



2018

Community Health Needs Assessment

Prepared By:

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

Approved by HCH Board of Directors on April 29, 2019





Holy Cross Hospital, a private Catholic, non-profit community hospital opened in 1955 to serve the sick and injured without regard to race, religion or nationality. Originally owned and sponsored by the Diocese of St. Augustine, Holy Cross went on to be sponsored by the Sisters of Mercy for decades. The hospital is now sponsored by Catholic Health Ministries. Holy Cross Hospital is an award-winning, leading edge, full-service acute care hospital, four urgent care centers, 54 Holy Cross owned medical group practices and 115 physician partner practices all operating in the spirit of the Sisters of Mercy. Holy Cross is also part of a Super Clinically Integrated Network inclusive of over 1,600 providers. Holy Cross contains one of the greatest concentrations of medical talent in South Florida. Its medical staff consists of more than 600 highly skilled physicians representing nearly every specialty in medicine. Their skills attract patients from around South Florida, across the United States and around the globe. Since opening its doors, Holy Cross has grown to keep pace with the needs of the community it serves. The Hospital's rapid growth has allowed advancements with dramatic improvements achieved in healthcare. Patient capacity has increased from 100 patients in 1955 to the 557 patients (inpatient) it is licensed to serve today. Over the years, there has been and will continue to be many exciting changes and opportunities at Holy Cross. Well into the future, Holy Cross is dedicated to maximizing the opportunities that are presented to its medical professionals and staff. The physical appearance and size of Holy Cross may continue to change, but the purpose and character of the institution remain constant: the establishment, maintenance and operation of a modern Catholic community hospital and scientific institution devoted to healing.

Our Mission: We, Holy Cross Hospital and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Vision: As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Our Core Values: As a faith-based healthcare ministry, it is vitally important that we meet both our challenges and opportunities in the context of-and in accordance with our "Core Values." These are:

Reverence - We honor the sacredness and dignity of every person.

Justice - We foster right relationships to promote the common good, including sustainability of Earth.

Commitment to those who are Poor - We stand with and serve those who are poor, especially those most vulnerable.

Stewardship - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity - We are faithful to who we say we are.

FACILITIES and SERVICES

Holy Cross Hospital is an award-winning, leading edge, full-service acute care hospital and four urgent care centers operating in the spirit of the Sisters of Mercy.

SENIOR LEADERSHIP

Patrick Taylor, MD, MBA
President & Chief Executive Officer

Luisa Gutman, MSIS
Senior Vice President & Chief Operating Officer

Mark R. Dissette, MBA
Senior Vice President & Administrator, HealthPlex

Mark Bivins, MD
Chief Medical Officer, Holy Cross Hospital & Holy Cross Group

Sr. Rita Levasseur, RSM
Vice President, Mission Integration

Taren Ruggiero, MSN, RN
Vice President & Chief Nursing Officer

Ronald C. Brandenburg, II
Vice President & Chief Financial Officer

Scott R. Ford, MA, CFRE
Vice President, Development & Marketing

- **Comprehensive Bariatric Services:** Holy Cross Hospital's Comprehensive Bariatric Services offer many different options and is the leader in obesity surgery, gastric bypass surgery and weight-loss surgery in South Florida. Surgeons have performed weight-loss surgery on more than 5,000 patients, helping them to lose more than 660,000 pounds combined.
- **Doreen Koenig Blessed Beginnings Maternity Unit:** For nearly 60 years, Holy Cross Hospital has been one of the best places in Broward County to give birth. Parenting Center also offers Childbirth Education, Breastfeeding Basics classes, Infant CPR / Safety classes and a breastfeeding support group.
- **Dorothy Mangurian Comprehensive Women's Center:** The center offers services in family medicine / women's health, rheumatology, endocrinology and perinatology. We also offer women's imaging services, an osteoporosis program and pelvic floor and women's health rehabilitation services (urinary urgency/frequency; urinary incontinence; pelvic floor prolapse; bowel incontinence; constipation related to muscle dysfunction; pelvic pain; pain/problems during or after pregnancy; osteoporosis and osteopenia).
- **Harry T. Mangurian, Jr. Diagnostic Imaging Center:** Comprehensive services include the ability to instantly deliver electronic images to your physician's office for immediate, secure review, followed by detailed results reporting from a Board-Certified radiologist.
- **HealthPlex:** State-of-the-art technology and convenient outpatient services, including same-day surgery, diagnostic imaging, wound care and hyperbaric oxygen therapy, laboratory testing.
- **Jim Moran Heart & Vascular Center:** Cardiologists can diagnose and treat virtually any heart condition, from standard catheter-based techniques to minimally invasive surgery to the most complex cardiac cases.
- **Jim Moran Heart & Vascular Research Institute:** A cardiovascular research center specializing in cutting-edge clinical trials for the diagnosis and treatment of heart, coronary artery and vascular disease.
- **Michael and Dianne Bienes Comprehensive Cancer Center:** Disease-Specific Treatment from diagnosis to treatment to recovery.
- **Orthopedic Institute:** The Orthopedic Institute specializes in hand and upper extremity disorders, foot and ankle reconstruction, sports medicine injuries, joint replacement surgery, spine surgery, pain management and interventional spine procedures.
- **Outpatient Services & Centers:** Emphasis on diagnostic and outpatient surgical procedures.
- **Phil Smith Neuroscience Institute:** Patients with neurological disorders are cared for by teams of expert clinicians and specialty board-certified physicians, highly trained nurses, specialty registered technicians, experienced therapists and compassionate support staff.
- **Zachariah Family Wellness Pavilion:** An expert team of exercise physiologists assist patients in creating a customized plan to reach fitness goals.

HCH thanks all the contributors to this project. For more information or to provide feedback on this CHNA, contact:

Kim Saiswick
 Vice-President, Community Health & Well-Being
 Holy Cross Hospital
kim.saiswick@holy-cross.com

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Community Health Needs Assessment Advisory Council

Name	Agency	Population Representation										
		Youth	Seniors	LGBTQ	Medical Provider	Behavioral Health	Minority	Hunger	Funder	Homeless	Faith-Based	Uninsured/Underinsured
Christopher Gates	Broward County Public Schools	✓		✓			✓	✓				✓
Cynthia Peterson	Broward County Medical Association	✓	✓		✓							
Elizabeth Gelpi	Henderson Behavioral Health	✓	✓	✓		✓	✓			✓		✓
Fernanda Kuchkarion	Health Foundation of South Florida								✓			
Gail Adams	Broward County Public Schools	✓					✓	✓				✓
Gary Hensley	SunServe	✓	✓	✓		✓	✓			✓		✓
Germaine Smith-Baugh	Urban League	✓	✓	✓			✓	✓		✓		✓
Gregory Beltran	AIDS Healthcare Foundation	✓	✓	✓	✓		✓		✓			✓
Jackson Asheria	Florida Atlantic University	✓			✓							✓
Jill Sears	Broward County Libraries	✓	✓	✓			✓			✓		
Joey Wynn	Community Advocate	✓	✓	✓	✓		✓					✓
Lisa Agate	Aetna Wellness Division	✓	✓		✓		✓		✓			✓
Mary Macomber	Community Senior Advocate		✓					✓		✓		✓
Mary Riedel	Women In Distress	✓				✓	✓	✓		✓		✓
Melissa Blum	Humana Community				✓		✓	✓	✓			✓
Michael Bryant	Broward County Libraries	✓	✓	✓			✓					✓
Mike Johnson	Broward Sheriff's Office – Pompano Beach	✓	✓	✓			✓	✓		✓		✓
Nancy Theis	Community Foundation of Broward			✓					✓			✓
Nathaniel Knowles	Broward Sheriff's Office	✓	✓	✓			✓			✓		✓
Gwendolyn Strawbridge	Church of the Living God		✓				✓	✓		✓	✓	✓
Janice Filmore-Tigner	Church of the Living God	✓	✓				✓	✓		✓	✓	✓
Sheba Glenn	Church of the Living God		✓				✓	✓		✓	✓	✓
Pery Canan	Hope South Florida		✓			✓	✓	✓		✓	✓	✓
Renee Podolsky	Department of Health at Broward County	✓	✓		✓		✓					✓
Sandy Lozano	Light of the World Clinic	✓	✓		✓		✓					✓
Sherlie Etienne	Pantry of Broward	✓	✓					✓		✓		✓
Susan McAllister	Florida Impact	✓	✓					✓		✓		✓
Xenia McFarling	LifeNet 4 Families	✓	✓				✓	✓		✓		✓

Holy Cross Hospital

Vincenzo Averaimo	Urgent Care Centers
Sr. Rita Levasseur	Vice President Sponsorship and Mission
Vanessa Graham	Community Outreach
Terry Pickett	Cancer Center
Joan Punch	Home Health
Kim Saiswick	Community Outreach
Ann-Marie Serrano	Emergency Department
Vincenzo Averaimo	Urgent Care Centers

Broward Regional Health Planning Council

Michael De Lucca	President and CEO
Regine Kanzki	Division Director
Shira Fowlkes	Data Analyst

Community Health Needs Assessment Advisory Council Meeting Dates

Meeting Dates	Agenda
May 15, 2018	<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. HCH 2015 CHNA Follow-Up/Community Services Presentation 3. Broward County Quantitative Data Presentation (Part I) 4. Identify Needs & Gaps
June 19, 2018	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps
July 17, 2018	<ol style="list-style-type: none"> 1. HCH Quantitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps
August 6, 2018	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps
August 28, 2018	<ol style="list-style-type: none"> 1. Prioritization Ranking 2. Stakeholder Discussion 3. Identify Needs & Gaps

See attached Meeting Agenda and Minutes in Appendix A.

Summary of Holy Cross Hospital’s 2015 Community Health Needs Assessment

During the previous Holy Cross Hospital CHNA in 2015, five community needs were identified as priorities. They included:

- Access to affordable healthcare for vulnerable populations
- Health Education and Wellness
- Homelessness/Food Insecurity/Poverty
- Mental Health
- Alcohol and Substance Abuse

Following the identification of priorities, HCH posted the CHNA report on the website with a mechanism to offer the public the opportunity to provide comments. No written comments were received.


HCH then set forth to implement an action plan that approached each priority based on HCH’s capacity to address the issue. For most of the priorities, HCH added programming, facilitated training or held events such as a Back-to-School immunization event and a free foot care clinic event.

Programs and Events Resulting from Identified Priorities:

- Implementing a community healthcare coordination program (access to affordable healthcare for vulnerable populations)
- Trans Care Conference to gain insight on how to cater to the needs of the trans community (Health education and wellness)
- Free foot care clinic for the homeless (Homelessness/Food Insecurity/Poverty)
- Community Mental Health program host (mental health)
- Host for a Naloxone training provided by Broward Behavioral Health, United Way and the Department of Children and Families (Alcohol and Substance Abuse)



For those priorities they were not able to directly address, they engaged community partners, coalitions and committees to provide support or act as a facilitator when needed. As was the case when they hosted a training on treating opioid overdoses with naloxone in cooperation with United Way, Broward Behavioral Health Coalition and the Department of Children and Families.



EARN A CERTIFICATE OF TRAINING IN ADULT MALNUTRITION

With Adult Nutrition Health Institute (ANHI) Certificate of Training, you'll earn Continuing Education (CE) credits as you become an expert in a variety of topics (18 Continuing Education per class). This training program consists of 7 courses with 18 training CE Credits. After you successfully complete the required credits here and the online portion, ANHI will award you a Certificate of Training in that content area.

Class Dates:


March 15th	1:00pm - 3:00pm	Internal Child Health Classroom / 2nd Floor
March 27th	1:00pm - 3:00pm	Multi-purpose Room / 2nd Floor Jim Moran Cardiovascular Center
April 15th	1:00pm - 3:00pm	Multi-purpose Room
April 22nd	1:00pm - 3:00pm	Multi-purpose Room
May 8th	1:00pm - 3:00pm	Multi-purpose Room
May 22nd	1:00pm - 3:00pm	Multi-purpose Room
June 8th	1:00pm - 3:00pm	Multi-purpose Room

Class Topics:

- Critical Main Role of Muscle and Nutrition Assessment in Strengthening Patient Outcomes
- Using Outcome Data to Advocate for the Nutrition Care Process
- The Magic of Nutrition Collaborative Strategies to Improve Outcomes
- Improving Patient Outcomes: Effectively Managing Medication Risk After Discharge
- Patient Simulation: Putting Nutrition Screening, Assessment, Diagnosis, and Intervention into Practice
- Finding Patient or Nutritional Risk in Case-Based Scenarios
- Your Collaborative Role in Reducing Readmissions

RSVP to Community Outreach:
Kristen Schroeder, BSN-RN, CHES, CDE | 954-771-2381

Note: This is not a certification program and doesn't result in a professional designation or credential.



Community Prioritized Area: Access to Affordable Healthcare

Method of Evaluation

- 2016 County Health Rankings & Roadmaps reported that Broward County's uninsured was 26% of adults (18-64)
- 2018 County Health Rankings & Roadmaps reported that Broward County's uninsured after 3-years of ACA enrollment, saw a 9% decline in the number of uninsured adults: 17% of adults (18-64) remained uninsured

Strategic Priority: Partner with ACA Enrollment grantees to increase the number of insured in Broward County

Priority Populations: Uninsured adults and families

Community Partners:

- Enroll America
- Broward Regional Health Planning Council
- Advanced Patient Advocacy Services
- Epilepsy Foundation
- Broward County Community & Family Health Centers and Care Resource Center / FQHCs
- Light of the World and Living Waters / Volunteer Clinics

Lack of Access: Each year 2016-2018, Holy Cross Hospital's Community Outreach Department provided outreach and education to the uninsured community and thereby:

- Increased awareness of ACA enrollment via a print, web, and in-person education campaign
- During the enrollment periods, hosted & co-hosted (2) Enrollment events each year reaching more than 150 individuals at each event
- Educated individuals 1:1 on ACA enrollment options at health fairs, community events, within the hospital, and Faith Community nurses
- During each enrollment period, Holy Cross and the Family Life Center served as an enrollment partner site and hosted navigators on site to assist anyone interested in ACA enrollment
- Engaged in local advocacy to encourage annual continuation of ACA navigation and enrollment funding and participation

Unhealthy Behaviors: In educating the community about ACA, it was identified that many individuals were unaware of their eligibility to apply and/or their knowledge of tax credits.

Another barrier identified was that once individuals received their new insurance, many were unsure of how to appropriately use their new benefits (i.e. wellness checkups). In response, additional community-based education was provided and a small community grant was leveraged for the community's enrollment partner to provide this education post enrollment period to newly insured individuals.

Health Inequities Community Outreach ensured that:

- ACA information was distributed in the community was multi-lingual
- Partner Enrollment navigators on-site at Holy Cross Hospital and the Family Life Center were multi-lingual (Spanish, Creole, and English)

*Of note: As of this date, Florida remains a non-expansion Medicaid state.

Community Prioritized Area: Health Education and Wellness

Method of Evaluation

- 2016 County Health Rankings & Roadmaps reported that Broward County's Mammography Screening rate: 62%
- 2018 County Health Rankings & Roadmaps reported that Broward County's Mammography Screening rate: 63%

Strategic Priority Areas: Breast cancer screening and education

Priority Populations: According to the National Cancer Institute, white, non-Hispanic women have the highest overall incidence rate for breast cancer among U.S. racial/ethnic groups. Identified populations to be reached: underserved, vulnerable, and undocumented adults and families, especially minorities.

Community Partners

- Florida Department of Health, Broward County / Breast and Cervical
- Cervical Cancer Initiative
- Holy Cross Medical Group
- Holy Cross Imaging Center
- Community Medical providers including: FQHCs, Volunteer clinics, and private practitioners
- Churches

Lack of Access: Community Outreach responded to the need to increase access to screening mammograms and diagnostic services with the intent of decreasing late stage diagnosis and death, especially in minority populations by:

- The HCH Community Outreach Partners in Breast Health program provided access to any Broward resident (at least 6months) who is at or below 250% Federal poverty level and meets screening guidelines or indicates clinical need. Program includes: screening, mammogram; U/S, diagnostics, navigation and linkage into care.
- Between 2016-2018, Holy Cross Partners in Breast Health program provided:
 - 1,232 screening mammograms
 - 1,172 diagnostics
 - 41 diagnosis of breast cancer: 88% minority
 - 100% of diagnosed individuals were provided with linkage into treatment and care

Unhealthy Behaviors: Several factors have been found to affect the breast cancer incidence and death rates among racial and ethnic groups. Differences in certain lifestyle behaviors -- such as diet, exercise, and acceptability of smoking and alcohol use -- can impact the risk of many diseases, including breast cancer.

Health Inequity: The higher death rate from breast cancer among African-American women has been linked to the stage, or extent, of the cancer at diagnosis. Studies show that African-American women tend to seek treatment when their cancer is in a more advanced, less treatable stage. In addition, a higher percentage of African-Americans and Hispanics lack a usual source of health care, such as a primary care provider. Having a primary care provider increases the chance that a person will receive appropriate preventive care -- including routine check-ups and screenings -- that can detect disorders at an early stage.

There also are various factors that may contribute to the lower rates of routine and preventive health care among minority populations, that the Partners in Breast Health addressed including:

- Socioeconomic factors — These include income level, lack of transportation, and lack of access to health insurance or health care facilities, including screening programs.

- Language and communication barriers — These barriers can interfere with a person's ability to discuss health concerns and develop trust in a primary care physician.
- Education about or understanding of health care risks and symptoms — Women who are not aware of disease risks and symptoms are more likely to wait to seek treatment until they are in pain or their symptoms interfere with daily tasks.
- Cultural practices and expectations — Women of some cultures may turn to traditional or "folk" remedies before seeking treatment from a physician.
- Cultural and/or religious beliefs related to health and health care — Strong beliefs in healing and miracles, as well as distrust of the health care system, may keep some people from participating in routine preventive care.

Community Prioritized Area: Health Education and Wellness

Method of Evaluation

- 2016 Broward County's Health Plan: 84% of 2yo and 94.2% of kindergarteners are immunized
- 2018 County Health Rankings & Roadmaps Immunization rates climbed to 90.1% for 2yo and 94.3% of kindergarteners

Strategic Priority Areas: Children's Health: Immunization, physical exams, and screening

Priority Populations: Outreach that improves health status and access for underserved, vulnerable, and undocumented children and families.

Partners:

- CDC Vaccines for Children program
- Faith Community Nurse Program
- Holy Cross Medical Group
- Children's Services Council
- Archdiocese of Miami – Department Of Elementary Schools
- Broward County Public Schools
- Community Day Care providers

Lack of Access: Community Outreach responded to the need to increase access to childhood immunizations, physicals and screenings, especially in uninsured populations by:

- Annually, Holy Cross Hospital Community Outreach program provided up to (10) community based events each year. These events provided more than 1,000 immunizations and physicals to children.
- More than 19,000 vision, hearing, and scoliosis screenings were performed over this time period to children in the community. Children identified in need of glasses, hearing assistance devices, and or spinal correction are linked to providers within the community to attain services.
- 1,160 wellness health education classes were also provided during this time period to 59,634 students (3-schoolage) and 8,940 adult teachers in the hope of initiating positive health behaviors, educating on wellness and the importance of healthy lifestyles and physical activity.
- Unhealthy Behaviors: According to Florida Kids Count, 7.3% of children were uninsured in 2016. Lack of insurance and resources precluded many children from receiving timely health exams inclusive of vision, hearing & scoliosis screening as well as immunization.
- Health Inequity: Children in Broward County attending any child day care or school are required to be up-to-date on immunizations and have a school physical every year through kindergarten. For those children entering the state or country as a new student, they, too must comply with

immunization guidelines and are required to have a school physical. Those without insurance often are charged high costs at private physician offices for a physical or must wait in lengthy lines at a health department clinic for immunizations. Free clinics and FQHCs require much documentation of financial status (or lack thereof) and often times have long waiting lists.

Community Prioritized Area: Homelessness/Food Insecurity/Poverty

Method of Evaluation

- 2016 County Health Rankings & Roadmaps reported that 20% of children living in Broward County live in poverty.
- 2018 County Health Rankings & Roadmaps reported that 18% of children living in Broward County live in poverty.

Strategic Priority Areas: Partnership and participation in community coalitions to improve access to food, especially for lower income individuals and families

Priority Populations: Outreach that improves health status and access for underserved, vulnerable, and undocumented

Community Partners:

- South Florida Hunger Coalition (HCH is a member)
- Children's Services Council
- USDA
- The Florida Partnership to End Childhood Hunger
- Florida Impact
- Broward Meals On Wheels
- South Florida Hunger Coalition (HCH is a member)
- Sodexo Food Services
- Broward County Housing Authority
- Broward County Parks and Recreation
- Broward County Public Libraries
- United Way of Broward County

Lack of Access: Community Outreach worked to increase knowledge in the community about food sourcing programs.

- A homeless resource brochure was developed by the Homeless Coalition (which HCH is part of) which provides access points for both food and emergency shelter. Resource guides are shared throughout the community as well as all points of entry at the hospital.
- The Hunger Coalition worked to increase the USDA summer food sites in the community increasing daily access (Monday-Friday) of (1) meal and (1) snack to any child in Broward during the public schools' summer break. The results over (3) years yielded a 150% increase in the number of meals and snacks served to children from 2015.
- 2016-2018 Summer Breakspot summary
- No. sites = 72 No. kids served = 42,468 No. meals served = 491,284
- Community Outreach staff participated in the South FL Hunger Coalition and the United Way Health Advisory Committee assisting in appropriating dollars to fund the Project Lifeline program which delivers fresh produce and food items to 25 sites located in food deserts on a monthly basis.

Unhealthy Behaviors: Lack of access to food and nutrition contributes to the following unhealthy

behaviors: obesity, poor academic progress, frequent school absences

Health Inequity: To address the inequities in food access Holy Cross response included:

- The John C. Johnson grant provided by Holy Cross Hospital annually awarded between three and five agencies a total of \$25,000 each year to address food security issues with vulnerable children, families and adults
- Through combined community efforts and funding, 25 sites located in food deserts received weekly distribution of fresh food and grains
- The South Florida Hunger Coalition partnered with Food Florida and provided Summer Breakspot
- In 2018, funding provided by Holy Cross increased the monthly Mobile School Food Pantry deliveries to add 3 pop-up sites in the community. 350 families (total) were provided with fresh food and dry good items at pop up sites.

Community Prioritized Area: Homeless/Food Insecurity Poverty

Method of Evaluation

- 2016 Broward County Point in Time Homeless Count = 2,302
- 2018 Broward County Point in Time Homeless Count = 2,318

Strategic Priority Areas: Partnership and participation in community coalitions to improve access to housing for the homeless

Priority Populations: Vulnerable adults, children and families

Community Partners:

- Broward County Coalition for the Homeless
- Broward County Homeless Providers
- Broward County Government
- City of Fort Lauderdale
- Broward County Business community

Lack of Access: Each year 2016-2018, Community Outreach provided contributed time and resources to participate, advocate, and assist the community in providing for the homeless:

- Participation in the Homeless Care Continuum
- Participation on community homeless boards of directors
- As the housing market and prices continue to rise, the number of affordable housing options decreased causing severe housing problems. The Broward Business community (including Holy Cross Hospital), United Way of Broward County, Broward County government, and the City of Ft. Lauderdale are all working together to address the homeless community housing crisis. Cities have begun providing tax incentives to builders who include a percent of affordable rental units with new builds.

Unhealthy Behaviors: Lack of access to housing contributes to the following unhealthy behaviors: emergency room over-utilization; re-admissions; increased length of stay; increased exposure to health conditions; poor nutrition, etc.

Health Inequity: To address the inequities incurred by the homeless, Holy Cross's responses included:

- 2016-2018: Faith Community nurse services at designated homeless provider sites
- More than 2,000 visits annually to see a FCN for services
- 2016-2018: Annual Footcare Ministry to 630 (total) homeless individuals

Community Prioritized Area: Mental Health

Method of Evaluation

- 2016 County Health Rankings & Roadmaps reported poor mental health days for persons living in Broward County = 3.7
- 2018 County Health Rankings & Roadmaps reported poor mental health days for persons living in Broward County = 3.9

Strategic Priority Areas: Partnership and participation with behavioral health providers to increase awareness and importance of mental health

Priority Populations: Community members and professionals who serve vulnerable adults, children and families

Community Partners:

- Henderson Behavioral Health Center
- United Way of Broward County

Lack of Access: The number of mental health providers in Broward County is not proportionate to the need. Appointment scheduling and access to see a psychiatrist is not immediate and emergency rooms are often (mis)utilized. Access for those who are uninsured and undocumented is even more challenging.

- As Holy Cross Hospital does not have a behavioral health component or staffing, Community Outreach programming focused on community partnerships that would provide awareness of mental health issues and training in the community.
- Each year beginning in 2016, (2) Adult Mental Health First Aid classes were hosted at Holy Cross Hospital and supported by the Outreach Department. Partner facilitators provided the training to 97 (total) interested community members and professionals. Mental Health First Aid (MHFA) is the initial help given to a person showing symptoms of mental illness or in a mental health crisis (severe depression, psychosis, panic attack, suicidal thoughts and behaviors) until appropriate professional or other help, including peer and family support, can be engaged.
- In 2018, an additional class was provided on administering MHFA to children.

Health Inequity: Access for those who are uninsured and undocumented is even more challenging. As Holy Cross Hospital does not have a behavioral health component or staffing, Community Outreach programming focused on community partnerships that would provide awareness of mental health issues and training in the community for vulnerable adults, children, and families. Specific outreach was conducted to include providers that serve undocumented populations. In 2018, there was a rise in poor mental health days, 3.9.

* This came as no surprise in light of the severity of the Marjorie Stoneman Douglas shooting and its impact on the local community. In fact, this event further announced the need for mental health services both for those impacted as well as those individuals suffering from mental illness.

Executive Summary

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

Broward County is the second most populated county in the state and ranks high in diversity. A community-based needs assessment aids the county in identifying and addressing the specific healthcare needs and/or gaps of 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.

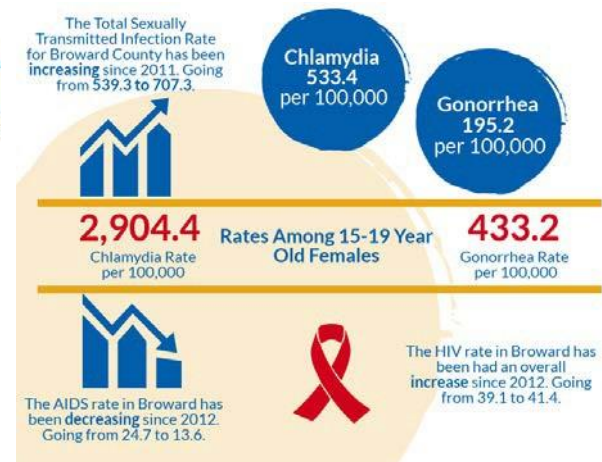
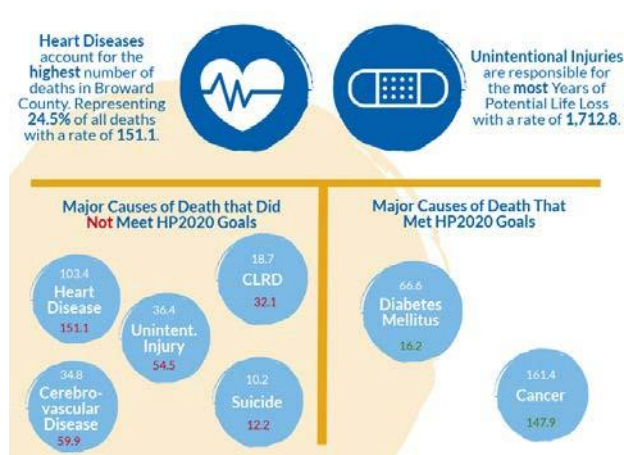
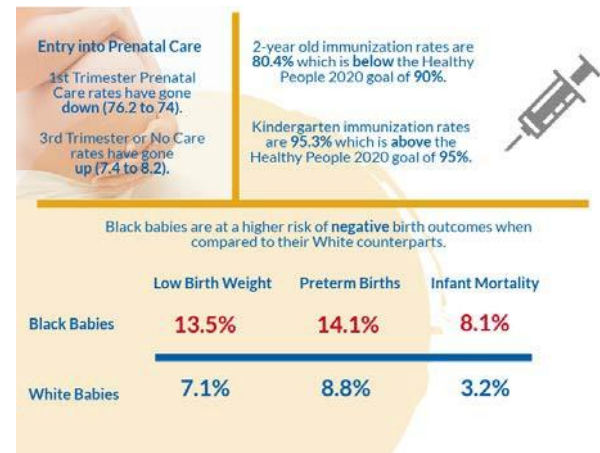
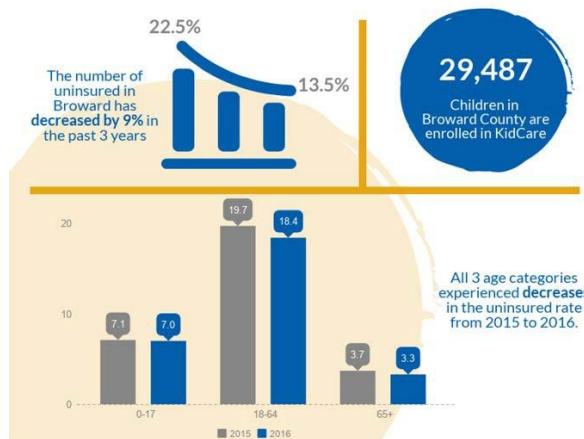
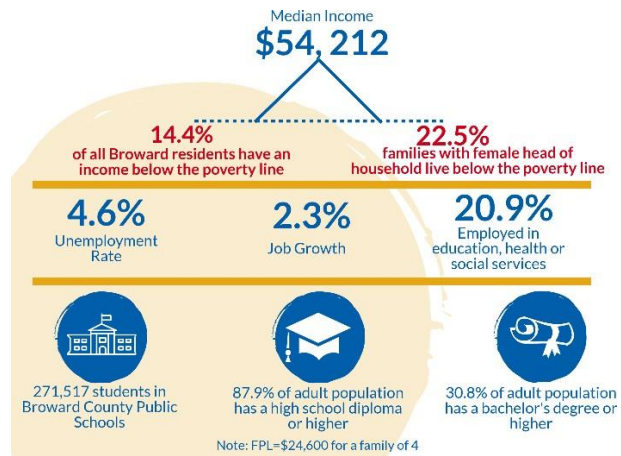
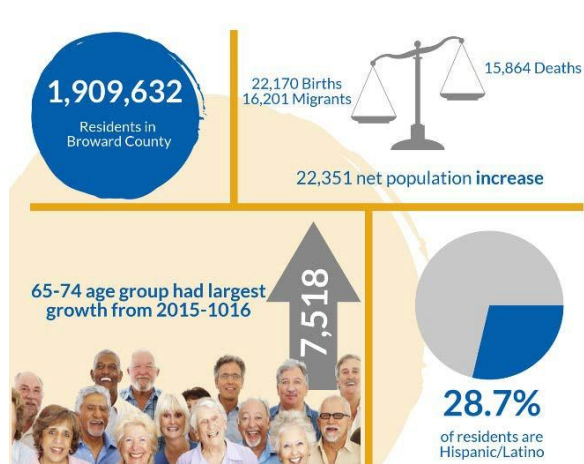
A Community Health Needs Assessment Advisory Council was convened with the mission to:

- 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 Holy Cross Hospital Community Health Needs Assessment Advisory Council participated in meetings that took place from May 2018 to August 2018. During these meetings, the council reviewed health rankings and quantitative community health data, and qualitative data sets which included key informant interviews, community conversations, a community health survey, and provider and community focus groups. These data sets were analyzed and discussed to identify and prioritize the following community health needs within the Holy Cross strategic planning areas: Access to Care; Community Education; Preventive Care; Dental Care; Substance Abuse/ Mental Health; Social Determinants of Health; and Cultural Sensitivity.

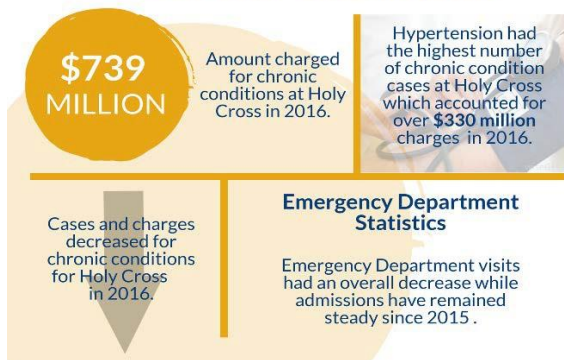
Due to the increasingly diverse population of Broward County, the areas of need for the community have also become increasingly complex. The recommended next steps for Holy Cross Hospital are to 1) Develop an Implementation Plan for identified priorities based on Trinity Health's "Implementation Strategy Template"; 2) Present the results to the community; 3) Implement and track improvements over the next three years; and 4) Report back to the community. The Implementation Plan should strongly reflect partnership opportunities to leverage the existing resources in the County with significant consideration for the cultural diversity that exists in the Broward County community.

Health Data Summary

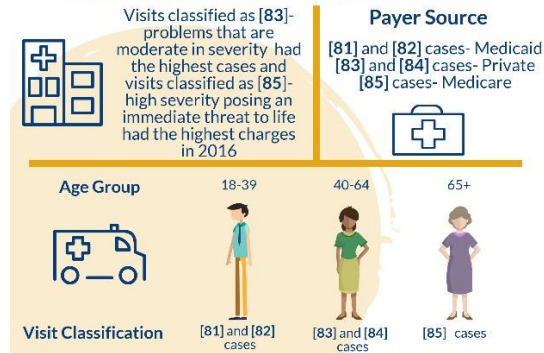


CLRD = Chronic Lower Respiratory Disease

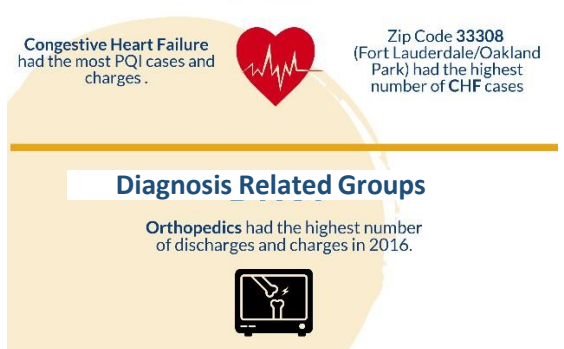
Chronic Conditions



Avoidable Hospital Visits



Prevention Quality Indicator



Themes Across Qualitative Study

- Affordability remains a significant barrier to access
 - High co-pays, deductibles, specialty care can prevent or delay care
- Lack of insurance coverage
- Continuity of care
- Discharge planning
- Immigration status
- Education about resources
- Integration of resources (one-stop shop)
- Cultural competency and racial equity training
- Language barriers
- Telemedicine Technology to facilitate access

HCH 2018 Ranked and Prioritized Community Health Needs

- Community Education**
 - Chronic Disease Self-Management
 - Navigation of the system
 - Health education and promotion
- Cultural Sensitivity**
 - Outreach and education
 - Diversity issues, including LGBTQ Community (medical team competencies)
 - Language and literacy
- Preventive Care**
 - Prenatal Care
 - Screenings
 - Low Birthweight and Infant Mortality rates
- Access to Care**
 - Affordability for co-pays and medication
 - Undocumented
 - Continuity of Care
- Substance Abuse/ Mental Health**
 - Linkage to services
 - Coordination of care
 - Education and outreach
- Dental Care**
 - Affordability
 - Access to dental care
- Social Determinants of Health**
 - Housing Quality and Affordability
 - Poverty and homelessness
 - Hunger/Food Insecurities

Data Sources

- Qualitative:
- ✓ Focus Groups
 - ✓ Key Informants
 - ✓ Community Health Surveys
 - ✓ Community Conversations
- Quantitative:
- ✓ US Bureau of the Census
 - ✓ BRHPC Health Data Warehouse
 - ✓ Florida Charts
 - ✓ County Health Rankings

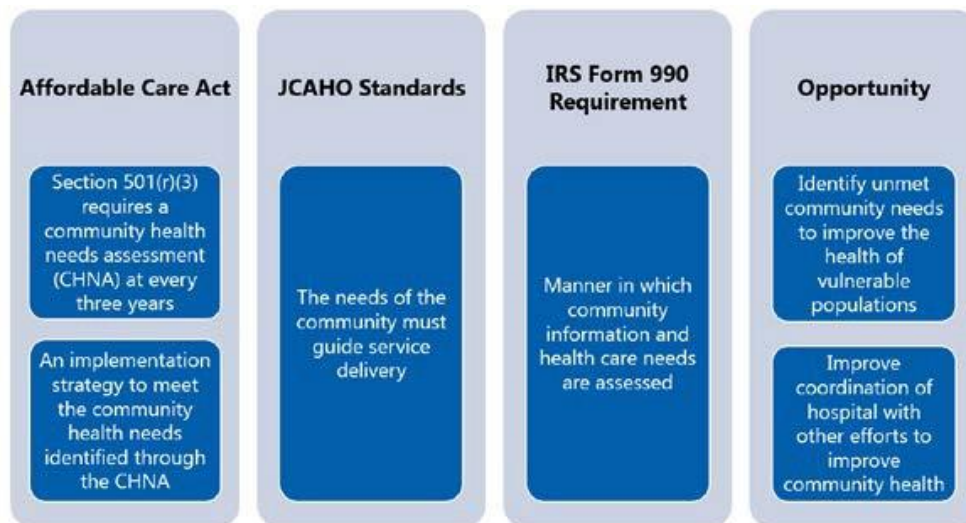
Introduction

IRS Requirement for the Community Health Needs Assessment

As part of IRS requirements, hospital organizations are to conduct a Community Health Needs Assessment (CHNA), which serves as a guiding document for strategic planning. Through the process of developing a Community Health Needs Assessment, a hospital positions itself to address community health needs that are not being met, especially those individuals and families who are vulnerable, living in poverty and experiencing homelessness. Health data from primary and secondary sources are examined and discussed prior to the establishment of recommendations and priorities aimed at improving community health status and quality of life. The Affordable Care Act has established specific statutory requirements that hospitals must conduct and implement a community health needs assessment at least every three years. Such community health needs assessments must take into account input from persons who represent the broad interests of the community served. The community health needs assessments must be made widely available to the public. The hospital must report in the Form 990 how it is addressing the needs identified in the community health needs assessment and provide a description of the needs that are not being addressed as well as an explanation for any deficiencies in meeting these needs.

Further, the community health needs assessment requirement is the only requirement with a specific penalty for failure to comply. Under the newly added Section 4959 of the Internal Revenue Code, a hospital which fails to satisfy the community health needs assessment requirement is subject to an excise tax for each tax year in which the requirement is not met.

Why do a Needs Assessment?



The Purpose of the CHNA

- A dynamic process involving multiple sectors of the community.
- Draw upon qualitative and quantitative population health status data.
- Identify unmet community needs to improve the health of vulnerable populations: the poor, homeless and disenfranchised.
- Enable community-wide establishment of health priorities.
- JCAHO Standards: The needs of the community must guide service delivery.
- It's an opportunity to identify unmet community needs to improve the health of vulnerable populations and improve coordination of hospital with other efforts to improve community health.

The CHNA Process

A needs assessment is the practice of identifying and addressing the needs and/or gaps in the current health status of the defined community’s residents. Furthermore, the assessment process allows the hospital to clarify the health needs and determine the health priorities of the residents in Broward County, with respect to the Healthy People 2020 priorities and objectives.

The main goals of the Needs Assessment are to improve health status of Broward County residents, address socioeconomic factors that have a negative impact on community health, and increase access to preventive healthcare services, especially within at-risk, sub-populations. This Holy Cross Hospital CHNA was developed in compliance with the Trinity Health CHNA Guide “Toolkit”.

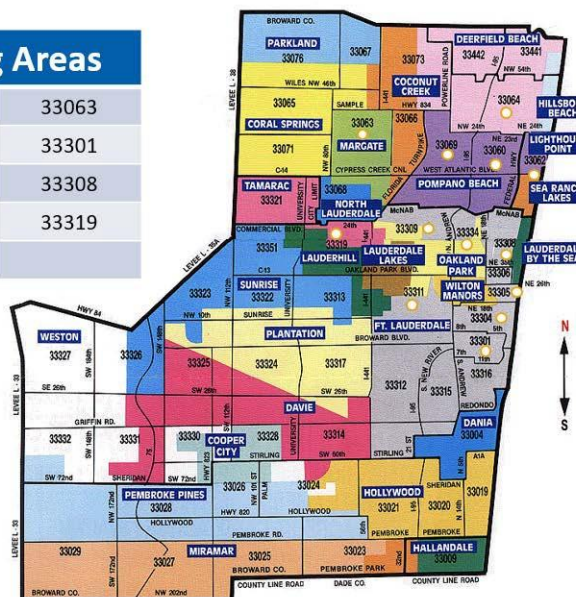
Defining the Community Served

Broward County is the target area for this profile of the Community Health Needs Assessment. Broward County was created in 1915 when Palm Beach County and Dade County contributed nearly equal portions of land to create it. Broward County was named for Napoleon Bonaparte Broward, Governor of Florida from 1905 to 1909. Today, Broward County is the Nation’s sixteenth largest county and continues to grow in racial and ethnic diversity. The diversity and size of Broward, in conjunction with a variety of other factors, result in a community with complex needs. Social determinants of health, which are conditions in which we are born, live, work and play have a significant impact on our health. More Broward residents have been unable to afford the rising cost of living including housing, transportation and healthcare. They have relied on publicly funded social services for assistance. This increase in demand highlights the value of a comprehensive analysis of Broward’s health and human service needs.

HCH Strategic Planning Areas

This CHNA focuses on HCH’s Strategic Planning Areas. Effective 1/2018, a change was made from the standard Primary Service Area. Changes made to the define the service areas. Previous definition was based upon hospital discharge data and defined as the Primary Service Area (PSA) including 65% of discharges and the Secondary Service Area (SSA) making up 80% Discharges. This data included a total of 29 zip codes. The transition to defining Holy Cross’s Strategic Planning Area (SPA) represents a total of 90% of the hospital discharges, encompassing a total of 36 zip codes: Primary Service Area (PSA): 13 Zip Codes; Secondary Service Area (SSA): 16 Zip Codes; Strategic Planning Area (SPA); effective 1/2018, added seven (7) additional zip codes.

Strategic Planning Areas		
33060	33062	33063
33064	33069	33301
33304	33305	33308
33309	33311	33319
33334		



HCH SPAs

Community Input: Process and Methodology

Process

The process for gathering community input is as follows: define the community, analyze secondary data sets to assess the health status of the community, conduct a primary qualitative data collection through surveys, focus groups, key informant interviews and community conversations. The data was then reviewed and studied for the **Community Health Needs Assessment Advisory Council** to identify unmet needs/service gaps and prioritize needs.

Methodology for Secondary Quantitative Data Collection

When data is collected by an external source for a purpose other than the current project and the data has already undergone the statistical analysis process, it is called **Secondary Data**. Below are the types of **secondary quantitative data sources** that were examined and considered in the prioritization of local health needs for Broward County:

- U.S. Bureau of the Census
- American Community Survey
- Florida Charts from the Florida Department of Health
- Broward Regional Health Planning Council Health Data Warehouse
- Florida, Broward and Holy Cross Hospital data:
 - Hospital Utilization
 - Chronic Diseases
 - Prevention Quality Indicators
 - Diagnosis Related Groupings

Methodology for Qualitative Data Collection

Qualitative methods are often regarded as providing rich data about real life people and situations to gain an understand of their health needs. For this CHNA, the following methods for gathering community input were relied upon:

1. Nine **focus groups** were conducted:
 - a. Four focus groups with **consumers of healthcare** in the community, including **minority and non-English-speaking populations**:

Dates	Locations		Time	# of Participants
6/21/18	Grandma Group		11:00 am	15
7/18/18	Family Life Center- Creole Speakers		12:30 pm	6
7/18/18	Family Life Center- Spanish Speakers		1:30 pm	12
8/15/18	Women in Distress		6:30 pm	10

Target Audience							
Agency	Homeless individuals	Low income adults & seniors	Parents	Uninsured/ underinsured	Minority	Spanish Speakers	Haitian Creole Speakers
GG		✓		✓	✓		
FLC- Creole	✓	✓	✓	✓	✓		✓
FLC- Spanish		✓	✓	✓	✓	✓	
WID	✓	✓	✓	✓	✓	✓	

Community Focus Group Questions

1. Is your current household income adequate to pay your bills? Explain
2. Do you have any barriers? If yes, what are they?
3. Was there a time in the past 12 months when you or a family member needed health care, mental health services or medication but could not get it? Tell us about it.
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?

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

b. Five focus groups with **providers of human services**:

Dates	Target Area	Time	# of Participants
2/13/18	Maternal Child Health	9:30 am	15
2/26/18	Special Needs	9:00 am	8
3/8/18	Substance Abuse/Mental Health	12:30 pm	12
7/25/18	SunServe	12:00 pm	25
8/24/18	Lifenet4Families	2:00 pm	8

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?

- Refreshments were provided to the participants
- Each group lasted approximately 60 minutes
- The conversations were audio taped and transcribed
- Participants were assured that neither individuals nor agencies would be attributed to the responses given
- The same set of questions were used in all the focus groups
- Themes and negative/positive attributes were used to thread the responses when appropriate

2. **Community Health Surveys** were distributed throughout the community.
 - a. A link was distributed to various mailing groups by BRHPC and Holy Cross Hospital from July 12 through August 8:
 - b. 46-question online survey
 - c. 869 surveys were submitted (695 complete, 174 partial)
 - d. Frequencies and percentages of responses were recorded, and qualitative summaries were produced.
3. **Key Informant Interviews** were conducted:
 - a. 60 Key Informants (KI) were selected
 - b. Response: 13 of the 60 key informants completed the interview (22% response rate)

- c. 7-item standardized, open-ended questionnaire was developed
- d. Themes were used to thread the responses when appropriate.
- e. Frequencies and percentages of responses were recorded, and summaries were produced.

Key Informant Interview Questions

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

4. One **Community Conversation** event: 45 participants attended the event on July 24, 2018:
 - a. Index cards were provided for participants to write their top 3 health concerns
 - b. Responses were documented and tallied
 - c. Surveys were provided to all participants to complete
 - d. 31 surveys were collected

5. **Other qualitative data sets** were pulled from the following secondary sources to ensure a comprehensive view of the Broward population's feedback on health needs and gaps:
 - a. Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS, a national school-based survey, was developed in 1990 to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include behaviors that contribute to:

 - Unintentional injuries and violence
 - Sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV infection
 - Alcohol and other drug use
 - Tobacco use
 - Unhealthy dietary behaviors
 - Inadequate physical activity
 - b. Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year.
 - c. PRC Broward County Community Health Needs Assessment

This PRC Broward County Community Health Needs Assessment, a follow-up to nine similar studies conducted since 1994, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Broward County, Florida. Subsequently, this information may be used to inform decisions and guide efforts toward reaching three basic goals:

 - To improve residents' health status, increase their life spans, and elevate their overall quality of life.
 - To reduce the health disparities among residents.
 - To increase accessibility to preventive services for all community residents.

Community Input from the Community Health Needs Assessment Advisory Council

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; and engage in collaborative action planning on an ongoing basis. The members of the Community Health Needs Assessment Advisory Council **represent the interest of the broad community, including:**

- Youth
- Seniors
- LGBTQ
- Minority groups
- Faith-based community
- Homeless community
- Hunger service providers
- Medical service providers
- Uninsured/Underinsured community
- Behavioral Health

The members of the Advisory Council participated in meetings that took place from May 2018 through August 2018 (see meeting agendas and minutes in Appendix A). During those meetings, they studied and discussed the data sets presented. They provided input and requested additional data based on their area of expertise and the populations they represent (see page 4).

Meeting Dates	Agenda
May 15, 2018	<ol style="list-style-type: none"> 1. Introduction: Planning and Process 2. HCH 2015 CHNA Follow-Up/Community Services Presentation 3. Broward County Quantitative Data Presentation (Part I) 4. Identify Needs & Gaps
June 19, 2018	<ol style="list-style-type: none"> 1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps
July 17, 2018	<ol style="list-style-type: none"> 1. HCH Quantitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps
August 6, 2018	<ol style="list-style-type: none"> 1. Qualitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps
August 28, 2018	<ol style="list-style-type: none"> 1. Prioritization Ranking 2. Stakeholder Discussion 3. Identify Needs & Gaps

Input from the Local Health Department

Renee Podolsky, MBA, Director of Community Health at The Florida Department of Health in Broward County participated as a valued member of the Holy Cross Hospital CHNA Advisory Council meetings on May 15, June 19, August 14, and August 28. She offered her expertise in community health data analysis to ensure that a diverse segment of the population was reached in the qualitative data collection process and that the quantitative data discussed and studied was comprehensive. She also discussed efforts in addressing immunizations outcomes and the areas that The Florida Department of Health in Broward County is focusing on in its action plan. She also participated in the ranking process of the health needs as identified by the CHNA Council.

Summary of Input Collected Through Qualitative Methods

Input gathered from the community through qualitative methods presented the following:

- Affordability remains a significant barrier to access to care:
 - Individuals and families must choose between paying for basic needs (housing, food, transportation, etc.) or paying for high co-pays and/or deductibles.
 - Lack of affordability often results in delayed care or avoidance of care altogether.
- Lack of insurance coverage further exacerbates the community's ability to access to care
 - Of those who have health insurance, understanding how to navigate the system is complex and challenging.
- Continuity of care is a challenge due to the presence of co-morbidities and the lack of communication among providers.
- Hospital discharge planning is a process that determines the kind of care needed after a patient leaves the hospital. Discharge plans can help prevent future readmissions and are designed to ensure a smooth transition from the hospital to the patient's home or another facility.
- Immigration status remains a significant barrier to access to care, mainly due to the lack of trust in the system for fear of deportation. Immigration status is also a financial barrier to access to benefits.
- Information about resources are needed to help steer patients toward program that are suited to provide additional supports as needed.
- Integration of resources into a one-stop shop configuration to alleviate barriers such as transportation and continuity of care.
- Cultural competency and racial equity training were identified as essential components to ensure inclusion of minority and LGBTQ groups as well as individuals with disability to ensure quality of care and dignity in treatment.
- Accessibility to services in various languages including print format.
- The utilization of telemedicine to facilitate access to care, including preventive care.

Quote from Focus Group participant:

- *"I chose to not go to the doctor for about a year. I knew I wasn't feeling well. I was working every day and I thought it would just go away."*
- *"I do not have access to good medical benefits because I do not have a social security card. I am stressed. I have no money."*
- *"Patients don't know how to apply for benefits."*
- *"Patients with special needs don't know where the front door is."*
- *"Immigration status plays a huge role in accessing healthcare."*
- *"Maneuvering the various eligibility processes is very tough."*
- *"Clients fear how they will be treated so they avoid going to the doctor."*

The Prioritization Process for the CHNA

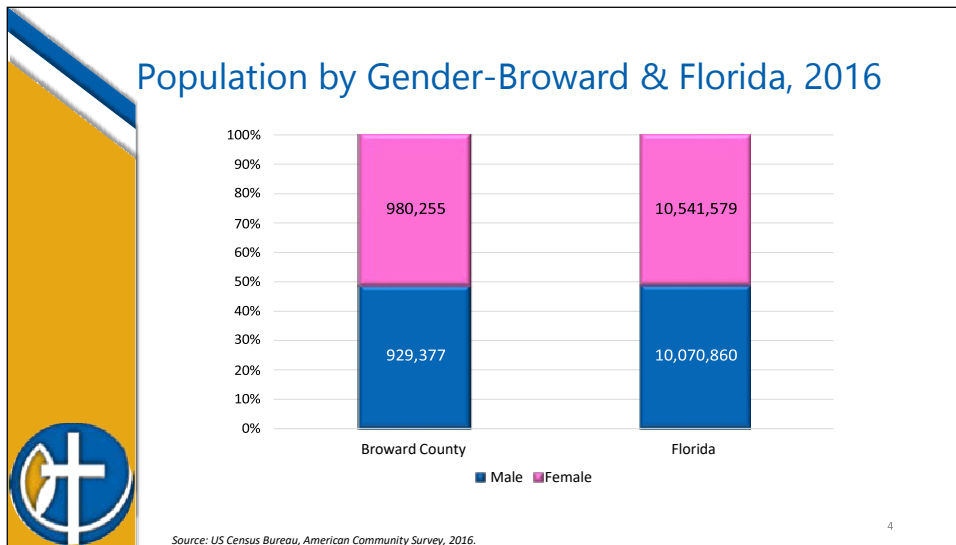
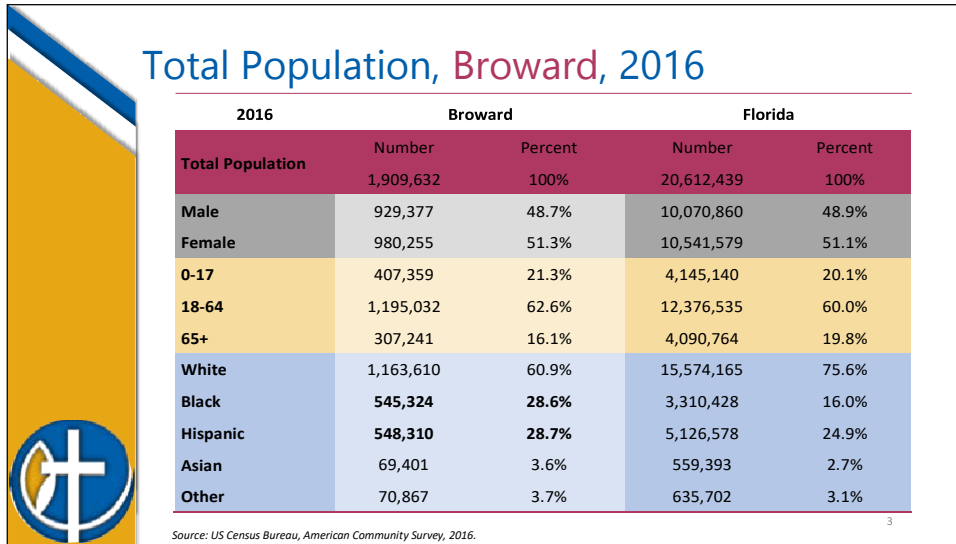
During their last meeting on August 28, 2018, the **Community Health Needs Assessment Advisory Council identified and approved seven areas of need** based on the quantitative data reviewed and the input gathered through the qualitative methods. The council members utilized an online voting system with clickers to rank them based on importance for the community and feasibility for Holy Cross Hospital. Through this process the following needs were identified: Access to Care; Community Education; Preventive Care; Dental Care; Substance Abuse/ Mental Health; Social Determinants of Health; and Cultural Sensitivity. In the event of a tie for the ranking, another round of voting took place to determine the tie breaker. This process moved lower ranking items down accordingly (See meeting minutes in Appendix A).

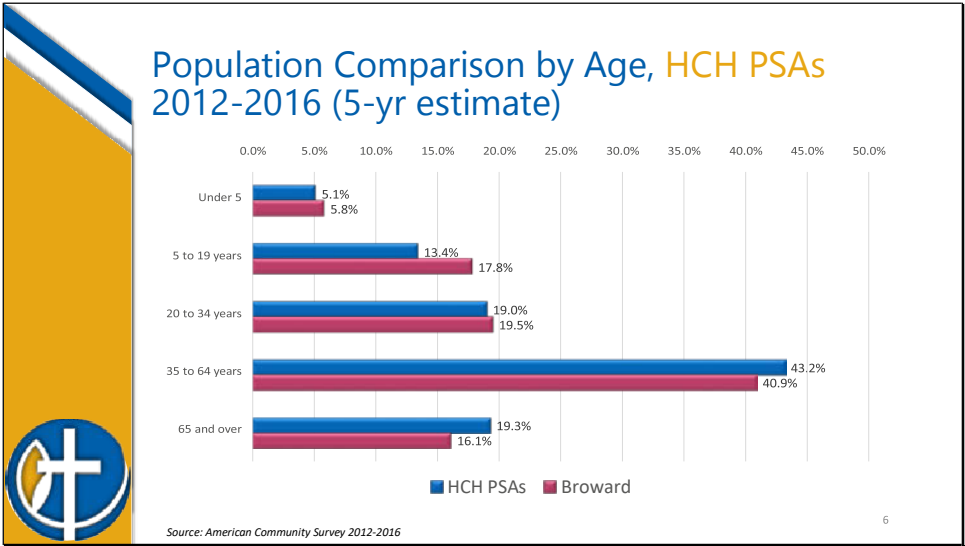
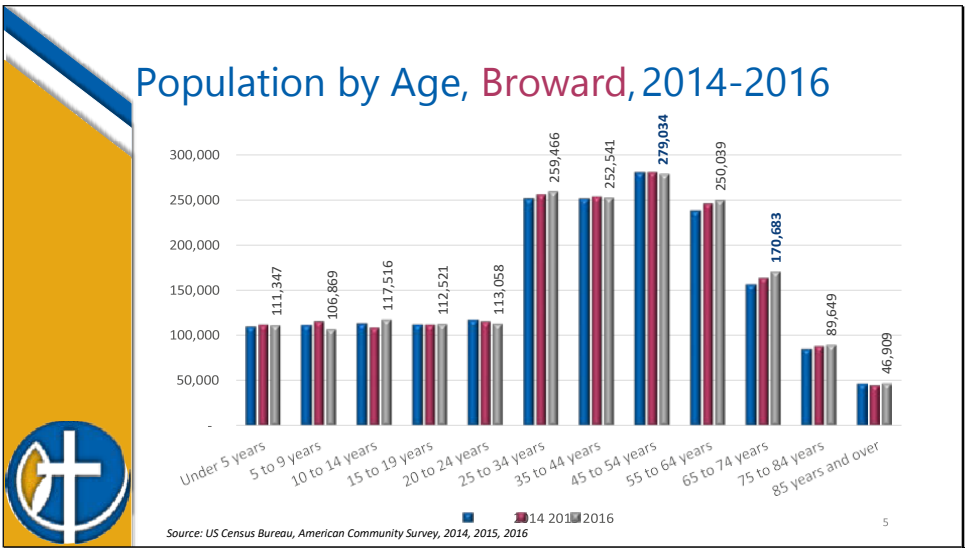
HCH 2018 Ranked and Prioritized Community Health Needs

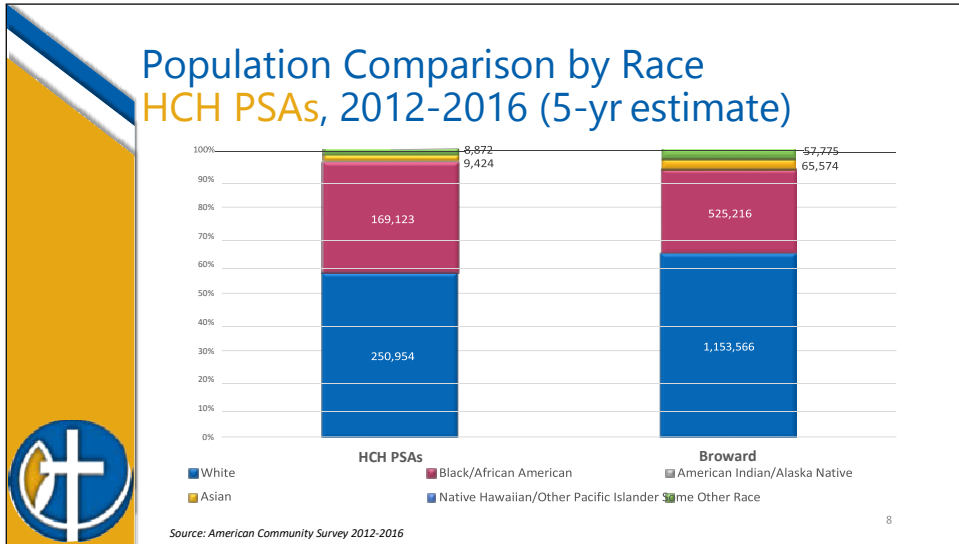
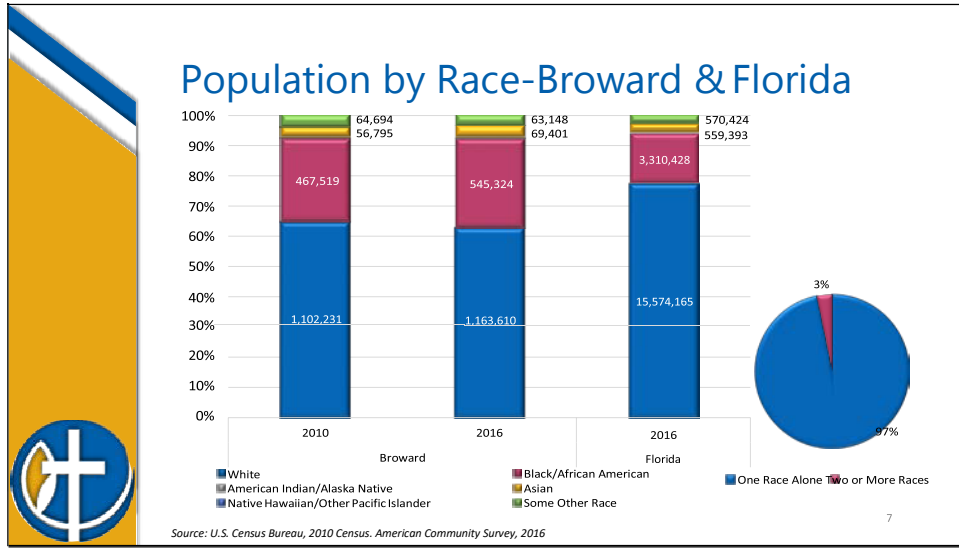


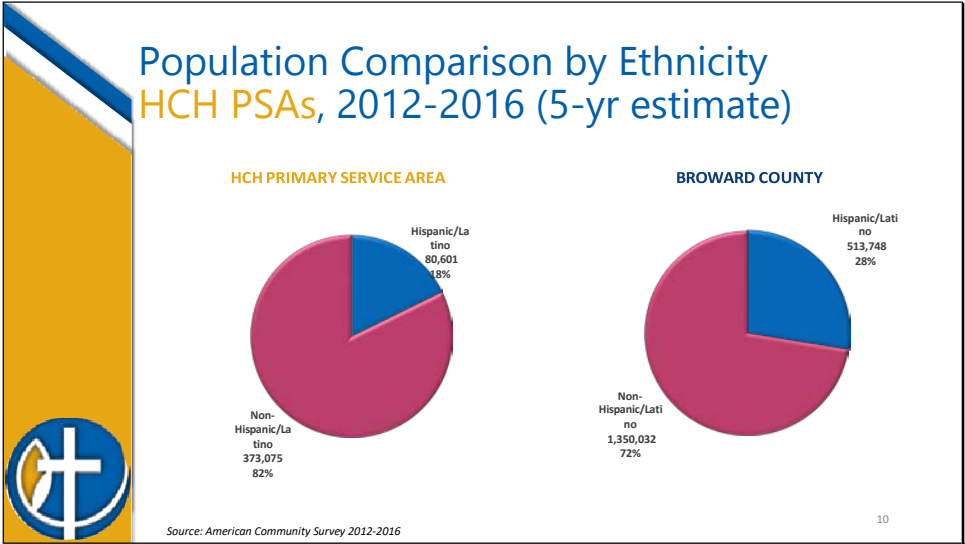
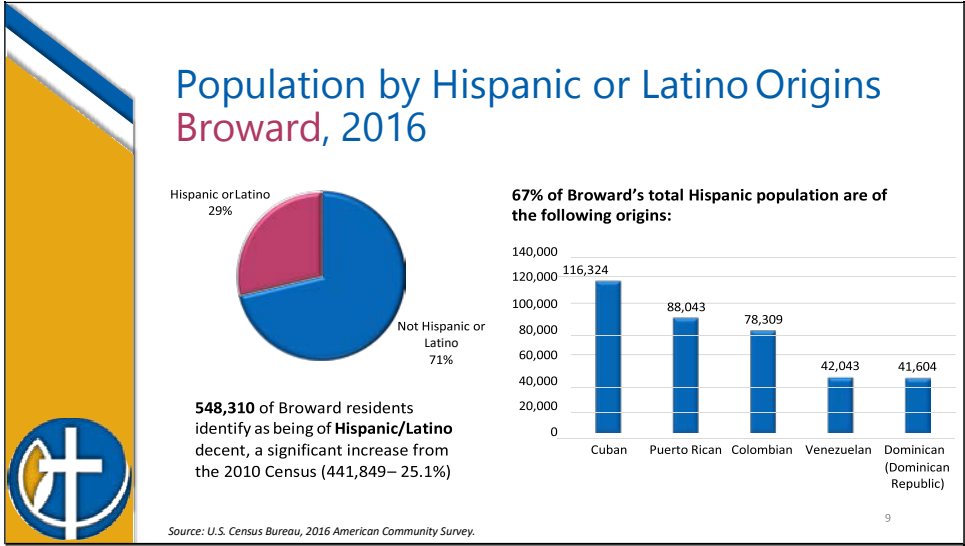
Quantitative Data Profile

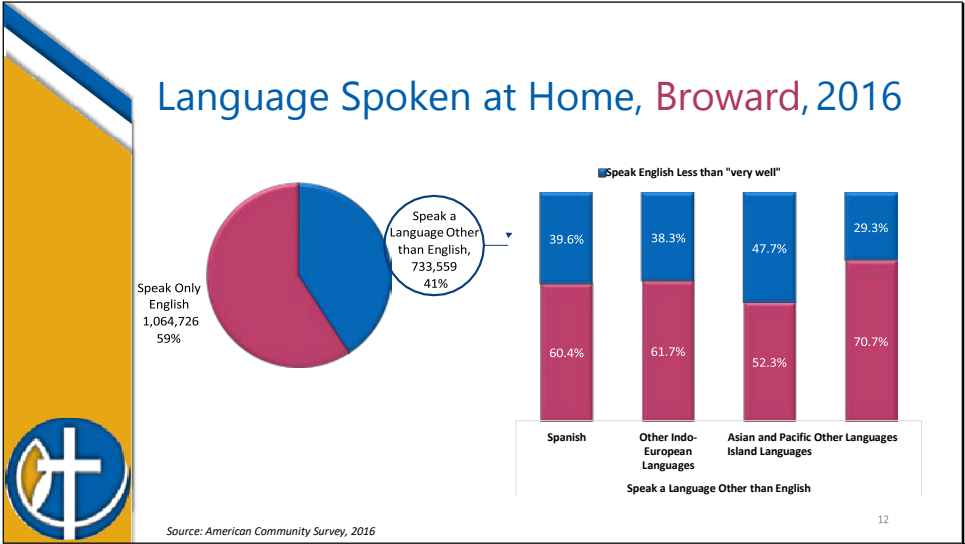
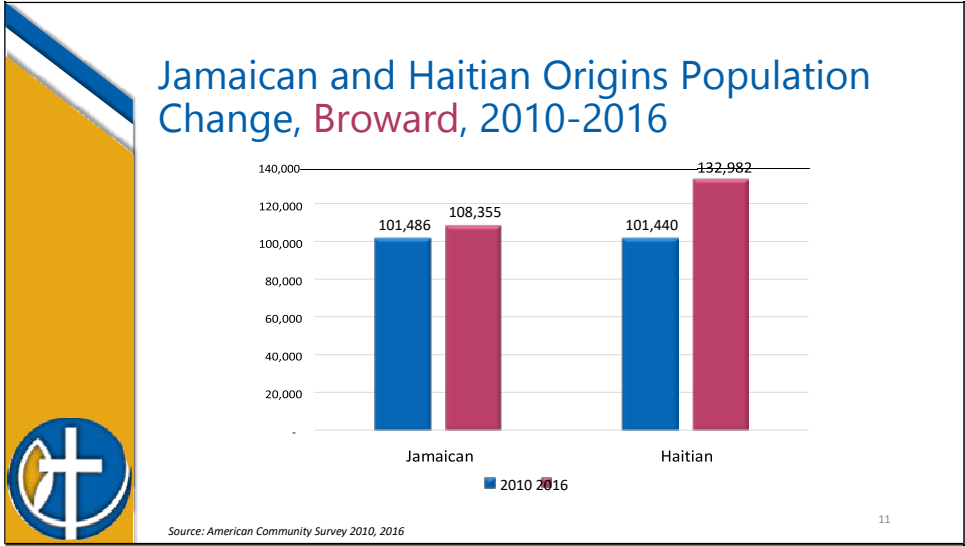
Demographics



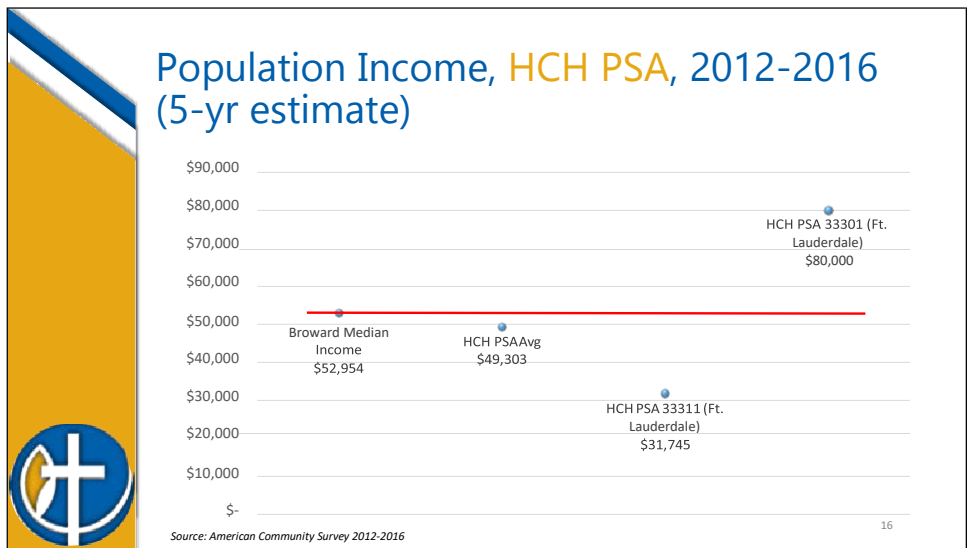
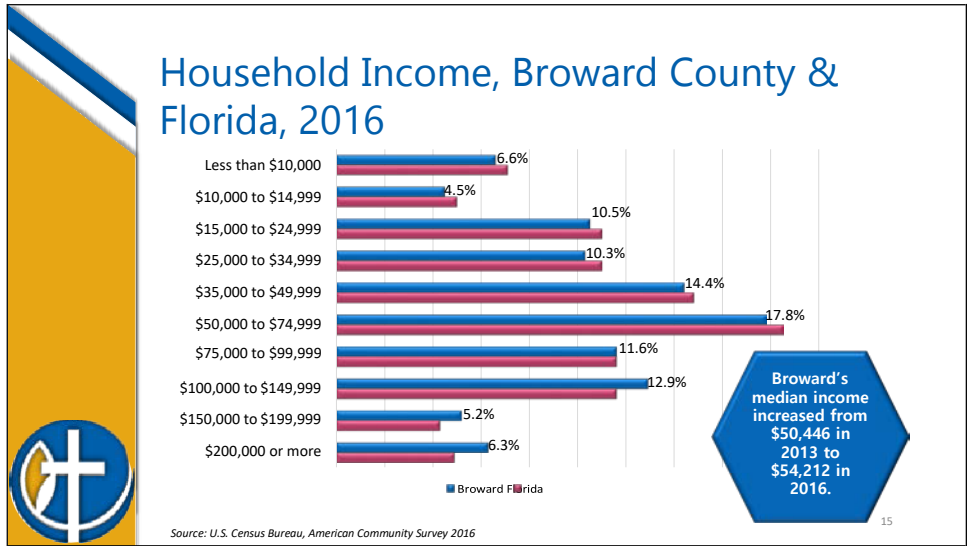


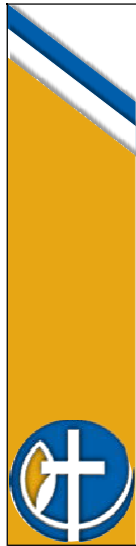






Social Determinants of Health Income, Housing & Employment



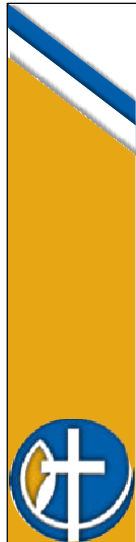


Income Below Poverty Level in the Past 12 Months, Broward, 2014-2016

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

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

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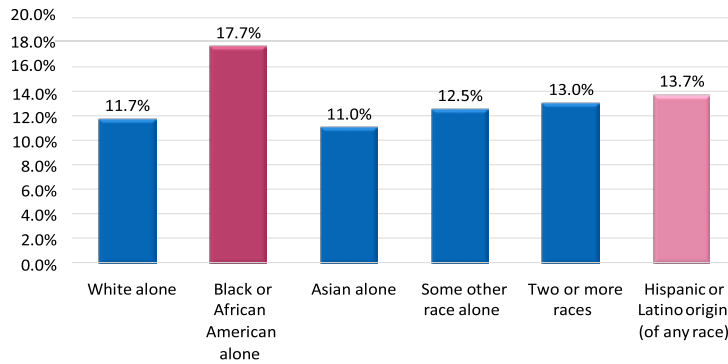
Income Below Poverty Level in the Past 12 Months, Broward, 2014-2016 (cont.)

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

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

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



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

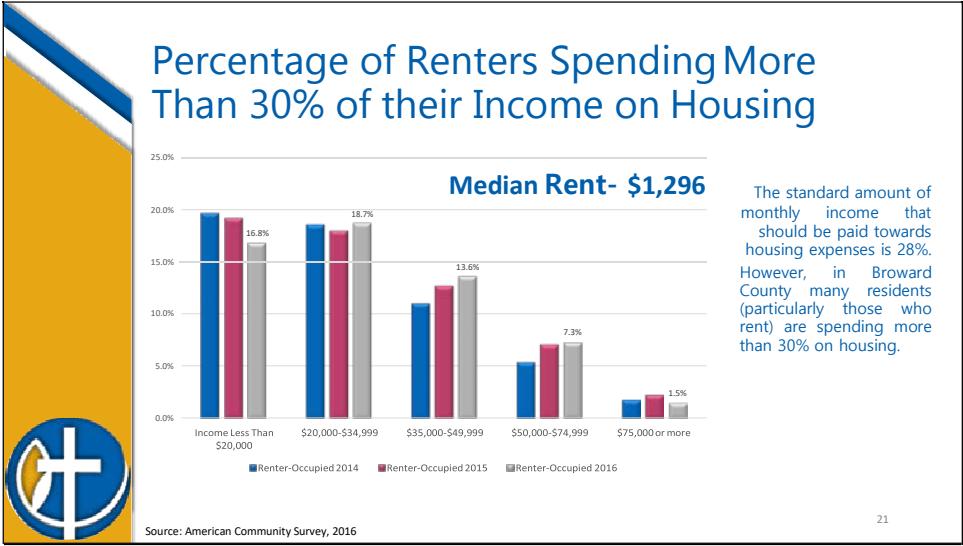
19

Households by Type - Broward, 2016

Total households	681,474	100%
Family households (families)	437,598	64.2%
With own children under 18 years	187,635	27.5%
Husband-wife family	292,829	43.0%
With own children under 18 years	116,227	17.1%
Male householder, no wife present	36,625	5.4%
With own children under 18 years	14,884	2.2%
Female householder, no husband present	108,144	15.9%
With own children under 18 years	56,524	8.3%
Nonfamily households	243,876	35.8%
Householder living alone	194,880	28.6%
65 years and over	79,911	11.7%
Households with individuals under 18 years	213,023	31.3%
Households with individuals 65 years and over	213,757	31.4%

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

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Fair Market Rent - Broward & Florida, 2016

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

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

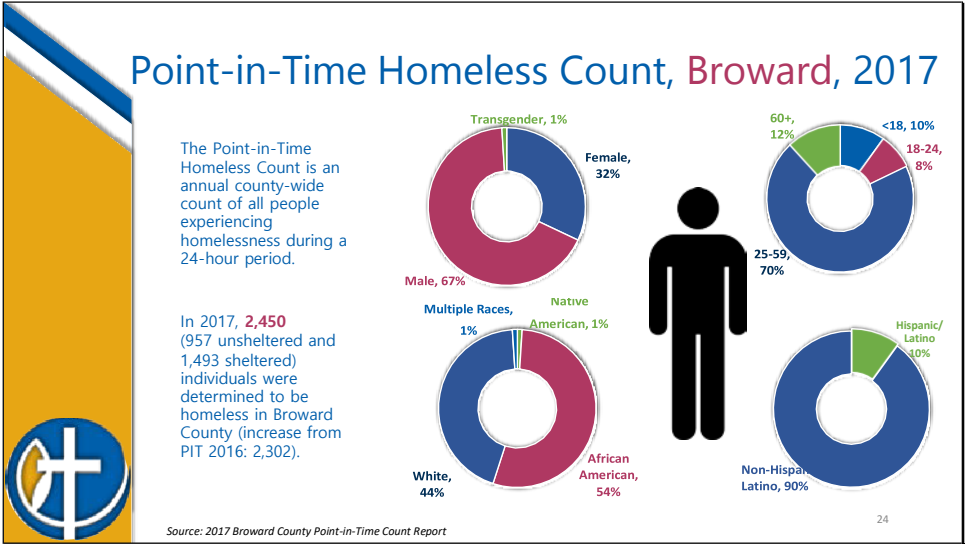
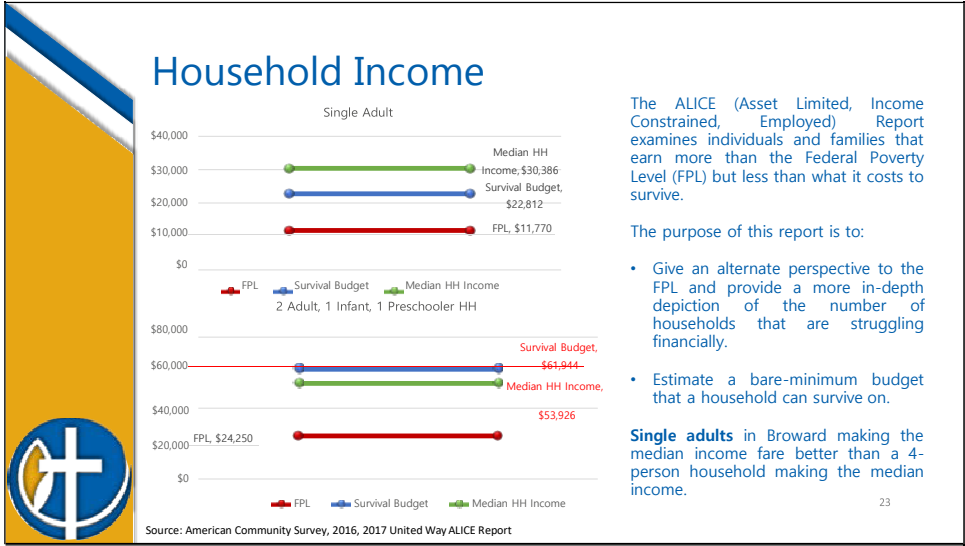
36% of
Broward
residents
are renters

Median
Income
\$54,212

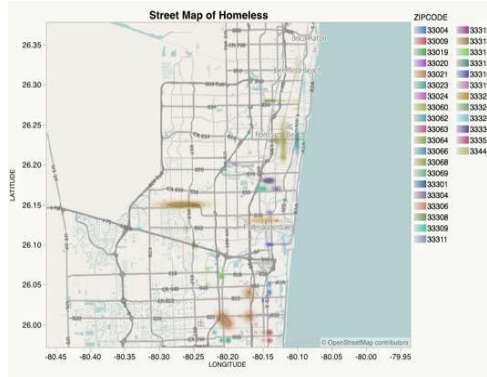
FPL
\$24,600/yr
for family
of 4

Minimum
Wage
\$8.10/hr

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



Point-in-Time Homeless Count, Broward, 2017

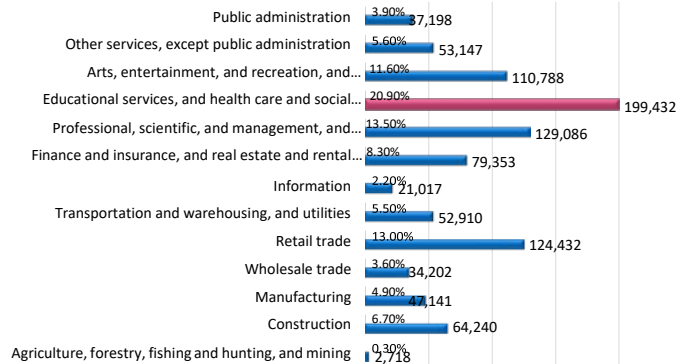


City Woke Up	Count (%)
Coconut Creek	3 (0%)
Coral Springs	2 (0%)
Dania	13 (1%)
Davie	24 (3%)
Deerfield Beach	15 (2%)
Fort Lauderdale	452 (51%)
Hallandale	9 (1%)
Hillsboro Beach	1 (0%)
Hollywood	135 (15%)
Lauderdale-by-the-Sea	1 (0%)
Lauderhill	11 (1%)
Lighthouse Point	0 (0%)
Margate	9 (1%)
Miramar	7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

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

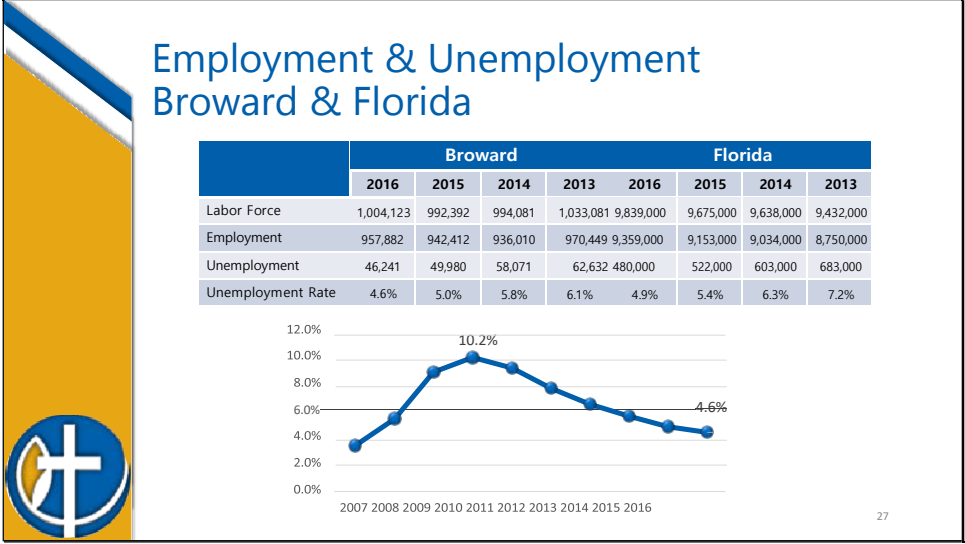
25

Employment by Industry, Broward, 2016



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

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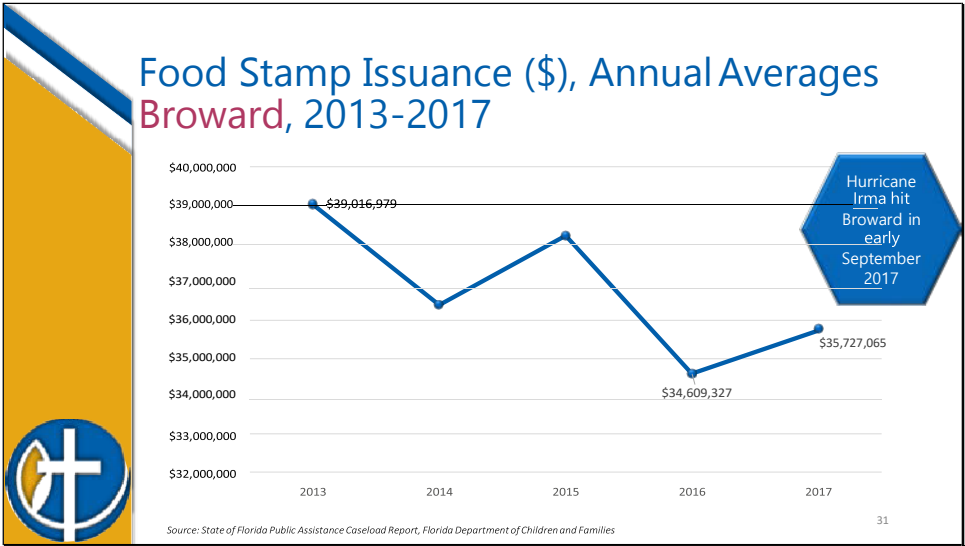
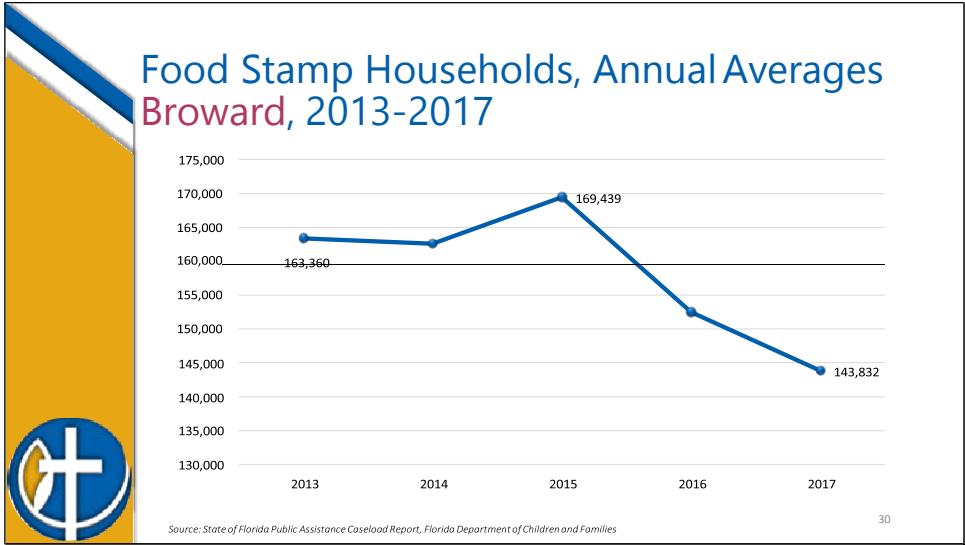


Public Assistance

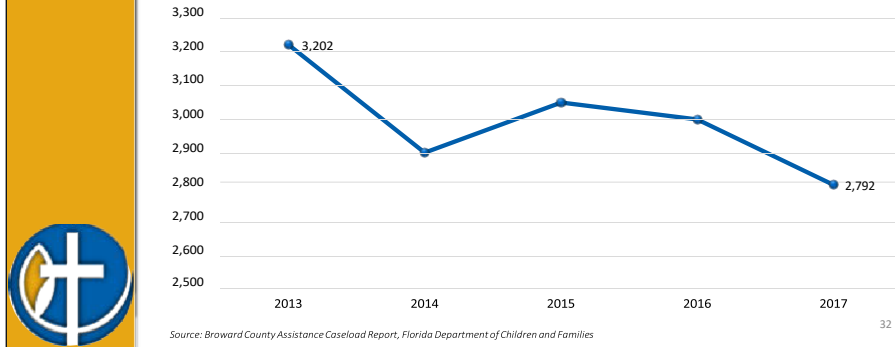
Supplemental Nutrition Assistance Program

- The Bureau of Labor Statistics does not capture county-level data on citizens with more than one job

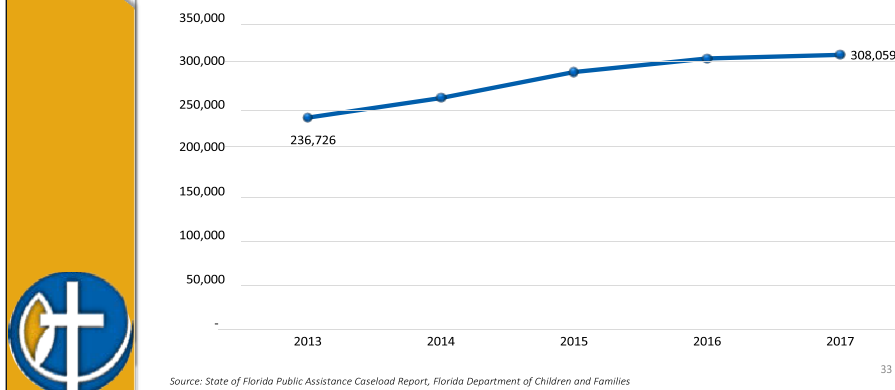
Food Assistance- SNAP	
Eligibility Requirements	<p>Proof of identity</p> <p>Healthy adults, 18 to 50 years of age, who do not have dependent children or are not pregnant, can only get food assistance benefits for 3 months in a 3-year period if they are not working or participating in a work or workfare program</p> <p>Most households must pass a gross income limit less than or equal to 200% of the Federal Poverty Level (FPL)</p> <p>Individuals must live in the state of Florida.</p> <p>Individuals must be a U.S. citizen or have a qualified noncitizen status.</p> <p>Individuals must provide a Social Security Number or proof they have applied for one.</p> <p>Certain individuals must cooperate with the state's child support enforcement agency to prove a child's legal relationship to their parent and to get the court to order child support payments.</p>



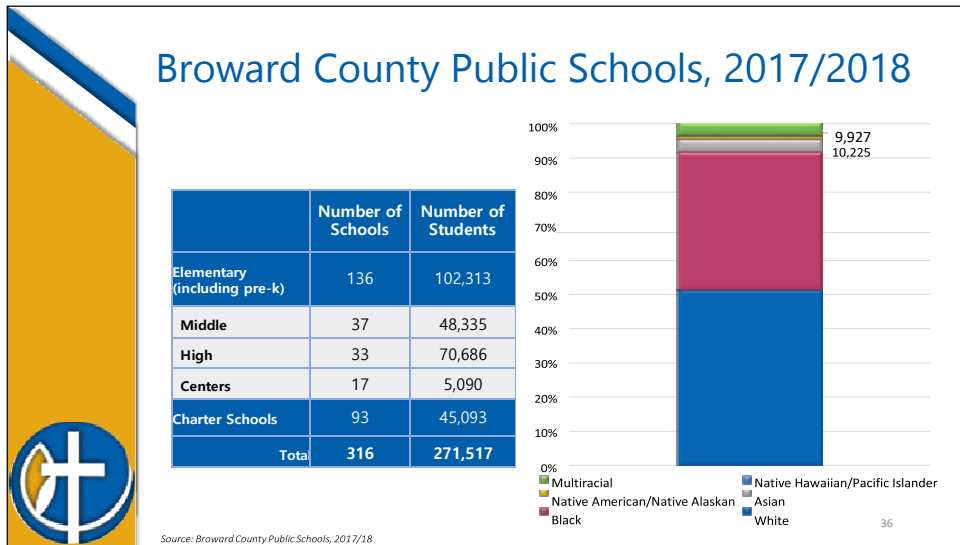
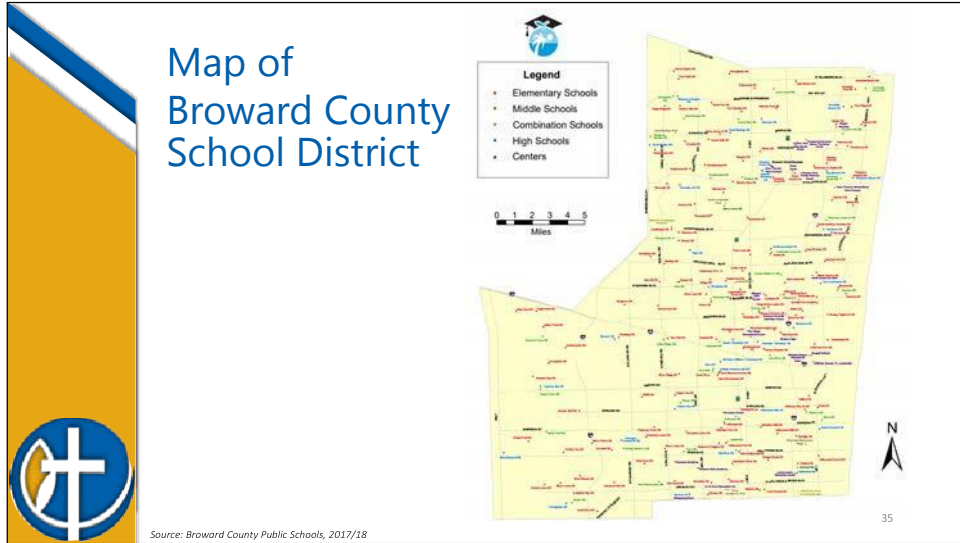
Temporary Cash Assistance for Needy Families (TANF) Number of Families, Annual Averages Broward, 2013-2017

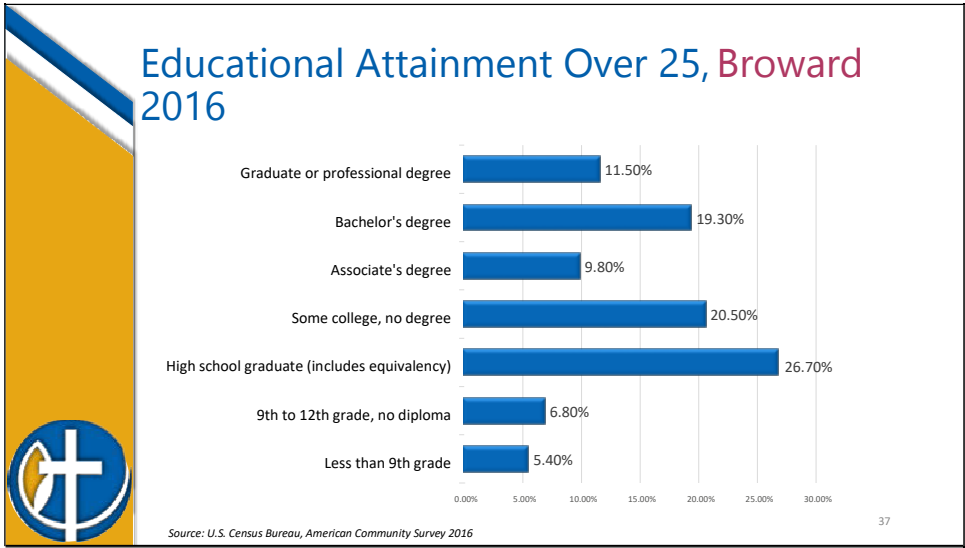


Medicaid Clients, Annual Averages, Broward 2013- 2017



Education





Crime

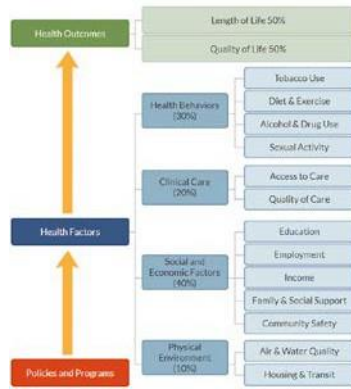
Criminal Offenses, Broward County, 2017

Murder	Rape	Robbery	Aggravated Assault*	Burglary	Larceny	Motor Vehicle Theft
95	579	2,522	4,347	8,186	43,250	5,955
* Aggravated assault includes aggravated assault and aggravated stalking						
Firearm	66					
Knife/Cutting Instr	14					
Hands/Fists/Feet	3					
Other	12					

Source: Statewide County Offense Report, 2017, fdlc.state.fl.us

Health Rankings

County Health Rankings



Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier. County-level rankings are compiled using measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

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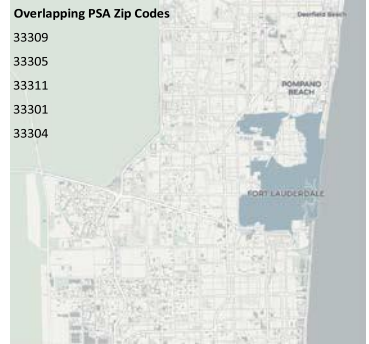
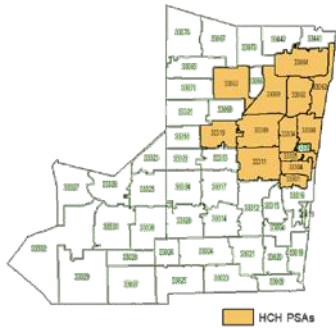
City Health Dashboard

The City Health Dashboard allows you to see where the nation's 500 largest cities stand on 36 key measures of health and factors affecting health across five areas: Health Behaviors, Social and Economic Factors, Physical Environment, Health Outcomes, and Clinical Care. These categories align with those used in the County Health Rankings & Roadmaps.

For each metric, you are provided with the average of the 500 cities (▲) as well as the rate for the observed city (●), as well as where they fall within a specified range.

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Holy Cross Hospital PSAs vs. City Dashboard Ft. Lauderdale Zone



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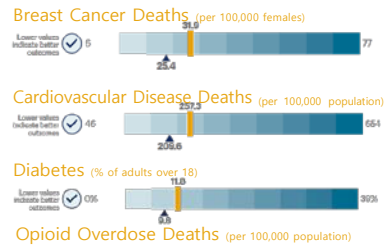
Health Outcomes

Broward Ranked 10 of 67

Health Outcomes represent how healthy a county is based on: Length of Life (Mortality) and Quality of Life (Morbidity).

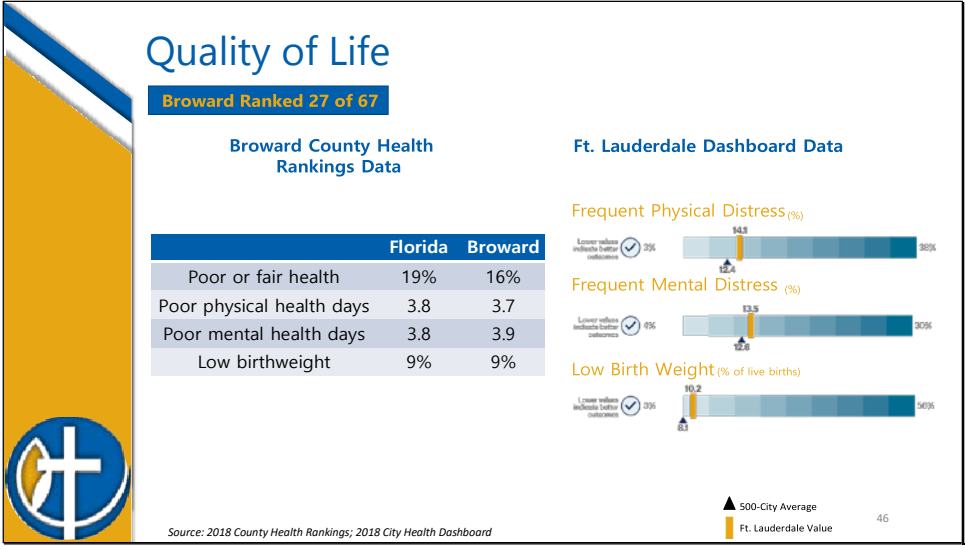
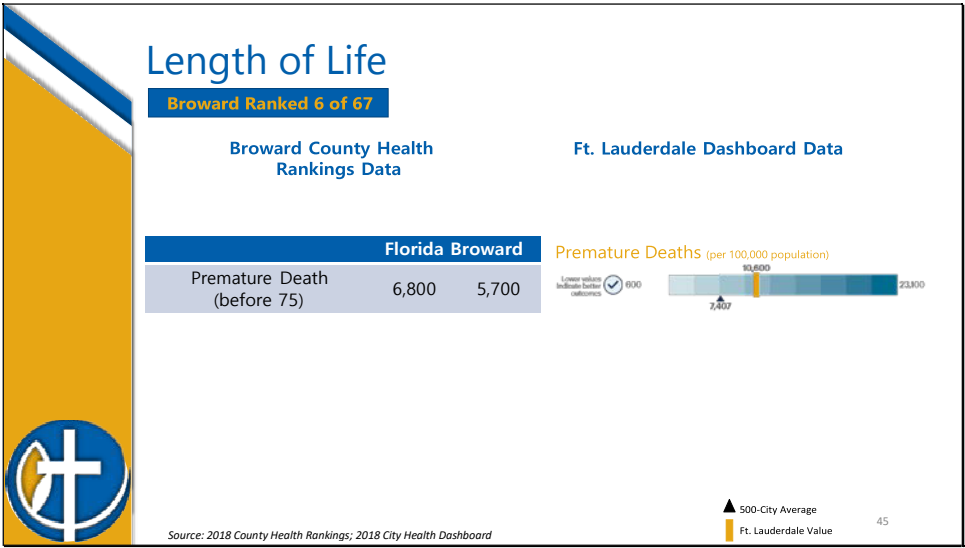


Ft. Lauderdale Dashboard Data



▲ 500-City Average
 ▬ Ft. Lauderdale Value

Source: 2018 County Health Rankings; 2018 City Health Dashboard



Health Factors

Broward Ranked 12 of 67

Health factors represent what influences health of a county by measuring: health behaviors, clinical care, social and economic factors and physical environment.



Source: 2018 County Health Rankings; 2018 City Health Dashboard

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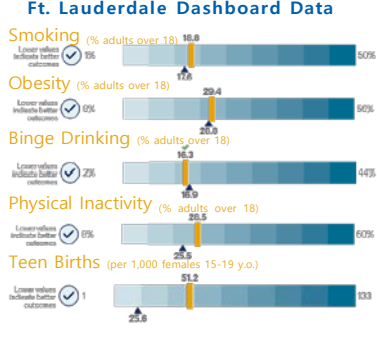
Health Behaviors

Broward Ranked 8 of 67

Broward County Health Rankings Data

	Florida	Broward
Adult smoking	15%	14%
Adult obesity	26%	25%
Physical inactivity	24%	24%
Excessive drinking	18%	19%
Teen births (per 1,000 females 15-19)	25	18
Access to exercise opportunities	87%	96%

Ft. Lauderdale Dashboard Data



▲ 500-City Average
■ Ft. Lauderdale Value

Source: 2018 County Health Rankings; 2018 City Health Dashboard

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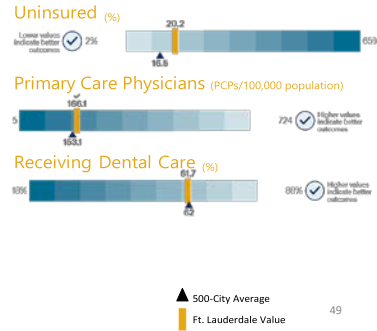
Clinical Care

Broward Ranked 22 of 67

Broward County Health Rankings Data

	Florida	Broward
Uninsured	16%	17%
Primary Care Physicians	1,380:1	1,380:1
Dentists	1,730:1	1,350:1
Preventable hospital stays (per 1,000 Medicare enrollees)	54	52
Mammography screenings	68%	63%
Health care costs	\$11,040	\$11,990

Ft. Lauderdale Dashboard Data



Source: 2018 County Health Rankings; 2018 City Health Dashboard

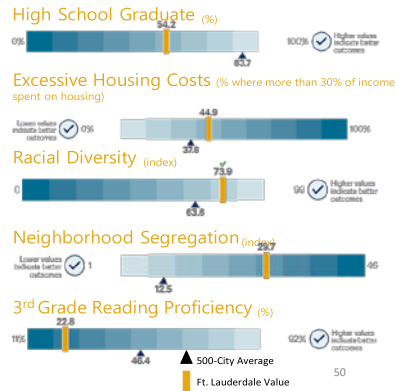
Social & Economic Factors

Broward Ranked 15 of 67

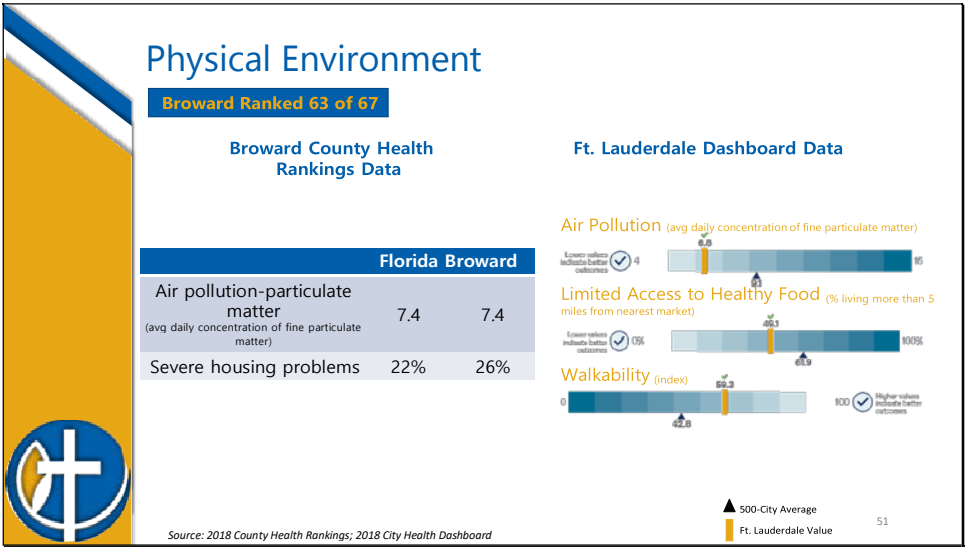
Broward County Health Rankings Data

	Florida	Broward
High school graduation	78%	77%
Some college	62%	67%
Unemployment	4.9%	4.6%
Children in poverty	21%	18%

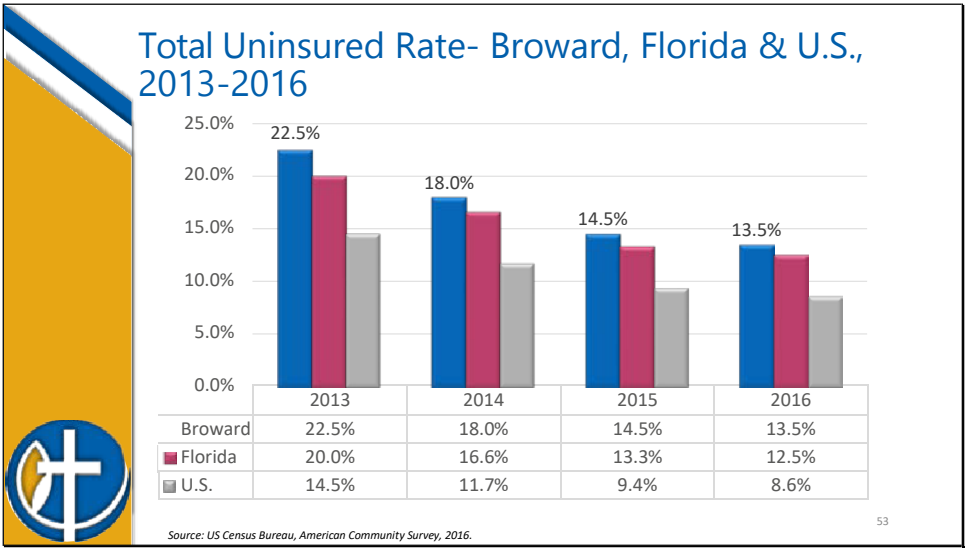
Ft. Lauderdale Dashboard Data



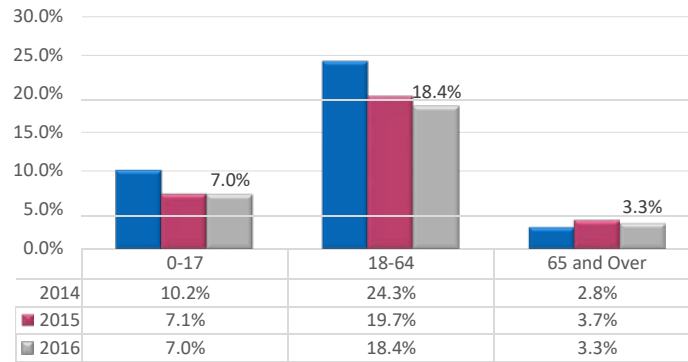
Source: 2018 County Health Rankings; 2018 City Health Dashboard



Access to Care



Uninsured Rate by Age- Broward, 2016



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

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Florida KidCare Benefits- Broward County

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

Source: www.floridakidcare.com

Florida KidCare Enrollment-Broward County, May 2018

Healthy Kids Subsidy (5-18)	Healthy Kids Full Pay (5-18)	Healthy Kids Total (5-18)	Medikids Subsidy (1-4)	Medikids Full Pay (1-4)	Medikids Total (1-4)	Children's Medical Services (1-18)
20,695	2,453	23,148	3,511	1,494	5,005	1,334

May 2018 Total	Prior Month Total	Percent Change
29,487	29,014	1.63%



Source: www.floridakidcare.com

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Healthcare Resources

Medically Underserved Areas/Populations

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



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Medically Underserved Area/Population Scoring Criteria

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

Broward County Medically Underserved Area/Populations

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

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

Health Professional Shortage Areas

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



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Health Professional Shortage Area scoring criteria and FTE formula

Primary Care HPSA Scoring

Population-to-Provider Ratio (10 points max) +
 Percent of Population below 100% FPL (5 points max) +
 Infant Health Index (Based on IMR or LBW Rate) (5 points max) +
 Travel Time to NSC (5 points max) =
 HPSA Score (Out of 25)

Dental Health HPSA Scoring


Population-to-Provider Ratio (10 points max) +
 Percent of Population below 100% FPL (10 points max) +
 Water Fluoridation Status (1 point max) +
 Travel Time to NSC (5 points max) =
 HPSA Score (Out of 26)

Mental Health HPSA Scoring

Population-to-Provider Ratio (7 points max) +
 Percent of Population below 100% FPL (5 points max) +
 Elderly Ratio (3 points max) +
 Youth Ratio (3 points max) +
 Alcohol Abuse Prevalence (1 point max) +
 Substance Abuse Prevalence (1 point max) +
 Travel Time to NSC (5 points max) =
 HPSA Score (Out of 25)

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

NSC = Nearest source of care outside the HPSA designation.



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Broward County Primary Medical Care HPSAs

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

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

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Broward County Dental & Mental Health HPSAs

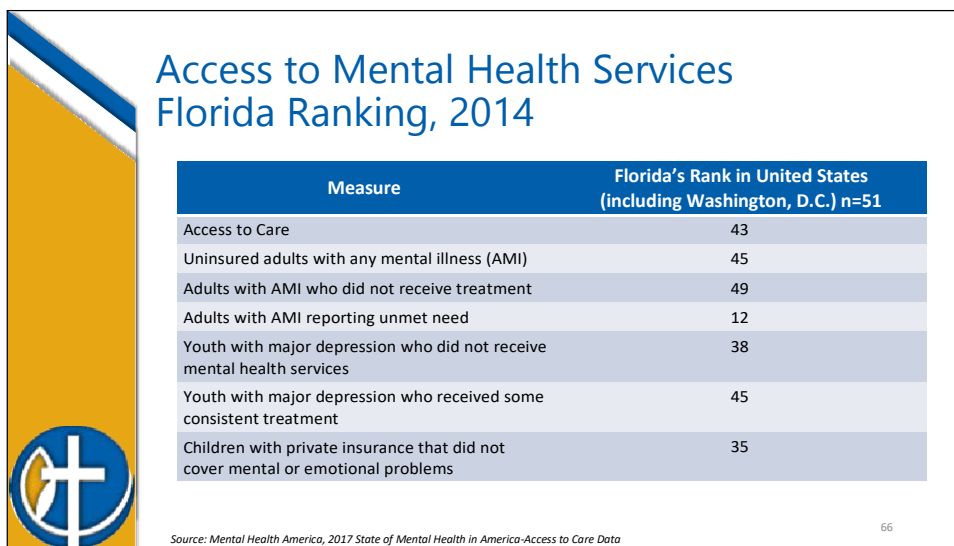
Dental Health				
	Location	FTE	#Short	Score
Low Income	Pompano Beach	0	2.88	16
	Fort Lauderdale	4	24.57	19
	Davie	0.7	21.94	17
	South Broward Hospital District	3	15.43	17
Comprehensive Health Centers	Broward Community and Family Health Center		0	10
	North Broward Hospital District/Homeless		0	22
Native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

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

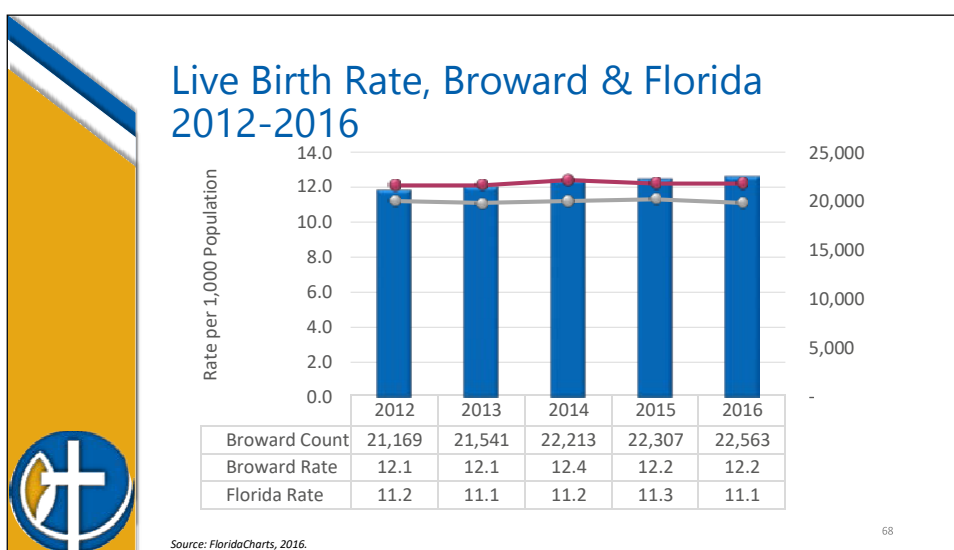
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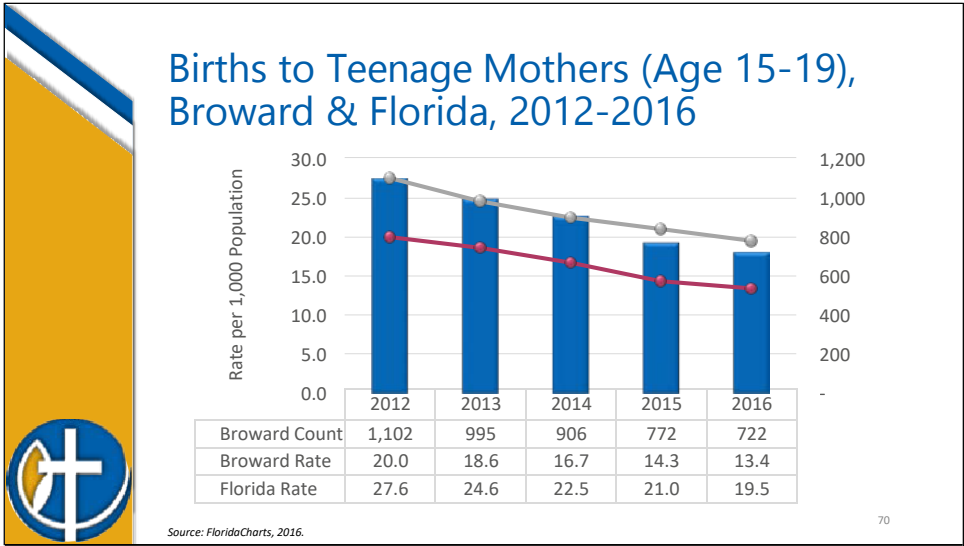
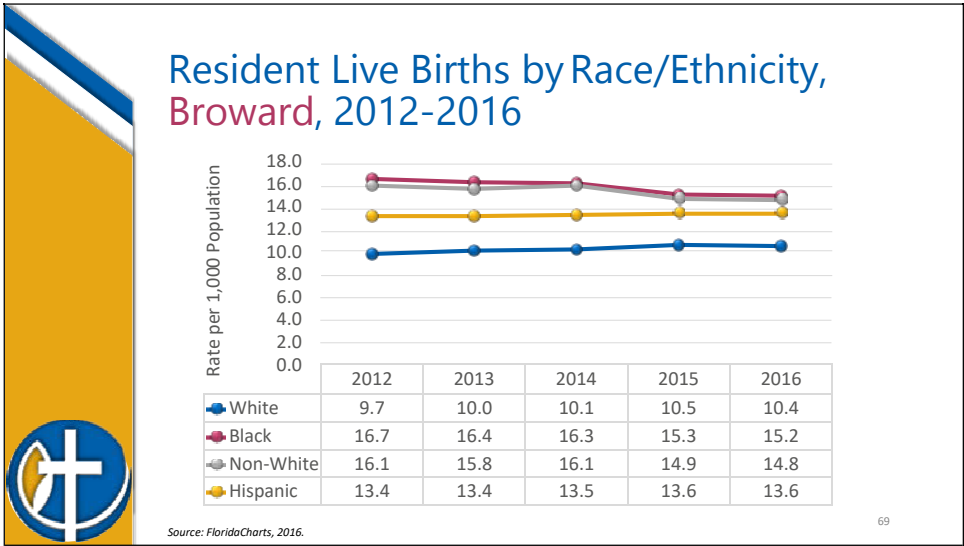


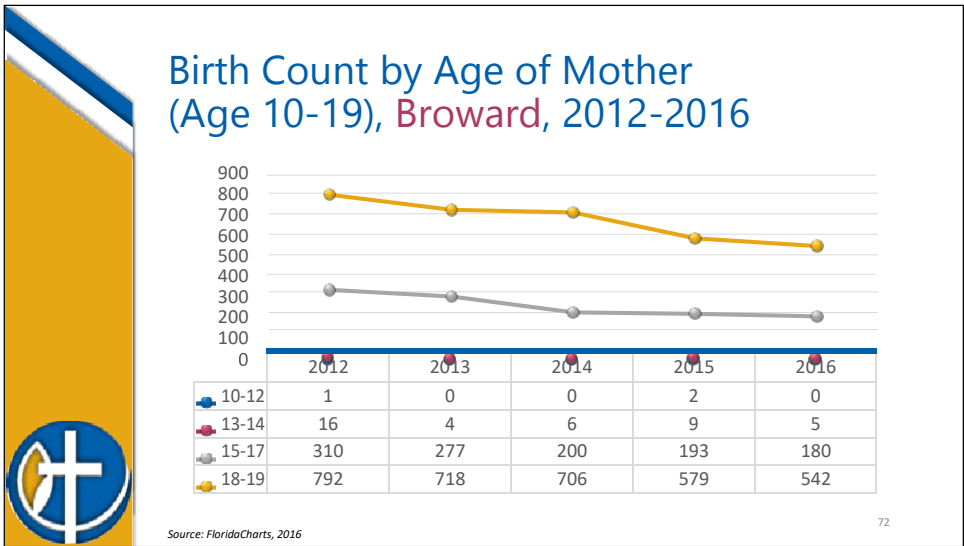
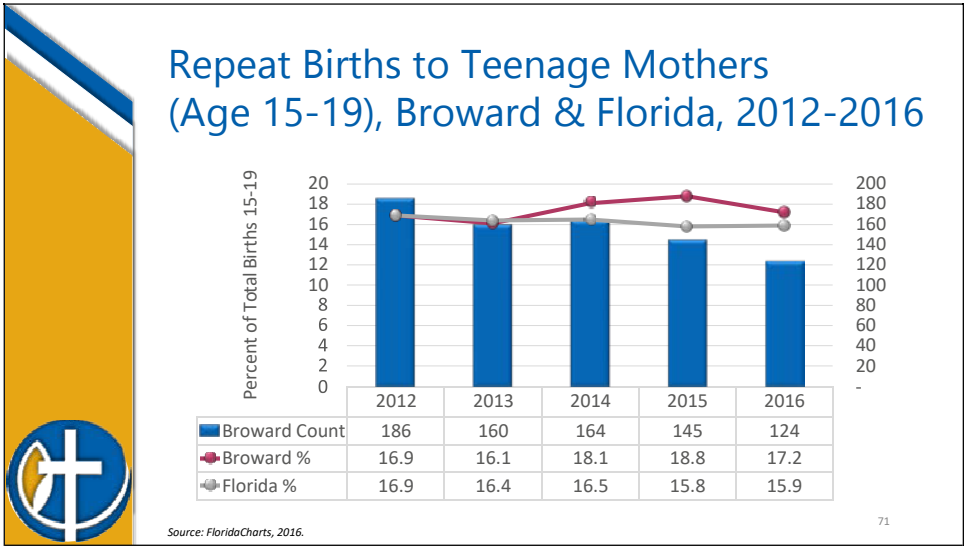
Mental Health Service Access

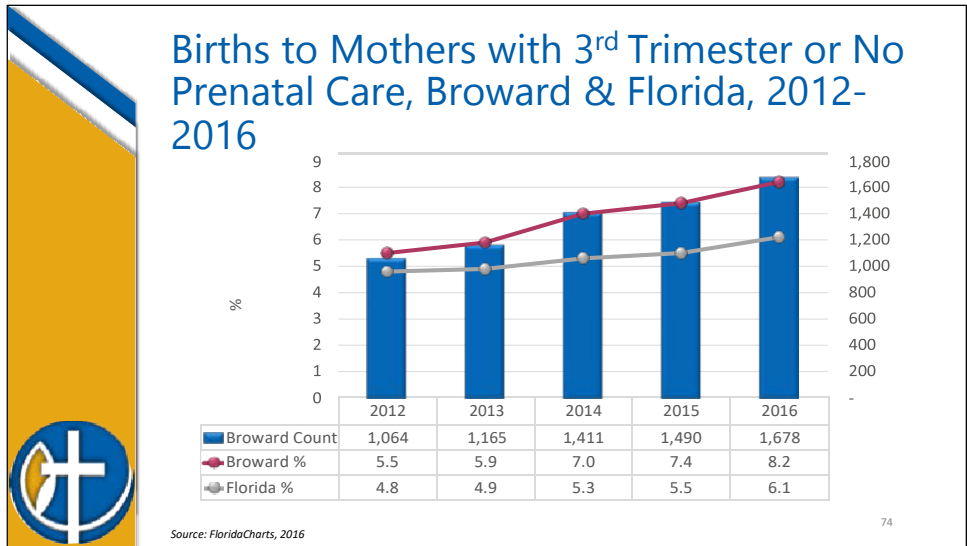
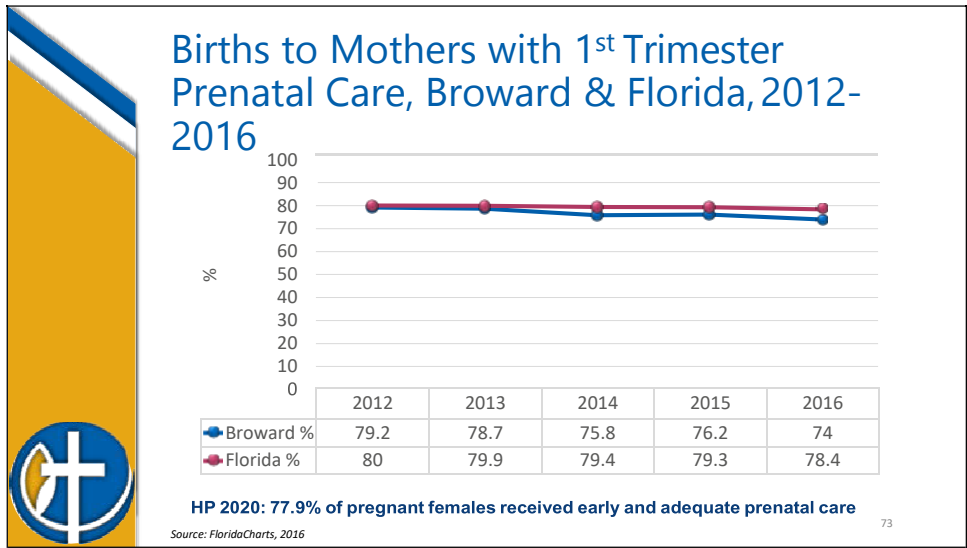


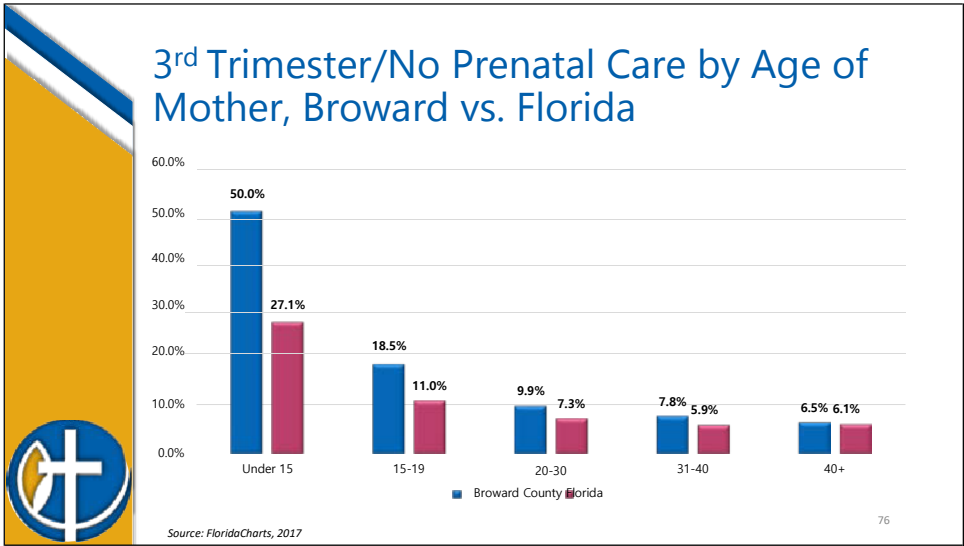
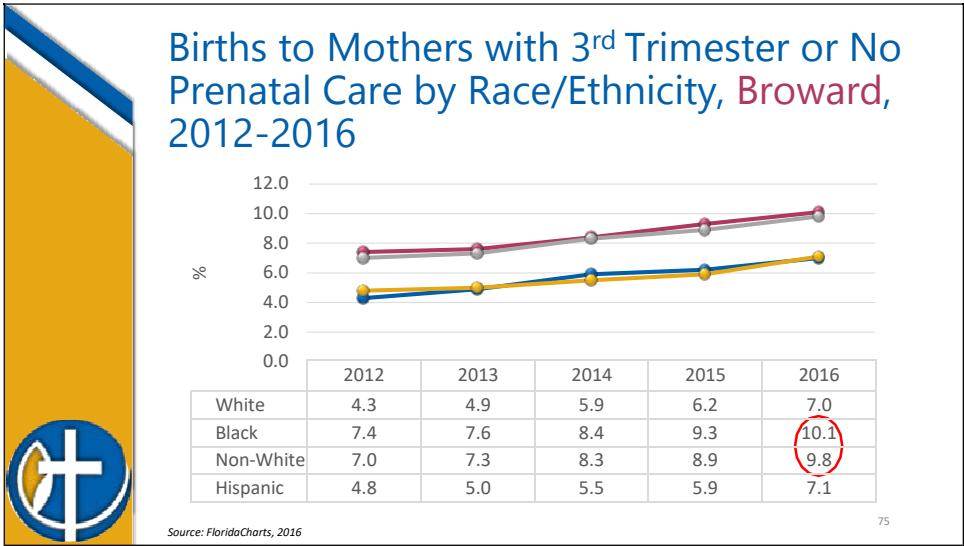
Maternal and Child Health

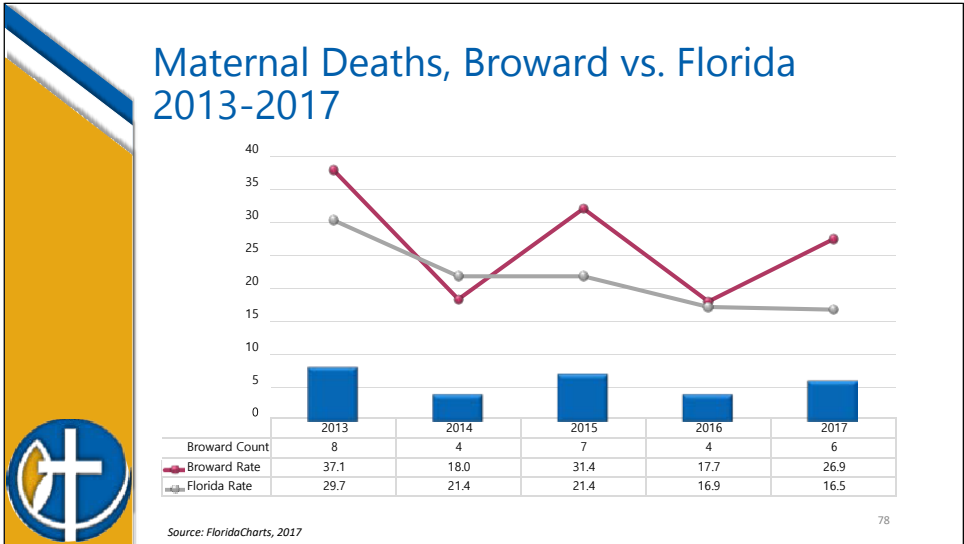
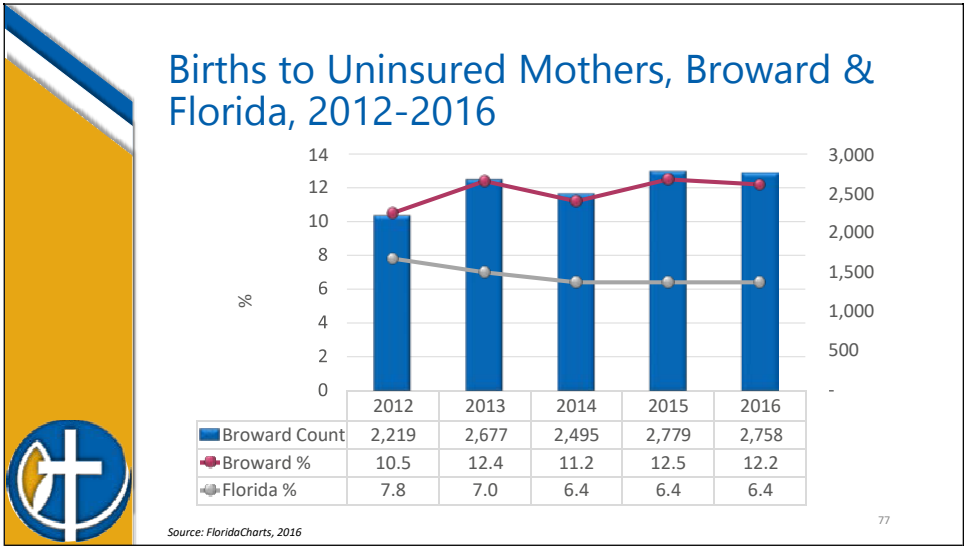


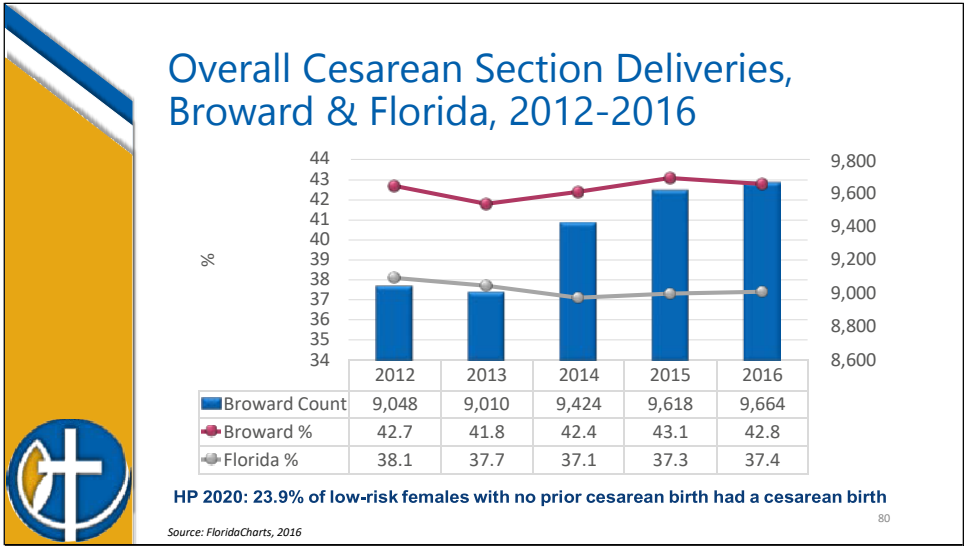
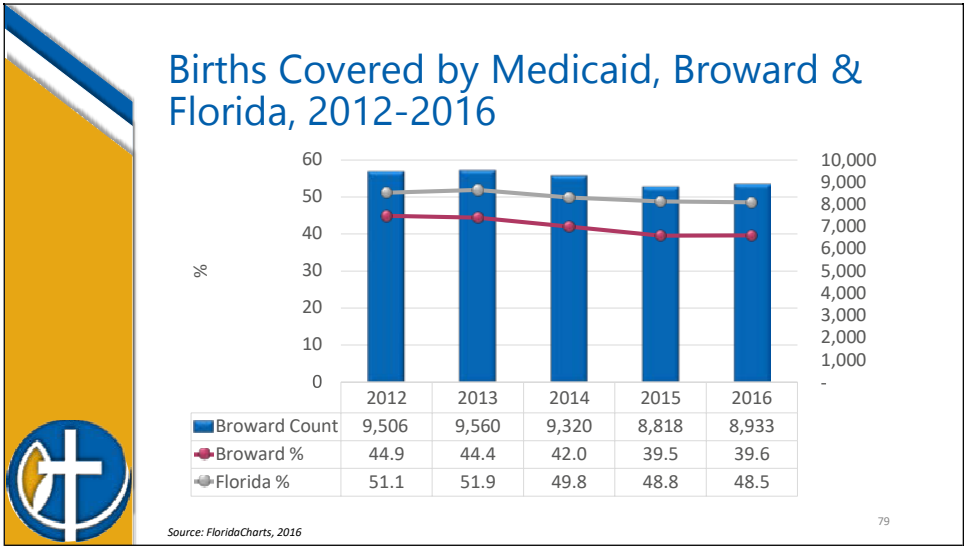


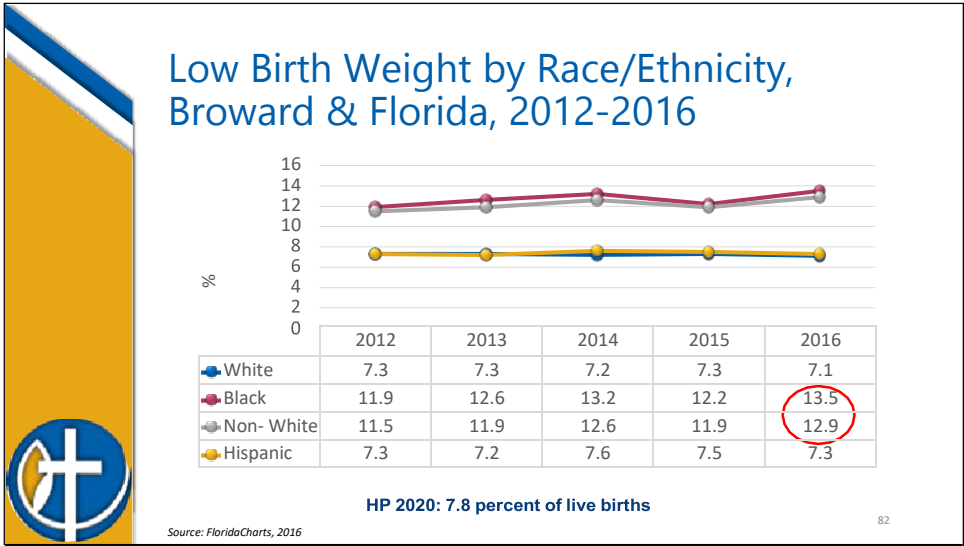
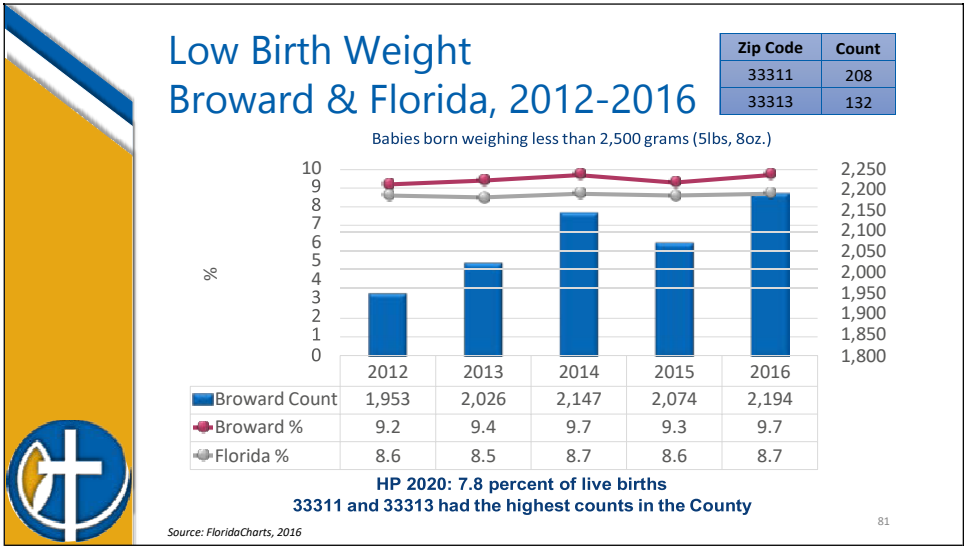


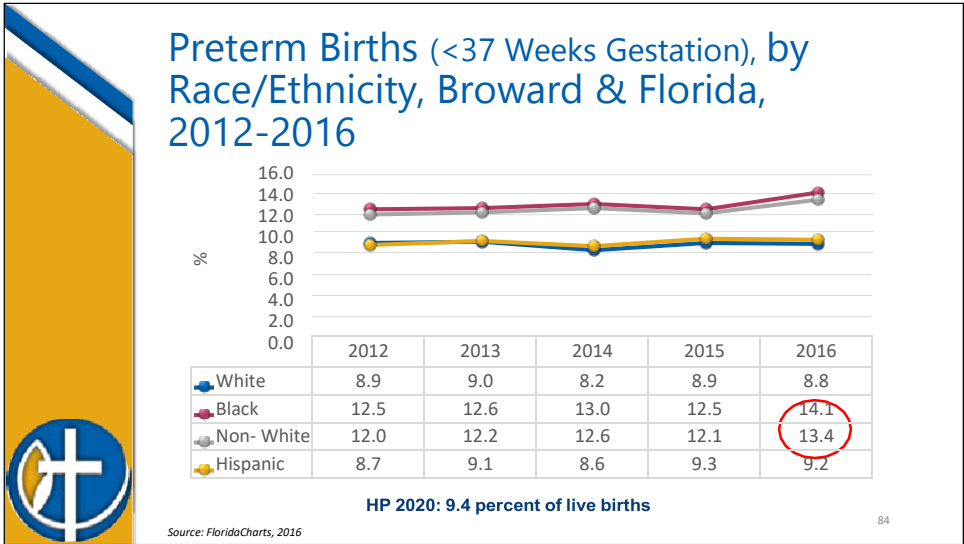
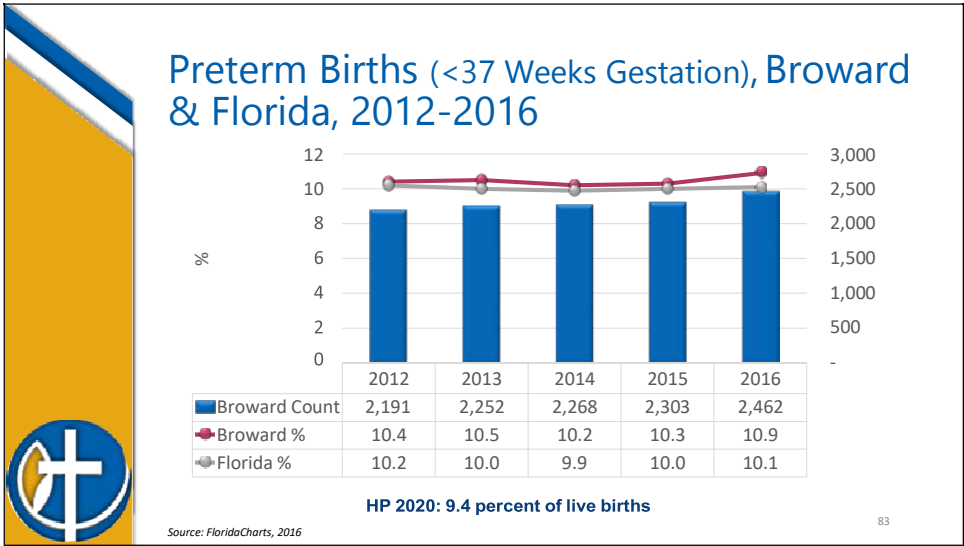


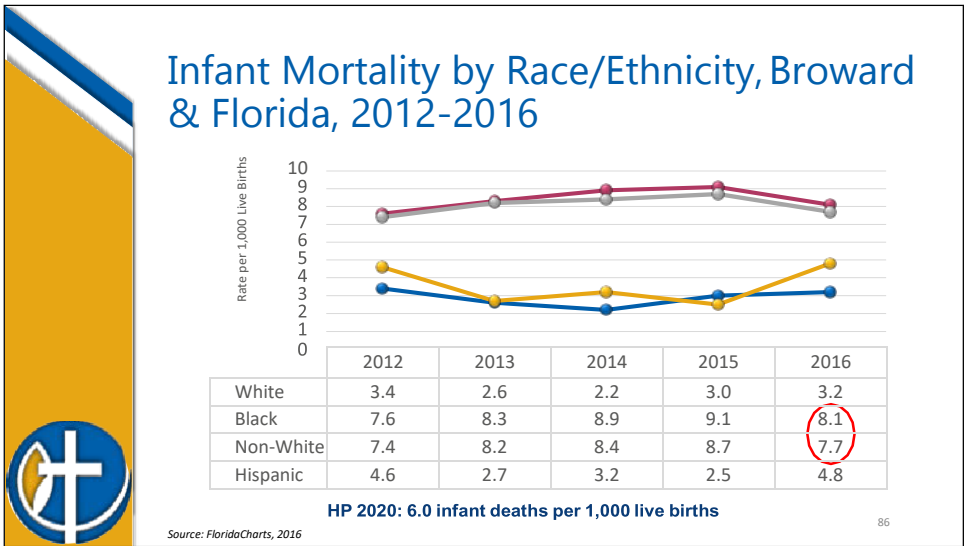
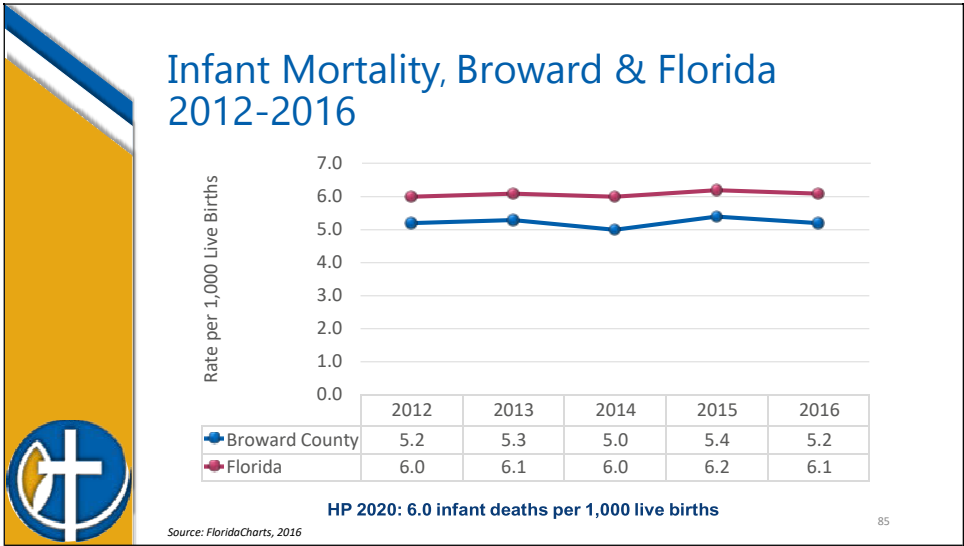


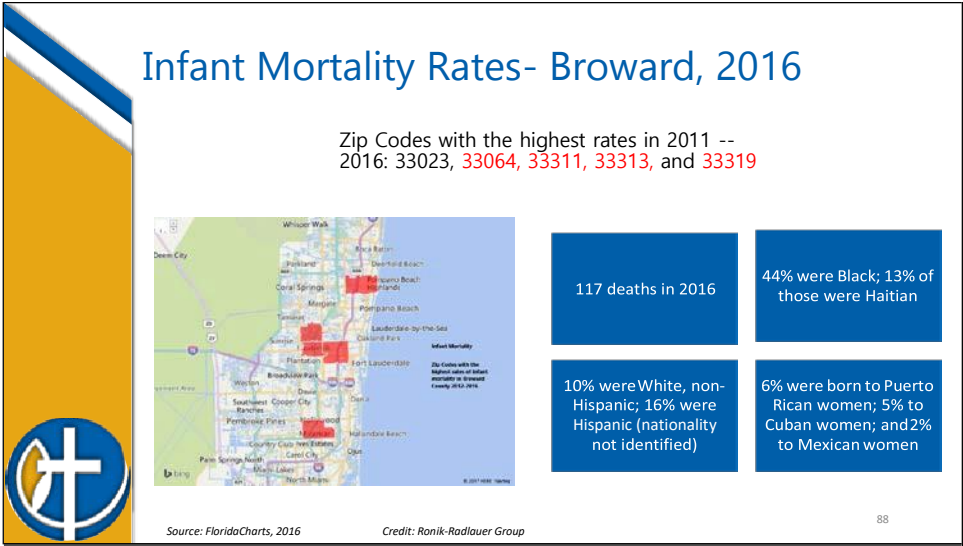
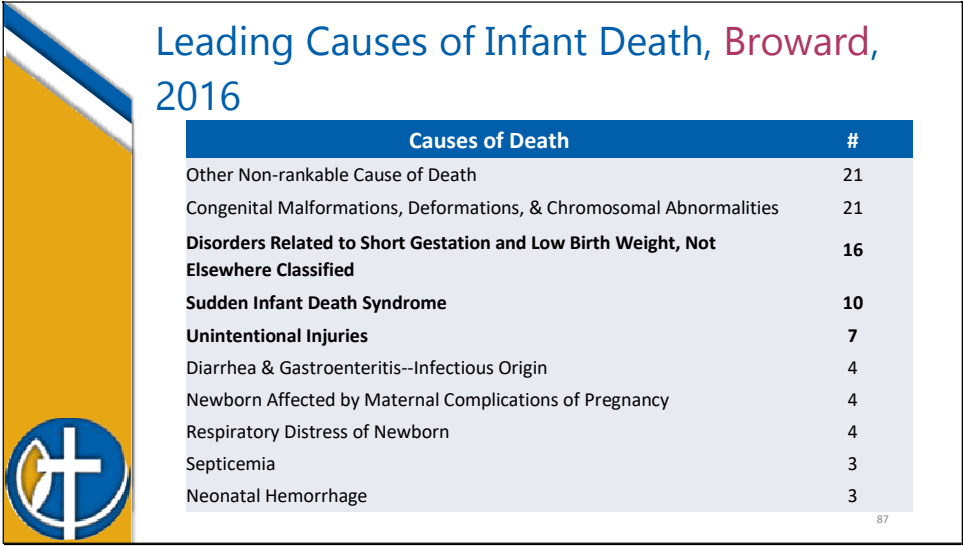


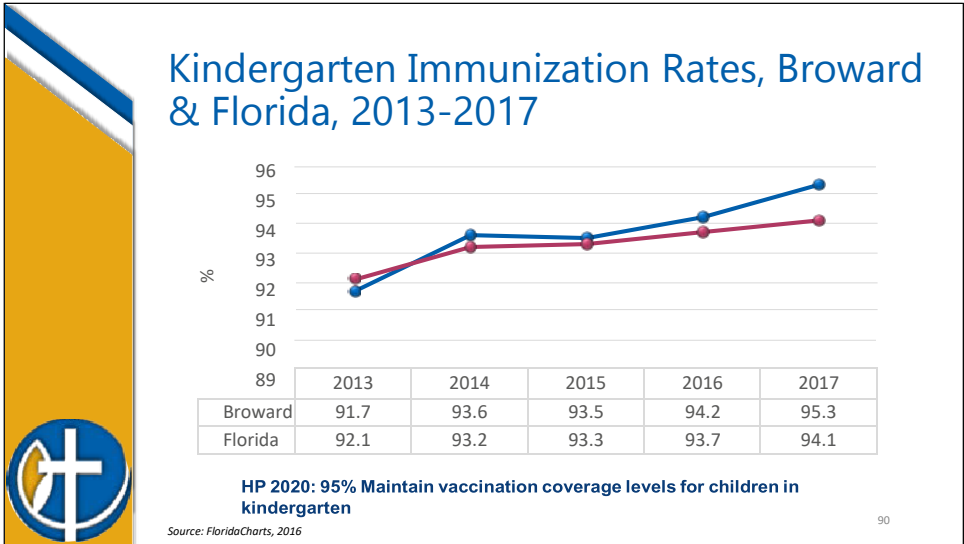
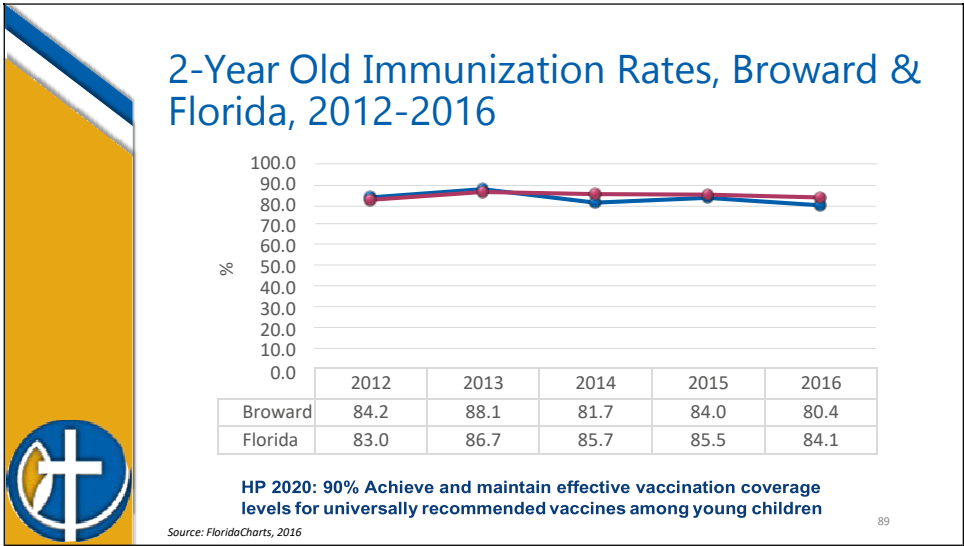












Mortality and Morbidity

Major Causes of Death, Broward, 2016

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

Source: FloridaCharts, 2016

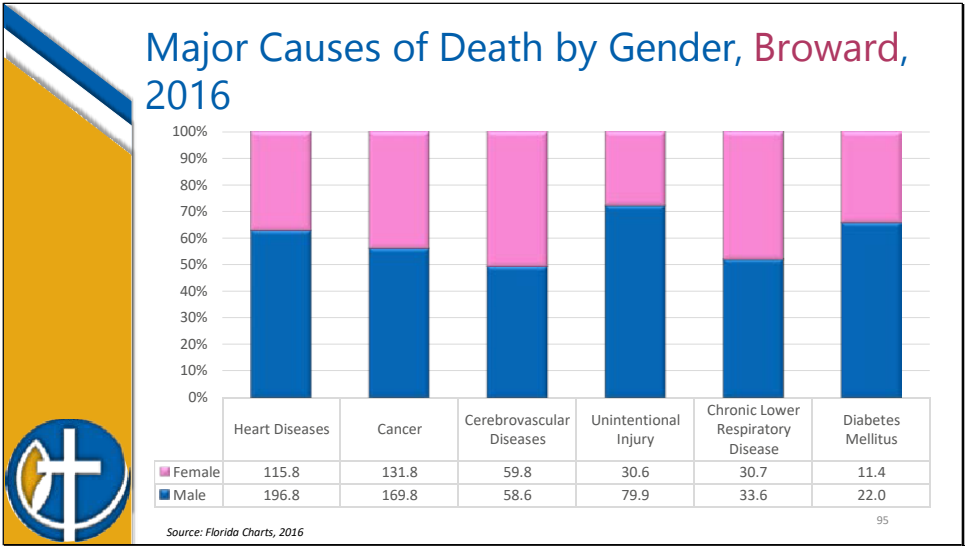
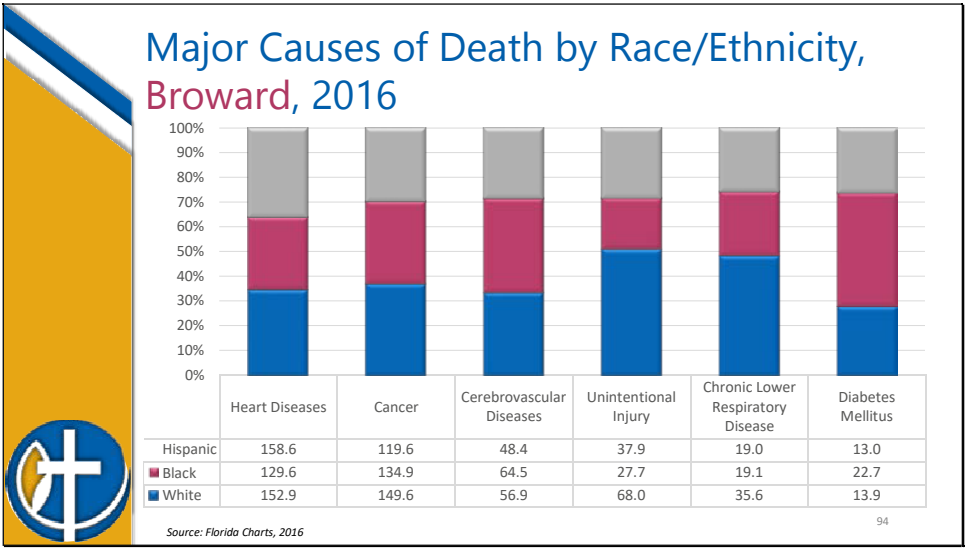
92

Major Causes of Death, Broward, 2016

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

Source: FloridaCharts, 2016

93



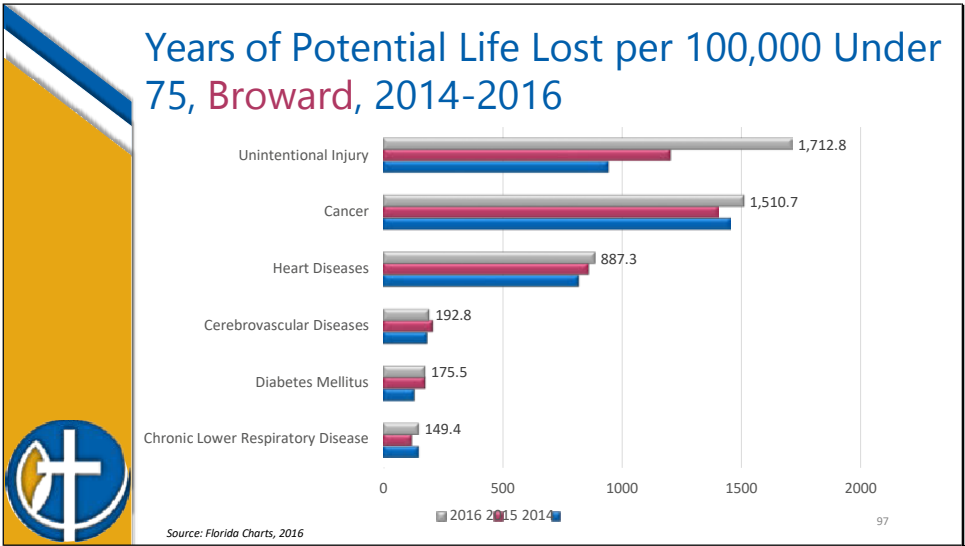
Years of Potential Life Lost - Definition

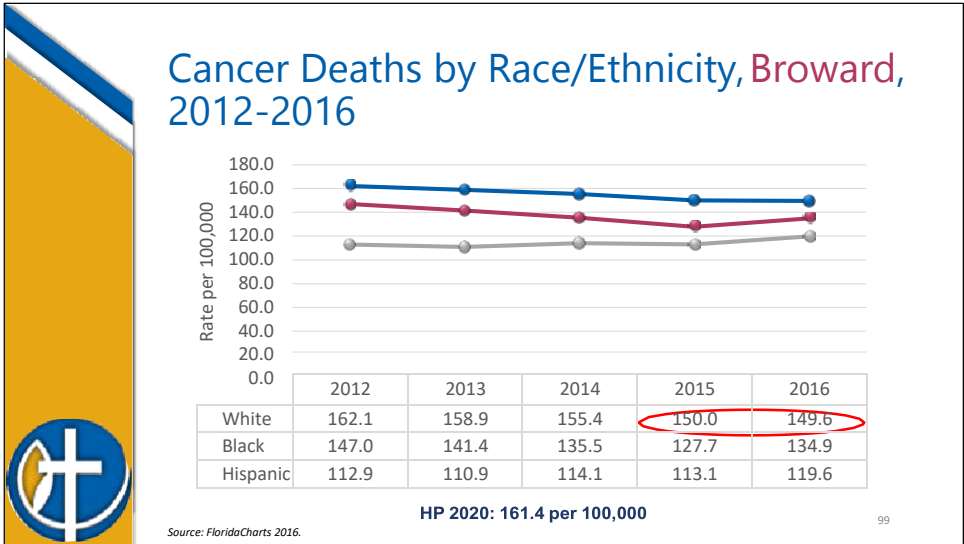
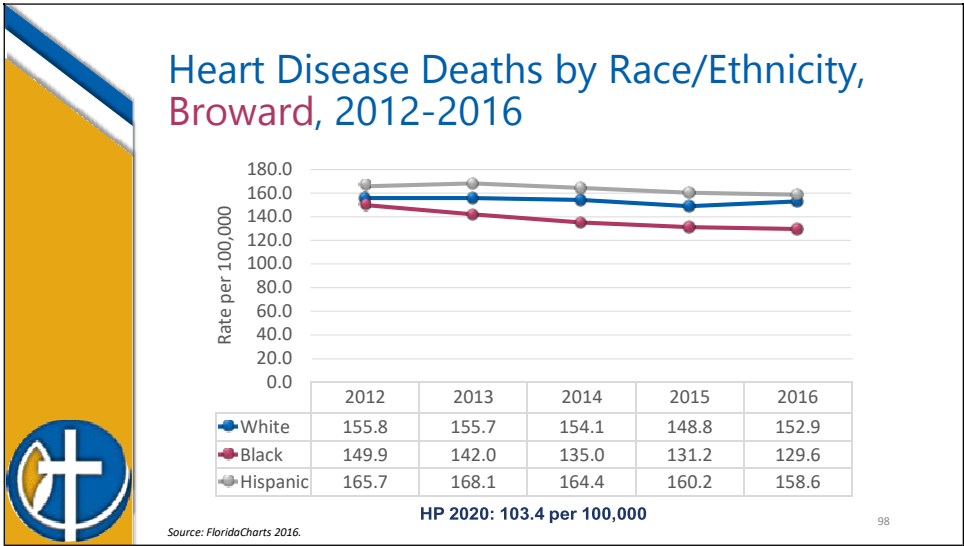
An estimate of the average years a person would have lived if he or she had not died prematurely.

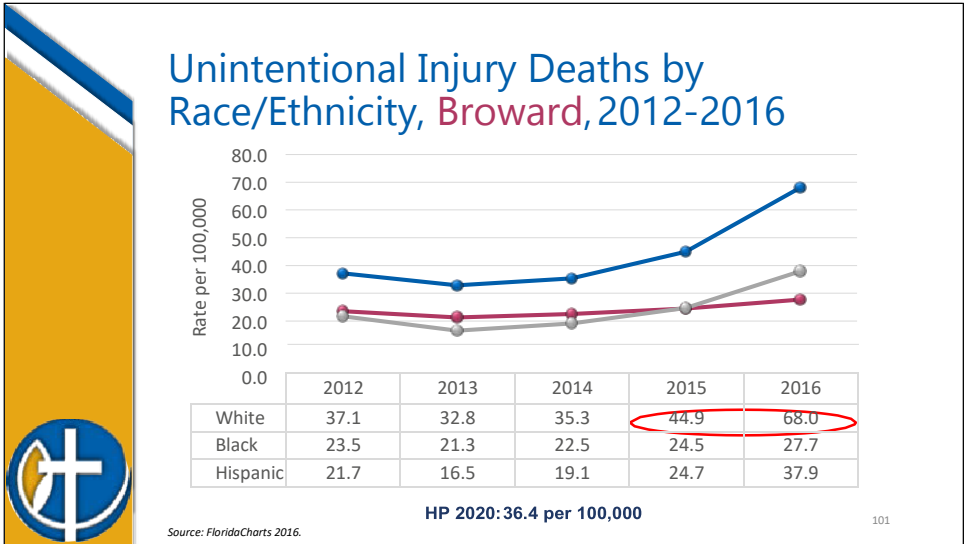
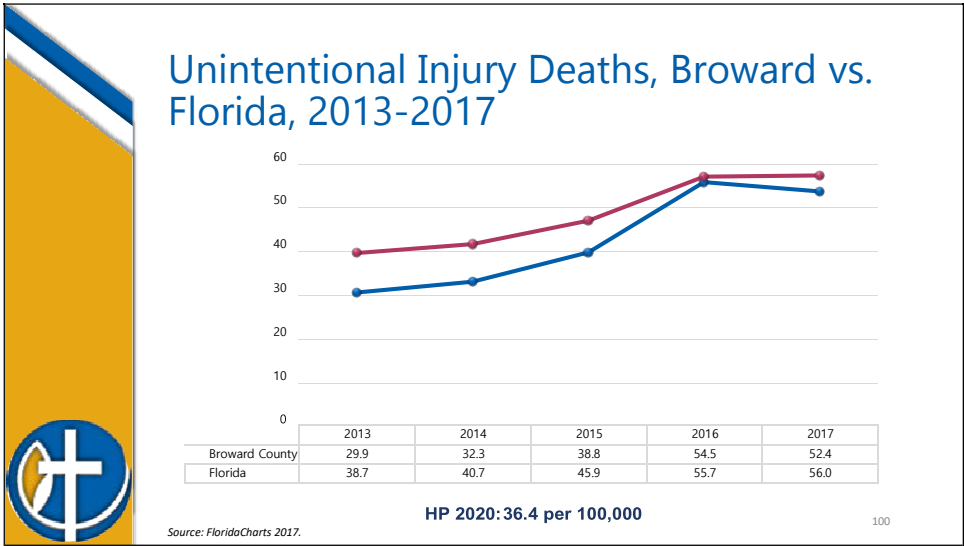
A measure of premature mortality.

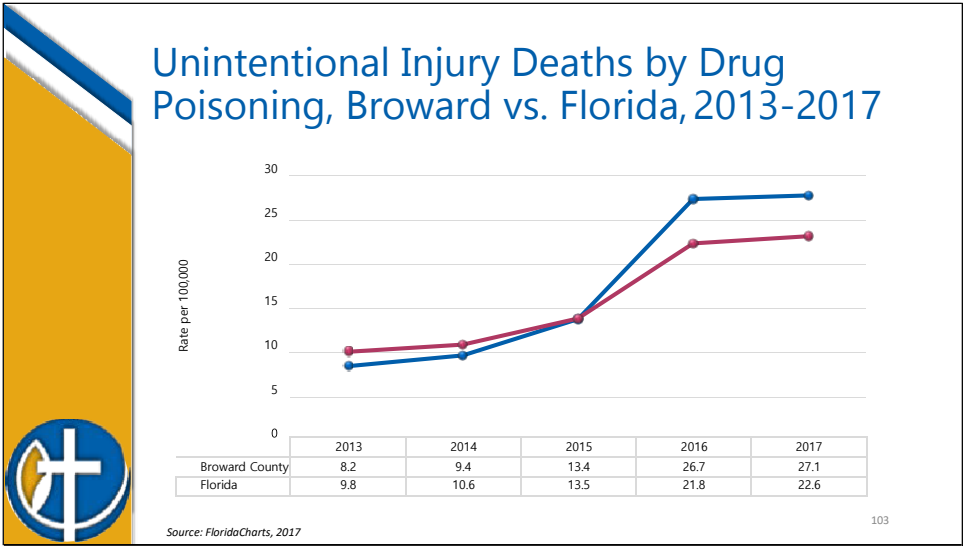
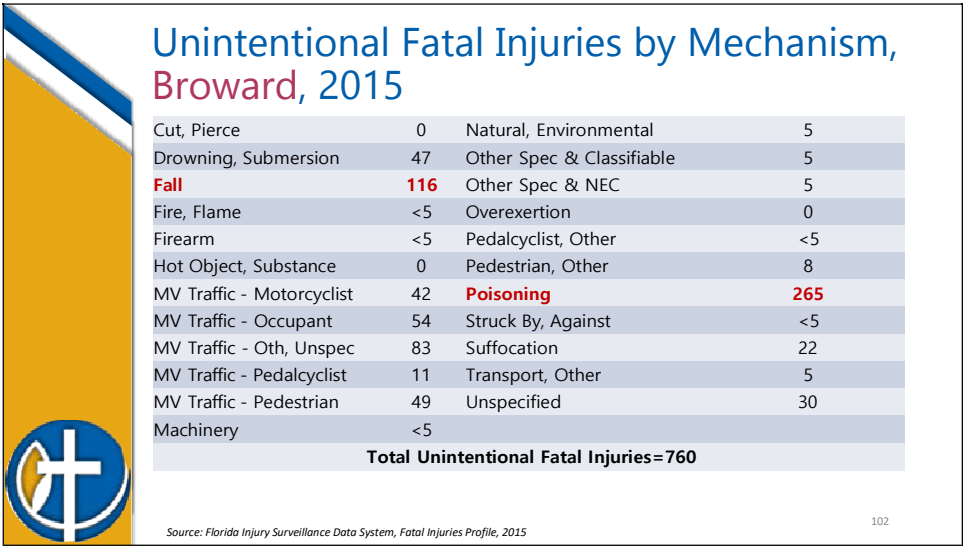
As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people.

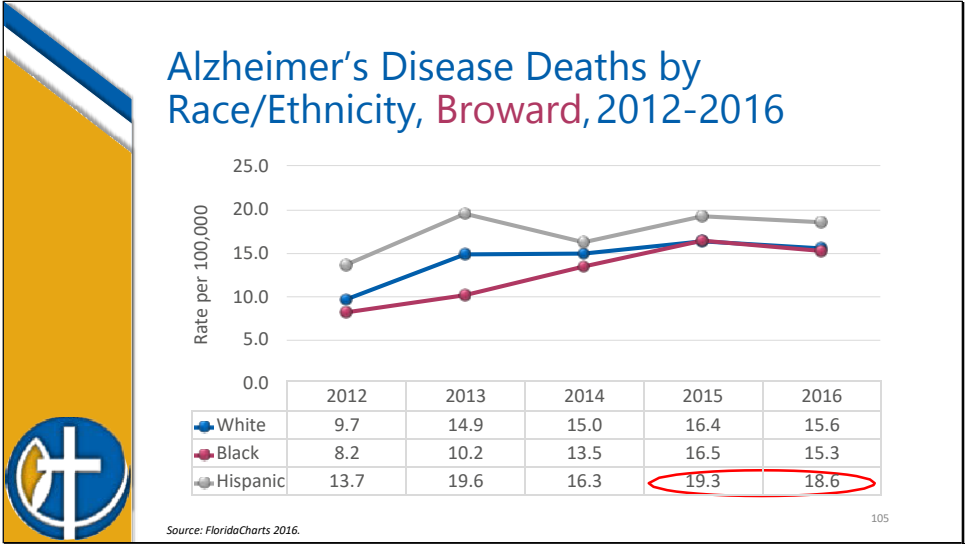
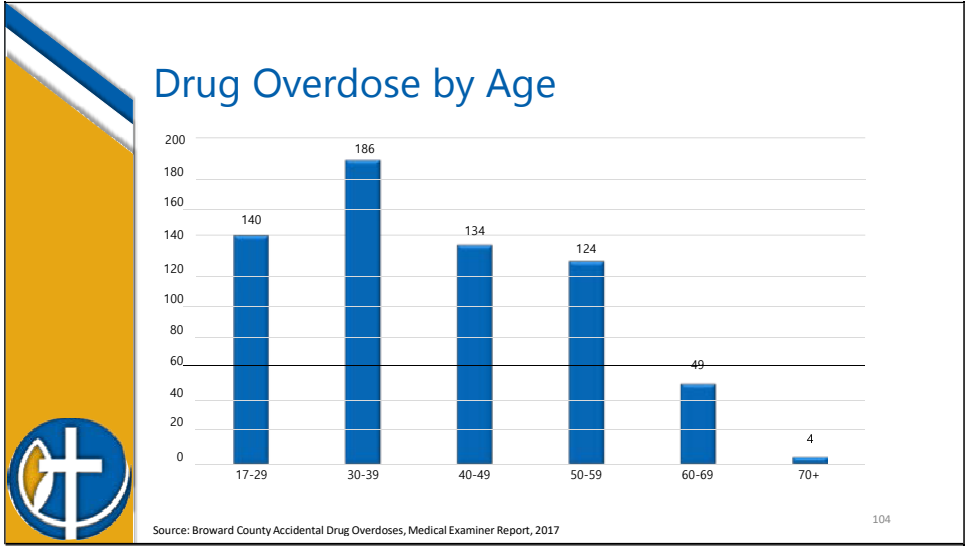
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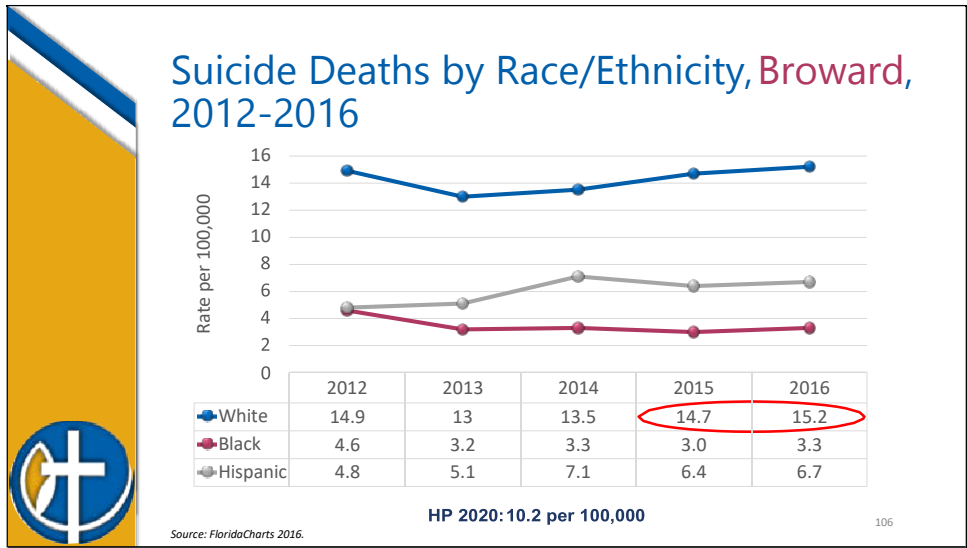




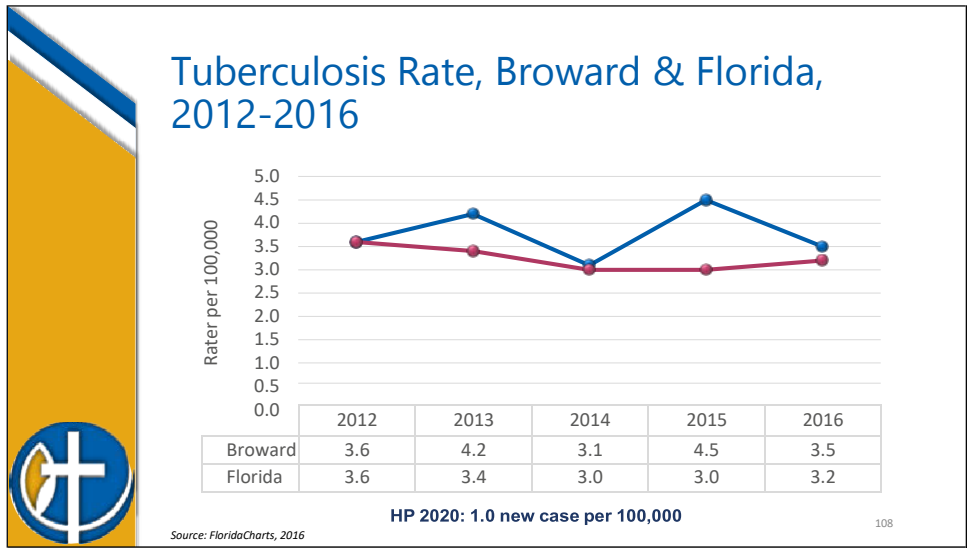


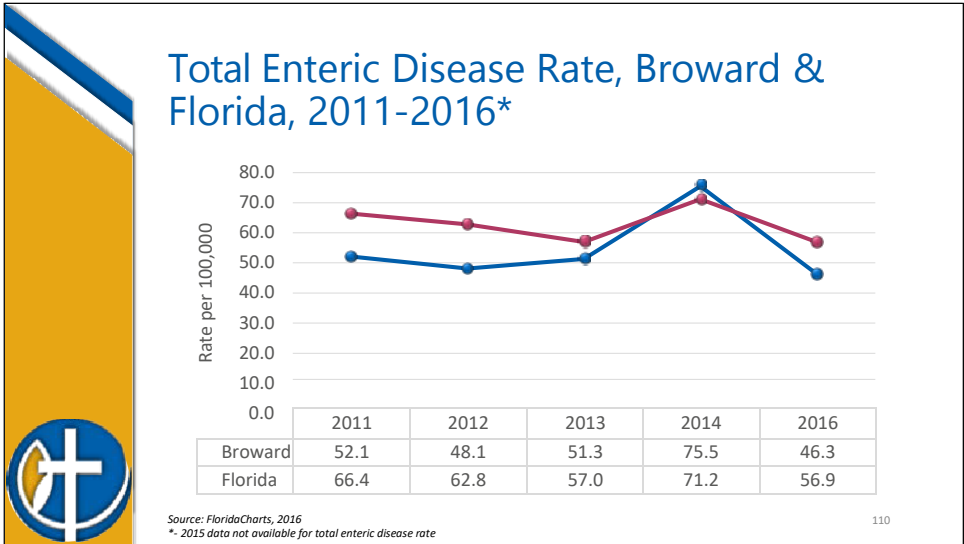
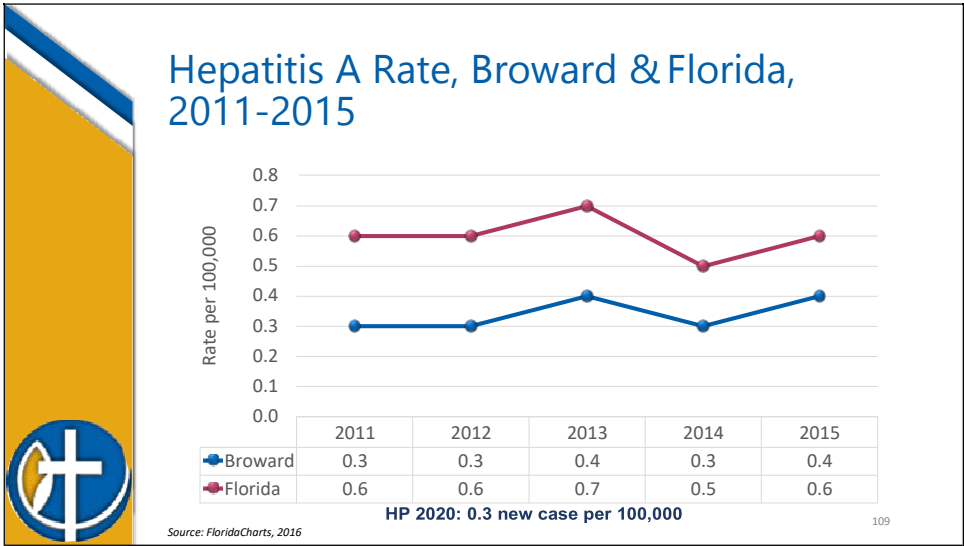


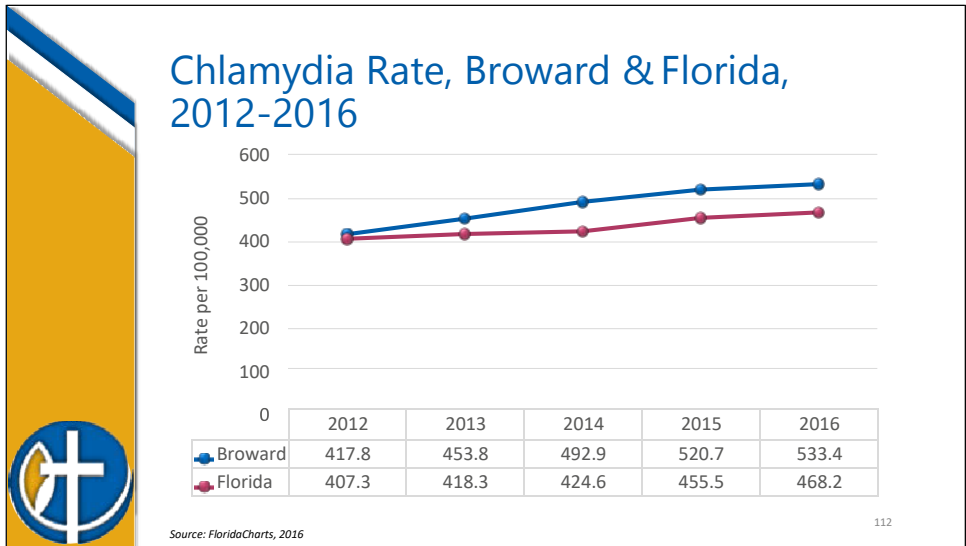
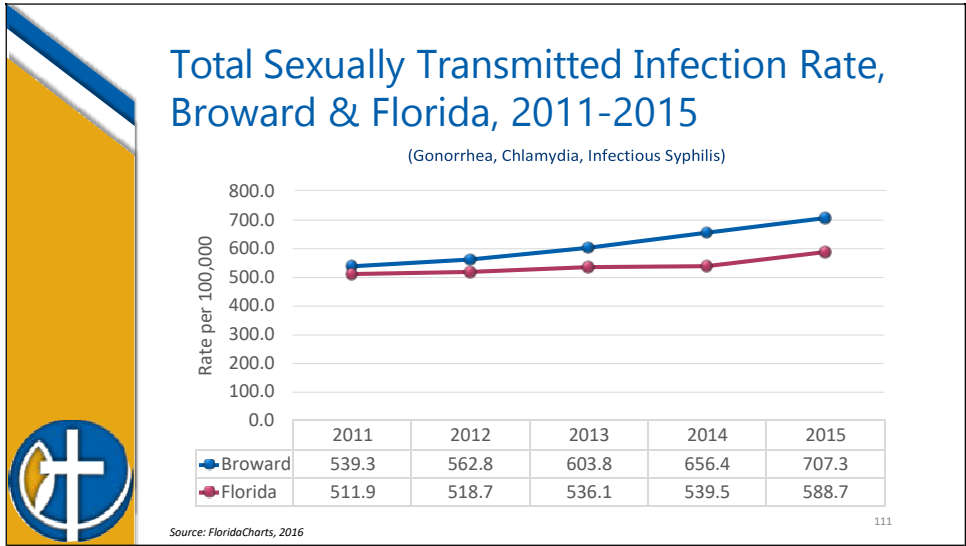




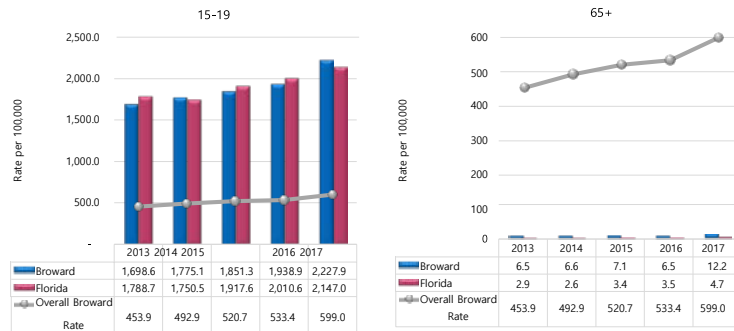
Communicable Diseases Prevalence







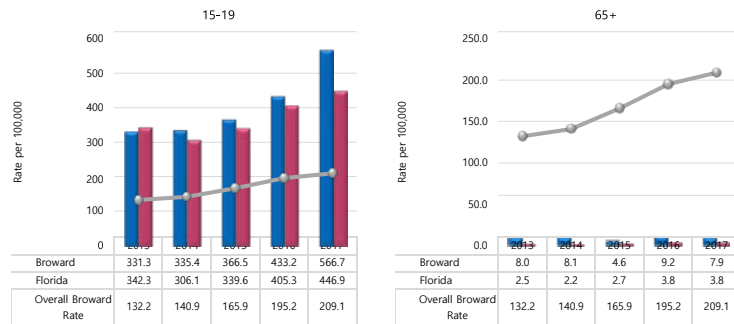
Chlamydia Rate, Age Group Comparison, Broward vs. Florida, 2013-2017



Source: FloridaCharts, 2017

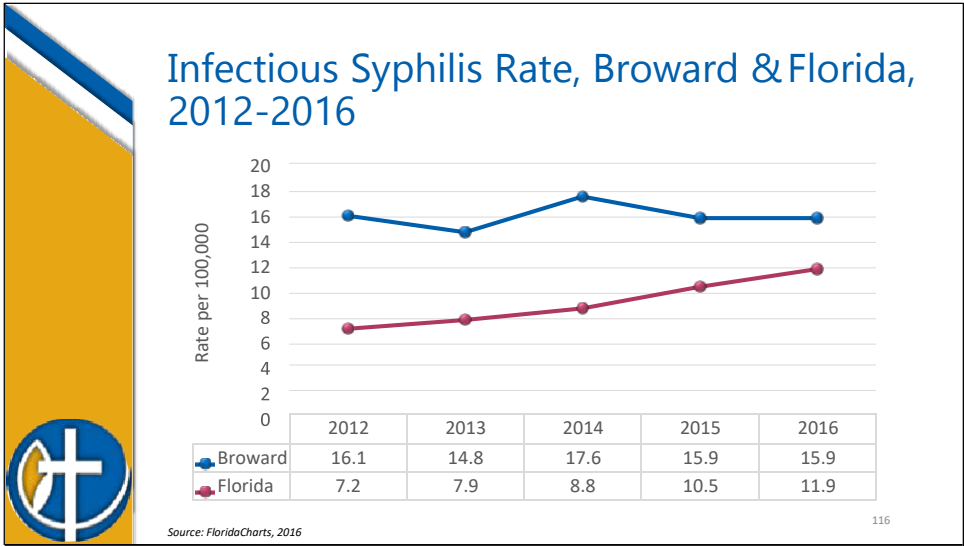
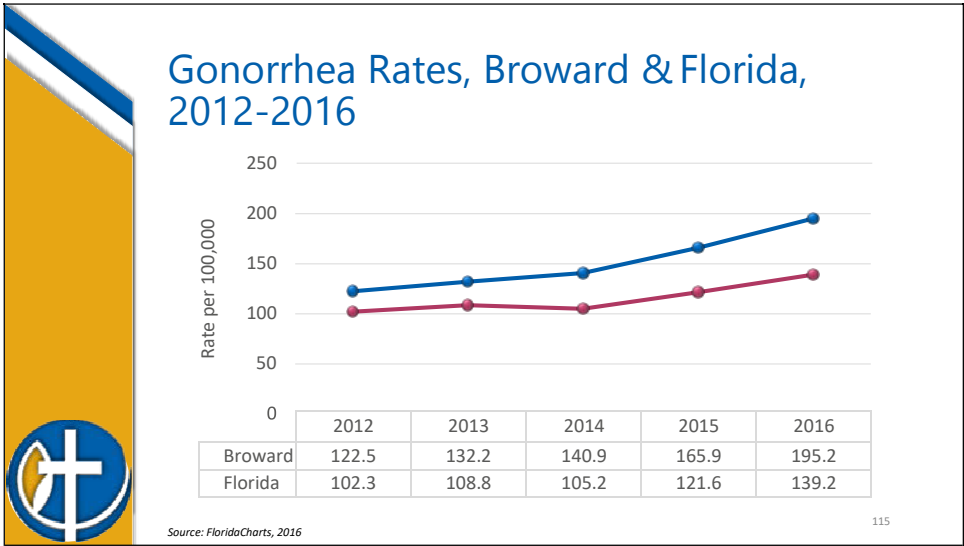
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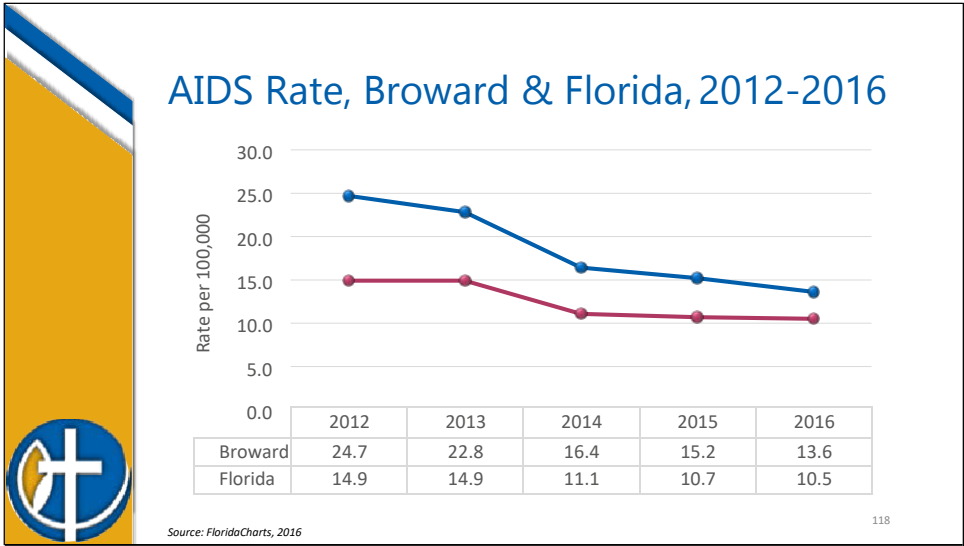
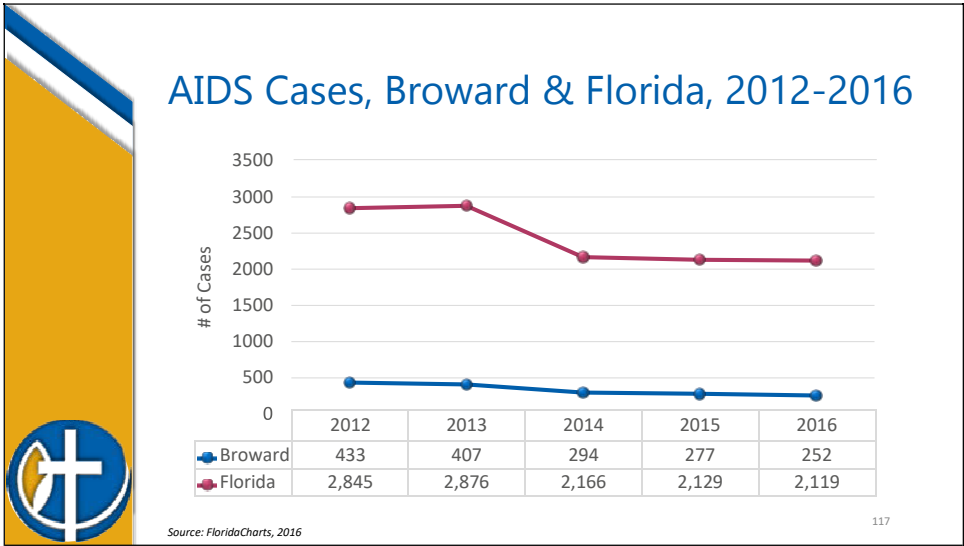
Gonorrhea Rate, Age Group Comparison, Broward vs. Florida, 2013-2017

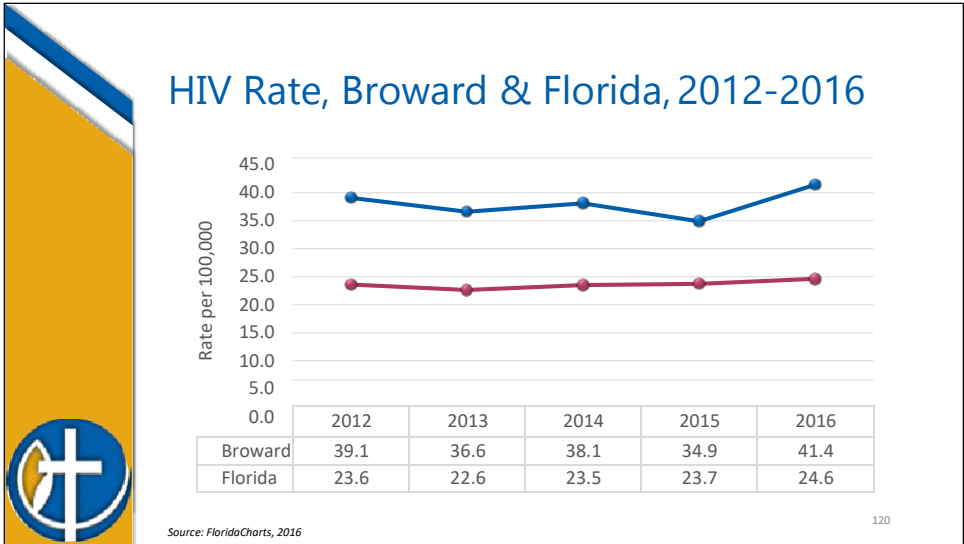
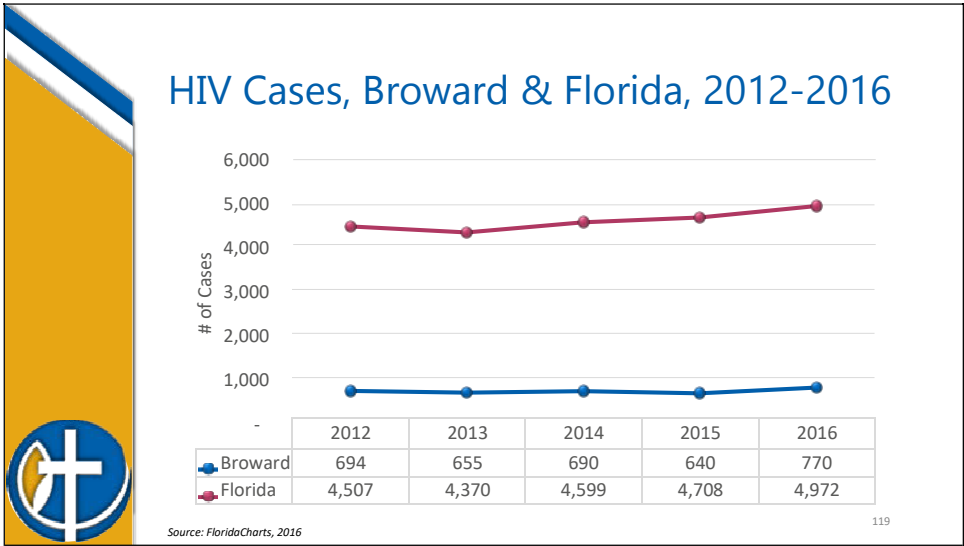


Source: FloridaCharts, 2017

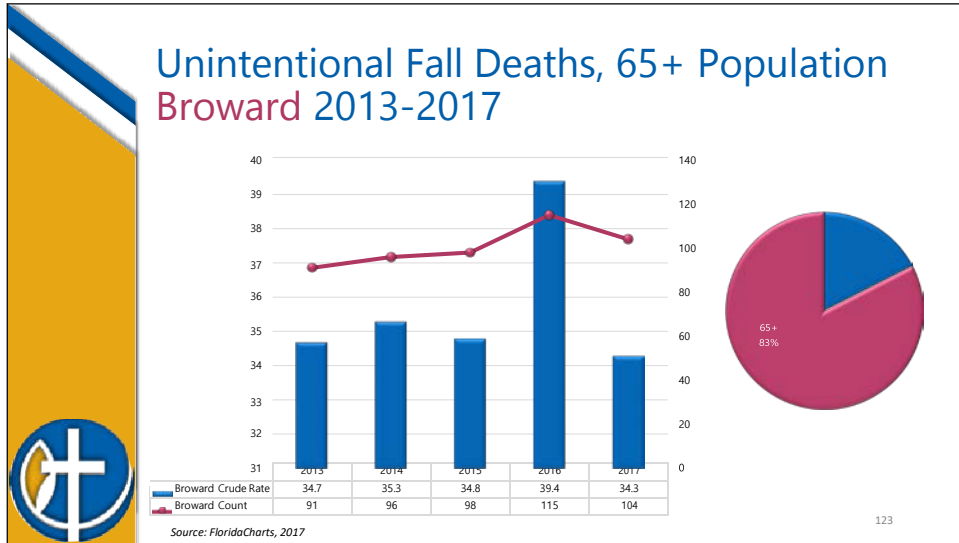
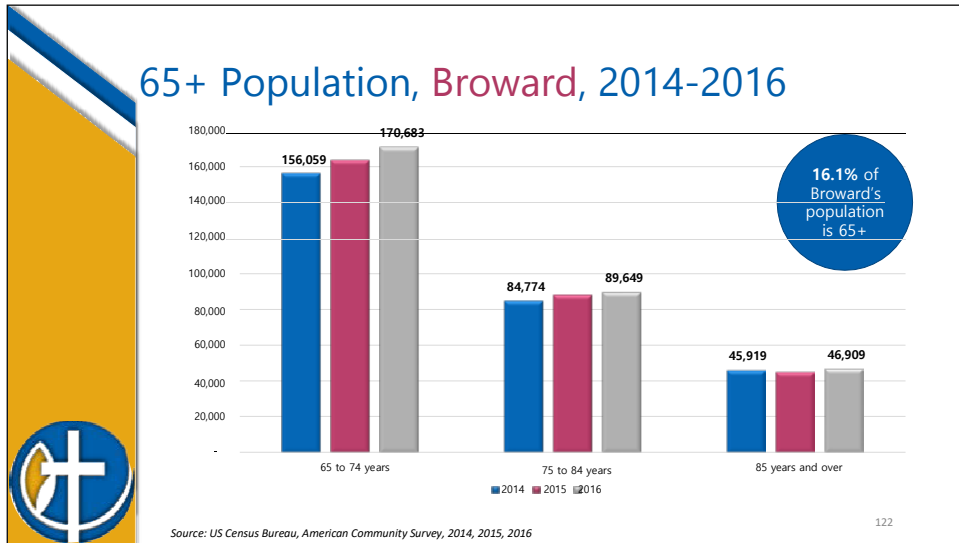
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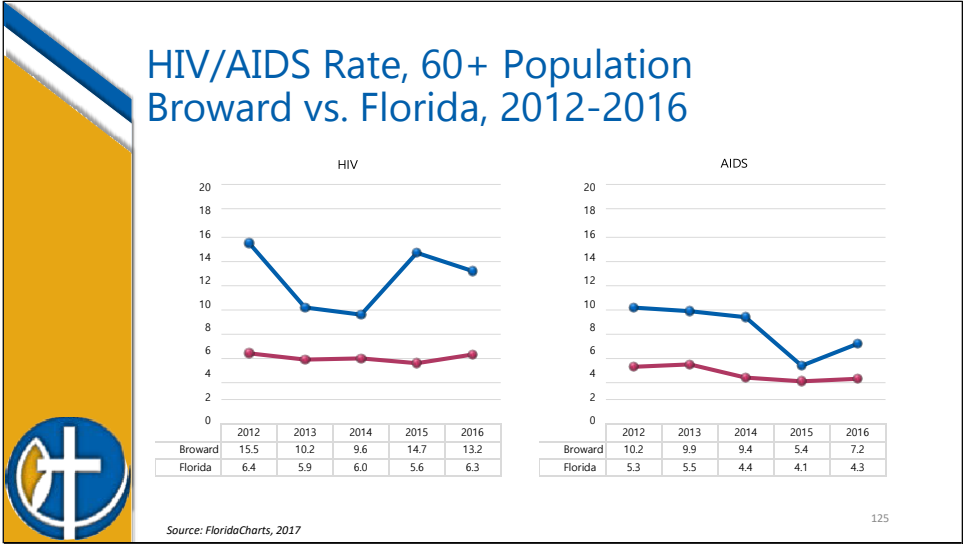
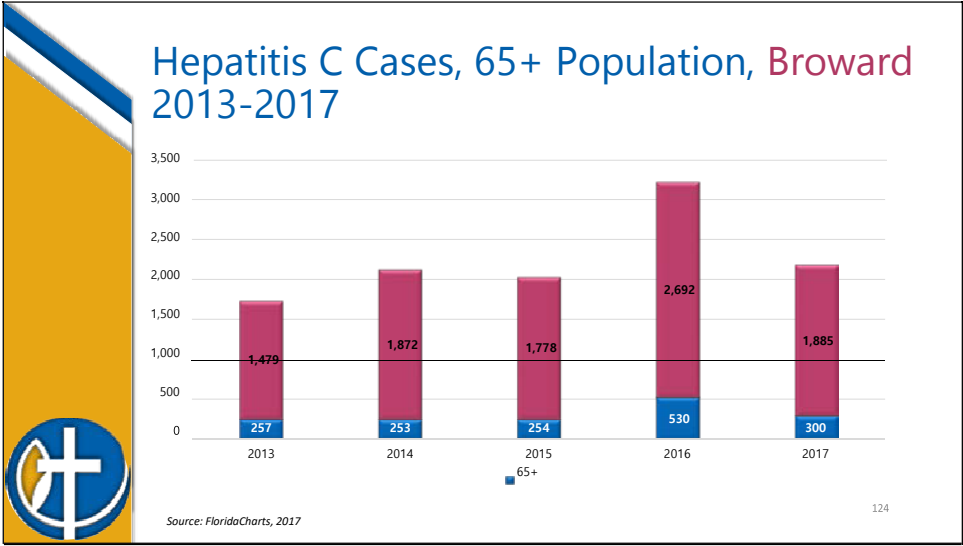


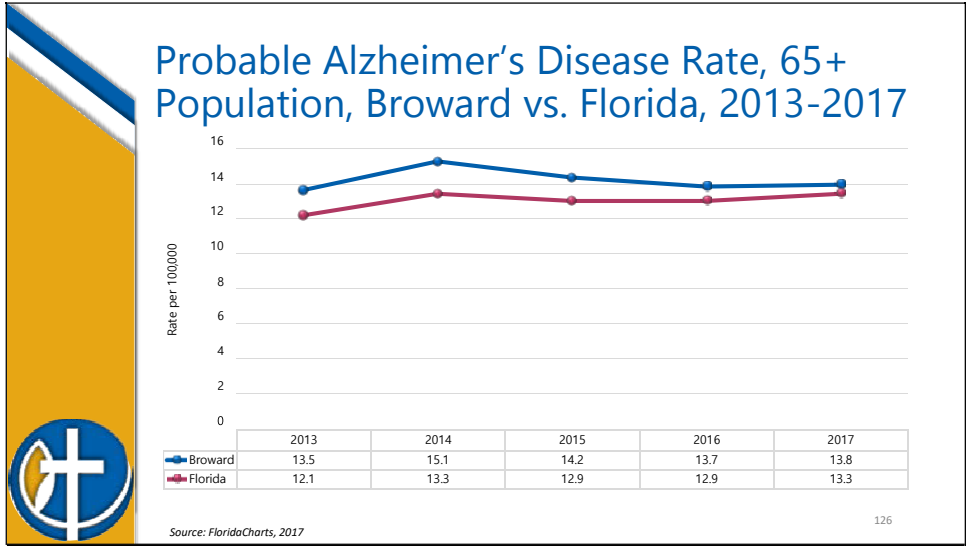




65 and over Population Data





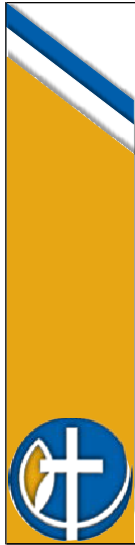


Behavioral Health

Substance Abuse Statistics

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

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



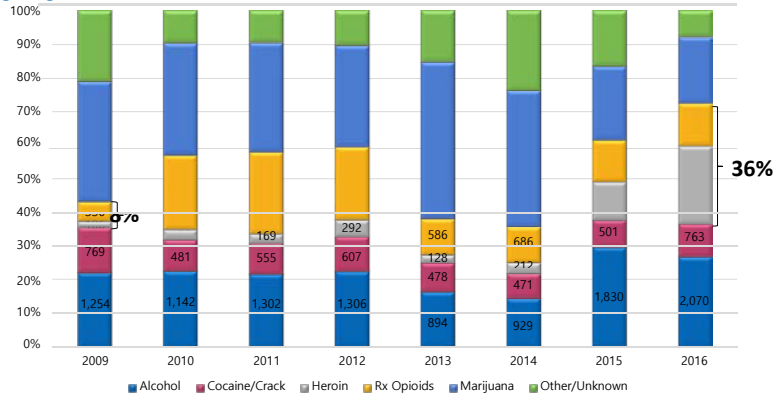
Brief History of Opioids in Florida

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

Source: https://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2012/march_2012/rooston_0329.pdf, <http://www.floridahealth.gov/statistics-and-data/e-forcse/documents/2016DMPAnnualReport.pdf>

3

Primary Treatment Admissions- Broward, 2016



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

4

Primary Treatment Admissions- Broward, 2014-2016

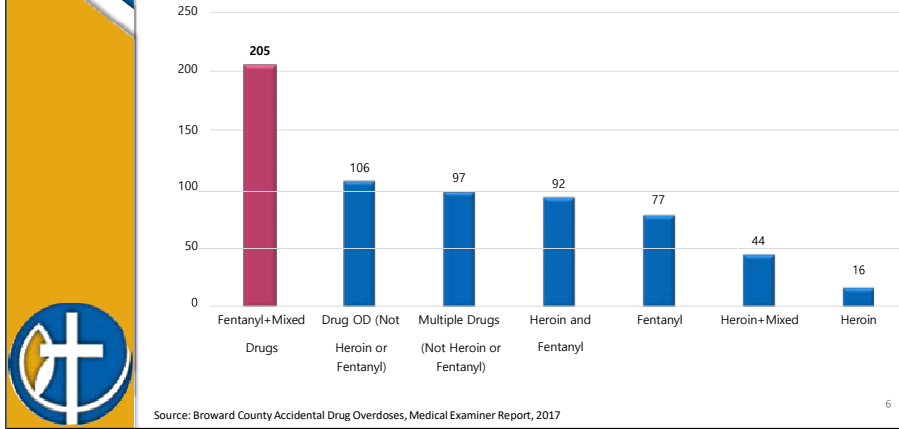
Primary Treatment Substance	2014	2015	2016
Marijuana	2,578	1,356	1,523
Other Drugs/Unknown	1,506	1,014	599
Alcohol	929	1,830	2,070
Rx Opioids	686	766	991
Cocaine/Crack	471	501	763
Heroin	212	704	1,791
Total Admissions	6,382	6,171	7,737

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

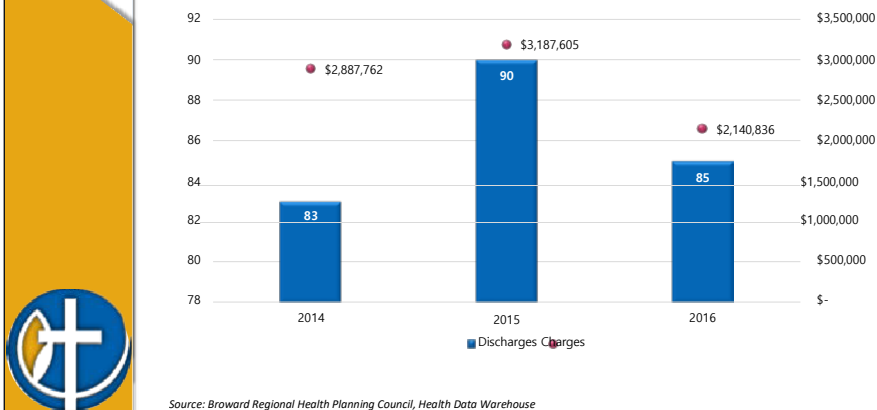
Source: Florida Department of Children and Families and Broward Behavioral Health Coalition

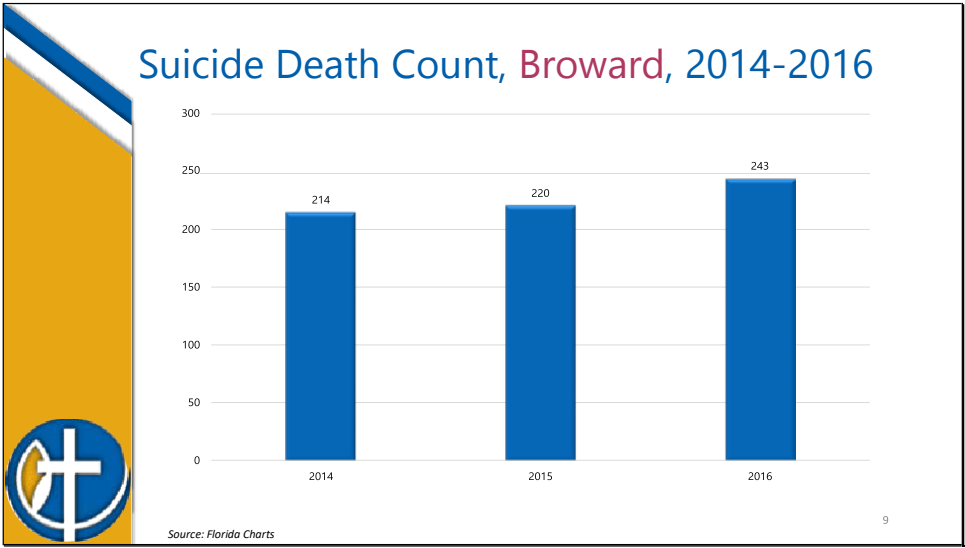
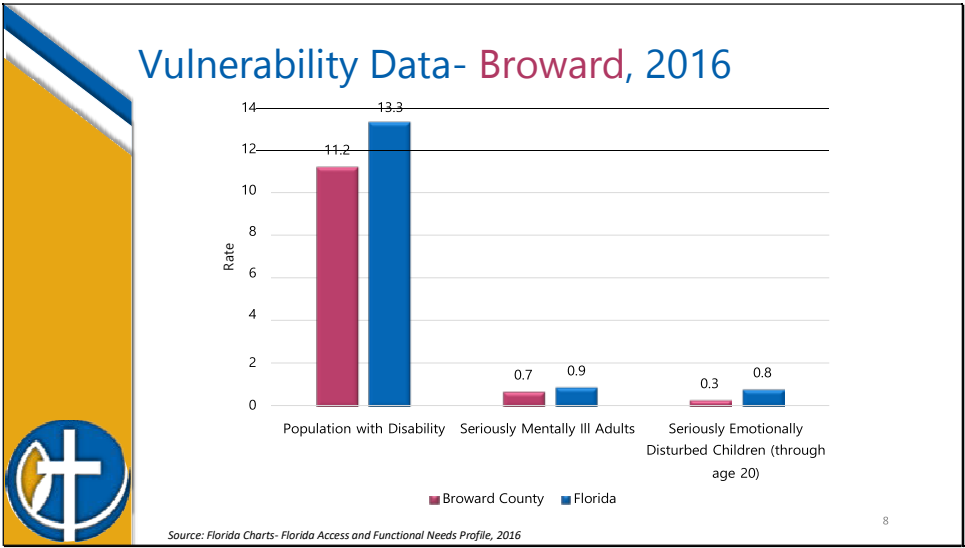
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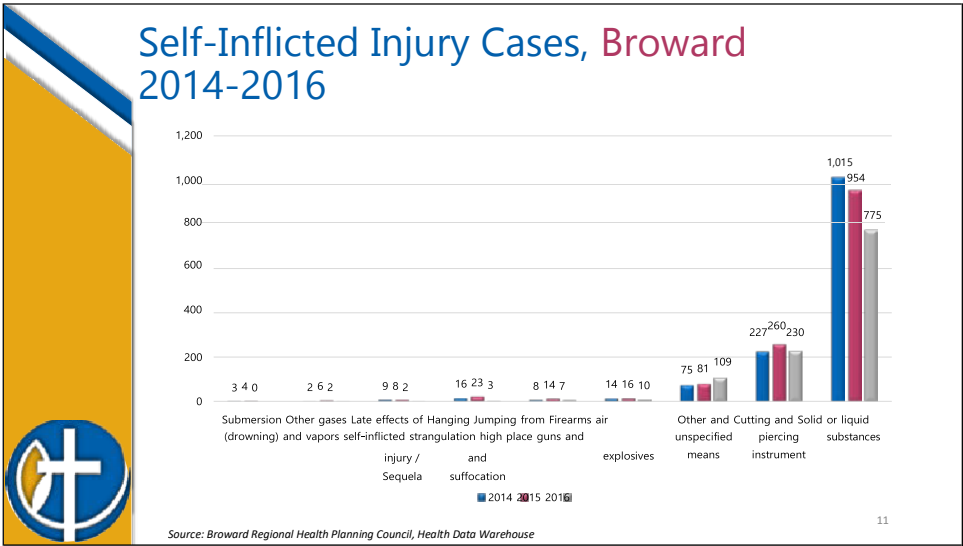
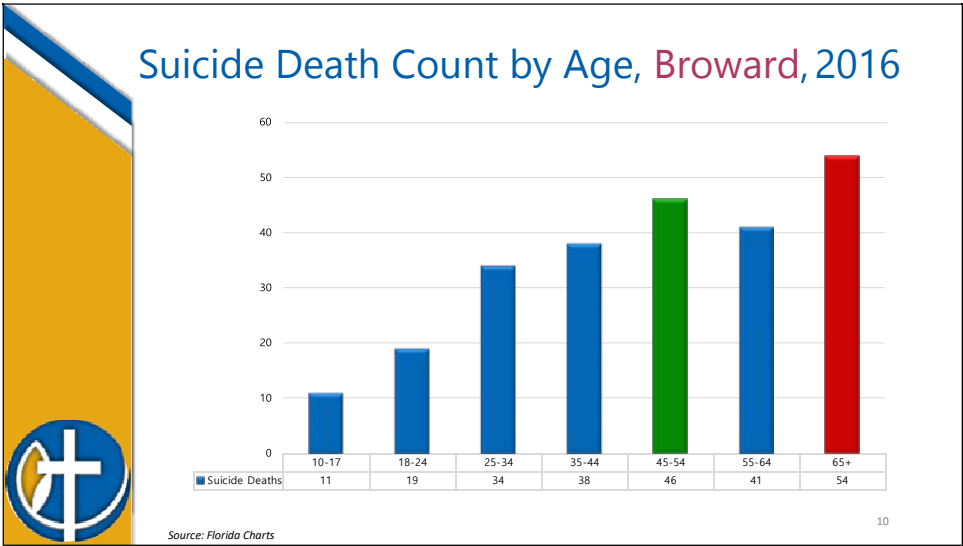
Accidental Drug Overdoses by Drug, Broward 2017

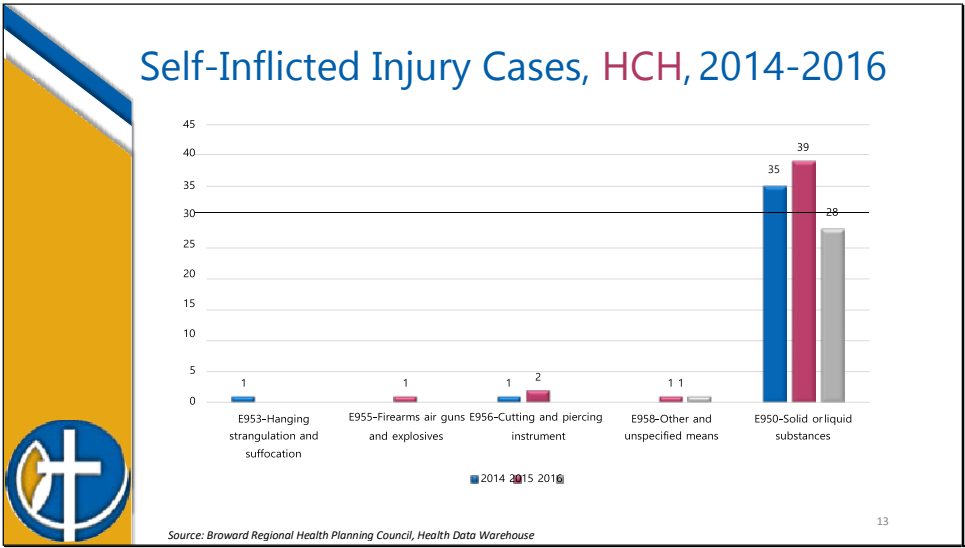
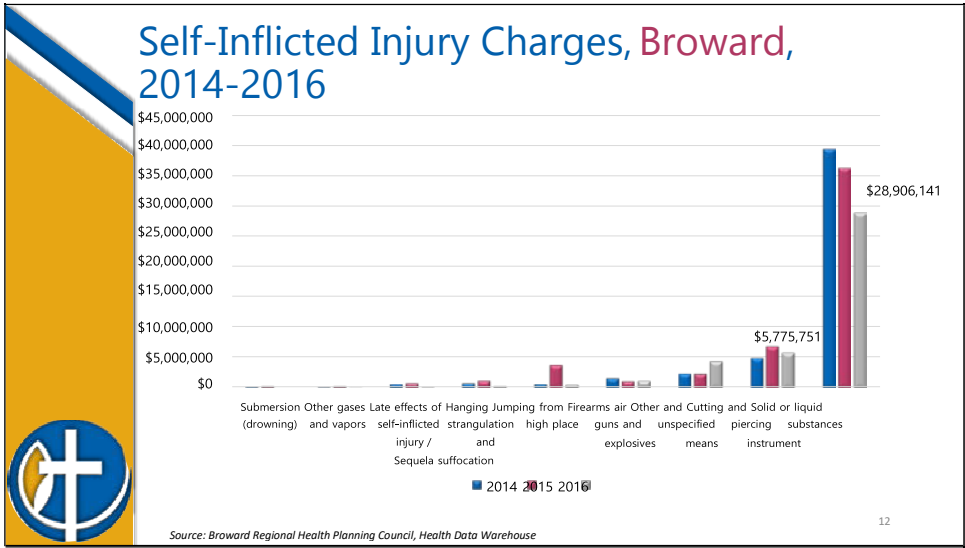


DRG- Drug & Alcohol Dependency Discharges vs. Charges, HCH, 2014-2016

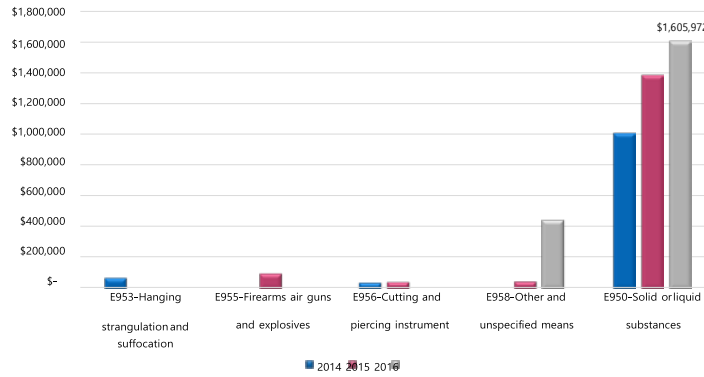








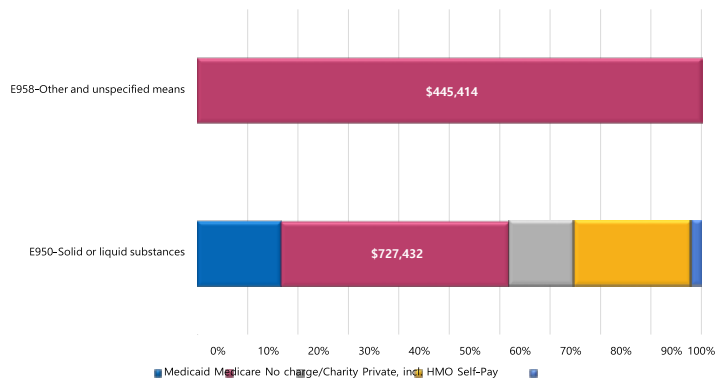
Self-Inflicted Injury Charges, HCH, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

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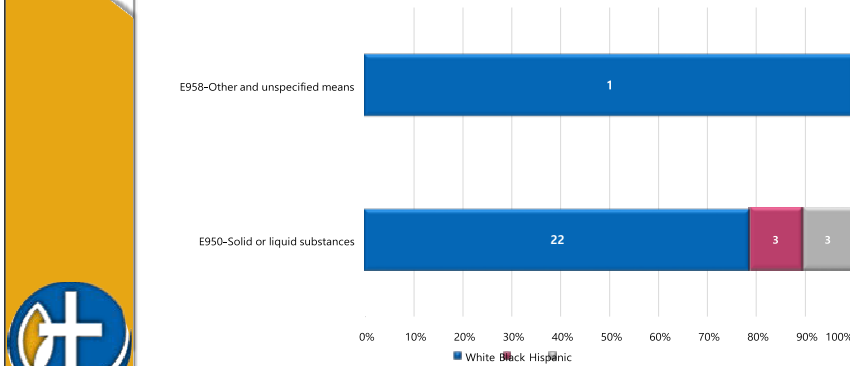
Self-Inflicted Injury Charges by Payer, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

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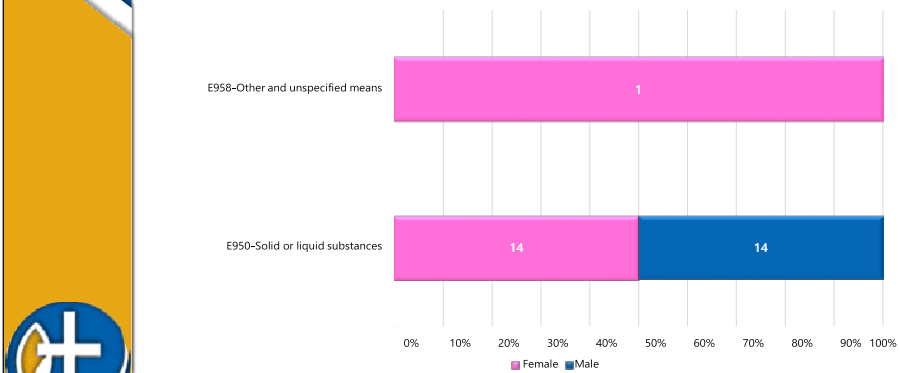
Self-Inflicted Injury Cases by Race/Ethnicity HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

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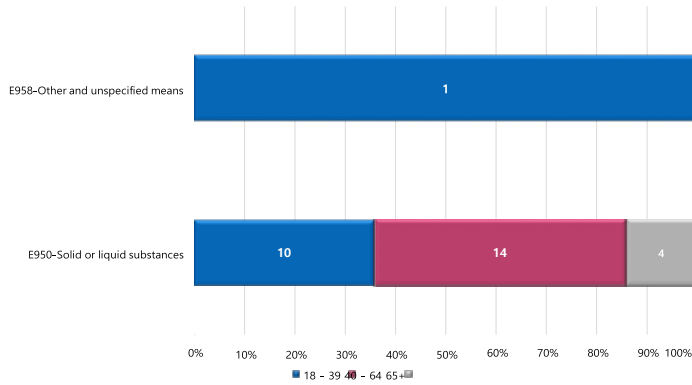
Self-Inflicted Injury Cases by Gender, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

17

Self-Inflicted Injury Cases by Age, HCH, 2016

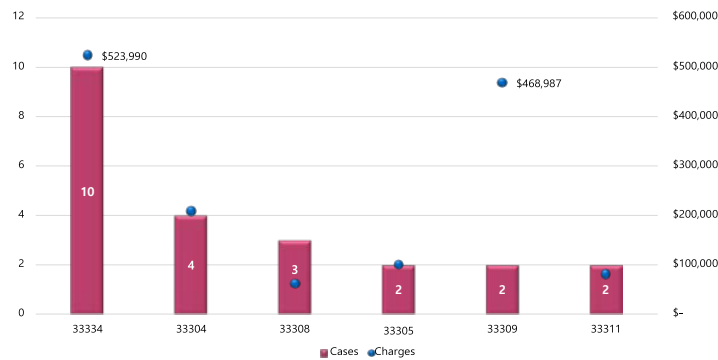


Source: Broward Regional Health Planning Council, Health Data Warehouse

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Self-Inflicted Injury Cases vs Charges, HCH Service Areas, 2016

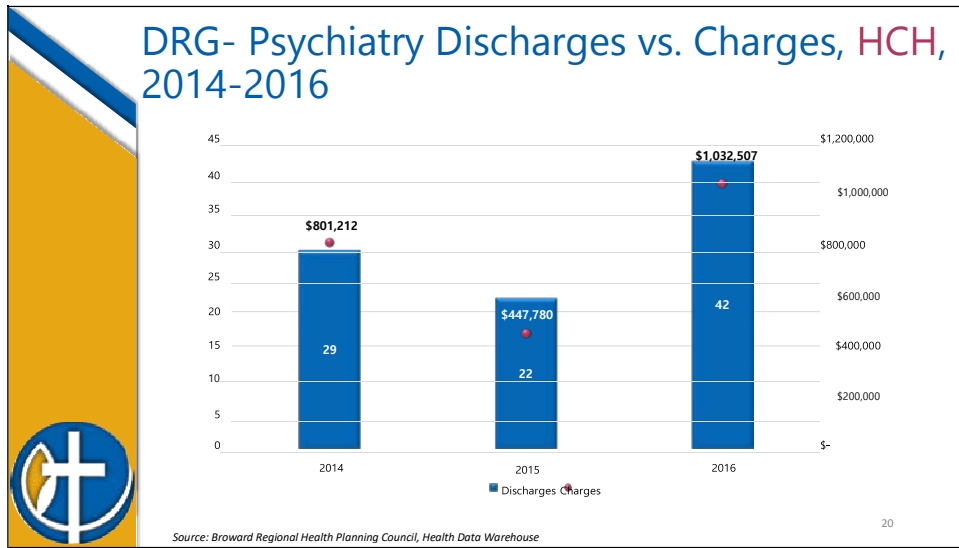
E-950: Solid or Liquid Substance



Source: Broward Regional Health Planning Council, Health Data Warehouse

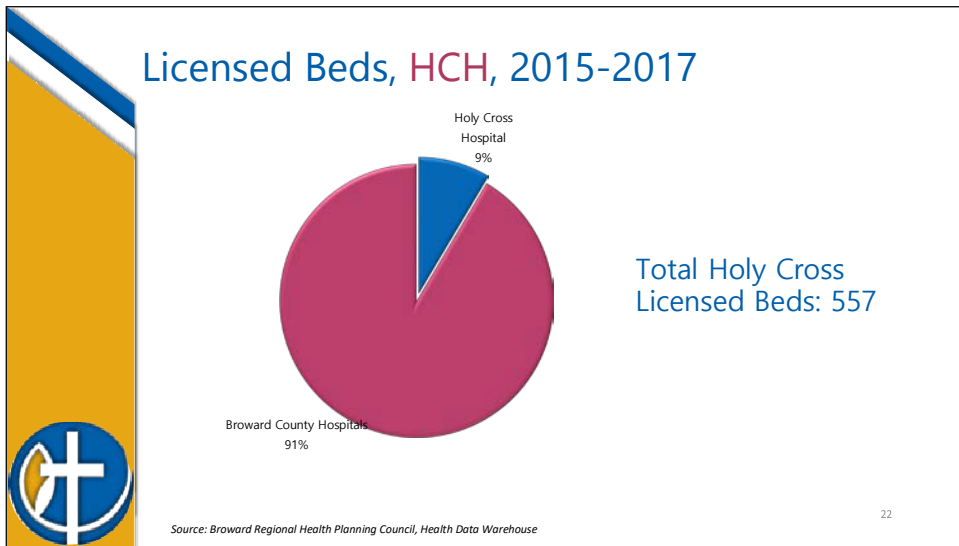
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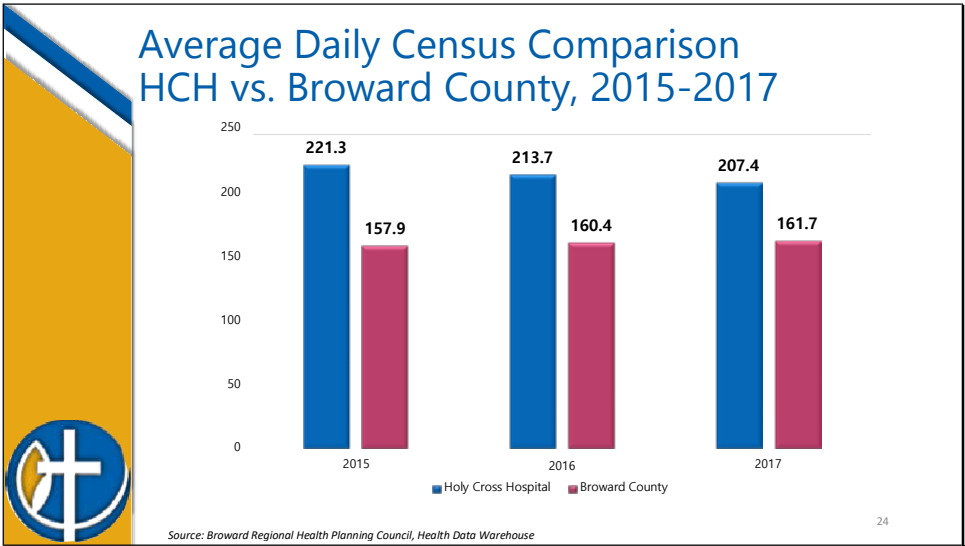
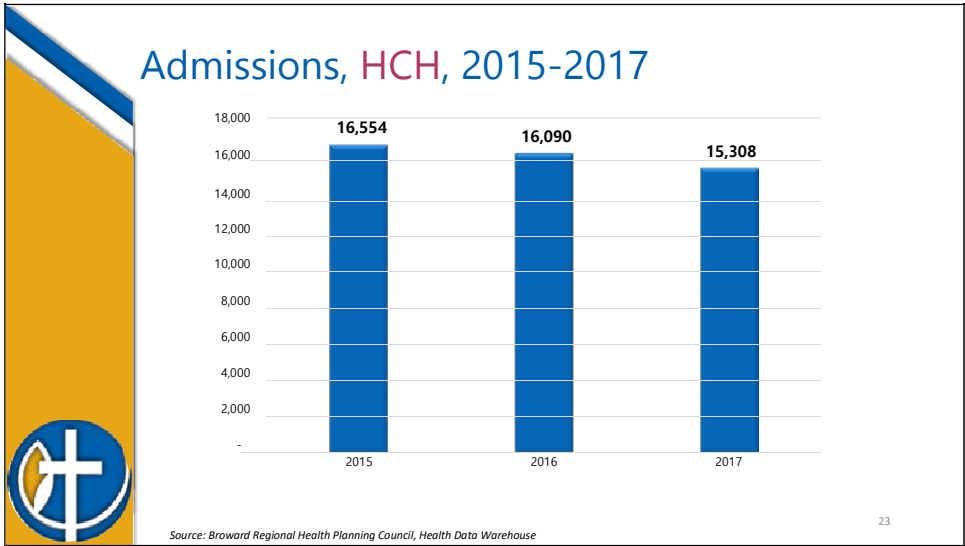
DRG- Psychiatry Discharges vs. Charges, HCH, 2014-2016

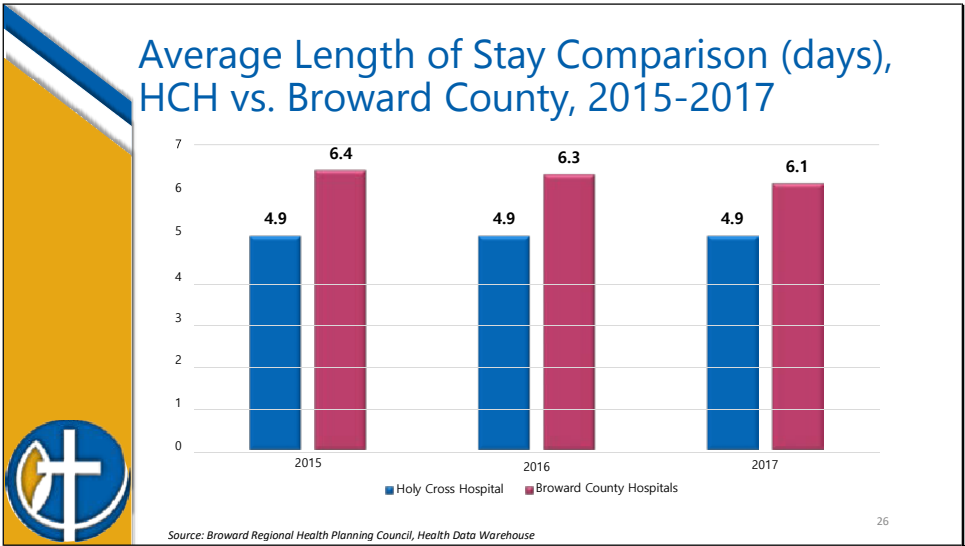
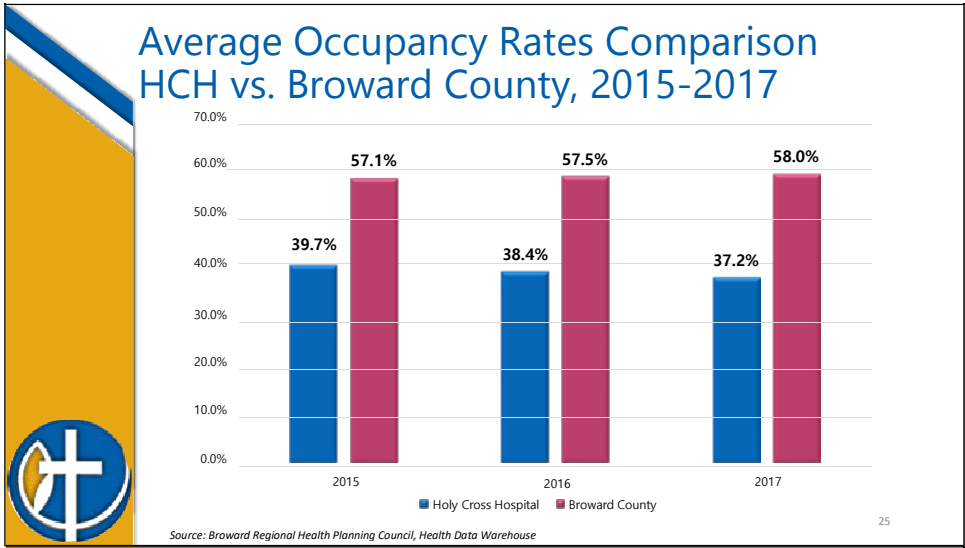


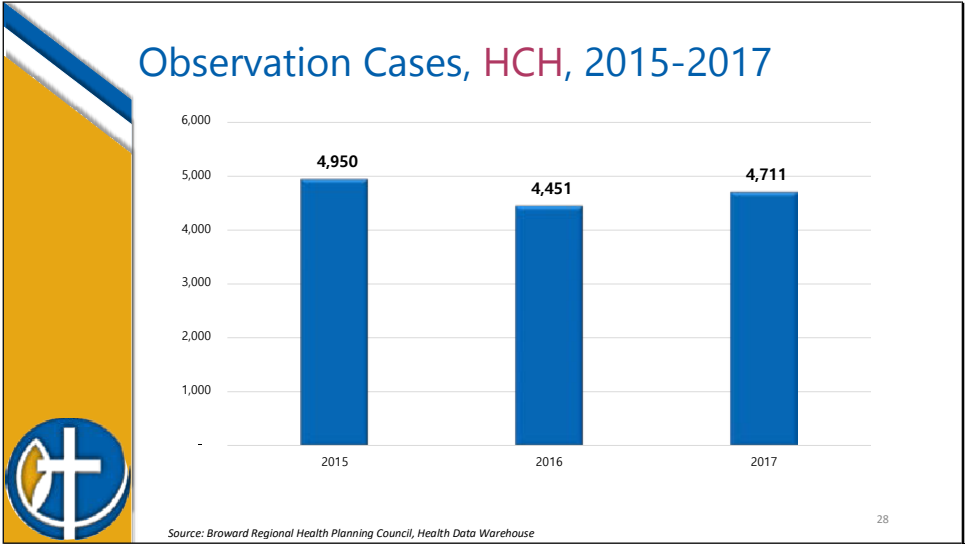
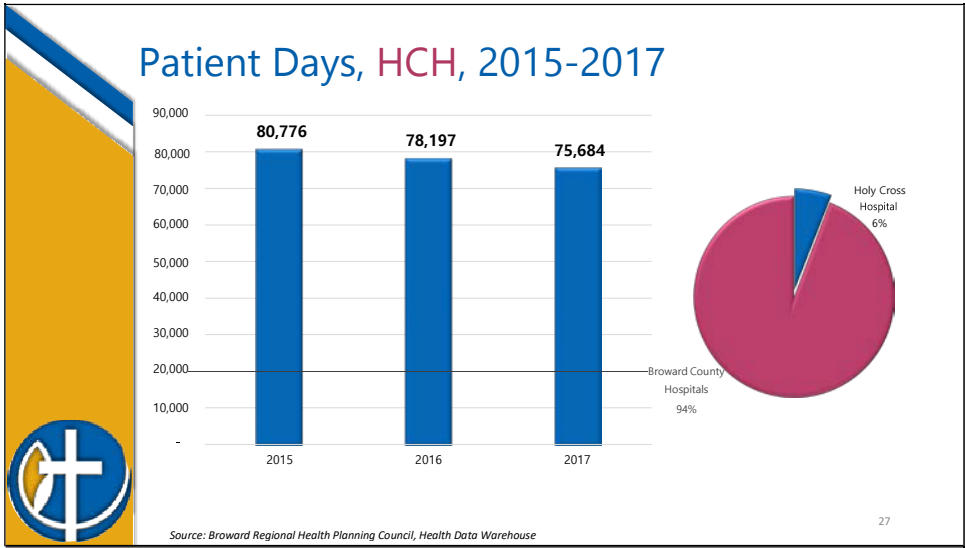
Holy Cross Hospital Utilization

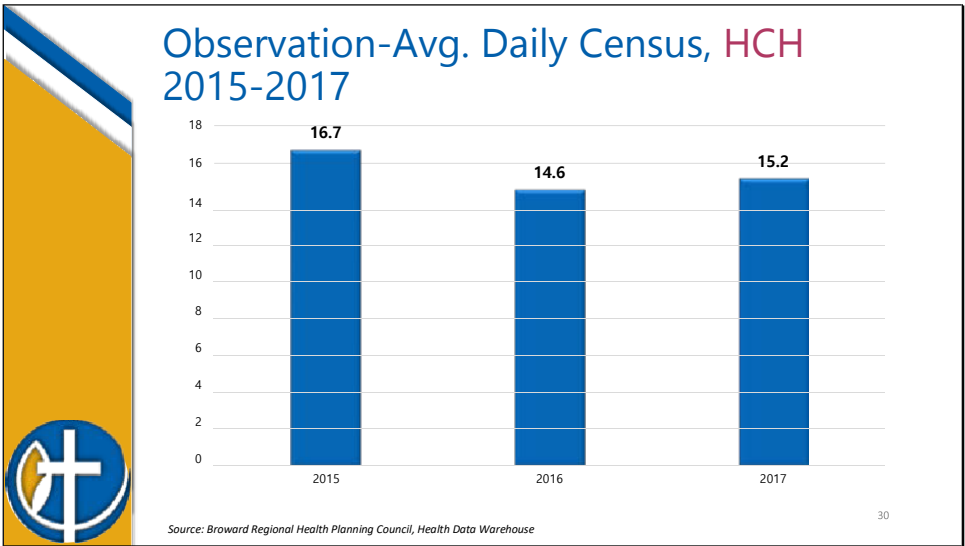
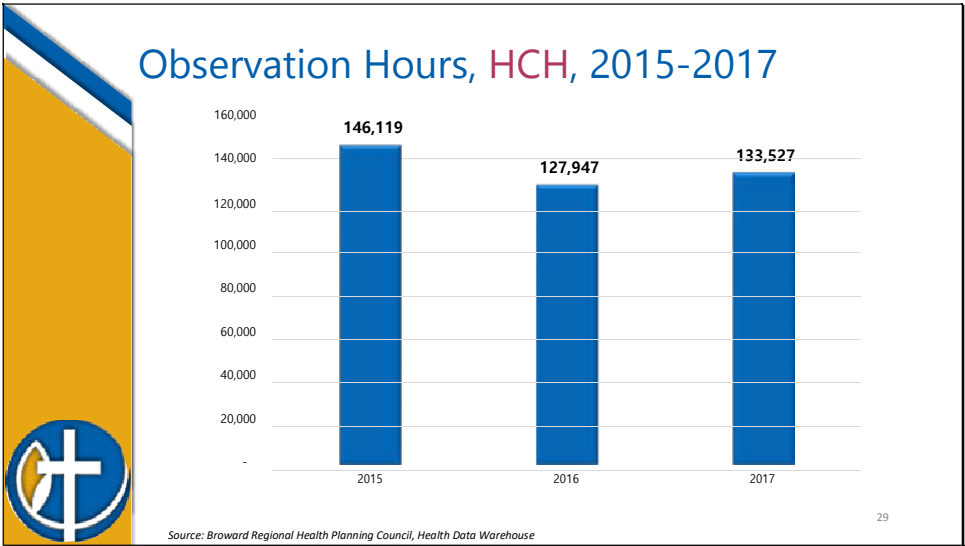
Licensed Beds, HCH, 2015-2017











Chronic Disease Hospitalizations

Morbidity: Chronic Diseases

Chronic diseases have a long course of illness

Account for 7 out of 10 deaths in America

Major impact on quality of life of nearly 90 million Americans

- Disabling conditions
- Limited mobility
- Costly healthcare

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



Source: Division of Disease Control, FDOH

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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.



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Chronic Condition Indicator Tool

Developed as part of the Healthcare Cost and Utilization Project

Stratifies chronic diseases based on ICD-10-CM diagnosis codes

Based on All five-digit 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



Source: Broward Regional Health Planning Council, Health Data Warehouse

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BRHPC's Health Data Warehouse

Includes utilization by chronic disease International Classification of Diseases (ICD-10) for:

AIDS

Asthma

Congestive Heart Failure (CHF)

Hypertension

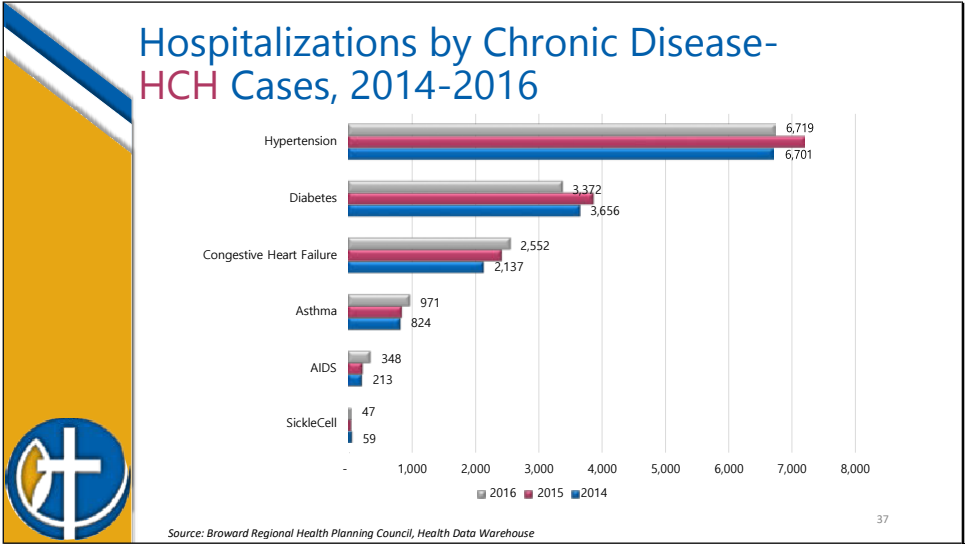
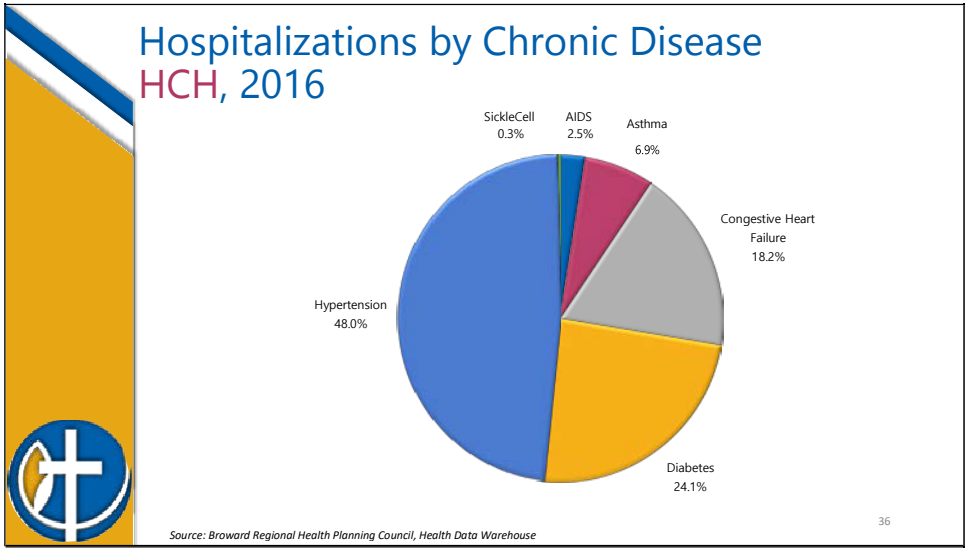
Diabetes

Sickle Cell Disease

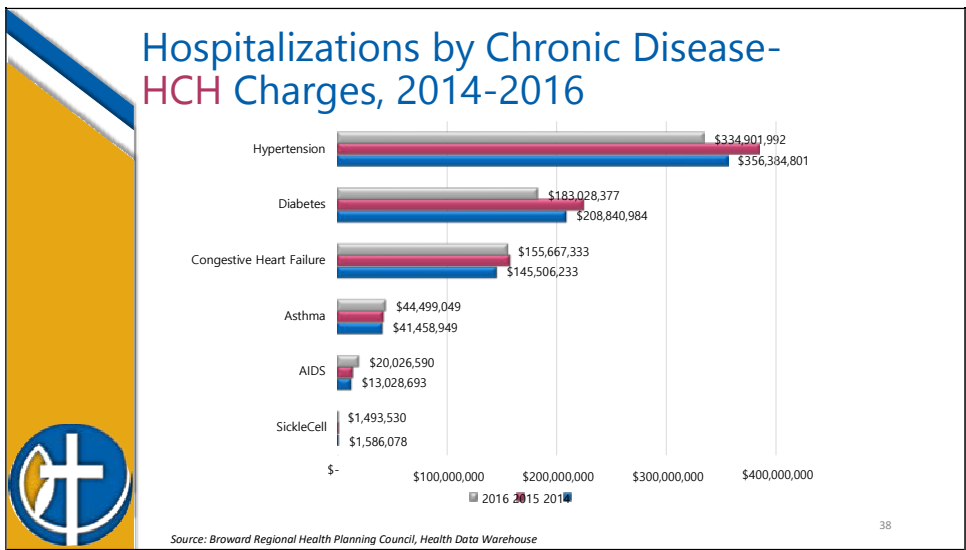


Source: Broward Regional Health Planning Council, Health Data Warehouse

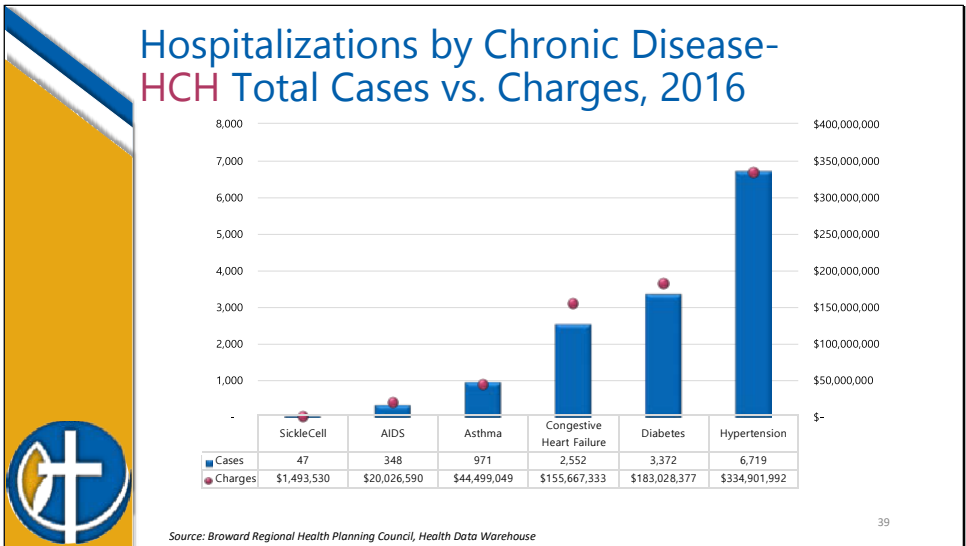
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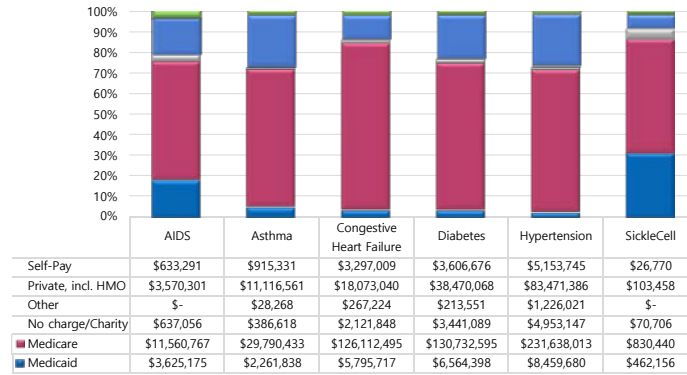
Hospitalizations by Chronic Disease- HCH Charges, 2014-2016



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



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

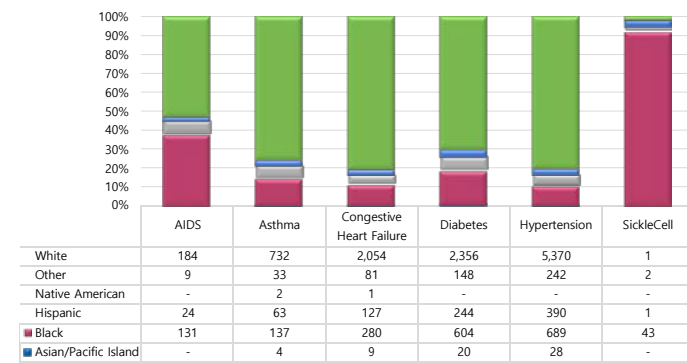


Other includes: Kidcare, State/local gov't, VA, TriCare, Workers' Comp, Commercial Liability Coverage

Source: Broward Regional Health Planning Council, Health Data Warehouse

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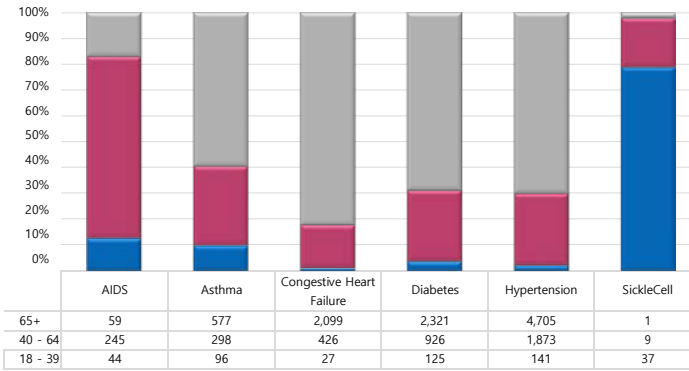
Hospitalizations by Chronic Disease- HCH Total Cases by Race, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

41

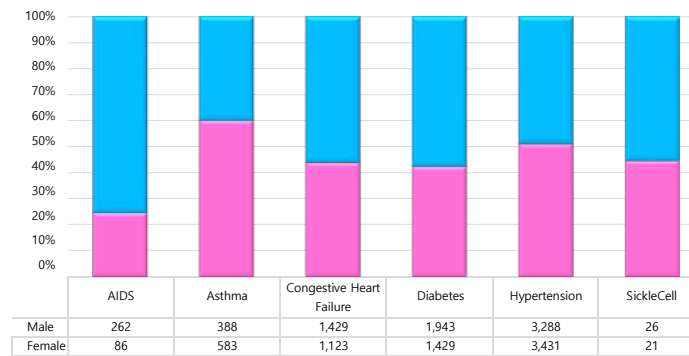
Hospitalizations by Chronic Disease- HCH Total Cases by Age, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

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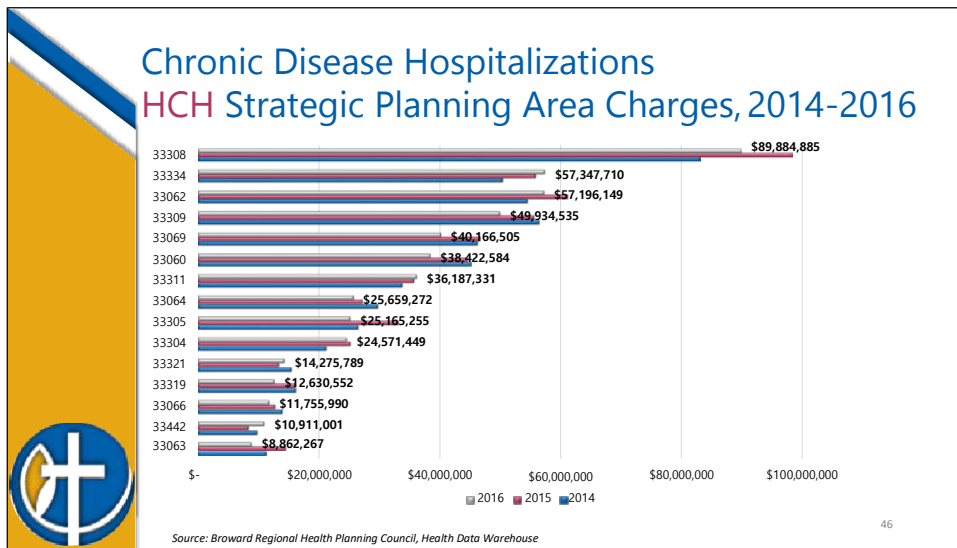
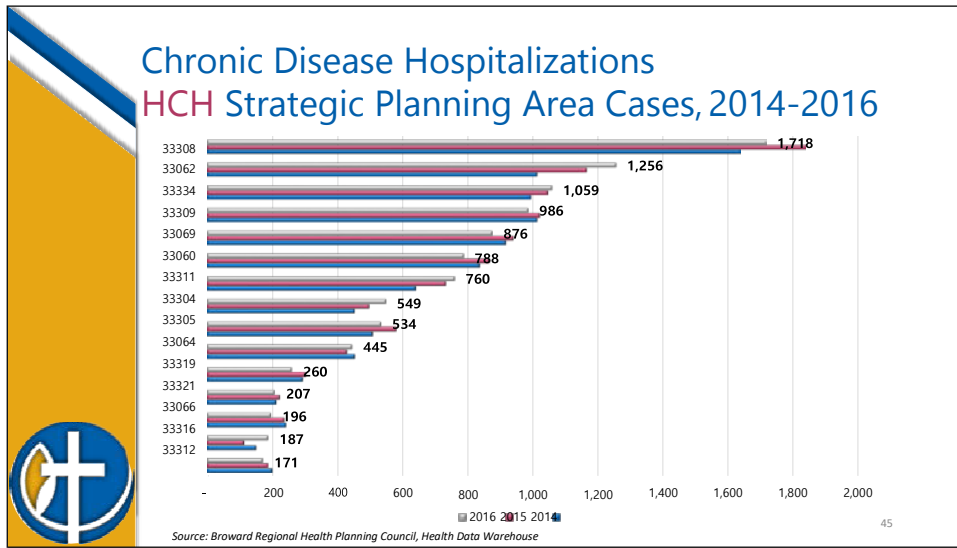
Hospitalizations by Chronic Disease- HCH Total Cases by Gender, 2016



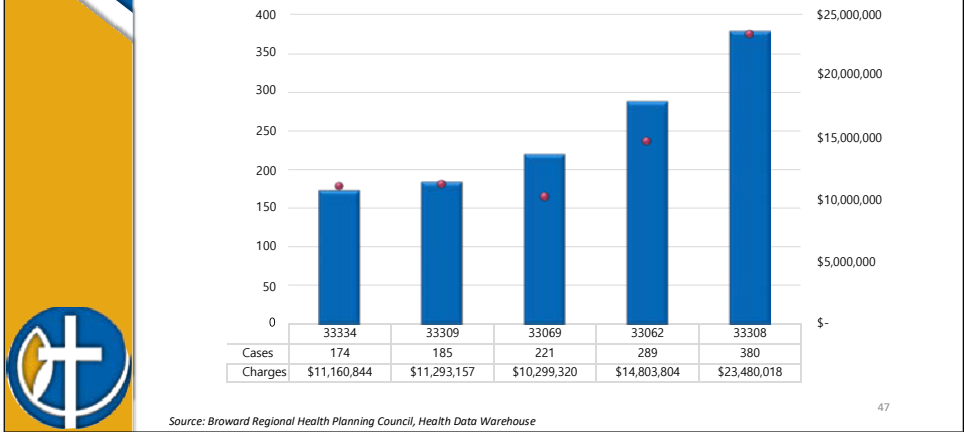
Source: Broward Regional Health Planning Council, Health Data Warehouse

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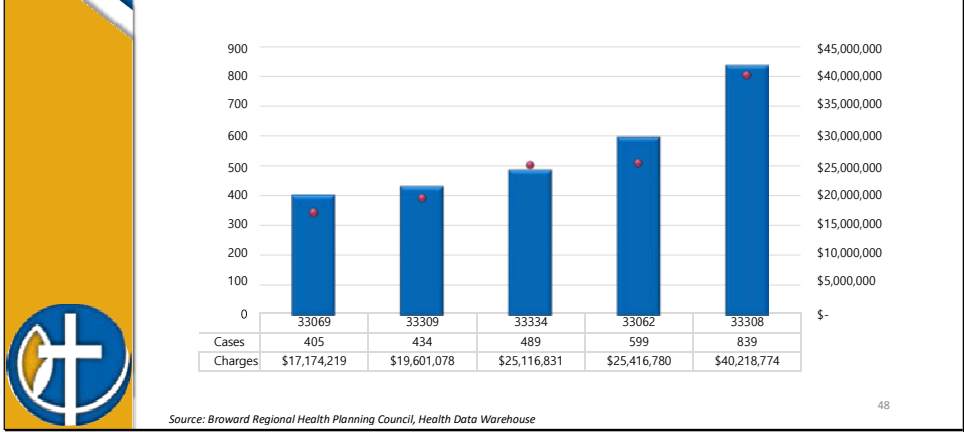
Chronic Disease Hospitalizations in HCH Strategic Planning Areas



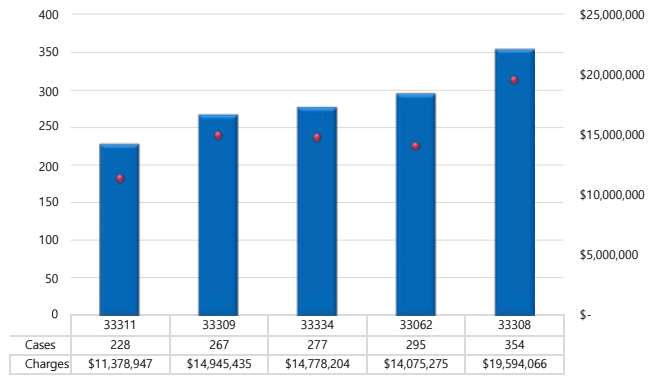
Congestive Heart Failure Hospitalizations- Top Strategic Planning Area Cases and Charges, 2016



Hypertension Hospitalizations- Top Strategic Planning Area Cases and Charges, 2016



Diabetes Hospitalizations- Top Strategic Planning Area Cases and Charges, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

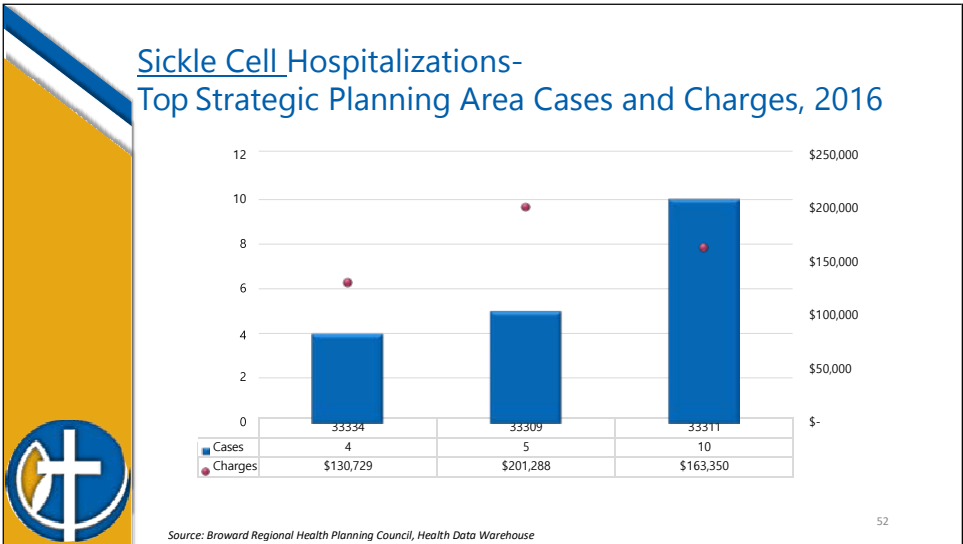
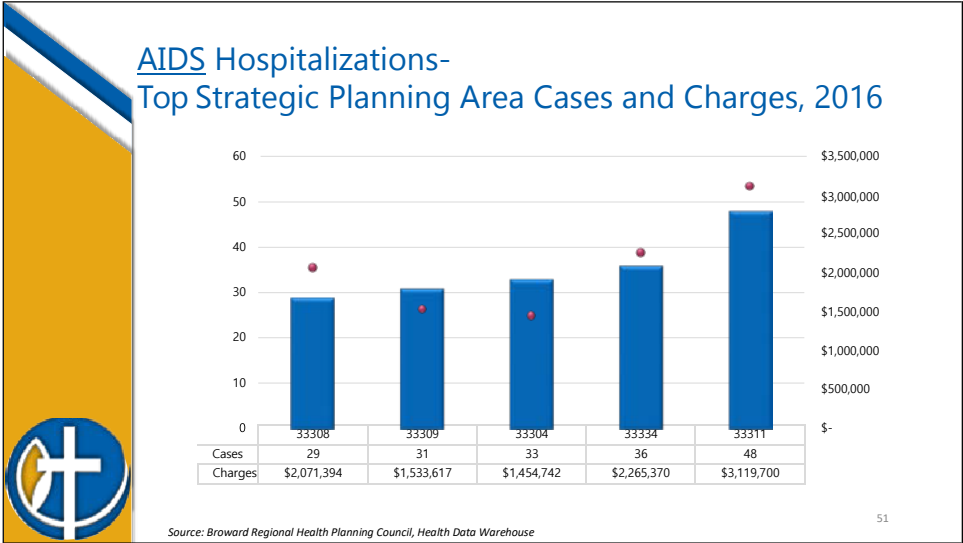
49

Asthma Hospitalizations- Top Strategic Planning Area Cases and Charges, 2016

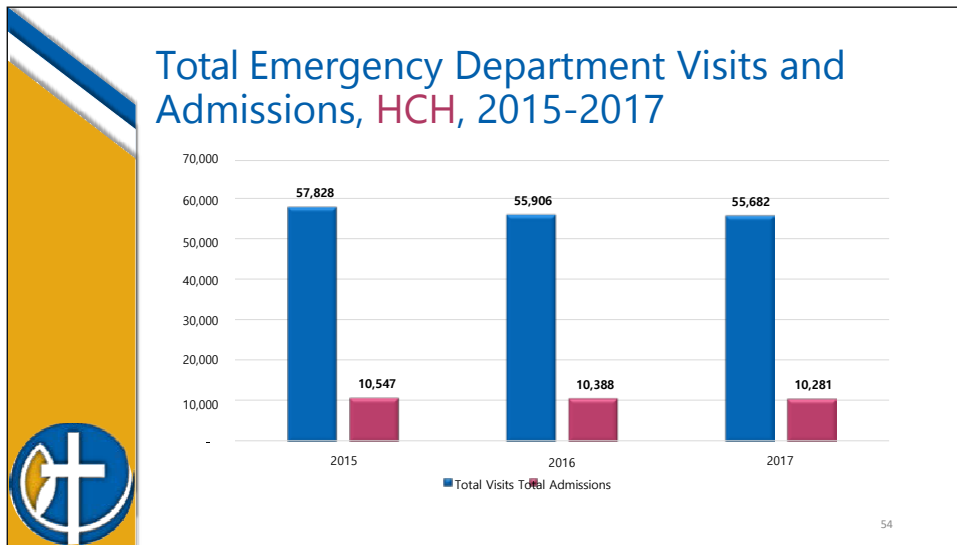


Source: Broward Regional Health Planning Council, Health Data Warehouse

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Emergency Department Utilization



HCH Avoidable Emergency Department Visits

Avoidable Emergency Department Visits

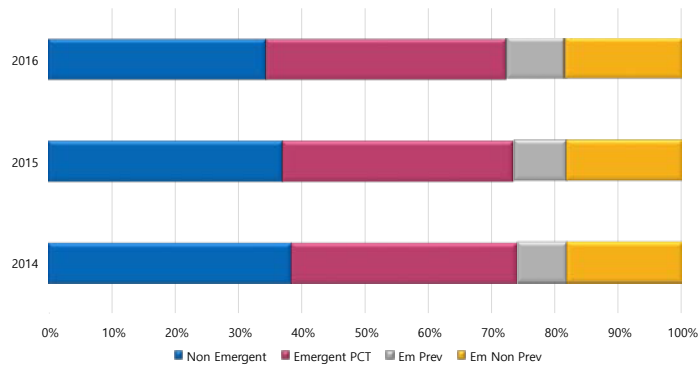
The Emergency Department (ED) avoidable visit data is based on the New York University Emergency Department (ED) Algorithm for ED classification, created by a panel of ED and primary care physicians. The ED visits are stratified by emergency status:

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

Source: Division of Disease Control, FDOH

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



Source: Broward Regional Health Planning Council, Health Data Warehouse

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Avoidable Emergency Department Visits

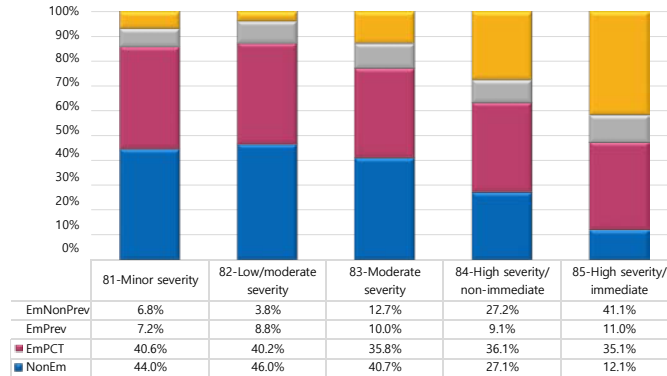
The Hospital Emergency Department Preventable/Avoidable visit data includes information on patient demographics, payer, and charges. Also, there is information on the acuity level of the patient at the time of admission to the ED which is based on the Current Procedural Terminology (CPT) Evaluation and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

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

Source: Division of Disease Control, FDOH

58

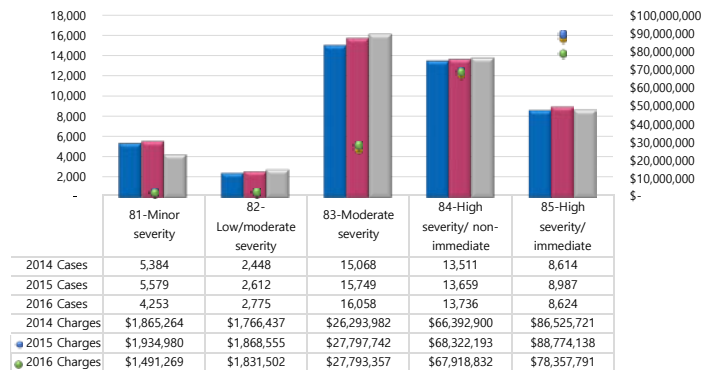
Avoidable ED Visits, Cases by Emergency Status and Severity, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

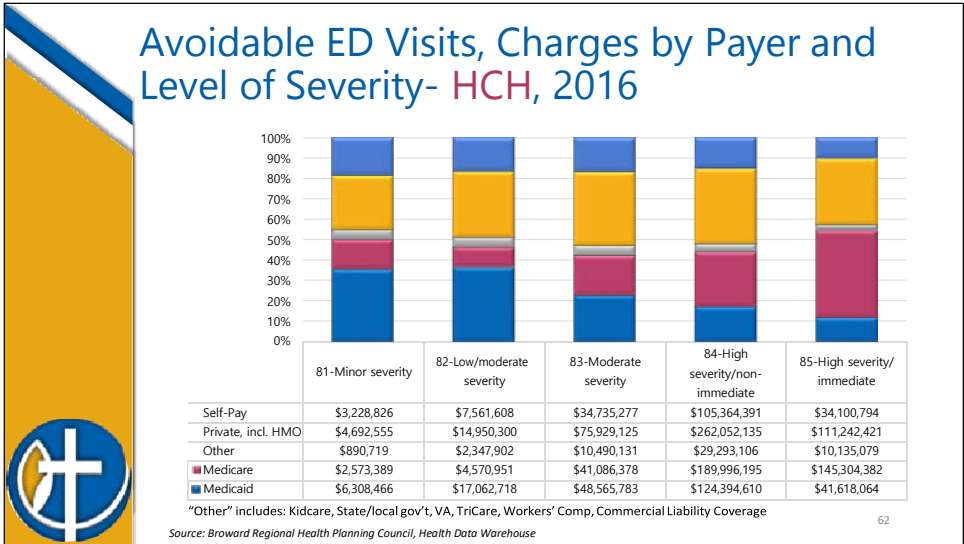
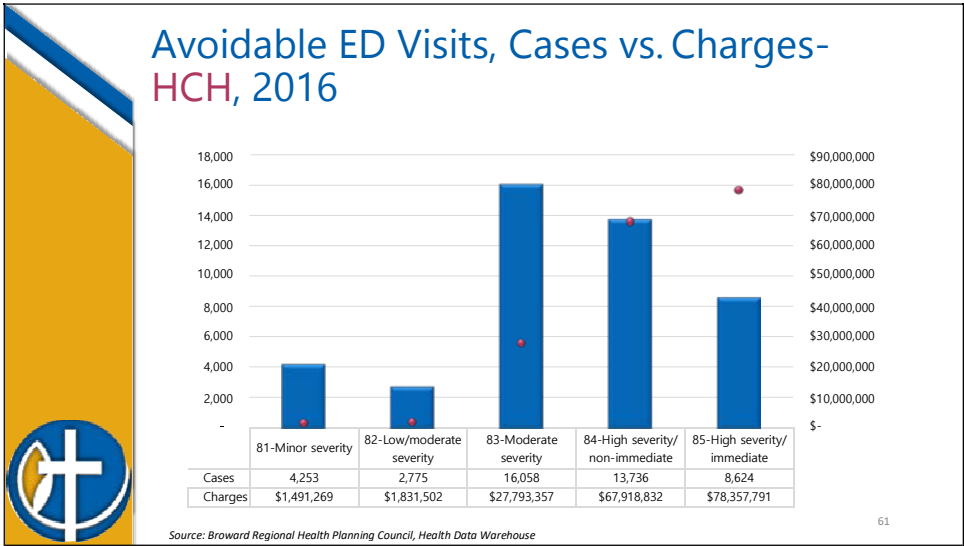
59

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

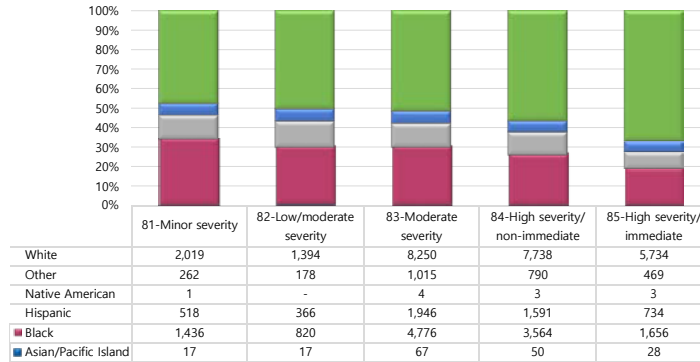


Source: Broward Regional Health Planning Council, Health Data Warehouse

60



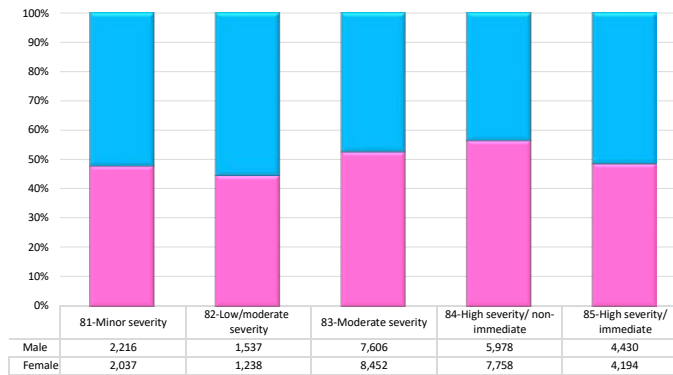
Avoidable ED Visits, Cases by Race/Ethnicity and Level of Severity- HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

63

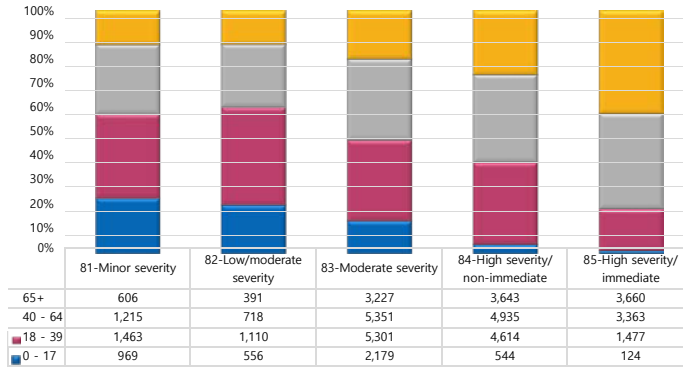
Avoidable ED Visits, Cases by Gender and Level of Severity- HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

64

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

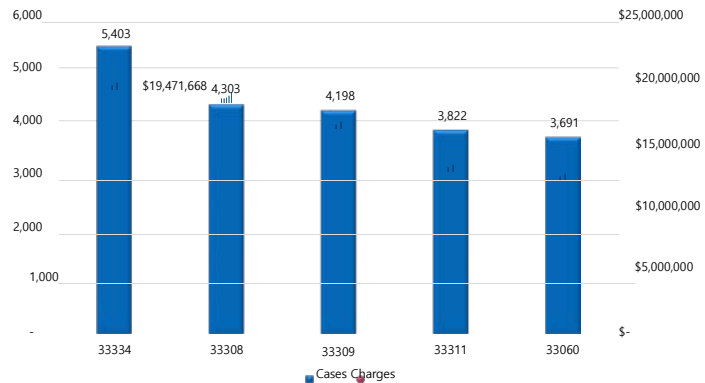


Source: Broward Regional Health Planning Council, Health Data Warehouse

65

HCH Avoidable Emergency Department Visits: Strategic Planning Areas

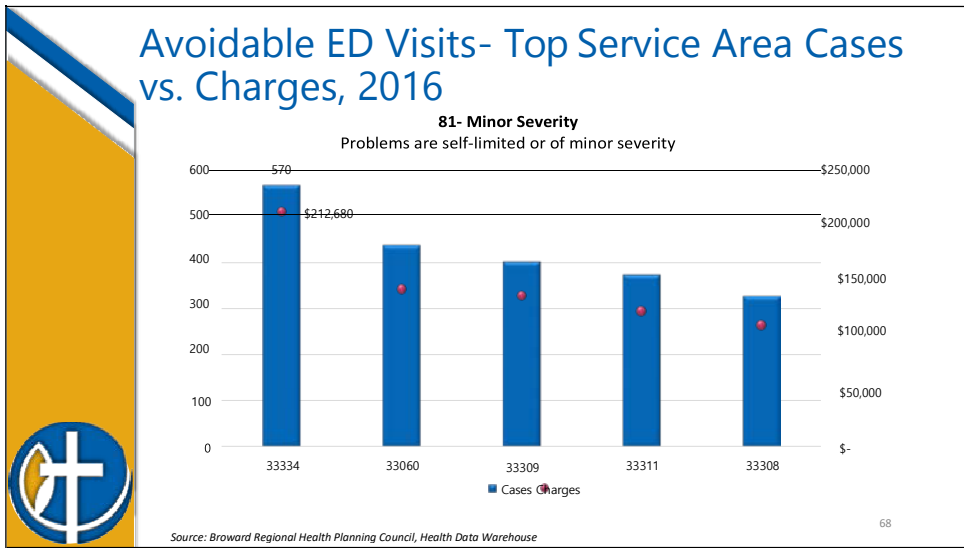
Avoidable ED Visits- Top Service Area Cases vs. Charges, 2016



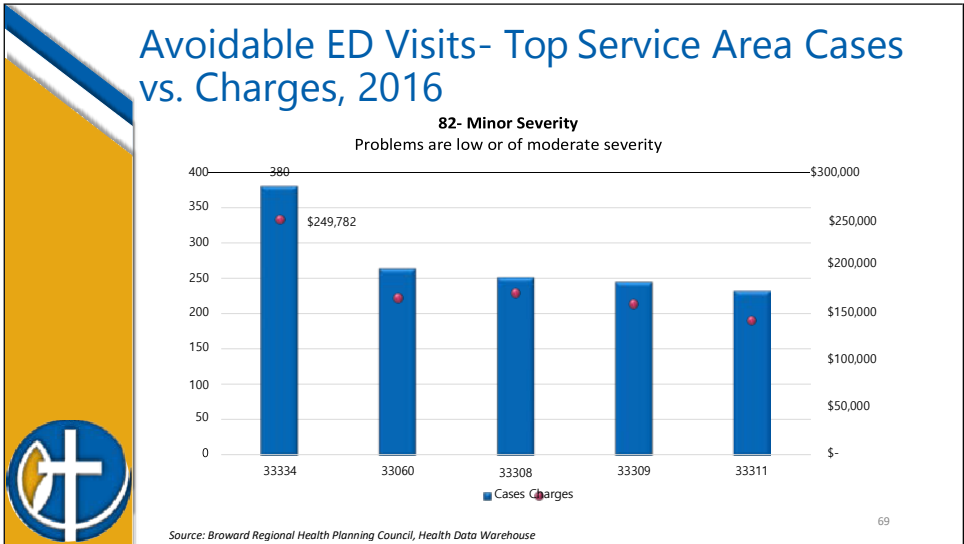
Source: Broward Regional Health Planning Council, Health Data Warehouse

67


Avoidable ED Visits- Top Service Area Cases vs. Charges, 2016



Avoidable ED Visits- Top Service Area Cases vs. Charges, 2016



Prevention Quality Indicators




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

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

Code set differences

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

71



Prevention Quality Indicators Impact of ICD-10 Coding Changes

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

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Prevention Quality Indicators

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

The PQI's represent fourteen ambulatory care sensitive conditions:

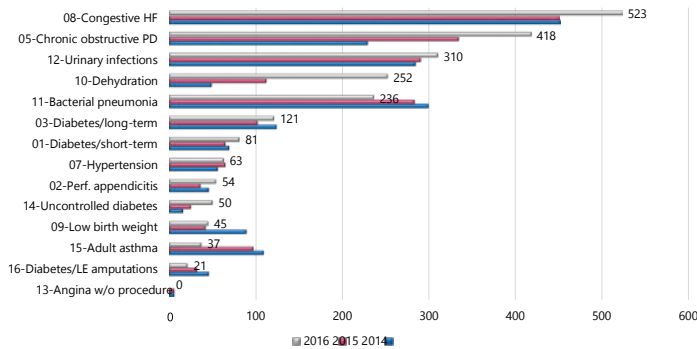
- Diabetes Short-term Complications
- Perforated Appendicitis
- Diabetes Long-term Complications
- Chronic Obstructive Pulmonary Disease
- Hypertension
- Congestive Heart Failure
- Low Birth Weight
- Dehydration
- Bacterial Pneumonia
- Urinary Infections
- Angina Without Procedure
- Uncontrolled Diabetes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



Source: Division of Disease Control, FDOH

73

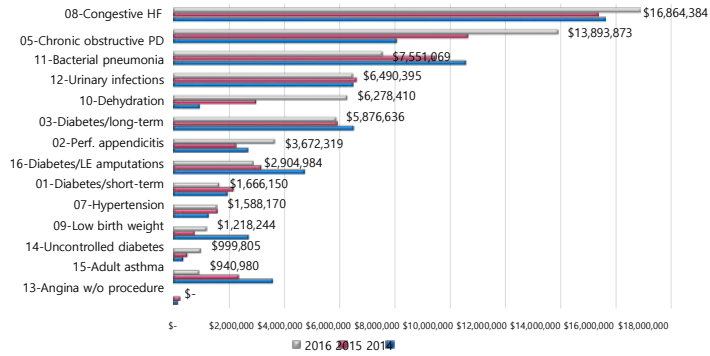
Prevention Quality Indicators, Cases HCH, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

74

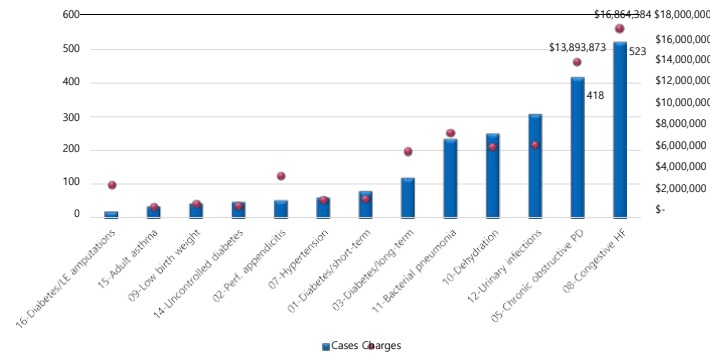
Prevention Quality Indicators, Charges HCH, 2014-2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

75

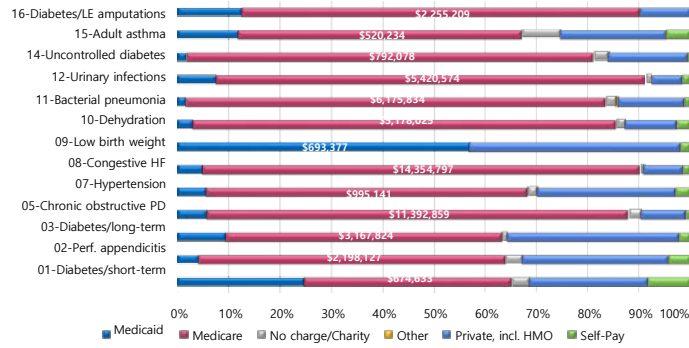
Prevention Quality Indicators, Cases vs. Charges, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

76

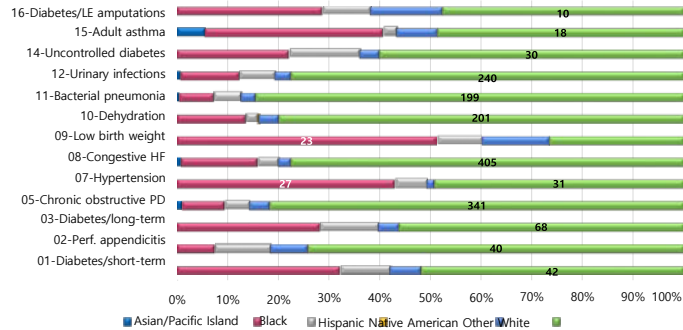
Prevention Quality Indicators, Charges by Payer, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

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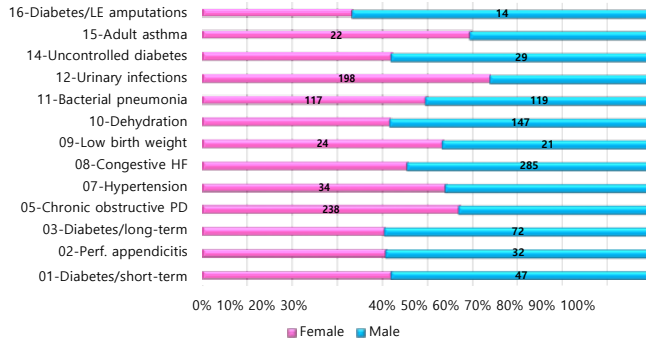
Prevention Quality Indicators, Cases by Race/Ethnicity, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

78

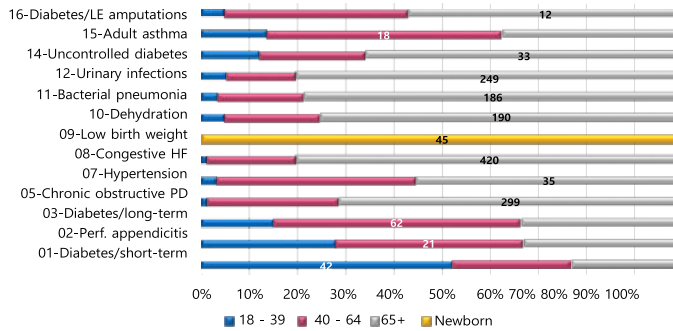
Prevention Quality Indicators, Cases by Gender, HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

79

Prevention Quality Indicators, Cases by Age HCH, 2016



Source: Broward Regional Health Planning Council, Health Data Warehouse

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Prevention Quality Indicators: Strategic Planning Areas

**Prevention Quality Indicators-
Top Strategic Planning Area Cases vs. Charges, 2016**

PQI	Highest Cases	Highest Charges
01-Diabetes/short-term	33334 (22)	33334 (\$527,329)
02-Perf. appendicitis	33308 (10)	33309 (\$822,139)
03-Diabetes/long-term	33334 (15)	33311 (\$734,081)
05-Chronic obstructive PD	33334 (48)	33308 (\$1,681,572)
07-Hypertension	33311 (10)	33062 (\$238,290)
08-Congestive HF	33308 (55)	33308 (\$1,874,251)
09-Low Birth Weight	33060 (8)	33060 (\$265,140)
10-Dehydration	33308 (41)	33308 (\$825,552)
11-Bacterial pneumonia	33308 (44)	33308 (\$1,394,293)
12-Urinary infections	33308 (52)	33308 (\$1,149,871)
14-Uncontrolled diabetes	33308/33334 (7)	33311 (\$123,051)
15-Adult asthma	33311 (7)	33311 (\$150,859)
16-Diabetes/LE amputations	33308/33064 (3)	33308 (\$728,843)

Source: Broward Regional Health Planning Council, Health Data Warehouse

Diagnosis-Related Group

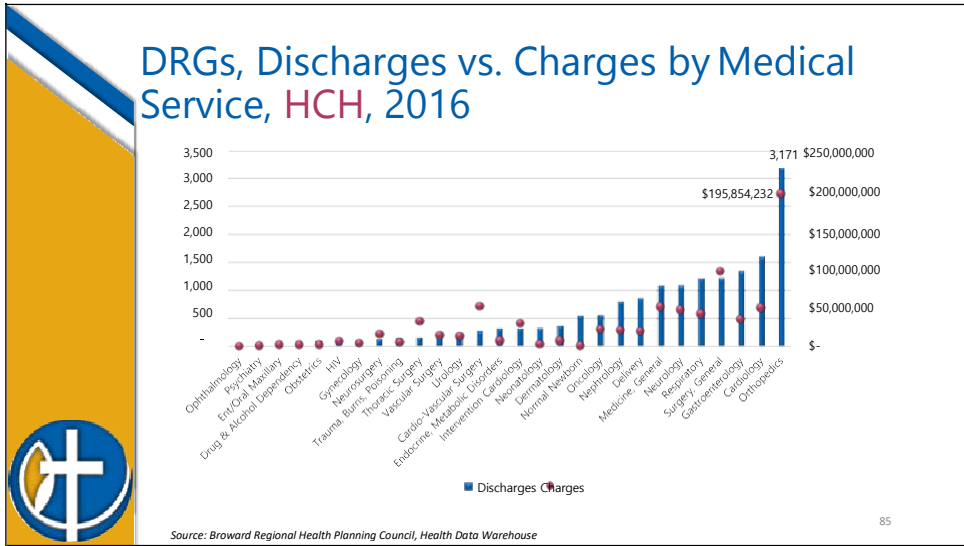
Diagnosis-Related Group

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

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

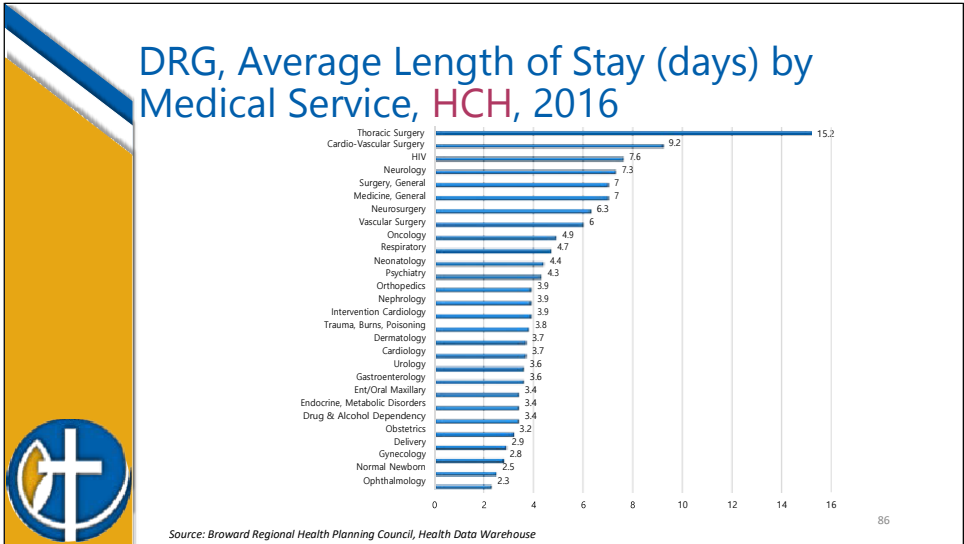
DRGs have been used in the US since 1983 to determine how much Medicare pays the hospital, since patients within each category are similar clinically and are expected to use the same level of hospital resources.

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



85

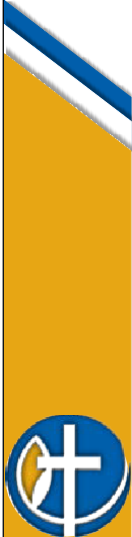
DRG, Average Length of Stay (days) by Medical Service, HCH, 2016



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Qualitative Data Profile

Behavioral Risk Factor Surveillance Survey (BRFSS)

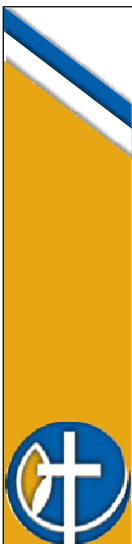


Behavioral Risk Factor Surveillance Survey (BRFSS)

- The Centers for Disease Control and Prevention (CDC) conducts the BRFSS to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality.
- Surveys are administered via telephone using random digit dialing techniques throughout the year.

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

3



How does BRFSS weigh data?

- From the 1980s to 2010, CDC used a statistical method called post stratification to weight BRFSS survey data to known proportions of age, race and ethnicity, sex, geographic region within a population.
- In 2011 the BRFSS moved to iterative proportional fitting or raking. Raking has several advantages over post stratification
 - Allows the introduction of more demographic variables—such as education level, marital status, and home ownership, race, ethnicity—into the statistical weighting process than would have been possible with post stratification. This advantage reduces the potential for bias and increases the representativeness of estimates.
 - Allows for the incorporation of a now-crucial variable—telephone ownership (landline and/or cellular telephone)—into the BRFSS weighting methodology. Beginning with the 2011 dataset, raking succeeded post stratification as the BRFSS statistical weighting method.

4

Overall Health & Access to Health Services, 2016

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

Behavioral Risk Factor Surveillance Survey, 2016

5

Cancer & Disability, 2016

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

Behavioral Risk Factor Surveillance Survey, 2016

6

Heart Disease & Diabetes, 2016

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



Behavioral Risk Factor Surveillance Survey, 2016

7

Mental Health & Alcohol Abuse, 2016

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



Behavioral Risk Factor Surveillance Survey, 2016

8

Nutrition, Activity & Weight, 2016

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



Behavioral Risk Factor Surveillance Survey, 2016

9

Youth Risk Behavioral Surveillance Survey (YRBSS)

Youth Risk Behavioral Surveillance Survey (YRBSS)

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



Source: <https://www.cdc.gov/healthyyouth/data/yrebs/overview.htm>

11

High School Student Alcohol & Substance Abuse- Broward, 2013-2017

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

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

* - data not reported for specified year

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

12

High School Student Alcohol & Substance Abuse (cont'd)- Broward, 2013-2017

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

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

* - data not reported for specified year

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

13

High School Student Nutrition, Activity & Weight- Broward, 2013-2017

	2013	2015	2017
% Students Who Were NOT Physically Active for ≥60 Minutes on at least 1 day	20.5	24.4	24.4
% Students Who Watched Television ≥3 Hours per Day on an Average School Day	31.0	28.1	22.5
% Students Who Were Overweight	13.1	13.6	15.1
% Students Who Were Obese	8.3	10.3	10.7

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



Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

14

High School Student Sexual Activity- Broward, 2013-2017

	2013	2015	2017
% of Students Who Ever Had Sexual Intercourse	41.4	39.9	37.4
% Students Who Are Currently Sexually Active	28.2	27.6	25.3
% Students Who Had Sexual Intercourse for 1 st Time Before Age 13 Years	5.9	5.3	4.2
% Sexually Active Students, Who Used a Condom During Last Sexual Intercourse	70.0	61.5	56.3
% Sexually Active Students, Who Used Birth Control Pill Before Last Sexual Intercourse	13.3	13.8	16.3

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



Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

15

High School Student Violence & Injury Broward, 2013-2017

	2013	2015	2017
% Students Who Carried a Weapon On \geq 1 Day During the 30 Days Before the Survey	10.2	12.4	10.4
% Students Who Had Ever Been Physically Forced To Have Sexual Intercourse When They Did Not Want To	7.5	8.9	9.9
% Seriously considered attempting suicide during 12 months before the survey	12.7	16.8	15.5
% Made a plan about how they would attempt suicide during the 12 months before the survey	11.8	13.7	13.3
% Attempted suicide one or more times during the 12 months before the survey	8.3	9.3	11.1

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

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

16

Professional Research Consultants: Broward Community Health Needs Assessment

PRC Broward County CHNA, 2017

Project Goals

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

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

18

Overall Health & Access to Health Services, 2017

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



Source: PRC Broward County CHNA, 2017

19

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

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



Source: PRC Broward County CHNA, 2017

20

Cancer, Diabetes & Heart Disease, 2017

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

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

Source: PRC Broward County CHNA, 2017

Mental Health, Substance Abuse & Tobacco Use, 2017

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

Source: PRC Broward County CHNA, 2017

Nutrition, Physical Activity, Weight, 2017

Indicators	South Broward	Broward County	North Broward
% Eat 5+ Servings of Fruit or Vegetables per Day	33.8	34.9	35.6
% Healthy Weight (BMI 18.5-24.9)	35.7	36.2	36.5
% Overweight (BMI 25+)	62.5	62.0	61.7
% Obese (BMI 30+)	25.3	24.8	24.5
% No Leisure-Time Physical Activity	27.9	26.4	24.1



Source: PRC Broward County CHNA, 2017

23

Community Input through Qualitative Data Collection

HCH Qualitative Data Report

Community Conversation

Community Health Survey

Community Focus Groups

Provider Focus Groups

Key Informant Interviews



24

Community Conversation Event

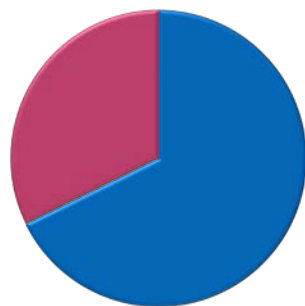
Methodology

- Approximately 45 participants attended the events on July 24, 2018
- The audience was given an introduction of the community needs assessment process and a description of the purpose of the event
- Index cards were provided for participants to write their top 3 health concerns
 - Responses were documented and tallied
- Surveys were provided to all participants to fill out
 - 31 surveys were collected

26

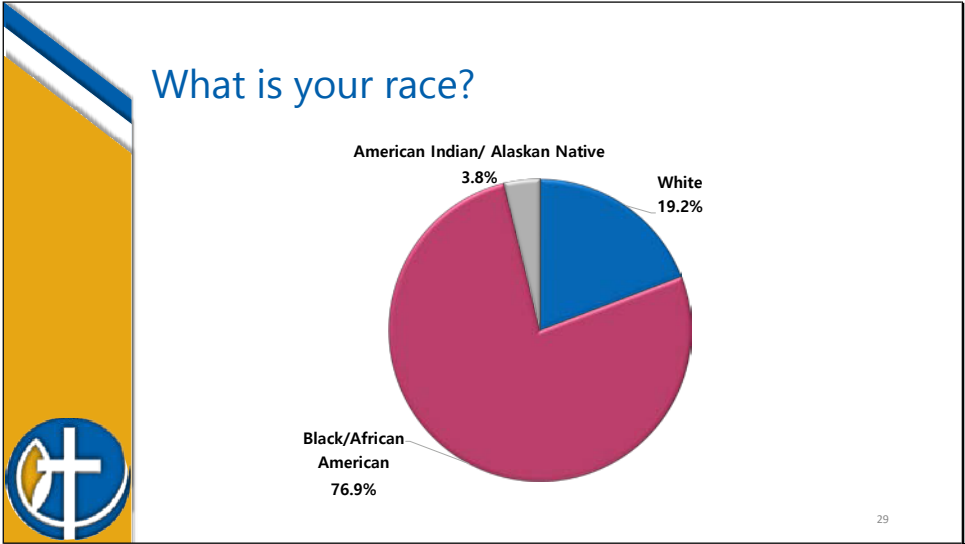
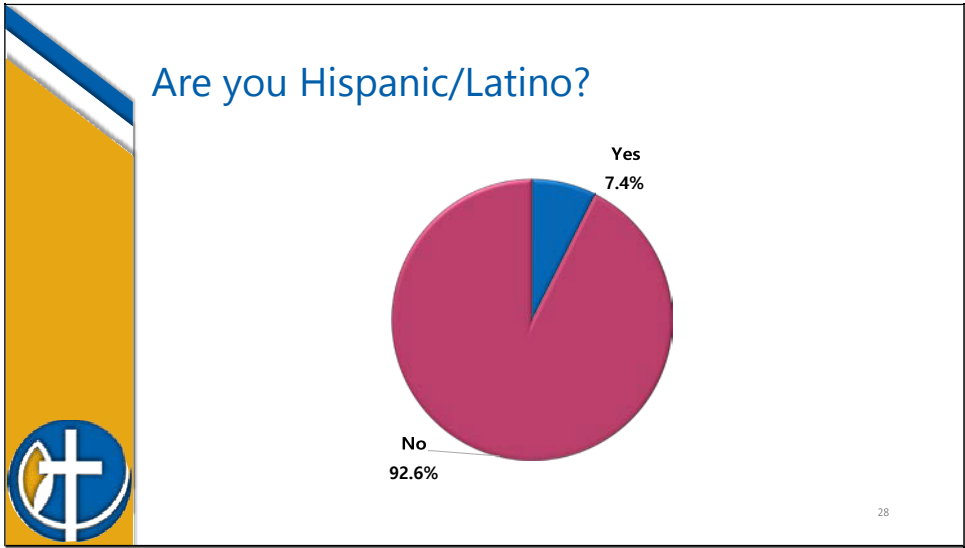
What gender do you identify with?

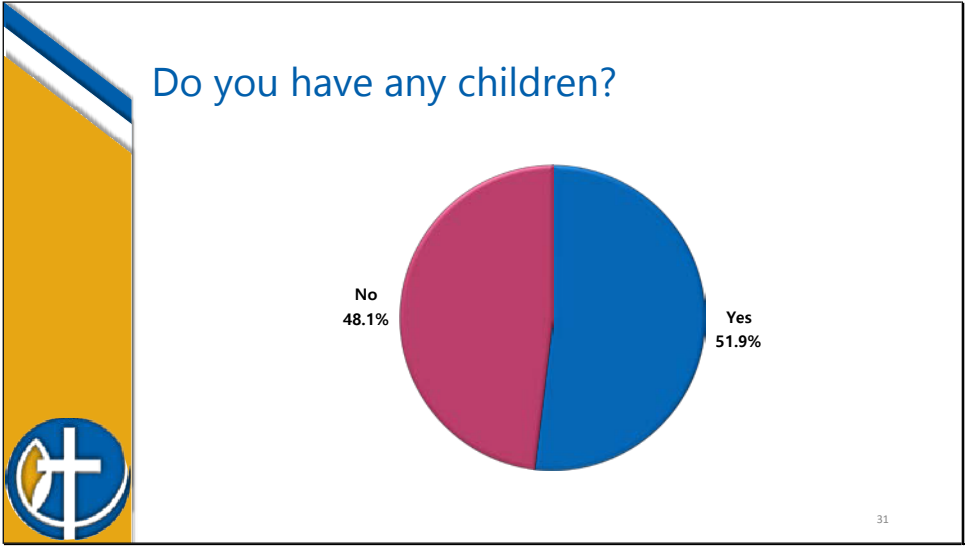
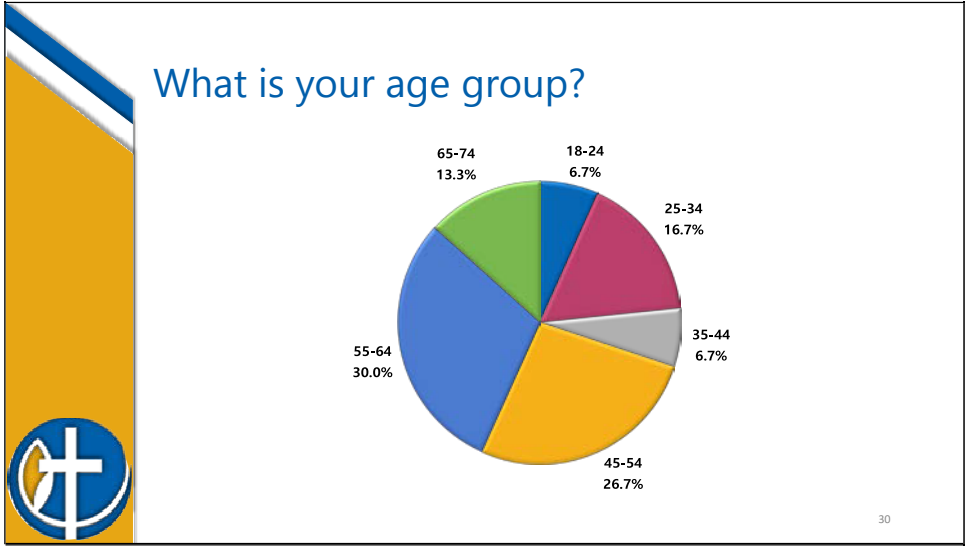
Female
32.3%

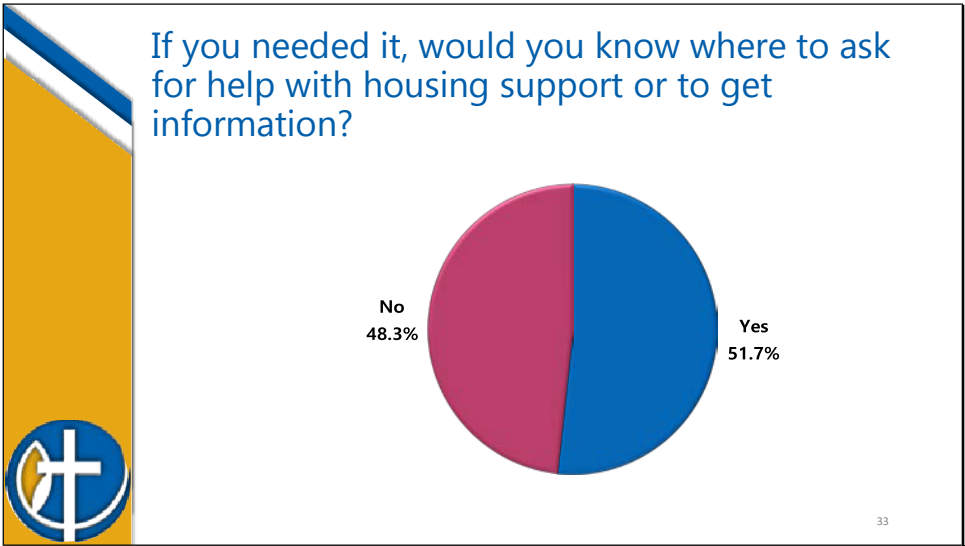
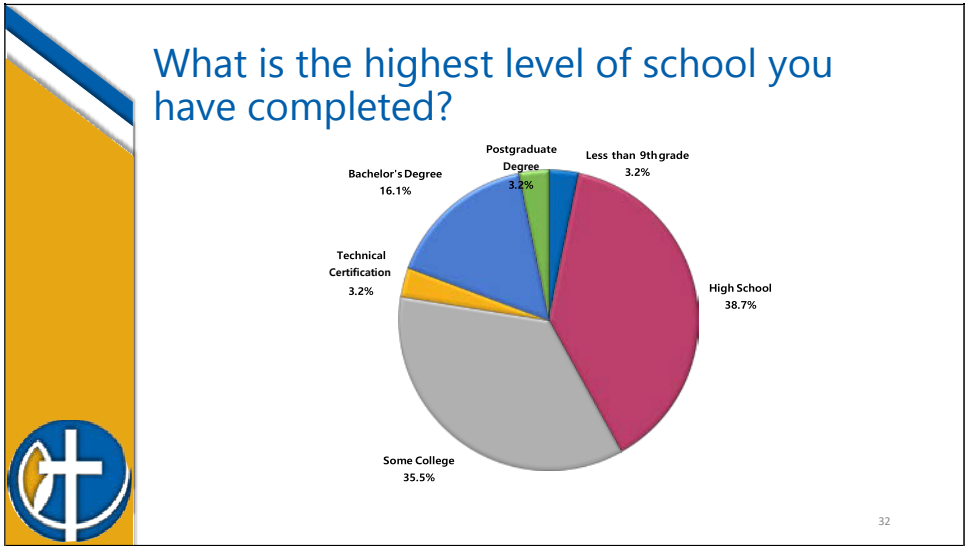


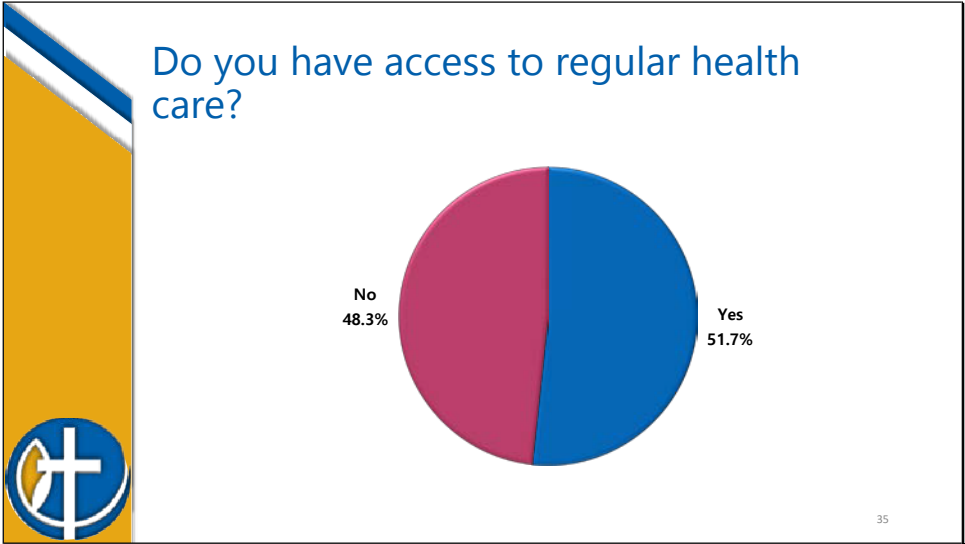
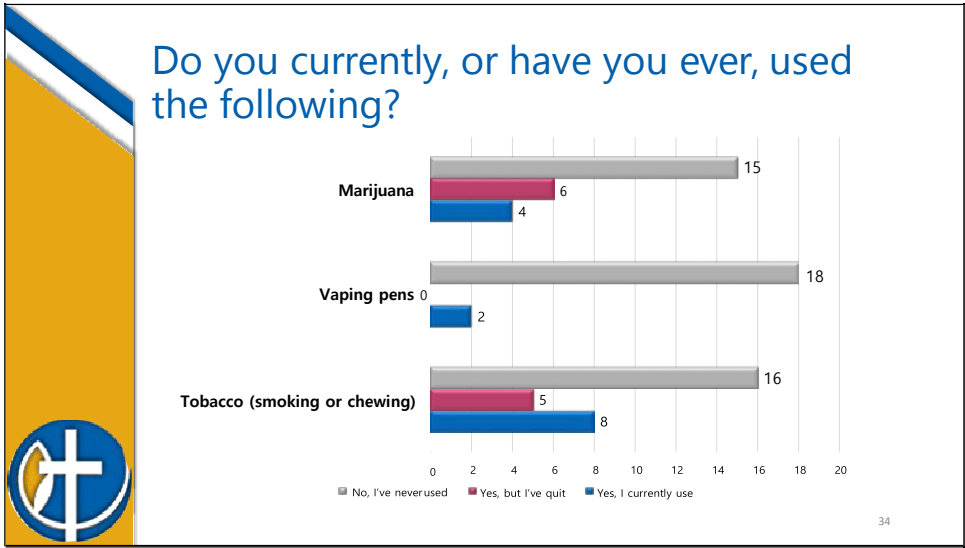
Male
67.7%

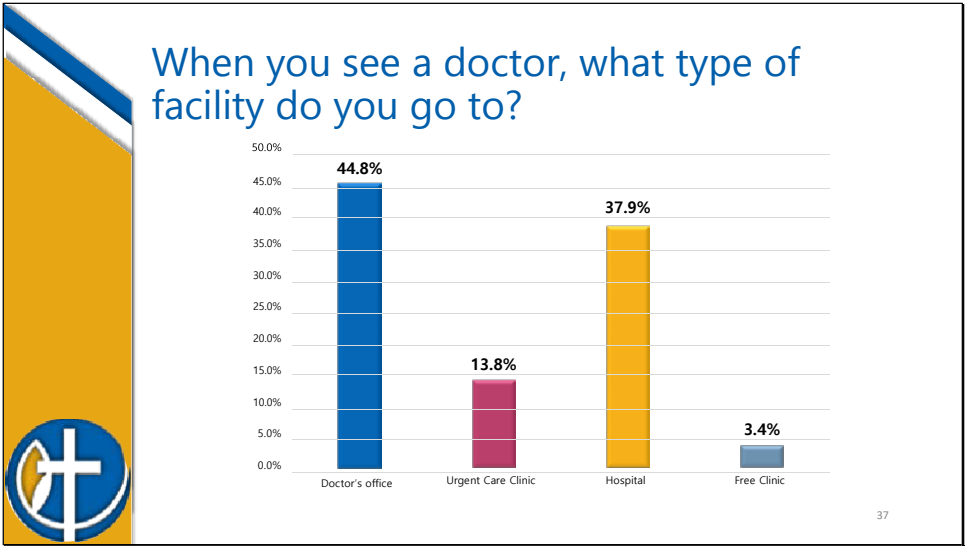
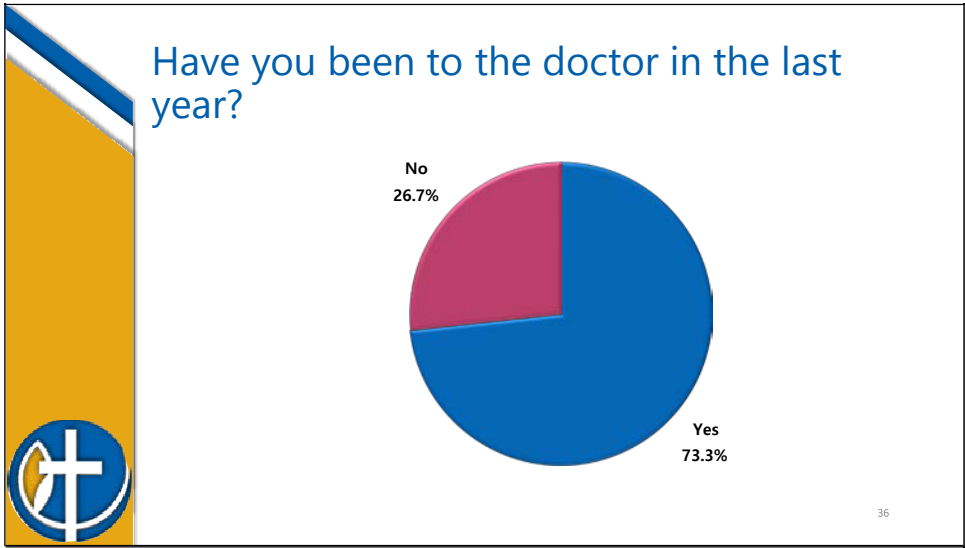
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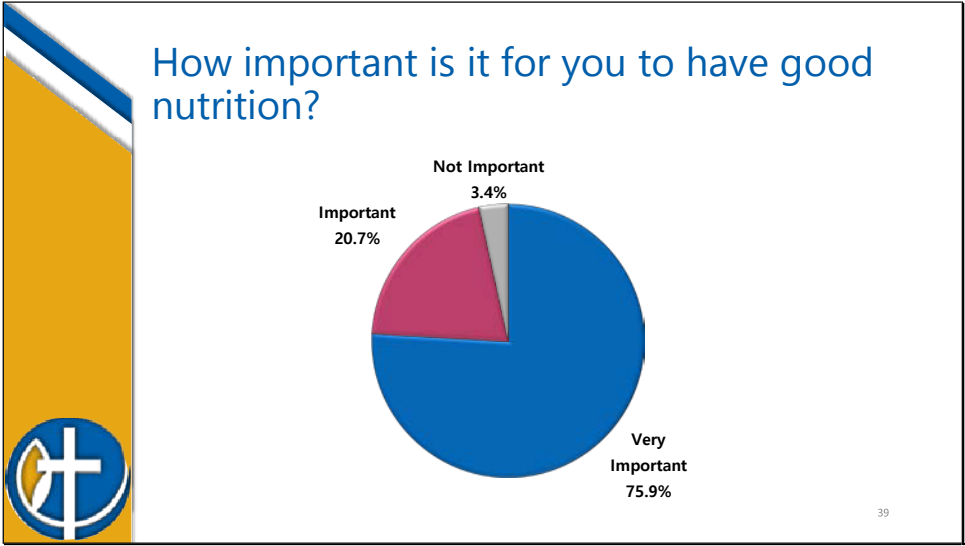
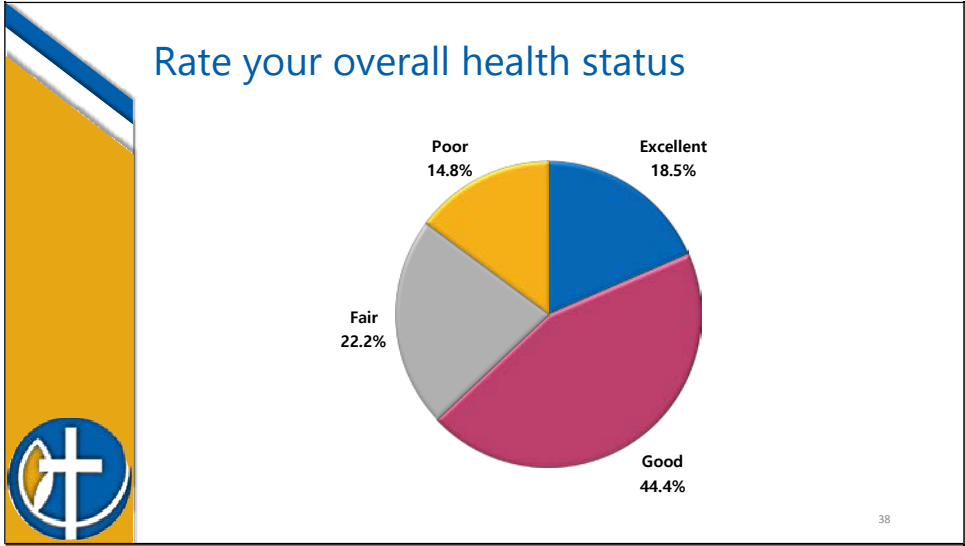


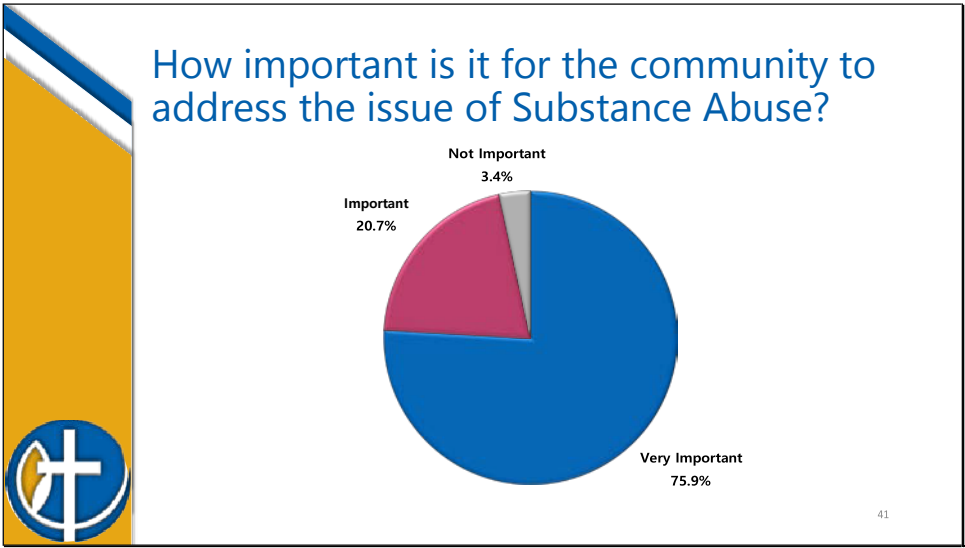
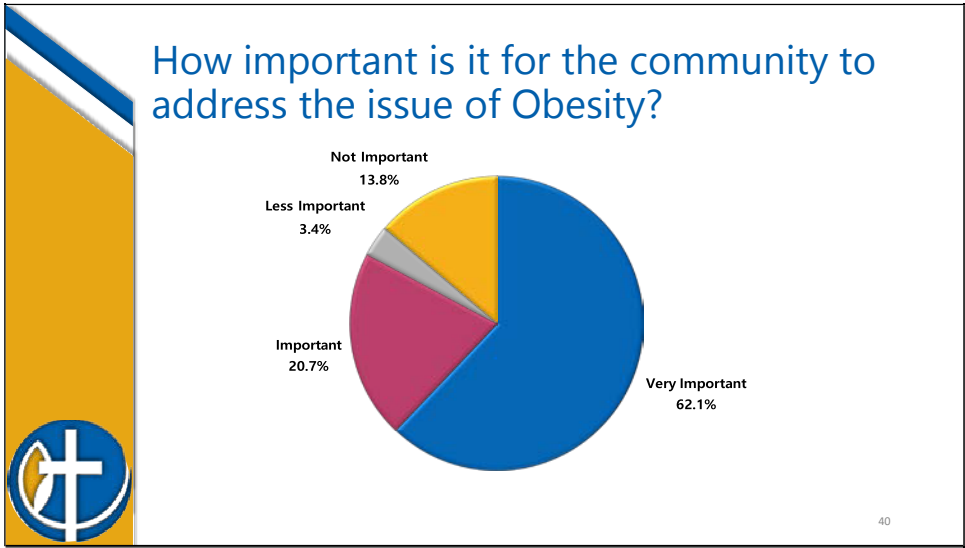


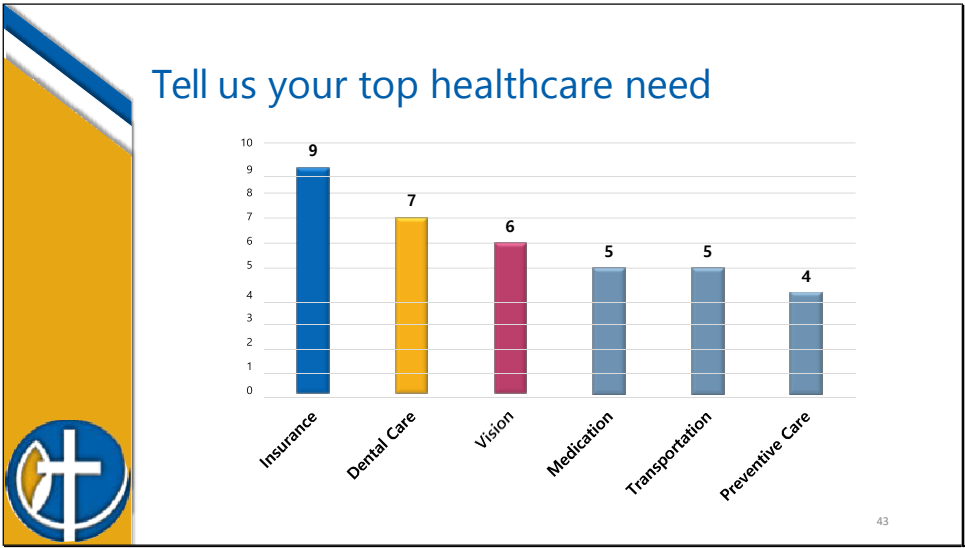
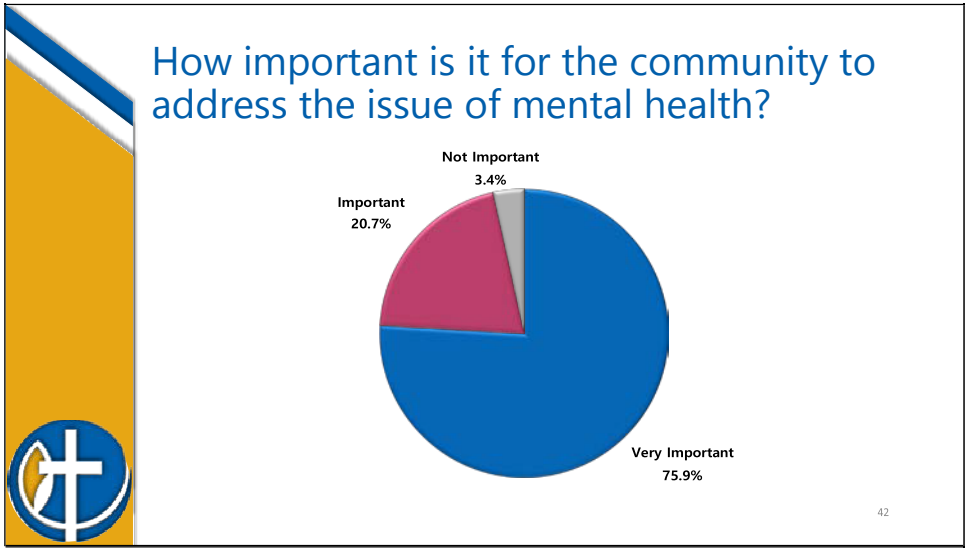












Community Health Survey

Methodology

- A 46-question online survey was developed to distribute to community members living in Broward County
- A link was distributed to various mailing groups by BRHPC and Holy Cross Hospital from July 12-August 8
- 869 surveys were submitted (695 complete, 174 partial)
- Frequencies and percentages of responses were recorded and qualitative summaries were produced.


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Demographics

Participant Demographics

- **58.2%** of participants were between the ages 45-64
- **70.5%** were White while **25.7%** were Black
- **16.5%** were Hispanic/Latinx
- **75.3%** were female, **23.5%** were male and **1.2%** identified as gender non-binary, gender non-conforming, questioning or trans
- **11.9%** identified as bisexual, homosexual, gay, lesbian, queer or questioning
- **5.2%** reported either currently or previously serving in the military

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Housing & Income

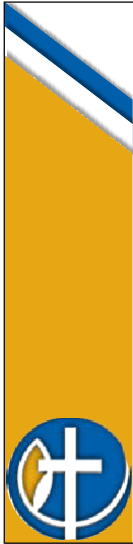
Household

- **42.9%** of participants had a household size of 2; **28.6%** had a size of 3-4
- Most participants stated that they live in zip code **33308** (47) followed by **33334** (40)
- **25.8%** have a HH income of \$25,000-\$49,999 and **20.6%** have a HH income of \$50,000-\$74,999
- During the month prior to taking the survey, **60%** of participants reported helping an adult family member or friend with some form of assistance (i.e. paying bills, providing transportation, cooking, etc.)

Transportation

- **1.6%** of participants "almost never" or "never" have a reliable way to get to work or school and their appointments

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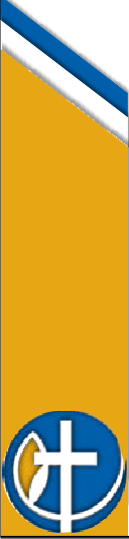


Housing & Income (cont'd)

Housing Stability/Safety

- **97.3%** of participants "always" or "almost always" feel safe in the neighborhood where they live
- **97.3%** feel safe in their home
- **63.9%** own their home while **26.1%** rent
- **83.7%** have not moved in the past year while **2.1%** have moved 3 or more times
- In the next 6 months, **7.1%** expect to be homeless or at-risk for homelessness
- **44.3%** would not know where to ask for housing support information if they needed it

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Childcare


Childcare

- 19.5% of participants have children under 18
- 9.9% need childcare but don't have it
- 42.6% feel their childcare is safe, 36.9% feel it is dependable, 17.7% believe it is affordable and 20.6% state that it is available whenever they need it
- 13.5% have lost a job or have had to give up a job due to undependable or unavailable childcare

Child Safety & Health

- 55.8% of parent participants "always" or "almost always" feel safe letting their children play by themselves in the yard without an adult
- 93.6% of parent participants stated their children under 18 had an annual check-up/well visit within the last year

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Insurance & Access to Care

Insurance Coverage

- 75.7% of participants have employer-provided health insurance while 3.2% have no insurance coverage

Healthcare Cost

- 24.2% of participants stated that cost prevents them from getting care
- Cost prevented participants from receiving the following care:
 - dental (65.7%), physical health (54.9%), vision (54.9%), prescriptions (43.4%), behavioral health (40.6%), hearing (20.6%)

Access to Care

- 23.2% reported not being able to go to a doctor in the past year when they needed to:
 - Of those, 69.9% reported cost as the reason, 27.1% inconvenient hours, 22.3% wait time for an appointment
- 16.3% do not know where to get tested/treated for STD/STIs

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Health & Health Behaviors

Health Status

- The following represent participant's self-reported health status: Excellent (**15.1%**), Very Good (**33.6%**), Good (**47.2%**), Poor (**4.1%**)
- **19.6%** reported not being able to do usual activities because of poor physical health in the past month

Prescriptions

- Only **2.1%** report not understanding why and how to take medications prescribed by their healthcare providers
- **0.7%** report having a medical marijuana card
- **160** participants stated they were not informed about the dangers of opioids by their doctor or pharmacist after being given a prescription



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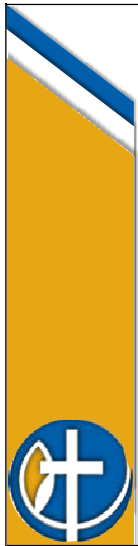
Health & Health Behaviors (cont'd)

Health Behaviors

- **67.5%** have never used tobacco (smoking or chewing), **95.3%** have never used vaping pens, **82%** have never used marijuana
- **10.1%** report eating less than they should because there was not enough food
- Reported barriers to physical activity included: difficulty finding places to be active (**10.2%**), not having enough time (**40.8%**), not a priority (**11%**)
- The majority of participants (**47.1%**) reported spending 30 minutes or less being physically active
- Reported barriers to healthy eating included: cost of healthy food (**35%**), not having enough time to cook (**21.7%**)
- **83.9%** reported that they would work on eating healthy and being physically active if some helped/supported them



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Education & Employment

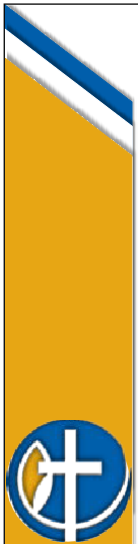
Educational Attainment

- **0.1%** had less than a 9th grade education, **6.8%** had a high school diploma, **4.7%** had technical certification, **12.4%** had some college, **12.2%** had an Associate's Degree, **31%** who have received their Bachelor's Degree and **32.8%** of participants have received a Postgraduate Degree

Employment

- **80.1%** are employed full-time
- **16.7%** reported that they need education or new/better skills in order to get a better, or higher paying, job

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Community Health Needs

Top 3 identified areas that are the most important to help you and your neighbors live healthier

- Access/affordability of medication (**36.5%**)
- Improving access to care (**34%**)
- Access to wellness resources (i.e. fresh food, nutrition classes, etc.) (**31.5%**)

Top 3 identified programs/services that would improve the health of the community the most

- Access to healthcare (**23.1%**)
- Health Insurance Coverage (**16.6%**)
- Mental Health Care (**11.6%**)

Top 3 most important chronic diseases in the community

- Overweight/obesity (**24.6%**)
- Alcoholism/ other addiction (**19.8%**)
- Mental health problems (**18.2%**)

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Community Focus Groups

Methodology

Community Focus Groups

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

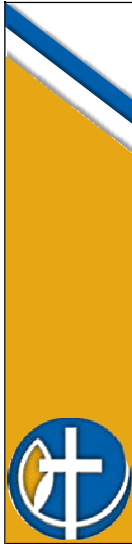
56

Community Focus Groups

Dates	Locations	Time	# of Participants
6/21/18	Grandma Group	11:00 am	15
7/18/18	Family Life Center- Creole Speakers	12:30 pm	6
7/18/18	Family Life Center- Spanish Speakers	1:30 pm	12
8/15/18	Women in Distress	6:30 pm	10

Target Audience							
Agency	Homeless individuals	Low income adults & seniors	Parents	Uninsured/ underinsured	Minority	Spanish Speakers	Haitian Creole Speakers
GG		✓		✓	✓		
FLC- Creole	✓	✓	✓	✓	✓		✓
FLC- Spanish		✓	✓	✓	✓	✓	
WID	✓	✓	✓	✓	✓	✓	

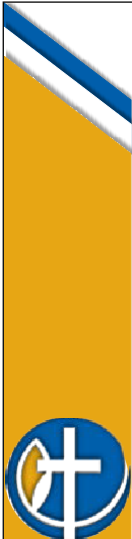
57



Community Focus Group Questions

1. Is your current household income adequate to pay your bills? Explain
2. Do you have any barriers? If yes, what are they?
3. Was there a time in the past 12 months when you or a family member needed health care, mental health services or medication but could not get it? Tell us about it.
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?

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Community – Household Income



Reported Challenges/Areas of Need:

- Lack of employment/income
- Insufficient funds to cover expenses in spite of social security or disability benefits
- Working hours and wages not sufficient to cover expenses

Reported Areas of Satisfaction:

- Adequate hours allow for better income potential
- Assistance from family (adult children) and friends
- Low income housing

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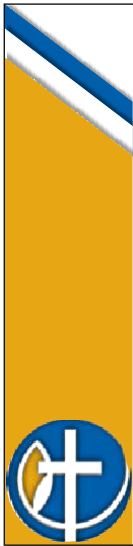




Community – Household Income (cont.)

Quotes

- *"We have more bills than we have money."*
- *"I need more help because I still help my children."*
- *"I am afraid I will become homeless again."*
- *"I cannot eat regularly because of lack of money."*

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Community - Barriers to Accessing Healthcare

- Affordability**
 - Lack of funds to pay for medications, co-pays and deductibles
- Knowledge**
 - Lack of knowledge with regard to services, eligibility, and navigation
- Lack of health insurance coverage
 - Literacy issues (form completion, online access)
 - Lack of access to transportation to get to doctors
 - Immigration status: Undocumented
 - Access to dental care
- Based on race and language (humiliation)
- Limited bilingual clinical staff
 - Lack of knowledgeable providers about how to navigate the system
 - Literacy issues (reading and writing)
- Challenges with mental health issues make navigating healthcare difficult (anxiety, depression, hallucinations)
 - Medication

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Community - Barriers to Accessing Healthcare

Quotes

- *"There is no one available to help complete the forms."*
- *"I have a hard time finding a dentist that accepts Medicaid."*
- *"I'm on a diabetic medication that doesn't have a generic."*
- *"I give thanks to God for the services received here [at Holy Cross]. They have treated me well and given me everything I needed."*



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Community – Needed health care, mental health services or medication, but could not get it

Reported Areas of Need and Concern:

- Avoiding care because of affordability issues
- High cost of medication and medical supplies
- Lack of insurance resulted in lack of access to Mental Health medication and treatment
- Use of Emergency Room for treatment
- Lack of access to specialty care (dental, hearing, vision, endocrinology)
- Depression/feelings of helplessness due to lack of access to care

- Assistance from HCH to obtain generic medication



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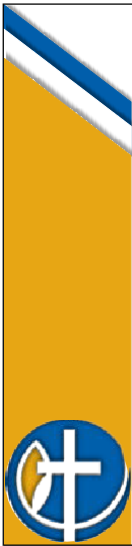


Community – Access to Care

Quotes

- *"I'm a server so most times I don't qualify for insurance. I make too much some weeks and others I don't make enough."*
- *My eight year old son cannot hear well; he is unable to speak well. I do not have any money to take him to a specialist.*
- *I have a thirteen year old son who cannot see well. There's no program out there to help him. I do not have the money to pay a specialist.*

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Community – Health Literacy

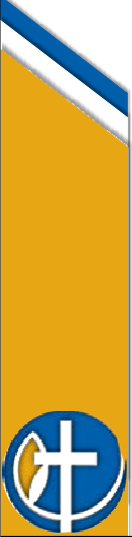
Reported Areas of Need or Concern:

- Lack of access impedes understanding
- Knowledge and understanding of condition may be present, but lack of insurance coverage prevents access to care

[Redacted]

- Communication with medical provider

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Community – Health Literacy

Quotes

- *"I have no idea what's wrong with me and I can't get to a doctor to find out."*
- *"I have a good understanding of my mental health issues and meds, but not having Medicaid stops me."*
- *"The doctor explains everything to you even about the medications."*
- *"I have a very good primary doctor who explains everything to me; having that communication with my primary really helps"*

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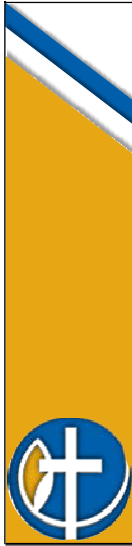


Community- Challenges to obtaining good health

Reported Areas of Need or Concern:

- High levels of stress
- Mental health: depression, anxiety, PTSD
- Delayed care due to cost
- Healthy foods are not affordable
- Inability to meet basic needs (food, rent, medication)

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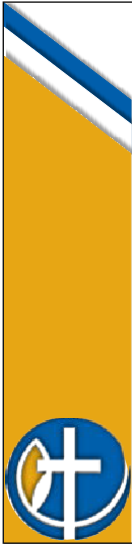


Community - Challenges to obtaining good health

Quotes

- *"I chose to not go to the doctor for about a year. I knew I I wasn't feeling well. I was working every day and I thought it would just go away."*
- *"I went to Whole Foods and I came out with nothing because I couldn't even afford the simplest things there."*
- *"I do not have any food to take medication with."*
- *"I do not have access to good medical benefits because I do not have a social security card. I am stressed. I have no money."*

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Community - Suggestions to improve health of community

Quality of Care

- Care based on health needs, not ability to pay

- Transportation assistance
- Navigation assistance
- Mental health services

- Assistance with co-pays and medication (discount programs)

- Nutrition and exercise
- Chronic disease management
- Outreach and education to residents who are undocumented

- Language and cultural considerations in all programs

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Community - Suggestions to improve health of community

Quotes

- *"A lot of people don't know how to register for health insurance, whether or not they qualify for insurance."*
- *"More outreach programs to inform public about prescription discounts."*
- *"Mental health services are very important. Someone to talk to that can help us get out of these problems."*
- *"Access to health education; what we should eat in order to manage diabetes and hypertension."*

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Provider Focus Groups

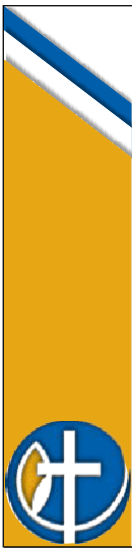


Methodology

Provider Focus Groups

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

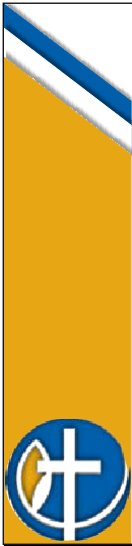
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Provider Focus Groups

Dates	Target Area	Time	# of Participants
2/13/18	Maternal Child Health	9:30 am	15
2/26/18	Special Needs	9:00 am	8
3/8/18	Substance Abuse/Mental Health	12:30 pm	12
7/25/18	SunServe	12:00 pm	25
8/24/18	Lifenet4Families	2:00 pm	8

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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?

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Providers - Key Issues Related to Clients' Access to Healthcare

- High cost of care / Lack of insurance
- Lack of understanding of *how* to access care – How to find the “front door”
- Complex eligibility process (technology poses a challenge for the elderly)
- Challenges navigating the system
- Challenges with health literacy and cultural barriers
- Transportation
- Lack of access to primary, specialty, vision and dental care (particularly difficult to find specialist who understand patients with special needs/substance abuse/mental health)
- Lack of knowledge about affordable, preventative care
- Access and support for substance abuse and mental health services
- Fear/Lack of trust due to immigration status
- Recovery-oriented system of care that provides peer advisors
- Lack of housing options
- Hospital discharge protocol for the homeless
- Medication storage for homeless individuals

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Providers - Key Issues Related to Clients' Access to Healthcare

Quotes

- *“Patients don't know how to apply for benefits.”*
- *“Patients with special needs don't know where the front door is.”*
- *“Immigration status plays a huge role in accessing healthcare.”*
- *“Maneuvering the various eligibility processes is very tough.”*
- *“Clients fear how they will be treated so they avoid going to the doctor.”*

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Provider - Barriers Encountered

Resources

- Getting undocumented patients connected to resources and funding
- Finding physicians within insurance network
- Lack of staff who understand health insurance and local programs
- Lack of medical training on LGBTQ issues
- Lack of stable housing options for client

Delay/Avoidance of Care


- Lack of client trust due to fear of deportation and lack of respect in treatment
- Stigma associated with Substance Abuse/Mental Health as well as LGBTQ access

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

- Literacy, language and cultural differences
- Consumers do not understand the application process
- Communication between providers
- Lack of demographic options on intake forms for LGBTQ populations

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

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Provider - Barriers Encountered

Quotes

- *"Clients face stigma attached with receiving behavioral health services"*
- *"Patients don't understand how Medicaid works."*
- *"It's hard to find behavioral health providers for 0-5 population."*
- *"If a client is unemployed, it's hard to connect him with healthcare."*
- *"Doctors are not aware of community services and don't guide patients appropriately."*
- *"Patients are hiding due to the political situation."*
- *"What happens when there's no box for you in regards to intake forms at facilities?"*

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Provider - Quality of Healthcare

Reported Areas of Need and Concern:

- Dismissive attitude regarding patient feedback about medication side effects (mental health)
- Discharge planning to prevent recidivism
- Hospital discharge too early for homeless individuals
- Medical staff lack knowledge about special needs population (individuals with disabilities/SAMH/deaf and hard-of-hearing)
- Lack of early intervention during 0-5 years phase
- Increased pressure on physicians due to high volume
- Race and implicit bias impacts quality of care
- Treatment provided based on personal beliefs not best practice (trans patients)
- Income correlates with quality of care

• Provider perseverance despite numerous barriers

• Good continuity of care but follow up is key

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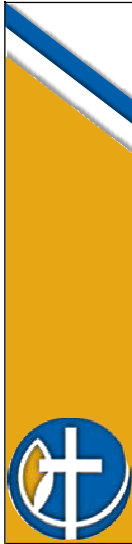


Provider - Quality of Healthcare

Quotes

- *"Patients receive great care in the hospital but the medical staff need to ensure that patients are connected to services upon discharge."*
- *"Housing is an issue."*
- *"Socioeconomic status defines the kind of care you receive."*
- *"Providers are not equipped to serve patients who are deaf and pregnant – a major gap in services."*
- *"Quality is different from one client to the next; [it] depends on level of access and resources."*

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Provider - Perception of Treatment

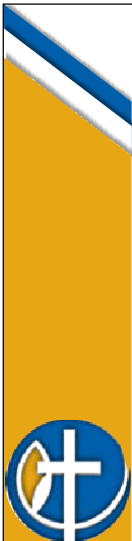
Reported Areas of Need and Concern:

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

• Patient advocates/care coordinators improve patient treatment

• Hard working staff to ensure positive experience

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Provider - Perception of Treatment/Dignity in Treatment

Quotes

- *"Providers show great care for clients."*
- *"In hospital, staff work hard to ensure a positive experience."*
- *"Staff at the front desk need to be more culturally aware."*
- *"Transgendered people don't expect every physician they meet to understand; they just want to feel respected."*
- *"They force them to wait long in hopes that they go away"*

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Provider - Impact of Insurance on Access


Affordability

- Lack of ability to prove income (bank documentation) leads to decreased access to affordable healthcare
- High co-pays/deductibles
- SAMH Clients can't afford health insurance → Medicaid or nothing
- Little to no options for the working poor.

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

- Immigration status
- Documentation requirement too stringent, especially for clients with special needs
- Fear of losing coverage if income level increases
- Transgendered individuals fear getting their gender marker changed (on their ID) because if a "man" has a uterus the insurance may not pay for a female-specific procedure (i.e.: a hysterectomy)

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Provider - Impact of Health Insurance on Access

Quotes

- *"Health insurance is the primary factor in accessing care."*
- *"Patients have to jump through hoops to get medication – especially those with special needs."*
- *"Malpractice insurance impacts services."*
- *"The working poor have no health care because if they work less than 30 hours there's no group health coverage. They're not eligible for W-72 because they aren't homeless and they're not eligible for Medicaid."*

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Provider - Suggestions to Improve Delivery of Health Care Services

Staff Training

- Racial equity training
 - Customer service improvement
 - LGBTQ competency training for everyone
- Greater access to low cost/no cost preventive care
 - Increase healthcare access points
 - Consideration for social determinants of health impacting behavioral health and special needs populations
 - Simplify documentation requirements for services
 - Universal healthcare
 - Patient advocates
- Public education on insurance coverage in easy to understand language and multiple languages
 - Culturally appropriate outreach → hire within local communities
 - Use technological platforms to share information about resources → create an app, use text messaging, promote on social media
 - Visibility and representation of diverse communities (including LGBTQ) in staff and documentation



Provider - Suggestions to Improve Delivery of Health Care Services

Quotes

- *“Streamline the process to make it less bureaucratic.”*
- *“Doctors don’t know how to treat the opioid epidemic. They need special training to keep up with the trends.”*
- *“Those with mental health issues are left to suffer the most. They’re not taking care of themselves and not taking their meds.”*



Key Informant Interviews

Methodology

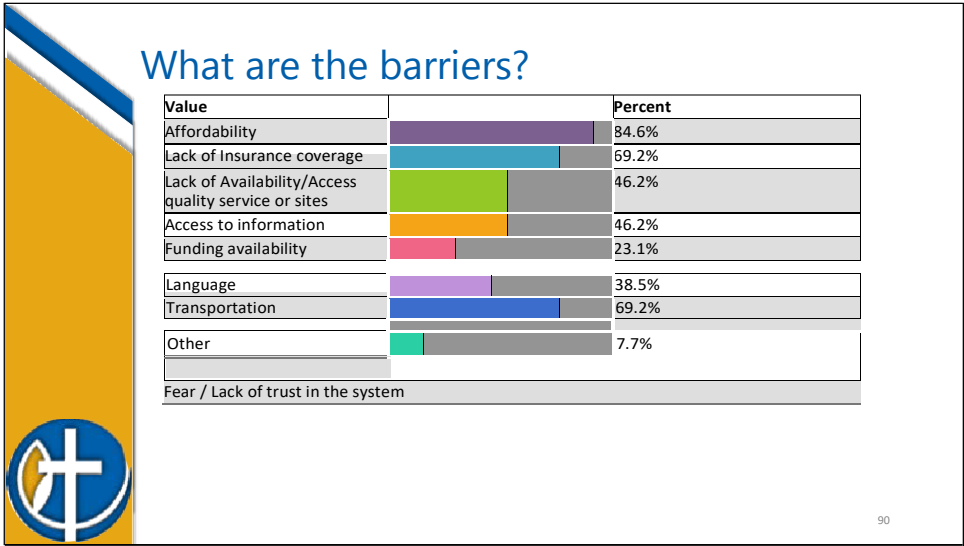
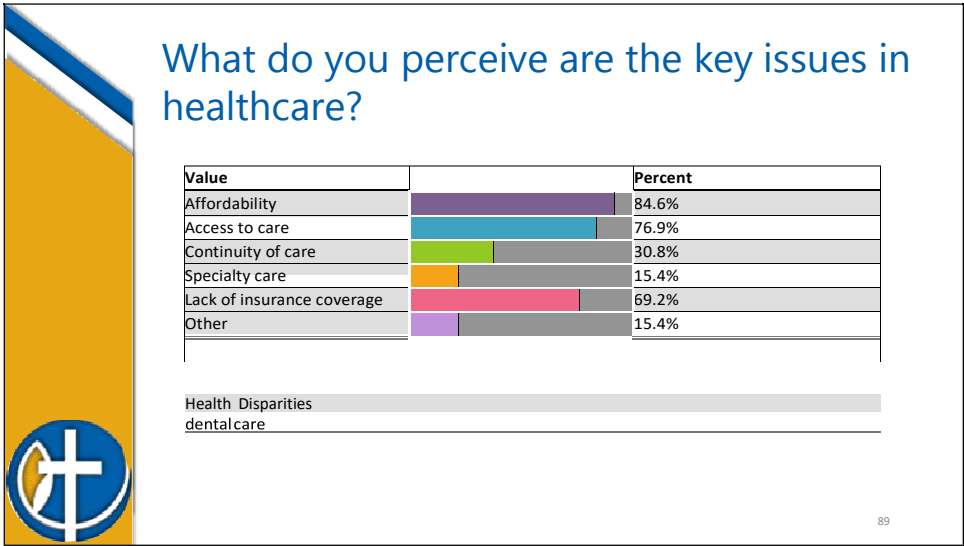
- 60 Key Informants (KI) were selected
- Response: 13 of the 60 key informants completed the interview (22% response rate)
- 7-item standardized, open-ended questionnaire was developed
- Themes were used to thread the responses when appropriate.
- Frequencies and percentages of responses were recorded and summaries were produced.

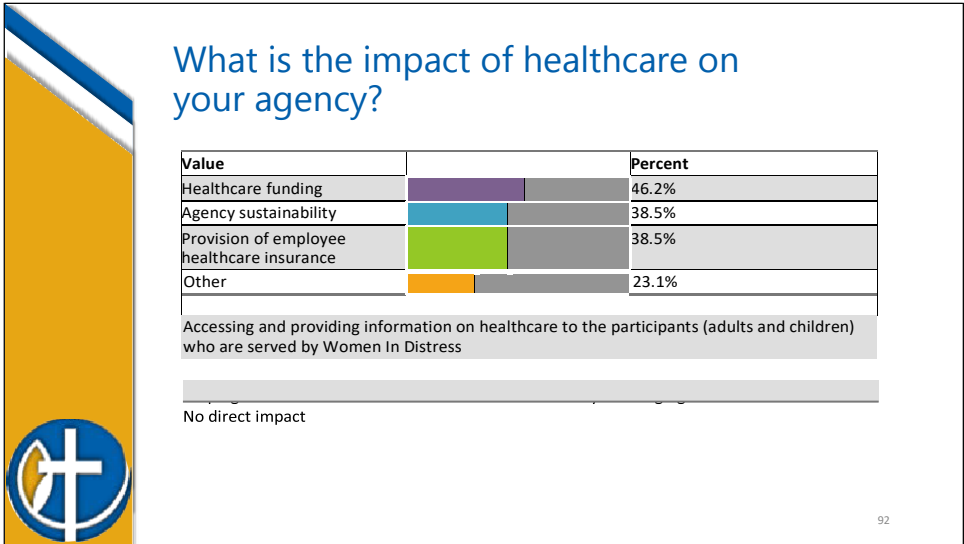
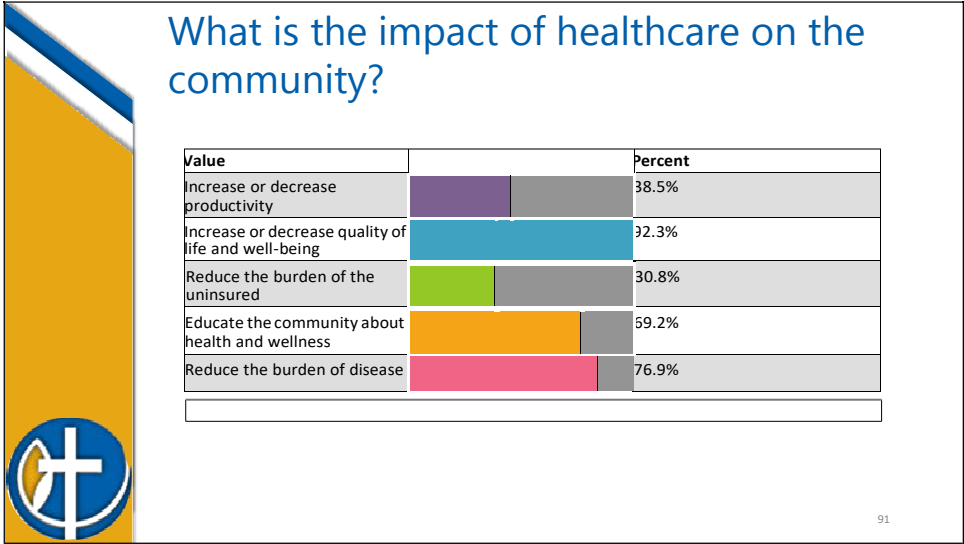
87

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?
4. What is the impact of healthcare on your agency?
5. How do you see the local healthcare system in five years?
6. If you could design the perfect healthcare system, what would it look like?
7. What would be your agency's role?

88





The Health Care System in 5 Years

Themes	Frequency of Mention	Quotes
Disparities in insurance access	4	"Individuals and children living in poverty without adequate healthcare creating lifelong health issues and further putting burden on system to care for those without insurance or adequate insurance."
Focus on prevention and education.	3	"Hopefully more people will be aware of preventive care measures and not result to going to the emergency room for primary care."
Increased Use of Telemedicine	3	"Hopefully more connected, more integrated, and a web based system where clients can send and choose their care before ever leaving their homes."
More Costly and Regulated	2	"New models that do not address the fundamental issues of cost and access."

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The Ideal Health Care System

Themes	Frequency of Mention	Quotes
Universal and Coordinated Care	5	"Adequate primary coverage at some level for all adults and children; distributed and efficient healthcare system with multiple providers that work in collaboration."
Community-based and Co-located Services	4	"Constituents would have access to multi-agency services under one roof."
Addressing Barriers to Access	3	"A system that focuses on the coordination of the patients needs including financial, transportation, mental, and supporting services."
Technology to Facilitate Access and Education	2	"Data system everyone uses with web portals where clients can get video streaming, graphs of their labs and video clips to help them with disease awareness and treatment preparedness / adherence related to their care."

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Agency's Role

Themes	Frequency of Mention	Quotes
Education of Community and Employees	7	<i>"The agency's role would be to help educate the public and get the word out on preventative care, guiding individuals to resources that would effectively impact them in a positive way."</i>
Advocacy	2	<i>"Culturally-competent navigators to assist patients with understanding how to utilize health insurance and how to communicate with doctors and insurance providers so they learn to advocate for themselves."</i>
Develop System based on Patient Need	2	<i>"To help develop an invisible and seamless system focused on the patients need instead of the source of the funding."</i>



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Recommendations and Conclusion

This CHNA was executed with a thorough approach which analyzed quantitative data to assess the health status of Broward County, with an emphasis on the Holy Cross Hospital Strategic Planning Areas. The Advisory Council convened from May to August 2018 to study and discuss quantitative data on demographics, mortality, morbidity, with a strong emphasis on social determinants of health (employment, income, poverty, housing, and education). The Council members represented

Qualitative data, in contrast to quantitative data, can be subjective, and help describe attributes, characteristics and properties. The data for this assessment is also based on input gathered from the following: Focus Groups with consumers of healthcare services in the community, Focus Groups with health and human services providers, a Community Health Survey which reach over 800 respondents, Key Informant Surveys, and a Community Conversation Event.

Due to the increasingly diverse population of Broward County, the areas of need for the community have also become increasingly complex. The recommended next steps for Holy Cross Hospital are to:

- 1) Develop an Implementation Plan for identified priorities based on Trinity Health's "Implementation Strategy Template";
- 2) Present the results to the community;
- 3) Implement and track improvements over the next three years; and
- 4) Report back to the community.

The Implementation Plan should strongly reflect partnership opportunities to leverage the existing resources in the County with significant consideration for the cultural diversity that exists in the Broward County community.

Appendix: Community Health Needs Assessment Advisory Council
Meeting Agenda and Minutes



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

HOLY CROSS HOSPITAL 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL MEETING MAY 15, 2018 ~ 12:00 PM

Barbara S. Effman, M.P.H.
Chair

David Roach, BA
Vice Chair

John A. Benz, MBA
Secretary

Cyril Blavo, D.O., M.P.H. & TM, FACOP
Treasurer

Tiana Blount, MHA
Lee Chaykin, MHSA
Mark Dissette, MBA
Albert C. Jones, MA
Leilani Kicklighter, MBA, ARM, RN
Daniel Lewis
Samuel F. Morrison, BA, MLS
Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

- I. Welcome and Introductions – Sr. Rita Levasseur
- II. Presentations:
 - CHNA Introduction – Regine Kanzki
 - 2015 CHNA – Kim Saiswick
 - Broward County Quantitative Data – Regine Kanzki
- III. Discussion
- IV. Other Business
- V. Next Meeting Date and Time
 - June 19, 2018, 12:00 p.m.
- VI. Adjournment



Holy Cross Community Health Needs Assessment

Meeting Minutes

May 15th 2018

Called to order:

Sr Rita Levasseur called to order the CHNA at 12:00PM on May 15th 2018 at the Dorothy Mangurian Comprehensive Women's Center conducted by Regine Kanzki and Kim Saiswick.

Roll Call:

1. Sr. Rita Levasseur – Holy Cross Hospital
2. Kim Saiswick – Holy Cross Hospital
3. Vincenzo Aueraimo – Holy Cross Hospital
4. Terry Pickett- Holy Cross Hospital Cancer Center
5. Joan Punch-Heming – Holy Cross Home Health
6. Lisa Agate – Atena Wellness Division
7. Renee Podolsky – Department of Health at Broward County
8. Asheria Jackson – Florida Atlantic University
9. Nicole Cohen – BRHPC
10. Noelle Loyello – BRHPC
11. Sue McAllister – Florida Impact
12. Gary Hensley – SunServe
13. Michael De Lucca – Broward Regional Health Planning Council
14. Regine Kanzki- Broward Regional Health Planning Council
15. Shira Fowlkes - Broward Regional Health Planning Council
16. Gwendolyn Strowbridge- Church of the Living God
17. Janice Fulmore-Tigner – Church of the Living God
18. Sheba Glenn- Church of the Living God
19. Mary Macomber – Broward TRIAD
20. Shenlie Etienne- The Pantry of Broward
21. Maureen Luna- The Pantry of Broward
22. Mary Riedel- Women in Distress
23. Christopher Gates- Broward County Public Schools
24. Xenia McFarling- Life Net 4 Families

Purpose:

At Holy Cross Hospital, we believe that quality community health care services can only be provided when they are developed in collaboration with community partners and are responsive to our resident's needs. One required component of IRS regulations for hospital organizations is to conduct a community health needs assessment every 3 years. Holy Cross Hospital incorporates the results of this assessment into the overall strategic plan for the hospital.

Discussion:

Holy Cross takes each priority- area and breaks it down to see how we can make it better.

Top five priorities identified by the community:

1. Access to affordable healthcare.
Goal: Improve access to healthcare (especially for vulnerable populations), link individuals to PCP's and maintenance of their health, well-being, and independence.
2. Health Education and Wellness.
Goal: Increase access to literacy, lingual and culturally appropriate health education and community-based screenings.
3. Homelessness food insecurity and poverty.
Goal: Improve access to affordable housing and food security, improve the health and welfare of Broward County's lower income earning and homeless.
4. Mental Health.
Goal: Improve access to quality of life.
5. Alcohol and substance abuse
Goal: Not to take action. We lack the appropriate expertise and resources to adequately address this need.

Follow Up Questions:

1. How are the PSA's defined?
2. What are the Food Stamp guidelines?
3. What are the restrictions put in place for people who are eligible for Food Stamps?
4. What is the percentage of people who are not applying for assistance because they are in fear?
5. Seen in the senior population, after discharge from a healthcare facility, do they have proper food and nutrition once they get home?

Implementation Strategy

Community Health Needs Assessment fy2016-2018

Kim Saiswick
Director, Community Outreach &
Community Benefit Ministry Officer
5/15/2018



Trinity Health



Holy Cross Hospital Mission

“We, at Holy Cross Hospital and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.”



Health Needs of the Community Identified:

Priority #1:

- Access to Affordable healthcare for vulnerable populations
 - Access, affordability, availability, timeliness, and non-traditional hours, insurance, Medicaid
 - Coordination, continuum of care, transportation, language /cultural barriers

Health Needs of the Community Identified:

Priority #2:

- Health Education and Wellness
 - Health screening, navigating the system, chronic disease and wellness self-management
 - Health education, literacy, messages and interventions, mental health first aid

Health Needs of the Community Identified:

Priority #3:

- Homelessness / Food Insecurity / Poverty
 - Asset limited income constrained earnings, evictions, job loss
 - Single-headed households

Health Needs of the Community Identified:

Priority #4:

- Mental Health
 - Access, affordability, availability, timeliness and non-traditional hours

Priority #5:

- Alcohol and Substance Abuse
 - Access, affordability, availability

Implementation Strategy

Update May 2018



Priority #1: Access to Affordable healthcare for vulnerable populations

Goal: Improve access to healthcare, especially primary healthcare for vulnerable populations

1. Increase the number of persons with health care benefits:

- Affordable Care Act (ACA) Enrollment site
 - Hospital
 - Family Life Center
- KidCare Enrollment
- Medicaid Expansion



Priority #1: Access to Affordable healthcare for vulnerable populations

2. Link individuals to primary care providers & maintenance of their health, well-being and independence:

- Mercy Family Life Center
- Financial Assistance Program
- Faith Community Nurse program
- School Health program
- Resident Clinics – North Ridge & Wilton Manors
- Accountable Care Organization
- Population Health team
- FAU DNP Program



HOLY CROSS COMMUNITY OUTREACH DEPARTMENT

Offering 38 nursing contact hours for the Faith Community Nurse (FCN) Foundations Course

FCN Hybrid Course

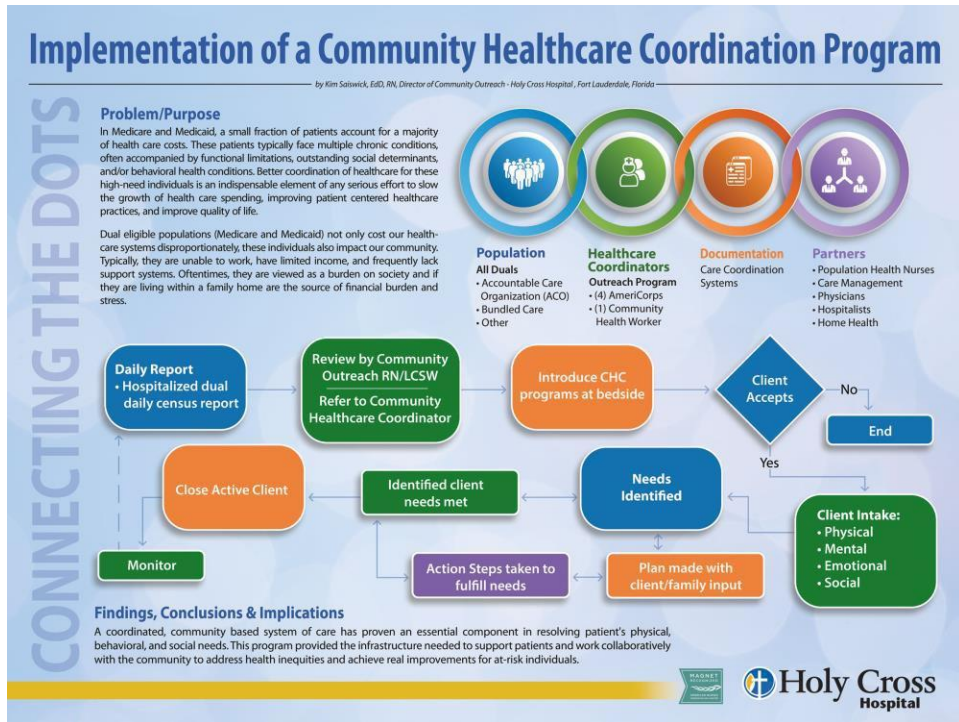
Offers the flexibility to complete the course at your own pace! The course starts 8/30/17 and ends 11/3/17. The Course is FREE to nurses who have FCN Agreement with the Community Outreach Department.

Must R.S.V.P. with Valarie Fox at:
954-267-9551

 Holy Cross
Hospital
Community Outreach



Priority #1: Access to Affordable healthcare for vulnerable populations



Save our Community as a Healthcare Coordinator

with Trinity Health and
 Holy Cross Hospital

Care • Compassion • Community • Coordination

Improve the health of our community

- Gain access to key social services
- Provide basic health education
- promote understanding of chronic health conditions
- Conduct enrollment assistance in available federal, state and local programs such as: Medicaid, Social Security benefits, food and housing security

Applications are available at:
<http://www.holy-cross.com>

For more information, call Laura Pizzutelli at:
954.267.7890

Trinity Health Holy Cross Hospital

Priority #2: Health Education and Wellness

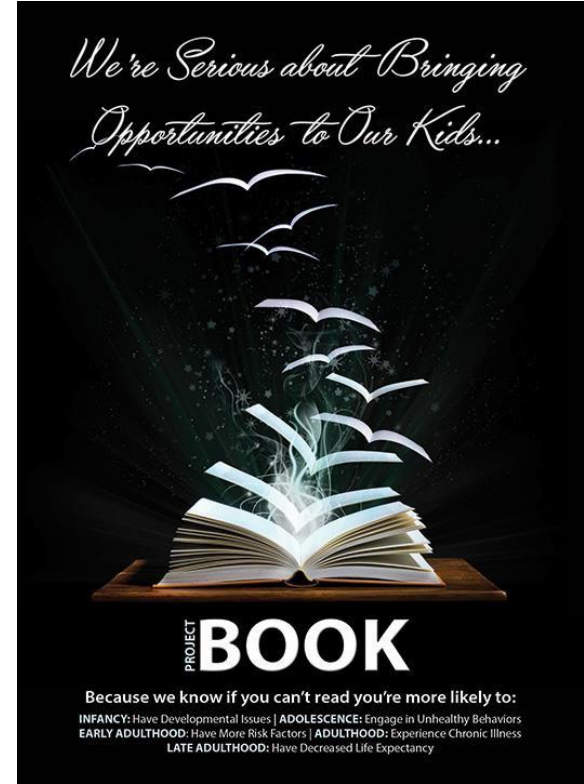
Goal: Increase access to literacy, lingual and culturally appropriate health education & community-based screenings

1. Improved awareness, knowledge and comprehension of health messaging:

- Multi-lingual signage and forms
- Read for the Record
- Grade Level Reading Coalition
- Sensitivity training



Priority #2: Health Education and Wellness



Priority #2: Health Education and Wellness



TRANS CARE CONFERENCE

FRIDAY, JUNE 8, 2018
8:00 AM – 5:00 PM

HOLY CROSS COMPREHENSIVE WOMEN'S CENTER
1000 NE 56TH ST, FORT LAUDERDALE, FL

REGISTER ONLINE IT'S FREE!!!
[BIT.LY/2RYBLAH](https://bit.ly/2RYBLAH)

PRESENTED BY THE SO FLORIDA INTER-AGENCY PLANNING TEAM

This full day conference is especially designed for the whole care team at medical practices and social service agencies. Medical, nursing, social work and counseling students are also invited to attend. The training day especially focuses on staff who see transgender patients face to face – from front desk and patient registration to discharge. The sessions are interactive with lots of opportunities to interact with panelists and fellow participants.

- Obtain a deeper understanding about how gender guides our lives
- Hear from members of the trans community across the age spectrum
- Understand the experiences of transgender clients and patients who come to your facility for care.
- Gain insight into ways to make your facility more welcoming and competent in meeting the needs of a community so often misunderstood and marginalized.
- Learn about World Professional Association for Transgender Health (WPATH) standards of care.



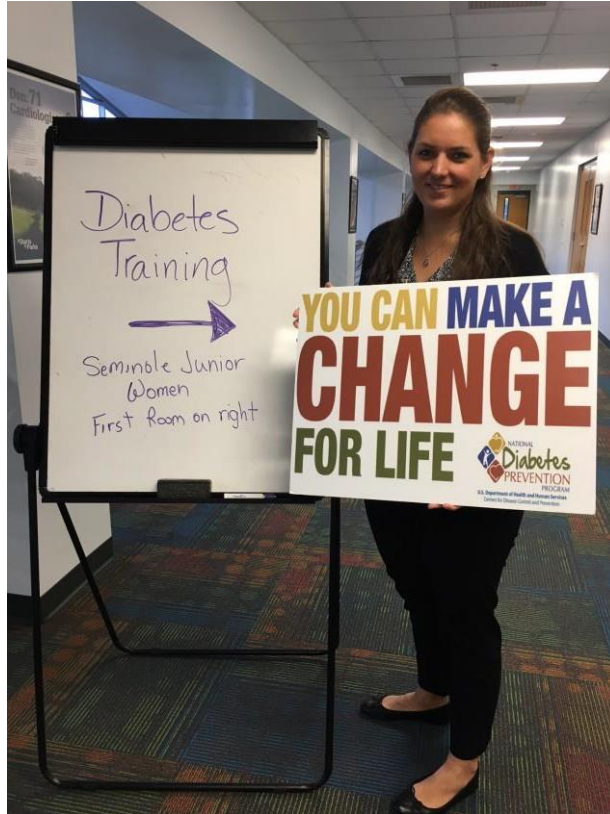
Priority #2: Health Education and Wellness

Goal: Increase access to literacy, lingual and culturally appropriate health education & community-based screenings

2. Increased requests for Holy Cross presence at community based screening events:

- Immunization and Back to School Physicals
- Community Screening (blood pressure, blood sugar & cholesterol)
- HIV and Hepatitis C
- Breast Health with Mammography
- Diabetes Prevention Program
- Wellness Exams

Priority #2: Health Education and Wellness



2017 Back to School Immunization Events

SATURDAY, JULY 15

Arthur Ashe Jr. Campus
9am – 2pm | 1701 NW 23 Avenue, Ft. Lauderdale | Tel: 754-322-2800

SATURDAY, JULY 29

Mary Magdalene Episcopal Church
9am – 12 noon | 1400 Riverside Drive, Coral Springs | Tel: 954-232-9310
Sun-Ed High School
9am – 2 pm | 2360. W. Oakland Pk. Blvd., Oakland Park | Tel: 954-678-3939

SATURDAY, AUGUST 5

First Baptist Ft. Lauderdale Global Event Center
9am – 1pm | 301 E. Broward Blvd. Ft. Lauderdale | Tel: 754-779-5912
Children's Services Council
10am – 2pm | Ely High School, 1201 NW 6th Ave., Pompano Beach | Tel: 954-377-1000

FRIDAY, AUGUST 11

New Season Worship Center:
4pm – 6pm | 7280 W. Oakland Park Boulevard, Lauderdale | Tel: 954-600-2456

SATURDAY, AUGUST 12

City of Lauderdale Lakes
10am – 2pm | Vincent Torres Memorial Park
4331 NW 36th Street, Lauderdale Lakes | Tel: 954-535-2789

Broward Sheriff's Office

11am – 4pm | Apollo Park, 900 NE 18th Ave., Pompano Beach
Holy Cross Community Outreach
9am – 12 noon | Dorothy Mangurian Comprehensive Women's Center
1000 NE 56th Street, Ft. Lauderdale | 772-579-7643

SATURDAY, AUGUST 19

Mount Bethel Church
10am – 2pm | Joseph C. Carter Park
1450 W. Sunrise Boulevard, Ft. Lauderdale | Tel: 954-768-0920

Don't Forget!
Current
immunization
record and
parent or legal
guardian
required.

\$20 Back to School & Sport Physicals All Year!

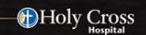
Holy Cross Urgent Care - 1115 S. Federal Hwy., Ft. Lauderdale | Tel: 954-764-6646

Holy Cross East Boca Urgent Care - 1799 S. Federal Hwy., Boca Raton | Tel: 561-347-7933

Holy Cross West Boca Urgent Care - 23071 State Road 7, Boca Raton | Tel: 561-477-6000

Look for us Fall 2018 in Coral Springs!

Holy Cross Coral Springs Urgent Care - 3481 N. University Drive, Coral Springs, FL 33065



Priority #3: Homeless / Food Insecurity / Poverty


Goal: Improve access to affordable housing and food security

2. Improve the health and welfare of Broward's lower income earning and homeless citizens by participating in change:

- Homeless Continuum of Care
- Homeless agency Board of Directors
- Point in Time Count
- Healthcare for the Homeless
- Living wage @ Holy Cross Hospital



Priority #3: Homeless / Food Insecurity / Poverty



THE TRIPLE AIM AND THE 3 P's: Prayer, Praise and Purpose in Breast Health

Health prevention education in the community for the community and in partnership with the community

Kim Salswick, RN, EdD, LMHC | Vanessa Graham, LPN

PURPOSE



The Prayer, Praise & Purpose program addresses breast cancer disparities by supporting prevention and early detection initiatives in geographic areas with low screening rates, high numbers of advanced stage diagnosis and/or incidence and mortality of breast cancer with evidence-based cancer initiatives that are appropriate and sensitive to the culture of Black populations by partnering with churches, which support the sustainability and longevity of outreach initiatives to disparate populations in hope of saving lives.


PROMISING RESULTS

Evidence-based group-level education program based on *The Community Guideline* incorporated: prayer, praise, and inspiration and yielded successful program outcomes.

- **Knowledge:** 700 individuals demonstrated increased knowledge on post-tests regarding the importance of breast health and screening
- **Attitude:** Individuals expressed the importance of screening and early diagnosis in order to prevent late stage diagnosis and death
- **Beliefs:** Individuals shared, discussed, and dispelled myths and beliefs
- **Behaviors:** 659 clients received breast imaging services, acting upon their new knowledge of the importance of cancer screening resulting in 94% appointment adherence

Highly Effective Practices Ensure:
Right Person | Right Place | Right Time | Right Format





Priority #3: Homeless / Food Insecurity / Poverty



When you're homeless, it's all about the

Feet



If you are currently homeless,
Join Christ Church Love in Action Outreach, Holy Cross Faith
Community Nurses and FAU Christine Lynn College of Nursing for:

FREE FOOT CARE
and walk away in a new pair of **SHOES!***

Sunday, March 28, 2018
12 Noon - 3:00pm

Christ Church Pompano Campus - 210 NE 3rd Street | Pompano

*First 200 people; limitation based on quantity of shoes and sizes available. *Participants in this event may choose to be a part of a research study exploring health challenge of caring for one's own feet in the face of homelessness.

For additional information
or to donate/volunteer call:
954-267-9551



Priority #3: Homeless / Food Insecurity / Poverty

Goal: Improve access to affordable housing and food security

2. Improve the health and welfare of Broward's lower income earning and homeless citizens by participating in change:

- South Florida Hunger Coalition
- Summer Breakspot
- Healthy Vending
- Malnutrition Certification



Priority #3: Homeless / Food Insecurity Poverty



EARN A CERTIFICATE OF TRAINING IN ADULT MALNUTRITION

With Abbott Nutrition Health Institute (ANHI) Certificate of Training, you'll earn Continuing Education (CE) credits as you become an expert in a variety of topics (1.0 Continuing Education per class). This training program consists of 7 courses with 1.0 nursing CE/class. After you successfully complete the required credit hours and the online post-test, ANHI will award you a Certificate of Training in that content area.

Class Dates:

March 13th 5:00pm - Maternal Child Health Classroom / 2nd floor
March 27th 5:00pm - Multipurpose Room / 2nd floor Jim Moran Cardiovascular Center
April 10th 5:00pm - Multipurpose Room
April 2nd 5:00pm - Multipurpose Room
May 8th 5:00pm - Multipurpose Room
May 22th 5:00pm - Multipurpose Room
June 5th 5:00pm - Multipurpose Room

Class Topics:

- Critical Mass: Role of Muscle and Nursing Assessment in Strengthening Patient Outcomes
- Using Outcomes Data to Advocate for the Nutrition Care Process
- The Magic of Nutrition: Collaborative Strategies to Improve Outcomes
- Improving Patient Outcomes: Effectively Managing Malnutrition Risk After Discharge
- Patient Simulation: Putting Malnutrition Screening, Assessment, Diagnosis, and Intervention into Practice
- Finding Patients at Nutritional Risk: A Case-Based Scenario
- Your Collaborative Role in Reducing Readmissions

RSVP to Community Outreach:
Kristen Schroeder, BSN-RN, CHES, CDE | 954 771-2381

Note: This is not a certification program and doesn't result in a professional designation or credential.



Priority #4: Mental Health

Goal: Improve access to quality of life for Broward's behavioral health population

2. Partner with existing behavior health agencies to work toward achieving improved quality of life

- Community Mental Health program host
- MSD program partner



Priority #5: Alcohol / Substance Abuse

Determined it would not take action as we lacked the appropriate expertise and resources to adequately address this need.

Engage and partner with community coalitions and committees to support and assist in addressing this outstanding need.

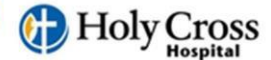
Priority #5: Alcohol / Substance Abuse



YOU CAN SAVE A LIFE!

FREE Training

Naloxone reverses Drug Overdose



Date: Thursday, May 17 **Time:** 9:00 a.m. to 12:00 noon

Location: Holy Cross - Dorothy Mangurian Women's Center
1000 NE 56th Street
Fort Lauderdale 33334

Presenter: Amanda Muller
Overdose Prevention Coordinator for the State of Florida

To RSVP or for more information, please contact Kim Saiswick
Phone: 954-771-8640 kim.saiswick@holy-cross.com





Broward Regional Health Planning Council, Inc.
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Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

HOLY CROSS HOSPITAL 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL MEETING JUNE 19, 2018 ~ 12:00 PM

Barbara S. Effman, M.P.H.
Chair

David Roach, BA
Vice Chair

John A. Benz, MBA
Secretary

Cyril Blavo, D.O., M.P.H. & TM, FACOP
Treasurer

Tiana Blount, MHA
Lee Chaykin, MHSA
Mark Dissette, MBA
Albert C. Jones, MA
Leilani Kicklighter, MBA, ARM, RN
Daniel Lewis
Samuel F. Morrison, BA, MLS
Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

- I. Reflection – Sr. Rita Levasseur
- II. Welcome and Introductions – Sr. Rita Levasseur
- III. Presentation:
 - Broward County Quantitative Data – Regine Kanzki
- IV. Discussion
- V. Other Business
- VI. Next Meeting Date and Time
 - July 17, 2018, 12:00 p.m.
- VII. Adjournment



Committee/Department Team:	2018 Community Health Needs Assessment
Date:	Tuesday, June 19, 2018 @ 12:00 PM; Patricia R. Guerrieri Pavilion @ Holy Cross HealthPlex - Meeting Room #2 (1000 NE 56th Street, Ft. Lauderdale, 33334)
Prepared by:	Nina Santiago
In Attendance:	See Attendance Sheet

Measure / Topic	Data Based Opportunity to Improve Findings / Conclusion	Plan / Recommendation / Action	Check / Act Measurable Improvement Achieved / Maintained FOLLOW-UP
I. CALL TO ORDER	The meeting was called to order at 12:00 PM by Sr. Rita Levasseur, VP of Mission Integration and a reflection was provided.		
II. Quorum	Yes		
III. ACCEPTANCE OF MINUTES	The June 19, 2018 minutes of the Community Health Needs Assessment meeting were approved.	The minutes from the June 19, 2018 meeting was approved.	
IV. Old Business:			
➤ What are the Food Stamp guidelines?	Ms. Régine Kanzki, MPH, Division Director, Broward Regional Health Planning Council, Inc., reviewed the eligibility requirements for Food Assistance "Supplemental Nutrition Assistance Program" (SNAP). In addition, provided an overview of The Bureau of Labor Statistics.		
➤ Holy Cross Hospital PSA	Ms. Kanzki presented Holy Cross Hospital's PSA.		
VI. New Business			
➤ Health Rankings	Ms. Kanzki reviewed County & City Health Rankings, in which each metric is measured as an average of 500 cities and where metric falls within specified range.		
➤ Communicable Diseases Prevalence	It was requested that Total Sexually Transmitted Infection Rates by filtered by age group (i.e., adolescent or elderly)	BRHPC to provide Total Sexually Transmitted Infection Rates filtered by age group (i.e., adolescent or elderly) @ next meeting	
➤ Dental Care	Access to Dental care (routinely / emergent) is critical and associated with other ailments		

Measure / Topic	Data Based Opportunity to Improve Findings / Conclusion	Plan / Recommendation / Action	Check / Act Measurable Improvement Achieved / Maintained FOLLOW-UP
➤ Total Uninsured Rate	Ms. Kanzki noted that in Broward County, Total Uninsured Rate decreased from 22.5% in 2013 to 13.5% in 2016. Sr. Rita raised a questioned what could be done to educate those who are uninsured who require medication but have no ability and are labeled "Non-Complaint"		
➤ Point In Time @ Public Schools	Shira Fowlkes, MPH, Coordinator, Point-in-Time Count, Broward Regional Health Planning Council, Inc., advised that Point In Time has not been conducted at Public Schools.	Mr. Christopher Gates, Broward County Public Schools in inquire and report back.	
➤ Unintentional Injury Deaths	Breakdown requested of Unintentional Injury Deaths (i.e., Homicide, Opioid, Text & Driving, etc.)	BRHPC to report back on the breakdown of Unintentional Injury Deaths	
VII. Broward County Needs:			
➤ Round Table Inquiry	Ms. Kim Saiswick, Director, Community Outreach & Community Benefit Ministry Officer, requested that round table of Broward county needs: <ul style="list-style-type: none"> ➤ Infant Mortality Education / Prevention ➤ Mental Health Access ➤ Homeless Persons discharged from hospital for respite are (4 – 6 weeks) ➤ Affordable Housing ➤ Affordable Healthcare (uninsured / insured) ➤ HIV ➤ Affordable wages ➤ Access to Dental ➤ Gun Violence ➤ Transportation ➤ Governing body to coordinate Non-Profit Programs ➤ Medical Care to undocumented individuals 	Children's Services to attend next meeting.	
VIII. Next Meeting Dates	Upcoming meetings which include: <ul style="list-style-type: none"> - July 17, 2018 - August 6, 2018 - August 28, 2018 		
IX. Adjournment	There being no further business, the meeting was adjourned.		



Broward Regional Health Planning Council, Inc.
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Administration

HOLY CROSS HOSPITAL 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL MEETING JULY 17, 2018 ~ 12:00 PM

Barbara S. Effman, M.P.H.
Chair

David Roach, BA
Vice Chair

John A. Benz, MBA
Secretary

Cyril Blavo, D.O., M.P.H. & TM, FACOP
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Equal Opportunity Employer



- I. Reflection – Sr. Rita Levasseur
- II. Welcome and Introductions – Sr. Rita Levasseur
- III. Presentation:
 - Holy Cross Hospital Quantitative Data – Regine Kanzki
- IV. Discussion
- V. Other Business
- VI. Next Meeting Date and Time
 - August 14, 2018, 12:00 p.m.
- VII. Adjournment

Holy Cross Community Health Needs Assessment

Meeting Minutes

July 17th 2018

Called to order:

Sr Rita Levasseur called to order the CHNA at 12:00PM on July 17th 2018 at the Dorothy Mangurian Comprehensive Women's Center conducted by Regine Kanzki and Kim Saiswick.

Roll Call:

1. Sr. Rita Levasseur – Holy Cross Hospital
2. Kim Saiswick – Holy Cross Hospital
3. Vincenzo Aueraimo – Holy Cross Hospital
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17. Christopher Gates- Broward County Public Schools
18. Xenia McFarling- Life Net 4 Families
19. Imani Armand – Broward Regional
20. Jessica Dambra – Broward Regional
21. Gail Adams – Broward County Public Schools
22. Vanessa Graham – Holy Cross Hospital
23. Jill Sears – Broward County Library
24. Michael Bryant – Broward County Library
25. Ann Marie Serrano – Holy Cross Hospital
26. Sandy Lozano – Light of the World Clinic
27. Joey Wynn – SFAN
28. Melissa Blum – Humana Community
29. Fernanda Kuchkarion – health Foundation of South Florida
30. Germaine Smith-Baugh – urban

Reflection : Sr. Rita Levasseur

Welcome and Introductions: Sr. Rita Levasseur

Purpose:

At Holy Cross Hospital, we believe that quality community health care services can only be provided when they are developed in collaboration with community partners and are responsive to our resident's needs. One required component of IRS regulations for hospital organizations is to conduct a community health needs assessment every 3 years. Holy Cross Hospital incorporates the results of this assessment into the overall strategic plan for the hospital.

Follow Up From June 19th Meeting:

- Crime Data in Broward County
- Unintentional Injuries
- Mental Health Service Access
- Prenatal Care & Maternal Mortality
- Sexually transmitted Infections
- 65+ Population Data

Presentation:

1. Holy Cross Hospital Quantitative Data presented by Regine Kanzki
 - HCH Hospital Utilization
 - Chronic Disease Hospitalizations
 - Chronic Disease Hospitalizations – Service Area Data
 - Emergency Department Utilization
 - HCH Avoidable Emergency Department Visits
 - HCH Avoidable Emergency Department Visits - Service Area Data
 - Prevention Quality Indicators
 - PQI Cases - Service Area Data
 - Diagnosis – Related Group

2. Stakeholder Discussion

3. Identify Needs and Gaps

Follow Up Questions:

1. What are the different age groups of people who suffer with addiction and how many of these people overdose?

Meeting Adjourned at 1:23PM



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

HOLY CROSS HOSPITAL 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL MEETING AUGUST 14, 2018 ~ 12:00 PM

Barbara S. Effman, M.P.H.
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David Roach, BA
Vice Chair

John A. Benz, MBA
Secretary

Cyril Blavo, D.O., M.P.H. & TM, FACOP
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Samuel F. Morrison, BA, MLS
Cary Zinkin, D.P.M.

Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer

- I. Reflection – Sr. Rita Levasseur
- II. Welcome and Introductions – Sr. Rita Levasseur
- III. Presentation:
 - Broward County & Holy Cross Hospital Qualitative Data – Regine Kanzki
- IV. Discussion
- V. Other Business
- VI. Next Meeting Date and Time
 - August 28, 2018, 12:00 p.m.
- VII. Adjournment



Holy Cross Community Health Needs Assessment

Meeting Minutes

August 14, 2018

Called to order:

Sr Rita Levasseur called to order the CHNA at 12:00PM on August 14, 2018 at the Dorothy Mangurian Comprehensive Women's Center conducted by Regine Kanzki and Kim Saiswick.

Roll Call:

1. Sr. Rita Levasseur - Holy Cross Hospital
2. Elizabeth Gelpi- Henderson Behavioral Health
3. Renee Podolsky- Department of Health at Broward County
4. Vincenzo Aueraimo - Holy Cross Hospital
5. Terry Pickett- Holy Cross Hospital Cancer Center
6. Lisa Agate -Atena Wellness Division
7. Asheria Jackson - Florida Atlantic University
8. Nicole Cohen - Broward Regional Health Planning Council
9. Gary Hensley- SunServe
10. Regine Kanzki- Broward Regional Health Planning Council
11. Shira Fowlkes - Broward Regional Health Planning Council
12. Sherlie Etienne-The Pantry of Broward
13. Mary Riedel- Women in Distress
14. Xenia McFarling- Life Net 4 Families
15. Jill Sears - Broward County Library
16. Michael Bryant - Broward County Library
17. Ann Marie Serrano - Holy Cross Hospital
18. Sandy Lozano -Light of theWorld Clinic
19. Fernanda Kuchkarion - Health Foundation of South Florida
20. Gregory Beltran -AIDS Healthcare Foundation
21. Suzanna McAllista - Florida Impact
22. Pery Canan - Hope South Florida

Reflect(on : Sr. Rita Levasseur

Welcome and Introductions: Sr. Rita Levasseur

Purpose:

At Holy Cross Hospital, we believe that quality community health care services can only be provided when they are developed in collaboration with community partners and are responsive to our resident's needs. One required component of IRS regulations for hospital organizations is to conduct a community health needs assessment every 3 years. Holy Cross Hospital incorporates the results of this assessment into the overall strategic plan for the hospital.

Follow Up From July 17 Meeting:

Accidental Drug Overdoses

- o Unintentional Injury Deaths by Drug Poisoning
- o Drug Overdose by Age
- o Drug Overdose by Drug-2017

Substance Abuse Statistics

Brief History of Opioids In Florida

Primary Treatment Admissions - Broward, 2014-2016

Presentation:

1. Holy Cross Hospital Quantitative Data presented by Regine Kanzki.

- o Behavioral Risk Factor Surveillance Survey
- o Youth Risk Behavioral Surveillance
- o Professional Research Consultants
 - Project Goals -To improve residents' health status, increase life span, elevate overall quality of life, reduce health disparities among residents, and increase accessibility to preventive services for all community residents.
- o Community Conversation
 - Approximately 45 participants attended the events on July 24, 2018.
 - The audience was given an introduction of the community needs assessment process and a description of the purpose of the event.
 - Index cards were provided for participants to write their top 3 health concerns. Responses were documented and tallied.
 - Surveys were provided to all participants to fill out.

- o Community Health Survey
 - A 46 question online survey was developed to distribute to community members living in Broward County.
 - A link was distributed to various mailing groups by BRHPC and Holy Cross Hospital from July 120 August 8.
 - 869 surveys were submitted (695 complete, 174 partial).
 - Frequencies and percentages of responses were recorded and qualitative summaries were produced.

2. Community Health Needs

A. Top 3 identified areas that are the most Important to help you and your neighbors five healthier:

- o Access/affordability of medication (**36.5%**)
- o Improving access to care (**34%**)
- o Access to wellness resources (i.e. fresh food, nutrition classes, etc.) (**31.5%**)

B. Top 3 identified programs/services that would Improve the health of the community the most:

- o Access to healthcare (**23.1%**)
- o Health Insurance Coverage (**16.6%**)
- o Mental health Care (**11.6%**)

C. Top 3 most important chronic diseases in the community:

- o Overweight/ obesity (**24.6%**)
- o Alcoholism/ other addiction (**19.8%**)
- o Mental health Issues (**18.2%**)

Discussion/ Concerns:

1. Affordability is a huge Issue and has a direct impact on health.
2. Most people pay 30% or higher for living expenses (i.e. rent, FPL, water).
3. Most single mothers lose all of their benefits once they earn more money.
4. There Is a significant amount of hard working people with 2-3 jobs who don't have any benefits.

Follow Up Questions:

1. How do we define Mental Health Services and how can we access them?
2. Are people suffering with mental health issues aware of the services available?
3. Is there a statistic that can provide us affordable income housing for people who make under \$30,000 a year?
4. How many people in Broward County are being paid minimum wage?
5. There will be a recap on August 28, 2018 to determine the most important needs of the community.

Meeting Adjourned at 1:50PM



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Administration

HOLY CROSS HOSPITAL 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL MEETING AUGUST 28, 2018 ~ 12:00 PM

Barbara S. Effman, M.P.H.
Chair

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John A. Benz, MBA
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Cyril Blavo, D.O., M.P.H. & TM, FACOP
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Michael De Lucca, MHM
President and CEO

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- I. Welcome and Introductions – Sr. Rita Levasseur
- II. Presentations:
 - Broward County Qualitative Data (Part II) – Regine Kanzki
 - HCH CHNA Data Recap
- III. Prioritization:
 - Review prioritization draft
 - Discussion
 - Vote
 - Finalize
- IV. Other Business
- V. Adjournment

Holy Cross Community Health Needs Assessment

Meeting Minutes

August 28, 2018

Called to order:

Sr Rita Levasseur called to order the CHNA at 12:00PM on August 28, 2018 at the Dorothy Mangurian Comprehensive Women's Center conducted by Regine Kanzki and Kim Saiswick.

Roll Call:

1. Sr. Rita Levasseur- Holy Cross Hospital
2. Renee Podolsky- Department of Health at Broward County
3. Vincenzo Aueraimo-Holy Cross Hospital
4. Lisa Agate - Atena Wellness Division
5. Gary Hensley-SunServe
6. Regine Kanzki- Broward Regional Health Planning Council
7. Shira Fowlkes - Broward Regional Health Planning Council
8. Sherlie Etienne-The Pantry of Broward
9. Mary Riedel-Women in Distress
10. Xenia McFarling- Life Net 4 Families
11. Jill Sears - Broward County Library
12. Michael Bryant - Broward County Library
13. Ann Marie Serrano- Holy Cross Hospital
14. Sandy Lozano - Light of the World Clinic
15. Fernanda Kuchkarion - Health Foundation of South Florida
16. Germaine Smith-Baugh- Urban League
17. Melissa Blum- Humana Community
18. Janine Ribeiuo- United Way of Broward
19. Cynthia Peterson- Broward County Medical Asso.
20. Judith Ruden- Holy Cross Hospital

Reflection : Sr. Rita Levasseur

Welcome and Introductions: Sr. Rita Levasseur

Purpose:

At Holy Cross Hospital, we believe that quality community health care services can only be provided when they are developed in collaboration with community partners and are responsive to our resident's needs. One required component of IRS regulations for hospital organizations is to conduct a community health needs assessment every 3 years. Holy Cross Hospital incorporates the results of this assessment into the overall strategic plan for the hospital.

Follow Up From August 14 Meeting:

Behavioral Risk Factor Surveillance

- o How does BRFSS weigh data?
- o Overall Health & Access to Health Services, 2016

PRC CHNA Data Correction

Housing Cost Burden

- o Percentage of renters spending more than 30% of their Income on housing.
- o Fair Market Rent - Broward & Florida - 2016
- o Household Income

Presentation:

1. Holy Cross Hospital Quantitative Data presented by Regine Kanzki.

A. Community Focus Groups

- Four community focus groups were conducted, refreshments and gift cards were provided to the participants, each group lasted 90 minutes, the conversations were audio taped and transcribed, participants were assured that no names would be associated with the responses given, themes and negative/positive attributes were used to thread the responses when appropriate.
- **Topics Discussed:**
 - Community- Household Income
 - Community- **Barriers** to Accessing Healthcare
 - Community - Needed health care, mental health services or medication, but were unable to get it
 - Community- Health Literacy
 - Community- Challenges to obtaining good health
 - Community - Suggestions to improve health of the community

B. Provider Focus Groups

- Five provider focus groups were conducted, refreshments were provided to the participants, each group lasted 60 minutes, 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.

- **Topics Discussed:**
 - Provider- Key issues related to clients' access to healthcare
 - Provider- Barriers encountered
 - Provider- Quality of Healthcare
 - Provider - Perception of treatment
 - Provider- Dignity in treatment
 - Provider- Impact of insurance on access
 - Provider- Suggestions to improve delivery of health care services

C. Key Informant Interviews

- 60 key informants were selected, response: 13 of the 60 informants completed the interview (22% response rate), 7-item standardized, open-ended questionnaire were developed, themes were used to thread the responses when appropriate, frequencies and percentages of responses were recorded and summaries were produced.

ii Topics Discussed:

- What do you perceive are the key issues in healthcare?
- What are the barriers?
- What is the impact of healthcare on the community?
- What is the impact of healthcare on your agency?
- The healthcare system in 5 years
- The ideal healthcare system
- Themes across Qualitative study

D. Prioritization - HCH Prioritizing the needs In 2018

- Importance Ranking:
 1. Access to Care
 2. Social Determinants of Health
 3. Substance Abuse/ Mental Health
 4. Community Education
 5. Preventive Care
 6. Cultural Sensitivity
 7. Dental care
- Achievability Ranking
 1. Community Education
 2. Cultural Sensitivity
 3. Preventive Care
 4. Access to Care
 5. Substance Abuse/Mental Health
 6. Social Determinants
 7. Dental Care

Meeting Adjourned at 2:05PM



About Broward Regional Health Planning Council

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

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

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

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

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200 Oakwood Lane, Suite 100 || Hollywood, FL 33020

Phone: (954) 561-9681 || Fax: (954) 561-9685

www.brhpc.org

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