2019 - 2021

COMMUNITY
HEALTH NEEDS
ASSESSMENT

UNIVERSITY OF MIAMI
HOSPITAL AND CLINICS

U
HEALTH

Serving Our South Florida Community – A UHealth Mission and Privilege

Dear patients, friends, and neighbors,

As executive vice president of health affairs for the University of Miami and CEO of UHealth-University of Miami Health System, I am pleased to present our 2019-2021 Community Health Needs Assessment (CHNA). This in-depth analysis guides our health system to better serve and improve the health of our South Florida community, a key commitment and priority of UHealth and the entire University.

UHealth includes Sylvester Comprehensive Cancer Center, Bascom Palmer Eye Institute/Anne Bates Leach Eye Center, and UHealth Tower, and 30 outpatient sites providing comprehensive care in more than 100 subspecialties across South Florida. Our strength in research as the region's only academic health care system is clearly recognized. UHealth's focus on expanding the delivery of specialized care for the population we serve, improve access across the region and addressing all seven of the key priority needs of our diverse community is unwavering.

Gathering input from a diverse group of community partners, patients, health system leadership and other stakeholders, UHealth assessed qualitative and quantitative data about community health needs and, more importantly, opportunities for improving health equity.

Our methodology and findings are summarized in the following 2019-2021 Community Health Needs Assessment and will be addressed as described in the corresponding Implementation Plan. UHealth is committed and privileged to play such a critical role in addressing these needs for everyone in our community.

Sincerely,

Edward Abraham, M.D.
Executive Vice President, Health Affairs
CEO, UHealth-University of Miami Health System

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INTRODUCTION

University of Miami Hospital and Clinics

The University of Miami Hospital and Clinics (UMHC), also known as "UHealth", delivers leading-edge patient care by the region's best doctors, powered by the groundbreaking research and medical education provided by the University of Miami Leonard M. Miller School of Medicine to the next generation of physician scholars. As South Florida's only university health system, UHealth is a vital component of the region's healthcare infrastructure. UHealth combines patient care, research, and education to create a front-line, innovative approach to health care. Within the UHealth system, patients can participate in clinical trials and benefit from the latest developments as they are fast-tracked from the laboratory, or bench, to the bedside. UHealth's comprehensive network includes three facilities (Bascom Palmer Eye Institute/Anne Bates Leach Eye Center, University of Miami Health System Tower, and the Sylvester Comprehensive Cancer Center) and more than 30 outpatient sites throughout Miami-Dade, Broward, Palm Beach and Collier counties, with more than 1,200 physicians and scientists. However, the vast majority of UHealth's patients are from Miami-Dade County (69%). Thus, for the purposes of this assessment, we will define UHealth's Primary Service Area (PSA) as the 127 ZIP codes that comprise Miami-Dade County.

UHealth Tower

Acquired in 2007

773,209 square feet

Licensed for: 560 beds

Operating Rooms: 20

FY18 surgical volume: 18,617

Sylvester Comprehensive Cancer Center

Opened in 1992

122,571 square feet

Licensed for 40 beds

Operating Rooms: 6

FY18 Surgical Volume: 506,796

Bascom Palmer Eye Institute / Anne Bates Leach Eye Center

Bascom Palmer Eye Institute (Department of Ophthalmology) was founded in 1962

Anne Bates Leach Eye Center opened in 1976

Licensed for 100 beds

206,937 square feet

Operating Rooms: 11

FY18 Surgical Volume: 18,933

Lennar Foundation Medical Center

Opened in 2016

206,000 Square Feet

UHealth's Ambulatory Service Hub to the South

FY18 Patient Visits: 96,625

FY18 Surgical Volume: 2,948

Community Health Needs Assessment

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

1. Characterize 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. Delineate how the hospital or organization integrated input from persons who represent the community serviced by the facility (key stakeholders, patients, etc.)

4. Prioritize all of the community health needs identified through the CHNA, as well as the criteria used to prioritize the health needs

5. Determine 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 develop a detailed profile of community health needs by integrating multiple sources of data with the input of diverse stakeholders, who can inform necessary understanding of challenges to healthcare utilization and health equity.

Every county health department in Florida is also 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. Accordingly, the health priorities determined through the 2012 Miami-Dade MAPP process were used as a guide for this CHNA.

Using national strategies including Healthy People 2020 and the Robert Wood Johnson Foundation's County Health Rankings as a framework, data for this CNHA 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 that are amenable to intervention. The CHNA will be publicly accessible on the University of Miami Hospital and Clinics website.

Source: http://miamidade.floridahealth.gov/about-us/_documents/miami-dade-cha-2013-20181.pdf
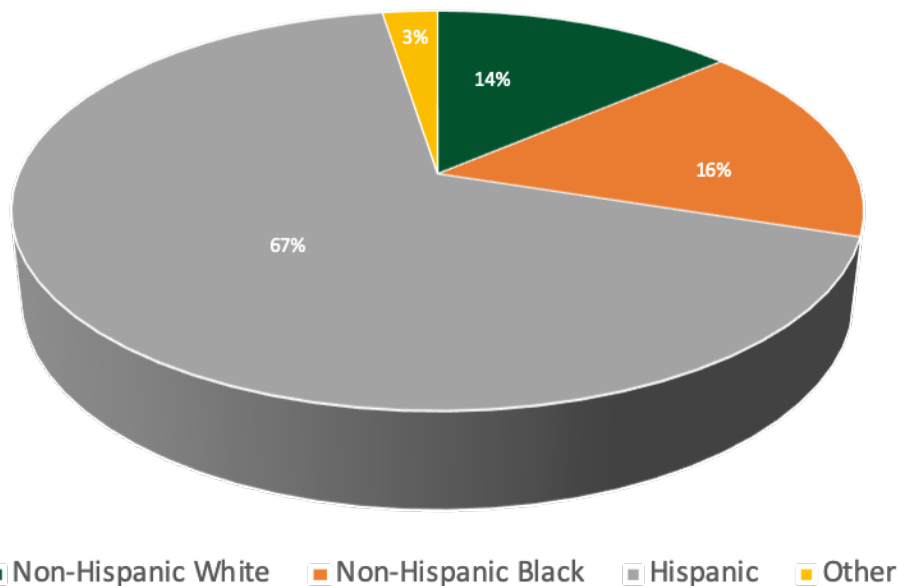
CHAPTER 2

COMMUNITY PROFILE
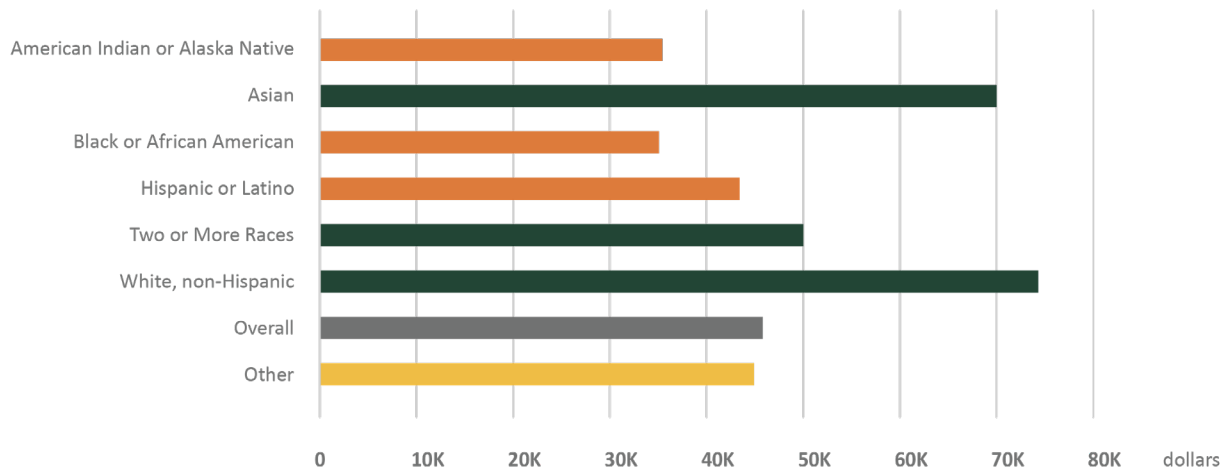
General Demographics

Miami-Dade County is the seventh largest county in the nation and the largest metropolitan area in the state of Florida, representing **12.3%** of the State's population. According to the 2017 American Community Survey population estimates, Miami-Dade County is home to 2,702,602 residents. It is one of the few counties in the United States that is "minority-majority," in that a racial/ethnic minority group comprises the majority of the population, with approximately 67.5% Latino or Hispanic residents; 16.3% black, non-Hispanic; 13.7% white, non-Hispanic; 1.5% Asian; 0.1 American Indian and Alaska Native; 0.3% other race alone and approximately 0.3% of non-Hispanic residents identified with more than one race. Miami-Dade County has a relatively young population with 84.7% of residents under age 65 and 20.5% under the age of 18, with a median resident age of 39.5 years old. This diversity is often thought to represent the future demographics of the United States in 2050, and strategically positions UHealth to be a national leader in structuring effective healthcare delivery, including prevention opportunity.

Miami-Dade County residents continue to face significant health and socioeconomic disparities. In Miami Dade County, nearly 20% of all individuals live below the federal poverty level (e.g., annual income of $25, 750 for a family of four), as compared to 14% in Florida overall. This statistic is further exaggerated for racial/ethnic minorities with UHealth's primary service area. As an example, nearly one third of Blacks in Miami Dade County and approximately 19% of Hispanics live below the federally designated poverty line. This level of disadvantage poses significant challenge to health and healthcare utilization.

Race/Ethnicity in Miami-Dade County

Pie chart showing: 67% Hispanic (gray), 16% Non-Hispanic Black (orange), 14% Non-Hispanic White (green), 3% Other (yellow).

Legend: ■ Non-Hispanic White ■ Non-Hispanic Black ■ Hispanic ■ Other

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY

Significantly **better** than the overall value ■■■ Significantly **worse** than the overall value ■■■ No significant difference with overall value ■■■

The SocioNeeds Index, developed by the Conduent 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 and/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 median score for Miami-Dade County is 74.5 out of 100, which is indicative of poor health outcomes due to high needs within the community. The SocioNeeds Index further confirms the socioeconomic disparities observed among residents of Miami-Dade County.

This map 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). More than one-third Miami-Dade County residents live in ZIP codes identified as those with the "greatest need" (5). Over 70% of residents reside in ZIP codes with a SocioNeeds Index score of a three (3) or higher. The breadth of socioeconomic need in Miami Dade County coupled with the region's multicultural diversity creates a unique context for healthcare delivery as further evidenced by County Health Rankings.
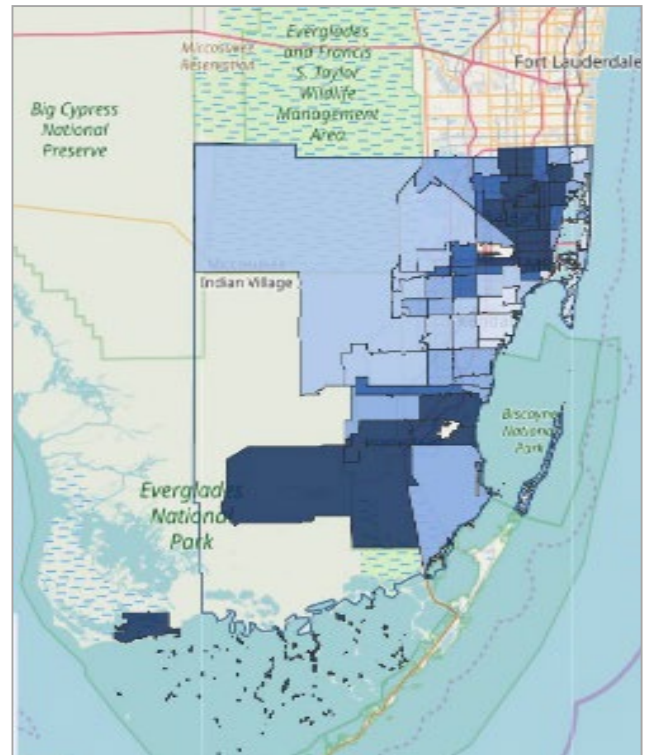
County Health Rankings

The County Health Rankings provide a snapshot of a community's overall health and a starting point for investigating and discussing ways to improve health. By ranking the health of nearly every county in the nation, such rankings assist communities better understand the multilevel risk factors which influence residents' health and life expectancy. Further, the comparisons between Counties, particularly within a shared geography like a State, draw necessary attention to the role of social determinants of health, including place of residence, in shaping the distribution of disease between and within populations of interest. The Rankings not only provide this snapshot of a given County's health, but also can drive dialogue and ensuing action to address any health challenges and gaps highlighted by these findings. The rankings provide several indicators that fall under two categories:

1. Health Outcomes: Measures of how long and how well people live (length and quality of life)

2. Health Factors: Elements that contribute to how long and how well we live (health behaviors, clinical care, social and economic factors, and physical environment).

According to the 2019 County Health Rankings, Miami-Dade County ranked 5th out of 67 counties in Florida. Although the overall ranking is impressive, there are several areas of opportunity, including Clinical Care (59th of 67 counties), Social and Economic Issues (47th of 67 counties) and Physical Environment (50th of 67 counties) which merit further consideration:

• Clinical Care includes metrics such as: percent of population under 65 without health insurance, ratio of population to primary care physicians, ratio of population to dentists, ratio of population to mental health providers, number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees, percentage of diabetic Medicare enrollees aged 65-75 that receive HbA1c monitoring, and percentage of female Medicare enrollees ages 67-69 that receive mammography screening.

• Social & Economic Factors include the percentage of ninth-grade cohort that graduates in four years, percentage of adults ages 25-44 with some post-secondary education, percentage of population ages 16 and older unemployed but seeking work, percentage of children under age 18 in poverty, ratio of household income at the 80th percentile to income at the 20th percentile, percentage of children that live in a household headed by a single parent, number of membership associations per 10,000 population, number of reported violent crime offenses per 100,000, and number of deaths due to injury per 100,000 population.

• Physical Environment includes indicators such as air pollution – particulate matter, drinking water violations, severe housing problems, and long commute (whether driving alone or not).
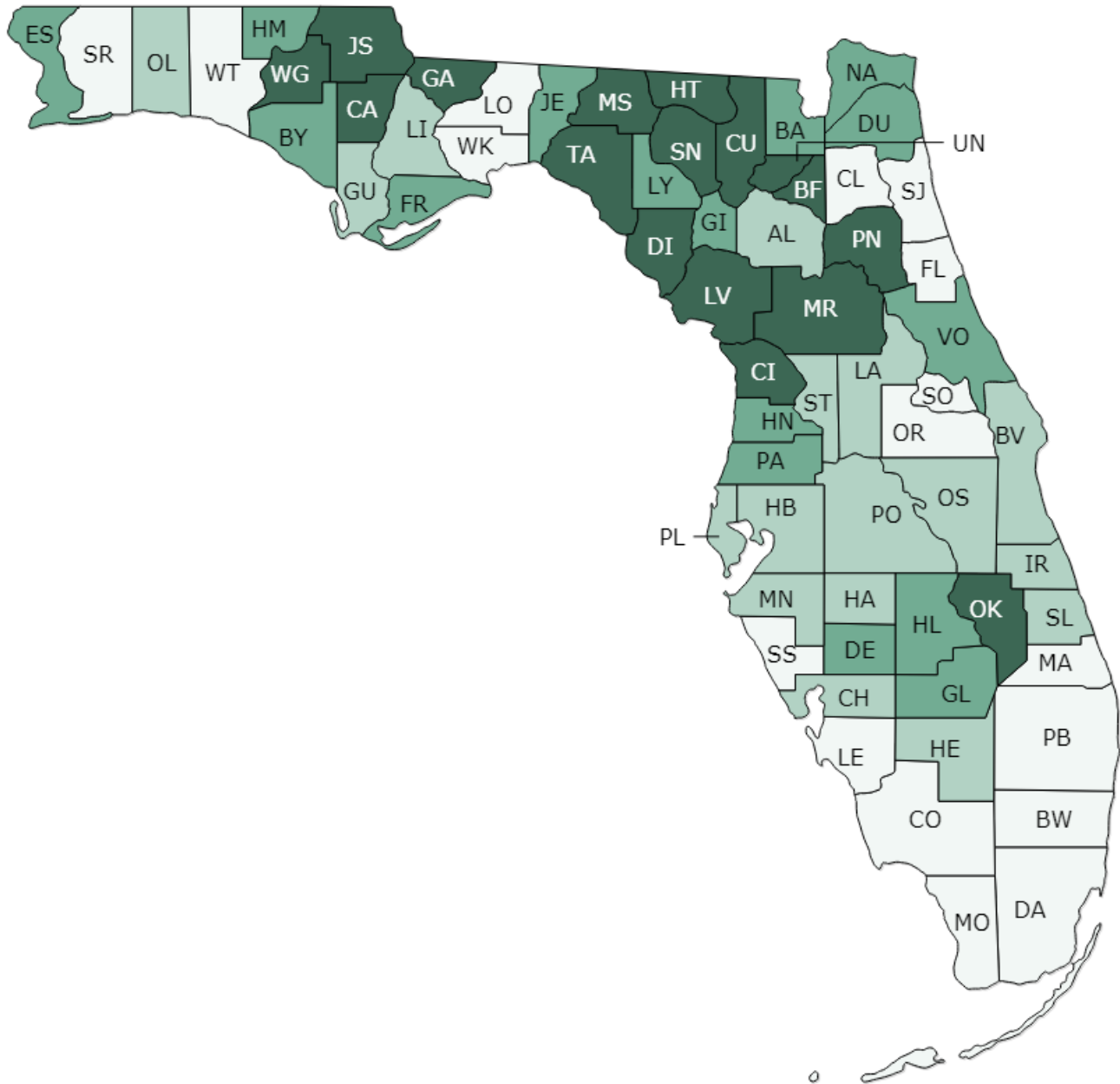
Health Rankings

Table 1

| Selected FL Counties	Health Outcomes (out of 67 counties)			Health Factors (out of 67 counties)				
	Length of Life	Quality of Life	Overall Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Rank
Broward County	8	27	14	8	30	14	59	17
Miami-Dade County	2	16	5	3	59	47	50	31
Monroe County	28	4	8	12	34	10	7	11

County Health Rankings – Health Outcomes

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.

Rank 1-17   Rank 18-34   Rank 35-50   Rank 51-67

County Health Rankings – Health Factors

Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).
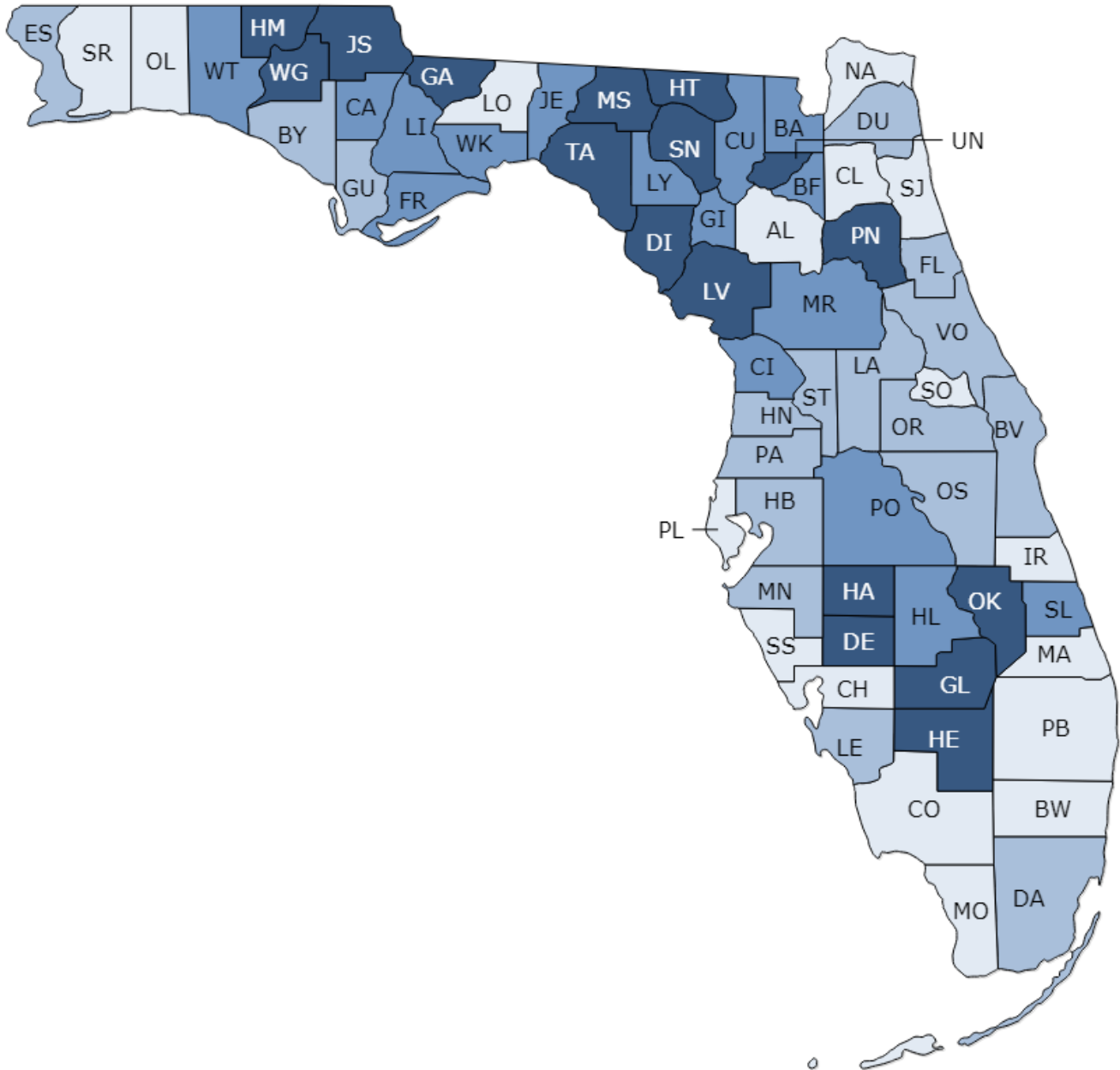
Source: www.countyhealthrankings.org

Leading Causes of Death

The leading causes of death in the State of Florida are compiled annually by the Florida Department of Health to help inform the public and set local medical/public health research priorities. The list is created using death certificates completed by physicians, funeral directors, medical examiners, and coroners. The top ten (10) leading causes of death for Miami-Dade County in 2017 are outlined and ranked in the table below (Table 2)

Table 2

Rank	Cause	# of Deaths in MDC	# of Deaths in State of FL	MDC deaths as a % of all MDC deaths	MDC deaths as a % of all FL deaths
1	Heart Disease	5,399	46,159	26.24%	2.65%
2	Cancer	4,436	44,862	21.56%	2.18%
3	Stroke	1,587	12,557	7.71%	0.78%
4	Chronic Lower Respiratory Disease	1,074	12,590	5.22%	0.53%
5	Unintentional Injury	917	12,812	4.46%	0.45%
6	Alzheimer's Disease	908	6,956	4.41%	0.45%
7	Diabetes	790	6,151	3.84%	0.39%
8	Influenza and Pneumonia	330	3,040	1.60%	0.16%
9	Nephritis, Nephrotic Syndrome & Nephrosis	323	3,157	1.57%	0.16%
10	Parkinson's Disease	273	2,565	1.33%	0.13%

Miami-Dade County follows the national trend, sharing nine of the national top ten leading causes of death. However, there is some expected variability in how certain health outcomes are ranked.

Public Safety

Motor Vehicles

Compared to Florida, Miami-Dade County had a lower age-adjusted death rate due to motor vehicle crashes (15.4 deaths vs. 11.4 deaths per 100,000 population, respectively) and fewer alcohol-impaired driving deaths (29.10 deaths vs. 16.9 deaths per 100,000 population, respectively).

Bicycle Safety

Miami-Dade County has a higher rate of bicyclist deaths when compared to the Health People 2020 target (0.22), as locally there are 0.7 deaths per 100,000. Most bicyclists deaths nationally occur as a result of bicycle and motor vehicle crashes, and health injuries are the most serious, and most common cause of death for bicyclists who are in an accident.

Violent Crime

However, Miami-Dade County had a higher rate of violent crime (including murder, forcible sex offenses, robbery and aggravated assault) as compared to the state (578.9 vs. 439.2 crimes per 100,000 population).

Educational and Economic Attainment

In 2017, the Florida Department of Education announced that there were no "F" graded public schools in Miami-Dade County, for the first time in history. Yet, residents face drastic differences in educational and economic attainment across Miami-Dade's ZIP codes. The Florida Department of Education stated that the majority (80.4%) of Miami-Dade County high school students graduate within a four year time frame. Though this statistic is encouraging, the educational proficiency of graduates remains a challenge. In 2017, only 39% of Miami-Dade County 8th grade students were proficient (or above) in mathematics, and 55% of 8th graders were proficient in reading. Furthermore, 28% of Miami-Dade residents report having at least a Bachelor's Degree, as compared to 33% nationally.

Employment, or the lack thereof, has a tremendous impact on an individual's overall health status. Per the 2017 American Community Survey, Miami-Dade County's unemployment rate, in the civilian labor force, is 7.4%, which is higher than both the State of Florida's (7.2%) as well as the national unemployment rate (6.6%).

FOCUS GROUPS AND IN-DEPTH INTERVIEWS

Focus Groups and In-depth Interviews

Focus groups and in-depth interviews with diverse stakeholders were conducted as a way to gain additional insight to local health needs and key opportunities for improvement. Prior to data collection using either method, participants were given a formal presentation that provided a detailed overview of the Community Health Needs Assessment process, defined UHealth's Primary Service Area for purposes of this report, and characterized key health indicators and social determinants for Miami-Dade County to present a community profile.

To ensure that the UHealth's Community Health Needs Assessment would have feedback from diverse stakeholders, including health system leadership/staff, community partners and patients/consumers, a series of internal and external stakeholder focus groups and in-depth interviews were completed. Qualitative data collection efforts were enhanced by the administration of paper and electronic surveys which similarly captured information about perceived community health needs, areas of priority, and local opportunities for improving community health and achieving health equity. Stakeholders were asked to respond based on their perceived understanding of local health needs in Miami-Dade County at large, as well as, those of the specific population served by their clinical practice and/or organization. Participants also gave understanding of UHealth's strengths/weaknesses as well as emerging opportunities to improve health outcomes for Miami-Dade County residents, broadly.

The focus group and in-depth interviews facilitated by Erin Kobetz, PhD, MPH and Maura Shiffman, MPH were comprehensive in scope, covering the following topics:

- Access to Care and Access to Appropriate Care
- Availability of Primary Care and Prevention
- Cancer – Prevention and Treatment
- Chronic Disease Management
- Communicable Diseases including HIV and Sexual Transmitted Diseases
- Oral Health
- Elder Care/Geriatrics
- Healthy Lifestyles, including physical activity and nutrition
- Maternal and Child Health
- Mental Health

UHealth Community Stakeholder & Leader Focus Group Findings

Strengths

Community members and patients who participated in the Community Stakeholder focus group emphasized the importance of UHealth being the only academic health center in South Florida. They also emphasized the nature of expertise of physicians and staff, availability of clinical trials and research programs and the linkage with Jackson Health System. In addition to the clinical infrastructure, they also highlighted the outreach and education efforts taking place through the "Game Changer" vehicle.

Participants also recognized the work the health system is doing with regards to educating patients on their conditions, treatment plans and clinical and community resources. In fact, one participant stated that her husband works at a competing health system and will only seek care within UHealth due to the way that the physicians at UHealth take the time to ensure he understands the diagnosis, treatment plan, etc. However, multiple stakeholders stated that UHealth could do more to effectively address social determinants to accessing the resources (i.e. transportation, cost, etc.).

Community Needs

Consistently, social determinants of health arose as a primary concern and a way to mitigate the areas of opportunity for residents of Miami-Dade County. Participants emphasized the importance of UHealth fostering programs and initiatives that address the non-clinical barriers to improve health outcomes, including transportation, access (wait time to an appointment, appointment times (evening and weekend hours), location, etc.), cost of care, housing, etc. However, they also identified areas for expansion of clinical care, specifically in the area of mental health as the infrastructure within the County could be enhanced.

Potential Barriers

Access to care continues to be a barrier for community residents. Insurance contracting for both the insured and uninsured was problematic as there is often a high cost associated with maintaining and/or utilization of insurance coverage.

In addition to the complexities of insurance coverage, stakeholders identified the limited availability of timely access to primary care providers, and recommended that the health system consider the integration of advance practice practitioners to assist in decreasing wait times for primary care providers.

Suggestions

Community partnerships were identified by multiple stakeholders as an area of opportunity for UHealth. This would allow for additional access to primary and specialty care for residents in the system's service area. In particular, the system's relationship with Jackson Health System was raised with a particular emphasis on fostering a strong working partnership that allows access to health and wellness education, clinical programs and research trials for vulnerable populations.

UHealth Internal Stakeholder Focus Group Discussion

Strengths

UHealth's leadership unanimously stated that the health system's 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 Sylvester Comprehensive Cancer Center receives designation from the National Cancer Institute (NCI) it will join 70 elite Cancer Centers across the United States with established scientific impact in cancer research, treatment, and transdisciplinary research that bridges multiple scientific areas.

Community Needs

Leadership consistently named improving cancer patient outcomes as the primary community need. Specifically, inequity in cancer patient survival across Miami-Dade County was considered a critical target for future intervention. To accomplish this, key leaders mentioned employing culturally focused cancer care, critical partnerships with community based organizations such as La Liga, and further community outreach in the realms of research, education, and screening.

Other important community needs identified by UHealth leadership 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 UHealth 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, 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 provided by the leadership focus group 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.

UHEALTH 2019-2021 CHNA IDENTIFIED COMMUNITY PRIORITY NEEDS

The outcome of the 2019-2021 UHealth Community Health Needs Assessment efforts yielded the following priorities, in alphabetical order:

Priority 1: Access to Care

Accessing health care is often complex, with residents often facing multiple financial, organizational, institutional and social or cultural barriers that may impact appropriate utilization of the health care system. Although the Affordable Care Act expanded health insurance coverage to Americans, it is still unclear if increased coverage has impacted the clinical outcomes. In addition, it is understood that expanded insurance coverage does not mitigate the additional barriers to accessing appropriate health care.
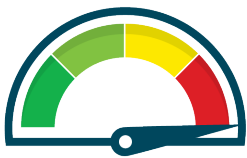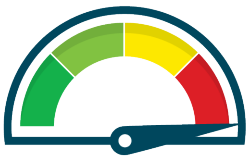
Adults with Health Insurance

Compared to FL Counties, Miami-Dade has a value of 75.5% which is in the worst 25% of counties. Counties in the best 50% have a value higher than 81.2% while counties in the worst 25% have a value lower than 79.6%.

Children with Health Insurance

Compared to FL Counties, Miami-Dade has a value of 93.3% which is in the best 50% of counties. Counties in the best 50% have a value higher than 93.3% while counties in the worst 25% have a value lower than 90.9%.

Medicaid Enrollment

Compared to FL Counties, Miami-Dade has a value of 26,542.8 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 20,034.4 while counties in the worst 25% have a value higher than 23,569.3
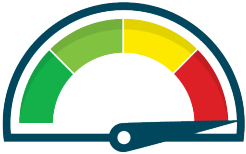
Clinical Care Ranking

Compared to FL Counties, Miami-Dade has a value of 59 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 34 while counties in the worst 25% have a value higher than 50.

Priority 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.

Adults with Usual Source of Healthcare

Compared to FL Counties, Miami-Dade has a value of 63.8% which is in the worst 25% of counties. Counties in the best 50% have a value higher than 76.7% while counties in the worst 25% have a value lower than 72.6%.

PCP Rate

Compared to FL Counties, Miami-Dade has a value of 80 which is in the best 50% of counties. Counties in the best 50% have a value higher than 51 while counties in the worst 25% have a value lower than 33.

Priority 3: Cancer – Prevention and Treatment

As of 2011, cancer surpassed heart disease to become the primary cause of mortality for Floridians, primarily due to the State's large population of older adults (65 years of age and older). This trend is mirrored in Miami Dade County .Cancer-specific mortality has been steadily increasing across the region over the past 10 years, even for cancer sites, largely amenable to prevention and early detection. As in Florida and the broader US, breast, colorectal, lung, and prostate cancers account for the majority of cancer deaths in the Miami metropolitan area. However, there appears to be a unique pattern of disease burden among ethnic/racial minorities within Miami. Blacks and Hispanics are significantly more likely to be diagnosed with late stage disease for multiple cancer sites relative to their white counterparts. Such data can inform UHealth's strategy for addressing local cancer disparities.

All Cancer Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 392.3 which is in the best 50% of counties. Counties in the best 50% have a value lower than 421.8 while counties in the worst 25% have a value higher than 458.2.
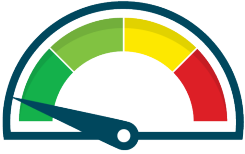
Cancer: Medicare Population

Compared to FL Counties, Miami-Dade has a value of 8.6% which is in the 2nd worst quartile of counties. Counties in the best 50% have a value lower than 8.5% while counties in the worst 25% have a value higher than 9.5%.

Colon Cancer Screening

Compared to FL Counties, Miami-Dade has a value of 11.4% which is in the 2nd worst quartile of counties. Counties in the best 50% have a value higher than 14.5% while counties in the worst 25% have a value lower than 11.0%.

Mammogram in Past Year: 40+

Compared to FL Counties, Miami-Dade has a value of 63.6% which is in the best 50% of counties. Counties in the best 50% have a value higher than 58.2% while counties in the worst 25% have a value lower than 54.4%.
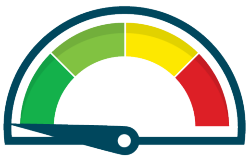

Pap Test in Past Year

Compared to FL Counties, Miami-Dade has a value of 52.7% which is in the best 50% of counties. Counties in the best 50% have a value higher than 45.5% while counties in the worst 25% have a value lower than 40.0%.

Priority 4: 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 UMH's top five (5) PSAs was heart disease, followed by malignant neoplasms, chronic lower respiratory diseases, cerebrovascular diseases, and diabetes.

Adults with Diabetes

Compared to FL Counties, Miami-Dade has a value of 9.2% which is in the best 50% of counties. Counties in the best 50% have a value lower than 15.0% while counties in the worst 25% have a value higher than 18.1%.

COPD Hospitalization

Compared to FL Counties, Miami-Dade has a value of 17.6 which is in the best 50% of counties. Counties in the best 50% have a value lower than 22.5 while counties in the worst 25% have a value higher than 26.9.

Adults who Experienced Coronary Heart Disease

Compared to FL Counties, Miami-Dade has a value of 203.0 which is in the best 50% of counties. Counties in the best 50% have a value lower than 220.9 while counties in the worst 25% have a value higher than 252.4.

Hypertension/High Blood Pressure Hospitalization

Compared to FL Counties, Miami-Dade has a value of 5.9 which is in the 2nd worst quartile of counties. Counties in the best 50% have a value lower than 5.0 while counties in the worst 25% have a value higher than 6.3.
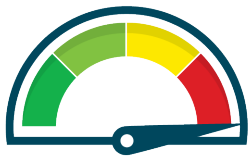
Stroke

Compared to FL Counties, Miami-Dade has a value of 41.2 which is in the 2nd worst quartile of counties. Counties in the best 50% have a value lower than 38.3 while counties in the worst 25% have a value higher than 47.2.

Priority 5: Communicable Disease, including HIV and STD's

Communicable diseases, also known as infectious diseases, are those that can spread from one person to another. Preventing and controlling the spread of communicable disease is key to maintaining optimal health. Per the American Public Health Association, "there are many ways to prevent the spread of disease. Vaccinations have helped eliminate or greatly reduced disease threats. Proper handwashing, ensuring the food we eat and water we drink is safe, avoiding people who are sick and practicing safe sex are other important ways to slow or stop disease transmission. Outbreaks of communicable diseases can have an extraordinary impact on human health.

HIV Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 43.4 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 11.6 while counties in the worst 25% have a value higher than 18.9.
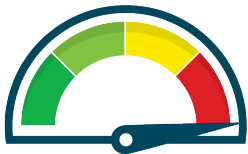
AIDS Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 14.6 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 5.7 while counties in the worst 25% have a value higher than 8.2.

Chlamydia Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 445.4 which is in the 2nd worst quartile of counties. Counties in the best 50% have a value lower than 414.6 while counties in the worst 25% have a value higher than 507.0.

Gonorrhea Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 128.5 which is in the 2nd worst quartile of counties. Counties in the best 50% have a value lower than 114.2 while counties in the worst 25% have a value higher than 163.7.

Priority 5: Communicable Disease, including HIV and STD's (continued)

Syphilis Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 17.5 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 5.9 while counties in the worst 25% have a value higher than 10.0

Tuberculosis Incidence Rate

Compared to FL Counties, Miami-Dade has a value of 4.4 which is in the worst 25% of counties. Counties in the best 50% have a value lower than 1.8 while counties in the worst 25% have a value higher than 3.8.

Priority 6: Healthy Lifestyles, including physical activity and nutrition

With the increased burden of chronic disease, there is a need to enhance the time and attention to preventative measures to help prevent disease. In order to have a meaningful impact, access and availability of health-conscious spaces must be fostered by the community. This includes access to affordable fresh fruits and vegetables, safe communities the foster healthy lifestyles, and a foundational understanding of how lifestyle choices may impact clinical health outcomes.
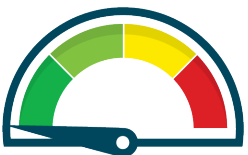
Adult Fruit & Vegetable Consumption

Compared to FL Counties, Miami-Dade has a value of 19.0% which is in the best 50% of counties. Counties in the best 50% have a value higher than 15.9% while counties in the worst 25% have a value lower than 13.9%.
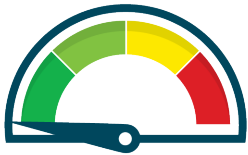
Food Environment Index

Compared to FL Counties, Miami-Dade has a value of 8.9 which is in the best 50% of counties. Counties in the best 50% have a value higher than 7.0 while counties in the worst 25% have a value lower than 6.7.

Food Insecurity Rate

Compared to FL Counties, Miami-Dade has a value of 9.1% which is in the best 50% of counties. Counties in the best 50% have a value lower than 15.0% while counties in the worst 25% have a value higher than 17.2%.

Adults Who Are Sedentary

Compared to FL Counties, Miami-Dade has a value of 33.5% which is in the 2nd worst quartile of counties. Counties in the best 50% have a value lower than 32.9% while counties in the worst 25% have a value higher than 38.9%.

Adult Obesity

Compared to FL Counties, Miami-Dade has a value of 25.3% which is in the best 50% of counties. Counties in the best 50% have a value lower than 31.1% while counties in the worst 25% have a value higher than 35.4%.

Adults who are Obese/Overweight

Compared to FL Counties, Miami-Dade has a value of 64.0% which is in the best 50% of counties. Counties in the best 50% have a value lower than 66.2% while counties in the worst 25% have a value higher than 70.4%.
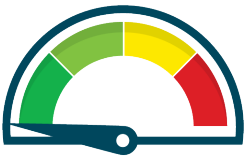

Access to Exercise Opportunities

Compared to FL Counties, Miami-Dade has a value of 96.0% which is in the best 50% of counties. Counties in the best 50% have a value higher than 77.0% while counties in the worst 25% have a value lower than 49.8%.

Priority 7: Maternal and Child Health

Maternal and child health in the United States have vast disparities, particularly in minority and/or low-income communities. The care that newborns and infants receive can affect their health and development throughout childhood and into adult life. A healthy start is vital for children. In addition, it has been well-established for decades that a key strategy for a mother to protect her health and that of her unborn child is to visit a doctor or other health professional early and regularly during her pregnancy. Maternal and child health outcomes in Miami-Dade County vary widely as well. For example, access to early prenatal care in one Miami-Dade zip code was 72%, while another zip code less than 30 miles away, was over 95%. In addition, Miami-Dade Black and Hispanic infants have a mortality rate 433% higher than White babies, and more than 200% higher than the national average.

Mothers who Received Early Prenatal Care

Compared to FL Counties, Miami-Dade has a value of 85.7% which is in the best 50% of counties. Counties in the best 50% have a value higher than 75.7% while counties in the worst 25% have a value lower than 72.0%.

Infant Mortality Rate

Compared to FL Counties, Miami-Dade has a value of 5.2 which is in the best 50% of counties. Counties in the best 50% have a value lower than 6.1 while counties in the worst 25% have a value higher than 7.8.

Babies with Low Birth Weight

Compared to FL Counties, Miami-Dade has a value of 8.6% which is in the best 50% of counties. Counties in the best 50% have a value lower than 8.7% while counties in the worst 25% have a value higher than 9.7%.

Priority 7: Maternal and Child Health (continued)

Teen Birth Rate

Compared to FL Counties, Miami-Dade has a value of 15.1 which is in the best 50% of counties. Counties in the best 50% have a value lower than 25.7 while counties in the worst 25% have a value higher than 37.9.

Kindergarten Required Immunizations

Compared to FL Counties, Miami-Dade has a value of 92.8% which is in the worst 25% of counties. Counties in the best 50% have a value higher than 94.7% while counties in the worst 25% have a value lower than 93.2%.

Children with Health Insurance

Compared to FL Counties, Miami-Dade has a value of 93.3% which is in the best 50% of counties. Counties in the best 50% have a value higher than 93.3% while counties in the worst 25% have a value lower than 90.9%.

APPENDIX

UNIVERSITY OF MIAMI
MILLER SCHOOL
of **MEDICINE**

UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM

UHealth Community Health Needs Assessment Survey

Thank you for agreeing to participate in the University of Miami Hospital and Clinics ("UHealth") Community Health Needs Assessment (CHNA) survey. Your feedback is invaluable to our process and will provide UHealth insight regarding the greatest needs in our community. This information will be used to assist the health system in identifying areas of opportunity and provide guidance as to where UHealth should allocate additional resources to improve the health and well-being of our residents. If you have any questions or concerns, please contact **Erin Kobetz, PhD at ekobetz@med.miami.edu.** Once again, we thank you for your time and insight, and will share the results of our assessment and corresponding CHNA implementation plan in the near future!

1. Which of the following health indicators for Miami-Dade County do you believe the University of Miami Hospital and Clinics (UHealth) is currently most greatly impacting? (Please number your top priorities, 1-5)

___ Access to Care

___ Availability of Primary Care & Prevention

___ Cancer – Prevention & Treatment

___ Chronic Disease Management

___ Communicable Diseases including HIV & STD

___ Oral Health

___ Elder Care/Geriatrics

___ Healthy Lifestyles, including physical activity and nutrition

___ Maternal & Child Health

___ Mental Health

___ Other – please specify: _____

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

3. As UHealth develops its long-term strategic plan, where do you believe the health system can have the GREATEST impact on improving Miami-Dade health indicators? What would it take to get there?

![UHealth - University of Miami Health System | University of Miami Miller School of Medicine]

4. Do you foresee any significant internal or external challenges that UHealth may encounter in its efforts to improve health outcomes in Miami-Dade County?

5. Do you see any emerging Business Opportunities and/or Partnership Opportunities for UHealth that would strengthen UHealth's ability to positively impact these leading health indicators?

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

   ____ Access to Care

   ____ Availability of Primary Care & Prevention

   ____ Cancer – Prevention & Treatment

   ____ Chronic Disease Management

   ____ Communicable Diseases including HIV & STD

   ____ Oral Health

   ____ Elder Care/Geriatrics

   ____ Healthy Lifestyles, including physical activity and nutrition

   ____ Maternal & Child Health

   ____ Mental Health

   ____ Other – please specify: _____

6b. Why do you believe these are the five most critical areas that UHealth should address?

7. Do you have any suggestions for UHealth to improve access to healthcare services for those in greatest need?

UNIVERSITY OF MIAMI
HOSPITAL AND CLINICS

U
HEALTH