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Dear Patients, Friends and the Entire Community:

Baptist Hospital of Miami is pleased to be part of an important movement to pinpoint and address the greatest healthcare needs facing communities across the nation.

With more than 40 percent of Miami-Dade County residents lacking health insurance (not to mention the many more who are underinsured), it is clear that access to care is the biggest overall challenge we face. In 2012, Baptist Health provided $279 million in community benefits, including charity care for some 20,000 low-income, uninsured patients. But there is more that needs to be done.

To dig deeper, we performed a “community health needs assessment.” We met with some of you, our patients, and also with a group of local health leaders to seek input from our community. We also reviewed demographical details about our patient service area, including socioeconomic status and public health data, and compared it to other communities around Florida and the nation.

Based on all the information we gathered and analyzed, we pinpointed the top health priorities for our community. And we already are working on the next step: to refine and enhance our services and partnerships to specifically address those priority needs.

We invite all of you, as stakeholders of our not-for-profit organization, to use this report to understand our community’s needs and to join our efforts to address these critical issues. We hope this report will be a valuable tool for decision makers and community leaders by providing the information needed to improve program planning, set policy, and educate and advocate toward a healthier Miami-Dade County.

Sincerely,

Brian E. Keeley
President and Chief Executive Officer
Baptist Health South Florida

Bo Boulenger
Chief Executive Officer
Baptist Hospital of Miami
Baptist Hospital of Miami (2012 data)

- Licensed beds ................................................................. 680
- Inpatient admissions ..................................................... 34,926
- Surgeries ........................................................................ 14,928
- Births ............................................................................ 4,142
- Number of employees ................................................... 4,500
- Emergency Center visits ................................................. 107,236
- Outpatient ...................................................................... 71,064
- Baptist Cardiac & Institute visits ................................... 63,531
- Inpatient payer mix: .....51 percent Medicare, 15 percent Medicaid
Executive Summary

Baptist Hospital of Miami is Baptist Health South Florida's largest facility and one of the region's most preferred and recognized medical centers. We have been committed to serving the community since our founding in 1960. As a faith-based, not-for-profit institution, our mission focuses on providing high-quality, compassionate care to all our patients, including the poor and uninsured. Understanding the role of wellness and prevention in maximizing the opportunities to improve the health and quality of life of our community, we also offer a multitude of free and low-cost educational programs, exercise classes and health screenings at various locations.

We are always looking for new ways to improve our services and expand our ability to meet the healthcare needs of our community. We conducted a “community health needs assessment” to focus on the particular characteristics of our patients and community and to precisely pinpoint their specific needs. This assessment serves as a comprehensive tool to increase our knowledge about the people we serve and enhance our ability to provide top-level healthcare to our entire community in the most effective manner.

We worked with the Health Council of South Florida to take an in-depth look at the diverse population Baptist Hospital serves, based on such information as inpatient admissions, U.S. Census data and other local, state and national statistics.

To gather first-hand input about our community’s needs, the Health Council conducted focus groups with residents/consumers, healthcare experts and advocates, and our own leaders. We asked participants about their experiences with Baptist Hospital and their most pressing healthcare issues. We mined objective data about our patient population, including rates and types of disease, demographics and other information from the U.S. Census. We questioned local public health experts about their constituents and asked how we can best use our resources to make our community a healthier and better place.

Finally, we analyzed all the data we compiled to identify the top healthcare needs and issues in our community.

They are:

- Access to care.
- Availability of primary and preventive care.
- Chronic disease management.
- Heart and vascular disease.

The following report summarizes the details of our community health needs assessment. It includes a description of the community we serve, the methods we used to make our determinations, a look at the input we received from community experts and residents/consumers and, finally, the resulting list of our community’s most significant priority healthcare needs. The report also includes a list of our existing programs and services that help us address our community’s priority healthcare needs. (See Appendix: Baptist Hospital Programs and Services.) We will use these programs as a foundation on which to expand and pinpoint our services based on the priorities targeted in this report.

This important exercise has helped us better understand our stakeholders — the people who depend on us when they are ill or injured, as well as their families, and the entire community, whose health we strive to improve through educational and preventive measures, innovative partnerships, high-quality care and by being a good corporate citizen. We are committed to using this enlightening report as a roadmap to plan the best strategies to specifically and effectively address the most pressing healthcare needs of our entire community, with a special focus on our most vulnerable residents.
Greater Miami is one of the most international communities in the nation. According to the U.S. Census, half of the residents in Baptist Hospital’s patient service area are foreign-born, with 75 percent of Latin or Hispanic descent, and 71 percent reporting a language other than English spoken at home. The average household includes three people and the average household income is $68,146, surpassing the average Miami-Dade County household income of $61,035. Twenty-four percent are under 18 years old. Sixty percent are ages 21-64, and 13 percent are age 65 or older.
Where They Live

Baptist Hospital serves Greater Miami, including the neighborhoods of Cutler Ridge, Perrine, Kendall, Westchester, and South and West Dade. This geographical area is home to more than 1 million residents. Baptist Hospital is located at 8900 SW 88 St., Miami, FL 33176. Our patient service area, as determined by the addresses of our inpatients, covers the following 26 Zip codes; the top five Zip codes by patient address are in bold and the remaining are in alphabetical order.

1. Cutler Ridge/Perrine 33157
2. Westchester 33165
3. West Kendall 33175
4. Cutler Ridge/Perrine 33177
5. Doral 33126

Cutler Ridge/Perrine 33187
Cutler Ridge/Perrine 33189
Doral 33172
Doral 33178
East Kendall 33143
East Kendall 33156
East Kendall 33173
East Kendall 33176
Goulds 33170
Homestead 33030

Homestead 33032
Homestead 33033
Westchester 33144
Westchester 33155
Westchester 33174
West Dade 33184
West Kendall 33183
West Kendall 33185
West Kendall 33186
West Kendall 33193
West Kendall 33196

Baptist Hospital of Miami
Patient Service Area Zip Codes
Where They Go for Healthcare

Baptist Hospital’s patient service area has 12 hospitals within its borders, and three community health centers for substance abuse and mental healthcare: Fellowship House of South Miami, Palmetto Bay Educational Fellowship House and the Agape Network. The area also includes six federally qualified health centers, which provide primary and preventive healthcare services to the underserved and uninsured, regardless of their ability to pay: Martin Luther King Jr. Clinica Campesina, Naranja Health Center, South Dade Health Center, West Perrine Health Center, Sunset Clinic and Borinquen Sweetwater. There are four free clinics for low-income, uninsured people, three of which are supported by Baptist Health: Open Door Health Center, Good News Care Center and South Miami Children’s Clinic. Miami-Dade County’s public health system operates one clinic, the Rosie Lee Wesley Health Center. The 550 licensed assisted living facilities in the area have a total of 4,746 beds, and the 46 licensed adult day care facilities can serve a total of 2,321 people. (See Appendix: Baptist Hospital Patient Service Area Health Assets Map.)

Preventable Hospitalizations

One way to gauge the healthcare needs of a community is to look at how often and for what reasons patients are admitted to the hospital for conditions that could have been prevented or controlled with outpatient medical care. Avoidable hospital admissions shine a light on gaps in service, lack of access and insurance, and poverty. In 2011, for example, 14,000 adults living in Baptist Hospital’s service area were admitted to Miami-Dade hospitals for preventable conditions, according to the Florida Agency for Healthcare Administration. The total charges incurred by these patients for treatment was $729 million (an average of $52,460 per admission). The principal payer of these charges was Medicare (59 percent), followed by Medicaid (21 percent), private health insurance (14 percent), charity (3 percent), self-pay/underinsured1 (2 percent) and “other” (1 percent).

Congestive heart failure, bacterial pneumonia and urinary tract infections accounted for 56 percent of the preventable hospitalizations. (See Appendix: Preventable Hospitalizations.) Preventable hospitalizations for chronic diseases, such as diabetes and asthma, affected in particular the Homestead neighborhood Zip codes of 33170, 33032, 33030 and 33033.

In 2011, 900 preventable hospitalizations were recorded among children living in Baptist Hospital’s service area. Thirty-eight percent were attributed to asthma, followed by gastroenteritis (35 percent), urinary tract infection (12 percent), perforated appendix (11 percent) and diabetes (4 percent).

Zip codes that are high in preventable hospitalizations and emergency room admissions tend also to have lower household incomes. The neighborhood maps show disparities in health across Miami-Dade County and reveal the underserved areas whose needs require our attention. (See Appendix: Resident Median Household Income.) The similarity between the red zone areas on the maps of ER visits for chronic disease and the household income map demonstrates that people with lower socioeconomic status often turn to the ER for primary healthcare. (See Appendix: Emergency Department Visits.)

1Self-pay/underinsured is defined as the lack of third party coverage or less than 30 percent estimated insurance coverage.
Methodology

Baptist Hospital worked with the Health Council of South Florida to create a complete picture of the community’s health and healthcare needs. The Health Council staff, which has extensive experience in assessing healthcare needs, worked with hospital representatives to create this report, which is based on the latest government and public statistics, results of focus groups and hospital data.

We will use this report to guide our efforts to improve community health and quality of life. This in-depth look at the community helps us pinpoint and address our patients’ health needs, especially those of the poor and underserved. We examined health data available at MiamiDadeMatters.org, the website for Miami Matters: Measuring What Matters in Miami-Dade County. This Health Council initiative offers comprehensive, interactive resources on health and other quality-of-life indicators. (See Appendix for a review of local health data compared with the 10-year health objectives of the U.S. Department of Health and Human Services’ Healthy People 2020 report.)

We also sought input from people who represent the broad interests of the community, including public health, education, child welfare and aging experts. We took the following steps to determine and prioritize Baptist Hospital’s community health needs:

- Held four focus groups made up of Baptist Health leaders, Baptist Hospital leaders, residents/consumers and a broad cross-section of health experts and advocates. They were briefed on and questioned about leading health issues and invited to rate health priorities.
- Created a community health profile by reviewing data such as birth indicators, causes of death, access to care, chronic disease, communicable disease, health behaviors and social issues.
- Evaluated “prevention quality indicators” available by Zip code. The data looks at patient discharge information in cases where hospitalizations, complications and more severe disease can be prevented with quality outpatient care and early intervention.
- Summarized the programs and services that Baptist Hospital offers and mapped healthcare facilities and assets in our patient service area.
Focus Groups
Listening to Our Patients, Our Community and the Experts

In the fall of 2012, the Health Council of South Florida assisted us in conducting four focus groups to gauge genuine perceptions about Baptist Hospital’s role in the community and to collect unvarnished information about healthcare needs and issues from diverse residents/consumers and experts/advocates who are familiar with and could represent all segments of the community. Baptist Health leaders and Baptist Hospital executives made up the two internal focus groups. The two external focus groups featured community health leaders and local healthcare consumers/residents. Health experts and leaders who participated included:

- Regional vice president of Allegany Franciscan Ministries, which helps those in need.
- Director of the Healthy Aging Department for the Alliance for Aging, which expands services for seniors.
- Director of community health for Catalyst Miami, which assists lower-wage individuals and families.
- Executive director of Community Smiles, which offers dental-care access to Miami’s underserved and uninsured.
- CEO of Family Resource Center, which provides child welfare and community mental health services.
- Chief of Florida International University’s Department of Family Medicine, which examines disparities in clinical, social and behavioral health.
- The Children’s Trust’s chief health and child development officer, who is an expert in the social determinants of community health.
- CEO of Health Foundation of South Florida, a grant-making leader for healthier communities.
- Community health director for the Miami-Dade Health Department.
- Director of health services for Miami-Dade Public Schools.
- Director of Miami-Dade’s Office of Countywide Healthcare Planning.
- Vice president of development and communications for the Miami Foundation, which leads efforts to increase civic engagement.
- CEO of Switchboard Miami, a 24-hour hotline that fields crisis-counseling calls.
- United Way of Miami-Dade’s group vice president of investments, who oversees community plan dollars for health.
- YMCA’s executive director of community initiatives, who directs childcare programs, sports and adult fitness programs in Miami-Dade and Monroe counties.

The Greater Miami residents who participated in the healthcare consumers focus group were former patients of Baptist Hospital willing to discuss their experiences and share their views about what they see as their neighborhoods’ more pressing healthcare needs.

All the focus groups were facilitated by the president/CEO of Building Community Through Leadership and Organization Development, an agency that specializes in coalition-building and service partnerships. The facilitator has decades of experience working to improve the health and quality of life of underserved people, and those with high needs, through efforts to reduce the barriers to better care.
Focus group topics included:
- Access to appropriate care.
- Availability of primary and preventive care.
- Chronic disease management.
- Elder care.
- Healthy lifestyles: exercise and nutrition.
- Maternal and child health.
- Mental health and substance abuse.
- Socioeconomic issues.

Leadership Focus Groups
Health Council staff opened the Baptist Health, Baptist Hospital and community leader focus groups with a presentation on key health indicators for Miami-Dade County, comparing them to statewide indicators and breaking down the information to the Zip-code level, where available. So focus group participants could quickly identify the high-need areas, the Health Council staff presented maps showing where low-income people live in relation to Baptist Hospital, which Zip codes generate the most emergency center visits and other revealing health and socioeconomic data. (See Appendix.)

Hospital and community health leaders were asked to rank the top four community health priorities from a list of needs developed by a Baptist Health steering committee. Using an analytical ranking tool, those individual rankings were weighted and combined to create the following group priorities: (See Appendix: Multiattribute Utility Analysis Ranking Tool.)

<table>
<thead>
<tr>
<th>Top Priorities</th>
<th>Baptist Health South Florida Leaders</th>
<th>Baptist Hospital Leaders</th>
<th>Community Health Leader Focus Group</th>
<th>Final Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Availability of Primary and Preventive Care</td>
<td>Availability of Primary and Preventive Care</td>
<td>Access to Appropriate Care</td>
<td>Access to Care (for the uninsured)</td>
</tr>
<tr>
<td>2</td>
<td>Access to Care (for the uninsured)</td>
<td>Access to Care (for the uninsured)</td>
<td>Access to Care (for the uninsured)</td>
<td>Availability of Primary and Preventive Care</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Disease Management</td>
<td>Chronic Disease Management</td>
<td>Availability of Primary and Preventive Care</td>
<td>Chronic Disease Management</td>
</tr>
<tr>
<td>4</td>
<td>Healthy Lifestyles: Exercise and Nutrition</td>
<td>Heart and Vascular Disease</td>
<td>Chronic Disease Management</td>
<td>Heart and Vascular Disease</td>
</tr>
</tbody>
</table>
Community Needs

The hospital and community leadership focus groups cited the I-95 corridor as having the greatest needs in Miami-Dade County. This part of Miami-Dade is outside the Baptist Hospital service area. Second to the “overwhelming” needs of Overtown, Little Haiti, Liberty City and other I-95 corridor neighborhoods are the “enormous” needs of residents in the southern part of the county. Goulds (Zip code 33170) and Homestead (Zip codes 33030, 33032 and 33033) are part of this high-needs area served by Baptist Hospital.

Participants felt that the majority of the chronic conditions faced by the poor and underserved residents of these South Dade communities could be prevented with adequate access to proper care, good nutrition and healthier lifestyles. They also noted a lack of resources available to properly monitor and prevent these patients’ chronic illnesses.

Recognized barriers to good healthcare include lack of insurance and underinsurance, mistrust of the medical system and the legal status of immigrants. South Florida has particularly high rates of undocumented immigrants and the healthcare system struggles to provide care for these populations. In spite of the Affordable Care Act, significant numbers of Miami-Dade residents will continue to lack access to care, while funding for the already overtaxed public hospital is imperiled.

Other factors that hinder access to care include a lack of primary care providers and certain specialty care doctors, such as geriatricians. Of those available, many do not accept Medicaid. Lack of nighttime and weekend office hours among primary care providers and lack of transportation are two other obstacles for residents working in nontraditional labor or service economy positions. Focus group participants also noted that cultural and linguistic barriers sometimes widen the access gap between Medicaid recipients and the few providers who accept Medicaid. Many such patients often travel out of their neighborhood for care, bypassing local providers who may not offer care in a culturally sensitive or patient-friendly manner. Miami-Dade’s limited public transportation system further impedes their access to care.
The leadership focus groups agreed that a more holistic model of providing healthcare would better meet the health needs of residents. Under the current acute-care model, many people seek out care only during a health crisis and often in an emergency room. Ideally, a holistic model would create a network of primary care providers to oversee and coordinate care with specialists and community organizations that support the health of residents. Integrated health education and dental and mental health services would be part of the holistic model. While participants said that Baptist Hospital's large size can hinder connections with smaller, community-based organizations, its high level of respect in the community can help reduce these barriers.

Focus group experts suggested that better care coordination would enhance hospital discharge planning (including medications), particularly for elderly patients, mentally ill patients and children in need of free care. For residents covered by Medicare, care coordination also is important to avoid payment penalties for readmitted patients. Strengthening the role of social workers, who are pivotal in the continuity of care, would allow for safer hospital discharges and ensure follow-up visits by a caregiver.

The leadership focus groups also agreed that, in light of the area’s many uninsured and underinsured residents, Baptist Hospital should continue its financial assistance programs for hospital bill payment. Participants commended Baptist Health for supporting local health clinics, which provide care to poor and underserved populations, and encouraged hospital leaders to work with local politicians and influential civic leaders to champion healthcare issues.

Participants noted other healthcare leadership roles suited to Baptist Hospital, including participation in the Consortium for a Healthier Miami-Dade and Catalyst Miami’s health promotion work with the University of Miami. Community partners such as Baptist Hospital could help leverage and expand resources created by a “Make Healthy Happen” federal grant to the Miami-Dade Health Department, which also could certify Baptist Hospital as a part of the “Baby Friendly Hospitals” initiative. The Children’s Trust could provide support and educational materials for first-time mothers.

**Consumer Focus Group**

Participants in the consumer focus group were asked to create a list of the most critical needs in the Baptist Hospital service area and to discuss how they choose their healthcare providers. Among their major concerns was access to care for the uninsured, underinsured and the self-employed, as well as the affordability (or lack thereof) of healthcare and health insurance options. Access to care is an issue for both small business owners who are employers as well as employees. Transportation to and parking at Baptist Hospital also were noted as obstacles, as were language barriers. “Having a provider who speaks my language is very important,” one participant said.

Participants expressed frustration that many primary care providers don’t accept new patients or Medicaid. Few residents, they said, have a primary care provider who acts as their medical home. This problem was attributed to a lack of health insurance or lack of access to quality and affordable healthcare. Consumers reported visiting the emergency room for primary care, even as they recognized the need for early intervention to prevent health issues from reaching a crisis. They would rather not visit the emergency room for care, especially given the cost and long wait times, reportedly as high as 24 to 48 hours in some areas of Miami-Dade. Other issues with seeking care at an emergency room include a concern that patients might not be admitted for needed care because they may not be able to pay the hospital bill or because it may be only partially covered by health insurance. Consumers noted that although substance abuse and mental health are widely recognized community issues, there is little to no support for residents who need these services.
Consumers reported that they largely choose their healthcare providers and hospitals based on their reputation, as well as the consumers’ own experiences. Quality of care is another key factor in their choice. They would bypass the nearest hospital if a trusted provider were available at a different facility. This flexibility is sometimes lost if 911 is called or an ambulance service transports the patient to the closest hospital.

Participants gave a positive nod to Baptist Health’s extensive network of hospitals and urgent care centers. (See Appendix: Baptist Health South Florida Locations.) They expressed confidence that their health record would be available at any of the Baptist Health facilities. One participant said Baptist Health’s nonprofit status was important because that meant the focus is on quality of care rather than making a profit. Baptist Health’s charitable care programs, including pastoral care for the elderly, was another attractive feature cited by the consumer focus group.

The speed of healthcare service is important, as well as the level of empathy offered by hospital staff and volunteers. The consumer focus group participants expressed satisfaction with the level of service and comforting care offered across Baptist Health. They also noted an excellent array of choices at Baptist Health cafeterias and gift shops, and commended the use of pet therapy for young and elderly patients. Deficiencies encountered by consumers at other facilities include excessive wait times in emergency and patient rooms, difficulty booking, poor bedside manner or staff communication, and incompetence when inserting intravenous lines or catheters.

To determine where to go for care, consumers reported researching the breadth of services offered at a facility and the training and background of physicians, including their experience performing a certain procedure.
Healthcare Priorities

The top community health needs in the Baptist Hospital service area, as determined by the four focus groups, are presented here with color-coded gauges to provide a visual representation of how Miami-Dade County is doing in comparison with other counties nationwide or statewide. Green represents the top 50th percentile, yellow represents the 25th to 50th percentile and red represents the worst, or bottom 25th percentile. These comparisons reveal special health concerns in certain neighborhoods, as well as countywide opportunities to focus healthcare-improvement efforts.

Priority Area 1: Access to Care

The relationship between health outcomes, insurance coverage and obtaining good care is well established. But many people can’t afford insurance or are not offered it by their employers, which greatly reduces their access to care. Having access to care and consistently using healthcare resources directly benefit individuals’ health.

- **Adults With Health Insurance**
  In 2011, 58 percent of Miami-Dade residents, ages 18-64, had some type of health insurance, compared with 81 percent of residents in counties nationwide. Eighty percent of Miami-Dade’s non-Hispanic whites had insurance, compared with 56 percent of non-Hispanic blacks/African-Americans and 53 percent of Hispanics.
  Source: U.S. Census Bureau, 2011 American Community Survey

- **Children With Health Insurance**
  In 2011, 86 percent of Miami-Dade children, from newborns to age 17, had some type of health insurance, compared with 94 percent of children in counties nationwide. Almost half (48 percent) of Miami-Dade children who have insurance are enrolled in some form of Medicaid.
  Source: U.S. Census Bureau, 2011 American Community Survey

- **Medicare Enrollment**
  In 2007, 91 percent of Miami-Dade residents over age 65 were enrolled in Medicare, (although all should be eligible), compared with a statewide average of 84 percent. Miami-Dade seniors make up 13 percent of the county’s population and are a major user of healthcare, accounting for more than one-third of hospital admissions. People 85 and over see physicians at nearly twice the rate as those ages 65-74.
  Source: Centers for Medicare and Medicaid Services, Medicare Beneficiary Database

- **Medicaid Enrollment**
  In 2011, Miami-Dade’s median monthly Medicaid enrollment was 23,111 per 100,000 residents, up from 18,303 per 100,000 in 2003. The statewide rate was 16,974 per 100,000. Miami-Dade’s total monthly enrollment was 582,669, or 23 percent of the population. In November 2011, 165,068 residents in Baptist Hospital’s service area were enrolled in Medicaid, with the highest rate of enrollment in Zip codes 33033, 33157, 33177 and 33030.
  Source: Florida Department of Health; Office of Data, Evaluation and Data Analysis
Priority Area 2: Availability of Primary and Preventive Care

The nationwide shortage of primary care providers is expected to get worse as our population ages and as fewer medical students choose to practice primary care, due to low rates of reimbursement for Medicaid patients. As a result, people covered by Medicaid and the uninsured often must turn to the public safety net and charity care for primary and preventive healthcare, if they receive it at all.

- **Adults With a Primary Care Provider**
  In 2010, 78 percent of Miami-Dade residents had one or more professionals they thought of as their primary healthcare provider, compared with 81 percent of residents statewide. A far greater proportion of adults age 65 or older (97 percent) reported having a usual source of healthcare, compared with 64 percent of adults ages 18 to 44. Just over 90 percent of non-Hispanic white adults had a primary caregiver, compared with 80 percent of blacks/African-Americans and 72 percent of Hispanics.
  
  *Source: Florida Behavioral Risk Factor Surveillance System*

- **Annual Medical Checkups**
  In 2010, 69 percent of Miami-Dade adults reported having a medical checkup in the past year, compared with 70 percent statewide. More than 92 percent of adults 65 and older had an annual checkup, compared with 49 percent of those ages 18 to 44. A higher proportion of non-Hispanic whites (83 percent) had an annual checkup than blacks/African-Americans (65 percent) and Hispanics (60 percent).
  
  *Source: Florida Behavioral Risk Factor Surveillance System*

- **Primary Care Physicians**
  In 2013, the ratio of primary care physicians in Miami-Dade was 1,264 patients to one doctor while the national benchmark is 1,067 to one. This leaves a shortfall of at least 200 primary care physicians in Miami-Dade. This rate is better than the statewide figure of 1,438 to one.
  
  *Source: County Health Rankings & Roadmaps*
Priority Area 3: Chronic Disease Management

Sometimes chronic diseases can be prevented and often controlled, but rarely cured. Chronic conditions include heart disease and stroke, cancer, diabetes, arthritis, Alzheimer’s, back pain, asthma, obesity, allergy and depression. Worldwide, chronic diseases are the leading cause of death and disability. In 2010, heart disease was the leading cause of death in Baptist Hospital's service area, followed by cancers, stroke, chronic obstructive pulmonary disease and diabetes.

- **Diabetes**
  
  In 2010, more than 9 percent of adults in Miami-Dade County reported a diabetes diagnosis, while the statewide county average was 11 percent. The highest rates were reported by black/African-American residents of Miami-Dade (11 percent), followed by Hispanics (10 percent) and non-Hispanic whites (9 percent).
  
  *Source: Florida Behavioral Risk Factor Surveillance System*

  This map shows concentrations of hospital visits for diabetes by residential Zip code in the Baptist Hospital service area. The countywide rate is 25 per 10,000 residents, but in Zip codes 33030, 33032, 33033 and 33170, the rate was as high as 51 per 10,000. (See Appendix for a full-size map.)
  
  *Source: Florida Agency for Healthcare Administration*

- **Adult Asthma**
  
  In 2010, 6 percent of Miami-Dade adults reported an asthma diagnosis, compared with the statewide county average of 9 percent. The highest Miami-Dade rate was reported by Hispanics (8 percent), compared with blacks/African-Americans (6 percent) and non-Hispanic whites (5 percent).
  
  *Source: Florida Behavioral Risk Factor Surveillance System*

  This map shows concentrations of hospital visits for adult asthma by residential Zip code in the Baptist Hospital service area. The countywide rate is 16 per 10,000 residents, but in Zip codes 33030, 33033 and 33170 the rate was as high as 27 per 10,000. (See Appendix for a full-size map.)
  
  *Source: Florida Agency for Healthcare Administration*
**COPD Hospitalizations**

Between 2009 and 2011, 28 per 10,000 Miami-Dade adults were hospitalized for chronic obstructive pulmonary disease, or COPD. Men were more likely to be hospitalized than women, at 32 per 10,000 and 25 per 10,000 residents, respectively. Black/African-American residents experienced the highest proportion of hospitalizations, at 29 per 10,000, followed by Hispanics at 28 per 10,000 and non-Hispanic whites at 27 per 10,000.

*Source: Florida Agency for Healthcare Administration*

This map shows concentrations of emergency room visits for COPD by residential Zip code in the Baptist Hospital service area. The countywide rate is six per 10,000 residents, but in Zip codes 33030, 33032, 33033 and 33170 the rate was as high as 17 per 10,000. (See Appendix for a full-size map.)

*Source: Florida Agency for Healthcare Administration*

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**Teen Asthma**

In 2011, 8 percent of Miami-Dade high school students reported an asthma diagnosis at some point in their lives, compared with the statewide county average of 10 percent. Black/African-American students reported the highest rate (13 percent), followed by Hispanics (7 percent) and non-Hispanic whites (3 percent).

*Source: Florida Agency for Healthcare Administration*

This map shows concentrations of hospitalizations for pediatric asthma by residential Zip code in the Baptist Hospital service area. The countywide rate is 22 per 10,000 residents, but in Zip codes 33030, 33032, 33157 and 33170 the rate was as high as 42 per 10,000. (See Appendix for a full-size map.)

*Source: Florida Agency for Healthcare Administration*
Chronic Disease and Lifestyle
A strong correlation exists between chronic disease and lifestyle. Physical activity and healthful nutrition are key factors in preventing and controlling chronic conditions including cardiovascular disease, diabetes, some cancers and obesity.

Eating Fruits and Vegetables
In 2007, 23 percent of Miami-Dade adults ate at least five servings daily of fruits and vegetables, a rate that has decreased from 27 percent in 2002, and is lower than the statewide average of 26 percent. Vegetable and fruit consumption is greatest among non-Hispanic whites (35 percent), people ages 45-64 (26 percent) and women (26 percent). Twenty-one percent of black/African-American residents and 18 percent of Hispanic residents reported eating at least five servings a day of fruits and vegetables.

Source: Florida Behavioral Risk Factor Surveillance System

Overweight and Obesity
In 2010, 68 percent of Miami-Dade adults were reportedly overweight or obese, a rate that has increased from 61 percent in 2002, but is similar to the statewide average of 67 percent. Blacks/African-Americans had the highest rate at 81 percent, followed by Hispanics at 71 percent and non-Hispanic whites at 54 percent. More men (76 percent) than women (60 percent) were overweight or obese.

Source: Florida Behavioral Risk Factor Surveillance System

In 2011, 28 percent of Miami-Dade high-school students were considered overweight or obese, based on body mass index. The statewide average was 25 percent. Teenage boys had a higher rate of overweight and obesity (31 percent) than girls (25 percent).

Source: Florida Youth Behavior Surveillance System

Sedentary Behavior and Physical Activity
In 2007, 35 percent of Miami-Dade adults were considered sedentary (not participating in any physical activity outside their job in the past month), compared with the statewide rate of 26 percent. In Miami-Dade, adults older than 65 had the highest age-group prevalence of sedentary behavior. Forty-one percent of Hispanics were sedentary, 36 percent of blacks/African-Americans and 21 percent of non-Hispanic whites. Men (39 percent) were more sedentary than women (32 percent).

Source: Florida Behavioral Risk Factor Surveillance System

In 2011, 37 percent of Miami-Dade high school students engaged in physical activity for at least 60 minutes on five or more days a week, a rate that has improved from 27 percent in 2005, but is below the statewide rate of 44 percent. While 47 percent of teen boys got regular physical activity, only 27 percent of teen girls reported engaging in regular physical activity. The regular exercise rate among non-Hispanic white teens was 41 percent, followed by Hispanics (37 percent) and blacks/African-Americans (35 percent).
Priority Area 4: Heart and Vascular Disease

Heart disease is the leading cause of death in the United States. High blood cholesterol is one of the major risk factors for heart disease. Hypertensive heart disease refers to coronary artery disease, heart failure and enlargement of the heart due to high blood pressure. Hypertension, or high blood pressure, increases the pressure in blood vessels, causing the heart to work harder against this pressure, making it a risk factor for heart disease and stroke. High blood pressure often is associated with poor diet, physical inactivity, tobacco use, diabetes and obesity.

- **Heart Disease**

  In 2011, the age-adjusted death rate due to hypertensive heart disease in Miami-Dade was 12 deaths per 100,000, higher than the statewide rate of 10 per 100,000. Black/African-American residents were disproportionately affected, with more than twice the heart disease death rate (24 per 100,000), compared with non-Hispanic whites (nine per 100,000) and Hispanics (eight per 100,000).

  Source: Florida Department of Health, Bureau of Vital Statistics

- **Heart Failure**

  Between 2009 and 2011, the age-adjusted hospitalization rate due to congestive heart failure in Miami-Dade was 47 per 10,000, worse than the statewide rate of 37 per 10,000. Black/African-American residents were disproportionately affected, with nearly twice the congestive heart failure rate (80 per 10,000), compared with Hispanics (42 per 10,000) and non-Hispanic whites (35 per 10,000).

  This map shows concentrations of hospital visits for congestive heart failure by residential Zip code in the Baptist Hospital service area. The countywide rate is 47 per 10,000 residents, but in Zips codes 33030, 33170 and 33189 the rate was as high as 96 per 10,000. (See Appendix for a full-size map.)

  Source: Florida Agency for Healthcare Administration
- **Stroke**
  In 2011, the age-adjusted death rate due to stroke in Miami-Dade was 29 deaths per 100,000, a rate that has decreased from 34 in 2006 and is better than the statewide rate of 33 per 100,000. Black/African-American residents were disproportionately affected, with nearly twice the stroke death rate (44 per 100,000), compared with non-Hispanic whites (26 per 100,000) and Hispanics (26 per 100,000).
  
  *Source: Florida Department of Health, Bureau of Vital Statistics*

- **High Blood Pressure**
  In 2010, 34 percent of Miami-Dade adults reported having a high blood pressure diagnosis, a rate lower than the statewide rate of 36 percent. Black/African-American residents were more likely to have high blood pressure (45 percent), compared with non-Hispanic whites (42 percent) and Hispanics (27 percent).
  
  *Source: Florida Behavioral Risk Factor Surveillance System*

- **Cholesterol Testing**
  In 2007, 68 percent of Miami-Dade adults reported having their blood cholesterol checked in the past two years, a rate lower than the statewide rate of 72 percent. Hispanic residents are less likely to have a cholesterol screening (61 percent), compared with blacks/African-Americans (75 percent) and non-Hispanic whites (86 percent).
  
  *Source: Florida Behavioral Risk Factor Surveillance System*
Existing Community Resources

The following programs and organizations listed below represent examples of existing community resources that address the priority areas identified in the Baptist Hospital of Miami Community Health Needs Assessment. This is not meant to be an exhaustive listing of resources.

**Access to Care**
- Florida International University Mobile Health Clinic — RV outfitted to use as a health clinic that takes medical students to underserved areas where they provide basic medical exams and help patients adopt healthier lifestyles.
- Florida Department of Health Clinics — offers free family planning services in addition to screenings for STDs, HIV and tuberculosis.
- Federally Qualified Health Centers — comprehensive primary care clinics that provide preventive services to a medically underserved area and offer their patients a sliding fee schedule based on family size and income in accordance with federal poverty guidelines.
- The Children’s Trust HealthConnect in Our Community Program — initiative to assist families with determining eligibility and applying for low-cost health insurance to access health services.
- Camillus Health Concern, Inc. (CHC) — provides a range of primary, preventive and supplemental health services for patients of all ages. Comprehensive services are provided at CHC’s main site in downtown Miami, and primary care services are provided at four service provider sites for homeless individuals throughout the county.

**Availability of Primary Care and Prevention**
- FIU School of Medicine — focus on educating and training primary physicians who will ultimately remain in the community.
- Healthy Start Coalition of Miami-Dade’s MomCare Program — works to ensure a medical home for approximately 22,000 pregnant women on expanded Medicaid.

**Chronic Disease Management**
- Florida Department of Health in Miami-Dade County Community Health Action Team (CHAT) — provides blood pressure, BMI, body fat, carbon monoxide and diabetes risk screenings.
- Alliance for Aging’s Diabetes Self-Management Program — geared towards helping older adults learn to manage their symptoms and blood sugar better.
- American Cancer Society — community-based voluntary health organization dedicated to eliminating cancer as a major health problem.
- Cancer Support Community Greater Miami — a nonprofit organization offering a comprehensive group of educational, psychological and social support programs, completely free of charge, to adults with cancer and their loved ones.

**Heart and Vascular Disease**
- American Heart Association “Get to Goal” Program — educate communities about blood pressure and enroll participants in a software program called “Heart360”, which provides BP tracking and heart-healthy tips.
- American Heart Association “Together to End Stroke” Program — prevent and raise awareness of cardiovascular disease and stroke among uninsured populations.
- Florida Heart Research Institute’s Living for Health Program — cardiovascular community health program that targets underserved and underinsured adults throughout the county.
Now that we have carried out this important research and have pinpointed our community’s most pressing priority healthcare needs, we can begin phase two of Baptist Hospital’s community health needs assessment. Phase two will feature an implementation plan that will highlight how we use our resources to take action in each priority area.

Miami-Dade County is highly diverse, in both ethnicity and socioeconomics. Nearly 45 percent of residents are uninsured; and still more are underinsured. Focus group participants echoed the data, repeatedly stating that cost is a major barrier to care.

It will take a continuing communitywide effort to address Miami’s significant health and socioeconomic disparities. One example: Data from the American Community Survey show 26 percent of blacks/African-Americans live below the federal poverty level, followed by 17 percent of Hispanics and 10 percent of non-Hispanic whites.

Baptist Health advocates for improved Medicaid reimbursement for the care of low-income individuals. At Baptist Hospital, staff members routinely assist families in understanding their insurance policies. As a community, Miami-Dade must strive to promote awareness and access to preventive health services to break down the barriers to care and improve the health of all residents.

Baptist Hospital leaders are now working to determine how best to use our resources to address the most pressing healthcare needs of our community. That implementation plan will be similarly shared with the public. By working with our partners across Miami-Dade County, we aim to make our community a healthier place for all.
Appendix
**Healthy People 2020 Benchmark Comparisons**

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

<table>
<thead>
<tr>
<th>Miami-Dade County 2010 Indicators</th>
<th>Healthy People 2020 Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease deaths</td>
<td>Heart disease deaths</td>
</tr>
<tr>
<td>197.2 per 100,000</td>
<td>100.8 per 100,000</td>
</tr>
<tr>
<td>Diabetes deaths</td>
<td>Diabetes deaths</td>
</tr>
<tr>
<td>19.7 per 100,000</td>
<td>65.8 per 100,000</td>
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<tr>
<td>Stroke deaths</td>
<td>Stroke deaths</td>
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<tr>
<td>28.8 per 100,000</td>
<td>33.8 per 100,000</td>
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<tr>
<td>Early prenatal care</td>
<td>Early prenatal care</td>
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<tr>
<td>87.4% of pregnant women</td>
<td>78% of pregnant women</td>
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<tr>
<td>Low-birth-weight infants</td>
<td>Low-birth-weight infants</td>
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<tr>
<td>8.7% of live births</td>
<td>7.8% of live births</td>
</tr>
<tr>
<td>Infant death rate</td>
<td>Infant death rate</td>
</tr>
<tr>
<td>4.7 per 1,000 live births</td>
<td>6.0 per 1,000 live births</td>
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<tr>
<td>Child health insurance rate</td>
<td>Child health insurance rate</td>
</tr>
<tr>
<td>85.5%</td>
<td>100%</td>
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<tr>
<td>Adult health insurance rate</td>
<td>Adult health insurance rate</td>
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<tr>
<td>58.3%</td>
<td>100%</td>
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<tr>
<td>Adults with an ongoing source of care</td>
<td>Adults with an ongoing source of care</td>
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<tr>
<td>78.4%</td>
<td>89.4%</td>
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<tr>
<td>Adults who are obese</td>
<td>Adults who are obese</td>
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<tr>
<td>29.3%</td>
<td>30.6%</td>
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<tr>
<td>Adults engaging in binge drinking</td>
<td>Adults engaging in binge drinking</td>
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<tr>
<td>10.9%</td>
<td>24.3%</td>
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<tr>
<td>Cigarette smoking by adults</td>
<td>Cigarette smoking by adults</td>
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<tr>
<td>15.4%</td>
<td>12%</td>
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<tr>
<td>Annual senior influenza vaccination</td>
<td>Annual senior influenza vaccination</td>
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<tr>
<td>50.8%</td>
<td>90%</td>
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<tr>
<td>Adults ages 50+ with colorectal cancer screening</td>
<td>Adults ages 50+ with colorectal cancer screening</td>
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<tr>
<td>10.6%</td>
<td>70.5%</td>
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<tr>
<td>Women who have had a Pap test in the past year</td>
<td>Women who have had a Pap test in the past year</td>
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<tr>
<td>56.9%</td>
<td>93%</td>
</tr>
<tr>
<td>Women over 40 who have had a mammogram in the last two years</td>
<td>Women over 40 who have had a mammogram in the last two years</td>
</tr>
</tbody>
</table>
Baptist Hospital Patient Service Area 2011 Preventable Hospitalizations

Legend
- Light Blue: 443.4 - 836.6
- Light Green: 995.6 - 1,201.5
- Yellow: 1,332.8 - 1,491.7
- Dark Yellow: 1,675.0 - 1,835.6
- Red: 2,291.4 - 2,808.7

Source: BRRPC (Broward Regional Health Planning Council) Florida Data Warehouse (Florida Agency for Health Care Administration 2011 Hospital Inpatient Data File, Nielsen Claritas Inc. population data and Agency for Healthcare Research and Quality Prevention Quality Indicators Technical Specifications)
Baptist Hospital Patient Service Area 2012 Resident Median Household Income

Legend
- $32,139 - $32,842
- $36,062 - $39,435
- $46,697 - $53,563
- $55,764 - $63,762
- $73,155 - $89,924

Source: Nielsen Claritas
Baptist Hospital 2011 Miami-Dade County Resident Emergency Department Visits

Legend

2 - 239
258 - 362
977 - 1,920
2,259 - 3,191
4,432 - 6,845

Total Baptist Hospital of Miami Emergency Department Visits 83,587 (100.0%)
Miami-Dade County Residents 80,551 (96.6%)
Non-Miami-Dade County Residents 2,449 (2.9%)
Out of State 1,068 (1.3%)
Homeless 761 (0.9%)
Foreign Residents 9 (0.0%)
Unknown 109 (0.1%)

Source: 2011 Emergency Department Patient Data File, Florida Agency for Health Care Administration
Baptist Hospital Patient Service Area Hospitalization Rate Due to Diabetes
Per 10,000 Residents

Legend
- 5.9 - 9.8
- 11.6 - 15.9
- 17.7 - 22.7
- 26.6 - 31.4
- 35.8 - 51.4

Sources: Florida Agency for Health Care Administration 2009, 2010, 2011 Hospital Inpatient Data Files, Nielsen Claritas Inc. (Population Data), Healthy Communities Institute (Age-Adjustment).
Baptist Hospital Patient Service Area Hospitalization Rate Due to Adult Asthma
Per 10,000 Residents

Legend
- 5.3 - 6.5
- 7.8 - 10.0
- 10.5 - 13.2
- 16.0 - 19.0
- 21.5 - 26.9

Sources: Florida Agency for Health Care Administration 2009, 2010, 2011 Hospital inpatient Data Files, Nielsen Claritas Inc. (Population Data), Healthy Communities Institute (Age-Adjustment).
Baptist Hospital Patient Service Area ER Visit Rate Due to COPD Per 10,000 Residents

Legend

- Unstable rate/small count: less than 10 cases or the denominator/population count used to calculate the rate is less than 300 persons.
- 3.3 - 4.6
- 5.2 - 6.4
- 6.9 - 8.7
- 14.5 - 16.5

Sources: Florida Agency for Health Care Administration 2009, 2010, 2011 Emergency Department Patient Data Files
Nielsen Claritas Inc. (Population Data), Healthy Communities Institute (Age-Adjustment).
Baptist Hospital Patient Service Hospitalization Rate Due to Pediatric Asthma Per 10,000 Residents

Legend
- 6.7 - 9.7
- 13.4 - 16.2
- 17.6 - 20.7
- 23.3 - 26.7
- 29.5 - 42.0

Sources: Florida Agency for Health Care Administration 2009, 2010, 2011 Hospital Inpatient Data Files, Nielsen Claritas Inc. (Population Data), Healthy Communities Institute (Age-Adjustment).
Baptist Hospital Patient Service Area Hospitalization Rate Due to Congestive Heart Failure Per 10,000 Residents

Legend
- 27.7 - 34.3
- 36.2 - 42.3
- 44.2 - 48.7
- 54.7 - 67.1
- 92.3 - 95.5

Sources: Florida Agency for Health Care Administration 2009, 2010, 2011 Hospital Inpatient Data Files, Nielsen Claritas Inc. (Population Data), Healthy Communities Institute (Age-Adjustment).
In an often challenging healthcare environment, Baptist Hospital offers hope to our community. Baptist Hospital offers advanced facilities, experienced physicians and dedicated staff to Greater Miami residents. The following list briefly reviews hospital programs and services:

- Aneurysm Care
- Baptist Cardiac & Vascular Institute
- Baptist Children’s Hospital
- Baptist Health Neuroscience Center
- Blood Conservation Program
- Brain Injury Program
- Cancer Services
- Cardiac Rehabilitation
- Cardiovascular Services
- Children’s Emergency Center
- Clinical Research Trials
- Colorectal Robotic Surgery
- Critical Care eICU LifeGuard Electronic Monitoring
- Diabetes Care
- Diagnostic Imaging
- Emergency Services
- Endoscopy Services
- Epilepsy Program
- Family Birth Place
- Genetic Risk Education Service
- Gynecologic Surgery
- Heart Attack Unit
- Heart Surgery
- Inpatient Rehabilitation
- Intensive Care
- Interventional/Surgical Services
- Maternity Services
- Neonatal Intensive Care Unit
- Neurointerventional Radiology
- Neurophysiology
- Neuroradiology Services
- Neurorehabilitation
- Neuroscience Center
- Neuroscience Diagnostics
- Neurosurgery
- Nutritional Counseling
- Orthopedic Services
- Outpatient Rehabilitation
- Pain Management Services
- Palliative Care
- Pastoral Care
- Pediatrics Subspecialty Care
- Prostate Robotic Surgery
- Pulmonary Services
- Radiation Oncology
- Rehabilitation Services
- Robotic Surgery
- Senior Services
- Sleep Diagnostic Center
- Social Work/Care Coordination
- Spine Care
- Stroke Services
- Surgical Services
- Thoracic Robotic Surgery
- Women’s Services
## Multi-attribute Utility Analysis Ranking Tool

<table>
<thead>
<tr>
<th>LEADING HEALTH INDICATORS</th>
<th>RANK 1 WEIGHT</th>
<th>RANK 2 WEIGHT</th>
<th>RANK 3 WEIGHT</th>
<th>RANK 4 WEIGHT</th>
<th>RANK 5 WEIGHT</th>
<th>CONSOLIDATED WEIGHTED SCORE</th>
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<tbody>
<tr>
<td>Access to Care (for the Uninsured)</td>
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<td>Access to Appropriate Care</td>
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<td>Accident Prevention (incl. concussion prevention/youth sports)</td>
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<td>Availability of Primary Care and Prevention</td>
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<td>Cancer Prevention and Treatment</td>
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<td>Chronic Disease Management</td>
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<td>Communicable Diseases</td>
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<td>STD/HIV</td>
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<td>Dental Care/Oral Health</td>
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<td>Elder Care/Geriatrics</td>
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<td>Healthy Lifestyles: Exercise and Nutrition</td>
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<td>Heart Disease</td>
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<td>Maternal and Child Health</td>
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<td>Other</td>
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