

Jackson Health System

Community Health Needs Assessment

2015



Jackson
HEALTH SYSTEM



Miracles made daily.

Prepared by Health Council of South Florida

HCSF
Health Council of South Florida, Inc.



Jackson Health System (JHS) is a nonprofit, county owned academic medical system offering world-class care to any person who walks through its doors. Governed by the Public Health Trust, a dedicated team of citizen volunteers acting on behalf of the Miami-Dade Board of County Commissioners. Jackson Health System's mission is to improve the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County.

An integrated healthcare delivery system, Jackson Health System consists of its centerpiece, Jackson Memorial Hospital, multiple primary care and specialty care centers, Jackson Medical Group, two long-term care nursing facilities, five Corrections Health Services clinics, a network of mental health facilities, Holtz Children's and Women's Hospital, Jackson Rehabilitation Hospital, Jackson Behavioral Health Hospital, Jackson North Medical Center and Jackson South Community Hospital.



2013 At-A-Glance

➤ Number of Physicians: Over 2,000	➤ Number of Employees: 9,970
➤ Emergency Department Visits: 212,657	➤ Inpatient Admissions: 57,877
➤ Births: 6,028	➤ Total Surgeries: 19,575
➤ 35 specialties, including nine Centers of Excellence	➤ Number of Community Health Activities: >150
➤ Total amount of charity services provided by Jackson Health System: \$362,890,983	
➤ Outpatient Visits: 1,106,196* <i>(*includes Jackson Memorial Hospital, Jackson South Community Hospital, Jackson North Medical Center, Emergency Departments and Clinics)</i>	
➤ Inpatient Payor Mix <ul style="list-style-type: none"> ○ 23.1% Medicare/Medicare Managed Care ○ 44.9% Medicaid/Medicaid Managed Care ○ 14.1% Commercial ○ 17.9% Self-Pay/Other 	➤ Licensed beds: 2,106 <ul style="list-style-type: none"> ○ Jackson Memorial Hospital: 1,498* <i>(*includes Holtz Children's Hospital, Jackson Behavioral Health Hospital and Jackson Rehabilitation Hospital)</i> ○ Jackson North Medical Center: 382 ○ Jackson South Community Hospital: 226

Community Health Needs Assessment: Executive Summary

As Miami-Dade County experiences unprecedented growth, Jackson Health System's (JHS) goal is to understand and meet the healthcare needs of both current residents and a growing population while staying true to its mission. In doing so, JHS partnered with the Health Council of South Florida (HCSF) to conduct a comprehensive Community Health Needs Assessment (CHNA). The results of this assessment are detailed in this report and will be incorporated into an implementation plan. The implementation plan will guide JHS initiatives to improve the health of the community that the organization serves for the next several years.

The main objectives of the CHNA include:

- 1) Providing baseline measures of key health indicators
- 2) Developing a comprehensive understanding of healthcare needs and gaps for residents of Miami-Dade County
- 3) Identifying healthcare priorities and building an implementation plan that will address those priorities
- 4) Serving as a resource for individuals and agencies to identify community health needs
- 5) Fulfilling the community health benefit requirements as outlined in Section 5007 of the PPACA

The results of the CHNA were achieved using the following data collection methods:

- 1) Conducting two online surveys targeting:
 - a. 1,000 Miami-Dade County residents age 25 and older
 - b. A diverse group of community leaders and stakeholders
- 2) Conducting in-depth personal interviews with key JHS executives
- 3) Analyzing demographic information and healthcare utilization data from various sources

Key Findings

From the Miami-Dade County resident survey, it was determined that those unfunded respondents and those with Medicaid (further referred to as "uninsured/underinsured") were more likely to use a JHS facility than those with other forms of third-party payer coverage. With Jackson Health System's commitment to serving all members of the community, regardless of their ability to pay, it is a priority to recognize and address the concerns of this group.

Based on the research conducted, five priority areas were identified for Jackson Health System.

- 1) **Availability of Primary Care and Prevention:** Respondents who were uninsured/underinsured found it difficult to access healthcare services across the board in Miami-Dade County as a whole, including access to primary care. According to the *County Health Rankings & Roadmaps*, there was a shortage of primary care physicians in Miami-Dade County when compared to the 2014 national average.
- 2) **Access to Care:** The study found that uninsured/underinsured respondents reported greater barriers to care than those with third-party payer insurance, citing inpatient hospital services and medical specialty services most difficult to access.
- 3) **Chronic Disease Management:** With a higher concentration of diabetes, asthma (both adult and pediatric) and chronic obstructive pulmonary disease (COPD) found within lower socio-economic zip codes within the county, increased access to care and education on specific disease management was identified as a top priority.
- 4) **Lack of Delivery System:** Population growth in West Miami-Dade and South Miami-Dade has precipitated a need for emergency and preventative care access points in those areas.
- 5) **Trauma, Emergency and Urgent Care Services:** With significant population growth in South Miami-Dade, the need for a trauma center at Jackson South Community Hospital is an important priority for both Miami-Dade

and Monroe Counties. Additional emergency room services are needed in West Miami-Dade County. Further, urgent care services are necessary to improve access for JHS patients in selection portions of the county.

Next Steps

The findings from the CHNA were used to develop an implementation plan that will guide JHS towards becoming a stronger, more engaged partner dedicated to improving the overall health and well-being of Miami-Dade County residents.

The CHNA and implementation plan can be viewed by visiting <http://www.JacksonHealth.org/CHNA.asp>.



Alamo Park at Jackson Memorial Hospital

A letter from our leaders

Dear patients, friends, and neighbors,

Jackson Health System's mission is a simple one: to provide a single standard of world-class care to all residents of Miami-Dade County, regardless of status or circumstance. Identifying any critical gaps in healthcare access – and working to close them – is a crucial part of fulfilling that mission.

As the largest public health institution in the region, we are proud to join in a nationwide effort to document the greatest healthcare needs facing communities across America. We have conducted a community health needs assessment, which is designed to help all of us better understand the vulnerabilities and assets of our community, and help inspire collaboration and innovation as we seek out solutions to these complex issues.

Jackson is already making great strides in improving our level of service throughout the county. We are moving forward with our Miracle-Building Bond program, which was made possible by the public's belief in our mission and vision. The bond will fund a major portion of our \$1.4 billion capital plan, which will fund significant projects to modernize Jackson facilities across the county. Plans also include constructing a major new outpatient campus for children and adults, replacing our rehabilitation hospital, and creating urgent-care centers in many Miami-Dade neighborhoods.

But our mission is ongoing. This assessment will help us provide an even deeper understanding of the issues we face as a community. We not only delved into demographical statistics and other public health data, but we reached out to patients, local healthcare leaders and others across our diverse community to provide valuable feedback. We invite you to read this report in order to understand the healthcare issues facing the residents of Miami-Dade County. We hope that this report will serve as a useful tool to improve local programs, influence policy and increase education as we work towards a stronger, healthier Miami-Dade County.

Sincerely,



Darryl K. Sharpton

Chairman
Public Health Trust Board of Trustees



Carlos A. Migoya

President & Chief Executive Officer
Jackson Health System

CONTENTS

I.	Introduction.....	1
	A. Patient Service Areas	
	B. Demographics	
	C. Healthcare Assets	
	D. Preventable Hospitalizations	
II.	Methodology.....	8
III.	Jackson Health System CHNA In-depth Interviews and Survey Results.....	9
IV.	Jackson Health System Priority Areas.....	25
	A. Availability of Primary Care and Prevention	
	Indicator 1, Adults with a Usual Source of Healthcare	
	Indicator 2, Percentage of Adults who had a Medical Checkup in the Past Year	
	Indicator 3, Primary Care Physicians Ratio	
	B. Access to Care	
	Indicator 4, Adults with Health Insurance	
	Indicator 5, Children with Health Insurance	
	Indicator 6, Medicare Enrollment Rate, Age 65 and older	
	Indicator 7, Median Monthly Medicaid Enrollment	
	C. Chronic Disease Management	
	Indicator 8, Diabetes	
	Indicator 9, Adult Asthma	
	Indicator 10, Hospitalizations due to COPD	
	Indicator 11, Pediatric Asthma	
	D. Lack of Delivery System	
	Indicator 12, Adults with a Usual Source of Healthcare	
	Indicator 13, Adults who had a Medical Checkup in the Past Year	
	Indicator 14, Adults who had Difficulty/Delay in Obtaining Healthcare Services	
	E. Trauma	
V.	Jackson Health System.....	35
	A. Hospital Programs and Services	
	B. Jackson Health System Locations	
VI.	Appendix.....	37
	A. Jackson Health System Patient Service Area Health Assets Map (Hospitals, Free, Charitable & System Clinics, and Federally Qualified Health Centers)	
	B. Healthy People 2020 Benchmark Comparisons	
	C. Jackson Health System Leadership In-depth Interview Participants	
	D. Jackson Health System Leadership In-depth Interview Summary	
	E. Jackson Health System 2013 Preventable Hospitalizations	
	F. Jackson Health System Patient Service Area 2013 Crude Death Rate	
	G. 2013 Miami-Dade County Resident Ambulatory Visits	
	H. Jackson Memorial Hospital 2013 Miami-Dade County Resident Ambulatory Visits	
	I. Jackson North Medical Center 2013 Miami-Dade County Resident Ambulatory Visits	
	J. Jackson South Community Hospital 2013 Miami-Dade County Resident Ambulatory Visits	
	K. Jackson Health System 2013 Miami-Dade County Resident Admissions	
	L. Jackson Health System 2013 Miami-Dade County Resident Emergency Department Visits	
	M. Jackson Health System Patient Service Area Hospitalization Rate due to Diabetes	
	N. Jackson Health System Patient Service Area Hospitalization Rate due to Adult Asthma	
	O. Jackson Health System Patient Service Area Hospitalization Rate due to COPD	
	P. Jackson Health System Patient Service Area Hospitalization Rate due to Pediatric Asthma	
	Q. Jackson Health System Patient Service Area Hospitalization Rate due to Heart Failure	
	R. Jackson Health System Patient Service Area 2014 Resident Median Household Income	
	S. Miami-Dade County Resident Admissions to Broward County Facilities (Total and by Payer Type)	

I. INTRODUCTION

In nearly 100 years, Miami City Hospital, spearheaded by physician and civic leader Dr. James M. Jackson, has grown from a small, 13-bed hospital to a comprehensive health system with several hospitals and clinics, now called Jackson Health System (JHS). JHS has become a renowned healthcare provider recognized for its highly-trained physicians and cutting-edge care. While many things have changed, one thing remains the same: Jackson Health System continues to be a vital part of the South Florida community, providing state-of-the-art compassionate care to people from all walks of life.

Miami City Hospital opened its doors on June 25, 1918, replacing the deteriorating Friendly Society Hospital on Biscayne Boulevard. The hospital opened in the midst of an influenza epidemic and was immediately filled to capacity. Once the crisis passed, a volunteer Board of Trustees was appointed to lead the quickly growing hospital.

From the beginning, hospital staff strived to be leaders on the forefront of medical care. The first X-rays at the hospital were taken in 1919 by Dr. A.F. Kaspar on a patient with a fractured leg. Three years later, an emergency room was established "to take care of the many accidents arising from congested traffic and industrial activities," according to a newspaper article at the time.

Overcoming Obstacles

The Miami community and its hospital suffered a great loss in 1924 with the death of its first president, Dr. Jackson. Local businesses closed for a day to mourn his passing and the Miami City Commission renamed the hospital the James M. Jackson Memorial Hospital in his honor.



Miami City Hospital, 1925

When a major hurricane struck Miami on Sept. 17, 1926, the hospital was not spared from the storm. Staff members carried patients down the stairs in their beds to protect them from flying glass and timber. With no electricity, surgeons worked by the light of kerosene lanterns while standing in several inches of water. After more than 700 victims were treated at the hospital, the staff helped establish relief stations in the most devastated parts of town.

Despite hard times, Jackson continued to flourish. By 1929, the hospital had a modern obstetrical delivery room equipped with two delivery tables and an anesthesia system. In 1946, the city's first cancer detection clinic was established at Jackson, which was the only hospital in the region to offer radium treatment for cancer. That same year, a severe polio epidemic struck Miami, and the hospital borrowed five iron lungs to go with its own three.

In the early 1950s, Florida's lack of a medical school began to be a subject of concern in Tallahassee. Several cities lobbied for the school but, ultimately, Miami was chosen. On Sept. 22, 1952, the University of Miami School of Medicine welcomed its first class of 26 students, and Jackson Memorial Hospital immediately became an integral part of the medical school's program.

In 1956, Dr. Robert S. Litwak, chief of thoracic surgery, performed the first open heart operation in Florida, and by 1960, the hospital was performing cardiopulmonary bypass procedures aided by a new heart-lung machine. That year, the hospital purchased its first artificial kidney and began offering dialysis treatment to renal patients.

In the Spotlight

Jackson made national news in 1965 when the cruise ship Yarmouth Castle caught fire offshore. Five badly burned passengers were airlifted from the Bahamas and treated with an innovative silver nitrate solution at Jackson Memorial's special burn unit.

During the 1970s, new programs were added to attract private patients. In 1973, the National Cancer Institute picked Jackson as the site for the Comprehensive Cancer Center for the State of Florida, one of 20 in the nation. The decade also saw Jackson's Kidney Transplantation Center open in 1977, with 24 transplants performed in the first year.

Jackson's reputation for patient care continued to grow in the 1980s. When U.S. Rep. William Lehman suffered a sudden pain in the back while walking around Capitol Hill in 1983, he flew to Miami for diagnosis and treatment. "When the Capitol physician told me I would have to go into a hospital, I had no trouble making up my mind — Jackson," Lehman said.

In 1986, Jackson Memorial Hospital was named among the top 25 medical facilities in the United States by The Best in Medicine and was the only public hospital to be included. Another addition to the hospital's national reputation was the 1992 opening of the Ryder Trauma Center, a state-of-the-art facility, just weeks before Hurricane Andrew devastated south Miami-Dade.

Since then, Jackson has continued to grow. Because of its expansion beyond the hospital walls into primary care centers and other facilities, the Public Health Trust Board of Trustees created Jackson Health System in 2001 to encompass all the ways Jackson provides healthcare to Miami-Dade County. Jackson Memorial Hospital remains the centerpiece of the system and in 2001, JHS acquired Jackson South Community Hospital (formerly Deering Hospital), and in 2006, Parkway Regional Medical Center became Jackson North Medical Center.

In nearly 100 years, Jackson has evolved into one of the world's top medical providers, with an influence that reaches far beyond South Florida.

A. Patient Service Areas

Jackson Health System is comprised of three main campuses:

1. Jackson Memorial Medical Center
2. Jackson North Medical Center
3. Jackson South Community Hospital

The system also includes multiple primary and specialty care centers, two long-term care nursing facilities, six corrections health services clinics, a network of mental health facilities, Holtz Children's Hospital, Jackson Rehabilitation Hospital, and Jackson Behavioral Health. Jackson's hospitals and community-based facilities serve north, central and southern Miami-Dade County.

Jackson Memorial Hospital, located at 1611 NW 12th Avenue, Miami, Florida 33136, serves north, central and south Miami-Dade County, including the neighborhoods of City of Miami, Opa Locka, Miami Gardens, Hialeah, Miami Beach, Homestead, and North Miami Beach. This patient service area covers 49 zip codes and includes over 1,963,942 residents. Below are the zip codes within the patient service area. The top ten admitting zip codes by patient address are greyed and bolded. The remaining patient service area zip codes appear in numerical order.

33142 Miami	33018 Hialeah	33145 Miami
33127 Miami	33030 Homestead	33155 Miami
33147 Miami	33032 Homestead	33157 Miami
33136 Miami	33033 Homestead	33160 North Miami Beach
33125 Miami	33054 Opa Locka	33162 Miami
33150 Miami	33055 Opa Locka	33165 Miami
33161 Miami	33056 Miami Gardens	33166 Miami
33135 Miami	33126 Miami	33167 Miami
33130 Miami	33128 Miami	33168 Miami
33138 Miami	33132 Miami	33169 Miami
33010 Hialeah	33133 Miami	33172 Miami
33012 Hialeah	33134 Miami	33175 Miami
33013 Hialeah	33137 Miami	33176 Miami
33014 Hialeah	33139 Miami Beach	33177 Miami
33015 Hialeah	33141 Miami Beach	33178 Miami
33016 Hialeah	33144 Miami	33179 Miami

Jackson North Medical Center, located at 160 NW 170th Street, North Miami Beach, Florida 33169, serves north Miami-Dade County, including the neighborhoods of Miami, Opa Locka, Miami Gardens, and North Miami Beach. This patient service area covers 16 zip codes and includes over 577,893 residents. Below are the zip codes within the patient service area. The top ten admitting zip codes by patient address are greyed and bolded. The remaining patient service area zip codes appear in numerical order.

33161 Miami	33055 Opa Locka
33169 Miami	33147 Miami
33162 Miami	33127 Miami
33054 Opa Locka	33138 Miami
33056 Miami Gardens	33142 Miami
33179 Miami	33150 Miami
33168 Miami	33160 North Miami Beach
33167 Miami	33181 Miami

Jackson South Community Hospital, located at 9333 SW 152nd Street, Miami, Florida 33157, serves south Miami-Dade County, including the neighborhoods of unincorporated Miami-Dade and the City of Homestead. This patient service area covers 17 zip codes and includes over 694,534 residents. Below are the zip codes within the patient service area. The top ten admitting zip codes by patient address are greyed and bolded. The remaining patient service area zip codes appear in numerical order.

33157 Miami
33177 Miami
33176 Miami
33189 Miami
33030 Homestead
33033 Homestead

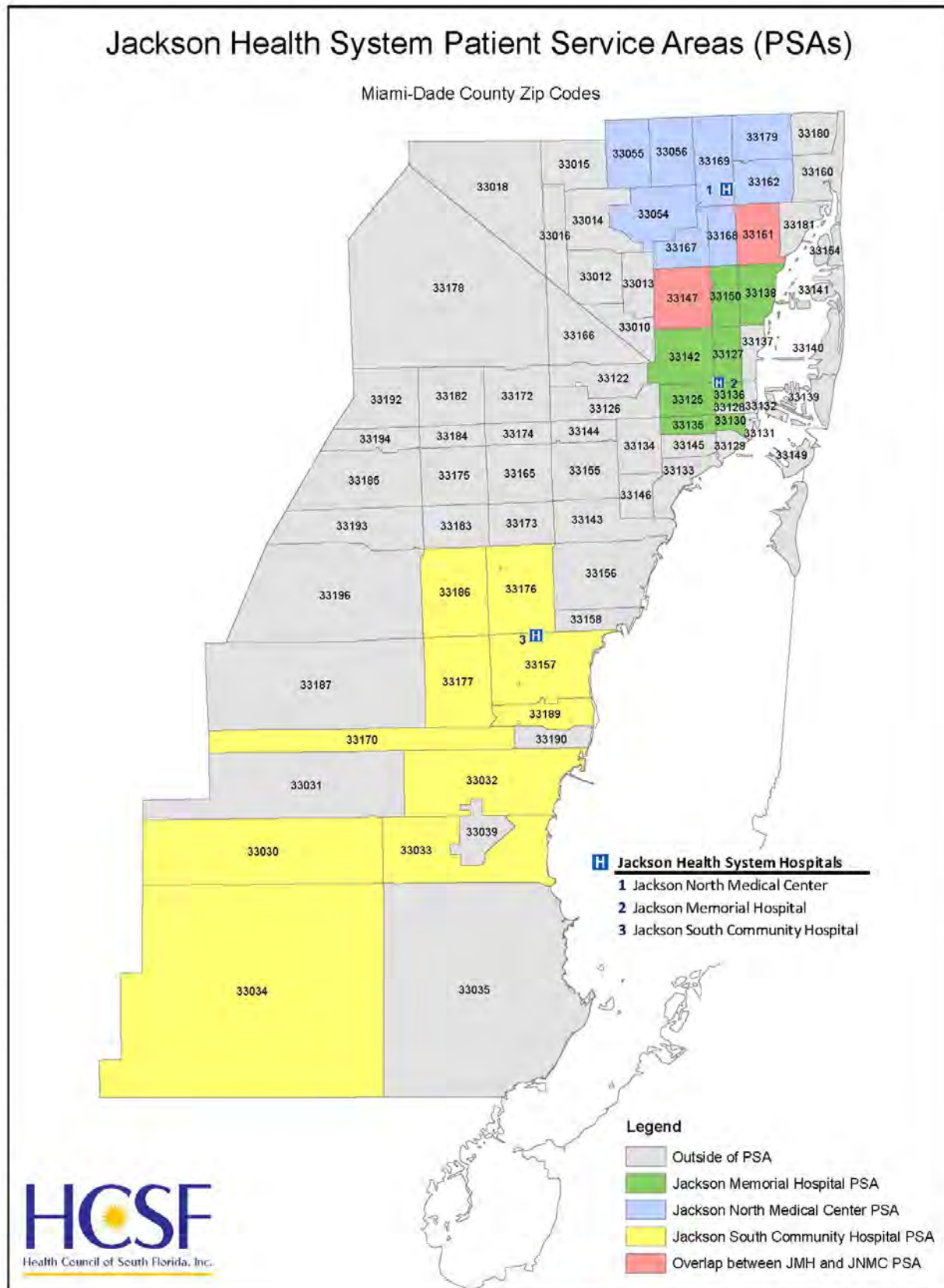
33170 Miami
33032 Homestead
33186 Miami
33034 Homestead
33165 Miami
33175 Miami

33183 Miami
33187 Miami
33190 Miami
33193 Miami
33196 Miami



Main Lobby at Jackson South Community Hospital

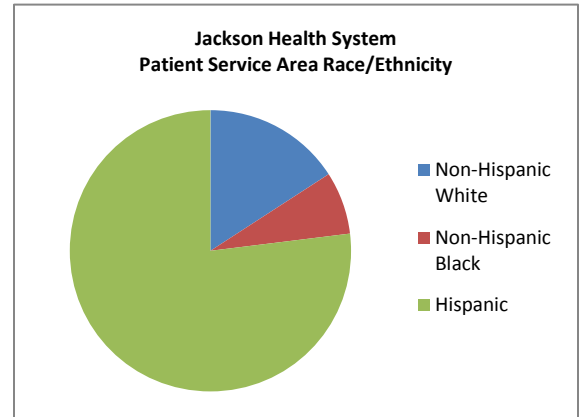
Map 1: Jackson Health System Patient Service Area Map



B. Demographics

Miami-Dade County is the largest metropolitan area in the State of Florida, representing 13.0% of the State's population, and the eighth largest county in the Nation. According to 2013 US Census American Community Survey estimates, Miami-Dade is home to 2,549,075 residents. It is one of the few counties in the United States that is "minority-majority," in that a minority group comprises the majority of the population, with 65% Latino or Hispanic residents, 17% black, non-Hispanic, and 15% white, non-Hispanic. According to the 2013 U.S. Census Bureau's American Community Survey (ACS), 51% of its 2.5 million residents are foreign-born, a percentage greater than any other American county. Of residents age five and older, 72% speak a language other than English at home; often Spanish or Creole. Unlike much of Florida, Miami-Dade County has a relatively young population with 85% of residents under age 65 and 21% under the age of 18. Miami-Dade County has significant health and socioeconomic disparities to address. Data from the ACS reveal racial and ethnic income disparities. As many as 30% of African Americans or black residents live below the federal poverty level (FPL), while almost 20% of Hispanics fall below FPL and only 11% of white non-Hispanics. Median annual family income for Hispanics was \$40,238 while it was \$33,677 for African Americans and almost double for white non-Hispanics, at \$65,732. Disparities in educational attainment are also apparent; 85.9% of non-Hispanic whites possess a high school diploma or better, while the same is true of only 78.6% of Hispanics, and 69.2% of African Americans.

Source: U.S. Bureau of the Census, 2013 American Community Survey



Jackson Memorial Hospital

Jackson Memorial Hospital serves the residents of east-central Miami-Dade County. Jackson Memorial Hospital is an accredited, non-profit, tertiary care hospital and the major teaching facility for the University of Miami Leonard M. Miller School of Medicine. With nearly 1,500 licensed beds, Jackson Memorial Hospital is a referral center, a magnet for medical research, and home to Ryder Trauma Center - the only adult and pediatric Level 1 trauma center in Miami-Dade County.

According to the US Census, 53% of residents in the Jackson Memorial Hospital patient service area are of Latin or Hispanic descent, and 51% reporting a language spoken at home other than English. The average household is comprised of three persons and the average household income is \$25,990; significantly less than the average Miami-Dade County household income of \$43,100. Twenty-five percent of the Jackson Memorial Hospital patient service area population is under 19 years of age. Sixty-one percent are between the ages of 20 and 64, and approximately 14% are age 65 and older.

Jackson Memorial Hospital



Jackson North Medical Center

Jackson North Medical Center serves the residents of north Miami-Dade and south Broward counties. It offers patients convenient, compassionate care close to their homes and, through the affiliation with the world-class Jackson Health System, access to a network of some of the best doctors in the country in a wide range of specialties.

According to the US Census, 30% of residents in the Jackson North Medical Center patient service area are of Latin or Hispanic descent, and nearly 28% reporting a language spoken at home other than English. The average household is comprised of three persons and the average household income is \$37,579; lower the average Miami-Dade County household income of \$43,100. Nearly 28% of the Jackson North Medical Center patient service area population is under 19 years of age. Sixty-one percent are between the ages of 20 and 64, and approximately 11% are age 65 and older.

Jackson South Community Hospital

Jackson South Community Hospital is situated in southeast Miami-Dade County, serving primarily unincorporated Miami-Dade and Deep South Dade. Jackson South Community Hospital offers a full spectrum of services and is staffed by nationally respected, board-certified physicians and healthcare professionals who practice a wide array of specialties and subspecialties. The hospital offers new private rooms, expanded emergency room, seven new operating room suites with state-of-the-art technology and more.

According to the US Census, 56% of residents in the Jackson South Community Hospital patient service area are of Latin or Hispanic descent, and 52% reporting a language spoken at home other than English. The average household is comprised of three persons and the average household income is \$47,221; surpassing the average Miami-Dade County household income of \$43,100. Twenty-nine percent of the Jackson South Community Hospital patient service area population is under 19 years of age. Sixty-one percent are between the ages of 20 and 64, and approximately 10% are age 65 and older.

C. Healthcare Assets

Type of Facility	Jackson Health System Patient Service Area
Licensed Hospitals	33
Federally Qualified Health Centers	38
Free Clinics	19
Public Health System Clinic	8
Assisted Living Facilities	1,119
Adult Day Care Facilities	84

The Jackson Health System Patient Service Area (PSA), which encompasses all of Miami-Dade County, has 33 hospitals within its borders. There are 38 Federally Qualified Health Centers (FQHCs), 19 free clinics and the Miami-Dade County Health Department, which operates seven clinics in the area; the Health District Center, Florida City/Homestead Neighborhood Center, Little Haiti Health Center, North Miami Center, Refugee Health Assessment, the West Dade Family Planning Center and the West Perrine Health Center. In addition, the Miami-Dade County Health Department operates a Mom-Mobile Unit for Women's Health which travels throughout Miami-Dade

County. Within the county, there are 1,119 licensed Assisted Living Facilities (ALFs) with a total of 12,151 beds, and 47 licensed adult day care facilities.

D. Preventable Hospitalizations

In 2013, 39,670 adults residing in Miami-Dade County were admitted to local hospitals for preventable conditions. The total gross charges¹ incurred by Miami-Dade County residents for treatment of these preventable conditions at all hospitals in Florida was \$2,256,535,660 (an average of \$56,883 per admission). The principal payer of the total charges incurred was Medicare (57%), followed by Medicaid (24%), private health insurance (11%), self-pay/under-insured² (4%),

¹ Total gross charges are significantly higher than the actual payment a hospital received from a third-party payer.

² Self-pay/under-insured is defined as the lack of third party payer coverage or less than 30% estimated insurance coverage.

charity (3%) and “other” (1%). Congestive heart failure, urinary tract infection, and bacterial pneumonia accounted for almost 53% of the total preventable hospitalizations for residents in the service area. See Appendix M-Q for relevant heat maps.

Preventable hospitalizations for chronic diseases such as diabetes, chronic obstructive pulmonary disease and asthma particularly affected the southern and northeast sections of Miami-Dade County including patient service area zip codes for Jackson Health System, including 33030, 33034, 33142, 33147, 33150, and 33167. In 2013, 2,008 preventable hospitalizations were observed among children in Miami-Dade County patient service area. Nearly 33% of preventable admissions in this population were attributed to asthma; followed by gastroenteritis (30%); urinary tract infection (23%); perforated appendix (9%); and lastly, diabetes (5%). *Source: Florida Agency for Healthcare Administration*

ZIP codes frequently appearing in the “red zone” on preventable hospitalization and emergency room admissions heat maps also have lower household incomes. The maps reveal disparities in health observed across Miami-Dade County with particularly underserved areas demanding attention. Avoidable hospital admissions indicate gaps in service, lack of access, lack of insurance, and poverty. See Appendix R.

II. METHODOLOGY

Jackson Health System contracted with the Health Council of South Florida to develop this Community Health Needs Assessment (CHNA). With extensive experience conducting needs assessments in Miami-Dade and Monroe Counties, Health Council staff worked with representatives from several Jackson departments and facilities to create the document. The report is based on the latest data, health system leadership in-depth interview results, a community leader survey, a community resident survey and integration of hospital-specific data sets.

As part of the 2010 Patient Protection and Affordable Care Act, hospital organizations are required to conduct a community health needs assessment (CHNA), which serves as a guiding document for strategic planning. Through the process of developing a CHNA, a hospital positions itself to address community health needs, especially those of the poor and underserved. Health data from primary and secondary sources accessible via the *Miami Matters: Measuring What Matters in Miami-Dade County* website at www.miamidadematters.org are examined to establish priorities and to improve community health status and quality of life. A review of local health indices benchmarked against national *Healthy People 2020* objectives is available in Appendix B.

The assessment also takes input into account from persons who represent the broad interests of the community served, including those with expertise in public health. The CHNA must also be made available to the public.

To prioritize health issues for the Jackson Health System patient service area, the following steps were taken:

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

III. JACKSON HEALTH SYSTEM CHNA IN-DEPTH INTERVIEWS AND SURVEY RESULTS

In-depth interviews were conducted to gauge perceptions of the role of Jackson Health System in the community and to collect qualitative data. These comprehensive interviews were conducted with key staff and executives from the following facilities and departments: Jackson Health System Strategic Planning, Jackson North Medical Center, Jackson South Community Hospital, Holtz Children’s Hospital, Jackson Behavior Health Hospital, External Affairs and Ambulatory Care Centers.

During each in-depth interview, the same set of questions allowed participants to express their position regarding health issues. All of these elements were considered in the prioritization of local health needs.

In-Depth Interview Discussion Topics	
• Access to Care and Access to Appropriate Care	• Maternal and Child Health
• Availability of Primary Care and Prevention	• Behavioral/Mental Health and Substance Abuse
• Chronic Disease Management	• Trauma
• Elder Care	• Socioeconomic Issues
• Healthy Lifestyles: Exercise and Nutrition	

In-depth interviews were facilitated by Maura Shiffman, MPH and Vanessa Rodriguez, MBA with the Health Council of South Florida. Interview findings are summarized in the following pages.

In addition, a survey was disseminated to key local officials to gather input from external stakeholders on issues facing our community. The research was conducted anonymously with the leadership from the following organizations:

2-1-1/Switchboard of Miami	First Bank of Florida
Agency for Healthcare Administration	Florida City Government
AXA Advisors	Florida Department of Health in Miami-Dade County
Bank of America	Florida International University
Barry University	Florida Legal Services
Beacon Council	Florida Elected Officials
Berkowitz Development	Greater Miami Chamber of Commerce
Camillus House	HCA Healthcare
Care Resource	Health Choice Network
Catalyst Miami	Health Foundation of South Florida
Centro Mater Child Care Center I and II	Homeless Trust
Chamber South	Jackson Health Foundation Board of Directors
Chapman Partnership	Jackson South Community Advisory Board
Church Leaders	Key Biscayne Chamber of Commerce
City of Aventura	Legal Services of Greater Miami
City of Hialeah Gardens	Lotus House
City of Miami Beach	Major Law Firms (HK Law, Becker Poliakoff, Broad & Cassel, GrayRobinson, etc.)
City of Miami Homeless Outreach Team	Miami-Dade County Board of County Commissioners
City of North Miami Beach	Miami Beach Chamber of Commerce
City of Opa Locka	Miami Children's Museum
City of Sweetwater	Miami Coalition for the Homeless
City Year	Miami-Dade County Government
Community Health of South Florida, Inc.	Miami Shores Village
ConnectFamilias	Miami-Dade Area Health Education Center
Consular Corps	Miami-Dade County Public Schools
Coral Gables Chamber of Commerce	Florida International University
Equality Florida	Neighborhood HELP Law Clinic
Equity One	

Penalver Clinic
 Puerto Rican Chamber of Commerce
 Ronald McDonald House of South Florida
 South Florida Hispanic Chamber of Commerce
 Supportive Services for Veteran Families
 Survivor's Pathway Organization
 TECO Energy
 Tenet Healthcare
 The Children's Movement
 The Corradino Group
 The Easton Group
 The Education Fund
 The Knight Foundation
 The Miami Herald
 The Related Group
 The United Way of Miami Dade
 Town of Bay Harbor Islands

Town of Golden Beach
 Town of Miami Lakes
 Town of Surfside
 University of Miami MBA Program
 United Teachers of Dade
 Unity Coalition
 University of Miami
 University of Miami Medical School
 University of Miami School of Law
 Various Community Leaders
 Village of Palmetto Bay
 Village of Portal
 Village of Virginia Gardens
 We Care of South Dade
 Weiss Serota Helfman Cole & Bierman
 Wells Fargo

Jackson Health System Leadership In-depth Interview Findings

To ensure that Jackson Health System's Community Health Needs Assessment would have the benefit of unbiased feedback from key community stakeholders and consumers, JHS engaged the Health Council of South Florida to conduct a series of in-depth interviews and surveys. This methodology allowed for input from various community stakeholders. Participants provided invaluable feedback as to how JHS is viewed in terms of its current strengths, barriers to providing care, as well as any potential or emerging opportunities to improve health outcomes for Miami-Dade County residents.

In accordance with the methodology developed by the Health Council of South Florida (HCSF), and approved by the Strategic Planning and Business Development Department at Jackson Health System to guide the Community Health Needs Assessment process, HCSF conducted six internal in-depth interviews with key JHS senior executives in February 2015.

Priority Setting Exercise Methodology

The Health Council of South Florida hosted and led in-depth interviews with various hospital and health system leaders to obtain insight in to the most critical needs of the community, Jackson Health System and healthcare as a whole. During these in-depth interviews, health system leaders were asked to rank five of the top community health priorities based on their understanding of healthcare in Miami-Dade County, taking in to account the specific populations they serve, if appropriate. Among their major concerns were access to care, primary and preventative care, healthy lifestyles, behavioral and mental health including substance abuse, cancer prevention and treatment, homelessness, maternal and child health, chronic disease management, availability of healthcare services in various areas of Miami-Dade County, and trauma care. The table below represents the concerns of the leaders, both facility specific and systemwide. Jackson Health System's final priorities were established by weighing the responses from the leadership in-depth interviews as well as additional input from community leaders and residents surveyed.

Top Priorities	Jackson North Medical Center	Jackson Behavioral Health Hospital	Holtz Children's Hospital	Jackson South Community Hospital	Jackson Health System	Final Priorities
1	Availability of Primary Care and Prevention	Behavioral Health	Chronic Disease Management	Trauma	Trauma and Transplants	Availability of Primary Care and Prevention
2	Access to Care	Availability of Primary Care and Prevention	Healthy Lifestyles: Exercise and Nutrition	Availability of Primary Care and Prevention	Maternal and Child Health	Access to Care
3	Chronic Disease Management	Chronic Disease Management	Behavioral Health	Access to Care	Availability of Primary Care and Prevention	Chronic Disease Management
4	Cancer Prevention and Treatment	Access to Care	Availability of Primary Care and Prevention	Healthy Lifestyles: Exercise and Nutrition	Access to Care	Lack of Delivery System
5	Healthy Lifestyles: Exercise and Nutrition	Healthy Lifestyles: Exercise and Nutrition	Access to Care	Chronic Disease Management	Chronic Disease Management	Trauma

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

Jackson Health System Leadership In-depth Interview Discussion

Strengths

Interview participants stated that Jackson Health System provides great access to care for residents of Miami-Dade County, including the uninsured, underinsured and indigent. Jackson Health System prides itself on being a mission driven institution that provides access to care regardless of payer source, and is the only true safety-net hospital in the County.

In terms of patient care and customer service, the consensus was that Jackson Health System is a significant provider of primary care, providing multiple access points within the community. The system also provides residents a full gamut of services, including psychiatric care and has five Centers of Excellence: Ryder Trauma Center, Transplant, Urology, Maternal and Child Health and Neurology.

The partnership with the University of Miami was raised as a strength by all interviewed. This strong, well-respected partnership also fosters Jackson Memorial Hospital's credibility as a teaching institution for primary, specialty and trauma care for medical professionals in the State of Florida as well as nationally.

Community Needs

Access to healthcare for those under and uninsured were addressed by several Jackson Health System leaders. With the implementation of the Affordable Care Act (ACA), the health system has seen some patients obtain health insurance coverage, however, there are still major barriers, including health insurance plans' narrow networks and high/unaffordable deductibles. Even with the ACA, many residents of Miami-Dade County will continue to be under- or uninsured, as they are not eligible for Marketplace health coverage, or they fall in the Medicaid coverage gap, as to date the State of Florida has not agreed to expand its Medicaid program. In addition to these barriers, the system is also highly concerned about the elimination of the Low Income Pool (LIP) funding, which was identified as a major risk to Jackson Health System's ability to serve the vulnerable in Miami-Dade County. Jackson Health System needs to improve its payer mix to stabilize its fiscal position, however, many insured residents do not consider the system as their first choice for care or treatment, and seek services at other facilities in the county.

It is important to note that Jackson Health leadership also sees the linkage to the County as extremely beneficial, as it allows the system to capitalize on county funding when available, and be eligible for funding programs such as the "Miracle-Building Bond Program."

As a teaching institution, Jackson Health System is particularly concerned with efforts to increase the number of medical schools in the State of Florida. This has been detrimental to overall care in our community, as many residents are trained and complete their residency within Jackson facilities, but end up leaving the area and practicing in other markets. Thus, Jackson is a breeding ground for strong, well-rounded medical professionals, but the system is unable to retain these providers to care for the residents of Miami-Dade County.

Jackson Health System leadership repeatedly discussed the need for all Miami-Dade County healthcare and hospital providers to collaborate with willing community partners to develop a healthcare system in which each facility is able to specialize in its respective areas of care, resulting in a decrease in duplication of services and an increase in coordination of care to improve community-wide health outcomes. In addition, Jackson identified the need to bring resources closer to communities, and not ask residents to travel to existing facilities. An increased ability to manage and prevent chronic disease within the community, rather than at inpatient facilities could have a major impact on overall health outcomes.

Miami-Dade County Resident Survey Results and Priorities

To gain insight from the residents of Miami-Dade County, the HCSF contracted with ResearchNow for a web-based survey that inquired about health insurance coverage, Jackson Health System utilization, types of healthcare services used, access of healthcare services, trauma availability, stroke knowledge, barriers to receiving health services, and the use of public funds for health education. In total, 1001 respondents completed the survey, with approximately 35% of respondents being male and 65% of respondents being female. Those surveyed had to report that they resided in Miami-Dade County and were over the age of 25 years old; 20.9% were between the ages of 25-34, 31.3% were between the ages of 35-49, 29.9% were between 50-64, and 18.0% were 65 or above. Residents who completed the survey were also representative of the ethnic makeup of Miami-Dade County, with 37.8% being White Non-Hispanic, 45.9% being Hispanic, 11.3% being black and 5.1% reported being of another unidentified ethnicity.

Overall and as shown in the following table, survey respondents were heavily covered by commercial third party health insurance payers (69.5%). Respondents covered by Medicare represents 17.2% of the sample. Of the underfunded/unfunded survey participants, Medicaid was the payer for 4.0% of the participants while self-pay/no insurance/other accounted for the remaining 9.3%.

Noteworthy, survey respondents with Medicaid or unfunded (“uninsured/underinsured”) were more likely to use a JHS facility (57.0%) more so than those with other forms of third-party payor coverage (43.7%). [These figures show statistically significant differences and exclude respondents that were not sure if they used a JHS facility or not; representing 3.6% of the sample.]

Type of Healthcare Insurance Coverage

None/self-pay	8.1%
Private through my employer, like an HMO or PPO	56.3%
Private, and I pay for it myself through an individual policy	13.2%
Medicaid	4.0%
Medicare (HMO/Advantage Plan/Fee for Service)	17.2%
Other, please specify	1.2%
Total	100%

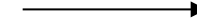
Jackson Facilities Utilization

	Yes	No	Total
Jackson Memorial Hospital	35.4%	64.6%	100%
Jackson South Community Hospital	16.4%	83.6%	100%
Jackson North Medical Center	12.7%	87.3%	100%
Jackson Primary Care Clinics	7.9%	92.1%	100%

Access to Select Healthcare Services

Respondents found access to healthcare services in Miami-Dade County to be moderately easy to access, with scores for primary care physician office services, physician specialist office services, inpatient hospital services, emergency room services, urgent care center services, diagnostic services, and pre-natal care being 5.35, 5.18, 5.14, 5.29, 5.40, 5.46 and 5.07 respectively. However, at a statistically significant level, the uninsured/underinsured across the board for all barriers tested reported greater barriers to service access than the insured. Most noteworthy, inpatient hospital services and physician specialist office services are the areas most difficult to access according to the the uninsured/underinsured.

Over the past 12 months, please indicate your personal experience in accessing each of the following types of healthcare services. (Use the scale where 1 = very difficult to access to 7 = very easy to access.)

Healthcare Service	Very difficult to access  Extremely easy to access							Total	Mean
	1	2	3	4	5	6	7		
Primary care physician office services	3.1%	3.2%	9.2%	14.6%	15.1%	20.5%	34.5%	100.0%	5.35
Physician specialist office services	4.1%	3.1%	9.9%	15.6%	17.1%	21.8%	28.5%	100.0%	5.18
Inpatient hospital services	3.4%	3.4%	10.1%	17.5%	18.4%	19.3%	28.0%	100.0%	5.14
Emergency room services	3.6%	3.0%	8.2%	16.0%	16.7%	20.3%	32.3%	100.0%	5.29
Urgent care center services	2.4%	2.6%	6.2%	15.3%	20.1%	22.1%	31.3%	100.0%	5.40
Diagnostic services such as X-ray, MRI, CT, etc.	2.7%	2.4%	7.3%	11.8%	19.7%	22.1%	33.9%	100.0%	5.46
Prenatal care	3.0%	3.6%	11.2%	18.8%	19.3%	17.8%	26.4%	100.0%	5.07



Ryder Trauma Center

Trauma Service Availability

While about a half of survey participants (51.8%) are very confident trauma services are available within 30 minutes of their home, the remaining respondents were either far less confident (38.6%) or didn't know (9.6%).

Trauma services are among the most intensive emergency medical interventions a patient can receive. For example, surgeons can save arms/legs from amputation and neurosurgeons can save people from paralysis. Near your home, if there was a major accident where lives were at risk, how confident are you trauma services are accessible within 30 minutes?

Not at all confident	5.8%
Somewhat confident	32.8%
Very confident	51.8%
Don't know/not sure	9.6%
Total	100.0%

Stroke Knowledge

Eighty-one percent of respondents chose to call 911 if they thought a family member or friend was exhibiting signs of a stroke, which is the correct protocol according to the American Stroke Association.

If you thought a member of your family or a friend was having a stroke, would you most likely:

Immediately drive that person to the closest hospital	16.0%
Quickly investigate (call a friend or go on-line) the best hospital	0.8%
Call 911 and let the ambulance take the person to a hospital	81.4%
Call a physician and get the recommendation of where to go	1.4%
Call the insurance company and get their recommendation of where to go	0.4%
Total	100.0%

Barriers to Select Healthcare Services

Respondents reported that many of the barriers tested are not extremely significant in accessing healthcare services, however, wait times for appointments and cost of care being too expensive are of concern, with averages of 4.41 and 4.40 respectively. Transportation was reported as the lowest concern with an average of 3.15, followed by getting time off of work (3.34), lack of availability to a specialist (3.65), and physician office hours not being convenient (3.78) for residents.

However, across all barriers and at a statistically different level, the uninsured/underinsured have greater barriers to accessing healthcare services than those who had health insurance coverage, with cost of care too expensive (5.42), wait time for an appointment too long (4.78), and physician hours not convenient (4.19) as the greatest issues.

Thinking about the difficulties you've personally experienced over the past 12 months in accessing healthcare services, please indicate how significant each of the following barriers were in getting the healthcare services you desired. (Use the scale where 1 = not significant at all to 7 = extremely significant.)

Barrier	In accessing health services							Total	Mean
	Not significant at all			Extremely Significant					
	1	2	3	4	5	6	7		
Transportation to healthcare site	37.8%	11.7%	8.8%	12.0%	9.1%	9.8%	10.8%	100.0%	3.15
Wait time for an appointment too long	11.0%	9.2%	12.7%	16.9%	15.8%	14.6%	19.9%	100.0%	4.41
Lack of availability of a specialist	23.3%	12.7%	12.4%	14.6%	14.0%	10.1%	12.9%	100.0%	3.65
Cost of care too expensive	16.5%	7.6%	12.6%	12.2%	12.0%	12.7%	26.5%	100.0%	4.40
Can't get time off work	31.8%	11.7%	12.6%	12.6%	9.9%	8.9%	12.4%	100.0%	3.34
Physician hours not convenient	21.1%	11.7%	13.4%	15.7%	12.9%	10.5%	14.6%	100.0%	3.78

Residents surveyed are in favor of increasing public funding for all health related educational activities and health concerns tested, with the stroke warning signs and best options for treatment the most supported with an average score of 5.13. Nutrition education with a focus on reducing obesity was the next highest (5.01), followed by safe sex education (4.97), disaster preparedness education (4.67), accident prevention education (4.59), quit-smoking education (4.45), prenatal care education (4.42), and poison prevention education (4.41). Interestingly, there were no statistical differences between the insured and the underinsured/uninsured respondent cohorts regarding the educational activities tested.

Public Funds for Educational Activities and Health Concerns

Please indicate the degree public (taxpayer) funds should go towards each of the following educational activities.

Activity	Level of funding educational services							Total	Mean
	Significantly decrease			Significantly increase					
	1	2	3	4	5	6	7		
Prenatal care education	9.7%	4.4%	11.3%	28.2%	17.9%	12.3%	16.2%	100.0%	4.42
Quit-smoking education	10.5%	6.1%	12.6%	22.7%	14.4%	13.2%	20.3%	100.0%	4.45
Nutrition education with a focus on reducing obesity	6.3%	3.7%	9.3%	17.0%	19.3%	16.1%	28.3%	100.0%	5.01
Safe sex education	6.4%	3.3%	9.9%	19.9%	16.2%	15.5%	28.7%	100.0%	4.97
Disaster preparedness education	4.2%	4.7%	13.6%	26.6%	17.4%	15.2%	18.3%	100.0%	4.67
Accident prevention education	5.6%	4.4%	14.3%	25.6%	18.9%	14.0%	17.3%	100.0%	4.59
Poison prevention education	6.1%	6.8%	16.2%	25.2%	17.5%	12.6%	15.6%	100.0%	4.41

Residents surveyed are in favor of increasing funding for all healthcare services, with behavioral health services for veterans the most supported with an average score of 5.36. Alzheimer's disease treatment was the next highest (5.22), followed by diabetes treatment (4.93), prescription drug subsidies for low-income households (4.67), behavioral health services for the homeless (4.80), dental services for low-income households (4.65), and prenatal care for women without insurance (4.51).

The uninsured/underinsured report a statistically significant higher need for dental services for low-income households (4.98 versus 4.61) and prenatal care for women without health insurance (4.96 versus 4.45) compared to the insured respondents.

Over the next three years, please indicate the degree public (taxpayer) funds should go towards each of the following health concerns.

Healthcare Concern	Level of funding healthcare services Significantly decrease → Significantly increase							Total	Mean
	1	2	3	4	5	6	7		
Prenatal care for women without insurance	8.9%	5.0%	11.6%	25.3%	17.2%	13.9%	18.1%	100.0%	4.51
Alzheimer's disease treatment	3.4%	2.9%	7.8%	17.9%	18.8%	20.7%	28.5%	100.0%	5.22
Behavioral health services for veterans	3.1%	2.7%	6.4%	18.1%	16.4%	19.2%	34.2%	100.0%	5.36
Behavioral health services for the homeless	4.4%	4.1%	11.1%	26.5%	16.4%	16.6%	20.9%	100.0%	4.80
Dental services for low-income households	6.4%	4.4%	13.4%	24.2%	16.6%	14.9%	20.0%	100.0%	4.65
Diabetes treatment	4.1%	3.6%	10.7%	22.1%	18.4%	18.7%	22.4%	100.0%	4.93
Prescription drug subsidies for low-income households	5.9%	4.2%	12.4%	21.5%	16.6%	15.0%	24.4%	100.0%	4.81

Miami-Dade County Community Leaders Survey Results and Priorities

HCSF staff also assisted Jackson Health System with the design and dissemination of an external community leader survey. Results from this web-based survey was collected between February 2015 through March 2015.

To identify study participants whose feedback and recommendations would be most relevant to Jackson Health System's CHNA and Strategic Plan, Health Council staff worked closely with Jackson Health Systems' Department of Strategic Planning and Business Development to identify key community stakeholders and partners, and HCSF generated the invitations to participate in an online survey. Community leaders that responded to the web-based survey were from a variety of sectors, including, charity/not-for-profit (29.2%), governmental agencies (16.7%), healthcare foundations (8.3%), social service agencies (16.7%), healthcare providers (16.7%), and other community-based organizations (12.5%). Leaders were in the following types of roles: board members, CEO/COO/CFO/President/Executive Director, Director/Manager/Administrator, Clinical Professionals (i.e. nurse, physician, etc.), and professors/educators. The survey inquired about healthcare priorities, with an emphasis on those who cannot afford health services, trauma center accessibility, stroke, barriers to the healthcare system, utilization of preventative healthcare services, health education, funding for various community-based initiatives, and the growth of Jackson Health System in the South Florida community.

The community leaders prioritized primary care physician services at the forefront of policy formation when it comes to helping people who cannot afford healthcare.

When policies are being created to help people who cannot afford healthcare, what priority should be in each of these areas?

Primary care physician services	Physician specialist office visits	Inpatient hospital services	ER services	Urgent care services	Diagnostic services	Prenatal care	Total
35.0%	10.5%	11.1%	12.2%	10.5%	8.8%	11.8%	100.0%

In the event of an emergency, only half the respondents are very confident trauma services are accessible within 30 minutes of their workplace. This constasts to 37.5% that are somewhat confident and 12.5% indicating no confidence at all.

The most severe medical emergencies are handled in specialized trauma centers instead of regular hospital emergency rooms. For example, trauma doctors can save arms and legs from amputation or save people from paralysis. If you had a major medical emergency near where you work, how confident are you that trauma services are accessible within 30 minutes?

Not at all confident	12.5%
Somewhat confident	37.5%
Very confident	50.0%
Total	100.0%

Eighty-seven percent of respondents chose the correct protocol if they thought someone was having a stroke.

If you thought someone was having a stroke, would you most likely:

Immediately drive that person to the closest hospital	8.3%
Quickly investigate (call a friend or go on-line) the best hospital	4.2%
Call 911 and let the ambulance take the person to a hospital	87.5%
Total	100%

Community leaders cited several reasons why they felt the low-income and uninsured in Miami-Dade County may not receive healthcare services. The highest being cost of care (6.17), followed by too many days until an appointment is available (5.46), can't get time off work (5.08), lack of specialist availability (5.04), transportation to healthcare site of care (5.00), physician hours not convenient (4.75), and lastly, too much time spent in a waiting room (4.46).

There are many reasons why low-income and uninsured people have difficulty receiving healthcare. How significant do you feel each of these factors is? (Use the scale where 1 = not significant at all to 7= extremely significant)

	Transportation to healthcare site of care	Too many days until appointment available	Lack of specialist availability	Too much time spent in waiting room	Cost of care too expensive	Can't get time off work	Physician hours not convenient
Mean Response	5.00	5.46	5.04	4.46	6.17	5.08	4.75

Miami-Dade community leaders identified that there are concerns when it comes to achieving access to healthcare services for low-income and uninsured residents. The most significant issue is the income verification process by healthcare providers (5.62), followed by appeal rights when healthcare services are denied by healthcare providers (5.48) and prior medical debt impacting ongoing care options (4.95). These responses show a clear disconnect between the healthcare delivery system and the most vulnerable residents of Miami-Dade County.

For low-income and uninsured people, how significant are each of the following issues in achieving access to healthcare services? (Use the scale where 1 = not significant to 7 = extremely significant)

	Income verification processes by healthcare providers	Appeal rights when healthcare services are denied by healthcare providers	Prior medical debt adversely impacting ongoing care options
Mean Response	5.62	5.48	4.95

Community leaders generally found that low-income and uninsured residents could access preventative health services fairly easily in Miami-Dade County, with the exception of the flu shot (5.38). A lung cancer screening (2.59) was the service that providers found most readily available to the vulnerable population, followed by skin cancer screenings (2.91), prostate cancer screening (3.18), mammogram (3.21), a pap smear (3.33), and a general physical examination (3.75).

How easy or difficult do you think it is for low-income or uninsured people to get the following services? (Use the scale where 1 = extremely easy to 7 = extremely difficult)

	Flu shot	General physical examination	Lung cancer screening	Mammogram	Pap smear	Prostate cancer screening	Skin cancer screening
Mean Response	5.38	3.75	2.59	3.21	3.33	3.18	2.91

Responses varied widely with regards to future funding appropriations for healthcare education in the community. Community leaders strongly believed that there should be an increase in funding levels for nutrition services with a focus on reducing obesity (6.04), followed closely by healthcare options for free/reduced cost of care for low-income persons (5.71). There was also great support for increased funding for education on prenatal care (5.46), stroke warning signs and options for treatment (5.42), and safe sex (5.38). Community leaders expressed that smoking cessation (4.63), poison prevention (3.79) and disaster preparedness (3.71) were priorities that may see a decrease in community education funding.

Taxpayers help fund both healthcare services and healthcare education in your community. Based on what you believe is being spent today, how do you think that spending should change for healthcare education in these areas over the next three years? (Use the scale where 1 = significant decrease in funding levels to 7 = significant increase in funding levels).

	Prenatal care	Smoking cessation	Nutrition with focus on reducing obesity	Safe sex	Disaster preparedness	Accident prevention	Poison prevention	Stroke warning signs & options for treatment	Healthcare options for free/reduced cost of care for low income persons
Mean Response	5.46	4.63	6.04	5.38	3.71	4.13	3.79	5.42	5.71

Overall, community leaders expressed the need for increased taxpayer spending over the next three years with regards to healthcare services in Miami-Dade County. Behavioral health services for veterans and prescription drug subsidies for low income households tied for the top priority, with each receiving a mean response of 5.88. They were followed closely by dental services for low income households (5.79), diabetes treatment (5.58), prenatal care (5.42), behavioral health services for the homeless (5.33), and Alzheimer's disease (5.13).

Similar to the previous questions, how do you think that taxpayer spending should change for healthcare services in these areas over the next three years? (Use the scale where 1 = significant decrease to funding levels to 7 = significant increase in funding levels.)

	Prenatal care	Alzheimer's disease	Behavioral health services for veterans	Behavioral health services for the homeless	Dental services for low income households	Diabetes treatment	Prescription drug subsidies for low income households
Mean Response	5.42	5.13	5.88	5.33	5.79	5.58	5.88

Over half of Miami-Dade community leaders that participated in the survey responded that Jackson Health System should expand their mobile healthcare programs (54.2%), followed by a three-way tie between opening new primary care centers, offering dental services to low-income households, and assist with enrollment in to charity care programs (41.7%). These initiatives were followed by developing urgent care centers throughout Miami-Dade County (37.5%), opening additional clinics for uninsured patients (33.3%), opening a trauma center at Jackson South (29.2%) and opening healthcare facilities in west Miami-Dade (8.3%).

Please recommend up to two of the following initiatives Jackson Health System should undertake over the next three years?

Jackson Health System Initiatives	
Develop UCCs throughout Miami-Dade	37.5%
Open new primary care centers	41.7%
Open a trauma center at Jackson South	29.2%
Offer dental services to low income households	41.7%
Open healthcare facilities in west Miami-Dade	8.3%
Expand mobile healthcare programs	54.2%
Open additional clinics for uninsured patients	33.3%
Assist with enrollment in charity care programs	41.7%

Other than providing funding, what is the one thing Jackson Health System could do to help your organization achieve its mission?

Survey respondents emphasized three main priorities for Jackson Health System to focus on in order for community-based organizations to achieve their mission:

1. Partnering/collaborating with other community organizations on health-related concerns including health education, access to preventative services, identifying community needs and grant applications.
2. Sharing of data/medical information through electronic medical records or a health information exchange.
3. Educating the community, especially disadvantaged populations, on services and programs that Jackson Health System offers, including the Jackson Card and additional charity care programs.

Additional responses alluded to surveying the community to address the most important needs, working to decrease duplication of services, encourage the State of Florida to expand the Florida Medicaid program, making the registration process for services easier, expanding Jackson Health System facilities, and encourage the community to utilize preventative care and take responsibility and action for at-risk behaviors.



IV. JACKSON HEALTH SYSTEM PRIORITY AREAS

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

Source: www.miamidadematters.org

In mid-2015, Jackson Health System will be releasing information on how the System will address the following priority areas, through established and enhanced community health improvement efforts throughout Miami-Dade County.

Priority Area 1

A. Availability of Primary Care and Prevention



Indicator 1, Adults with a Usual Source of Healthcare

In 2010, 78.4% of adults residing in Miami-Dade had one or more people they thought of as their personal doctor or primary healthcare provider, as compared to 80.9% statewide. This rate has improved from 74.7% in 2007. A far greater proportion, or 97.4% of adults 65 years of age and older reported a usual source of care as compared to those between the ages of 18 and 44, at 63.7%. A higher proportion of whites had a usual source of healthcare than blacks/African Americans and Hispanics, at 90.2%, 79.8%, and 71.9%, respectively.

Source: *Florida Behavioral Risk Factor Surveillance System*



Indicator 2, Percentage of Adults who had a Medical Checkup in the Past Year

In 2013, 67.6% of adults residing in Miami-Dade had a medical checkup in the past year, as compared to 70.3% statewide. This rate worsened from 68.6% in 2010. A far greater proportion, or 94.6% of adults 65 years of age and older had an annual checkup as compared to those between the ages of 18 and 44, at 58.4%. A higher proportion of blacks/African Americans had a usual source of healthcare than whites and Hispanics, at 76.9%, 71.7%, and 66.4%, respectively.

Source: *Florida Behavioral Risk Factor Surveillance System*



Indicator 3, Primary Care Physicians Ratio

In 2014, primary care physician ratio was 1,275 to 1 in Miami-Dade, while the national benchmark is 1,051 to 1; indicating a shortfall of at least 220 primary care physicians in Miami-Dade County. This rate is better than the Florida state figure of 1,426 to 1. This data is based on the Health Resources and Services Administration (HRSA) physician data from the American Medical Association master file and on census population estimates.

Source: *County Health Rankings & Roadmaps*

Priority Area 2

B. Access to Care



Indicator 4, Adults with Health Insurance

In 2013, 59.5% of people in Miami-Dade between the ages of 18 and 64 had some type of health coverage, as compared to 81.6% of people living in other US counties. It is noteworthy to mention, however, that having insurance does not mean improved access to care. This rate has decreased from 63.9% in 2008. The rates of insurance tended to increase by age group with 64.1% of residents aged 55 to 64 insured as compared to only 58.8% of residents aged 25 to 34. More females tend to have coverage than males, at 61.7% and 57.3%, respectively. Non-Hispanic whites have a greater rate of insurance coverage than non-Hispanic blacks and Hispanics, at 78.4%, 58.9%, and 55.0%.

Source: U.S. Bureau of the Census, 2013 American Community Survey



Indicator 5, Children with Health Insurance

In 2013, 88.1% of children between the ages of 0 and 17 years of age living in Miami-Dade had some type of health insurance, as compared to 94.5% of children living in other US counties. This rate improved from 79.8% in 2008. Almost 12% of children in Miami-Dade County are without insurance.

Source: U.S. Bureau of the Census, 2013 American Community Survey



Indicator 6, Medicare Enrollment Rate, Age 65 and older

In 2007 (most recently available data), 90.9% of Miami-Dade residents over the age of 65 were enrolled in Medicare (although all should be eligible), as compared to a statewide average of only 84.1%. This rate has decreased from 94.2% in 2003. Miami-Dade County's seniors comprise 13% of its population. Elders are a major user of healthcare services, accounting for over a third of hospital admissions. In the Medicare program, persons 85 and over see their physicians at nearly twice the rate of persons 65 to 74.

Source: Centers for Medicare and Medicaid Services, Medicare Beneficiary Database



Indicator 7, Median Monthly Medicaid Enrollment

In 2013, the median monthly Medicaid enrollment was 25,390 per 100,000 people in Miami-Dade; up from 18,303 in 2003. The statewide rate was 11,764 per 100,000. The total number of monthly Medicaid enrollees in Miami-Dade in 2013 was 655,833, or 25.7% of the total population.

Source: Florida Agency for Healthcare Administration

Priority Area 3

C. Chronic Disease Management

Chronic diseases and conditions—such as heart disease, stroke, cancer, diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems.

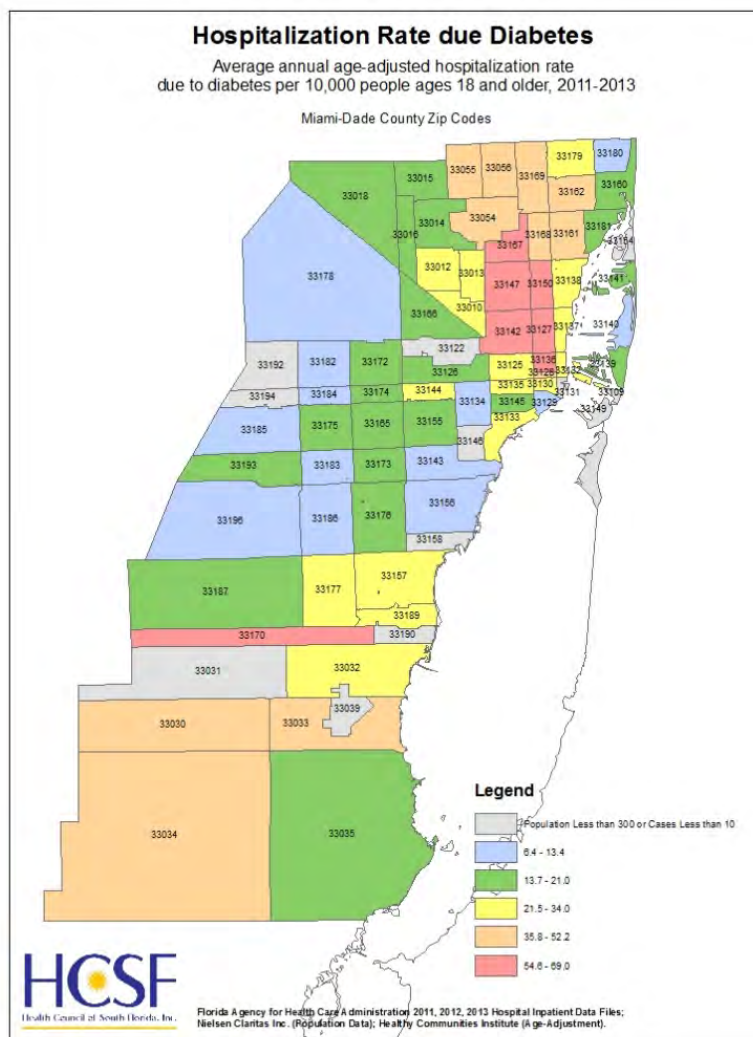


Indicator 8, Diabetes

Map 2 depicts concentrations of hospital visits for diabetes by resident zip code in Miami-Dade County. The countywide rate of hospitalizations for diabetes is 24.8 per 10,000 residents, but in zip codes 33054, 33056, 33150, 33127, 33136, 33142, 33147, and 33167 the rate was more than double the county rate, with 33147 having a rate of 69.0 hospitalizations per 10,000 residents. (See Appendix M for full-size map)

Source: Florida Agency for Healthcare Administration

Map 2: Hospitalization Rate due to Diabetes



In 2010, roughly 9.3% of adults in Miami-Dade County had diabetes, while the statewide county average was 11.4%. The amount has increased since the 2007 rate of 7.6%. The highest rates were reported by black/African American residents of Miami-Dade County, at 11%, while white and Hispanics reported 9.3% and 8.9%, respectively.

Source: Florida Behavioral Risk Factor Surveillance System



Indicator 9, Adult Asthma

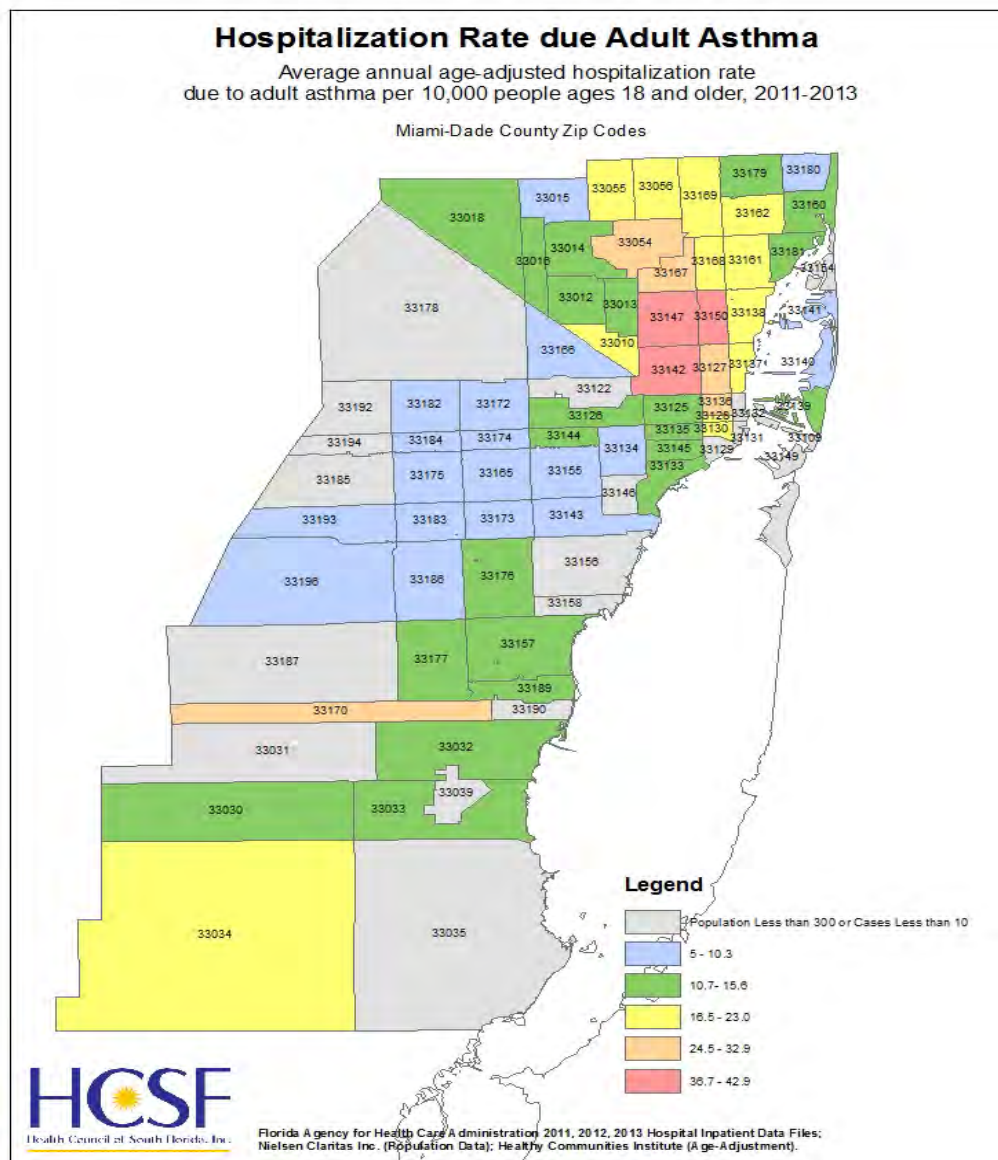
Map 3 depicts concentrations of hospital visits for adult asthma by resident zip code in Miami-Dade County. The county-wide rate of hospitalizations for adult asthma is 13.7 per 10,000 residents, but in zip codes 33147 and 33150 the rate was over three times as high with 42.9 and 42.8 hospitalizations per 10,000 residents. (See Appendix N for full-size map)

Source: Florida Agency for Healthcare Administration

In 2010, 6.3% of adults in Miami-Dade County reported having been told by a healthcare provider that they currently have asthma, while the statewide county average was 8.6%. The amount has increased since the 2007 rate of 4.6%. The highest rates were reported by Hispanic residents of Miami-Dade County, at 7.7%, while blacks/African Americans and whites reported 6.4% and 4.9%, respectively.

Source: Florida Behavioral Risk Factor Surveillance System

Map 3: Hospitalization Rate due to Adult Asthma



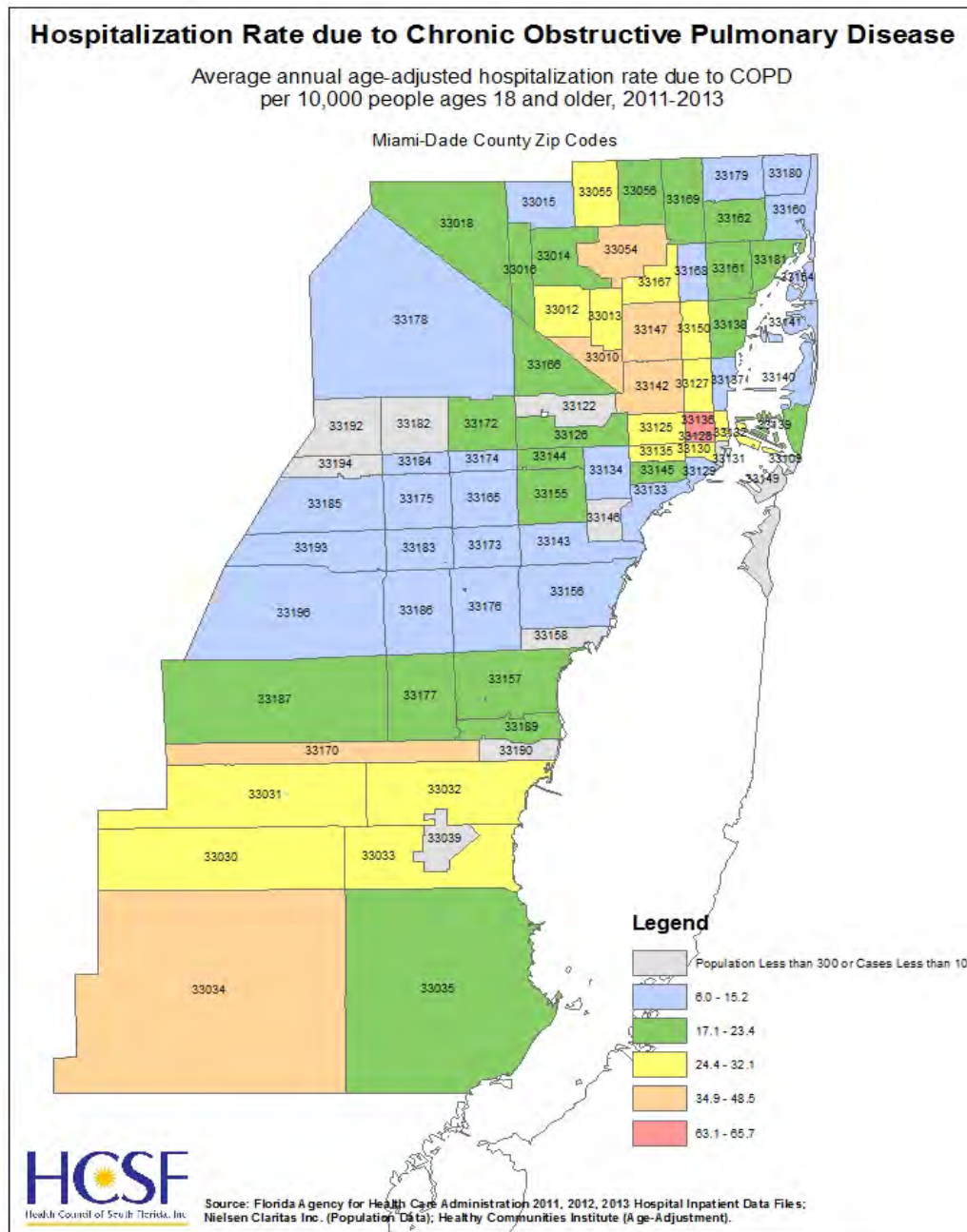


Indicator 10, Hospitalization due to COPD

Map 4 depicts concentrations of hospital visits for chronic obstructive pulmonary disease (COPD) by resident zip code in Miami-Dade County. The countywide rate of hospitalizations for COPD is 20.0 per 10,000 residents, but in zip codes 33034, 33054, 33136, 33142, and 33147 the rate exceed 35 hospitalizations per 10,000 residents, and in 33136 it was 65.7 hospitalizations per 10,000 residents. (See Appendix O for full-size map)

Source: Florida Agency for Healthcare Administration

Map 5: Hospitalization Rate due to Chronic Obstructive Pulmonary Disease



For the time period between 2011 and 2013, 20.0 Miami-Dade County adults per 10,000 were hospitalized for chronic obstructive pulmonary disease, or COPD. Males were more likely to be hospitalized than females, at 24.7 and 16.8 per

10,000 residents, respectively. Black/African American residents experienced the highest proportion of hospitalizations, at 22.0, followed by Hispanics at 19.7, and white, non-Hispanics at 19.7 hospitalizations per 10,000 residents.

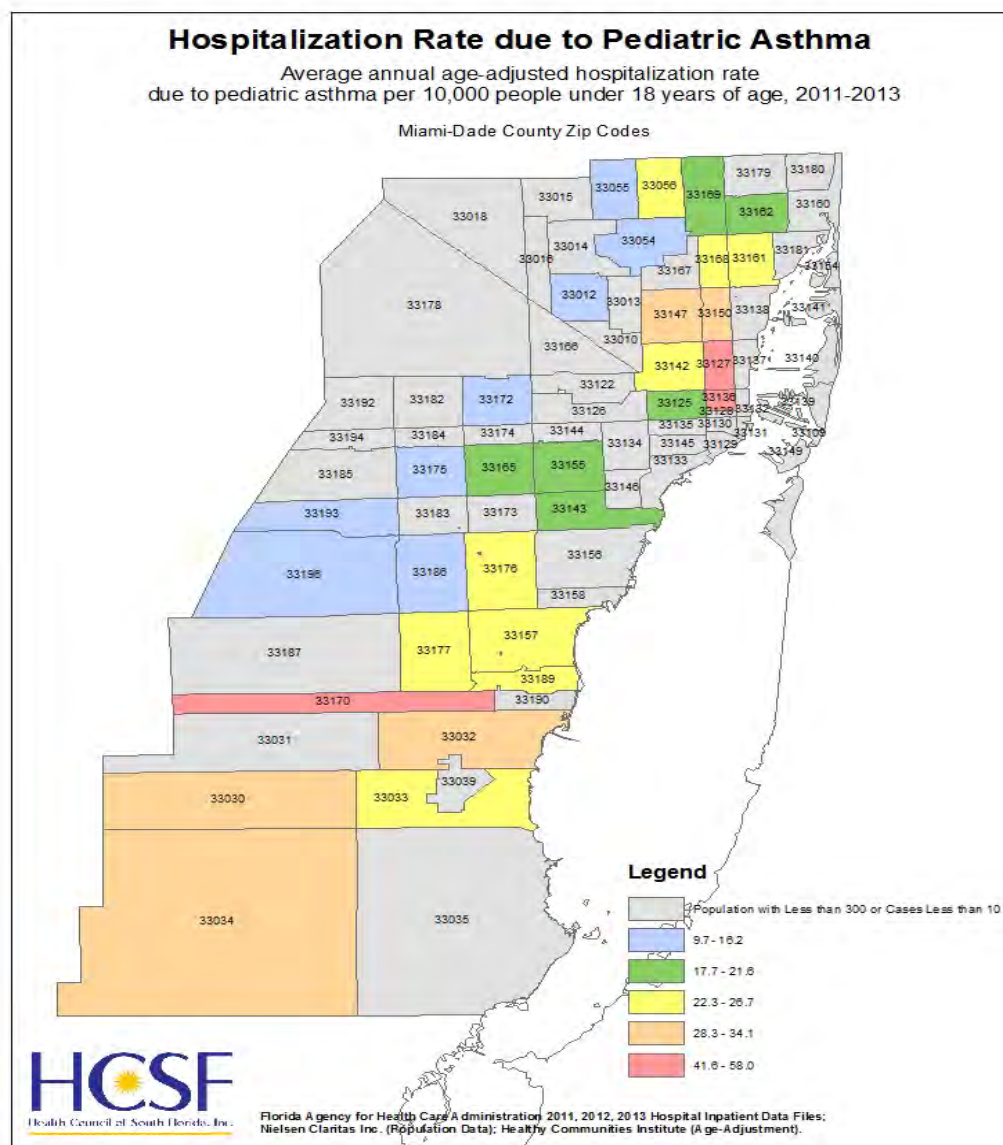
Source: Florida Agency for Healthcare Administration



Indicator 11, Pediatric Asthma

Map 6 depicts concentrations of hospital visits for pediatric asthma by resident zip code in Miami-Dade County. The countywide hospitalization rate for pediatric asthma is 17.4 per 10,000 residents, but in zip codes 33136 the rate is over three times that at 58.0 per 10,000 residents. (See Appendix P for full-size map)

Map 6: Hospitalization Rate due to Pediatric Asthma



In 2013, 22.0% of high school students in Miami-Dade County reported communication by a healthcare provider that they have asthma, while the statewide county average was 21.9%. The highest rates were reported by black/African American students, at 28.0%, while Hispanic and white students reported 20.9% and 12.6%, respectively.

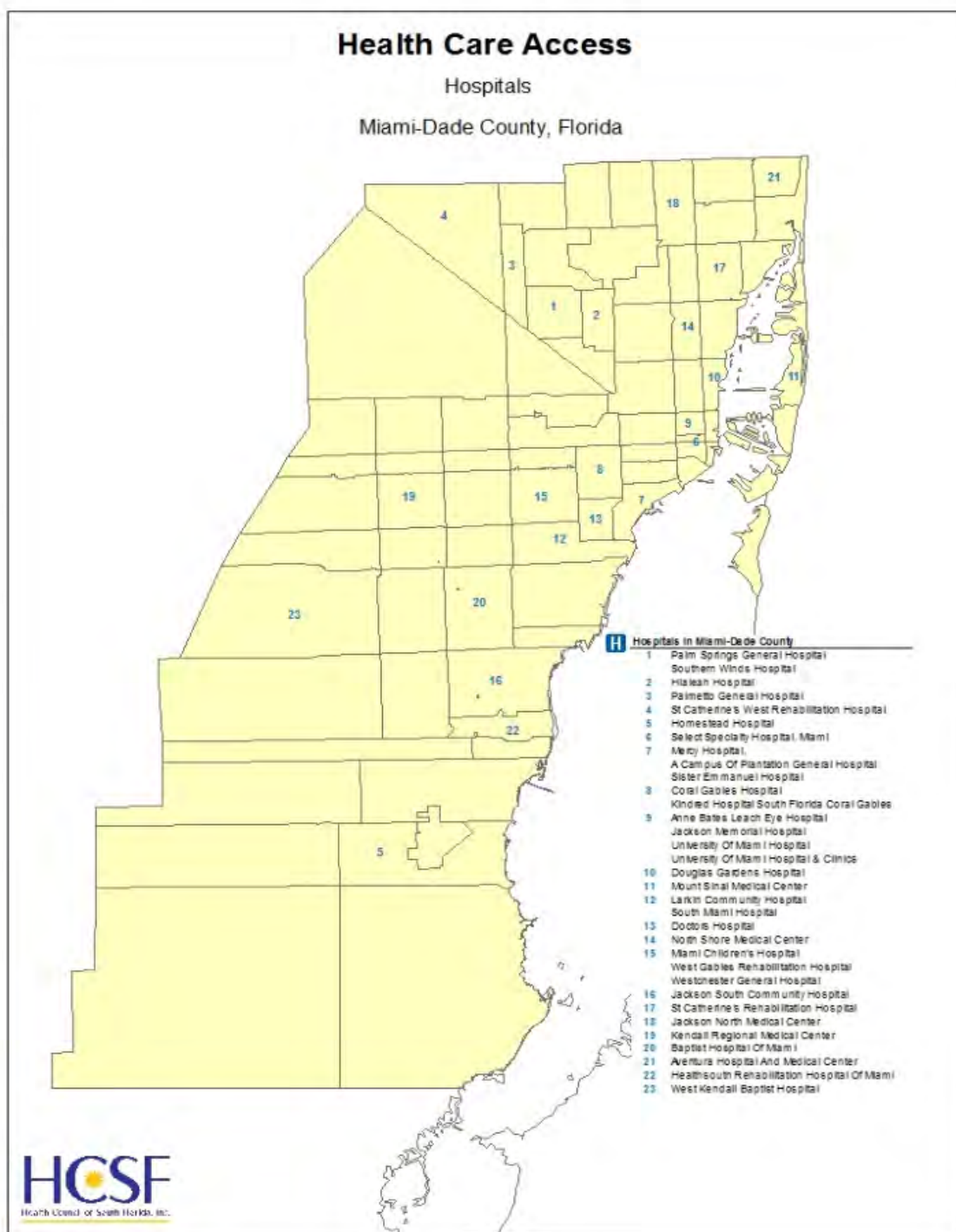
Source: Centers for Disease Control and Prevention Youth Behavior Surveillance System

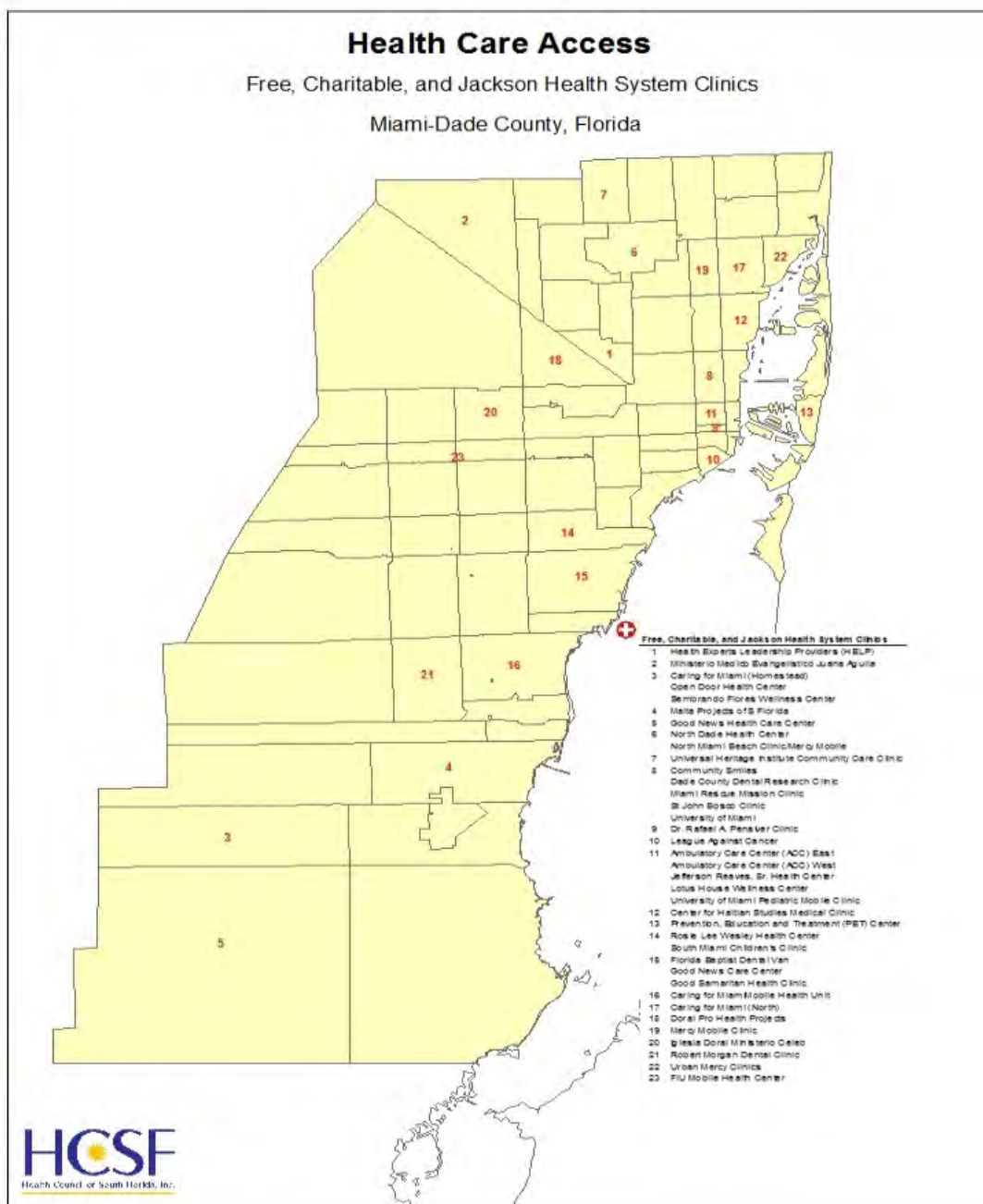
Priority Area 4

D. Lack of Delivery System

Miami-Dade County has a vast healthcare delivery system, however, there are still many residents who face barriers with obtaining and utilizing health services. The maps below depict the access points for emergency and preventative care, which depict clear gaps in two areas; West Miami-Dade County and South Miami-Dade County, both which have seen a major influx in growth in recent years. (See Appendix A for full-size maps)

Map 7: Healthcare Access: Hospitals in Miami-Dade County





Indicator 12, Adults with a Usual Source of Healthcare

In 2010, 78.4% of adults residing in Miami-Dade had one or more personal doctors or primary healthcare providers, as compared to 80.9% statewide. This rate improved from 74.7% in 2007. A far greater proportion, or 97.4% of adults 65 years of age and older reported having a usual source of care as compared to those between the ages of 18 and 44, at 63.7%. A higher proportion of whites had a usual source of healthcare than blacks/African Americans and Hispanics, at 90.2%, 79.8%, and 71.9%, respectively.

Source: Florida Behavioral Risk Factor Surveillance System



Indicator 13, Percentage of Adults who had a Medical Checkup in the Past Year

In 2013, 67.6% of adults residing in Miami-Dade received a medical checkup in the past year, as compared to 70.3% statewide. This rate worsened from 68.6% in 2010. A far greater proportion, or 94.6% of adults 65 years of age and older reported an annual checkup as compared to those between the ages of 18 and 44, at 58.4%. A higher proportion of blacks/African Americans had a usual source of healthcare than whites and Hispanics, at 76.9%, 71.7%, and 66.4%, respectively.

Source: Florida Behavioral Risk Factor Surveillance System

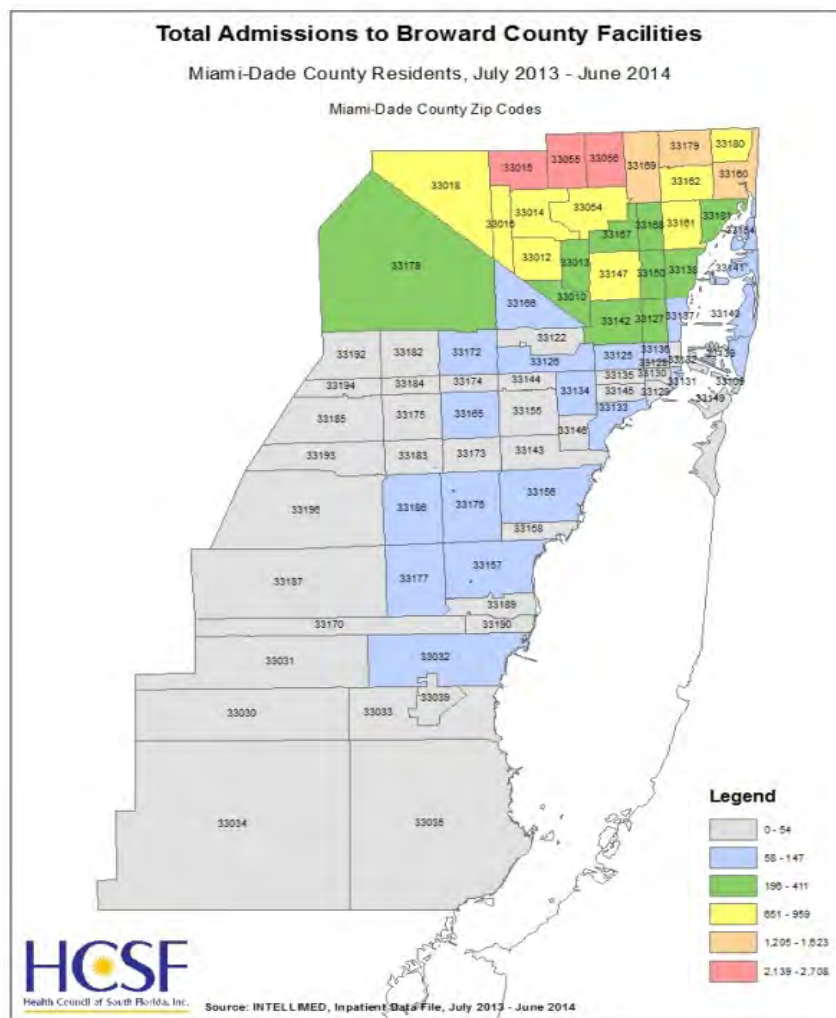


Indicator 14, Percentage of Adults who had Difficulty/Delay in Obtaining Healthcare Services

In 2013, 46.9% of Miami-Dade County adults reported some type of difficulty or delay in obtaining healthcare services in the past year. This was less favorable than the national findings of 37.3%. This rate also marks a significant increase over time, as in 2006 36.8% reported facing difficulties or delays in obtaining healthcare services.

Source: 2013 PRC Miami-Dade County Community Health Needs Assessment Household Survey Report

Map 9: Total Admissions of Miami-Dade County residents to Broward County facilities



Often, Miami-Dade County residents, specifically the most vulnerable are seeking services outside of the county. Map 9 depicts the number of Miami-Dade County residents that were admitted to Broward County facilities between July 2013 and June 2014. This leakage is a problem for Jackson Health System, as many of those patients have some type of insurance coverage (i.e. Medicaid, Medicare or private/commercial coverage) and could be seen at Jackson facilities within Miami-Dade County. (See Appendix S for full-size maps)

Priority Area 5

E. Trauma

According to the American Trauma Society, trauma center levels across the United States are identified in two ways; a designation process and a verification process. In Florida, trauma designation is awarded by the state's Department of Health. The categories that define the national standards for trauma care in hospitals are Level I, II, III, IV or V and refer to the types of resources available in a trauma center and the number of patients admitted annually. Categorization is unique to both adult and pediatric facilities.

Currently, there are two trauma hospitals in Miami-Dade County; Jackson Memorial Hospital's Ryder Trauma Center, which is designated Level I, and Kendall Regional Medical Center, which is designated Level II. Both of these trauma hospitals serve the residents of both Miami-Dade County and Monroe County. In April 2015, Aventura Hospital and Medical Center, part of the Hospital Corporation of America (HCA), received provisional approval to operate a Level II trauma center beginning on May 1, 2015.

In 2013, there were 2,820 trauma patients treated in Miami-Dade County. Of those, 1,761, or 62%, were treated at Ryder Trauma Center. At times, patients traveled for more than 160 miles to receive life-saving care at Jackson Memorial Hospital. Trauma patients resided in the City of Miami, Opa Locka, Hialeah, Miami Gardens, Miami Beach, Key West, Homestead, North Miami Beach, Key Largo, Big Pine Key, Miami Beach, Summerland Key, Marathon, Key Colony Beach, Tavernier, Coral Gables and Key Biscayne.

Trauma patients can be transported in two ways; air and ground transport. In 2013, Ryder Trauma Center received 3,780 trauma patients. The majority, or 81% of the patients, arrived via ground transportation, while 19% arrived via airlift.



V. JACKSON HEALTH SYSTEM

A. Programs and Services

The following is a list of programs and services that Jackson Health System offers to the residents of South Florida.:

24/7 Emergency Care	Pediatrics
Bloodless Medicine/Surgery	Pulmonology
Breast Health	Radiology
Cardiology (Heart & Vascular)	Reproductive Endocrinology
Dermatology	Rape Treatment
Otolaryngology (Ear, Nose and Throat)	Rehabilitation
Fetal Therapy	Ryder Trauma Center
FIU Endovascular Institute	Stroke
Fibroid Treatment Center	Surgery
Gastroenterology	Transplant
Gynecology	<ul style="list-style-type: none">• Adult & Pediatric Kidney Transplant
HIV/AIDS	<ul style="list-style-type: none">• Adult & Pediatric Heart Transplant
Hyperbaric Medicine	<ul style="list-style-type: none">• Adult & Pediatric Liver Transplant
Intensive Care	<ul style="list-style-type: none">• Adult & Pediatric Lung Transplant
Mental & Behavioral Health	<ul style="list-style-type: none">• Adult & Pediatric Pancreas and Kidney/Pancreas Transplant
Nephrology	<ul style="list-style-type: none">• Adult & Pediatric Intestinal and Multivisceral Transplant
Neurology/Neurosurgery	<ul style="list-style-type: none">• Adult Living Donor Kidney Transplant
Obstetrics (Maternity)	Urology
Oncology (Cancer)	Weightloss Surgery
OrthopaedicsPathology	Wound Care
Pain Center	



Jackson Behavioral Health Hospital

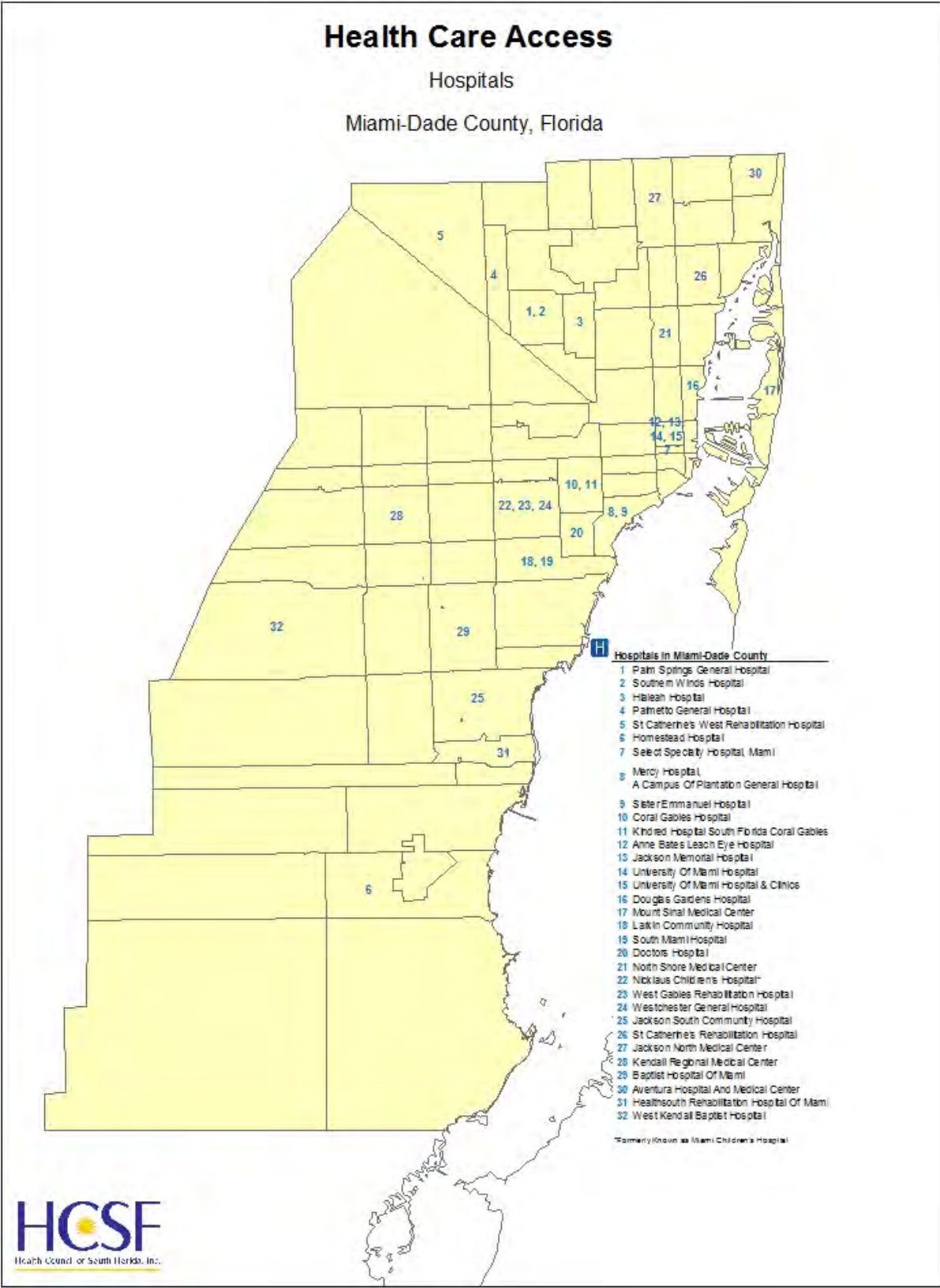


Jackson International

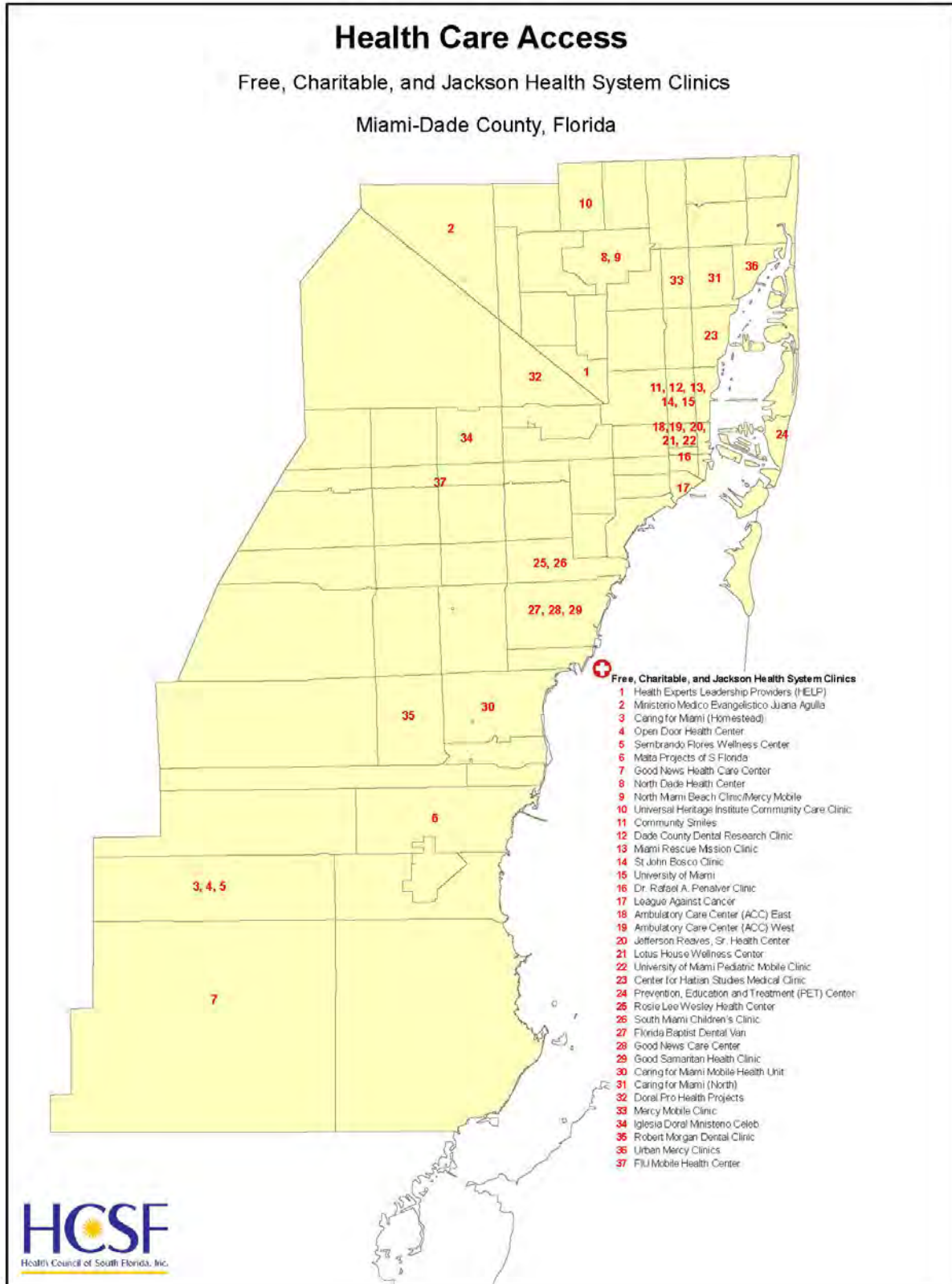
B. Locations



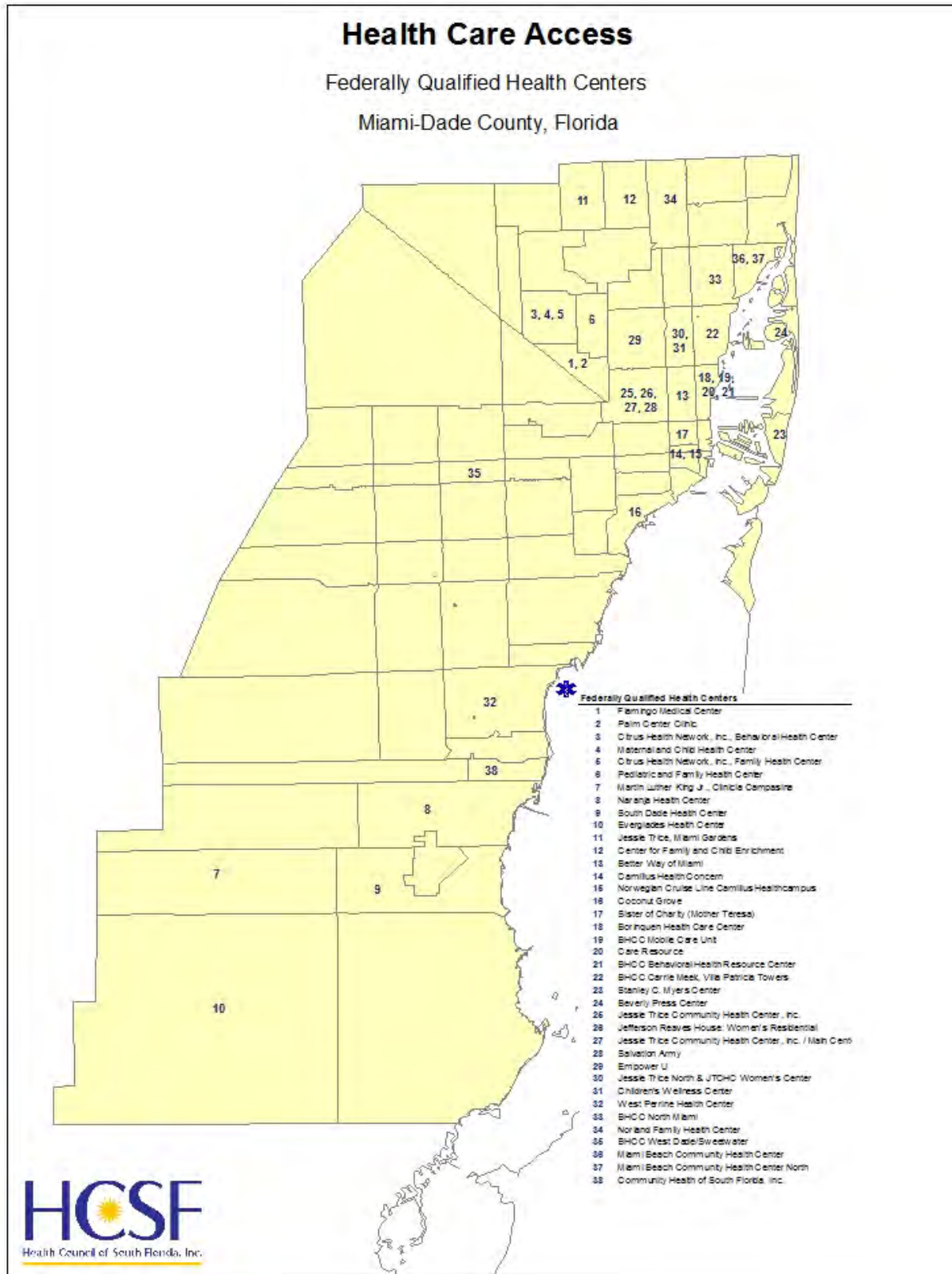
VI. APPENDIX



**Appendix A (2): Jackson Health System Patient Service Area Health Assets Map
Free, Charitable & Jackson Health System Clinics**



Appendix A (3): Jackson Health System Patient Service Area Health Assets Map Federally Qualified Health Centers



Appendix B: *Healthy People 2020* Benchmark Comparisons

Where data are available, Miami-Dade County health and quality of life indicators are compared to *Healthy People 2020* national objectives. Indicators in **bold** do not meet the established benchmarks. Indicators that are not in bold meet or exceed national benchmarks.

Miami-Dade County Indicators	<i>Healthy People 2020</i> Objectives
Diabetes deaths 20.2 per 100,000	Diabetes deaths 66.6 per 100,000
Stroke deaths 28.1 per 100,000	Stroke deaths 34.8 per 100,000
Early prenatal care 86.7% of pregnant women	Early prenatal care 77.6% of pregnant women
Low birth weight infants 8.5% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.4 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Child health insurance rate 88.1%	Child health insurance rate 100%
Adult health insurance rate 59.5%	Adult health insurance rate 100%
Adults with an ongoing source of care 78.4%	Adults with an ongoing source of care 89.4%
Adults who are obese 29.3%	Adults who are obese 30.5%
Adults engaging in binge drinking 10.9%	Adults engaging in binge drinking 24.4%
Cigarette smoking by adults 10.6%	Cigarette smoking by adults 12%
Annual senior influenza vaccination 50.8%	Annual senior influenza vaccination 90%
Adults ages 50+ who receive colorectal cancer screening 10.6%	Adults ages 50+ who receive colorectal cancer screening 70.5%
Adult women who have had a Pap smear in the past yr. 56.9%	Adult women who have had a Pap smear in the past yr. 93%
Women over 40 who have had a mammogram in the last two years 64.2%	Women over 40 who have had a mammogram in the last two years 81.1%

Appendix C: Jackson Health System Leadership In-depth Interview Participants

February 2015 Community Health Needs Assessment Interviews

Senior VP and Chief Executive Officer	Jackson North Medical Center
VP and Chief Operating Officer	Jackson North Medical Center
Chief Financial Officer	Jackson North Medical Center
Director, Business Development	Jackson North Medical Center
Senior VP and Chief Executive Officer	Holtz Children's Hospital
Chief Financial Officer	Holtz Children's Hospital
Senior VP and Chief Executive Officer	Jackson Behavioral Health Hospital
Senior VP and Chief Executive Officer	Jackson South Community Hospital
Associate Administrator, Quality	Jackson South Community Hospital
Director, Physician Business Development	Jackson South Community Hospital
Associate VP, Communications and Outreach	Jackson Health System External Affairs
Project Manager	Jackson Health System External Affairs
Executive Director	Jefferson Reaves Sr. Health Center
Assistant VP and Chief Administrative Officer	Jackson Health System Ambulatory and Primary Care Services

Appendix D: Jackson Health System Leadership: In-depth Interview Summary

A. Strengths/Greatest Impact Toward Health Outcome Improvement

Question: What do you consider to be Jackson Health's greatest strengths in its current efforts to promote excellence in healthcare, and to improve health outcomes for South Florida residents?

- Mission driven institution that provides access to care for the poor and uninsured regardless of payer source
- Significant provider of primary care to serve the poor or underinsured throughout Miami-Dade County
- Centers for Excellence: Ryder Trauma, Transplant, Urology, Maternal & Child Health, Neurology
- Comprehensive provider of tertiary care in South Florida
- Offers unique coupling of high-risk maternity with the highest level neonatal intensive care unit (NICU) available, with a cadre of pediatric specialists
- Provides a full gamut of services, including psychiatric care
- Availability of inpatient care with multiple accessibility points within the community
- Strong, well-respected partnership with the University of Miami and the UM Health System
- Only true safety-net hospital in Miami-Dade County
- A well-known and respected teaching hospital for primary, specialty and trauma care in the United States

B. Challenges or barriers that JHS may encounter in its efforts to improve health outcomes

Question: Do you foresee any significant external challenges that Jackson Health System may encounter in its efforts to improve health outcomes in Miami-Dade? Are there any internal challenges that may also need to be considered in a long term strategic plan?

External Barriers

- Elimination of Low Income Pool (LIP) funding would be extremely detrimental to the ability to serve residents of Miami-Dade County
- Affordable Care Act/Health Insurance Marketplace Plans
- Many Marketplace plans have high deductibles
- Lack of Medicaid Expansion in the State of Florida
- Rigorous adult eligibility requirements for Florida Medicaid
- On-going legislative and political climates at local, state and national level
- System serves a disproportionate amount of Medicaid patients in the Miami-Dade County market
- Local healthcare concerns are not always aligned with state and national priorities
- Narrow networks with insurance providers
- Changes in payment and reimbursement models from insurers, both public and private
- Difficult to make drastic changes within healthcare systems
- Economic conditions on a local, state and national level affect potential revenues for the health system
- Being tied financially to the County, a plus but also a minus, as public funding can change depending on the situation
- Policy and major decisions that impact healthcare are often made by individuals without a clinical or healthcare background
- The system spends a large sum of money getting uninsured patients qualified for applicable programs, such as Medicaid
- Individuals with insurance do not consider the system as a first choice for care/treatment
- Efforts to increase the number of medical schools in the State of Florida has a detrimental effect, as many students receive their training and go through residency in the State, but end up leaving and practicing in other markets

-
- Limitations within managed care insurance networks raise concerns as alignment with contracted providers may not allow for best/highest level of patient care

Internal Barriers

- Inability to generate operating income from non-governmental sources to sustain the current infrastructure of the system
- Bond program will assist with increasing the systems' ability to be successful and competitive in the South Florida market. However, long-term capital needs are tremendous due to the infrastructure of the system
- Miami-Dade County partnership is a double-edged sword because but also limits business opportunities, but allows the system to capitalize on County funding when available.
- Shift from recovery/crisis mode to short- and long-term strategic planning efforts
- Limited ability to implement innovative measures within the system, including technology
- Constant on-going insurance plan negotiations, resulting in a high turnover rate for affiliated providers

C. Opportunities that would strengthen Jackson's ability to positively impact leading health indicators

Question: Do you see any emerging business or partnership opportunities that would strengthen Jackson's ability to positively impact the leading health indicators?

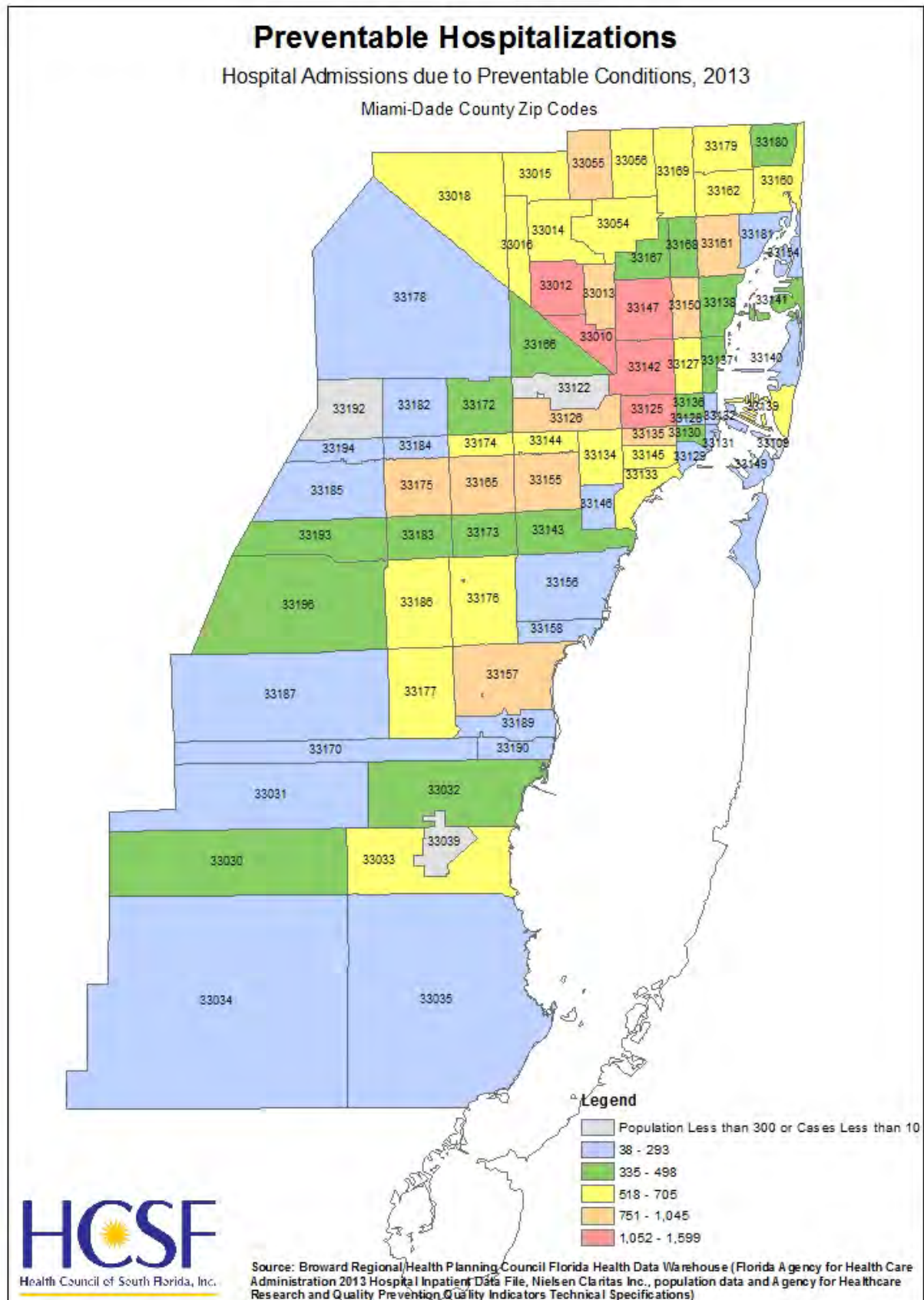
- Implementation of a Health Information Exchange
- Working with information technology firms and other innovative groups within the community
- Establishing a partnerships with managed care companies to be their exclusive provider for quality care healthcare services at target prices
- Strengthen partnership with Florida International University College of Medicine as it continues to grow
- Enhance private and public partnerships across the board
- Remaining the major tertiary care facility in this County
- Emphasize strengths and reduce duplication of service lines within the community
- Driving individuals to its established specialty services and reduce compete with other entities
- Reducing the duplication of services in the community and work with willing partners
- Development of ambulatory network strategies for both the insured and uninsured
- Promoting increased coordination of care and compliance to increase community-wide health outcomes
- Consideration of placing services in areas where they are high numbers of insured patients that are also easily accessible by the underserved and uninsured are
- Shift business and marketing strategies to focus on customer service and partnership development
- Launch marketing campaigns to shift communities' perceptions and misconceptions of health system
- Increased ability to manage those with chronic diseases in the community, rather than at inpatient facilities
- Increase collaborative opportunities with partners (i.e. managed care companies) to provide community-based education sessions, with an emphasis on prevention
- Enhance the patient experience, to match system's high-quality of care standards to assist with enhanced community reputation and an overall reduction in overall costs
- Implement capital and facility upgrades in maternity facilities to accommodate increased births throughout the system
- Expand outside current market, including increased promotion of Centers of Excellence and other established service lines
- Focus on establishing a presence in areas where young families reside, (i.e. Northwest and Southwest areas of Miami-Dade County)
- Expanding use of innovation and cost saving strategies (i.e. Robotics management in the ED's)
- Increase efficiencies and successful strategies from other sectors
- Enhance research efforts through grant supports

-
- Worthwhile to start to change branding in different kind of way and to realize that these opportunities lead to other roots
 - Implementing efforts to decrease readmission rates across all lines of services and all facilities
 - Increased need for the establishment of healthcare homes
 - Increased need for additional community-based access point centers for the system (i.e. primary, specialty, surgical, and urgent care centers)
 - Formation of employer-based clinics for large scale employees (i.e. school board, county government, etc.)
 - Stronger clinical management agreements
 - Increased accuracy of billing as well as the alignment of fee schedules
 - Improve overall HCAHPS scores
 - Evaluate potential to increase medical tourism at facilities

D. Opportunities for Jackson Health System to improve access to healthcare services for those in greatest need

Question: Are there opportunities for Jackson Health to improve access to health services for those in greatest need?

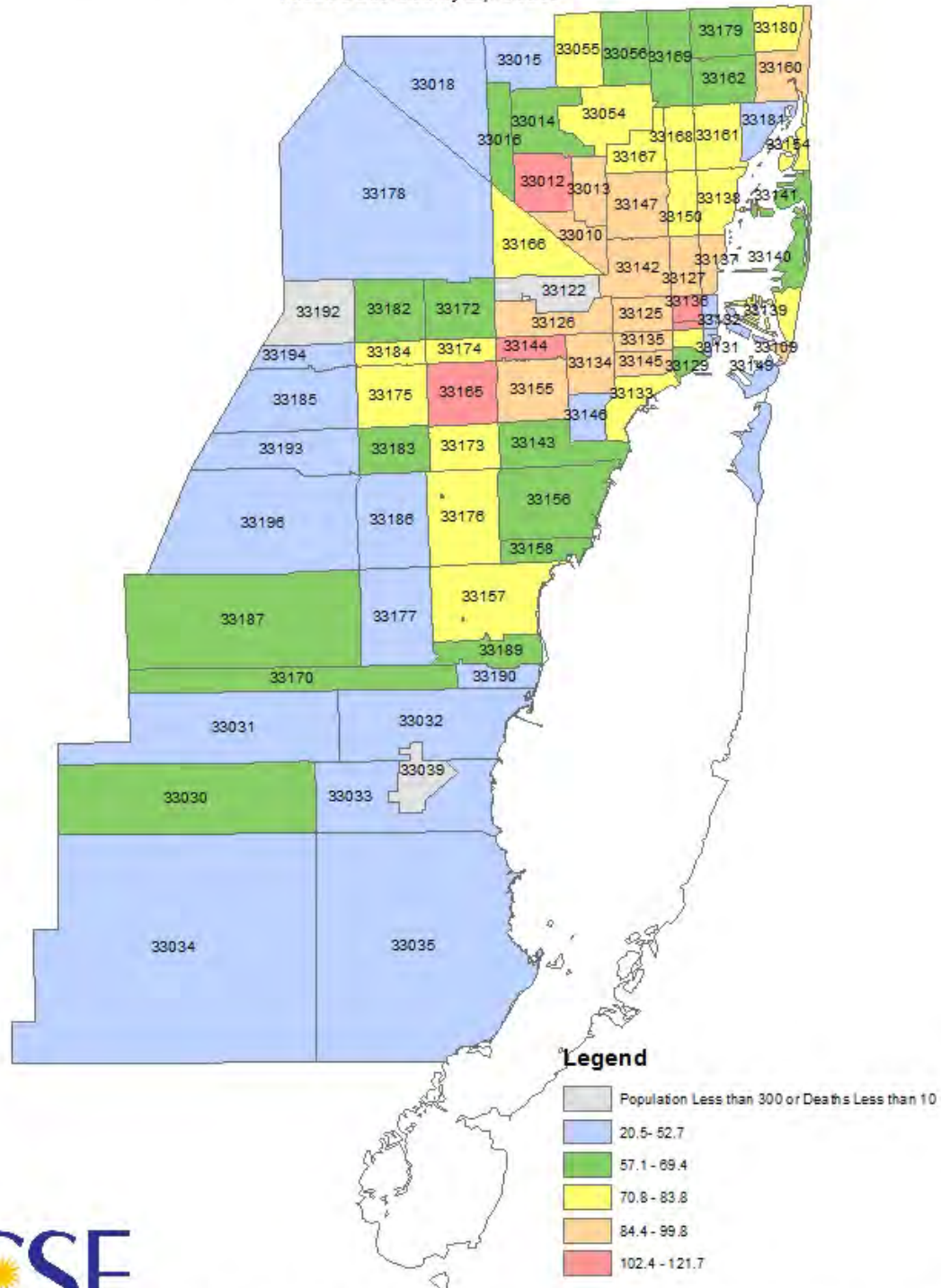
- Implementation of best practices from other industries
- Customer service - Becoming customer service ambassadors
- Improving access to services
- Process improvements – Six Sigma & LEAN
- Cutting wait times for an appointment
- Seamless functionality/operations internally and with the University of Miami Health System
- Work more as a system than as individual hospitals/facilities
- Increase the number of access points within the community



Crude Death Rate Due to All Causes, 2013

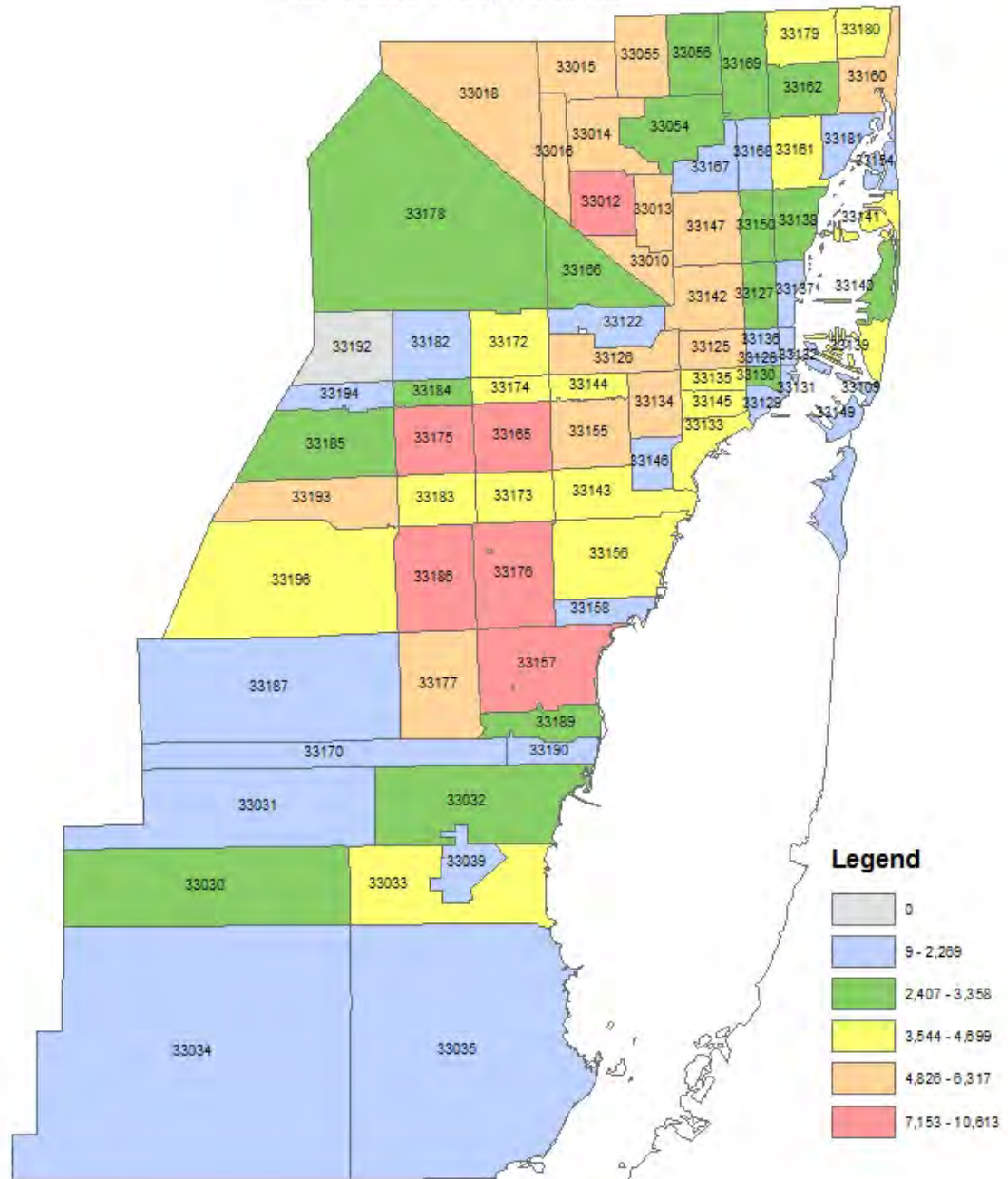
(Per 10,000 Population)

Miami-Dade County Zip Codes



Total Ambulatory Visits by Zip Code, 2013

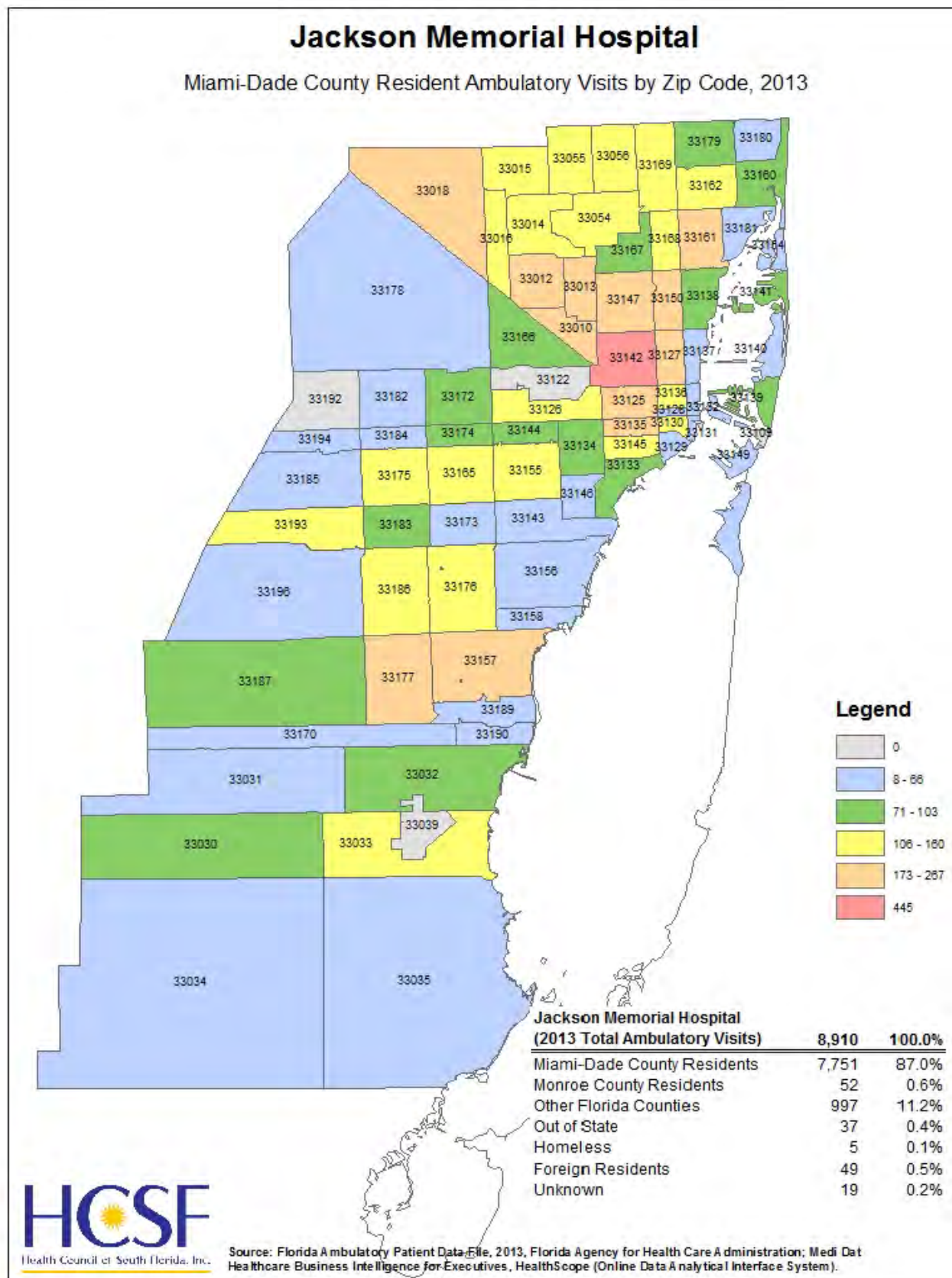
Miami-Dade County Residents

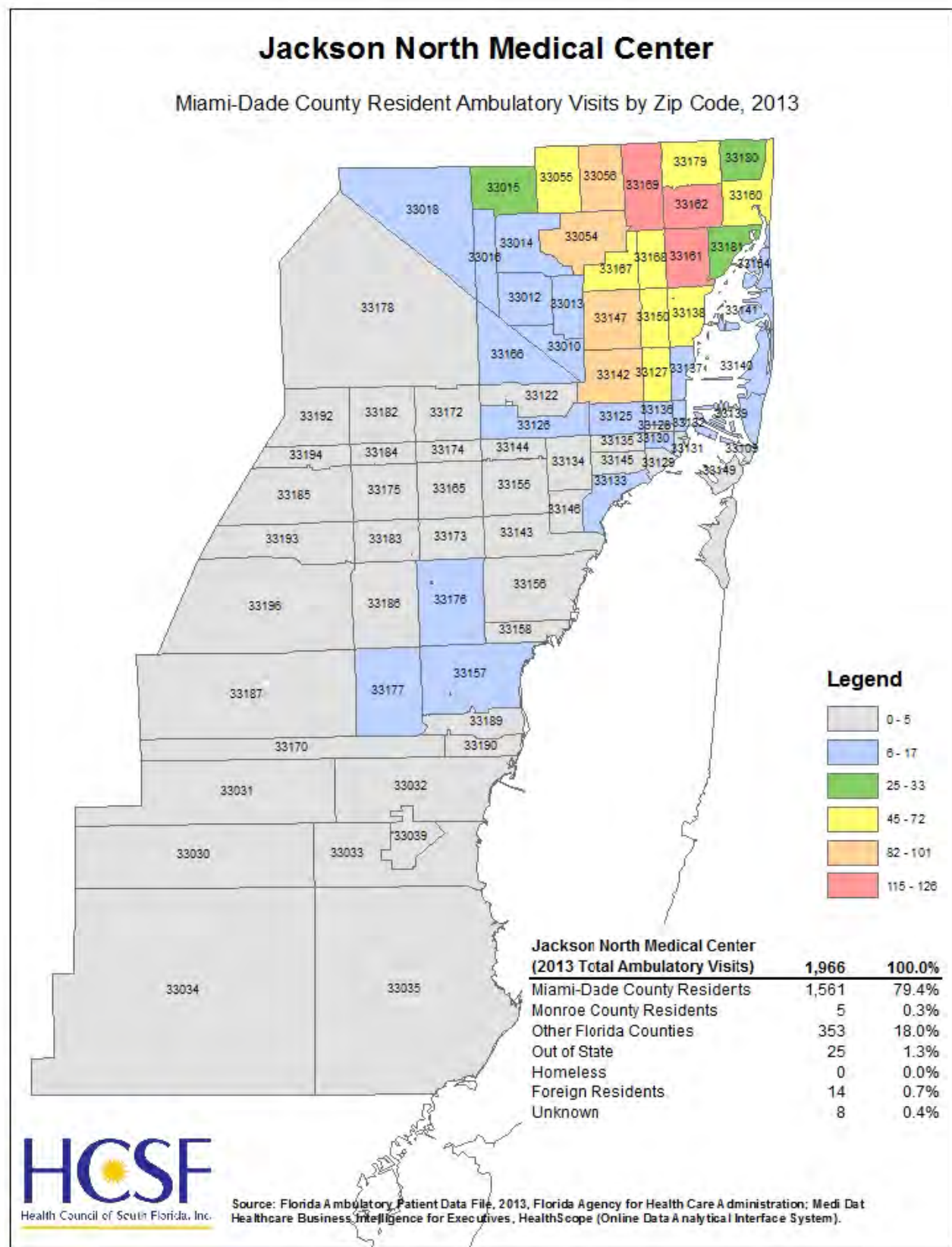


Miami-Dade County Residents (2013 Total Ambulatory Visits)		
Miami-Dade County Hospitals	267,929	94.0%
Monroe County Hospitals	30	0.01%
Other Florida County Hospitals	16,968	6.0%

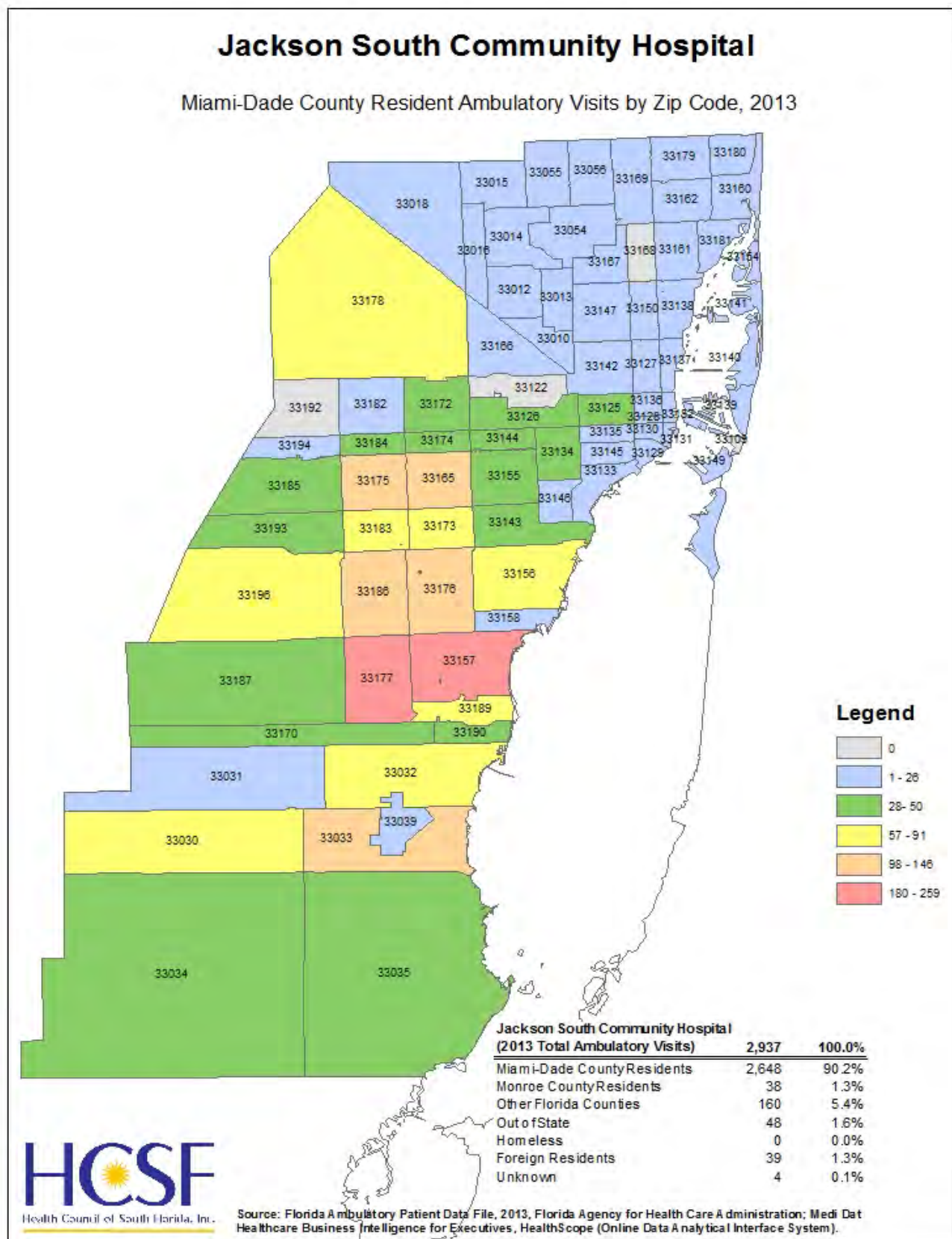


Source: Florida Ambulatory Patient Data File, 2013, Florida Agency for Health Care Administration; Medi Dat Healthcare Business Intelligence for Executives, HealthScope (Online Data Analytical Interface System).

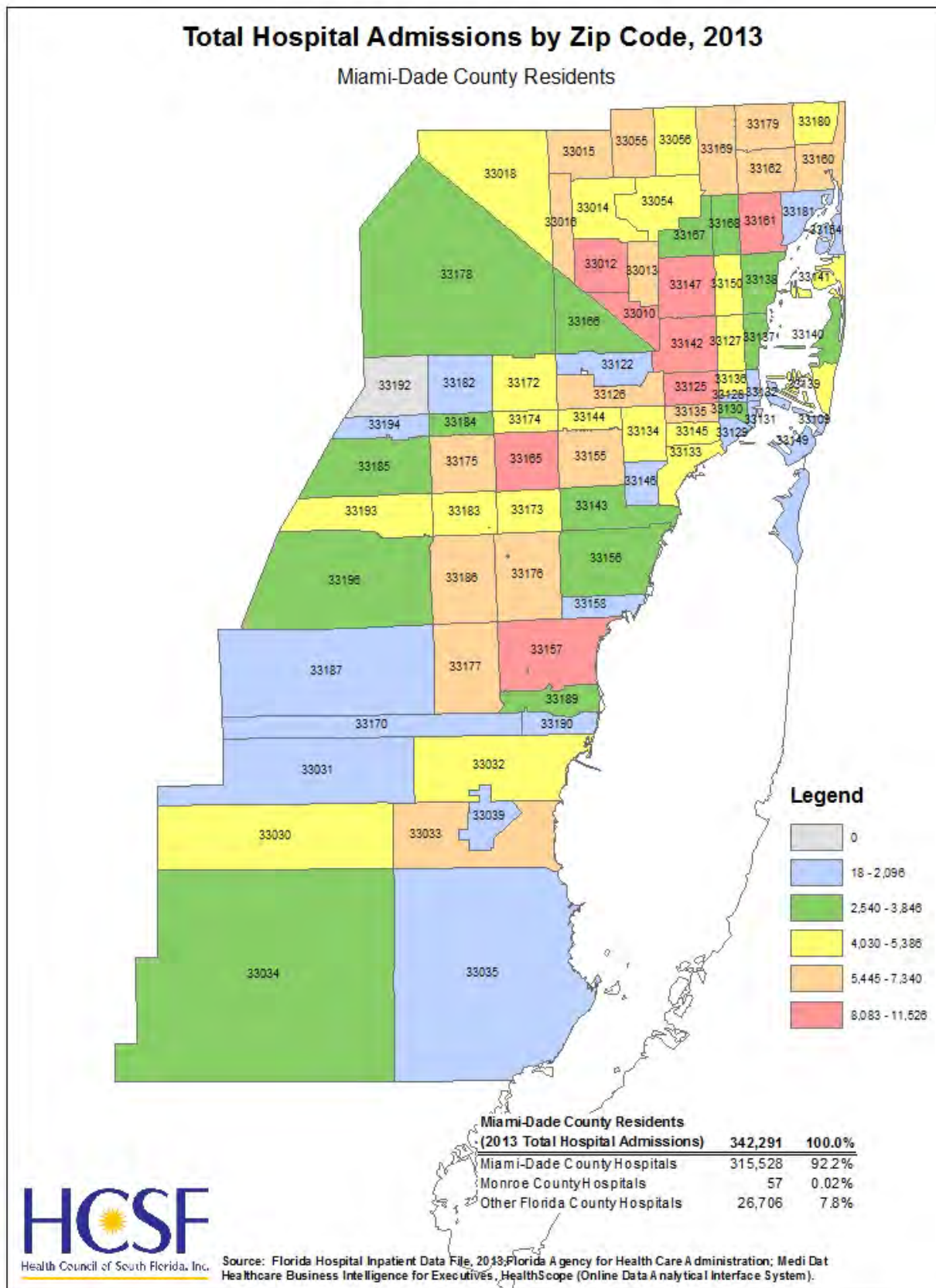


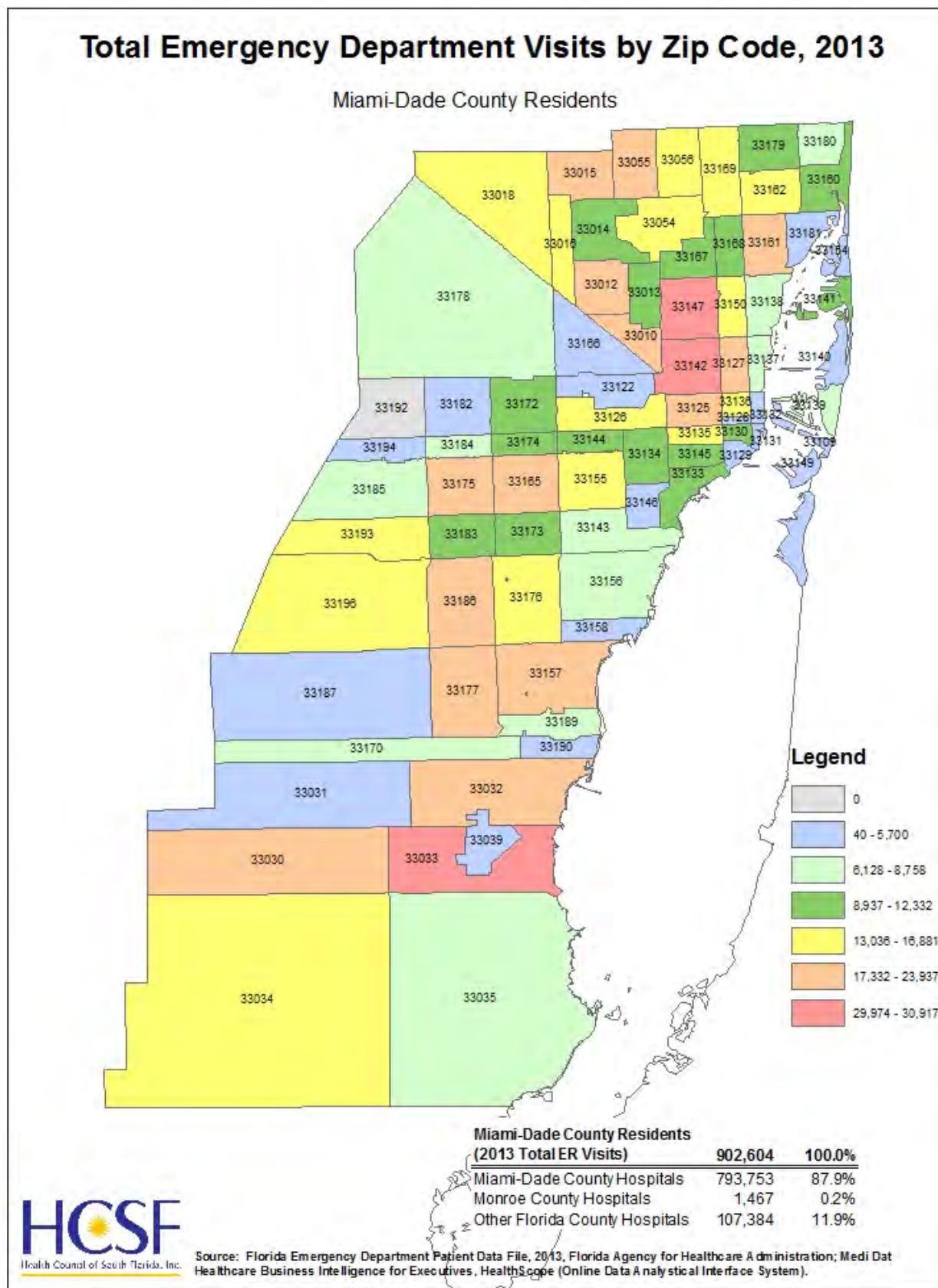


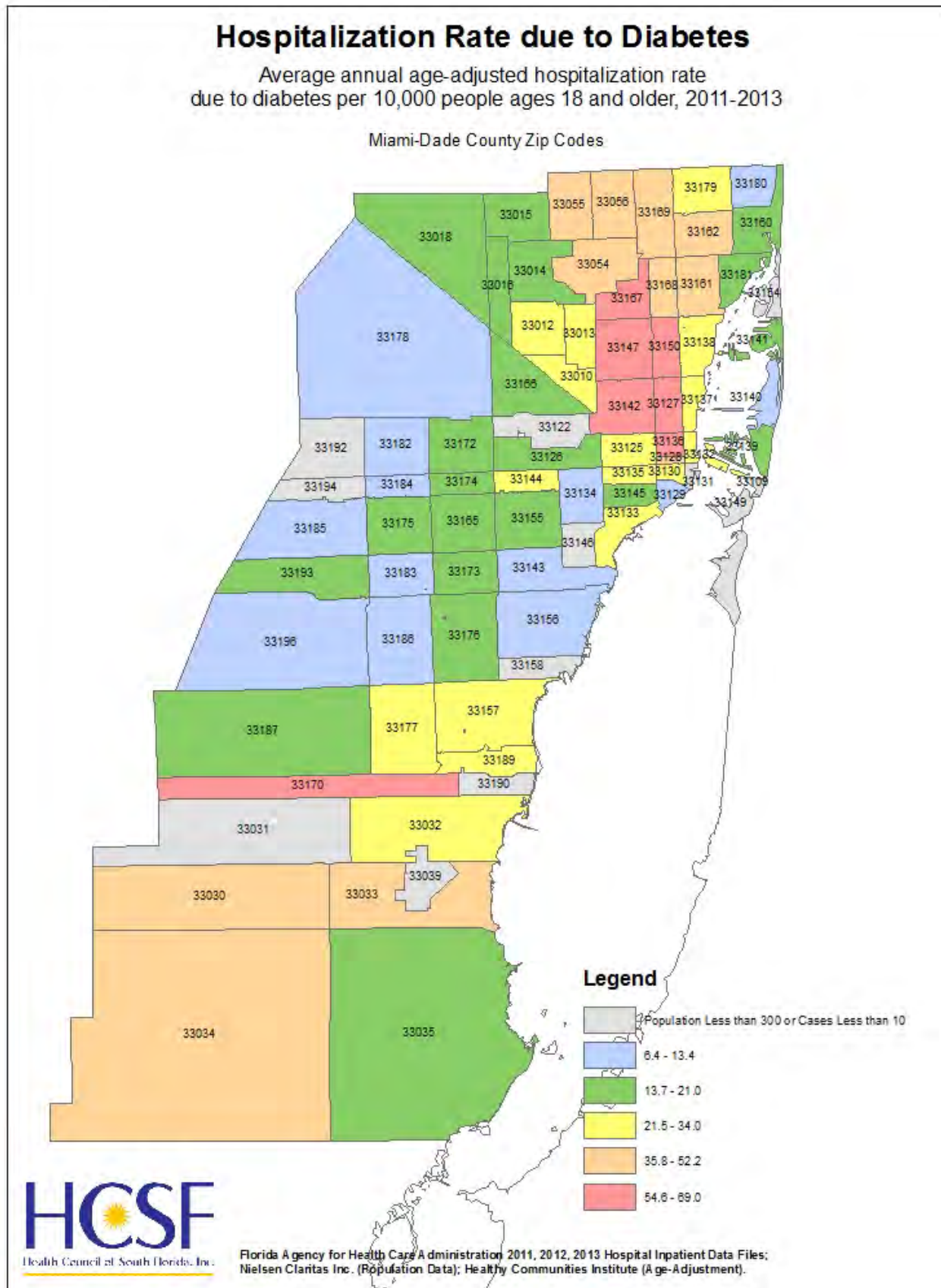
Appendix J: Jackson South Community Hospital 2013 Miami-Dade County Resident Ambulatory Visits

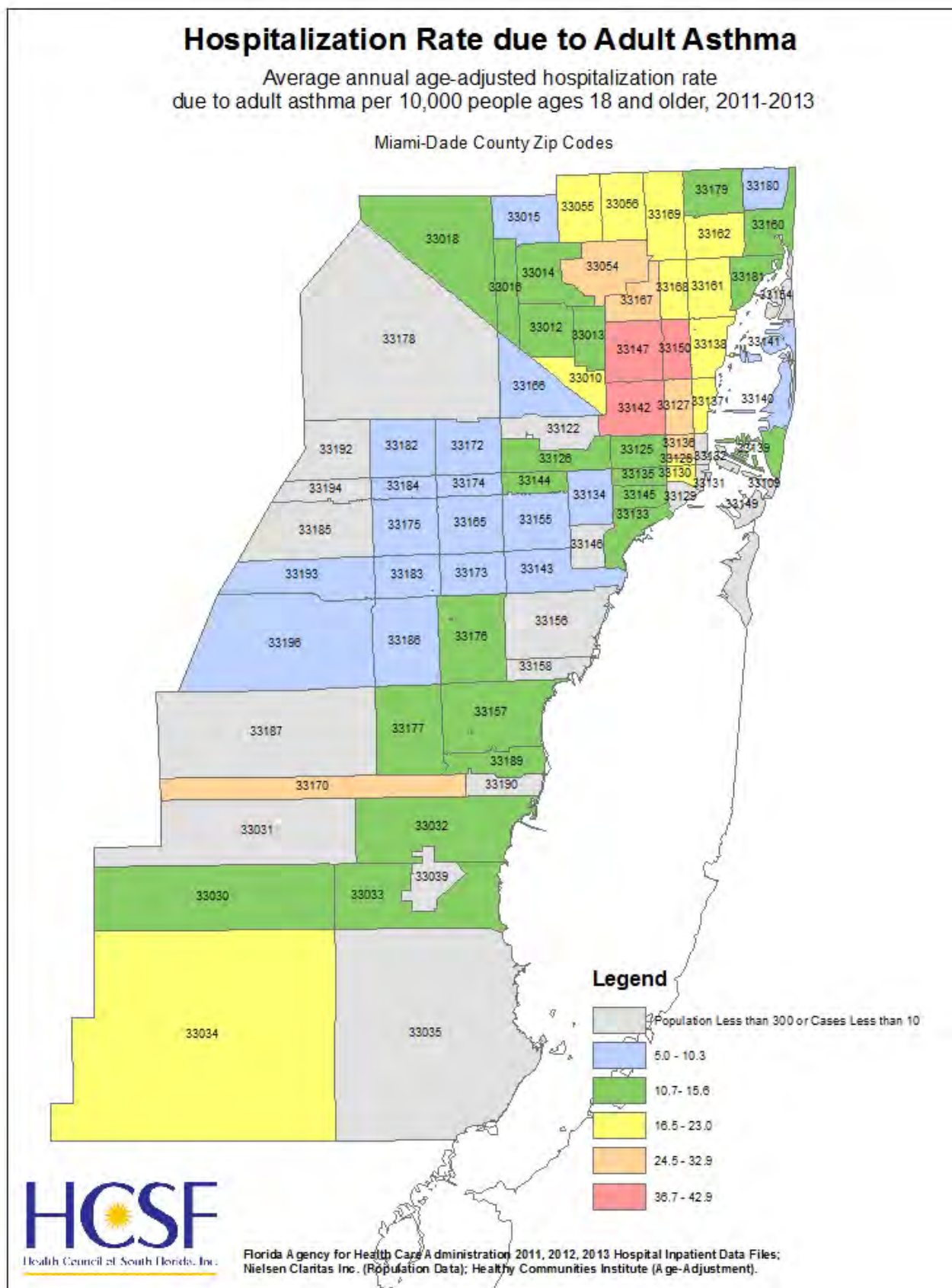


Appendix K: Jackson Health System 2013 Miami-Dade County Resident Admissions





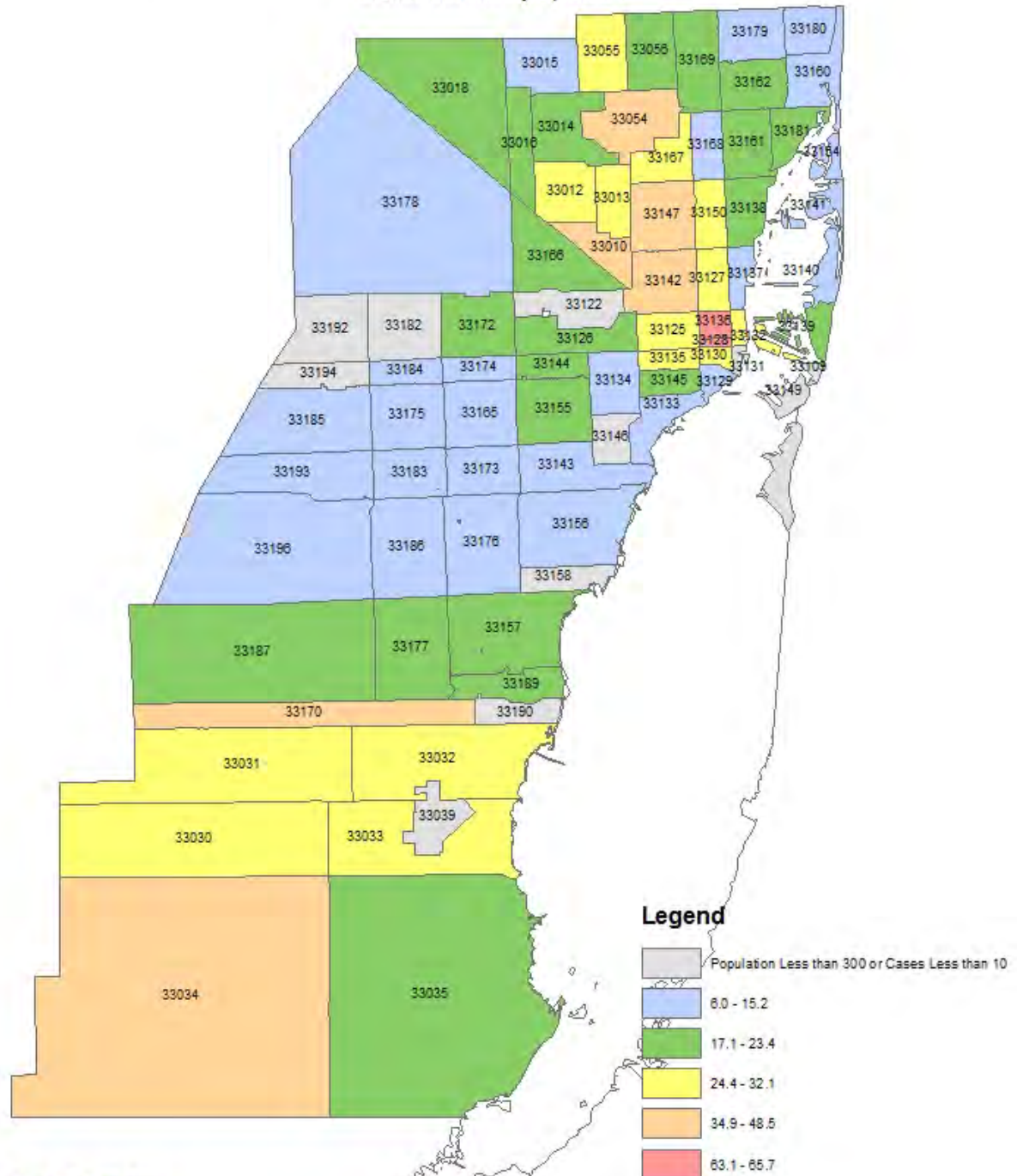




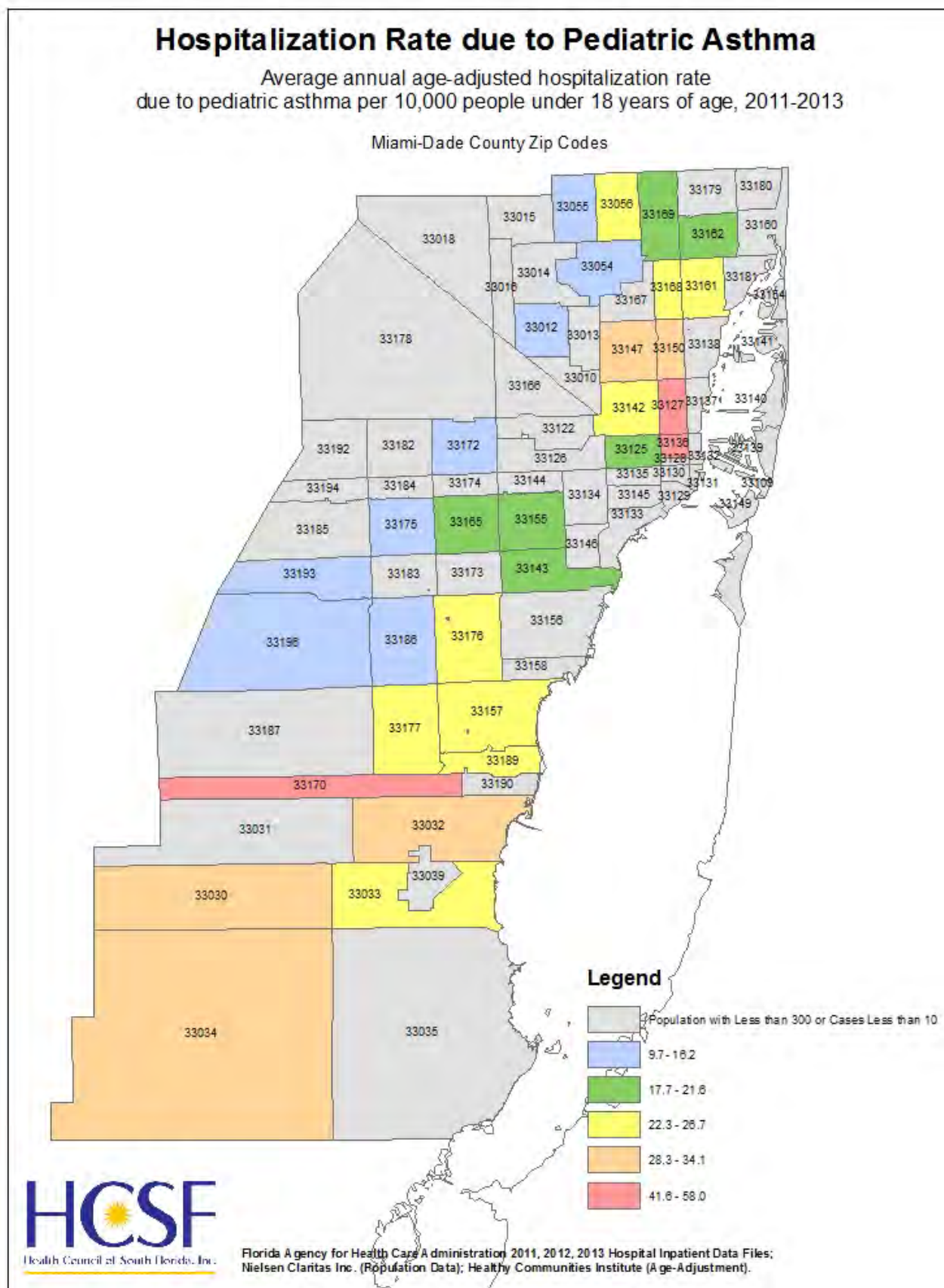
Hospitalization Rate due to Chronic Obstructive Pulmonary Disease

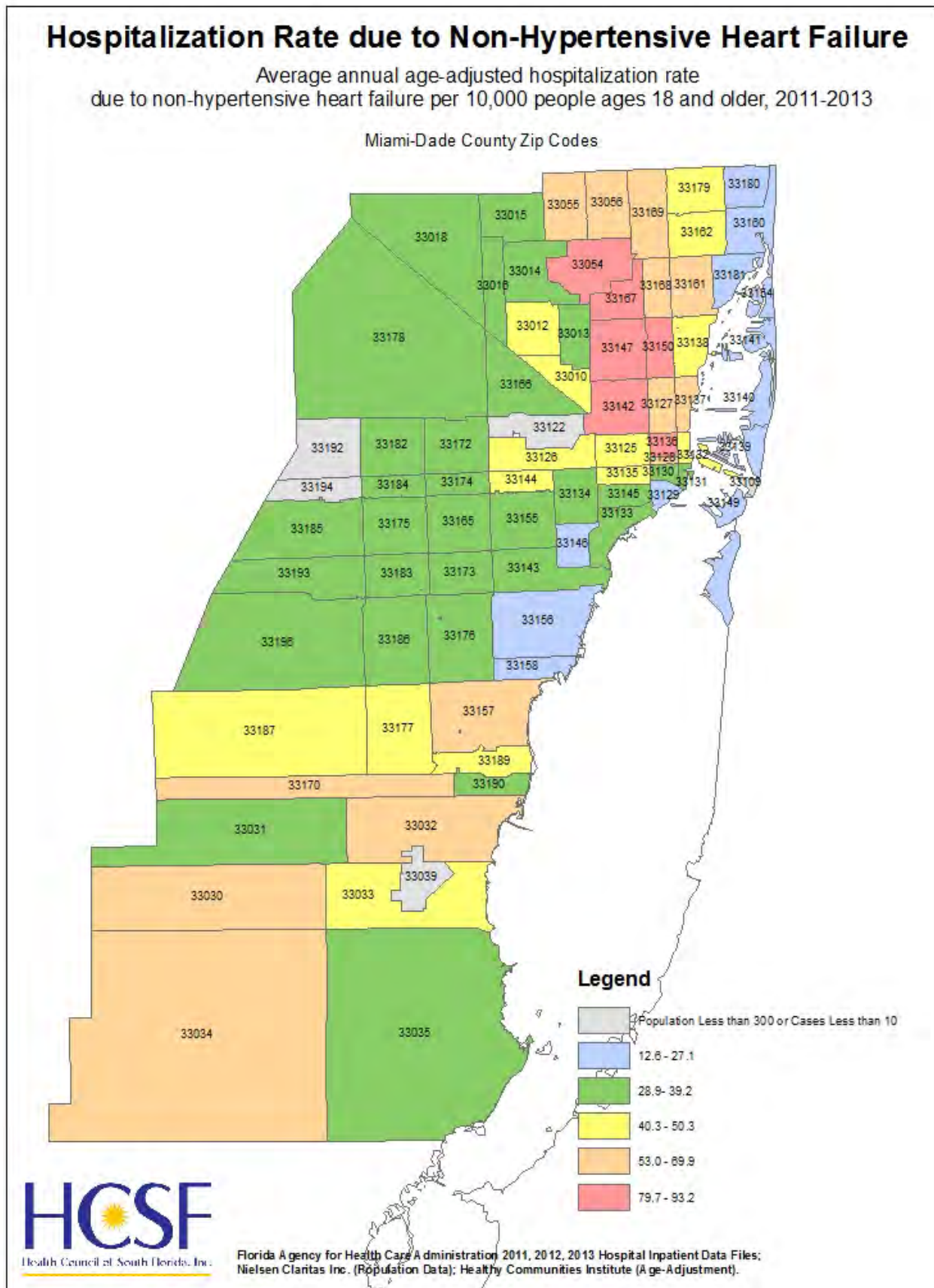
Average annual age-adjusted hospitalization rate due to COPD
per 10,000 people ages 18 and older, 2011-2013

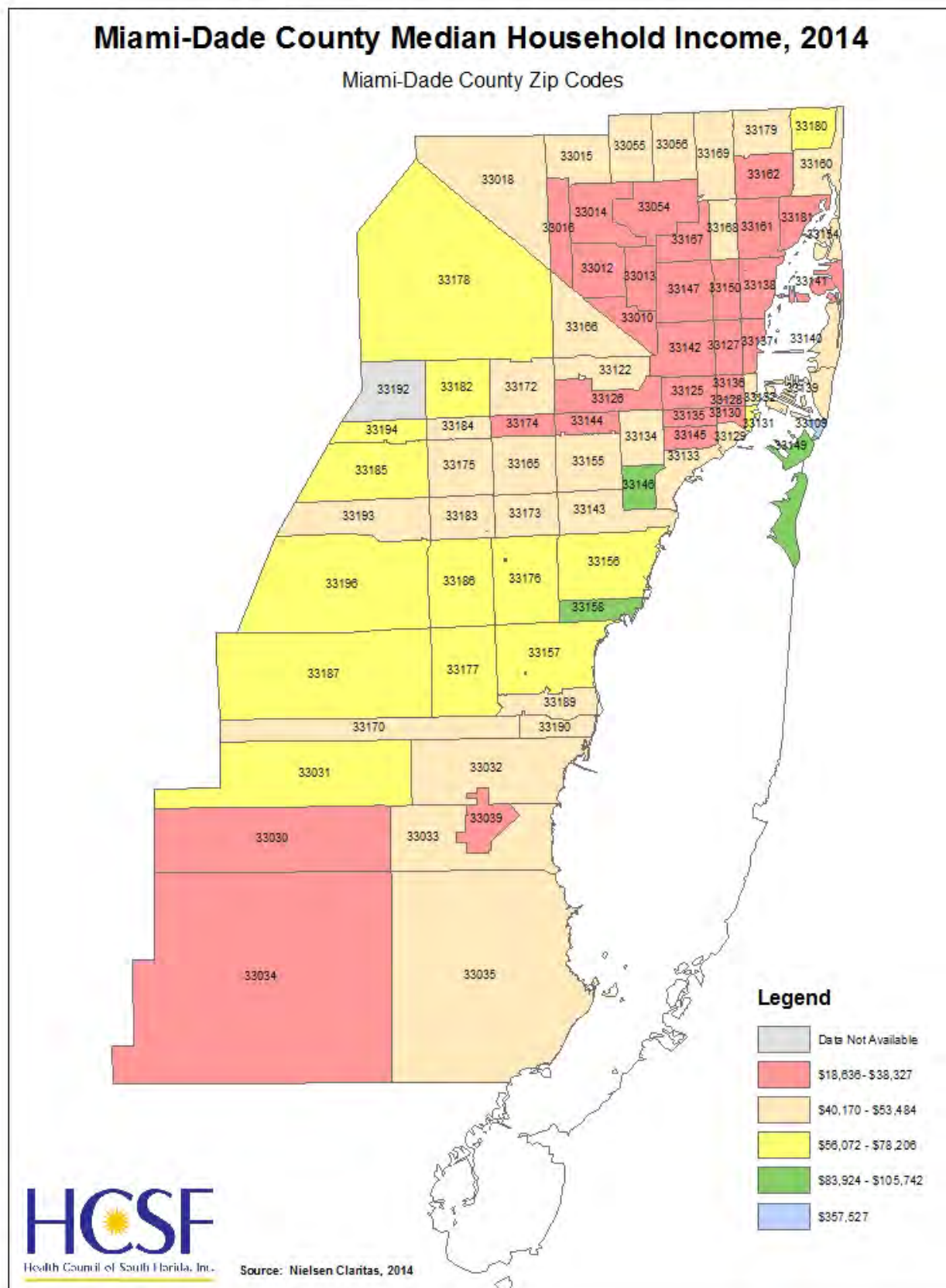
Miami-Dade County Zip Codes



Source: Florida Agency for Health Care Administration 2011, 2012, 2013 Hospital Inpatient Data Files; Nielsen Claritas Inc. (Population Data); Healthy Communities Institute (Age-Adjustment).

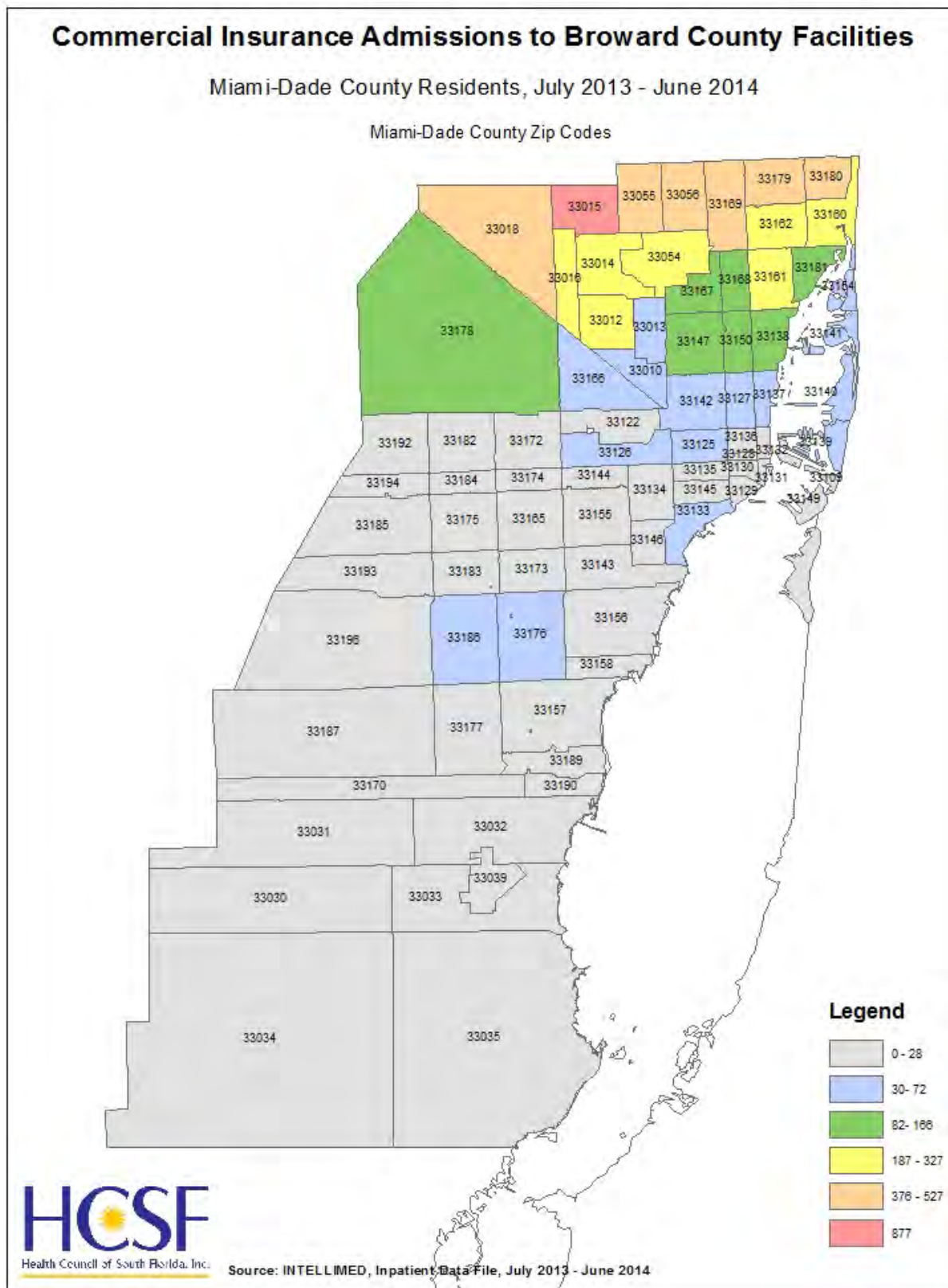




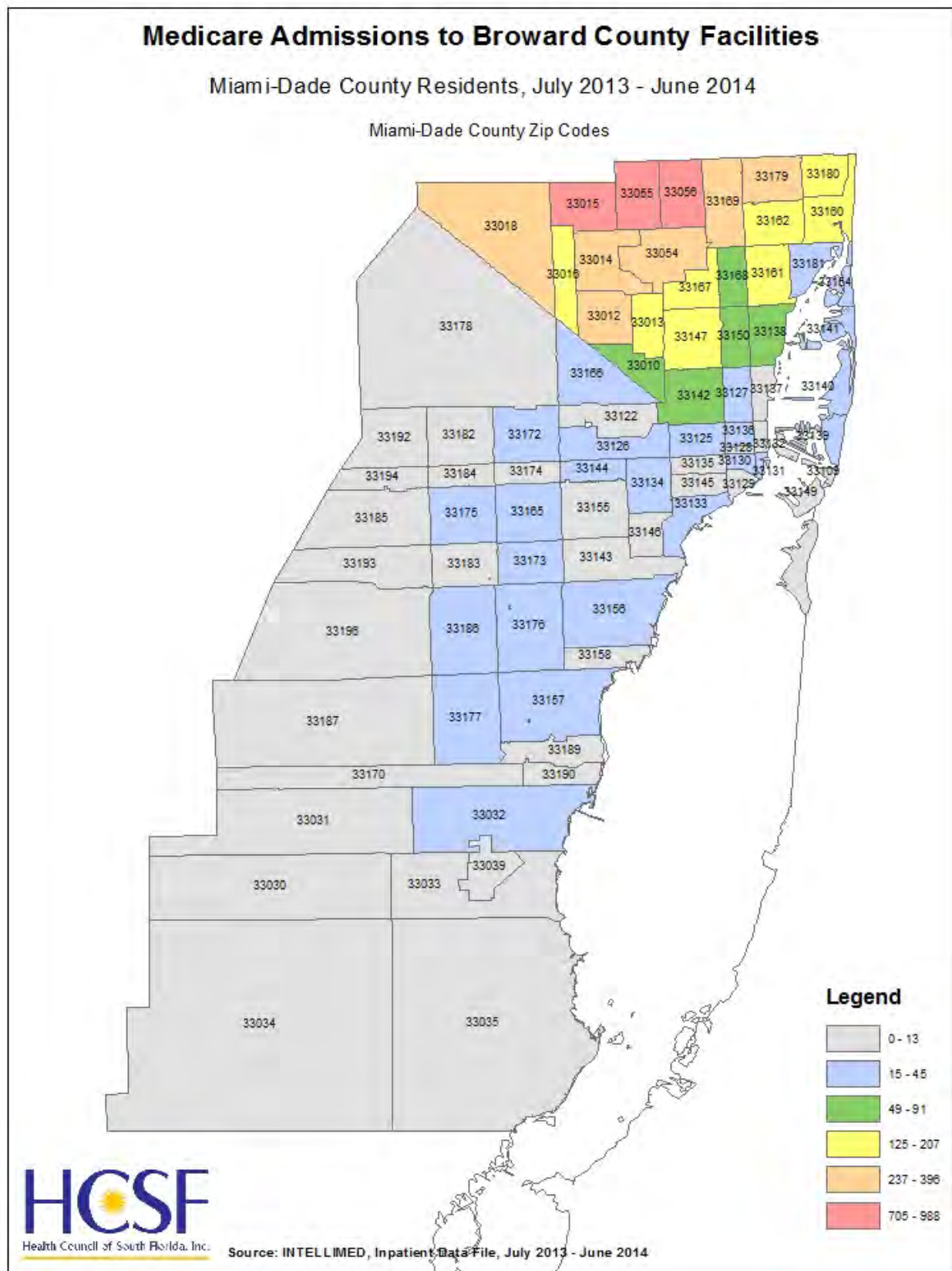


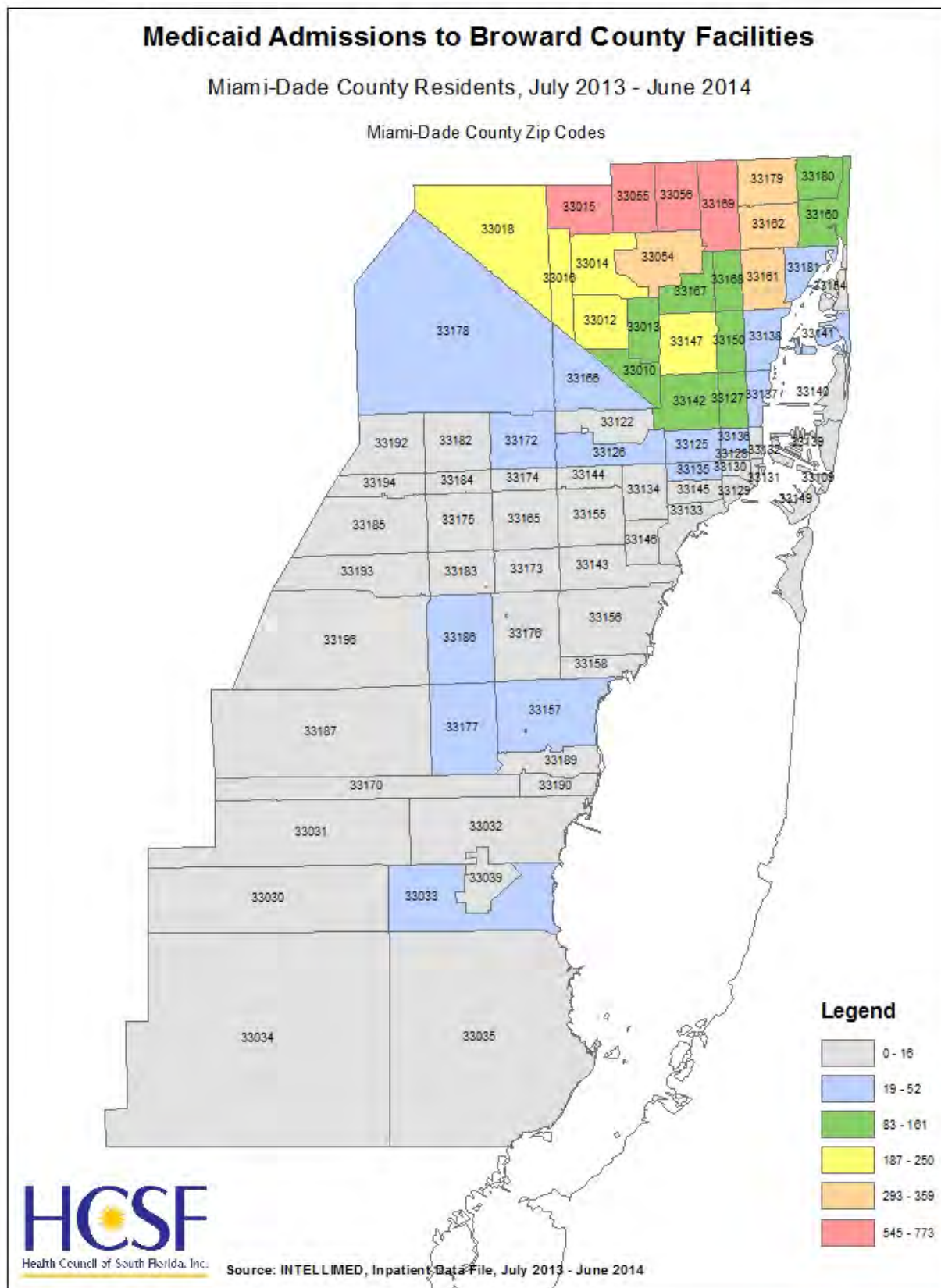


Appendix S (2): Miami-Dade County Residents Admitted to Broward County Facilities
Commercial Insurance Admissions



**Appendix S (3): Miami-Dade County Residents Admitted to Broward County Facilities
Medicare Admissions**





**Appendix S (5): Miami-Dade County Residents Admitted to Broward County Facilities
Uninsured Admissions**

