Memorial Healthcare System

2018 Community Health Needs Assessment

Prepared By:

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

Memorial Healthcare System

Since its inception in 1953, Memorial Healthcare System (MHS) has been a leader in providing high-quality health care services to South Florida residents. Today, it is the fifth-largest public health care system in the nation and highly regarded for its exceptional patient- and family-centered care. Memorial's patient, physician and employee satisfaction rates are some of the most highly regarded in the country, and the system is recognized as a national leader in quality health care.

Memorial Regional Hospital is the flagship facility of the health care system and is one of the largest hospitals in Florida. Memorial Regional Hospital offers extensive and diverse health care services that include Memorial Cardiac and Vascular Institute featuring renowned surgeons, Memorial Cancer Institute treating more inpatients than any other in Broward County, and Memorial Neuroscience Center providing innovative technology and world-class physicians.

Memorial Regional Hospital and Memorial Regional Hospital South are both located in Hollywood, Florida, and offer our community a variety of medical and surgical services. Joe DiMaggio Children's Hospital at Memorial provides a comprehensive array of pediatric services and is the leading children's hospital in Broward and Palm Beach counties. Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke serve the communities of western Broward County and others in South Florida. Memorial Manor nursing home and a variety of ancillary health care facilities round out the system's wide-ranging health services.

Memorial has a reputation as one of Florida's leading health care systems and is supported by a distinguished medical staff. In fact, the vast majority of physicians are board certified or board qualified in their specialties and have been trained at many of the nation's finest medical schools and hospitals. Because of its distinguished medical staff and services, Memorial draws patients from South Florida and beyond.

Our Mission

Heal the body, mind and spirit of those we touch.

Our Vision

To be a premier clinically integrated delivery system providing access to exceptional patient-and family-centered care, medical education, research and innovation for the benefit of the community we serve.

BOARD OF COMMISSIONERS

Jose Basulto **Chairman**	**Vic Narang** **Vice Chairman**	**Douglas A. Harrison** **Secretary/Treasurer**
Hobel Florido Commissioner		Karen L. Harrington Commissioner
Frank Ledee Commissioner		Laura Raybin Miller Commissioner

Aurelio M. Fernandez, III, FACHE
President and CEO

Broward Regional Health Planning Council

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

www.brhpc.org

BRHPC's mission is to be committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and capacity building.

With over 30 years of experience in developing needs assessments, BRHPC is well-positioned to assist hospital administrators in meeting the new IRS requirement for a comprehensive Community Health Needs Assessment (CHNA). For this project, BRHPC was responsible for the quantitative and qualitative data research, analysis and presentation, which included the integration of hospital-specific data sets.

BRHPC sincerely thanks the CHNA Advisory Council and all of the contributors in the realization of this project. For more information, please contact Régine Kanzki, MPH, Division Director, Broward Regional Health Planning Council, via email: rkanzki@brhpc.org.

Broward Regional Health Planning Council, Inc. (BRHPC) is one of eleven private Local Health Planning Councils established by Section 408.033 Florida Statutes (F.S.) to conduct regional health planning and implementation activities. Each council's district is designated in Section 408.032, F.S. These local organizations develop regional health plans containing data, analysis and recommendations that relate to healthcare status and needs in the community. The recommendations are designed to improve access to healthcare, reduce disparities in health status, assist state and local governments in the development of sound and rational healthcare policies, and advocate on behalf of the underserved. Local health councils study the impact of various initiatives on the healthcare system, provide assistance to the public and private sectors, and create and disseminate materials designed to increase their communities' understanding of healthcare issues.

BOARD OF DIRECTORS

Barbara Effman, MPH Chair	David Roach, BA Vice Chair
John Benz, MBA Secretary	Cyril Blavo, D.O. Treasurer
Lee Chaykin, FACHE	Mark Dissette, MBA
Albert C. Jones, MA	Leilani Kicklighter, MBA, ARM, RN
Daniel Lewis	Samuel F. Morrison, BA, MLS
Tiana Blount, MHA	Cary Zinkin, DPM

Michael De Lucca, MHM
President and CEO

Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100 ‖ Hollywood, FL 33020
Phone: (954) 561-9681 ‖ Fax: (954) 561-9685 ‖ www.brhpc.org

Community Health Needs Assessment Advisory Council

Name	Agency
Billie Morgan	*211 Broward*
Norma Wagner	*Broward Behavioral Health Coalition*
Sandy Atkins	*Broward County Family Success Center*
Dr. Lori Canning	*Broward County Public Schools*
Nan Busjit	*Broward County Public Schools*
Shea Cirlago	*Broward Education Foundation*
Larry Rein	*ChildNet*
Dawn Liberia	*ChildNet*
Kenia Allen	*ChildNet*
Sue Gallagher	*Children's Service Council*
Deborah Forshaw	*Children's Service Council*
Rafael Acosta	*City of Dania Beach*
Darline Riggs	*City of Miramar*
Katrina Davenport	*City of Miramar*
Justine Hoo	*City of Miramar*
Amy Pont	*Community Care Plan*
Dr. Deberenia Allen	*Community Care Plan*
Angelica Rojas	*Community Foundation of Broward*
Sandra Veszi-Einhorn	*Coordinating Council of Broward*
Kristine Perez-Carrion	*FLIPANY*
Lynne Kunins	*FLIPANY*
Rebecca Miele	*Florida Health Department in Broward County*
Vera Sharitt	*Florida Health Department in Broward County*
Julie Kreafle	*Florida Impact*
Myriam Campo-Goldman	*Harmony Development Center*
Janisse Schoepp	*Health Foundation of South Florida*
Monica King	*Healthy Start Coalition of Broward County*
Felipe Pinzon	*Hispanic Unity of Florida*
Walter Honaman	*Legal Aid Service of Broward County*

Name	Agency
Marci Ronik	*Ronik-Radlauer Group*
Gretchen Rovina	*South Florida Wellness Network*
Lisa Math	*South Florida Wellness Network*
Tori Bertran	*Sunserve*
Mandi Hawke	*Sunserve*
Dr. Harleen Hutchinson	*The Journey Institute, Inc.*
Stephanie Scott	*United Way of Broward County*
Janine Ribeiro Chow-Quan	*United Way of Broward County*
Teddy Speropoulos	*Memorial Cancer Institute*
Elizabeth Marshall	*Memorial Cancer Institute*
Lisa Eusebio	*Memorial Cancer Institute*
Tim Curtin	*Memorial Healthcare System*
Melida Akiti	*Memorial Healthcare System*
Marilyn Camerota	*Memorial Healthcare System*
Laura London-Weaver	*Memorial Healthcare System*
Jennifer Reilly	*Memorial Healthcare System*
Joshua Plantz	*Memorial Healthcare System*
Christine Heft	*Memorial Healthcare System*
Delilah Riggs	*Memorial Healthcare System*
Dionne Proulx	*Memorial Healthcare System*
Tammy Tucker	*Memorial Healthcare System*
Theresa Garcia	*Memorial Healthcare System*
Tony Fox Shaw	*Memorial Healthcare System*
Shane Strum	*Memorial Healthcare System*
Arlen Ross	*Memorial Healthcare System*
Michael De Lucca	*Broward Regional Health Planning Council*
Régine Kanzki	*Broward Regional Health Planning Council*
Shira Fowlkes	*Broward Regional Health Planning Council*

Meeting Dates	Agenda
December 6, 2017	1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps
January 10, 2018	1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps
February 7, 2018	1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps
February 21, 2018	1. MHS Quantitative Data Presentation (Part II) 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps
March 14, 2018	1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps
April 4, 2018	1. Summary of Data/Needs/Gaps 2. Stakeholder Discussion 3. Prioritization Process

Executive Summary

As a part of IRS regulations, hospital organizations are required to conduct a community health needs assessment which serves as a guiding document for strategic planning. By utilizing the process of developing a Community Health Needs Assessment, Memorial Healthcare System has positioned itself to address local health needs that are not being met.

Broward County is the second most populated county in the state and ranks high in diversity. A community based needs assessment aids the county in identifying and addressing the specific healthcare needs and/or gaps of local residents. The main purpose of the assessment is to improve the health status of Broward County residents and increase access and availability of healthcare services. The main goals of the Community Health Needs Assessment are to:

- Improve health status of Broward County residents.
- Address socioeconomic factors that have a negative impact on community health.
- Increase access to preventive healthcare services, especially within at-risk sub-populations.

A Community Health Needs Assessment Advisory Council was convened with the mission to:

- Guide the assessment process.
- Act as a sounding board and assist in obtaining community input.
- Participate with the Planning Team in evaluating health issues and priorities once the assessment is completed.
- Engage in collaborative action planning on an ongoing basis.

The members of the Memorial Healthcare System Community Health Needs Assessment Advisory Council participated in meetings that took place from December 2017 to April 2018. During these meetings, the council reviewed data collected per the following methodology: quantitative and qualitative data research, key informant interviews community conversations, and provider and community focus group sessions. These data sets were analyzed and discussed to identify and prioritize community health needs within the Memorial Healthcare System service area:

- Access to care;
- Preventive care;
- Community health education;
- Quality of care;
- and Emergency response.

The following provides a summary of the quantitative and qualitative data sets that were examined during the council meetings.

SUMMARY

1,909,632

Residents in Broward County

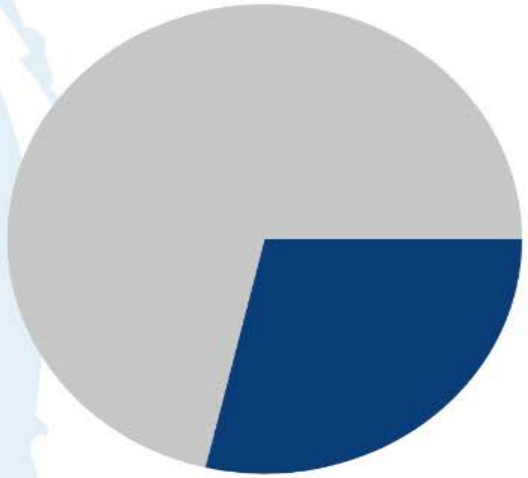
22,170 Births
16,201 Migrants

15,864 Deaths

22,351 net population **increase**

65-74 age group had largest growth from 2015-1016

7,518



28.7%

of residents are Hispanic/Latino

SUMMARY

Mean Income
$79,147

14.4%
of all Broward residents have an income below the poverty line

22.5%
families with female head of household live below the poverty line

4.6%
Unemployment Rate

2.3%
Job Growth

20.9%
Employed in education, health or social services

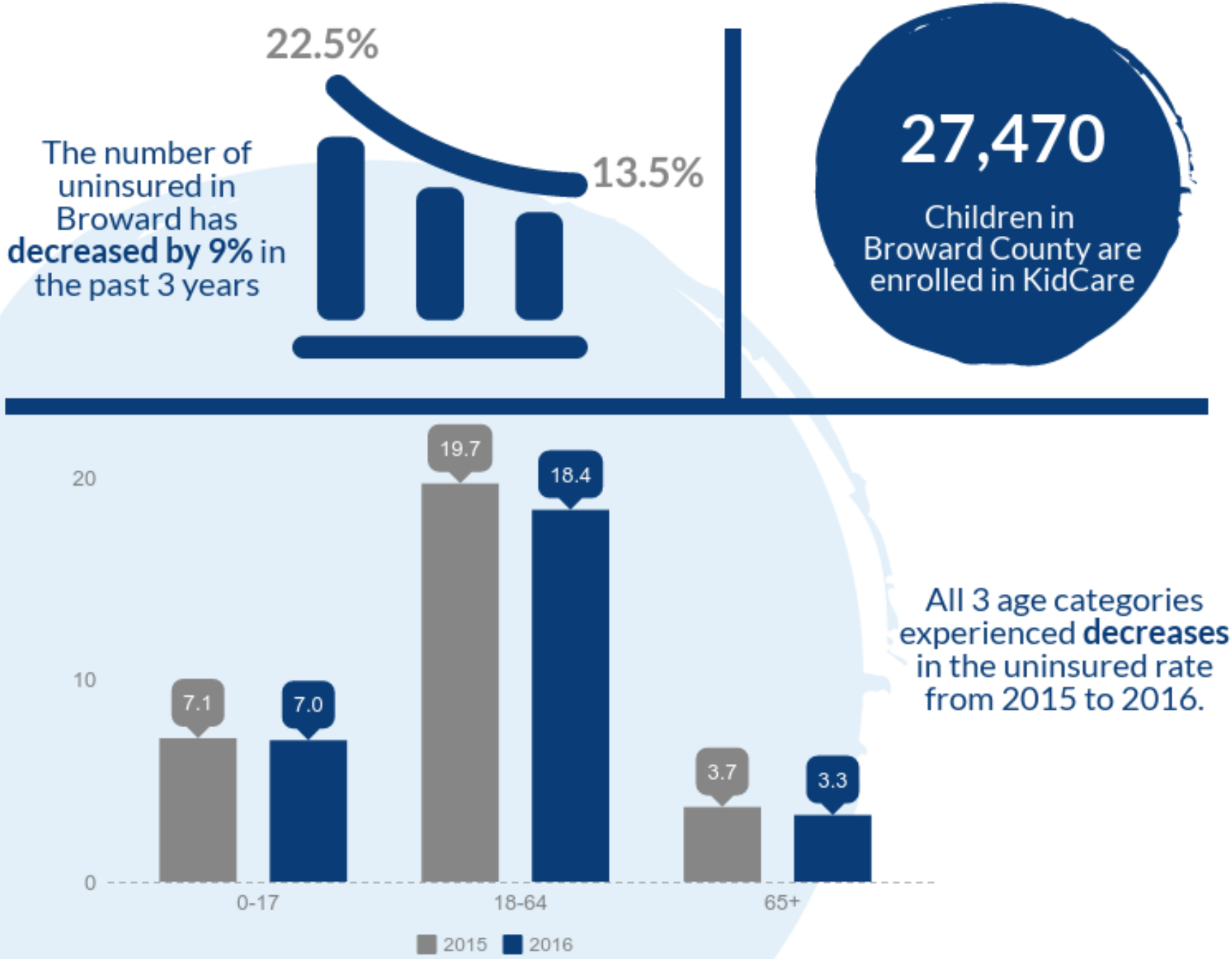
268,836 students in Broward County Public Schools

87.9% of adult population has a high school diploma

30.8% of adult population has a bachelor's degree

Note: FPL = $24,600 for a family of four

SUMMARY


22.5%
13.5%
The number of uninsured in Broward has **decreased by 9%** in the past 3 years
27,470
Children in Broward County are enrolled in KidCare
20
10
0
19.7
18.4
7.1
7.0
3.7
3.3
0-17
18-64
65+
2015
2016
All 3 age categories experienced **decreases** in the uninsured rate from 2015 to 2016.

SUMMARY

Entry into Prenatal Care

1st Trimester Prenatal Care rates have gone **down (76.2 to 74).**

3rd Trimester or No Care rates have gone **up (7.4 to 8.2).**

2-year old immunization rates are **80.4%** which is **below** the Healthy People 2020 goal of **90%.**

Kindergarten immunization rates are **95.3%** which is **above** the Healthy People 2020 goal of **95%.**

Black babies are at a higher risk of **negative** birth outcomes when compared to their White counterparts.

	Low Birth Weight	Preterm Births	Infant Mortality
Black Babies	13.5%	14.1%	8.1%
White Babies	7.1%	8.8%	3.2%

SUMMARY

Heart Diseases account for the **highest** number of deaths in Broward County. Representing **24.5%** of all deaths with a rate of **151.1**.

Unintentional Injuries are responsible for the **most** Years of Potential Life Loss with a rate of **1,712.8**.

Major Causes of Death that Did **Not** Meet HP2020 Goals

- 103.4 Heart Disease 151.1
- 36.4 Unintent. Injury 54.5
- 18.7 CLRD 32.1
- 34.8 Cerebro-vascular Disease 59.9
- 10.2 Suicide 12.2

Major Causes of Death That Met HP2020 Goals

- 66.6 Diabetes Mellitus 16.2
- 161.4 Cancer 147.9

SUMMARY

The Total Sexually Transmitted Infection Rate for Broward County has been **increasing** since 2011. Going from **539.3 to 707.3**.

Chlamydia
533.4
per 100,000

Gonorrhea
195.2
per 100,000

2,904.4
Chlamydia Rate
per 100,000

Rates Among 15-19 Year Old Females

433.2
Gonorrhea Rate
per 100,000

The AIDS rate in Broward has been **decreasing** since 2012. Going from 24.7 to 13.6.

The HIV rate in Broward has been had an overall **increase** since 2012. Going from 39.1 to 41.4.

SUMMARY

Chronic Conditions

$3 BILLION

Amount charged for chronic conditions in all MHS hospitals combined.

Hypertension had the highest number of chronic condition cases in MHS hospitals which accounted for over **$1 billion** charges in 2016.

Medicare was the **payer source** with the **highest** chronic condition charges in 2016.

Congestive Heart Failure had the largest case-charge gap with **$705 million** being charged for **6 thousand cases.**

SUMMARY

Chronic Conditions

Charges increased for chronic conditions in the MHS PSAs by **21.6%** while cases only increased by **1.6%.**

Emergency Department Statistics

Emergency Department visits and admissions have **increased** every year since 2014.

Service Area Statistics

In 2016, PSA **33024** had the most cases of chronic conditions while **33023** had the highest charges.

In 2016, SSA **33147** (Miami-Dade zip code) had the most cases of chronic conditions while **33311** had the highest charges.

SUMMARY

Avoidable Hospital Visits

Visits classified as [84]- problems that are high in severity but do not pose an immediate threat to life had both the highest cases and charges in 2016

Payer Source

[81] and [82] cases- Medicaid
[83] and [84] cases- Private
[85] cases- Medicare

Age Group	0-17	18-39	40-64
Visit Classification	[81] and [82] cases	[83] cases	[84] and [85] cases

SUMMARY

PQIs

The most PQI cases were for **COPD** (including adult asthma) and the highest charges were for **low birth weight (LBW)**.

Medicare paid the greatest proportion of charges for most of the PQIs except for *short term diabetes and low birth weight* (**Medicaid**) and *perforated appendicitis* (**Private**).

Whites had the most cases for most of the PQIs except for *Hypertension* (**Blacks**) and *low birth weight* (**Other**).

Memorial Regional Hospital had the highest number of **LBW** cases out of the MHS hospitals.

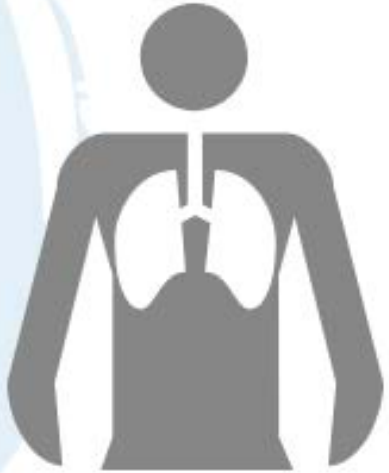
Zip Code **33023** (West Park) had the highest number of **LBW** cases

SUMMARY

DRGs

Delivery had the highest number of discharges while **general surgery** had the highest charges in 2016.

Thoracic surgery had the greatest discharge to charge difference with 772 discharges accounting for over $407 million.



Prioritizing the Needs in 2018

Data Source		
Qualitative: ✓ Focus Groups ✓ Key Informants ✓ Community Conversations **Quantitative:** ✓ US Bureau of the Census ✓ BRHPC Health Data Warehouse ✓ Florida Charts	**Access to Care**	• Implementation of a care coordination and transitional care program • Consideration for diversity issues (i.e.: languages spoken, undocumented populations) • Assistance with navigation of the health insurance system including **legal-medical partnerships** • Continued education of the underinsured/uninsured about new MHS Primary Care sites **including collaboration/partnerships to ensure widespread information-sharing.**
Qualitative: ✓ Focus Groups ✓ Key Informants **Quantitative:** ✓ BRHPC Health Data Warehouse ✓ Florida Charts	**Preventive Care**	• Prenatal Care for the prevention of low birthweight and other negative health outcomes • Immunizations • Education for the prevention of opioid use. • **Educate providers to screen youth for adverse experiences (using the ACE survey) in order to link to appropriate services early**
Qualitative: ✓ Focus Groups ✓ Key Informants **Quantitative:** ✓ BRHPC Health Data Warehouse ✓ Florida Charts	**Community Health Education**	•Chronic disease self-management (Congestive Health Failure, Diabetes, Chronic Obstructive Pulmonary Disease, Asthma) •Health promotion and wellness •Education for the prevention of sexually transmitted infections
Qualitative: ✓ Focus Groups ✓ Community Conversations **Quantitative:** ✓ BRHPC Health Data Warehouse ✓ Florida Charts	**Quality of Care**	•Consideration for diversity issues including languages spoken, patients with disabilities, gender issues (**i.e. gender identity, gender expression and sexual orientation**) •Diversification **and training** of clinical **and non-clinical** staff •Coordination of care •**Consideration for the impact of macro-conditions (i.e. systemic racism) on population health**
Qualitative: ✓ Focus Groups	**Emergency Response**	•Design and implementation of an all hazard regional response and recovery system •Education of first responders through simulation

Introduction

What is a Community Health Needs Assessment?

- A dynamic process involving multiple sectors of the community
- Draw upon qualitative and quantitative population health status data
- Identify unmet community needs to improve the health of vulnerable populations: the poor, homeless and disenfranchised
- Enable community-wide establishment of health priorities

Why do a Needs Assessment?

Affordable Care Act

Section 501(r)(3) requires a community health needs assessment (CHNA) at every three years

An implementation strategy to meet the community health needs identified through the CHNA

JCAHO Standards

The needs of the community must guide service delivery

IRS Form 990 Requirement

Manner in which community information and health care needs are assessed

Opportunity

Identify unmet community needs to improve the health of vulnerable populations

Improve coordination of hospital with other efforts to improve community health

IRS Requirement for CHNA

Community served by the hospital.

Process and methods used to conduct the assessment, including list of all of the **collaborating organizations**.

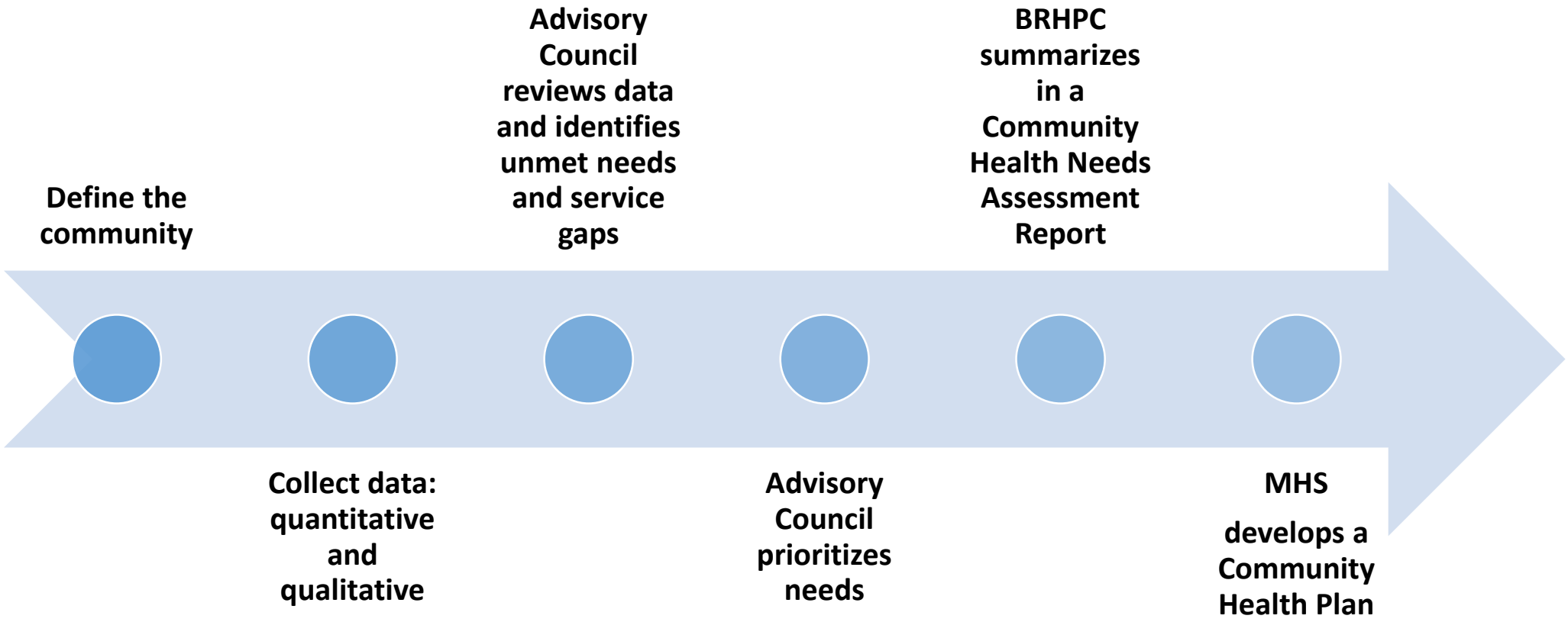
A description of how the hospital took into account **input from persons** who represent the broad interests of the community.

A **prioritized** description of all of the community health needs identified through the CHNA.

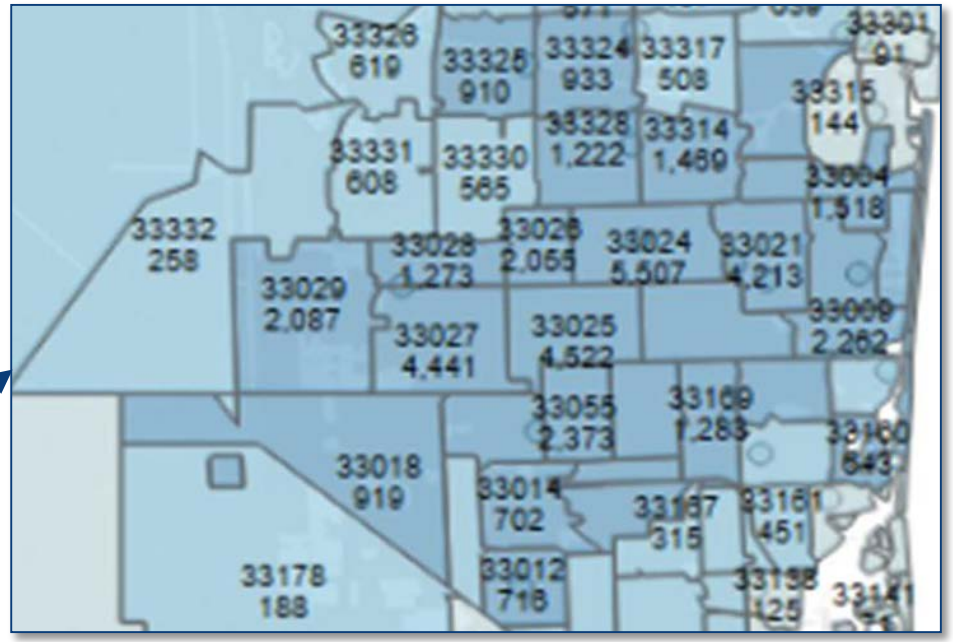
A description of the **existing resources available** to meet the community health needs identified.

Methodology

Process


Define the community
Collect data: quantitative and qualitative
Advisory Council reviews data and identifies unmet needs and service gaps
Advisory Council prioritizes needs
BRHPC summarizes in a Community Health Needs Assessment Report
MHS develops a Community Health Plan

Defining the Community:
South Broward County - **MHS Primary Service Areas**



Data Collection and Presentation

Quantitative Data

- U.S. Bureau of the Census
- American Community Survey
- Florida Charts
- Broward Regional Health Planning Council Health Data Warehouse
  - Broward and Memorial Healthcare System data
    - Hospital Utilization
    - Chronic Diseases
    - Prevention Quality Indicators (adults and children)
    - Diagnosis Related Groupings

Qualitative Data

- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance System
- PRC Community Health Needs Assessment in Broward County
- Focus Groups
- Community Conversations (Town Hall Meetings)
- Key Informant Interviews

Prioritizing the Need: Role of Advisory Council

ACA: Input from "persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health."

Guide the assessment process

Act as a sounding board and assist in obtaining community input

Once the assessment is completed, may participate with the Planning Team in evaluating health issues and priorities with MHS

Engage in collaborative action planning on an ongoing basis

Prioritizing the Needs

DRAFT TEMPLATE

Quantitative and Qualitative Validation		
Quantitative: ✓Florida Charts Qualitative: ✓Focus Groups	Need #1	• Description
Quantitative: ✓Florida Charts	Need #2	•Description
Quantitative: ✓Florida Charts	Need #3	•Description

The Final Report

Introduction

Methodology

Quantitative Profile

- Broward Data
- MHS Data

Qualitative Profile

- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance System
- PRC Community Health Needs Assessment for Broward
- Focus Groups
- Town hall Meetings
- Key Informant Interviews

Recommendations and Conclusion

A look back…
MHS 2015 CHNA

2015 MHS CHNA Implementation Strategy

Prioritizing the Needs

Data Source		
Qualitative: ✓Focus Groups ✓Key Informants ✓Behavioral Risk Factor Surveillance System **Quantitative:** ✓Florida Charts ✓BRHPC Health Data Warehouse	Preventive Care	•Screenings (colonoscopy/mammograms) •SAMH Screenings •Obesity/Overweight/Healthy Lifestyle •Immunizations •Preventable admissions and conditions (Chronic Conditions)
Qualitative: ✓Focus Groups **Quantitative:** ✓Florida Charts ✓BRHPC Health Data Warehouse	Prenatal Care	•Low Birthweight •Prematurity •High risk pregnancy •Infant Mortality
Qualitative: ✓Focus Groups ✓Key Informants ✓ Community Conversations **Quantitative:** ✓US Bureau of the Census ✓BRHPC Health Data Warehouse	Access to Care	•Increased primary access sites •Implementation of care coordination and transitional care program •Co-locating primary care and emergency room services. •Integration of behavioral health with primary care •Consideration for diversity issues: languages, undocumented •Transportation Issues •Affordability issues: high cost of co-pays/deductibles, lack of low cost options
Qualitative: ✓Focus Groups ✓Community Conversations ✓Key Informant Interviews **Quantitative**: ✓Florida Charts	Community Health Education	•Navigating the Health Insurance system •Health self-management •Health promotion and wellness •Education for the prevention of Sexually Transmitted Infections
Qualitative: ✓Focus Groups ✓Community Conversations ✓Key Informant Interviews Quantitative: ✓US Bureau of the Census	Quality of Care	•Research palliative care practices •Consideration for diversity issues: languages, patients with disabilities •Diversification of clinical staff •Coordination of care

Quantitative Data Profile

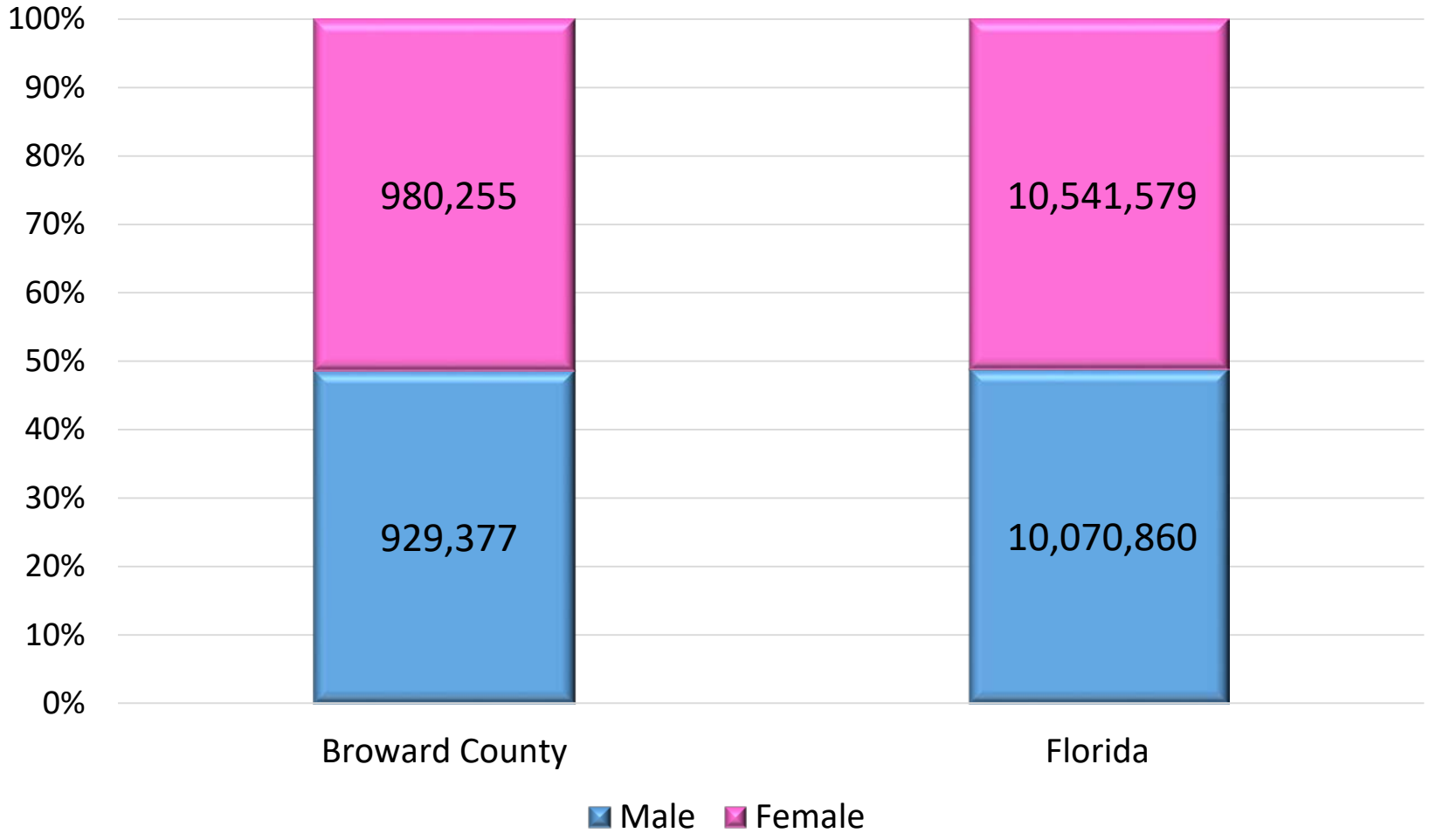
Demographics

Broward County Population

2016	Broward		Florida	
Total Population	Number	Percent	Number	Percent
	1,909,632	100%	20,612,439	100%
Male	929,377	48.7%	10,070,860	48.9%
Female	980,255	51.3%	10,541,579	51.1%
0-17	407,359	21.3%	4,145,140	20.1%
18-64	1,195,032	62.6%	12,376,535	60.0%
65+	307,241	16.1%	4,090,764	19.8%
White	1,163,610	60.9%	15,574,165	75.6%
Black	**545,324**	**28.6%**	3,310,428	16.0%
Hispanic	**548,310**	**28.7%**	5,126,578	24.9%
Asian	69,401	3.6%	559,393	2.7%
Other	70,867	3.7%	635,702	3.1%

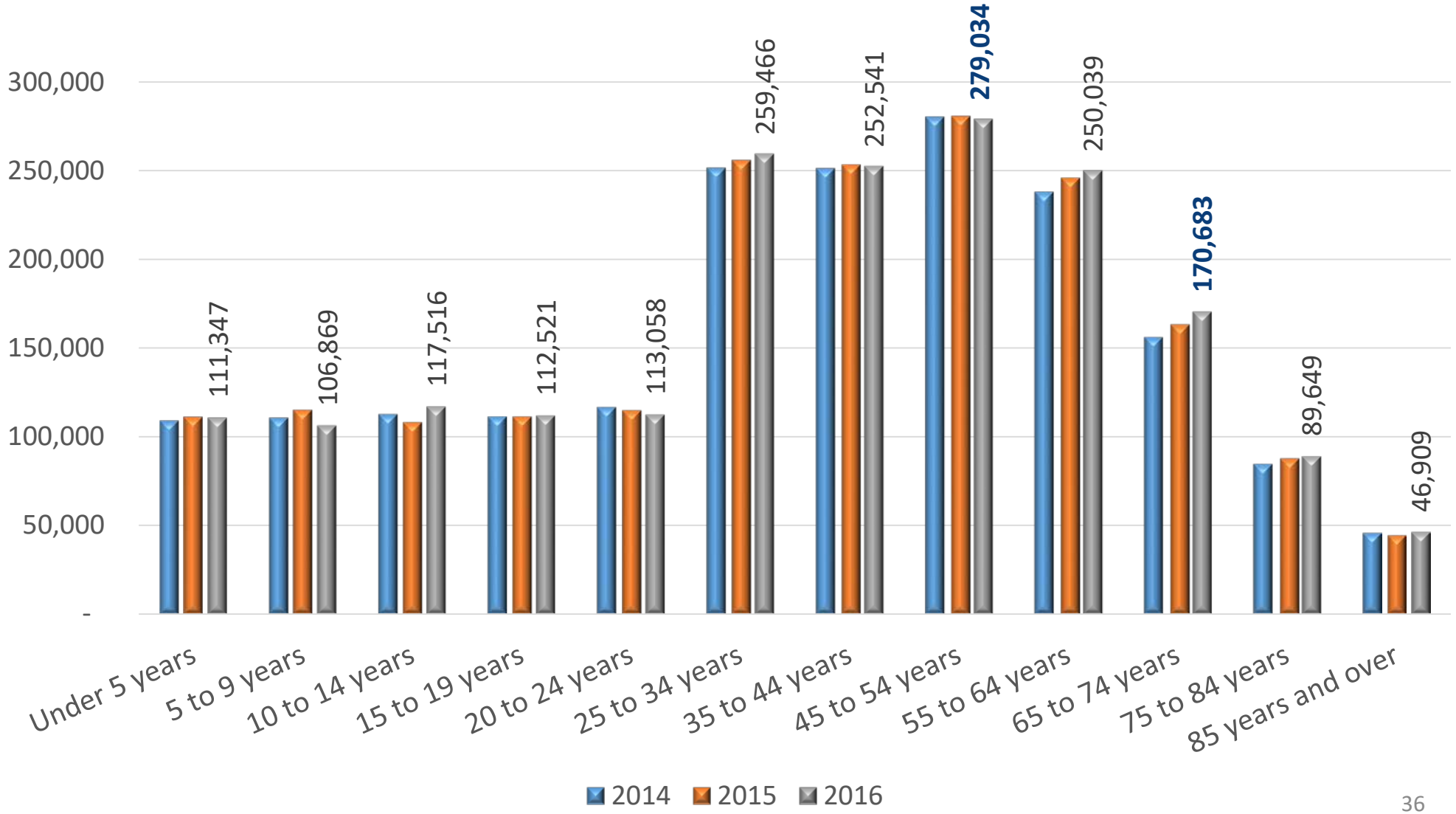
Source: US Census Bureau, American Community Survey, 2016.

Population by Gender-Broward & Florida, 2016



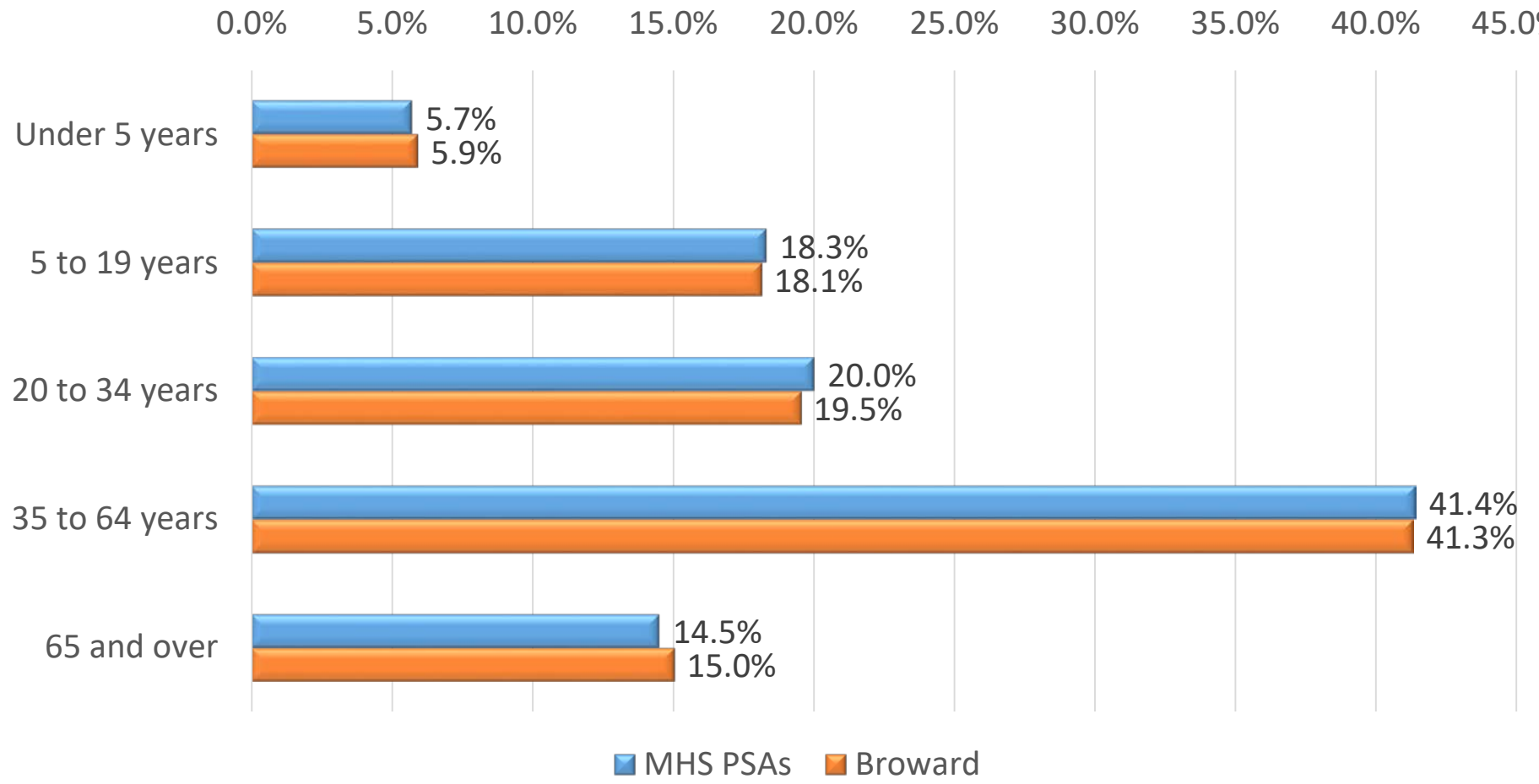
Source: US Census Bureau, American Community Survey, 2016.

Broward Population by Age, 2014-2016



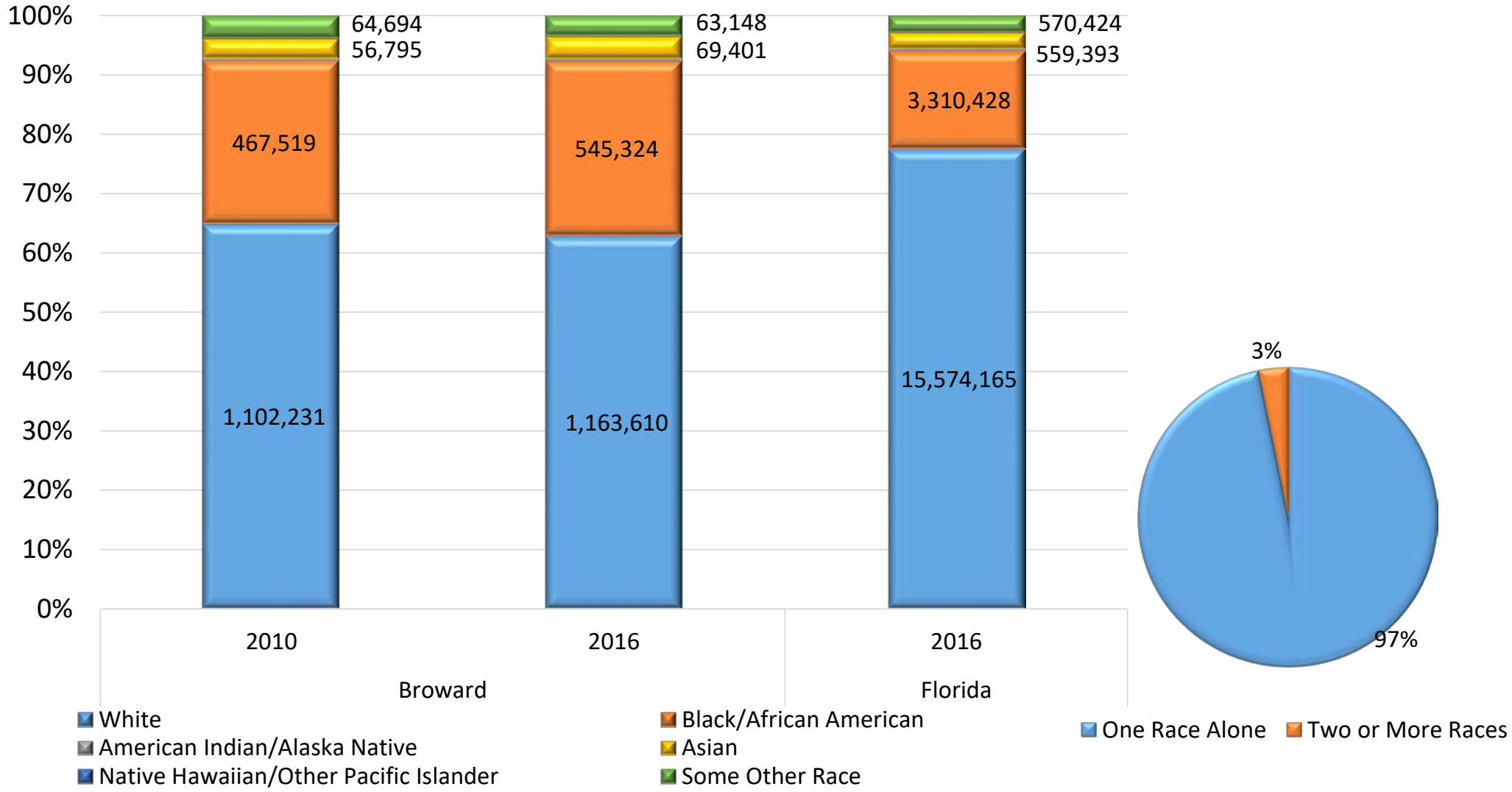
Source: US Census Bureau, American Community Survey, 2014, 2015, 2016

MHS Primary Service Area Demographics County Comparison by Age, 2011-2015 (5-yr estimate)



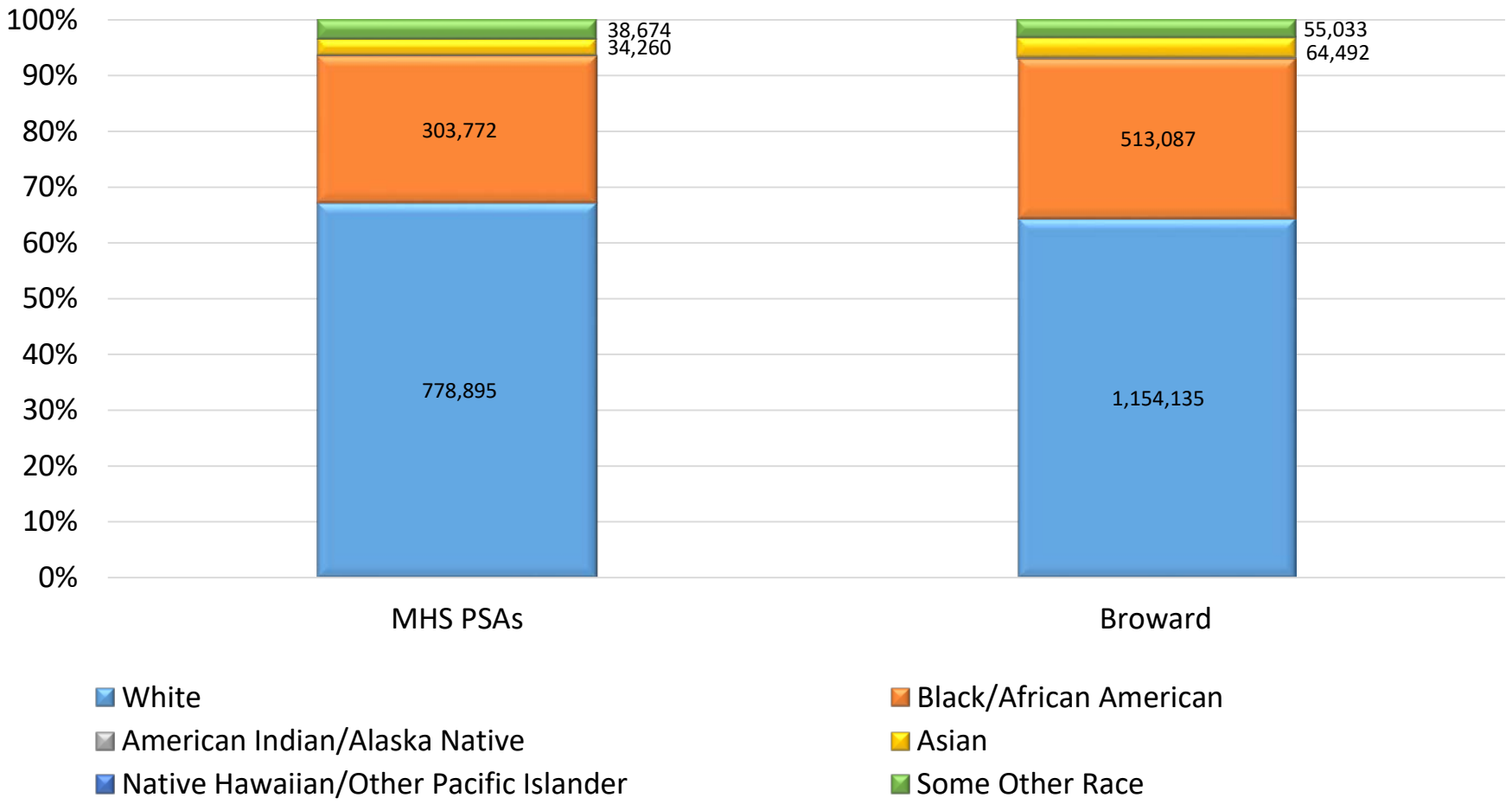
Source: American Community Survey 2011-2015

Population by Race-Broward & Florida



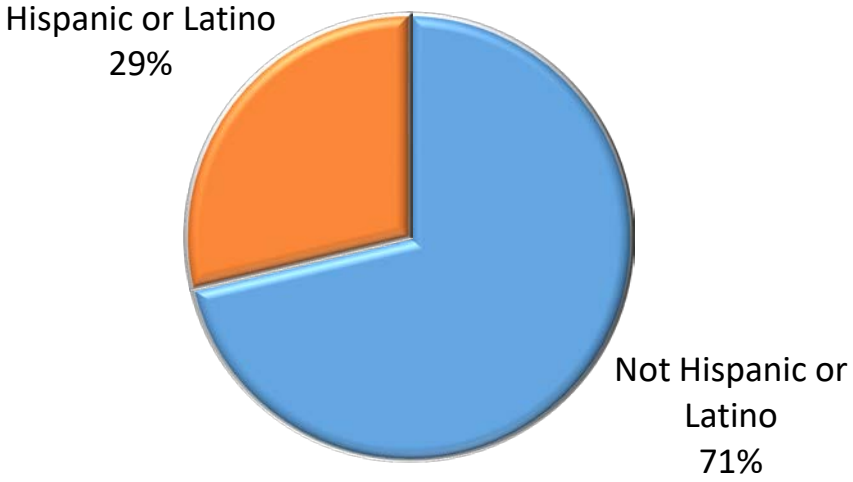
Source: U.S. Census Bureau, 2010 Census. American Community Survey, 2016

MHS Primary Service Area – Demographics County Comparison by Race, 2011-2015, (5-yr estimate)



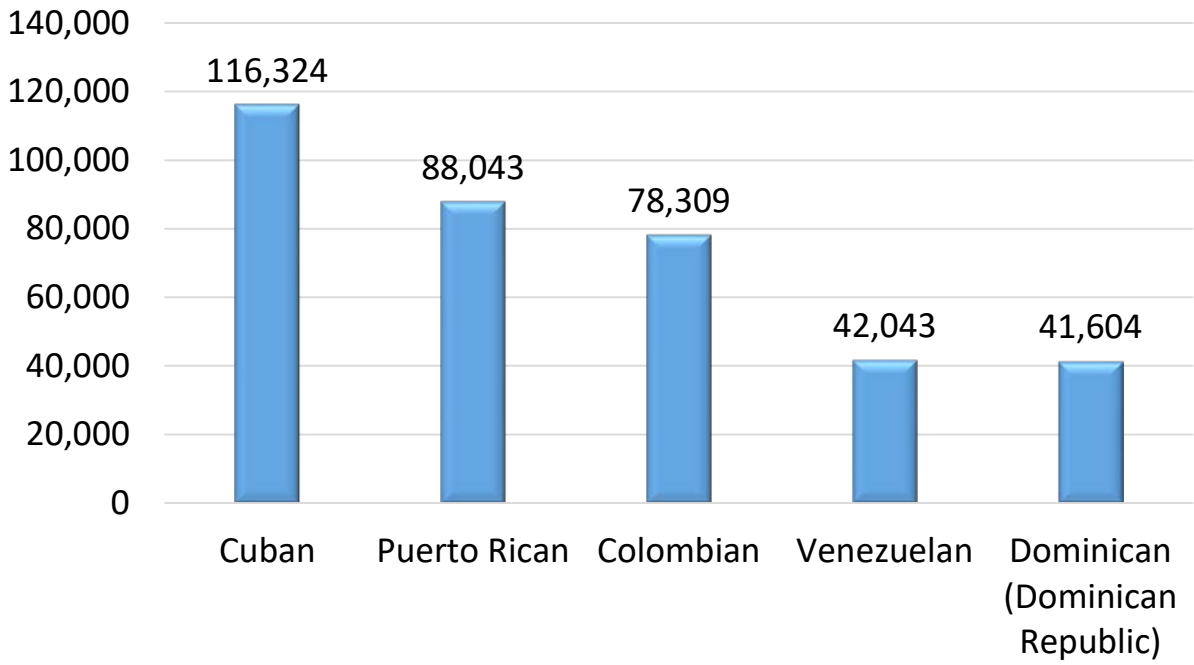
Source: American Community Survey 2011-2015

Population by Hispanic or Latino Origins- Broward County, 2016



548,310 of Broward residents identify as being of **Hispanic/Latino** decent, a significant increase from the 2010 Census (441,849 – 25.1%)

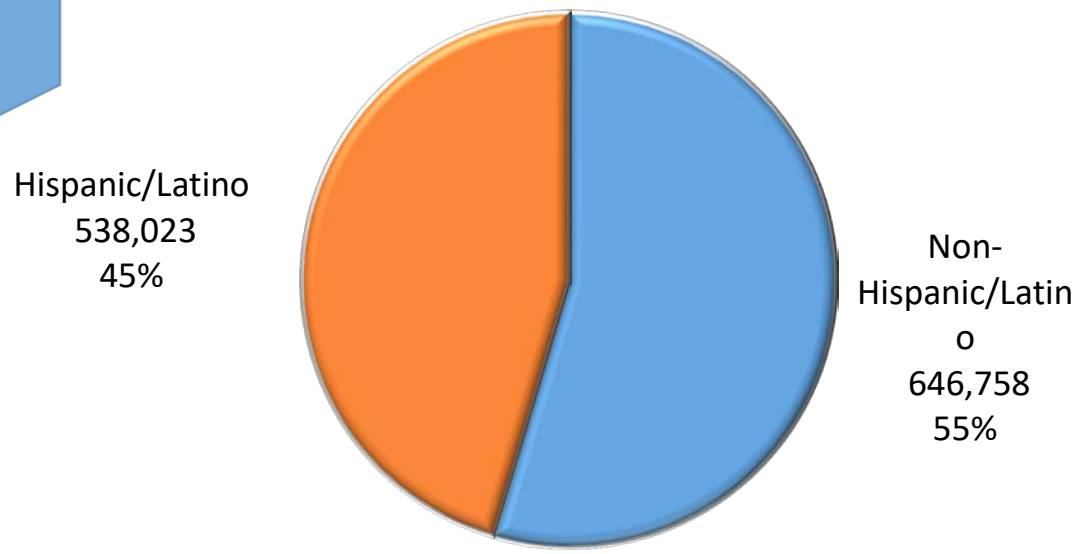
67% of Broward's total Hispanic population are of the following origins:



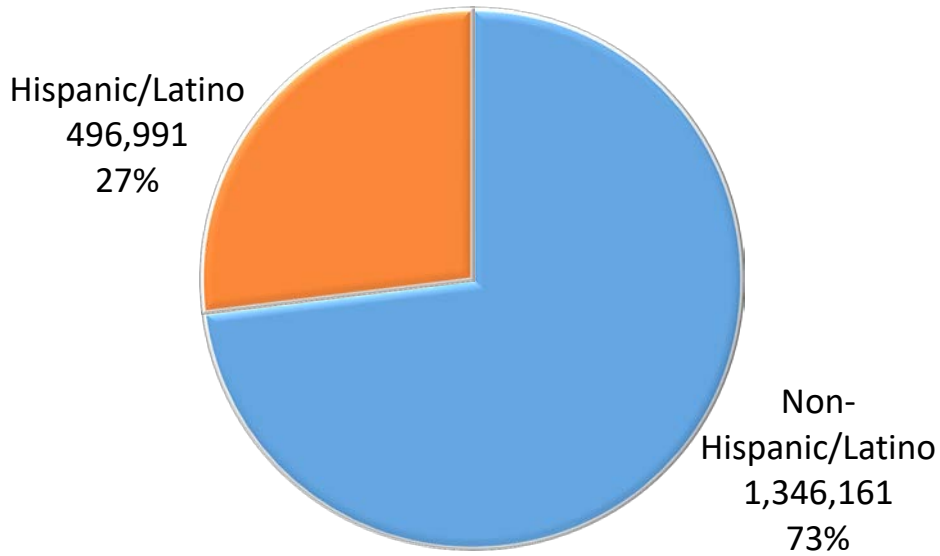
Source: U.S. Census Bureau, 2016 American Community Survey.

MHS Primary Service Area Demographics County Comparison by Ethnicity, 2011-2015 (5-yr estimate)

MHS PRIMARY SERVICE AREA

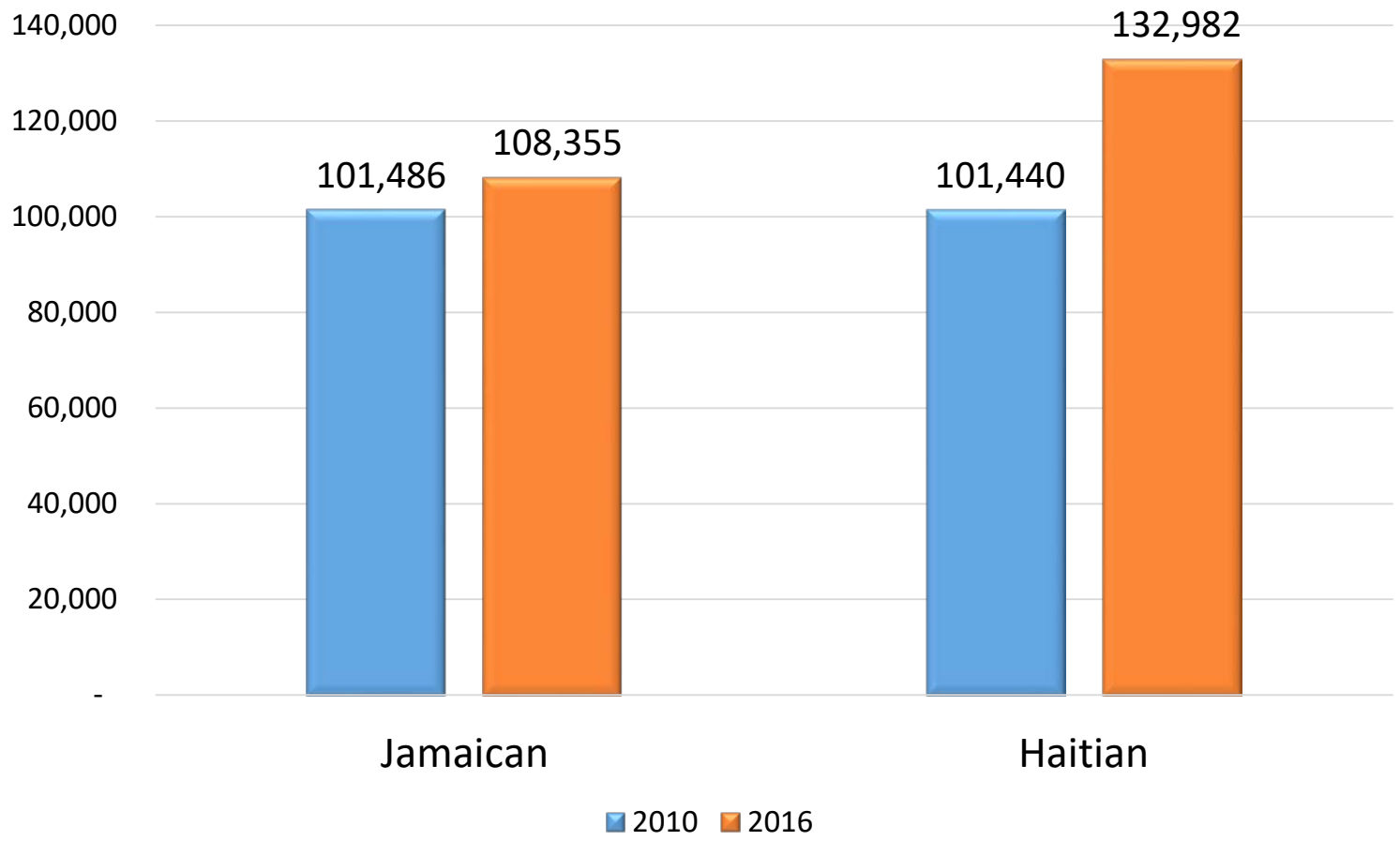


BROWARD COUNTY



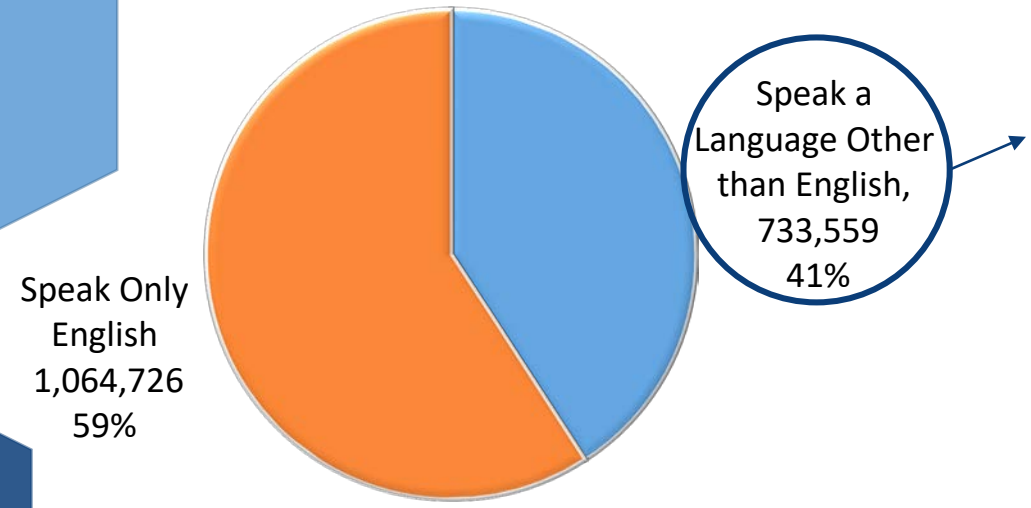
Source: American Community Survey 2011-2015

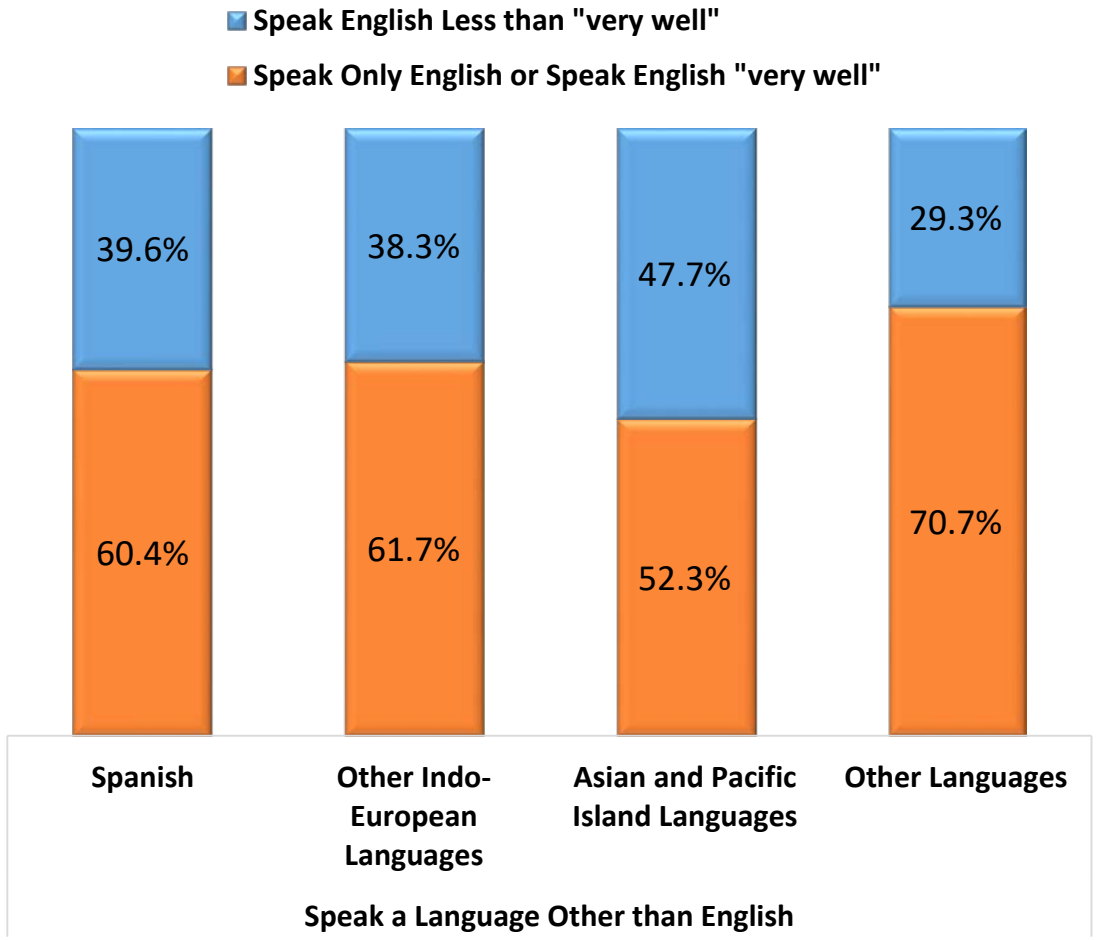
Jamaican and Haitian Origins
Broward County, 2010-2016 Population Change



Source: American Community Survey 2010, 2016

Language Spoken at Home- Broward & Florida, 2016



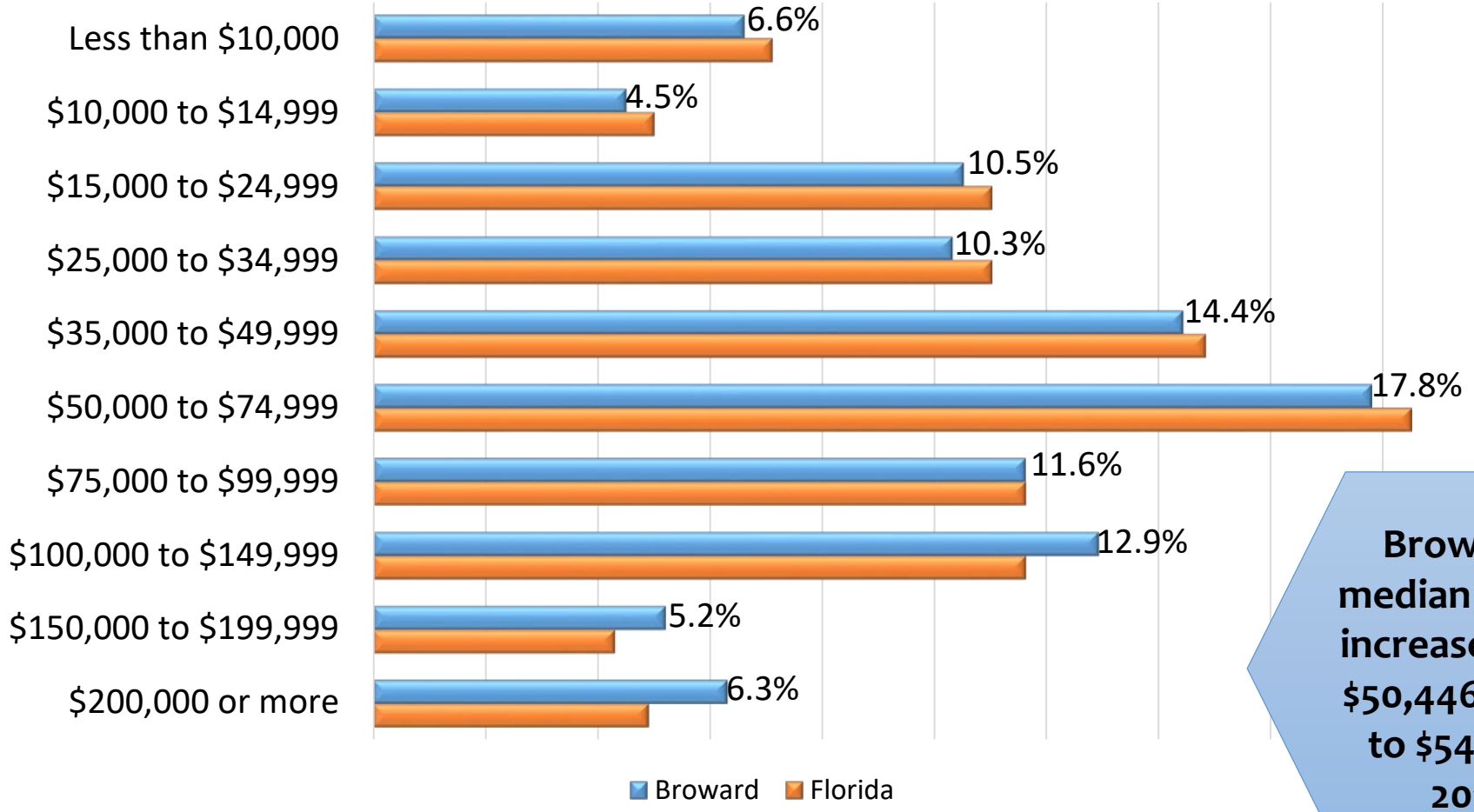


Source: American Community Survey, 2016

Social Determinants of Health

Income, Housing & Employment

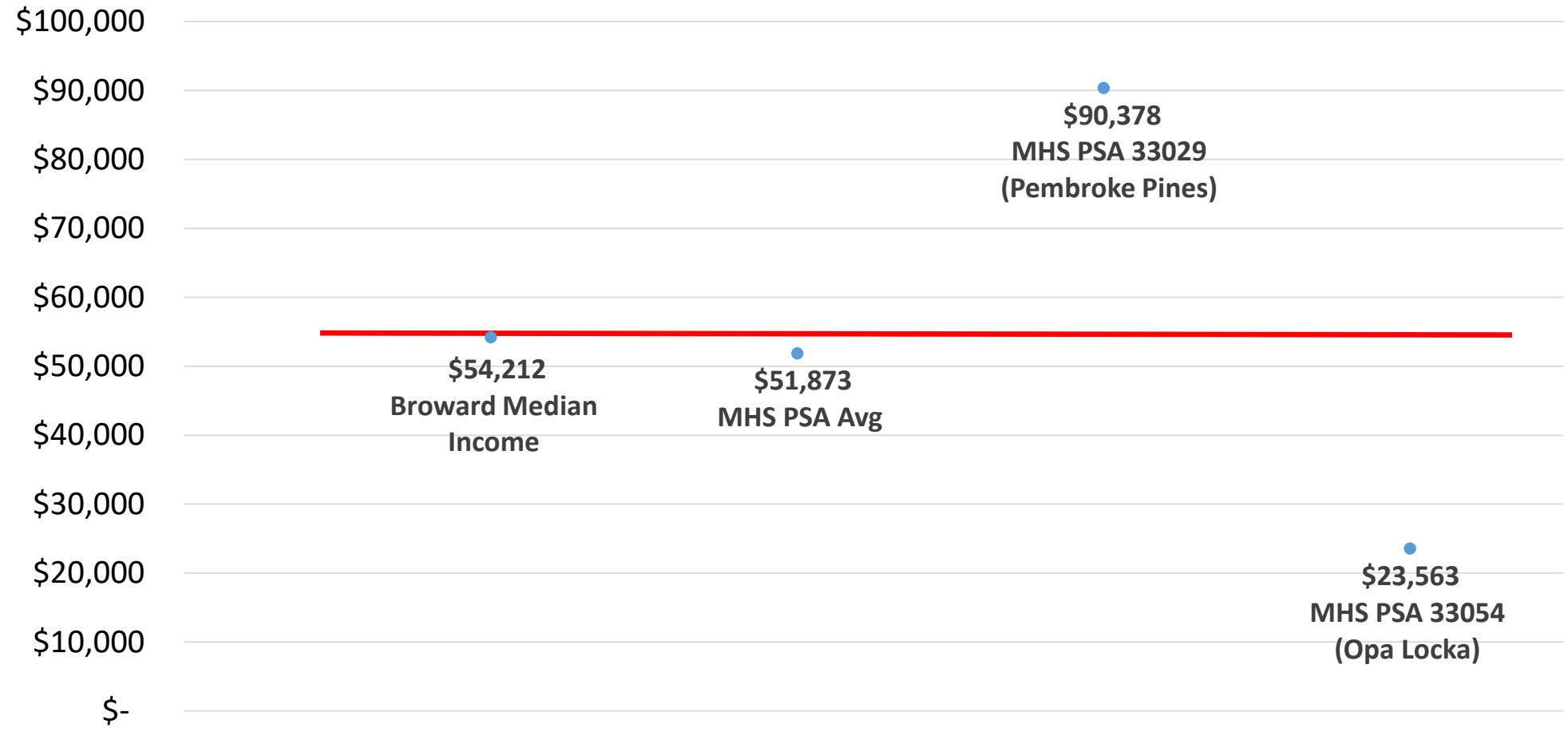
Household Income, Broward County & Florida, 2016



Broward's median income increased from $50,446 in 2013 to $54,212 in 2016.

Source: U.S. Census Bureau, American Community Survey 2016

MHS Primary Service Area Population Income, 2011-2015 (5-yr estimate)



Source: American Community Survey 2011-2015, 2016

Income Below Poverty Level in the Past 12 Months, Broward County 2014-2016

	2014	2015	2016
All families	**11.3%**	**10.7%**	**10.6%**
With related children under 18 years	16.2%	16.5%	14.8%
With related children under 5 years only	15.2%	16.4%	13.1%
Married couple families	**5.5%**	**5.6%**	**6.3%**
With related children under 18 years	6.4%	8.1%	7.9%
With related children under 5 years only	4.1%	6.3%	6.3%
Families with female householder, no husband present	**25.5%**	**25.0%**	**22.5%**
With related children under 18 years	34.5%	33.6%	28.2%
With related children under 5 years only	44.0%	41.8%	30.7%

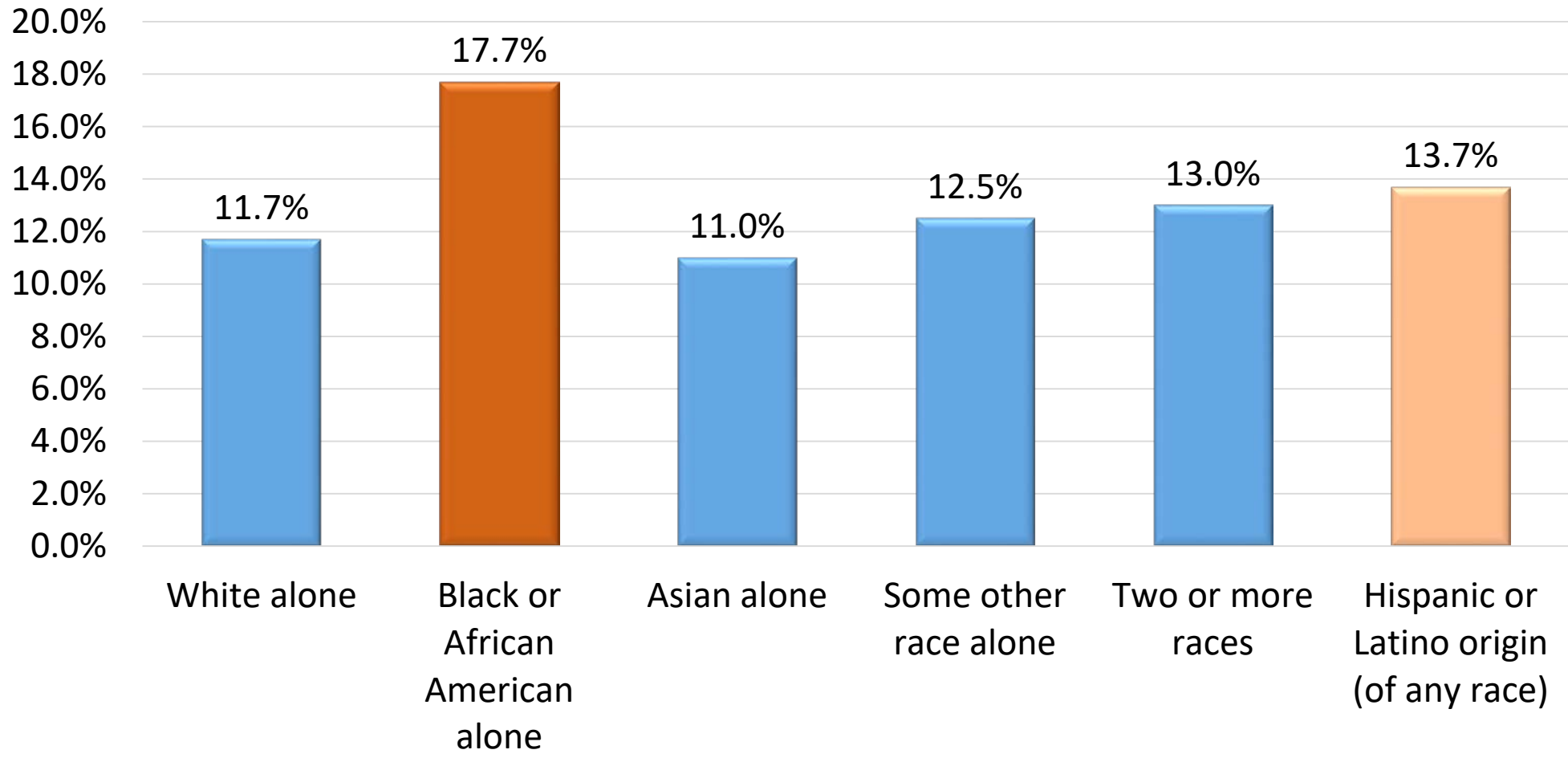
Source: U.S. Census Bureau, American Community Survey 2014, 2015, 2016.

Income Below Poverty Level in the Past 12 Months, Broward County 2014-2016 (cont.)

All people	**14.4%**	**13.9%**	**13.5%**
Under 18 years	19.7%	20.2%	18.3%
Related children under 18 years	19.4%	19.8%	17.9%
Related children under 5 years	20.6%	23.5%	21.5%
Related children 5 to 17 years	18.9%	18.5%	16.6%
18 years and over	**12.9%**	**12.2%**	**12.2%**
18 to 64 years	13.2%	12.4%	11.8%
65 years and over	11.9%	11.4%	13.4%
People in families	**12.0%**	**11.8%**	**11.2%**
Unrelated individuals 15 years and over	**24.1%**	**22.3%**	**22.5%**

Source: U.S. Census Bureau, American Community Survey 2014, 2015, 2016.

Income Below Poverty Level in the Past 12 Months by Race/Ethnicity-Broward County, 2016



Source: U.S. Census Bureau, American Community Survey 2016.

Households by Type - Broward County, 2016

Total households	**681,474**	**100%**
Family households (families)	**437,598**	**64.2%**
With own children under 18 years	187,635	27.5%
Husband-wife family	**292,829**	**43.0%**
With own children under 18 years	116,227	17.1%
Male householder, no wife present	**36,625**	**5.4%**
With own children under 18 years	14,884	2.2%
Female householder, no husband present	**108,144**	**15.9%**
With own children under 18 years	56,524	8.3%
Nonfamily households	**243,876**	**35.8%**
Householder living alone	**194,880**	**28.6%**
65 years and over	79,911	11.7%

Households with individuals under 18 years	**213,023**	**31.3%**
Households with individuals 65 years and over	**213,757**	**31.4%**

Source: U.S. Census Bureau, American Community Survey 2016.

Fair Market Rent - Broward & Florida, 2016

	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent					
Florida Avg-2018	**$665**	**$736**	**$903**	**$1,218**	**$1,432**
Broward-2017	$829	$1,023	$1,307	$1,883	$2,303
Broward-2018	$889	$1,086	$1,387	$2,015	$2,443
Median Gross Rent					
Florida-2016	**$840**	**$884**	**$1,073**	**$1,246**	**$1,568**
Broward-2016	$958	$1,005	$1,301	$1,627	$2,125
***Housing Wage**					
Florida- 2016	**$14.24/hr**	**$16.58/hr**	**$20.68/hr**	**$27.99/hr**	**$33.63/hr**
Broward-2016	15.94/hr	19.67/hr	25.13/hr	36.21/hr	44.29/hr
Annual Income Needed to Afford Rent					
Florida-2016	**$29,621**	**$34,492**	**$43,007**	**$58,210**	**$69,955**
Broward-2016	$31,160	$40,920	$52,280	$75,320	$92,120

***Housing Wage is the hourly wage a renter needs to earn in order to afford a rental unit at Fair Market Rent for a particular unit size.**

36% of Broward residents are renters

Median Income $54,212

FPL $24,600/yr for family of 4

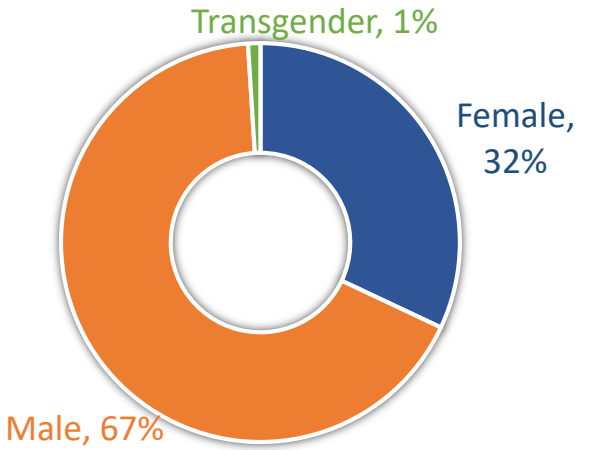
Minimum Wage $8.10/hr

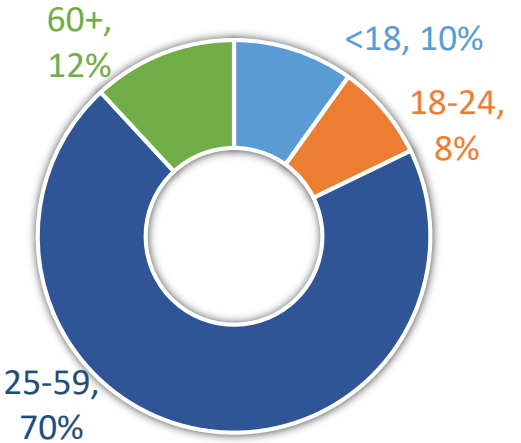
Source: U.S. Census Bureau, American Community Survey 2016, HUD Fair Market Rent Documentation System 2018, National Low Income Housing Coalition 2017

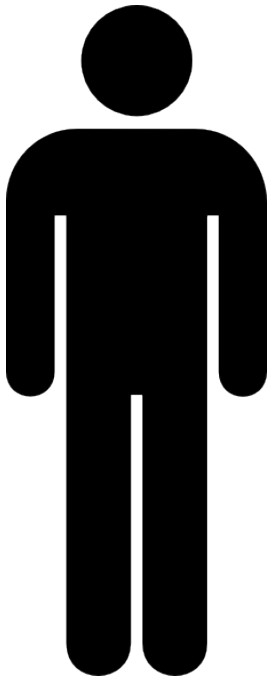
Point-in-Time Homeless Count

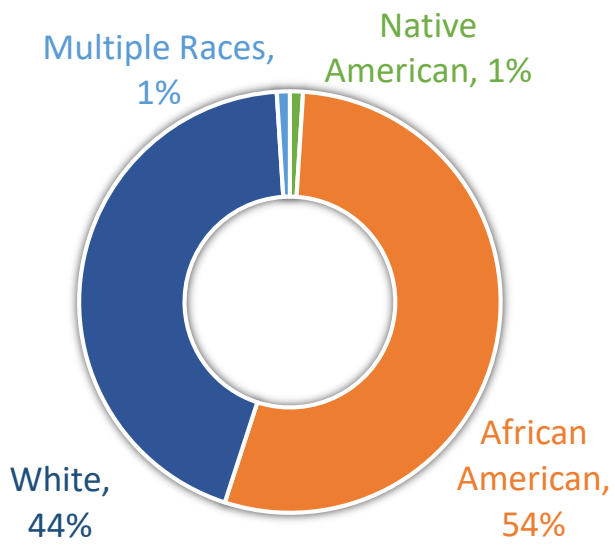
The Point-in-Time Homeless Count is an annual county-wide count of all people experiencing homelessness during a 24-hour period.

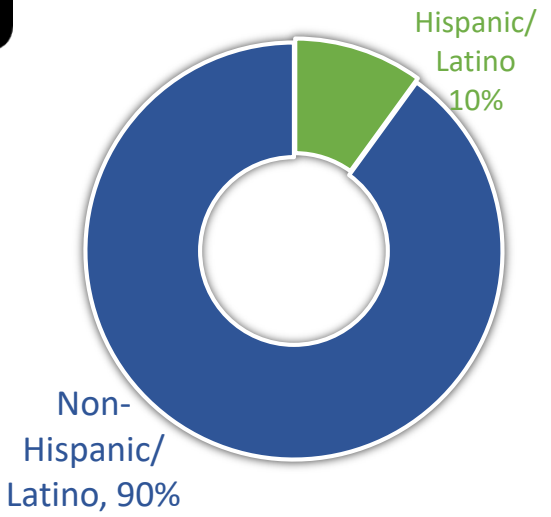
In 2017, **2,450** (957 unsheltered and 1,493 sheltered) individuals were determined to be homeless in Broward County (increase from PIT 2016: 2,302).





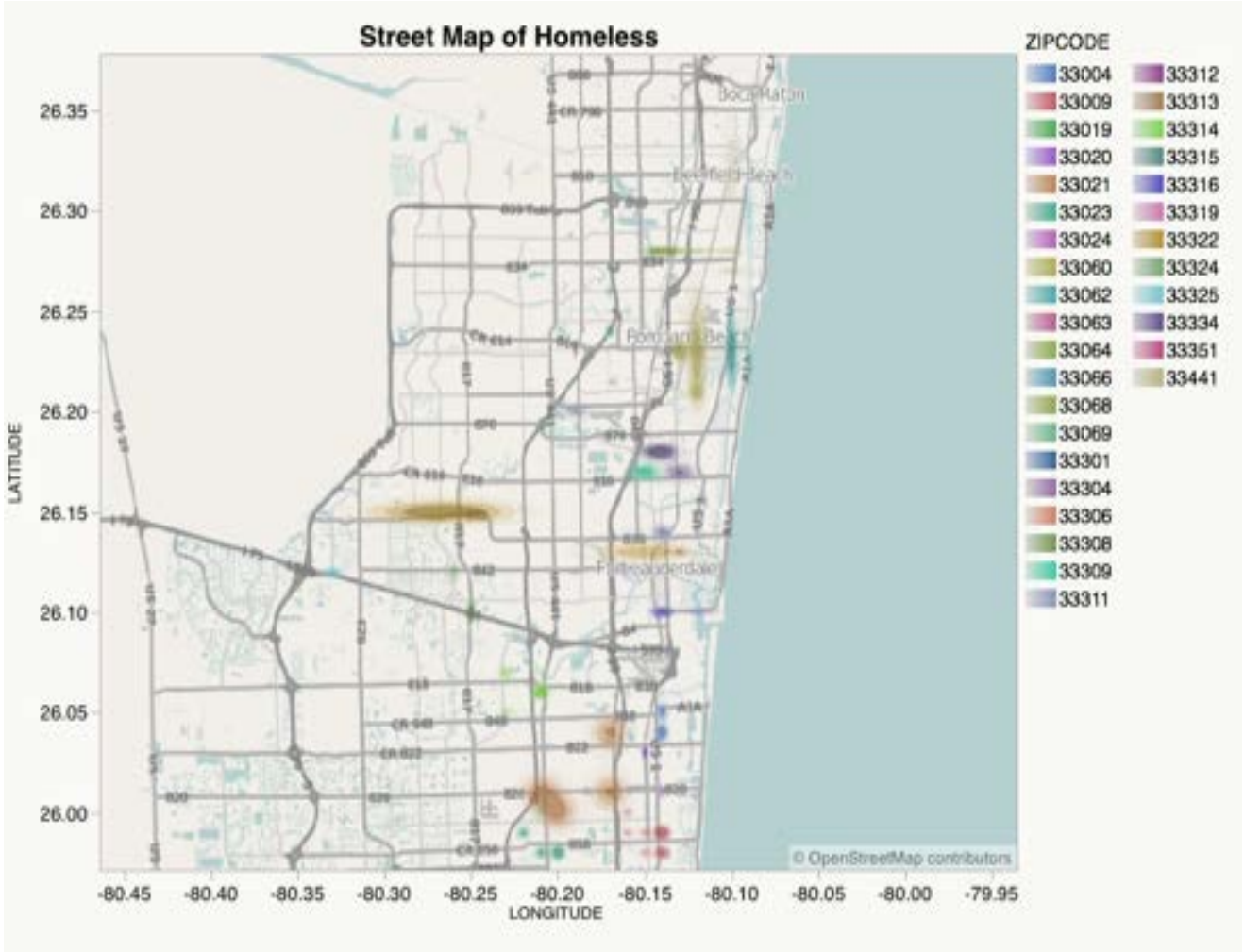






Source: 2017 Broward County Point-in-Time Count Report

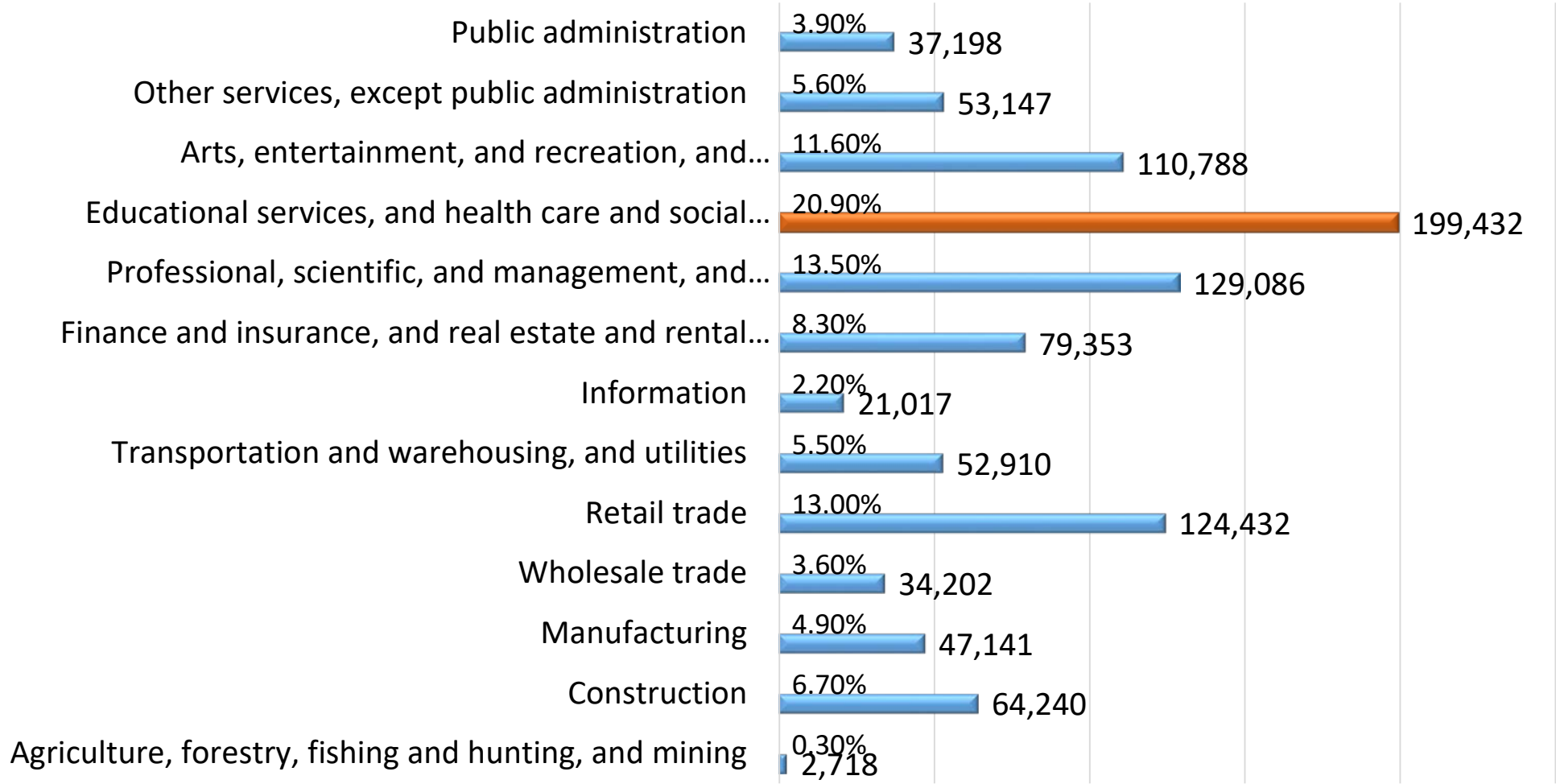
Point-in-Time Homeless Count



City Woke Up	Count (%)
Coconut Creek	3 (0%)
Coral Springs	2 (0%)
Dania	13 (1%)
Davie	**24 (3%)**
Deerfield Beach	15 (2%)
Fort Lauderdale	**452 (51%)**
Hallandale	9 (1%)
Hillsboro Beach	1 (0%)
Hollywood	**135 (15%)**
Lauderdale-by-the-Sea	1 (0%)
Lauderhill	11 (1%)
Lighthouse Point	0 (0%)
Margate	9 (1%)
Miramar	**7 (1%)**
Oakland Park	24 (3%)
Pembroke Park	**1 (0%)**
Pembroke Pines	**4 (0%)**
Plantation	15 (2%)
Pompano Beach	129 (15%)
Sunrise	5 (1%)
Tamarac	12 (1%)
West Park	**0 ()**
Wilton Manors	9 (1%)

Source: 2017 Broward County Point-in-Time Count Report.

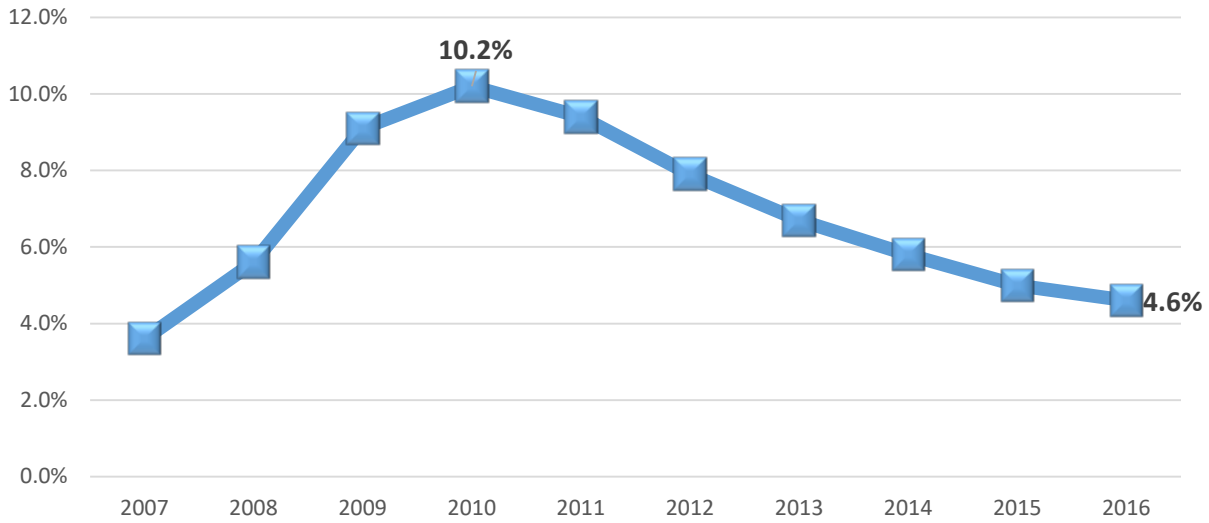
Employment by Industry, Broward County, 2016



Source: U.S. Census Bureau, American Community Survey 2016

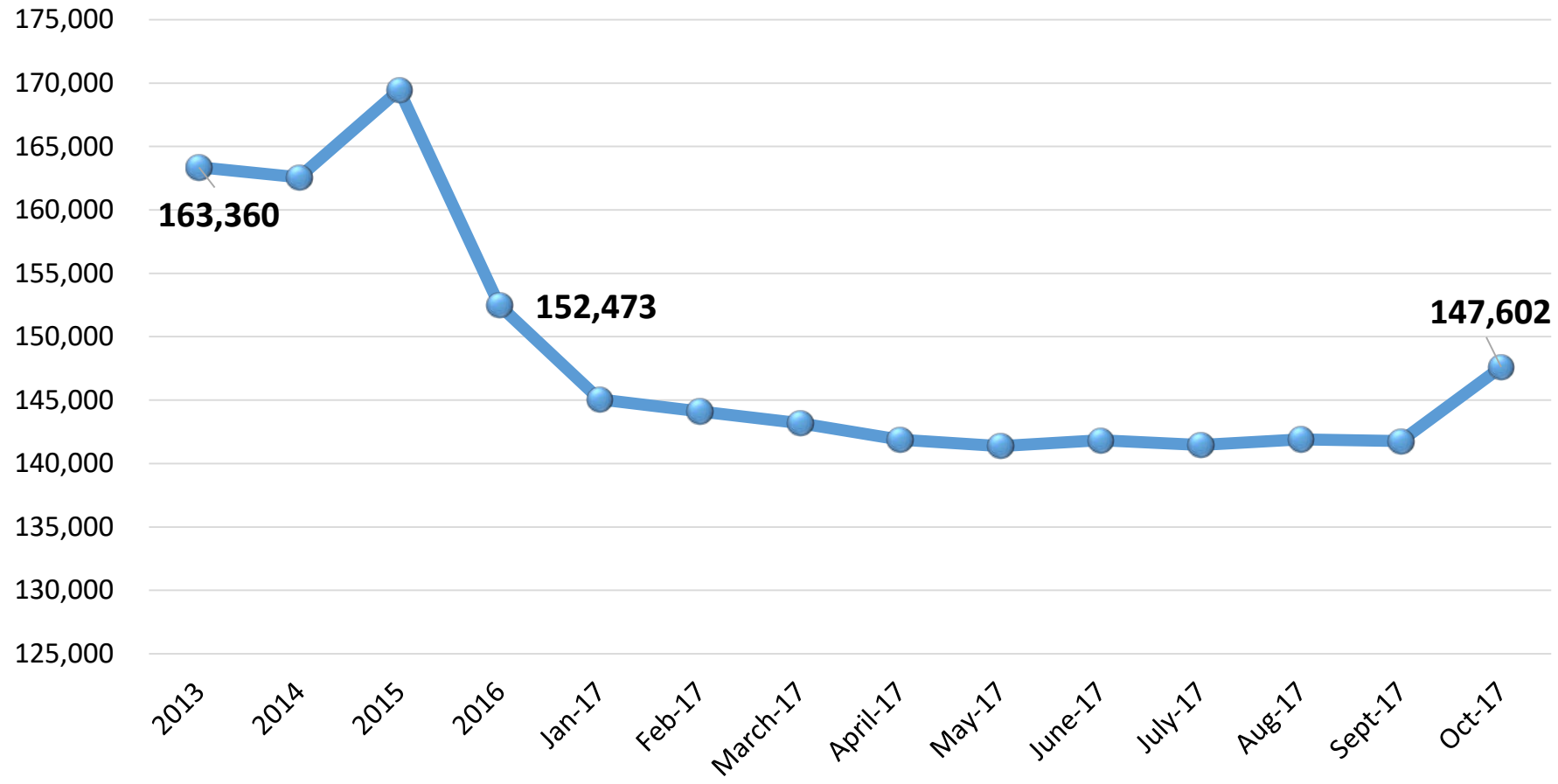
Employment & Unemployment, Broward & Florida

	Broward				Florida			
	2016	2015	2014	2013	2016	2015	2014	2013
Labor Force	1,004,123	992,392	994,081	1,033,081	9,839,000	9,675,000	9,638,000	9,432,000
Employment	957,882	942,412	936,010	970,449	9,359,000	9,153,000	9,034,000	8,750,000
Unemployment	46,241	49,980	58,071	62,632	480,000	522,000	603,000	683,000
Unemployment Rate	4.6%	5.0%	5.8%	6.1%	4.9%	5.4%	6.3%	7.2%



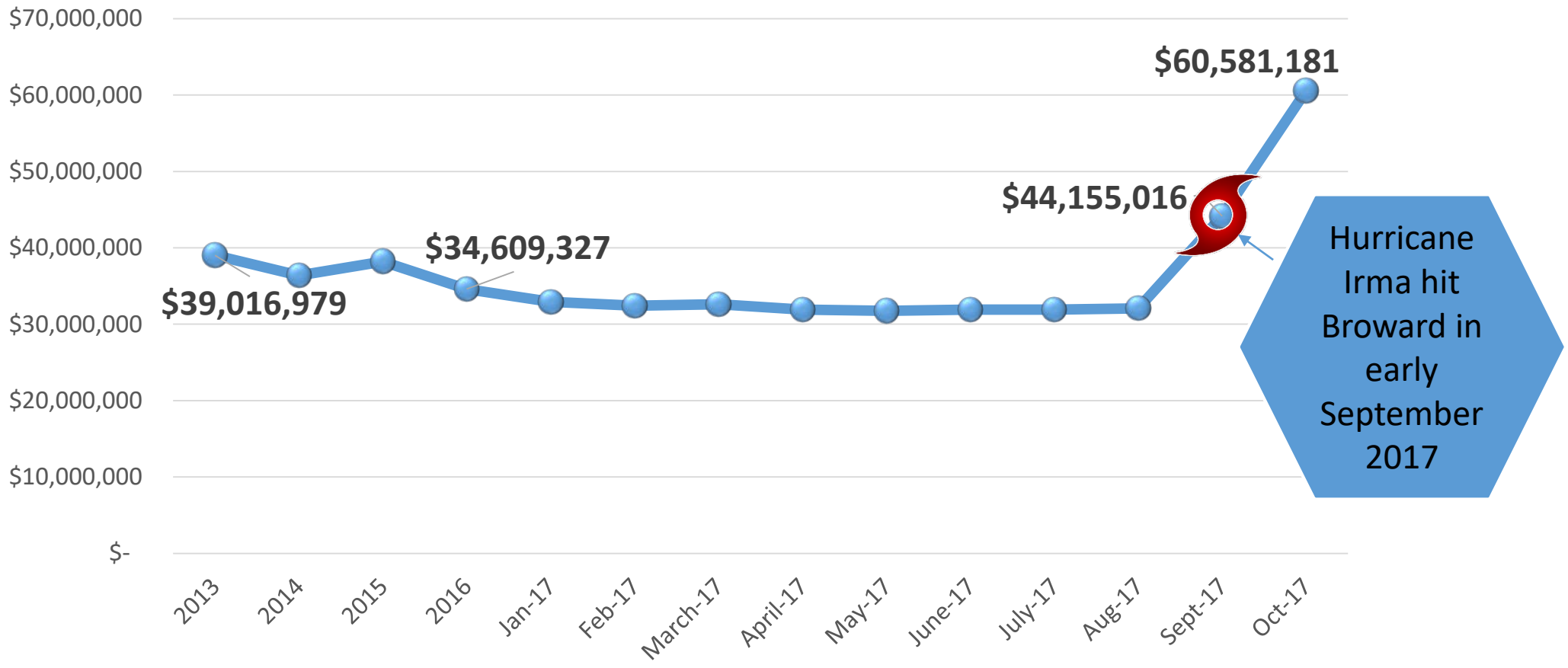
Public Assistance

Food Stamp Households Broward County, 2013- October 2017



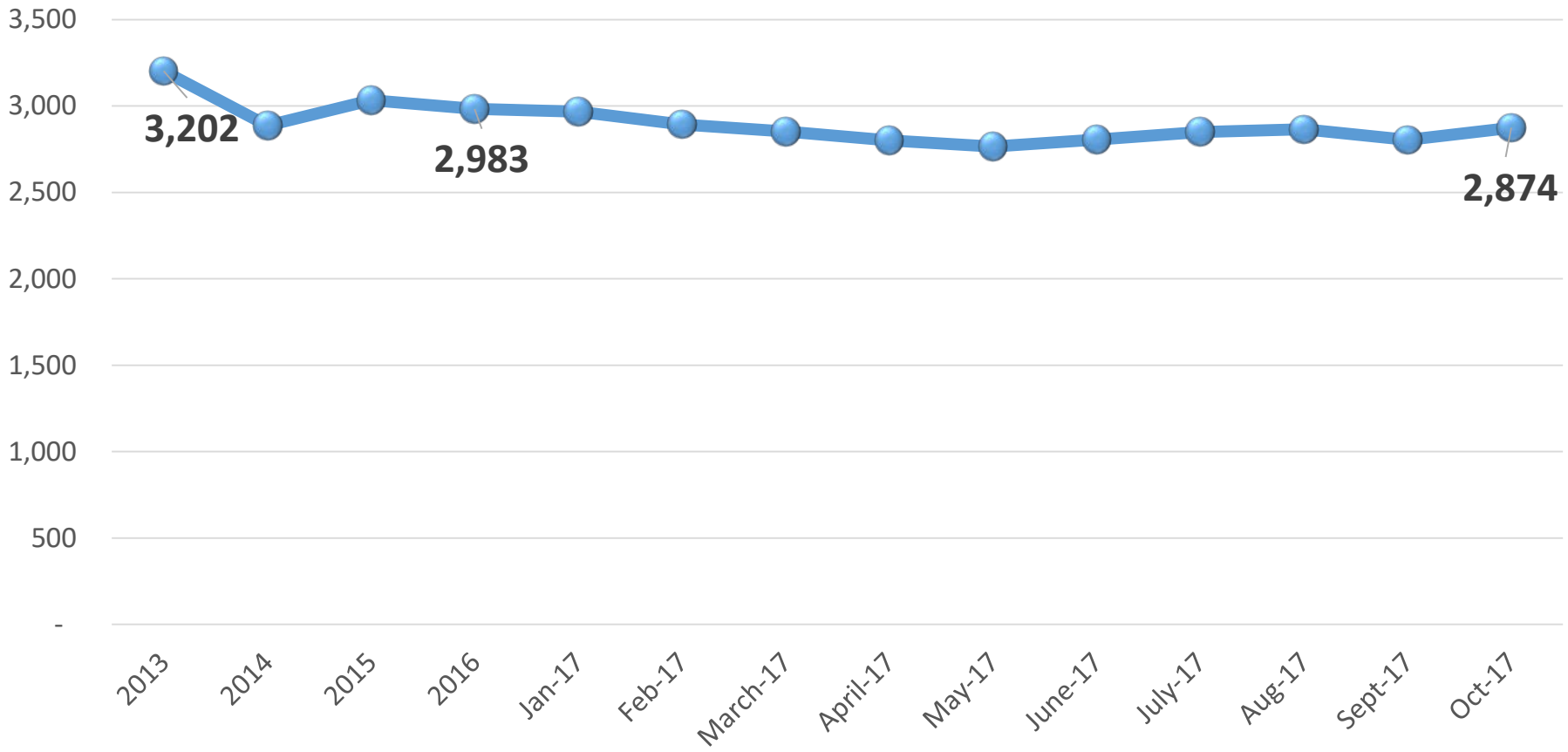
Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families

Food Stamp Issuance ($)
Broward County, 2013- October 2017



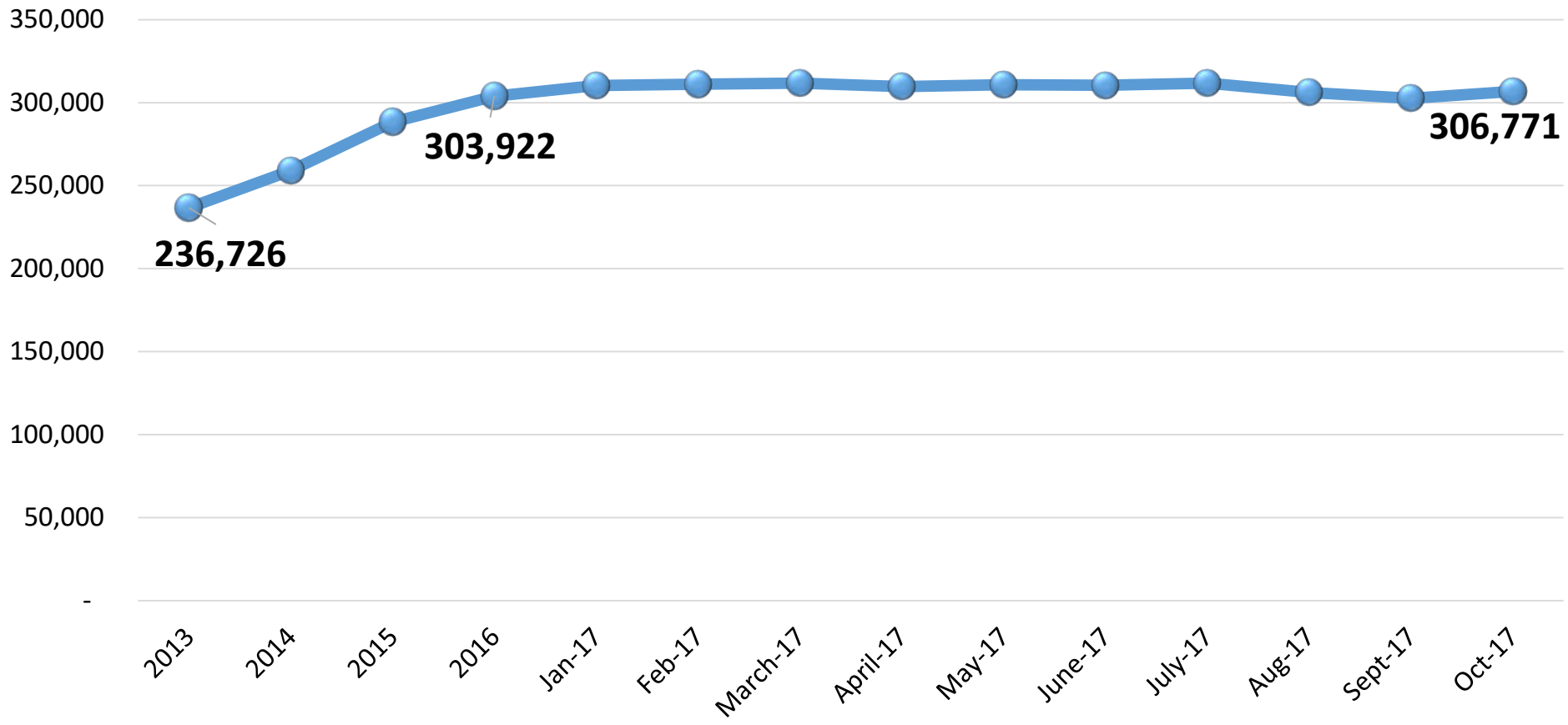
Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families

Temporary Cash Assistance for Needy Families (TANF) Number of Families, Broward County, 2013-October 2017



Source: Broward County Assistance Caseload Report, Florida Department of Children and Families

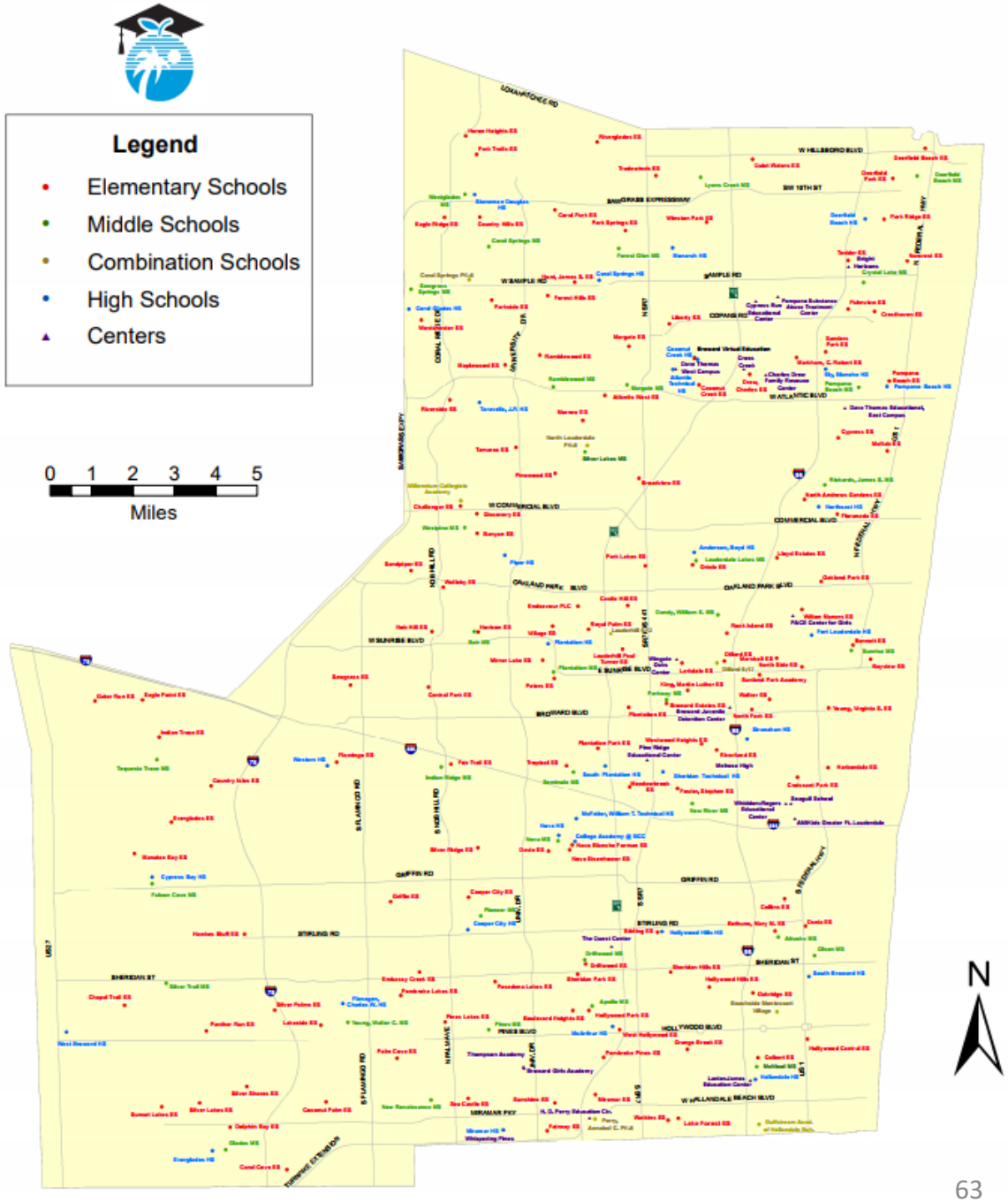
Medicaid Clients Broward County, 2013- October 2017



Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families

Education

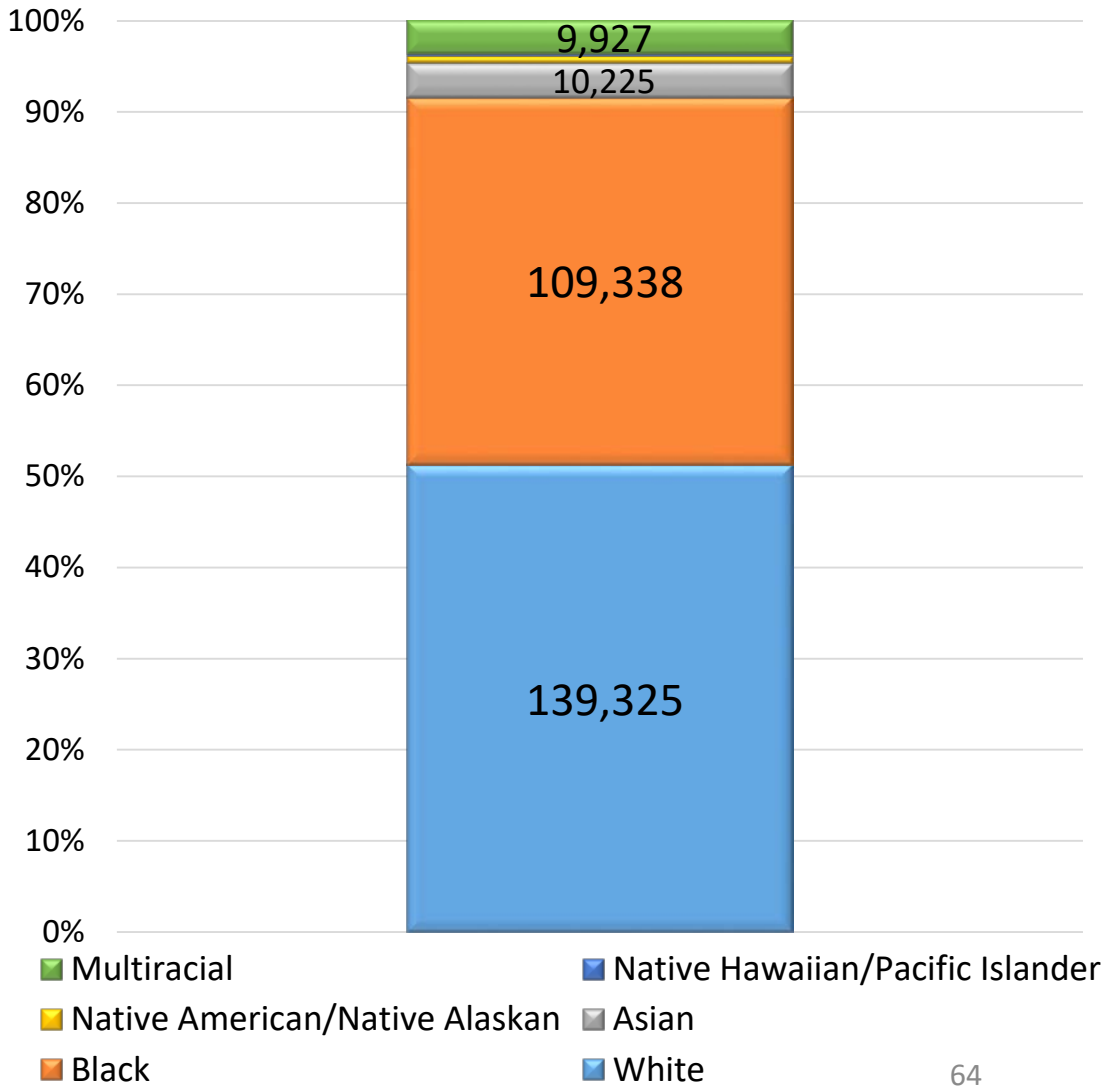
Map of Broward County School District



Source: Broward County Public Schools, 2017/18

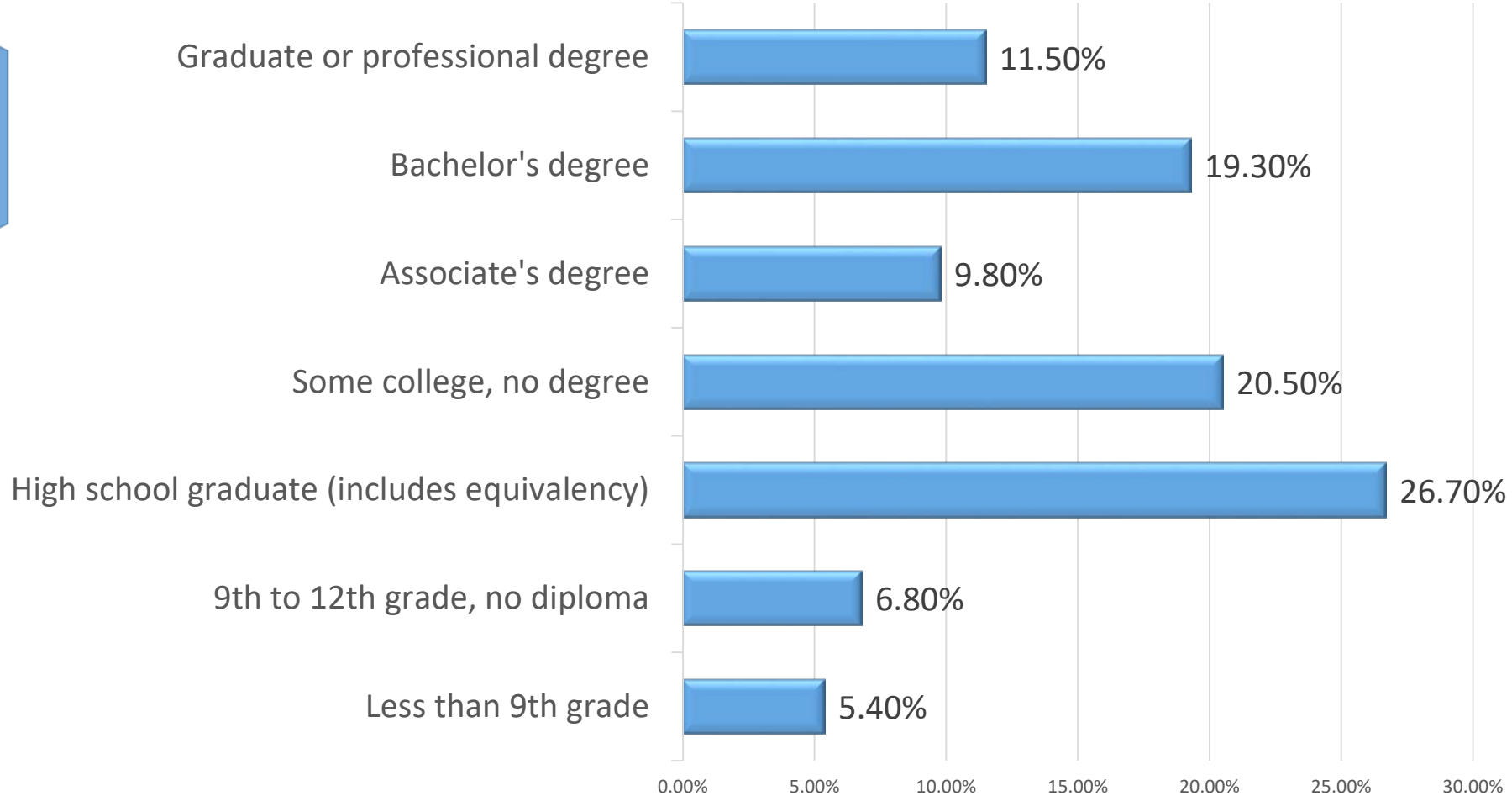
Broward County Public Schools, 2017/2018

	Number of Schools	Number of Students
Elementary (including pre-k)	136	102,313
Middle	37	48,335
High	33	70,686
Centers	17	5,090
Charter Schools	93	45,093
Total	**316**	**271,517**



Source: Broward County Public Schools, 2017/18

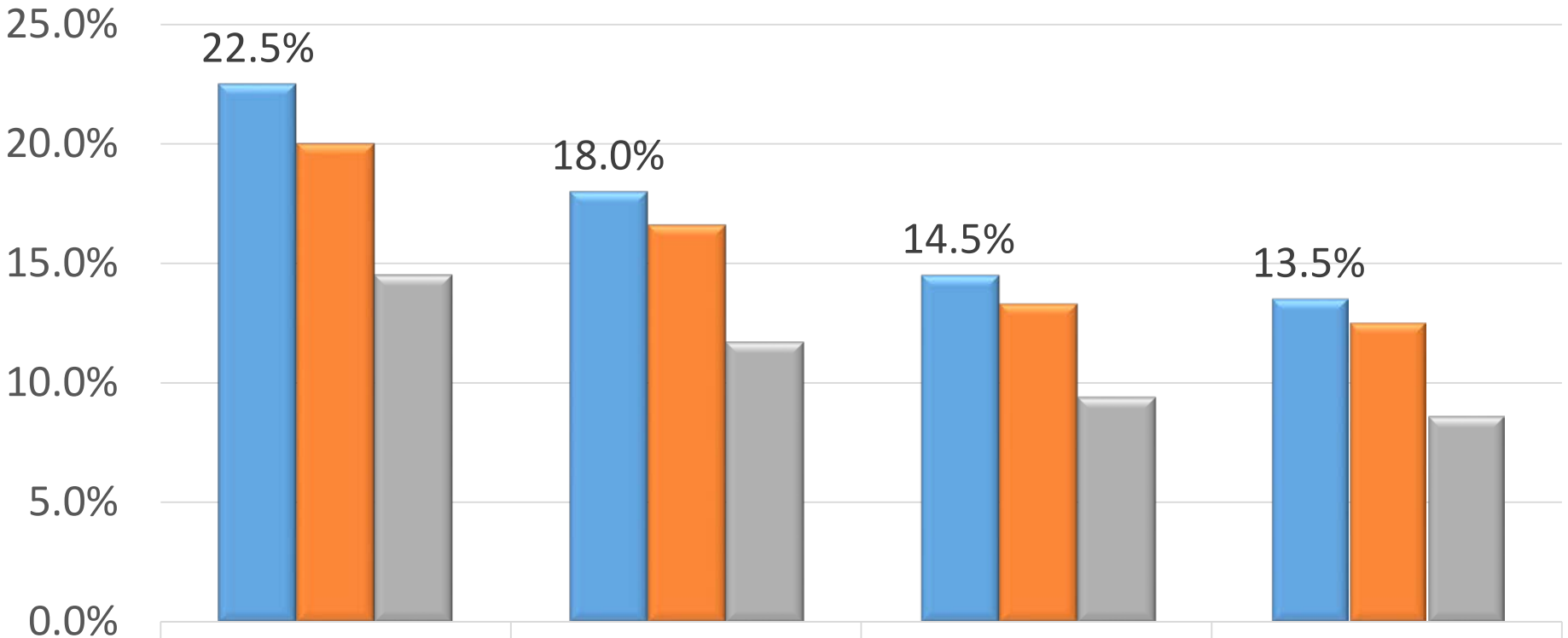
Educational Attainment of Broward Residents Over 25



Source: U.S. Census Bureau, American Community Survey 2016

Health Insurance

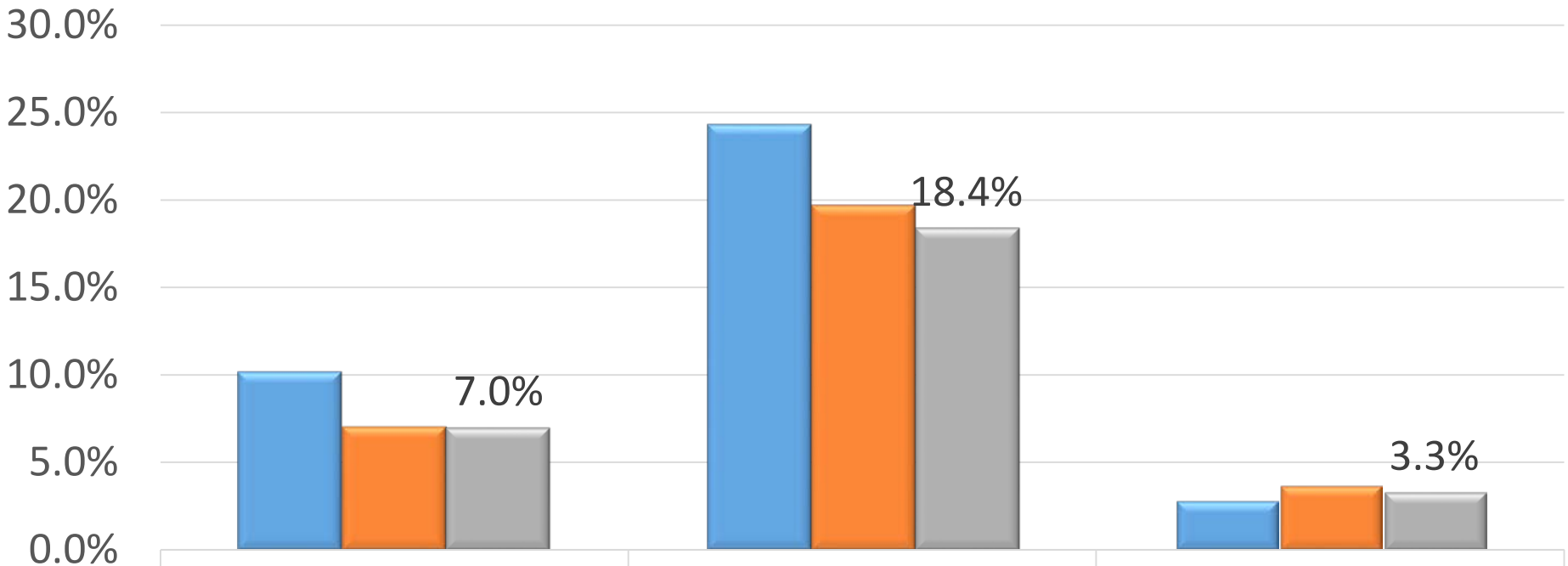
Total Uninsured Rate- Broward, Florida & U.S., 2013-2016



	2013	2014	2015	2016
Broward	22.5%	18.0%	14.5%	13.5%
Florida	20.0%	16.6%	13.3%	12.5%
U.S.	14.5%	11.7%	9.4%	8.6%

Source: US Census Bureau, American Community Survey, 2016.

Uninsured Rate by Age- Broward, 2016



	0-17	18-64	65 and Over
2014	10.2%	24.3%	2.8%
2015	7.1%	19.7%	3.7%
2016	7.0%	18.4%	3.3%

Source: US Census Bureau, American Community Survey, 2016.

Florida Kidcare

Florida KidCare is the State of Florida's high-quality, low-cost health insurance for children. The program was created through **Title XXI of the Social Security Act** and reauthorized in 2009. Through its four partners, including Florida Healthy Kids, the program covers children from birth through age 18:

The Florida Healthy Kids Corporation	• Administers the Florida Healthy Kids program for children ages 5 through 18. • Determines eligibility for the non-Medicaid parts of the program. • Collects monthly premiums. • Manages the Florida KidCare customer service call center.
The Agency for Health Care Administration	• Administers Medicaid services. • Administers MediKids program for children ages 1 through 4. • Works with the federal government to make sure the Florida KidCare program follows all federal laws and rules.
The Department of Children and Families	• Determines eligibility for the Medicaid program. • Administers the Behavioral Health Network for children ages 5 through 18 with serious emotional disturbances.
The Department of Health	• Administers the Children's Medical Services Managed Care Plan (CMS) for children with special health care needs from birth through age 18. • Chairs Florida KidCare Coordinating Council • Currently, more than 2.4 million Florida children are enrolled in Florida KidCare.

Source: www.floridakidcare.com

Children's Health Insurance Program (CHIP)

Health coverage to 9 million children from lower-income households that make too much money to qualify for Medicaid.

Its federal authorization ended Oct. 1, and states were then forced to use unspent funds to carry them over, while the House and Senate try to agree on a way to continue funding.

The $2.85 billion Congress allocated in December was supposed to fund CHIP programs in all states through March 31. But federal health officials say it won't stretch that far.

CMS says the agency is in discussions with states to help deal with the funding shortfall. **Florida is one of them.**

Source: www.npr.org accessed January 5, 2018

Florida KidCare Benefits- Broward County

Benefits	
Eligibility Requirements	Uninsured
	Age 5-18
	Ineligible for Medicaid or Children's Medical Services
	Not an ineligible non-citizen
Cost	**Subsidized-** $15 or $20 per family per month based on family size and monthly income **Full Pay-** Sunshine Health Stars: $220 with dental $205 without
Health Plans	**Subsidized-** Amerigroup Community Care & Staywell Kids **Full Pay-** Sunshine Health Plan
Dental Plans	Dentaquest, MCNA Dental Plans & Argus

Source: www.floridakidcare.com

Florida KidCare Enrollment-Broward County, December 2017

Healthy Kids Subsidy (5-18)	Healthy Kids Full Pay (5-18)	Healthy Kids Total (5-18)	Medikids Subsidy (1-4)	Medikids Full Pay (1-4)	Medikids Total (1-4)	Children's Medical Services (1-18)
19,471	2,249	21,722	3,087	1,324	4,411	1,337

December 2017 Total	Prior Month Total	Percent Change
27,470	**27,425**	**0.16%**

Source: www.floridakidcare.com

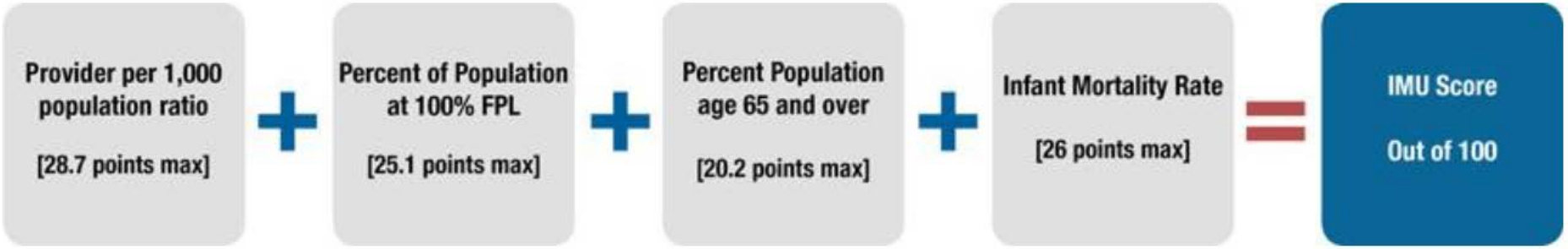
Health Care Resources

Medically Underserved Areas/Populations

- Every year the U.S. Health Resources and Services Administration examines areas or populations that are experiencing a shortage of healthcare professionals. The following definitions are used to make the determination:
- **Medically Underserved Areas** may be a whole county or group of contiguous counties, a group of county or civil divisions or a group of urban census tract in which residents have a shortage of personal health services.
- **Medically Underserved Populations** may include groups of persons who face economic, cultural or linguistic barriers to healthcare.

Medically Underserved Area/Population Scoring Criteria

- Eligibility for MUA/P designation depends on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation.
- <u>IMU of 62.0 or below qualifies for designation as an MUA/P</u>.
  - The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved.
  - The IMU is calculated by assigning a weighted value to **an area or population's performance on four demographic and health indicators**, then adding the weighted values together.



Source: U.S Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/

Broward County Medically Underserved Area/Populations

Medically Underserved Area/Populations All Low Income, representing 104 Census Tracts	MUA/MUP Score
Dania	50.4
Deerfield Beach	44.3
Fort Lauderdale/Lauderdale Lakes	58.4
Hallandale	37.0
Hallandale/Miramar	50.2
Hollywood	54.2
Margate	60.4
Miramar	48.9
Pompano Beach	60.4
Sunrise	41.8

Source: U.S Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/

Health Professional Shortage Areas

- Health Professional Shortage Areas (HPSAs) are geographic areas, demographic population groups (such as low income or homeless) or institutions (medical or other public facilities) with a shortage in health care professionals.
- The HRSA Bureau of Health Professionals designates three HPSA provider categories: primary medical care, dental health and mental health.

Health Professional Shortage Area scoring criteria and FTE formula

Primary Care HPSA Scoring

Dental Health HPSA Scoring

Mental Health HPSA Scoring

What is Shortage Designation? Geographic areas, populations, and facilities with too few primary care, dental and mental health providers and services. HRSA works with state partners through an application process to determine which should be "shortage designations," and are therefore eligible to receive certain federal resources.

NSC = Nearest source of care outside the HPSA designation.

Broward County Primary Medical Care HPSAs

	Location	FTE	Score
Low Income	Fort Lauderdale	5	14
	Pompano Beach	0	15
	Deerfield Beach	1	19
	Margate	0	18
	Hallandale/Miramar	0.6	18
	Sunrise	2	17
	Davie/Hollywood/Dania	7	18
	Coral Springs	6	17
Comprehensive Health Centers	Broward Community and Family Health Center	-	17
Native American Tribal Population	North Broward Hospital District/Hospital	-	18
	Seminole Tribe of Florida-Health Admin.		14

Source: U.S Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/

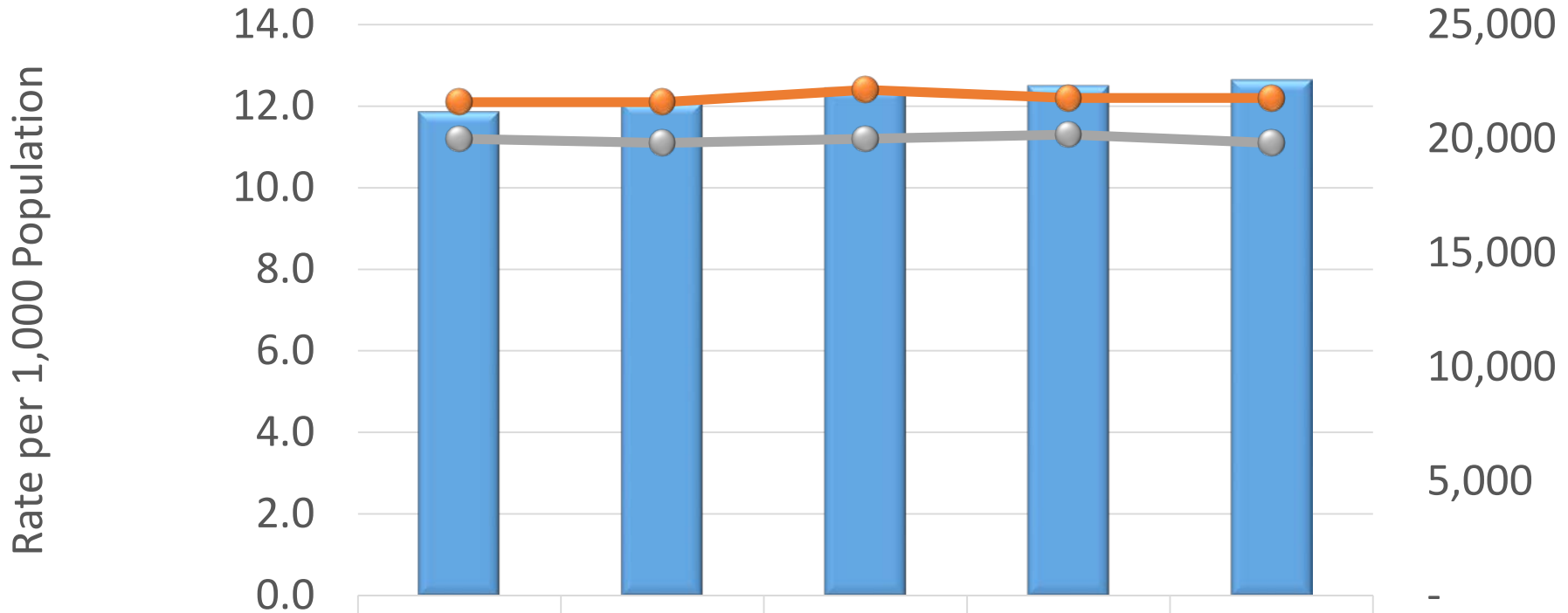
Broward County Dental & Mental Health HPSAs

Dental Health				
	Location	FTE	#Short	Score
Low Income	Pompano Beach	0	2.88	16
	Fort Lauderdale	4	24.57	19
	Davie	0.7	21.94	17
	South Broward Hospital District	3	15.43	17
Comprehensive Health Centers	Broward Community and Family Health Center		0	10
	North Broward Hospital District/Homeless		0	22
Native American Tribal Population	Seminole Tribe of Florida-Health Admin.	0		9
Mental Health				
Low Income	East Broward	6		15
Comprehensive Health Centers	Broward Community and Family Health Center		0	11
	North Broward Hospital District/Homeless		0	14
Native American Tribal Population	Seminole Tribe of Florida-Health Admin.	0	0	13

Source: U.S Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/

Maternal & Child Health

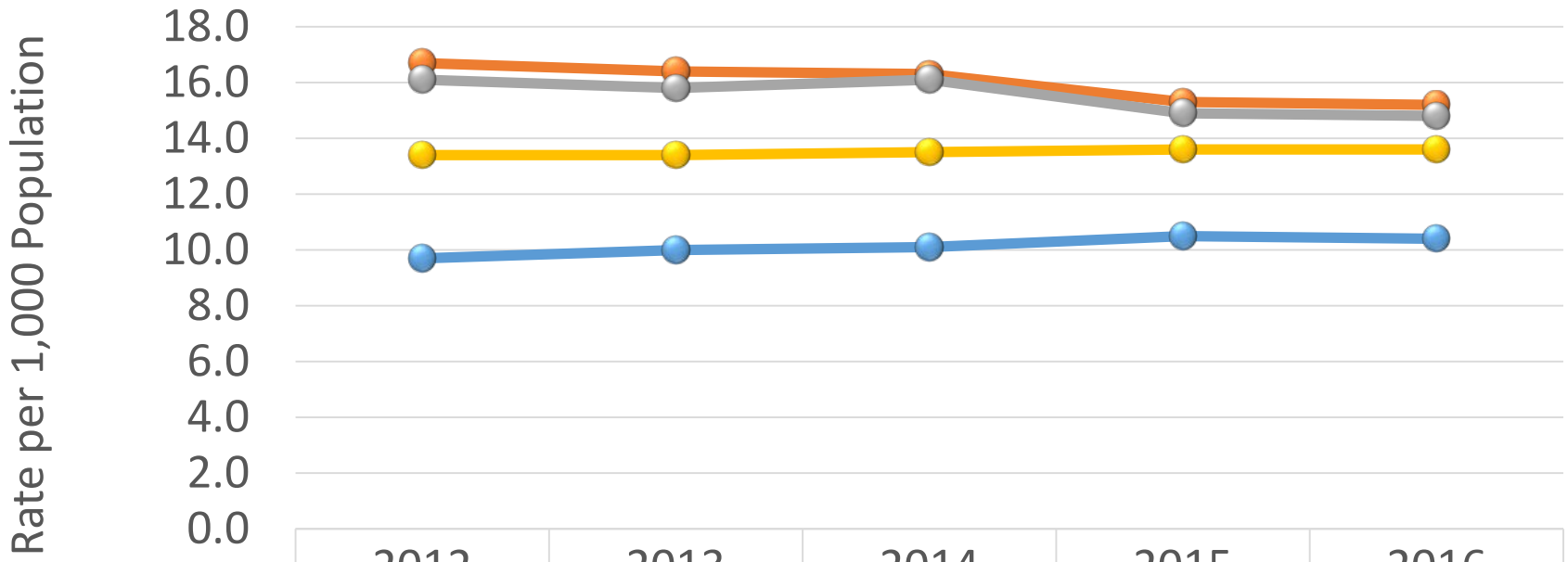
Live Birth Rate, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	21,169	21,541	22,213	22,307	22,563
Broward Rate	12.1	12.1	12.4	12.2	12.2
Florida Rate	11.2	11.1	11.2	11.3	11.1

Source: FloridaCharts, 2016.

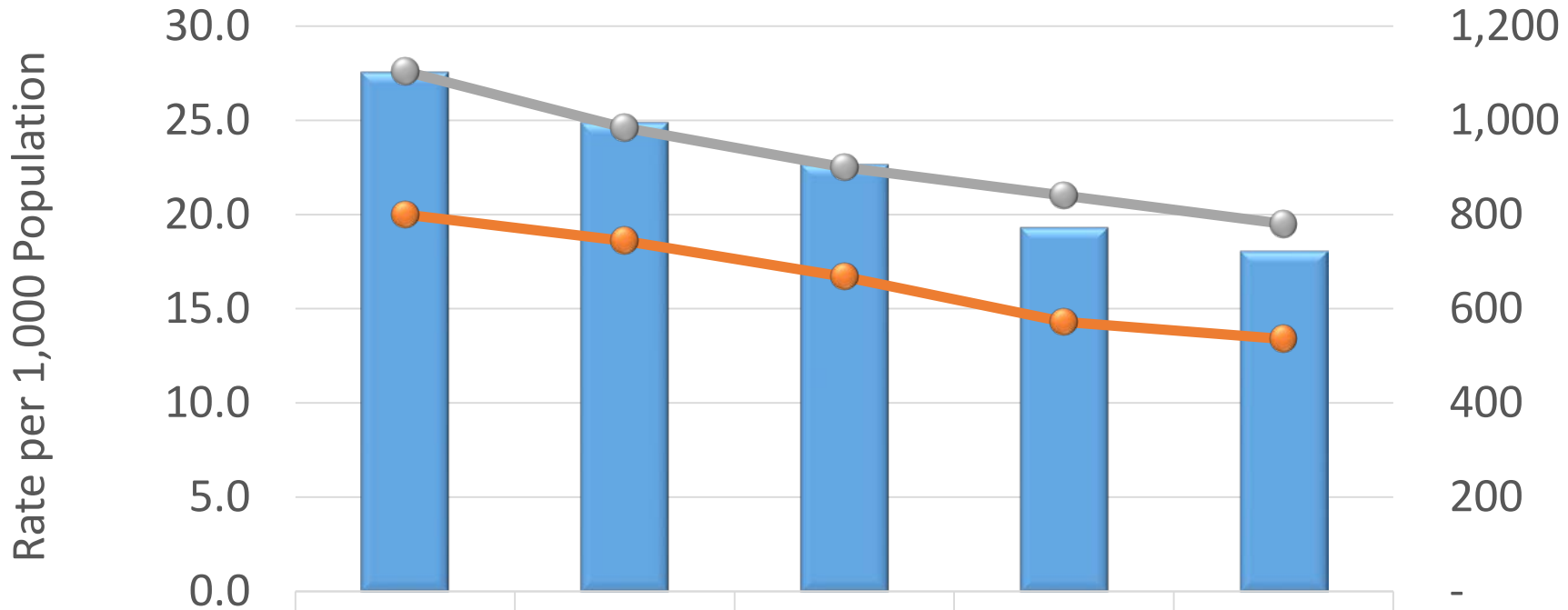
Resident Live Births by Race/Ethnicity, Broward, 2012-2016



	2012	2013	2014	2015	2016
White	9.7	10.0	10.1	10.5	10.4
Black	16.7	16.4	16.3	15.3	15.2
Non-White	16.1	15.8	16.1	14.9	14.8
Hispanic	13.4	13.4	13.5	13.6	13.6

Source: FloridaCharts, 2016.

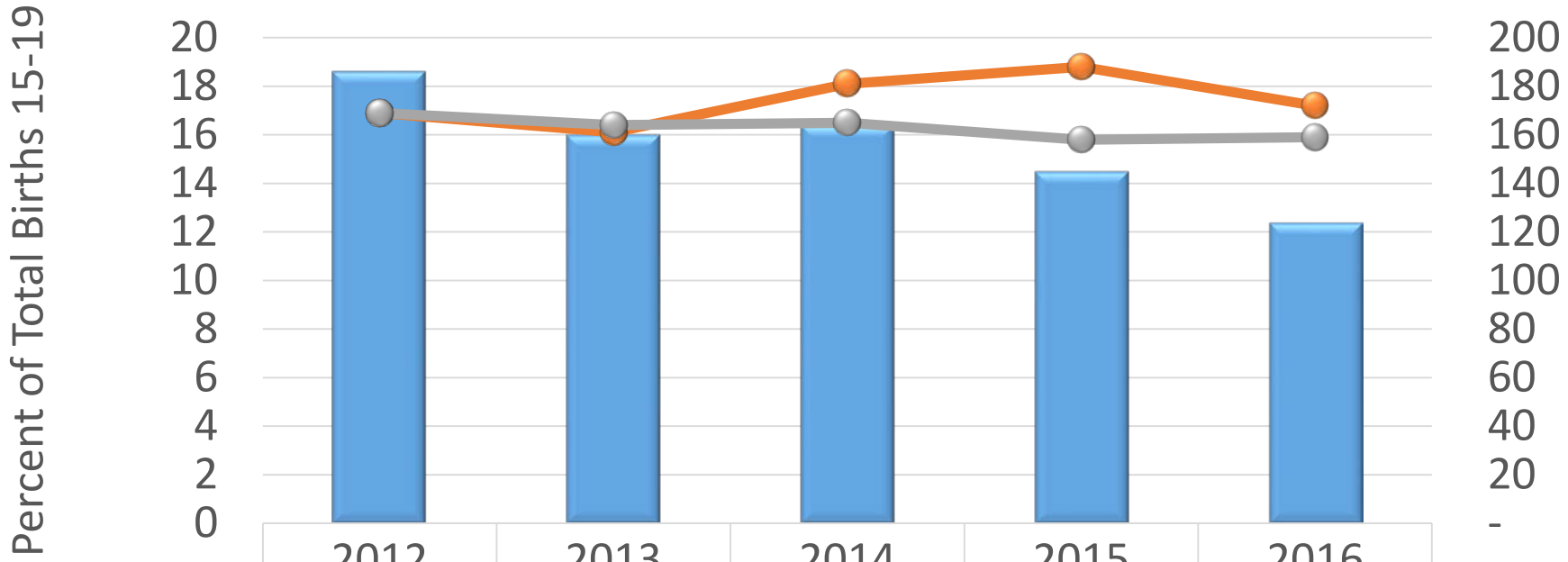
Births to Teenage Mothers (Age 15-19), Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	1,102	995	906	772	722
Broward Rate	20.0	18.6	16.7	14.3	13.4
Florida Rate	27.6	24.6	22.5	21.0	19.5

Source: FloridaCharts, 2016.

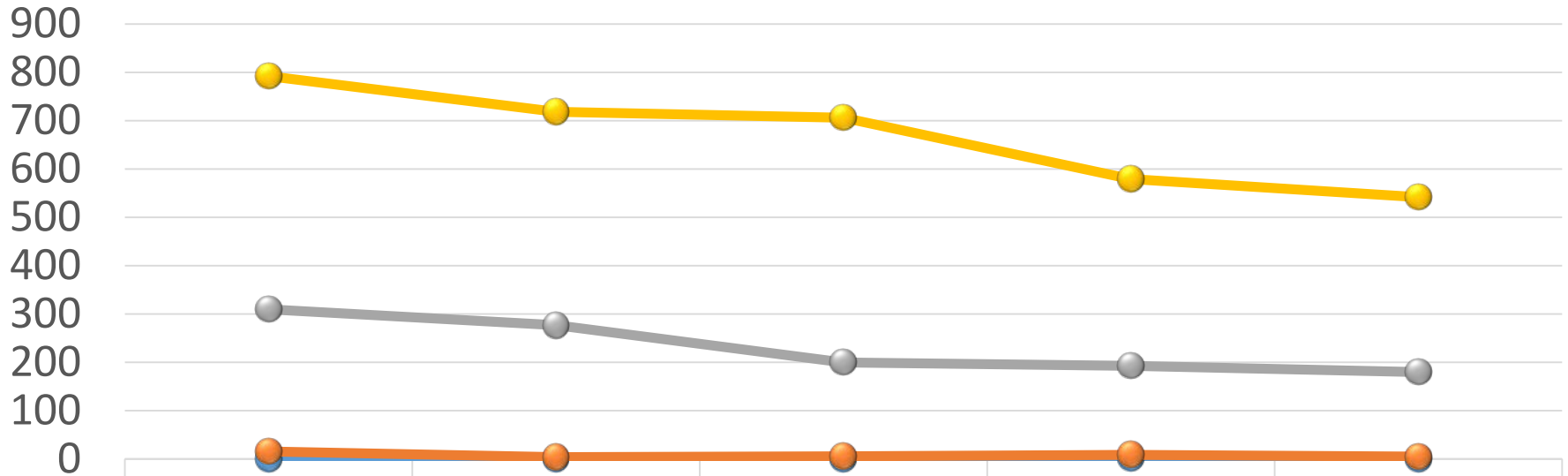
Repeat Births to Teenage Mothers (Age 15-19), Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	186	160	164	145	124
Broward %	16.9	16.1	18.1	18.8	17.2
Florida %	16.9	16.4	16.5	15.8	15.9

Source: FloridaCharts, 2016.

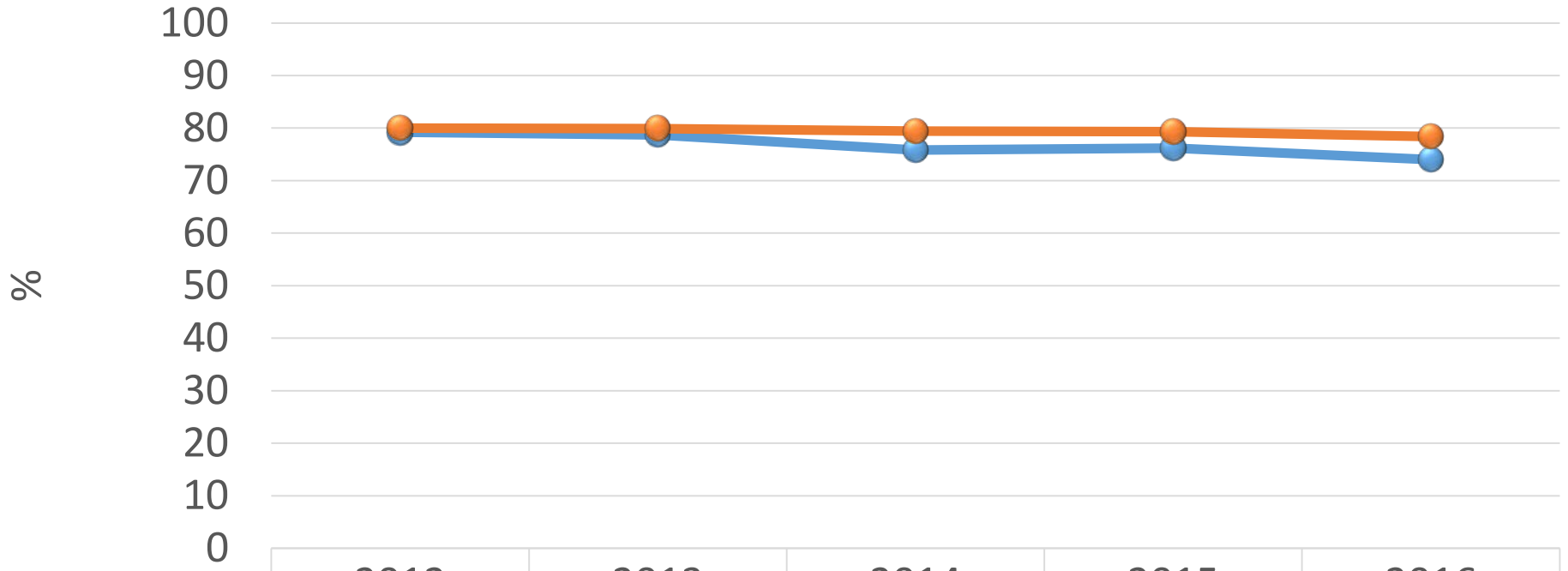
Birth Count by Age of Mother (Age 10-19), Broward, 2012-2016



	2012	2013	2014	2015	2016
10-12	1	0	0	2	0
13-14	16	4	6	9	5
15-17	310	277	200	193	180
18-19	792	718	706	579	542

Source: FloridaCharts, 2016

Births to Mothers with 1st Trimester Prenatal Care, Broward & Florida, 2012-2016

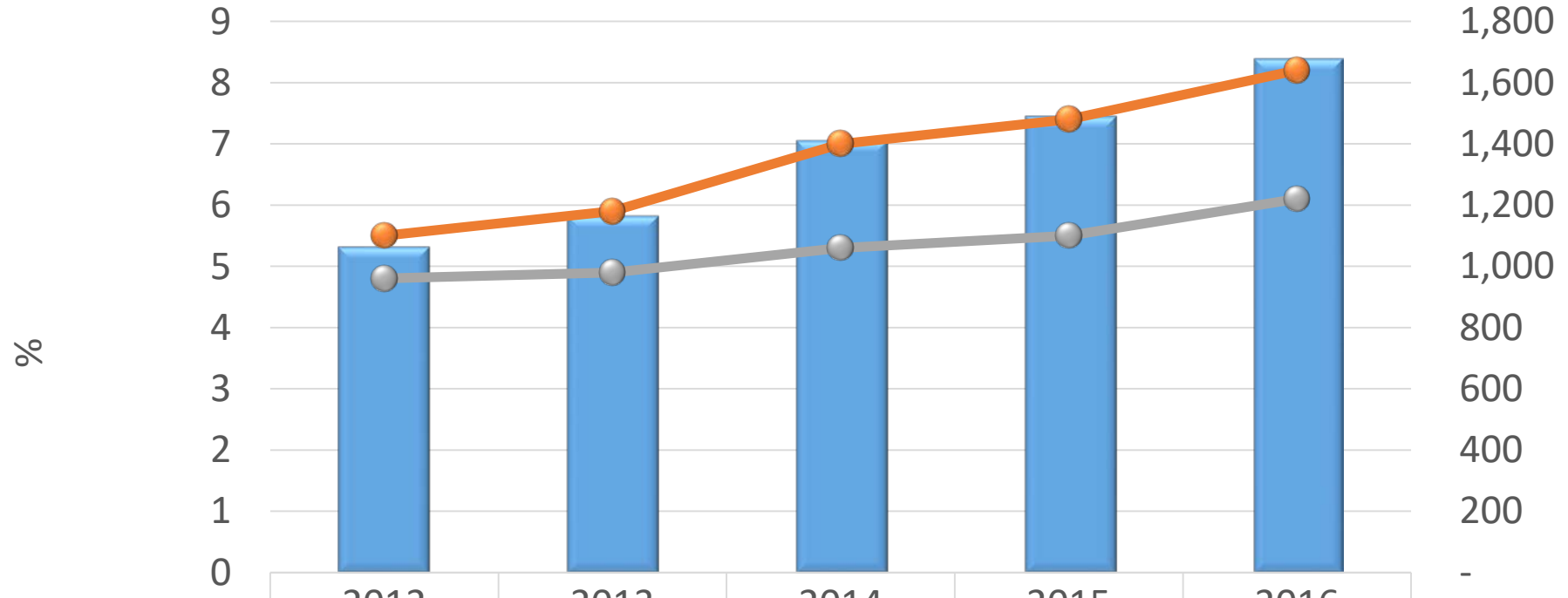


	2012	2013	2014	2015	2016
Broward %	79.2	78.7	75.8	76.2	74
Florida %	80	79.9	79.4	79.3	78.4

HP 2020: 77.9% of pregnant females received early and adequate prenatal care

Source: FloridaCharts, 2016

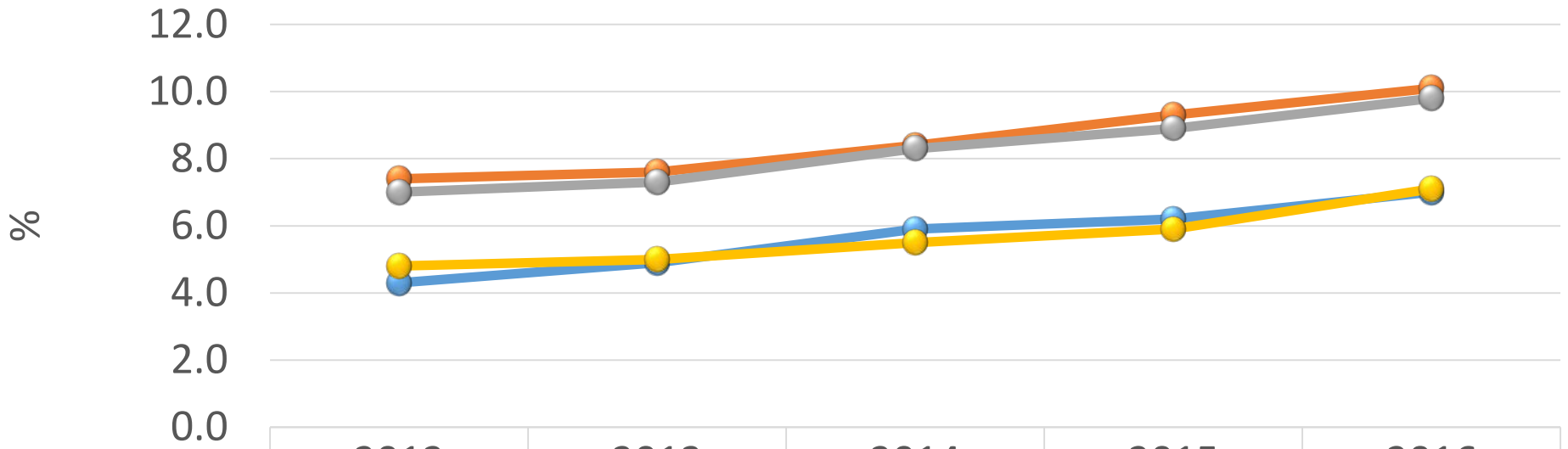
Births to Mothers with 3rd Trimester or No Prenatal Care, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	1,064	1,165	1,411	1,490	1,678
Broward %	5.5	5.9	7.0	7.4	8.2
Florida %	4.8	4.9	5.3	5.5	6.1

Source: FloridaCharts, 2016

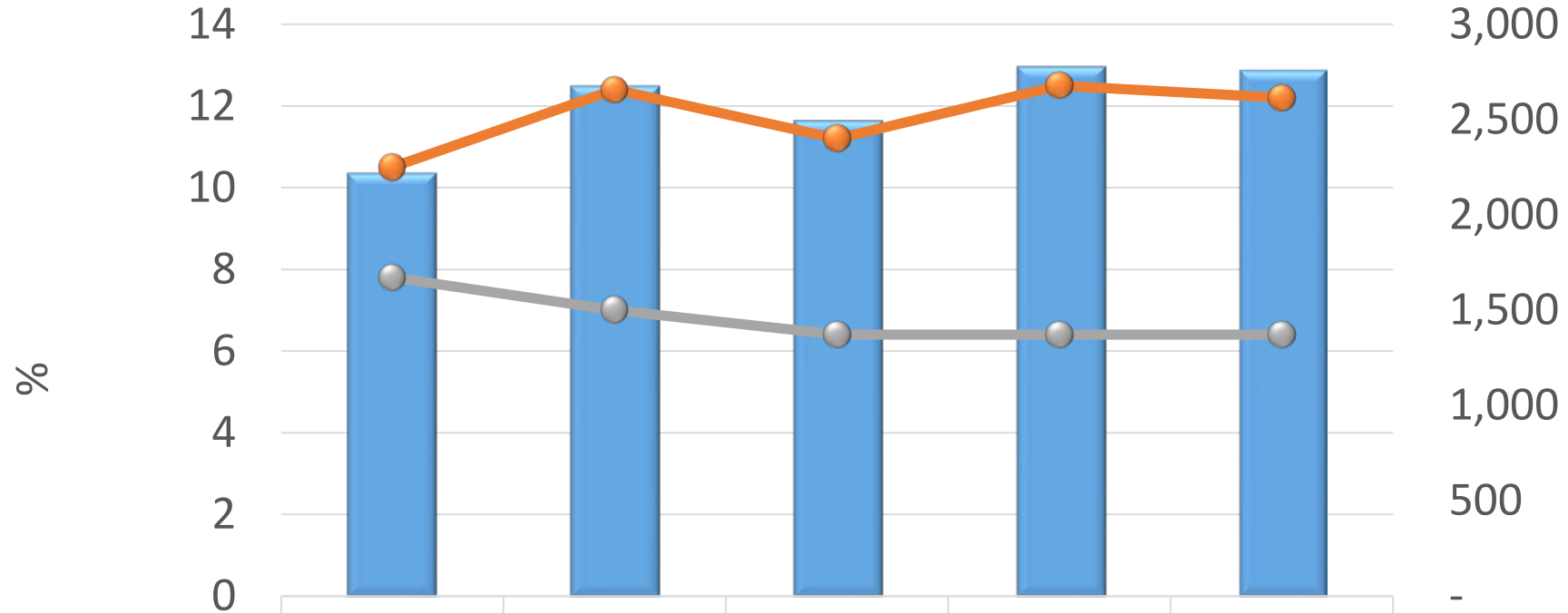
Births to Mothers with 3rd Trimester or No Prenatal Care by Race/Ethnicity, Broward, 2012-2016



	2012	2013	2014	2015	2016
White	4.3	4.9	5.9	6.2	7.0
Black	7.4	7.6	8.4	9.3	10.1
Non-White	7.0	7.3	8.3	8.9	9.8
Hispanic	4.8	5.0	5.5	5.9	7.1

Source: FloridaCharts, 2016

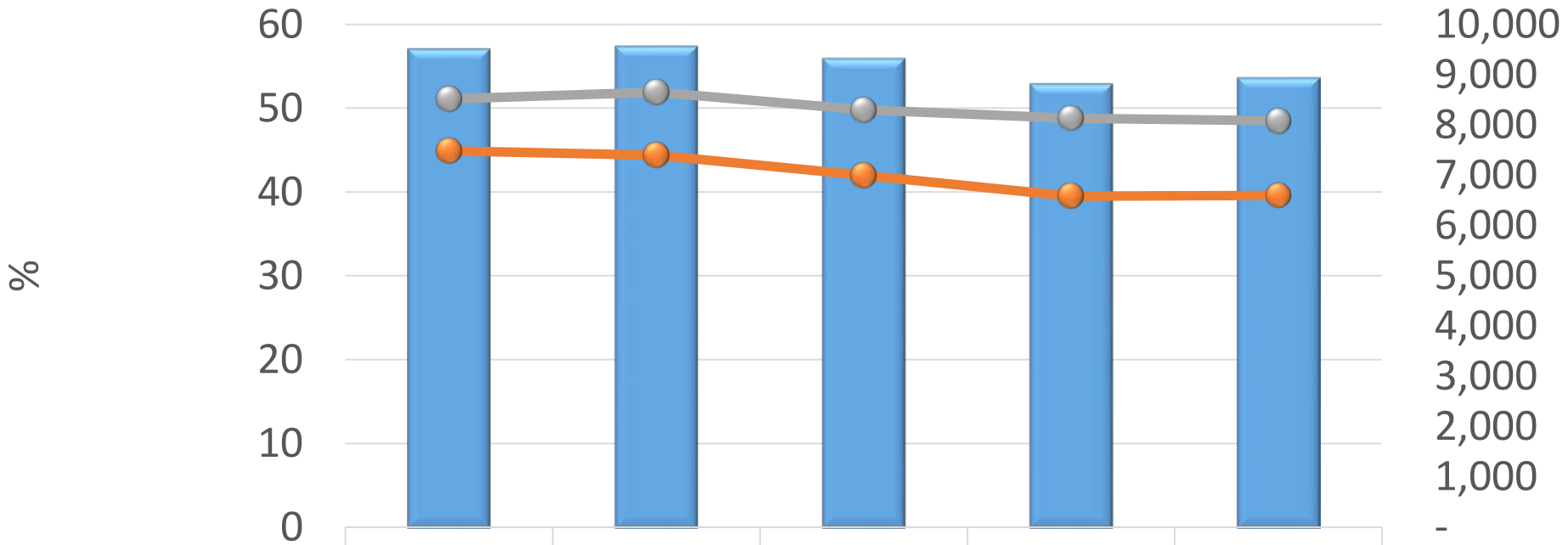
Births to Uninsured Mothers, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	2,219	2,677	2,495	2,779	2,758
Broward %	10.5	12.4	11.2	12.5	12.2
Florida %	7.8	7.0	6.4	6.4	6.4

Source: FloridaCharts, 2016

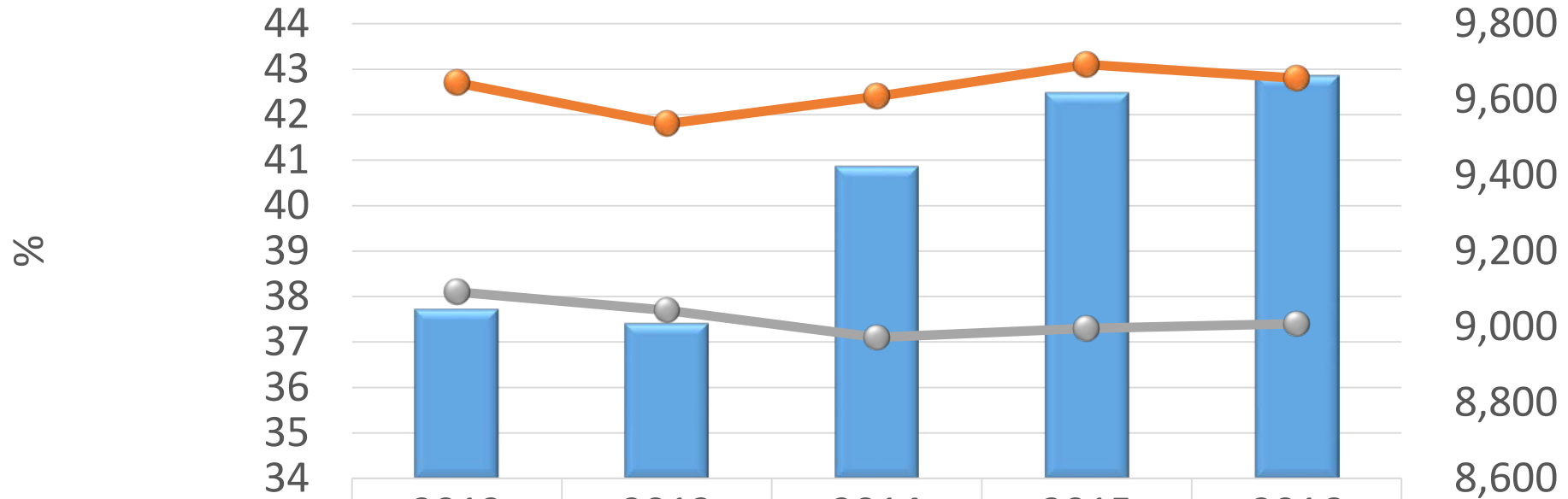
Births Covered by Medicaid, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	9,506	9,560	9,320	8,818	8,933
Broward %	44.9	44.4	42.0	39.5	39.6
Florida %	51.1	51.9	49.8	48.8	48.5

Source: FloridaCharts, 2016

Overall Cesarean Section Deliveries, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward Count	9,048	9,010	9,424	9,618	9,664
Broward %	42.7	41.8	42.4	43.1	42.8
Florida %	38.1	37.7	37.1	37.3	37.4

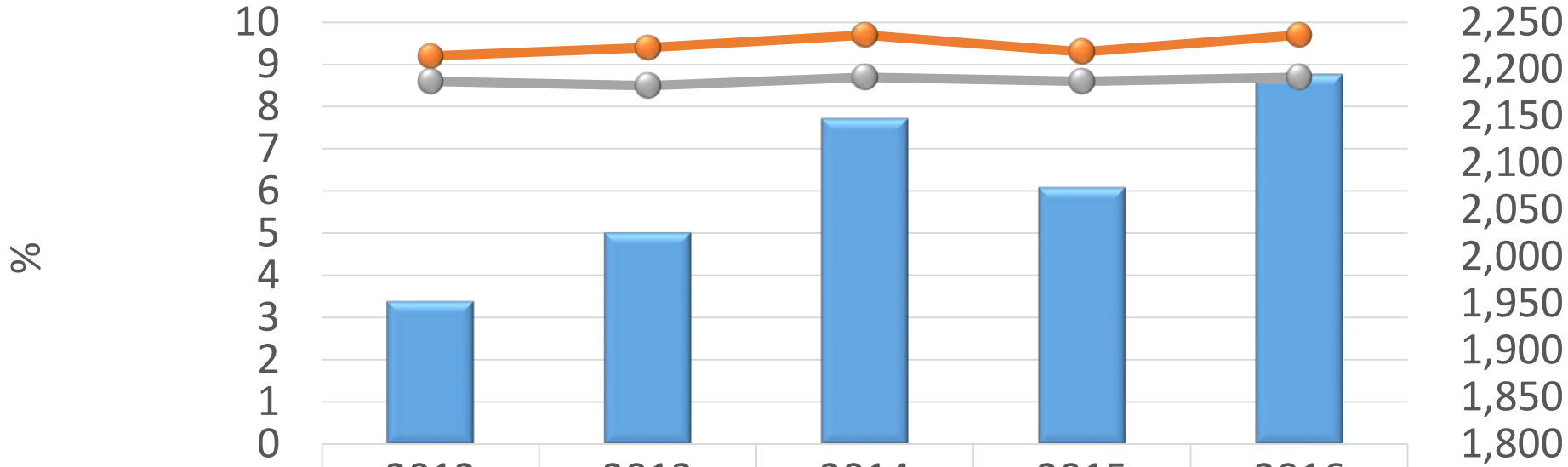
HP 2020: 23.9% of low-risk females with no prior cesarean birth had a cesarean birth

Source: FloridaCharts, 2016

Low Birth Weight
Broward & Florida, 2012-2016

Zip Code	Count
33023*	121
33025	89

Babies born weighing less than 2,500 grams (5lbs, 8oz.)



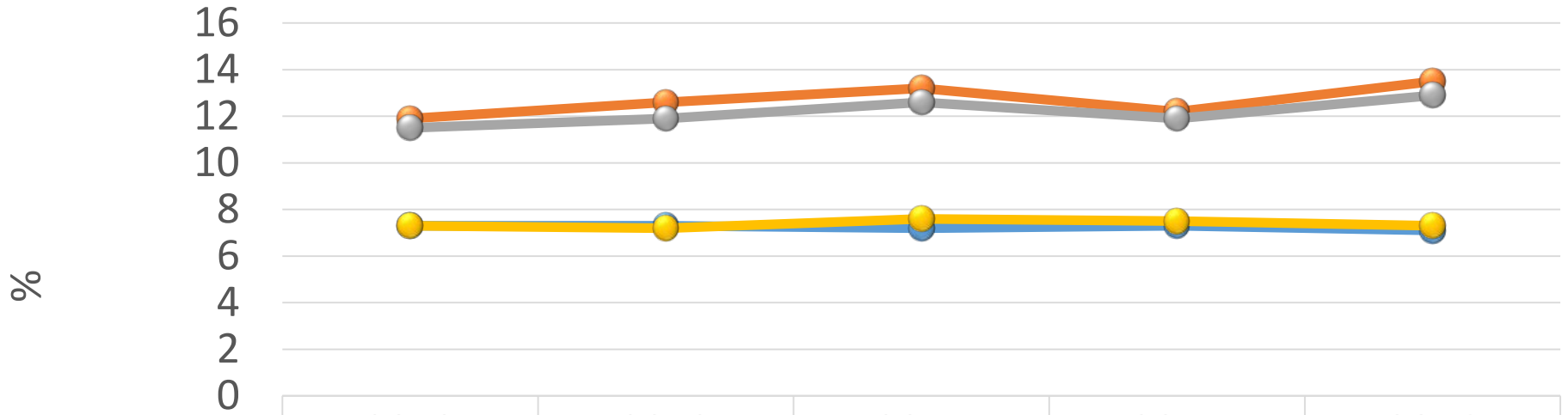
	2012	2013	2014	2015	2016
Broward Count	1,953	2,026	2,147	2,074	2,194
Broward %	9.2	9.4	9.7	9.3	9.7
Florida %	8.6	8.5	8.7	8.6	8.7

HP 2020: 7.8 percent of live births

*** 33023 has the 3rd highest count in the County after 33311 and 33313**

Source: FloridaCharts, 2016

Low Birth Weight by Race/Ethnicity, Broward & Florida, 2012-2016

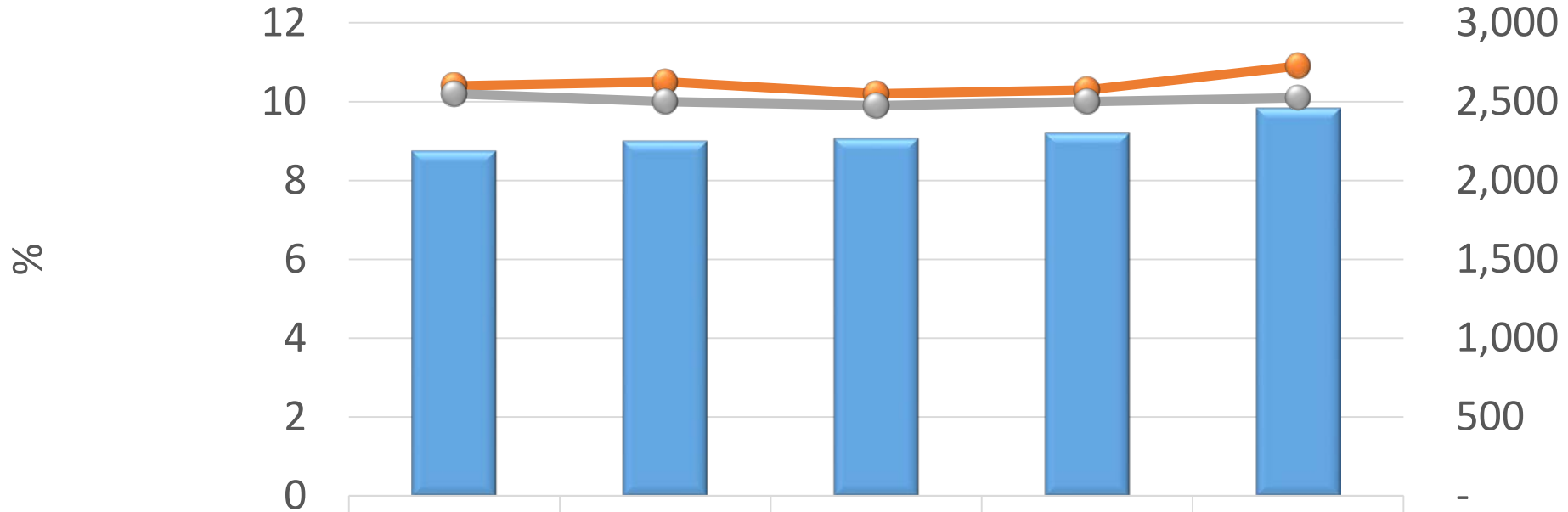


	2012	2013	2014	2015	2016
White	7.3	7.3	7.2	7.3	7.1
Black	11.9	12.6	13.2	12.2	13.5
Non- White	11.5	11.9	12.6	11.9	12.9
Hispanic	7.3	7.2	7.6	7.5	7.3

HP 2020: 7.8 percent of live births

Source: FloridaCharts, 2016

Preterm Births (<37 Weeks Gestation), Broward & Florida, 2012-2016

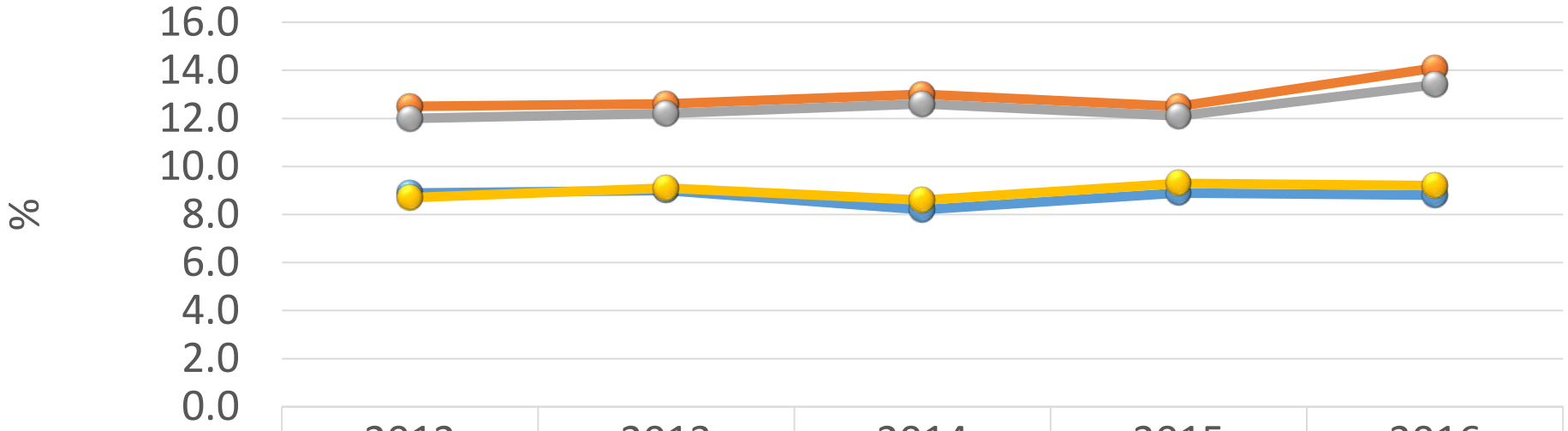


	2012	2013	2014	2015	2016
Broward Count	2,191	2,252	2,268	2,303	2,462
Broward %	10.4	10.5	10.2	10.3	10.9
Florida %	10.2	10.0	9.9	10.0	10.1

HP 2020: 9.4 percent of live births

Source: FloridaCharts, 2016

Preterm Births (<37 Weeks Gestation), by Race/Ethnicity, Broward & Florida, 2012-2016

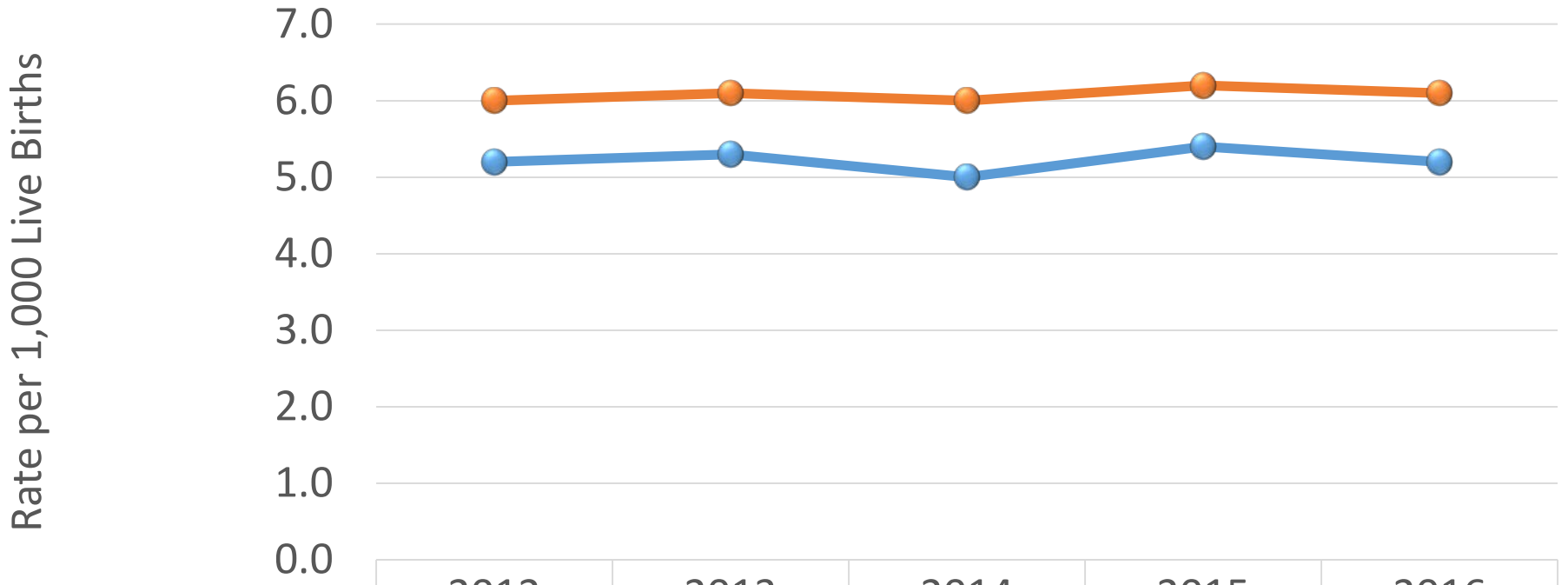


	2012	2013	2014	2015	2016
White	8.9	9.0	8.2	8.9	8.8
Black	12.5	12.6	13.0	12.5	14.1
Non- White	12.0	12.2	12.6	12.1	13.4
Hispanic	8.7	9.1	8.6	9.3	9.2

HP 2020: 9.4 percent of live births

Source: FloridaCharts, 2016

Infant Mortality, Broward & Florida, 2012-2016

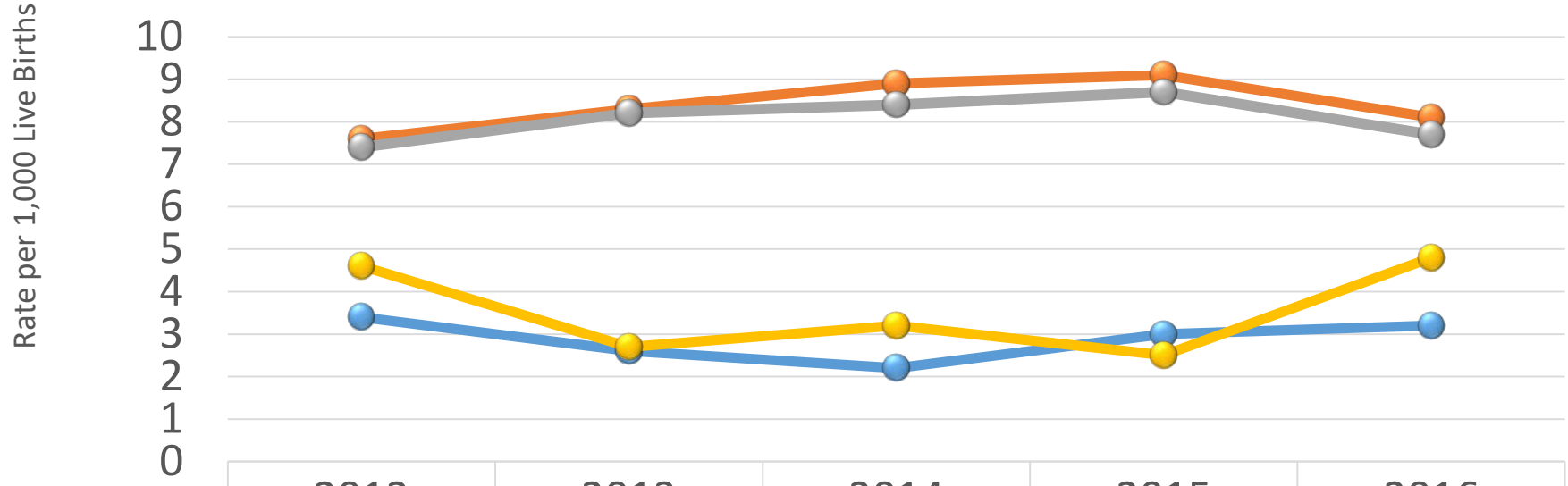


	2012	2013	2014	2015	2016
Broward County	5.2	5.3	5.0	5.4	5.2
Florida	6.0	6.1	6.0	6.2	6.1

HP 2020: 6.0 infant deaths per 1,000 live births

Source: FloridaCharts, 2016

Infant Mortality by Race/Ethnicity, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
White	3.4	2.6	2.2	3.0	3.2
Black	7.6	8.3	8.9	9.1	8.1
Non-White	7.4	8.2	8.4	8.7	7.7
Hispanic	4.6	2.7	3.2	2.5	4.8

HP 2020: 6.0 infant deaths per 1,000 live births

Source: FloridaCharts, 2016

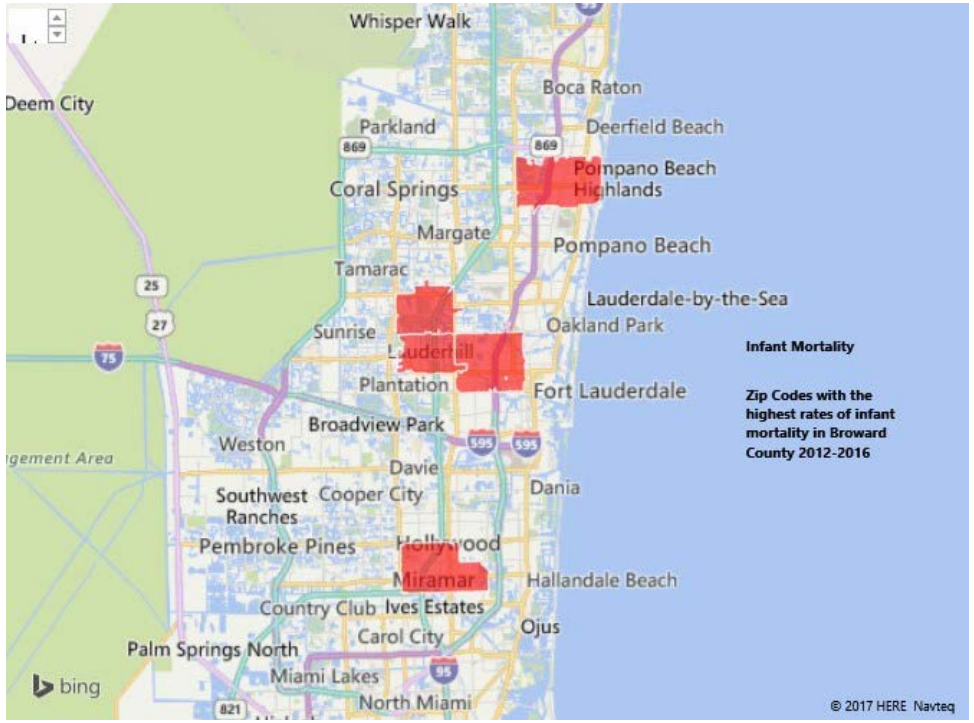
Leading Causes of Infant Death, Broward, 2016

Causes of Death	#
Other Non-rankable Cause of Death	21
Congenital Malformations, Deformations, & Chromosomal Abnormalities	21
Disorders Related to Short Gestation and Low Birth Weight, Not Elsewhere Classified	**16**
Sudden Infant Death Syndrome	**10**
Unintentional Injuries	**7**
Diarrhea & Gastroenteritis--Infectious Origin	4
Newborn Affected by Maternal Complications of Pregnancy	4
Respiratory Distress of Newborn	4
Septicemia	3
Neonatal Hemorrhage	3

Source: U.S. Census Bureau, American Community Survey 2016

Infant Mortality Rates- Broward

Zip Codes with the highest rates in 2011 -- 2016: 33023, 33064, 33311, 33313, and 33319



117 deaths in 2016

44% were Black; 13% of those were Haitian

10% were White, non-Hispanic; 16% were Hispanic (nationality not identified)

6% were born to Puerto Rican women; 5% to Cuban women; and 2% to Mexican women

Infant Mortality Trend	2014	2015	2016
33023	13	14	9

Source: FloridaCharts, 2016

Credit: Ronik-Radlauer Group

OB/GYN Deserts-Broward County

Source: FloridaCharts, 2016

Credit: Ronik-Radlauer Group

Maternal Child Health Strategies

Black Infant Health Practice Initiative (BIHPI):	• **Reducing disparities and increasing health and birth equity outcomes**
Breastfeeding Coalition of Broward County:	• **Increasing the rates of initiation and duration of breastfeeding**
Healthy Babies are Worth the Wait®:	• **Reducing the rates of preterm births**
Infant Health Maternal Depression:	• **Increasing access to and receipt of treatment for mothers with postpartum depression**
Infant Health Safe Sleep:	• **Reducing the rates of infant deaths due to unsafe sleep practices**

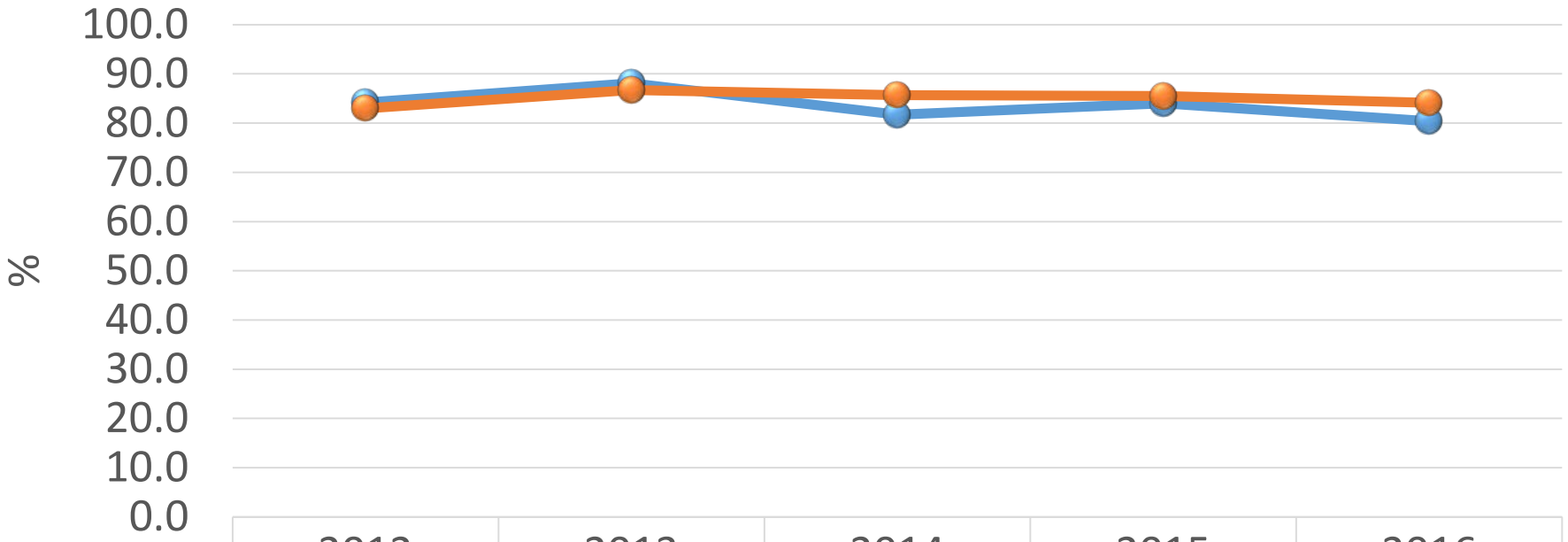
Credit: Ronik-Radlauer Group

Maternal Child Health Strategies (cont.)

Infant Health Safe Sleep:	• Reducing the rates of infant deaths due to unsafe sleep practices
Infant Health Substance Exposed Newborns:	• Decreasing the rates of infants born exposed to addictive substances and increasing access to treatment and services for mothers with substance use conditions
Maternal Health:	• Reducing the rates of Cesarean sections and elective deliveries and reducing rates of maternal morbidity, such as hypertension, diabetes, obesity, and social determinants of health that affect birth outcomes
Perinatal HIV:	• Reducing the rates of maternal to infant HIV transmission and reducing the rates of congenital syphilis
Teen Parent Alliance:	• reducing the rates of teen births and repeat teen births

Credit: Ronik-Radlauer Group

2-Year Old Immunization Rates, Broward & Florida, 2012-2016

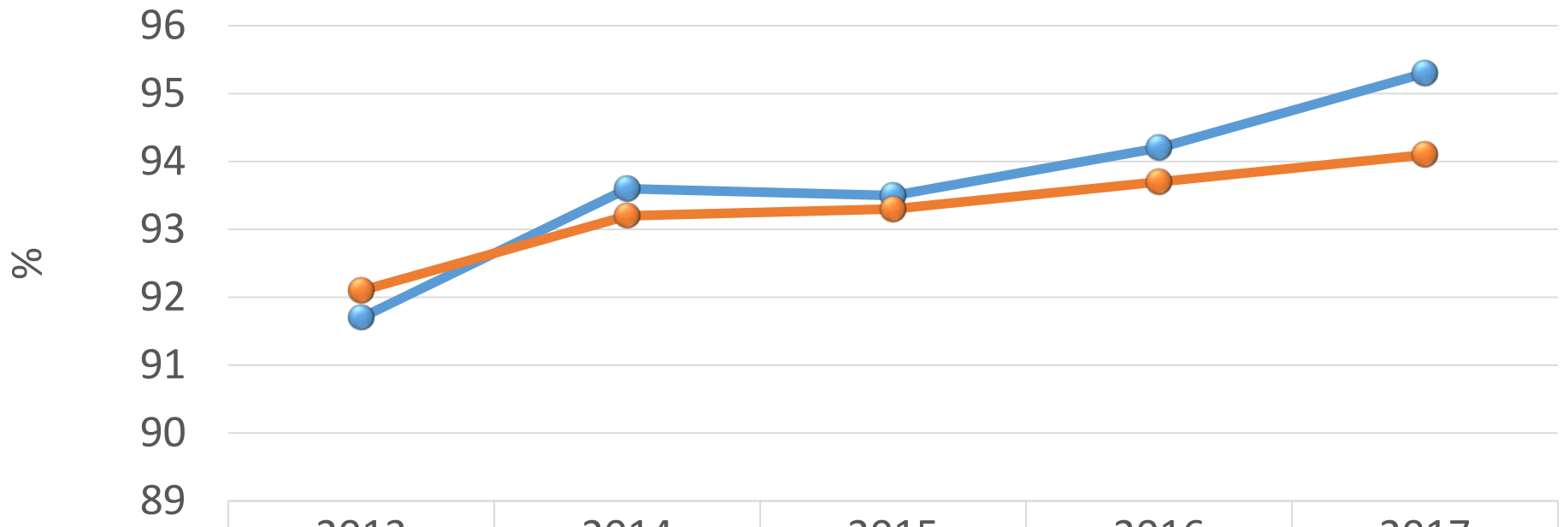


	2012	2013	2014	2015	2016
Broward	84.2	88.1	81.7	84.0	80.4
Florida	83.0	86.7	85.7	85.5	84.1

HP 2020: 90% Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children

Source: FloridaCharts, 2016

Kindergarten Immunization Rates, Broward & Florida, 2013-2017



	2013	2014	2015	2016	2017
Broward	91.7	93.6	93.5	94.2	95.3
Florida	92.1	93.2	93.3	93.7	94.1

HP 2020: 95% Maintain vaccination coverage levels for children in kindergarten

Source: FloridaCharts, 2016

Immunization Strategies

Florida Department of Health in Broward County The Shots by Two Program:	• Aims to increase the number of children who receive their immunizations, by mailing parents a reminder whenever a child is due for a vaccine.
Free Back to School Immunizations	• Mobile Units, Health Fairs, Community Events

Mortality & Morbidity

Major Causes of Death, Broward, 2016

	Deaths	Percent of Total Deaths	Crude Rate per 100,000
All Causes	15,272	100.0	820.6
Heart Diseases	3,737	24.5	200.8
Cancer	3,439	22.5	184.8
Cerebrovascular Diseases	1,513	9.9	81.3
Unintentional Injury	1,080	7.1	58
Chronic Lower Respiratory Disease	774	5.1	41.6
Alzheimer's Disease	400	2.6	21.5
Diabetes Mellitus	377	2.5	20.3
Nephritis, Nephrotic Syndrome, Nephrosis	303	2.0	16.3
Chronic Liver Disease & Cirrhosis	255	1.7	13.7
Suicide	243	1.6	13.1

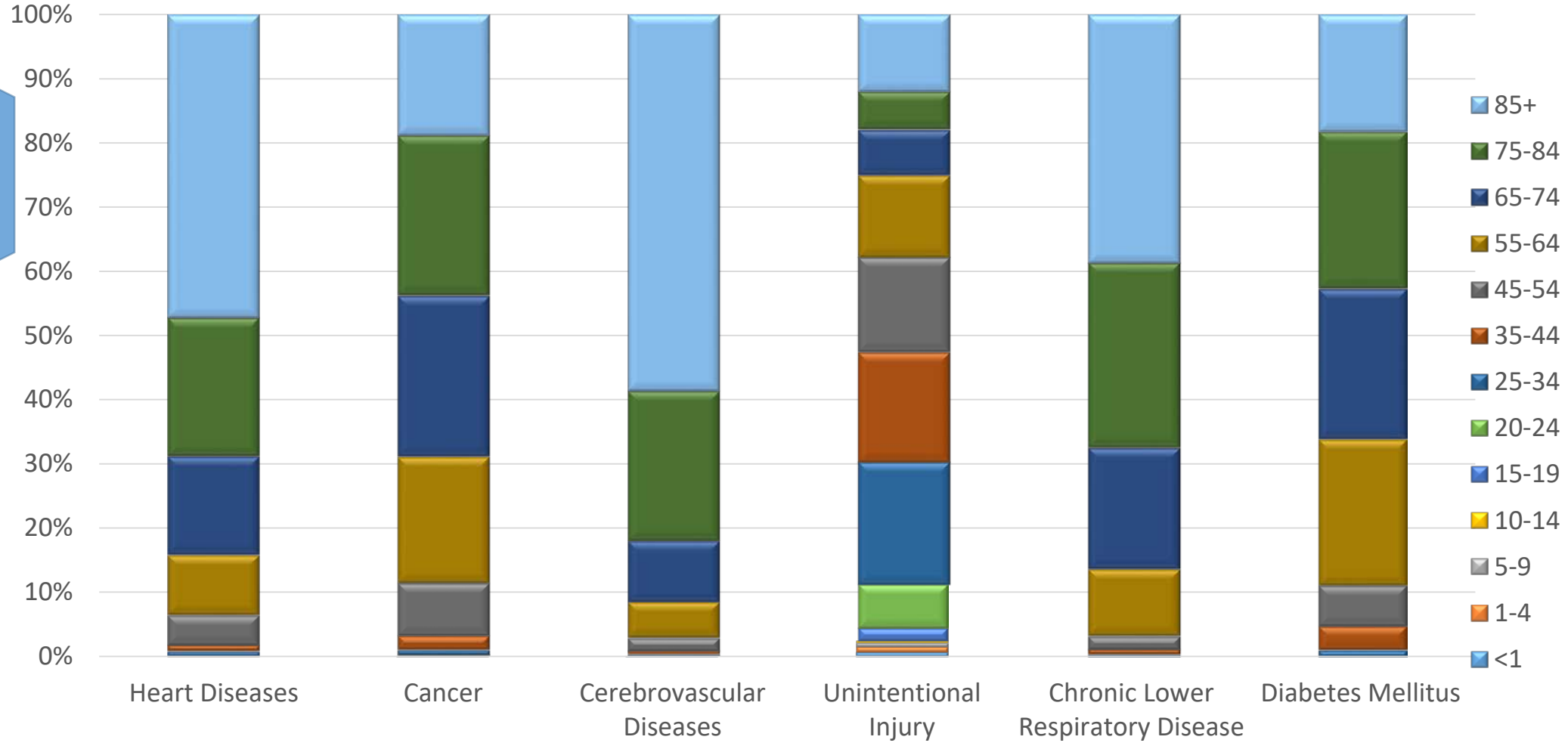
Source: FloridaCharts, 2016

Major Causes of Death, Broward, 2016

	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	HP 2020	YPLL < 75 Per 100,000 Under 75
All Causes	650.4	638.8		7,321.9
Heart Diseases	151.1	151.8	103.4	887.3
Cancer	147.9	149.3	161.4	1,510.70
Cerebrovascular Diseases	59.9	56.9	34.8	192.8
Unintentional Injury	54.5	41.9	36.4	1,712.80
Chronic Lower Respiratory Disease	32.1	32.0	18.7	149.4
Alzheimers Disease	15.8	15.8	-	11.4
Diabetes Mellitus	16.2	16.0	66.6	175.5
Nephritis, Nephrotic Syndrome, Nephrosis	12.6	13.1	-	91.1
Chronic Liver Disease & Cirrhosis	11.2	9.8	-	217.3
Suicide	12.2	11.3	10.2	376.7

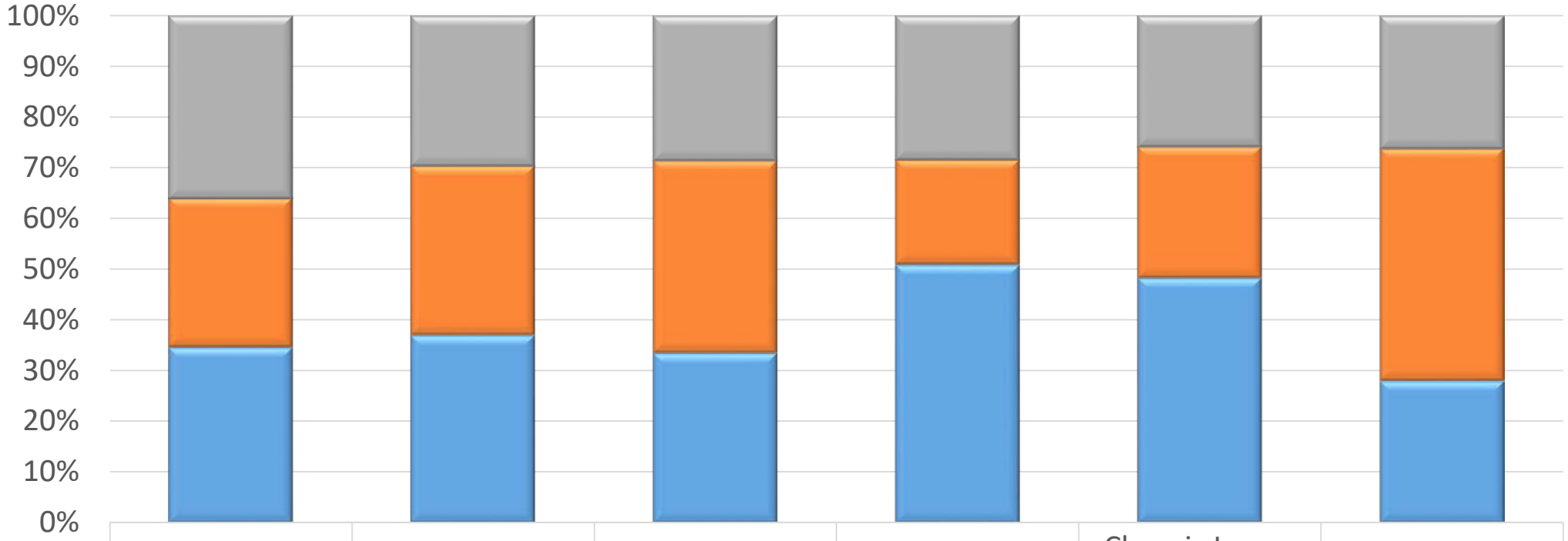
Source: FloridaCharts, 2016

Major Causes of Death by Age, Broward, 2016



Source: Florida Charts, 2016

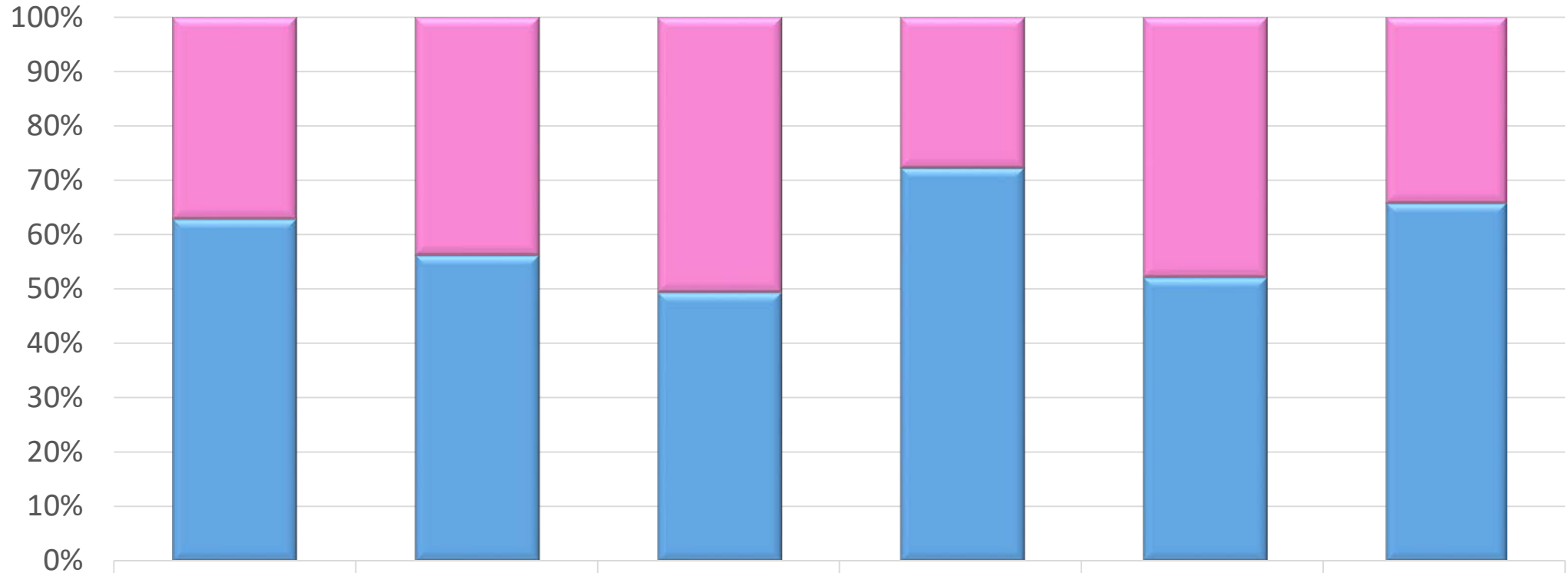
Major Causes of Death by Race/Ethnicity, Broward, 2016



	Heart Diseases	Cancer	Cerebrovascular Diseases	Unintentional Injury	Chronic Lower Respiratory Disease	Diabetes Mellitus
Hispanic	158.6	119.6	48.4	37.9	19.0	13.0
Black	129.6	134.9	64.5	27.7	19.1	22.7
White	152.9	149.6	56.9	68.0	35.6	13.9

Source: Florida Charts, 2016

Major Causes of Death by Gender, Broward, 2016



	Heart Diseases	Cancer	Cerebrovascular Diseases	Unintentional Injury	Chronic Lower Respiratory Disease	Diabetes Mellitus
Female	115.8	131.8	59.8	30.6	30.7	11.4
Male	196.8	169.8	58.6	79.9	33.6	22.0

Source: Florida Charts, 2016

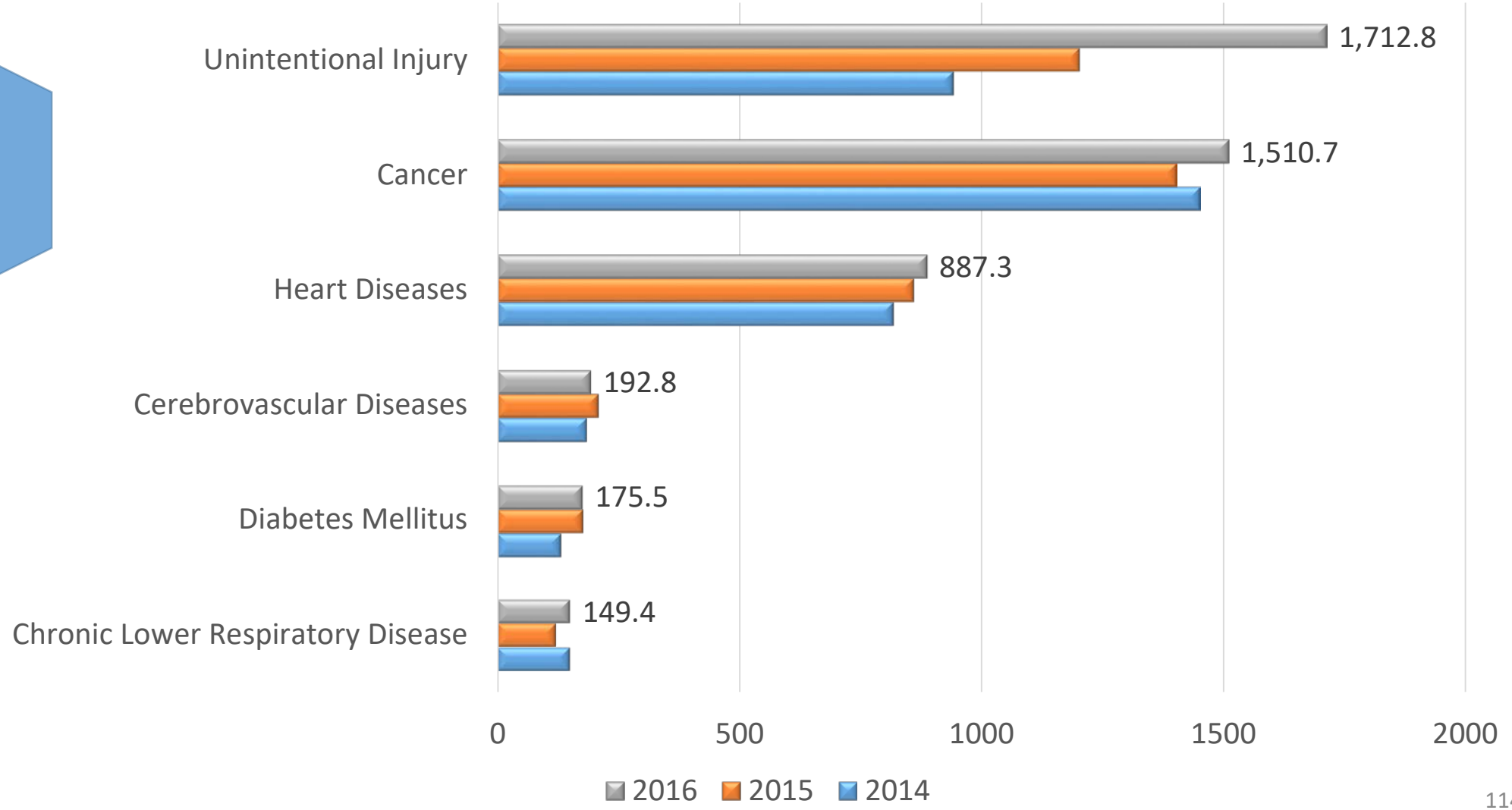
Years of Potential Life Lost - Definition

An estimate of the average years a person would have lived if he or she had not died prematurely.

A measure of premature mortality.

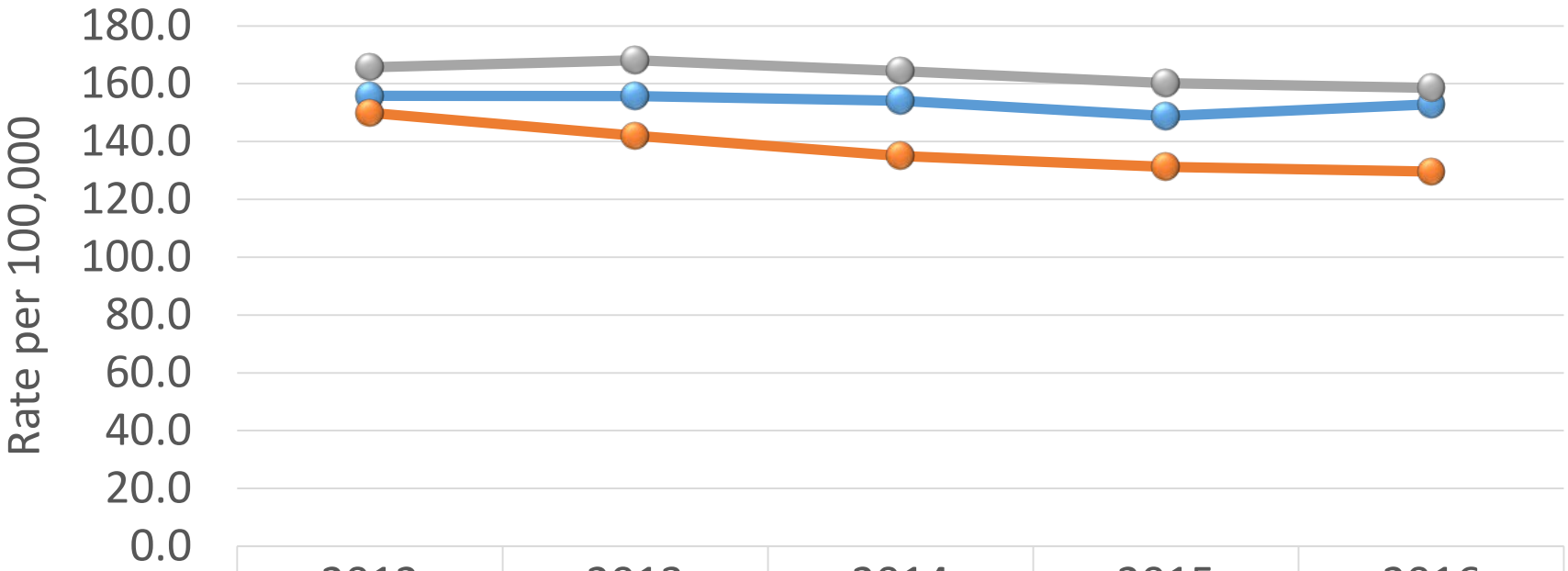
As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people.

Years of Potential Life Lost per 100,000 Under 75, Broward, 2014-2016



Source: Florida Charts, 2016

Heart Disease Deaths by Race/Ethnicity, Broward, 2012-2016

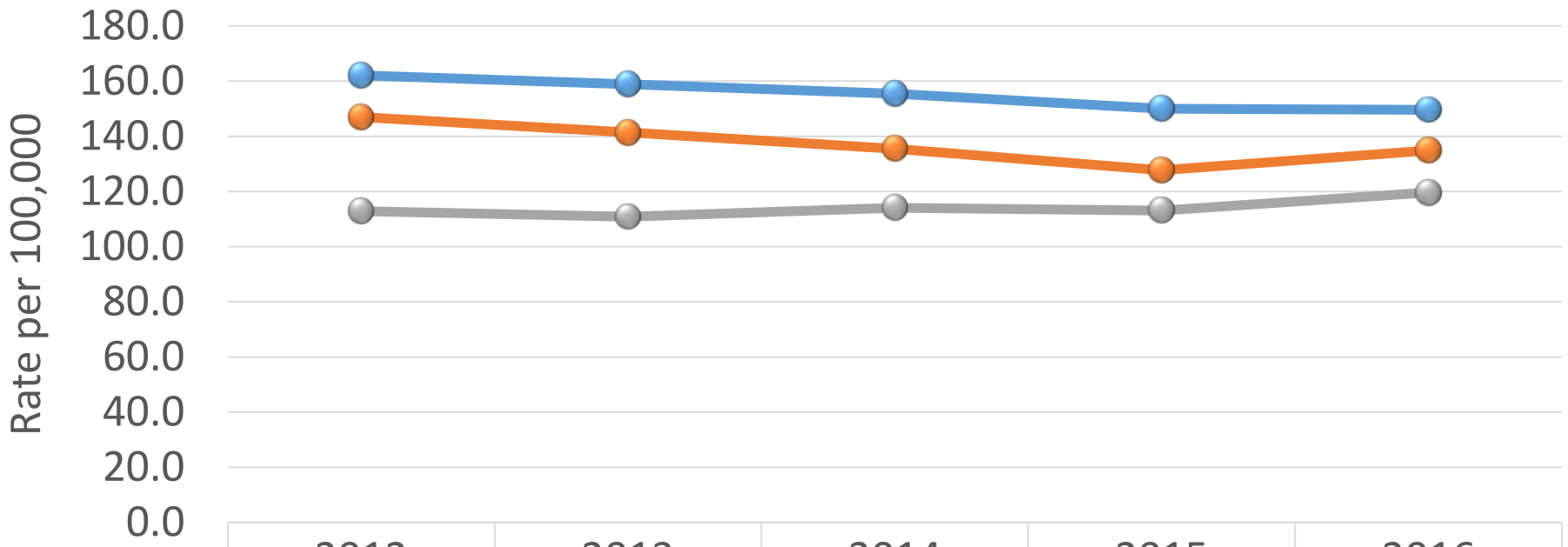


	2012	2013	2014	2015	2016
White	155.8	155.7	154.1	148.8	152.9
Black	149.9	142.0	135.0	131.2	129.6
Hispanic	165.7	168.1	164.4	160.2	158.6

HP 2020: 103.4 per 100,000

Source: FloridaCharts 2016.

Cancer Deaths by Race/Ethnicity, Broward, 2012-2016



	2012	2013	2014	2015	2016
White	162.1	158.9	155.4	150.0	149.6
Black	147.0	141.4	135.5	127.7	134.9
Hispanic	112.9	110.9	114.1	113.1	119.6

HP 2020: 161.4 per 100,000

Source: FloridaCharts 2016.

What's included in data

Unintentional injuries

Definition
Injury not intended as self-harm or as intentional harm to another person

Why do we measure this?
An injury is damage to your body. It is a general term that refers to harm caused by accidents, falls, blows, burns, weapons and more. In the U.S., millions of people injure themselves every year. Injury mortality rate reflects the health and well-being of the population as well as the quality of the health care available. Injury mortality information is used by local governments and organizations to identify areas in need and designate available resources.

ICD-10 Code(s): V01-X59, Y85-Y86

Unintentional Poisoning

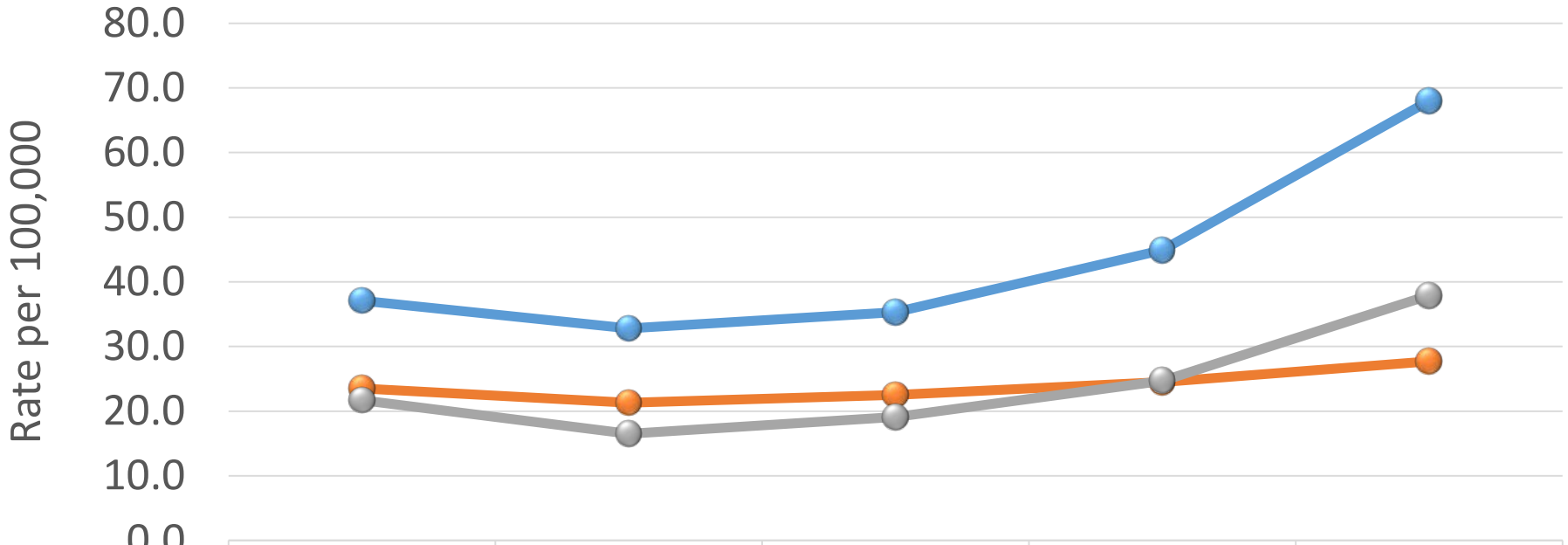
Definition
Poisoning by external causes such as drugs, medicaments and biological substances

Why do we measure this?
Deaths by poisoning is poisoning by external causes such as drugs, medicaments and biological substances. Poisoning mortality rate reflects the health and well-being of the population as well as the quality of the health care available. Poisoning mortality information is used by local governments and organizations to identify areas in need and designate available resources.

ICD-10 Code(s): X40-X49

Source: FloridaCharts

Unintentional Injury Deaths by Race/Ethnicity, Broward, 2012-2016

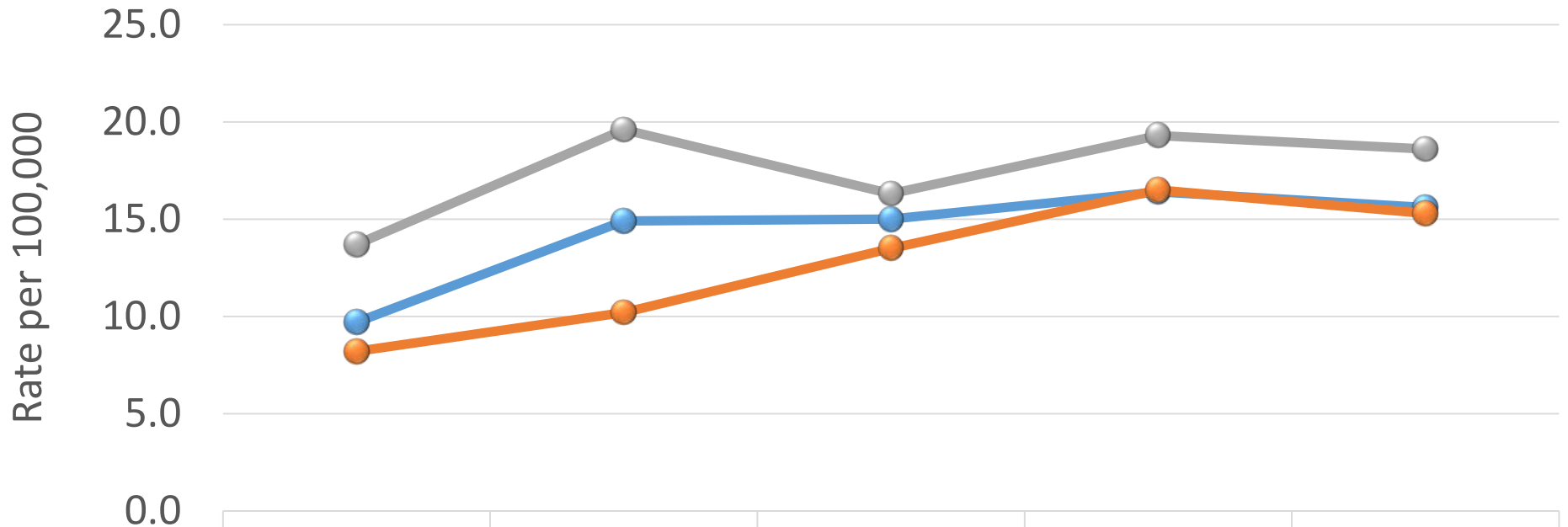


	2012	2013	2014	2015	2016
White	37.1	32.8	35.3	44.9	68.0
Black	23.5	21.3	22.5	24.5	27.7
Hispanic	21.7	16.5	19.1	24.7	37.9

HP 2020: 36.4 per 100,000

Source: FloridaCharts 2016.

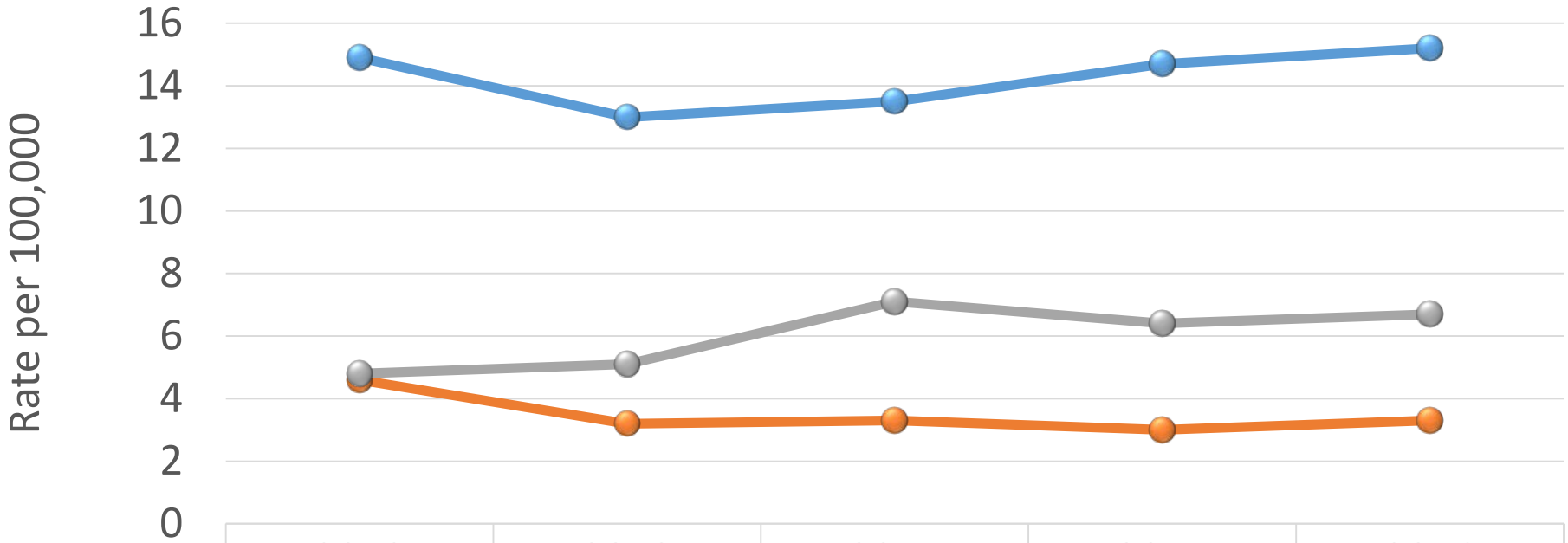
Alzheimer's Disease Deaths by Race/Ethnicity, Broward, 2012-2016



	2012	2013	2014	2015	2016
White	9.7	14.9	15.0	16.4	15.6
Black	8.2	10.2	13.5	16.5	15.3
Hispanic	13.7	19.6	16.3	19.3	18.6

Source: FloridaCharts 2016.

Suicide Deaths by Race/Ethnicity, Broward, 2012-2016



	2012	2013	2014	2015	2016
White	14.9	13	13.5	14.7	15.2
Black	4.6	3.2	3.3	3.0	3.3
Hispanic	4.8	5.1	7.1	6.4	6.7

HP 2020: 10.2 per 100,000

Source: FloridaCharts 2016.

Community Health Programs

Memorial HITS Program

- Program helps patients establish a “medical home”. The program encourages individuals with chronic health conditions to participate in disease management programs, and it provides enrollment assistance for governmental programs.

Florida Department of Health in Broward County

- Clinical and nutrition services, drowning prevention, tobacco prevention, environmental health, infectious disease.

Federally Qualified Health Centers

- Adult and pediatric clinical services, women’s health, chronic disease management, smoking cessation, prescription assistance,.

Broward Regional Health Planning Council

- The TOUCH program is recognized in South Broward in terms of the Healthy Community Zones established in Dania Beach and Hallandale Beach, the Dania Beach PATCH (People’s Access to Community Horticulture) urban farm and market and the AARP livable city initiative in Hallandale Beach. These initiatives are supported by the respective cities and are expected to continue throughout the next three (3) to five (5) years.

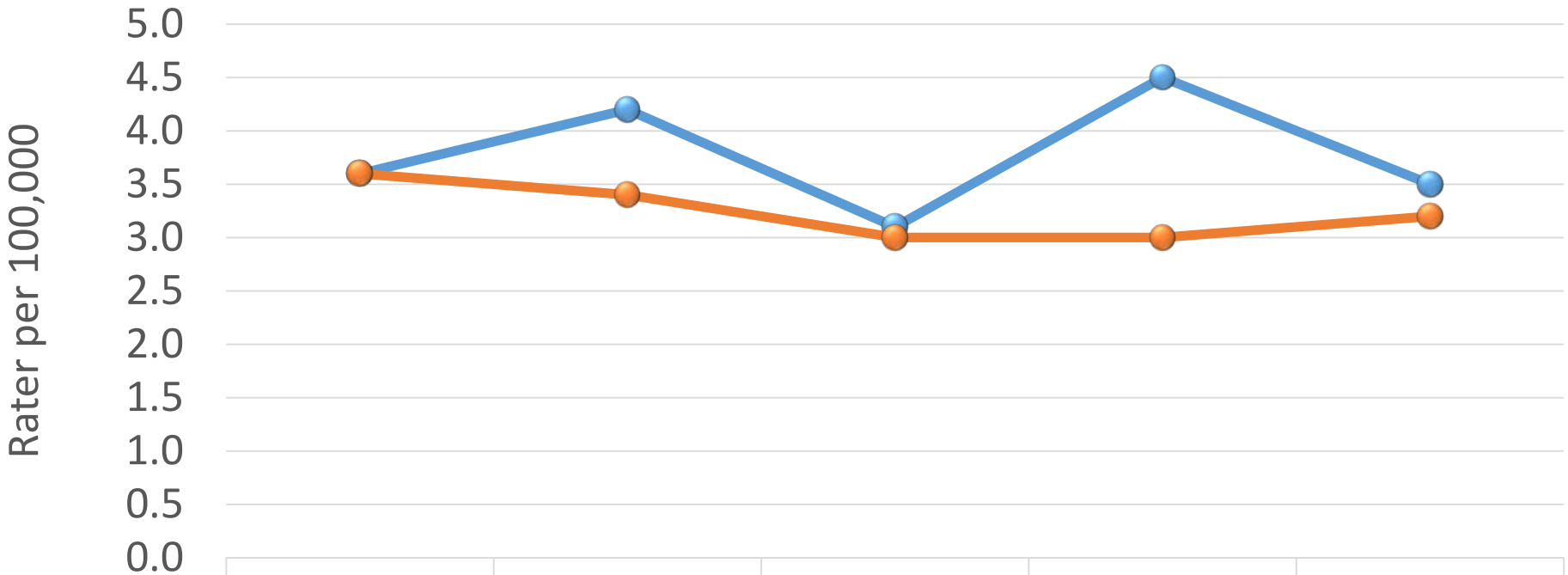
Community Providers

- 211 Broward First Call for Help

Disclaimer: List is not exhaustive

Communicable Diseases Prevalence

Tuberculosis Rate, Broward & Florida, 2012-2016

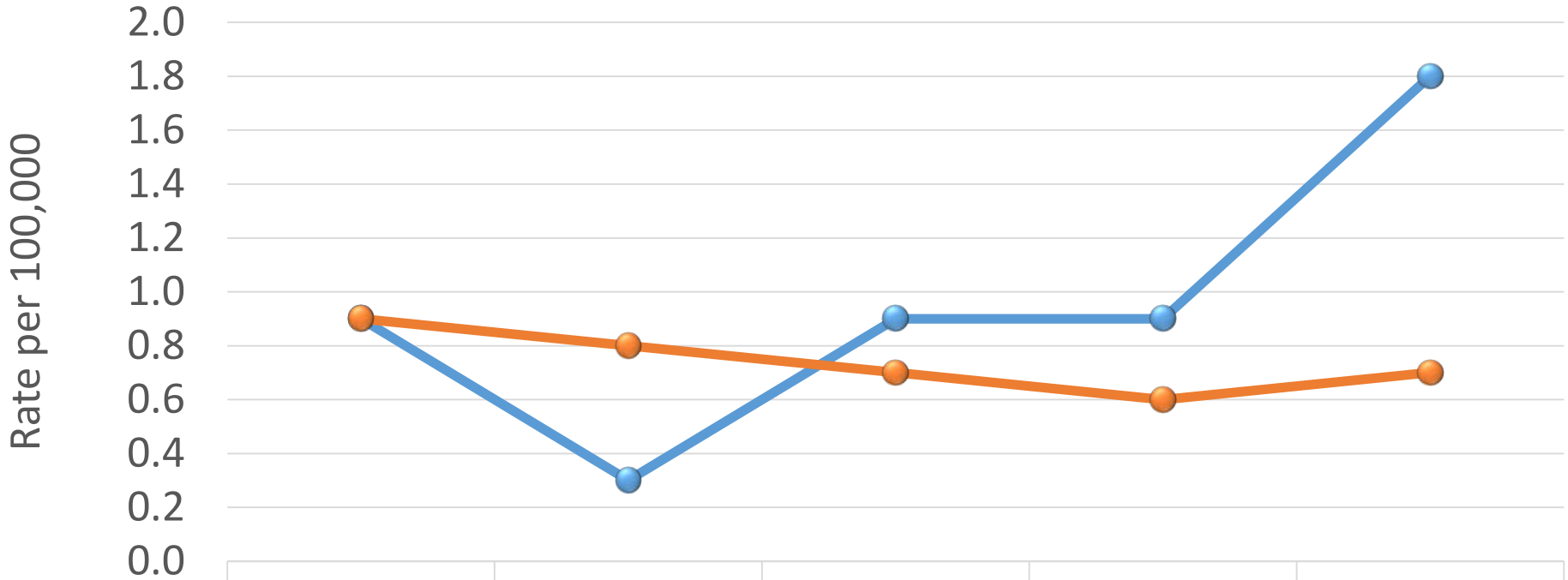


	2012	2013	2014	2015	2016
Broward	3.6	4.2	3.1	4.5	3.5
Florida	3.6	3.4	3.0	3.0	3.2

HP 2020: 1.0 new case per 100,000

Source: FloridaCharts, 2016

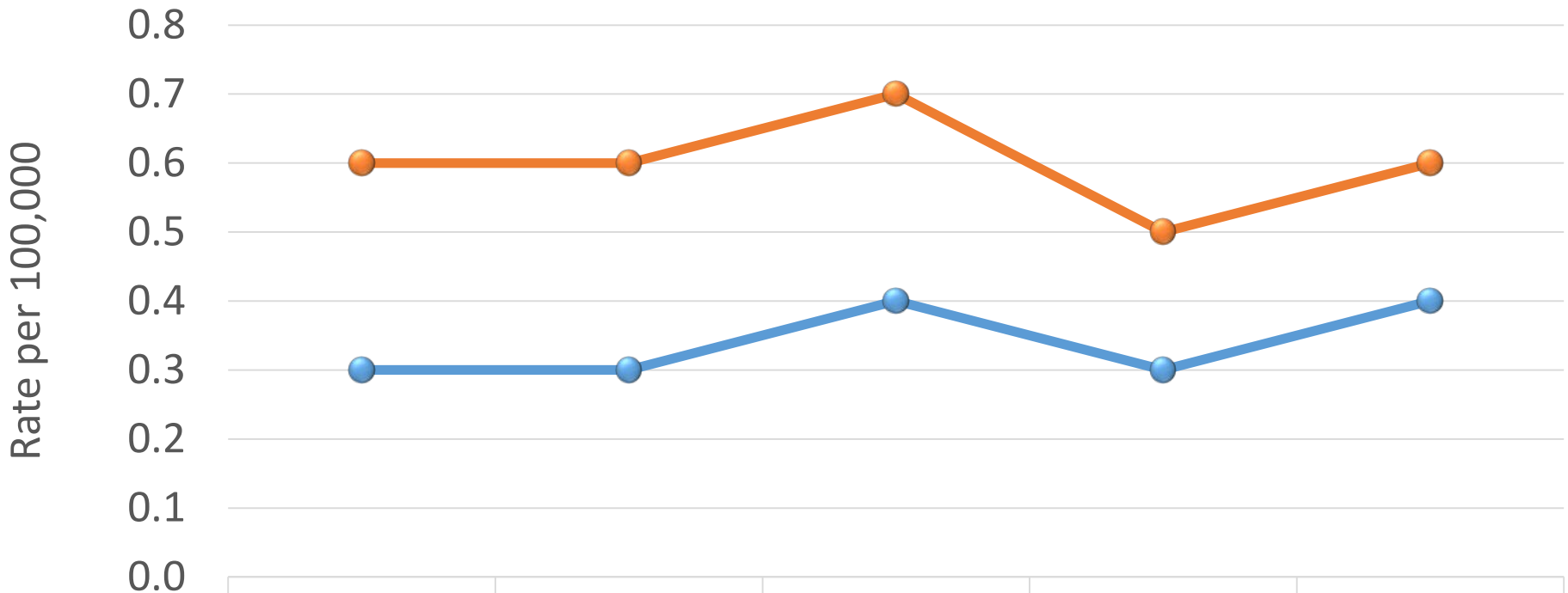
Tuberculosis Rate for Children Under 15, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	0.9	0.3	0.9	0.9	1.8
Florida	0.9	0.8	0.7	0.6	0.7

Source: FloridaCharts, 2016

Hepatitis A Rate, Broward & Florida, 2011-2015

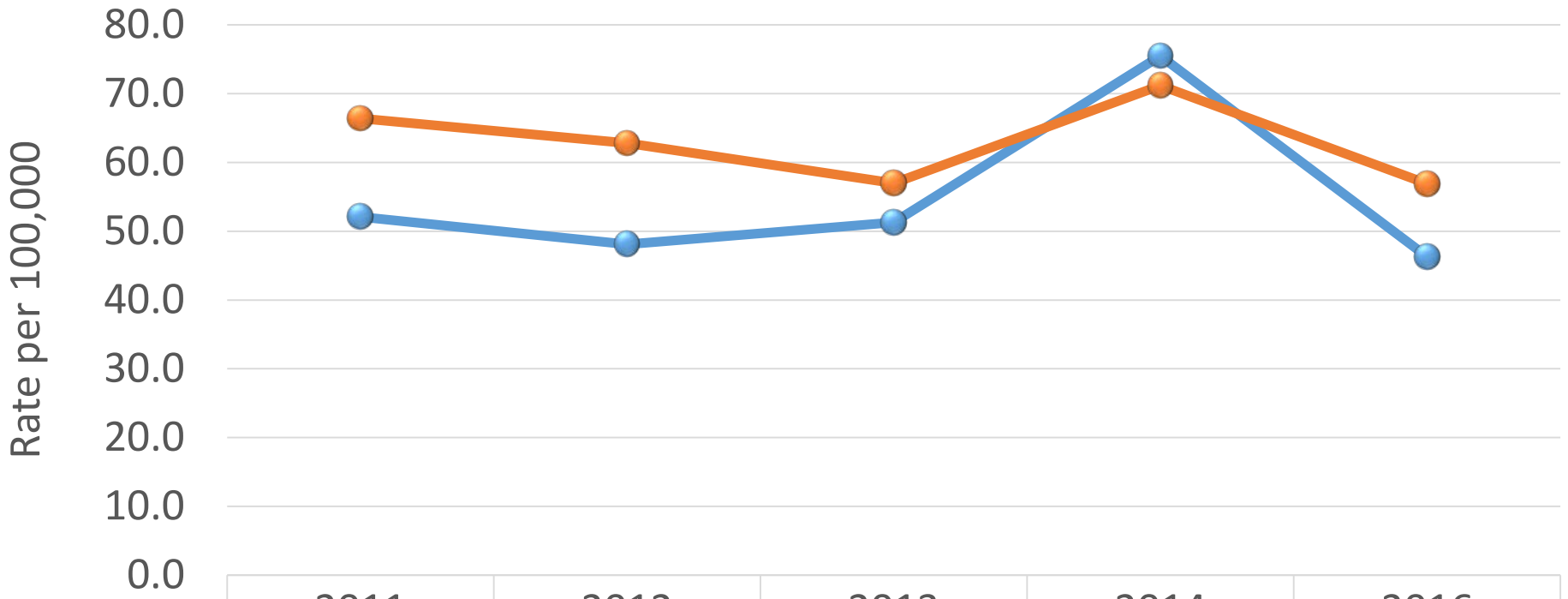


	2011	2012	2013	2014	2015
Broward	0.3	0.3	0.4	0.3	0.4
Florida	0.6	0.6	0.7	0.5	0.6

HP 2020: 0.3 new case per 100,000

Source: FloridaCharts, 2016

Total Enteric Disease Rate, Broward & Florida, 2011-2016*

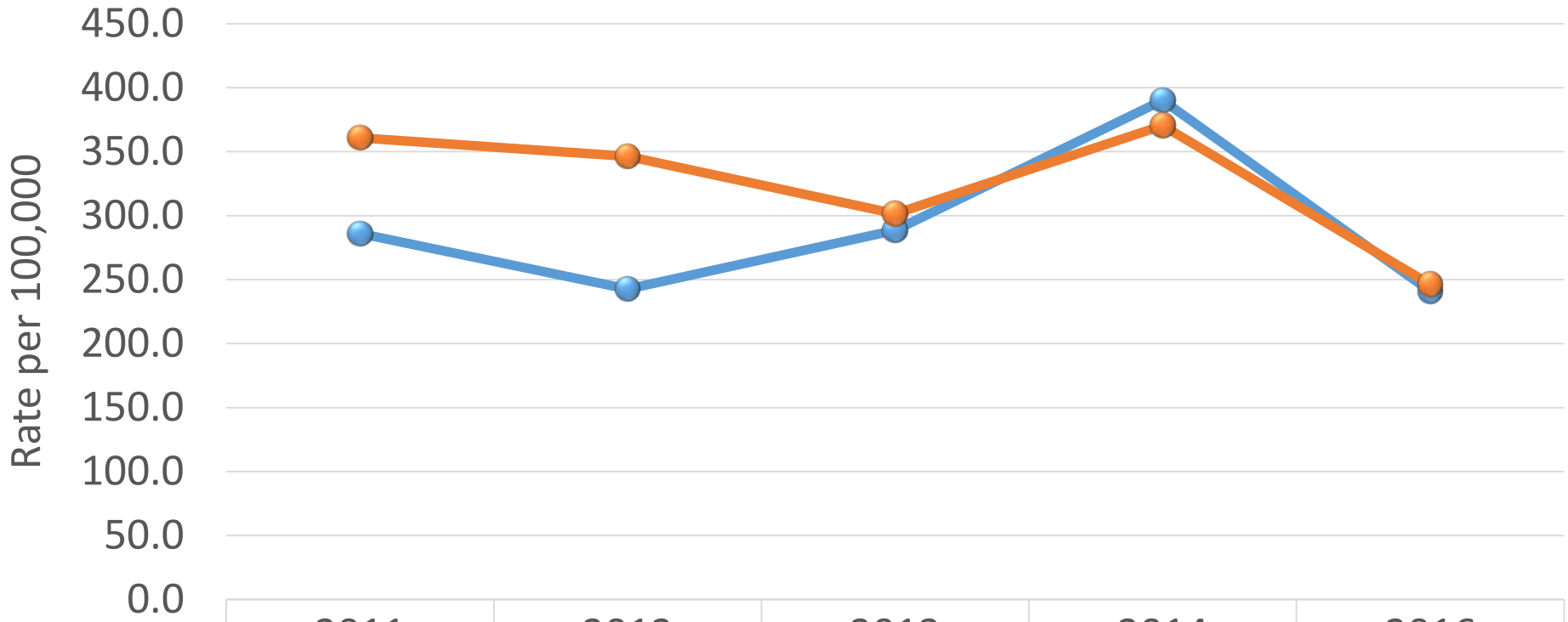


	2011	2012	2013	2014	2016
Broward	52.1	48.1	51.3	75.5	46.3
Florida	66.4	62.8	57.0	71.2	56.9

Source: FloridaCharts, 2016

**- 2015 data not available for total enteric disease rate*

Enteric Disease Rate in Children <6 Years Old, Broward & Florida, 2011-2016*



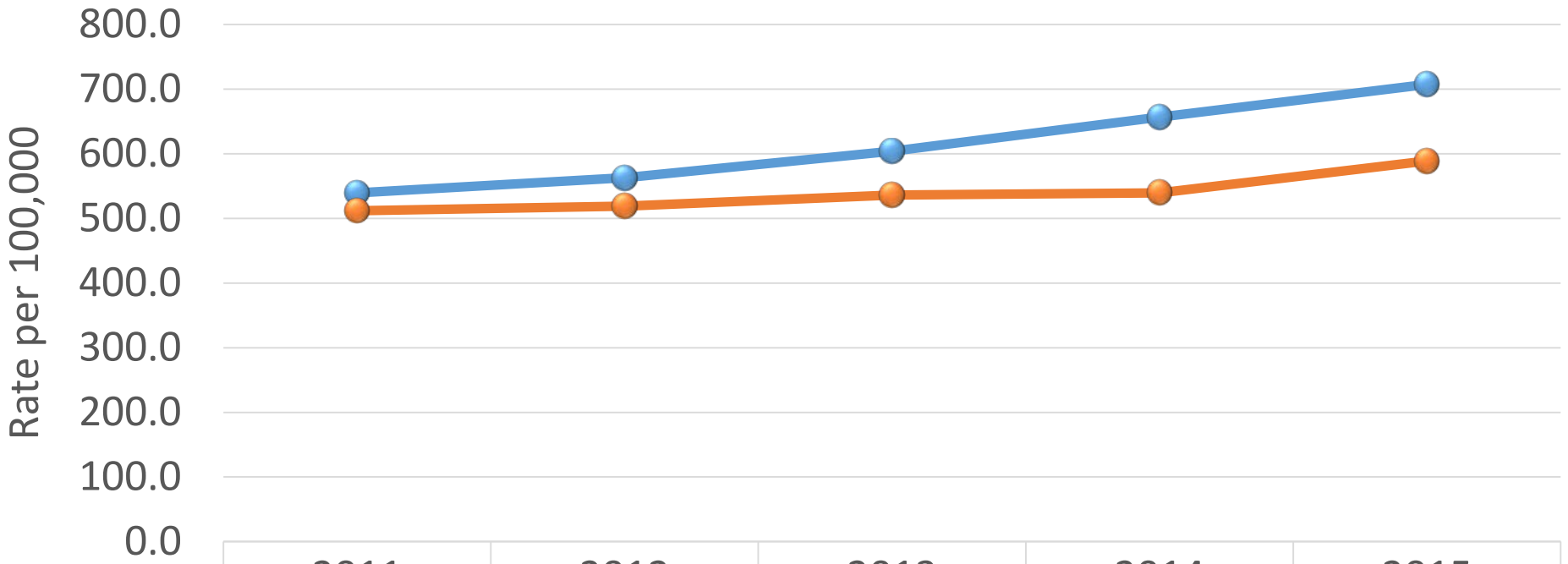
	2011	2012	2013	2014	2016
Broward	285.9	242.6	288.5	390.1	241.0
Florida	360.8	346.3	301.6	370.3	246.3

Source: FloridaCharts, 2016

**- 2015 data not available for total enteric disease rate*

Total Sexually Transmitted Infection Rate, Broward & Florida, 2011-2015

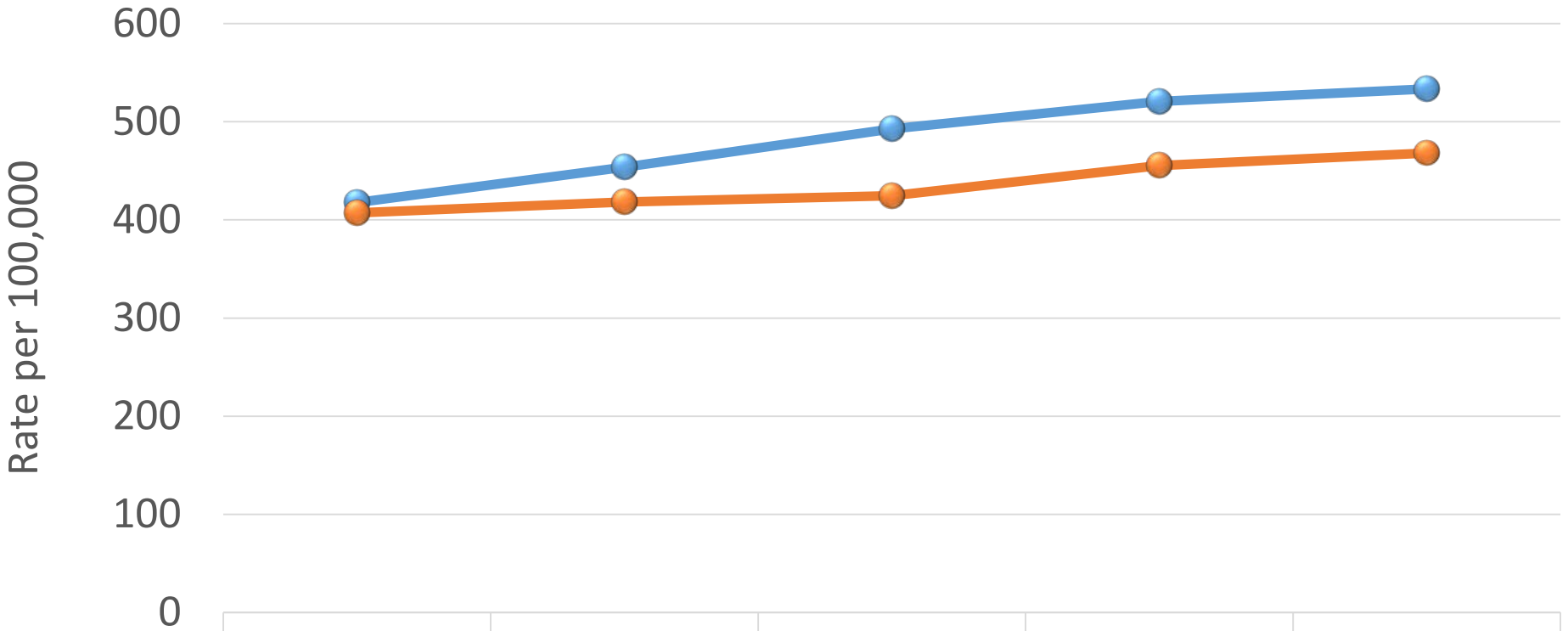
(Gonorrhea, Chlamydia, Infectious Syphilis)



	2011	2012	2013	2014	2015
Broward	539.3	562.8	603.8	656.4	707.3
Florida	511.9	518.7	536.1	539.5	588.7

Source: FloridaCharts, 2016

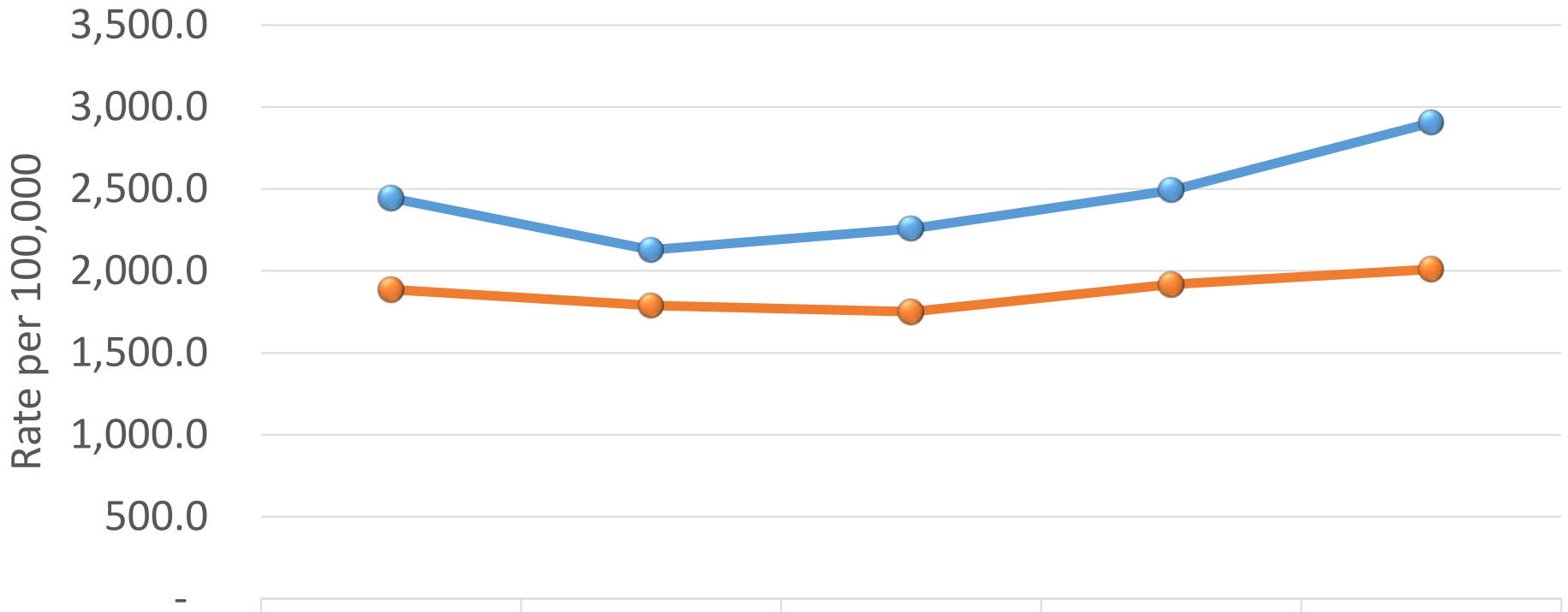
Chlamydia Rate, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	417.8	453.8	492.9	520.7	533.4
Florida	407.3	418.3	424.6	455.5	468.2

Source: FloridaCharts, 2016

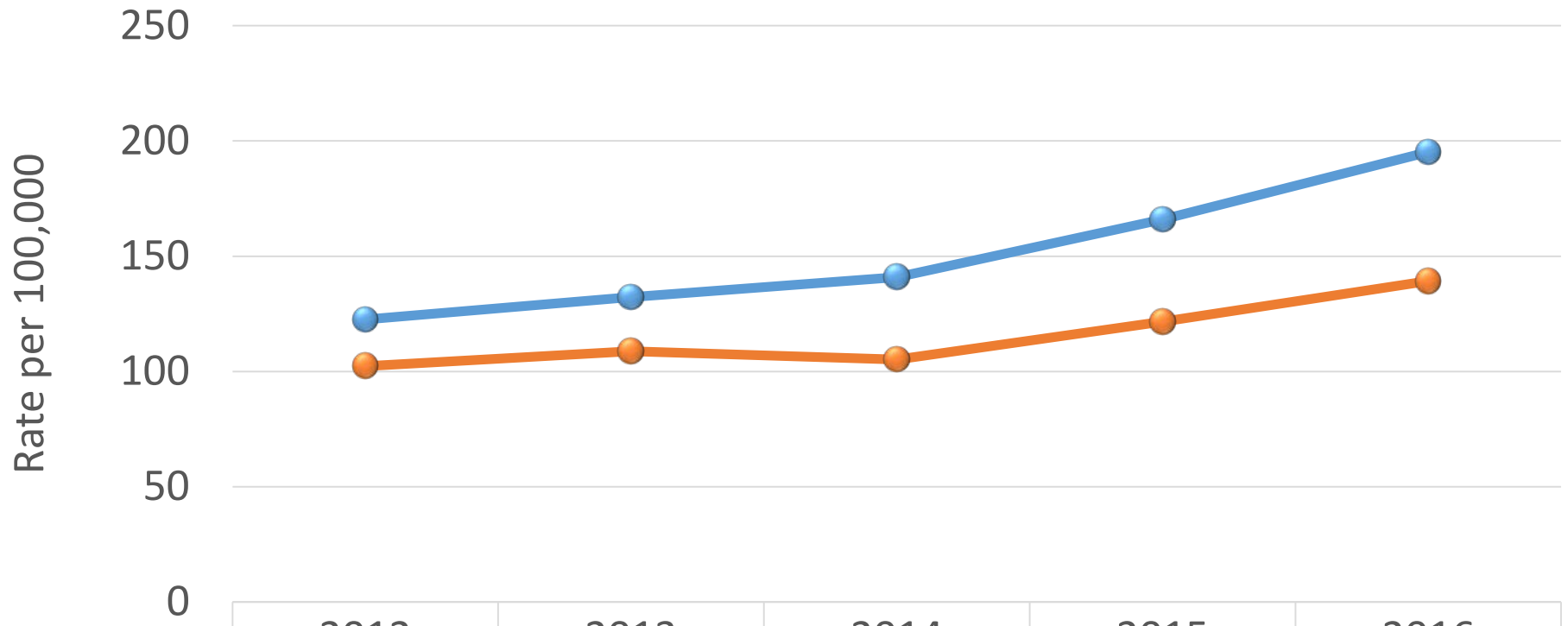
Chlamydia Rate in Females Ages 15-19, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	2,443.6	2,128.4	2,257.9	2,491.3	2,904.4
Florida	1,885.9	1,789.0	1,750.3	1,917.4	2,010.6

Source: FloridaCharts, 2016

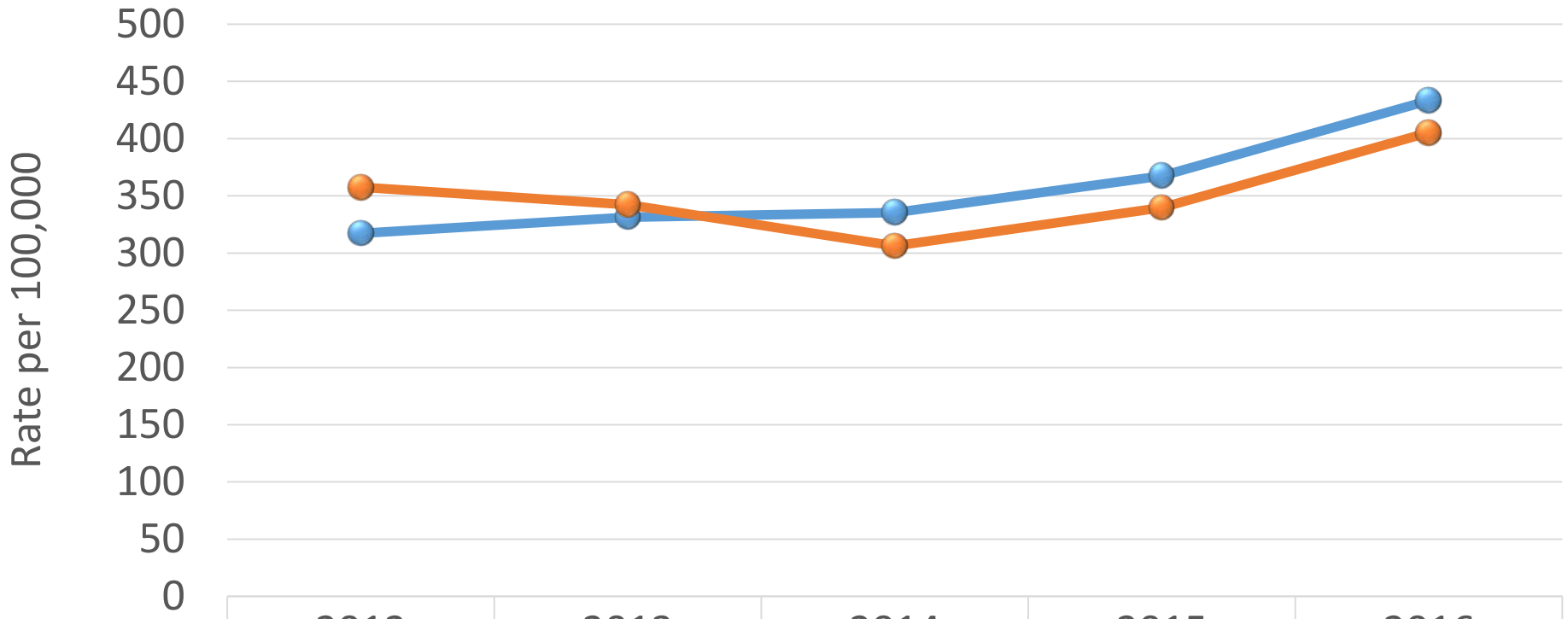
Gonorrhea Rates, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	122.5	132.2	140.9	165.9	195.2
Florida	102.3	108.8	105.2	121.6	139.2

Source: FloridaCharts, 2016

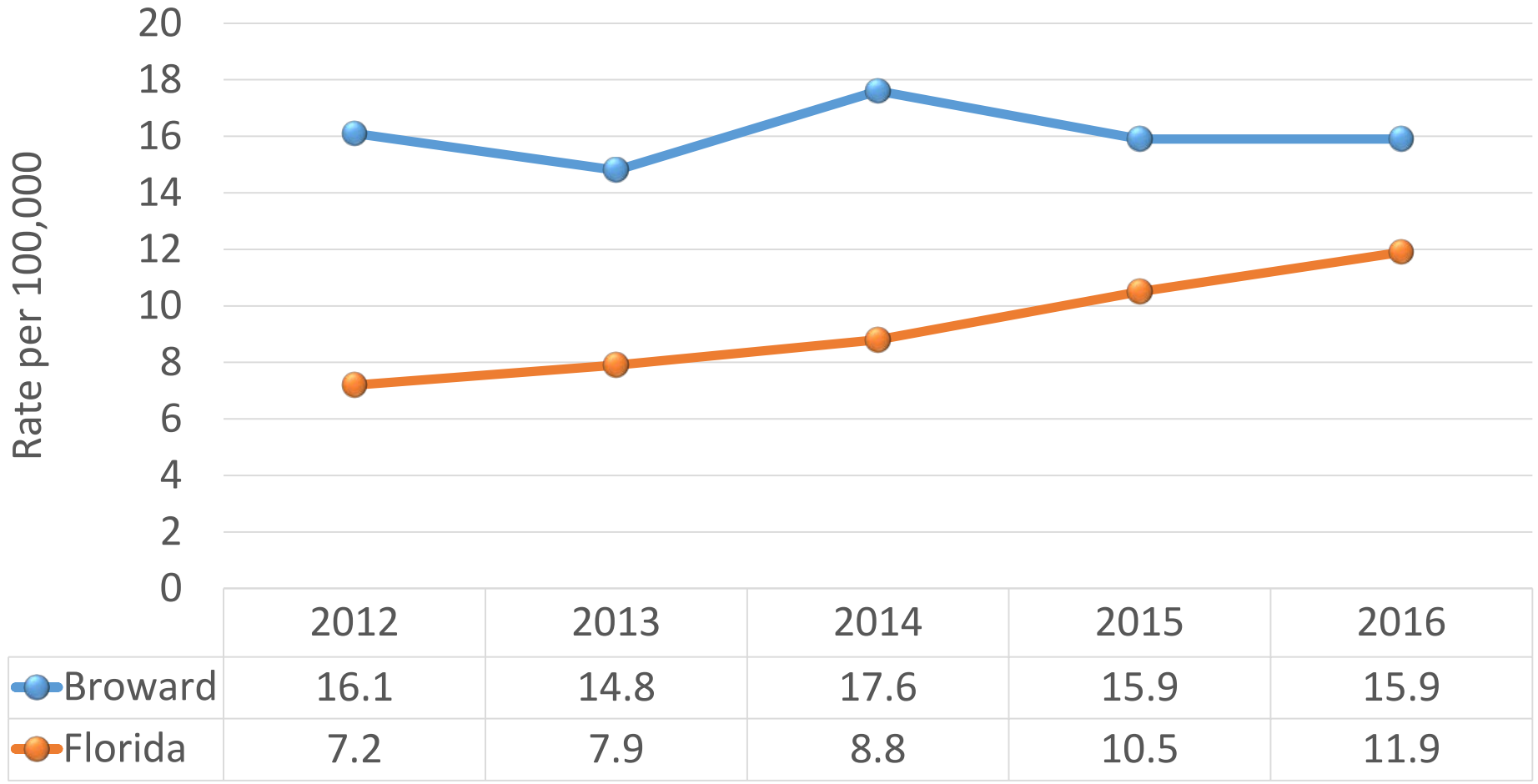
Gonorrhea Rate in Females Ages 15-19, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	317.3	331.3	335.4	367.4	433.2
Florida	357.5	342.3	306.1	339.7	405.2

Source: FloridaCharts, 2016

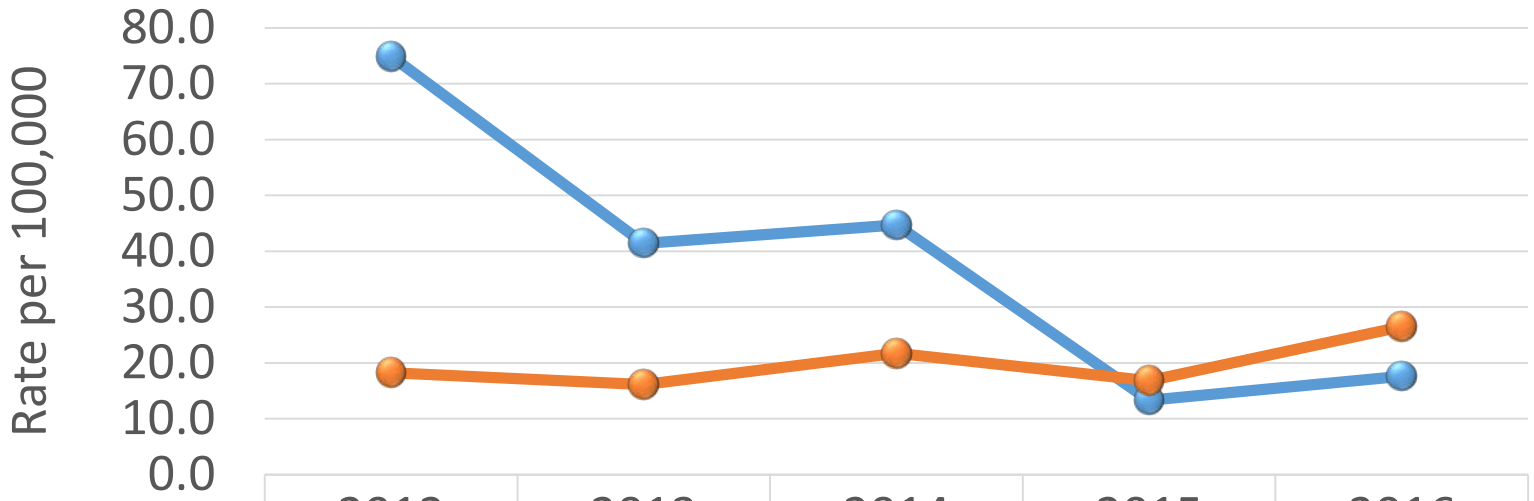
Infectious Syphilis Rate, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	16.1	14.8	17.6	15.9	15.9
Florida	7.2	7.9	8.8	10.5	11.9

Source: FloridaCharts, 2016

Congenital Syphilis Rate, Broward & Florida, 2012-2016

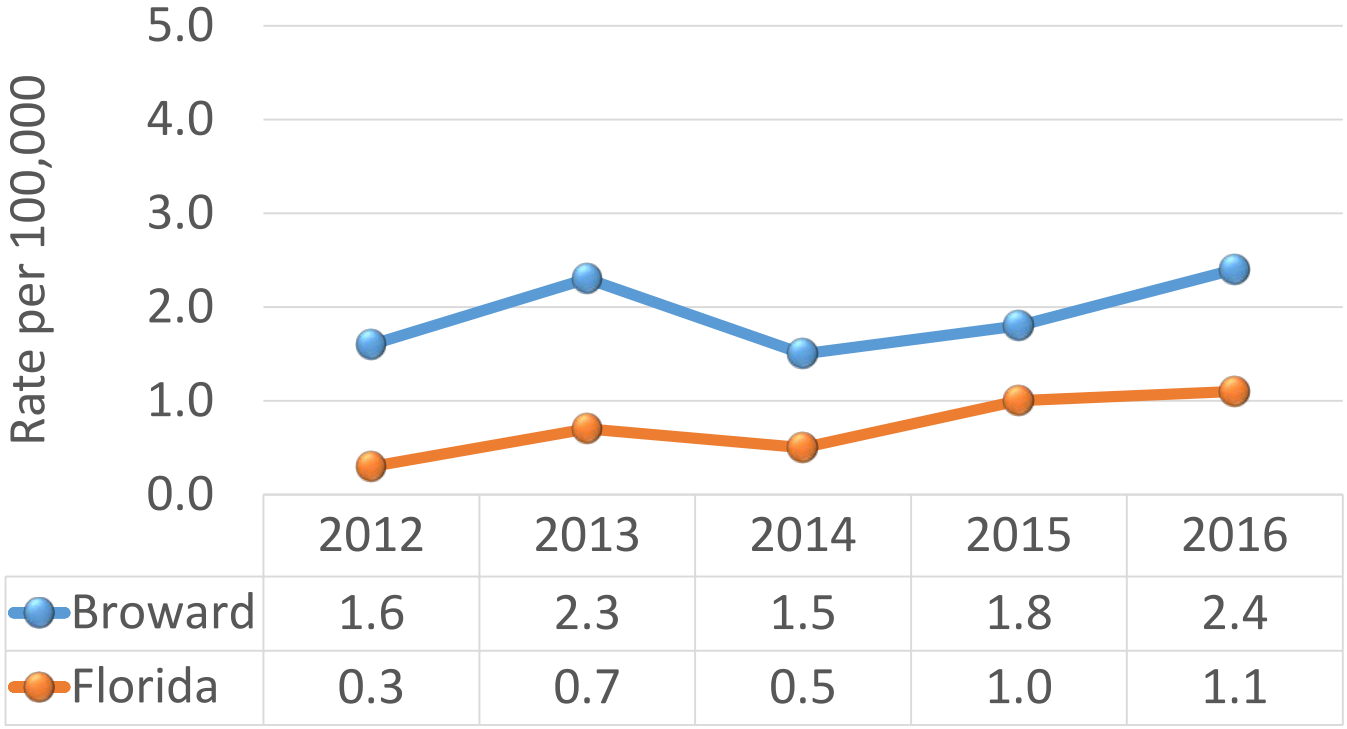


	2012	2013	2014	2015	2016
Broward	74.9	41.4	44.7	13.3	17.6
Florida	18.2	16.1	21.7	16.8	26.5

Count	2012	2013	2014	2015	2016
Broward	**16**	**9**	**10**	**3**	**4**
Florida	**39**	**35**	**48**	**38**	**60**

Source: FloridaCharts, 2016

Syphilis Rate (65+), Broward & Florida, 2012-2016

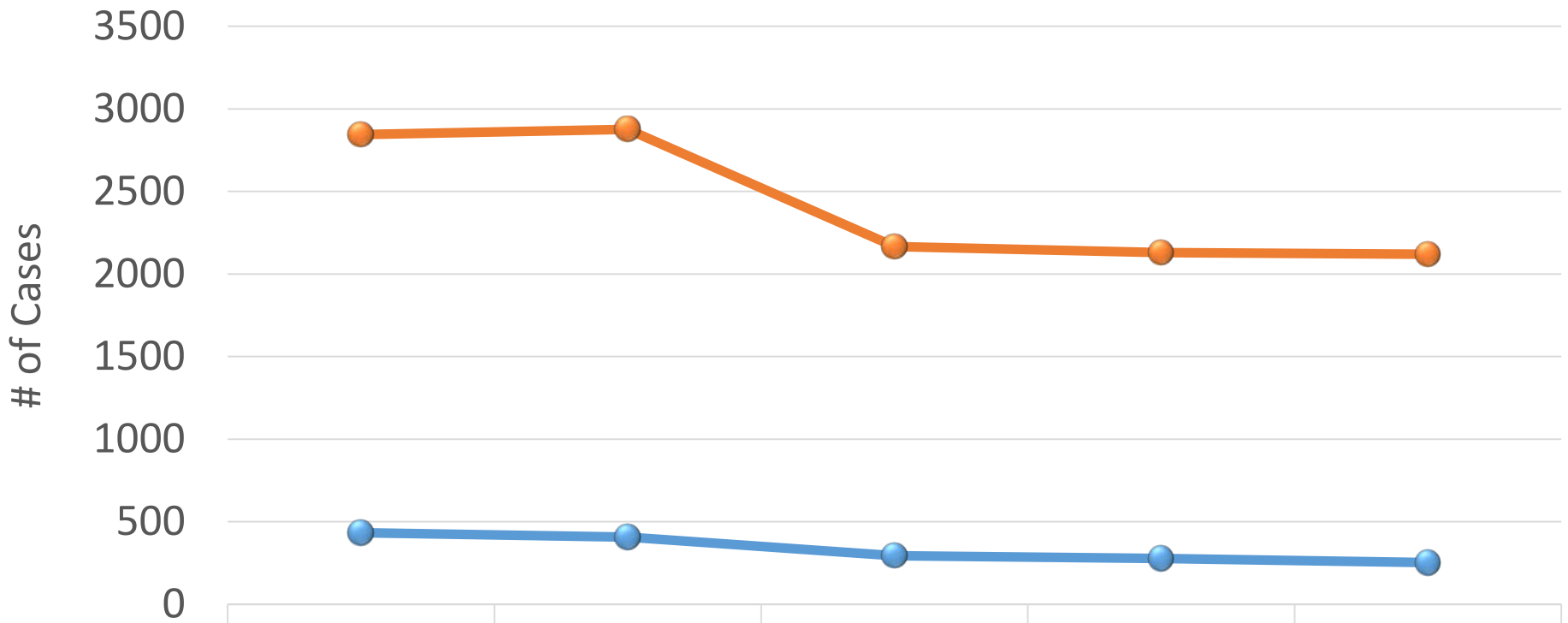


	2012	2013	2014	2015	2016
Broward	1.6	2.3	1.5	1.8	2.4
Florida	0.3	0.7	0.5	1.0	1.1

Count	2012	2013	2014	2015	2016
Broward	**4**	**6**	**4**	**5**	**7**
Florida	**9**	**24**	**19**	**38**	**44**

Source: FloridaCharts, 2016

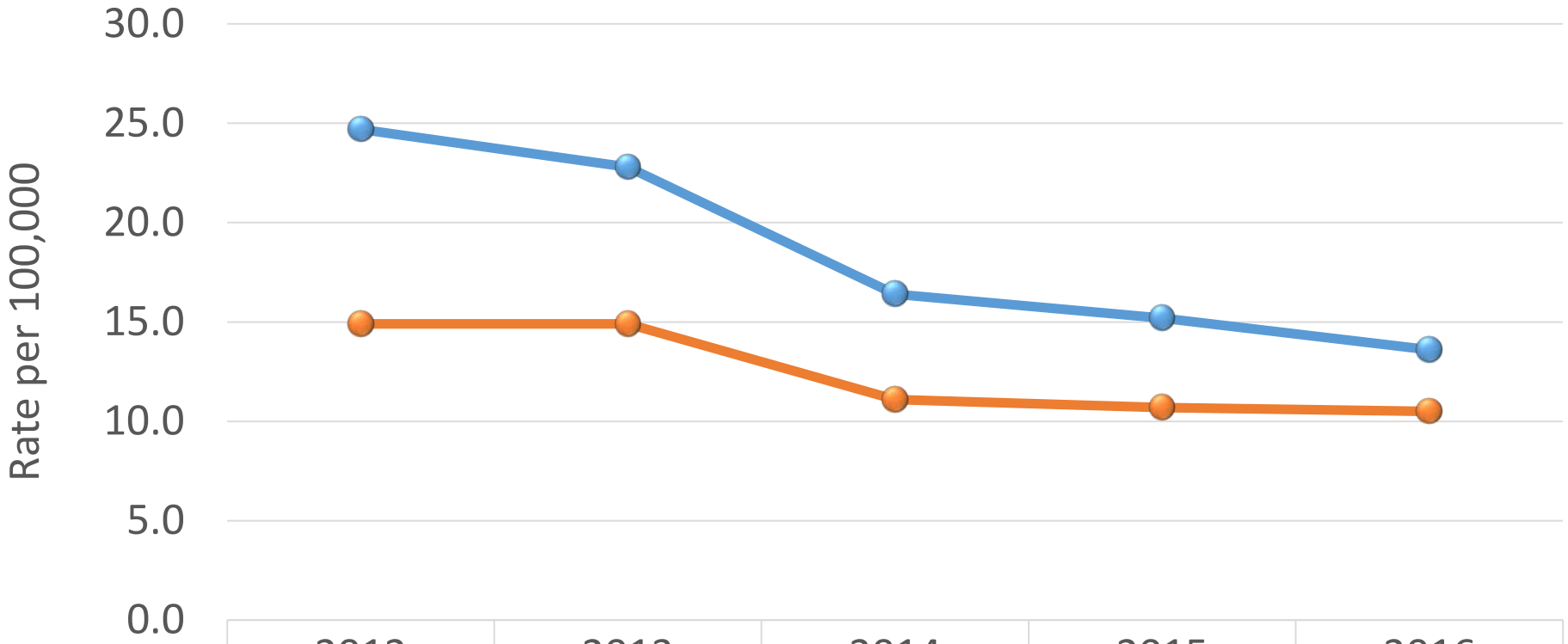
AIDS Cases, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	433	407	294	277	252
Florida	2,845	2,876	2,166	2,129	2,119

Source: FloridaCharts, 2016

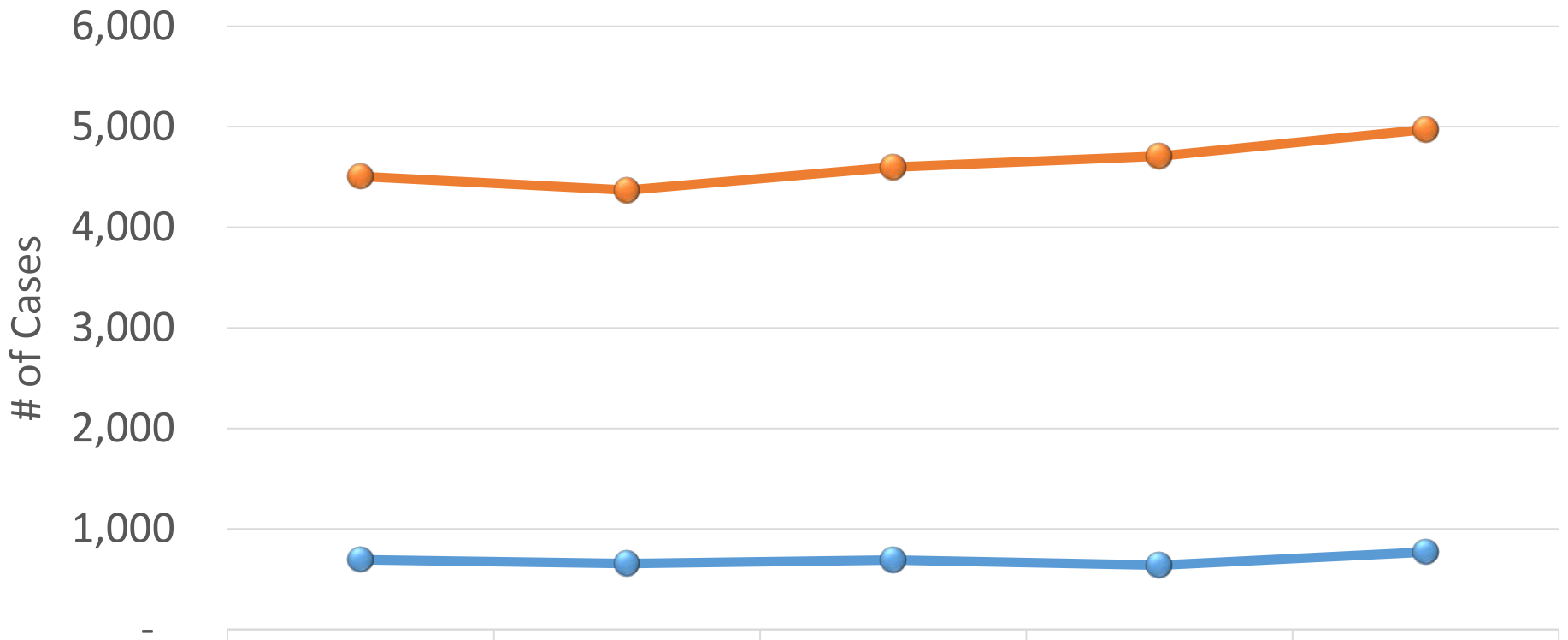
AIDS Rate, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	24.7	22.8	16.4	15.2	13.6
Florida	14.9	14.9	11.1	10.7	10.5

Source: FloridaCharts, 2016

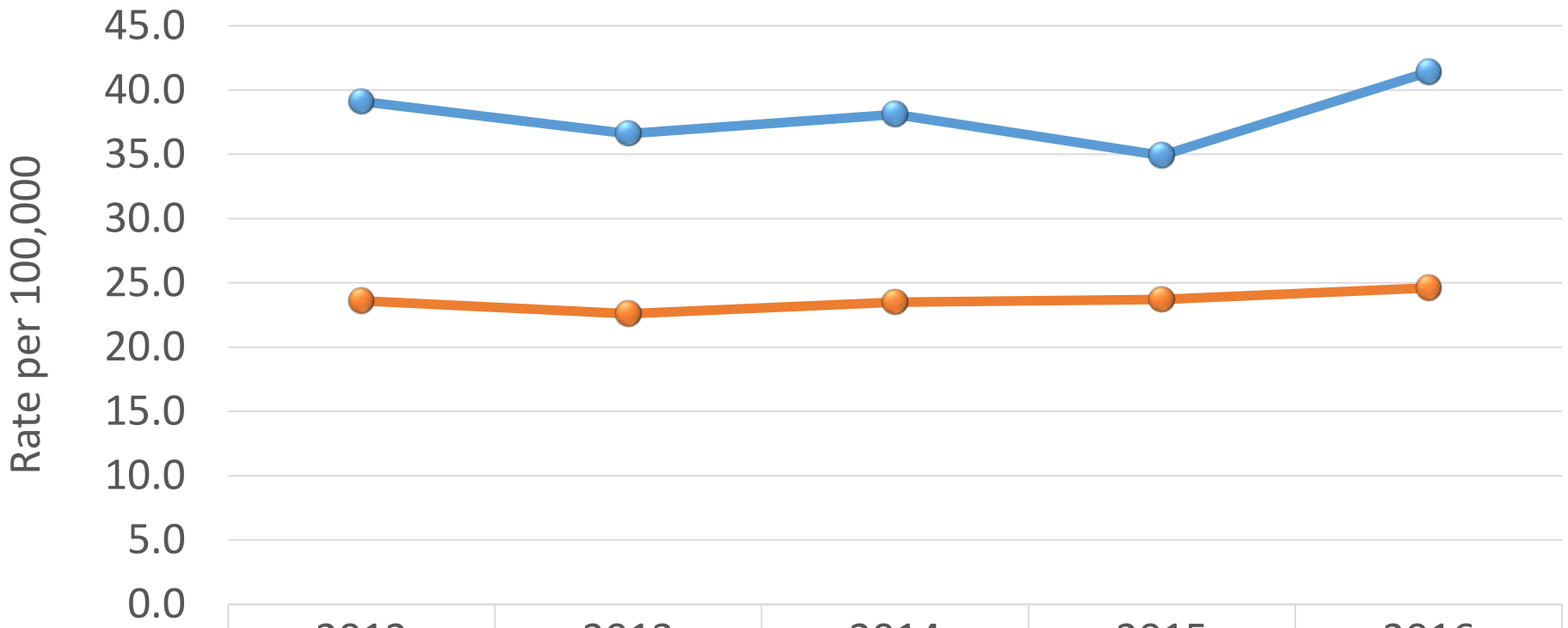
HIV Cases, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	694	655	690	640	770
Florida	4,507	4,370	4,599	4,708	4,972

Source: FloridaCharts, 2016

HIV Rate, Broward & Florida, 2012-2016



	2012	2013	2014	2015	2016
Broward	39.1	36.6	38.1	34.9	41.4
Florida	23.6	22.6	23.5	23.7	24.6

Source: FloridaCharts, 2016

Community Health Programs

Broward County

- The Ryan White HIV/AIDS Program is a comprehensive system of care designed specifically for people living with HIV. The system of care includes primary medical care and essential support services for people who are uninsured or underinsured. Broward County is the recipient for Part A federal funds (including Formula, Supplemental and Minority Aids Initiative dollars).

Florida Department of Health in Broward County

- Infectious disease surveillance.
- HIV Routine Testing in the health care setting and targeted testing in non-healthcare settings; Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis; Test and Treat (T&T), and community outreach.
- STD clinical services through a contract with the AIDS Healthcare Foundation (AHF).

Federally Qualified Health Centers

- HIV/AIDS testing, counseling and treatment, women's health.

Broward Regional Health Planning Council

- HIV Planning Council, Housing Opportunities for Persons with AIDS, AIDS Drug Assistance Program, Centralized Intake & Eligibility Determination, and Health Insurance Continuation Program.

Community Providers

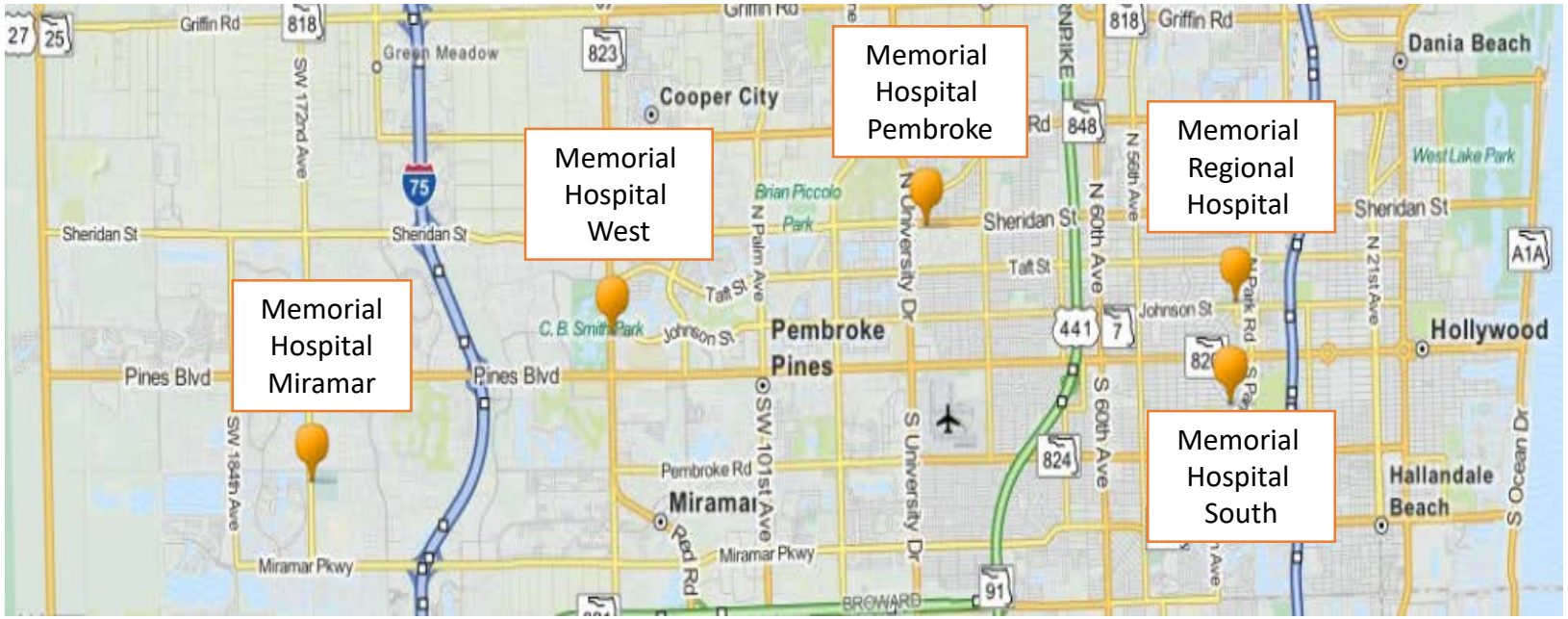
- 211 Broward First Call for Help.

Disclaimer: List is not exhaustive

MHS Quantitative Data

Part I

Memorial Healthcare System



MHS Hospitals

Memorial Regional Hospital

- Memorial Cardiac and Vascular Institute
- Memorial Cancer Institute
- Memorial Neuroscience Institute
- Emergency Care
- Cancer Care
- Cardiac and Vascular Care
- Neurology
- Neurosurgery
- Bariatrics
- Family Birthplace
- Mental Health
- Nutrition
- Stroke Treatment
- Women's Services

Memorial Hospital West

- Memorial Cardiac and Vascular Institute
- Memorial Cancer Institute
- Memorial Neuroscience Institute
- Memorial Rehabilitation Institute
- Emergency Care
- Bariatrics
- Cancer Care
- Family Birthplace
- Cardiac and Vascular Care
- Joint Replacement
- Neurology
- Neurosurgery
- Rehabilitation
- Stroke Treatment
- Surgery
- Women's Services

Memorial Hospital Pembroke

- Bariatrics
- Diabetes
- Emergency Care
- Respiratory Care
- Stroke Treatment
- Wound Care

MHS Hospitals (cont.)

Memorial Regional Hospital South

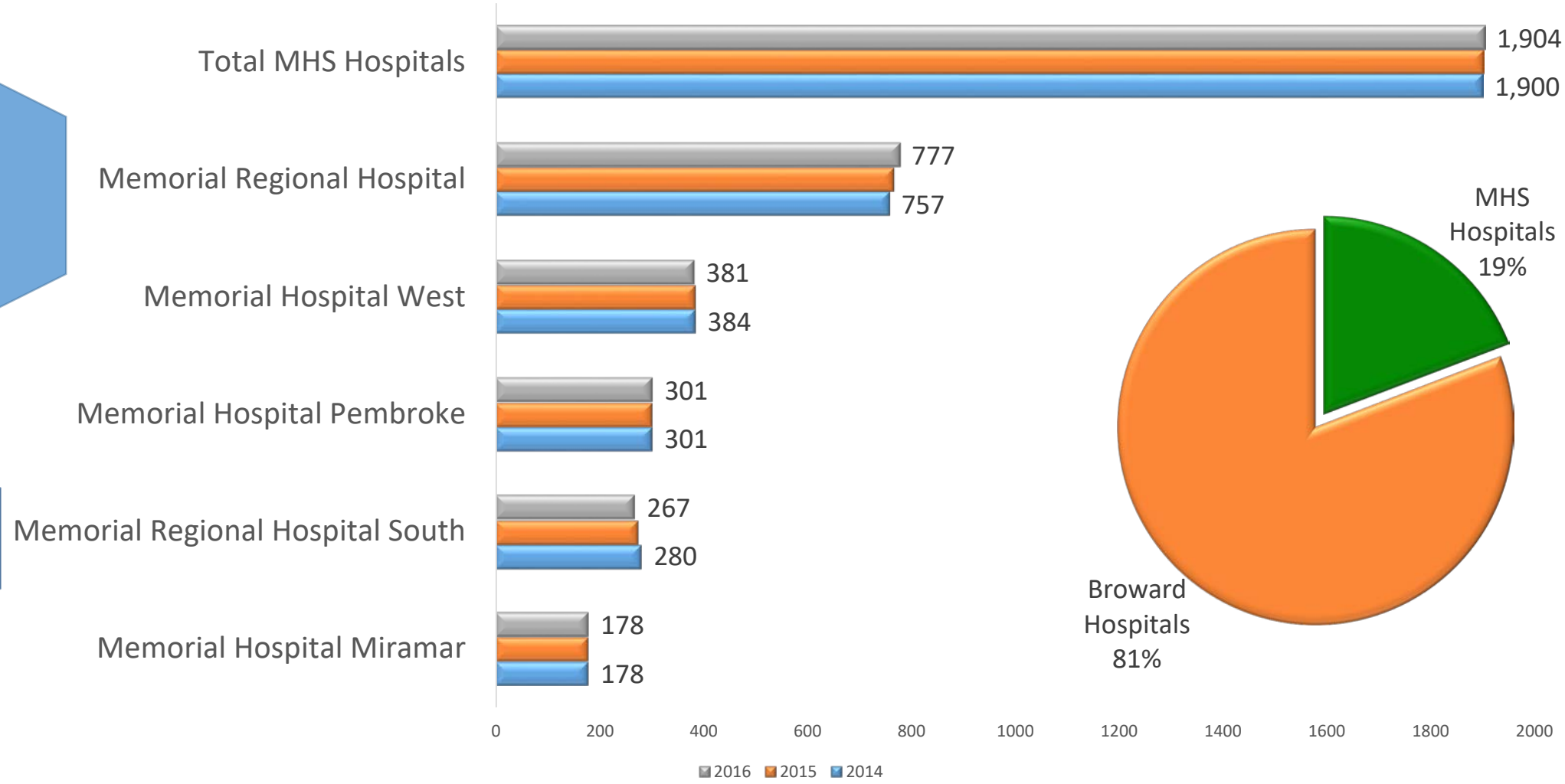
- Rehabilitation
- Women's Services
- Emergency Care

Memorial Hospital Miramar

- The Family Birthplace
- Women's Imaging Services
- Memorial Rehabilitation Institute
- U18 Sports Medicine Pediatric Services
- Pediatric Rehabilitation Services Pediatric Services

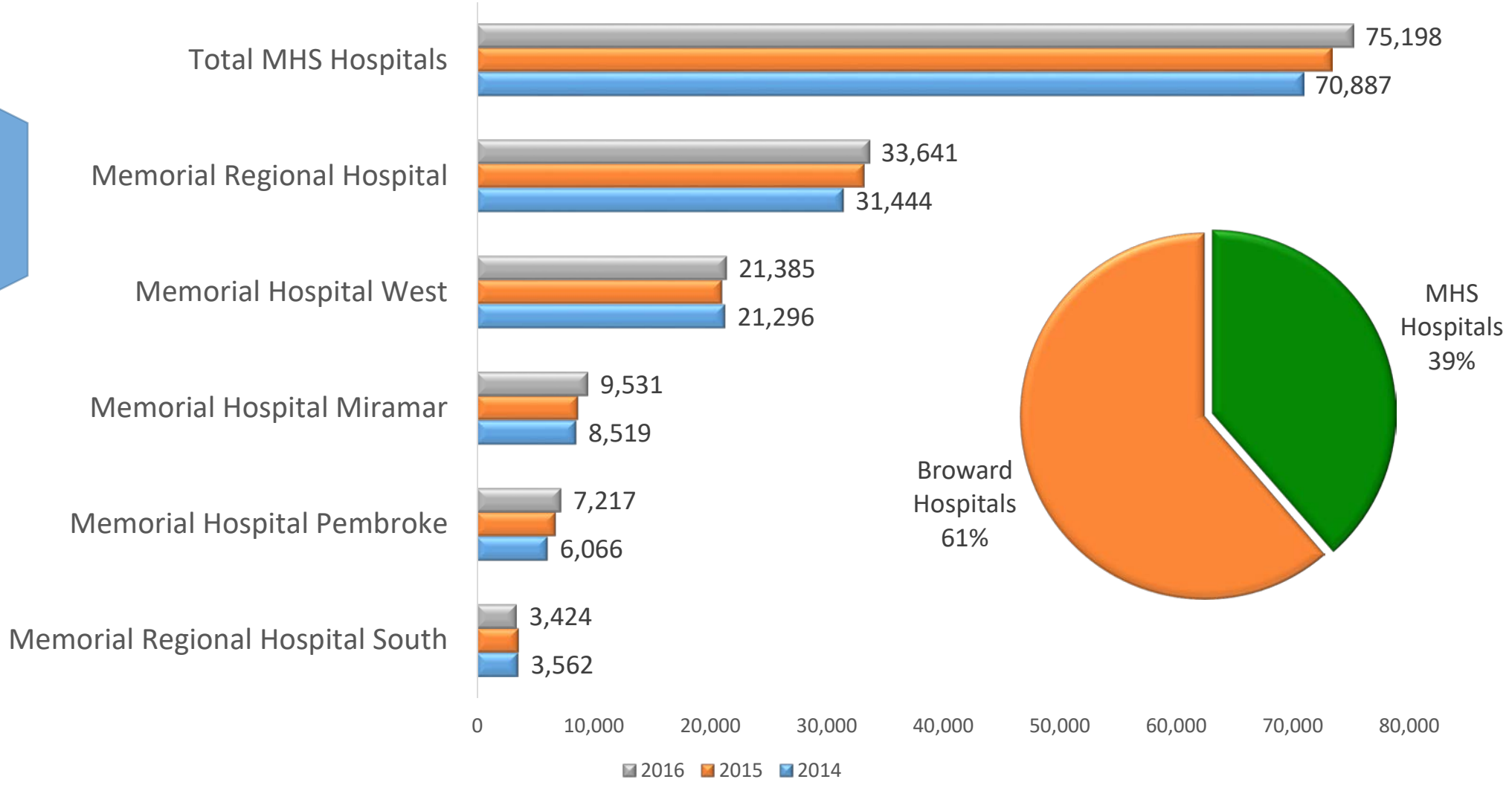
MHS Hospital Utilization

Licensed Beds, MHS, 2014-2016



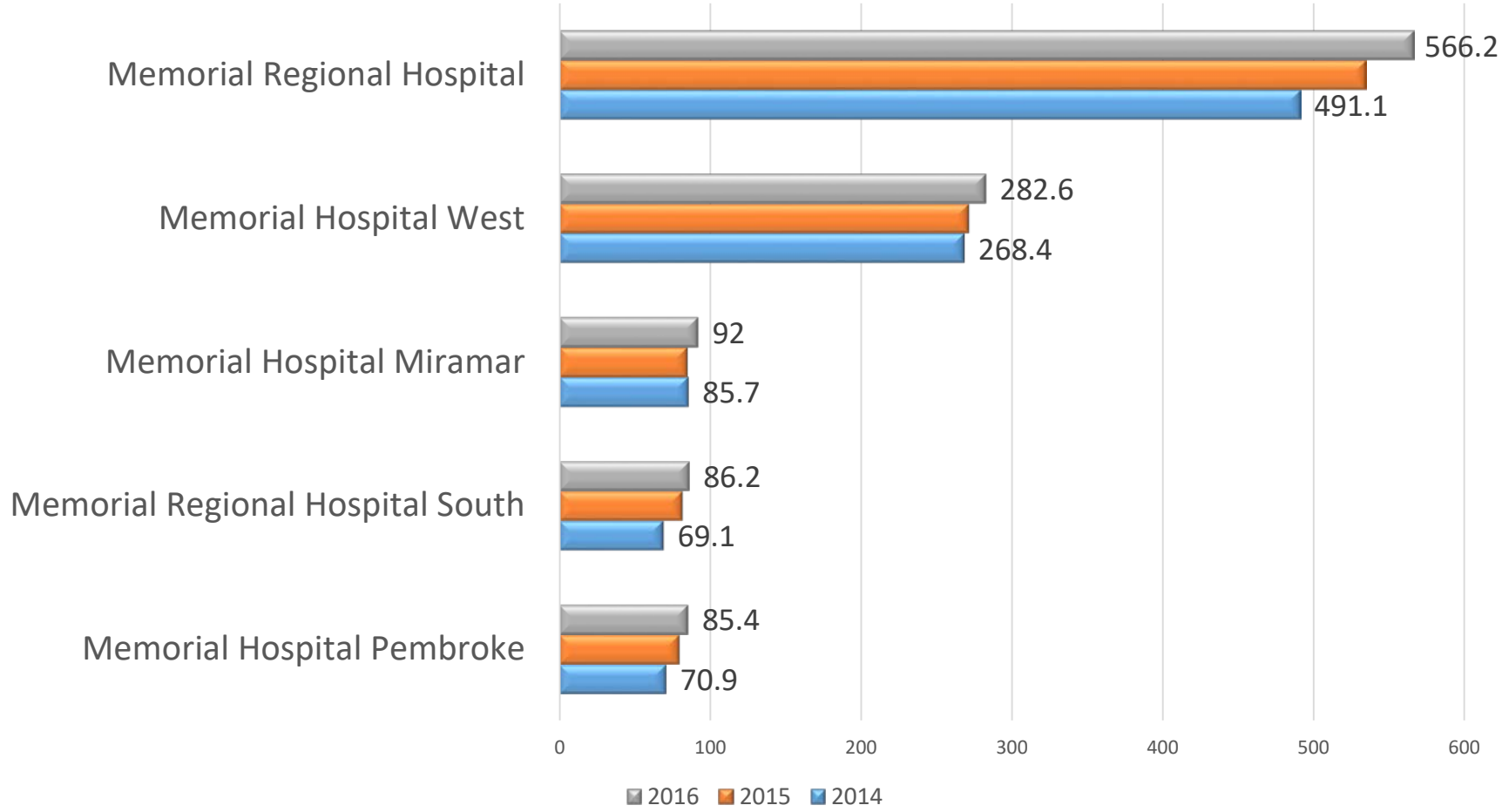
Source: Broward Regional Health Planning Council, Health Data Warehouse

Admissions, MHS, 2014-2016



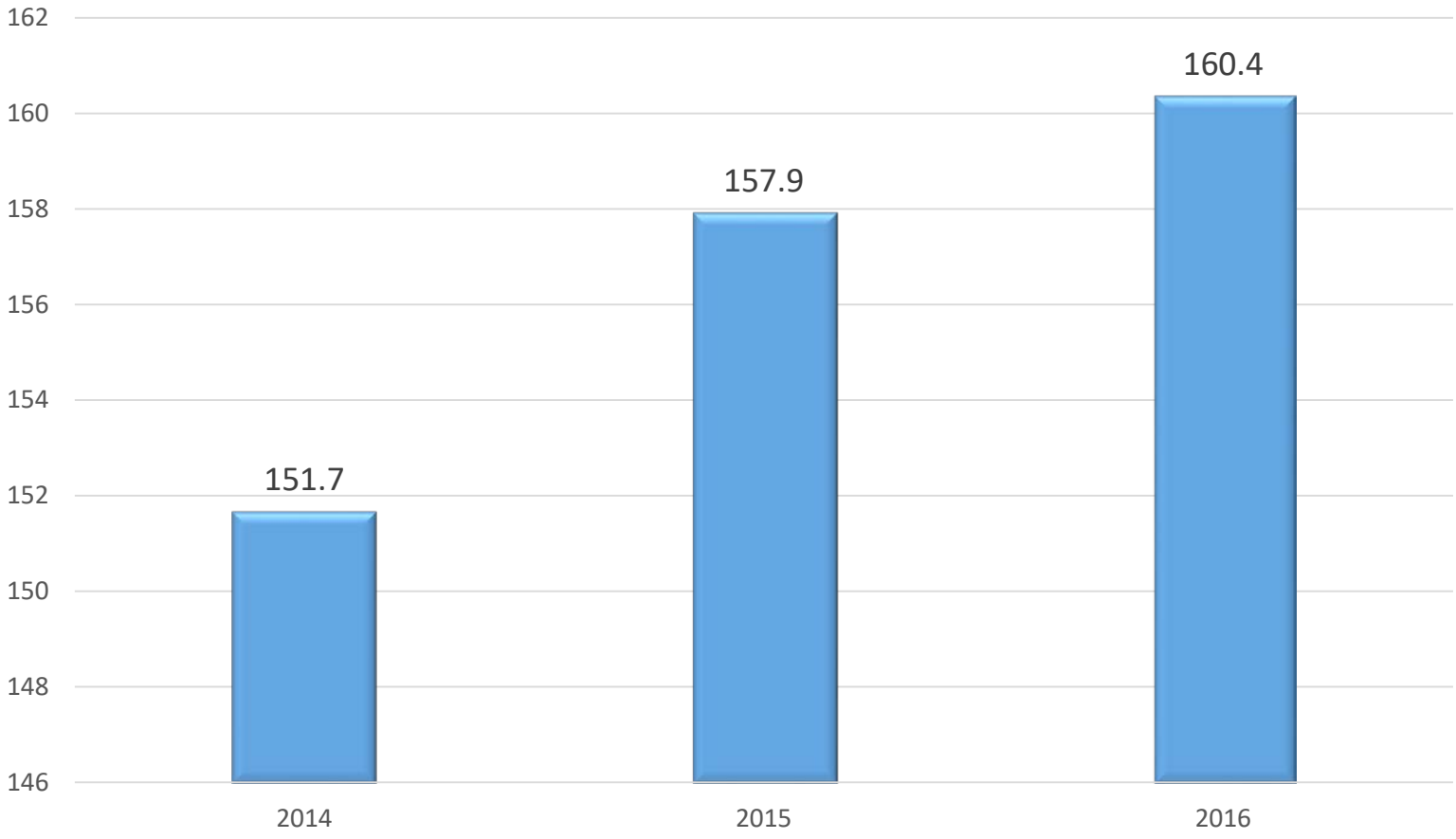
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Daily Census, MHS, 2014-2016



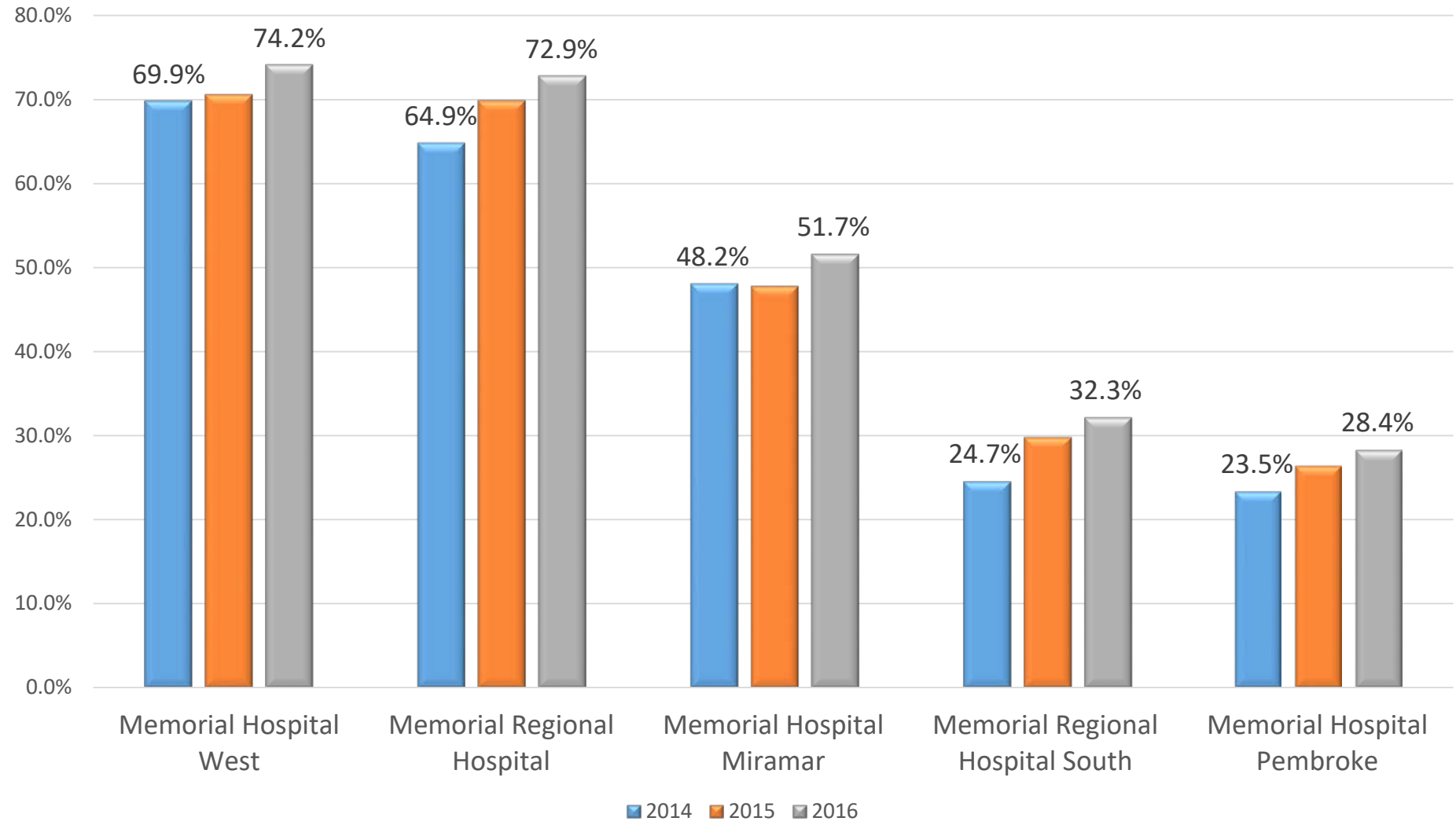
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Daily Census, Broward, 2014-2016



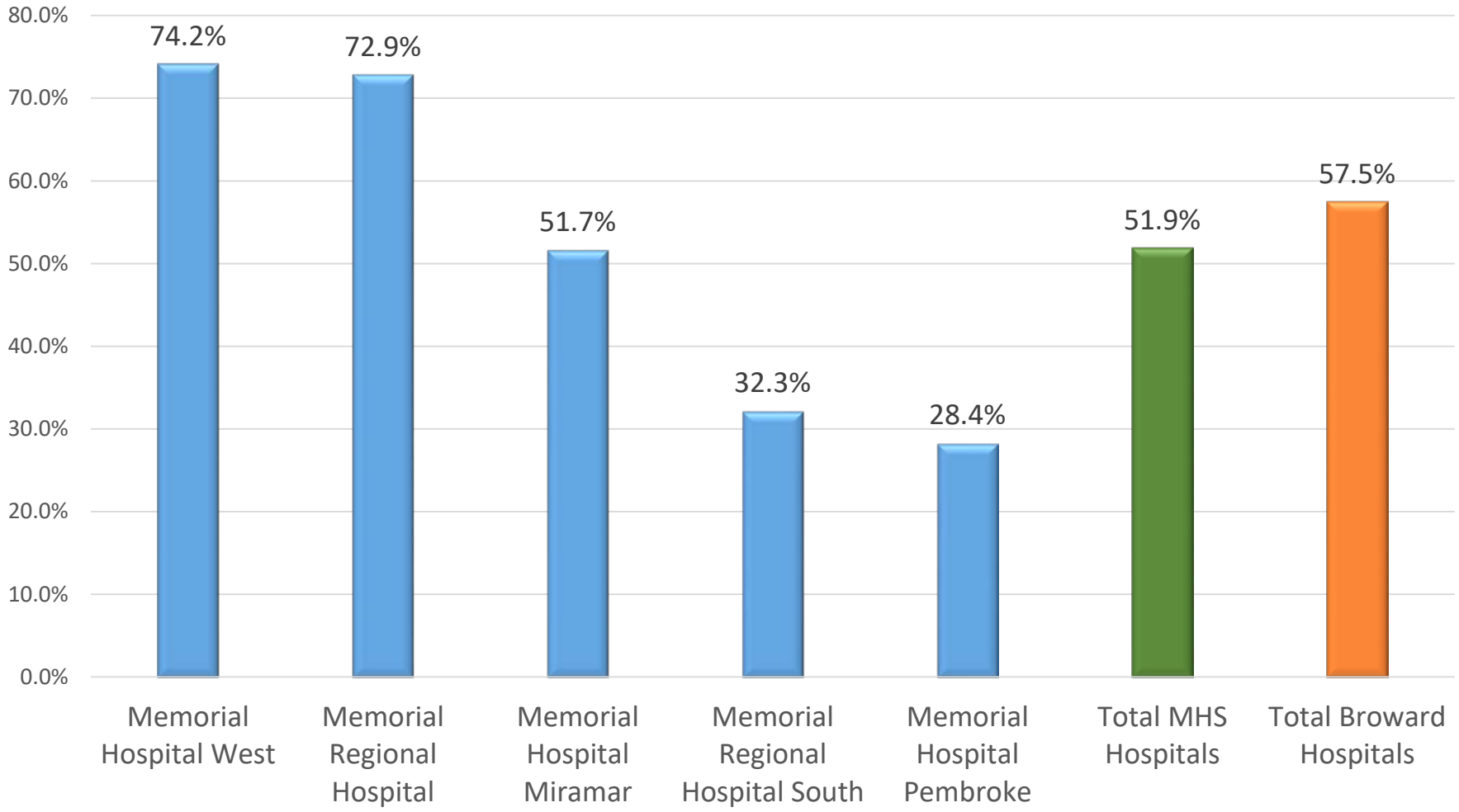
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Occupancy Rates, MHS, 2016



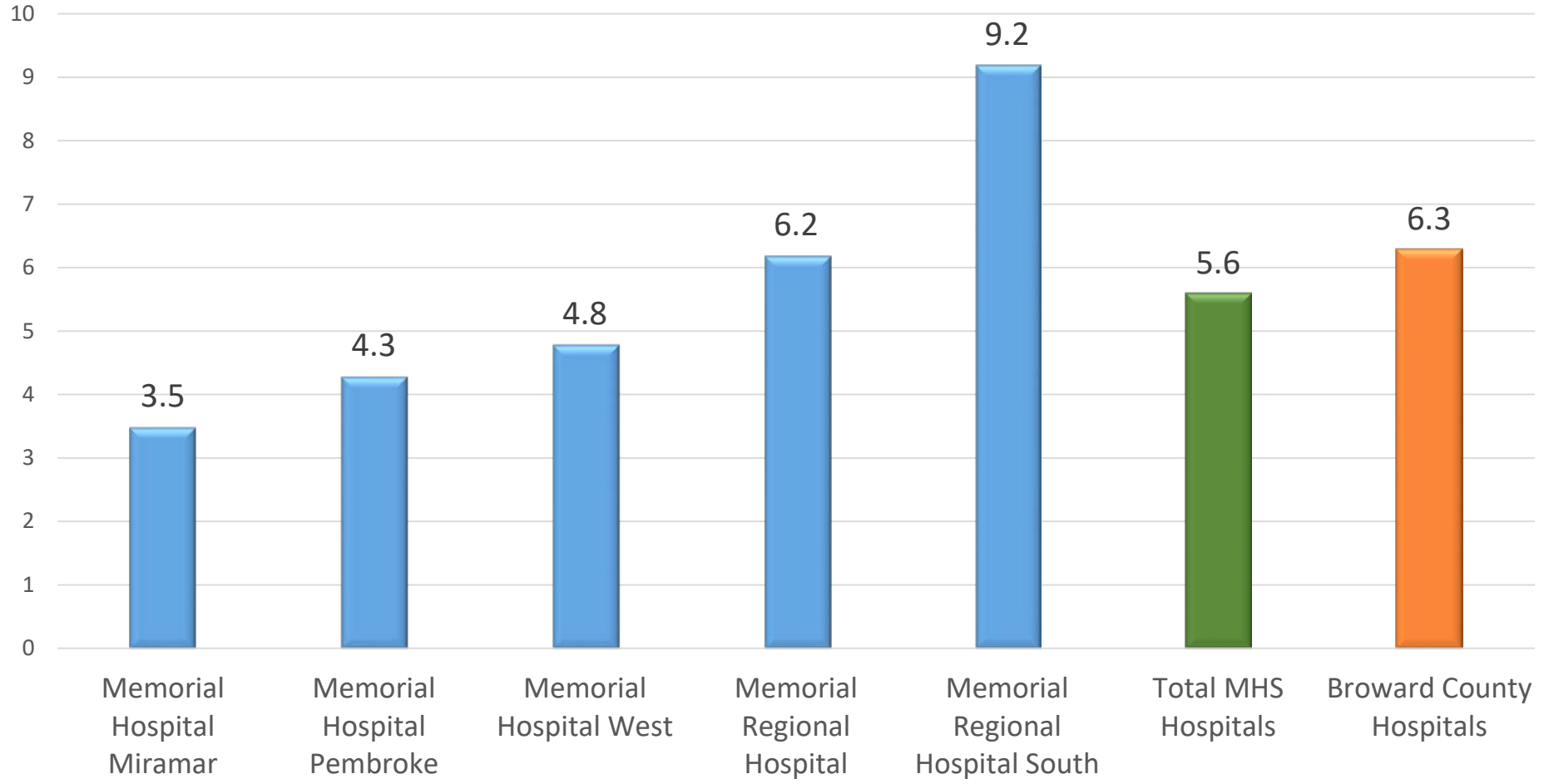
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Occupancy Rate Comparison, 2016



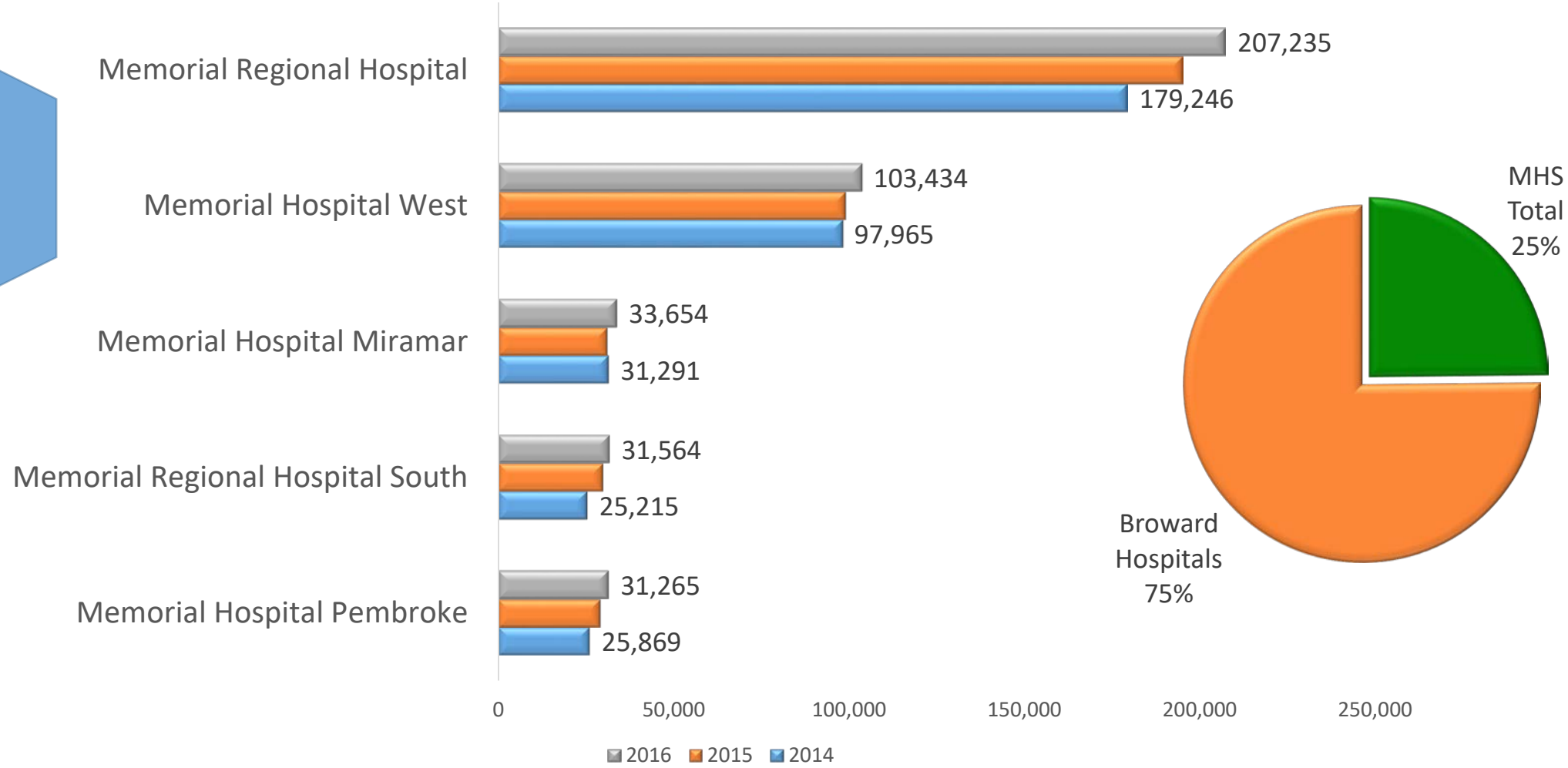
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Length of Stay Comparison (days), 2016



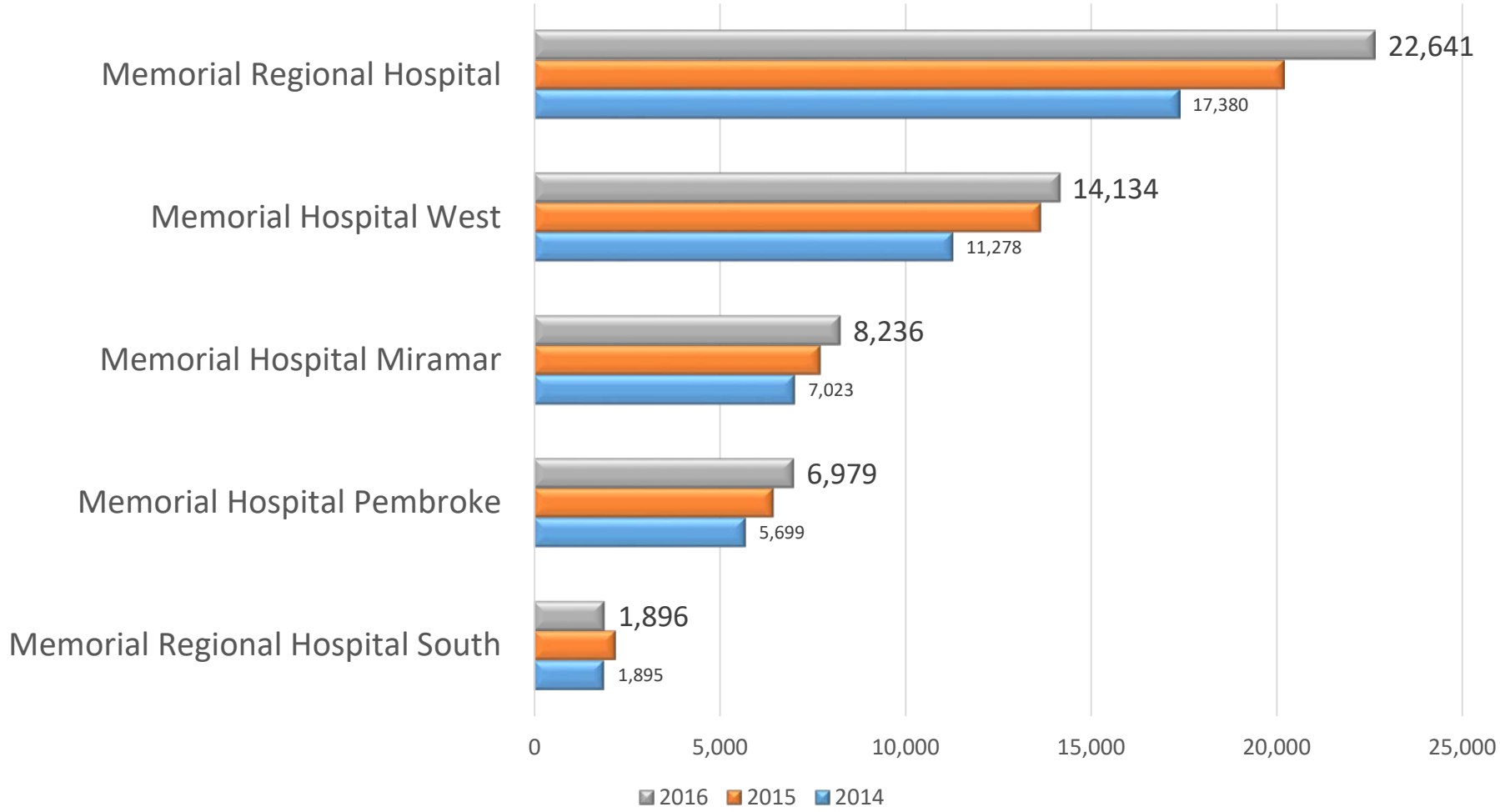
Source: Broward Regional Health Planning Council, Health Data Warehouse

Patient Days, MHS, 2014-2016



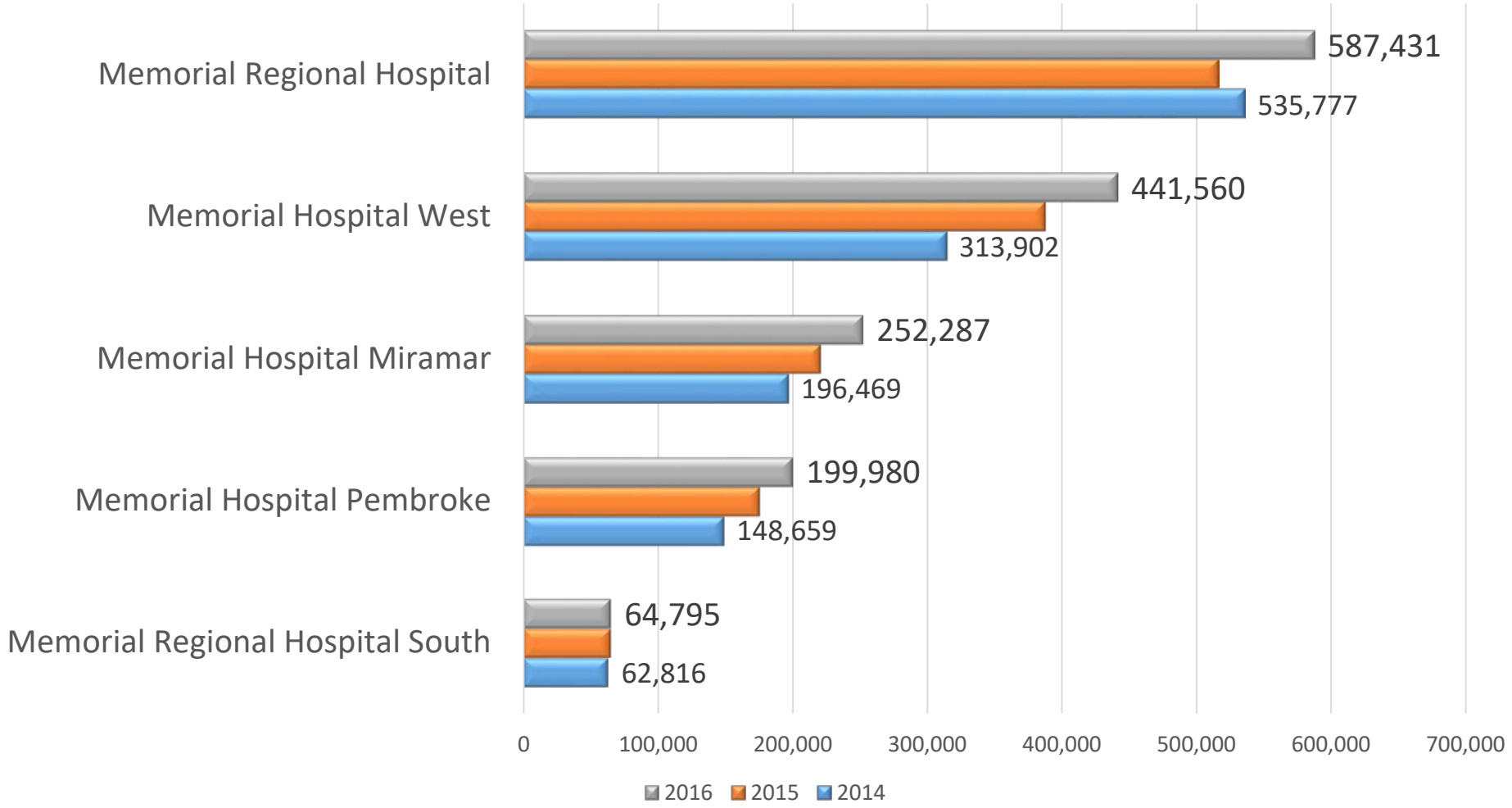
Source: Broward Regional Health Planning Council, Health Data Warehouse

Observation Cases, MHS, 2014-2016



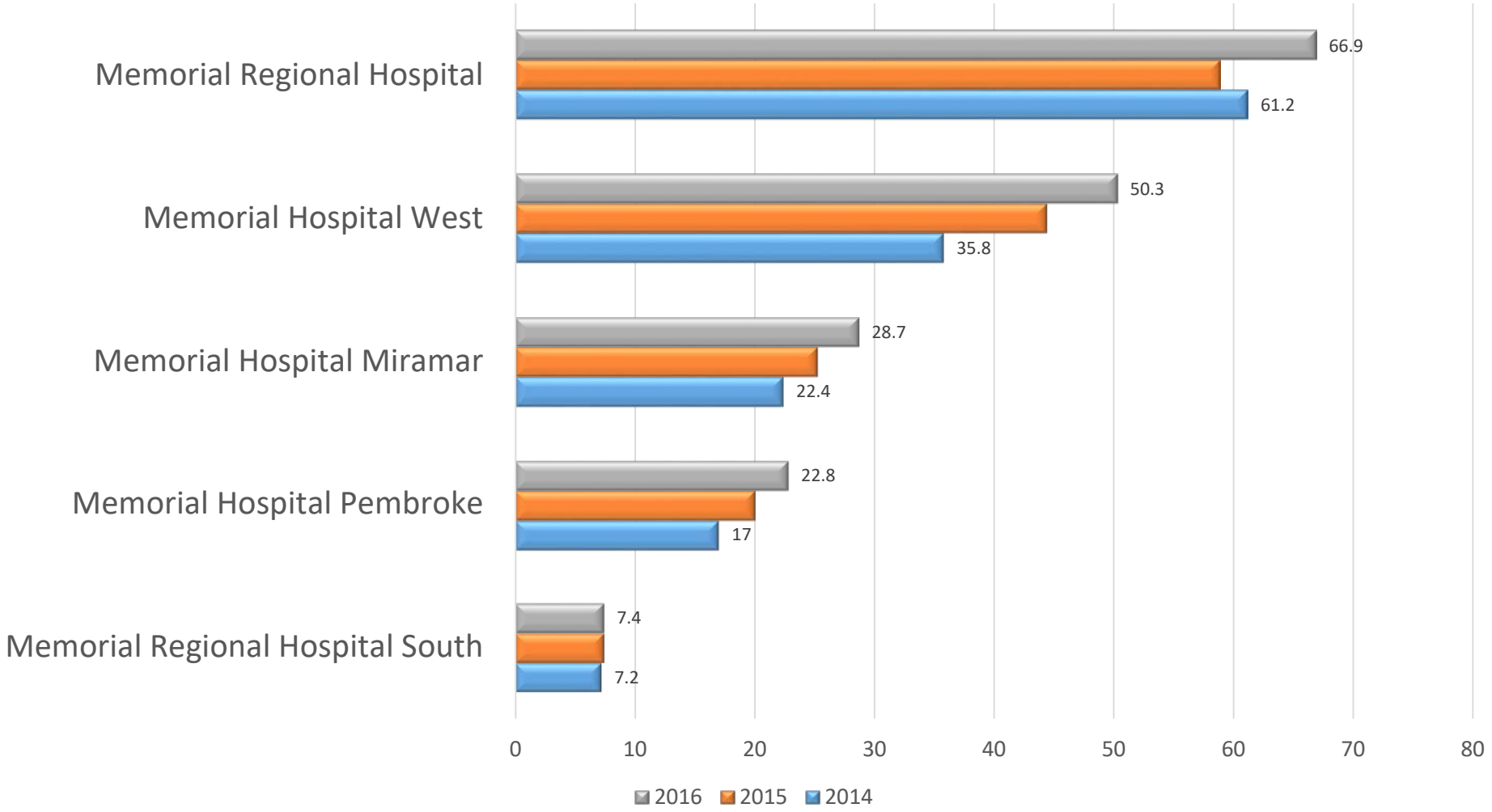
Source: Broward Regional Health Planning Council, Health Data Warehouse

Observation Hours, MHS, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Observation-Avg. Daily Census, MHS, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Chronic Disease Hospitalization

Morbidity: Chronic Diseases

Chronic diseases have a long course of illness

Account for 7 out of 10 deaths in America

Major impact on quality of life of nearly 90 million Americans

- Disabling conditions
- Limited mobility
- Costly healthcare

Most chronic conditions can be prevented through lifestyle changes and access to health care

Source: Division of Disease Control, FDOH

Chronic Disease Hospitalization

Hospital data can be used:	
To assess trends and geographic variations in the occurrence of selected chronic diseases.	To monitor the impact of prevention and disease management programs.

Chronic Condition Indicator Tool

Developed as part of the Healthcare Cost and Utilization Project

Stratifies chronic diseases based on ICD-9-CM diagnosis codes

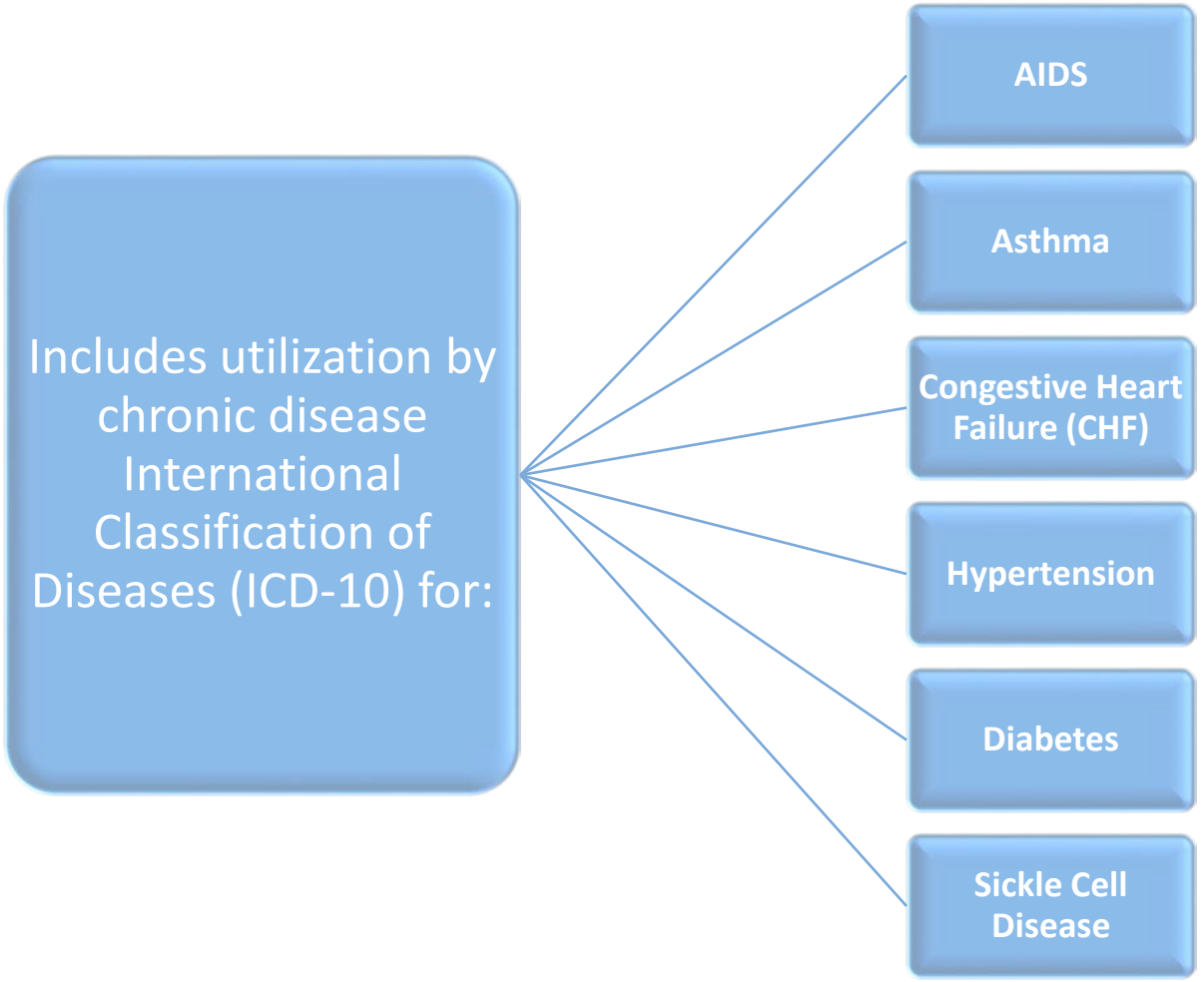
Based on All five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes

A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests

Limitations on self-care and independent living	Results in need for ongoing intervention with medical products, services and special equipment

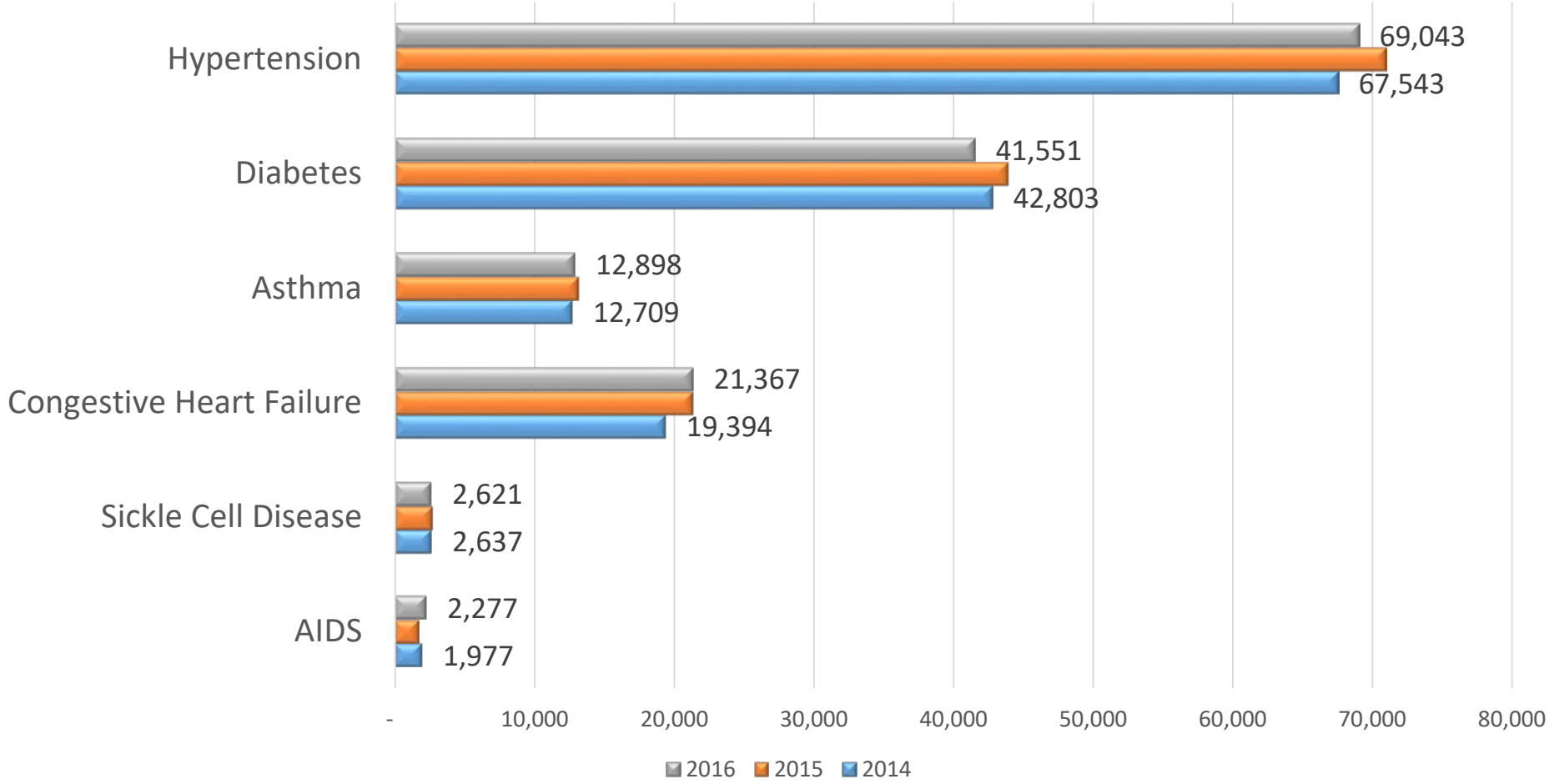
Source: Broward Regional Health Planning Council, Health Data Warehouse

BRHPC's Health Data Warehouse



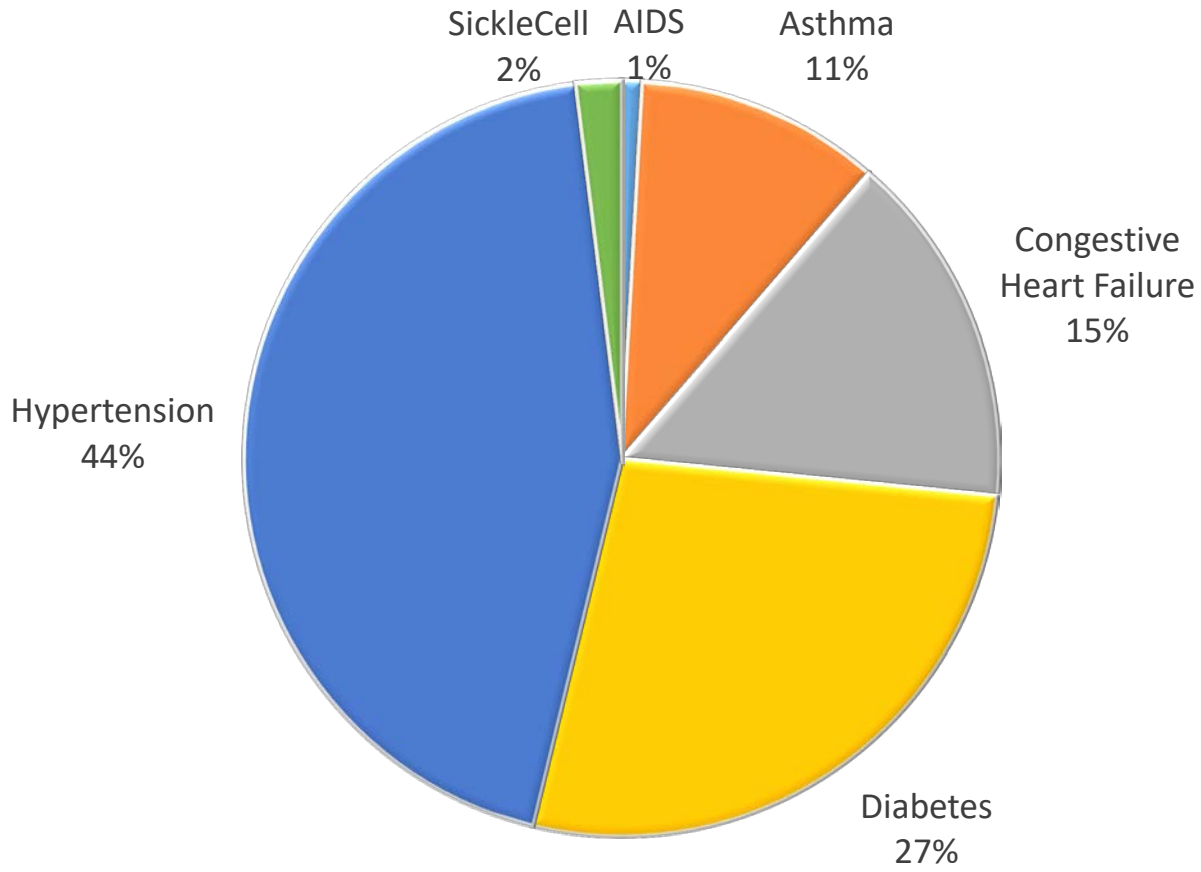
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- Broward Cases, 2014-2016



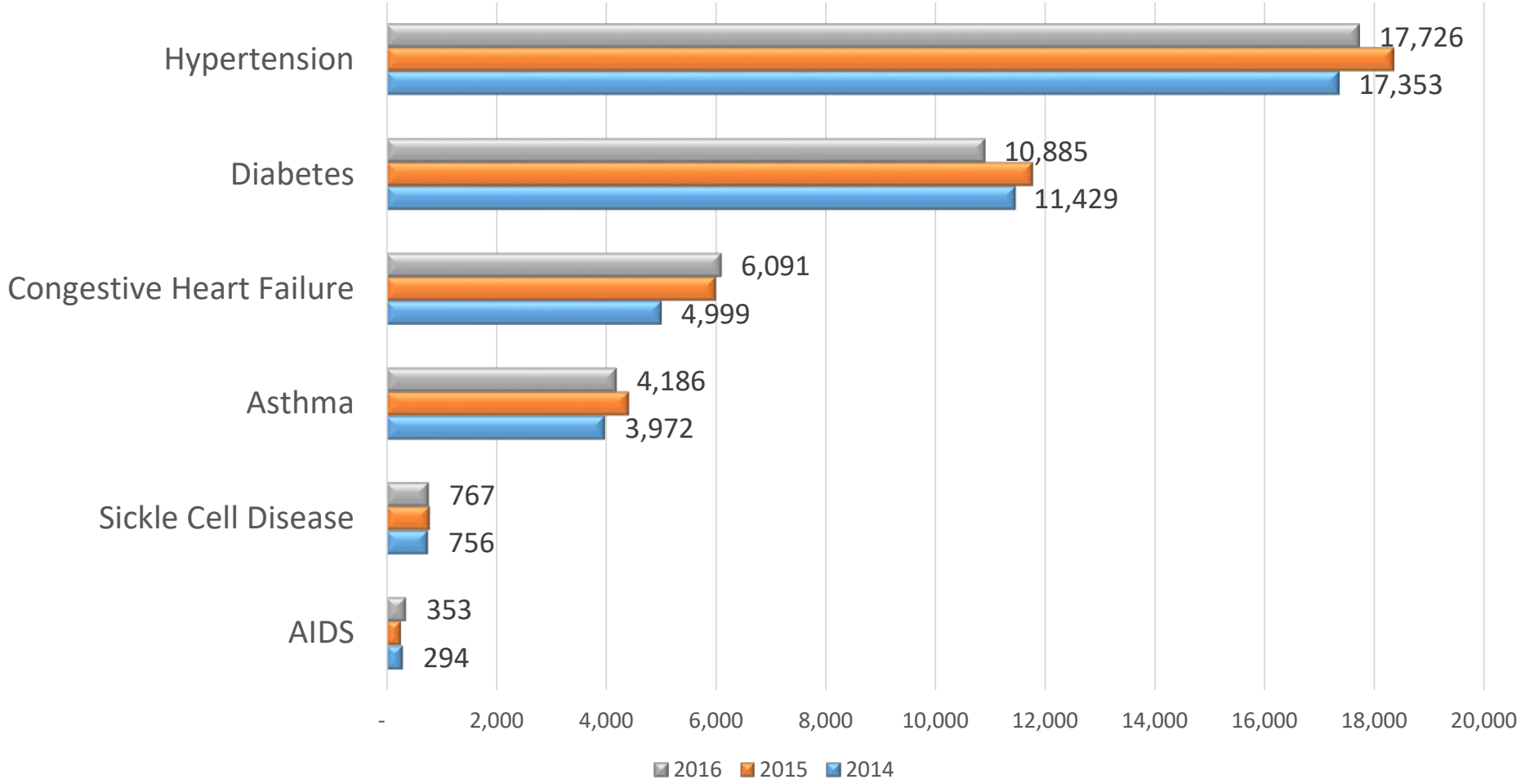
Source: Broward Regional Health Planning Council, Health Data Warehouse

Percent Hospitalization by Chronic Disease- MHS Total, 2016



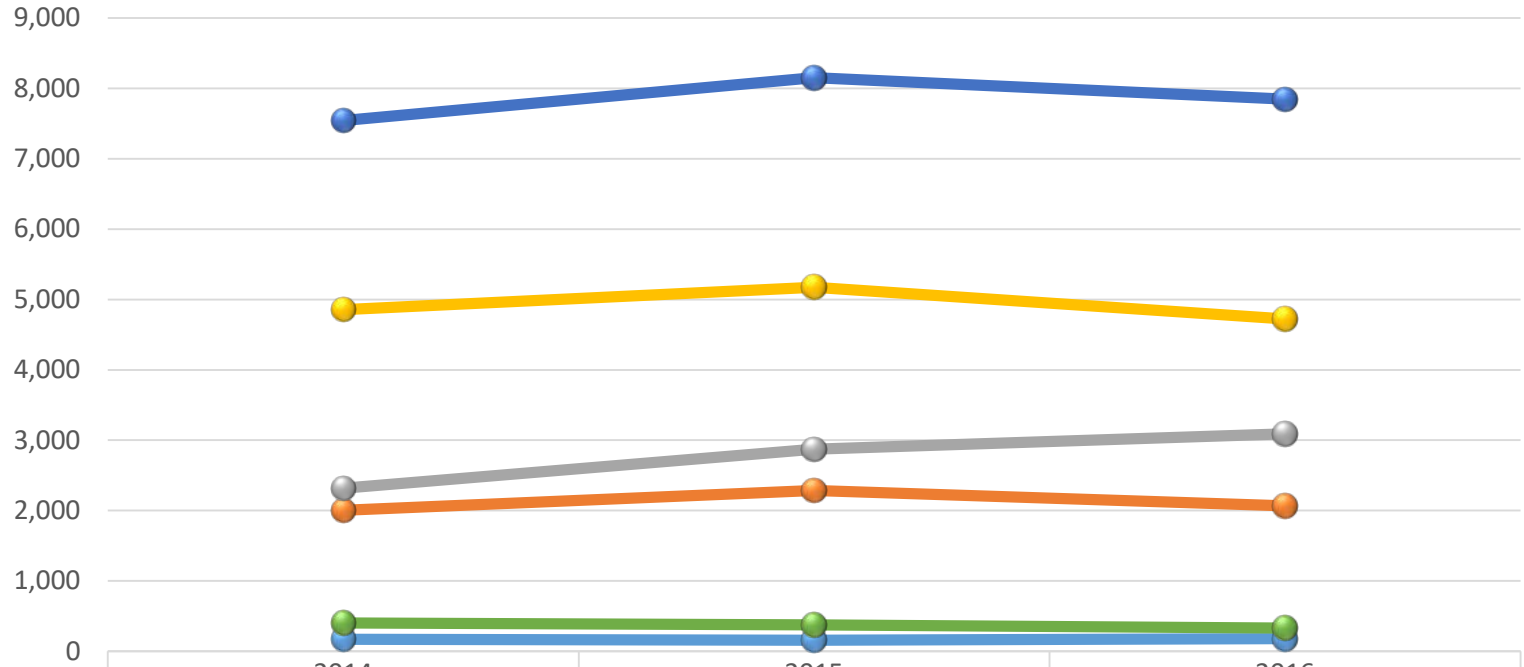
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- MHS Total Cases, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

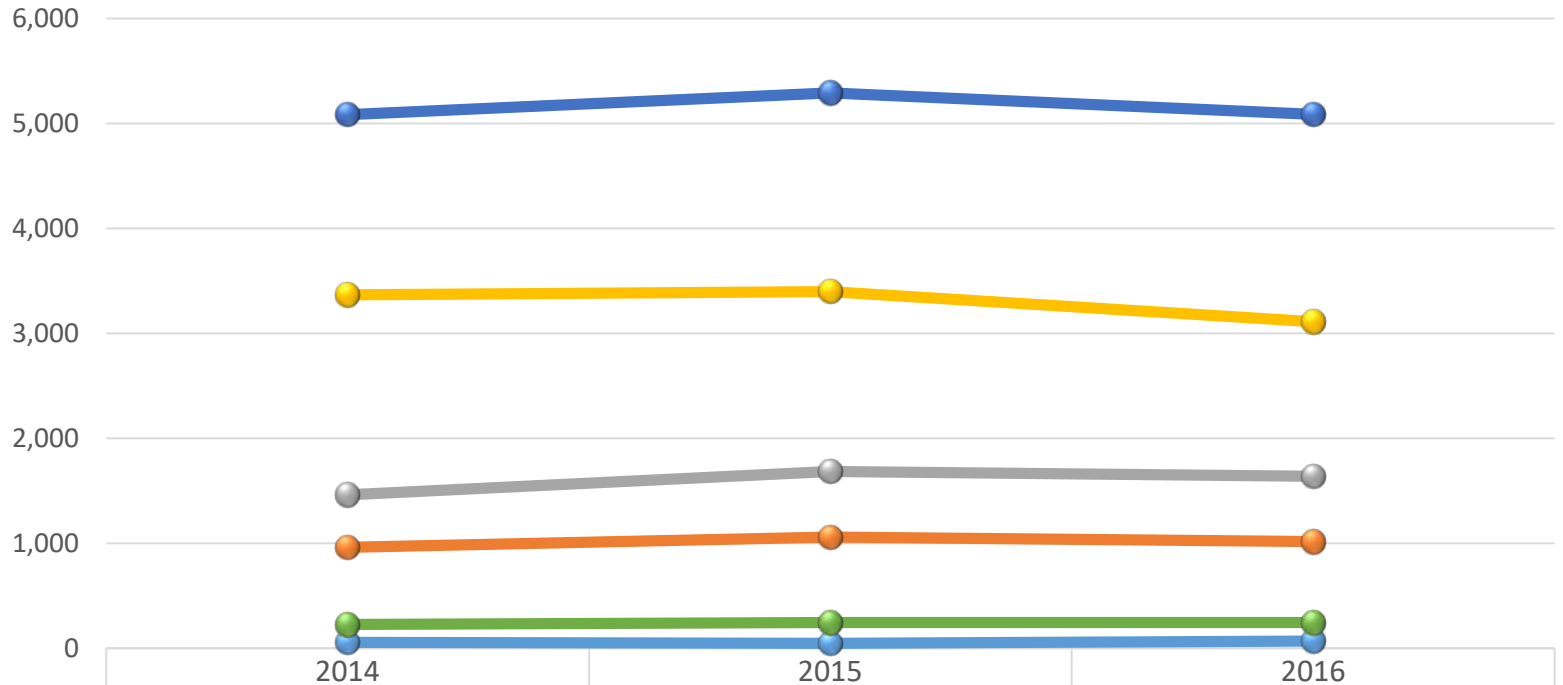
Hospitalizations by Chronic Disease- Memorial Regional Hospital Cases, 2014-2016



	2014	2015	2016
AIDS	173	159	181
Asthma	2,003	2,288	2,070
Congestive Heart Failure	2,317	2,871	3,090
Diabetes	4,855	5,175	4,725
Hypertension	7,543	8,150	7,844
SickleCell	406	376	332

Source: Broward Regional Health Planning Council, Health Data Warehouse

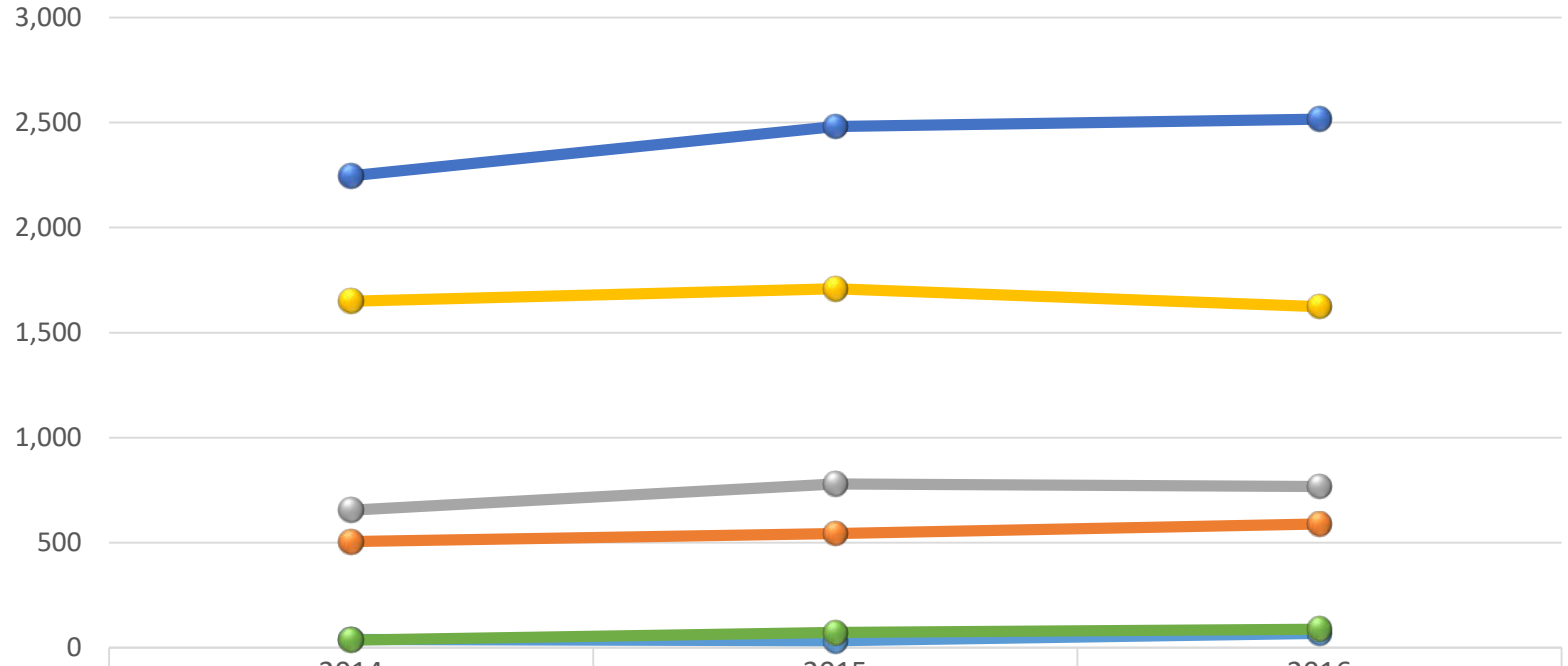
Hospitalizations by Chronic Disease- Memorial Hospital West Cases, 2014-2016



	2014	2015	2016
AIDS	56	49	71
Asthma	962	1059	1017
Congestive Heart Failure	1,463	1,686	1,639
Diabetes	3,367	3,399	3,111
Hypertension	5,085	5,292	5,086
SickleCell	227	246	246

Source: Broward Regional Health Planning Council, Health Data Warehouse

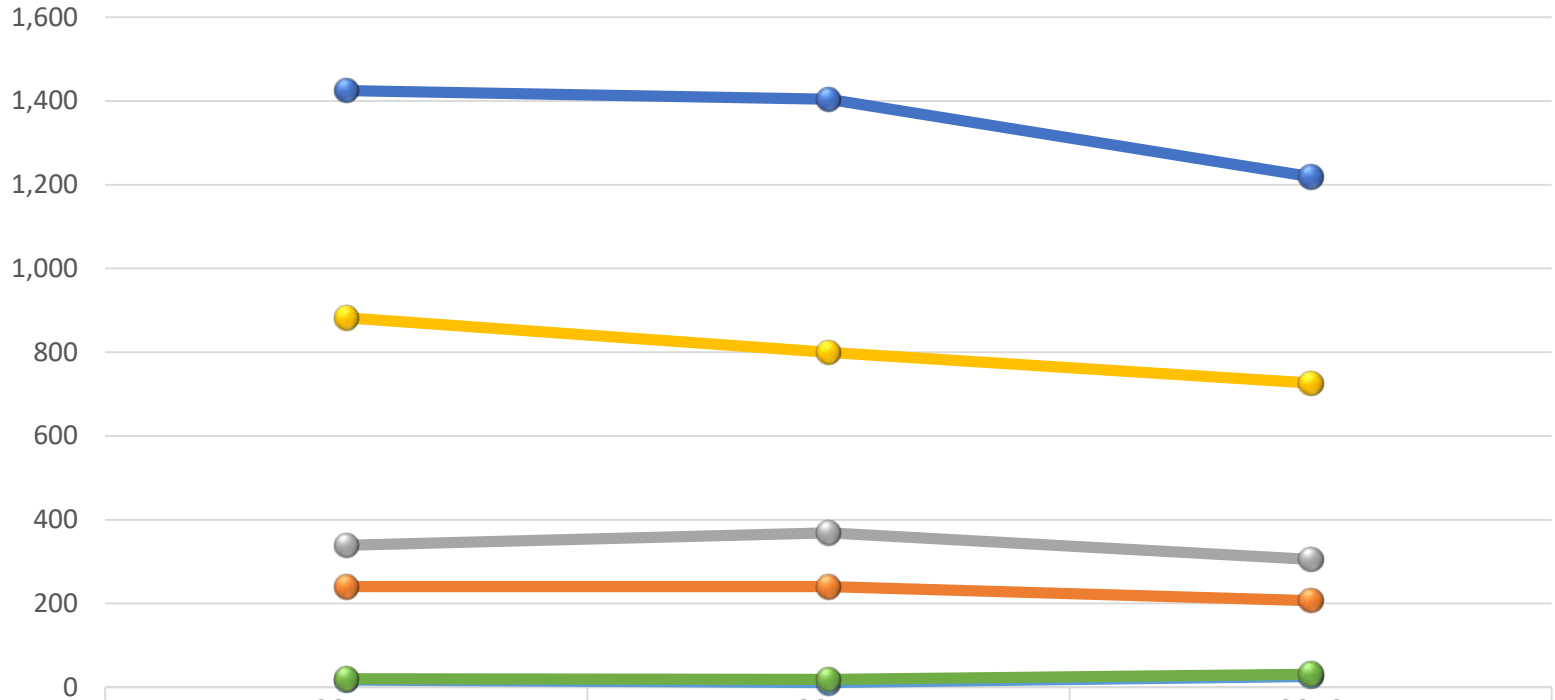
Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Cases, 2014-2016



	2014	2015	2016
AIDS	40	34	69
Asthma	505	544	589
Congestive Heart Failure	655	780	768
Diabetes	1,650	1,709	1,624
Hypertension	2,246	2,481	2,516
SickleCell	37	73	89

Source: Broward Regional Health Planning Council, Health Data Warehouse

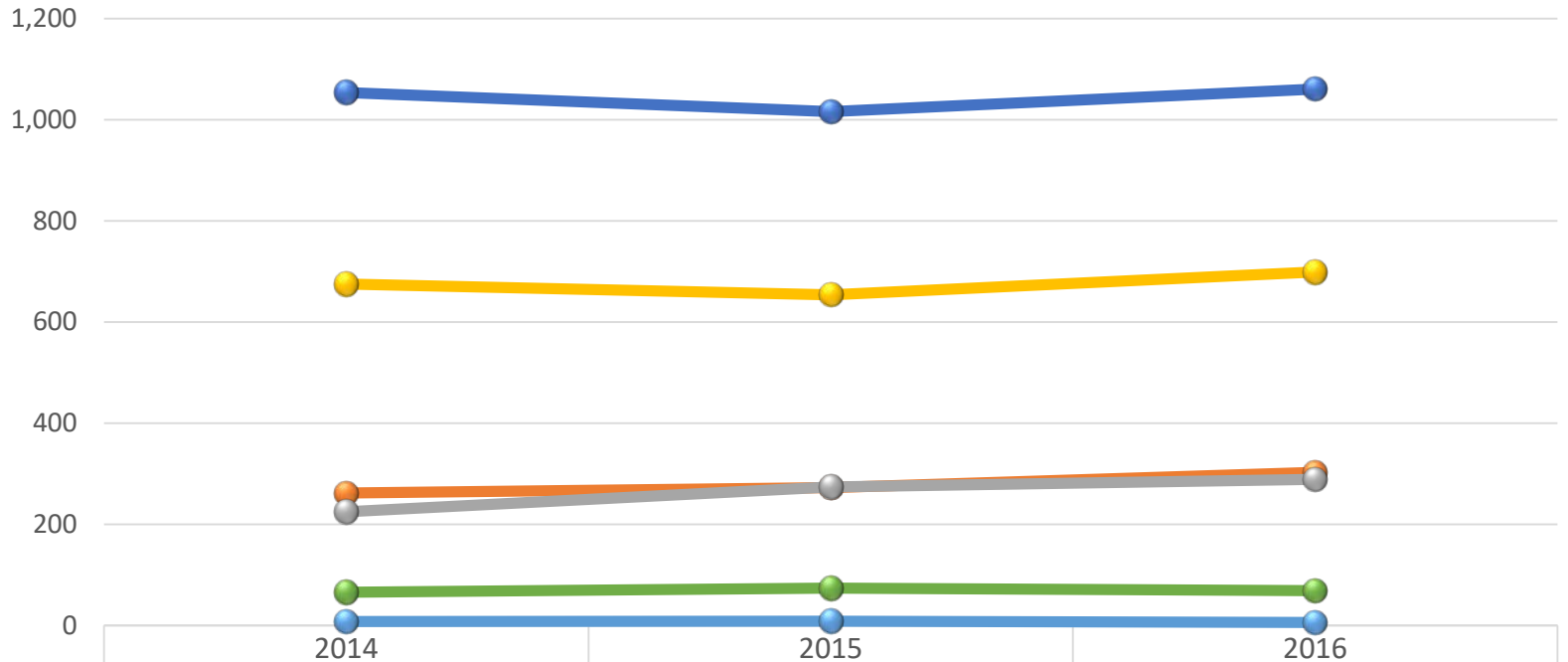
Hospitalizations by Chronic Disease- Memorial Hospital South Cases, 2014-2016



	2014	2015	2016
AIDS	17	11	26
Asthma	240	240	207
Congestive Heart Failure	339	369	305
Diabetes	882	800	726
Hypertension	1,425	1,404	1,219
SickleCell	20	19	31

Source: Broward Regional Health Planning Council, Health Data Warehouse

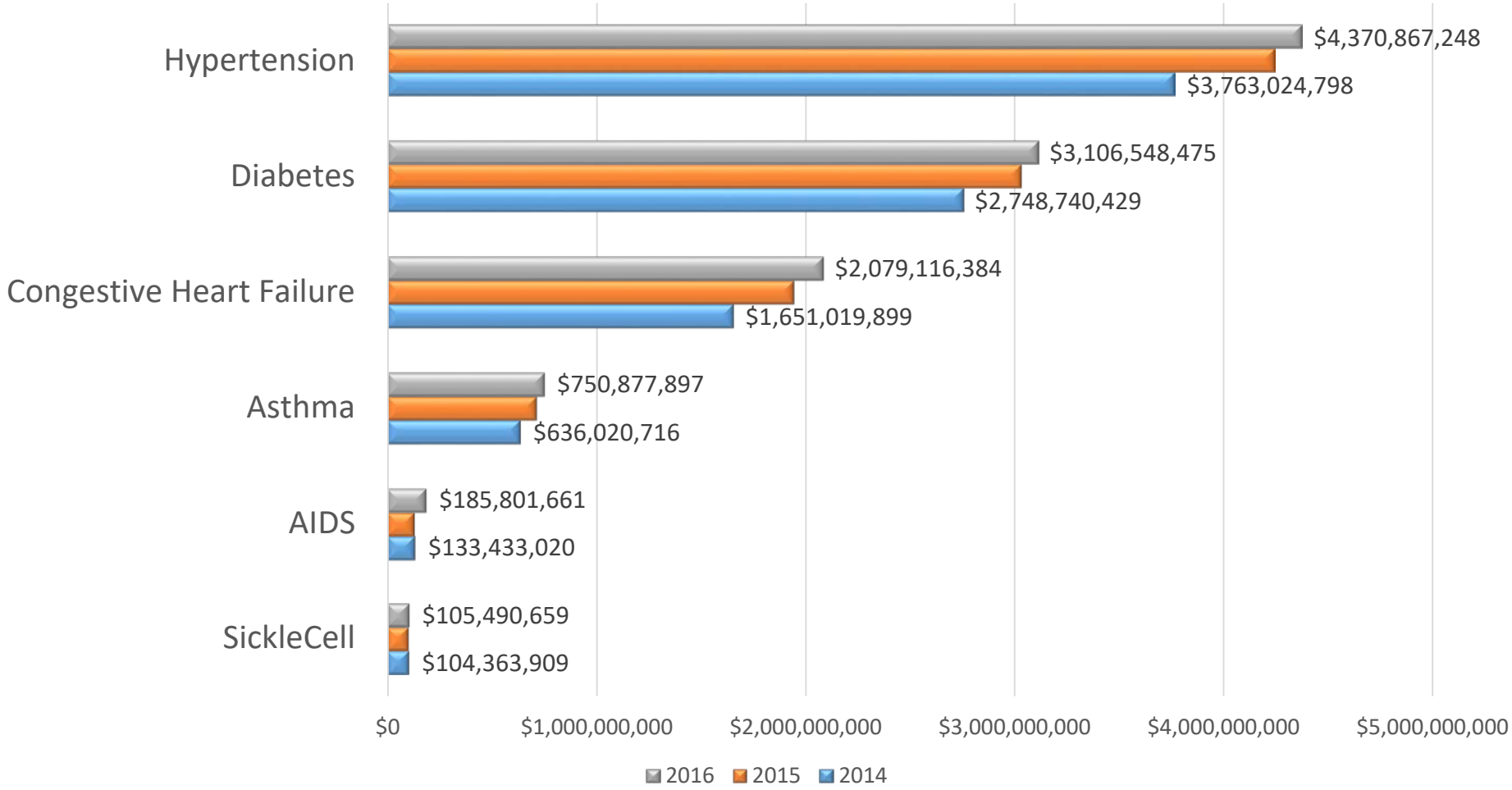
Hospitalizations by Chronic Disease- Memorial Hospital Miramar Cases, 2014-2016



	2014	2015	2016
AIDS	8	9	6
Asthma	262	273	303
Congestive Heart Failure	225	274	289
Diabetes	675	654	699
Hypertension	1,054	1,016	1,061
SickleCell	66	74	69

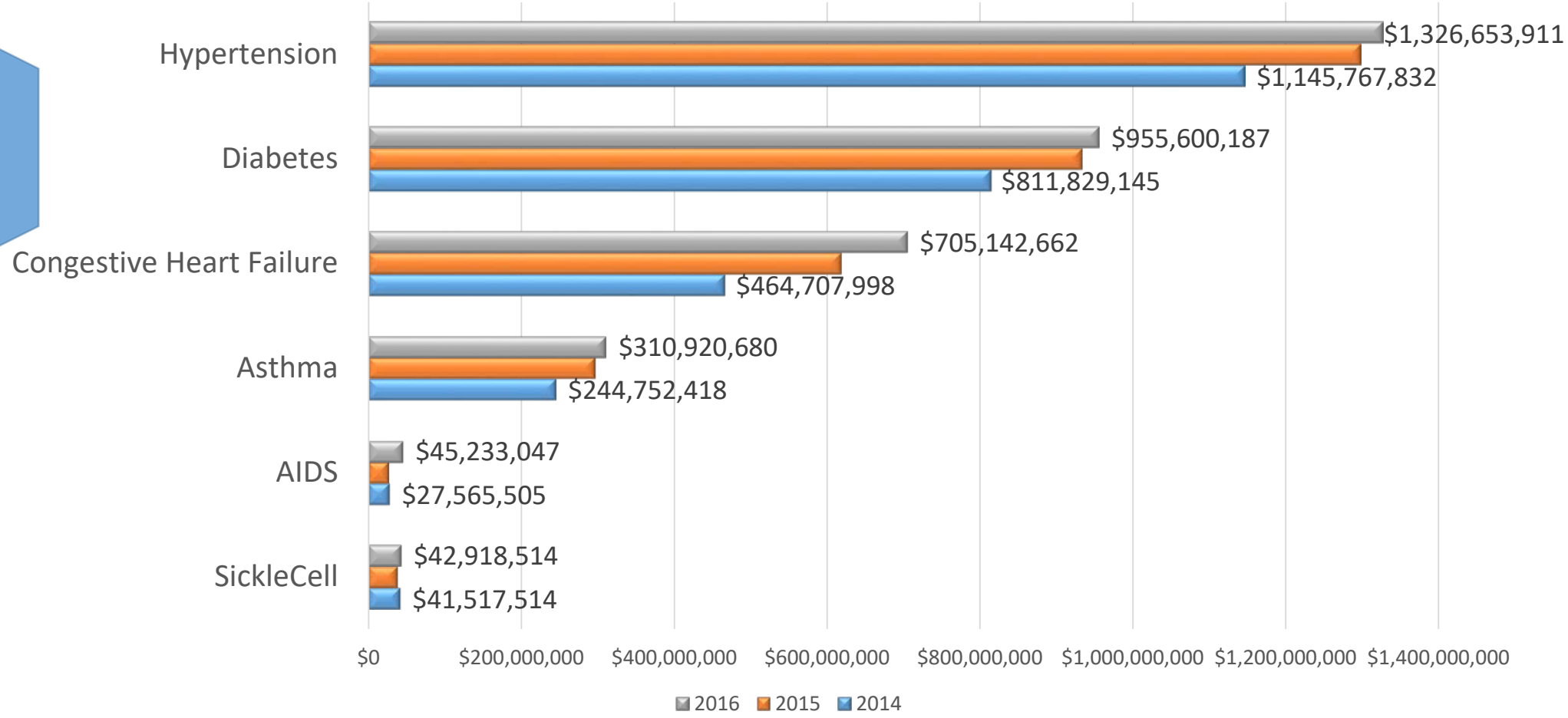
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease-Broward Charges, 2014-2016



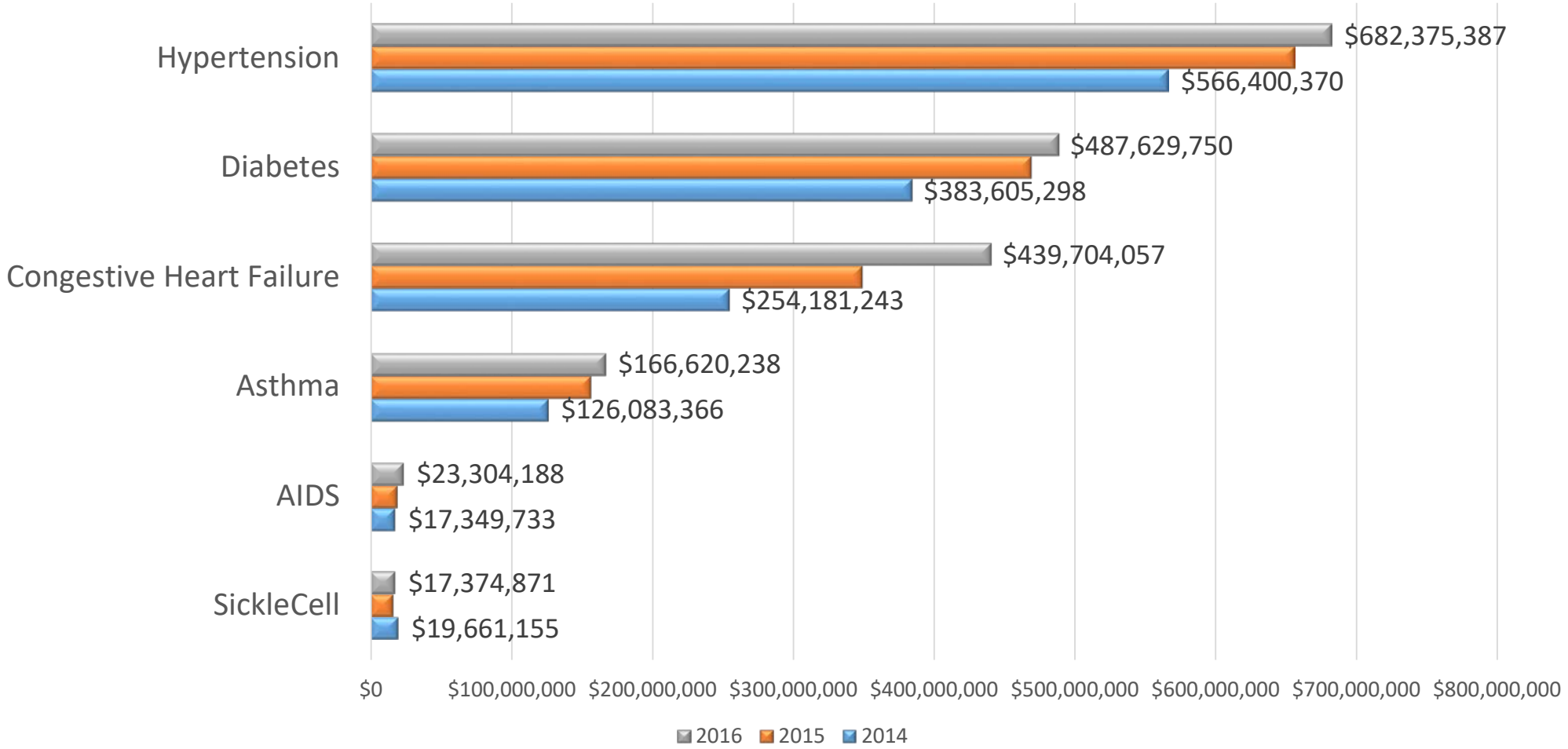
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- MHS Total Charges, 2014-2016



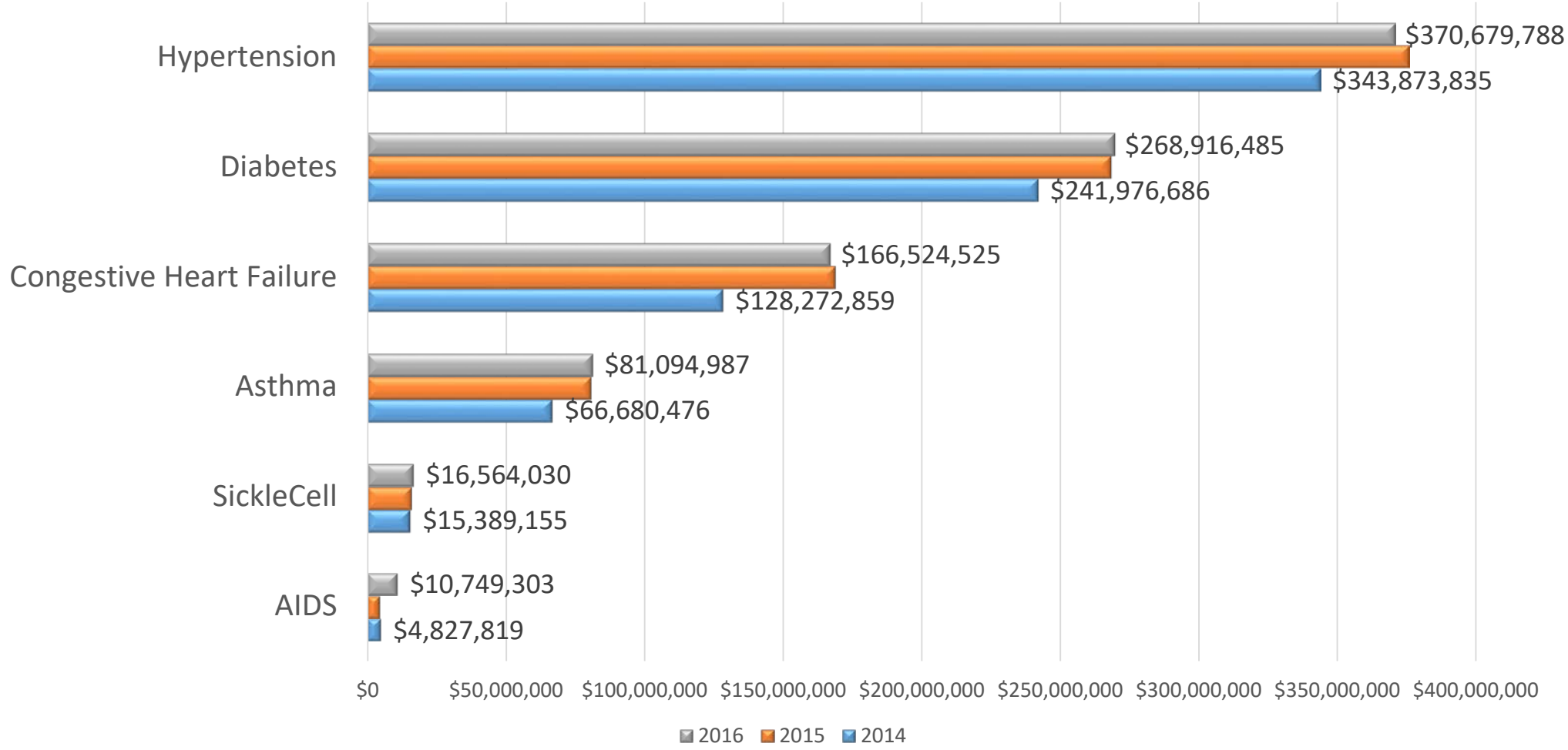
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- Memorial Regional Hospital Charges, 2014-2016



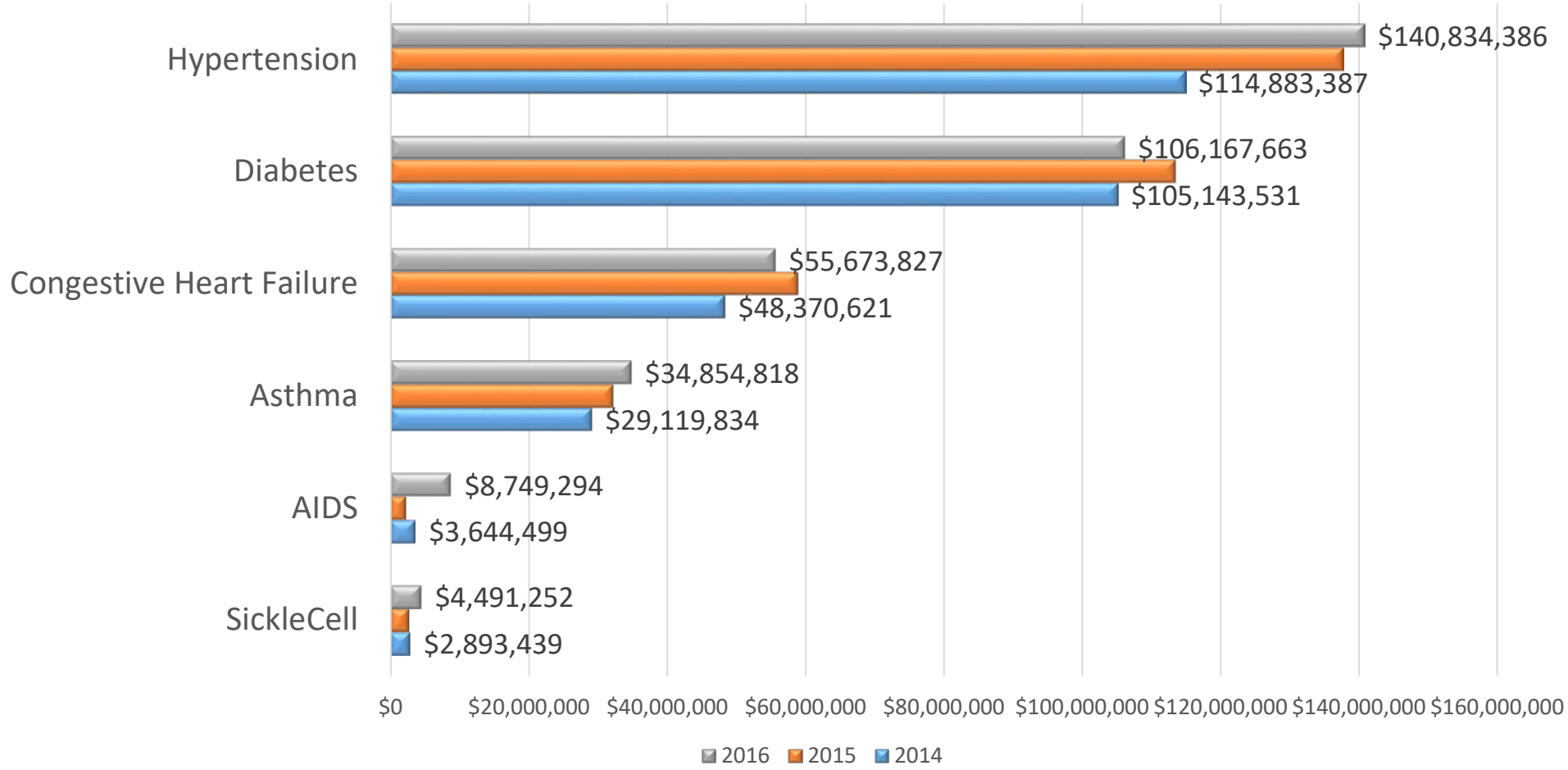
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- Memorial Hospital West Charges, 2014-2016



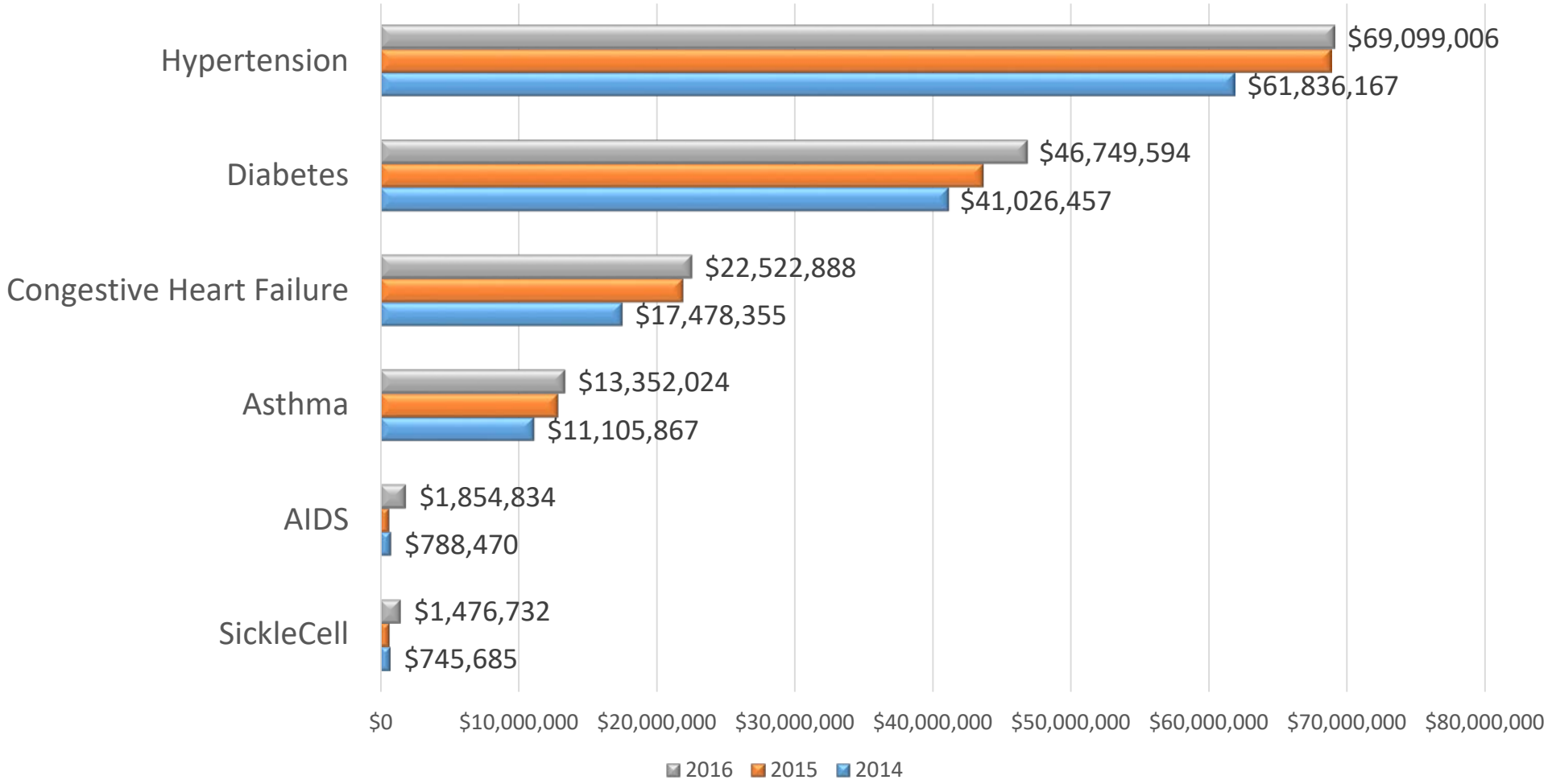
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Charges, 2014-2016



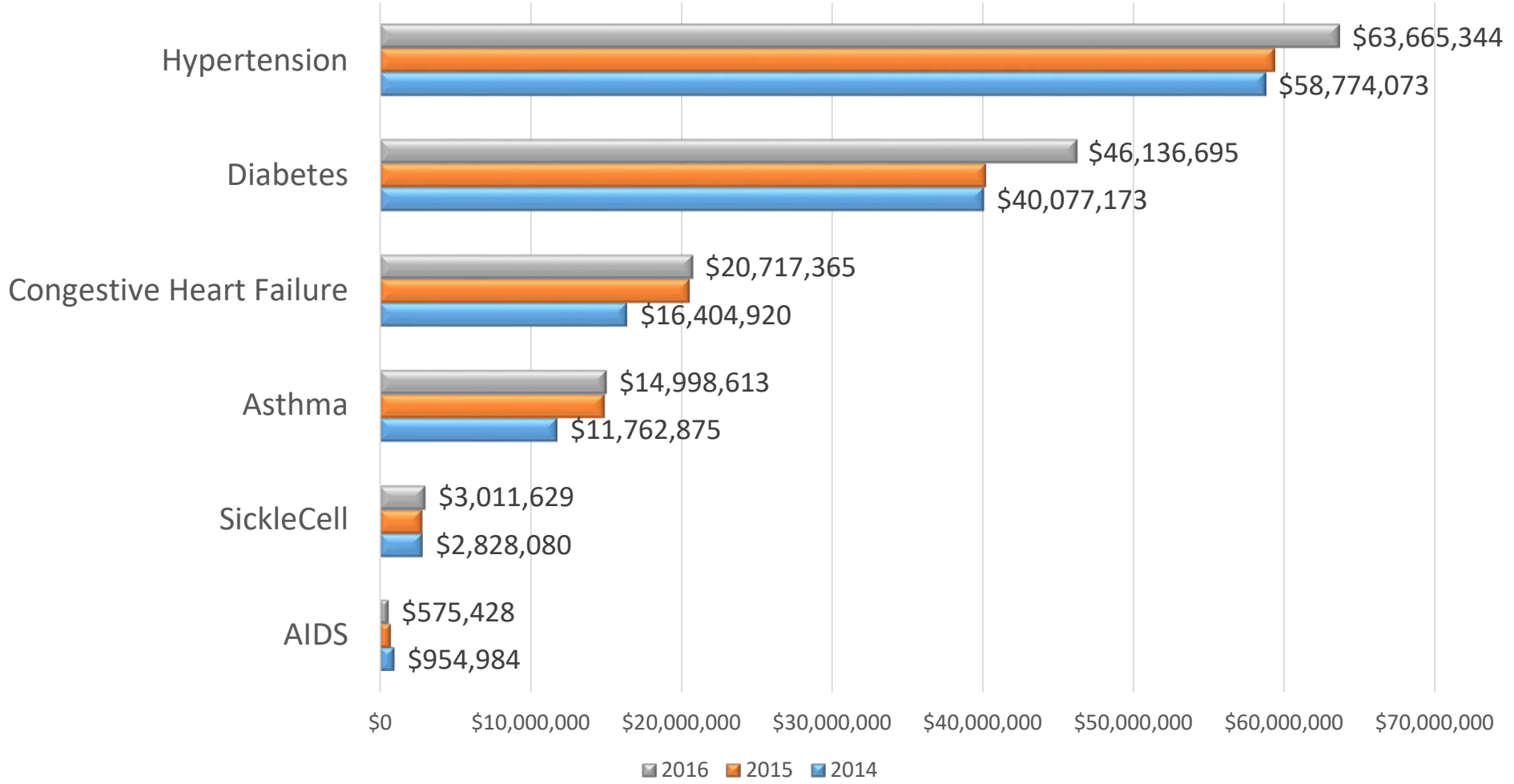
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- Memorial Hospital South Charges, 2014-2016



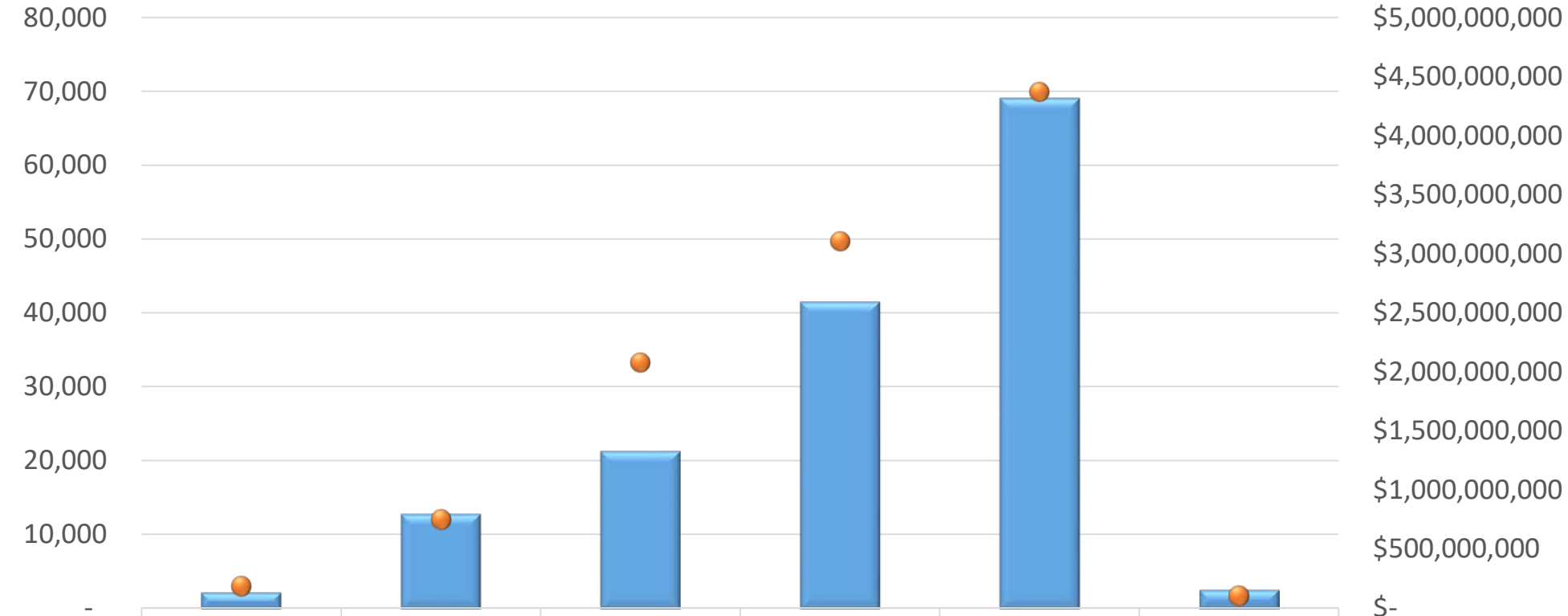
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Disease- Memorial Hospital Miramar Charges, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

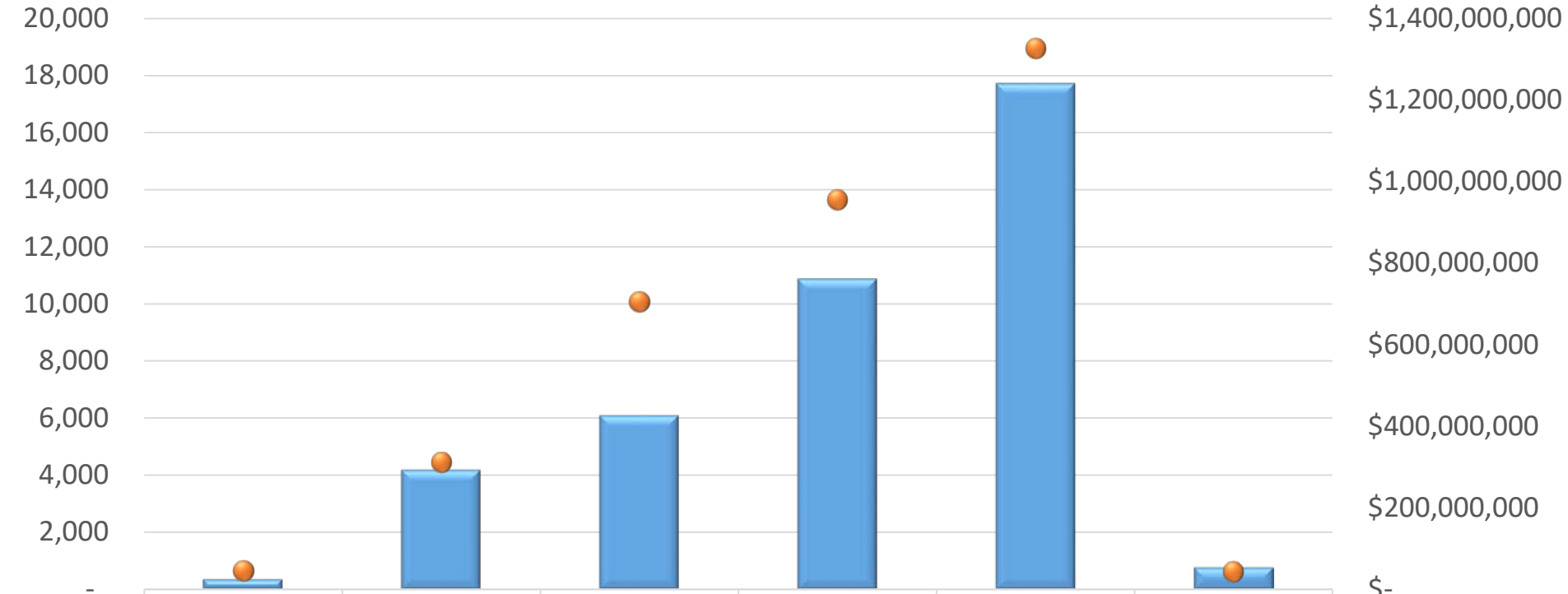
Hospitalizations by Chronic Disease- Broward Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	2,277	12,898	21,367	41,551	69,043	2,621
Charges	$185,801,661	$750,877,897	$2,079,116,3	$3,106,548,4	$4,370,867,2	$105,490,659

Source: Broward Regional Health Planning Council, Health Data Warehouse

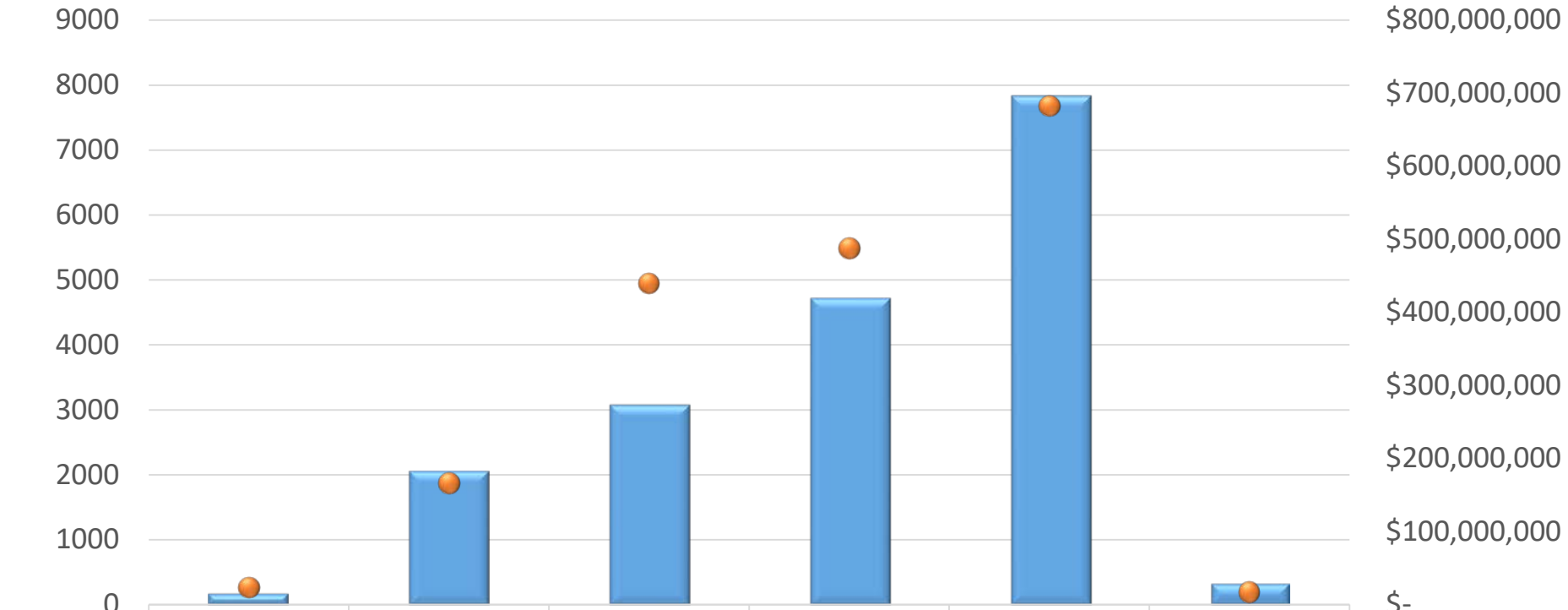
Hospitalizations by Chronic Disease- MHS Total Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	353	4,186	6,091	10,885	17,726	767
Charges	$45,233,047	$310,920,680	$705,142,662	$955,600,187	$1,326,653,9	$42,918,514

Source: Broward Regional Health Planning Council, Health Data Warehouse

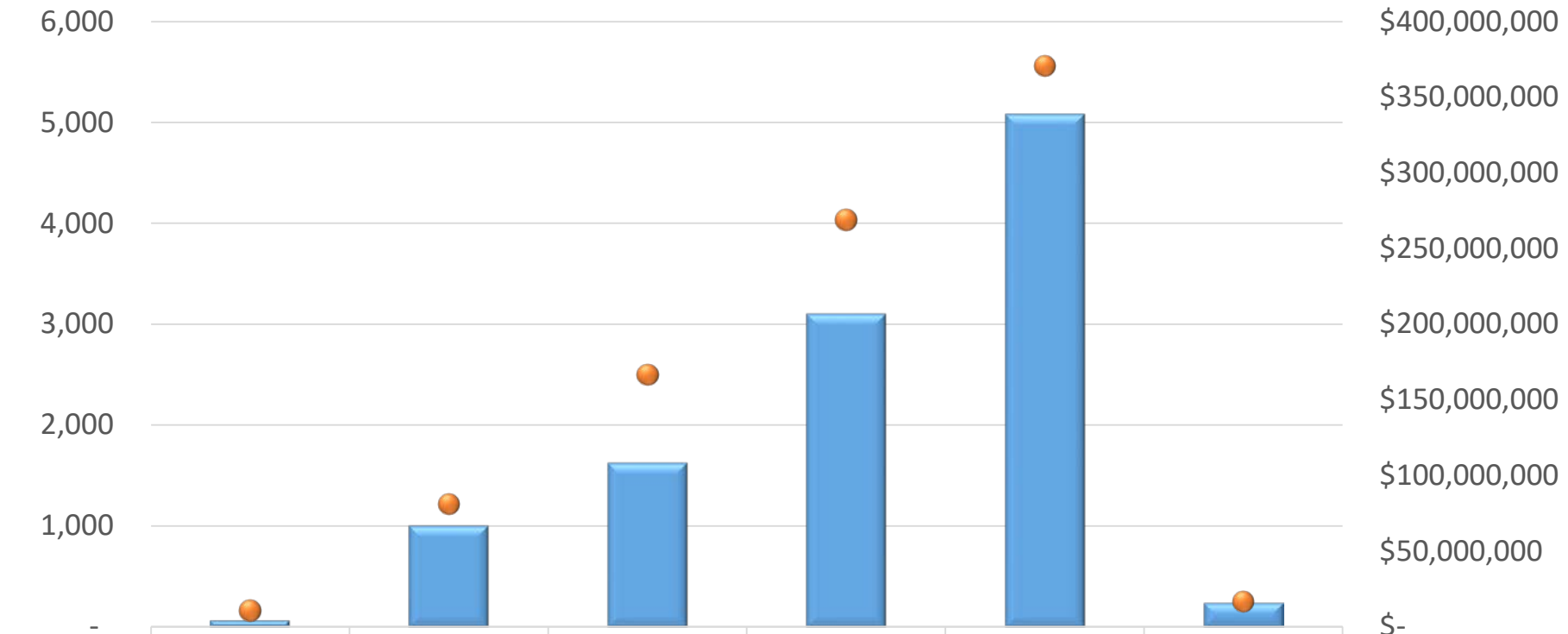
Hospitalizations by Chronic Disease- Memorial Regional Hospital Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	181	2070	3090	4725	7844	332
Charges	$23,304,188	$166,620,238	$439,704,057	$487,629,750	$682,375,387	$17,374,871

Source: Broward Regional Health Planning Council, Health Data Warehouse

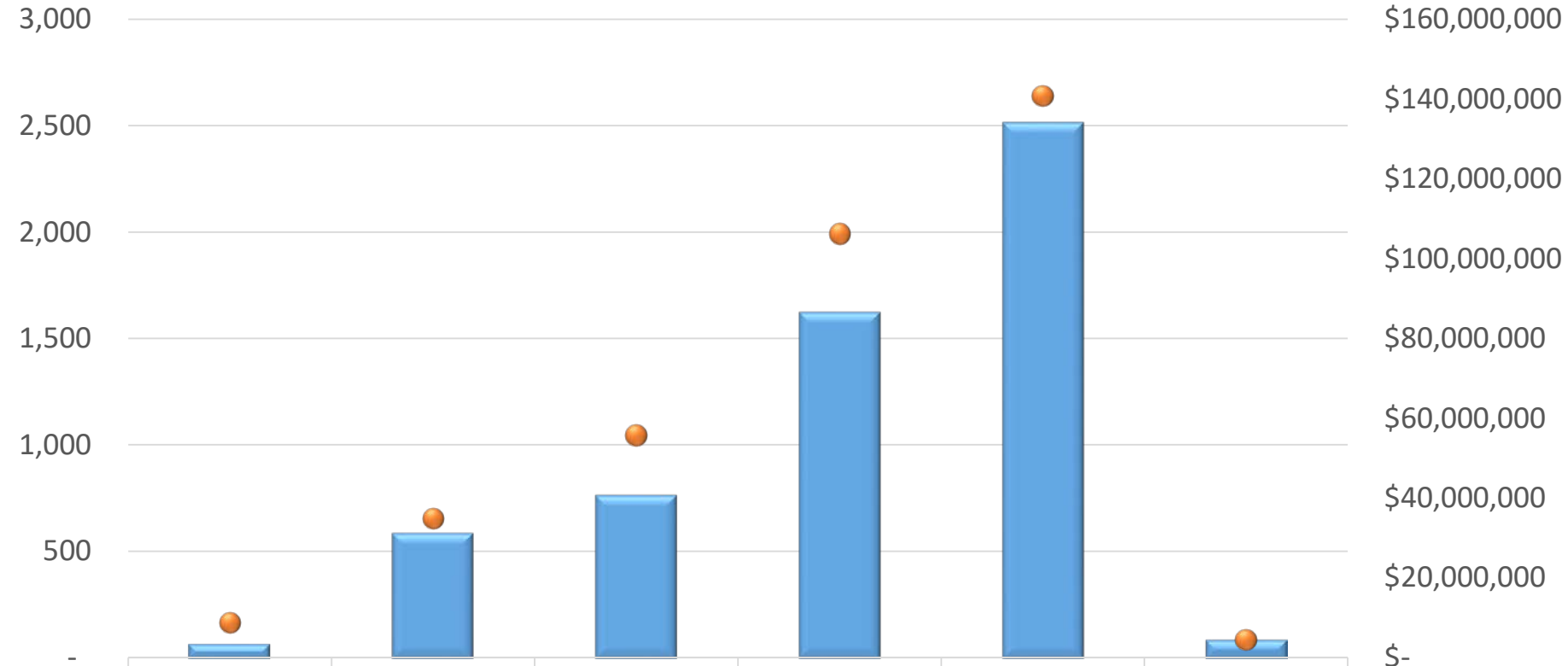
Hospitalizations by Chronic Disease- Memorial Hospital West Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	71	1,017	1,639	3,111	5,086	246
Charges	$10,749,303	$81,094,987	$166,524,52	$268,916,48	$370,679,78	$16,564,030

Source: Broward Regional Health Planning Council, Health Data Warehouse

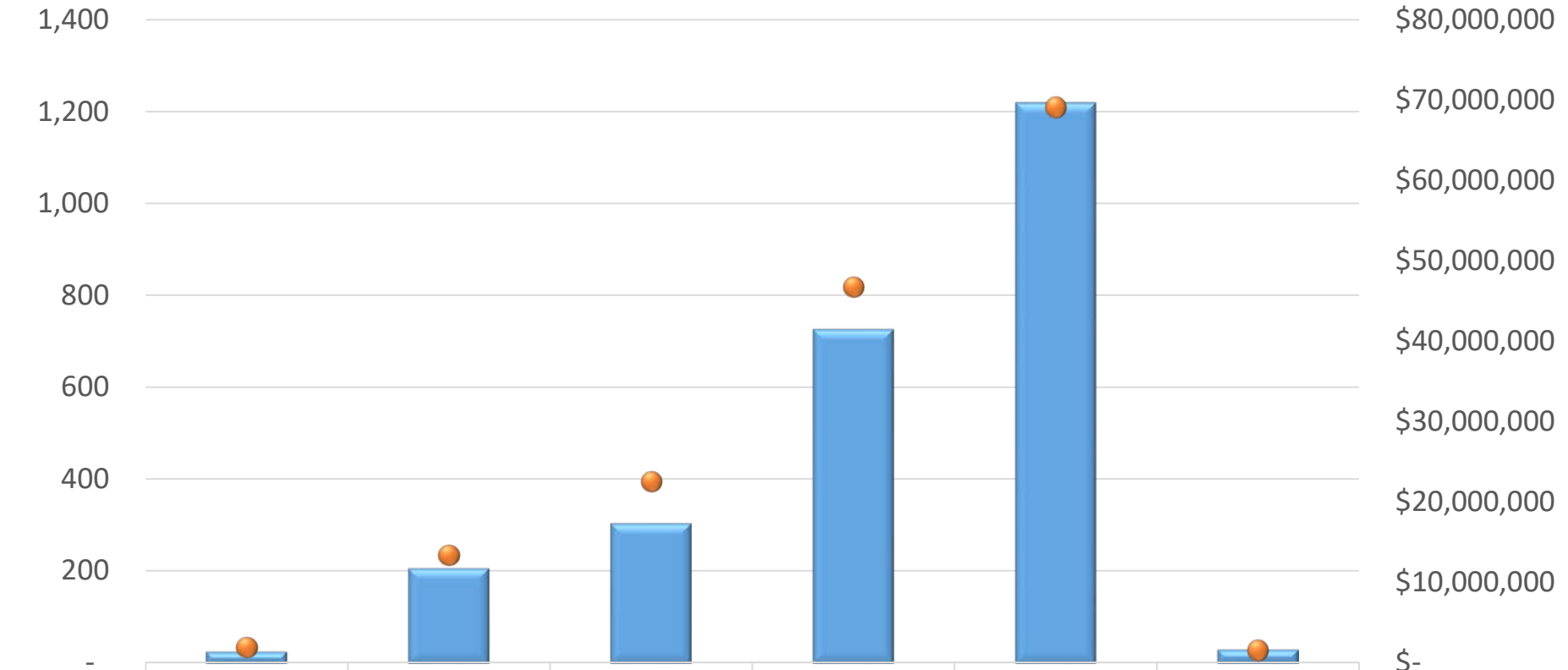
Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	69	589	768	1,624	2,516	89
Charges	$8,749,294	$34,854,818	$55,673,827	$106,167,663	$140,834,386	$4,491,252

Source: Broward Regional Health Planning Council, Health Data Warehouse

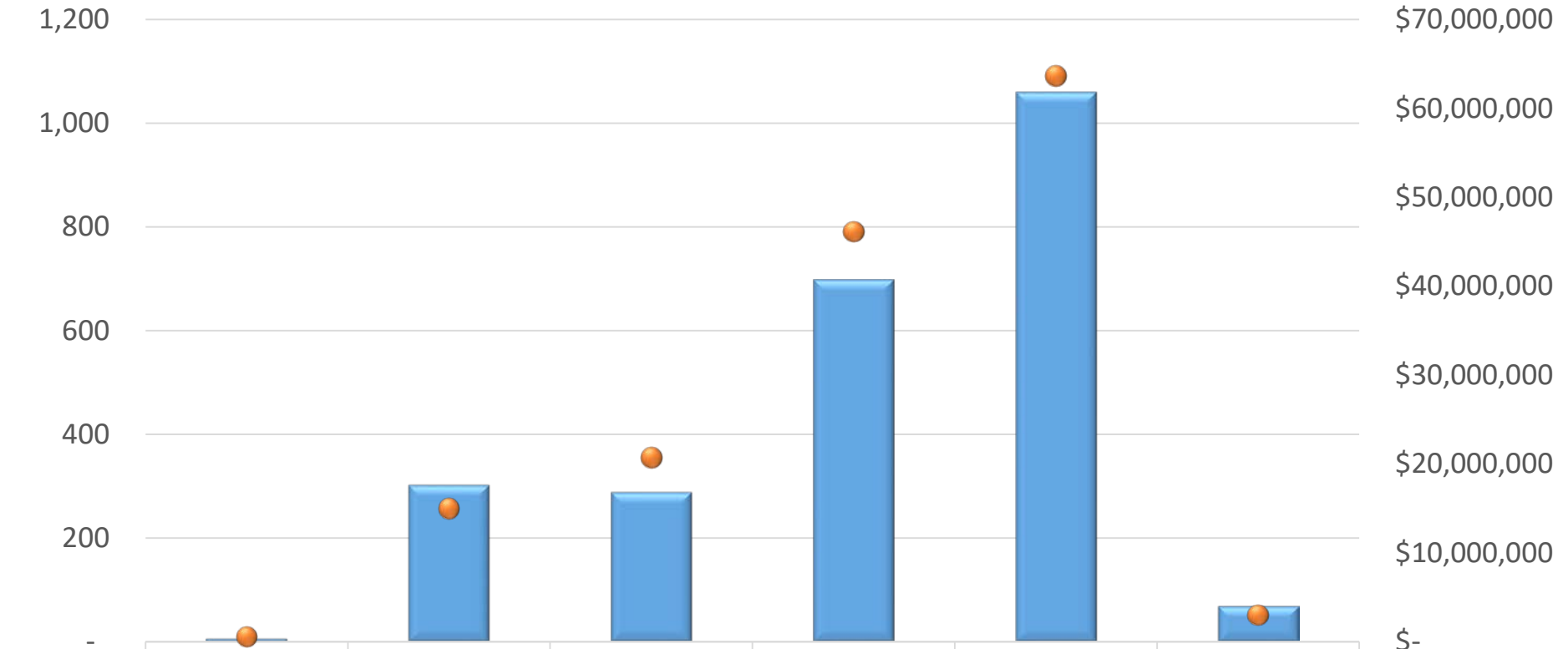
Hospitalizations by Chronic Disease- Memorial Hospital South Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	26	207	305	726	1,219	31
Charges	$1,854,834	$13,352,024	$22,522,888	$46,749,594	$69,099,006	$1,476,732

Source: Broward Regional Health Planning Council, Health Data Warehouse

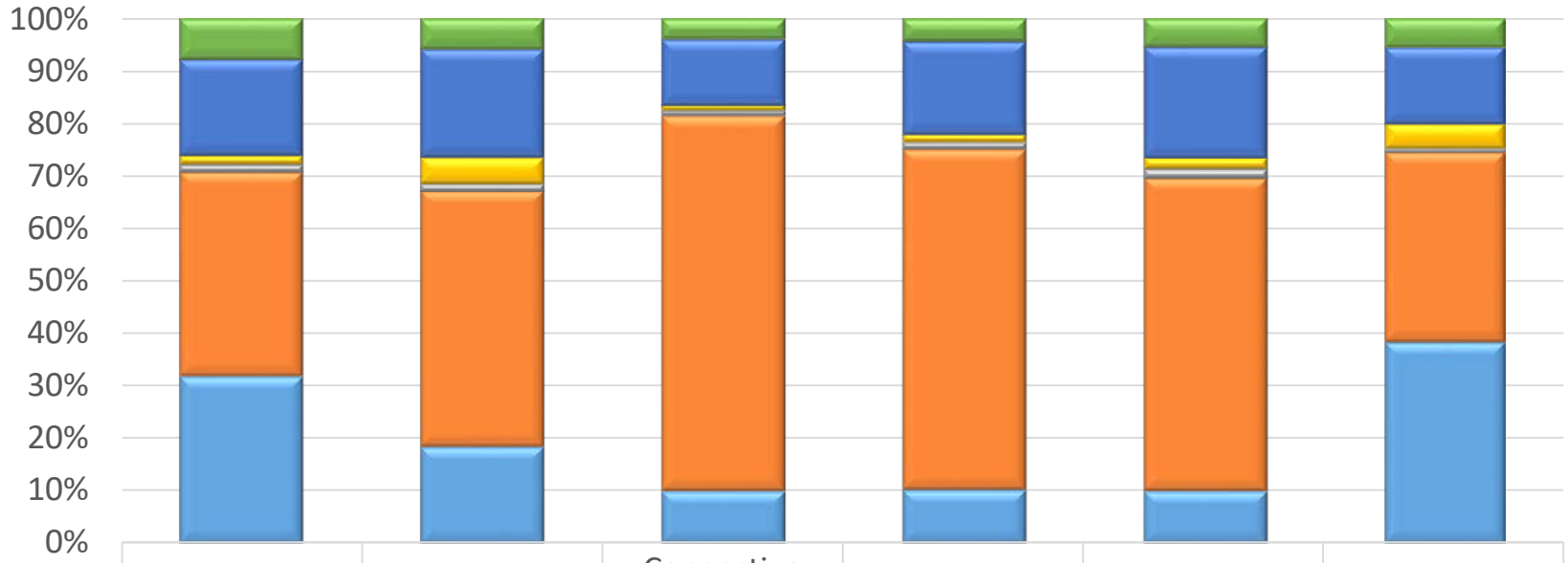
Hospitalizations by Chronic Disease- Memorial Hospital Miramar Cases vs. Charges, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Cases	6	303	289	699	1,061	69
Charges	$575,428	$14,998,613	$20,717,365	$46,136,695	$63,665,344	$3,011,629

Source: Broward Regional Health Planning Council, Health Data Warehouse

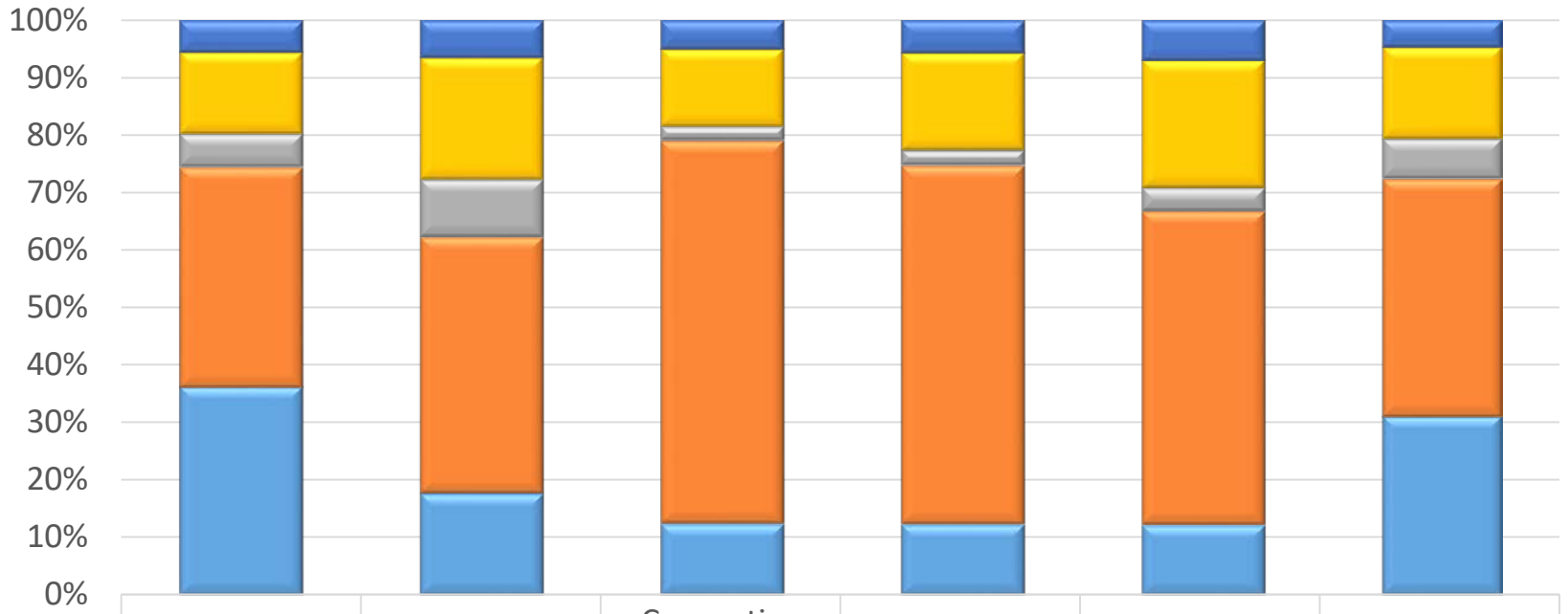
Hospitalizations by Chronic Disease- Broward Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$14,058,180	$42,440,010	$79,260,220	$131,971,709	$229,351,435	$5,601,152
Private, incl. HMO	$34,016,514	$154,583,169	$260,359,058	$548,509,779	$921,174,956	$15,395,228
Other	$3,280,921	$37,733,268	$25,270,760	$48,510,371	$93,705,038	$4,973,117
No charge/Charity	$2,732,970	$11,051,983	$17,923,251	$40,085,783	$77,165,082	$772,451
Medicare	$72,628,551	$367,111,656	$1,489,769,657	$2,021,402,499	$2,615,794,168	$38,358,314
Medicaid	$59,084,525	$137,957,811	$206,533,438	$316,068,334	$433,676,569	$40,390,397

Source: Broward Regional Health Planning Council, Health Data Warehouse

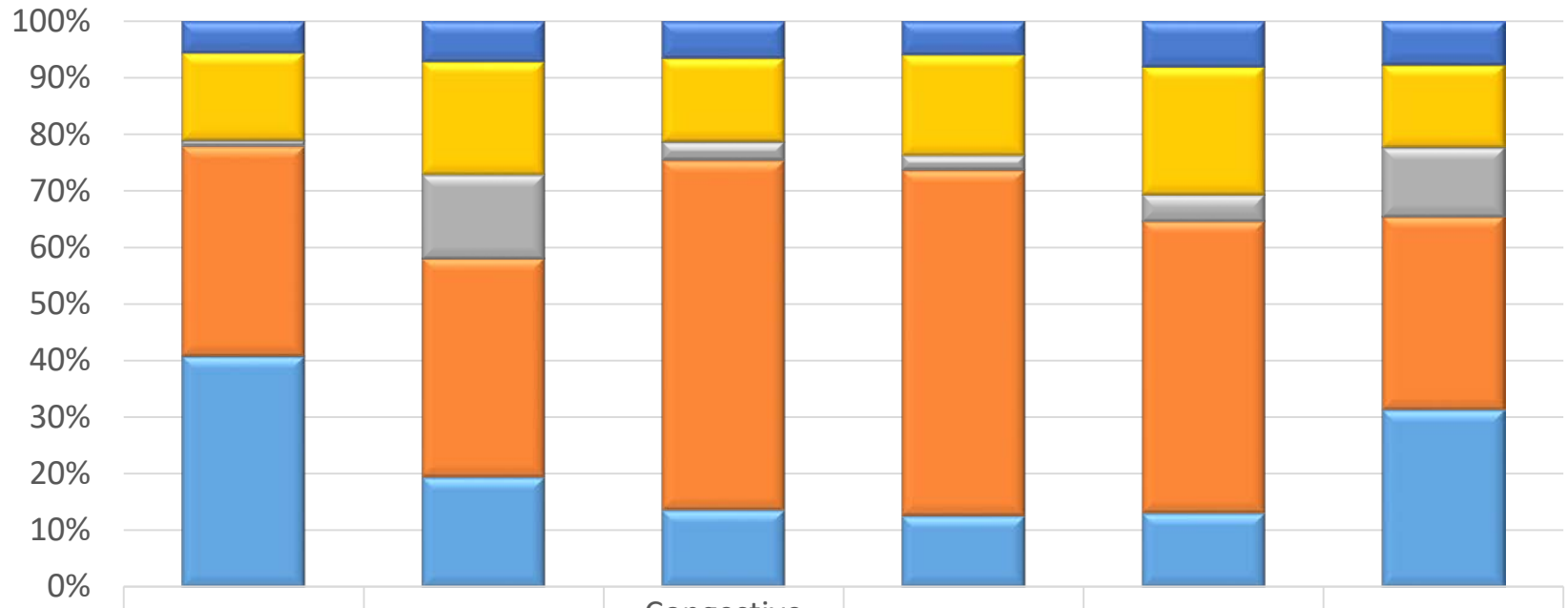
Hospitalizations by Chronic Disease- MHS Total Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$2,479,573	$19,839,023	$35,075,459	$53,250,225	$90,926,474	$1,980,747
Private, incl. HMO	$6,470,274	$66,147,573	$95,440,071	$162,949,280	$295,485,232	$6,866,380
Other	$2,601,922	$30,968,678	$16,726,540	$24,464,178	$53,112,062	$2,985,900
Medicare	$17,281,378	$138,867,143	$470,112,313	$597,009,977	$724,385,778	$17,724,281
Medicaid	$16,399,900	$55,098,263	$87,788,279	$117,926,527	$162,744,365	$13,361,206

Source: Broward Regional Health Planning Council, Health Data Warehouse

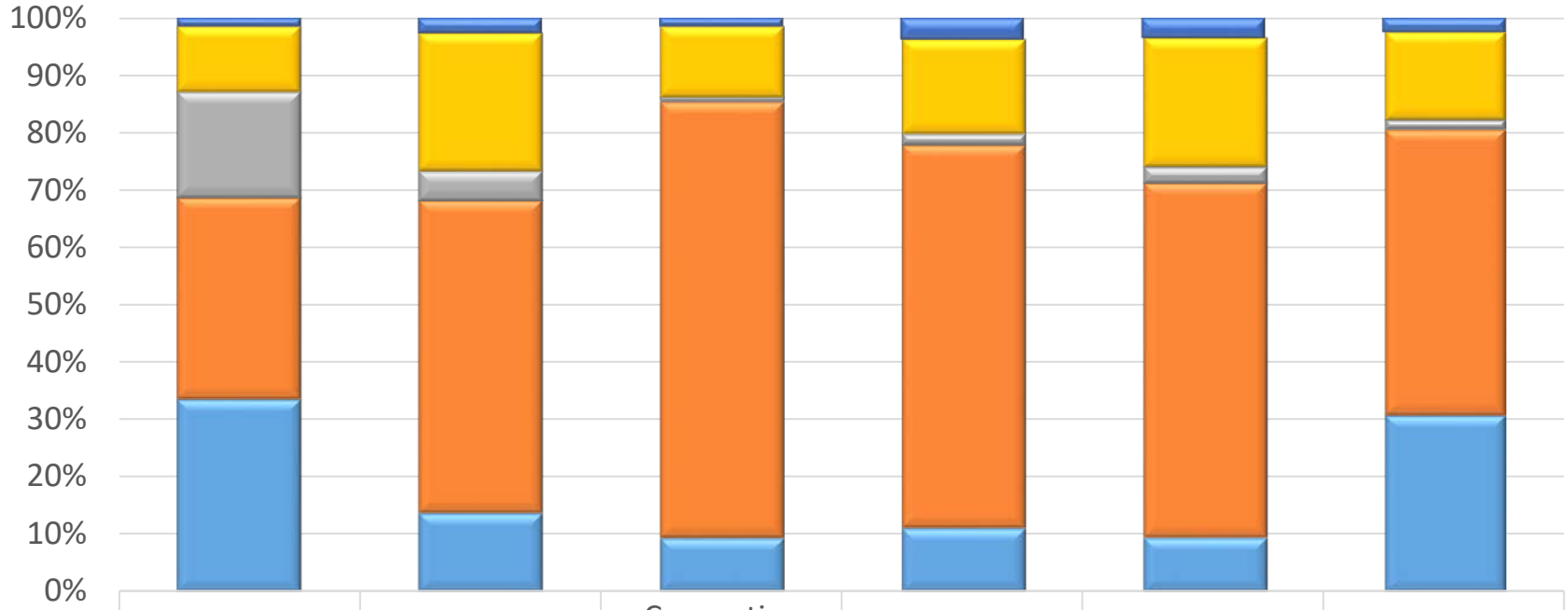
Hospitalizations by Chronic Disease- Memorial Regional Hospital Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$1,286,035	$11,761,131	$28,525,626	$28,732,062	$54,589,795	$1,324,912
Private, incl. HMO	$3,626,202	$33,189,746	$65,027,371	$86,720,336	$153,548,796	$2,536,840
Other	$228,667	$24,846,611	$14,488,019	$12,741,196	$32,361,327	$2,130,042
Medicare	$8,671,534	$64,515,294	$271,936,481	$298,125,805	$352,790,117	$5,948,328
Medicaid	$9,491,750	$32,307,456	$59,726,560	$61,310,351	$89,085,352	$5,434,749

Source: Broward Regional Health Planning Council, Health Data Warehouse

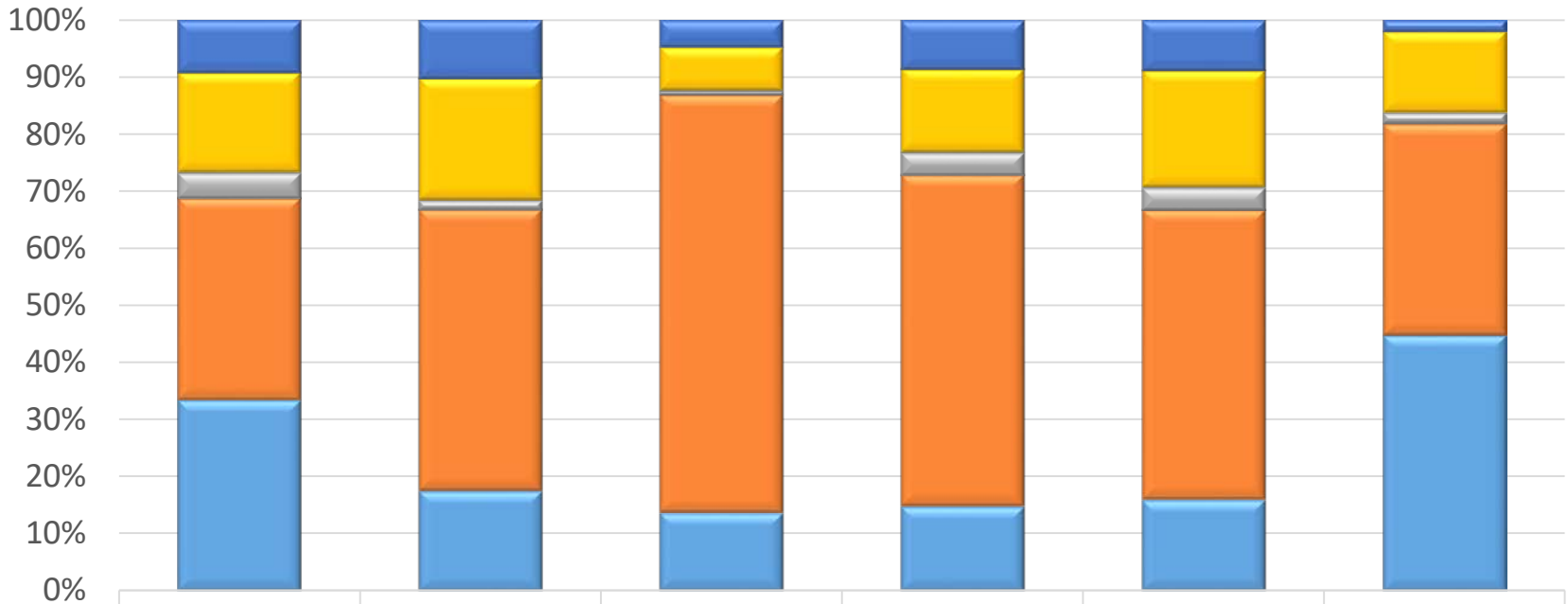
Hospitalizations by Chronic Disease- Memorial Hospital West Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$153,895	$2,096,247	$2,412,505	$9,914,247	$12,553,096	$400,072
Private, incl. HMO	$1,232,727	$19,451,075	$20,588,569	$44,260,076	$83,117,082	$2,541,488
Other	$1,971,171	$4,212,374	$1,332,957	$5,326,310	$10,878,303	$281,031
Medicare	$3,796,435	$44,253,887	$126,709,966	$179,795,104	$229,427,898	$8,265,275
Medicaid	$3,595,075	$11,081,404	$15,480,528	$29,620,748	$34,703,409	$5,076,164

Source: Broward Regional Health Planning Council, Health Data Warehouse

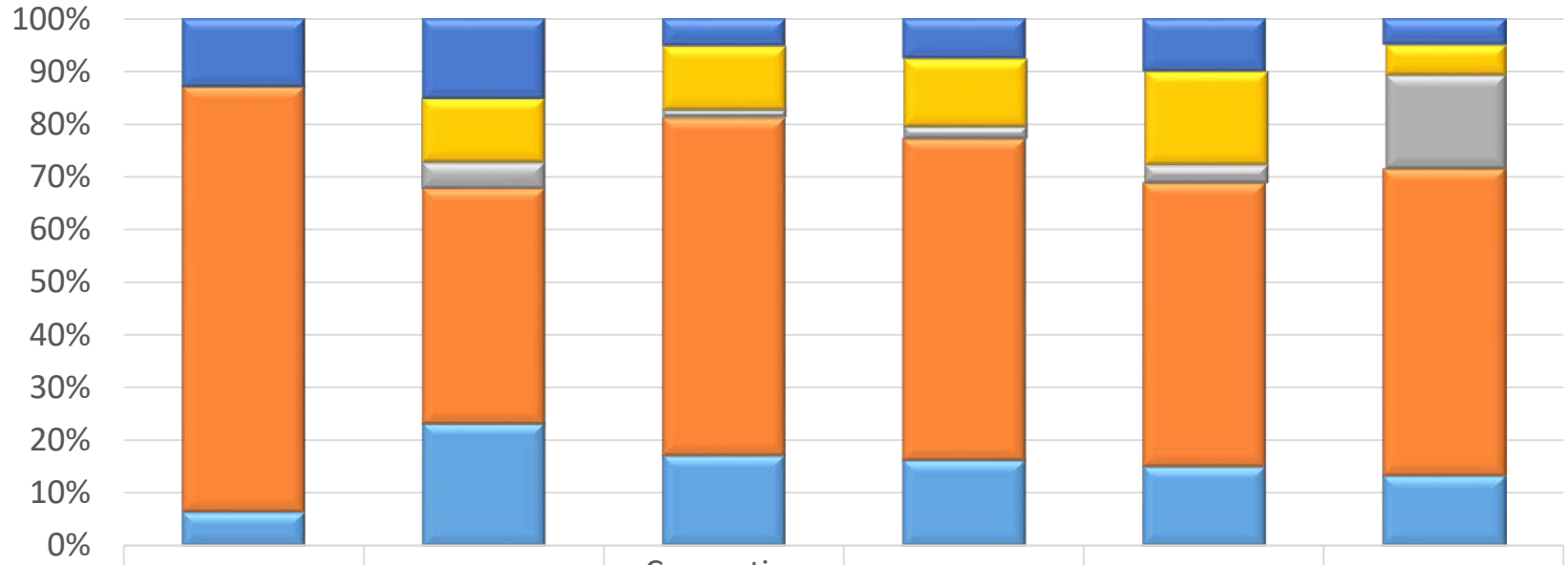
Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$801,432	$3,535,358	$2,668,928	$9,099,676	$12,387,985	$93,154
Private, incl. HMO	$1,527,870	$7,423,968	$4,253,896	$15,451,311	$28,751,304	$636,438
Other	$402,084	$616,210	$403,760	$4,288,162	$5,718,227	$88,493
Medicare	$3,101,815	$17,165,776	$40,736,494	$61,607,322	$71,459,429	$1,667,130
Medicaid	$2,916,093	$6,113,506	$7,610,749	$15,721,192	$22,517,441	$2,006,037

Source: Broward Regional Health Planning Council, Health Data Warehouse

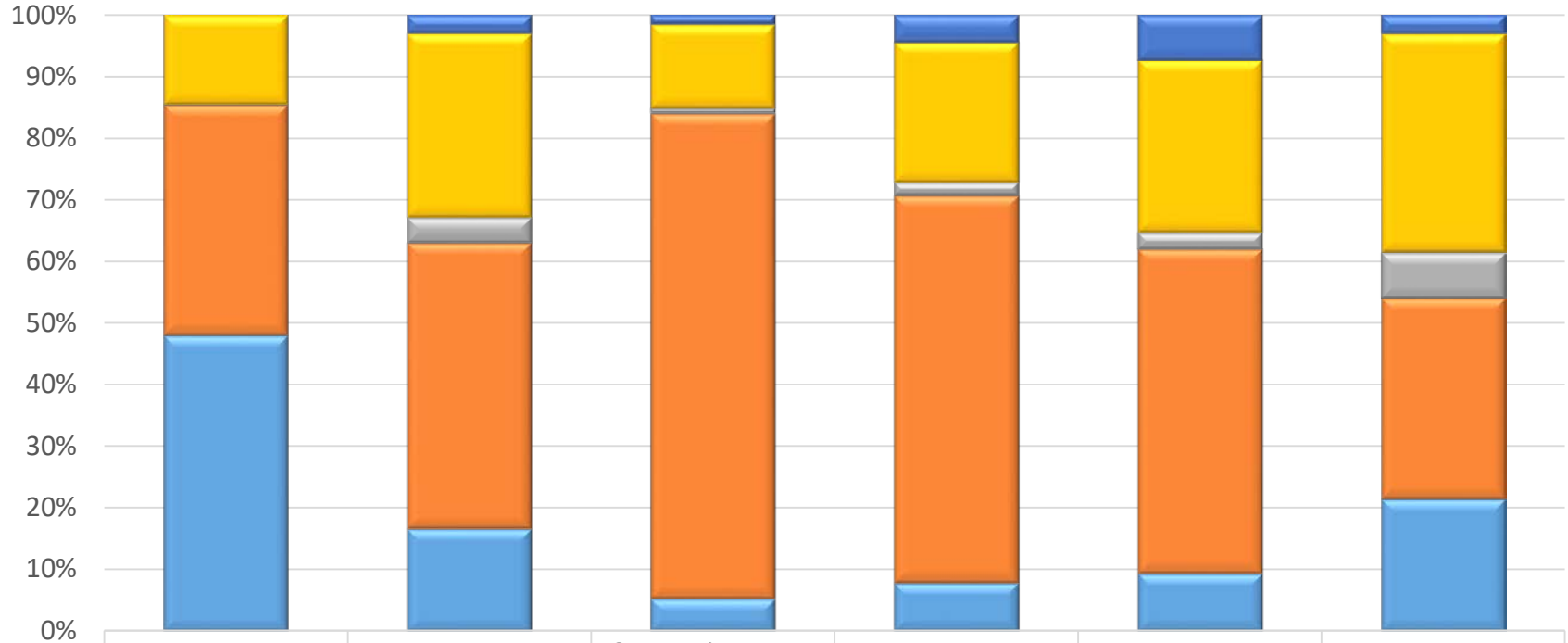
Hospitalizations by Chronic Disease- Memorial Hospital South Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$238,211	$2,009,679	$1,167,269	$3,522,709	$6,819,558	$73,221
Private, incl. HMO		$1,612,382	$2,731,787	$6,026,316	$12,232,547	$84,497
Other		$662,283	$334,618	$1,070,415	$2,407,597	$261,249
Medicare	$1,495,391	$5,964,643	$14,415,147	$28,484,356	$37,182,093	$860,123
Medicaid	$121,232	$3,103,037	$3,874,067	$7,645,798	$10,457,211	$197,642

Source: Broward Regional Health Planning Council, Health Data Warehouse

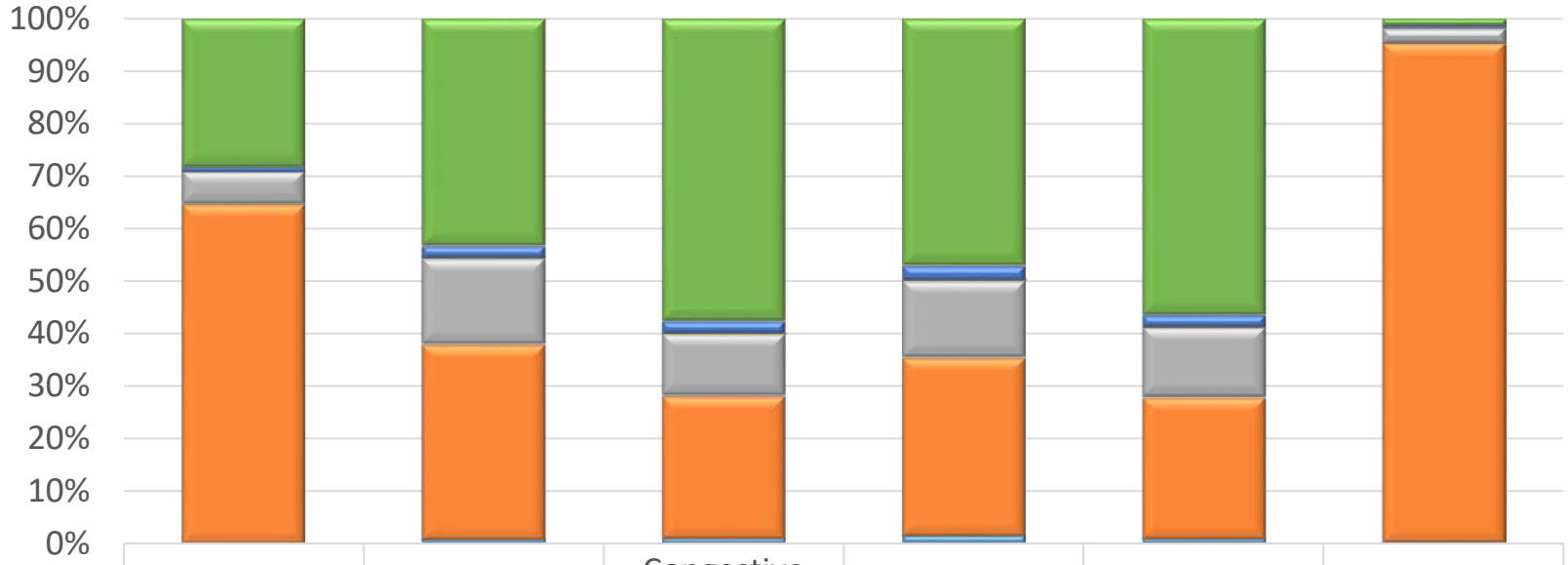
Hospitalizations by Chronic Disease- Memorial Hospital Miramar Charges by Payer, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$-	$436,608	$301,131	$1,981,531	$4,576,040	$89,388
Private, incl. HMO	$83,475	$4,470,402	$2,838,448	$10,491,241	$17,835,503	$1,067,117
Other	$-	$631,200	$167,186	$1,038,095	$1,746,608	$225,085
Medicare	$216,203	$6,967,543	$16,314,225	$28,997,390	$33,526,241	$983,425
Medicaid	$275,750	$2,492,860	$1,096,375	$3,628,438	$5,980,952	$646,614

Source: Broward Regional Health Planning Council, Health Data Warehouse

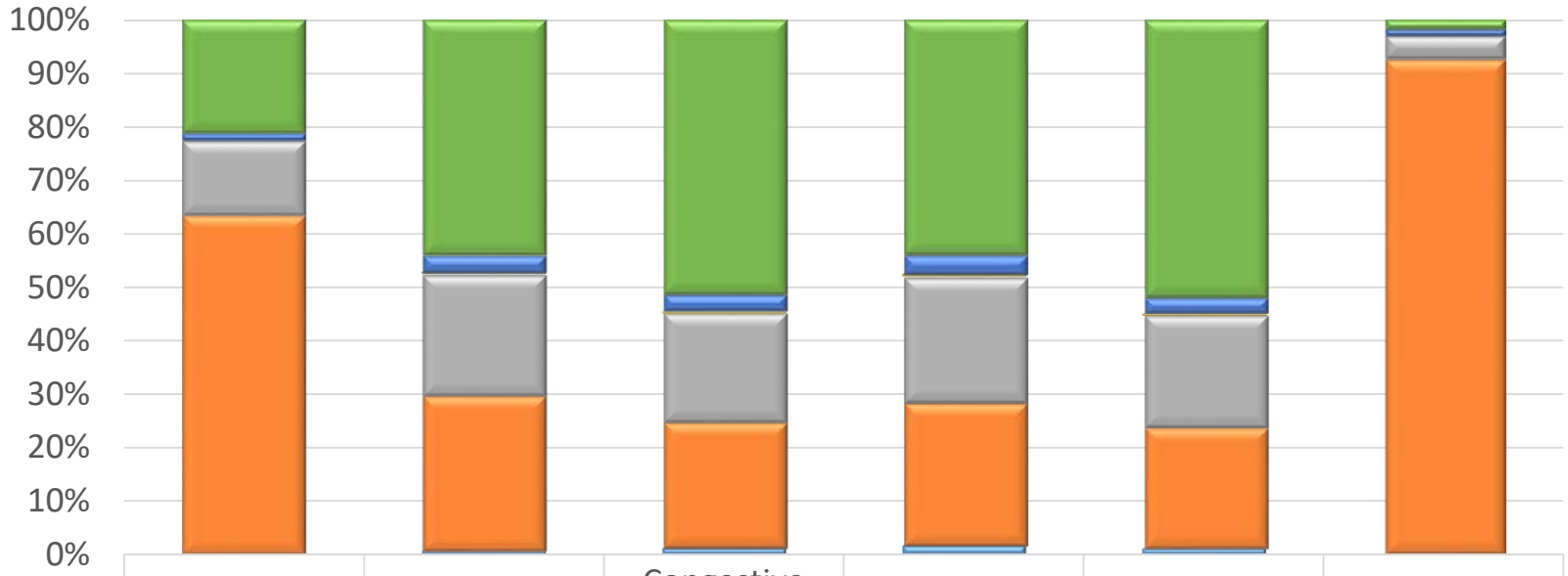
Hospitalizations by Chronic Disease- Broward Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	640	5,552	12,261	19,426	38,835	34
Other	21	285	497	1,136	1,551	14
Native American	-	35	30	102	101	-
Hispanic	142	2,107	2,504	6,059	9,162	74
Black	1,472	4,812	5,856	14,189	18,722	2,491
Asian/Pacific Island	2	107	219	639	672	8

Source: Broward Regional Health Planning Council, Health Data Warehouse

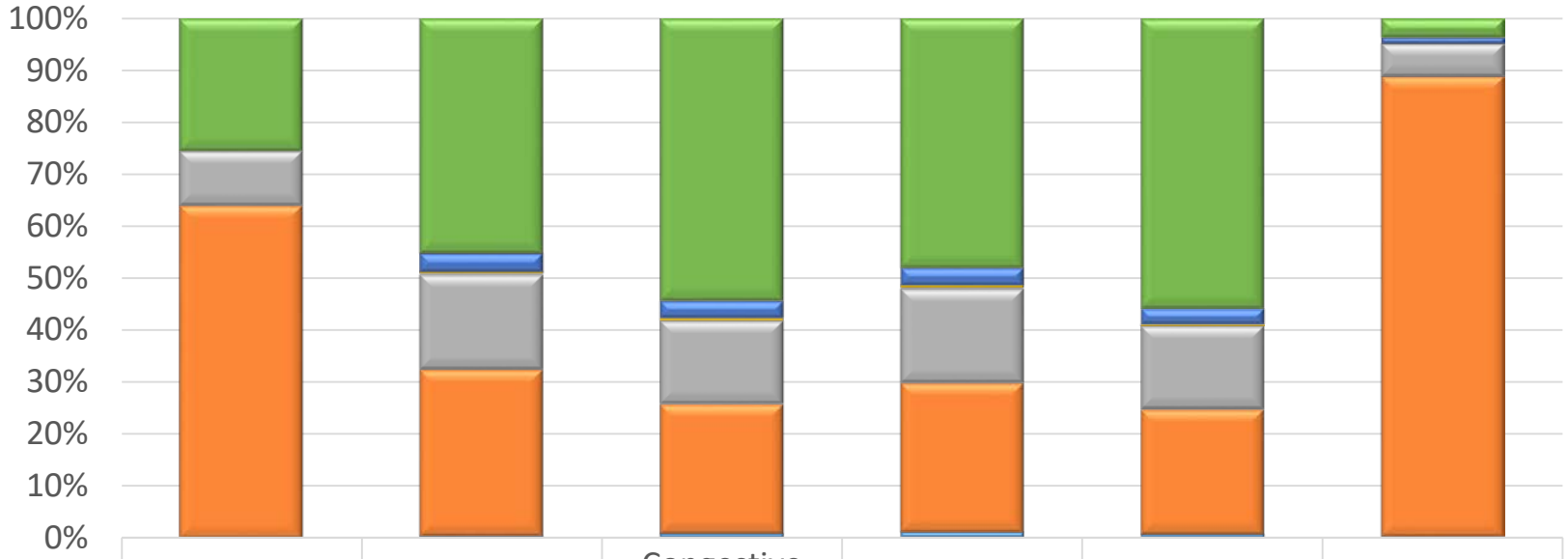
Hospitalizations by Chronic Disease- MHS Total Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	75	1,841	3,124	4,777	9,200	14
Other	5	136	191	403	519	10
Native American	-	16	17	56	49	-
Hispanic	49	947	1,248	2,558	3,738	33
Black	224	1,218	1,441	2,909	4,019	709
Asian/Pacific Island		28	70	182	201	1

Source: Broward Regional Health Planning Council, Health Data Warehouse

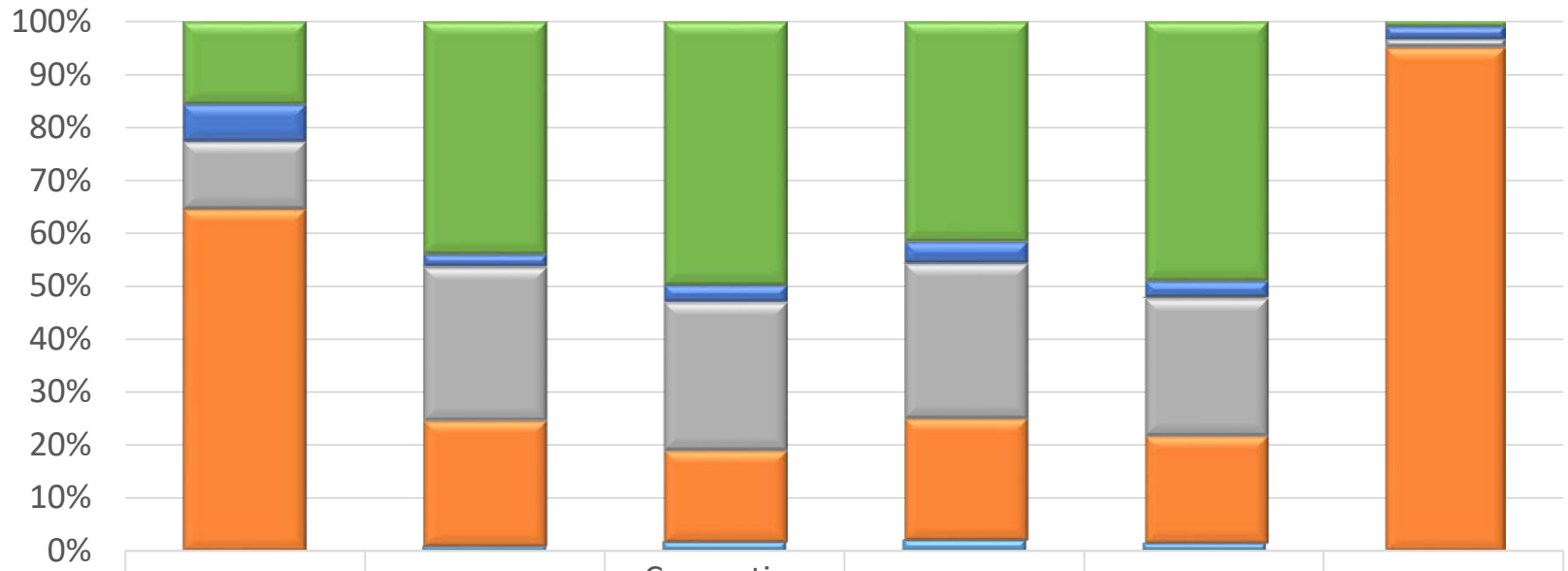
Hospitalizations by Chronic Disease- Memorial Regional Hospital Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	46	931	1,674	2,258	4,366	12
Other	-	75	101	159	232	4
Native American	-	9	14	30	21	-
Hispanic	19	380	498	858	1,266	21
Black	116	666	778	1,365	1,905	294
Asian/Pacific Island		9	25	55	54	1

Source: Broward Regional Health Planning Council, Health Data Warehouse

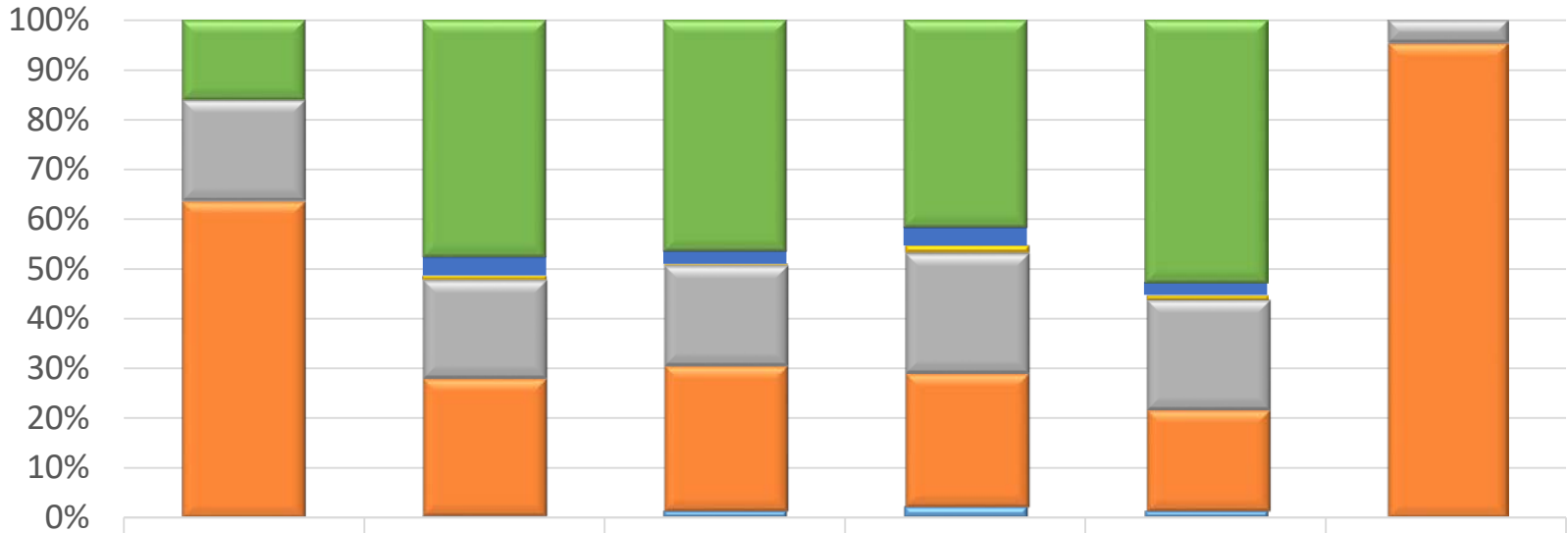
Hospitalizations by Chronic Disease- Memorial Hospital West Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	11	445	812	1,285	2,482	2
Other	5	23	52	127	159	6
Native American	-	1	-	1	6	-
Hispanic	9	295	459	910	1,318	4
Black	46	244	288	725	1,048	234
Asian/Pacific Island	-	9	28	63	73	-

Source: Broward Regional Health Planning Council, Health Data Warehouse

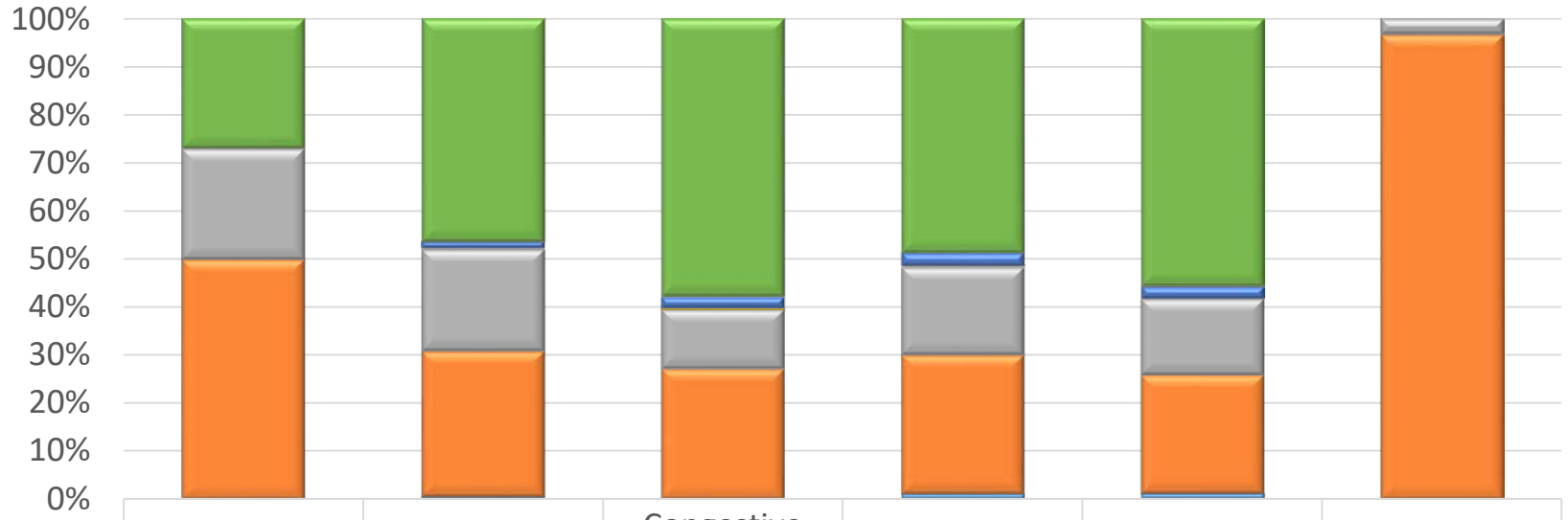
Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	11	279	355	673	1,324	-
Other	-	23	21	62	65	-
Native American	-	5	2	24	22	-
Hispanic	14	116	154	391	555	4
Black	44	164	226	439	517	85
Asian/Pacific Island		2	10	35	33	

Source: Broward Regional Health Planning Council, Health Data Warehouse

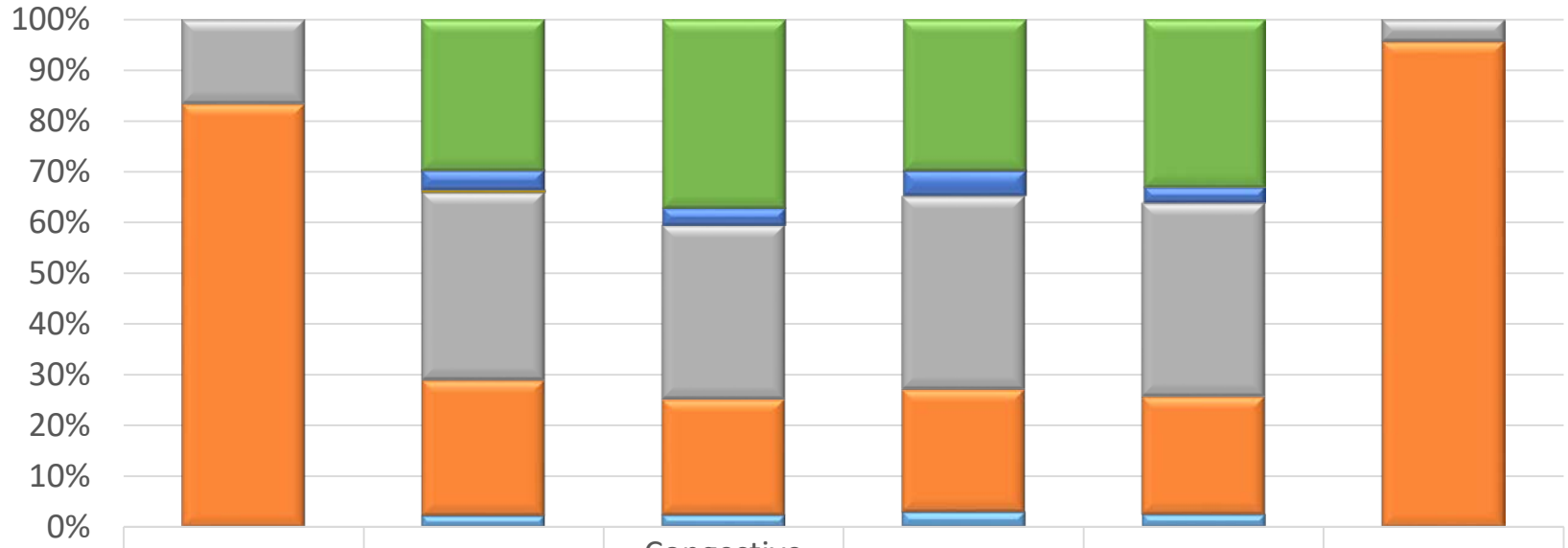
Hospitalizations by Chronic Disease- Memorial Hospital South Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	7	96	176	353	678	0
Other	0	3	7	20	30	0
Native American	0	0	1	1	0	0
Hispanic	6	44	38	133	195	1
Black	13	63	83	211	302	30
Asian/Pacific Island	0	1	0	8	14	0

Source: Broward Regional Health Planning Council, Health Data Warehouse

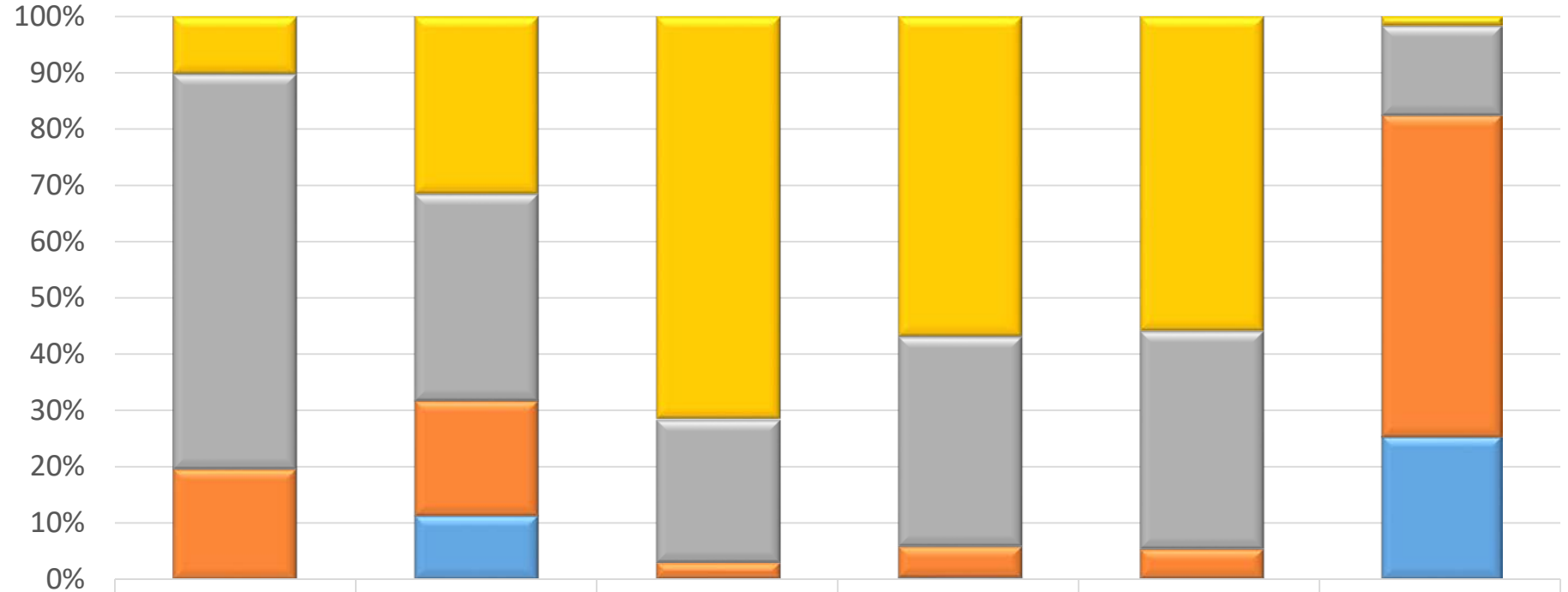
Hospitalizations by Chronic Disease- Memorial Hospital Miramar Cases by Race, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
White	0	90	107	208	350	0
Other	0	12	10	35	33	0
Native American	0	1	0	0	0	0
Hispanic	1	112	99	266	404	3
Black	5	81	66	169	247	66
Asian/Pacific Island	0	7	7	21	27	

Source: Broward Regional Health Planning Council, Health Data Warehouse

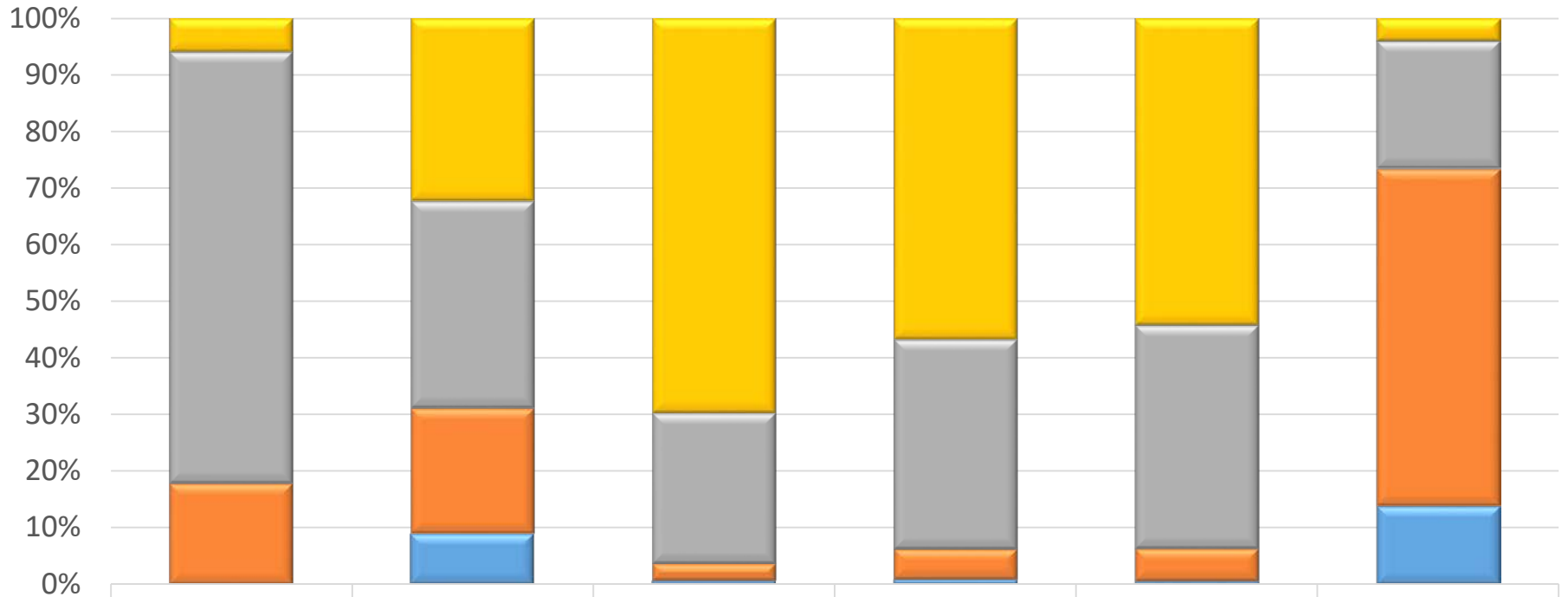
Hospitalizations by Chronic Disease- Broward Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	232	4,047	15,246	23,529	38,419	43
40 - 64	1,592	4,727	5,445	15,491	26,763	418
18 - 39	451	2,647	628	2,337	3,679	1,494
0 - 17	2	1,477	48	194	182	666

Source: Broward Regional Health Planning Council, Health Data Warehouse

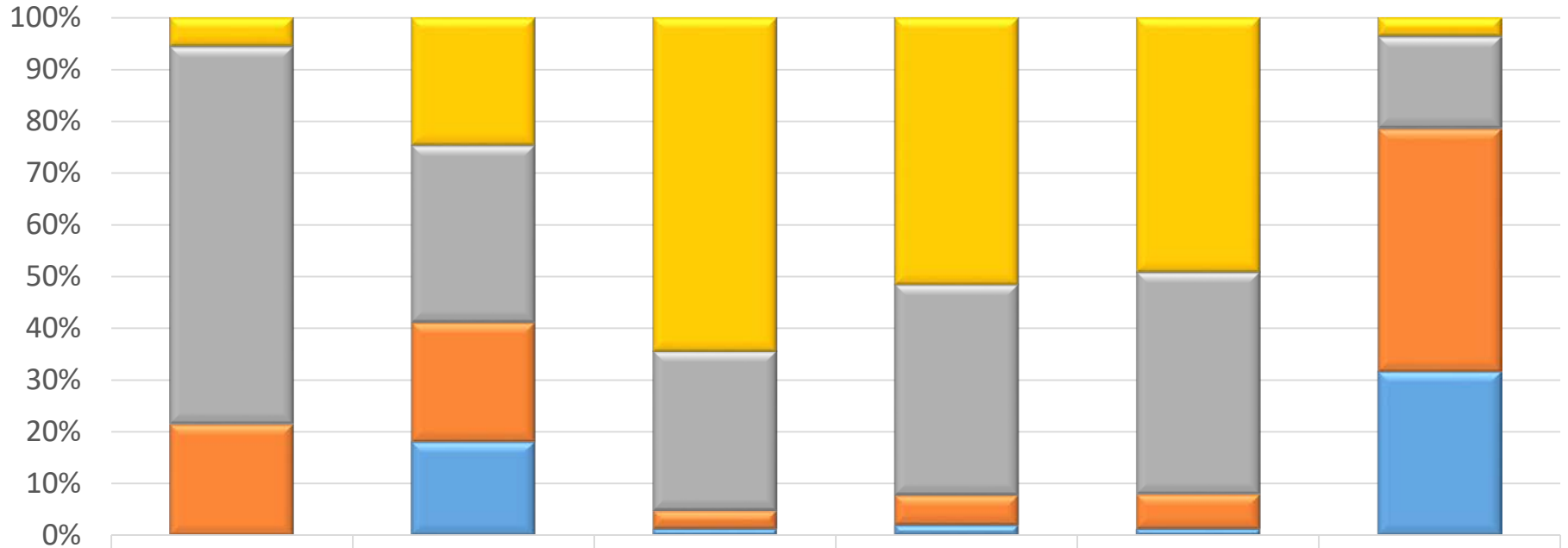
Hospitalizations by Chronic Disease- MHS Total Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	21	1,352	4,245	6,170	9,607	31
40 - 64	269	1,530	1,620	4,030	6,989	173
18 - 39	63	929	185	587	1,027	457
0 - 17	-	375	41	98	103	106

Source: Broward Regional Health Planning Council, Health Data Warehouse

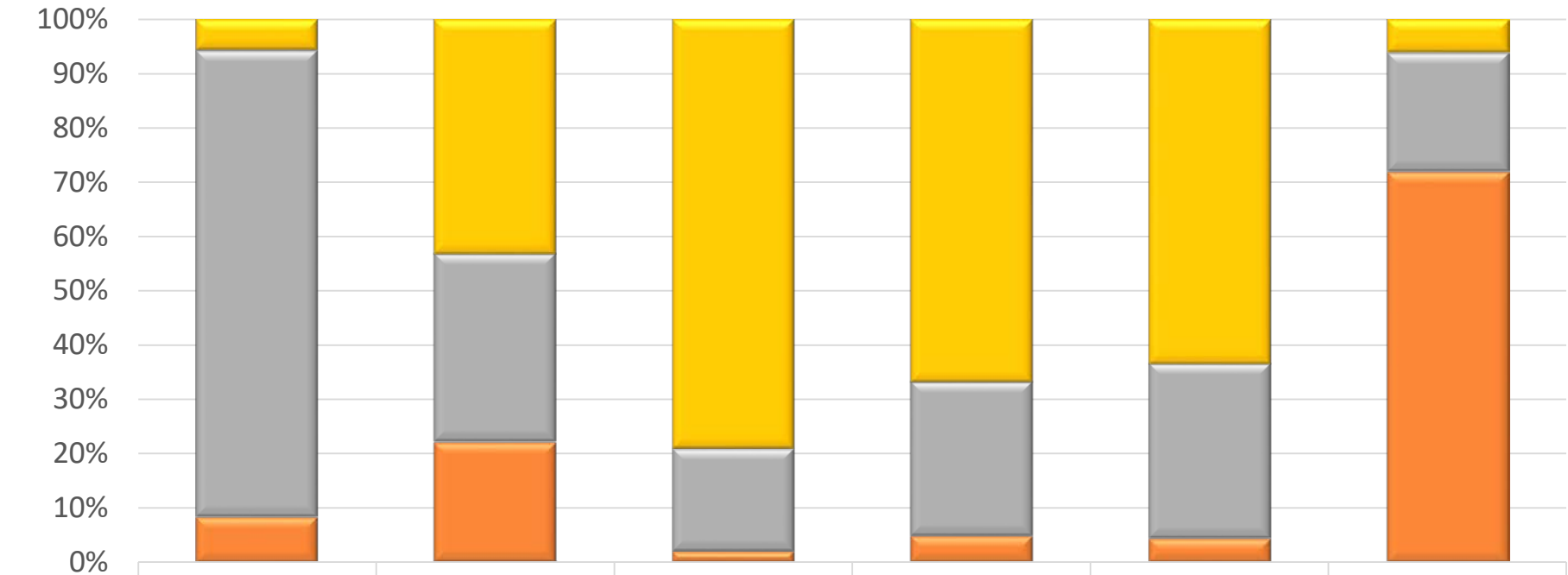
Hospitalizations by Chronic Disease- Memorial Regional Hospital Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	10	509	1,988	2,431	3,848	12
40 - 64	132	709	951	1,923	3,366	59
18 - 39	39	478	110	273	527	156
0 - 17	-	374	41	98	103	105

Source: Broward Regional Health Planning Council, Health Data Warehouse

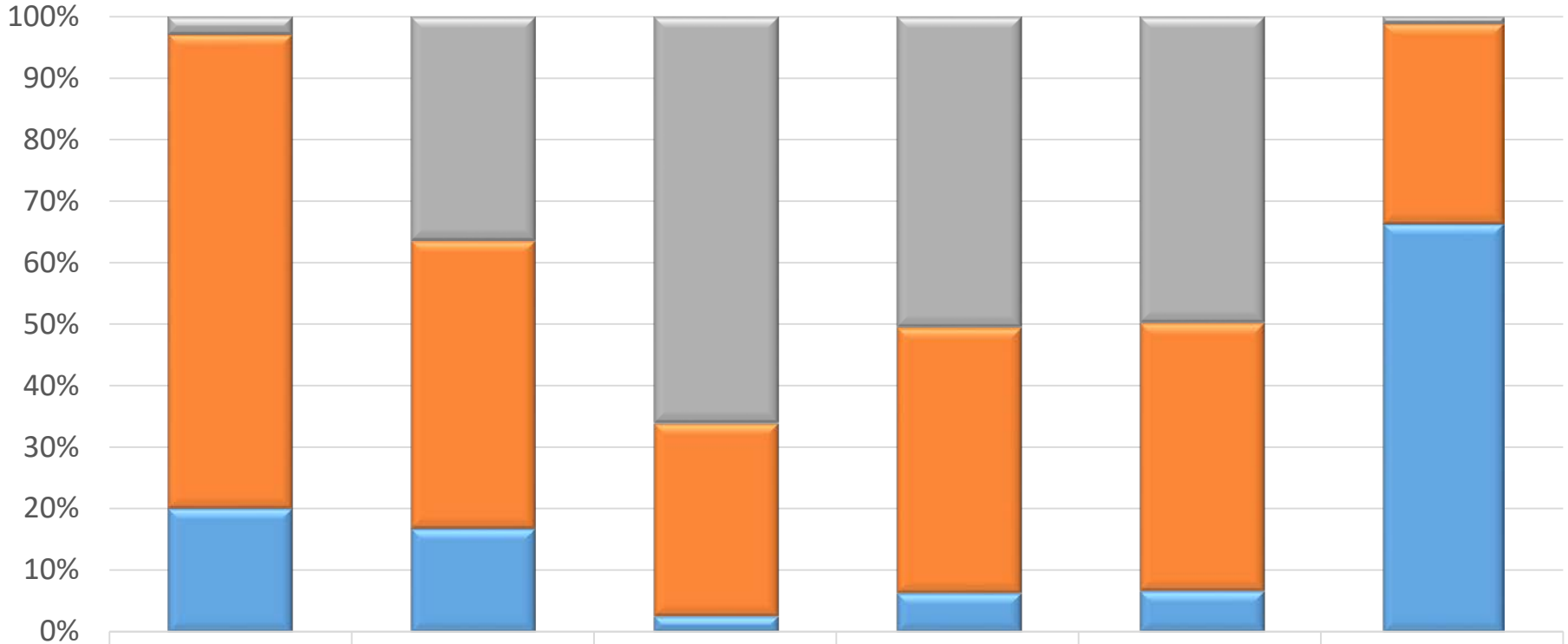
Hospitalizations by Chronic Disease- Memorial Hospital West Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	4	438	1,294	2,071	3,217	15
40 - 64	61	352	311	886	1,641	54
18 - 39	6	226	34	154	228	177
0 - 17	-	1	-	-	-	-

Source: Broward Regional Health Planning Council, Health Data Warehouse

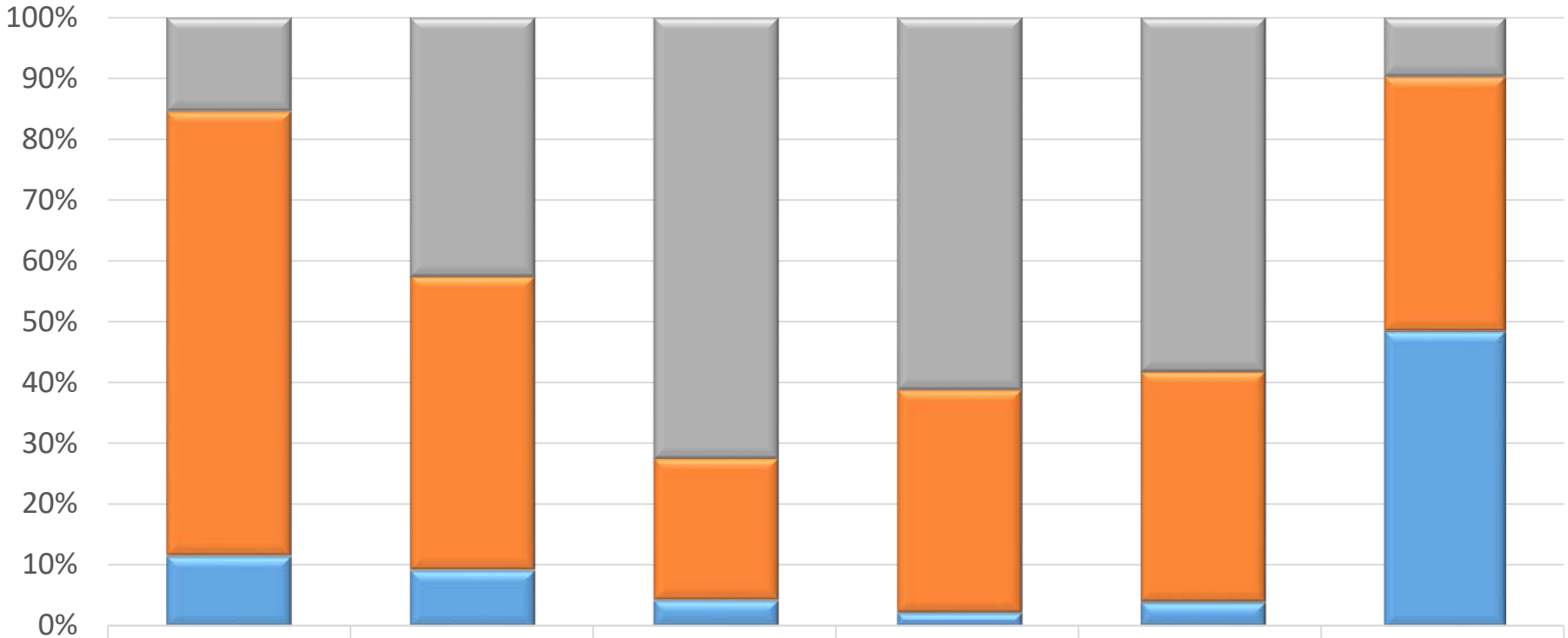
Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	2	214	506	818	1,250	1
40 - 64	53	275	242	702	1,096	29
18 - 39	14	100	20	104	170	59

Source: Broward Regional Health Planning Council, Health Data Warehouse

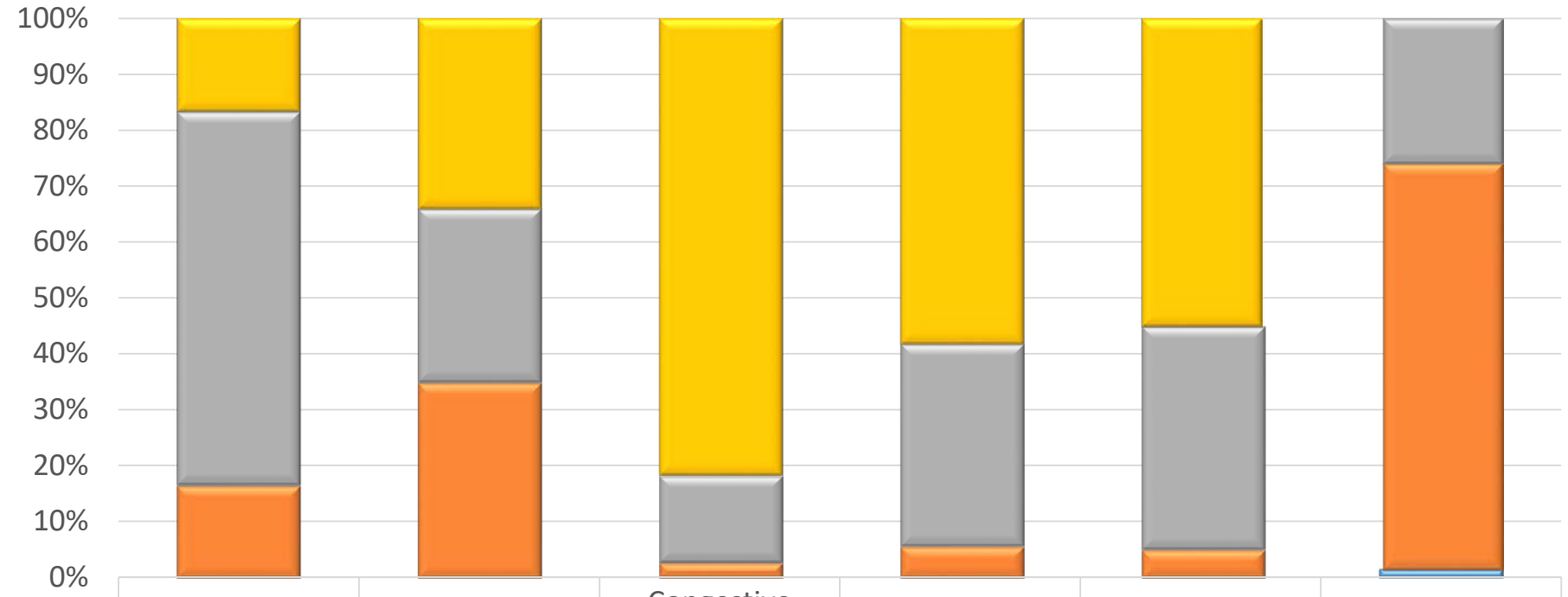
Hospitalizations by Chronic Disease- Memorial Hospital South Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	4	88	221	444	709	3
40 - 64	19	100	71	266	462	13
18 - 39	3	19	13	16	48	15

Source: Broward Regional Health Planning Council, Health Data Warehouse

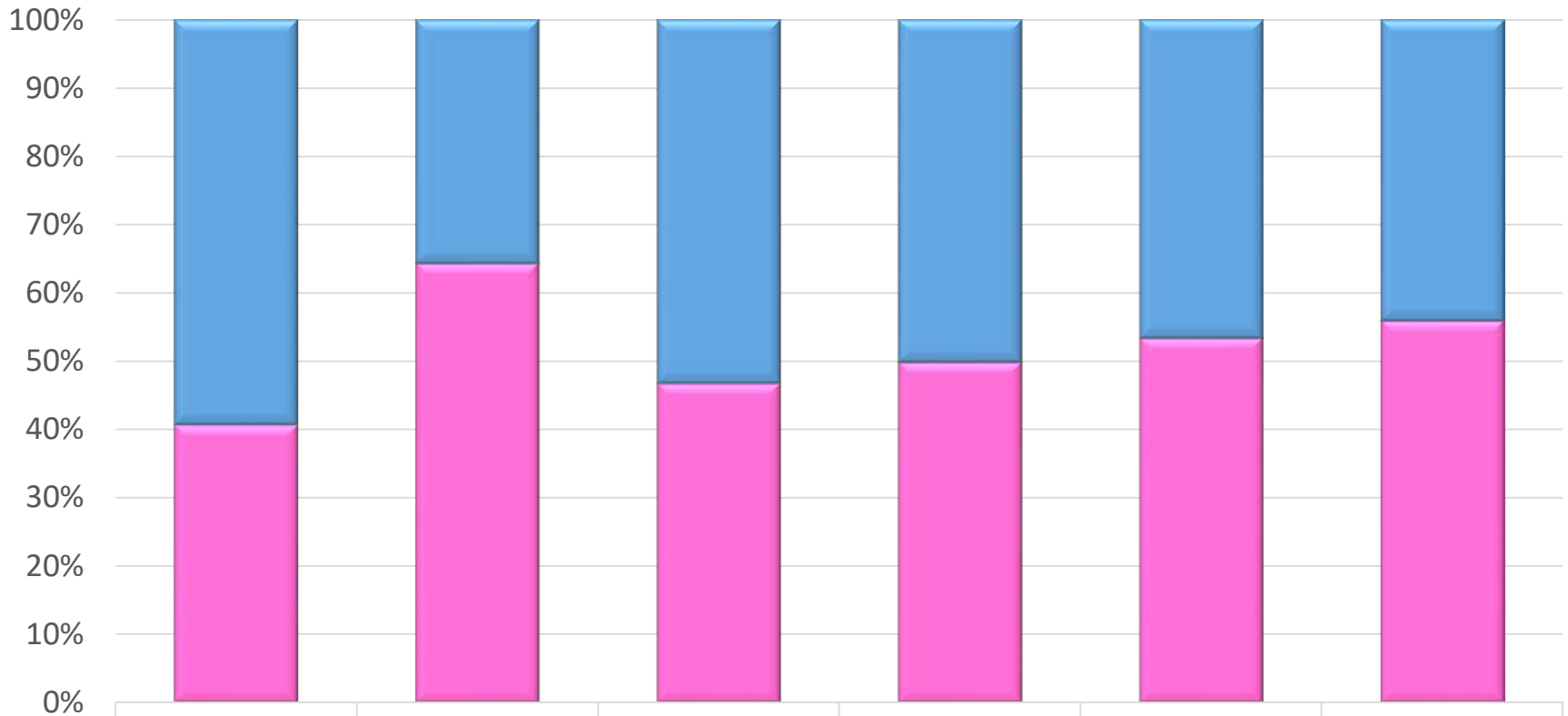
Hospitalizations by Chronic Disease- Memorial Hospital Miramar Cases by Age, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	1	103	236	406	583	0
40 - 64	4	94	45	253	424	18
18 - 39	1	106	8	40	54	50
0 - 17	0	0	0	0	0	1

Source: Broward Regional Health Planning Council, Health Data Warehouse

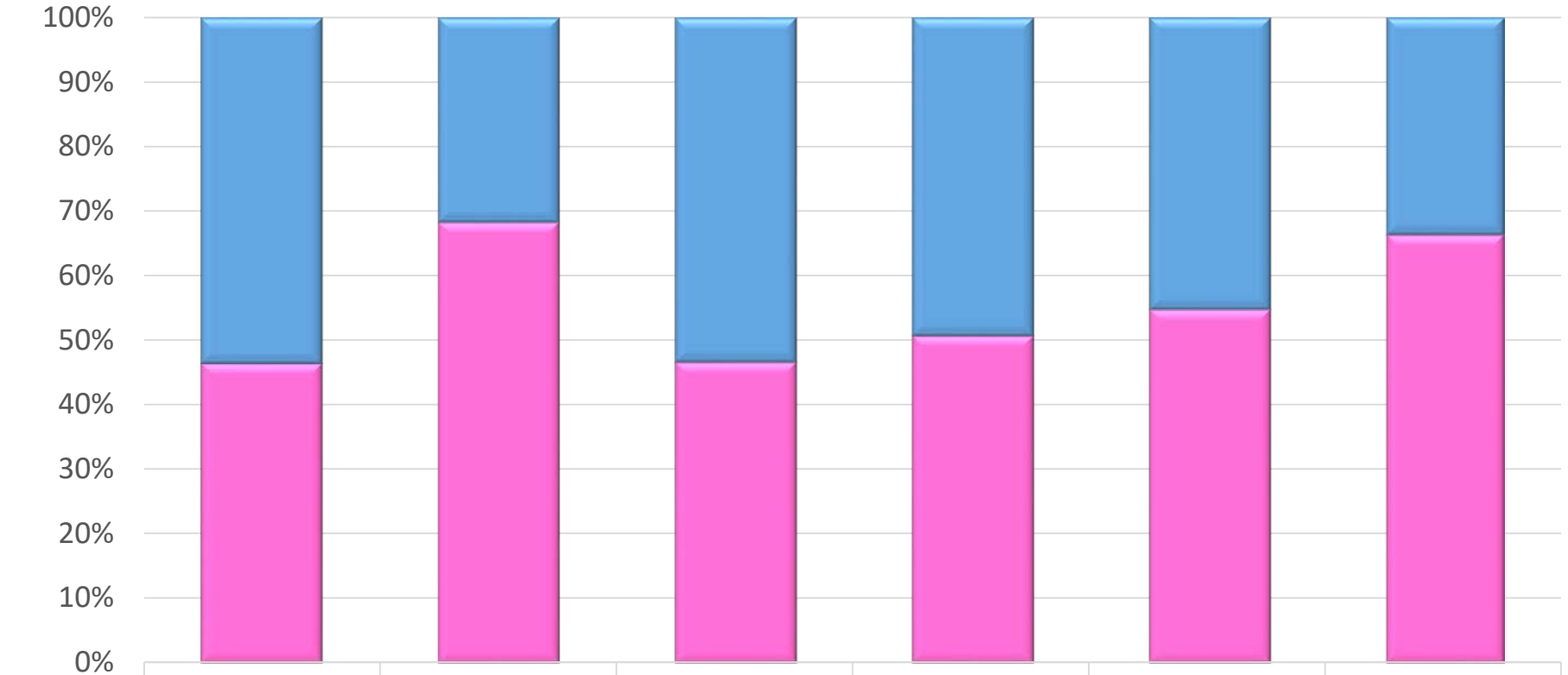
Hospitalizations by Chronic Disease- Broward Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	1,348	4,590	11,361	20,803	32,107	1,152
Female	929	8,308	10,006	20,748	36,936	1,469

Source: Broward Regional Health Planning Council, Health Data Warehouse

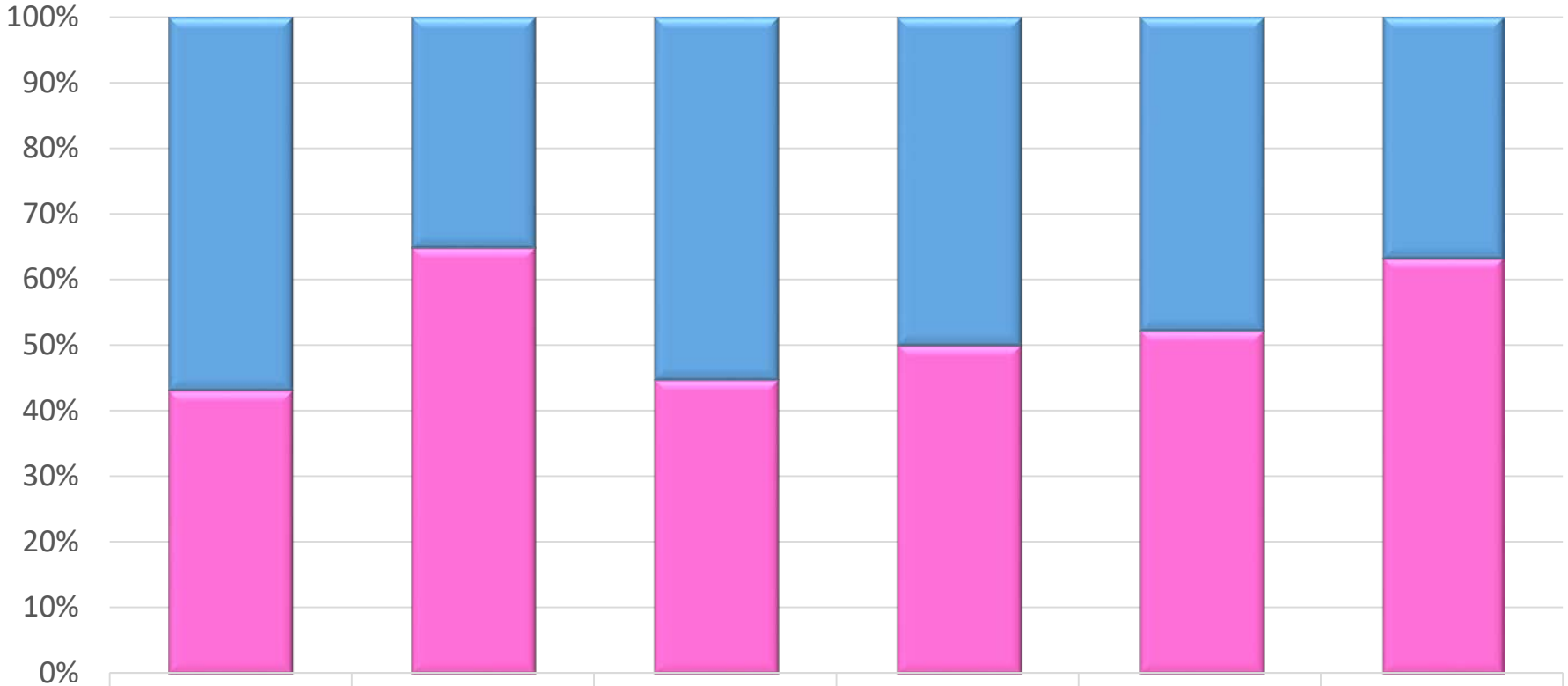
Hospitalizations by Chronic Disease- MHS Total Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	189	1,326	3,249	5,361	8,009	258
Female	164	2,860	2,842	5,524	9,717	509

Source: Broward Regional Health Planning Council, Health Data Warehouse

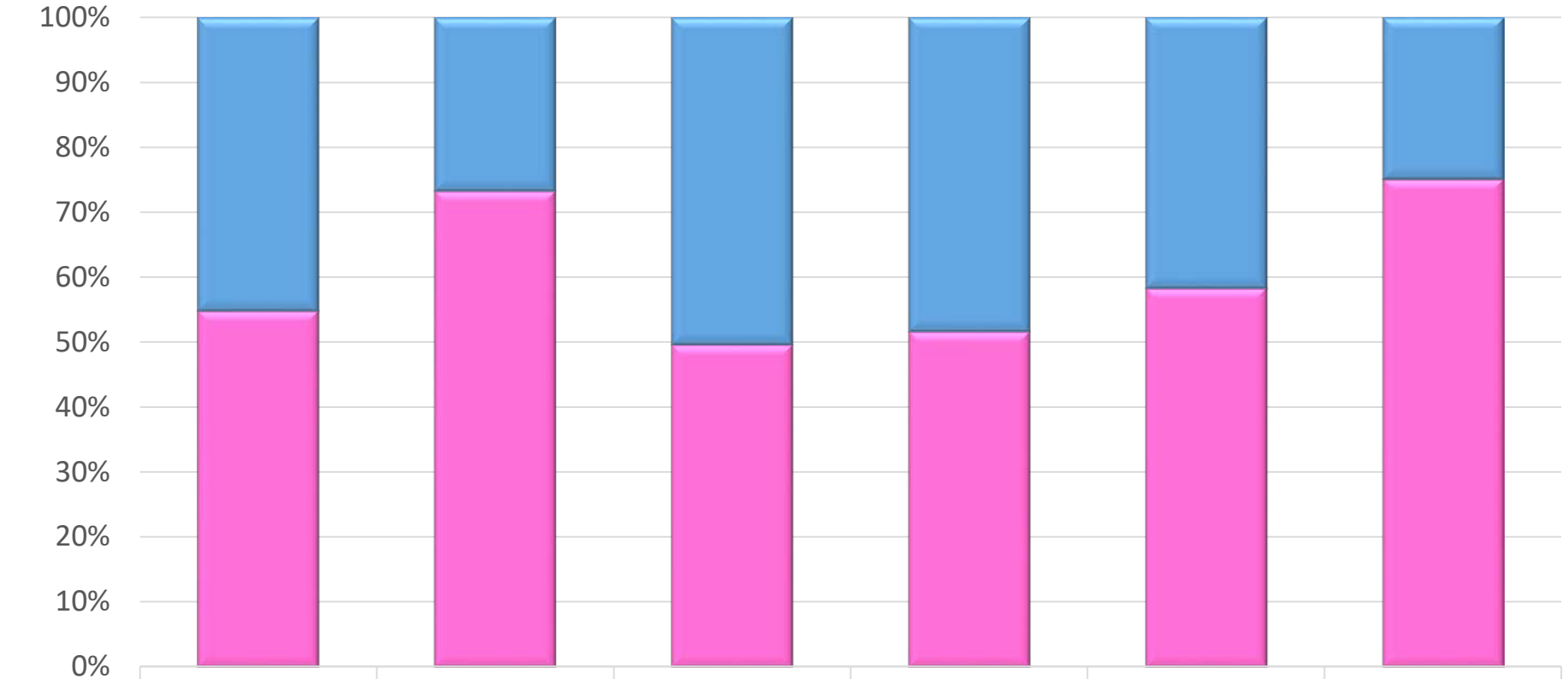
Hospitalizations by Chronic Disease- Memorial Regional Hospital Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	103	727	1,708	2,362	3,745	122
Female	78	1,343	1,382	2,363	4,099	210

Source: Broward Regional Health Planning Council, Health Data Warehouse

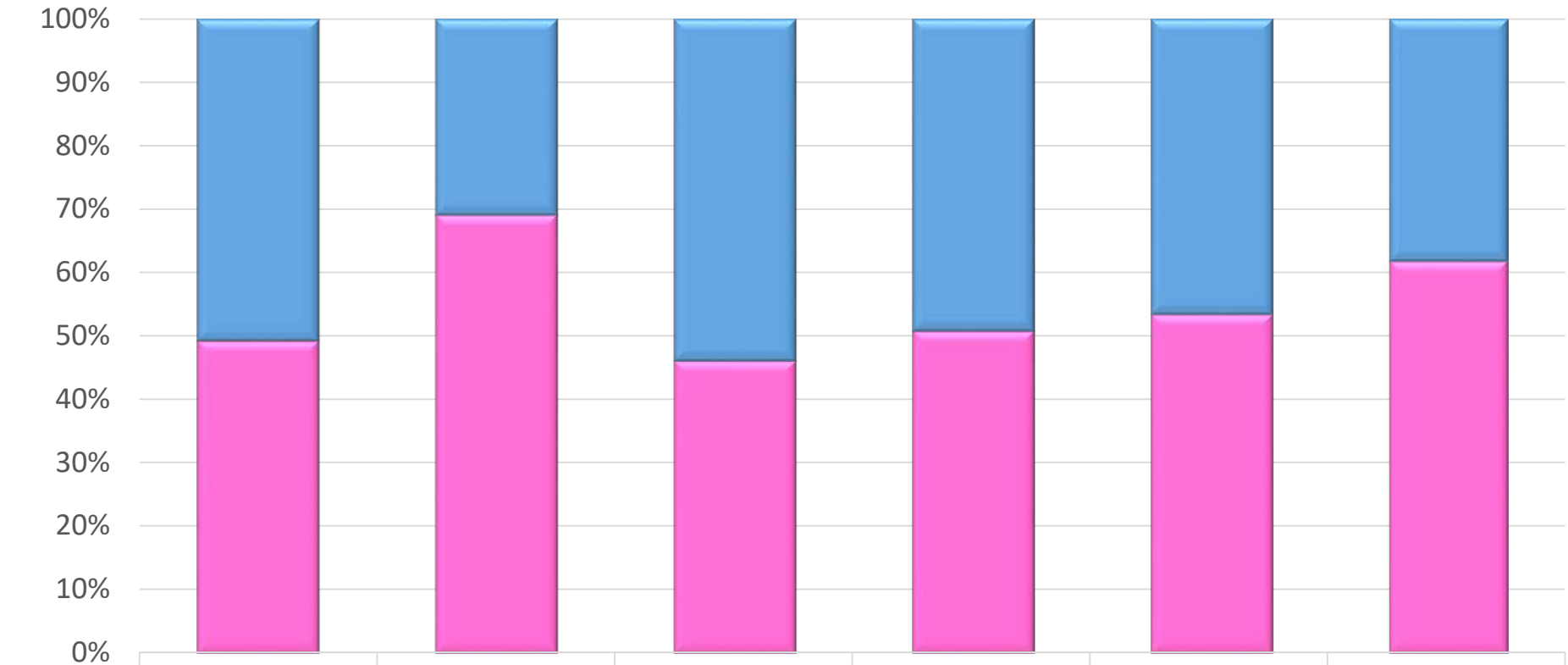
Hospitalizations by Chronic Disease- Memorial Hospital West Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	32	271	824	1,501	2,113	61
Female	39	746	815	1,610	2,973	185

Source: Broward Regional Health Planning Council, Health Data Warehouse

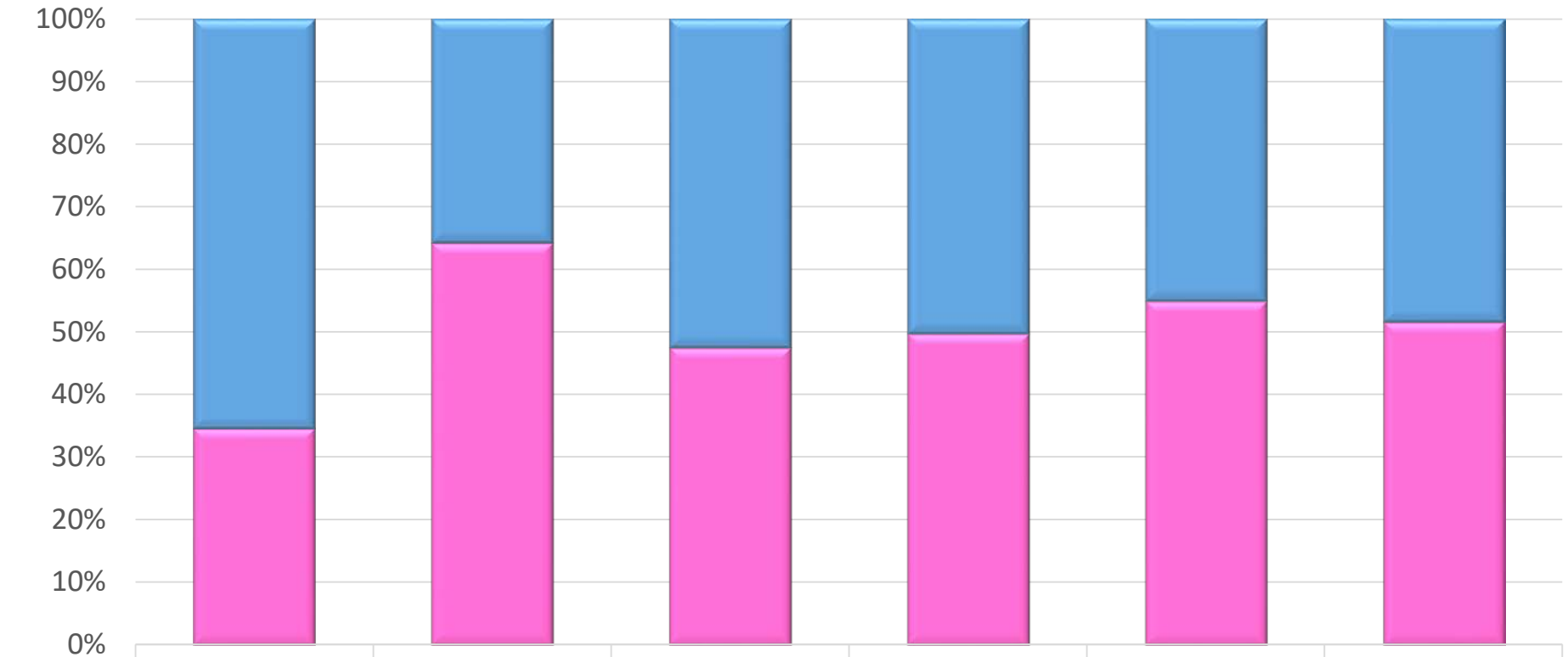
Hospitalizations by Chronic Disease- Memorial Hospital Pembroke Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	35	182	414	799	1,172	34
Female	34	407	354	825	1,344	55

Source: Broward Regional Health Planning Council, Health Data Warehouse

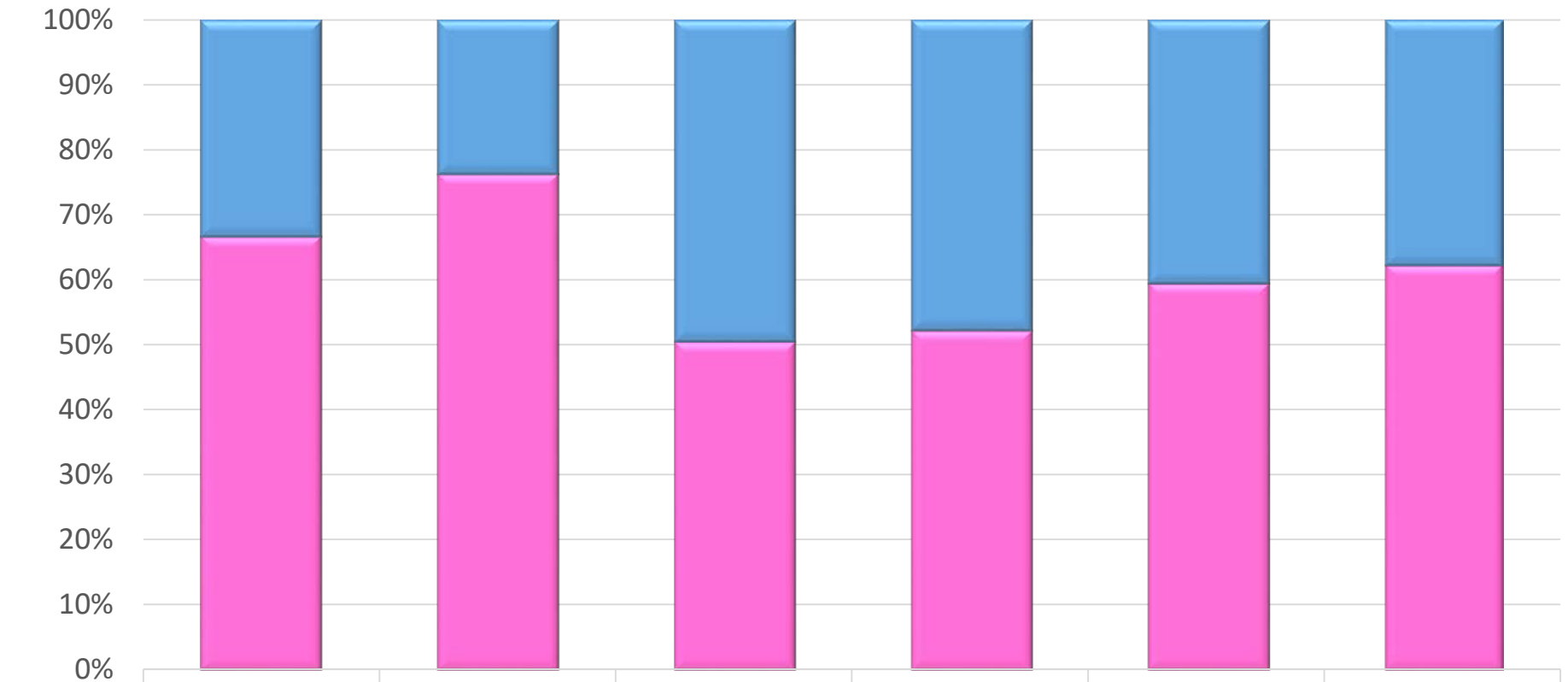
Hospitalizations by Chronic Disease- Memorial Hospital South Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	17	74	160	365	549	15
Female	9	133	145	361	670	16

Source: Broward Regional Health Planning Council, Health Data Warehouse

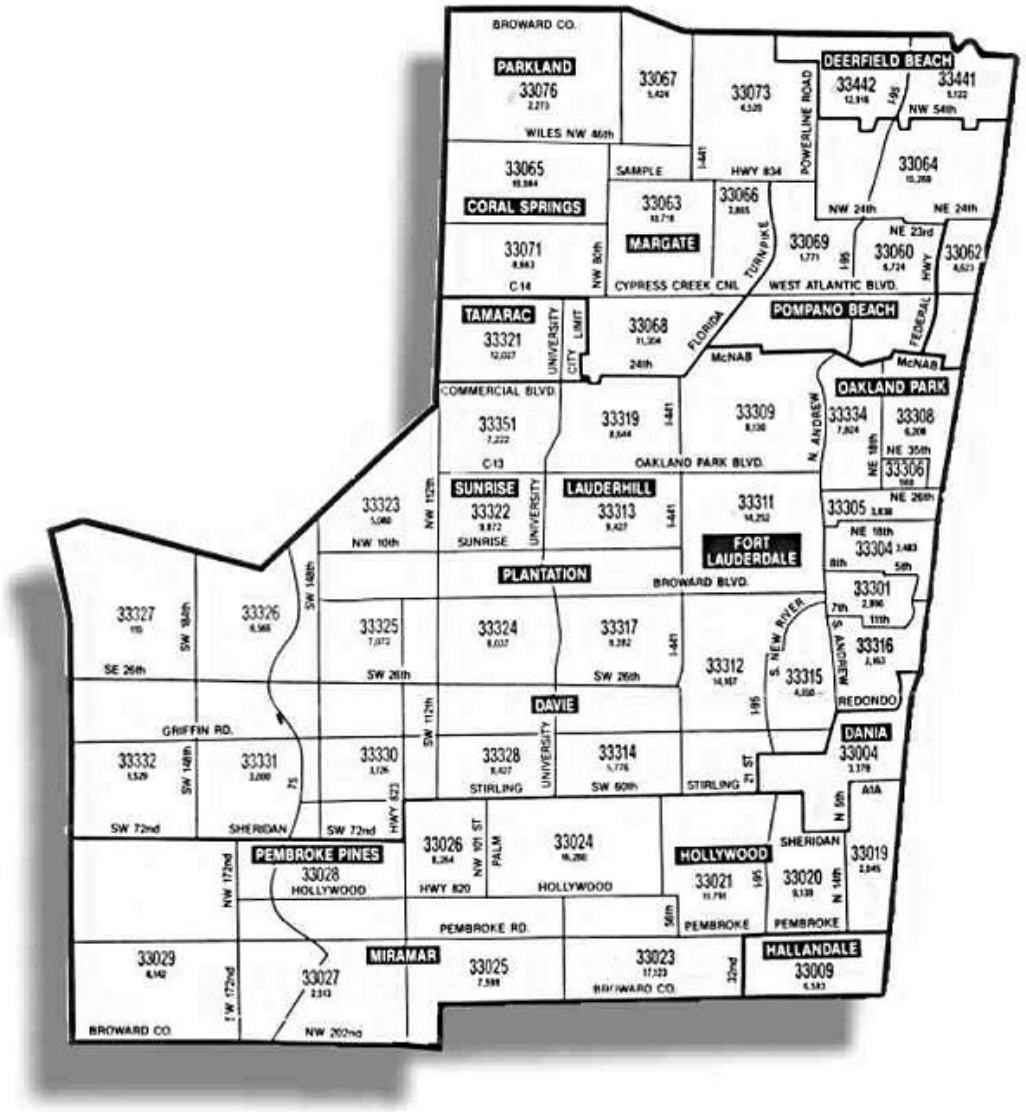
Hospitalizations by Chronic Disease- Memorial Hospital Miramar Cases by Gender, 2016



	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Male	2	72	143	334	430	26
Female	4	231	146	365	631	43

Source: Broward Regional Health Planning Council, Health Data Warehouse

Broward County Zip Code Map



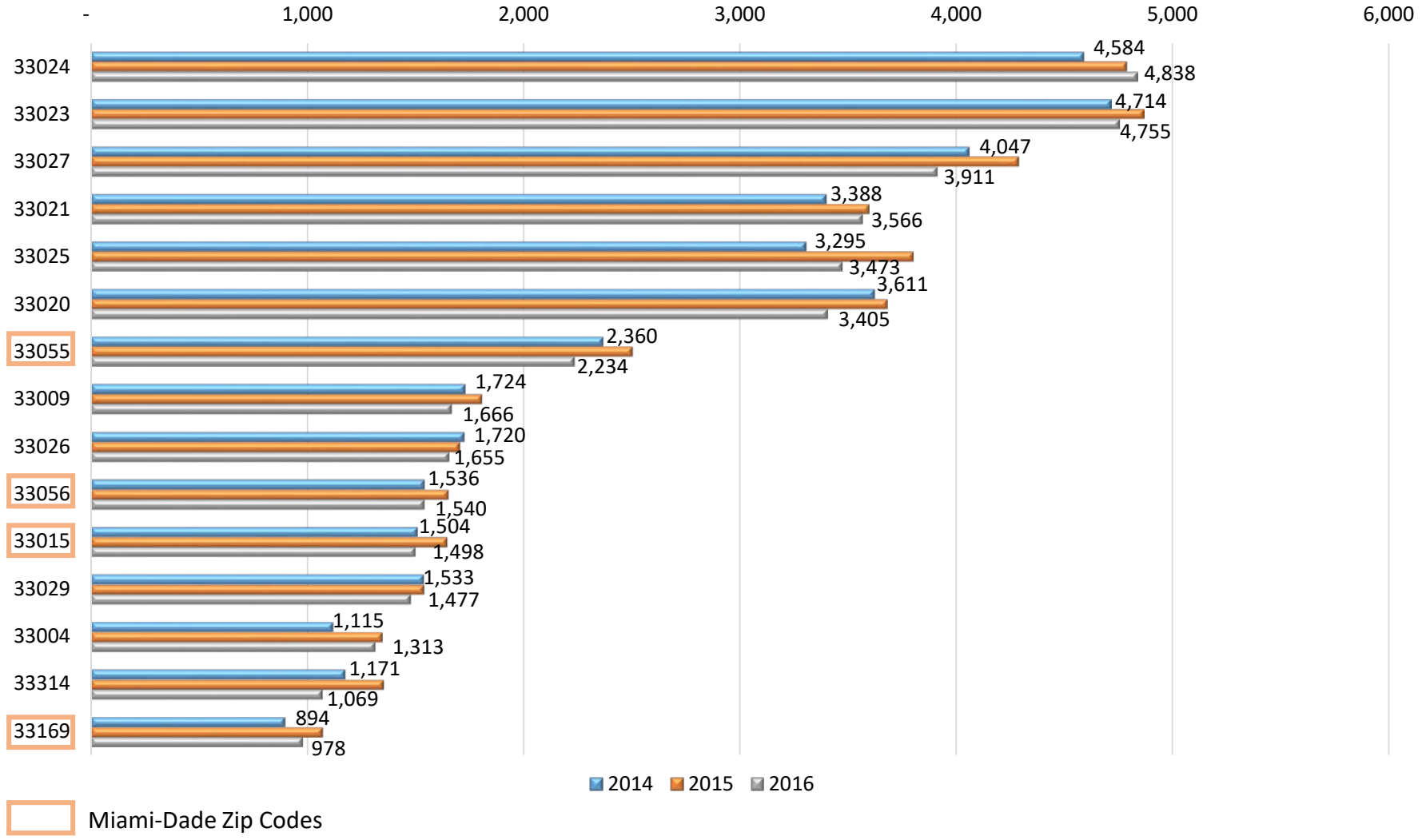
MHS- Primary & Secondary Service Area Zip Codes

Primary Service Area Zip Codes		
33024	33023	33025
33027	33021	33020
33055	33009	33029
33026	33015	33056
33004	33314	33169
33028	33312	33328
33324	33018	33325
33054	33179	33019
33012	33014	33160

Secondary Service Area Zip Codes		
33311	33326	33331
33016	33162	33322
33330	33147	33317
33313	33180	33161
33351	33168	33323
33319	33167	33321
33013	33327	33332
33142	33068	33010
33150	33309	33178
33065		

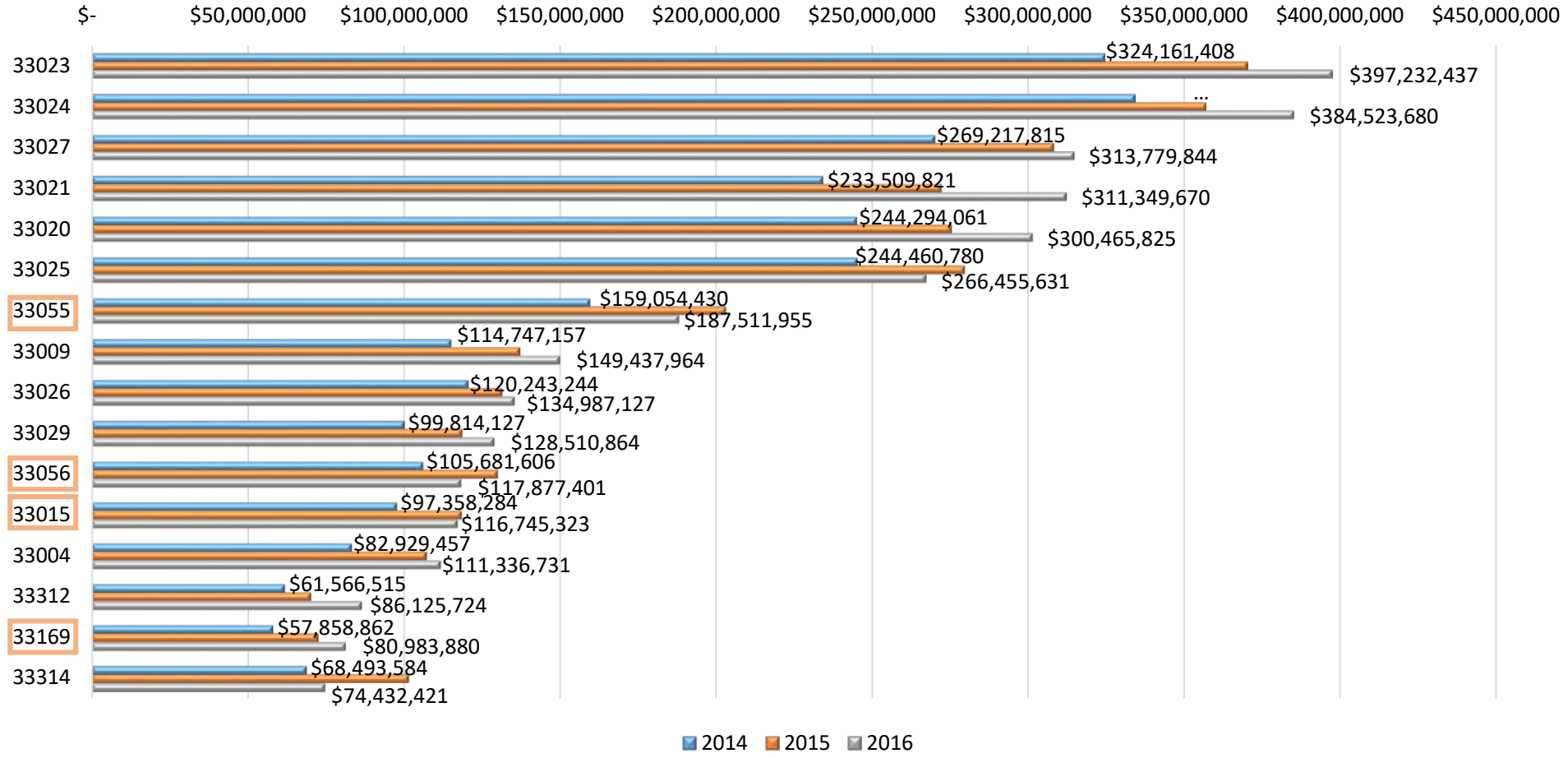
Miami-Dade Zip Codes

Chronic Disease Hospitalizations MHS PSA Cases, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

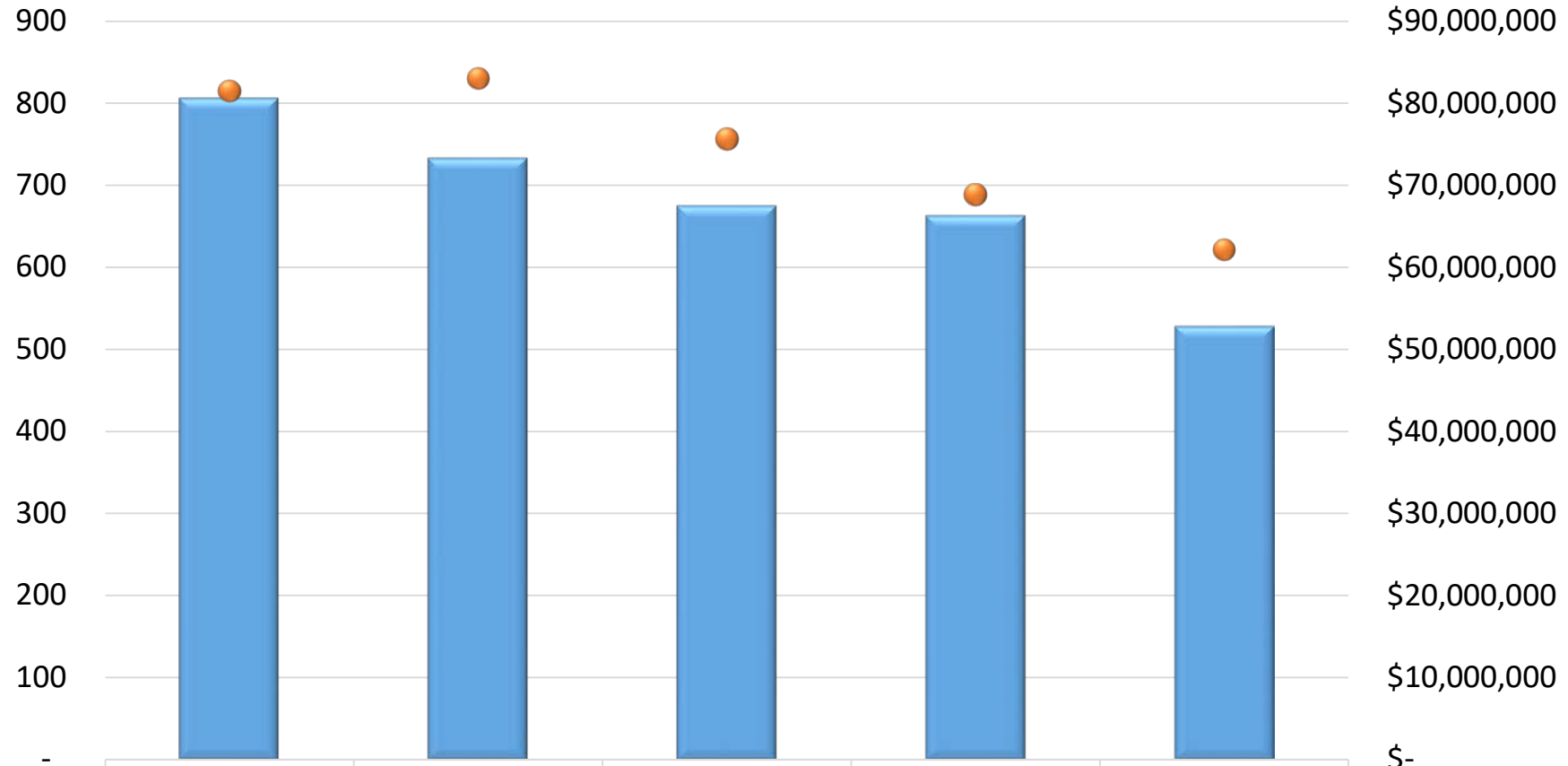
Chronic Disease Hospitalizations MHS PSA Charges, 2014-2016



Miami-Dade Zip Codes

Source: Broward Regional Health Planning Council, Health Data Warehouse

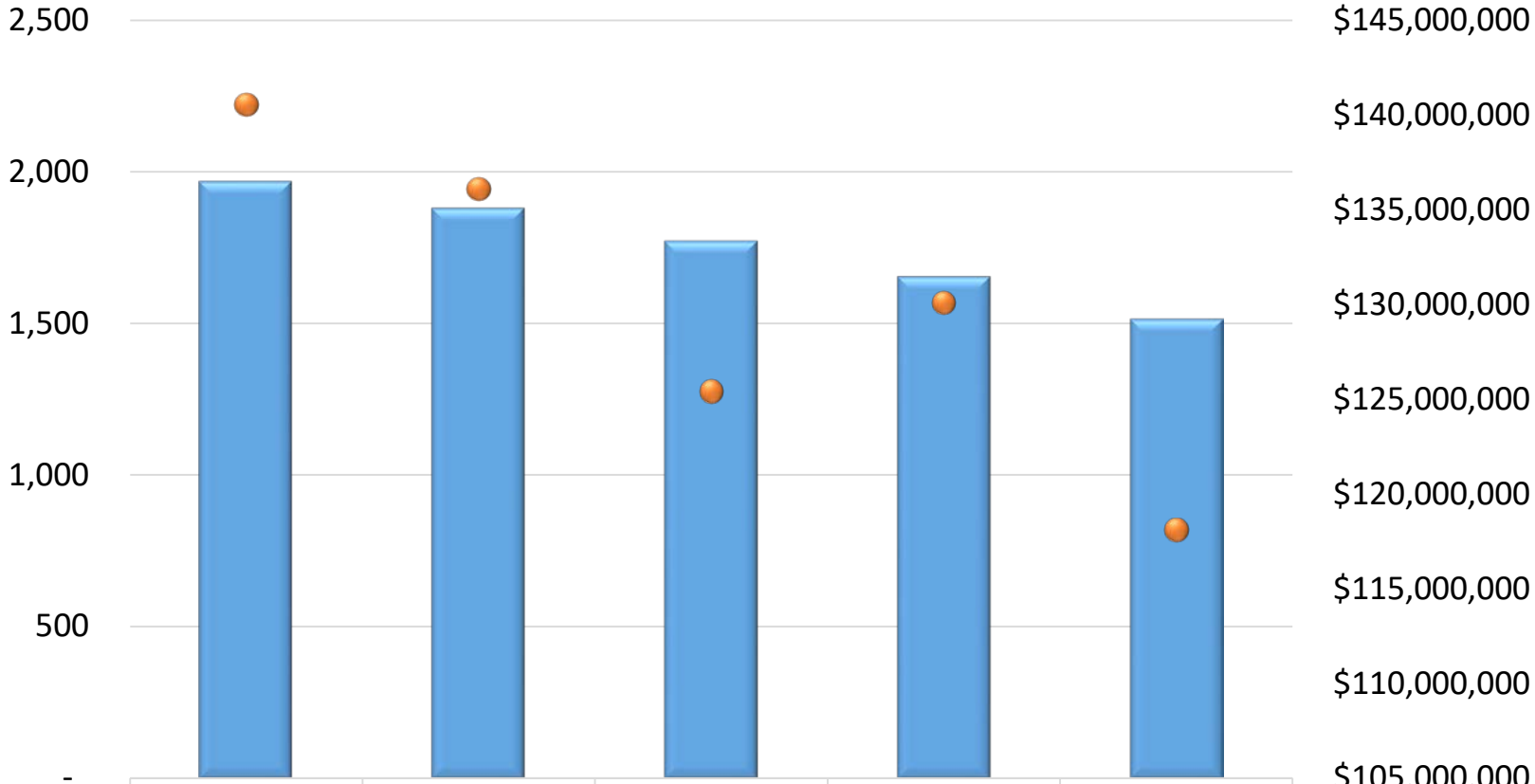
Congestive Heart Failure Hospitalizations- MHS Top 5 PSA Zip Codes Cases and Charges, 2016



	33024	33023	33021	33027	33020
CHF Cases	806	733	675	663	528
CHF Charges	$81,529,217	$83,060,757	$75,642,421	$68,865,135	$62,172,225

Source: Broward Regional Health Planning Council, Health Data Warehouse

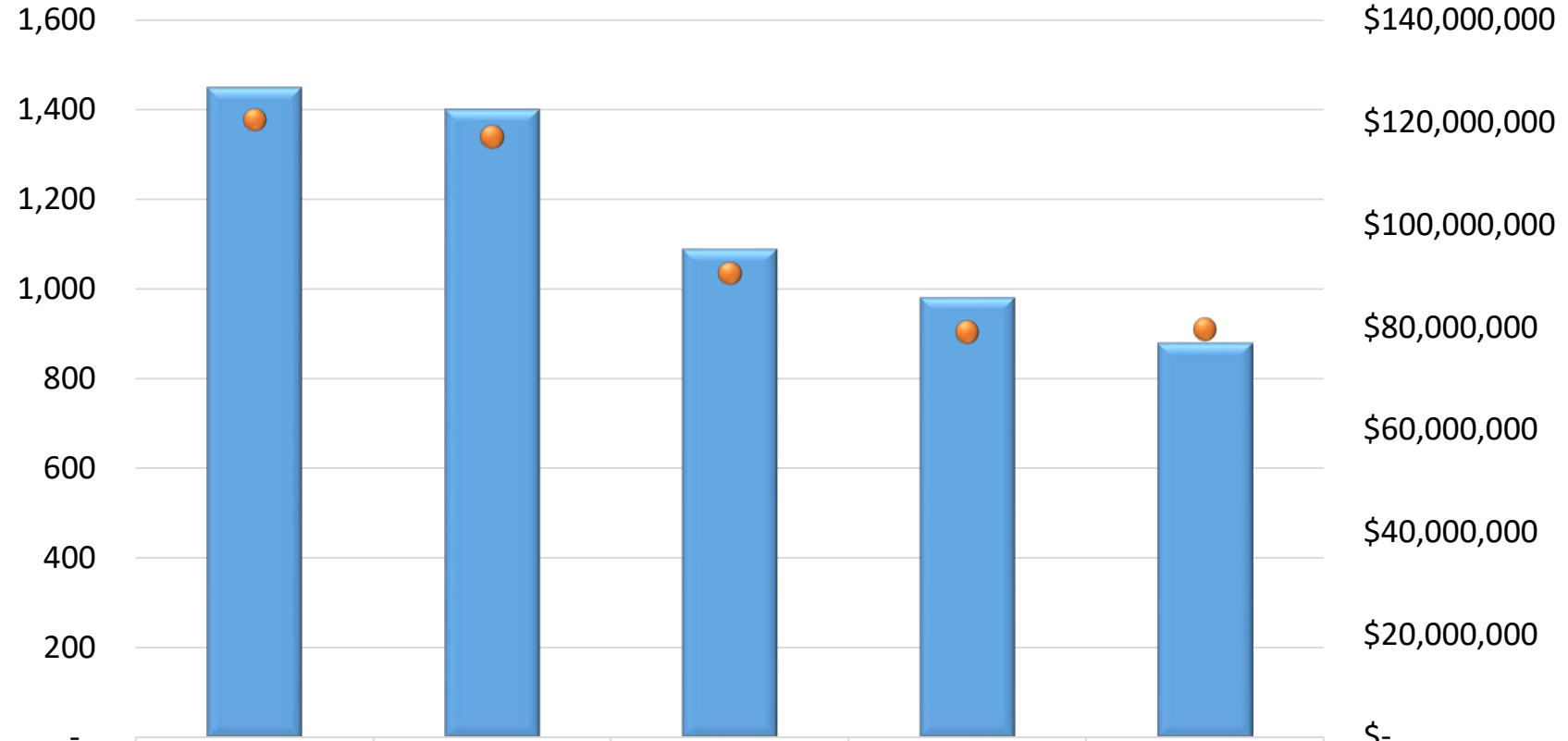
Hypertension Hospitalizations- MHS Top 5 PSA Zip Codes Cases and Charges, 2016



	33024	33023	33027	33021	33020
Hypertension Cases	1,969	1,881	1,773	1,656	1,516
Hypertension Charges	$140,537,569	$136,092,452	$125,409,772	$130,086,644	$118,092,167

Source: Broward Regional Health Planning Council, Health Data Warehouse

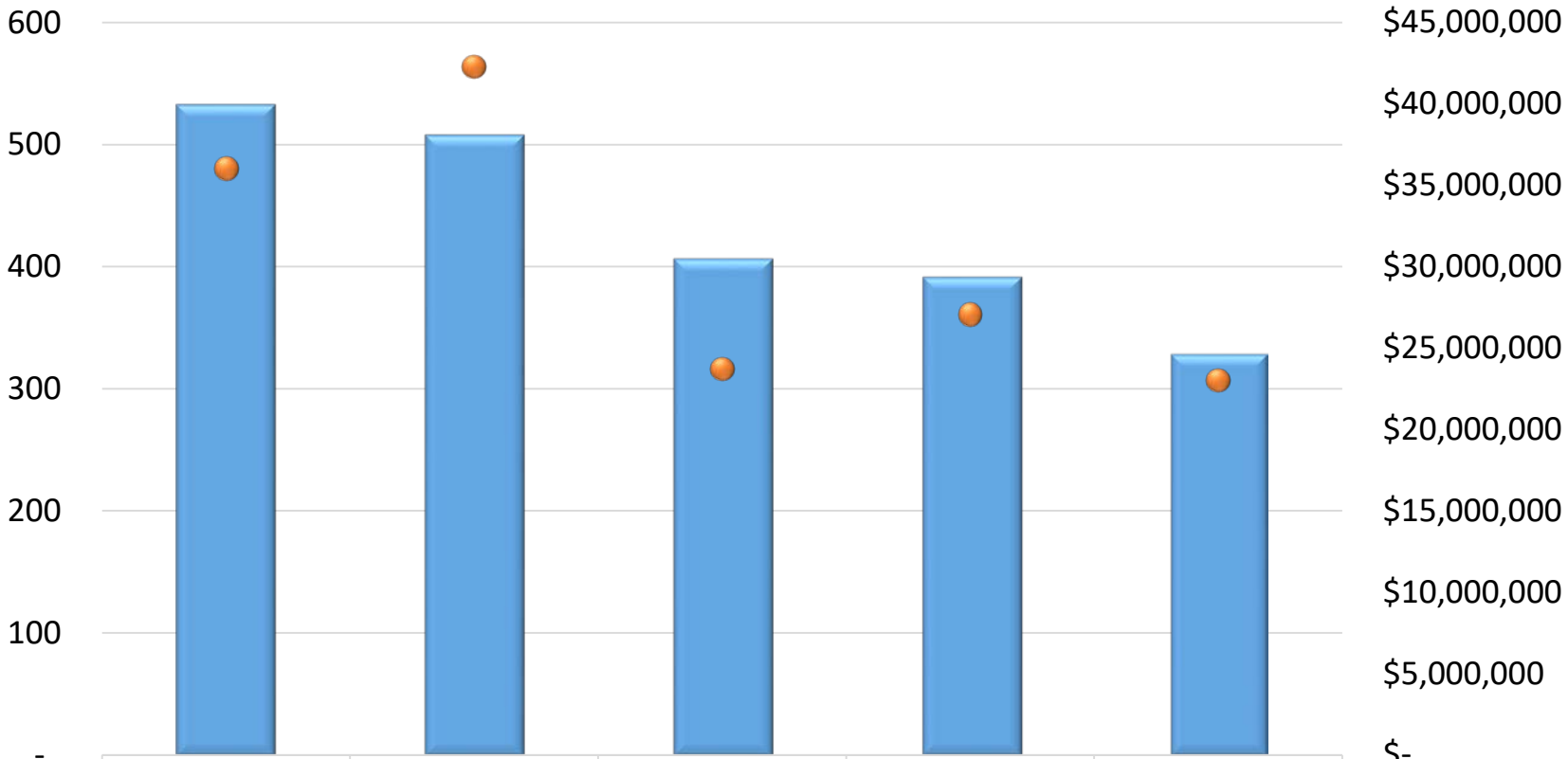
Diabetes Hospitalizations-
Top 5 PSA Zip Codes Cases and Charges, 2016



	33024	33023	33027	33025	33021
Diabetes Cases	1,449	1,400	1,090	982	881
Diabetes Charges	$120,534,068	$117,221,427	$90,579,702	$79,092,866	$79,679,961

Source: Broward Regional Health Planning Council, Health Data Warehouse

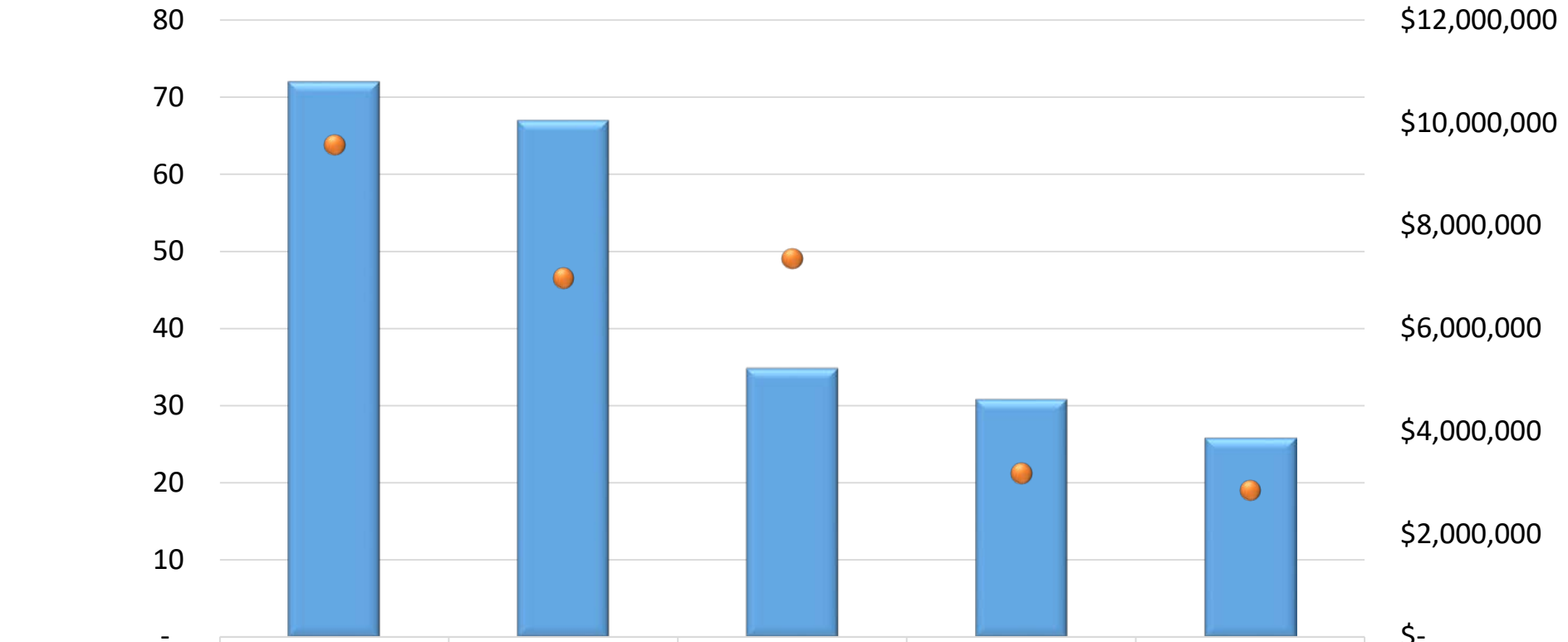
Asthma Hospitalizations-
Top 5 PSA Zip Codes Cases and Charges, 2016



	33024	33023	33025	33020	33027
Asthma Cases	533	508	407	392	329
Asthma Charges	$36,037,518	$42,304,038	$23,711,092	$27,071,766	$23,022,081

Source: Broward Regional Health Planning Council, Health Data Warehouse

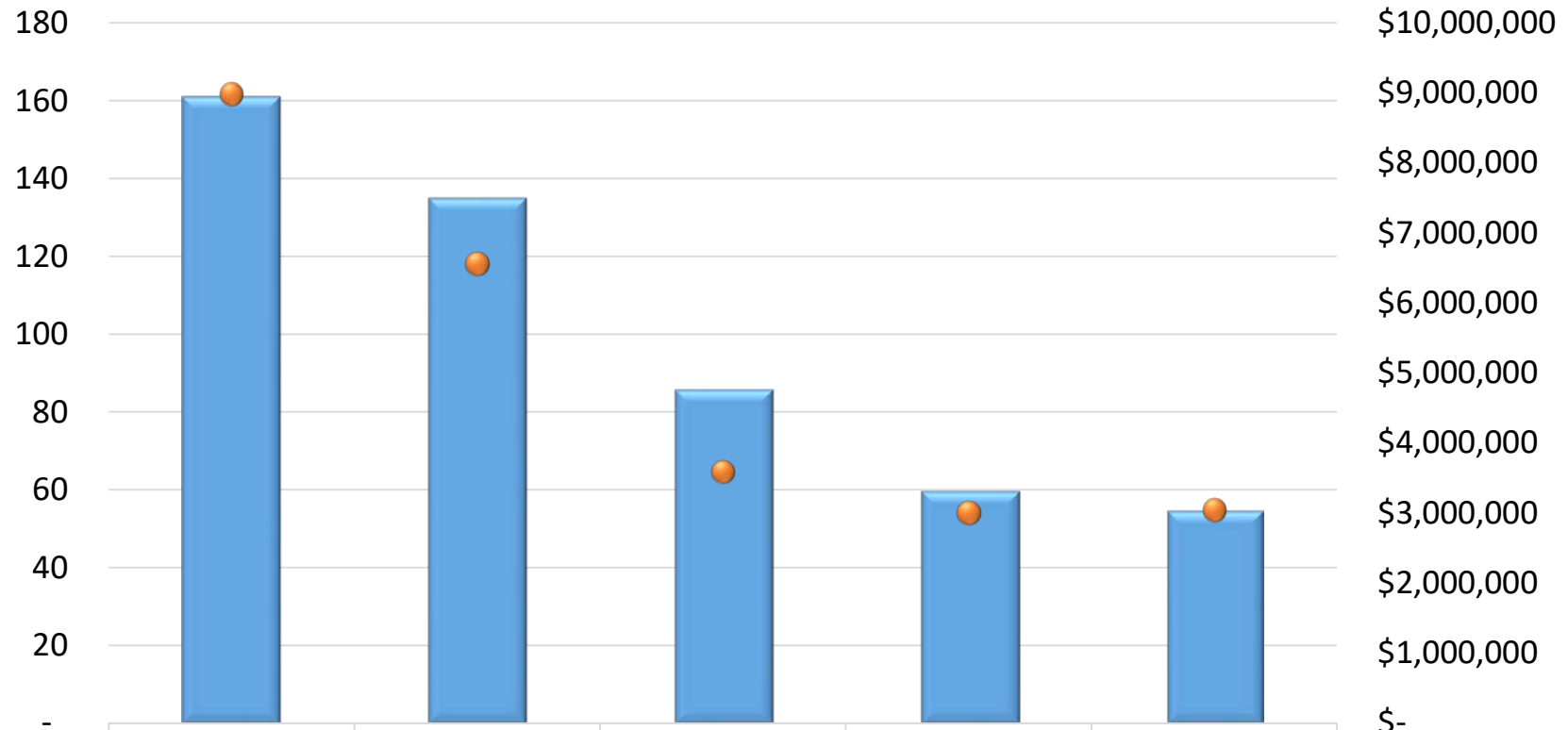
AIDS Hospitalizations-
Top 5 PSA Zip Codes Cases and Charges, 2016



	33023	33020	33025	33004	33024
AIDS Cases	72	67	35	31	26
AIDS Charges	$9,575,245	$6,982,837	$7,357,080	$3,179,062	$2,845,361

Source: Broward Regional Health Planning Council, Health Data Warehouse

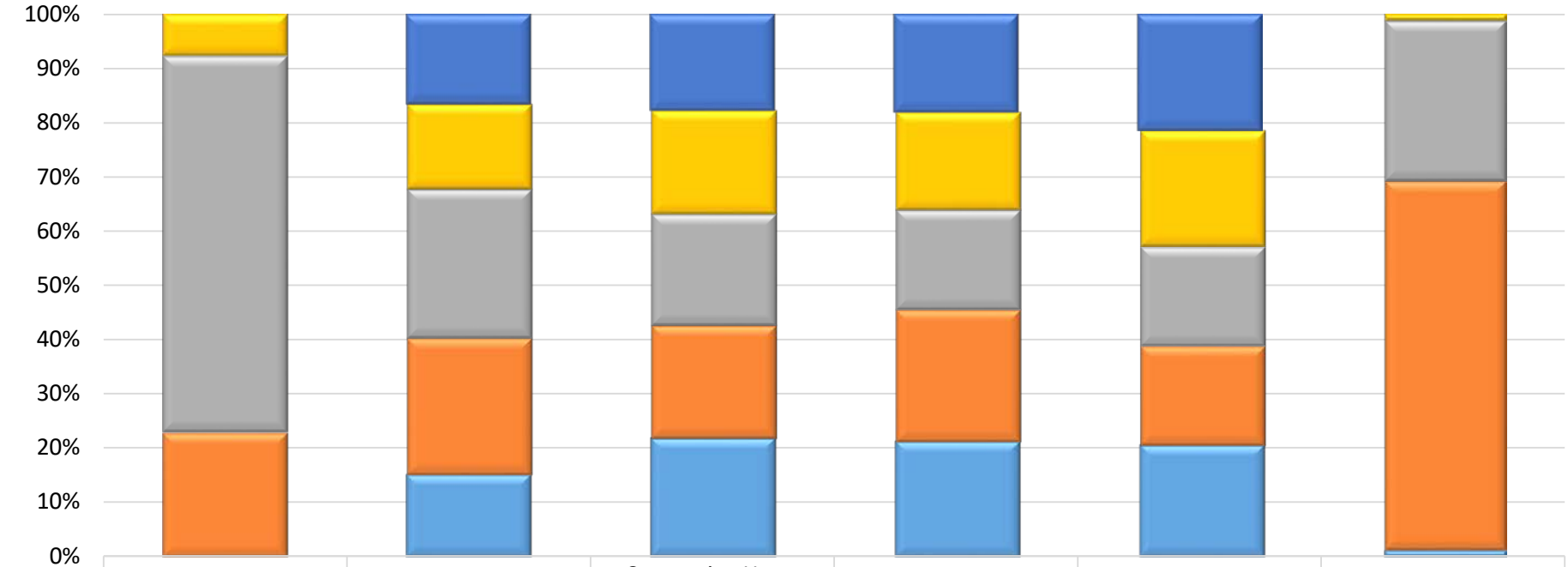
Sickle Cell Hospitalizations- Top 5 PSA Zip Codes Cases and Charges, 2016



	33023	33025	33169	33056	33024
SickleCell Cases	161	135	86	60	55
Sickle Cell Charges	$8,978,518	$6,556,538	$3,587,444	$3,000,826	$3,039,947

Source: Broward Regional Health Planning Council, Health Data Warehouse

Chronic Disease Hospitalizations- MHS Top 5 SSA Cases, 2016

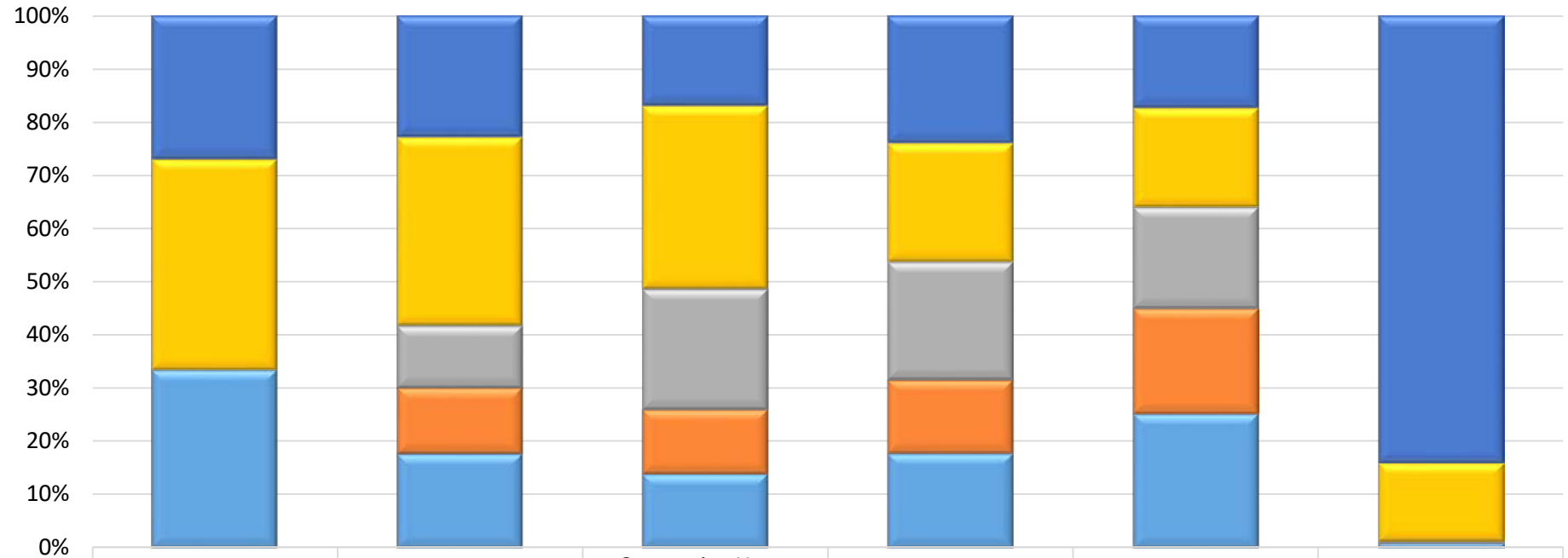


	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	SickleCell
33331	0	38	50	93	196	0
33330	1	36	54	93	195	1
33311	9	63	58	95	168	23
33147	3	58	59	126	168	53
33016	0	35	62	110	189	1

Miami-Dade Zip Codes

Source: Broward Regional Health Planning Council, Health Data Warehouse

Chronic Disease Hospitalizations- MHS Top 5 SSA Charges, 2016



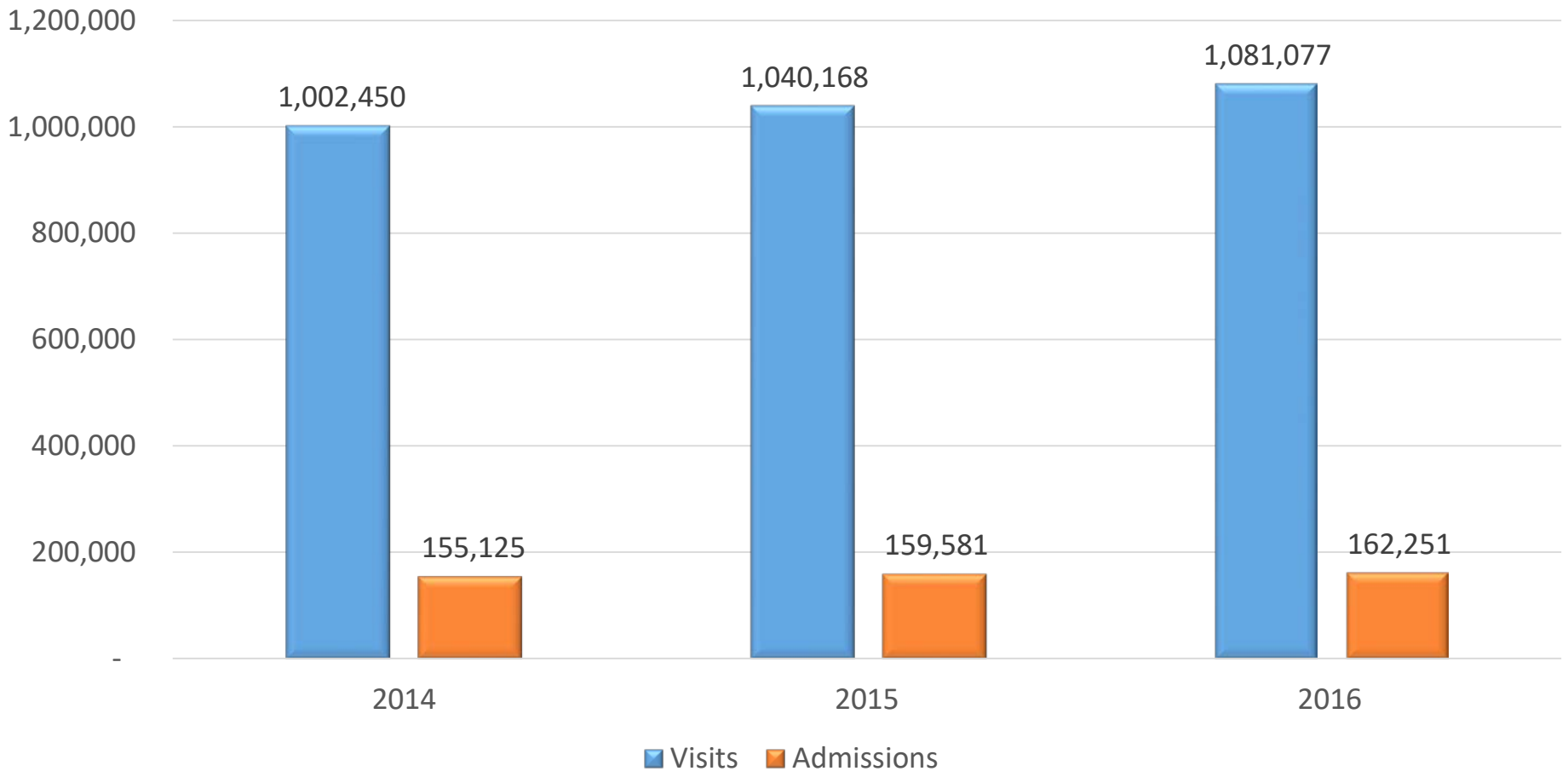
	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	SickleCell
33147	$164,074	$4,302,706	$6,319,319	$12,037,121	$11,636,811	$4,093,557
33311	$241,260	$6,673,020	$12,879,398	$11,273,036	$12,613,355	$717,228
33016	$-	$2,192,468	$8,424,227	$11,137,687	$12,822,038	$14,880
33331	$-	$2,354,895	$4,562,647	$6,974,111	$13,322,529	$-
33330	$203,385	$3,338,796	$5,204,771	$8,963,237	$16,989,761	$44,828

Miami-Dade Zip Codes

Source: Broward Regional Health Planning Council, Health Data Warehouse

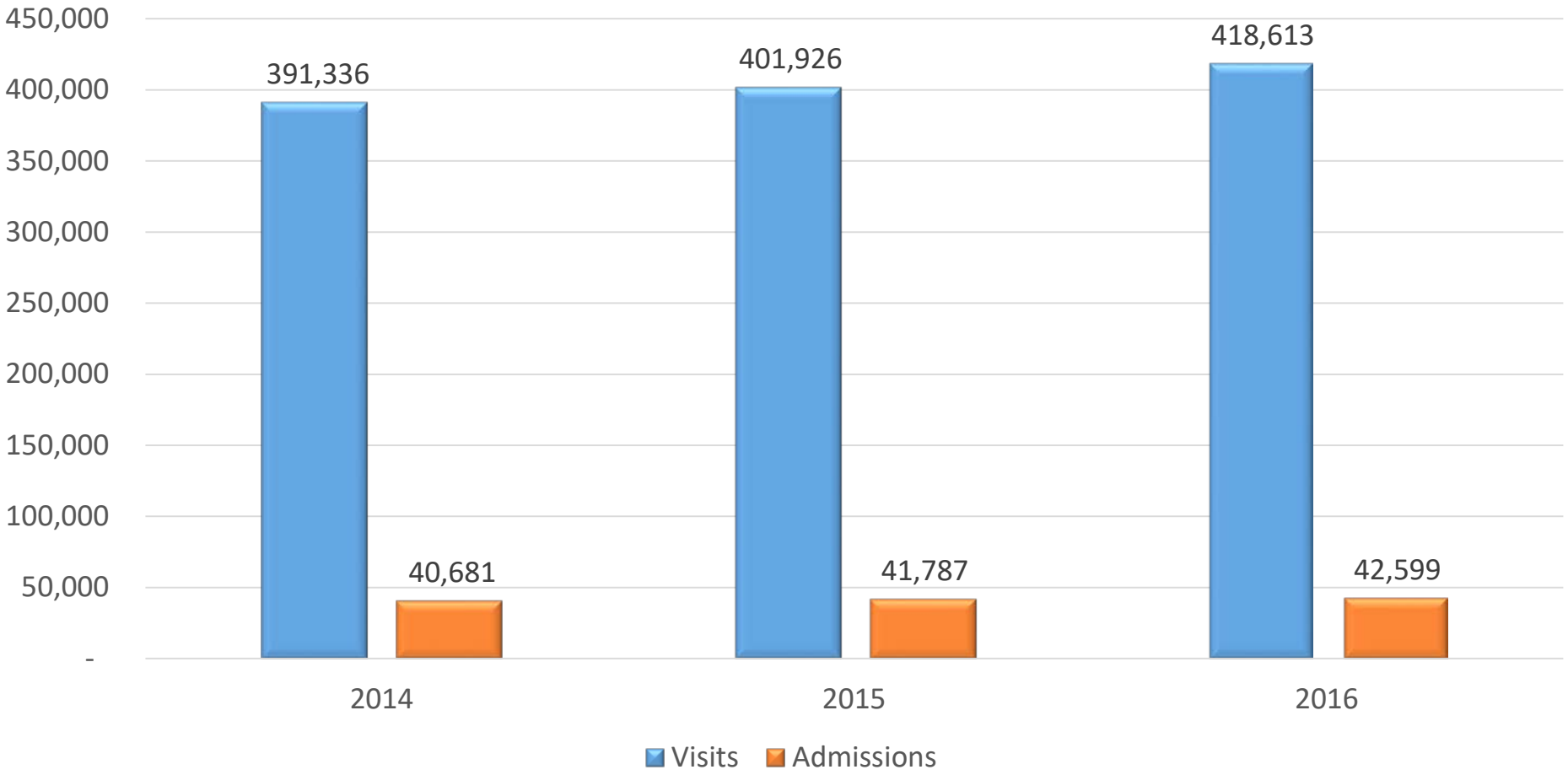
Emergency Department Utilization

Emergency Department Visits and Admissions- Broward, 2014-2016



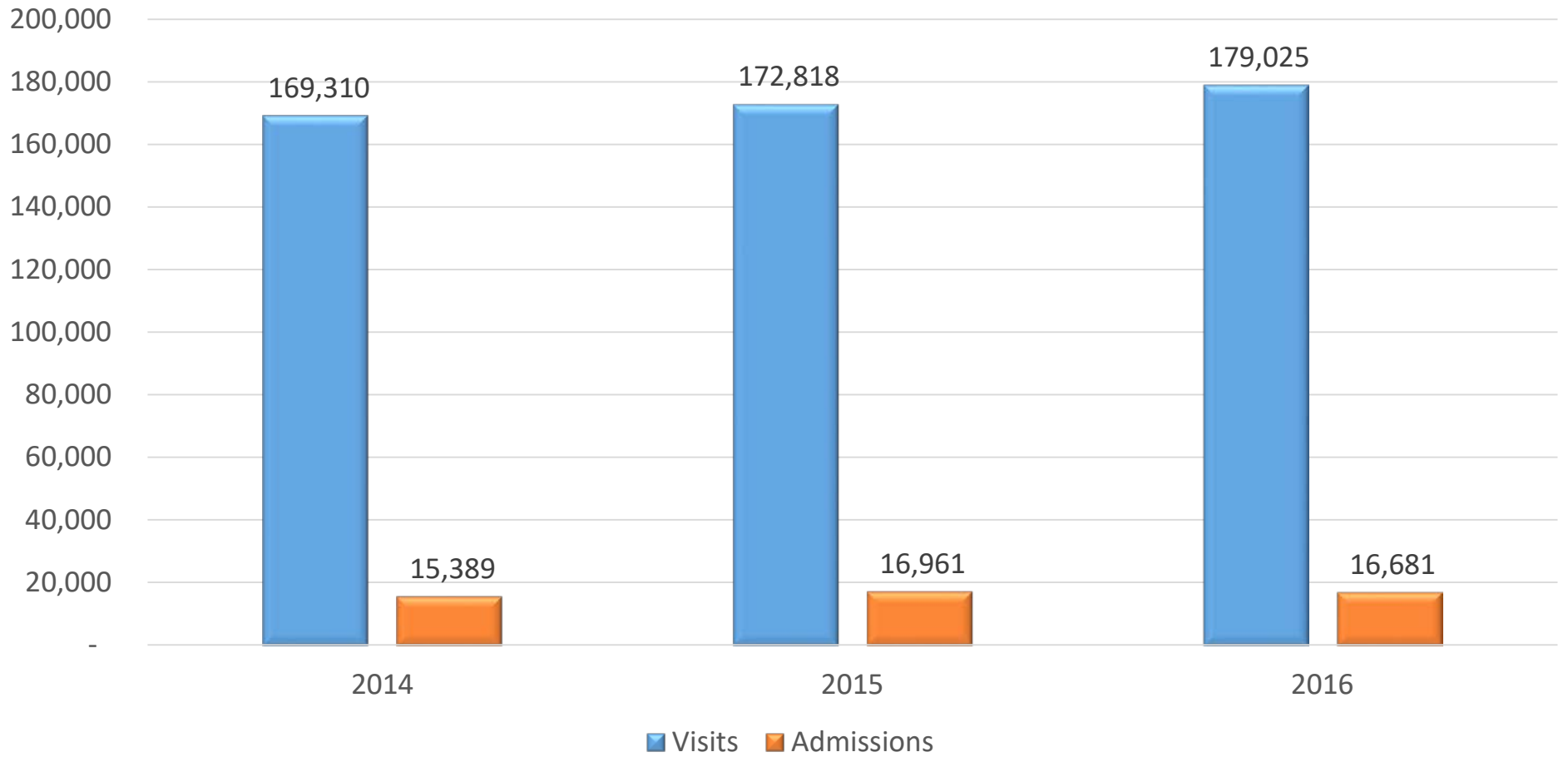
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions- MHS Total, 2014-2016



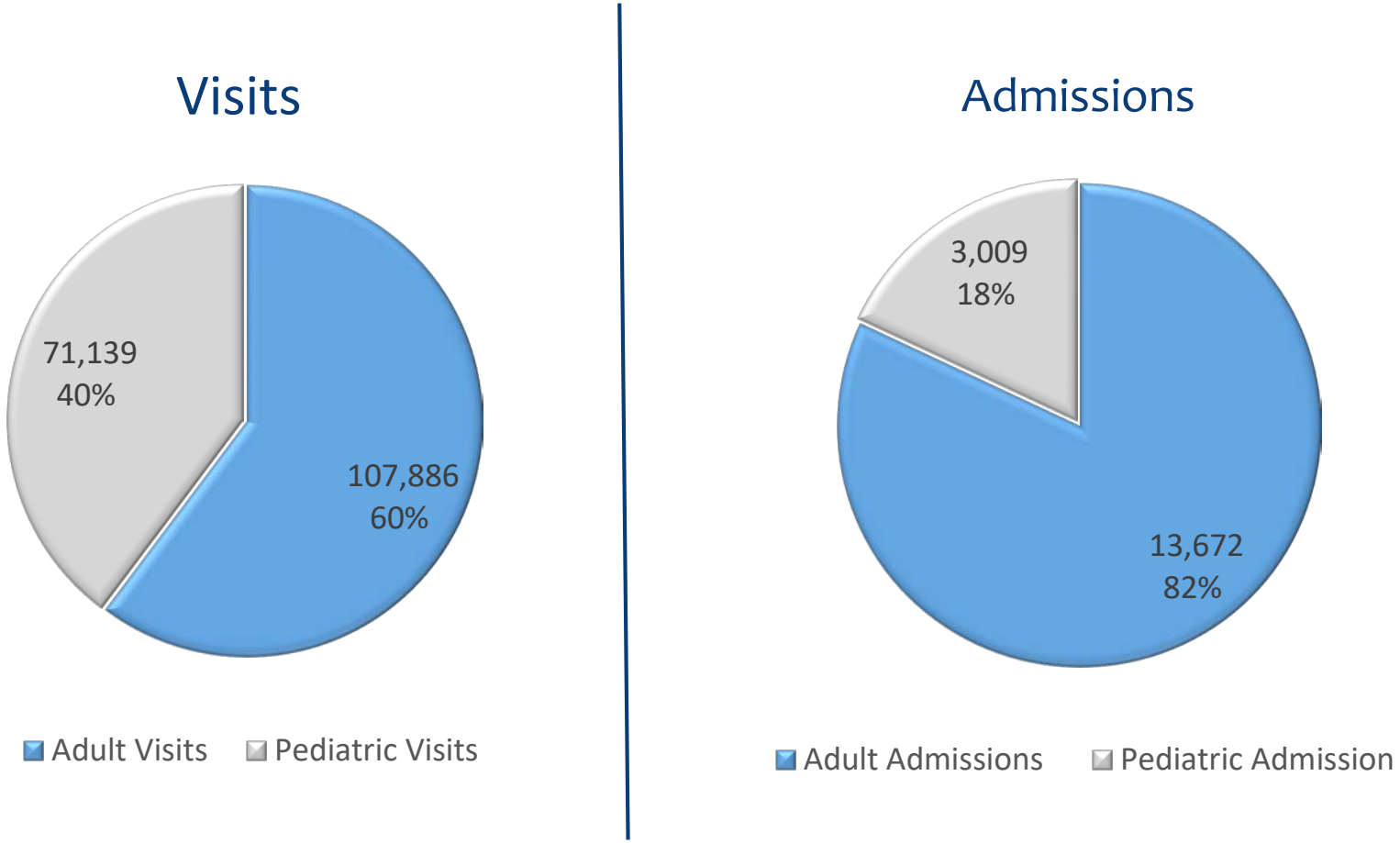
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions- Memorial Regional Hospital, 2014-2016



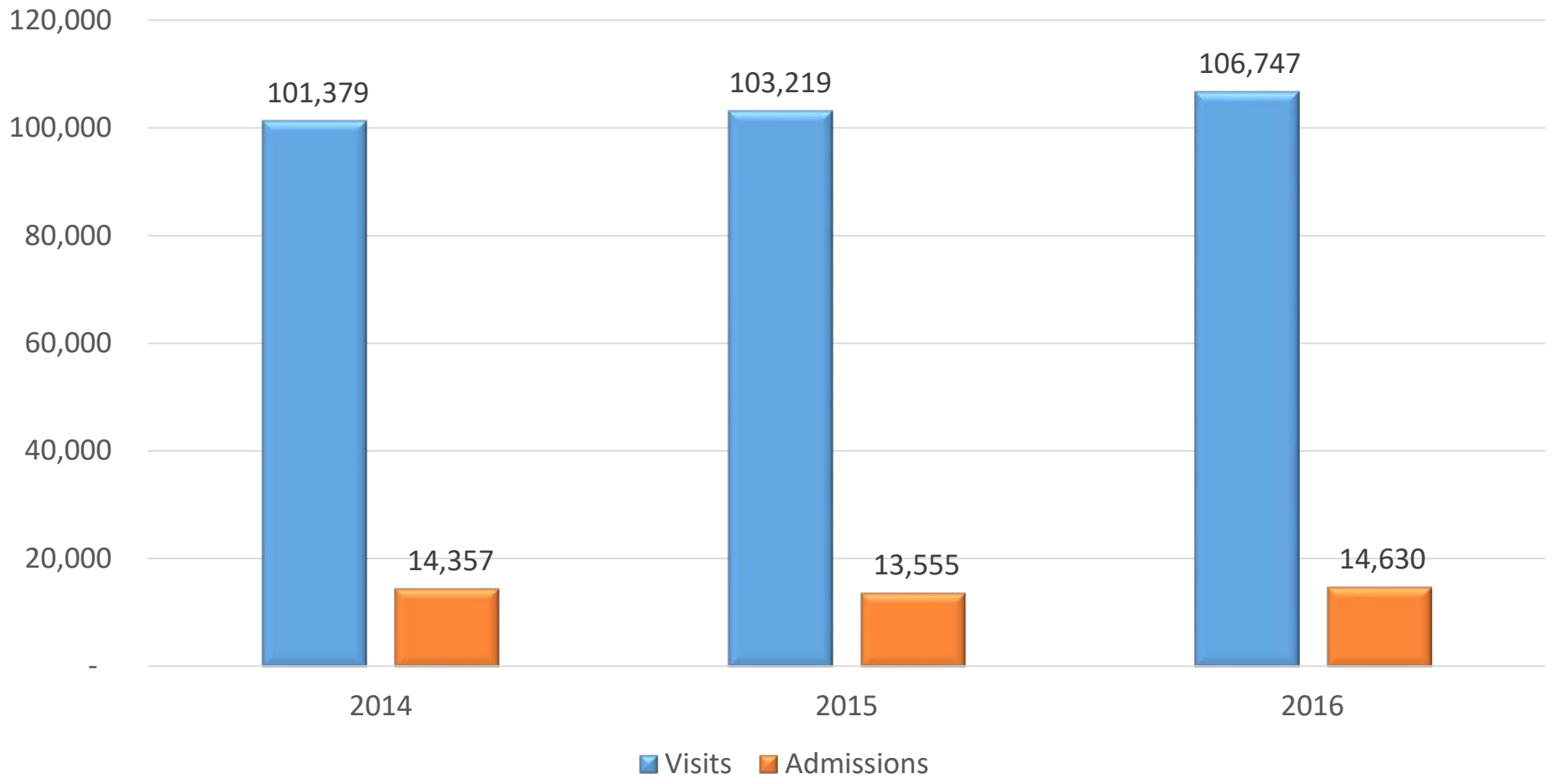
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Adult and Pediatric Memorial Regional Hospital, 2016



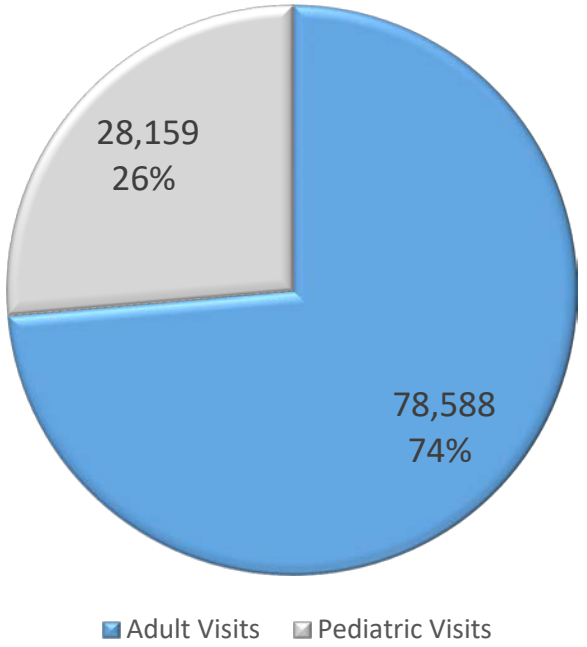
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions- Memorial Hospital West, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

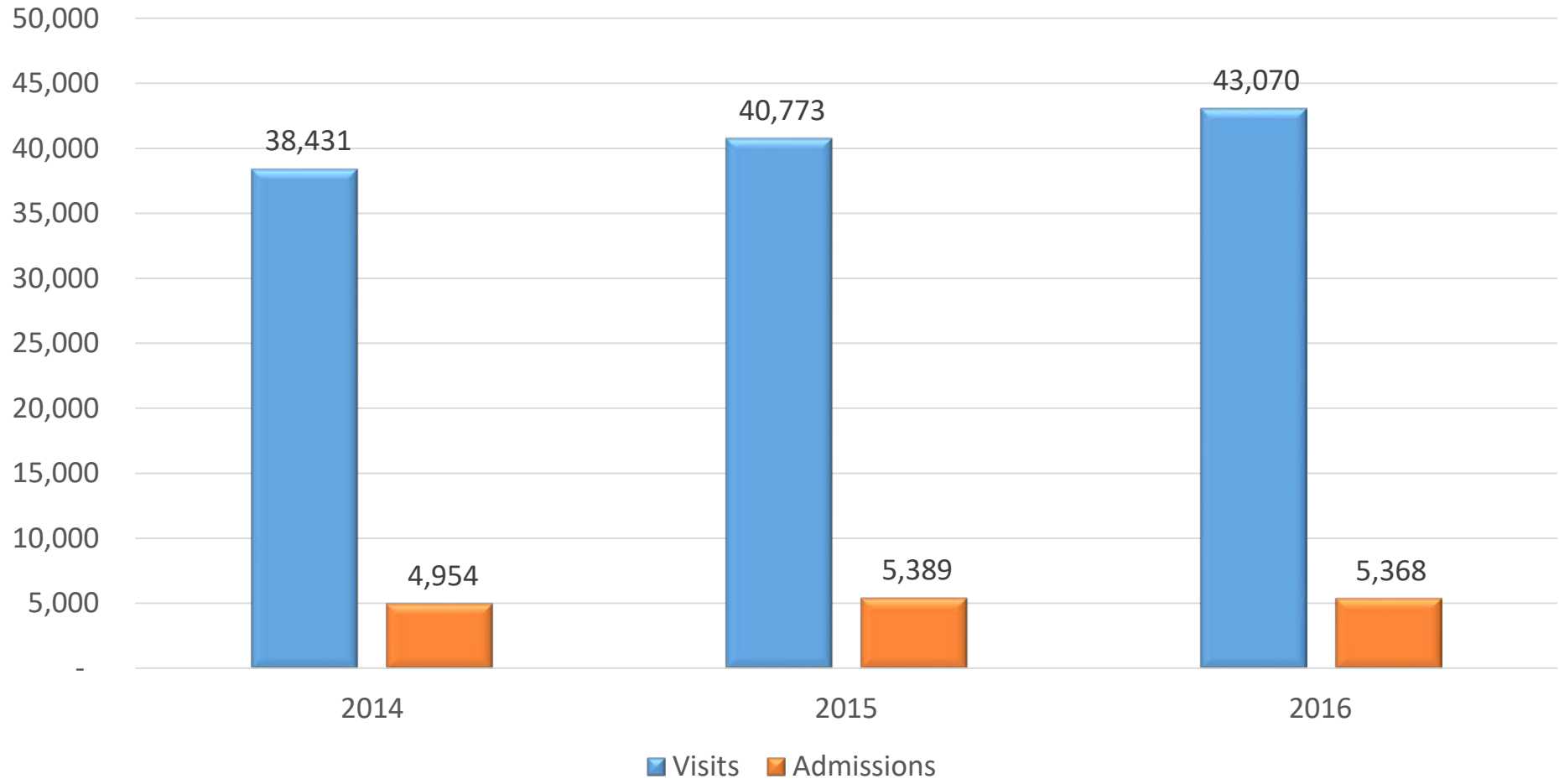
Emergency Department Adult and Pediatric Visits - Memorial Hospital West, 2016



Note- No pediatric admissions reported for this facility

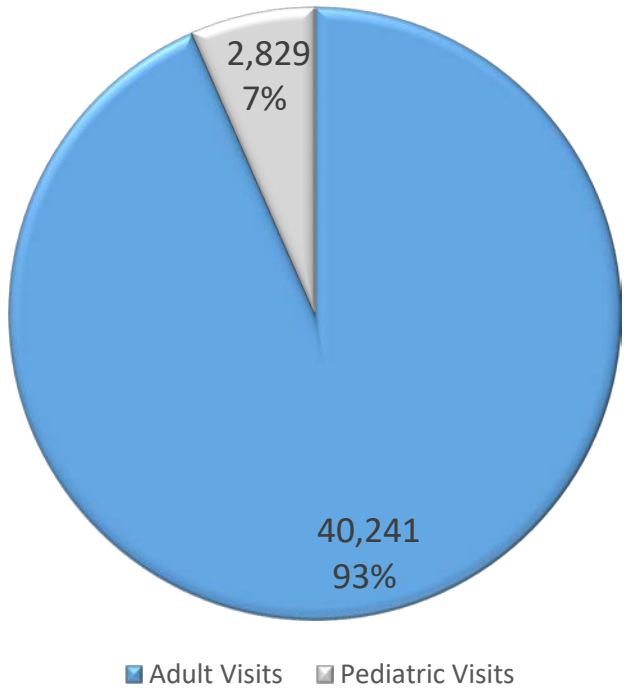
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions- Memorial Hospital Pembroke, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

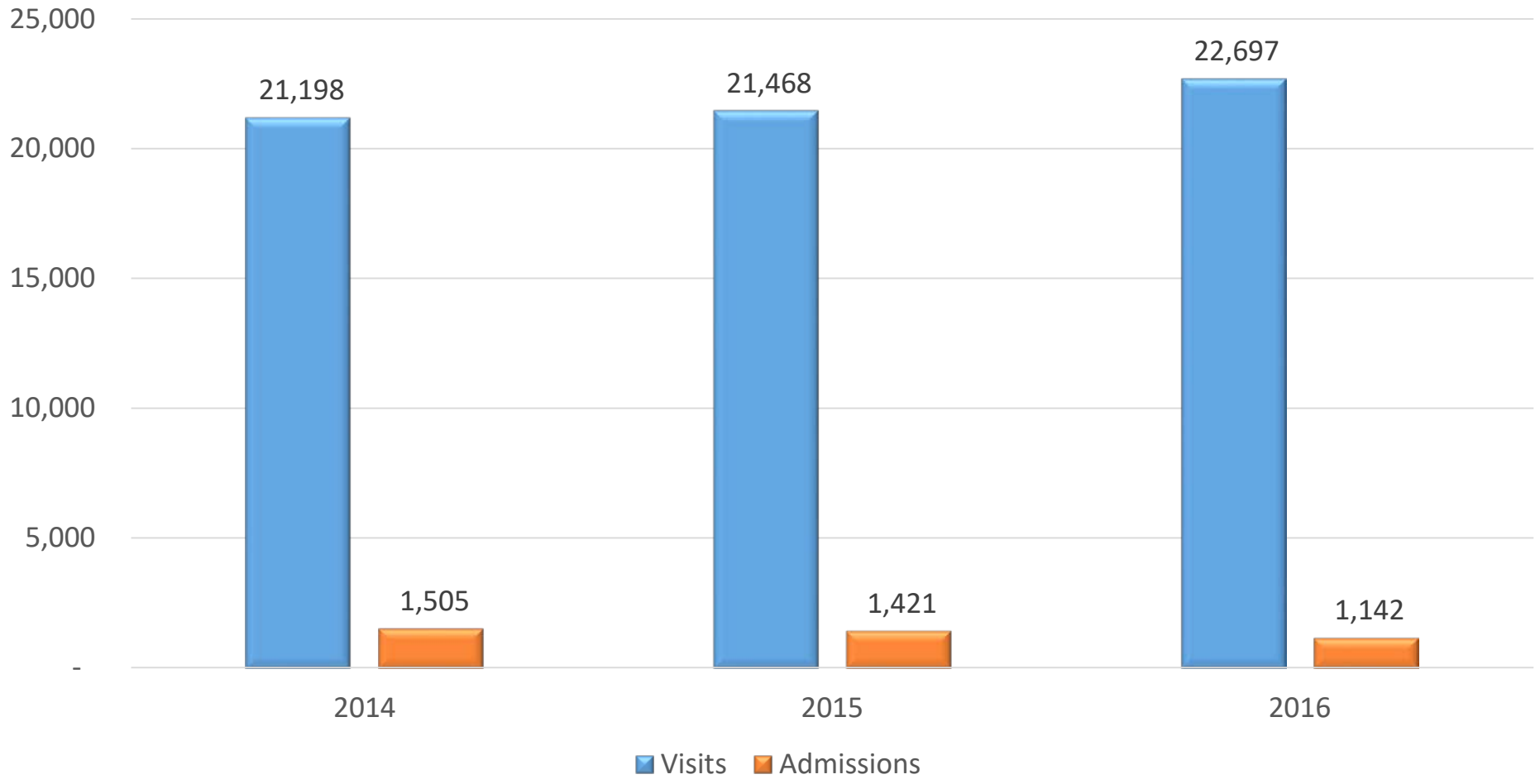
Emergency Department Adult and Pediatric Visits - Memorial Hospital Pembroke, 2016



Note- No pediatric admissions reported for this facility

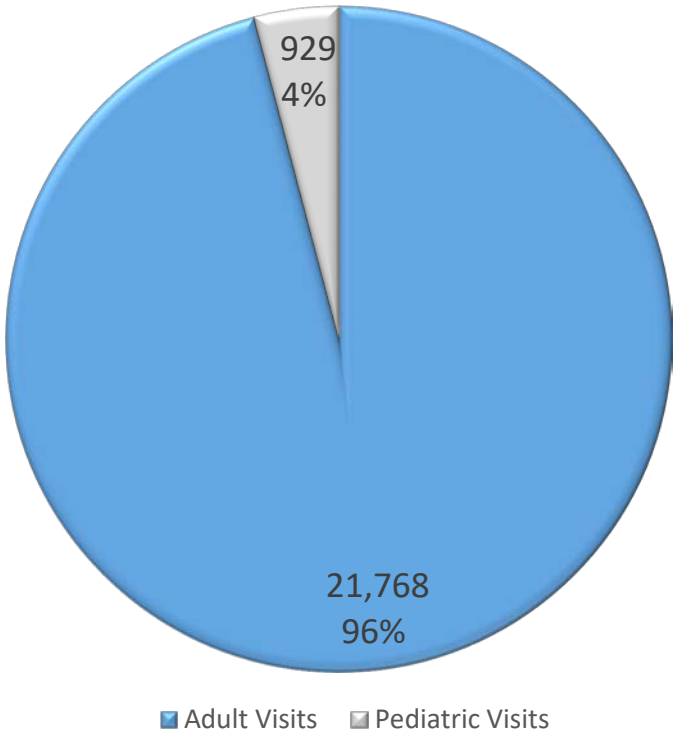
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions- Memorial Hospital South, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

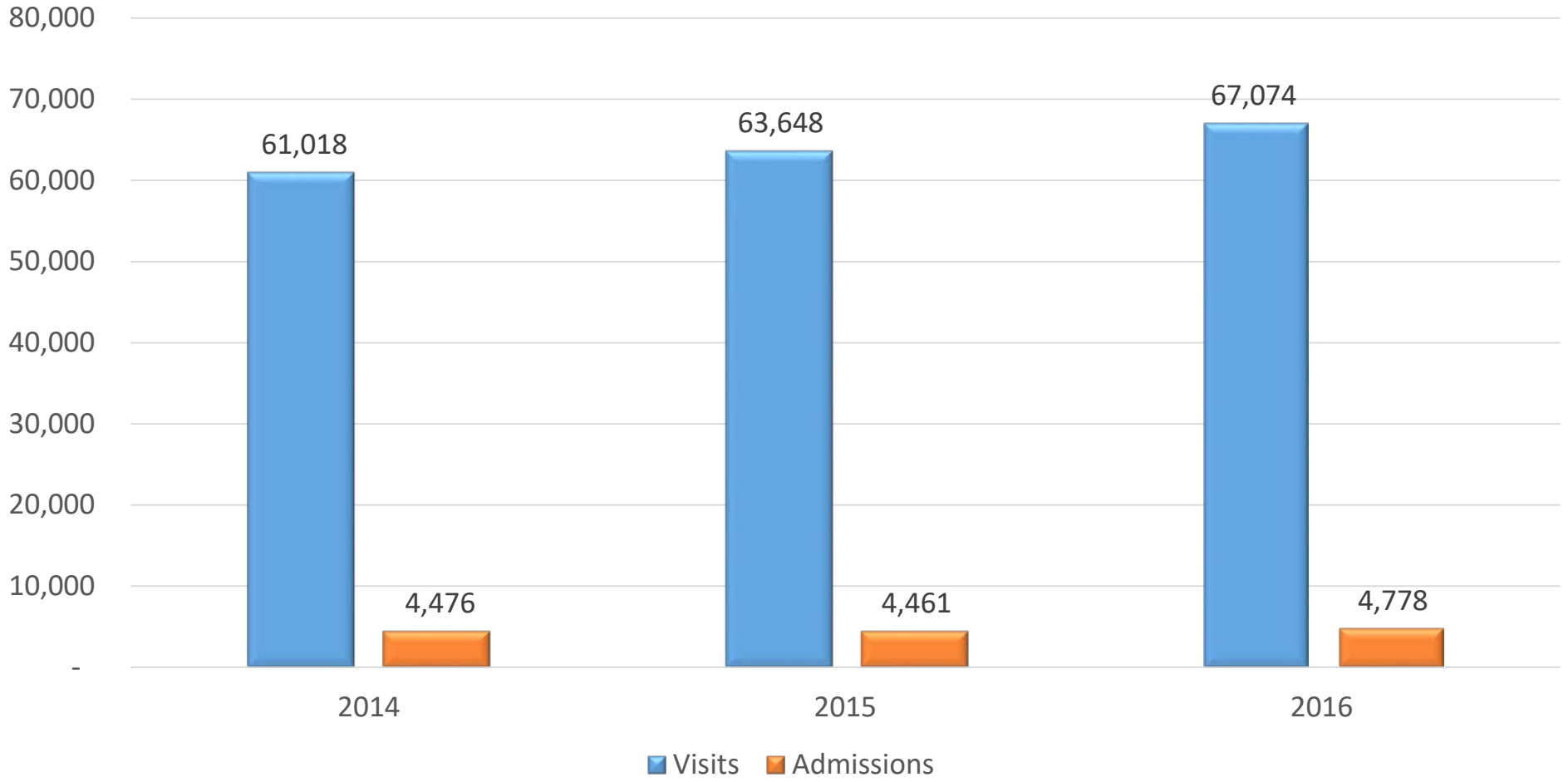
Emergency Department Adult and Pediatric Visits - Memorial Hospital South, 2016



Note- No pediatric admissions reported for this facility

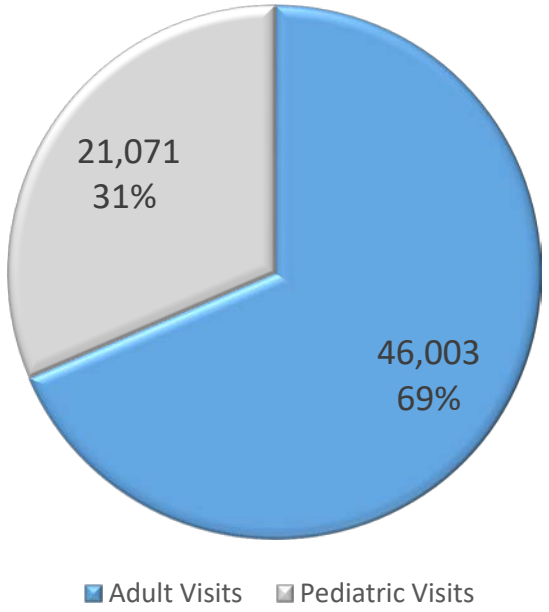
Source: Broward Regional Health Planning Council, Health Data Warehouse

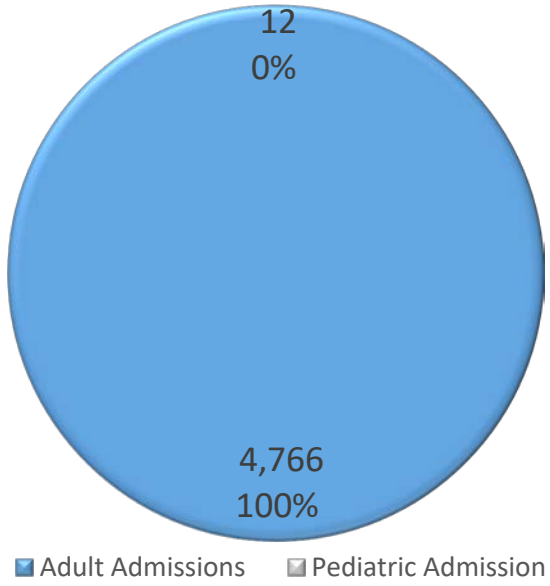
Emergency Department Visits and Admissions- Memorial Hospital Miramar, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Adult and Pediatric Visits and Admissions – Memorial Hospital Miramar, 2016





Source: Broward Regional Health Planning Council, Health Data Warehouse

MHS Avoidable Emergency Department Visits

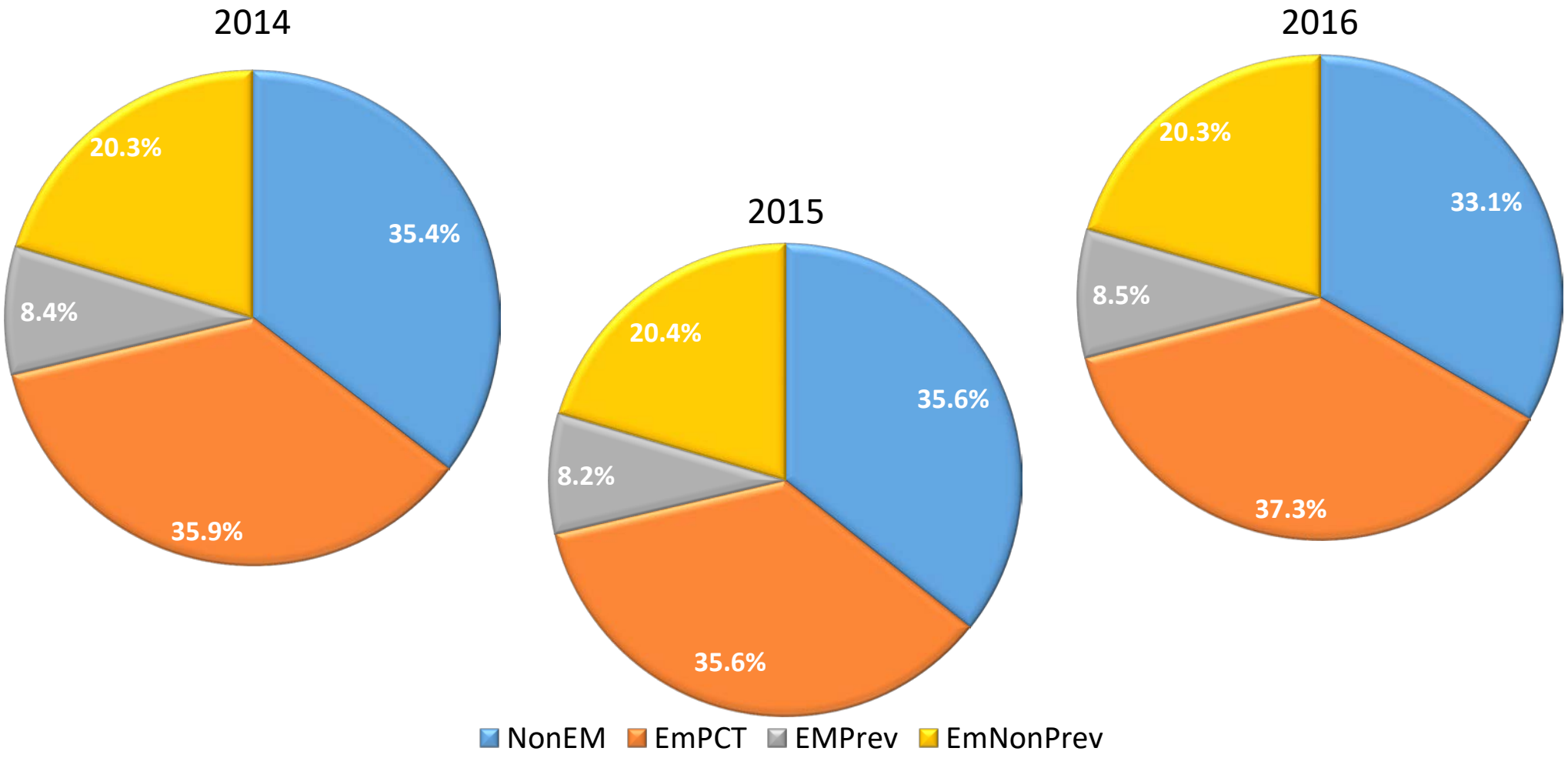
Avoidable Emergency Department Visits

The Emergency Department (ED) avoidable visit data is based on the New York University Emergency Department (ED) Algorithm for ED classification, created by a panel of ED and primary care physicians. The ED visits are stratified by emergency status:

- Non-Emergent (NonEm) – The patient's initial complaint, symptoms, medical history and age indicated that immediate medical care was not required within 12 hours.
- Emergent/Primary Care Treatable (EmPCT) – Treatment was required within 12 hours; however, the care could have been provided effectively in a primary care setting. [All resources used are also available in a primary care setting.]
- Emergent – ED Care Needed – Preventable/Avoidable (EmPrev) – ED care was required; however, the emergency could have been prevented or avoided if ambulatory care had been given at the proper time.
- Emergent – ED Care Needed – Not Preventable/Avoidable (EmNonPrev) – ED care was required and ambulatory care treatment could not have prevented the condition.

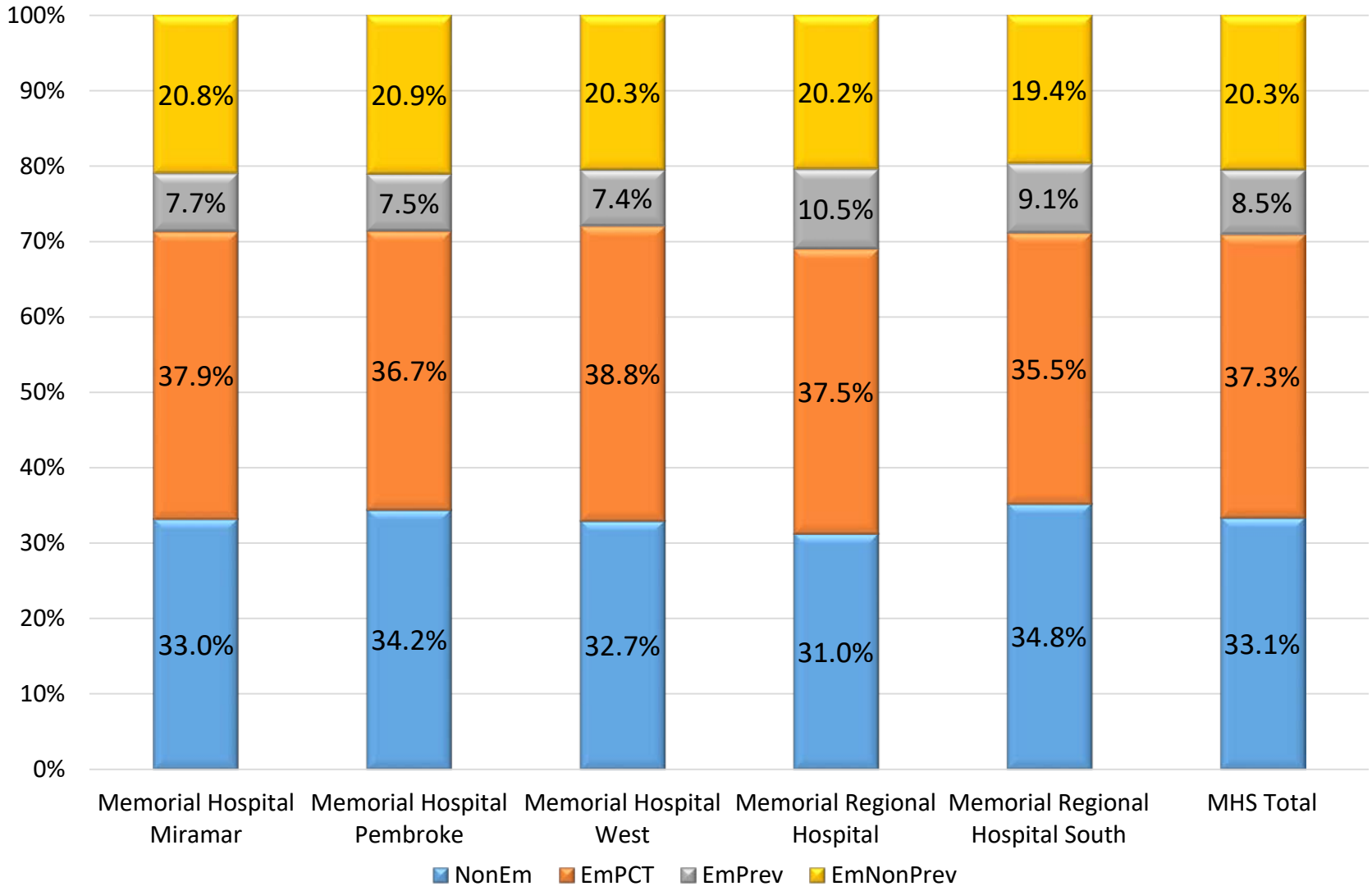
Source: Division of Disease Control, FDOH

Avoidable ED Visits, Cases by Emergency Status- MHS, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Avoidable ED Visits, Cases by Emergency Status and Hospital- 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

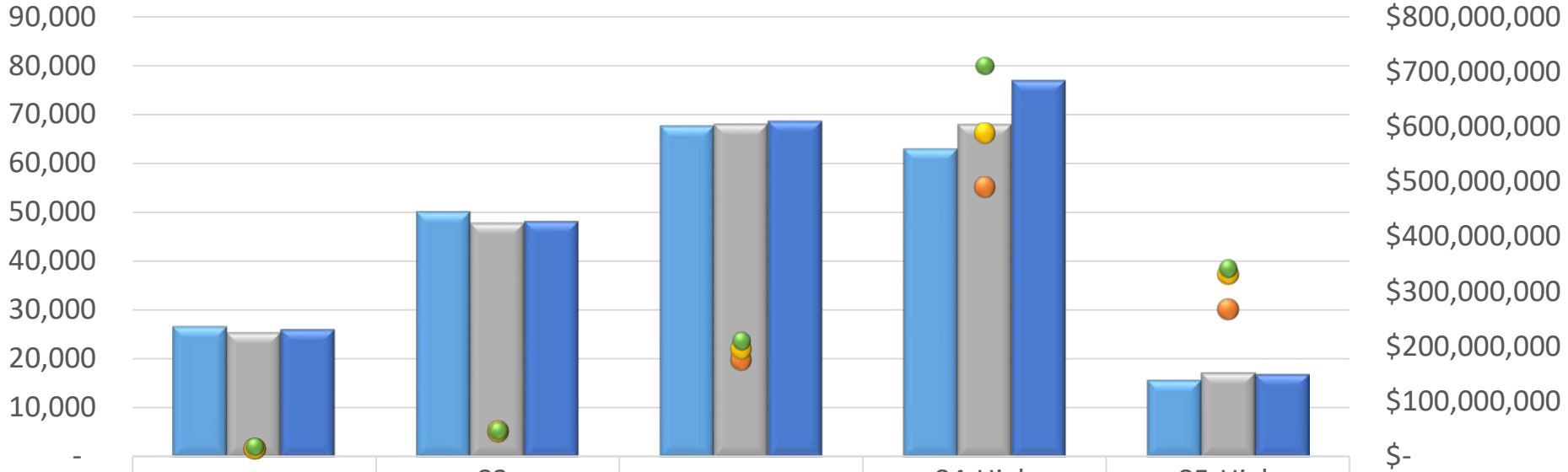
Avoidable Emergency Department Visits

The Hospital Emergency Department Preventable/Avoidable visit data includes information on patient demographics, payer, and charges. Also, there is information on the acuity level of the patient at the time of admission to the ED which is based on the Current Procedural Terminology (CPT) Evaluation and Management code. The acuity grouping is as follows:

- [81] Minor – problems are self-limited or of minor severity
- [82] Low/Moderate – problems are low to moderate severity
- [83] Moderate – problems are of moderate severity
- [84] High/Not-immediate – problems are of high severity but do not pose an immediate significant threat to life
- [85] High/Immediate – problems are of high severity and pose an immediate threat to life

Source: Division of Disease Control, FDOH

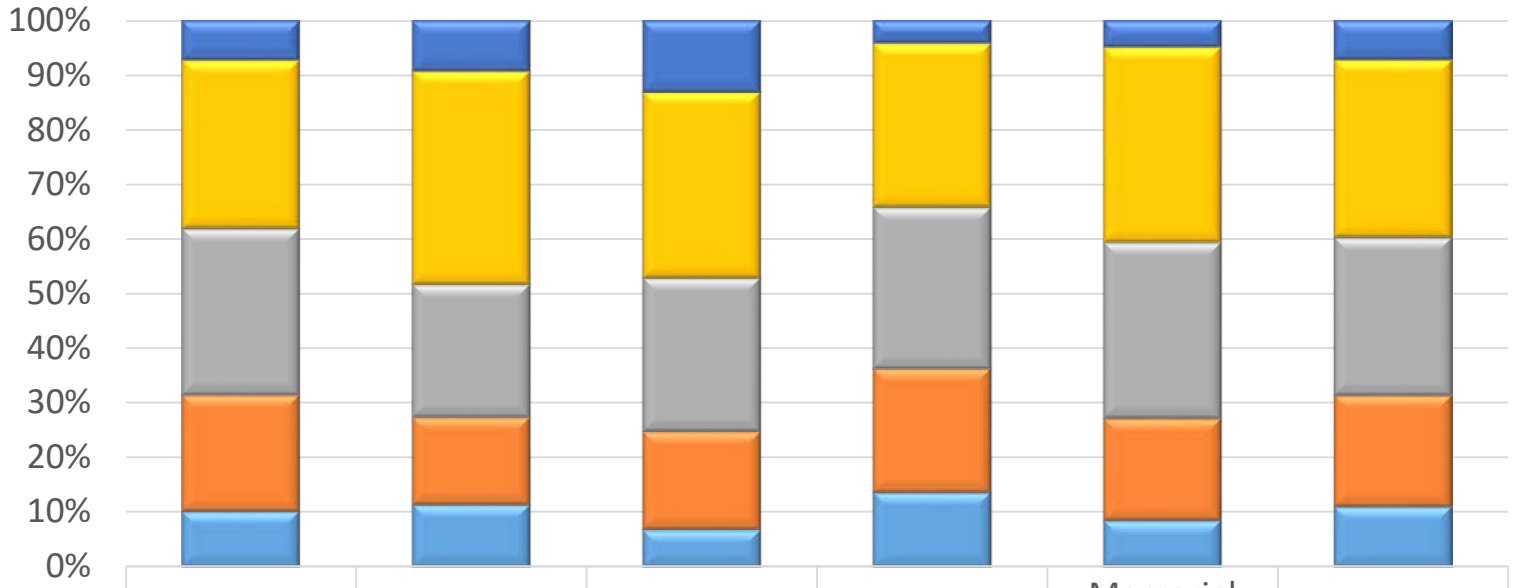
Avoidable ED Visits, Cases by Level of Severity- MHS, 2014-2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/immediate
2014 Cases	26,742	50,108	67,672	62,961	15,740
2015 Cases	25,523	47,814	68,095	68,016	17,302
2016 Cases	26,148	48,241	68,724	77,038	16,940
2014 Charges	$13,848,133	$44,931,377	$175,926,240	$489,957,796	$267,356,254
2015 Charges	$14,431,585	$45,940,966	$195,407,589	$588,127,262	$331,655,975
2016 Charges	$17,693,955	$46,493,479	$210,806,694	$711,100,437	$342,400,740

Source: Broward Regional Health Planning Council, Health Data Warehouse

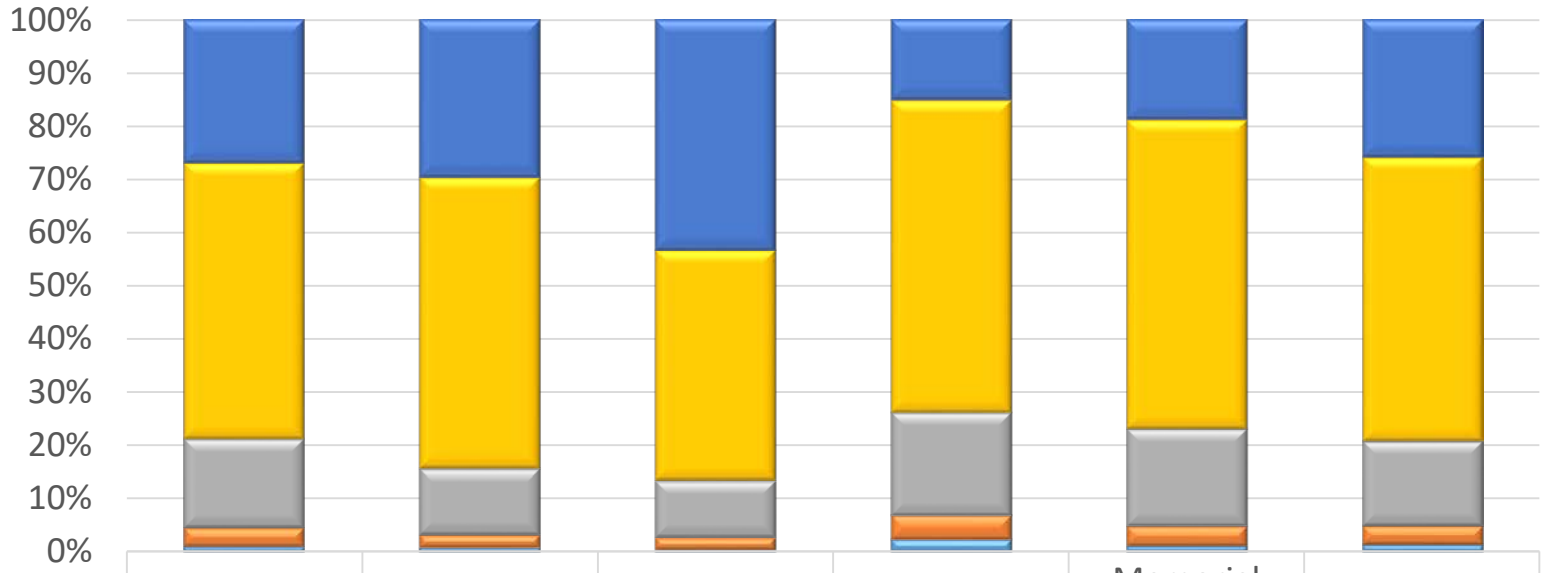
Avoidable ED Visits, Cases by Level of Severity- MHS, 2016



	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South	MHS Total
85-High severity/immediate	2,118	2,631	6,815	4,523	853	16,940
84-High severity/non-immediate	9,043	11,174	17,848	32,711	6,262	77,038
83-Moderate severity	8,974	6,984	14,793	32,286	5,687	68,724
82-Low/moderate severity	6,250	4,587	9,386	24,741	3,277	48,241
81-Minor severity	2,975	3,256	3,603	14,822	1,492	26,148

Source: Broward Regional Health Planning Council, Health Data Warehouse

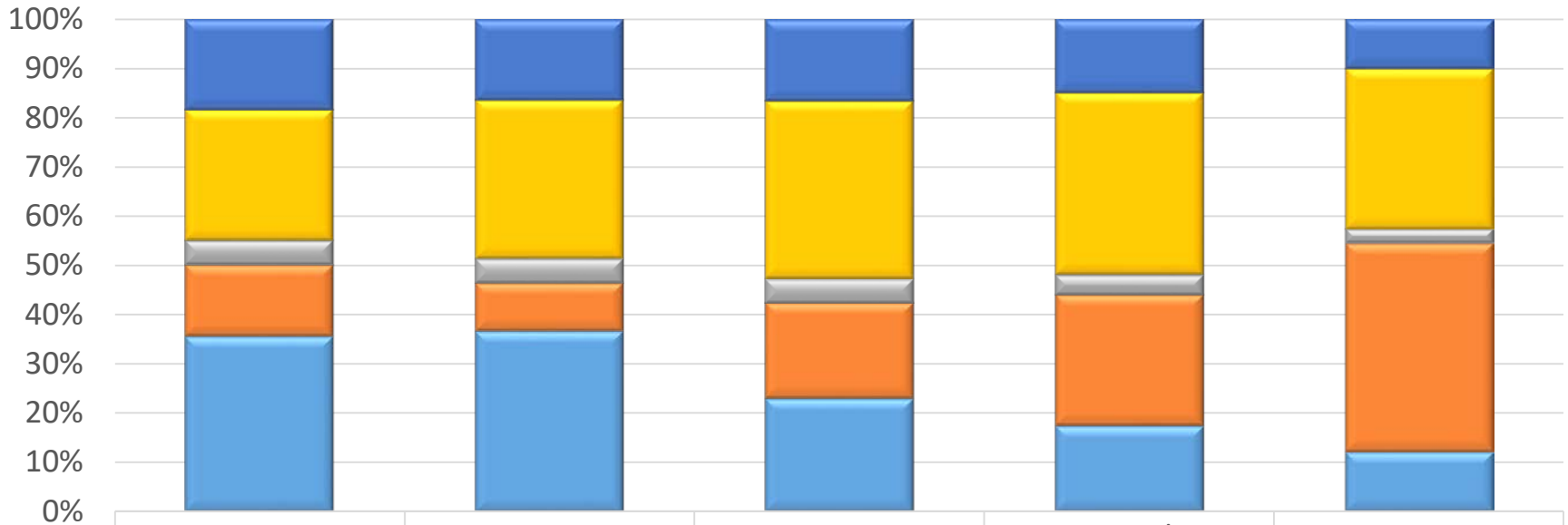
Avoidable ED Visits, Charges by Level of Severity- MHS, 2016



	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South	MHS Total
85-High severity/immediate	$45,920,982	$50,935,482	$143,624,721	$85,774,409	$16,145,146	$342,400,740
84-High severity/non-immediate	$88,814,081	$94,376,879	$143,999,070	$333,955,468	$49,954,939	$711,100,437
83-Moderate severity	$28,492,425	$21,474,376	$35,614,009	$109,560,358	$15,665,526	$210,806,694
82-Low/moderate severity	$5,977,568	$4,072,499	$7,622,777	$25,674,999	$3,145,636	$46,493,479
81-Minor severity	$1,636,258	$1,319,229	$1,118,286	$12,681,297	$938,885	$17,693,955

Source: Broward Regional Health Planning Council, Health Data Warehouse

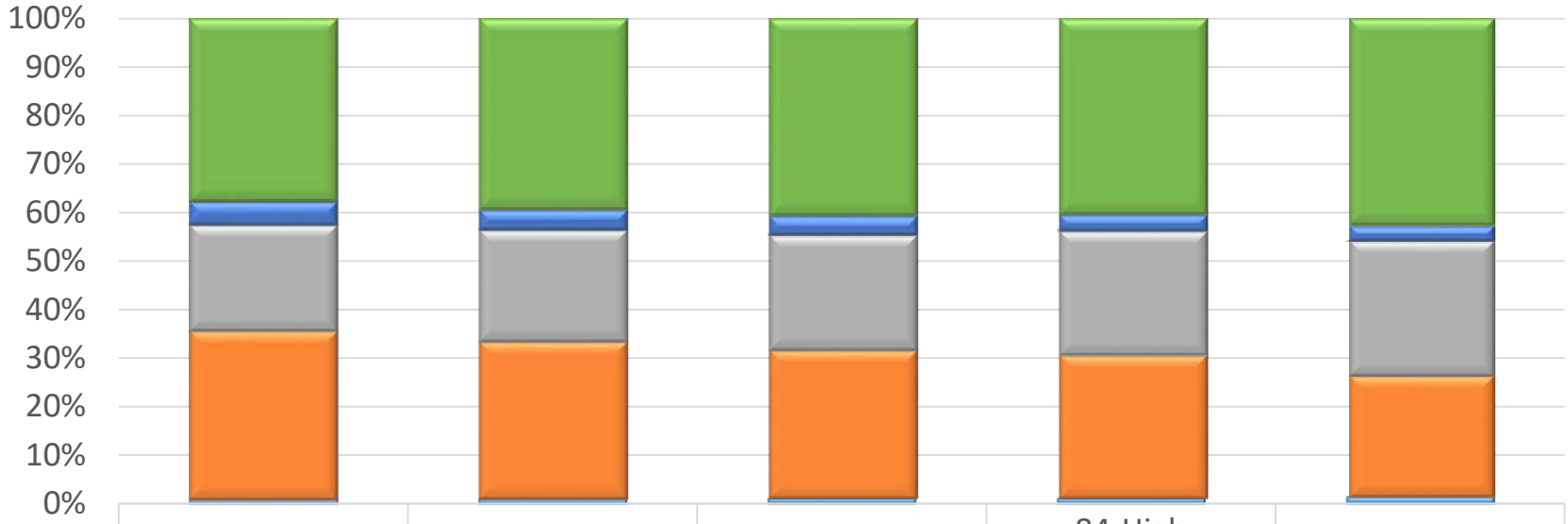
Avoidable ED Visits, Charges by Payer and Level of Severity- MHS, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Self-Pay	$3,228,826	$7,561,608	$34,735,277	$105,364,391	$34,100,794
Private, incl. HMO	$4,692,555	$14,950,300	$75,929,125	$262,052,135	$111,242,421
Other	$890,719	$2,347,902	$10,490,131	$29,293,106	$10,135,079
Medicare	$2,573,389	$4,570,951	$41,086,378	$189,996,195	$145,304,382
Medicaid	$6,308,466	$17,062,718	$48,565,783	$124,394,610	$41,618,064

Source: Broward Regional Health Planning Council, Health Data Warehouse

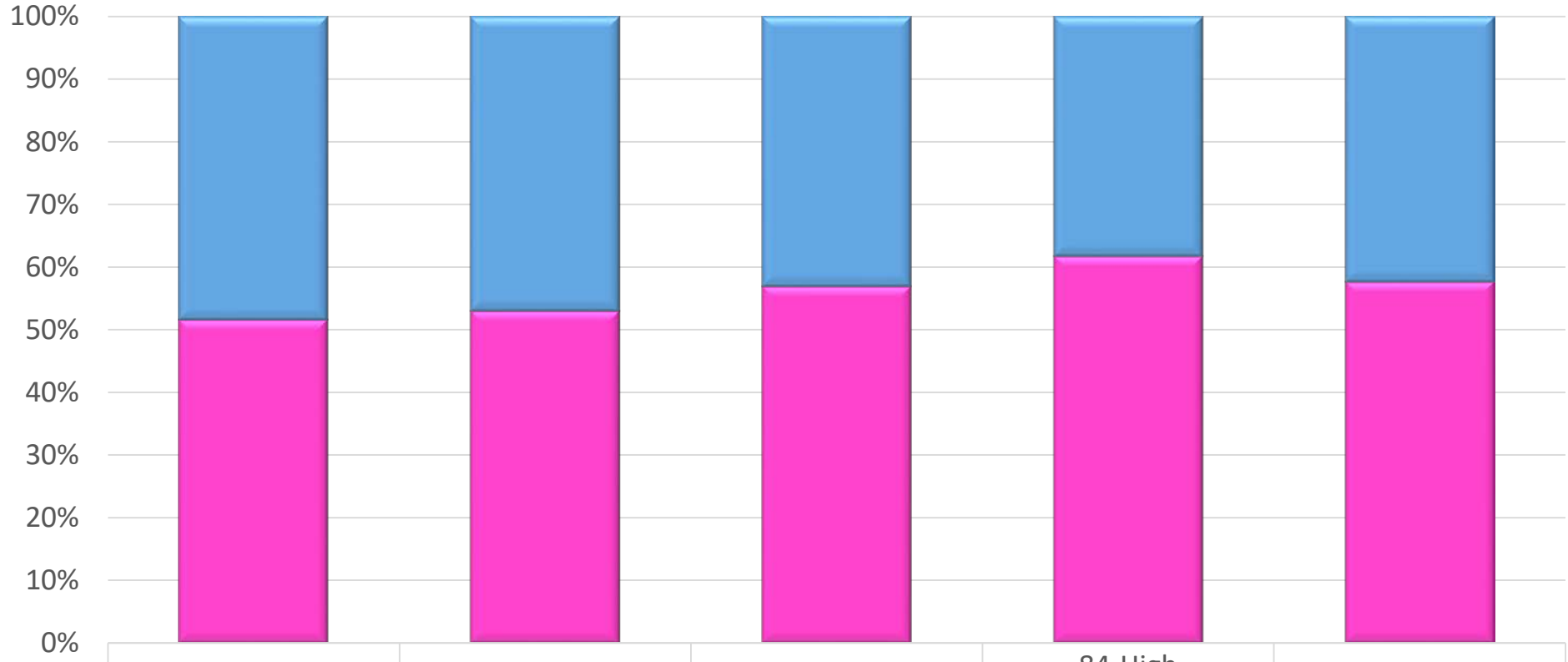
Avoidable ED Visits, Cases by Race/Ethnicity and Level of Severity- MHS, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
White	9,850	18,966	27,903	31,089	7,201
Other	1,258	2,007	2,650	2,529	536
Native American	28	58	117	144	26
Hispanic	5,683	11,052	16,214	19,644	4,695
Black	9,112	15,701	21,076	22,783	4,243
Asian/Pacific Island	217	457	764	849	239

Source: Broward Regional Health Planning Council, Health Data Warehouse

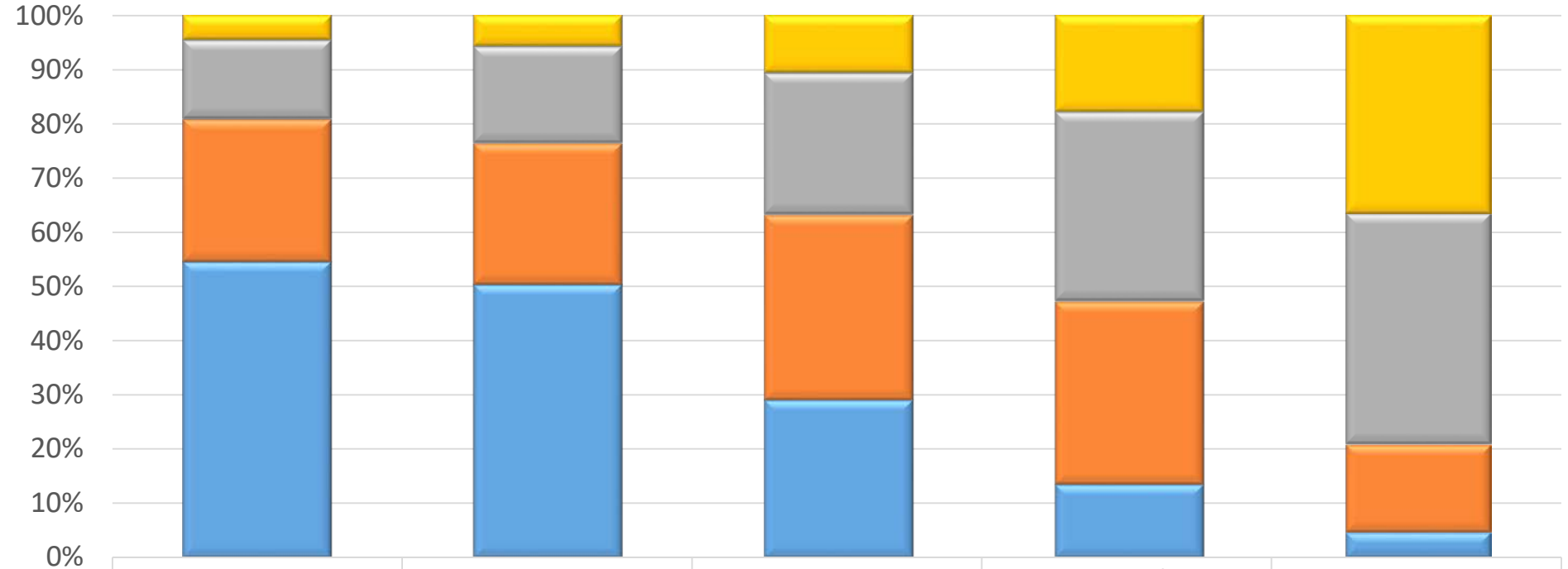
Avoidable ED Visits, Cases by Gender and Level of Severity- MHS, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/immediate
Male	12,641	22,640	29,552	29,401	7,160
Female	13,507	25,601	39,172	47,637	9,780

Source: Broward Regional Health Planning Council, Health Data Warehouse

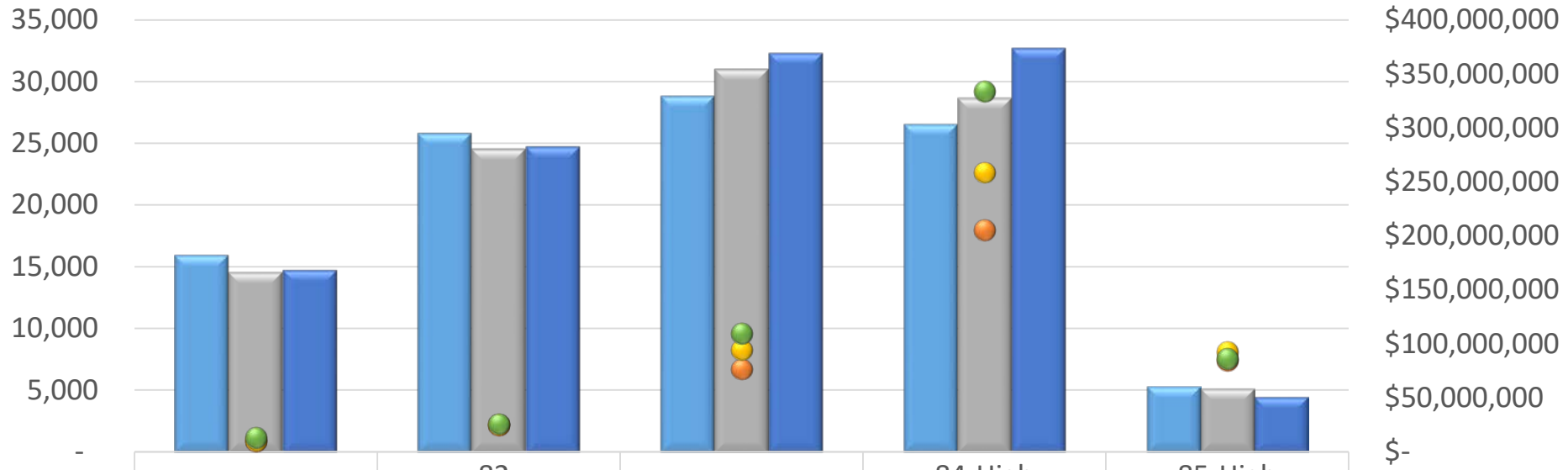
Avoidable ED Visits, Cases by Age and Level of Severity- MHS, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/immediate
65+	1,189	2,748	7,288	13,692	6,179
40 - 64	3,800	8,601	17,943	26,830	7,196
18 - 39	6,879	12,576	23,419	26,017	2,762
0 - 17	14,280	24,316	20,074	10,499	803

Source: Broward Regional Health Planning Council, Health Data Warehouse

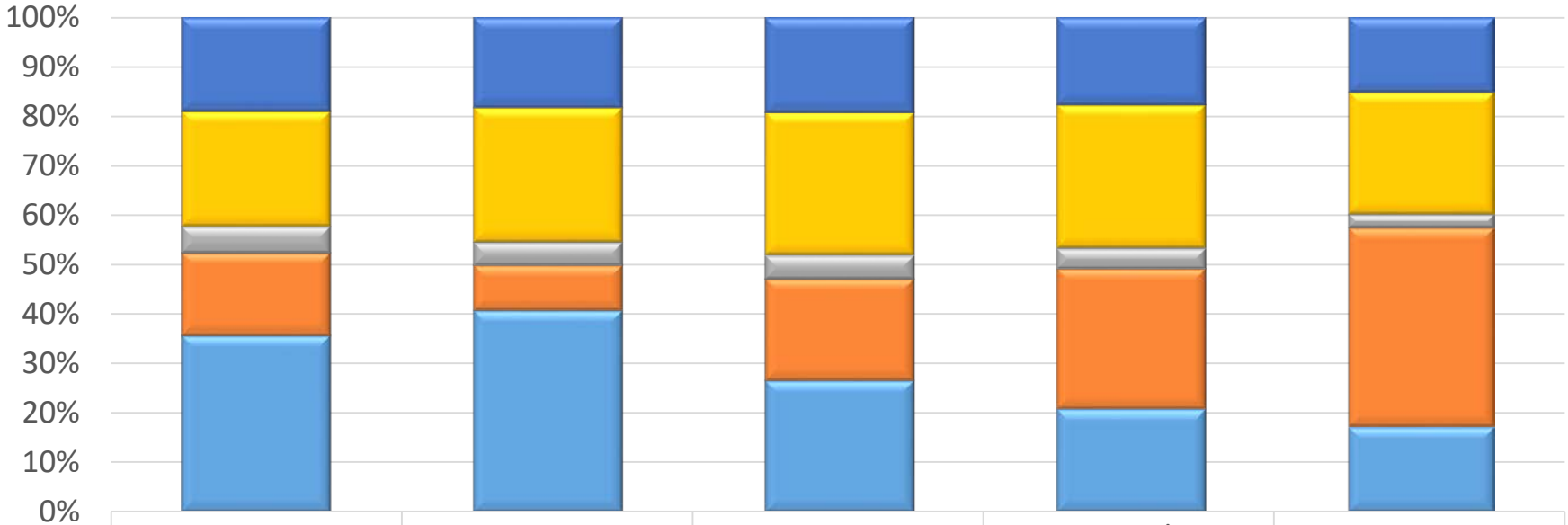
Avoidable ED Visits by Level of Severity- Cases vs. Charges Memorial Regional Hospital, 2014-2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
2014 Cases	15,933	25,791	28,790	26,504	5,364
2015 Cases	14,642	24,548	30,977	28,649	5,226
2016 Cases	14,822	24,741	32,286	32,711	4,523
2014 Charges	$9,802,943	$24,491,065	$76,411,847	$205,307,138	$84,687,616
2015 Charges	$10,098,651	$24,784,211	$94,309,573	$258,499,826	$92,061,699
2016 Charges	$12,681,297	$25,674,999	$109,560,358	$333,955,468	$85,774,409

Source: Broward Regional Health Planning Council, Health Data Warehouse

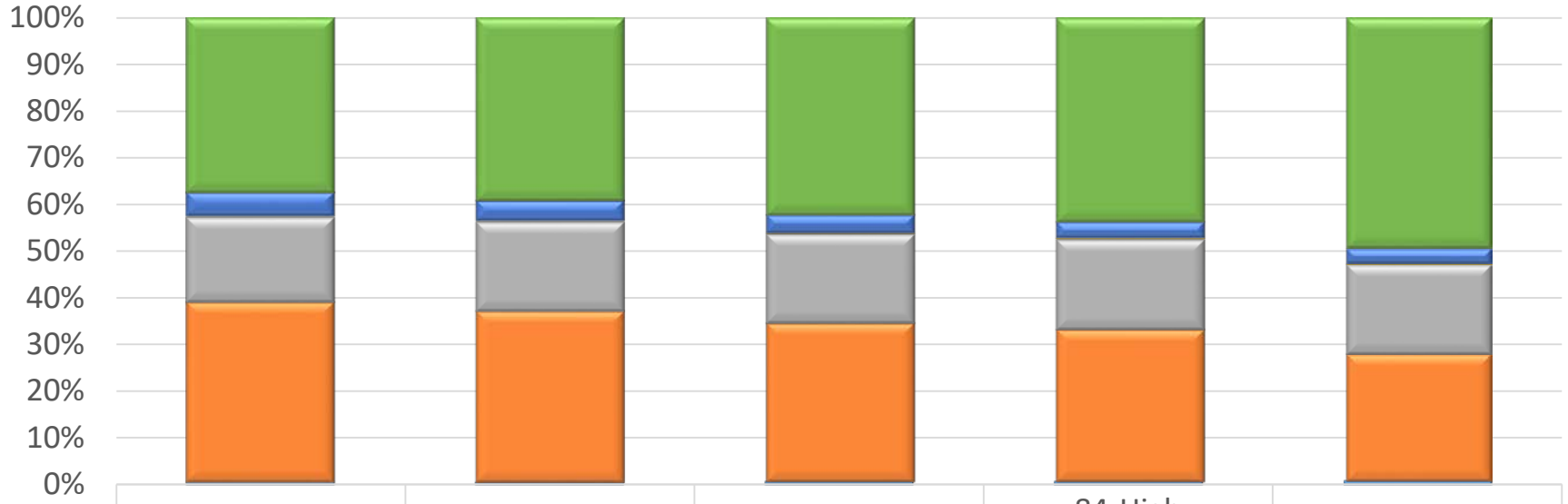
Avoidable ED Visits by Level of Severity- Charges by Payer Memorial Regional Hospital, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Self-Pay	$2,393,517	$4,656,930	$20,939,478	$58,932,795	$12,907,860
Private, incl. HMO	$2,962,159	$7,009,394	$31,648,506	$96,600,986	$21,200,371
Other	$683,437	$1,199,302	$5,312,218	$14,261,307	$2,456,689
Medicare	$2,128,618	$2,384,629	$22,597,070	$94,633,433	$34,416,298
Medicaid	$4,513,566	$10,424,744	$29,063,086	$69,526,947	$14,793,191

Source: Broward Regional Health Planning Council, Health Data Warehouse

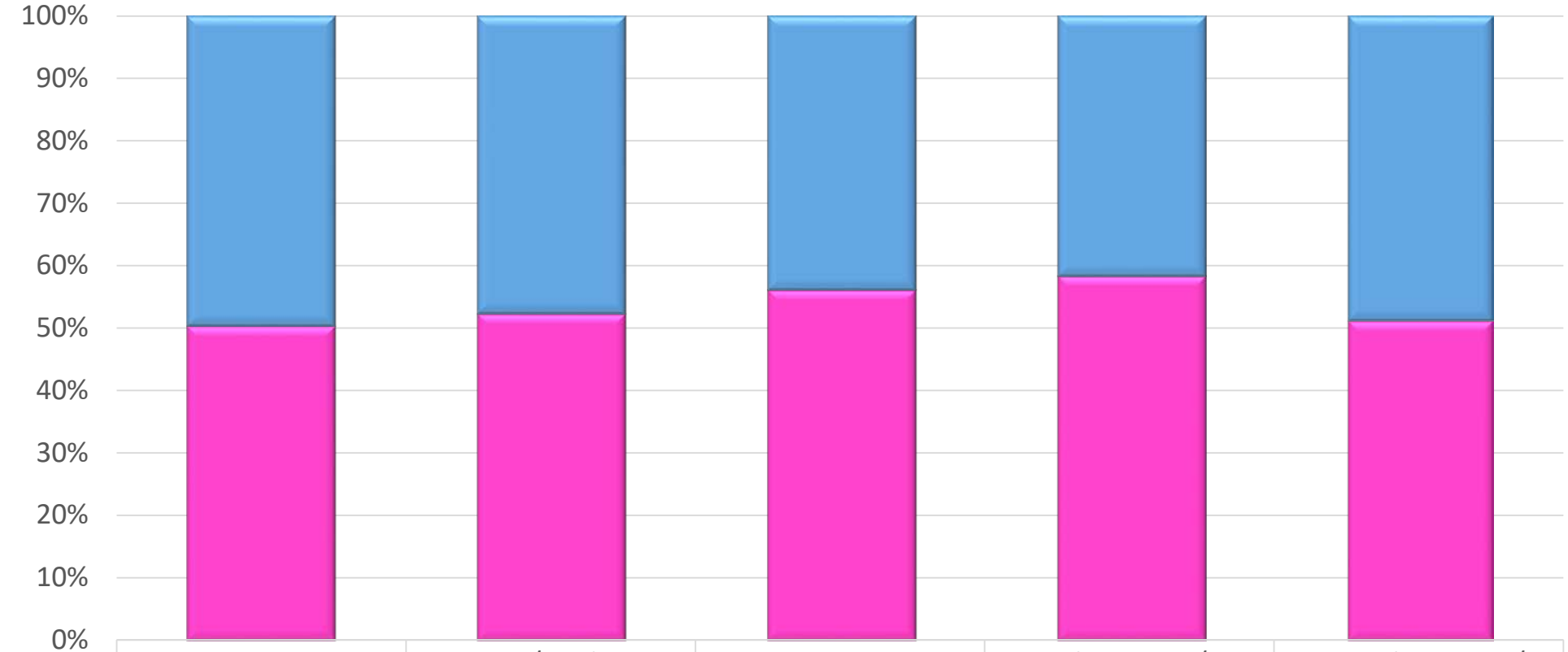
Avoidable ED Visits by Level of Severity- Cases by Race/Ethnicity Memorial Regional Hospital, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
White	5,544	9,684	13,620	14,286	2,231
Other	774	1,107	1,271	1,158	148
Native American	15	24	57	69	10
Hispanic	2,700	4,744	6,177	6,345	871
Black	5,703	9,049	10,955	10,643	1,227
Asian/Pacific Island	86	133	206	210	36

Source: Broward Regional Health Planning Council, Health Data Warehouse

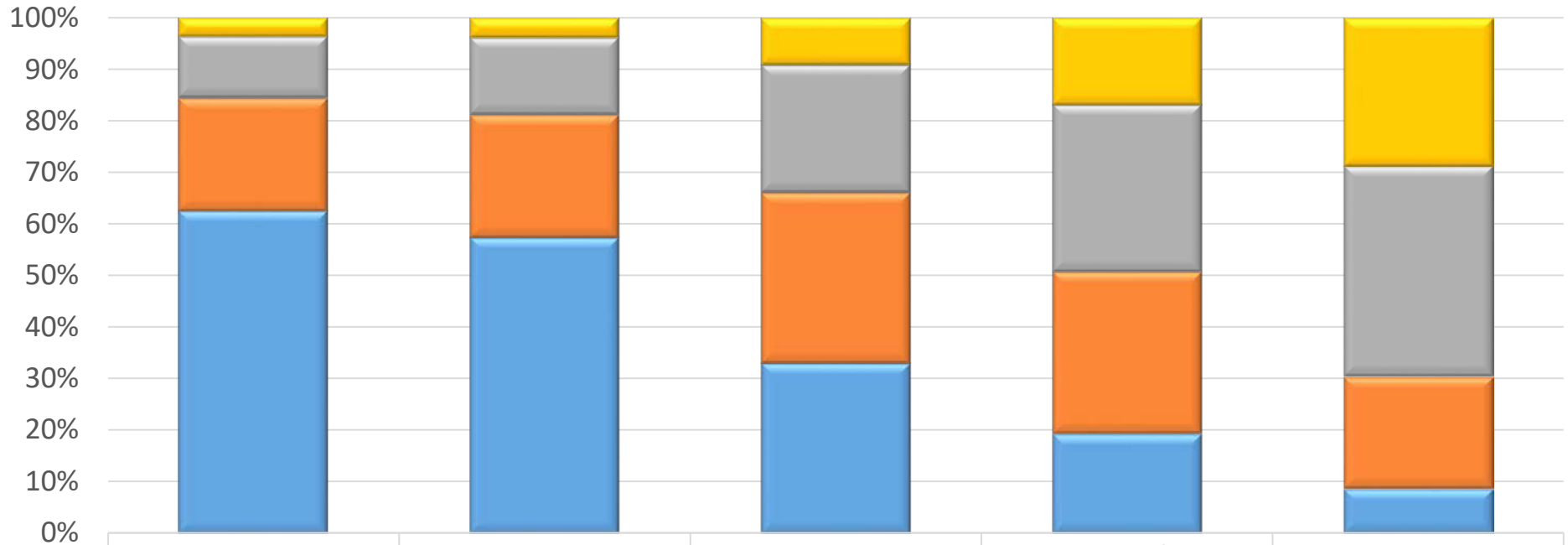
Avoidable ED Visits by Level of Severity- Cases by Gender Memorial Regional Hospital, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Male	7,370	11,816	14,182	13,646	2,211
Female	7,452	12,925	18,104	19,065	2,312

Source: Broward Regional Health Planning Council, Health Data Warehouse

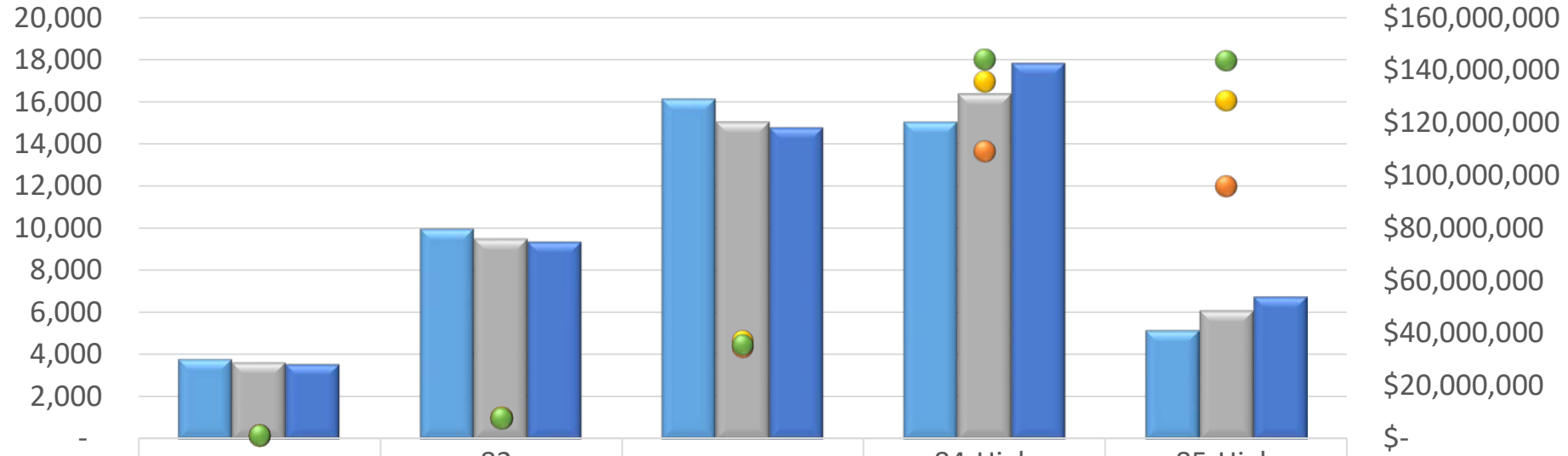
Avoidable ED Visits by Level of Severity- Cases by Age
Memorial Regional Hospital, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
65+	536	943	2,933	5,487	1,295
40 - 64	1,771	3,702	7,995	10,600	1,848
18 - 39	3,250	5,906	10,666	10,252	985
0 - 17	9,265	14,190	10,692	6,372	395

Source: Broward Regional Health Planning Council, Health Data Warehouse

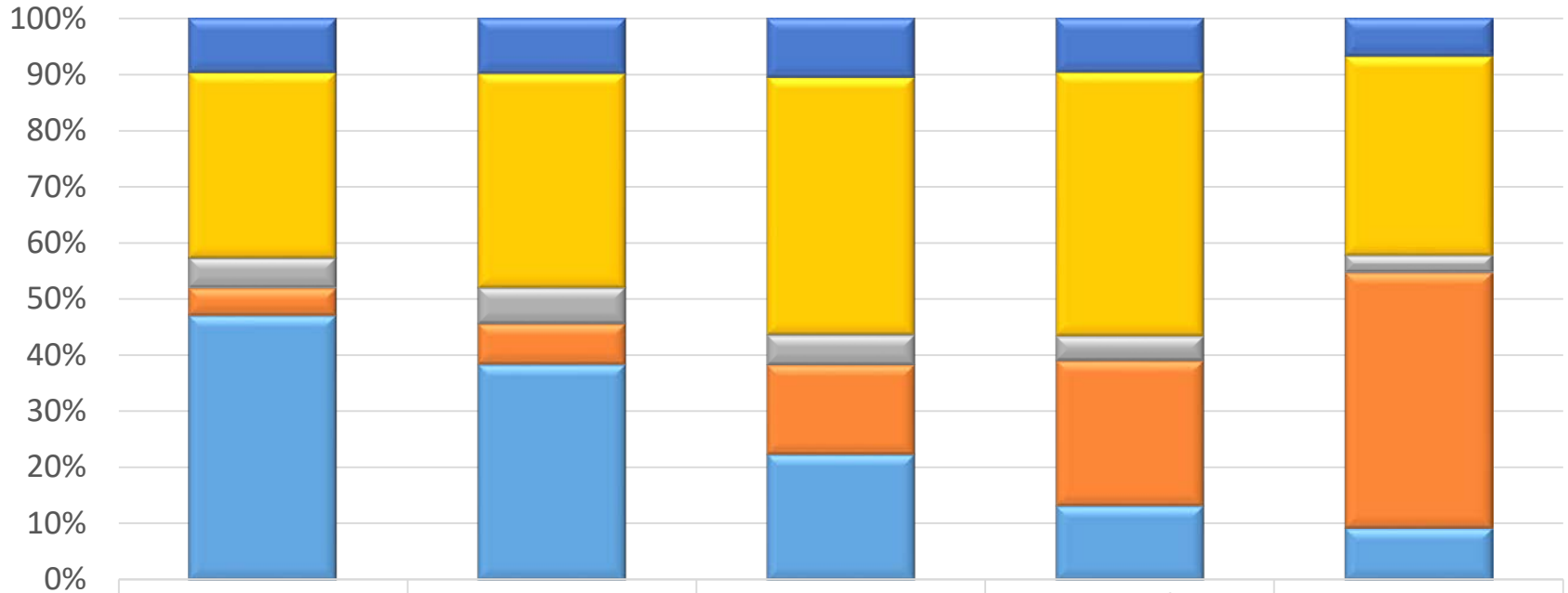
Avoidable ED Visits by Level of Severity- Cases vs. Charges, Memorial Hospital West, 2014-2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/immediate
2014 Cases	3,837	9,985	16,118	15,024	5,198
2015 Cases	3,650	9,515	15,058	16,386	6,106
2016 Cases	3,603	9,386	14,793	17,848	6,815
2014 Charges	$1,072,077	$7,666,056	$34,779,283	$109,249,144	$96,038,824
2015 Charges	$1,097,143	$7,897,987	$37,075,492	$135,780,085	$128,401,903
2016 Charges	$1,118,286	$7,622,777	$35,614,009	$143,999,070	$143,624,721

Source: Broward Regional Health Planning Council, Health Data Warehouse

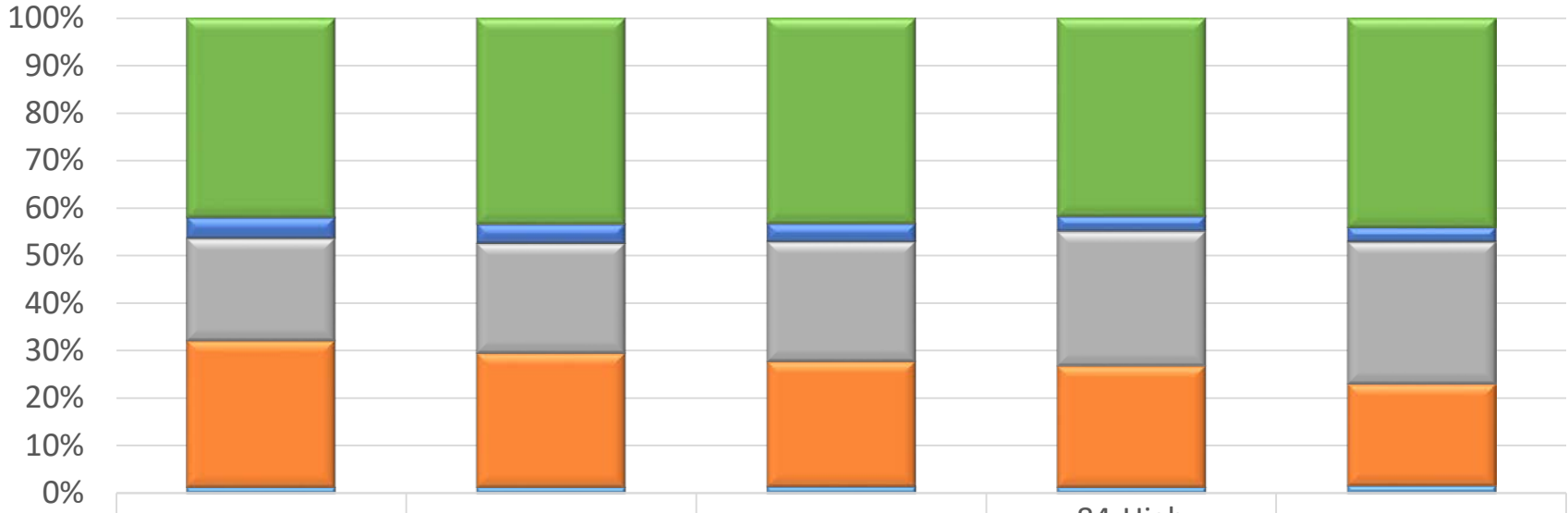
Avoidable ED Visits by Level of Severity- Charges by Payer, Memorial Hospital West, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Self-Pay	$106,012	$735,594	$3,668,488	$13,581,050	$9,477,645
Private, incl. HMO	$369,083	$2,907,722	$16,340,899	$67,610,918	$50,893,135
Other	$61,236	$495,367	$1,929,116	$6,463,528	$4,574,723
Medicare	$55,713	$561,421	$5,689,700	$37,206,189	$65,281,974
Medicaid	$526,242	$2,922,673	$7,985,806	$19,137,385	$13,397,244

Source: Broward Regional Health Planning Council, Health Data Warehouse

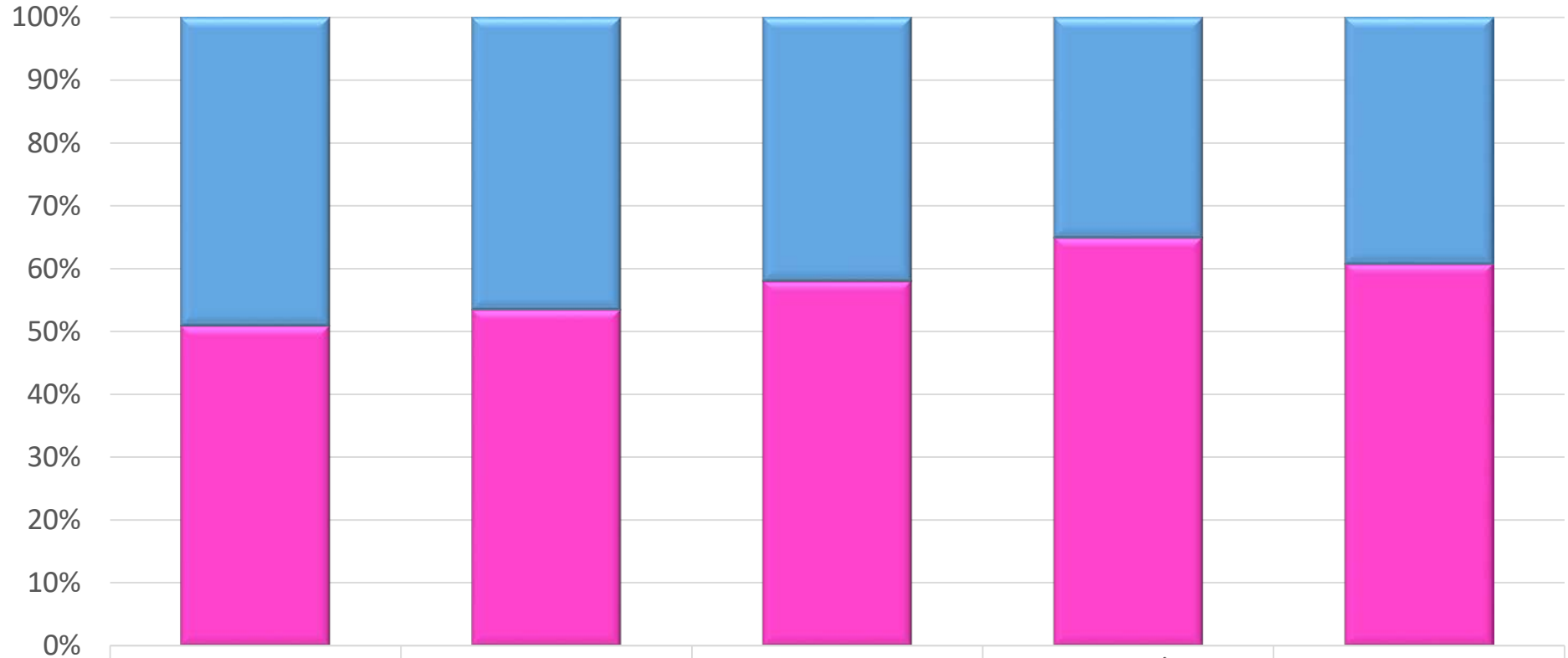
Avoidable ED Visits by Level of Severity- Cases by Race/Ethnicity, Memorial Hospital West, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
White	1,608	4,318	6,956	6,253	2,283
Other	166	400	610	479	158
Native American	2	12	10	10	5
Hispanic	830	2,314	4,075	4,262	1,558
Black	1,183	2,817	4,246	3,832	1,113
Asian/Pacific Island	48	124	221	188	81

Source: Broward Regional Health Planning Council, Health Data Warehouse

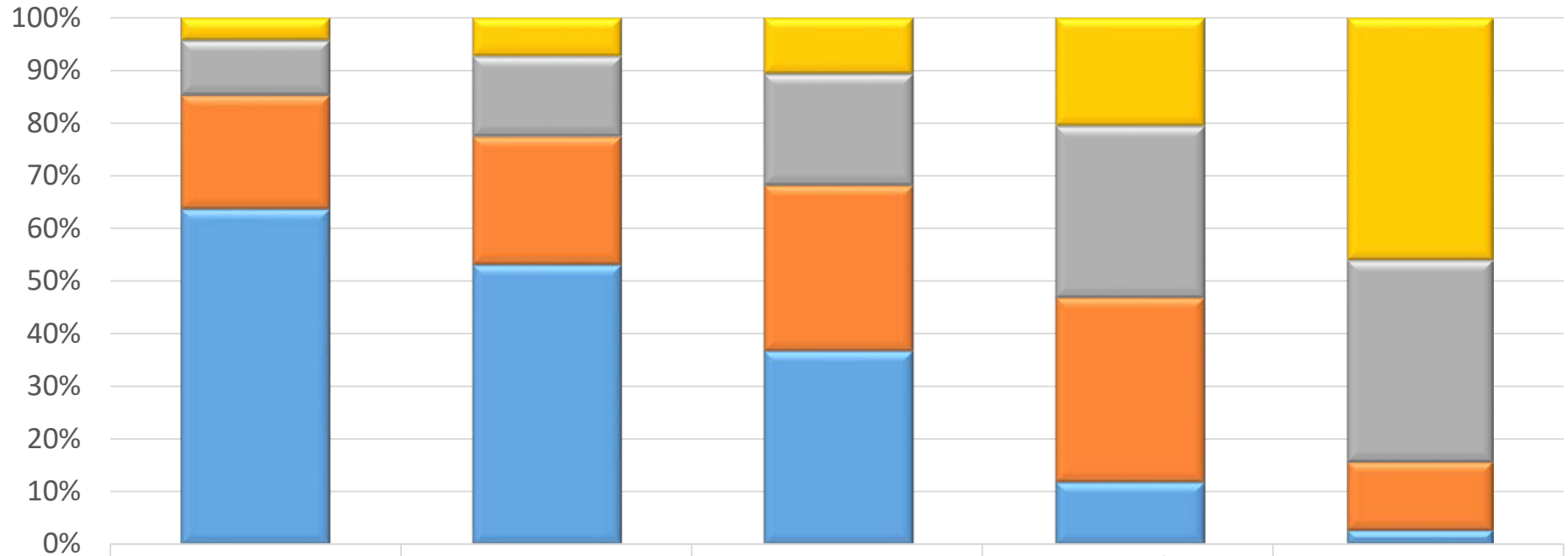
Avoidable ED Visits by Level of Severity- Cases by Gender, Memorial Hospital West, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Male	1,882	4,643	6,762	5,265	2,039
Female	1,955	5,342	9,356	9,759	3,159

Source: Broward Regional Health Planning Council, Health Data Warehouse

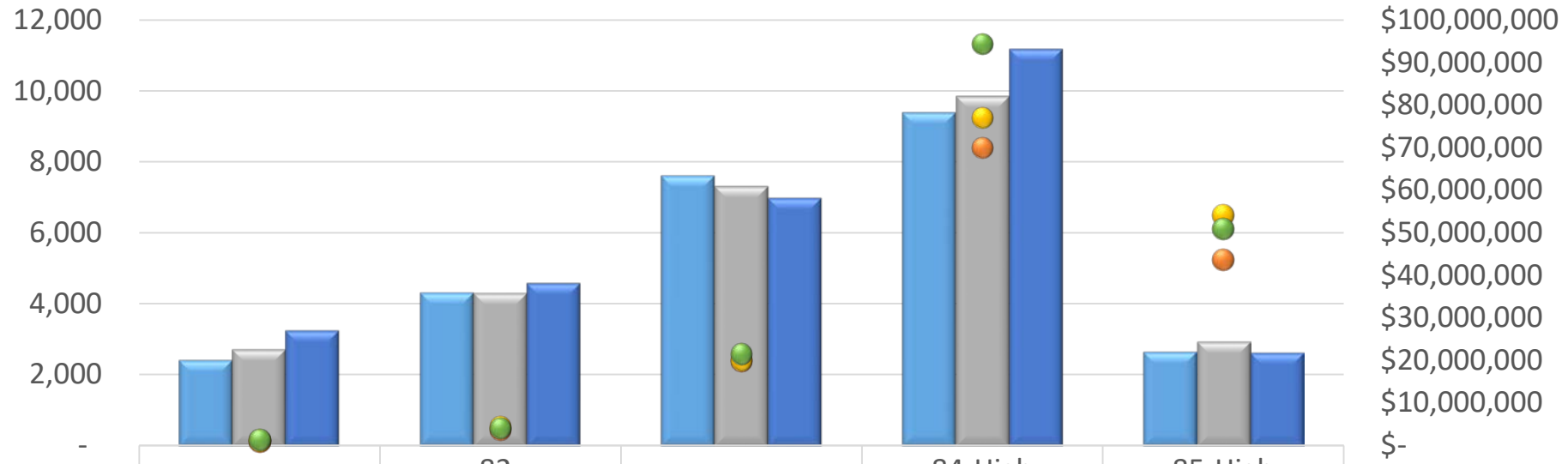
Avoidable ED Visits by Level of Severity- Cases by Age, Memorial Hospital West, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
65+	162	727	1,703	3,078	2,385
40 - 64	399	1,516	3,410	4,890	1,992
18 - 39	832	2,437	5,073	5,266	678
0 - 17	2,444	5,305	5,932	1,790	143

Source: Broward Regional Health Planning Council, Health Data Warehouse

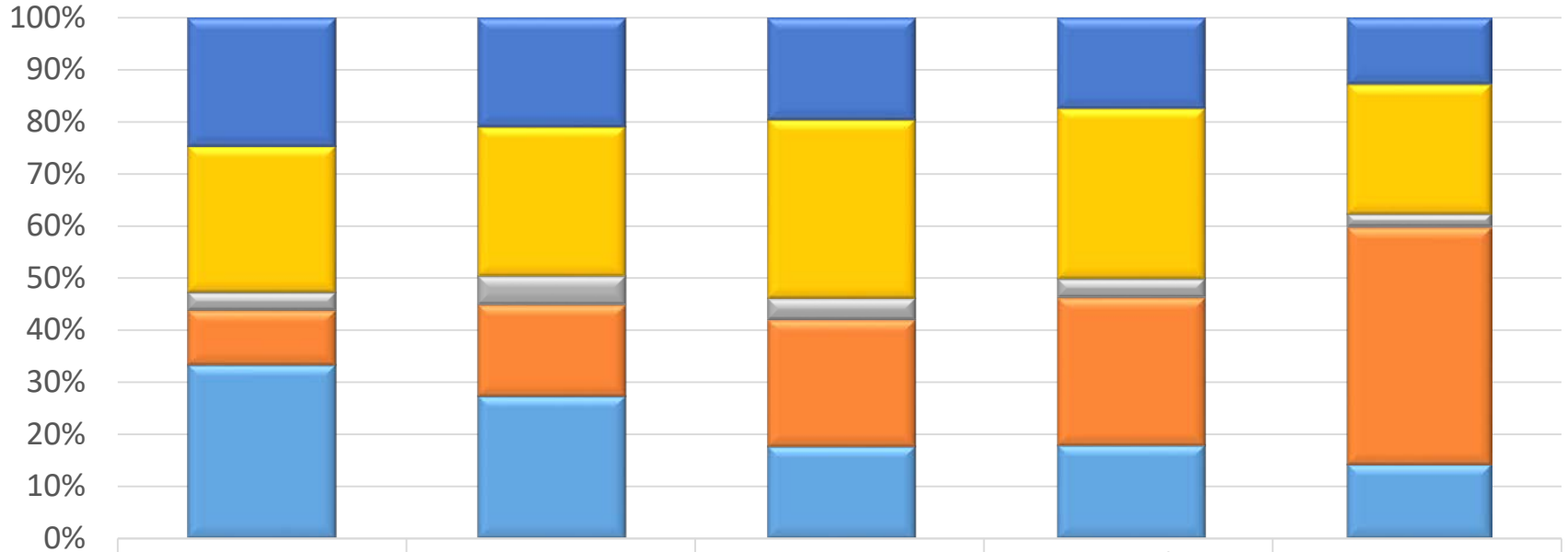
Avoidable ED Visits by Level of Severity- Cases vs. Charges, Memorial Hospital Pembroke, 2014-2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
2014 Cases	2,420	4,315	7,601	9,377	2,652
2015 Cases	2,733	4,318	7,314	9,850	2,947
2016 Cases	3,256	4,587	6,984	11,174	2,631
2014 Charges	$902,610	$3,635,968	$19,852,839	$70,014,163	$43,674,215
2015 Charges	$1,092,101	$4,315,101	$20,036,596	$76,998,278	$54,191,429
2016 Charges	$1,319,229	$4,072,499	$21,474,376	$94,376,879	$50,935,482

Source: Broward Regional Health Planning Council, Health Data Warehouse

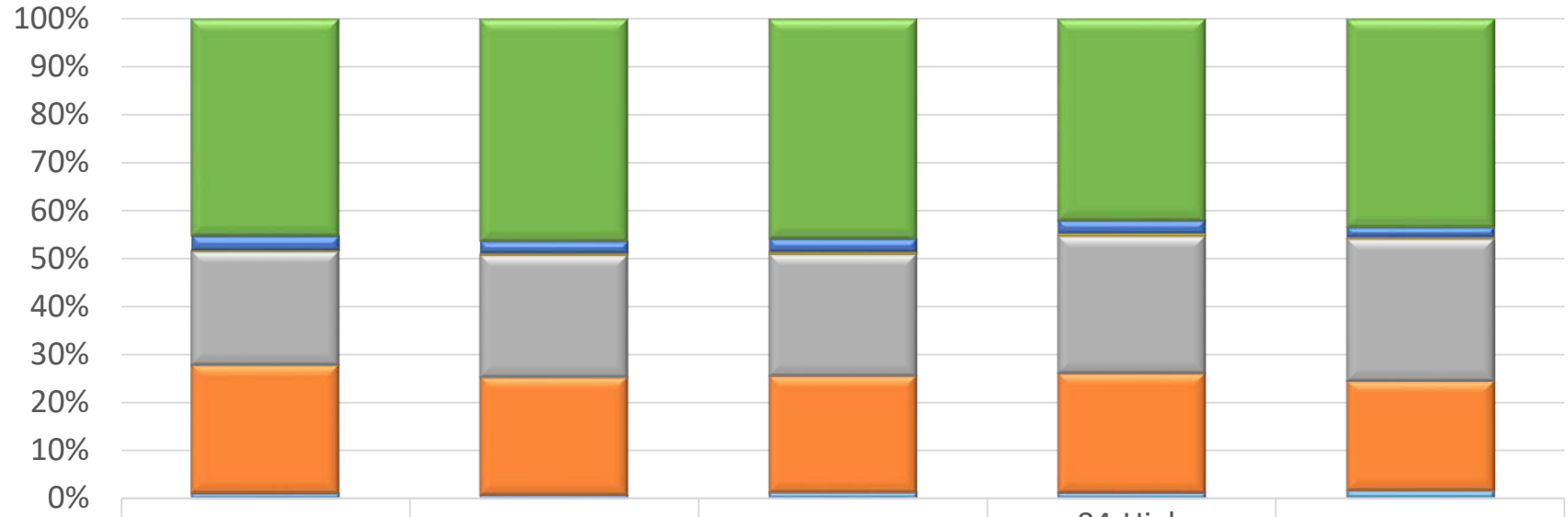
Avoidable ED Visits by Level of Severity- Charges by Payer, Memorial Hospital Pembroke, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Self-Pay	$323,808	$847,073	$4,173,048	$16,287,249	$6,448,547
Private, incl. HMO	$370,402	$1,170,387	$7,370,848	$30,957,023	$12,748,771
Other	$46,235	$225,675	$896,051	$3,434,997	$1,294,540
Medicare	$139,185	$714,428	$5,219,629	$26,732,152	$23,162,128
Medicaid	$439,599	$1,114,936	$3,814,800	$16,965,458	$7,281,496

Source: Broward Regional Health Planning Council, Health Data Warehouse

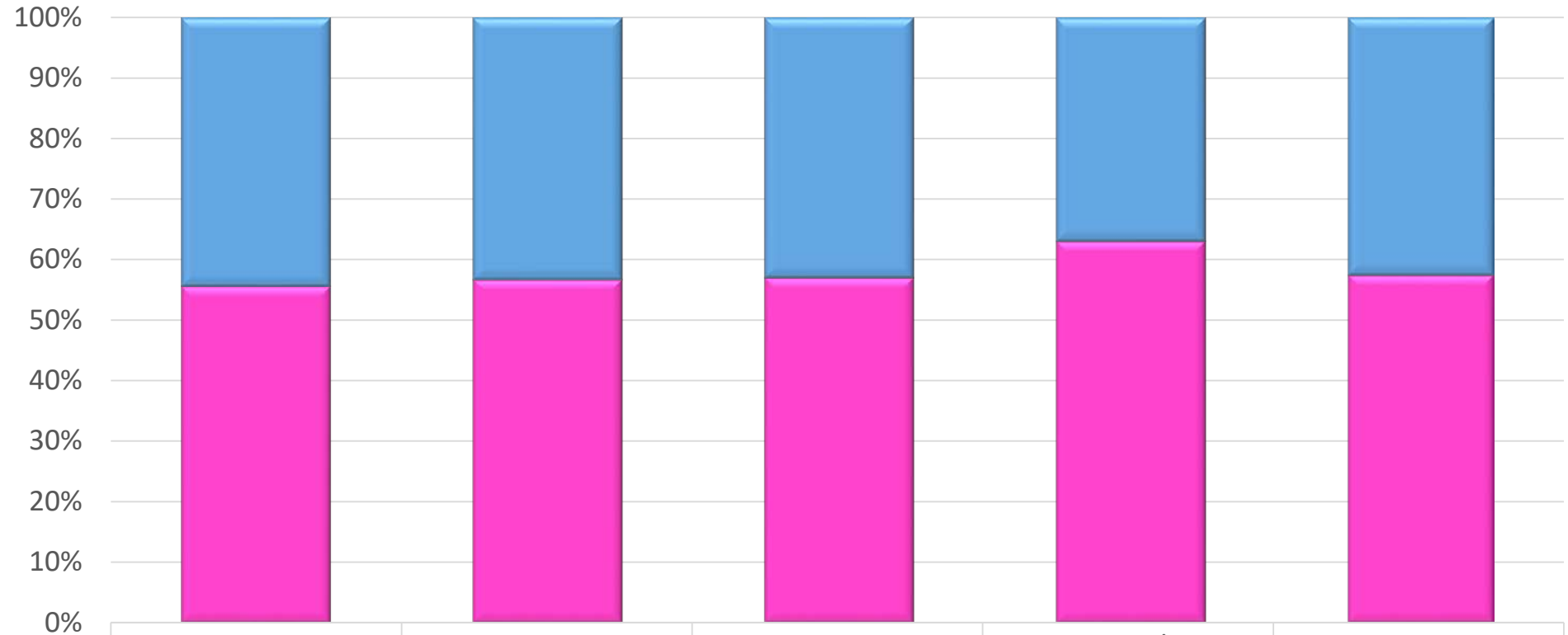
Avoidable ED Visits by Level of Severity- Cases by Race/Ethnicity, Memorial Hospital Pembroke, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
White	1,468	2,121	3,189	4,686	1,140
Other	98	111	192	312	56
Native American	10	26	44	62	11
Hispanic	770	1,163	1,764	3,184	776
Black	872	1,127	1,699	2,784	602
Asian/Pacific Island	38	39	96	146	46

Source: Broward Regional Health Planning Council, Health Data Warehouse

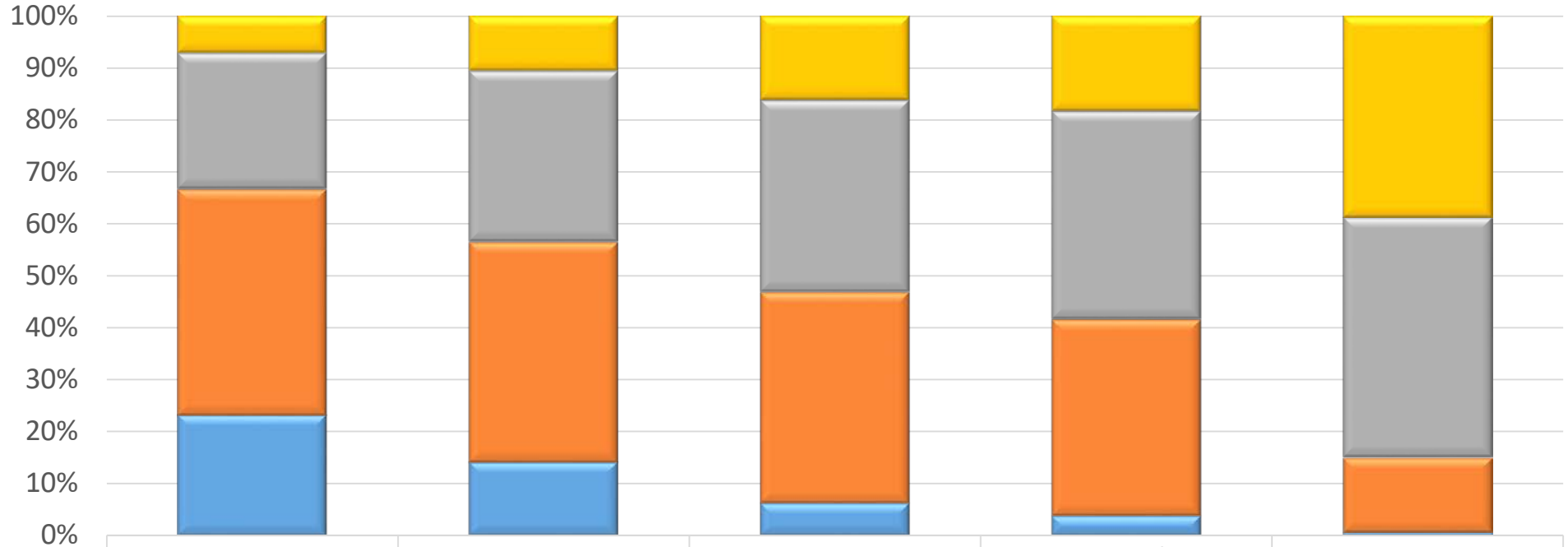
Avoidable ED Visits by Level of Severity- Cases by Gender, Memorial Hospital Pembroke, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Male	1,444	1,983	2,998	4,128	1,118
Female	1,812	2,604	3,986	7,046	1,513

Source: Broward Regional Health Planning Council, Health Data Warehouse

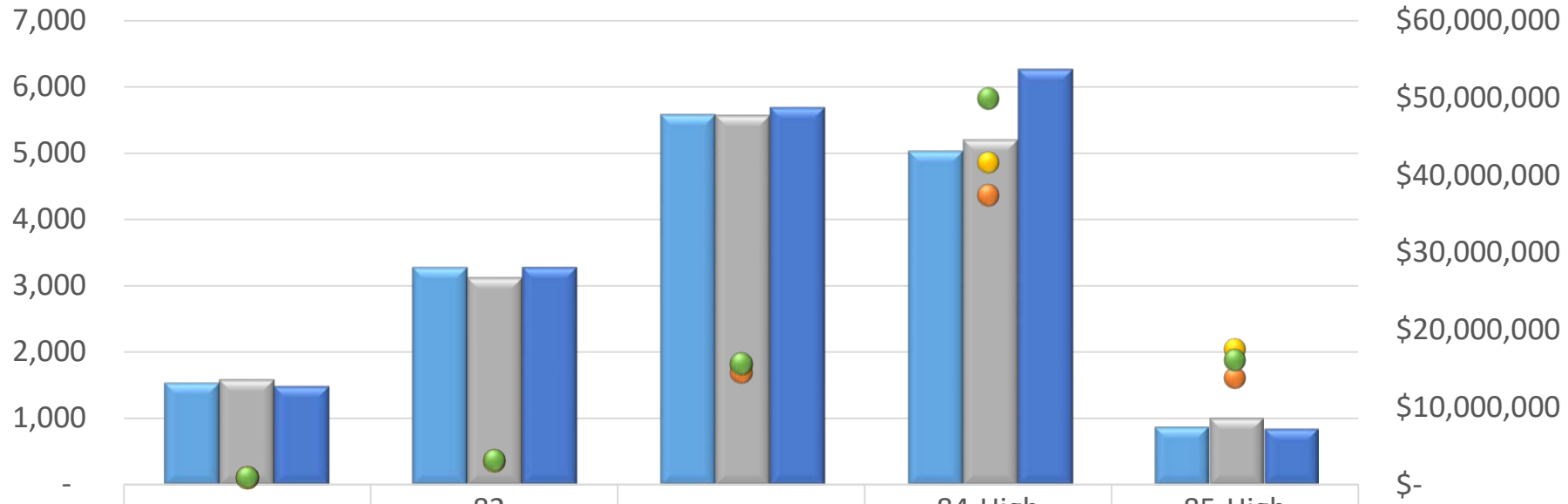
Avoidable ED Visits by Level of Severity- Cases by Age, Memorial Hospital Pembroke, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
65+	232	485	1,130	2,046	1,020
40 - 64	854	1,510	2,576	4,466	1,212
18 - 39	1,414	1,942	2,836	4,225	382
0 - 17	756	650	442	437	17

Source: Broward Regional Health Planning Council, Health Data Warehouse

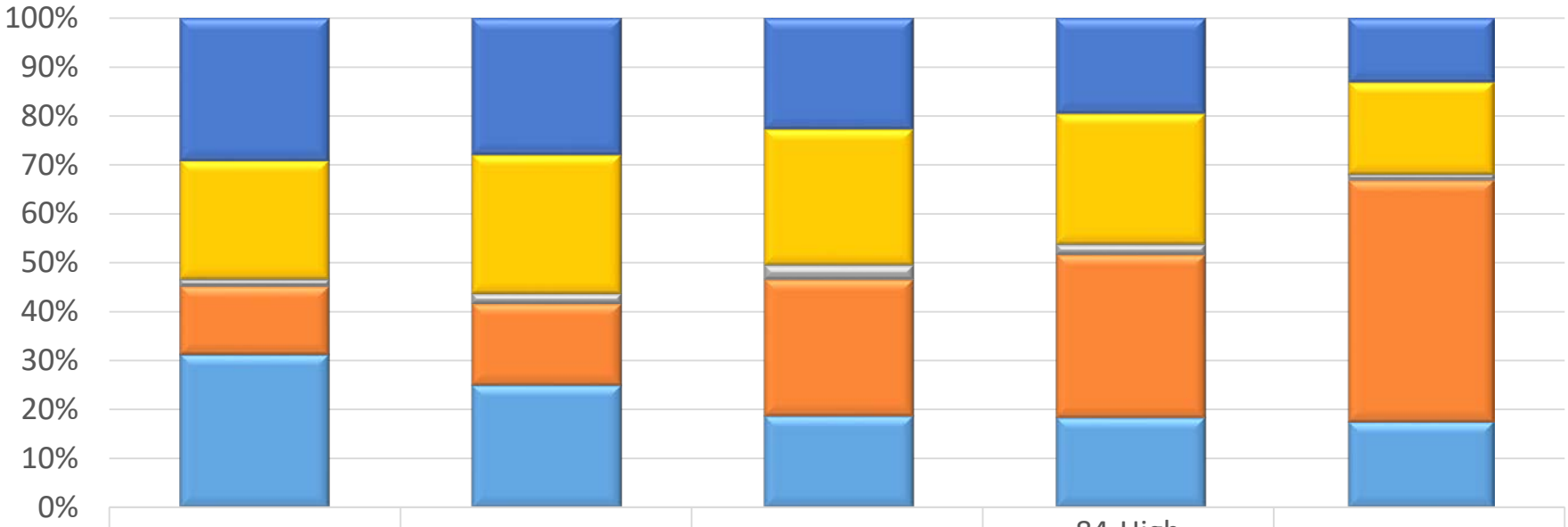
Avoidable ED Visits by Level of Severity- Cases vs. Charges, Memorial Hospital South, 2014-2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
2014 Cases	1,545	3,281	5,587	5,035	881
2015 Cases	1,609	3,136	5,577	5,210	1,027
2016 Cases	1,492	3,277	5,687	6,262	853
2014 Charges	$873,776	$3,111,142	$14,485,764	$37,427,675	$13,794,490
2015 Charges	$880,645	$3,042,383	$15,500,689	$41,664,035	$17,558,747
2016 Charges	$938,885	$3,145,636	$15,665,526	$49,954,939	$16,145,146

Source: Broward Regional Health Planning Council, Health Data Warehouse

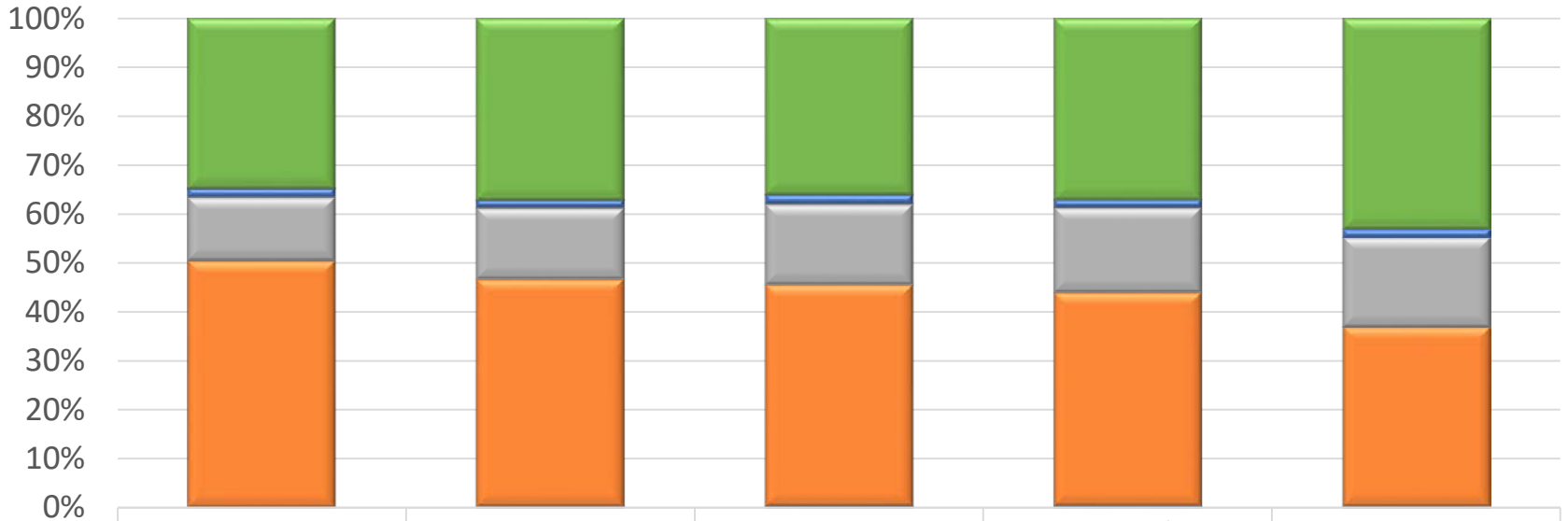
Avoidable ED Visits by Level of Severity- Charges by Payer, Memorial Hospital South, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Self-Pay	$271,398	$872,106	$3,526,102	$9,680,273	$2,099,732
Private, incl. HMO	$228,271	$892,279	$4,354,860	$13,345,193	$3,040,497
Other	$13,433	$67,290	$462,717	$1,043,442	$196,287
Medicare	$132,133	$526,599	$4,373,043	$16,676,622	$7,972,854
Medicaid	$293,650	$787,362	$2,948,804	$9,209,409	$2,835,776

Source: Broward Regional Health Planning Council, Health Data Warehouse

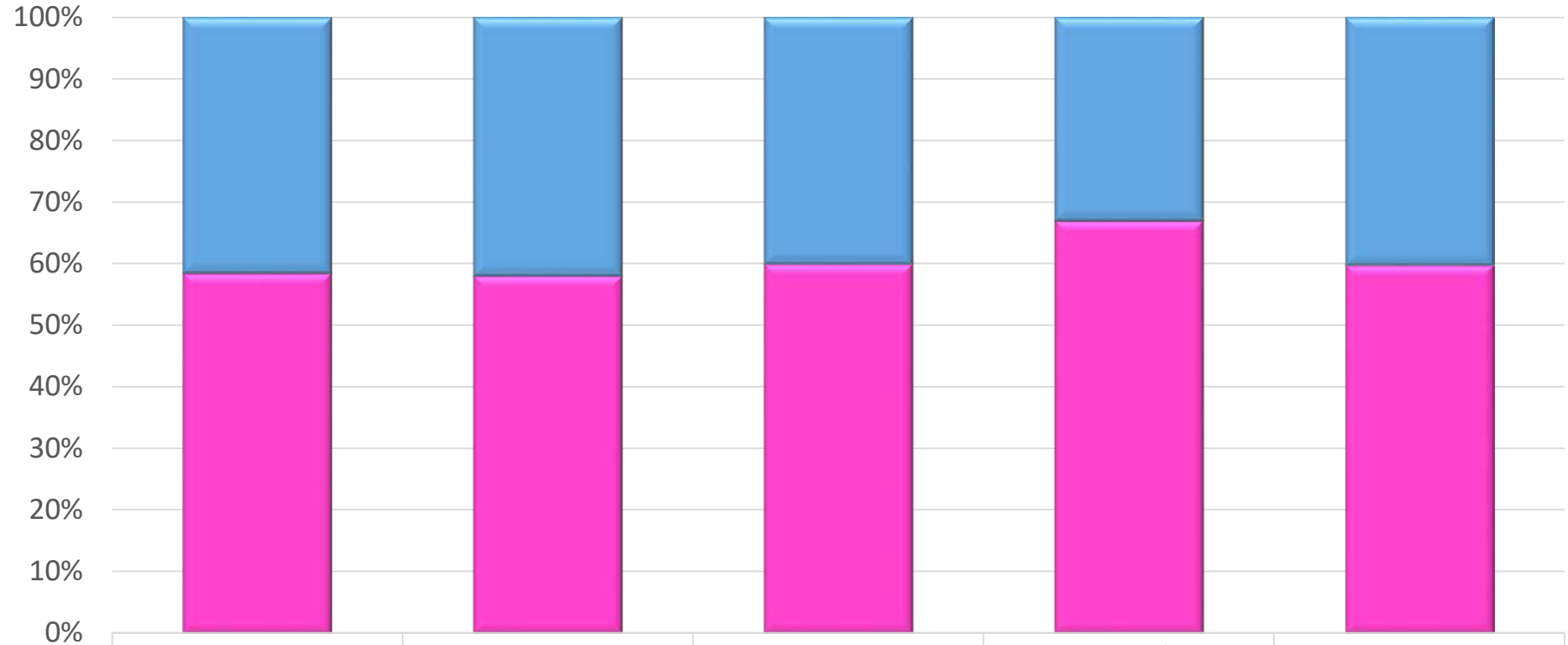
Avoidable ED Visits by Level of Severity- Cases by Race/Ethnicity, Memorial Hospital South, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
White	518	1,214	2,044	2,317	366
Other	28	54	115	105	15
Native American	-	1	3	-	-
Hispanic	192	474	928	1,078	156
Black	753	1,526	2,580	2,741	314
Asian/Pacific Island	1	8	17	21	2

Source: Broward Regional Health Planning Council, Health Data Warehouse

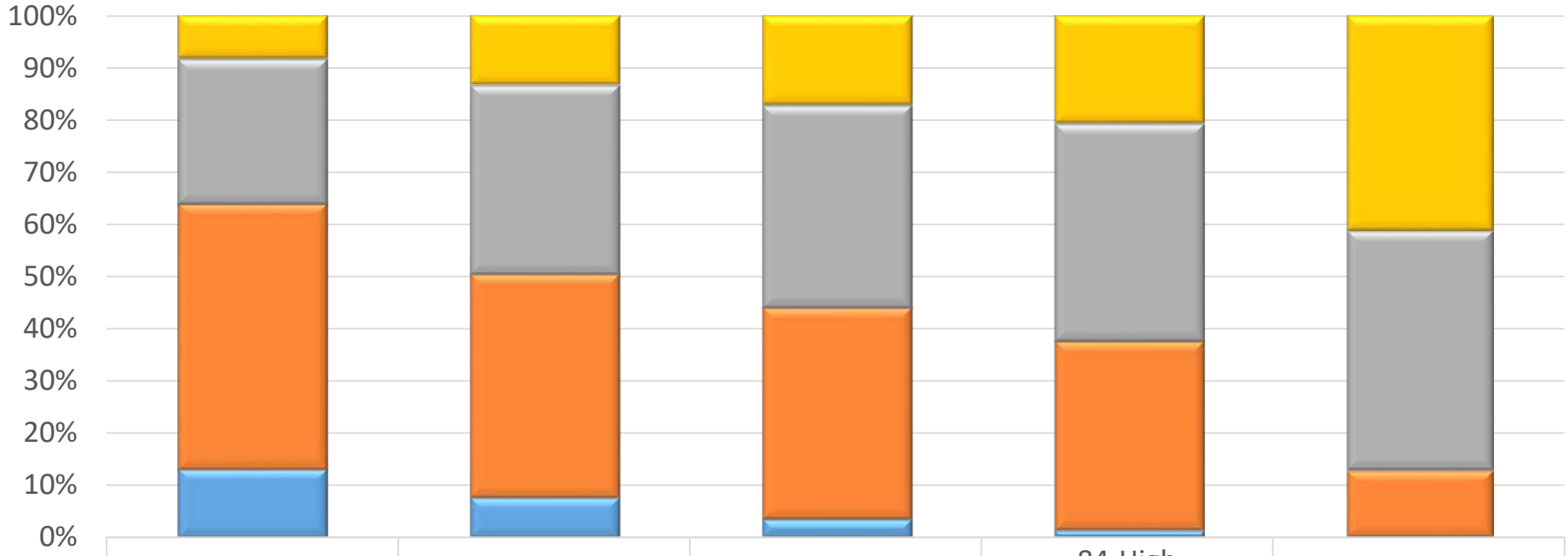
Avoidable ED Visits by Level of Severity- Cases by Gender, Memorial Hospital South, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Male	619	1,374	2,276	2,065	343
Female	873	1,903	3,411	4,197	510

Source: Broward Regional Health Planning Council, Health Data Warehouse

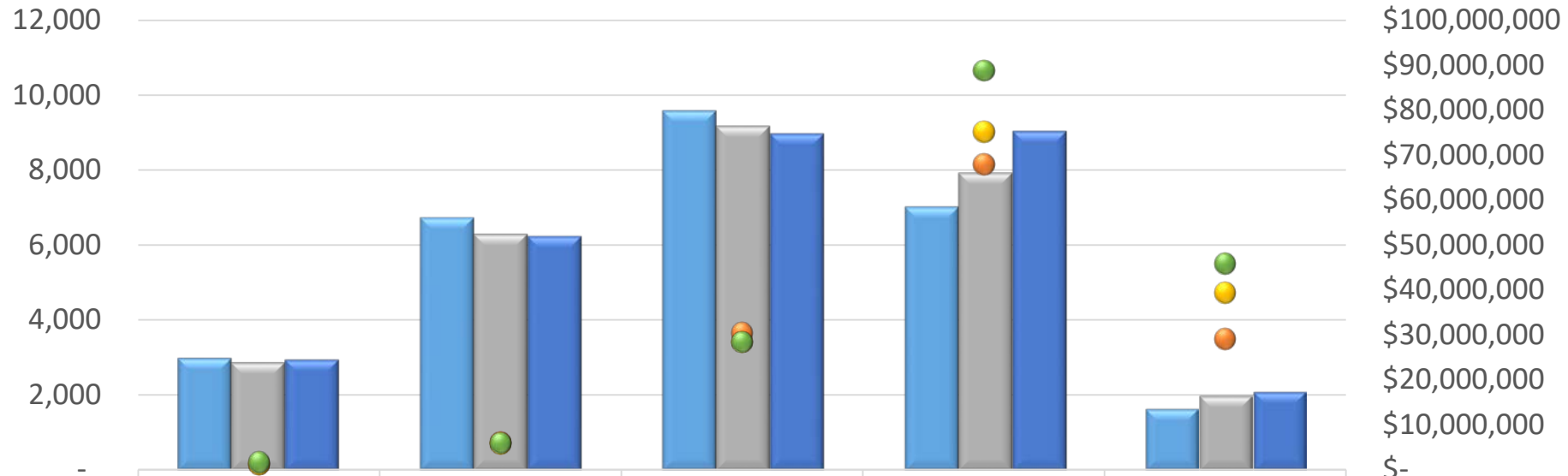
Avoidable ED Visits by Level of Severity- Cases by Age, Memorial Hospital South, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
65+	123	433	971	1,289	350
40 - 64	415	1,188	2,207	2,611	392
18 - 39	758	1,404	2,304	2,269	110
0 - 17	196	252	205	93	1

Source: Broward Regional Health Planning Council, Health Data Warehouse

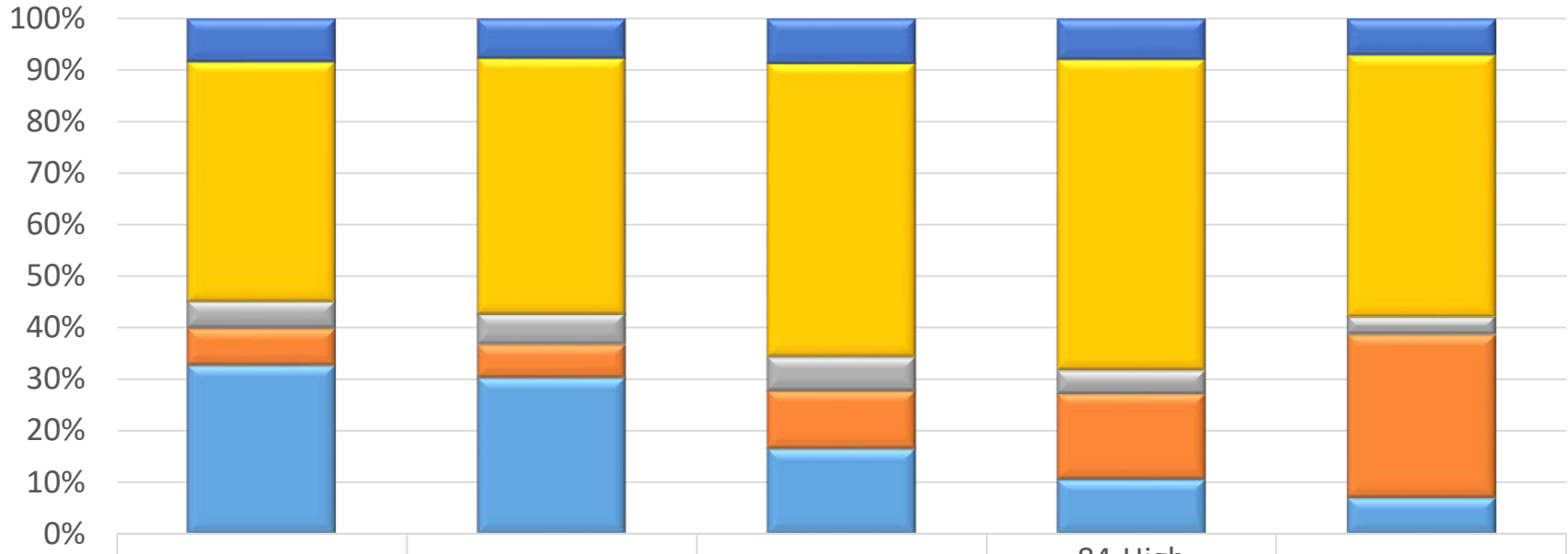
Avoidable ED Visits by Level of Severity- Cases vs. Charges, Memorial Hospital Miramar, 2014-2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
2014 Cases	3,007	6,736	9,576	7,021	1,645
2015 Cases	2,889	6,297	9,169	7,921	1,996
2016 Cases	2,975	6,250	8,974	9,043	2,118
2014 Charges	$1,196,727	$6,027,146	$30,396,507	$67,959,676	$29,161,109
2015 Charges	$1,263,045	$5,901,284	$28,485,239	$75,185,038	$39,442,197
2016 Charges	$1,636,258	$5,977,568	$28,492,425	$88,814,081	$45,920,982

Source: Broward Regional Health Planning Council, Health Data Warehouse

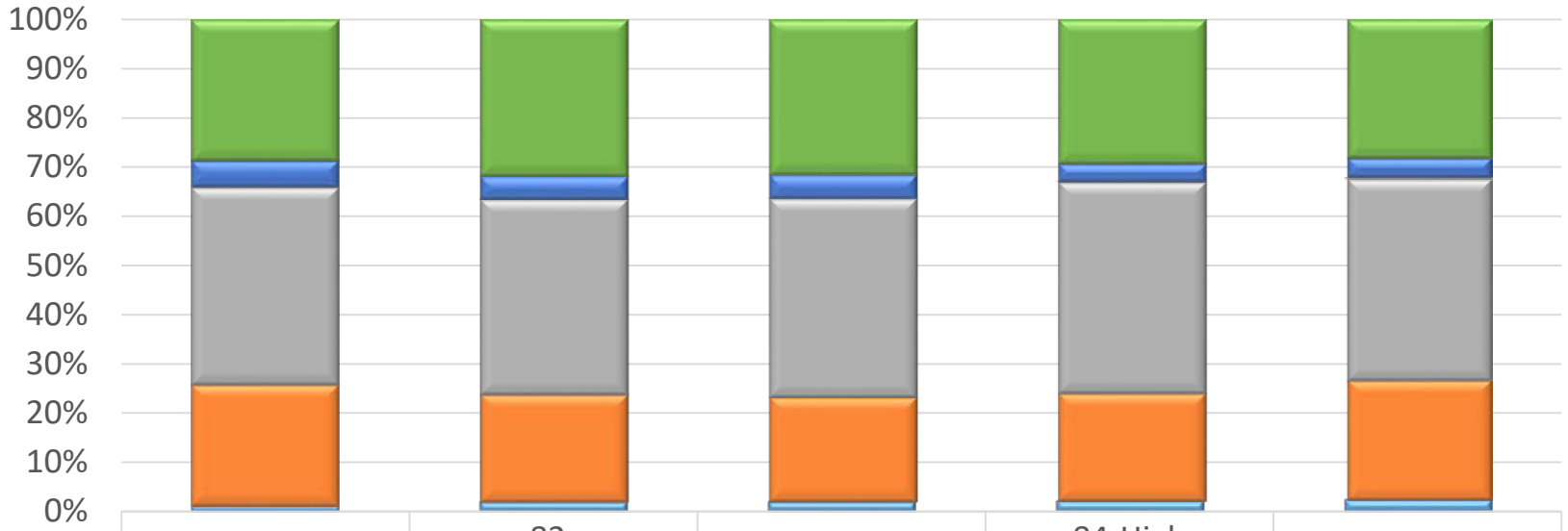
Avoidable ED Visits by Level of Severity- Charges by Payer, Memorial Hospital Miramar, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Self-Pay	$134,091	$449,905	$2,428,161	$6,883,024	$3,167,010
Private, incl. HMO	$762,640	$2,970,518	$16,214,012	$53,538,015	$23,359,647
Other	$86,378	$360,268	$1,890,029	$4,089,832	$1,612,840
Medicare	$117,740	$383,874	$3,206,936	$14,747,799	$14,471,128
Medicaid	$535,409	$1,813,003	$4,753,287	$9,555,411	$3,310,357

Source: Broward Regional Health Planning Council, Health Data Warehouse

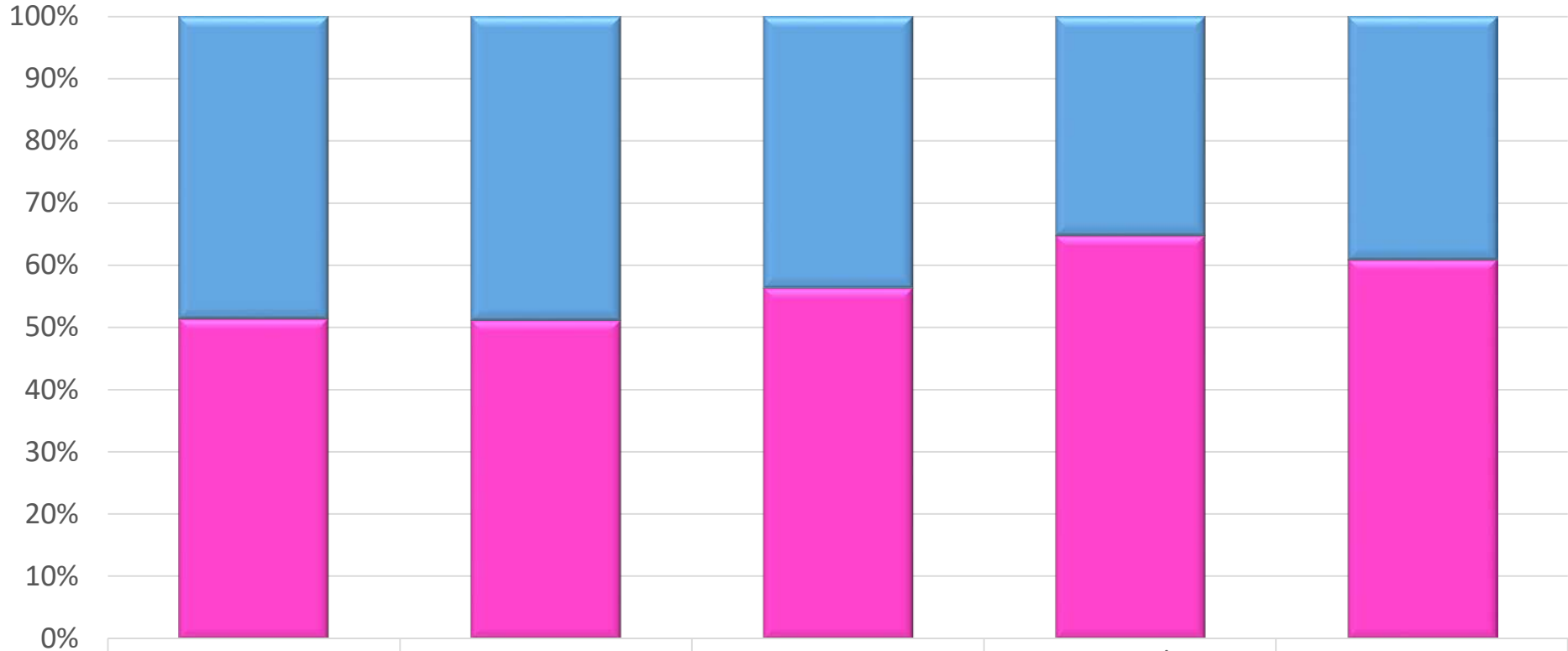
Avoidable ED Visits by Level of Severity- Cases by Race/Ethnicity, Memorial Hospital Miramar, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
White	852	1,986	2,825	2,650	597
Other	159	293	431	331	86
Native American	1	1	3	3	2
Hispanic	1,196	2,483	3,632	3,887	868
Black	735	1,368	1,909	1,987	516
Asian/Pacific Island	32	119	174	185	49

Source: Broward Regional Health Planning Council, Health Data Warehouse

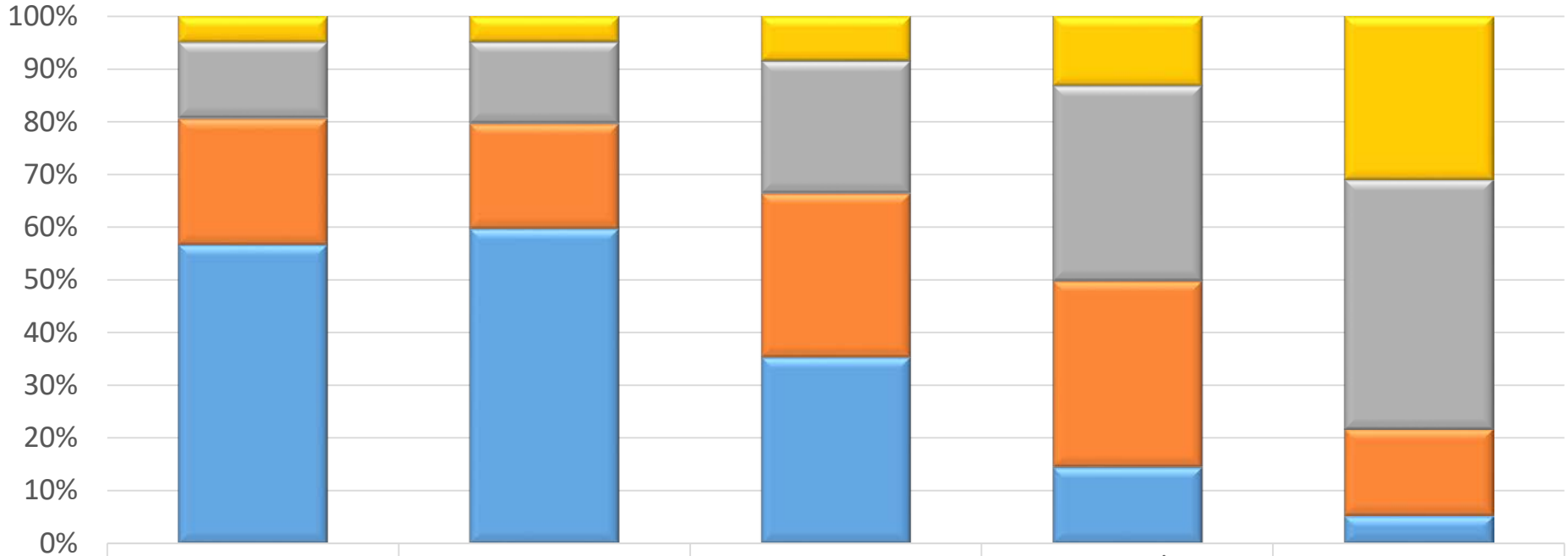
Avoidable ED Visits by Level of Severity- Cases by Gender, Memorial Hospital Miramar, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
Male	1,444	3,049	3,912	3,180	827
Female	1,531	3,201	5,062	5,863	1,291

Source: Broward Regional Health Planning Council, Health Data Warehouse

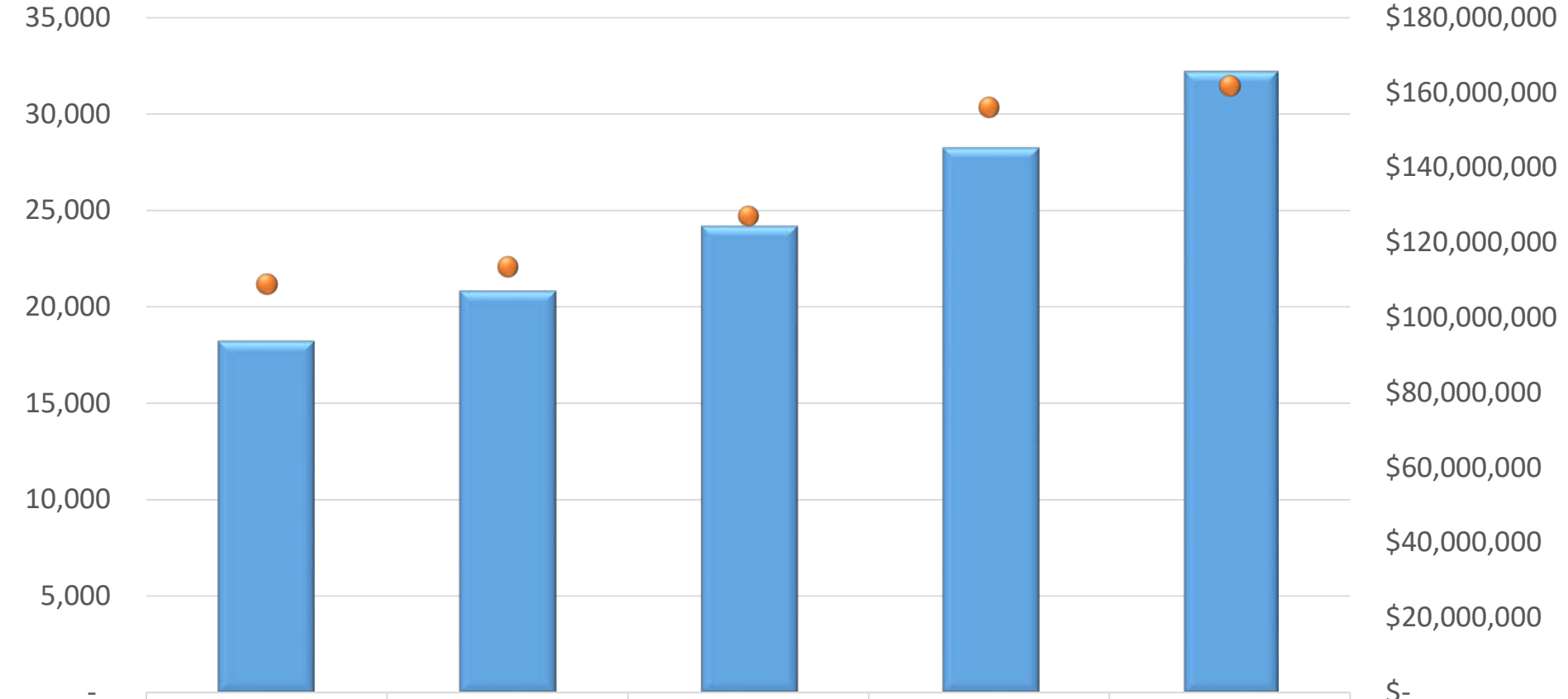
Avoidable ED Visits by Level of Severity- Cases by Age, Memorial Hospital Miramar, 2016



	81-Minor severity	82-Low/moderate severity	83-Moderate severity	84-High severity/non-immediate	85-High severity/ immediate
65+	147	305	762	1,192	655
40 - 64	430	966	2,248	3,346	1,002
18 - 39	713	1,250	2,795	3,190	349
0 - 17	1,685	3,729	3,169	1,315	112

Source: Broward Regional Health Planning Council, Health Data Warehouse

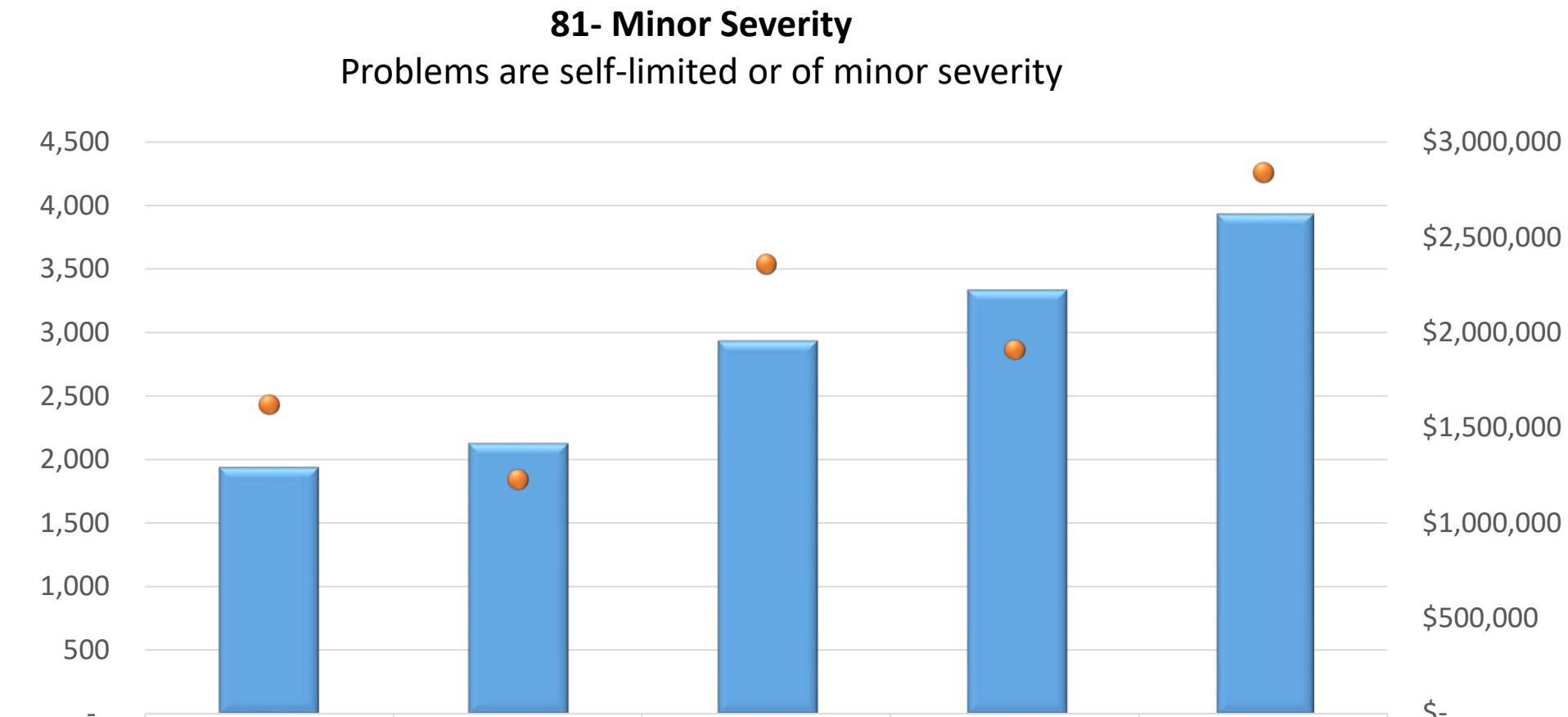
Avoidable ED Visits- MHS Top 5 PSA Zip Codes Cases vs. Charges, 2016



	33021	33025	33020	33024	33023
Cases	18,250	20,835	24,199	28,242	32,196
Charges	$108,955,230	$113,588,919	$127,165,999	$156,032,782	$161,842,031

Source: Broward Regional Health Planning Council, Health Data Warehouse

Avoidable ED Visits- MHS Top 5 PSA Zip Codes Cases vs. Charges, 2016



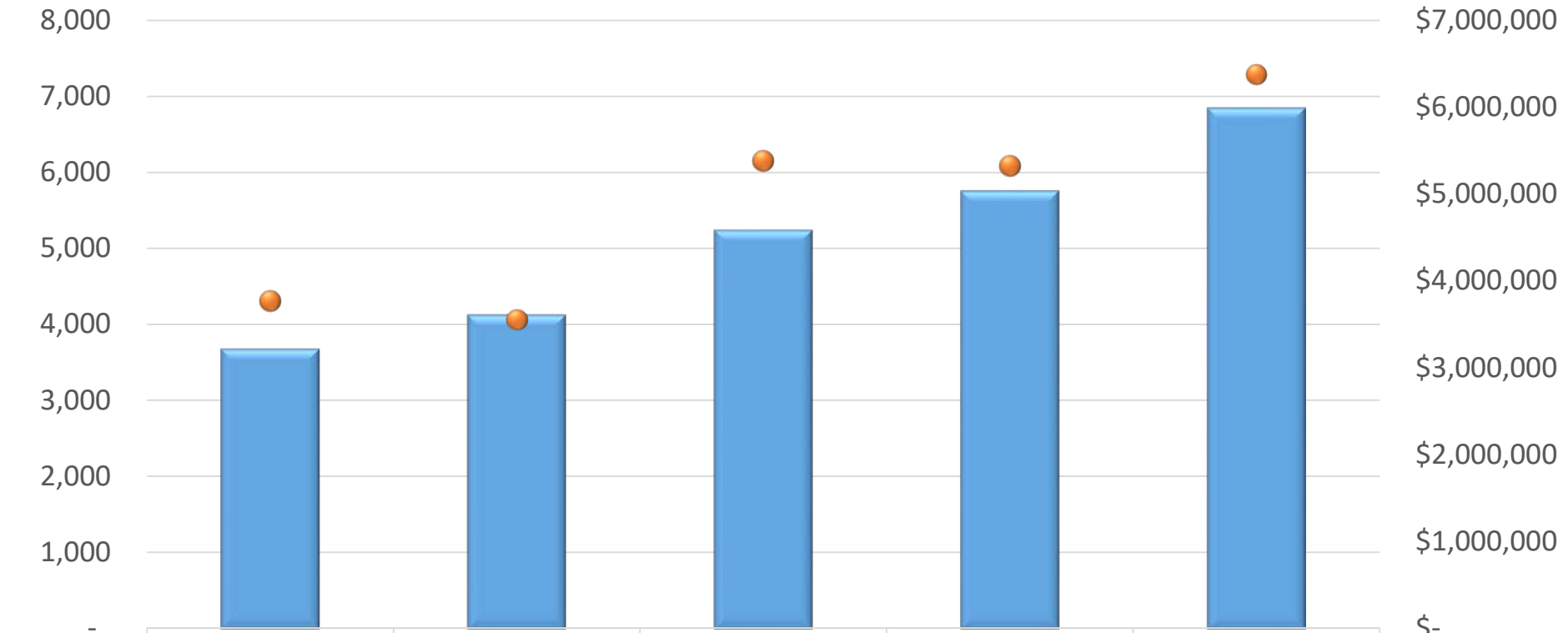
	33021	33025	33020	33024	33023
Cases	1,946	2,133	2,938	3,336	3,933
Charges	$1,622,321	$1,228,632	$2,358,341	$1,908,746	$2,838,793

Source: Broward Regional Health Planning Council, Health Data Warehouse

Avoidable ED Visits- MHS Top 5 PSA Zip Codes Cases vs. Charges, 2016

82- Minor Severity

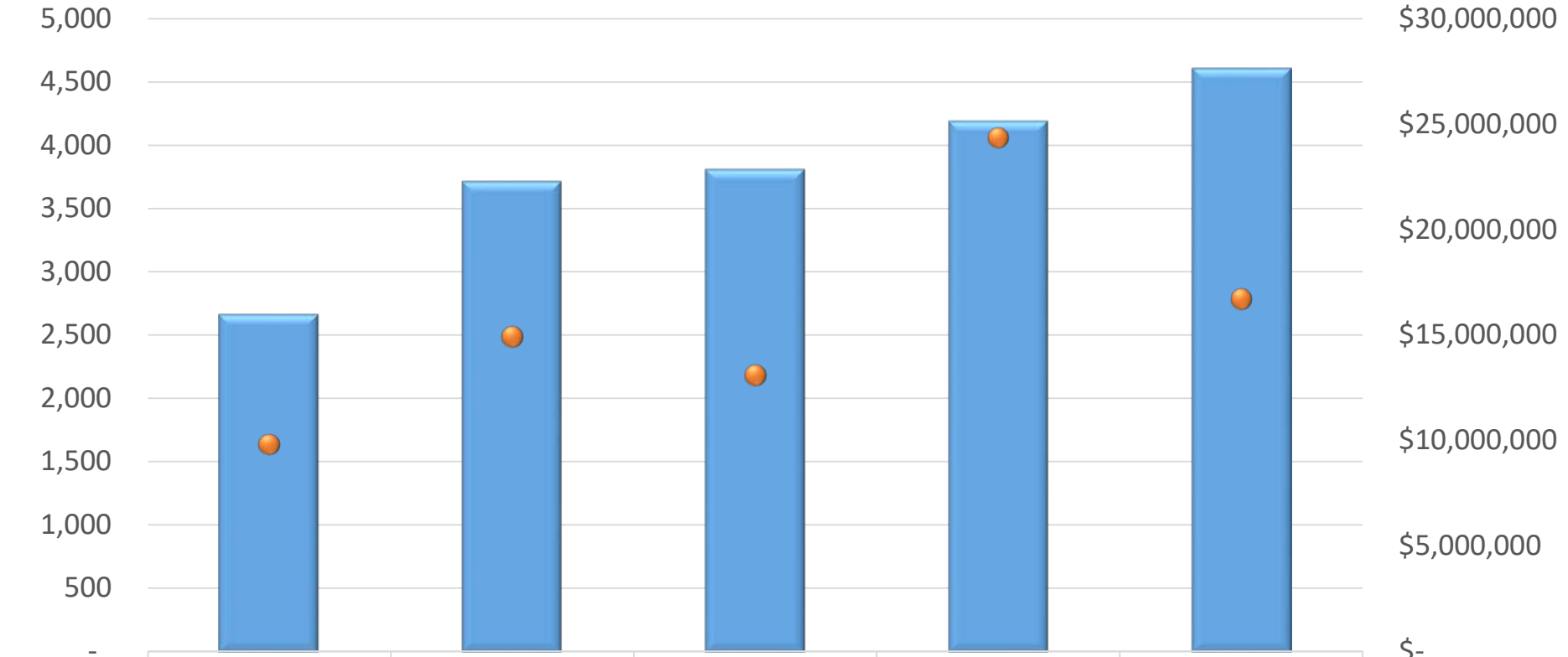
Problems are low or of moderate severity



	33021	33025	33020	33024	33023
Cases	3,679	4,131	5,244	5,760	6,850
Charges	$3,765,490	$3,550,866	$5,384,360	$5,324,875	$6,376,790

Source: Broward Regional Health Planning Council, Health Data Warehouse

Avoidable ED Visits- MHS Top 5 SSA Zip Codes Cases vs. Charges, 2016



	33168	33147	33161	33016	33162
Cases	2,655	3,706	3,803	4,184	4,601
Charges	$9,813,977	$14,913,010	$13,092,077	$24,370,810	$16,711,405

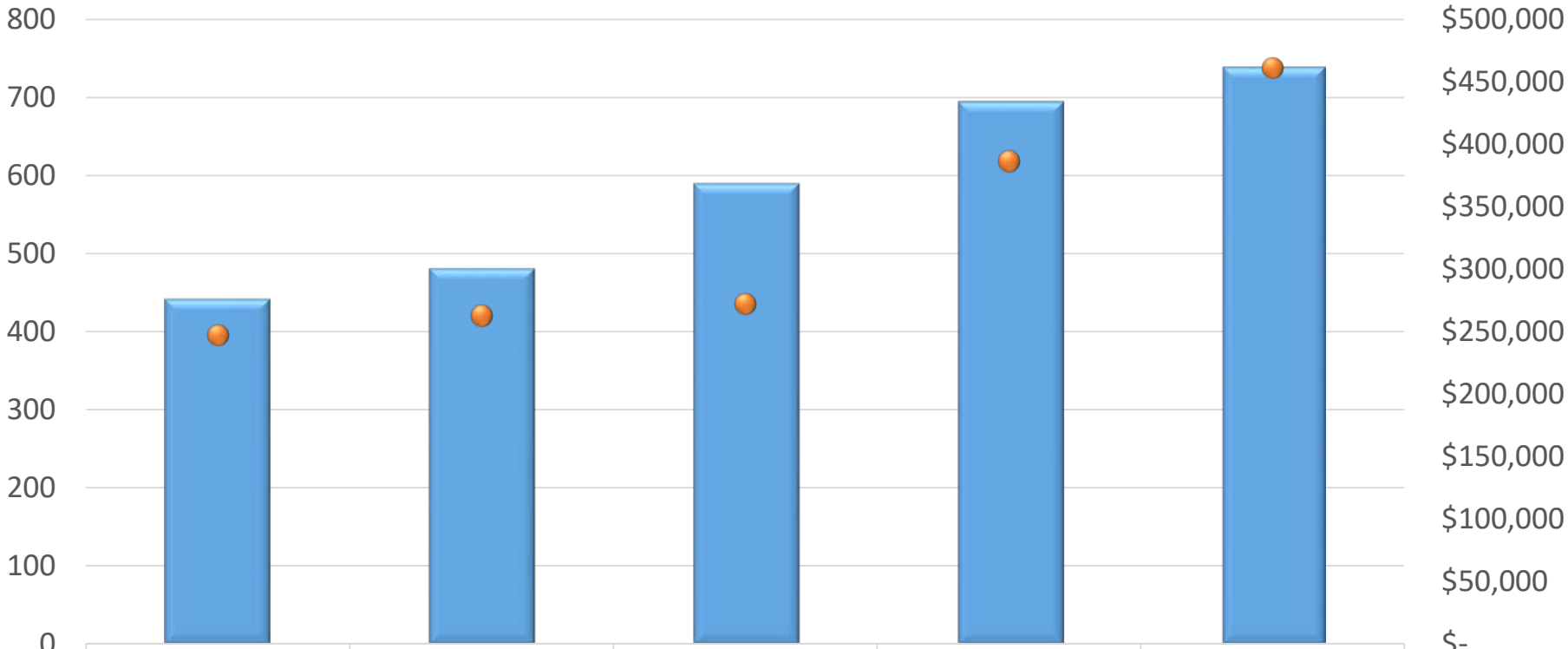
***All of the top 5 SSA zip codes are in Miami-Dade**

Source: Broward Regional Health Planning Council, Health Data Warehouse

Avoidable ED Visits- MHS Top 5 SSA Zip Codes Cases vs. Charges, 2016

81- Minor Severity

Problems are self-limited or of minor severity



	33168	33016	33147	33161	33162
Cases	442	481	590	695	739
Charges	$247,029	$262,919	$272,073	$386,419	$460,869

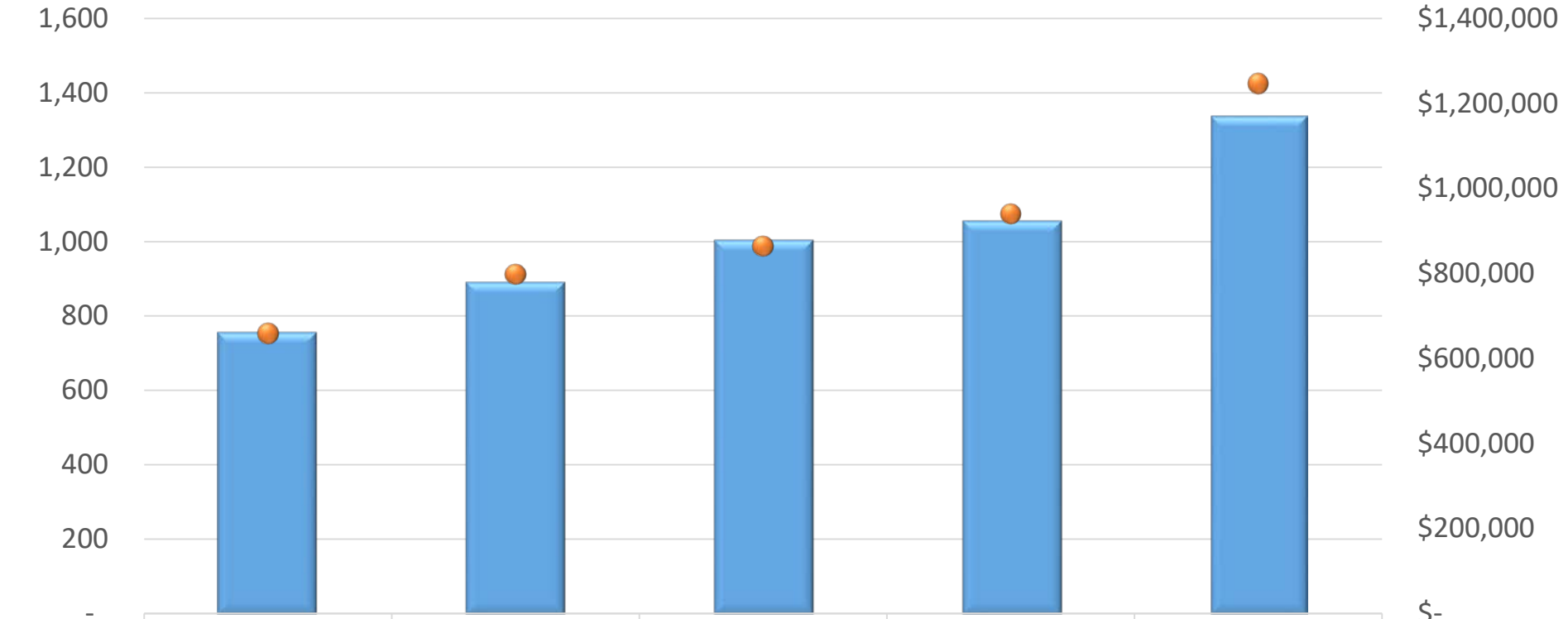
***All of the top 5 SSA zip codes are in Miami-Dade**

Source: Broward Regional Health Planning Council, Health Data Warehouse

Avoidable ED Visits- MHS Top 5 SSA Zip Codes Cases vs. Charges, 2016

82- Minor Severity

Problems are low or of moderate severity



	33168	33016	33147	33161	33162
Cases	760	894	1,007	1,058	1,339
Charges	$658,966	$798,724	$864,188	$940,498	$1,247,211

***All of the top 5 SSA zip codes are in Miami-Dade**

Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators

International Classification of Diseases, (ICD-10) Transition - Background

- The Department of Health and Human Services (HHS) has mandated that all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) must all transition to a new set of codes for electronic health care transactions on **October 1, 2015**.
- World Health Organization (WHO) authorized the publication of the International Classification of Diseases 10th Revision (ICD-10), which was implemented for mortality coding and classification from death certificates in the U.S. in 1999.
- The U.S. developed a Clinical Modification (ICD-10-CM) for medical diagnoses based on WHO's ICD-10 and CMS developed a new Procedure Coding System (ICD-10-PCS) for inpatient procedures. ICD-10-CM replaces ICD-9-CM, volumes 1 and 2, and ICD-10-PCS replaces ICD-9-CM, volume 3.

Code set differences

- There are nearly 19 times as many procedure codes in ICD-10-PCS than in ICD-9-CM volume 3
- There are nearly 5 times as many diagnosis codes in ICD-10-CM than in ICD-9-CM
- ICD-10 has alphanumeric categories instead of numeric ones
- The order of some chapters have changed, some titles have been renamed, and conditions have been grouped differently

Prevention Quality Indicators
Impact of ICD-10 Coding Changes

05 - Chronic obstructive PD	PQI definition was changed to: COPD or Asthma in older adults Data Warehouse has this updated definition as of 2015 Qtr 4 (ie ICD-10 codes) Before 2015 Qtr 4 the Data Warehouse was using the older definition of COPD.
10 - Dehydration	PQI definition was updated to include more cases via Secondary Diagnosis codes. Also hyperosmolality and/or hypernatremia, gastroenteritis, or acute kidney injury are included. Data Warehouse has this updated definition as of 2015 Qtr 4 (ie ICD-10 codes) Before 2015 Qtr 4 the Data Warehouse is using the older definition.
13 - Angina w/o procedure	Has been retired.
14 - Uncontrolled diabetes	These are examples of the yearly data comparison being impacted by the differences in ICD9 - ICD10 coding. This impact can be due to several factors such as: the crosswalk available when porting the PQI ICD9 definition, different coding practices due to ICD10's more detailed approach.

Prevention Quality Indicators

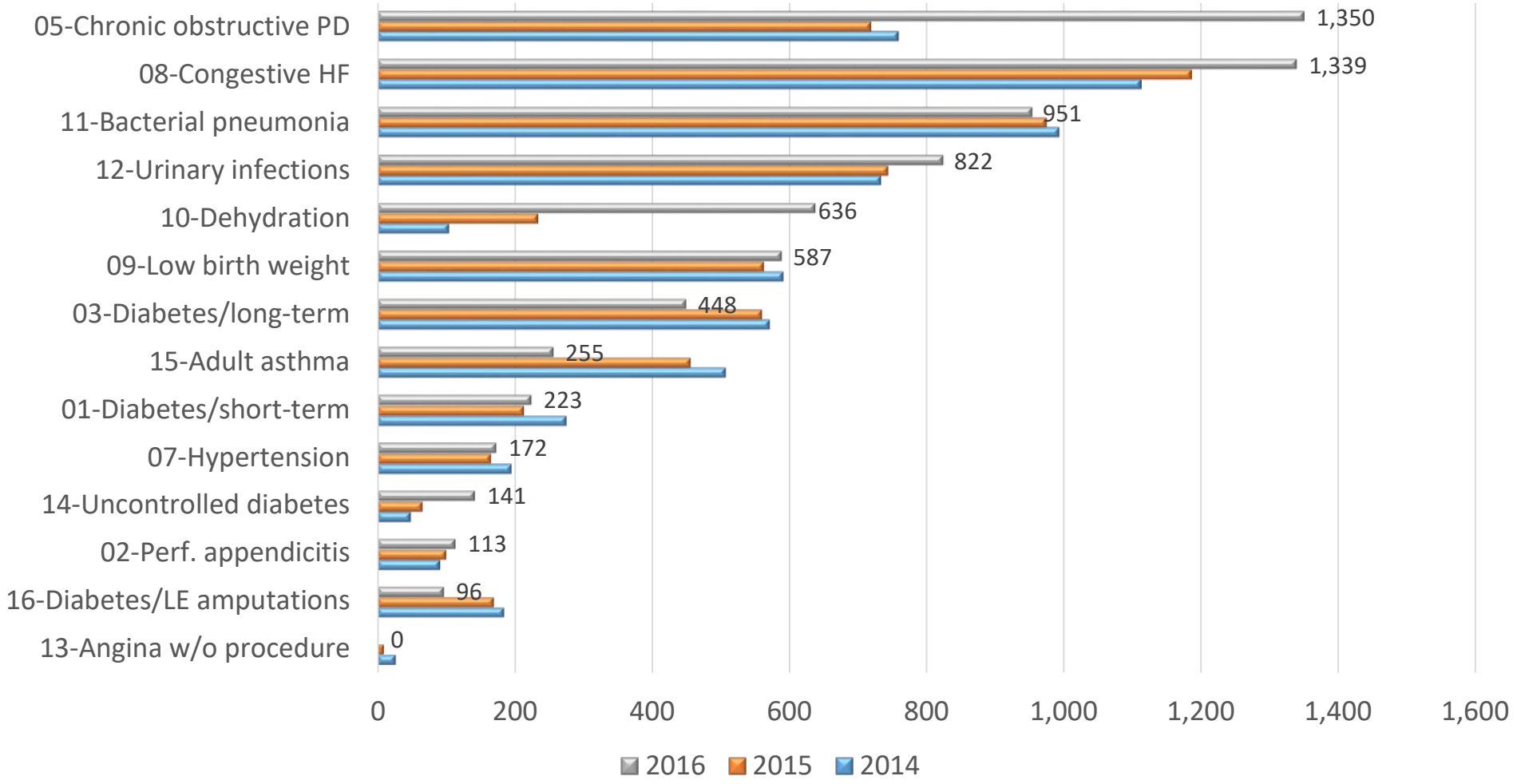
Prevention Quality Indicators (PQI) utilize the Agency for Healthcare Research and Quality PQI to identify hospital admissions that evidence suggests could have been avoided if people are linked to quality, preventative services and primary care centers.

The PQI's represent fourteen ambulatory care sensitive conditions:

- Diabetes Short-term Complications
- Perforated Appendicitis
- Diabetes Long-term Complications
- Chronic Obstructive Pulmonary Disease
- Hypertension
- Congestive Heart Failure
- Low Birth Weight
- Dehydration
- Bacterial Pneumonia
- Urinary Infections
- Angina Without Procedure
- Uncontrolled Diabetes
- Adult Asthma
- Extremity Amputations Among Patients With Diabetes

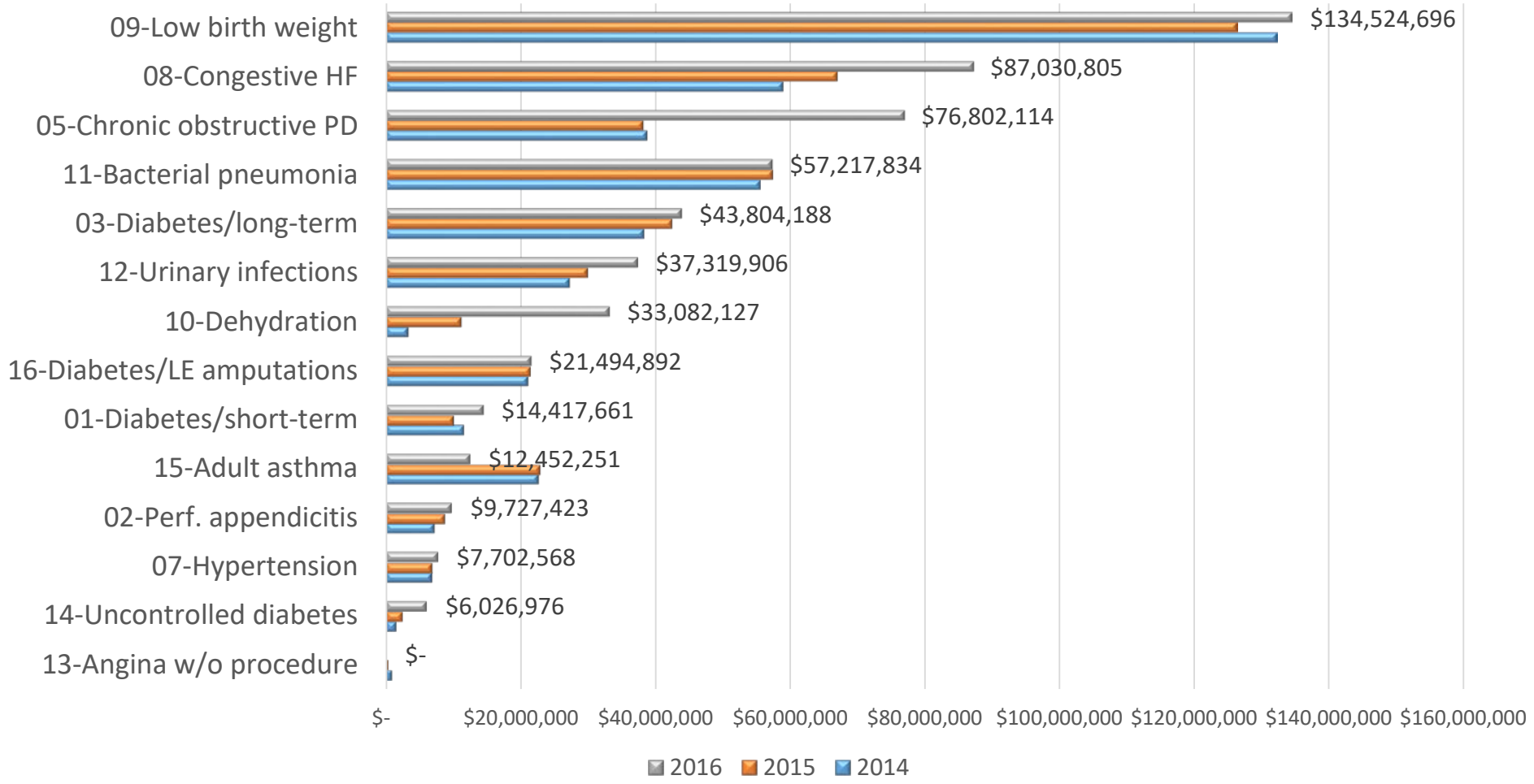
Source: Division of Disease Control, FDOH

Prevention Quality Indicators, Cases MHS, 2014-2016



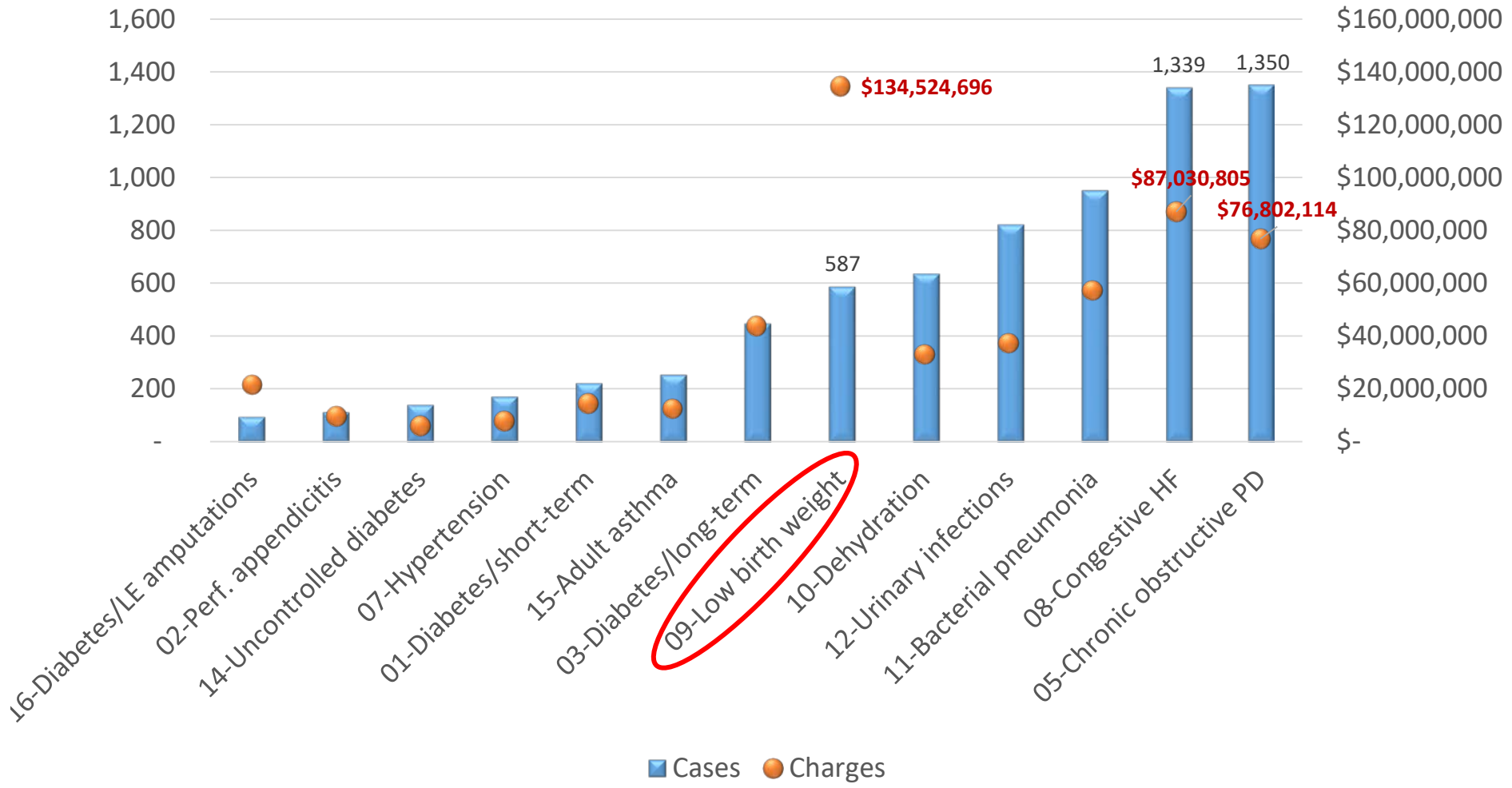
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators, Charges MHS, 2014-2016



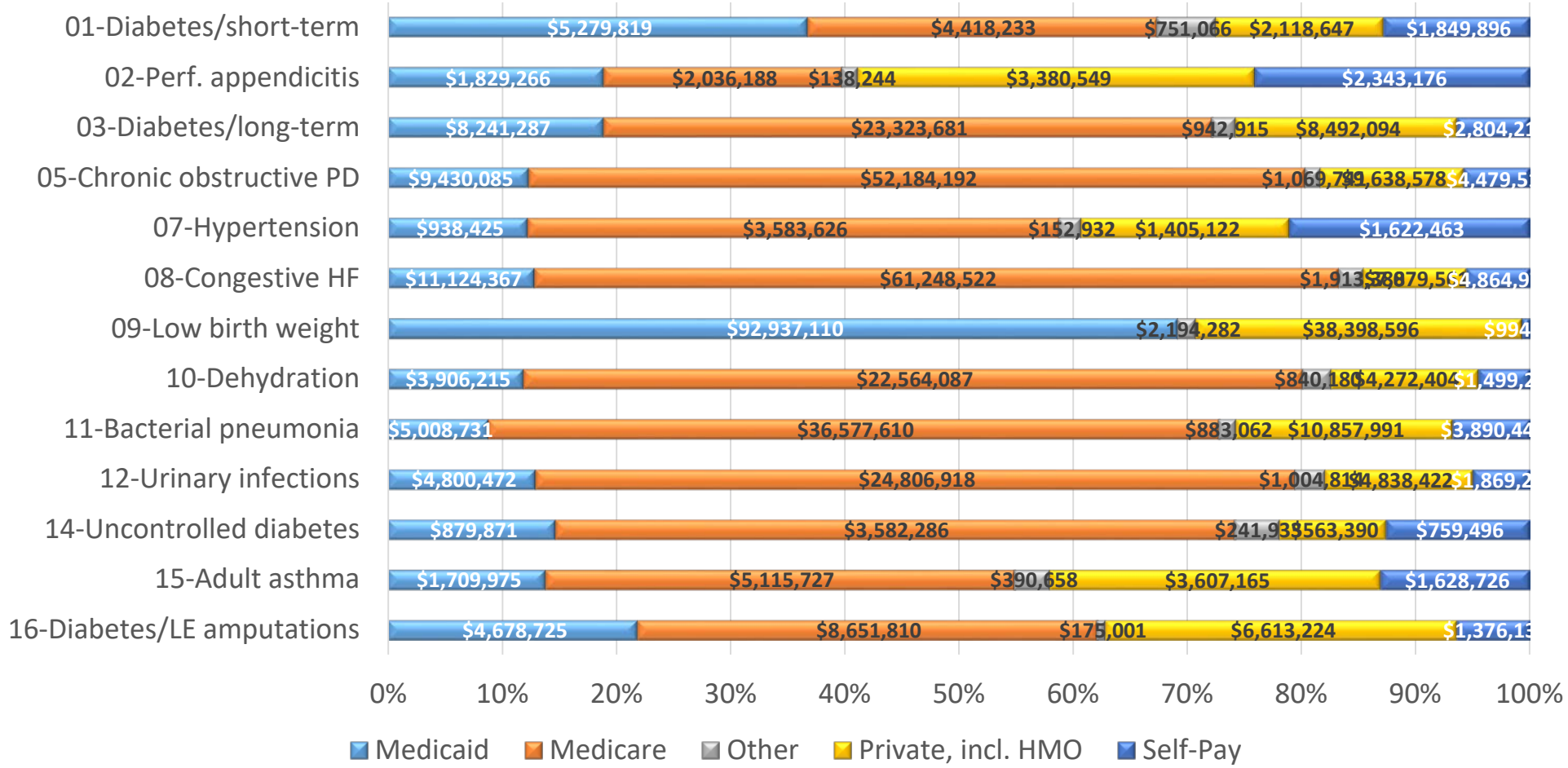
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators, Cases vs. Charges
MHS, 2016



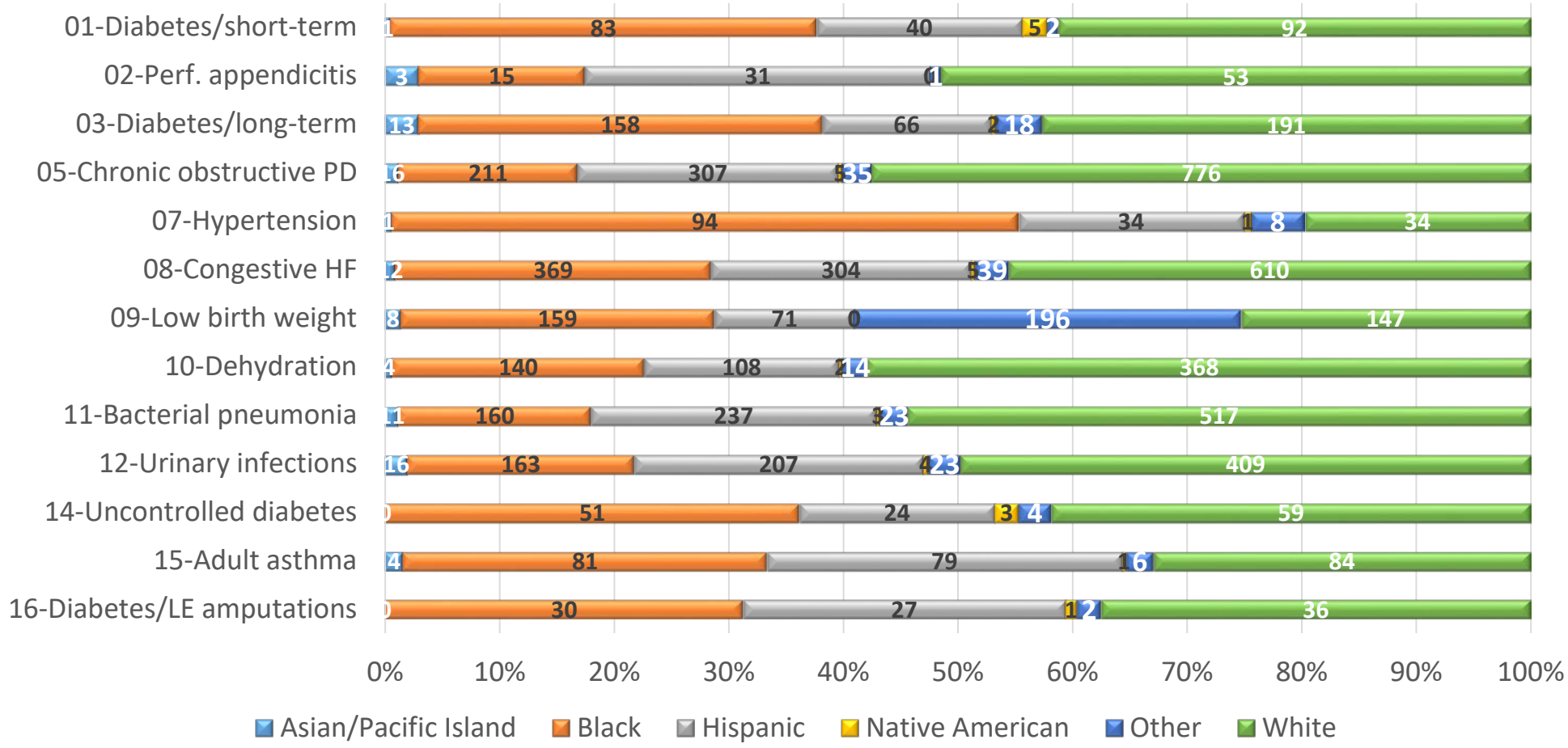
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators, Charges by Payer MHS, 2016



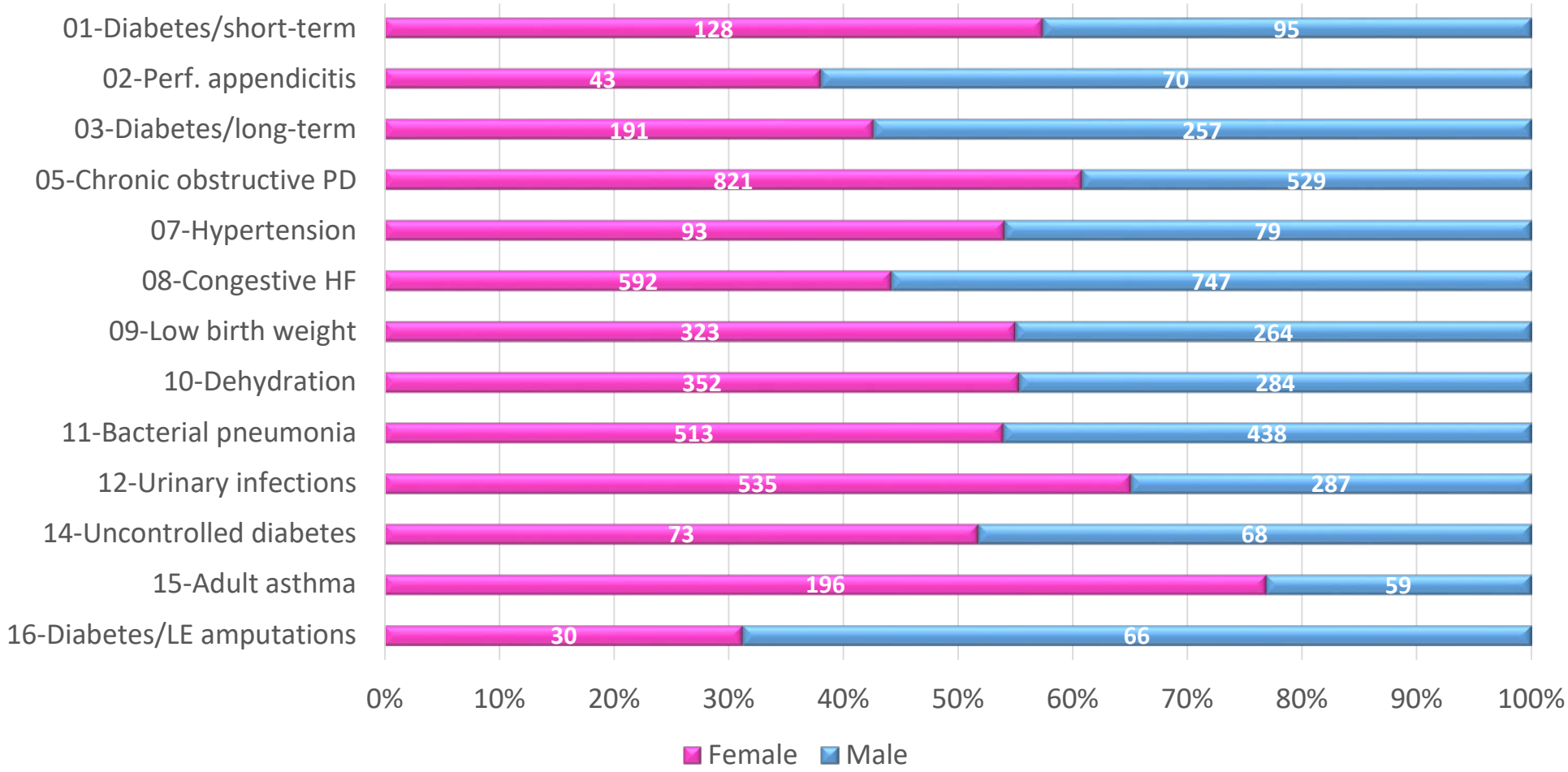
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators, Cases by Race/Ethnicity, MHS, 2016



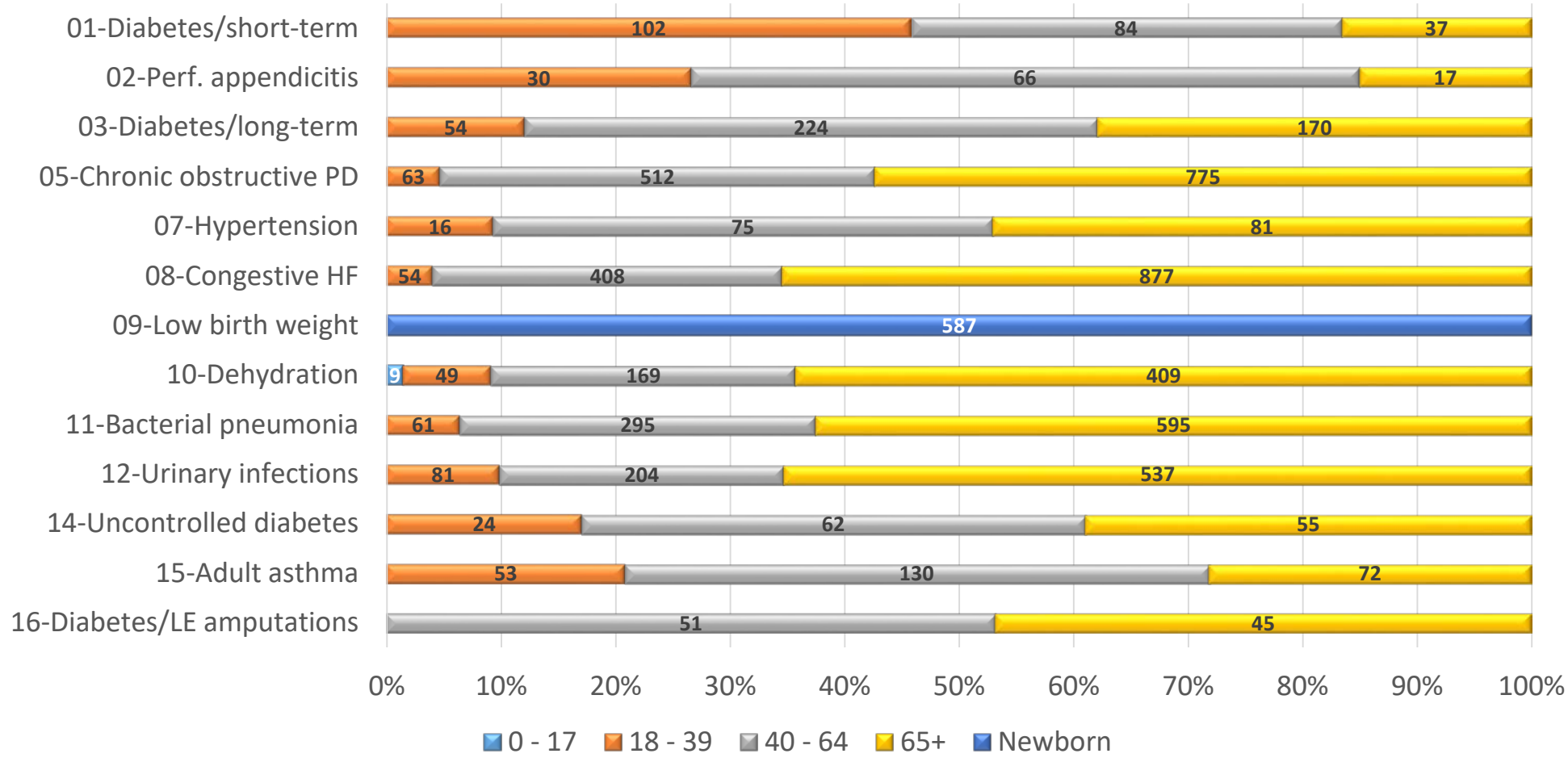
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators, Cases by Gender, MHS, 2016



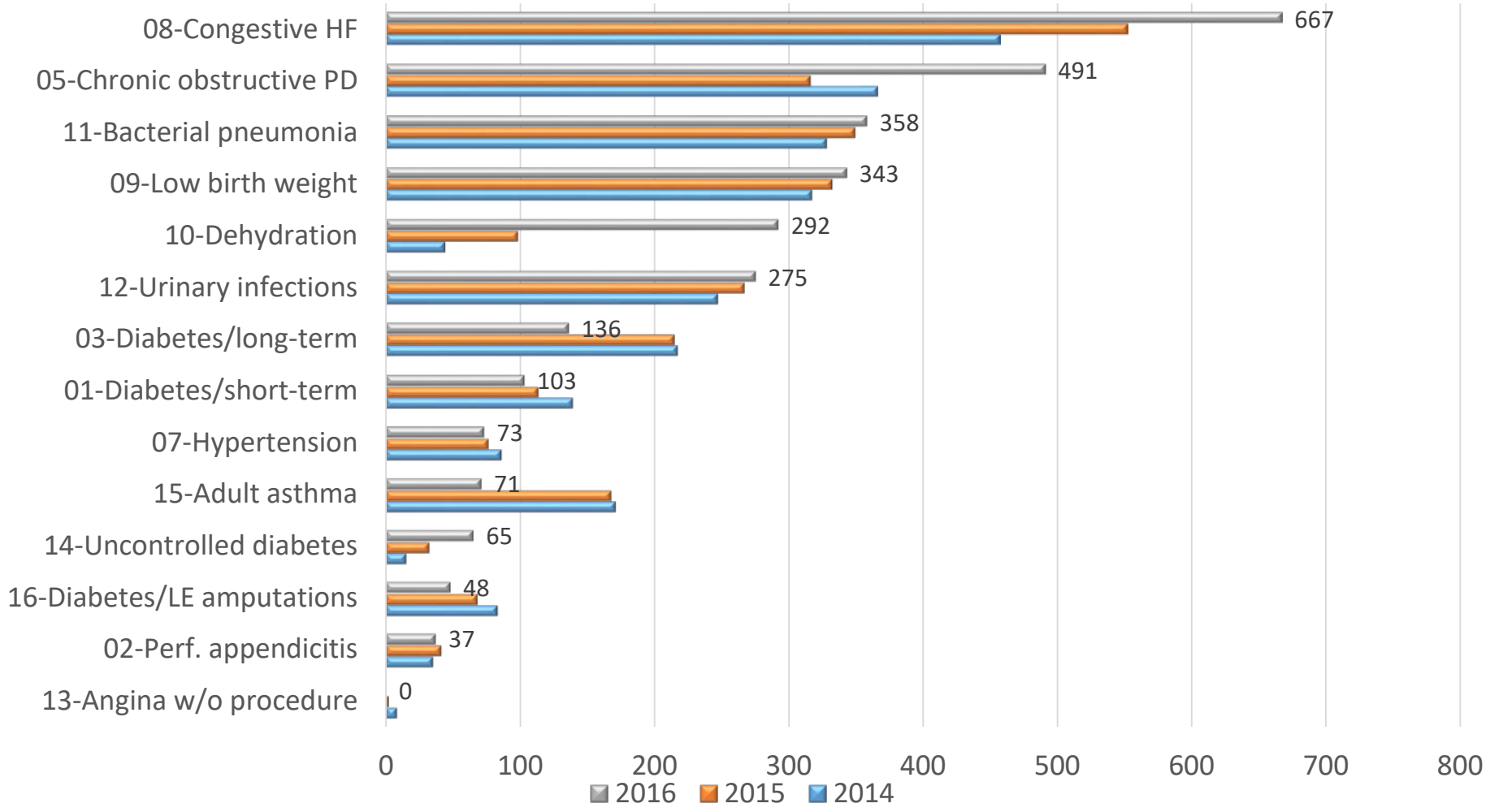
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators, Cases by Age, MHS, 2016



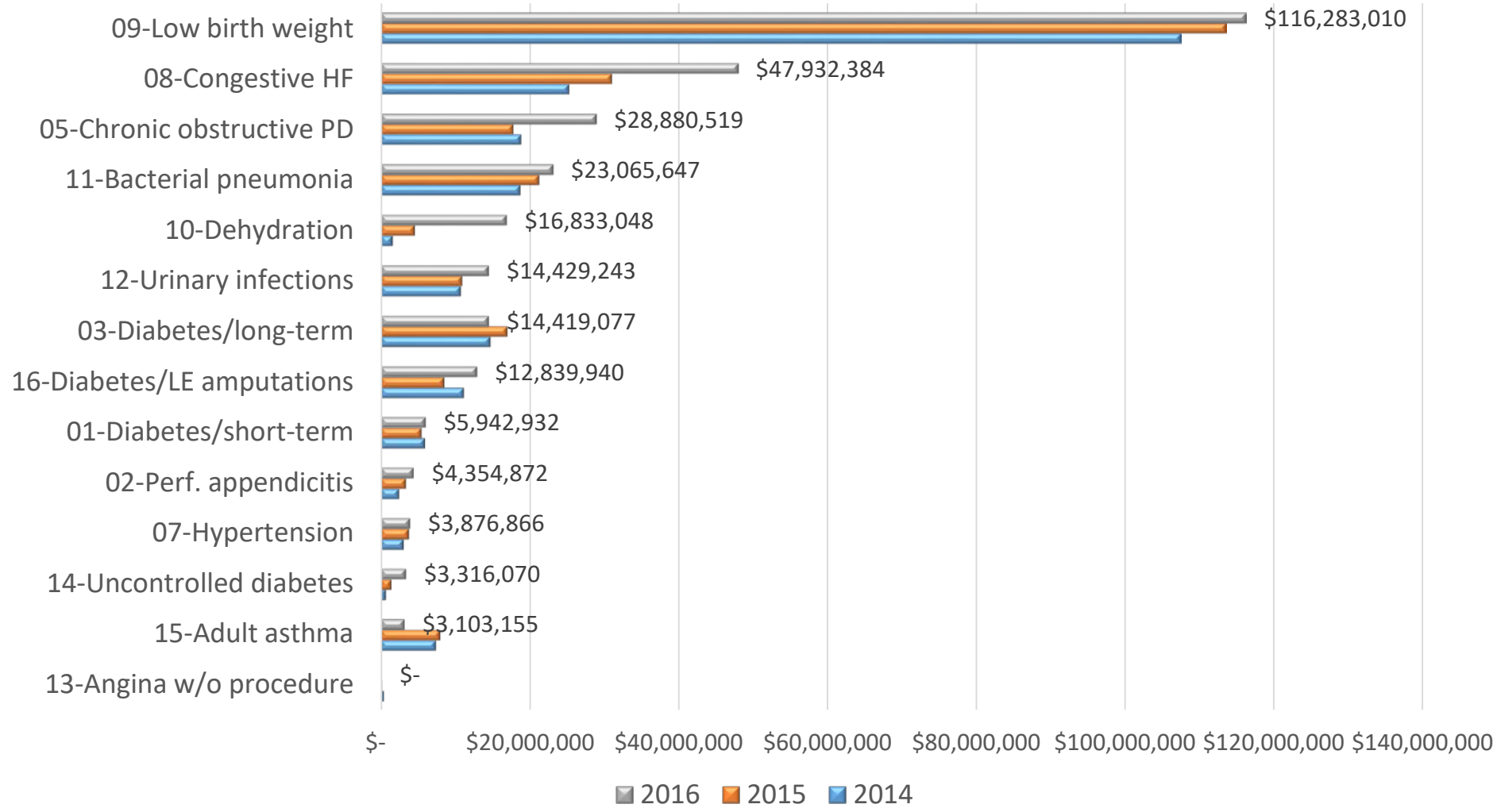
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases, Memorial Regional Hospital, 2014-2016



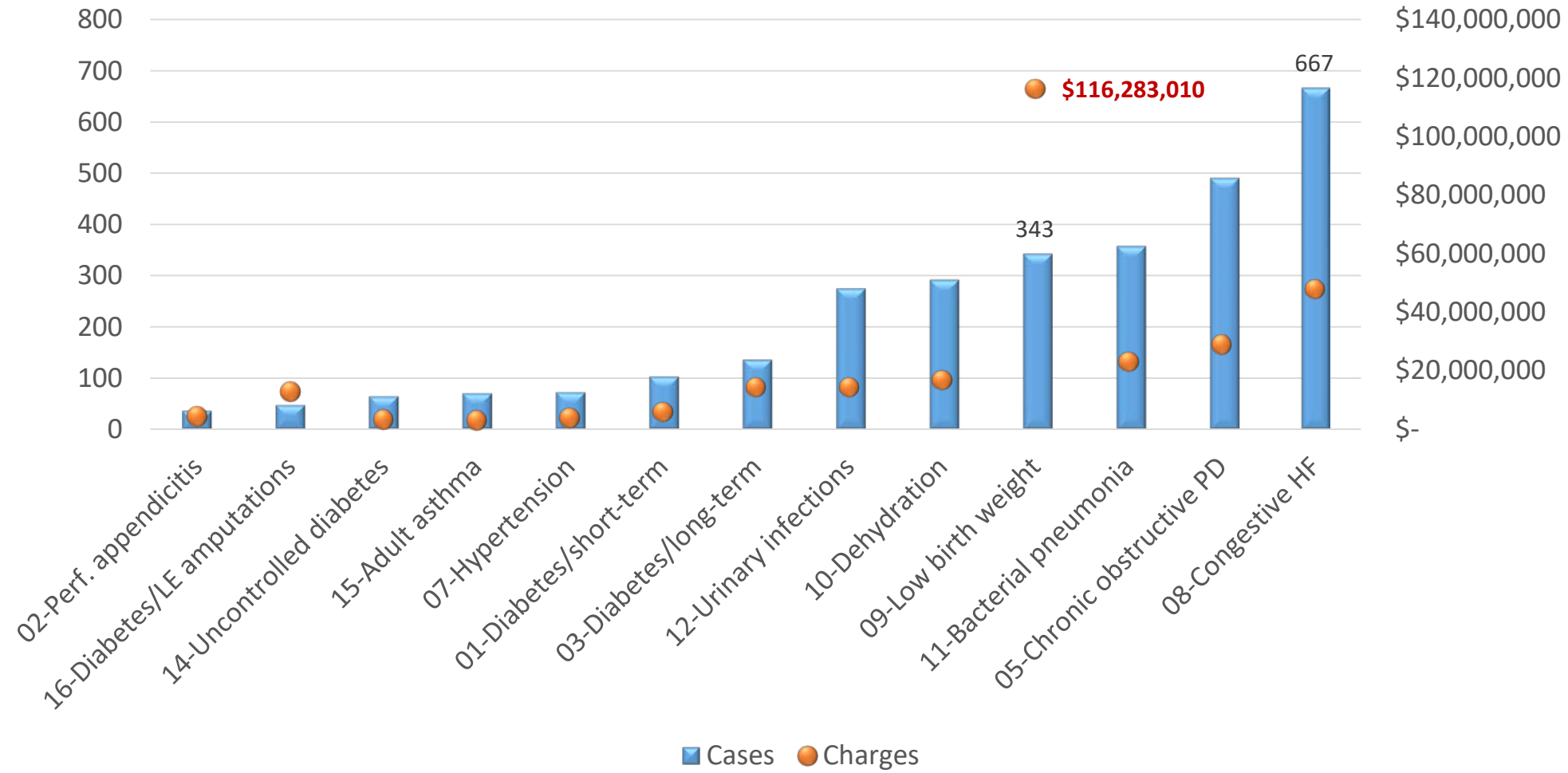
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Charges, Memorial Regional Hospital, 2014-2016



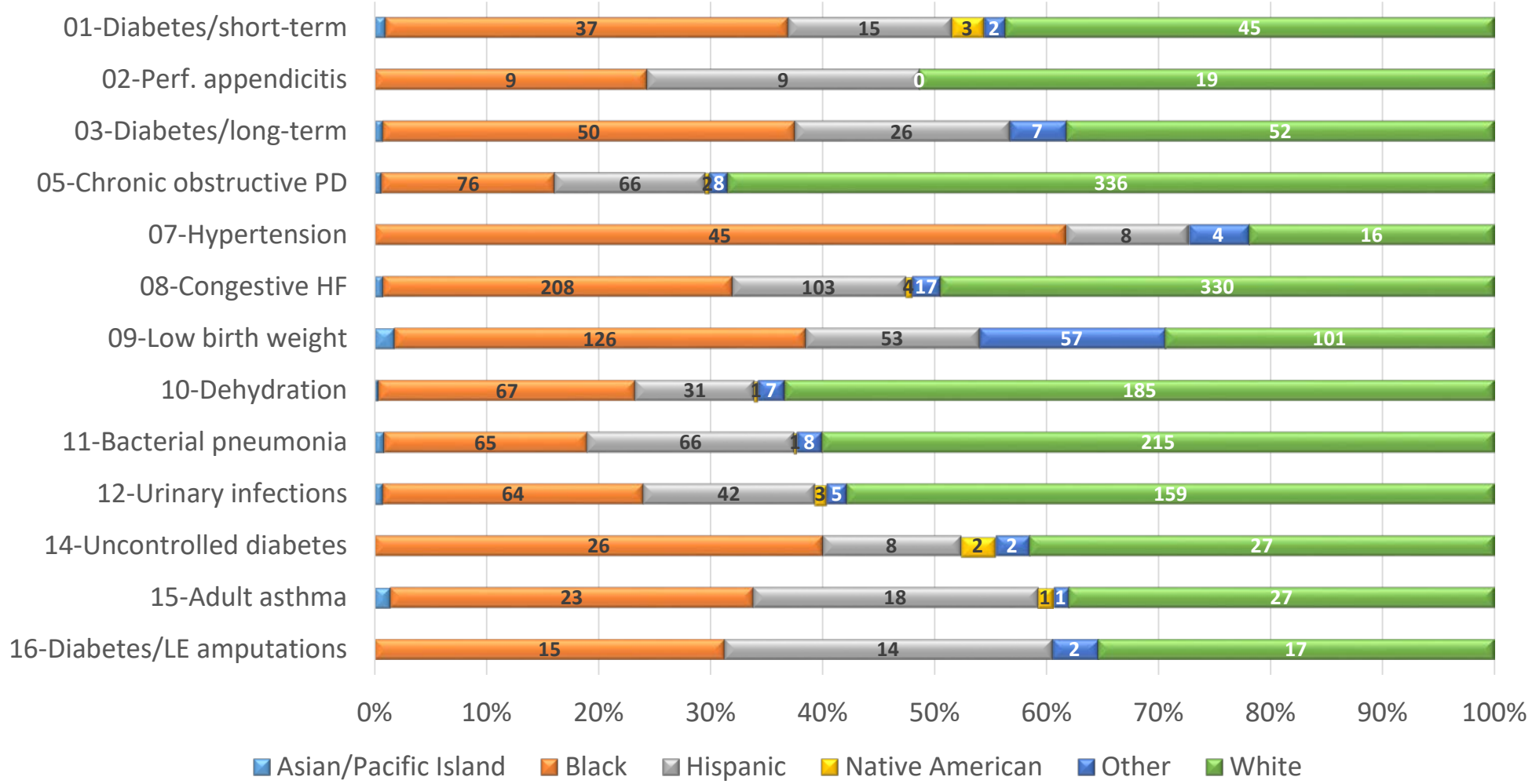
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases vs. Charges, Memorial Regional Hospital, 2016



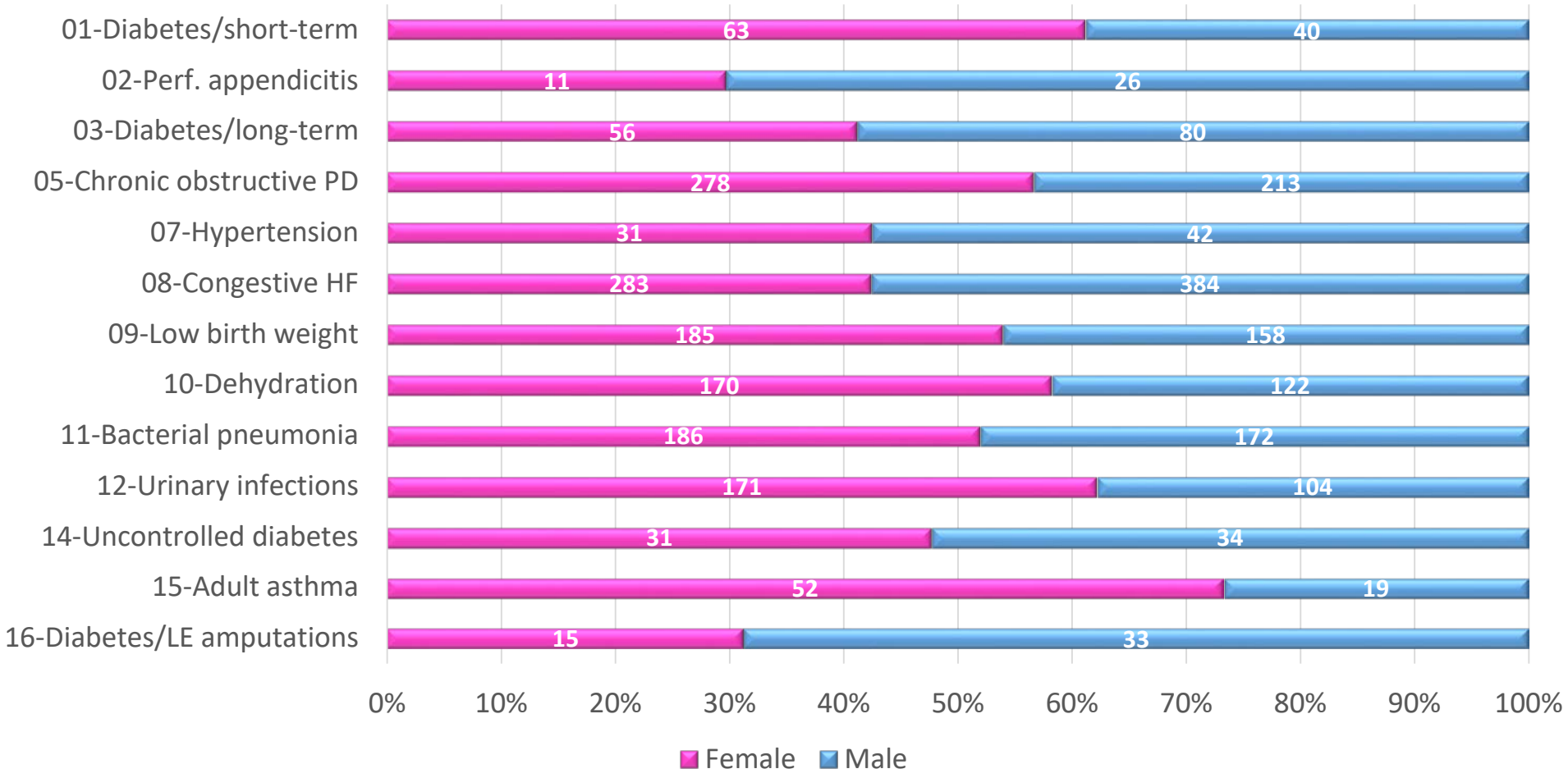
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Race/Ethnicity, Memorial Regional Hospital, 2016



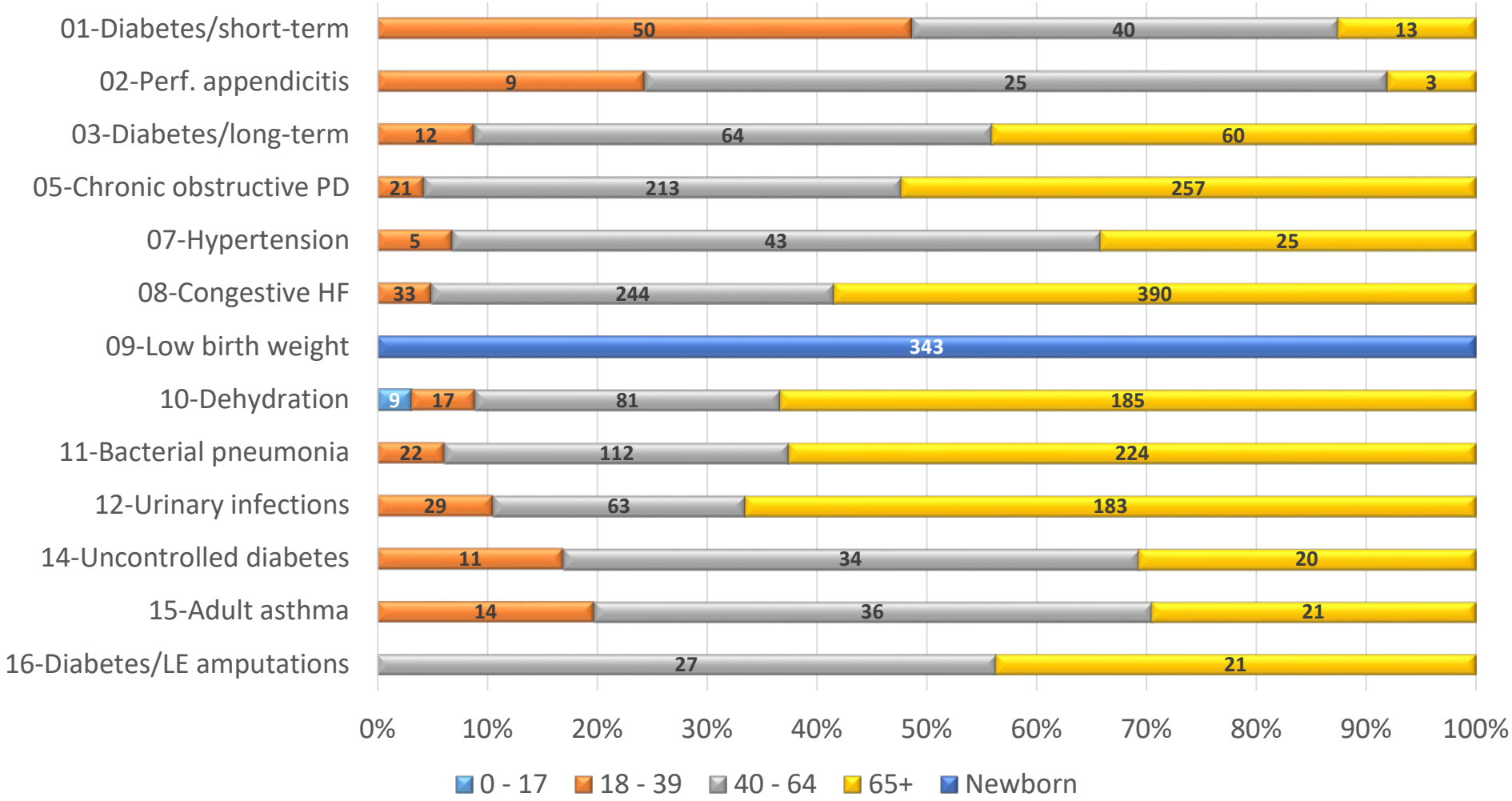
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Gender, Memorial Regional Hospital, 2016



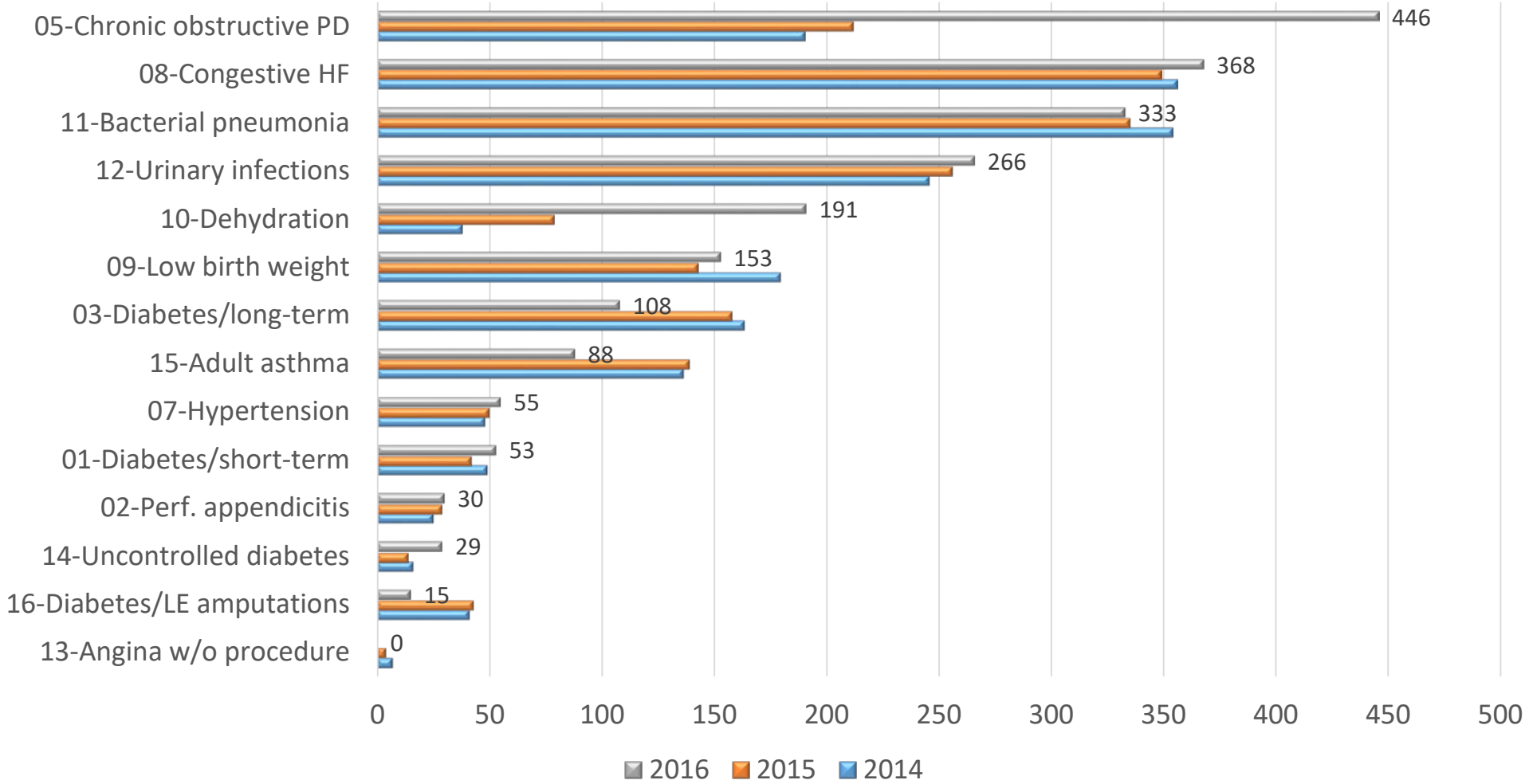
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Age, Memorial Regional Hospital, 2016



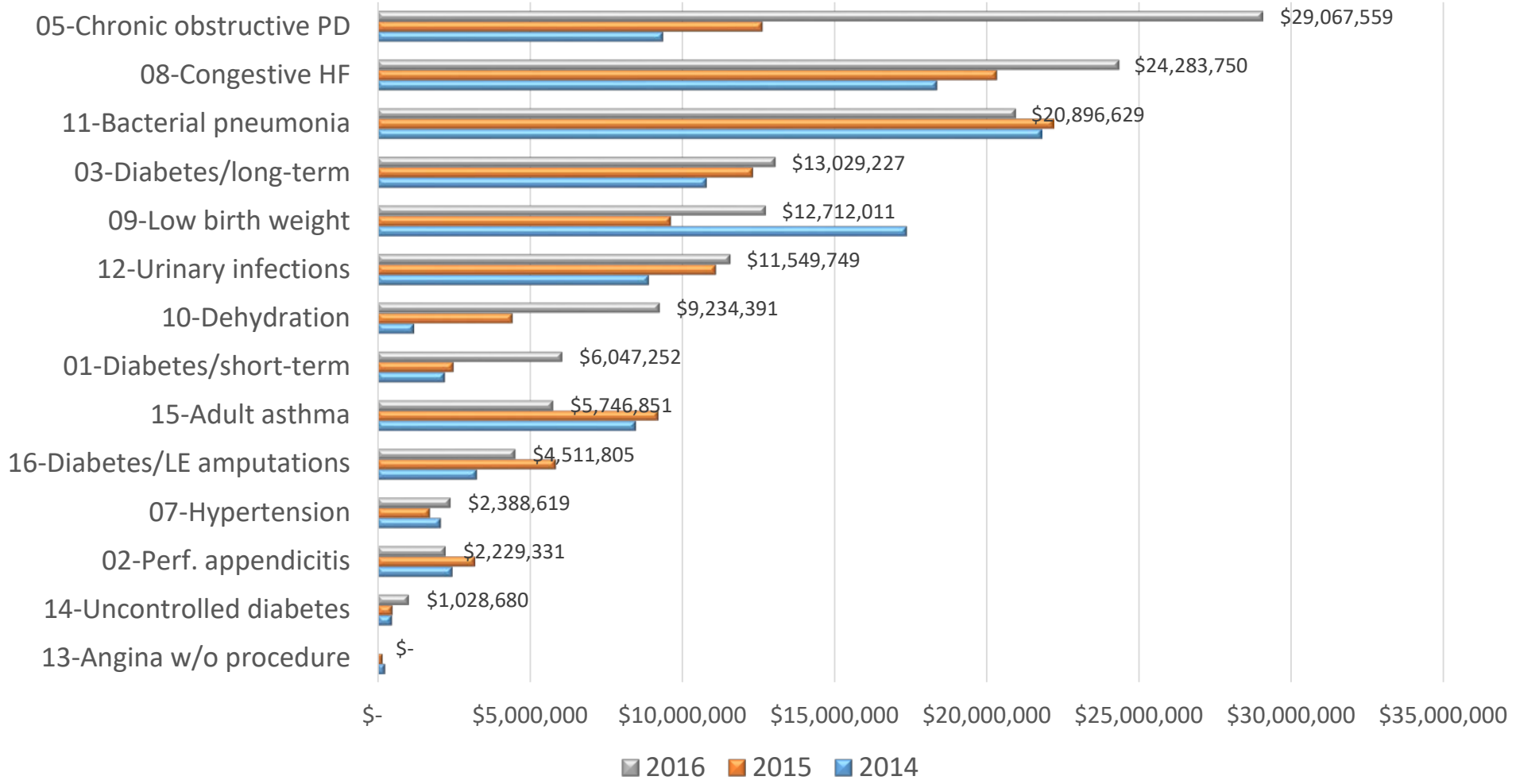
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases, Memorial Hospital West, 2014-2016



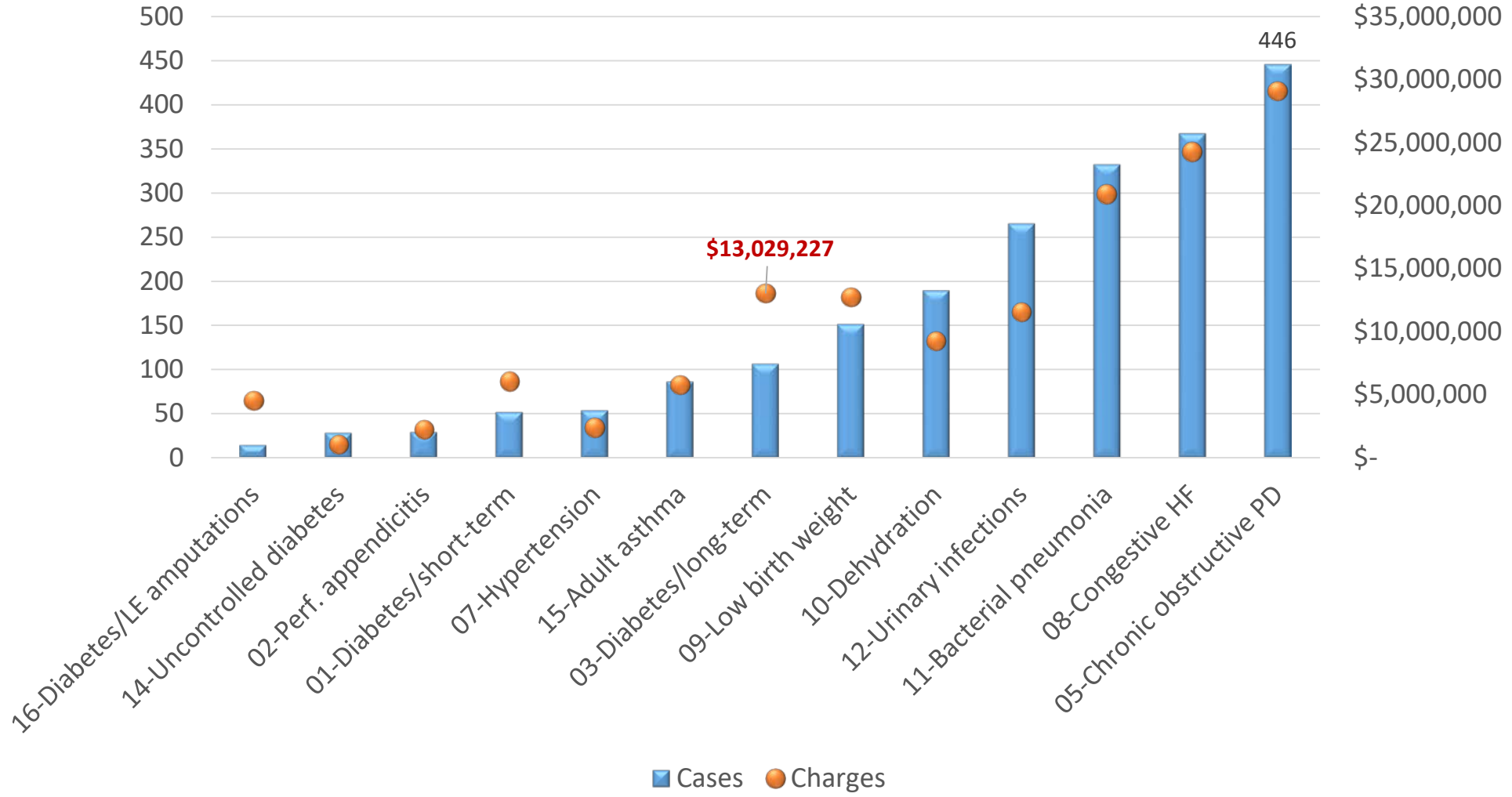
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Charges, Memorial Hospital West, 2014-2016



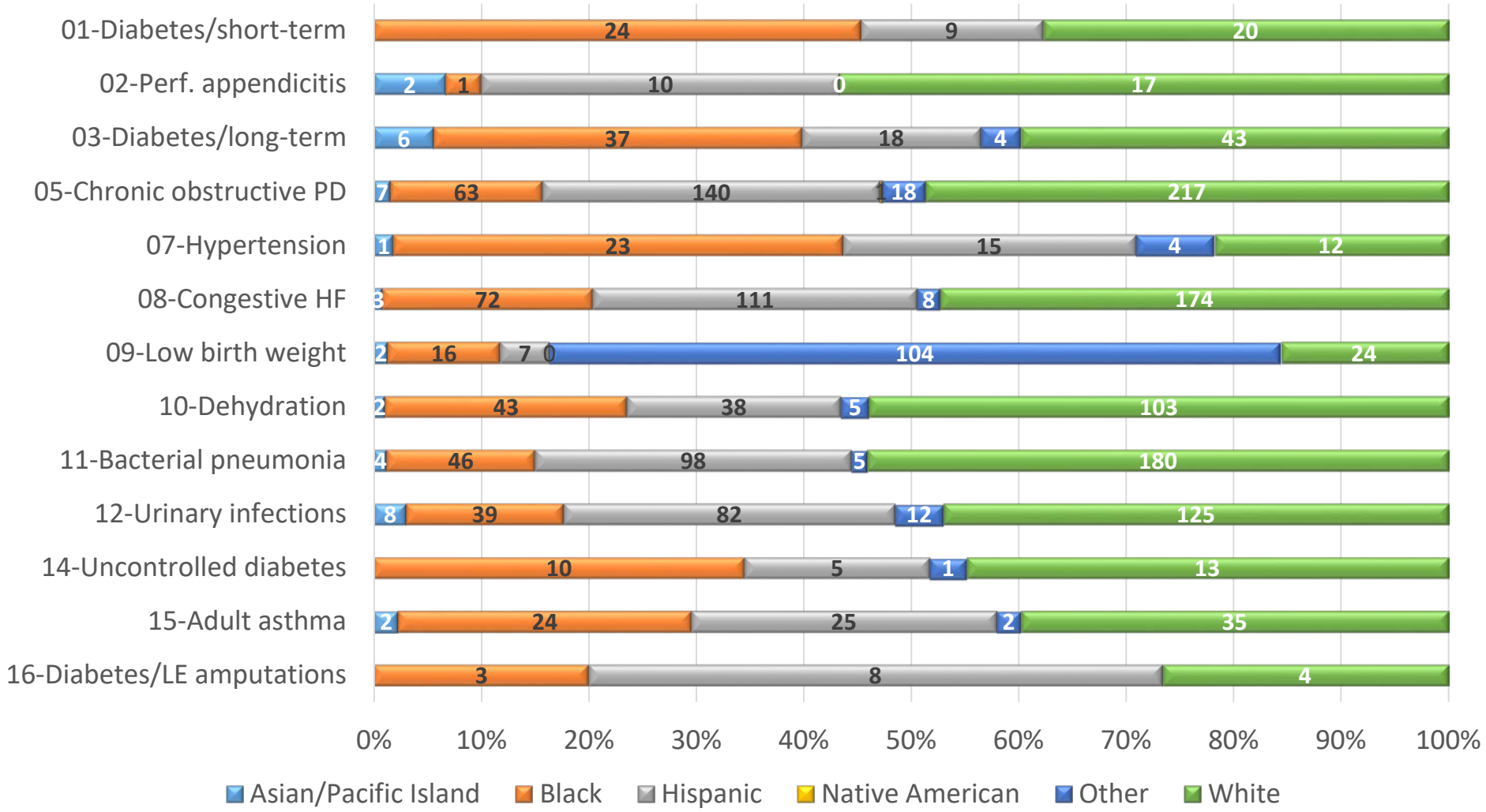
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases vs. Charges, Memorial Hospital West, 2016



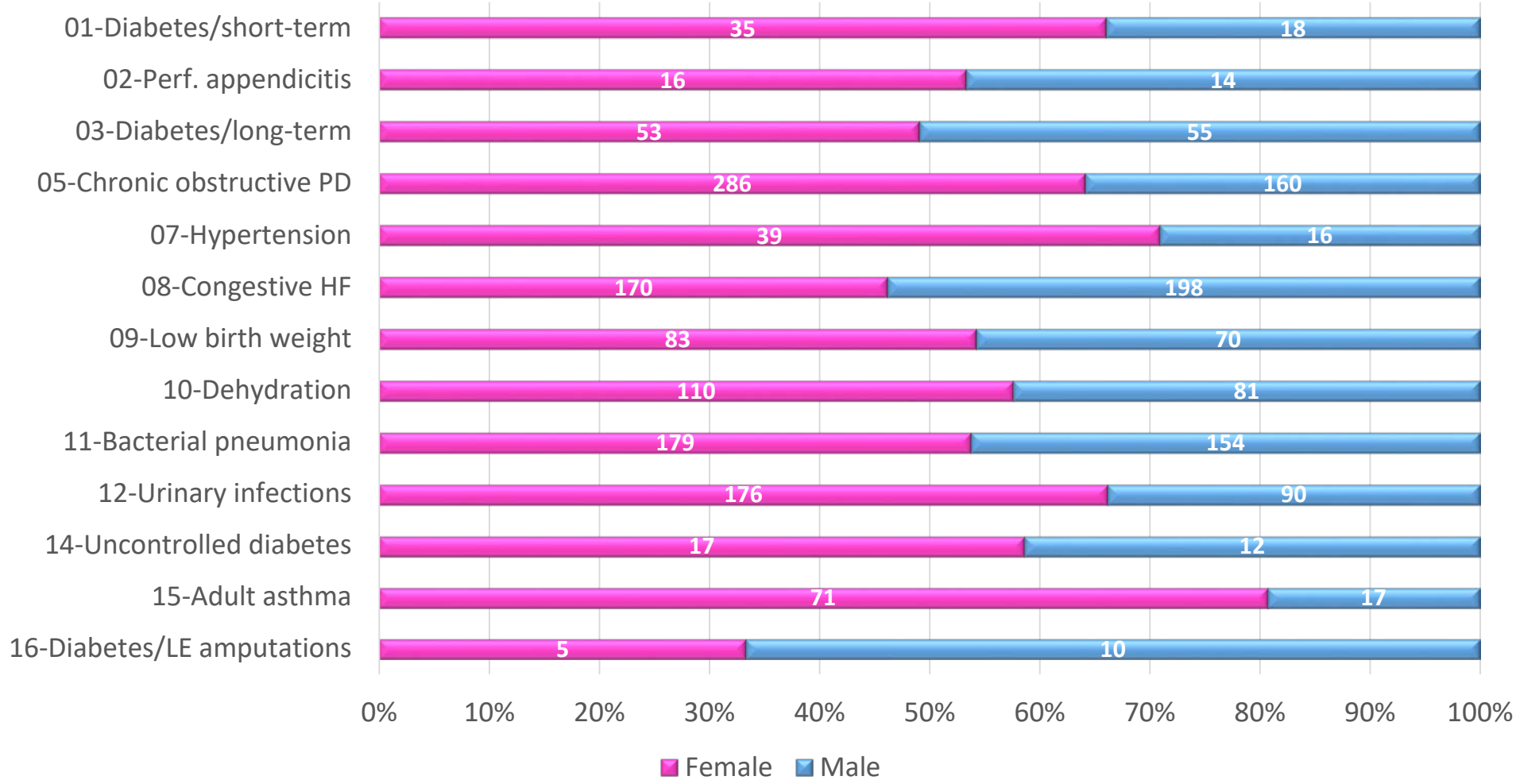
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Race/Ethnicity, Memorial Hospital West, 2016



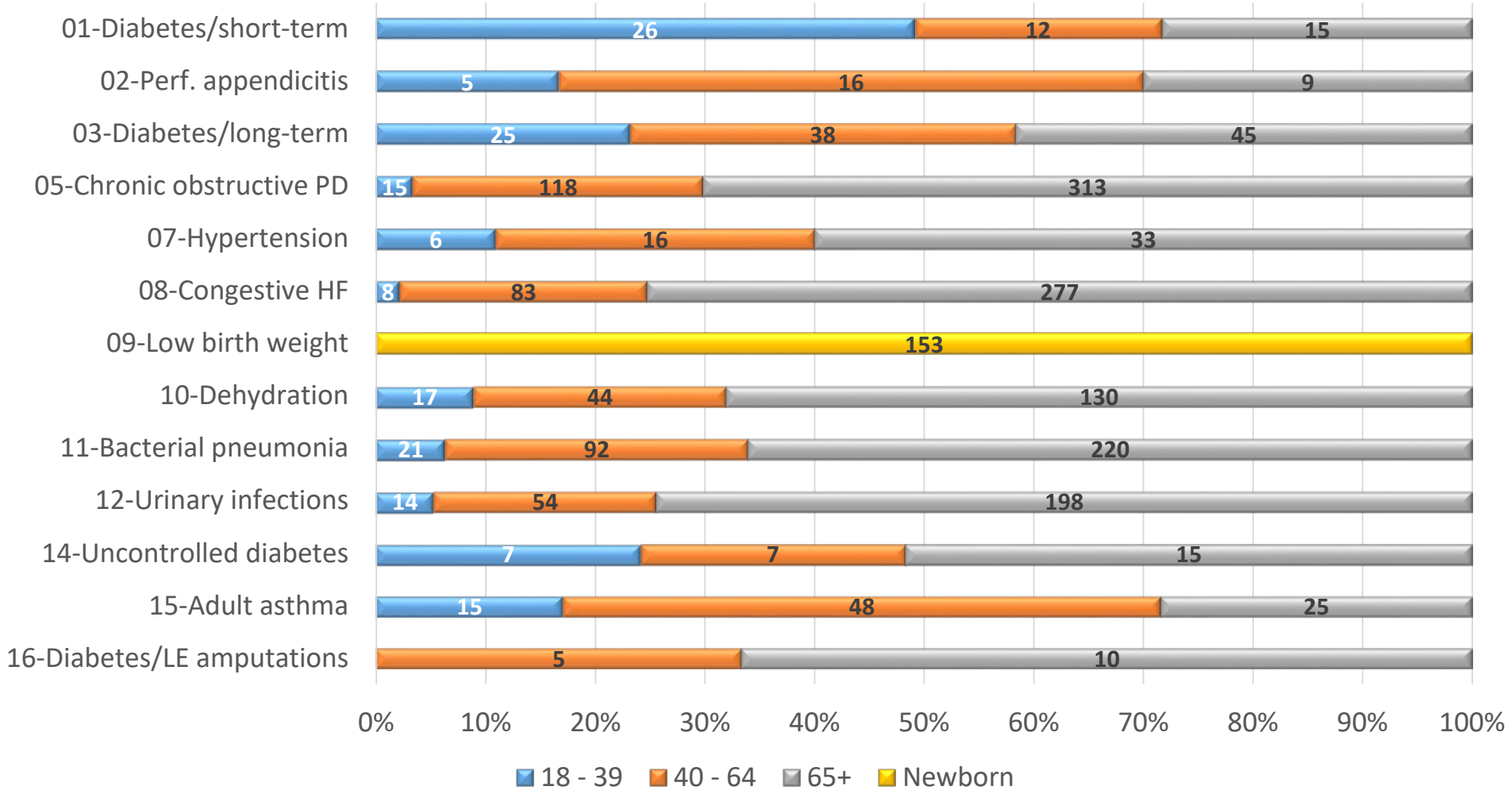
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Gender, Memorial Hospital West, 2016



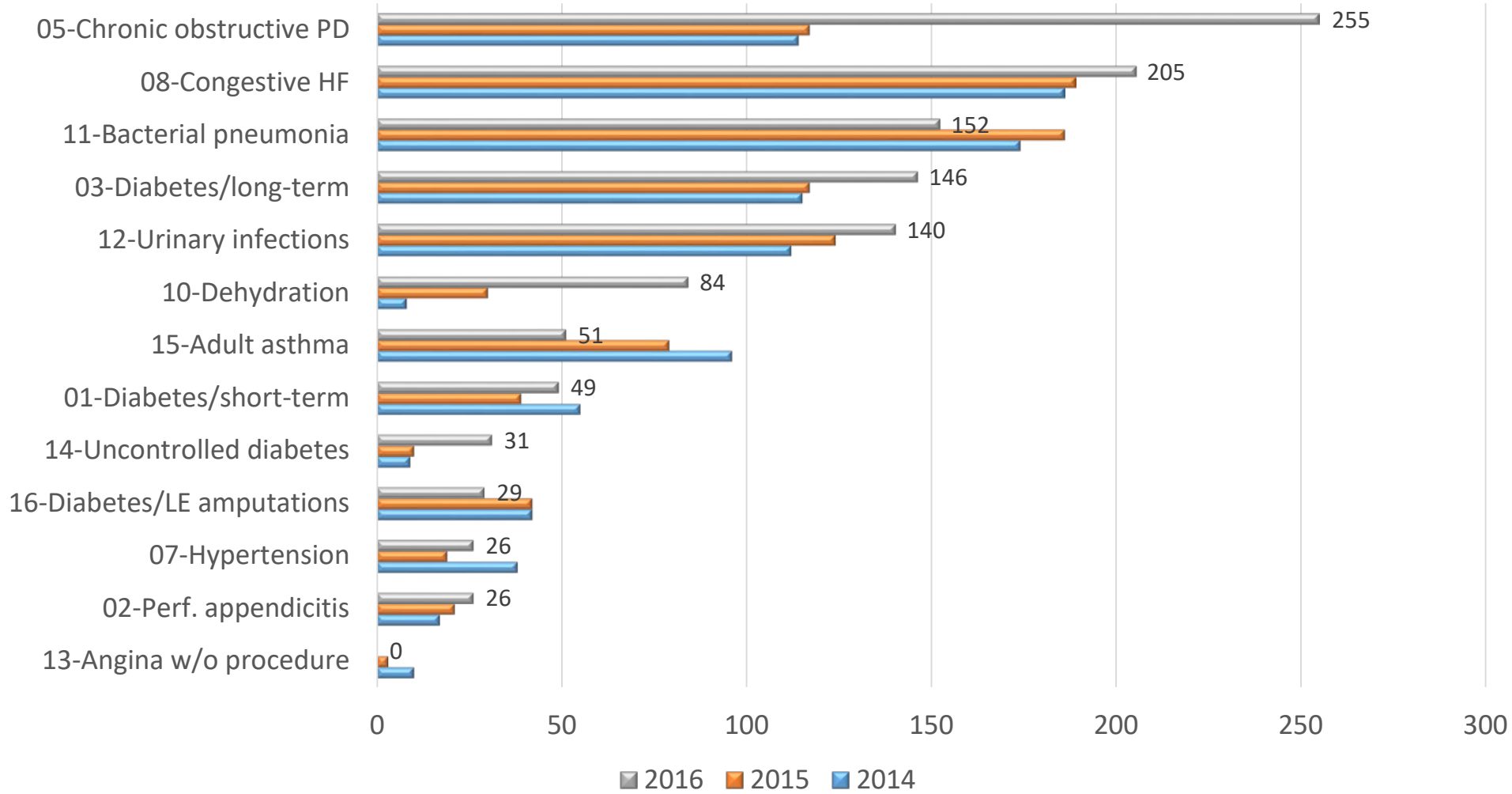
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Age, Memorial Hospital West, 2016



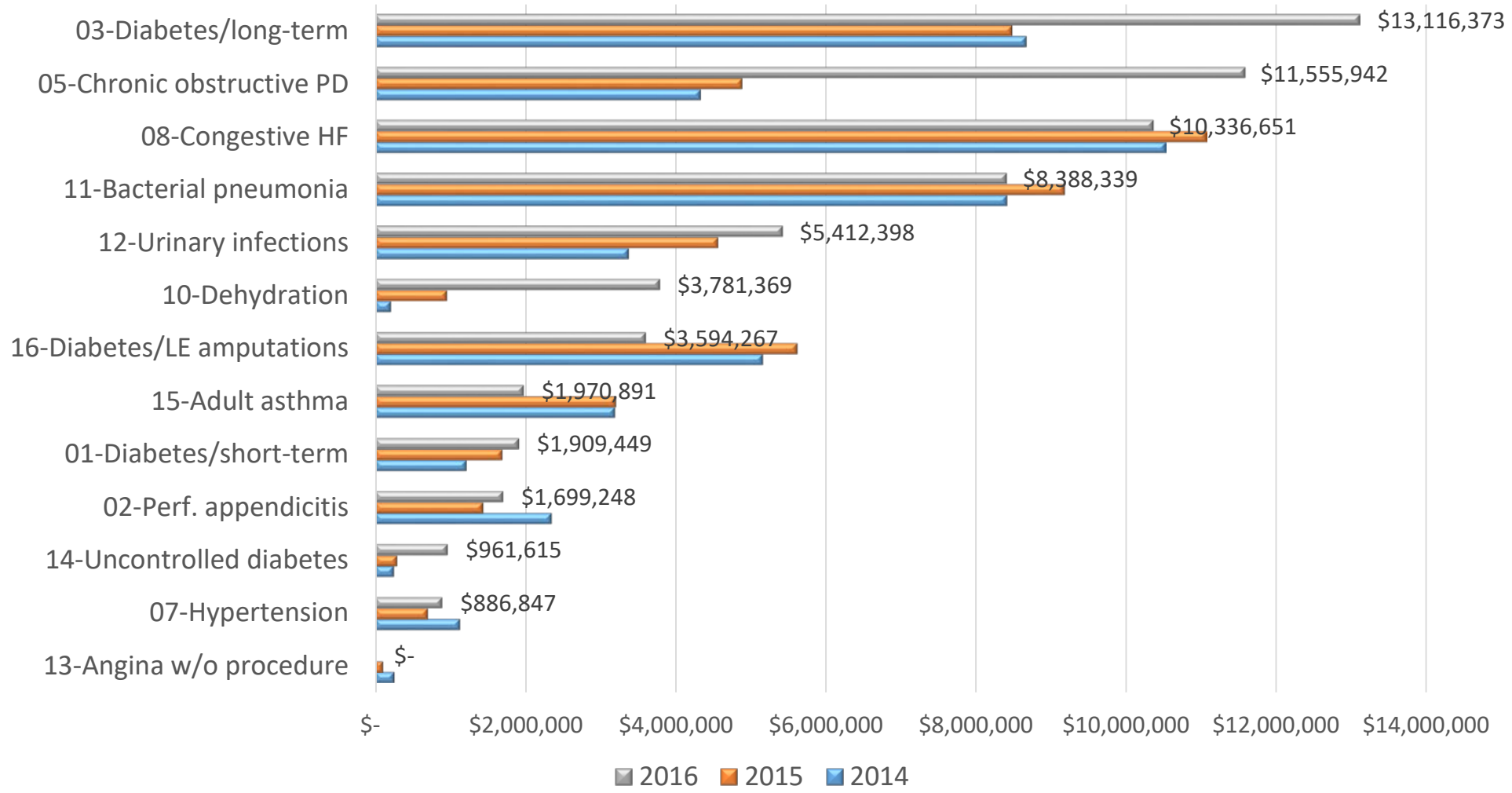
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases, Memorial Hospital Pembroke, 2014-2016



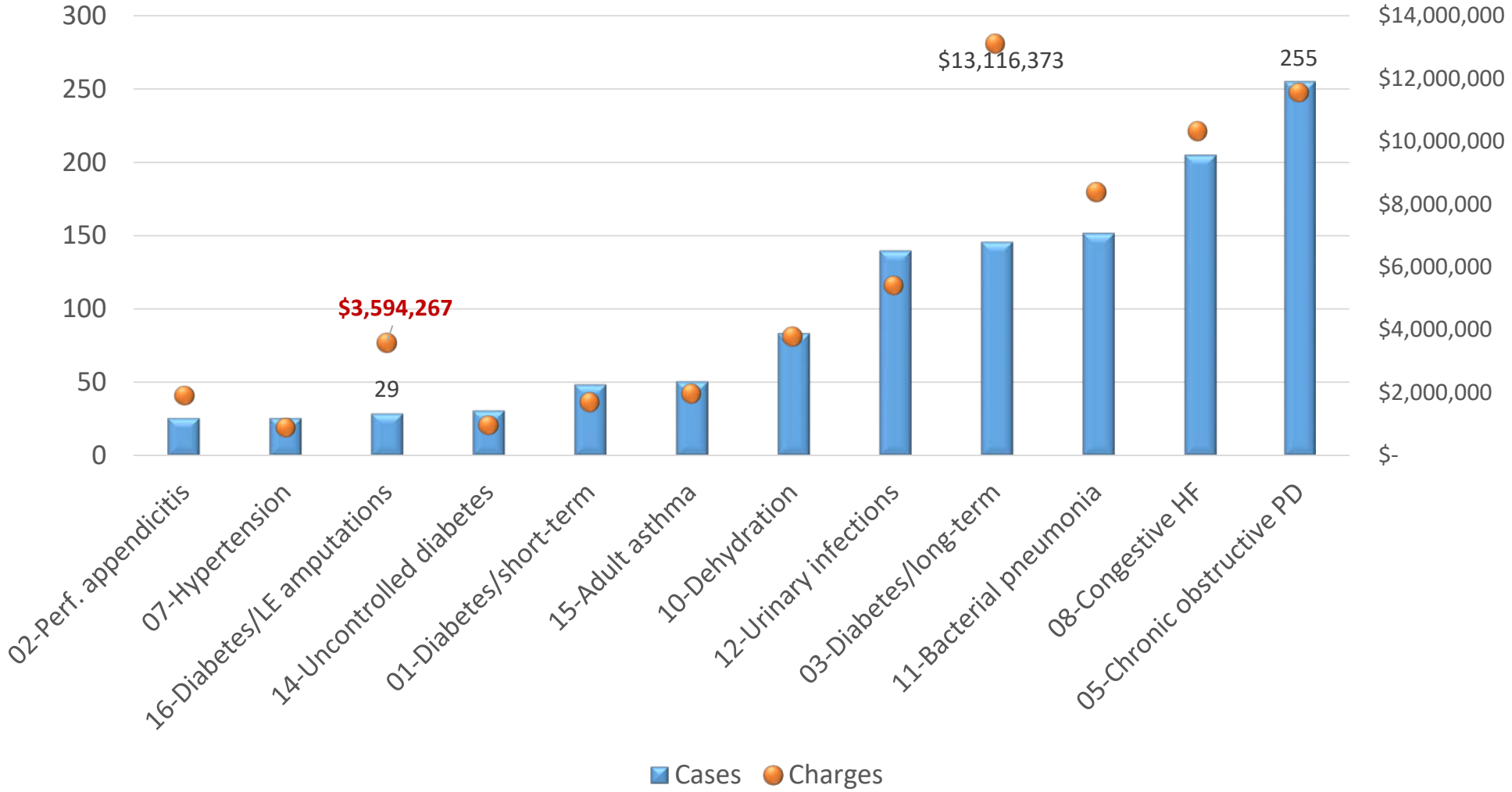
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Charges, Memorial Hospital Pembroke, 2014-2016



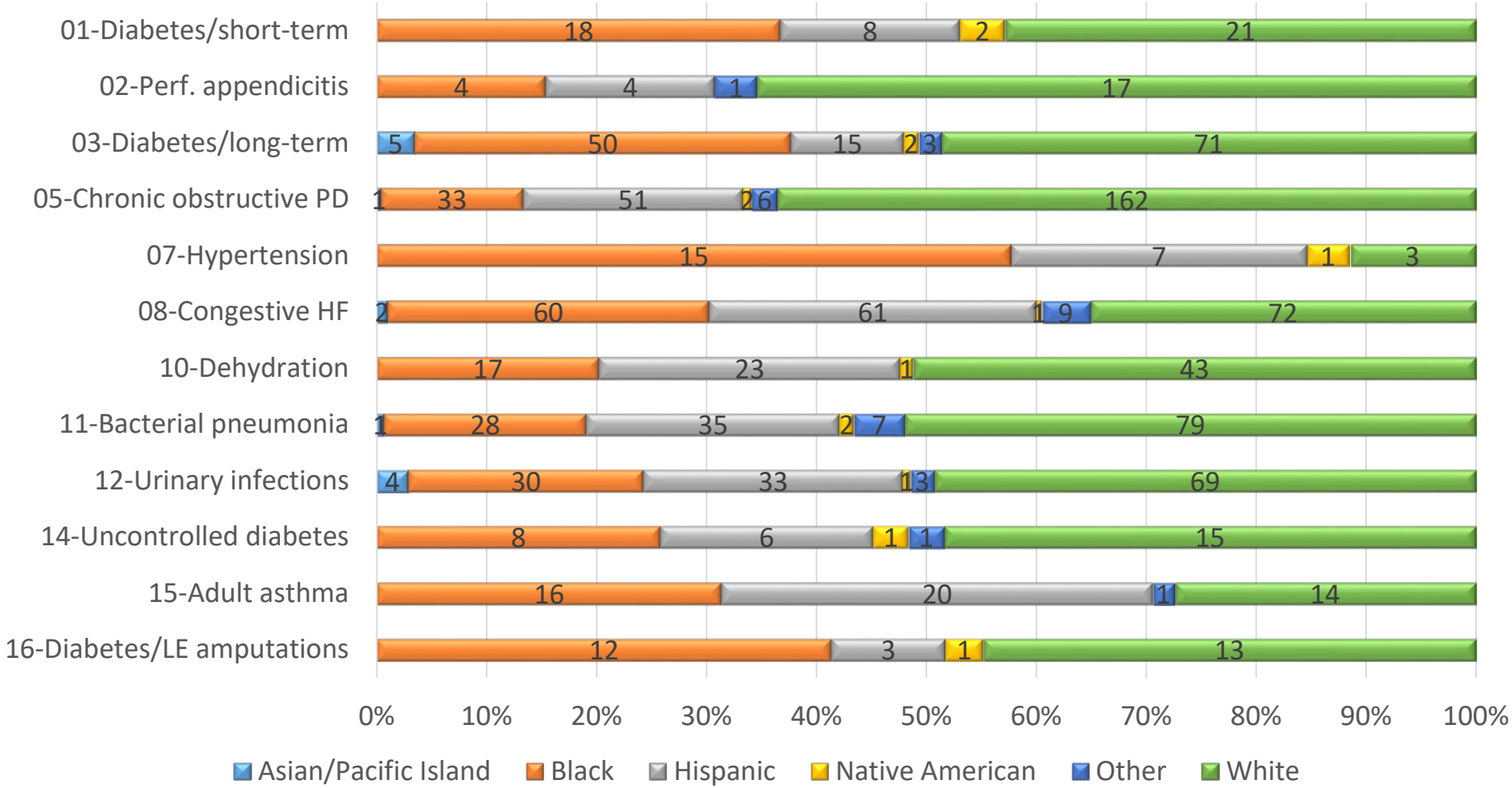
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases vs. Charges, Memorial Hospital Pembroke, 2016



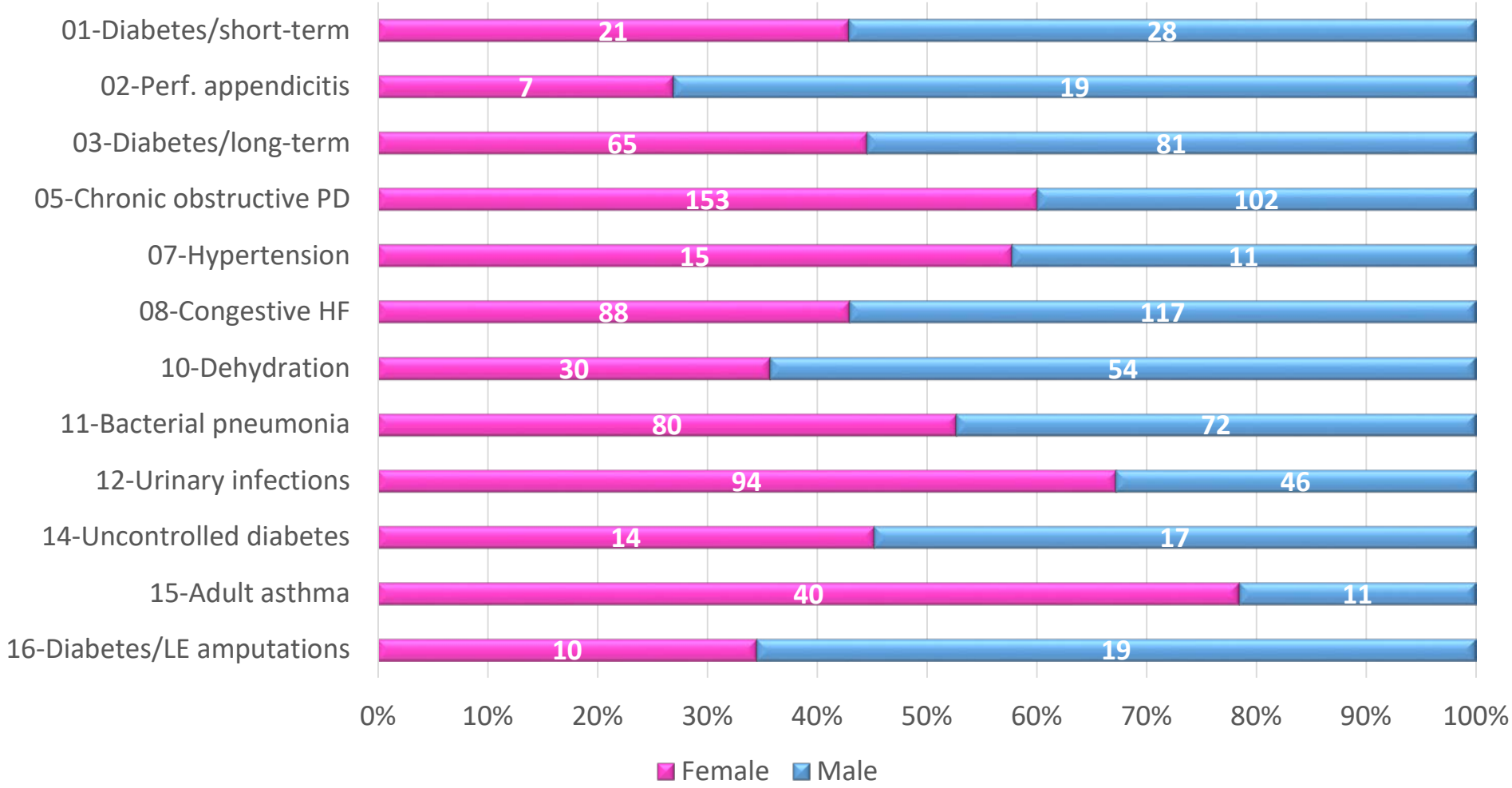
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Race/Ethnicity, Memorial Hospital Pembroke, 2016



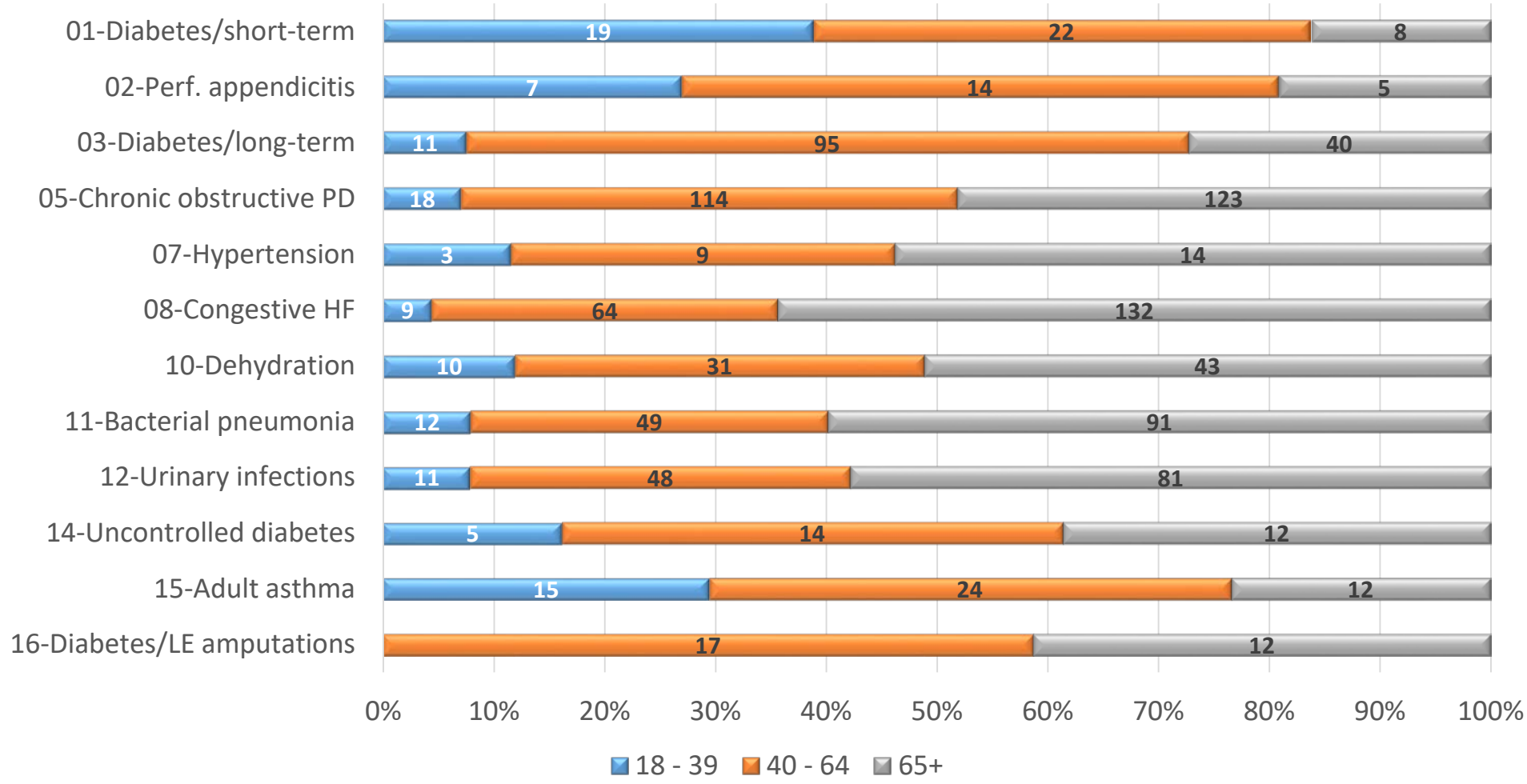
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Gender, Memorial Hospital Pembroke, 2016



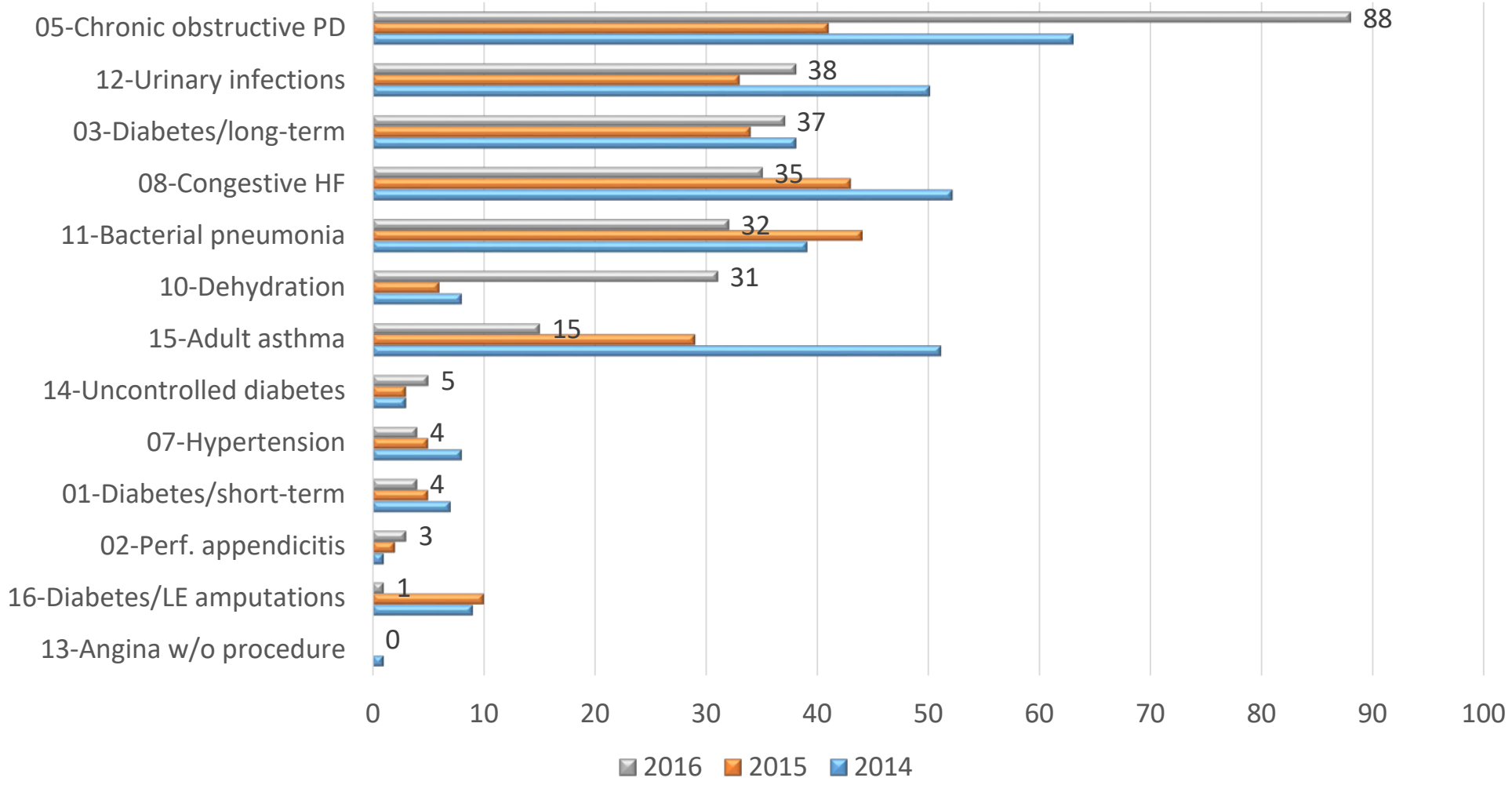
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Age, Memorial Hospital Pembroke, 2016



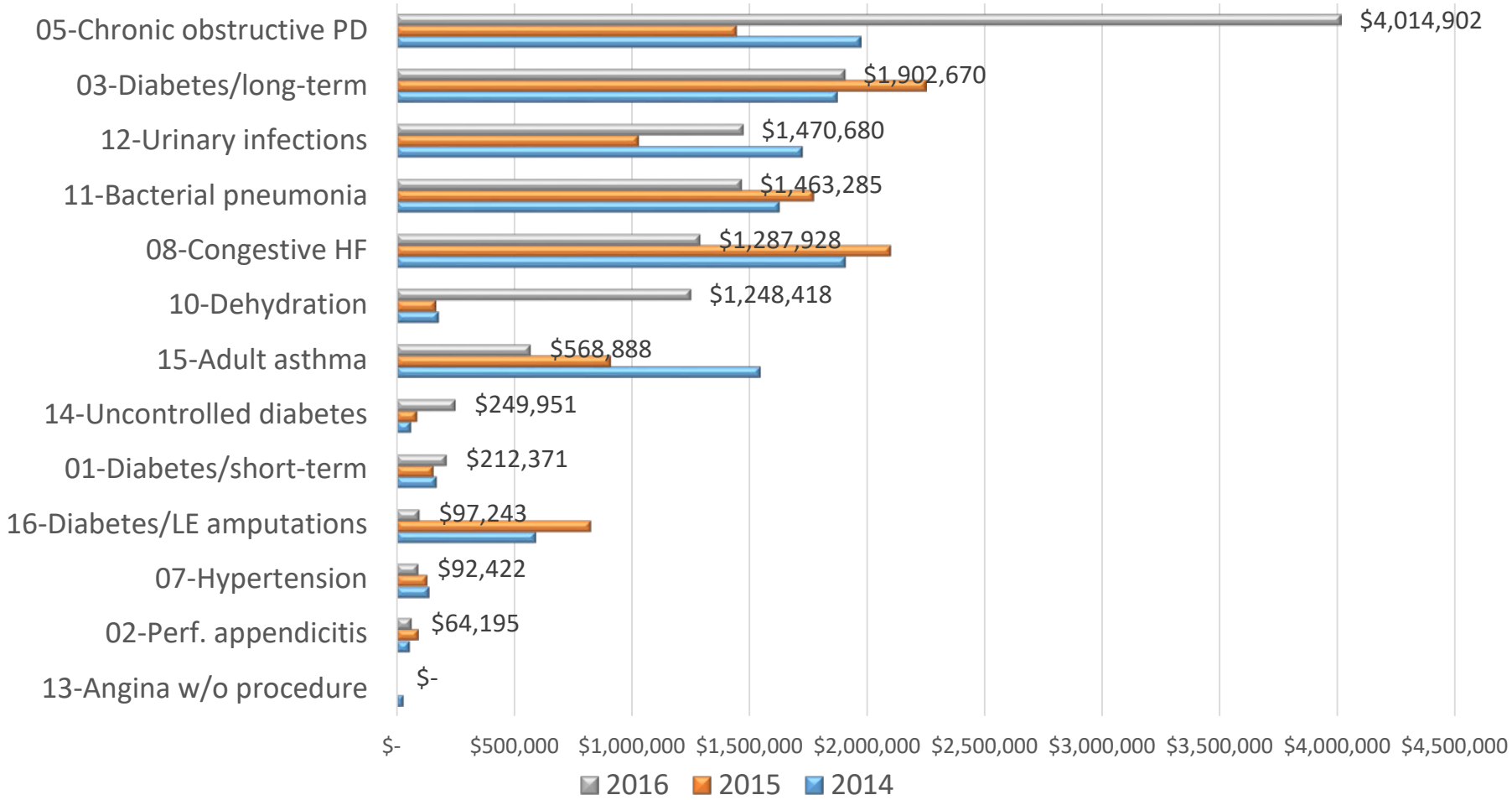
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases, Memorial Hospital South, 2014-2016



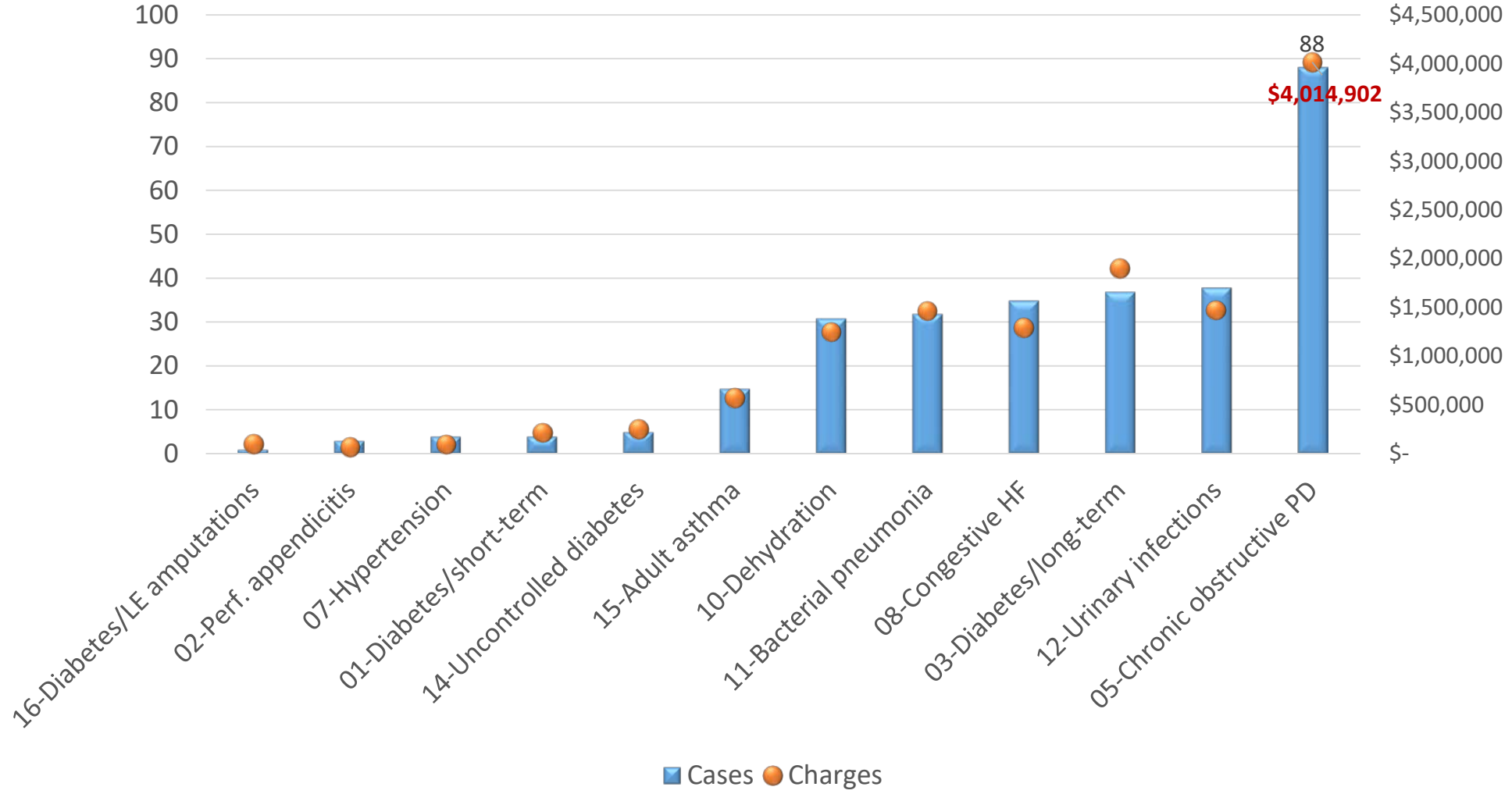
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Charges, Memorial Hospital South, 2014-2016



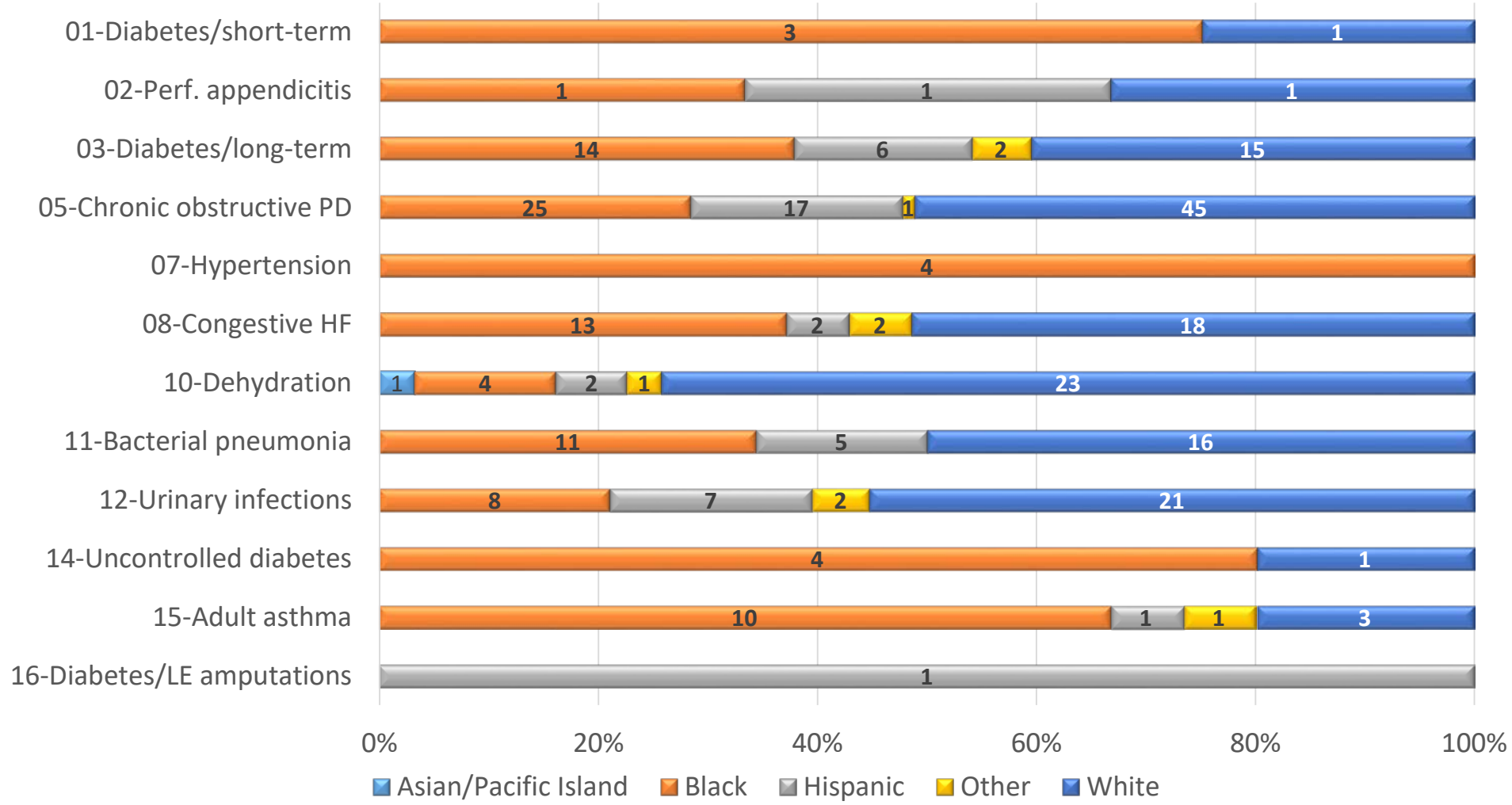
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases vs. Charges, Memorial Hospital South, 2016



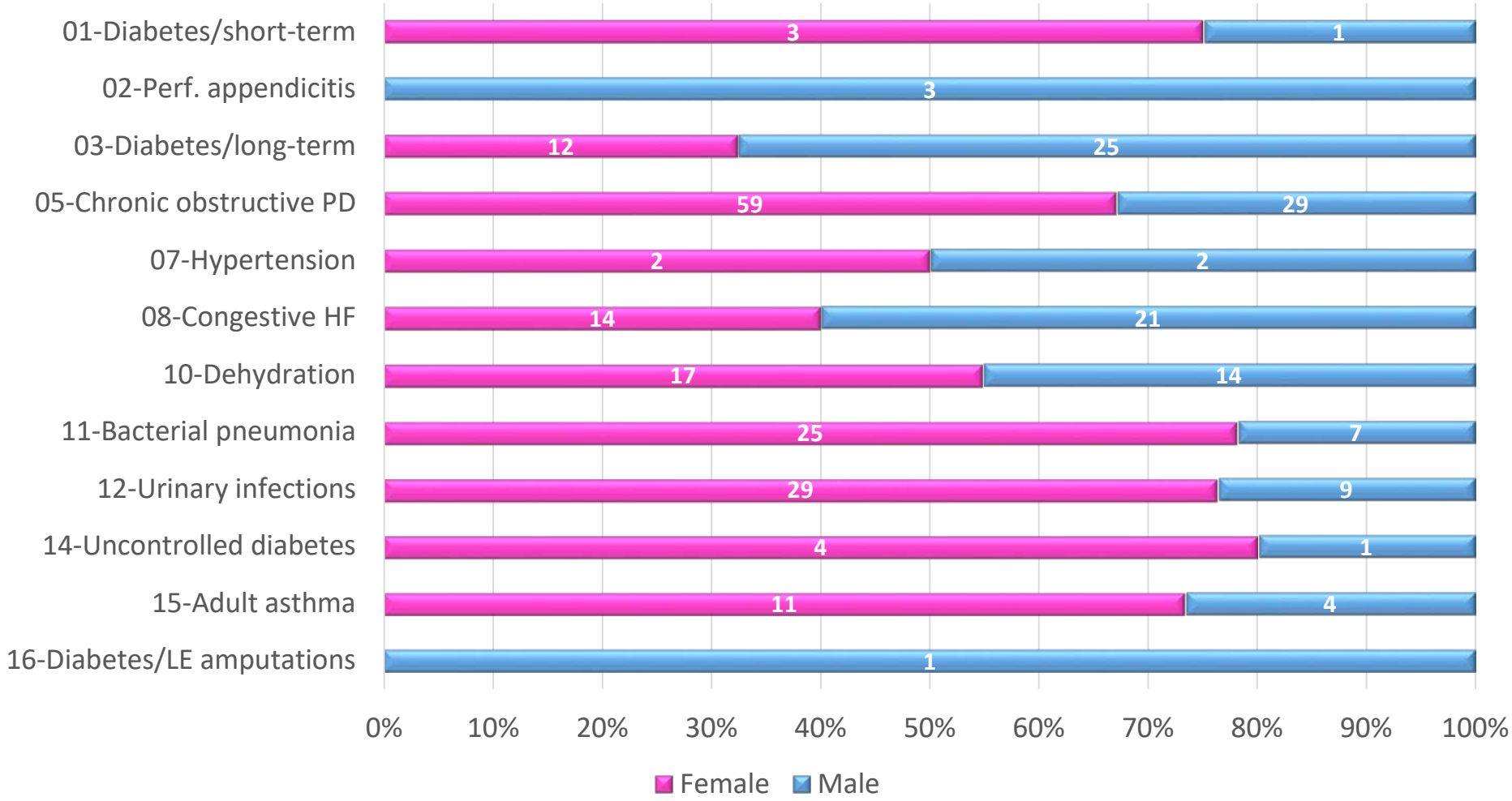
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Race/Ethnicity, Memorial Hospital South, 2016



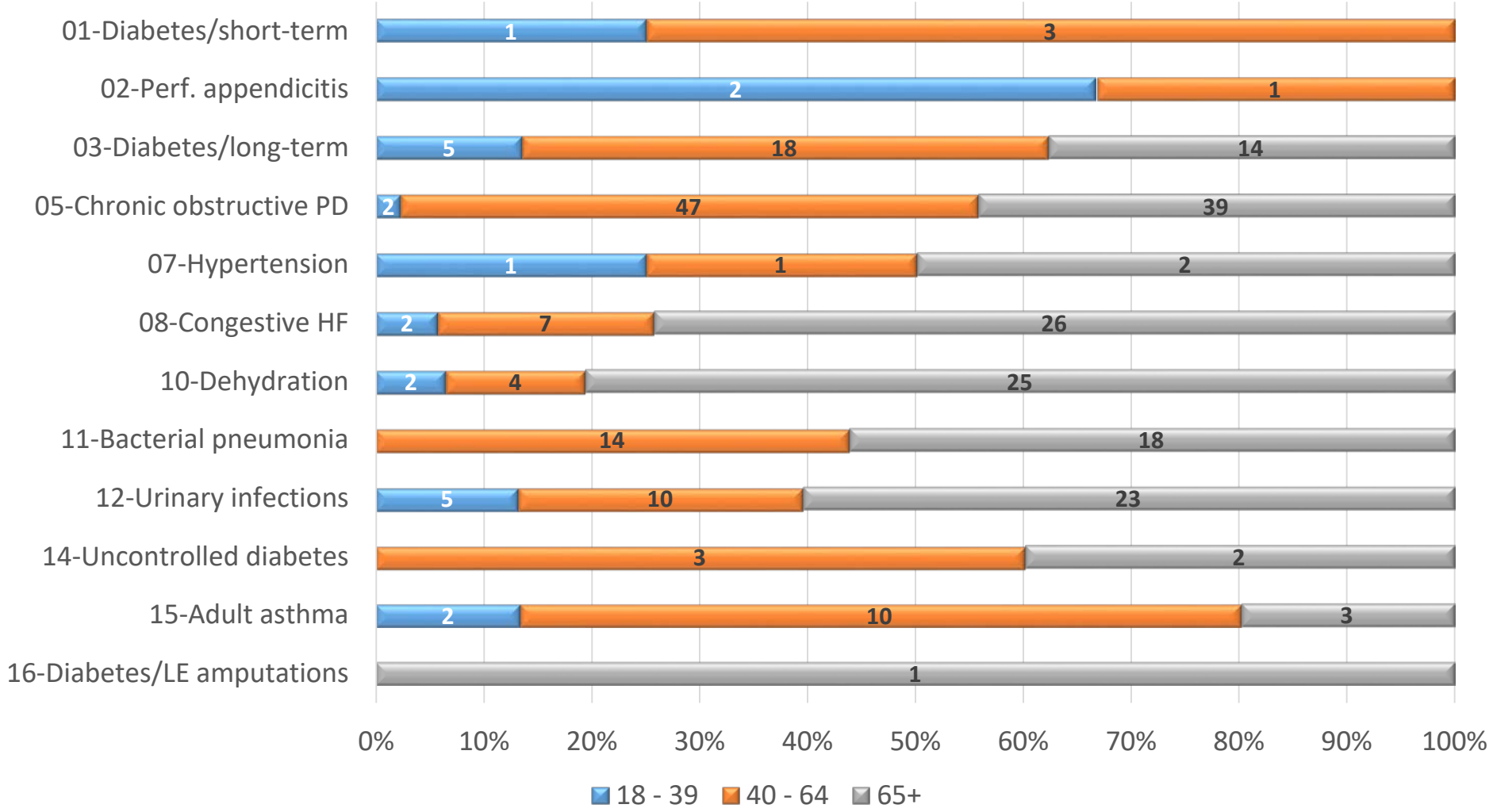
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Gender, Memorial Hospital South, 2016



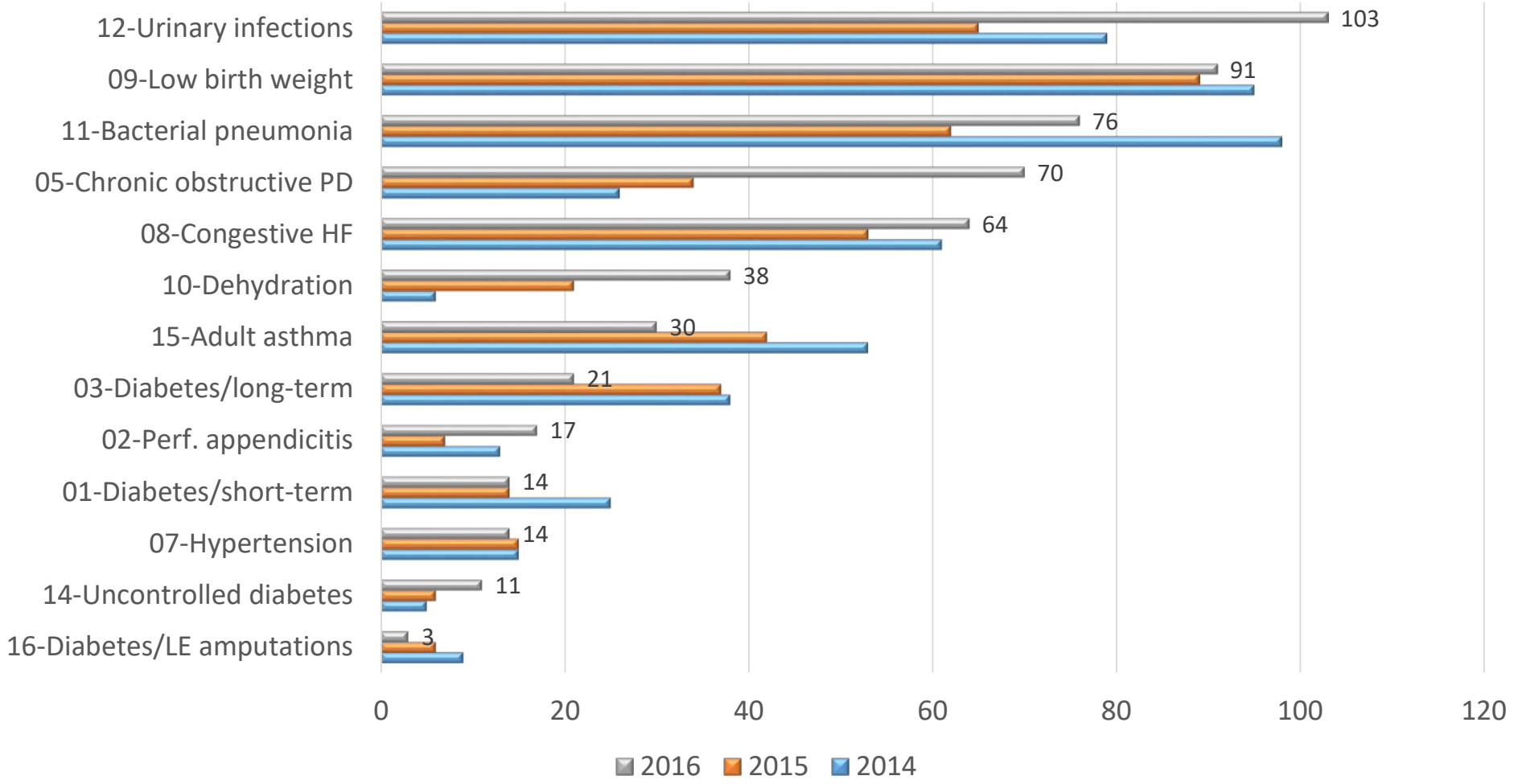
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Age, Memorial Hospital South, 2016



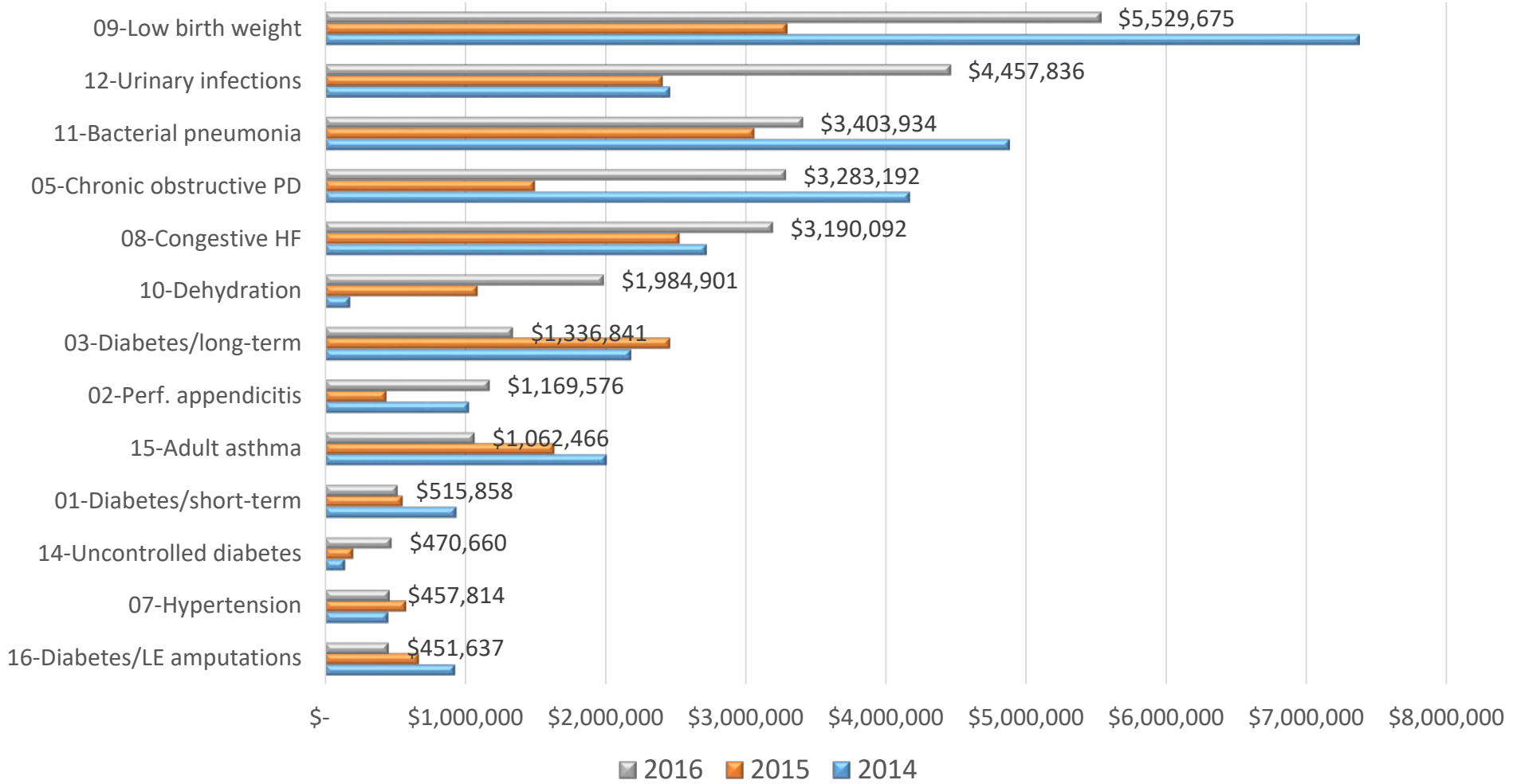
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases, Memorial Hospital Miramar, 2014-2016



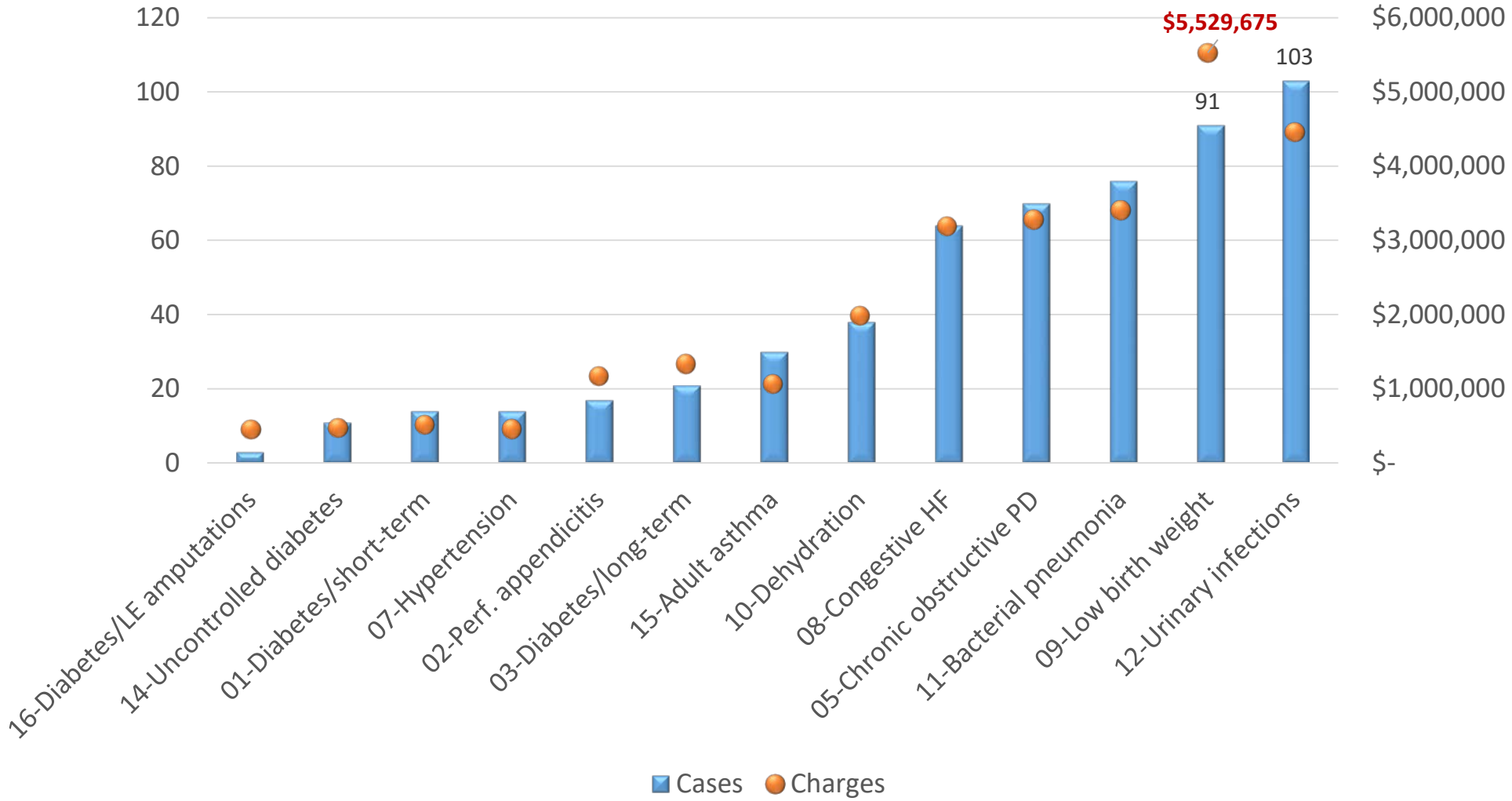
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Charges, Memorial Hospital Miramar, 2014-2016



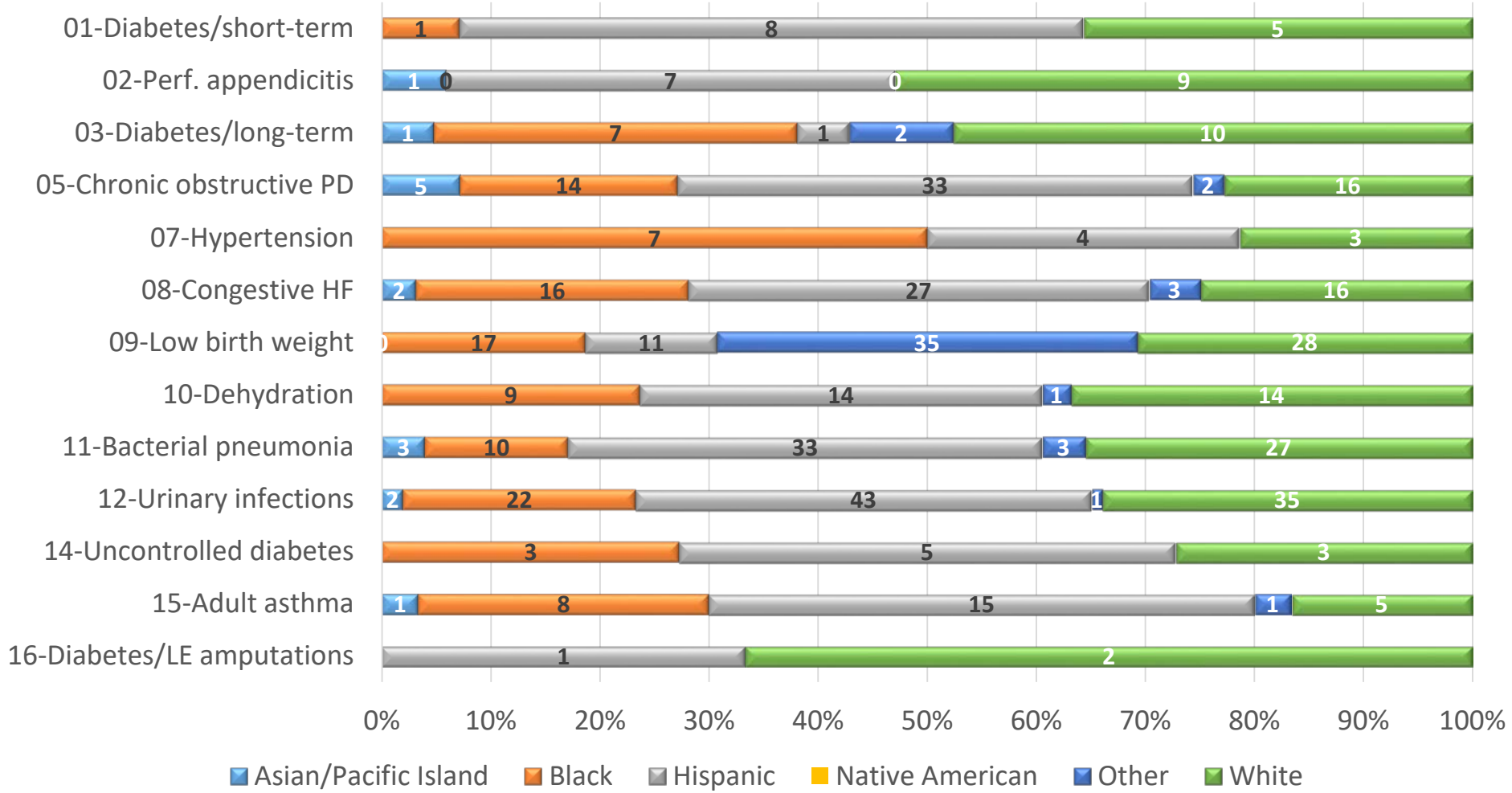
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases vs. Charges, Memorial Hospital Miramar, 2016



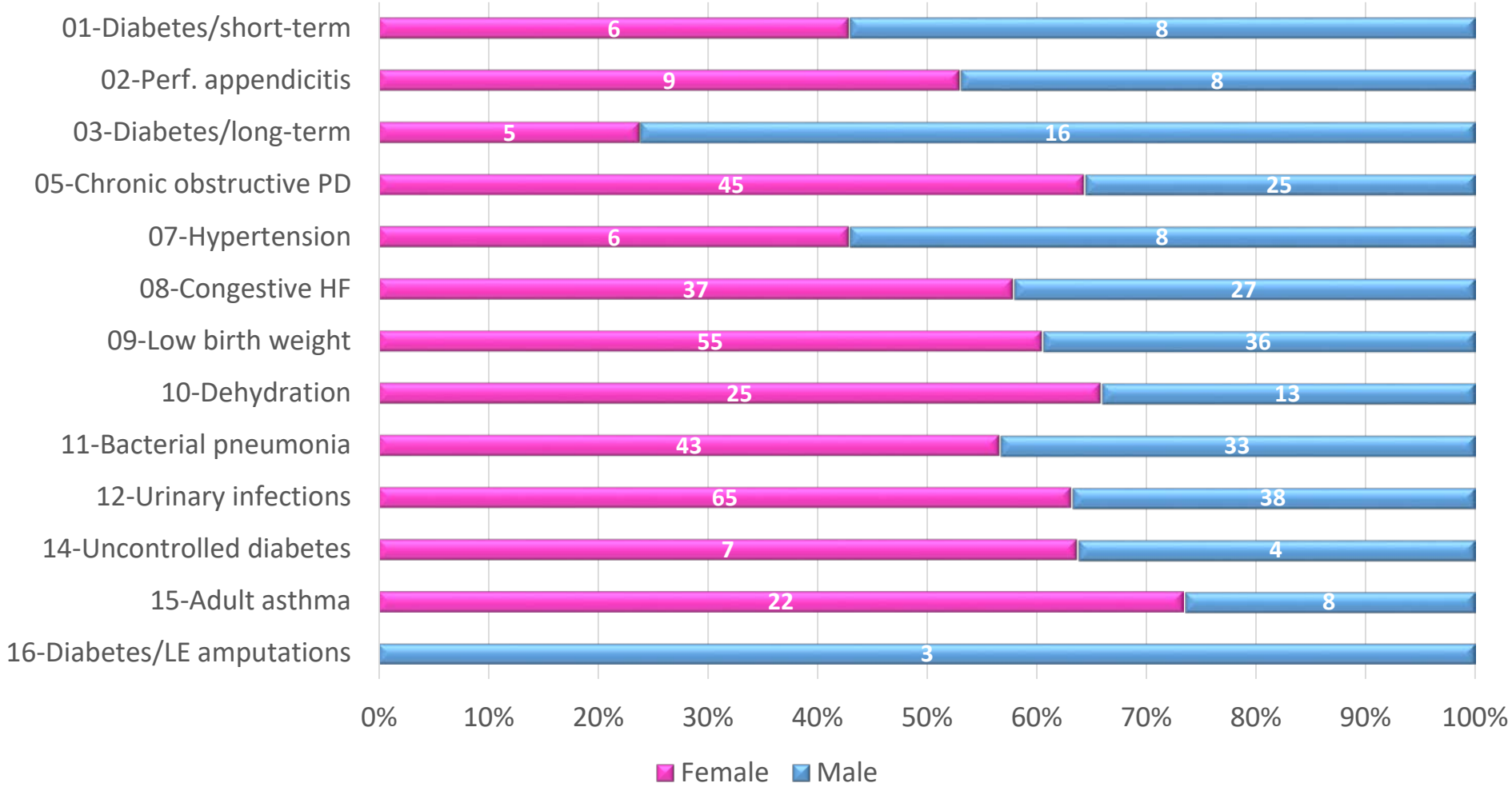
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Race/Ethnicity, Memorial Hospital Miramar, 2016



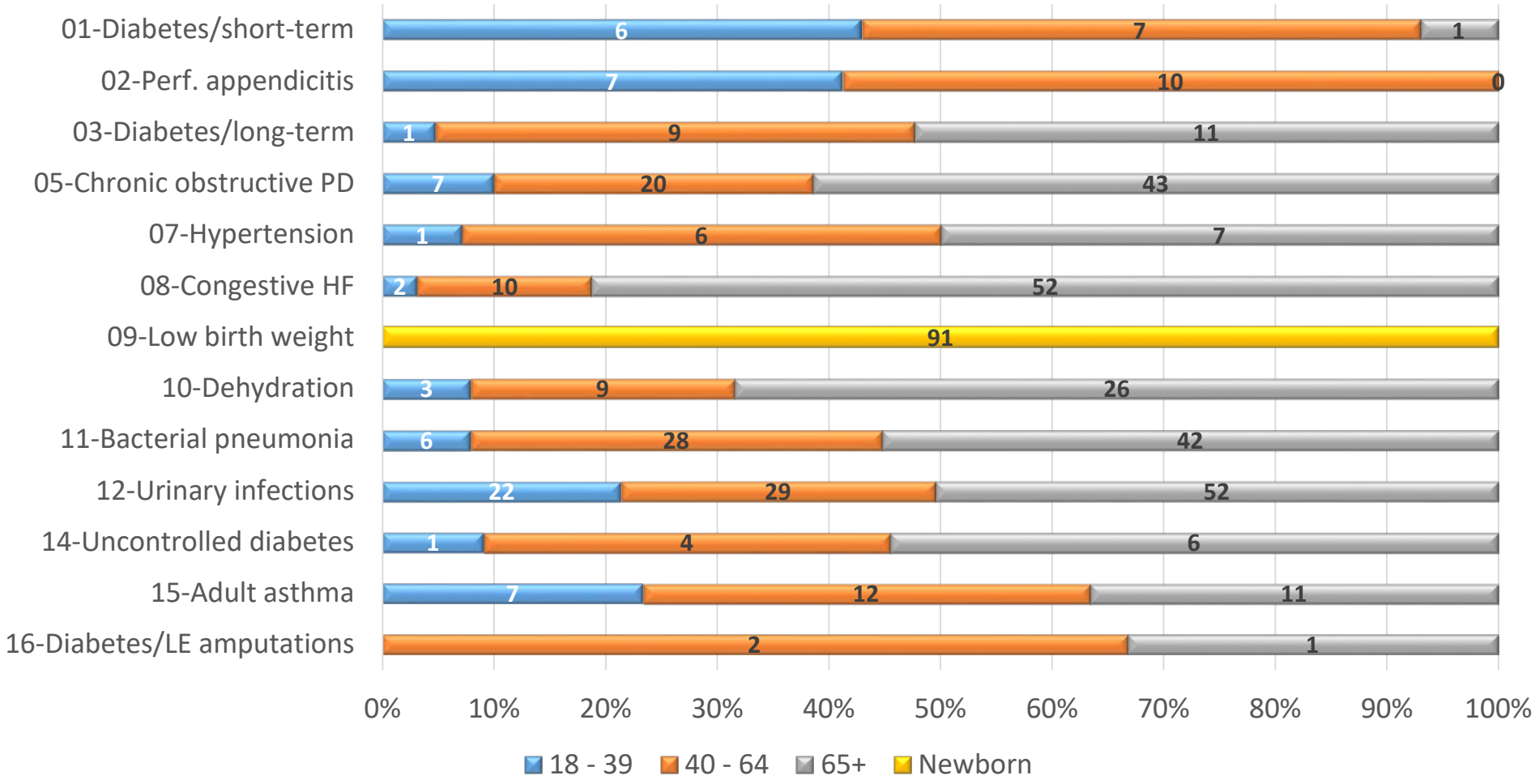
Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Gender, Memorial Hospital Miramar, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- Cases by Age, Memorial Hospital Miramar, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- MHS Top PSA Zip Codes Cases vs. Charges, 2016

PQI	Highest Cases	Highest Charges
01-Diabetes/short-term	33024 (46)	33024 ($1,928,542)
02-Perf. appendicitis	33023 (19)	33023 ($1,958,587)
03-Diabetes/long-term	33024 (60)	33024 ($9,545,292)
05-Chronic obstructive PD	33024 (224)	33024 ($12,328,696)
07-Hypertension	33023 and 33025 (21)	33023 ($1,143,117)
08-Congestive HF	33023 (172)	33024 ($11,524,600)
09-Low Birth Weight	33023 (70)	33025 ($15,670,876)
10-Dehydration	33024 (77)	33020 ($4,359,892)
11-Bacterial pneumonia	33024 (113)	33021 ($6,457,591)
12-Urinary infections	33027 (118)	33027 ($4,822,618)
14-Uncontrolled diabetes	33024 (35)	33024 ($1,537,442)
15-Adult asthma	33024 (34)	33055 ($1,749,099)
16-Diabetes/LE amputations	33024 (12)	33024 (3,654,899)

Source: Broward Regional Health Planning Council, Health Data Warehouse

Prevention Quality Indicators- MHS Top SSA Zip Codes Cases vs. Charges, 2016

PQI	Highest Cases	Highest Charges
01-Diabetes/short-term	33161 (6)	33311 ($3,653,061)
02-Perf. appendicitis	33016 & 33331 (3)	33331 ($230,384)
03-Diabetes/long-term	33147 (10)	33147 ($867,951)
05-Chronic obstructive PD	33330 (19)	33330 ($1,304,704)
07-Hypertension	33147 (6)	33147 ($210,202)
08-Congestive HF	33016 (22)	33168 ($1,520,173)
09-Low Birth Weight	33326 (16)	33319 ($9,834,710)
10-Dehydration	33147 (10)	33162 ($571,932)
11-Bacterial pneumonia	33331 (23)	33331 ($1,374,478)
12-Urinary infections	33013 (14)	33013 ($694,446)
14-Uncontrolled diabetes	33168 (5)	33168 ($433,224)
15-Adult asthma	33016 & 33311 (3)	33010 ($161,248)
16-Diabetes/LE amputations	33016, 33331, 33147 (2)	33068 ($4,529,135)

Source: Broward Regional Health Planning Council, Health Data Warehouse

Diagnosis-Related Group

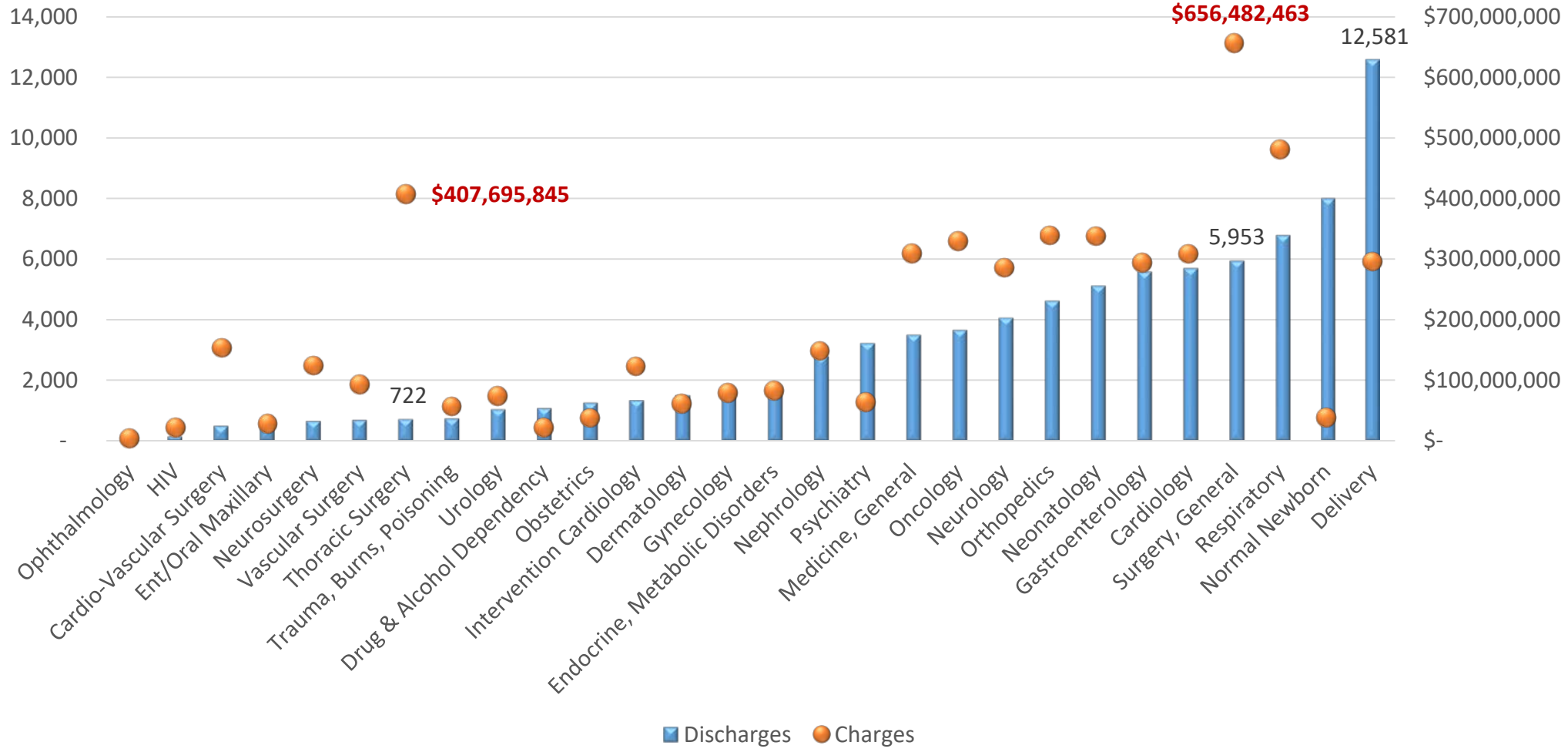
Diagnosis-Related Group

A system to classify hospital cases into one of approximately 500 groups, also referred to as DRGs, expected to have similar hospital resource use, developed for Medicare as part of the prospective payment system.

DRGs are assigned by a "grouper" program based on ICD diagnoses, procedures, age, sex, discharge status, and the presence of complications or co-morbidities.

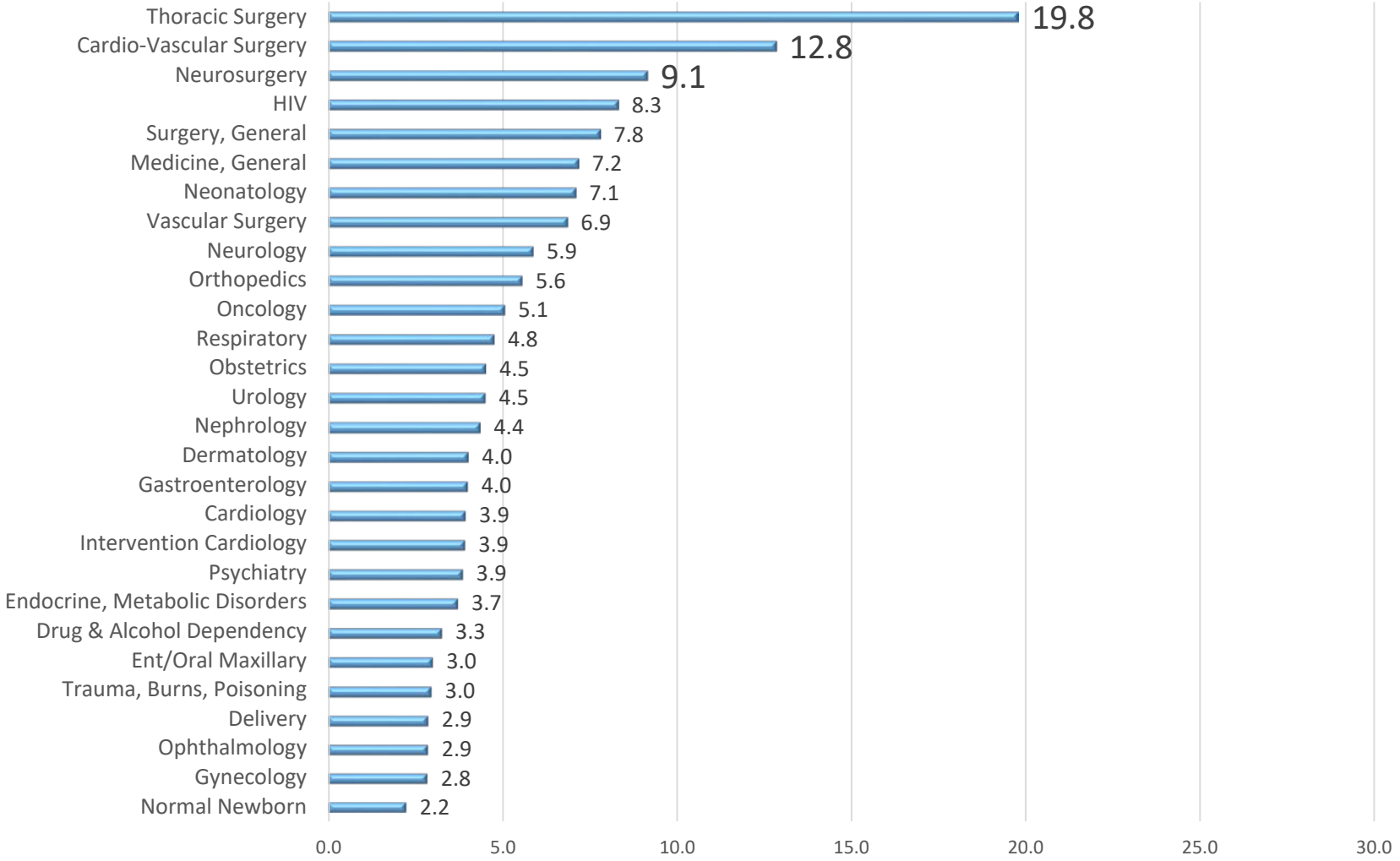
DRGs have been used in the US since 1983 to determine how much Medicare pays the hospital, since patients within each category are similar clinically and are expected to use the same level of hospital resources.

DRGs, Discharges vs. Charges by Medical Service, MHS, 2016



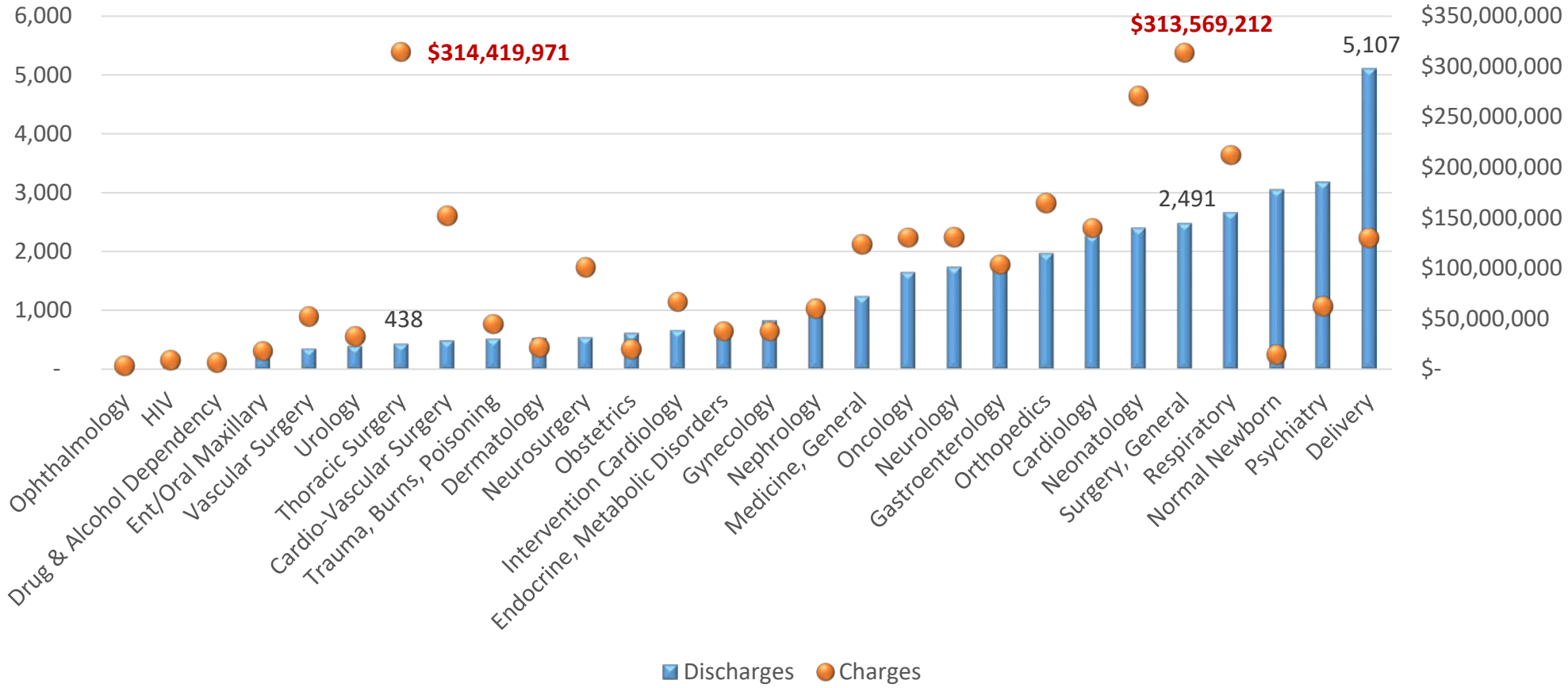
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, MHS, 2016



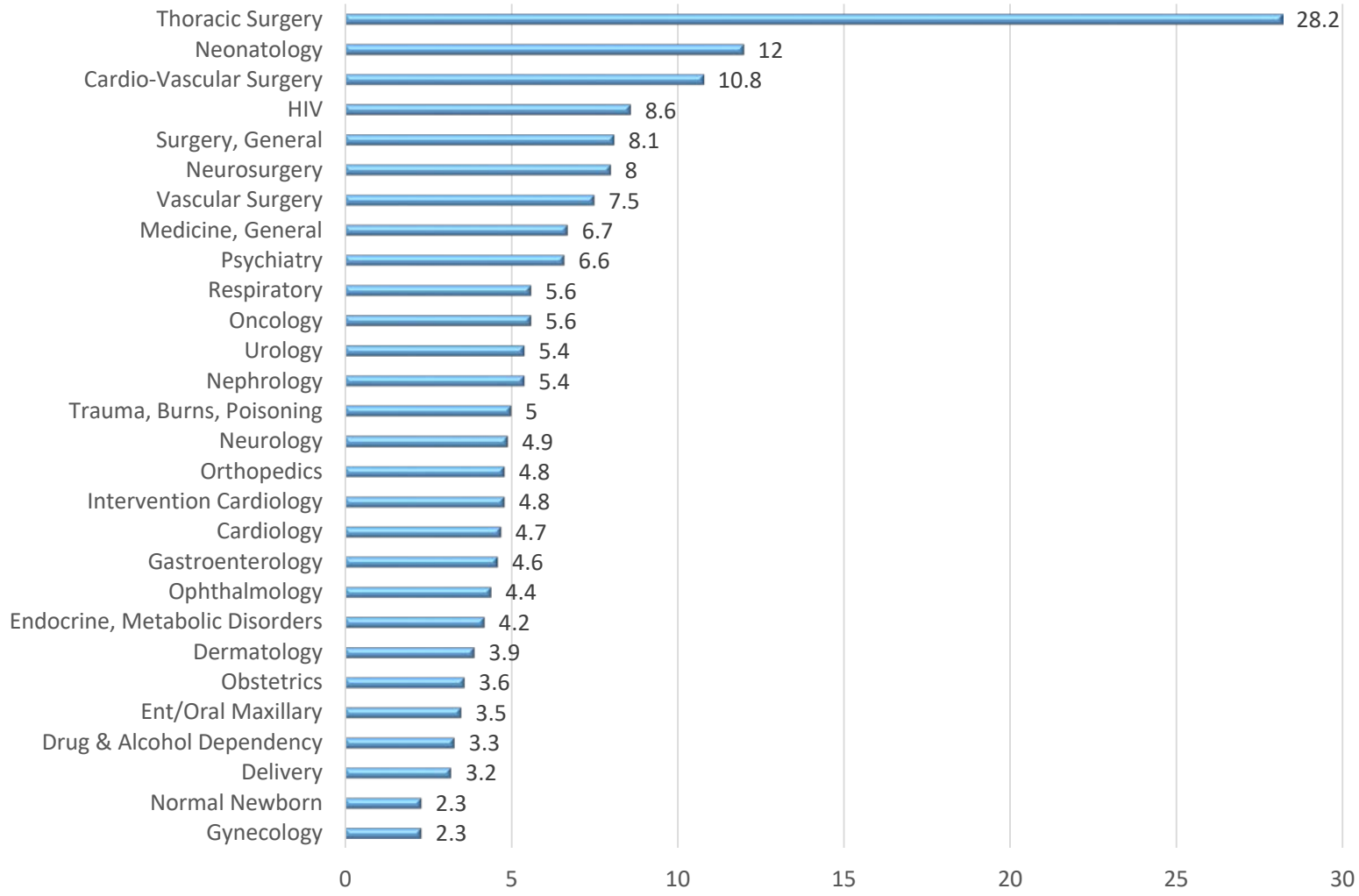
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs, Discharges vs. Charges by Medical Service, Memorial Regional Hospital, 2016



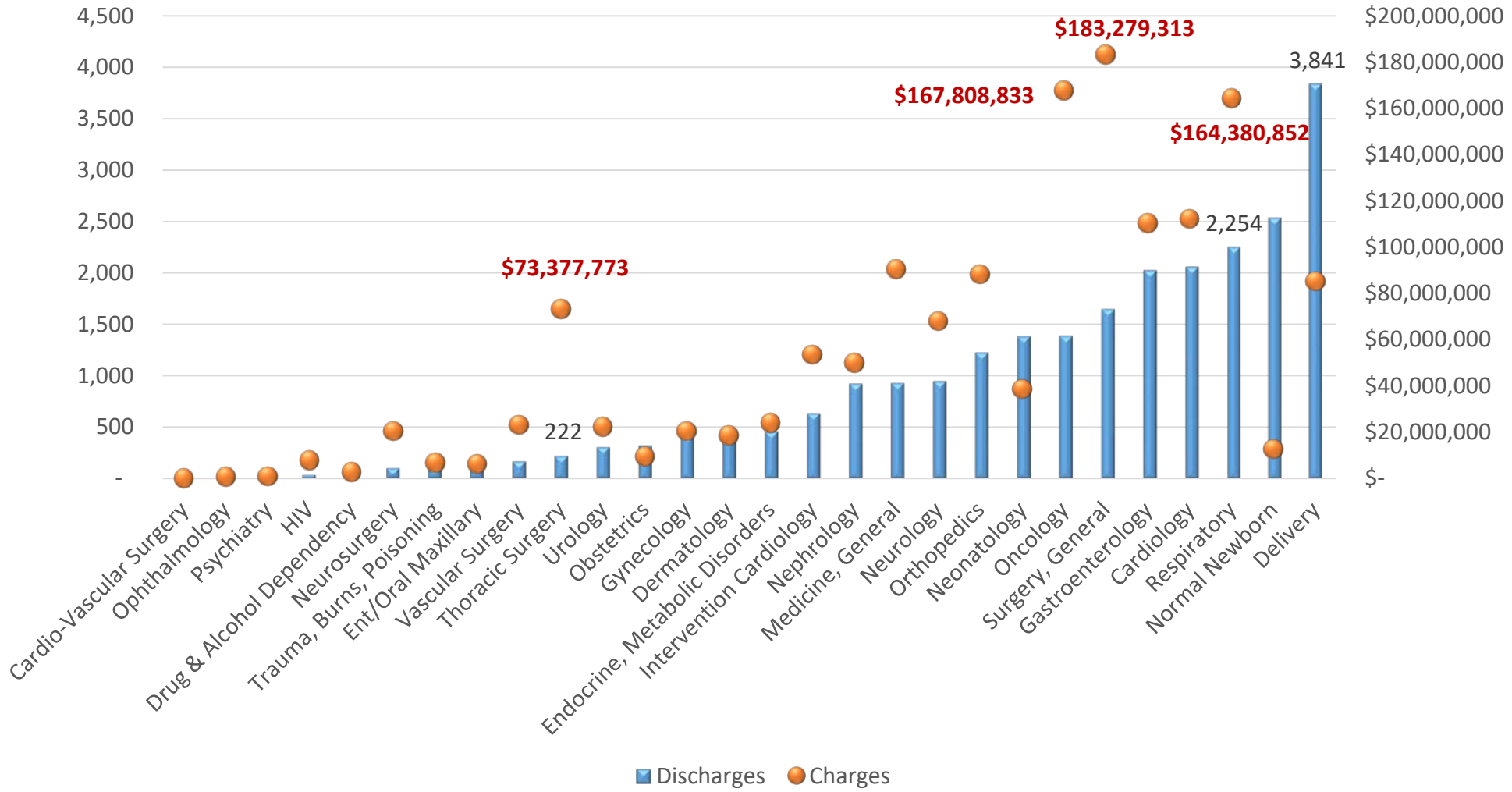
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Regional Hospital, 2016



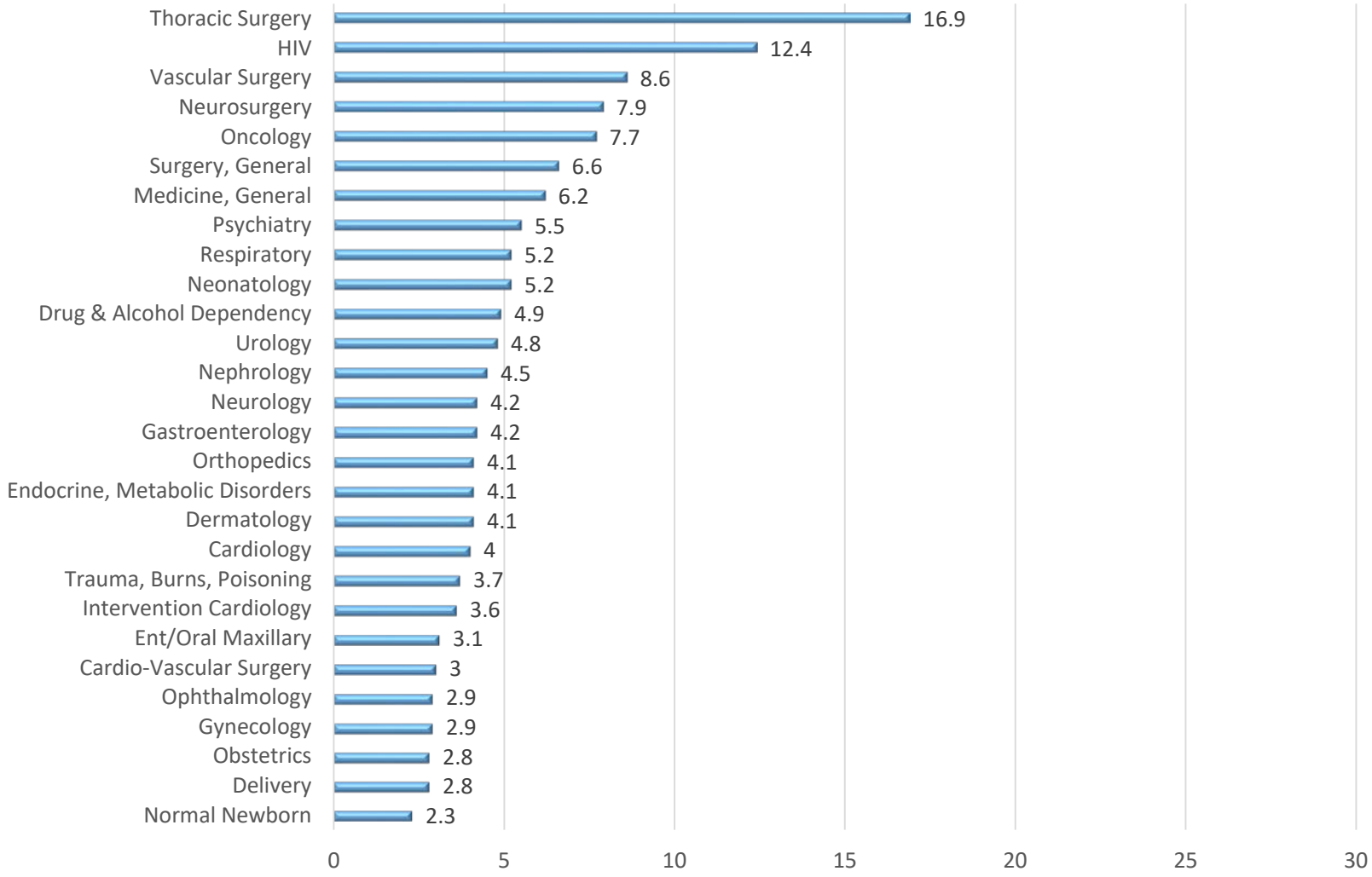
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital West, 2016



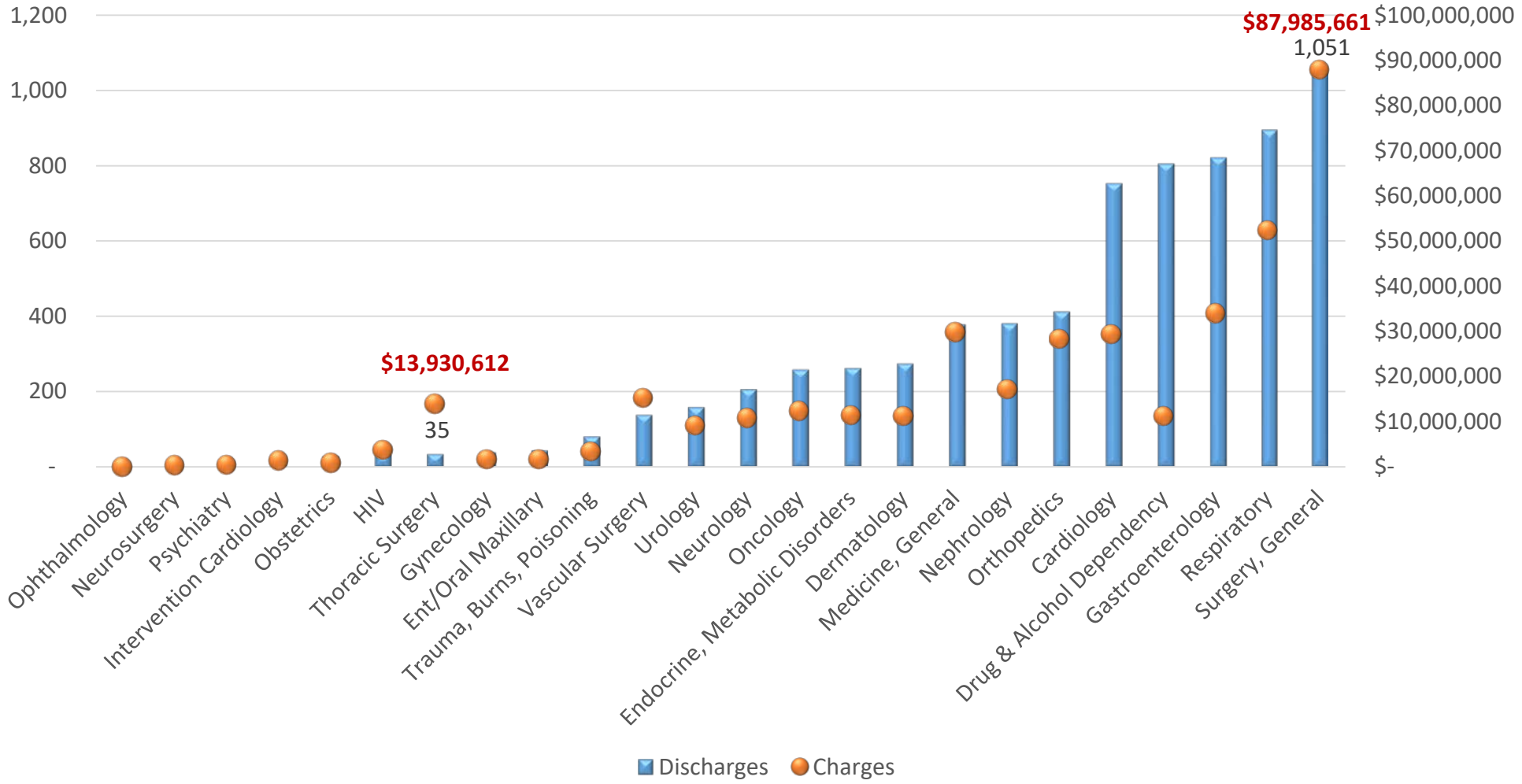
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital West, 2016



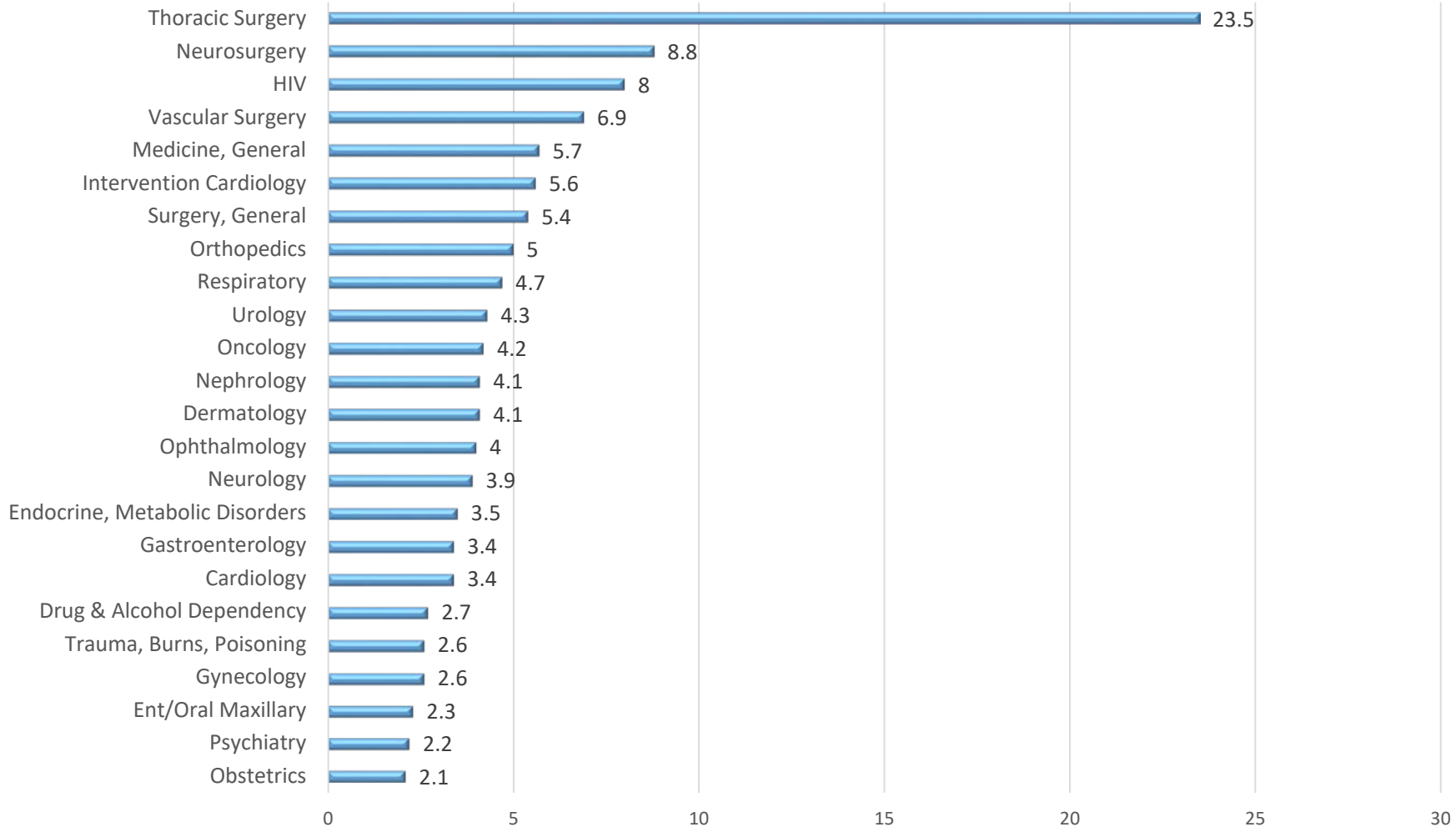
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital Pembroke, 2016



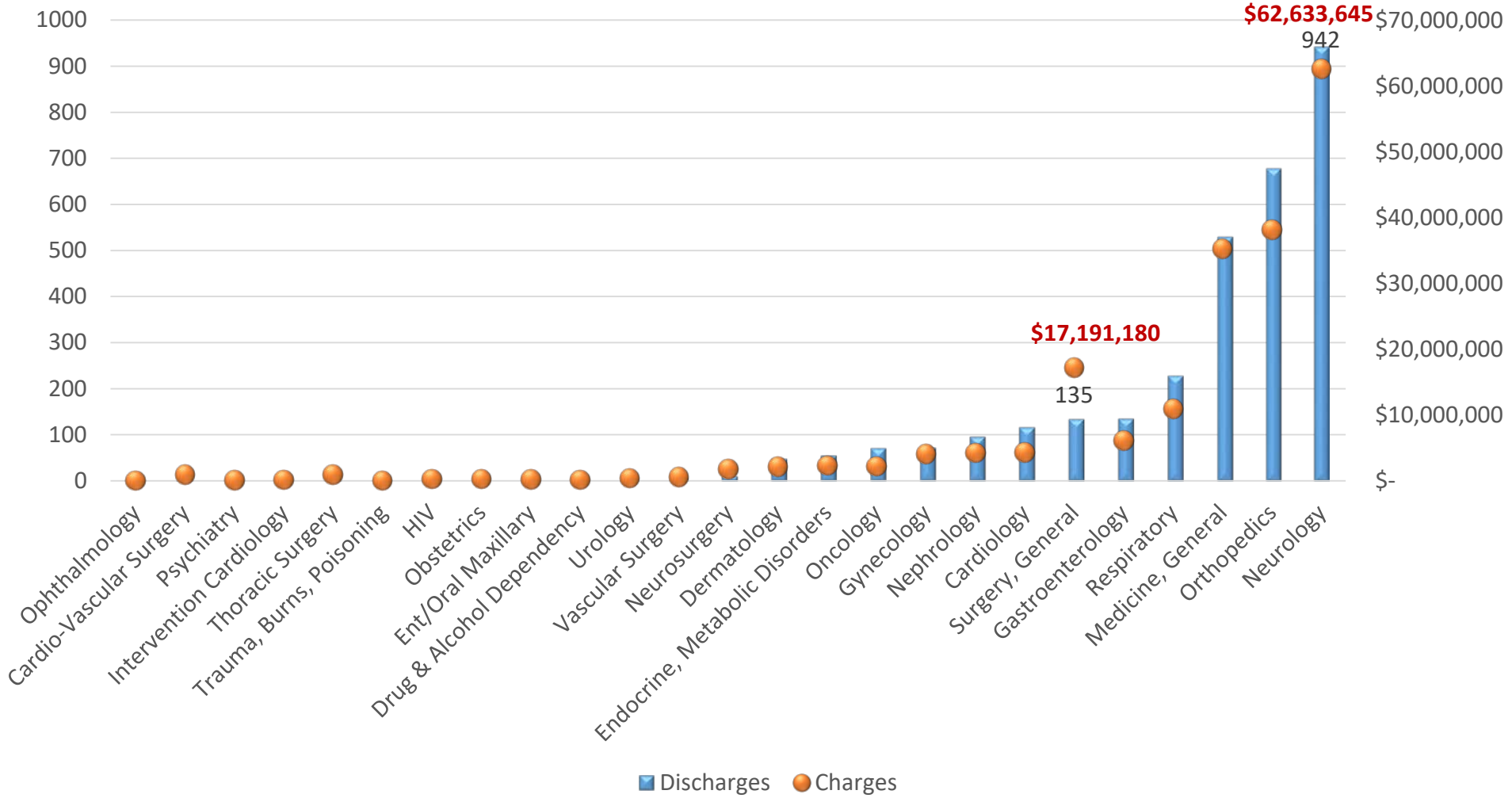
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital Pembroke, 2016



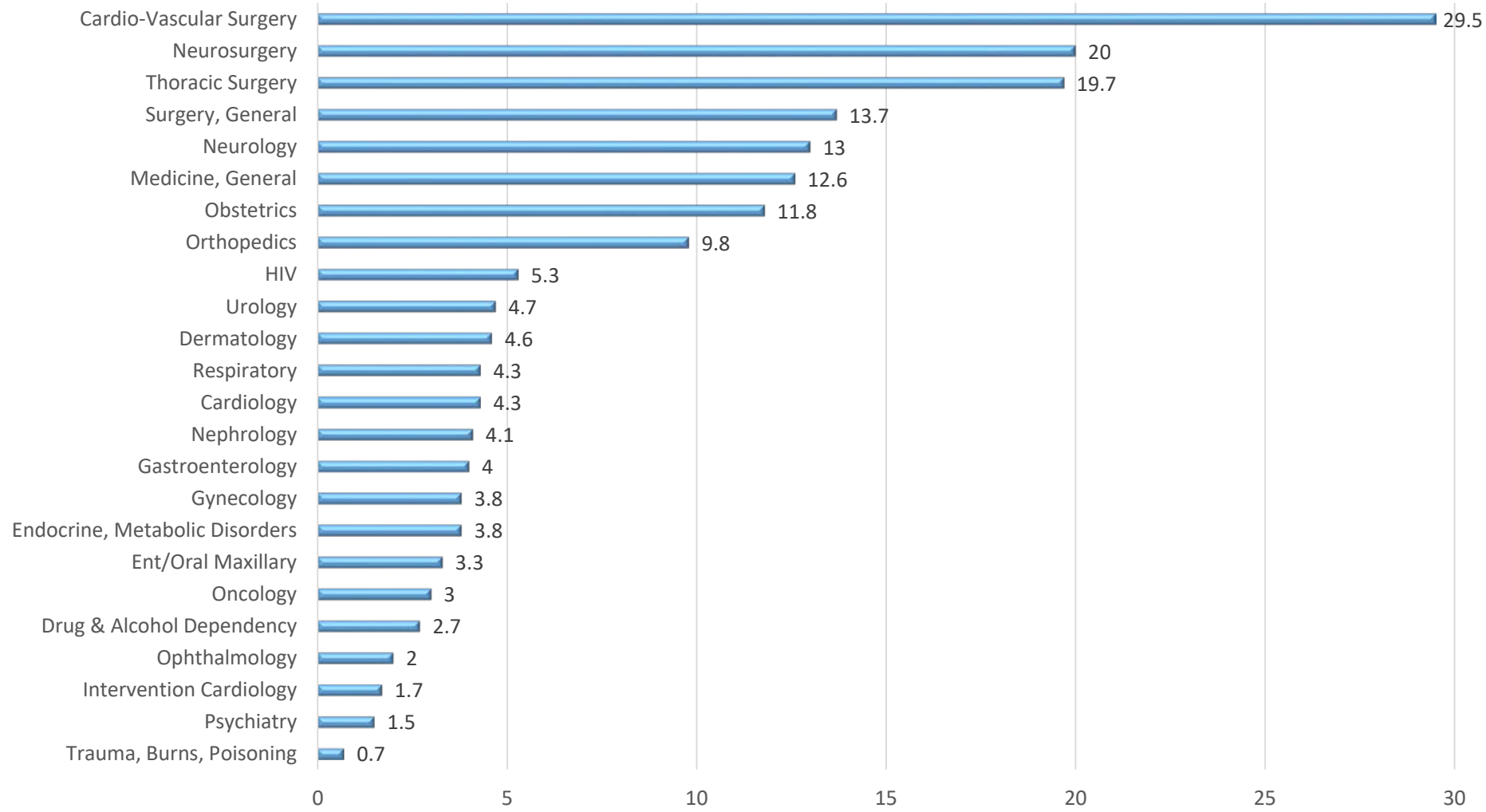
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital South, 2016



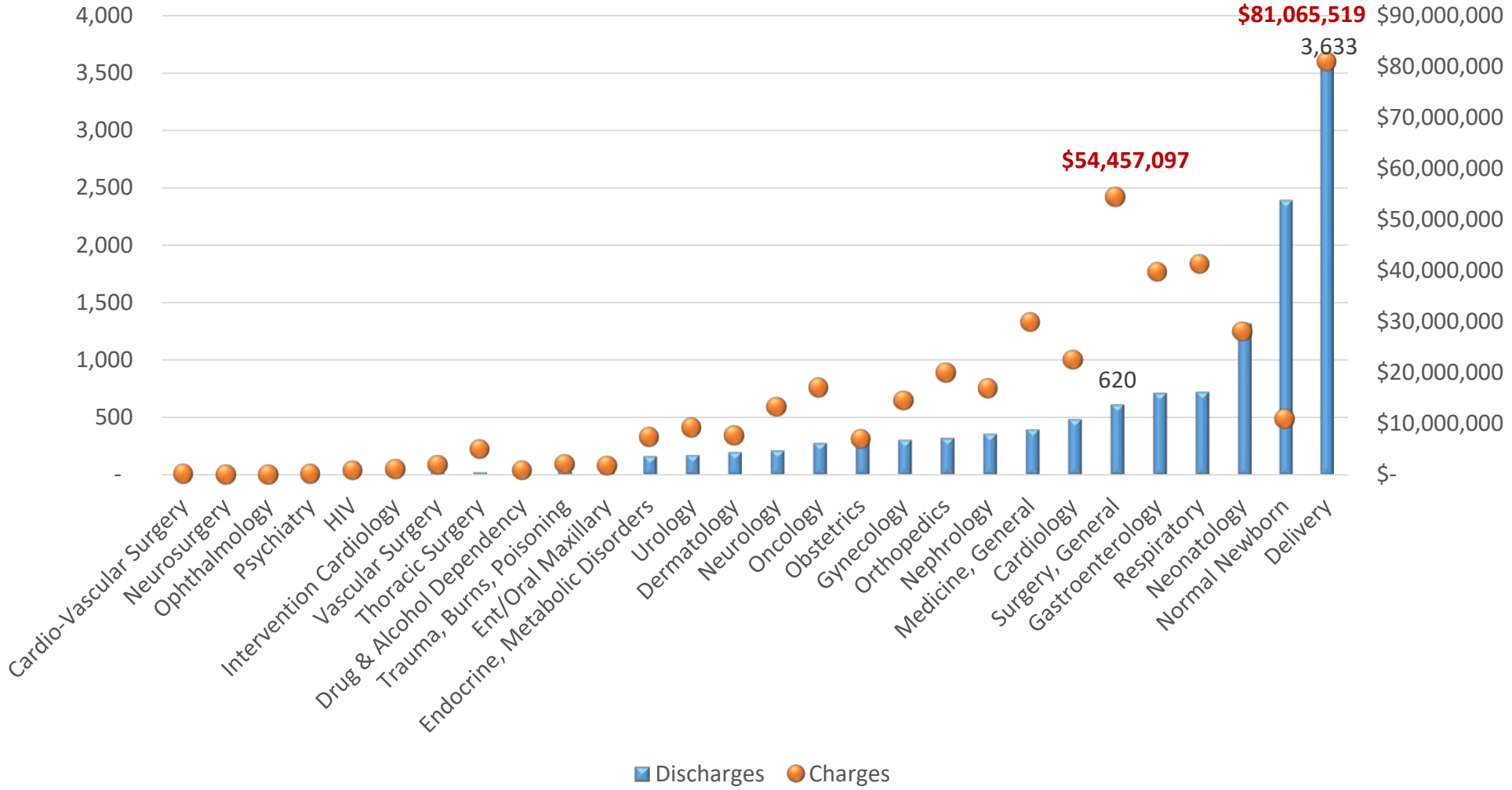
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital South, 2016



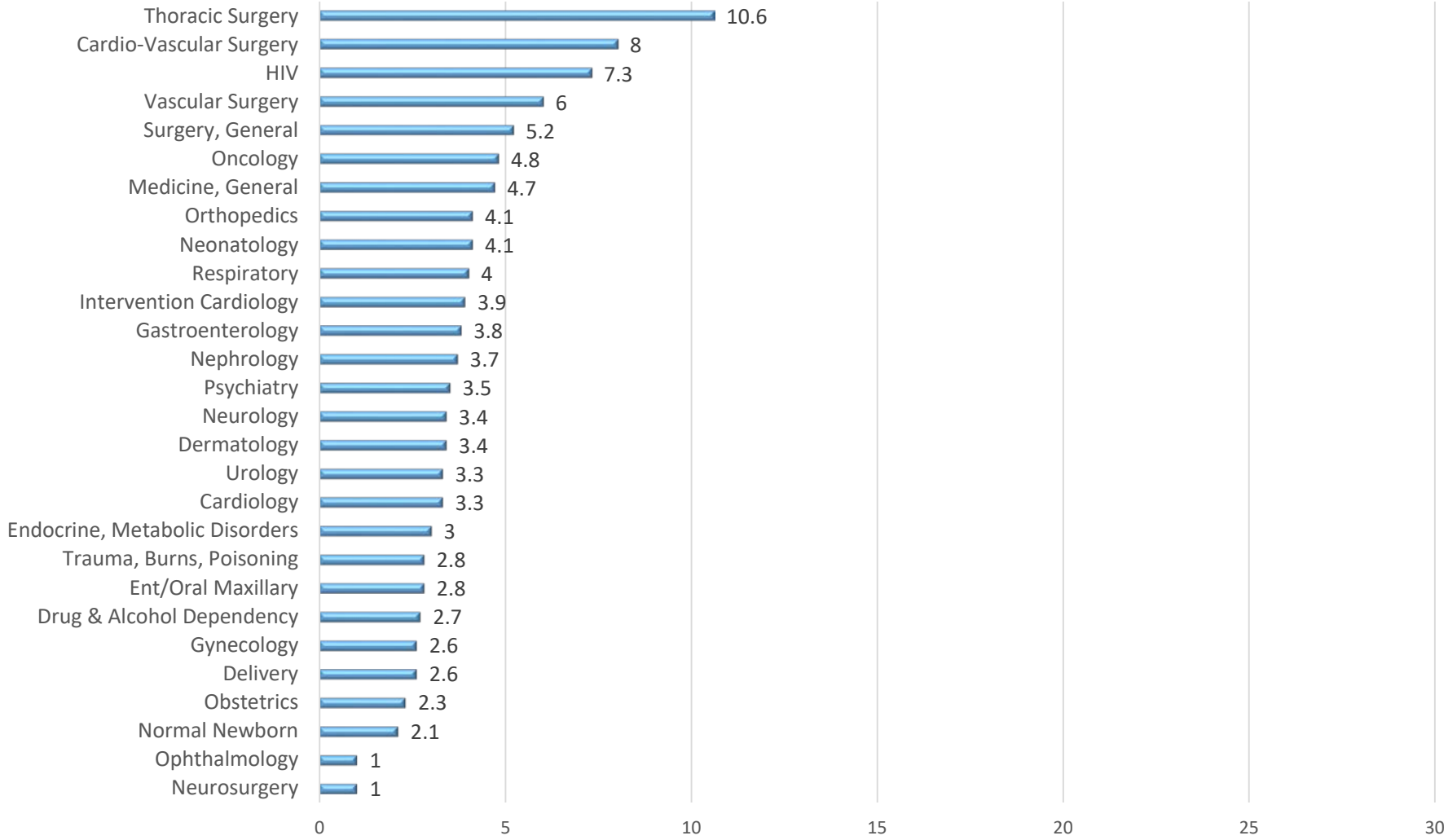
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital Miramar, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital Miramar, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

Behavioral Health

Substance Abuse Statistics

- In 2017, there was a 30% rise in overdoses
- In 2016, 90% of the 582 accidental overdoses were due to opioid use
- Fentanyl is a synthetic painkiller which is 50x stronger than heroin and 100x stronger than morphine
- Fentanyl deaths in Broward increased from 44 in 2014 to 180 2016
- Cocaine deaths doubled in 2016 partially because of the act of combining prescription opioids with cocaine
- In FY 2016, 9,500 lbs of cocaine were seized in South Florida- a 61% increase from the previous year- primarily from Colombia

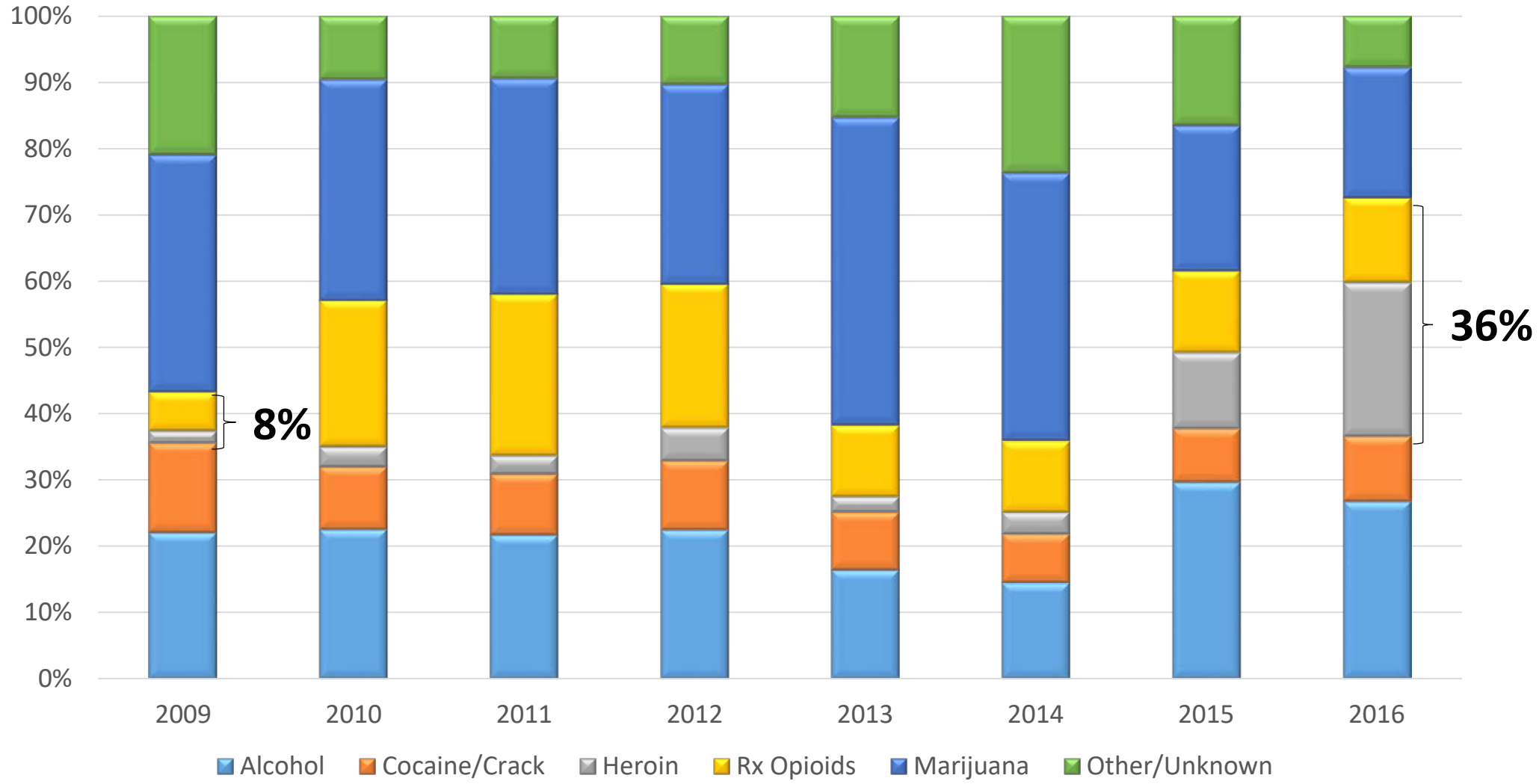
Source: Sun Sentinel “Fentanyl Fuels Rise in Drug Deaths in South Florida”

Brief History of Opioids in Florida

- 2010: 90 of the 100 top oxycodone purchasing physicians were in FL with a significant number located in South Florida
- 2011: Schedule II, III and IV prescriptions had to be reported to Florida's Prescription Drug Monitoring Program known as E-FORCSE
  - Purpose: to reduce the rate of inappropriate use of prescription drugs through education and safety efforts
- 2015: Emergency Treatment and Recovery Act authorized the use of Naloxone to combat opioid overdosing
- 2016: Due to decreased opioid availability users began to look to substitutes like heroin and Fentanyl
  - Currently, heroin has re-emerged as a serious health problem in Florida; particularly in the Tri-County area (Palm Beach, Broward and Miami-Dade)

Source: https://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2012/march_2012/rposton_0329.pdf , http://www.floridahealth.gov/statistics-and-data/e-forcse/_documents/2016PDMPAnnualReport.pdf

Primary Treatment Admissions- Broward, 2016



Source: Florida Department of Children and Families and Broward Behavioral Health Coalition

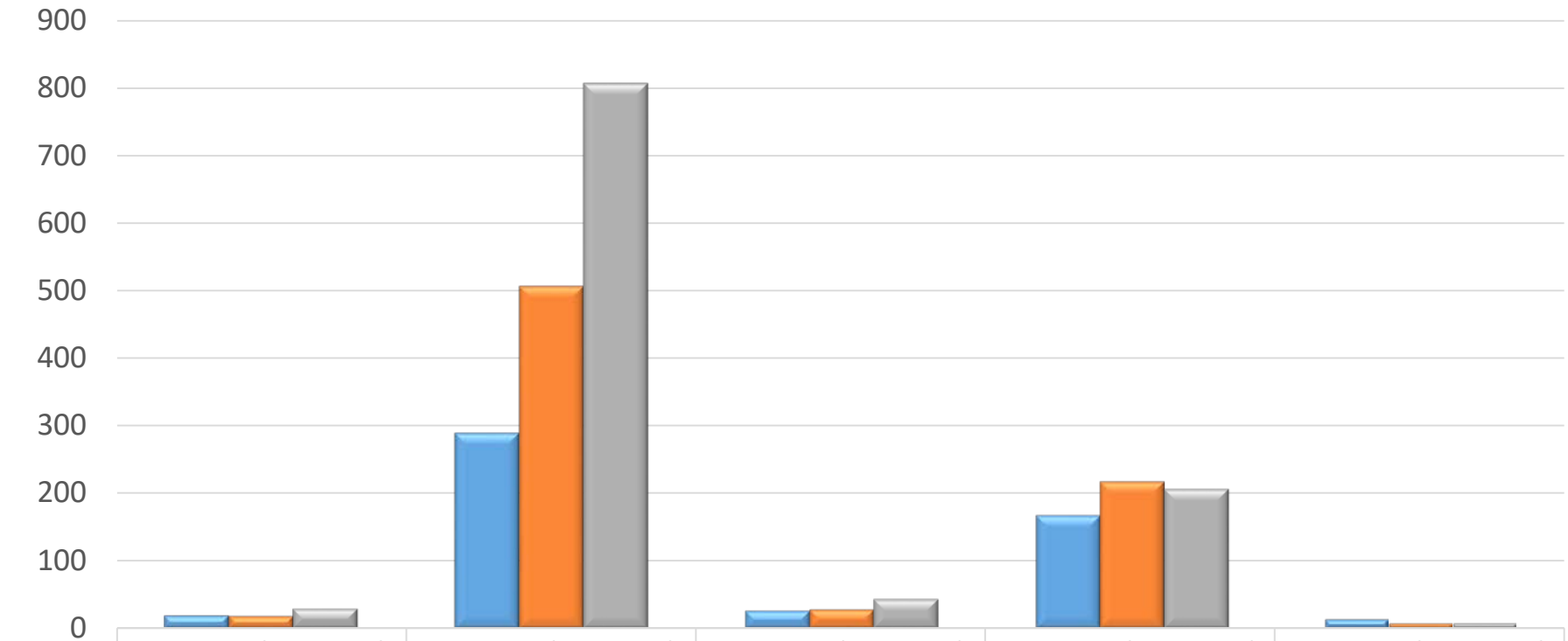
Primary Treatment Admissions- Broward, 2014-2016

Primary Treatment Substance	2014	2015	2016
Marijuana	2,578	1,356	1,523
Other Drugs/Unknown	1,506	1,014	599
Alcohol	929	1,830	2,070
Rx Opioids	686	766	991
Cocaine/Crack	471	501	763
Heroin	212	704	1,791
Total Admissions	**6,382**	**6,171**	**7,737**

Green = Improvement from the previous year
Yellow = No significant change from the previous year
Red = Lack of improvement from the previous year

Source: Florida Department of Children and Families and Broward Behavioral Health Coalition

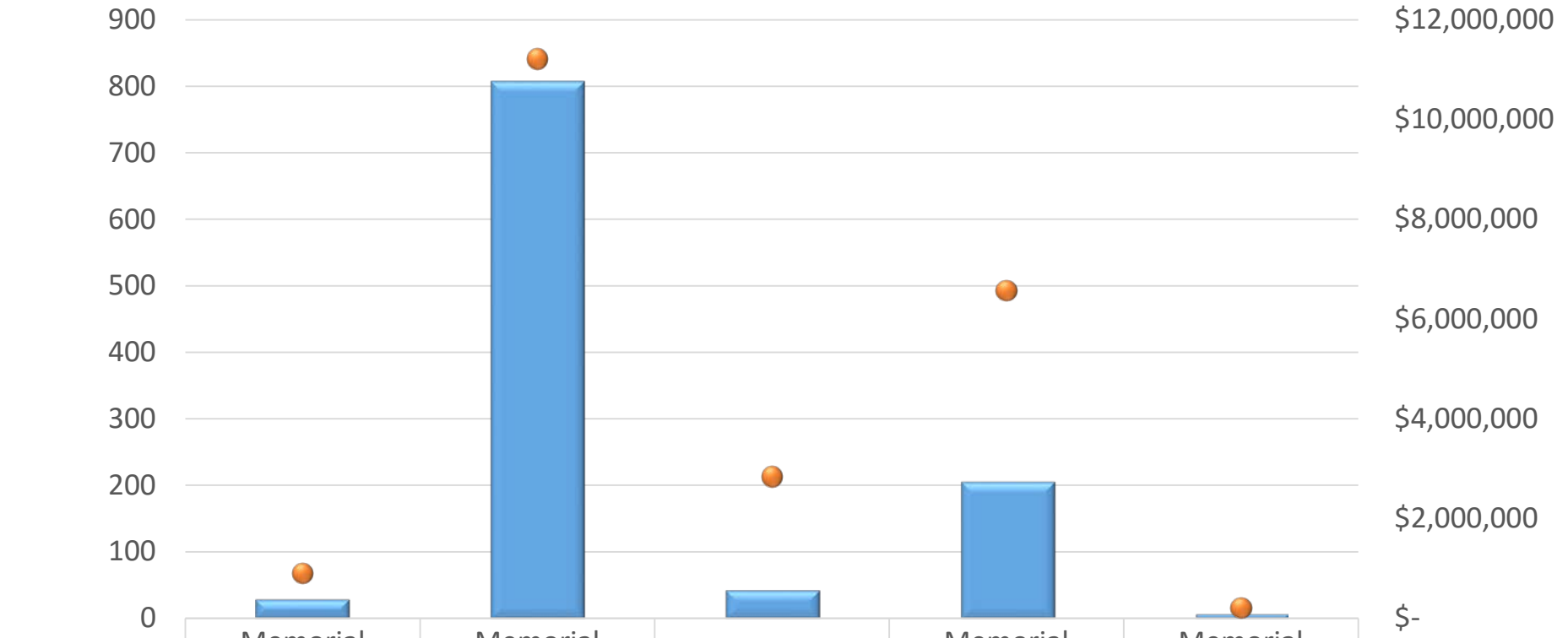
DRG- Drug & Alcohol Dependency Discharges, MHS, 2014-2016



	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
2014	19	289	26	167	13
2015	18	506	28	218	7
2016	29	807	43	206	7

Source: Broward Regional Health Planning Council, Health Data Warehouse

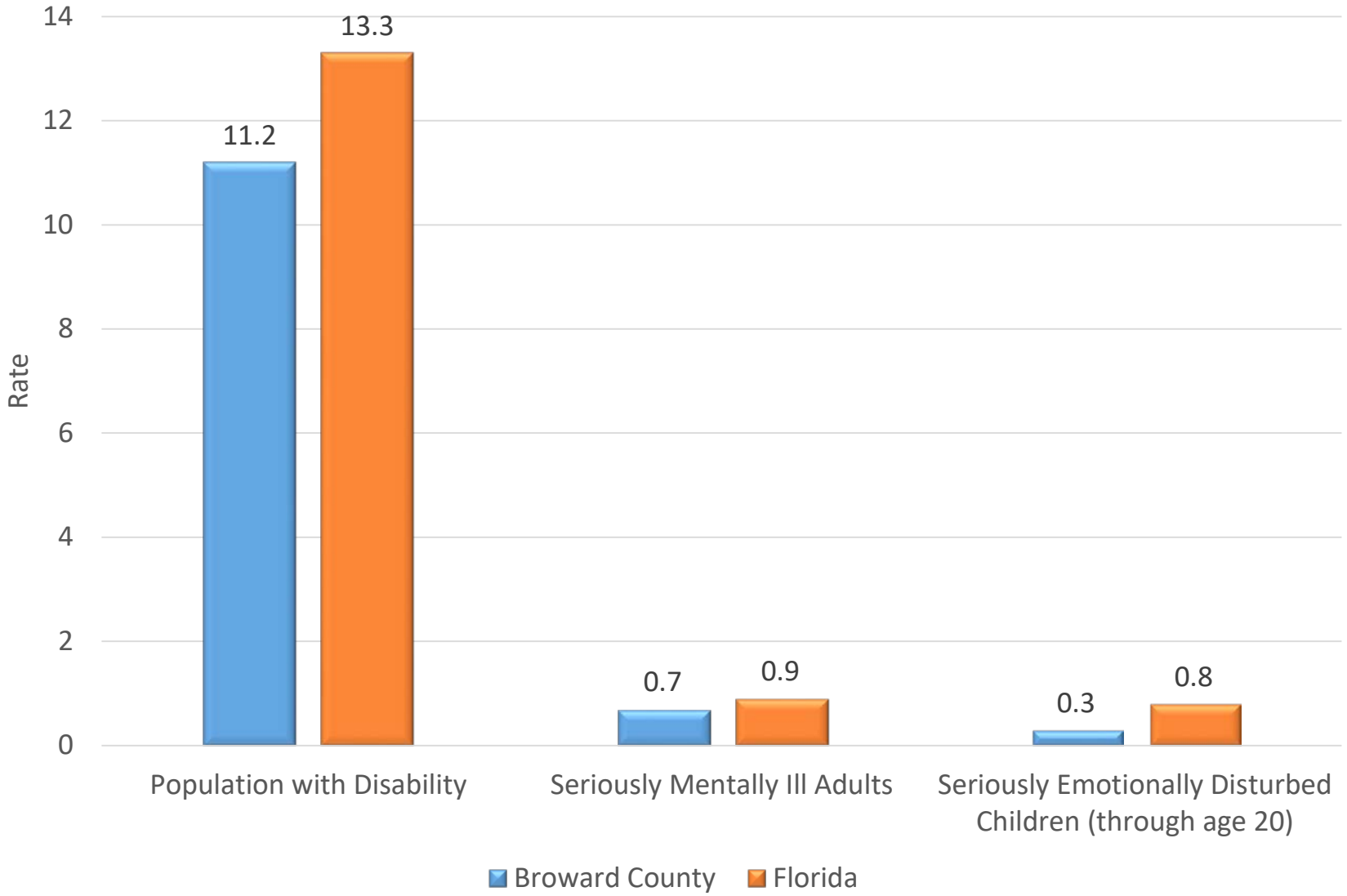
DRG- Drug & Alcohol Dependency Discharges vs. Charges, MHS, 2016



	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
Discharges	29	807	43	206	7
Charges	$904,327	$11,218,946	$2,839,494	$6,571,737	$211,872

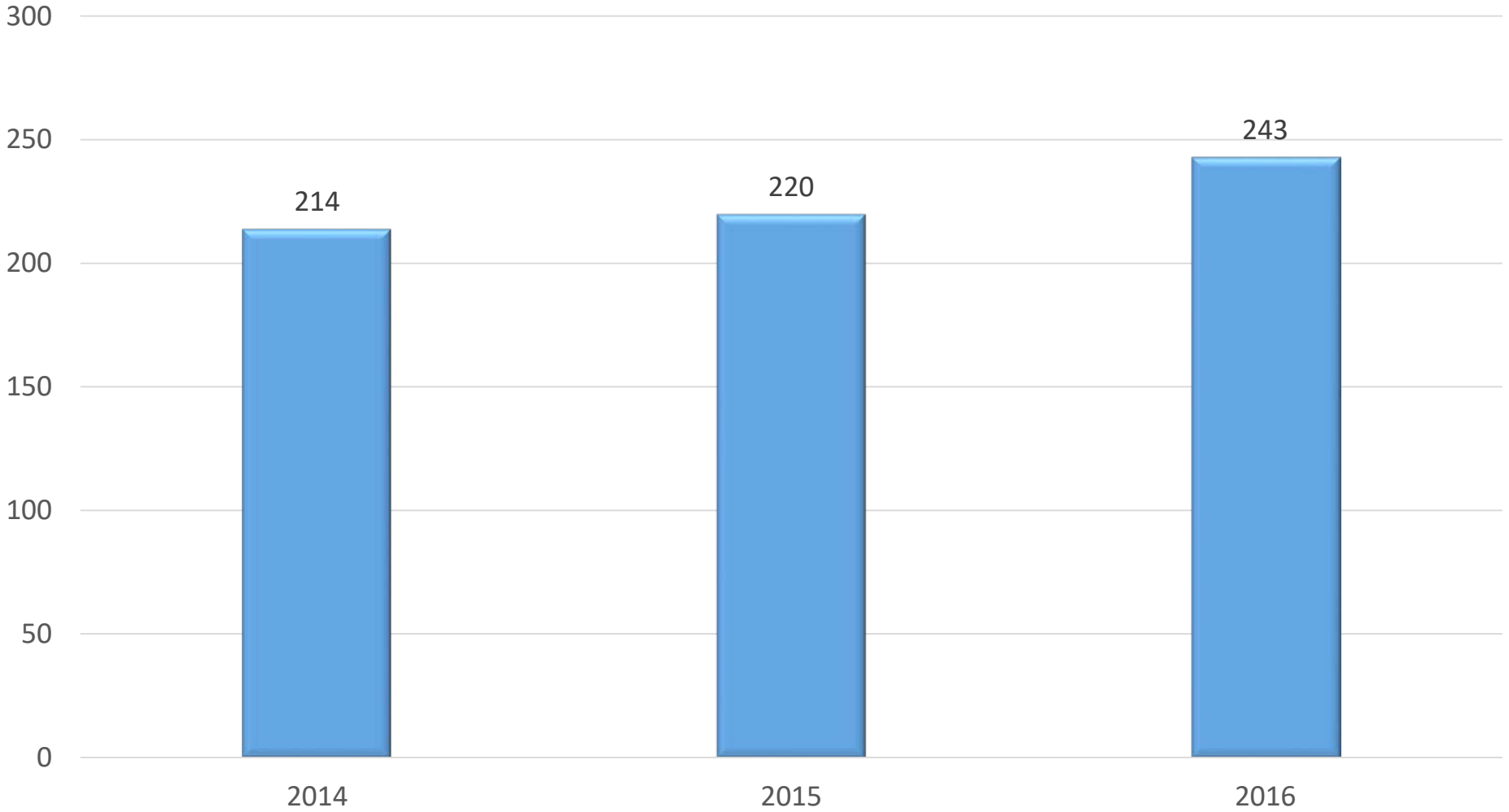
Source: Broward Regional Health Planning Council, Health Data Warehouse

Vulnerability Data- Broward, 2016



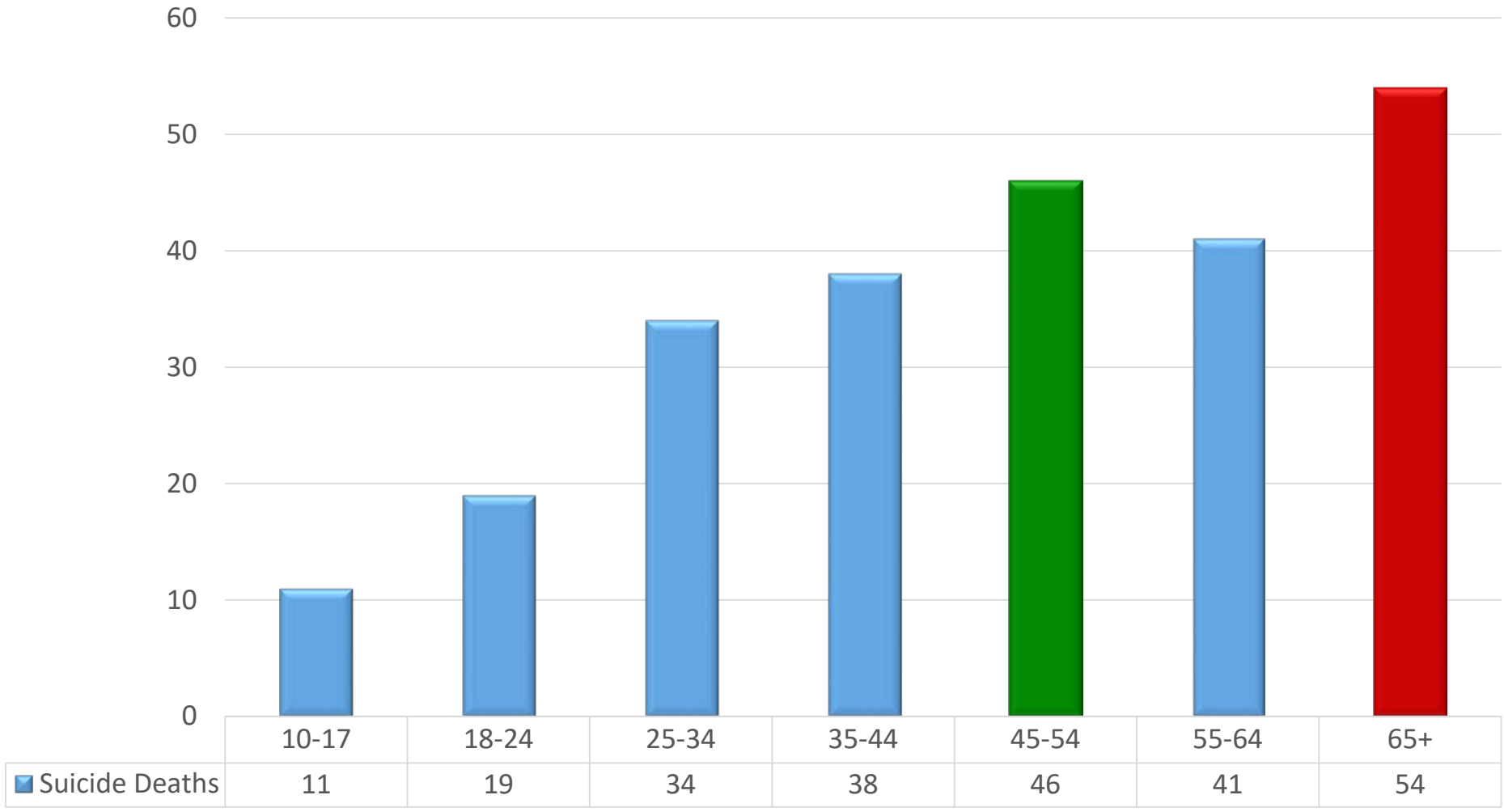
Source: Florida Charts- Florida Access and Functional Needs Profile, 2016

Suicide Death Count, Broward, 2014-2016



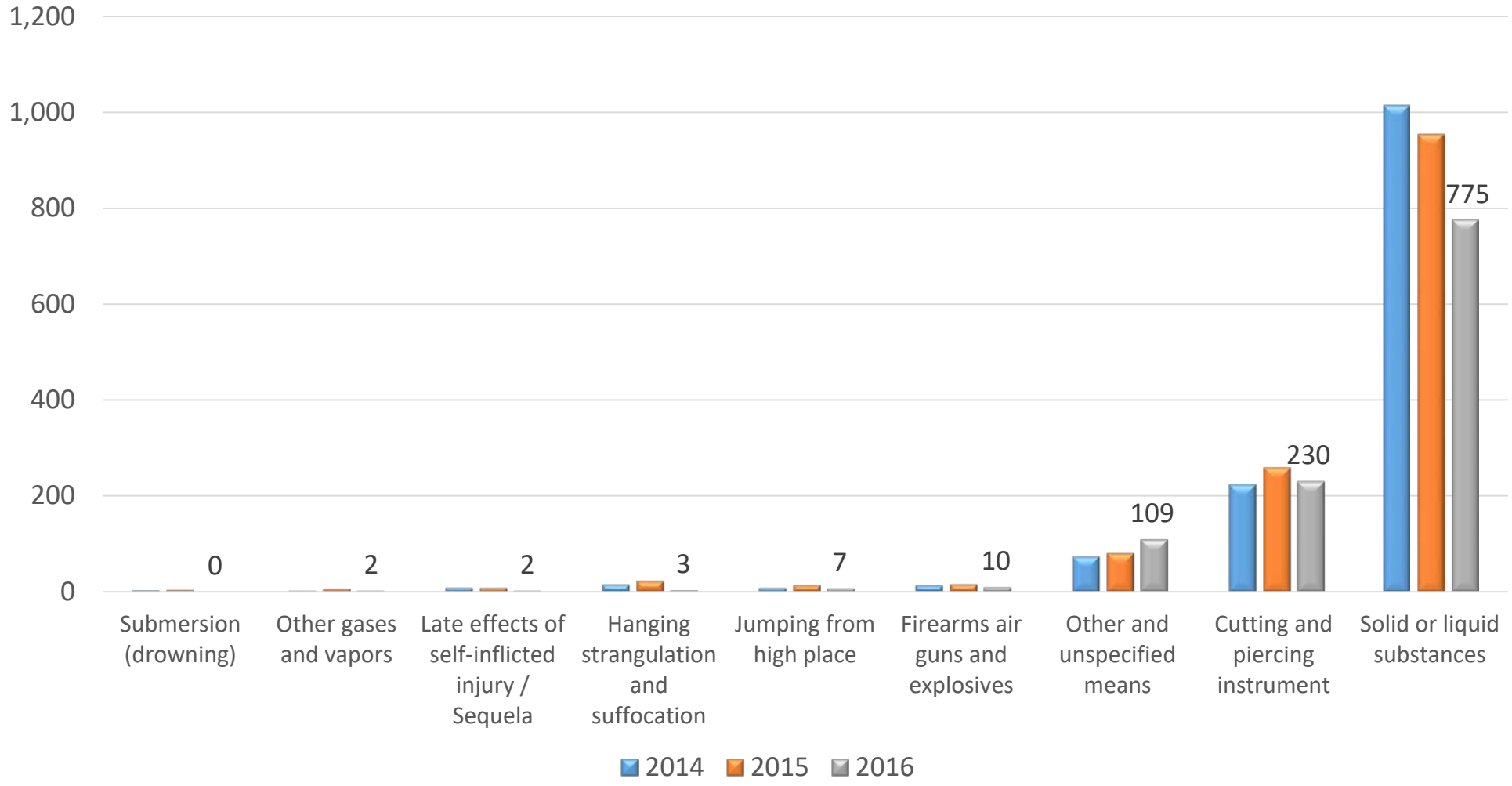
Source: Florida Charts

Suicide Death Count by Age, Broward, 2014-2016



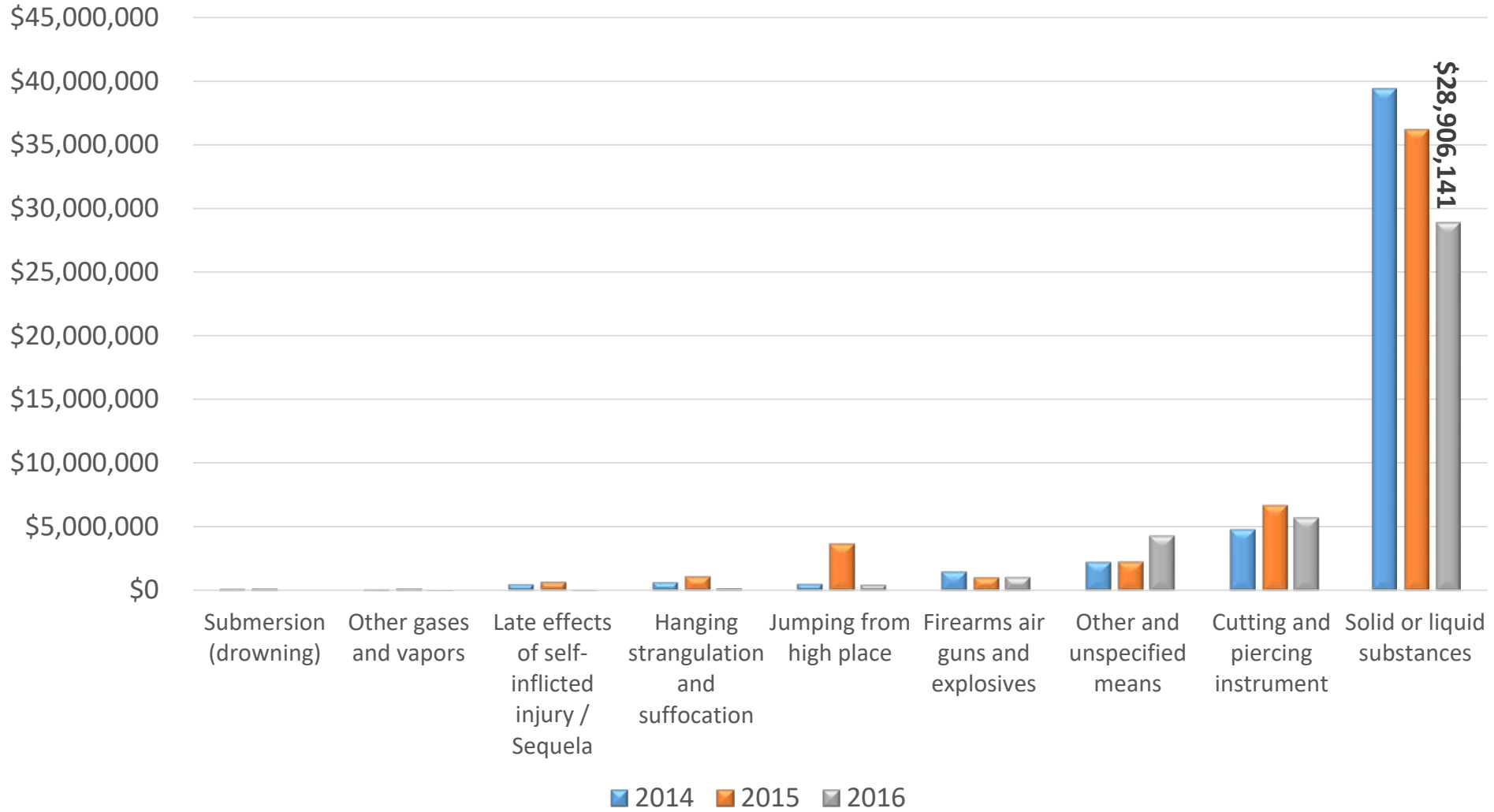
Source: Florida Charts

Self-Inflicted Injury Cases, Broward, 2014-2016



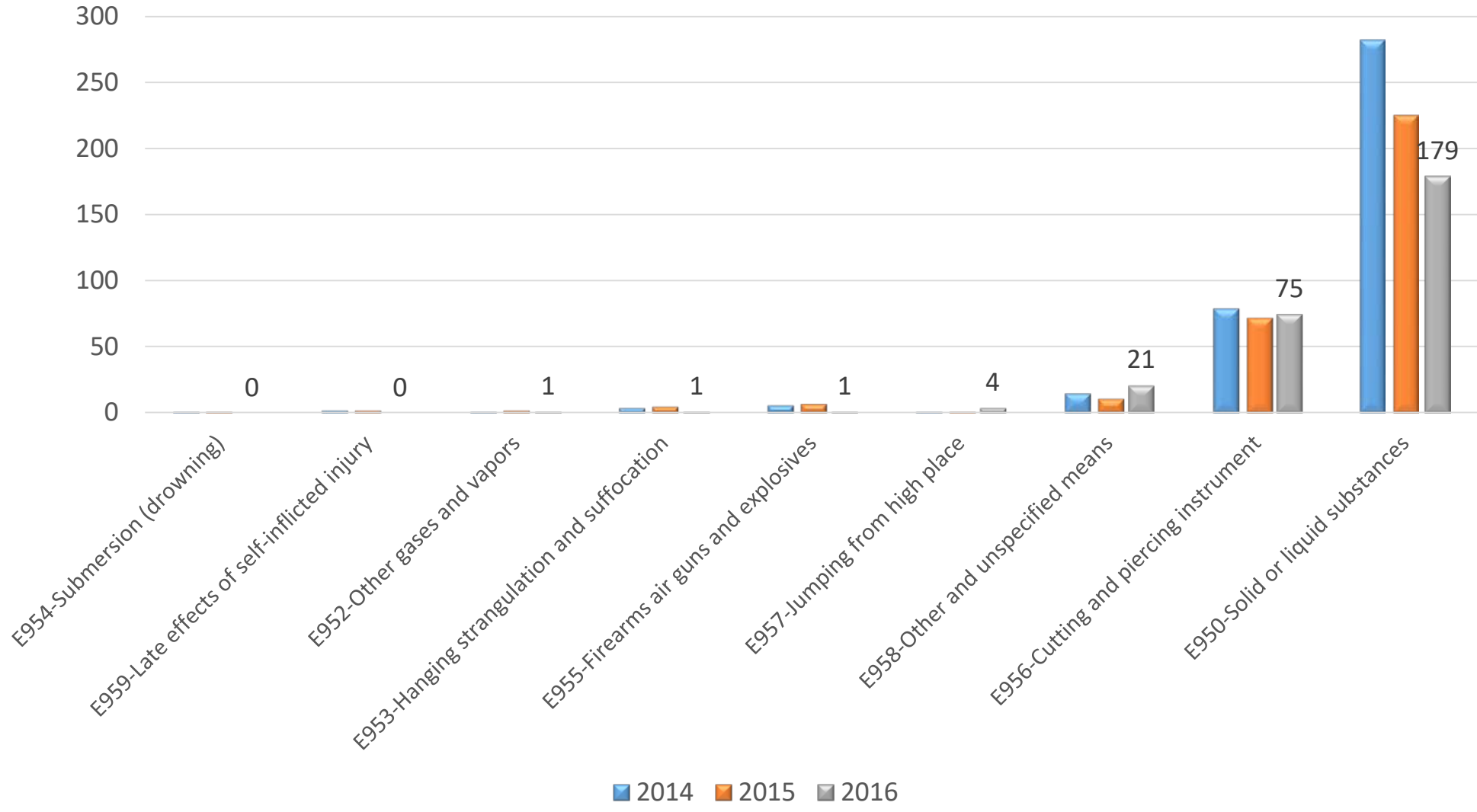
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Charges, Broward, 2014-2016



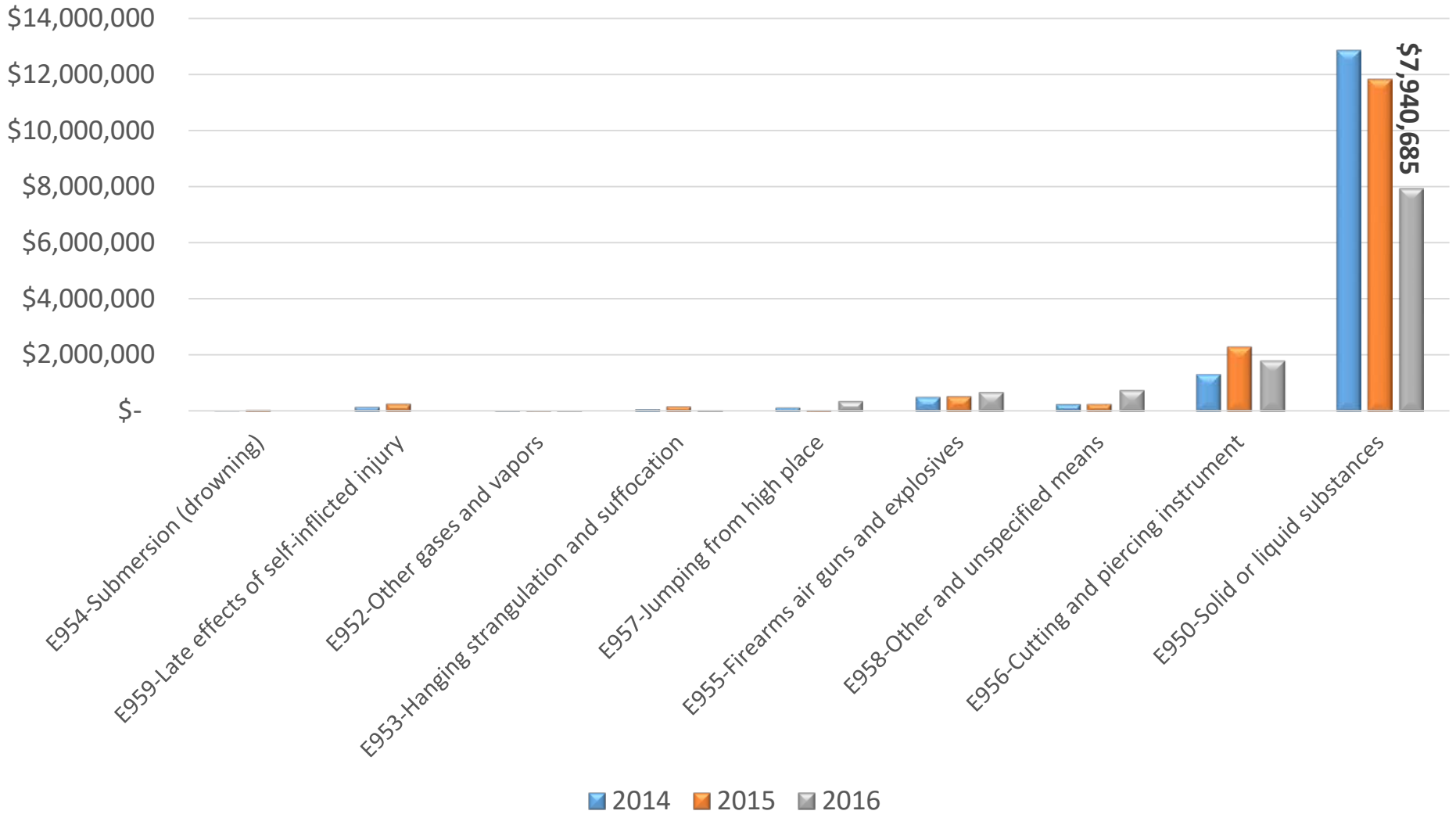
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Cases, MHS, 2014-2016



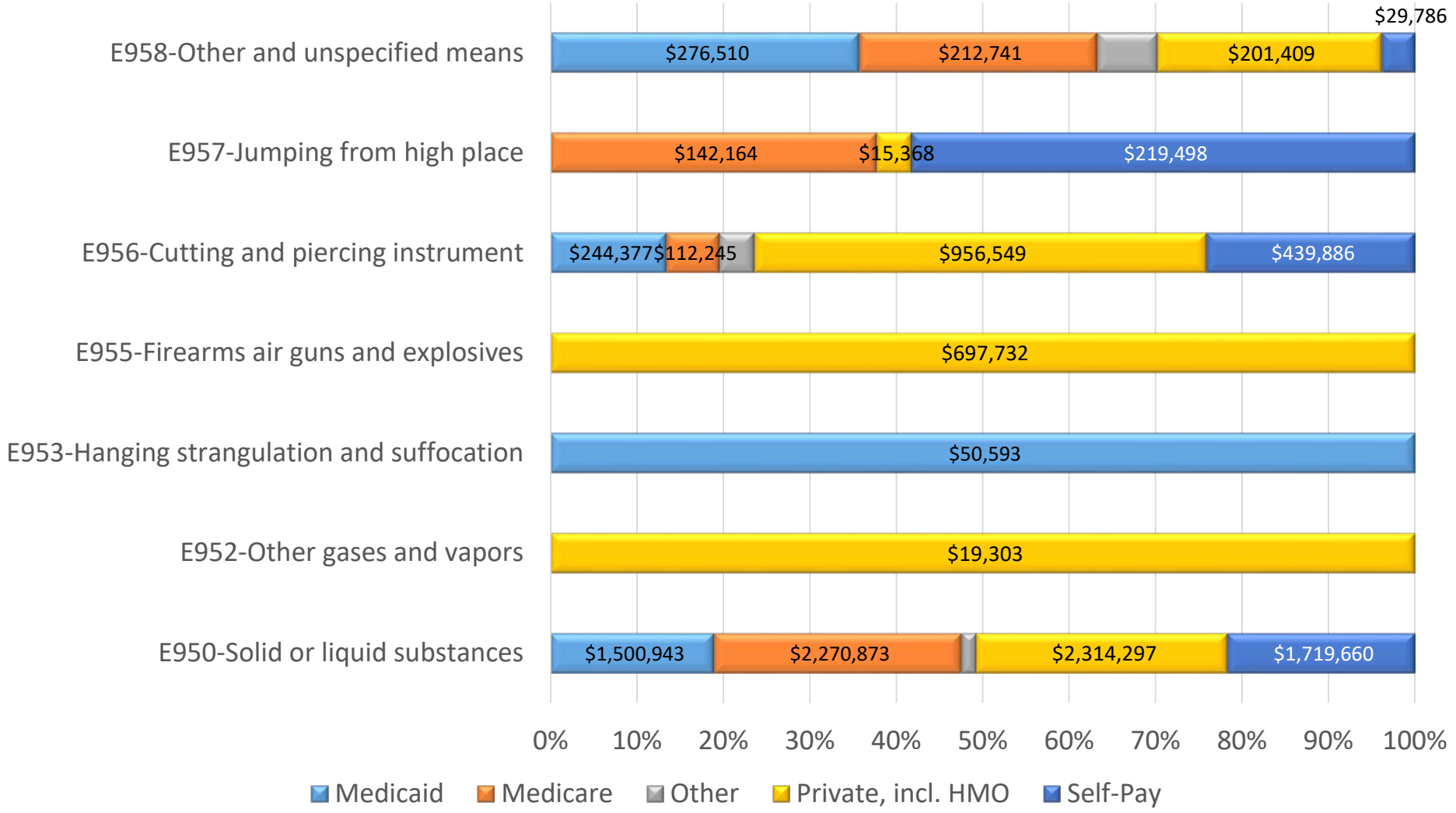
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Charges, MHS, 2014-2016



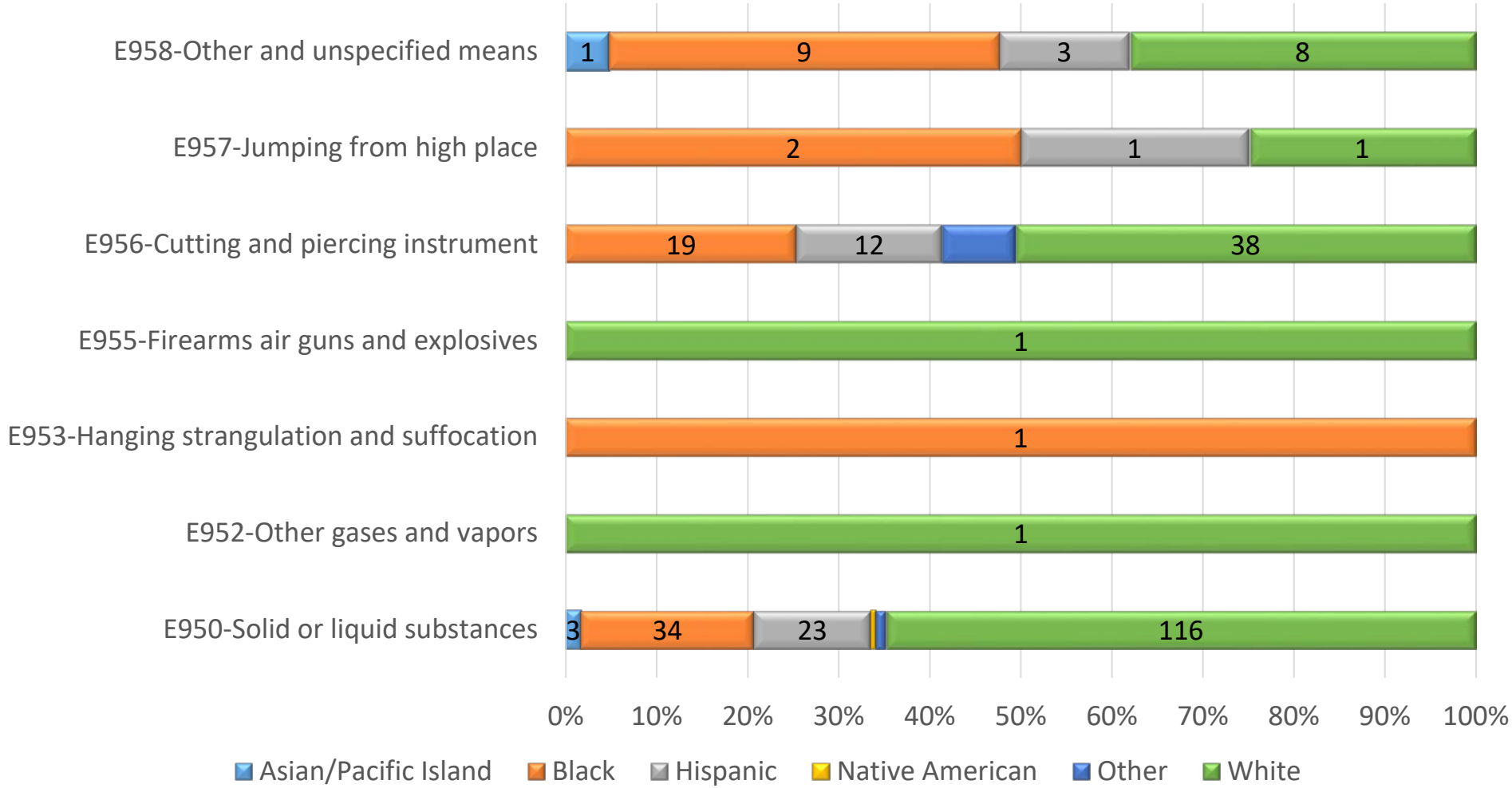
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Charges by Payer, MHS, 2016



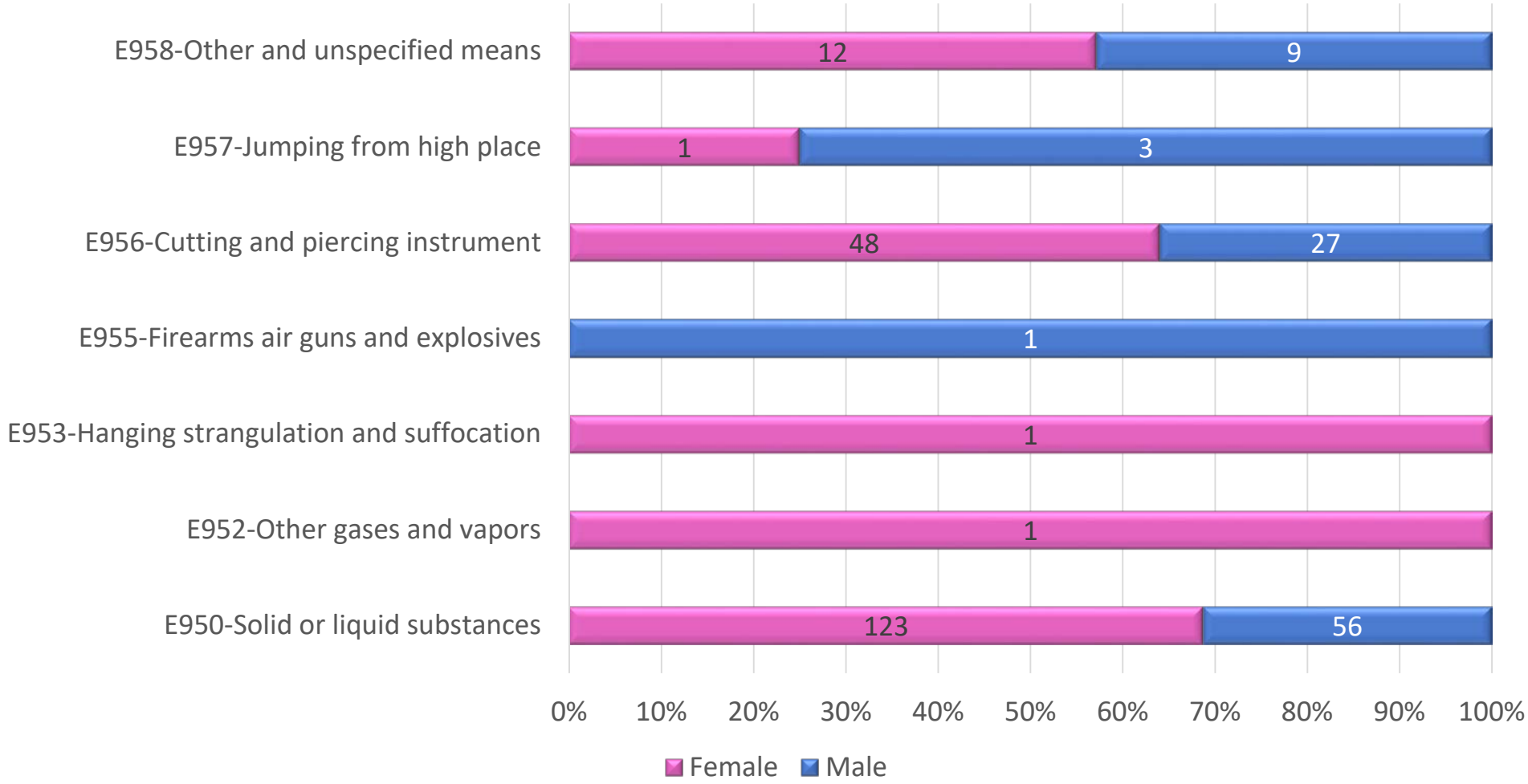
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Cases by Race/Ethnicity, MHS, 2016



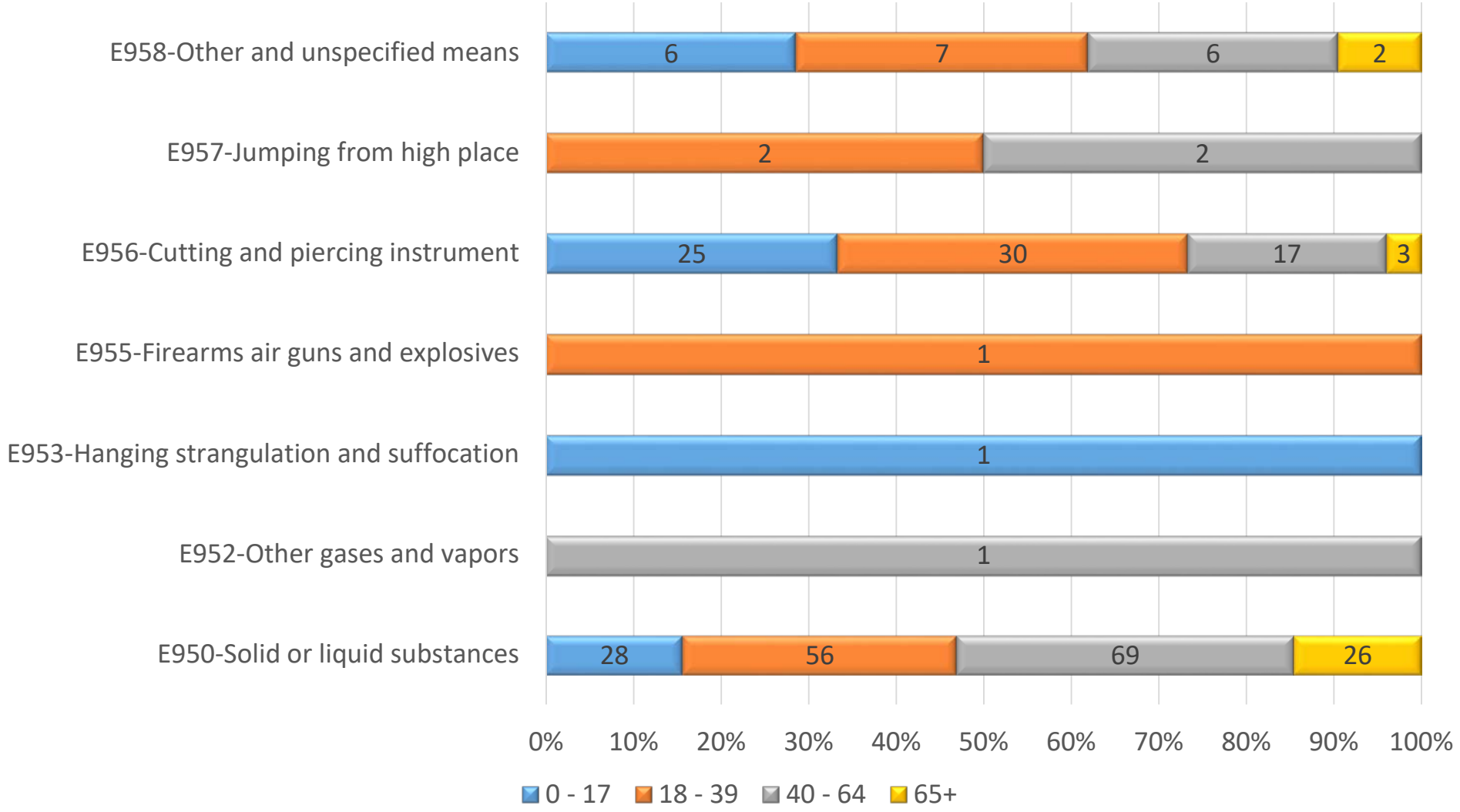
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Cases by Gender, MHS, 2016



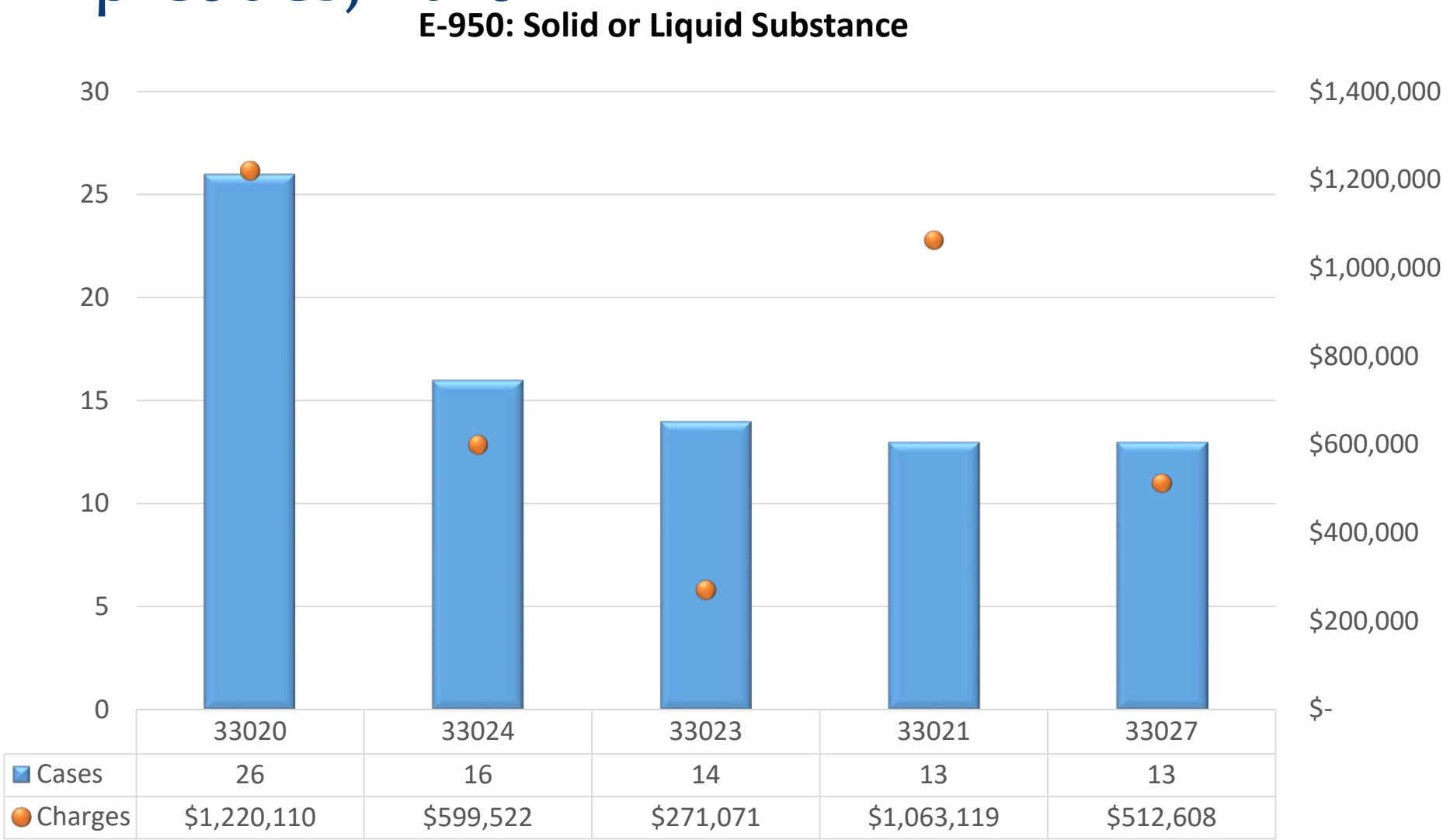
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Cases by Age, MHS, 2016



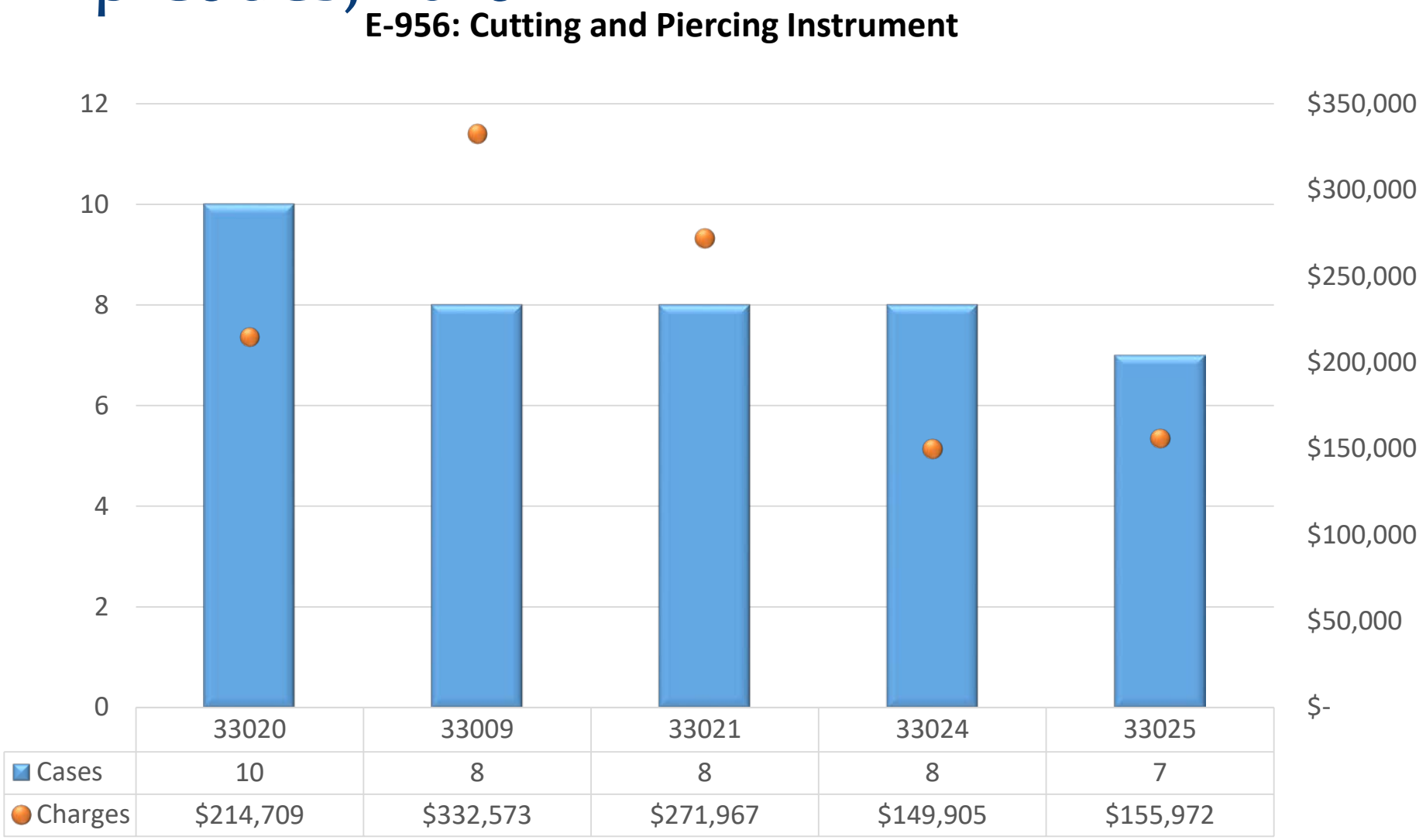
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Cases vs Charges, Top MHS PSA Zip Codes, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

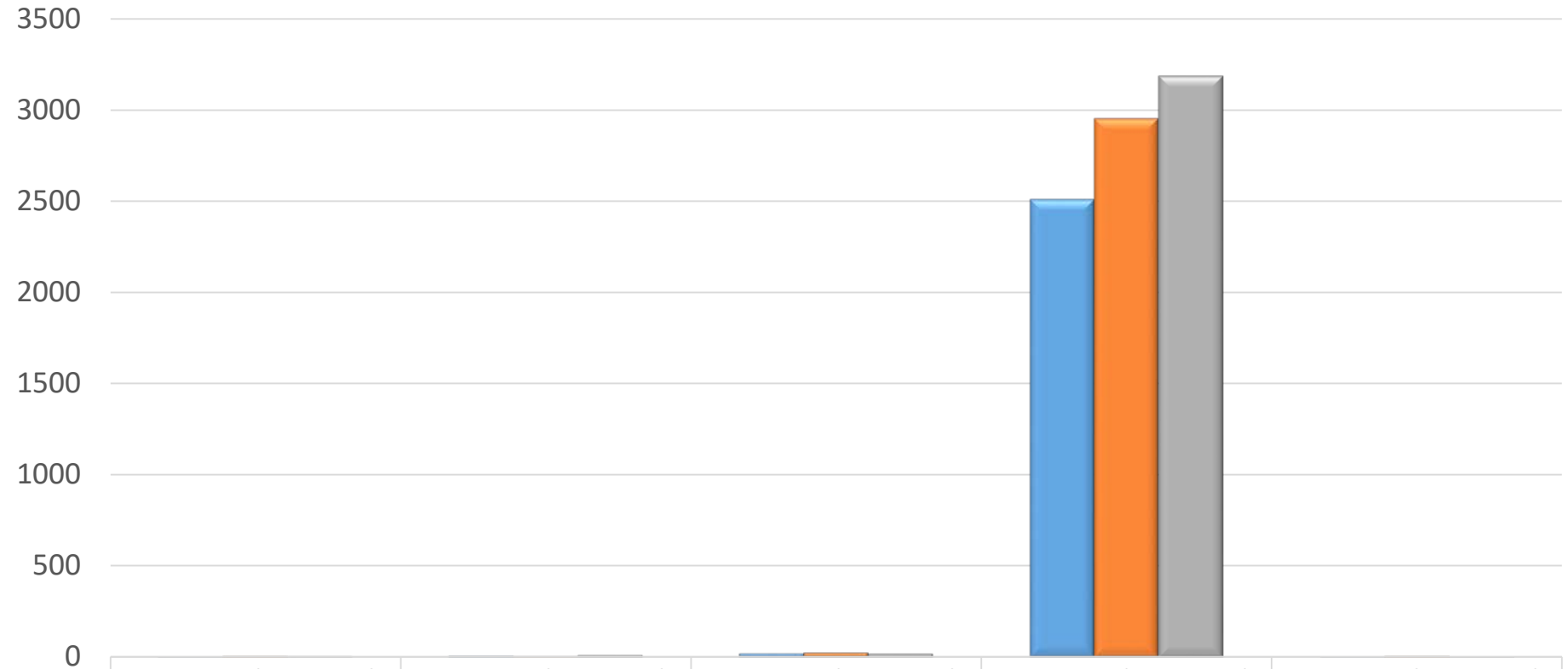
Self-Inflicted Injury Cases vs Charges, Top MHS PSA Zip Codes, 2016



	33020	33009	33021	33024	33025
Cases	10	8	8	8	7
Charges	$214,709	$332,573	$271,967	$149,905	$155,972

Source: Broward Regional Health Planning Council, Health Data Warehouse

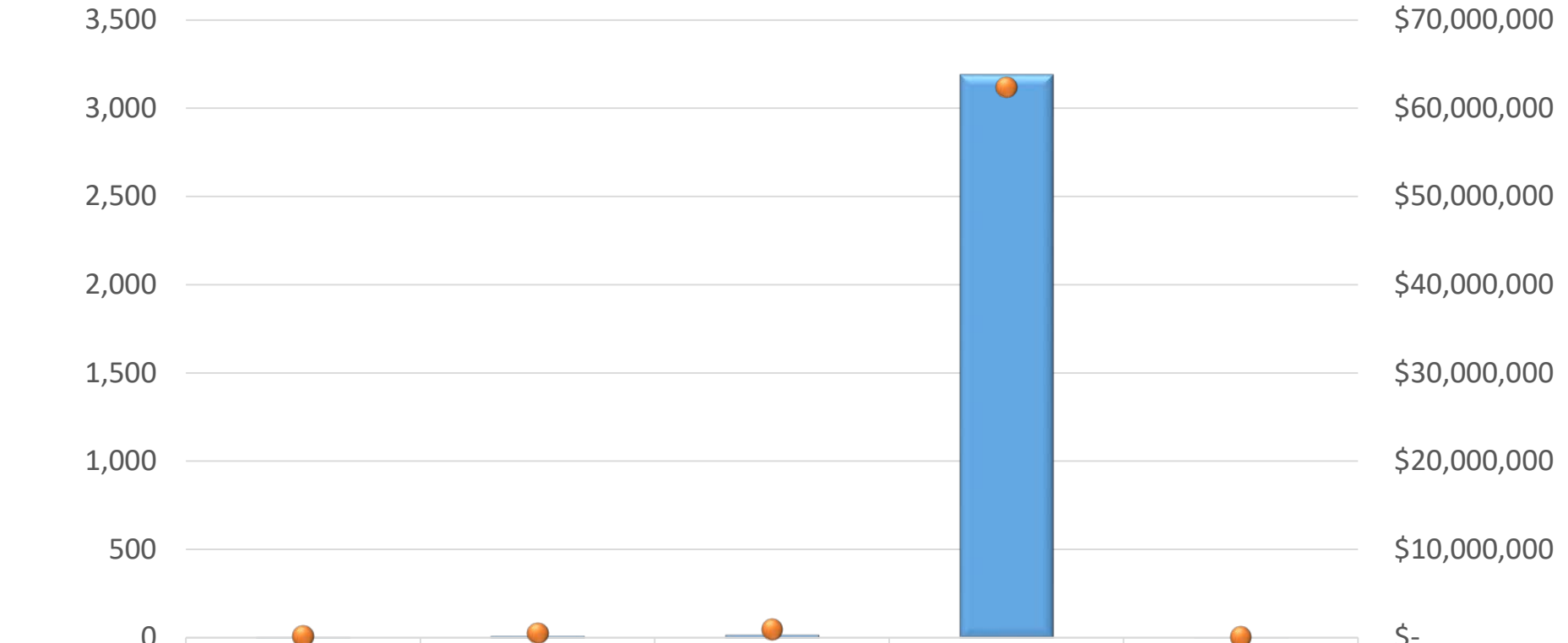
DRG- Psychiatry Discharges, MHS, 2014-2016



	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
2014	3	7	22	2,509	3
2015	6	4	27	2,955	6
2016	4	13	20	3,190	2

Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG- Psychiatry Discharges vs. Charges, MHS, 2016



	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
Discharges	4	13	20	3,190	2
Charges	$149,794	$483,939	$954,575	$62,400,705	$68,085

Source: Broward Regional Health Planning Council, Health Data Warehouse

Qualitative Data Profile

Broward Qualitative Data

Behavioral Risk Factor Surveillance Survey (BRFSS)

Behavioral Risk Factor Surveillance Survey (BRFSS)

- The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
- Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories.
- BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

Source: https://www.cdc.gov/brfss/about/index.htm

Overall Health & Access to Health Services, 2016

Indicators	Broward County	Florida
Adults who could not see a doctor in past year due to cost	17.2	16.6
Adults who had a medical checkup in past year	73.2	76.5
Adults who have a personal doctor	72.7	72.0
Adults with any type of health care insurance coverage	85.6	83.7
Adults who had poor physical health on ≥14 of past 30 days	10.0	12.9
Adults who said overall health was "fair" or "poor"	14.3	19.5
Adults with “good” or “excellent” overall health	85.7	80.5
Adults who have seen a dentist in the past year	62.5	63.0

Behavioral Risk Factor Surveillance Survey, 2016

Cancer & Disability, 2016

Indicators	Broward County	Florida
Adults 50 years of age and older who received blood stool test in the past year	14.3	16.0
Adults ≥50 years of age who received sigmoidoscopy or colonoscopy in past five years	50.1	53.9
Adults ages ≥50 years who have ever had blood stool test	32.2	36.0
Adults ages ≥50 years who have ever had sigmoidoscopy or colonoscopy	68.7	69.2
Women ≥18 years of age who received Pap test in past year	54.7	48.4
Women ages ≥40 years who had a clinical breast exam in past year	62.3	60.8
Adults who are current smokers	11.5	15.5
Adults who are e-cigarette users	5.6	4.7
Adults who use special equipment because of a health problem	8.0	9.9

Behavioral Risk Factor Surveillance Survey, 2016

Heart Disease & Diabetes, 2016

Indicators	Broward County	Florida
Adults who have ever had angina, or coronary heart disease	2.6	4.7
Adults who have ever had a heart attack	3.3	5.2
Adults who have ever had a stroke	3.0	3.5
Adults with pre-diabetes	10.5	9.4
Adults with diagnosed diabetes	10.2	11.8

Behavioral Risk Factor Surveillance Survey, 2016

Mental Health & Alcohol Abuse, 2016

Indicators	Broward County	Florida
Adults who had poor mental health on ≥14 of past 30 days	11.9	11.4
Adults with good mental health for the past 30 days	88.1	88.6
Adults who have a depressive disorder	13.9	14.2
Adults whose poor physical or mental health kept them from doing usual activities ≥14 or of past 30 days	20.1	21.2
Adults who engage in heavy or binge drinking	18.8	17.5

Behavioral Risk Factor Surveillance Survey, 2016

Nutrition, Activity & Weight, 2016

Indicators	Broward County	Florida
Adults who are sedentary	23.9	29.8
Adults who are inactive or insufficiently active	58.4	56.7
Adults who are overweight	37.9	35.8
Adults who are obese	25.1	27.4

Behavioral Risk Factor Surveillance Survey, 2016

Broward Qualitative Data

Youth Risk Behavioral Surveillance Survey (YRBSS)

Youth Risk Behavioral Surveillance Survey (YRBSS)

- The YRBSS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students.
- Conducted every two years, usually during the spring semester.
- Data representative of mostly public high school students in each jurisdiction.
- All YRBSS questionnaires are self-administered, and students record their responses on a computer-scannable questionnaire booklet or answer sheet.

Source: https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm

High School Student Alcohol & Substance Abuse- Broward, 2017

	2013	2015	2017
Currently drinks	29.7%	30.6%	32.5%
Currently engages in binge drinking	13.8%	11.6%	*
First drink before age 13	17.4%	18.1%	17.9%
Currently smokes cigarettes	5.8%	4.2%	5.7%
Smoked a cigarette before age 13	3.7%	4.4%	*
Used electronic vapor products	*	45.1%	41.1%
Ever smoked marijuana	38.0%	40.1%	36.8%
Smoked marijuana before age 13	7.8%	7.8%	6.9%
Currently uses marijuana	22.9	24.0%	20.9%
Ever used cocaine	4.9%	6.4%	4.0%

Green = Improvement from the previous year; Yellow = No significant change from the previous year;
Red = Lack of improvement from the previous year

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

High School Student Alcohol & Substance Abuse (cont'd)- Broward, 2017

	2013	2015	2017
Ever used synthetic marijuana	*	7.1%	5.5%
Used heroin	2.3%	4.0%	3.7%
Used methamphetamines	3.0%	4.5%	3.1%
Used a needle to inject any illegal drug	2.2%	3.0%	2.0%
Sniffed or inhaled an intoxicating substance	6.5%	7.8%	6.5%
Ever took Rx drug without prescription	12.2%	13.5%	*
Used alcohol or drugs before last sexual intercourse	22.4%	19.2%	22.3%
Rode with a driver who had been drinking	20.8%	22.1%	18.8%
Drove after drinking	6.7%	6.8%	6.2%

Green = Improvement from the previous year; Yellow = No significant change from the previous year;
Red = Lack of improvement from the previous year

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

High School Student Nutrition, Activity & Weight- Broward vs. Florida, 2017

Indicators	Broward County	1st Year of Reporting
% Students Who Were NOT Physically Active for ≥60 Minutes on at least 1 day	24.4%	20.2% (2011)
% Students Who Watched Television ≥3 Hours per Day on an Average School Day	22.5%	48.8% (1999)
% Students Who Were Overweight	15.1%	13.4% (1999)
% Students Who Were Obese	10.7%	7.6% (1999)

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

High School Student Sexual Activity- Broward vs. Florida, 2017

Indicators	Broward County	1st Year of Reporting
% of Students Who Ever Had Sexual Intercourse	37.4%	55.5% (1991)
% Students Who Are Currently Sexually Active	25.3%	39.1% (1991)
% Students Who Had Sexual Intercourse for 1st Time Before Age 13 Years	4.2%	13.1% (1991)
% Sexually Active Students, Who Used a Condom During Last Sexual Intercourse	56.3%	42.9% (1991)
% Sexually Active Students, Who Used Birth Control Pill Before Last Sexual Intercourse	16.3%	17.8% (1991)

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

High School Student Violence & Injury- Broward vs. Florida, 2017

Indicators	Broward County	Change from 1st Year of Reporting
% Students Who Carried a Weapon On ≥1 Day During the 30 Days Before the Survey	10.4%	16.3% (1991)
% Students Who Were Hit, Slapped or Physically Hurt On Purpose By Boyfriend/Girlfriend	10.7%	7.6% (2013)
% Students Who Had Ever Been Physically Forced To Have Sexual Intercourse When They Did Not Want To	9.9%	8.7% (2001)
Seriously considered attempting suicide during 12 months before the survey	15.5%	26.7% (1991)
Made a plan about how they would attempt suicide during the 12 months before the survey	13.3%	15.4% (1991)
Attempted suicide one or more times during the 12 months before the survey	11.1%	6.1% (1991)

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

Qualitative Data

Professional Research Consultants- Community Health Needs Assessment

PRC Broward County CHNA, 2017

Project Goals

- Improve residents' health status, increase life span, elevate overall quality of life.
- Reduce health disparities among residents.
- Increase accessibility to preventive services for all community residents.

Methodology

- 200 residents each from South Broward and North Broward over the age of 18.

Overall Health & Access to Health Services, 2017

Indicators	South Broward	Broward County	North Broward
% "Fair/Poor" Physical Health	10.8	16.2	19.5
% Activity Limitations	16.7	18.6	19.9
% [Age 18-64] Lack Health Insurance	12.2	14.3	15.6
% Difficulty Accessing Healthcare in Past Year (Composite)	35.2	31.0	28.5
% Cost Prevented Getting Prescription in Past Year	23.3	18.5	15.5
% Cost Prevented Physician Visit in Past Year	18.0	16.0	14.8
% Difficulty Getting Child's Healthcare in Past Year	5.1	4.5	4.1
% [Age 18+] Have a Specific Source of Ongoing Care	74.5	72.6	71.5

Source: PRC Broward County CHNA, 2017

Overall Health & Access to Health Services (cont'd), 2017

Indicators	South Broward	Broward County	North Broward
% [Age 18-64] Have a Specific Source of Ongoing Care	70.3	71.7	72.7
% [Age 65+] Have a Specific Source of Ongoing Care	85.7	73.5	66.8
% Have Had Routine Checkup in Past Year	75.6	80.8	84.0
% Child Has Had Checkup in Past Year	95.6	91.7	89.1
% Rate Local Healthcare "Fair/Poor"	17.0	16.4	16.0
% [Age 18+] Dental Visit in Past Year	62.1	69.1	73.5

Source: PRC Broward County CHNA, 2017

Cancer, Diabetes & Heart Disease, 2017

Indicators	South Broward	Broward County	North Broward
% Skin Cancer	7.9	8.0	8.1
% Cancer (Other Than Skin)	6.8	7.5	8.0
% [Age 50+] Blood Stool Test in Past 2 Years	41.2	45.4	47.8
% [Age 50-75] Colorectal Cancer Screening	83.6	87.6	90.2
% Diabetes/High Blood Sugar	14.5	13.4	12.8
% Borderline/Pre-Diabetes	9.9	9.0	8.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.0	5.4	5.0
% Stroke	1.9	2.8	3.4
% Told Have High Blood Pressure (Ever)	37.3	38.8	39.6
% Told Have High Cholesterol (Ever)	43.9	38.8	35.8
% 1+ Cardiovascular Risk Factor*	84.5	84.9	85.2

* Risk Factors: high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet/physical inactivity, overweight/obesity

Source: PRC Broward County CHNA, 2017

Mental Health, Substance Abuse & Tobacco Use, 2017

Indicators	South Broward	Broward County	North Broward
% "Fair/Poor" Mental Health	8.2	8.9	9.4
% Diagnosed Depression	10.6	10.3	10.1
% Symptoms of Chronic Depression (2+ Years)	27.6	25.7	24.4
% Family Member Diagnosed with Alzheimer's/Dementia	24.8	27.8	29.6
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	27.9	22.6	19.3
% Current Smoker	7.8	11.8	14.1

Source: PRC Broward County CHNA, 2017

Nutrition, Physical Activity, Weight, 2017

Indicators	South Broward	Broward County	North Broward
% Eat 5+ Servings of Fruit or Vegetables per Day	33.8	34.9	35.6
% Healthy Weight (BMI 18.5-24.9)	35.7	36.2	36.5
% Overweight (BMI 25+)	62.5	62.0	61.7
% Obese (BMI 30+)	25.3	24.8	24.5
% No Leisure-Time Physical Activity	27.9	26.4	27.9

Source: PRC Broward County CHNA, 2017

MHS Qualitative Data Report

Community Focus Groups

Provider Focus Groups

Key Informant Interviews

Community Conversation

Focus Groups

Methodology

Community Focus Groups

- Five community focus groups were conducted
- Refreshments and gift cards were provided to the participants
- Each group lasted approximately 90 minutes
- The conversations were audio taped and transcribed
- Participants were assured that no names would be associated with the responses given
- Themes and negative/positive attributes were used to thread the responses when appropriate

Community Focus Groups

Dates	Locations	Time	# of Participants
2/22/18	Coalition for a Healthy South Broward (CHB)	5:30 pm	13
2/27/18	Hepburn Center (HC)	10:00 am	11
2/28/18	Hispanic Unity (HU)	2:00 pm	15
3/6/18	Miramar Community Group (MCG)	6:00 PM	17
3/21/18	MHS Outpatient Behavioral Health Center (BHC)	4:00 PM	13

Target Audience								
Agency	**Homeless individuals**	**Low income adults & seniors**	**Parents**	**Uninsured/ underinsured**	**Minority**	**Spanish Speakers**	**Haitian Creole Speakers**	**Mental Health Consumers**
CHB		✓		✓	✓		✓	
HC		✓	✓	✓	✓	✓		
HU		✓	✓	✓	✓			
MCG	✓	✓	✓	✓	✓	✓	✓	
BHC		✓	✓	✓	✓	✓		✓

Community Focus Group Questions

1. Can you describe the process you go through to get healthcare?
2. Do you have any barriers? If yes, what are they?
3. How would you describe the quality of care you receive when you are seen?
4. When you are seen for medical care, how are you treated?
5. How has health insurance impacted your healthcare?
6. How do you think the delivery of health care services can be improved?

Community - Process to Obtain Healthcare

Reported Challenges/Areas of Need:

- Access to healthcare is difficult without insurance
- Difficulty with gathering documentation to get insurance
- Obtaining health care without insurance is too costly
- Long wait to obtain MHS Primary Care Card
- Forgetting a referral form may lead to a rescheduled appointment which is trying for the patient
- Long process to get government-based insurance
- Discharge papers should include referral for housing

Reported Areas of Satisfaction:

- MHS Primary Care Card
- Health insurance facilitates the process
- Coverage through employer
- Medicaid
- Walk-in clinics
- Mobile clinics
- Health Fairs

Community - Process to Obtain Healthcare (cont.)

Quotes

- *"Calling the insurance company is the best way to access healthcare."*
- *"I use the MHS primary care clinic because it's easy and very good."*
- *"The process sounds very easy but it's not that easy in reality. Memorial is restricting more each day and they are asking you for so many documents for eligibility."*
- *"I don't go to the doctor because it's too complicated to deal with the insurance requirements."*

Community - Barriers to Accessing Healthcare

Coverage

- Lack of health insurance coverage
- Process is confusing and lengthy to apply for healthcare

Affordability

- Lack of funds to pay for medications, co-pays and deductibles

Knowledge

- Lack of knowledge with regard to services, eligibility, and navigation
- Lack of knowledgeable providers

Access to Care

- Shortage of specialist (sickle cell, nephrology) locally – less diversity among specialists
- Lack of access to transportation to get to doctors
- Immigration status: Undocumented or must be a resident for 5 years
- Eligibility criteria is rigorous – Bank documentation requirement is challenging
- Long wait to obtain MHS Primary Care Card (6 months)

Discrimination

- Based on race, language and age

Communication

- Limited bilingual clinical staff
- Lack of knowledgeable providers about how to navigate the system
- Information not consistent from one resource to another
- Limited time spent with the doctor to allow for questions
- Literacy issues (reading and writing)

Health Status

- Challenges with mental health issues make navigating healthcare difficult (anxiety, depression, hallucinations)
- Medication side-effects

Community - Barriers to Accessing Healthcare

Quotes

- *"I received inaccurate information from social service agencies. They sent me somewhere and I was not able to get the services I needed."*
- *"The people at the front desk sometimes mistreat you. I changed doctors because of that."*
- *"The cost of healthcare is a huge barrier."*
- *"Race is an issue; people are not treated fairly."*
- *"They ask for too much documentation to qualify for services."*
- *"When insurance send things in the mail (or anything in the mail), I can't read it or respond back—I can't write"*

Community - Quality of Care

Reported Areas of Need and Concern:

- Inadequate amount of time spent with the doctor
- Referral process challenging due to provider resistance
- Long wait times for an appointment leading to more medical needs (3-6 months)
- Lack of understanding of impact of mental health on physical health

Reported Areas of Satisfaction:

- Very satisfied with MHS
- MHS's My Chart App well received
- Excellent care
- Very satisfied with MHS Cancer Center
- Parents report satisfaction with access to care after business hours
- Multilingual medical staff are appreciated

Community - Quality of Care

Quotes

- *"You wait 2 hours to spend 15 minutes with the doctor."*
- *"I have to ask the assistant to answer my questions because the doctor gets frustrated with me when I ask."*
- *"The best quality of care I got was when the doctor took the time to summarize the visit with me."*
- *"I had a hospital experience that was excellent."*
- *"All my doctors are on point"*

Community - Description of Treatment

Reported Areas of Need or Concern:

- Medical staff lacks understanding of various cultures
- Bedside manners and cultural sensitivity matter
- Some respondents reported looking for a doctor that is relatable
- Insurance is the main driver for care rather than care for the patient
- Long wait at the ER
- Hospital errors

Reported Areas of Satisfaction:

- Excellent care
- Enjoy the personal touch of being known by medical team
- Appreciate not being rushed by the doctor
- Good food at the hospital
- Support groups offered at facility are great
- Peer specialist, therapists and doctors are great

Community - Description of Treatment

Quotes

- *"It is difficult to communicate with the medical staff due to language barrier."*
- *"Medical staff need to be trained to be more personable."*
- *"It is a blessing that the staff at my doctor's office know me by me name."*
- *"As an admitted patient, you have to have a companion to pay attention to treatment because nurses make mistakes."*
- *"I have no complaints about Memorial. They send you a survey and call you to see how things are when you are discharged."*
- *"When you come here it's just to get away and talk to your psychiatrist and not think about stuff you got on your mind but when someone that works here and approaches you in a negative way you go back."*

Impact of Health Insurance on Healthcare

Reported Areas of Need and Concern:

- Lack of health insurance impacts access to care
- Premiums are cost-prohibitive / High co-pays
- Choosing between paying for care or paying for basic needs (food/shelter)
- Complex insurance system - Lack of education – Patients have to conduct their own research
- Obamacare - Ability to retain the doctors and specialists they previously had
- Restricted choice of primary/specialists that accept insurance
- No or limited access to some medications
- Hesitancy in seeking services or delaying care
- Forced to work to keep insurance
- Past due bills that end up in collections
- Insurance companies provide confusing/conflicting information

Reported Areas of Satisfaction:

- Health insurance promotes access to preventive care – Reminders for check-ups
- Affordability of medications (3-month supplies)
- Overall access to care
- Accessing transportation through insurance

Community - Impact of Health Insurance on Healthcare

Quotes

- *"I am alive today thanks to health insurance."*
- *"It's nerve-wrecking not having health insurance. When Obamacare started I had extra money and coverage."*
- *"You have to be smarter than the system; you have to find out which insurance your doctor takes and choose the one they are on."*

Community - Suggestions to Improve the Delivery of Care

Quality of Care

- Communication between EHRs
- Communication between providers and patients
- Customer service training

Access

- Provide navigation and referral assistance
- Improve access to preventative care, dental care, and vision care
- Increase access points for urgent care, free clinics and mobile stations
- Streamline processes for eligibility – simplify documentation requirement
- Decrease wait time at clinics and ED
- Address transportation barriers
- Access to more mental health services (including Case Management); not just for diagnoses
- Childcare is needed because a child cannot accompany an adult during therapy sessions

Cost

- Provide universal affordable health care
- Less expensive childcare

Community Education

- Educate people about healthcare insurance coverage and available social services
- More prevention education

Cultural Competency

- Provide interpreters
- Increase cultural competency training
- Racial equity training

Community - Suggestions to Improve the Delivery of Health Care

Quotes

- *"Give front desk staff classes on how to treat others, they are too cold."*
- *"Itemize healthcare bill."*
- *"The community needs patient advocates to help patients express their concerns and make sure they are heard."*
- *"Simplify the guidelines to qualify for the MHS Primary Card; they are too harsh."*
- *"We have to remember that medicine here is different than in our countries, we have to empower ourselves for our well-being and our needs."*
- *"I need case management to help read for me and let me know about things out in the community"*

Methodology

Provider Focus Groups

- Three provider focus groups were conducted
- Refreshments were provided to the participants
- Each group lasted approximately 60 minutes
- Participants were assured that neither individuals nor agencies would be attributed to the responses given
- Themes and negative/positive attributes were used to thread the responses when appropriate

Provider Focus Groups

Dates	Target Area	Time	# of Participants
2/13/18	Maternal Child Health	9:30 am	15
2/26/18	Special Needs	9:00 am	8
3/8/18	Substance Abuse/Mental Health	12:30 pm	12

Provider Focus Group Questions

1. What do you perceive are the key issues for your clients to access healthcare?
2. Do you experience any barriers as a provider? If yes, what are they?
3. In your opinion, how would you describe the quality of care your clients receive?
4. How do you perceive that your clients are treated when they are seen for treatment?
5. How has health insurance impacted healthcare access for your clients?
6. How do you think the delivery of health care services could be improved?

Providers - Key Issues Related to Clients' Access to Healthcare

- High cost of care / Lack of insurance
- Lack of understanding of ***how*** to access care – How to find the "front door"
- Complex eligibility process (technology poses a challenge for the elderly)
- Challenges navigating the system
- Challenges with health literacy and cultural barriers
- Challenges with transportation
- Lack of access to primary, specialty, vision and dental care (particularly difficult to find specialist who understand patients with special needs/substance abuse/mental health)
- Lack of knowledge about affordable, preventative care
- Access and support for substance abuse and mental health services
- Fear/Lack of trust due to immigration status

Providers - Key Issues Related to Clients' Access to Healthcare

Quotes

- *"Patients don't know how to apply for benefits."*
- *"Patients with special needs don't know where the front door is."*
- *"Immigration status plays a huge role in accessing healthcare."*
- *"Maneuvering the various eligibility processes is very tough."*

Provider - Barriers Encountered

Resources

- Getting undocumented patients connected to resources and funding
- Finding physicians within insurance network
- Lack of staff who understand health insurance
- Lack of provider understanding of local programs
- Lack of stable housing options for client
- Long wait periods

Delay/Avoidance of Care

- Lack of client trust due to fear of deportation
- Stigma associated with Substance Abuse/Mental Health

Access to Care

- Special needs services mostly available in North Broward → transportation issue
- Transitional care from childhood to adulthood
- Long wait to obtain psychotropic medication → client decompensation

Communication

- Literacy
- Consumers do not understand the application process
- Language and cultural differences

Coverage

- High cost for healthcare coverage
- Many clients to do not have employer-based coverage

Provider - Barriers Encountered

Quotes

- *"Clients face stigma attached with receiving behavioral health services"*
- *"Patients don't understand how Medicaid works."*
- *"The wheels of government turn slowly; it's hard to mobilize a quick response."*
- *"It's hard to find behavioral health providers for 0-5 population."*
- *"If a client is unemployed, it's hard to connect him with healthcare."*
- *"Doctors are not aware of community services and don't guide patients appropriately."*
- *"Patients are hiding due to the political situation."*

Provider - Quality of Healthcare Clients Receive

Reported Areas of Need and Concern:

- Dismissive attitude regarding patient feedback about medication side effects
- Discharge planning to prevent recidivism
- Medical staff lack knowledge about special needs population (individuals with disabilities/SAMH/deaf and hard of hearing)
- Lack of early intervention during 0-5 years phase
- Increased pressure on physicians due to high volume
- Language and transportation are barriers
- Race/implicit bias impacts quality of care

Reported Areas of Satisfaction:

- Provider perseverance despite numerous barriers
- Good continuity of care but follow up is key

Provider - Quality of Healthcare Clients Receive

Quotes

- *"Patients receive great care in the hospital but the medical staff need to ensure that patients are connected to services upon discharge."*
- *"Housing is an issue."*
- *"Socioeconomic status defines the kind of care you receive."*
- *"Providers are not equipped to serve patients who are deaf and pregnant – a major gap in services."*

Provider - Perception of Treatment

Reported Areas of Need and Concern:

- Socioeconomic status (SES) defines the way patient is treated:
  - Better SES → better care → more access to technology
- Front office staff is a reflection of the leadership in terms of customer service
- Some clients report that they feel like a number → need to feel listened to
- Stigmatized → overall lack of trust of traditional doctors
- Language barriers
- Issues related to low literacy levels

Reported Areas of Satisfaction:

- Positive feedback regarding patient treatment at MHS
- Patient advocates/care coordinators improve patient treatment
- Hard working staff to ensure positive experience

Provider - Perception of Treatment/Dignity in Treatment

Quotes

- *"Providers show great care for clients."*
- *"In hospital, staff work hard to ensure a positive experience."*
- *"Staff at the front desk need to be more culturally aware."*

Provider - Impact of Health Insurance on Access

Affordability

- Lack of ability to prove income (bank documentation) leads to decreased access to affordable healthcare
- High co-pays/deductibles
- SAMH Clients can't afford health insurance → Medicaid or nothing

Navigation

- Lack of education on how to use insurance
- Navigators' inability to explain products to patients due to lack of knowledge
- Hard to find specialists that accept Medicaid
- Type of insurance can limit access → eligibility for certain procedures

Barriers

- Immigration status
- Documentation requirement too stringent, especially for clients with special needs
- Fear of losing coverage if income level increases

Provider - Impact of Health Insurance on Access

Quotes

- *"Health insurance is the primary factor in accessing care."*
- *"Patients have to jump through hoops to get medication – especially those with special needs."*
- *"Malpractice insurance impacts services."*

Provider - Suggestions to Improve Delivery of Health Care Services

Staff Training

- Racial equity training
- Customer service improvement

Access

- Greater access to low cost/no cost preventive care
- Increase healthcare access points
- Consideration for social determinants of health impacting behavioral health and special needs populations
- Simplify documentation requirements for services

Education and Outreach

- Public education on insurance coverage in easy to understand language and multiple languages
- Culturally appropriate outreach → hire within local communities
- Use technological platforms to share information about resources → create an app, use text messaging, promote on social media

Provider - Suggestions to Improve Delivery of Health Care Services

Quotes

- *"Streamline the process to make it less bureaucratic."*
- *"Doctors don't know how to treat the opioid epidemic. They need special training to keep up with the trends."*

Key Informant Interviews

Methodology

- 30 Key Informants (KI) were selected.
- Response: 11 of the 30 key informants completed the interview (37% response rate).
- 5-item standardized, open-ended questionnaire was developed.
- Themes were used to thread the responses when appropriate.
- Frequencies and percentages of responses were recorded and qualitative summaries were produced.

Key Informant Interview Questions

1. What do you perceive are the key issues in healthcare?
2. What are the barriers?
3. What is the impact of healthcare on the community? Your agency?
4. How do you see the local healthcare system in five years?
5. If you could design the perfect healthcare system, what would it look like? What would be your agency's role?

What do you perceive are the key issues in healthcare?

Theme		Percent	Count
Affordability		100.0%	11
Access to care		54.5%	6
Continuity of care		36.4%	4
Specialty care		27.3%	3
Lack of insurance		63.6%	7
Other		9.1%	1

Insured costs in addition to the cost of coverage (copays, deductibles, etc)

What are the barriers?

Theme		Percent	Count
Affordability		100.0%	11
Lack of Insurance coverage		63.6%	7
Lack of Availability/Access quality service or sites		18.2%	2
Access to information		18.2%	2
Funding availability		45.5%	5
Language		9.1%	1
Transportation		18.2%	2
Other		9.1%	1

Restrictions on care imposed by insurance companies, additional costs like copays and deductibles

What is the impact of healthcare on the community?

Theme		Percent	Count
Increase or decrease productivity		45.5%	5
Increase or decrease quality of life and well-being		100.0%	11
Reduce the burden of the uninsured		54.5%	6
Educate the community about health and wellness		54.5%	6
Reduce the burden of disease		45.5%	5
Other		9.1%	1

Cost burden to insured to account for uninsured

Local Health System… in 5 Years

Number of Responses n = 11 (Percentage)		
Themes	Frequency of Mention	Quotes
Consolidation of services	3 (27%)	*"System wide Integration of primary, behavioral and oral health care services."*
More expensive healthcare system	2 (18%)	*"Cost will continue to escalate."* *"Unaffordable for most people."*
Emphasis on Prevention	2 (18%)	*"More preventive care delivered by health professionals other than medical doctors (nurses, etc.)"*
Access more difficult	2 (18%)	*"Greater difficulty in accessing healthcare and insurance."*
Movement toward outpatient care	1 (0.9%)	*"The healthcare system continue to change."*

The Ideal Health Care System

Number of Responses n = 11 (Percentage)		
Themes	**Frequency of Mention**	**Quotes**
Integration and Coordination of Healthcare Resources	3 (27%)	*"Healthcare resources would be coordinated and integrated. Chronic disease care management and coordination would be established at point of entry."*
Single Payor System	2 (18%)	*"Single payor system with sliding scale premiums...similar to Medicare."*
Prevention, Education and Health Promotion	2 (18%)	*"Health care would also encompass emotional health and address substance abuse."*
Continuity of Care	2 (18%)	*"Greater Continuity of care where a patient/client can receive comprehensive care across funding sources."*
Patient-owned EMR	1 (0.9%)	*"Everyone's electronic medical record would follow them through any healthcare system throughout the country."*
Universal Healthcare	1 (0.9%)	

Agency's Role

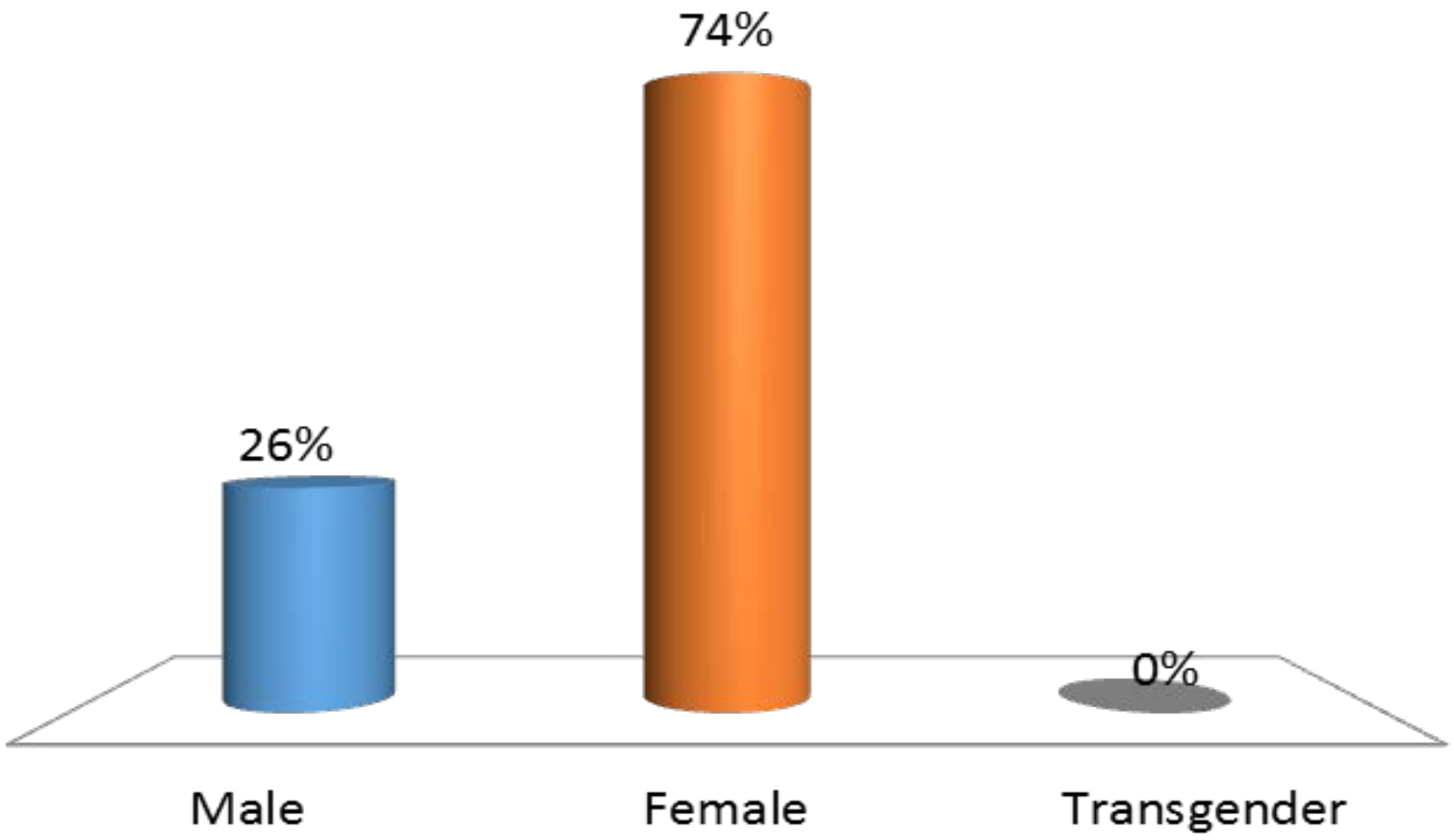
Number of Responses n = 8 (Percentage)		
Themes	**Frequency of Mention**	**Quotes**
Provider of Healthcare/Social Services	4 (36%)	*"To provide affordable Primary, behavioral and oral health service."* *"Providing comprehensive care."*
Planning Assessment and Coordination	2 (18%)	*"Facilitator of change."*
Employer	2 (18%)	*"Working with our families and employees to educate them as to the workings of the health care system."*

Community Conversation

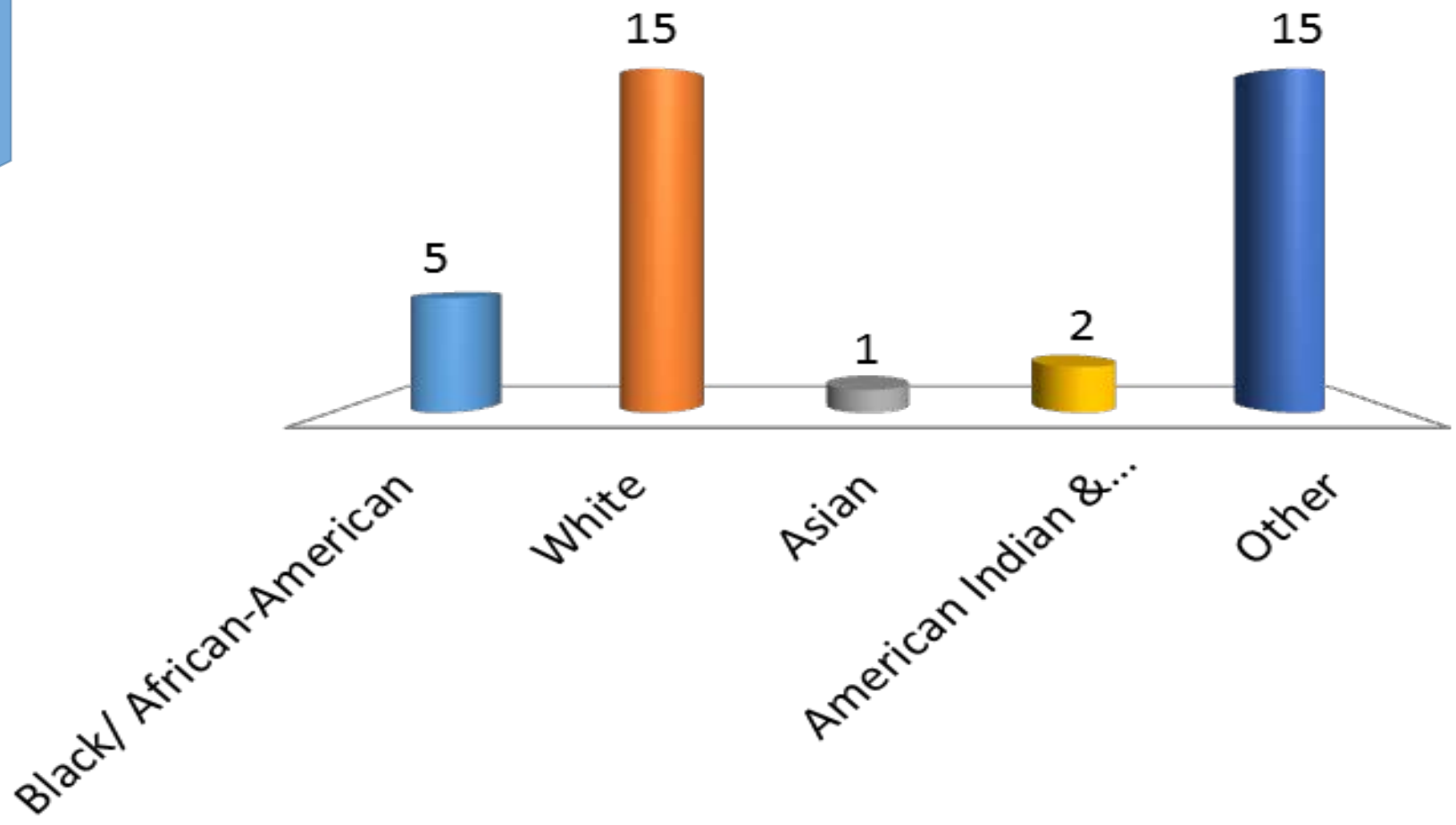
Methodology

- Total of 38 participants attended the events
- The audience was given an introduction of the community needs assessment process and a description of the purpose of the event
- Questions were presented to the audience for discussion
  - Index cards were provided for participants to write comments or questions
  - Open microphone for comments
  - Responses were documented
  - Interpreters were present for Spanish and Haitian Creole speakers
- Using the online voting system, the participants' top ten needs and concerns were preloaded as questions
- Instant voting results were presented
- Healthcare access questions were addressed
- Community resources were provided

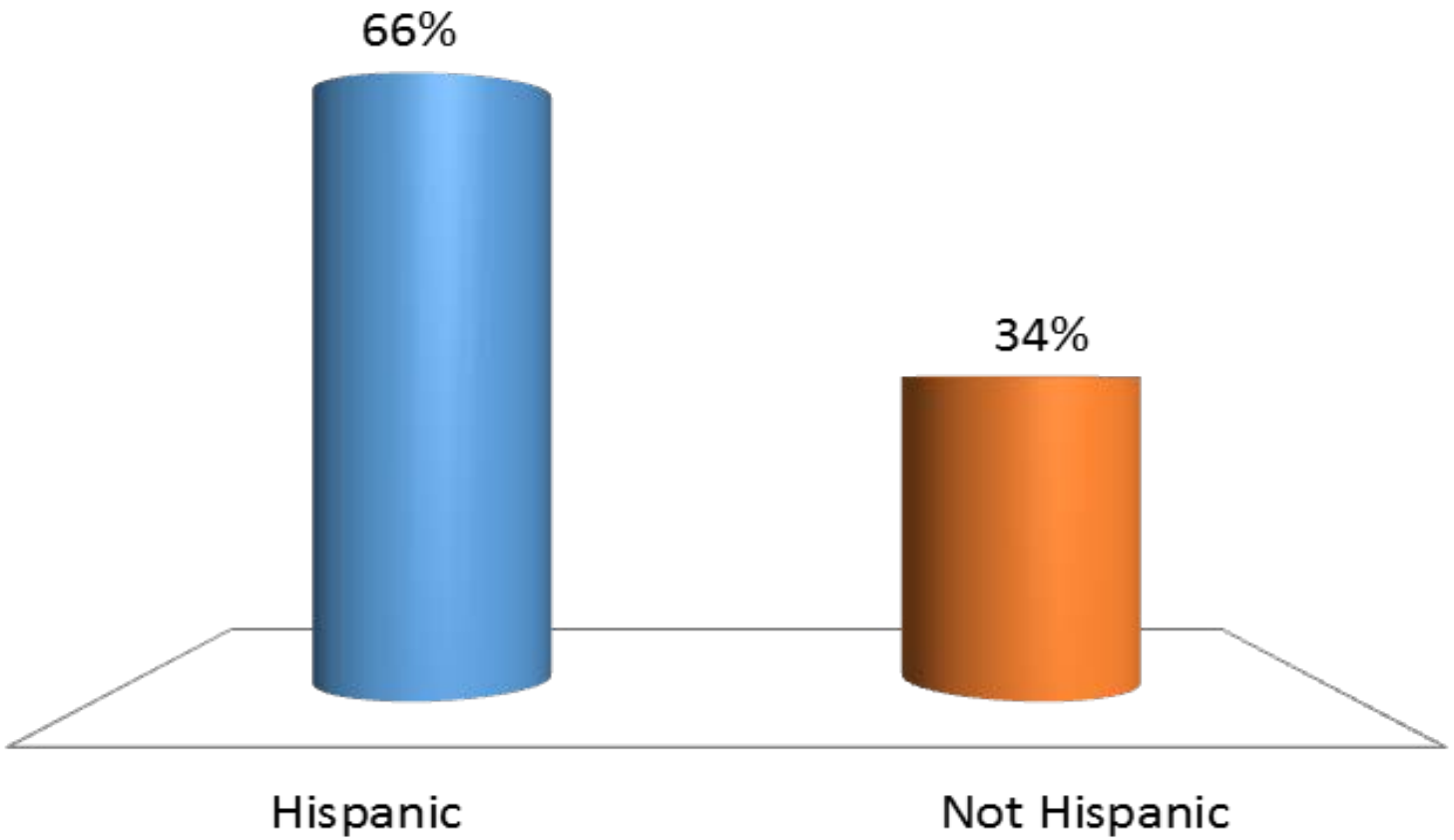
What is your gender?



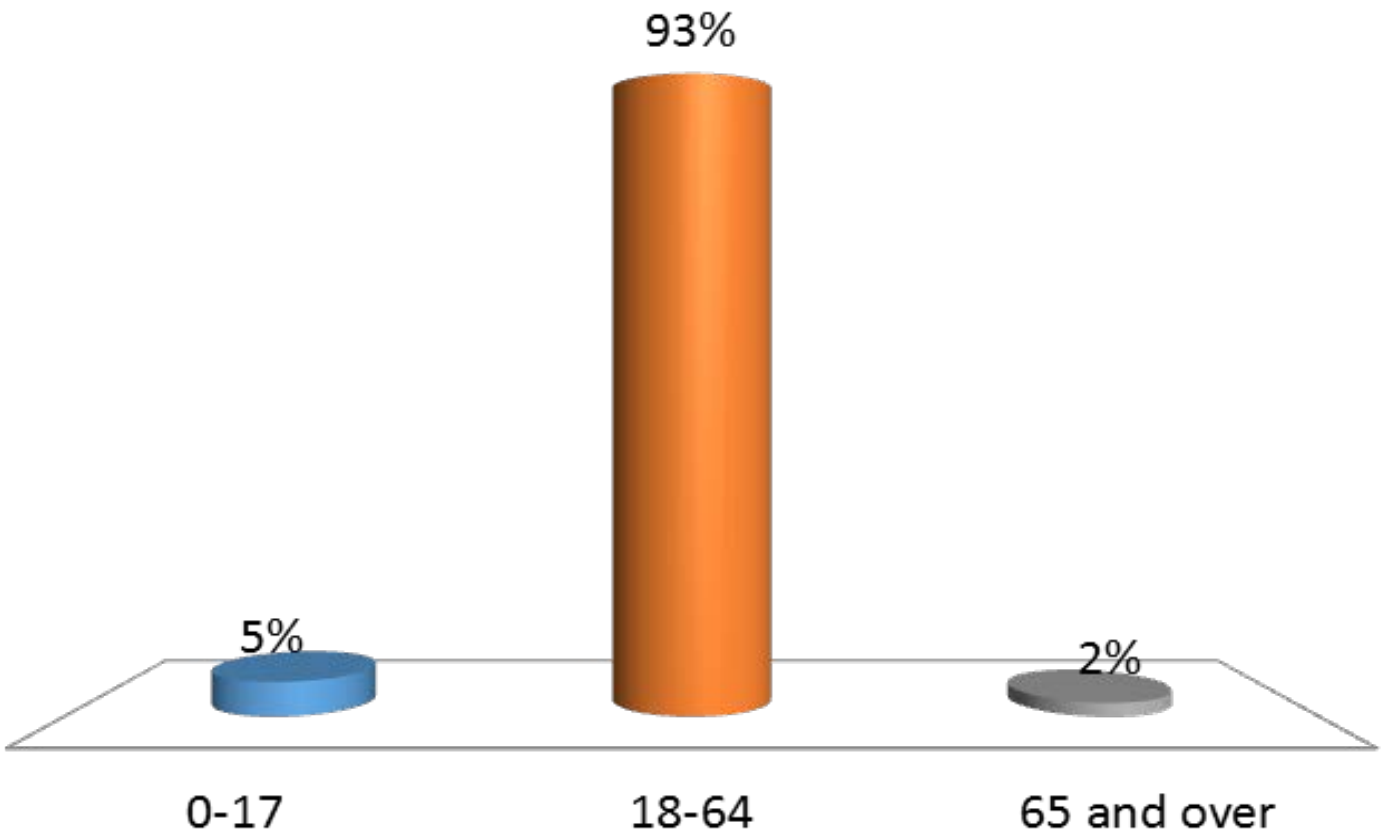
What race do you identify yourself as?



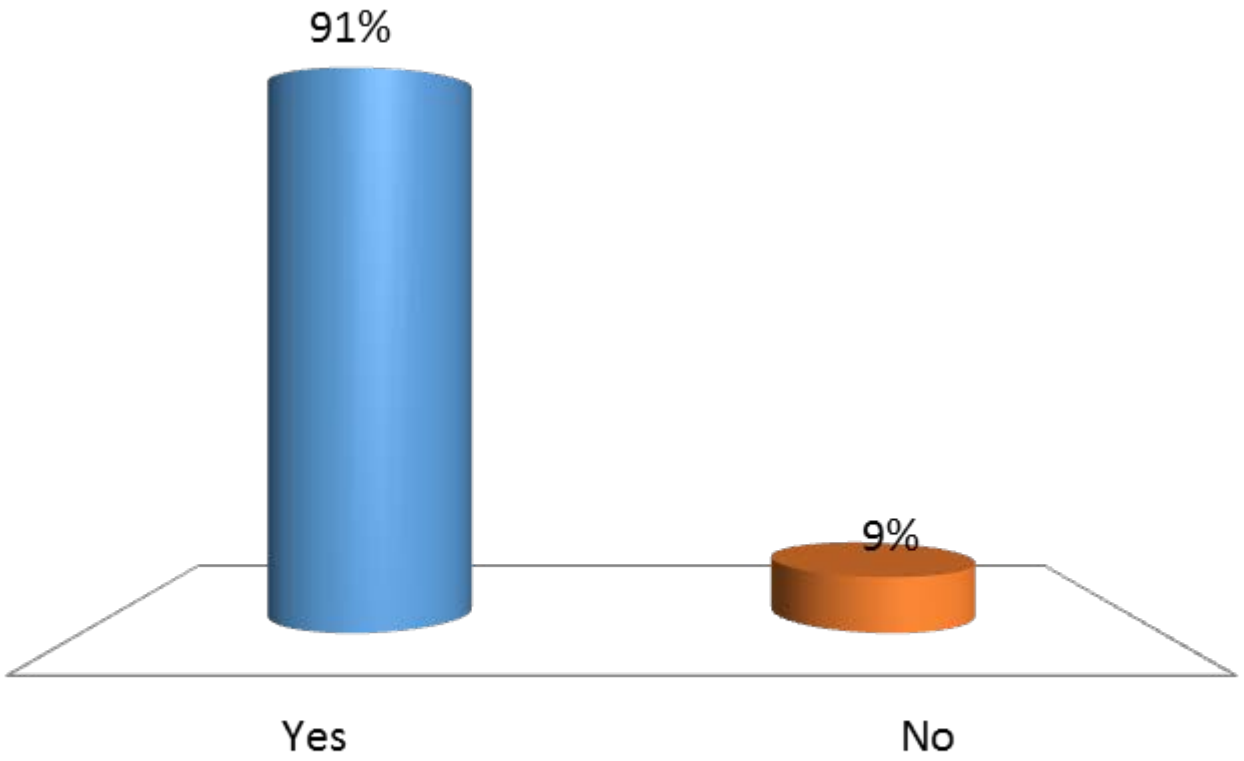
What is your ethnicity?



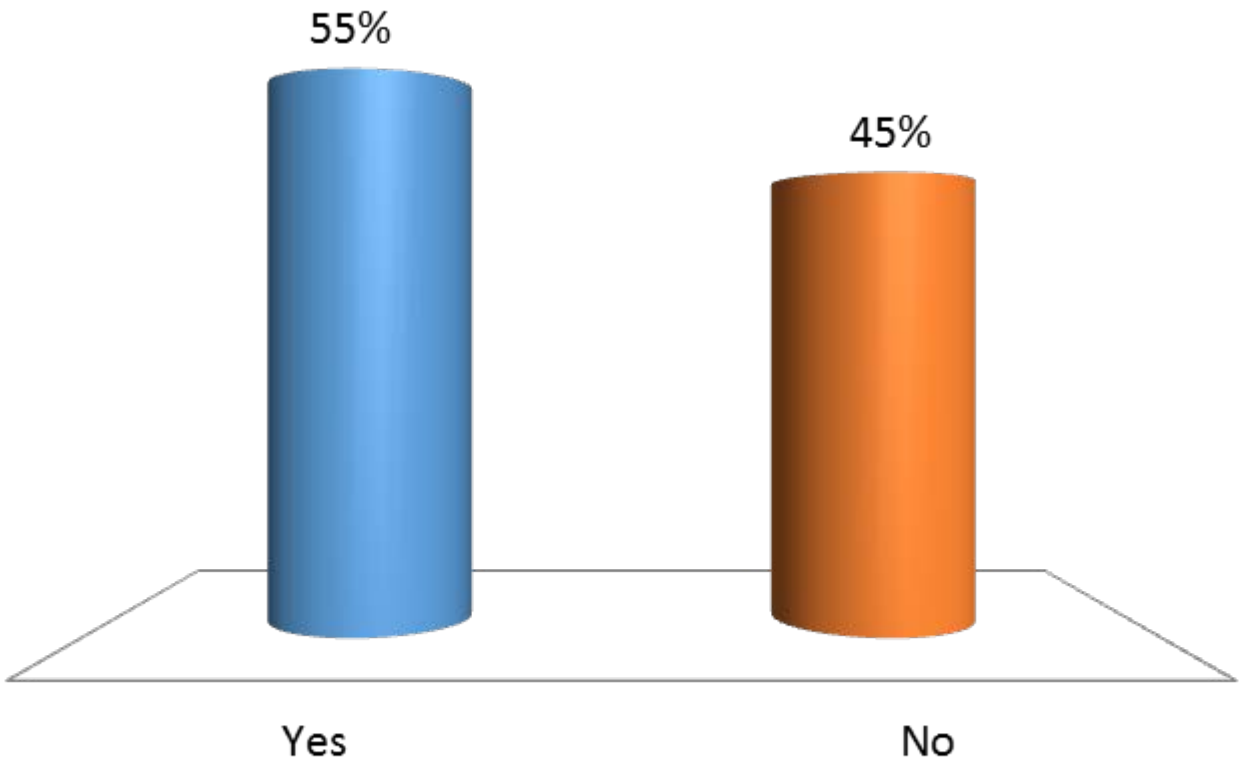
What is your age group?



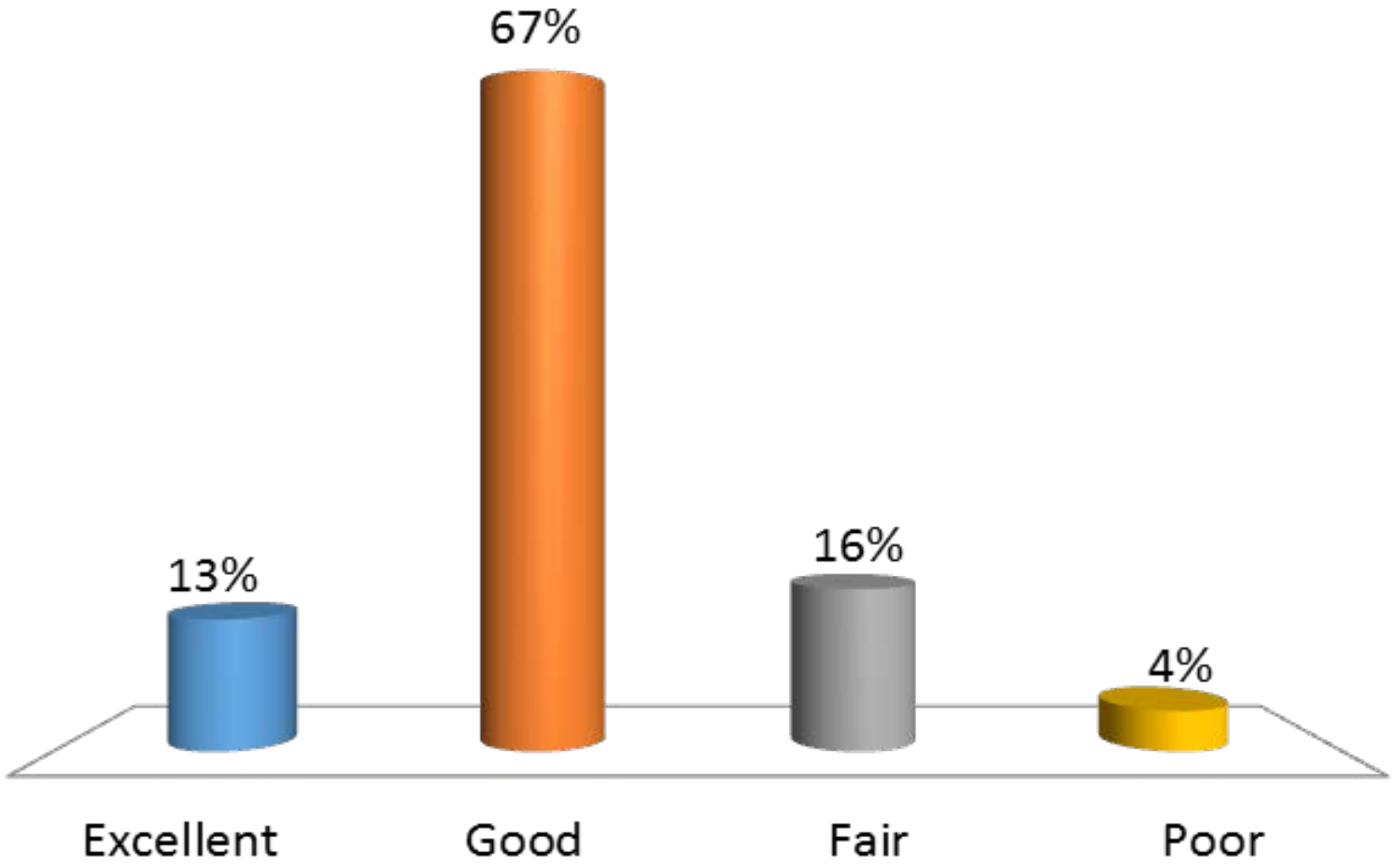
Do you have any children?



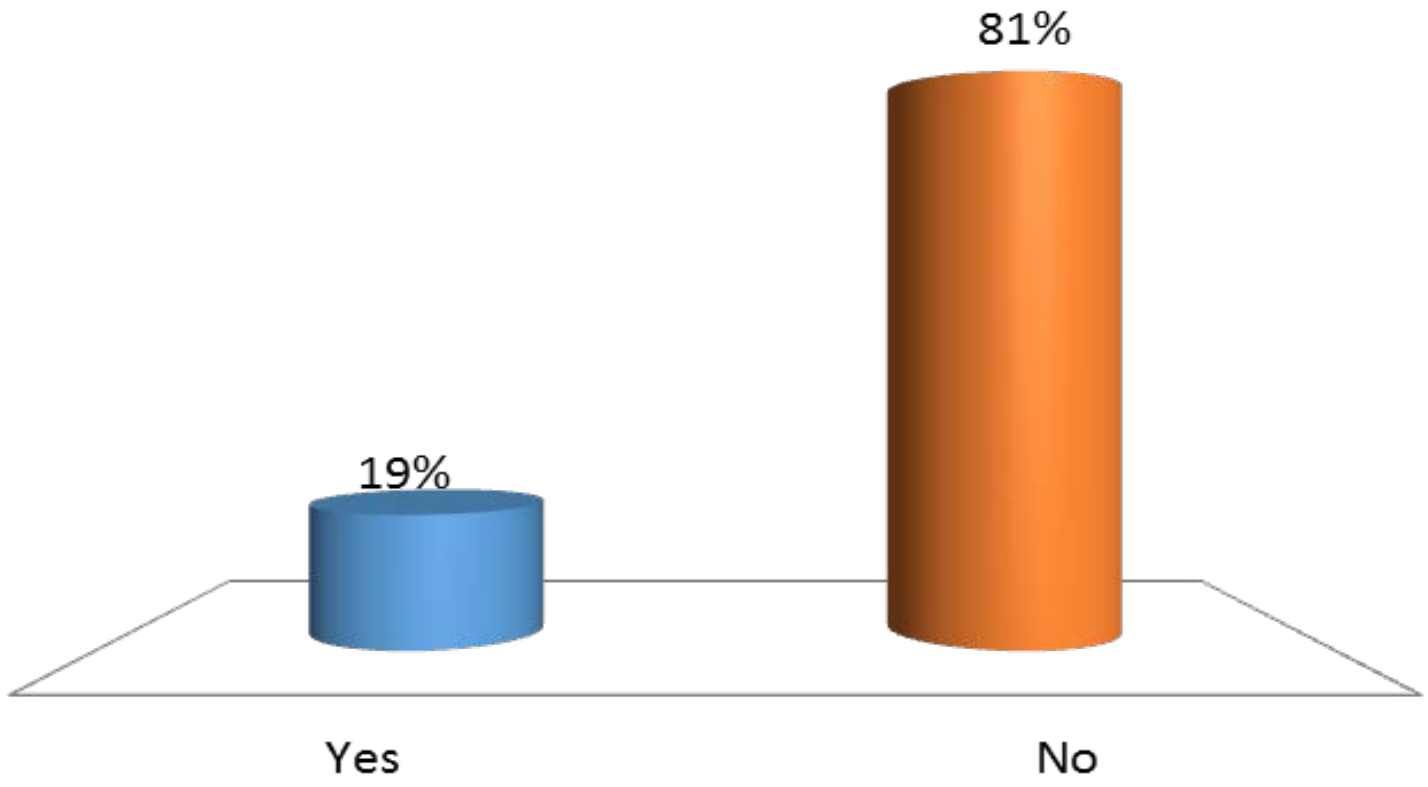
Have you been to the doctor in the last year?



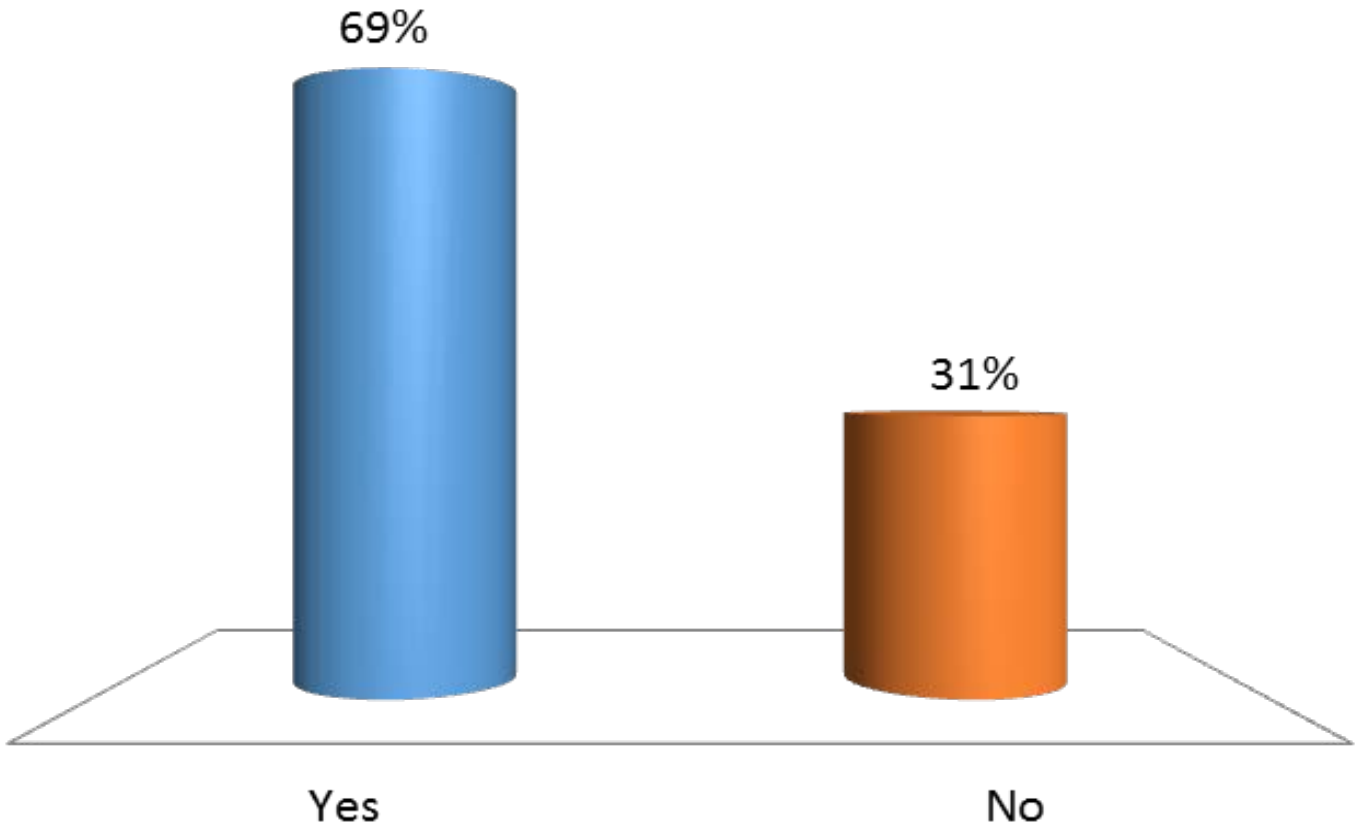
Rate your overall health status



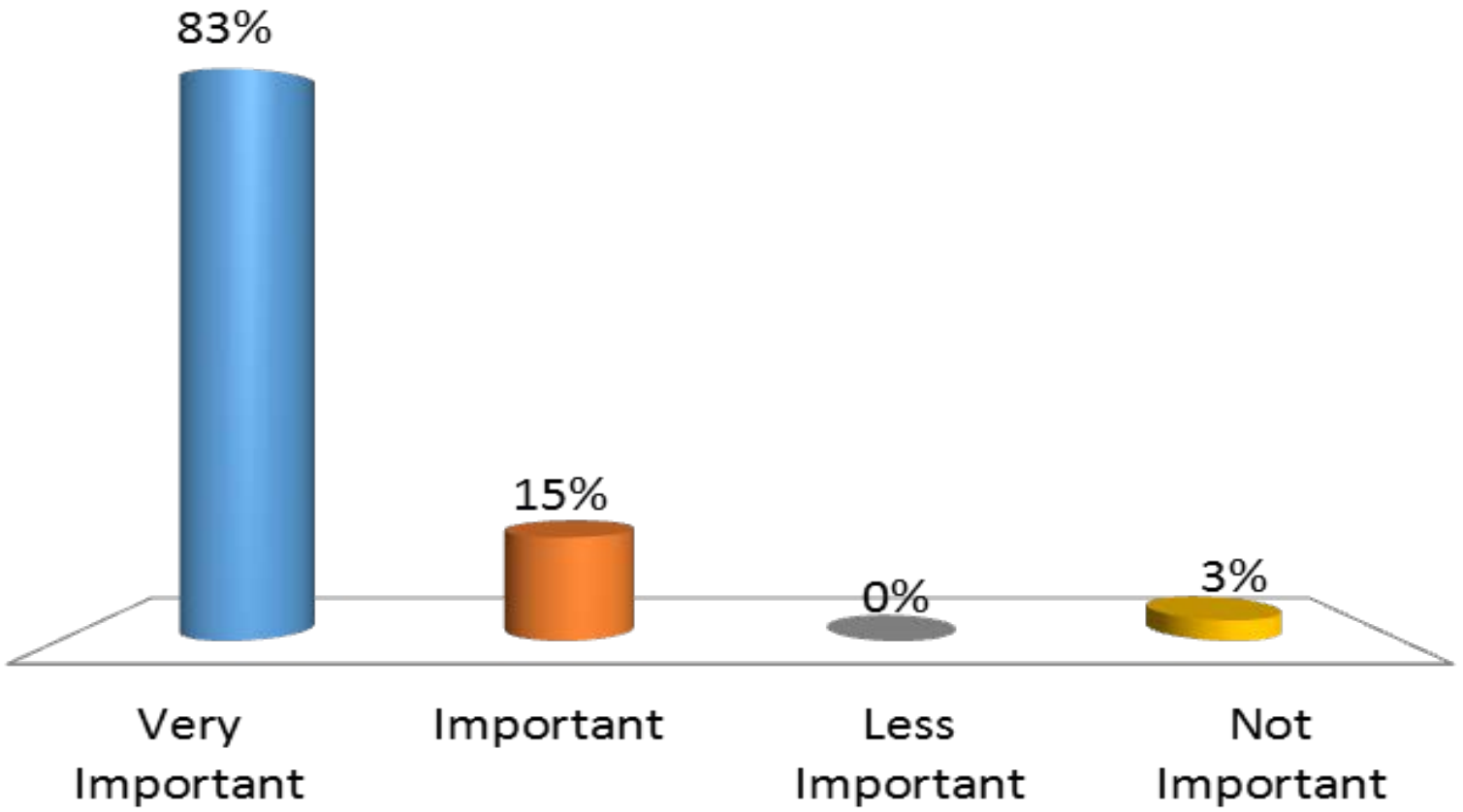
Do you feel you understand your health insurance benefits?



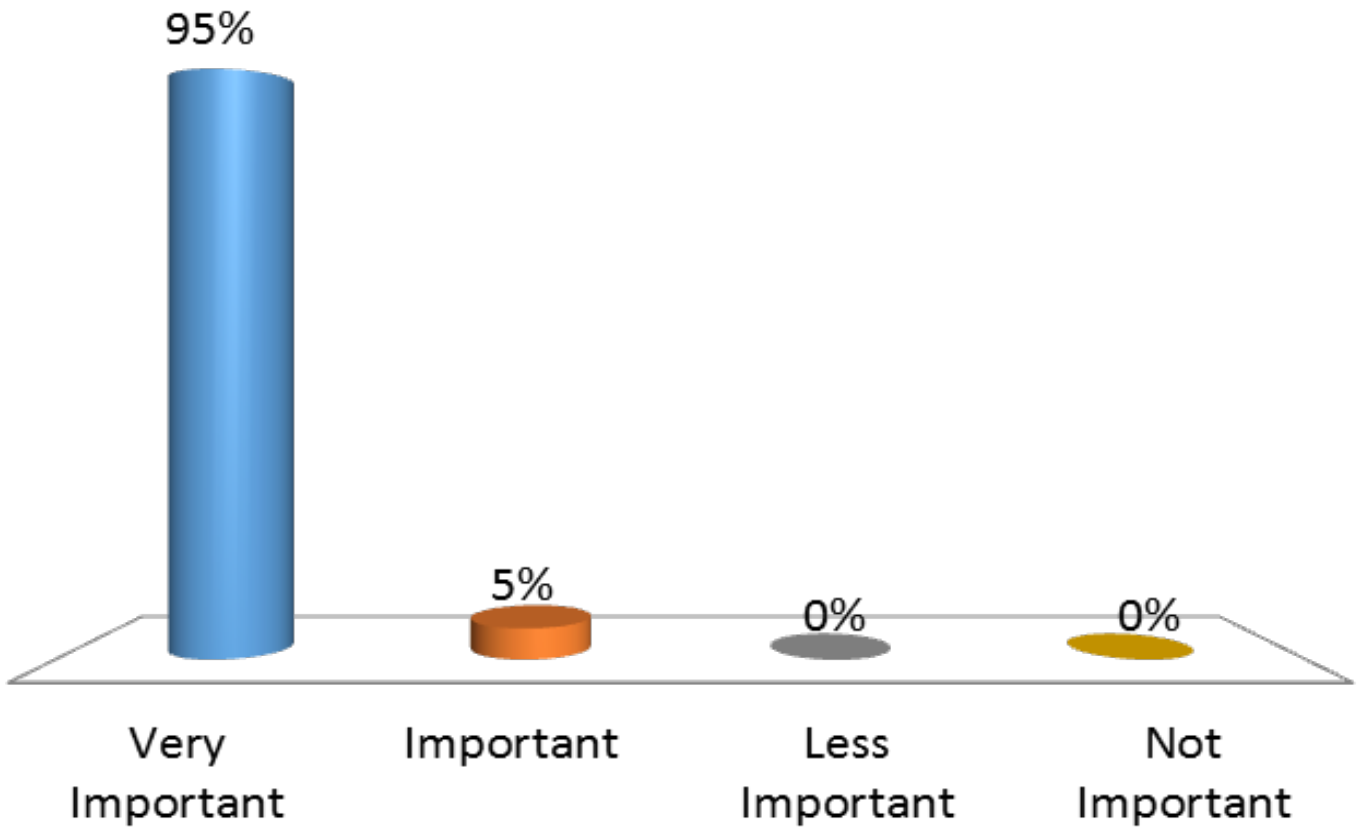
Do you feel you have reasonable access to transportation?



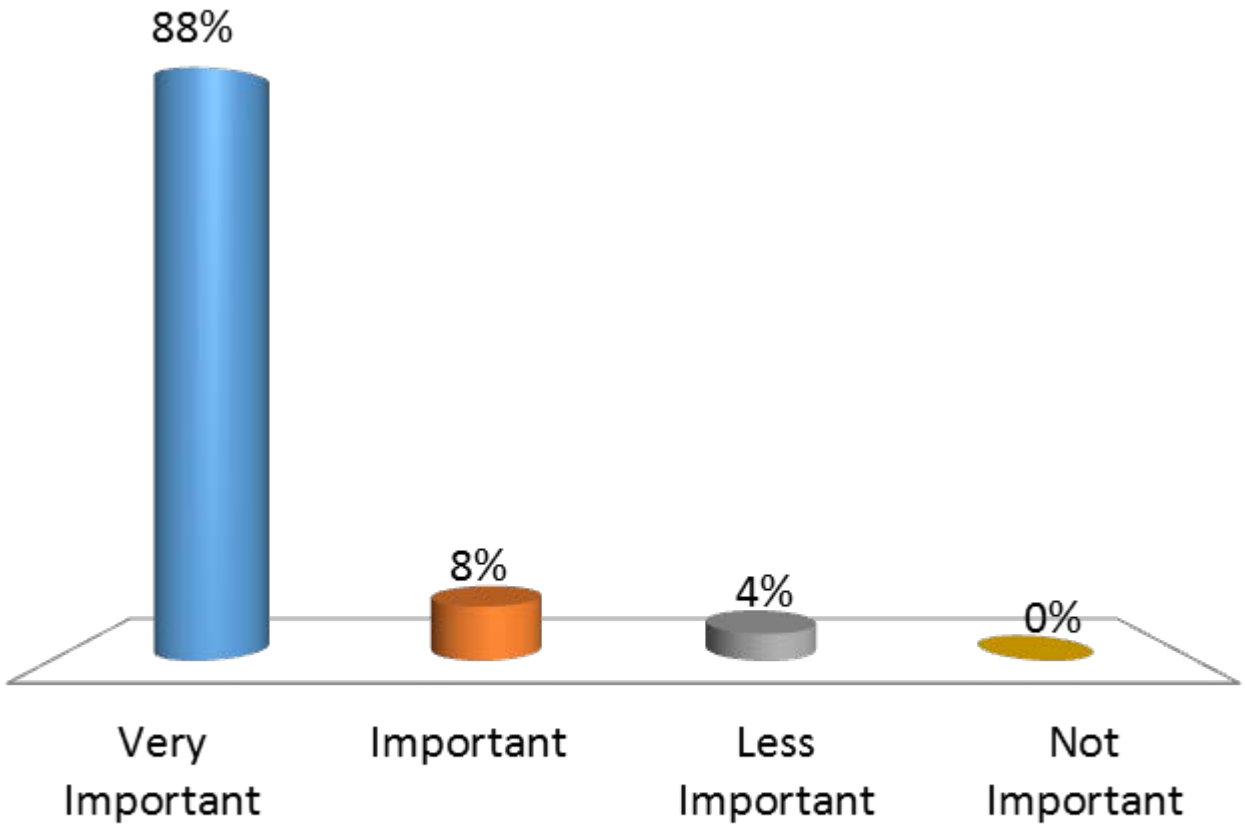
How important is it for you to understand your health benefits?



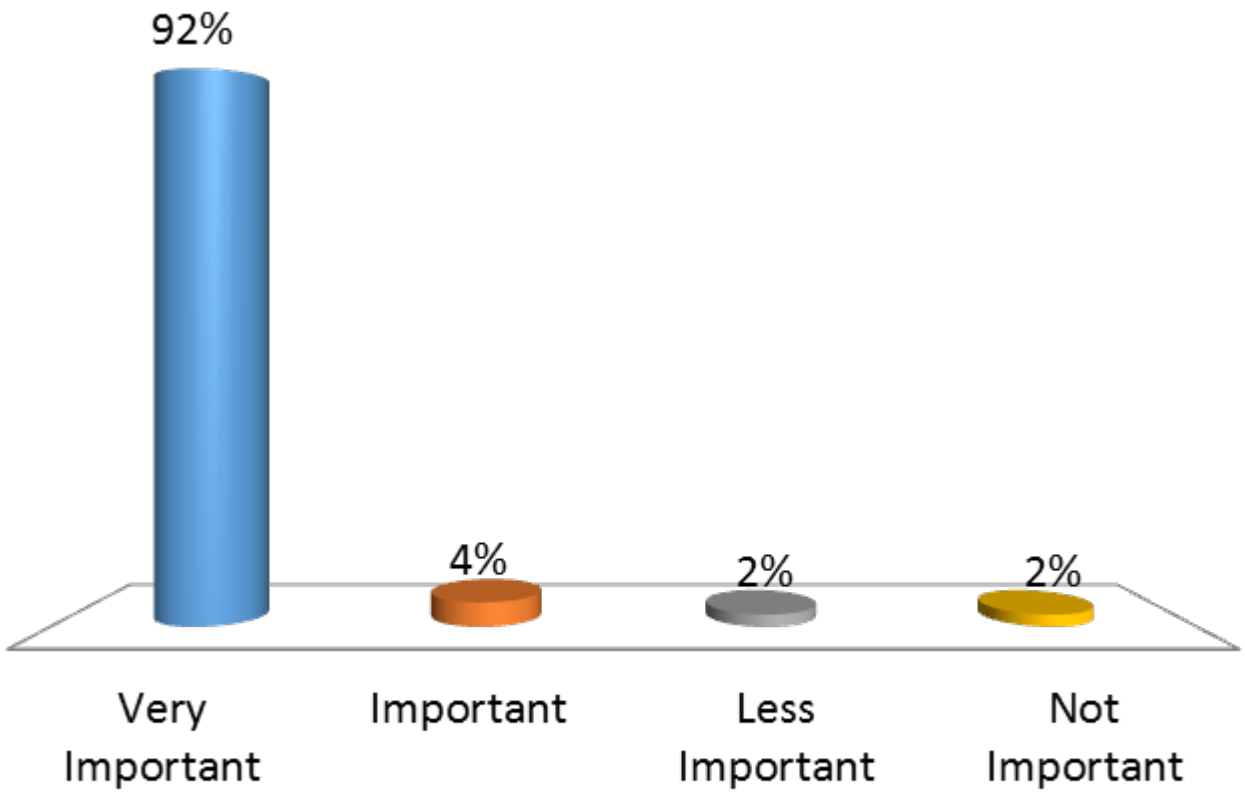
How important is it for you to have good nutrition?



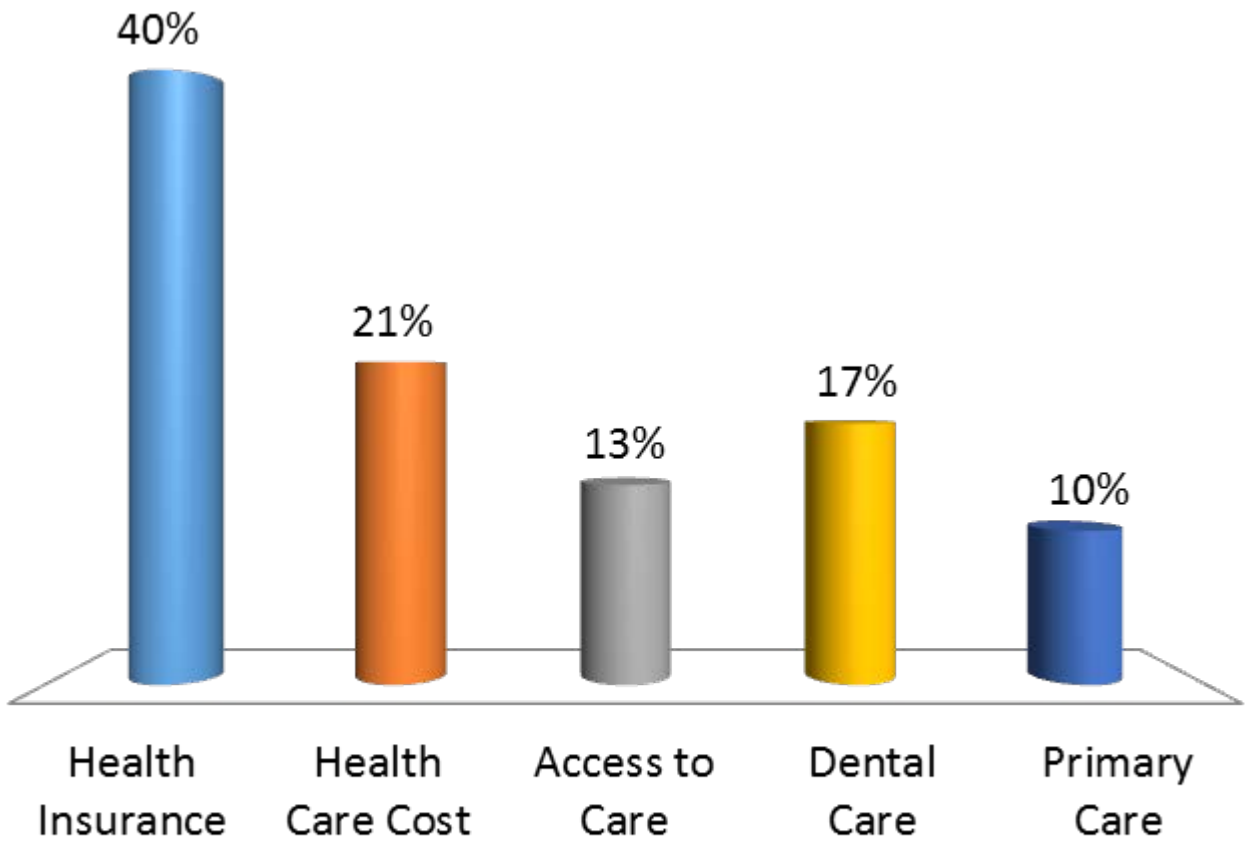
How important is it for the community to address the issue of Obesity?



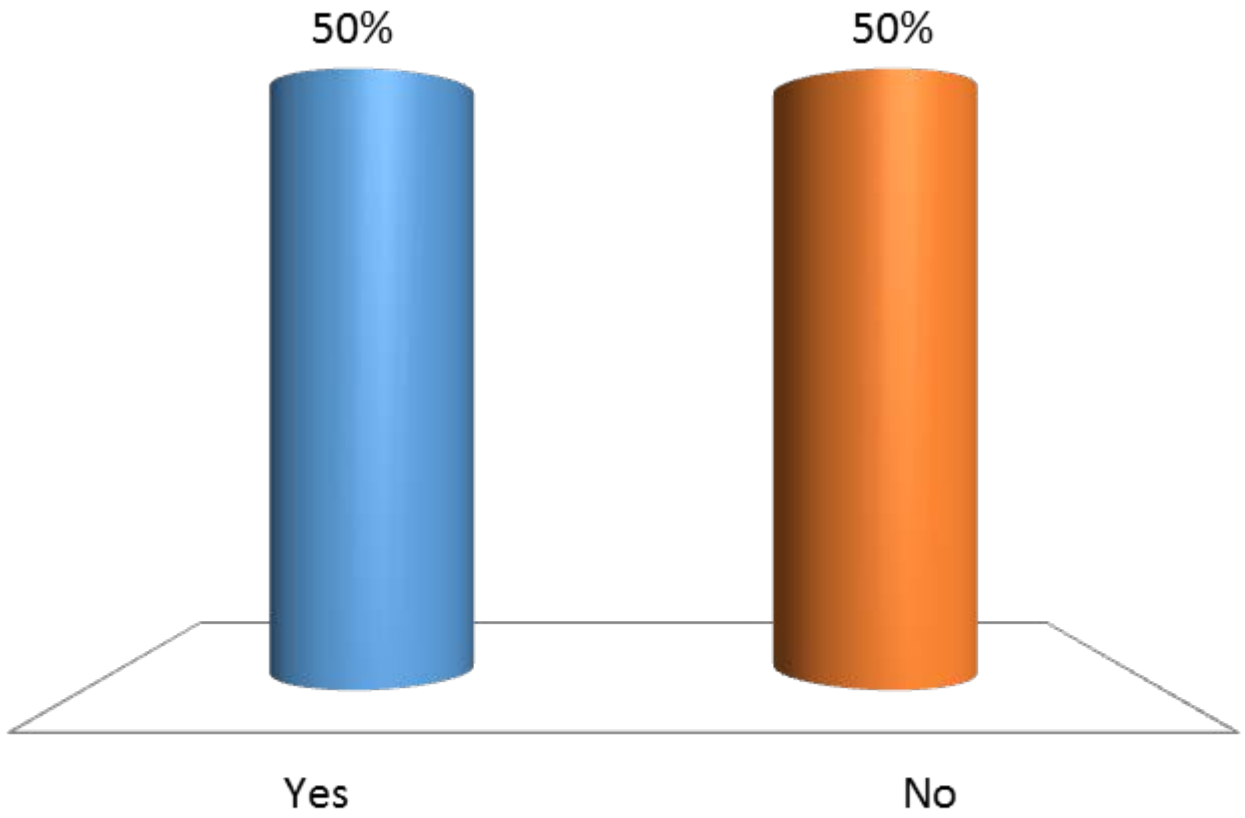
How important is it for the community to address the issue of Substance Abuse?



Tell us your top healthcare need



Would you be interested in being an Ambassador to help Memorial spread the word of good health in the community?



Community Conversations Participant Feedback

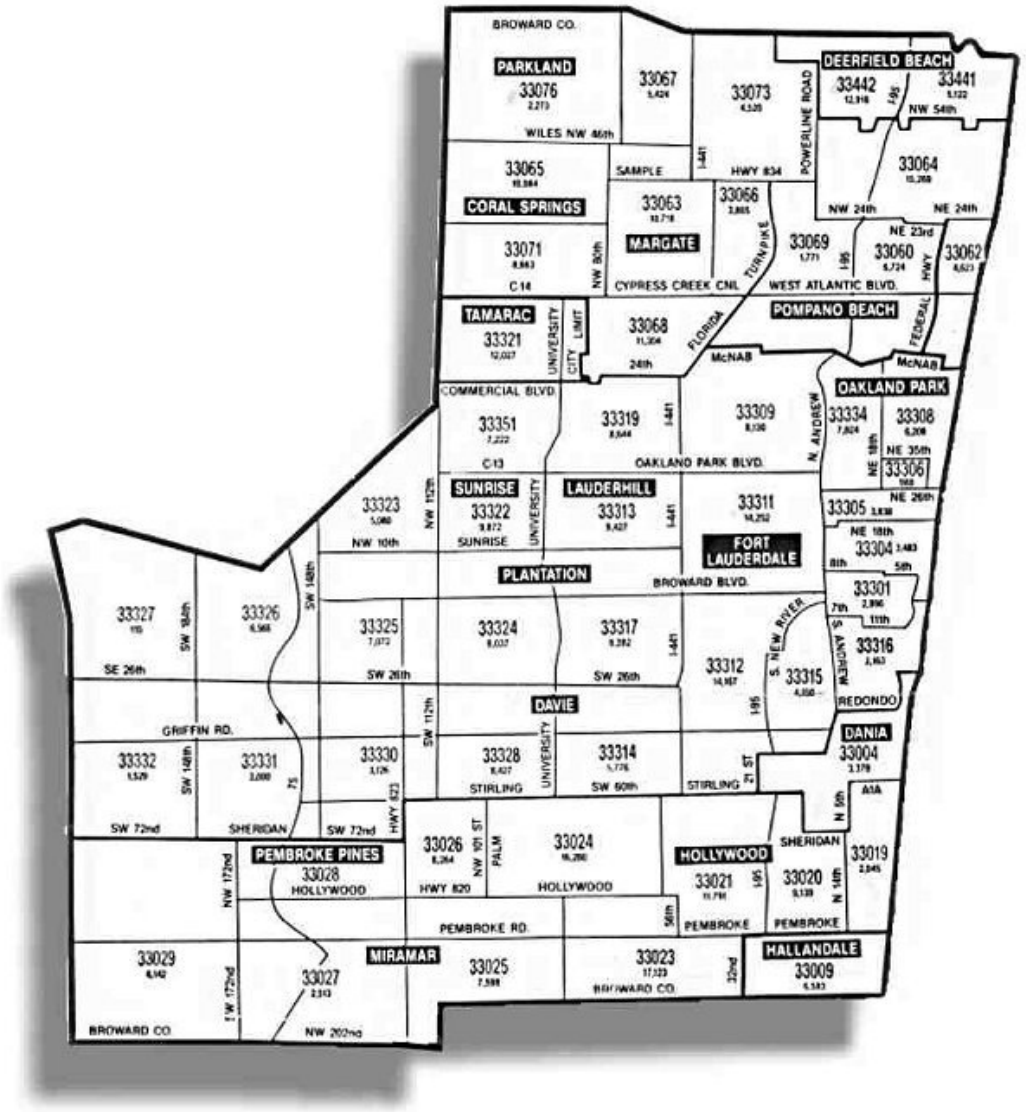
- Participants enjoyed:
  - That the event was well presented and offered wealth of information about healthcare
  - Instant feedback on the questions presented on the screen
  - Receiving healthcare access information (e.g., clinics, locations, resources)
  - The opportunity to express their needs

Consistent Themes Across Qualitative Study

- Affordability remains a significant barrier to access
  - high co-pays, deductibles, specialty care can prevent or delay care
- Lack of insurance coverage
- Continuity of care
- Discharge planning
- Immigration status
- Education about resources
- Integration of resources (one-stop shop)
- Cultural competency and racial equity training
- Customer service (people skills)
- Language barriers
- EMR technology that follows patients

Zip Code Maps

Broward County Zip Code Map



MHS- Primary & Secondary Service Area Zip Codes

Primary Service Area Zip Codes		
33024	33023	33025
33027	33021	33020
33055	33009	33029
33026	33015	33056
33004	33314	33169
33028	33312	33328
33324	33018	33325
33054	33179	33019
33012	33014	33160

Secondary Service Area Zip Codes		
33311	33326	33331
33016	33162	33322
33330	33147	33317
33313	33180	33161
33351	33168	33323
33319	33167	33321
33013	33327	33332
33142	33068	33010
33150	33309	33178
33065		

Miami-Dade Zip Codes

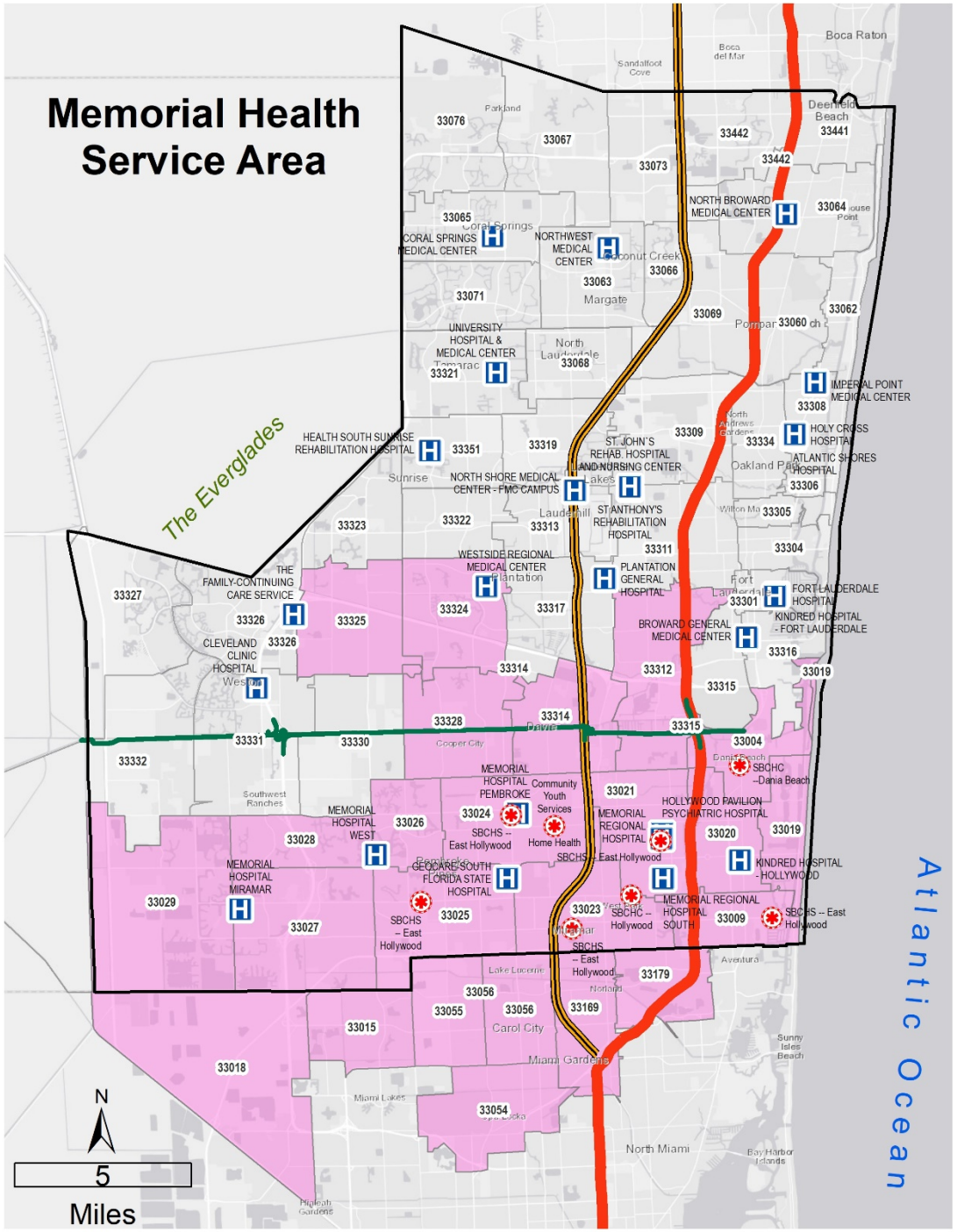
Mean Thresholds for Mapping

Variable	Type	60 ZCTA Mean
Black	SDOH	24.9%
Senior	SDOH	15.9%
Poverty	SDOH	11.4%
No Health Insurance	SDOH	17.3%
Limited English	SDOH	9.3%
Diabetes	Health Outcome*	247.16
Asthma	Health Outcome*	74.15
Congestive Heart Failure	Health Outcome*	124.55
Hypertension	Health Outcome*	416.18
AIDS	Health Outcome*	12.03
Low Birth Weight	Health Outcome*	648.91

SDOH=Social Determinant of Health

*All Health Outcomes based on adult population, per 10K population per ZCTA.

Note 53 Zip Code Tabulation Areas (ZCTAs) within Broward County



MHS Service Area ZCTAs

Census ZCTA

Census ZCTAs for MHS

Hospitals

MHS Satellite Sites

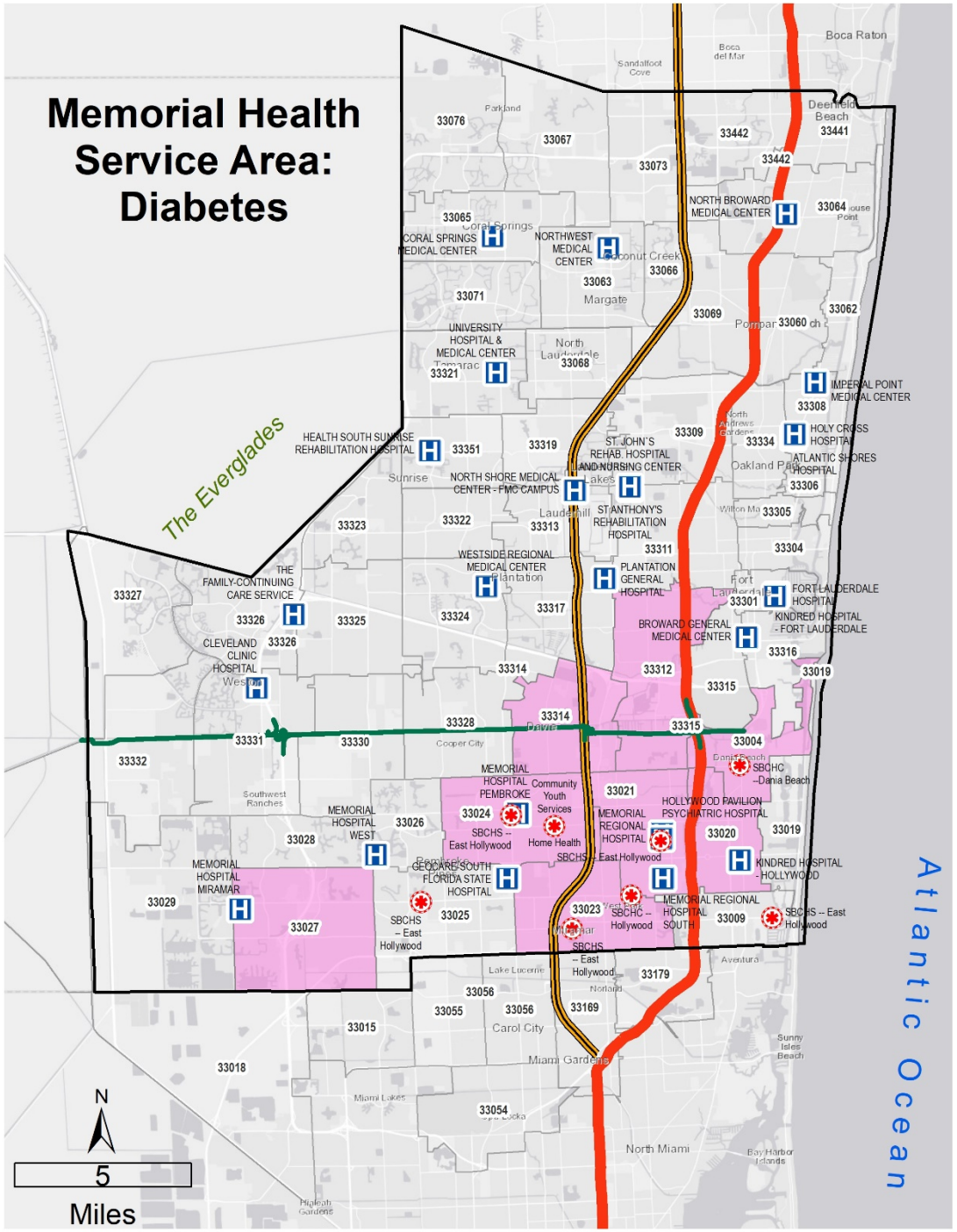
Griffin Road

Major Freeways

I-95

TURNPIKE

MHS: Diabetes



Census ZCTA

Diabetes

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

Data:

Numerator: Chronic Disease Database, 2014-2016 average.

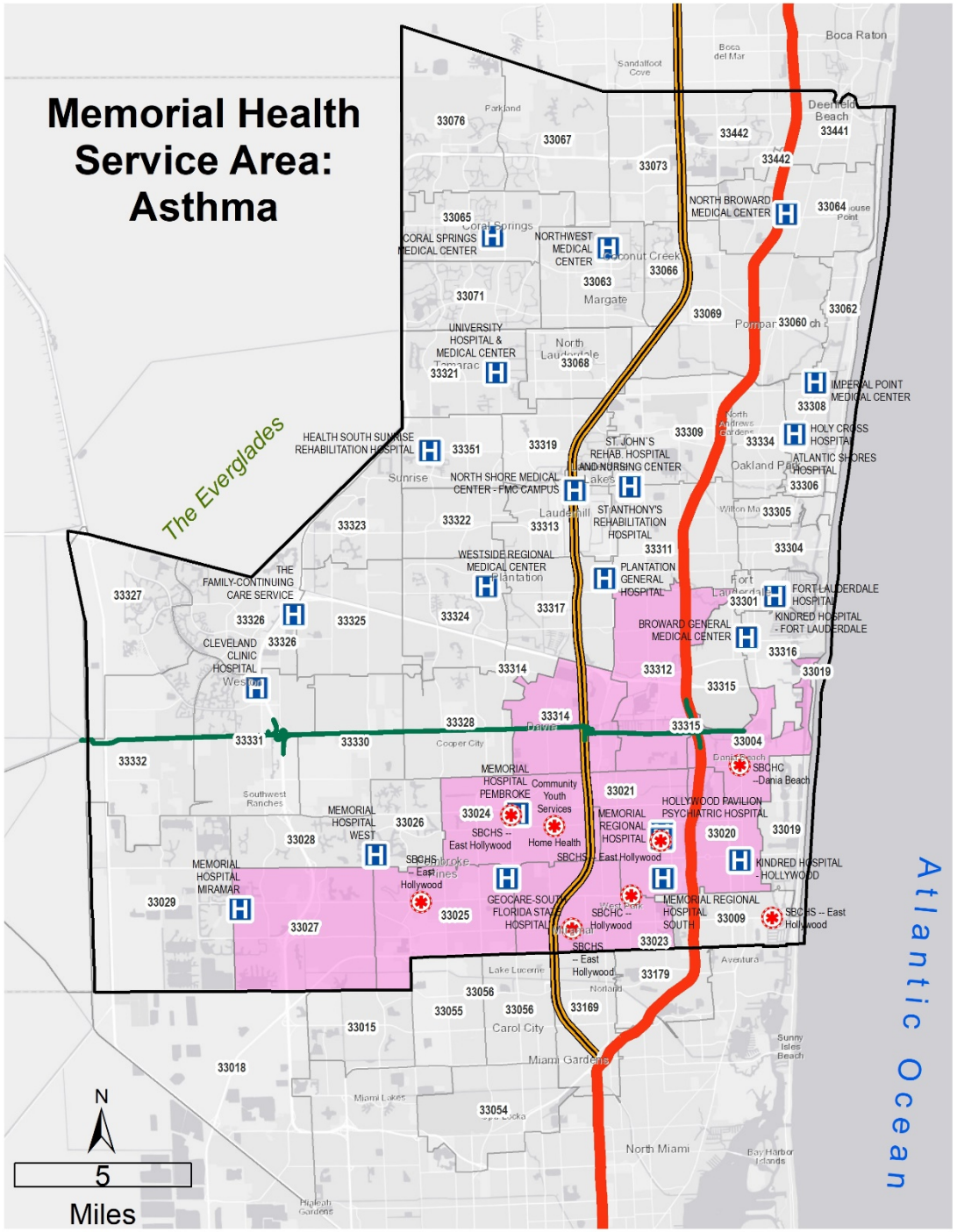
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.

Threshold > 247.16 diabetes cases per 10K adult population, across all 60 ZCTAs.

Only above threshold rates shown.

Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.

MHS: Asthma



Census ZCTA

Asthma

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

Data:

Numerator: Chronic Disease Database, 2014-2016 average.

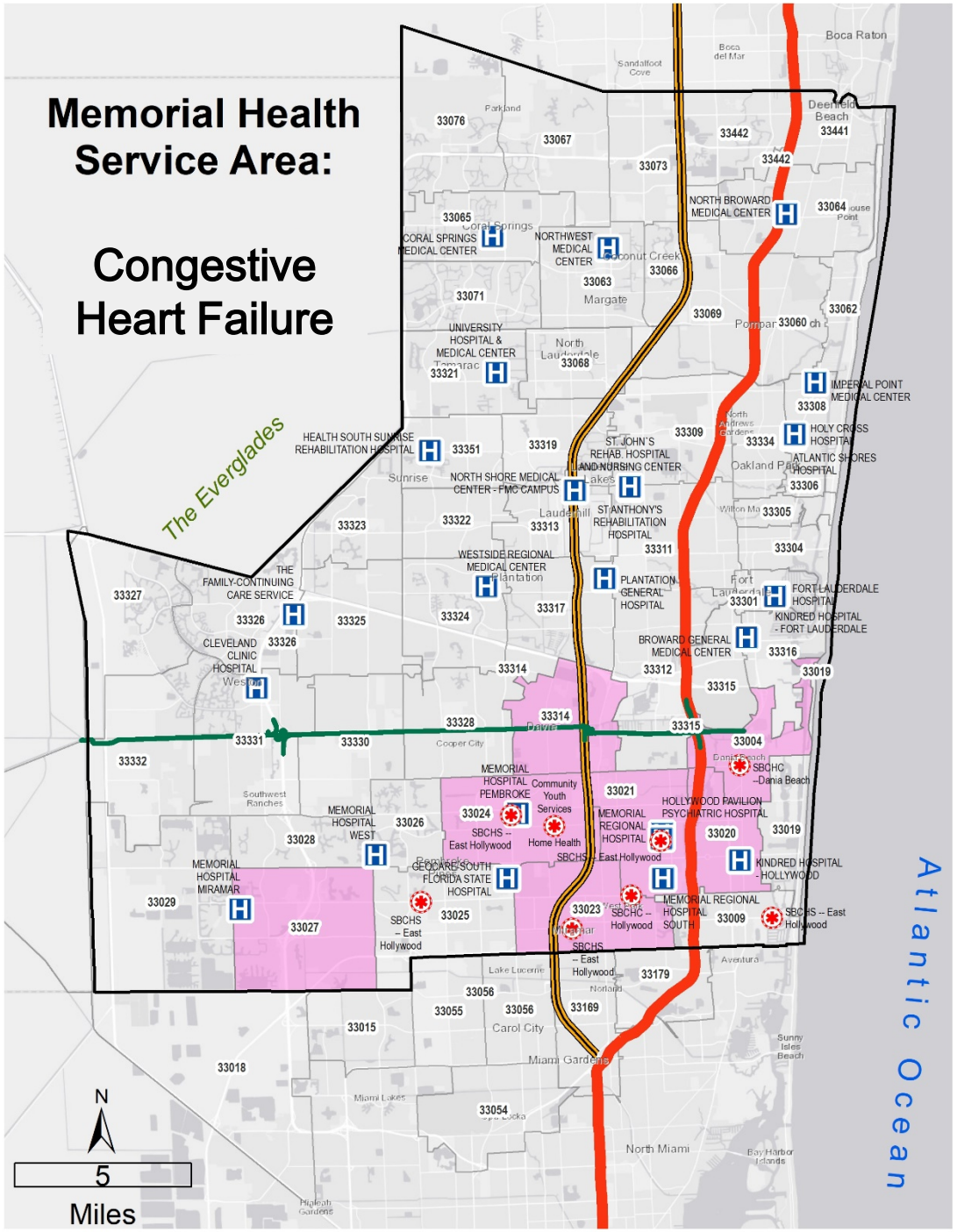
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.

Threshold > 74.15 Asthma cases per 10K adult population, across all 60 ZCTAs.

Only above threshold rates shown.

Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.

MHS: Congestive Heart Failure



Census ZCTA

Congestive Heart Failure

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

Data:

Numerator: Chronic Disease Database, 2014-2016 average.

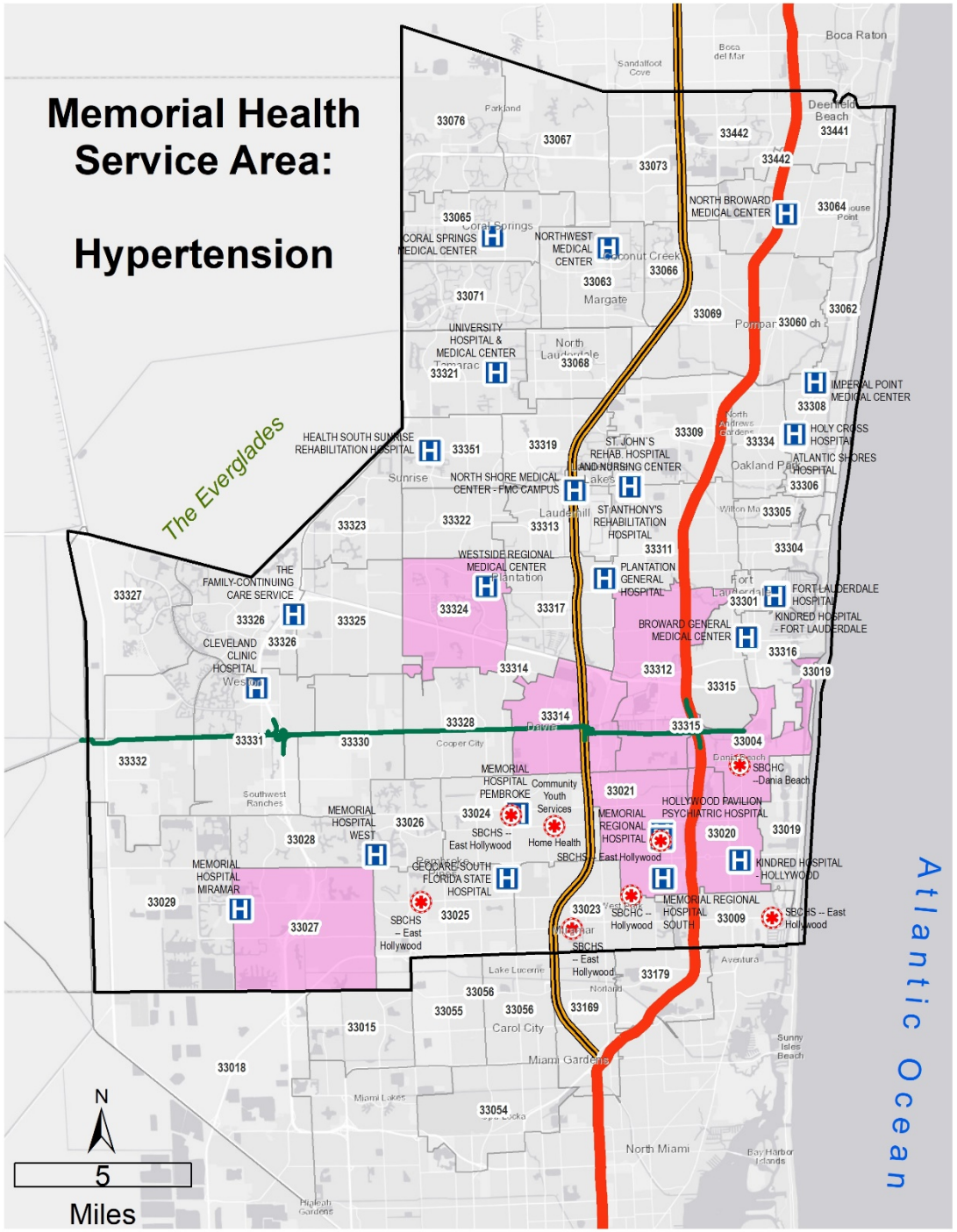
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.

Threshold > 124.55 Congestive Heart Failure Cases per 10K adult population, across all 60 ZCTAs.

Only above threshold rates shown.

Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.

MHS: Hypertension



Census ZCTA

Hypertension

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

Data:

Numerator: Chronic Disease Database, 2014-2016 average.

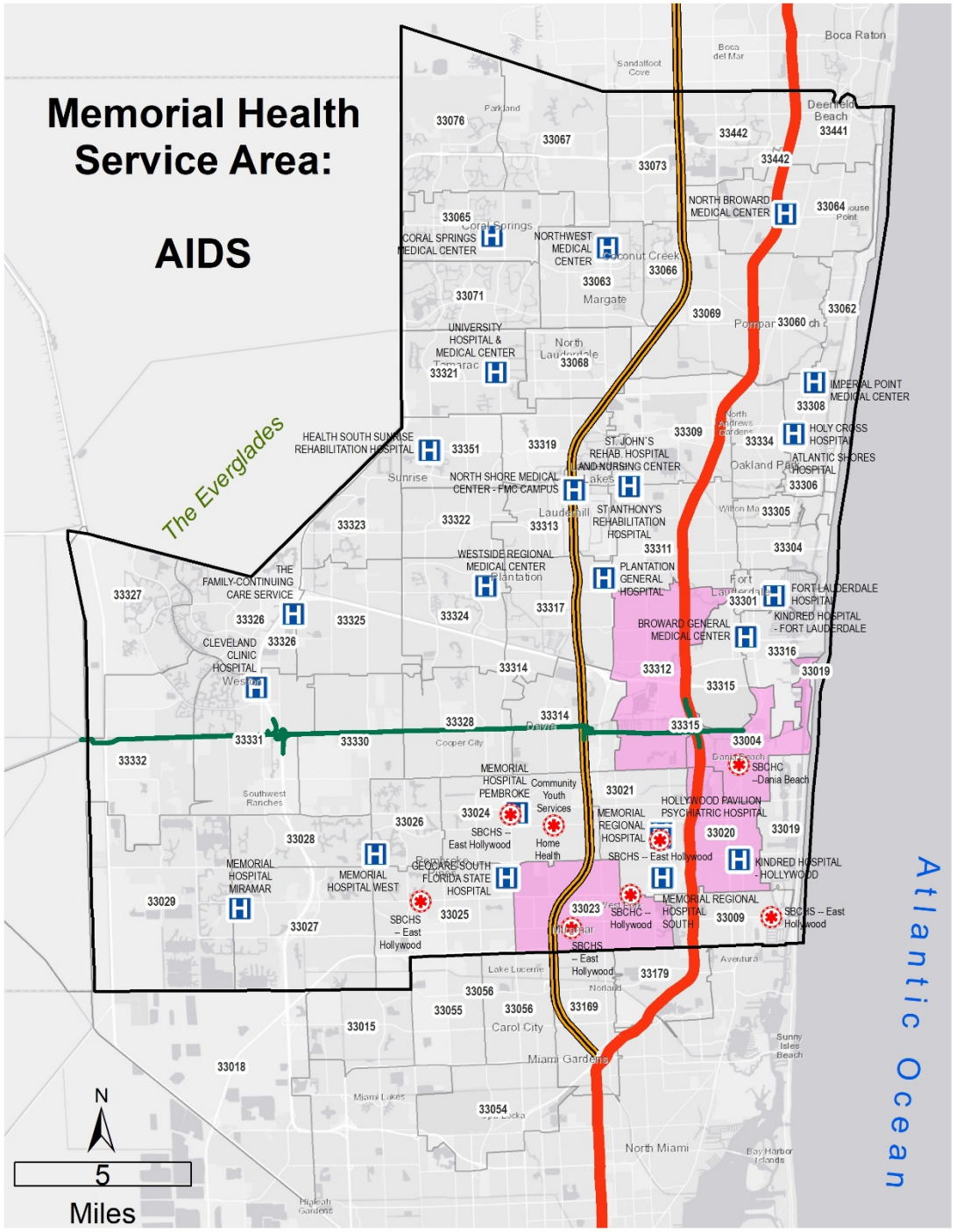
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.

Threshold > 416.18 Hypertension Cases per 10K adult population, across all 60 ZCTAs.

Only above threshold rates shown.

Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.

MHS: AIDS



Census ZCTA

AIDS

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

Data:

Numerator: Chronic Disease Database, 2014-2016 average.

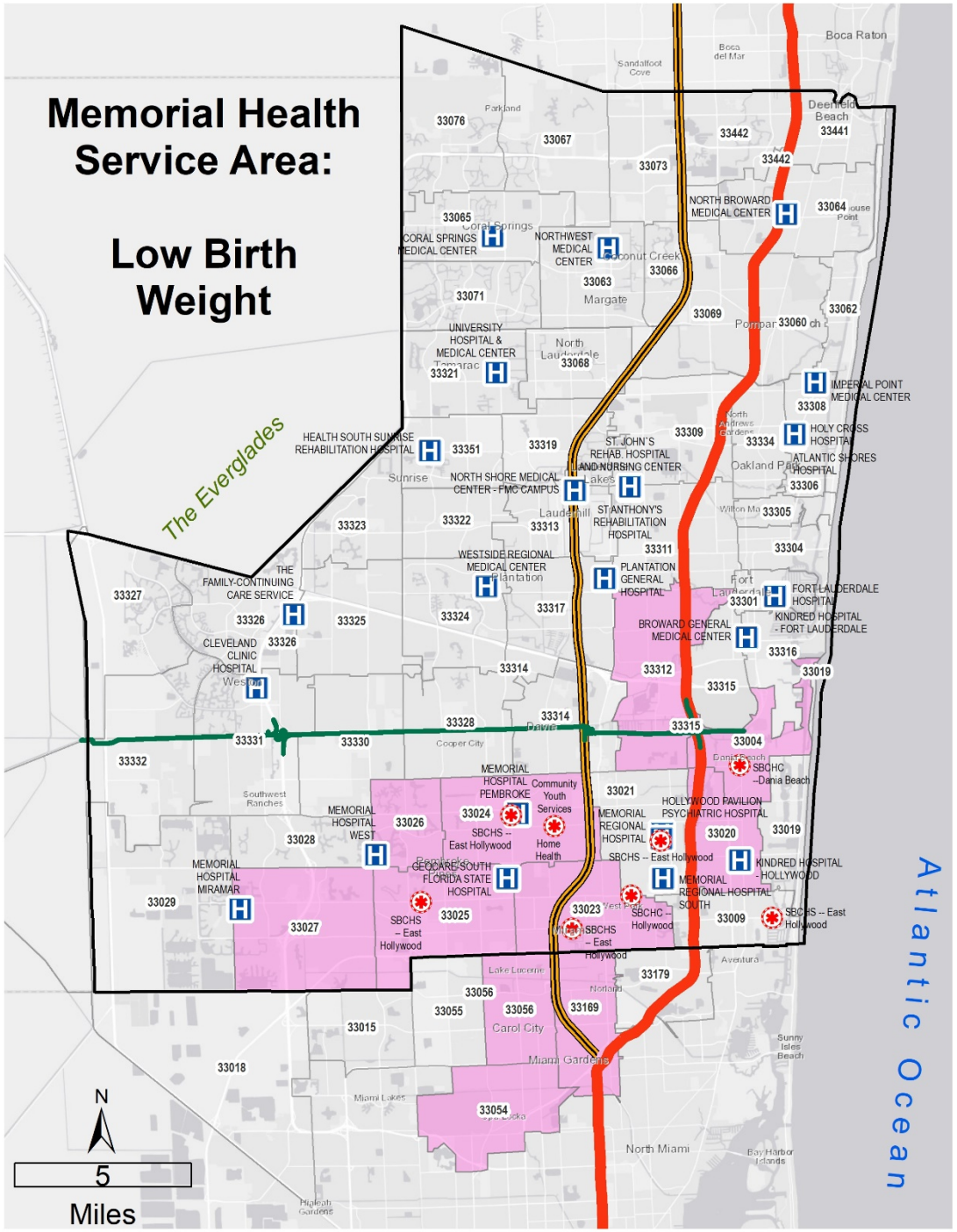
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.

Threshold > 12.03 AIDS Cases per 10K adult population, across all 60 ZCTAs.

Only above threshold rates shown.

Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.

MHS: Low Birth Weight



Census ZCTA

Low Birth Weight

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

Data:

Numerator: PQI Database, 2014-2016 average.

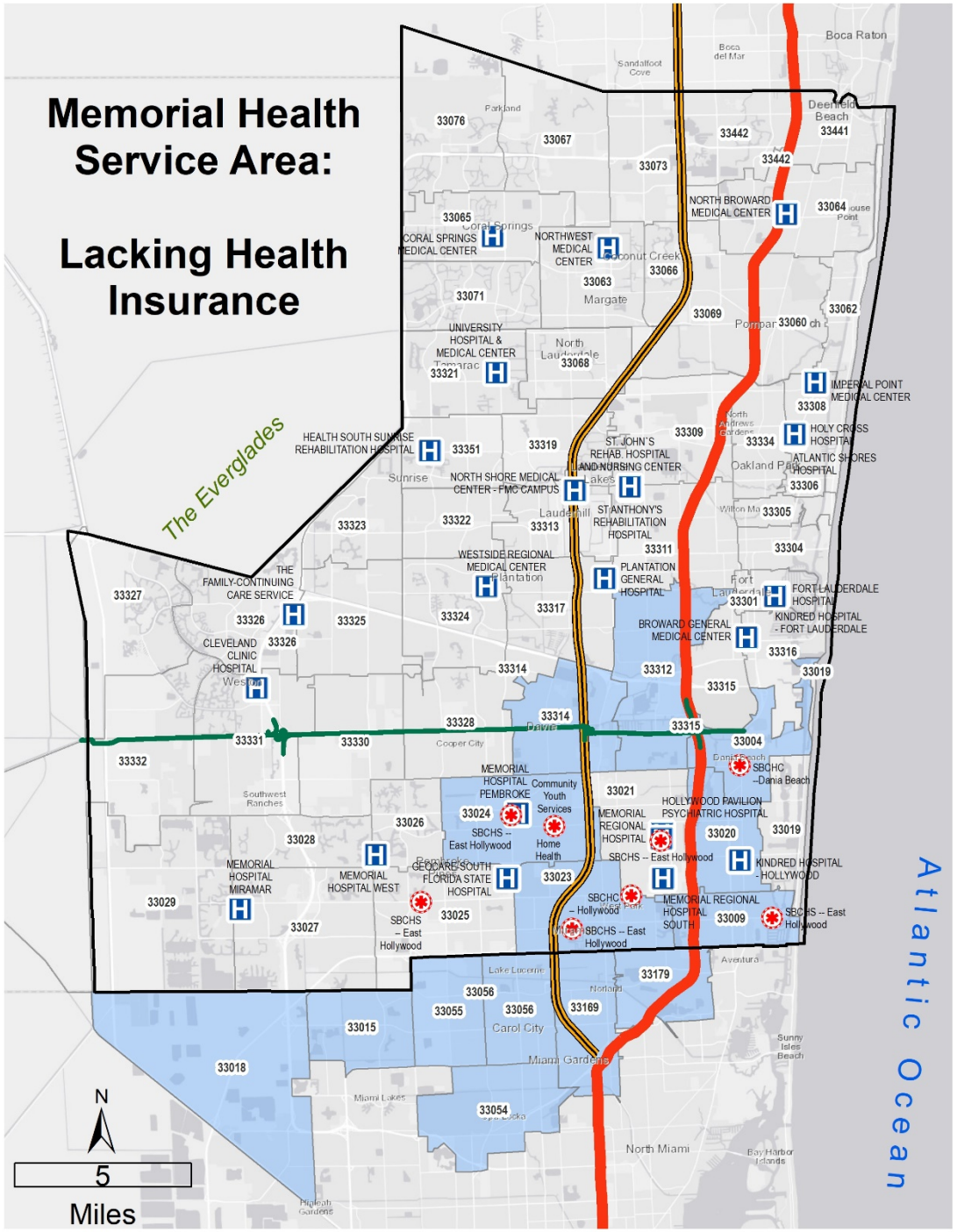
Denominator: All live births, 2014-2016.

Threshold > 648.91 Low Birth WT Cases per 10K live births across all 60 ZCTAs.

Only above threshold rates shown.

Note: Numerator cases and Denominators summarized into ZCTAs from postal ZIP codes, then averaged over three years.

MHS: Lacking Health Insurance



Census ZCTA

Lacking Health Insurance

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

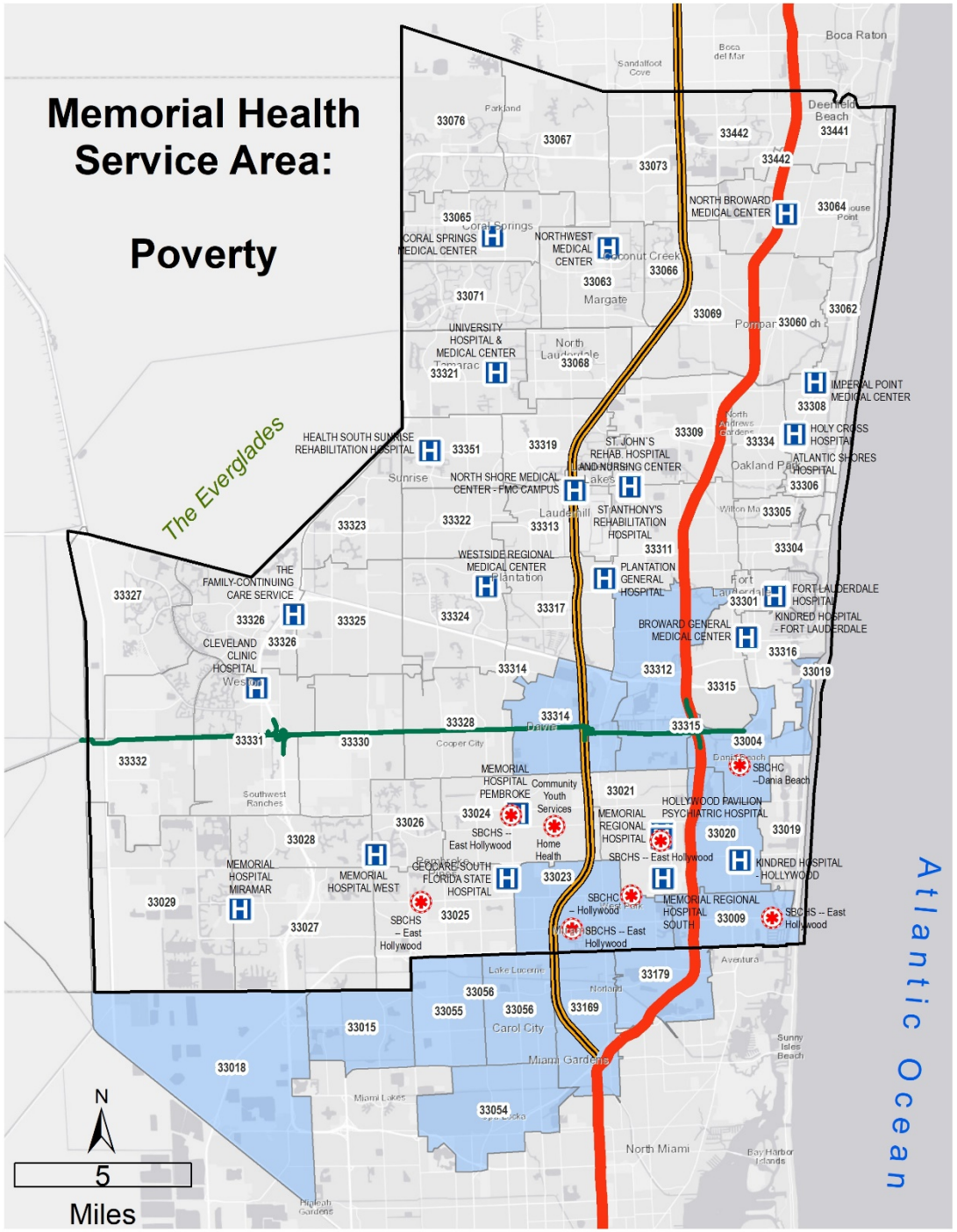
Data:

Threshold > 17.3% average Lacking Health Insurance across all 60 ZCTAs.

Only above threshold rates shown.

Source: ACS 2016 5yr

MHS: Poverty



Census ZCTA

Poverty

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

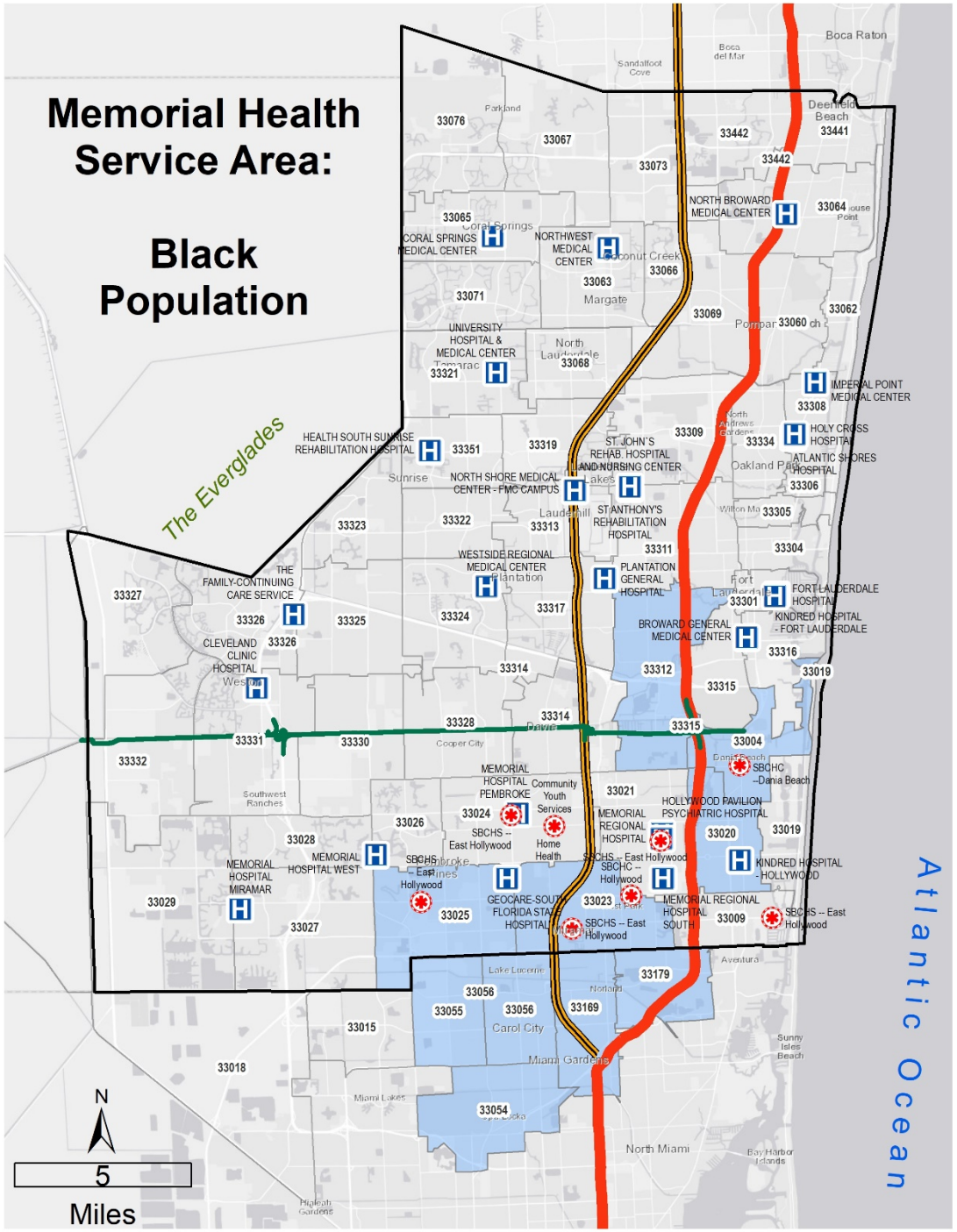
Data:

Threshold > 11.4% Poverty (100% level) across all 60 ZCTAs.

Only above threshold rates shown.

Source: ACS 2016 5yr

MHS: Black Population



Census ZCTA

Black Population

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

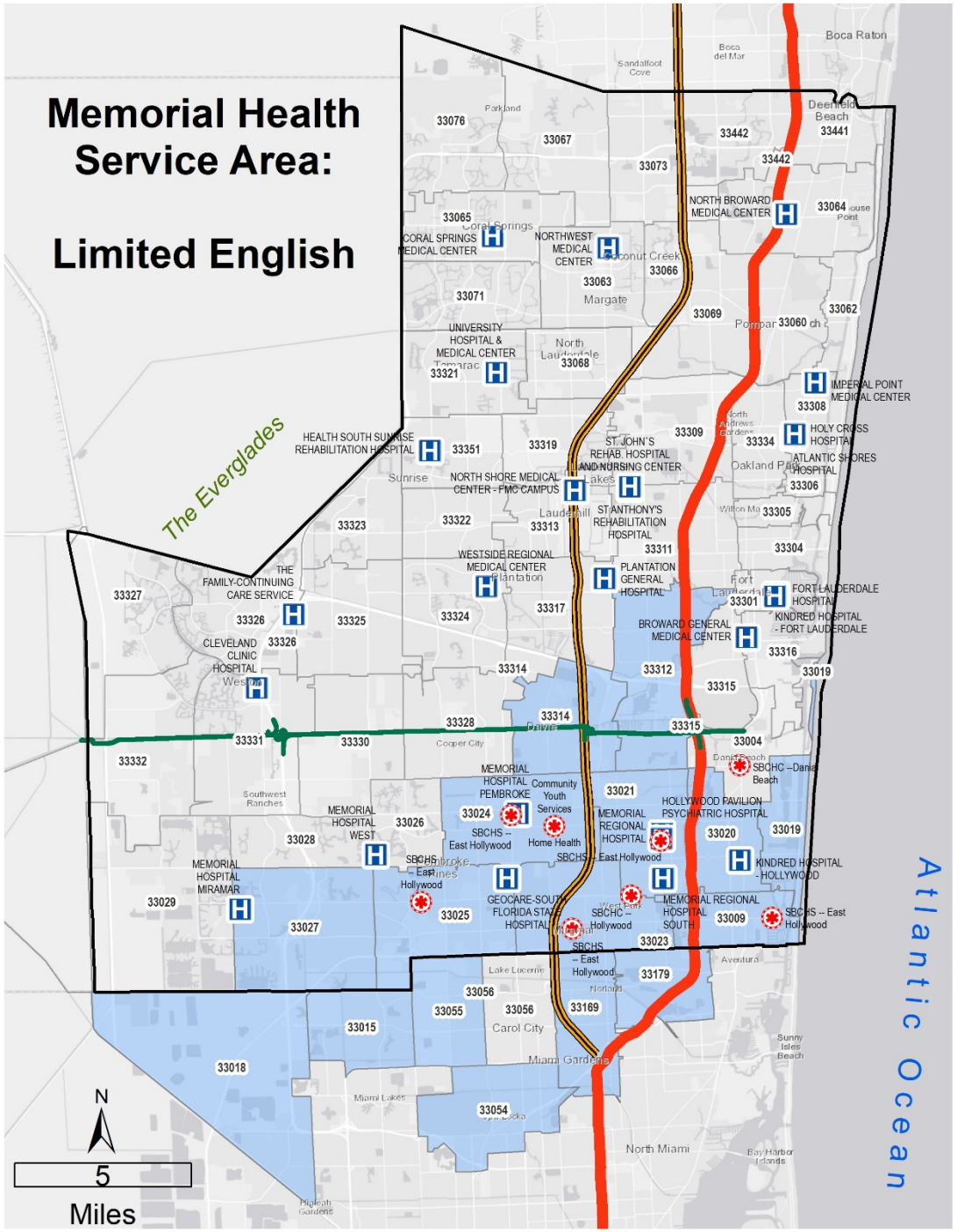
Data:

Threshold > 24.9% Black population across all 60 ZCTAs.

Only above threshold rates shown.

Source: ACS 2016 5yr

MHS: Limited English



Census ZCTA

Limited English

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

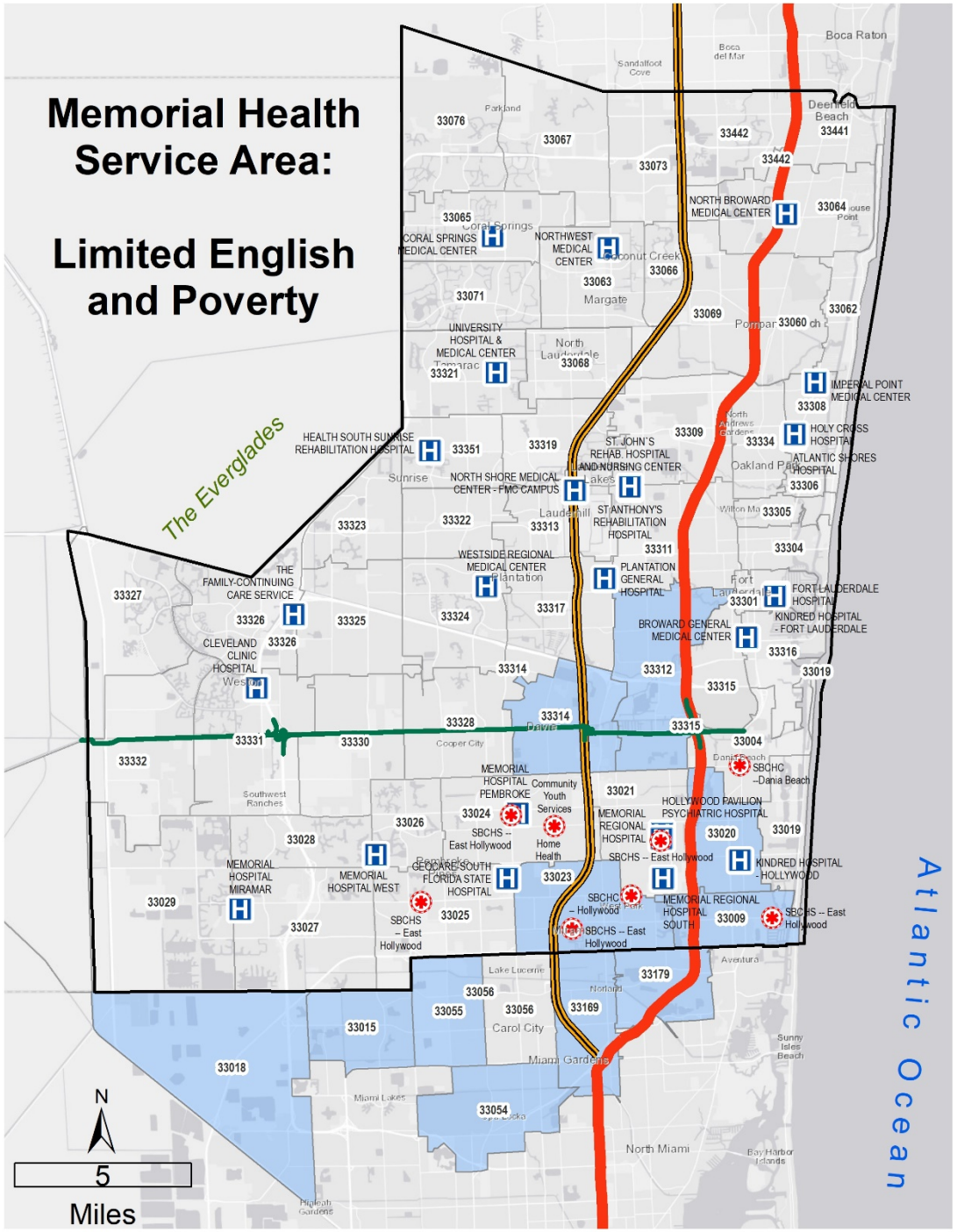
Data:

Threshold > 9.3% across all 60 ZCTAs.

Only above threshold rates shown.

Source: ACS 2016 5yr, Table S1602 LIMITED ENGLISH SPEAKING HOUSEHOLDS.

MHS: Limited English and Poverty



Census ZCTA

Limited English and Poverty

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

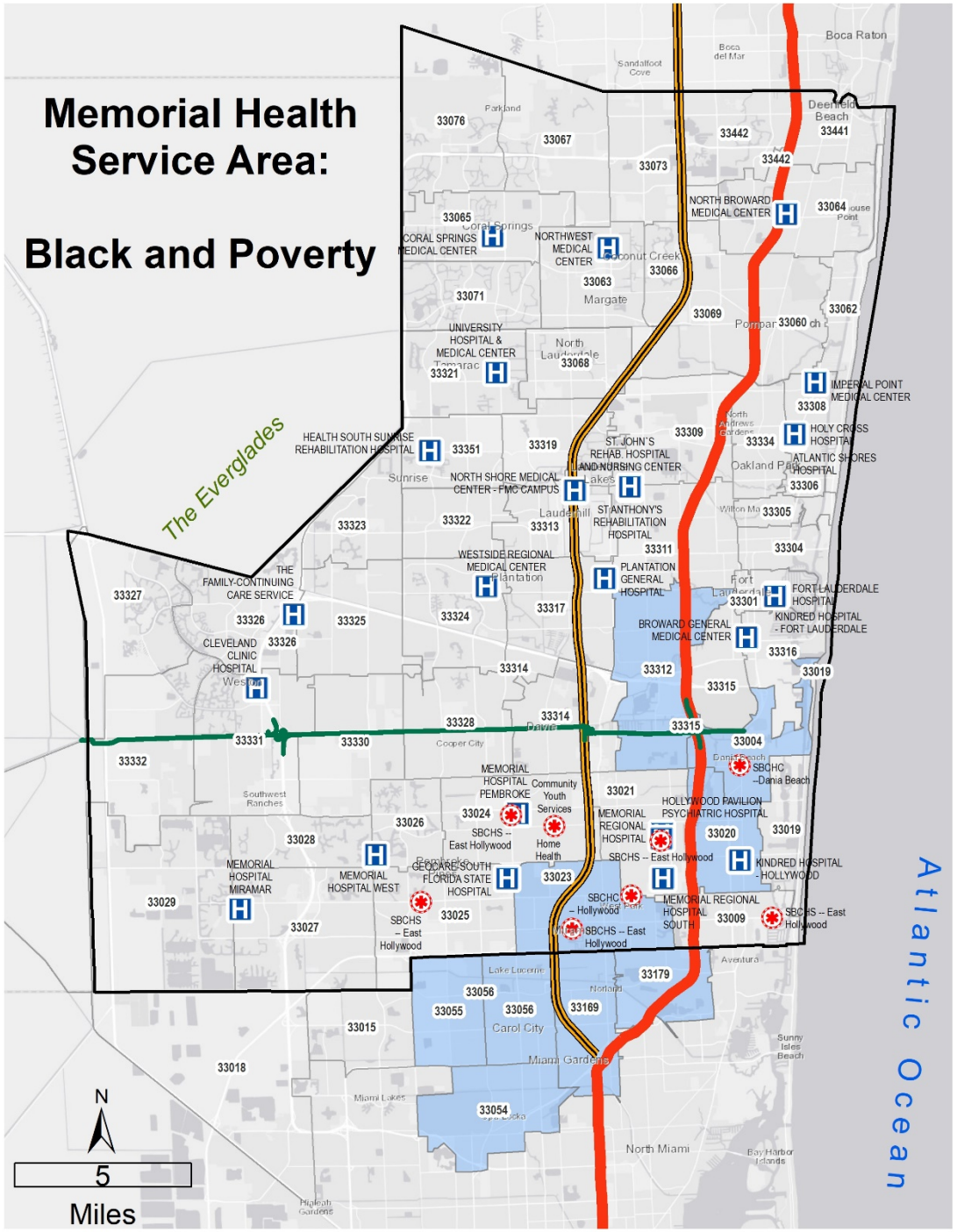
Data:

Threshold > 9.3% Limited English and > 11.4% Poverty across all 60 ZCTAs.

Only above threshold rates shown.

Source: ACS 2016 5yr, Table S1602 LIMITED ENGLISH SPEAKING HOUSEHOLDS and Table DP03, Social and Economic Characteristics.

MHS: Black and Poverty



Census ZCTA

Black and Poverty

Hospitals

MHS Satellite Sites

Griffin Road

Major Freeways

I-95

TURNPIKE

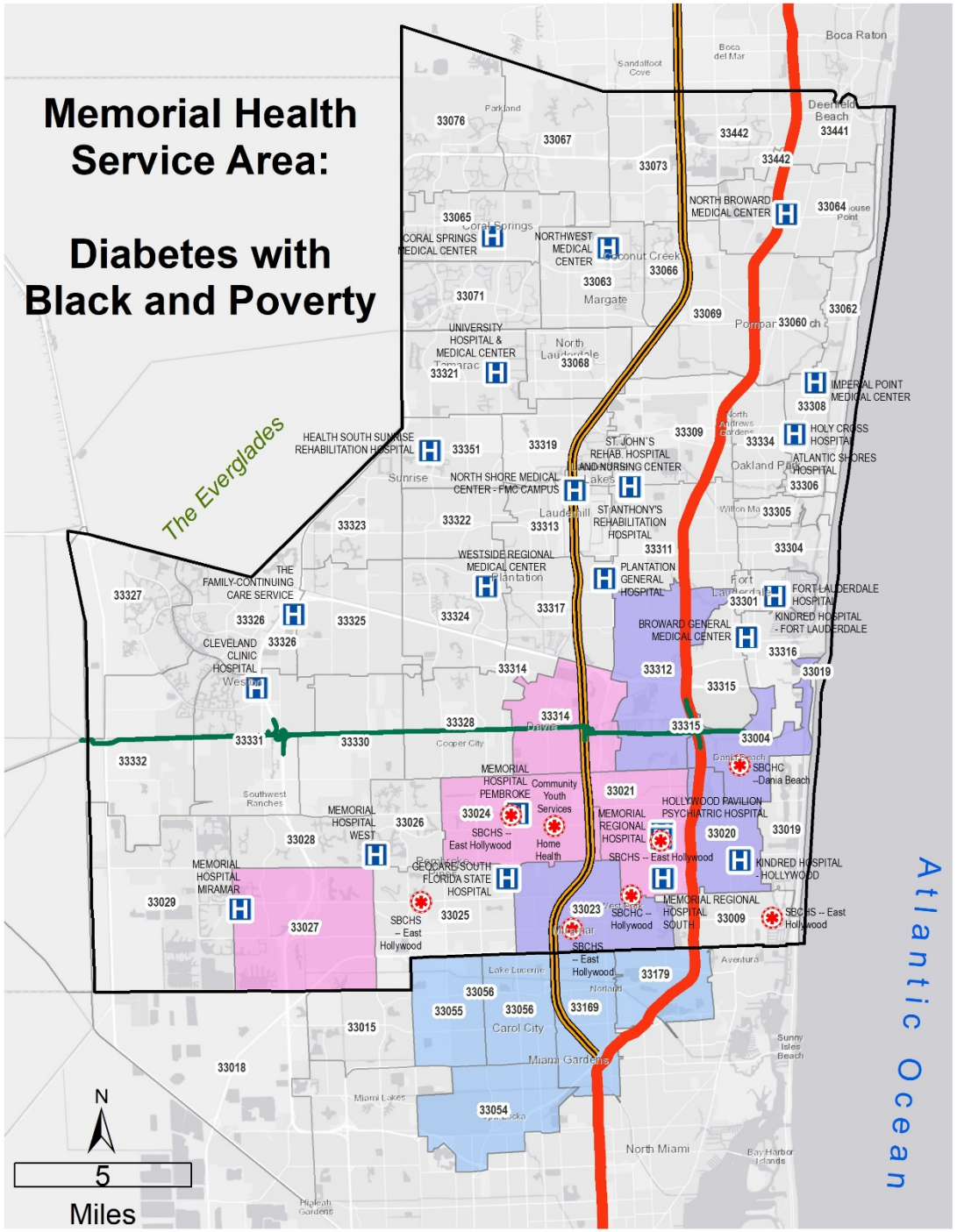
Data:

Threshold > 24.9% Black Population and > 11.4% Poverty across all 60 ZCTAs.

Only above threshold rates shown.

Source: ACS 2016 5yr, Table DP03, Social and Economic Characteristics.

MHS : Diabetes, Black and Poverty



Census ZCTA

MHS Satellite Sites

Hospitals

Griffin Road

Major Freeways

I-95

TURNPIKE

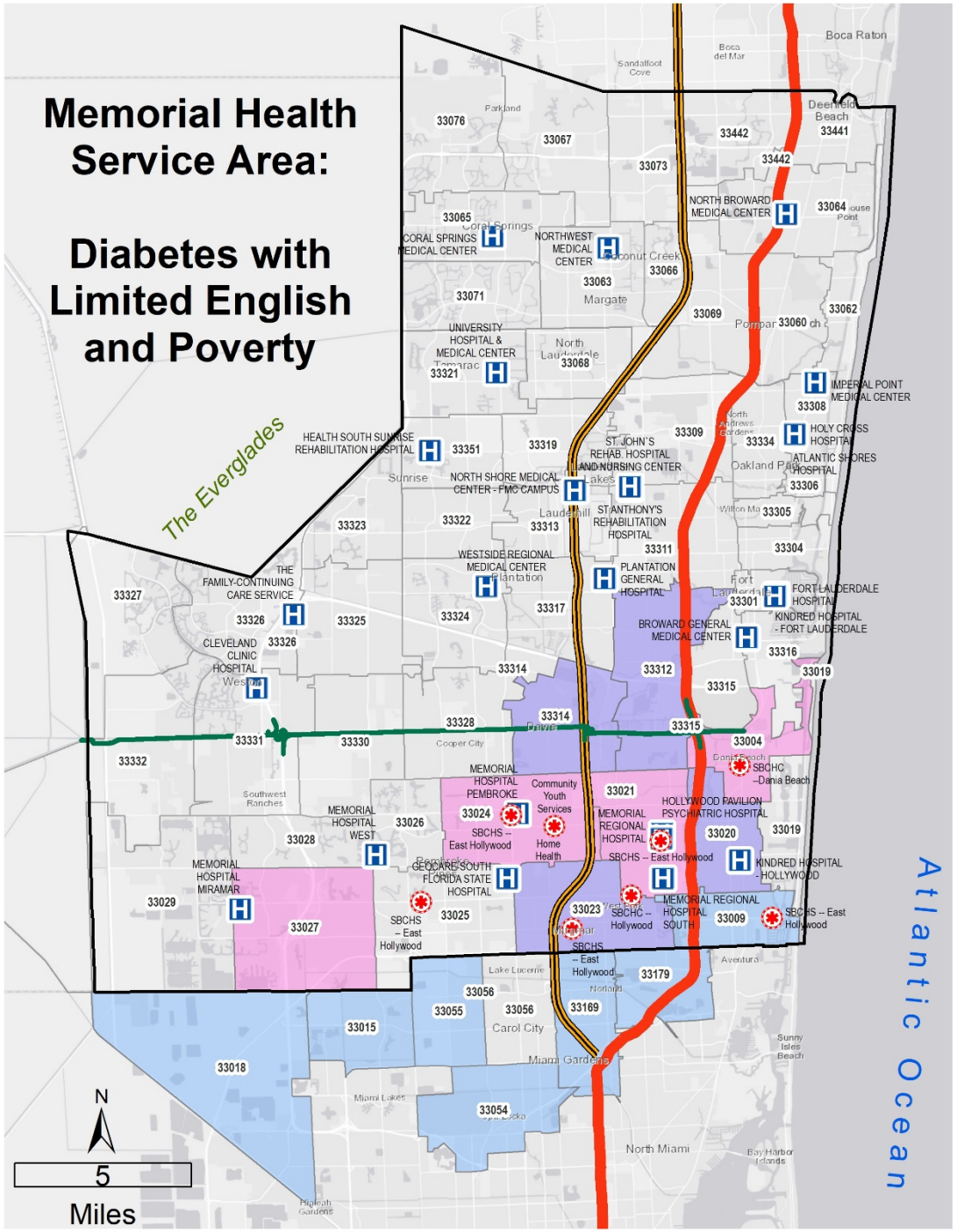
Memorial Health Service Area

Black and Poverty

Diabetes

Overlap: Diabetes, Black and Poverty

MHS : Diabetes, Limited English and Poverty



Census ZCTA

MHS Satellite Sites

Hospitals

Griffin Road

Major Freeways

I-95

TURNPIKE

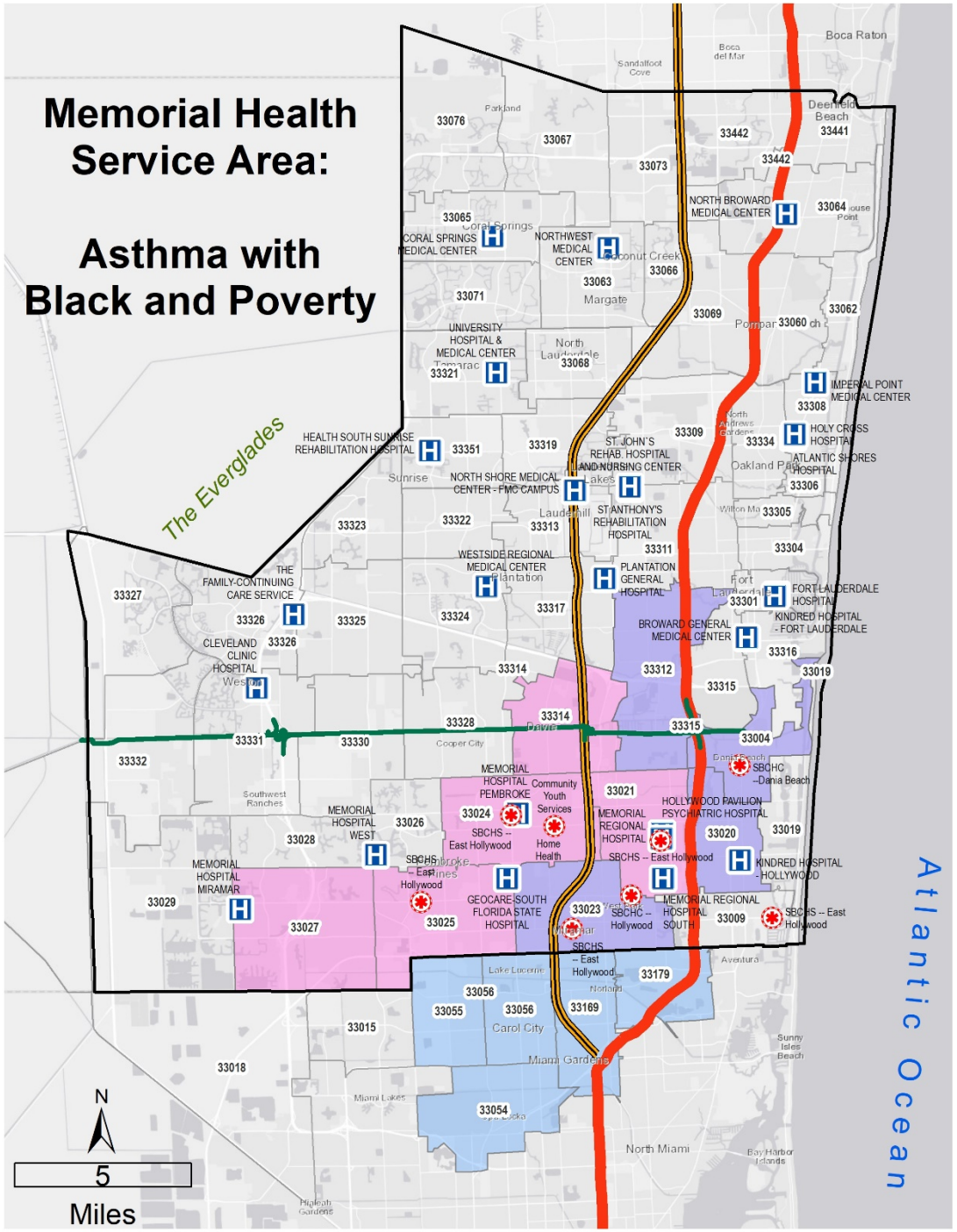
Memorial Health Service Area

Limited English and Poverty

Diabetes

Overlap: Diabetes, Limited English and Poverty

MHS : Asthma, Black and Poverty



Census ZCTA

MHS Satellite Sites

Hospitals

Griffin Road

Major Freeways

I-95

TURNPIKE

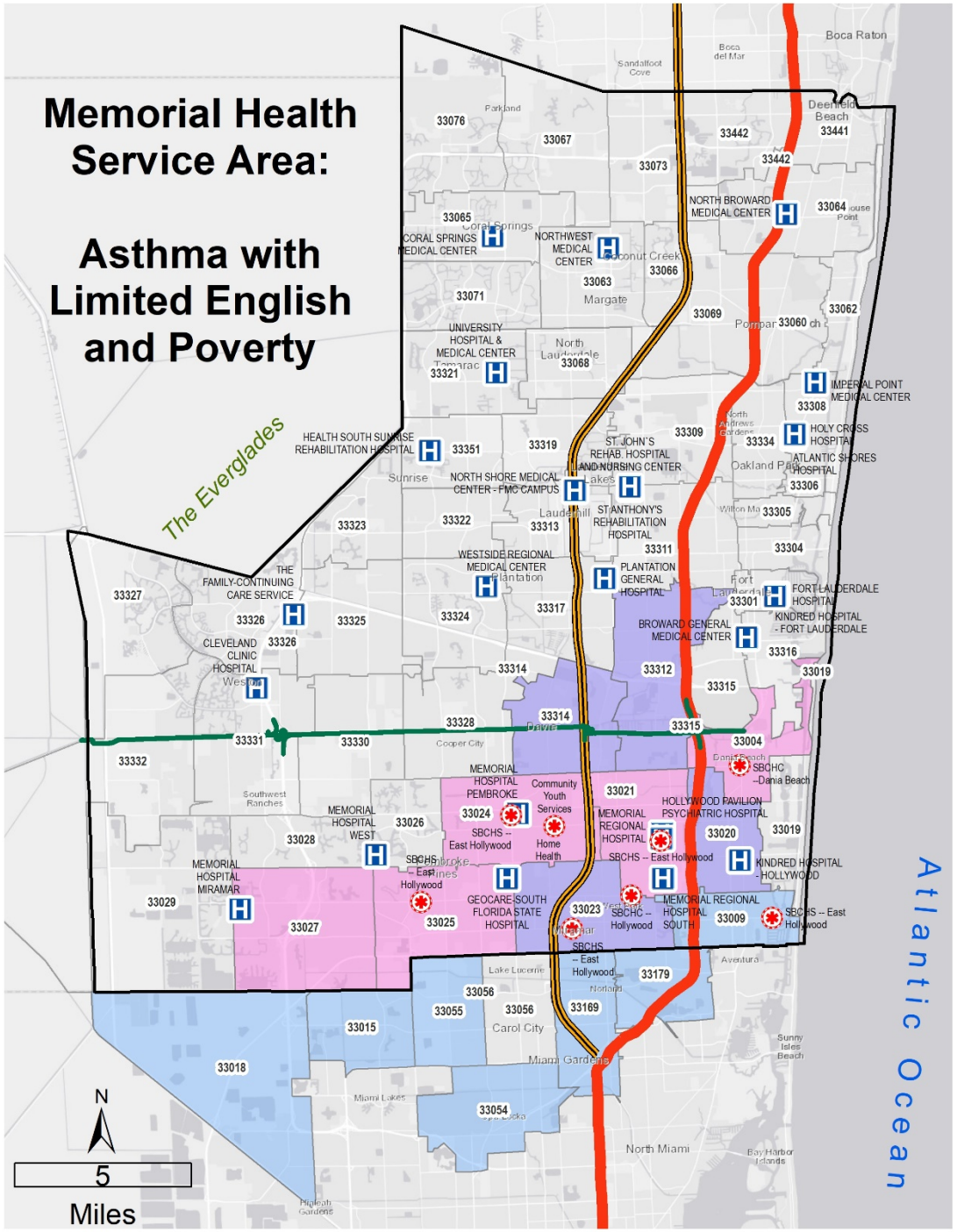
Memorial Health Service Area

Limited English and Poverty

Asthma

Overlap: Asthma, Black and Poverty

MHS : Asthma, Limited English and Poverty



Census ZCTA

MHS Satellite Sites

Hospitals

Griffin Road

Major Freeways

I-95

TURNPIKE

Memorial Health Service Area

Limited English and Poverty

Asthma

Overlap: Asthma, Limited English and Poverty

Recommendations and Conclusion

As Broward County continues to grow in diversity, the areas of need for the community remain complex. The recommended next steps for MHS are to 1) Develop an Action Plan for identified priorities; 2) Closely monitor changes in the Affordable Care Act and explore partnership opportunities; 3) Present the results to the community; 4) Implement and track improvements over the next three years; and 5) Report back to the community.

Part of the action plan should address the challenges that remain as more residents become insured. Specifically, there continues to be a need to educate the community about navigating the health insurance system with consideration for the ethnic and cultural diversity that exists in the Broward County community. Also, elements of the action plan should take into account emergency preparedness as hospitals are pivotal players during times of crisis.

For More Information

For more information, contact:

Regine Kanzki, MPH

Division Director

rkanzki@brhpc.org

www.brhpc.org

BOARD OF DIRECTORS

Barbara Effman, MPH **Chair**	**David Roach, BA** **Vice Chair**
John Benz, MBA **Secretary**	**Cyril Blavo, D.O.** **Treasurer**
Lee Chaykin, FACHE	Mark Dissette, MBA
Albert C. Jones, MA	Leilani Kicklighter, MBA, ARM, RN
Daniel Lewis	Samuel F. Morrison, BA, MLS
Tiana Blount, MHA	Cary Zinkin, DPM

Michael De Lucca, MHM
President and CEO

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
(954) 561 - 9681