Sylvester Comprehensive Cancer Center

Community Health Needs Assessment

May 24, 2013

SYLVESTER
COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HEALTH SYSTEM

Carnahan Group
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Introduction

Sylvester Comprehensive Cancer Center at a Glance

Sylvester Comprehensive Cancer Center (SCCC), located in Miami, Florida, is part of University of Miami Health System (UMHS), a network consisting of three hospitals: University of Miami Hospital, Sylvester Comprehensive Cancer Center and Bascom Palmer Eye Institute. SCCC primarily serves Miami-Dade County, although its satellite offices in Kendall, Deerfield Beach and Plantation provide services to neighboring counties. University of Miami Health System is South Florida's only university health system.

SCCC functions primarily as an outpatient cancer treatment center, though the facility has 40 inpatient beds. The physicians and scientists at Sylvester are on the faculty at the University of Miami Miller School of Medicine and are engaged in a number of research activities annually.

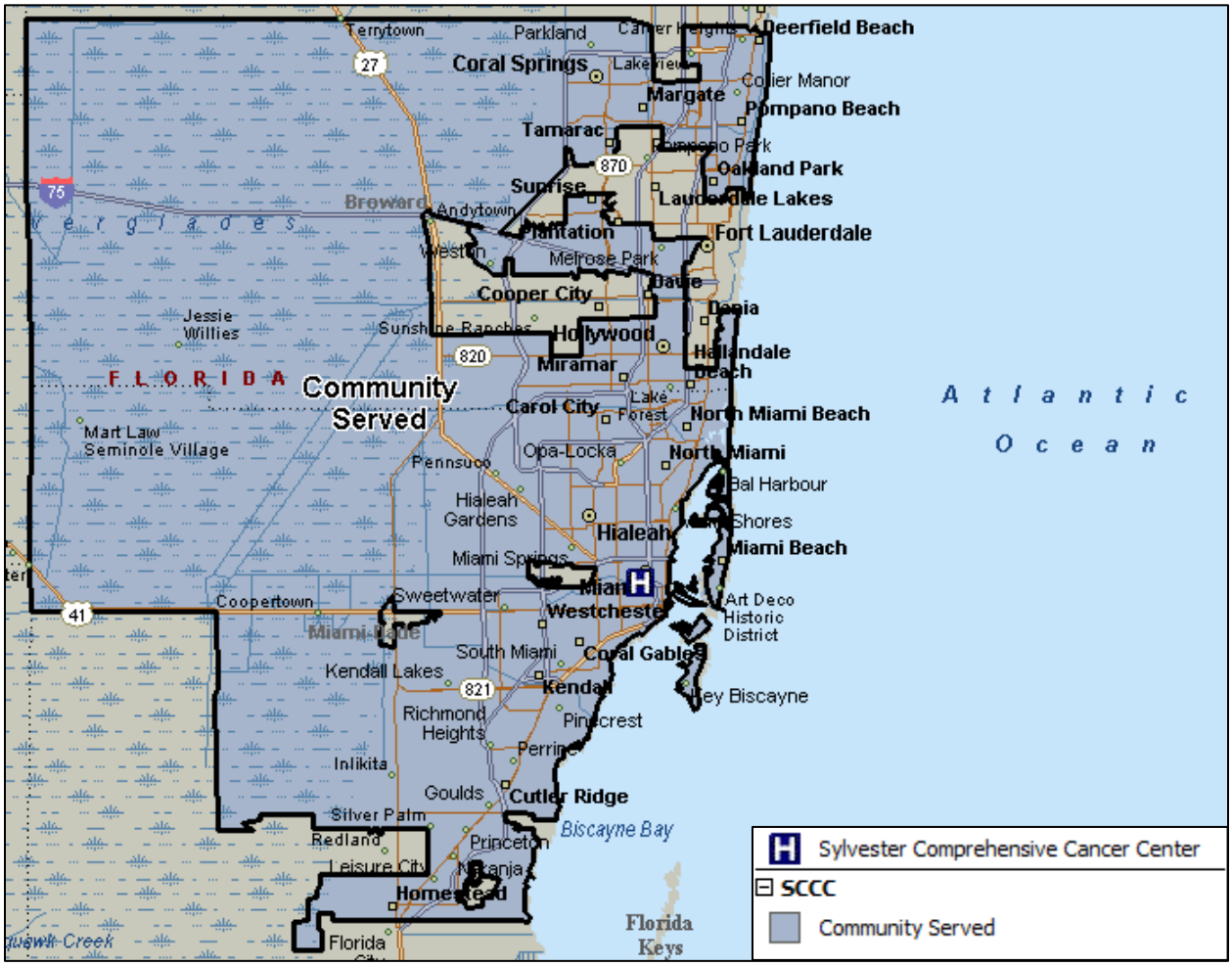
Community Overview

For the purpose of this report, Sylvester Comprehensive Cancer Center's primary service area was used to define the hospital community. Though the CHNA will focus on this service area, SCCC treats patients from Florida, the United States and other countries. The community for SCCC includes the following 101 ZIP Codes:

ZIP Code	Community	ZIP Code	Community	ZIP Code	Community
33012	Hialeah	33147	Miami	33317	Fort Lauderdale
33186	Miami	33016	Hialeah	33173	Miami
33015	Hialeah	33010	Hialeah	33030	Homestead
33024	Hollywood	33021	Hollywood	33013	Hialeah
33157	Miami	33196	Miami	33180	Miami
33023	Hollywood	33321	Fort Lauderdale	33174	Miami
33025	Hollywood	33324	Fort Lauderdale	33060	Pompano Beach
33027	Hollywood	33155	Miami	33133	Miami
33165	Miami	33055	Opa Locka	33326	Fort Lauderdale
33177	Miami	33162	Miami	33143	Miami
33175	Miami	33179	Miami	33156	Miami
33161	Miami	33160	North Miami Beach	33076	Pompano Beach
33064	Pompano Beach	33014	Hialeah	33145	Miami
33142	Miami	33169	Miami	33054	Opa Locka
33033	Homestead	33139	Miami Beach	33127	Miami
33125	Miami	33009	Hallandale	33308	Fort Lauderdale
33065	Pompano Beach	33172	Miami	33185	Miami
33063	Pompano Beach	33134	Miami	33334	Fort Lauderdale
33176	Miami	33071	Pompano Beach	33150	Miami
33312	Fort Lauderdale	33032	Homestead	33325	Fort Lauderdale
33029	Hollywood	33183	Miami	33442	Deerfield Beach
33018	Hialeah	33322	Fort Lauderdale	33028	Pembroke Pines
33178	Miami	33135	Miami	33138	Miami
33126	Miami	33056	Miami Gardens	33067	Pompano Beach
33193	Miami	33141	Miami Beach	33144	Miami

ZIP Code	Community
33441	Deerfield Beach
33130	Miami
33069	Pompano Beach
33168	Miami
33189	Miami
33062	Pompano Beach
33166	Miami
33140	Miami Beach
33184	Miami
33137	Miami
33181	Miami
33167	Miami
33131	Miami
33187	Miami
33066	Pompano Beach
33146	Miami
33019	Hollywood
33129	Miami
33154	Miami Beach
33182	Miami
33136	Miami
33149	Key Biscayne
33170	Miami
33132	Miami
33128	Miami
33158	Miami

The map below represents the community served by the SCCC for the purposes of the CHNA.



Source: UMH, Microsoft MapPoint 2013

Purpose

Community Health Needs Assessment Background

On October 5, 2012, UMHS contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about the Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3). Additionally, if a hospital organization operates more than one hospital facility, section 501(r)(2)(B)(i) requires the organization to meet all of the section 501(r)(1) requirements, including the CHNA requirements, separately with respect to each hospital facility. Therefore, separate CHNAs are being conducted for the University of Miami Hospital and Bascom Palmer Eye Institute.

A CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for SCCC that addresses the community health needs will be developed and adopted by the end of fiscal year 2013.

Requirements

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs;

- A description of information gaps that impacted SCCC ability to assess the health needs of the community served;
- The identification of all organizations with which SCCC collaborated, if applicable, including their qualifications;
- A description of how SCCC took into account input from persons who represented the broad interests of the community served by SCCC, including those with special knowledge of or expertise in public health and any individual providing input who was a leader or representative of the community served by SCCC;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by SCCC, which included those with special knowledge of or expertise in public health;
- Identifying federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by SCCC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by SCCC and,
- Consultation or input from other persons located in and/or serving SCCC community, such as:
    - Health care community advocates;
    - Nonprofit organizations;
    - Academic experts;
    - Local government officials;
    - Community-based organizations, including organizations focused on one or more health issues;
    - Health care providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs;

The sources used for SCCC's CHNA are provided in the Reference List and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews and focus groups that included various community leaders and cancer experts.

Health Profile

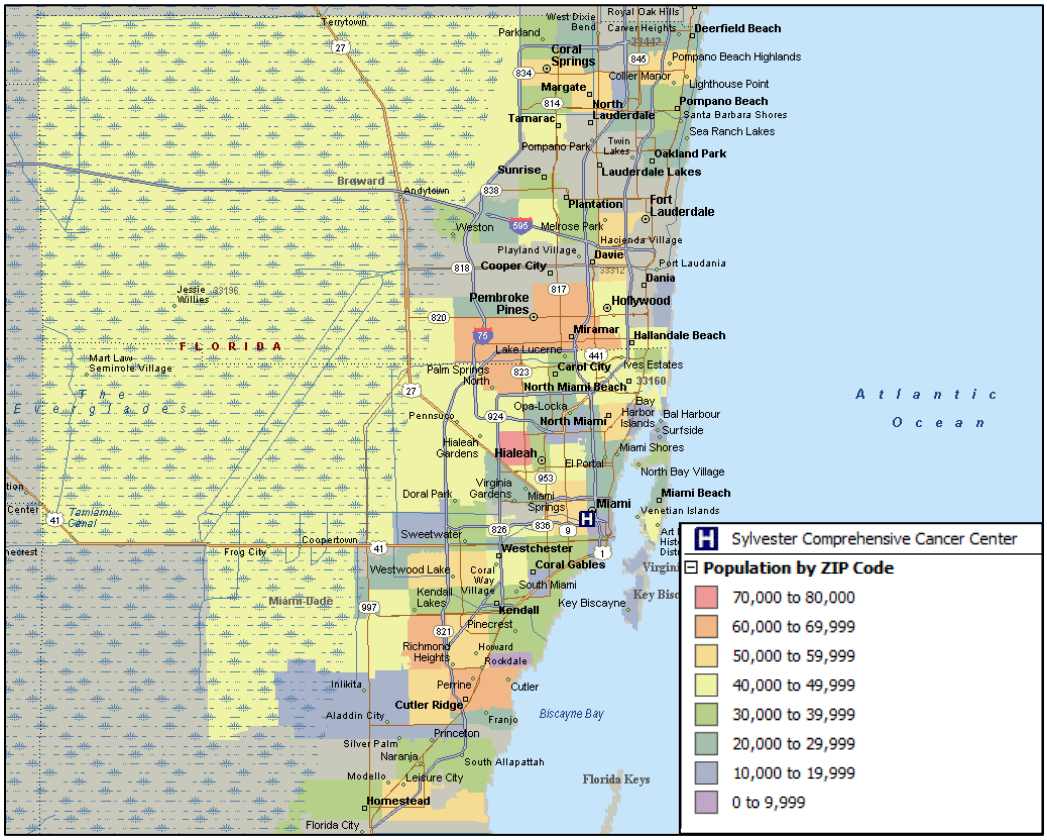
Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by Sylvester Comprehensive Cancer Center Hospital (SCCC). Commonly used data sources include Claritas, Florida Cancer Data System (FCDS) and Florida Community Health Assessment Resource Tool Set (CHARTS). County-level demographic and health indicators for Miami-Dade, Broward and Palm Beach Counties are displayed in this report. For comparison, Florida estimates are presented where applicable.

Demographics

Population in SCCC's Service Area

Figure 1 – Population Density by ZIP Code, 2012



Sources: Claritas 2012; Microsoft MapPoint 2013

Population Change by Age and Gender

In SCCC's service area, the population of residents ages 65 and older is expected to grow substantially (15.0%) over the next five years. Moderate population growth is expected for individuals ages 45-64 (9.3%). Slight population growth is expected for children ages 0-17 (4.0%) and residents ages 18-44 (1.3%).

Table 1 – Population by Age and Gender, 2012-17

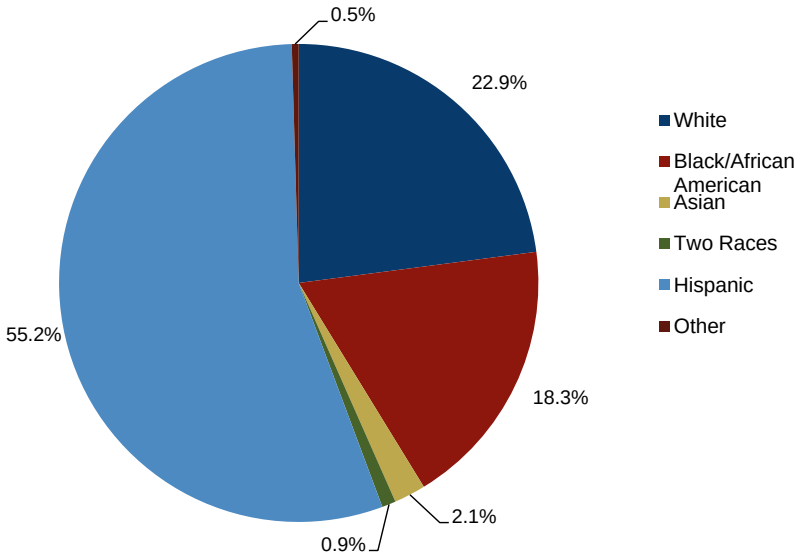
	2012			2017			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 17	406,365	388,008	794,373	422,713	403,625	826,338	4.0%	4.0%	4.0%
Age 18 through 44	672,368	678,913	1,351,281	684,705	683,921	1,368,626	1.8%	0.7%	1.3%
Age 45 through 64	481,998	523,327	1,005,325	529,985	569,286	1,099,271	10.0%	8.8%	9.3%
Age 65 and Older	237,596	332,281	569,877	273,825	381,586	655,411	15.2%	14.8%	15.0%
Total	**1,560,731**	**1,590,248**	**3,150,979**	**1,637,403**	**1,656,832**	**3,294,235**	**4.9%**	**4.2%**	**4.5%**

Source: Claritas 2012

Population by Race and Ethnicity

The most common race/ethnicity in the service area is Hispanic (55.2%), followed by white (22.9%), black/African American (18.3%), Asian (2.1%), individuals of two races (0.9%) and other races (0.5%).

Figure 2 – Race Composition, 2012



Source: Claritas 2012

Population Change by Race and Ethnicity

Substantial population growth is expected for Asians (12.7%), Hispanics (12.1%) and other races (11.0%). The black/African American population is expected to grow moderately (8.2%). Population declines are expected for whites (-9.6%) and individuals of two races (-15.9%).

Table 2 – Population Change by Race and Ethnicity, 2012-17

Race & Ethnicity	Population 2012	Population 2017	Percent Change
White	852,800	771,331	-9.6%
Black/African American	682,368	738,069	8.2%
Asian	79,335	89,397	12.7%
Two Races	34,764	29,220	-15.9%
Hispanic	2,054,332	2,302,467	12.1%
Other	17,257	19,162	11.0%

Source: Claritas 2012

Population Change in Select Age Groups

By 2017, the population of residents ages 65 and older is expected to grow by 15.0%. Slight population growth is expected for children ages 0-17 (4.0%) and marginal population growth is expected for women at childbearing age (0.5%).

Table 3 – Population Change for Special Populations, 2012-17

Age Group	Population 2012	Population 2017	Percent Change
Children 0-17	794,373	826,338	4.0%
Women 15-44	747,039	750,962	0.5%
Individuals 65 and Older	569,877	655,411	15.0%

Source: Claritas 2012

Socioeconomic

Socioeconomic Characteristics

According to the 2011 annual average unemployment rates reported by the U.S. Bureau of Labor Statistics, unemployment rates in Miami-Dade County (11.3%) and Palm Beach County (10.8%) are slightly higher than Florida's (10.5%), while Broward County's is lower (9.2%).

According to the U.S. Census 2010 American Community Survey (ACS), Miami-Dade County has a lower median household income ($42,157) than Florida ($46,077), while Broward and Palm Beach Counties have higher median household incomes ($49,903 and $51,412, respectively). Poverty thresholds are determined by family size, number of children and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2010, the poverty threshold for a family of four was $22,314. The ACS estimates indicate that 17.2% of Miami-Dade County residents, 13.2% of Broward County residents, 13.5% of Palm Beach County residents and 15.0% of Florida residents are living below poverty level. Children in Miami-Dade and Palm Beach Counties are about as likely to be living below poverty level (22.0% and 20.7%, respectively) compared to all children in Florida (21.3%), while children in Broward County are less likely to be living below poverty level (17.0%).

Table 4 – Socioeconomic Indicators

	Miami-Dade County	Broward County	Palm Beach County	Florida
Unemployment Rate, 2011 annual average[1]	11.3%	9.2%	10.8%	**10.5%**
Median Household Income, 2008-2010[2]	$42,157	$49,903	$51,412	**$46,077**
Individuals Below Poverty Level, 2008-10[2]	17.2%	13.2%	13.5%	**15.0%**
Children Below Poverty Level, 2008-10[2]	22.0%	17.0%	20.7%	**21.3%**

[1]Source: Bureau of Labor Statistics

[2]Source: Census - American Community Survey

Education

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents 25 years and older. The ACS 2008-2010 estimates indicate that the percentage of individuals 25 years and older with less than a high school degree is substantially higher in Miami-Dade County (23.0%) compared to Florida (14.6%), while the percentages in Broward and Palm Beach Counties are lower (12.8% and 13.0%, respectively). In Miami-Dade County, 77.0% of residents have either a high school degree or equivalent or a bachelor's degree, compared to 87.2% in Broward County, 87.0% in Palm Beach County and 85.4% in Florida.

Table 5 – Highest Level of Education Completed by Persons 25 Years and Older, 2008-10

	Miami-Dade County	Broward County	Palm Beach County	Florida
Less than a High School Degree	23.0%	12.8%	13.0%	**14.6%**
High School Degree	50.8%	57.7%	55.2%	**59.7%**
Bachelor's Degree	26.2%	29.5%	31.8%	**25.7%**

Source: Census - American Community Survey

Reading and Math Proficiency

Fourth grade math and reading proficiencies are similar in Miami-Dade County, Broward County, Palm Beach County and Florida. Broward and Palm Beach Counties have higher percentages of eighth grade students proficient in math and reading compared to Miami-Dade County and Florida (see Table 6).

Table 6 – Reading and Math Proficiency among 4th and 8th Graders, 2011

	Miami-Dade County	Broward County	Palm Beach County	Florida
4th Grade Students Proficient in Math	75.0%	77.0%	75.0%	**74.0%**
4th Grade Students Proficient in Reading	69.0%	72.0%	70.0%	**71.0%**
8th Grade Students Proficient in Math	66.0%	72.0%	77.0%	**68.0%**
8th Grade Students Proficient in Reading	52.0%	58.0%	58.0%	**55.0%**

Source: Florida Department of Education

Built Environment

A community's built environment refers to structures influenced and created by humans. This includes infrastructure, buildings, parks, restaurants, grocery stores, recreational facilities and other structures that affect how people interact and the health status of the community. Business and shopping amenities such as farmers markets and fast food restaurant density are factors that contribute to the community's health.

According to the USDA Food Environment Atlas, there are substantially more fast food restaurants in Miami-Dade, Broward and Palm Beach Counties compared to farmer's markets and grocery stores (see Table 7). There are eight recreational and fitness facilities per 100,000 residents in Miami-Dade County, 10 per 100,000 in Broward County and 12 per 100,000 in Palm Beach County.

Table 7 – Select Built Environment Characteristics, 2009

	Miami-Dade County	Broward County	Palm Beach County
Farmer's Market Density	1.0	1.0	1.0
Fast Food Restaurant Density	58.0	68.0	63.0
Grocery Store Density	24.0	21.0	20.0
Recreation and Fitness Facility Rate	8.0	10.0	12.0

Source: USDA Food Environment Atlas

Rates are per 100,000 population

Cancer Incidence Rates, Mortality Rates and Associated Screenings

Select Cancer Incidence

All malignant site cancer incidence is higher in Miami-Dade County (342.3 per 100,000) and Florida (337.2 per 100,000) than in Broward County (292.5 per 100,000) and Palm Beach County (291.0 per 100,000).

In Miami-Dade, Broward and Palm Beach Counties, breast cancer is the leading form of cancer incidence (48.3 per 100,000, 46.9 per 100,000 and 51.8 respectively). Breast cancer is the second leading form of cancer incidence in Florida (51.3 per 100,000).

Lung and bronchus cancer incidence rates in Miami-Dade, (41.0 per 100,000), Broward (39.5 per 100,000) and Palm Beach (38.7 per 100,000) Counties are similar and all lower than Florida's rate (52.1 per 100,000).

Men in Miami-Dade County are more likely to develop prostate cancer (41.0 per 100,000) compared to men in Broward County (25.4 per 100,000), Palm Beach County (22.6 per 100,000) and Florida (31.5 per 100,000).

Colorectal cancer incidence in Miami-Dade County (35.4 per 100,000) is higher than in Broward County (28.6 per 100,000), Palm Beach County (26.0 per 100,000) and Florida (30.7 per 100,000).

Non-Hodgkins lymphoma incidence rates are similar in Miami-Dade County (15.2 per 100,000), Broward County (13.6 per 100,000), Palm Beach County (13.7 per 100,000) and Florida (14.2 per 100,000).

Incidence rates of other common cancers can be found in Table 8.

Table 8 – Select Cancer Incidence Rates, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
All Malignant Sites	342.3	292.5	291.0	**337.2**
Breast	48.3	46.9	51.8	**51.3**
Lung and Bronchus	41.0	39.5	38.7	**52.1**
Prostate	41.0	25.4	22.6	**31.5**
Colorectal	35.4	28.6	26.0	**30.7**
Non-Hodgkins Lymphoma	15.2	13.6	13.7	**14.2**
Thyroid	13.9	11.6	9.1	**10.0**
Head and Neck	12.7	10.7	11.5	**13.6**
Pancreas	10.0	9.8	8.1	**9.4**
Leukemia	9.5	7.0	8.7	**9.1**
Stomach	7.3	4.3	4.3	**5.0**
Melanoma of the Skin	6.7	11.6	11.3	**12.8**
Brain	5.4	4.6	4.8	**5.2**
Liver	5.1	3.9	4.0	**4.8**
Cervix Uteri	5.1	3.4	2.4	**3.9**
Esophagus	2.6	2.8	2.9	**3.6**
Small Intestine	1.9	1.0	1.3	**1.6**
Gallbladder	1.3	0.8	0.8	**0.8**
Bones and Joints	1.0	0.7	0.5	**0.8**

Source: Florida Cancer Data System

Rates are per 100,000 population

Select Cancer Mortality

In Miami-Dade County, cancer is the second leading cause of death.[1] All malignant site cancer mortality in Miami-Dade County (139.8 per 100,000), Broward County (132.2 per 100,000) and Palm Beach County (133.0 per 100,000) are similar and lower than Florida's rate (153.4 per 100,000).

In Miami-Dade County, Broward County, Palm Beach County and Florida, lung and bronchus cancer is the leading form of cancer mortality (see Table 9).

Breast cancer mortality rates are similar in Miami-Dade County (10.8 per 100,000), Broward County (10.4 per 100,000), Palm Beach County (10.1 per 100,000) and Florida (11.0 per 100,000).

Palm Beach County has a higher pancreatic cancer mortality rate (10.9 per 100,000) compared to Miami-Dade County (9.9 per 100,000), Broward County (9.3 per 100,000) and Florida (9.6 per 100,000).

Men in Miami-Dade County are slightly more likely to die from prostate cancer (8.4 per 100,000) compared to men in Broward County (7.0 per 100,000) and Florida (7.2 per 100,000). Palm Beach County's prostate cancer mortality rate is substantially lower (5.9 per 100,000).

Non-Hodgkins lymphoma mortality rates are similar in Miami-Dade County (6.5 per 100,000), Broward County (6.0 per 100,000), Palm Beach County (6.5 per 100,000) and Florida (5.9 per 100,000).

Mortality rates from other common cancers can be found in Table 9.

[1] Florida CHARTS. (2012). *Florida Death Rate Query System.* Retrieved from web site: http://www.floridacharts.com/FLQUERY/Death/DeathRate.aspx

Table 9 – Select Cancer Mortality Rates, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
All Malignant Sites	139.8	132.2	133.0	**153.4**
Lung and Bronchus	30.1	31.6	34.7	**43.4**
Colorectal	14.7	12.8	11.3	**13.1**
Breast	10.8	10.4	10.1	**11.0**
Pancreas	9.9	9.3	10.9	**9.6**
Prostate	8.4	7.0	5.9	**7.2**
Non-Hodgkins Lymphoma	6.5	6.0	6.5	**5.9**
Leukemia	5.7	5.5	5.5	**5.8**
Liver	5.1	4.0	3.7	**4.3**
Stomach	4.2	3.1	2.9	**2.9**
Brain	4.0	2.7	3.0	**3.8**
Head and Neck	3.1	2.6	2.7	**3.8**
Esophagus	2.9	2.6	3.5	**3.9**
Cervix Uteri	1.2	1.1	0.6	**1.4**
Melanoma of the Skin	1.0	2.0	2.3	**2.6**
Gallbladder	0.8	0.5	0.5	**0.5**
Thyroid	0.5	0.1	0.5	**0.4**
Bones and Joints	0.4	0.4	0.5	**0.4**
Small Intestine	0.2	0.5	0.4	**0.3**

Source: Florida Cancer Data System

Rates are per 100,000 population

Breast and Reproductive Cancer Screening

The American Cancer Society recommends that women ages 40 and older receive a clinical breast exam and mammography yearly (for as long as a woman is in good health).Women ages 40 and older in Miami-Dade, Broward and Palm Beach Counties are more likely to have received a mammogram in the past year compared to all women ages 40 and older in Florida (see Table 10).

Women ages 40 and older in Palm Beach County are more likely to have had a clinical breast exam compared to women ages 40 and older in Miami-Dade County, Broward County and Florida (see Table 10).

Women ages 18 and older in Broward and Palm Beach Counties are more likely to have received a Pap test in the past year (61.1% and 61.4%, respectively) compared to women ages 18 and older in Miami-Dade County (56.9%) and all women ages 18 and older in Florida (57.1%).

Women ages 18 and older in Palm Beach County are more likely to have had a clinical breast exam in the past year (67.8%) than women ages 18 and older in Miami-Dade County, Broward County and Florida (59.6%, 62.6% and 61.5%, respectively).

Table 10 – Reported Breast and Reproductive Cancer Screenings in Women, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
Received a mammogram in the past year*	64.2%	65.6%	71.2%	**61.9%**
Had a clinical breast exam in the past year*	63.2%	64.2%	70.8%	**63.2%**
Received a Pap test in the past year^	56.9%	61.1%	61.4%	**57.1%**
Had a clinical breast exam in the past year^	59.6%	62.6%	67.8%	**61.5%**

Source: Florida CHARTS

* Women ages 40 years and older

^ Women ages 18 years and older

Prostate Cancer Screening

The Prostate-specific Antigen (PSA) test and digital rectal exams can be used to screen men for prostate cancer. Men ages 50 and older in Palm Beach County are more likely to have received a PSA test in the past two years (79.0%) compared to men ages 50 and older in Miami-Dade County (69.5%) Broward County (66.6%) and Florida (72.6%). In Miami-Dade County, Broward County, Palm Beach County and Florida, percentages of men ages 50 and older who ever had a PSA test are similar (see Table 11).

Men ages 50 and older in Palm Beach County are more likely to have received a digital rectal exam in the past year (52.5%) compared to men ages 50 and older in Miami-Dade County (44.1%), Broward County (48.8%) and Florida (48.5%). Men ages 50 and older in Miami-Dade County, Broward County and Florida are more likely to have ever had a digital rectal exam compared to men ages 50 and older in Palm Beach County (see Table 11).

Men ages 45 and older in Miami-Dade County, Palm Beach County and Florida are more likely to have been told they have prostate cancer, compared to men ages 45 and older in Broward County (see Table 11).

Table 11 – Reported Prostate Cancer Screenings in Men, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
Received a PSA test in the past two years*	69.5%	66.6%	79.0%	**72.6%**
Received a digital rectal exam in the past year*	44.1%	48.8%	52.5%	**48.5%**
Ever had a PSA test*	87.2%	87.4%	86.3%	**85.0%**
Ever had a digital rectal exam*	84.2%	87.9%	82.5%	**86.6%**
Been told they have prostate cancer^	7.5%	5.9%	7.5%	**7.3%**

Source: Florida CHARTS

* Men ages 50 years and older

^ Men ages 45 years and older

Colorectal Cancer Incidence

Colorectal cancer incidence is slightly higher in Miami-Dade County (35.4 per 100,000) compared to Broward County (28.6 per 100,000), Palm Beach County (26.0 per 100,000) and Florida (30.7 per 100,000). Incidence rates for specific forms of colorectal cancer can be found in Table 12.

Table 12 – Colorectal Cancer Incidence Rates, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
Colorectal	35.4	28.6	26.0	**30.7**
Sigmoid Colon	7.8	4.4	4.4	**5.5**
Cecum	5.4	3.6	4.4	**4.9**
Ascending Colon	5.3	4.1	4.3	**4.7**
Rectum	5.3	6.5	4.9	**5.8**
Rectosigmoid Junction	3.3	2.2	1.7	**2.4**
Transverse Colon	2.3	2.1	1.8	**2.1**
Descending Colon	1.8	1.3	1.1	**1.3**
Large Intestine, not otherwise specified	1.4	1.4	1.2	**1.3**
Hepatic Flexure	1.3	1.2	1.1	**1.2**
Splenic Flexure	0.9	1.1	0.4	**0.8**
Appendix	0.6	0.6	0.5	**0.6**

Source: Florida Cancer Data System

Rates are per 100,000 population

Colorectal Cancer Mortality

Colorectal cancer mortality is higher in Miami-Dade County (14.7 per 100,000) compared to Broward County (12.8 per 100,000), Palm Beach County (11.3 per 100,000) and Florida (13.1 per 100,000). Mortality rates for specific forms of colorectal cancer can be found in Table 13.

Table 13 – Colorectal Cancer Mortality Rates, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
Colorectal	14.7	12.8	11.3	**13.1**
Large Intestine, NOS	12.6	10.6	9.3	**10.6**
Rectum	1.4	1.1	1.2	**1.6**
Rectosigmoid Junction	0.6	0.7	0.6	**0.7**
Cecum	0.0	0.1	0.0	**0.1**
Appendix	0.0	0.2	0.0	**0.1**

Source: Florida Cancer Data System

Rates are per 100,000 population

Colorectal Cancer Screenings

The American Cancer Society recommends that adults aged 50 and over with average risk of developing colorectal cancer get screened starting at aged 50 using one of several screening tests which include blood stool tests and flexible sigmoidosopy or colonoscopy.

Adults ages 50 and older in Miami-Dade County (10.6%) are less likely to have received a blood stool test in the past year compared to adults ages 50 and older in Broward County (12.0%), Palm Beach County (17.9%) and Florida (14.7%). Adults ages 50 and older in Miami-Dade and Broward Counties are less likely to have ever had a blood stool test (35.5% and 33.8%, respectively) compared to adults in Palm Beach County (47.7%) and Florida (42.5%).

Adults ages 50 and older in Palm Beach County are more likely to have received a sigmoidoscopy or colonoscopy in the past five years (62.6%) compared to adults ages 50 and older in Miami-Dade County (57.7%), Broward County (52.3%) and Florida (56.4%). Adults ages 50 and older in Miami-Dade County, Palm Beach County and Florida are more likely to have ever had a sigmoidoscopy or colonoscopy compared to Broward County adults ages 50 and older (see Table 14).

Table 14 – Reported Colon Cancer Screenings in Adults Ages 50 and Older, 2010

	Miami-Dade County	Broward County	Palm Beach County	Florida
Received a blood stool test in the past year	10.6%	12.0%	17.9%	**14.7%**
Ever had a blood stool test	35.5%	33.8%	47.7%	**42.5%**
Received a sigmoidoscopy or colonoscopy in the past five years	57.7%	52.3%	62.6%	**56.4%**
Ever had a sigmoidoscopy or colonoscopy	69.8%	62.6%	70.9%	**68.2%**

Source: Florida CHARTS

Health Behaviors and Risk Factors

Tobacco Use

Adults in Miami-Dade, Broward and Palm Beach Counties are less likely to be smokers (10.6%, 13.7% and 9.0%, respectively) compared to all adults in Florida (17.1%).

Adult smokers in Palm Beach County are least likely to report attempting to quit smoking in the previous year (48.5%) compared to adult smokers in Miami-Dade County (57.5%), Broward County (64.5%) and Florida (60.1%).

Adults in Miami-Dade County are least likely to report former smoking (22.7%) compared to adults in Broward County (30.1%), Palm Beach County (34.5%) and all adults in Florida (29.8%).

Miami-Dade County adults are more likely to report never smoking (66.7%) compared to adults in Broward County (56.2%), Palm beach County (56.4%) and Florida (53.0%).

Adults in Miami-Dade County are more likely to be exposed to secondhand smoke (16.2%) than adults in Broward County (12.6%), Palm Beach County (9.1%) and Florida (14.9%).

Table 15 – Tobacco Use and Secondhand Smoke Exposure

	Miami-Dade County	Broward County	Palm Beach County	Florida
Current smokers*	10.6%	13.7%	9.0%	**17.1%**
Current smokers who tried to quit smoking at least once in the past year*	57.5%	64.5%	48.5%	**60.1%**
Former smokers*	22.7%	30.1%	34.5%	**29.8%**
Adults who have never smoked*	66.7%	56.2%	56.4%	**53.0%**
Adults exposed to secondhand smoke in the past seven days^	16.2%	12.6%	9.1%	**14.9%**

Source: Florida CHARTS

* 2010

^ 2007

Health Behaviors

Miami-Dade County adults are least likely to report consuming at least five servings of fruits and vegetables a day (23.1%), compared to adults in Broward County (27.6%), Palm Beach County (26.0%) and Florida (26.2%).

In Miami-Dade County, adults are least likely to report engaging in moderate physical activity (29.2%) than adults in Broward County (33.8%), Palm Beach County (35.8%) and in Florida (34.6%).

Adults in Miami-Dade County are less likely to report heavy or binge drinking (11.0%) than adults in Broward County (16.1%), Palm Beach County (14.8%) and Florida (15.0%).

Adult obesity is higher in Miami-Dade County than in Broward County, Palm Beach County and Florida (see Table 16). Palm Beach County has the highest percentage of overweight adults (41.8%), compared to Miami-Dade County (38.1%), Broward County (37.2%) and Florida (37.8%).

Miami-Dade County adults are substantially likely to be sedentary (35.4%) compared to adults in Broward County (26.0%), Palm Beach County (20.9%) and all adults in Florida (25.4%).

Table 16 – Select Health Behaviors and Risk Factors in Adults

	Miami-Dade County	Broward County	Palm Beach County	Florida
Fruit and Vegetable Consumption*	23.1%	27.6%	26.0%	**26.2%**
Engaging in Moderate Physical Activity*	29.2%	33.8%	35.8%	**34.6%**
Heavy or Binge Drinking^	11.0%	16.1%	14.8%	**15.0%**
Obesity^	29.3%	28.0%	19.4%	**27.2%**
Overweight^	38.1%	37.2%	41.8%	**37.8%**
Sedentary*	35.4%	26.0%	20.9%	**25.4%**

Source: Florida CHARTS

*2007

^2010

Access to Care

Miami-Dade County residents are less likely to have health insurance (69.8%) compared to Broward County residents (77.1%), Palm Beach County (79.6%) and all Florida residents (79.1%).

The percentage of adults in Miami-Dade County with private coverage (46.9%) is substantially lower than adults in Broward County (59.8%), Palm Beach County (63.7%) and all adults in Florida (61.1%).

Residents in Broward County are least likely to have public coverage (25.5%) compared to residents in Miami-Dade County (27.5%), Palm Beach County (31.3%) and all residents in Florida (30.6%).

Miami-Dade County adults are substantially more likely to be uninsured (30.2%) compared to adults in Broward County (22.9%), Palm Beach County (20.4%) and all adults in Florida (20.9%). Children in Miami-Dade County are most likely to be uninsured (18.6%) compared to children in Broward County (15.6%), Palm Beach County (17.0%) and all children in Florida (15.0%).

Table 17 – Health Insurance Coverage, 2008-10

	Miami-Dade County	Broward County	Palm Beach County	Florida
Health Insurance Coverage	69.8%	77.1%	79.6%	**79.1%**
Private Insurance	46.9%	59.8%	63.7%	**61.1%**
Public Coverage	27.5%	25.5%	31.3%	**30.6%**
No Health Insurance Coverage	30.2%	22.9%	20.4%	**20.9%**
No Health Insurance Coverage (Children)	18.6%	15.6%	17.0%	**15.0%**

Source: Census - American Community Survey

Community Input

The interview data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process involves gathering input from persons who represent the broad interest of the community served by the hospital facility, as well as individuals providing input who have special knowledge or expertise in cancer-related issues. It is meant to provide depth and richness to the quantitative data collected. The most commonly discussed health issues identified by members of the SCCC administration and clinics, medical officers, research professors and social workers are presented here.

Interview Methodology

In-person interviews were conducted from December 4-6, 2012 based on the availability of the interviewee. One interview was conducted via phone. Interviews required approximately 30 minutes to complete and followed the same process, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- What are the top strengths of the community?
- What are the top health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?

Community Leader Interviews

Interviewees discussed the abundance of health care assets and services in the Miami-Dade area as a health strength. They mentioned the high quality of physicians, medical services and technology, particularly with respect to the University of Miami Health System (UMHS). A number of interviewees also discussed other local hospitals as a "safety net" in that they provide health care and services to the

indigent and low-income populations. From a research perspective, Miami-Dade's multicultural population was mentioned as a strength because it allows for better understanding of health disparities. Partnerships and collaborations between UMHS and community organizations were also discussed as a strength in the community.

One of the major health concerns discussed in the interviews is the growth of low income, poor, indigent and undocumented populations and their inability to access health care services, especially screenings and other preventive services. Some interviewees expressed concern for the expanding gap between high and low income populations. They feel that while residents with higher incomes have an abundance of health resources at their disposal, the growing lower income populations have been recently restricted from health care resources they previously had access to. Though cultural diversity is viewed as a strength by some interviewees, it was also expressed as a health challenge due to beliefs and attitudes towards health topics and behaviors. One interviewee explained that some cultures believe only men develop heart disease. Other less commonly discussed health concerns include adverse effects from cancer treatment (such as weakened physical state), mental health issues in cancer patients, nutrition, cardiovascular disease and obesity.

The most common health resource discussed by interviewees was Jackson Memorial Hospital (JMH), specifically its service to low income, poor, indigent and undocumented populations. Miami-Dade residents who belong to these populations and other residents who are uninsured or underinsured can also receive health care services at community clinics and specialty health centers operated by JMH. Multiple interviewees mentioned the Health Choice Network and the American Cancer Society (ACS). The Health Choice Network specializes in health information technology designed to improve patient outcomes. They offer services such as implementing electronic health records and tracking medical information to improve the quality of and access to care. The ACS has an on-site resource center which offers support services to cancer patients such as free wigs, hats and other clothing items to help patients feel and look better. Other less commonly mentioned resources include: The Paps Corps, the South Florida Cancer Collaborative, Camillus House, the Courtelis Center and various screening programs for breast, prostate and cervical cancers.

Prevention opportunities, increased access to screenings and wider dissemination of information about health resources were commonly mentioned as needed resources in the community. Some interviewees discussed the need for housing options for cancer patients, transportation and a better plan to deal with the growing indigent population.

Lack of health insurance was the most commonly mentioned barrier to obtaining health services. Despite an abundance of top-notch healthcare facilities and physicians, the interviewees discussed numerous communities in the Miami-Dade area that are medically underserved. Liberty City, Overtown, Little Haiti, Little Havana and Hialeah were commonly mentioned as medically underserved communities. Multiple interviewees mentioned language as a barrier, particularly among Haitian residents. Other barriers to obtaining health services discussed by interviewees are transportation, difficulty leaving work for appointments, childcare and low income.

When asked about the single most important thing that could be done to improve the health of the community, preventive programs and health insurance were most frequently mentioned. Most interviewees discussed preventive programs. Community-based prevention strategies, wellness programs and access to cancer screening services were mentioned. Some interviewees feel that expansion of health insurance is key, while others discussed that the acceptance of a wider range of insurance plans will grant access to those in need.

Focus Groups

A focus group consisting of patients, survivors and caregivers was conducted on December 4, 2012 at Sylvester Comprehensive Cancer Center; the session was facilitated by two consultants from Carnahan Group. The purpose of the focus group was to gather information about health concerns from particular interest groups in Miami-Dade County to add richness to the quantitative data collected. The health concerns most commonly discussed are presented in the following section.

The most common types of cancer discussed were breast, colon and prostate cancer, mainly in relation to preventive health education and screening. Health education was the main topic brought up by participants in conjunction with awareness in community members about lifestyle habits. Unhealthy nutrition and physical activity behaviors were the most frequently mentioned contributors to increased cancer risk. Suggestions from focus group participants for outreach opportunities include awareness and education in both school and faith-based settings and increased health promotion initiatives in the media, particularly on the internet, on public transportation and through celebrity endorsement.

Another topic discussed in depth by focus group participants was support resources at SCCC. Enhancement of resources to educate cancer patients and caregivers about treatment and support programs is an important element of quality care for those receiving services. All focus group members

agreed that SCCC is a state of the art facility for cancer treatment, but community members are not aware of all of the services that are available. For those in treatment at the Cancer Center, participants felt the hospital staff members do not volunteer information about programs providing support through their course of treatment enough. To address these concerns, some focus group participants suggested enhancement of informational media including internet sites, brochures and pamphlets, as well as an increase in health system navigation services. The SCCC social workers were mentioned as a valuable resource, but some individuals expressed that due to high demand not all patients in need are able to access them or know what services they provide. Cultural competence of SCCC hospital staff in relation to health system navigation, particularly as it related to language barriers was a topic brought up by a few participants. An increase in support for non-English speaking patients and caregivers was suggested to improve this issue; some languages in need of this support are Spanish and Creole.

Cost of care is a stressor for many cancer patients, survivors and caregivers and was a topic brought up at various points throughout the focus group. Those who are underinsured or uninsured have access to one public hospital in the area that is overwhelmed. There are programs offering free or reduced preventive services including mammograms and prostate cancer screenings, but the community is not aware of these even though there is interest in utilizing them. Budget cuts were brought up frequently in relation to the disappearance of seemingly effective programs; this could partially be attributed to lack of participation, but it does not seem that this is because of a lack of want or need. Participants suggested an increase in advertising these cost-effective programs in the community through outlets including the internet, faith-based organizations, as well as various venues throughout neighborhoods where community members regularly gather.

Health Needs Prioritization

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify those health needs perceived by the community as important, and consequently to assess the comprehensiveness of Sylvester Comprehensive Cancer Center strategies in addressing these needs. For the purpose of identifying health needs for SCCC, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. Through a mixed methods approach, an exhaustive list of health needs was compiled, and utilizing a "high", "medium" and "low" ranking system, five of these were identified as priorities.

The five priorities included on this list that fell in the "high" or "medium" rank include breast cancer, colorectal cancer, health behavior and environment, lung cancer and prostate cancer. For the sake of continuity, these needs are ordered alphabetically.

Breast Cancer

- Breast cancer is the leading type of cancer incidence in both Miami-Dade and Broward counties.
- Mortality rates in Miami-Dade and Broward (10.8 per 100,000 and 10.4 per 100,000, respectively) are similar to the state rate (11.0 per 100,000).
- The percentage of women ages 40 years and older in Miami-Dade and Broward counties are just as likely as all women ages 40 years and older in Florida to have had a clinical breast exam in the past year.
- Breast cancer was the most common outpatient discharge reason at Sylvester Comprehensive Cancer Center in the 2012 fiscal year.
- Breast cancer was among the most frequently discussed types of cancer in the focus group.

Colorectal Cancer

- Colorectal cancer incidence in Miami-Dade (35.4 per 100,000) is higher than both Broward County (28.6 per 100,000) and Florida (30.7 per 100,000).
- The mortality rate in Miami-Dade is slightly higher (14.7 per 100,000) than the rates in Broward County (12.8 per 100,000) and the state of Florida (13.1 per 100,000).
- Broward County adults ages 50 and older are slightly less likely than Miami-Dade County and Florida adults ages 50 and older to have ever had a sigmoidoscopy or colonoscopy.

- Colon cancer was one of the most common types of cancer discussed in the focus group.

Health Behavior and Environment

Included in this category is emotional and informational support, cultural competency, health care access (insurance, cost of care), lifestyle habits, and health education and promotion.

- There are substantially more fast food restaurants in Miami-Dade County compared to farmer's markets and grocery stores.
- Focus group participants expressed a lack of nutritional support and guidance as a cancer patient, in addition to availability and affordability of fresh produce in the community.
- Miami-Dade adults are slightly less likely to report consuming at least five servings of fruits and vegetables a day when compared to Broward and the state of Florida.
- Miami-Dade residents are less likely to have health insurance (69.8%) compared to Broward (77.1%) and all Florida residents (79.1%).
- The percentage of adults in Miami-Dade with private coverage (46.9%) is substantially lower than adults in Broward (59.8%) and the state of Florida (61.1%).
- Focus group participants stated that necessary treatments for cancer are not always covered by the types of public coverage available in the community, so affordability of services is an issue for those uninsured and underinsured.
- Interviewees discussed the inability for low income, indigent and undocumented populations to access health care services, particularly preventive services including cancer screenings.
- Cultural competency within SCCC including translation support for those Spanish and Creole speaking populations was discussed in both community interviews and the focus group.
- An increase in availability of emotional support for cancer patients and caregivers was discussed as a need in the community in addition to general community health education and promotion.

Lung Cancer

- In Miami-Dade and Broward counties, lung and bronchus cancer is the leading form of cancer mortality.
- Lung cancer was one of the most common outpatient discharge reasons at SCCC in the 2012 fiscal year, particularly in males and whites.
- Lung cancer was among the most common types of cancer discussed in the focus group.

- Exposure to second-hand smoke is more likely for adults in Miami-Dade County than in Broward County or the state of Florida.

Prostate Cancer

- Men in Miami-Dade County are more likely to develop prostate cancer (41.0 per 100,000) when compared to men in Broward County (25.4 per 100,000) and Florida (31.5 per 100,000).
- Mortality rates for men in Miami-Dade County are higher (8.4 per 100,000) than the rates in Broward County (7.0 per 100,000) and (7.2 per 100,000).
- The percentage of men ages 50 and older who received a digital rectal exam in the past year is slightly lower than the percentages in Broward and the state of Florida.
- Prostate cancer was in the third leading reason for outpatient discharges Sylvester Comprehensive Cancer Center for the 2012 fiscal year, and the top reason for outpatient discharges among men.
- Focus group participants discussed prostate cancer frequently, particularly in relation to prevention and screening.

Cancer Resources in the Community

There are various resources available that are both sponsored and provided by Sylvester Comprehensive Cancer Center to provide education and support as well as raise awareness about breast cancer. There are support groups for both patients and caregivers; these provide informational and emotional support, including how to alter your lifestyle to better adjust to cancer treatments and the stress experienced by all affected. The Look Good Feel Better program, administered by the American Cancer Society, that teaches women beauty techniques to offset the side-effects of cancer treatment while bolstering self-esteem and providing peer support. While there is one support group for men with prostate cancer at SCCC through the American Cancer Society, it appears there is a lack of support for patients and survivors in the Miami-Dade area.

The Department of Gastroenterology in collaboration with UM's Department of Community Service and other partners hosts the Flex Sig Fair, providing free colon cancer screenings. There are resources through the Cancer Center providing emotional and informational support for patients, caregivers and family members at the Courtelis Center for Psychosocial Oncology. The center is devoted to researching the psychosocial impact of cancer. These resources are in the form of social workers and psychologists and psychiatrists, and provide counseling, information on resources in the community, and alternative relaxation methods. Access to the center however, is limited to those who qualify, so some individuals who do not meet eligibility requirements may not be able to receive the services they need.

American Cancer Society offers a wealth of support groups and services to assist those living with cancer, survivors and caregivers. There is a resource center that provides various items including wigs and hats at no charge, and transportation services through volunteers to help cancer patients get to their appointments. Support in the form of telephone, groups, and online information and referral services are available, some specific to certain types of cancer including breast and prostate. Monetary assistance programs are also available for those who are eligible. Some of these programs are on a volunteer basis, and while the services they provide are needed, oftentimes there are not enough volunteers to meet the capacity, particularly the transportation services. This lack of access leaves some individuals unable to utilize many of the services available.

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Appendix A: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For nearly 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

Our staff members offer diverse capabilities and backgrounds, including:

- CPAs, JDs, Ph.Ds., and others with medical and clinical backgrounds;
- Degrees that include Masters of Business Administration, Masters of Science, Masters of Public Health, Masters of Accounting and Masters of Health Administration; and,
- Serving as members of the American Institute of CPAs (AICPA), Medical Group Management Association (MGMA), and the National Association of Certified Valuation Analysts (NACVA).

Appendix B: Community Leader Interviewees

Name	Title/Organization
Dr. Jerry Goodwin	Chief Medical Officer, SCCC
Dr. Teresa Neira	Social Worker, Courtelis Center, SCCC
Dr. Erin Kobetz	Assistant Research Professor, Dept. of Epidemiology and Public Health, UM Miller School of Medicine Director, SCCC Disparities and Community Outreach Core Resource Director, Jay Weiss Center for Social Medicine and Health Equity
Dr. Noella Dietz	Research Assistant Professor, Dept. of Epidemiology and Public Health, UM Miller School of Medicine
Dr. Ana Espinosa	Director of Outpatient Clinics, SCCC Director, Ask for Ana Program, SCCC
Vivi Carreras	Nurse Navigator, SCCC
Dawn Albright	Nurse Navigator, SCCC
Dr. Jill MacKinnon	Project Director, Florida Cancer Data System
Richard Ballard	Chief Executive Officer, SCCC
Lazara Barreras-Pagan	Chief Operating and Nursing Officer, SCCC
Alyssia Crews	Director of Clinical Operations, SCCC
Antonieta Sauerteig	Associate Director of Administration, SCCC
Harry Rohrer	Chief Financial Officer, SCCC