

Executive Summary

The Health Council of South Florida is pleased to offer its Comprehensive Health Plan for Miami-Dade and Monroe Counties, 2003-2006. The purpose of the Comprehensive Health Plan is to develop a body of information useful to help assure access to quality health care for all residents of Miami-Dade and Monroe Counties. The Comprehensive Health Plan intends to offer information on health status, health care resources, health care utilization, financing of health care, barriers to care, and preferences for the Certificate of Need regulatory process administered by the Agency for Health Care Administration. As such, it serves as a reference document that aims to convert health care data into useful information. The Comprehensive Health Plan embraces the application of community-based health planning principles. The Comprehensive Health Plan was effected through a planning process recognizing that its utility lies in the domain of all community partners -- whether neighborhood associations, health agencies, providers, universities, elected officials, non-governmental organizations or associations -- advocating daily for expanded opportunities to improve health care in Miami-Dade and Monroe Counties.

The development of this Comprehensive Health Plan employs the concepts and precepts of community based health planning. It was created for, by and with the communities of Miami-Dade and Monroe Counties, and as such, belongs to it. It is the intent of the Health Council staff that this Comprehensive Health Plan be used by the community as a tool for education and advocacy, and as a basis to formulate public policy that will improve health care for all residents of District XI.

The major themes of the plan complement the Guiding Values, Principles and Beliefs of the Health Council of South Florida (from the Strategic Plan, 2000-2003), including those of universal access to health care, parity among all groups, self-responsibility,

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community conscientiousness and collaboration, shared resources, and a holistic view of health and social services. The plan is also consistent with the Strategic Goals and Objectives set forth by the Health Council's Board of Directors, including:

- The development of strategies and materials for community outreach, awareness and education, paying attention to the particular needs of specific consumer groups, such as elders, the uninsured, minority groups with health disparities and persons living with HIV/AIDS.
- The promotion of health care access to preventive and primary care services among targeted population groups throughout South Florida's diverse communities.
- The expansion and use of valid, reliable and appropriate data and information, and their exchange with private and public entities.

Chapter 3, Regional Profile, lays the foundation of the District by providing brief descriptions of the demographics and socio-economic characteristics, paying special attention to issues of population, diversity, economics and education. The richness of District XI's cultural diversity, combined with its unique geography (particularly Monroe County's), poses special challenges for access to care.

Chapter 4, Health Status, is a mini-epidemiological assessment of the District, by health status indicators. Using federal, state and local information regarding the leading causes of death and morbidity in the District, chapter 4 discusses how the District (and each county) is faring in comparison to the State's average morbidity and mortality for specific health indicators. Where appropriate, the objectives of Healthy People 2010 have been added to help develop targeted benchmarks and local policies to improve individual indicators. Furthermore, an analysis of data related to infectious diseases,

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child immunization levels, maternal and child health, and mental health and substance abuse is also provided.

Chapter 5, Health Care Resources, describes the availability of resources for the provision of health care services within District XI and its counties. Areas highlighted include the inventory of primary care resources, active licensed health professionals, licensed health facilities, facilities for licensed health services, the accreditation of health care facilities and managed care health insurance plans.

Chapter 6, Health Care Utilization, provides a review of selected measures of hospital inpatient utilization (e.g., total discharges, average length of stay, average charges) for District XI, as well as the State. Furthermore, utilization data for community nursing homes, emergency departments, and operational Certificate of Need programs (e.g., open heart surgery) are presented and a comparative analysis is provided to highlight utilization differences between Miami-Dade and Monroe Counties and the State.

Chapter 7, Health Care Financing, describes the magnitude of residents lacking the means to adequately address their health care needs (i.e., the uninsured, underinsured) and the extent to which health care entities invest to address community health care issues. Highlighted in this chapter are funding and expenditure amounts reported from major federal, state and county governmental entities, as well as local foundations.

Chapter 8, Barriers to Care, embraces a comprehensive approach to identify leading barriers to care. Through the utilization of an electronic *Community Health Survey* developed by the local health councils, as well as through public input from local community gatherings, health care services that are difficult to obtain are identified.

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Population groups that have the most difficulty in obtaining health care services, and leading barriers that hinder access to health care have also been described.

Chapter 9, Policy Issues and Recommendations, provides a discussion of the different types of beds and services subject to Certificate of Need (CON) review, as well as an analysis of CON activity by District XI hospitals during the past two years (2000-2002). A series of goals and strategies designed to increase access, affordability, and quality of health care services at the local level are set to help guide community-drive implementation efforts.

The following outlines the Health Council of South Florida's regional recommendations for Miami-Dade and Monroe Counties. It outlines a course of action that District XI residents, advocates, providers, elected officials, among others can undertake during the next three years (2003-2006) to improve health care in Miami-Dade and Monroe Counties. The goals, implementation strategies and outcome objectives presented are intended to guide the development of health services and facilities within the planning district, ensure greater access to health care, and ultimately improve the health outcomes of District XI residents.

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Goals and Implementation Strategies to Effectively Improve Health Care in Miami-Dade and Monroe Counties

ACCESS TO CARE

Goal 1.

Reduce barriers to care and improve health care access, particularly for the immigrant community.

Strategies

- Develop a uniform policy to assure a single standard of care for all residents of Miami-Dade County.
- Support the findings and recommendations of the Monroe County Community Health Initiative Task Force.
- Encourage the establishment of a federally qualified health center in Monroe County working in collaboration with local private and public providers, including the Monroe County Health Department and the Rural Health Network; build on existing infrastructure by utilizing the Good Care Clinic as a model for a pilot project.
- Work with the Health Choice Network and the Public Health Trust to expand primary care services in the western and northern areas of Miami-Dade County.
- Assist Monroe County in applying for Medically Underserved Area redesignation by the U.S. Department of Human Services, Bureau of Primary Health Care.
- Address health professional staff shortages, particularly for nurses and allied health professionals.
- Collaborate with the Department of Health to provide education on best practices to reduce health disparities.
- Increase educational efforts about appropriate emergency department utilization in neighborhoods with high incidence of Ambulatory Care Sensitive Conditions (ACSC).
- Work to expand hours of operation of primary care centers in neighborhoods with high incidence of ACSC.
- Preserve high Healthy Start screening rates for prenatal care.
- Advocate for better reimbursement rates for mental health and substance abuse services.

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- Advocate for the provision of coverage to immigrant children currently on KidCare waiting list.
- Support the expansion of pharmaceutical programs for seniors.
- Establish a data collection mechanism pursuant to Florida Statutes to assure proper planning and coordination of trauma services countywide.

Outcome Objectives

- A federally qualified health center that builds on a local model is established in Monroe County.
- Monroe County is redesignated as a Medically Underserved Area under new federal guidelines.
- Decreased charges to federal assistance programs (e.g., Medicare and Medicaid) for ACSC in District XI.
- Reduced infant mortality rate in Miami-Dade County to meet and/or exceed the Healthy People 2010 target of 4.5 per 100,000 population.
- Increased reimbursement rates for mental health and substance abuse services provided to District XI residents of all ages.

CERTIFICATE OF NEED

Goal 2.

Preserve the Certificate of Need Program in the State of Florida to ensure equal access to quality health services at a reasonable cost.

Strategies

- Support the recommendations of the Certificate of Need Workgroup created by House Bill 591 of the 2000 Florida Legislature.¹
- Work with the Certificate of Need Nursing Home Advisory Panel in its efforts to guide the Agency for Health Care Administration in its development of policy related to nursing home certificate of need issues.
- Support the Certificate of Need preferences developed by the District XI local health council.
- Collaborate with local hospitals, nursing homes and hospices to educate the community on the cost-benefits of the Certificate of Need program.

¹ Final Report, Certificate of Need Workgroup, December, 2002.

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Outcome Objective

- Equal access to quality health services at a reasonable cost is maintained through the regulatory review process inherent of the Certificate of Need Program.

HEALTH INSURANCE

Goal 3.

Reduce the District's percentage of residents who lack health insurance coverage.

Strategies

- Support the findings and recommendations of the Mayor's Healthcare Access Task Force as outlined in the Mayor's Healthcare Access Final Report: Forging Health Partnerships for Community Action.
- Assist Miami-Dade County's Board of County Commissioners in its efforts to implement recommendations of the Mayor's Healthcare Access Task Force.
- Propose greater community outreach and education to increase enrollment in existing programs, such as the Medicaid and the KidCare Programs.
- Explore innovative initiatives such as Medicaid waivers² and the TrustCare Program.
- Support the work of the Monroe County Health Insurance Task Force to identify solutions to the challenges of obtaining affordable health care coverage for Florida Keys residents.
- Assist Monroe County in its development of a countywide health care coverage model for the uninsured and underinsured, regardless of employment status.
- Support Monroe County in its efforts to be included in the Health Flex program since Miami-Dade and Monroe County's health care systems are intertwined.
- Explore best practices to identify health insurance crisis solutions.

² A Medicaid waiver is when the Federal Government allows or grants States permission to waive certain Federal requirements in order to operate a specific kind of program. They are often used to authorize managed care, or alternative delivery or reimbursement systems. In general, Federal law allows States to enact three types of Medicaid waivers: Program Waivers; Research and Demonstration Waivers; and Health Insurance Flexibility and Accountability. *Source: Centers for Medicare and Medicaid Services.*

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Outcome Objectives

- A new countywide health care plan for the uninsured and underinsured in District XI is developed.
- The Health Flex Plan is expanded to include Monroe County.
- Increased enrollment of eligible District XI children into the KidCare Program.

HEALTHY LIFESTYLES

Goal 4.

Promote healthy lifestyle choices among District XI adults and children.

Strategies

- Work in collaboration with the Florida Partnership for Promoting Physical Activity and Healthful Nutrition to design and implement an intervention program that increases lifelong physical activity and healthy eating, and promotes health for children enrolled in the Women, Infants & Children (WIC)³ program.
- Provide education for prevention of chronic disease, communicable diseases, unintentional injuries, and substance abuse.
- Support efforts to establish an interactive website that offers resource materials, includes links to other social service programs and provides an educational forum on sexual health.
- Work with local foundations, such as the Health Foundation of South Florida, to promote healthy lifestyle practices among District XI residents.

Outcome Objectives

- Statewide, the percentage of children enrolled in the WIC Program who are overweight decreases by 5.0% from 12.6% in 1998 to 12.0% in 2006.⁴
- A 5% decrease in Monroe County's age adjusted death rate for chronic liver disease/cirrhosis from 22.31 per 100,000 population (1997-2001 rolling average) to 21.19 per 100,000 population (2001-2006 rolling average).⁵

³ The Women, Infants & Children (WIC) program is a federal program that provides supplemental foods, nutrition education, and health care referrals to pregnant and postpartum women, infants and children up to age 5 who are income eligible and at nutritional risk.

⁴ In 1998, the WIC program served 200,384 children in Florida. Approximately 12.6% of all children enrolled in the program were overweight as compared with 13.3% in the nation. The prevalence of overweight was highest among Hispanic children at 16.2%. *Source: Florida Obesity Prevention Program.*

⁵ Healthy People 2010 Objective: Reduce cirrhosis deaths per 100,000 population from 9.5 in 1998 to 3.0 by 2010.

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- A 10% decrease in the number of hospitalizations due to alcohol and drug abuse or dependence, detoxification in Monroe County from 106 in 2001 to 95 in 2007.⁶
- A 5% decrease in the District's cases of chlamydia in females aged 15 to 19 from 1,201.60 per 100,000 population in 2000 to 1141.52 per 100,000 population in 2006.

REVENUE MAXIMIZATION

Goal 5.

Assure better coordination and utilization of local resources in securing federal funding.

Strategies

- Convene a group of health care and university groups to establish an ongoing mechanism for drawing down new federal resources to the community based on needs identified in the District XI Comprehensive Health Plan for Miami-Dade and Monroe Counties, 2003-2006.
- Streamline data collection and reporting systems to accurately identify high-risk groups at the zip code and/or census tract levels.
- Partner with the Alliance for Human Services in its efforts to leverage federal funding for local health care services.

Outcome Objectives

- District XI increases its percentage of all federal awards directly allocated to organizations in the state of Florida by 5.0% from \$60.8 million (1.0%) in federal fiscal year 2002 to \$63.8 million in federal fiscal year 2006.
- A countywide data warehouse to maintain morbidity and mortality data, as well as health services utilization data is established.

⁶ Healthy People 2010 Objective: Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems or suicide attempts after diagnosis or treatment for one of these conditions in a hospital emergency department.