



Miami Children's Hospital

Community Health Needs

Assessment

June 2012

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# A Letter from the President

An invitation to the community, June 2012

Miami Children's Hospital is pleased to announce an exciting new movement to address and alleviate the greatest health needs facing our children. Miami Children's Hospital invites you to use community health needs assessment data to address the most critical issues impacting the health of our children.

Did you know that 17% of Miami-Dade children do not have health insurance? Are you aware that children in Overtown are hospitalized for asthma, a highly treatable condition, at more than twice the rate of their neighbors? As a community, we must first better understand the needs of our children so that we may implement more effective ways improve their health status.

In creating this report, Miami Children's Hospital convened focus groups to discuss the greatest pediatric health needs in our county. As a result, our prevention efforts will focus on five priorities:

#### Miami-Dade County Children's Health Priorities

1. Maternal and Infant Health
2. Immunizations
3. Childhood Obesity Prevention and Nutrition Promotion
4. Pediatric Asthma
5. Access to Care

We hope this report will be a valuable tool for decision-makers and community members by providing the information necessary for program planning, policy development and improved resident education and advocacy toward a healthier Miami.

Please join us in leading the charge for improved health and wellness for the children of Miami.

A handwritten signature in black ink that reads "Narendra Kini". The signature is written in a cursive, flowing style.

Dr. M. Narendra Kini, MD, MHA  
President & CEO, Miami Children's Hospital

# Miami Children’s Hospital Community Health Needs Assessment:

## Miami-Dade County Children’s Health Call to Action

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# Miami-Dade County Children: An Introduction

## Miami Children’s Hospital At-A-Glance

Founded in 1950 by Variety Clubs International, Miami Children’s Hospital (MCH) is South Florida’s only licensed specialty hospital exclusively for children, with more than 650 attending physicians and over 130 pediatric subspecialists. The 289-bed hospital is renowned for excellence in all aspects of pediatric medicine and is routinely ranked among the best children’s hospitals in the nation. Miami Children’s is also home to the largest pediatric teaching program in the southeastern United States. Miami Children’s Hospital treats patients from across the state, the nation, the Caribbean, South America and all over the world. MCH is the number one provider of pediatric orthopedics in Florida, and it serves as the state-designated treatment center for children with craniofacial differences. It offers Florida’s only free-standing pediatric trauma center; the largest children’s cancer center in the state; its Congenital Heart Institute is one of the best in the world with a 98% survival rate; and its Brain Institute is among the largest in the nation. The hospital hosts several summer camps for children with special needs and offers the first Child Life Program in South Florida, with specialists offering comfort to children and families to reduce stress.



### Miami Children’s Hospital by the numbers (2011 data):

- Licensed beds..... 289  
(more than any other FL children’s hospital)
- Inpatient admissions ..... 12,172
- Total surgeries..... 12,721
- Number of employees..... > 3,400
- Emergency Department visits ..... 92,597  
(main campus)
- Hospital outpatient visits ..... 300,969  
(main campus and outpatient centers)
- 67% of MCH patients rely on Medicaid



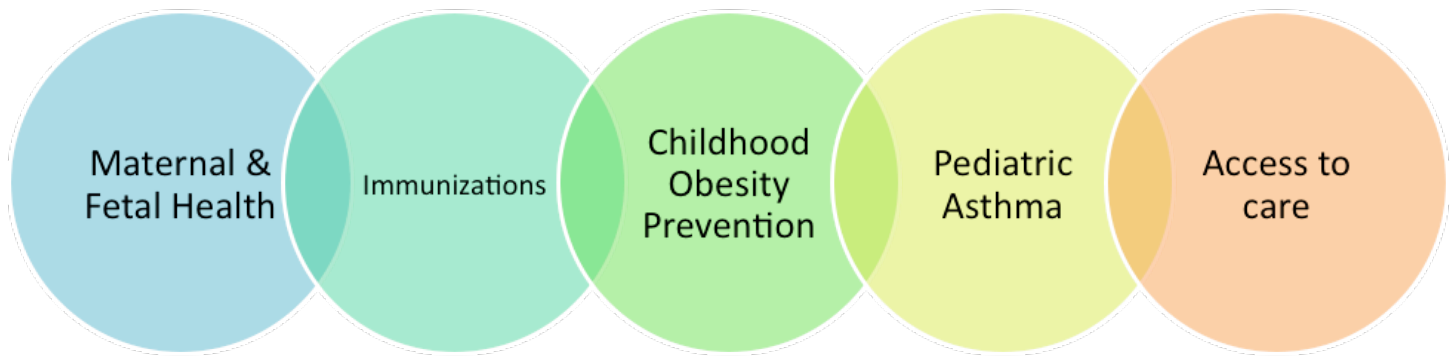
Miami Children's Hospital serves the pediatric population of Miami-Dade County and beyond. Approximately 586,877 persons are under the age of 18 in Miami-Dade County.

Miami Children's Hospital serves the area pediatric population, which represents nearly a quarter of the 2.5 million person population of Miami-Dade County. In 2012, the youngest age group of 0-4 year olds accounted for 29% of children. Children age 5-14 represent 54% of the pediatric population, and youth ages 15-17 make-up 17%. (See also Appendix A: Miami-Dade County Pediatric Population Map). Miami-Dade is comprised of a diverse mixture of residents and visitors, making it one of the most international communities in the nation. According to the 2010 Census, the County led the nation in foreign-born residents, at 52%, with 66% of the population comprised of individuals of Latin or Hispanic descent, and 71% reporting a language spoken at home other than English.



## A Community Health Needs Assessment

The enclosed report is a community health needs assessment (CHNA) of Miami-Dade County children using a combination of Miami Children’s Hospital leader input, community focus group feedback, and data compiled through the collection, analysis and presentation of the best available and most reliable data sources from local, state and national resources. Each measure was selected for its relevancy to the population and wellness objectives as derived from the focus groups. Measures are grouped according to the following children’s health priority areas:



Comparisons by ethnicity and gender are provided where data are available to determine the relative health of the pediatric population of Miami-Dade. Where obvious trends are observed, green arrows indicate the numbers are getting better and red arrows indicate the numbers are getting worse.

The Health Council of South Florida assisted in the development of this CHNA for Miami Children’s Hospital. With over 15 years of experience in conducting needs assessments, the Health Council worked in concert with a steering committee of key Miami Children’s Hospital staff to create the document. As part of the new Affordable Care Act requirements, hospital organizations are required to conduct a 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 are examined to establish priorities and to improve community health status and quality of life. Input is also taken into account from persons who represent the broad interests of the community served, including those with expertise in public health. The CHNA must also be made available to the public.

Our purpose is to use data to tell a story and inspire change by providing goals that envision the highest possible standards in children’s health. By characterizing leading health issues, the report offers a view of key trends in health influencing our community.

### Community Collaborating for Children

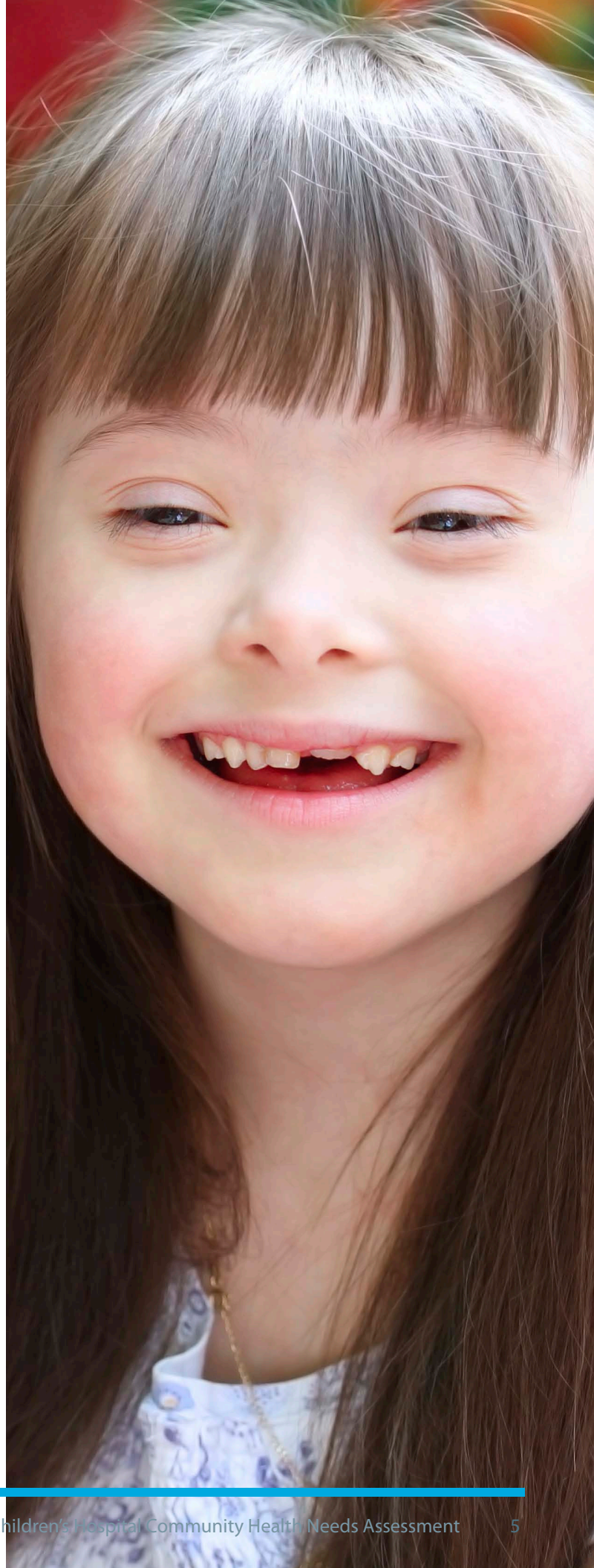
Miami Children’s Hospital partnered with the Health Council of South Florida (HCSF) to conduct the Community Health Needs Assessment. For more than 40 years, HCSF has been engaged in forecasting health care needs by providing data analysis and insight; increasing public awareness; creating strong community partnerships; and providing quality program planning, management, and evaluation. The Council provides an unbiased platform for community health planning that integrates a network of providers, purchasers, and consumers. Its goal is to foster partnerships that bring about rational and thoughtful change in local health planning and decision-making processes. HCSF initiatives include: Mobilizing for Action through Planning and Partnerships (MAPP); the Miami-Dade County Hospital Preparedness Consortium strategic plan; the Consortium for a Healthier Miami-Dade strategic plan, evaluation plan and the Tobacco prevention and cessation evaluation plan.

## Community Health Needs Assessment Overview

The report is based on the latest data, focus group results and integration of hospital-specific data sets. With this, Miami Children's Hospital meets new Affordable Care Act CHNA requirements and presents a more complete picture of local pediatric health. In order to prioritize children's health issues for Miami-Dade County the Miami Children's Hospital has:

- Convened **focus groups** of MCH leaders and a broad cross-section of Miami-Dade County children's health experts, advocates and parents.
- Reviewed **pediatric health issues** based on a variety of sources:
  - o Local children's health indicators and children's demographics retrieved from the Health Council of South Florida's *Miami Matters: Measuring what matters in Miami-Dade County*;
  - o Health insurance and poverty indicators retrieved from the US Census Bureau's American Community Survey.
- Summarized Miami Children's Hospital **programs and services**.
- Mapped existing **health care facilities** providing health services in South Florida.
- Issued a **report that prioritizes children's health issues** and aims to engage the entire community toward more collaborative efforts to accomplish shared goals.

The expected outcomes of this work are enhanced community partnerships to address priorities, and improved policy- and decision-making by providing information on the most important pediatric health issues faced by local children.



## Focus Groups: External and Internal

To ensure unbiased feedback when conducting the assessment, MCH engaged the Health Council of South Florida (HCSF) to coordinate a series of focus groups and surveys with both internal and external stakeholders. These stakeholders were chosen by their ability to prioritize community health needs and provide invaluable feedback to the hospital about how MCH is viewed in terms of its current strengths, weaknesses, any perceived barriers to providing care, as well as any potential or emerging opportunities for MCH to improve health outcomes for Miami-Dade County children.

Four focus groups were conducted and two online surveys implemented to gauge perceptions of the role of Miami Children's Hospital in the community and to collect qualitative data from diverse individuals representing internal and external Miami Children's Hospital stakeholders.

During each focus group, the same set of questions was asked to allow participants to express their position regarding children's health issues. All of these elements were considered in the prioritization of local pediatric health need. The groups were presented with Pediatric Health Care Indicators and asked to rank them in order of importance. Focus group discussion topics included:

- Health Promotion and Prevention
- Disease Prevention
- Healthcare and Disease management
- Navigation of the Healthcare System
- Children's Quality of Life Issues

To identify focus group participants whose feedback and recommendations would be most relevant to MCH's CHNA, the group worked to identify key community stakeholders and partners.

**Internal Stakeholders Focus Group:** Eight (8) individuals participated in MCH's Internal Stakeholders Focus Group. The group was comprised of hospital administrative leaders, department representatives and members of the MCH Board of Directors.

**External Stakeholders Focus Group:** Thirteen (13) organizations participated in the External Stakeholders Focus Group.

The stakeholders included representatives of public, private and nonprofit organizations that play critical roles in the health and human services arena in Miami-Dade County.

Focus groups were conducted by:

Alexandria Douglas Bartolone of Building Community through Leadership and Organization Development; specializing in strategic planning, coalition-building and service partnerships.

Thamara Labrousse of Strategic Partners Consulting; specializing in building partnerships and identifying new quality programs to address unmet need.





## Focus Groups

### External

#### Community Leaders

- American Cancer Society: Berta Rios, PhD (Attended May 10, 2012 Focus Group)
- Director of Disparity Outreach with a focus on patient services, early detection and prevention activities
- American Heart Association: Chad Buschell (via online survey)
- Executive Director and Vice President focusing on improving cardiovascular health in Greater Miami
- Catholic Health Services: J. Abilio Rodriguez, PhD (Attended May 10, 2012 Focus Group)
- Program Administrator for Catholic Health Services Centro Mater West Child Care Services
- The Children's Trust: Modesto Abety (via online survey)
- President and CEO with extensive experience in advocacy on behalf of children and families in South Florida
- Collins Center for Public Policy: Leda M. Perez, PhD (via online survey)
- Vice President of Health Initiatives and Director of the Florida Transparency Project
- Dade Association of School Administrators: Delio Diaz (Attended May 10, 2012 Focus Group)
- Executive Director of DASA with 35 years of services to Miami-Dade County Public Schools
- Dan Marino Foundation: Susan Morantes (Attended May 10, 2012 Focus Group)
- Vice President of Disability Services with focus on enhancing services available to children with special needs
- Epilepsy Foundation: Karen Basha Egozi (via online survey)
- Chief Executive Officer and tireless advocate of increased epilepsy awareness and funding
- Florida Heart Research Institute: Tori Gabriel (via online survey)
- Education and Prevention Director with a passion for cardiovascular morbidity and mortality prevention
- Health Foundation of South Florida: Peter Wood (Attended May 10, 2012 Focus Group)
- Vice President of Programs and Community Investments

focused on primary care, oral health and prevention

- March of Dimes: Marla Wilson (Attended May 10, 2012 Focus Group)
- Executive Director and leader for Miami-Dade and Monroe County district
- Miami-Dade County Health Department: Karen Weller (Attended May 10, 2012 Focus Group)
- Chronic Disease Prevention Director overseeing health, worksite wellness, tobacco prevention, Healthy Start
- Miami-Dade County Public Schools: Wilma Steiner and Deborah Montilla (Attended May 10, 2012 Focus Group)
- District Director, Comprehensive Health Services and District Director, Student Services
- Miami-Dade Fire Rescue: Tyler Garcia (Attended May 10, 2012 Focus Group)
- Emergency Medical Technician and advocate for improved health, wellness and greater access for children
- Our Kids: Rebecca Linda (Attended May 10, 2012 Focus Group and distributed online survey to foster parents)
- Advocating safe and permanent families for at-risk children in Miami-Dade and Monroe Counties

### Parents

The third and fourth external focus groups were made up of a broad cross-section of parents that participate in Parent Advisory Groups of community-based organizations throughout South Florida, including the World Literacy Crusade's Girl Power program of Liberty City, the United Way's Center for Excellence in Early Education and Our Kids, Inc. Group demographics included:

- Parents of both middle class and low-income children
- Parents of children who are uninsured
- Minority groups

## Internal

**Nancy Humbert**, SVP of Strategic Business Planning and Public Affairs

**Jose Perdomo**, SVP of Ethics and Compliance

**Deise Granado-Villar, MD**, Chief Medical Officer

**Marcia Diaz de Villegas**, Administrative Director of Marketing, Outreach and Public Relations

**Josefa Diaz**, Regional Director

**Milka Alegria**, Director of Preventive Medicine

**Lani Valido**, Director of Public Policy and External Affairs

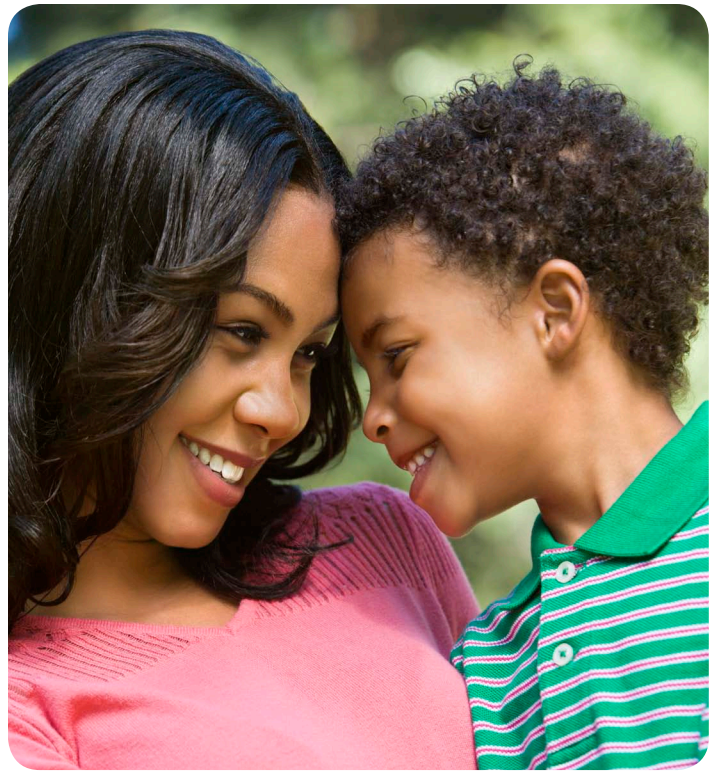
**Genevieve Caruncho**, Director of Strategic Planning

**Deborah Vaidya**, Director of Finance and Accounting

**Esteban Bovo**, Community Consultant

**Gloria Riefkohl, MD**, Attending Physician, Preventive Medicine

**Jose Rosa-Olivares, MD**, Medical Director of the Pediatric Care Center & After Hours Program



## Findings

Based on discussions, each focus group ranked the top five critical pediatric health care priorities in Miami-Dade County.

Top Five Priorities	Internal Stakeholders	External Stakeholders Focus Group	External Stakeholders Online Survey
1	Dental Health	Childhood Obesity	Childhood Obesity
2	Pediatric Asthma	Infant Mortality/Healthy Births	Infant Mortality/Healthy Births
3	Access to Health Care	Pediatric Asthma	Mental Health
4	Childhood Obesity	Dental Health	Dental Health
5	Childhood Immunizations	Childhood Immunizations	Pediatric Asthma
Other	Injury Prevention	Access to Health Care	Access to Health Care
		Special Needs	

**Overall, the external focus groups found that MCH plays a significant role in prevention in Miami-Dade. Additionally, the group findings indicate a series of organizational strengths and gaps and later provided recommendations.**

## Community Leaders

### Strengths

- Outpatient Center Network and Mobile Units
- Quality of Specialty Care Provided by MCH
- Availability of Dental Care
- Referral System
- Interagency Partnerships
- Public Health Knowledge

### Gaps

- MCH's Role in Primary Care and various Prevention initiatives are not well known
- Health Care Policy changes
- Insufficient Funding
- Challenges in Serving Diverse Patient Populations
- Accessibility

## Parents

### Strengths

- Quick and efficient care
- Professional
- Patients and parents are supported and treated with respect
- Foster parents work closely with Medical Foster Care supervision

### Gaps

- Location and accessibility for low-income families and those living in Monroe County
- Limited access to basic oral health services
- Cost of health care and prescription drugs
- Access to specialists and therapists for uninsured and underinsured children
- Perception that MCH is a "white" hospital

## Information Gaps

The following may impact our ability to assess additional health needs of the community:

- Data gathered by MCH and HCSF only through 2011.
- Some members of external focus group cover specific demographic areas Miami-Dade County; therefore, not inclusive of County as a whole.
- MCH serves Broward and Palm Beach Counties and provides additional services that may not yet be available to Miami-Dade County.

## Recommendations

### Community Leaders

- Focus on low-income geographic areas with limited access.
- Provide extended hours.
- Provide Immunization and preventive care education to parents.
- Better and faster access to care.

Better promote MCH services.

### Parents

- Promote importance of family wellness and nutrition to minorities.
- Reduce physician office and emergency room wait times.
- Improve discharge experience.
- Educate organization on foster care barriers.

## What did parents have to say?

Parents who participated in the CHNA focus groups and online survey, appear to have a high level of agreement about what constitutes quality health care for their children. They believe their children need:

- Qualified and Effective Medical Staff
- Competent doctors and supporting clinical staff
- Consistent relationships between providers
- Prompt response to medical emergency and diagnostic results
- Improved communication and follow-up between providers and parents
- Coordinated care approach for children with complex medical conditions

Parents also identified challenges in receiving quality medical care for their children:

- Access to quality pediatric care including pediatric dental care
- Lack of available resources in certain inner-city neighborhoods and rural areas of South Florida
- Lack of family-centered approach by insurance providers
- Medical care for some families is unaffordable
- Insurance providers enact stringent regulations that inhibit affordable care
- Medicaid presents significant administrative barriers.
- Lack of coordinated communication and follow-up between providers and parents

*"I was impressed when the doctor's office called to inquire about child after doctor's for a bad cold—that's never happened before."*

*- Specific to MCH*

*"Don't treat members of the child welfare system as less important. Treat them as more important. Give them more time, more attention, and more words of encouragement."*



*"It's difficult to find good dentist for kids."*

*"Very little dental care covered by insurance."*

*"We don't have adequate insurance to cover all expenses."*



# Children's Health Priority

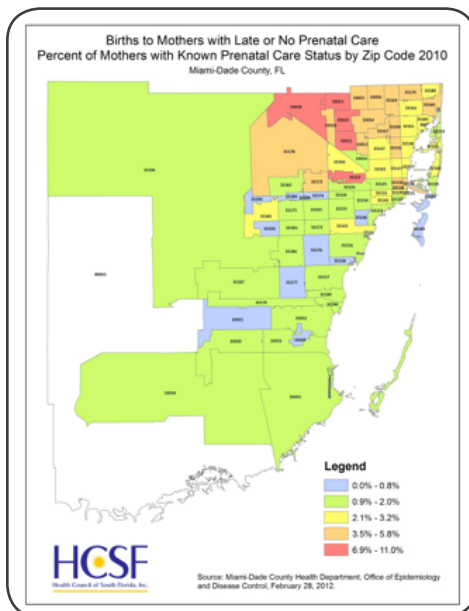
## Area 1 - Maternal and Infant Health

### Indicator 1, Mothers who received early prenatal care



(Better)

In 2010, 86.4% of pregnant women giving birth to live babies received first trimester prenatal care in Miami-Dade County. The numbers have **improved** since the 2008 rate of 84.1%. Miami-Dade is doing better as compared to a statewide average of 77.5%. In 2010, 89.3% of white mothers, followed by 89% of Hispanic, and 78.5% of black mothers received early prenatal care in Miami-Dade County.

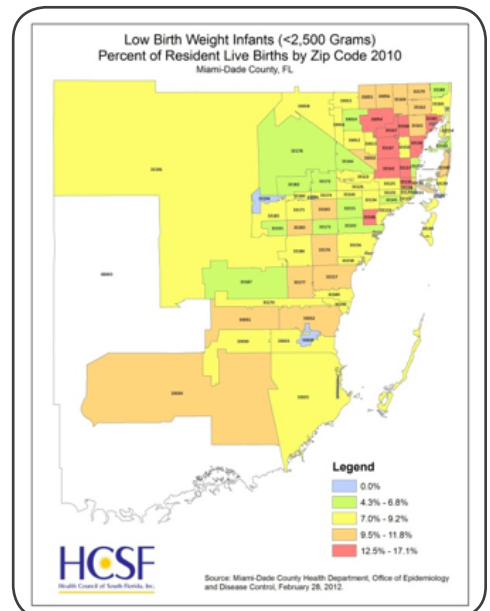


### Indicator 2, Babies born with low weight



(Worse)

In 2010, 9.1% of babies born in Miami-Dade County had a weight of less than 5 pounds and 8 ounces. The numbers have **increased** since the 2003 rate of 8.6%. At the state level, Florida had lesser rates of low birth weight babies than Miami-Dade County with an average of 8.4%. In 2010, 14% of black mothers, followed by 7.5% of white and Hispanic mothers gave birth to low birth weight babies in Miami-Dade County.

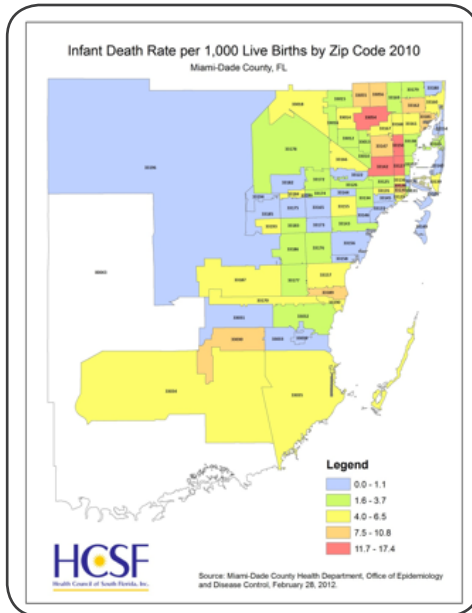


### Indicator 3, Infant mortality rate (0-364 days from birth)



(Better)

In 2010, Miami-Dade County had an infant mortality rate of 4.4 deaths per 1,000 live births. Trends in infant mortality have **improved** from the 2003 rate of 6.0 deaths per 1,000 live births. Compared to the statewide average rate of 6.4 deaths per 1,000 live births, Miami-Dade had a significantly lower rate of infant mortality. During the same year, the infant mortality rate among blacks was 8.3; twice that of whites and Hispanics, both at 3.1 per 1,000 live births.

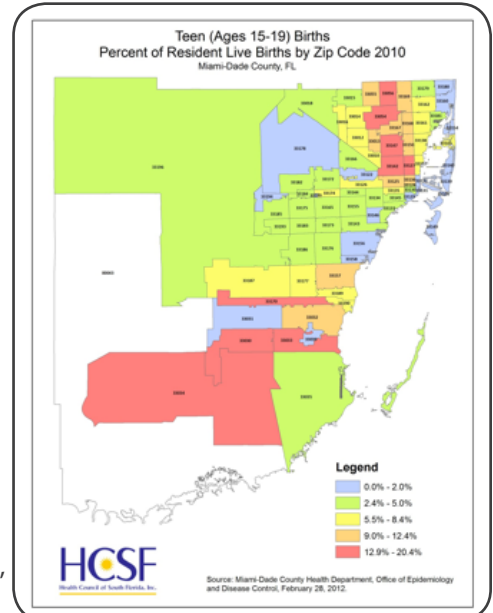


### Indicator 4, Teen Birth Rate



(Better)

In 2010, Miami-Dade County had a teen birth rate of 27.2 live births per 1,000 females aged 15-19. Trends in births to teenaged girls have **improved significantly** from the 2009 rate of 31.5 per 1,000. Compared to the statewide average rate of 38.7, Miami-Dade had a significantly lower rate of teen births. During the same year, the teen birth rate among blacks was 47.1; a rate more than twice that of whites and Hispanics (20.5 and 23.2 per 1,000, respectively).



## Maternal and Infant Health Data Analysis

Maternal, fetal and infant health indicators include rates of low birth weight babies, infant death rate, mothers receiving prenatal care, and teen births.

- Births to mothers with **late or no prenatal care** in 2010 was 3.3%, countywide. In the same year, 88.3% of white mothers, followed by 87.3% of Hispanic, and 75.6% of black mothers received early prenatal care. **Zip codes 33012, 33014, 33015, 33018 and 33122 in the northwest corner of Miami-Dade County** had increased rates of mothers receiving late or no prenatal care, averaging 6.9% to 11.1%.
- In 2010, 9.1% of babies born in Miami-Dade County had a weight of less than 5 pounds and 8 ounces (**low birth weight infants** <2,500 grams), as compared to a Florida state average of 8.4%. In Miami-Dade County, 14.0% of black mothers, followed by 7.5% of white and Hispanic mothers, gave birth to low birth weight babies in 2010. **Zip codes 33054, 33127, 33136, 33138, 33142, 33146,**



**33147, 33167, 33168 and 33181 in northern Miami-Dade County** experienced increased rates of low birth weight babies, averaging 12.5% to 16.3%.

- In 2010, Miami-Dade County had an **infant mortality** of rate of 4.4 deaths per 1,000 live births. During the same year, the infant mortality rate among blacks was 8.3; more than twice

that of whites and Hispanics, which were 3.1 per 1,000 live births. **Zip codes 33054, 33127, 33128, 33142 and 33150 in northern Miami-Dade County** experienced increased rates of infant mortality, averaging 11.7 to 17.4 live births per 1,000 live births.

Student sexual behavior and teenage birth rates are two key indicators for tracking sexual health among Miami-Dade County's teens.

- **Births to teens age 15 to 19** was 7.1% in Miami-Dade County in 2010. **Zip codes 33030, 33033, 33034, 33054, 33056, 33127, 33142 and 33147 in the northern and southernmost reaches of the county** experienced increased rates of teen births, averaging 12.9% to 16.6%.



## Background

According to the CDC, poor birth outcomes can be prevented or mitigated through preconception counseling and early prenatal care, which must be culturally sensitive to meet the diverse population of South Florida.



## Role of Miami Children's Hospital & Implementation

Despite considerable advances in medicine in recent decades, the numbers of complex pregnancies are on the rise in the United States, these include: high-risk pregnancies, premature and low birth weight babies, miscarriages, stillbirths, and newborn and maternal deaths.

Miami Children's Hospital understands the need to ensure that critically-ill neonates are delivered safely in a highly skilled multidisciplinary environment equipped to provide life-saving care upon birth. By providing an exclusive number of maternity beds, Miami Children's Hospital could further extend its world-renowned expertise to improve neonatal health outcomes. Services would include surgical care, neonatal intensive care, and labor and deliver for births that are pre-determined to be high-risk.

Over the next 3 years, MCH will build a cutting-edge Advanced Pediatric Care Pavilion will allow for more efficient and effective use of space on the Miami Children's Hospital campus, thereby enhancing the hospital's capability to serve the growing demands for pediatric subspecialty care in South Florida's only licensed specialty hospital setting and freestanding Level 1 Trauma Center for children. The Pavilion includes the Neonatal Intensive Care Unit (NICU) with 36 private rooms. The support will support parent rooming-in as well as full surgical support for pediatric specialties. The design is based on recognized practices for best outcomes in infants born with very low birth weights.

## Children's Health Priority Area 2 - Immunizations

### Indicator 5, Kindergartners with required immunizations<sup>1</sup>



(Worse)

In 2010, 78.9% of kindergartners in Miami-Dade County received the required immunizations. The numbers have **declined** from 92.4% in 2003. Compared to a statewide rate of 95.2%, Miami-Dade County had significantly fewer immunized kindergartners.



### Data Analysis

According to a report published in the Miami Herald on April 29, 2012, the surprisingly low rate of students entering Kindergarten with required immunizations in 2010 was due to a reporting error on the part of healthcare providers. In response to the plummet in vaccination rates, Miami-Dade County Public Schools formed a task force to determine the problem. They found that the alarmingly low completion rate of vaccines for the 2010-2011 school year was due to incorrect form completion by healthcare providers.<sup>2</sup>

Immunizations and vaccines are biological substances that interact with a person's immune system to help to prevent and control the spread of infectious diseases. They can be instrumental in avoiding the high medical costs associated with the treatment of infectious diseases, which are major causes of illness, disability and death. Immunizations and vaccines have reduced the number of children affected by infectious diseases by more than 90% and have helped avoid longer-term health problems associated with the complications that occur as a result of these conditions. Since children in Florida are required to be immunized prior to entry into school, the importance of vaccines is well-institutionalized.

### Role of Miami Children's Hospital & Implementation

Miami Children's Hospital provides influenza and other vaccines to twelve (12) Miami-Dade County Public Schools through the Health Connect in Our Schools (HCiOS) Program in collaboration with the Miami-Dade County Health Department. MCH provides vaccinations to special needs children referred by specialist health care providers. MCH has traditionally worked with impoverished communities to provide vaccination services to all children. MCH also provides vaccinations to children in order to comply with the Center for Disease Control's (CDC) Recommended Immunization Schedule for school entry. Hospital pediatricians participate in media programming via local television to promote the importance of getting vaccinated and the benefits of the Flu vaccine.

MCH is collaborating with the Department of Health, Miami-Dade County Public Schools and the Children's Trust to find innovative ways to provide all children with necessary vaccinations and immunizations.

<sup>1</sup> Because zip-code level data on immunizations in the pediatric population are not available, heat maps are not possible.

<sup>2</sup> Mack, Sammy. "Forms blamed for students' poor vaccination rate" Miami Herald 29 Apr. 2012.



## Children's Health Priority Area 3 - Childhood Obesity Prevention and Nutrition Promotion

### Indicator 6, Teens who are overweight or obese<sup>3</sup>



(Better)

In 2009, 26.4% of high school students in Miami-Dade were overweight or obese; a rate that has **decreased** from 28.2% in 2003. Using body mass index (BMI) reference data by age and sex, overweight is characterized as greater than or equal the 85th percentile for BMI, but less than the 95th percentile. Obese is greater than the 95th percentile for BMI and in 2009 10.3% of Miami-Dade County teens were considered obese. In comparison to a statewide average of 25%, Miami-Dade numbers are slightly worse. In 2009, teenage males had a higher rate of overweight and obesity at 43.1%, than females at 40.9%. Blacks and whites had the same prevalence of 34%, followed by Hispanics at 21.7%.

### Indicator 7 Teens who engage in regular physical activity



(Better)

In 2009, 36% of Miami-Dade high school students engaged in regular physical activity for at least 60 minutes on five or more days of the week; a rate that has **improved** from 26.9% in 2005. However, when compared to a statewide rate of 40.8%, Miami-Dade falls below average. In addition, the data showed pronounced differences in the prevalence of regular physical activity among males and females: 48.2% among males, and 26% among females. Whites had a slightly higher prevalence than Hispanics (38.2% vs. 37.3%), followed by blacks (31.6%).

### Indicator 8, Teen fruit and vegetable consumption



(Better)

In 2009, 24.9% of Miami-Dade high school students ate fruits and vegetables at least five times during the week; a rate that has **improved** from 22.2% in 2003, and exceeds the Florida average of 21.6%. In 2009, males reported more fruit and vegetable consumption than females, at 28.5% and 21.6%, respectively; and blacks more than whites, and Hispanics, at 26.4%, 26.2%, and 23.8%, respectively.

### Indicator 9, WIC Children 2 and older who are overweight or at risk of being overweight



(Worse)

In 2010, 32.9% of Miami-Dade County children ages 2 and older who are enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) were overweight or at risk of being overweight. The numbers have **increased** since the 2008 rate of 32.2%. At the state level, Florida had lesser rates with an average of 29.5% kindergartners.

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## Data Analysis

Adequate physical activity and healthful nutrition are key factors in the primary prevention of chronic conditions, such as cardiovascular disease, diabetes, some cancers and obesity. Poor nutrition and physical inactivity are responsible for an estimated 300,000 deaths each year and are the second leading preventable cause of death in the United States, exceeded only by tobacco use. In recent years, strategies and

intervention programs have been implemented in Miami-Dade County to increase physical activity. For example, through the Communities Putting Prevention to Work initiative, the U.S. Department of Health and Human Services awarded \$14.7 million to Miami-Dade County to increase the availability of healthy foods and beverages at schools and worksites.

<sup>3</sup> Because zip-code level data on obesity and nutrition in the pediatric population are not available, heat maps are not possible.

## Role of Miami Children's Hospital & Implementation

MCH believes in having a comprehensive plan to prevent chronic disease by focusing on nutrition and healthy lifestyles from birth through school age children. The EAT WELL TO STAY WELL program provides prevention and screening to teach children and parents the importance of good nutrition and health lifestyle. Entire families need to be involved in the raising of a child and this includes healthy nutrition for the whole family. Outlined below are activities that will be part of MCH's "Eat Well to Stay Well" initiative:

- A course consisting of 6-8 nutrition and healthy lifestyle lessons in schools taught by a dietitian.
  - 1 course for 3rd or 4th grade children with parent/family member
  - 1 course for 7th or 8th graders for child only
- To be implemented at all of Health Connect in Our Schools Programs on a rotating cycle.
- Program Promotion/Participation Incentive
  - Provide nutrition class/assembly with fun interactive cooking class and/or physical activity
  - Provide incentive to finish the 6-8 week program (i.e. sports equipment)
  - Possible contest amongst participants such as 10,000 steps per day or similar goal
- Education Reinforcement
  - Teachers to provide quarterly nutrition classes to reinforce concepts learned in 8 week course
  - Quarterly newsletters to be sent to parents to remind/reinforce nutrition and exercise lessons

Additionally, various hospital departments encourage healthy lifestyle initiatives. The Community Education Department offers community programming such as "Healthy Summer Snacks." This course provides instruction on how to create tasty summer snacks that are easy to prepare and healthy for the whole family. Samples of snacks as well as take-home materials with tips and recipes are available to participants.

The Preventive Medicine Department through the Health Connect in Our Schools (HCiOS) Program provides obesity screenings for twelve (12) Miami-Dade County Public Schools.



All children who are deemed to be overweight are invited to participate in an obesity and nutrition program. School nurses oversee the program, which encompasses physical activity, nutrition education and counseling.

The MCH Health and Wellness Department promotes employee health and wellness by providing nutritional "lunch & learn" courses, a cardiovascular and strength training facility, personal training and massage therapy for stress relief.

By the end of 2013, MCH will partner with the YMCA to introduce an interactive gaming and sports program to enhance health and wellness through a multi-disciplinary methodology in a community base setting. The combined approach intervention includes a group of activities including interactive gaming, physical exercise, musculoskeletal assessment and psychological, behavioral and nutritional education. The program seeks to engage participants in learning and practicing behaviors that promote wellness and health.

## Children's Health Priority Area 4 - Pediatric Asthma

### Indicator 10, Pediatric asthma emergency room rate



(Worse)

Between 2008 and 2010, the hospitalization rate due to asthma among people under age 18 in Miami-Dade was 131.4 cases per 10,000. This rate has **increased** from 119.3 between 2006 and 2008. Miami-Dade also ranked among the worst in the state when compared to a statewide average of 77.2 per 10,000. The most effected age group was 0-4 year olds with a rate of 221.6 per 10,000.

### Indicator 11, Middle School Students with Known Asthma



(Worse)

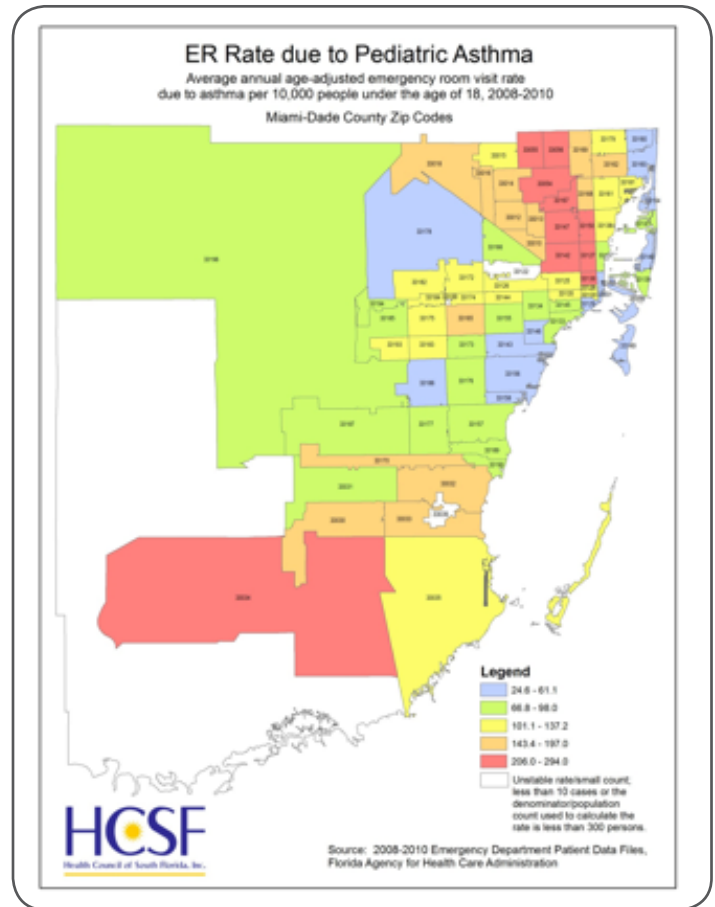
In 2010, 18.8% of middle school students in Miami-Dade were reported to have asthma. This rate has **increased** from 14.9% in 2008. Miami-Dade also ranked similar to the state with a rate of 18.0%.

### Indicator 12, High School Students with Known Asthma



(Worse)

In 2010, 18.6% of high school students in Miami-Dade were reported to have asthma. This rate has **increased** from 17.1% in 2008. Miami-Dade also ranked similar to the state with a rate of 18.7%.



## Data Analysis

Between 2008 and 2010, the **emergency room rate due to pediatric asthma** was 131.4 ER visits per 10,000 residents under age 18 in Miami-Dade County. **Zip codes 33034, 33054, 33055, 33056, 33127, 33136, 33142, 33147, 33150 and 33167 in the northern and southernmost reaches of the county** experienced increased rates of pediatric asthma, with rates of 206.0 to 294.0 per 10,000.

Asthma, a chronic lung disorder marked by recurring episodes of airway obstruction, affect an estimated 18 million persons

in the United States and is responsible for nearly 500,000 hospitalizations, 3,500 deaths, and 134 million days of restricted activity a year. Because asthma tends to appear early on in life, without treatment and proper intervention, it can negatively affect individuals throughout their entire lives resulting in poorer health outcomes, and elevated health care expenditures. According to the CDC, daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

## Role of Miami Children’s Hospital & Implementation

MCH is committed to improving discharge planning for asthma patients seen in the emergency room and urgent care centers to emphasize the importance of maintenance and follow-up, and also address potential household asthma triggers.

The Urgent Care Centers within the Miami Children’s Health-System are located in the communities to serve children with asthma. Evaluation of asthmatic episodes with associated treatment and plans of care are provided by Board Certified Pediatrics. Evaluation of continued need and effectiveness of rescue-reliever as well as controller medications is determined at time of visit. Anti-inflammatory medications are associated evaluated for benefit and relief of the acute strained respiratory air exchange during asthmatic exacerbations. Educational instructions to promote wellness including reduced exposure to environmental triggers such as pest control, chemical exposures and air quality emphasizing the elimination of second hand tobacco smoke exposure is provided.

Additionally, the Health Connect in Our Schools (HCiOS) Program provides students with an interdisciplinary team of providers in Health-suites and classrooms to support and provide medical services to students with asthma. A

Board Certified Pediatrician is on-staff who oversees the delivery of evaluation and care by Advanced Registered Nurse Practitioners for the formulation of individualized Asthma Care Plans and Asthma Action Plan tailored to meet the unique needs of the students. Upon identification of an asthmatic student, the nurse contacts the parent to determine if medications are prescribed, frequency of use and if medications will be administered during school hours. The nurses will review with the parents and students, known triggers and methods to eliminating or reducing exposure to asthma triggers; appropriate use of medications; access to medical care to ensure that the student is receiving appropriate and ongoing medical care; and referral to additional community resources as indicated.

The Emergency Department at MCH is also committed to coordinated care for children affected by Asthma. In January 2013, the Emergency Department will be trialing a new device for aerosolized nebulizers called the AeroEclipse II Breath Actuated Nebulizer (BAN). Current nebulizer devices administer a dosage of medication in approximately 15-20 minutes per 3 ml and the patient receives approximately 2% of the total dosage. The new system will approximately deliver 20% of the medication in about a 3 minute period. The use of this system will help with patient outcomes, decrease ambient loss of medication, decrease amount of time in the ED, and reduce admissions related to Asthma exacerbations.



## Children's Health Priority Area 5 - Insurance and Access to Care

### Indicator 13, Children with health insurance



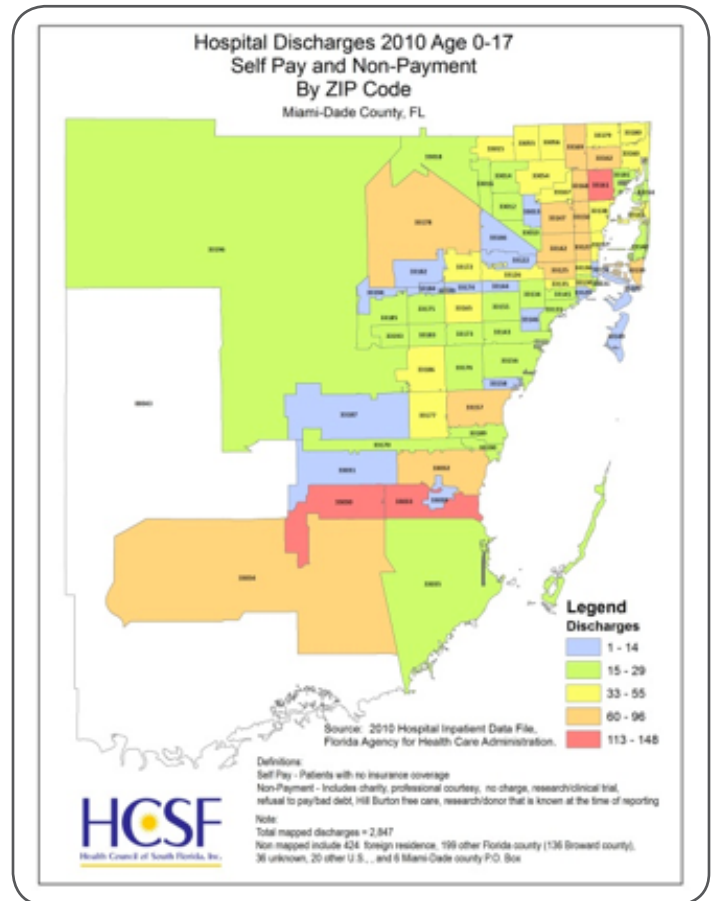
(Better)

In 2010, 83.3% 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 93.8% statewide. This rate has **improved** from 79.2% in 2008.

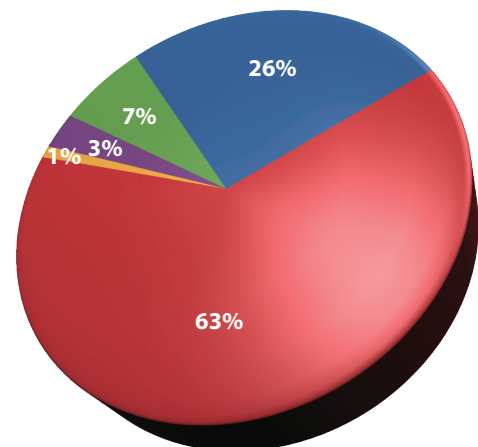
Nearly 17% of children in Miami-Dade County are without insurance. Of the 83.3% who do have coverage, approximately 48% are enrolled in some form of Medicaid, a state-funded health insurance program.

### Safety Net Hospital

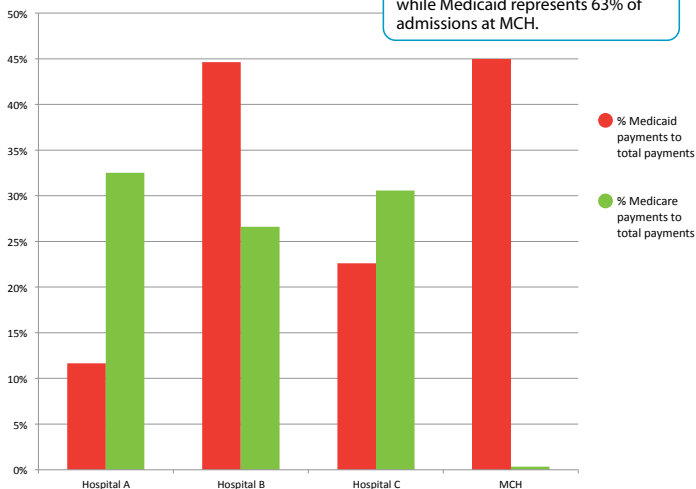
Sixty-seven percent of Miami Children's Hospital patients rely on Medicaid, Medicaid HMOs, Provider Service Networks (PSNs), Children's Medical Services (CMS) or Healthy Kids. This is among the highest rates of any Florida hospital. Children who need access to highly specialized pediatric care are provided for at Miami Children's Hospital, but MCH often cannot recover those costs because Medicaid tends to reimburse below cost. General acute care facilities are able to offset the cost of Medicaid with the income garnered from Medicare, which pays on average two and a half times the rate of Medicaid.



### Miami Children's Hospital Admissions



Total Medicaid payments represent 45% of total payments made to MCH, while Medicare represents 63% of admissions at MCH.



## Data Analysis

According to the CDC, 46 million Americans did not have health insurance in 2009. In 2008, 30.4% of Hispanics, 17% of non-Hispanic blacks, and 9.9% of non-Hispanic white Americans did not have insurance. The interdependence of health outcomes, insurance coverage and access to care is widely recognized, but affordability and the lack of employer offerings are major barriers for the uninsured. Consistent utilization of health care resources within a community has a direct influence on better health outcomes for men, women and children relative to morbidity and mortality rates for chronic diseases and regular maintenance of dental health.

Access to care continues to be limited particularly for young families and their children. More than 450,000 of Miami-Dade's residents do not have health insurance - one out of every five people in the county. In Miami-Dade, 30 percent of Hispanics, 25 percent of Blacks, and 39 percent of people of other ethnicities lack health insurance. Of the uninsured, 120,000 are children. Children ages birth to 9 years represented 21.2 percent of the children without health insurance. KidCare, a state supported health insurance program for children, has seen a decrease in the number of children enrolled.<sup>4</sup> Enrollment has dropped due to a lack of funding. Low income is a better predictor of child-development deficits in the United States than in other countries because our social policies tend to exaggerate rather than minimize the effect of family income on access to preventive and rehabilitative services.<sup>5</sup>

## Role of Miami Children's Hospital & Implementation

Miami Children's Hospital is committed to ensuring that all children, regardless of their ability to pay, receive access to the best in pediatric care. The Eligibility Assistance Unit (EAU) is dedicated to coordinating services for uninsured and underserved children. The department has played a crucial role in helping children in the community obtain medical coverage. On a monthly basis the department helps 500+ children apply for an array of government funded programs; Medicaid, Medicaid SOC, Emergency Medicaid, Florida Healthy Kids. In partnership with the Centers for Medicare

and Medicaid Services, (CMS) Connecting Kids to Coverage initiative, MCH actively works to ensure that families are given the opportunity to enroll children in government sponsored programs.

In March 15, 2012, MCH was acknowledged by CMS as the organization with the largest number of enrollees in the state of Florida and chosen to take part in an Innovations Report to showcase best practices. There are 13 trained eligibility assistance specialists, 2 supervisors, and 1 manager trained to provide 24-hour/7-day a week onsite application assistance and follow up to ensure enrollment into Florida KidCare. The in-reach process begins as soon as a patient arrives at the hospital either through admission or the emergency room. The goal of the In-Reach Program is to ensure that families are educated on the application process, become enrolled and secure a medical home.

MCH also provides school-based health and dental services to uninsured and underinsured children through the Health on Wheels program and Health Connect in Our Schools (HCiOS). The mobile dental and medical units visit Miami-Dade County Public Schools, Head Start Centers and various community sites. The goal of these programs is to reach the underserved children and establish a "medical home" for them, allowing for regular access to healthcare.

MCH has invested \$2.5 million dollars in a robust TeleHealth program. Over the next three years, we will be investing \$6 million to the program that will integrate innovative TeleHealth technology, a global telemedicine command center with video-enabled mobile equipment, and mobile devices with an effective outreach strategy, in order to extend MCH's high-quality pediatric care beyond the hospital's walls. Focusing on promoting easier access and better care and with more effective management, MCH's TeleHealth project is expected to reduce the overall cost of care, ultimately resulting in healthier adults, lower long-term morbidity and mortality risks and a reduction in overall demand on the U.S. healthcare system. Project benefits are countless including: providing access to care in remote areas, improving access to specialists, keeping financial resources in local communities, improving home health care and remote monitoring, savings in time and travel related costs, improving collaboration among providers, improving accuracy of diagnoses/reduction of errors, and better access to medical education/training.

<sup>4</sup> Kids Count/PRB Report On Census 2000, "The Growing Number of Kids in Severely Distressed Neighborhoods: Evidence from the 2000 Census, The Annie E. Casey Foundation and the Population Reference Bureau, Revised October 2003

<sup>5</sup> Garbarino, J. Raising Children in a Socially Toxic Environment (1995). San Francisco: Jossey-Bass Publishers.



## Miami Children’s Hospital Services

In an often challenging health care environment, Miami Children’s Hospital offers hope to our community. MCH offers the most experienced physicians, advanced facilities, and dedicated staff in pediatric care in all of Miami-Dade County. The following brief list reviews Hospital programs and services:

### Dental Mobile Unit

- Dental screenings
- X-rays
- Prophylaxis/cleaning and polishing
- Dental deep cleaning
- Fluoride application
- Sealants
- Restorations
- Education on oral hygiene / demonstration
- Dental supplies and information for dental care

### Health Connect in Our Schools

- Hearing and vision screening
- Blood pressure screenings
- Child health check-ups
- Referral for follow up at the medical home
- Height, weight and body mass index

- Health promotion and education services
- Scoliosis screening
- Nutrition and physical activity
- First aid and emergency care
- Chronic disease management
- Communicable disease control

### Classes on Injury Prevention (SafeKids)

- Court-ordered Child Passenger Restraint Course
- Safe Sitter Program
- Safe Transport of Children with Special Needs
- Safety on Wheels Rallies
- Sport Injury Prevention Workshops to parents and coaches of young athletes.
- Car Seat Station
- Annual Summer Splash

### CMS Primary Care

- Case Management for 600 children with Special Health Care needs
- Provide comprehensive and continual care
- Refer and authorize visits to PCC and sub-specialists
- Educate families on preventive care
- Assist families with funding issues and links them with Medicaid or Florida Kid Care

### Pediatric Sub-Specialties

- Adolescent Medicine
- Allergy/Immunology
- Anesthesiology
- Asthma Center
- Bone Marrow Transplant Program
- Brain Institute
- Brachial Plexus Program

- Cardiology and Congenital Heart Institute
- Cardiovascular Surgery
- Center for Enuresis and Urinary Disorders
- Craniofacial Center
- Critical Care Medicine
- Cystic Fibrosis Center
- Dentistry
- Dermatology
- Emergency Medicine
- Endocrinology
- Epilepsy Program
- Gastroenterology
- Genetics
- Hematology/Oncology (Cancer Center)
- Infectious Diseases
- Limb Discrepancy
- Neuroscience Center
- Neonatology
- Nephrology
- Neurology and Neuropharmacology
- Neurosurgery
- Nutrition
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatric Medicine
- Pediatric Surgery
- Pediatric Trauma Center
- Plastic and Reconstructive Surgery
- Preventive Medicine/Health Promotion
- Psychiatry
- Pulmonology
- Radiology and Neuroradiology
- Rheumatology
- Scoliosis Surgery
- Sleep Disorder Center
- Sports Medicine
- Surgery
- Thoracic Surgery
- Urological Surgery

## Increasing Access

Miami Children’s Hospital offers eight outpatient centers to accommodate the increasing demand for pediatric outpatient services. These facilities are based in Doral, Miami Lakes, Palmetto Bay, Weston, West Kendall and West Palm Beach (see map). The hospital is committed to being “where the children are,” enhancing community access to MCH-quality care and expertise.

### Locations and Services:

#### Nicklaus Outpatient Care Center

11310 Legacy Avenue  
 Palm Beach Gardens, FL 33410  
 - Urgent Care  
 - Speech, Occupational & Physical Therapy  
 - Outpatient Diagnostics  
 - Subspecialty Services

#### Nicklaus Care Center

12989 Southern Boulevard  
 Loxahatchee, FL 33470  
 - Subspecialty Services: Allergy & Immunology, Clinical Genetics, Craniofacial/Plastic & Reconstructive Surgery, Endocrinology, Gastroenterology and Orthopaedic Surgery



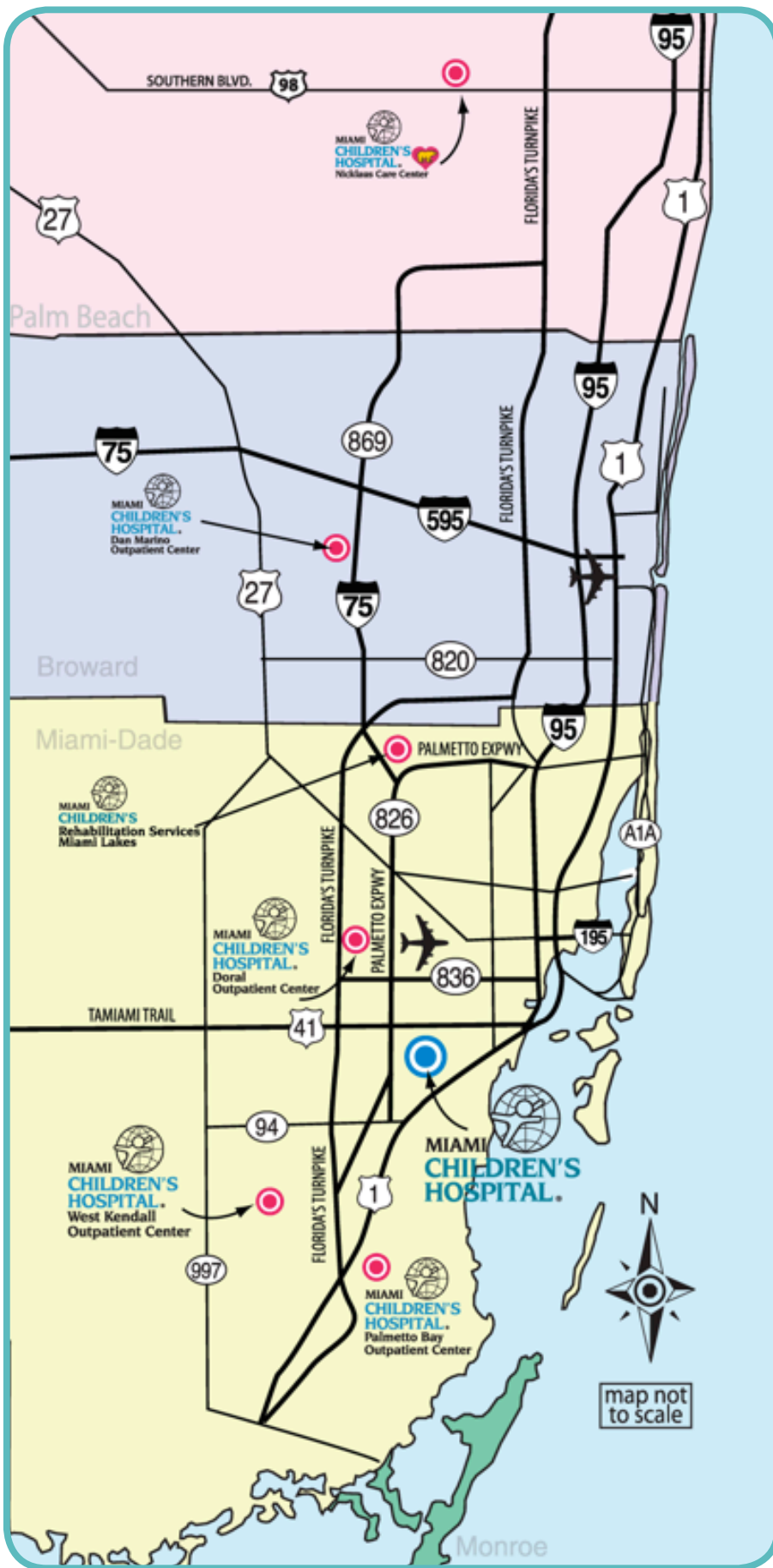
#### Dan Marino Center

2900 S Commerce Parkway  
 Weston, FL 33331  
 - Speech, Feeding/Swallowing, Applied Behavior Analysis, Occupational & Physical Therapy  
 - Outpatient Diagnostics

#### Miramar Outpatient Center

12246 Miramar Parkway  
 Miramar, FL 33025  
 - Urgent Care  
 - Speech, Occupational & Physical Therapy  
 - Outpatient Diagnostics  
 - Subspecialty Services





**Miami Lakes Rehabilitative Services**

145505 Commerce Way  
 Miami Lakes, FL 33016  
 - Speech, Occupational & Physical Therapy  
 - Audiological Services

**Doral Outpatient Center**

3601 NW 107th Avenue  
 Doral, FL 33178  
 - Speech, Feeding/Swallowing, Applied  
 - Behavior Analysis, Occupational & Physical Therapy  
 - Outpatient Diagnostics  
 - Subspecialty Services: Endocrinology & Nephrology  
 - Pediatric Dental Services

**Midtown Outpatient Center**

3915 Biscayne Boulevard  
 Miami, FL 33137  
 - Urgent Care  
 - Speech, Occupational & Physical Therapy  
 - Outpatient Diagnostics  
 - Subspecialty Services

**West Kendall Outpatient Center**

13400 SW 120th Street  
 Miami, FL 33186  
 - Urgent Care  
 - Speech, Occupational & Physical Therapy  
 - Outpatient Diagnostics  
 - Subspecialty Services: Craniofacial/ Plastic & Reconstructive Surgery and Endocrinology  
 - Sports Medicine Program

**Palmetto Bay Outpatient Center**

17615 Franjo Road  
 Palmetto Bay, FL 33157  
 - Urgent Care  
 - Speech, Occupational & Physical Therapy  
 - Outpatient Diagnostics  
 - Subspecialty Services  
 - Sports Medicine Program  
 - Early Steps

# A commitment to improving the health of children in Miami-Dade County and Florida

## Prevention & Treatment for a diverse community

Miami Children's Hospital has a significant role to play in prevention and treatment. MCH strives to create a comprehensive healthcare system that is well-coordinated and seamless. MCH realizes the various challenges our community faces today.

Eight zip codes repeatedly appear in the "red zone" on the asthma, prenatal care, low birth weight babies, infant mortality and teen pregnancy. These zip codes are 33054, 33056, 33127, 33136, 33142, 33147, 33150 and 33167. They comprise neighborhoods that are predominantly African-American and are located just west of the I-95 corridor. These areas require the particular attention of our community.<sup>6</sup> Miami-Dade County has significant health and socioeconomic disparities to address. Less than a fifth of the population is considered middle class. The City of Miami has one of the highest poverty levels in the country. Data from the American Community Survey reveals levels of poverty among African Americans living below the federal poverty level (FPL) which account for 26%, while 17% of Hispanics fall below the FPL, and only 10% of white non-Hispanics. Median annual family income for Hispanics was determined to be \$45,000; while it was \$39,000 for African Americans and more than double for white non-Hispanics, approximately \$84,000. Disparities in educational attainment are also apparent; 92% of non-Hispanic whites possess a high school diploma or better, while the same is true of only 73% of Hispanics, and 72% of African Americans.<sup>7</sup>

Miami-Dade County is a highly diverse community—both in terms of ethnicity and socioeconomics. Poorer neighborhoods face high birth rates and increased rates of high-risk babies, while residents lack access to care due to the expense of health insurance. In Miami-Dade County nearly 45% of residents are uninsured and 17% of children do not have health coverage; still more are underinsured. Children ages birth to 9 years represented 21.2 percent of the children without health insurance. KidCare, a state supported health insurance program for children, has seen a decrease in enrollment due to inadequate funding. Low-income status is a better predictor of child-development deficits in the United States than in other countries.



## Enhancing Quality

Prevention Quality Indicator (PQI) data gathered from hospitalization and emergency room admissions reveal disparities in health observations across Miami-Dade County. PQIs identify avoidable hospital admissions and indicate gaps in service, lack of access, lack of insurance, and poverty. Analysis of 2007-2009 data from the Florida Agency for Healthcare Administration demonstrate increased burdens for a number PQIs (e.g. pediatric asthma) in lower income neighborhoods, such as Overtown, East Little Havana, Little Haiti, Liberty City, and Homestead fare less favorably.

Understanding the analysis of quality data gathered is an essential priority to the Hospital in order focus on addressing gaps in service, lack of access and insurance and the role poverty plays in the community. MCH is currently working on several Children Hospital Association (CHA) collaborative(s) with the Florida Hospital Association (FHA), Hospital Engagement Network (HEN) in conjunction with the American Heart Association (AHA) and their Get With The Guidelines (GWTG) program to enhance the quality of care and safety provided to patients. It is the goal of this initiative and Miami Children's Hospital to reduce harm by forty percent (40%) in one year. MCH has joined the FHA to develop an interdisciplinary team to concentrate efforts on the selection of measures and indicators with the goal of developing strong reduction strategies. MCH has an extensive working relationship with CHA and is presently working on 'The Diagnosing and Managing Sepsis Collaborative' and 'Reducing Harm from IV Infiltrates Collaborative'. Additionally, MCH has been participating with the GWTG program on efforts to review resuscitation practices, patient outcomes and quality improvement initiatives in order to develop new evidence-based guidelines for resuscitation. MCH is the proud recipient of the Silver Recognition for Neonatal Resuscitation efforts from the GWTG program.

<sup>6</sup> Garbarino, J. *Raising Children in a Socially Toxic Environment* (1995). San Francisco: Jossey-Bass Publishers.

<sup>7</sup> Vignucci, Andres. "Miami-Dade is rich, poor, polarized and getting better educated" *Miami Herald* 18 Dec. 2010.



### Removing Barriers to Access

MCH and All Children's Hospital (ACH) in Tampa, Florida have worked together to address pediatric network adequacy and have asked the Florida Agency for Healthcare Administration (AHCA) to require Essential Pediatric Subspecialty Standards for health plans under the Statewide Medicaid Managed Care Managed Medical Assistance Program. The use of Medicare Advantage standards provides efficient guidelines for adults; however, a Medicare Advantage population typically includes very few children. Medicare standards do not adequately address the unique needs of children; their growth patterns, chronic conditions and specific rehabilitative needs. Implementing appropriate standards specific to pediatrics enables both quality access and cost savings. Access to quality pediatric specialty care is paramount to the success of Florida Statewide Medicaid Managed Care. Through the 2013-2014 implementation period of the Statewide Medicaid Managed Care Medical Assistance Program, we will continue to work with AHCA to ensure health plans adopt standards that require any provider designated as a pediatric specialist to be board certified or eligible with demonstrated clinical competence in the treatment of children ages 0 – 6, as such a requirement for HMO networks would ensure that when a physician is represented as a pediatric specialist, access to appropriate care is available.

Miami Children's Hospital advocates for improved Medicaid reimbursement for the care of low-income children at the local and state level. MCH staff also routinely assists families in understanding their insurance policies, albeit in an informal manner. As a community, Miami-Dade must strive to promote awareness and access to preventive health services to improve resident health status and eliminate disparities. Also, as the influence of socioeconomic factors on health outcomes is more widely recognized, partnerships are encouraged between the healthcare, social services, educational and economic sectors to create meaningful change for the children of Miami-Dade County.

### Providing Service Excellence

MCH recognizes that a commitment to service excellence is an essential component to the patient experience. As part of the strategic service initiatives of the hospital, patient satisfaction is addressed proactively through front line care givers and customer service staff. Nursing leaders partner directly with the Department of Patient and Guest Relations to conduct daily, collaborative rounding wherein families' needs are addressed. This effective, real time interaction leads to enhanced communication and supports Miami Children's Hospital's commitment to Family Centered Care. We also value the voice of the Patient. As part of the external patient satisfaction survey process, care providers review families' responses to key questions that are linked to service behaviors and drive overall satisfaction. By focusing on this key input, care providers are able to employ best practices and strategies that align to the Voice of the Patient and drive a commitment to service excellence.

### Sustainability

For sustainable, systematic change, a holistic approach must incorporate health promotion innovations and best practices across all key settings where young children spend time and where change agents can inform and influence decision-making and behavior development. Such environments include: Child Care settings, neighborhoods and communities, homes and health care provider offices and settings. While schools and workplaces also are key locations for interventions, these four environments are the primary settings for health promotion and prevention of early childhood obesity.

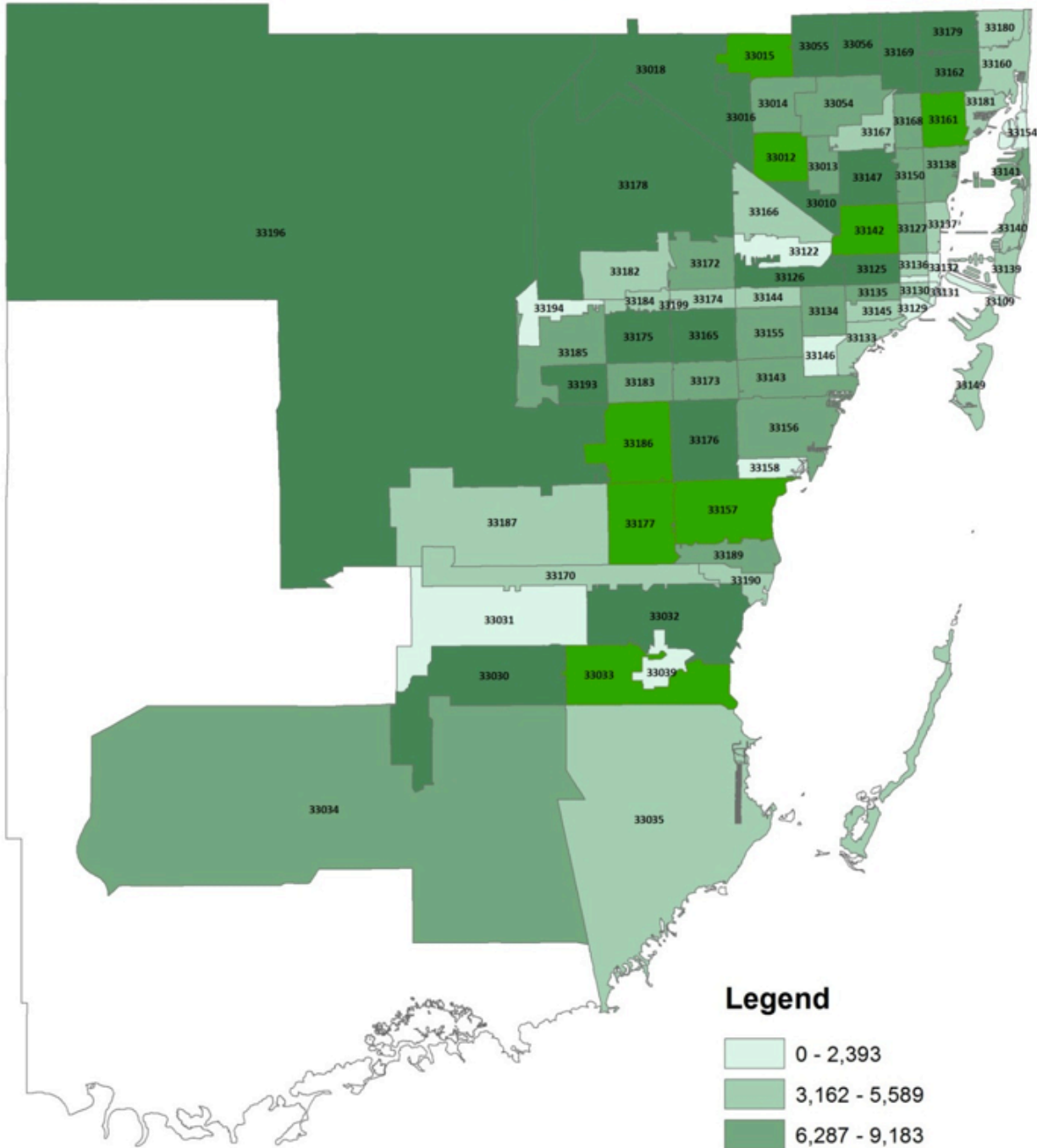
Identifying relevant funding sources and developing creative financing strategies to support and sustain such work is key. Forming collaborative relationships and creating varied portfolios of funding streams also are critical to creating interventions that successfully address the many facets of obesity prevention.

### Implementation

Over the next **5** years, Miami Children's Hospital will work toward finding solutions based on recommendations provided under each priority area. In many respects, MCH has begun creating programs and partnerships to begin improving outcomes and enhancing access.

# Population Age 0 - 17 Years by Zip Code 2012

Miami-Dade County, FL



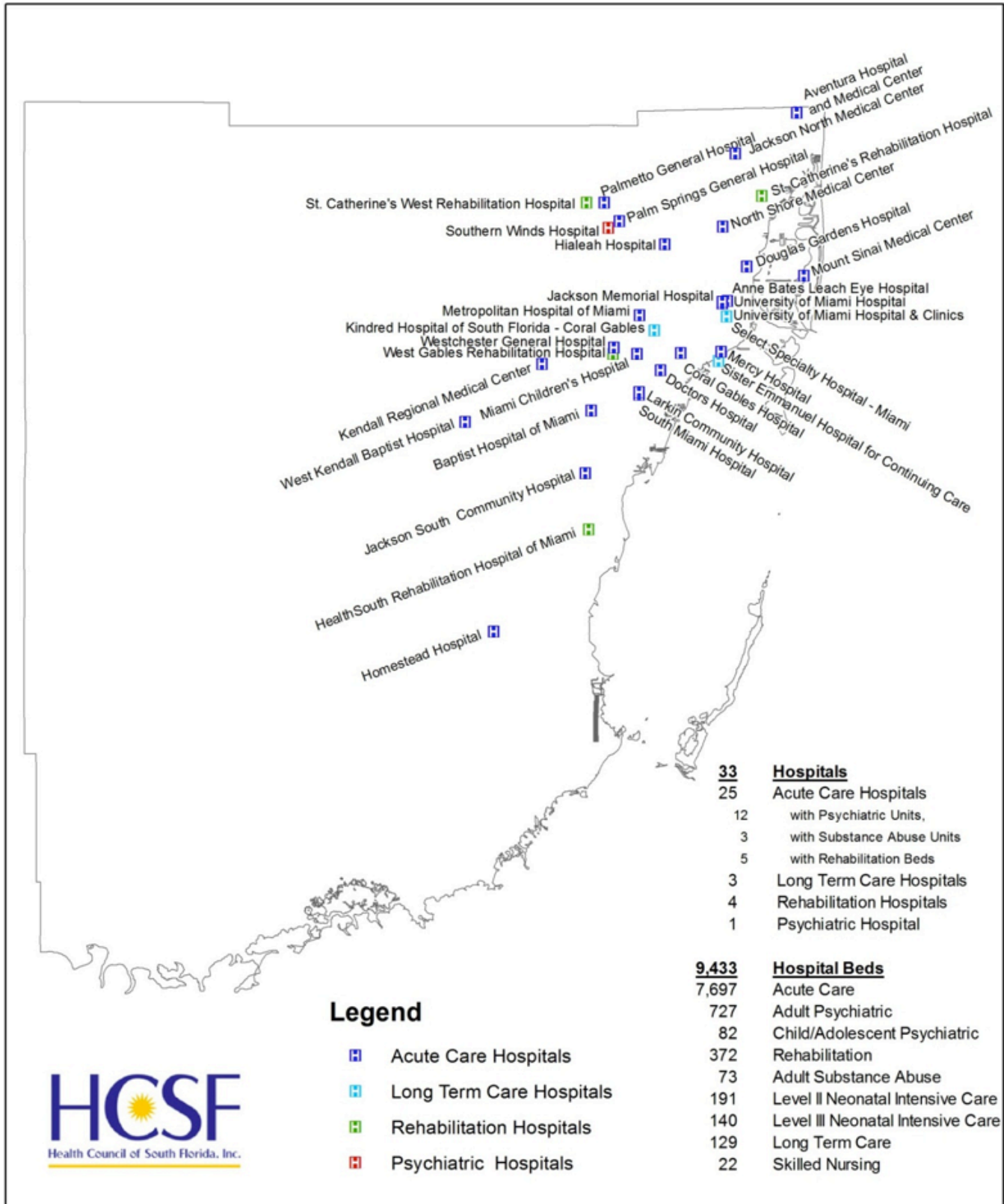
## Legend



Source: Nielsen Claritas, The Nielsen Company

# Hospitals

Miami-Dade County, FL

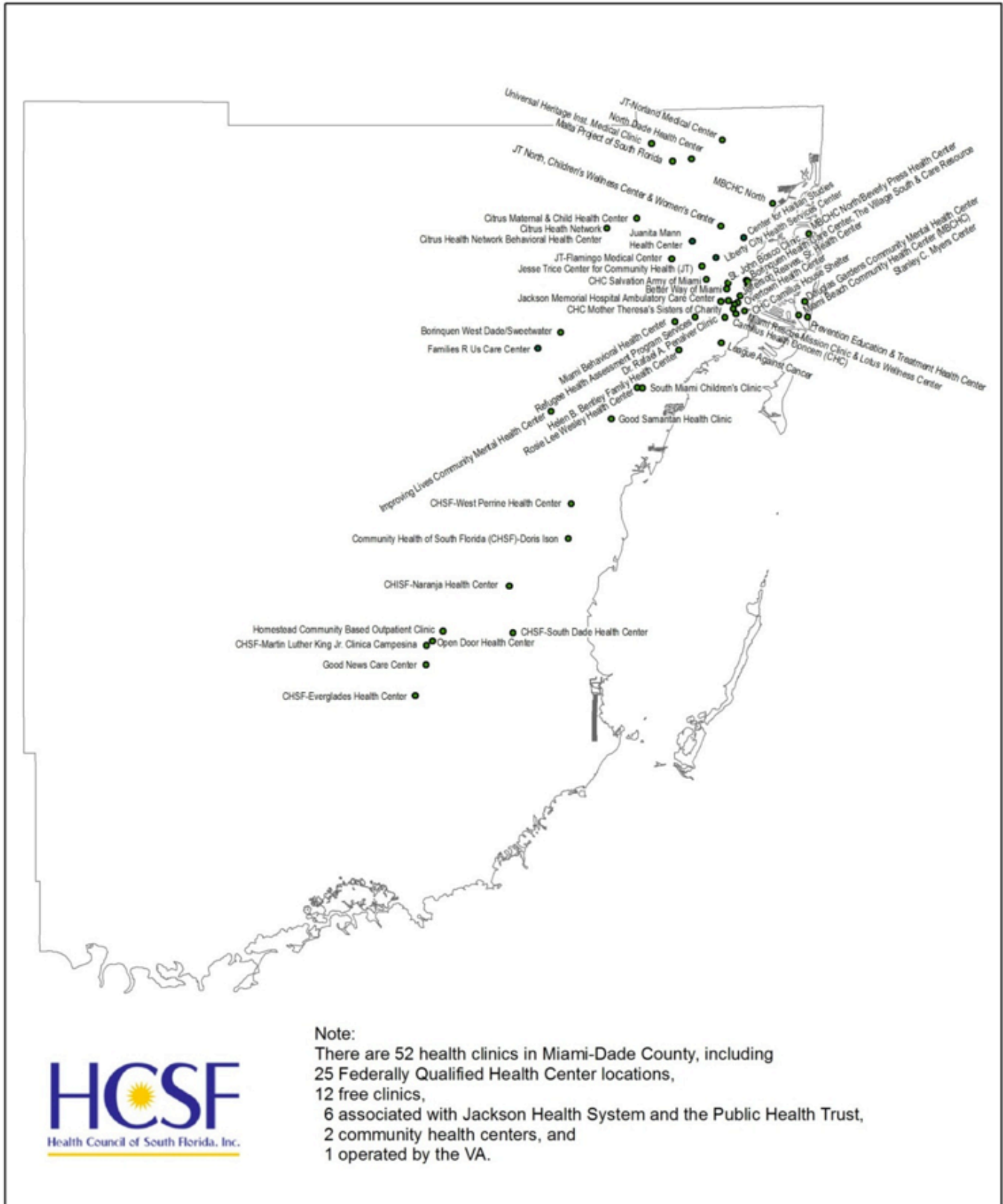


Appendix C: Miami-Dade County Health Clinics Map

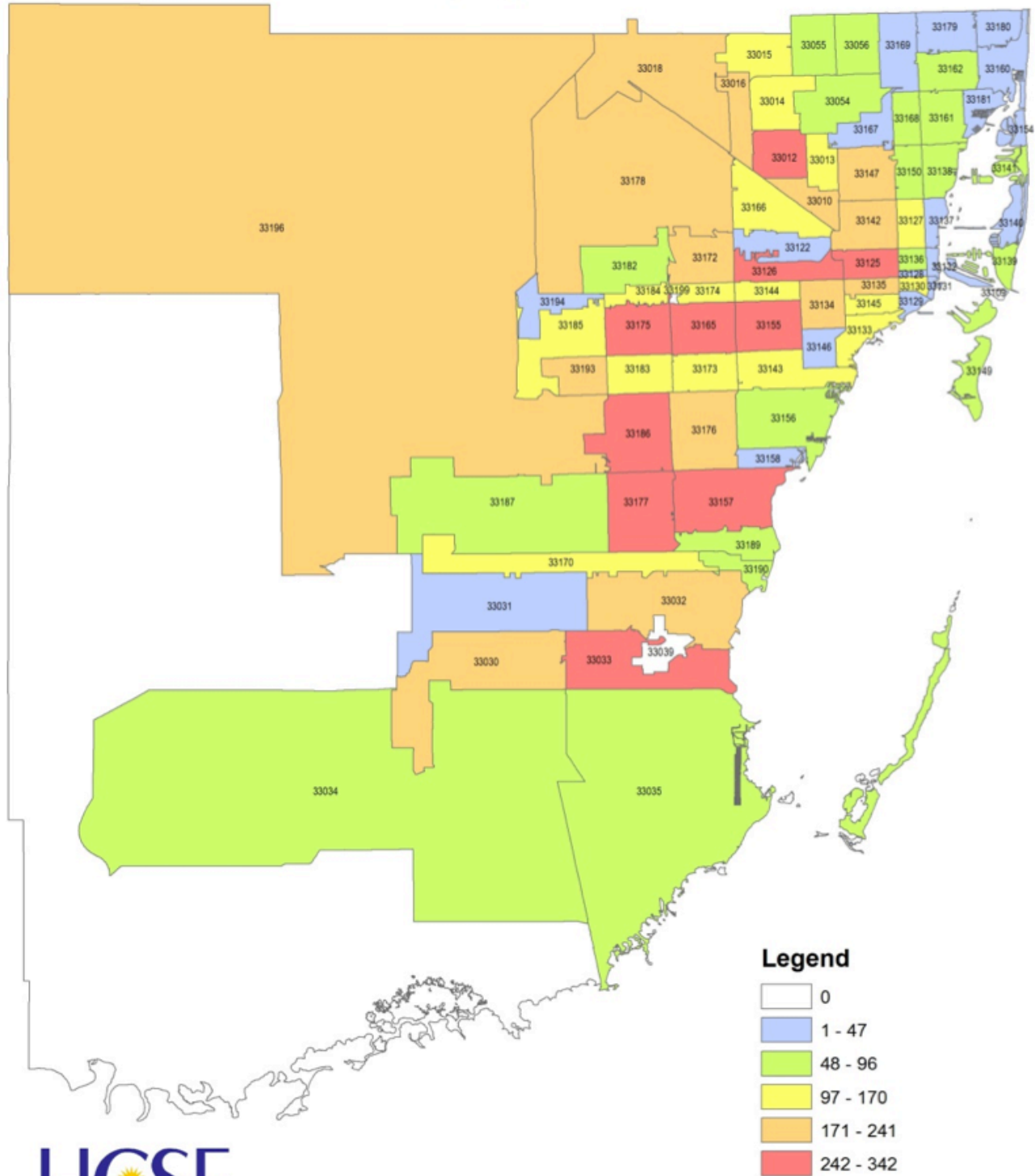
# Health Clinics

Community Health Centers, Public Health Centers, Federally Qualified Health Centers, and Free Clinics

Miami-Dade County, FL

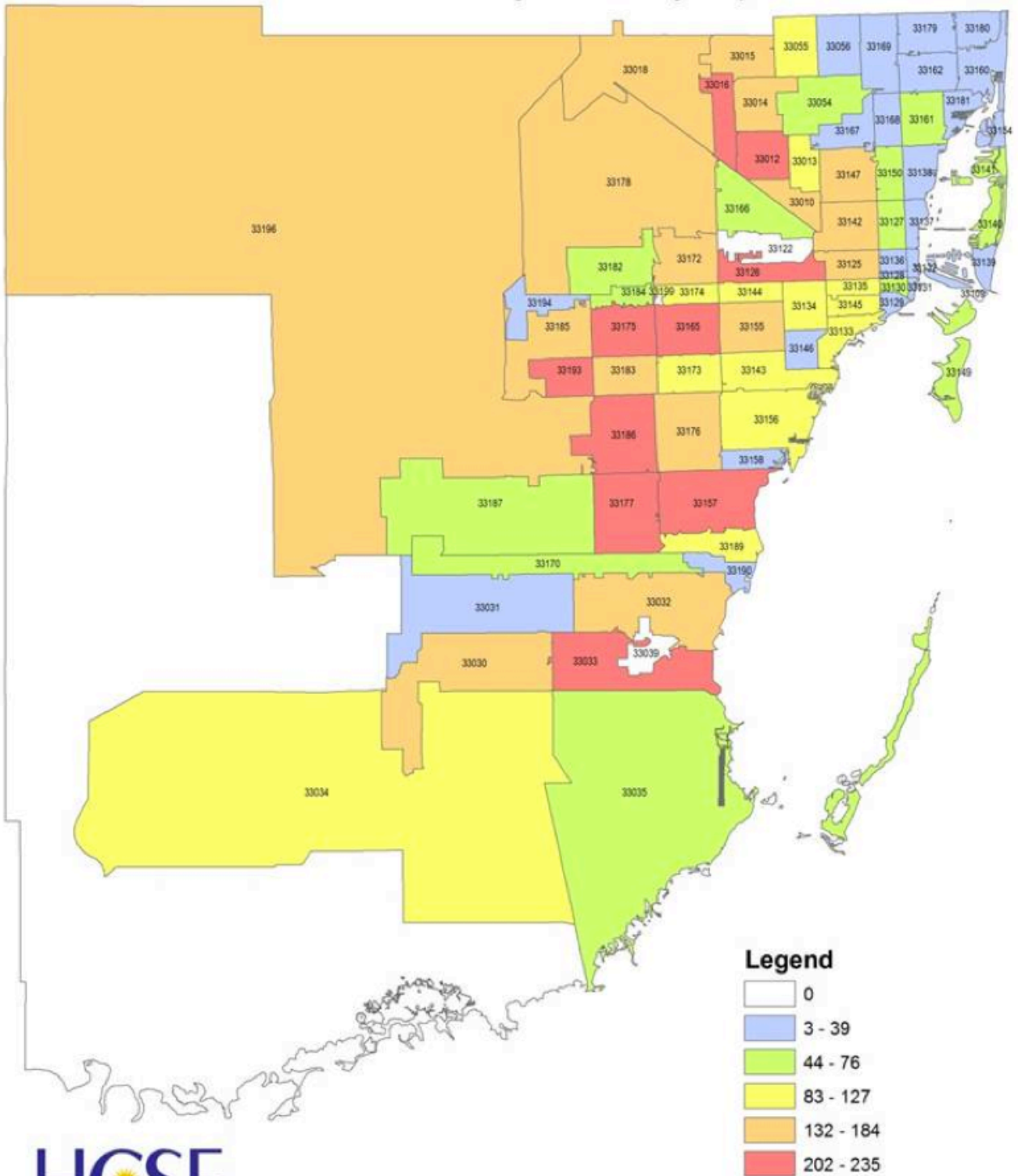


## Miami Children's Hospital 2010 Miami-Dade County Resident Discharges by Zip Code



Source: 2010 Hospital Inpatient Data File,  
Florida Agency for Health Care Administration

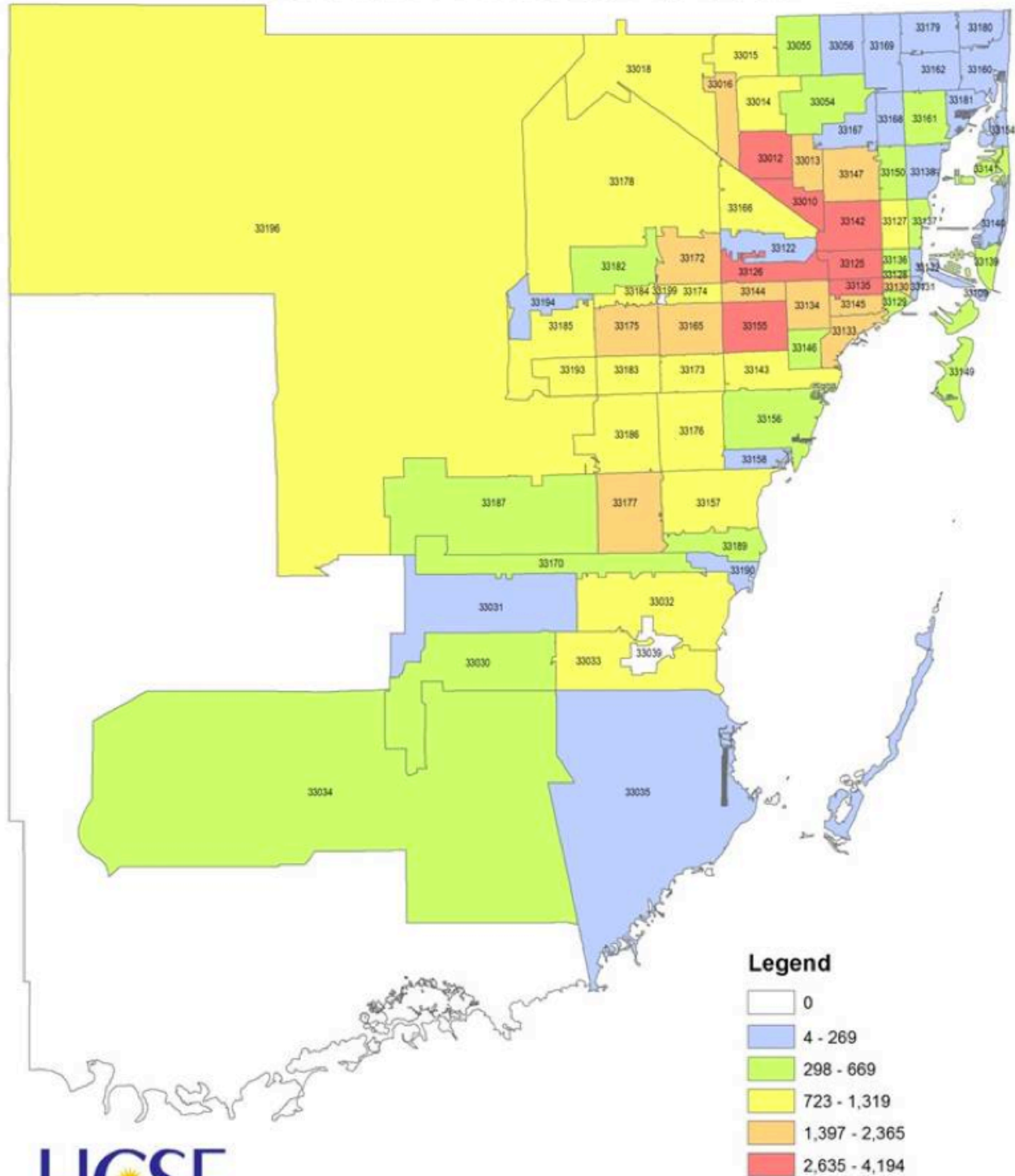
## Miami Children's Hospital 2010 Miami-Dade County Resident Ambulatory Visits by Zip Code



Source: 2010 Ambulatory Patient Data File,  
Florida Agency for Health Care Administration



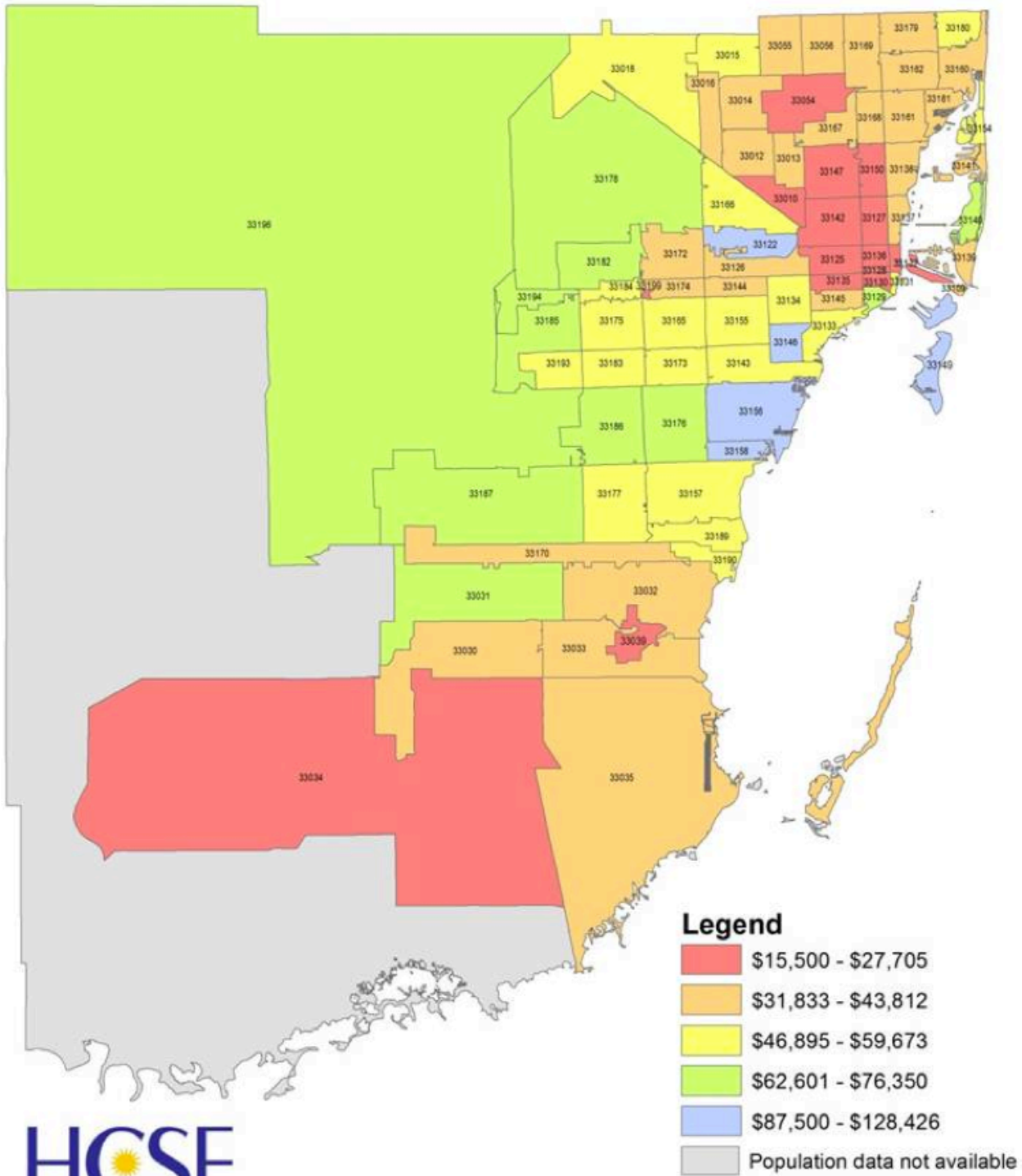
## Miami Children's Hospital 2010 Miami-Dade County Resident ER Visits by Zip Code



Source: 2010 Hospital Emergency Department Patient Data File,  
Florida Agency for Health Care Administration

# Median Household Income 2011

Miami-Dade County Zip Codes



Source: Nielsen Claritas, The Nielsen Company



Founded in 1950 by Variety Clubs International, Miami Children's Hospital® is South Florida's only licensed specialty hospital exclusively for children, with more than 650 attending physicians and over 130 pediatric sub-specialists. The 289-bed hospital is renowned for excellence in all aspects of pediatric medicine and its subspecialty programs are routinely ranked among the best in the nation by *U.S. News & World Report*. Miami Children's is also home to the largest pediatric teaching program in the southeastern United States and has been designated an American Nurses Credentialing Center (ANCC) Magnet facility, the nursing profession's most prestigious institutional honor.





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