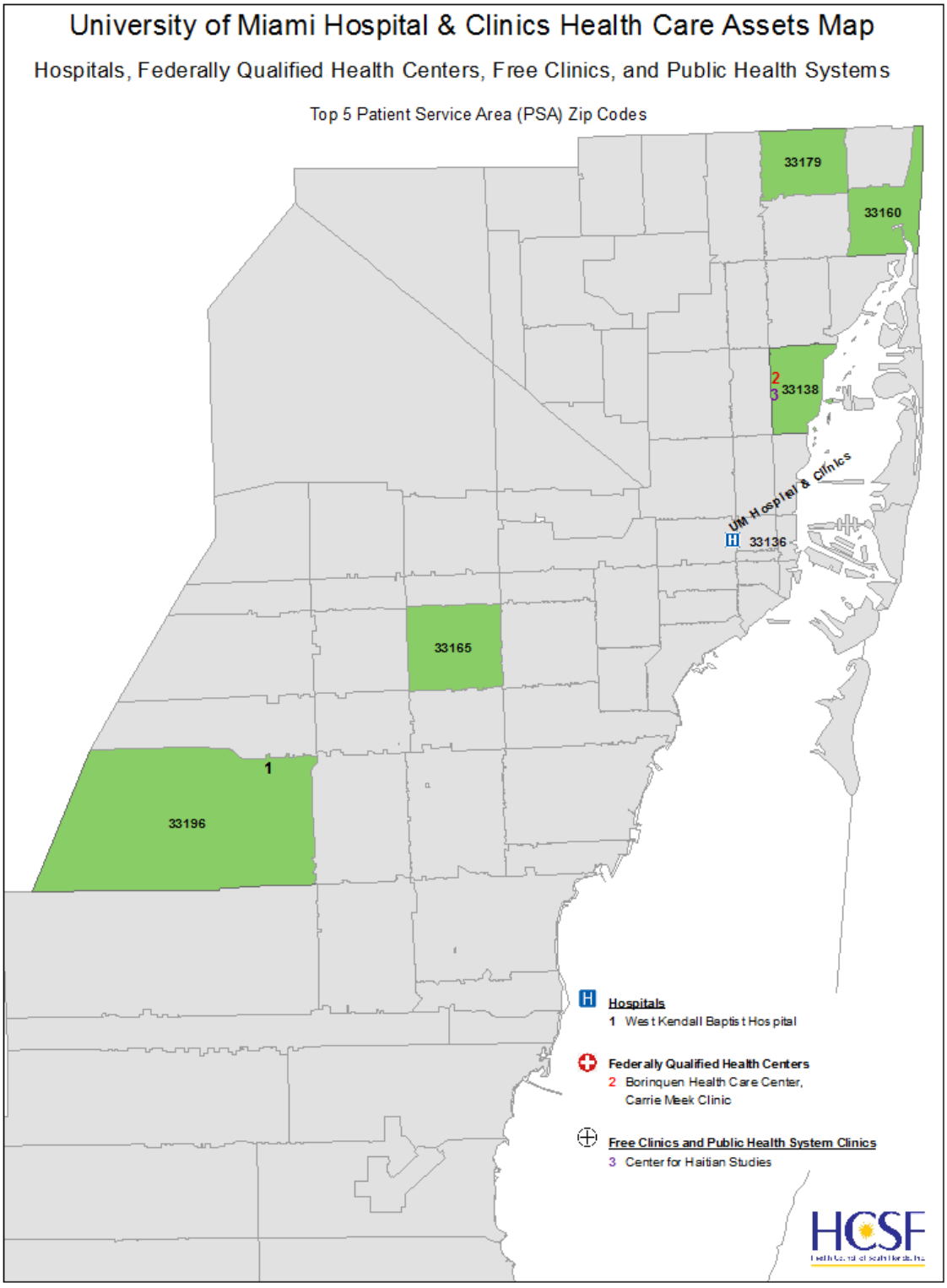
Children with Health Insurance	Miami-Dade County (%)	Florida (%)	US (%)	HP 2020 (%)
Overall	**91.2**	**90.7**	**94**	**100**
Age				
0-5	95.4			
6-17	89.1			
Sex				
Male	91.1			
Female	91.3			
Race/Ethnicity				
Hispanic	90.8			
Non-Hispanic White	94.3			
Non-Hispanic Black	90.1			

Indicator 10, 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 provider service areas (PSAs) had lower average Medicaid enrollment per 100,000 compared to the Miami-Dade country average (25,813.2 per 100,000). The highest Medicaid enrollment was in zip code **33165** (15,378 per 100,000) and the lowest was in zip code **33160** (5627 per 100,000).

Source: Florida Agency for Health Care Administration (AHCA), 2014

ZIP	Median Monthly Medicaid Enrollment per 100,000
33138	6,193
33160	5,627
33165	15,378
33179	9,114
33196	8,580
Miami-Dade	**25,813**
Florida	**19,001**


University of Miami Hospital & Clinics Health Care Assets Map
Hospitals, Federally Qualified Health Centers, Free Clinics, and Public Health Systems
Top 5 Patient Service Area (PSA) Zip Codes
33179
33160
2
3
33138
UM Hospital & Clinics
H
33136
33165
1
33196
H
Hospitals
1 West Kendall Baptist Hospital
Federally Qualified Health Centers
2 Borinquen Health Care Center, Carrie Meek Clinic
Free Clinics and Public Health System Clinics
3 Center for Haitian Studies
HCSF

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 11, Adult Fruit and Vegetable Consumption

In 2013, 19% adults in Miami-Dade County ate five 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 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 Adult Fruit and Vegetable Consumption

Indicator 12, 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 = Weight (Kg)/[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 13, Adults who are Overweight or Obese

A BMI between 25 and 29.9 is considered overweight and a BMI >=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 Adults who are Overweight or Obese

Indicator 14, 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

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 UM Hospital's top five (5) PSAs was heart disease, followed by malignant neoplasms, chronic lower respiratory diseases, Cerebrovascular Diseases, and diabetes.

Indicator 15, 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

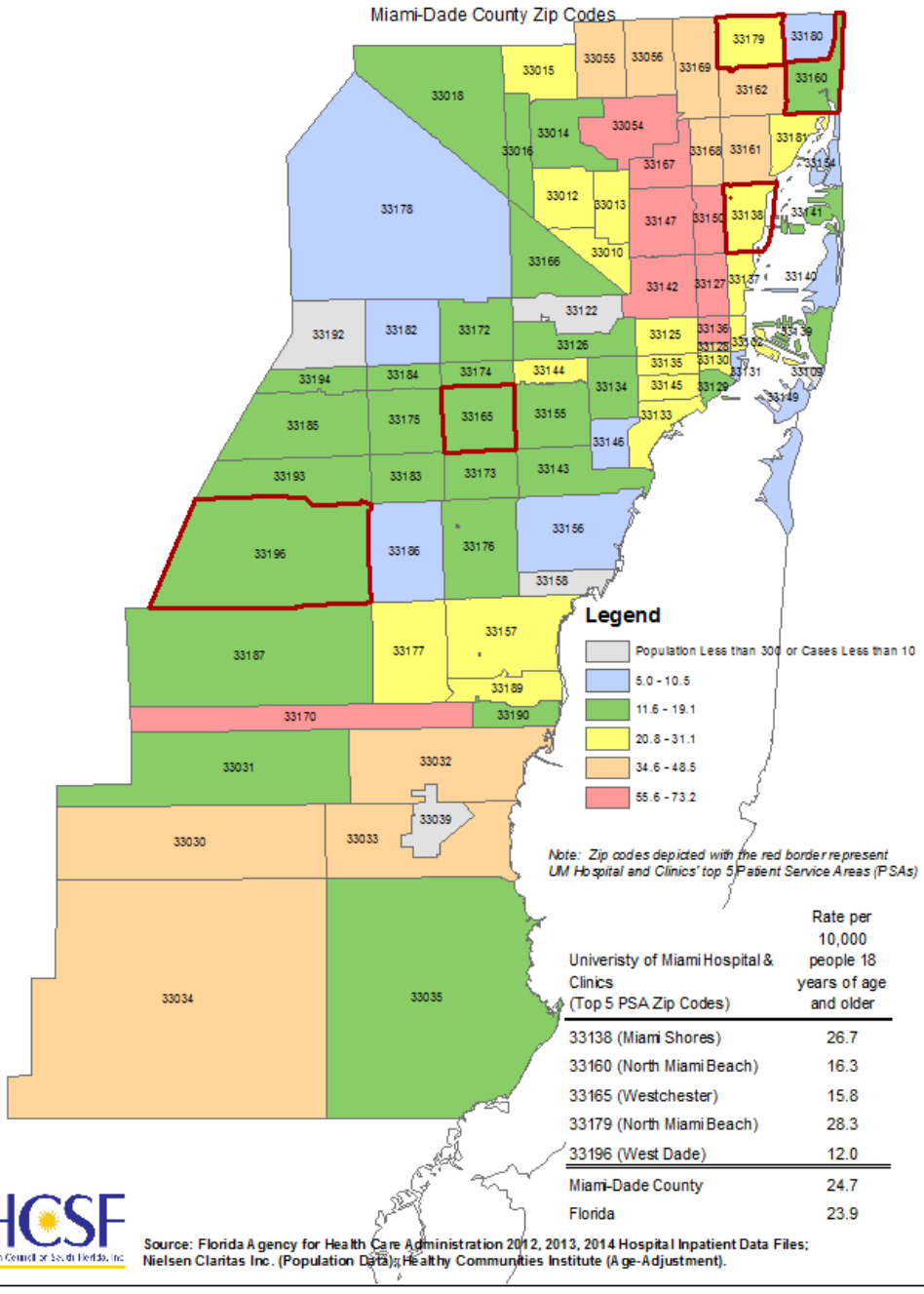
Between 2012 and 2014, the average annual age-adjusted hospitalization rate due to diabetes observed in Miami-Dade County was 24.7 admissions per 10,000 people; slightly higher than the Florida average of 23.9 admissions per 10,000 people. Additionally, Black or African American Miami-Dade County residents 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 codes 33179 (North Miami Beach) and 33138 (Miami Shores) experienced a rate of 28.3 and 26.7 admissions due to diabetes per 10,000 people, respectively, higher than the county- and statewide rate; while zip codes 33160 (North Miami Beach), 33165 (Westchester), and 33196 (West Dade) experienced a rate lower than the county and state average (please refer to the map below for further details).

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



Univeristy of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	26.7
33160 (North Miami Beach)	16.3
33165 (Westchester)	15.8
33179 (North Miami Beach)	28.3
33196 (West Dade)	12.0
Miami-Dade County	24.7
Florida	23.9

HCSF
Health Council of South Florida, Inc.

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 16, COPD Hospitalizations

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

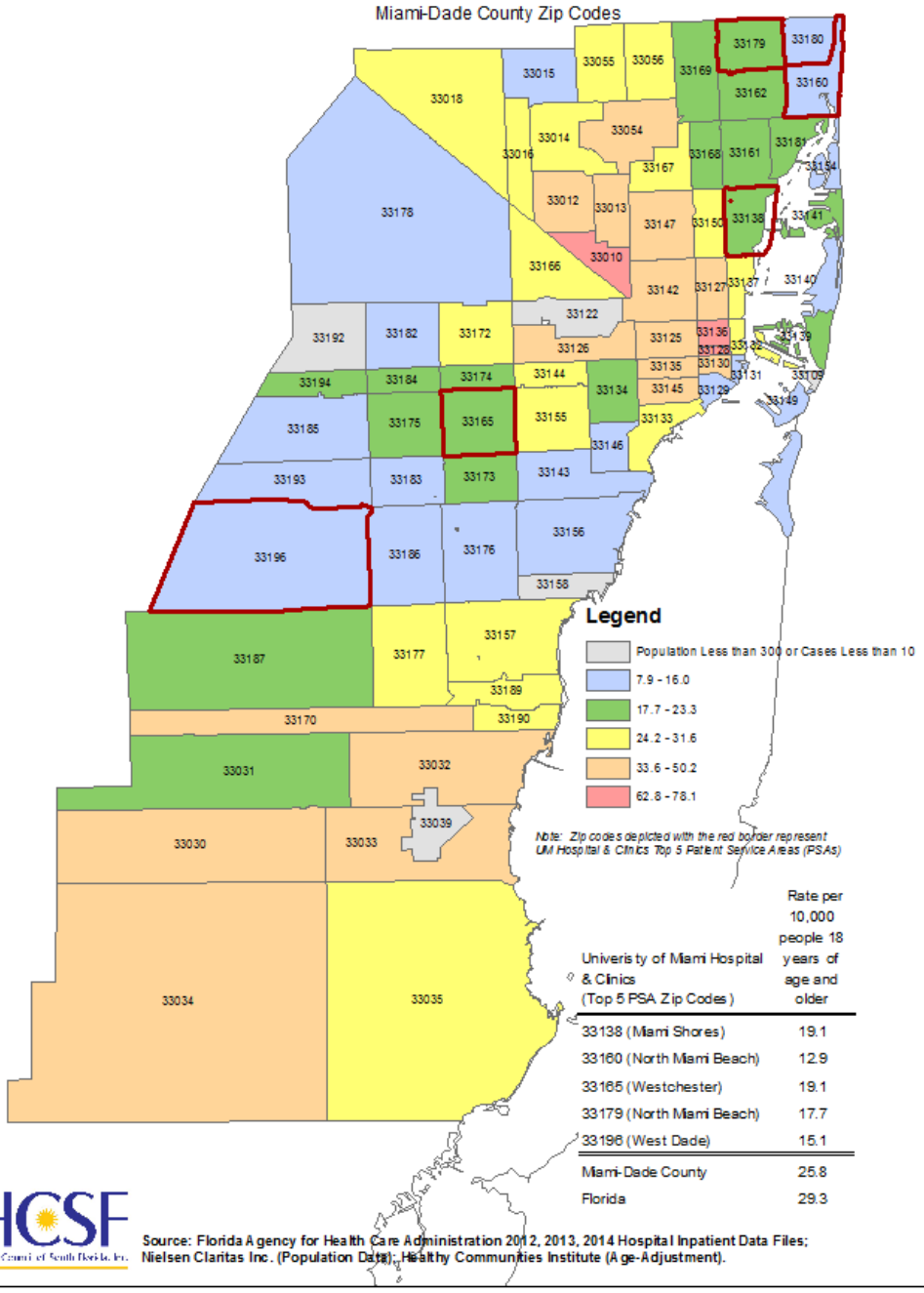
Between 2012 and 2014, the average annual age-adjusted hospitalization rate due to COPD observed in Miami-Dade County was 25.8 admissions per 10,000 residents; which is lower than the Florida average of 29.3 admissions per 10,000 Florida residents (please refer to the colored gauge). Additionally, Hispanic 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 all of UM Hospital and Clinics' top five (5) PSA zip codes experienced a COPD admission rate lower than the county- and statewide average, with zip codes 33138 (Miami Shores) and 33165 (Westchester) exhibiting the highest rate with 19.1 admissions per 10,000 people; while zip code 33196 (West Dade) experienced the lowest rate with 15.1 admissions per 10,000 people (please refer to the map below for further details).

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



University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	19.1
33160 (North Miami Beach)	12.9
33165 (Westchester)	19.1
33179 (North Miami Beach)	17.7
33196 (West Dade)	15.1
Miami-Dade County	25.8
Florida	29.3

HCSF Health Council of South Florida, Inc.

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 17, 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 18, Hypertension/High Blood Pressure

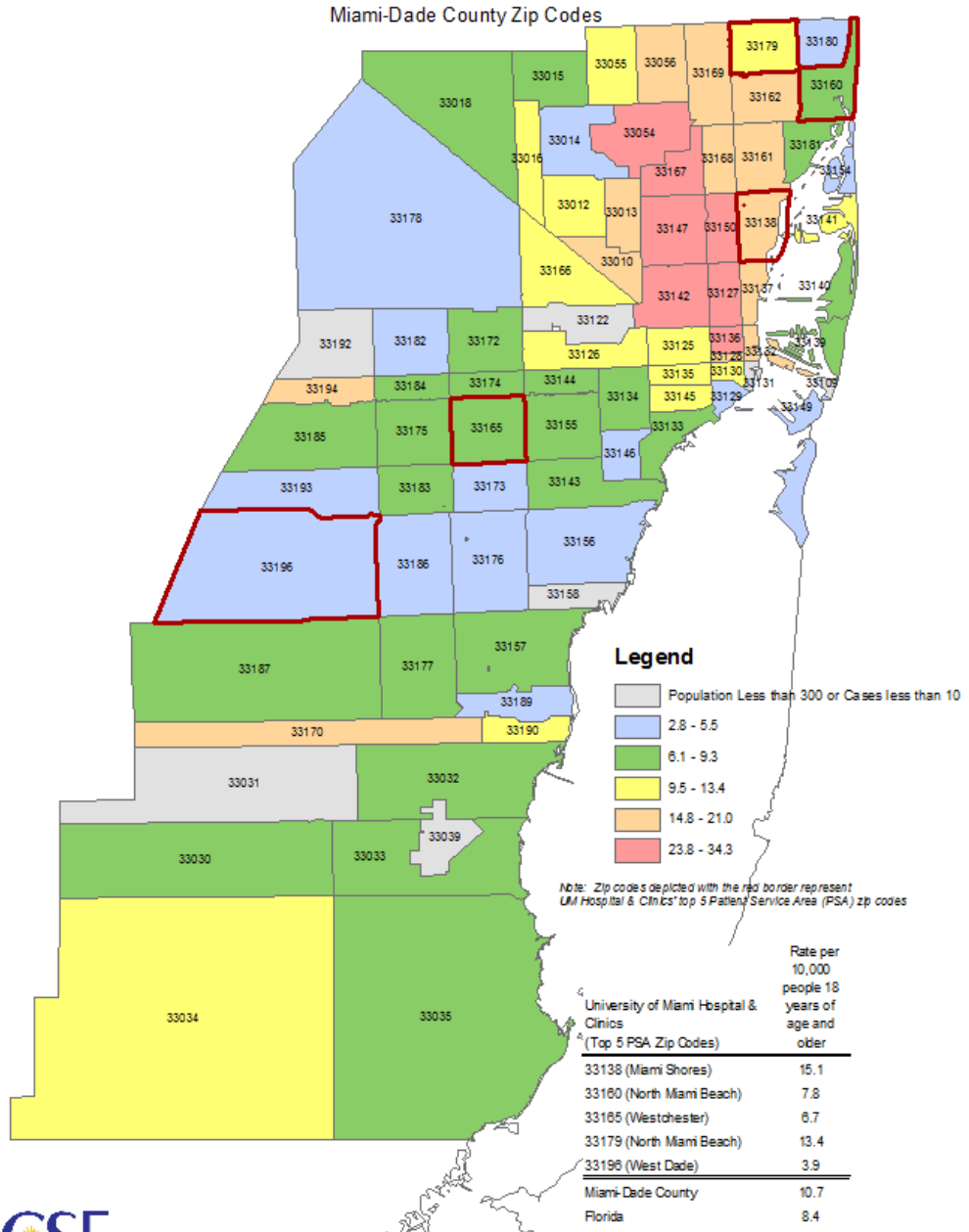
Between 2012 and 2014, the average annual age-adjusted hospitalization rate due to hypertension or high blood pressure observed in Miami-Dade County was 10.7 admissions per 10,000 people; which is higher than the Florida average of 8.4 admissions per 10,000 people (please refer to the colored gauge). 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).

The majority of UM Hospital and Clinics' top five (5) PSA zip codes exhibited a hypertension admission rate lower than the county- and statewide average; with zip code 33196 (West Dade) experiencing the lowest rate among the top five (5) PSAs at 3.9 admissions per 10,000 people. Zip code 33138 (Miami Shores), however, exhibited a rate higher than the county average (15.1 admissions per 10,000 people compared to 10.7 admissions per 10,000 people); and close to two times as high as rate observed at the state level (8.4 admissions per 10,000 people).

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



University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	15.1
33160 (North Miami Beach)	7.8
33165 (Westchester)	6.7
33179 (North Miami Beach)	13.4
33196 (West Dade)	3.9
Miami-Dade County	10.7
Florida	8.4

HCSF Health Council of South Florida, Inc

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

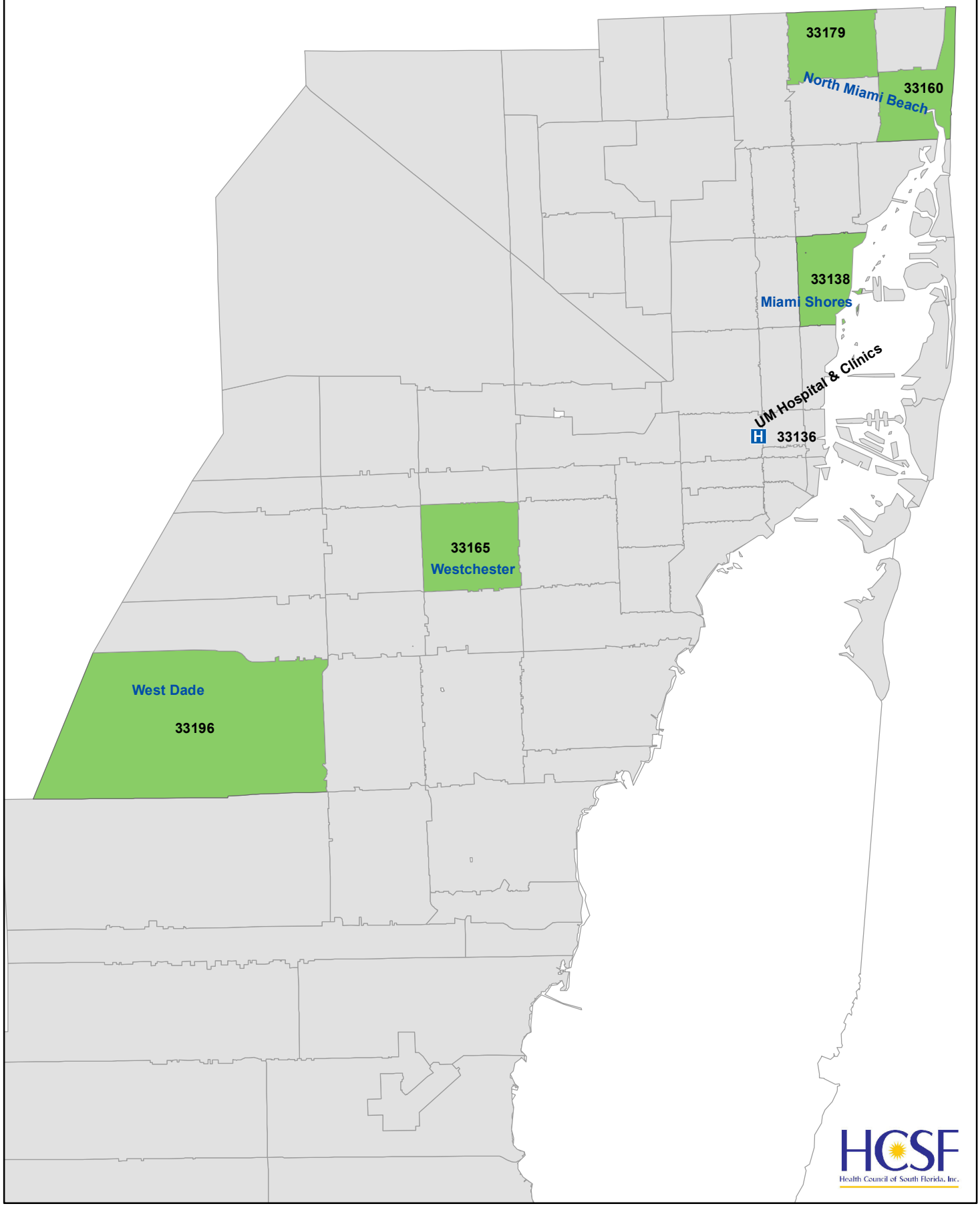
Indicator 19, Stroke

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).

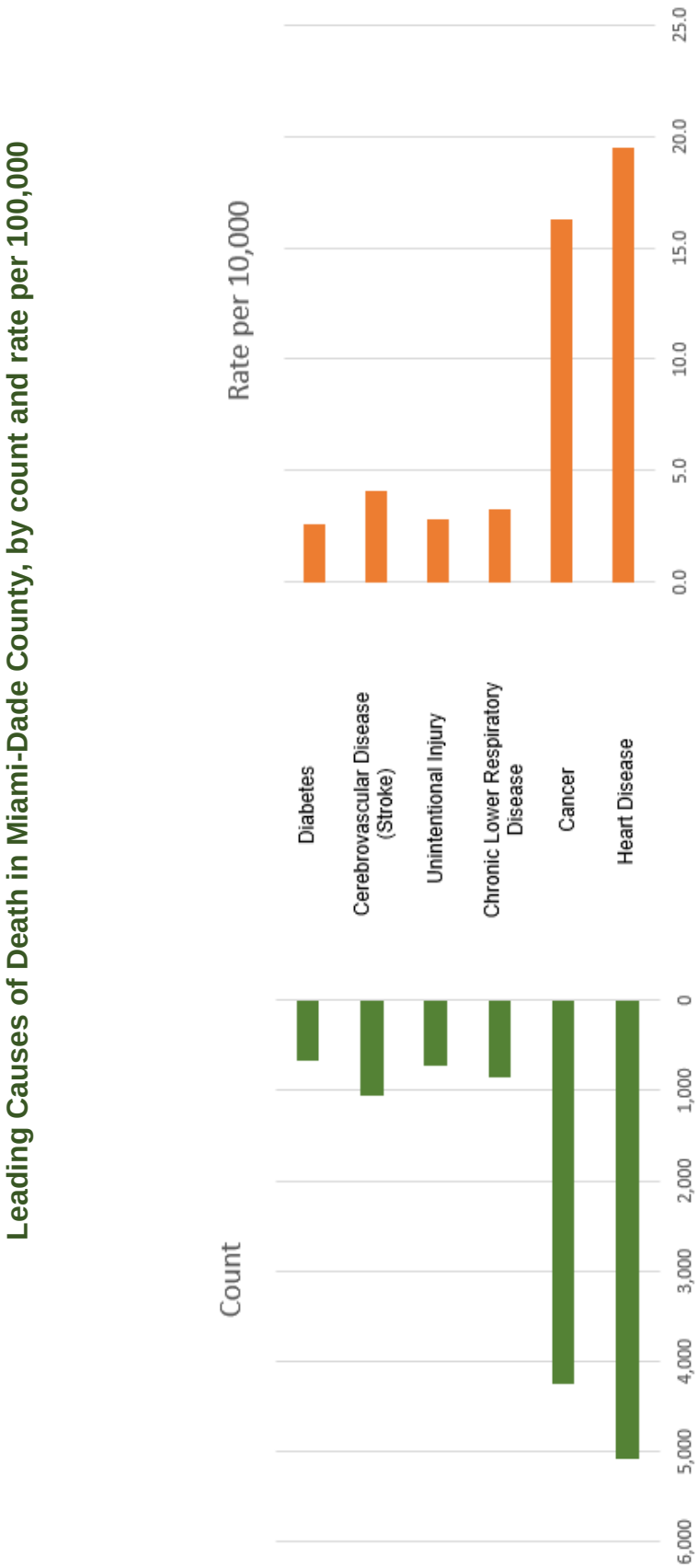
Source: Florida Department of Health, Bureau of Vital Statistics

Appendix A

University of Miami Hospital & Clinics
Top 5 Patient Service Area (PSA) Zip Codes



Appendix B

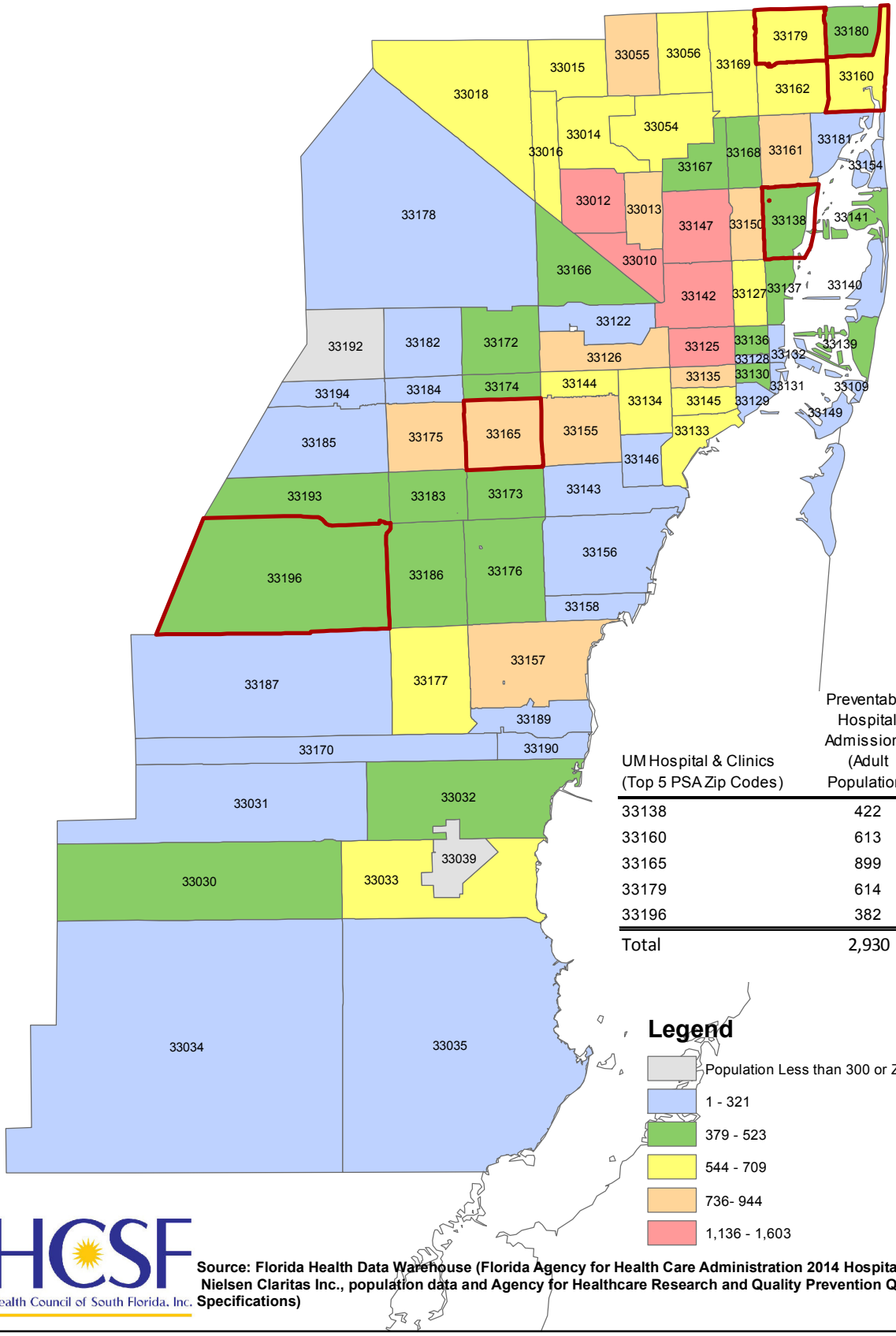

Leading Causes of Death in Miami-Dade County, by count and rate per 100,000
Rate per 10,000
0.0
5.0
10.0
15.0
20.0
25.0
Diabetes
Cerebrovascular Disease (Stroke)
Unintentional Injury
Chronic Lower Respiratory Disease
Cancer
Heart Disease
Count
0
1,000
2,000
3,000
4,000
5,000
6,000

Appendix C

Preventable Hospitalizations

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

Miami-Dade Zip Codes



UM Hospital & Clinics (Top 5 PSA Zip Codes)	Preventable Hospital Admissions (Adult Population)
33138	422
33160	613
33165	899
33179	614
33196	382
Total	2,930

Legend

- Population Less than 300 or Zero Admissions Observed
- 1 - 321
- 379 - 523
- 544 - 709
- 736- 944
- 1,136 - 1,603

HCSF Health Council of South Florida, Inc.

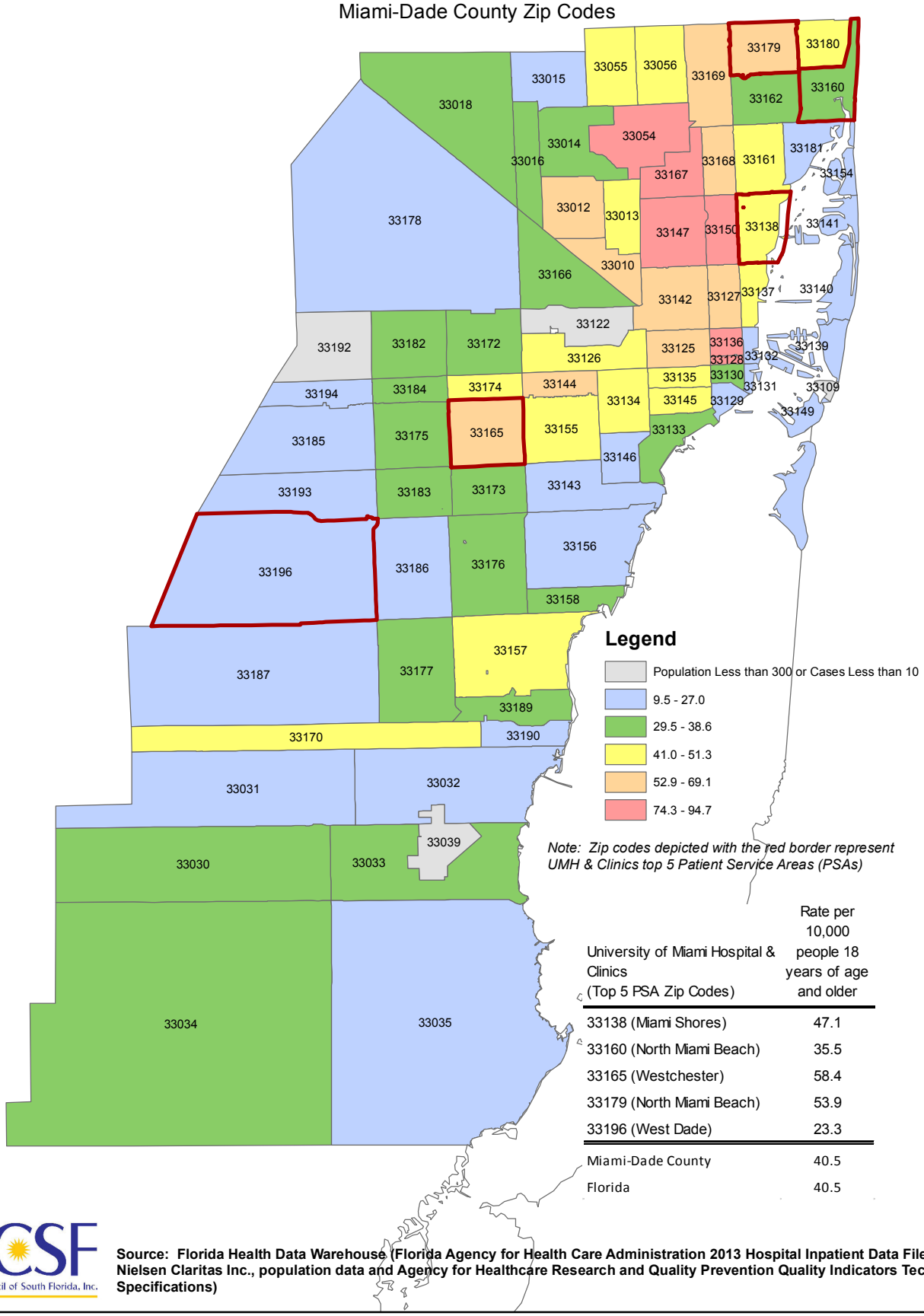
Source: Florida Health Data Warehouse (Florida Agency for Health Care Administration 2014 Hospital Inpatient Data File, Nielsen Claritas Inc., population data and Agency for Healthcare Research and Quality Prevention Quality Indicators Technical Specifications)

Appendix D

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



Note: Zip codes depicted with the red border represent UMH & Clinics top 5 Patient Service Areas (PSAs)

University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	47.1
33160 (North Miami Beach)	35.5
33165 (Westchester)	58.4
33179 (North Miami Beach)	53.9
33196 (West Dade)	23.3
Miami-Dade County	40.5
Florida	40.5

HCSF Health Council of South Florida, Inc.

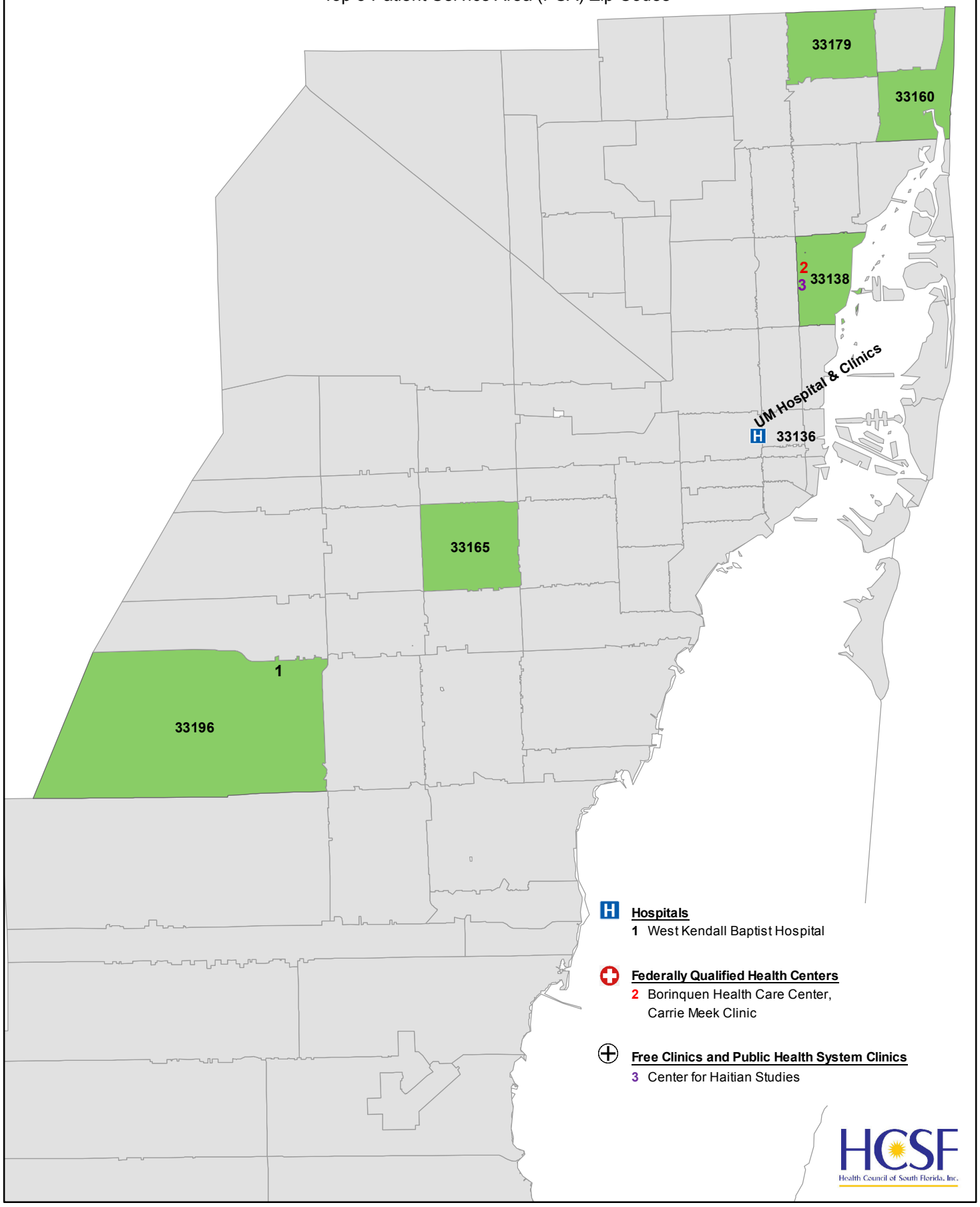
Source: Florida Health Data Warehouse (Florida Agency for Health Care Administration 2013 Hospital Inpatient Data File, Nielsen Claritas Inc., population data and Agency for Healthcare Research and Quality Prevention Quality Indicators Technical Specifications)

Appendix E

University of Miami Hospital & Clinics Health Care Assets Map

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

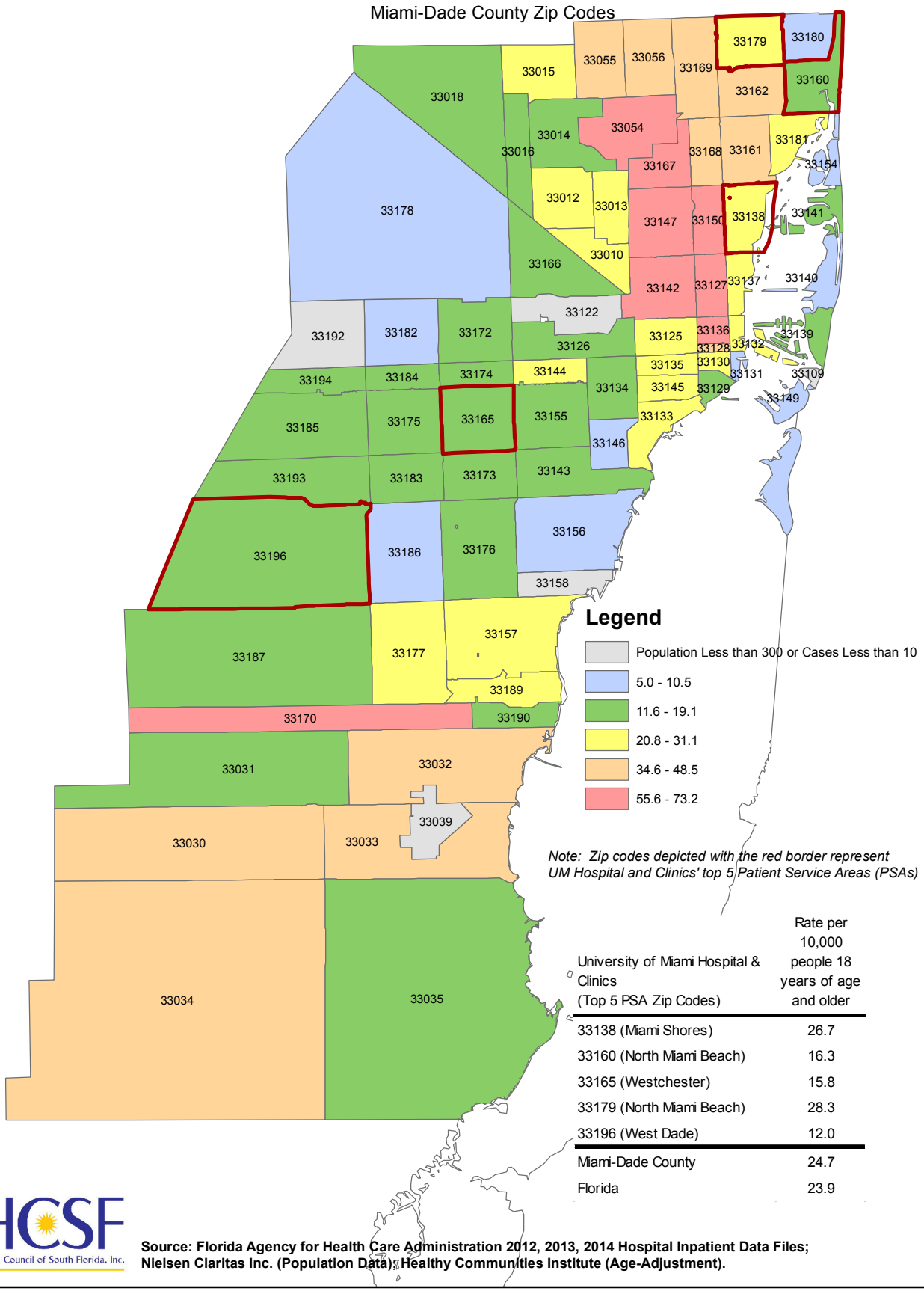
Top 5 Patient Service Area (PSA) Zip Codes



Appendix F

Hospitalization Rate due to Diabetes

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



University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	26.7
33160 (North Miami Beach)	16.3
33165 (Westchester)	15.8
33179 (North Miami Beach)	28.3
33196 (West Dade)	12.0
Miami-Dade County	24.7
Florida	23.9

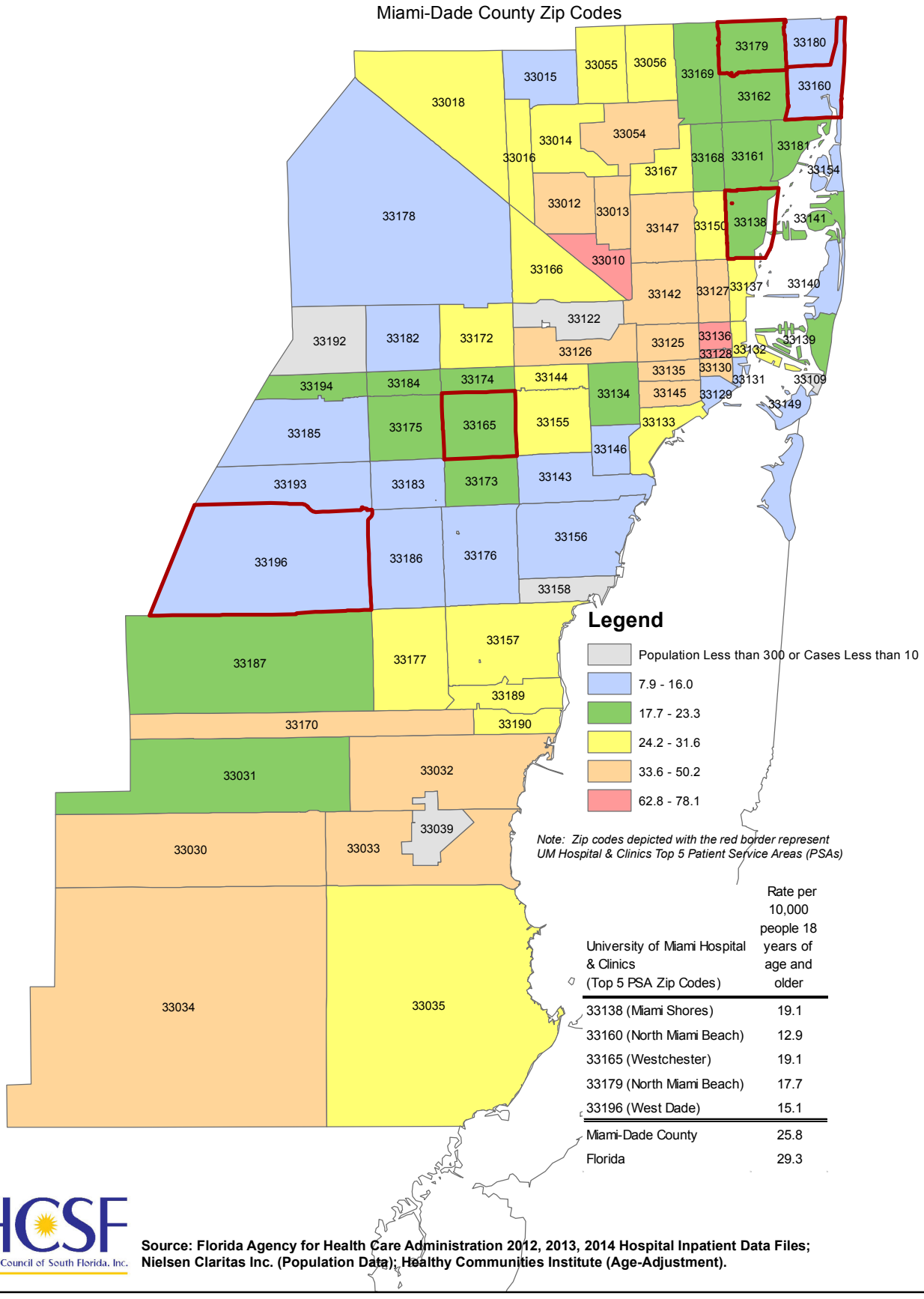
HCSF Health Council of South Florida, Inc.

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

Appendix G

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



University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	19.1
33160 (North Miami Beach)	12.9
33165 (Westchester)	19.1
33179 (North Miami Beach)	17.7
33196 (West Dade)	15.1
Miami-Dade County	25.8
Florida	29.3

HCSF Health Council of South Florida, Inc.

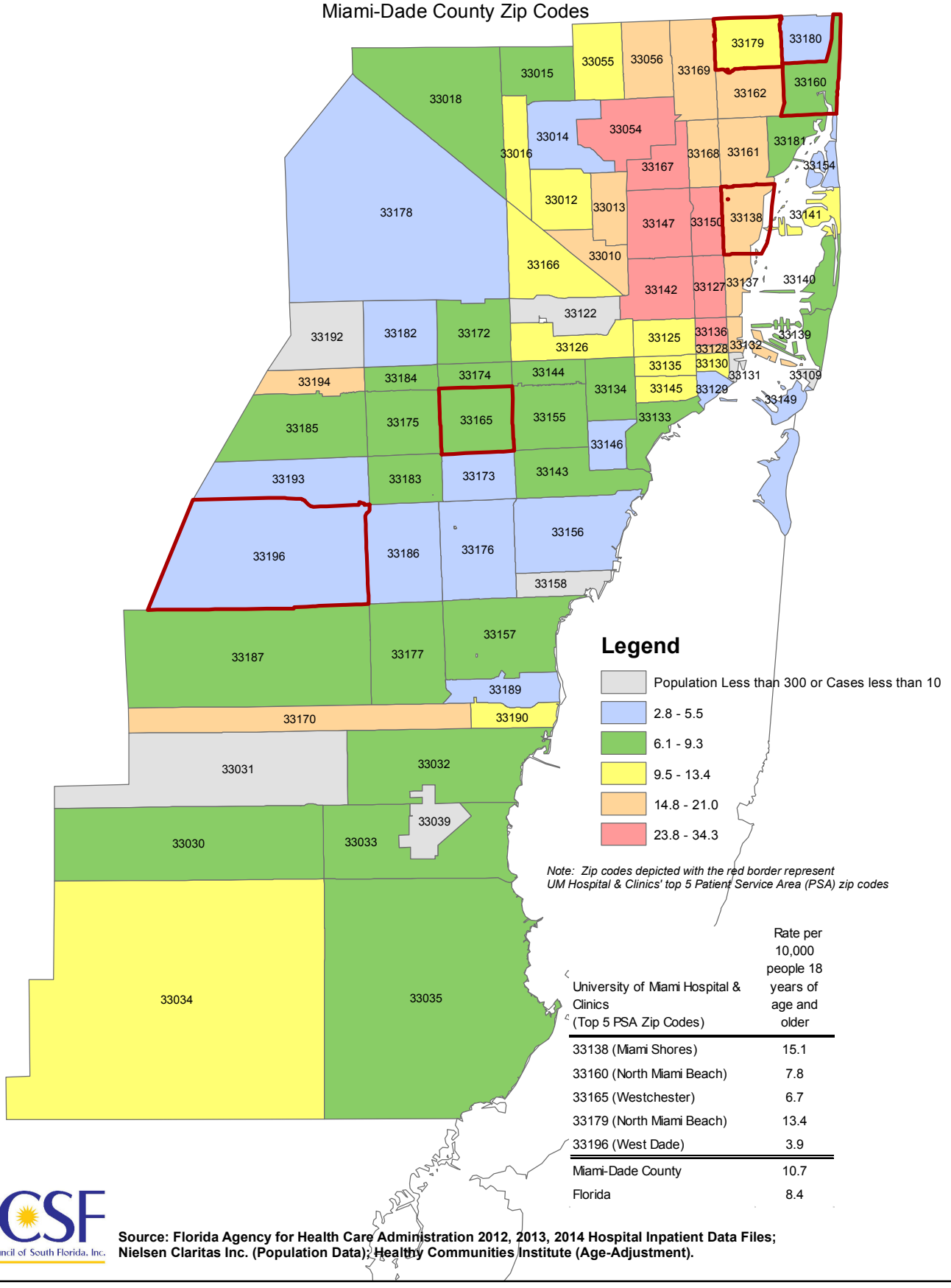
Source: Florida Agency for Health Care Administration 2012, 2013, 2014 Hospital Inpatient Data Files; Nielsen Claritas Inc. (Population Data); Healthy Communities Institute (Age-Adjustment).

Appendix H

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



University of Miami Hospital & Clinics (Top 5 PSA Zip Codes)	Rate per 10,000 people 18 years of age and older
33138 (Miami Shores)	15.1
33160 (North Miami Beach)	7.8
33165 (Westchester)	6.7
33179 (North Miami Beach)	13.4
33196 (West Dade)	3.9
Miami-Dade County	10.7
Florida	8.4

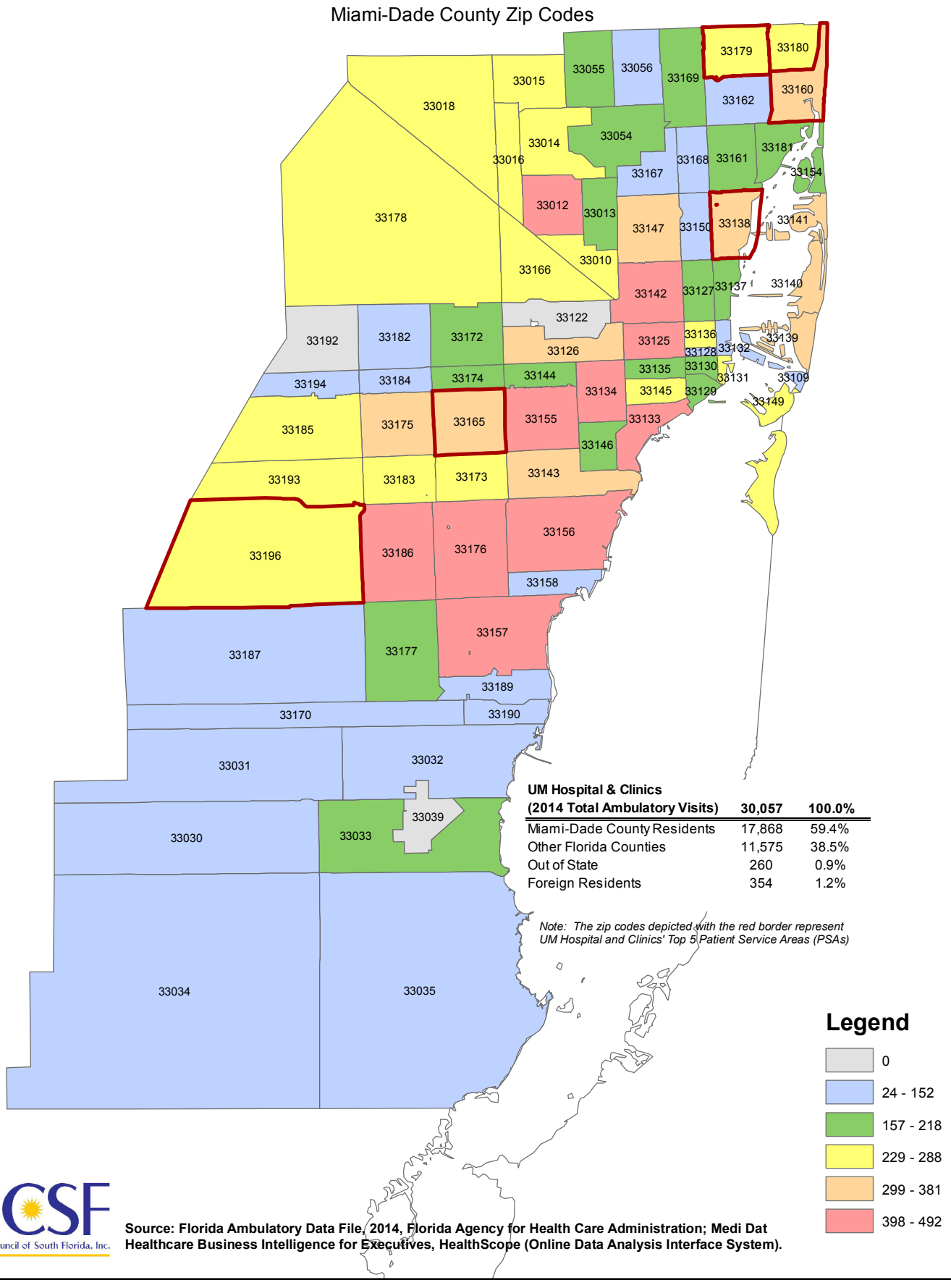
HCSF Health Council of South Florida, Inc.

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

Appendix I

University of Miami Hospital and Clinics

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



HCSF Health Council of South Florida, Inc.

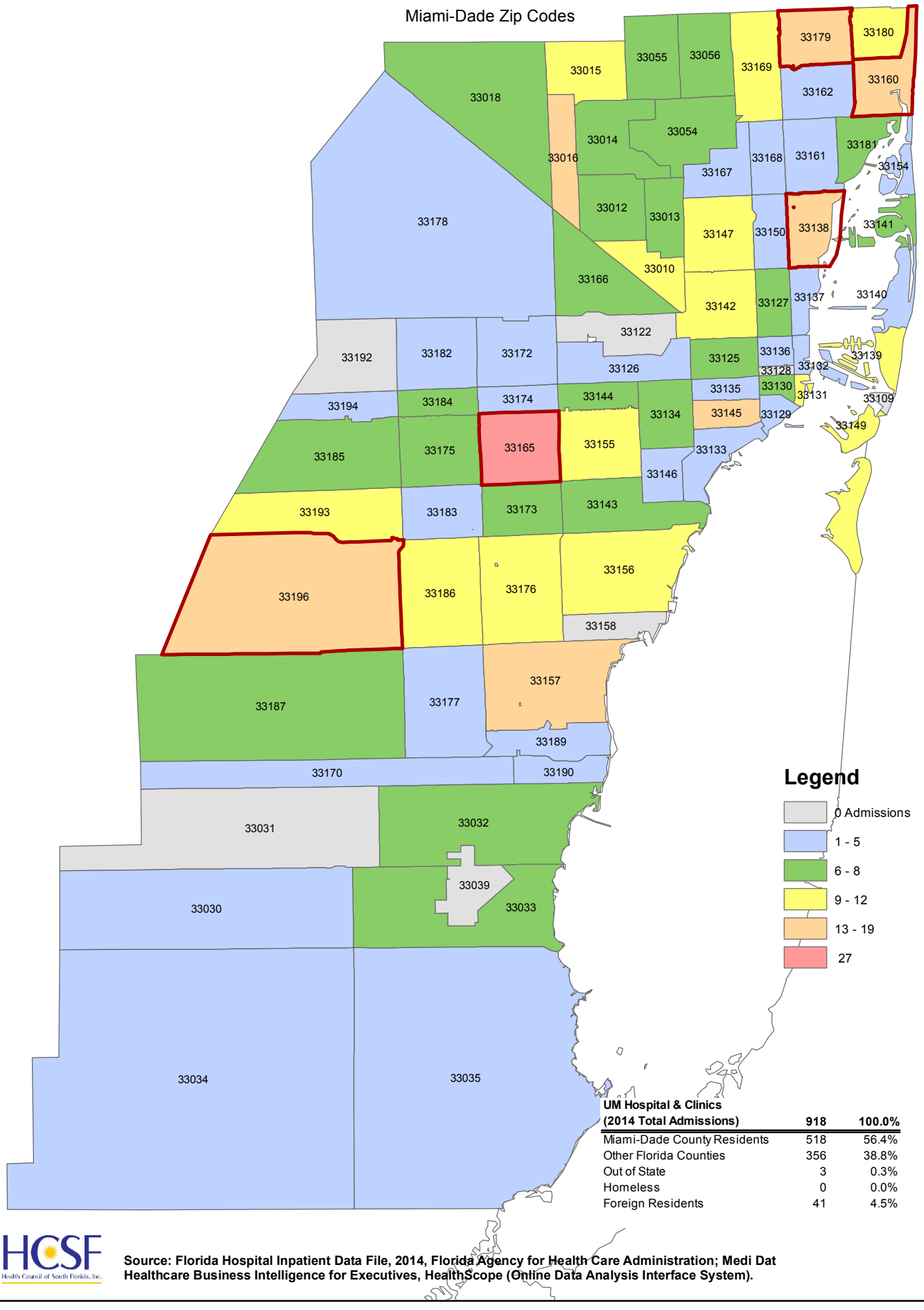
Source: Florida Ambulatory Data File, 2014, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analysis Interface System).

Appendix J

University of Miami Hospital & Clinics

Miami-Dade County Resident Admissions, 2014

Miami-Dade Zip Codes



UM Hospital & Clinics (2014 Total Admissions)	918	100.0%
Miami-Dade County Residents	518	56.4%
Other Florida Counties	356	38.8%
Out of State	3	0.3%
Homeless	0	0.0%
Foreign Residents	41	4.5%

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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).

Appendix K

Q1: On which of the following leading health indicators for Miami-Dade County do YOU consider to be the FIVE most critical areas the UMHS (Sylvester) should focus on in its efforts 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		1	1			7	3
Availabiilty of Primary Care and Prevention			2	1		8	2
Cancer Prevention and Treatment	5					25	1
Chronic Disease Managament		1			1	5	5
Communicable Disease/STD/HIV			1			3	7
Dental/Oral Health						0	12
Elder Care/Geriatrics				1		2	8
Healthy Lifestyles: Exercise and Nutrition		1		1		6	4
Maternal and Child Health					2	2	8
Neurology						0	12
Psychiatric/Substance Abuse Treatment				1		2	8
Respiratory/Pulmonary Disease					1	1	11
Other: Disparity Cancer Outcomes		1				4	6

Appendix L

Community Health Needs Assessment (CHNA)
University of Miami Hospital System (UMHS)
University of Miami Hospital and Clinics

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

LEADING HEALTH INDICATORS	University of Miami Hospital & Clinics	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 <u>strengths</u> in its current efforts to promote excellence in health care and to improve health outcomes for South Florida residents?**

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 <u>Business Opportunities</u> and/or Partnership Opportunities for UMHS that would strengthen UMHS's ability to positively impact these leading health indicators?**

Appendix L

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	University of Miami Hospital & Clinics	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 <u>improve access</u> to healthcare services for those in greatest need?**

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