Bascom Palmer Eye Institute

Community Health Needs Assessment

May 24, 2013

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Introduction

Bascom Palmer Eye Institute at a Glance

Bascom Palmer Eye Institute (BPEI), 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. BPEI serves as the Department of Ophthalmology for the University of Miami Miller School of Medicine, but also provides care to the Miami-Dade community through the Anne Bates Leach Eye Hospital (ABLEH). In addition to its Miami location, BPEI has satellite offices in Naples, Plantation and Palm Beach Gardens. University of Miami Health System is South Florida's only university health system.

U.S. News and World Report has rated BPEI the #1 eye hospital in the country for nine consecutive years. Regarded as some of the best in the world, the physicians at BPEI conduct cutting-edge biomedical research in addition to patient care.

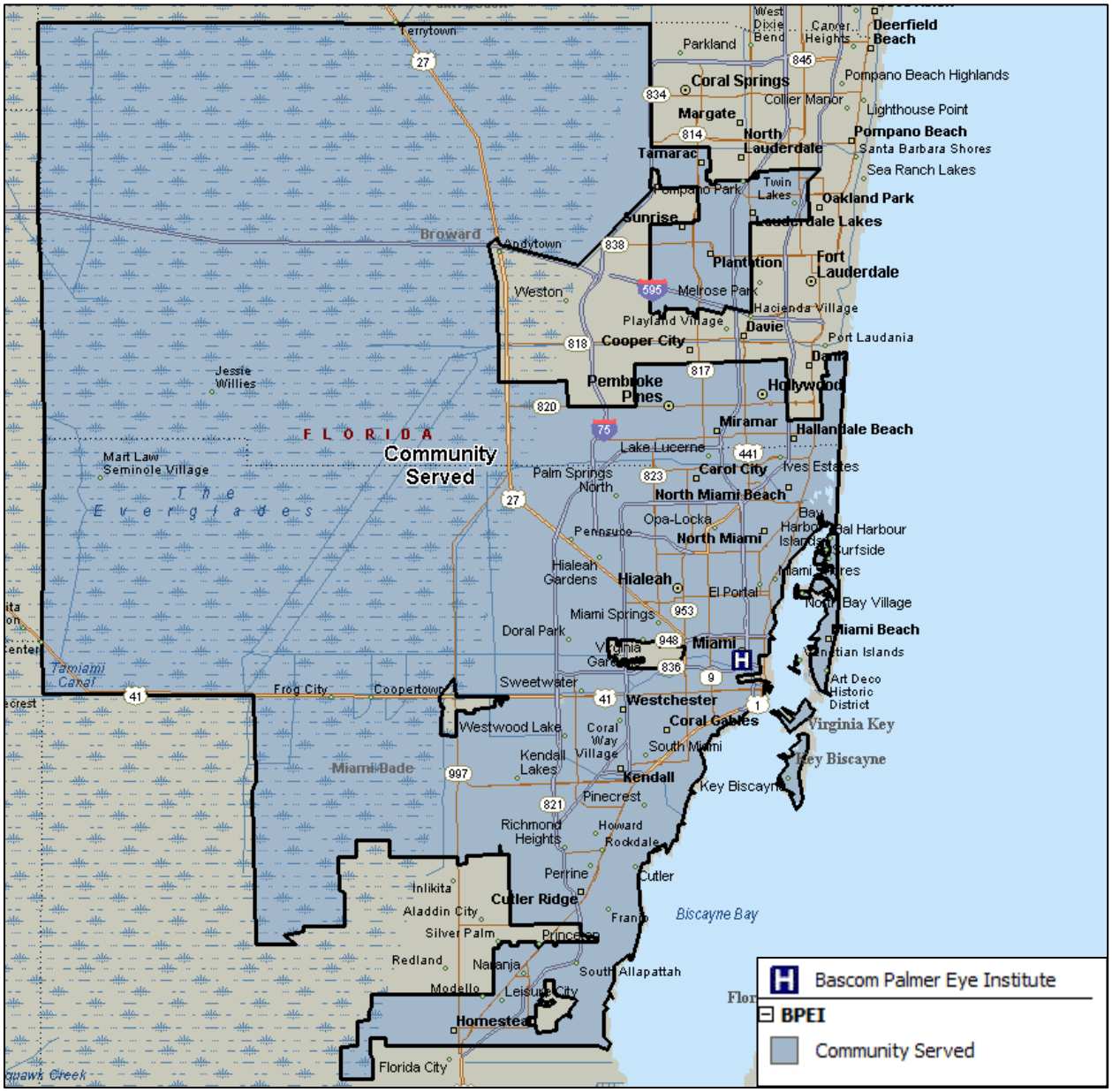
Community Overview

For the purpose of this report, Bascom Palmer Eye Institute's primary service area was used to define the hospital community. Though the CHNA will focus on this service area, BPEI treats patients from Florida, the United States and other countries. The community for BPEI includes the following 84 ZIP Codes:

ZIP Code	Community Served	ZIP Code	Community Served
33012	Hialeah	33010	Hialeah
33186	Miami	33126	Miami
33024	Hollywood	33016	Hialeah
33157	Miami	33193	Miami
33015	Hialeah	33139	Miami Beach
33023	Hollywood	33021	Hollywood
33025	Hollywood	33196	Miami
33027	Hollywood	33155	Miami
33177	Miami	33055	Opa Locka
33165	Miami	33324	Fort Lauderdale
33142	Miami	33162	Miami
33125	Miami	33319	Fort Lauderdale
33313	Fort Lauderdale	33160	North Miami Beach
33033	Homestead	33321	Fort Lauderdale
33175	Miami	33179	Miami
33161	Miami	33014	Hialeah
33178	Miami	33009	Hallandale
33176	Miami	33169	Miami
33029	Hollywood	33135	Miami
33147	Miami	33032	Homestead
33018	Hialeah	33030	Homestead

ZIP Code	Community Served	ZIP Code	Community Served
33172	Miami	33130	Miami
33134	Miami	33026	Hollywood
33141	Miami Beach	33144	Miami
33309	Fort Lauderdale	33168	Miami
33317	Fort Lauderdale	33189	Miami
33183	Miami	33166	Miami
33056	Miami Gardens	33140	Miami Beach
33013	Hialeah	33137	Miami
33322	Fort Lauderdale	33184	Miami
33173	Miami	33181	Miami
33133	Miami	33131	Miami
33180	Miami	33167	Miami
33174	Miami	33146	Miami
33143	Miami	33019	Hollywood
33156	Miami	33129	Miami
33127	Miami	33154	Miami Beach
33145	Miami	33136	Miami
33138	Miami	33182	Miami
33185	Miami	33149	Key Biscayne
33054	Opa Locka	33190	Miami
33150	Miami	33158	Miami

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



Source: BPEI, 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 Sylvester Comprehensive Cancer Center.

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 BPEI 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 BPEI ability to assess the health needs of the community served;
- The identification of all organizations with which BPEI collaborated, if applicable, including their qualifications;
- A description of how BPEI took into account input from persons who represented the broad interests of the community served by BPEI, 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 BPEI;
- 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 BPEI, 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 BPEI, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by BPEI and,
- Consultation or input from other persons located in and/or serving BPEI 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 BPEI'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

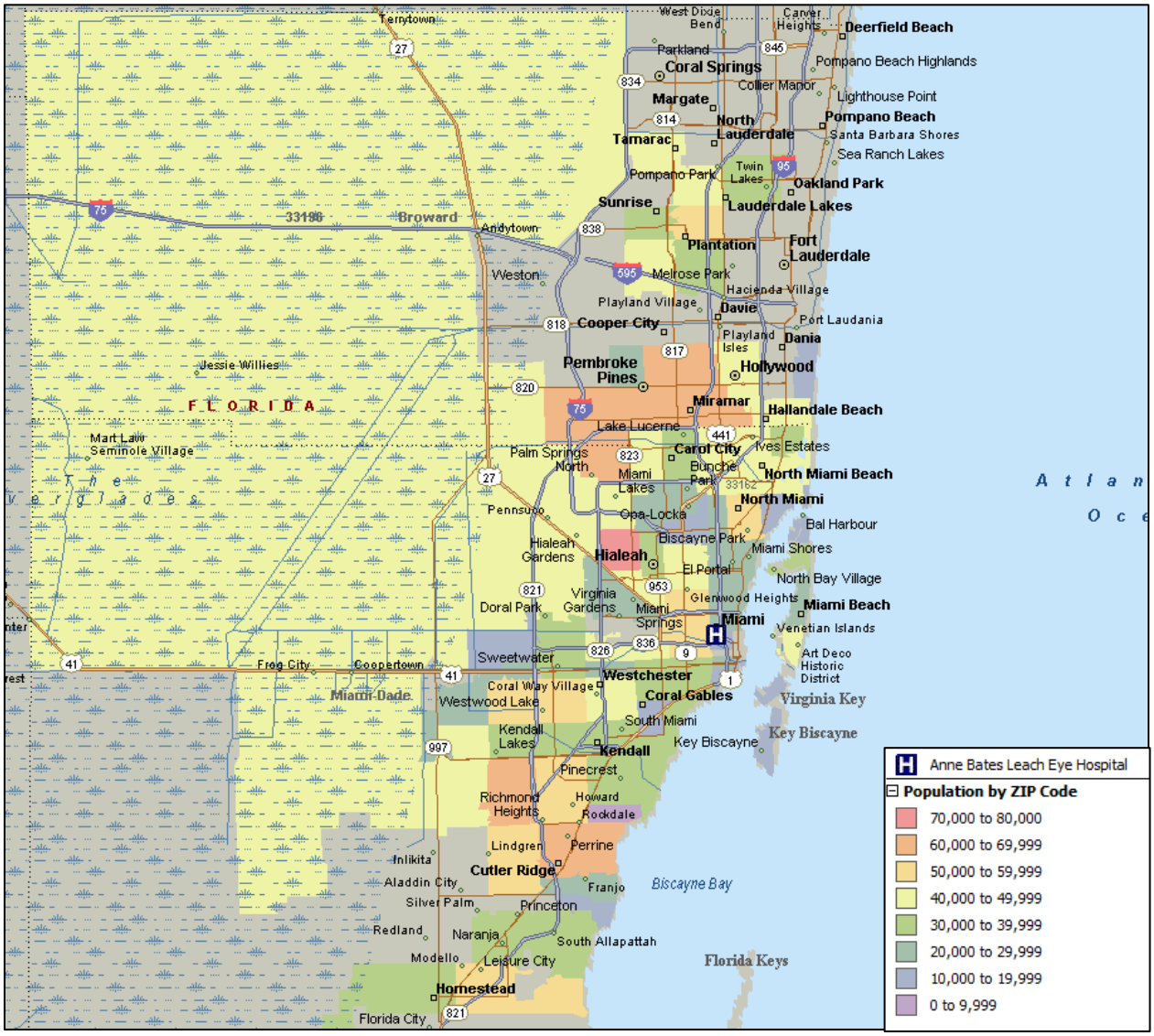
Secondary Data Collection and Analysis Methodology

Demographic data for the community served by the Bascom Palmer Eye Institute was obtained from Claritas. Due to an insufficiency of county and ZIP Code level data on various eye conditions, inpatient and outpatient discharge data are displayed in this report. These data provide information about which eye conditions are most commonly treated at BPEI.

Demographics

Population in BPEI's Service Area

Figure 1 – Population Density by ZIP Code, 2012



Sources: Claritas 2012; Microsoft MapPoint 2013

Population Change by Age and Gender

In BPEI's service area, the population of residents ages 65 and older is expected to grow substantially (14.7%) over the next five years. Moderate population growth is expected for individuals ages 45-64 (9.8%). Slight population growth is expected for children ages 0-17 (4.4%) and residents ages 18-44 (1.2%).

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

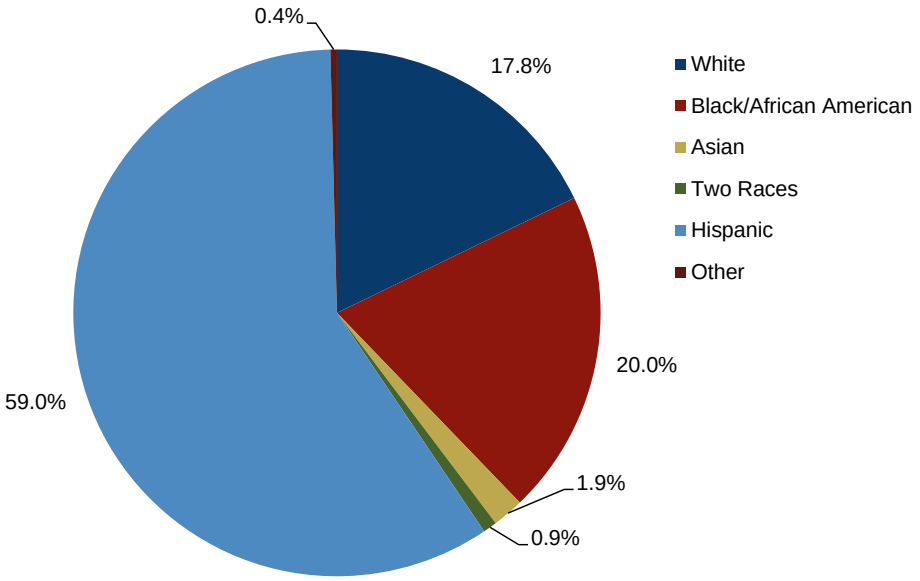
	2012			2017			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 17	356,743	341,015	697,758	372,515	355,733	728,248	4.4%	4.3%	4.4%
Age 18 through 44	588,485	601,101	1,189,586	599,068	605,259	1,204,327	1.8%	0.7%	1.2%
Age 45 through 64	408,863	452,425	861,288	452,566	493,172	945,738	10.7%	9.0%	9.8%
Age 65 and Older	202,100	288,255	490,355	232,045	330,616	562,661	14.8%	14.7%	14.7%
Total	**1,354,091**	**1,394,541**	**2,748,632**	**1,424,149**	**1,454,164**	**2,878,313**	**5.2%**	**4.3%**	**4.7%**

Source: Claritas 2012

Population by Race and Ethnicity

The most common race/ethnicity in the service area is Hispanic (59.0%), followed by black/African American (20.0%), white (17.8%), Asian (1.9%), individuals of two races (0.9%) and other races (0.4%).

Figure 2 – Race Composition, 2012



Source: Claritas 2012

Population Change by Race and Ethnicity

Substantial population growth is expected for Hispanics (11.5%) and Asians (10.7%). The black/African American and other race populations are expected to grow moderately (6.7% and 8.4%, respectively). Population declines are expected for whites (-11.0%) and individuals of two races (-18.8%).

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

Race & Ethnicity	Population 2012	Population 2017	Percent Change
White	577,044	513,371	-11.0%
Black/African American	647,260	690,707	6.7%
Asian	62,061	68,731	10.7%
Two Races	27,640	22,431	-18.8%
Hispanic	1,912,058	2,131,725	11.5%
Other	12,924	14,009	8.4%

Source: Claritas 2012

Socioeconomics

Socioeconomic Characteristics

According to the 2011 annual average unemployment rates reported by the U.S. Bureau of Labor Statistics, Miami-Dade County's unemployment rate (11.3%) is slightly higher than Florida's (10.5%).

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). 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 2011, the federal poverty threshold for a family of four was $23,021.[1] The ACS estimates indicate that 17.2% of Miami-Dade County residents and 15.0% of Florida residents are living below poverty level. Children in Miami-Dade County are about as likely to be living below poverty level (22.0%) compared to all children in Florida (21.3%).

Table 3 – Socioeconomic Characteristics

	Miami-Dade County	Florida
Unemployment Rate, 2011 annual average[1]	11.3%	**10.5%**
Median Household Income, 2008-2010[2]	$42,157	**$46,077**
Individuals Below Poverty Level, 2008-10[2]	17.2%	**15.0%**
Children Below Poverty Level, 2008-10[2]	22.0%	**21.3%**

1 Source: Bureau of Labor Statistics

2 Source: Census - American Community Survey

[1] U.S. Census Bureau. (n.d.). How the Census Bureau Measures Poverty. Retrieved from web site: http://www.census.gov/hhes/www/poverty/about/overview/measure.html

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%). In Miami-Dade County, 77% of residents have either a high school degree or equivalent or a bachelor's degree compared to approximately 85% in Florida.

Table 4 – Highest Level of Education Completed by Persons 25 Years and Older, 2008-10

	Miami-Dade County	Florida
Less than a High School Degree	23.0%	**14.6%**
High School Degree	50.8%	**59.7%**
Bachelor's Degree	26.2%	**25.7%**

Source: Census - American Community Survey

Reading and Math Proficiency

According to the Florida Department of Education, fourth and eighth grade math and reading proficiencies are similar in Miami-Dade County and Florida (see Table 5).

Table 5 – Math and Reading Proficiency among 4th and 8th Graders, 2011

	Miami-Dade County	Florida
4th Grade Students Proficient in Math	75.0%	**74.0%**
4th Grade Students Proficient in Reading	69.0%	**71.0%**
8th Grade Students Proficient in Math	66.0%	**68.0%**
8th Grade Students Proficient in Reading	52.0%	**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 County (58.0 per 100,000) compared to farmer's markets (1.0 per 100,000) and grocery stores (24.0 per 100,000). There are eight recreational and fitness facilities per 100,000 residents in Miami-Dade County.

Table 6 – Select Built Environment Characteristics, 2009

	Miami-Dade County
Farmer's Market Density	1.0
Fast Food Restaurant Density	58.0
Grocery Store Density	24.0
Recreation and Fitness Facility Rate	8.0

Source: USDA Food Environment Atlas

Rates are per 100,000 population

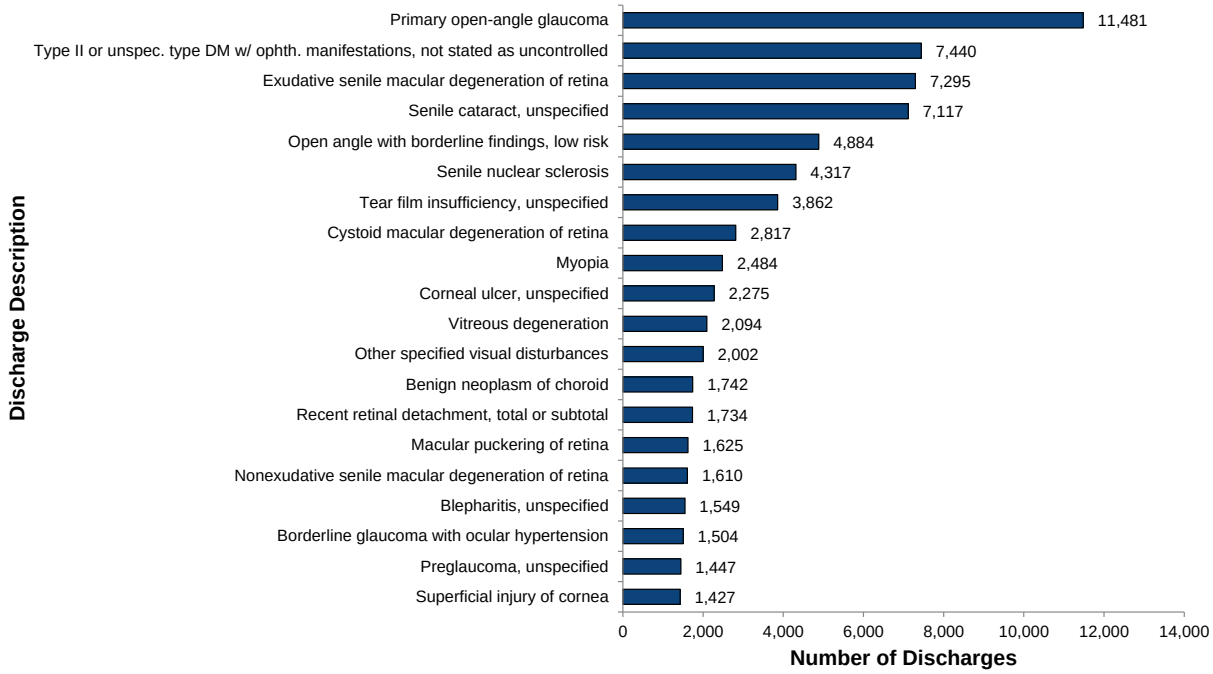
BPEI Discharges

The following discharge data are from the most recent fiscal year, FY2012 (June 1, 2011 to May 31, 2012). Total discharges are displayed, as well as discharges by gender and race.

Total Outpatient Discharges

During FY2012, the most common outpatient discharge reason at BPEI was primary open-angle glaucoma (11,481), followed by type 2 or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled (7,440), exudative senile macular degeneration of retina (7,295), senile cataract, unspecified (7,117) and open angle with borderline findings, low risk (4,884). Other common outpatient discharge reasons can be found in the table below.

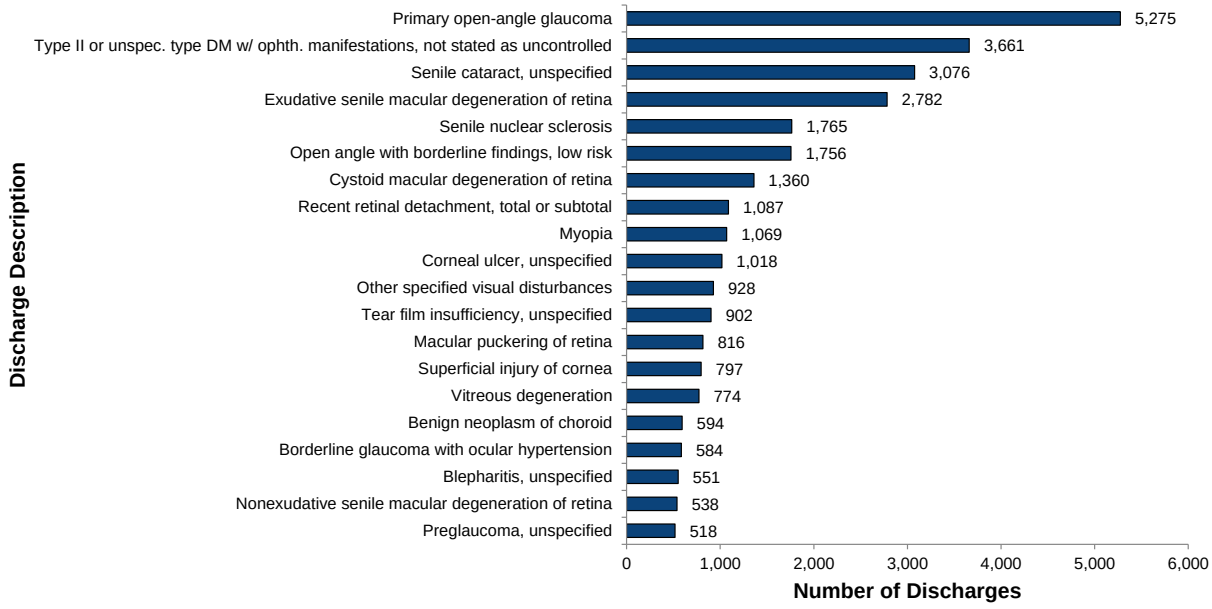
Table 7 – Common Outpatient Discharges, FY2012



Outpatient Discharges by Gender

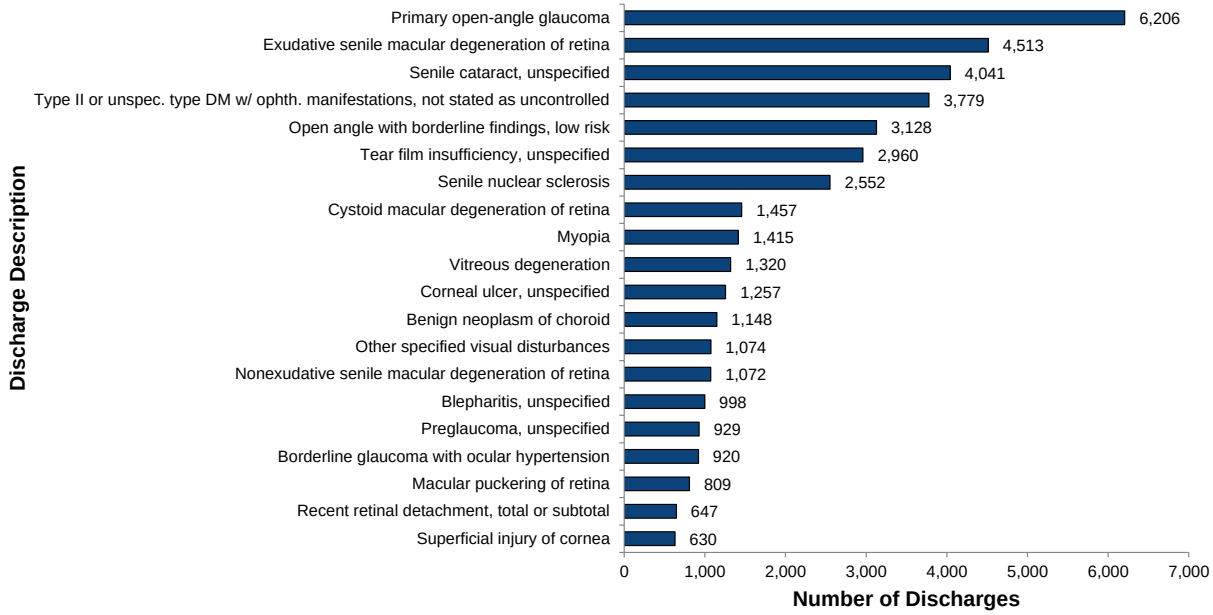
Among males, primary open-angle glaucoma is the most common outpatient discharge reason (5,275), followed by type 2 or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled (3,661), senile cataract, unspecified (3,076), exudative senile macular degeneration of retina (2,782) and senile nuclear sclerosis (1,765). Other common outpatient discharge reasons in males can be found below.

Table 8 – Outpatient Discharges for Males, FY2012



Primary open-angle glaucoma is the most common outpatient discharge reason among females (6,206), followed by exudative senile macular degeneration of retina (4,513), senile cataract, unspecified (4,041), type 2 or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled (3,779) and open angle with borderline findings, low risk (3,128). Other common outpatient discharge reasons in females can be found in the table below.

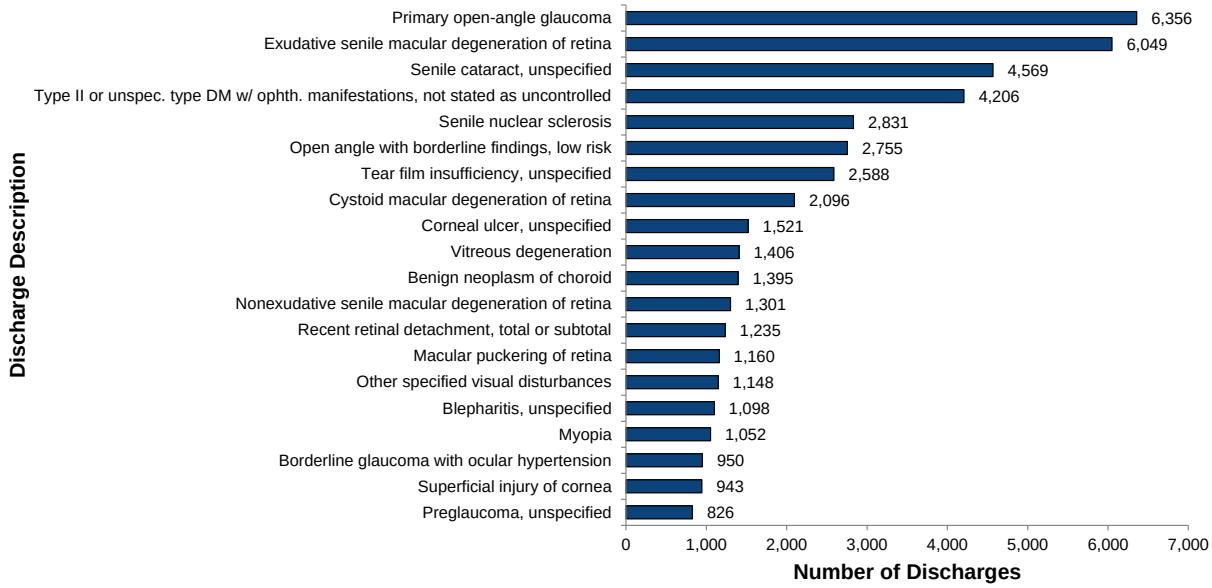
Table 9 – Outpatient Discharges for Females, FY2012



Outpatient Discharges by Race

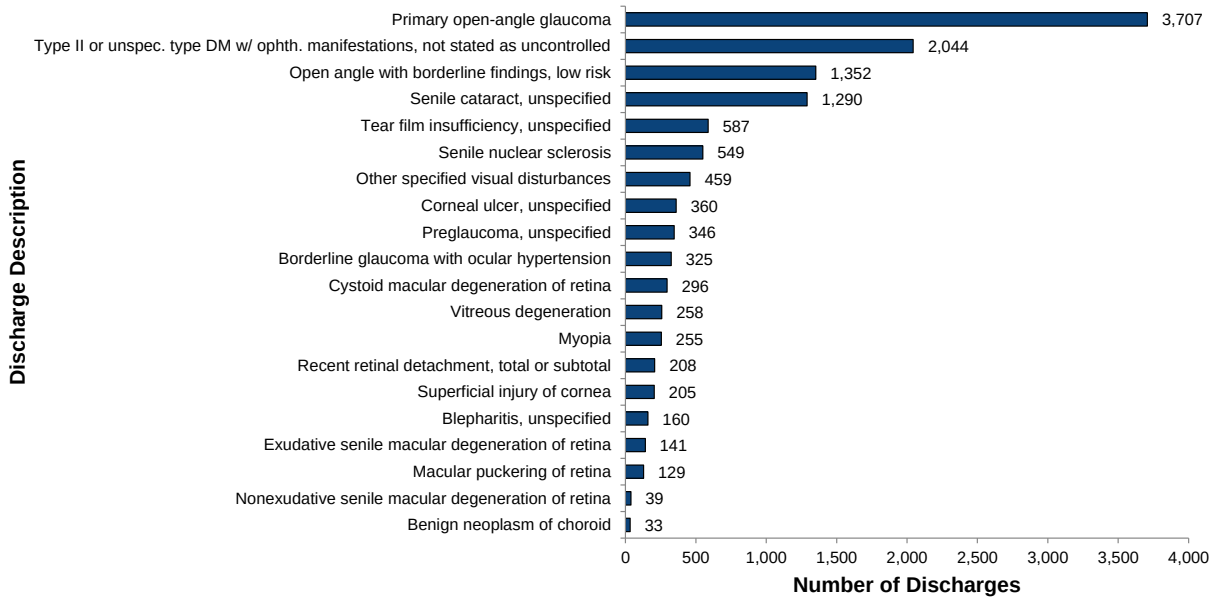
The top five most common outpatient discharge reasons among whites are primary open angle glaucoma (6,356), exudative senile macular degeneration of retina (6,049), senile cataract, unspecified (4,569), type 2 or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled (4,206) and senile nuclear sclerosis (2,831). Other common outpatient discharge reasons for whites can be found in the table below.

Table 10 – Outpatient Discharges for Whites, FY2012



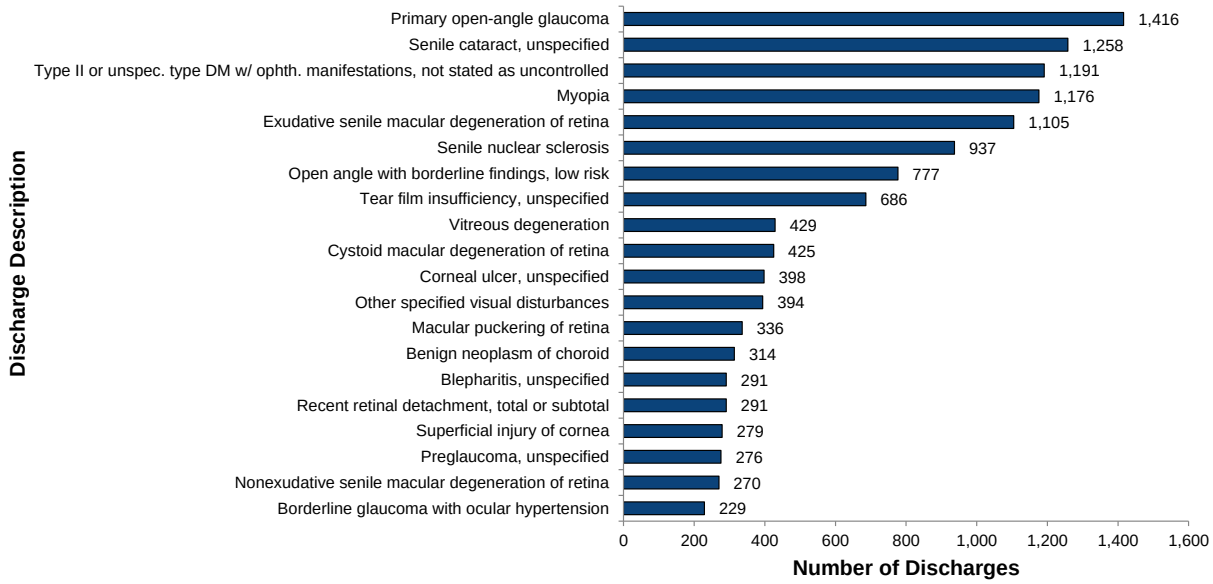
Among blacks, the top five outpatient discharge reasons are primary open-angle glaucoma (3,707), type 2 or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled (2,044), open angle with borderline findings, low risk (1,352), senile cataract, unspecified (1,290) and tear film insufficiency, unspecified (587). Other common outpatient discharge reasons for blacks can be found in the table below.

Table 11 – Outpatient Discharges for Blacks, FY2012



For individuals of other races, primary open-angle glaucoma is the most common outpatient discharge reason (1,416), followed by senile cataract, unspecified (1,258), type 2 or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled (1,191), myopia (1,176) and exudative senile macular degeneration of retina (1,105). Other common outpatient discharge reasons for individuals of other races can be found in the table below.

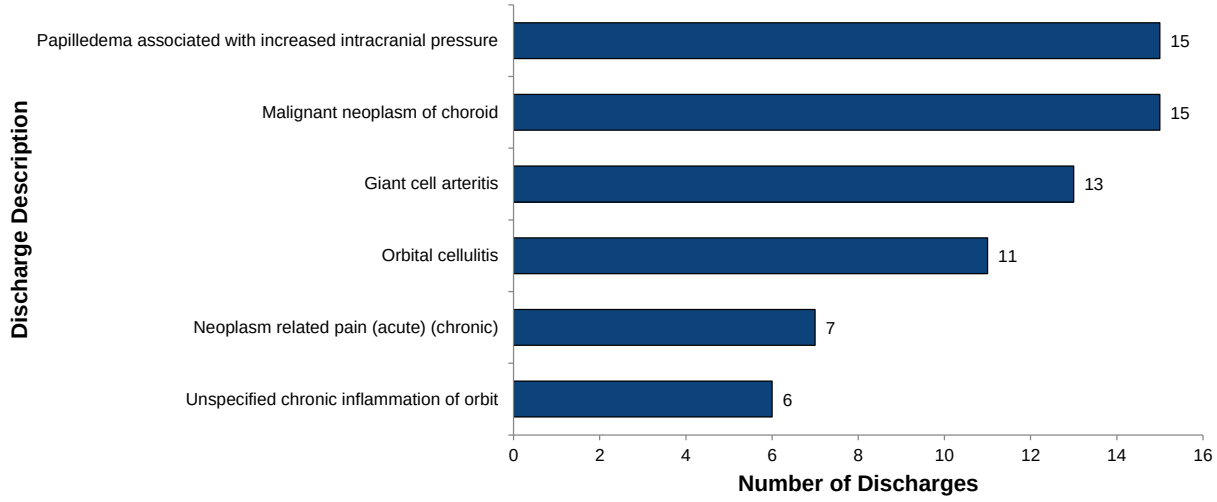
Table 12 – Outpatient Discharges for Other Races, FY2012



Total Inpatient Discharges

The most common inpatient discharge reasons at BPEIH are papilledema associated with increased intracranial pressure (15), malignant neoplasm of choroid (15), giant cell arteritis (13), orbital cellulitis (11) neoplasm related pain (7) and unspecified chronic inflammation of orbit (6).

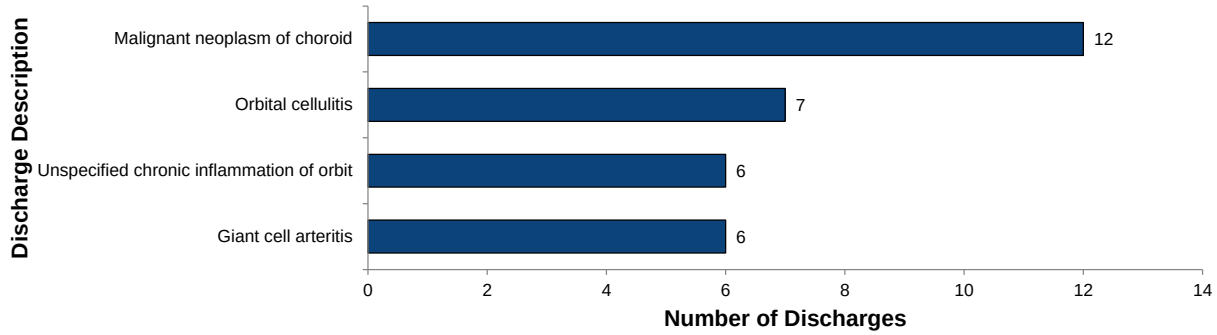
Table 13 – Common Inpatient Discharges, FY2012



Inpatient Discharges by Gender

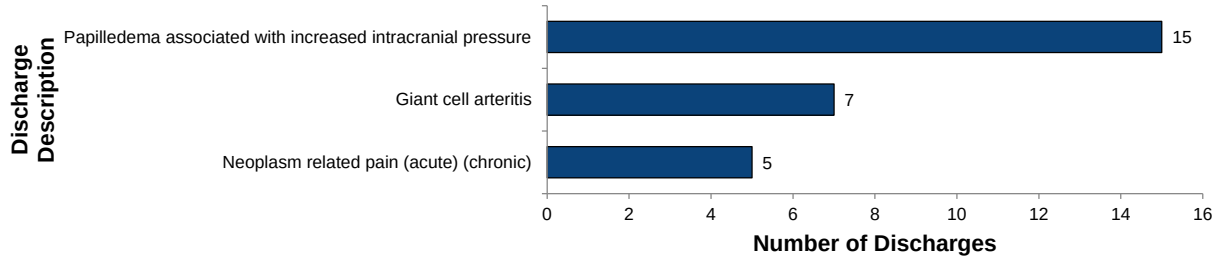
The most common inpatient discharge reason for males is malignant neoplasm of choroid (12), followed by orbital cellulitis (7), unspecified chronic inflammation of orbit (6) and giant cell arteritis (6).

Table 14 – Inpatient Discharges for Males, FY2012



Among females, the most common inpatient discharge reason is papilledema associated with increased intracranial pressure (15), followed by giant cell arteritis (7) and neoplasm related pain (5).

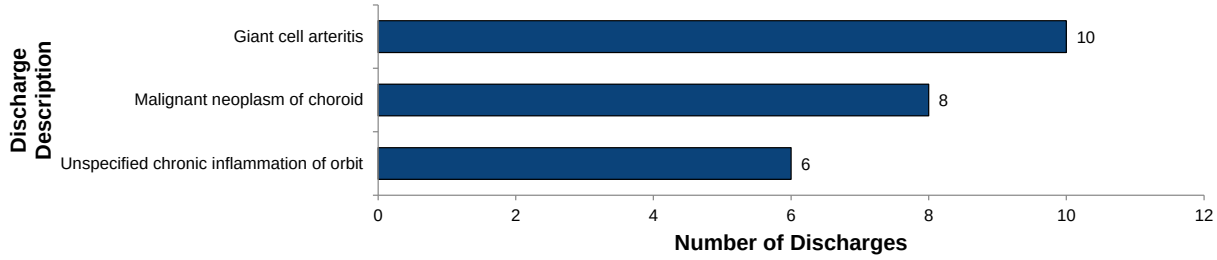
Table 15 – Inpatient Discharges for Females, FY2012



Inpatient Discharges by Race

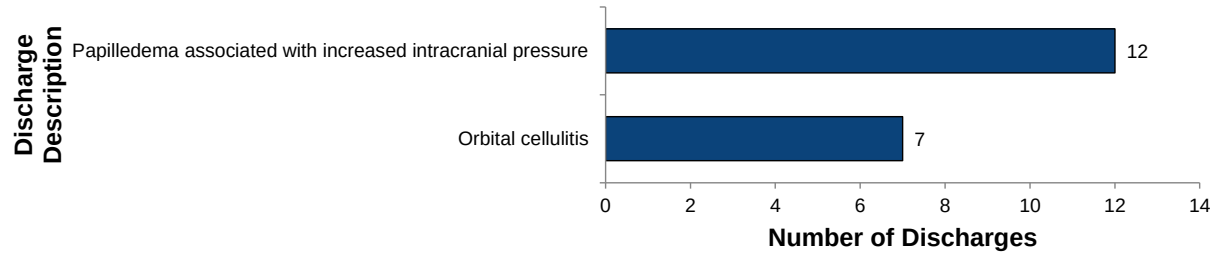
Giant cell arteritis is the most common inpatient discharge reason among whites (10), followed by malignant neoplasm of choroid (8) and unspecified chronic inflammation of orbit (6).

Table 16 – Inpatient Discharges for Whites, FY2012



The most common inpatient discharge reasons for blacks are papilledema associated with increased intracranial pressure (12) and orbital cellulitis (7).

Table 17 – Inpatient Discharges for Blacks, FY2012



Other Secondary Data

Diabetes

Diabetes-related conditions are present in the top five on the above outpatient discharge lists. Miami-Dade County and Broward County adults are less likely to have been diagnosed with diabetes (9.3% and 6.8%, respectively) than all adults in Florida (10.4%). Miami-Dade County adults with diabetes are less likely to have had an annual eye exam (65.5%) compared to all Florida adults (70.2%), while Broward County adults are more likely (84.8%).

Table 18 – Select Diabetes Indicators, 2010

	Miami-Dade County	Broward County	Florida
Adults with diagnosed diabetes	9.3%	6.8%	**10.4%**
Adults with diabetes who had an annual eye exam	65.5%	84.8%	**70.2%**

Source: Florida CHARTS

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 eye conditions. It is meant to provide depth and richness to the quantitative data collected. The most commonly discussed health issues identified by members of the BPEI administration and a member of the American Diabetes Association are presented here.

Interview Methodology

In-person interviews were conducted from December 4-6, 2012 based on the availability of the interviewee. 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 stellar reputation of BPEI, citing its number one ranking among eye hospitals in the United States. The specialty care delivered by world-class physicians at BPEI is of particular benefit to patients with unique health problems. Other interviewees discussed the importance of the top ranking in that they are able to recruit the finest physicians.

Difficulty navigating the complex, multi-layered healthcare system in Miami and the recent restrictions on healthcare services for low-income populations at Jackson Memorial Hospital were mentioned as health concerns. One interviewee discussed the high prevalence of diabetes, obesity, cancer and complications from heart disease and stroke as health concerns. This interviewee also mentioned health disparities in Hispanics and African-Americans with respect to the aforementioned chronic conditions.

Multiple interviewees discussed the Miami Lighthouse for the Blind as a health resource in the community served by BPEI. The Miami Lighthouse for the Blind, which has a long, outstanding relationship with BPEI, provides a variety of services to patients who live with blindness including prescription glasses for children, transition programs for teens becoming adults, independent living skills for adults and braille lessons. Camillus House was also a commonly mentioned resource. Camillus House provides meals, medical care, housing and drug treatment to those who are poor and homeless. Other less commonly mentioned resources are the Health Council of South Florida (HCSF), the Consortium for a Healthier Miami-Dade, the Florida Heart Research Institute (FHRI), the American Heart Association (AHA), the Health Choice Network (HCN), the National Eye Institute (NEI) and the Veteran's Hospital. The HCSF provides a variety of services related to health planning and implementation. As an integral part of South Florida's community health, the HCSF aims to increase access to care, assist healthcare providers and organizations and reduce health disparities. The Consortium for a Healthier Miami-Dade is an initiative by the Miami-Dade County Health Department which intends to lower chronic disease rates. FHRI strives to participate in high-level cardiovascular research and serves the community through free screenings. The AHA is a multi-dimensional organization committed to reducing the burden of cardiovascular disease through a variety of programs and services. The HCN 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 NIE, a division within the National Institutes of Health, serves as a funding resource for BPEI to conduct and support research projects.

Multiple interviewees discussed the need for a better plan to provide care for the indigent population. Another interviewee talked about the need for more educational resources, particular diabetes education. This interviewee cited the lack of education resources available to those with prediabetes, which is where efforts must be focused.

Lack of health insurance and knowledge of existing programs services were commonly mentioned as barriers to obtaining health services. One interviewee discussed the rising cost of treating international patients who lack the funding to cover their medical care. Another interviewee mentioned that long wait times for patients at BPEI can act as a barrier.

When asked about the single most important thing that could be done to improve the health of the community, interviewees mentioned a need for more preventative programs, a plan to improve the healthcare system, increasing access to care and medications, and improving the availability of physicians. It was suggested that the healthcare system can improve by maximizing the effectiveness of the numerous resources, maintaining a high quality of care despite funding cuts and finding a way to institute clarity into the system.

Focus Groups

A focus group was conducted on December 6, 2012 at Bascom Palmer Eye Institute; the session was facilitated by two consultants from Carnahan Group. A total of 10 individuals participated in the focus group, which consisted of adult community members living with various eye conditions. The purpose of the focus groups 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 sections.

Summary

Eye concerns most prevalent in the focus group discussion included diabetic retinopathy, uveitis, retinal detachment and glaucoma. The focus group discussion revolved around the minimal community resources in the community available to those with eye conditions and the lack of health equity. Participants did not feel that there are resources in the community outside of Bascom Palmer; when talking about the lack of these resources, clinics and support services were discussed. The two resources providing support in the community, the Lighthouse and Division of Blind Services, either have wait lists or limited access periods, however participants agreed that the services they provide are vital in enhancing the quality of life for those living with eye conditions.

Regarding health equity, patients perceive that those with premium insurance receive care from doctors who are more experienced in a more efficient time frame than those who may not have insurance that adequately supports the funding needed to utilize Bascom Palmer services. Focus group participants felt that given the limited resources, getting seen by an eye specialist when it is not an emergency in a timely fashion is extremely difficult. Some individuals stated that when obtaining an appointment at Bascom Palmer, the next available times are as far as three to four months out. Additionally, waiting at the institute to be seen can take hours, and one participant said she packs a lunch. Some individuals suggested creating a waiting room area that has some of the tools people with eye conditions need to read, write, and use the computer would be a welcome addition and would make the wait more bearable.

Transportation was also a topic of discussion among participants, and is of particular concern for those with eye conditions because many of them are unable to drive themselves and have to rely on others to make it to their appointments. There is a transportation service available to patients, but many individuals feel that it is not dependable, and some people do not qualify. Some members of the focus group expressed that this was the most important thing for the hospital to take into account, and suggested

development of a transportation service through the institute to assist those patients in the area who have difficulties getting to their appointments.

As Bascom Palmer is a teaching institute, participants expressed that it is difficult to develop a trusting doctor patient relationship because the residents are in constant rotation. Some individuals experience undue stress when utilizing Bascom Palmer services because they do not feel they receive adequate education on the processes and procedures, their conditions or prescriptions. Suggestions from focus group participants to improve trust and decrease the stress experienced in patients include enhanced training and continuing education in patient empathy among residents.

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 Bascom Palmer's strategies in addressing these needs. For the purpose of identifying health needs for BPEI, 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, of these were identified as priorities.

The priorities included on this list that fell in the "high" or "medium" rank include diabetes mellitus with ophthalmic manifestations, healthcare access and disease prevention. For the sake of continuity, these needs are ordered alphabetically.

Diabetes Mellitus with Ophthalmic Manifestations

- In the 2012 fiscal year, ophthalmic manifestations was the second most common outpatient discharge reason at BPEI.
- For both genders and all races, diabetes mellitus with ophthalmic manifestations is in the top five most common reasons for outpatient discharges and is the second leading outpatient discharge overall.
- Miami-Dade County adult residents with diabetes are less likely to have an annual eye exam (65.5%) when compared to Broward County (84.8%) and the state of Florida (70.2%)
- Interviewees discussed ophthalmic issues related to diabetes particularly in relation to pre-diabetes resources.

Healthcare Access and Disease Prevention

Included in this section is accessibility of assistance services, health equity, lack of health insurance, health education and transportation.

- Interviewees discussed the need for expansion of healthcare options and availability for the indigent population including health insurance and knowledge of existing resources.

- Long clinic wait times at BPEI were discussed by focus group participants and interviewees; this acts as a barrier both on its own and in relation to transportation, because long wait times affect ability to utilize transportation services.
- Health equity as it relates to those without premium health insurance was discussed as an issue for focus group participants, as many of them perceived access to experienced physicians to be lacking for those uninsured or underinsured.
- Transportation was a main concern for focus group participants; with the limited transportation options, eligibility and wait times serve as a barrier to accessing eye health services.
- Interviewees expressed concern about the availability of and access to preventive health education and screenings, particularly for those at risk for diabetes.
- Focus group participants discussed the lack of continued availability of assistive resources for transition after eye impairment and technologic help for various daily skills like reading and writing.

Eye Health Resources

Bascom Palmer is known throughout the community as the main eye health resource. Not only is its reputation outstanding, its research capabilities and advances in eye health make it a good option for those with various types of eye health conditions.

There are limited resources in the Miami-Dade community for those with vision impairments. The Miami Lighthouse for the Blind and Visually Impaired provides services and programs for both adults and children including rehabilitation through Braille lessons, living skill programs including public transportation use, cane skills and personal management classes. All programs provided are designed to assist individuals in becoming productive, self-sufficient community members. Support groups are also available. Additionally, education for those who have experienced loss of vision due to diabetes complications, including self-management courses on how to monitor blood sugar levels and maintaining a healthy lifestyle, is available. The programs and services at the Miami Lighthouse are offered in Spanish, English and Creole to help meet the needs of the community's multicultural population. A low-vision clinic is also available by appointment.

The Florida Division of Blind Services also offers programs and services for children and adults with vision impairments or blindness. Included in these services are vocational rehabilitation services, Braille resources and family education and support for children. There is a wealth of online resources available

through the Division's website, including job opportunities, assistive technology and advocacy organization information.

While these organizations offer a variety of services, they have eligibility requirements and some, such as the courses offered, are time restricted. This leaves a portion of the population who falls into the gap of not being eligible and not able to afford services without resources. When individuals fail to meet eligibility requirements or their eligibility lapses they may be are unable to access resources to address their individual eye health needs. Additionally, the community clinics are without doctors that are equipped to handle many eye conditions, which often leads them to refer to Bascom Palmer; focus group participants expressed concerns that the wait times for an appointment at BPEI can lead to further deterioration of one's condition or leave an individual without necessary medication.

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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;
- Individuals Certified in Public Health (CPH)
- 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
Betty Gomez-Galan	Specialist, American Diabetes Association
Charles Pappas	Chief Operations Officer, BPEI
Harry Rohrer	Chief Financial Officer, BPEI
Marla Bercuson	Director of Business Operations, BPEI