

Compendium of Findings for Memorial Healthcare System's Community Health Needs Assessment (CHNA), 2021-2024

Prepared for



Memorial Healthcare System

Prepared by



Broward Regional Health Planning Council, Inc.

September 7, 2021

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Executive Summary

As a part of IRS regulations, hospital organizations are required to conduct a community health needs assessment that 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 of Florida 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 2020 to May 2021. Over 60 individuals participated in total.

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.

During the final meeting, members of the Advisory Council reviewed the data collected throughout the CHNA process, deliberated, and suggested the following priorities for MHS’s consideration toward developing a community impact implementation plan for the next 3 years:

Access to Care	<ul style="list-style-type: none"> • Re-engage community to resume control of their health for routine care and preventative screening • Expand Memorial Healthcare services and increase community awareness • Continue to expand telehealth and digital services • Increase access to legal and navigation services
Preventative Care	<ul style="list-style-type: none"> • Reduce the use of vaping focus on vulnerable, and at-risk populations including adolescents • Increase community awareness of Mental Health and Substance Abuse Program service options
Community Health Education	<ul style="list-style-type: none"> • Improve quality of life, promote self-care management, and increase preventative screenings • Reduce the incidence of low birthweight and negative birth outcomes
Quality of Care	<ul style="list-style-type: none"> • Address race and health equity as it relates to the patient perception of receiving quality of care • Specific focus on health equity by integrating participatory research regarding race and implicit bias • Implement strategies identified as part of the 2021 MHS Diversity and Inclusion Plan

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

Presentation 1:

The CHNA Process & Broward County Level Quantitative Data (Part 1)

The first MHS CHNA presentation covered five topics, sequentially: (1) an overview of CHNA Process, (2) Broward County Demographics, (3) Income, Housing, & Employment, (4) Public Assistance, (5) Education. As with all other meetings for MHS's CHNA process, this meeting was conducted virtually using an instance of the Microsoft Teams software suite by the Broward Regional Health Planning Council.

At the outset of the first meeting, leadership from Memorial Health System and Broward Regional Health Planning Council oriented all advisory council members to the overall process and need for a community health needs assessment, the plan and vision for the assessment process, expected deliverables and discussion. A brief orientation to the virtual meeting process was also provided to assist advisory board members with the process for participating.

Broward County Demographics: Income, Housing, Employment, Public Assistance, Education

A high-level overview of Broward County's demographics was provided, including data relating to the composition of the population, birth rates and death statistics, employment, public assistance services utilization, and educational attainment was presented. Data for this presentation were source from the U.S. Census American Community Surveys and the FL state Department of Health's FL CHARTS database.

In organizing and analyzing the data, each dataset or component was stratified by categories relevant to social vulnerability and social determinants of health to the greatest extent possible, including age, gender, race and ethnicity. Maps were presented of the primary and secondary service area for Memorial Health System based upon the zip codes of highest utilization and incorporated to provide a visual and graphical representation of the demographic overview and geography of Broward county.

The data presented may be found below, including summary slides of the presentation highlights on the last few slides.

Presentation 1 Slides: The CHNA Process & Broward County Quantitative Data (Part 1)



**Memorial
Healthcare System**

2021 - 2024
Community Health Needs Assessment

Prepared By:



BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS



**Memorial
Healthcare System**

1



Leadership Team

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President and Chief Executive Officer

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East Operations, Executive Vice President

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Vice President, Ambulatory Program and Community Services

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Executive Director, Community Services



Housekeeping Items

Due to a virtual meeting,
please note the following items:



Mute microphone

Participants will automatically
be muted to reduce
background noise



Raise hand

The "raise hand" option will
notify the presenter of any
questions that may arise



Chat Box

Use the chat box to ask
questions or request
additional clarification



Questions?

Please save questions until the
end of each slide

The screenshot shows a Microsoft Teams meeting window titled "Meeting with Shira Fowlkes". The interface includes a top navigation bar with icons for participants, chat, gallery view, and a "Leave" button. Below the navigation bar are three main panels: "Participants" (left), "Meeting chat" (middle), and "In this meeting (1)" (right). The "Participants" panel lists Nicolette Duong and Shira Fowlkes (Organizer). The "Meeting chat" panel shows a message from Shira Fowlkes. The "In this meeting (1)" panel shows Nicolette Duong with icons for hand raise and mute. Numbered callouts 1, 2, 3, and 4 point to the Participants panel, Meeting chat panel, meeting controls panel, and the "Leave" button, respectively.

Microsoft Teams

Participants should be familiarized with the four main icons presented on the screen

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Meeting Dates

Agenda



December 16 th 2020	January 13 th 2021	February 10 th 2021	March 10 th 2021	April 7 th 2021	May 12 th 2021
<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Summary of Data, Needs, and Gaps 2. Stakeholder Discussion 3. Prioritization Process

Disclaimer: Broward's Health Story Map to be included upon analysis



Community Health Needs Assessment, Main Topics

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

Why Do A Community Needs Assessment ?

Affordable Care Act	The Joint Commission Standards	IRS Form 990 Requirement	Opportunity
<p>Section 501(r)(3) requires a community health needs assessment (CHNA) at every three years</p> <p>An implementation strategy to meet the community health needs identified through the CHNA</p>	<p>The needs of the community must guide service delivery</p>	<p>Manner in which community information and health care needs are assessed</p>	<p>Identify unmet community needs to improve the health of vulnerable Populations</p> <p>Improve coordination of hospital with other efforts to improve community health</p>



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

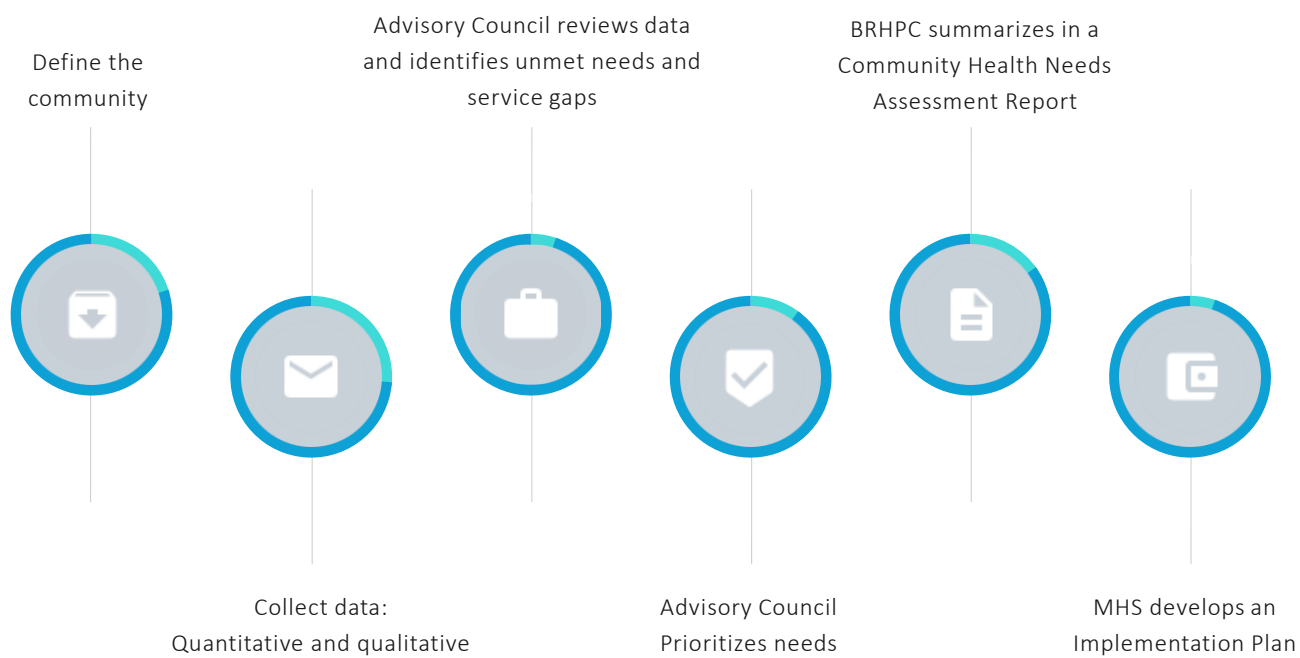


A **prioritized** description of all of the community health needs identified through the CHNA



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

Process



Defining
the Community



1. Memorial
Regional
Hospital



2. Memorial
Regional
Hospital South



3. Memorial
Hospital
Pembroke



4. Memorial
Hospital
West



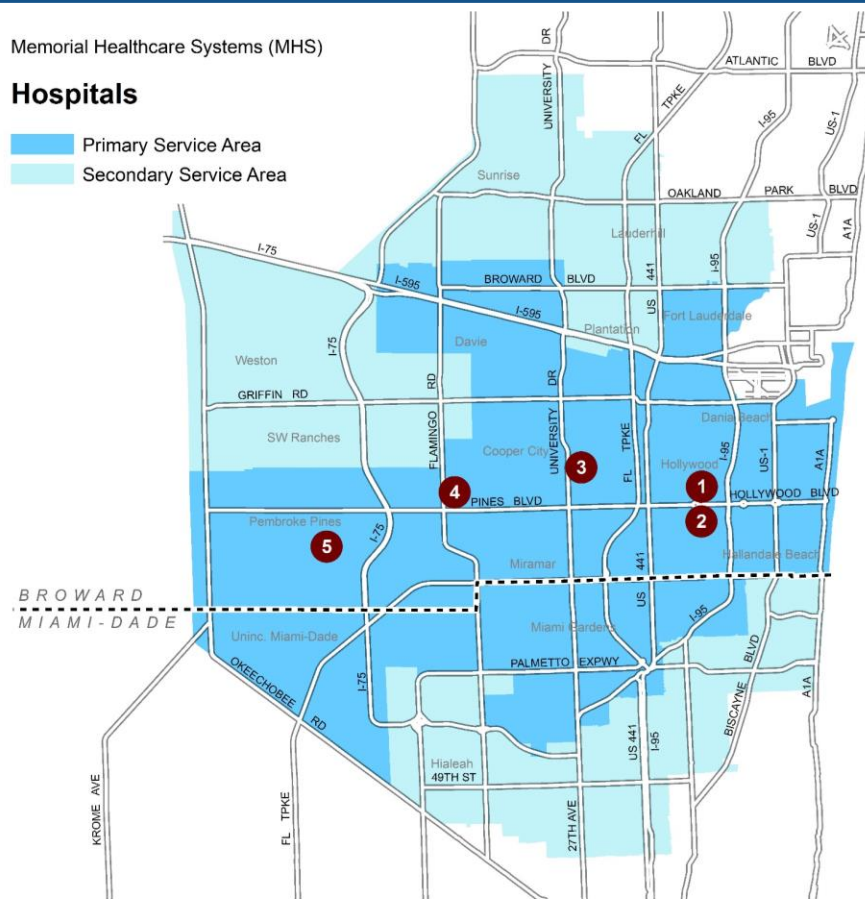
5. Memorial
Hospital
Miramar



Memorial Healthcare Systems (MHS)

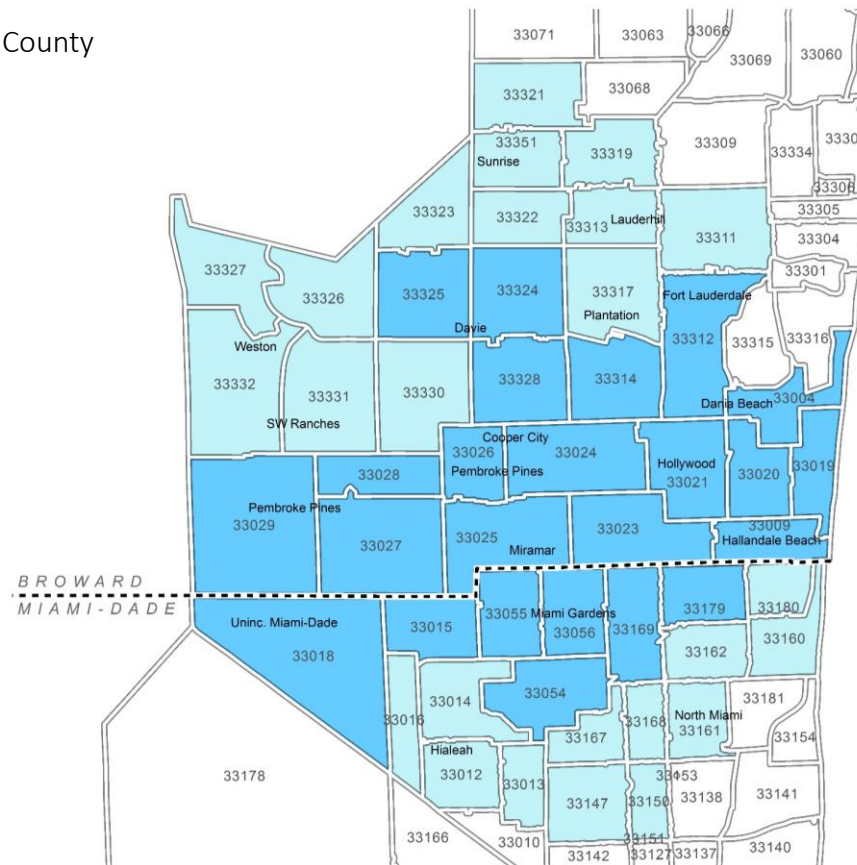
Hospitals

- Primary Service Area
- Secondary Service Area



Defining the Community – South Broward County
MHS Service Areas

Primary	Secondary
33004	33012
33009	33013
33015	33014
33018	33016
33019	33147
33020	33150
33021	33160
33023	33161
33024	33162
33025	33167
33026	33168
33027	33180
33028	33311
33029	33313
33054	33317
33055	33319
33056	33321
33169	33322
33179	33323
33312	33326
33314	33327
33324	33330
33325	33331
33328	33332
-----	33351



Data Collection and Presentation



Quantitative Data

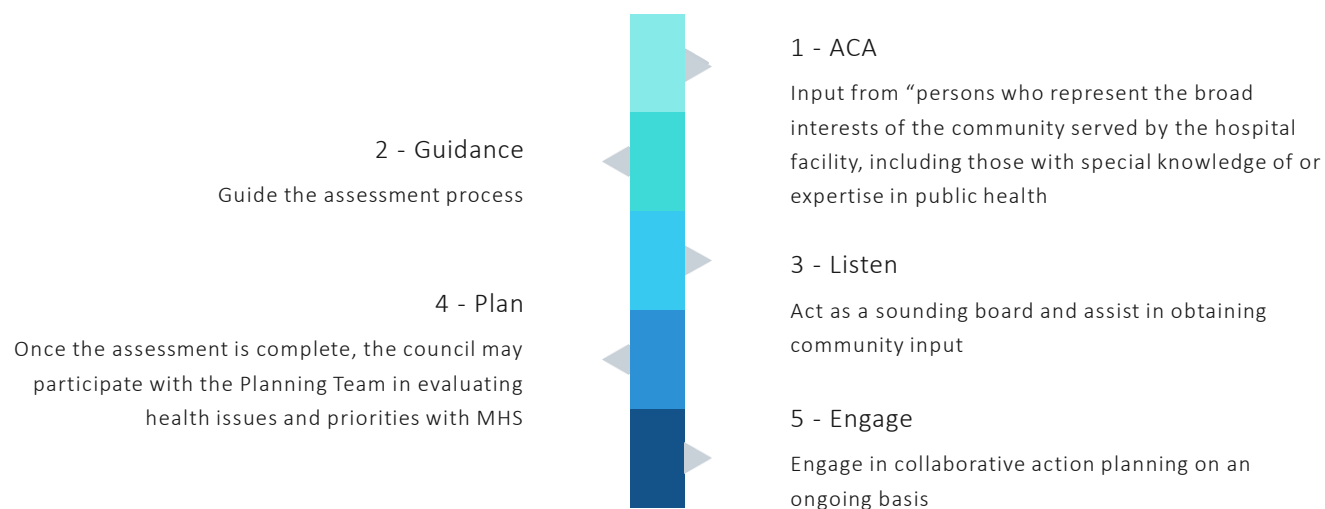
- U.S. Bureau of Census
- American Community Survey
- Florida Charts
- Broward Regional Health Planning Council Health Data Warehouse
 - Broward and Memorial Healthcare System Data
 - Hospital Utilization
 - Chronic Diseases
 - Prevention Quality Indicators (children and adults)
 - Diagnosis Related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



Qualitative Data

- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance Survey
- 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



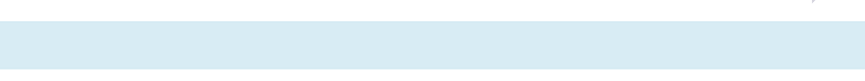
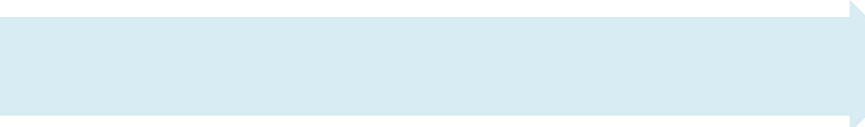
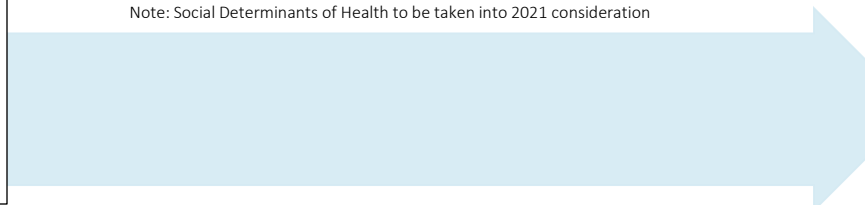
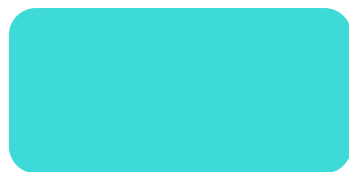
Prioritizing the Need – 2018 Decision

Prioritizing the Need – 2018 Decision		Data Source
<p>Access to Care</p> <ul style="list-style-type: none"> • 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. 		<p>Qualitative:</p> <ul style="list-style-type: none"> ✓ Focus Groups ✓ Key Informants ✓ Community Conversations <p>Quantitative:</p> <ul style="list-style-type: none"> ✓ US Bureau of the Census ✓ BRHPC Health Data Warehouse ✓ Florida Charts
<p>Preventive Care</p> <ul style="list-style-type: none"> • 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 		<p>Qualitative:</p> <ul style="list-style-type: none"> ✓ Focus Groups ✓ Key Informants <p>Quantitative:</p> <ul style="list-style-type: none"> ✓ BRHPC Health Data Warehouse ✓ Florida Charts
<p>Community Health Education</p> <ul style="list-style-type: none"> • 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 		<p>Qualitative:</p> <ul style="list-style-type: none"> ✓ Focus Groups ✓ Key Informants <p>Quantitative:</p> <ul style="list-style-type: none"> ✓ BRHPC Health Data Warehouse ✓ Florida Charts
<p>Quality of Care</p> <ul style="list-style-type: none"> • 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 		<p>Qualitative:</p> <ul style="list-style-type: none"> ✓ Focus Groups ✓ Community Conversations <p>Quantitative:</p> <ul style="list-style-type: none"> ✓ BRHPC Health Data Warehouse ✓ Florida Charts
<p>Emergency Response</p> <ul style="list-style-type: none"> • Design and implementation of an all-hazard regional response and recovery system • Education of first responders through simulation 		<p>Qualitative:</p> <ul style="list-style-type: none"> ✓ Focus Groups

Prioritizing the Need – 2021 TDB

Note: Social Determinants of Health to be taken into 2021 consideration

NOTE: The completed needs prioritization appears in Presentation 6 at the end of this document.



Data Source	
Qualitative:	
Quantitative:	
Qualitative:	
Quantitative:	
Qualitative:	
Quantitative:	
Qualitative:	
Quantitative:	

The Final Report

Executive Summary

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



County Level Quantitative Data



Demographics



2021 - 2024
Community Health Needs Assessment

Broward County & Florida Population, 2019

- Compared to Florida rates, Broward County has a lower white population (-14%) and higher black population (+12.8%)

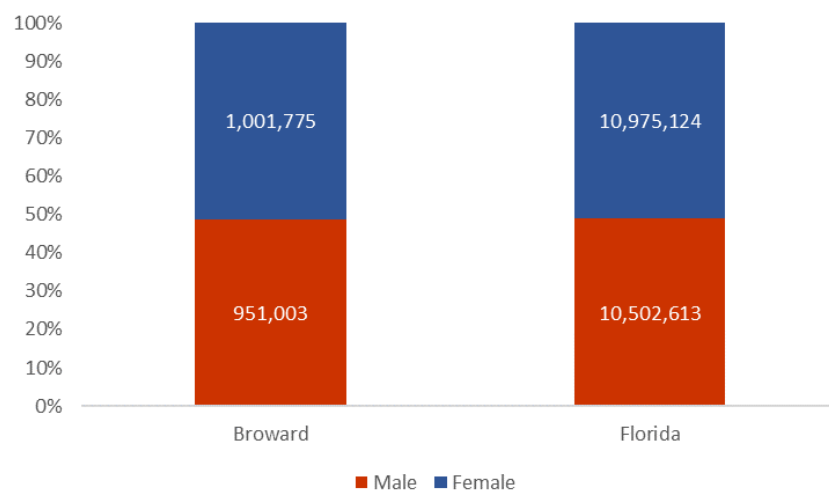
2019	Broward		Florida	
	Number	Percent	Number	Percent
Total Population	1,952,778	100.0%	21,477,737	100.0%
Male	951,003	48.7%	10,502,613	48.9%
Female	1,001,775	51.3%	10,975,124	51.1%
0-19	449,139	23.0%	4,746,580	22.1%
20-64	1,167,761	59.8%	12,263,788	57.1%
65+	333,925	17.1%	4,510,325	21.0%
White	1,181,431	60.5%	16,000,914	74.5%
Black	562,400	28.8%	3,436,438	16.0%
Asian	72,253	3.7%	601,377	2.8%
Other	60,536	3.1%	730,243	3.4%
Hispanic or Latino (of any race)	478,431	24.5%	5,670,123	26.4%

Source: US Census Bureau, American Community Survey 2019.



Population by Gender - Broward & Florida, 2019

- The Broward County and Florida gender percentages are comparable at around 48% male and 51% female.

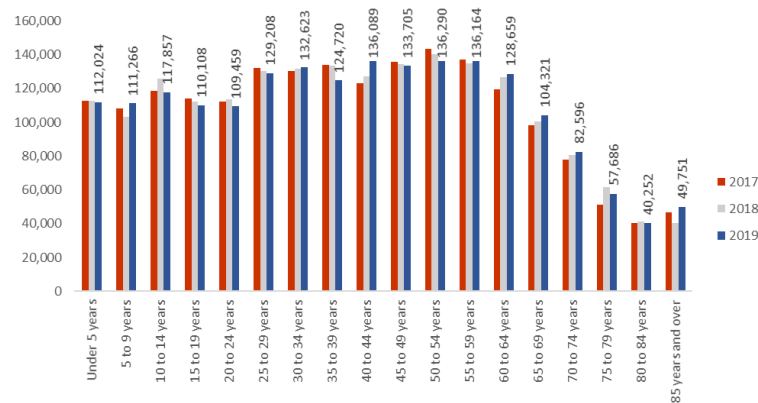


Source: US Census Bureau, American Community Survey 2019.



Broward Population by Age, 2017-2019

- The largest age demographic in the Broward County population is the 50 – 54 age group at 136,290.
- Comparing 2017 to 2019, the largest increase in population change is noted in the 40 – 44 (+12,960), 60 – 64 (+8,966), and 75 – 79 (+6,518) age group. The largest decrease is seen in 15 – 19 (-4,100), 35 – 39 (-9,408), and 50 – 54 (-6,993) age group.

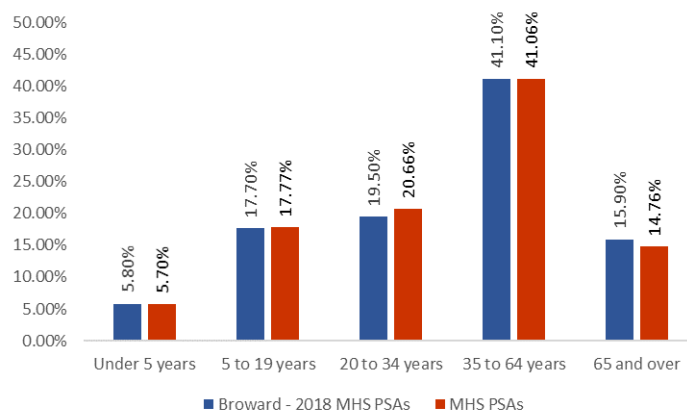


Source: US Census Bureau, American Community Survey 2017-2019.



MHS Primary Service Area Demographics County Comparison by Age, 2014-2018 (5-yr estimate)

- The largest age demographic is the 35 – 64 age group, which represents around 41% of the population in both Broward County and Memorial Healthcare System.

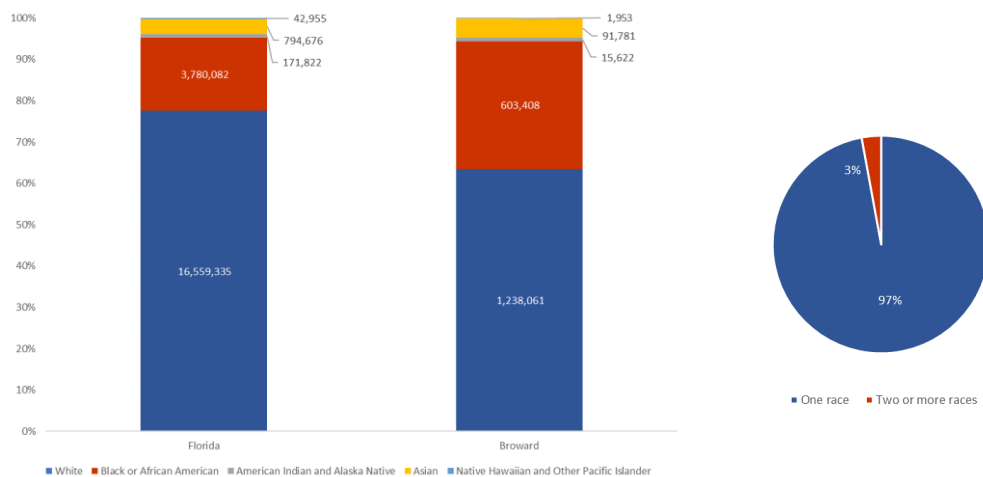


Source: US Census Bureau, American Community Survey 2014-2018.



Population by Race-Broward & Florida, 2019

- The top two races of the Broward County and Florida population are White and Black or African American. In Broward County, the population are respectively 1,238,061, 603,408, and 91,781.

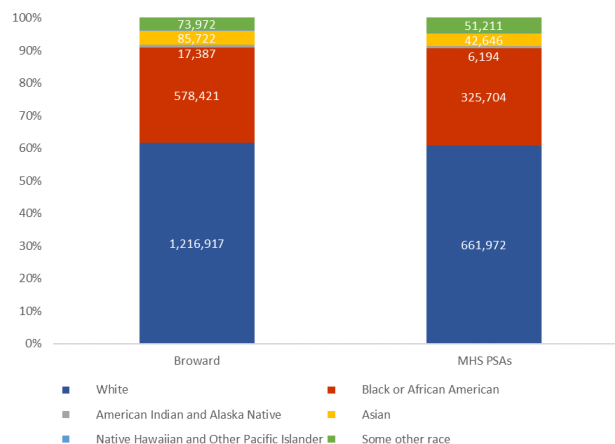


Source: US Census Bureau, American Community Survey 2019.



MHS Primary Service-Area Demographics County Comparison by Race, 2014-2018 (5-yr estimate)

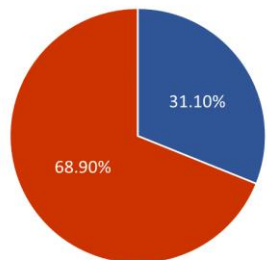
- The top two races of the Broward County and MHS PSAs ranks are White and Black or African American. In MHS, the population is respectively 661,972 and 325,704.



Source: US Census Bureau, American Community Survey 2014-2018.



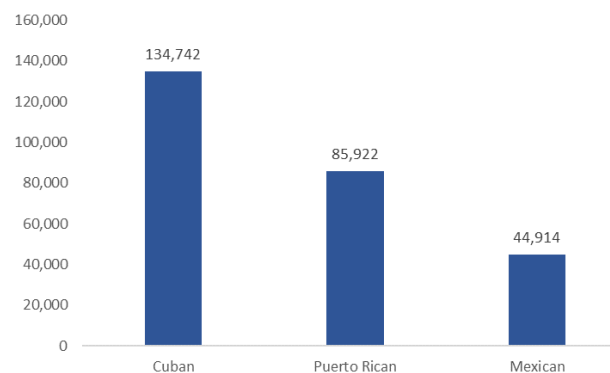
Population by Hispanic or Latino Origins Broward County, 2019



■ Hispanic or Latino (of any race)
■ Not Hispanic or Latino

607,314 of Broward County residents identify as being **Hispanic or Latino** decent, this is an increase from the 2016 Census (548,310 – 10.8%).

44% of Broward County's total Hispanic or Latino population are of the following origins:



Source: US Census Bureau, American Community Survey 2019.



MHS Primary Service-Area Demographics County Comparison by Ethnicity, 2014-2018 (5-yr estimate)

- In both Broward County and MHS, a majority of population's ethnicity identifies as Not Hispanic or Latino. In MHS, this population represents around 40%.

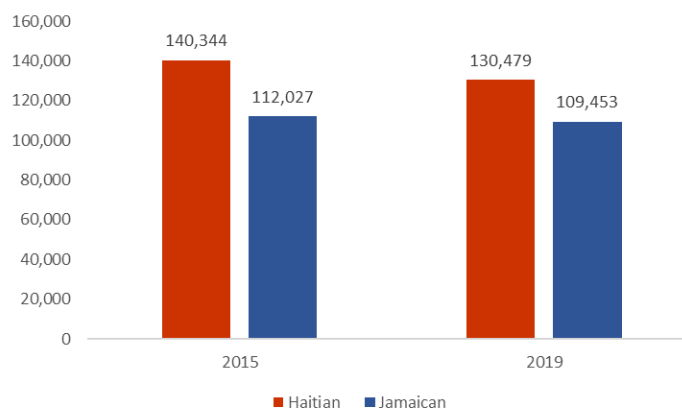


Source: US Census Bureau, American Community Survey 2014-2018.



Jamaican and Haitian Origins Broward County, 2015 & 2018 Population Change

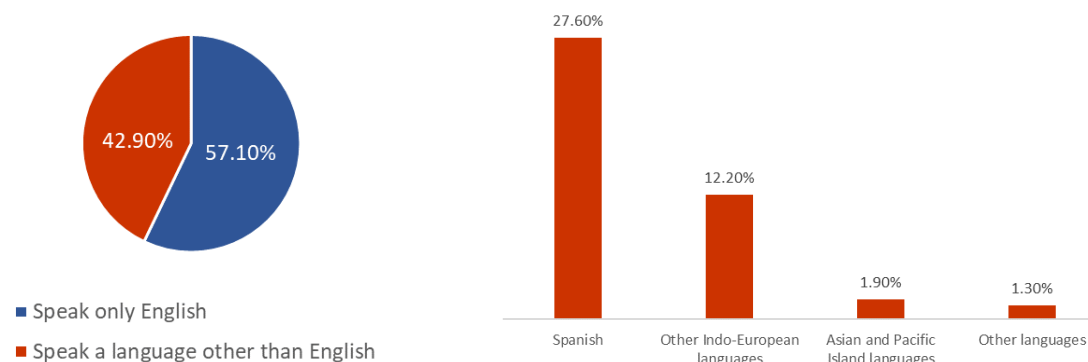
- In 2015 and 2019, the population with Haitian origins has presided Jamaican origins by 28,317 and 21,026 in Broward County.



Source: US Census Bureau, American Community Survey 2015, 2018.

Language Spoken at Home Broward County, 2019

- Only 43% of the Broward County residents speak only English. The other 57% speak Spanish, Indo-European, Asian and Pacific Island and other languages.



Source: US Census Bureau, American Community Survey 2019

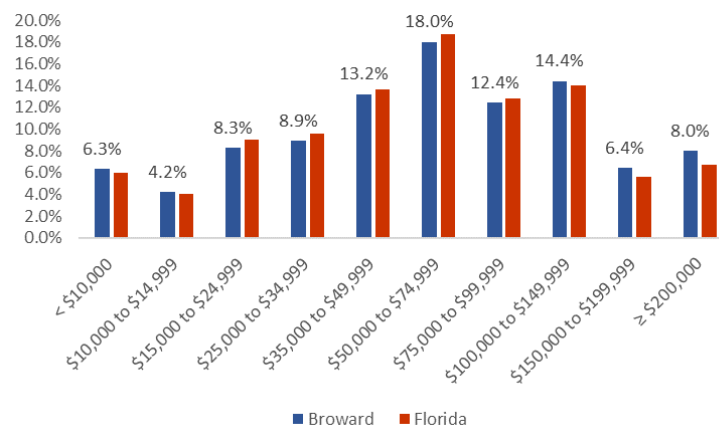
Income, Housing, & Employment



2021 - 2024
Community Health Needs Assessment

Household Income, Broward County & Florida, 2019

- From 2018 to 2019, Broward’s median income increased from \$57,278 to \$61,502
- The present household income falls in the \$50,000 to \$74,999 bracket. In Broward County, this range represents 18% of the population.

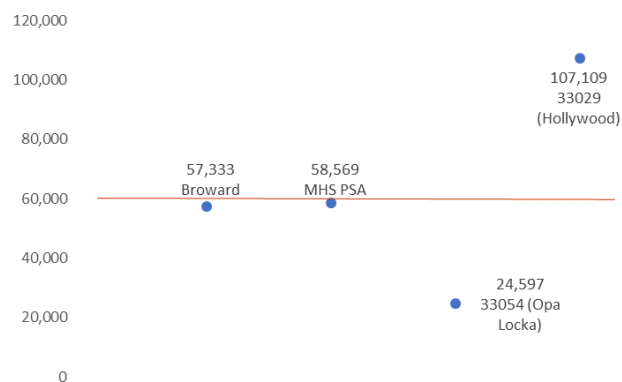


Source: US Census Bureau, American Community Survey 2019



MHS Primary Service Area Household Income 2018 (5-yr estimate)

- The MHS average household income is similar to Broward County at \$58,569 in 2018. The highest income is seen in Hollywood at \$107,109 and lowest in Opa Locka at \$24,597.



Source: US Census Bureau, American Community Survey 2018

Income Below Poverty Level in the Past 12 Months, Broward County, 2016-2018 (cont.)

- “Families with female householder, no husband present” remains the typical income below poverty level in the past 12 months in Broward County at around 18%.

	2016	2017	2018
All families	10.6%	9.4%	9.3%
With related children under 18 years	14.8%	13.1%	13.2%
With related children under 5 years only	13.1%	10.7%	14.2%
Married couple families	6.3%	6.5%	5.9%
With related children under 18 years	7.9%	7.2%	6.0%
With related children under 5 years only	6.3%	5.3%	4.0%
Families with female householder, no husband present	22.5%	17.7%	18.4%
With related children under 18 years	28.2%	25.6%	25.6%
With related children under 5 years only	30.7%	26.4%	32.6%

Source: US Census Bureau, American Community Survey 2016 - 2018



Income Below Poverty Level in the Past 12 Months, Broward County, 2016-2018 (cont.)

- 12.4 percent of all Broward residents and 16.7 percent of people under the age of 18 are living in poverty.

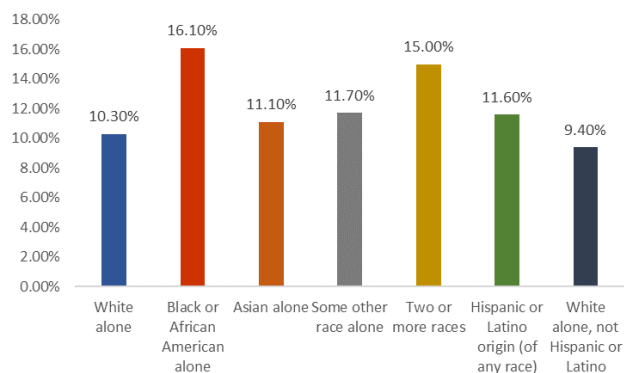
	2016	2017	2018
All people	13.5%	13.1%	12.4%
Under 18 years	18.3%	17.9%	16.7%
Related children under 18 years	17.9%	17.7%	16.5%
Related children under 5 years	21.5%	18.8%	17.5%
Related children 5 to 17 years	16.6%	17.2%	16.2%
18 years and over	12.2%	11.8%	11.3%
18 to 64 years	11.8%	11.4%	10.7%
65 years and over	13.4%	13.4%	13.7%
People in families	11.2%	10.5%	9.9%
Unrelated individuals 15 years and over	22.5%	23.1%	23.1%

Source: US Census Bureau, American Community Survey 2016 - 2018



Income Below Poverty Level in the Past 12 Months by Race/Ethnicity-Broward County, 2019

- In respect to race/ethnicities, the top incomes that fall below poverty levels in the past 12 months are Black or African American alone (16%) and two or more races (15%).



Source: US Census Bureau, American Community Survey 2019



Households by Type Broward County, 2019

- In Broward County, the president household type is a married-couple family (31%).

Total households	705,472	705,472
Married-couple family	294,922	41.80%
With own children of the householder under 18 years	100,702	14.30%
Cohabiting couple household	53,925	7.60%
With own children of the householder under 18 years	18,757	2.70%
Male householder, no spouse/partner present	137,875	19.50%
With own children of the householder under 18 years	8,088	1.10%
Female householder, no spouse/partner present	218,750	31.00%
With own children of the householder under 18 years	42,333	6.00%
Householder living alone	116,638	16.50%
65 years and over	58,837	8.30%
Households with one or more people under 18 years	196,808	27.90%
Households with one or more people 65 years and over	233,820	33.10%

Source: US Census Bureau, American Community Survey 2019



Fair Market Rent Broward & Florida, 2018-2019

- The fair market percentile in Broward County remains stable at 40 percentile.

Locality Name	Metropolitan Area Name
Broward County - 2019	Fort Lauderdale, FL HUD Metro FMR Area
Broward County - 2018	Fort Lauderdale, FL HUD Metro FMR Area

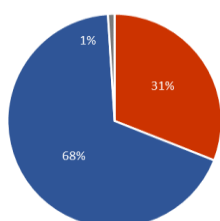
Efficiency	One-Bedroom	wo-Bedroom	Three-Bedroom	Four-Bedroom	FMR Percentile
\$950	\$1,135	\$1,444	\$2,088	\$2,536	40
\$889	\$1,086	\$1,387	\$2,015	\$2,443	40

Source: US Census Bureau, American Community Survey 2018-2019, HUD Fair Market Rent Documentation System, National Low Income Housing Coalition

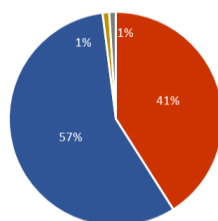


Point-in-Time Homeless Count, 2019

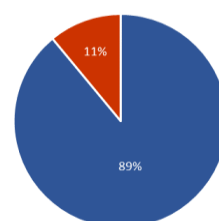
- The 2019 report shows that the total number of sheltered and unsheltered persons experiencing homelessness in Broward County has increased around 21%, from 2,318 to 2,803. The number of unsheltered persons increased by around 55.3% from 869 to 1,350.



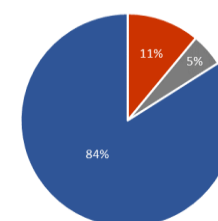
Female Male Transgendered



White African-American Multiple Races



Non-Hispanic or Latino Hispanic or Latino

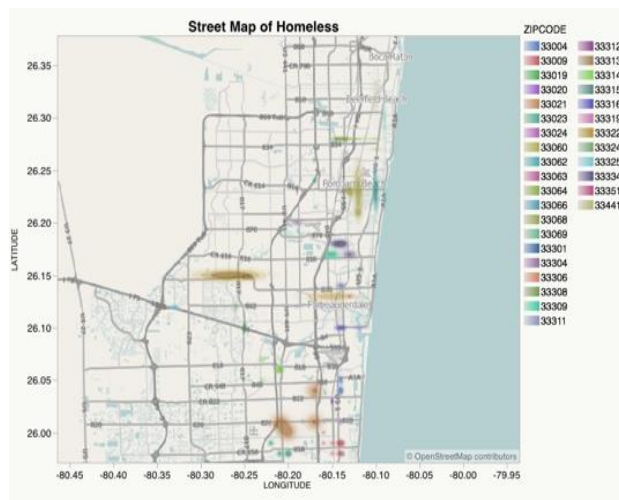


18 years 18 to 24 years 25 to 59 years

Source: Broward County Point-in-Time Count Report, 2019

Point-in-Time Homeless Count (cont.)

- The homeless count includes over 20 cities in the South Florida area.

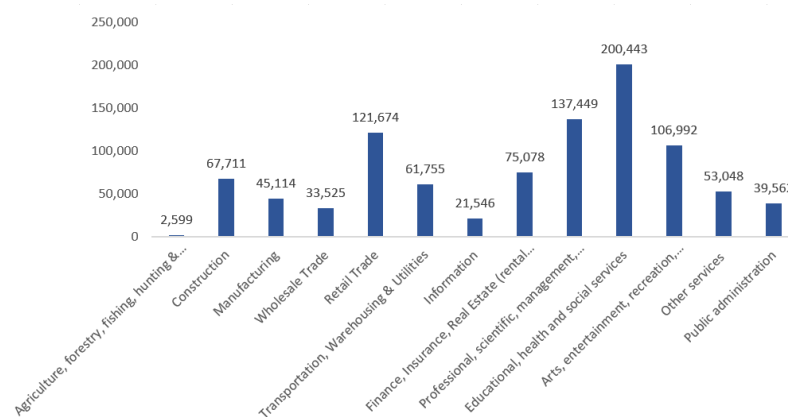


Source: Broward County Point-in-Time Count Report, 2019

City
Coconut Creek
Coral Springs
Dania
Davie
Deerfield Beach
Fort Lauderdale
Hallandale
Hillsboro Beach
Hollywood
Lauderdale-by-the-Sea
Lauderhill
Lighthouse Point
Margate
Miramar
Oakland Park
Pembroke Park
Pembroke Pines
Plantation
Pompano Beach
Sunrise
Tamarac
West Park
Wilton Manors

Employment by Industry, Broward County, 2019

- The highest employment by industry is in the educational, health, and social sciences, which represents over 200,443 jobs in Broward County.



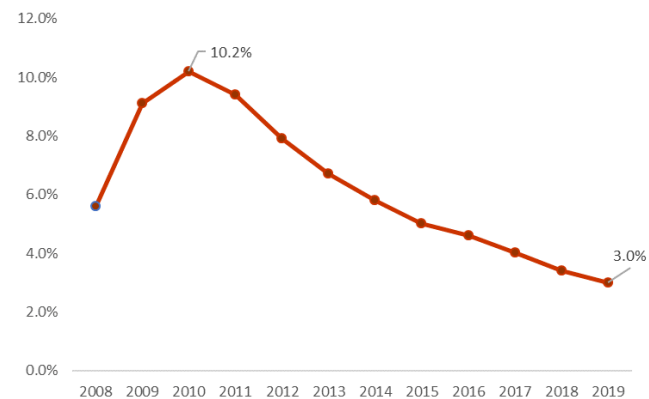
Source: US Census Bureau, American Community Survey, 2015-2019 5-Year Estimate



Unemployment Rate, Broward County 2019

- The unemployment rate in Broward County and Florida has been historically trending downwards since 2010 (-7.2%). Alongside this trend is a higher labor force and employment.

	Labor Force	Employment	Unemployment	Unemployment Rate
2015	992,392	942,412	49,980	5.0%
2016	1,004,123	957,882	46,241	4.6%
2017	1,025,093	984,473	40,620	4.0%
2018	1,036,212	1,001,293	34,919	3.4%
2019	1,040,519	1,008,813	31,706	3.0%



Source: Florida Agency for Workforce Innovation, Bureau of Labor Market Information, 2019



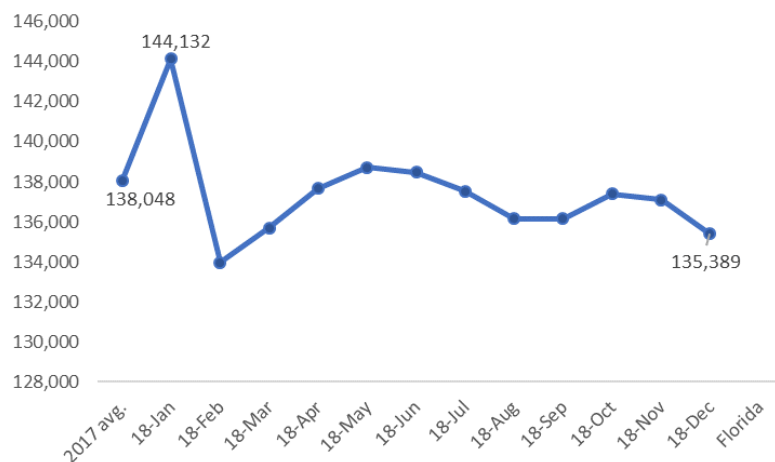
Public Assistance



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Food Stamp Households Broward County, 2017-2018

- The average Florida food stamp household in 2017 was 138,048. The highest use was in January with the remaining of the year closer to the median range of 135,389.

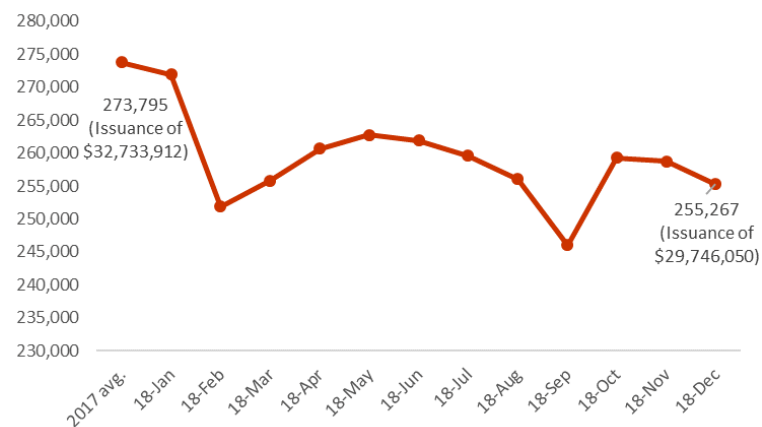


Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families, 2017-2018.



Food Stamp Clients & Issuance Broward County, 2017-2018

- The average Florida food stamp clients in 2017 was 273,795. Similar to the trend seen in household, the highest client use was in January with the remaining of the year closer to the median range of 255,267.

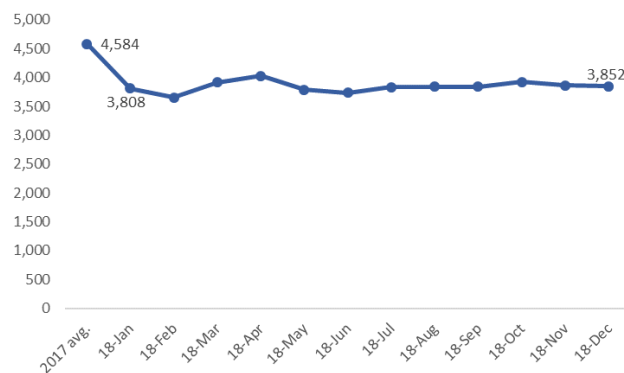


Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families, 2017-2018.



Temporary Cash Assistance for Needy Families (TANF) Number of Families, Broward County, 2017-2018

- Similar to the trend seen in household, the highest client use was in January with the remaining of the year closer to the median range of 3,852.

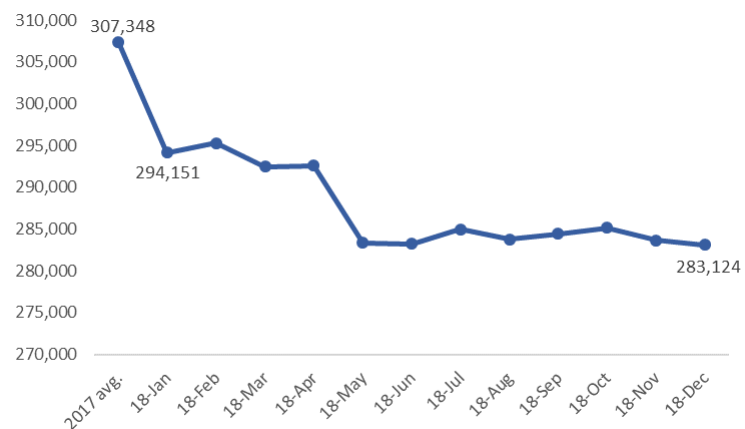


Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families, 2017-2018.



Medicaid Clients Broward County, 2017-2018

- The average Florida Medicaid clients in 2017 was 307,348. The highest client use was in January at 294,151 and the remaining of the year has a decreasing trend. The December clients were at 283,124



Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families, 2017-2018.

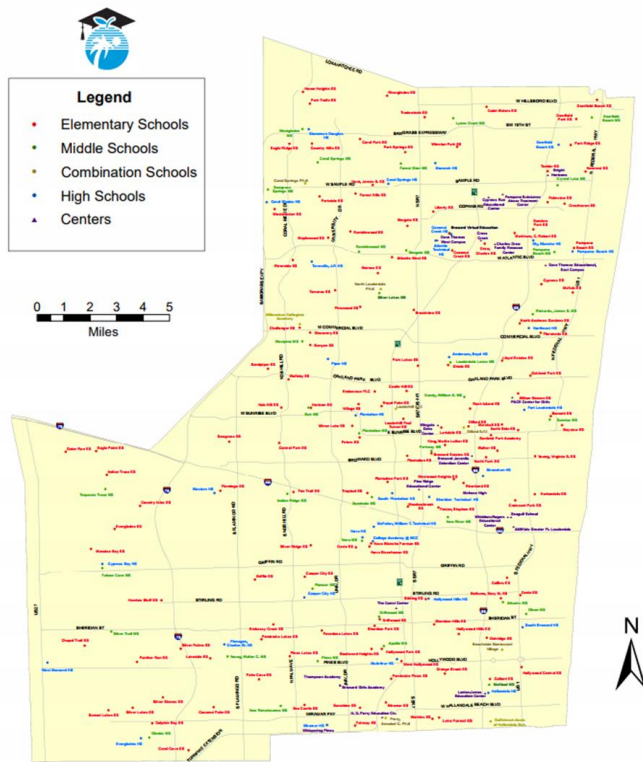


Education



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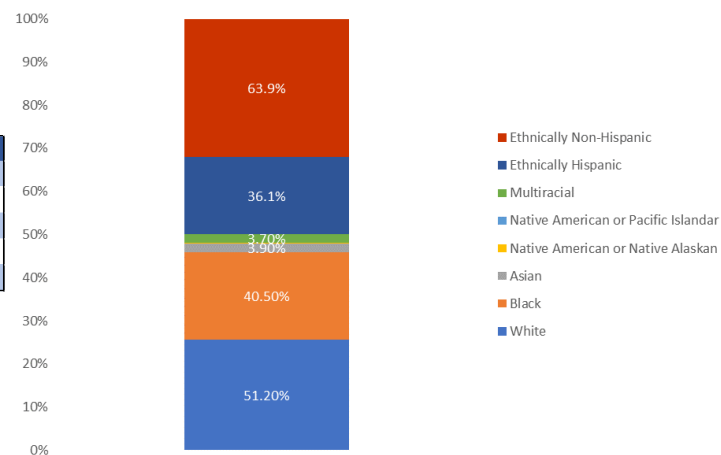
Map of Broward County School District



Broward County Public Schools Enrollment, 2017/2018 & 2018/2019

- The largest grade level increase in enrollment is seen in the middle school (+446) and charter schools (+1,611). The largest grade level decrease in enrollment is seen in the elementary schools (-3,682) and high school (-845).

Grade Level	2017/18 Enrollment	2018/19 Enrollment
Elementary School (includes Pre-K and Kindergarten)	102,313	98,631
Middle School (6th-8th Grades)	48,335	48,781
High School (9th-12th Grades)	70,686	69,841
District Education Centers	5,090	4,457
Charter Schools	45,093	46,704



Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families, 2017-2019



Educational Attainment of Broward Residents Over 25, 2018-2019

- The educational attainment of Broward County and Floridian residents is similar in multiple professions. Broward County has a slightly higher bachelor degree attainment by 1.9%.

	2018		2019	
	Broward	Florida	Broward	Florida
% HS graduate or higher	89.20%	88.50%	89.30%	88.40%
% High School Graduate	27.20%	28.70%	28.30%	28.40%
% Some college, no degree	20.00%	19.70%	18.30%	19.40%
% Associate's degree	9.70%	9.70%	9.80%	9.90%
% Bachelor's degree or higher	32.30%	30.40%	33.00%	30.70%
% Bachelor's degree	19.80%	19.10%	20.70%	19.30%
% Graduate or professional degree	12.60%	11.30%	12.20%	11.40%

Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families, 2018-2019.



Summary



2021 - 2024
Community Health Needs Assessment

1,952,778
Residents in Broward
County

21,943
Births

10,907
Migrants

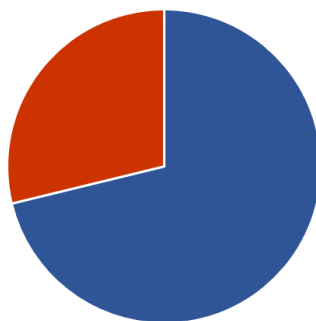


16,035
Deaths

16,789
Net population increase

40 – 44 and 85 + age group had
largest growth from 2018 - 2019

28.8%
Of residents are Black



10.6%

Of all Broward residents have an income below the poverty line

18.4%

Families with female health of household live below the poverty line

Mean Income
\$57,333

3.4%

Unemployment Rate

1.08%

Labor Force

20.5%

Employed in education, health or social services

267,970

Students in the Broward County Public Schools

89.2%

Of adult population has a high school diploma

32.3%

Of adult population has a bachelors degree



For More Information

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Presentation 2: Social Determinants of Health, Health Insurance, Health Care Resources, Maternal & Child Health, Mortality & Morbidity, Communicable Disease Prevalence

The second MHS CHNA presentation covers six topics: (1) Social Determinants of Health, (2) Health Insurance, (3) Health Care Resources, (4) Maternal & Child Health, (5) Mortality & Morbidity, and (6) Communicable Disease Prevalence.

Social Determinants of Health (SDOH). Indicators for the SDOH consist of ZCTA-level measures for White, Black, Hispanic, Median Income, Poverty and Median Age acquired from the Census ACS (2018 5 yr.) Additionally, tract-level overall Social Vulnerability Index (SVI) scores were averaged to the ZCTA and overlaid with SDOH indicators. The CDC SVI is composite measure of fifteen census measures across four themes: Socioeconomic Status, Household Composition & Disability, Minority Status & Language, and Housing & Transportation. High rates for SDOH indicators and the SVI were operationalized as the top two quintiles of the datasets. Across the County, high rates of SVI tend to spatially associate with high rates of black population and poverty. High SVI do not to spatially associate with high rates of Median Income and high age. However, high SVI does overlap with high rates with Hispanic with two ZCTAs north of Griffin Rd (33065, 33334) and several clustering in the MHS primary service area south of Griffin Road (33314, 33024, 33021, 33020, 33009). Below are the MHS ZCTAs where high SVI spatially associates/overlaps with high SDOH indicators:

Table 1: ZCTAs with Overlap of High SDOH Indicators with High SVI, South of Griffin Road

High SDOH	White	Black	Hispanic	Median Income	Poverty	Median Age
High SVI	33021	33023, 33020	33024, 33314, 33021, 33020, 33009	No Overlap	33314, 33312, 33023, 33020, 33009	33009

A spatial analysis was also performed for six chronic conditions¹¹ and the mean crude rate of COVID-19 from a sample of cumulative data from September 13th to 19th 2020 (dataset starting from March 2020). The chronic conditions data was acquired from the Florida Agency for Health Care Administration via the Broward Regional Health Planning Council. This dataset sample is from 2015 to 2019 and has numerator cases for diabetes, asthma, congested heart failure, hypertension, sickle cell disease, and AIDS. The denominator is the Census ACS (2018 5 yr.) adult population. The BRHPC created five-year crude rate means for each ZCTA for each condition.

As with the SDOH data, the high rate for the COVID-19 sample and chronic conditions is defined as the top two quintiles of the data. Across the County, ZCTAs with high rates of SVI and COVID-19 overlap 70%. Table 2 below illustrates that COVID-19 had strong spatial association with high black populations, poverty, but not high white populations, median income, and median age.

Table 2: Percent Spatial Overlap of High SDOH and High COVID-19 by ZCTA

High SDOH Indicator	Percent of Spatial Overlap of High COVID-19
SVI	70%
Black	65%
White	10%
Hispanic	25%
Poverty	70%
Median Income	20%
Median Age	13%

Overall, high rates of COVID-17 overlap the most with high rates of SVI and Poverty (poverty is a SVI indicator), followed by high rates of black populations. The overlap of SDOH indicators high SVI, Black and Poverty (slide 11) with Chronic conditions (Slide 13), reveals the following overlaps in the table below:

Table 3: Percent Spatial Overlap of High Chronic Conditions of High SDOH Indicators

High Chronic Condition (20 Zip Codes each)	Percent of Spatial Overlap with High SDOH Indicators		
	SVI	Black	Poverty
Diabetes	70%	75%	65%
Asthma	75%	75%	70%
Hypertension	50%	60%	50%
AIDS	60%	60%	75%
CHF	55%	60%	45%
Sickle Cell Disease	75%	90%	75%
Average Overlap	64%	70%	63%

Zip Codes with high diabetes have the most overlap with Zip Codes that have high black populations (15 Zip codes, 75% spatial overlap). For Asthma, high overall SVI and high black are tied as the most overlap (75%). Out of the 20 high Hypertension Zip Codes, 12 of them or 60% are also high black zip codes. Out of the 20 high AIDS Zip Codes, 12 of them are also high black (60%), while high poverty makes up 15 of them (75%). For CHF, high black zip codes make of the majority with a 60% overlap, 15-percent more than Poverty. Sickle Cell Disease (SCD), which occurs in mostly in African American populations is expectedly highest in high black Zip Codes. On average across high chronic condition Zip Codes, high black Zip Codes make up 70% of them. Without SCD, high black Zip Codes make up 66% on average, still higher than high SVI 62% and high poverty 61%). Therefore, it appears that Broward Zip Codes with

above county rates of black populations tend to have the highest concentration of high chronic conditions as well.

Health Insurance. Health insurance coverage data from the ACS (2017, 2018, 2019) reveal that compared to the rest of Florida, Broward's uninsured population rate is 2.1% higher (2019). Compared to the United States, Broward's uninsured population is 6.1% higher in 2019. This is a pattern that has been stable in 2017 and 2018. The uninsured population rate is not uniform across the lifespan. In 2019, the highest uninsured rate is among age groups 19-25 (24.7%), 26-34 (28.1%) and 35-44 (21.4%). Therefore, on average 25% or 1 in 4 young adults and adults do not have health insurance. This is a major concern since access to health insurance is vital to healthcare access and preventive care.

Health Care Resources. Health Resources and Services Administration's (HRSA) threshold for Medically Underserved Populations (MUP) is at or below a score of 62. The major municipalities within the MHS service area have scores well below this, such as Hollywood (54.2) and Miramar (48.9). The Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) determines priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority. In the MHS service area, Davie/Hollywood/Dania have a score of 18, and a Full Time Equivalent (FTE) Clinical Provider shortfall of 7, needed to mitigate the Health Professional Shortage Area. This is the highest FTE shortfall of the ten (10) low-income HPSAs listed on Slide 27. By comparison, Fort Lauderdale (outside of the MHS service area) has a HPSA score of 14 and an FTE shortfall of 5. Their dental health FTE shortfall for Davie is higher at 21.94 and a HPSA score of 17.

Maternal and Child Health. Broward has consistently had higher rates of adverse birth outcomes compared to Florida. In 2015, Broward's Low-Birth weight rate was 9.3% compared to Florida's 8.6%. In 2019, Broward's rate was 9.5% compared to Broward's 8.8%. The highest rates are associated with black mothers, who had 13.7% Low-Birth Rate in 2019, which is a 44% higher rate. This is a similar pattern found with pre-term births and infant mortality: Black mothers tend to have the highest adverse birth outcomes.

Given that Broward's predominately black zip codes tend to overlap with high Social Vulnerability, it is not surprising to find adverse birth outcomes to spatially associate with high SVI areas. In Broward County, Zip Codes with high rates of Low Birth Weight and Pre-Term Births spatially overlap with high rates of Social Vulnerability. Out of the 18 high Low Birth Zip Codes, 14 of them or 77% overlap with high SVI. The non-overlapping four high Low Birth Weight Zip Codes share the boundaries with high SVI. For high Pre-Term Birth Zip Codes, the pattern is similar: 77% of them overlap with high SVI Zip Codes and four others, share boundaries with high SVI. Of the 19 High Infant Mortality Zip Codes, 63% of them are also high SVI. Three other high Infant Mortality Zip Codes share boundaries with high SVI, and three more do not. Although the majority of these adverse birth outcomes tend to occur in central Broward, they have clusters in the south MHS service area, particularly with Zip Codes 33023, 33025, and 33020.

The leading cause for infant death in Broward is Perinatal Period Condition, a condition that can mostly be prevented with adequate access to prenatal care and healthcare. Therefore, the high rates of uninsured populations for mostly young and early adulthood persons discussed earlier, may be linked to the high rate of Perinatal Period Condition. Lack of healthcare for mothers is further illustrated on slide 45: The rate of births to mothers with 1st trimester prenatal care has fallen from 79.3% in 2015 to 75.9% in 2019. In addition, the rate of mothers with late pregnancy or no prenatal care has increased to 9.2%

in 2019 compared to 7.4% in 2015. Again, these figures are much higher for black mothers who have 10.7% rate of no prenatal care in 2019 for their 3rd trimester. For white mothers, the rate is 7.6%, lower than the overall County rate.

Mortality & Morbidity. The three greatest major causes of disease in Broward County for 2019 include heart disease (23.64%), cancer (22.26%), and stroke (10.08%). None of the major causes of death, except suicide met the Healthy People 2030 (HP 2030) goals. For example, the HP 2030 Goal for heart disease is 71 deaths per 100,000 while the Broward rate for this preventable condition is 138.8 deaths per 100,000.

Geographically, high rates of death for heart disease, cancer and stroke tend to cluster in the western suburbs such as Lauderhill and Sunrise around Zip Codes 33321, 33322, 33319. There is a north central cluster of Zip Codes from the Margate area in the west (Zip Code 33063) to the Pompano area in east (Zip Code 33062). For the MHS service area, the Hollywood area (Zip Code 333021) has a high rate of death for 4 of the 7 conditions. In addition, the eastern Zip Codes, 33004, 33019 and 33009 tend to cluster for several of the major death conditions. Nealy all the clusters overlap or share boundaries with high SVI Zip Codes, which again speaks to how the SDOH shape the distribution of these conditions across the County.

Because of how SDOH shape health outcomes, major causes of death show deafferentation by race and ethnicity. In 2019, the black populations are disproportionately affected more by heart disease, cancer, stroke, and diabetes. For example, the age-adjusted crude rate for heart disease for the white population is 137.9 per 100K, and the rate for the black population is not much lower, at 132.5 per 100K. However, the black population makes up only 30.2% of the County population, while whites make up 63.1% (2019). Therefore, when analyzing the death rates for conditions by race and ethnicity on slides 64 to 70, be sure to account for the proportion of the population, not just the absolute crude rates.

A surprising finding for deaths by SDOH is with Alzheimer's disease (ALZ) in the Hispanic population. While the rates of deaths from this disease have been on a sharp decrease since 2015 to 2019, the rate for Hispanics has remained around 19.4 deaths per 100,000K (Slide 69). By contrast, the lowest overall death rate due to ALZ is ethnic non-Hispanics at 11 deaths per 100,000 population in 2019, down from 16.1 in 2015. Currently, it is unclear why the Hispanic population is not experiencing the same drop in deaths from ALZ. One speculation is that ALZ management programs may have a language and cultural barrier when reaching out to the Hispanic population.

Communicable Disease Prevalence. From 2015 to 2019, the total sexually transmitted infection rate increased 31.7% (749 to 978 cases per 100,000). While Broward has had a higher rate of STIs compared to Florida in the 2015-2019 period, the rate of STIs has increased for both at similar slopes. The one exception is the AIDS rate, which has had a sharp increase since 2018 to 2019, while Florida has had a steady decrease. One speculative theory discussed during the CHNA presentation is that these increases reflect an influx of populations more at risk for AIDS. The pattern for AIDS is quite different from the HIV trends, which has Broward County 91% lower than the state case rate of 7,584 in 2019. Florida's 2019 case rate increased sharply from 4,748 in 2017 while Broward has remained the same with rates fluctuating downward from 710 in 2017, to 624 in 2019. Most likely, this difference reflects the HIV prevention programs working throughout the County.

[14](#) Diabetes, Asthma, Hypertension, Congestive Heart Failure, Aids and Sickle Cell Disease.

Presentation 2 Slides: Broward County Quantitative Data (Part 2)



**Memorial
Healthcare System**

2021 - 2024
Community Health Needs Assessment

Prepared By:



BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS



**Memorial
Healthcare System**

1



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Executive Director, Community Services



Meeting Dates

Agenda



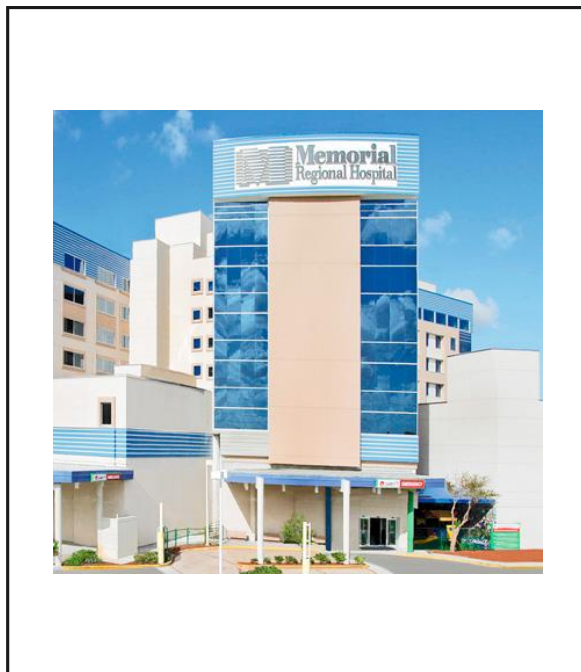
December 16 th , 2020	January 13 th , 2021	February 10 th , 2021	March 10 th , 2021	April 7 th , 2021	May 12 th , 2021
<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Summary of Data, Needs, and Gaps 2. Stakeholder Discussion 3. Prioritization Process

County Level Quantitative Data

	Social Determinants of Health (SDOH)
	Health Insurance
	Health Care Resources
	Maternal & Child Health
	Mortality & Morbidity
	Communicable Diseases Prevalence



Social Determinants of Health



2021 - 2024
Community Health Needs Assessment

Social Determinants of Health (SDOH)

The **World Health Organization** describes SDOH as the non-medical factors that influence health outcomes. These include the conditions into which people are born, grow, work, live, and age, and the wider context shaping daily life.

The Centers for Disease Control (CDC) outlines five key areas:

- Healthcare Access and Quality
- Education Access and Quality
- Social and Community Context
- Economic Stability
- Neighborhood, Built Environment



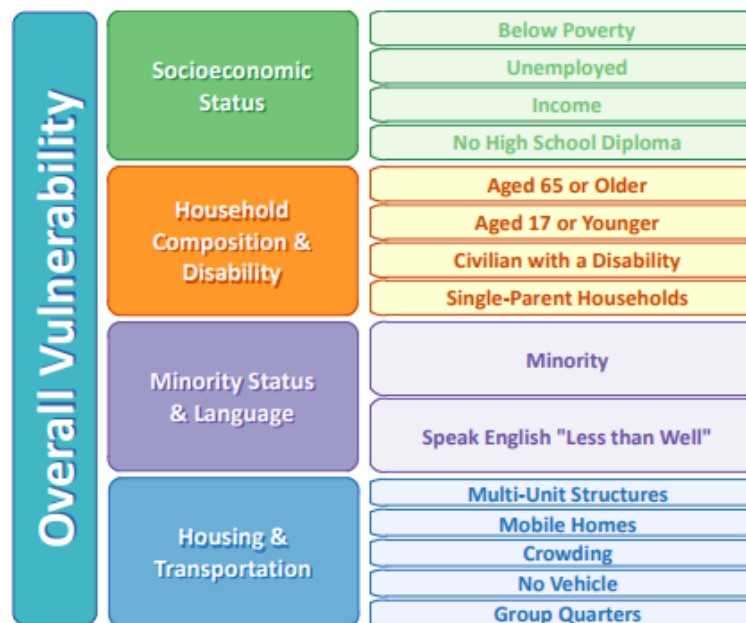
Social Vulnerability Index (SVI)

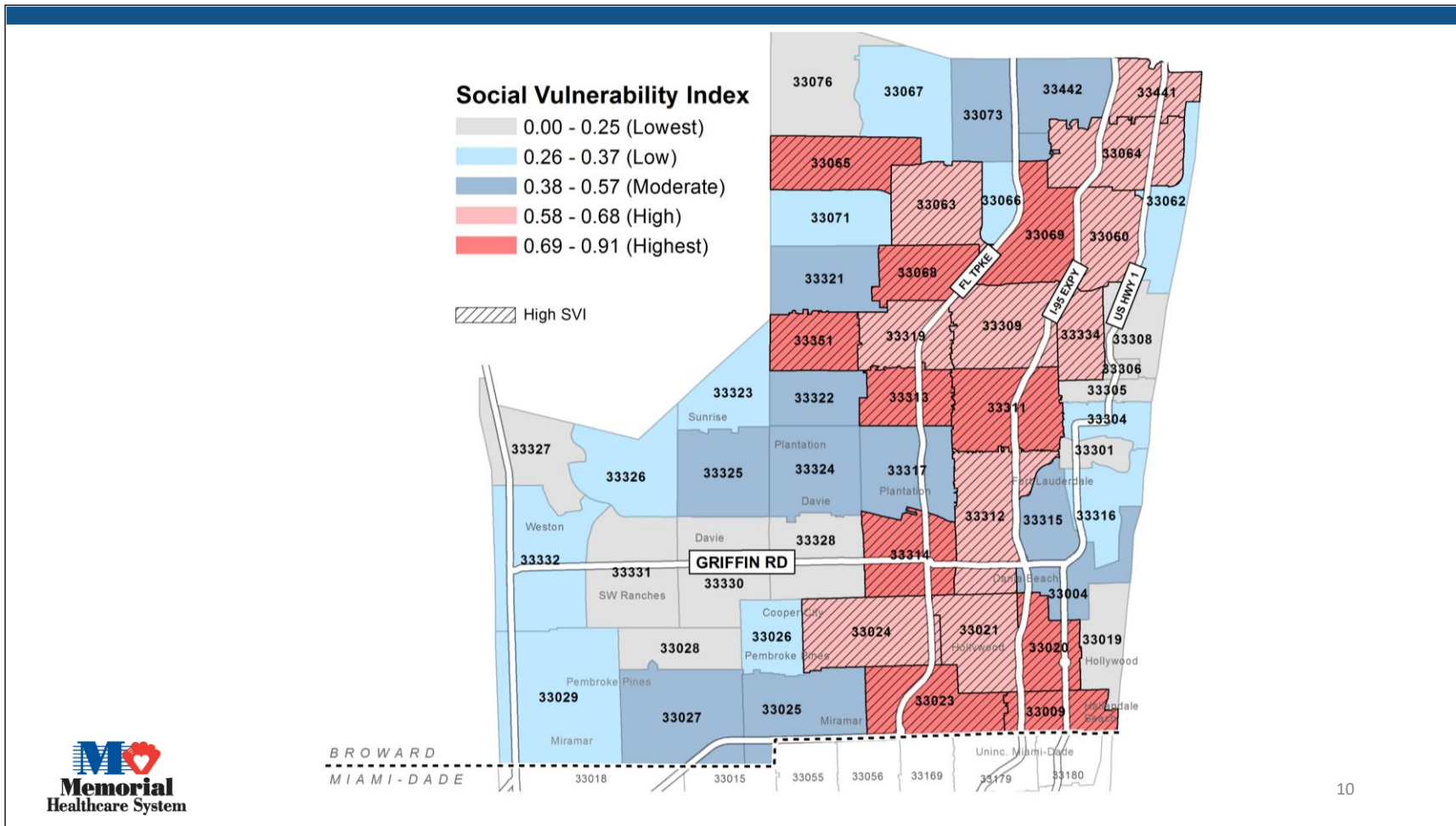
A Measure of Social Determinants of Health (SDOH)

The **Centers for Disease Control (CDC)** defines social vulnerability as the potential negative effects on communities caused by external stresses on human health.

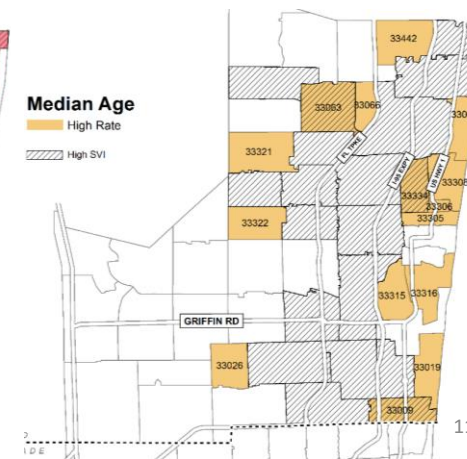
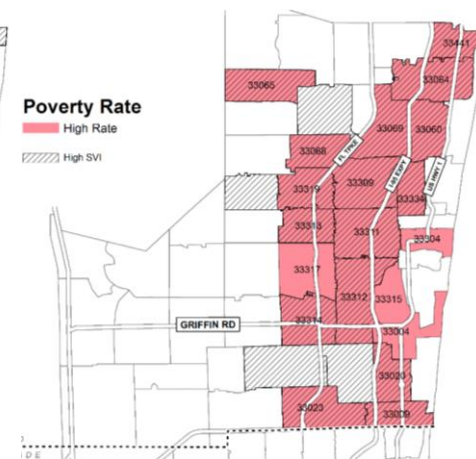
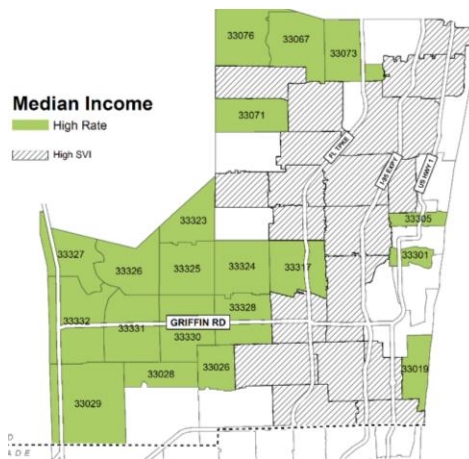
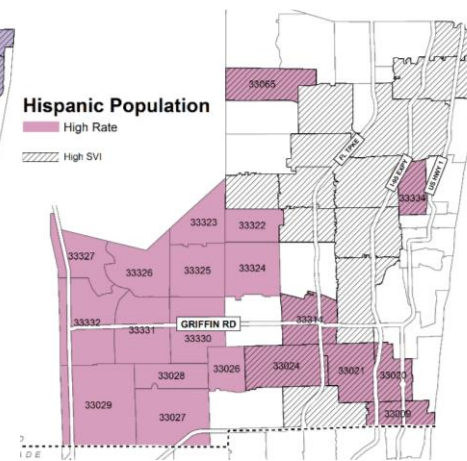
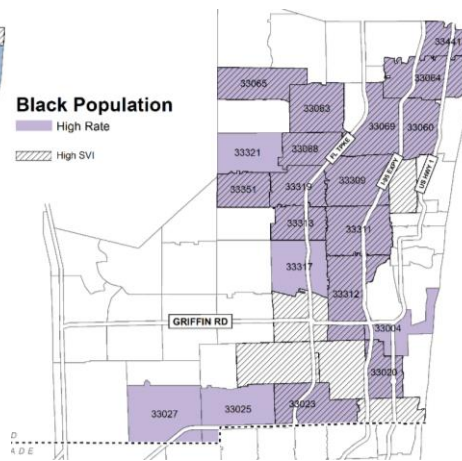
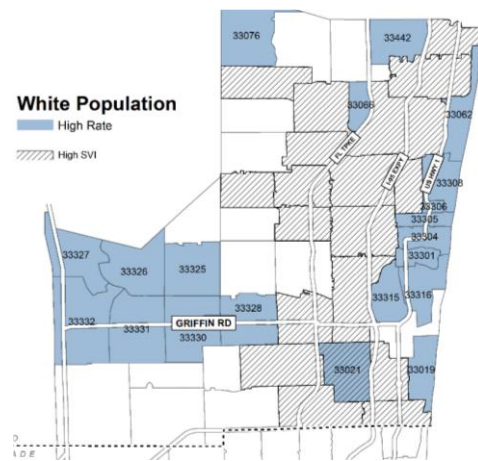
Social Vulnerability comprises of 15 census measures, organized into four themes:

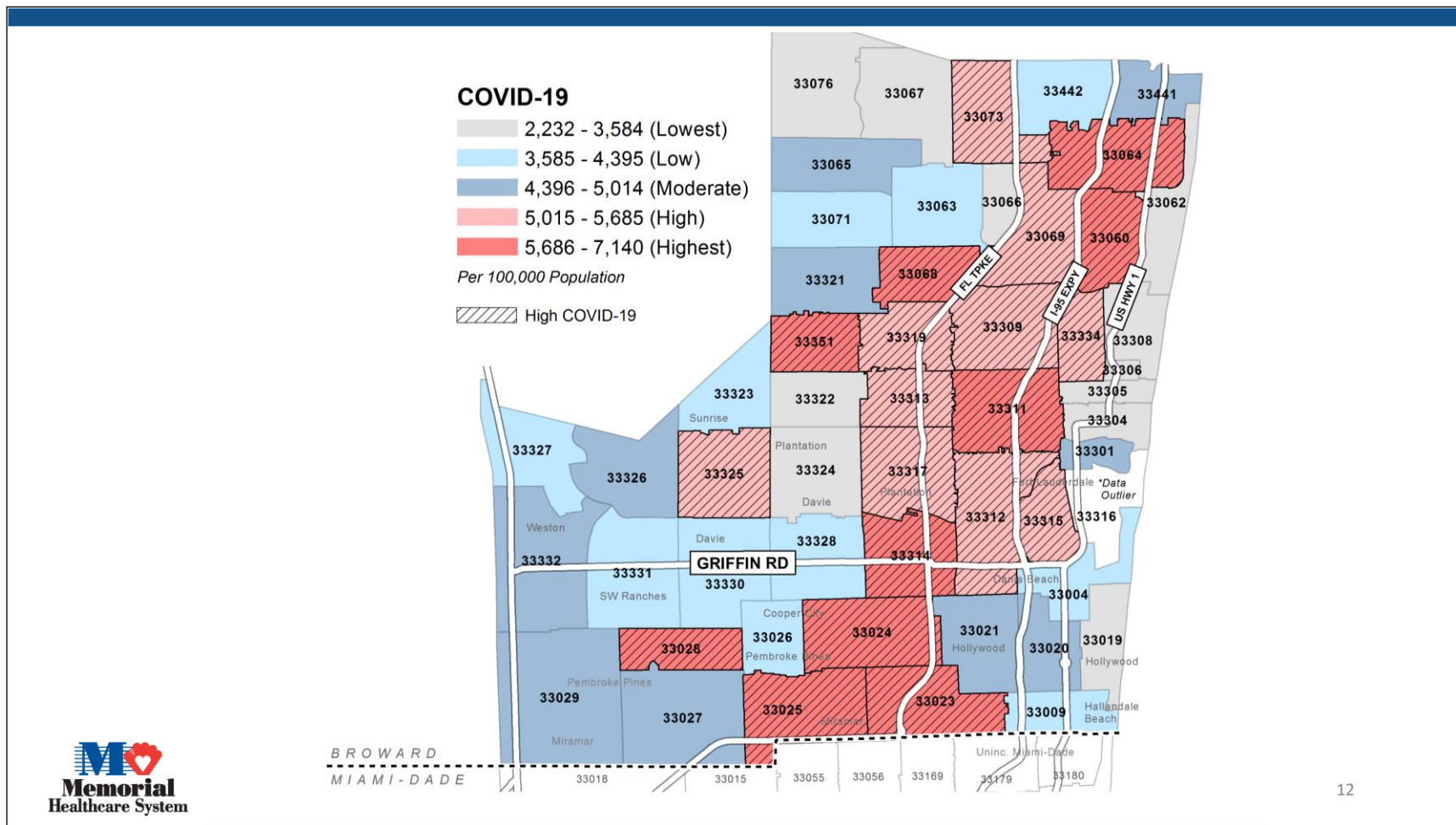
- Socioeconomic Status
- Household Composition & Disability
- Minority Status & Language
- Housing & Transportation



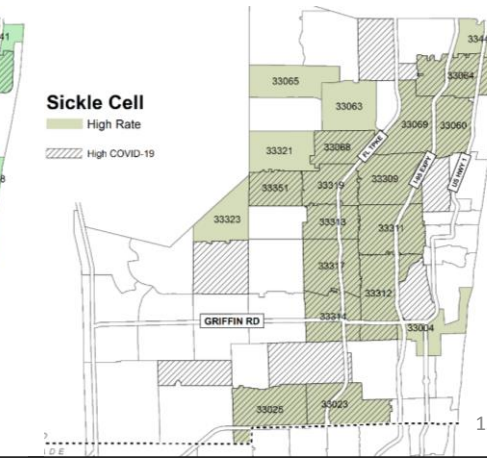
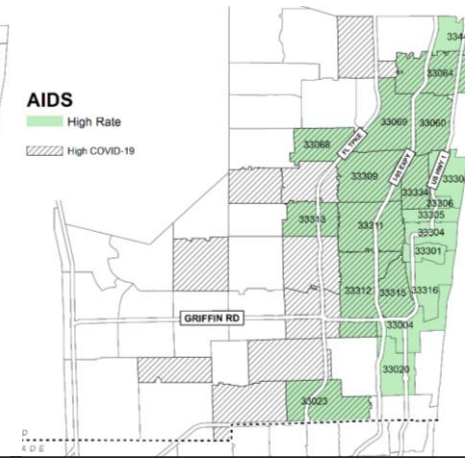
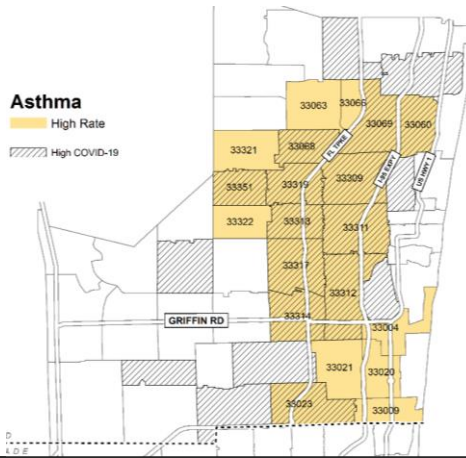
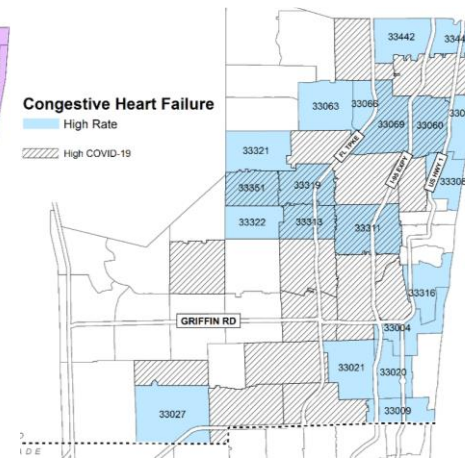
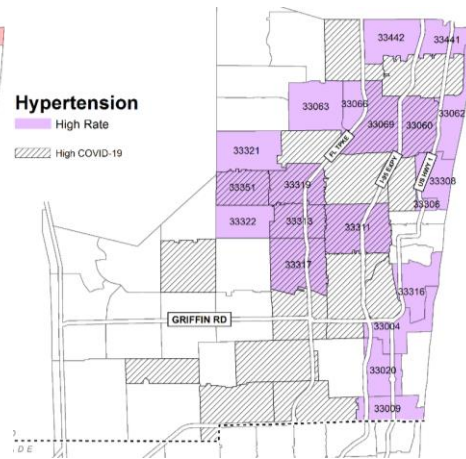
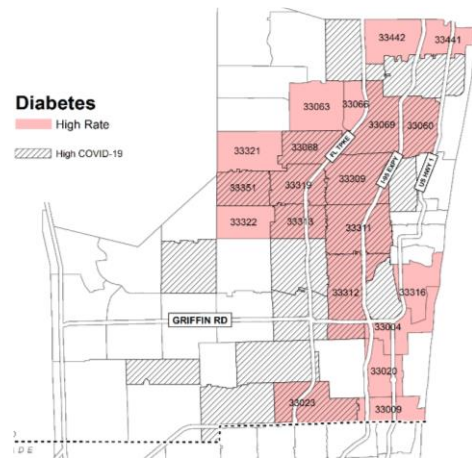


Race,
Income,
Age
+
Social
Vulnerability





**Underlying
Chronic
Conditions
+
COVID-19**



Establishing COVID-19 Infection Rate

The COVID-19 infection rate for Broward County was generated as part of the **Broward's Health Story Map** project – a pilot project that explores the causes of high COVID-19 infection rates among Broward County's most vulnerable populations.

The rate was calculated by taking a **7-day average** of COVID-19 cases from **September 13 – 19, 2020** and dividing those cases by the latest estimate of Broward County's population.

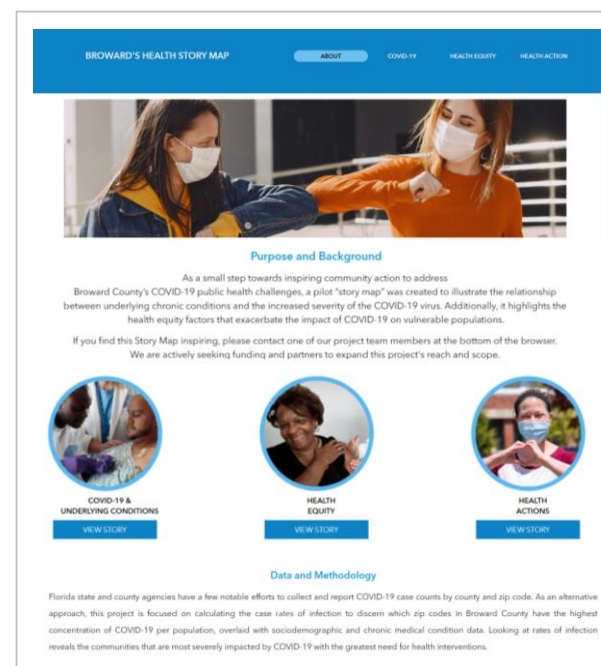
Source:

University of South Florida, Florida COVID-19 Hub, COVID-19 Cases by Zip Code
US Census Bureau, American Community Survey, 2014-2018 5-Year Estimate



Broward's Health Story Map

www.brhpc.org



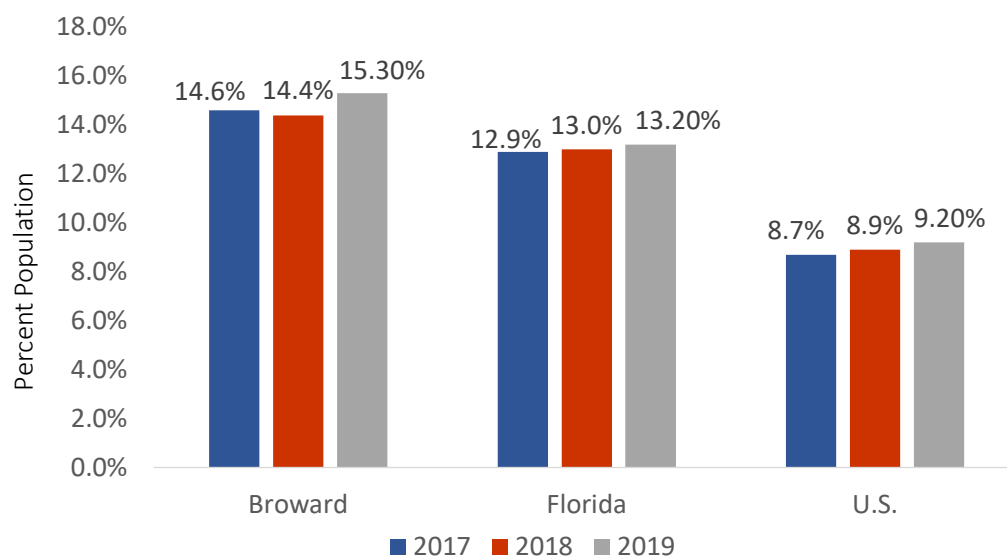
Health Insurance



2021 - 2024
Community Health Needs Assessment

Total Uninsured Rate

Broward County, Florida, & U.S., 2017-2019



- Broward County has an outsized uninsured rate compared to Florida and the U.S.
- In 2019, the percentage of the Broward county population without health insurance was 2.1% higher compared to Florida and 6.1% higher compared to the U.S. overall.

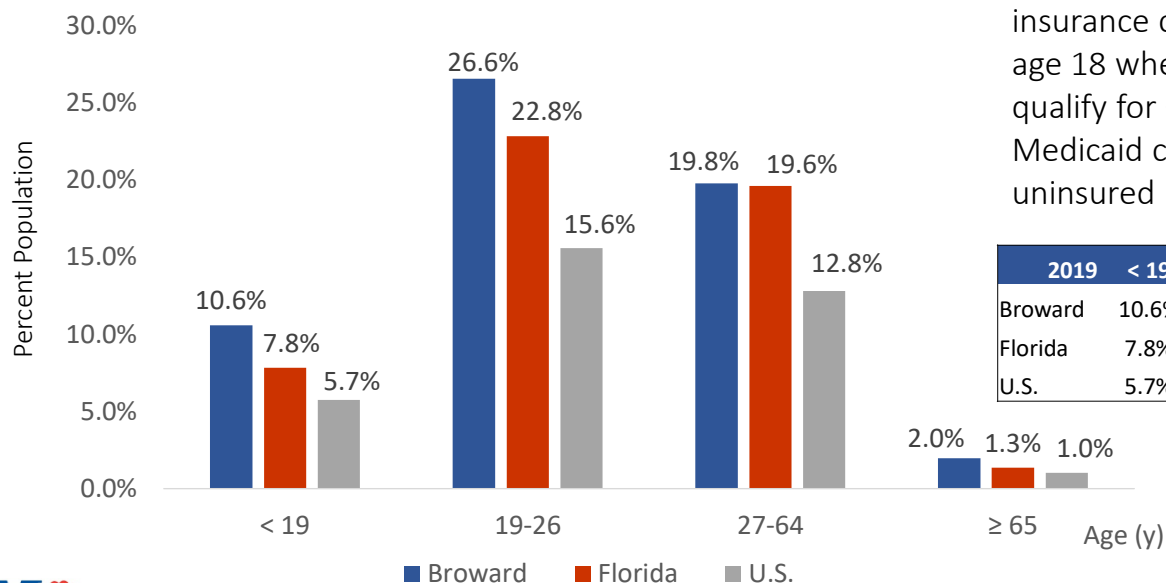
	2017	2018	2019
Broward	14.6%	14.4%	15.30%
Florida	12.9%	13.0%	13.20%
U.S.	8.7%	8.9%	9.20%



Source: US Census Bureau, American Community Survey 2017, 2018, 2019.

Uninsured Rate by Age

Broward County, Florida, & U.S., 2019



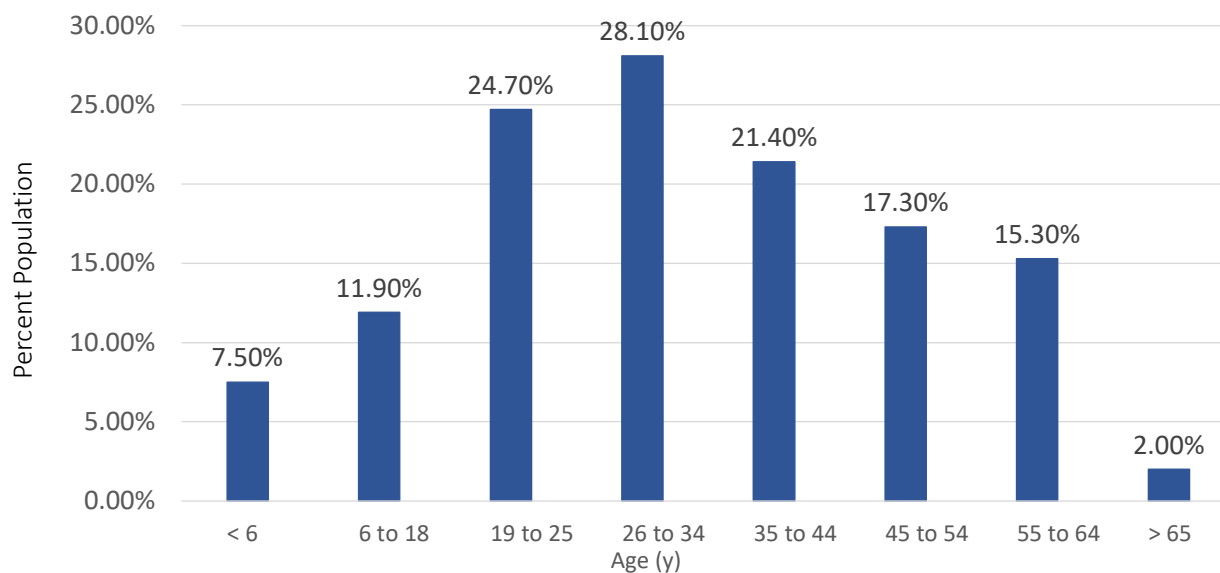
- By age, a major decrease in health insurance coverage occurs after age 18 when children no longer qualify for CHIP and eligibility for Medicaid contracts. By age 65, the uninsured rate drops to near zero.

	2019	< 19	19-26	27-64	≥ 65
Broward	10.6%	26.6%	19.8%	2.0%	
Florida	7.8%	22.8%	19.6%	1.3%	
U.S.	5.7%	15.6%	12.8%	1.0%	



Source: US Census Bureau, American Community Survey, 2017-2019.

Uninsured Rate by Age (Expanded) Broward County, 2019



2019	< 6	6-18	19-25	26-34	35-44	45-54	55-64	> 65
Broward	7.50%	11.90%	24.70%	28.10%	21.40%	17.30%	15.30%	2.00%

Source: US Census Bureau, American Community Survey, 2019, (Table B2701).



Florida’s Children’s Health Insurance Program Overview – “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 Corp., 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 and 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) – Federal Overview

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

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.

Centers for Medicare and Medicaid Services (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

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Florida “Healthy Kids” Program Eligibility and Structure

Benefits	
Eligibility Requirements	Currently uninsured or having insurance > 5% family income Age 5-18 w/family income between 133-200% FPL Ineligible for Medicaid or Children’s Medical Services Not an ineligible non-citizen
Cost	Subsidized- \$15 or \$20 per family per month* Full Pay- \$230 with dental \$215 without
Health Plans	Subsidized- Community Care Plan, Simply Healthcare, Aetna Full Pay- Community Care Plan (Southeast), Simply, Aetna (statewide)
Dental Plans	Dentaquest, MCNA Dental Plans, Argus

*Copay based upon family size and income level

Source: www.floridakidcare.com



Florida KidCare Participation Count

Broward County, Dec. 2020

- The Florida KidCare guide can be used to identify communities around the state where Florida KidCare outreach and education may help reduce the number of uninsured children.

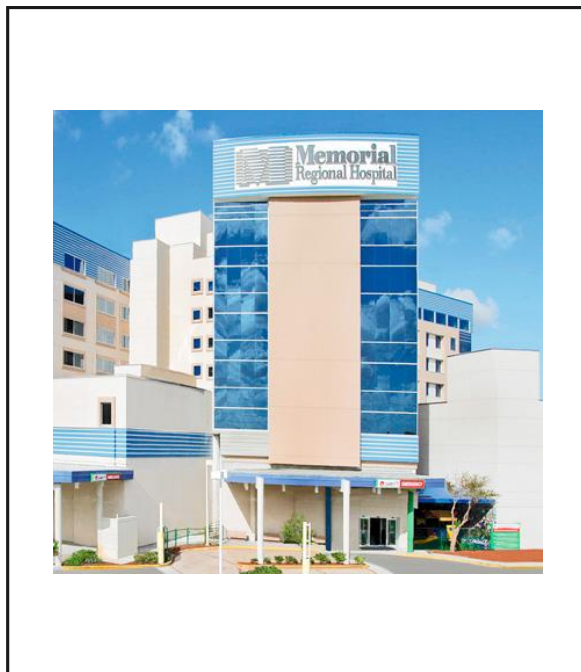
	Subsidy	Full Pay	Total
Healthy Kids (ages 5-18)	19,117	3,376	22,493
Medikids (ages 1-4)	2,644	1,262	3,906
Med. Servs. (special needs)	N/A	N/A	1,373

December 2020 Total	Prior Month Total	Percent Change
27,772	28,525	-2.71%



Source: www.floridakidcare.org

Health Care Resources



2021 - 2024
Community Health Needs Assessment

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 (MUAs)

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 (MUPs)

May include groups of persons who face economic, cultural, or linguistic barriers to healthcare

Broward County Medically Underserved Areas/Populations

The MUA/MUP score is weighted, multifactorial score intended to assess health care services access for populations in a defined geographic area. The scores range is from 0-100, where 0 represents completely underserved (little to no access) and 100 represents well or best served.

Medically Underserved Populations, (Low-income)	MUP Score
Hallandale	37
Sunrise	41.8
Deerfield Beach	44.3
Miramar	48.9
Hallandale/Miramar	50.2
Dania	50.4
Hollywood	54.2
Fort Lauderdale/Lauderdale Lakes	58.4
Margate	60.4
Pompano Beach	60.4

Low-income populations within these Broward cities are designated MUPs due to a MUA/MUP score of < 62.0 – HRSA’s threshold for designation as 'underserved'.



Source: U.S 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 of health care professionals per person*.

The HRSA Bureau of Health Professionals designates three HPSA provider categories:



Primary Medical Care



Dental Health



Mental Health

Broward County Medical Care HPSAs

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health; or mental health.
- These shortages may be geographic-, population-, or facility-based:

	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

FTE=full-time equivalent clinical providers

Source: U.S. Health Resources and Services Administration, <http://www.hrsa.gov/>

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Broward County Medical Care HPSAs (cont.)

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

FTE=full-time equivalent clinical providers



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

Maternal and Child Health



2021 - 2024
Community Health Needs Assessment

Immunization Rates

2-year-old immunization rates are **79.1%** which is **below** the Healthy People goal of **90%**.

Kindergarten immunization rates are **94.2%** which is **below** the Healthy People 2020 goal of **95%**.



Birth Outcomes

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

	Low Birth Weight	Preterm Births	Infant Mortality
Black Babies	13.7%	14.4%	9.1%
White Babies	6.8%	9.1%	2.4%
Percent Difference	101.5%	58.2%	279.2%

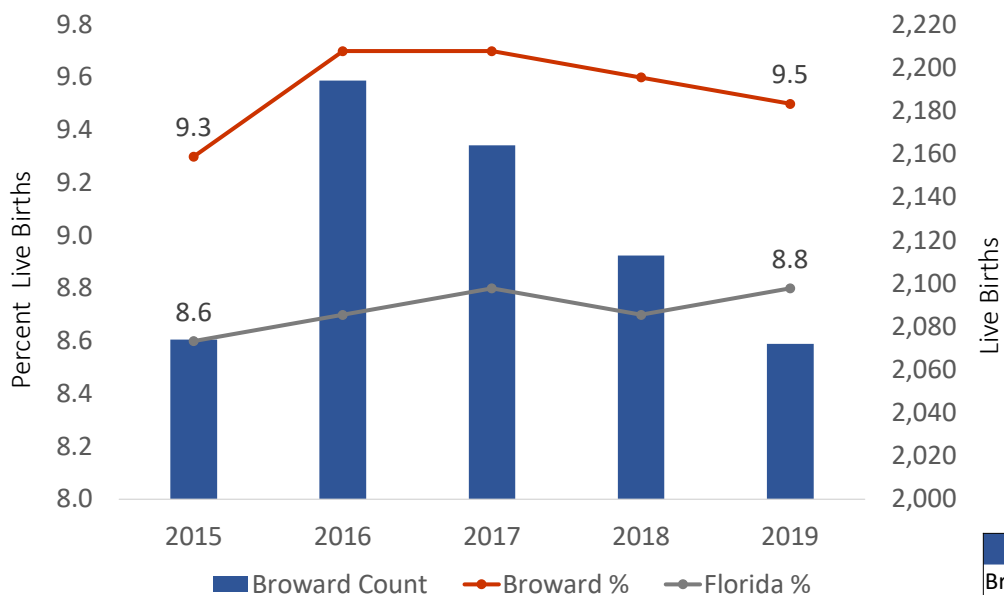
Entry into Prenatal Care

1st Trimester Prenatal Care rates has **decreased from 2015-2019 (76.2 to 73.2).**

3rd Trimester or No Care has **decreased from 2015-2019 (79.3 to 75.9).**



Low-Birth-Weight Births Broward & Florida, 2015-2019



- Low-birth-weight is defined as any child born weighing less than 2,500 grams (5lbs, 8oz)
- HP 2020 goal: < 7.8% of all live births being low birth weight – not met by Florida, nor Broward.
- The measure is sensitive to social determinants of health, prenatal care, poverty rate, food security and nutrition.

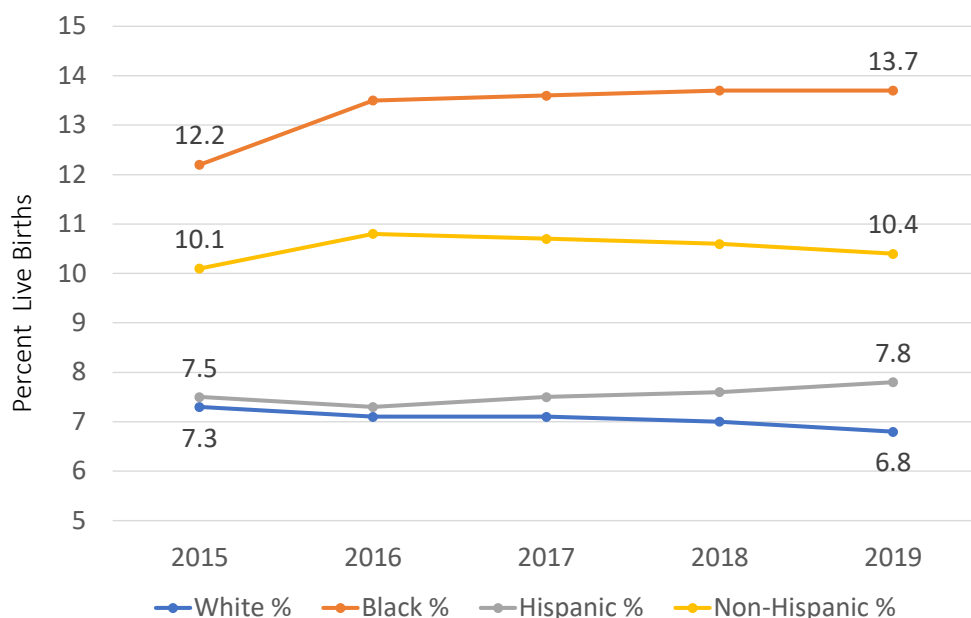
	2015	2016	2017	2018	2019
Broward	2,074	2,194	2,164	2,113	2,072
Broward %	9.3	9.7	9.7	9.6	9.5
Florida %	8.6	8.7	8.8	8.7	8.8



Source: Florida Charts, 2015-2019

Low-Birth-Weight Births by Race and Ethnicity

Broward, 2015-2019



- Black mothers had the highest proportion of babies born weighing < 2500g in 2019 – 13.7% of all live births.
- An overall 10.4% of non-Hispanic mothers who gave birth in 2019 had low-birth-weight live births.
- White and Hispanic live births had similar, stable rates.

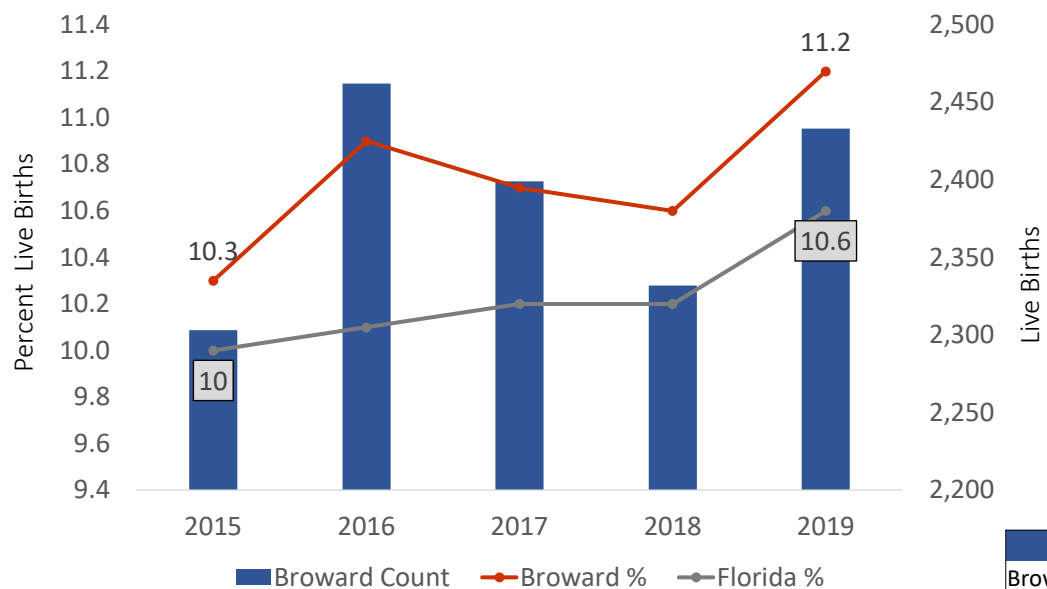
	2015	2016	2017	2018	2019
White %	7.3	7.1	7.1	7	6.8
Black %	12.2	13.5	13.6	13.7	13.7
Hispanic %	7.5	7.3	7.5	7.6	7.8
Non-Hisp. %	10.1	10.8	10.7	10.6	10.4



Source: Florida Charts, 2015-2019

Preterm Births (< 37 Weeks Gestation)

Broward & Florida, 2015-2019



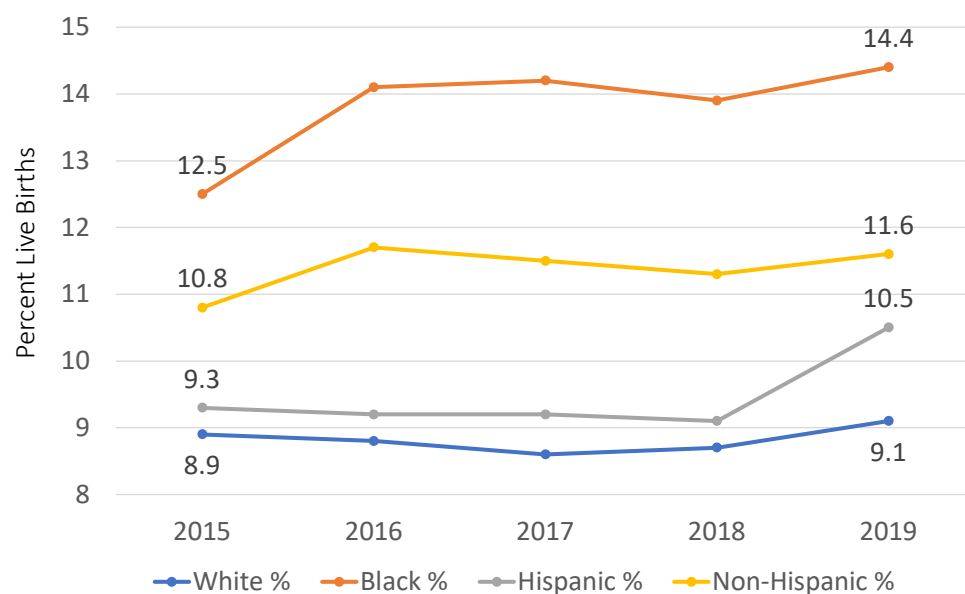
- Broward County and the overall Florida population had an increase in preterm births in 2019. The current preterm birth rate in Broward is 11.2%.

	2015	2016	2017	2018	2019
Broward	2,303	2,462	2,399	2,332	2,433
Broward %	10.3	10.9	10.7	10.6	11.2
Florida %	10	10.1	10.2	10.2	10.6



Source: Florida Charts, 2015-2019

Preterm Births (< 37 Weeks Gestation) by Race & Ethnicity Broward, 2015-2019



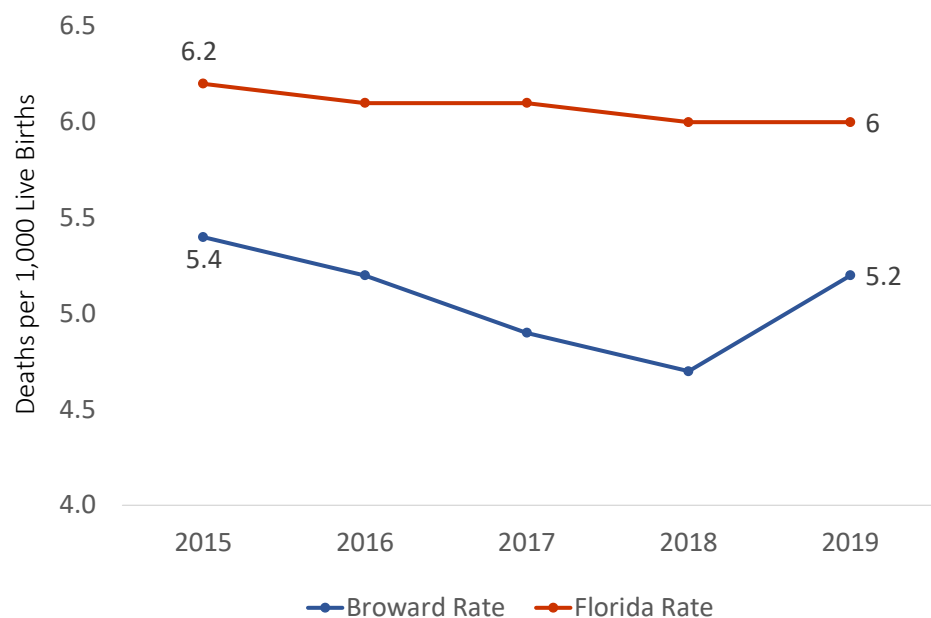
- The Broward County population had an increase in preterm births in both White and Black races and both Hispanic and Non-Hispanic ethnicities in 2019.

	2015	2016	2017	2018	2019
White %	8.9	8.8	8.6	8.7	9.1
Black %	12.5	14.1	14.2	13.9	14.4
Hispanic %	9.3	9.2	9.2	9.1	10.5
Non-Hisp. %	10.8	11.7	11.5	11.3	11.6



Source: Florida Charts, 2015-2019

Infant Mortality Broward & Florida, 2015-2019



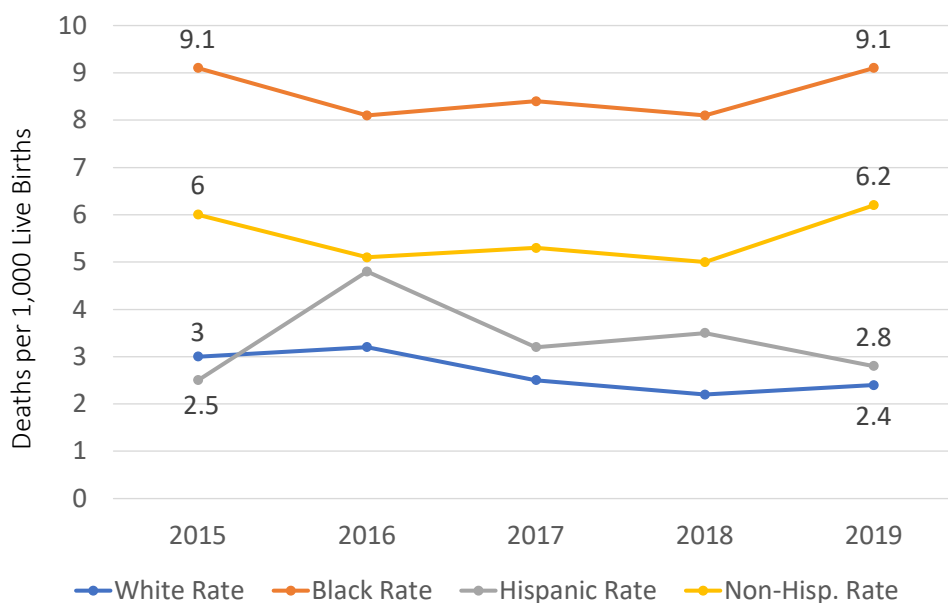
- The infant mortality rate has remained stable in Broward County and Florida over the last 5 years.

	2015	2016	2017	2018	2019
Broward Rate	5.4	5.2	4.9	4.7	5.2
Florida Rate	6.2	6.1	6.1	6	6



Source: Florida Charts, 2015-2019

Infant Mortality by Race & Ethnicity Broward & Florida, 2015-2019



- From 2015 to 2019, the infant mortality rate has an overall slight upward trend in the non-Hispanic and black populations.

	2015	2016	2017	2018	2019
White Rate	3	3.2	2.5	2.2	2.4
Black Rate	9.1	8.1	8.4	8.1	9.1
Hispanic Rate	2.5	4.8	3.2	3.5	2.8
Non-Hisp. Rate	6	5.1	5.3	5	6.2



Source: Florida Charts, 2015-2019

Leading Causes of Infant Death

Broward, 2019

Causes of Death	#
Perinatal Period Condition	67
Congenital Malformations	20
Symptoms, Signs & Abnormal Findings	11
Infectious & Parasitic Diseases	7
Circulatory System Diseases	4
Respiratory System Diseases	3
Nervous System Diseases	2

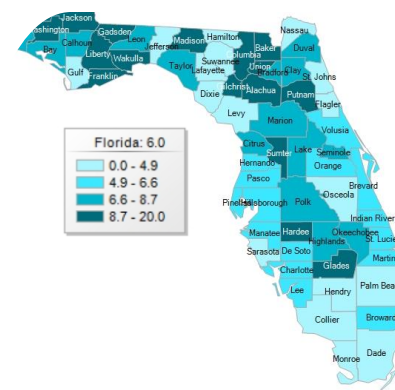
- **"Perinatal Period Condition"** refers to infant deaths just prior to, during or just after birth (< 7 days): infection, asphyxia (as from umbilical cord strangulation, for eg.), prolonged or obstructed delivery, low birthweight, sudden infant death soon after birth associated with any of the above (excludes stillbirths).
- **A significant portion of these infant deaths are preventable with improved access to healthcare.**



Source: U.S. Census Bureau, American Community Survey, 2019

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Infant Mortality Rates Broward, 2019



114

Infant Deaths in
Broward County

5.25

Broward County
Infant Death
Ranking

29/114

White

72/114

Black

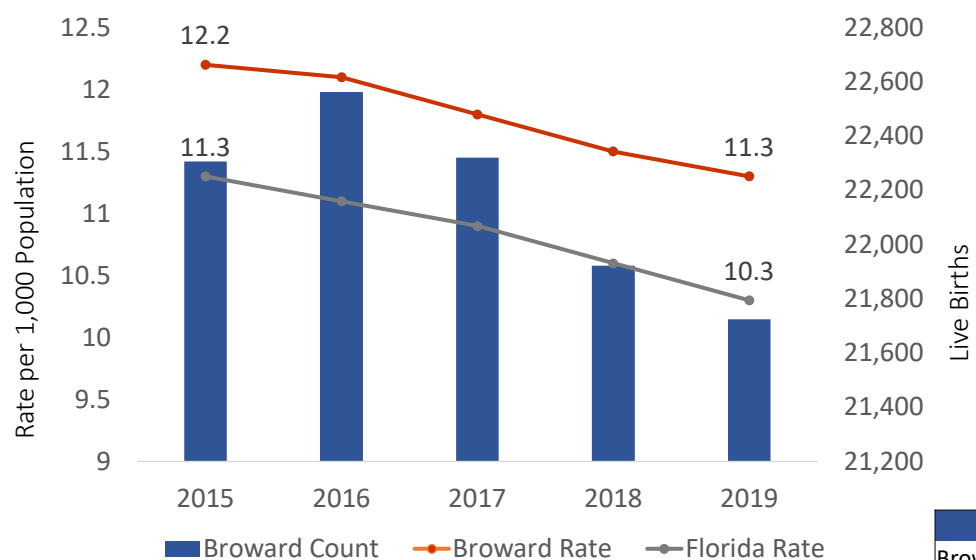
20/114

Hispanic

(nationality not identified)

Live Birth Rate

Broward & Florida, 2015-2019



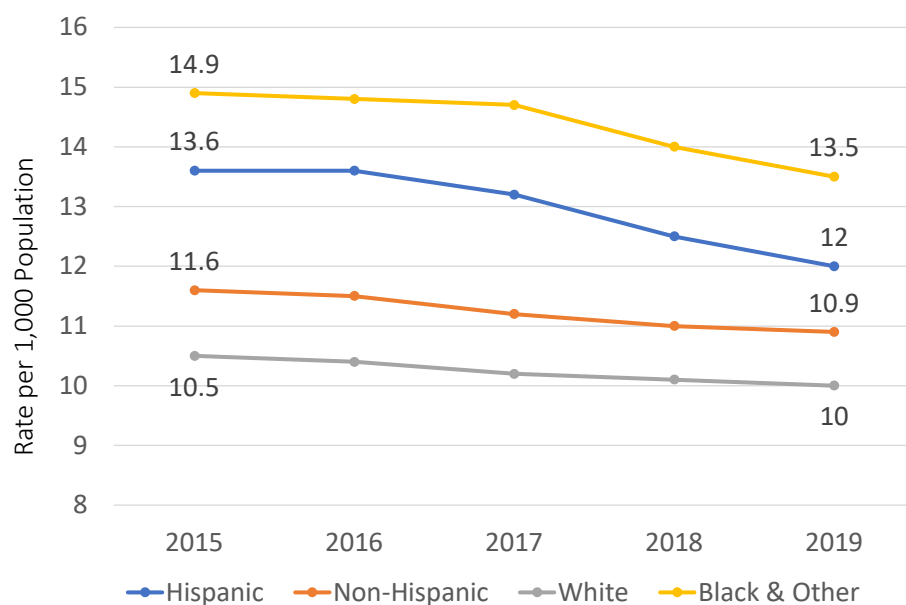
- Since 2015, live birth rates in Broward County and Florida have steadily decreased. The lowest count for Broward is seen in 2019 at 21,724, a birth rate of 11.3 live births per 1,000 persons in the population.

	2015	2016	2017	2018	2019
Broward Count	22,307	22,563	22,321	21,922	21,724
Broward Rate	12.2	12.1	11.8	11.5	11.3
Florida Rate	11.3	11.1	10.9	10.6	10.3



Source: Florida Charts, 2015-2019

Live Birth Rate by Race and Ethnicity Broward, 2015-2019



- Since 2015, the live birth rate in Broward County has steadily decreased. The lowest rates by all race and ethnic categories are noted in 2019.

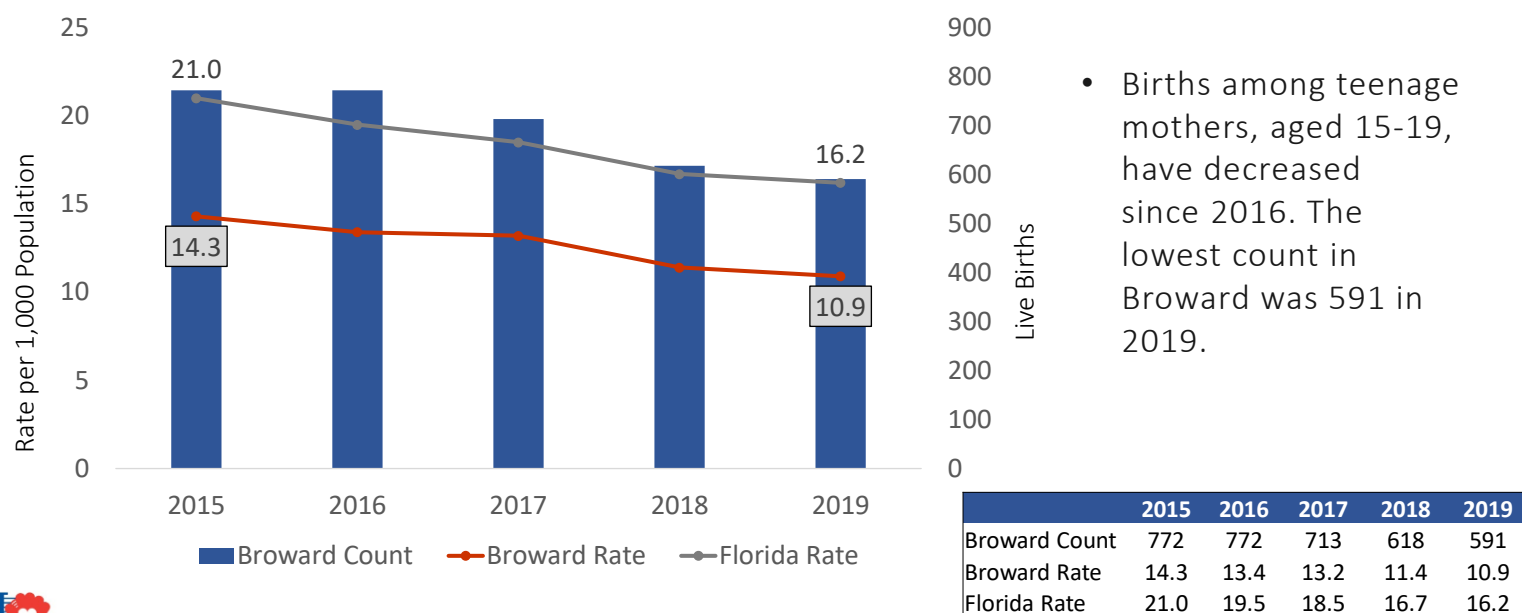
	2015	2016	2017	2018	2019
Hispanic	13.6	13.6	13.2	12.5	12
Non-Hispanic	11.6	11.5	11.2	11	10.9
White	10.5	10.4	10.2	10.1	10
Black & Other	14.9	14.8	14.7	14	13.5



Source: Florida Charts, 2015-2019

Births to Teenage Mothers (Age 15-19)

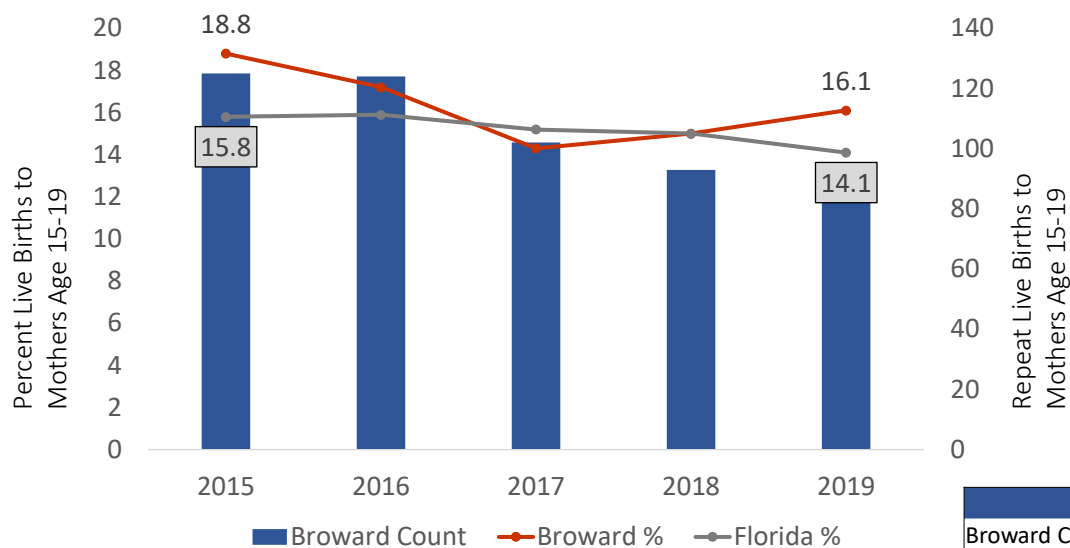
Broward & Florida, 2015-2019



Source: Florida Charts, 2015-2019

Repeated Births to Teenage Mothers (Age 15-19)

Broward & Florida, 2015-2019



- Repeated births to teenage mothers, aged 15-19, have decreased since 2015. The lowest measure can be seen in the overall Florida 2019 population at 14.1%.

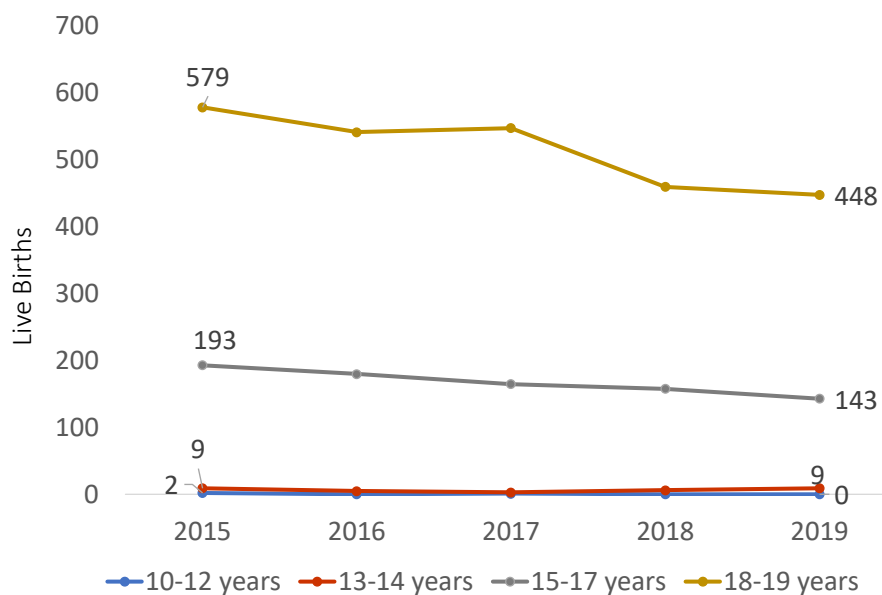
	2015	2016	2017	2018	2019
Broward Count	125	124	102	93	95
Broward %	18.8	17.2	14.3	15	16.1
Florida %	15.8	15.9	15.2	15	14.1



Source: Florida Charts, 2015-2019

Birth Count by Age of Mother (10-19)

Broward, 2015-2019



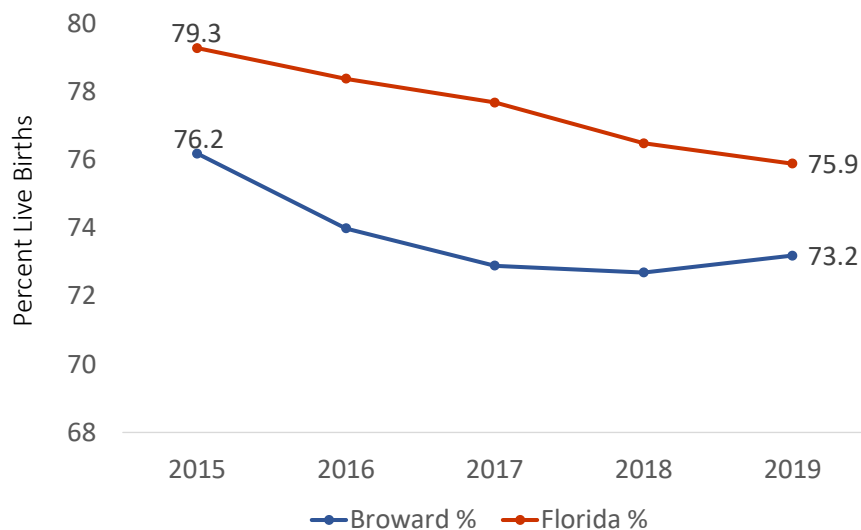
- For mothers, aged 10-19, the highest birth count were in the 18-19 age group.
- In 2019, there were 448 births recorded.

	2015	2016	2017	2018	2019
10-12 years	2	0	1	0	0
13-14 years	9	5	3	6	9
15-17 years	193	180	165	158	143
18-19 years	579	542	548	460	448



Source: Florida Charts, 2015-2019

Births to Mothers with 1st Trimester Prenatal Care Broward & Florida, 2015-2019



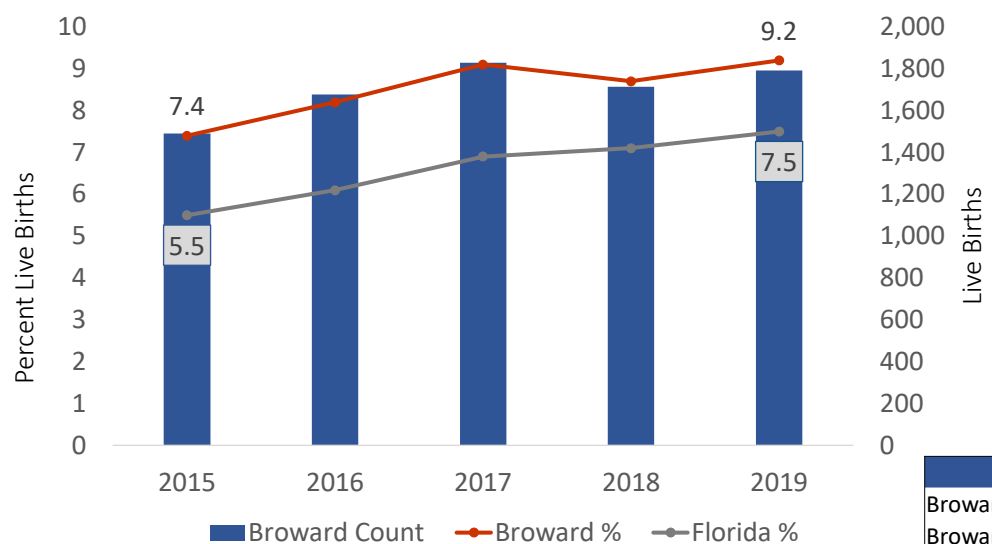
- Broward County is slightly below the HP 2030 goal of having > 80% of pregnant females receive early and adequate prenatal care. By comparison, Florida overall is also below this target rate.

	2015	2016	2017	2018	2019
Broward %	76.2	74	72.9	72.7	73.2
Florida %	79.3	78.4	77.7	76.5	75.9



Source: Florida Charts, 2015-2019

Births to Mothers with Late Pregnancy or No Prenatal Care Broward & Florida, 2015-2019



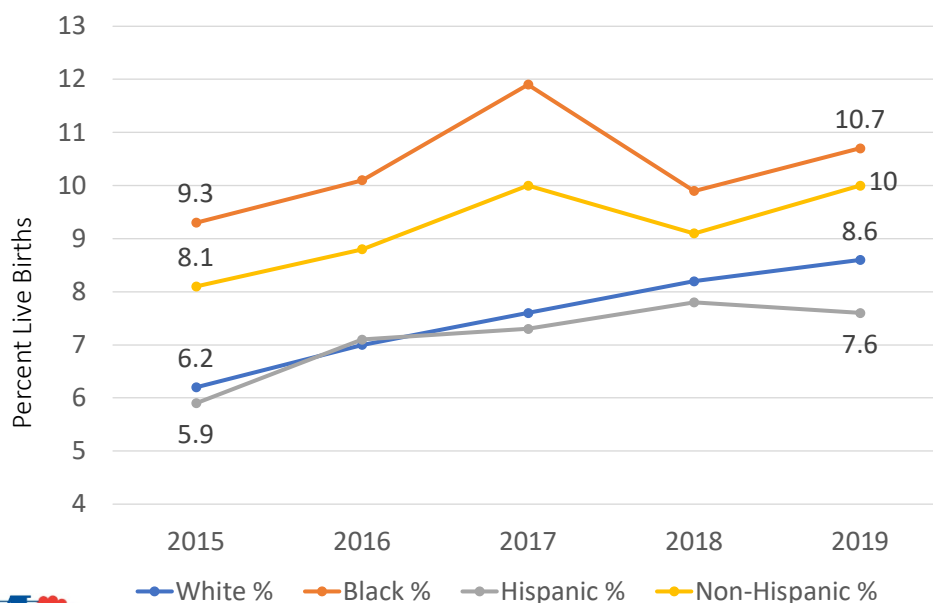
- In both Broward County and Florida, there has been a steady increase in births to mothers with late pregnancy or no prenatal care (3rd Trim. or none).

	2015	2016	2017	2018	2019
Broward Count	1,490	1,678	1,828	1,714	1,792
Broward %	7.4	8.2	9.1	8.7	9.2
Florida %	5.5	6.1	6.9	7.1	7.5



Source: Florida Charts, 2015-2019

Births to Mothers with Late Pregnancy or No Prenatal Care by Race & Ethnicity, Broward, 2015-2019



- Births to mothers in Broward who had prenatal care beginning in the third trimester of pregnancy or who had no prenatal care have steadily increased over the last 5 years. This finding holds across all races and ethnicities.

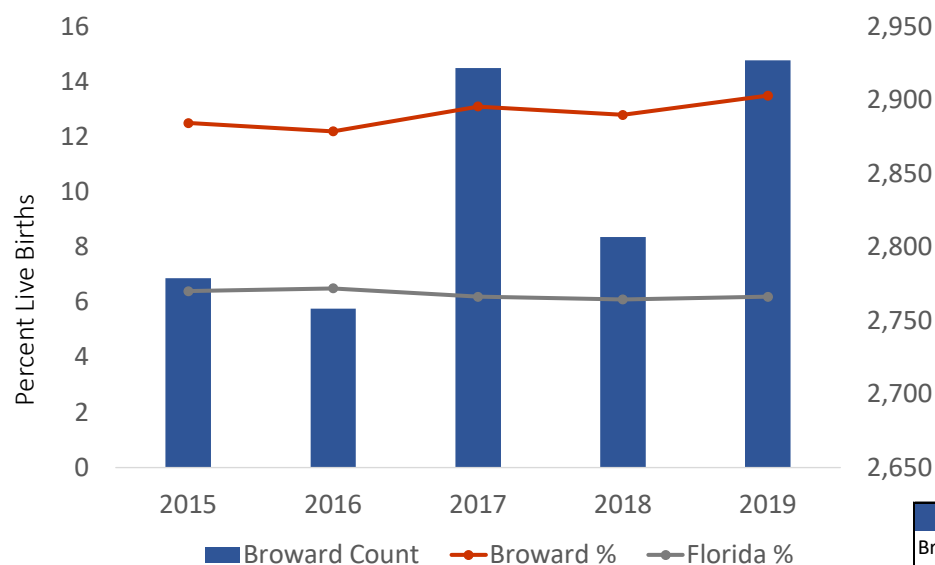
	2015	2016	2017	2018	2019
White %	6.2	7	7.6	8.2	8.6
Black %	9.3	10.1	11.9	9.9	10.7
Hispanic %	5.9	7.1	7.3	7.8	7.6
Non-Hisp. %	8.1	8.8	10	9.1	10



Source: Florida Charts, 2015-2019

Births to Uninsured Mothers

Broward County & Florida, 2015-2019



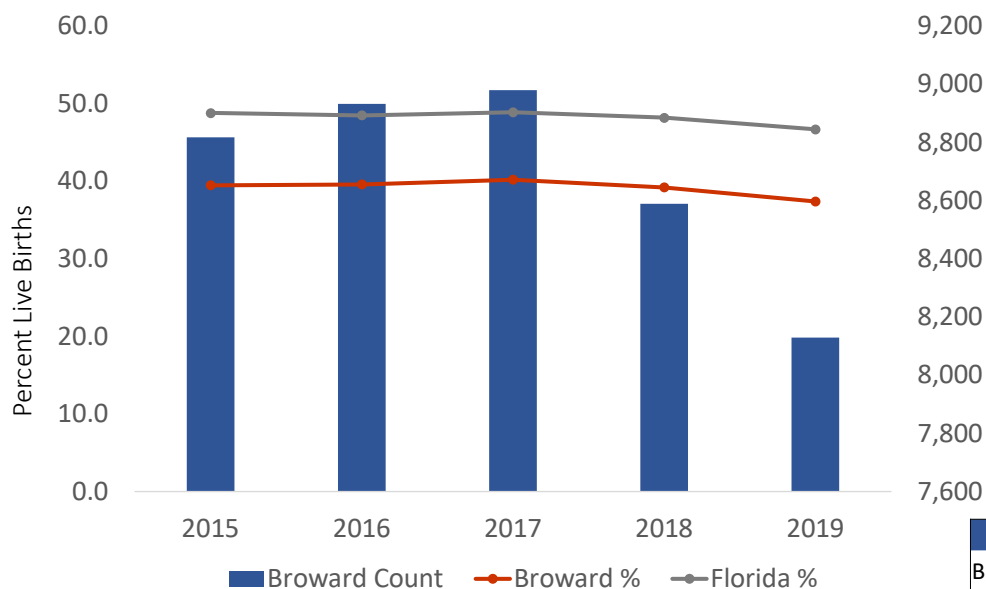
- The trend in births to uninsured mothers for both Broward County and Florida has remained stable, with the Broward County rate around 6% higher than for Florida overall.

	2015	2016	2017	2018	2019
Broward Count	2,779	2,758	2,922	2,807	2,927
Broward %	12.5	12.2	13.1	12.8	13.5
Florida %	6.4	6.5	6.2	6.1	6.2



Source: Florida Charts, 2015-2019

Births Covered by Medicaid Broward & Florida, 2015-2019



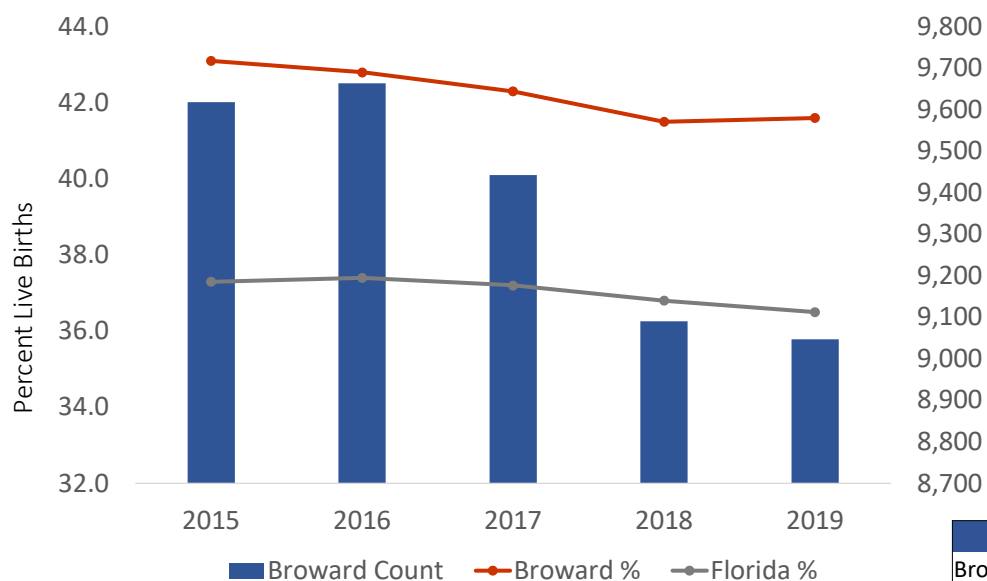
- The trend in births covered by Medicaid for both Broward County and Florida has remained stable, with Florida percentage around 8% higher than for Broward County.

	2015	2016	2017	2018	2019
Broward Count	8,818	8,933	8,980	8,589	8,130
Broward %	39.5	39.6	40.2	39.2	37.4
Florida %	48.8	48.5	48.9	48.2	46.7



Source: Florida Charts, 2015-2019

Overall Cesarean Section Deliveries Broward & Florida, 2015-2019



- Since 2016, there has been a decline in cesarean section deliveries in both Broward County and Florida. The lowest percentage overall is seen in Florida in 2019 at 36.5%.

	2015	2016	2017	2018	2019
Broward Count	9,618	9,664	9,443	9,090	9,047
Broward %	43.1	42.8	42.3	41.5	41.6
Florida %	37.3	37.4	37.2	36.8	36.5



Source: Florida Charts, 2015-2019

Maternal Child Health Strategies

Black Infant Health Practice Initiative (BIHPI):	Breastfeeding Coalition of Broward County:	Maternal Health:	Infant Health Maternal Depression:	Infant Health Safe Sleep:
<ul style="list-style-type: none"> Reducing disparities and increasing health and birth equity outcomes 	<ul style="list-style-type: none"> Increasing the rates of initiation and duration of breastfeeding 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Increasing access to and receipt of treatment for mothers with postpartum depression 	<ul style="list-style-type: none"> Reducing the rates of infant deaths due to unsafe sleep practices

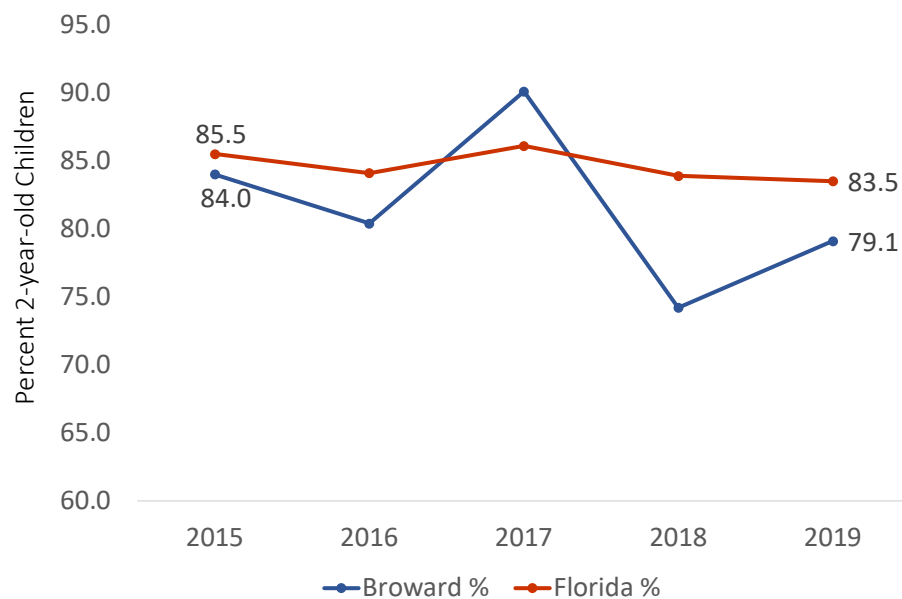


Source: Ronik-Radlauer Group

Maternal Child Health Strategies (cont.)

Infant Health Safe Sleep:	Healthy Babies are Worth the Wait®	Infant Health Substance Exposed Newborns	Perinatal HIV	Teen Parent Alliance:
<ul style="list-style-type: none"> Reducing the rates of infant deaths due to unsafe sleep practices 	<ul style="list-style-type: none"> Reducing the rates of preterm births 	<ul style="list-style-type: none"> Decreasing the rates of infants born exposed to addictive substances and increasing access to treatment and services for mothers with substance use conditions 	<ul style="list-style-type: none"> Reducing the rates of maternal to infant HIV transmission and reducing the rates of congenital syphilis 	<ul style="list-style-type: none"> Reducing the rates of teen births and repeat teen births

2-Year-Old Immunization Rates Broward & Florida, 2015-2019



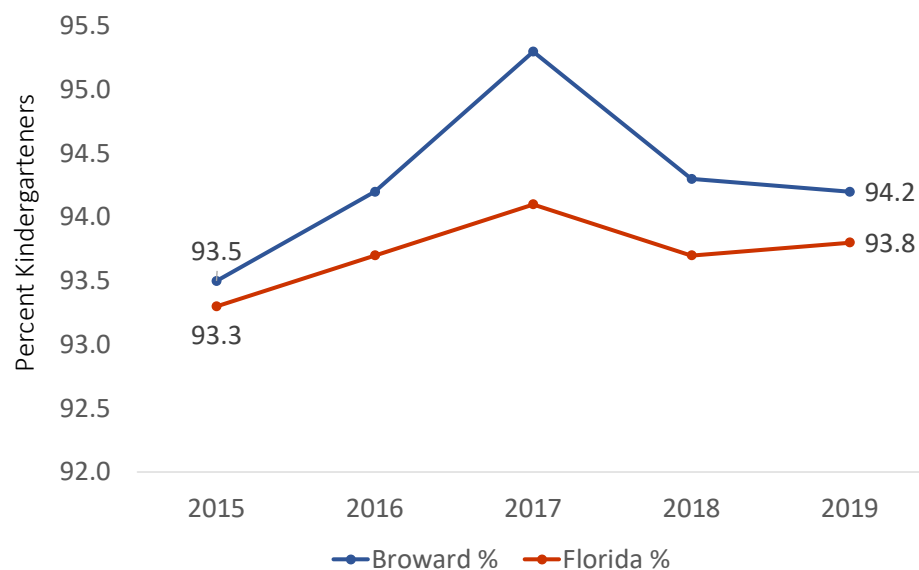
- The 2-year-old immunization rate has remained steady over the past 5 years at around 84%.
- HP 2030 recommends a 90% achievement to maintain effective vaccination coverage levels for universally recommended vaccines among young children.

	2015	2016	2017	2018	2019
Broward %	84.0	80.4	90.1	74.2	79.1
Florida %	85.5	84.1	86.1	83.9	83.5



Source: Florida Charts, 2015-2019

Kindergarten Immunization Rates Broward & Florida, 2015-2019



- The Kindergarten immunization rates are slowly increasing in Broward and in Florida, with a peak in 2017.
- HP 2030 recommends 95% of this population to maintain vaccination coverage levels.

	2015	2016	2017	2018	2019
Broward %	93.5	94.2	95.3	94.3	94.2
Florida %	93.3	93.7	94.1	93.7	93.8



Source: Florida Charts, 2015-2019

Immunization Strategies



Florida Department of Health in Broward County The Shots by Two Programs

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

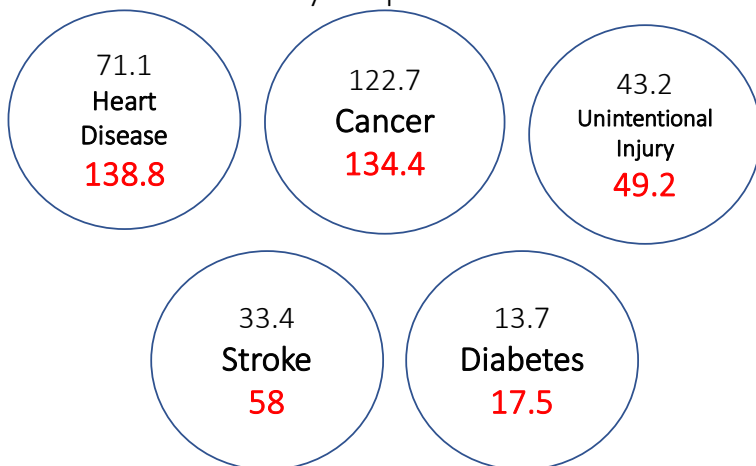
Community Care Plan, Mobile Units, Health Fairs, Community Events

Mortality & Morbidity

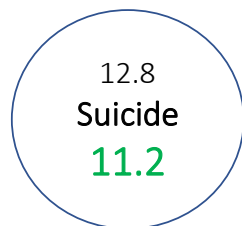


2021 - 2024
Community Health Needs Assessment

Major Causes of Death that **Did Not** Meet
Healthy People 2030 Goals



Major Causes of Death that **Did** Meet
Healthy People 2030 Goals



Unintentional Injuries

Are responsible for the **most** Years of Potential Life Loss with a rate of 1,477.

Heart Diseases

Account for the **highest** number of deaths in Broward County. Representing **24%** of all deaths.

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Major Causes of Death

Broward, 2019

Causes of Death	Deaths	Percent of Total Deaths
Heart Disease	3,602	23.64
Cancer	3,391	22.26
Stroke	1,536	10.08
Unintentional Injury	1,004	6.59
Chronic Lower Respiratory Disease	765	5.02
Diabetes	435	2.86
Alzheimer's Disease	336	2.21
Suicide	241	1.58
Nephritis, nephrotic syndrome & nephrosis	239	1.57
Hypertension	231	1.52

- The major causes of death include Heart Disease, Cancer, Stroke, Unintentional Injury, Chronic Lower Respiratory Disease, and Diabetes.



Source: Florida Charts, 2019

Major Causes of Death

Broward, 2019 (cont.)

Causes of Death	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	Healthy People 2030	YPLL < 75 Per 100,000 Under 75
Heart Disease	186.9	138.8	71.1	840.2
Cancer	176	134.4	122.7	1,234.1
Stroke	79.7	58	33.4	204.9
Unintentional Injury	52.1	49.2	43.2	1,477.5
Chronic Lower Respiratory Disease	39.7	29.8	-	134.2
Diabetes	22.6	17.5	13.7	219.3
Alzheimer's Disease	17.4	12.6	-	4
Suicide	12.5	11.2	12.8	322.9
Nephritis, Nephrotic Syndrome & Nephrosis	12.4	9.5	-	65.2
Hypertension	12	8.9	-	62.6

*The suicide rate is the only major cause of death in Broward County that met the Healthy People 2030 goals.



Source: Florida Charts, 2019

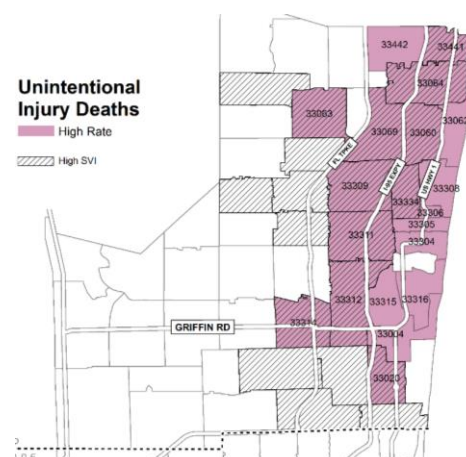
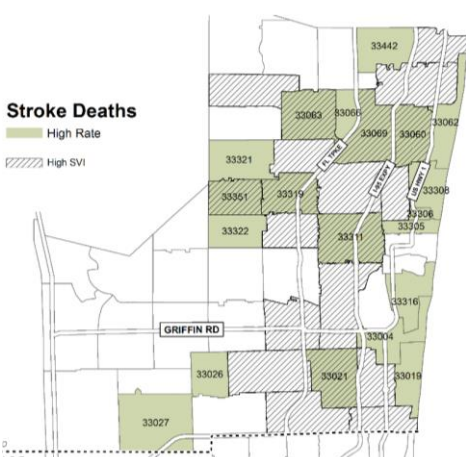
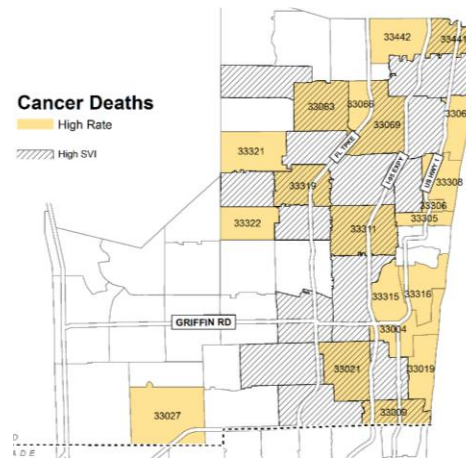
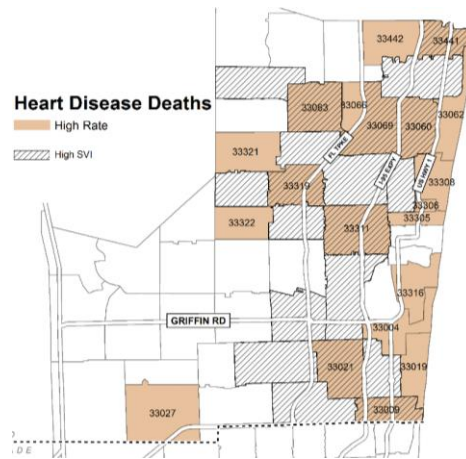
59

Major Causes of Death

+
Social Vulnerability

Percent of Total Deaths:

Heart Disease	24%
Cancer	22%
Stroke	10%
Unintentional Injury	7%

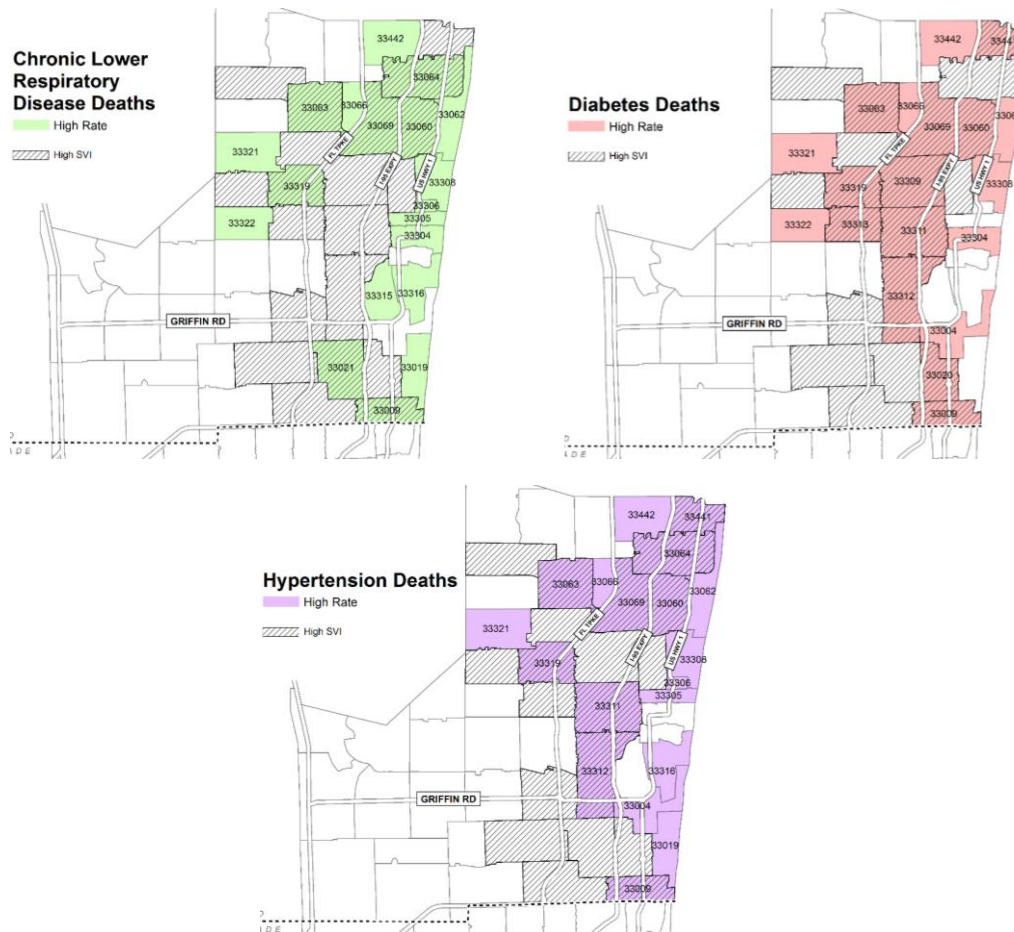


Major Causes of Death

+
Social
Vulnerability

Percent of Total Deaths:

Chronic Lower Respiratory Disease	5%
Diabetes	3%
Hypertension	2%



Community Health Programs

For Chronic Health Conditions

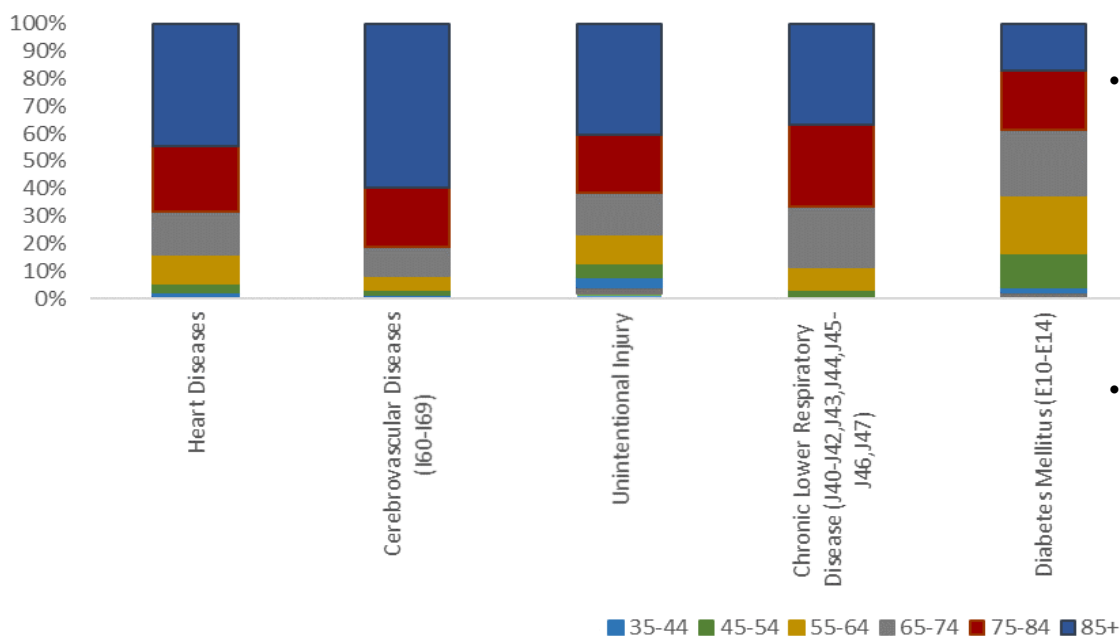
Memorial HITS Program	Program helps patients establish a “medical home”. The program encourages individuals with chronic health conditions to participate in disease management programs, and it provides enrollment assistance for governmental programs.
Florida Department of Health in Broward County	Clinical 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, and prescription assistance
Community Providers	211 Broward First Call for Help



Disclaimer: List is not exhaustive

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Major Causes of Death by Age Broward 2019



- The major age groups affected by the major causes of death is the 85+ population followed by the 75-84 and 65-74 population.
- Diabetes tends to affect relatively younger populations.



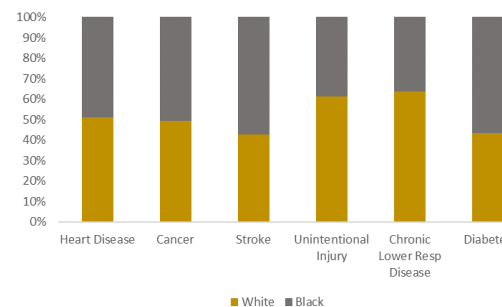
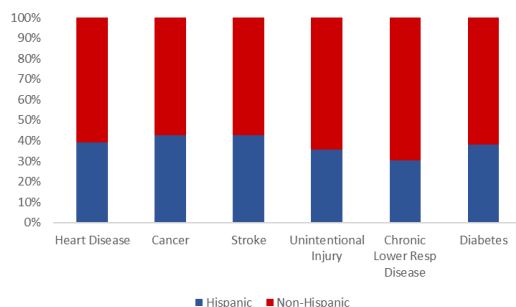
Source: Florida Charts, 2019

Major Causes of Death by Race & Ethnicity

Broward, 2019

Note: all reported death rates are age-adjusted.

- In 2019, the black populations is affected more by heart disease, stroke, and unintentional injury.
- The white population is affected more by cancer, chronic lower respiratory disease, and diabetes.
- More non-Hispanic than Hispanic populations is affected by the 6 outlined causes of diseases.



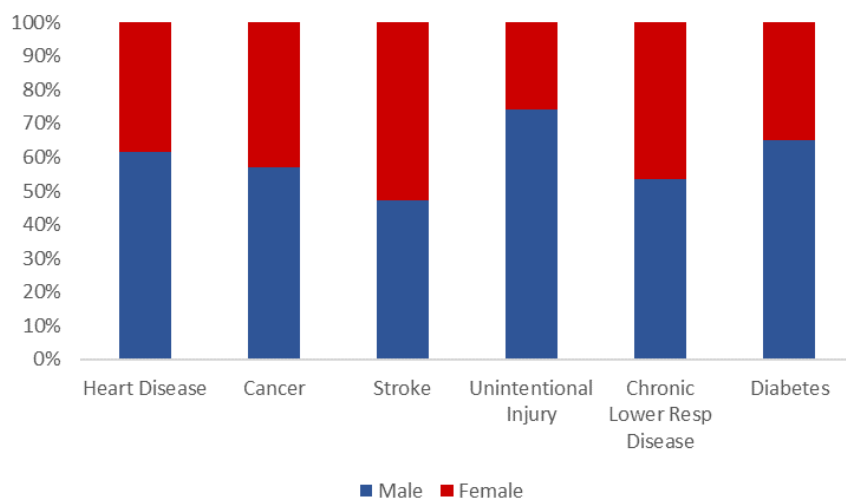
	Hispanic	Non-Hispanic
Heart Disease	95.1	147.4
Cancer	105.7	142.4
Stroke	45	60.8
Unintentional Injury	30.2	54.5
Chronic Lower Resp Disease	14.5	33.4
Diabetes	11.9	19.4

	White	Black
Heart Disease	137.9	132.5
Cancer	131.9	135.7
Stroke	53.7	72.1
Unintentional Injury	56.9	36
Chronic Lower Resp Disease	32.6	18.7
Diabetes	13.5	17.5



Source: Florida Charts, 2019

Major Causes of Death by Gender Broward, 2019



- Males are more likely to be affected by the 6 main causes of death than females.

	Male	Female
Heart Disease	175.4	109.1
Cancer	156.6	117.9
Stroke	53.7	59.7
Unintentional Injury	74.2	25.9
Chronic Lower Resp Disease	32.2	27.8
Diabetes	23.4	12.6

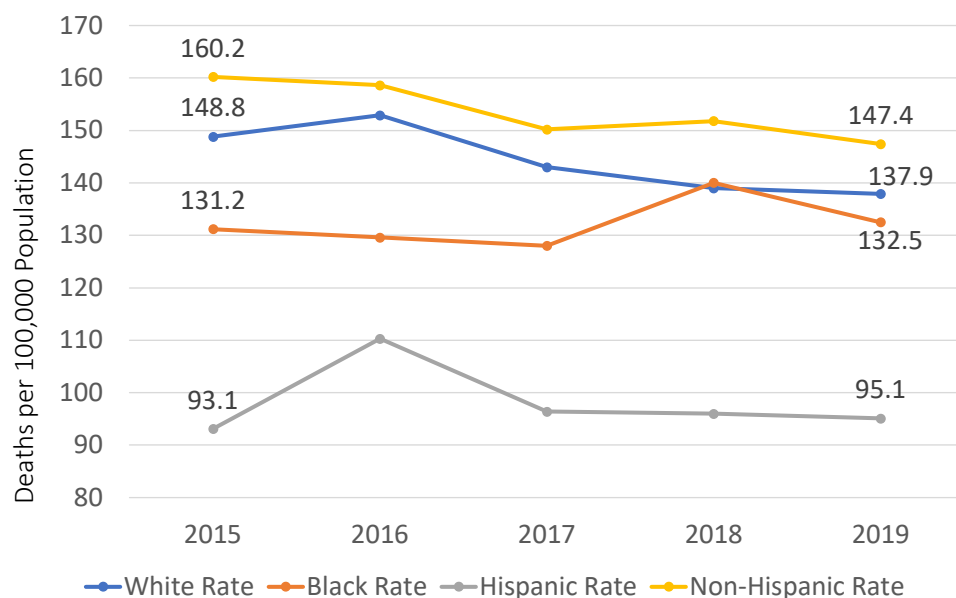
Rates per 100,000 population



Source: Florida Charts, 2019

Heart Disease Deaths by Race & Ethnicity

Broward, 2015-2019



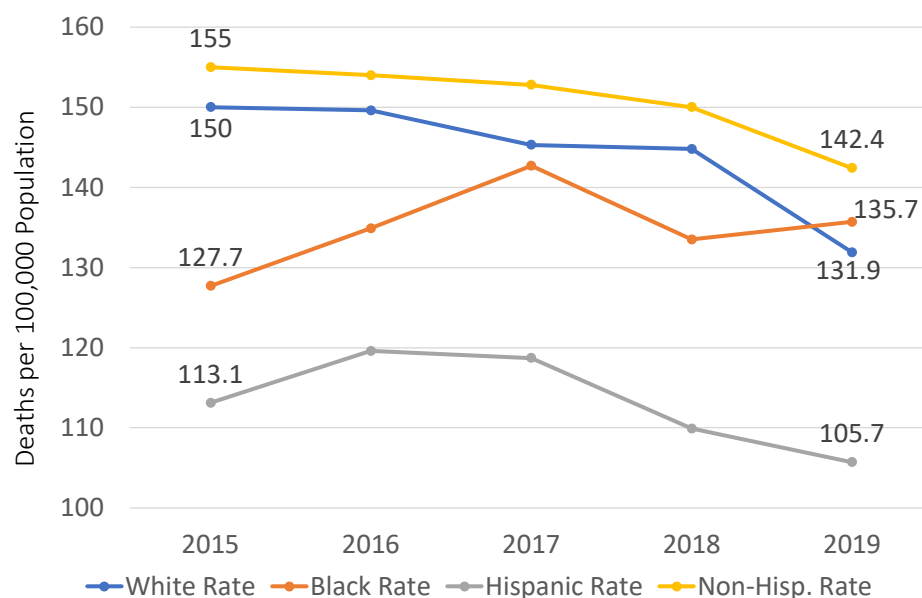
- Death by heart disease has decreased across race and ethnicity. The Hispanic ethnicity had a consistently lower heart disease rate than the Non-Hispanic ethnicities by over 40 deaths per 100,000 persons.
- In 2019, black and white populations have similar rates at around 130 per 100,000.

	2015	2016	2017	2018	2019
White Rate	148.8	152.9	143	139	137.9
Black Rate	131.2	129.6	128	140	132.5
Hispanic Rate	93.1	110.3	96.4	96	95.1
Non-Hisp. Rate	160.2	158.6	150.2	151.8	147.4



Source: Florida Charts, 2015-2019

Cancer Deaths by Race & Ethnicity Broward, 2015-2019



- The cancer death rate has decreased in both ethnicities, with Hispanic populations at a rate of 105.7 per 100,000 persons in 2019.
- Since 2015, the White population has had with a decrease in the cancer death rate while the black population had an increase.

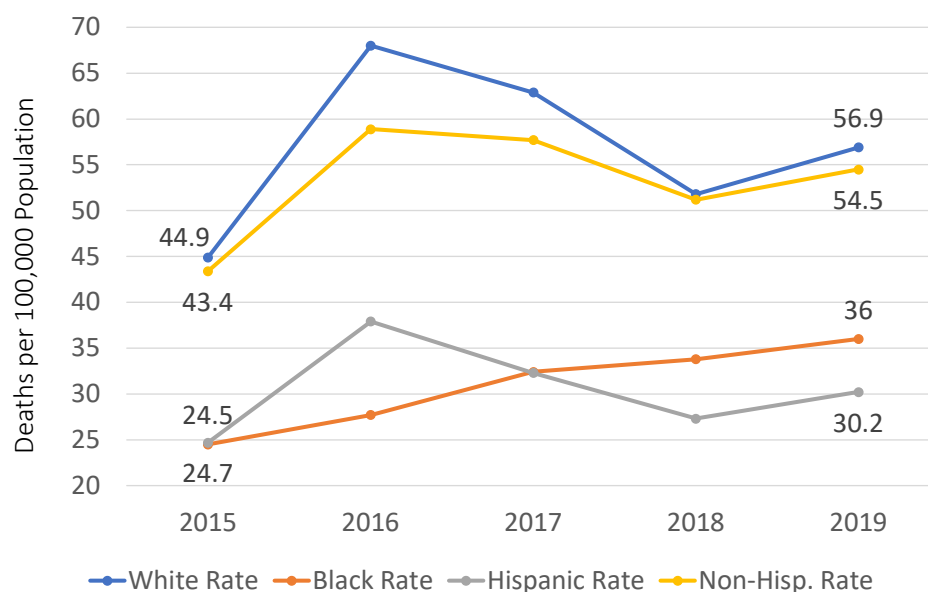
	2015	2016	2017	2018	2019
White Rate	150	149.6	145.3	144.8	131.9
Black Rate	127.7	134.9	142.7	133.5	135.7
Hispanic Rate	113.1	119.6	118.7	109.9	105.7
Non-Hisp. Rate	155	154	152.8	150	142.4



Source: Florida Charts, 2015-2019

Unintentional Injury Deaths by Race/Ethnicity

Broward, 2015-2019



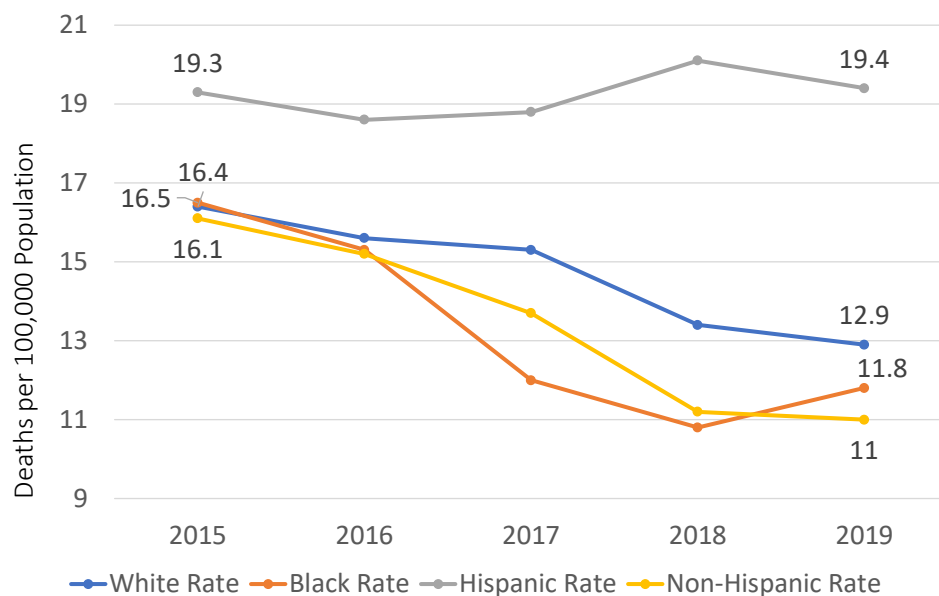
- Since 2015, the death rate due to unintentional injury increased across all races and ethnicities. The highest ethnicity and race is for the non-Hispanic population at 54.5 and white population at 56.9 deaths per 100,000.

	2015	2016	2017	2018	2019
White Rate	44.9	68	62.9	51.8	56.9
Black Rate	24.5	27.7	32.4	33.8	36
Hispanic Rate	24.7	37.9	32.3	27.3	30.2
Non-Hisp. Rate	43.4	58.9	57.7	51.2	54.5



Source: Florida Charts, 2015-2019

Alzheimer's Disease Deaths by Race & Ethnicity Broward, 2015-2019



- The Alzheimer's disease death rate has decreased in both races but has increased among ethnic Hispanics. The lowest overall death rate due to ALZ is ethnic non-Hispanics at 11 deaths per 100,000 population.

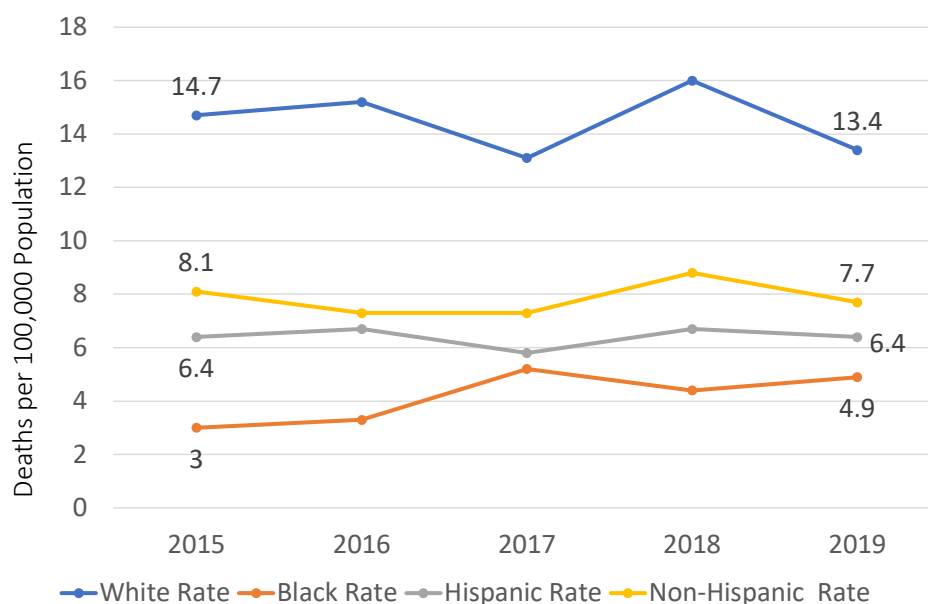
	2015	2016	2017	2018	2019
White Rate	16.4	15.6	15.3	13.4	12.9
Black Rate	16.5	15.3	12	10.8	11.8
Hispanic Rate	19.3	18.6	18.8	20.1	19.4
Non-Hisp. Rate	16.1	15.2	13.7	11.2	11



Source: Florida Charts, 2015-2019

Suicide Deaths by Race & Ethnicity

Broward, 2015-2019



- The suicide death rate has been relatively stable since 2015 across all races and ethnicities. The 2019 overall rate for Broward County is 11.2 suicide deaths per 100,000 population.
- Whites have the highest rate of suicides (13.4), while blacks have the lowest (4.9), though the black population had a modest increase since 2015.

	2015	2016	2017	2018	2019
White Rate	14.7	15.2	13.1	16	13.4
Black Rate	3	3.3	5.2	4.4	4.9
Hispanic Rate	6.4	6.7	5.8	6.7	6.4
Non-Hisp. Rate	8.1	7.3	7.3	8.8	7.7



Source: Florida Charts, 2015-2019

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Years of Potential Life Lost Definition

The years of potential life lost is a measure for the loss of productivity in a community as a result of premature mortality.



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

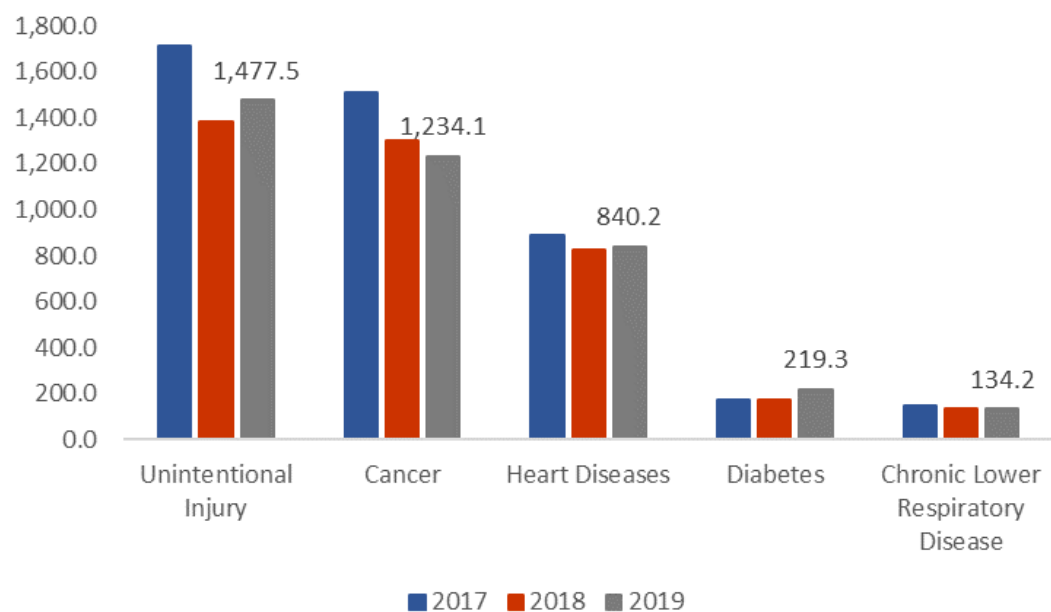


A measure of premature mortality.



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, 2017-2019

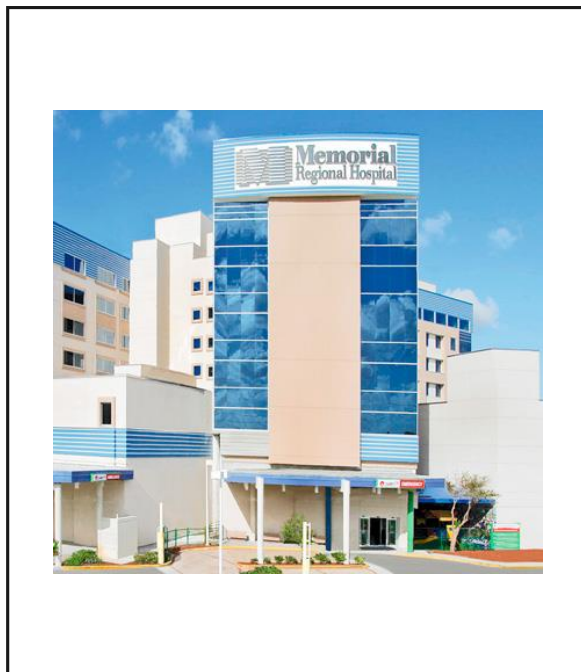


- The top ranked measures in 2019 can be attributed to unintentional injury (1,477), cancer (1,234) and heart diseases (840).



Source: Florida Charts, 2017-2019

Communicable Diseases Prevalence



2021 - 2024
Community Health Needs Assessment

The Total Sexually Transmitted Infection Rate for Broward County has been **increasing** since 2015, from **749 to 978**.



Chlamydia

639
Per 100,000

Gonorrhea

233
Per 100,000



Rates Among 15-19 Year Old Females

2,518

Chlamydia Rate per 100,000

458

Gonorrhea Rate per 100,000



HIV/AIDS



The HIV Rate for Broward County has been **decreasing** since 2015, from **33.5 to 32.4**.

The AIDS Rate for Broward County has been **decreasing** since 2015, from **15.4 to 15.1**.

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Community Health Programs

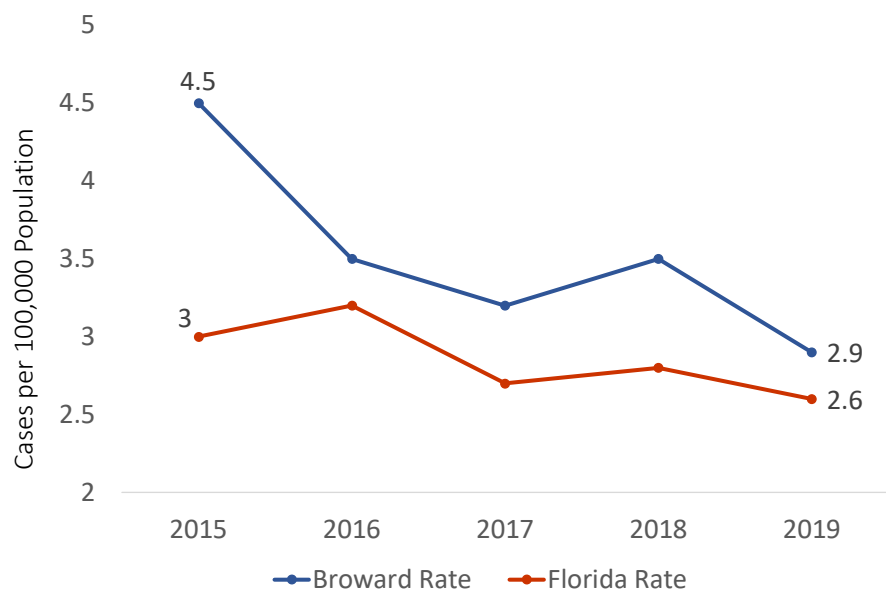
For Communicable Diseases

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 & targeted testing in non-healthcare settings; Pre-exposure prophylaxis & post-exposure prophylaxis; test and treat, & community outreach, STD clinical services contracted by the AIDS Healthcare Foundation
Federally Qualified Health Centers	HIV/AIDS testing, counseling and treatment, women's health
Community Providers	211 Broward First Call for Help



Disclaimer: List is not exhaustive

Tuberculosis Rate Broward & Florida, 2015-2019



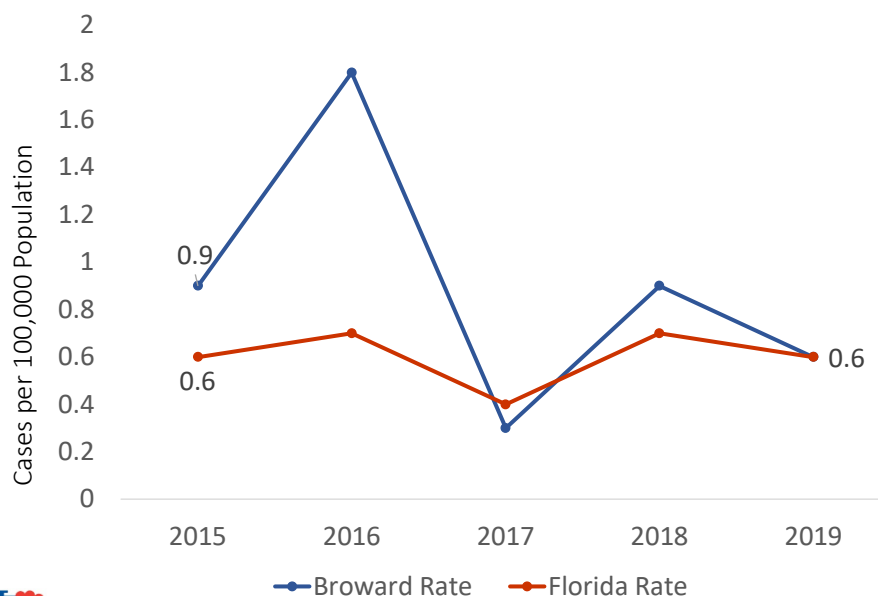
- The tuberculosis rate has decreased in both Florida and in Broward County. The 2019 rate for Broward County is 2.9 cases per 100,000 population.

	2015	2016	2017	2018	2019
Broward Rate	4.5	3.5	3.2	3.5	2.9
Florida Rate	3	3.2	2.7	2.8	2.6



Source: Florida Charts, 2015-2019

Tuberculosis Rate for Children Under 15, Broward & Florida, 2015-2019



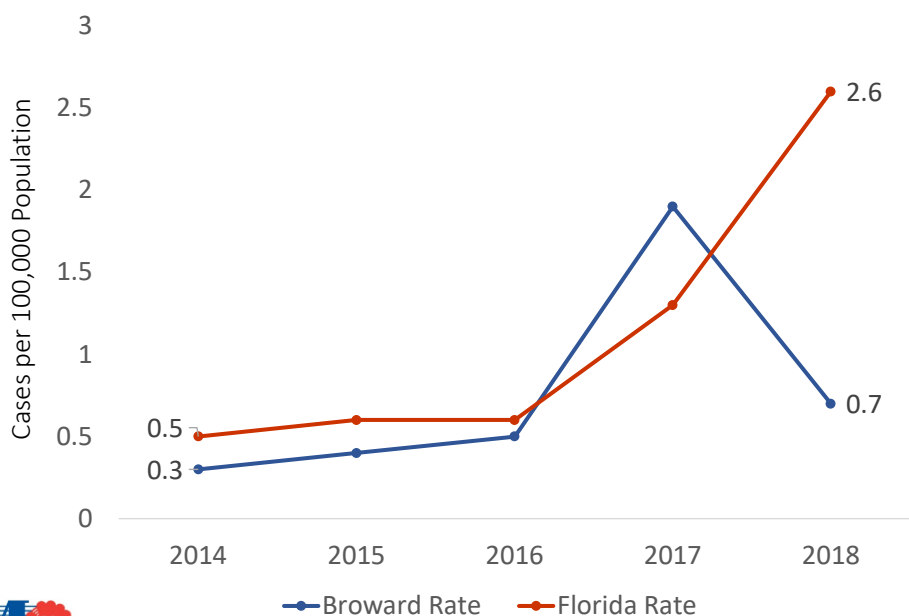
- The tuberculosis rate for children under 15 has been stable in Florida and had slight variation in Broward. The 2019 rate for both Florida and Broward was 0.6 cases per 100,000 persons during the year.

	2015	2016	2017	2018	2019
Broward Rate	0.9	1.8	0.3	0.9	0.6
Florida Rate	0.6	0.7	0.4	0.7	0.6



Source: Florida Charts, 2015-2019

Hepatitis A Rate Broward & Florida, 2014-2018



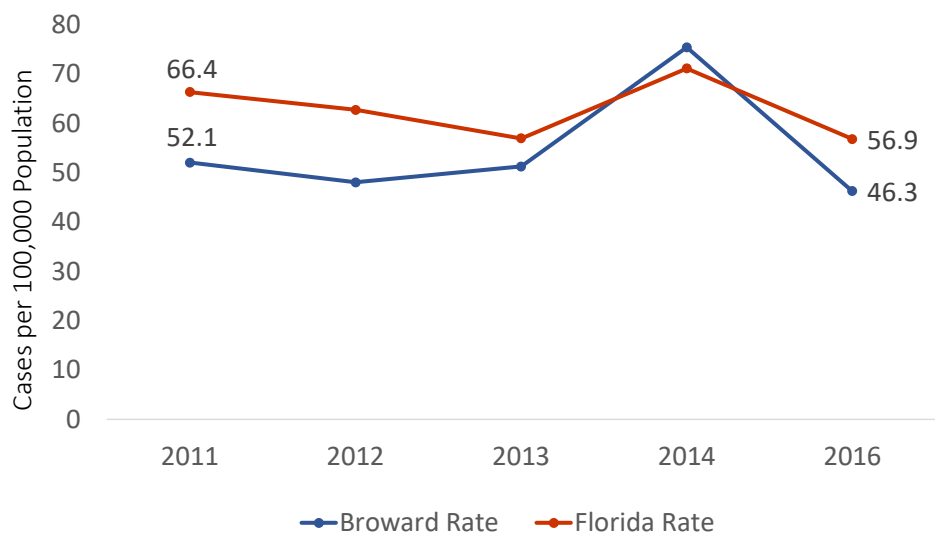
- The hepatitis A rate in both Florida and Broward County increased since 2014, with a peak seen in 2017. The Florida rate continues to have an increase trend whereas Broward County's 2018 rate is 0.7 cases per 100,000 persons.
- The HP 2030 goal is 0.3 new cases per 100,000 population.

	2014	2015	2016	2017	2018
Broward Rate	0.3	0.4	0.5	1.9	0.7
Florida Rate	0.5	0.6	0.6	1.3	2.6



Source: Florida Charts, 2014-2018; no 2019 data are available.

Total Enteric Disease Rate (Children) Broward & Florida, 2011-2016



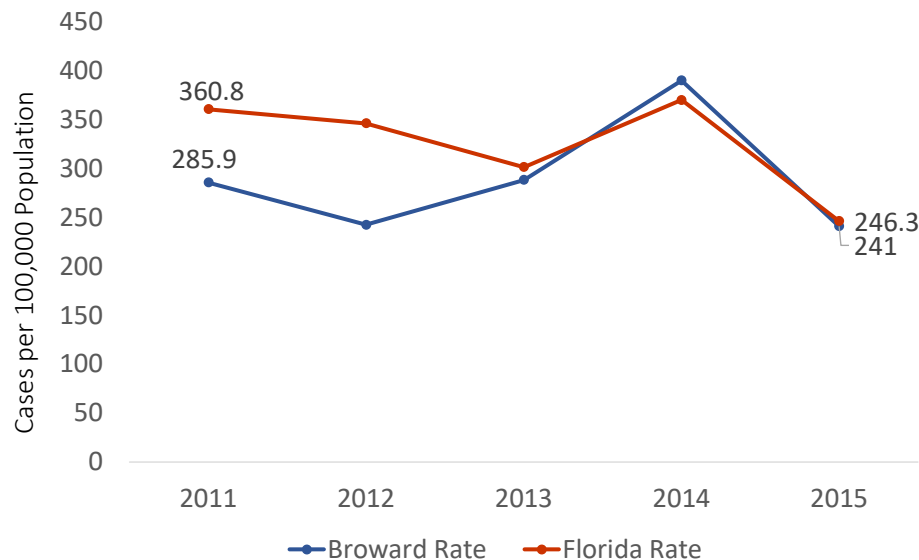
- The enteric disease rate in children in both Florida and Broward County has had an overall decrease. The latest data are from 2013-2016, with 2016 noting a rate of 46.3 cases per 100,000 population.

	2011	2012	2013	2014	2016
Broward Rate	52.1	48.1	51.3	75.5	46.3
Florida Rate	66.4	62.8	57	71.2	56.9



Source: Florida Charts, 2011-2016; Disease rates have not been updated past 2016

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



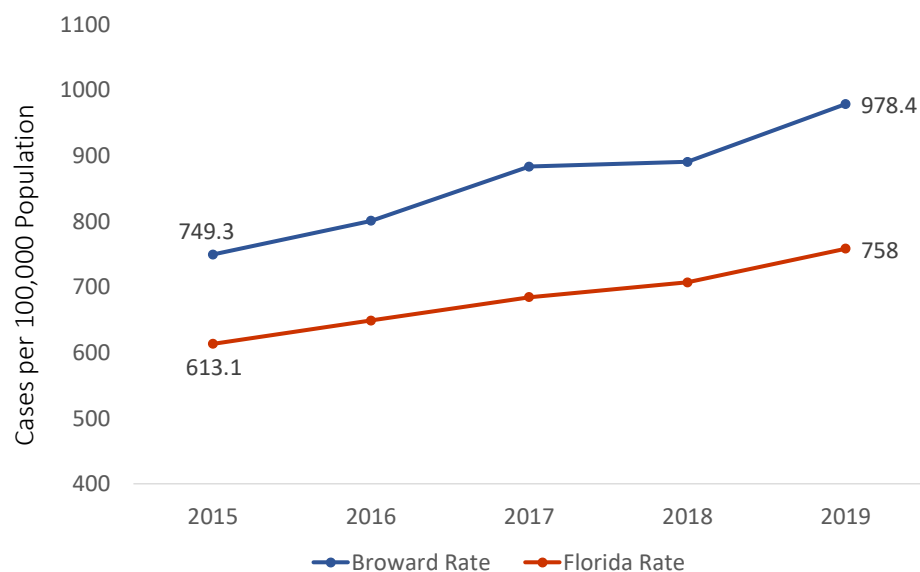
- The enteric disease rate in children < 6 Years Old in both Florida and Broward County decreased overall. The latest data is from 2013-2015.

	2011	2012	2013	2014	2015
Broward Rate	285.9	242.6	288.5	390.1	241
Florida Rate	360.8	346.3	301.6	370.3	246.3



Source: Florida Charts, 2011-2015; Disease rates have not been updated past 2015

Total Sexually Transmitted Infection Rate Broward & Florida, 2015-2019



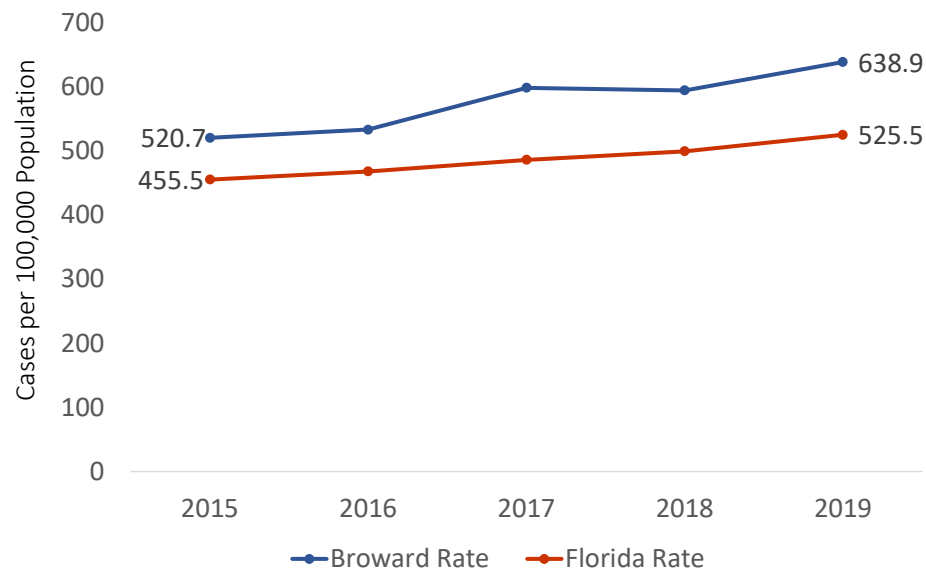
- The bacterial STD rate in both Florida and Broward County has steadily increased. In 2019, the Broward rate is 978.4 cases per 100,000 population.

	2015	2016	2017	2018	2019
Broward Rate	749.3	800.4	883.2	890.3	978.4
Florida Rate	613.1	648.7	684.3	706.9	758



Source: Florida Charts, 2015-2019

Chlamydia Rate Broward & Florida, 2015-2019



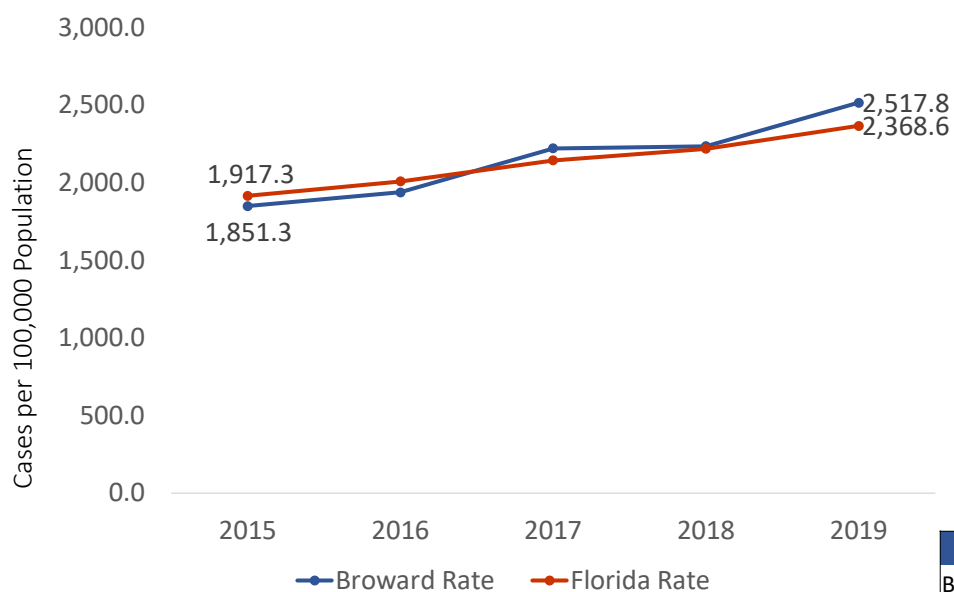
- The chlamydia new case rates in both Florida and Broward County have been steadily increasing. In 2019, the rate in Broward County was appx. 638 new cases per 100,000 persons in the population.

	2015	2016	2017	2018	2019
Broward Rate	520.7	533.5	598.7	594.9	638.9
Florida Rate	455.5	468.2	486.5	499.9	525.5



Source: Florida Charts, 2015-2019

Chlamydia Rate in Females Age 15-19 Broward & Florida, 2015-2019



- The chlamydia rate in both Florida and Broward County among teenaged females has also been steadily increasing. In 2019, the rate in Broward County was around a 2,517 cases per 100,000 persons in the population.

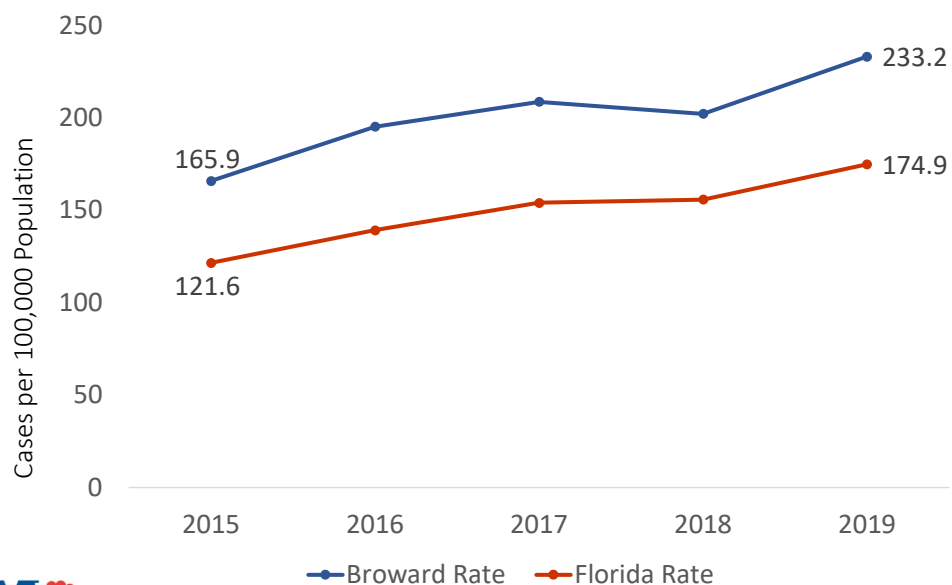
	2015	2016	2017	2018	2019
Broward Rate	1,851.3	1,939.8	2,223.3	2,237.0	2,517.8
Florida Rate	1,917.3	2,010.6	2,146.0	2,219.6	2,368.6



Source: Florida Charts, 2015-2019

Gonorrhea Rates

Broward & Florida, 2015-2019



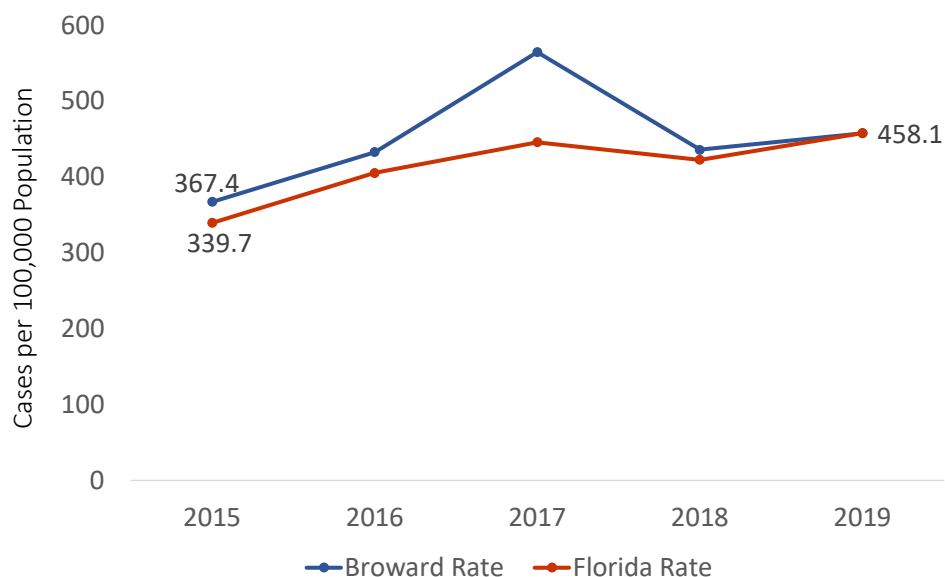
- The gonorrhea rates in both Florida and Broward County have been steadily increasing. In 2019, the rate in Broward County was around a 233 cases per 100,000 population.

	2015	2016	2017	2018	2019
Broward Rate	165.9	195.2	208.7	202.2	233.2
Florida Rate	121.6	139.2	154.1	155.8	174.9



Source: Florida Charts, 2015-2019

Gonorrhea Rates in Females Ages 15-19 Broward & Florida, 2015-2019



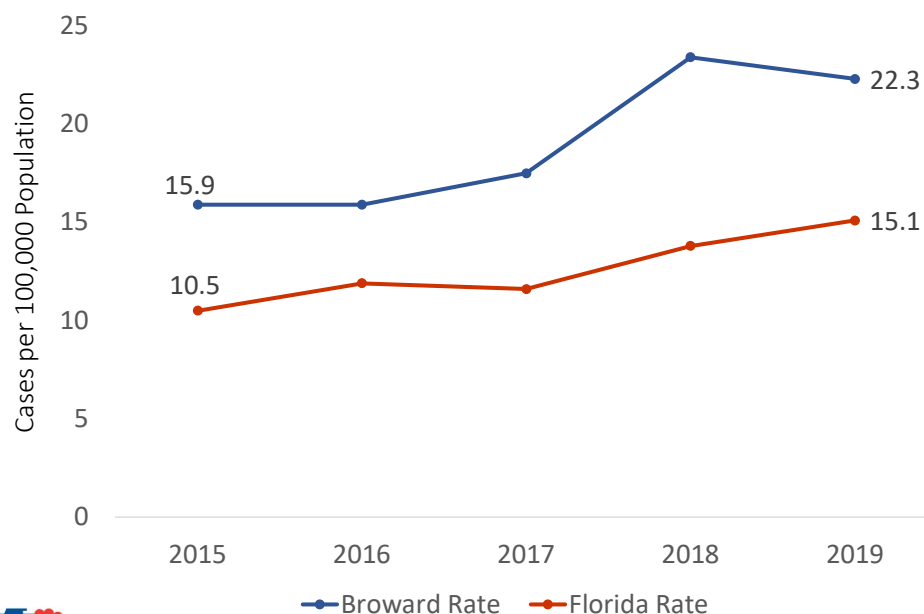
- The gonorrhea rates for females ages 15-19 in both Florida and Broward County have been steadily increasing.
- Over the last two years, both populations were in a similar range. In 2019, the rate was around a 458 cases per 100,000 population.

	2015	2016	2017	2018	2019
Broward Rate	367.4	433.2	564.9	436.2	458
Florida Rate	339.7	405.7	446.2	422.8	458.1



Source: Florida Charts, 2015-2019

Infectious Syphilis Rate Broward & Florida, 2015-2019



- The infectious syphilis rate in both Florida and Broward County have been steadily increasing, with Broward County consistently higher than Florida overall. In 2019, Broward County observed an incidence of 22.3 cases per 100,000 population.

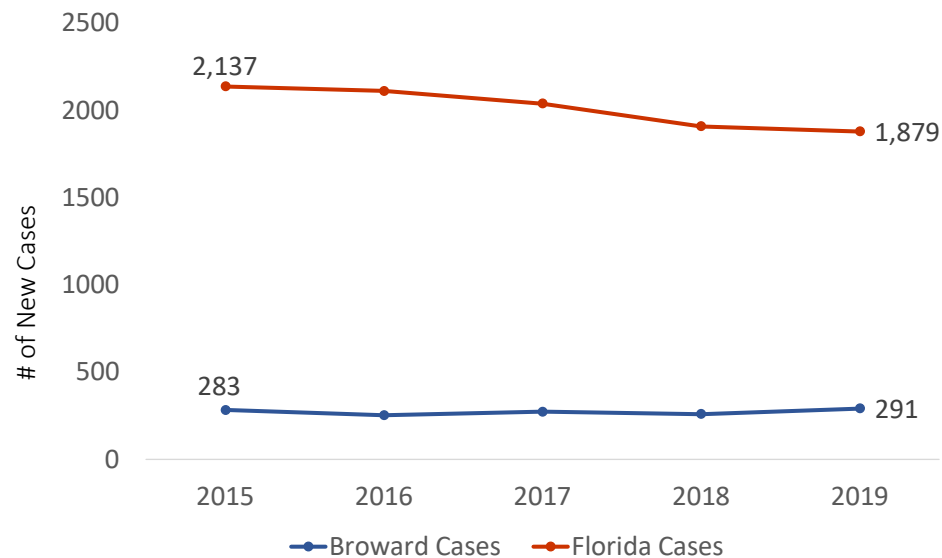
	2015	2016	2017	2018	2019
Broward Rate	15.9	15.9	17.5	23.4	22.3
Florida Rate	10.5	11.9	11.6	13.8	15.1



Source: Florida Charts, 2015-2019

AIDS Cases

Broward & Florida, 2015-2019



- The AIDS rate in Florida has been steadily decreasing, while the new case rate in Broward County has slightly increased. In 2019, Broward County observed 291 new cases of AIDS.

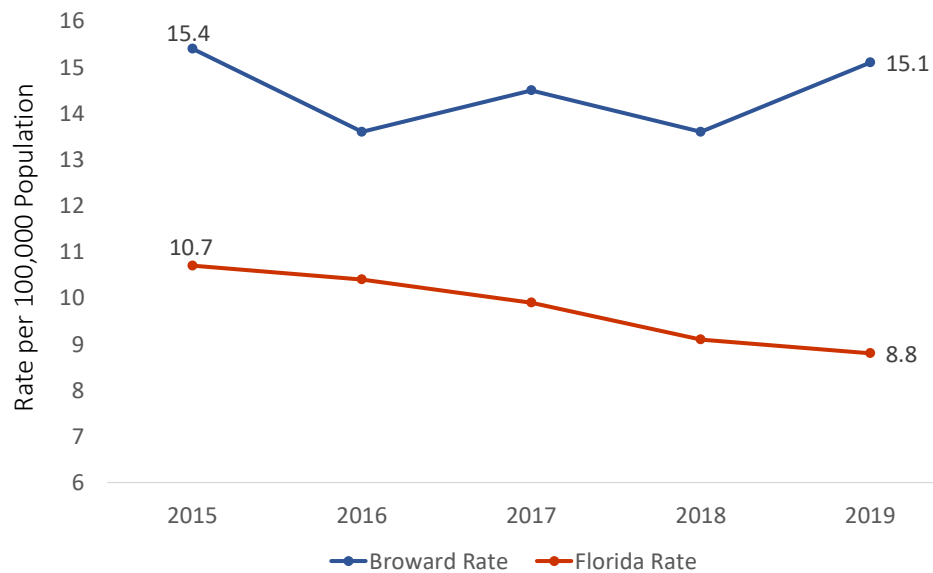
	2015	2016	2017	2018	2019
Broward Cases	283	253	273	259	291
Florida Cases	2,137	2,111	2,039	1,909	1,879



Source: Florida Charts, 2015-2019

AIDS Rate

Broward & Florida, 2015-2019



- The AIDS Rate in both Florida and Broward County has been steadily decreasing, with Broward County consistently higher than Florida, overall.
- In 2019, Broward County had a rate of 15.1 cases of AIDS per 100,000 persons in the population.

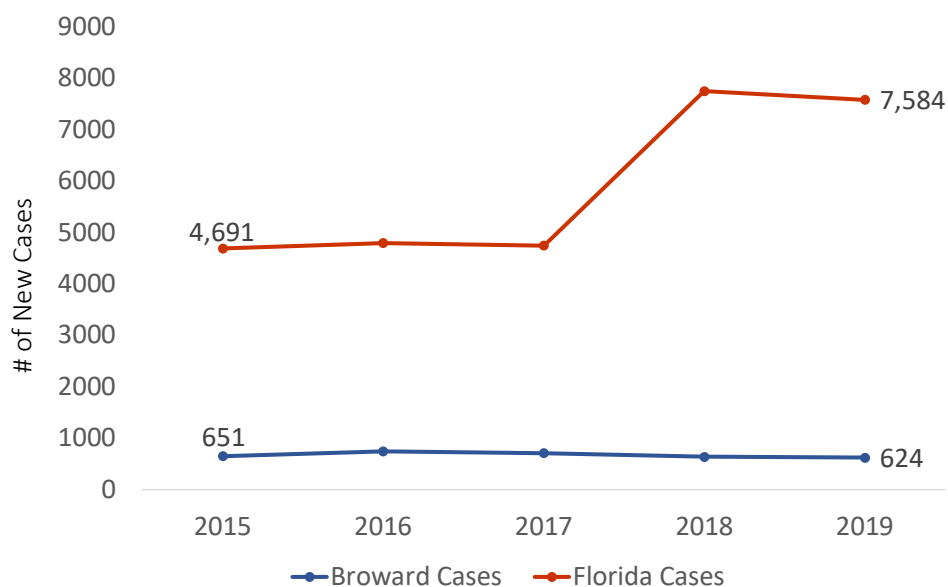
	2015	2016	2017	2018	2019
Broward Rate	15.4	13.6	14.5	13.6	15.1
Florida Rate	10.7	10.4	9.9	9.1	8.8



Source: Florida Charts, 2015-2019

HIV Cases

Broward & Florida, 2015-2019



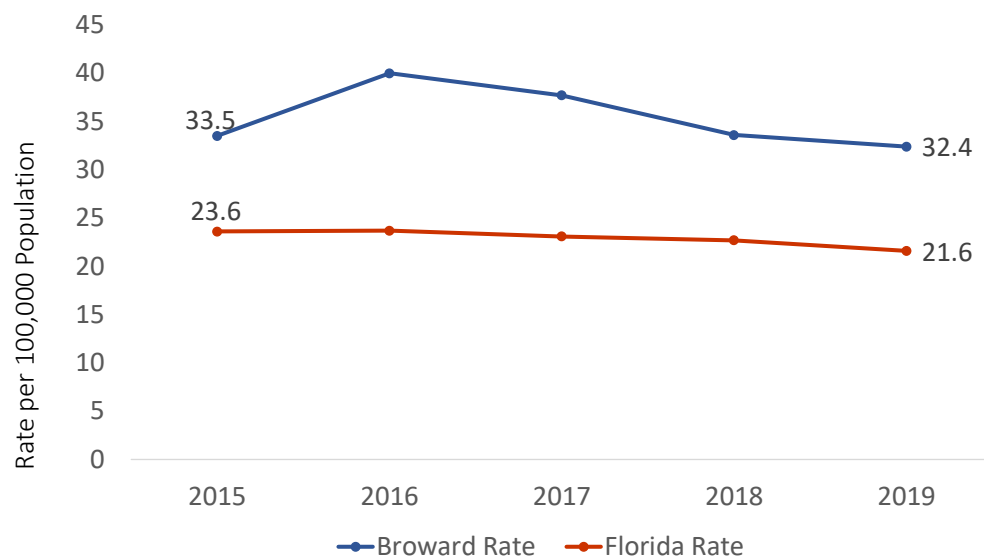
- The HIV cases in Florida have notably increased, especially from 2017-2018, with the latest 2019 case rate at 7,584. The overall Florida cases has steadily decreased.

	2015	2016	2017	2018	2019
Broward Cases	651	744	710	640	624
Florida Cases	4,691	4,797	4,748	7,752	7,584



Source: Florida Charts, 2015-2019

HIV Rate Broward & Florida, 2015-2019



- The HIV rate in both Florida and Broward County has decreased over the last five years.
- In 2019, Broward County had a rate of 21.6 new HIV infections per 100,000 persons in the population.

	2015	2016	2017	2018	2019
Broward Rate	33.5	40	37.7	33.6	32.4
Florida Rate	23.6	23.7	23.1	22.7	21.6



Source: Florida Charts, 2015-2019

Main Observations - County Level Quantitative Data

Social Determinants of Health	<ul style="list-style-type: none"> • High SVI Zip Codes cluster with high black populations, COVID-19, Diabetes, Asthma and Sickle Cell Disease. • Concentrations between I95 and the Turnpike.
Health Insurance	<ul style="list-style-type: none"> • Overall uninsured rate (15.30%) is 2.1% higher than Florida and 6.1% higher than the U.S. • Age group 19-26 has an alarming uninsured rate of 26.6% and 25-34 is 28.10%.
Health Care Resources	<ul style="list-style-type: none"> • Hallandale, Sunrise, Deerfield Beach and Miramar have the lowest Medically Underserved Population (MUP) scores with an average MUP score of 43 out of 62.
Maternal & Child Health	<ul style="list-style-type: none"> • 2-year-old immunization rates are 79.1%, below the Healthy People goal of 90%. • Average adverse Birth Outcomes for black babies is 146%, higher than white babies. • Low Birth Weight, Pre-Term Births, and Infant Mortality tend to cluster in high SVI Zip Codes. • Prenatal Care for 1st and 3rd Trimesters has decreased since 2015.
Mortality & Morbidity	<ul style="list-style-type: none"> • Top causes of death higher than HP 2030 Goals: Heart Disease Death 95% higher, Stroke 74% higher, and Diabetes 28% higher. • Heart Disease, Cancer and Stroke = 56% of deaths. • Diabetes concentrates in high SVI areas, afflicting younger ages 45-64. • Blacks die of diabetes and stroke at higher rates than whites (30% and 34% higher). • Alzheimer’s Disease deaths are 50% higher for Hispanics than whites, and the highest of all groups.
Communicable Diseases Prevalence	<ul style="list-style-type: none"> • Total STI rate has increased 30% since 2015. • While HIV rates have decreased, the AIDS rate has increased 11% since 2018.

Questions



2021 - 2024
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For More Information

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Presentation 3: Hospital Utilization, Emergency Department Utilization, Chronic Disease Hospitalization, Self-Inflicted Injuries

This section of the CHNA covered the utilization of the MHS facilities in comparison to the county for emergency department visits and cases, costs, hospital stays and observation days. The analysis goes into depth of the hospitalizations by chronic conditions, further breaking down the figures by race, ethnicity, and gender.

Hospital Utilization. As of 2019, MHS has 24% of Broward County's hospital bed capacity. Since 2017, MHS gained a net 108 beds. Memorial Hospital West (MRW) had the largest gain of 120 beds, while Memorial Regional Hospital South (MRS) had a reduction of 12 beds.

Between 2017 and 2019, MHS had a 9.95% increase in admissions, which makes up 23% of all admissions in Broward County.

While the average daily census for Broward County has dropped 3.24% between 2017 and 2019, MHS has experienced some increases. Overall, MHS had a slight daily census increase of 1.73%. However, the Miramar facility had an increase of 18.55%: 87.2 in 2017 to 103.1 in 2019. The Pembroke facility had a similar increase of 18.23%: 87.2 in 2017 to 103.1 in 2019.

The average occupancy rate for Broward County had an 8.4% decrease from 57.2% to 52.4% from 2017 to 2019. Overall, MHS's occupancy rate in 2019 is below the County by 9.9% with a 48.4% rate. However, Memorial Regional Hospital has an occupancy rate of 69.5%, which is 30.4% higher than the County for 2019.

Similar to the proportion of hospital bed capacity, MHS's 2019 total patient days of 205,576 make up 25% of all patient days in Broward County. Across the system, patient days have had slight increases between 2017 and 2019. By contrast, observation days had an 8% increase for MHS, with Memorial Hospital West having a 38% increase. Following this pattern, the observation daily census increased 32.5% for MHS, with Memorial Hospital West having a 70% increase. The intensity of observation care appears to have increased significantly as well. Observation hours for MHS increased 32.4% between 2017 and 2019, with the greatest increase also at Memorial Hospital West with a 70% increase.

Emergency Department Utilization. There were not any remarkable changes for the 2017 to 2019 period for this metric for MHS. Admissions decreased at most facilities or remained stable such as at Miramar. Visits had slight increases, particularly at the Pembroke facility. Across Broward County, there was a 11.45% decrease of ED admissions, while visits remained mostly stable.

Chronic Disease Hospitalization. A notable trend is that cases for most chronic conditions, especially diabetes have decreased across MHS during the 2017 to 2019 period. However, the cost for services have increased particularly for diabetes and congestive heart failure. The decrease trends could be due to diligent self-management programs for these conditions. However, the higher cost of care may reflect the patients who have not had access to care to the point where their condition deteriorates and becomes more complicated. Or it could reflect an increase in older populations. The latter may be a

more accurate explanation, since Medicare makes up the greatest proportion, particularly for Congestive Heart Failure. This is a pattern that is repeated across all MHS facilities.

As discussed in the Presentation 2 on the SDOH, race and ethnicity shape health outcomes to significant extent. Zip Code 33023, which overlaps with high SVI, poverty and Black populations consistently has the highest hospitalizations for congestive heart failure, diabetes, asthma, aids, and sickle cell disease. It is second in hospitalizations for hypertension. The top PSA Zip Codes for chronic disease hospitalizations are 33021, 33023, 33024, 33025 and 33027. Three of these Zip Codes have a high SVI score (underlined), while the other two share boundaries with high SVI areas. All of these are geographically clustered, following patterns of demographic residential settlement. Overall, black, and Hispanic patients combined make up most chronic disease hospitalizations. For example, 60% of the AIDS hospitalizations are black patients. For asthma, while black patients make up most cases, they are also mostly female: Across MHS. 70% of Asthma cases are female, while the other conditions such as CHF, diabetes, and Hypertension are nearly split between male and female.

Self-Inflicted Injury. Despite a 7% decrease of suicide in 2017, Broward County had an overall 11% increase in suicides in the 2017 to 2019 period. The most increase of suicide is with the age groups 45-55 (28% increase) and 55-64 (58%). While not covered in the CHNA, the rate increase of poverty or unemployment for these age groups may be worth investigating as a possible co-factor.

Presentation 3 Slides: MHS Quantitative Data (Part 1)



**Memorial
Healthcare System**

2021 - 2024
Community Health Needs Assessment

Prepared By:



BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS



**Memorial
Healthcare System**

1



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Executive Director, Community Services



Meeting Dates

Agenda



December 16 th , 2020	January 13 th , 2021	February 10 th , 2021	March 10 th , 2021	April 7 th , 2021	May 12 th , 2021
<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part II) 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Summary of Data, Needs, and Gaps 2. Stakeholder Discussion 3. Prioritization Process

Disclaimer: Broward's Health Story Map to be included upon analysis



MHS Hospital Data

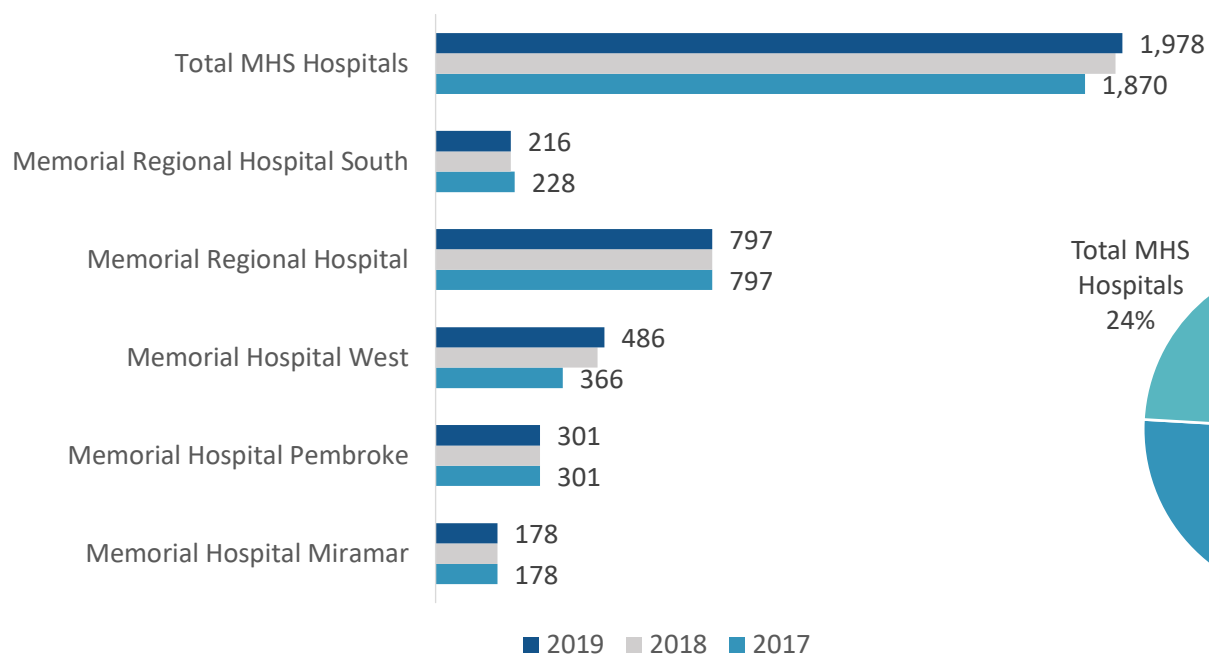


Hospital Utilization

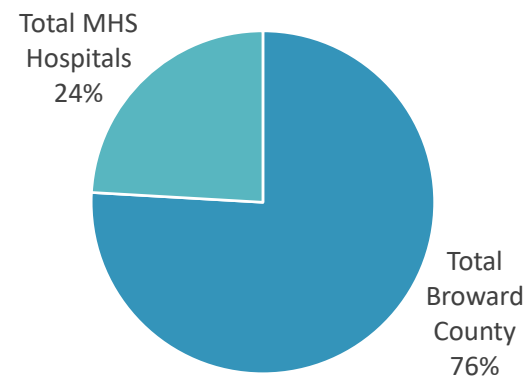


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Licensed Beds, MHS 2017-2019

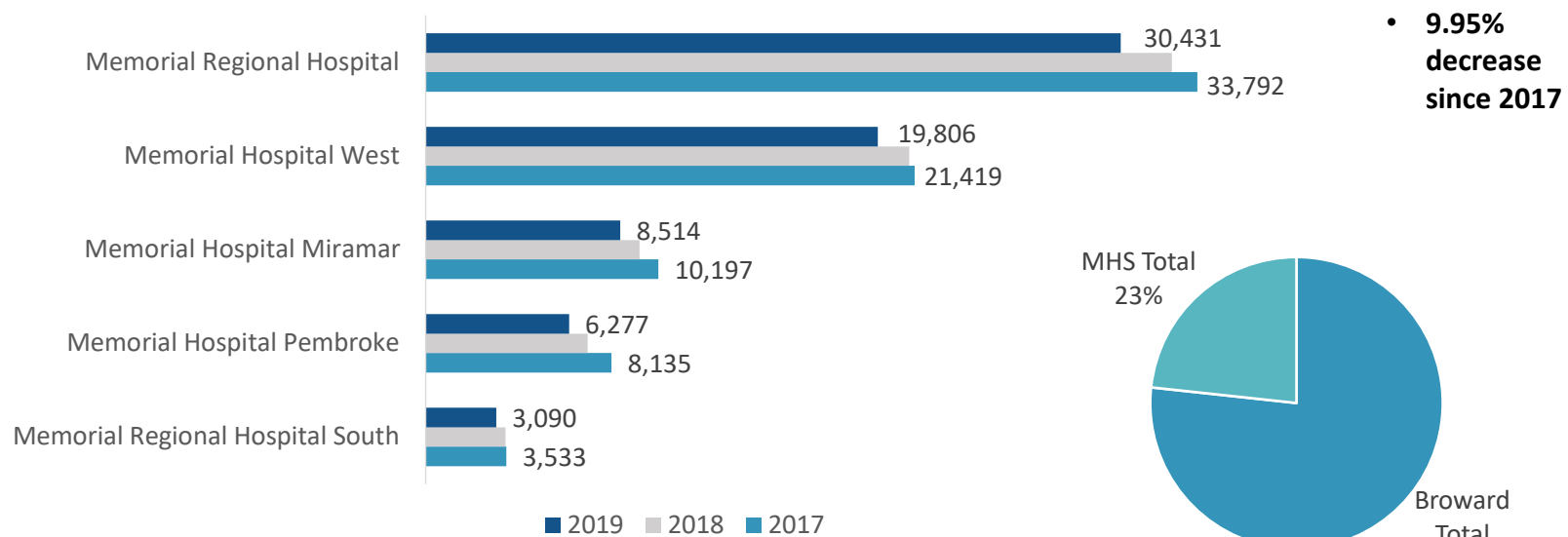


- **108 bed gain since 2017**
- **+120 gain from MRW**
- **-12 reduction MRS**



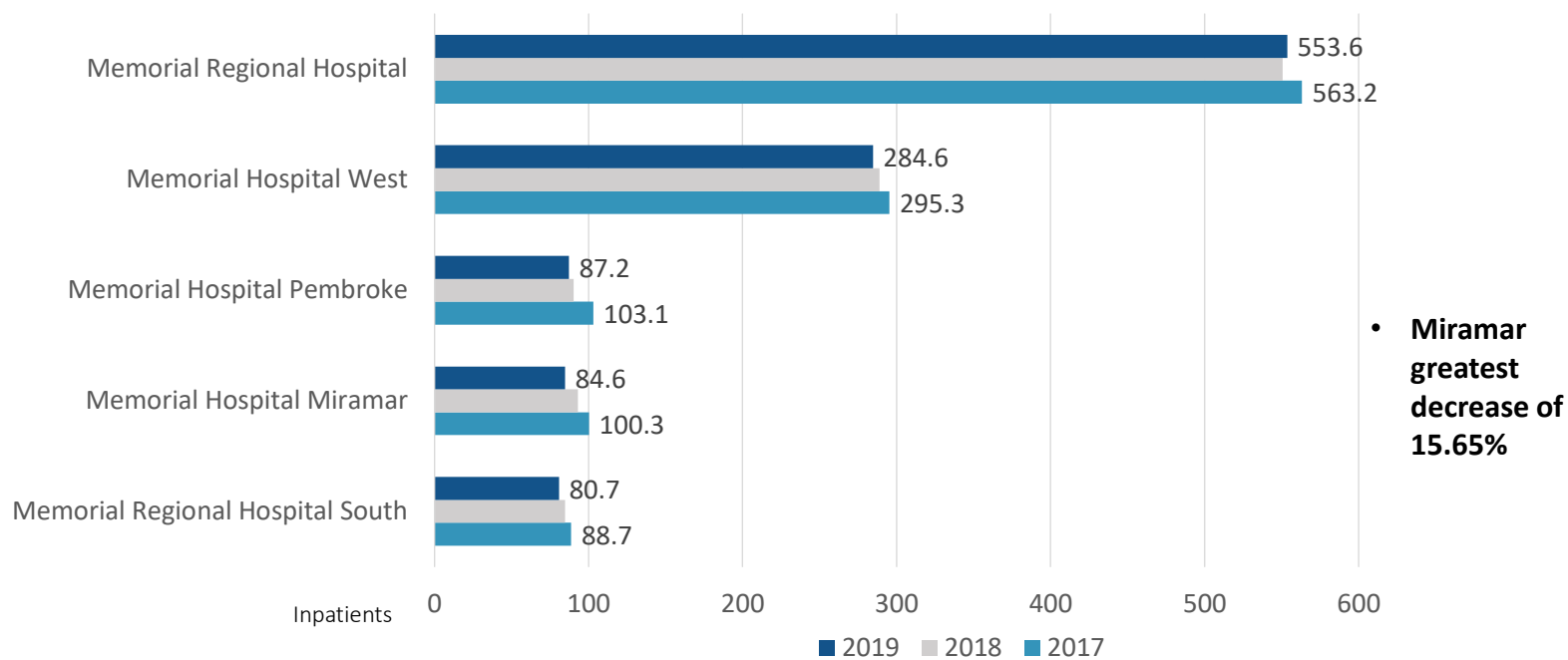
Source: Broward Regional Health Planning Council, Health Data Warehouse

Admissions, MHS 2017-2019



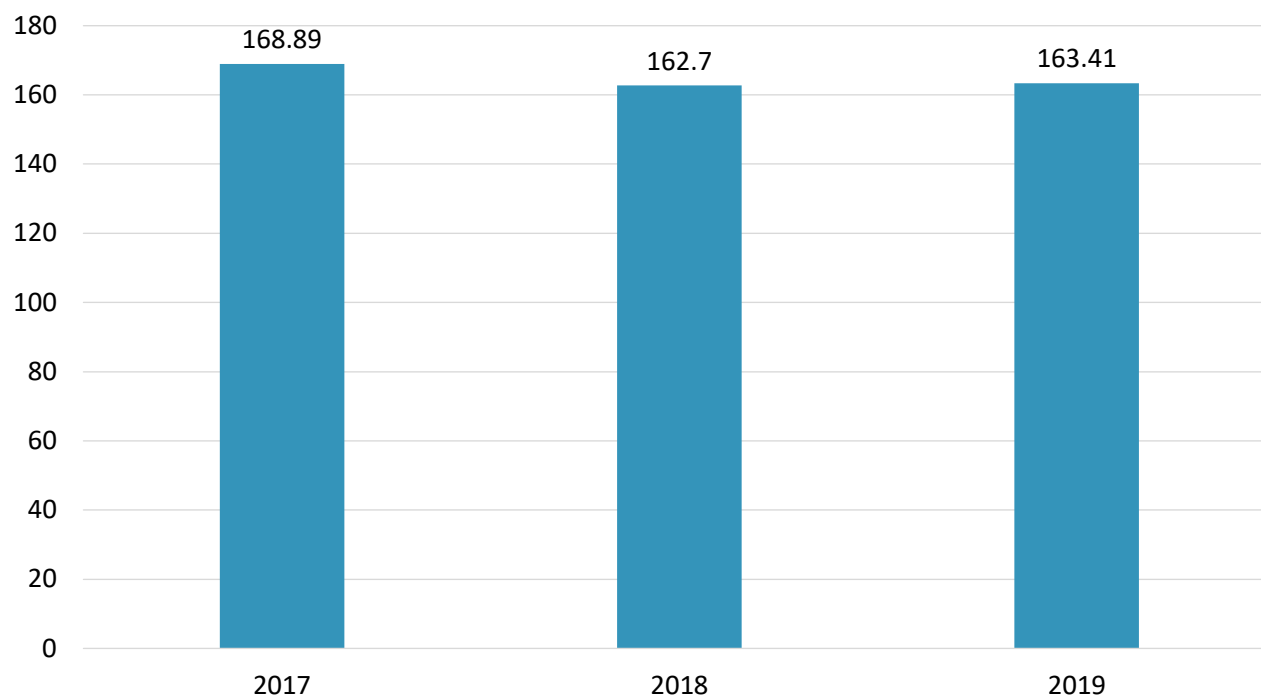
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Daily Census, MHS 2017-2019



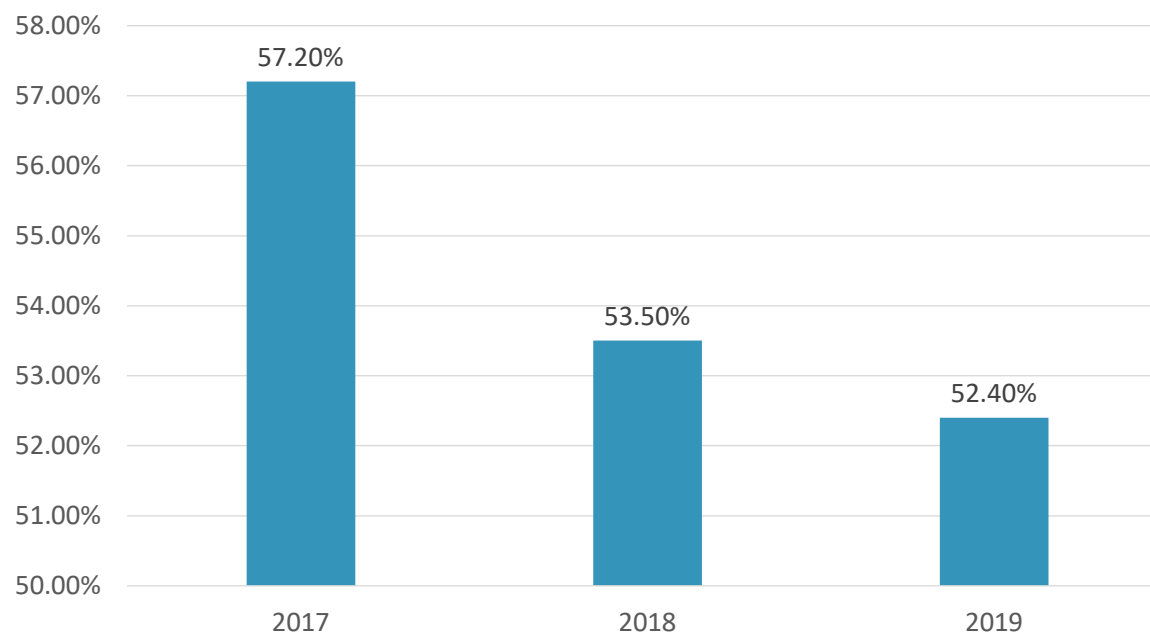
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Daily Census, Broward 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Occupancy Rates, Broward 2017-2019

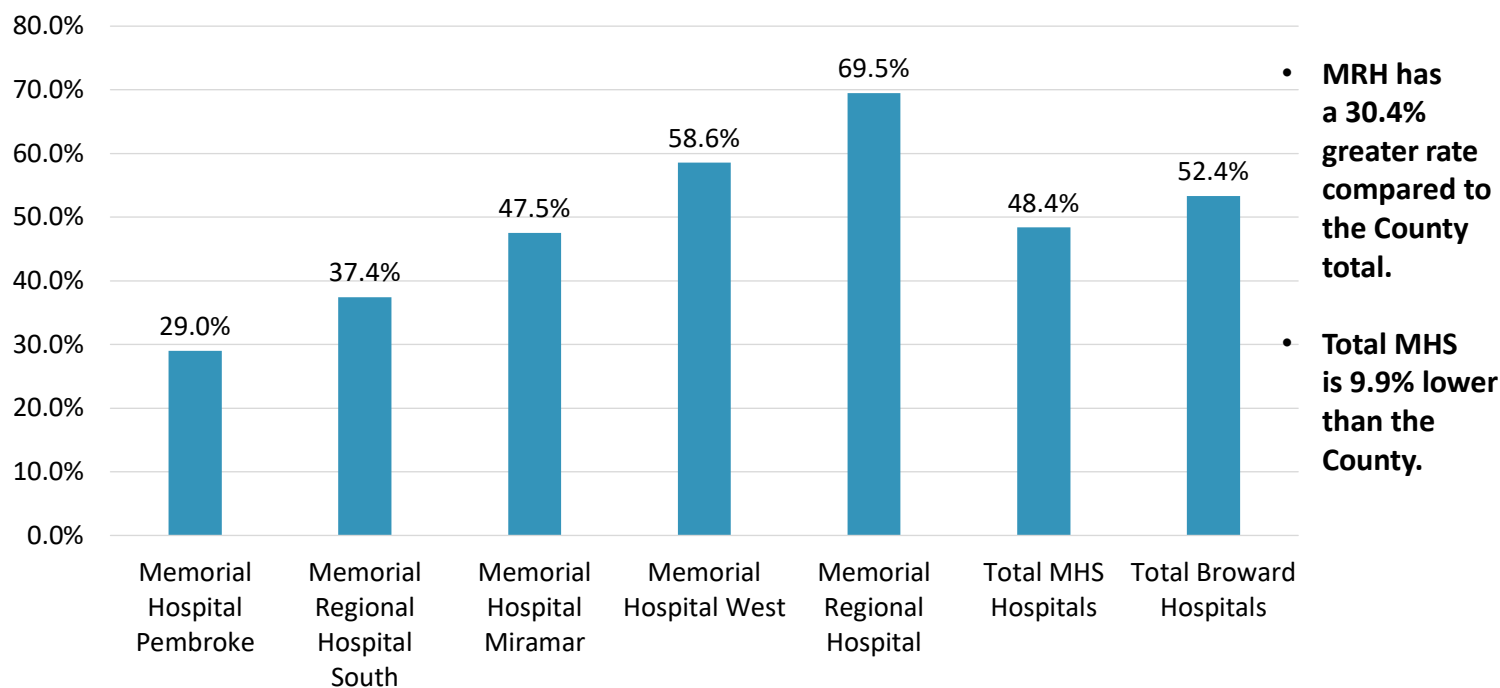


- **8.4% decrease since 2017**



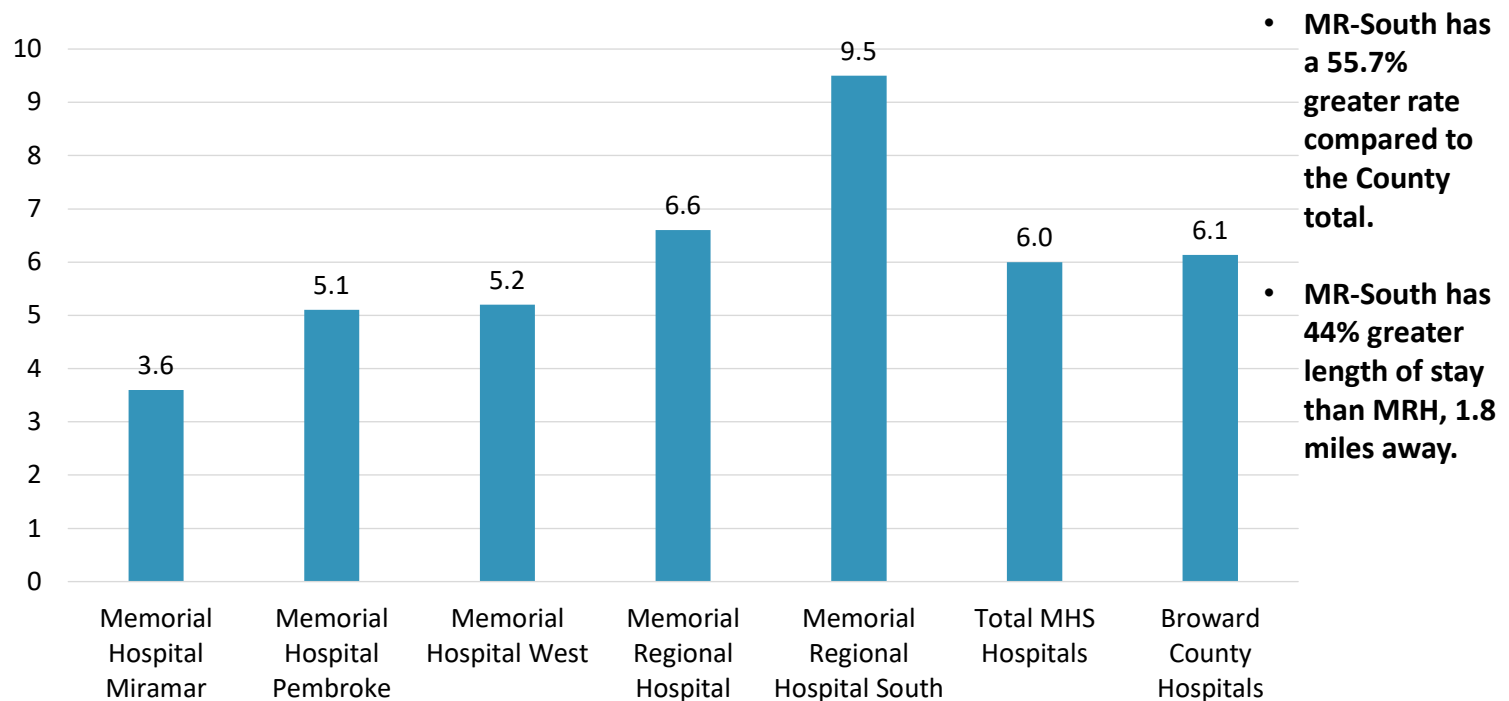
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Occupancy Rate Comparison 2019



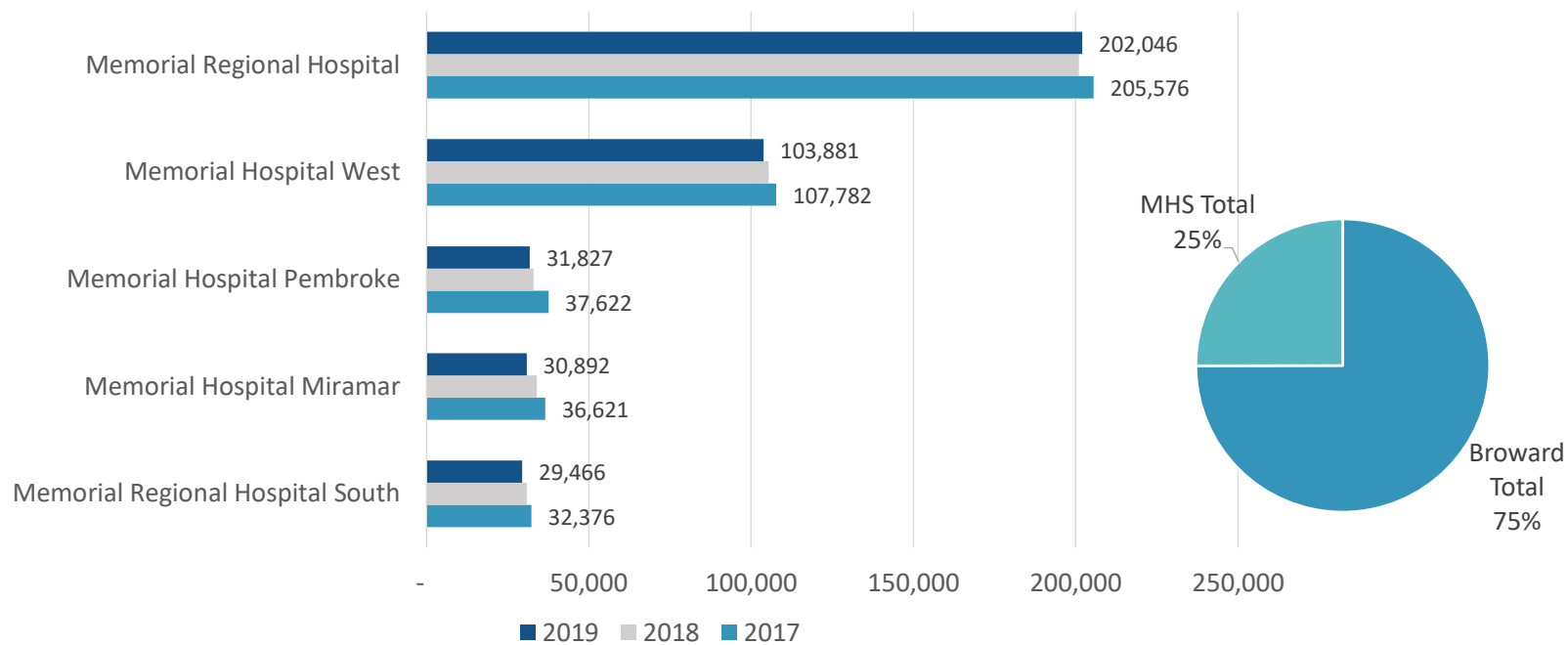
Source: Broward Regional Health Planning Council, Health Data Warehouse

Average Length of Stay Comparison (Days) 2019



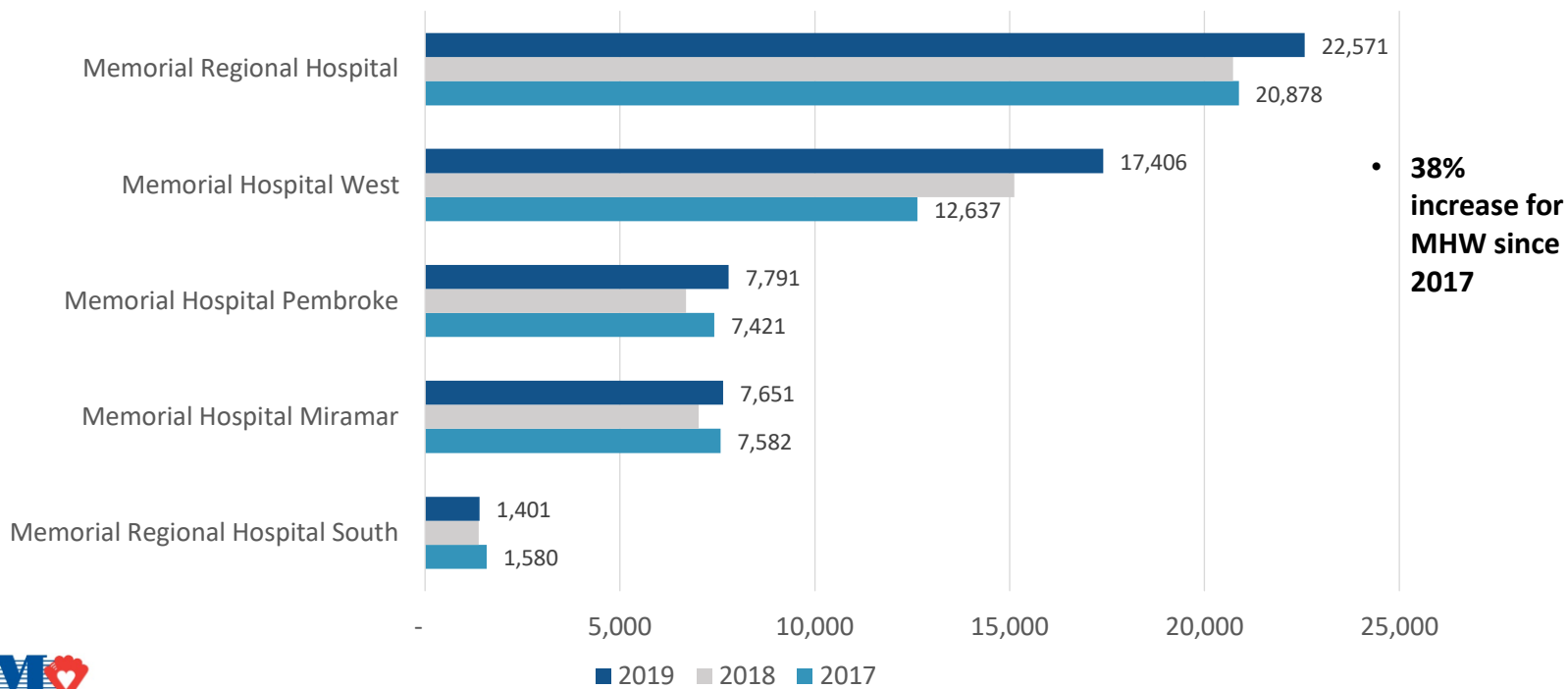
Source: Broward Regional Health Planning Council, Health Data Warehouse

Patient Days, MHS 2017-2019



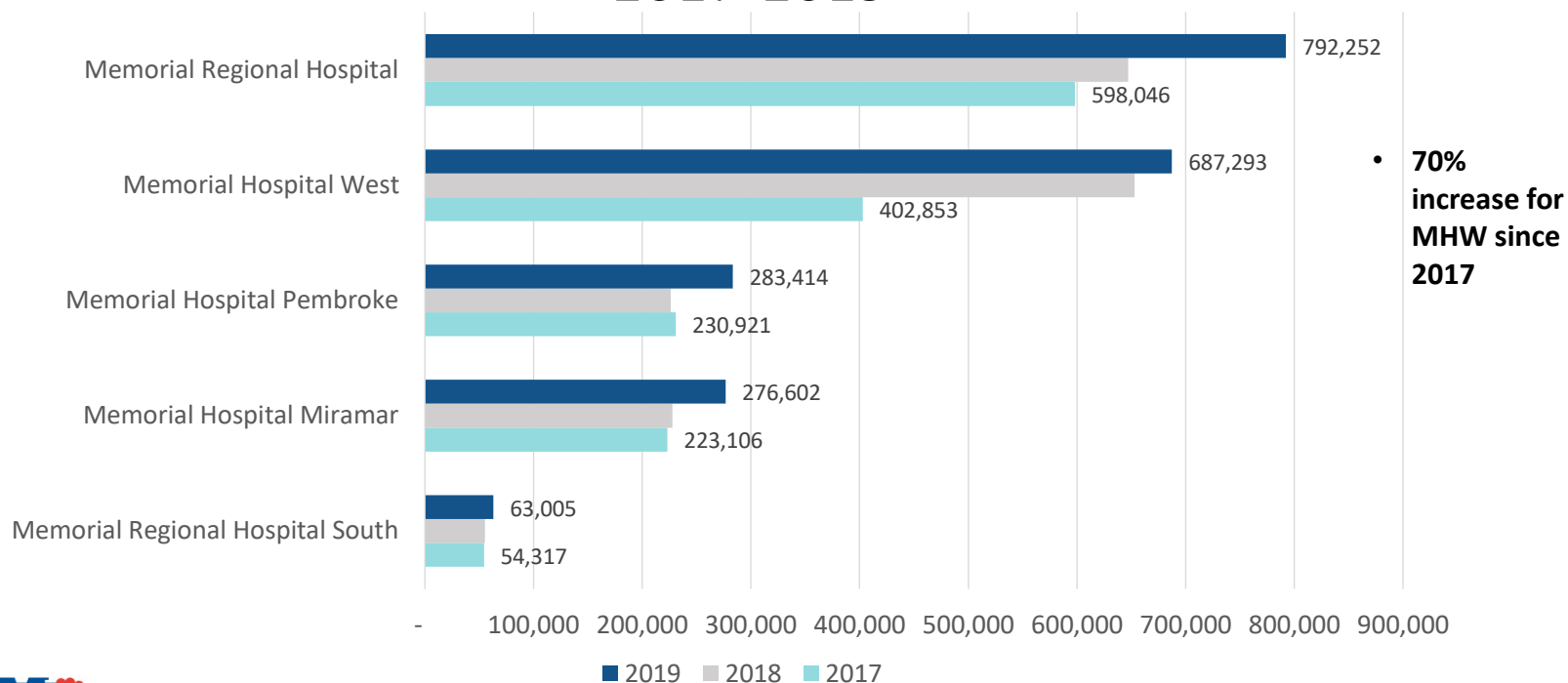
Source: Broward Regional Health Planning Council, Health Data Warehouse

Observation Cases, MHS 2017-2019



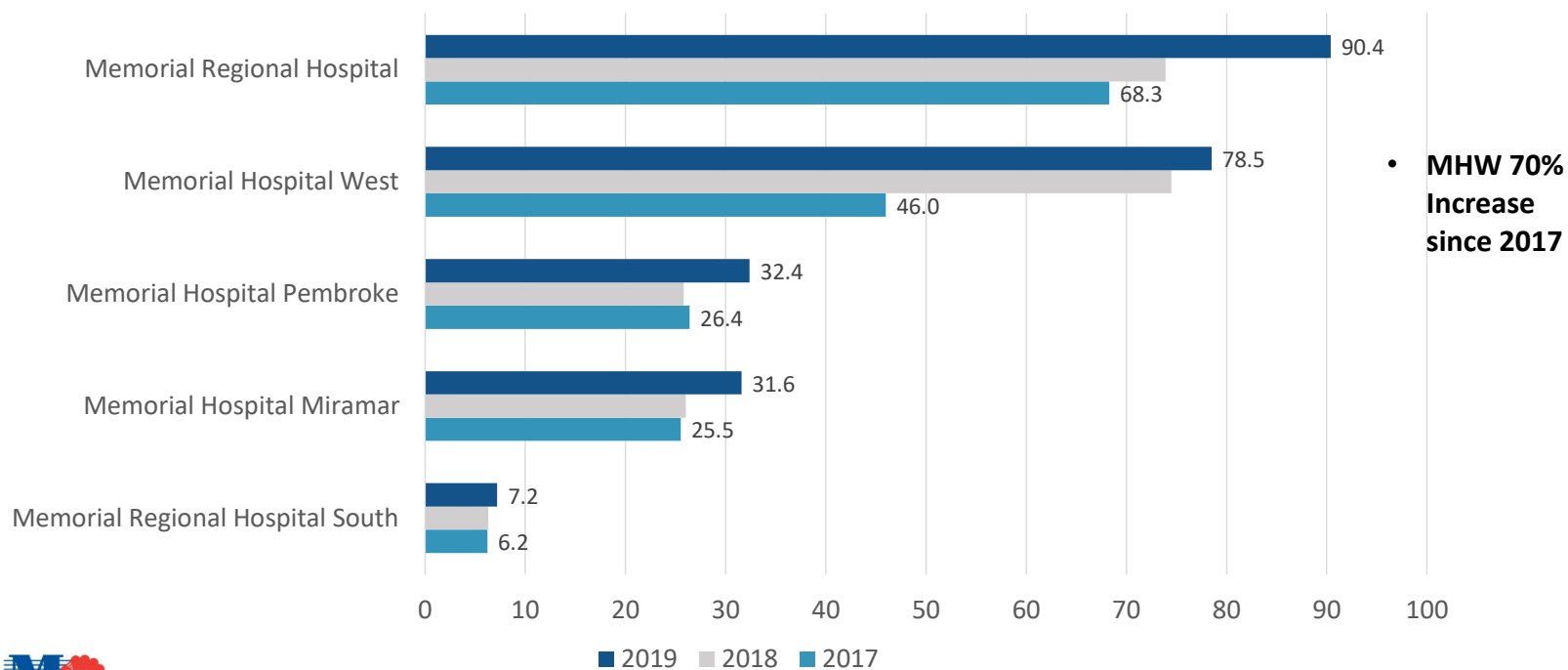
Source: Broward Regional Health Planning Council, Health Data Warehouse

Observation Hours, MHS 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Observation Average Daily Census, MHS 2017-2019



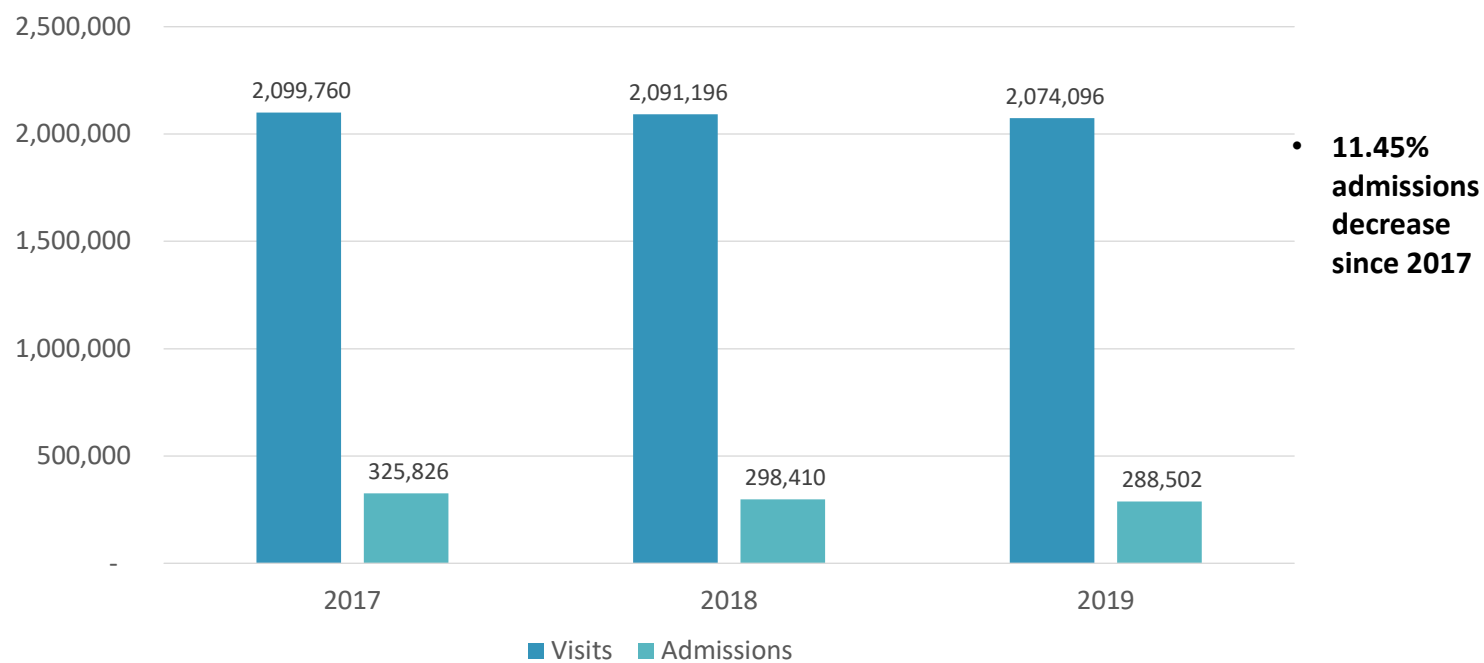
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Utilization



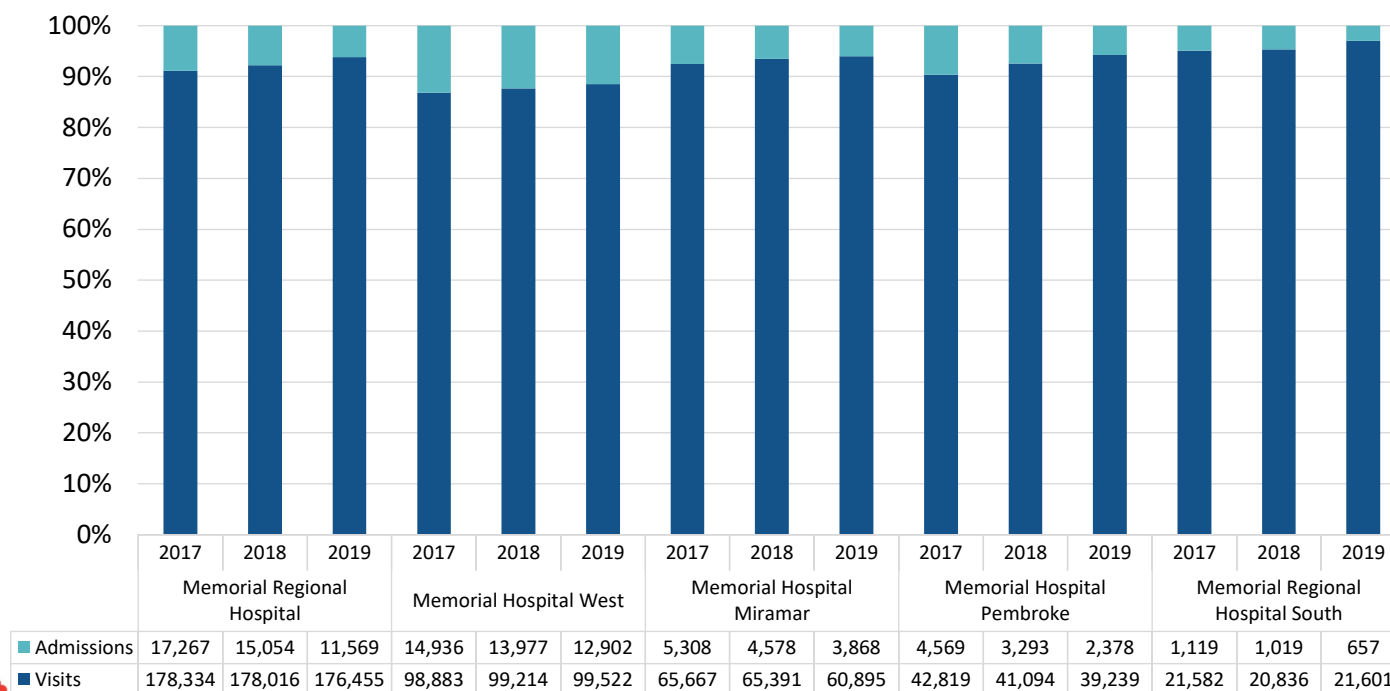
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Emergency Department Visits and Admissions, Broward, 2017-2019



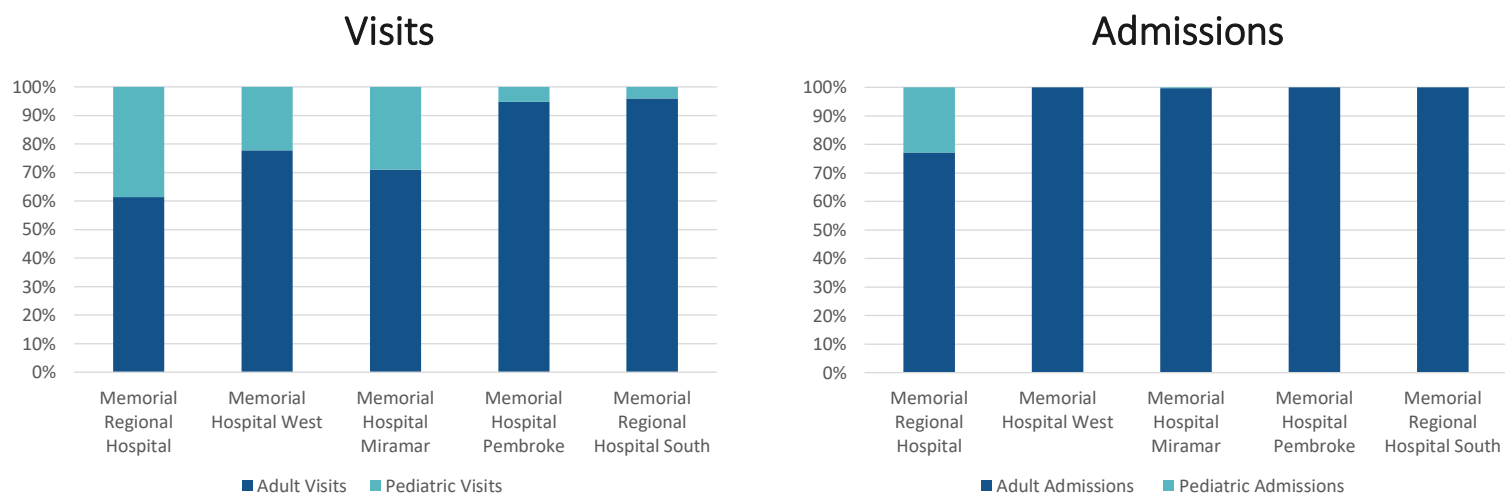
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions, MHS, 2017-2019



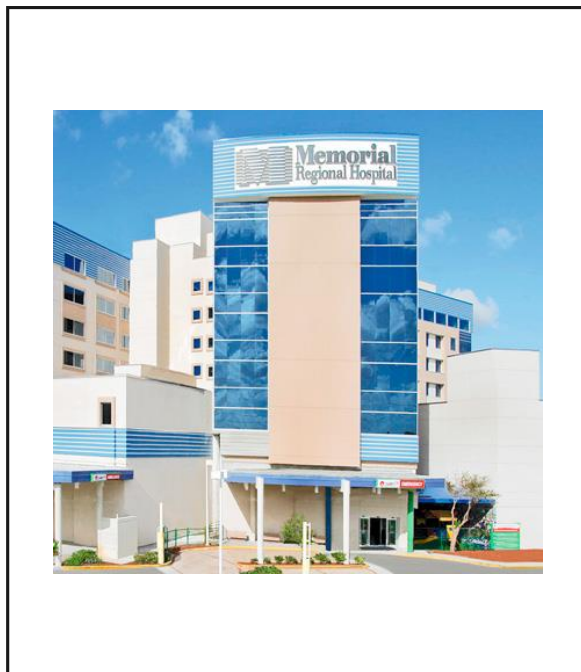
Source: Broward Regional Health Planning Council, Health Data Warehouse

Emergency Department Visits and Admissions MHS, Adults vs. Pediatrics, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Chronic Disease Hospitalization



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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.

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 ICD-10-CM diagnosis codes, excluding external cause of injury codes

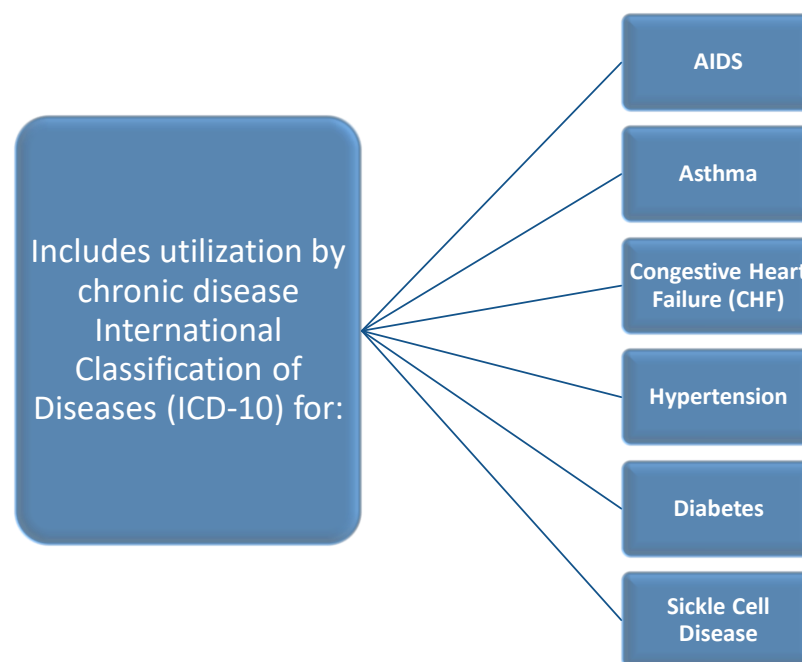


A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests

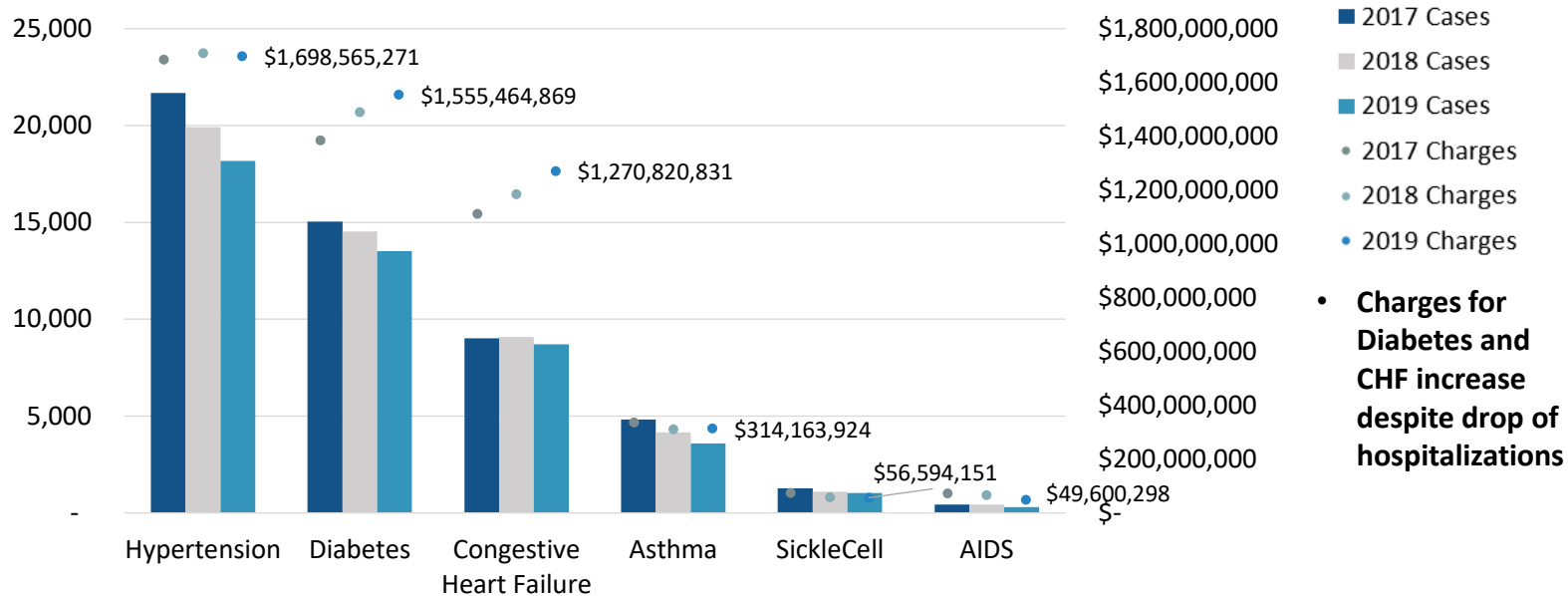
Limitations on self-care and independent living

Results in need for ongoing intervention with medical products, services and special equipment

BRHPC's Health Data Warehouse



Hospitalizations by Chronic Condition, MHS 2019

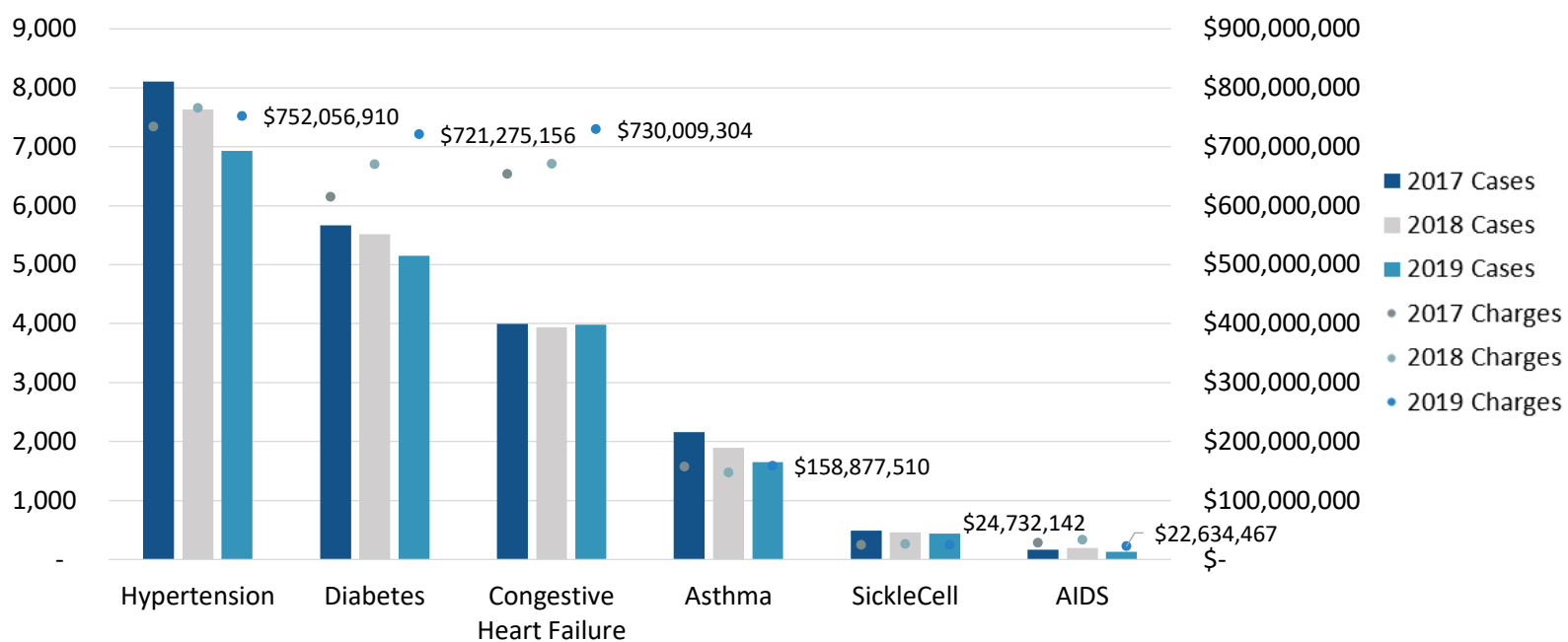


• **Charges for Diabetes and CHF increase despite drop of hospitalizations**



Source: Broward Regional Health Planning Council, Health Data Warehouse

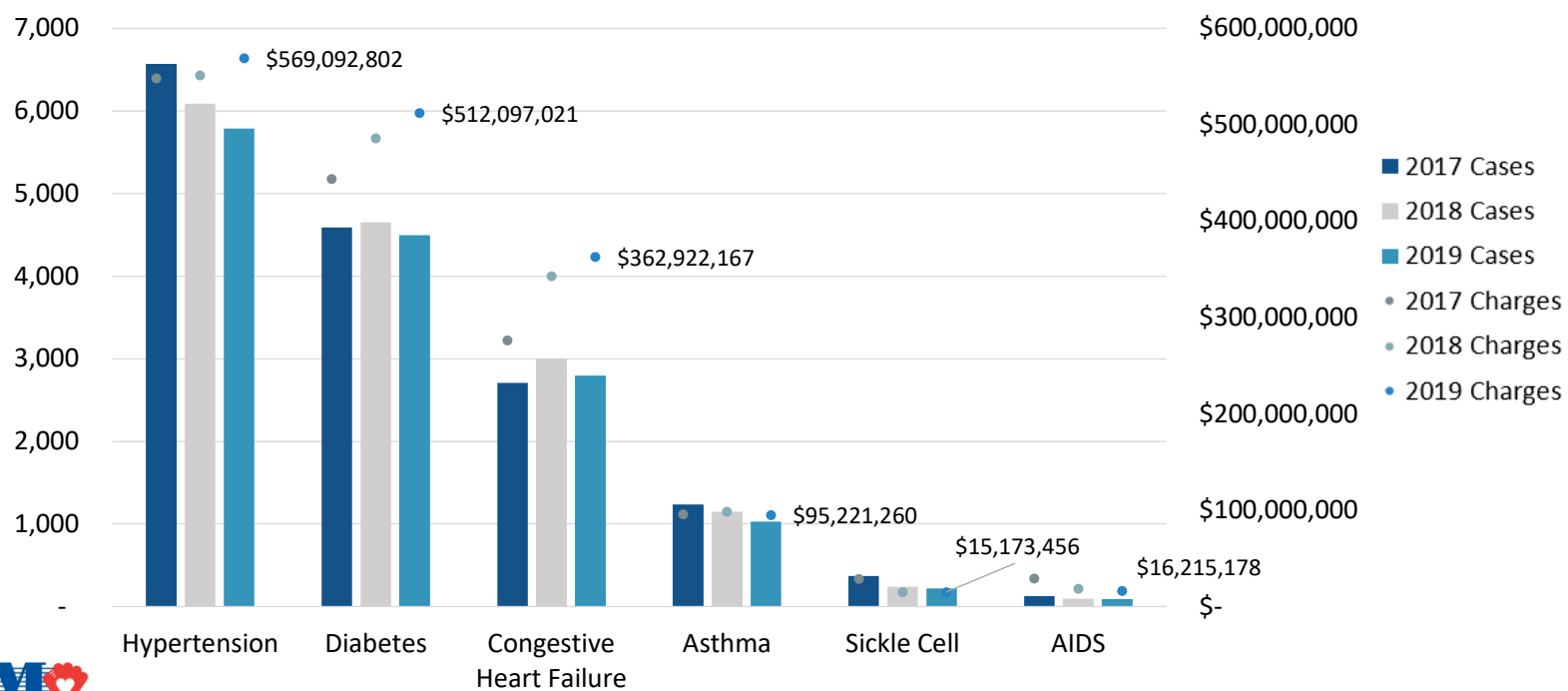
Hospitalizations by Chronic Condition, Memorial Regional Hospital Cases vs. Charges, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

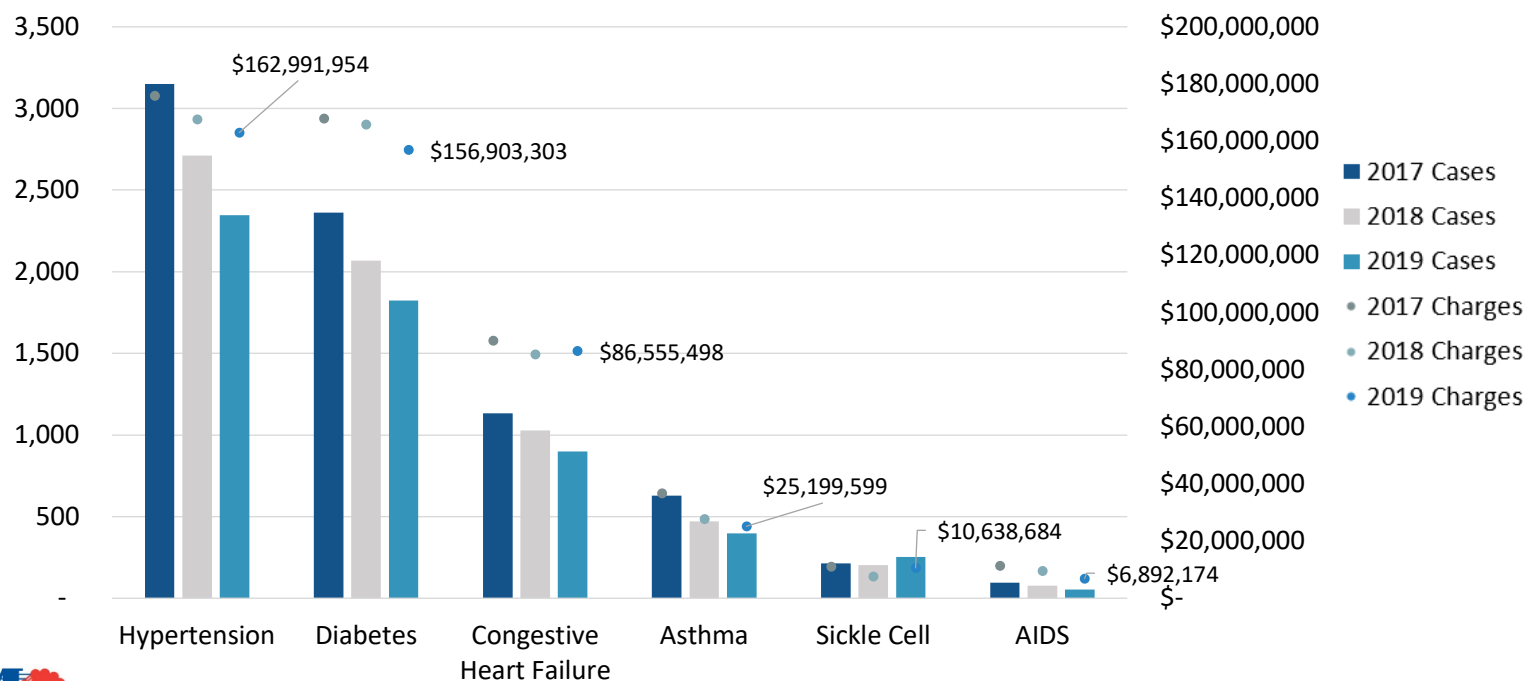
Memorial Hospital West Cases vs. Charges, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

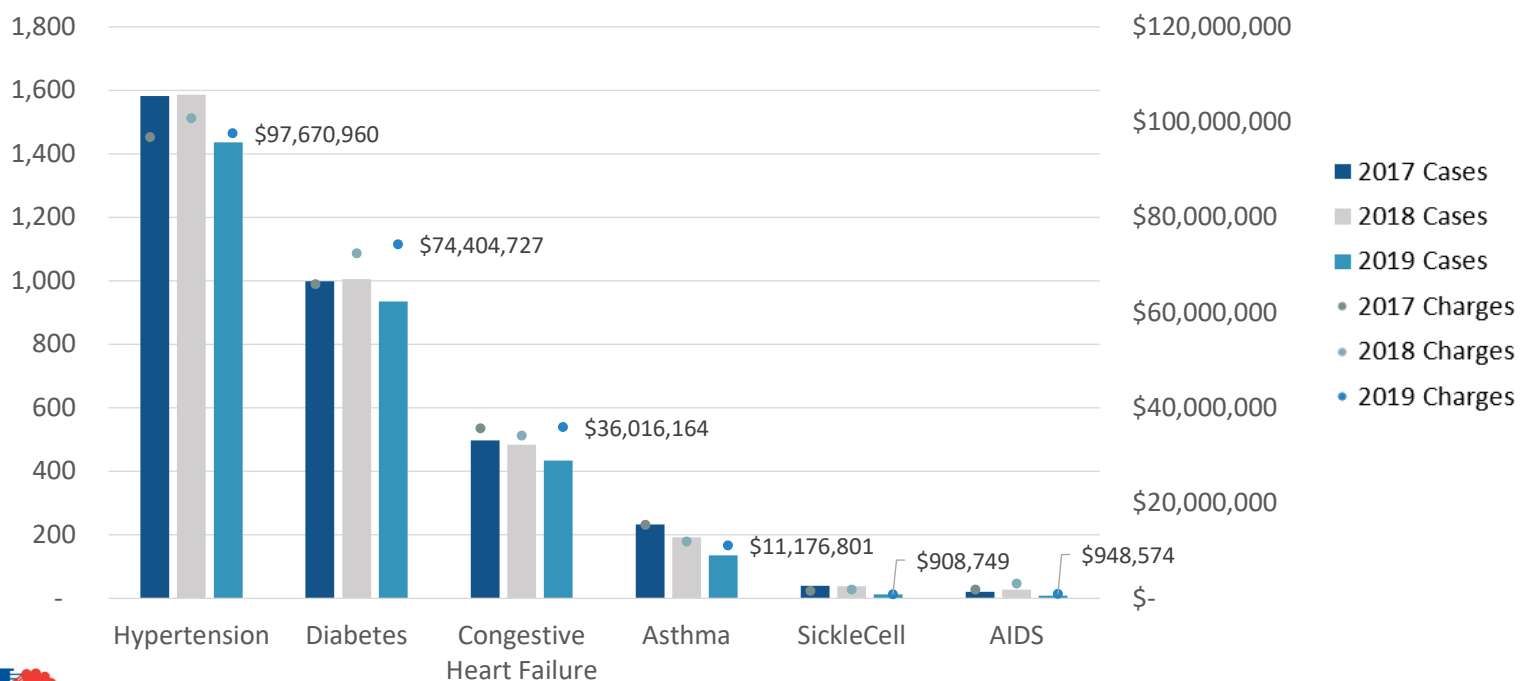
Memorial Hospital Pembroke Cases vs. Charges, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

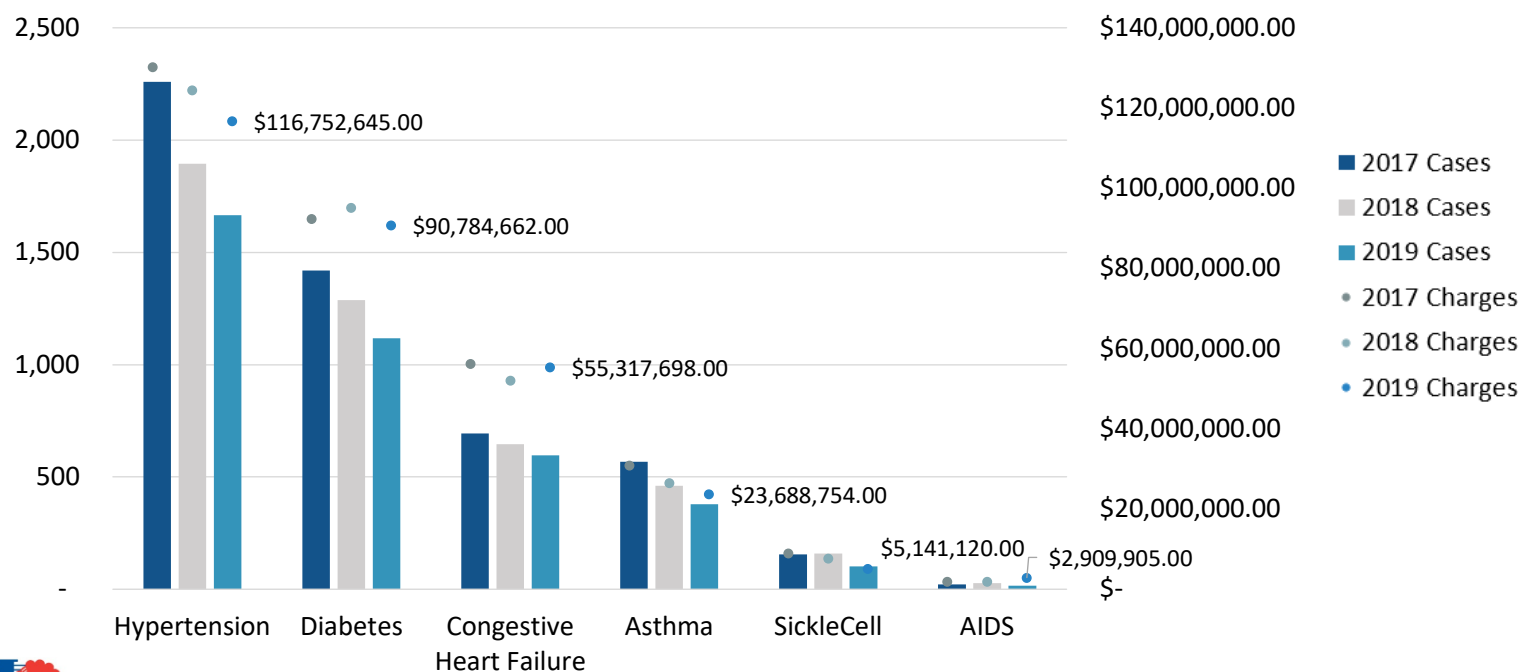
Memorial Hospital South Cases vs. Charges, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

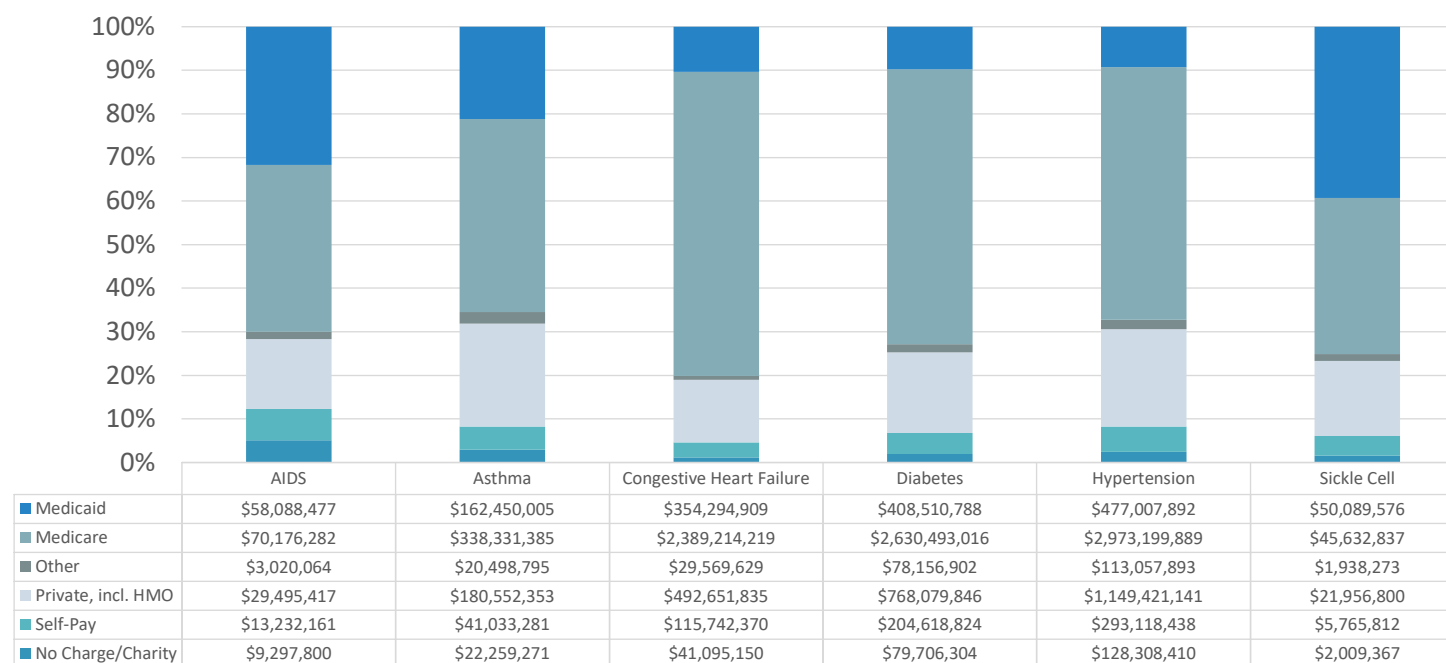
Memorial Hospital Miramar Cases vs. Charges, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

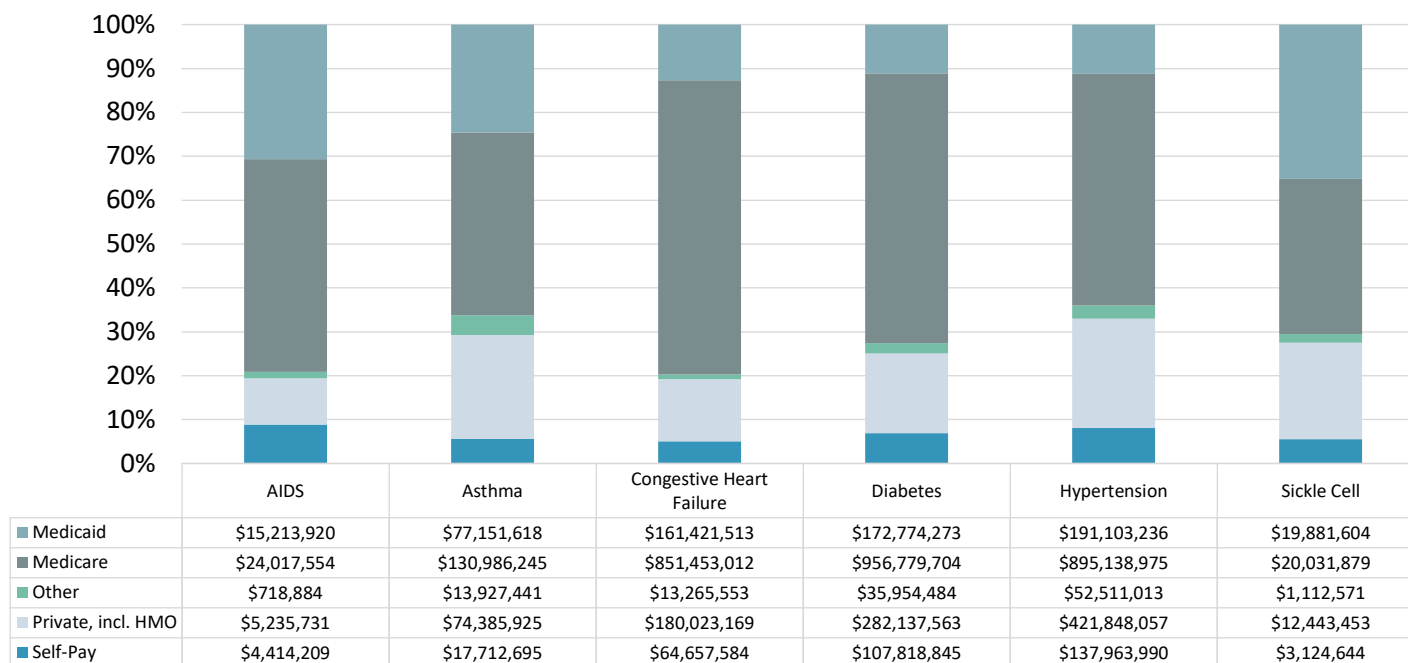
Broward Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

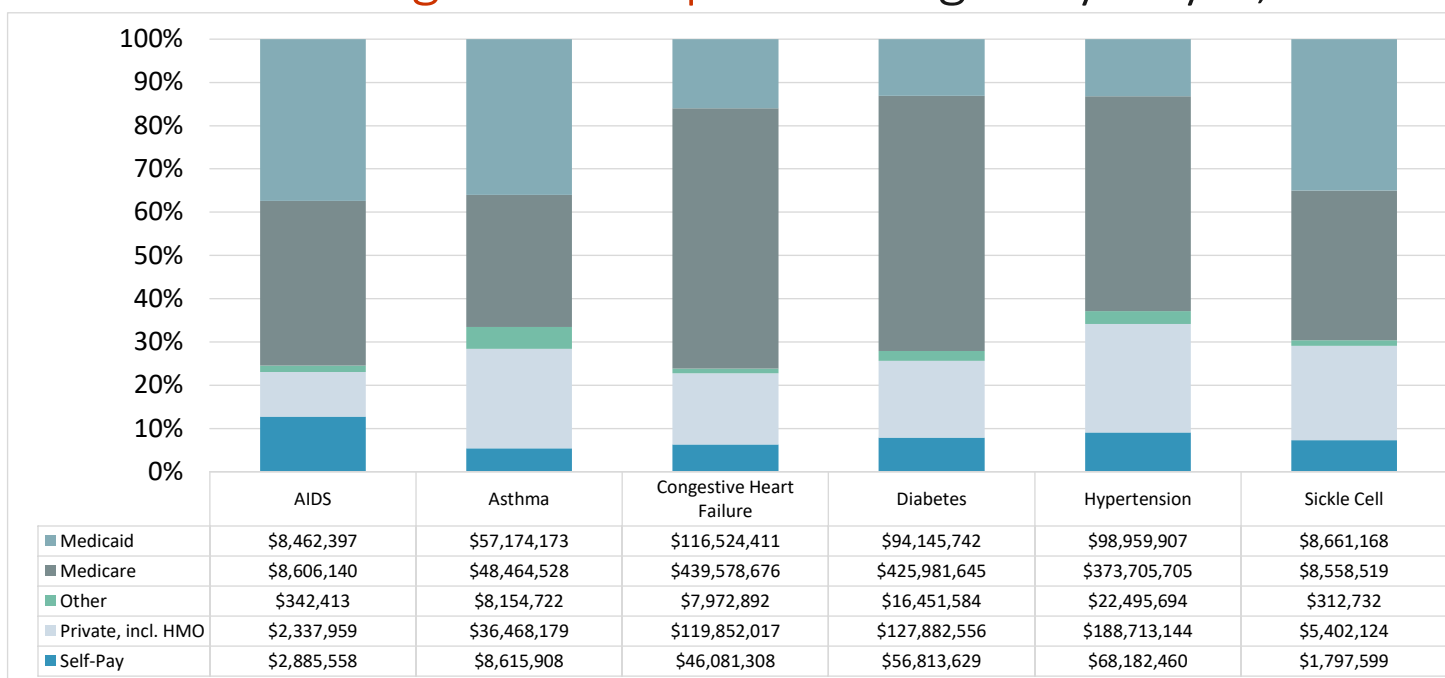
MHS Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

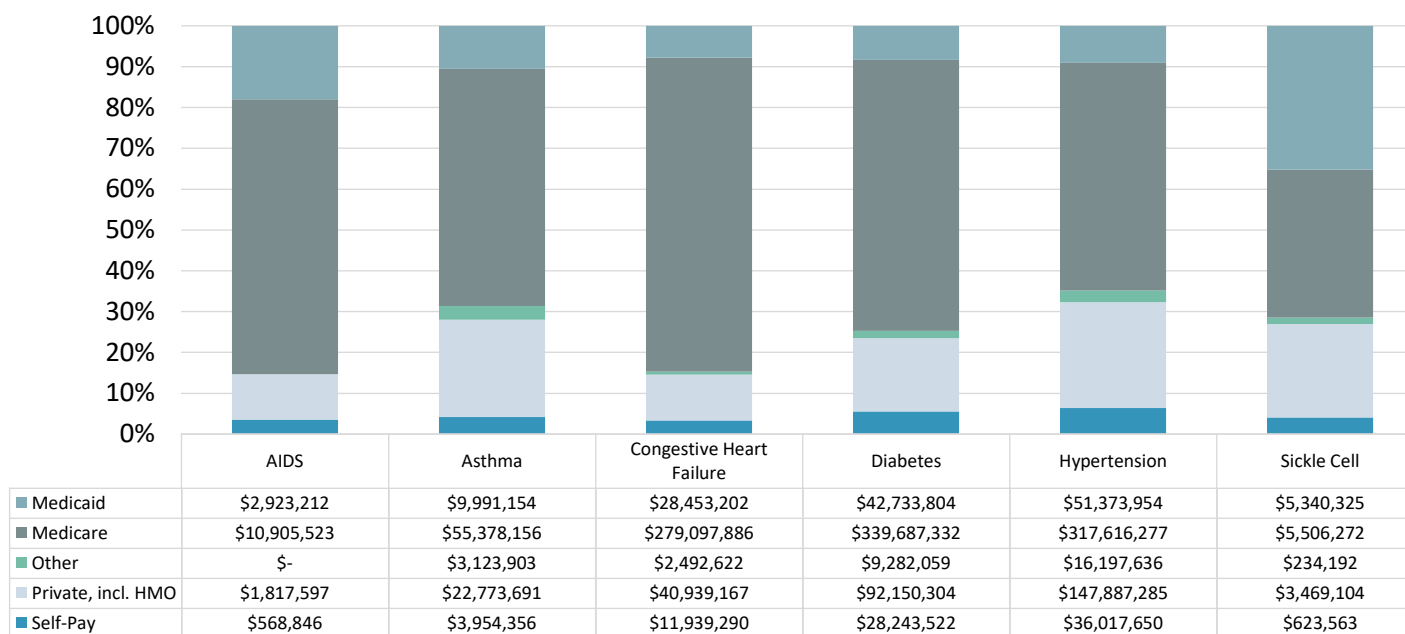
Memorial Regional Hospital Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

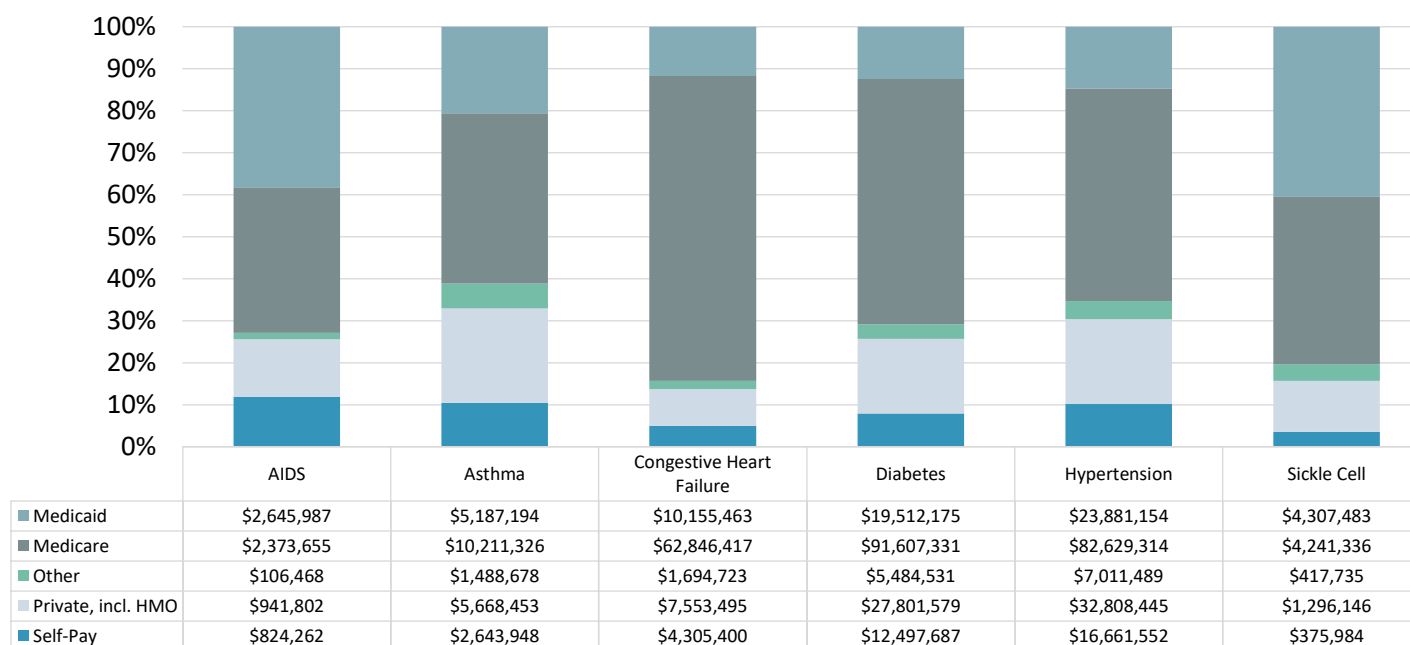
Memorial Hospital West Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

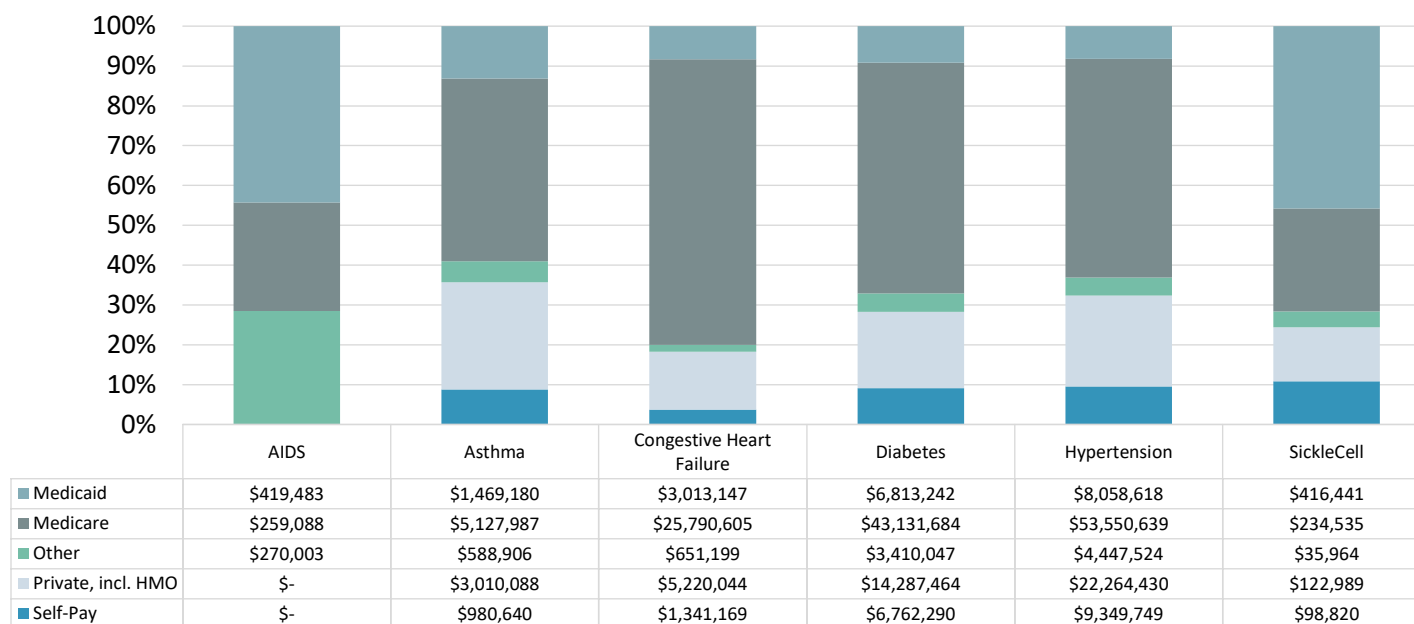
Memorial Hospital Pembroke Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

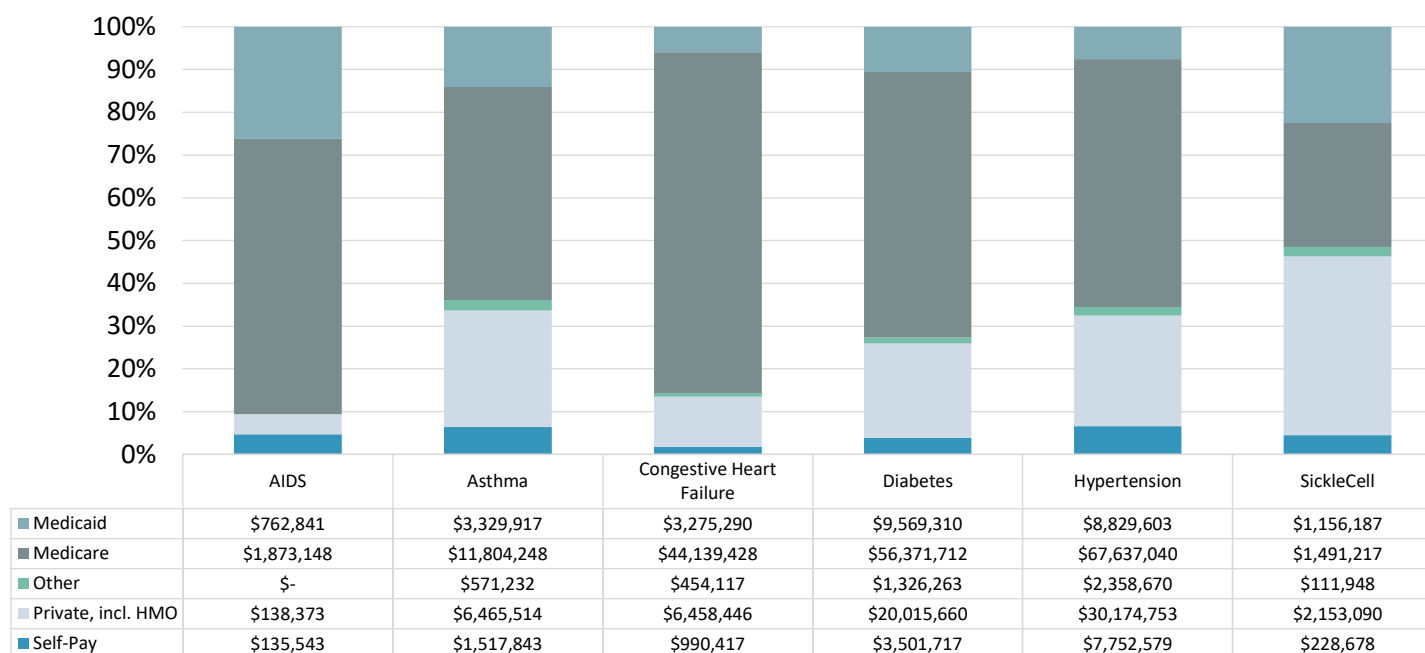
Memorial Hospital South Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

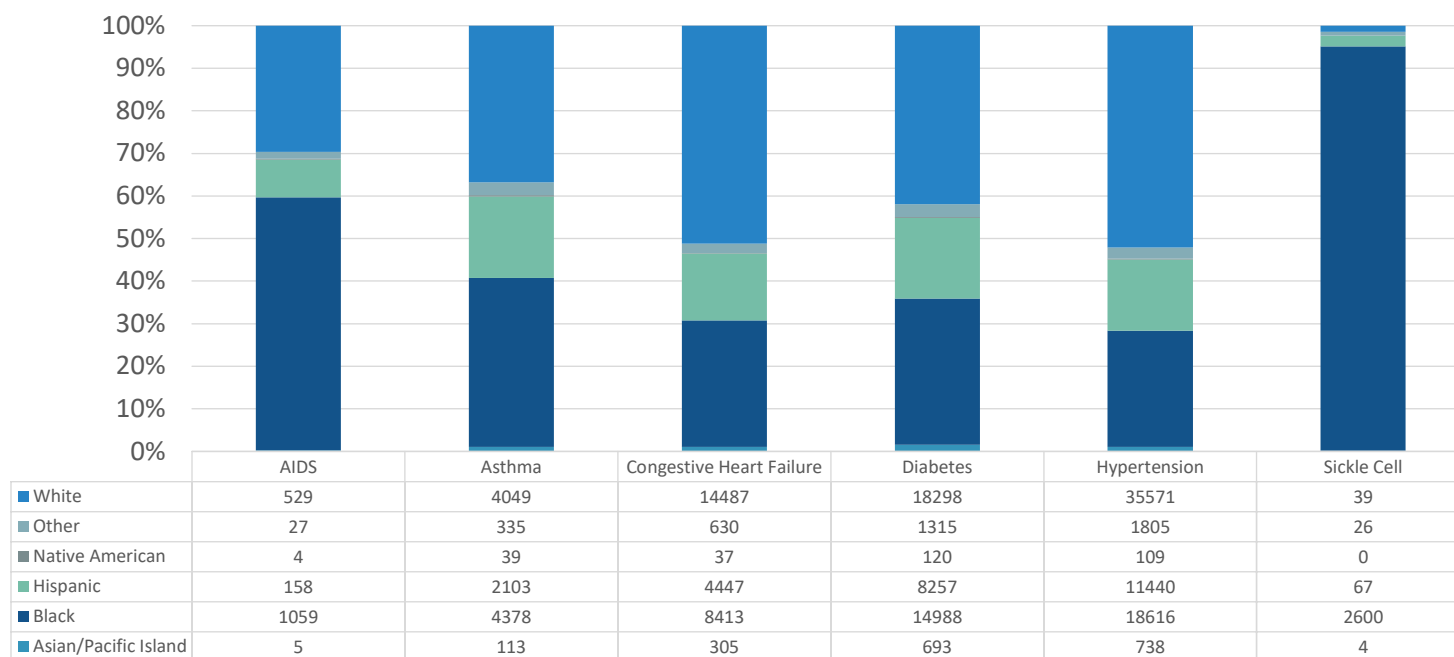
Hospitalizations by Chronic Condition

Memorial Hospital Miramar Charges by Payer, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

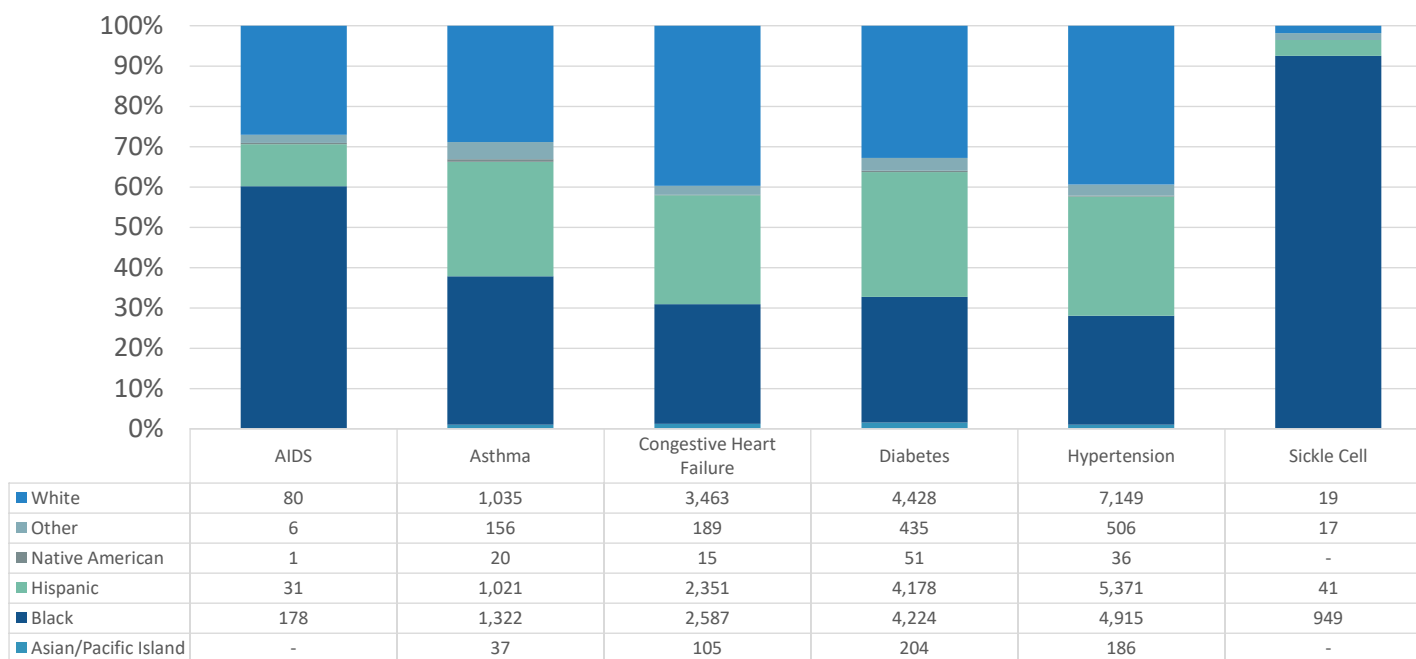
Hospitalizations by Chronic Condition Broward Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

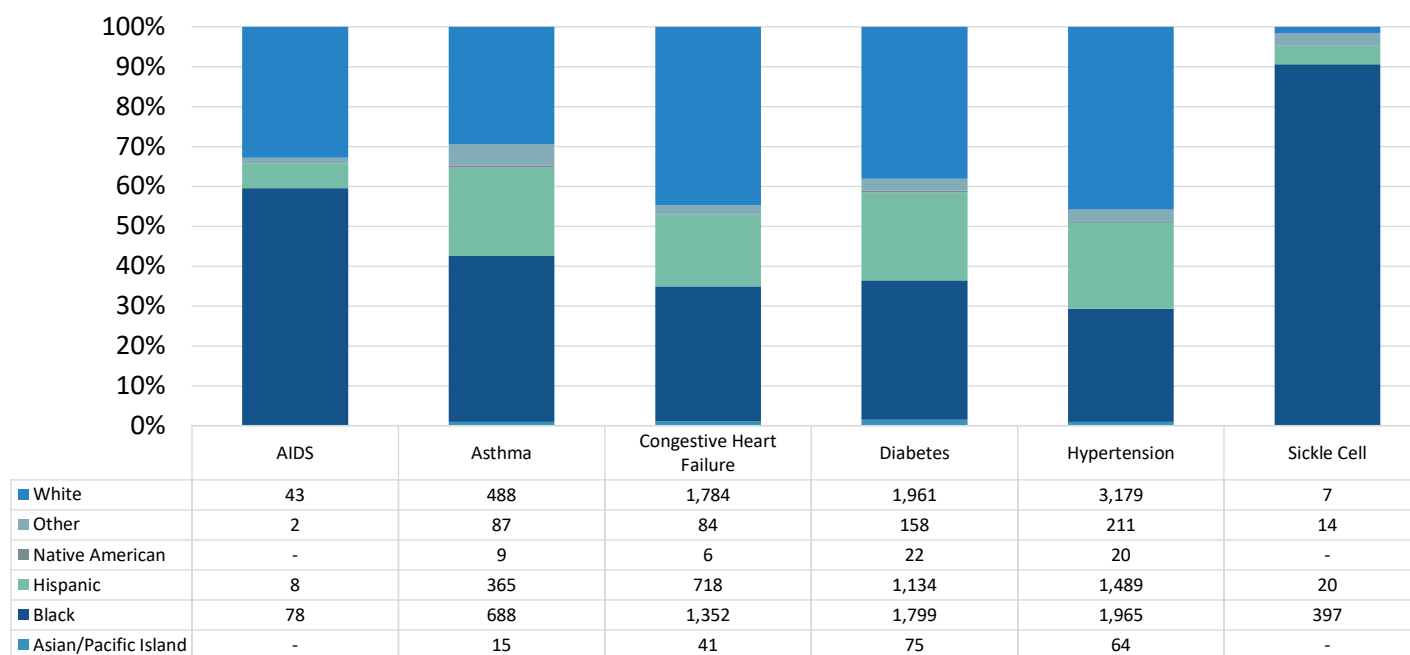
MHS Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

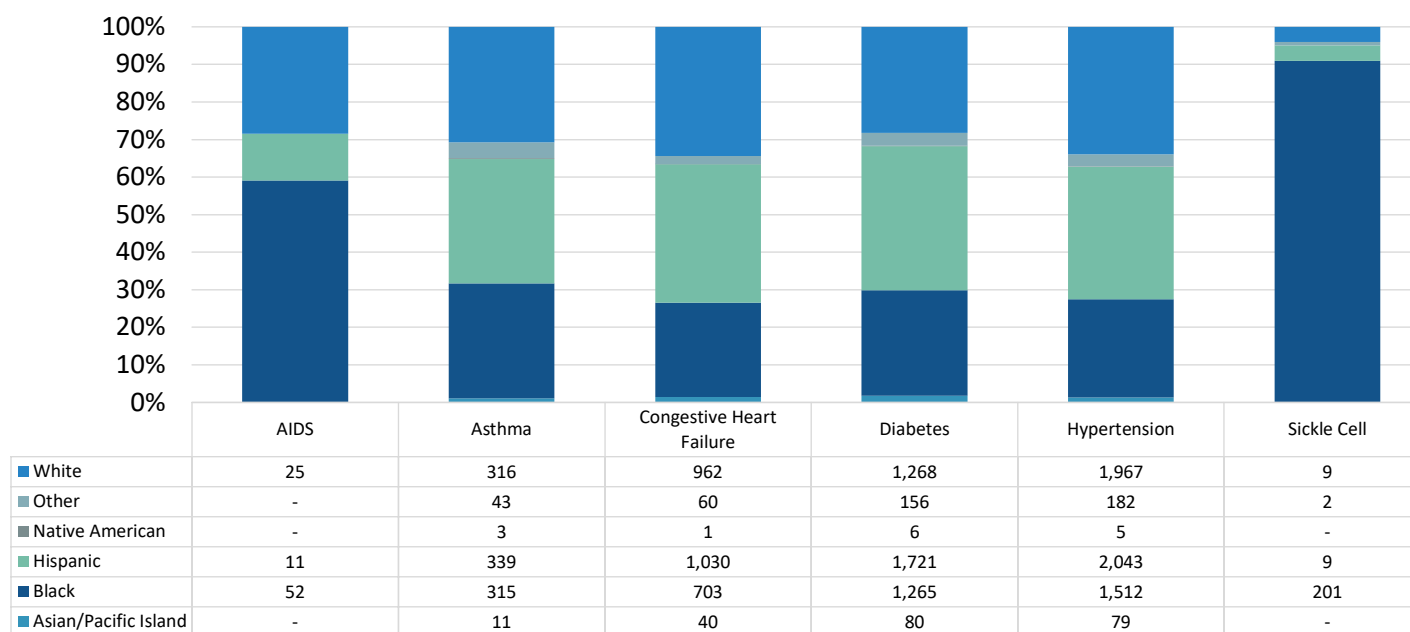
Memorial Regional Hospital Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

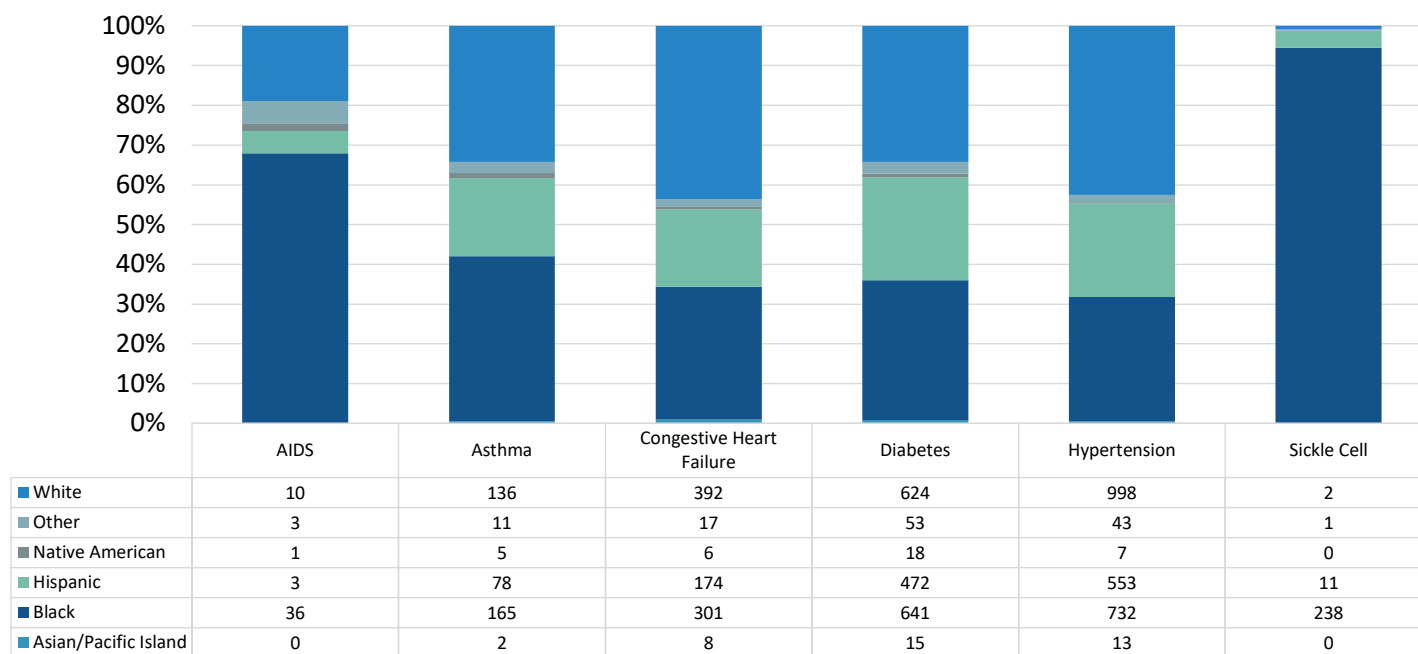
Memorial Hospital West Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

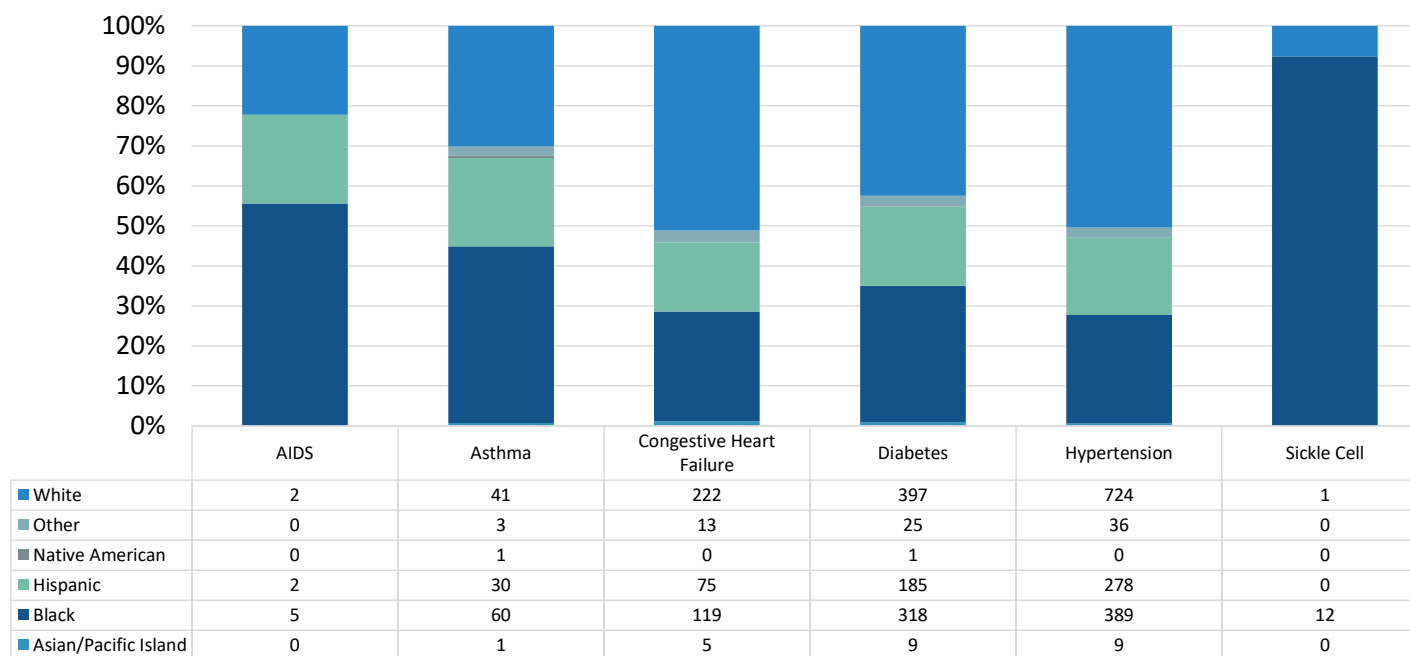
Memorial Hospital Pembroke Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

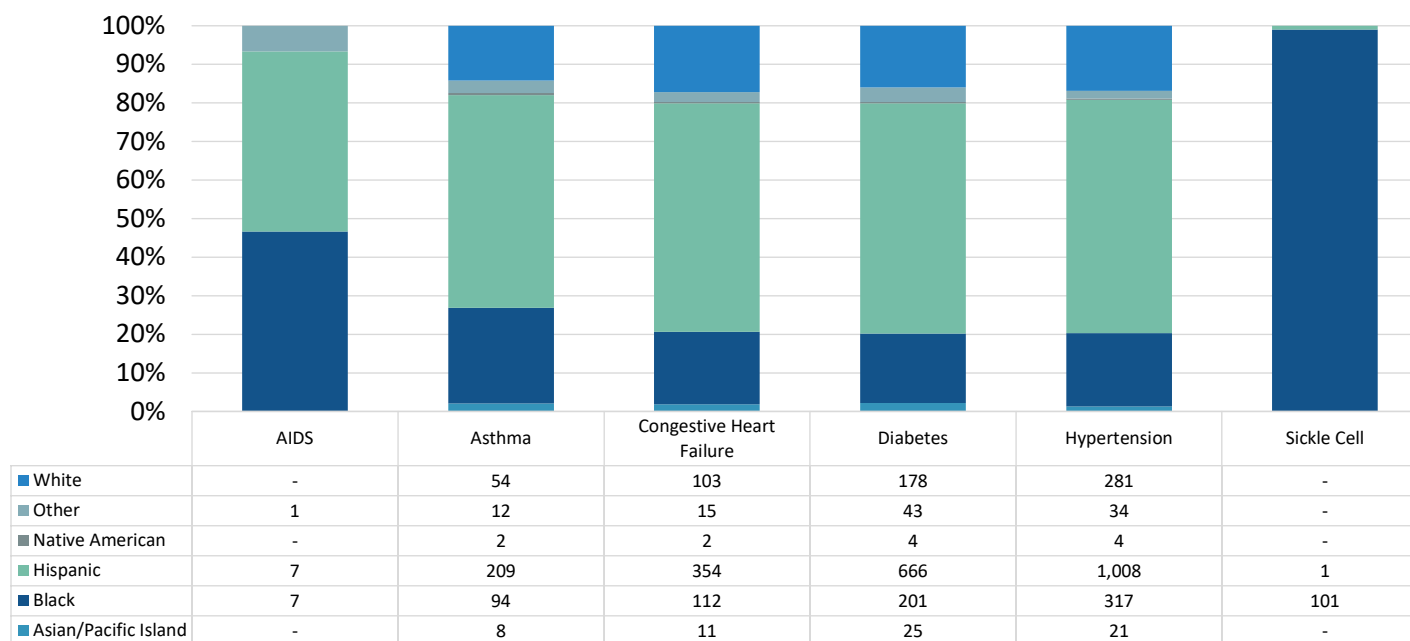
Memorial Hospital South Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

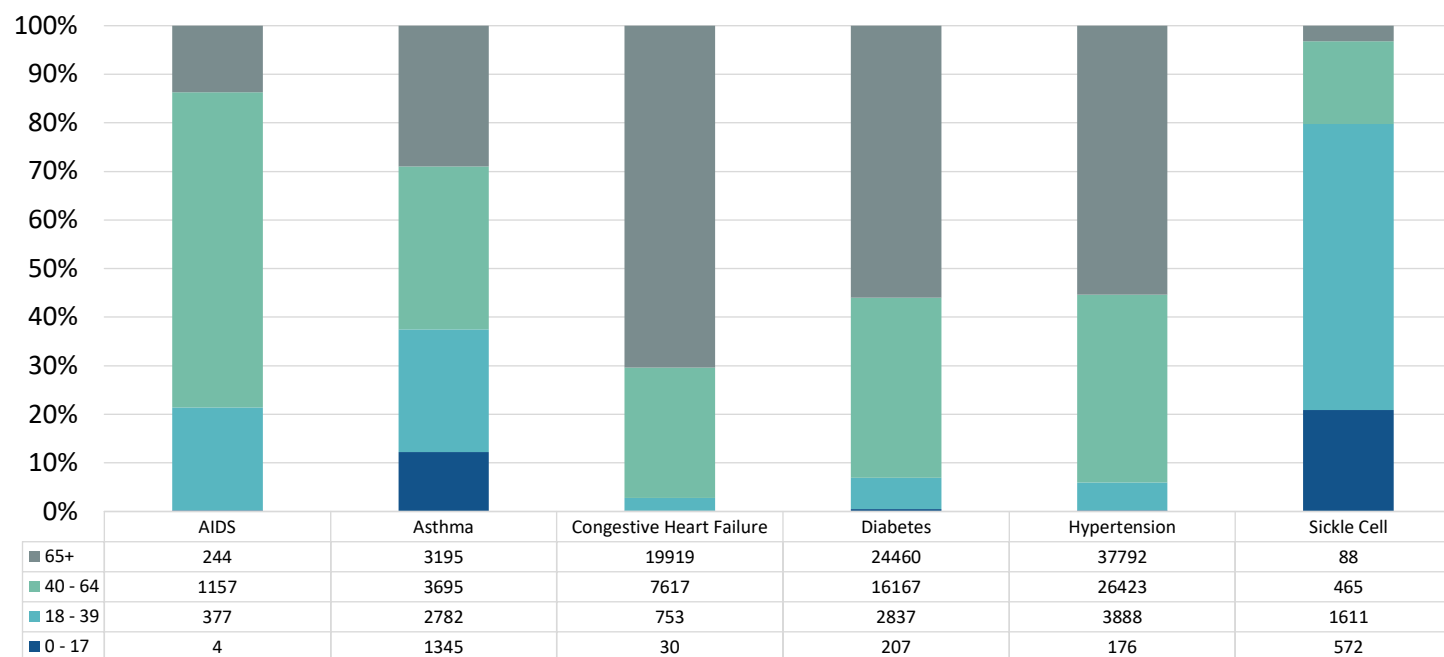
Hospitalizations by Chronic Condition

Memorial Hospital Miramar Cases by Race/Ethnicity, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

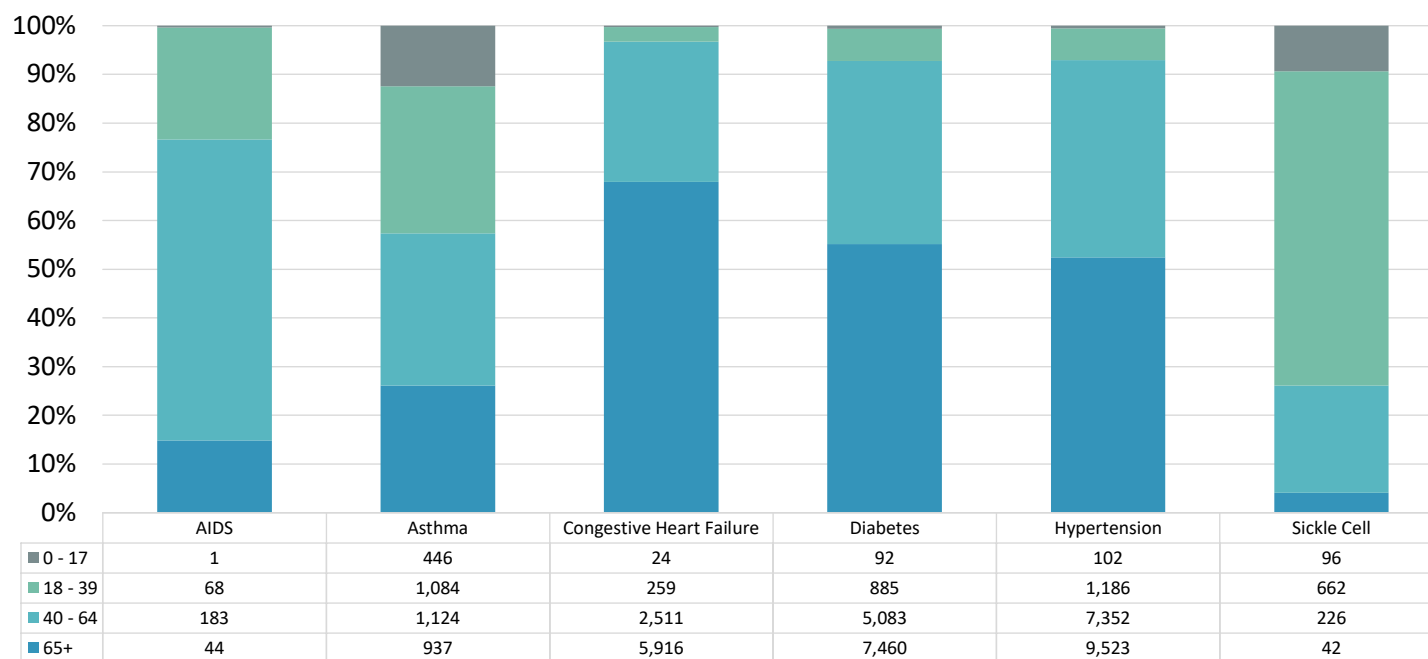
Hospitalizations by Chronic Condition Broward Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

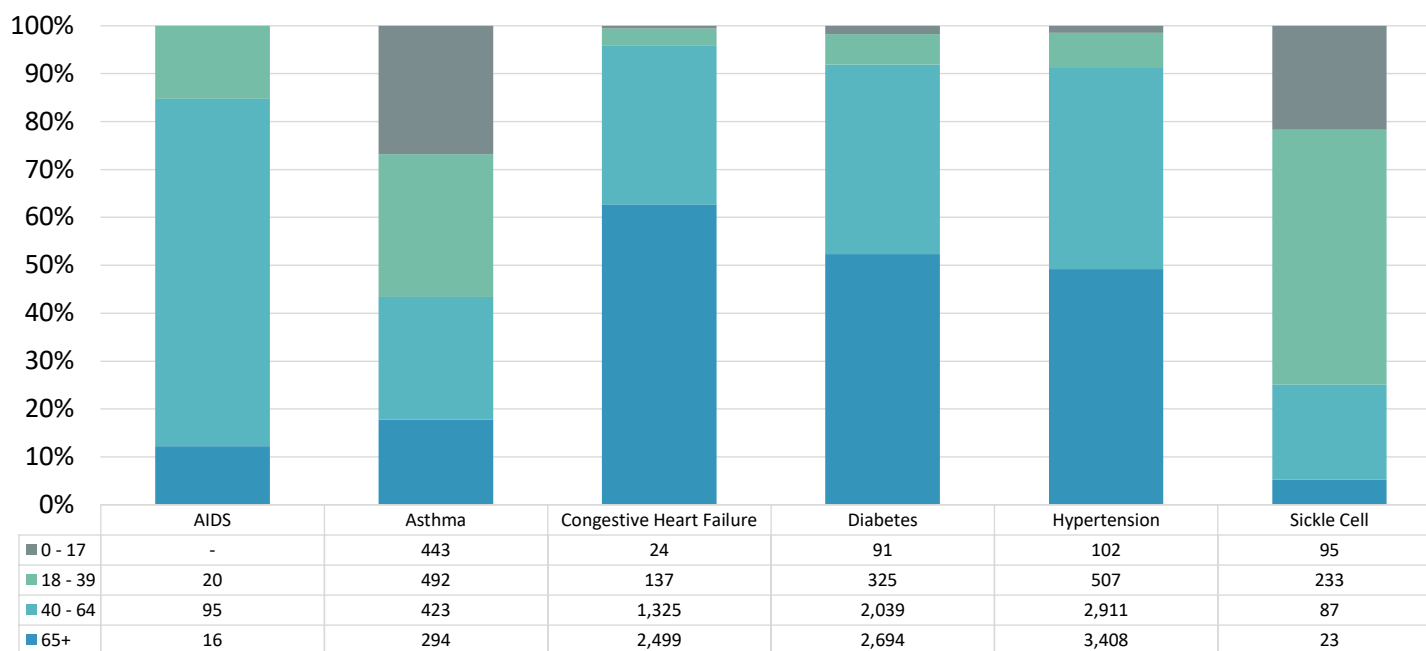
MHS Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

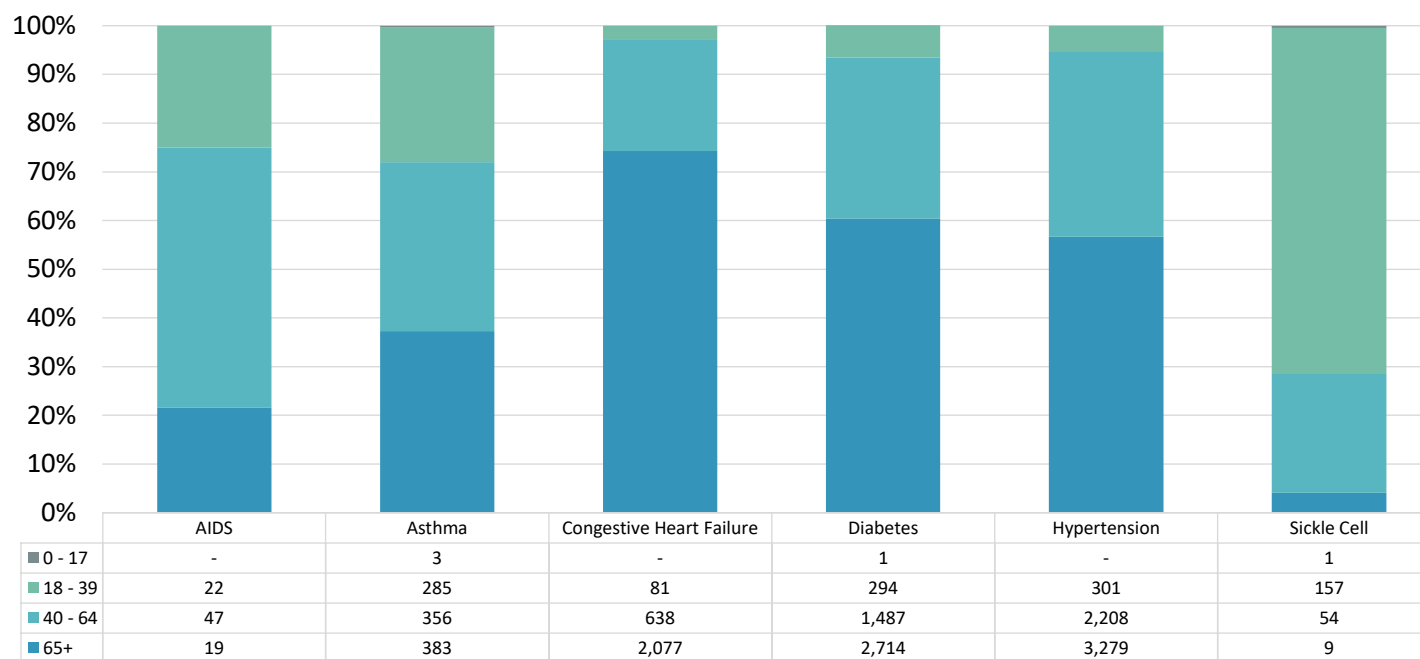
Hospitalizations by Chronic Condition

Memorial Regional Hospital Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

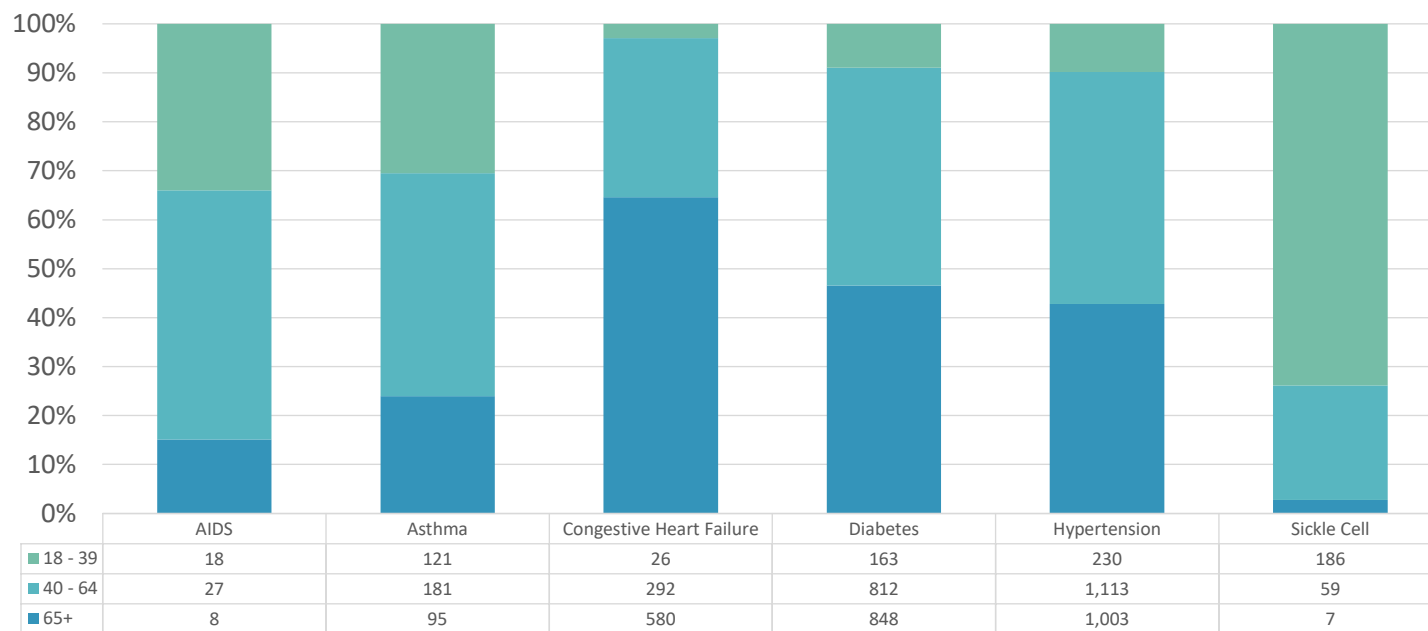
Hospitalizations by Chronic Condition Memorial Hospital West Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

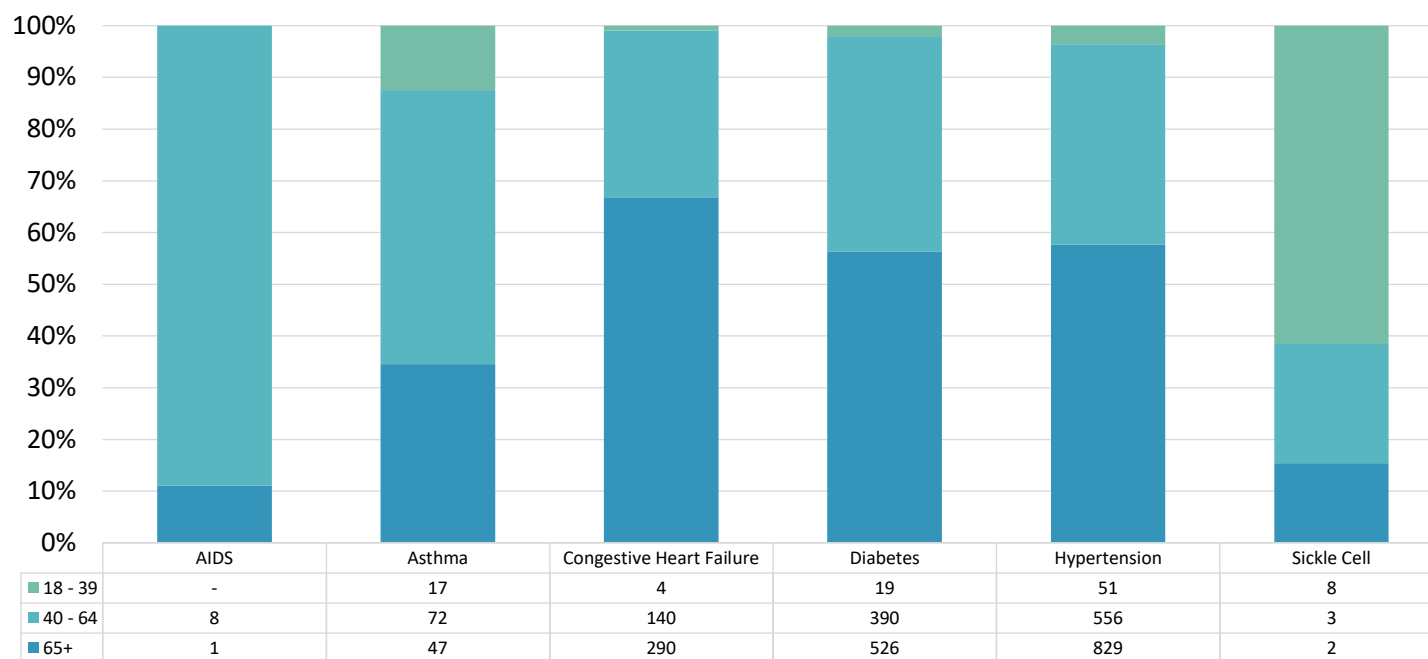
Memorial Hospital Pembroke Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

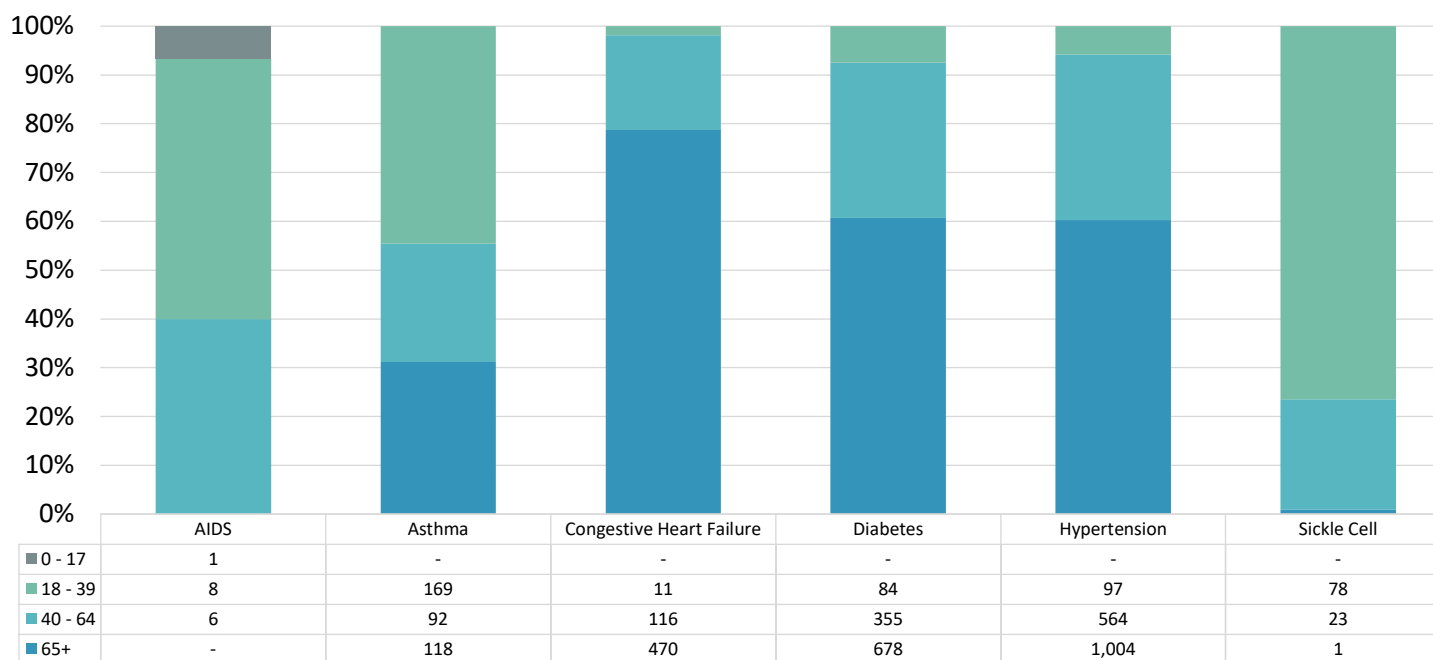
Memorial Hospital South Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

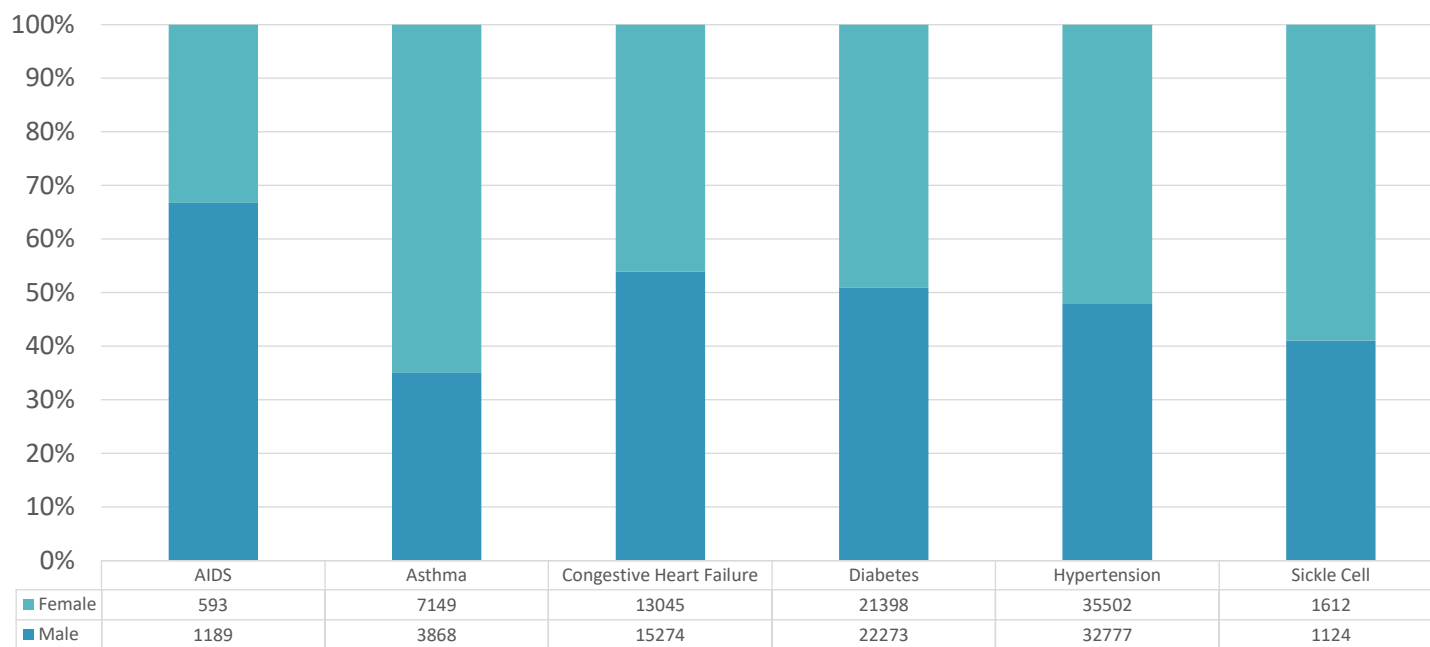
Hospitalizations by Chronic Condition

Memorial Hospital Miramar Cases by Age, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

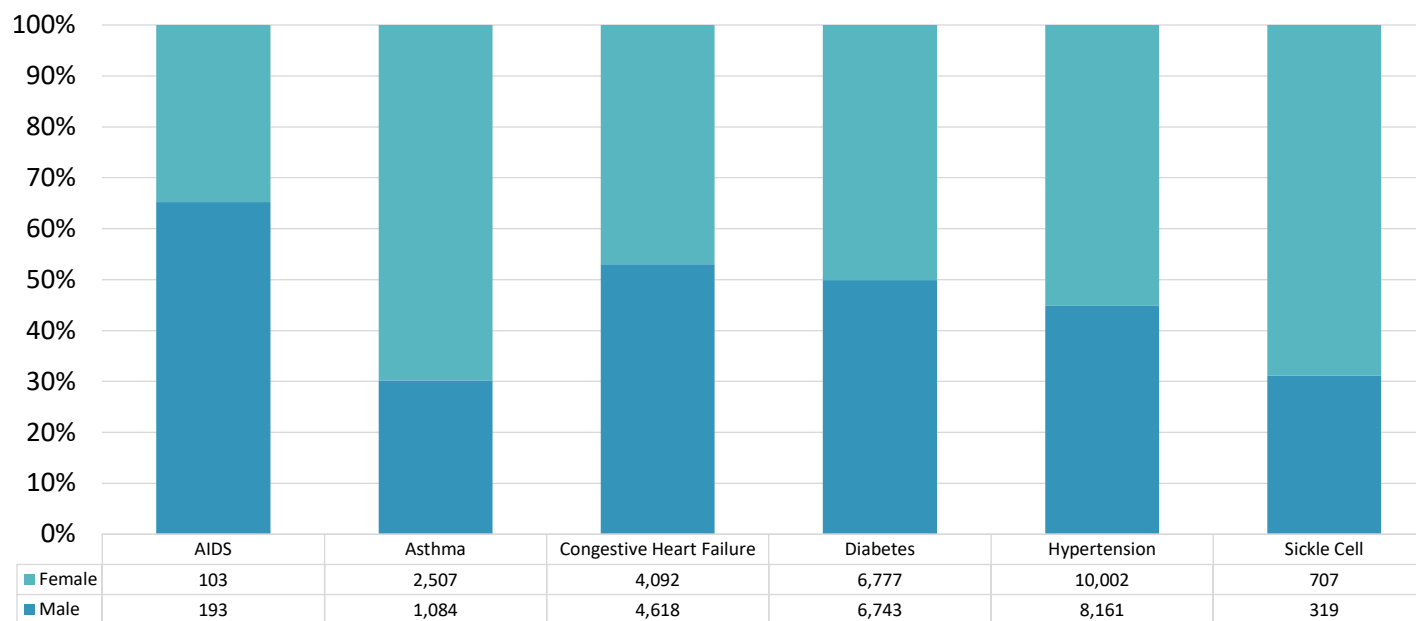
Hospitalizations by Chronic Condition Broward Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

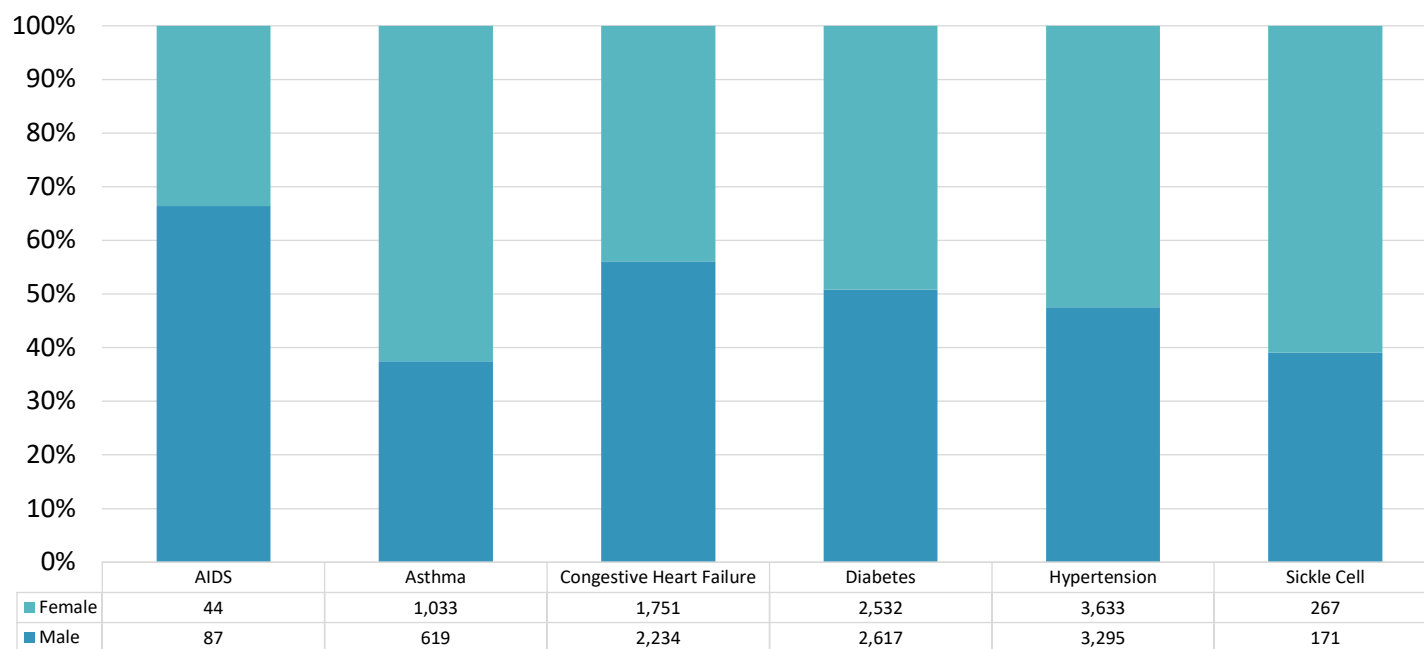
MHS Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

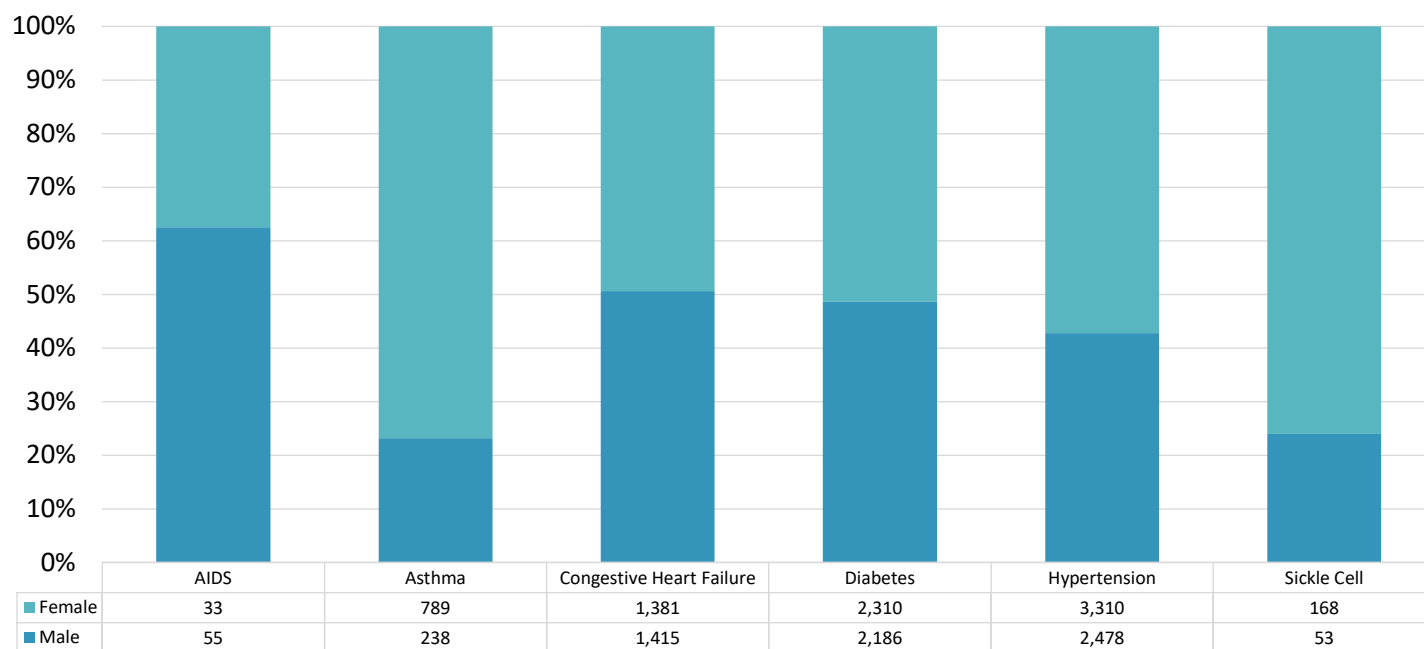
Memorial Regional Hospital Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

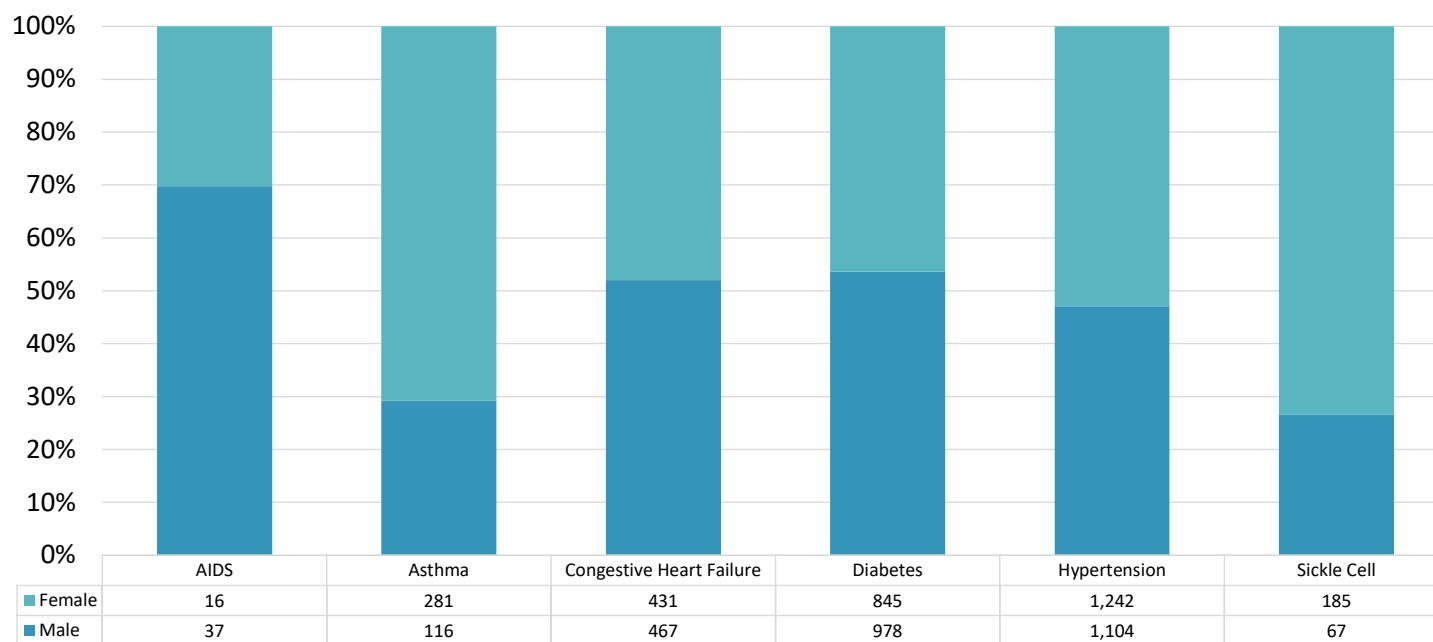
Memorial Hospital West Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

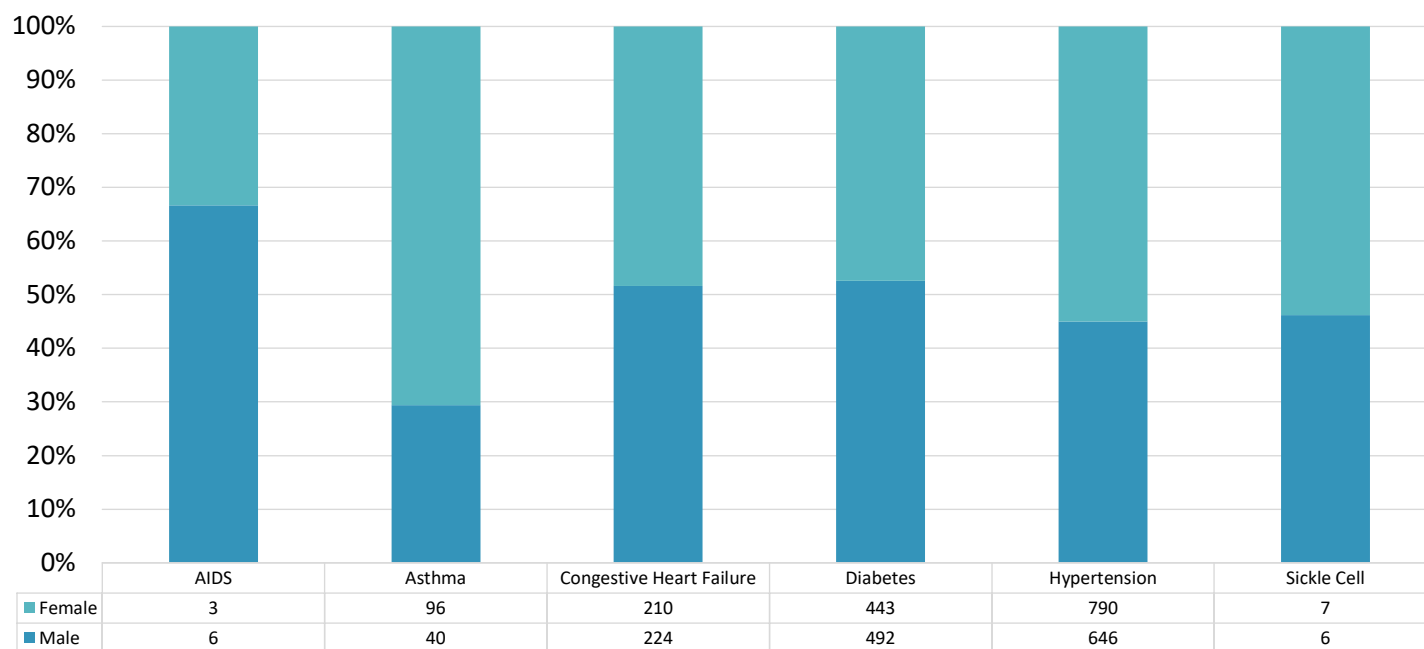
Memorial Hospital Pembroke Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

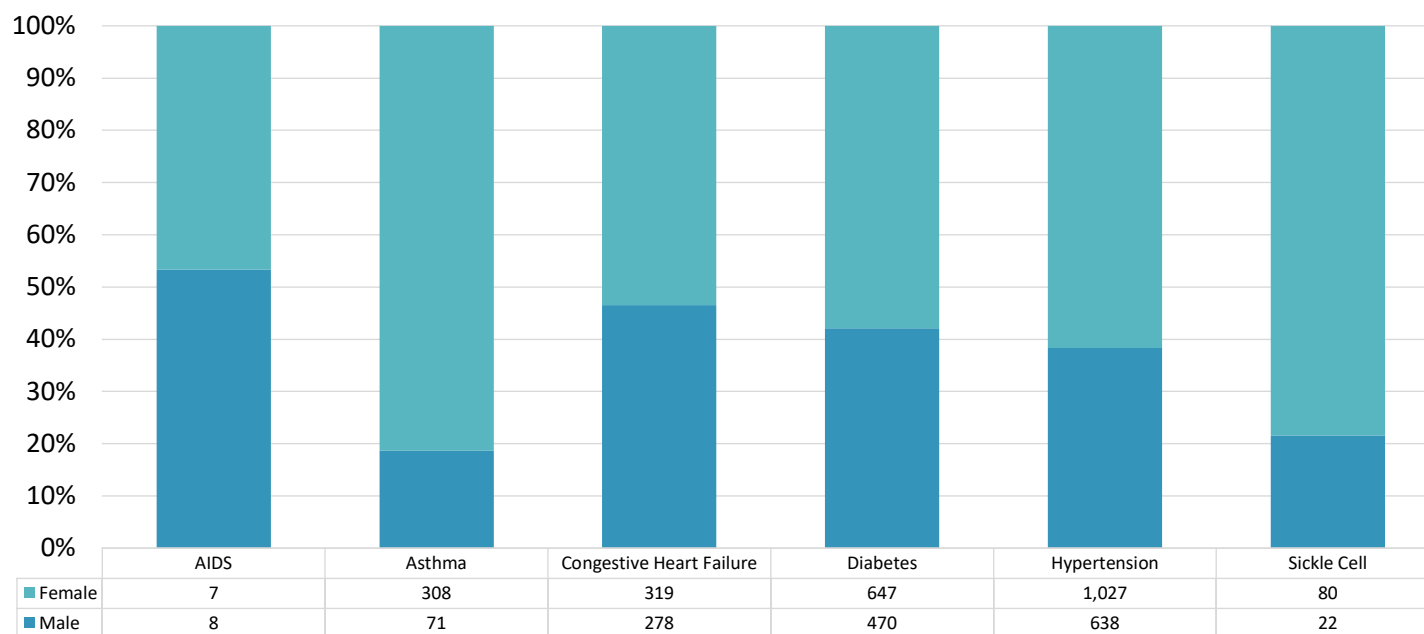
Memorial Hospital South Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

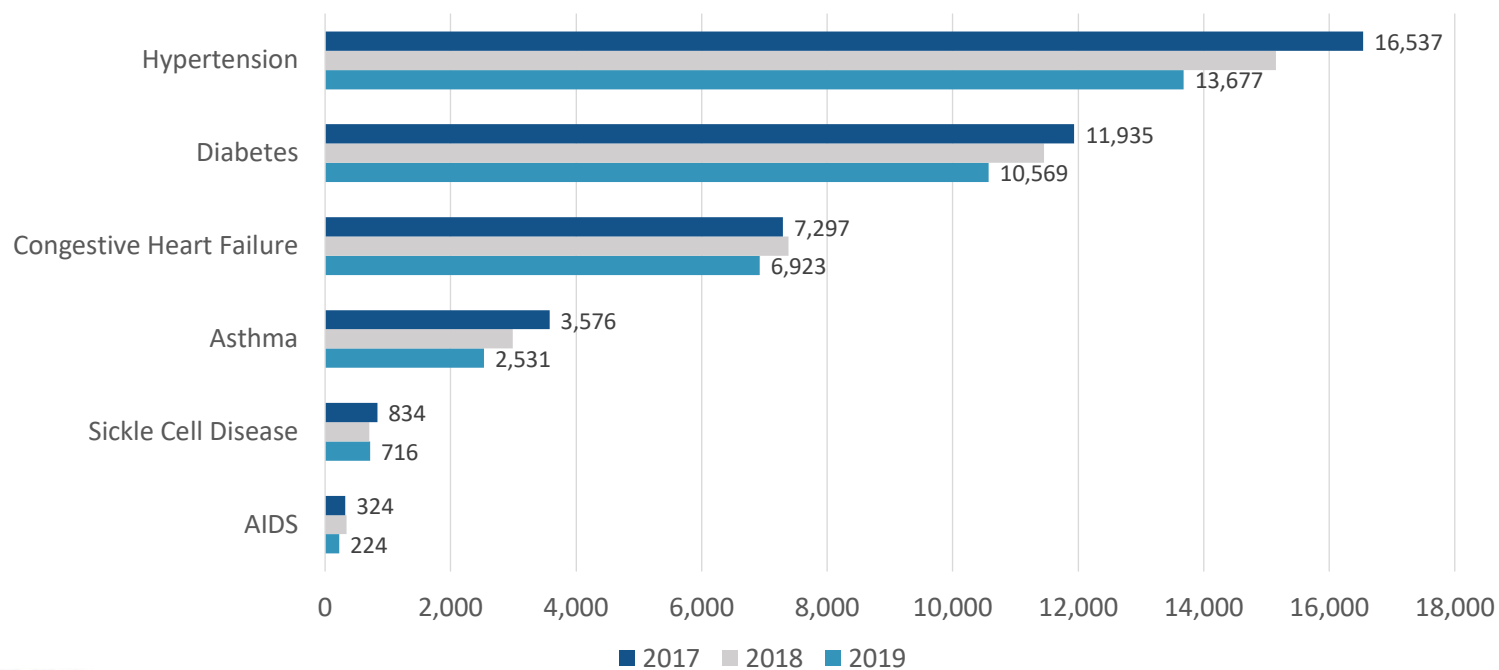
Memorial Hospital Miramar Cases by Gender, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

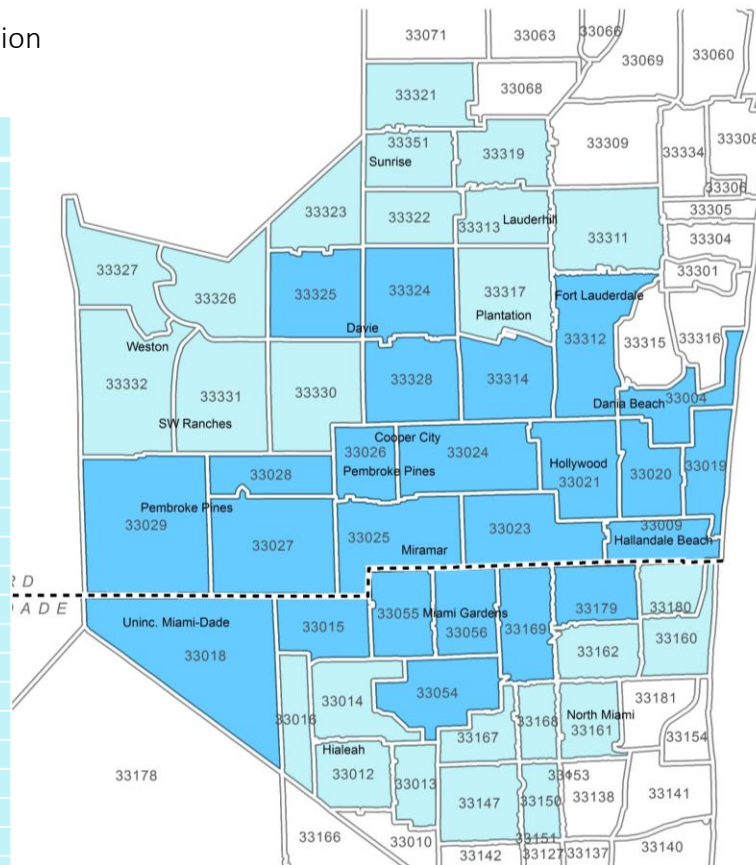
MHS PSA Cases, 2017-2019



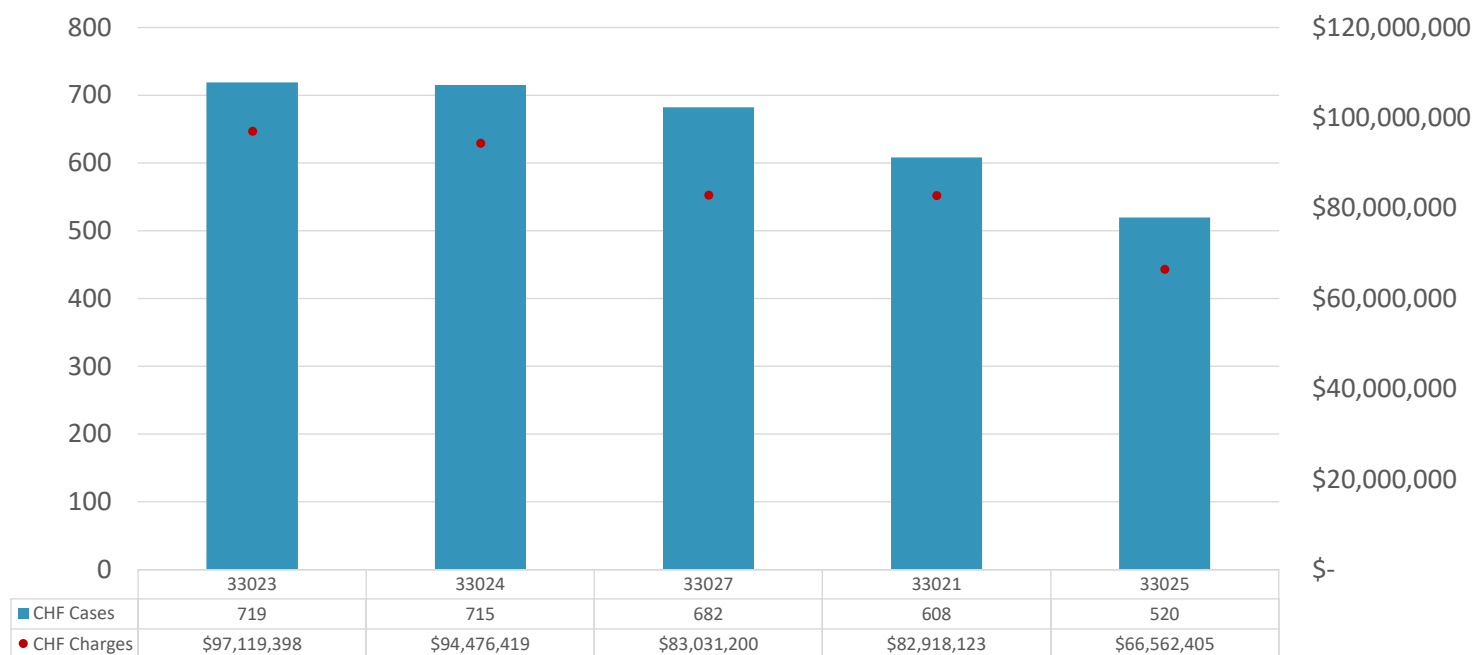
Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition
Top 5 PSA Zip Codes

Primary	Secondary
33004	33012
33009	33013
33015	33014
33018	33016
33019	33147
33020	33150
33021	33160
33023	33161
33024	33162
33025	33167
33026	33168
33027	33180
33028	33311
33029	33313
33054	33317
33055	33319
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33312	33326
33314	33327
33324	33330
33325	33331
33328	33332
-----	33351



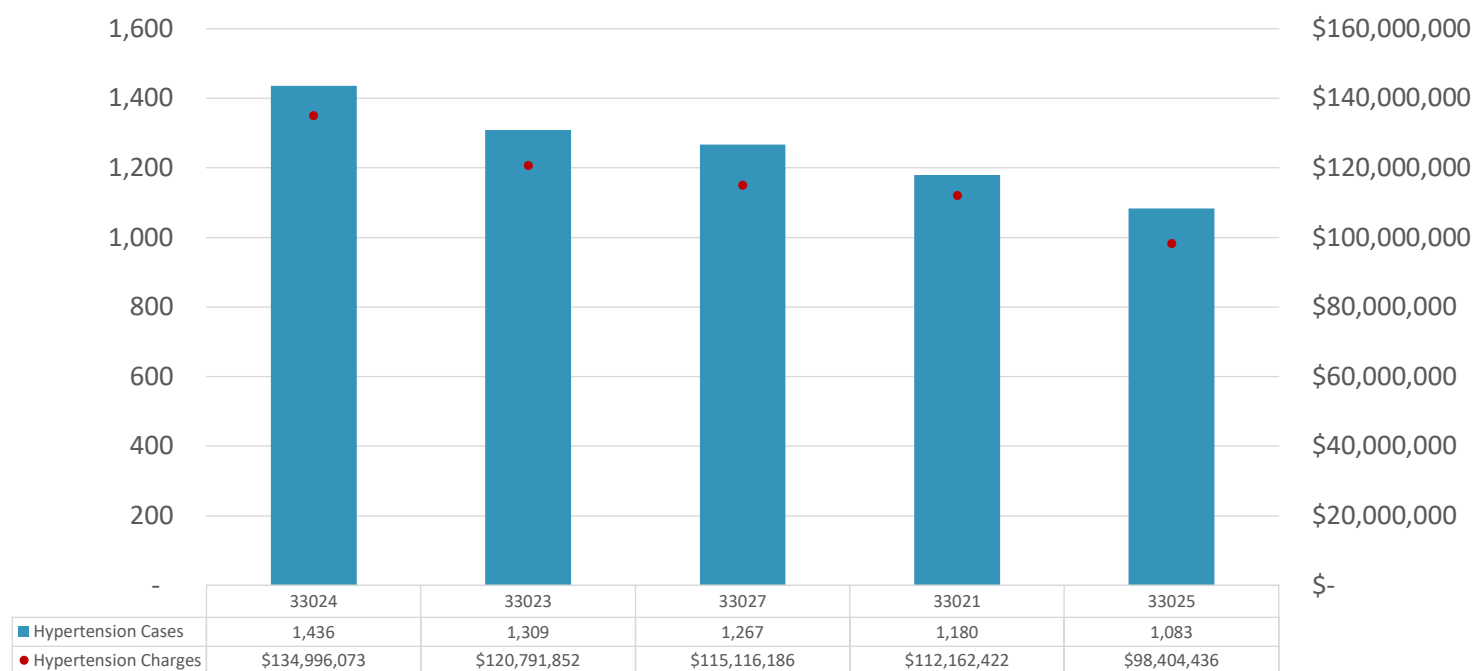
Congestive Heart Failure Hospitalizations MHS Top 5 PSA Zip Code Cases vs. Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hypertension Hospitalizations

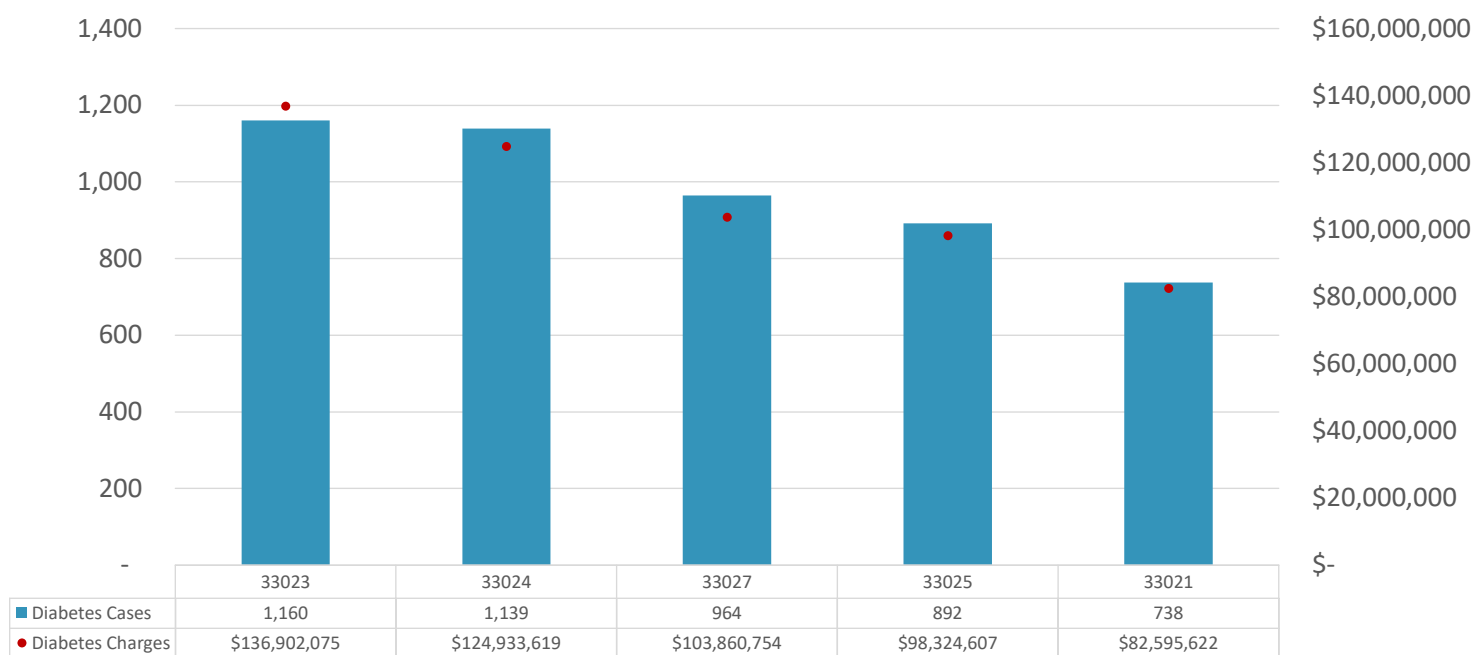
MHS Top 5 PSA Zip Code Cases vs. Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Diabetes Hospitalizations

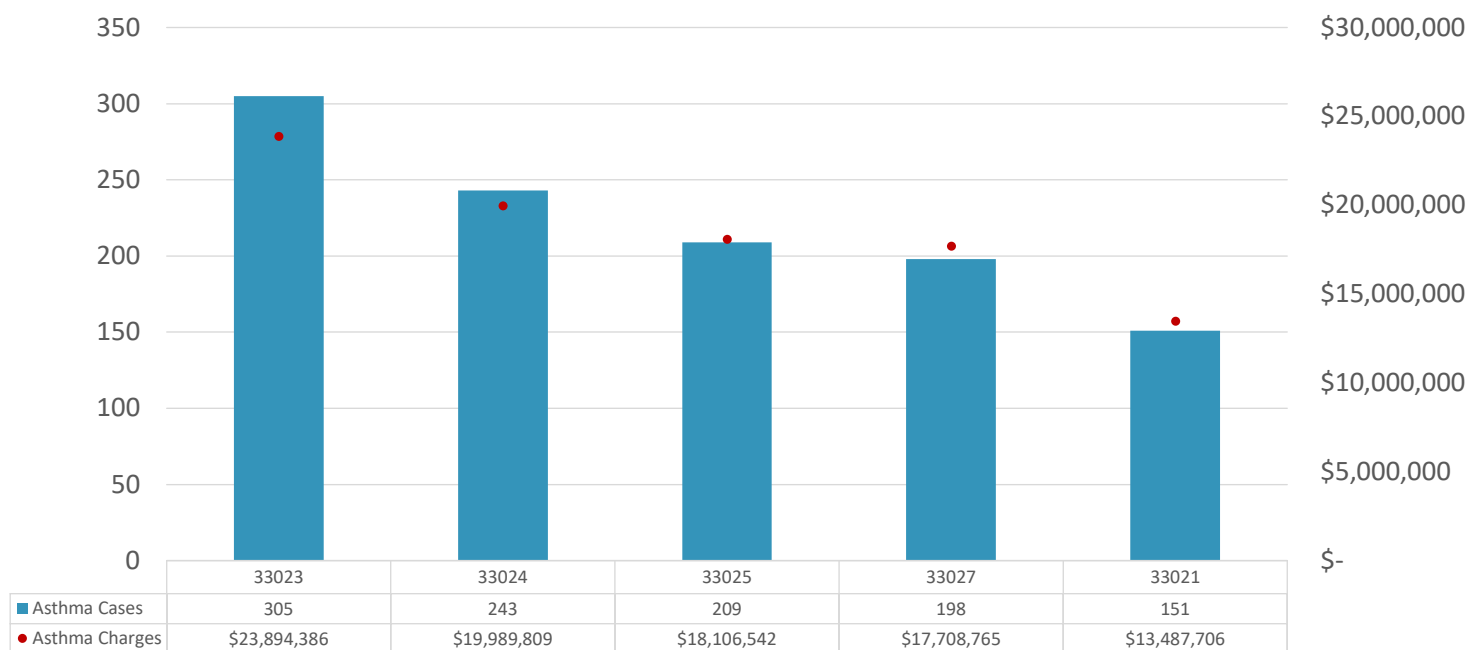
MHS Top 5 PSA Zip Code Cases vs. Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Asthma Hospitalizations

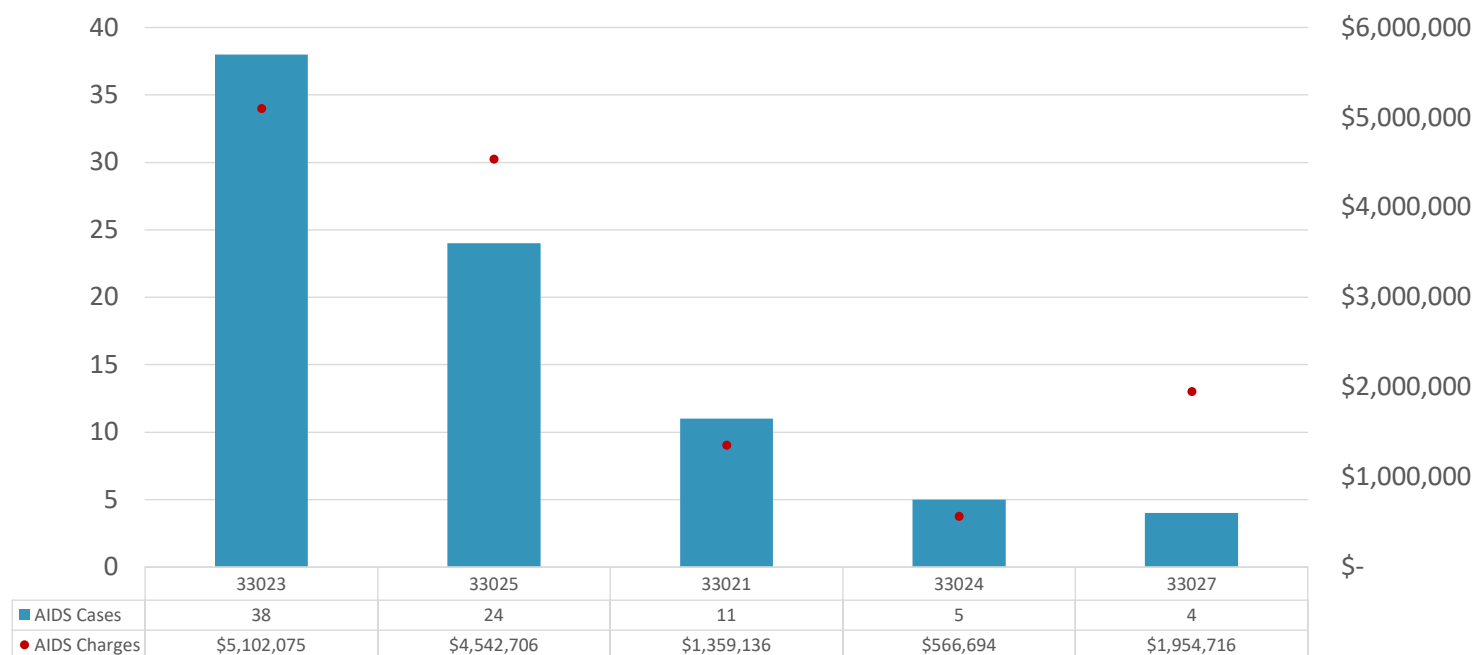
MHS Top 5 PSA Zip Code Cases vs. Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

AIDS Hospitalizations

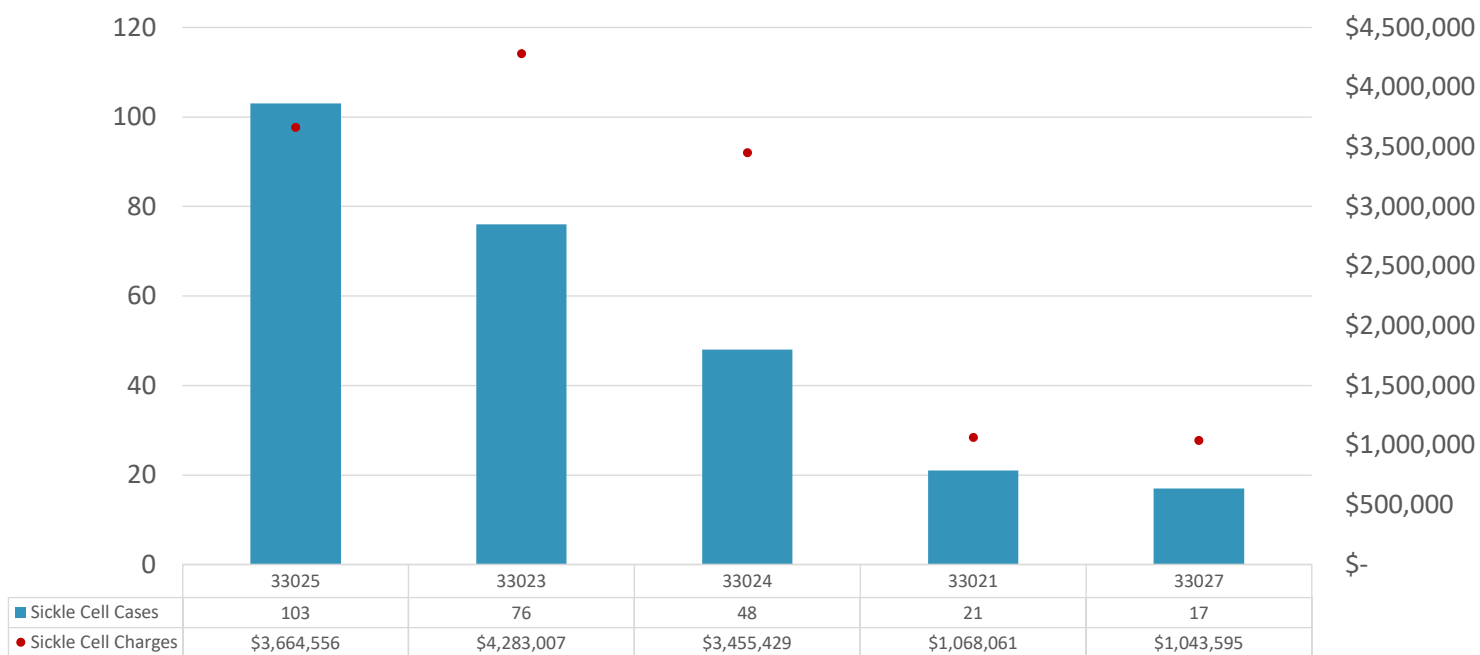
MHS Top 5 PSA Zip Code Cases vs. Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Sickle Cell Hospitalizations

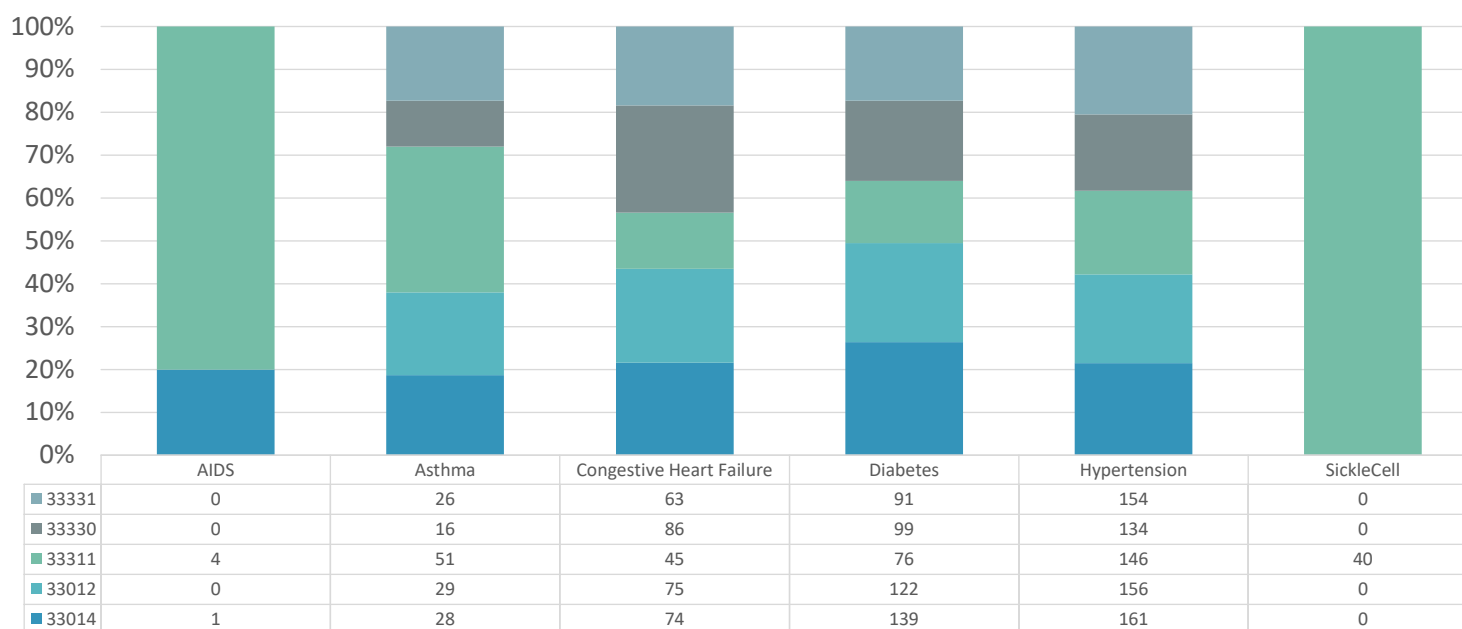
MHS Top 5 PSA Zip Code Cases vs. Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Hospitalizations by Chronic Condition

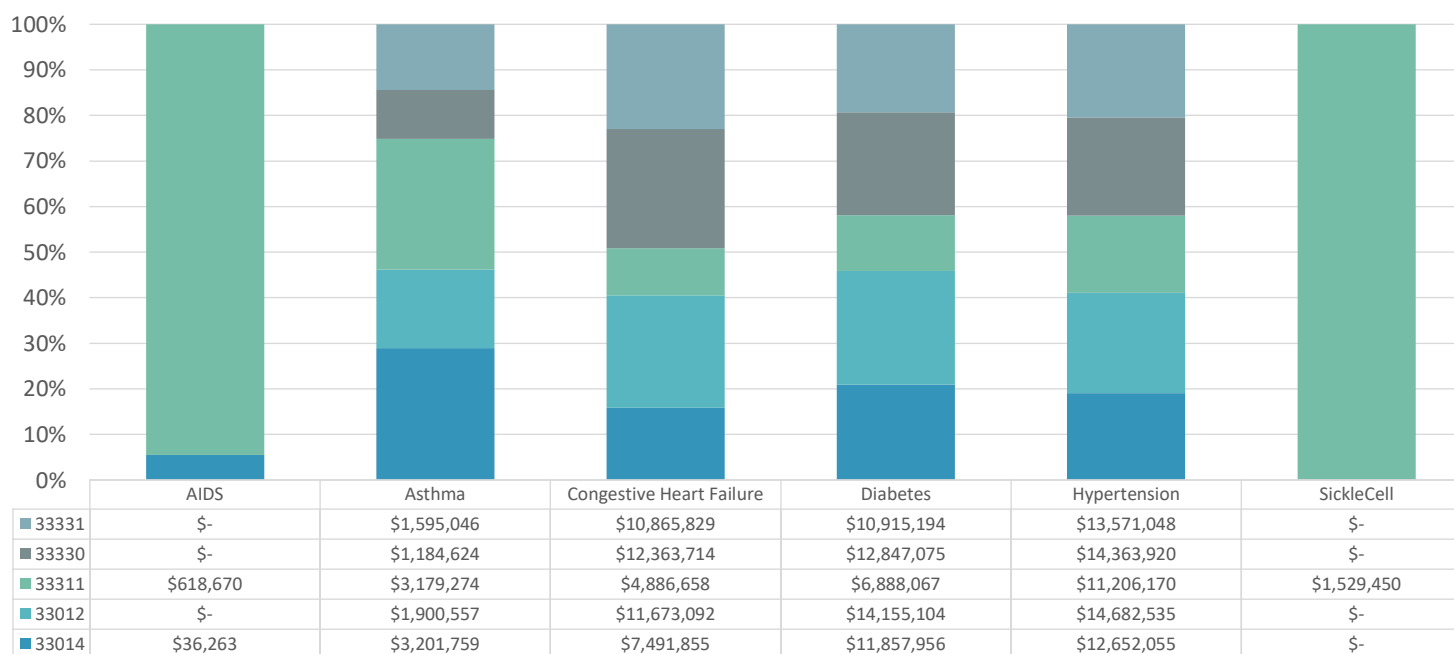
MHS Top 5 SSA Cases, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

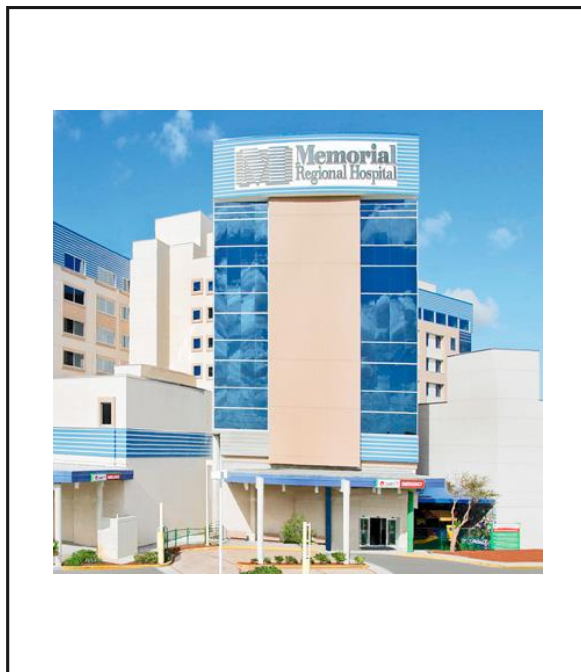
Hospitalizations by Chronic Condition

MHS Top 5 SSA Charges, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

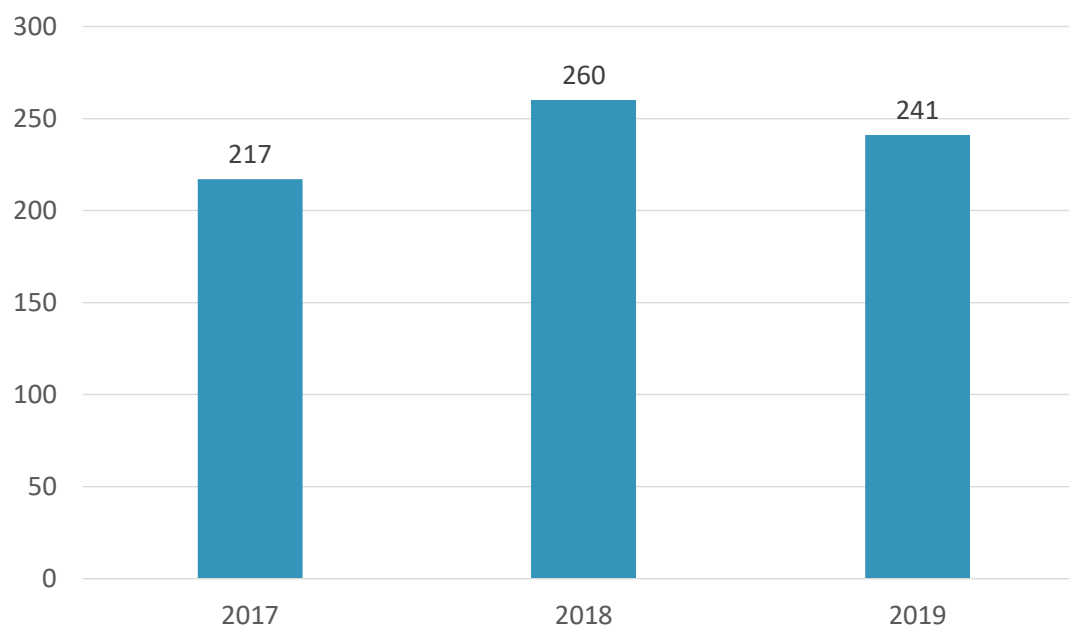
Self-Inflicted Injury



2021 - 2024
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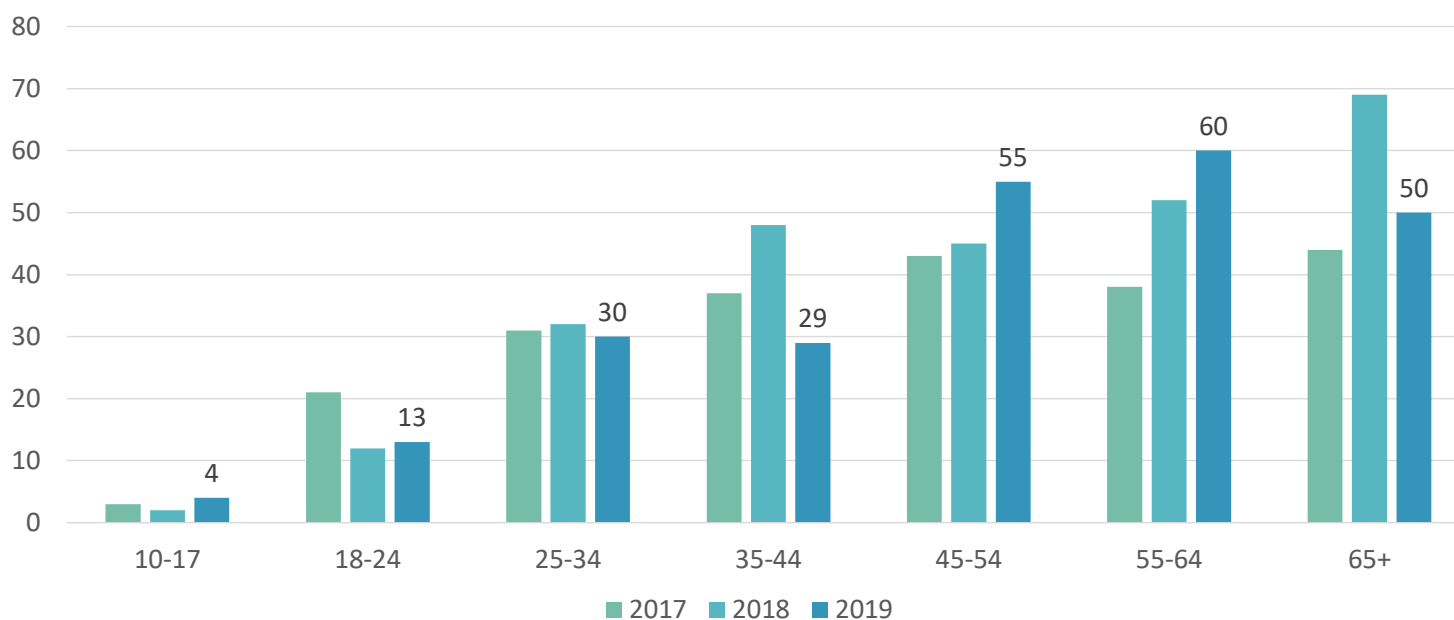
Suicide Death Count Broward, 2017-2019

- **11% overall since 2017, although falling 7% since 2018**



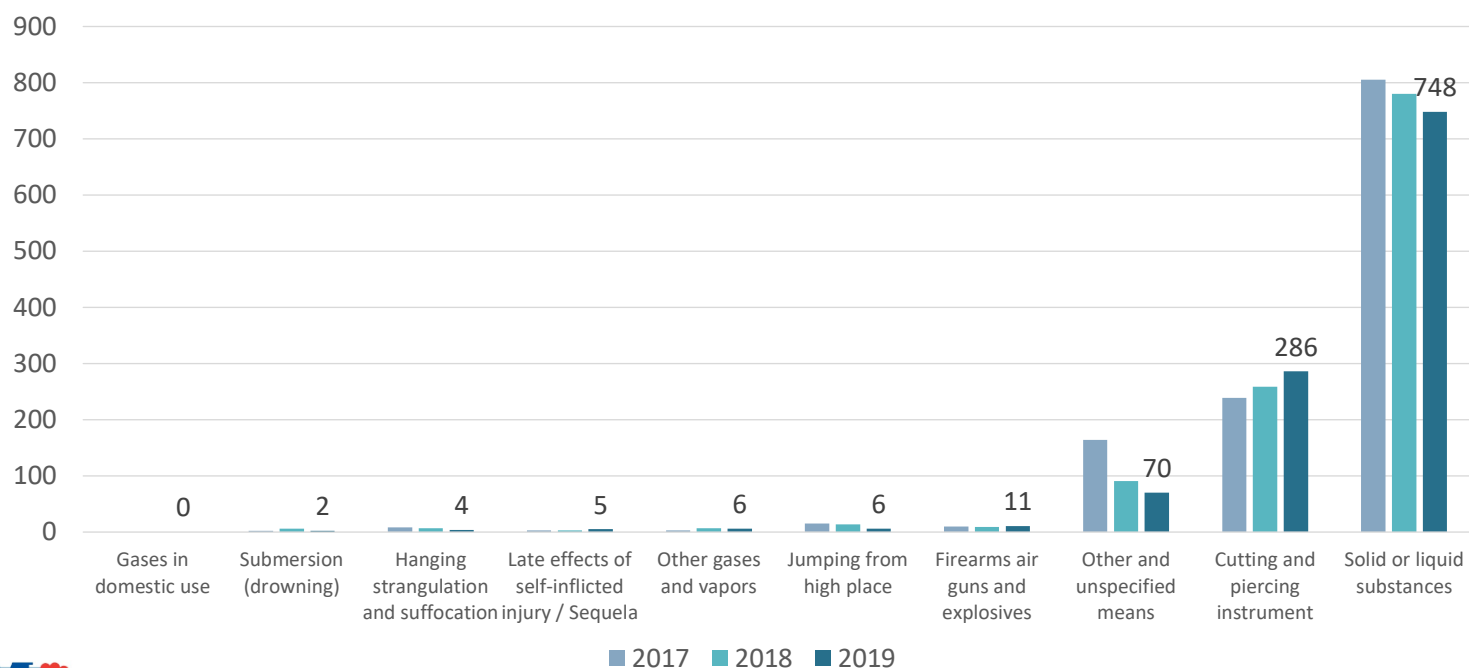
Source: Broward Regional Health Planning Council, Health Data Warehouse

Suicide Death Count by Age Broward, 2017-2019



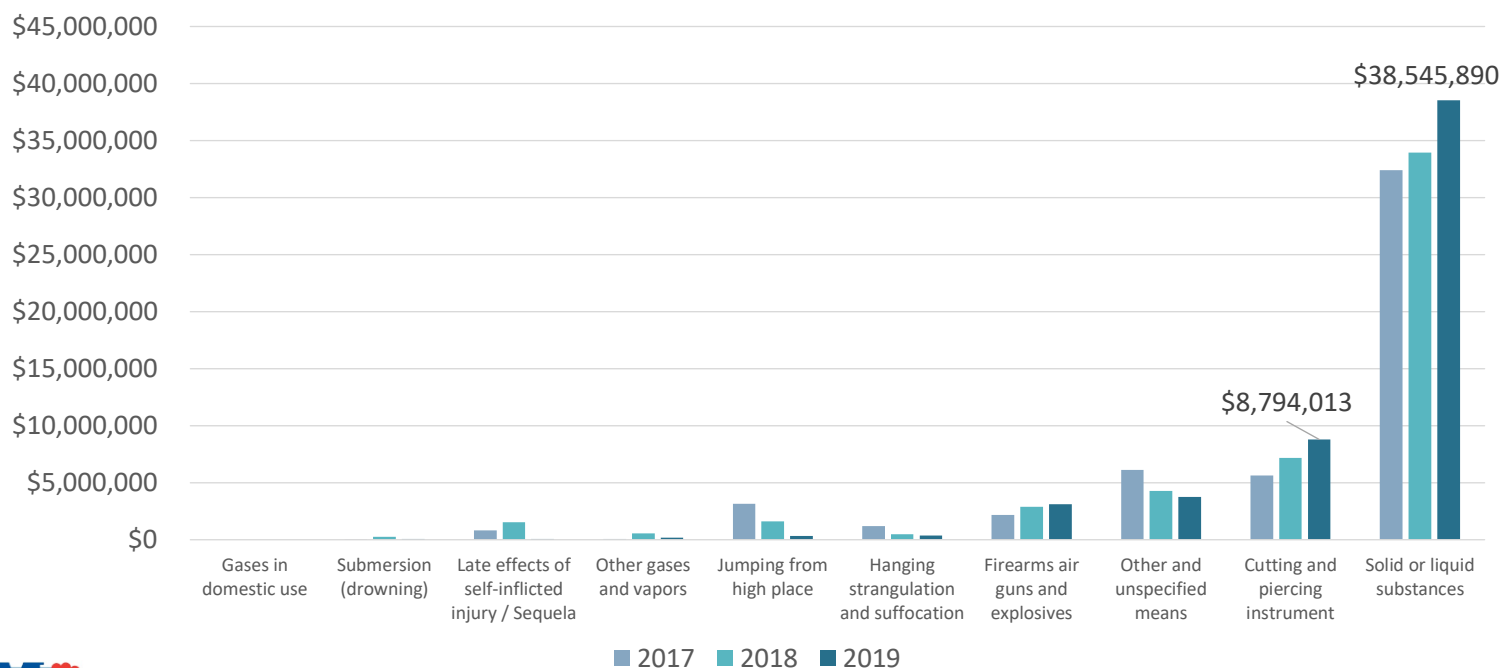
Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Cases Broward, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Self-Inflicted Injury Charges Broward, 2017-2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

Main Observations - MHS Hospital Data

Hospital Utilization

- Licensed beds remained stable with a net 108 bed gain *since 2017*, MHW with the most gain.
- Admissions dropped across all MHS sites with a 9.95% decrease.
- Average daily census dropped across all MHS sites with Miramar the largest 15.65% decrease.
- 2019 Occupancy rates across Broward dropped 8.4%. MHS rate is 9.19% lower than all of Broward.
- 2019 Average length of stay similar between MHS and Broward County hospitals. MHS is 55.7% greater than the County overall.
- Patient days dropped across all MHS sites since 2017
- Observation *cases* increased at most MHS sites, with a 38% increase for MHW.
- Observation *hours* increased overall, as much as 70% for MHW.

Emergency Department Utilization

- ED visits slightly down (1.2%) across the County since 2017. But admissions 11.45% down.
- MHW has *greatest percent* of admissions across MHS for all years 2017-2019, while Memorial Hospital South had the *lowest percent* of admissions.

Chronic Disease Hospitalization

- Across MHS: hospitalizations steady or down, but charges increased for diabetes and CHF.
- MHW appears to have the highest charges for diabetes and CHF, rest is steady or down.
- MHS AIDS Hospitalizations greatest for black patients (60%). Black and Hispanic combined cases and percent hospitalizations greater than whites for Asthma, Diabetes, and Hypertension.
- Females consistently account for most hospitalizations for Asthma and Hypertension.

Self-Inflicted Injuries

- Broward suicides increased 11% overall since 2017, although falling 7% since 2018.
- Suicides increased in 2019 for age groups 45-55 and 55-64

For More Information

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Presentation 4: MHS Avoidable ED Visits, Prevention Quality Indicators

The fourth phase of the MHS CHNA continues the topics of hospital utilization, but more specifically avoidable Emergency Department visits and the trends for Prevention Quality Indicators (PQI).

Avoidable ED Visits

The ED avoidable visit data is stratified into four categories:

1. Non-Emergent (NonEm) – The patient’s initial complaint, symptoms, medical history and age indicated that immediate medical care was not required within 12 hours.
2. 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.]
3. 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.
4. Emergent – ED Care Needed – Not Preventable/Avoidable (EmNonPrev) – ED care was required and ambulatory care treatment could not have prevented the condition.

For the MHS system, across the years from 2017 to 2019, the rates for these visits have remained mostly unchanged by severity, except for the EmNonPrev category. In this category, Minor Severity cases dropped from 7 cases to 5 cases (a 24% drop), Low/Moderate Severity cases dropped from 10.6 to 8.7 (18% drop), and Moderate Severity cases dropped from 18.8 to 15.3 (19% drop). The drop in these acuity categories is also reflected in ED charges by severity acuity. In 2018, Moderate Severity case charges were \$200,078,541 and dropped 37% in 2019 to \$125,383,494. Minor Severity Cases charges went from \$29,515,670 to only \$3,620,938, which is an 88% drop.

Stratifying the acuity/severity of avoidable ED visits by race and ethnicity reveals some surprising patterns and may reflect confounding SDOH factors such as access to care, race and ethnicity. For example, while the Asian/ Pacific Island and Native American populations make up only 0.1% of the County’s demography, they account for nearly 25% of the cases for the EmPCT category of Minor Severity for 2019. This implies that these cases could have been prevented in a primary care setting, but the patients had to resort to the ED instead. In the EmPrev category, also in Minor Severity, Native Americans account for only 9.1 cases, but this makes up nearly 26% of the caseload alone. This implies that these visits could have been prevented if the patients had access to timely ambulatory care.

A similar pattern occurs in the EmNonPrev category with Low/Moderate Severity: Native Americans make up the most cases (16.3) and consist of nearly 26% of avoidable ED visits. The second highest cases come from Asian/Pacific Islanders who have 11.7 cases, which consist of 18% of the total 63.9 cases in this ED category and acuity. When looking at ED case load by hospital, it appears that that many of the Native American cases are coming from Memorial Hospital West. In 2019, Native Americans made up 42% of the EmNonPrev cases with Minor Severity acuity and 25% of the EmNonPrev for cases with Low/Moderate Severity. Asian/Pacific Islanders make up 21% of this later caseload. The second highest avoidable ED caseload for the Native American population comes from Memorial Hospital Pembroke. For the EmPrev category with Minor Severity, they make up 39% of the cases, and 34% for the EmNonPrev with Low/Moderate Severity.

Prevention Quality Indicators

PQIs are an important indicator for the level of gauging how well a health system can prevent admissions for chronic diseases and acute conditions. Across the MHS system, there has been a notable decrease in COPD, Bacterial pneumonia and UTIs from 2017 to 2019. Despite the drop in cases for many of the PQIs, much of the caseload derives from black and Hispanic populations. For example, for PQI-3- Long Term Diabetes (which makes up more than 50% of all diabetes PQIs), Hispanics contribute to 30% of the cases, and blacks contribute to 37%. Whites, who make up 63% of the County's demography, have a PQI-3 caseload of only 29%. By age, it appears that most of the PQI-3 cases are between the ages of 40-64, which make up 49% of the caseload. The next highest belongs to the 65+ who make up 41% of the caseload for PQI-3. A similar demographic pattern is found for PQI-1, Short Term Diabetes. However, the 18-39 age group makes up 57% of the caseload for this PQI.

Adult Asthma (PQI-15) is another preventable condition that is disproportionality found in certain demographics. As with diabetes, most of the caseload is found within black and Hispanic populations. However, females make up 83% of the caseload across the MHS system. It is not clear from the CHNA how much of the female PQI-15 cases are black and Hispanic.

Overall, it is a good indication that PQI admissions are dropping, and most ED visits are stable or decreasing. However, the main takeaway from this section of the CHNA is that SDOH shapes the distribution of preventable ED visits and hospital caseloads PQIs. Some of the MHS' hospitals appear to have a higher burden of these conditions for particular populations, such as Native Americans and Pacific Islanders.

Presentation 4 Slides: MHS Quantitative Data (Part 2)



**Memorial
Healthcare System**

2021 - 2024
Community Health Needs Assessment

Prepared By:



BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS



**Memorial
Healthcare System**

1

Meeting Dates

Draft Agenda



December 16 th , 2020	January 13 th , 2021	February 10 th , 2021	March 10 th , 2021	April 7 th , 2021	May 12 th , 2021
<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part II) 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Summary of Data, Needs, and Gaps 2. Stakeholder Discussion 3. Prioritization Process

Disclaimer: Broward's Health Story Map to be included upon analysis



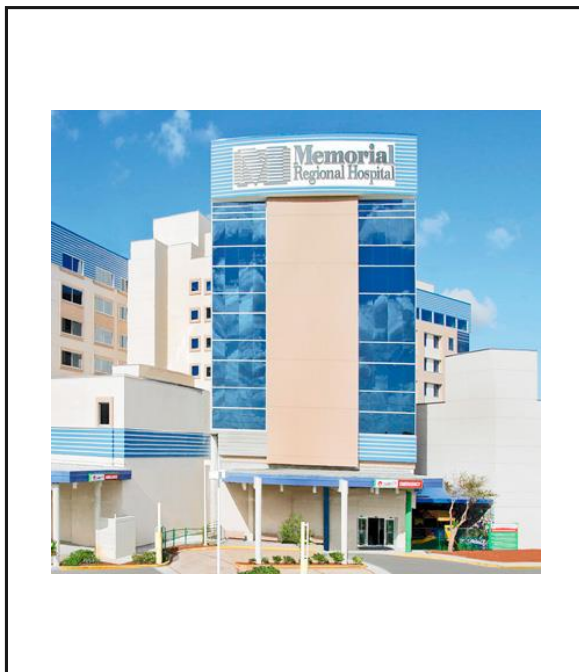
MHS Hospital Data

MHS Avoidable Emergency Department Visits

Prevention Quality Indicators

Summary – Transition to Presentations 5 & 6

MHS Avoidable Emergency Department Visits



2021 - 2024
Community Health Needs Assessment

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: BRHPC Data Warehouse

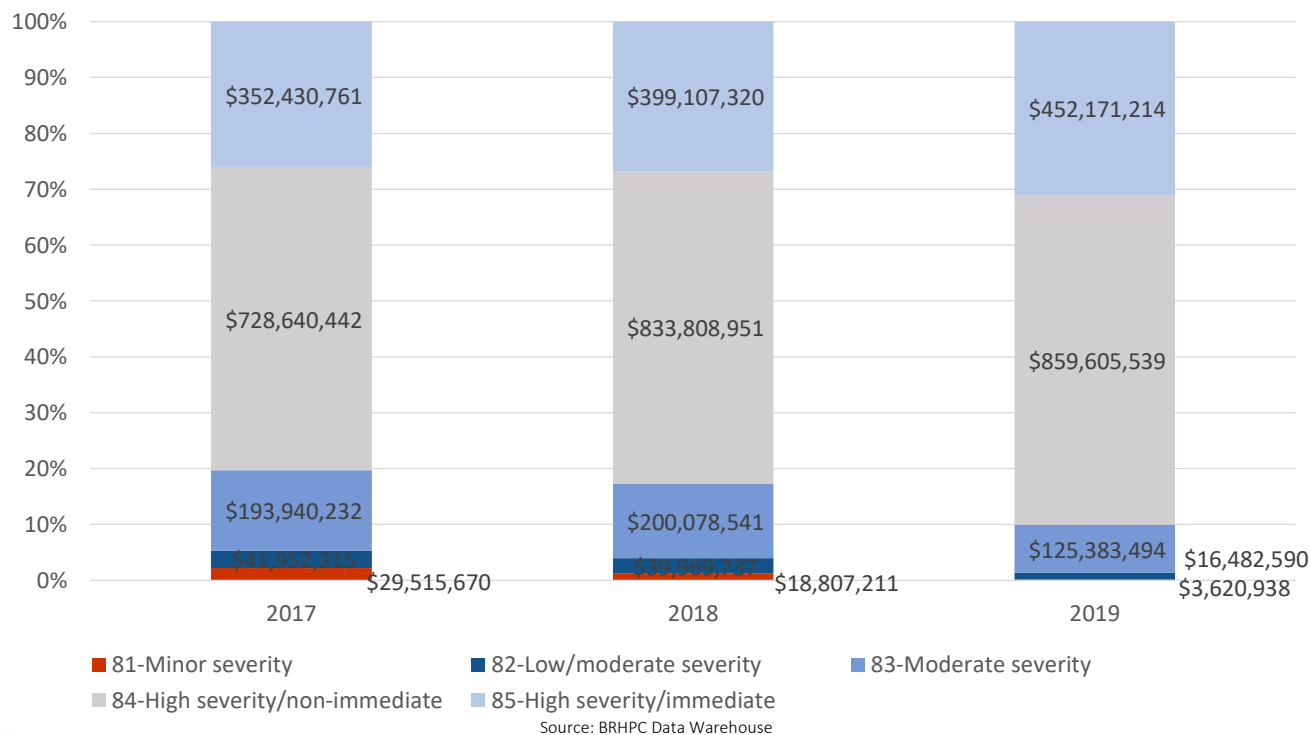
7

Avoidable Emergency Department Visits

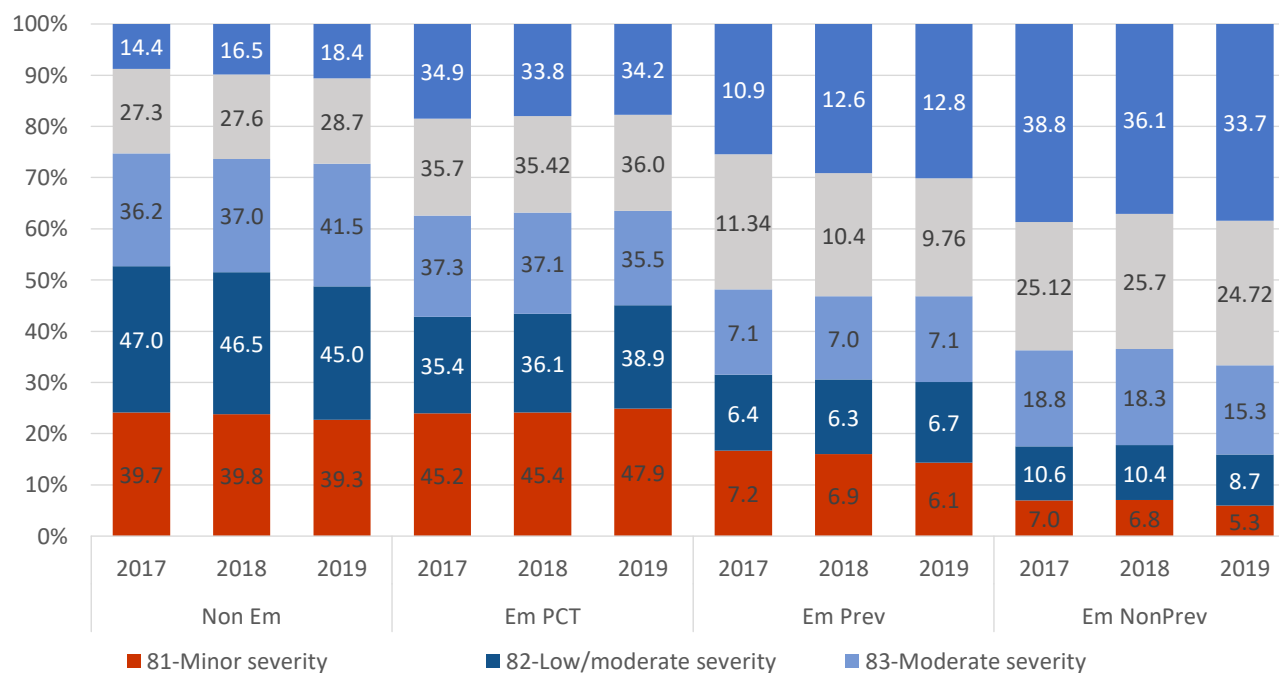
The Emergency Department (ED) avoidable visit data is based on the New York University Emergency Department (ED) Algorithm for ED classification, created by a panel of ED and primary care physicians. The ED visits are stratified by emergency status:

- 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.

Avoidable ED Charges by Acuity, MHS 2019

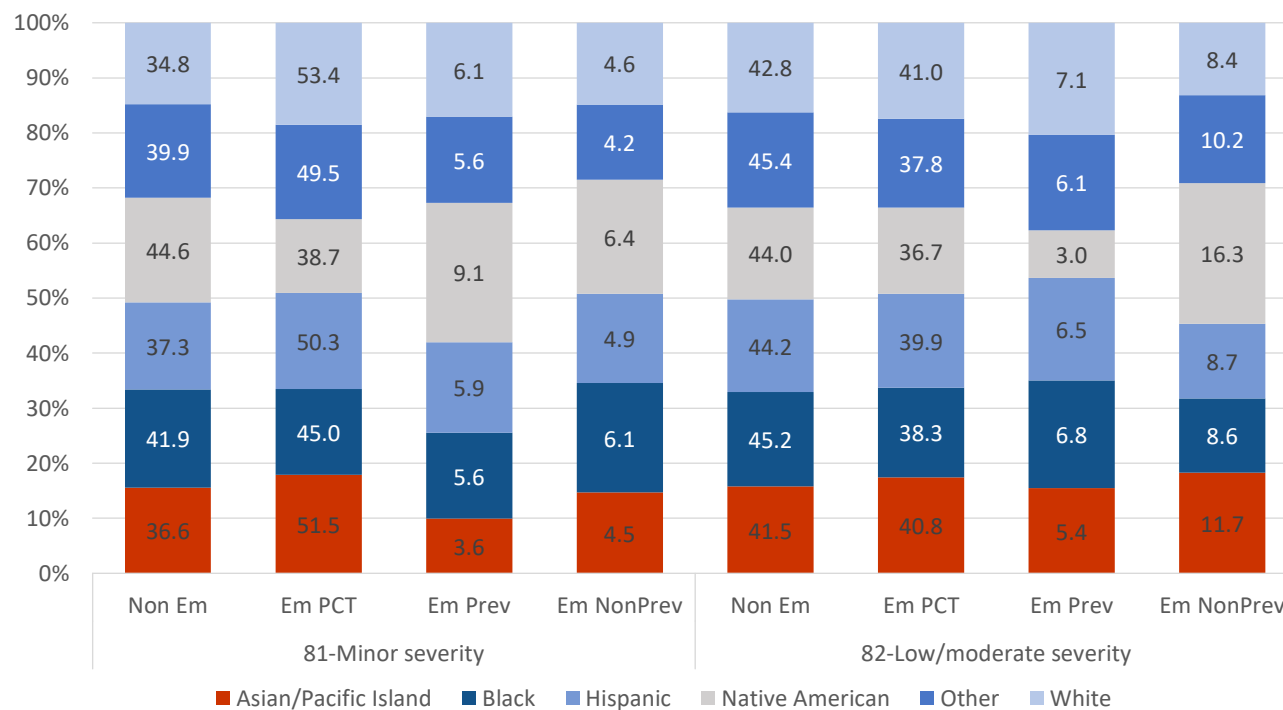


Avoidable ED by Acuity and Severity, MHS 2017-2019



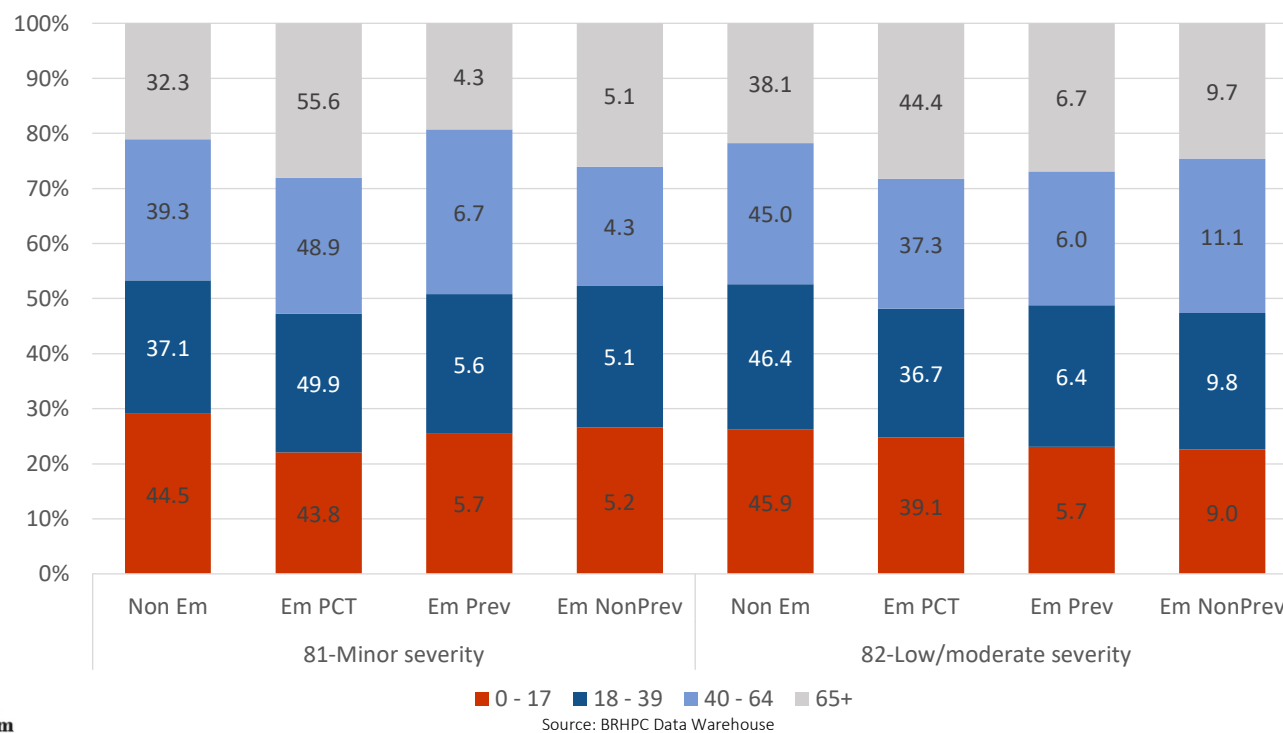
Source: BRHPC Data Warehouse

Avoidable ED Cases by Race/Ethnicity, MHS 2019

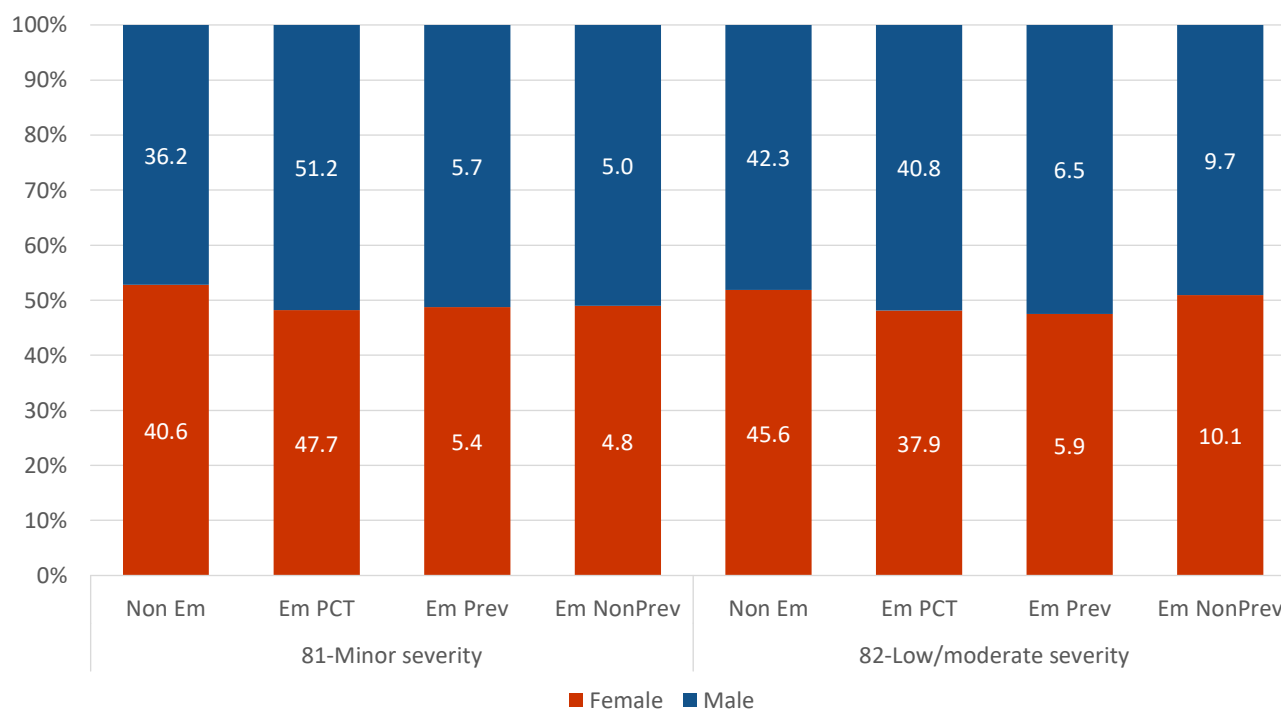


Source: BRHPC Data Warehouse

Avoidable ED Cases by Age, MHS 2019

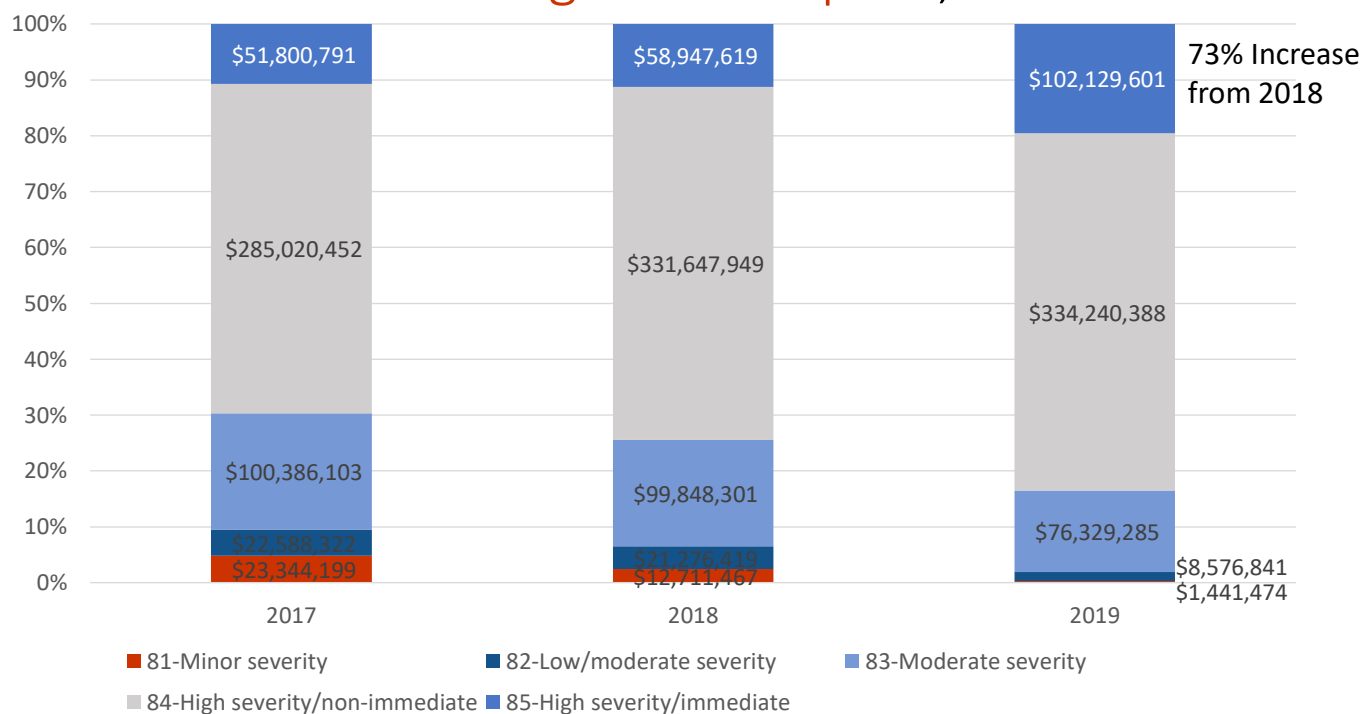


Avoidable ED Cases by Gender, MHS 2019



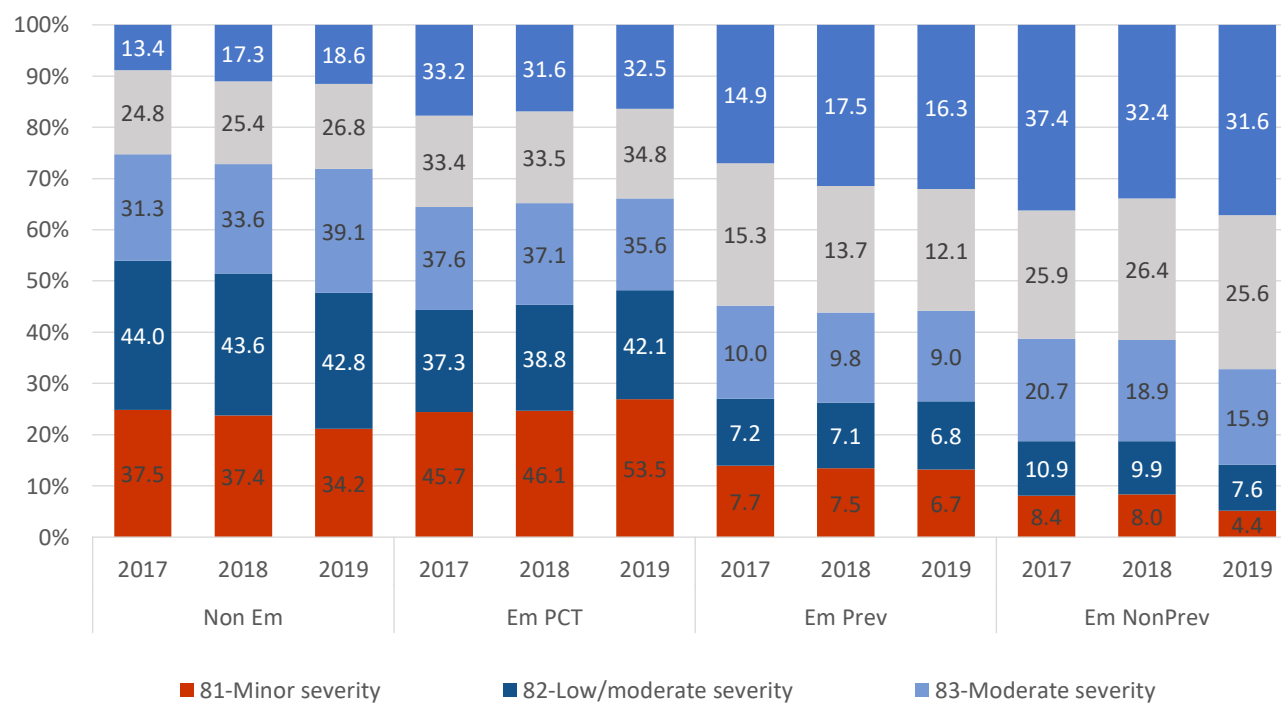
Source: BRHPC Data Warehouse

Avoidable ED Charges by Acuity Memorial Regional Hospital, 2019



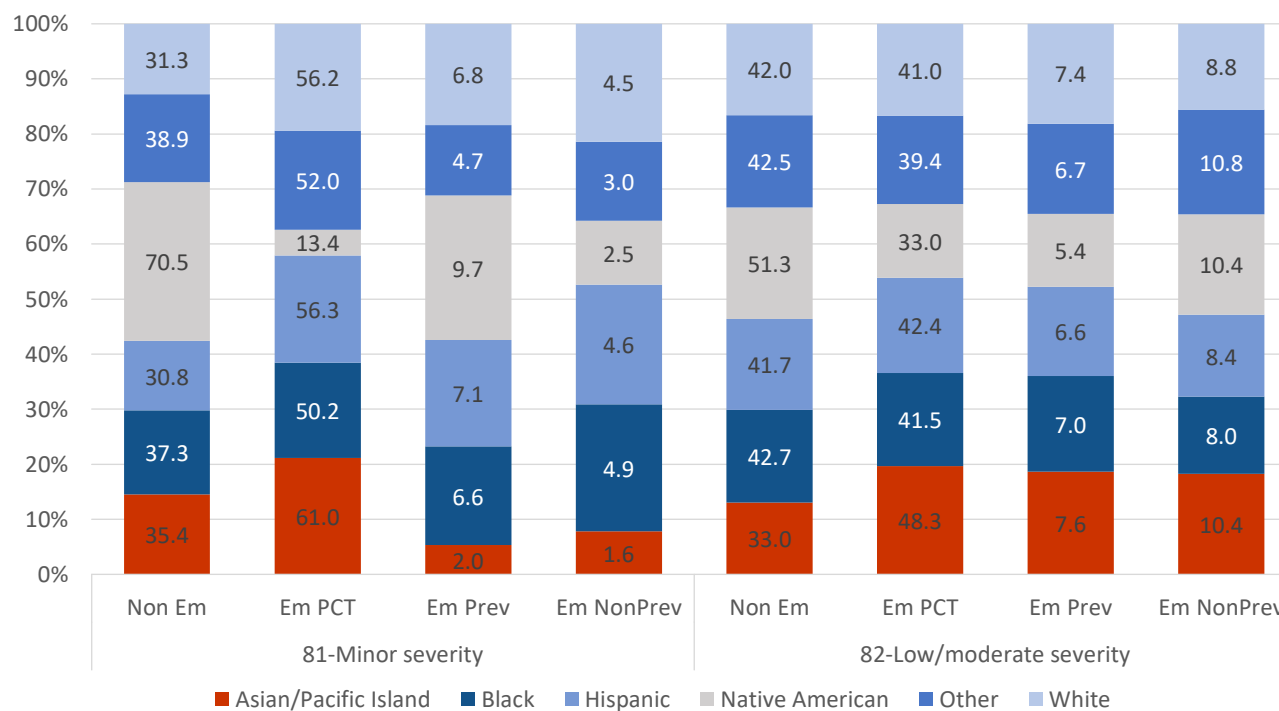
Source: BRHPC Data Warehouse

Avoidable ED Acuity and Severity Memorial Regional Hospital, 2017-2019



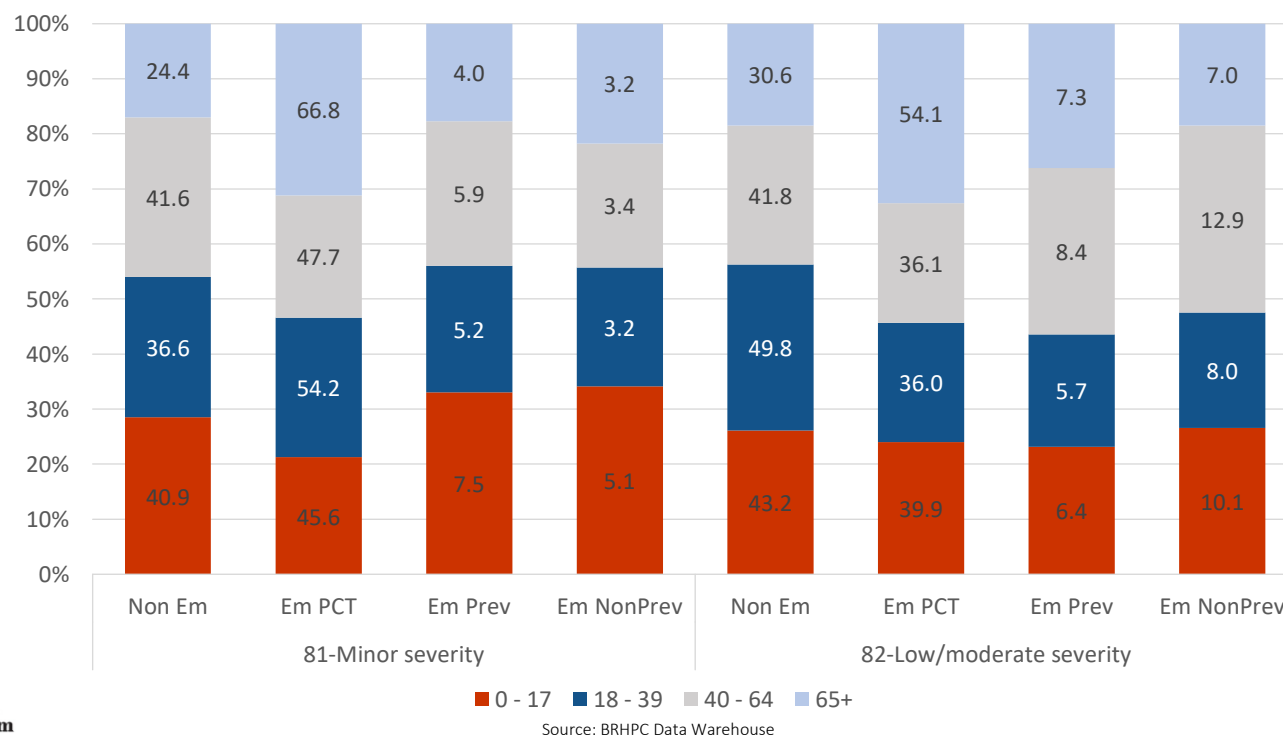
Source: BRHPC Data Warehouse

Avoidable ED Cases by Race/Ethnicity, Memorial Regional Hospital, 2019

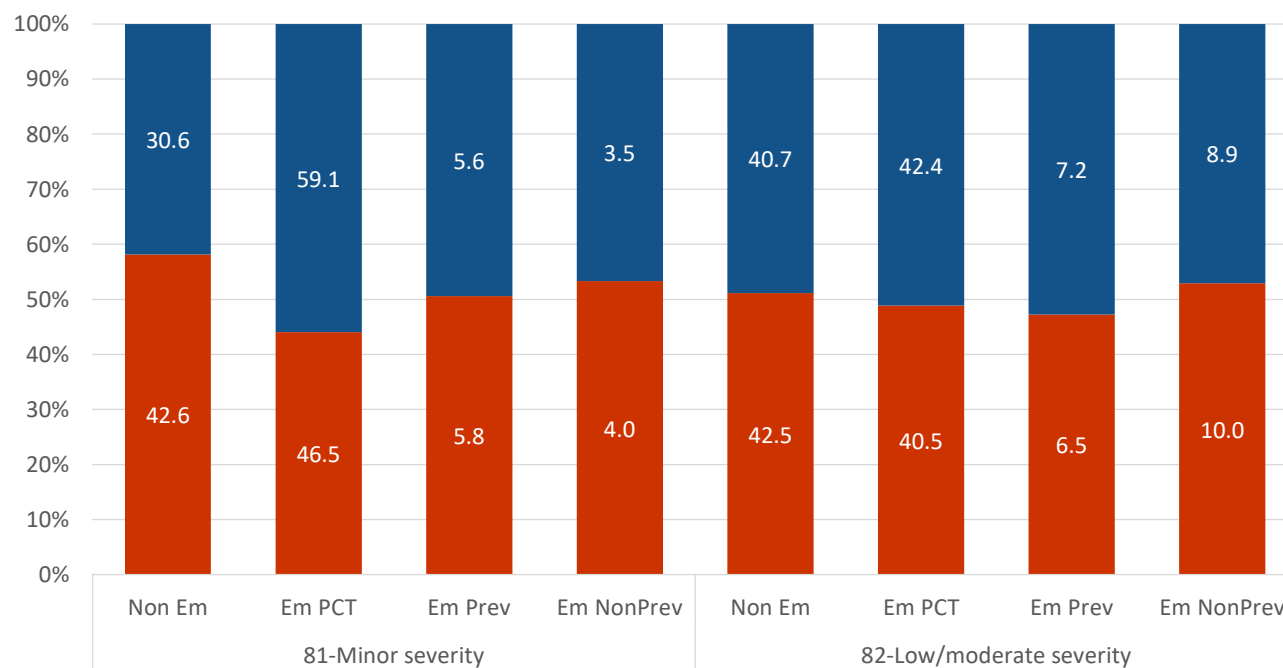


Source: BRHPC Data Warehouse

Avoidable ED Cases by Age Memorial Regional Hospital, 2019

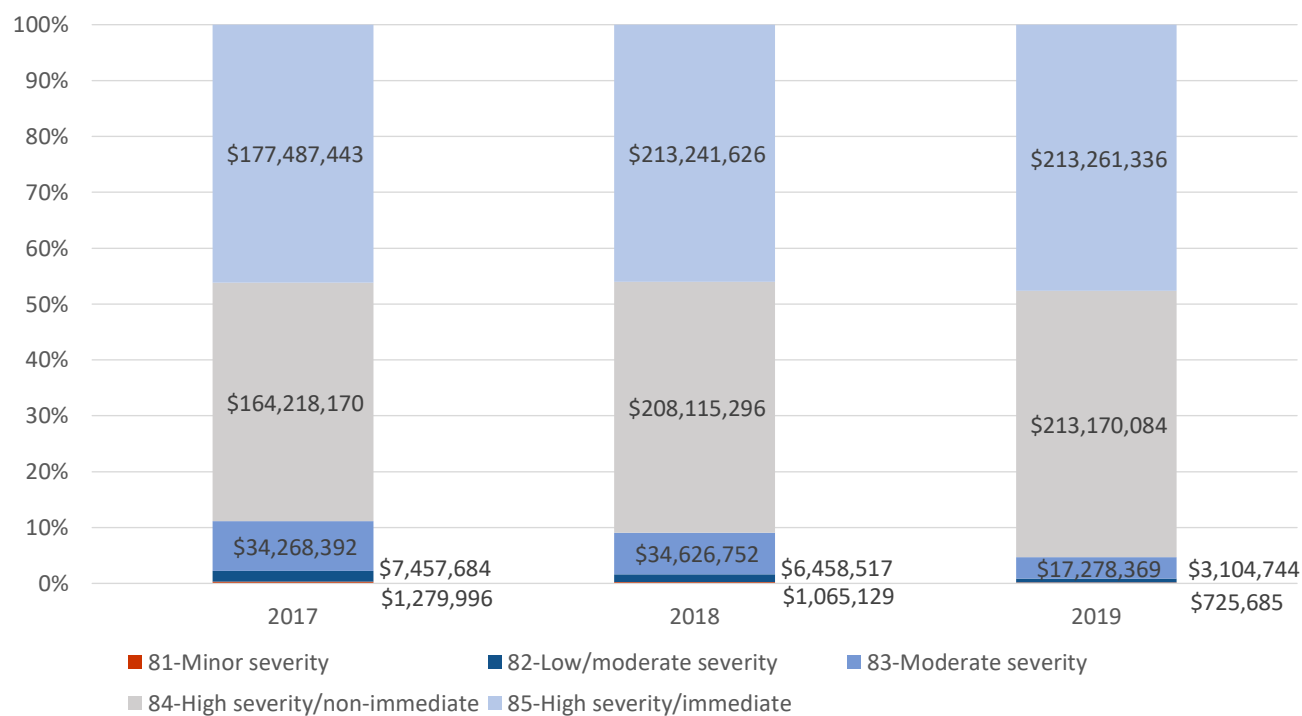


Avoidable ED Cases by Gender Memorial Regional Hospital, 2019



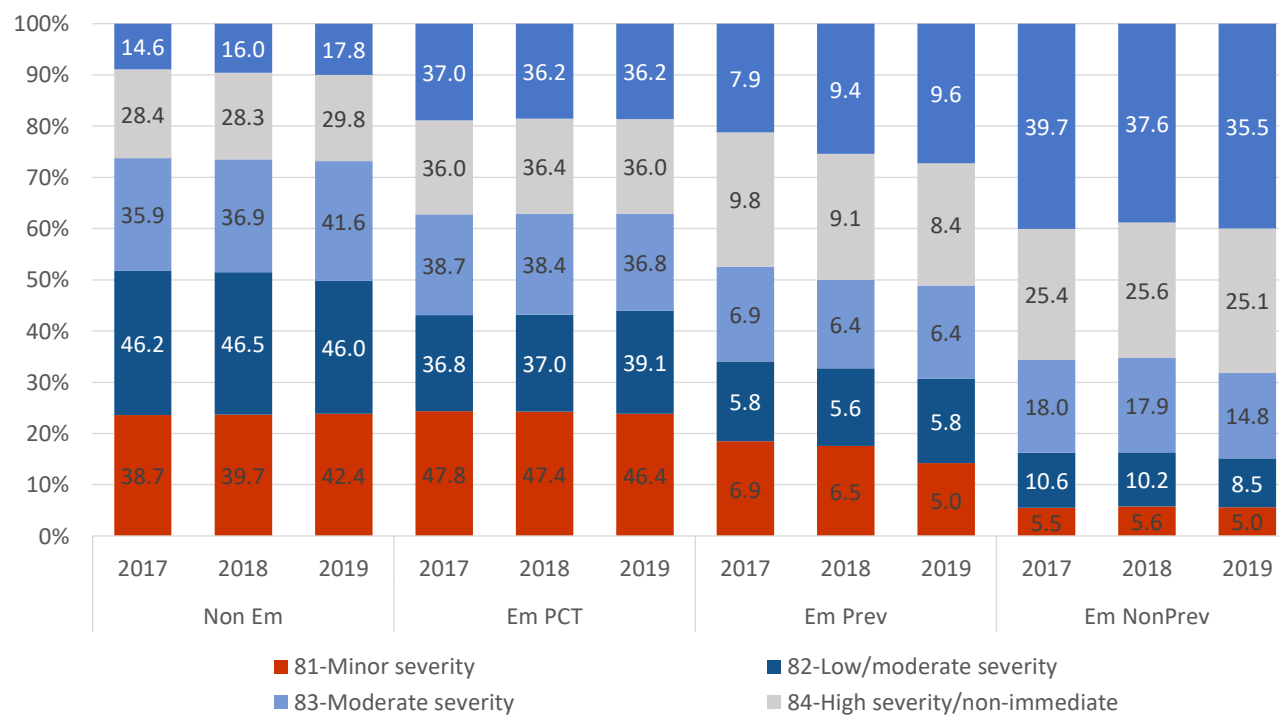
■ Female
 ■ Male
 Source: BRHPC Data Warehouse

Avoidable ED Charges by Acuity Memorial Hospital West, 2019



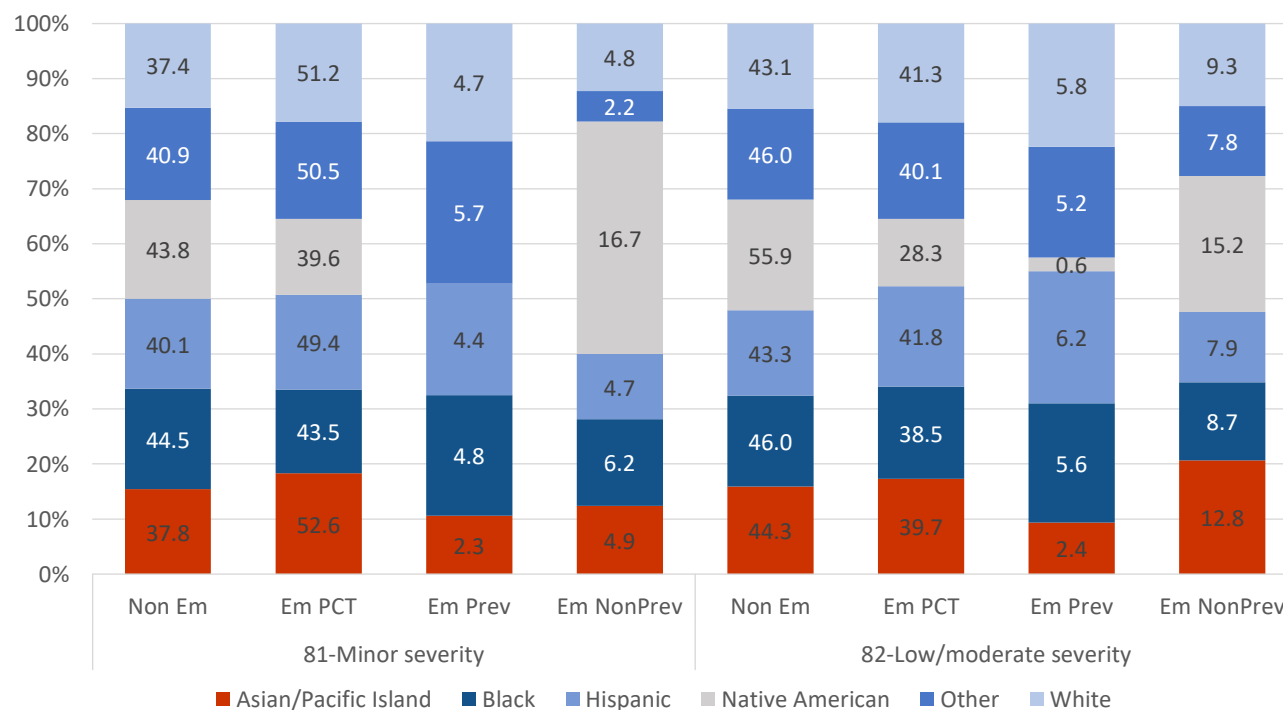
Source: BRHPC Data Warehouse

Avoidable ED Acuity and Severity Memorial Hospital West, 2017-2019



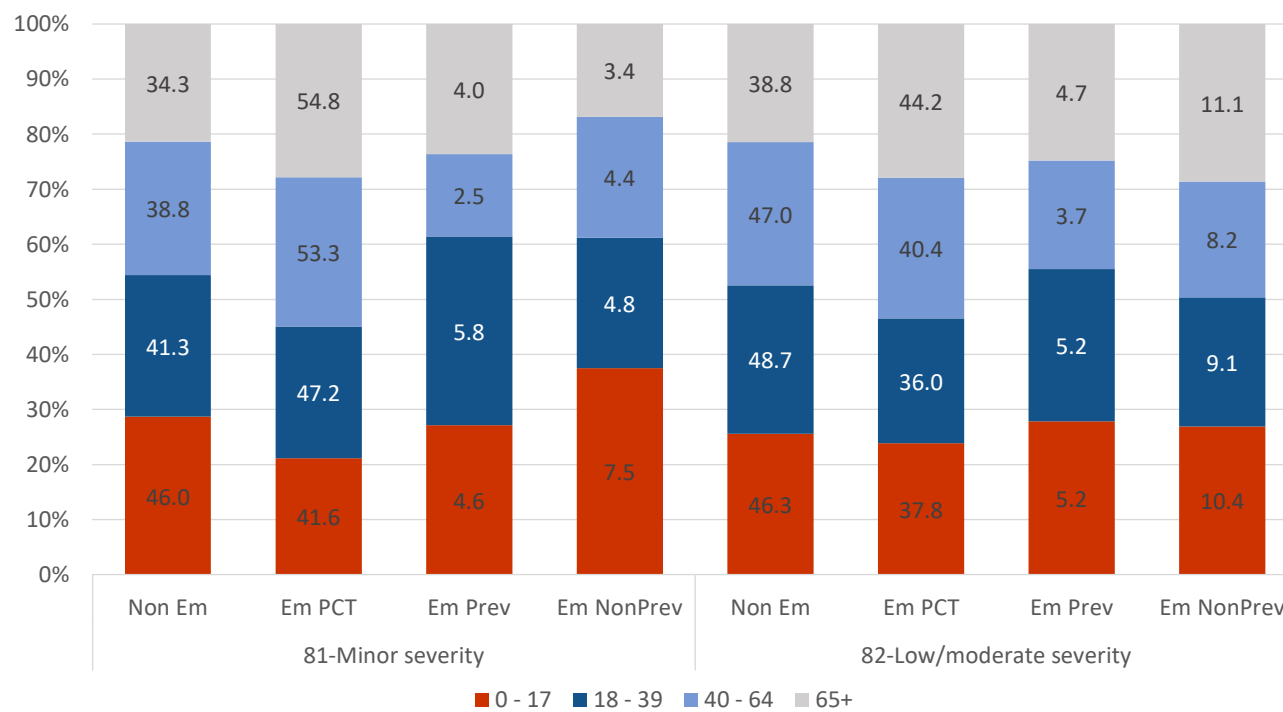
Source: BRHPC Data Warehouse

Avoidable ED Cases by Race/Ethnicity, Memorial Hospital West, 2019



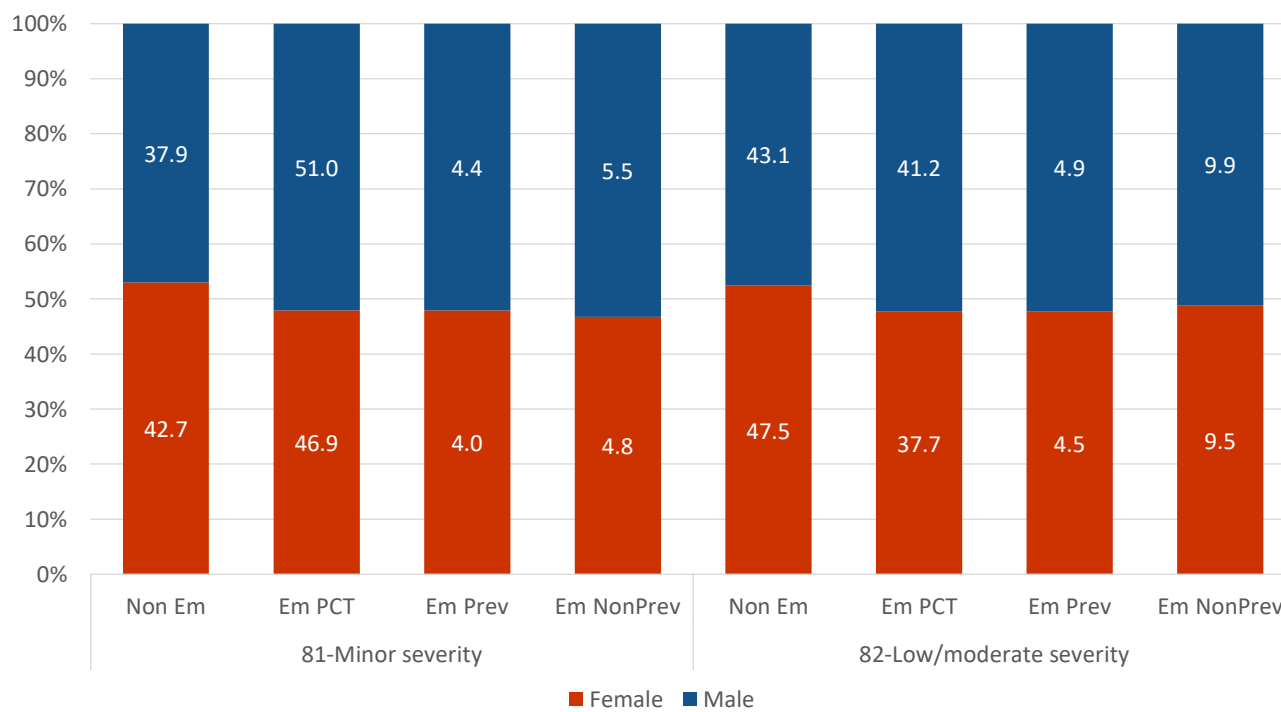
Source: BRHPC Data Warehouse

Avoidable ED Cases by Age Memorial Hospital West, 2019



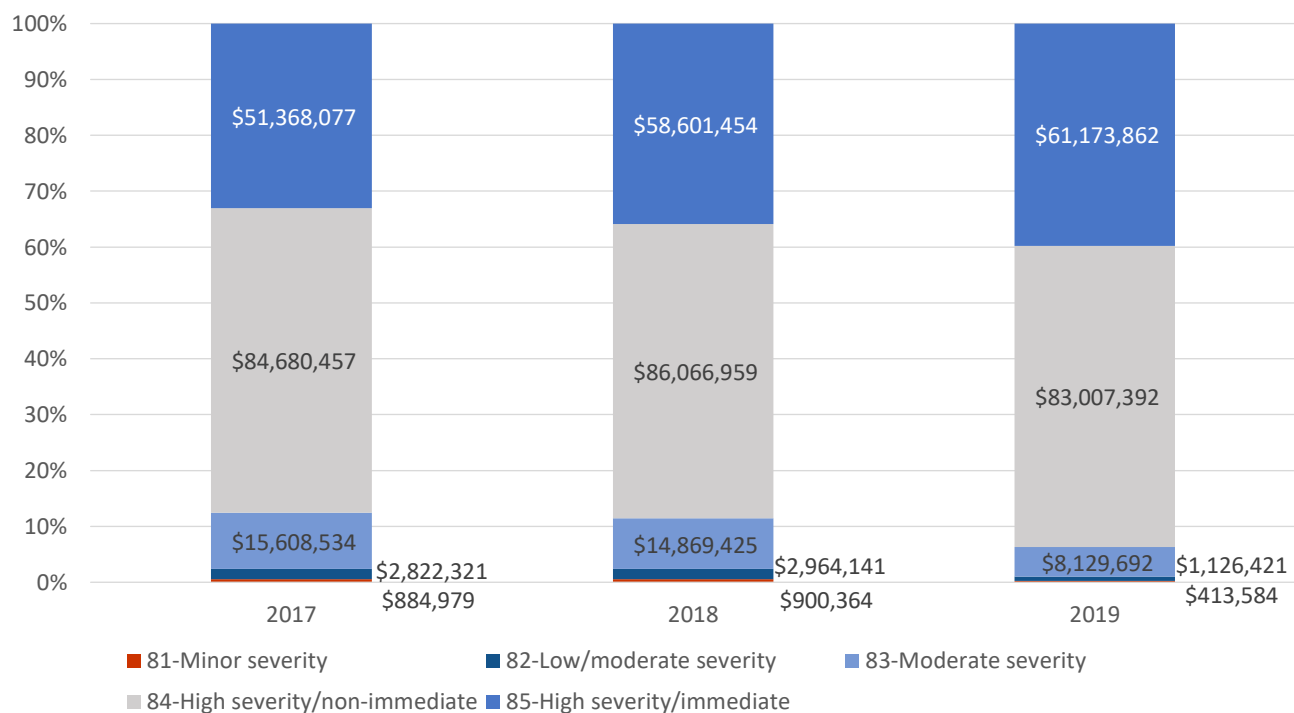
Source: BRHPC Data Warehouse

Avoidable ED Cases by Gender Memorial Hospital West, 2019



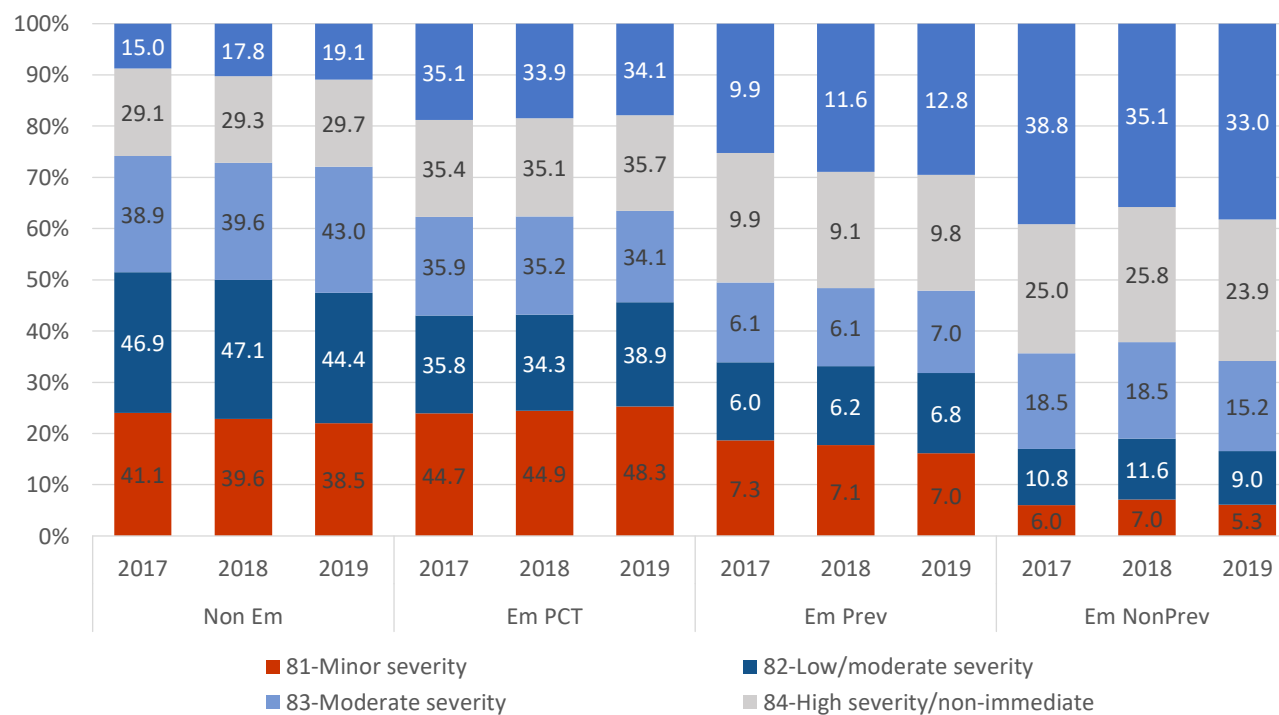
Source: BRHPC Data Warehouse

Avoidable ED Charges by Acuity Memorial Hospital Pembroke, 2019



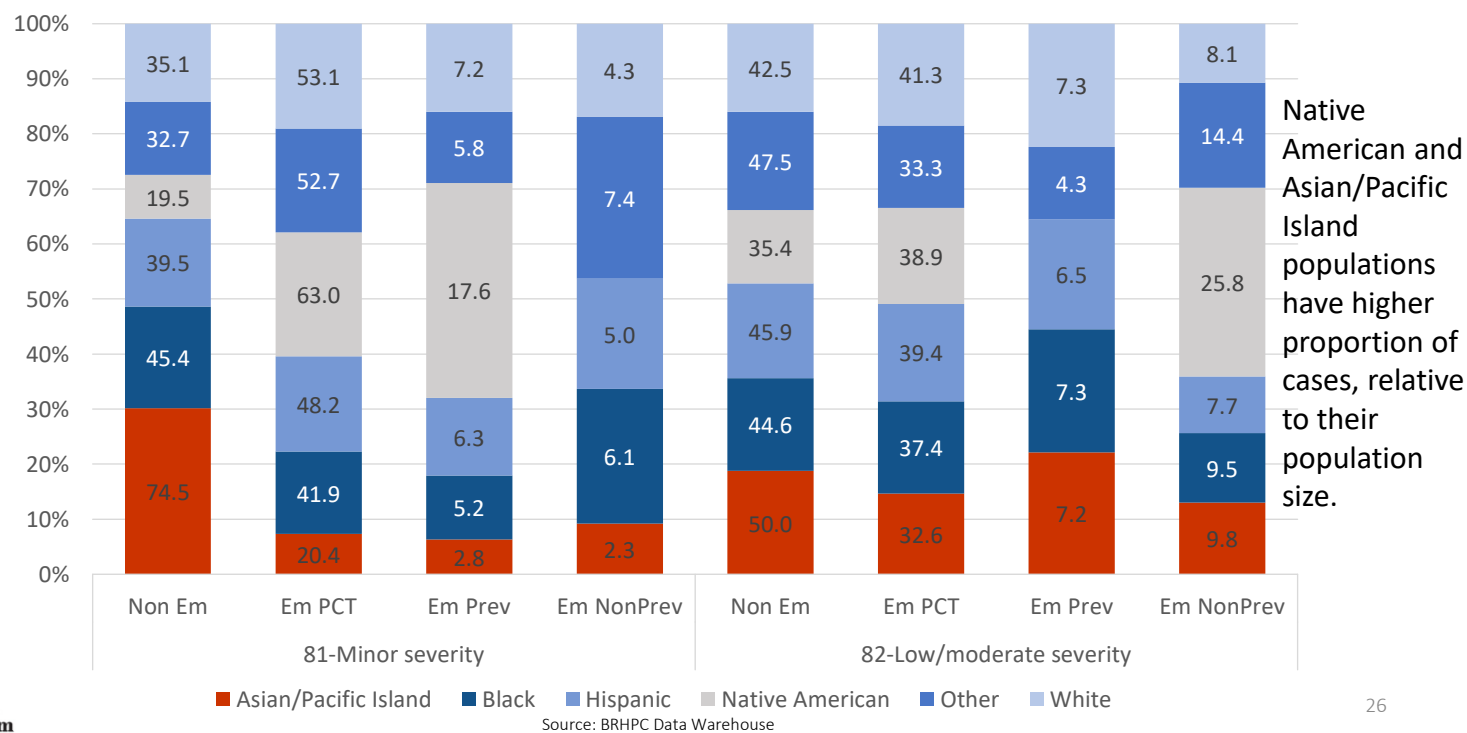
Source: BRHPC Data Warehouse

Avoidable ED Acuity and Severity Memorial Hospital Pembroke, 2017-2019

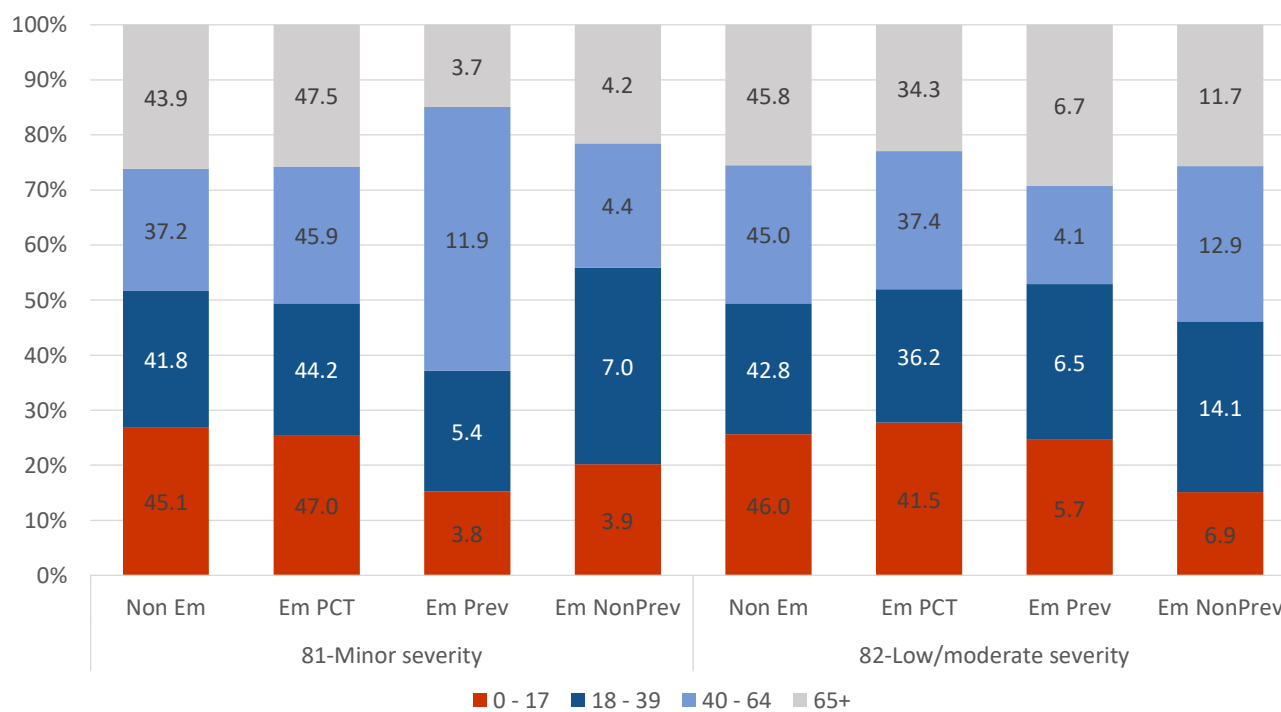


Source: BRHPC Data Warehouse

Avoidable ED Cases by Race/Ethnicity, Memorial Hospital Pembroke, 2019

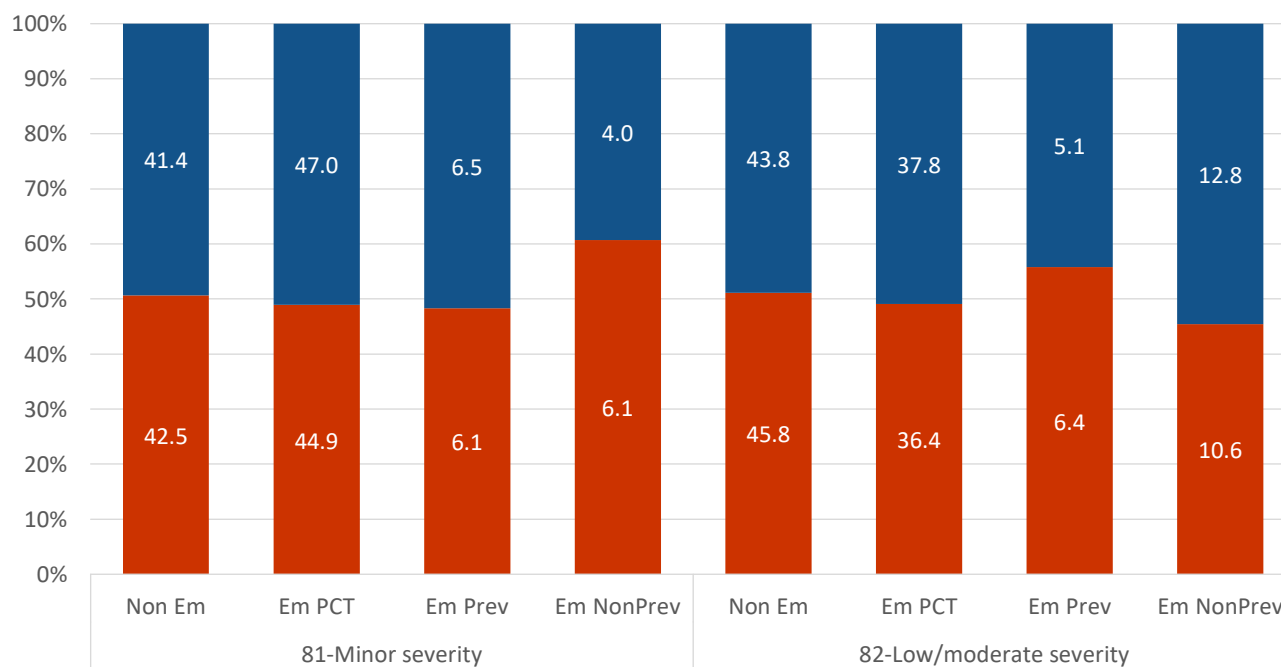


Avoidable ED Cases by Age Memorial Hospital Pembroke, 2019



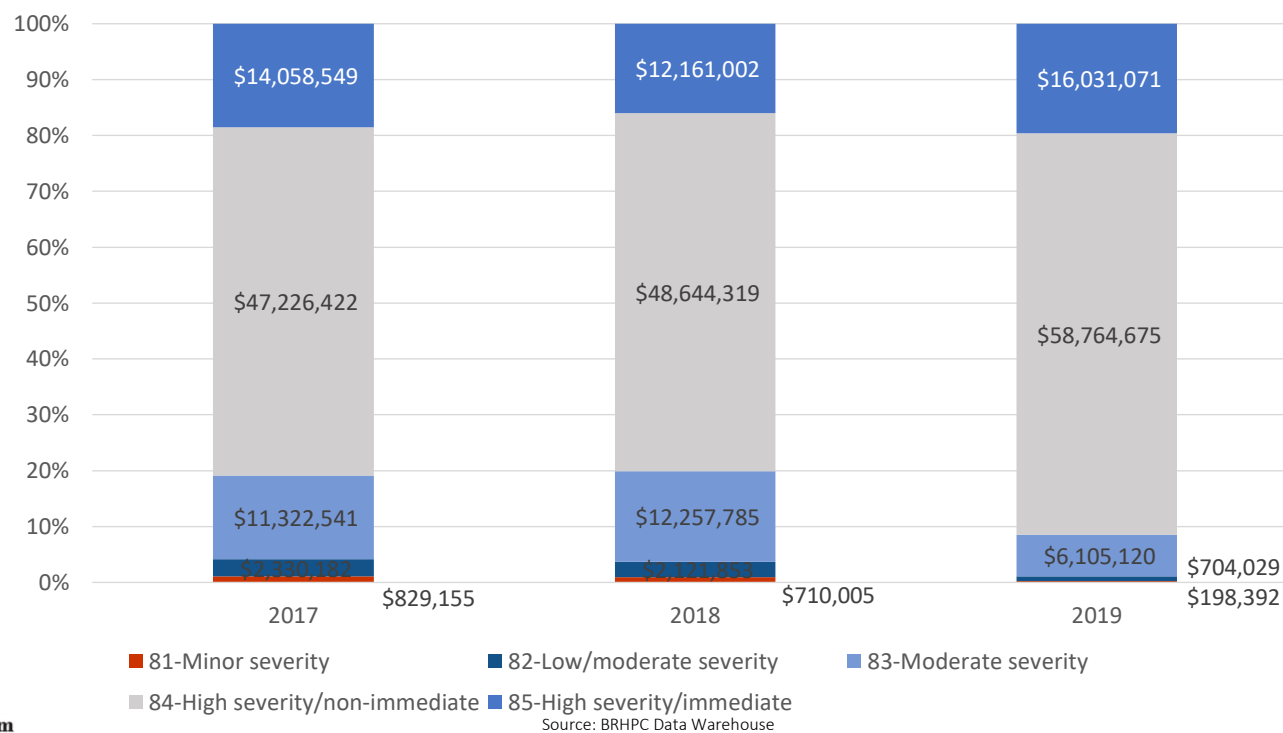
Source: BRHPC Data Warehouse

Avoidable ED Cases by Gender Memorial Hospital Pembroke, 2019

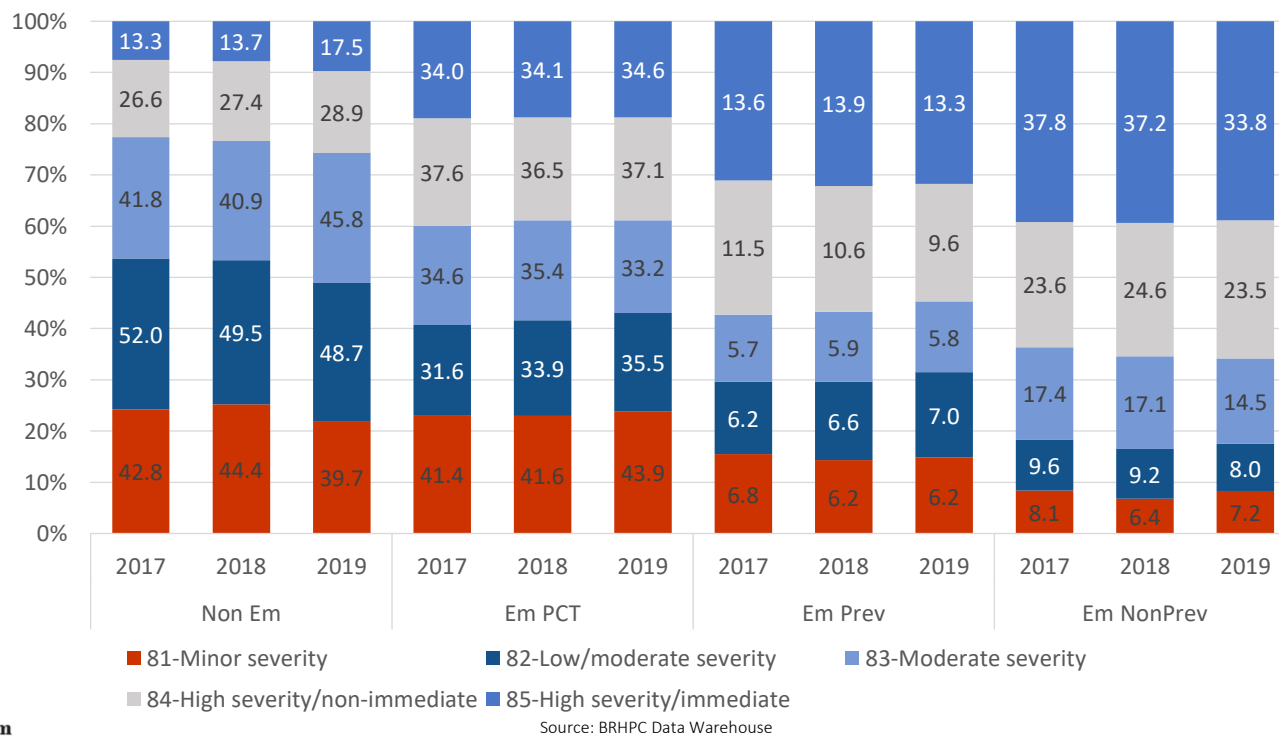


Source: BRHPC Data Warehouse

Avoidable ED Charges by Acuity Memorial Hospital South, 2019

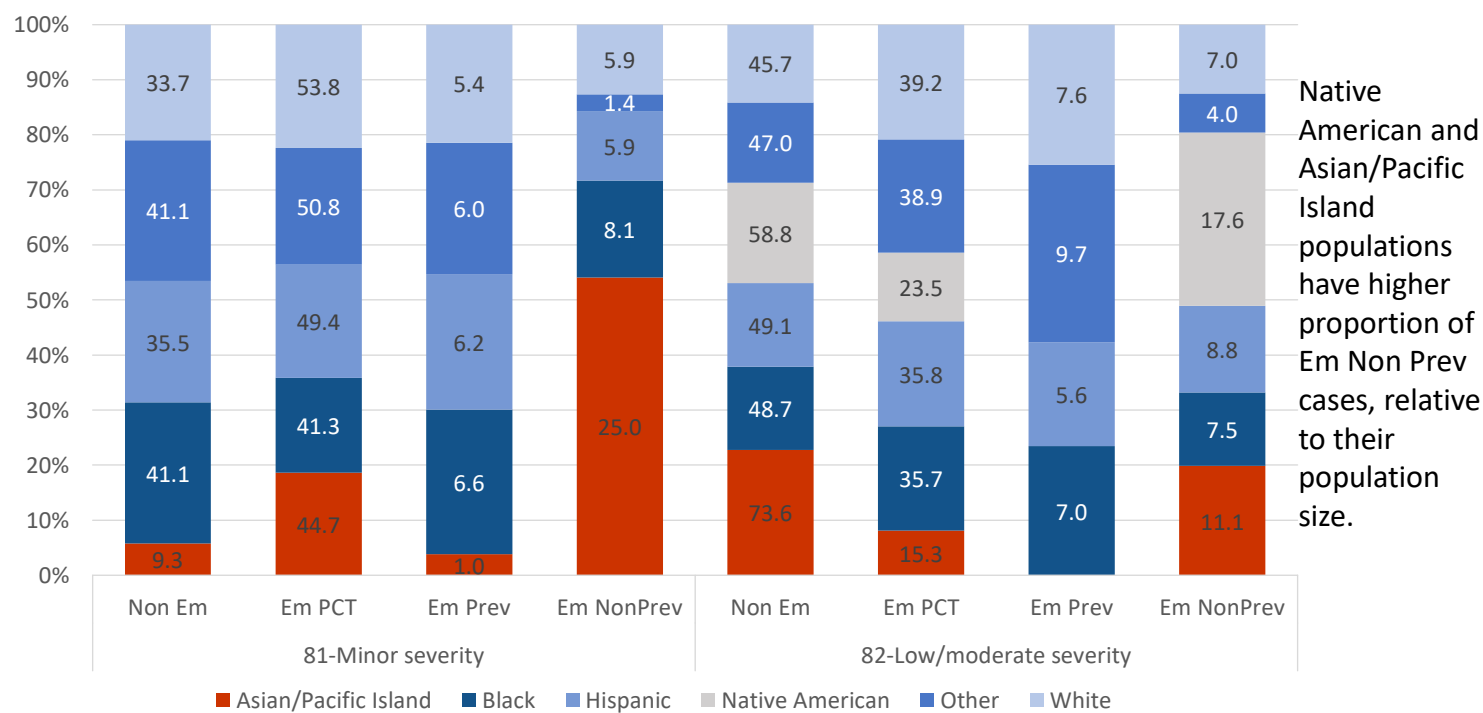


Avoidable ED Acuity and Severity Memorial Hospital South, 2017-2019



Source: BRHPC Data Warehouse

Avoidable ED Cases by Race/Ethnicity, Memorial Hospital South, 2019

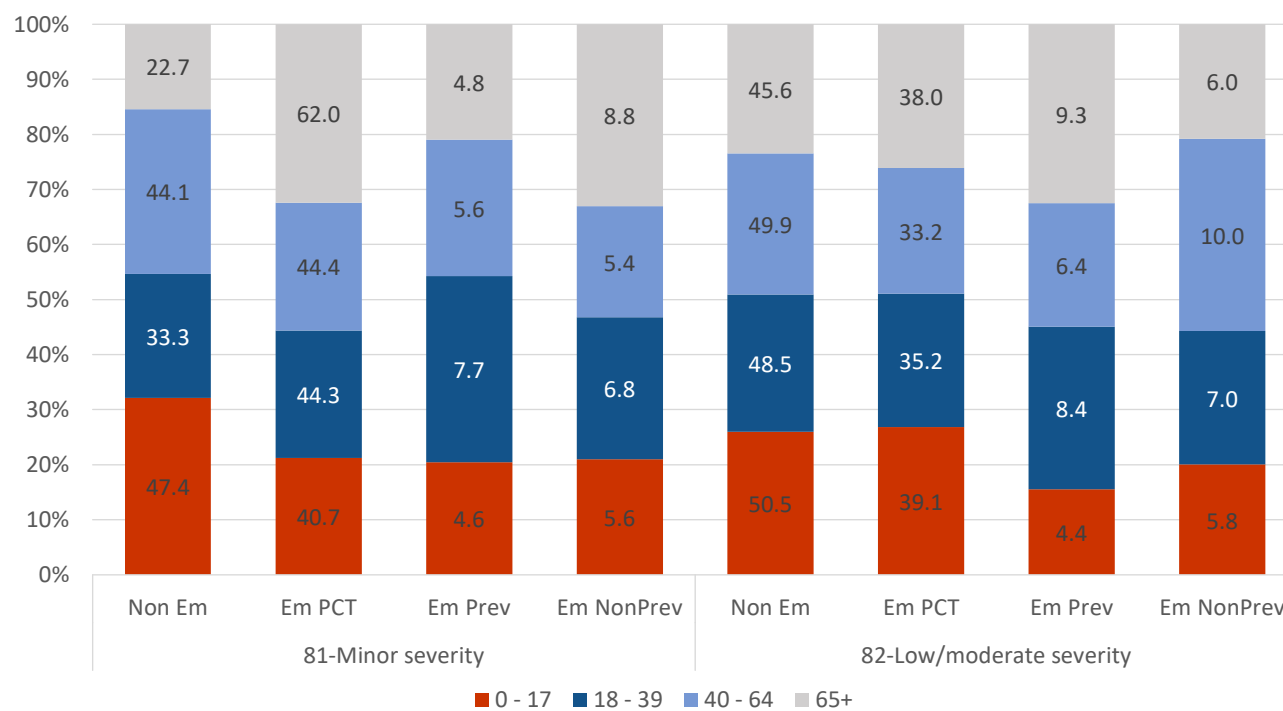


Native American and Asian/Pacific Island populations have higher proportion of Em Non Prev cases, relative to their population size.



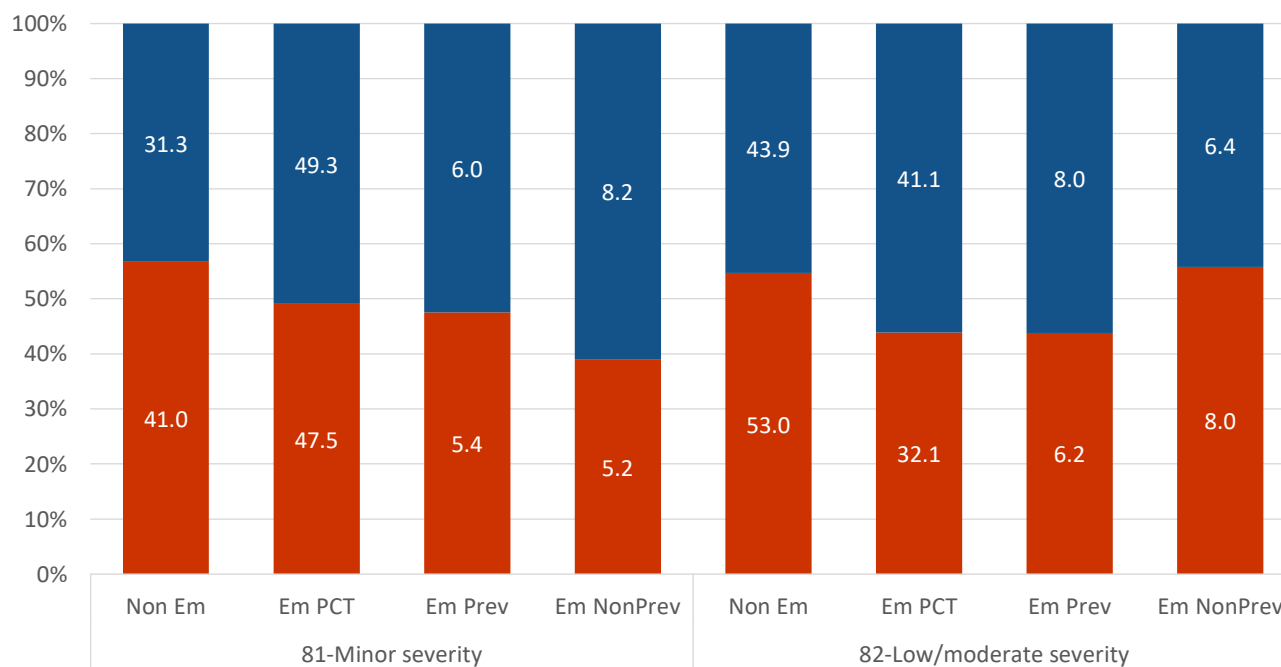
Source: BRHPC Data Warehouse

Avoidable ED Cases by Age Memorial Hospital South, 2019



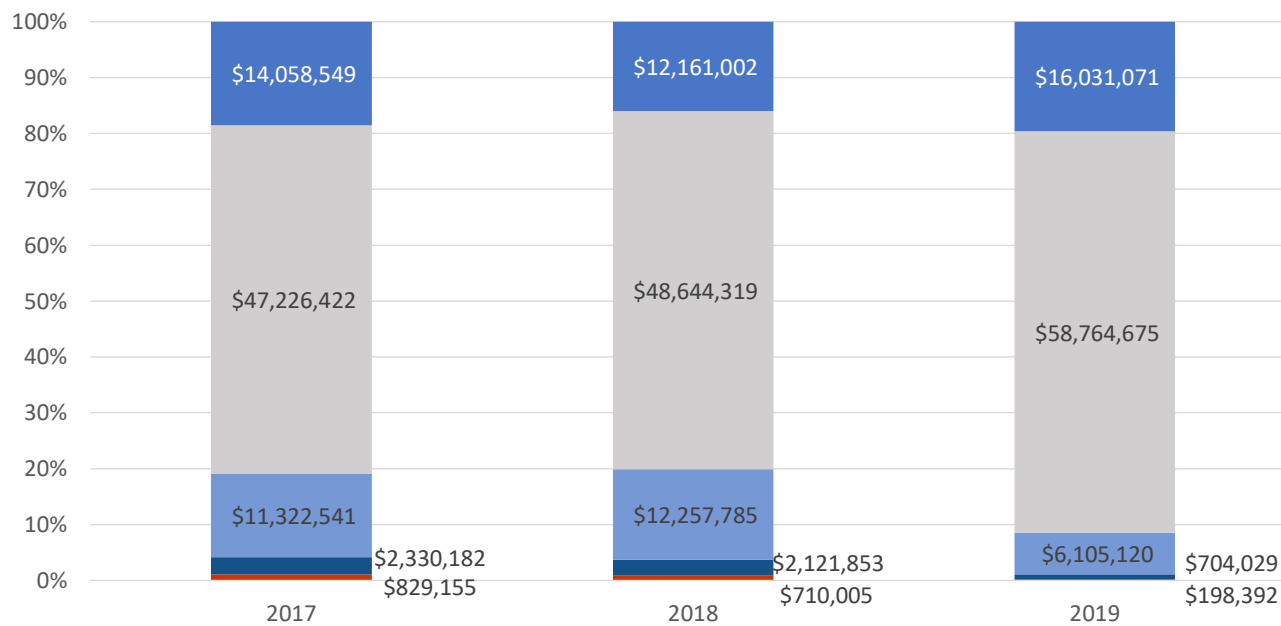
Source: BRHPC Data Warehouse

Avoidable ED Cases by Gender Memorial Hospital South, 2019



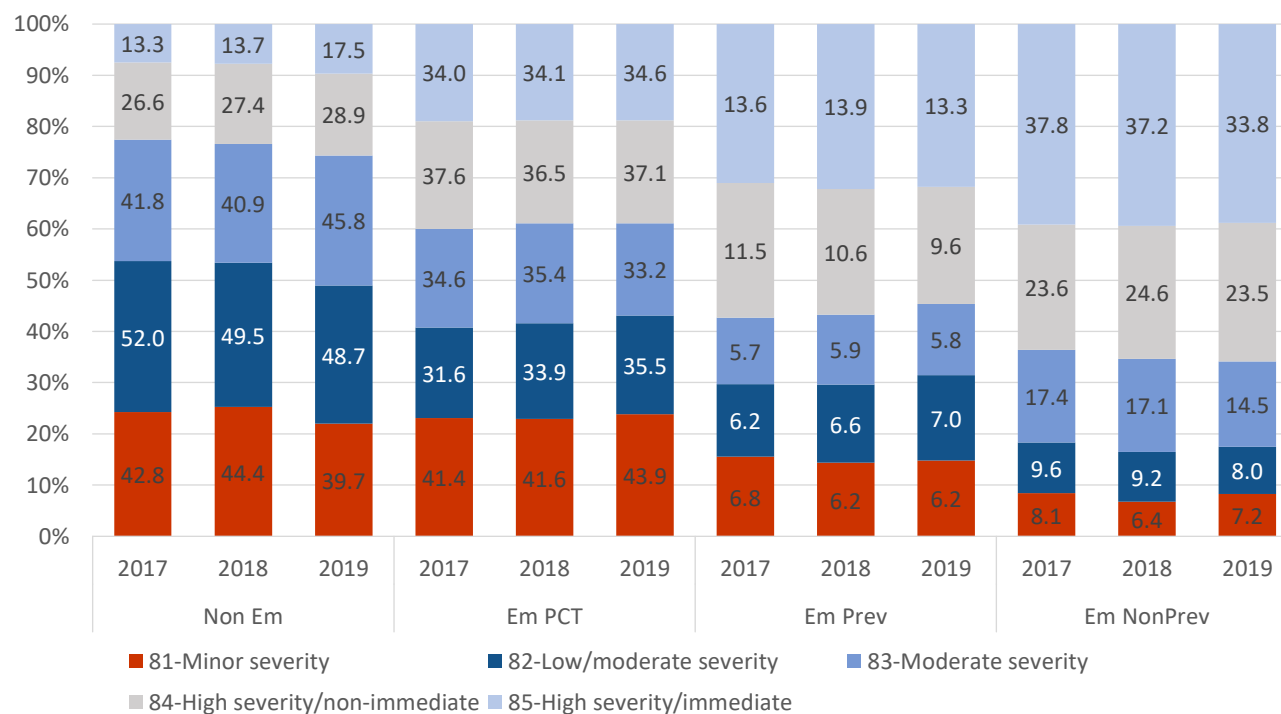
Source: BRHPC Data Warehouse

Avoidable ED Charges by Acuity Memorial Hospital Miramar, 2019



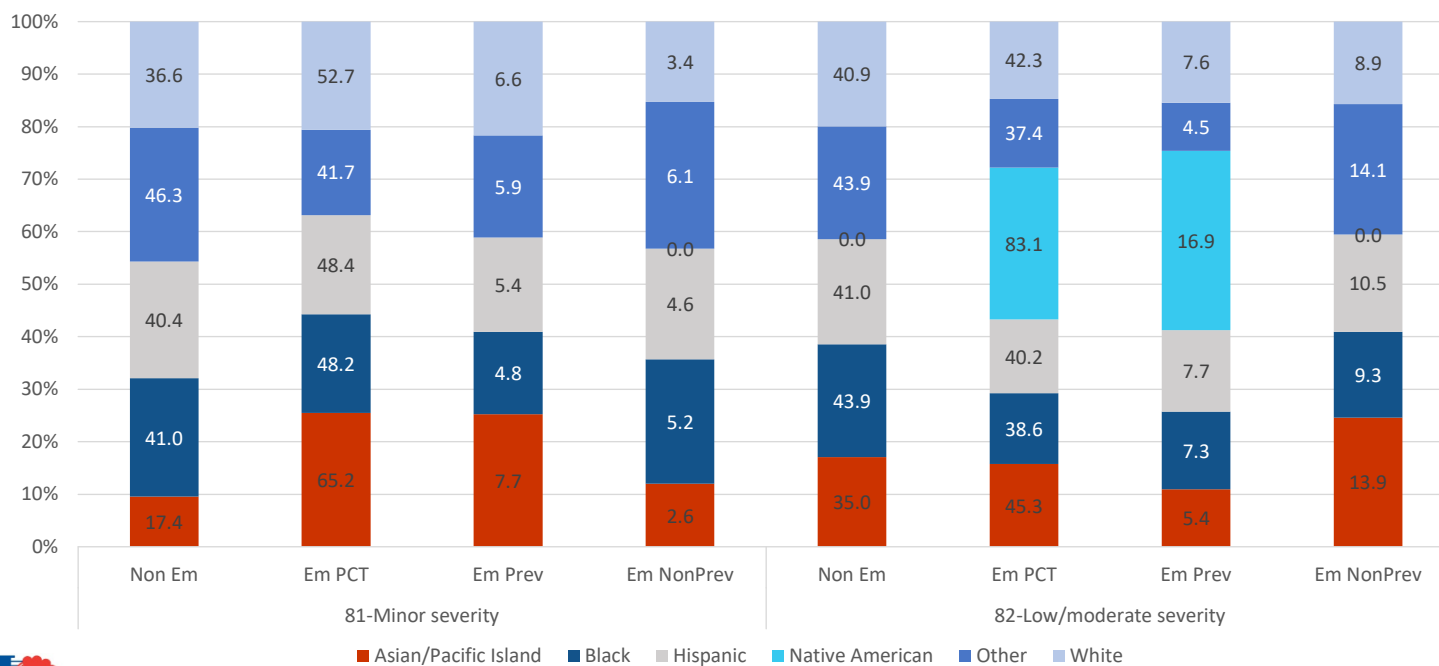
■ 81-Minor severity
 ■ 82-Low/moderate severity
 ■ 83-Moderate severity
■ 84-High severity/non-immediate
 ■ 85-High severity/immediate
 Source: BRHPC Data Warehouse

Avoidable ED Acuity and Severity Memorial Hospital Miramar, 2017-2019



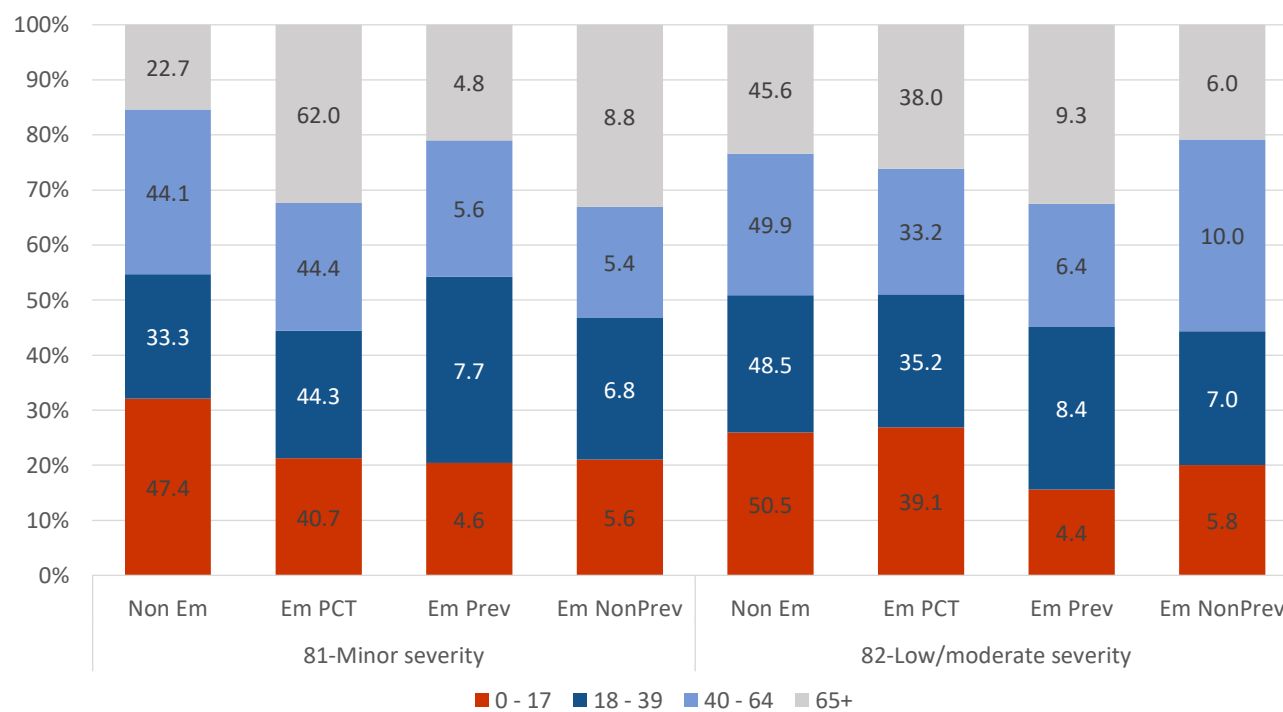
Source: BRHPC Data Warehouse

Avoidable ED Cases by Race/Ethnicity, Memorial Hospital Miramar, 2019



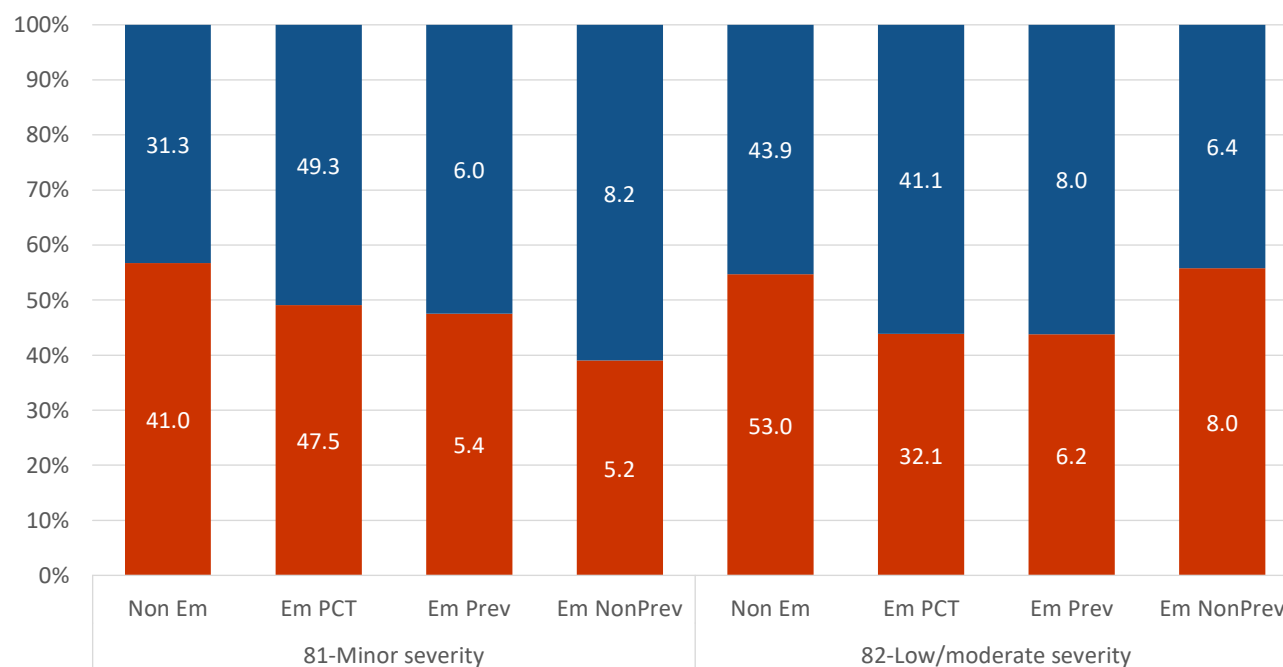
Source: BRHPC Data Warehouse

Avoidable ED Cases by Age Memorial Hospital Miramar, 2019



Source: BRHPC Data Warehouse

Avoidable ED Cases by Gender Memorial Hospital Miramar, 2019



Source: BRHPC Data Warehouse

Prevention Quality Indicators



2021 - 2024
Community Health Needs Assessment

Prevention Quality Indicator Definitions Part 1

- PQI-1 (Diabetes short-term complication): All non-maternal/non-neonatal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma)
- *PQI-2 (Perforated appendix)*: Discharges with ICD-10-CM diagnosis code for perforations or abscesses of appendix (see below) in any field among cases meeting the inclusion rules for the denominator.
- PQI-3 (Diabetes long-term complication): Discharges age 18 years and older with ICD-10-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified)
- PQI-5 (Chronic obstructive pulmonary disease): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for COPD.
- PQI-7 (Hypertension): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for hypertension.
- PQI-8 (Congestive heart failure): All non-maternal/non-neonatal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for CHF.
- *PQI-9 (Low Birth Weight)*: Number of births with ICD-10-CM diagnosis code for less than 2500 grams in any field among cases meeting the inclusion and exclusion rules for the denominator.



NOTE: PQIs in **Red** have been removed from 2019 onward

Prevention Quality Indicator Definitions Part 2

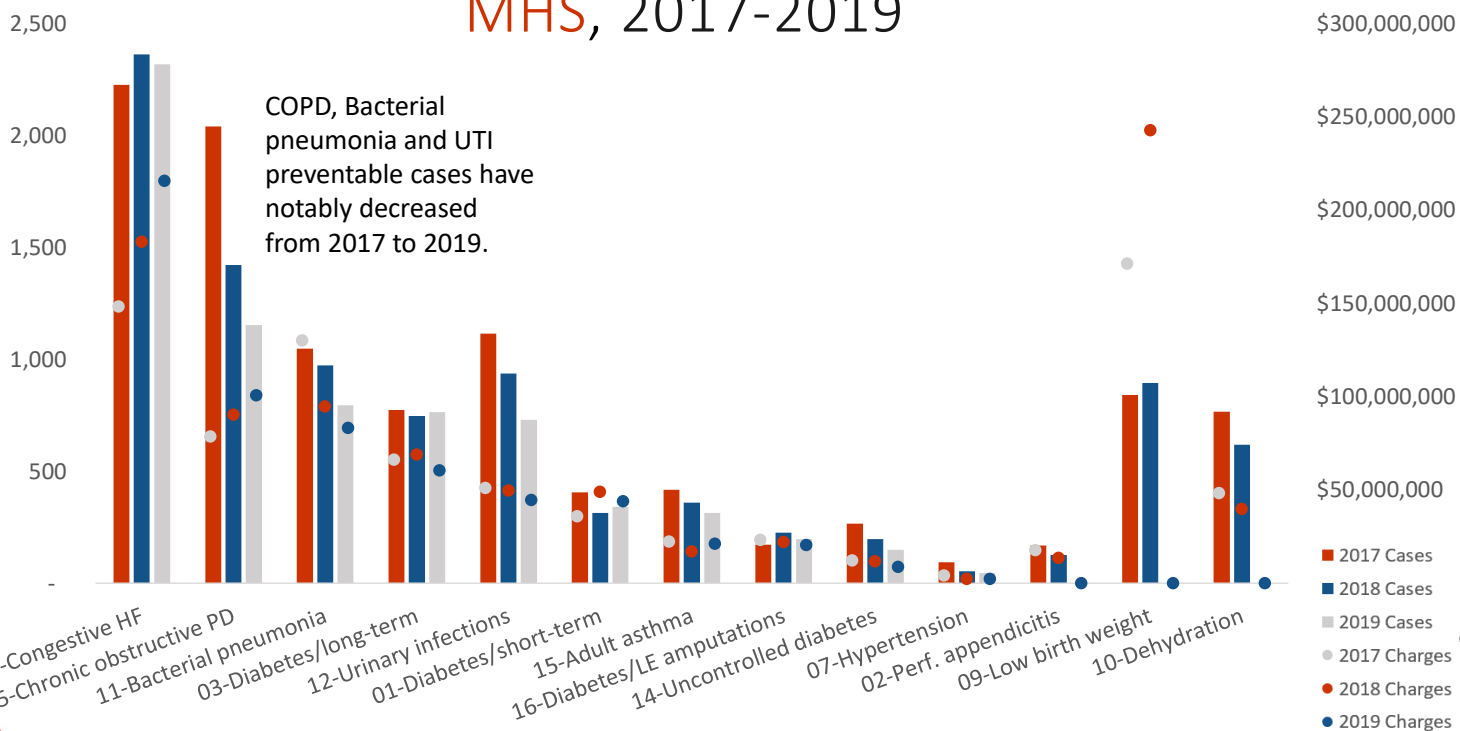
- *PQI-10 (Dehydration)*: All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for hypovolemia.
- PQI-11 (Bacterial pneumonia): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for bacterial pneumonia.
- PQI-12 (Urinary tract infection): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code of urinary tract infection.
- PQI-13 (Angina admission without procedure): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for angina.
- PQI-14 (Uncontrolled diabetes): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.
- PQI-15 (Adult asthma): All non-maternal discharges of age 18 years and older with ICD-10-CM principal diagnosis code of asthma.
- PQI-16 (Rate of lower-extremity amputation among patients with diabetes): All non-maternal discharges of age 18 years and older with ICD-10-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes in any field.



NOTE: PQIs in Red have been removed from 2019 onward

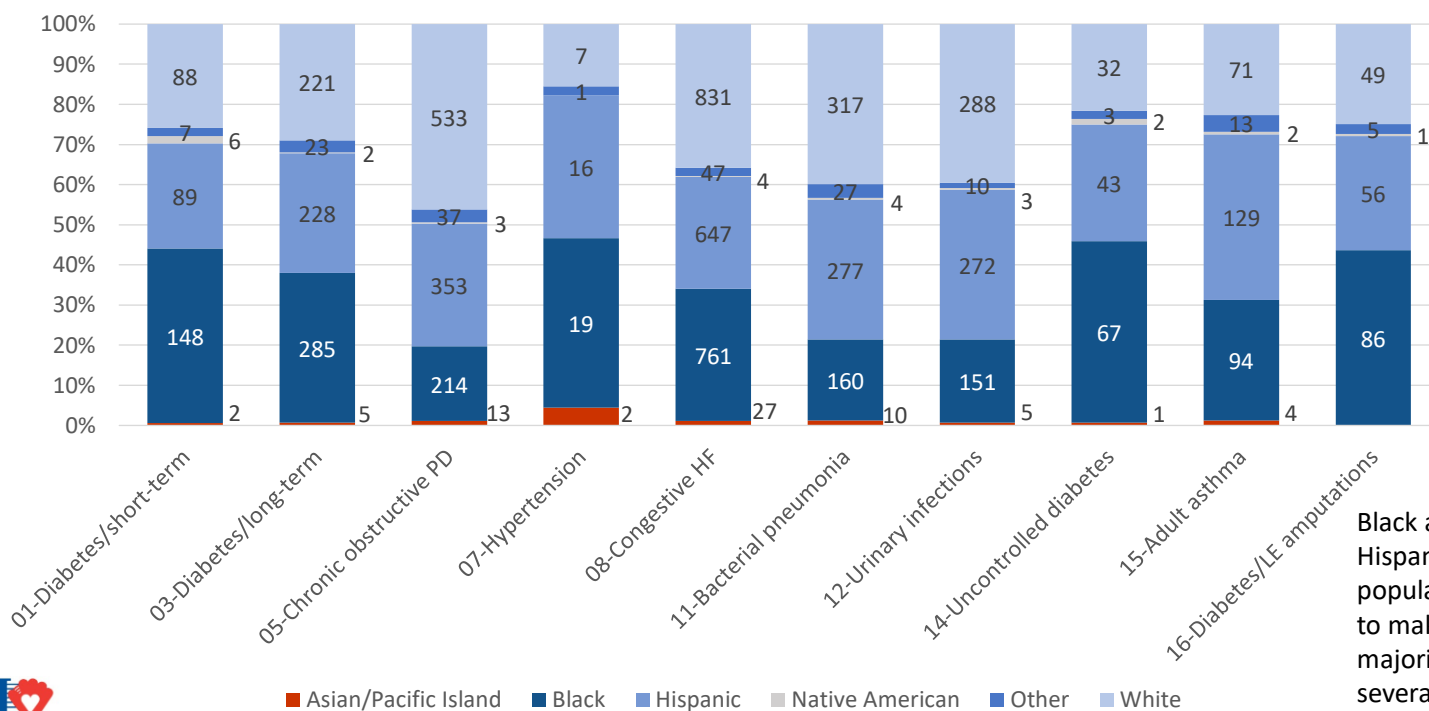
Prevention Quality Indicators Cases vs. Charges

MHS, 2017-2019



Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Race/Ethnicity, MHS, 2019



Black and Hispanic populations tend to make up the majority of several PQIs.

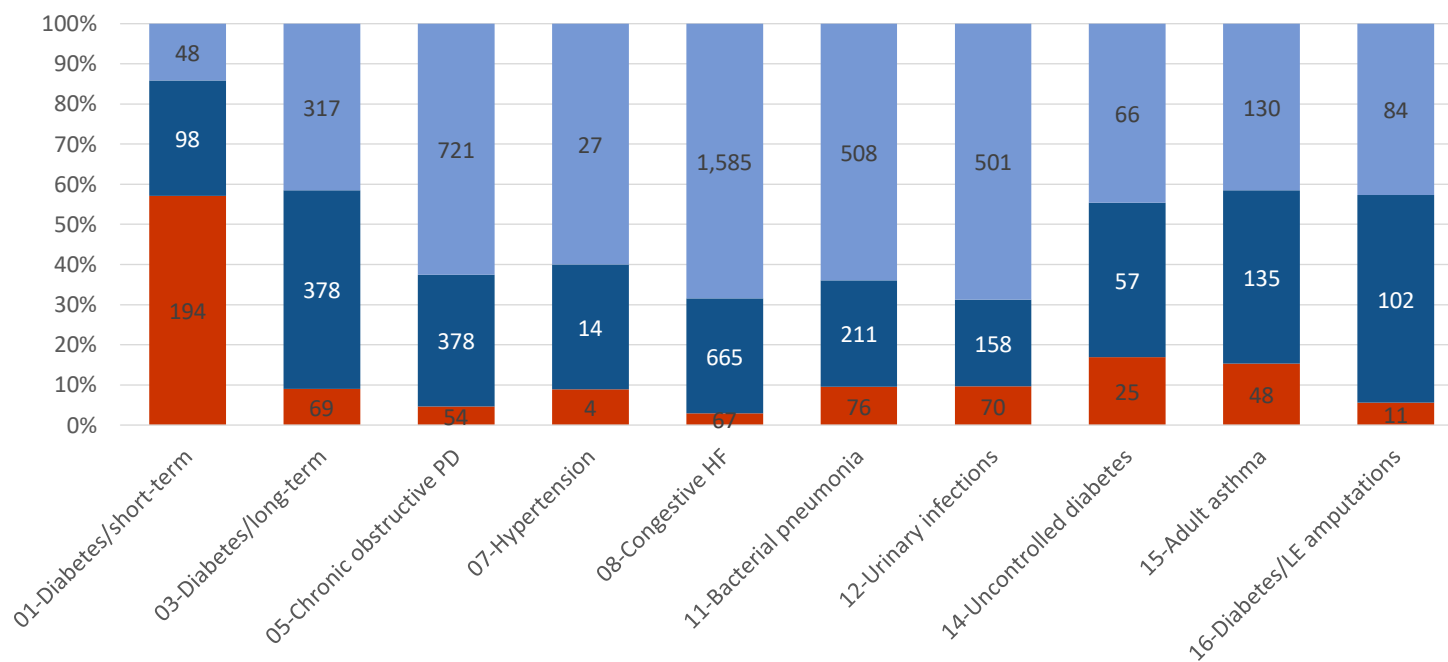


■ Asian/Pacific Island
 ■ Black
 ■ Hispanic
 ■ Native American
 ■ Other
 ■ White

Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Age

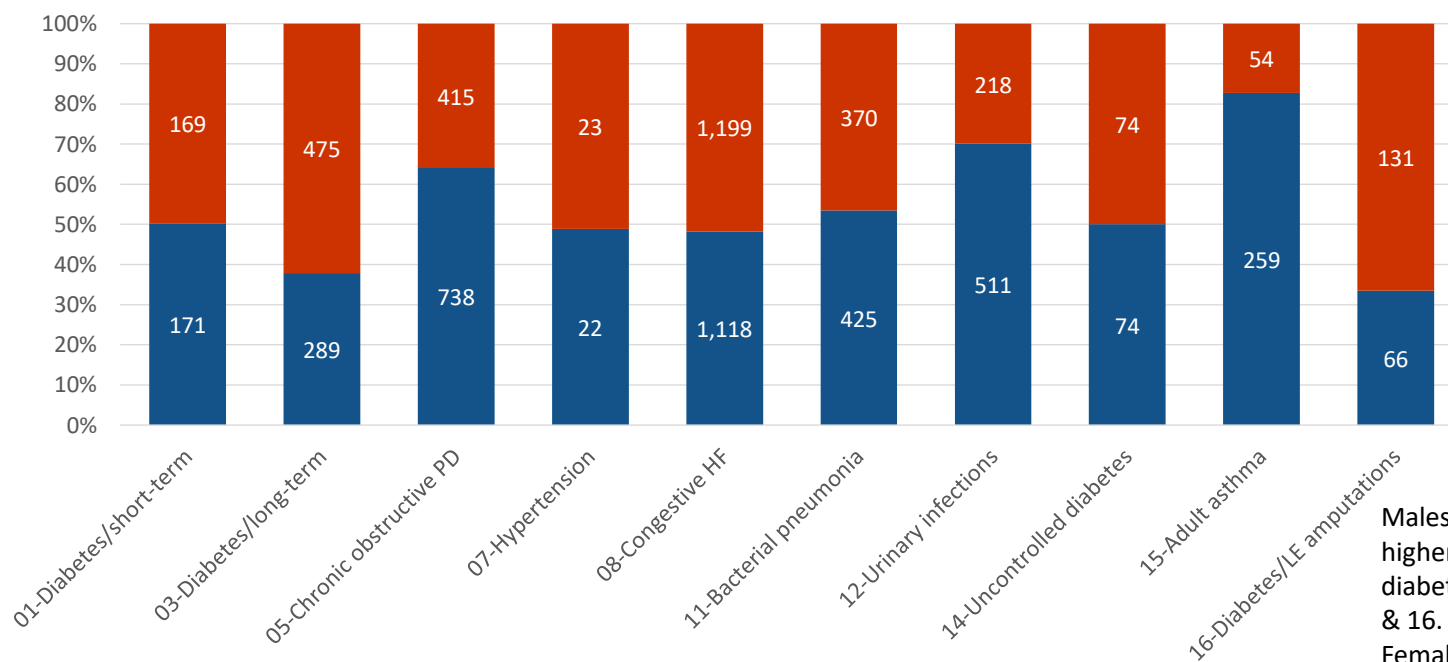
MHS, 2019



■ 18 - 39 ■ 40 - 64 ■ 65+

Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Gender, MHS, 2019



Males have higher cases for diabetes PQI 3 & 16. Females have higher cases for asthma and UTIs.

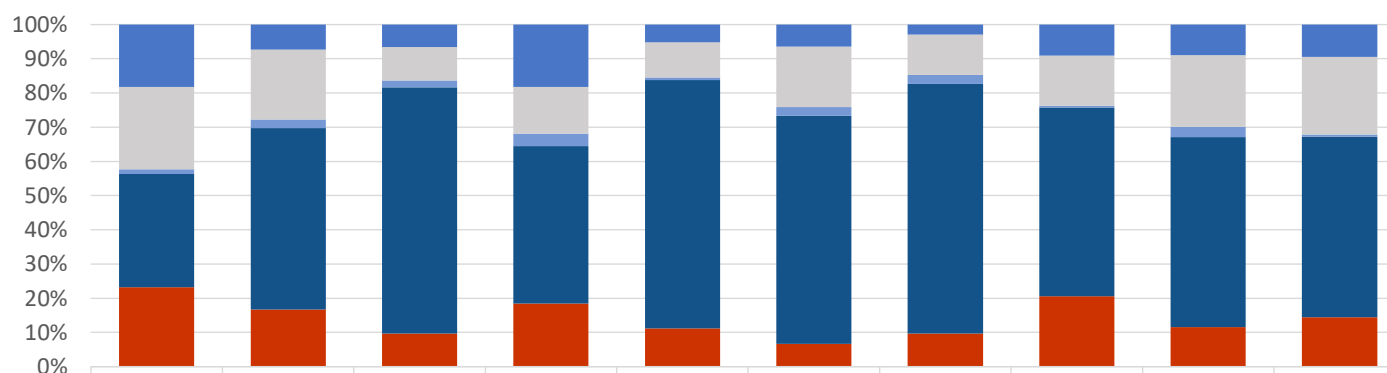


■ Female ■ Male

Source: BRHPC Data Warehouse

Prevention Quality Indicators Charges by Payer

MHS, 2019

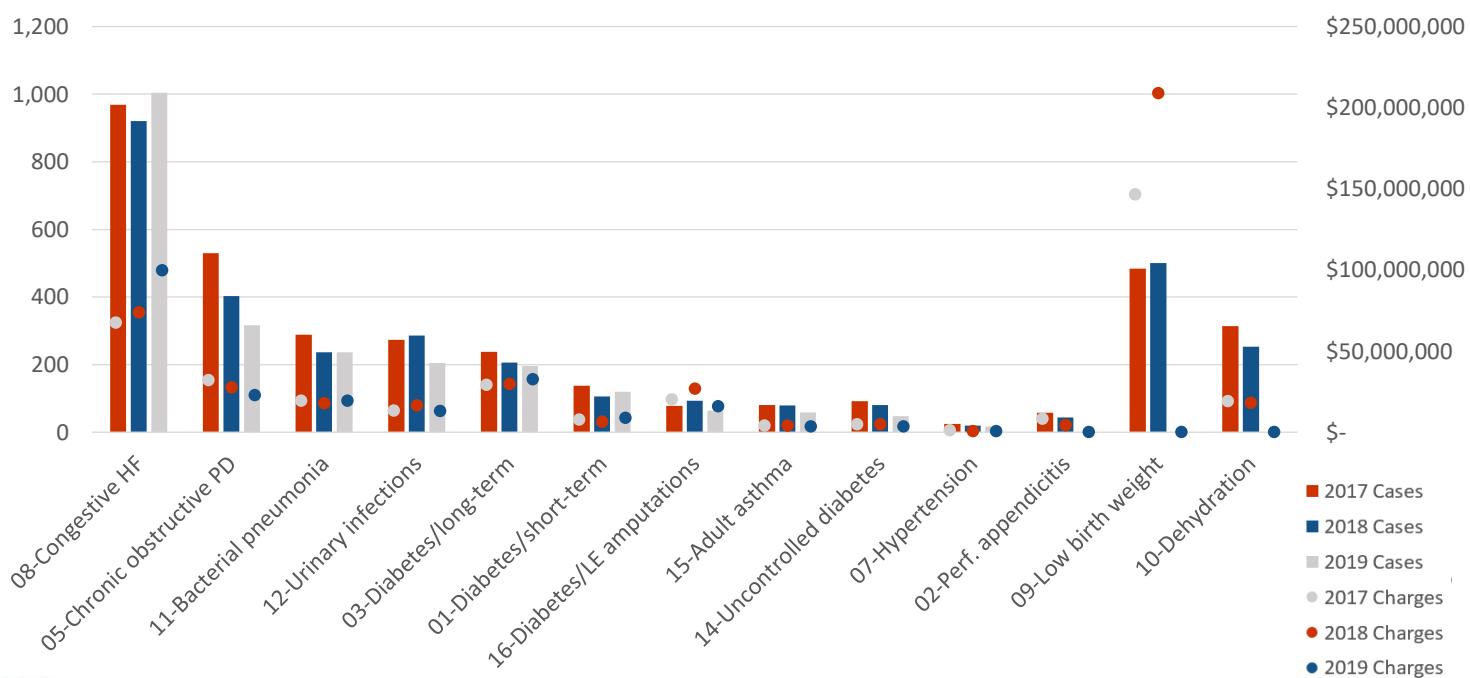


	01- Diabetes/ short-term	03- Diabetes/ long-term	05-Chronic obstructive PD	07- Hypertensi on	08- Congestive HF	11-Bacterial pneumonia	12-Urinary infections	14- Uncontrolle d diabetes	15-Adult asthma	16- Diabetes/LE amputations
■ Self-Pay	\$3,831,919	\$7,311,082	\$5,447,718	\$421,287	\$11,160,45	\$3,908,686	\$1,326,691	\$797,508	\$1,817,010	\$4,130,603
■ Private, incl. HMO	\$5,080,053	\$20,600,34	\$8,155,242	\$318,027	\$22,195,29	\$10,655,87	\$5,190,971	\$1,279,966	\$4,252,643	\$9,930,359
■ Other	\$282,894	\$2,482,313	\$1,703,637	\$83,713	\$1,523,606	\$1,520,967	\$1,197,261	\$49,595	\$607,356	\$265,387
■ Medicare	\$6,993,449	\$53,348,83	\$59,819,05	\$1,064,843	\$156,542,3	\$40,273,32	\$32,452,36	\$4,832,757	\$11,291,85	\$23,172,41
■ Medicaid	\$4,892,819	\$16,812,58	\$8,047,803	\$427,839	\$24,087,71	\$4,052,884	\$4,314,312	\$1,800,800	\$2,334,973	\$6,299,876



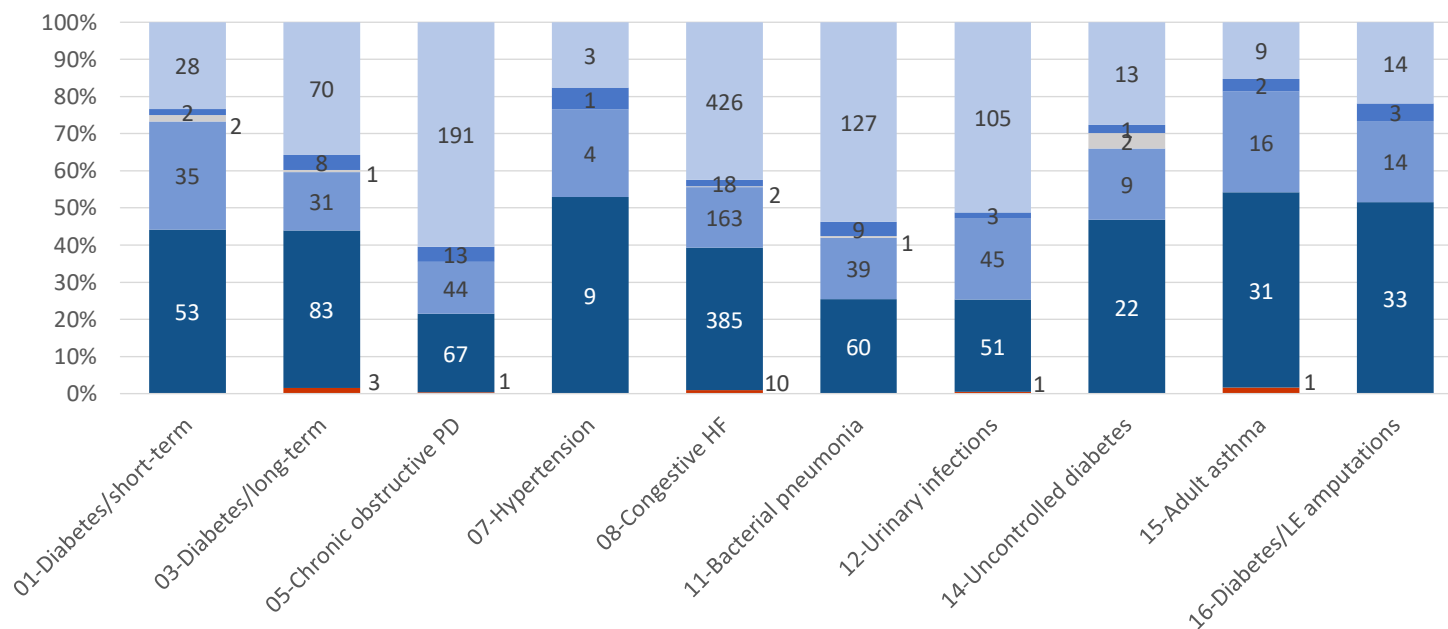
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases vs. Charges Memorial Regional Hospital, 2017-2019



Source: BRHPC Data Warehouse

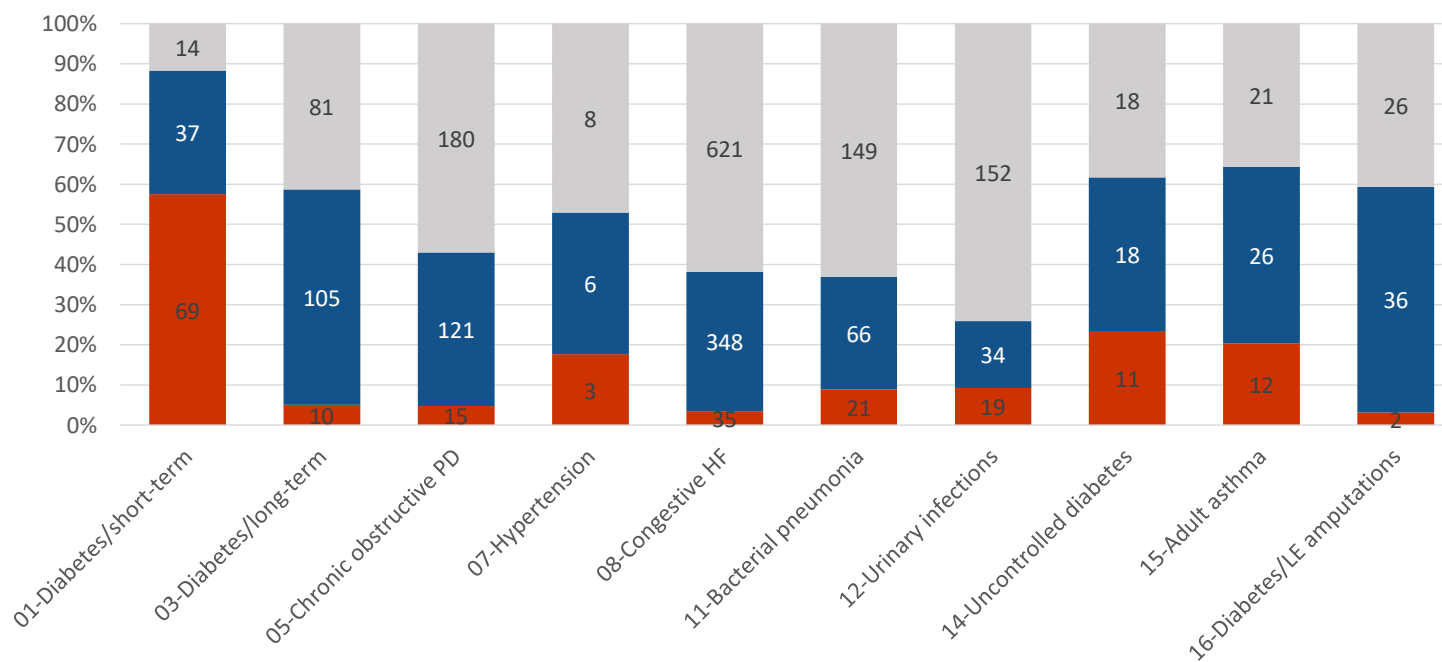
Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Regional Hospital, 2019



■ Asian/Pacific Island
 ■ Black
 ■ Hispanic
 ■ Native American
 ■ Other
 ■ White

Source: BRHPC Data Warehouse

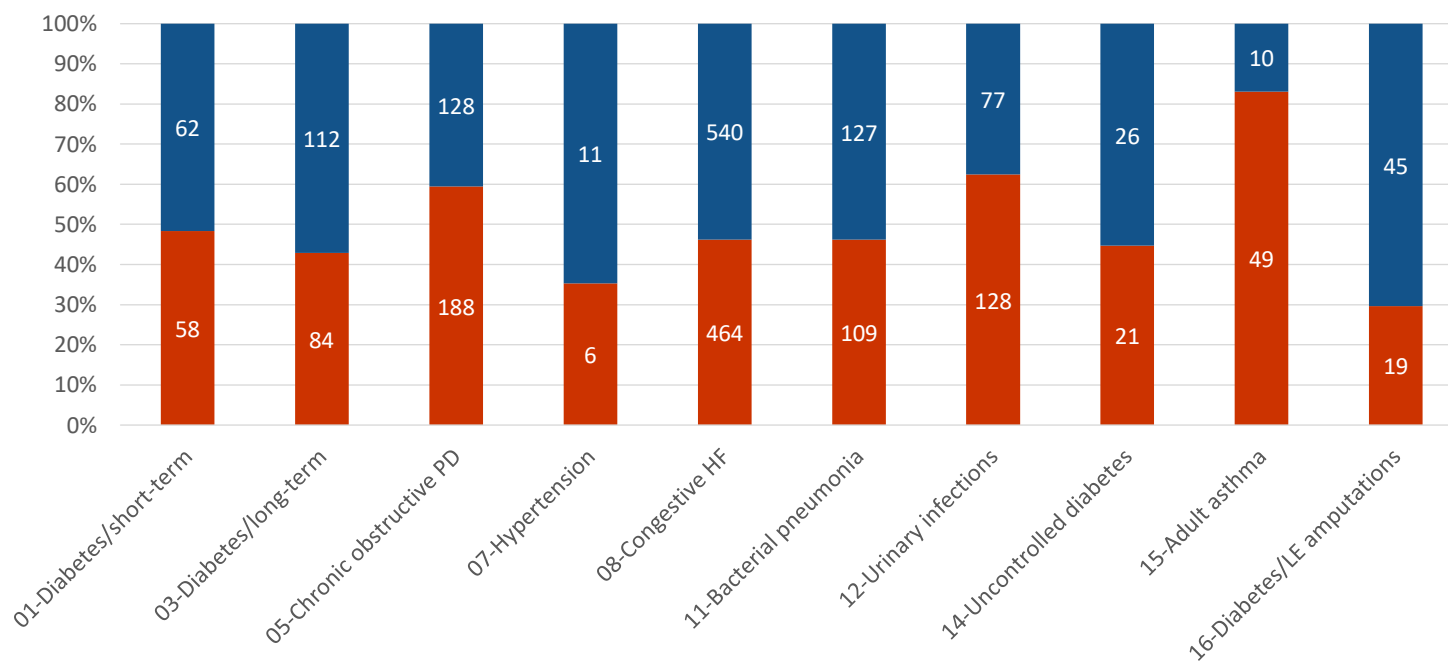
Prevention Quality Indicators Cases by Age Memorial Regional Hospital, 2019



■ 18 - 39 ■ 40 - 64 ■ 65+

Source: BRHPC Data Warehouse

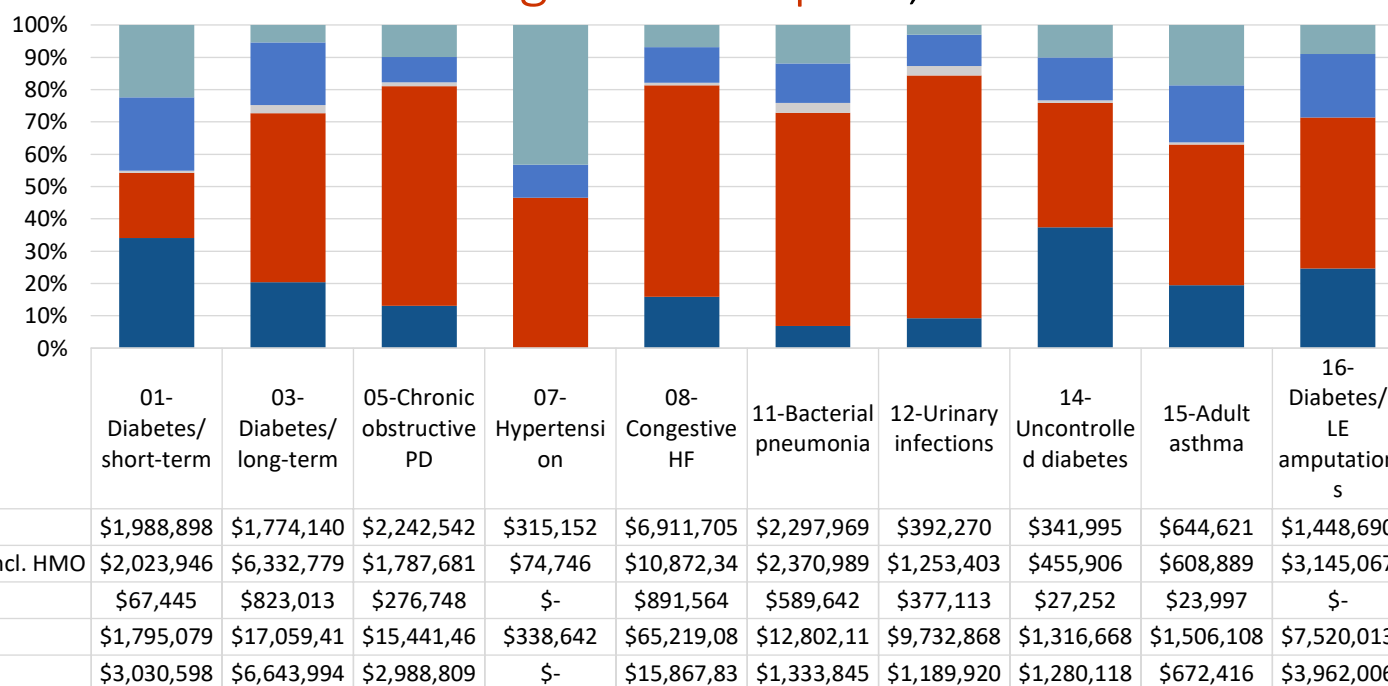
Prevention Quality Indicators Cases by Gender Memorial Regional Hospital, 2019



Female Male

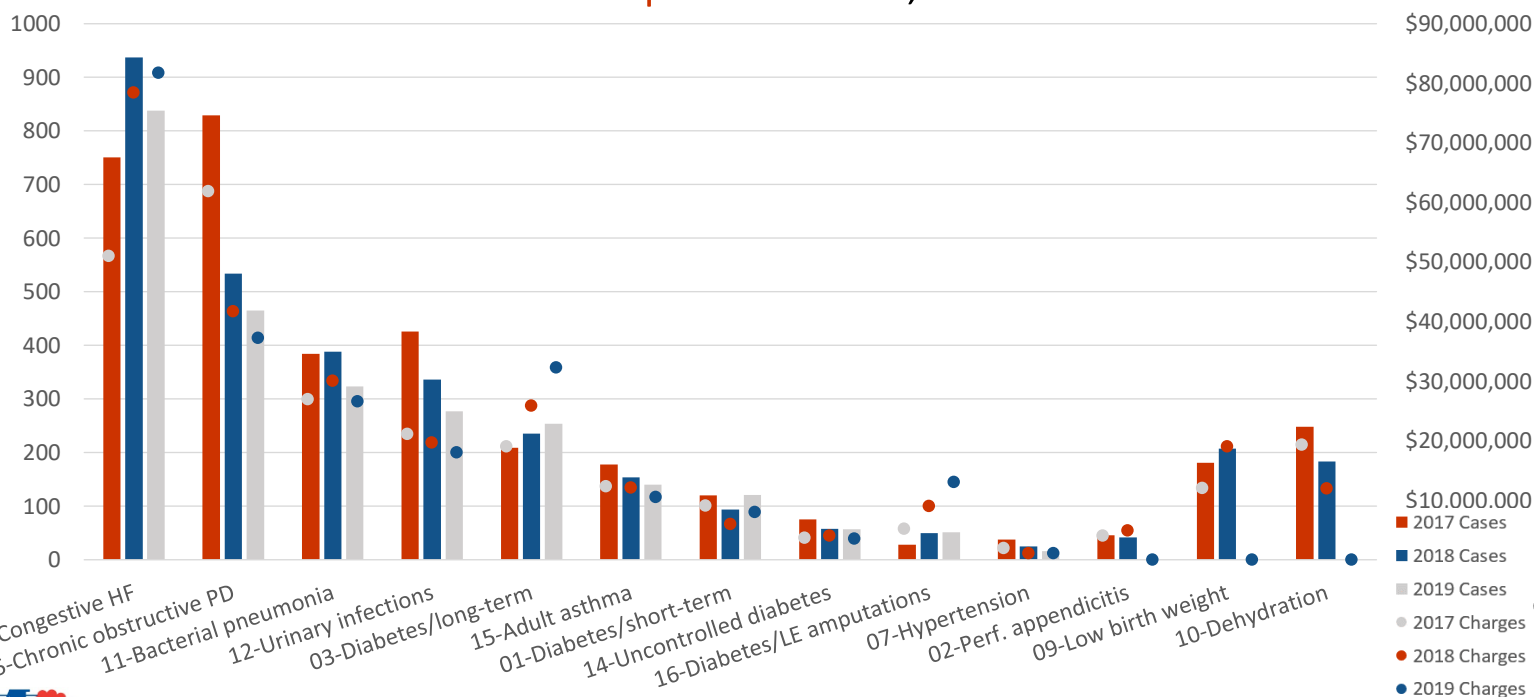
Source: BRHPC Data Warehouse

Prevention Quality Indicators Charges by Payer Memorial Regional Hospital, 2019



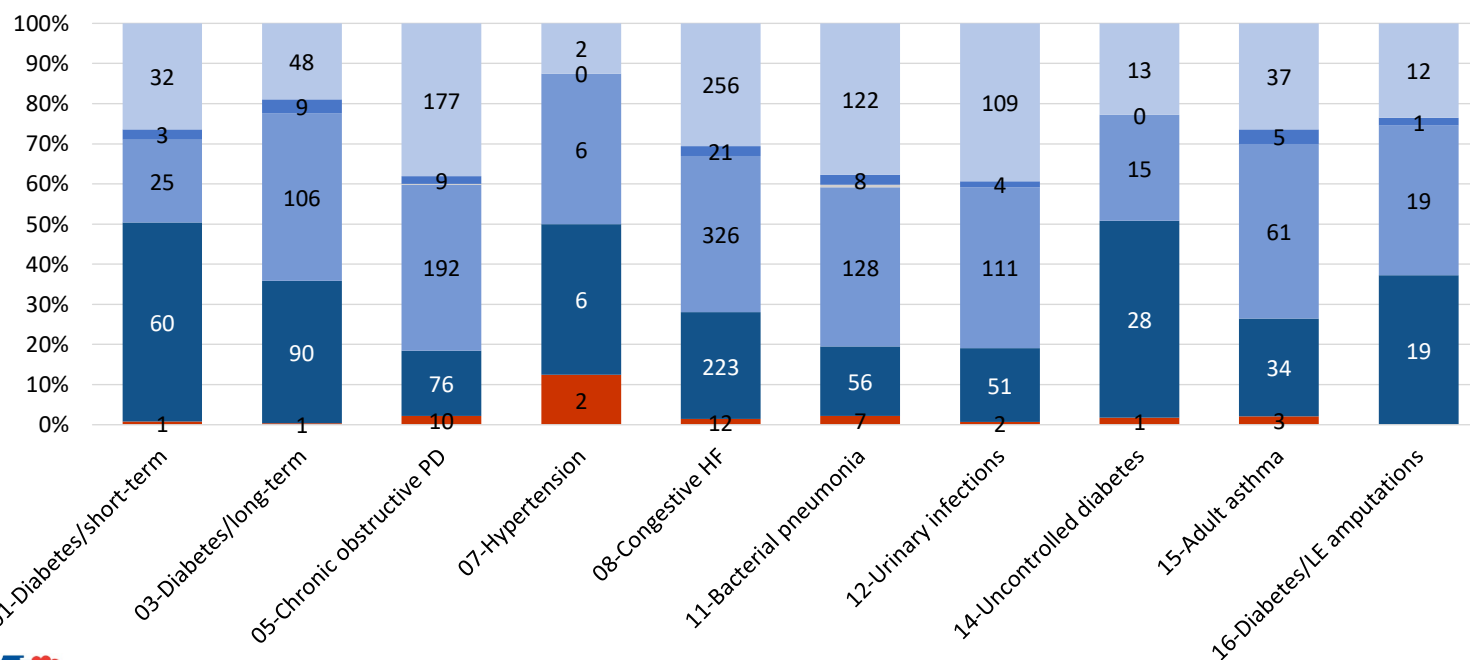
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases vs. Charges Memorial Hospital West, 2017-2019



Source: BRHPC Data Warehouse

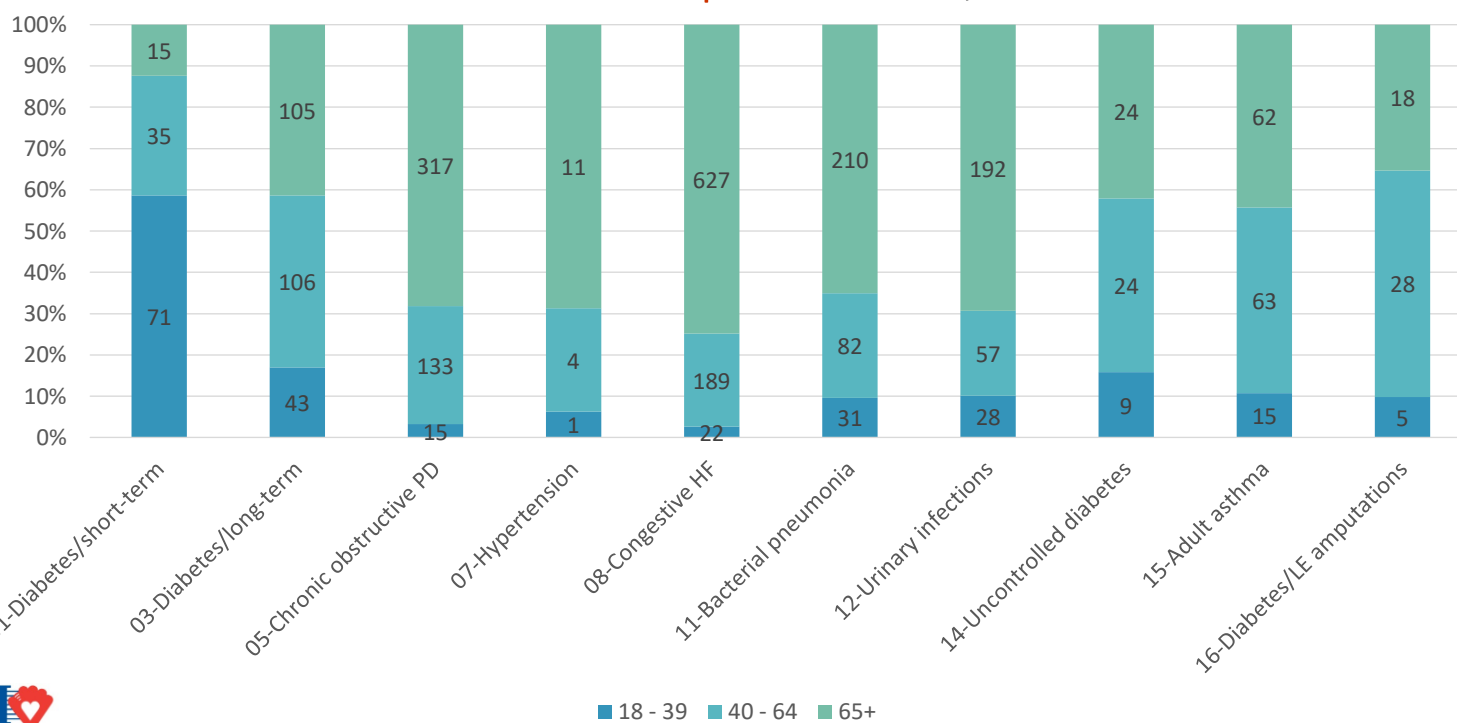
Prevention Quality Indicators Cases by Race/Ethnicity Memorial Hospital West, 2019



■ Asian/Pacific Island
 ■ Black
 ■ Hispanic
 ■ Native American
 ■ Other
 ■ White

Source: BRHPC Data Warehouse

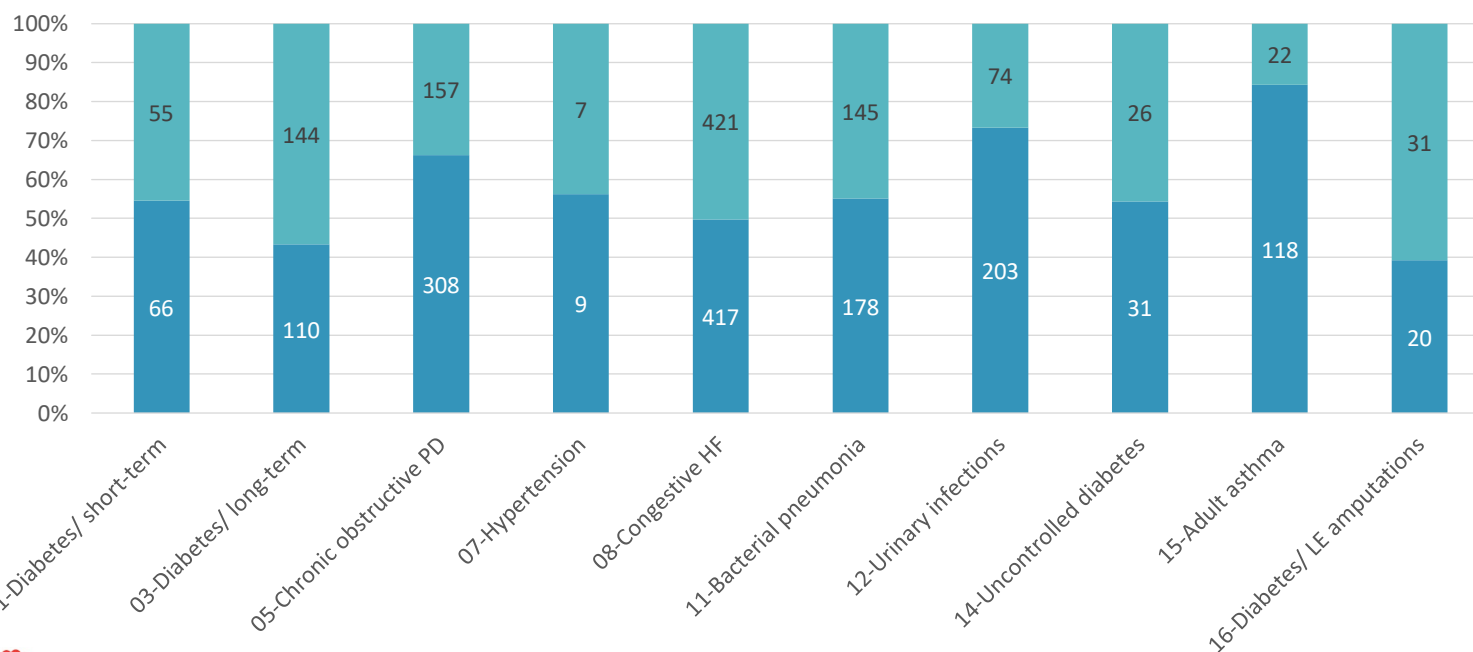
Prevention Quality Indicators Cases by Age Memorial Hospital West, 2019



■ 18 - 39 ■ 40 - 64 ■ 65+

Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Gender Memorial Hospital West, 2019

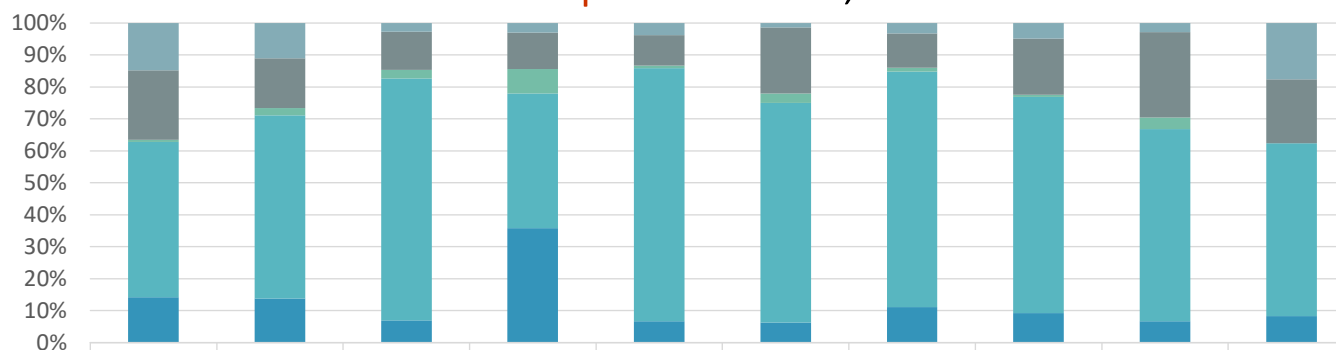


■ Female ■ Male

Source: BRHPC Data Warehouse

55

Prevention Quality Indicators Charges by Payer Memorial Hospital West, 2019



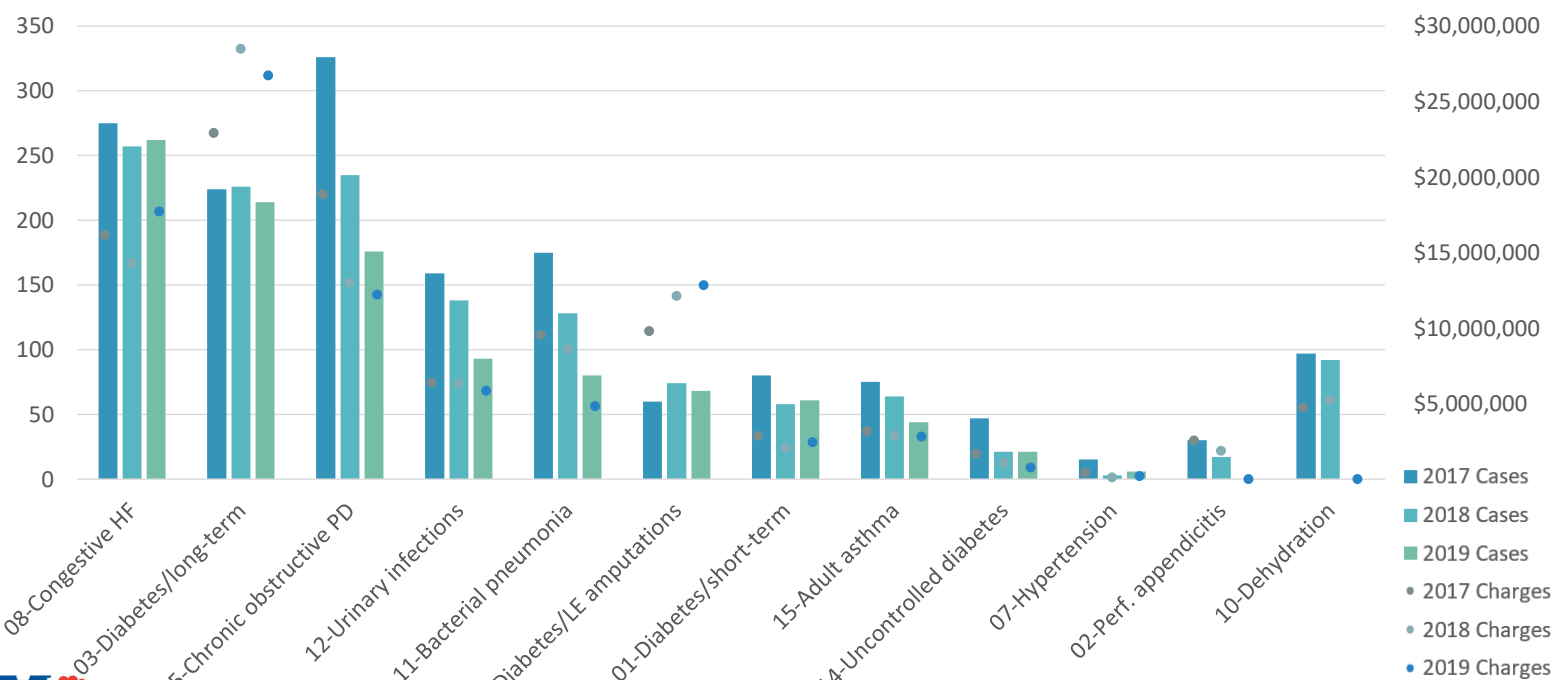
	01-Diabetes/short-term	03-Diabetes/long-term	05-Chronic obstructive PD	07-Hypertension	08-Congestive HF	11-Bacterial pneumonia	12-Urinary infections	14-Uncontrolled diabetes	15-Adult asthma	16-Diabetes/LE amputations
Self-Pay	\$1,177,757	\$3,566,174	\$1,030,316	\$32,790	\$3,039,703	\$364,161	\$587,632	\$170,305	\$298,909	\$2,292,216
Private, incl. HMO	\$1,737,532	\$5,029,819	\$4,443,197	\$126,823	\$7,821,533	\$5,511,161	\$1,931,325	\$622,185	\$2,806,525	\$2,604,142
Other	\$48,010	\$727,029	\$969,661	\$83,713	\$632,042	\$760,572	\$220,958	\$22,343	\$374,837	\$-
Medicare	\$3,876,898	\$18,456,68	\$28,178,99	\$467,295	\$64,825,39	\$18,289,06	\$13,295,35	\$2,381,830	\$6,314,129	\$7,038,999
Medicaid	\$1,132,467	\$4,461,068	\$2,589,969	\$395,719	\$5,450,407	\$1,660,970	\$2,012,137	\$325,210	\$706,013	\$1,073,594



■ Medicaid
 ■ Medicare
 ■ Other
 ■ Private, incl. HMO
 ■ Self-Pay

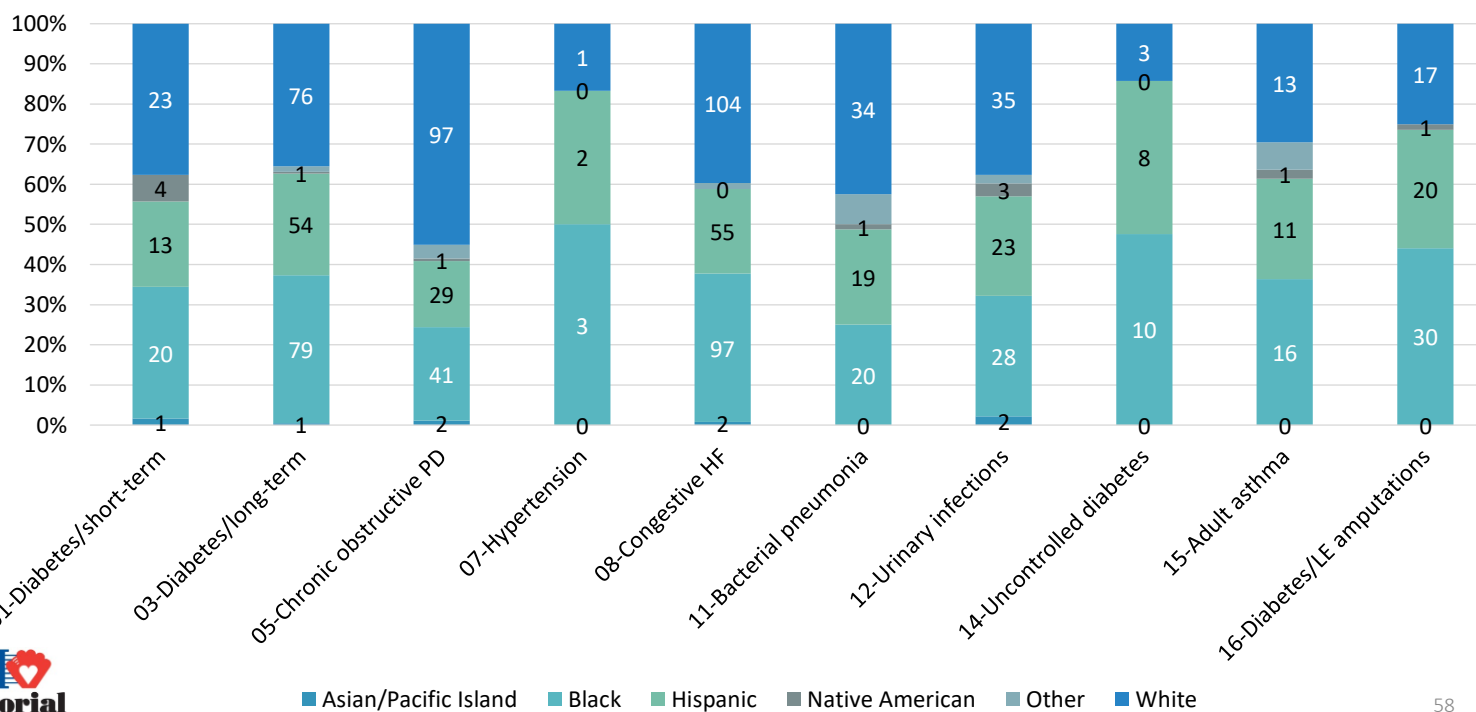
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases vs. Charges Memorial Hospital Pembroke, 2017-2019



Source: BRHPC Data Warehouse

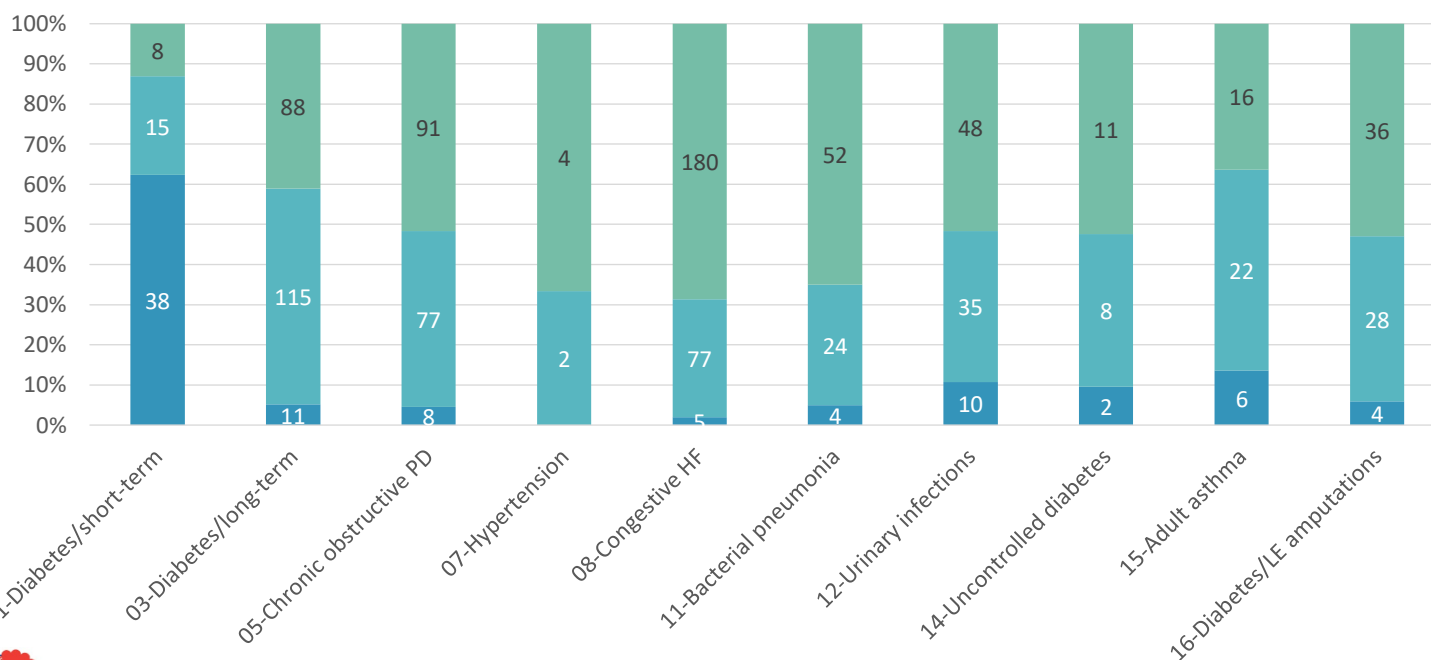
Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Hospital Pembroke, 2019



■ Asian/Pacific Island
 ■ Black
 ■ Hispanic
 ■ Native American
 ■ Other
 ■ White

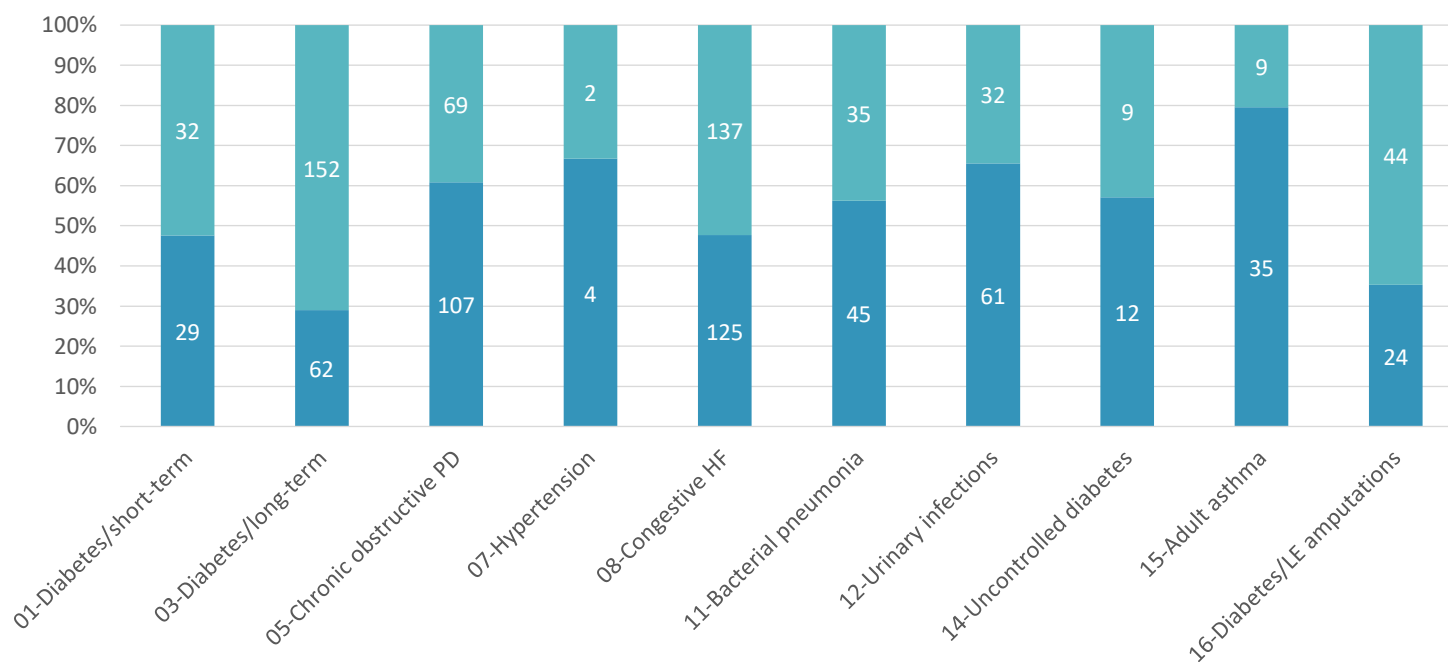
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Age Memorial Hospital Pembroke, 2019



■ 18 - 39 ■ 40 - 64 ■ 65+
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Gender Memorial Hospital Pembroke, 2019

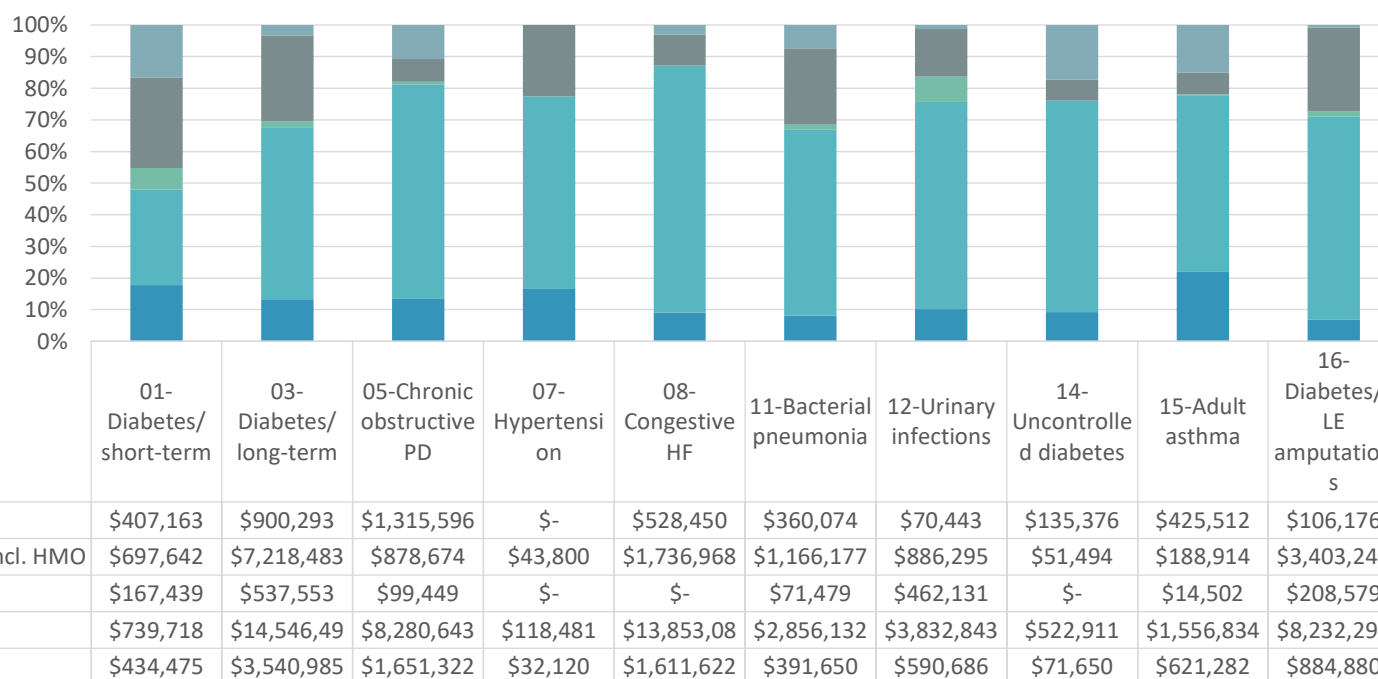


■ Female ■ Male

Source: BRHPC Data Warehouse

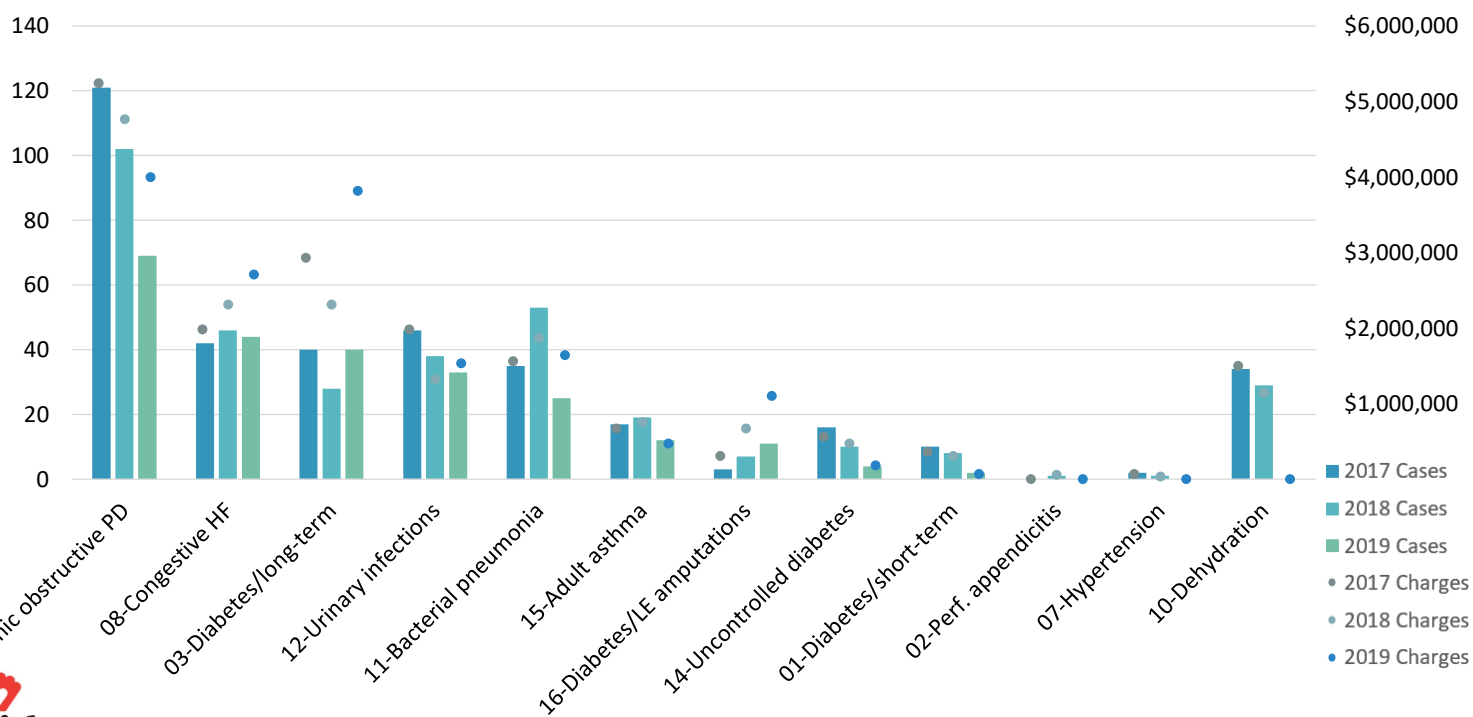
Prevention Quality Indicators Charges by Payer

Memorial Hospital Pembroke, 2019



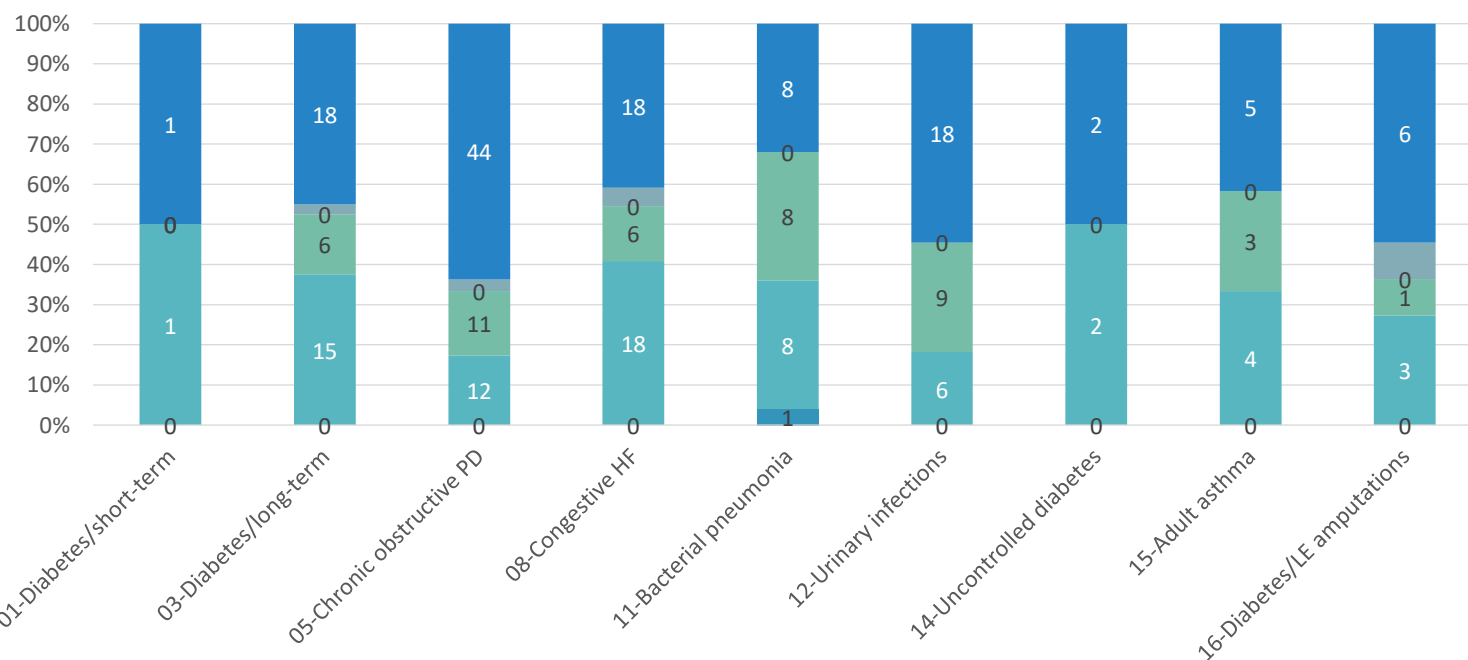
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases vs. Charges Memorial Hospital South, 2017-2019



Source: BRHPC Data Warehouse

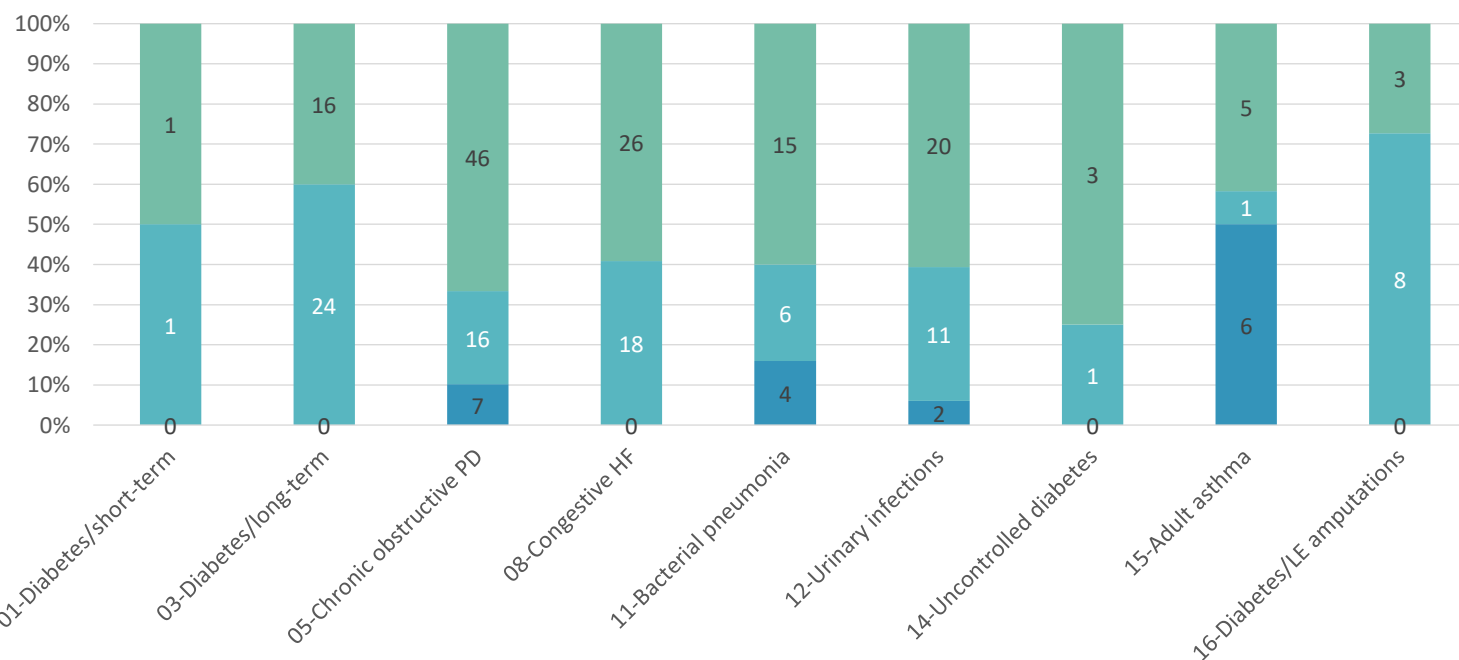
Prevention Quality Indicators Cases by Race/Ethnicity Memorial Hospital South, 2019



■ Asian/Pacific Island
 ■ Black
 ■ Hispanic
 ■ Native American
 ■ Other
 ■ White

Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Age Memorial Hospital South, 2019

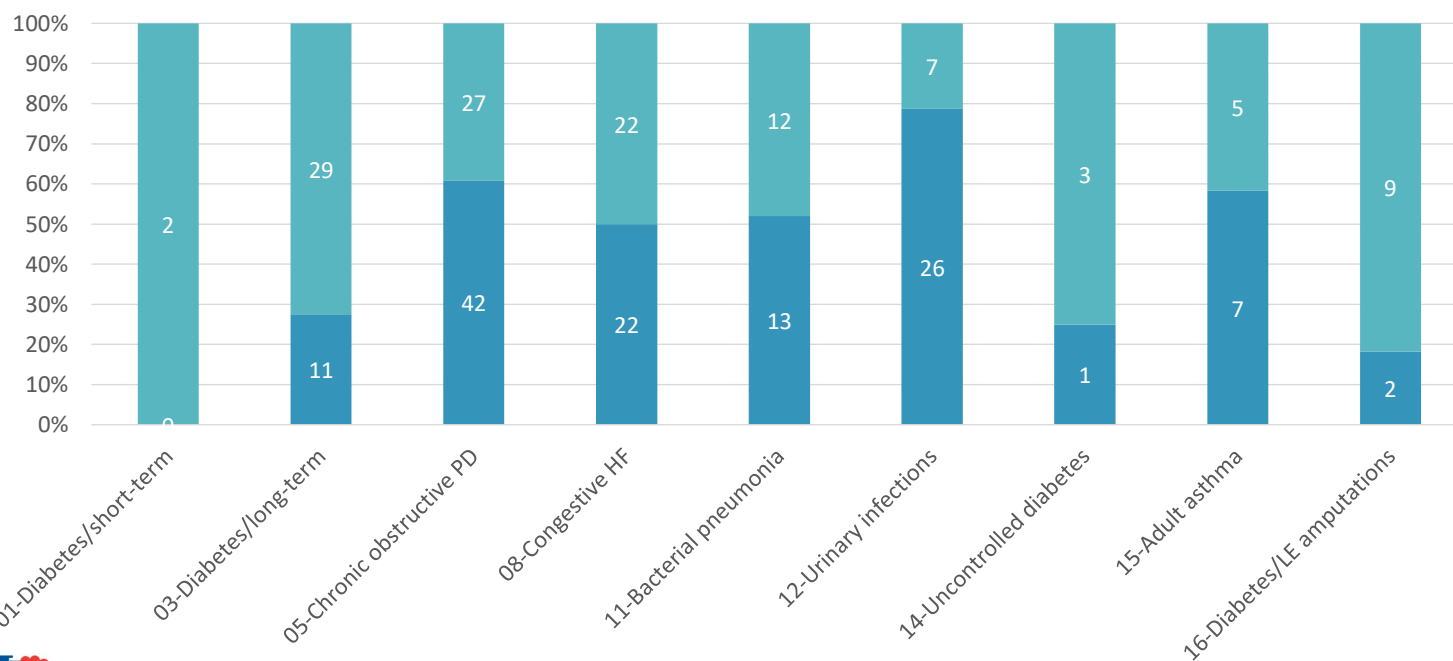


■ 18 - 39 ■ 40 - 64 ■ 65+

Source: BRHPC Data Warehouse

64

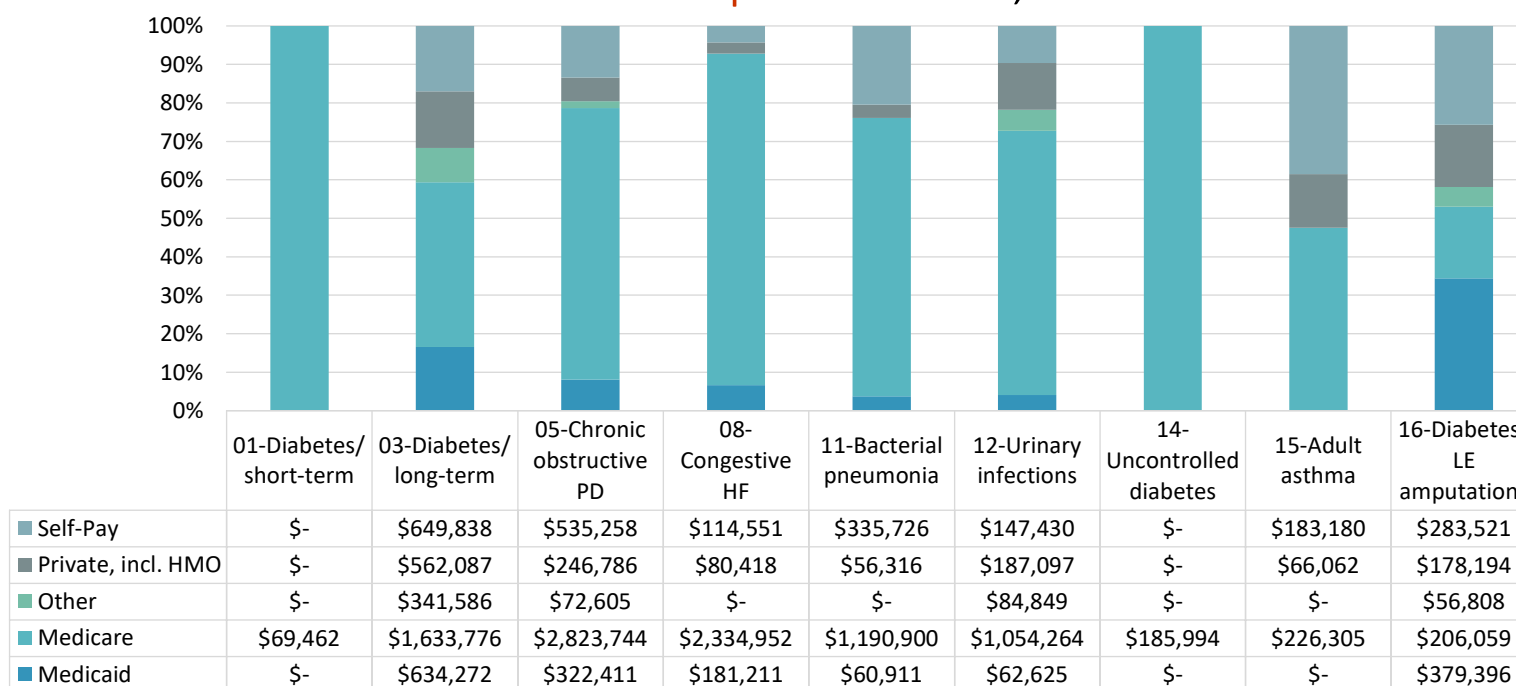
Prevention Quality Indicators Cases by Gender Memorial Hospital South, 2019



■ Female ■ Male
Source: BRHPC Data Warehouse

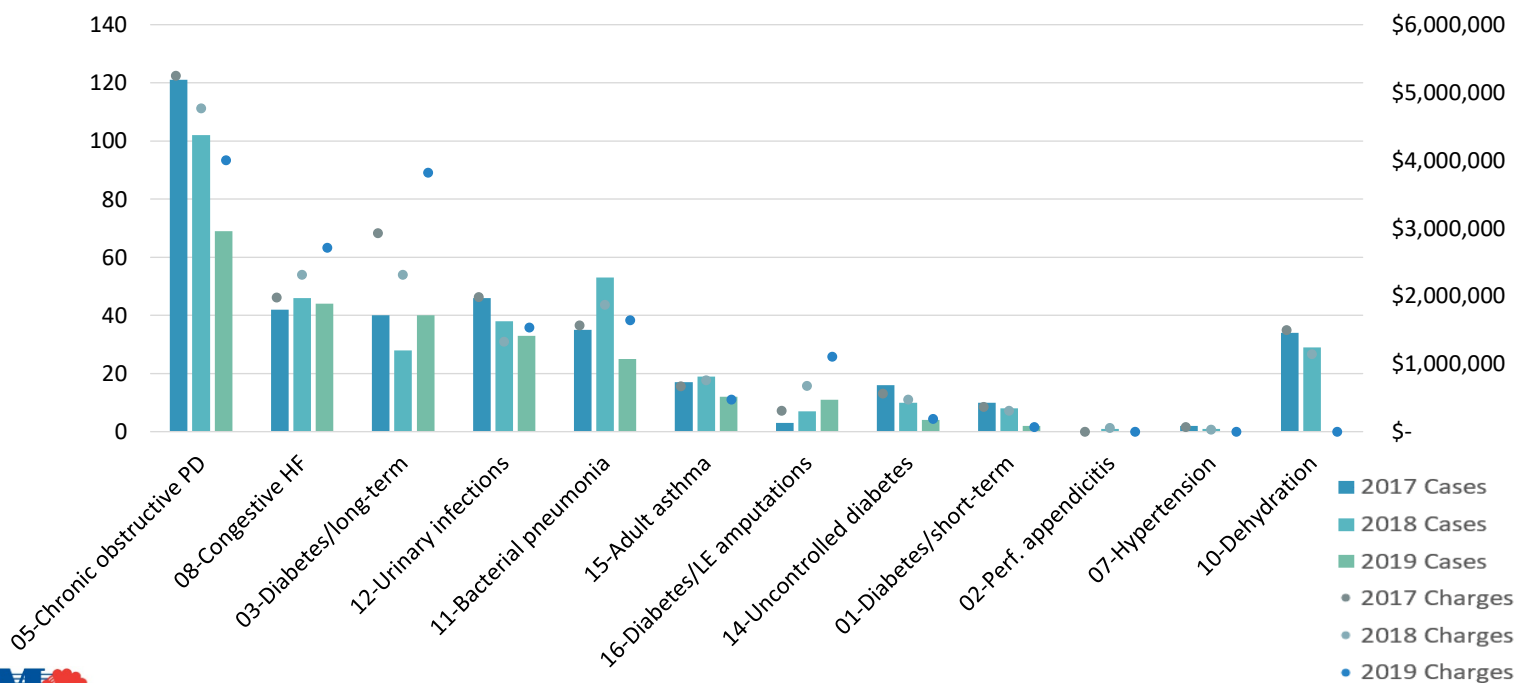
Prevention Quality Indicators Charges by Payer

Memorial Hospital South, 2019



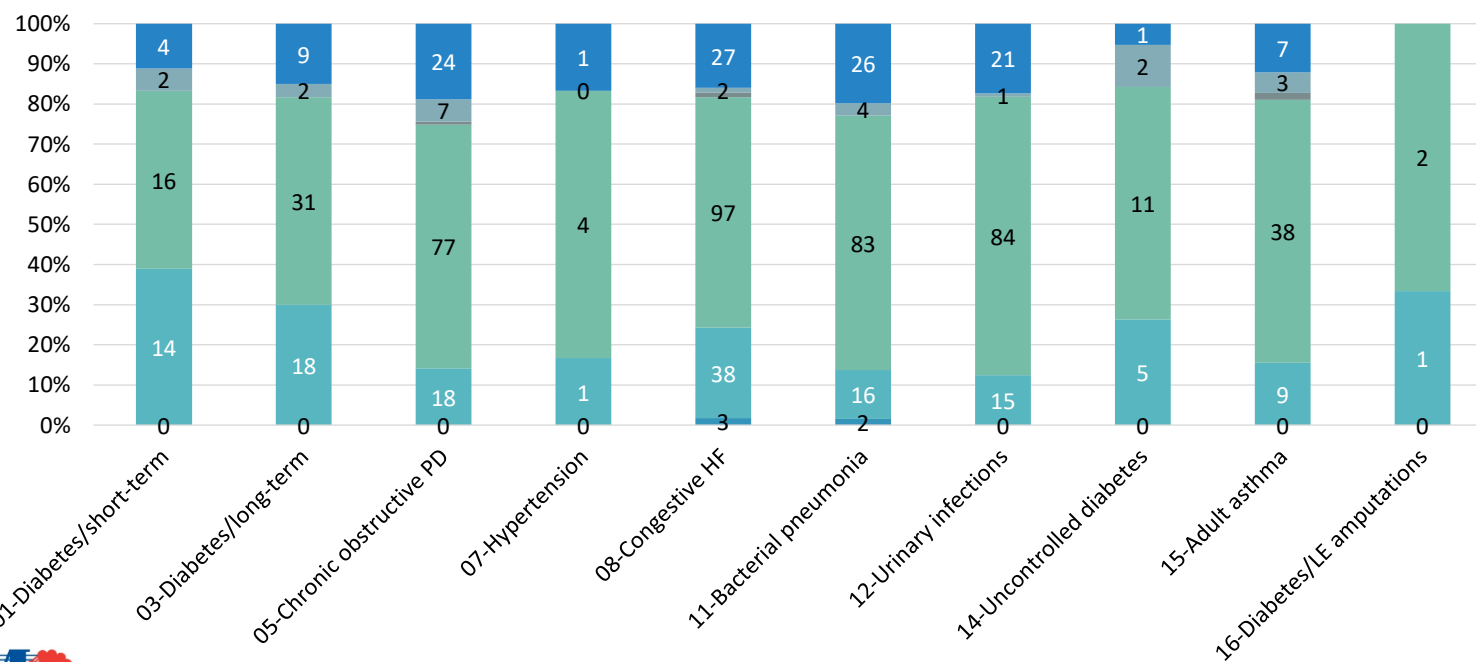
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases vs. Charges Memorial Hospital Miramar, 2017-2019



Source: BRHPC Data Warehouse

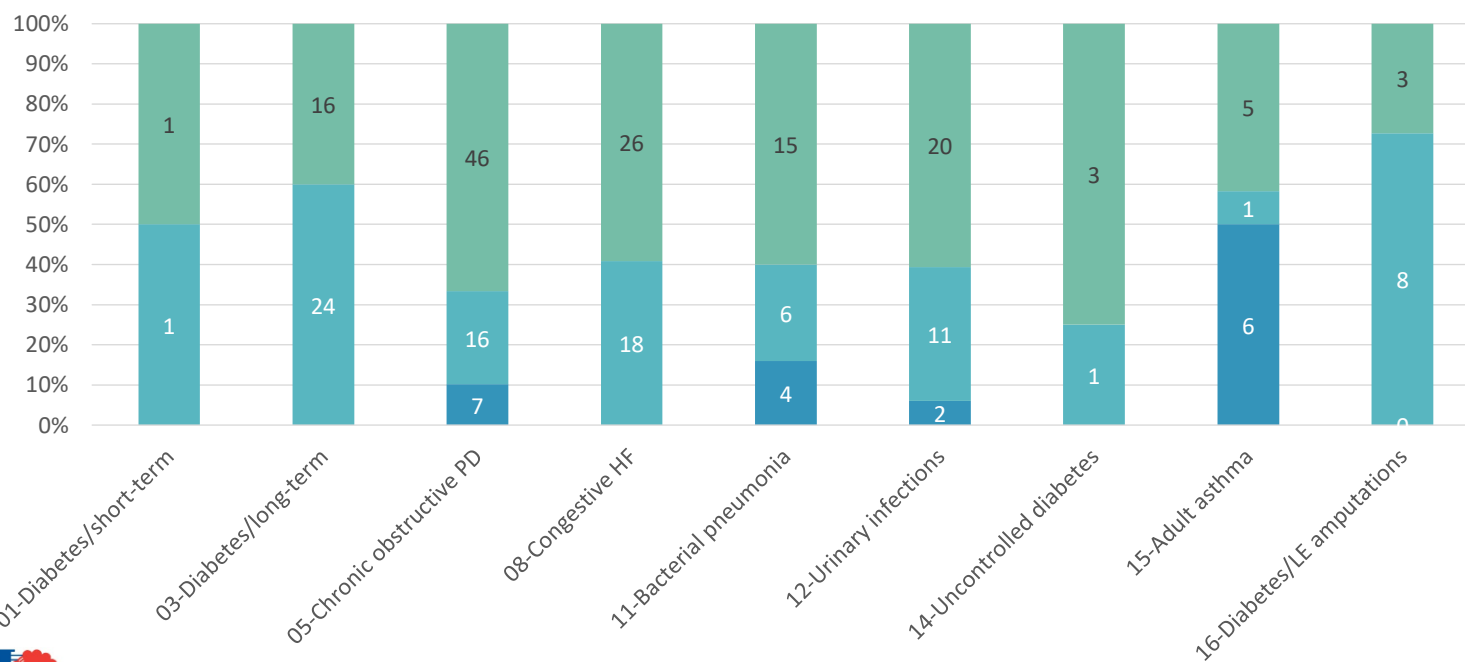
Prevention Quality Indicators Cases by Race/Ethnicity Memorial Hospital Miramar, 2019



■ Asian/Pacific Island
 ■ Black
 ■ Hispanic
 ■ Native American
 ■ Other
 ■ White

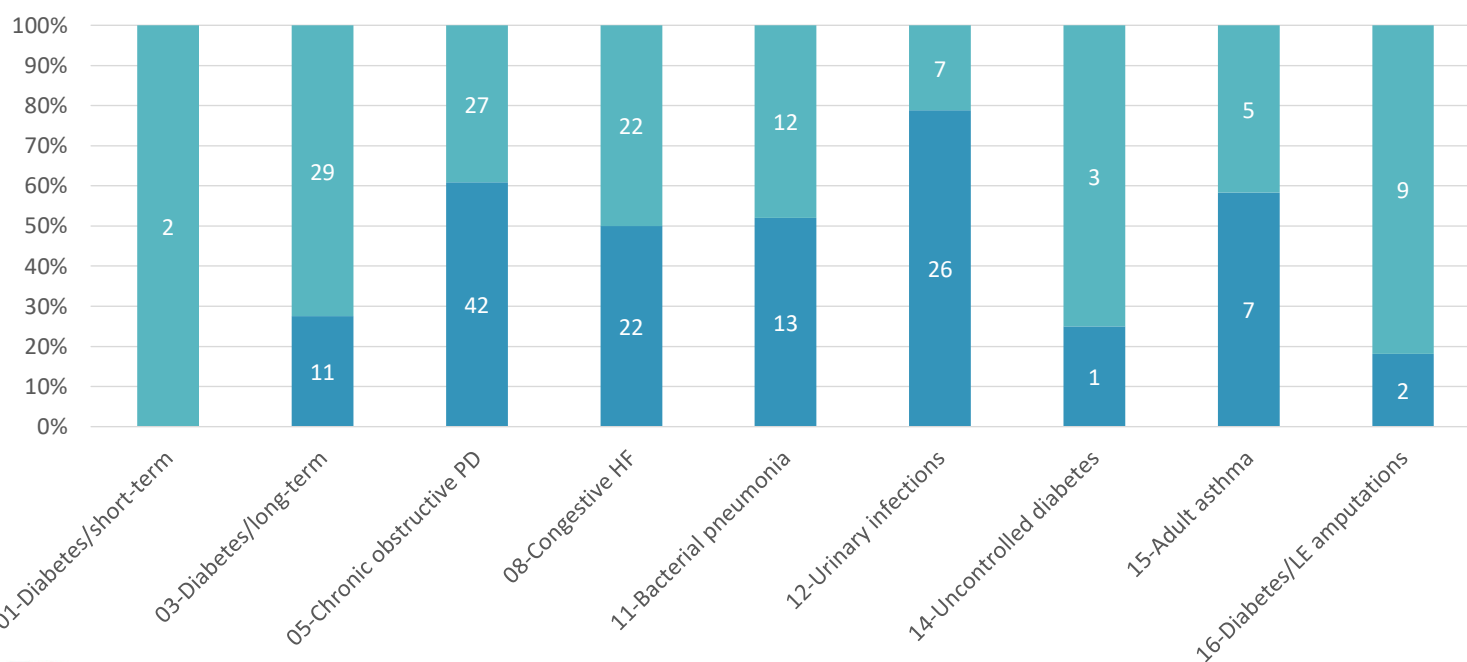
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Age Memorial Hospital Miramar, 2019



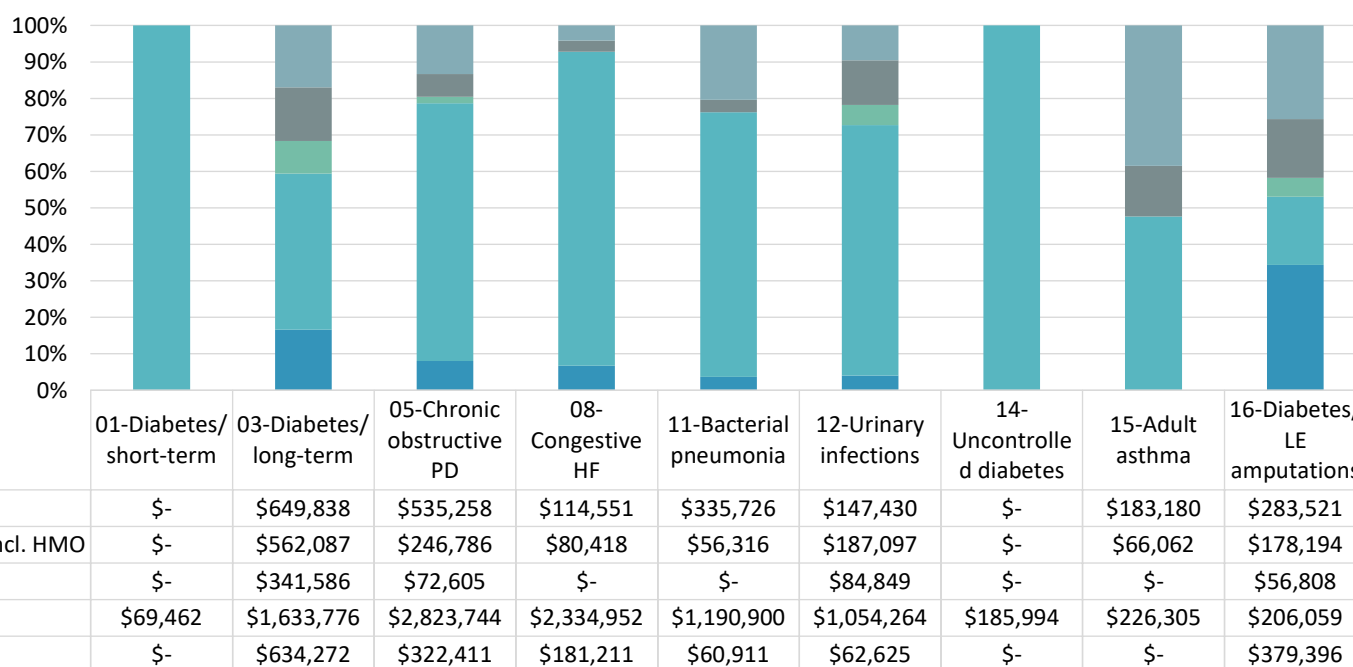
■ 18 - 39 ■ 40 - 64 ■ 65+
Source: BRHPC Data Warehouse

Prevention Quality Indicators Cases by Gender Memorial Hospital Miramar, 2019



■ Female ■ Male
Source: BRHPC Data Warehouse

Prevention Quality Indicators Charges by Payer Memorial Hospital Miramar, 2019



Source: BRHPC Data Warehouse

Summary



2021 - 2024
Community Health Needs Assessment

Avoidable ED Visits -

- Costs for Avoidable ED visits remained stable across 2017-2019.
- Native American and Asian/Pacific Island Populations tend make up higher proportion of avoidable ED EM cases for Em Non-Prev cases.
- Avoidable ED Charges for High Severity cases increased 73% for Memorial Regional from 2018-2019.

Preventable Quality Indicators-

- COPD (PQI 5), Bacterial pneumonia (PQI 11) and UTI preventable (PQI 12) cases have notably decreased from 2017 to 2019. Other PQIs are stable or slightly decreased.
- Across MHS, Black and Hispanic populations make up the majority of PQIs for diabetes, hypertension, CHF, UTI, and Asthma.
- Males make up most of the cases for Diabetes PQI 3 and PQI 16, while females make up most of the asthma and UTIs.



For More Information

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Broward Regional Health Planning Council, Inc.
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(954) 561 - 9681



Presentation 5: MHS Diagnosis-Related Groups by Specialty/Service, MHS CHNA 2019-2021 Implementation Strategy Update, Stakeholder Discussion – Prioritization

Diagnosis-related Groups by Specialty/Service

The 5th CHNA covers Diagnosis-Related Groups (DRGs) and MHS CHNA Implementation Strategies that cover the prioritizing of needs such as Access to Care, Preventive Care, Community Health Education, Quality Care and Emergency Response. DRGs is a system to classify hospital cases based on ICD diagnoses, procedures, age, sex, discharge status and the presence of complications and comorbidities. This phase of the CHNA charts 29 DRGs by discharges and charges.

Across MHS, the highest discharges are related to births with deliveries being the highest in 2019, with 12,906, followed by normal newborn births at 7,462 case and then neonatology services (complex and high-risk births such as premature births) at 5,816 discharge cases. This last DRG is important because it is directly related to the SDOH patterns of premature births we found in CHNA 2, which occur in predominantly black zip codes with high SVI. Neonatology cases also incur longer hospital stays of 7.2 days, which is close to the same length as neurology and general surgery. Therefore, reducing the health disparities of prenatal care for mothers as risk may reduce healthcare cost and resources that go into birth complications.

The proportion DRG discharges and charges by each hospital shows that the largest hospitals, Memorial Regional and Memorial Regional West have the greatest proportions. For example, for General Surgery, Memorial Regional was responsible for 37% of the discharges in 2019 and 45% of the associated costs. Memorial Hospital West was responsible for 31% of the discharges in 2019, and 32% of the associated costs.

There is one outlier in the 2019 DRG data. The Psychiatry DRG length of stay across MHS is rather low at 6.1 days. However, the Pembroke Hospital has an unusual event of 49.9 days for this DRG. The notes for this state these days are based on eight patients, which some may have had unusual circumstances.

MHS CHNA 2019-2021 Implementation Strategy Update

The second half of CHNA #5 covered MHS' implementation strategies by highlighting several programs. For Priority area #1, Access to Care, MHS has the goal for improving access to affordable care. MHS' approach is to meet people within their communities and make direct contact as much as possible with an informal setting, delivering professional information and services to individuals and families. To accomplish the goal for Priority #1, MHS have three strategies:

- Implementation of care coordination and transitional care program
- Assistance with navigation and education of health insurance process
- Continued education for the uninsured/underinsured patients about expanded MHS primary care

Memorial's MyChart, integrated with Telehealth is a program that was executed for this purpose. In addition, MHS holds online community lecture series, "Coffee with the Doc" via zoom. One of the topics,

“An Overview of Women’s Health” directly relates to the addressing the adverse mother and child health outcomes discussed in the CHNA.

MHS takes direct aim at improving low birthweight and neonatal complications in its second priority areas, #2: Preventative Care. These programs make direct contact with mothers, babies, children, and other populations to address:

- Prenatal care for the prevention of low birthweight babies
- Continue to address low immunization rates for children & adults
- Education for the prevention of opioid misuse
- Preventative Screening

For parental and neonatal care, MHS and its partners run “Mother-Baby Exercise” classes and telehealth directly to new mothers. For immunization for children, MHS deploys a mobile bus, which operates as a “Childrens’ Mobile Health Center.” In addition, there are preventative screenings for mothers to reduce conditions that may complicate their pregnancy and birth.

For Priority #3, Community Health Education, MHS’ goal is to, “Promote wellness through patient education”. MHS does this through:

- Chronic disease self-management for ALICE households (LivWell)
- Mental health promotion and wellness activities
- Telehealth for behavioral health
- Education for the prevention of sexually transmitted infections (STI)

Some of the programs for chronic disease management are health and financial literacy workshops, guided tours of supermarkets to learn about shopping healthily on a budget, and group walking events for women. An important event that nurtures a community of practice is the Annual Mental Health Summit. Mental health care is makes direct contact with patients via their “Telehealth for Behavioral Health” program, which has the added services of, reducing inappropriate hospital utilization such as the avoidable ED visits discussed earlier. In addition, the telehealth services allow MHS to provide chronic disease management, increase patient compliance with treatment plans, and streamline continuity of care and shared decision-making among providers and patients.

For Priority #4, Quality of Health, MHS’ goal is to, “Improve the quality of care for all patients,” by the following techniques:

- Consideration for diversity (Gender identity, expression, and sexual orientation, LGBTQ)
- Diversification training for staff
- Care Coordination (Home Telehealth)
- Social determinants of health (Population health)

To help MHS consider diversity in their work, MHS takes another direct community involvement strategy. For example, for its LGBTQ sensitivity training, MHS partners with SunServe to hold in-person learning sessions for medical professionals hosted by Misty Eyez, Director of the Women's Program, Transgender Services, and Manager of the LGBTQ++ Competency Training program.

For the SDOH, MHS provides expert legal assistance for patients by partnering with LegalAid. In addition, MHS has been directly involved in emergency food distributions to assist families who were impacted by the economic effects of COVID-19. MHS Care Coordination is enhanced by the Doc in A Box diagnostic tool, which is a comprehensive diagnostic tool that links directly to home telehealth. This tool became even more essential during the COVID-19 outbreak, which limited hospital visits. All these programs towards this goal have one common characteristic: MHS meets the community where they are, even it means in their living rooms.

For Priority #5, Emergency Response Tactics, MHS has a goal to, "To serve as a leader in emergency response (including education of response personnel)." To achieve this goal, MHS does the following:

- Design the All Hazard Regional Response Recovery System
- Educate emergency response personnel through the use of simulation
- Partnership with County and State Agencies

MHS partnered with the *Long Term Recovery Coalition of Broward County* for the COVID-19 response, where they set up field COVID-19 testing and medical services.

Presentation 5 Slides: MHS Quantitative Data Part 2 and MHS Community Services Presentation



**Memorial
Healthcare System**

2021 - 2024
Community Health Needs Assessment

Prepared By:



BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS



**Memorial
Healthcare System**

1

Meeting Dates

Draft Agenda



December 16 th , 2020	January 13 th , 2021	February 10 th , 2021	March 10 th , 2021	April 7 th , 2021	May 19 th , 2021
<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quantitative Data Presentation (Part II) 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. MHS Quant. Data Wrap-up (DRGs by specialty) 2. MHS CHNA 2019-2021 Implementation Update 3. Stakeholder Discussion 4. Identify Needs & Gaps 	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Summary of Data, Needs, and Gaps 3. Stakeholder Discussion 4. Prioritization Process

MHS Quantitative Data Wrap-up 2019-2021 Implementation Update

2019 MHS Diagnosis-Related Groups by Specialty/Service

MHS CHNA 2019-2021 Implementation Strategy Update

Stakeholder Discussion – Prioritization

MHS Diagnosis-Related Groups, 2019 Summary



2021 - 2024
Community Health Needs Assessment

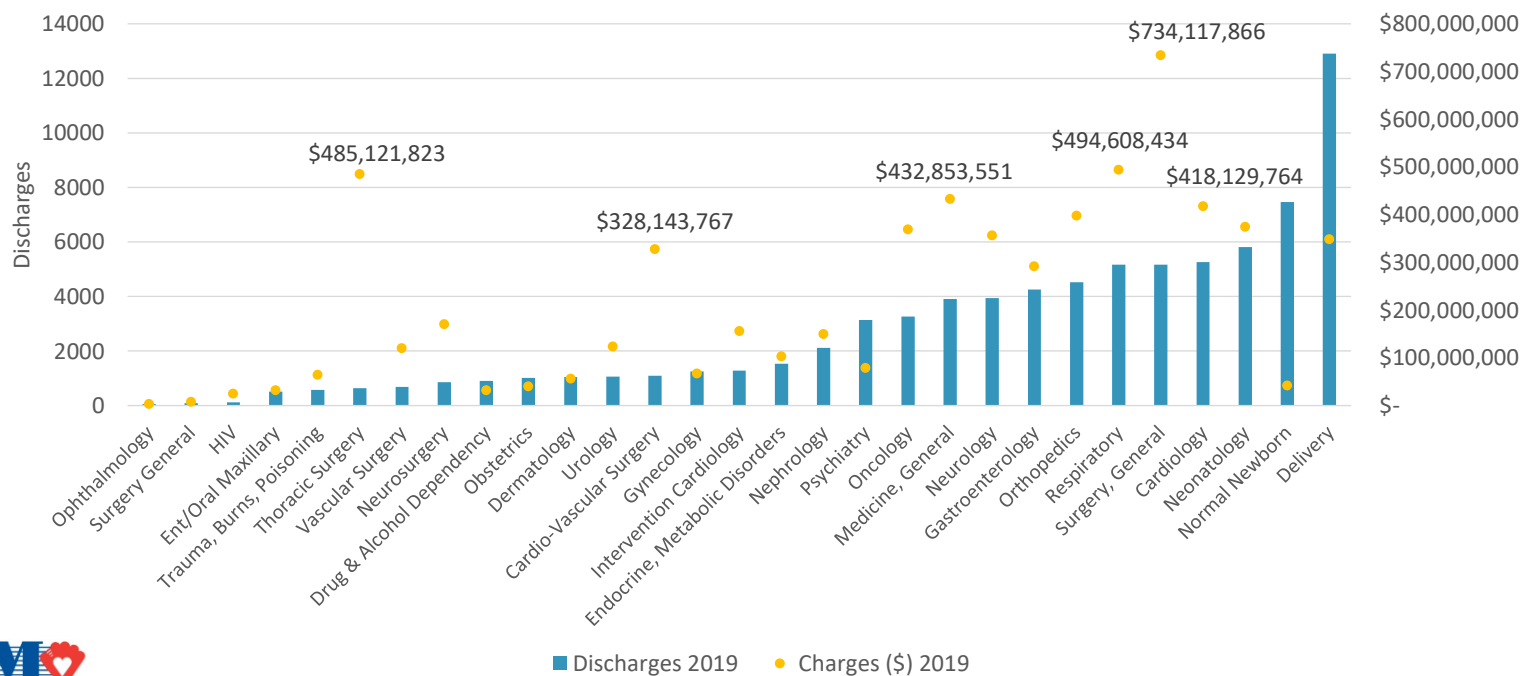
Diagnosis-Related Groups

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 comorbidities.

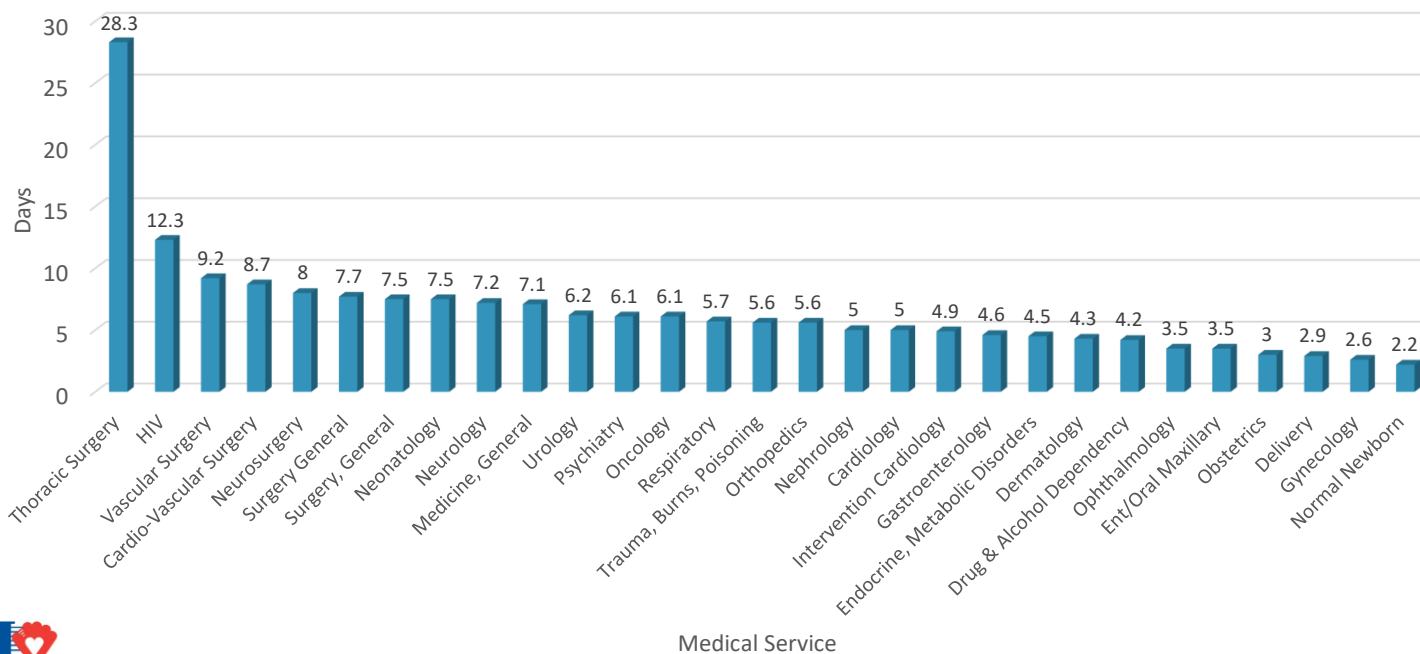
DRGs have been used in the US since 1983 to determine how much Medicare pays the hospital, since patients within each category are similar clinically and are expected to use the same level of hospital resources.

DRGs, Discharges vs. Charges by Medical Service, MHS, 2019



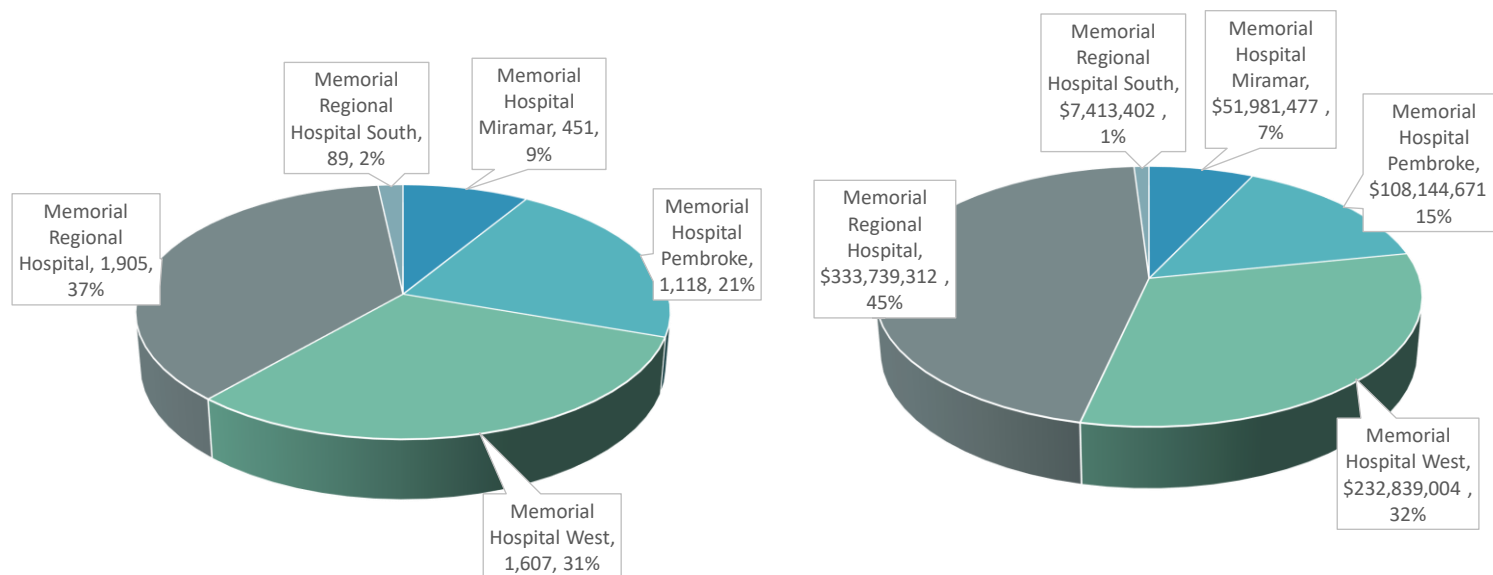
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, MHS, 2019



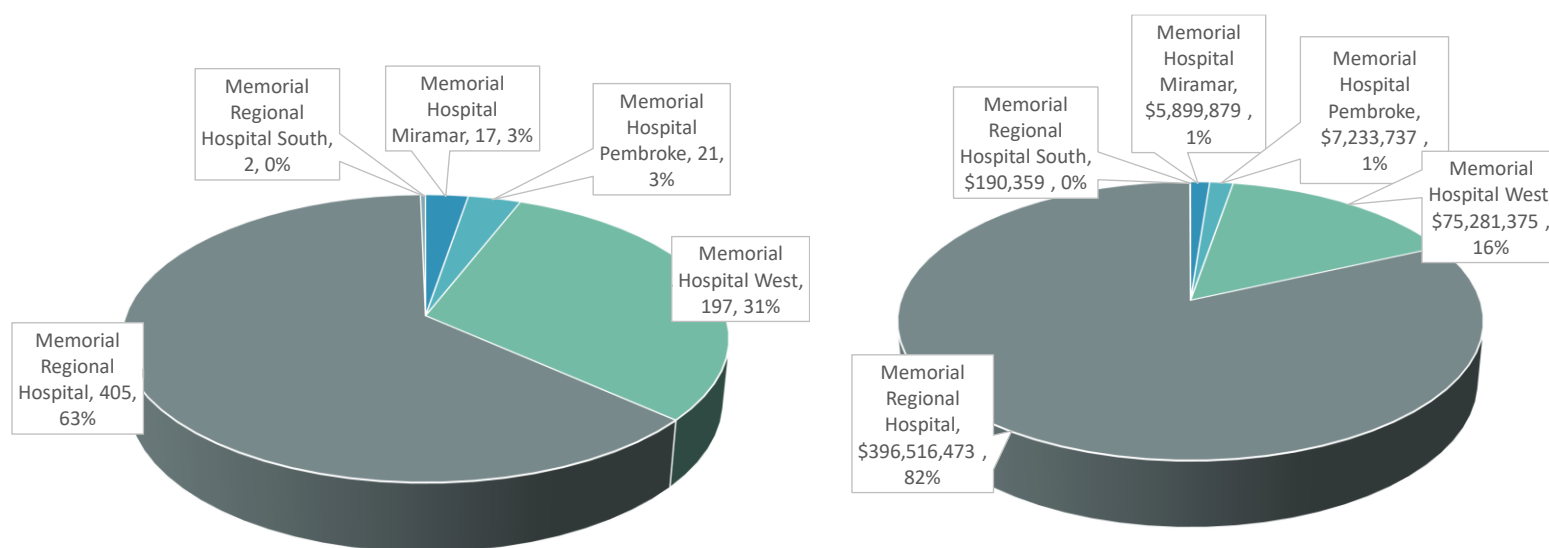
Source: Broward Regional Health Planning Council, Health Data Warehouse

Proportion of Discharges and Charges by Hospital, General Surgery, MHS, 2019



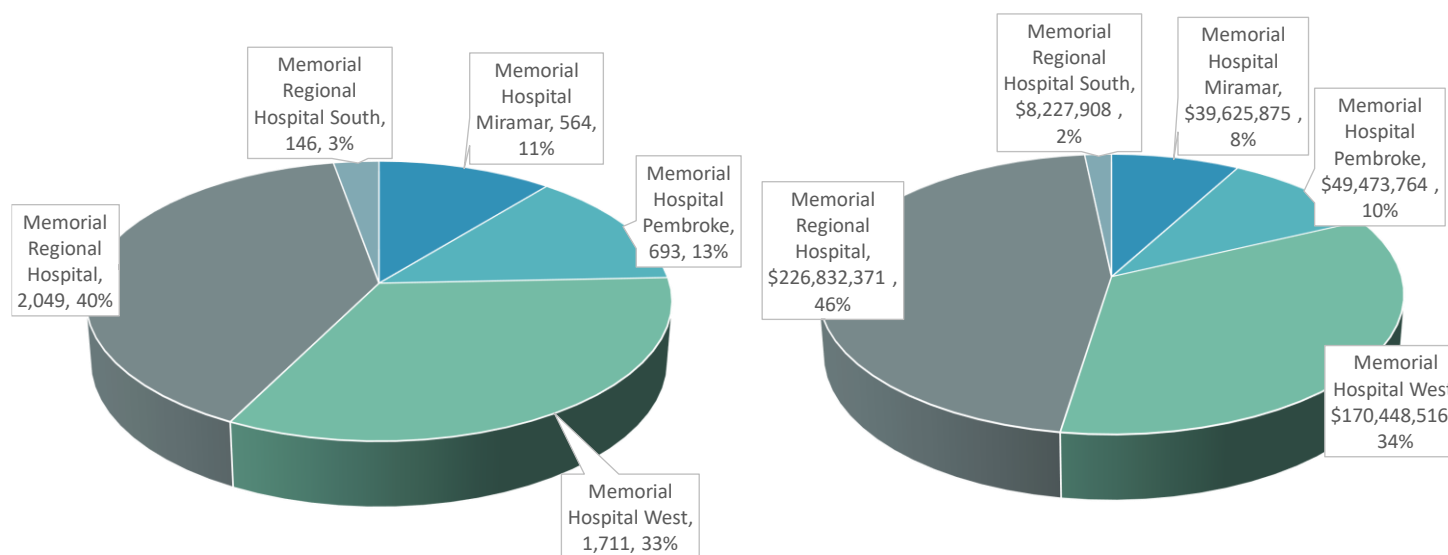
Source: Broward Regional Health Planning Council, Health Data Warehouse

Proportion of Discharges and Charges by Hospital, Thoracic Surgery, MHS, 2019



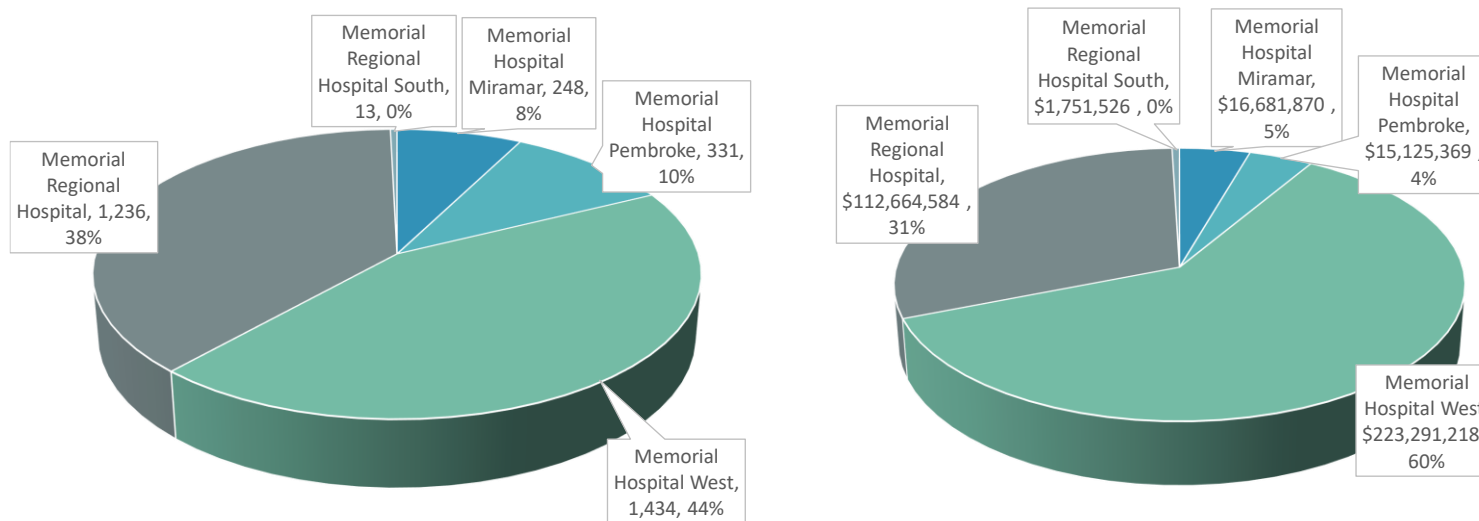
Source: Broward Regional Health Planning Council, Health Data Warehouse

Proportion of Discharges and Charges by Hospital, Respiratory, MHS, 2019



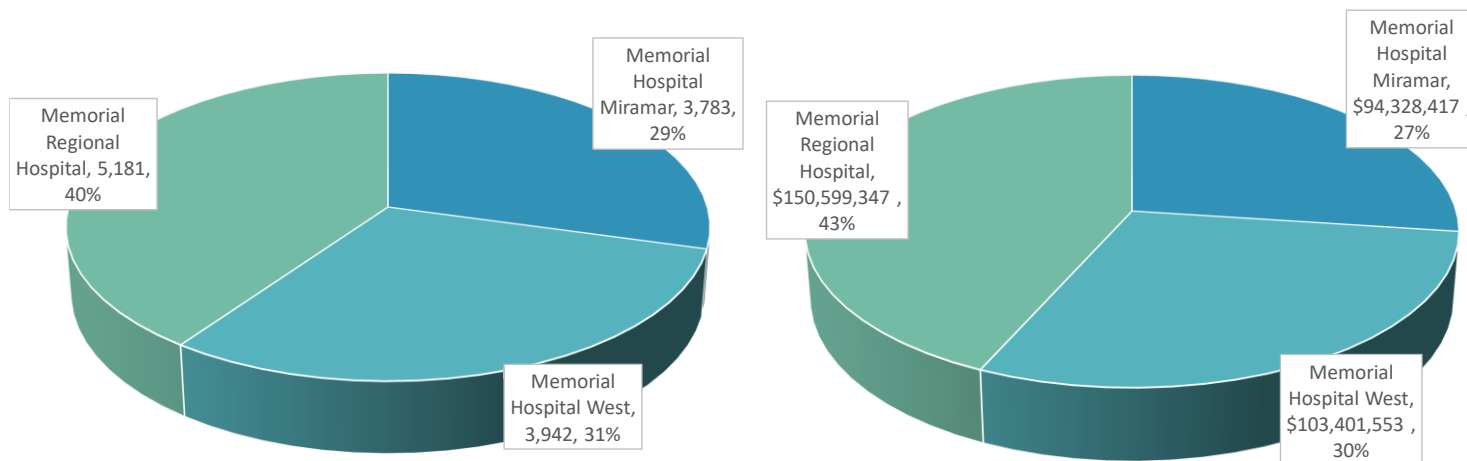
Source: Broward Regional Health Planning Council, Health Data Warehouse

Proportion of Discharges and Charges by Hospital, Oncology, MHS, 2019



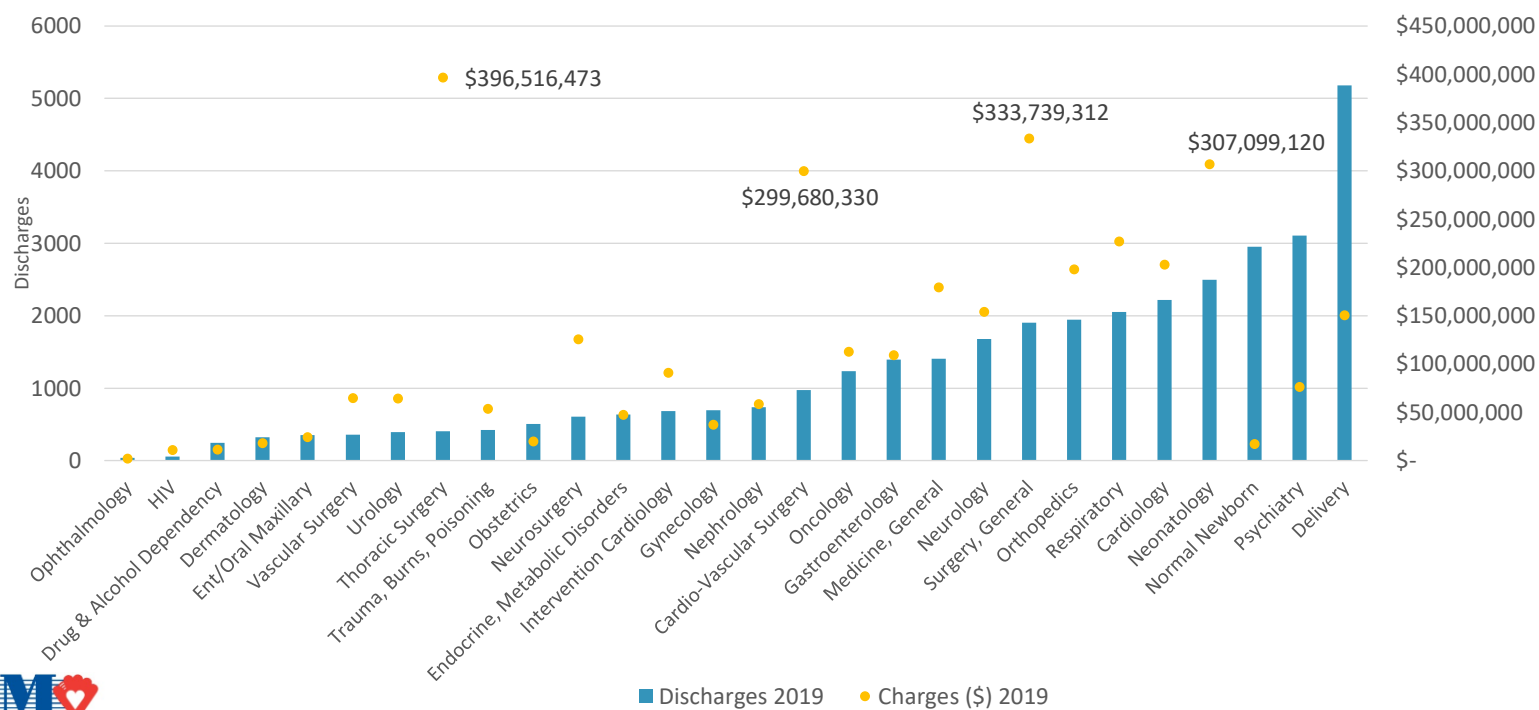
Source: Broward Regional Health Planning Council, Health Data Warehouse

Proportion of Discharges and Charges by Hospital, Delivery, MHS, 2019



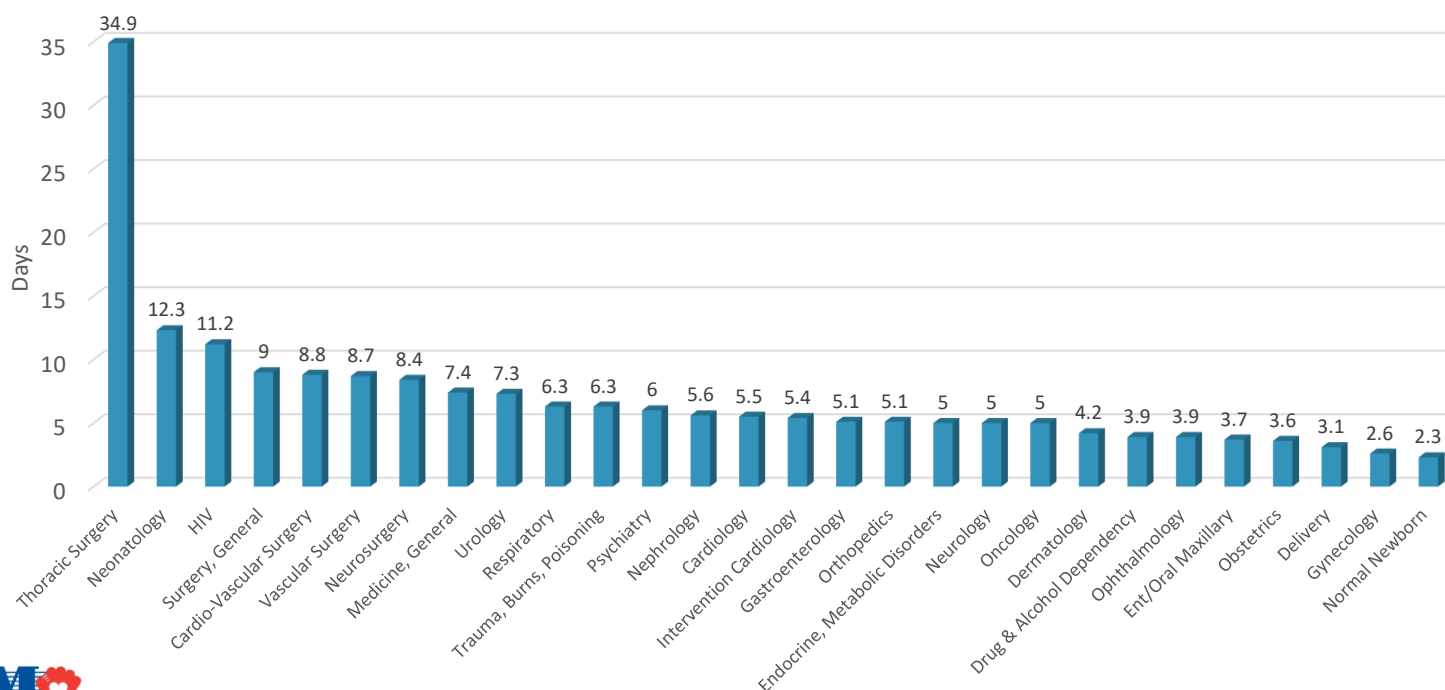
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs, Discharges vs. Charges by Medical Service, Memorial Regional Hospital, 2019



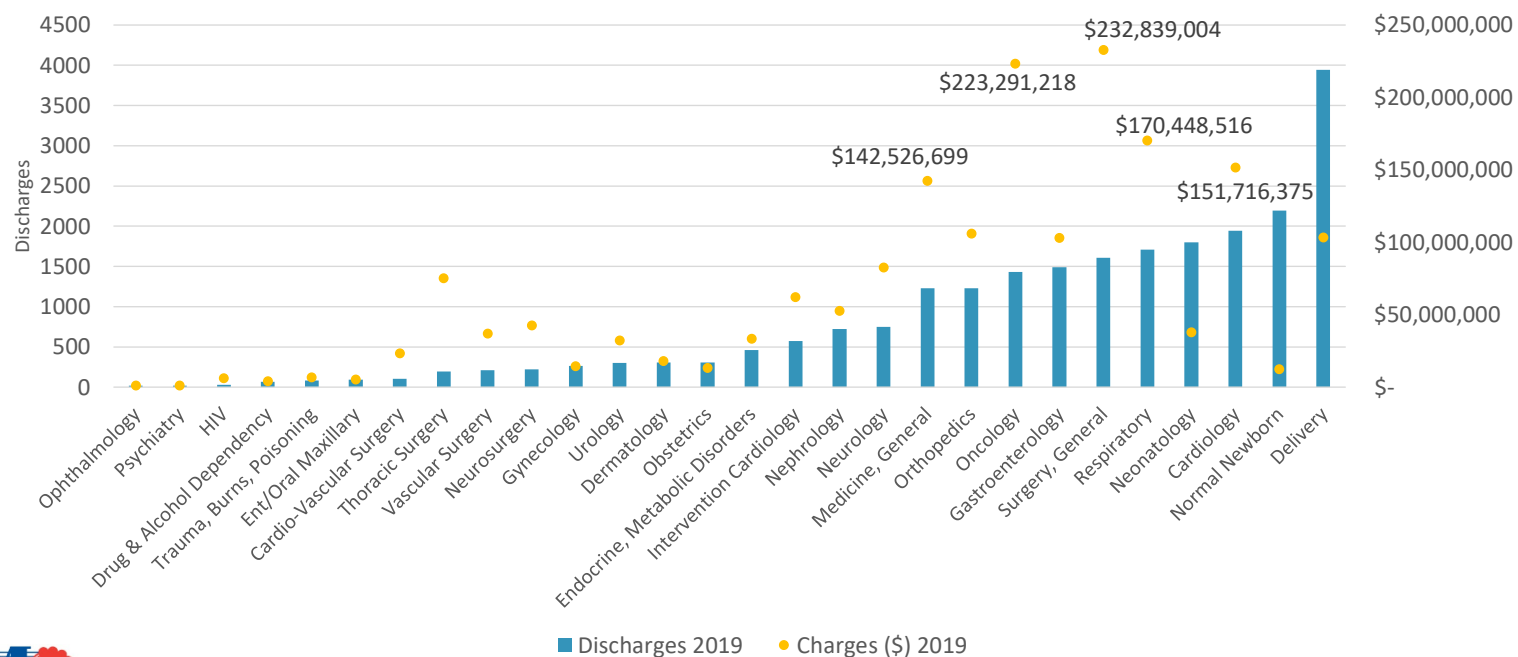
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Regional Hospital, 2019



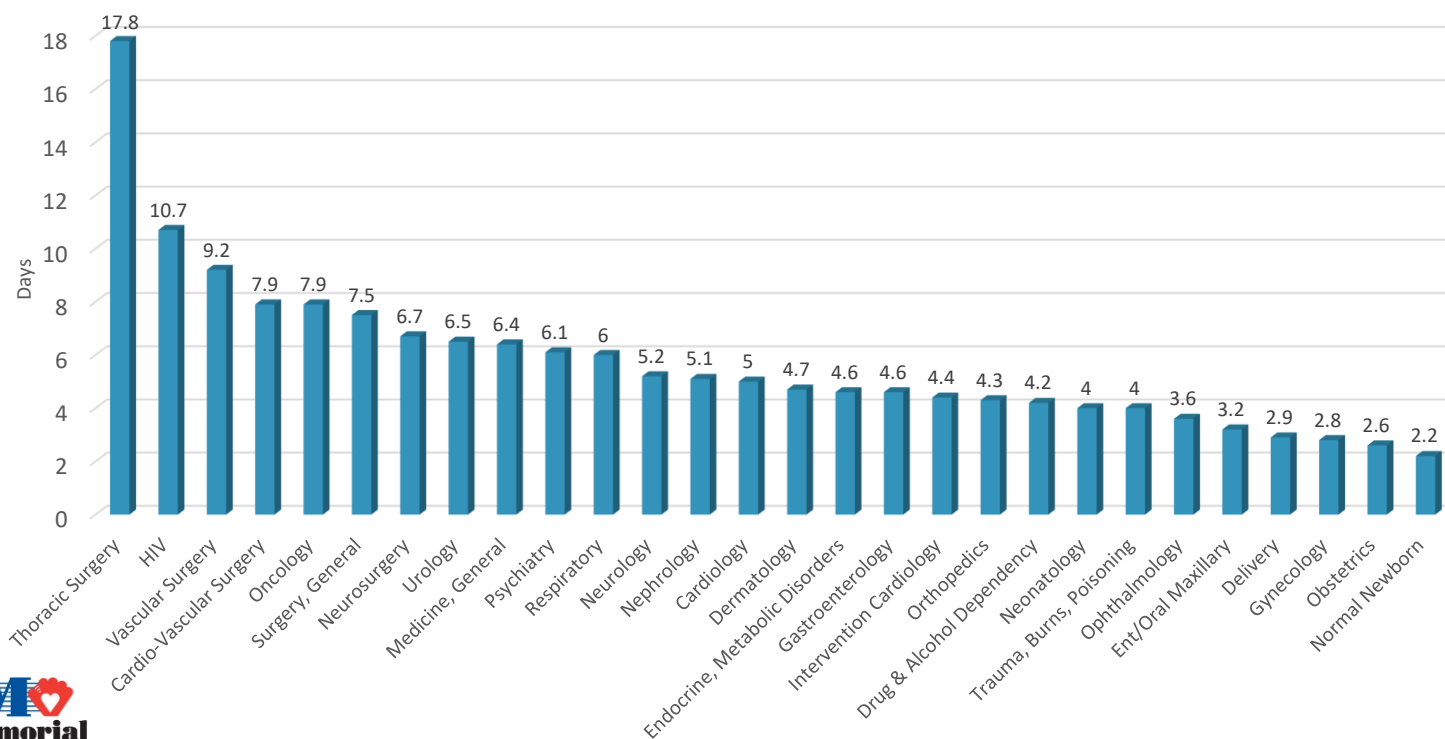
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital West, 2019



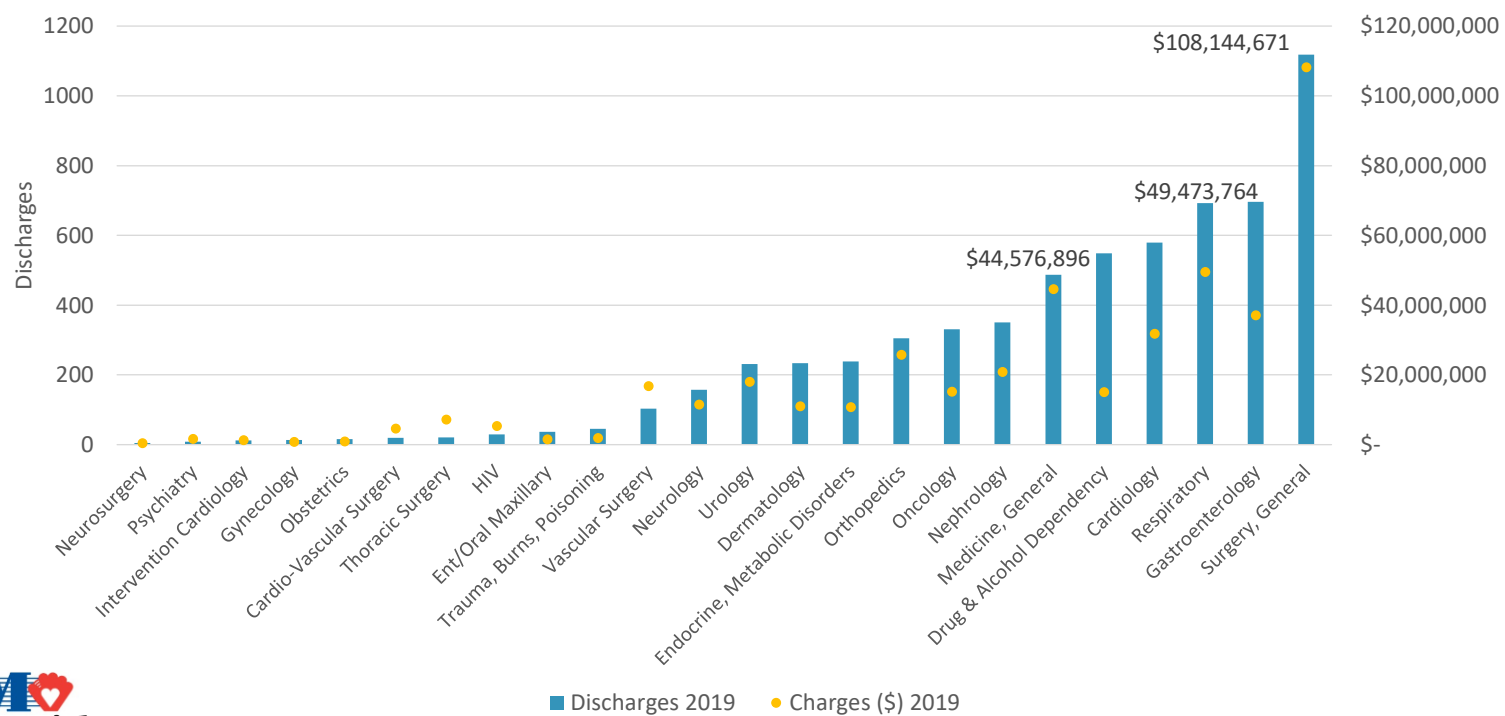
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital West, 2019



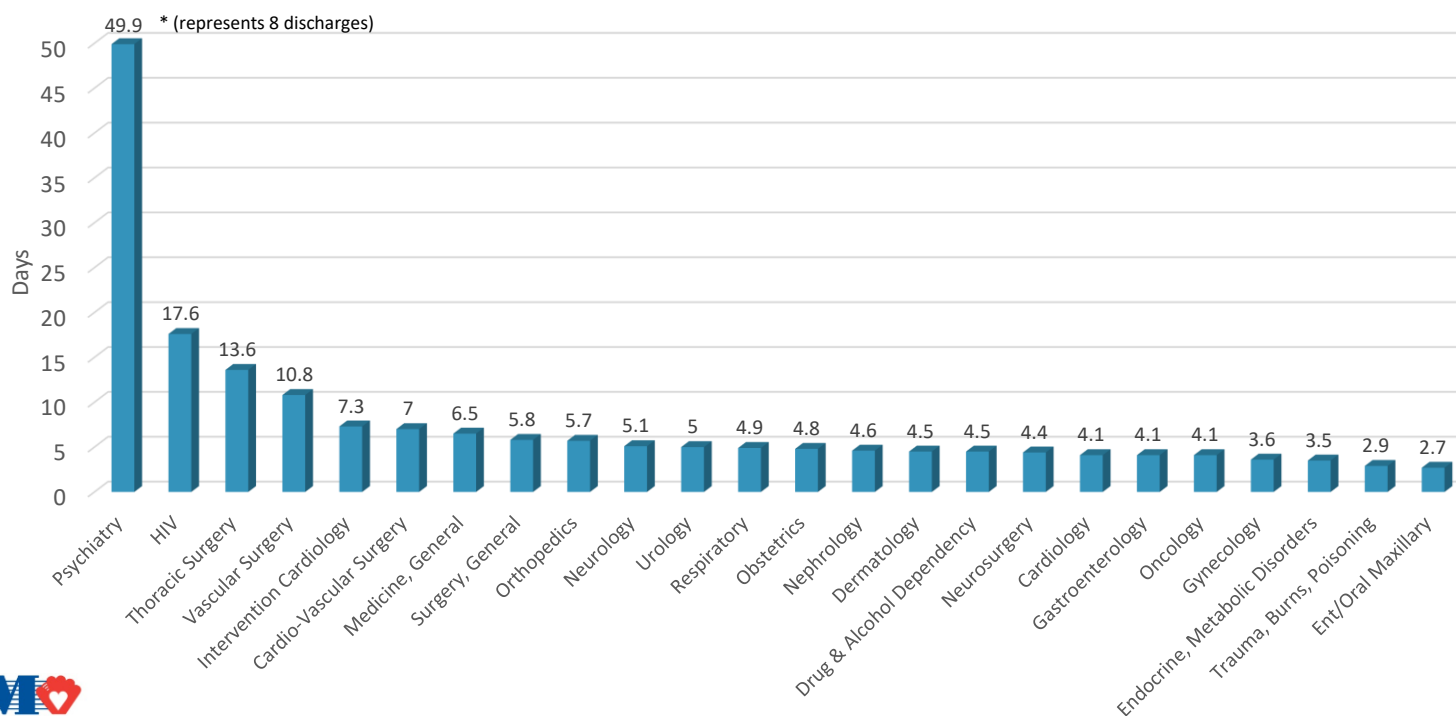
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital Pembroke, 2019



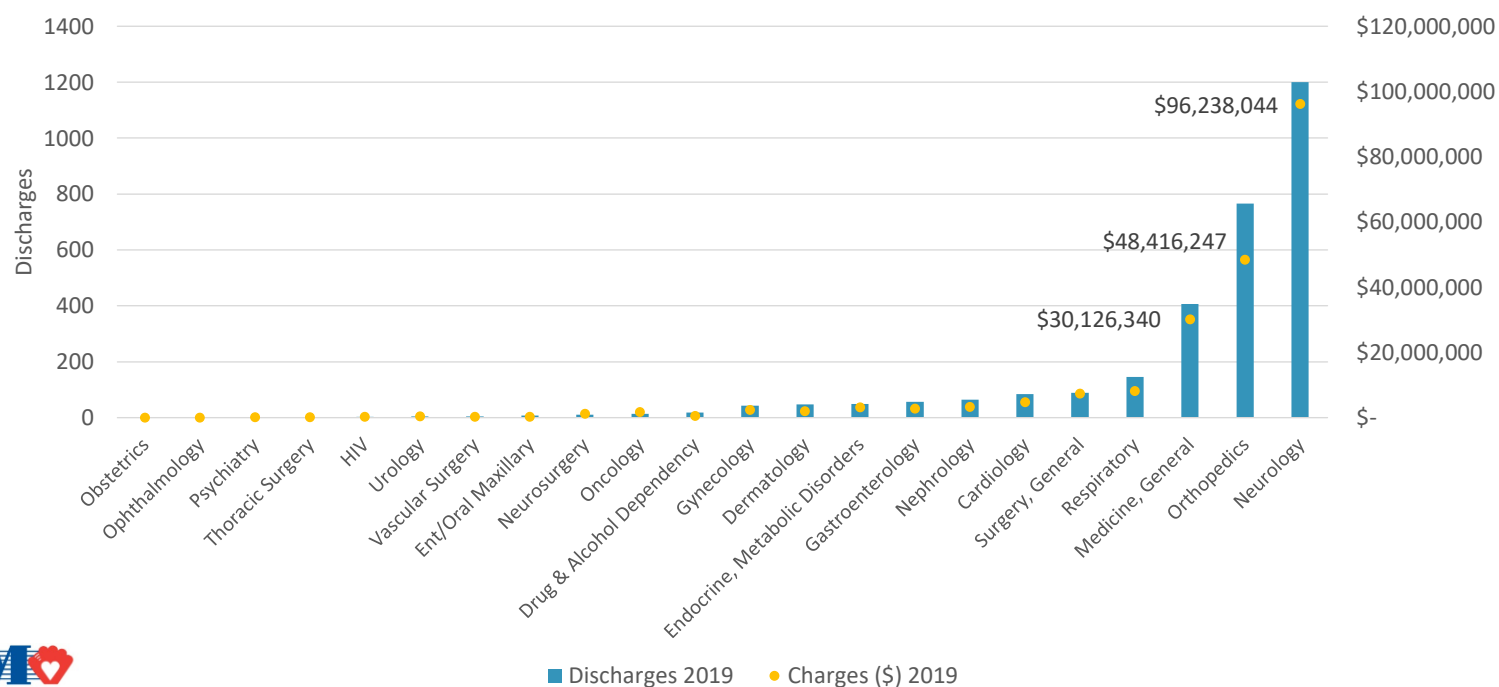
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital Pembroke, 2019



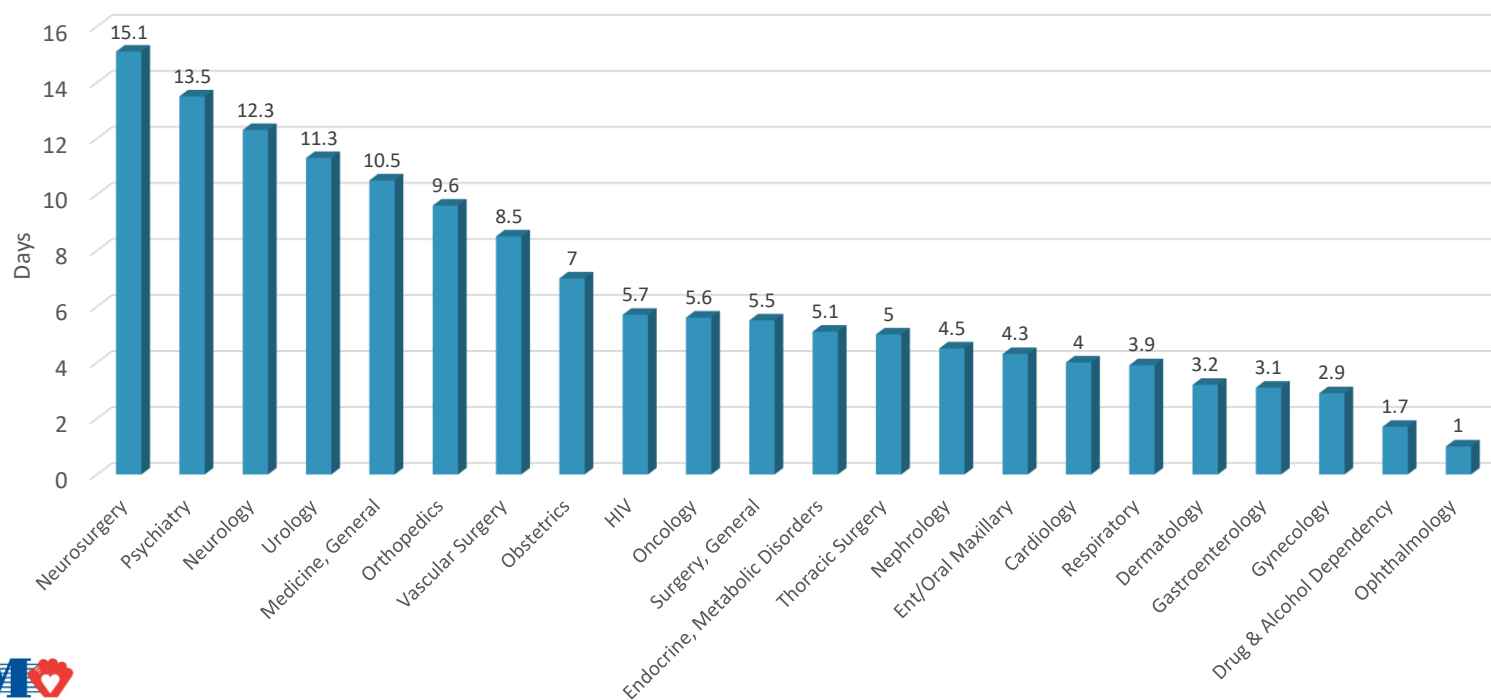
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital South, 2019



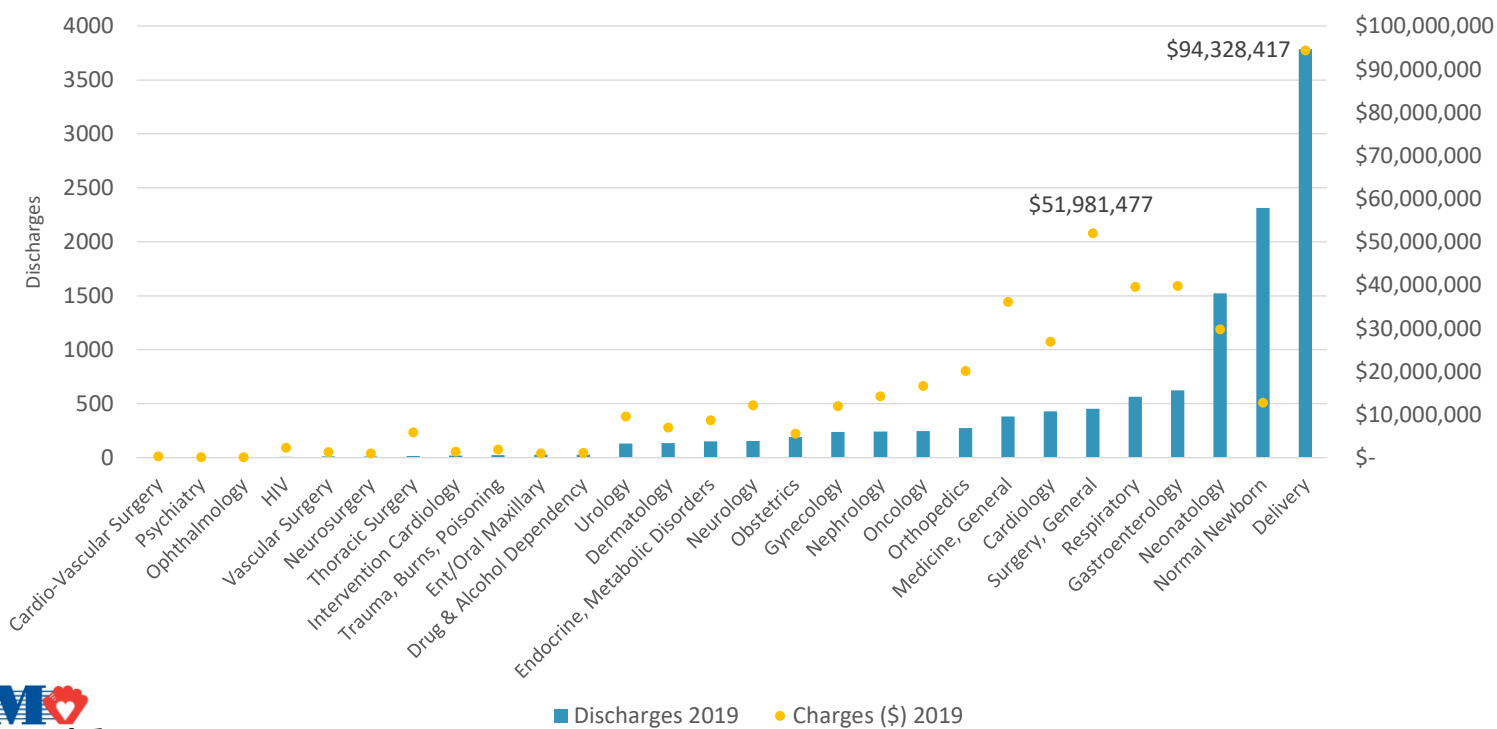
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital South, 2019



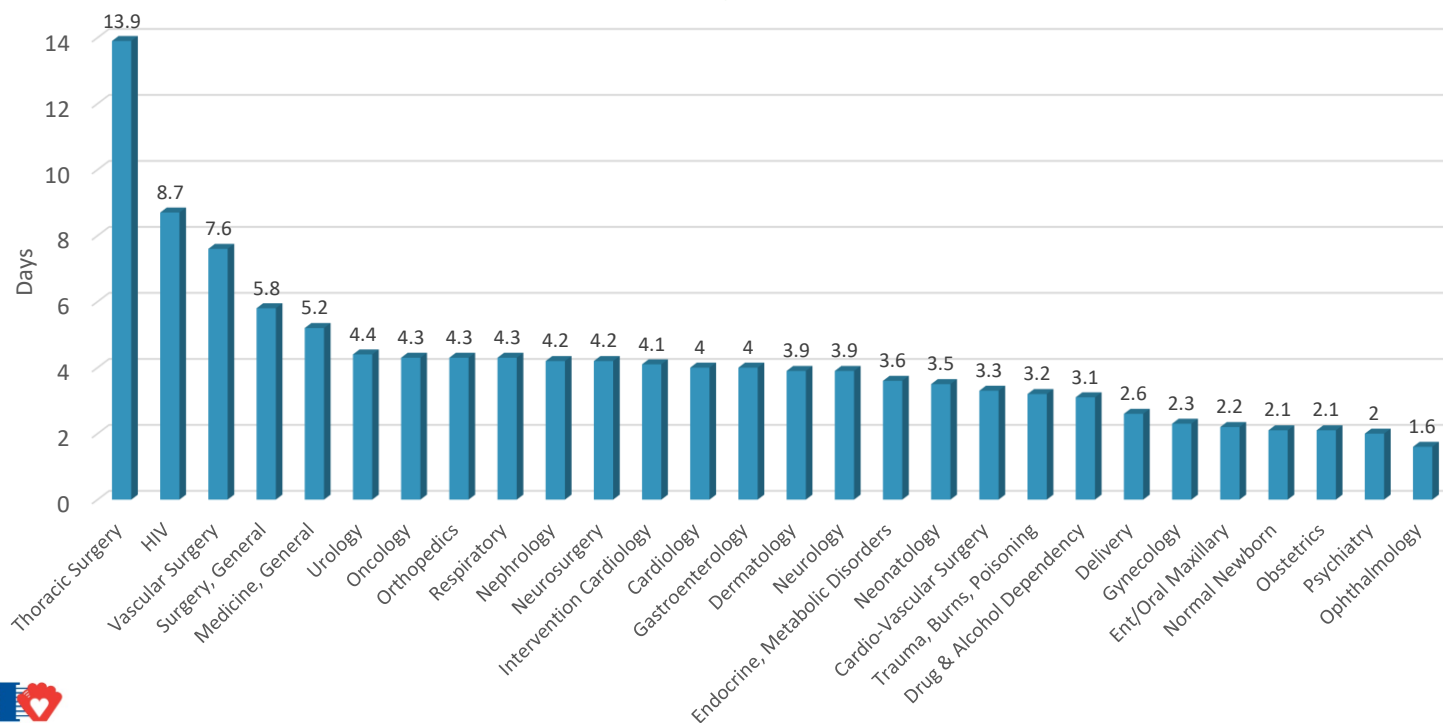
Source: Broward Regional Health Planning Council, Health Data Warehouse

DRGs Discharges vs. Charges by Medical Service, Memorial Hospital Miramar, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse

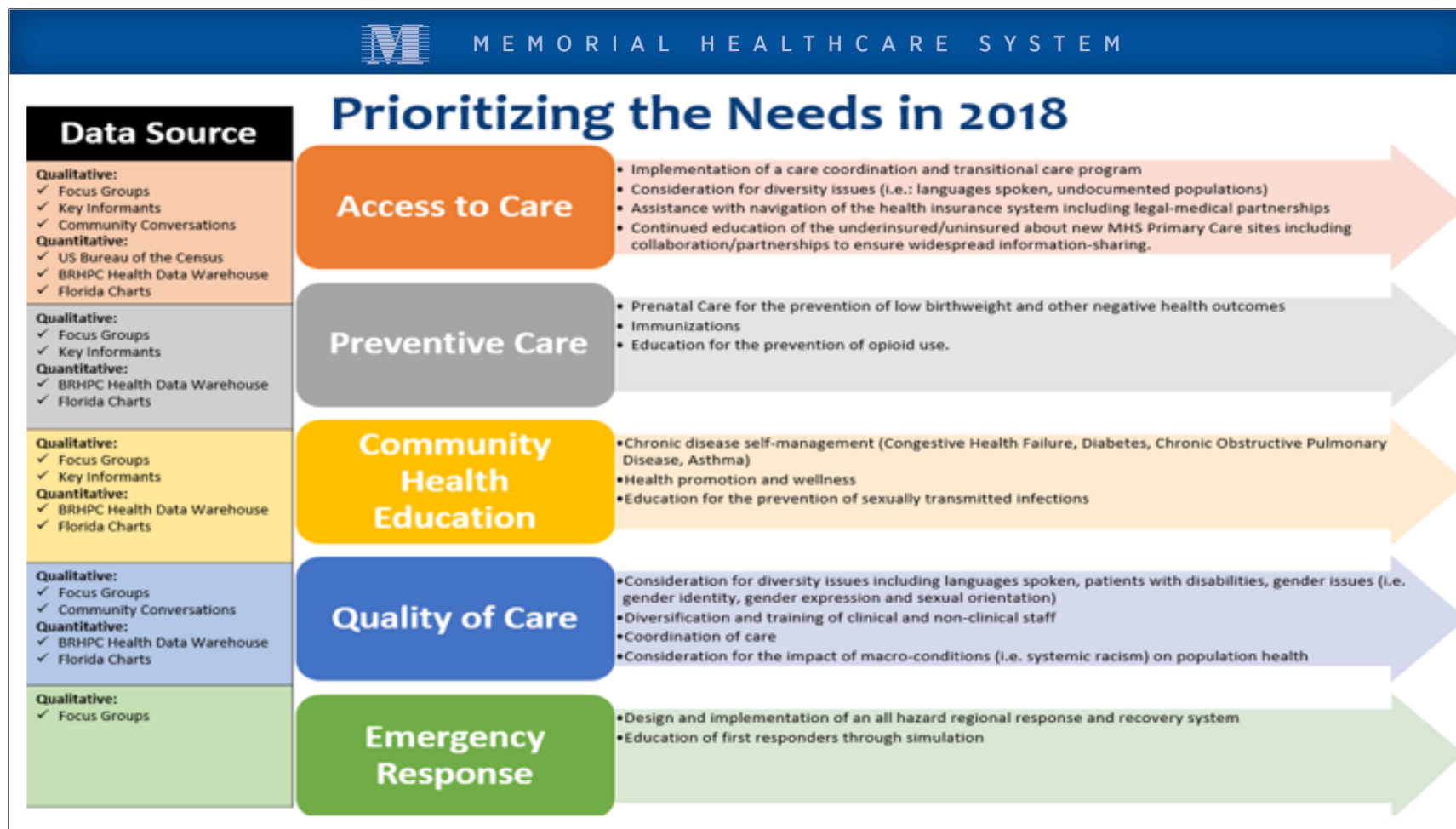
DRG, Average Length of Stay (days) by Medical Service, Memorial Hospital Miramar, 2019



Source: Broward Regional Health Planning Council, Health Data Warehouse



Community Health Needs Assessment
Implementation Strategy
2019 -2021
Update





Priority #1-Access to Care

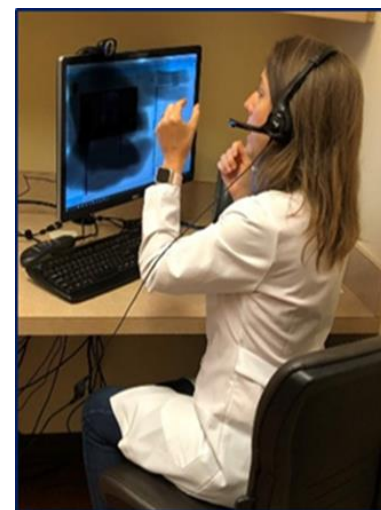
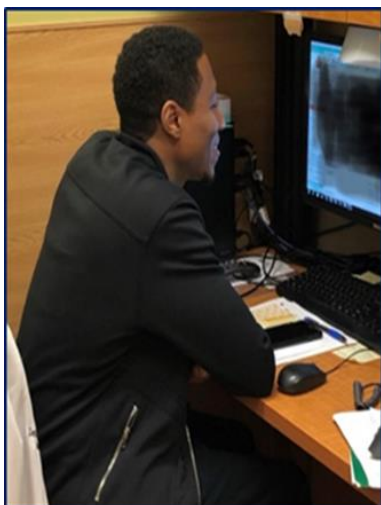
Goal: Improve access to affordable healthcare

- **Implementation of care coordination and transitional care program**
- **Assistance with navigation and education of health insurance process**
- **Continued education for the uninsured/underinsured patients about the expanded MHS primary care**



MEMORIAL HEALTHCARE SYSTEM


Care Coordination/Transition of Care





Community Lecture Series

FREE Virtual Lecture
Coffee with the Doc




**Friday,
January 8**
8:30am – 9:30am

[Click here to join lecture](#)

Normal changes of aging and problems that may occur.

Grab your cup of coffee or morning beverage of choice and join us for an informative presentation on aging and the issues that may come with it. Dr. Coradin will discuss general changes in our heart, skin, and hearing. You will also learn about common conditions of older adults affecting areas such as urinary and bowel functions, mobility and mental health.

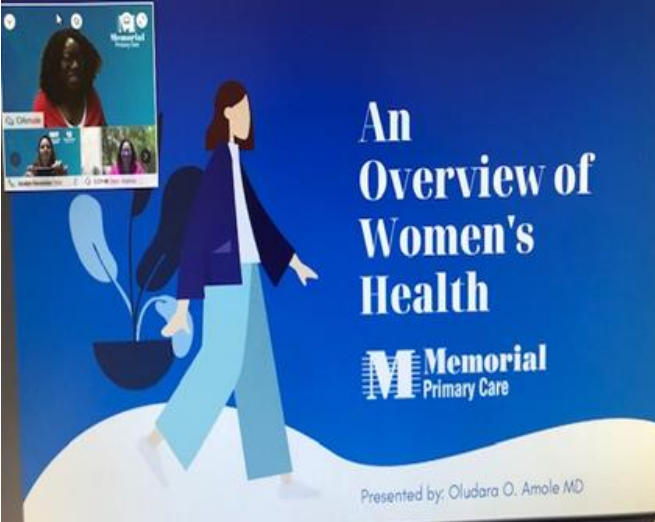



David Coradin, MD

Dr. Coradin is an internal medicine physician and geriatric specialist at Memorial Primary Care.

There will be time to interact with Dr. Coradin and have your questions answered.

JOIN VIA ZOOM:
<https://us02web.zoom.us/j/87321692476>



**An
Overview of
Women's
Health**

**Memorial
Primary Care**

Presented by: Oludara O. Amole MD



Priority #2-Preventative Care

Goal: Improve access to preventative care

- **Prenatal care for the prevention of low birthweight babies**
- **Continue to address low immunization rates for children & adults**
- **Education for the prevention of opioid misuse**
- **Preventative Screening**



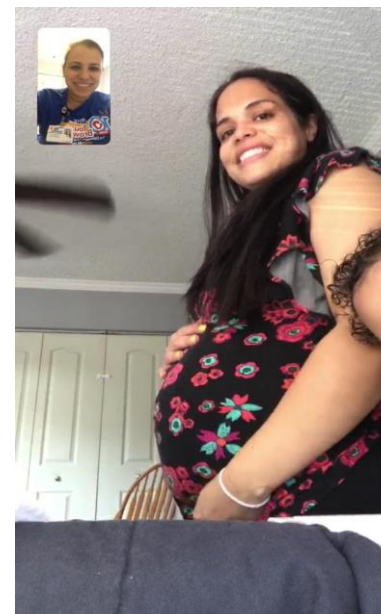
Mother-baby exercise





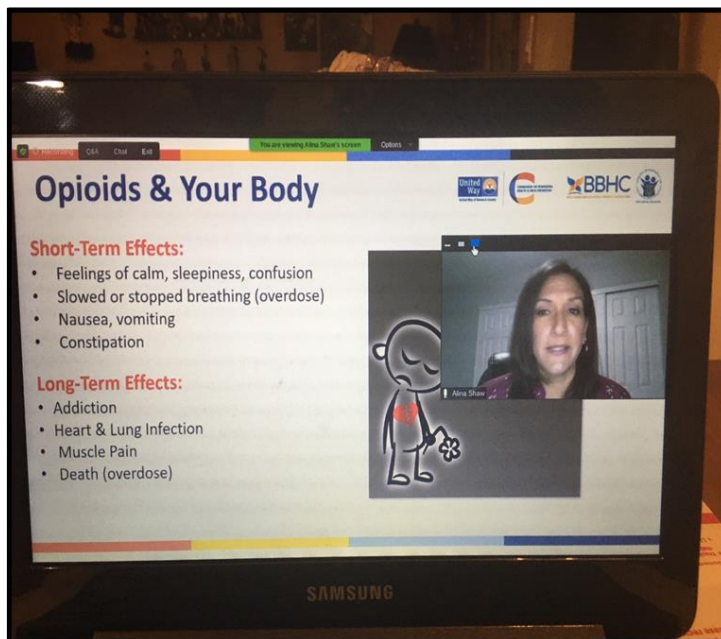
MEMORIAL HEALTHCARE SYSTEM

Reaching new moms and families remotely





Opioid





Immunizations





Priority#3-Community Health Education

Goal: Promote wellness through patient education

- **Chronic disease self-management for ALICE households (LivWell)**
- **Mental health promotion and wellness activities**
- **Telehealth for behavioral health**
- **Education for the prevention of sexually transmitted infections (STI)**



MEMORIAL HEALTHCARE SYSTEM

LivWell in action !





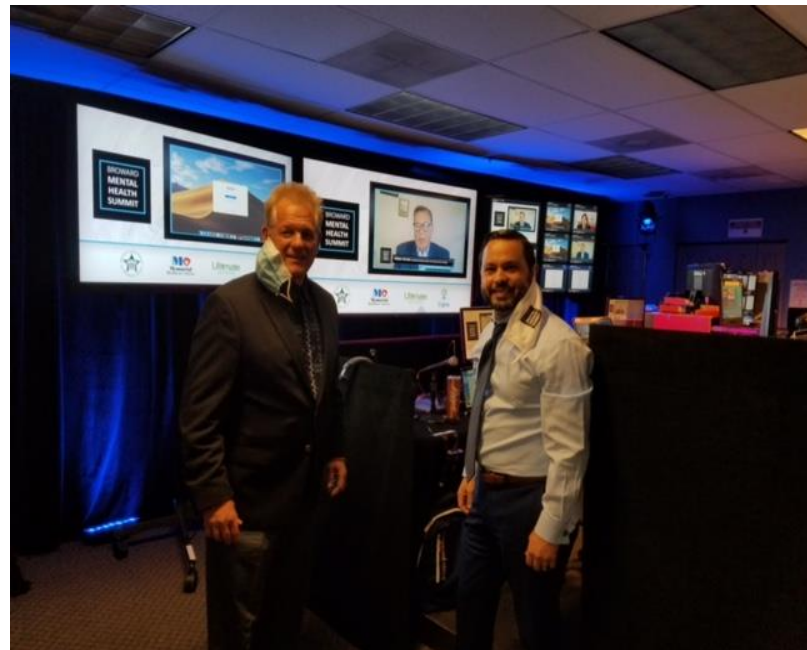
Health and Financial Literacy Workshops





MEMORIAL HEALTHCARE SYSTEM

4th Annual Mental Health Summit





MEMORIAL HEALTHCARE SYSTEM

STD/STI and Pregnancy Prevention





Telehealth for Behavioral Health



- **Increases access for managing comorbid conditions**
- **Increases efficiency and adherence to treatment plans**
- **No cost for Annual Wellness Visits**
- **Behavioral Health evaluation and linkage**
- **Health Coaching**
- **Chronic Disease Management**
- **Medication Reconciliation**
- **Advanced Care Planning**
- **Referrals**
- **Reduce Inappropriate Hospital Utilization**
- **Improves Continuity of Care and Shared Decision Making**
- **Improves Quality Outcomes**



MEMORIAL HEALTHCARE SYSTEM

The Best Cancer Screening is the One That Gets Done!



COLORECTAL CANCER SCREENING

To view an important message and a step-by-step video on how to complete this test, use the link below, or scan the code with your cell phone camera.

<https://youtu.be/V7IfaKf48L8>



Your doctor's office will contact you with your results.
For questions call 954-276-5600 or use [MyChart](#) to send us a message.





Priority #4 -Quality of Care

Goal: Improve the quality of care for all patients

- **Consideration for diversity (Gender identity, expression, and sexual orientation, LGBTQ)**
- **Diversification training for staff**
- **Care Coordination (Home Telehealth)**
- **Social determinants of health (Population health)**



MEMORIAL HEALTHCARE SYSTEM



Misty Eyez *she/her/hers*
Director of Women's Services, Transgender
Services & Training/Education Services
2312 Wilton Dr - Wilton Manors, FL 33305
(954) 764-5150 Ext. 126
mistyeyez@sunserve.org | sunserve.org/women
"Why fit in when you were born to stand out?" - Dr Seuss





Social Determinants of Health



Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Healthcare System
<ul style="list-style-type: none"> • Employment • Income • Expenses • Debt • Medical Bills • Support 	<ul style="list-style-type: none"> • Housing • Transportation • Safety • Parks • Playgrounds • Walkability 	<ul style="list-style-type: none"> • Literacy • Language • Early Childhood education • Vocational training • Higher Education 	<ul style="list-style-type: none"> • Hunger • Access to Healthy Options 	<ul style="list-style-type: none"> • Social Integration • Support Systems • Community engagement • Discrimination 	<ul style="list-style-type: none"> • Health coverage • Provider Availability • Provider Linguistic and cultural competence • Quality of Care • Coordination of care

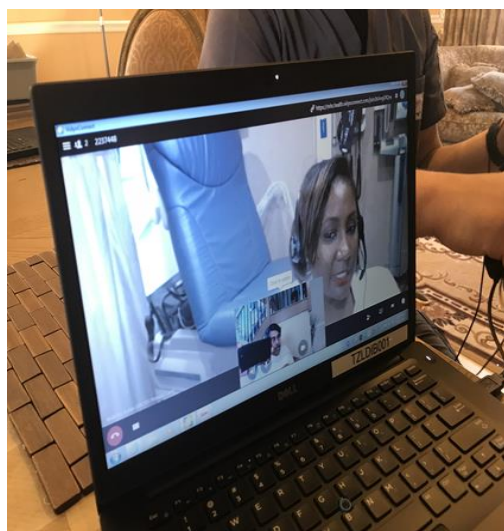




MEMORIAL HEALTHCARE SYSTEM

Home Telehealth

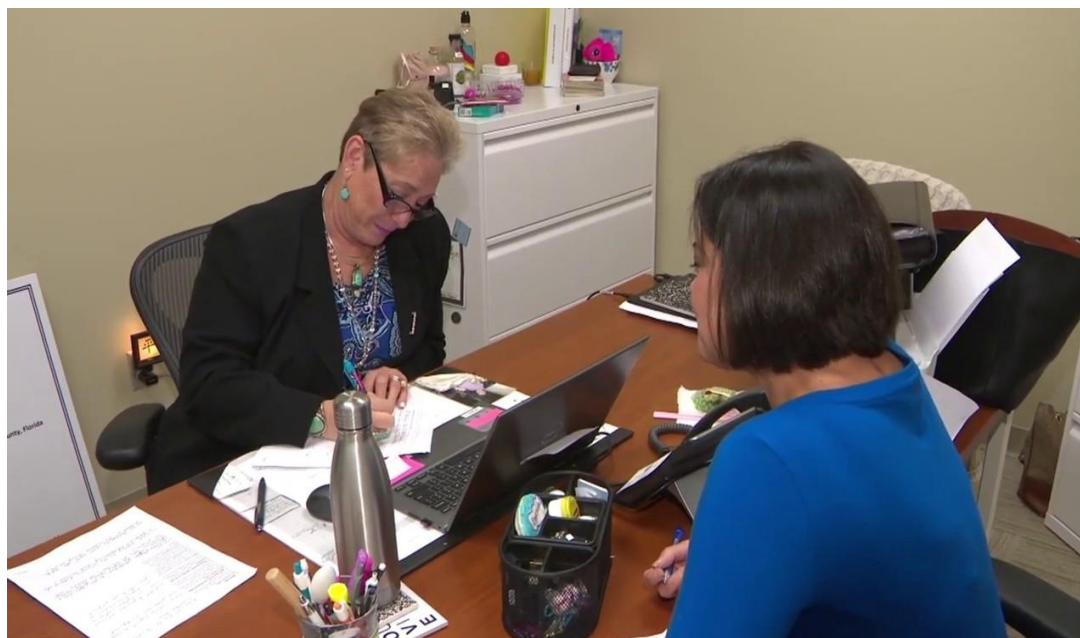
Diagnostic Outpatient Care (DOC) in A Box Program





MEMORIAL HEALTHCARE SYSTEM

Expert Legal Assistance





Priority #5 -Emergency Response Tactics

***Goal: To serve as a leader in emergency response
(including education of response personnel)***

- **Design the All Hazard Regional Response Recovery System**
- **Educate emergency response personnel through the use of simulation**
- **Partnership with County and State Agencies**



MEMORIAL HEALTHCARE SYSTEM

Emergency Response - COVID 19





MEMORIAL HEALTHCARE SYSTEM



STRONGER
together



CHNA 2022-2024



What is it:

- Dynamic Process involving Multi Sectors of the Community
- Draws upon Qualitative and Quantitative Population Health Status Data
- Identifies unmet community needs to improve health of vulnerable populations
- Enables community-wide establishment of health priorities

Why do a Needs Assessment:

- ACA-Section 501(r)(3) Requirement every 3 Years
- Joint Commission Standards – (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)

Data Sources:

- **Qualitative:** (Focus Groups, Key Informants, Community Conversations, Advisory Council)
- **Quantitative:** (US Bureau of the Census, BRHPC Health Data Warehouse, Florida Charts,

Discussion



2021 - 2024
Community Health Needs Assessment

For More Information

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President and CEO



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Hollywood, FL 33020
(954) 561 - 9681



Presentation 6: Qualitative Data Presentation

Focus Groups & Key Informant survey, MHS CHNA Data Overview – Summary of Prior Meetings, Stakeholder Discussion – Prioritization

Qualitative Data: Focus Groups and Key Informant Surveys

As part of the qualitative data collection component of the MHS Community Health Needs Assessment, four community focus groups and four provider focus groups were conducted virtually. Each focus group lasted approximately 30 minutes and included members of the local community and primary service area of MHS. The conversations were audio taped, transcribed, and deidentified to ensure that participants names would not be associated with responses given. Themes and negative/positive attributes were used to organize the responses by behavioral or knowledge-oriented domains. The specific dates and community/provider groups for the focus groups are found below in the presentation materials.

Key themes that emerged from the community focus groups included numerous healthcare access challenges, particularly for the uninsured, and gathering documentation to obtain health insurance through safety net programs. The provider focus groups echoed these challenges, and also emphasized the particular strain brought about by COVID-19 including for expanded telehealth visits and timely preventative care.

Key Informants were surveyed to provide additional perspectives and qualitative data. Of the twelve individuals that were selected by MHS to be asked to complete an interview survey, 5 successfully completed all survey questions. Themes that emerged from across the key informant surveys include:

- An ideal health system in 5 years would have a more grassroots focus and be able to reach more patients where they are in the community.
- Increasing trends in task-shifting, telehealth and telemedicine options, including for SAMH and vulnerable populations.
- That health agency's roles primarily consist of being agents of change, assisting implementation and facilitating transitions.
- Long term impacts of COVID will be key for years to come, not only for affected patients but for confidence in the healthcare system as a whole.
- Effects of decreased utilization of preventative care due to COVID will take many years to fully manifest (cancer, SAMH).

Stakeholder Discussion – Community Health Prioritization Plan

A stakeholder discussion was held with all MHS CHNA task force members after a review of summary data from all prior meetings. The discussion took place for one hour during which priorities were suggested for MHS's consideration towards the implementation over the next three years. A summary of these prioritization notes is contained at the end of the presentation materials, below.

Presentation 6 Slides: Qualitative Data, CHNA Overview, and Prioritization Setting



**Memorial
Healthcare System**

2021 - 2024
Community Health Needs Assessment

Prepared By:



BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS



**Memorial
Healthcare System**

1

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Draft Agenda



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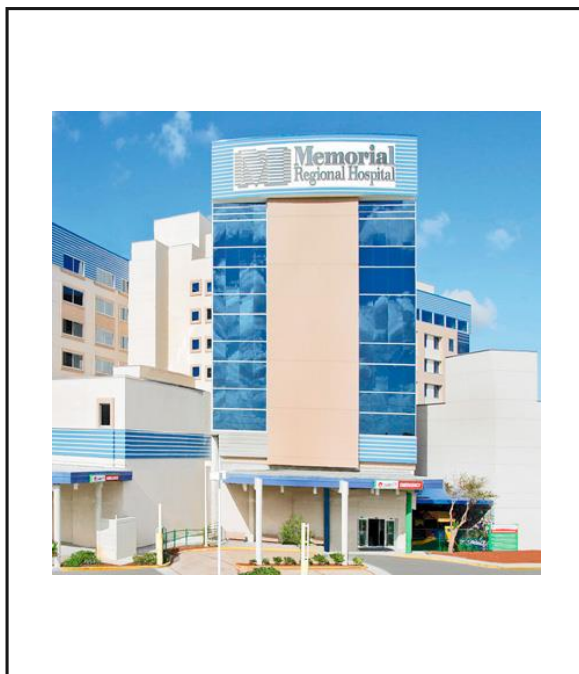
MHS Qualitative Data Combined Data Wrap-up & Prioritization

Qualitative Data Presentation
Focus Groups & Key Informant survey

MHS CHNA Data Overview – Summary of Prior Meetings

Stakeholder Discussion – Prioritization

MHS Qualitative Data - Focus Groups - Key Informant Surveys



2021 - 2024
Community Health Needs Assessment

Methodology

Community Focus Groups

- Four community focus groups were conducted virtually
- Each group lasted approximately 30 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	# of Participants
3/16/21	Hepburn Center (HC)	7
3/23/21	Broward Outreach Center (BOC)	20
4/2/21	Hispanic Unity (HU)	7
4/5/21	CIED.HIV	7

Target Audience							
Agency	Homeless individuals	Low income adults & seniors	Parents	Uninsured/ underinsured	Minority	Spanish Speakers	Haitian Creole Speakers
HC		✓	✓	✓	✓	✓	
BOC	✓	✓		✓	✓		
HU		✓	✓	✓	✓	✓	✓
CIED.HIV		✓	✓	✓	✓	✓	✓



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
- Having to reschedule appointments due to lack of documentation is a barrier to accessing timely care – for e.g. acute symptoms partially resolving before an appointment

Reported Areas of Satisfaction:

- Health Insurance access facilitates access to care
- Coverage through employer v. exchange – variability and choice important
- Medicaid/Medicare coverage satisfaction when available for needed services
- Walk-in clinics*
- Mobile and telehealth clinics



(Recurring themes denoted with an asterisk*)

Community - Barriers to Accessing Healthcare

Coverage

- Lack of health insurance coverage*
- Process to apply is time consuming, requires annual reevaluation due to changing plans
- Challenges enrolling and providing documentation due to COVID – limited office hours, phone access limited

Affordability

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

Knowledge

- Lack of knowledge regarding services, eligibility, and navigation*

Access to Care

- Shortage of specialists; less diversity among specialists (building trusted relationships)*
- Limited transportation access when seeking care, (apart from costs); barrier increased due to COVID
- Immigration status: Undocumented or must be a resident for 5 years*
- Eligibility criteria is rigorous, particularly for low SES, homeless, and other vulnerable populations

Discrimination

- Based on race, language, age, housing, residency, and socioeconomic status

Communication

- Information not consistent from one resource to another – conflicting guidance on managing prior authorizations
- Limited time spent with the doctor to allow for questions – availability for follow-up questions



Community - Quality of Care

Reported Areas of Need and Concern:

- Some members described wanting longer doctor visits than were possible
- Referral process challenging due to payer resistance – exacerbated by COVID
- Long wait times for an appointment leading to more medical needs (3-6 months)*
- Delayed preventative care due to COVID concerns (screenings, checkups)
- Lack of understanding of impact of mental health on physical health, new mothers
- Vulnerable populations with special needs: homeless, undocumented, behavioral health

Reported Areas of Satisfaction:

- Very satisfied with MHS*
- Excellent care*
- Very satisfied with MHS specialty services and ED availability
- Parents report satisfaction with access to care after business hours* (phone calls, etc.)



Community - Description of Treatment

Reported Areas of Need or Concern:

- Medical staff lacks understanding of cultural sensitivities, constraints
- Some respondents reported looking for a doctor that is relatable*
- Insurance and scheduling is the main driver for care beyond patient need
- Concerns delaying ED visits, hesitation due to COVID

Reported Areas of Satisfaction:

- Excellent care when able to be accessed
- Enjoy the personal touch of being known by physicians, medical team*
- Appreciated providers taking extra time to explain treatments/care provided

Impact of Health Insurance on Healthcare

Reported Areas of Need and Concern:

- Lack of health insurance impacts access to care*
- Choosing between paying for care or paying for basic needs (food/shelter)*
- Complex insurance system became even more complex after COVID started
- Restricted choice of primary/specialists that accept insurance*
- Hesitancy in seeking services/delaying care due to fear of contracting COVID
- Past due bills, transparency, (OOP v. deductible v. coinsurance challenges)

Reported Areas of Satisfaction:

- Health insurance covered services received high satisfaction remarks*
- Ability to have multiple prescription refills helpful given COVID
- Flexibility with scheduling and follow-ups via phone, telehealth also helpful

Community - Suggestions to Improve the Delivery of Care

Quality of Care

- Communication between providers and patients
- Cultural sensitivity training including barriers to quality care and diverse patient experiences

Access

- Improve referral and prior authorization process – navigation and greater transparency needed*
- Improve access to preventative care across all services and specialties, disease management*
- Enhance eligibility determination with less documentation, interim qualification while processing docs.
- Increase access to alternative methods to obtain care, including telephone and telehealth visits
- Address transportation barriers including parking, public transportation, time costs of rescheduling

Cost

- Provide universal affordable health care, particularly for at-risk and vulnerable populations
- Less expensive out of pocket costs and assistance planning for out of network providers for procedures

Community Education

- Educate people about healthcare insurance coverage and available social services*
- More chronic disease management education post COVID, including for long-haulers

Cultural Competency

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



Methodology

Provider Focus Groups

- Four provider focus groups were conducted
- Each group lasted approximately 30 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	# of Participants
3/9/21	Maternal Child Health Committee	28
3/25/21	Archways	7
03/29/21	Hispanic Unity	7
04/05/21	CDTC	7

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 navigate authorizations
- Complex eligibility process made more difficult after COVID
- Challenges navigating the system, generally, including literacy
- 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 available community services
- Limited availability of alternative methods of access for substance abuse and behavioral health
- Delaying care due to fears about contracting COVID – preventative care downturn

Provider - Barriers Encountered

Resources

- Getting undocumented patients connected to resources and funding*
- Navigating coverage networks, particularly for specialty services
- Lack of stable housing options for client*
- Long wait periods, particularly for specialty care that is essential but not for acute problems (e.g. hip replacements)

Delay/Avoidance of Care

- Lack of client trust due to fear of deportation*
- Stigma associated with Substance Abuse/Mental Health, particularly for expecting mothers and postpartum

Access to Care

- Transitional care across the poverty line – Medicaid gap due to lack of state expansion
- Long wait to obtain numerous services, particularly when verifying insurance coverage
- Delayed preventative screenings and routine check-ups due to COVID

Communication

- Health literacy and knowledge gaps across all populations
- Consumers do not understand the application process*
- Language and cultural differences a major barrier to access and adherence to disease management guidelines

Coverage

- High cost for healthcare coverage when out of pocket, out of network, specialty tier medicines, etc.
- Many clients do not have employer-based coverage, often delaying care until an acute event occurs



Provider - Quality of Healthcare Clients Receive

Reported Areas of Need and Concern:

- Difficulty addressing quality gaps during COVID pandemic
- Discharge planning and patient ed. to prevent recidivism*
- Lack of early intervention in prenatal period for new mothers
- Increased pressure on physicians due to high volume
- Race/implicit bias impacts quality of care*
- Transportation costs and access present barrier

Reported Areas of Satisfaction:

- Provider perseverance despite numerous barriers*
- Improvement in COVID case rates and vaccination uptake

Provider - Perception of Treatment

Reported Areas of Need and Concern:

- Lower SES may hinder access to alternative methods, e.g. telemedicine
- Some clients report feeling rushed through visits, pushed aside
- Stigmatized → overall lack of trust of traditional doctors*
- Issues related to low knowledge, chronic disease management challenges

Reported Areas of Satisfaction:

- Positive feedback regarding patient treatment at MHS*
- Essential role of patient advocates and primary caregivers to support pts.
- Culturally sensitive staff needed to promote positive perceptions → quality

Provider - Impact of Health Insurance on Access

Affordability

- Difficulty being able to qualify for assistance programs leading to decreased access
- High out of pocket costs across the board and difficulty understanding cost types
- Transitional problems for SAMH community members from different care settings

Navigation

- Lack of education on how to use insurance*
- Type of insurance and provider networks can limit access – for e.g., specialists
- Hard to find specialists that accept safety net insurance programs

Barriers

- Immigration status*
- Lack of interim eligibility for several safety net programs
- Eligibility criteria that may vary throughout a year or become suddenly unavailable

Provider - Suggestions to Improve Delivery of Health Care Services

Staff Training

- Cultural sensitivity training specific to different at-risk vulnerable populations
- Awareness of available health services in the community for patient referrals

Access

- Greater access to low cost/no cost preventive care*
- Increase alternative methods of access including telehealth support programming
- Improve documentation gathering and verification process, interim eligibility

Education and Outreach

- Public education on navigating the health care system in multiple formats, langs.
- Culturally appropriate outreach → hire within local communities*
- Use multiple platforms to share information about resources → mixed methods



Key Informant Surveys Methodology

- 12 Key Informants (KI) were selected
- Response: 5 of the 12 key informants completed the interview
- 5-item standardized, open-ended questionnaire was developed
- Key themes were identified from responses to questionnaire

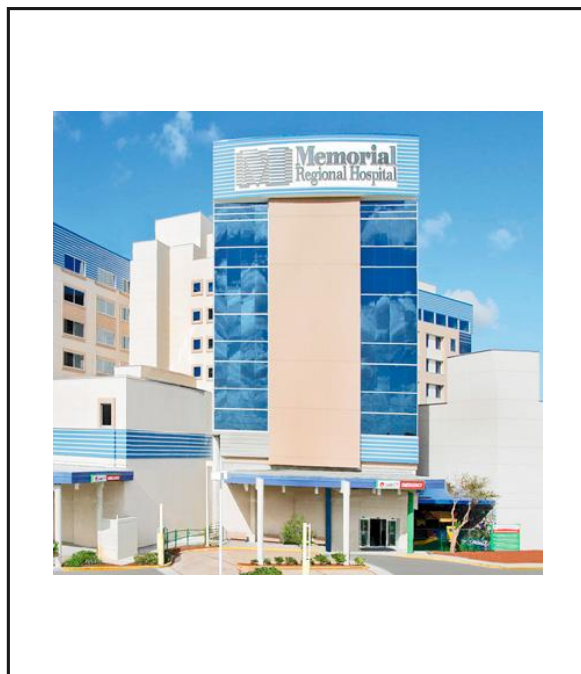
Key Informant Interview Questions

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?

Key Informant Surveys Themes

- Ideal health system in 5 years would have a more grassroots focus and be able to reach more patients where they are in the community.
- Increasing trends in task-shifting, telehealth and telemedicine options, including for SAMH and vulnerable populations
- Agency's roles primarily consist of being agents of change, assisting implementation and facilitating transitions.
- Long term impacts of COVID will be key for years to come, not only for affected patients but for confidence in the healthcare system as a whole.
- Effects of decreased utilization of preventative care due to COVID will take many years to fully manifest (cancer, SAMH).

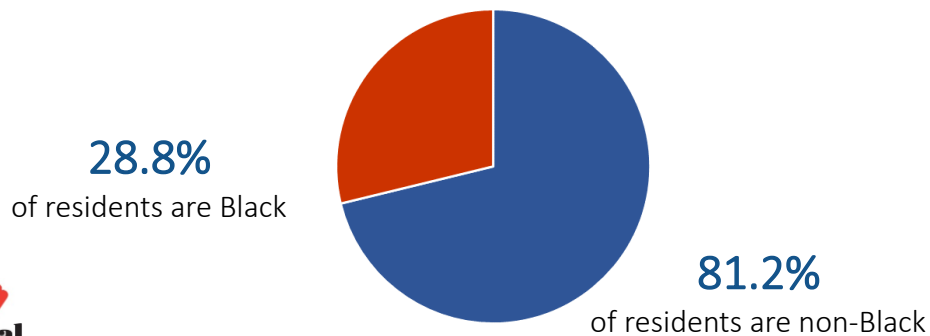




MHS CHNA Data Overview Summarizing Needs/Gaps

2021 - 2024
Community Health Needs Assessment

Demographic Overview – Broward County 2019



40 – 44 and 85 + age group had largest growth from 2018 - 2019



Demographic Overview – Broward County 2019

10.6%

Of all Broward residents have an income below the poverty line

18.4%

Families with female health of household live below the poverty line

Mean Income

\$57,333

per household

3.4%

Unemployment Rate

20.5%

Employed in education, health or social services

267,970

Students in the Broward County Public Schools

89.2%

Of adult population has a high school diploma

32.3%

Of adult population has a bachelors degree



Main Observations - County Level Quantitative Data

Social Determinants of Health

- High SVI Zip Codes cluster with high black populations, COVID-19, Diabetes, Asthma and Sickle Cell Disease.
- Concentrations between I95 and the Turnpike.

Health Insurance

- Overall uninsured rate (15.30%) is 2.1% higher than Florida and 6.1% higher than the U.S.
- Age group 19-26 has an alarming uninsured rate of 26.6% and 25-34 is 28.10%.

Health Care Resources

- Hallandale, Sunrise, Deerfield Beach and Miramar have the lowest Medically Underserved Population (MUP) scores with an average MUP score of 43 out of 62.

Maternal & Child Health

- 2-year-old immunization rates are 79.1%, below the Healthy People goal of 90%.
- Average adverse Birth Outcomes for black babies is 146%, higher than white babies.
- Low Birth Weight, Pre-Term Births, and Infant Mortality tend to cluster in high SVI Zip Codes.
- Prenatal Care for 1st and 3rd Trimesters has decreased since 2015.

Mortality & Morbidity

- Top causes of death higher than HP 2030 Goals: Heart Disease Death 95% higher, Stroke 74% higher, and Diabetes 28% higher.
- Heart Disease, Cancer and Stroke = 56% of deaths.
- Diabetes concentrates in high SVI areas, afflicting younger ages 45-64.
- Blacks die of diabetes and stroke at higher rates than whites (30% and 34% higher).
- Alzheimer's Disease deaths are 50% higher for Hispanics than whites, and the highest of all groups.

Communicable Diseases Prevalence

- Total STI rate has increased 30% since 2015.
- While HIV rates have decreased, the AIDS rate has increased 11% since 2018.

Main Observations - MHS Hospital Data

Hospital Utilization

- Licensed beds remained stable with a net 108 bed gain *since 2017*, MHW with the most gain.
- Admissions dropped across all MHS sites with a 9.95% decrease.
- Average daily census dropped across all MHS sites with Miramar the largest 15.65% decrease.
- 2019 Occupancy rates across Broward dropped 8.4%. MHS rate is 9.19% lower than all of Broward.
- 2019 Average length of stay similar between MHS and Broward County hospitals. MHS is 55.7% greater than the County overall.
- Patient days dropped across all MHS sites since 2017
- Observation *cases* increased at most MHS sites, with a 38% increase for MHW.
- Observation *hours* increased overall, as much as 70% for MHW.

Emergency Department Utilization

- ED visits slightly down (1.2%) across the County since 2017. But admissions 11.45% down.
- MHW has *greatest percent* of admissions across MHS for all years 2017-2019, while Memorial Hospital South had the *lowest percent* of admissions.

Chronic Disease Hospitalization

- Across MHS: hospitalizations steady or down, but charges increased for diabetes and CHF.
- MHW appears to have the highest charges for diabetes and CHF, rest is steady or down.
- MHS AIDS Hospitalizations greatest for black patients (60%). Black and Hispanic combined cases and percent hospitalizations greater than whites for Asthma, Diabetes, and Hypertension.
- Females consistently account for most hospitalizations for Asthma and Hypertension.

Self-Inflicted Injuries

- Broward suicides increased 11% overall since 2017, although falling 7% since 2018.
- Suicides increased in 2019 for age groups 45-55 and 55-64



Avoidable ED Visits -

- Costs for Avoidable ED visits remained stable across 2017-2019.
- Native American and Asian/Pacific Island Populations tend to make up a higher proportion of avoidable ED EM cases for Em Non-Prev cases.
- Avoidable ED Charges for High Severity cases increased 73% for Memorial Regional from 2018-2019.

Preventable Quality Indicators-

- COPD (PQI 5), Bacterial pneumonia (PQI 11) and UTI preventable (PQI 12) cases have notably decreased from 2017 to 2019. Other PQIs are stable or slightly decreased.
- Across MHS, Black and Hispanic populations make up the majority of PQIs for diabetes, hypertension, CHF, UTI, and Asthma.
- Males make up most of the cases for Diabetes PQI 3 and PQI 16, while females make up most of the asthma and UTIs.

Stakeholder Discussion Prioritization



2021 - 2024
Community Health Needs Assessment



Discussion



2021 - 2024
Community Health Needs Assessment

For More Information

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