University of Miami Hospital

Community Health Needs Assessment

May 24, 2013

University of Miami Hospital

Carnahan Group

Strategic Healthcare Consulting

10 Years of Excellence

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Introduction

University of Miami Hospital at a Glance

University of Miami Hospital (UMH), located in Miami, Florida, is part of University of Miami Health System, a network consisting of three hospitals: University of Miami Hospital, Sylvester Comprehensive Cancer Center and Anne Leach Bates Eye Hospital. UMH primary service area is Miami-Dade County, although its 30+ outpatient facilities and over 1,500 physicians and scientists extend into Broward, Palm Beach and Collier counties. University of Miami Health System is South Florida's only university health system.

University of Miami Hospital is an all private room, 560-bed facility. Physicians who serve as faculty members at University of Miami's Miller School of Medicine work in conjunction with community physicians to provide a wide range of specialties including Internal Medicine, Obstetrics and Gynecology and Pediatrics.

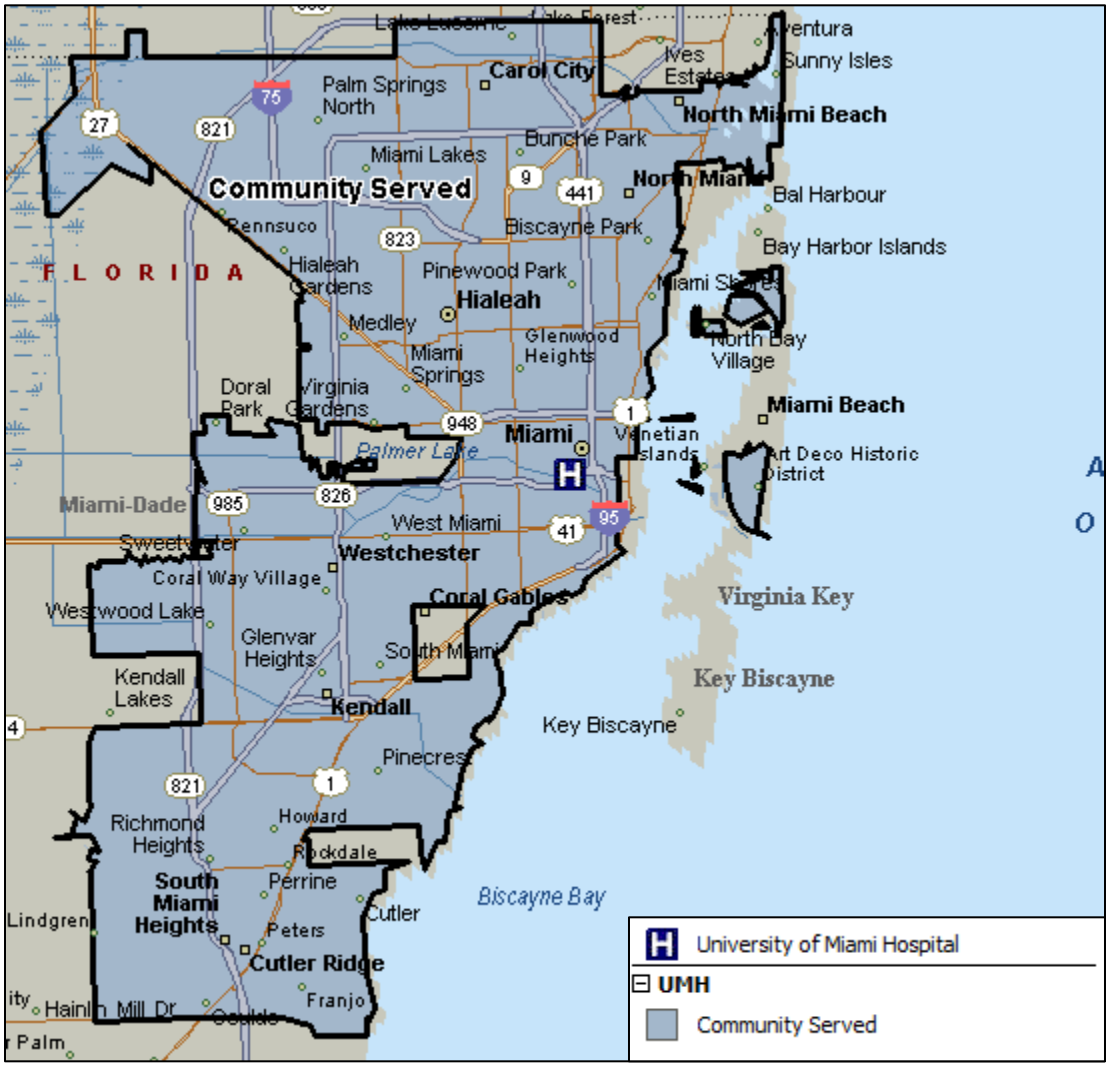
Community Overview

For the purpose of this report, University of Miami Hospital's primary service area was used to define the hospital community. The community for University of Miami Hospital includes the following 49 ZIP Codes:

ZIP Code	Community
33012	Hialeah
33186	Miami
33157	Miami
33015	Hialeah
33177	Miami
33165	Miami
33142	Miami
33125	Miami
33175	Miami
33161	Miami
33176	Miami
33147	Miami
33018	Hialeah
33010	Hialeah
33126	Miami
33016	Hialeah
33139	Miami Beach
33155	Miami
33055	Opa Locka
33162	Miami
33160	North Miami Beach
33014	Hialeah
33169	Miami
33135	Miami

ZIP Code	Community
33134	Miami
33141	Miami Beach
33056	Miami Gardens
33013	Hialeah
33173	Miami
33133	Miami
33174	Miami
33143	Miami
33156	Miami
33127	Miami
33145	Miami
33138	Miami
33054	Opa Locka
33150	Miami
33130	Miami
33144	Miami
33168	Miami
33189	Miami
33166	Miami
33137	Miami
33167	Miami
33129	Miami
33136	Miami
33128	Miami
33172	Miami

The map below represents the community served by the UMH for the purposes of the CHNA.



Source: UMH, Microsoft MapPoint 2013

Purpose

Community Health Needs Assessment Background

On October 5, 2012, UMHS contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about the Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3). Additionally, if a hospital organization operates more than one hospital facility, section 501(r)(2)(B)(i) requires the organization to meet all of the section 501(r)(1) requirements, including the CHNA requirements, separately with respect to each hospital facility. Therefore, separate CHNAs are being conducted for the Sylvester Comprehensive Cancer Center and Anne Bates Leach Eye Hospital.

A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for University of Miami Hospital that addresses the community health needs will be developed and adopted by the end of fiscal year 2013.

Requirements

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs;

- A description of information gaps that impacted University of Miami Hospital's ability to assess the health needs of the community served;
- The identification of all organizations with which University of Miami Hospital collaborated, if applicable, including their qualifications;
- A description of how University of Miami Hospital took into account input from persons who represented the broad interests of the community served by University of Miami Hospital, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by University of Miami Hospital;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by UMH, which included those with special knowledge of or expertise in public health;
- Identifying federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by UMH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by UMH; and,
- Consultation or input from other persons located in and/or serving UMH's community, such as:
    - Health care community advocates;
    - Nonprofit organizations;
    - Academic experts;
    - Local government officials;
    - Community-based organizations, including organizations focused on one or more health issues;
    - Health care providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups or those with chronic disease needs.

The sources used for University of Miami Hospital's CHNA are provided in the Reference List and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews and focus groups that included UMH administrative members and physicians, research professors and leaders of community organizations.

Health Profile

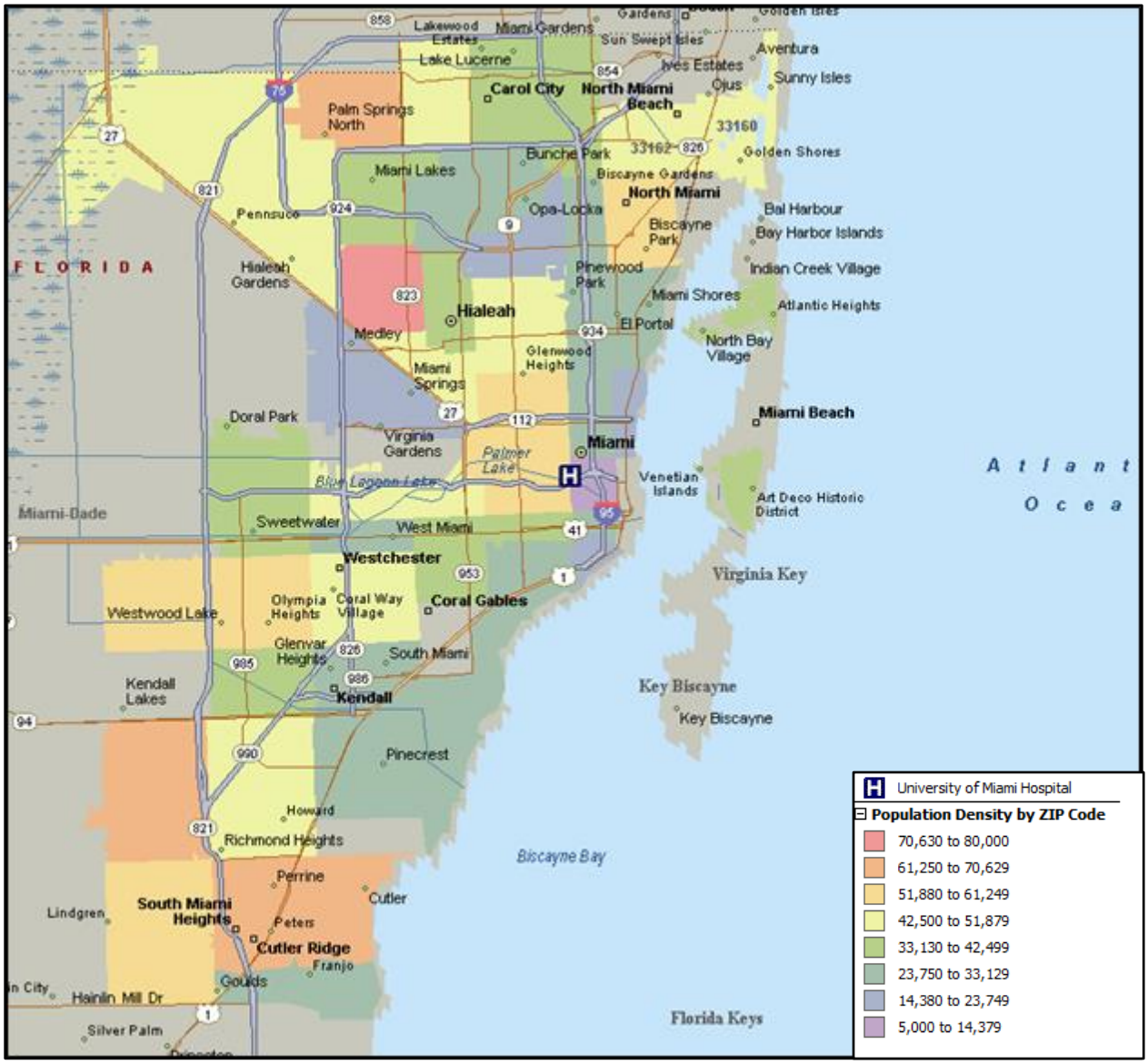
Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by the University of Miami Hospital. Commonly used data sources include Claritas, Florida Community Health Assessment Resource Tool Set (CHARTS) and the Florida Vital Statistics Annual Report. All ZIP Codes are contained within Miami-Dade County. The demographic data in this report reflect the ZIP Codes that define the UMH service area, however, health indicators are not available by ZIP Code. Thus, county-level health indicators are displayed in this report. For comparison, Florida estimates are also presented where applicable.

Demographics

Population in UMH's Service Area

Figure 1 – Population Density by ZIP Code, 2012



Sources: Claritas 2012; Microsoft MapPoint 2013

Population Change by Age and Gender

In UMH's service area, moderate population growth is expected for individuals ages 45-64 (9.3%) and 65 and older (13.7%). The population of children aged 0-17 is expected to grow slightly (4.0%). Marginal population growth is expected for individuals aged 18-44 (0.3%).

Table 1 – Population by Age and Gender, 2012-17

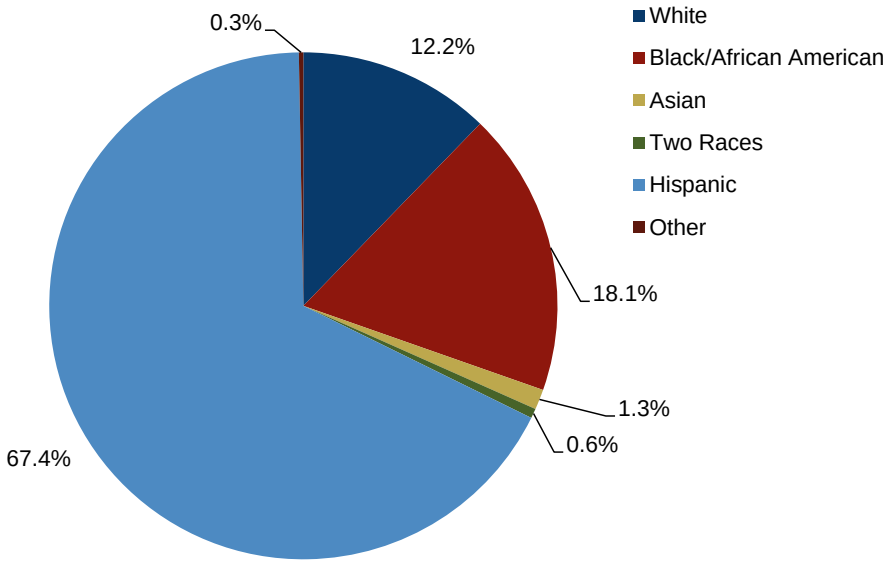
	2012			2017			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 17	204,536	195,274	399,810	212,773	203,007	415,780	4.0%	4.0%	4.0%
Age 18 through 44	356,643	356,052	712,695	358,968	356,120	715,088	0.7%	0.0%	0.3%
Age 45 through 64	249,303	271,517	520,820	275,599	293,917	569,516	10.5%	8.2%	9.3%
Age 65 and Over	125,678	178,108	303,786	142,742	202,587	345,329	13.6%	13.7%	13.7%
Total	**936,160**	**1,000,951**	**1,937,111**	**990,082**	**1,055,631**	**2,045,713**	**5.8%**	**5.5%**	**5.6%**

Source: Claritas 2012

Population by Race and Ethnicity

The most common race/ethnicity in the service area is Hispanic (67.4%), followed by black/African American (18.1%), white (12.2%), Asian (1.3%), individuals of two races (0.6%) and other races (0.3%).

Figure 2 – Race Composition, 2012



Source: Claritas 2012

Population Change by Race and Ethnicity

Moderate population growth is expected for Hispanics (9.8%), other races (7.6%) and Asians (6.2%). The black/African American population is expected to grow slightly (1.1%). The white population is expected to decline moderately (-9.4%). A sharp decline is expected for the population of individuals of two races (-20.4%), but this group represents a very small percentage of the total service area population.

Table 2 – Population Change by Race and Ethnicity, 2012-17

Race & Ethnicity	Population 2012	Population 2017	Percent Change
White	237,198	214,790	-9.4%
Black/African American	351,397	355,191	1.1%
Asian	24,940	26,489	6.2%
Two Races	11,968	9,506	-20.6%
Hispanic	1,306,106	1,433,816	9.8%
Other	5,502	5,921	7.6%

Source: Claritas 2012

Population Change in Select Age Groups

Over the next five years, the population of children aged 0-17 is expected to grow 4.0%. A marginal decline is expected for women at childbearing age (-0.3%). Substantial population growth is expected for individuals aged 65 and older (13.7%).

Table 3 – Population Change for Special Populations, 2012-17

Age Group	Population 2012	Population 2017	Percent Change
Children 0-17	399,810	415,780	4.0%
Women 15-44	389,663	388,437	-0.3%
Individuals 65 and Older	303,786	345,329	13.7%

Source: Claritas 2012

Socioeconomic

Socioeconomic Characteristics

According to the 2011 annual average unemployment rates reported by the U.S. Bureau of Labor Statistics, Miami-Dade County's unemployment rate (11.3%) is slightly higher than Florida's (10.5%).

According to the U.S. Census 2010 American Community Survey (ACS), Miami-Dade County has a lower median household income ($42,157) than Florida ($46,077). Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2011, the federal poverty threshold for a family of four was $23,021.[1] The ACS estimates indicate that 17.2% of Miami-Dade County residents and 15.0% of Florida residents are living below poverty level. Children in Miami-Dade County are about as likely to be living below poverty level (22.0%) compared to all children in Florida (21.3%).

Table 4 – Socioeconomic Indicators

	Miami-Dade County	Florida
Unemployment Rate, 2011 annual average[1]	11.3%	**10.5%**
Median Household Income, 2008-2010[2]	$42,157	**$46,077**
Individuals Below Poverty Level, 2008-10[2]	17.2%	**15.0%**
Children Below Poverty Level, 2008-10[2]	22.0%	**21.3%**

1 Source: Bureau of Labor Statistics

2 Source: Census - American Community Survey

[1] U.S. Census Bureau. (n.d.). How the Census Bureau Measures Poverty. Retrieved from web site: http://www.census.gov/hhes/www/poverty/about/overview/measure.html

Education

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents 25 years and older. The ACS 2008-2010 estimates indicate that the percentage of individuals 25 years and older with less than a high school degree is substantially higher in Miami-Dade County (23.0%) compared to Florida (14.6%). In Miami-Dade County, 77% of residents have either a high school degree or equivalent or a bachelor's degree compared to approximately 85% in Florida.

Table 5 – Highest Level of Education Completed by Persons 25 Years and Older, 2008-10

	Miami-Dade County	Florida
Less than a High School Degree	23.0%	**14.6%**
High School Degree	50.8%	**59.7%**
Bachelor's Degree	26.2%	**25.7%**

Source: Census - American Community Survey

Reading and Math Proficiency

According to the Florida Department of Education, fourth and eighth grade math and reading proficiencies are similar in Miami-Dade County and Florida (see Table 6).

Table 6 – Reading and Math Proficiency among 4th and 8th Graders, 2011

	Miami-Dade County	Florida
4th Grade Students Proficient in Math	75.0%	**74.0%**
4th Grade Students Proficient in Reading	69.0%	**71.0%**
8th Grade Students Proficient in Math	66.0%	**68.0%**
8th Grade Students Proficient in Reading	52.0%	**55.0%**

Source: Florida Department of Education

Social Environment

Crime Rates

Florida CHARTS and the Florida Department of Law Enforcement report county-level crime rates. According to these sources, Miami-Dade County has a higher homicide rate (8.9 per 100,000) compared to Florida (6.3 per 100,000).

In Miami-Dade County, aggravated assault and robbery rates are substantially higher than Florida's rates (see Table 7).

The rates of forced sex offenses in Miami-Dade County (51.7 per 100,000) and Florida (52.2 per 100,000) are similar.

The domestic violence rate in Miami-Dade County (369.4 per 100,000) is substantially lower than in Florida (589.8 per 100,000).

Table 7 – Domestic Violence and Violent Crime Rates, 2011

	Miami-Dade County	Florida
Homicide	8.9	**6.3**
Aggravated Assault	422.1	**325.9**
Robbery	244.7	**135.5**
Forced Sex Offense	51.7	**52.2**
Domestic Violence	369.4	**589.8**

Sources: Florida CHARTS; Florida Department of Law Enforcement
Rates are per 100,000 population

Built Environment

A community's built environment refers to structures influenced and created by humans. This includes infrastructure, buildings, parks, restaurants, grocery stores, recreational facilities and other structures that affect how people interact and the health status of the community. Business and shopping amenities such as farmers markets and fast food restaurant density are factors that contribute to the community's health.

According to the USDA Food Environment Atlas, there are substantially more fast food restaurants in Miami-Dade County (58.0 per 100,000) compared to farmer's markets (1.0 per 100,000) and grocery stores (24.0 per 100,000). There are eight recreational and fitness facilities per 100,000 residents in Miami-Dade County.

Table 8 – Select Built Environment Characteristics, 2009

	Miami-Dade County
Farmer's Market Density	1.0
Fast Food Restaurant Density	58.0
Grocery Store Density	24.0
Recreation and Fitness Facility Rate	8.0

Source: USDA Food Environment Atlas

Rates are per 100,000 population

Health Outcomes and Risk Factors

Mortality Indicators

In Miami-Dade County, male and female life expectancies compared to Florida (see Table 9). According to Florida CHARTS, the age-adjusted death rate is lower in Miami-Dade County (614.3 per 100,000) than in Florida (677.9 per 100,000).

Years of potential life lost (YPLL) measure the impact of mortality before age 75. Because these deaths occur before the natural time, societal contributions by individuals are lost. Therefore, this statistic is important for understanding the social and economic impacts of various causes of death. It does not, however, address cost, preventability or morbidity of specific causes of death.[2] In Miami-Dade County, the YPLL rate (5,540.7 per 100,000) is substantially lower than in Florida (7,312.2 per 100,000).

Table 9 – Mortality Indicators

	Miami-Dade County	Florida
Male Life Expectancy, 2009[1]	77.6	**76.5**
Female Life Expectancy, 2009[1]	83.6	**82.1**
Age-Adjusted Death Rate, 2011[2]	614.3	**677.9**
YPLL Rate, 2011[2]	5,540.7	**7,312.2**

[1] Source: Institute for Health Metrics and Evaluation

[2] Source: Florida CHARTS

Rates are per 100,000 population

[2] Gardner, J.W., & Sanborn, J.S. (1990). Years of Potential Life Lost (YPLL) – What Does it Measure? Journal of Epidemiology, 1, 322-329.

Leading Causes of Death

According to Florida CHARTS, heart disease mortality is similar in Miami-Dade County (156.9 per 100,000) and Florida (153.0 per 100,000). Cancer mortality is lower in Miami-Dade County (137.7 per 100,000) than in Florida (153.0 per 100,000). When compared to the other leading causes of death, heart disease and cancer mortality rates are substantially higher. The other leading causes of death in Miami-Dade County, in order from three to ten, are stroke, chronic lower respiratory disease (CLRD), unintentional injuries, diabetes, Alzheimer's disease, kidney disease, septicemia and pneumonia/influenza. HIV accounted for 8.5 deaths per 100,000 residents in Miami-Dade County in 2011.

Table 10 – Leading Causes of Death, 2011

	Miami-Dade County	Florida
Heart Disease	156.9	**153.0**
Cancer	137.7	**159.9**
Stroke	28.8	**31.5**
CLRD	27.1	**38.6**
Unintentional Injuries	23.1	**40.2**
Diabetes	19.7	**19.6**
Alzheimer's Disease	15.7	**16.1**
Kidney Disease	13.7	**11.6**
Septicemia	9.2	**7.5**
Pneumonia/Influenza	9.0	**9.2**
Homicide	8.9	**6.3**
HIV	8.5	**5.1**
Chronic Liver Disease and Cirrhosis	7.8	**10.8**
Suicide	7.6	**13.5**
Essential Hypertension and Hypertensive Renal Disease	7.0	**6.8**
Parkinson's Disease	6.7	**6.5**

Source: Florida CHARTS

Rates are per 100,000 population

Heart Disease

Age-adjusted death rates from coronary heart disease, heart failure and hypertension are similar in Miami-Dade County and Florida (see Table 11). The age-adjusted death rate from acute myocardial infarctions (commonly known as heart attacks) is higher in Miami-Dade County (34.8 per 100,000) than in Florida (27.2 per 100,000).

Table 11 – Age-Adjusted Death Rates from Select Cardiovascular Conditions, 2011

	Miami-Dade County	Florida
Coronary Heart Disease	105.7	**103.9**
Acute Myocardial Infarction	34.8	**27.2**
Heart Failure	8.1	**8.9**
Hypertension	7.0	**6.8**

Source: Florida CHARTS

Rates are per 100,000 population

In Miami-Dade County, the rate of hospitalizations from or with coronary heart disease (334.2 per 100,000) is similar to Florida's (345.0 per 100,000). The hospitalization rate from congestive heart failure in Miami-Dade County (188.9 per 100,000) is substantially higher than the rate in Florida (111.0 per 100,000).

Table 12 – Hospitalization Rates from Select Cardiovascular Conditions, 2011

	Miami-Dade County	Florida
Hospitalizations from or with Coronary Heart Disease	334.2	**345.0**
Hospitalizations from Congestive Heart Failure	188.9	**111.0**

Source: Florida CHARTS

Rates are per 100,000 population

Cancer Incidence and Mortality

Data on cancer incidence and mortality can be found in Table 13 and Table 14, respectively. According to the FCDS, the incidence rate for all malignant cancer sites in Miami-Dade County (342.3 per 100,000) is similar to Florida's (337.2 per 100,000). All malignant cancer site mortality in Miami-Dade County (139.8 per 100,000) is lower than in Florida (153.4 per 100,000).

The breast cancer incidence rate in Miami-Dade County (48.3 per 100,000) is slightly lower than in Florida (51.3 per 100,000). However, breast cancer mortality is similar in Miami-Dade County (10.8 per 100,000) and Florida (11.0 per 100,000). Breast cancer death rates in black women are 41% higher than white women, and 64% higher than the rates in the female Hispanic population[3].

Lung cancer incidence and mortality are lower in Miami-Dade County than in Florida (see Table 13 and Table 14). Compared to all other forms of cancer, lung cancer has a substantially higher incidence and mortality. According to 2010 rates, 73% of lung cancer patients in Miami-Dade County die from the disease. In Florida, mortality occurs in 83% of lung cancer patients.

Prostate cancer incidence is higher in Miami-Dade County (41.0 per 100,000) than in Florida (31.5 per 100,000). The prostate cancer mortality rate in Miami-Dade County (8.4 per 100,000) is higher than in Florida (7.2 per 100,000). Prostate cancer death rates in African American men are more than twice (2.4 times) the rate for white and Hispanic men.

Colorectal cancer incidence is higher in Miami-Dade County (35.4 per 100,000) compared to Florida (30.7 per 100,000). Mortality from colorectal cancer is slightly higher in Miami-Dade County (14.7 per 100,000) and Florida (13.1 per 100,000).

[3] All health disparity data presented in this report are from Racial and Ethnic Health Disparities in Miami-Dade County prepared by The Health Council of South Florida, Inc. For The Miami-Dade County Health Department, 2008

Table 13 – Age-Adjusted Cancer Incidence Rates, 2010

	Miami-Dade County	Florida
All Malignant Sites	342.3	**337.2**
Breast	48.3	**51.3**
Lung	41.0	**52.1**
Prostate	41.0	**31.5**
Colorectal	35.4	**30.7**

Source: Florida Cancer Data System

Rates are per 100,000 population

Table 14 –Age-Adjusted Cancer Mortality Rates, 2010

	Miami-Dade County	Florida
All Malignant Sites	139.8	**153.4**
Lung	30.1	**43.4**
Colorectal	14.7	**13.1**
Breast	10.8	**11.0**
Prostate	8.4	**7.2**

Source: Florida Cancer Data System

Rates are per 100,000 population

Cancer Screening and Risk Factors

Adults in Miami-Dade County are less likely to be smokers (11%) compared to all adults in Florida (17%). Secondhand smoke exposure in non-smoking adults is similar in Miami-Dade County (16%) and Florida (15%).

Table 15 – Reported Lung Cancer Risk Factors, 2010

	Miami-Dade County	Florida
Adult Smoking	11%	**17%**
Secondhand Smoke Exposure in Non-Smoking Adults	16%	**15%**

Source: Florida CHARTS

The American Cancer Society recommends that adults aged 50 and over with average risk of developing colorectal cancer get screened starting at aged 50 using one of several screening tests which include blood stool tests and flexible sigmoidosopy or colonoscopy. Blood stool tests can be used as an early screening test for colon cancer each year. Adults ages 50 and older in Miami-Dade County are less likely to have had a blood stool test in the past year (11%) compared to all Florida adults ages 50 and older (15%). In Miami-Dade County, 36% of adults ages 50 and older reported ever having a blood stool test, compared to 43% of all Florida adults ages 50 and older.

Sigmoidoscopy or colonoscopy is used to screen for colorectal cancer and is recommended every 5 years. Recent sigmoidoscopy or colonoscopy in adults ages 50 and older refers to having had the test done in the past five years. In Miami-Dade County, 58% of adults ages 50 and older reported a recent sigmoidoscopy or colonoscopy compared to 56% of all Florida adults ages 50 and older. The percentages of adults ages 50 and older who reported ever having a sigmoidoscopy or colonoscopy in Miami-Dade County (70%) and Florida (68%) are similar.

Table 16 – Reported Colorectal Cancer Screenings, 2010

	Miami-Dade County	Florida
Recent Blood Stool Test in Adults Ages 50 and Older	11%	**15%**
Blood Stool Test History in Adults Ages 50 and Older	36%	**43%**
Recent Sigmoidoscopy or Colonoscopy in Adults Ages 50 and Older	58%	**56%**
Sigmoidoscopy or Colonoscopy History in Adults Ages 50 and Older	70%	**68%**

Source: Florida CHARTS

The American Cancer Society recommends that women ages 40 and older receive a clinical breast exam and mammography yearly (for as long as a woman is in good health). In Miami-Dade County, the percentage of women ages 40 and older who received a mammogram in the past year (64%) is similar to Florida (62%). The percentages of women ages 40 and older who received a clinical breast exam in the past year in Miami-Dade County and Florida are equal (63%).

Table 17 – Reported Breast Cancer Screenings, 2010

	Miami-Dade County	Florida
Mammogram History in Women Ages 40 and Older	64%	**62%**
Clinical Breast Exam History in Women Ages 40 and Older	63%	**63%**

Source: Florida CHARTS

The Prostate-specific Antigen (PSA) test and digital rectal exams can be used to screen men for prostate cancer. Men ages 50 and older in Miami-Dade County are similar to have had a PSA test in the past two years (70%) compared to all men ages 50 and older in Florida (73%). In Miami-Dade County, men ages 50 and older are less likely to have had a digital rectal exam in the past year (44%) compared to all men ages 50 and older in Florida (49%).

Table 18 – Reported Prostate Cancer Screenings, 2010

	Miami-Dade County	Florida
PSA Test History in Men Ages 50 and Older	70%	**73%**
Digital Rectal Exam History in Men Ages 50 and Older	44%	**49%**

Source: Florida CHARTS

Diabetes

In Miami-Dade County, adults are slightly less likely to be diagnosed with diabetes (9.3%) compared to all adults in Florida (10.4%).

The age-adjusted hospitalization rate from or with diabetes in Miami-Dade County (2,674.6 per 100,000) is higher than Florida's rate (2,293.4 per 100,000).

African Americans are twice as likely to die from diabetes when compared to whites and Hispanics.

Table 19 – Select Diabetes Indicators

	Miami-Dade County	Florida
Adults with Diagnosed Diabetes*	9.3%	**10.4%**
Age-Adjusted Hospitalization Rate from or with Diabetes^	2,674.6	**2,293.4**

Source: Florida CHARTS

Rates are per 100,000 population

*2010

^2011

Chronic Lower Respiratory Disease

Age-adjusted hospitalization rates from chronic lower respiratory disease (CLRD) and from or with asthma are similar in Miami-Dade County and Florida (see Table 20). Adults in Miami-Dade County are slightly less likely to have asthma (6.3%) compared to all adults in Florida (8.3%).

Table 20 – Select Chronic Lower Respiratory Disease Indicators

	Miami-Dade County	Florida
Age-Adjusted Hospitalization Rate from CLRD (including asthma)*	376.3	**367.2**
Age-Adjusted Hospitalization Rate from or with Asthma*	784.5	**773.9**
Adults Who Currently Have Asthma^	6.3%	**8.3%**

Source: Florida CHARTS

Rates are per 100,000 population

*2011

^2010

Communicable Diseases

Tuberculosis (TB) is a bacterial infection primarily affecting the lungs. The bacteria are spread person to person through the cough or sneeze of an infected individual. TB is highly contagious and easily transmitted, though prolonged exposure is usually required for disease to develop. Those who develop TB disease must take several drugs for a period of 6 to 9 months.[4] Because of the ease of transmission long treatment period, it is critical that incidence rates remain low.

The age-adjusted tuberculosis death rates in Miami-Dade County and Florida are equal (0.1 per 100,000). The tuberculosis case rate in Miami-Dade County (6.2 per 100,000) is more than 50% higher than the rate in Florida (4.0 per 100,000).

Table 21 – Tuberculosis Incidence Rates, 2010

	Miami-Dade County	Florida
Age-Adjusted Tuberculosis Death Rate	0.1	**0.1**
Tuberculosis Cases	6.2	**4.0**

Source: Florida CHARTS

[4] Centers for Disease Control and Prevention. (2012). *Tuberculosis – Treatment*. Retrieved from web site: http://www.cdc.gov/tb/topic/treatment/default.htm

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are spread person to person through direct sexual contact. These infections are very common and may or may not produce symptoms. Reported rates of common STIs are reported below.

In Miami-Dade County, rates of reported AIDS (29.2 per 100,000) and HIV (57.3 per 100,000) are substantially higher than Florida's rates (18.2 per 100,000 and 31.9 per 100,000, respectively). Chlamydia and gonorrhea rates in Miami-Dade County (350.0 per 100,000 and 93.4 per 100,000, respectively) are lower than in Florida (401.3 per 100,000 and 104.0 per 100,000, respectively). The infectious syphilis rate in Miami-Dade County (13.1 per 100,000) is nearly double the rate in Florida (6.6 per 100,000).

Table 22 – Reported Sexually Transmitted Infections, 2011

	Miami-Dade County	Florida
AIDS Cases	29.2	**18.2**
HIV Cases	57.3	**31.9**
Chlamydia Cases	350.0	**401.3**
Gonorrhea Cases	93.4	**104.0**
Infectious Syphilis Cases	13.1	**6.6**

Source: Florida CHARTS

Rates are per 100,000 population

Blacks and non-Hispanics were more likely to report condom use the last time they had intercourse compared to whites.

Health Behaviors

Health behavior and risk factor data from the Behavioral Risk Factor Surveillance System (BRFSS) is available through Florida CHARTS.

According to BRFSS data, the percentage of adults in Miami-Dade County who consume at least five servings of fruits and vegetables a day (23.1%) is slightly lower than Florida's (26.2%).

Adults in Miami-Dade County are less likely to report engaging in moderate physical activity (29.2%) compared to adults in Florida (34.6%). The percentages of adults who reported being sedentary in Miami-Dade County and Florida are equal (35.4%).

In Miami-Dade County, the percentage of adults who reported heavy or binge drinking (11.0%) is lower than adults in Florida (15.0%).

Adults in Miami-Dade County are slightly more likely to report being obese (29.3%) compared to Florida (27.2%). Adults in Miami-Dade County are about as likely to report being overweight (38.1%) as adults in Florida (37.8%).

Table 23 – Select Reported Health Behaviors and Risk Factors in Adults

	Miami-Dade County	Florida
Fruit and Vegetable Consumption*	23.1%	**26.2%**
Engaging in Moderate Physical Activity*	29.2%	**34.6%**
Sedentary*	35.4%	**35.4%**
Heavy or Binge Drinking^	11.0%	**15.0%**
Obesity^	29.3%	**27.2%**
Overweight^	38.1%	**37.8%**

Source: Florida CHARTS
*2007
^2010

Disparities in health behaviors and outcomes have been documented in Miami-Dade County. In a 2008 report, blacks were more likely to report they had eaten in a "fast food" restaurant three or more times in the past week, while whites and non-Hispanics were more likely to report eating the recommended daily amount of fruits and vegetables. Whites were more likely to report current drinking (1+ drinks in the past month), and were more likely to report chronic drinking (60+ drinks in the past month). Blacks and Hispanics are more likely to be classified as obese in Miami-Dade County (BMI>30).

Maternal and Child Health

The birth rate (12.4 per 1,000) in Miami-Dade County is slightly higher than the Florida birth rate (11.3 per 1,000).

The teen birth reflects the number of live births per women aged 15-19. In Miami-Dade County, teen births occur at a lower rate (24.4 per 1,000) compared to Florida (29.1 per 1,000).

The rate of infant deaths in Miami-Dade County (4.7 per 1,000) is lower than in Florida (6.4 per 1,000).

Table 24 – Births and Infant Deaths, 2011

	Miami-Dade County	Florida
Birth Rate[1]	12.4	**11.3**
Teen Birth Rate (women ages 15-19)[2]	24.4	**29.1**
Infant Deaths[2]	4.7	**6.4**

[1] Source: Florida Vital Statistics Report

[2] Source: Florida CHARTS

Rates are per 1,000 live births

Very low birthweight is defined as less than 1,500 grams. The percentages of very low birthweight in Miami-Dade County (1.7%) and Florida (1.6%) are similar. Low birthweight is defined as less than 2,500 grams. Low birthweight in Miami-Dade County and Florida are equal (8.7%).

Preterm births are those that occurred at less than 37 weeks of completed gestation. In Miami-Dade County, the percentage of preterm births (14.6%) is similar to Florida (13.4%).

In Miami-Dade County, 87.4% of mothers began prenatal care in the first trimester, which is higher than all Florida mothers (80.3%). The percentages of mothers with no prenatal care in Miami-Dade County (1.1%) and Florida (1.3%) are similar.

Table 25 – Select Maternal and Child Health Indicators, 2010

	Miami-Dade County	Florida
Very Low Birthweight Births	1.7%	**1.6%**
Low Birthweight Births	8.7%	**8.7%**
Preterm Births	14.6%	**13.4%**
Births to Mothers with First Trimester Prenatal Care	87.4%	**80.3%**
Births to Mothers with No Prenatal Care	1.1%	**1.3%**

Source: Florida CHARTS

Access to Care

Miami-Dade County residents are substantially less likely to have health insurance (69.8%) compared to all Florida residents (79.1%).

The percentage of adults in Miami-Dade County with private coverage (46.9%) is substantially lower than all adults in Florida (61.1%).

Residents in Miami-Dade County are slightly less likely to have public coverage (27.5%) compared to all residents in Florida (30.6%).

Miami-Dade County adults are substantially more likely to be uninsured (30.2%) compared to all adults in Florida (20.9%). Children in Miami-Dade County are also more likely to be uninsured (18.6%) than all children in Florida (15.0%).

Table 26 – Health Insurance Coverage, 2008-10

	Miami-Dade County	Florida
Health Insurance Coverage	69.8%	**79.1%**
Private Insurance	46.9%	**61.1%**
Public Coverage	27.5%	**30.6%**
No Health Insurance Coverage	30.2%	**20.9%**
No Health Insurance Coverage (Children)	18.6%	**15.0%**

Source: Census - American Community Survey

Health disparities exist in access are present in Miami-Dade County. Hispanics were more likely to report an inability to obtain care due to cost, and were also more likely to say it had been more than two years since their last routine checkup. African Americans were more likely to say that the main reason for not obtaining care was because of a lack of transportation. Blacks and Hispanics were more likely to report the need for a prescription, but an inability to obtain it or take it as prescribed because of cost.

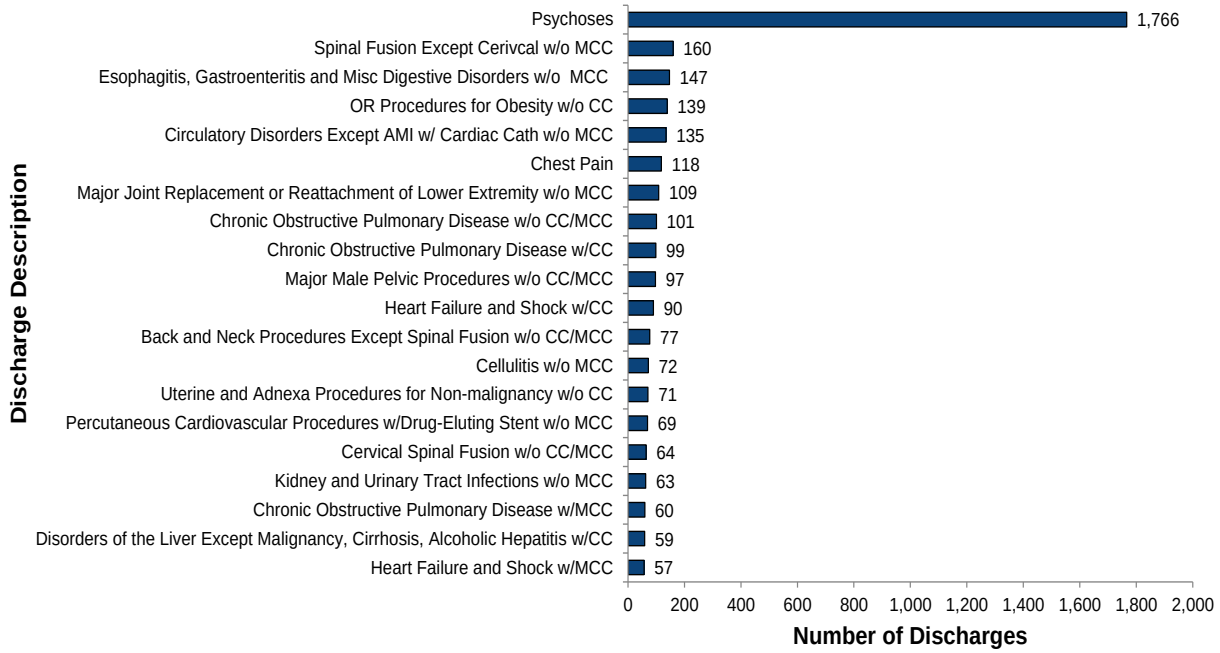
UMH Inpatient and Outpatient Discharge Data

The following discharge data are from June 1, 2011 to May 31, 2012 (FY2012). The top 20 most common inpatient and outpatient discharge reasons, as well as top five by gender and race, are displayed in the tables that follow.

Top 20 Inpatient Discharges

Psychoses account for a substantial portion of the inpatient discharges (1,766). The second most common inpatient discharge reason is spinal fusion except cervical without major complications and comorbidities (MCC), followed by esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC, OR procedures for obesity without complications and comorbidities (CC) and circulatory disorders except acute myocardial infarction (AMI; commonly known as a heart attack) with cardiac catheterization without MCC. Other inpatient discharge reasons can be found in Table 27.

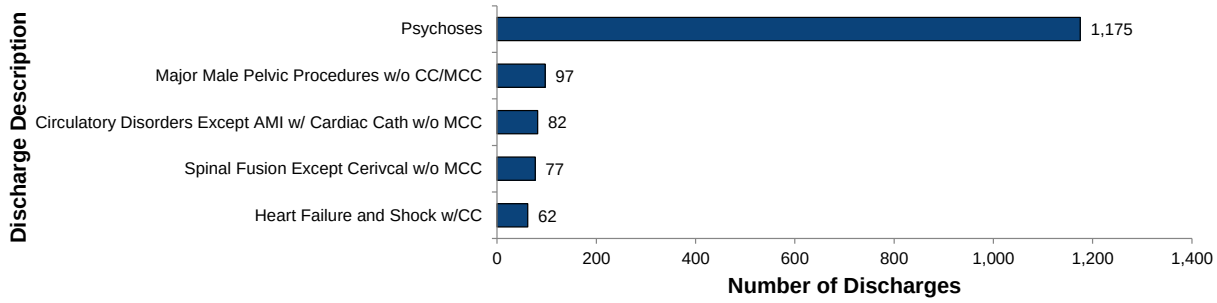
Table 27 – Top 20 Inpatient Discharges, FY2012



Inpatient Discharges by Gender

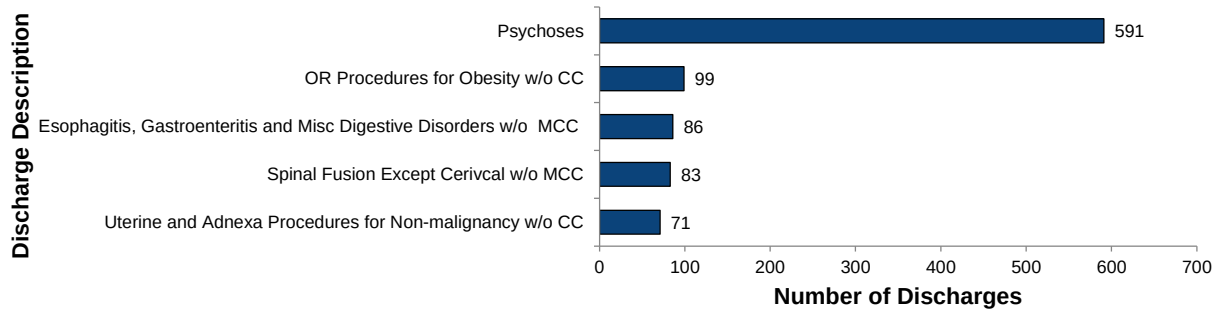
Among males, psychoses are the most common inpatient discharge reason (1,175), followed by major male pelvic procedures without CC/MCC (97), circulatory disorders except AMI with cardiac catheterization without MCC (82), spinal fusion except cervical without MCC (77) and heart failure and shock with CC (62).

Table 28 – Top Five Inpatient Discharges for Males, FY2012



Psychoses are also the most common inpatient discharge reason in females (591). The second most common inpatient discharge reason for females is OR procedures for obesity without CC (99), esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (86), spinal fusion except cervical without MCC (83) and uterine and adnexa procedures for non-malignancy without CC (71).

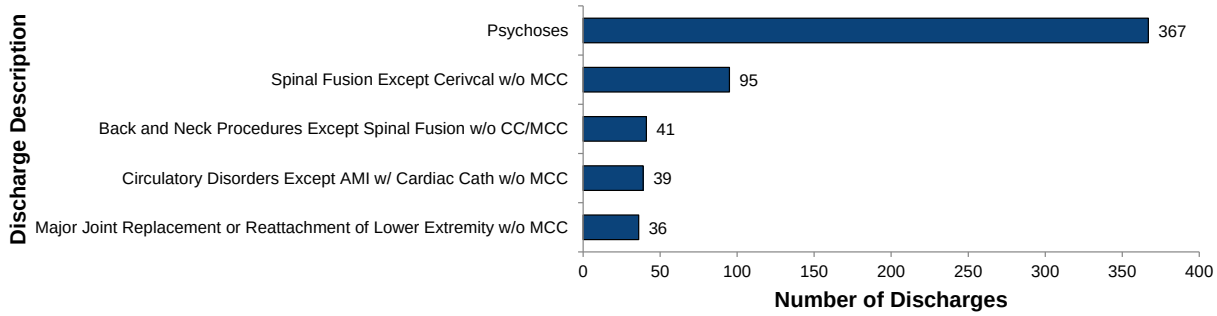
Table 29 – Top Five Inpatient Discharges for Females, FY2012



Inpatient Discharges by Race

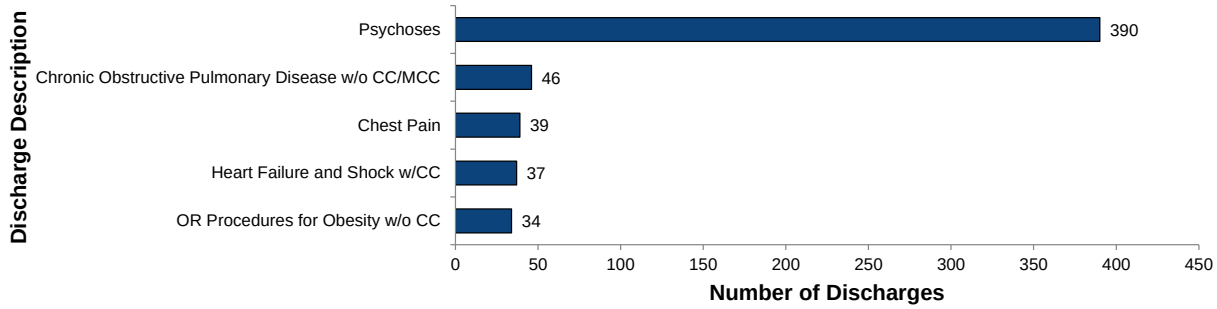
Psychoses account for the majority of inpatient discharges among whites (367), followed by spinal fusion except cervical without MCC (95), back and neck procedures except spinal fusion without CC/MCC (41), circulatory disorders except AMI with cardiac catheterization without MCC (39) and major joint replacement or reattachment of lower extremity without MCC (36).

Table 30 – Top Five Inpatient Discharges for Whites, FY2012



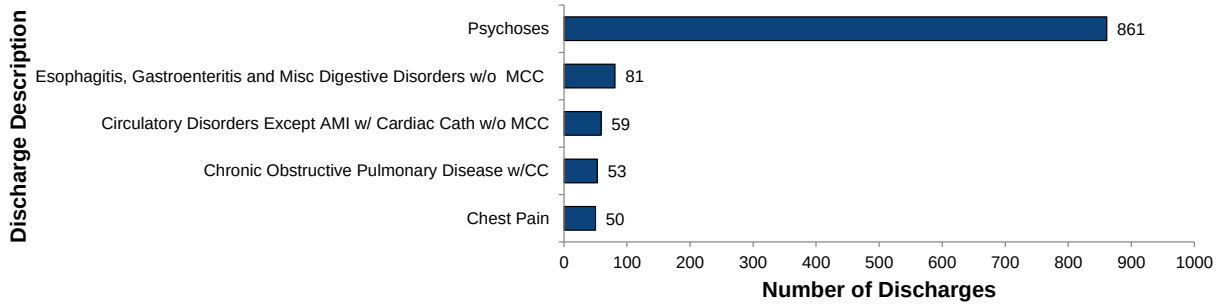
There were 390 inpatient discharges attributed to psychoses among blacks. The second most common reason for inpatient discharges in blacks is chronic obstructive pulmonary disease without CC/MCC (46), followed by chest pain (39), heart failure and shock with CC (37) and OR procedures for obesity without CC (34).

Table 31 – Top Five Inpatient Discharges for Blacks, FY2012



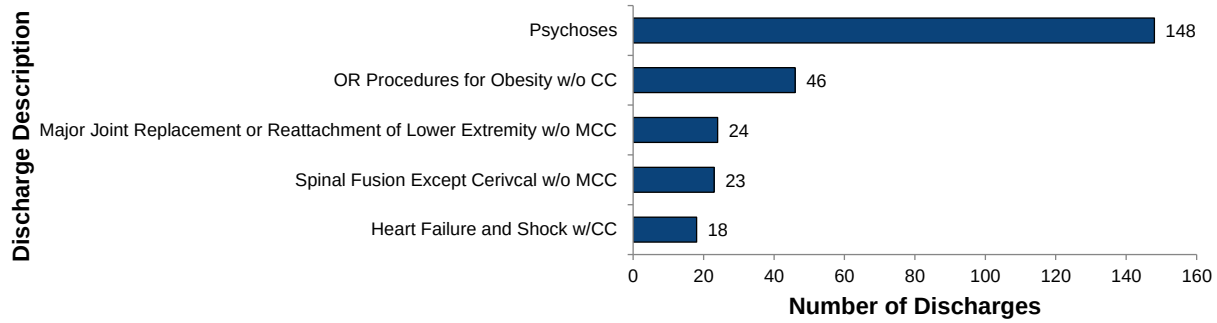
Among Hispanics, psychoses accounted for 861 inpatient discharges, followed by esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (81), circulatory disorders except AMI with cardiac catheterization without MCC (59), chronic obstructive pulmonary disorder with CC (53) and chest pain (50).

Table 32 – Top Five Inpatient Discharges for Hispanics, FY2012



Psychoses were responsible for 148 inpatient discharges among individuals of other races. The second most common inpatient discharge reason for individuals of other races is OR procedures for obesity without CC (46), followed by major joint replacement or reattachment of lower extremity without MCC (24), spinal fusion except cervical without MCC (23) and heart failure and shock with MCC (18).

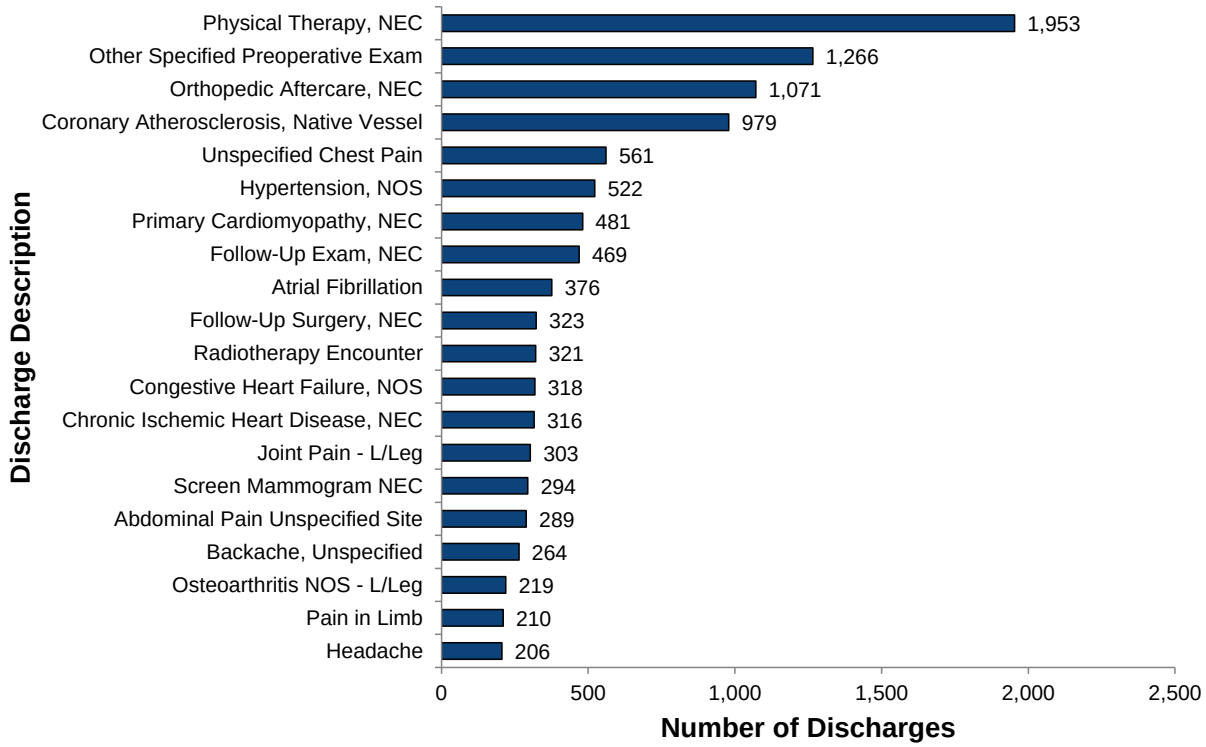
Table 33 – Top Five Inpatient Discharges for Other Races, FY2012



Top 20 Outpatient Discharges

There were 1,953 outpatient discharges from physical therapy, not elsewhere classified (NEC). The second most common outpatient discharge reason is other specified preoperative exam (1,266), followed by orthopedic aftercare, NEC (1,071), coronary atherosclerosis , native vessel (979) and unspecified chest pain (561). Other common outpatient discharge reasons can be found in Table 34.

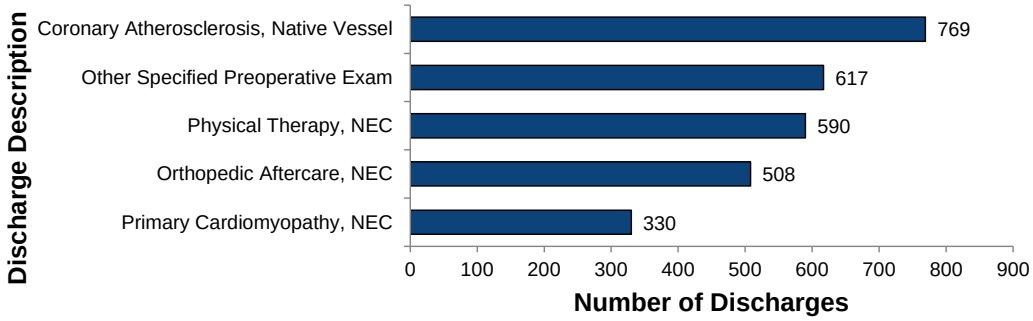
Table 34 – Top 20 Outpatient Discharges, FY2012



Outpatient Discharges by Gender

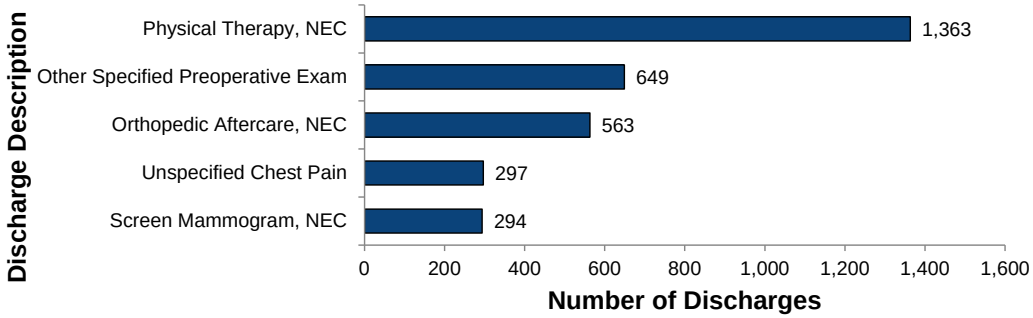
Coronary atherosclerosis, native vessel accounted for 769 outpatient discharges among males. The second most common outpatient discharge reason in males was other specified preoperative exam (617), followed by physical therapy, NEC (590), orthopedic aftercare, NEC (508) and primary cardiomyopathy, NEC (330).

Table 35 – Top Five Outpatient Discharges for Males, FY2012



Physical therapy, NEC is the most common outpatient discharge reason among females (1,363), followed by other specified preoperative exam (649), orthopedic aftercare (563), unspecified chest pain (297) and screen mammogram, NEC (294).

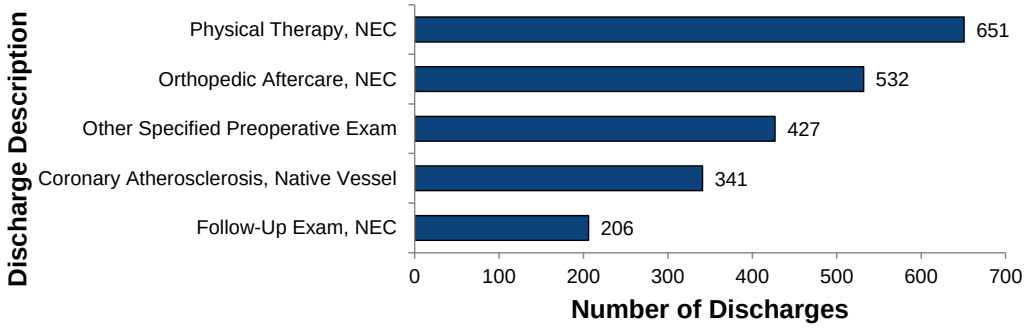
Table 36 – Top Five Outpatient Discharges for Females, FY2012



Outpatient Discharges by Race

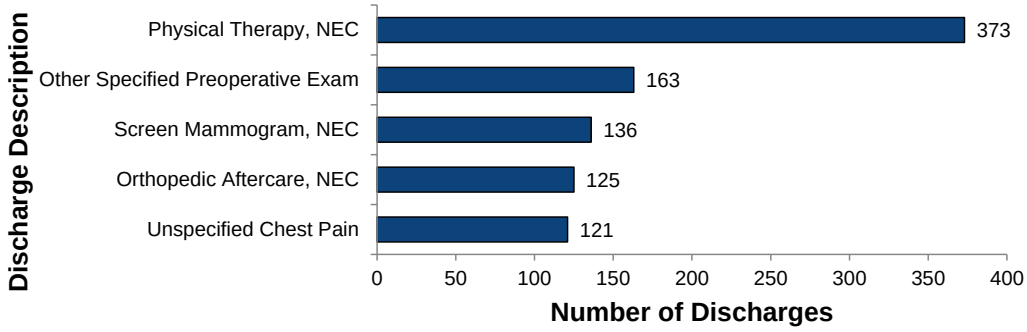
Among whites, physical therapy, NEC is the most common outpatient discharge reason (651), followed by orthopedic aftercare, NEC (532), other specified preoperative exam (427), coronary atherosclerosis, native vessel (341) and follow-up exam, NEC (206).

Table 37 – Top Five Outpatient Discharges for Whites, FY2012



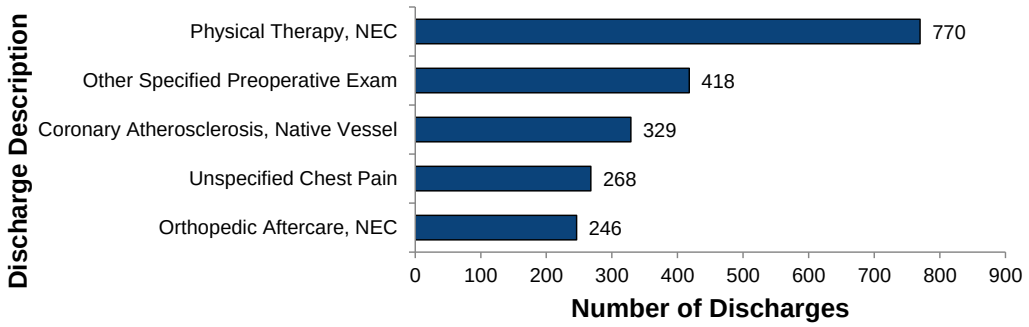
In blacks, physical therapy, NEC accounted for 373 outpatient discharges. The second most common outpatient discharge reason is other specified preoperative exam (163), screen mammogram, NEC (136), orthopedic aftercare, NEC (125) and unspecified chest pain (121).

Table 38 – Top Five Outpatient Discharges for Blacks, FY2012



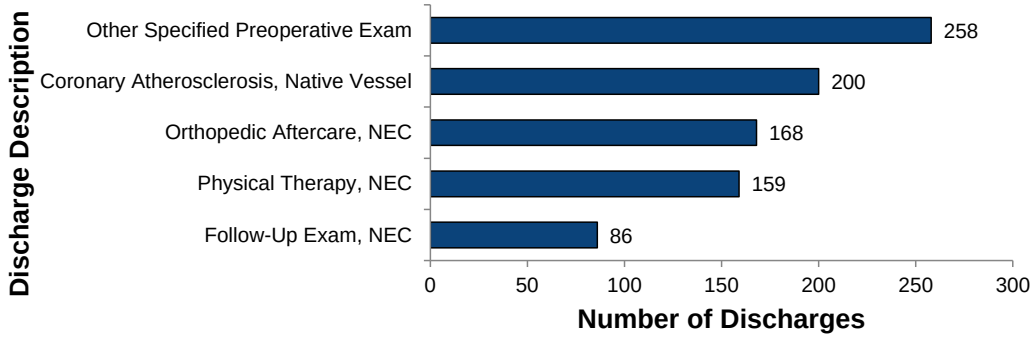
The most common outpatient discharge reason among Hispanics is physical therapy, NEC (770), followed by other specified preoperative exam (418), coronary atherosclerosis, native vessel (329), unspecified chest pain (268) and orthopedic aftercare, NEC (246).

Table 39 – Top Five Outpatient Discharges for Hispanics, FY2012



Other specified preoperative exam accounted for 258 outpatient discharges among individuals of other races. The second most common outpatient discharge reason in individuals of other races is coronary atherosclerosis, native vessel (200), followed by orthopedic aftercare (168), physical therapy, NEC (159) and follow-up exam, NEC (86).

Table 40 – Top Five Outpatient Discharges for Other Races, FY2012



Community Input

The interview data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process involves gathering input from persons who represent the broad interest of the community serviced by the hospital facility, as well as individuals providing input who have special knowledge or expertise in public health. It is meant to provide depth and richness to the quantitative data collected. The most commonly discussed health issues identified by members of community organizations, health department officials, medical officers, research professors and social workers are presented here.

Interview Methodology

In-person interviews were conducted from December 4-6, based on the availability of the interviewee. One interview was conducted via phone. Interviews required approximately 30 minutes to complete and followed the same process, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- What are the top strengths of the community?
- What are the top health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?

Community Leader Interviews

Interviewees discussed the hospitals and health care facilities in the Miami-Dade area as health strengths. The University of Miami Health System (UMHS) was specifically mentioned as a strength by multiple interviewees, particularly due to its research interests. A number of interviewees also discussed the available care for indigent and poor populations at Jackson Memorial Hospital (JMH). Additionally, the clinics operated by JMH located throughout Miami-Dade County were mentioned as health strengths. Miami-Dade's culturally diverse population was mentioned as a research strength because it allows for better understanding of health disparities. Multiple interviewees discussed the warm climate as a health strength because it allows for year-round outdoor activities. Other health strengths discussed by interviewees include preventive efforts by the Miami-Dade County Health Department (MDCHD) and Health Choice Network, natural remedies and preventive practices in the Haitian community and public school partnerships such as the Well School Health Advisory Committee. Though most interviewees identified health strengths in Miami-Dade County, others discussed the absence of health strengths. One interviewee cited that Miami is not a strong healthcare delivery marketplace and resources that allow JMH to provide care to underserved populations have recently been reduced. Another interviewee feels there is a shortage of primary and secondary prevention opportunities.

The most commonly mentioned health concern was obesity. Multiple interviewees mentioned abnormally high rates of sexually transmitted infections, particularly HIV/AIDS. One interviewee highlighted the fact that Miami has a higher AIDS rate than any other city in the United States. A number of interviewees discussed the growth of low income, poor, indigent and undocumented populations and the inability of these populations to access health care services. Despite its mention as a health strength by some interviewees, cultural diversity was also expressed as a health concern due to beliefs and attitudes towards health topics and behaviors. For example, in some cultures there is a belief that heart disease only occurs in men. Other less commonly discussed health concerns include nutrition, dental health, diabetes, cardiovascular disease and mental health.

The MDCHD, The Health Choice Network, JMH and its Public Health Trust and Federally Qualified Health Centers (FQHC) were commonly mentioned as community health resources. Interviewees talked the MDCHD's health promotion and preventive programs (such as the Consortium for a Healthier Miami-Dade). Many of the interviewees discussed the importance of JMH's role in providing health care to indigent, poor and undocumented populations. Other less commonly mentioned resources include: Seals on Wheels (a school-based mobile dental health program), the American Heart Association, Health

Council of South Florida, Leon Medical Centers (particularly for elderly residents) and South Florida Cancer Collaborative.

Health education, preventive programs, increased dissemination of information about available services and transportation were frequently mentioned by interviewees as needed resources. A few interviewees also mentioned a need for more partnerships and collaboration between the University of Miami Health System and community organizations in an effort to reach underserved populations. One interviewee suggested a need for community based prevention strategies, while another discussed the importance of implementing evidence-based medicine.

Lack of health insurance, health education, dissemination of culturally competent health information, language and transportation were the most commonly mentioned barriers to obtaining health services in the community. Many interviewees felt that a large portion Miami-Dade County residents lack the knowledge about what services are available and how these services should be utilized. Multiple interviewees also discussed the difficulty some residents have in attending physician appointments because of their work schedules or lack of childcare. African Americans in Liberty City and Overtown, the Haitian community, Little Havana, low-income populations, the working poor and undocumented residents were commonly mentioned as medically underserved communities. One interviewee felt that all residents who do not have access to good private insurance are medically underserved.

When asked about the single most important thing that could be done to improve the health of the community, preventive/wellness programs and health insurance were most frequently mentioned. Most interviewees mentioned either health promotion efforts or community based prevention strategies. Another important theme discussed by interviewees was the importance of collaboration between healthcare systems and community partners. It is felt that Miami has many health resources, but duplication of services leads to an inefficient allocation of resources. Some interviewees felt that expansion of health insurance is key to improving health in the community. A few interviewees also mentioned the need for dissemination of culturally appropriate health information and messages throughout the community.

Focus Groups

Three focus groups were conducted during December 4-6, 2012; two consultants from Carnahan Group facilitated each session at University of Miami Hospital. A total of 26 individuals participated in the focus groups, one of which consisted of Spanish-speaking adults, another of African American community members and one general group of adult community members. The purpose of the focus groups was to gather information about health concerns from particular interest groups in Miami-Dade County to add to the richness of the quantitative data collected. The health concerns most commonly discussed are presented in the following section.

Spanish-speaking Focus Group

The topic most frequently discussed was the relationship between the physician and patient when utilizing services at UMH. Many felt that the time spent with their physician was not enough to gain the knowledge that they needed to fully understand their condition and treatment options, but also acknowledged that a physician's time constraints when interacting with patients is a multifaceted issue. They discussed that because nurses play an integral part in patient care, nurse-focused programs would be a potential avenue for increased preventive health and illness education on the patient end. An important part of this programming would also be an element of cultural competency in relation to addressing language barriers, because medical terminology does not always translate verbatim. For example, one participant stated that thought they were diagnosed with a type of blood cancer when it was actually a disease that would be easily managed with a change in diet; the medical terminology was not explained in a way that was understandable across the language barrier.

General health education was also discussed in depth, with an emphasis on preventive medicine and screenings at the community level. Because transportation is a barrier to accessing care for some individuals, community-wide outreach, particularly in areas that are lacking in medical facilities, was suggested as a way to reach those who might not otherwise be able to take advantage of services provided outside of their neighborhood.

General Population Focus Group

Mental health was the topic most frequently discussed by participants in this focus group. Those with emergent concerns do not have a treatment outlet outside of the emergency department and often get funneled into the general population waiting to receive services. This is concerning to those living with mental illness because this environment often exacerbates symptoms they are experiencing. It was

suggested that clinics expand their services to include hours on the weekends so that those who need to be seen right away have somewhere to go that specifically deals with mental illness. Additionally, emphasizing mental health in the primary care setting with all patients but particularly those who present with mental illness risk factors is an expressed need in the community. Also discussed under mental health was emotional support for HIV/AIDS. Many individuals felt that the stigma of HIV/AIDS is not only a barrier to accessing screening and medication services, but support services as well. Many HIV-positive individuals do not know where they can go in the community for support, and because of stigma often do not actively seek this information. Positive Connections is a community organization that provides informational and emotional support for those with various chronic illnesses including HIV/AIDS. Focus group participants suggested an increase in awareness about services like Positive Connections in the general population, as well as an increase in readily available information for those with HIV/AIDS at various venues throughout the community.

Another mental health issue of particular concern to focus group participants is the issue of mental health support in schools. Teachers are often tasked with handling children with behavioral issues who are in need of professional assistance in the form of a therapist or school counselor. Participants stated that this often creates a stressful environment not only for these children but for the other children in the classroom, and disrupts the flow of learning. Individuals suggested having someone in place at the school who is equipped to address behavioral concerns in students, as well as someone who can adequately handle and dispense mental health medications for those who have prescriptions.

An increase in STIs in adolescents (ages 13-18) in the community was another concern for focus group members. Many individuals expressed a need for more preventive education about STIs including symptoms and risk factors. The community has been focused on preventing teen pregnancy and HIV/AIDS in youth, but the importance of STI education and screening has been overlooked. One focus group member who screens community members for STIs expressed concern about the increase in young women in particular, and cited lack of awareness in this population as one of the central issues contributing to this problem.

Cancer was a health concern discussed in the focus group. Many individuals felt that communication between the physician and patient needs to improve, as many who receive results from a screening often leave their appointment feeling undereducated about the results and existing resources available to meet their needs.

Health education and awareness was discussed in depth. Participants felt that if they are educated by their health professional about what they need to do to stay healthy and prevent the onset of illness, they can act as advocates in their communities to increase knowledge in others. A suggestion for improving the knowledge of community members about health was to bring retired physicians into the community to act as liaisons; these individuals would be available to answer questions and enhance health awareness. Physician involvement in health education on the front end was another suggestion. Topics the focus group participants felt the community needs to be educated about the most are chronic illnesses like diabetes, breast and prostate cancer, and nutrition.

African American Focus Group

HIV/AIDS was one of the most discussed topics in the African American focus group. Participants discussed the perception of HIV/AIDS in the African American population, stating that many people do not believe they are at risk so they do not get tested. The population most concerning is the youth, as many individuals stated that teenagers, especially women, are getting infected. Additionally, the stigma tied to HIV/AIDS isolates those who are living with HIV because people are not educated about how it is transmitted and many believe that casual physical contact, even being in the same room with someone who is infected, can cause someone to develop the illness. Focus group participants feel that having people living with HIV out in the community educating individuals about the signs, symptoms and risk factors of HIV/AIDS will promote community awareness and support. This will also show that HIV/AIDS is not a death sentence and those living positive are functioning members of society.

Another concern among the youth of the community is STIs. Participants expressed that there needs to be an upstream approach to sexual health in adolescents, and that the community and parents need to work together to educate youth on the importance of safe sex and the consequences of STI transmission.

Mental health was the most frequently discussed topic in the focus group, both as a stand-alone topic and in relation to substance abuse. Participants acknowledged the availability of existing resources for mental health in the community, but also mentioned that the stigma attached to mental health keeps individuals from increasing their awareness and seeking out services. A few individuals stated that some mental health resources are difficult to access, and perceive this to be due to a lack of insurance. Participants also felt that having community advocates for mental health, similar to the idea brought up when discussing HIV/AIDS, would provide emotional support for those living with mental illness while increasing awareness and reducing stigma in the community.

Health education was another important topic for focus group participants, and most of the discussion revolved around ways to improve community health awareness. The most important health concerns they felt need to be addressed through health education are chronic illnesses such as cardiovascular disease and diabetes and how nutrition affects these, as well as the importance of preventive screenings for cancer and chronic illnesses. Developing a program involving community health workers was suggested as an approach that would fit the needs of the community, allowing individuals to develop a level of comfort not necessarily associated with healthcare professionals. Having community health workers providing outreach in communities they live and work in would increase transparency and trust as well as create a structure in which people can speak freely because they can relate to the person providing the education.

Health Needs Prioritization

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify those health needs perceived by the community as important, and consequently to assess the comprehensiveness of University of Miami Hospital strategies in addressing these needs. For the purpose of identifying health needs for UMH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. Through a mixed methods approach, an exhaustive list of health needs was compiled, and utilizing a "high", "medium" and "low" ranking system, eight of these were identified as priorities.

The eight priorities included on this list that fell in the "high" or 'medium' rank include cancer, cardiovascular disease, communicable disease, diabetes, healthcare access, mental health, overweight/obesity and substance abuse. These needs are ordered alphabetically.

Cancer

- Cancer is the second leading cause of death in Miami-Dade County.
- Types of cancer found to be a priority in Miami-Dade County are breast, colorectal, lung and prostate.
    - The mortality rates of colorectal and prostate cancers are higher than in Florida at 14.7 compared to 13.1 and 8.4 compared to 7.2, respectively.
- The incidence rates of breast and prostate cancers are higher than Florida's rates at 41.0 compared to 31.5 and 35.4 compared to 30.1, respectively.
- Breast cancer death rates in black women are 41% higher than white women, and 64% higher than the rates in the female Hispanic population.
- In Miami-Dade County, men over 50 are slightly likely to have a digital rectal exam in the past year when compared to Florida.
- Prostate cancer death rates in African American men are more than twice (2.4 times) the rate for white and Hispanic men.
- Multiple focus group members discussed cancer, particularly prostate and breast cancer, indicating a need for more health education and screening promotion and awareness.
- Cancer was mentioned in interviews, but not discussed in great depth.

Resources for Cancer

There are various resources available that are both sponsored and provided by Sylvester Comprehensive Cancer Center to provide education and support as well as raise awareness about breast cancer. There are support groups for both patients and caregivers; these provide informational and emotional support, including how to alter your lifestyle to better adjust to cancer treatments and the stress experienced by all affected. The Look Good Feel Better program, administered by the American Cancer Society, teaches women beauty techniques to offset the side-effects of cancer treatment while bolstering self-esteem and providing peer support. While there is one support group for men with prostate cancer at SCCC through the American Cancer Society, it appears there is a lack of support for patients and survivors in the Miami-Dade area.

The Department of Gastroenterology in collaboration with UM's Department of Community Service and other partners hosts the Flex Sig Fair, providing free colon cancer screenings. There are resources through the Cancer Center providing emotional and informational support for patients, caregivers and family members at the Courtelis Center for Psychosocial Oncology. The center is devoted to researching the psychosocial impact of cancer. These resources are in the form of social workers and psychologists and psychiatrists, and provide counseling, information on resources in the community, and alternative relaxation methods. Access to the center however, is limited to those who qualify, so some individuals who do not meet eligibility requirements may not be able to receive the services they need.

Cardiovascular Disease

Included in cardiovascular disease are hypertension, heart disease and heart attacks.

- Heart disease is the leading cause of death in Miami-Dade County, with a rate slightly higher (156.9) than that of Florida (153.0).
- The age-adjusted heart attack rate is slightly higher in the county (34.8) than the state rate (27.2).
- The hospitalization rate from congestive heart failure in Miami-Dade is higher the rate in Florida (188.9 compared to 111.0).
- Interviewees felt that cardiovascular disease among both African American and Hispanic community members is a concern.
- Focus group members consistently discussed cardiovascular health concerns including hypertension and heart disease. These topics were discussed in correlation with nutrition, physical activity and other lifestyle habits.

Resources for Cardiovascular Disease

The American Heart Association (AHA) provides online educational resources for the community about heart health including dietary, exercise, and stress reduction tips and information. The AHA also hosts an annual heart walk to raise awareness and promote education about heart disease in Miami. The Florida Heart Institute is involved with research and provides education and prevention programs on heart disease throughout the community, including screenings and educational workshops. The institute works to reach the Hispanic, African American and white populations with culturally competent resources and staff. As heart disease is a concern in the community, there does not seem to be an adequate amount of resources to meet the need, particularly in the underinsured and uninsured populations. However, it should be noted that there are multiple resources in the community working to address risk factors that contribute to heart disease including nutrition and exercise.

Communicable Disease

Included in the communicable disease category are tuberculosis, HIV/AIDS and sexually transmitted infections.

- The tuberculosis case rate in Miami-Dade County is slightly higher (6.2 per 100,000) than the Florida rate (4.0 per 100,000).
- Tuberculosis was discussed by a few interviewees, largely in relation to prevention in the homeless population and medication compliance in latent cases.
- The rates of HIV cases (57.3) and AIDS cases (29.2) in Miami-Dade County are substantially higher than the state rates (31.9 and 18.2, respectively).
- Infectious syphilis case rate (13.1) in the county is nearly double the rate in Florida (6.6).
- Blacks and non-Hispanics were more likely to report condom use the last time they had intercourse.
- HIV/AIDS was the most frequently discussed topic in both the African American and general population focus groups.
- STIs, particularly gonorrhea and chlamydia in the 18-24 female population, were discussed in the focus groups.
- STIs were discussed by various interviewees, particularly in relation to the need for affordable screening options community-wide.

- HIV/AIDS was mentioned by interviewees, but not in depth. The emphasis was placed on greater acknowledgement in the healthcare system to increase treatment option availability.

Resources

Miami-Dade County Health Department's Tuberculosis Control and Prevention Program has three clinics in the greater Miami area to screen, identify and treat all individuals with active TB in the community. Through their Family Planning program, the Health Department also offers STI screening and counseling in its six clinics in the community. Additionally, the Health Department works with the University of Miami to provide STD screenings; services are at a reasonable and/or no cost basis to adults and adolescents. There seems to be a gap in STD screening and education resources available geared towards adolescents in the community, and because this is a population of concern among community members, it is recommended that programming to address this issue be expanded.

The Community Based Health Disparities Project through the Jay Weiss Center for Social Medicine and Health Equity's COACH 1 program works to reduce HIV health disparities in the community by reaching those living with HIV to ensure greater medication compliance. The Haiti Project at Justinien Hospital, which provides primary care for women and children, places an emphasis on an HIV care program; currently, 3,000 HIV positive patients are receiving medical care through this initiative.

Various programs through University of Miami Hospital's Family Care Program, women and adolescents with HIV can receive primary and obstetric and gynecological care, health education and emotional support. Resources located in various neighborhoods throughout the county focused on screening, education and support, including Empower U, Inc. and The Center for Positive Connections. Care Resource provides preventive and treatment services with a focus on HIV/AIDS. The aforementioned resources, along with a multitude of others, work to promote awareness of HIV/AIDS and reduce the stigma throughout the Miami-Dade area.

Diabetes

- Diabetes is in the top ten causes of death in Miami-Dade County.
- African Americans are twice as likely to die from diabetes when compared to whites and Hispanics.
- Multiple interviewees mentioned diabetes is a problem in the community, and stressed prevention among the underinsured and uninsured.

- Diabetes was one of the most commonly mentioned health concerns in the African American focus group, and was also discussed, although not in depth, in the general focus group.

Resources for Diabetes

The Jefferson Reaves Sr. Health center, a community-based clinic provides disease management to diabetes patients in addition to support groups and education. The Diabetes Research Institute is located near Miami, and provides support groups, informational support and education to the Miami-Dade community. Additionally, the Outpatient Diabetes Self-Management Education Program through the Institute housed at the University of Miami provides a centralized resource for those living with diabetes in need to management assistance. The American Diabetes Association provides multiple programs in the community to provide diabetes education and advocacy including: the Conference on Diabetes Mellitus, Live Empowered and Por Tu Familia education programs, Safe at School Campaign, Feria de Salud (Health Fair) and the Diabetes Advocate program. Various hospital systems and clinics throughout Miami also offer education, screening and management education.

Health Care Access

- Miami-Dade County residents are substantially less likely to have health insurance, both private and public, when compared to all Florida residents.
- Hispanics were more likely to report an inability to obtain care due to cost, and were also more likely to say it had been more than two years since their last routine checkup.
- African Americans were more likely to say that the main reason for not obtaining care was due to a lack of transportation.
- Children in Miami-Dade County are more likely to be uninsured (18.6%) compared to all children in the state (15.0%).
- In 2008, Hispanic individuals were more likely to report they were without health insurance at some time in the past year.
- Blacks and Hispanics were more likely to report the need for a prescription, but an inability to obtain it or take it as prescribed because of cost.
- Focus group participants discussed health care access topic in depth. The lack of primary care physicians taking Medicaid and Medicare was a main concern. This lack of availability is believed to cause an increase in emergency department visits for non-emergent health conditions.

- Health education was the most common topic in all focus groups. Enhancing health education community-wide to address health concerns including cancer, STIs, HIV/AIDS, mental health, and cardiovascular disease, as well as risk factors contributing to these health concerns is needed.
- According to focus group members, promotion of preventive services (e.g. screenings) is important in the community. There are many opportunities available, but expansion to accommodate those in areas where public transportation is not readily accessible would be beneficial.
- Various interviewees discussed a lack of adequate medical staff and services to address the needs of a multicultural population, particularly in the area of cultural competence.

Resources for Health Care Access

Clinics providing free or sliding scale services in Miami-Dade County include Community Health of South Florida, Miami-Dade County Health Department locations throughout the community and Jessie Trice Community Health Center, Inc. Additionally, Jackson Memorial Hospital administers nine community based primary care clinics throughout the community. Some of these FQHCs operate under the medical-home model, which utilizes a "one stop shop" mindset, offering various health screenings, primary services, and immunization services as well as dental, eye care and imaging services. Many of these clinics offer assistance to those who do not speak English, and offer patient education for those seeking to enhance their knowledge regarding various risk factors and health conditions.

University of Miami Area Health Education Center partners with the Miller School of Medicine to engage medical students in the community, performing health screenings and providing informational support for those living with various chronic illnesses. The medical school is also involved in a school-based health program in collaboration with Miami-Dade Public School system. The initiative provides on-site access to primary care, mental health services and wellness education from elementary through high school. The Jay Weiss Center for Social Medicine and Health Equity Community Based Health Disparities Project allows medical students through service learning to design and provide culturally relevant health seminars and health services for specific communities in the county. For those seeking informational support on where they can access services, Switchboard of Miami, similar to 2-1-1 in its nature, provides referrals for various mental and physical health services as well as crisis intervention support in Spanish, Creole and English.

Mental Health

- Hispanics were more likely to rate their general mental health as fair or poor, and also were more likely to report depression and stress.
- Mental health was discussed in great depth as a stand-alone issue and in conjunction with substance abuse and HIV/AIDS and chronic illness emotional support.
- The most common types of mental illness discussed in focus groups were bi-polar disorder and depression; bi-polar disorder with psychotic delusions was also mentioned.
- The stigma attached to mental illness was seen by focus group members as a barrier to accessing services and medication compliance.
- Enhancement of mental health support in schools was an important issue in the general population focus group, as it would reduce the burden on teachers who are not adequately trained to address various mental health concerns.

Resources for Mental Health

Throughout Miami-Dade County, there are many resources available to meet the needs of those seeking mental health services. Multiple outpatient clinics are located throughout the community, but those who are underinsured or uninsured can find it difficult to afford treatment. However, there are centers in the community for those who may have limited financial resources offering services including crisis intervention, prevention and psychiatric and psychological counseling and treatment. Some of these centers are also actively involved in the community, working to reduce stigma and bring awareness to mental health. Adolescent and youth services are also available at many of the centers and outpatient clinics.

Miami-Dade County Public Schools has a Mental Health and Crisis Management Services department that includes social work, a crisis team and a safe schools program. Additionally, various online resources for parents and teachers about mental health and other related issues are provided. While these resources are available to everyone with access to a computer, it could be beneficial to have more in-person education and support for teachers and school administration, possibly provided by the social workers.

Overweight/Obesity

- Blacks and Hispanics are more likely to be classified as obese in Miami-Dade County (BMI>30).
- There are substantially more fast food restaurants in Miami-Dade County (58.0 per 100,000) compared to farmer's markets (1.0 per 100,000) and grocery stores (24.0 per 100,000).

- Blacks were more likely to report they had eaten in a "fast food" restaurant three or more times in the past week, while whites and non-Hispanics were more likely to report eating the recommended daily amount of fruits and vegetables.
- Eating habits were discussed in all three focus groups, particularly in relation to affordability and availability of fresh produce and cultural implications for diet.
- Obesity in relation to children and diabetes was discussed in interviews, although not in depth.

Resources for Overweight/Obesity

There are multiple resources for the prevention of childhood obesity through the University of Miami School of Medicine's Mailman Center for Child Development. These programs focus on child, parent and family education and awareness. The primary goals of these programs are to increase physical activity and improve nutrition. These programs include Healthy Caregivers-Healthy Children and the Miami Pediatric Mobile Clinic.

The Communities Putting Prevention to Work through the Department of Health and Human Services run by the Miami-Dade County Health Department works to reduce risk factors and prevent or delay the onset of chronic illnesses caused by obesity. This initiative works to promote behavioral and environmental change in the community, and one objective is to provide culturally competent interventions geared towards increasing physical activity, encouraging healthy eating habits and decreasing time spent watching television and using the computer recreationally.

The local farming community is working to provide affordable fresh produce in areas considered urban food deserts. One example is the Roots in the City Farmer's Market in Overtown, where Supplemental Nutrition Assistance Program (SNAP) dollars are accepted in an effort to increase the fruit and vegetable consumption in an area without a grocery store nearby. Another market working to increase produce availability in disadvantaged areas is the Liberty City Farmers' Market.

Substance Abuse

- In a 2008 report, whites were more likely to report current drinking (1+ drinks in the past month) and were more likely to report chronic drinking (60+ drinks in the past month).
- Substance abuse was discussed in two of the three focus group and was emphasized in the African American focus group.

- Substance abuse, particularly illegal injectable drugs including heroin, were discussed in relation to HIV/AIDS transmission, and this was felt to be a relevant issue needing to be addressed in Miami-Dade County, particularly in the African American population.
- Mental illness and substance abuse were often mentioned in conjunction with one another.

Resources for Substance Abuse

In Miami-Dade County, there are a number of resources available to help individuals with substance abuse problems. Organizations such as Community Health of South Florida, Chrysalis Health and the Institute for Child and Family Health have outpatient treatment and prevention programs located throughout the Miami-Dade area. These organizations are valuable resources to the community because the various locations allow underserved, minority and low-income populations access to services. There are also community resources which provide substance abuse services in conjunction with mental health programs. New Horizons Community Mental Health Center offers substance abuse treatment and HIV education services in addition to mental health services for children, adolescents and adults. Dade Family Counseling has a chemical dependency intensive outpatient program offering treatment and support services to voluntary and court ordered individuals. Better Way of Miami provides long-term inpatient treatment for the homeless, substance abusers and HIV positive individuals. These services and organizations provide a snapshot of substance abuse resources located throughout the Miami-Dade community.

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Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For nearly 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs, Ph.Ds., and others with medical and clinical backgrounds;
- Degrees that include Masters of Business Administration, Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration; and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA) and the National Association of Certified Valuation Analysts (NACVA).

Appendix B: Community Leader Interviewees

Name	Title/Organization
Gepsie Metellus	Director, Sant La Haitian Neighborhood Center
Helene Good	President and CEO, CCDH (formerly Community Committee for Developmental Handicaps)
Dr. Erin Kobetz	Assistant Research Professor, Dept. of Epidemiology and Public Health, UM Miller School of Medicine Director, SCCC Disparities and Community Outreach Core Resource Director, Jay Weiss Center for Social Medicine and Health Equity
Dr. Noella Dietz	Research Assistant Professor, Dept. of Epidemiology and Public Health, UM Miller School of Medicine
Ann-Karen Weller	Director, Office of Community Health and Planning, Miami-Dade County Health Department
Dr. Reynald Jean	Director, Tuberculosis Program, Miami-Dade County Health Department
Tori Gabriel	Director, Education and Prevention, Florida Heart Research Institute
Kathleen Ducasse	CEO, Florida Heart Research Institute
Angenys Gonzalez-Eilert	Executive Director, Colombian American Service Association
Dr. David Lubarsky	Chair, Dept. of Anesthesiology, Perioperative Medicine and Pain Management, University of Miami Hospital
Dr. Dan Brady	Executive Director, Douglas Gardens Community Mental Health Center of Miami Beach
Pamela Toomer	Director, School Health Program, Miami-Dade County Health Department
Dr. Lillian Rivera	Administrator, Miami-Dade County Health Department
Betty Gomez-Galan	Specialist, American Diabetes Association