

Jackson Health System Community Health Needs Assessment 2017



Prepared by Health Council of South Florida

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Overview of Jackson Health System

For almost a century, Jackson Health System (JHS) has been making miracles daily in Miami-Dade County. Established in 1918 as a 13-bed hospital, the organization has grown to become one of the largest nonprofit academic medical system in the nation, offering world-class care to any person who walks through its doors. With a mission to improve the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County, JHS is governed by the Public Health Trust Board of Trustees, a dedicated team of citizen volunteers acting on behalf of the Miami-Dade Board of County Commissioners.

Offering an integrated healthcare delivery approach, the system consists of its centerpiece, Jackson Memorial Hospital, multiple primary care and specialty care centers, Jackson Medical Group, a variety of school-based clinics serving many elementary, middle and high schools, two long-term care nursing facilities, six Corrections Health Services clinics, a network of mental health facilities, Holtz Children's Hospital, Jackson Rehabilitation Hospital, Jackson Behavioral Health Hospital, Jackson North Medical Center and Jackson South Medical Center.

Jackson's reputation in the community is rivaled only by the miracles performed, and has been the recipient of numerous awards and recognition including the **U.S. News & World Report's Best Children's Hospitals** for the past 3 years from 2015 – 2017. Additionally, Holtz Children's Hospital also holds the distinction of becoming an Accredited Pediatric Heart Failure Institute by The Healthcare Colloquium. Holtz Children's is the 8th in the nation and first in Florida to earn this accreditation. The Healthcare Colloquium is the only accrediting body offering Pediatric Heart Failure Accreditation and whose members are evaluated based on a unique, scientific review of their level of quality care. Members nationwide have access to a collaborative network of heart failure experts, thus improving patient outcomes and providing better care for the communities they serve. Another shining star in the system includes the Ryder Trauma Center at Jackson Memorial Hospital, a verified Level 1 trauma center by the American College of Surgeons (ACS). The trauma center has been named a 5-star facility for overall quality of care in trauma resuscitation in its emergency department by Professional Research Consultants (PRC) for the 2013 National Excellence in Healthcare Awards.

Most recently, after months of hard work and dedication, the Women's Hospital at Jackson Memorial, Jackson North Medical Center, and Jackson South Medical Center have all been designated Baby-Friendly. To obtain this designation, Jackson underwent an extensive survey at each hospital that offers maternity services. These hospitals set an important standard about breastfeeding for new mothers and many in the community. With more than 20,000 designated Baby-Friendly hospitals and birth centers worldwide, Jackson's hospitals now join an elite group of 455 active Baby-Friendly and birth centers within the United States.

As a large employer, Jackson employs over 11,000 workers who function in various clinical, administrative and professional capacity each day, delivering upon its promise to serve the community regardless of one's ability to pay. An internationally recognized teaching facility, with academic partnerships with the University of Miami Miller School of Medicine and the Herbert Wertheim College of Medicine at Florida International University, Jackson provides a nurturing environment to allow future physicians to perfect their skills alongside experts in various medical specialties.

Miami-Dade County taxpayers who own and support Jackson, looks to the seven-member Public Health Board of Trustees to ensure the organization preserves its obligation and transparency to the community in a fiscally responsible manner. Each year, the system produces a **Jackson Annual Report to the Community**, to inform patients, residents, stakeholders, partners, and the general community of their commitment. Reports can be downloaded at this link:

<http://www.jacksonhealth.org/patients-report-to-the-community.asp>

Jackson Health System At-A-Glance (FY 2016)



Emergency Room Visits

226,914



Health Clinic Visits

210,182



Inpatient Admissions

63,728



Births

6,803



Physicians

1,500+



Employees

11,000+



Charity Care Costs

\$361,092,000

Did you know?

✓ Inpatient Payer Mix (2015 - 2016)

- 44% Medicaid/Medicaid Managed Care
- 16% Commercial
- 20% Medicare/Medicare Managed Care
- 10% Self-Pay/Uninsured
- 10% Other

✓ Licensed Beds: 2,468

- Jackson Memorial Hospital: 1,413*
(*includes Holtz Children's Hospital, Jackson Behavioral Health Hospital and Jackson Rehabilitation Hospital)
- Jackson North Medical Center: 382
- Jackson South Medical Center: 250

TABLE OF CONTENTS

I.	Introduction.....	1
	<ul style="list-style-type: none"> - Community Health Needs Assessment - Executive Summary - A Letter From Our Leaders - Our Facilities - Our Programs - Patient Service Areas - Demographics - Patient Population - Preventable Hospitalizations 	
II.	Methodology.....	32
III.	CHNA Interviews & Survey Results.....	34
IV.	Jackson Health System Priority Areas.....	44
	<ul style="list-style-type: none"> i) Availability of Primary Care and Prevention.....	45
	<ul style="list-style-type: none"> Indicator 1, Adults with a Usual Source of Healthcare	
	<ul style="list-style-type: none"> Indicator 2, Primary Care Physicians Ratio	
	<ul style="list-style-type: none"> Indicator 3, Non-Physician Care Provider Rates	
	<ul style="list-style-type: none"> ii) Access to Care.....	46
	<ul style="list-style-type: none"> Indicator 4, Adults with Health Insurance	
	<ul style="list-style-type: none"> Indicator 5, Children with Health Insurance	
	<ul style="list-style-type: none"> Indicator 6, Median Monthly Medicaid Enrollment	
	<ul style="list-style-type: none"> iii) Chronic Disease Management.....	47
	<ul style="list-style-type: none"> Indicator 7, Diabetes	
	<ul style="list-style-type: none"> Indicator 8, Adult Asthma	
	<ul style="list-style-type: none"> Indicator 9, Hospitalizations due to Heart Failure	
	<ul style="list-style-type: none"> Indicator 10, Pediatric Asthma	
	<ul style="list-style-type: none"> iv) Maternal and Child Health.....	51
	<ul style="list-style-type: none"> Indicator 11, Mothers who Received Early Prenatal Care	
	<ul style="list-style-type: none"> Indicator 12, Low Birth Weight	
	<ul style="list-style-type: none"> Indicator 13, Infant Mortality	
	<ul style="list-style-type: none"> v) Healthy Lifestyles: Exercise and Nutrition.....	53
	<ul style="list-style-type: none"> Indicator 14, Adults and Teens who are Overweight or Obese	
	<ul style="list-style-type: none"> Indicator 15, Food Insecurity Rate	
	<ul style="list-style-type: none"> Indicator 16, Child Food Security Rate	
	<ul style="list-style-type: none"> Indicator 17, Adults who are Sedentary	
	<ul style="list-style-type: none"> Indicator 18, Teens who Engage in Regular Physical Activity: High School Students	
	<ul style="list-style-type: none"> vi) Psychiatry/Substance Abuse Treatment.....	55
	<ul style="list-style-type: none"> Indicator 19, Frequent Mental Distress	
	<ul style="list-style-type: none"> Indicator 20, Age-Adjusted Date Rate Due to Suicide	
	<ul style="list-style-type: none"> Indicator 21, Age-Adjusted Hospitalization Due to Alcohol Abuse	
V.	Appendix.....	57

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- 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 Medical Center 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)
 - T. About the Author – The Health Council of South Florida, Inc.
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Introduction



Main Lobby at Jackson South Medical Center

Community Health Needs Assessment

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

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

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

In addition to fulfilling governmental and regulatory requirements, the CHNA offers an opportunity to bring together population health data, quality of life indicators, community health data, and community input to provide a detailed health profile of community needs. Every county health department in Florida is required to initiate a county-wide community health assessment that helps to determine public health priorities for the next three to five years. Mobilizing for Action through Planning and Partnerships (MAPP) is recommended by numerous national and state public health organizations including the National Association for City and County Health Officials (NACCHO) and the Florida Department of Health as a best practice for community engagement and strategic planning. The health priorities determined through the 2012 Miami-Dade MAPP process were used as a guide for this CHNA. Currently, the Florida Department of Health in Miami-Dade has initiated steps to repeat the MAPP process and update the county-wide CHNA.

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

<http://www.jacksonhealth.org/home.asp>

Executive Summary

Miami-Dade County has a population of over 2.6 million, which, according to the American Community Survey (ACS) five-year estimates, is a 3.5% increase from 2009 – 2013 to 2011 – 2015. With this continued growth, Jackson Health System's (JHS) objective is to understand and meet the healthcare needs of both residents and potential new population expected to continue migrating to our community. In an effort to improve the health of the community being served, JHS has 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 serve as a guiding force for continued or new JHS initiatives to improve the health of the community that the organization serves for the next several years.

Source: <http://www.miamidade.gov/business/library/reports/2011-2015-acb-multi-year-profile.pdf>

As the public safety net hospital for Miami-Dade County, Jackson is an internationally recognized academic medical system governed by the Public Health Trust, a dedicated team of citizen volunteers acting on behalf of the Miami-Dade Board of County Commissioners. Jackson has several facilities located throughout the county including several hospitals, multiple primary care clinics and specialty care centers to serve the needs of the community. In the nearly 100 years its doors first opened as Miami City Hospital, the organization has remained steadfast in its commitment to the community, delivering world-class, cutting edge and sound medical care locally, and to many globally, who have made Jackson their preferred choice for care.

During the process of completing the CHNA, the HCSF conducted a series of in-depth interviews and surveys with JHS Leadership Team, Board Members and External Community Leaders, to garner information for the report. The results from these in-depth interviews and surveys conducted revealed key findings which are included in the CHNA document.

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

- 1) **Availability of Primary Care and Prevention:** Respondents reported that those who are uninsured/underinsured continue to face barriers to access primary care services. Per 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 also found that uninsured/underinsured continue to face greater barriers to care than those with third-party payer insurance.
- 3) **Chronic Disease Management:** With a higher concentration of diabetes, asthma (both adult and pediatric) and heart failure 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) **Maternal and Child Health:** Leadership interviews revealed a need for greater access to obstetric, gynecological, and pediatric care in the primary care setting, prior to needing hospital services, in order to ensure proper pre/postnatal care.
- 5) **Healthy Lifestyles: Exercise and Nutrition:** With a significant burden of chronic disease, incorporating a population health based scope, particularly in the primary care setting, can help prevent many of the hospitalizations from chronic disease complications.

Upon completion of the CHNA, Jackson will develop an implementation plan that will guide them towards becoming a stronger, more engaged partner dedicated to improving the overall health and well-being of Miami-Dade County residents without compromise to service to all.

Miami City Hospital, 1925



Jackson Memorial Hospital, circa 2010



A Letter from Our Leaders

Dear patients, friends, and neighbors,

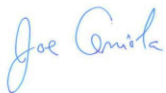
Jackson Health System's mission is a simple one: to provide a single standard of world-class care to all residents of Miami-Dade County, regardless of status or circumstance. From this foundation, we have built a globally admired academic health center that draws expert providers – and the patients who need their skills – from around the world. Identifying any critical gaps in healthcare access, and working to close them, is a crucial part of fulfilling our historic 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.

This community health needs assessment is designed to help all of us better understand the vulnerabilities and assets of Miami-Dade County while helping 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 Plan, which was made possible by the public's belief in our mission and vision. Our \$1.5 billion capital roadmap will fund significant projects to modernize Jackson facilities across the county and bring our care for the first time into neighborhoods such as Doral, Cutler Bay, and North Miami. We will replace our rehabilitation hospital with a state-of-the-art new center for research and treatment, and we will build an entirely new campus to serve the northwest part of our community.

As we near our centennial celebration, it has never been clearer that 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 demographic 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 our neighbors. 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,



Joe Arriola
Chairman
Public Health Trust Board of Trustees



Carlos A. Migoya
President & Chief Executive Officer
Jackson Health System

Our Facilities

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). Miami City Hospital opened its doors on June 25, 1918, 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. 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.



Today, JHS is a renowned healthcare provider recognized for its highly-trained physicians and cutting-edge care. Jackson’s numerous network of facilities includes Jackson Memorial Hospital, Jackson South Medical Center, Jackson North Medical Center, Holtz Children’s Hospital, Jackson Rehabilitation Hospital, Jackson Behavioral Health Hospital, a network of UHealth Jackson Urgent Care centers, multiple primary care and specialty care centers; two long-term care nursing facilities; and a team of Corrections Health Services clinics. The new Jackson West Medical Center campus is under development in the City of Doral, which will feature adult and pediatric emergency rooms, numerous outpatient services, and the 100-bed Jose Milton Memorial Hospital.

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.

Our Programs

Through its coordinated network of care, JHS offers over 40 services at various facilities located throughout Miami-Dade County. The following represents a list of these service lines.

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

Patient Service Areas

Jackson Health System is comprised of three main hospitals:

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

Jackson Memorial Hospital

Located at 1611 NW 12th Avenue, Miami, Florida 33136, this main flagship for the system 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. Below are the top ten (10) zip codes within the patient service area.

33142 Miami	33150 Miami
33136 Miami	33135 Miami
33127 Miami	33161 Miami
33147 Miami	33030 Miami
33125 Miami	33054 Miami

Jackson North Medical Center

This facility serves north Miami-Dade County, including the neighborhoods of Miami, Opa Locka, Miami Gardens, and North Miami Beach and is located at located at 160 NW 170th Street, North Miami Beach, Florida 33169. Below are the top ten (10) zip codes within the patient service area.

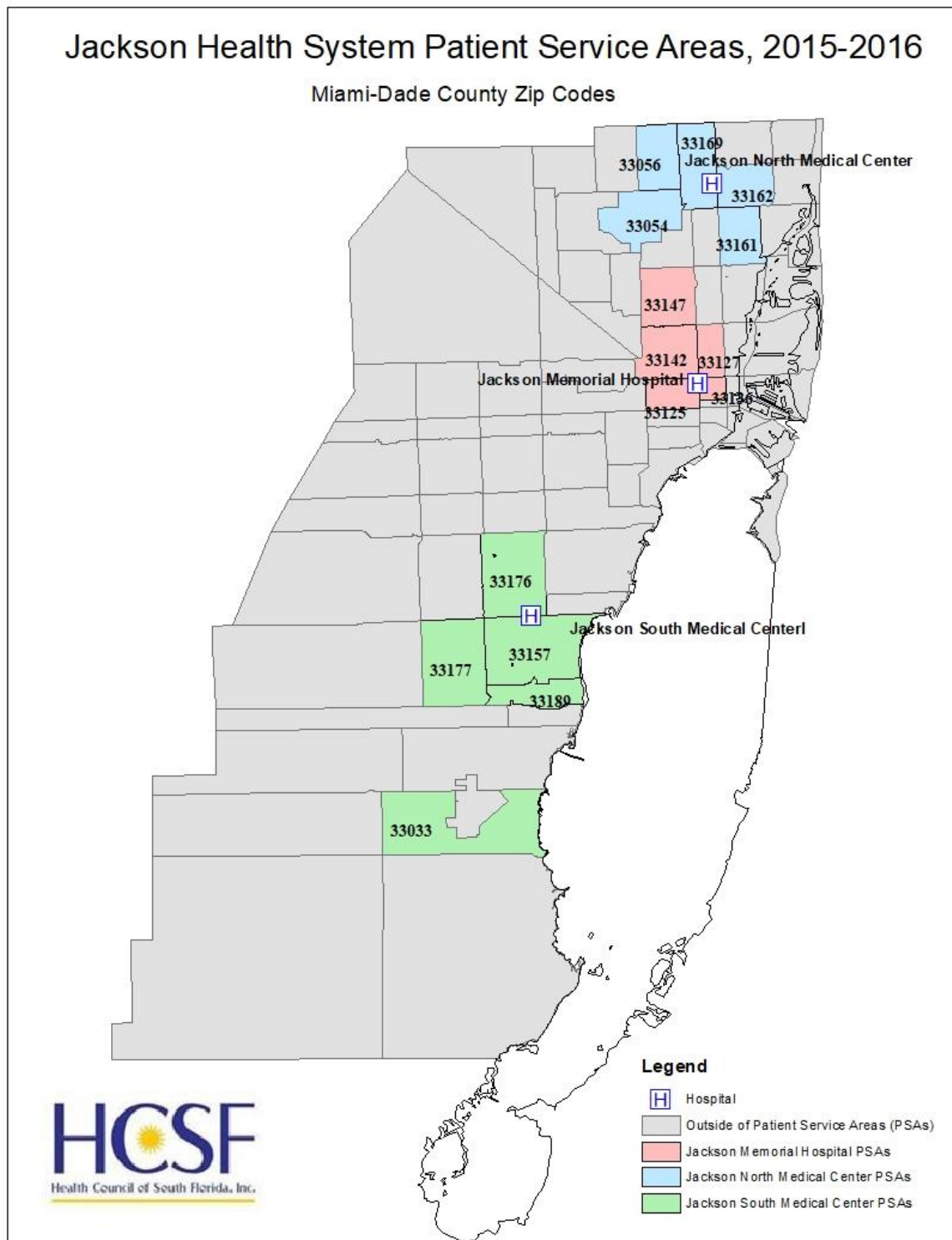
33161 Miami	33162 Miami
33169 Miami	33179 Miami
33054 Opa Locka	33167 Miami
33147 Opa Locka	33168 Miami
33156 Miami Gardens	33055 Miami

Jackson South Medical Center

Found at 9333 SW 152nd Street, Miami, Florida 33157, this facility serves south Miami-Dade County, including the neighborhoods of unincorporated Miami-Dade and the City of Homestead. Below are the top ten (10) zip codes within the patient service area.

33157 Miami	33176 Miami
33177 Miami	33186 Miami
33189 Miami	33033 Homestead
33170 Miami	33032 Homestead
33030 Miami	33034 Homestead

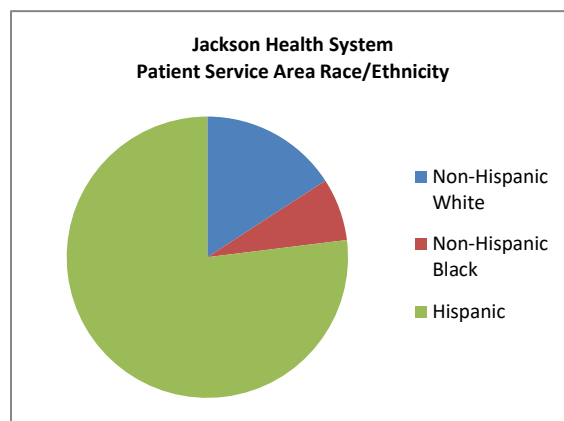
Map 1: Jackson Health System Patient Service Area Map



Demographics

According to 2011 – 2015 US Census American Community Survey (ACS) 5-year estimates, Miami-Dade is home to 2,639,042 residents. Miami-Dade County is considered the largest metropolitan area in the State of Florida, representing 13.3% of the State’s population, and the eighth largest county in the nation. 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 65.6% Latino or Hispanic residents, 16.8% Black, non-Hispanic, and 15.1% white, non-Hispanic. The 2011-2015 ACS further indicates that 51.6% of its 2.6 million residents are foreign-born, a percentage greater than any other American county. Among residents aged five and older, 72.8% speak a language other than English at home, often Spanish or Creole. Contrary to popular belief about Florida, Miami-Dade County has a relatively young population with 85.2% of residents under age 65 and 20.9% under the age of 18. Miami-Dade County also has significant health and socioeconomic disparities. Data from the ACS reveal racial and ethnic income disparities with nearly 30% of African American or black residents living below the federal poverty level (FPL), over 20% of Hispanics and only 11.6% of white non-Hispanics. Median annual family income for Hispanics was \$40,499 while it was \$33,103 for African Americans and \$67,930 white non-Hispanics. Disparities in educational attainment are also apparent; 83.8% of non-Hispanic whites possess a high school diploma or better, while the same is true of only 77.4% of Hispanics, and 76.7% of African Americans.

Source: U.S. Bureau of the Census, 2011-2015 5-year Estimates, American Community Survey



Leading Causes of Death

The leading causes of death in the United States are compiled annually by the Center for Disease Control and Prevention (CDC) to inform the public and set national medical/public health research priorities. The list is created using death certificates filled out by physicians, funeral directors, medical examiners, and coroners. The top ten (10) leading causes of death for the United States in 2015 are outlined in Table 1.

TABLE 1: Leading Cause of Death, United States of America, 2015

Cause of Death	Count	Age-adjusted Death Rate per 100,000
Heart Disease	633,842	168.5
Cancer (Malignant Neoplasm)	595,930	158.5
Chronic Lower Respiratory Disease	155,041	41.6
Accidents (Unintentional Injury)	146,571	43.2
Stroke (Cerebrovascular Diseases)	140,323	37.6
Alzheimer's Disease	110,561	29.4
Diabetes Mellitus	79,535	21.3
Influenza and Pneumonia	57,062	15.2
Nephritis, Nephritic Syndrome, and Nephrosis	49,959	13.4
Intentional Self-harm (Suicide)	44,193	13.3
All Causes	2,712,630	733.1

The top six (6) leading causes of death for Miami-Dade County are similar to those for the United States. The top cause of death for 2015 in Miami-Dade County was heart disease (156.4 deaths per 100,000), followed by cancer (128.7 deaths per 100,000; see Table 2).

TABLE 2: Leading Cause of Death, Miami-Dade County, 2015

Cause of Death	Count	Rate per 100,000
Heart Disease	5,299	156.4
Cancer (Malignant Neoplasm)	4,199	128.7
Stroke (Cerebrovascular Diseases)	1,380	40.3
Chronic Lower Respiratory Disease	907	26.8
Alzheimer's Disease	832	23.8
Accidents (Unintentional Injury)	796	27.6
Diabetes Mellitus	714	21.6
Nephritis, Nephritic Syndrome, Nephrosis	347	10.4
Parkinson's Disease	269	8.0
Intentional Self-harm (Suicide)	261	8.9
All Causes	19,395	590.3

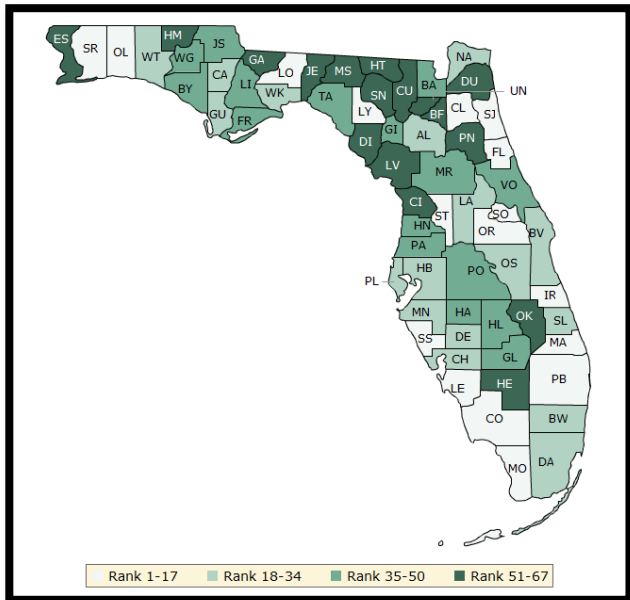
County Health Rankings

The national county health rankings provide several indicators that either fall under health outcomes, which are measures of how long and how well people live (length and quality of life) or health factors, which are the elements that contribute to how long and how well we live (health behaviors, clinical care, social and economic factors, and physical environment). Compared to its neighboring counties, Monroe and Broward counties, Miami-Dade County ranked lower in every category under health outcomes and health factors (overall rank), as exhibited in the most recent national county health rankings (please refer to Table 3, Figure 1a, and Figure 1b located on the next page).

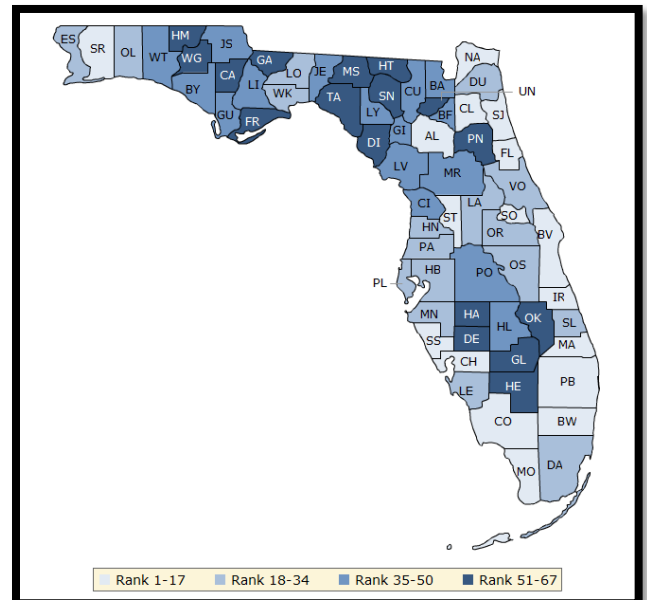
TABLE 3: County Health Rankings and Sub-Rankings for Selected Florida Counties, 2017

Selected FL Counties	Health Outcomes Rank (out of 67)			Health Factors Rank (out of 67)				
	Length of Life	Quality of Life	Overall Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Rank
Broward County	5	43	19	11	24	14	60	14
Miami-Dade County	2	57	23	4	45	45	67	28
Monroe County	23	6	10	9	36	7	1	6

Health Outcomes (Figure 1a)

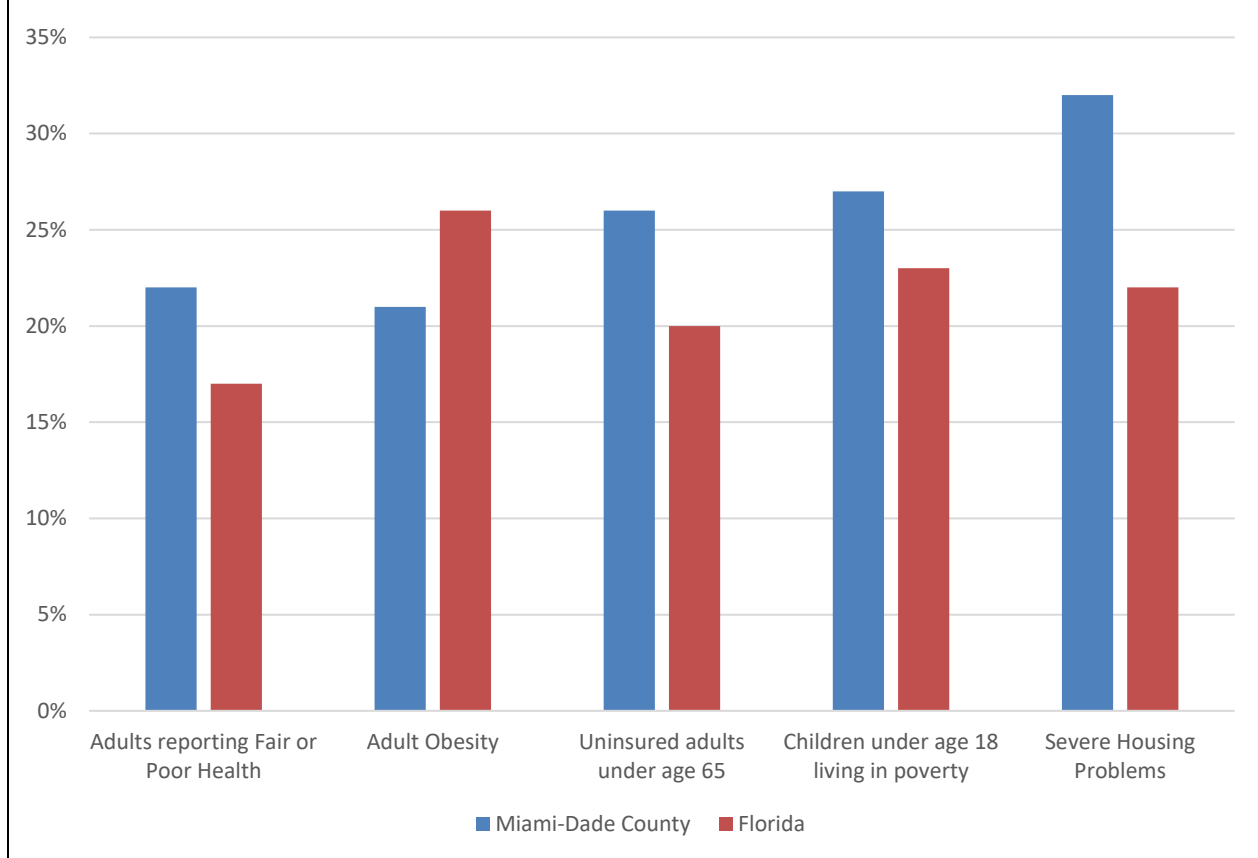


Health Factors (Figure 1b)



According to the 2017 National County Health Rankings, Miami-Dade County ranks 57th out of 67 counties in health-related quality of life and 28th out of 67 counties in health factors. Both rankings are significantly lower than neighboring counties of Monroe and Broward counties (10 and 19, respectively, for Health Outcomes, and 6 and 14 for Health Factors). Health-related quality of life includes indicators such as: adults reporting poor physical and mental health; diagnosed diabetes; and lack of health insurance among residents under the age of 65, among others. Health outcomes includes but is not limited to indicators such as adult obesity, children living in poverty, income inequality, and severe housing problems. All indicators illustrated in Figure 2 except for one (1), Miami-Dade County residents are at a disadvantage compared to the rest of the state with an accentuated difference observed in the number of residents under the age of 65 without health insurance (26% observed in Miami-Dade County compared to 20% at the state level) and severe housing problems (32% for Miami-Dade County and 22% for the state level).

FIGURE 2: Selected Health Outcomes and Health Factors, Miami vs. Florida



Patient Population

Jackson Health System serves a geographically wide-ranging and diverse population. Additionally, because of where the three (3) primary hospitals in the Jackson Health System are located (Central, North, and South), each serves disparate and unique populations.

General Population

From October 2015 – September 2016, there were 45,834 discharges from Jackson Memorial Hospital. Of those discharges, the highest percentage by age were between 18-44 years (35.7%) and primarily identified as non-Hispanic (51.1%) and White (59.0%).

At Jackson North Medical Center, there were 10,807 discharges of which the majority were women (59.6%) and were between 18-44 years of age (30.8%). Compared to Jackson Memorial, Jackson North had a higher percentage of discharges age 65+ years. Patients were also largely non-Hispanic (83.5%) and Black/African American (71.6%).

Jackson South Medical Center had 12,472 discharges which were primarily female (53.6%) and age 65+ years (35.0%). Additionally, the population mainly identified as Hispanic (56.5%) and White (73.7%). Compared to either Jackson Memorial and Jackson North, Jackson South had an older and larger percentage of Hispanic discharges (see Table 4).

TABLE 4: Inpatient Demographics, Jackson Health System Hospitals, Oct 2015 - Sep 2016

Characteristic	Jackson Memorial Hospital	Jackson North Medical Center	Jackson South Medical Center
Gender			
Female	50.8%	59.6%	53.4%
Male	49.2%	40.4%	46.6%
Age			
0-17	19.6%	18.6%	8.1%
18-44	35.7%	30.8%	27.8%
45-64	31.1%	24.4%	29.1%
65+	13.6%	26.2%	35.0%
Ethnicity			
Non-Hispanic or Latino	51.1%	83.5%	43.1%
Hispanic or Latino	46.9%	15.5%	56.5%
Unknown	2.0%	1.0%	0.4%
Race			
White	59.0%	26.8%	73.7%
African American	39.3%	71.6%	24.9%
Asian	0.4%	0.4%	0.7%
Unknown/Other	1.3%	1.2%	0.7%

A key indicator of the patient population of any healthcare facility is the principal payer mix. At Jackson Memorial Hospital, the largest percentage of individuals who were discharged from inpatient admissions had Medicaid Managed Care (26.9%) or Medicaid (17.5%) for their health insurance. The next three (3) largest payer sources were commercial insurance (15.7%), Medicare (11.0%) and Self-pay/underinsured (10.1%). From these five (5) payer sources, there were over \$2.2 billion in charges, which accounted for 81.4% of total charges (see Table 5).

TABLE 5: Jackson Memorial Hospital Payer Mix, Oct 2015 - Sep 2017

Principal Payer	Discharges	Percent Discharges	Total Charges	Average Charge
Medicaid Managed Care	12,317	26.9%	\$547,934,552	\$44,486
Medicaid	8,012	17.5%	\$509,231,196	\$63,559
Commercial Health Insurance	7,177	15.7%	\$546,026,642	\$76,080
Medicare	5,048	11.0%	\$420,913,719	\$83,382
Self-pay/Underinsured	4,646	10.1%	\$184,493,969	\$39,710
Medicare Managed Care	4,040	8.8%	\$274,898,825	\$68,044
Non-Payment	2,378	5.2%	\$101,545,543	\$42,702
Other State/Local Government	1,242	2.7%	\$29,835,449	\$24,022
Commercial Liability Coverage	307	0.7%	\$46,163,681	\$150,370
Other	237	0.5%	\$21,592,060	\$91,106
Workers' Compensation	201	0.4%	\$15,642,668	\$77,824
TriCare or Other Federal Government	126	0.3%	\$6,562,153	\$52,081
VA	96	0.2%	\$8,364,174	\$87,127
KidCare	7	0.0%	\$280,425	\$40,061
TOTAL	45,834	100.0%	\$2,713,485,056	\$67,182

At Jackson North Medical Center, the largest percentage of individuals who were discharged from inpatient admissions had Medicaid Managed Care (27.5%) or Medicare Managed Care (15.7%) for their health insurance. The next three (3) largest payer sources were Medicaid (15.1%), Medicare (14.1%) and Self-pay/underinsured (12.6%). From these five (5) payer sources, there were over \$437 million in charges, which accounted for 86.8% of total charges (see Table 6).

TABLE 6: Jackson North Medical Center Payer Mix, Oct 2015 - Sep 2017

Principal Payer	Discharges	Percent Discharges	Total Charges	Average Charge
Medicaid Managed Care	2,969	27.5%	\$94,047,741	\$31,677
Medicare Managed Care	1,693	15.7%	\$118,263,809	\$69,855
Medicaid	1,634	15.1%	\$65,810,234	\$40,276
Medicare	1,527	14.1%	\$127,497,787	\$83,496
Self-pay/Underinsured	1,359	12.6%	\$31,902,525	\$23,475
Commercial Health Insurance	1,330	12.3%	\$53,937,269	\$40,554
Non-Payment	233	2.2%	\$9,691,521	\$41,595
Other	17	0.2%	\$536,846	\$31,579
VA	12	0.1%	\$583,133	\$48,594
Commercial Liability Coverage	10	0.1%	\$658,204	\$65,820
Workers' Compensation	10	0.1%	\$444,799	\$44,480
TriCare or Other Federal Government	9	0.1%	\$319,412	\$35,490
Other State/Local Government	4	0.0%	\$178,543	\$44,636
TOTAL	10,807	100.0%	\$503,871,823	\$46,625

Jackson South Medical Center's largest principal payer for individuals who were discharged from inpatient admissions had Medicare Managed Care (22.3%), followed by Commercial Health Insurance (16.2%). The next three (3) largest payer sources were Medicaid Managed Care (15.7%), Medicaid (15.5%) and Medicare (15.0%). There was over \$326 million in charges from these five (5) payer sources, which accounted for 86.9% of total charges (see Table 7).

TABLE 7: Jackson South Medical Center Payer Mix, Oct 2015 - Sep 2017

Principal Payer	Discharges	Percent Discharges	Total Charges	Average Charge
Medicare Managed Care	2,785	22.3%	\$100,754,028	\$36,177
Commercial Health Insurance	2,015	16.2%	\$64,002,949	\$31,763
Medicaid Managed Care	1,963	15.7%	\$51,079,312	\$26,021
Medicaid	1,937	15.5%	\$45,455,336	\$23,467
Medicare	1,877	15.0%	\$65,368,849	\$34,826
Self-pay/Underinsured	1,183	9.5%	\$30,941,188	\$26,155
Non-Payment	309	2.5%	\$7,834,090	\$25,353
Other	211	1.7%	\$1,869,446	\$8,860
TriCare or Other Federal Government	69	0.6%	\$2,233,025	\$32,363
Commercial Liability Coverage	58	0.5%	\$3,258,637	\$56,183
VA	27	0.2%	\$1,039,886	\$38,514
Workers' Compensation	26	0.2%	\$1,425,180	\$54,815
Other State/Local Government	12	0.1%	\$799,435	\$66,620
TOTAL	12,472	100.0%	\$376,061,361	\$30,152

As the public, non-profit hospital group, Jackson Health System is charged with serving the Miami-Dade community, regardless of ability to pay. This undoubtedly requires significant funds, and in order to continue to properly fund the treatment and care of the indigent and uninsured, it is important for Jackson hospitals to increase the percentage of funded patients (those with health insurance, particularly commercial health insurance).

From 2014 – 2016, each of Jackson Health System’s primary hospitals has seen an increase in the raw count and percentage of patients from Miami-Dade County with commercial health insurance. Jackson Memorial Hospital has seen a 30.1% increase in the number of patients utilizing commercial health insurance, and its market share of payers has increased from 10.5% to 12.9% overall. Jackson North Medical Center has seen a 20.9% increase in the number of patients covered by commercial health insurance, and in 2016 saw a market share increase from 10.9% in 2014 to 11.9%. Finally, Jackson South Medical Center had a 44.7% increase in the number of patients with commercial health insurance. Its share of payer sources increased from 13.9% of payers in 2014 to 15.7% of payers in 2016 (see Table 8).

TABLE 8: Commercial Insurance Time-Trend, Jackson Health System Hospitals, 2014 - 2016

Hospital	2014		2015		2016	
	Count	Percent	Count	Percent	Count	Percent
Jackson Memorial Hospital	3709	10.5%	4456	12.5%	4857	12.9%
Jackson North Medical Center	977	10.9%	1083	11.5%	1181	11.9%
Jackson South Medical Center	1343	13.9%	1634	15.5%	1943	15.7%

Children (0 - 17 years of age)

Holtz Children's Hospital, located on the Jackson Memorial Hospital campus, is a preeminent provider of children's healthcare in South Florida and is according to ranking by the US News & World Report, considered one of the top children's hospitals in the United States, particularly for pediatric diabetes and endocrinology, pediatric nephrology, and pediatric gastroenterology and GI surgery.

From October 2015 – September 2016, there were 7354 children discharged from Holtz. Of those discharged, 52.7% were male and 47.3% were female. There were essentially even distribution of non-Hispanic (49.0%) and Hispanic patient discharges (47.0%). The majority, however, identified as White (59.4%), while 36.7% identified as Black/African American. Over 85% of children were covered by Medicaid Managed Care or Medicaid insurance. The next largest payer source was commercial insurance (12.6%).

Jackson North Medical Center had 1850 total children discharged from October 2015 – September 2016. Of those, 50.4% were male and 49.6% were female. A large majority (83.4%) identified as non-Hispanic and 68.6% as Black/African American. Medicaid Managed Care (49.4%) and Medicaid (27.7%) were also the largest two payer sources for children at Jackson North; however, nearly 15% of children were considered self-pay/uninsured.

Jackson South Medical Center had a total of 957 children discharged from October 2015 – September 2016. There was nearly equal distribution between genders (50.6% female and 49.4% male). Children at Jackson South were also largely identified as Hispanic (73.4% - a larger percentage than the general patient population at Jackson South), and White (78.3%). Over 60% of children patients were Medicaid recipients, with an additional 29.6% covered under a Medicaid Managed Care payer. There were nearly equal amounts covered by commercial health insurances as were identified as self-pay or underinsured. For more information see Table 9.

TABLE 9: Patient Characteristics, Children (0 - 17 Years), Jackson Health System Hospitals, Oct 2015 - Sep 2016

Characteristic	Jackson Memorial Hospital/ Holtz Children's Hospital	Jackson North Medical Center	Jackson South Medical Center
Gender			
Female	47.3%	49.6%	50.6%
Male	52.7%	50.4%	49.4%
Ethnicity			
Non-Hispanic or Latino	49.0%	83.4%	26.0%
Hispanic or Latino	47.0%	13.6%	73.4%
Unknown	4.0%	3.0%	0.6%
Race			
White	59.4%	25.4%	78.3%
African American	36.7%	68.6%	19.6%
Asian	0.4%	0.4%	1.0%
Unknown/Other	3.5%	5.6%	1.0%
Payer Source			
Medicaid Managed Care	50.3%	49.4%	29.6%
Medicaid	32.1%	27.7%	62.0%
Commercial Health Insurance	12.6%	7.9%	4.0%
Self-pay/Underinsured	3.6%	14.8%	4.1%
Other	1.4%	0.2%	0.4%

Elders (65+ years of age)

Historically, the age group with the highest medical costs are those age 65 and older. With the growing population over the age of 65, a continued focus upon healthcare for the Medicare population will be imperative. From October 2015 – September 2016, there were 5128 adults age 65+ discharged from Jackson Memorial Hospital. Of those discharged, 54.1% were male and 45.9% were female. Patients identified as non-Hispanic were 47.8% of the patient population, while Hispanic patients were 50.5%. The majority, however, identified as White (64.5%), while 34.5% identified as Black/African American. Since all adults over age 64 are eligible for health insurance coverage by Medicare, it was expected that a large percentage would be covered by Medicare. Over 76% of adults over age 64 at Jackson Memorial were covered by Medicare Managed Care or Medicare insurance, followed by Medicaid (7.8%) and Medicaid Managed Care (6.5%).

Jackson North Medical Center had 2604 total adults age 65+ discharged from October 2015 – September 2016. Of those, 52.8% were female and 47.2% were male. A large majority (82.6%) identified as non-Hispanic and 69.6% as Black/African American. As expected, Medicare Managed Care (53.0%) and Medicare (34.0%) were the largest two payer sources for adults over age 64 at Jackson North. Similar to Jackson Memorial, Medicaid Managed Care (5.3%) and Medicaid (3.5%) were the next two largest payer sources.

Jackson South Medical Center had a total of 4126 adults age 65 and older discharged from October 2015 – September 2016. Of those, 53.4% were female and 46.6% were male. Older adults also largely identified as Hispanic (55.2%) and White (76.9%). Over 84% of adults patients age 65+ were Medicare Managed Care or Medicare recipients. Small percentages of patients were covered by Medicaid Managed Care (3.5%) and Medicaid (2.8%). See Table 10 for more details.

TABLE 10: Patient Characteristics, Elders (65+ Years), Jackson Health System Hospitals, Oct 2015 - Sep 2016

Characteristic	Jackson Memorial Hospital	Jackson North Medical Center	Jackson South Medical Center
Gender			
Female	45.9%	52.8%	53.4%
Male	54.1%	47.2%	46.6%
Ethnicity			
Non-Hispanic or Latino	47.8%	82.6%	44.5%
Hispanic or Latino	50.5%	17.0%	55.2%
Unknown	1.7%	0.4%	0.2%
Race			
White	64.5%	29.6%	76.9%
African American	34.5%	69.6%	21.9%
Asian	0.3%	0.6%	0.6%
Unknown/Other	0.7%	0.2%	0.6%
Payer Source			
Medicare Managed Care	45.0%	53.0%	54.4%
Medicare	31.2%	34.0%	29.7%
Medicaid	7.8%	5.3%	2.8%
Medicaid Managed Care	6.5%	3.5%	3.6%
Commercial Health Insurance	3.3%	1.8%	2.6%
Self-pay/Underinsured	2.7%	1.3%	1.7%
Other	3.5%	1.1%	5.2%

International

Both through its reputation as a distinguished hospital system in South Florida and by being located in a major international travel hub, Jackson Health System hospitals also encounter a number of international patients each year. From October 2015 – September 2016, there were 708 international patients discharged from Jackson Memorial. Of those discharged, 56.5% were male and 43.5% were female. Patients identified as non-Hispanic were 59.5% of the patient population, while Hispanic patients were 36.9%. Approximately 3.7% of patients had an unknown ethnicity. The majority identified as White (62.0%), while 33.8% identified as Black/African American. Fifty percent (50.1%) of international patients at Jackson Memorial were covered by a form of commercial health insurance, while 29.2% were self-pay or underinsured.

Jackson North Medical Center had only 61 total international patients discharged from October 2015 – September 2016. Of those, 49.2% were female and 50.8% were male. A large majority (73.8%) identified as non-Hispanic, with 50.8% as White and 45.9% Black/African American. Contrasting to Jackson Memorial, international patients at Jackson North were primarily self-pay/underinsured (59.0%) with an additional 23.0% covered by a form of commercial health insurance.

Jackson South Medical Center had a total of 48 international patients discharged from October 2015 – September 2016. Of those, 37.5% were female and 62.5% were male. International patients at Jackson South also primarily identified as Hispanic (58.3%) and White (79.2%). Over 66% of international patients were self-pay or underinsured, while 20.8% utilized a commercial health insurance. For more information see Table 11.

TABLE 11: Patient Characteristics, International Patients, Jackson Health System Hospitals, Oct 2015 - Sep 2016

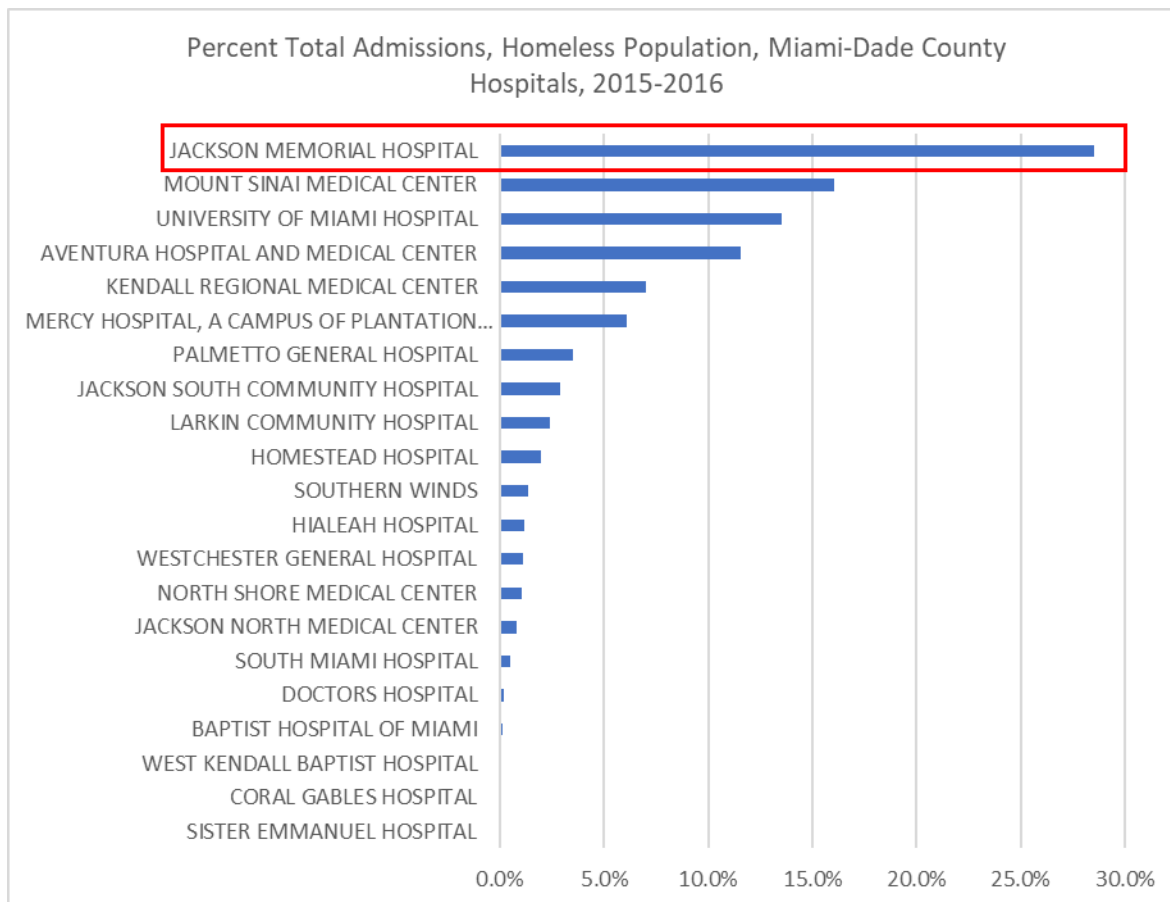
Characteristic	Jackson Memorial Hospital	Jackson North Medical Center**	Jackson South Medical Center*
Gender			
Female	43.5%	49.2%	37.5%
Male	56.5%	50.8%	62.5%
Ethnicity			
Non-Hispanic or Latino	59.5%	73.8%	41.7%
Hispanic or Latino	36.9%	24.6%	58.3%
Unknown	3.7%	1.6%	0.0%
Race			
White	62.0%	50.8%	79.2%
African American	33.8%	45.9%	20.8%
Asian	1.1%	0.0%	0.0%
Unknown/Other	3.1%	3.3%	0.0%
Payer Source			
Commercial Health Insurance	50.1%	23.0%	20.8%
Self-pay/Underinsured	29.2%	59.0%	66.7%
Medicaid	6.9%	1.6%	2.1%
Medicare	4.1%	4.9%	8.3%
Other/Unknown	9.6%	0.114754	2.1%

*Total patient count is <50; **Total patient count is <100

Homeless

According to the 2015-2016 hospital inpatient data file provided by the Agency for Health Care Administration (AHCA), Jackson Memorial Hospital (JMH) has the greatest number of inpatient admissions of the homeless population (1,279), which represents 28.5% of the total number of admissions among the homeless population observed in Miami-Dade County Hospitals (please refer to Figure 3 below).

FIGURE 3



As presented in Table 12, a greater percentage of homeless male patients (83.1%) than females (16.9%) were admitted to JMH in 2015-2016; and the same pattern was observed at the county and state level. Additionally, the greatest percentage of homeless admissions at JMH derived from patients between the ages of 18 and 44 with 48.8%; whereas at the county and state level, the greatest percentage of admissions among this population was observed among the 45 through 64 age category (50.3% and 51.0%, respectively).

In terms of ethnic identification, nearly 65.0% of homeless admissions at JMH derived from non-Hispanic patients; which follows a similar pattern exhibited at the county level. It is important to note that at the state level, admissions of the homeless exhibited an accentuated difference between ethnic groups; with 80.6% deriving from non-Hispanic patients, compared to 17.0% of homeless patients who identified themselves as Hispanic. Furthermore, there was a greater percentage of the homeless admissions at JMH from patients how identified as white (62.1%) and African American (37.1%) compared to other races. This is a similar pattern as seen at the county and state levels, albeit with a larger percentage of African American homeless patients at JMH.

The primary payer source for homeless patients who were admitted to the hospital were self-pay/underinsured (31.4%) and Medicaid Managed Care (29.1%). This trend was similar to what was seen at the county and state levels. At both the

county and state levels, Medicare accounted for a larger percentage of the payer source for admitted homeless patients compared to JMH (12.7% and 13.7% compared to 7.4%).

At JMH, homeless patients who were considered self-pay or uninsured accrued a total of \$12,561,400 in charges with an average charge of \$31,325. JMH homeless patients who classified as Medicaid Managed Care or Medicaid accrued charges of \$11,055,228 and \$9,346,856 with average charges of \$29,718 for Medicaid Managed Care and \$68,727 for Medicaid as displayed in Table 13.

TABLE 12: Percent of Homeless Inpatient Admissions According to Selected Components, 2015 - 2016

Characteristics	Jackson Memorial Hospital	Jackson North Medical Center	Jackson South Medical Center	Miami-Dade County Hospitals	Florida
Gender					
Male	83.1%	72.2%	80.0%	81.1%	76.1%
Female	16.9%	27.8%	20.0%	18.9%	23.9%
Age					
0-17	0.0%	0.0%	0.0%	0.2%	0.8%
18-44	48.8%	16.7%	45.4%	43.8%	40.4%
45-64	44.1%	75.0%	49.2%	50.3%	51.0%
65+	7.1%	8.3%	5.4%	7.8%	7.8%
Ethnicity					
Non-Hispanic	64.7%	83.3%	73.1%	53.4%	80.6%
Hispanic	33.2%	16.7%	26.9%	44.6%	17.0%
Unknown	2.0%	0.0%	0.0%	4.0%	2.4%
Race					
White	62.1%	63.9%	63.1%	69.1%	73.4%
African American	37.1%	36.1%	36.9%	29.7%	21.0%
Unknown	0.4%	0.0%	0.0%	0.9%	1.5%
Other	0.2%	0.0%	0.0%	1.9%	3.7%
Asian	0.0%	0.0%	0.0%	0.3%	0.3%
American Indian or Alaskan Native	0.2%	0.0%	0.0%	0.1%	0.1%
Principal Payer					
Self pay/Underinsured	31.4%	38.9%	33.1%	32.3%	32.4%
Medicaid Managed Care	29.1%	27.8%	25.4%	25.3%	19.8%
Medicaid	10.6%	2.8%	17.7%	12.9%	10.6%
Other State/Local Government	8.3%	0.0%	0.0%	6.6%	6.4%
Medicare	7.4%	11.1%	9.2%	12.7%	13.7%
Non-Payment	7.0%	11.1%	6.2%	5.3%	7.1%
Medicare Managed Care	4.3%	5.6%	5.4%	3.9%	5.1%
Commercial Health Insurance	0.9%	2.8%	0.8%	2.4%	2.7%
VA	0.5%	0.0%	1.5%	0.0%	0.2%
Commercial Liability Coverage	0.2%	0.0%	0.0%	0.3%	1.4%
Other	0.2%	0.0%	0.8%	0.0%	0.0%

TABLE 13: Percentage & Charges by Principal Payer Source for Admitted Homeless Patients, Jackson Memorial Hospital, 2015 - 2016

Principal Payer	Visits	% Total Visits	Total Charges	% Total Charges	Avg. Charge
Self-pay/Underinsured	401	31.4%	\$12,561,400	28.6%	\$31,325
Medicaid Managed Care	372	29.1%	\$11,055,228	25.1%	\$29,718
Medicaid	136	10.6%	\$9,346,856	21.2%	\$68,727
Other State/Local Government	106	8.3%	\$2,013,649	4.6%	\$18,997
Medicare	95	7.4%	\$2,889,504	6.6%	\$30,416
Non-Payment	89	7.0%	\$2,519,848	5.7%	\$28,313
Medicare Managed Care	55	4.3%	\$2,213,169	5.0%	\$40,239
Commercial Health Insurance	12	0.9%	\$213,841	0.5%	\$17,820
VA	7	0.5%	\$105,846	0.2%	\$15,121
Commercial Liability Coverage	3	0.2%	\$635,110	1.4%	\$211,703
Other	3	0.2%	\$441,439	1.0%	\$147,146
Total	1279	100.0%	\$43,995,890	100.0%	\$34,399

As presented in Table 14, a greater percentage of homeless male patients (79.4%) than females (20.6%) visited the Emergency Department (ED) at JMH in 2015-2016; and the same pattern was observed at the county and state level. Additionally, the greatest percentage of homeless ED visits at JMH derived from patients between the ages of 18 and 44 with 53.7%; whereas at the county level, the greatest percentage of admissions among this population was observed among the 45 through 64 age category (46.7%).

In terms of ethnic identification, nearly 65.0% of homeless ED visits at JMH derived from non-Hispanic patients; which follows a similar pattern exhibited at the county level. It is important to note that at the state level, ED visits of the homeless exhibited an accentuated difference between ethnic groups; with 81.5% deriving from non-Hispanic patients, compared to 14.2% of homeless patients who identified themselves as Hispanic. Furthermore, there was a greater percentage of the homeless ED visits at JMH from patients who identified as white (62.5%) and African American (37.1%) compared to other races. This is a similar pattern as seen at the county and state levels, albeit with a larger percentage of African American homeless patients at JMH.

The primary payer source for homeless patients who visited the ED at JMH were self-pay/uninsured (46.3%) and Medicaid Managed Care (26.5%). This trend was similar to what was seen at the county and state levels. At JMH, homeless patients who were considered self-pay or underinsured accrued a total of \$4,269,726 in charges with an average charge of \$2,889. JMH homeless patients who classified as Medicaid Managed Care or Non-payment accrued charges of \$2,520,642 and \$724,395 with average charges of \$2,976 for Medicaid Managed Care and \$2,775 for Non-payment (Table 15).

TABLE 14: Percent of Homeless Emergency Department Visits According to Selected Components, 2015 - 2016

2015	Jackson Memorial Hospital	Jackson North Medical Center	Jackson South Medical Center	Miami-Dade County Hospitals	Florida
Gender					
Male	79.4%	77.6%	82.1%	75.9%	71.0%
Female	20.6%	22.4%	17.9%	24.1%	29.0%
Age					
0-17	0.3%	0.6%	0.0%	1.9%	3.6%
18-44	53.7%	48.9%	53.3%	44.1%	46.0%
45-64	39.8%	45.7%	43.7%	46.7%	44.5%
65+	6.3%	4.7%	3.0%	7.3%	5.7%
Ethnicity					
Non-Hispanic	64.6%	77.9%	68.2%	54.9%	81.5%
Hispanic	34.8%	21.5%	31.5%	42.1%	14.2%
Unknown	0.5%	0.6%	0.3%	3.0%	4.4%
Race					
White	62.5%	48.9%	64.6%	63.9%	71.2%
African American	37.1%	51.1%	34.8%	30.1%	18.4%
Unknown	0.2%	0.0%	0.0%	3.7%	4.8%
Other	0.2%	0.0%	0.7%	2.0%	5.1%
Asian	0.0%	0.0%	0.0%	0.2%	0.3%
American Indian or Alaskan Native	0.0%	0.0%	0.0%	0.0%	0.1%
Principal Payer					
Self pay/Underinsured	46.3%	57.4%	67.5%	52.0%	54.9%
Medicaid Managed Care	26.5%	20.5%	14.2%	21.7%	15.8%
Non-Payment	8.2%	4.4%	4.6%	7.7%	7.2%
Medicaid	6.5%	4.7%	4.0%	4.7%	3.9%
Medicare	6.2%	5.4%	5.0%	5.9%	5.8%
Medicare Managed Care	4.7%	6.3%	2.3%	5.2%	4.7%
Commercial Health Insurance	0.8%	0.9%	0.7%	2.2%	3.6%
Other State/Local Government	0.6%	0.3%	0.3%	0.3%	2.6%
Commercial Liability Coverage	0.1%	0.0%	0.3%	0.1%	0.2%
VA	0.1%	0.0%	0.7%	0.1%	0.8%
KidCare	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE 15: Percentage and Charges by Principal Payer Source for Homeless Patients visiting Emergency Department, Jackson Memorial Hospital, 2015 - 2016

Principal Payer	Visits	% Total Visits	Total Charges	% Total Charges	Avg. Charge
Self-pay/Underinsured	1,478	46.3%	\$4,269,726	46.2%	\$2,889
Medicaid Managed Care	847	26.5%	\$2,520,642	27.3%	\$2,976
Non-Payment	261	8.2%	\$724,395	7.8%	\$2,775
Medicaid	206	6.5%	\$661,853	7.2%	\$3,213
Medicare	198	6.2%	\$426,108	4.6%	\$2,152
Medicare Managed Care	150	4.7%	\$386,355	4.2%	\$2,576
Commercial Health Insurance	26	0.8%	\$105,994	1.1%	\$4,077
Other State/Local Government	19	0.6%	\$65,261	0.7%	\$3,435
Commercial Liability Coverage	4	0.1%	\$69,210	0.7%	\$17,303
VA	2	0.1%	\$16,293	0.2%	\$8,147
Total	3,191	100.0%	\$9,245,837	100.0%	\$2,897

Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ)

In 2010, the United States 10-year national health objectives, known as Healthy People 2020 (HP2020), included a LGBTQ specific topic and objective: to improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.

Research suggests that LGBTQ persons are at higher risk of health disparities linked to social stigma, discrimination, and denial of civil and human rights. Discrimination against LGBTQ persons has been associated with higher rates of psychiatric disorders (McLaughlin, et al., 2010), substance abuse (Ibanez, et al., 2005), and suicide (Remafed, et al., 1998), and victims often experience violence and victimization that may have long-lasting effects on the individual and the community at large (Roberts, et al., 2010). Youth, in particular, are at increased risk for violence (including bullying).

LGBTQ Youth

Local data for LGBTQ health is not often collected, however, some sources do exist at the state and county levels. The 2015 Youth Risk Behavior Survey (YRBS, 2015) asked questions specifically related to sexual identity, and, since Miami-Dade County was chosen as a metropolitan district for survey, local, county-level data is available for analysis.

TABLE 16: Selected Demographics of LGBTQ community, Youth Risk Behavior Survey, 2015

	Gay or Lesbian		Bisexual	
Characteristic	Count	% of Total Respondents	Count	% of Total Respondents
Age				
<15	5	2.2%	4	1.8%
15-17	45	2.3%	95	4.8%
18+	8	2.0%	20	5.1%
Gender				
Male	27	2.1%	21	1.6%
Female	31	2.4%	97	7.4%
Grade				
9th	10	2.2%	20	4.3%
10th	15	1.9%	38	4.8%
11th	17	2.4%	28	3.9%
12th	15	2.4%	31	4.9%
Race/Ethnicity				
White	4	3.1%	3	2.3%
Black/African American	17	2.6%	37	5.6%
Hispanic/Latino	34	2.0%	76	4.4%
Other	1	1.3%	4	5.0%

Among all youth surveyed (Table 16), 2.2% identified as gay or lesbian and 4.6% identified as bisexual. Of those surveyed, 2.2% of respondents under the age of 15 identified as gay or lesbian, while 1.8% identified as bisexual; 2.3% of 15-17 year olds identified as gay or lesbian with 4.8% identifying as bisexual; and 2.0% of respondents over 18 years identified as gay or lesbian, while 5.1% identified as bisexual. There were three times as many females who identified as bisexual (7.4%) compared to lesbian (2.4%). Of those who responded, 3.1% who identified their race/ethnicity as white also identify as gay or lesbian; 2.6% of Black/African American respondents; 2.0% of Hispanic/Latino respondents; and 1.3% of multiracial/other respondents. Of those who responded as white, 2.3% also identified as bisexual; 5.6% of those who responded as Black/African American; 4.4% of Hispanic/Latino; and 5.0% of Multiracial/other.

TABLE 17: Selected Risk Factors for LGBTQ Youth, Youth Risk Behavior Survey, 2015

Characteristic	Gay or Lesbian		Bisexual	
	Count	Percent	Count	Percent
Bullying at School				
Yes	7	12.1%	32	26.9%
No	51	87.9%	87	73.1%
Cyber Bullying (internet)				
Yes	9	15.5%	19	16.0%
No	49	84.5%	100	84.0%
Sad/Helpless*				
Yes	16	28.6%	63	52.9%
No	40	71.4%	56	47.1%
Suicidal Thoughts				
Yes	15	26.8%	48	40.0%
No	41	73.2%	72	60.0%
How many days did you drink at least one alcoholic drink in the last 30 days				
0	27	54.0%	47	43.9%
1 to 5	16	32.0%	43	40.2%
6 to 19	5	10.0%	14	13.1%
20 to 29	0	0.0%	2	1.9%
>30	2	4.0%	1	0.9%
Ever had sexual intercourse				
Yes	28	60.9%	64	57.1%
No	18	39.1%	48	42.9%
Number of Sexual Partners				
0	18	39.2%	48	44.0%
1	6	13.0%	24	22.0%
2	9	19.6%	14	12.8%
3	6	13.0%	10	9.2%
4+	7	15.1%	13	11.9%
Condom Use				
Yes	9	33.3%	43	70.5%
No	18	66.6%	18	29.5%

According to the 2015 data surveys collected as a part of the YRBS, 12.1% of students who identify as gay or lesbian also responded that they have been bullied at school, while 26.9% of those who identify as bisexual responded that they have been bullied at school. Furthermore, 28.6% of youth who identified as gay or lesbian felt sad or helpless every day for two weeks or more in a row in the past 12 months. Over 50% of youth who identified as bisexual responded as having felt sad or helpless (Table 17).

LGBTQ Adults

Those in the LGBTQ community also face tremendous disparity when it comes to accessing healthcare. National and state data from the 2015 Behavioral Risk Factor Surveillance System indicate that persons who identify as LGBTQ are limited in their access to care or do not participate in their own healthcare (routine checkups) as often as those who do not identify as LGBTQ.

TABLE 18: Access to Care among LGBTQ persons, Behavioral Risk Factor Surveillance System, 2015

	Gay or Lesbian	Bisexual	Transgender
Characteristic	Percent	Percent	Percent
Health Coverage			
Yes	89.2%	86.6%	75.9%
No	9.5%	13.0%	22.3%
Don't Know	NV	NV	0.8%
Have a personal doctor			
Yes, only 1	73.4%	64.7%	66.9%
>1	5.8%	9.8%	7.3%
No personal doctor	20.5%	25.2%	24.4%
Don't Know	0.1%	0.2%	NV
Medical Cost prohibitive			
Yes	16.0%	24.2%	20.7%
No	83.8%	75.3%	78.7%
Don't know	NV	0.5%	0.5%
Last routine checkup			
within last 12 months	65.5%	65.5%	64.9%
within last 2 years	14.8%	16.9%	12.0%
within last 5 years	11.0%	8.8%	9.6%
> 5 years	6.8%	7.4%	7.7%
Don't know	1.2%	0.8%	1.9%
Never	0.6%	0.6%	2.6%

As presented in Table 18, uninsured rates between gay or lesbian individuals and those who identify as heterosexual (not presented here) do not vary significantly (9.5% and 10.6%, respectively), there were 3% greater uninsured that identified as bisexual compared to either gay/lesbian or heterosexual. Gay/lesbian and bisexual respondents did show disparities in other access related areas, however. Over 20% gay/lesbian respondents reported having no personal doctor and over 25% of bisexual respondents reported having no personal doctor compared to 18.6% of heterosexual respondents. Additionally, 16% of gay/lesbian respondents reported medical cost as prohibitive to their access while over 24% of bisexual individuals reported medical cost as prohibitive to access compared to less than 11.7% of heterosexual individuals. Furthermore, gay/lesbian and bisexual respondents reported a longer length of time since their last routine checkup compared to heterosexual respondents.

Recognizing the disparity in access and the high burden of behavioral, chronic disease, and sexual health needs among the LGBTQ community, Jackson Health System has made it a priority to reach out and provide equitable care to LGBTQ individuals. For six consecutive years, each of Jackson's major hospitals was named a "Leader in LGBT Healthcare Equality" by the Human Rights Campaign's Healthcare Equality Index (HEI). HEI is a national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to equity and inclusion of the LGBTQ population. This recognition acknowledges Jackson's commitment to ensuring access to culturally competent treatment and prevention services for LGBTQ persons. It also shows that Jackson is dedicated to addressing medical concerns that affect the LGBTQ community, as well as educating the LGBTQ community on important healthcare issues, initiatives, and special programs, like the South Florida AIDS Network (SFAN).

Jackson Memorial Hospital

Jackson Memorial Hospital, with approximately 1,500 licensed beds, 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, 55.0% of residents in the top 10 PSAs for Jackson Memorial Hospital are of Latin or Hispanic descent, and 67.0% reporting a language spoken at home other than English. The average household is comprised of 3 persons and the median household income is \$25,023; significantly less than the average Miami-Dade County household income of \$43,129. Twenty-two percent (22%) of the Jackson Memorial Hospital patient service area population is under 18 years of age. Sixty-four percent (64%) are between the ages of 18 and 64, and approximately 14% are age 65 and older.

Ryder Trauma Center

The Ryder Trauma Center (RTC) at Jackson Memorial Hospital is a Level 1 Trauma Center serving all of Miami-Dade County. In 2015-2016, residents treated a RTC were primarily male (73.7%) and between the ages of 18 and 44 (49.6%). Additionally, while the largest principal payer category was commercial insurance (40.0%), a large percentage of patients were identified as self-pay/underinsured (34.7%). For additional details see Table 19.

TABLE 19: Ryder Trauma Center, Visitor Characteristics, 2015 - 2016

Characteristic	Count	Percentage
Gender		
Female	1837	26.3%
Male	5135	73.7%
Age		
0-17	693	9.9%
18-44	3456	49.6%
45-64	1804	25.9%
65+	1019	14.6%
Ethnicity		
Non-Hispanic	3825	54.9%
Hispanic	3141	61.2%
Unknown	6	0.1%
Race		
White	4322	62.0%
Black	2505	35.9%
Asian	9	0.1%
American Indian or Native Hawaiian	9	0.1%
Other	127	1.8%
Principal Payer		
Commercial	2774	40.0%
Medicaid	923	13.3%
Medicare	575	8.3%
Self-Pay/Uninsured	2402	34.7%
Other	115	1.7%
Other Gov't	142	2.0%
Total	6931	100%

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, 30.6% of residents in the Jackson North Medical Center patient service area are of Latin or Hispanic descent, and nearly 51.9% reporting a language spoken at home other than English. The average household is comprised of 3 persons and the median household income is \$35,581, which is lower the median Miami-Dade County household income of \$43,129. Nearly 24% of the Jackson North Medical Center patient service area population is under 18 years of age. Approximately 64% are between the ages of 18 and 64, and approximately 12% are age 65 and older.

Jackson South Medical Center

Jackson South Medical Center is situated in southeast Miami-Dade County, serving primarily unincorporated Miami-Dade and Deep South Dade. Jackson South Medical Center 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.

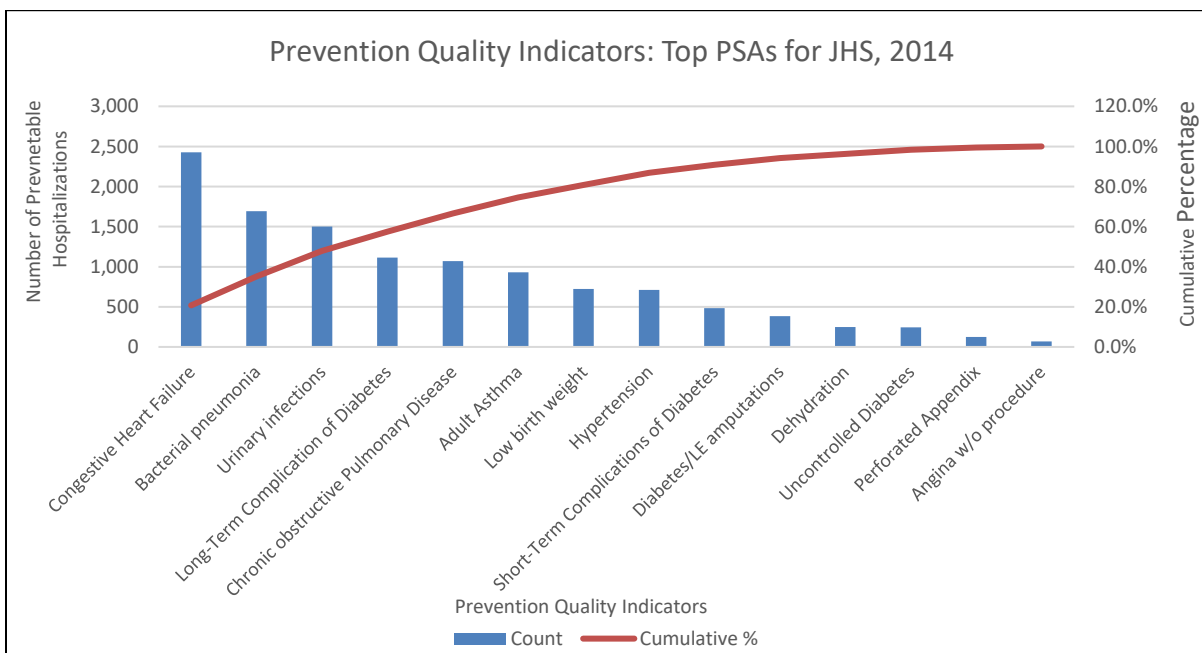
According to the US Census, 60.6% of residents in the Jackson South Medical Center patient service area are of Latin or Hispanic descent, and 63.4% report speaking a language other than English at home. The average household is comprised of 3 persons and the median household income is \$49,992 surpassing the median Miami-Dade County household income of \$43,129. Twenty-five percent of the Jackson South Medical Center patient service area population is under 18 years of age. Nearly 64% percent are between the ages of 18 and 64, and approximately 11% are age 65 and older.

Preventable Hospitalizations

In 2014, there were 38,828 adults in Miami-Dade County who were admitted to Florida hospitals for preventable conditions; 30.2% (11,715) of which derive from Jackson Memorial Hospital, Jackson North Medical Center, and Jackson South Medical Center's top five PSAs (15 geographical areas). Residents of Little Havana (zip code 33125), Brownsville (zip code 33142), and West Little River (zip code 33147) accounted for 33.1% of total preventable admissions observed among JHS's top PSAs. Additionally, Congestive Heart Failure (CHF), bacterial pneumonia, and urinary tract infections accounted for 48.0% of total preventable hospitalizations among JHS's top PSAs (Figure 4).

Source: Florida Health Data Warehouse

FIGURE 4: Prevention Quality Indicators, Jackson Health System PSAs, 2014



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 S for full-size map of median resident household income.

Methodology



Jackson Behavioral Health Hospital

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, 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.

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).

The CHNA will be made available to the public.

CHNA Interviews & Survey Results



Jackson International

CHNA INTERVIEWS & SURVEY RESULTS

Twelve (12) 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 Medical Center, Holtz Children's Hospital, Jackson Behavior Health Hospital, External Affairs and Ambulatory Care Centers, Urgent Care, Population Health and Managed Care.

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.

Interview discussion topics included:

• 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 Marisel Losa, MHSA; Nicole Marriott, MBA; Ricardo Jaramillo, MPH; and Brady Bennett, MPH with the Health Council of South Florida (HCSF). 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:

Blue Cross Blue Shield of Florida
Care Resource, LLC
Connect Familias
Florida Association of Free and Charitable Clinics
Florida Department of Health in Miami-Dade County
Florida International University
Healthchoice Network
Health Foundation of South Florida
Healthy Start Coalition of Miami-Dade
Jessie Trice Community Health Center, Inc.
Miami-Dade College
Open Referral Miami
University of Miami
United Way of Miami-Dade

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 HCSF to conduct a series of in-depth interviews and surveys. This process allowed for a broad range of stakeholder and community input. 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.

The approach taken by the HCSF, and approved by the Strategic Planning and Business Development Department at Jackson Health System to guide the Community Health Needs Assessment process, allowed the HCSF to conduct twelve (12) internal in-depth interviews with key JHS Senior Executives and a Board Member in August 2017.

The HCSF 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. Table 20 represents the concerns of the leaders, both facility specific and system wide. 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.

TABLE 20: Jackson Health System Priority Areas by Hospital

	Jackson Health System	Jackson Memorial Hospital	Jackson South Medical Center	Jackson North Medical Center	Holtz Children’s & The Women’s Hospital
1	Availability of Primary Care and Prevention	Availability of Primary Care and Prevention	Neurology	Availability of Primary Care and Prevention	Access to Care (for uninsured)
2	Access to Care (for uninsured)	Access to Care (for uninsured)	Availability of Primary Care and Prevention	Chronic Disease Management	Availability of Primary Care and Prevention
3	Chronic Disease Management	Chronic Disease Management	Chronic Disease Management	Access to Care (for uninsured)	Maternal and Child Health
4	Healthy Lifestyles: Exercise and Nutrition	Healthy Lifestyles: Exercise and Nutrition	Elder Care/ Geriatrics	Maternal and Child Health	Psychiatric/ Substance Abuse Treatment
5	Psychiatric/Substance Abuse Treatment	Maternal and Child Health	Healthy Lifestyles: Exercise and Nutrition	Respiratory/ Pulmonary Disease	Chronic Disease Management

From the hospital-level prioritization, an additional prioritization was done to determine cross-system priorities. Similar weighting methodology was used for this prioritization as was used for the hospital specific priorities. On the next page are the system-wide priorities taking into account each hospital’s cumulative responses (Table 21).

TABLE 21: Jackson Health System Top Five (5) Priorities

Jackson Health System Priorities	
Rank	Priorities
1	Availability of Primary Care and Prevention
2	Access to Care (for uninsured)
3	Chronic Disease Management
4	Maternal and Child Health
5	Healthy Lifestyles: Exercise and Nutrition

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. Since the previous CHNA (2015), JHS has expanded their community footprint by implementing ambulatory care centers (ACCs) and urgent care centers (UCCs) throughout the county.

As the public hospital system for Miami-Dade County, Jackson Health System is charged with providing care to the underinsured and uninsured. The consensus from the leadership interviews was that JHS is a significant provider of healthcare to the indigent of Miami-Dade County. Furthermore, JHS's commitment to serving the indigent extends beyond basic or solely emergent services. JHS provides specialized and acute care to all residents of Miami-Dade County regardless of income including services at each of its five Centers of Excellence (Ryder Trauma Center, Transplant, Bariatric, Maternal and Child Health, and Neurology) as well as behavioral/psychiatric care.

Another strength that was repeated throughout the leadership interviews was the strong partnership with the University of Miami. This long-standing relationship benefits both the Jackson Health System and University of Miami Hospitals, increasing JHS's credibility as a teaching institution for medical professionals in South Florida and provides both the University of Miami and Jackson with opportunities to collaborate on services and research to better the health of the community at large.

Community Needs

The Jackson Health System leadership interviews also revealed several community needs important to increasing the health of Miami-Dade County residents. Though JHS is the leading hospital system serving the indigent of Miami-Dade County, the leaders see an opportunity to continue to expand services beyond the hospital grounds into the community for all residents. Currently, leadership believe that JHS offers fantastic services at the hospital level, but, going forward, want to help foster greater emphasis on primary and preventative services for the underinsured, uninsured poor of Miami-Dade County, and insured residents. JHS hopes to expand these services with clinics around the county, including Federally

Qualified Health Clinics (FQHCs) and other medical clinics serving the indigent, plus other strategic partnerships to serve all residents, insured and uninsured, in the community.

With increased rates of under- and uninsured in Miami-Dade County, Jackson leaders also see the need to diversify its payer mix. By increasing the number of insured and paying customers to JHS, the hospitals will be better able to expand the needed services not just to the indigent but to all. This is particularly necessary with the continued uncertainty surrounding Low Income Pool (LIP), Disproportionate Share (DSH) funding, Medicaid reimbursement/eligibility, and the stability of the ACA marketplace.

Another community need discussed by many of the Jackson Leadership was the need for behavioral health in the primary care setting. While JHS has the capability and expertise to serve residents suffering from behavioral/mental health problems, diagnosis and treatment could begin earlier if determined at the primary care level rather than in a more emergent setting.

Miami-Dade County Community Leaders Survey Results

HCSF also assisted JHS with the design and dissemination of an external community leader survey. Results from this web-based survey were collected in August 2017.

Community leaders who responded to the web-based survey were from a variety of sectors including health, education, government, and social service agencies. Additionally, leaders represented the following types of roles within those organizations/agencies: CEO/COO/CFO/President (66.7%), Director/Manager/Administrator (16.7%), and Professor/Educator (16.7%). The survey inquired about healthcare needs and priorities, with a particular emphasis on those who cannot afford healthcare services, barriers to care, funding for community-based initiatives, and the growth of the Jackson Health System in Miami-Dade.

TABLE 22: Community Leaders External Survey, Question 1

Q1. When policies are created to help people who cannot afford healthcare, what priority should be put in each of these areas? (Scale: 1 = Very Low Priority → 7 = Very High Priority)	
Service	Percentage
Primary care physician services	16.1%
Physician specialist office services	14.9%
Inpatient hospital services	12.4%
Emergency department services	14.1%
Urgent care services	14.9%
Diagnostic services (X-ray, MRI, CT, etc.)	15.3%
Prenatal care	12.4%

Community leaders weighted roughly equal priority to varying services for indigent residents of Miami-Dade. Primary care physician services received the highest priority (16.1%) followed by diagnostic services (15.3%), physician specialist services (14.9%) and urgent care services (14.9%).

TABLE 23: Community Leaders External Survey, Question 2

Q2. There are many reasons why low-income and uninsured people have difficulty receiving healthcare. How significant do you feel each of these factors is? (Scale: 1 = Not Significant → 7 = Extremely Significant)	
Factors	Percentage
Transportation to healthcare site of care	16.0%
Too many days until an appointment is available	14.8%
Lack of availability to specialist	15.2%
Too much time spent in the waiting room	12.1%
Cost of care too expensive/lack of insurance	15.2%
Difficult to get time off of work	12.9%
Physician hours are not convenient	13.7%

Community leaders rated transportation (16.0%) as the most significant reason for low-income and uninsured people having difficulty receiving healthcare. Lack of availability to a specialist and their uninsured status/cost of care followed as secondary reasons (15.2% each).

TABLE 24: Community Leaders External Survey, Question 3

Q3. For low-income and uninsured people, how significant are each of the following issues in achieving access to healthcare services? (Scale: 1 = Not Significant → 7 = Extremely Significant)	
Issue	Percentage
Income verification processes by healthcare providers	36.4%
Appeal rights when healthcare services are denied by healthcare providers	34.1%
Prior medical debt adversely impacting ongoing care options	29.5%

Additionally, income verification by healthcare providers (36.4%) was also rated as a key issue for low-income and uninsured peoples to receive healthcare services.

TABLE 25: Community Leaders External Survey, Question 4

Q4. How easy or difficult do you think it is for low-income or uninsured people to get the following services? (Scale: 1 = Not Significant → 7 = Extremely Significant)

Service	Percentage
Flu Shot	7.5%
General Physical Examination	10.7%
Lung Cancer screening	14.5%
Mammogram	11.7%
Pap smear	9.8%
Prostate Cancer screening	9.8%
Sexually Transmitted Infection testing	8.4%
Skin Cancer screening	12.1%
Blood Pressure Screening	7.5%
Cholesterol Screening	7.9%

For specific services, community leaders believe low-income and uninsured peoples struggle to access cancer screening services more than any other service, specifically, lung cancer screening (14.5%), skin cancer screening (12.1%), and mammograms (11.7%). These three cancer screenings were followed closely by general physical examination (10.7%).

TABLE 26: Community Leaders External Survey, Question 5

Q5. How easy or difficult do you think it is for people in the following groups to access healthcare services, regardless of their income? (Scale: 1 = Not Significant → 7 = Extremely Significant)

Group	Percentage
People who identify as white, non-Hispanics	11.6%
People who identify as Hispanic	14.8%
People who identify as black, African American, or Caribbean	16.8%
People who identify as Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning	18.1%
People who were born outside of the United States	19.4%
People who primary language is not English	19.4%

Healthcare services are also not equally accessed across races, ethnicities, or sexual identity. Community stakeholders believe that people who were born outside of the United States and those whose primary language is not English struggle the most to access healthcare services, regardless of their income. People who identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ), also are considered to have a difficult time accessing healthcare services (18.1%).

TABLE 27: Community Leaders External Survey, Question 6

Q6. 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? (Scale: 1 = Significant Decrease → 7 = Significant Increase)	
Area	Percentage
Prenatal Care education	11.7%
Smoking cessation education	9.7%
Nutrition education with a focus on reducing obesity	8.1%
Safe sex education	13.8%
Disaster preparedness education	10.5%
Stroke warning signs and best options for treatment	10.9%
Jackson Prime Healthcare options for free or reduced cost of care for low-income persons	13.0%
Accident prevention education	10.9%
Poison prevention education	11.3%

Health education continue to be a much needed area of focus and investment. Health care leaders determined that safe sexual education (13.8%), education on healthcare options for free or reduced cost (13.0%), and prenatal care education (11.7%) are the three top education priorities for taxpayer funds.

TABLE 28: Community Leaders External Survey, Question 7

Q7. How do you think that taxpayer spending should change for healthcare services in these areas over the next three years? (Scale: 1 = Significant Decrease → 7 = Significant Increase)

Area	Percentage
Prenatal Care	10.7%
Alzheimer's disease	13.0%
Behavioral health services for homeless	14.1%
Primary care services for homeless and low-income individuals	10.7%
Diabetes treatment	13.7%
Vaccinations for communicable diseases for low-income adults and children	12.6%
Screening for cervical and breast cancers	12.6%
Screening for prostate cancers	12.6%

Community leaders also believe that health care spending should increase for behavioral health services for the homeless (14.1%), diabetes treatment (13.7%), and Alzheimer's disease (13.0%).

TABLE 29: Community Leaders External Survey, Question 8

Q8. Please recommend up to two of the following initiatives Jackson Health System should undertake over the next three years.

Area	Percentage
Opening of a hospital in West Miami-Dade (Jackson West)	16.67%
Expansion of specialty care programs	66.67%
Expansion of primary care programs	33.33%
Use of telehealth services to expand primary care in Miami-Dade County	66.67%

Community leaders were also asked to help determine which initiatives Jackson Health System should undertake over the next three years. Two initiatives stood out from community leader responses with identical number of respondents for each initiative: use of telehealth services to expand primary care (66.7%) and expansion of specialty care programs (66.7%).

Q9. 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 to help community-based organizations achieve their mission:

1. Centralize uninsured and uninsurable in Miami-Dade via an identification process, such as PCAN process in Orlando, FL or the California One E-App.
2. Partner with other services for staff and patients such as Federally Qualified Health Clinics (FQHCs).
3. Increase access to specialists network at Jackson Health System

Jackson Health System Priority Areas



Jackson Downtown Medical Center

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 below the 25th percentile or the bottom quartile.

Source: www.miamidadematters.org

Following the CHNA, 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

Availability of Primary Care and Prevention



Indicator 1, [Adults with a Usual Source of Healthcare](#)

In 2013, 62.6% of adults residing in Miami-Dade had one or more people they thought of as their personal doctor or primary healthcare provider, compared to 73.2% for the state of Florida and 76.6% for the United States as a whole. The Healthy People 2020 standard for Adults with a Usual Source of Health Care is 83.9%. A far greater percentage of adults 65 years of age and older, 95.2%, reported a usual source of care compared to residents between the ages of 45 and 64, 63.0%, and ages 18 to 44, 49.3%. Discrepancies were also seen between genders and ethnicities. Females reported a higher percentage of residents with a usual source of healthcare compared to males at 70.7% and 53.7%, respectively. Non-Hispanic Black (71.8%) and non-Hispanic White residents (71.4%) reported a higher percentage compared to Hispanics (60.1%). A change in methodology was implemented in 2013, and, therefore, values collected prior to 2013 are not easily comparable to current and future values. Presented data should be considered a baseline value for future time trends.

Source: *Florida Behavioral Risk Factor Surveillance System*



Indicator 2, [Primary Care Physicians Ratio](#)

In 2014, the primary care provider rate in Miami-Dade County was 81 providers per 100,000 population compared to 72 per 100,000 for the state of Florida (2013 value). The Primary Care Provider Rate has been consistent over the past five (5) years with only a marginal increase from 79 providers per 100,000 population in 2010 to 81 providers per 100,000 population in 2014. Primary care providers include practicing physicians who specialize in general practice medicine, family medicine, internal medicine, and pediatrics.

Source: *County Health Rankings & Roadmaps*



Indicator 3, [Non-Physician Primary Care Provider Rate](#)

In 2016, the non-Physician Primary Care Provider Rate in Miami-Dade County was 71 per 100,000 population compared to 74 per 100,000 for the state of Florida (2015 value). The previous Miami-Dade County value, collected in 2015, was 65 per 100,000. Since 2013, there has been a 39% increase in the non-Physician Primary Care Provider Rate in Miami-Dade County. Non-physician primary care providers are considered providers who are not physicians and include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.

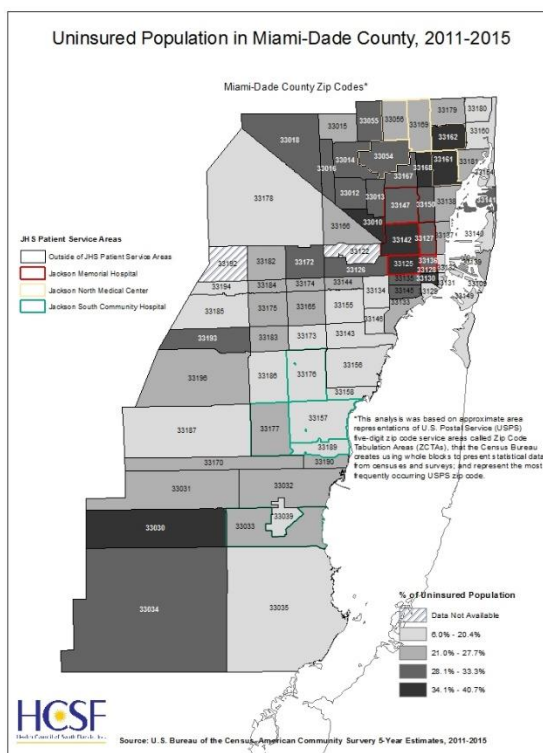
Priority Area 2

Access to Care



Indicator 4, [Adults with Health Insurance](#)

Map 2: Uninsured Population in Miami-Dade County, 2011-2015



In 2015, 74.5% of people in Miami-Dade between the ages of 18 and 64 had some type of health coverage, as compared to 86.9% 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 increased from 69.2% in 2014 and 59.5% in 2013. The rates of insurance tended to increase by age group with 79.7% of residents aged 55 to 64 insured compared to 76.3% of residents aged 45 to 54, 74.4% of residents 35-44, and only 69.1% of residents 25-34. Residents ages 18-24 had a slightly increased percentage of insured at 73.6%. More females tend to have coverage than males, at 76.7% and 72.3%, respectively. Non-Hispanic whites have a greater rate of insurance coverage than non-Hispanic blacks and Hispanics, at 85.5%, 70.9%, and 72.9%. Residents who identify as Asian had the highest insured percentage with 85.9% of residents insured.

Source: U.S. Bureau of the Census, 2015 American Community Survey



Indicator 5, [Children with Health Insurance](#)

In 2015, 92.7% 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 93.1% of children living in the state of Florida and 95.2% of children living in other US counties. This rate has improved from 91.2% in 2014. Since 2011, there has been an 8.4% increase in children with health insurance; however, 7.3% of children in Miami-Dade County remain without insurance.

Source: U.S. Bureau of the Census, 2015 American Community Survey



Indicator 6, [Median Monthly Medicaid Enrollment](#)

In 2015, the median monthly Medicaid enrollment was 27,221 per 100,000 people in Miami-Dade, which is an increase from 25,813 per 100,000 people in 2014. The statewide rate was 19,938 per 100,000. Since 2011, there has been a nearly 18% increase in median monthly Medicaid enrollment in Miami-Dade County.

Source: Florida Agency for Healthcare Administration

Priority Area 3

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.



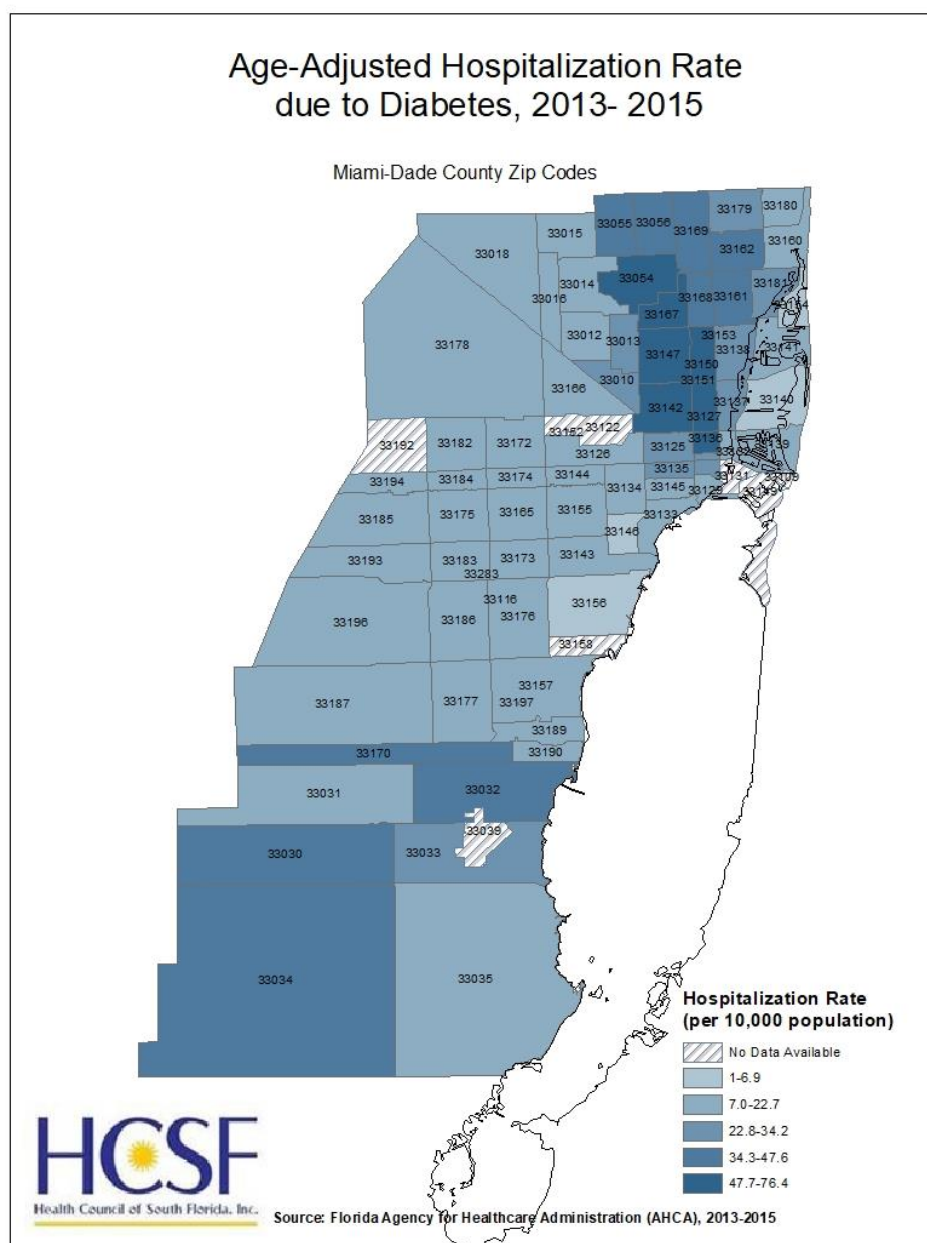
Indicator 7, [Diabetes](#)

In 2013, the Florida Behavioral Risk Factor Surveillance Survey (BRFSS) reported that 8.9% of Miami-Dade County residents self-reported a diagnosis of Diabetes. Map 2 depicts concentrations of hospital visits for diabetes by resident zip code in Miami-Dade County. From 2013-2015, the countywide age-adjusted rate of hospitalizations for Diabetes is 24.2 per 10,000 residents over the age of 18, which is slightly less than the Florida state value of 24.5 per 10,000. However, for Miami-Dade County residents aged 45 years and older, the age-adjusted hospitalization rate is much higher than the county average.

For residents 45-64 years old, the age-adjusted hospitalization rate due to Diabetes was 30.9 per 10,000; for residents 65-84, the age-adjusted rate was 47.8 per 10,000; and for residents 85+, the age-adjusted rate was 59.9 per 10,000, over double the county average. Black or African American residents are also disproportionately affected by hospitalizations due to Diabetes with an age-adjusted rate of 56.0 per 10,000 compared to 16.4 per 10,000 for White, non-Hispanic residents and 18.6 per 10,000 for Hispanic residents. From 2013-2015, Primary Service Area (PSA) zip codes 33054, 33127, 33136, 33142, and 33147 the rate was more than double the county rate, with 33136 having a rate of 76.4 hospitalizations per 10,000 residents. (See Appendix L for full-size map)

Source: Florida Behavioral Risk Factor Surveillance System; Florida Agency for Healthcare Administration

Map 3: Age-Adjusted Hospitalization Rate due to Diabetes



Indicator 8, [Adult Asthma](#)

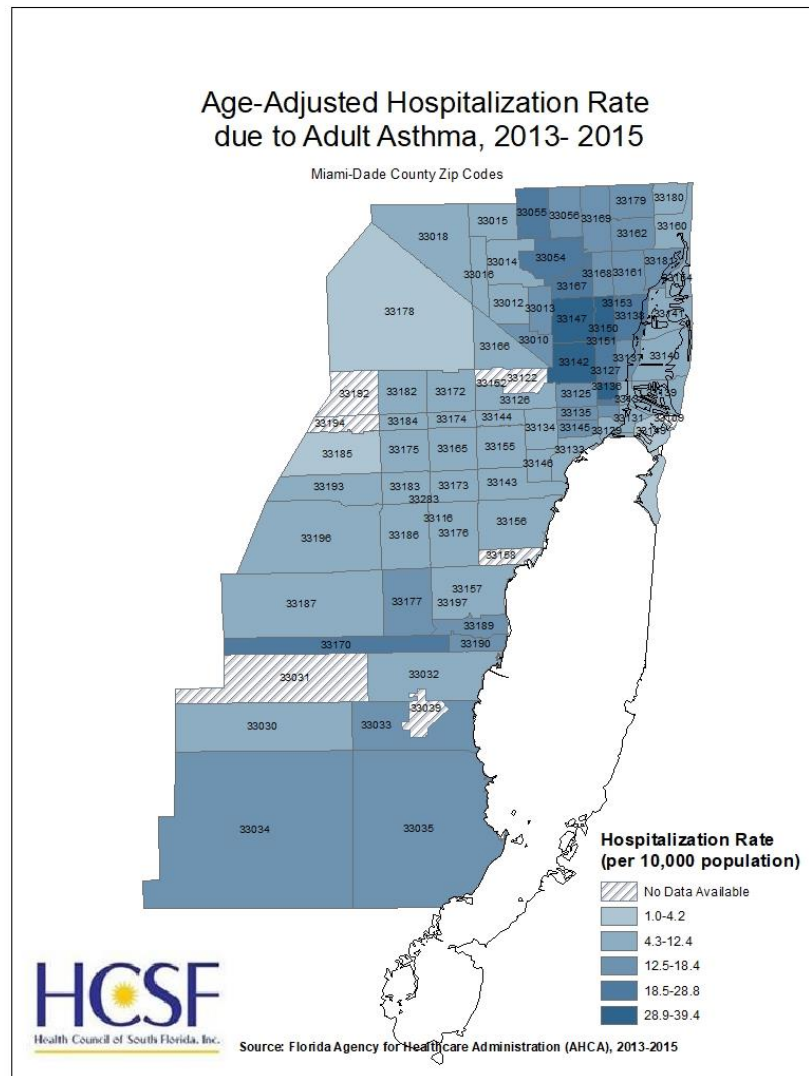
Map 4 depicts concentrations of hospital visits for adult asthma by resident zip code in Miami-Dade County. From 2013-2015, the countywide rate of hospitalizations due to adult asthma was 12.9 per 10,000 residents, with adults ages 45 years and older with drastically increased rates compared to the county average rate. Adults ages 45-64 had an age-adjusted asthma rate of 16.1 per 10,000; adults ages 65-84, a rate of 30.8 per 10,000; and adults ages 85+, an age-adjusted rate of 46.9 per 10,000. In zip codes 33136, 33147 the rate was over three times as high with age-adjusted hospitalization rates of 39.4 and 39.1 per 10,000 residents. (See Appendix M for full-size map)

Source: Florida Agency for Healthcare Administration

In 2013, 7.9% 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 8.3%. The amount has increased since 2007 and 2010, 4.6% and 6.3%, respectively. The highest countywide rates were reported by adult's ages 65 years and older (10.5%) and Hispanic residents (8.2%), while non-Hispanic black/African American and non-Hispanic white residents reported 6.1% and 8.0%, respectively.

Source: Florida Behavioral Risk Factor Surveillance System

Map 4: Age-Adjusted Hospitalization Rate due to Adult Asthma

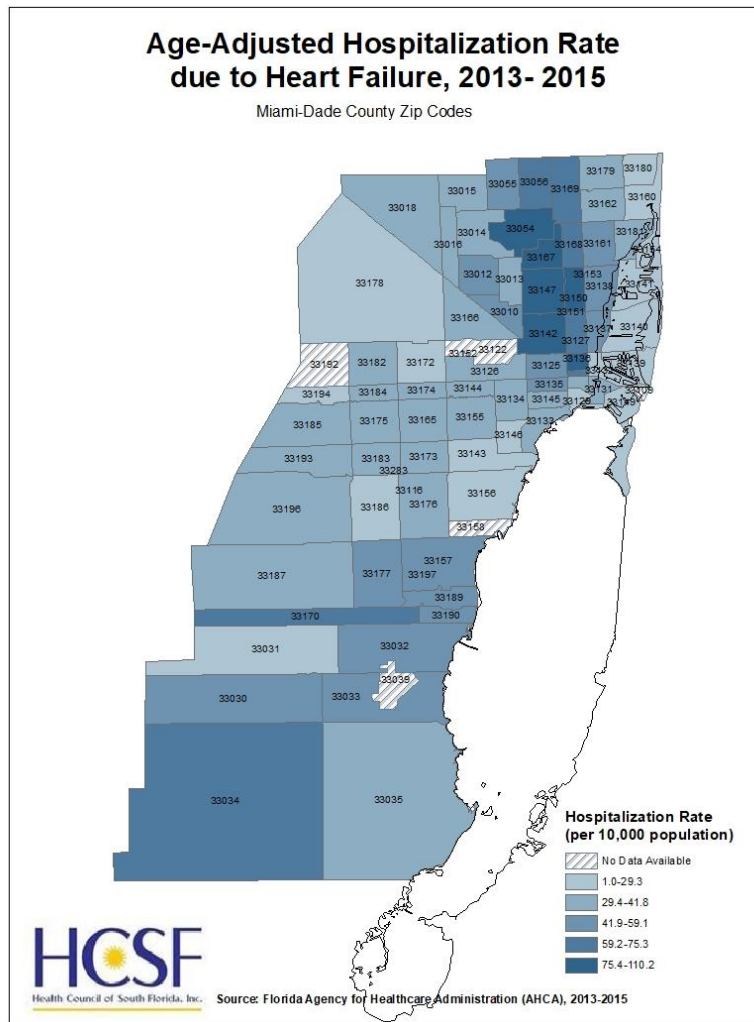


Indicator 9, [Hospitalization due to Heart Failure](#)

Map 5 depicts concentrations of hospital visits due to Heart Failure by resident zip code in Miami-Dade County. From 2013-2015, the countywide rate of hospitalizations due to heart failure was 43.0 per 10,000 residents, with adults ages 65 years and older with drastically increased rates compared to the county average rate. Adults ages 65-84 had an age-adjusted hospitalization rate of 138.6 per 10,000, and adults ages 85+, an age-adjusted rate of 512.9 per 10,000. The Miami-Dade County rate is also significantly higher than the Florida average rate of 36.2 per 10,000. Zip codes 33054, 33136, and 33147 had age-adjusted hospitalization rates due to heart failure over twice as high as the county average

with measurements of 87.3, 110.2, and 101.9 hospitalizations per 10,000 residents, respectively. (See Appendix N for full-size map)

Map 5: Age-Adjusted Hospitalization Rate due to Heart Failure



In 2015, 18.4% of Miami-Dade County residents who are Medicare beneficiaries were treated for heart failure. This countywide average is higher than the Florida state average (14.2%) and the United States value (13.5%). However, the percentage of Medicare beneficiaries treated for heart failure is trending downward over time. Since 2010, there has been a 16% decrease.

Source: Centers for Medicare & Medicaid Services

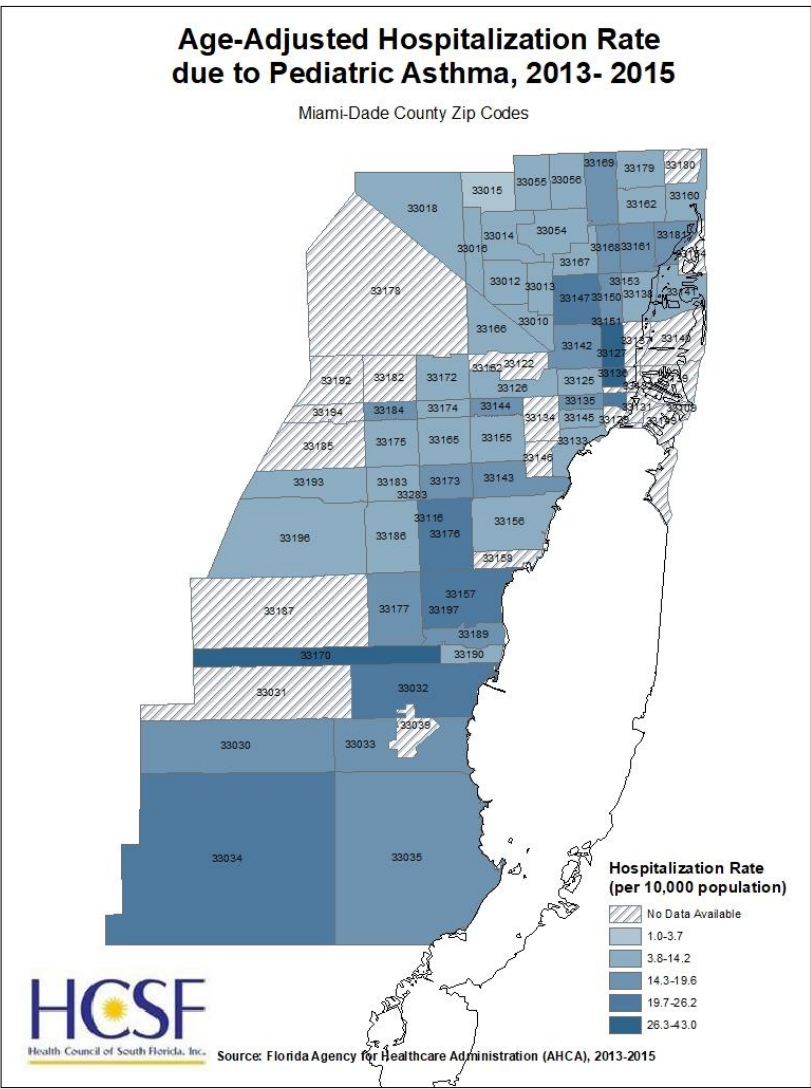


Indicator 10, [Pediatric Asthma](#)

Map 6 depicts concentrations of hospital visits for pediatric asthma by resident zip code in Miami-Dade County. From 2013-2015 the countywide hospitalization rate for pediatric asthma was 12.7 per 10,000 residents under 18 years of age, which is lower than the Florida state average of 15.0 per 10,000 residents. Age-adjusted hospitalization rates among children age 0-4 years (22.3 per 10,000) and 5-9 years (15.7 per 10,000) is significantly higher than the county average and rates among ages 10-14 (6.4 per 10,000) and 15-17 (3.0 per 10,000). Hospitalization rates are also increased among males (15.1 per 10,000) compared to females (10.2 per 10,000) and among Black/African-American children (22.4 per 10,000) compared to Hispanic (11.0 per 10,000) and white, non-Hispanic children (5.9 per 10,000).

While many zip codes have shown decreased rates of pediatric asthma since 2011-2014 averages, zip code 33136 continues to have an age-adjusted hospitalization rate due to pediatric asthma over three times higher than the county rate at 43.0 per 10,000 residents. Also, zip code 33127 has a rate over two-times as high as the county rate measured at 31.8 hospitalizations per 10,000 residents under age 18. (See Appendix O for full-size map)

Map 6: Hospitalization Rate due to Pediatric Asthma



In 2015, 22.8% of high school students in Miami-Dade County reported having ever been diagnosed with asthma, while the statewide average was 23.2%. The highest rates were reported by Black/African American students, at 25.4%, while Hispanic and white students reported 22.8% and 17.0%, respectively.

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

Priority Area 4

Maternal and Child Health

Miami-Dade County has a vast healthcare delivery system, however, there are still many residents who face barriers with obtaining and utilizing health services, such as early prenatal care for pregnant mothers.



Indicator 11, [Mothers who Received Early Prenatal Care](#)

In 2015, 86.0% of pregnant mothers began prenatal care in the first trimester of their pregnancy. This is higher than the Florida statewide value of 79.3%, the United States value of 76.7%, and the Healthy People 2020 Target of 77.9%. However, this is a decrease from the values reported for 2012, 2013, and 2014: 87.7%, 86.7%, and 86.7%, respectively. Furthermore, this higher percentage is not seen evenly across areas in Miami-Dade County. Among PSAs for Jackson Health System Hospitals, zip codes 33054, 33169, and 33142 were below 80% with values of 77.1%, 78.7%, and 79.9%, respectively. It should be noted, that zip codes 33160, 33154, and 33056, though not in Jackson Health System PSAs, were significantly lower than the Miami-Dade County percentage with values of 71.6%, 73.2%, and 76.0%, respectively.

Source: Florida Department of Health, Bureau of Vital Statistics

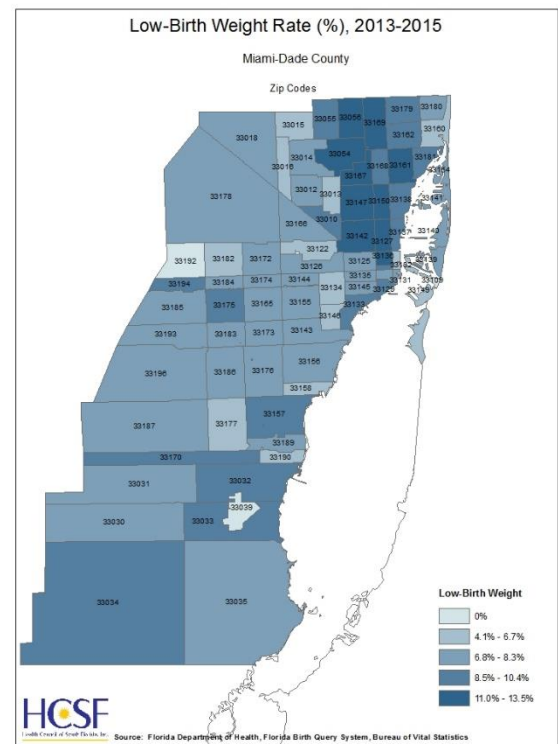


Indicator 12, [Low Birth Weight](#)

In 2015, 8.4% of newborns born in Miami-Dade County weighed less than 2500 grams (5 pounds, 8 ounces). This is slightly less than the percentage for the state of Florida (8.6%) but greater than the United States value (8.0%) and HP2020 Target (7.8%). However, black/African-American newborns have a significantly higher percentage of low birth weight live births (13.1%) compared to Hispanic and white, non-Hispanic live births (7.2% and 7.1%, respectively). Furthermore, the percentage of live births considered low birth weight was not consistent across geographic areas in Miami-Dade County. For Jackson health System PSAs, zip codes 33147, 33136, 3142, 33162, 33161, 33169, and 33127 all reported low birth weight percentages over 10%. (See Appendix P for full-size map)

Source: Florida Department of Health, Bureau of Vital Statistics

Map 7: Infants Born with Low Birth Weight (<2500 grams)



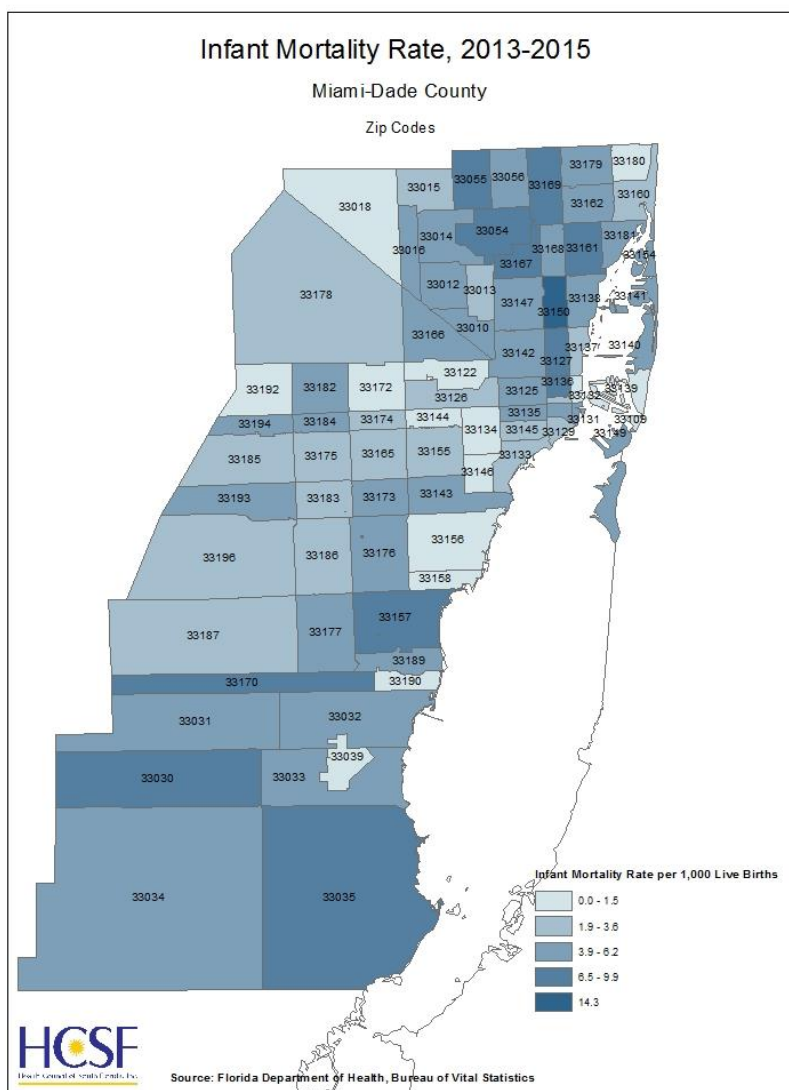
Indicator 13, [Infant Mortality](#)

Infant mortality is considered the death of an infant within their first year of life. The leading causes of death among infants are consistently birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. In 2015, Miami-Dade County had an infant mortality rate of 4.8 deaths per 1,000 live births. This value is slightly less than the Florida state value of 6.2 infant deaths per 1,000 live births and the HP2020 target of 6.0 infant deaths per 1,000 live births. Black/African-American infants are disproportionately affected by infant

mortality with 8.8 infant deaths per 1,000 live births compared to Hispanic and white, non-Hispanic infants at 3.7 deaths per 1,000 live births and 3.4 deaths per 1,000 live births, respectively.

There are also particular zip codes in Miami-Dade County with significantly increased infant mortality rates. Jackson Health System PSA zip codes 33054, 33169, and 33127 recorded rates of 9.9 infant deaths per 1,000 live births, 8.4 per 1,000, and 8.0 per 1,000, respectively. Infant mortality rates for all Miami-Dade County zip codes are represented in the map below (Map 8, see Appendix Q for full-size map) *Source: Florida Department of Health, Bureau of Vital Statistics*

Map 8: Infant Mortality, 2013-2015



Priority Area 5

Healthy Lifestyles: Exercise and Nutrition

A key component of affecting and promoting a healthy lifestyle is maintaining a population health scope. Population health encompasses all patient centered health initiatives that seek to decrease preventable hospitalizations and improve the patients' quality of life. Jackson Health System leadership recognize its continued need to promote healthy living through

a population health focused environment to its patients at every encounter, whether that be in a urgent care or ambulatory care setting or in one of its hospitals.



Indicator 14, [Adults and Teens who are Overweight or Obese](#)

Adults who are overweight and obese are considered adults age 18+ with a Body Mass Index (BMI) of 25.0-29.9 (overweight) and ≥ 30.0 (obese). Being overweight or obese affects quality of life and places individuals at risk for developing many chronic diseases such as heart disease, stroke, diabetes, and certain types of cancer. The prevalence of Miami-Dade County adults who are overweight or obese was 63.6% in 2013. This is higher than the Florida state value of 62.8% but lower than the US value of 64.8%. Hispanic and non-Hispanic black individuals have a much higher percentage of adults who are overweight or obese with values of 67.8% and 71.7%, respectively.

Teens who are overweight or obese are high school student with a body mass index $\geq 85^{\text{th}}$ percentile (overweight) and $>95^{\text{th}}$ percentile (obese). In 2015, 27.9 % of Miami-Dade County high school students were overweight or obese. This is greater than the Florida value of 26.8%, but it is less than the US value of 29.9%. The 2015 percentage is also a significant increase from the 2013 value of 23.3%. Similar to the adult's percentages, Black/African-American teens have a much higher percentage of overweight or obese (32.9%) compared to Hispanic (27.8%) and white, non-Hispanic (18.3%) teens.

Source: Florida Behavioral Risk Factor Surveillance System, 2013; Youth Risk Behavior Surveillance Survey, 2015



Indicator 15, [Food Insecurity Rate](#)

Food insecurity is both an economic and a social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. In 2015, 9.0% of Miami-Dade County residents experience food insecurity at some point during the year. This is lower than the Florida state value of 15.1% and the US Value of 13.7%. Since 2011, the Miami-Dade County food insecurity rate has decreased nearly 50%.

Source: Feeding America



Indicator 16, [Child Food Insecurity Rate](#)

In 2015, 20.6% of children under 18 years of age experienced food insecurity at some point during the year. This is lower than the Florida value of 22.7%, but higher than the US Value of 19.3%. The child food insecurity rate has steadily decreased over time. Since 2011, it has decreased nearly 25% from 27.4% to 20.6%.

Source: Feeding America



Indicator 17, [Adults who are Sedentary](#)

Adults who are sedentary are at an increased risk of obesity, heart disease, diabetes, and high blood pressure, among other chronic conditions. In 2013, 32.7% of adults reported no participating in any leisure-time activities. This value is higher than the Florida state value (27.7%), the US Value (25.3%), and the HP2020 target (32.6%). Adults who are sedentary also disproportionately affects non-Hispanic black residents (43.9%) compared to Hispanic (32.1%), and non-Hispanic white residents (25.2%).

Source: *Florida Behavioral Risk Factor Surveillance System, 2013*

Indicator 18, [Teens who Engage in Regular Physical Activity: High School Students](#)

Teens who are who engage in regular physical activity are considered high school students who were physically active for a total of at least 60 minutes per day on five or more of the 7 days preceding data collection. In 2015, 36.1% of Miami-Dade County teens reported being physically active. This is lower than the Florida state value (41.9%) and the US value (48.6%). While there was a decrease in reported physical activity among teens from 2013 to 2015, overall, since 2005, there has been a significant increase in activity among teens. Male students are reported a higher percentage of physical activity (45.2%) compared to female (27.1%), and white students reported high percentages of physical activity (39.1%) compared to Hispanic (37.8%) and black or African American students (30.0%).

Source: *Youth Risk Behavior Surveillance Survey, 2015*

Other Pertinent Priority Areas

Psychiatry/Substance Abuse Treatment

Conversations during the Executive Leadership Focus Groups indicate that behavioral health and substance abuse are a growing concern among hospital executives and medical professionals in Jackson Health System and in Miami-Dade County. While, according to our methodology for determining priority areas, Psychiatry/Substance Abuse Treatment was not chosen one of the top five (5) priorities, this particular area warrants inclusion and data analysis.

Behavioral health and substance abuse is a growing concern among health professionals, politicians, and community members. With the rise of cyber bullying, increased awareness of mental/behavioral health issues including suicide, and the opioid epidemic throughout the United States, it is important to understand the data surrounding these important health areas.



Indicator 19, [Frequent Mental Distress](#)

In 2015, 13.3% of adults stated that their mental health, including stress, depression, and emotional problems, was not good for 14 or more of the past 30 days. This value is higher than the Florida state value (10.0%) and the US Value (11.0%), and marks an increase from 2014 Miami-Dade County values (12.9%). It should be noted, that only two time trend values are available, so further time-related assumptions should be interpreted with caution.



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

According to the CDC, suicide remains a leading cause of death in the United States with over 33,000 suicide related deaths each year. However, in addition to suicide deaths, suicide attempts also remain an increasing problem. An estimated 25 attempted suicides occur for every one suicide death.

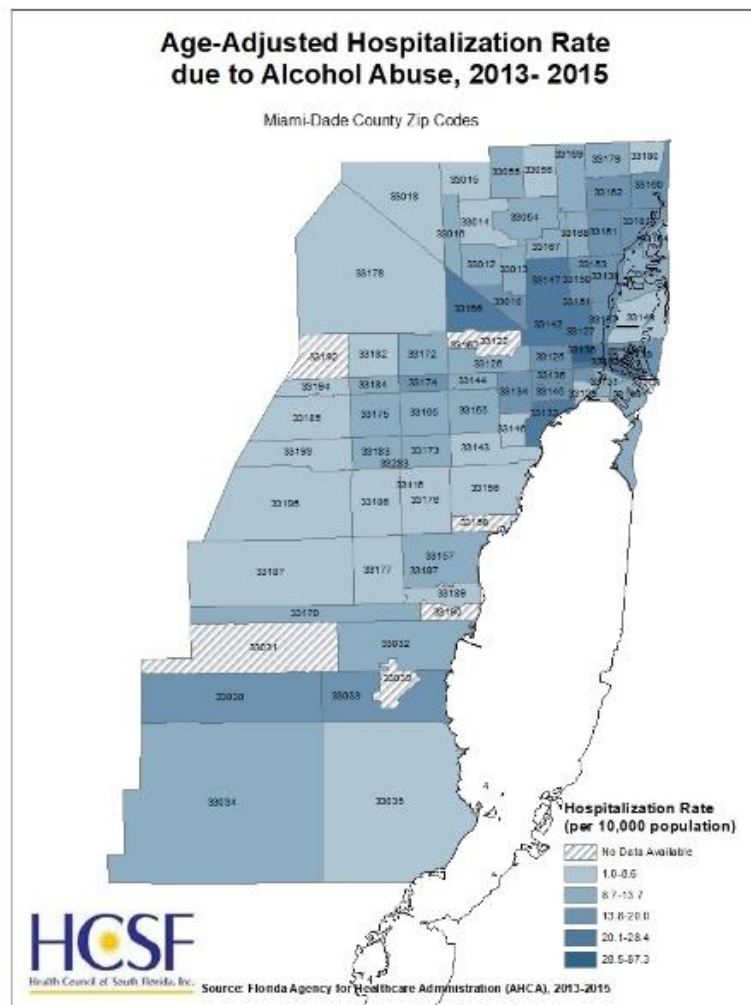
In Miami-Dade County, the age-adjusted death rate due to suicide has been increasing steadily since 2011, when a methodological change was made in data collection. There were 8.9 suicide deaths per 100,000 residents in 2015, which is lower than the Florida value (14.6 deaths per 100,000 residents) and the US value (13.3 deaths per 100,000 residents). Suicide deaths disproportionately affect males (14.8 deaths per 100,000 residents) compared to females (4.0 deaths per 100,000 residents).



Indicator 21, [Age-Adjusted Hospitalization Rate due to Alcohol Abuse](#)

Alcohol abuse includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level alcohol. From 2013-2015, there were 12.9 hospitalizations related to alcohol abuse per 10,000 residents 18+ years old. This is slightly less than the Florida state value (15.8 hospitalizations per 10,000 residents). Adults age 45-64 have a drastically increased hospitalization rate (23.4 per 10,000) compared to other age groups, and males are also disproportionately affected (20.8 per 10,000) compared to females (5.8 per 10,000). Hospitalization due to alcohol abuse also largely affects white, non-Hispanic residents (26.2 per 10,000) compared to Black/African American (10.9 per 10,000), Hispanic (10.2 per 10,000), and Asian (2.0 per 10,000) residents. (See Appendix R for full-size map)

Map 9: Hospitalization Rate due to Alcohol Abuse

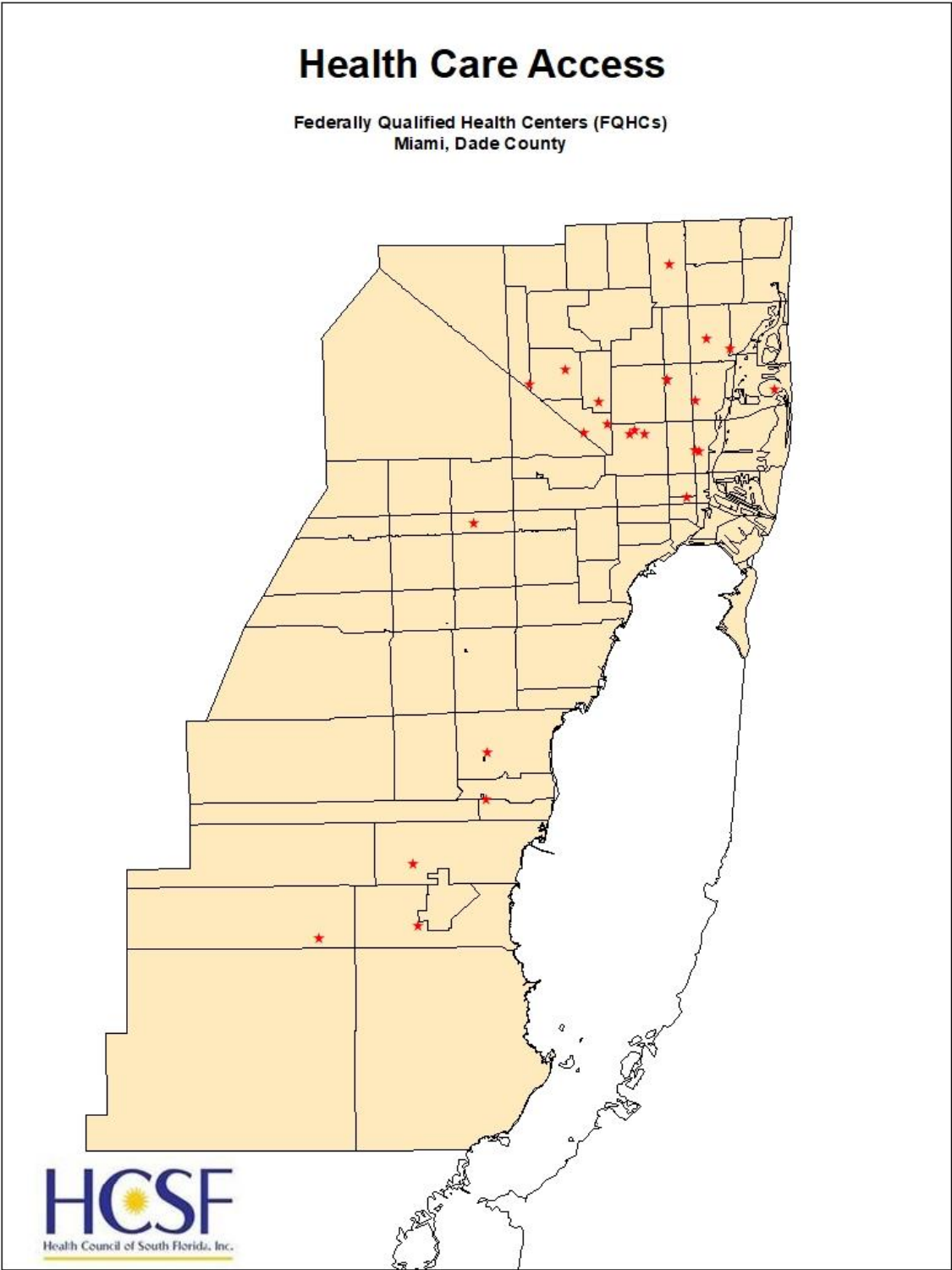


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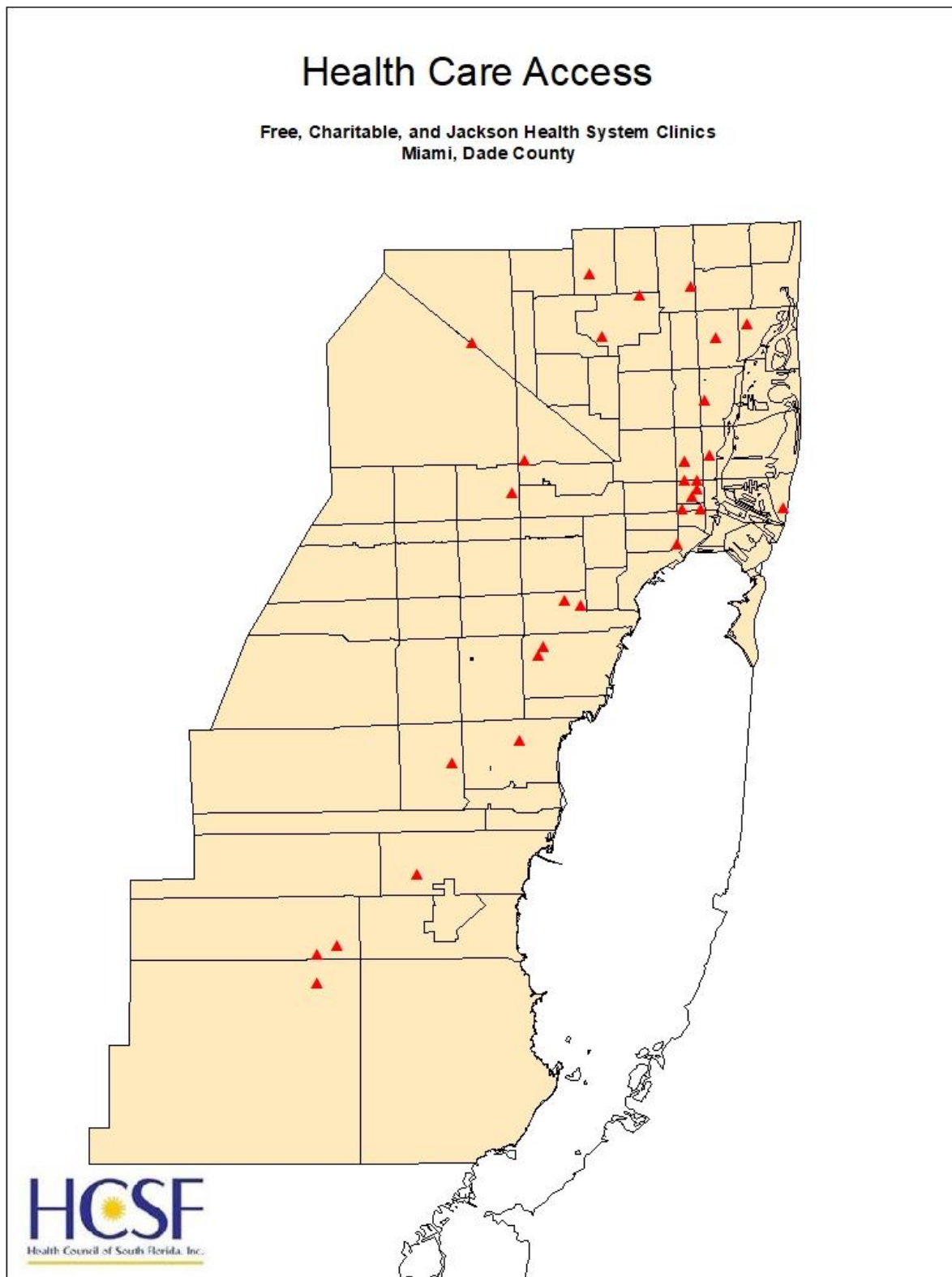


Holtz Children's Hospital

Appendix A (1): Jackson Health System Patient Service Area Health Assets Map – Federally Qualified Health Clinics



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



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 40.3 per 100,000	Stroke deaths 34.8 per 100,000
Early prenatal care 86.0% of pregnant women	Early prenatal care 77.6% of pregnant women
Low birth weight infants 8.4% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.8 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Child health insurance rate 92.7%	Child health insurance rate 100%
Adult health insurance rate 74.5%	Adult health insurance rate 100%
Adults with an ongoing source of care 62.6%	Adults with an ongoing source of care 89.4%
Adults who are obese 23.8%	Adults who are obese 30.5%
Adults engaging in binge drinking 10.9%	Adults engaging in binge drinking 24.4%
Cigarette smoking by adults 14.0%	Cigarette smoking by adults 12%
Annual senior influenza vaccination 42.7%	Annual senior influenza vaccination 90%
Adults ages 50+ who receive colorectal cancer screening 16.9%	Adults ages 50+ who receive colorectal cancer screening 70.5%

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

August 2017 Community Health Needs Assessment Interviews

Board Member	Public Health Trust
Chief Executive Officer	Jackson Health System
Chief Financial Officer	Jackson Health System
Senior VP of Strategic Planning & Business Development	Jackson Health System
Chief Financial Officer	Jackson Memorial Hospital
Chief Nursing Officer	Jackson Memorial Hospital
Chief Medical Officer	Jackson Memorial Hospital
Medical Director, Utilization	Jackson Memorial Hospital
Senior VP and Chief Executive Officer	Jackson Memorial Hospital
Director, Compliance	Jackson Memorial Hospital
Assistant Chief Nursing Director	Jackson Memorial Hospital
Director, Human Resources	Jackson Memorial Hospital
Senior VP and Chief Executive Officer	Jackson North Medical Center
Chief Nursing Officer	Jackson North Medical Center
Chief Medical Officer	Jackson North Medical Center
Senior VP and Chief Executive Officer	Holtz Children's Hospital
Chief Financial Officer	Holtz Children's Hospital
Chief Nursing Officer	Holtz Children's Hospital
Director of Business Development	Holtz Children's Hospital
Director of Quality & Patient Safety	Holtz Children's Hospital

Chief Medical Officer	Holtz Children's Hospital
Chief of Service	Holtz Children's Hospital
Director of Pediatrics	Holtz Children's Hospital
Director of NICU	Holtz Children's Hospital
Senior VP and Chief Executive Officer	Jackson Behavioral Health Hospital
Senior VP and Chief Executive Officer	Jackson South Medical Center
Chief Operating Officer	Jackson South Medical Center
Chief Financial Officer	Jackson South Medical Center
Director of Business Development	Jackson South Medical Center
Assistant VP and Chief Administrative Officer	Jackson Health System Ambulatory and Primary Care Services
Associate Director Ambulatory Operations	Jackson Health System Ambulatory and Primary Care Services
Corporate Director of Finance	Jackson Health System Ambulatory and Primary Care Services
Director	Jackson Health System Ambulatory and Primary Care Services
AVP of Urgent Care Development and Operations	Jackson Health System Urgent Care Centers
Chief Executive Officer	Jackson Behavioral Health Hospital

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
- Centers for Excellence: Ryder Trauma, Transplant, Urology, Maternal & Child Health, Neurology
- Comprehensive provider of specialty 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
- 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 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

- Uncertainty of Low Income Pool (LIP) funding and Medicaid reimbursement
- Uncertainty surrounding the Affordable Care Act/Health Insurance Marketplace Plans
- Lack of Medicaid Expansion in the State of Florida
- System serves a disproportionate amount of Medicaid patients in the Miami-Dade County market
- Individuals with insurance do not consider the system as a first choice for care/treatment

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.
- Limited ability to implement innovative measures within the system, including technology

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?

- Working with information technology firms and other innovative groups within the community
- Establishing partnerships with managed care companies
- Strengthen partnership with Florida International University College of Medicine as it continues to grow
- Enhance private and public partnerships across the board

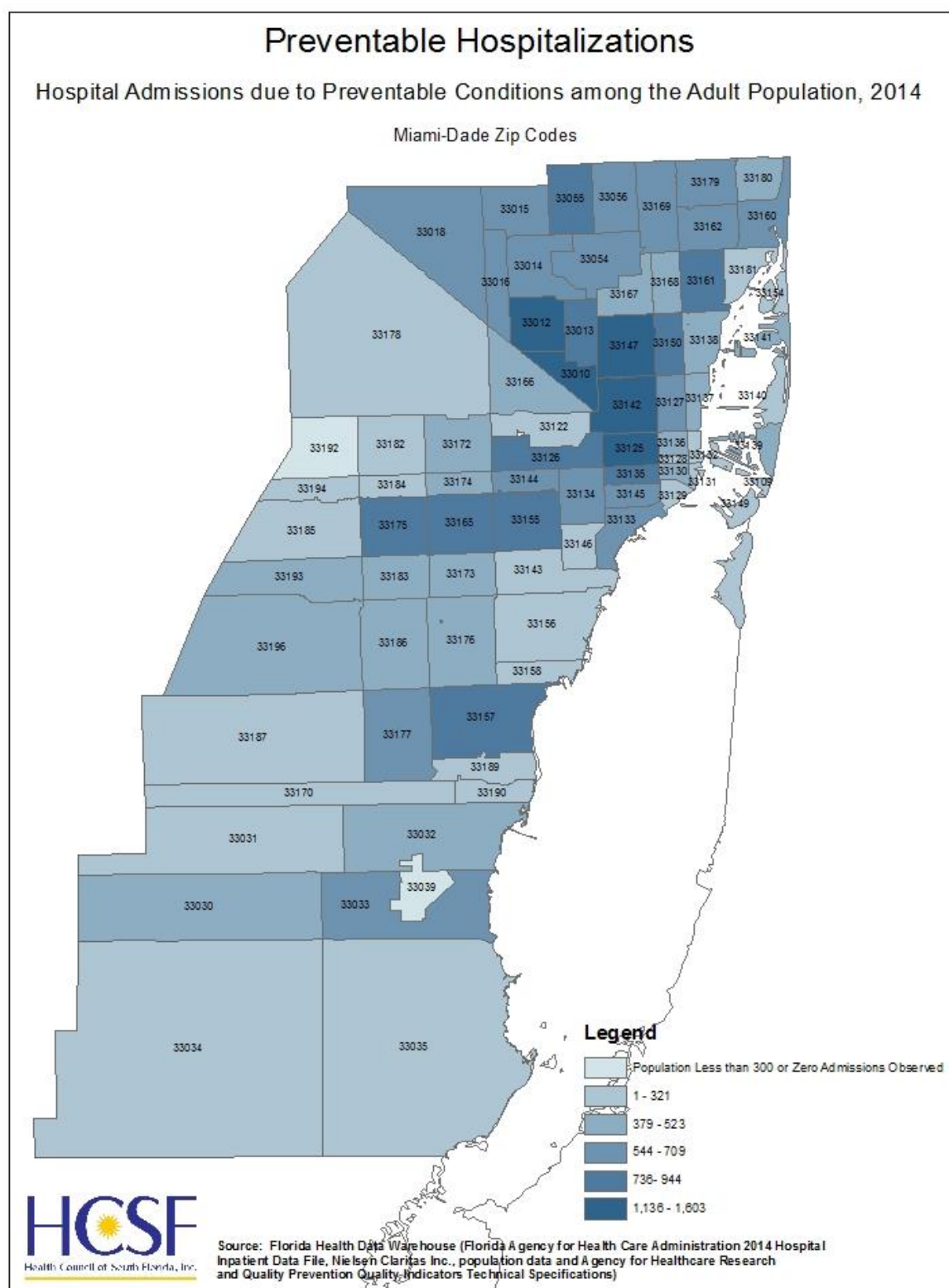
- Remaining the major tertiary care facility in this County
- Reducing the duplication of services in the community and work with willing partners
- Continue development of ambulatory network strategies for both the insured and uninsured
- Promoting increased coordination of care and compliance to increase 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
- Increased ability to manage those with chronic diseases in the community, rather than at inpatient facilities
- Increased need for the establishment of healthcare homes
- Continued need for additional community-based access point centers for the system (i.e. primary, specialty, surgical, and urgent care centers)

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

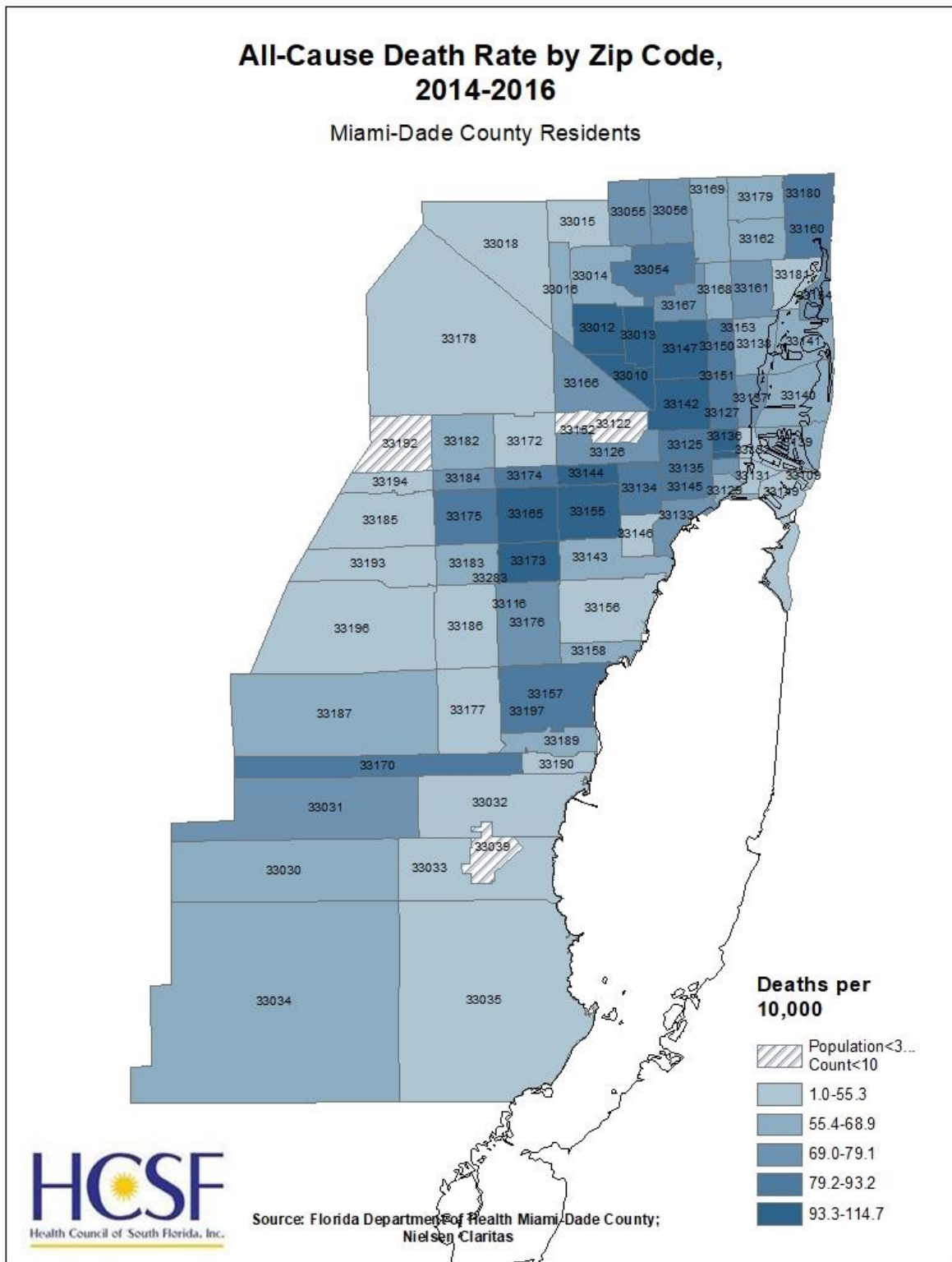
Question: Are there opportunities for Jackson Health to improve access to health services for those in greatest need?

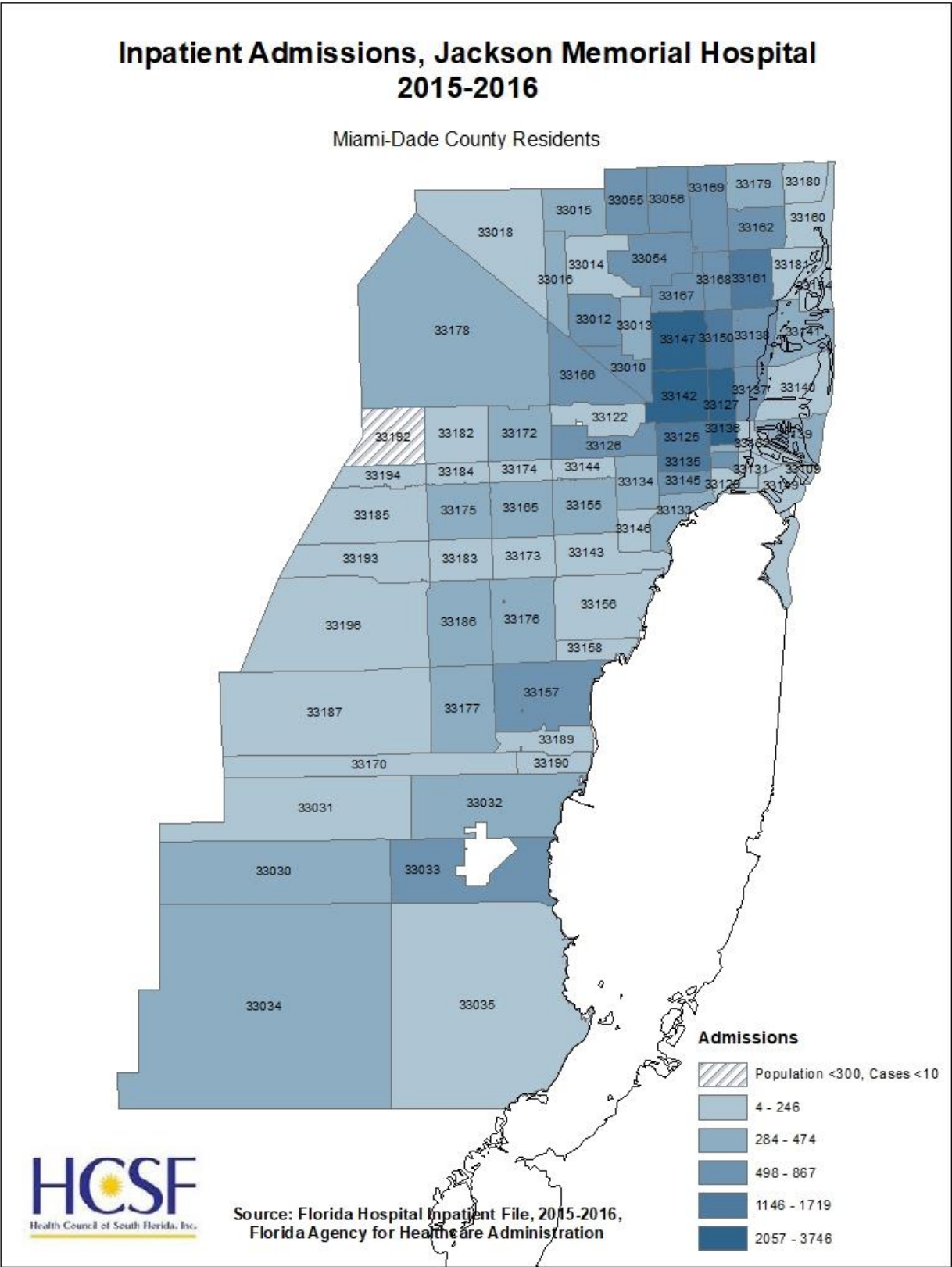
- Utilization of telehealth and other technology services to increase access
- Improving access to services
- Seamless functionality/operations internally and with the University of Miami Health System
- Work more as a system than as individual hospitals/facilities
- Increase the number of access points within specific communities, particularly West Miami-Dade

Appendix E: Miami-Dade County 2014 Preventable Hospitalizations among the Adult Population



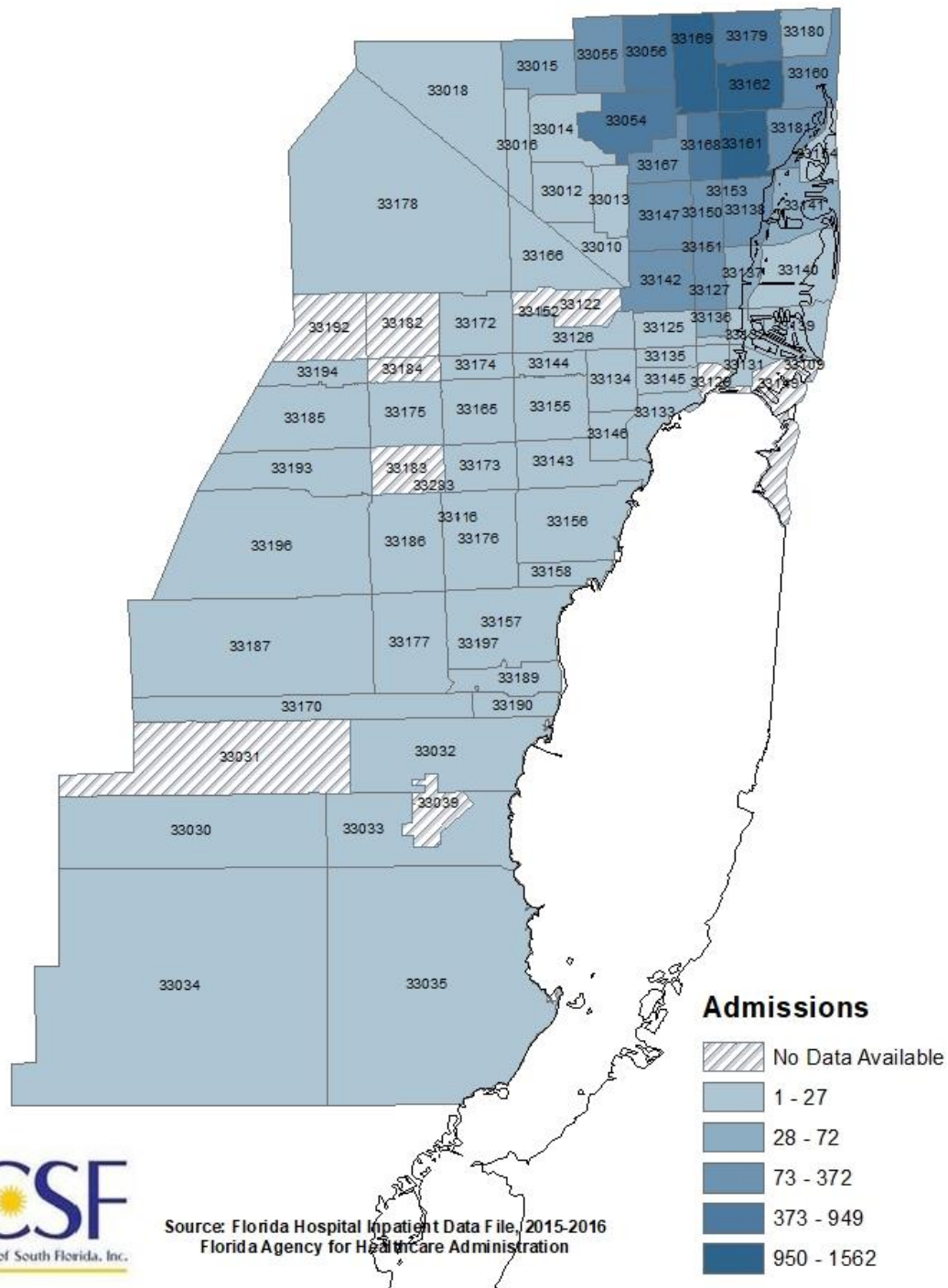
Appendix F: All-Cause Death Rate per 10,000 residents, 2014-2016



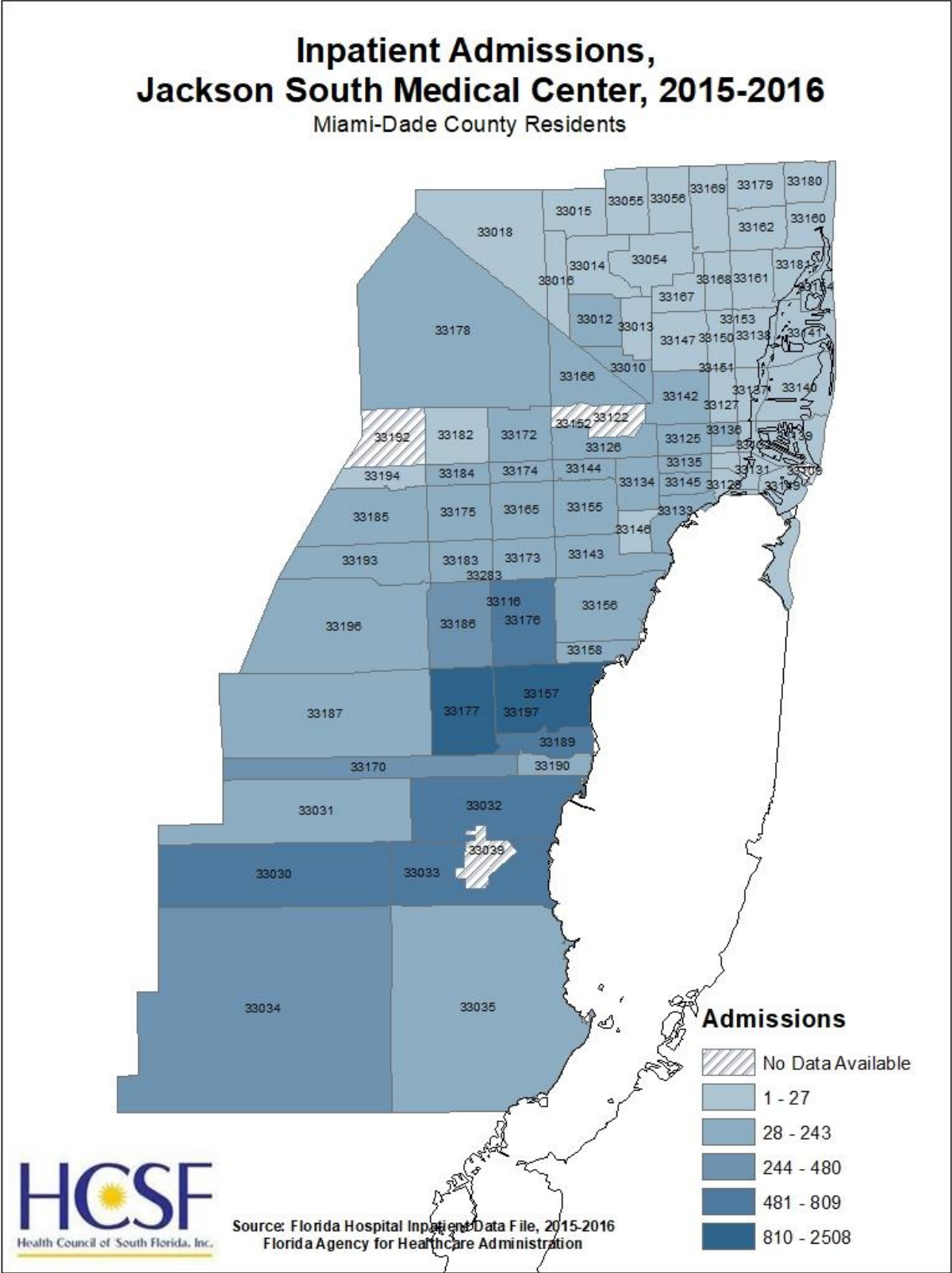


Inpatient Admissions, Jackson North Medical Center, 2015-2016

Miami-Dade County Residents

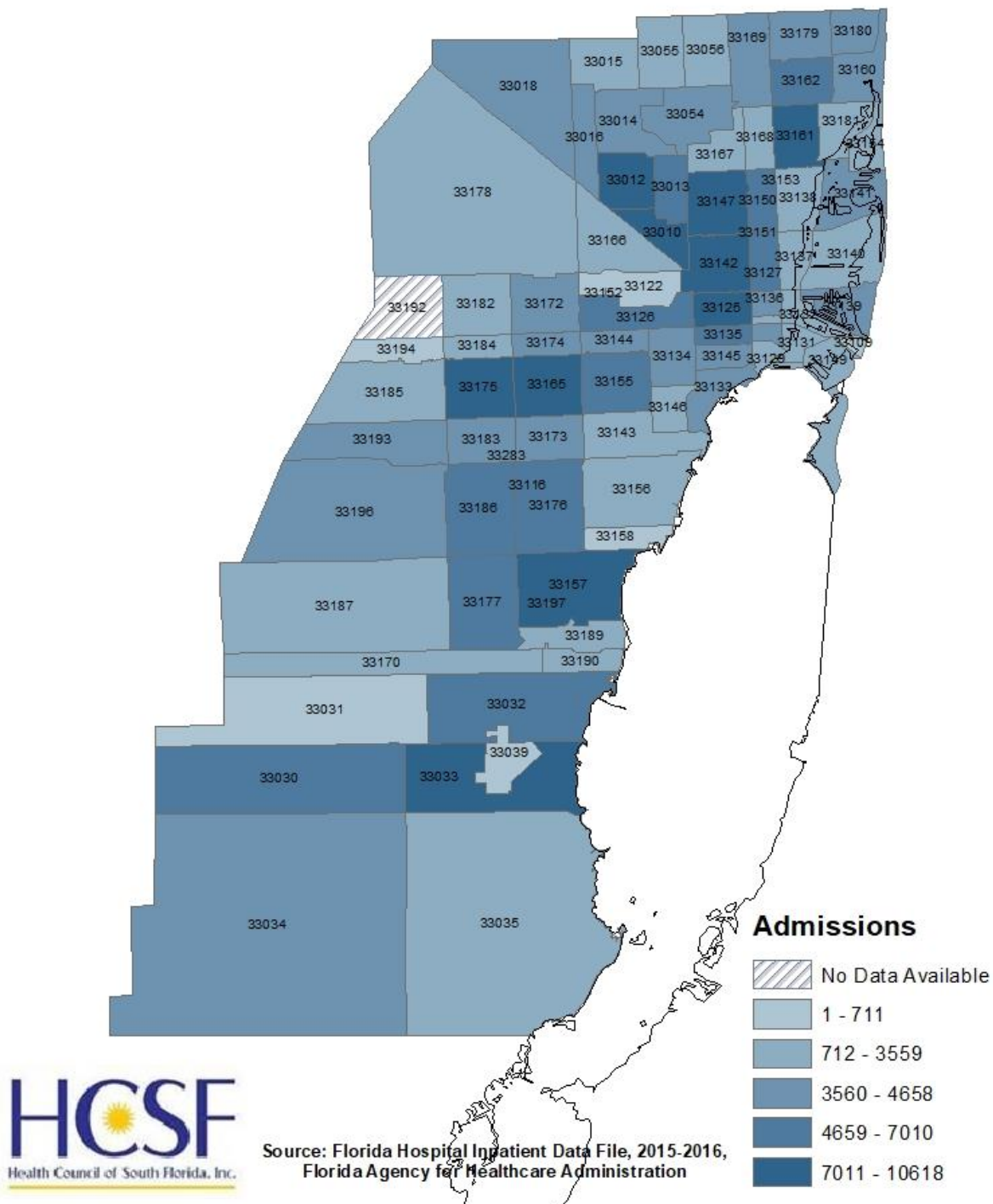


Appendix I: Jackson South Medical Center 2015-2016 Miami-Dade County Resident Inpatient Admissions



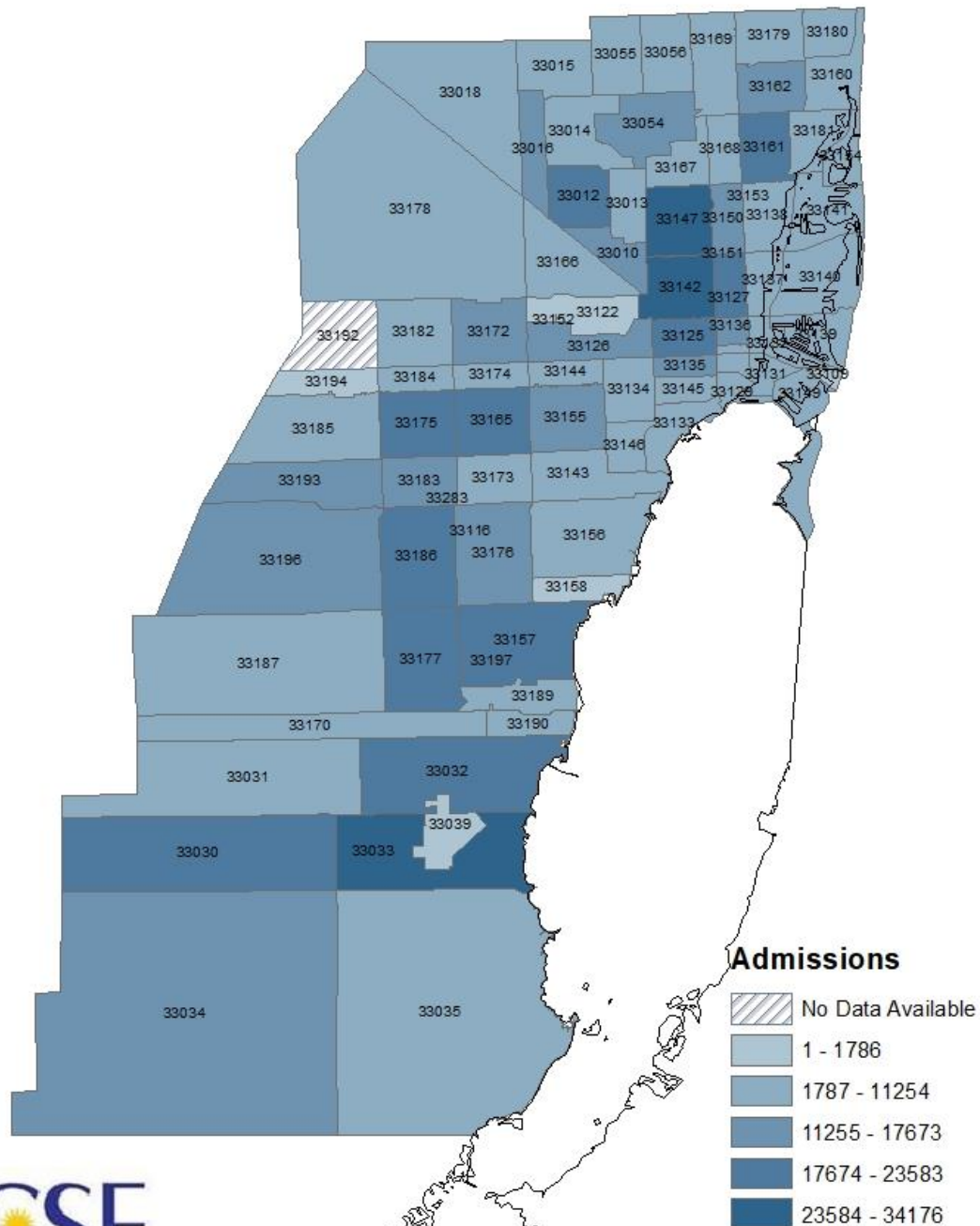
Total Inpatient Admissions by Zip Code, 2015-2016

Miami-Dade County Residents

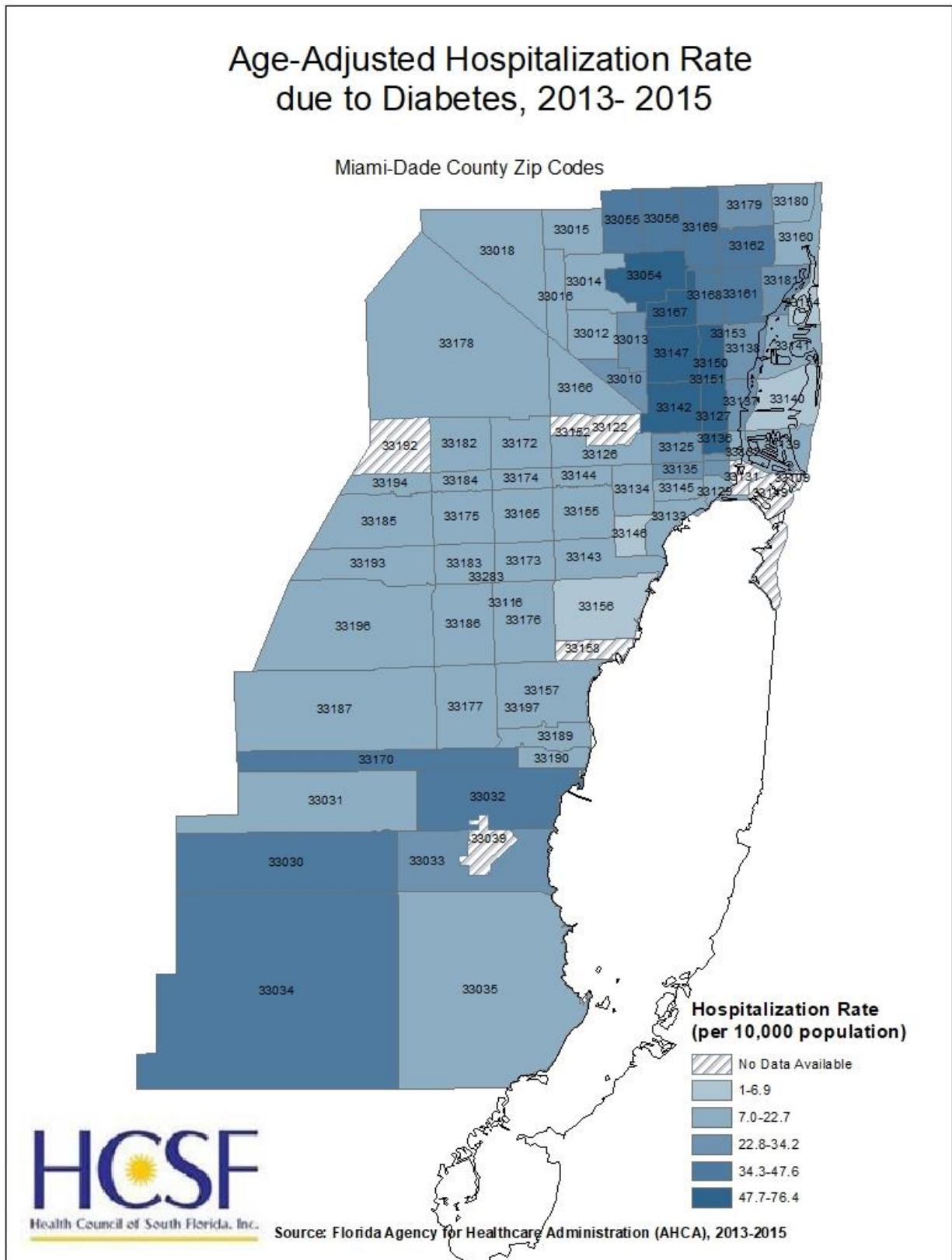


Total Emergency Department Visits by Zip Code, 2015-2016

Miami-Dade County Residents

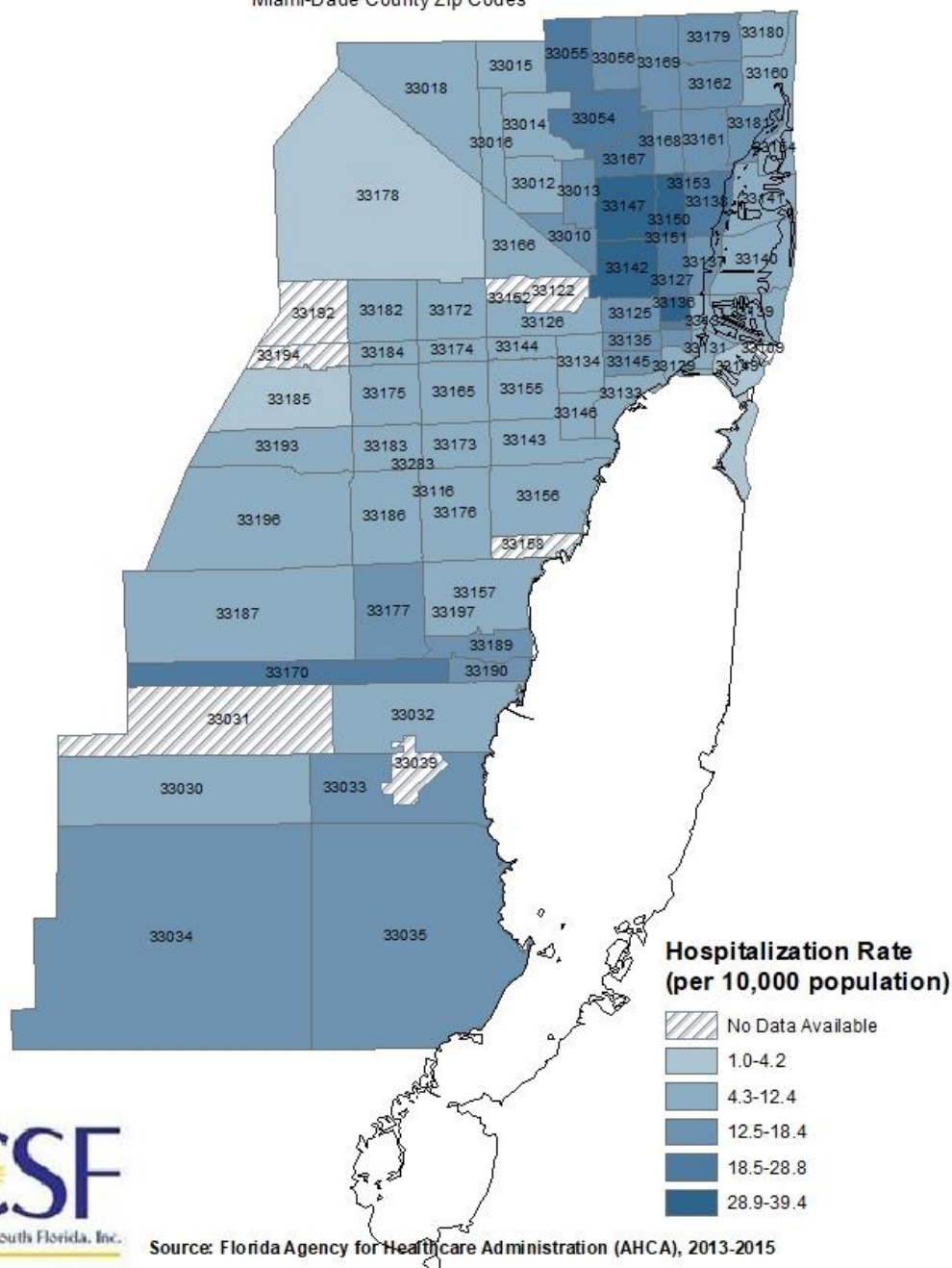


Source: Florida Hospital Emergency Department Patient Data File,
2015-2016, Florida Agency for Healthcare Administration



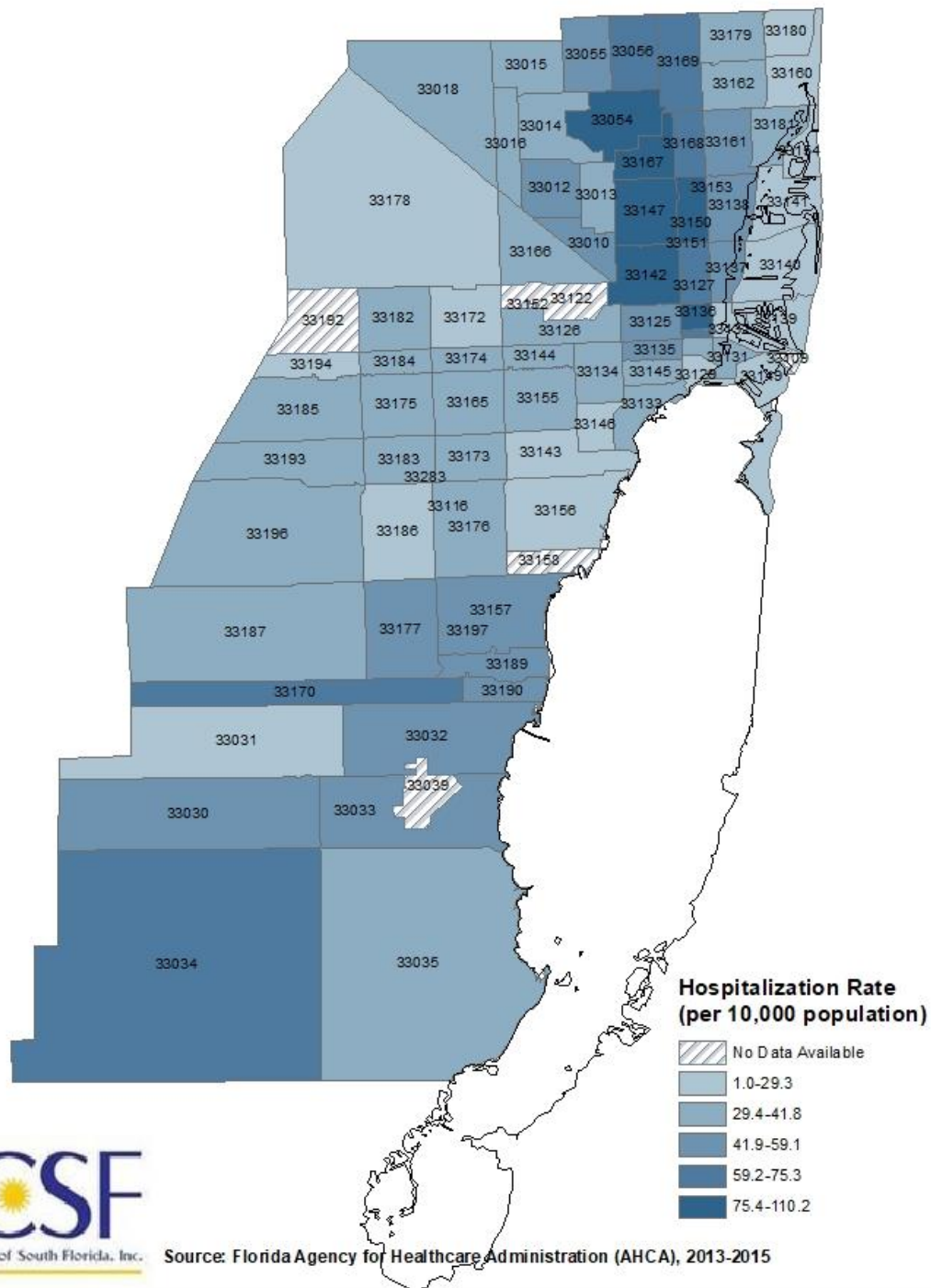
Age-Adjusted Hospitalization Rate due to Adult Asthma, 2013- 2015

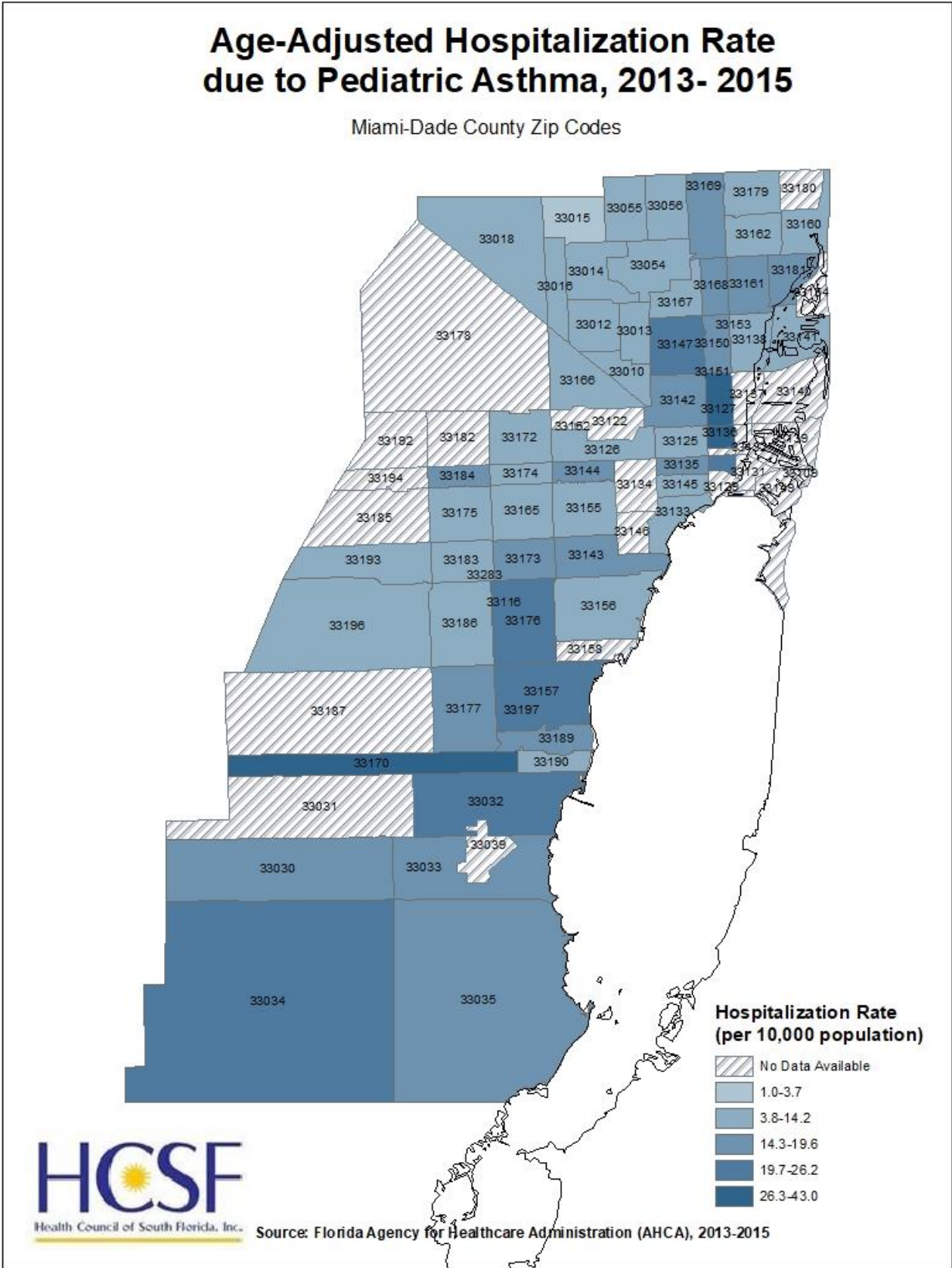
Miami-Dade County Zip Codes



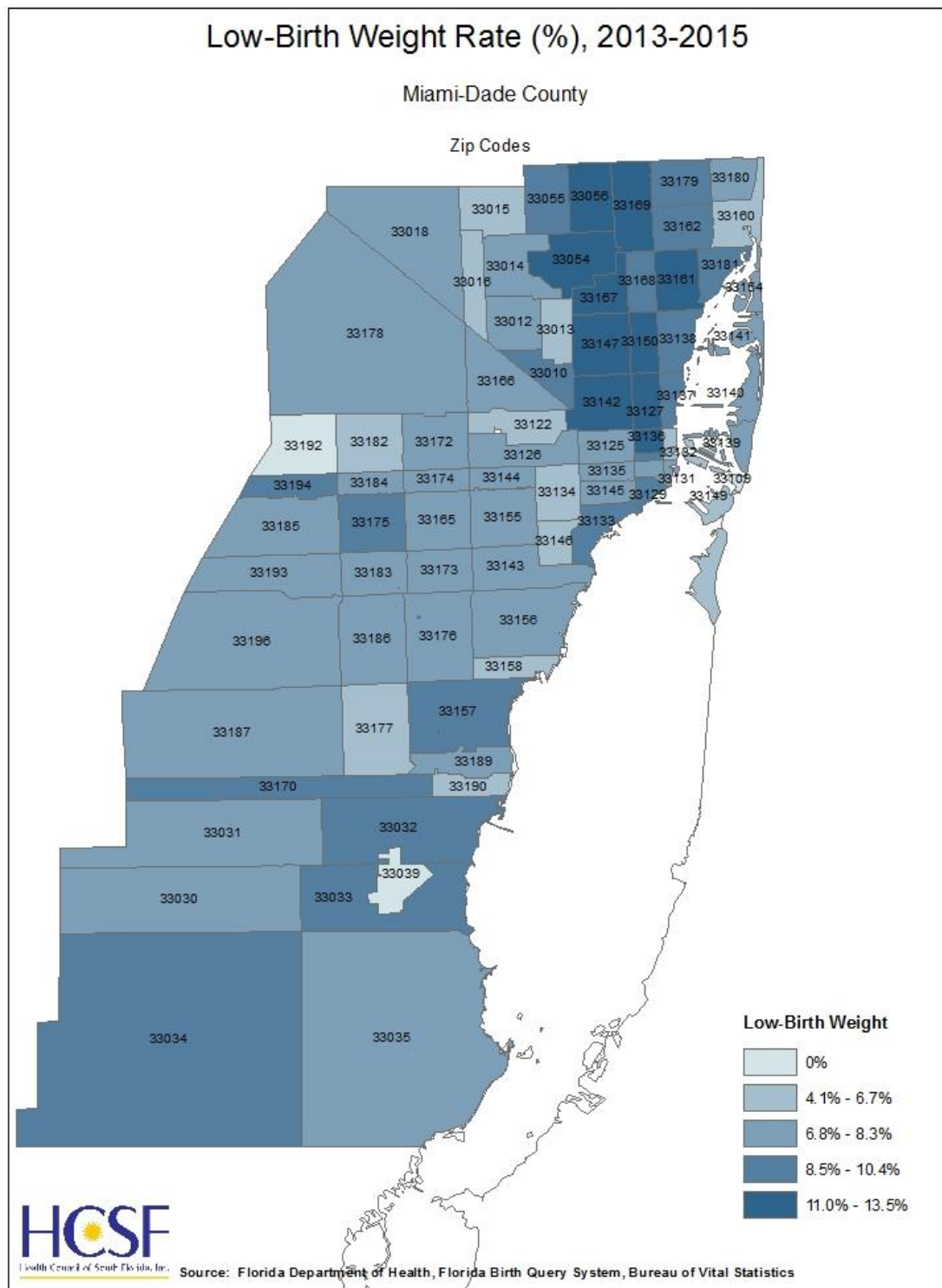
Age-Adjusted Hospitalization Rate due to Heart Failure, 2013- 2015

Miami-Dade County Zip Codes

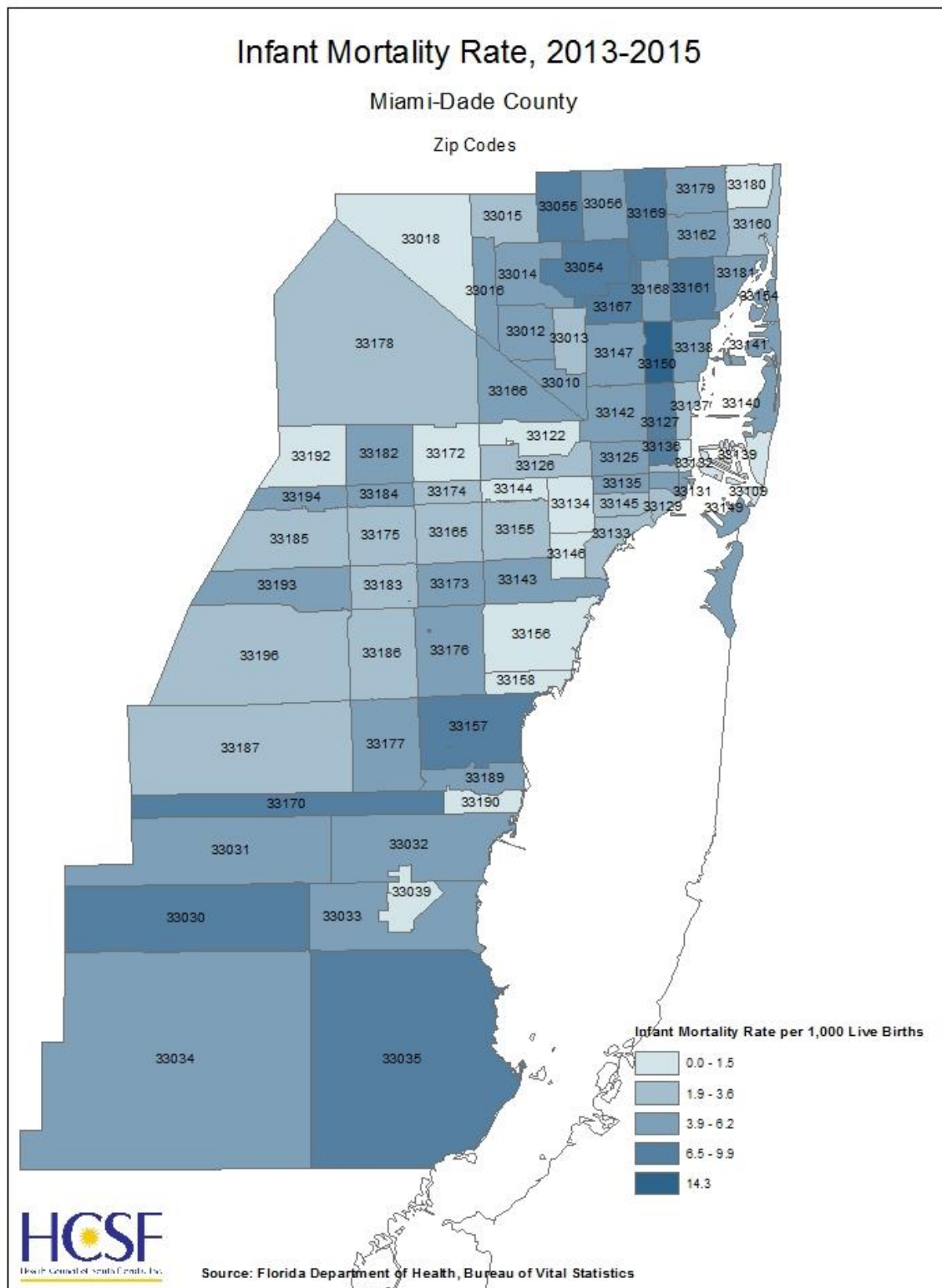




Appendix P: Infants born Low-Birth Weight in Miami-Dade County, Miami-Dade County Residents

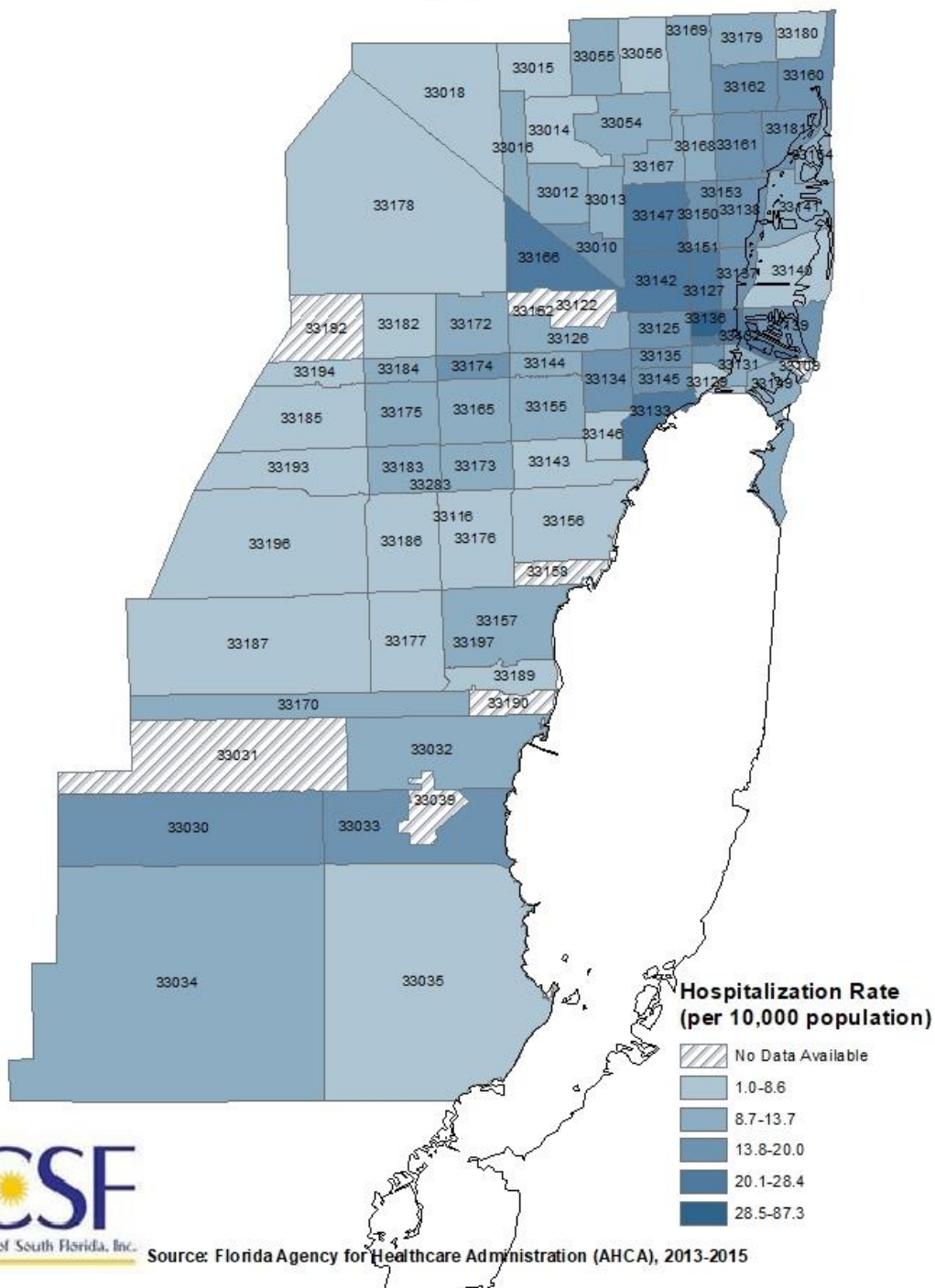


Appendix Q: Infant Mortality Rate, Miami-Dade County Zip Code



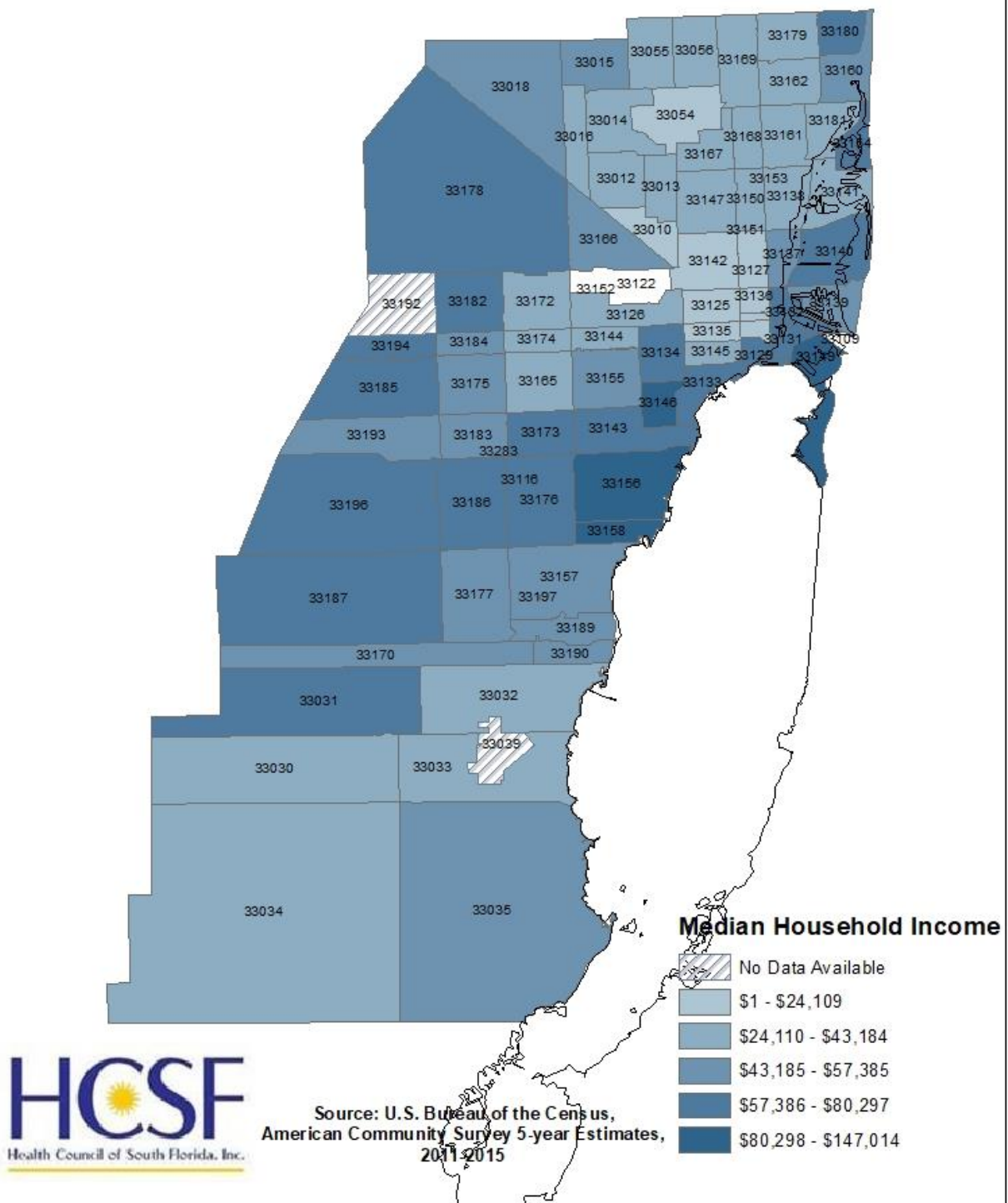
Age-Adjusted Hospitalization Rate due to Alcohol Abuse, 2013- 2015

Miami-Dade County Zip Codes

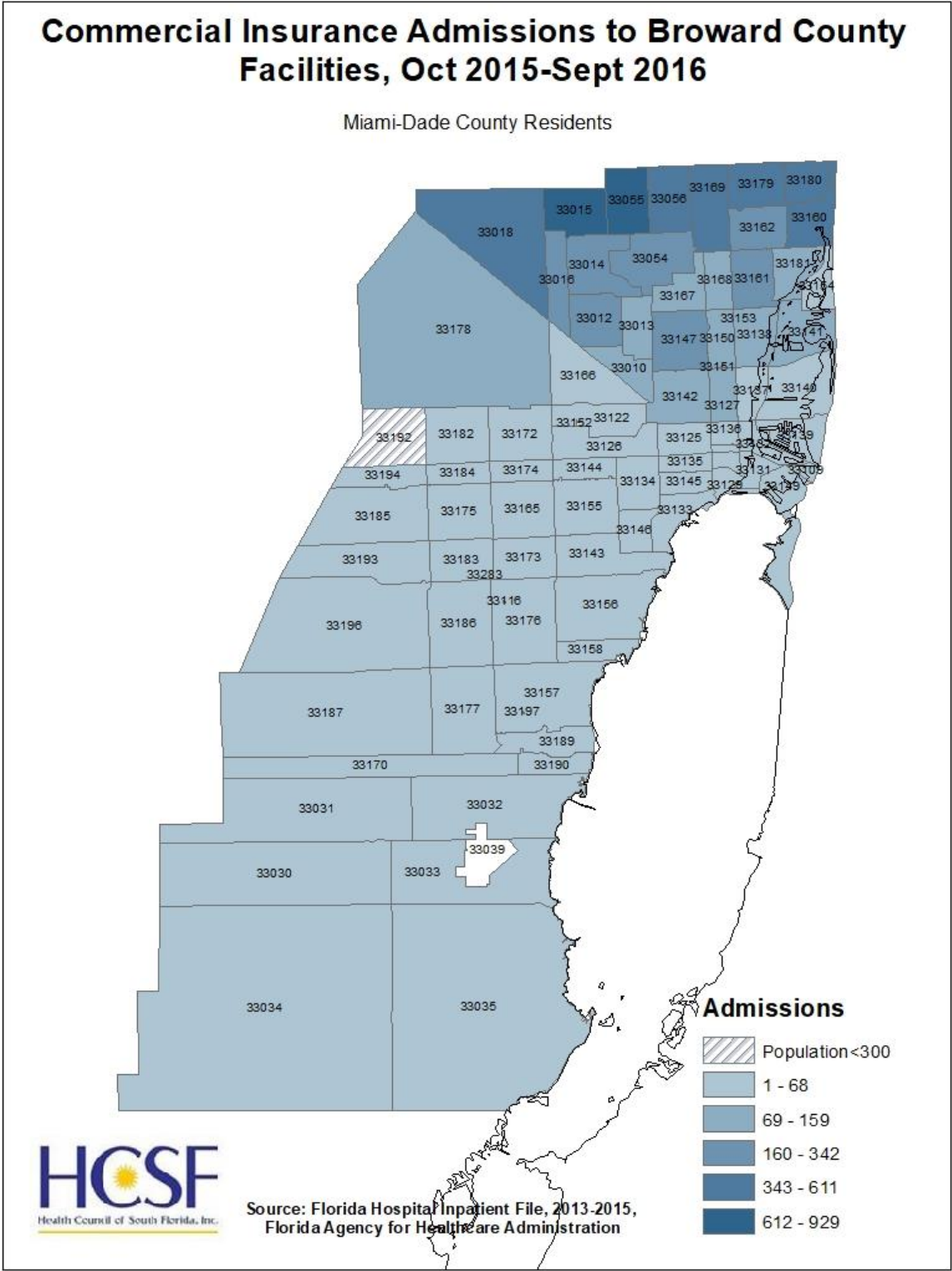


Median Household Income, 2011-2015

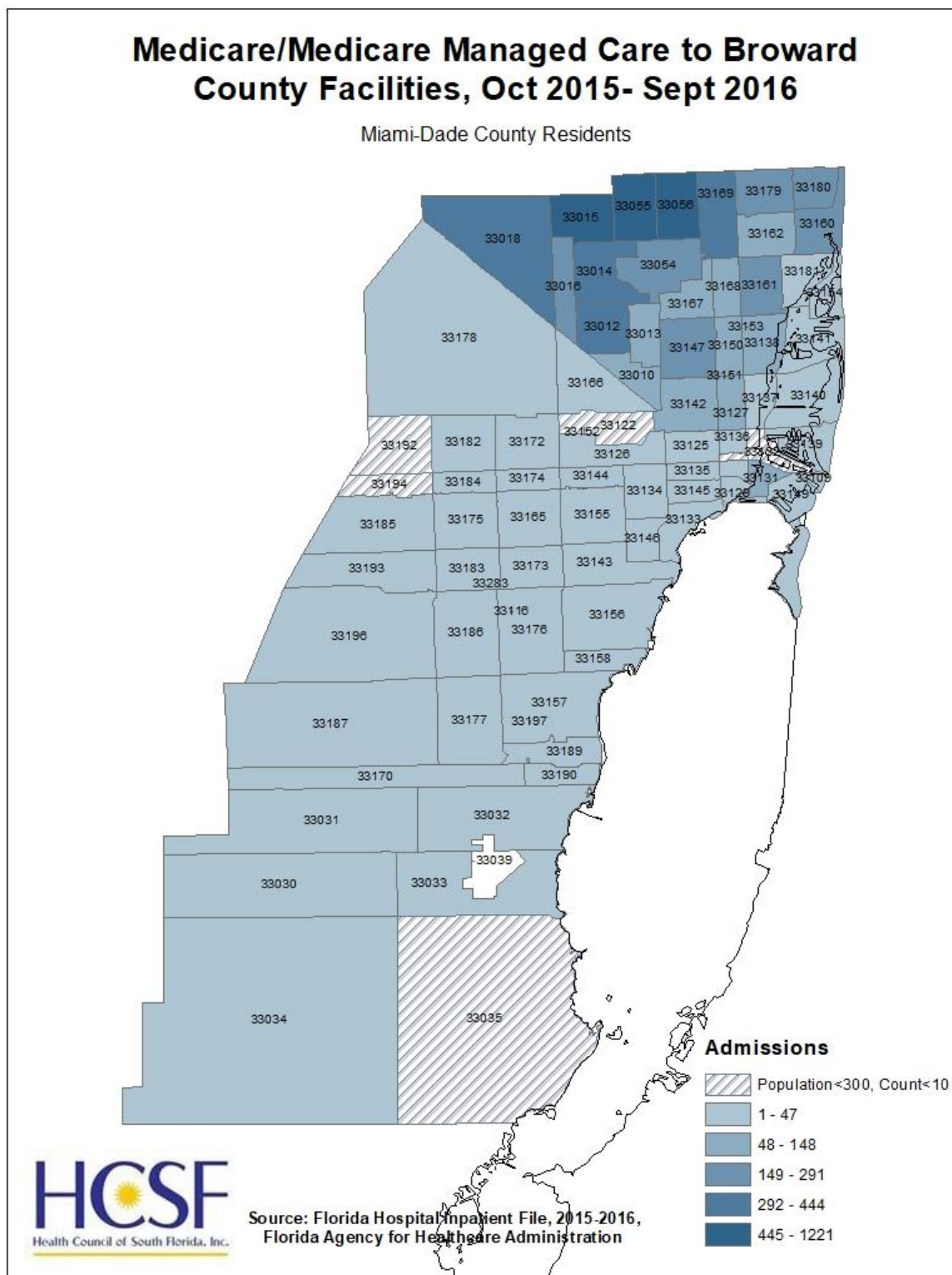
Miami-Dade County Residents



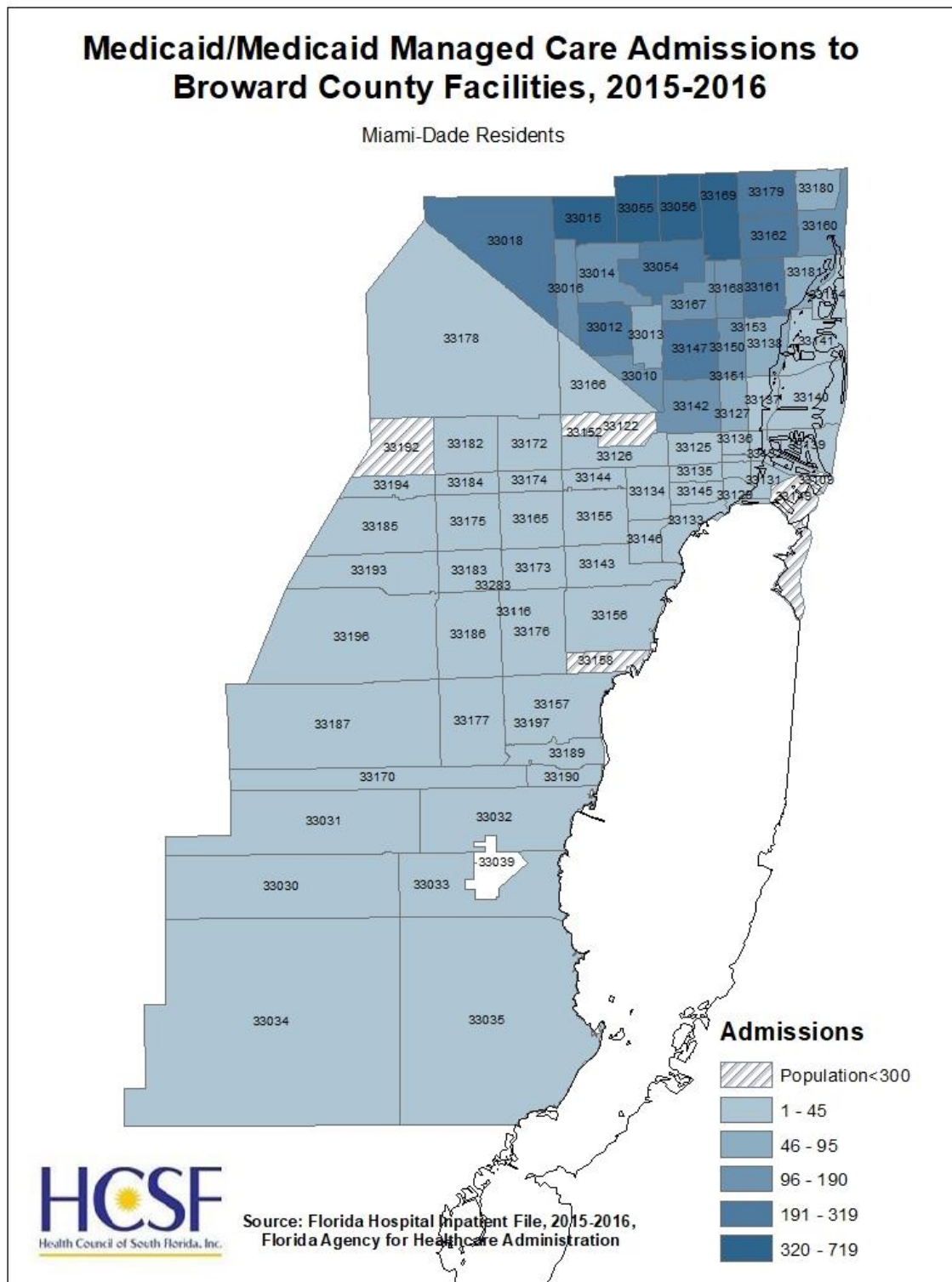
Appendix T (2): Miami-Dade County Residents Admitted to Broward County Facilities
Commercial Insurance Admissions



**Appendix T (3): Miami-Dade County Residents Admitted to Broward County Facilities
Medicare and Medicare Managed Care Admissions**



Appendix T (4): Miami-Dade County Residents Admitted to Broward County Facilities – Medicaid & Medicaid Managed Care Admissions



About the Author - The Health Council of South Florida, Inc.

The Health Council of South Florida, Inc. was commissioned by Jackson Health System to author the JHS CHNA 2017 and the team who worked on this project include:

Brady Bennett, MPH
Community Research and Data Analyst

Ricardo Jaramillo, MPH
Senior Community Research and Data Analyst

Nicole Marriott, MBA
Director of Operations, Strategic Planning and Development

Marisel Losa, MHSA
President and CEO

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

Data

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

Assessment/Strategic Planning

- Mobilizing for Action through Planning and Partnerships (MAPP)
- Miami Children's Hospital CHNA, 2012
- Baptist Health System CHNA, 2014 (6 hospitals)
- Jackson Memorial Hospital CHNA, 2015 (3 hospitals)
- University of Miami Health System CHNA, 2016 (3 hospitals)

Health and Human Services

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

Leadership and Coalition Building

- Florida Association of Free & Charitable Clinics (FAFCC), Founder, Board Chair
- Florida Community Health Worker Coalition (FCHWC), Co-Founder
- Miami-Dade Health Action Network (MD-HAN), Founder and Administrator: MD-HAN is a volunteer collaborative comprised of over 2300 representatives focused on improving access to comprehensive primary health care in Miami-Dade
- Consortium for a Healthier Miami-Dade, Co-Chair: an over 200 member collaborative charged with implementation of prevention strategies in worksite wellness, school health, oral health, health promotion, and elder issues.
- Miami-Dade County Residents' Health Initiative, Lead: This is a population health initiative in partnership with Florida State Senator Rene Garcia, Miami-Dade County Mayor Carlos Gimenez and key community leaders
- Southeast Florida Cancer Control Collaborative (SFCCC), Administrator
- University of Miami's Clinical and Translational Sciences Institute Community Advisory Board, Co-chair
- Leadership Council of the Healthy Aging Regional Collaborative of South Florida (HARC)
- Monroe County Transportation Disadvantaged Local Coordinating Board, Facilitator
- Miami-Dade County Hospital Preparedness Consortium, Administrator

Program Analysis and Project Evaluation - Impact/Contribution

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

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