



# COMMUNITY HEALTH NEEDS ASSESSMENT 2013



*Developing a Community Health Needs Assessment allows a hospital to address community health needs that are not being met by establishing recommendations and priorities aimed at improving community health status and quality of life.*

**BRHPC**  
HEALTH & HUMAN SERVICE INNOVATIONS

Broward Regional Health Planning Council • [www.BRHPC.org](http://www.BRHPC.org)



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**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.

BRHPC's mission is to be committed to delivering health and human service innovations at the national, state and local level through planning, direct services, evaluation and capacity building. BRHPC President and CEO: Michael De Lucca, MHM, [mdelucca@brhpc.org](mailto:mdelucca@brhpc.org)

With over 15 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. 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 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](mailto:rkanzki@brhpc.org).



# EXECUTIVE SUMMARY

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

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

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

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

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

The members of the Holy Cross Hospital (HCH) Community Health Needs Assessment Advisory Council participated in meetings that took place from January 2013 to April 2013 (see list of attendees, meeting agendas, minutes, and presentations in the attachment section).

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

## COUNTY DEMOGRAPHICS

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- Broward County is the second most populated in the state and ranks high in diversity.
- Approximately 25% of the Broward County population is Hispanic.
- In Broward County, 14.3% of the population is 65 and over, which is less than the percentage for the entire state of Florida. From 2000 to 2010, the greatest population increase occurred among the 45-69 age groups; and the greatest population decrease occurred in the 30-44 age group and the 70 and over age group.
- The growing foreclosure crisis among Florida homeowners has created a new group of homeless individuals and increased the demand for affordable rental housing. Broward County has a higher percentage of renter-occupied units than the percentage of renter-occupied units in Palm Beach County and the state overall.
- Broward County has been significantly impacted by unemployment (4.5% in 2001 compared to 8.1% in July 2012), reflecting the economic crisis. Nearly 15% of Broward residents live in poverty, with 19.7% of people under the age of 18 living in poverty. Of those families with children under the age of 18, 15.6% were reported at or below the Federal Poverty Level (FPL). Approximately 24.8% of families with only a female householder were reported to be below poverty line. While about 6.7% of married couple families were reported to be below poverty line.
- There has been a steady increase in the number of individuals and families receiving public assistance (Food Stamps and Medicaid), though a decrease in TANF enrollment in Broward County and across the entire state.

- In 2010, the U.S. Census Bureau estimated that 24% of Broward County's non-institutionalized civilian residents were uninsured. When compared to Florida and the United States, Broward County also had a higher rate of uninsured for children less than 18 years of age, and resident 65 years of age and older.
- The uninsured rate increased over time for Broward County, Florida and the US. To be noted is that Broward County has had the highest uninsured rate through the years.
- The uninsured rate in Broward County did not increase for all age groups. In 2009 and 2010, the 18 - 64 years age group represented the largest segment of the uninsured. In contrast, the 65 years and older age group represented the smallest segment. Interestingly, the less than 18 years age group uninsured rate decreased from 2009 to 2010. This decline can be attributed to significant work by community organizations to enroll eligible children in health insurance programs, such as the Florida KidCare program.

## MORTALITY AND MORBIDITY

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- Broward County has seen a decrease in the Age Adjusted Death Rates per 100,000 Population since 2006.
- Heart Disease has consistently been the number one leading cause of death for individuals 75 years of age and older. Meanwhile, Cancer has been the number one leading cause of death for individuals between the age of 45 and 74 years. The leading cause of death for individuals between the age of 1 and 34 years has been unintentional injury since 2006. The Healthy People 2020 goal for coronary heart disease death rates is 100.8 deaths per 100,000 population. Figure 27 indicates that the death rate due to coronary heart disease has been decreasing steadily among all races/ethnicities in Broward County from 2006 to 2011. However, in Broward County, the rate among blacks shows a more significant decline than the white population.
- Hypertension, Diabetes, and Congestive Heart Failure account for the highest number of chronic disease cases and the highest discharges from HCH and comparable hospitals in Broward County. Years of Potential Life Lost (YPLL) provide an estimate of premature mortality. The two highest YPLL from 2009 to 2011 are in the categories of Cancer and Unintentional Injury.
- In Broward County, Heart Disease and Stroke have been the leading cause of death for individuals 75 years of age and older. Cancer has been the number one leading cause of death for individuals between the age of 55 and 74 years. The leading cause of death for younger populations is Unintentional Injury.
- The majority of strokes occur among Black populations in Broward County. While Chronic Lower Respiratory Diseases and Suicide tend to impact the White population. Heart Disease appears evenly distributed among the Black and White populations.

## MATERNAL AND CHILD HEALTH

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- Overall, Infant Mortality rates have decreased in the past five years. However, black populations are disproportionately affected by infant mortality.
- The rate of total live births has slightly declined in Broward County.
- The percentage of teen pregnancies has decreased from 2008 to 2011. The number of repeat births has also decreased over the past year.
- 5% of births in Broward County occur with late or no prenatal care, higher than Florida overall (4.4%).
- The percentage of births to mothers without insurance in Broward County (10.2%) presents significant risk to maternal and neonatal health due to lack of access to care.
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## BEHAVIORAL HEALTH RISKS

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- The Behavioral Risk Factor Surveillance System indicates that 52.3% of Broward County men have had a colonoscopy.
- The Behavioral Risk Factor Surveillance System indicates that 6.8% of Broward County adults have been diagnosed with diabetes to.
- The Behavioral Risk Factor Surveillance System indicates –that, in Broward County, 37.2% of adults are overweight and 28% are obese, for a combined total of 65.2% of adults being overweight or obese.
- The Youth Risk Behavior Survey indicates that 13.7% of Broward County students are overweight and 9.5% are obese, for a combined total of 23.2% of students being overweight or obese
- The Youth Risk Behavior Survey indicates that 55.5% of Broward County, students are sexually active, 11% currently use cigarettes, and 37.2% currently use alcohol.

## SUICIDE AND SELF-INFLICTED INJURY

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- The suicide death rate in Broward County has steadily increased since 2008, which correlates with onset of our nation’s economic crisis. All Broward race groups have been impacted with the highest rates noted among the White population and the 45-54 age group.

## HOSPITAL UTILIZATION

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- HCH is licensed for 559 beds.
- HCH admissions account for 7.89% of all comparable hospital admissions in Broward County, with 15,925 admissions in 2011.
- The average length of stay at HCH is 4.9 days.

## PREVENTION QUALITY INDICATORS

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- Prevention Quality Indicators (PQI) identify hospital admissions where evidence suggests that they could have been avoided if people were linked to quality, preventive services and primary care centers.
- The BRHPC Health Data Warehouse Prevention Quality Indicators demonstrate that Hypertension, Diabetes, and Congestive Heart Failure accounted for the greatest number of PQI cases and charges in 2011.

## CONCLUSION

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Due to the increasingly diverse population of Broward County, the areas of need for the community have also become increasingly complex. For instance, the fluctuations in the economy have negatively affected the county by an increase in unemployment rates. The recommended next steps for HCH are to 1) Develop an Action Plan for identified 2013 priorities; 2) Incorporate and implement Healthcare Reform elements and partnership opportunities; 3) Present the results to the community; 4) Implement and track improvements over the next three years, and 5) Report back to the community. Part of the action plan should address the diversity of the community as factor that was discussed considerably.

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# I. INTRODUCTION

As part of the new IRS requirements, hospital organizations are to conduct a community health needs assessment, 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 of poor, homeless individuals and families, as well as those who have been negatively impacted by the downturn of the economy. 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.

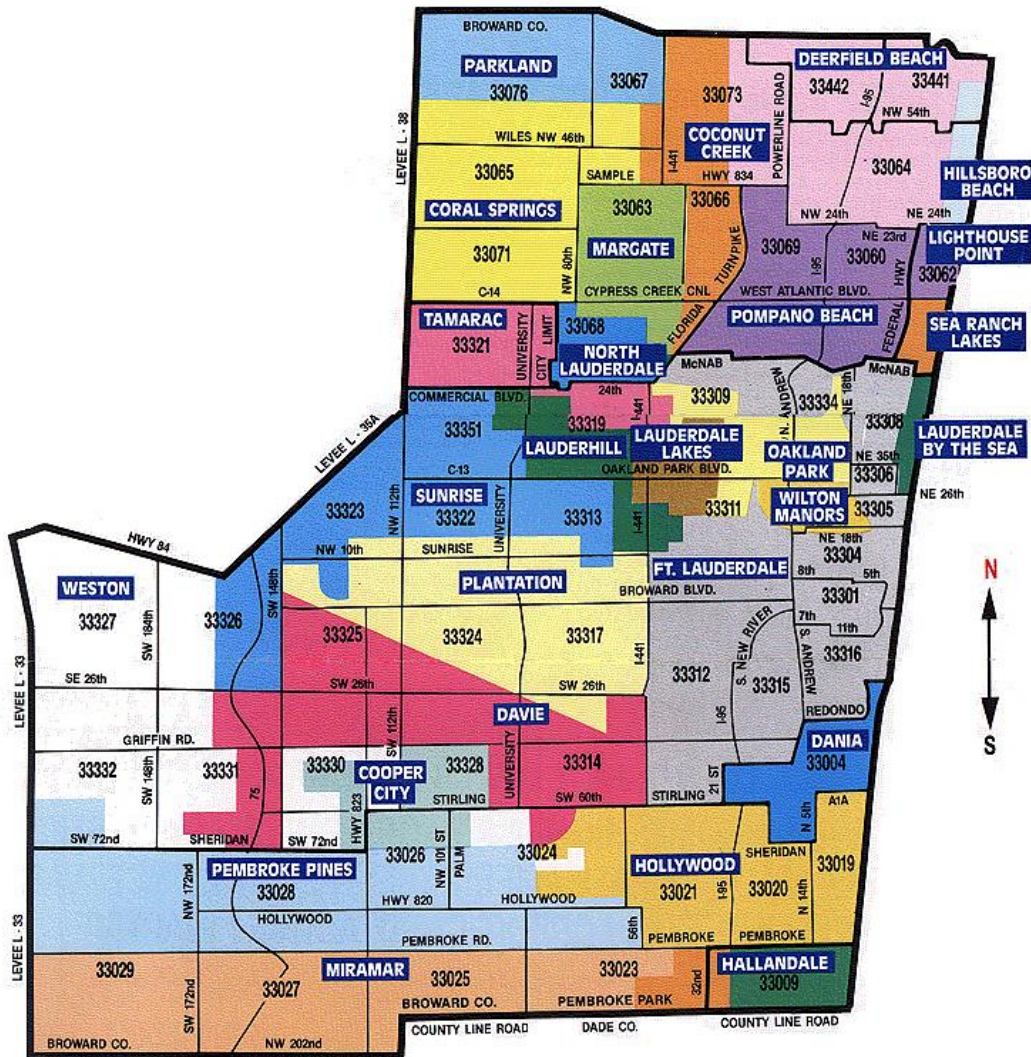
A needs assessment is the practice of identifying and addressing the needs and/or gaps in the current health status of the defined community's residents. Furthermore, the assessment process allows the hospital to clarify the health needs and determine the health priorities of the residents in Broward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

The main goals of the Needs Assessment are:

- 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

Broward County is the target area for this profile of the Community Health Needs Assessment (see Figure 1 below). Broward County was created in 1915 when Palm Beach County and Dade County contributed nearly equal portions of land to create it. It 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. Broward's diversity elevated the County from the sixteenth (1990) to the third (2009) most racially diverse Florida County. The diversity and size of Broward, in conjunction with a variety of other factors, result in a community with complex needs. These needs are becoming increasingly multifaceted due to the growing U.S. economic crisis, which has disproportionately impacted Florida. As the economy continues to decline, more Broward residents are unable to afford the rising costs of healthcare and rely on publicly funded social services for assistance. This increase in demand highlights the value of a comprehensive analysis of Broward's health and human services needs.

Figure 1. Broward County, Florida



Source: Association of Broward County Florida Special Process Servers

Holy Cross Hospital, Inc. (HCH) in Fort Lauderdale, Florida is a full-service, non-profit Catholic hospital, sponsored by the Sisters of Mercy and a member of Catholic Health East. Since 1955, HCH has provided high quality medical care to the Broward County community while upholding the ethical and moral teachings of the Catholic Church in all policies and practices. Today, HCH is licensed for 559 patient beds and its medical staff consists of more than 600 highly skilled physicians representing nearly every specialty in medicine. This staff embraces the HCH mission *to serve the healthcare needs of persons of all faiths and cultures by providing quality health care with Christ-like compassion.*



## II. METHODOLOGY

The process for completion of a Community Health Needs Assessment is as follows: define the community, gather primary and secondary data, review the data and identify unmet needs and service gaps, and prioritize needs. The findings are summarized in this report.

Below are the types of data that were examined and considered in the prioritization of local health needs for Broward County:

### Quantitative Data

- U.S. Bureau of the Census
- American Community Survey
- Florida Charts
- Broward Regional Health Planning Council Health Data Warehouse
  - Florida, Broward and HCH Hospital data
  - Hospital Utilization
  - Chronic Diseases
  - Prevention Quality Indicators (PQI)
  - Diagnosis Related Groupings (DRG)

### Qualitative Data

- Youth Risk Behavior Survey
- Professional Research Consultants, Inc. PRC Community Quality of Life Survey
- Behavioral Risk Factor Surveillance System
- Community Health Survey

**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 Community Health Needs Assessment Advisory Council participated in meetings that took place from January 2013 – April 2013 (see meeting agendas, minutes, and presentation in the Attachment section).

# III. QUANTITATIVE PROFILE

## 1. DEMOGRAPHICS

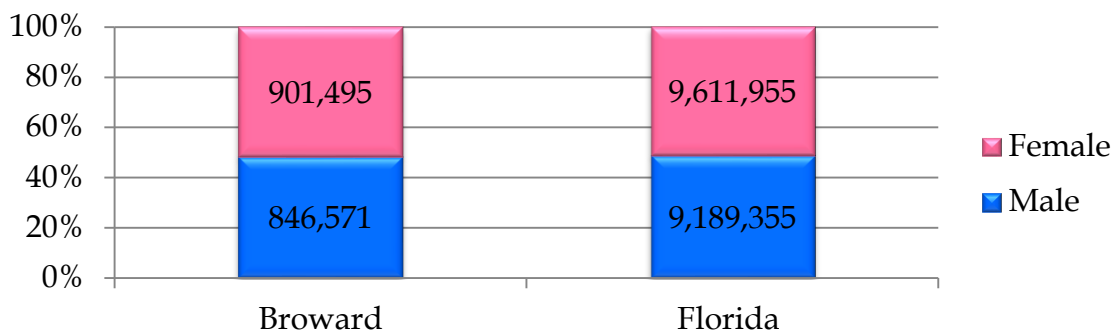
Broward County is the second most populated county in Florida and ranks high in diversity. This section provides an overview of the demographics and socioeconomic factors influencing health status and impacting health resources in the county. The table below provides a summary of the demographics for Broward County and Florida.

**Table 1. Population by Gender, Age and Race, Broward and Florida, 2010**

2010	Broward		Florida	
	Number	Percent	Number	Percent
Total Population	1,748,066	-	18,801,310	-
Male	846,571	48.42%	9,189,355	48.88%
Female	901,495	51.57%	9,611,955	51.12%
0-17	391,349	22.3%	4,002,091	21.29%
18-64	1,107,293	63.34%	11,539,617	61.38%
65+	249,424	14.26%	3,259,602	17.34%
White	1,102,231	64.94%	14,109,162	75.04%
African American	467,519	27.55%	2,999,862	15.96%
Asian	56,765	5.15%	454,821	2.42%
American Indian and Alaska Native	5,065	0.10%	71,458	0.38%
Native Hawaiian and Pacific Islander	64,694	5.87%	12,286	0.07%
Other	64,694	5.87%	681,144	3.62%
Identified by two or more	50,851	4.61%	472,577	2.51%

Source: US Bureau of the Census, 2010 Census

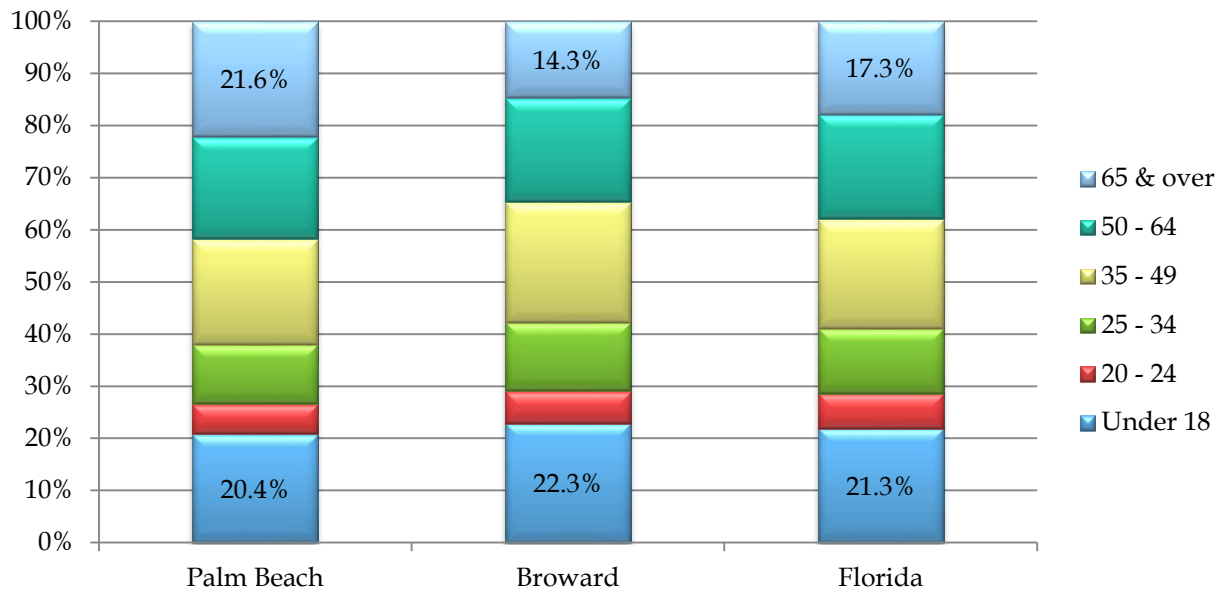
**Figure 2. Composition of Population by Gender, Broward County & Florida, 2010**



Source: US Bureau of the Census, 2010 Census

As depicted in Figure 3, in Broward County, 14.3% of the population is 65 and over, which is less than the percentage for the entire state of Florida. In comparison, more than 20% of the Palm Beach County population is 65 and over.

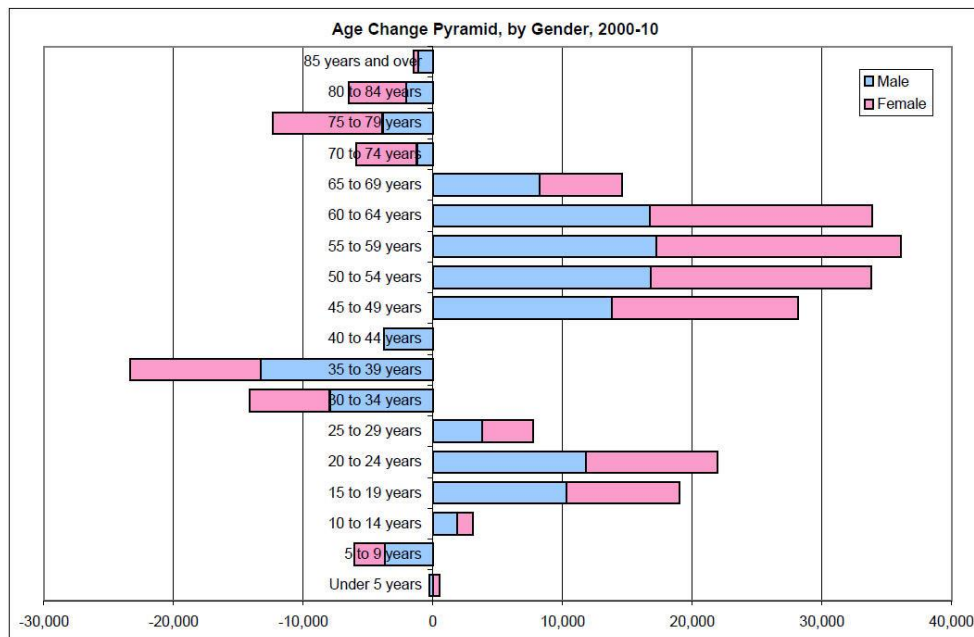
**Figure 3. Population by Age, Palm Beach County, Broward County, and Florida, 2010**



Source: US Bureau of the Census, 2010 Census

Figure 4 presents the age change in the Broward County population from the 2000 US Census to the 2010 US Census. The greatest population increase occurred among the 45-69 age groups; and the greatest population decrease occurred in the 30-44 age group and the 70 and over age group.

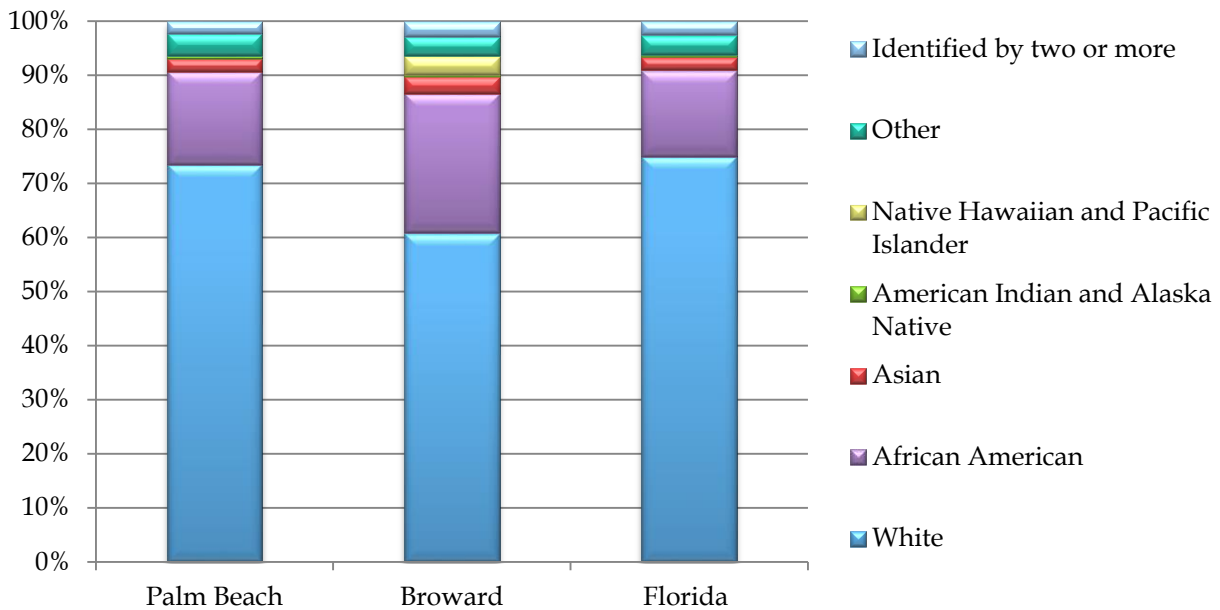
**Figure 4. Age Change by Gender, Broward County, 2000-2010**



Source: US Bureau of the Census, 2000 and 2010 Census

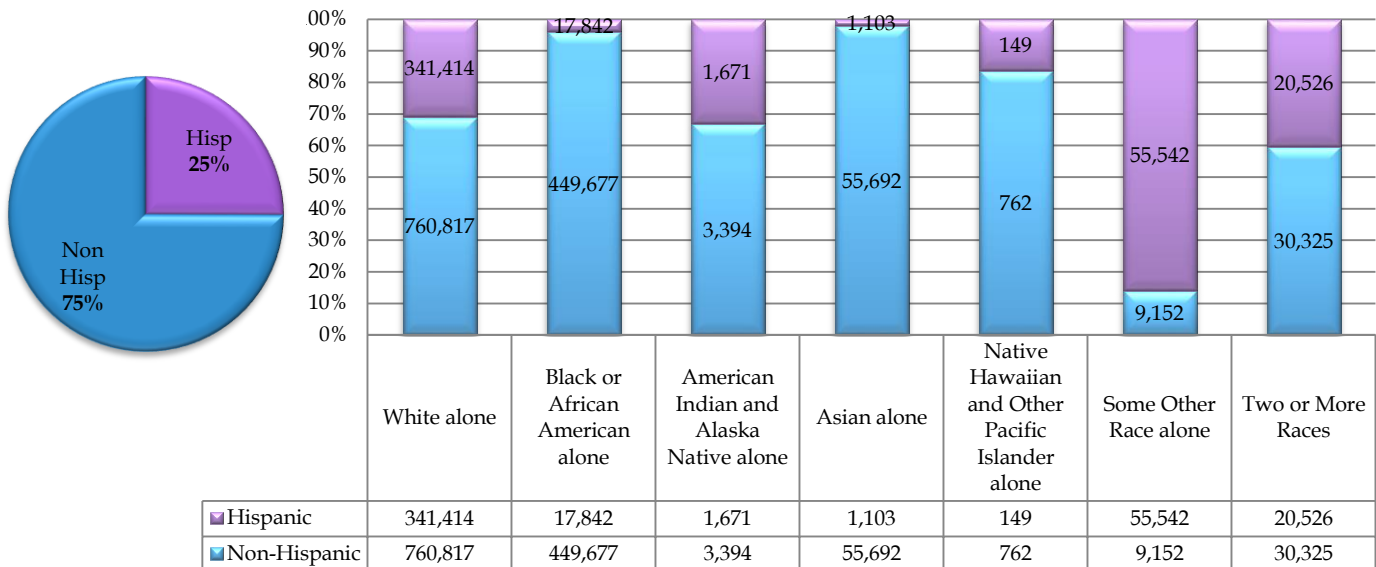
Figure 5 and Figure 6 illustrate the ethnic diversity of Broward County, showing that nearly 25% of the population is Hispanic.

**Figure 5. Population by Race, Palm Beach County, Broward County, & Florida, 2010**



Source: US Bureau of the Census, 2010 Census

**Figure 6. Population by Race and Hispanic or Latino, Broward County, 2010**

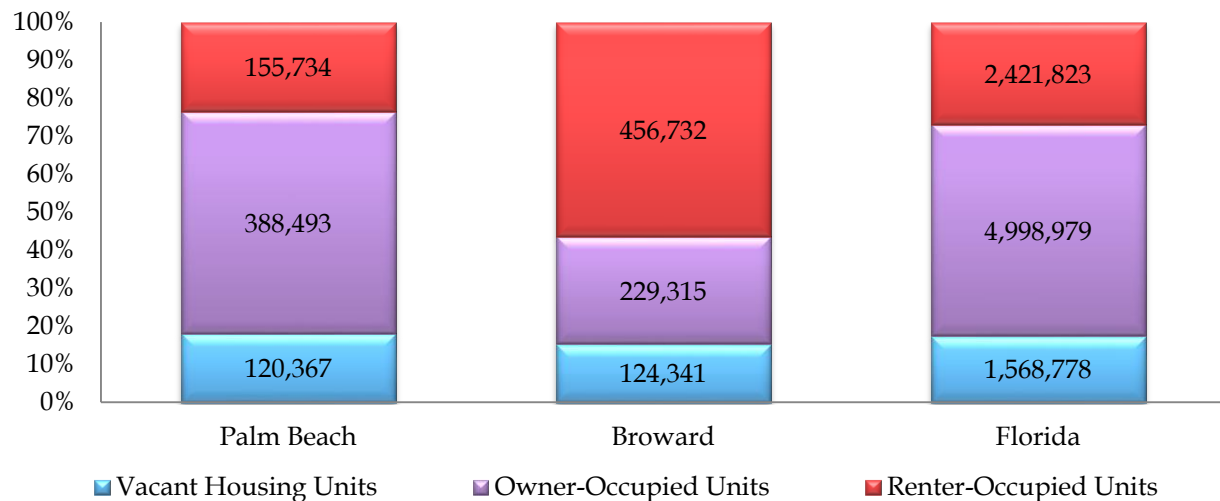


Source: US Bureau of the Census, 2010 Census

## 2. HOUSING STATUS

Economic crises, including unemployment and foreclosures, increase the number of individuals and families at risk for becoming homeless. The growing foreclosure crisis among Florida homeowners has created a new group of homeless individuals and increased the demand for affordable rental housing. As depicted in the figure below, Palm Beach County shows a greater percentage of homeownership when compared to percentage of homeownership in Broward County and Florida overall. Broward County has a higher percentage of renter-occupied units than the percentage of renter-occupied units in Palm Beach County and the state overall.

**Figure 7. Housing Status, Palm Beach County, Broward County, and Florida, 2010**



Source: US Bureau of the Census, 2010 Census

**Table 2. Households by Type in Broward County, 2010**

Total households	686,047	100.0%
Family households (families)	434,488	63.3%
With own children under 18 years	196,246	28.6%
Husband-wife family	293,617	42.8%
With own children under 18 years	125,649	18.3%
Male householder, no wife present	36,028	5.3%
With own children under 18 years	15,568	2.3%
Female householder, no husband present	104,843	15.3%
With own children under 18 years	55,029	8.0%
Nonfamily households	251,559	36.7%
Householder living alone	197,539	28.8%
Male	88,038	12.8%
65 years and over	22,732	3.3%
Female	109,501	16.0%
65 years and over	53,231	7.8%
Households with individuals under 18 years	221,320	32.3%
Households with individuals 65 years and over	189,618	27.6%

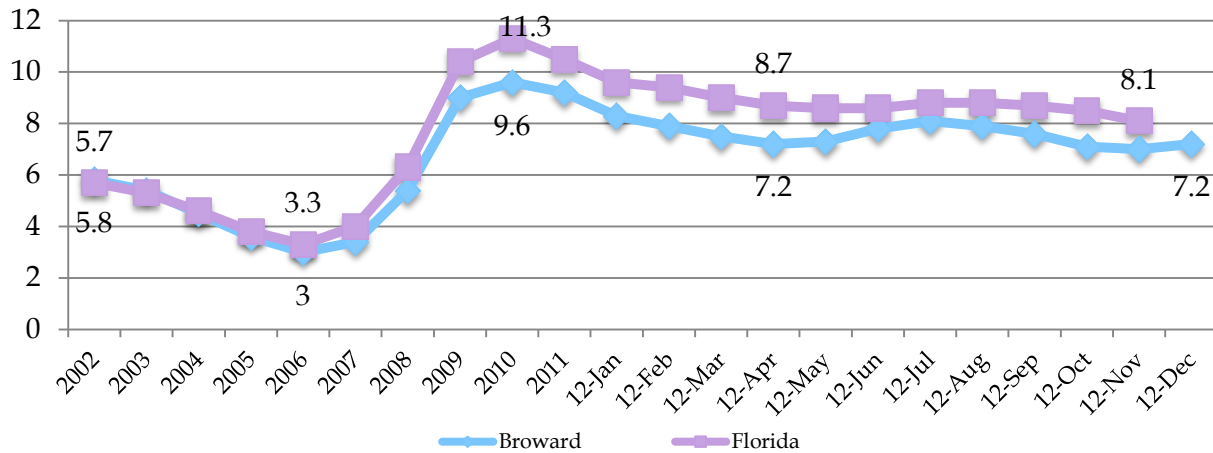
Source: U.S. Census Bureau, 2010 Census



### 3. EMPLOYMENT AND INCOME

Since late 2007, unemployment has become a national concern, with millions of Americans suffering the consequences of the growing unemployment rate. Broward County has been significantly impacted by unemployment (5.7% in 2002 compared to 7.2% in December 2012). Figure 8 illustrates Broward County's unemployment rate, which increased dramatically in 2008, 2009 and 2010 in comparison to previous years, reflecting the economic crisis. Although unemployment rates have seen some recent improvements in Broward and Florida, the labor force has significantly exceeded employment over time.

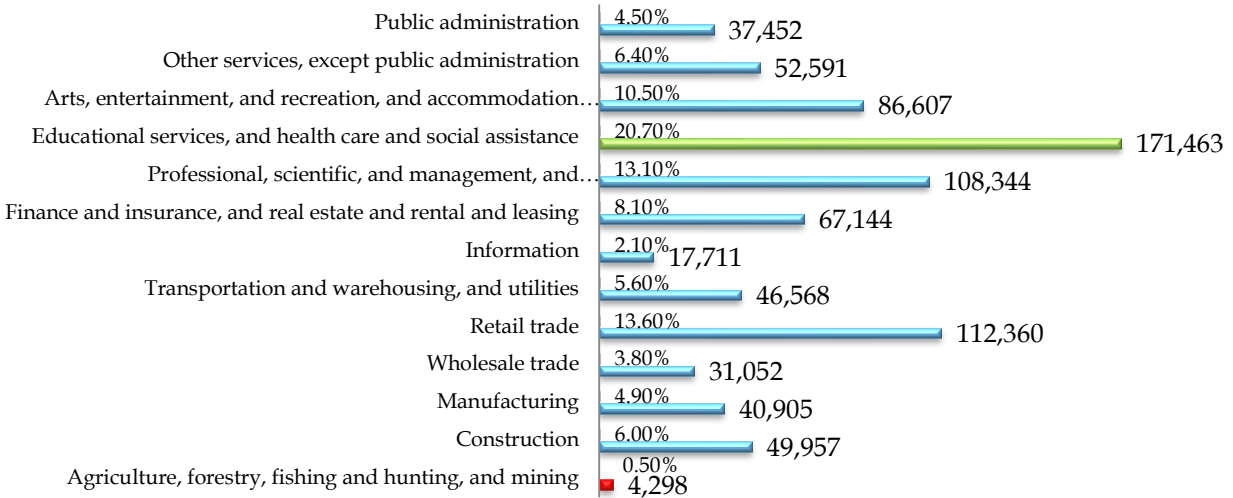
**Figure 8. Broward County and Florida Unemployment (%) 2002 - December 2012**



Source: US Bureau of Labor Statistics and Florida Agency for Workforce Innovation, Bureau of Labor Market Information.

Figure 9 outlines the diverse labor force in Broward County. The Education & Health Services Industry was reported to be the largest employment industry in Broward County in 2010, with 20.7% of the labor force.

**Figure 9. Employment by Industry, Broward County 2010**



Source: U.S. Census Bureau, 2010

#### 4. POVERTY

Poverty is an important indicator of a community's economic status. 14.6% of Broward residents live in poverty, with 19.7% of people under the age of 18 living in poverty. Of those families with children under the age of 18, 15.6% were reported at or below the Federal Poverty Level (FPL). Approximately 24.8% of families with only a female householder were reported to be below the poverty line. While about 6.7% of married couple families were reported to be below poverty line. Of particular concern are individuals who avoid or delay seeking healthcare due to their impoverished status.

**Table 3. Broward County, % Whose Income is Below Federal Poverty Level, 2010**

<b>All families</b>	<b>11.4%</b>
With related children under 18 years	15.6%
With related children under 5 years only	14.7%
<b>Married couple families</b>	<b>6.7%</b>
With related children under 18 years	7.7%
With related children under 5 years only	6.1%
<b>Families with female householder, no husband present</b>	<b>24.8%</b>
With related children under 18 years	31.9%
With related children under 5 years only	32.1%
<b>All people</b>	<b>14.6%</b>
<b>Under 18 years</b>	<b>19.7%</b>
Related children under 18 years	19.3%
Related children under 5 years	21.2%
Related children 5 to 17 years	18.6%
<b>18 years and over</b>	<b>13.2%</b>
18 to 64 years	13.4%
65 years and over	12.1%
<b>People in families</b>	<b>12.3%</b>
<b>Unrelated individuals 15 years and over</b>	<b>23.5%</b>

Source: US Bureau of the Census, 2010

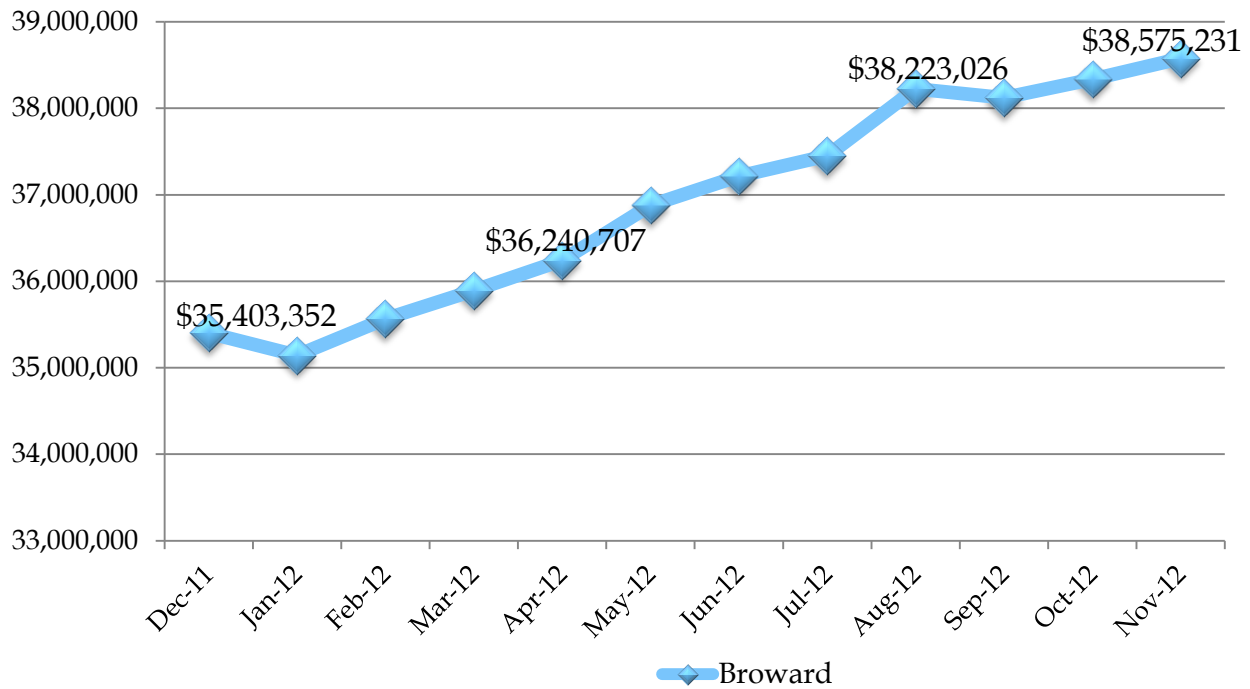
## 5. PUBLIC ASSISTANCE

Public assistance is an indicator related to the number of individuals living in poverty. The purpose of having Food, Medical, and Temporary Cash Assistance programs is to protect the vulnerable sub-populations, promote strong and economically self-sufficient families, and develop personal and family recovery and resiliency.

### A. FOOD ASSISTANCE

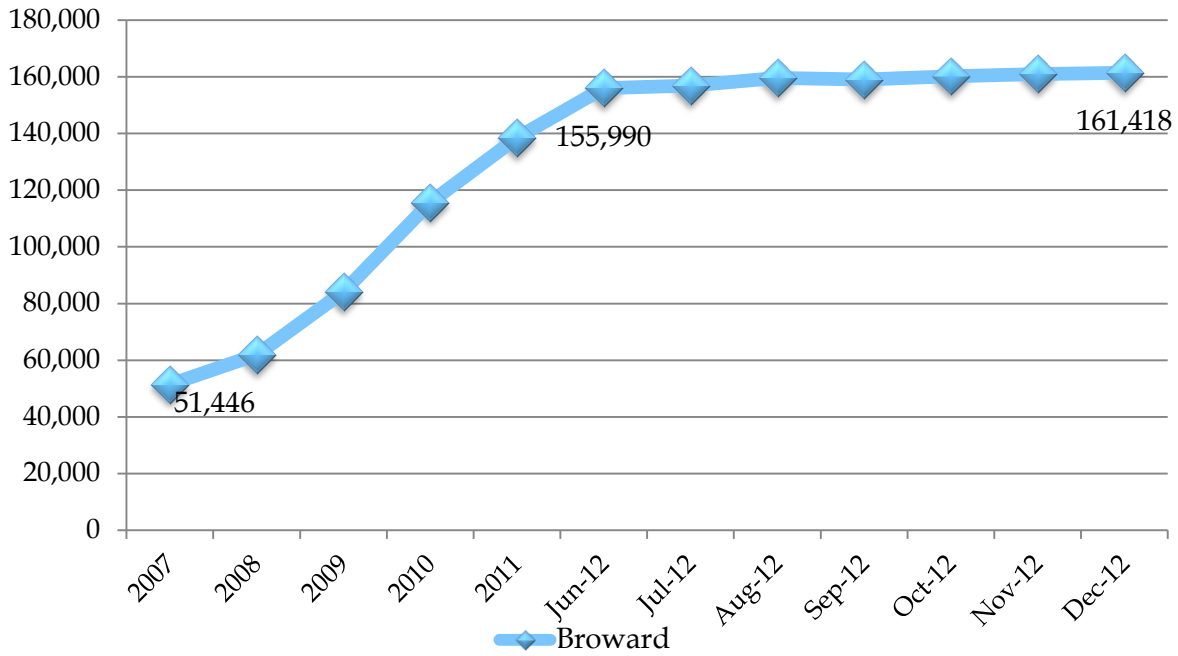
The Food Assistance program assists low-income people and families with their ability to buy healthy food. In Broward County, food stamp issuance has continued to increase steadily (Figure 10). In addition, there has been a steady increase in the number of Food Stamp households (Figure 11) and Food Stamp Clients (Figure 12).

**Figure 10. Broward County, Food Stamp Issuance, Dec 2011 to Nov 2012**



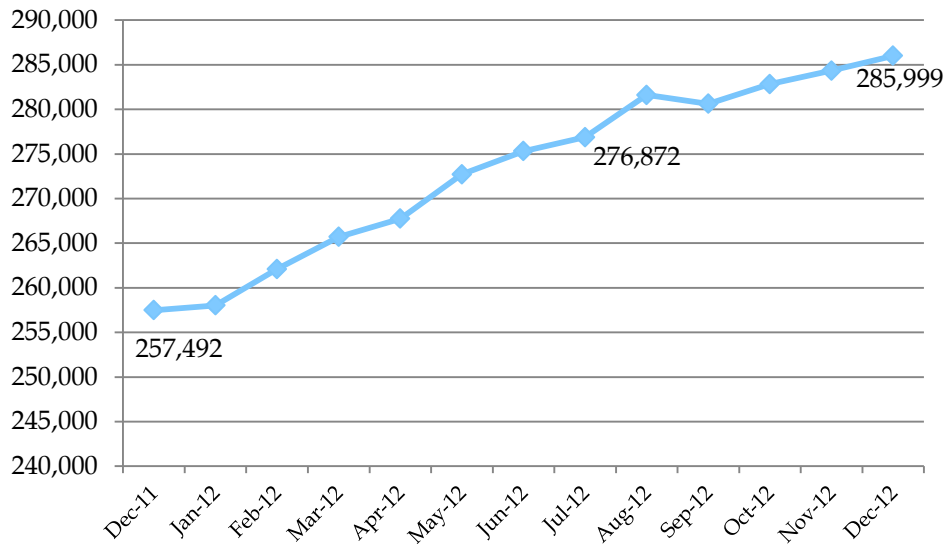
Source: State of Florida Public Assistance Caseload Report – Food Stamps, Florida Department of Children and Families

**Figure 11. Broward County Food Stamp Households, 2007 to December 2012**



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

**Figure 12. Broward County Food Stamp Clients Per Month, December 2011 to December 2012**

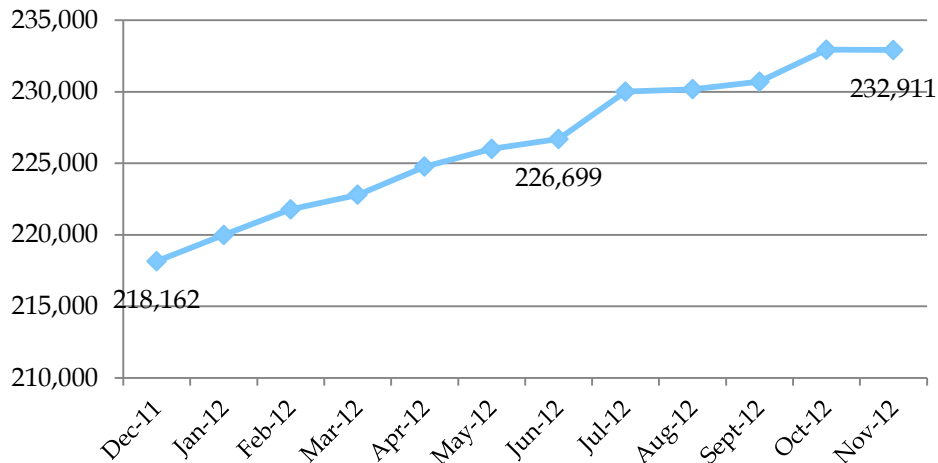


Source: State of Florida Public Assistance Caseload Report – Food Stamps, Florida Department of Children and Families

## B. MEDICAL ASSISTANCE

Medicaid provides medical coverage to low-income individuals and families. From December 2011 to November 2012, the total number of Medicaid clients increased significantly: by approximately 20,000 in Broward County.

**Figure 13. Broward County Medicaid Clients, December 2011 to November 2012**

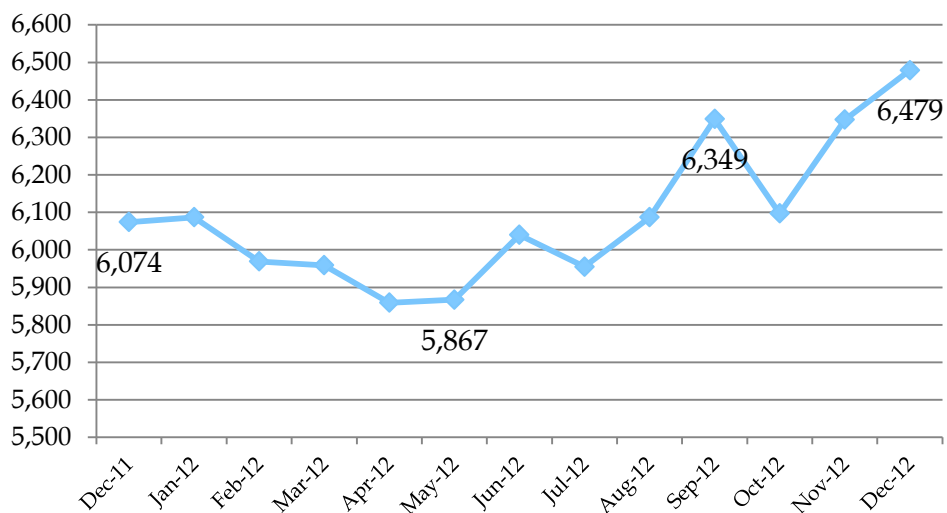


Source: State of Florida Public Assistance Caseload Report – Food Stamps, Florida Department of Children and Families

## C. TEMPORARY CASH ASSISTANCE

The Temporary Cash Assistance programs (i.e. TANF) help families with children under the age of 18 to become self-supporting while allowing the children to remain at home. The numbers of clients and families have gradually increased from December 2011 to December 2012.

**Figure 14. Broward County TANF Enrollment, December 2011 to December 2012**



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

## 6. HEALTH INSURANCE

Health insurance coverage can greatly impact an individual's or family's access to healthcare. As healthcare costs continue to rise, individuals without insurance have an increasingly more difficult time accessing healthcare services. In 2010, the U.S. Census Bureau estimated 23% of Broward County's non-institutionalized civilian residents were uninsured (Table 4). When compared to Florida and the United States, Broward County also had a higher rate of uninsured for children less than 18 years of age, and residents 65 years of age and older, when the risk of experiencing major health problems increases dramatically.

**Table 4. Civilian Non-institutionalized Population Uninsured, 2011**

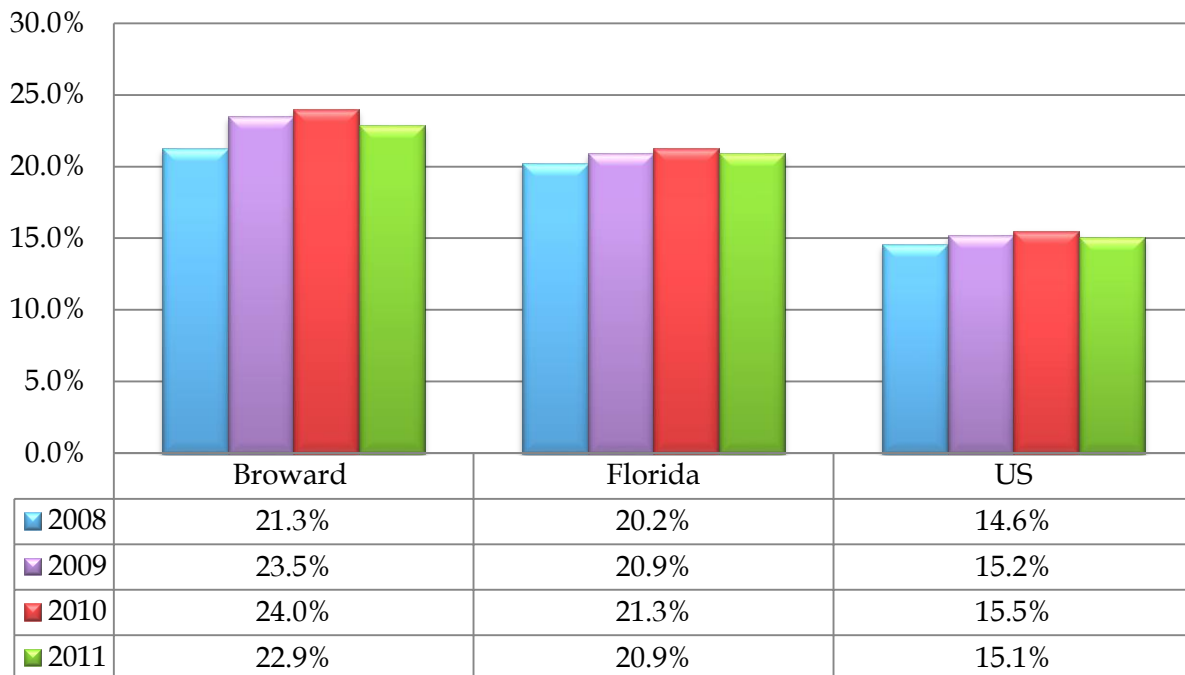
	<b>Broward</b>	<b>Florida</b>	<b>US</b>
<b>Total</b>	<b>22.88%</b>	<b>20.86%</b>	<b>15.13%</b>
Less than 18 years of age	12.00%	12.11%	11.90%
18 to 64 years of age	86.01%	86.66%	87.20%
Greater than 65 years of age	2.00%	1.20%	0.80%

Source: US Bureau of the Census, 2011 American Community Survey

### A. UNINSURED BY YEAR

The uninsured rate increased over time for Broward County, Florida and the US with the highest rate consistently in Broward County. The Uninsured rate decreased for Broward County, Florida and the US from 2010 to 2011.

**Figure 15. Uninsured Rate, Broward County, Florida and US, by Year**

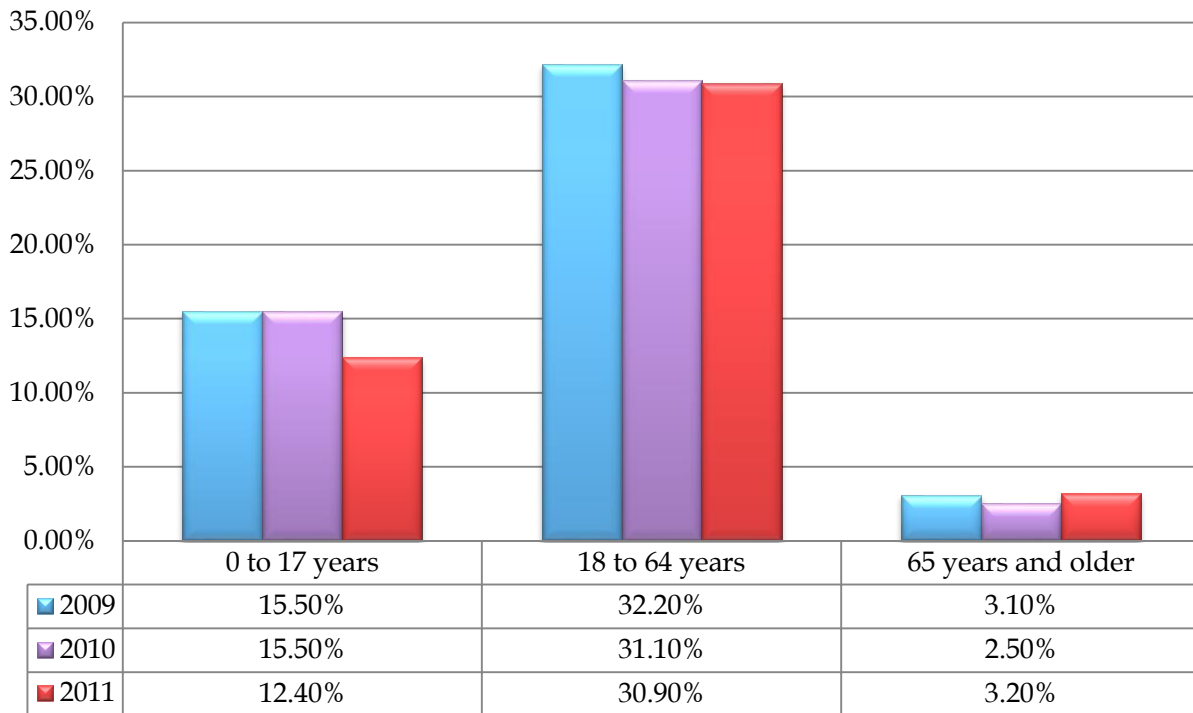


Source: US Bureau of the Census, American Community Survey, 2008, 2009, 2010, 2011

## B. UNINSURED BY AGE

The uninsured rate in Broward County did not increase for all age groups. In 2009 and 2010, the 18 - 64 years age group represented the largest segment of the uninsured in the county. In contrast, the 65 years and older age group represented the smallest segment. Interestingly, the less than 18 years age group uninsured rate decreased from 2009 to 2010. This decline can be attributed to significant work by community organizations to enroll eligible children in health insurance programs, such as the Florida KidCare program.

**Figure 16. Uninsured Rate by Age, Broward County, 2008-2011**



Source: US Bureau of the Census, American Community Survey, 2008, 2009, 2010, 2011

## C. FLORIDA KIDCARE

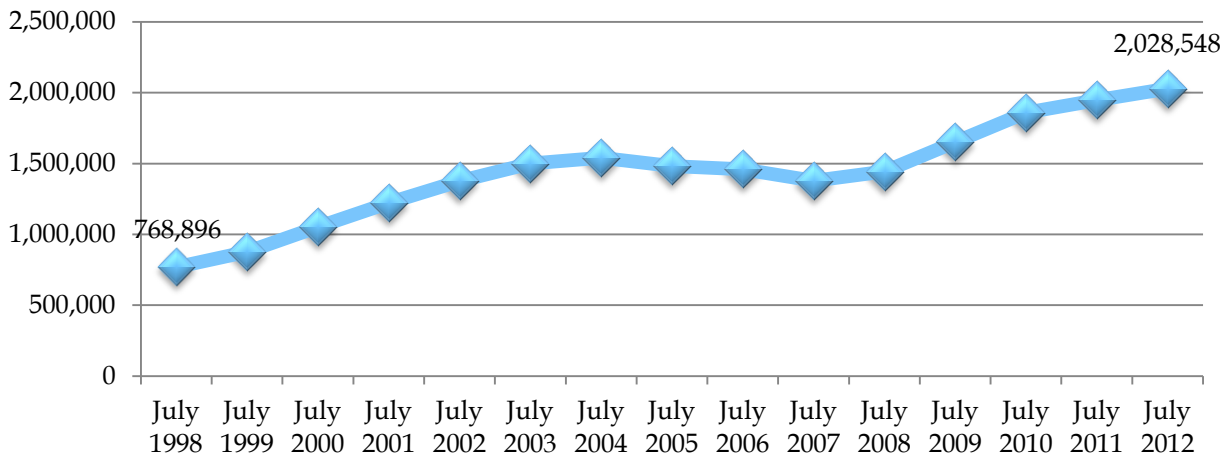
Florida KidCare provides insurance coverage for uninsured children under the age of 18. The average annual value of enrollment is \$1,500 per child. Figure 17 illustrates the steady increase in KidCare enrollment rates for the entire State of Florida. The table below shows the outreach efforts for the local Florida KidCare during the 2010-2011 fiscal year.

**Table 5. Total Florida KidCare Outreach, 2010-2011**

	<b>Totals</b>
# Agencies	457
# Families	2,693
Paper Applications	1,258
Online Completed Applications	562
Technical Support Resolutions	596
Follow-up Calls made to clients who applied	1,280
Free / Reduced Lunch Calls made to uninsured students	209
Events/Presentations	93
Events/Presentations Attendee's	9,728

*Source: Florida KidCare*

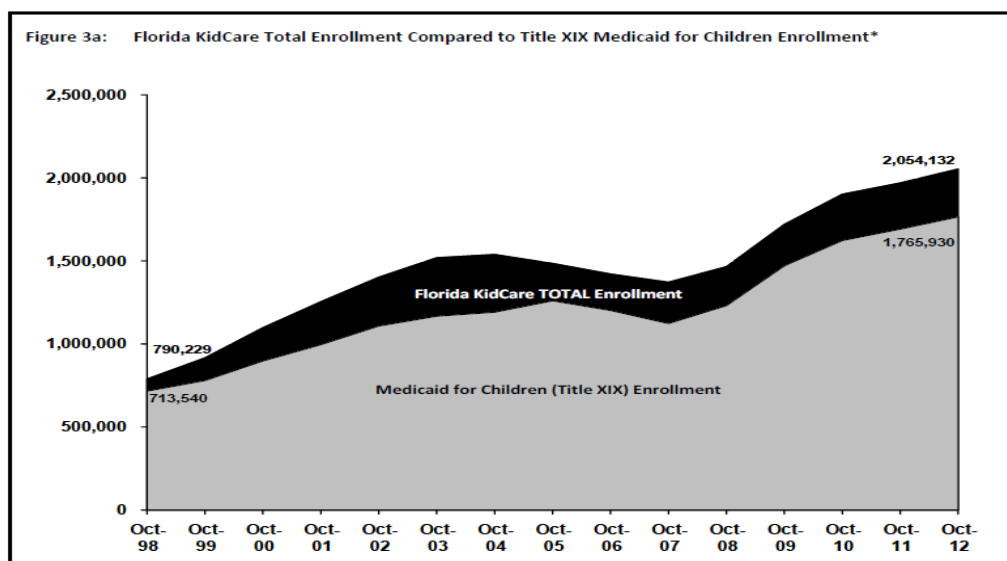
**Figure 17. Total Florida KidCare Enrollment, July 1998 to July 2012**



Source: <http://www.doh.state.fl.us/alternatesites/kidcare/images/data/KCenrolltrend.pdf>

The figure below compares Florida KidCare enrollment with Medicaid for Children from 1998 to 2012.

**Figure 18. Total Florida KidCare Enrollment compared to Medicaid for Children Enrollment, 1998-2012**



Source: Florida KidCare Coordinating Council, 2013 Annual Report and Recommendations

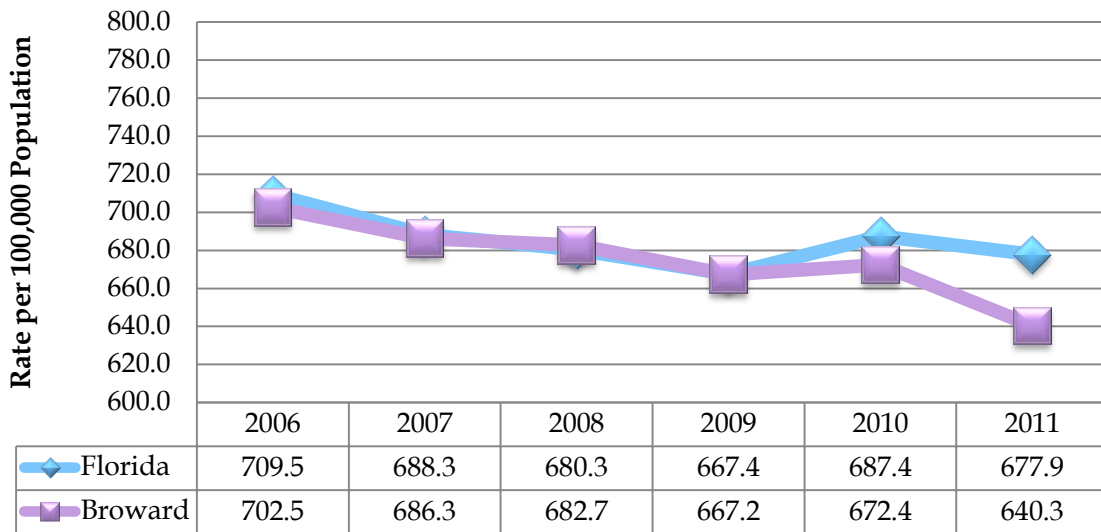


## 7. MORTALITY AND MORBIDITY

### A. MORTALITY RATES

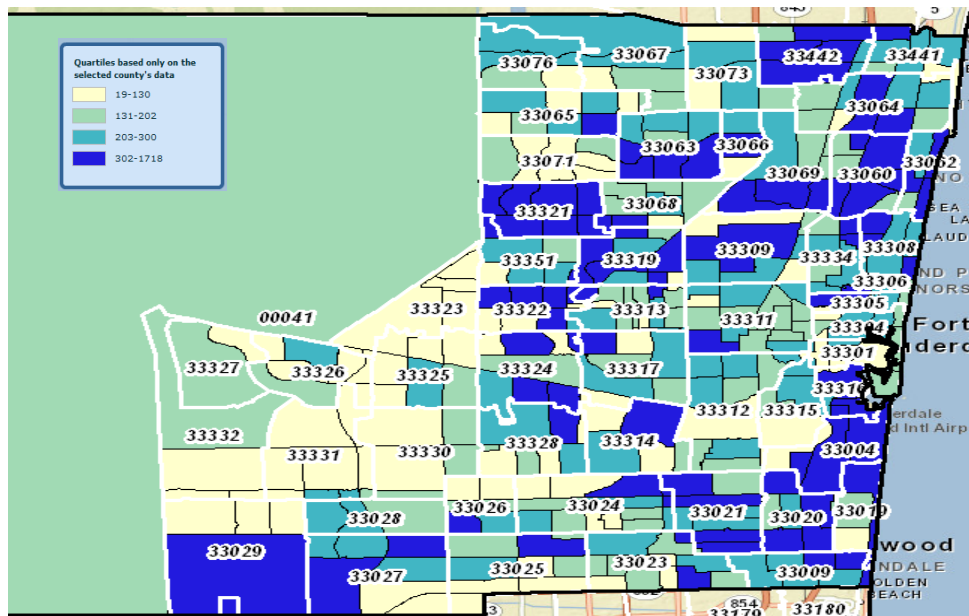
Mortality refers to death and mortality rates refer to the number of people who die during a time interval. Figure 19 below shows a decrease in the death rate between 2006 and 2011 for both Broward County and Florida overall.

Figure 19. Age Adjusted Death Rates per 100,000 Population\*, Broward County, FL, 2006-2011



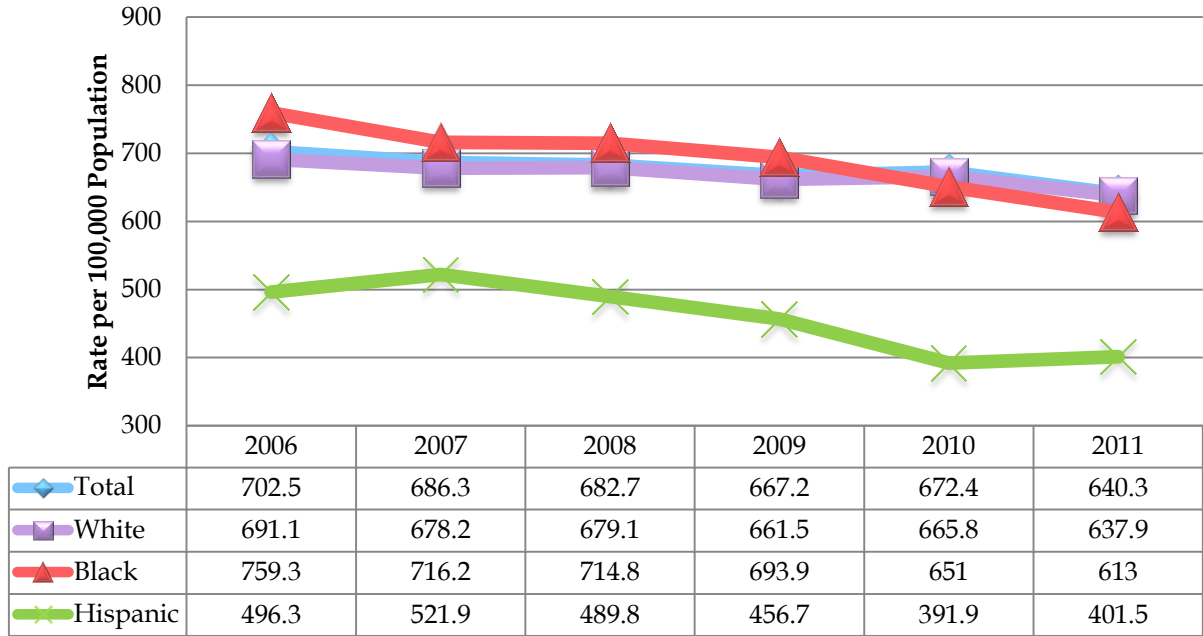
Source: Florida Charts \* Rate based on 2010 Census Population Data

Figure 20. Census Tract Map of Age Adjusted Death Rates per 100,000 Population\* Broward County, 2006-2010



Source: Florida Charts \* Rate based on 2000 Census Population Data

Figure 21. Age Adjusted Death Rates per 100,000 Population by Race/Ethnicity, Broward County, 2006-2011



Source: Florida Charts

## B. MAJOR CAUSES OF DEATH

The following data examines the death rates for the Major Causes of Death in Broward County in 2011. It is important to note that Heart Disease and Cancer have remained the leading causes of death for several years.

Table 6. Major Causes of Death in Broward County, 2011

Cause Of Death	Deaths	Percent Of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	14,123	100	805.3	640.3	658.8	6,567.20
Heart Disease	3,486	24.7	198.8	150.9	158.7	859.8
Cancer	3,320	23.5	189.3	154.2	158.7	1,475.20
Stroke	791	5.6	45.1	34.6	35	182.1
Chronic Lower Respiratory Disease	724	5.1	41.3	32.5	32.6	131.9
Unintentional Injuries	629	4.5	35.9	33	34.2	974.3

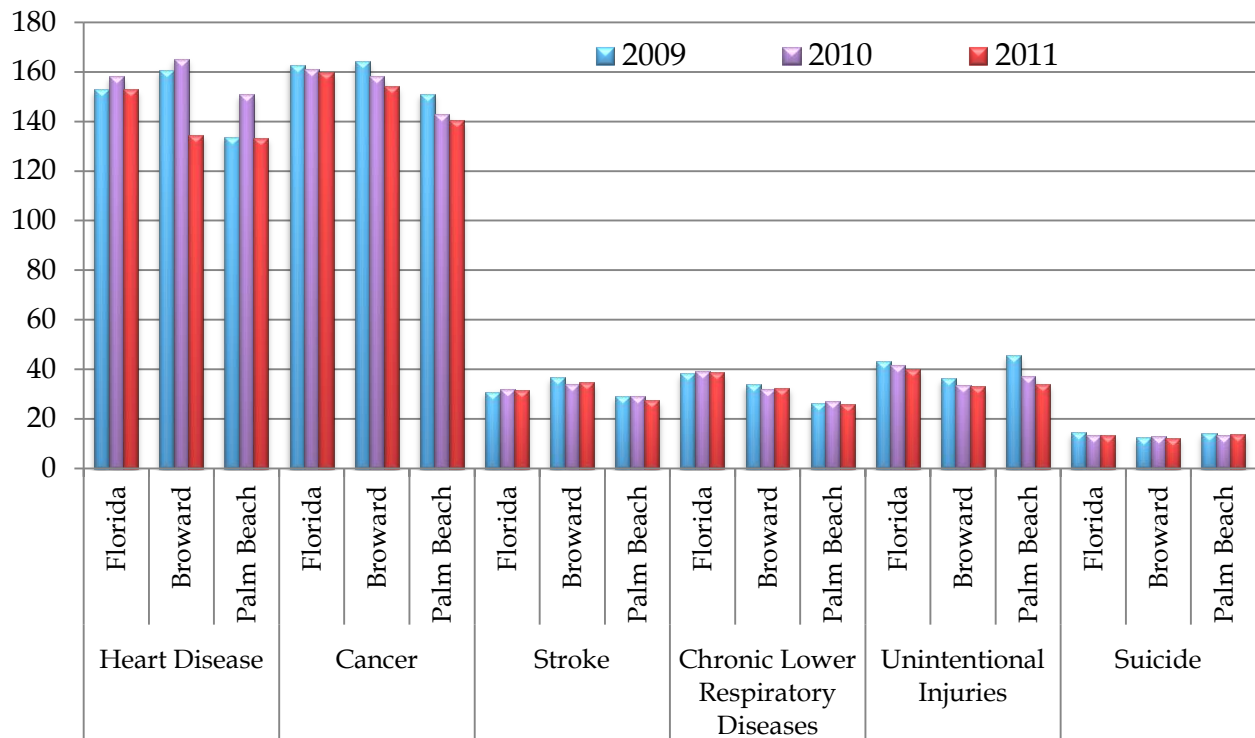
Source: Florida Charts

Table 7. Major Causes of Death in Broward County, 2011 (continued)

Cause Of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
Diabetes Mellitus	316	2.2	18	14.7	14.7	146.9
Kidney Disease	293	2.1	16.7	13	15.2	71.3
Suicide	233	1.6	13.3	12.2	12.5	377
Alzheimer's Disease	220	1.6	12.5	9	10.6	4.2
Chronic Liver Disease And Cirrhosis	209	1.5	11.9	10	10	203.6
Pneumonia/Influenza	175	1.2	10	7.6	7.9	66.2
Septicemia	150	1.1	8.6	6.9	7.3	56.1
Parkinson's Disease	144	1	8.2	6.5	6.9	10.2
AIDS/HIV	137	1	7.8	7.1	9	220.2
Benign Neoplasm	115	0.8	6.6	5.2	5.2	37
Perinatal Conditions	74	0.5	4.2	-	-	-
Homicide	74	0.5	4.2	4.4	4.8	183.4

Source: Florida Charts

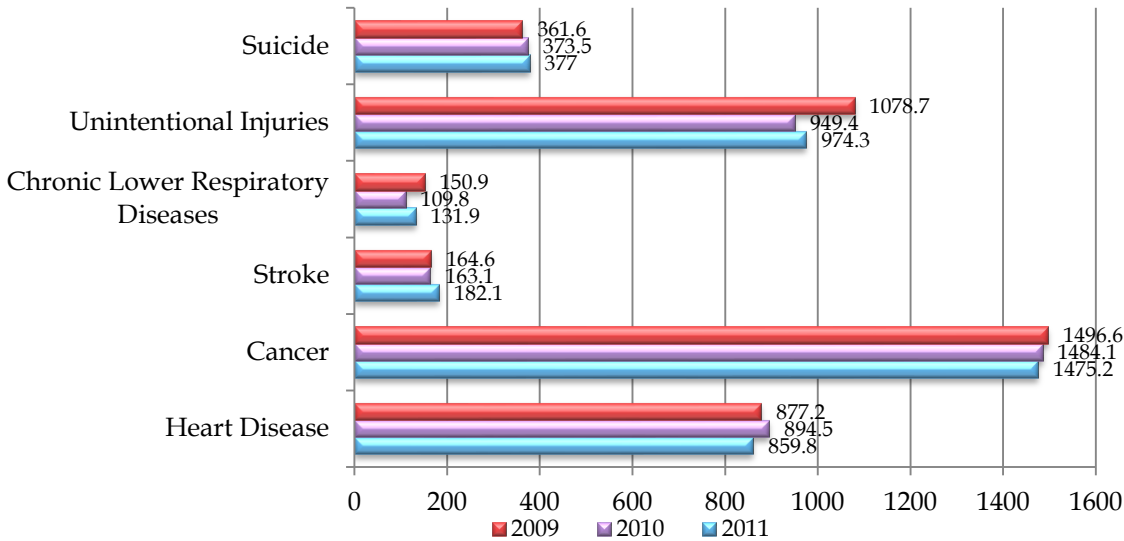
Figure 22. Major Causes of Death, Broward County, and Florida, 2009-2011



Source: Florida Charts

According to the Florida Charts definition, the Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It is defined as the number of years of life lost among persons who die before a predetermined age, in this case, age 75. [Deaths that occur at age 75 or greater are excluded from this calculation.] As reflected in the figure below, the two highest YPLL from 2009 to 2011 are in the categories of Cancer and Unintentional Injury.

**Figure 23. Years of Potential Life Lost per 100,000 under 75, Broward County, 2009-2011**

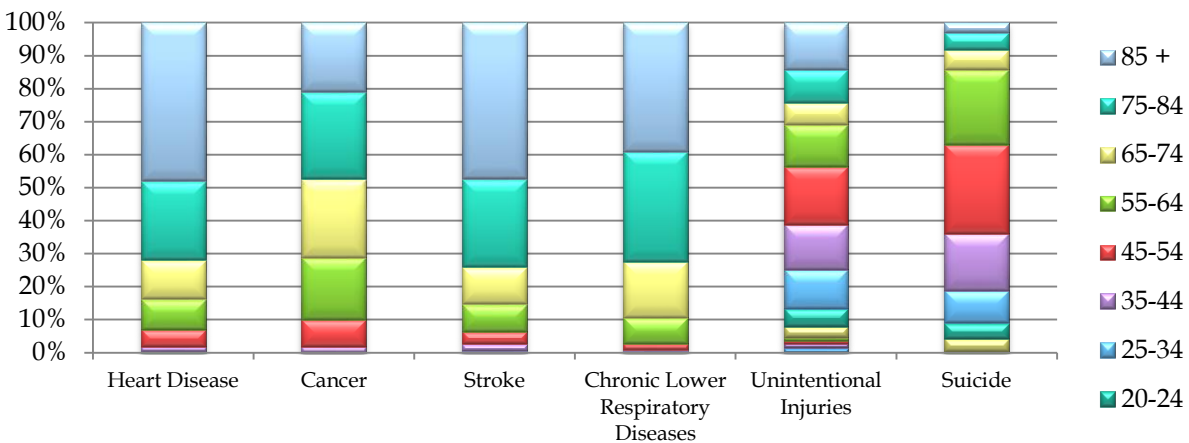


Source: Florida Charts

### C. LEADING CAUSES OF DEATH BY AGE, RACE/ETHNICITY, AND GENDER

Figure 24 illustrates that in Broward County, Heart Disease and Stroke have been the leading cause of death for individuals 75 years of age and older. Meanwhile, Cancer has been the number one leading cause of death for individuals between the age of 55 and 74 years of age. The leading cause of death for younger populations is Unintentional Injury.

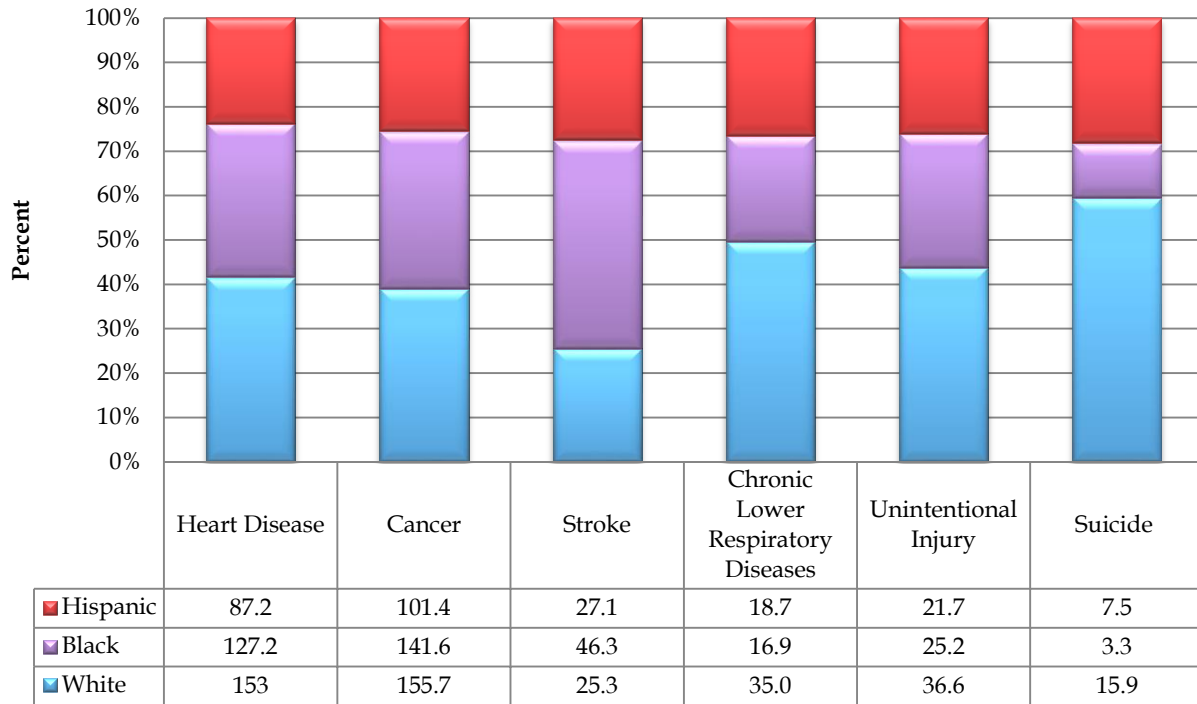
**Figure 24. Major Causes of Death by Age, Broward County, 2011**



Source: Florida Charts

The following figure illustrates that the majority of strokes occur among African American populations in Broward County. While Chronic Lower Respiratory Diseases and Suicide appear more common among the White population, Heart Disease is evenly distributed among the Black and White populations.

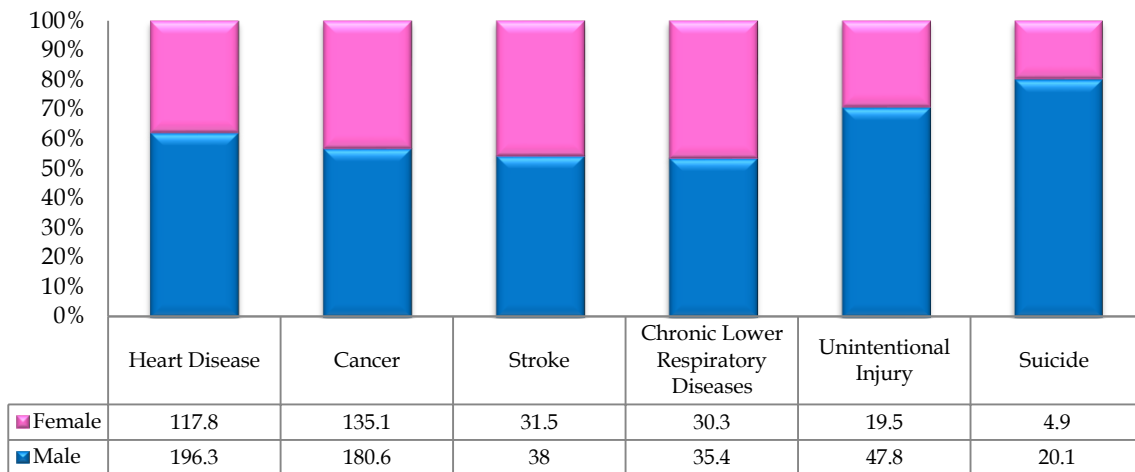
**Figure 25. Major Causes of Death by Race/Ethnicity, Broward County, 2011**



Source: Florida Charts

While both genders were impacted by Stroke and Chronic Lower Respiratory Diseases as major causes of death, the rates of Heart Disease, Cancer, Unintentional Injury, and Suicide are significantly greater among males than females.

**Figure 26. Major Causes of Death by Gender, Broward County, 2011**



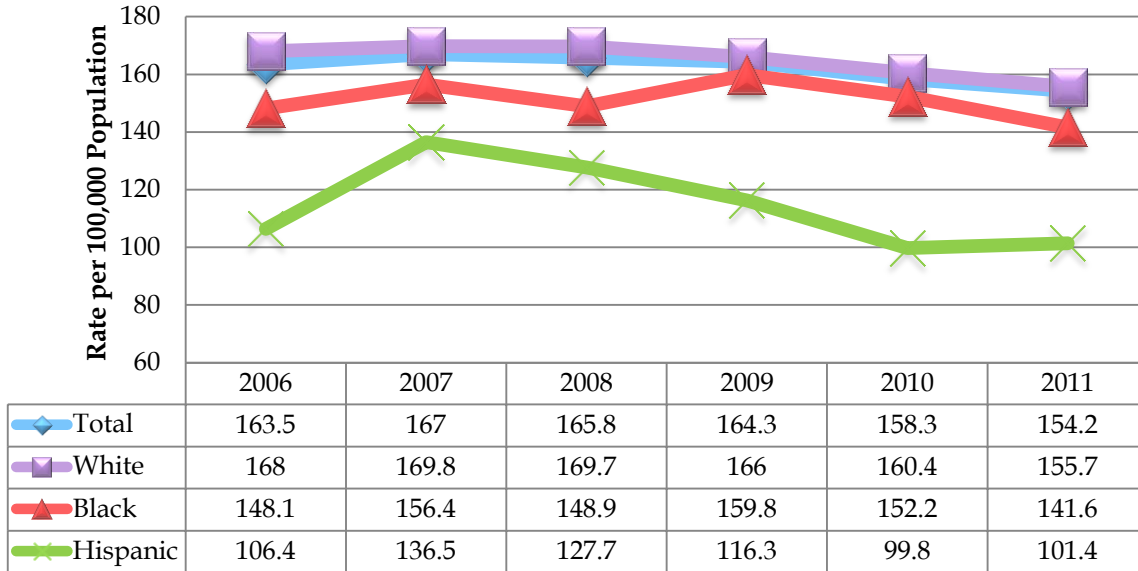
Source: Florida Charts



## C.2. DEATH FROM CANCER

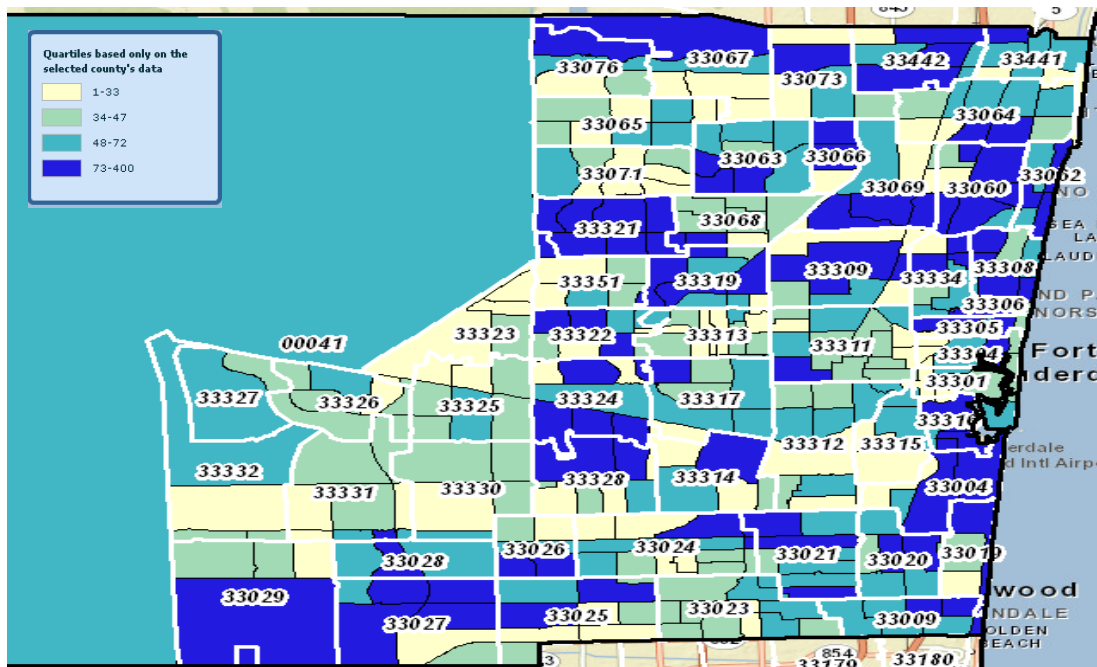
Figure 29 indicates that the death rate due to cancer has been decreasing steadily among all races/ethnicities in Broward County from 2006 to 2011. However, to be noted is that the rate of decrease among whites, is significantly greater than among other races.

**Figure 29. Cancer Death Rates per 100,000 Population by Race/Ethnicity, Broward County, 2006-2011**



Source: Florida Charts

**Figure 30. Map of Broward County Cancer Death Rates, 2006-2010 (by Census Tract)**

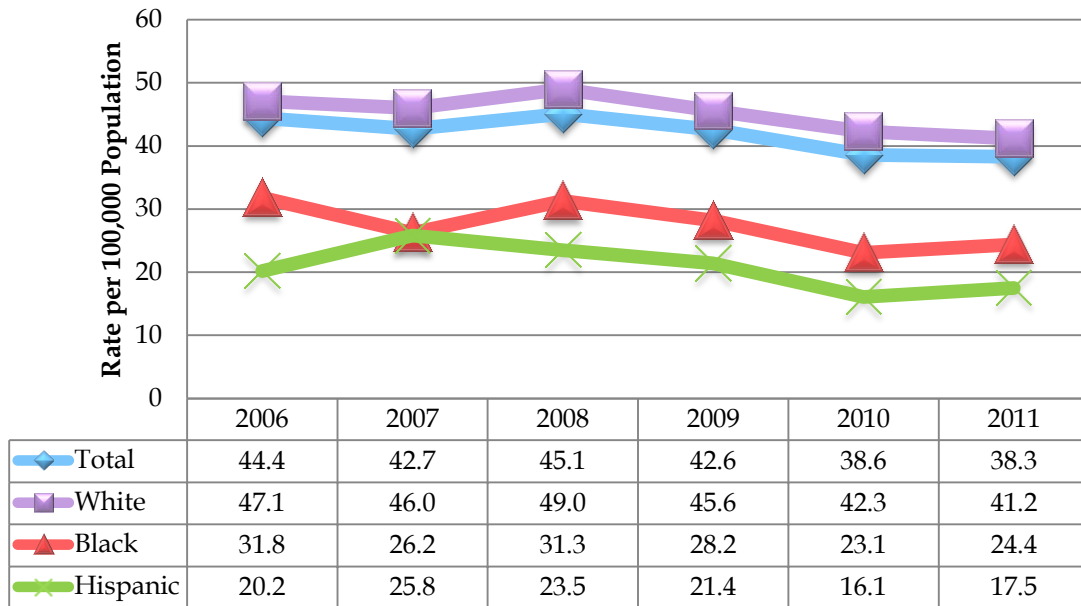


Source: Florida Charts \* Rate based on 2000 Census Population Data



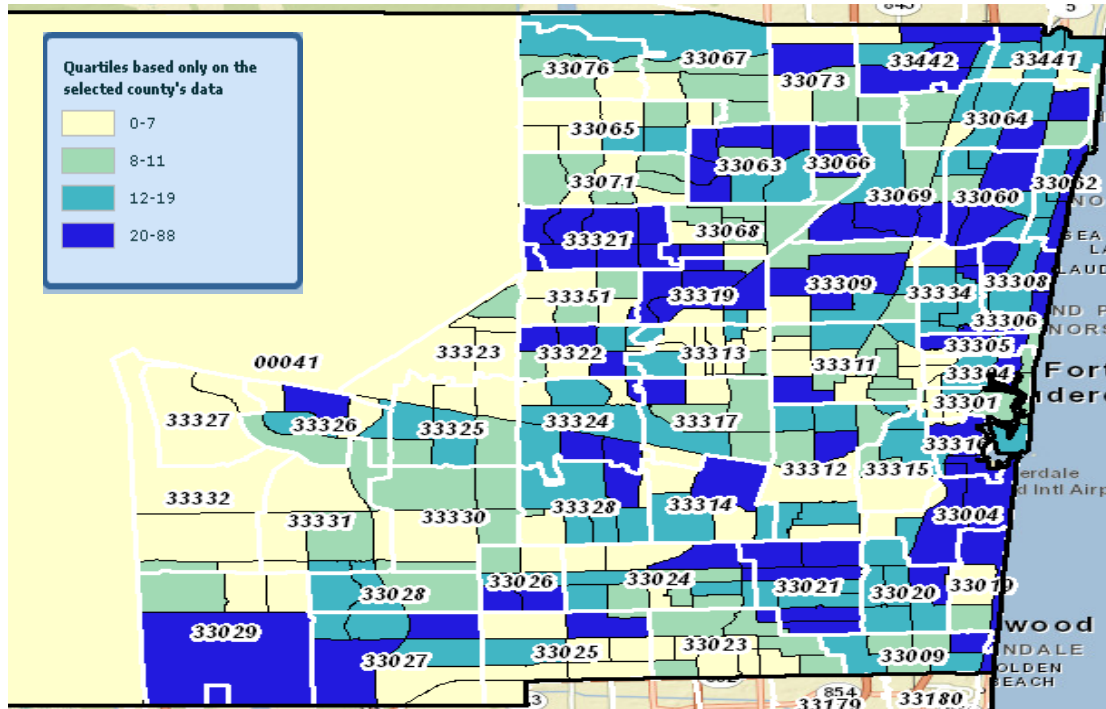
Figure 31 indicates that the number of deaths due to lung cancer has been decreasing steadily in Broward County over the last decade. The US Healthy People 2020 goal for lung cancer death rates is 43.3. The Broward County death rate is 38.3 and currently meets the Healthy People goal.

**Figure 31. Lung Cancer Deaths by Race/Ethnicity  
Broward County, 2006-2011**



Source: Florida Charts

**Figure 32. Lung Cancer Deaths Broward County, 2006-2010 (By Census Tract)**

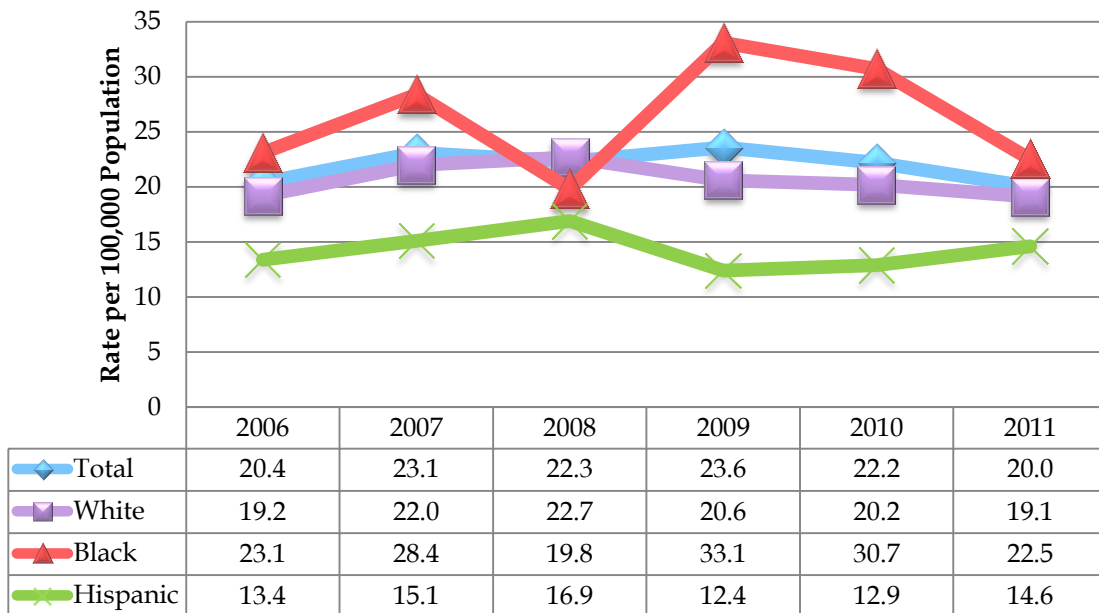


Source: Florida Charts \*Rate based on 2010 Census Population Data



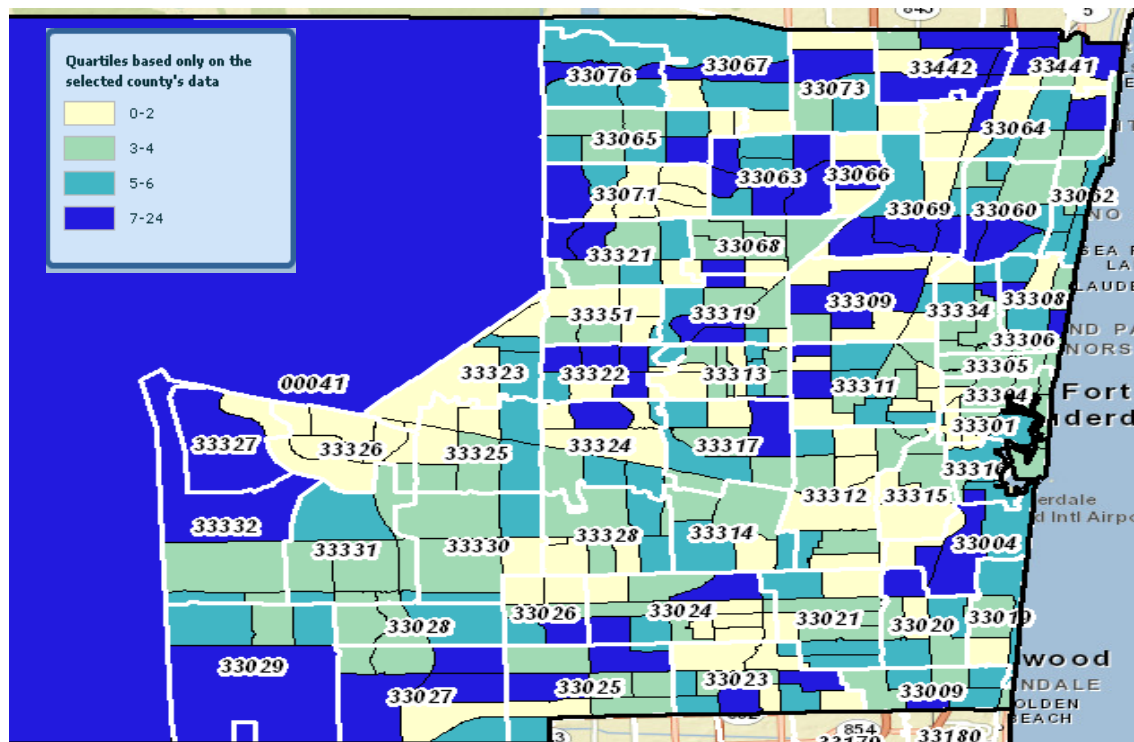
The number of deaths due to breast cancer has decreased in Broward County. However, breast cancer rates are highest among Black women and have fluctuated over the last years

Figure 33. Breast Cancer Deaths by Race/Ethnicity in Broward County, 2006-2011



Source: Florida Charts

Figure 34. Breast Cancer Deaths in Broward County, 2006 - 2010 (By Census Tract)



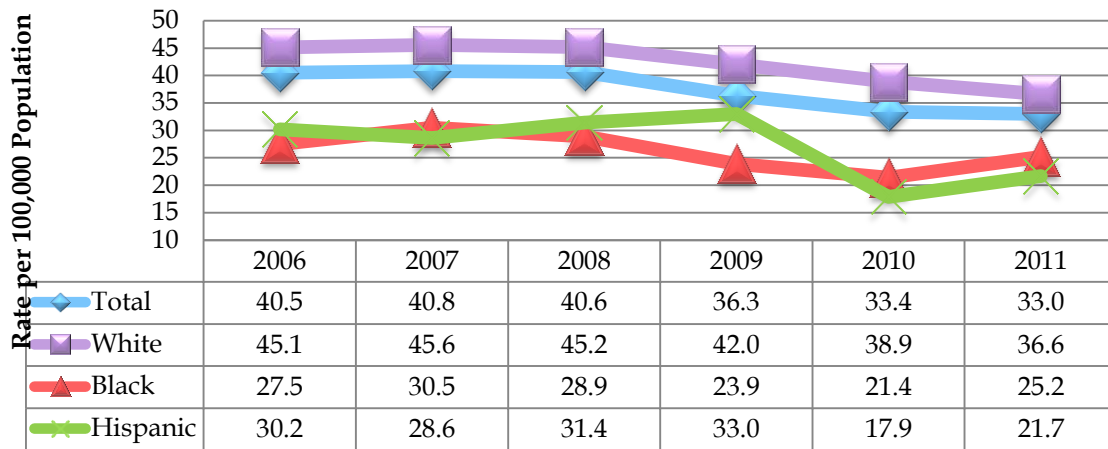
Source: Florida Charts \*Rate based on 2000 Census Population Data

### C.3. UNINTENTIONAL INJURY DEATHS BY AGE GROUP

The term unintentional injury is used to refer to injuries that were unplanned. An injury is damage inflicted on the body by an external force. It is a general term that refers to harm caused by accidents, drowning, falls, blows, burns, weapons and more. Unintentional injuries have been categorized as follows: Drowning & Submersion, Motor Vehicle, Poisoning Noxious Substance, Motor Vehicle, Falls, and Other Non-Transport.

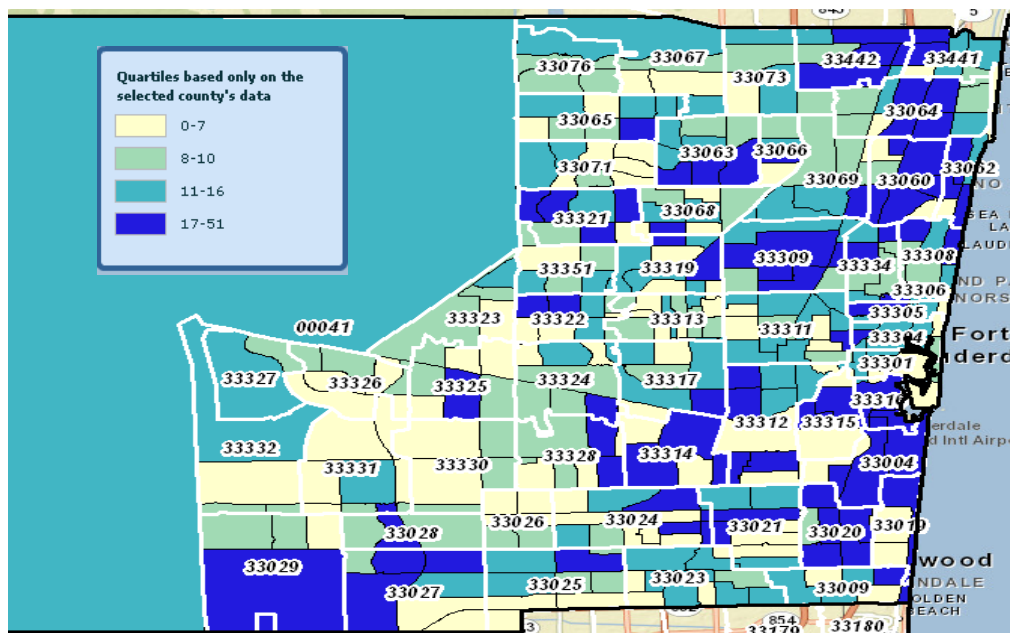
The injury mortality rate reflects the health and well-being of the population as well as the quality of the healthcare available. As illustrated in Figure 35, the death rate from unintentional injuries has decreased in the county between 2006-2011. There is a higher rate of unintentional injury death amongst within the white population. Figure 36 illustrates that the unintentional injury death rate has an impact throughout Broward County but is higher in the more densely populated areas of the county.

Figure 35. Unintentional Injury Death Rate by Race/Ethnicity, Broward County, 2006-2011



Source: Florida Charts

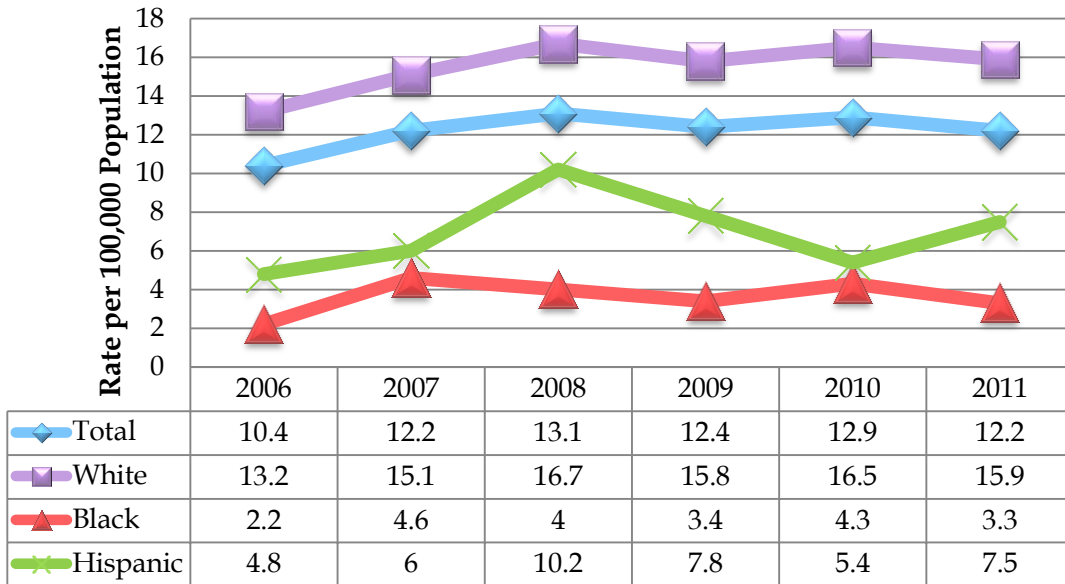
Figure 36. Map of Unintentional Injury Death Rates, Broward County, 2006-2010 (by Census Tract)



Source: Florida Charts \*Rate based on 2000 Census Population Data

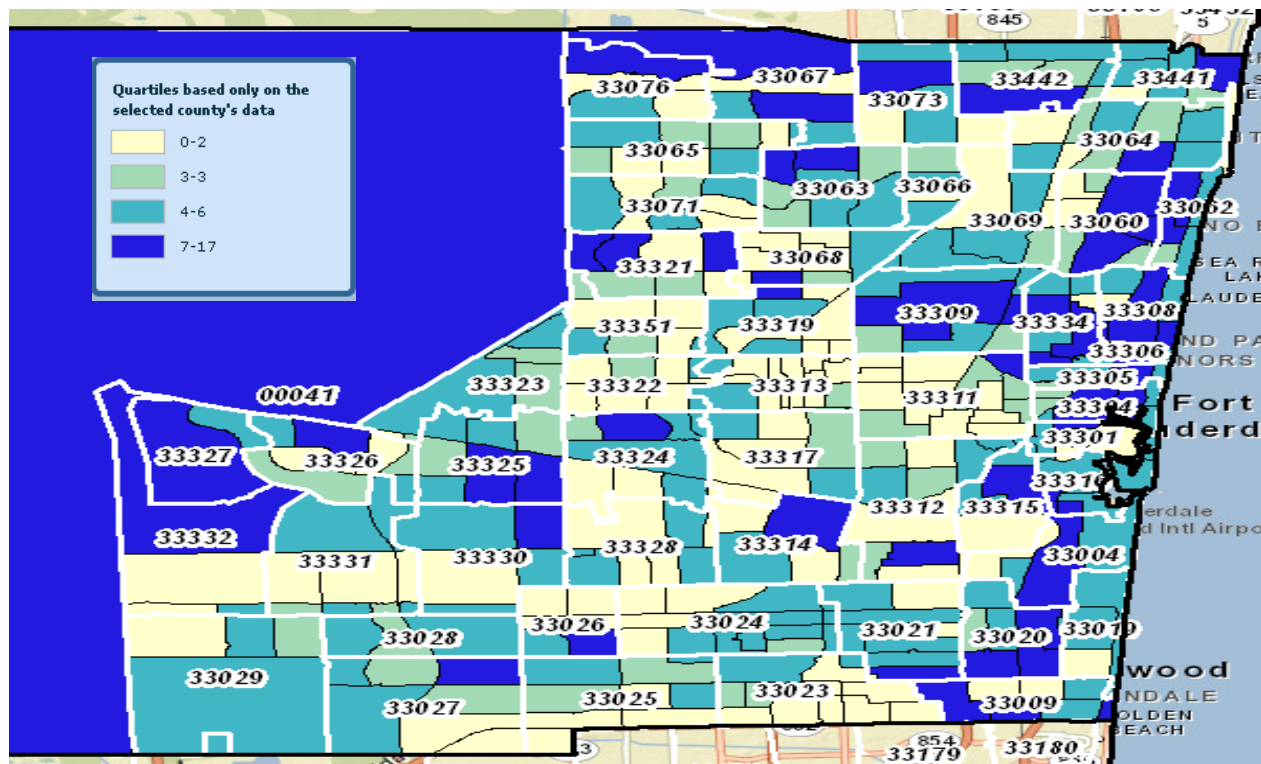
Figure 37 indicates an increase in suicide deaths among all Broward race groups with the highest rate noted among the White population.

Figure 37. Suicide Deaths by Race/Ethnicity, Broward County, 2006-2011



Source: Florida Charts

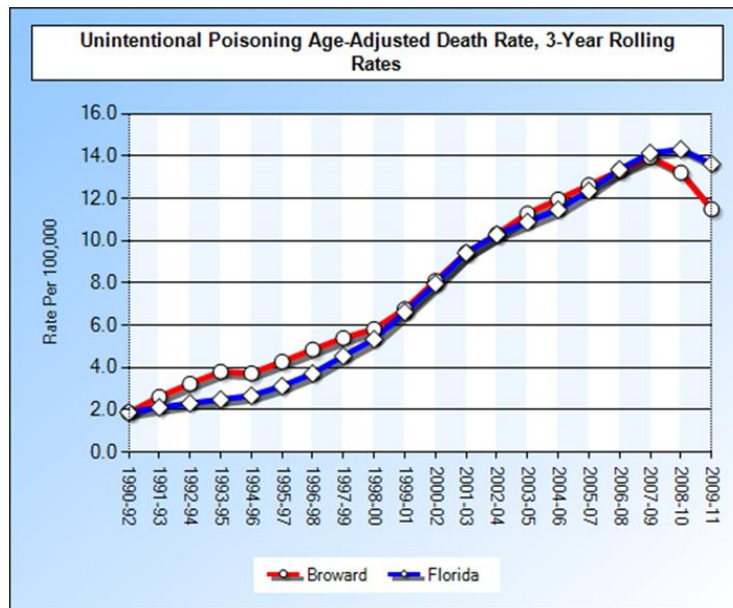
Figure 38. Suicide Deaths, Broward County, 2006-2010 (By Census Tract)



Source: Florida Charts \*Rate based on 2000 Census Population Data

Poisoning deaths are the result of external causes such as drugs, medication and biological substances. Unintentional poisoning is second only to motor vehicle crashes as a cause of unintentional injury death. The following figure shows that unintentional poisoning has increased significantly in Broward County and the entire State since the late 1990s however it appears to be decreasing in the last several years.

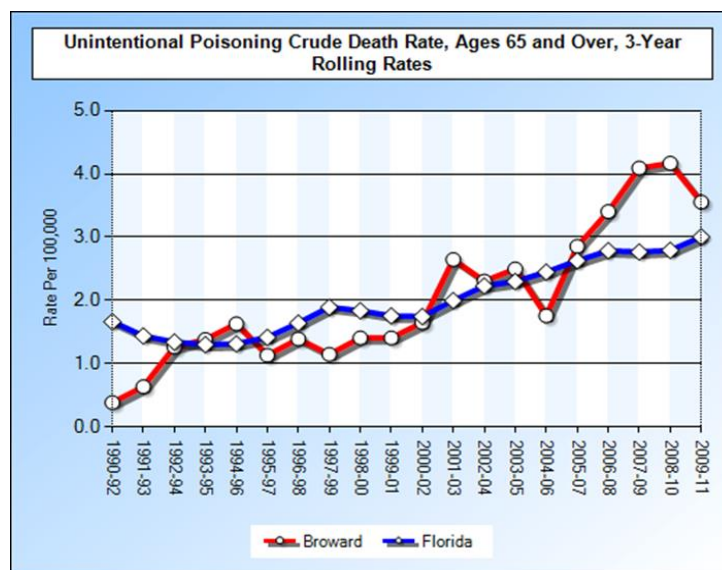
**Figure 39. Unintentional Poisoning Age-Adjusted Death Rate, Broward County vs. Florida, 1990-2011**



Source: Florida Charts

As illustrated in Figure 40, unintentional poisoning has significantly increased among people 65 years old and over in Broward County from 1990 to 2010 but has begun decreasing from 2009 to 2011.

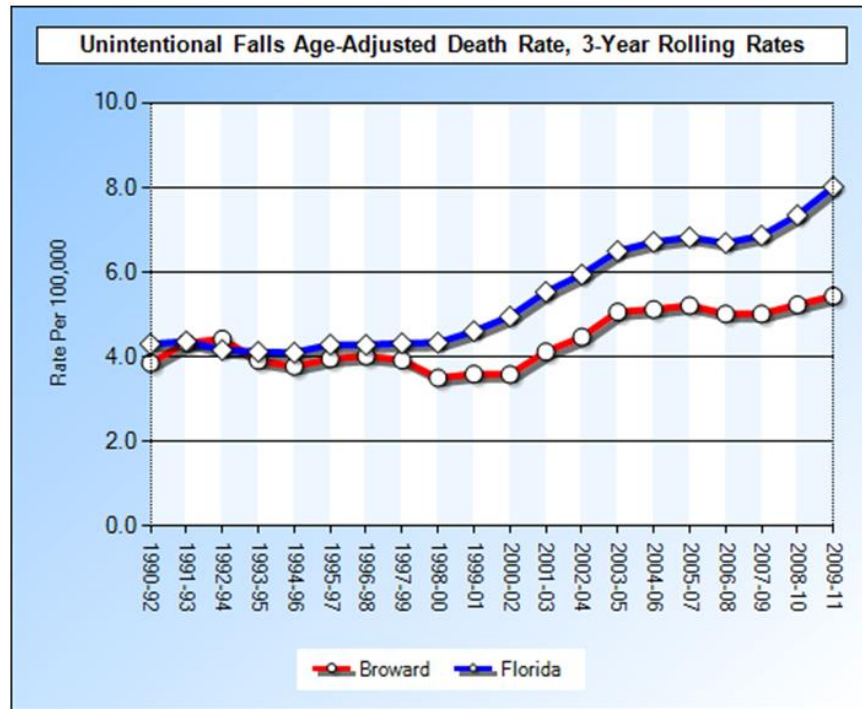
**Figure 40. Unintentional Poisoning Death Rate Ages 65+, Broward County vs. Florida, 1990-2011**



Source: Florida Charts

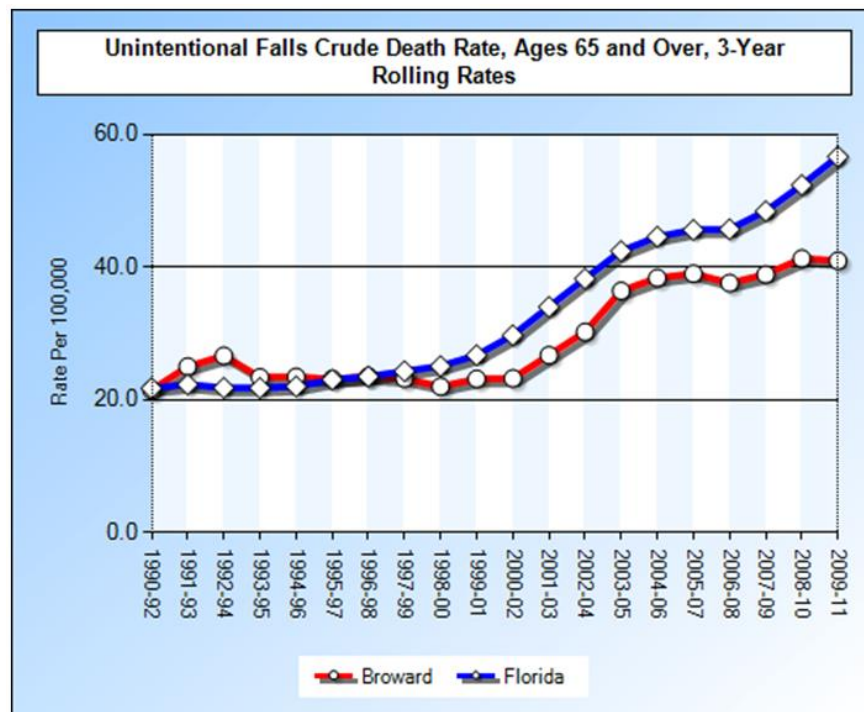
The following figures present the death rates related to unintentional falls. The overall death rates have increased over the years, particularly among seniors ages 65 and over.

**Figure 41. Unintentional Falls, Broward County, Age-Adjusted Death Rate, 1990-2011**



Source: Florida Charts

**Figure 42. Unintentional Falls, Ages 65+, Broward County, Crude Death Rate, 1990-2011**



Source: Florida Charts



## D. CHRONIC DISEASES

Chronic diseases have a major impact on quality of life for nearly 90 million Americans. Those who have a chronic disease experience a long course of illness, disabling conditions, limited mobility, and costly healthcare. Most chronic conditions can be prevented through lifestyle changes and access to healthcare.

**Table 8. Chronic Diseases in Broward County**

Indicator	Years	Avg. Annual Number	Age-Adjusted Rate	Quartile	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal <sup>3</sup>
<b>Coronary Heart Disease</b>						
Deaths	2009-11	2,413	104.9	2	105.8	100.8
Hospitalizations	2009-11	6,940	334.3	1	375.3	
<b>Stroke</b>						
Deaths	2009-11	794	35.0	3	31.4	33.8
Hospitalizations	2009-11	5,132	245.9	2	266.6	
<b>Heart Failure</b>						
Deaths	2009-11	268	11.1	3	8.4	Not available
Hospitalizations	2009-11	3,963	185.8	4	131.5	

Source: Florida Charts

<sup>1</sup>All age-adjusted rates are three-year rates per 100,000 and are calculated using the 2000 Standard U.S. population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

<sup>2</sup>Quartile: 1 = Most favorable situation (25% of counties); 2 or 3 = Average (50% of counties); 4 = Least favorable situation (25% of counties).

<sup>3</sup>Healthy People 2020 goals are single-year rates per 100,000 population (or percentages) at the national level. Goals are not available for all indicators.

**Table 9. Broward County Cancer Death and Incidence**

Indicator	Years	Avg. Annual Number	Age-Adjusted Rate	Quartile	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal <sup>3</sup>
<b>Lung Cancer</b>						
Deaths	2009-11	827	39.8	1	46.1	45.5
Incidence	2007-09	1,223	62.5	NA	66.1	
<b>Colorectal Cancer</b>						
Deaths	2009-11	323	15.2	3	14.3	14.5
Incidence	2007-09	873	44.2	NA	41.3	
<b>Breast Cancer</b>						
Deaths	2009-11	256	21.9	3	20.9	20.6
Incidence	2007-09	1,266	122.8	NA	113.9	
<b>Prostate Cancer</b>						
Deaths	2009-11	175	19.7	3	18.0	21.2
Incidence	2007-09	1,163	133.2	NA	130.1	

Source: Florida Charts

<sup>1</sup>All age-adjusted rates are three-year rates per 100,000 and are calculated using the 2000 Standard U.S. population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

<sup>2</sup>Quartile: 1 = Most favorable situation (25% of counties); 2 or 3 = Average (50% of counties); 4 = Least favorable situation (25% of counties).

<sup>3</sup>Healthy People 2020 goals are single-year rates per 100,000 population (or percentages) at the national level. Goals are not available for all indicators.

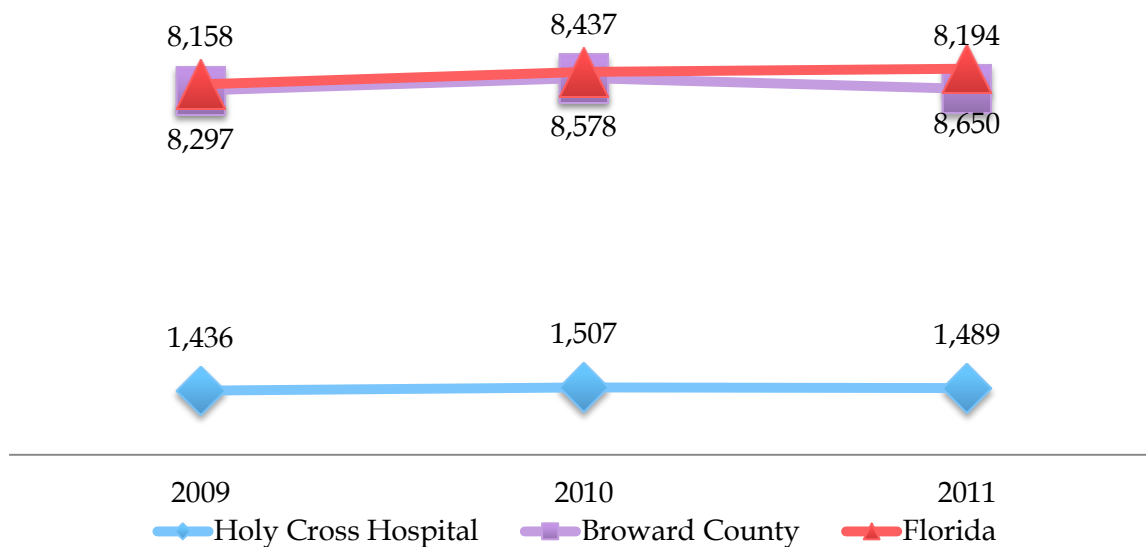
## D.1 CHRONIC DISEASE HOSPITALIZATION IN BROWARD COUNTY HOSPITALS

Hospital data can be used to assess trends and geographic variations in the occurrence of selected chronic diseases, and to monitor the impact of prevention and disease management programs. The Chronic Condition Indicator Tool was developed as part of the Healthcare Cost and Utilization Project. It stratifies chronic diseases based on International Classification of Diseases (ICD)-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meets one or both of the following criteria: (1) limitations on self-care and independent living, and (2) the need for ongoing intervention with medical products, services and special equipment. The Chronic Condition Indicator Tool is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes. Broward Regional Health Planning Council's Health Data Warehouse ([www.brhpc.org](http://www.brhpc.org)) includes utilization by chronic disease ICD-9 codes for:

- AIDS
- Asthma
- Congestive Heart Failure
- Hypertension
- Diabetes

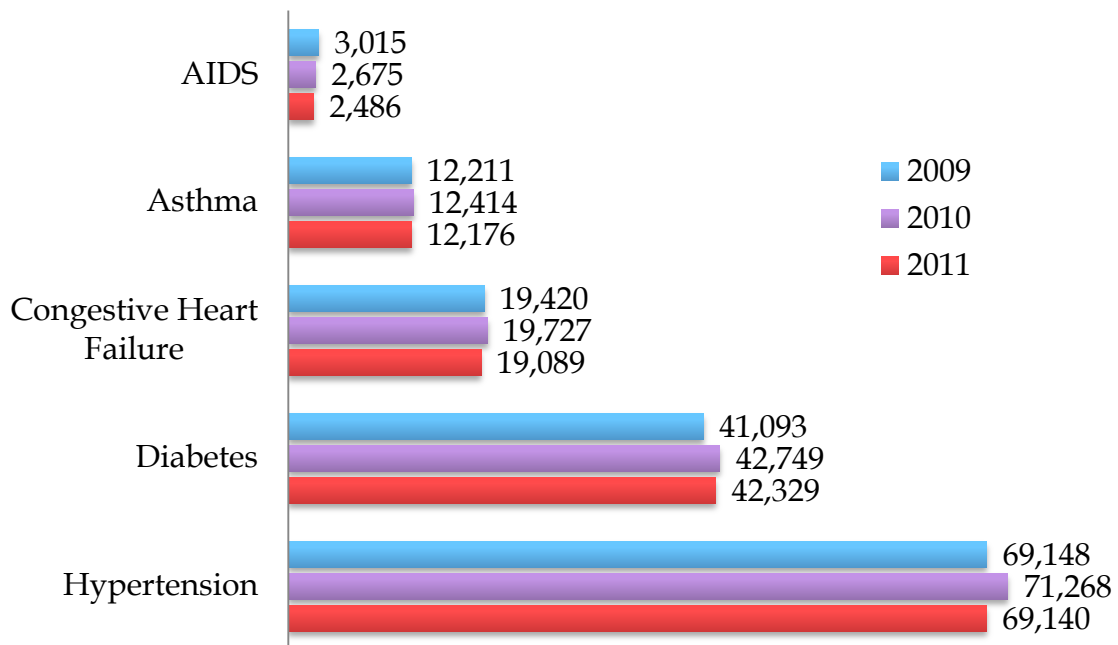
The figure below (Figure 43) shows the chronic disease hospitalization rates for Holy Cross Hospital, Broward County, and Florida. Figure 44 to Figure 60 illustrate chronic disease hospitalizations for Broward County hospitals that are comparable to Holy Cross Hospital. As demonstrated by the figures, Hypertension, Diabetes, and Congestive Heart Failure account for the highest number of chronic disease cases discharged as well as the highest charges from hospitals.

**Figure 43. Chronic Disease Hospitalization per 100,000 Population, 2009-2011**



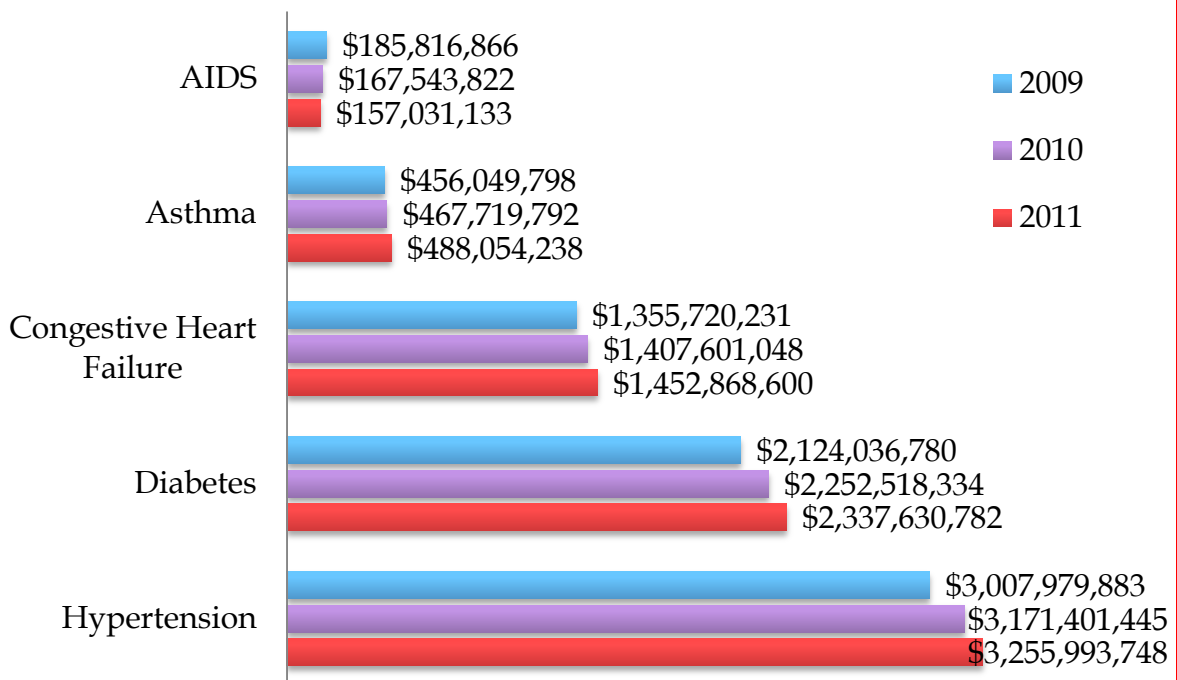
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 44. Chronic Disease Hospitalization – Cases in Comparison Hospitals in Broward County, 2009-2011



Source: Broward Regional Health Planning Council, Health Data Warehouse

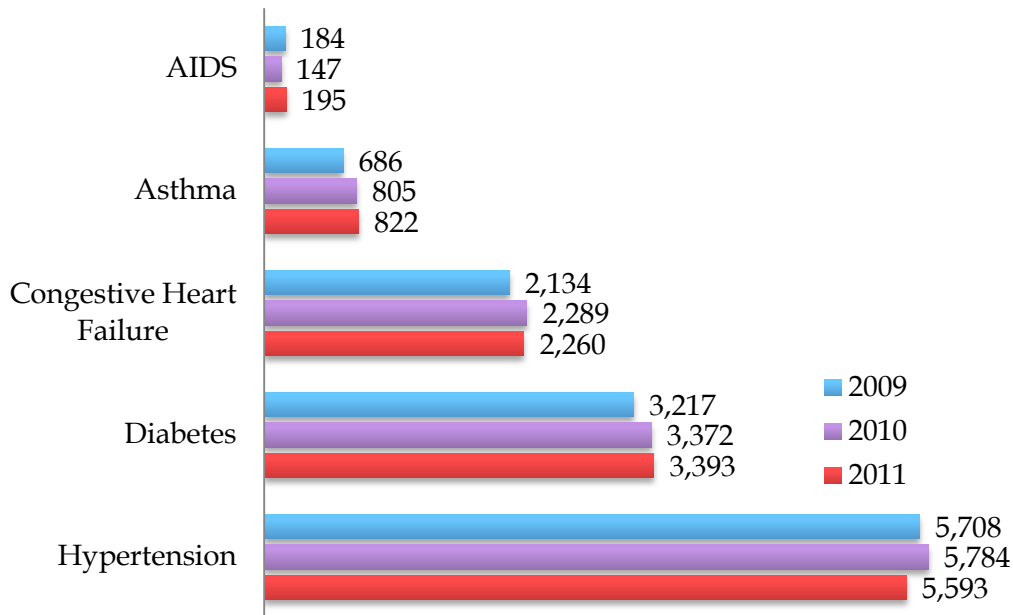
Figure 45. Chronic Disease Hospitalization – Charges in Comparison Hospitals in Broward County, 2009-2011



Source: Broward Regional Health Planning Council, Health Data Warehouse

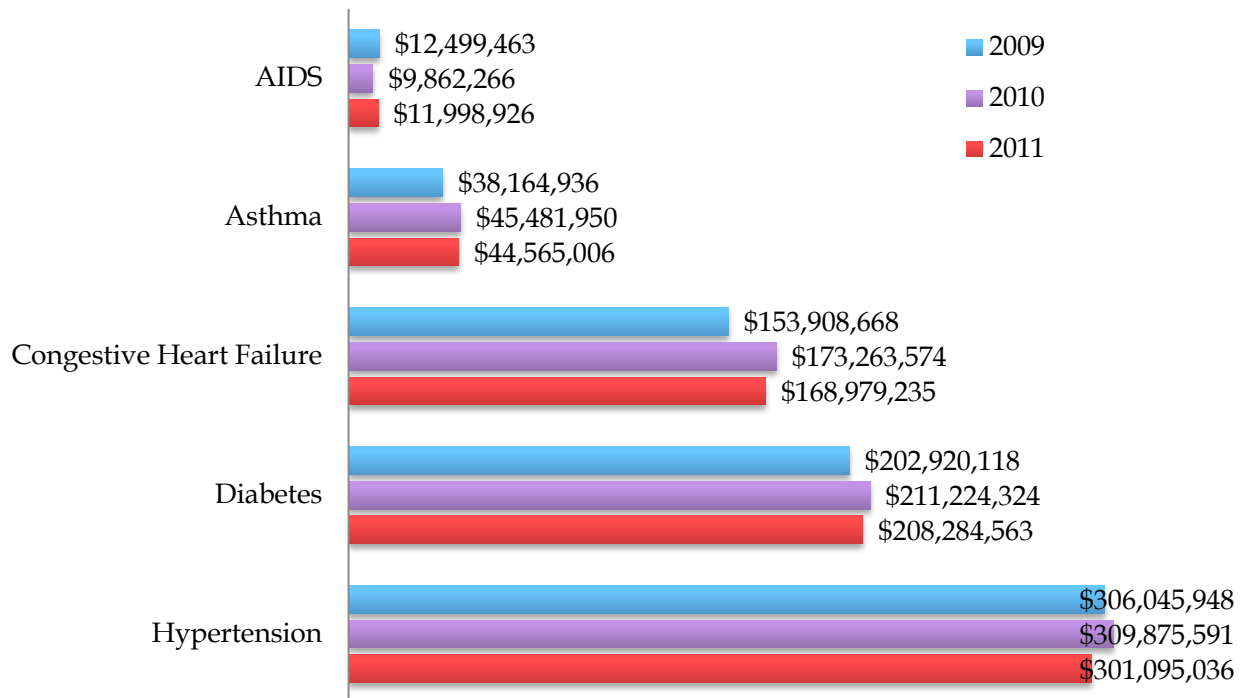


**Figure 46. Chronic Disease Hospitalization – Cases  
Holy Cross Hospital, 2009-2011**



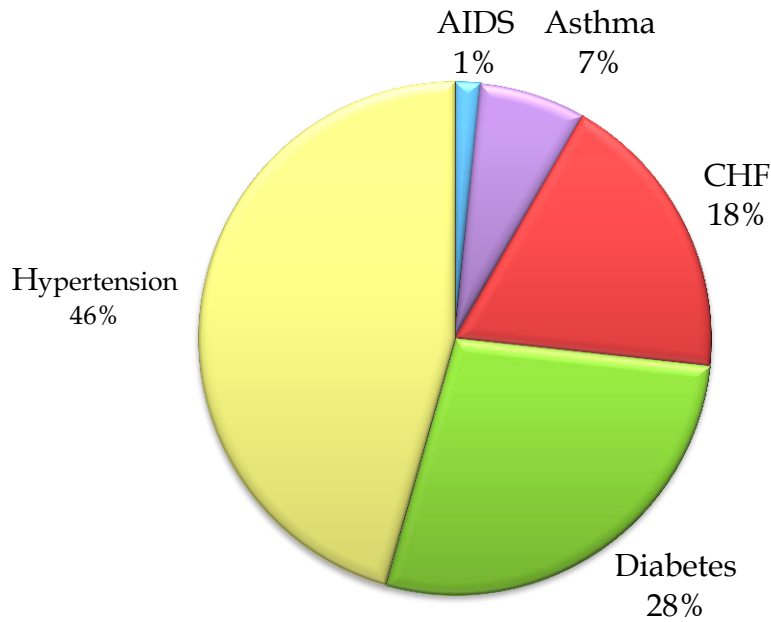
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 47. Chronic Disease Hospitalization – Charges  
Holy Cross Hospital, 2009-2011**



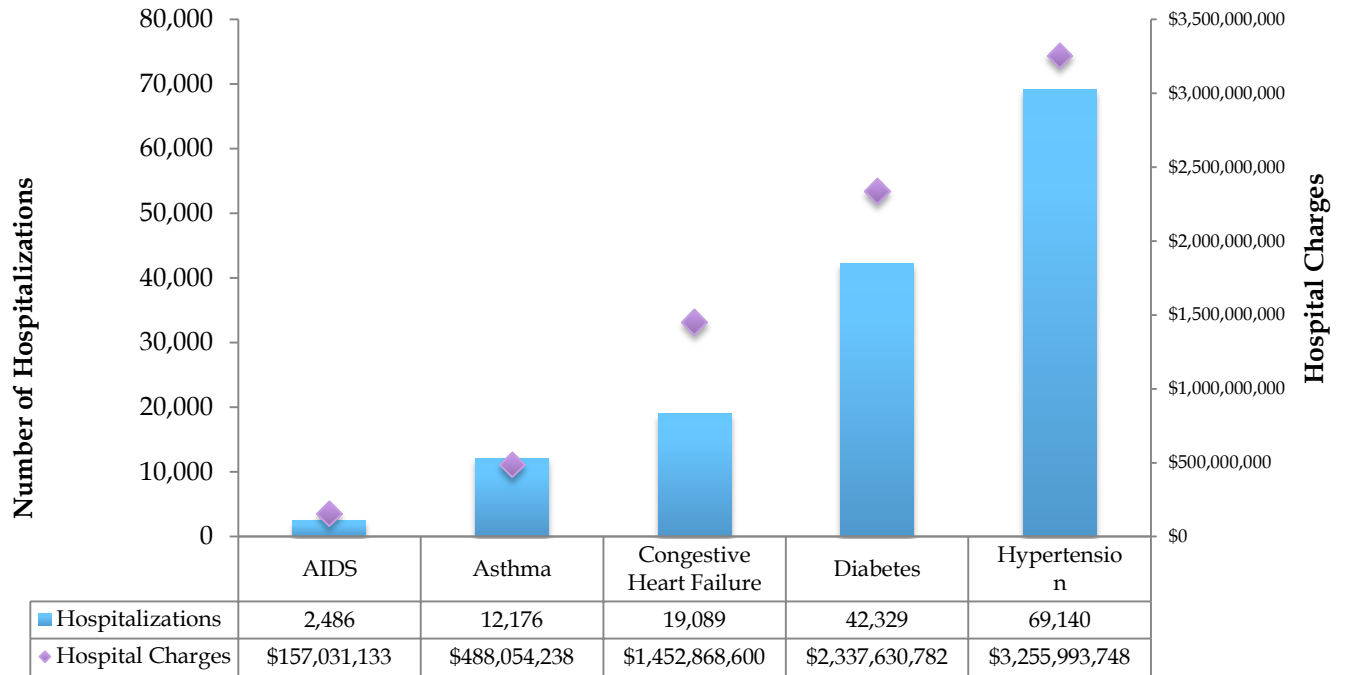
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 48. Percentage of Hospitalizations by Chronic Disease, Holy Cross Hospital, 2011



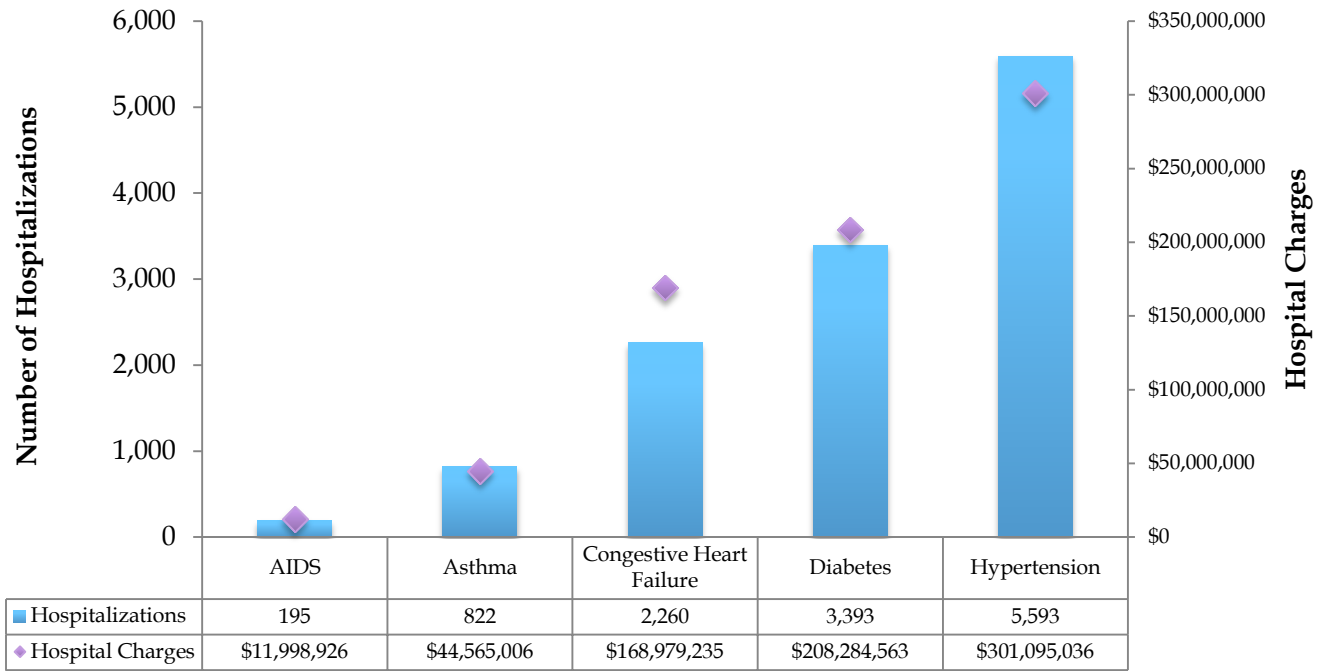
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 49. Chronic Disease Hospitalization, Cases vs. Charges in Comparison Hospitals in Broward County, 2009-2011



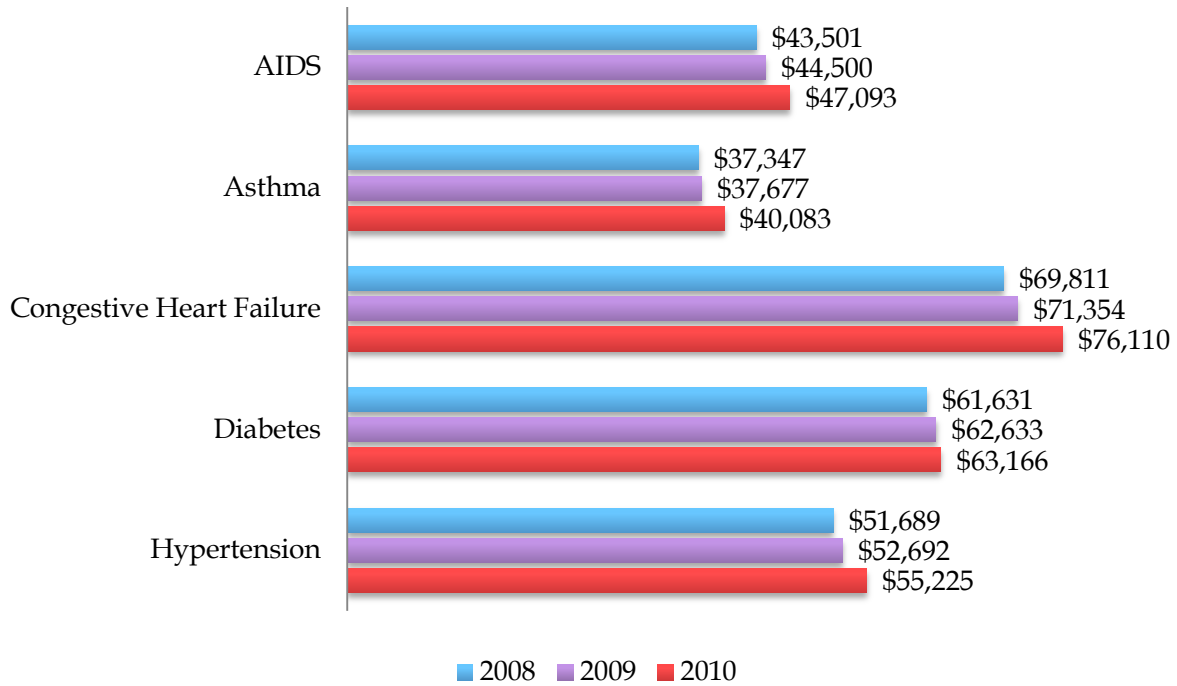
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 50. Chronic Disease Hospitalization, Cases vs. Charges Holy Cross Hospital, 2009-2011**



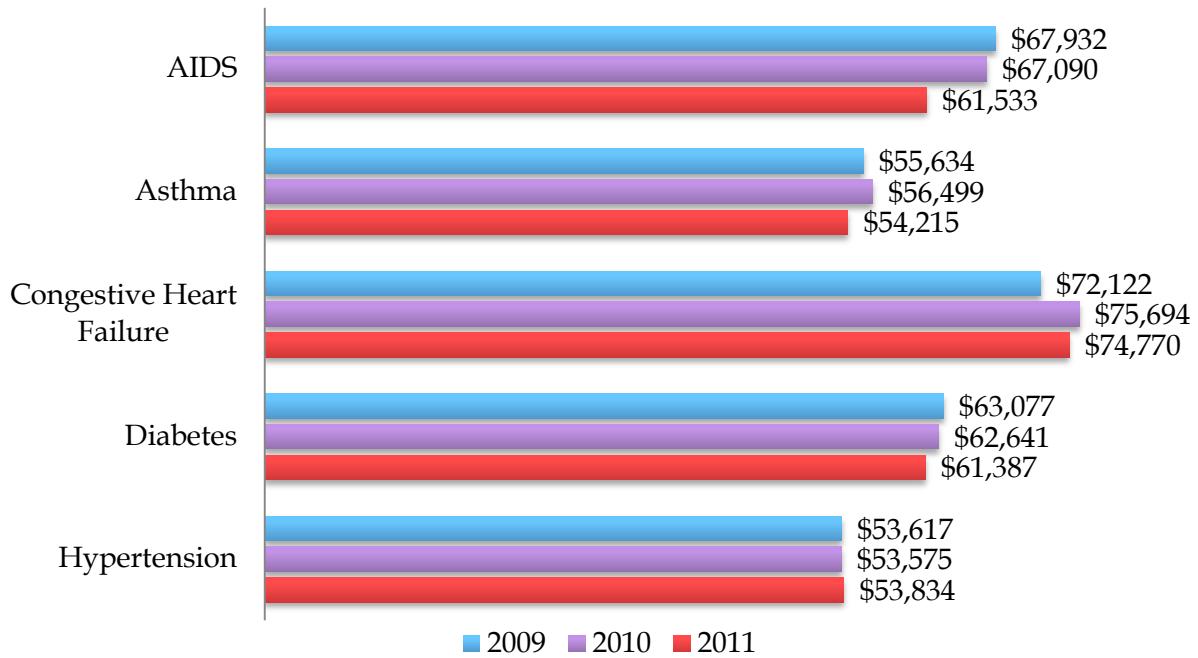
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 51. Average Charge per Chronic Disease Hospitalization in Comparison Hospitals in Broward County, 2009-2011**



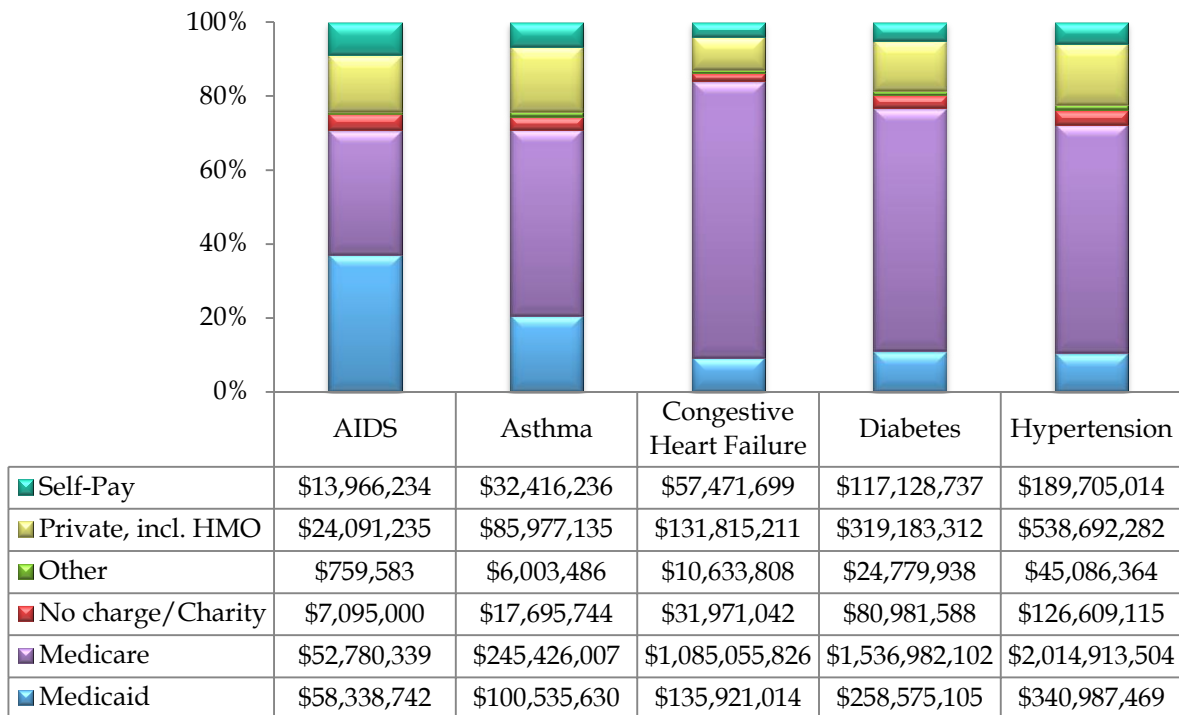
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 52. Average Charge per Chronic Disease Hospitalization, Holy Cross Hospital, 2009-2011



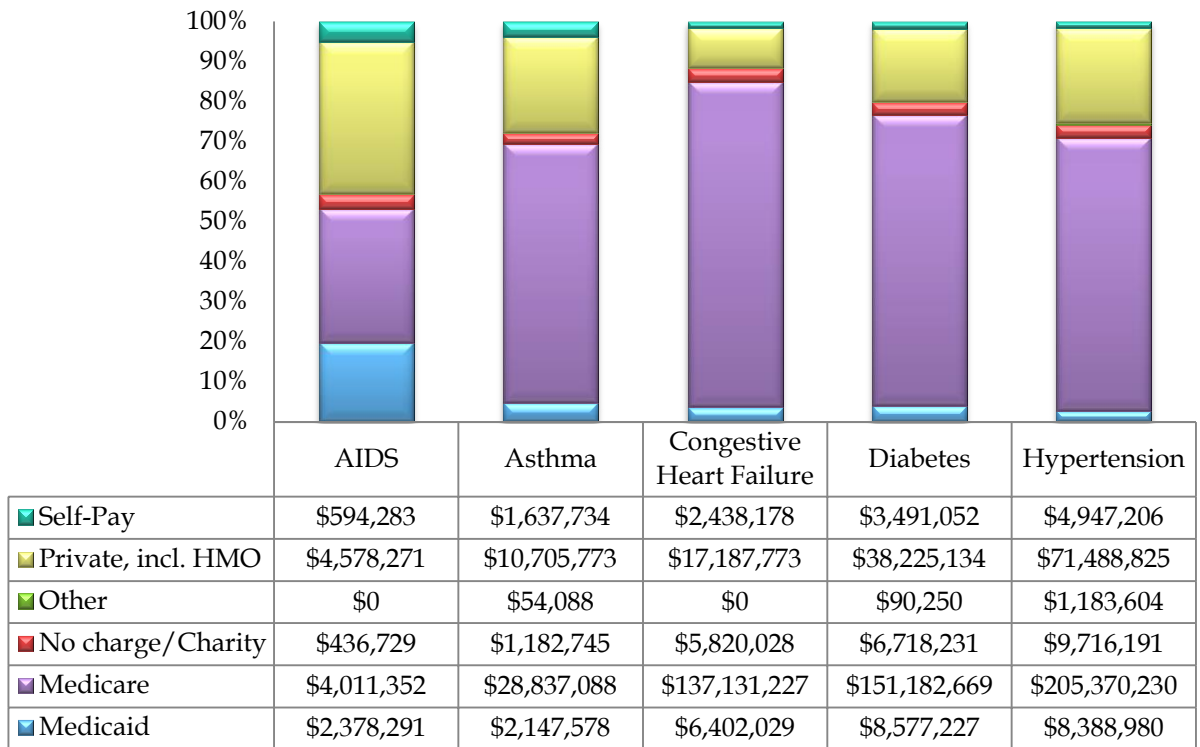
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 53. Chronic Disease Hospitalization - Charges by Payer in Comparison Hospitals in Broward County, 2011



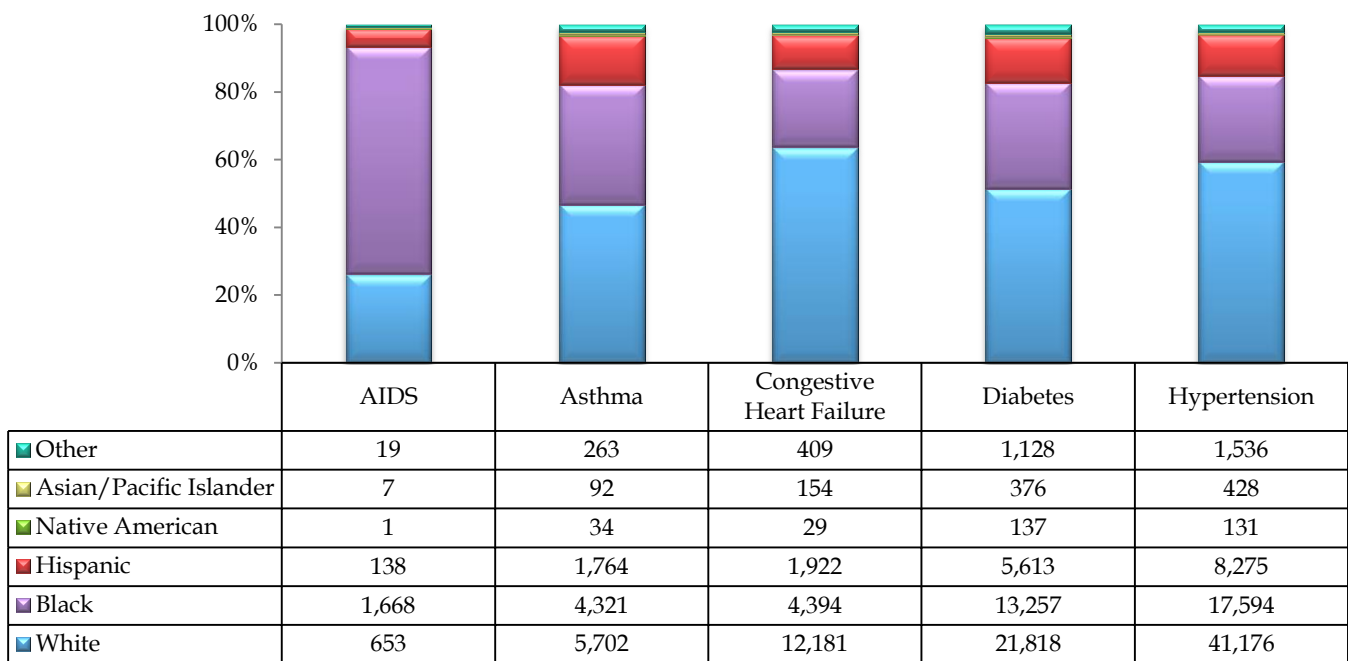
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 54. Chronic Disease Hospitalization – Charges by Payer, Holy Cross Hospital, 2011



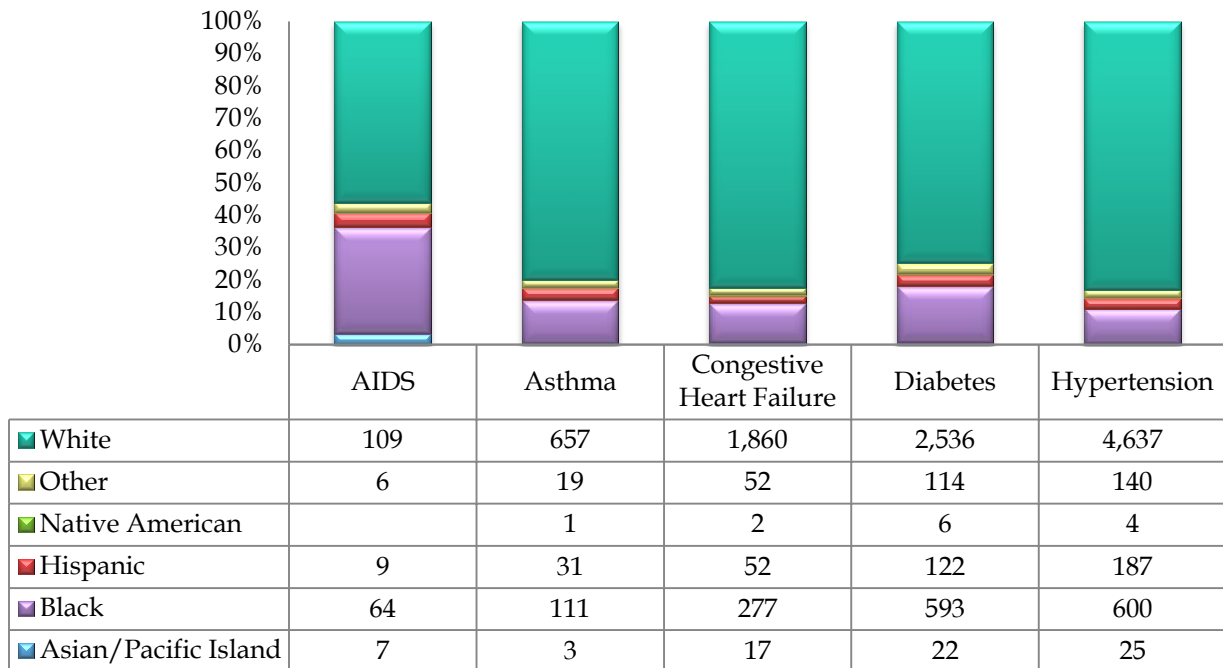
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 55. Chronic Disease Hospitalization – Cases by Race in Comparison Hospitals in Broward County, 2011



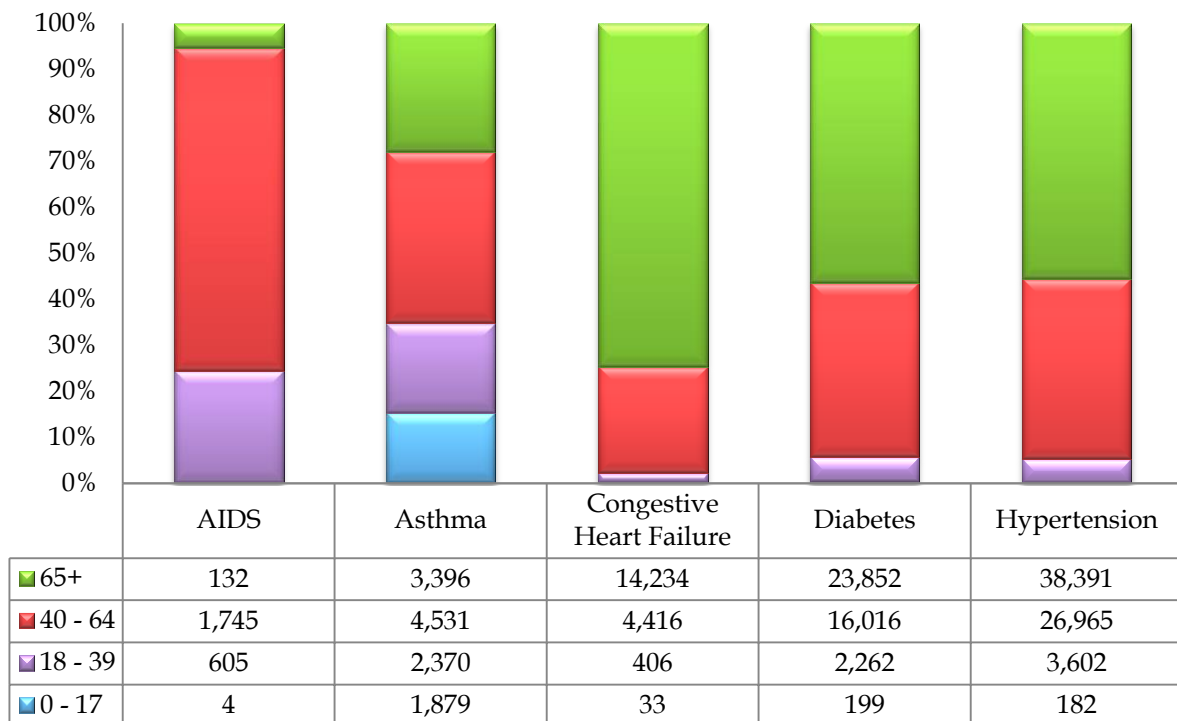
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 56. Chronic Disease Hospitalization - Cases by Race, Holy Cross Hospital, 2011



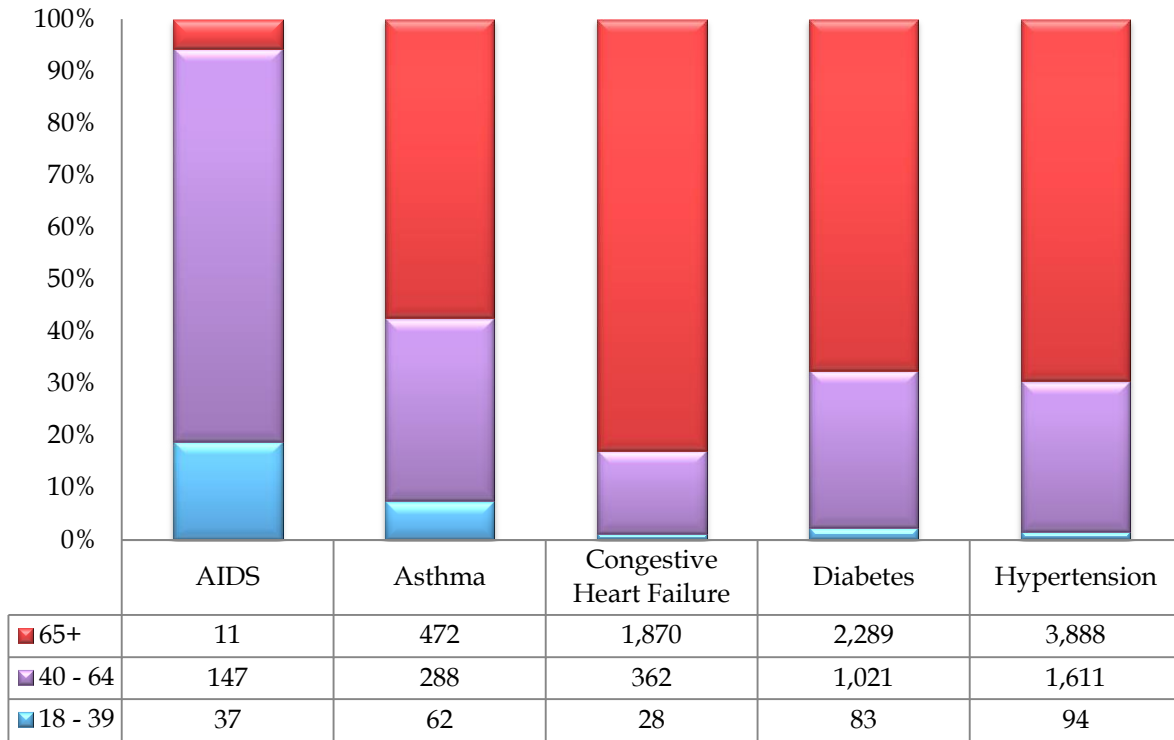
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 57. Chronic Disease Hospitalization - Cases by Age in Comparison Hospitals in Broward County, 2011



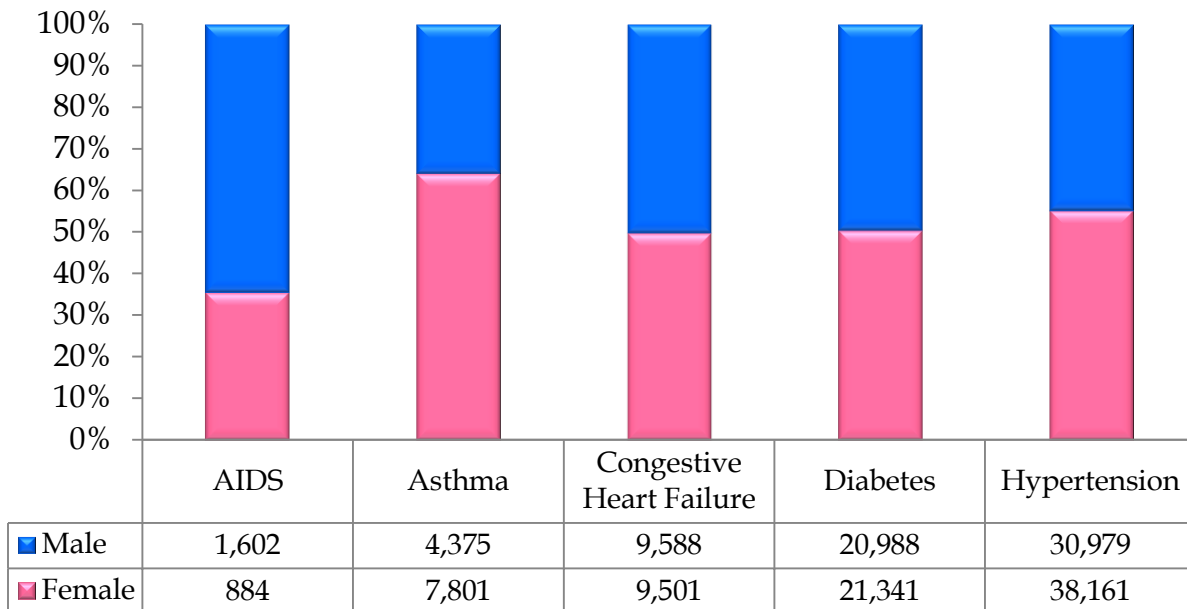
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 58. Chronic Disease Hospitalization – Cases by Age, Holy Cross Hospital, 2011

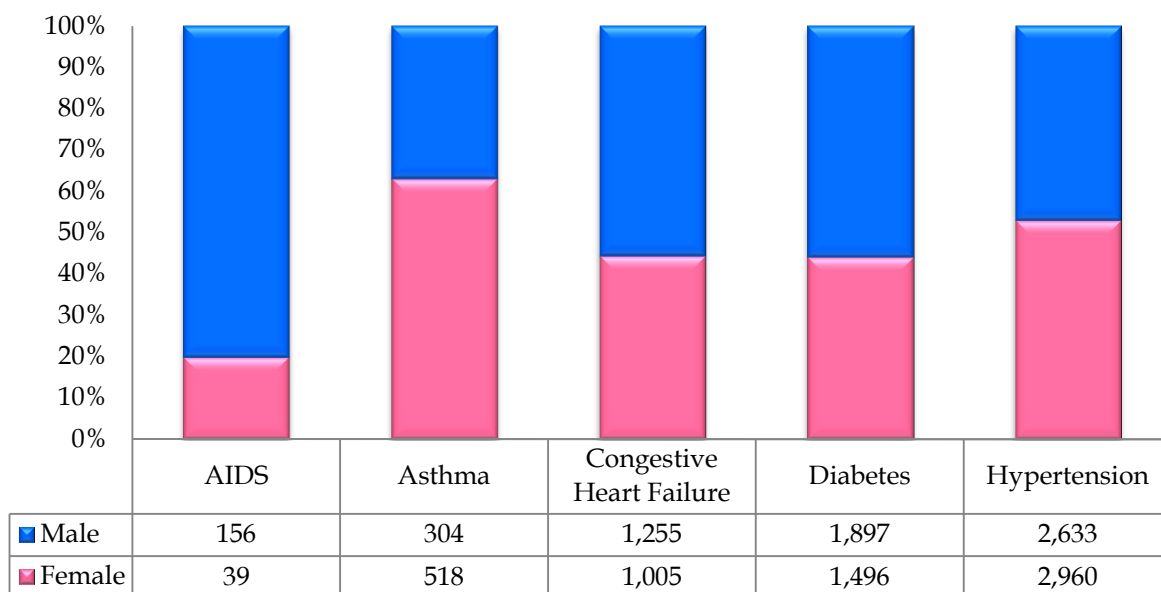


Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 59. Chronic Disease Hospitalization – Cases by Gender in Comparison Hospitals in Broward County, 2011



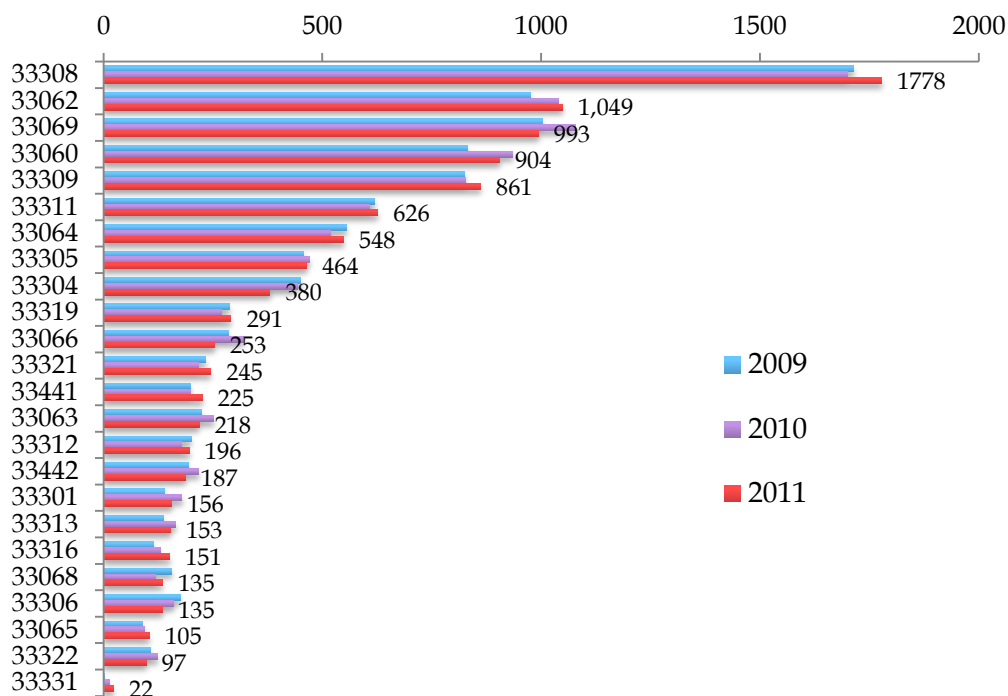
**Figure 60. Chronic Disease Hospitalization - Cases by Gender, Holy Cross Hospital, 2011**



Source: Broward Regional Health Planning Council, Health Data Warehouse

Figures 61 through 71 illustrate the Chronic Disease Hospitalization rates for Holy Cross Hospital in relationship to a number of varying factors, including service area zip codes and charges by primary service area.

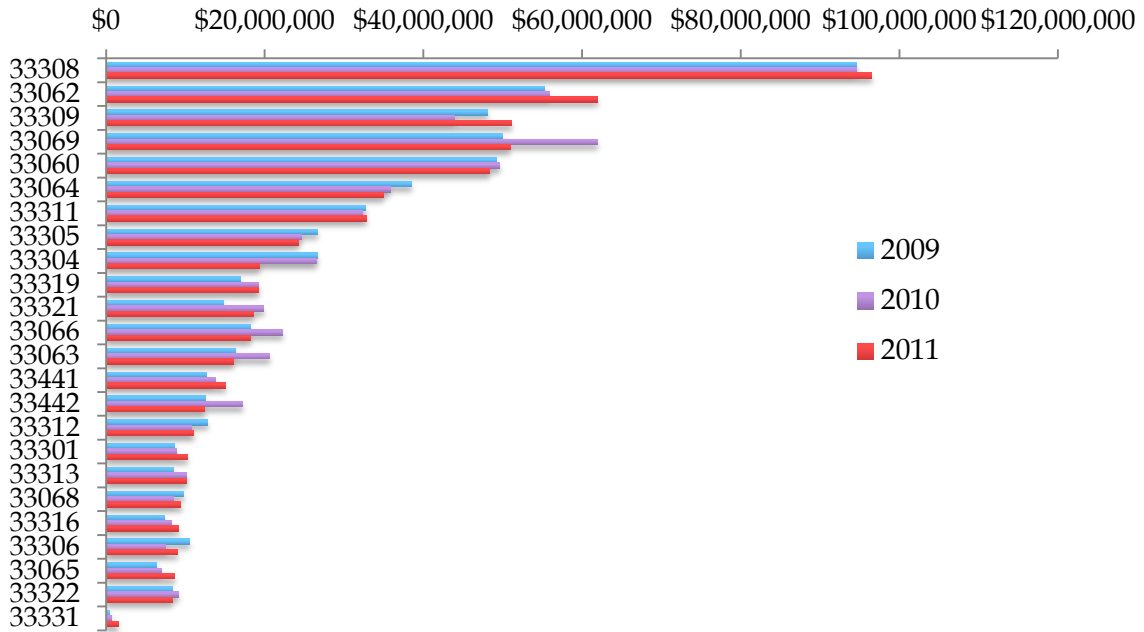
**Figure 61. Chronic Disease Hospitalization - Cases by Primary Service Area, Holy Cross Hospital, 2009 - 2011**



Source: Broward Regional Health Planning Council, Health Data Warehouse

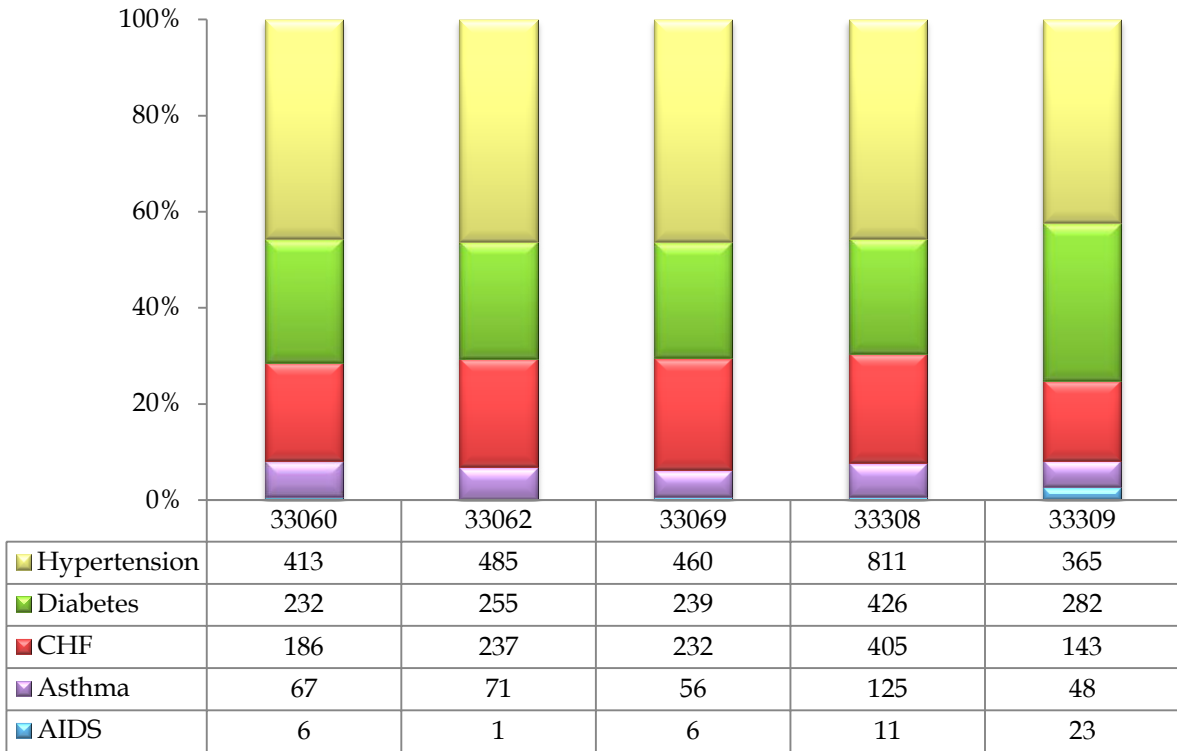


**Figure 62. Chronic Disease Hospitalization – Charges by Primary Service Area, Holy Cross Hospital, 2009 - 2011**



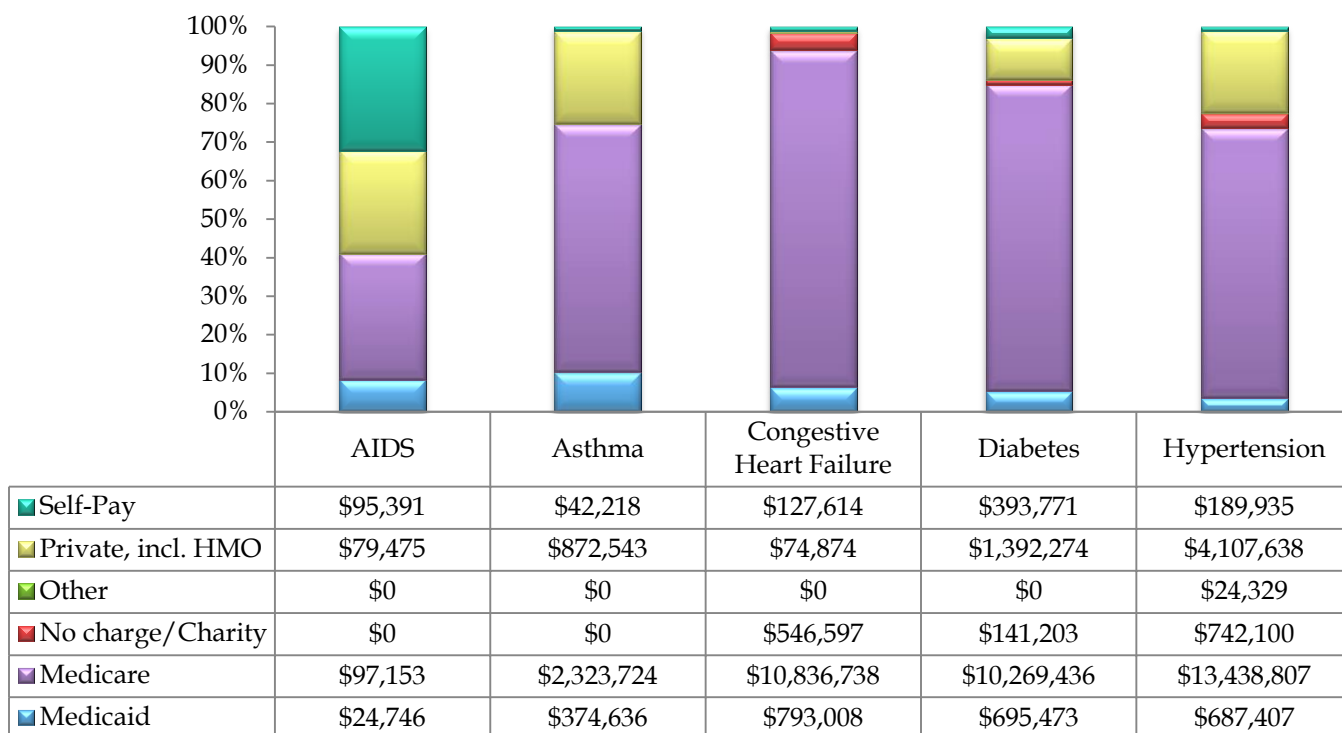
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 63. Chronic Disease Hospitalization – Cases by Top 5 Primary Service Area ZIP Codes, Holy Cross Hospital, 2011**



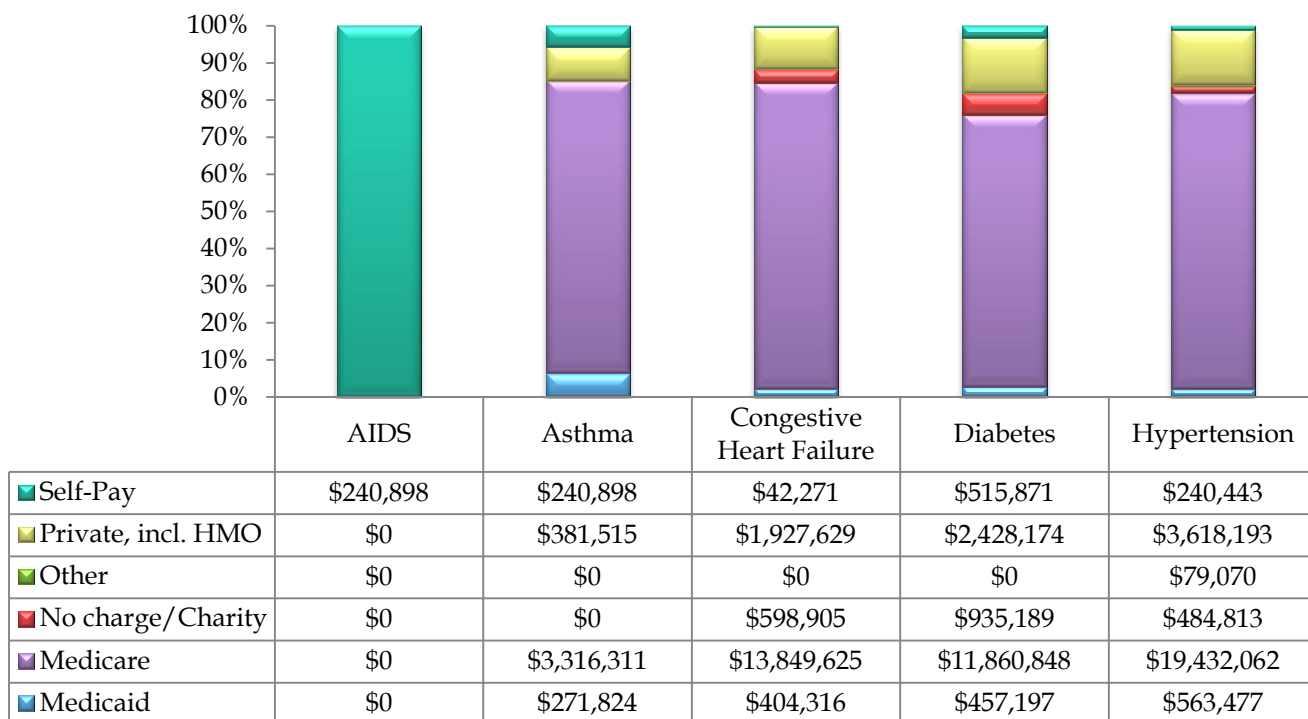
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 64. Chronic Disease Hospitalization - Charges by Top 5 Primary Service Area ZIP Codes by Payer, Holy Cross Hospital, 2011, PSA 33060**

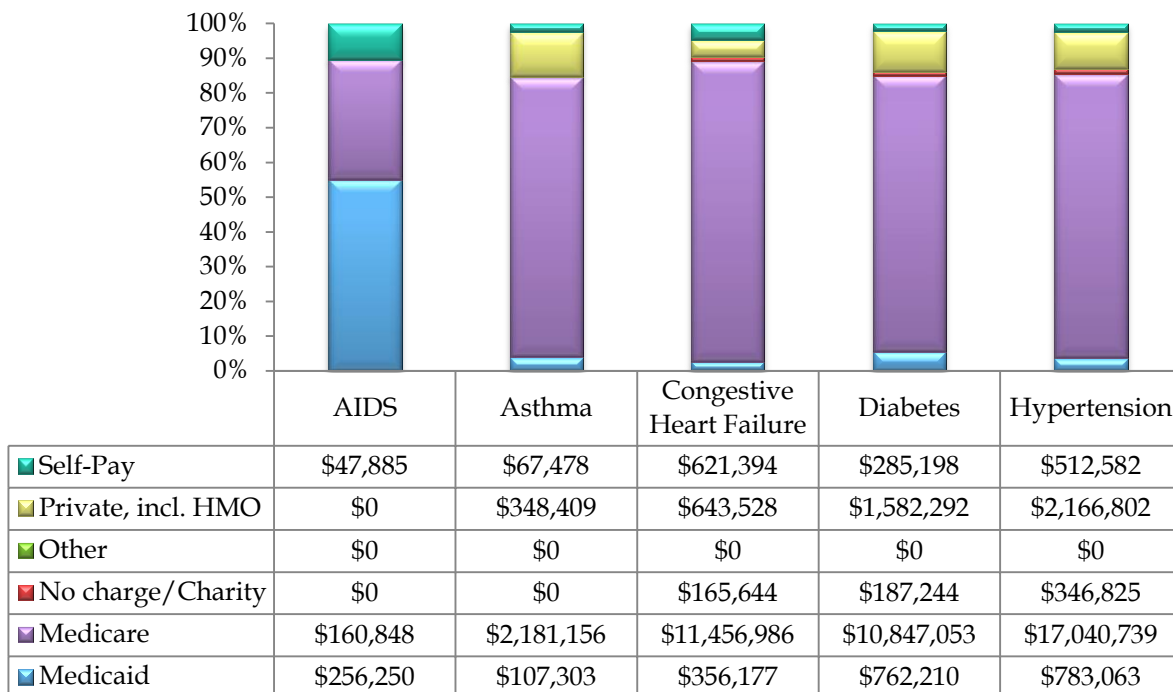


Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 65. Chronic Disease Hospitalization - Charges by Payer, Top 5 Primary Service Area ZIP Codes Holy Cross Hospital, 2011, PSA 33062**

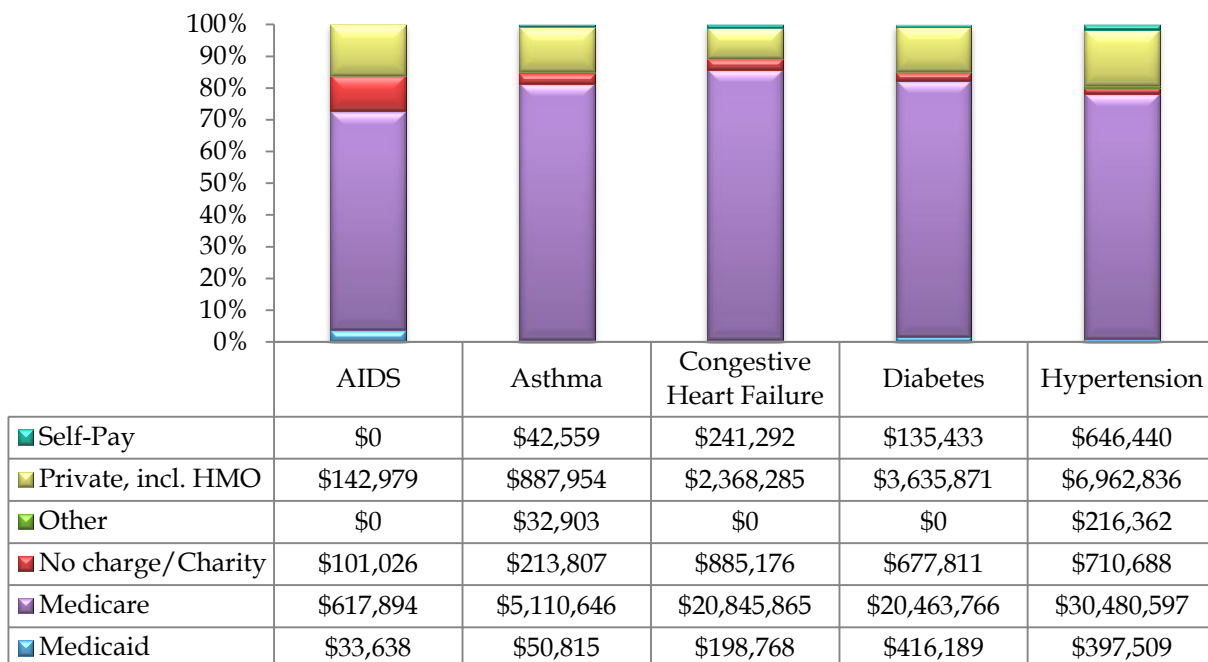


**Figure 66. Chronic Disease Hospitalization - Charges by Top 5 Primary Service Area ZIP Codes by Payer, Holy Cross Hospital, 2010, PSA 33069**



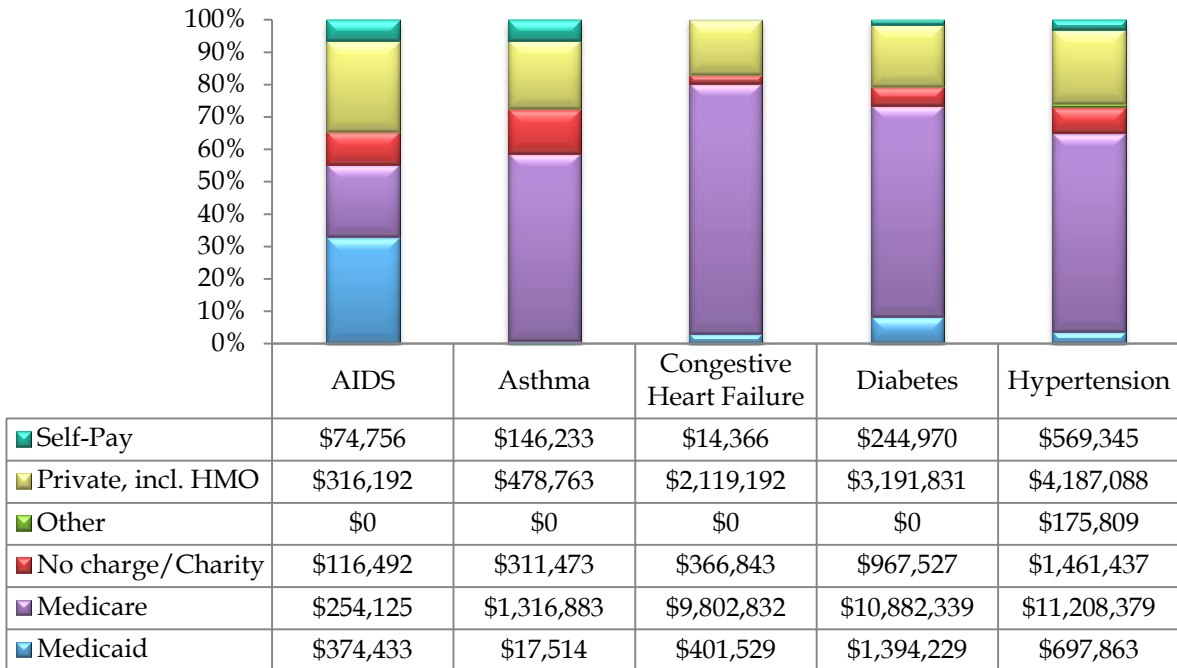
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 67. Chronic Disease Hospitalization - Charges by Top 5 Primary Service Area ZIP Codes by Payer, Holy Cross Hospital, 2011, PSA 33308**



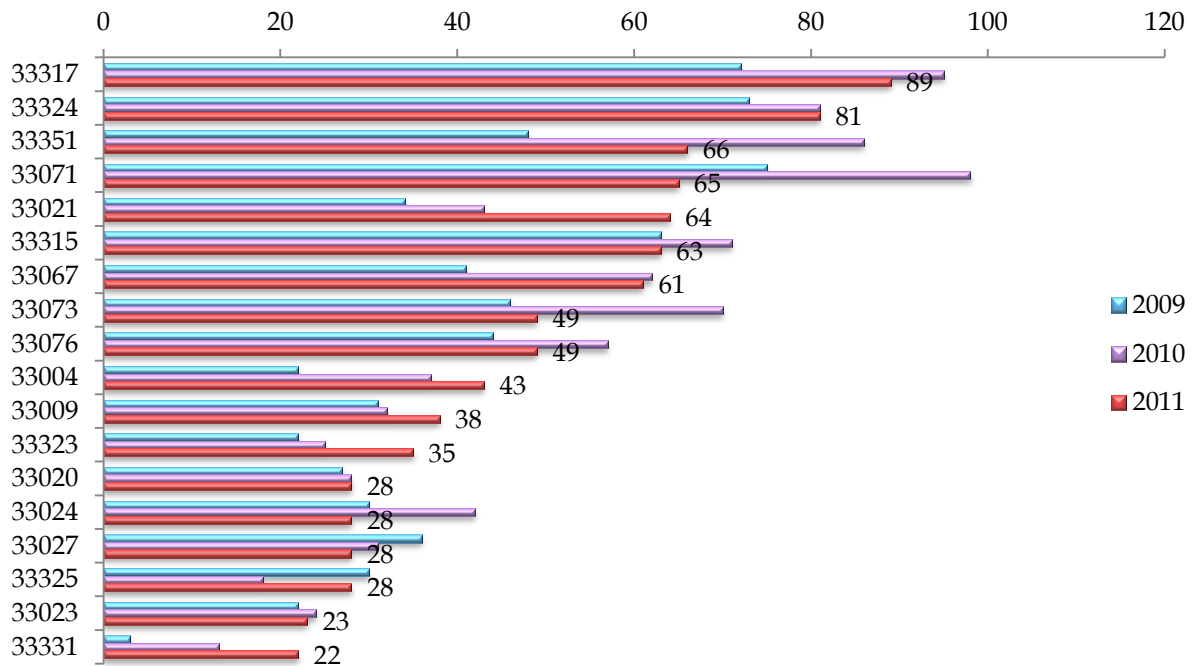
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 68. Chronic Disease Hospitalization - Charges by Top 5 Primary Service Area ZIP Codes by Payer, Holy Cross Hospital, 2011, PSA 33309**



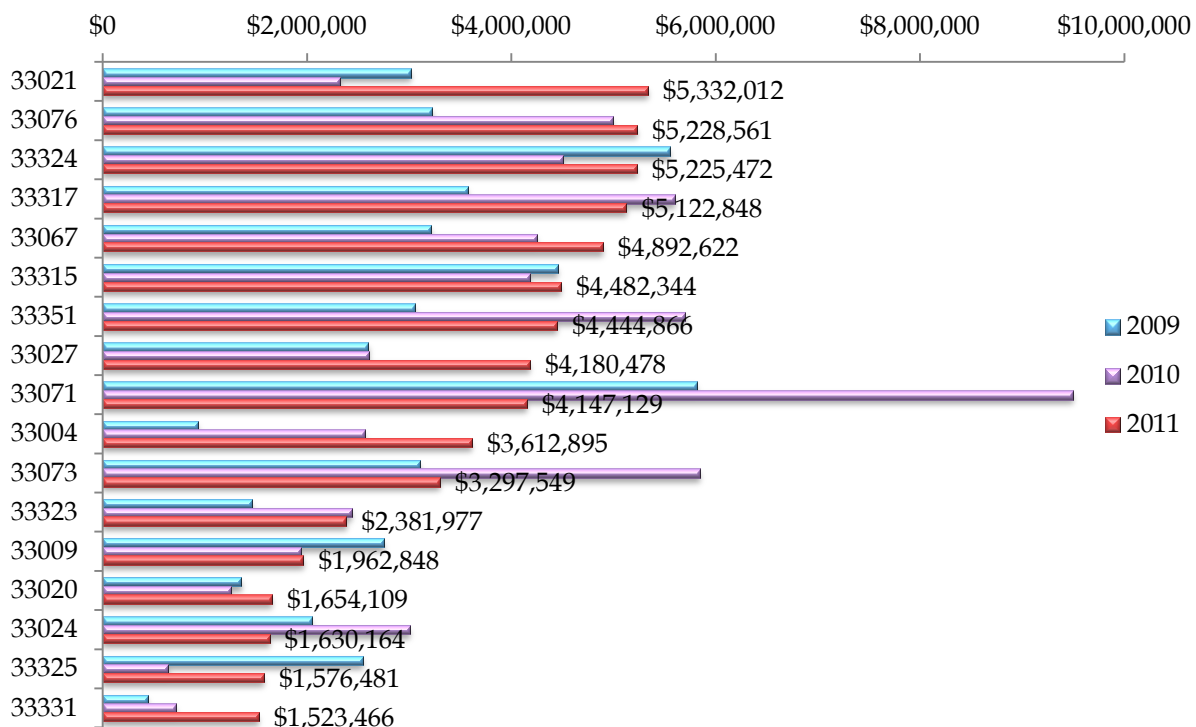
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 69. Chronic Disease Hospitalization - Cases by Secondary Service Area, Holy Cross Hospital, 2009 - 2011**



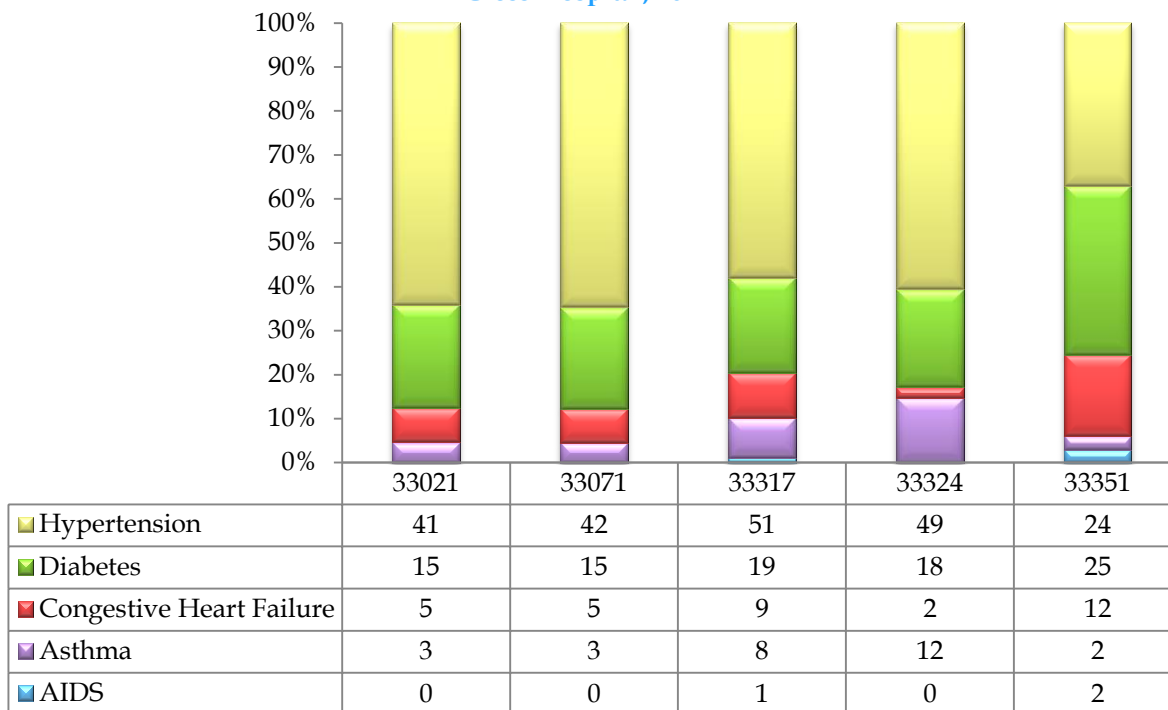
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 70. Chronic Disease Hospitalization – Charges by Secondary Service Area, Holy Cross Hospital, 2009 - 2011**



Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 71. Chronic Disease Hospitalization – Cases by Top 5 Secondary Service Area ZIP Codes, Holy Cross Hospital, 2011**



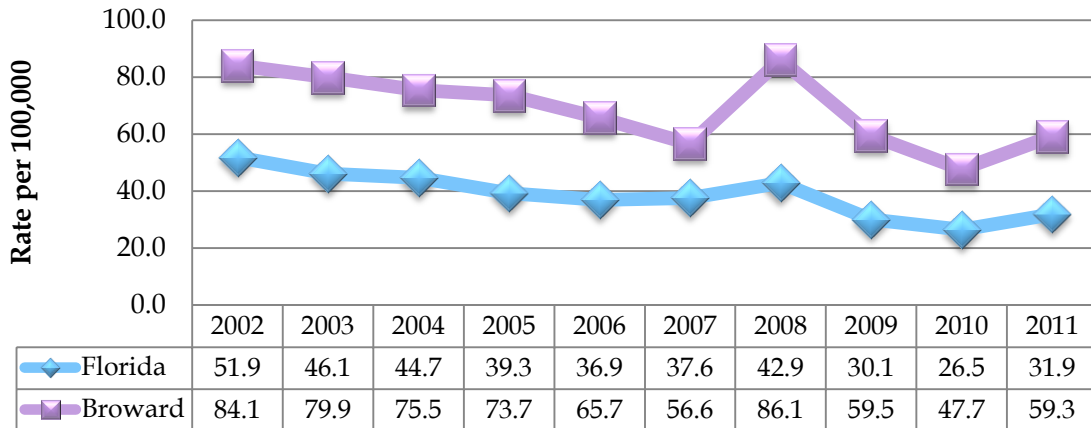
Source: Broward Regional Health Planning Council, Health Data Warehouse

## E. INFECTIOUS DISEASES

### E.1. HIV AND AIDS

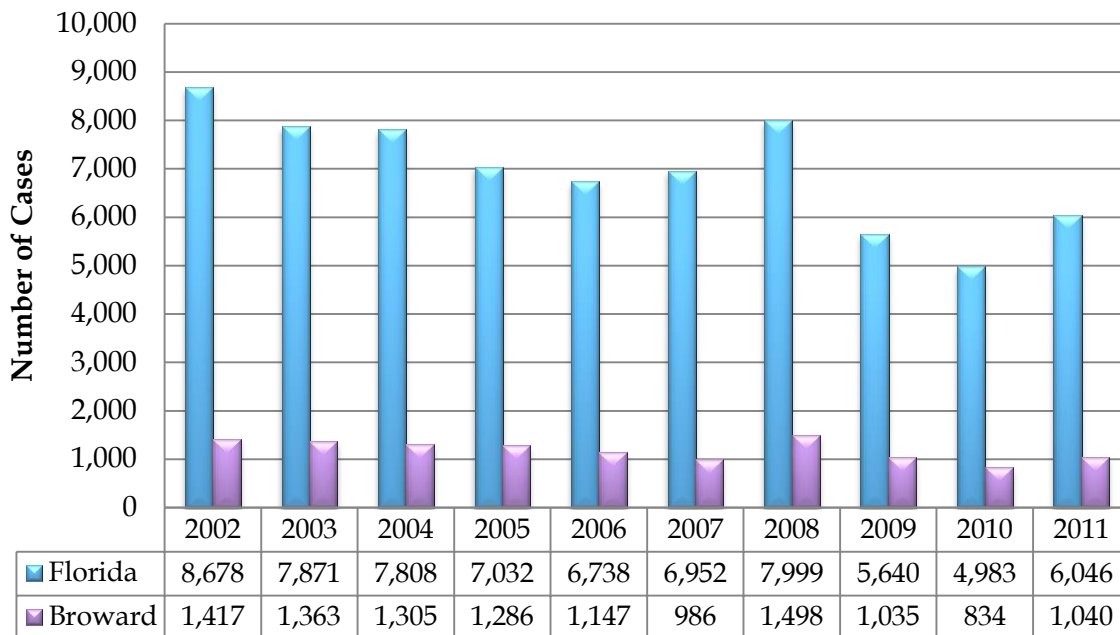
While the number of HIV/AIDS cases fluctuates from year to year, 2008 through 2010 showed a decrease in HIV and AIDS cases. To be noted is that Broward County shows significantly higher HIV and AIDS rates compared to Florida.

Figure 72. HIV Rate per 100,000 Population, Broward County, Florida, 2002-2011



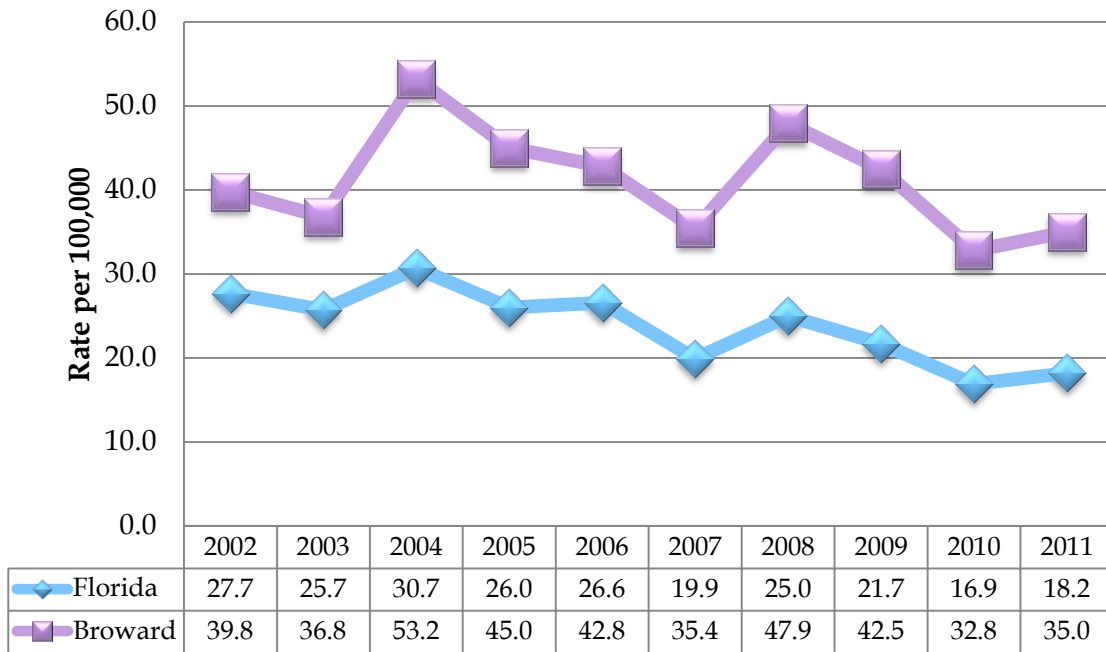
Source: Florida Charts

Figure 73. HIV Cases Count, Broward County, and Florida, 2002-2011



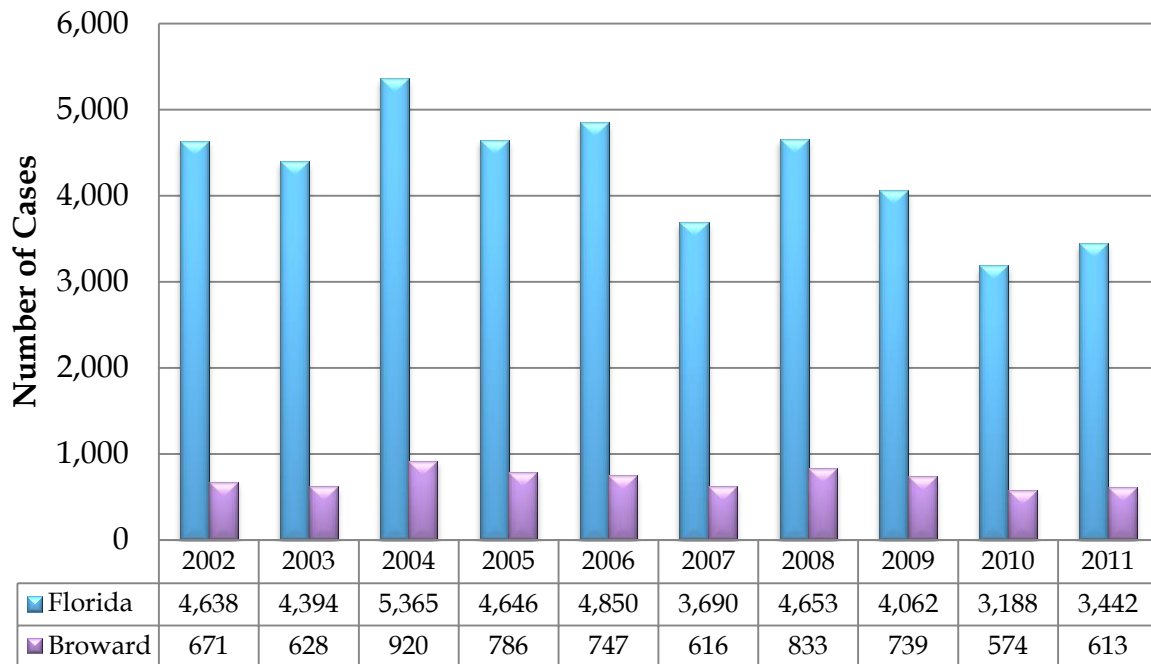
Source: Florida Charts

Figure 74. AIDS Rate per 100,000 Population, Broward County, Florida, 2002-2011



Source: Florida Charts

Figure 75. AIDS Cases Count, Broward County, Florida, 2002-2011

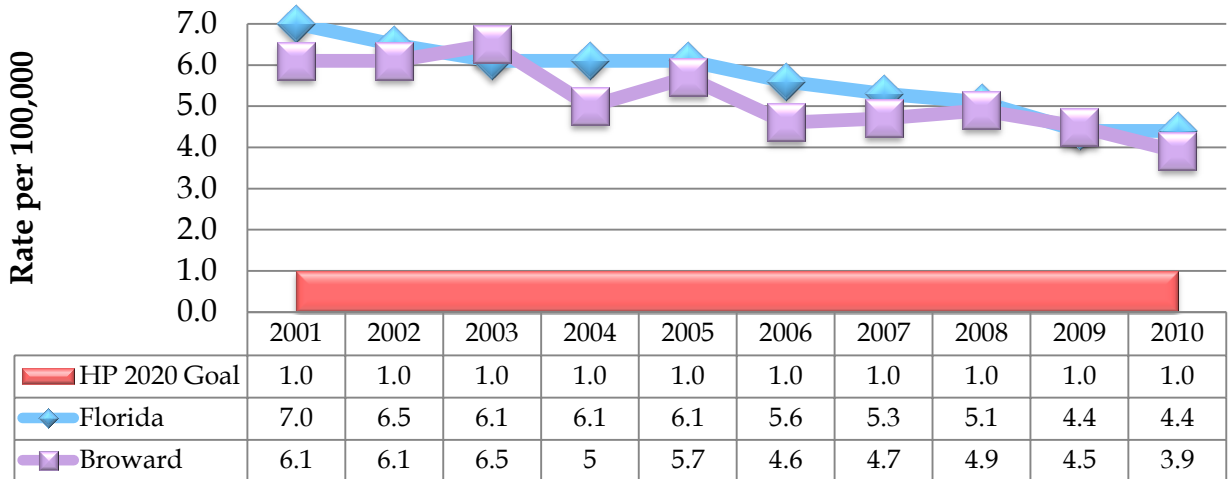


Source: Florida Charts

## E.2. TUBERCULOSIS

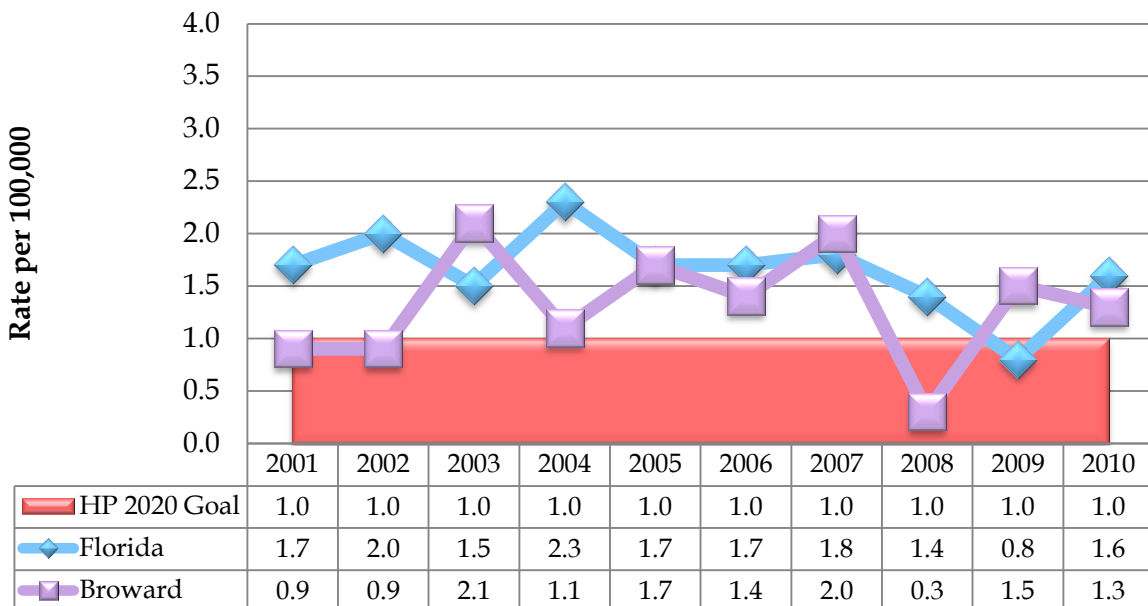
Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidneys, spine, and brain. If not treated properly, TB can be fatal. TB was once the leading cause of death in the United States. The rates of TB cases in Broward County and the state overall exceed the national goal of 1.0 TB cases per 100,000. The relatively high rates of TB are likely a result of the influx of immigrants to the South Florida area.

Figure 76. Tuberculosis Cases Per 100,000, Broward County, Florida, 2001 – 2010



Source: Florida Charts

Figure 77. Tuberculosis Cases for Children under 15 per 100,000, Broward County, Florida, 2001 – 2010



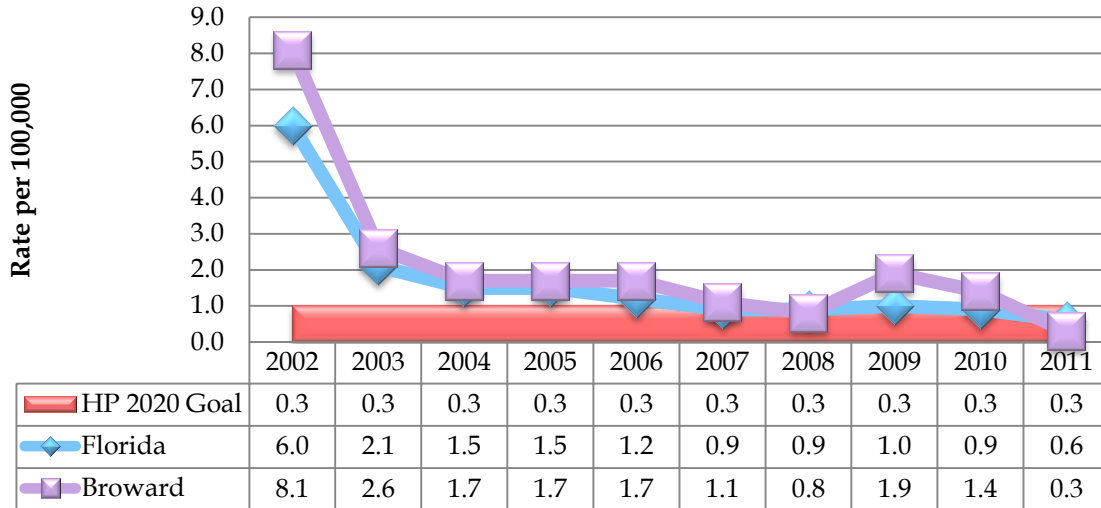
Source: Florida Charts



### E.3. HEPATITIS

Hepatitis A is an acute infectious disease of the liver caused by the hepatitis A virus, an RNA virus, usually spread by the fecal-oral route; transmitted person-to-person by ingestion of contaminated food or water or through direct contact with an infectious person.

Figure 78. Hepatitis A, Rate per 100,000, Broward County, Florida, 2002-2011

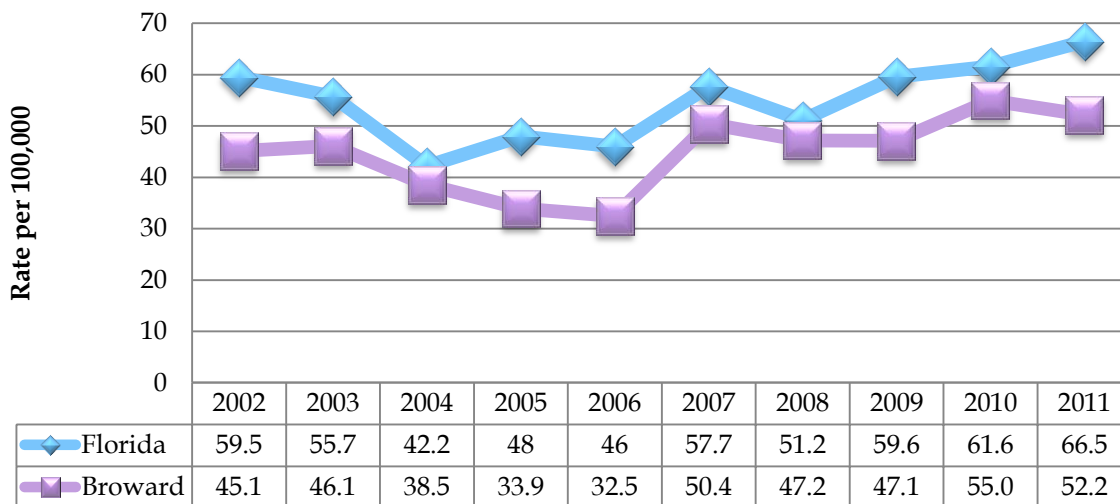


Source: Florida Charts

### E.4. ENTERIC DISEASE

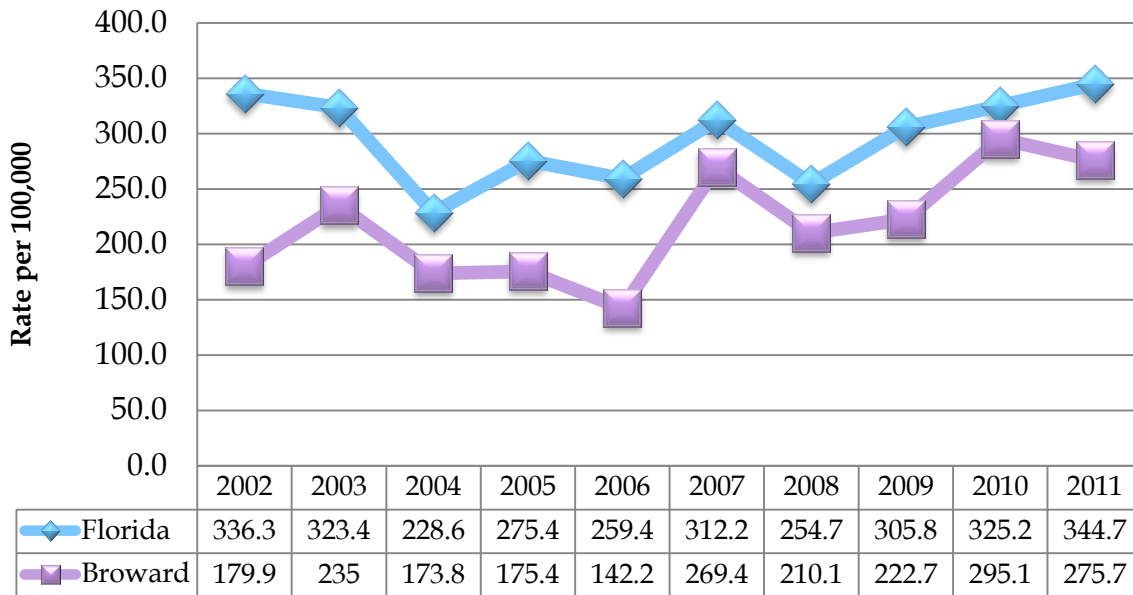
Bacterial and viral infections of the gastrointestinal tract can lead to diarrheal disease. Many of these pathogens are transmitted through contaminated food or water. In the United States, diarrhea is the second most common infectious illness, accounting for one out of every six (16 percent) of all infectious diseases.

Figure 79. Total Enteric Disease Children and Adults, Broward County, Florida, 2002-2011



Source: Florida Charts

Figure 80. Total Enteric Disease Children Less than 6 Years Old, Broward County, Florida, 2002-2011

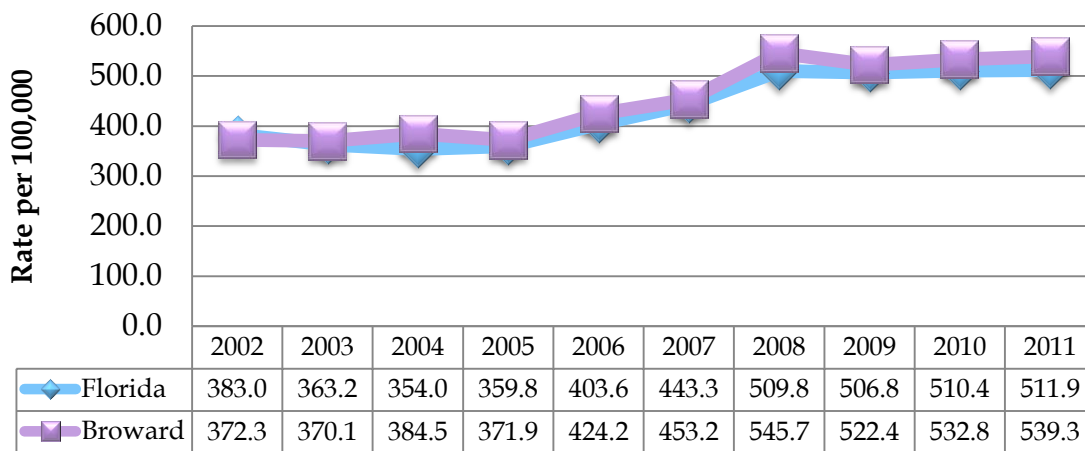


Source: Florida Charts

## E.5. SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) are an important global health priority because of their devastating impact on women and infants and their inter-relationship with HIV/AIDS. STDs and HIV are linked by biological interactions and because both infections may occur in the same populations. Infection with certain STDs can increase the risk of getting and transmitting HIV as well as alter the way the disease progresses. In addition, STDs can cause long-term health problems, particularly in women and infants. Some of the health complications that arise from STDs include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infections in infants born to infected mothers.

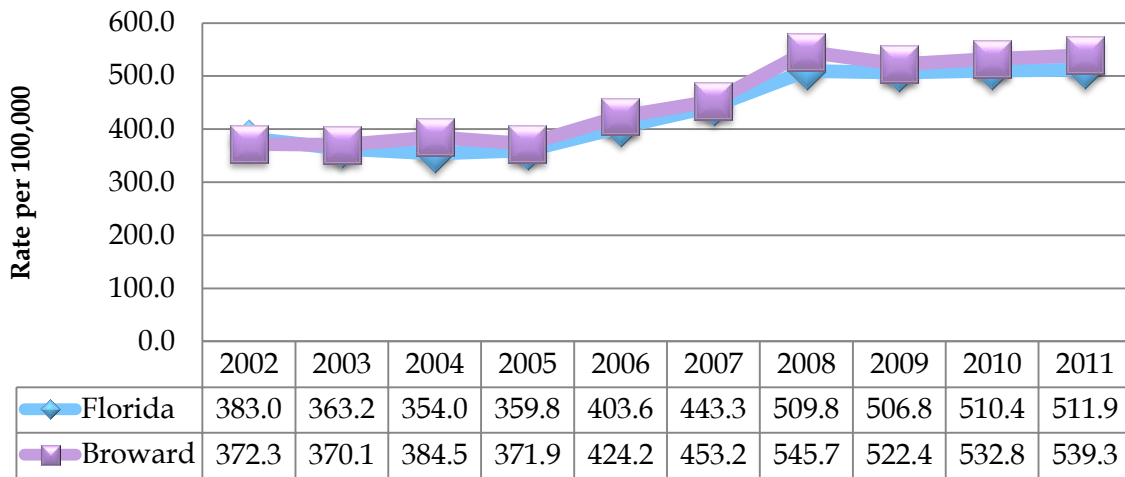
Figure 81. Sexually Transmitted Infections Rate per 100,000 Population  
Broward County, Florida, 2002-2011  
(Total Gonorrhea, Chlamydia & Infectious Syphilis)



Source: Florida Charts

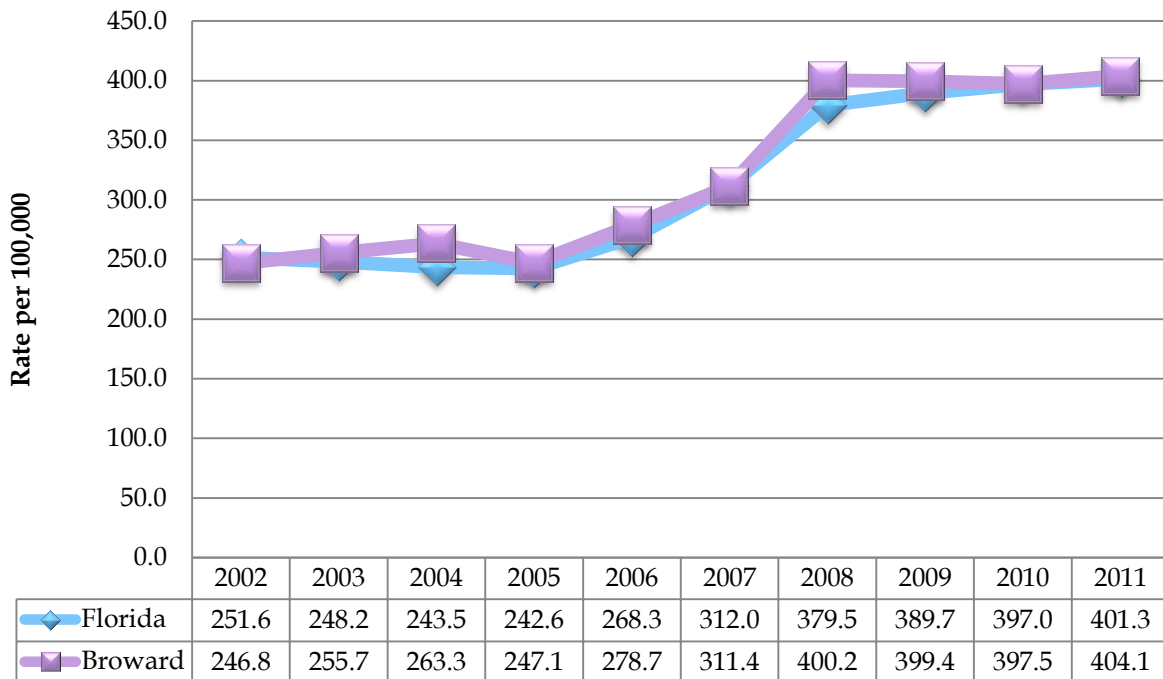
Figure 82 through Figure 86 show the fluctuation of reported cases of Chlamydia, Gonorrhea, and Syphilis from 2002 to 2011. There appears to be a steady increase in reported Chlamydia cases from 2002 to 2011, with an abrupt increase from 2007 to 2008, in Broward County and the state overall.

**Figure 82. Chlamydia Rates per 100,000 Population, Broward County, Florida, 2002-2011**



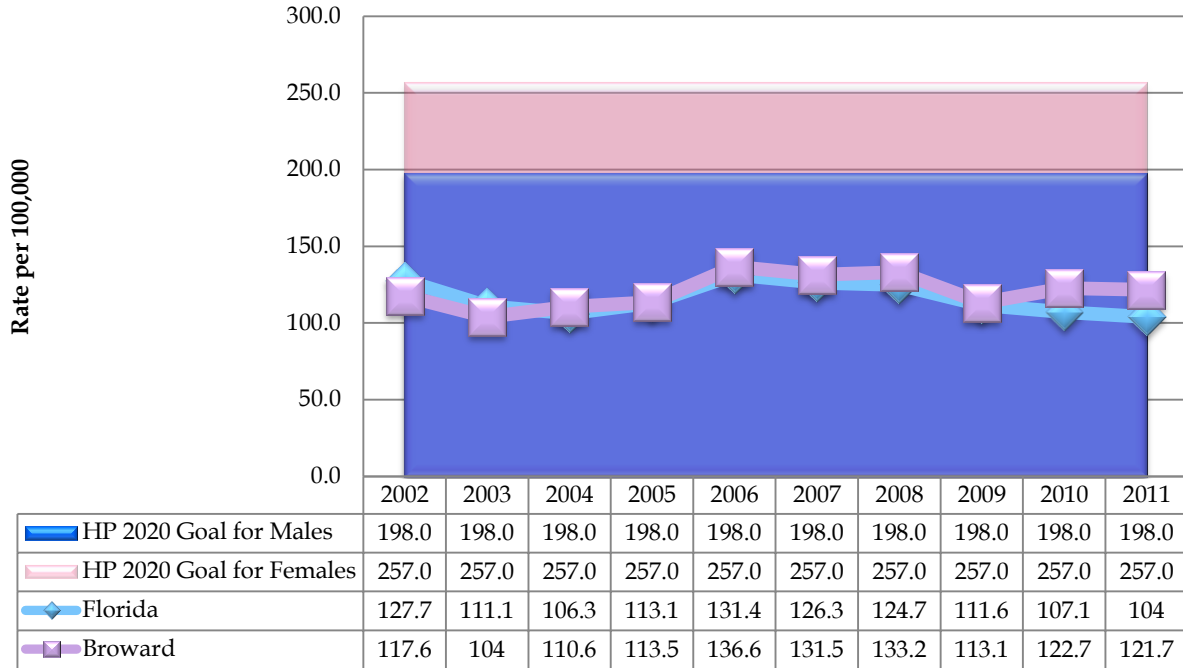
Source: Florida Charts

**Figure 83. Chlamydia Rates per 100,000 Population, Females Age 15-19 Broward County, Florida, 2002-2011**



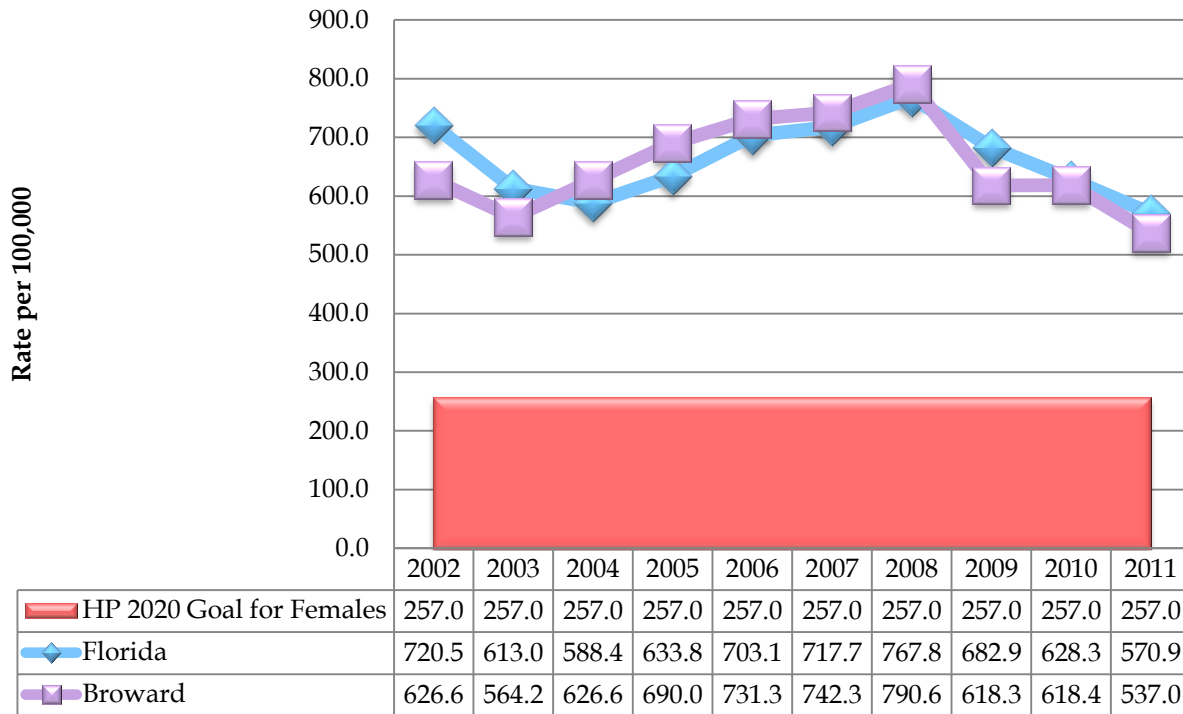
Source: Florida Charts

**Figure 84. Reported Cases of Gonorrhea, Rate per 100,000 Population  
Broward County, Florida, 2002-2011**



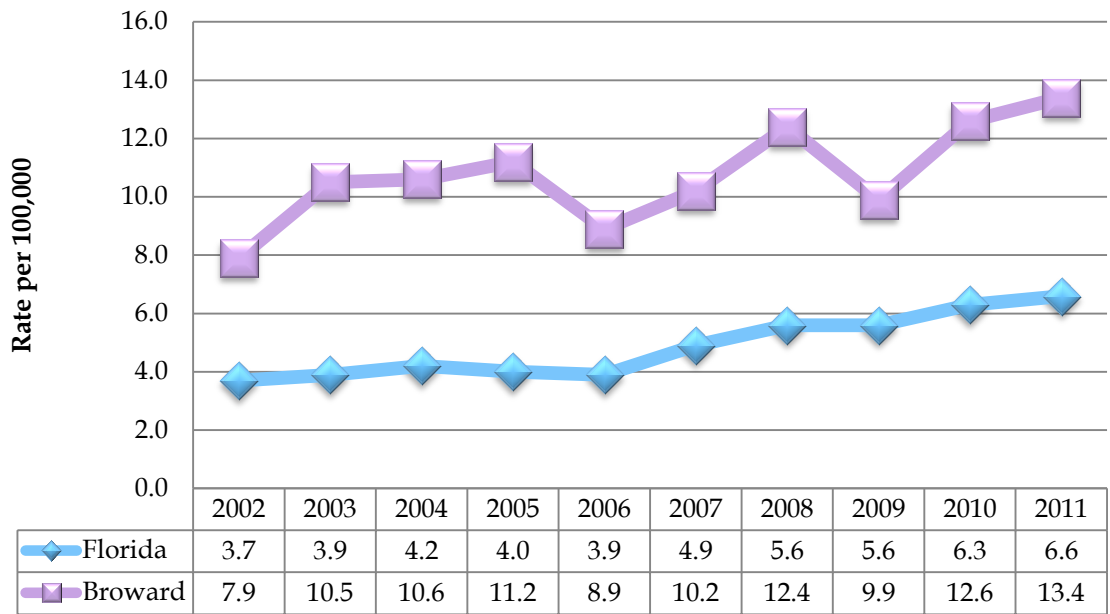
Source: Florida Charts

**Figure 85. Reported Cases of Gonorrhea, per 100,000 Population, Females (15-19)  
Broward County, Florida, 2002-2011**



Source: Florida Charts

Figure 86. Infection Syphilis Rates per 100,000 Population Broward County vs. Florida, 2002-2011



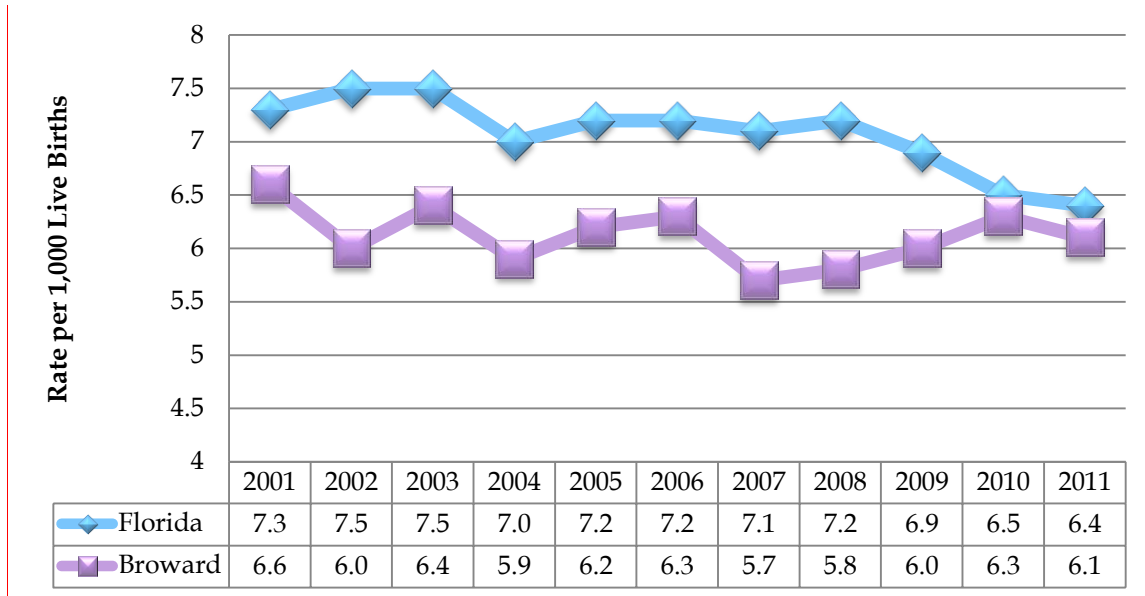
Source: Florida Charts

## 8. MATERNAL AND CHILD HEALTH

### A. INFANT MORTALITY

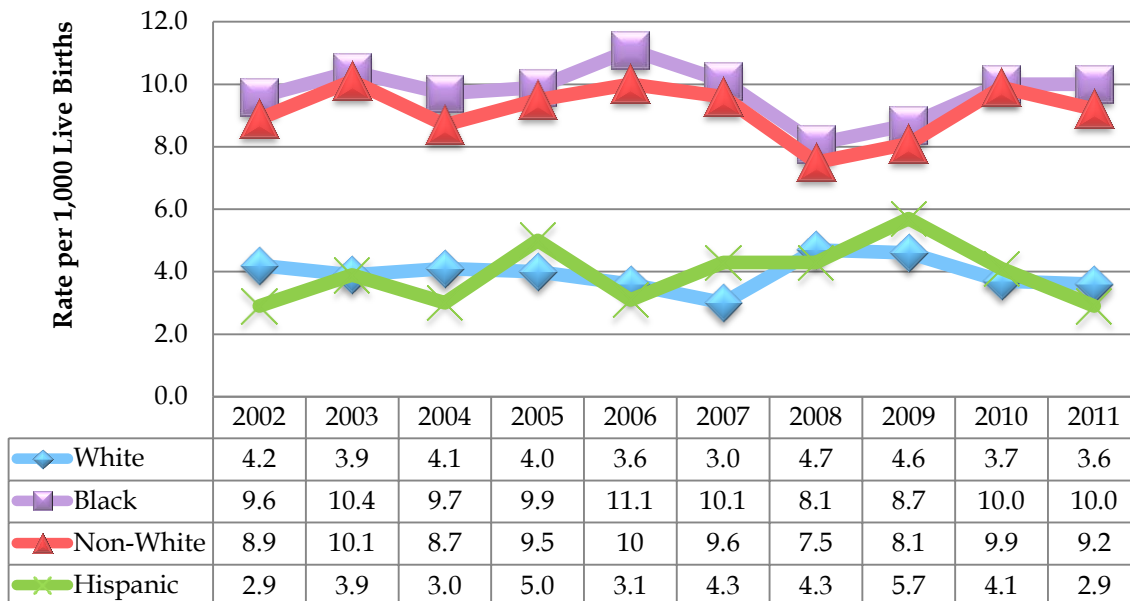
Florida Charts shows that infant mortality rates have decreased in the past five years, however, black populations are disproportionately affected by infant mortality.

**Figure 87. Infant Mortality per 1,000 Live Births, Broward County, Florida, 2001-2011**



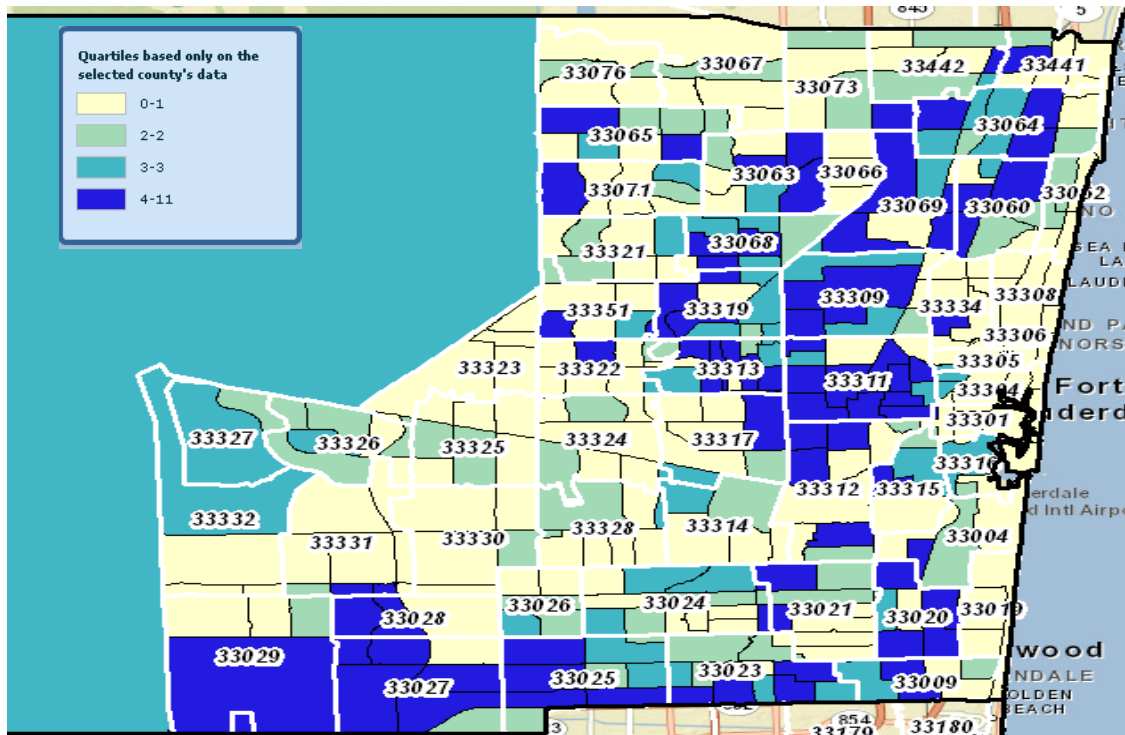
Source: Florida Charts

**Figure 88. Infant Mortality per 1,000 Live Births by Race/Ethnicity Broward County, 2001-2011**



Source: Florida Charts

Figure 89. Map of Infant Mortality, Broward County, 2006– 2010 (by Census Tract)

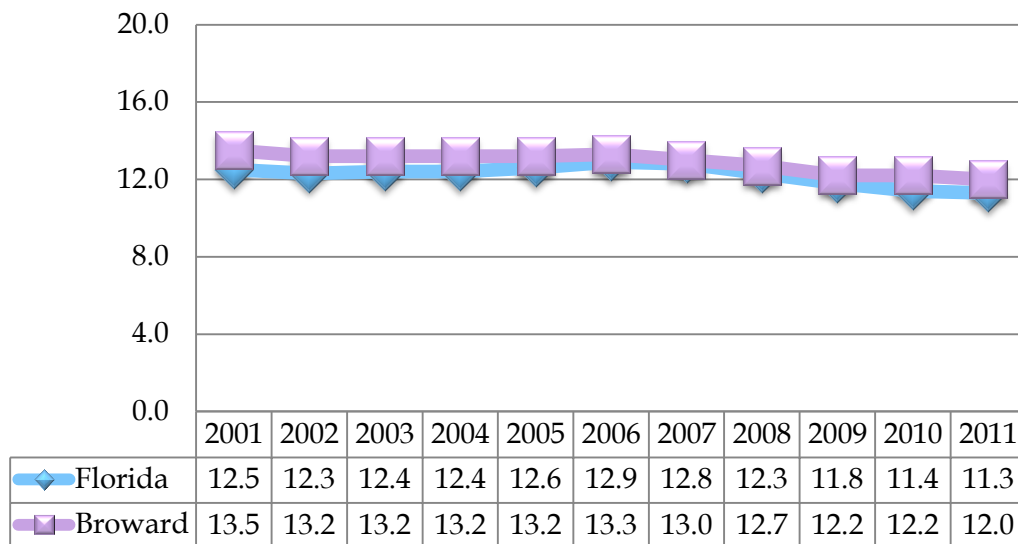


Source: Florida Charts \* Rate based on 2000 Census Population Data

## B. RESIDENT LIVE BIRTH

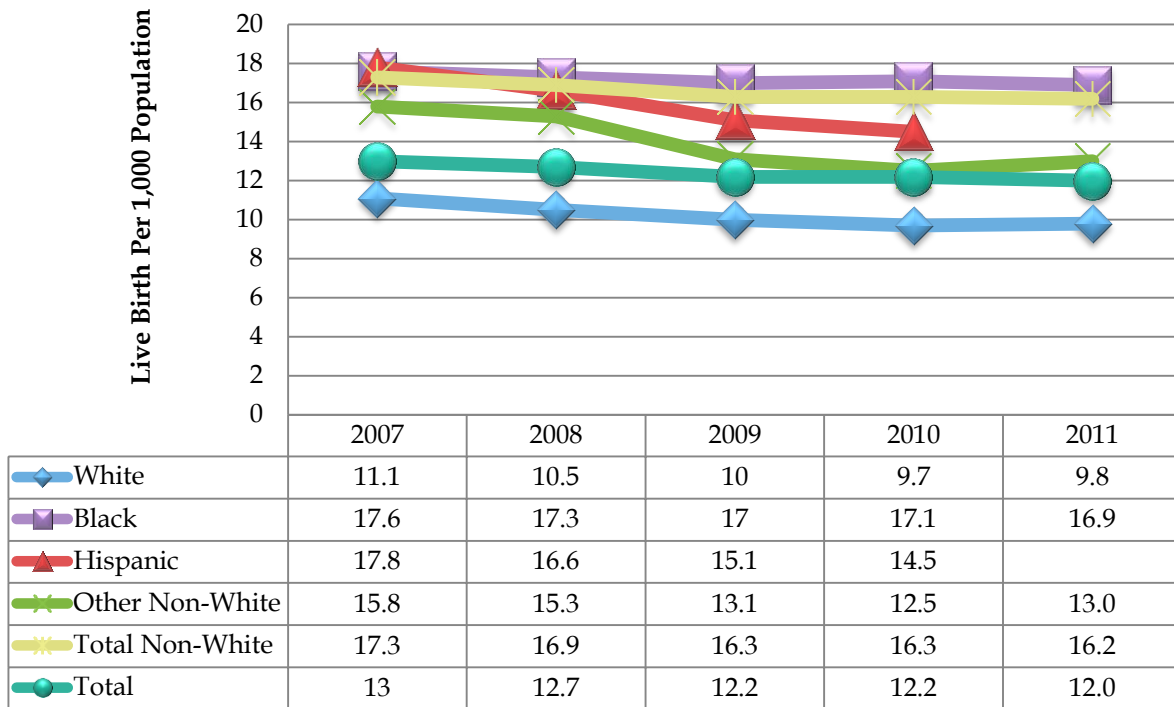
The rate of Total Live Births per 1,000 population has slightly declined in both Broward County and Florida.

Figure 90. Resident Live Birth per 1,000 Population, Broward County, Florida, 2001-2011



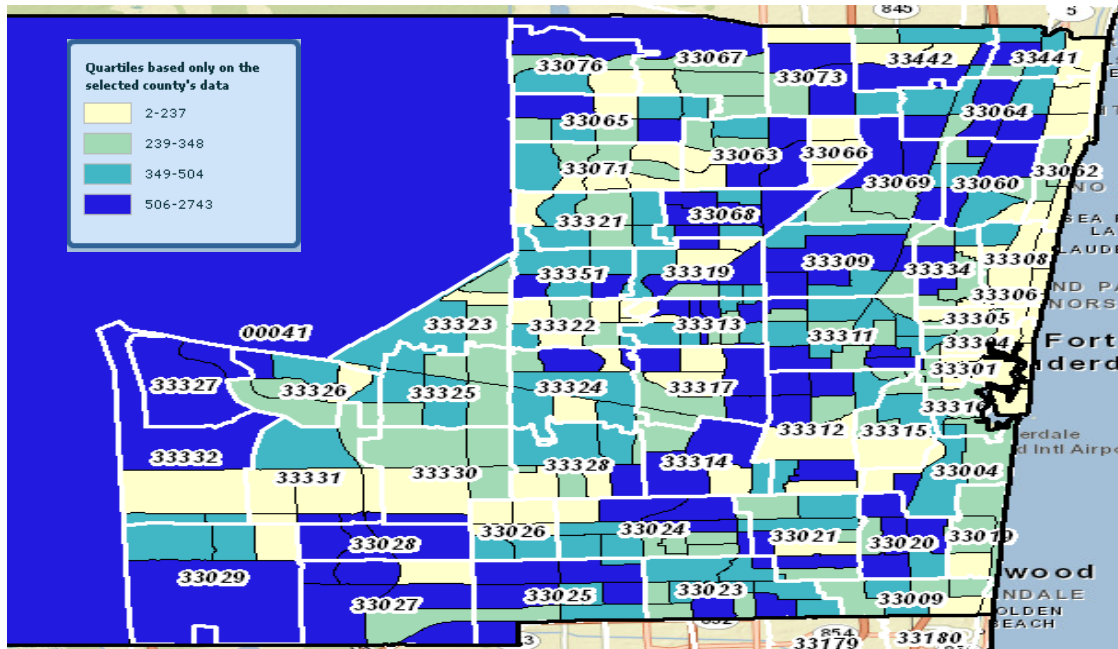
Source: Florida Charts

Figure 91. Resident Live Birth per 1,000 Pop. by Race/Ethnicity, Broward County, 2007-2011



Source: Florida Charts

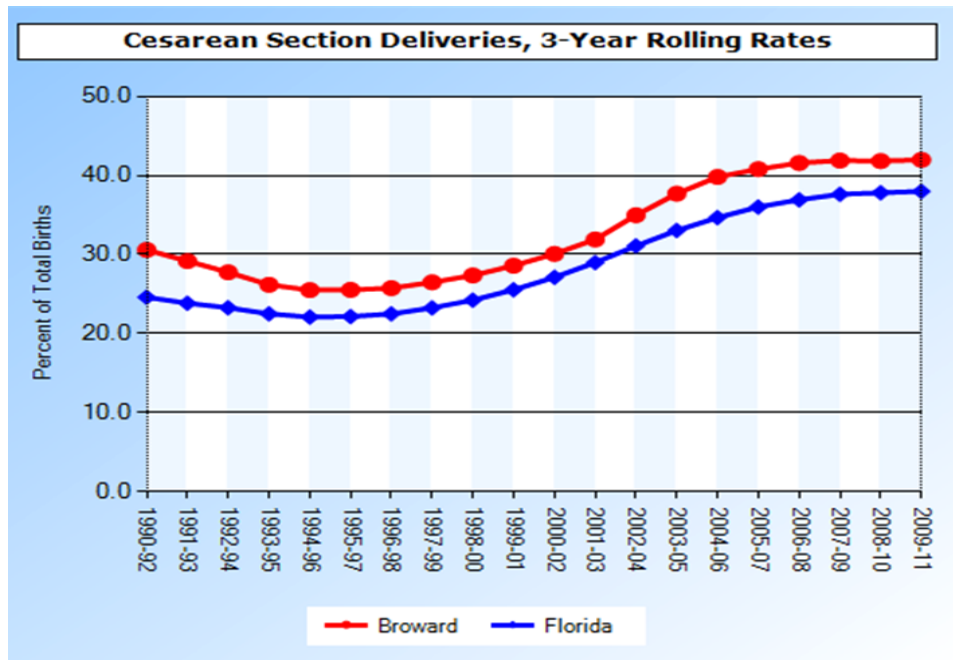
Figure 92. Resident Live Birth per 1,000 Pop\*, Broward County 2006-2010 (by Census Tract)



Source: Florida Charts \* Rate based on 2010 Census Population Data



Figure 93. Percent Cesarean Section Deliveries, 1990-2011

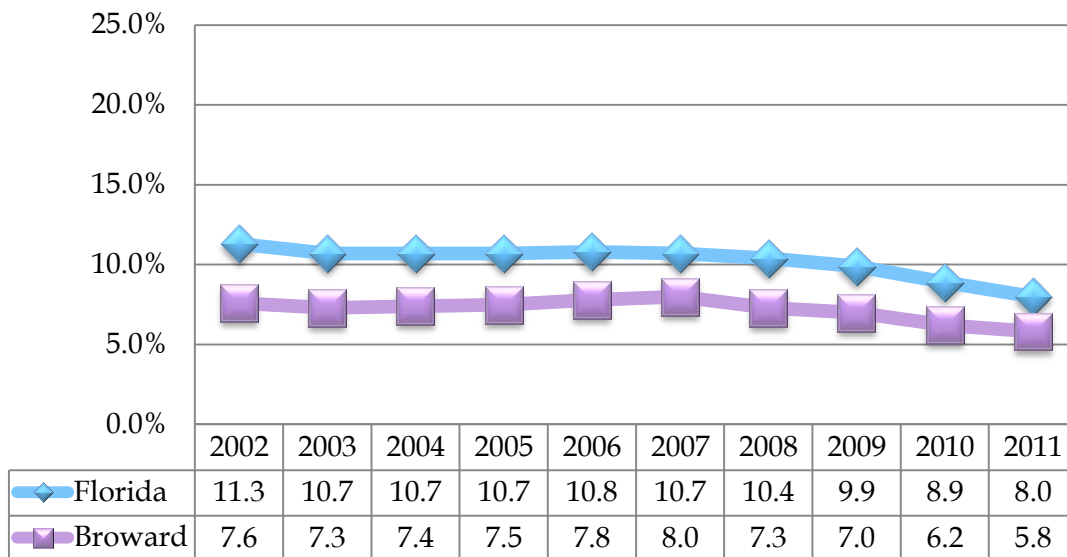


Source: Florida Charts

### C. BIRTH TO TEENAGE MOTHERS

Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen parents often lack the education and economic means needed to raise their children. The percentage of babies born to teenage mothers has decreased over the past four years for both the county and state overall (Figure 94).

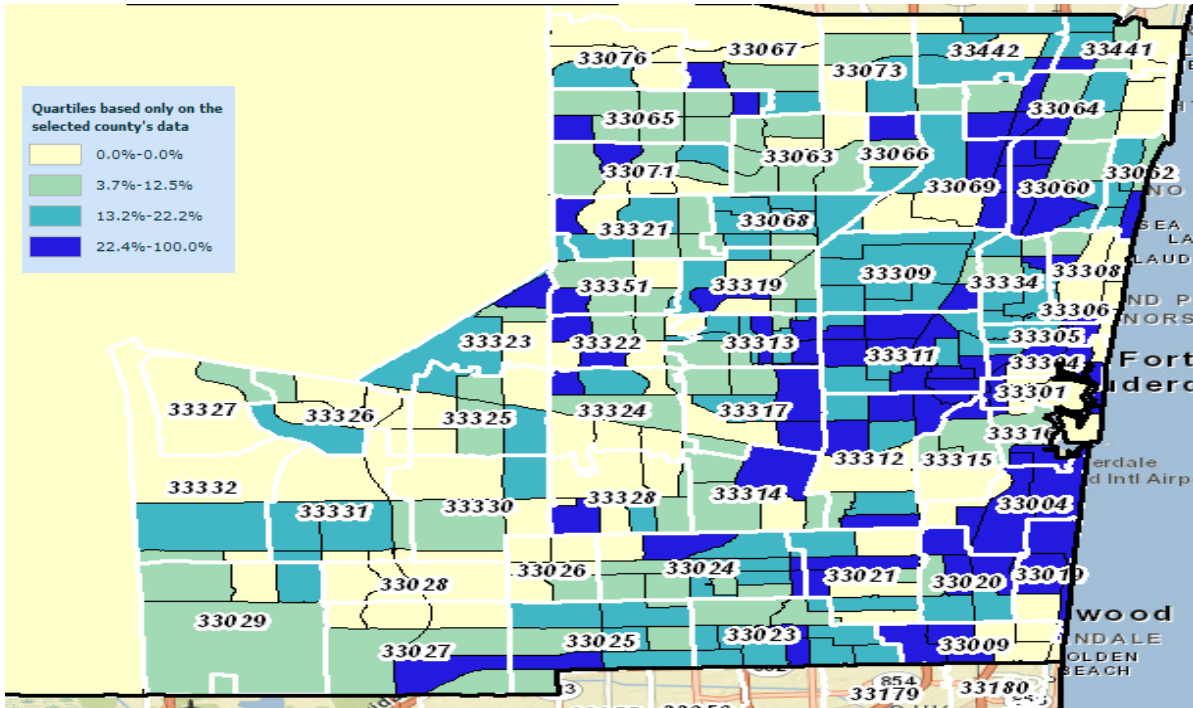
Figure 94. Percent of Births to Teenage Mothers, Broward County, Florida, 2002-2011



Source: Florida Charts



Figure 97. Map of the Percentage of Repeat Births to Teen Mothers (15-19) Broward County 2006-2010 (by Census Tract)

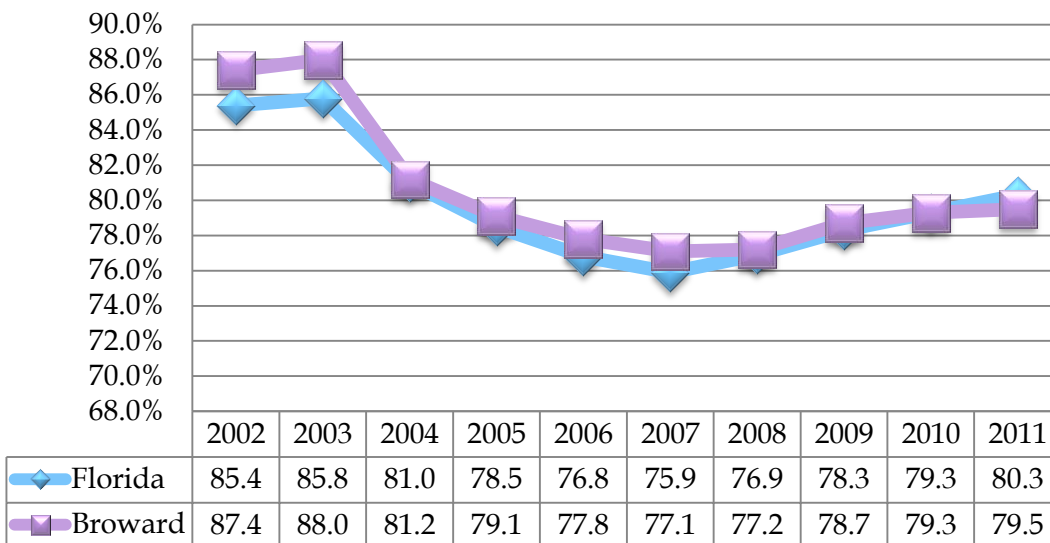


Source: Florida Charts \* Rate based on 2010 Census Population Data

#### D. PRENATAL CARE

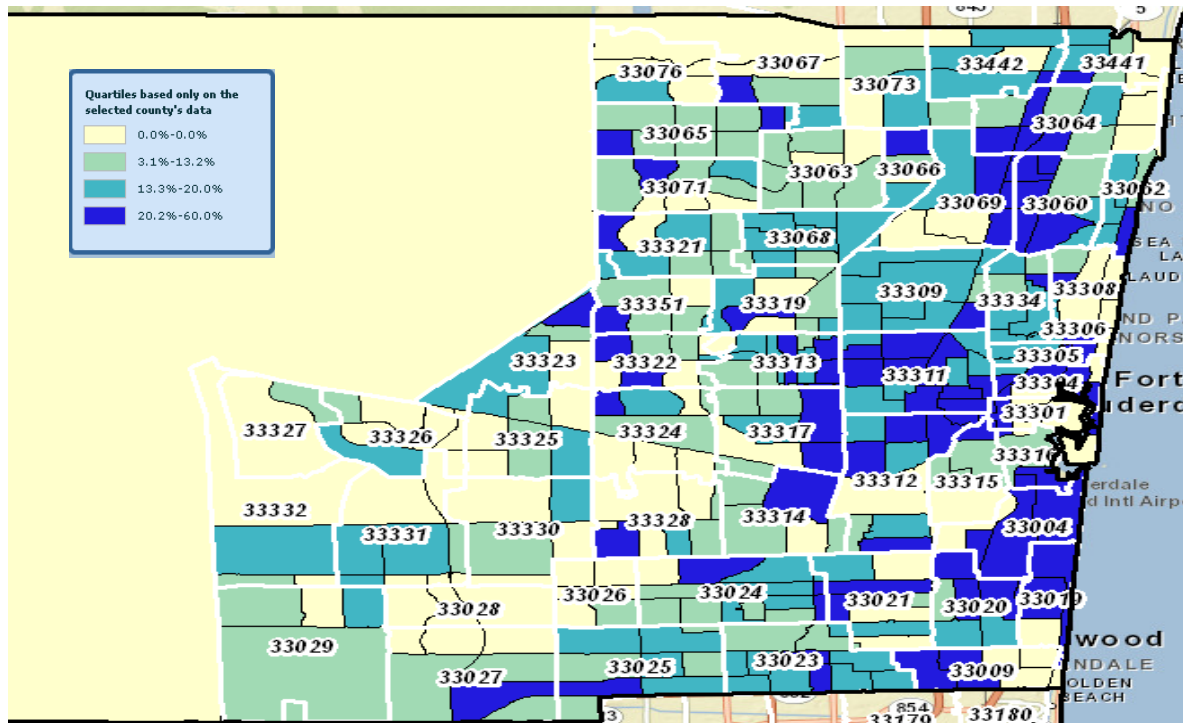
Prenatal care has been recognized as the cornerstone of our healthcare system for pregnant women since the beginning of the 20<sup>th</sup> century. During pregnancy, lack of prenatal care can lead to maternal complications causing adverse effects for both mother and infant.

Figure 98. Births to Mothers with First Trimester Prenatal Care Broward County Florida, 2002-2011



Source: Florida Charts

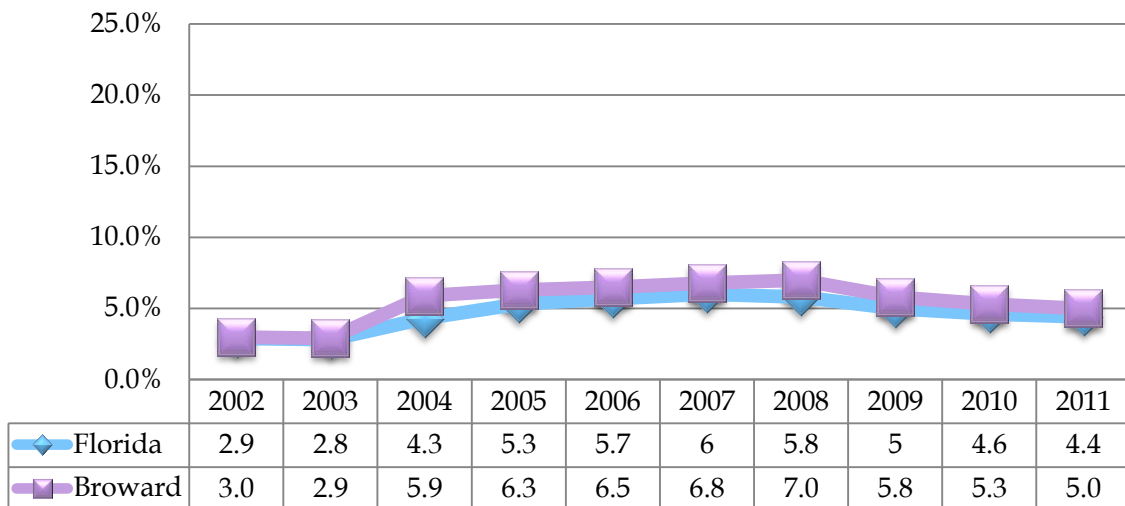
Figure 99. Percent of Births with First Trimester PNC, Broward County, 2006-2010 (by Census Tract)



Source: Florida Charts \* Rate based on 2000 Census Population Data

It is imperative for pregnant women to access prenatal care early during pregnancy. Figure 100 below shows that 5.0% of births in Broward County occur with late or no prenatal care, higher than Florida (4.4%).

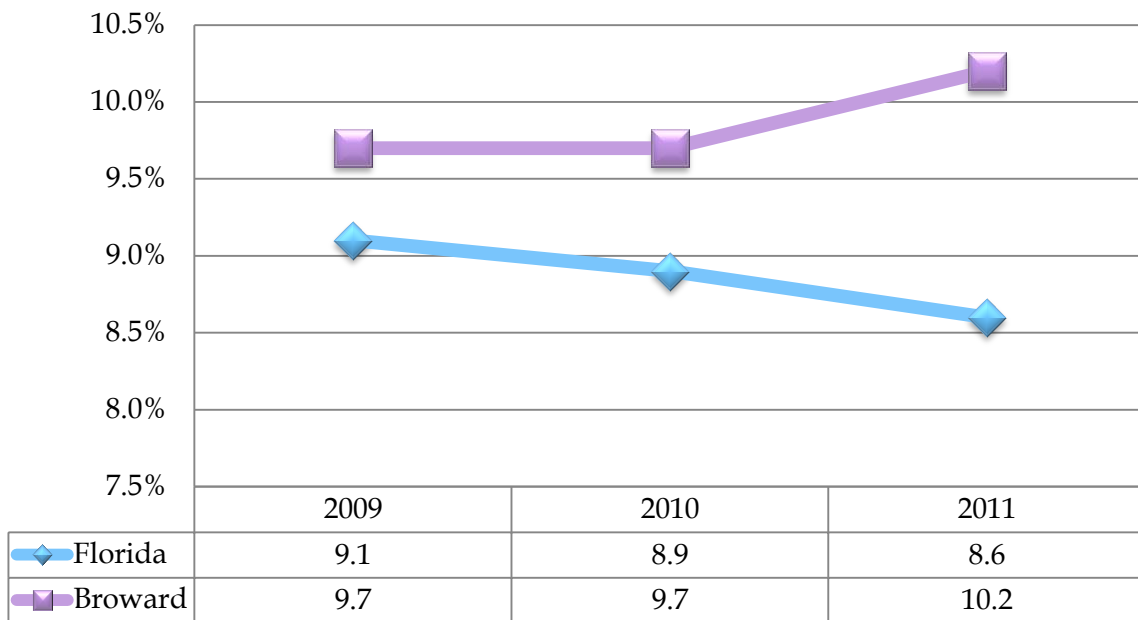
Figure 100. Births to Mothers with 3rd Trimester or No Prenatal Care, Broward County, Florida, 2002-2011



Source: Florida Charts

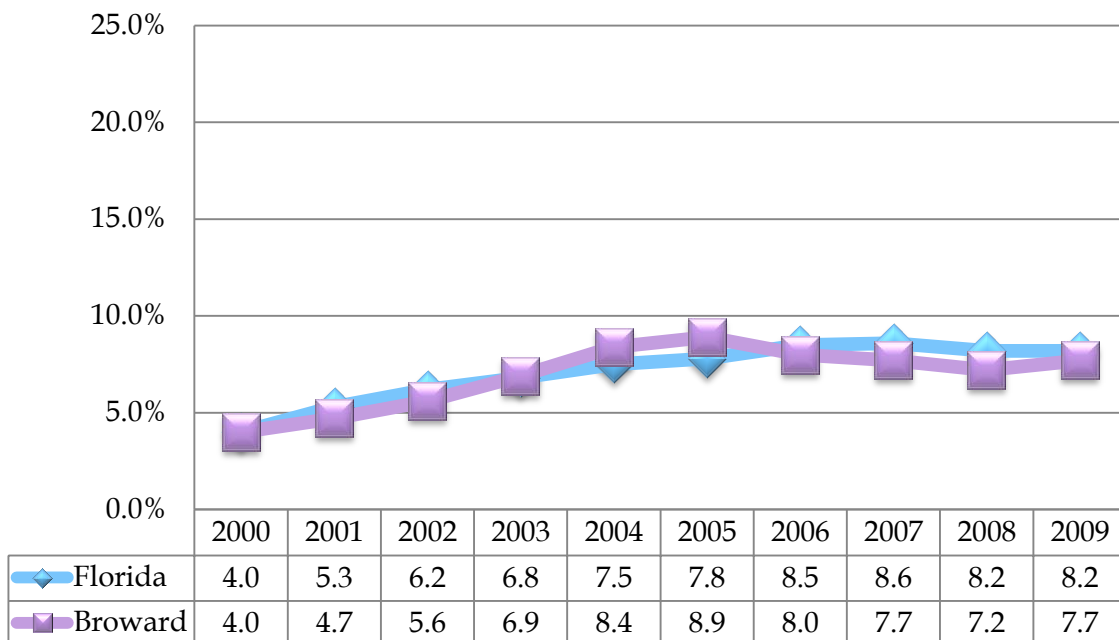
Figure 101 below demonstrates that Broward County has a significantly higher percentage of births to mothers without insurance (10.2% in 2011), than within the state as a whole, a factor that presents significant risk to maternal and neonatal health due to lack of access to care.

**Figure 101. Percentage of Births to Uninsured Mothers, Broward County, Florida 2009-2011**



Source: Florida Charts

**Figure 102. % of Births Covered by Emergency Medicaid, Broward County, Florida, 2000-2009**

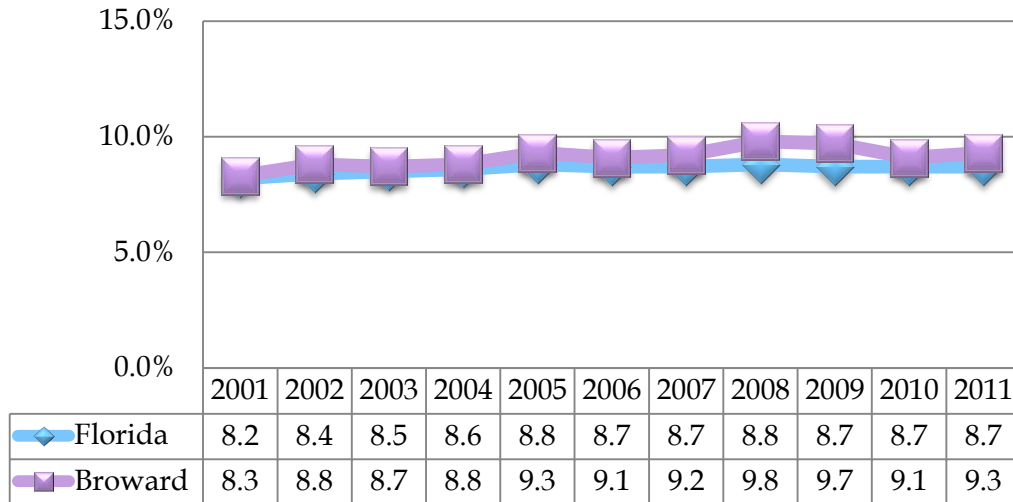


Source: Florida Charts

## E. LOW BIRTHWEIGHT

Birth weight is the first weight of the newborn measured immediately after birth. Birth weight of less than 5.5 lbs., or 2,500 grams, is considered low birth weight. It is documented that the primary cause of low birth weight is premature birth (born before 37 weeks gestation). Very low birth weight babies are often born before 30 weeks of pregnancy. Any premature birth is an increased risk for health complications. In both the county and state overall, low birth weight trends (Figure 103) have shown no improvement over the last ten years.

**Figure 103. Percentage Low Birth Weight, Broward County vs. Florida, 2001-2011**



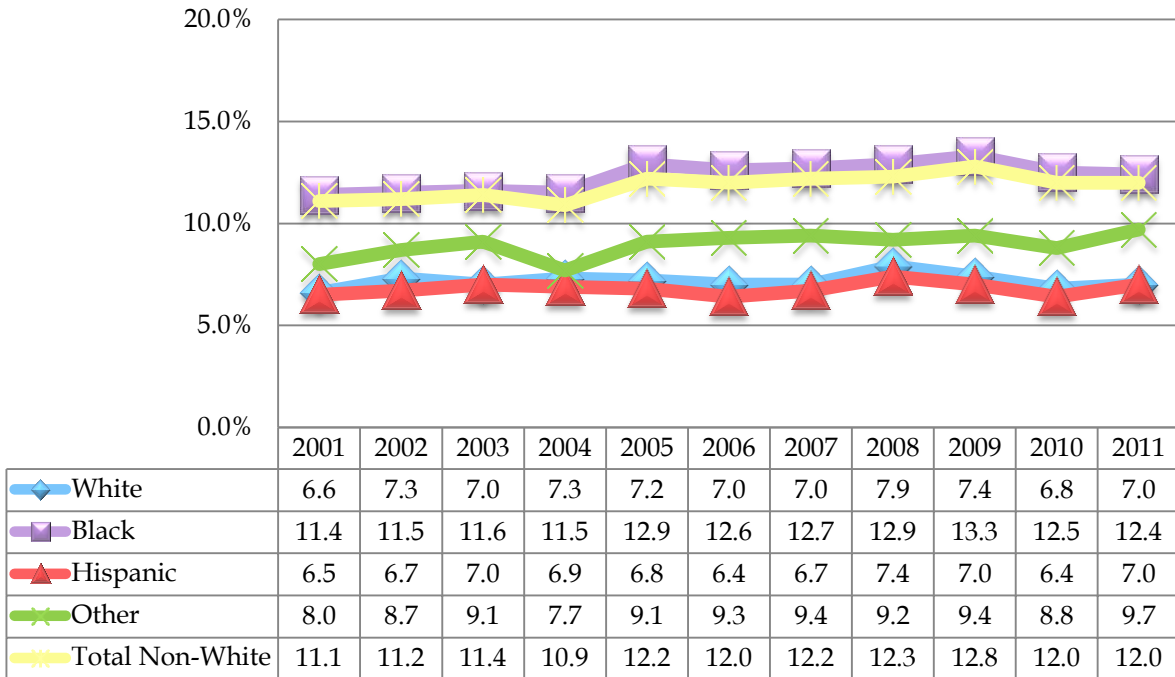
Source: Florida Charts

Low birth weight is the result of either preterm birth or poor fetal growth during pregnancy. Risk factors contributing to low birth weight include:

- Maternal smoking
- Maternal alcohol consumption
- Inadequate maternal weight gain
- Mothers younger than 15 years and older than 35 years
- Mothers who have had a previous preterm birth
- Environmental factors such as lead poisoning or air pollution
- Social and economic factors:
  - Low income
  - Low educational level
  - Stress
  - Domestic violence or other abuse
  - Unmarried

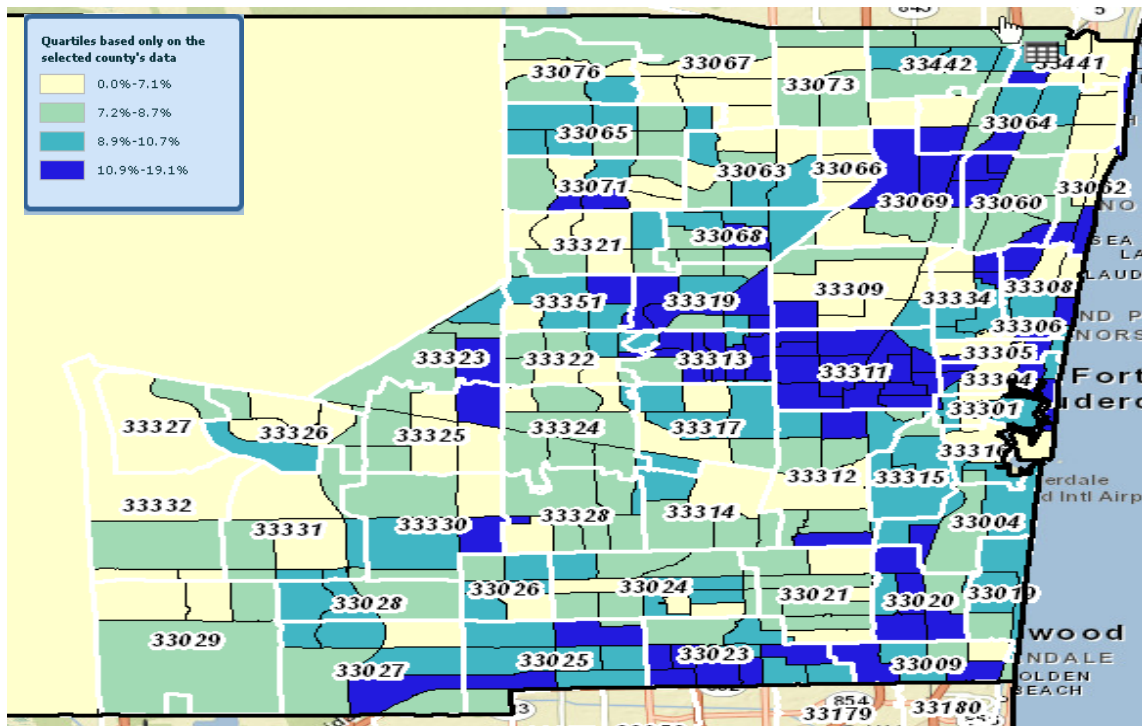
As shown in the following figure, black populations have twice the percentage of low birth weight cases compared to white and Hispanic populations.

Figure 104. Percentage of Low Birth Weight by Race/Ethnicity, Broward County, 2001-2011



Source: Florida Charts

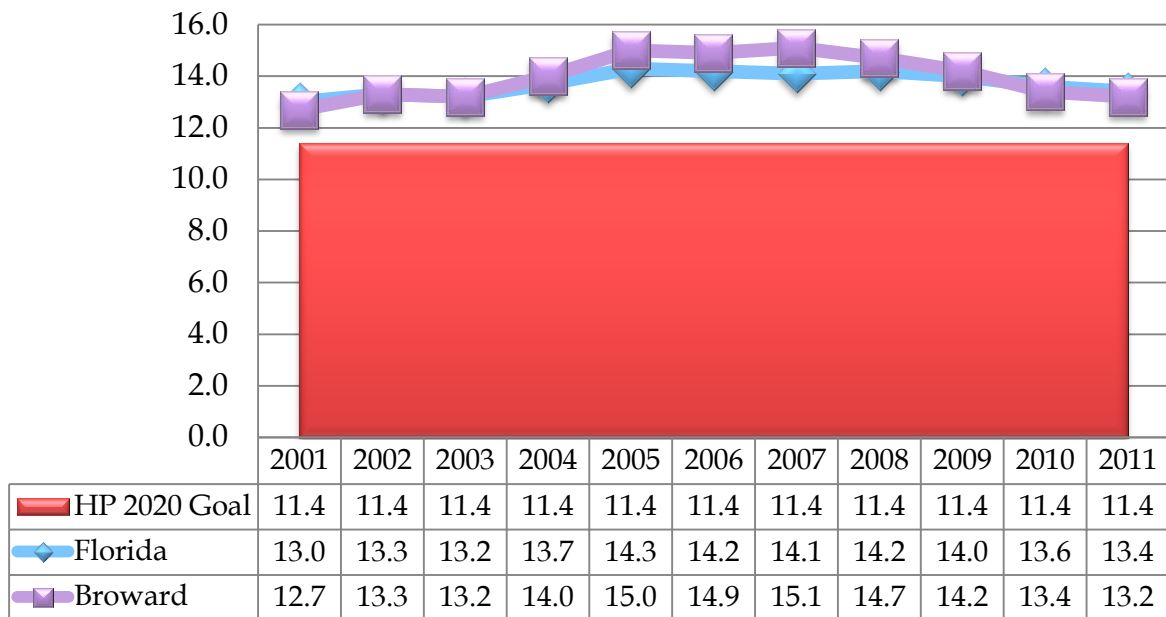
Figure 105. Map of Percent Low Birth Weight, Broward County, 2006-2010 (by Census Tract)



Source: Florida Charts \* Rate based on 2000 Census Population Data

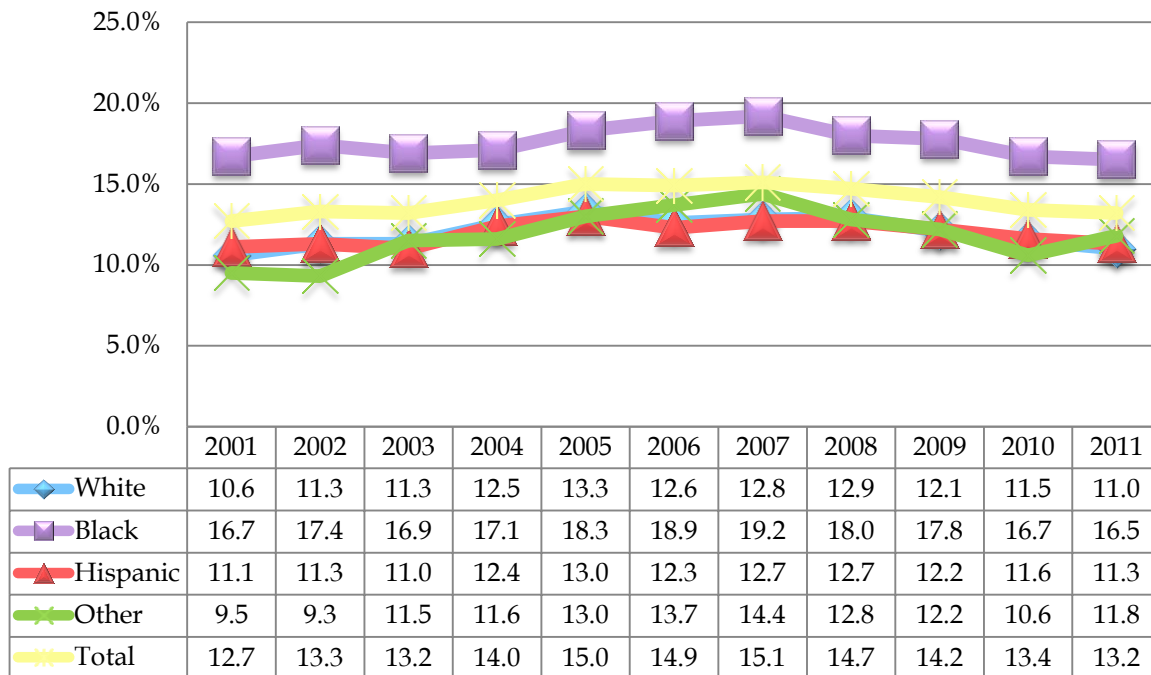
Preterm birth is also different from low birth weight. A baby can be preterm, but not be low birth weight; just as a baby can be low birth weight, but not preterm. The number and percent of preterm live births uses calculated gestational age based on the date of last menstrual period and the date of delivery.

**Figure 106. Percent Preterm Birth (<37 weeks), Broward County, Florida, 2001-2011**



Source: Florida Charts

**Figure 107. Percent Preterm Birth (<37 weeks) by Race/Ethnicity, Broward County, 2001-2011**

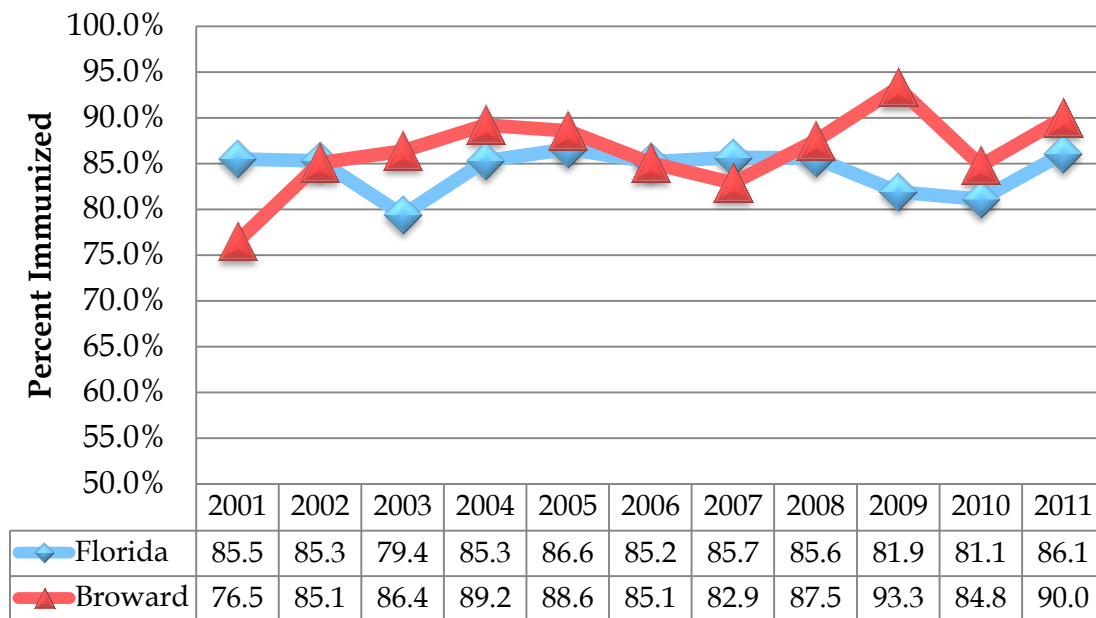


Source: Florida Charts



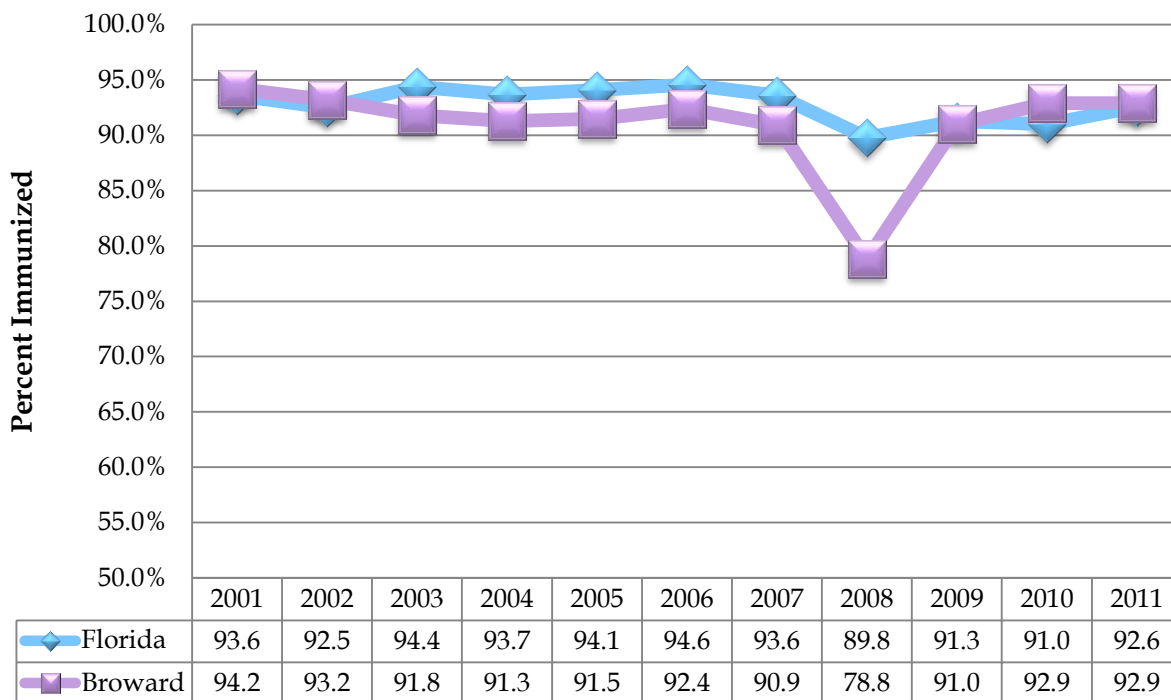
## F. CHILDHOOD IMMUNIZATIONS

Figure 108. Percent Child Immunization Rates, Two-Year Olds, Broward County, Florida, 2001-2011



Source: Florida Charts

Figure 109. Percent Child Immunization Rates, Kindergarteners, Broward County, Florida, 2001-2011



Source: Florida Charts

## 9. BEHAVIORAL HEALTH RISKS

### A. ADULT RISK BEHAVIOR

Behavioral health encompasses a variety of factors which can impact an individual's health. The Behavioral Risk Factor Surveillance System (BRFSS) is conducted by the Centers for Disease Control and Prevention (CDC). The BRFSS relies on a system of state-based health surveys utilized to collect information on a variety of factors, including health-risk behaviors, preventive health practices, and healthcare access as related to chronic disease and injury. The survey was conducted among adults in Florida in 2002, 2007, and 2010. The purpose of this survey is to obtain county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality. Table 10 through Table 14 illustrate selected behavioral health risk factors for adults in Broward County between 2002, 2007, and 2010.

**Table 10. Behavioral Health Risks for Adults, Cancer Screening, Broward County 2002, 2007, 2010**

CANCER SCREENING	2002 Percentage (95% Confidence Interval)	2007 Percentage (95% Confidence Interval)	2010 Percentage (95% Confidence Interval)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	50.6% (43.3-57.8)	51.4% (44.9-57.9)	52.3% (45.3-59.4)
Percentage of Men 50 years of age and older who received a digital rectal exam in the past year	Not Available	59.8% (49.2-69.5)	48.8% (37.5-60.0)
Percentage of Women 18 years of age and older who received a Pap test in the past year	69.5% (62.7-75.6)	65.4% (57.4-72.7)	61.1% (53.5-68.7)
Percentage of Women 40 years of age and older who received a mammogram in the past year	64.3% (56.1-71.8)	61.0% (53.9-67.7)	65.6% (58.7-72.5)

Source: Florida Charts, Florida Department of Health, Bureau of Epidemiology

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

**Table 11. Behavioral Health Risks for Adults, Alcohol/Smoking/Asthma  
Broward County 2002, 2007, 2010**

<b>ALCOHOL/SMOKING ASTHMA</b>	<b>2002 Percentage (95% Confidence Interval)</b>	<b>2007 Percentage (95% Confidence Interval)</b>	<b>2010 Percentage (95% Confidence Interval)</b>
<b>Percentage of Adults who engage in heavy or binge drinking</b>	15.5% (11.8-19.2)	13.3% (10.0-17.5)	<b>16.1% (11.4-20.9)</b>
<b>Percentage of Adults who are current smokers</b>	17.7% (14.0-21.5)	18.1% (14.3-22.5)	<b>13.7% (9.7-17.7)</b>
<b>Percentage of Adults who currently have asthma</b>	4.7% (3.2-6.9)	5.2% (3.4-7.9)	<b>7.9% (4.7-11.0)</b>

Source: Florida Charts, Florida Department of Health, Bureau of Epidemiology

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

**Table 12. Behavioral Health Risks for Adults, Cardiovascular Health/Diabetes  
Broward County 2002, 2007, 2010**

<b>CARDIOVASCULAR HEALTH/DIABETES</b>	<b>2002 Percentage (95% Confidence Interval)</b>	<b>2007 Percentage (95% Confidence Interval)</b>	<b>2010 Percentage (95% Confidence Interval)</b>
<b>Percentage of Adults who have ever had a heart attack, angina, or coronary heart disease</b>	Not Available	7.5% (5.7-9.9)	<b>9.4% (6.4-12.4)</b>
<b>Percentage of Adults who have ever had a stroke</b>	Not Available	2.4% (1.4-3.8)	<b>4.2% (1.7-6.7)</b>
<b>Percentage of Adults with diagnosed diabetes</b>	7.0% (4.3-9.8)	7.2% (5.3-9.8)	<b>6.8% (4.6-8.9)</b>

Source: Florida Charts, Florida Department of Health, Bureau of Epidemiology

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

**Table 13. Behavioral Health Risks for Adults, Overweight/Obese/Physical Activity  
Broward County 2002, 2007, 2010**

<b>OVERWEIGHT/OBESE PHYSICAL ACTIVITY</b>	<b>2002 Percentage (95% Confidence Interval)</b>	<b>2007 Percentage (95% Confidence Interval)</b>	<b>2010 Percentage (95% Confidence Interval)</b>
Percentage of Adults who are overweight (BMI=25-29.9)	34.0% (29.4-38.6)	36.9% (31.9-42.2)	<b>37.2% (31.8-42.6)</b>
Percentage of Adults who are obese (BMI=30 or more)	22.1% (18.0-26.1)	20.4% (16.3-25.2)	<b>28.0% (22.9-33.0)</b>
Percentage of Adults who are sedentary	26.1% (21.7-30.4)	<b>26.0% (21.7-30.8)</b>	Not Available
Percentage of adults who meet moderate physical activity recommendations	33.7% (29.2-38.5)	<b>33.8% (28.8-39.0)</b>	Not Available

Source: Florida Charts, Florida Department of Health, Bureau of Epidemiology  
 Green = Improvement from the previous survey year  
 Yellow = No significant change from the previous survey year  
 Red = Lack of improvement from the previous survey year

**Table 14. Behavioral Health Risks for Adults, 2010**

	<b>Broward</b>	<b>Florida</b>
Adults who engage in heavy or binge drinking	16.1 (11.4-20.9)	15.0 (14.0-16.0)
Adults who are current smokers	13.7 (9.7-17.7)	17.1 (16.1-18.1)
Adults who have ever had a heart attack, angina, or coronary heart disease	9.4 (6.4-12.4)	10.2 (9.5-10.8)
Adults who have ever had a stroke	4.2 (1.7-6.7)	3.5 (3.1-3.9)
Adults with diagnosed hypertension	31.1 (26.0-36.3)	34.3 (33.1-35.4)
<b>Overweight and Obese</b>		
Adults who are overweight	37.2 (31.8-42.6)	37.8 (36.6-39.0)
Adults who are obese	28.0 (22.9-33.0)	27.2 (26.1-28.4)

Source: Behavioral Risk Factor Surveillance System; Florida Charts

## B. YOUTH RISK BEHAVIOR

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults. The YRBSS includes a national, school-based Youth Risk Behavior Survey (YRBS) conducted by the CDC among students in grades 9 through 12. Selected YRBS results from Broward County are presented below.

### SEXUAL BEHAVIOR

Sexual behavior is a health risk behavior due to the potential for spreading sexually transmitted infections (STIs). Table 15 describes the YRBS findings for sexual behavior of Broward County students. A higher percentage of males reported having sexual intercourse than females however more females reported not using a condom during their last sexual encounter.

**Table 15. Youth Risk Behavior, Sexual Behavior by Gender  
Broward County, 2007, 2009, 2011**

SEXUAL BEHAVIOR	2007 Total Percentage (95% Confidence Interval)	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2011 Female Percentage (95% Confidence Interval)	2011 Male Percentage (95% Confidence Interval)
Ever had sexual intercourse	49.8% 45.0-54.7	52.2 47.6-56.8	48.8 44.8-52.7	41.6 36.7-46.7	55.5 50.5-60.4
Had Sexual Intercourse For The First Time Before Age 13 Years	9.0 7.0-11.5	9.2 7.4-11.2	8.3 6.8-10.0	4.5 3.1-6.6	12.0 9.7-14.8
Had Sexual Intercourse With At Least One Person (during the 3 months before the survey)	34.1 30.5-38.0	38.4 34.5-42.5	33.6 30.4-37.1	29.9 25.3-34.9	36.7 32.7-41.0
Did Not Use A Condom During Last Sexual Intercourse (among students who were currently sexually active)	28.4 24.2-33.0	29.4 25.6-33.6	28.8 24.4-33.6	33.9 27.4-41.0	23.7 17.7-31.0

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

## ALCOHOL AND TOBACCO CONSUMPTION

Selected YRBS results related to alcohol and cigarette consumption for Broward County students are provided below.

**Table 16. Youth Risk Behavior, Alcohol and Cigarettes Consumption by Gender  
Broward County, 2007, 2009, 2011**

<b>CIGARETTES, ALCOHOL, &amp; DRUGS</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011 Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
<b>Ever Tried Cigarette Smoking</b>	38.1 33.9-42.3	35.4 31.8-39.3	<b>35.5</b> <b>31.3-39.9</b>	32.3 26.8-38.4	<b>38.5</b> <b>33.6-43.6</b>
<b>Current Cigarette Use</b>	14.0 12.1-16.2	13.1 11.2-15.2	<b>11.0</b> <b>9.3-12.9</b>	10.0 7.8-12.7	<b>12.0</b> <b>9.6-14.9</b>
<b>Current Alcohol Use</b>	42.6 39.8-45.4	41.3 38.4-44.2	<b>37.2</b> <b>34.6-40.0</b>	<b>36.7</b> <b>33.0-40.6</b>	<b>37.4</b> <b>33.9-41.2</b>
<b>Current Marijuana Use</b>	17.0 15.1-19.2	23.7 21.2-26.5	<b>22.1</b> <b>19.8-24.5</b>	17.9 15.3-21.0	<b>25.7</b> <b>22.5-29.2</b>
<b>Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey)</b>	21.1 18.8-23.5	23.2 20.4-26.2	<b>23.1</b> <b>21.1-25.1</b>	19.6 16.9-22.7	<b>26.0</b> <b>23.1-29.1</b>

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

## OBESITY

The obesity epidemic among youth in the U.S. is an important health concern facing the Nation. These youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Obese adolescents are also more likely to have pre-diabetes, and they are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. The YRBSS summarizes data on overweight and obese students in Broward County.

**Table 17. Youth Risk Behavior, Overweight & Obese, Broward County, 2007, 2009, 2011**

<b>OVERWEIGHT &amp; OBESE</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011 Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
<b>Overweight (students who were &gt;= 85th percentile but &lt; 95th percentile for body mass index, by age and sex, based on reference data)</b>	15.2 13.4-17.2	15.4 13.3-17.7	<b>13.7 11.9-15.7</b>	12.9 10.6-15.7	<b>14.4 11.9-17.3</b>
<b>Obese (Students Who Were &gt;= 95th Percentile For Body Mass Index, By Age And Sex, Based On Reference Data)</b>	8.3 6.4-10.6	9.6 7.9-11.4	<b>9.5 7.8-11.4</b>	6.7 4.8-9.2	<b>12.1 10.0-14.6</b>

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

## 9. HOMELESSNESS IN BROWARD COUNTY

Homelessness among Broward residents can be attributed to insufficient affordable rentals, increases in the cost of living, and increase in unemployment and foreclosures. Economic crises, including unemployment and foreclosures, increase the number of individuals and families at risk of becoming homeless. Causes of homelessness may include:

- Low or No income
- Mental illness
- Addiction
- Physical Disability or Long-Term Illness (e.g. HIV/AIDS)
- Veterans with Post Traumatic Stress Disorder
- Domestic Violence
- Child Abuse and Neglect
- Institutional Discharge (Youth aging out of Foster care, Prisons, Hospitals)
- Family Dysfunction
- Unsuccessful coping skills (e.g. poor impulse control, decision making, etc.)

### Homeless Point In Time Count (PIT)

The PIT Count and survey is conducted to measure the scope of homelessness in Broward County. Volunteers comb parks, libraries, bus terminals, woods, known encampments, and all type of shelters and transitional housing for the homeless in an effort to obtain the most accurate count possible.

The January 24-25, 2011 Point In Time Count noted the following:

- 3,801 total homeless men, women, and children in Broward
  - 2,539 in emergency and transitional shelters
  - 1,262 literally on the street
- 154 households with dependent children
  - 142 sheltered, 12 unsheltered
- 570 persons in households with dependent children
- 2,774 households without dependent children
  - 1,574 sheltered, 1,200 unsheltered
- 3,231 persons in households without dependent children (“unaccompanied adults”)
  - 1,838 sheltered, 736 unsheltered

**Table 18. 2011 PIT Count Homeless Subpopulations**

Homeless Subpopulations (may be duplicated)	Sheltered	Unsheltered	Total
Chronically Homeless	381	412	793
Severely Mentally Ill	727	233	960
Chronic Substance Abuse	1,022	225	1,247
Veterans	172	221	393
Persons with HIV/AIDS	126	31	157
Victims of Domestic Violence	98	26	124
Unaccompanied Youth (Under 18)	9	6	15

Source: 2011 Broward Coalition for Homeless Count



## 10. HOSPITAL UTILIZATION AND AVOIDABLE ADMISSIONS

Medical facilities' utilization data is used for quality improvement in terms of program efficiency and overall functionality. It provides data to inform capacity and quality related decisions. Broward Regional Health Planning Council's online-accessible reporting tool was designed to allow administrators to properly assess variances in utilization. Healthcare providers and planners are able to quickly run customized reports on hospital utilization by bed type as well as other hospital based services, such as emergency department visits.

### A. UTILIZATION IN HOLY CROSS HOSPITAL AND COMPARABLE HOSPITALS

Hospital utilization can be measured through parameters such as number of licensed beds, occupancy rate, number of admissions, patient days, and average length of stay.

HCH is a full service, acute care hospital with more than 600 highly skilled physicians on staff. The hospital is a recognized leader in orthopedics, urology, gynecology, geriatrics, and joint replacement, all of which offer state-of-the-art diagnostic and imaging capabilities.

The table below outlines the primary and secondary service areas for HCH. A selection of comparable hospitals from Broward County was identified in order to establish data comparisons.

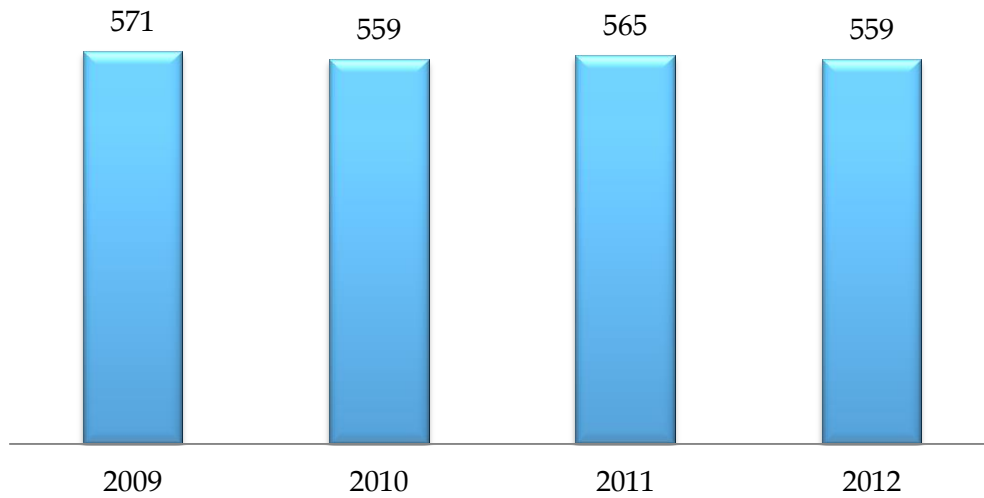
**Table 19. Holy Cross Hospital Service Areas**

Primary Service Areas (PSA)		Secondary Service Areas (SSA)			
Zip Code	City	Zip Code	City	Zip Code	City
33060	Pompano	33004	Dania	33330	Cooper City
33062	Pompano	33009	Hallandale Beach	33331	Weston
33063	Margate	33019	Hollywood	33351	Sunrise
33064	Pompano	33020	Hollywood	33428	Boca Raton
33065	Coral Springs	33021	Hollywood	33431	Boca Raton
33066	Coconut Creek	33023	Hollywood	33432	Boca Raton
33068	North Lauderdale	33024	Pembroke Pines	33433	Boca Raton
33069	Pompano Beach	33025	Miramar	33434	Boca Raton
33301	Fort Lauderdale	33026	Pembroke Pines	33436	Boynton Beach
33304	Fort Lauderdale	33027	Miramar	33437	Boynton Beach
33305	Wilton Manors	33028	Pembroke Pines	33444	Delray Beach
33306	Fort Lauderdale	33067	Coral Springs	33445	Delray Beach
33308	Fort Lauderdale	33071	Coral Springs	33446	Delray Beach
33309	Fort Lauderdale	33073	Coconut Creek	33483	Delray Beach
33311	Fort Lauderdale	33076	Coral Springs	33484	Delray Beach
33312	Fort Lauderdale	33314	Davie	33486	Boca Raton
33313	Lauderhill	33315	Fort Lauderdale	33487	Boca Raton
33316	Fort Lauderdale	33317	Plantation	33496	Boca Raton
33319	Lauderhill	33323	Sunrise	33498	Boca Raton
33321	Tamarac	33324	Plantation	33428	Boca Raton
33322	Plantation	33325	Davie	33431	Boca Raton
33334	Oakland	33326	Weston	33432	Boca Raton
33441	Deerfield Beach	33328	Davie		
33442	Deerfield Beach				

*Source: Holy Cross Hospital*

Figure 110 through Figure 119 below illustrate the total licensed beds, number of admissions, occupancy rate, patient days, the average length of stay and observation cases for HCH with comparisons to select Broward County hospitals as appropriate.

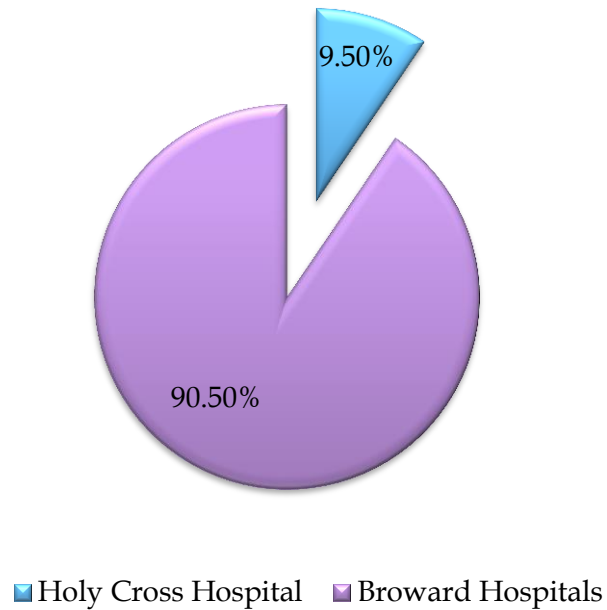
Figure 110. Holy Cross Hospital, Total Licensed Beds, 2009-2012



Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

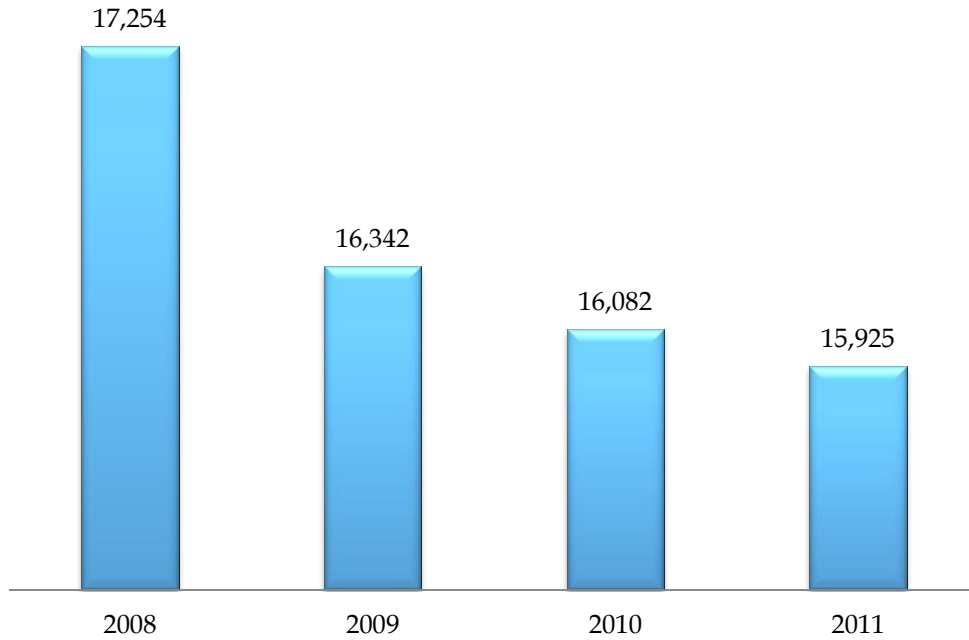
Figure 111. Percentage of Comparison Hospitals' Licensed Beds, 2011

% of Broward County Licensed Beds,  
2012



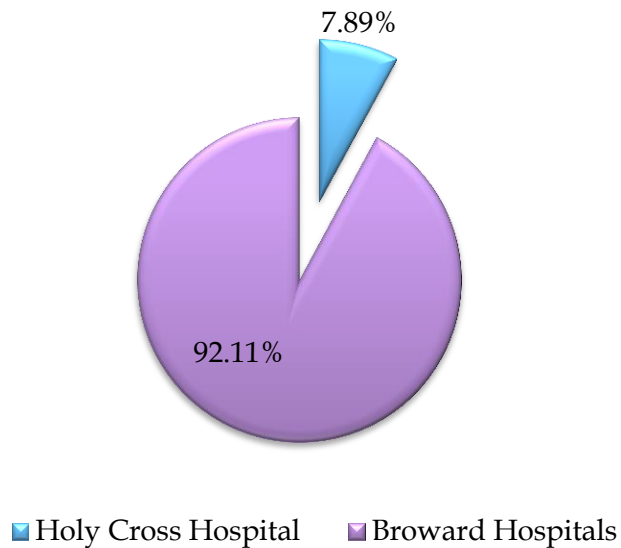
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

**Figure 112. Holy Cross Hospital, Number of Admissions, 2008-2011**



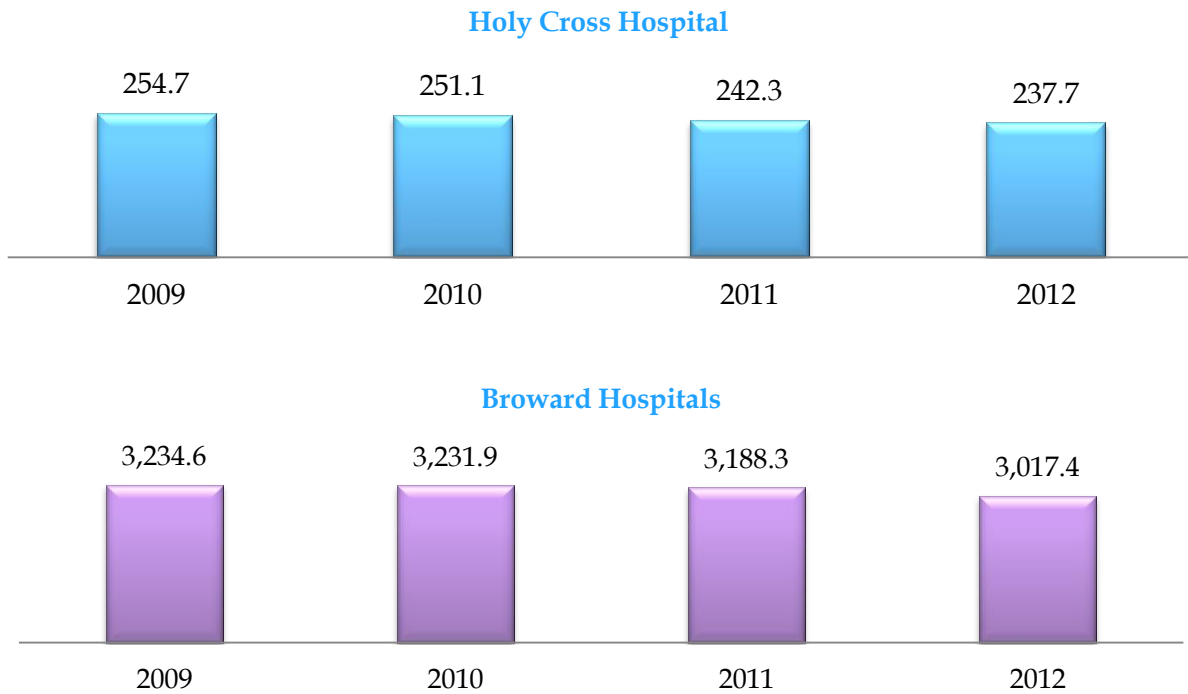
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

**Figure 113. Percentage of Comparison Hospital Admissions, 2012**



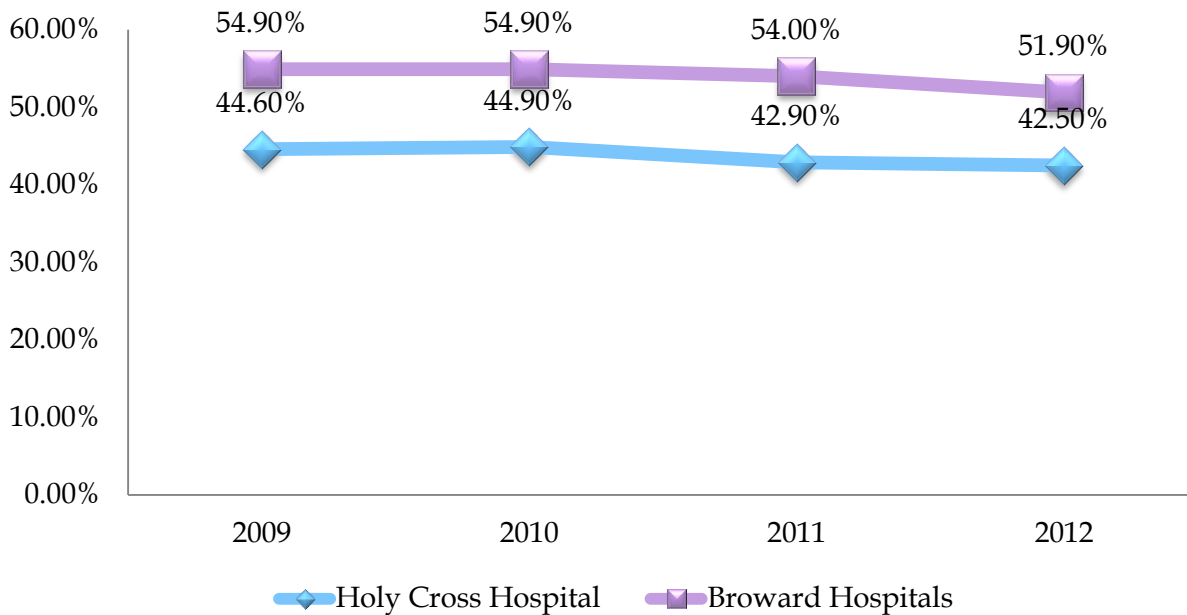
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 114. Average Daily Census, 2009-2012



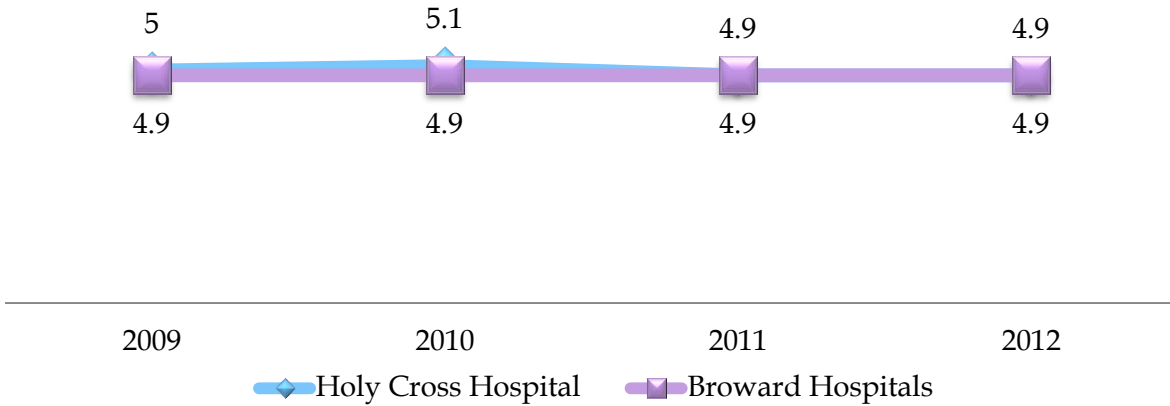
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 115. Average Occupancy Rates, 2009-2012



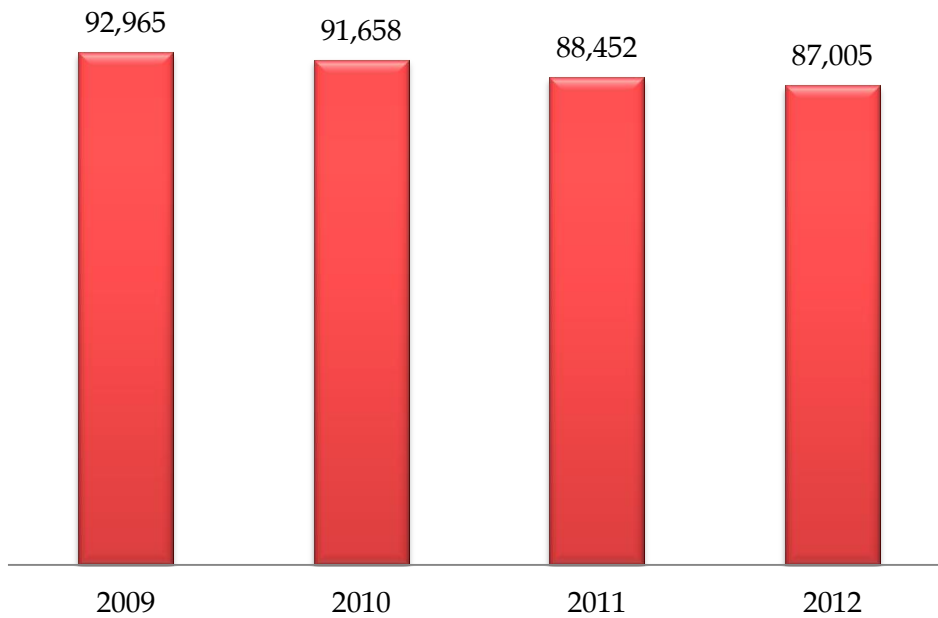
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 116. Average Length of Stay, 2009-2012



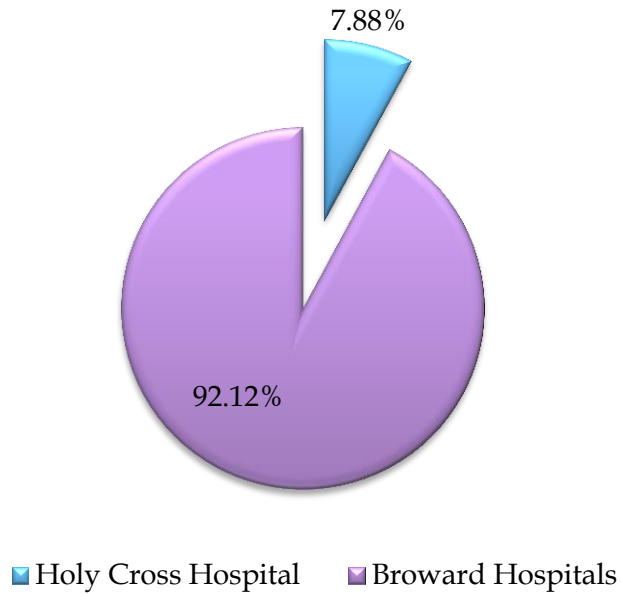
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 117. Holy Cross Hospital Patient Days, 2009 - 2012



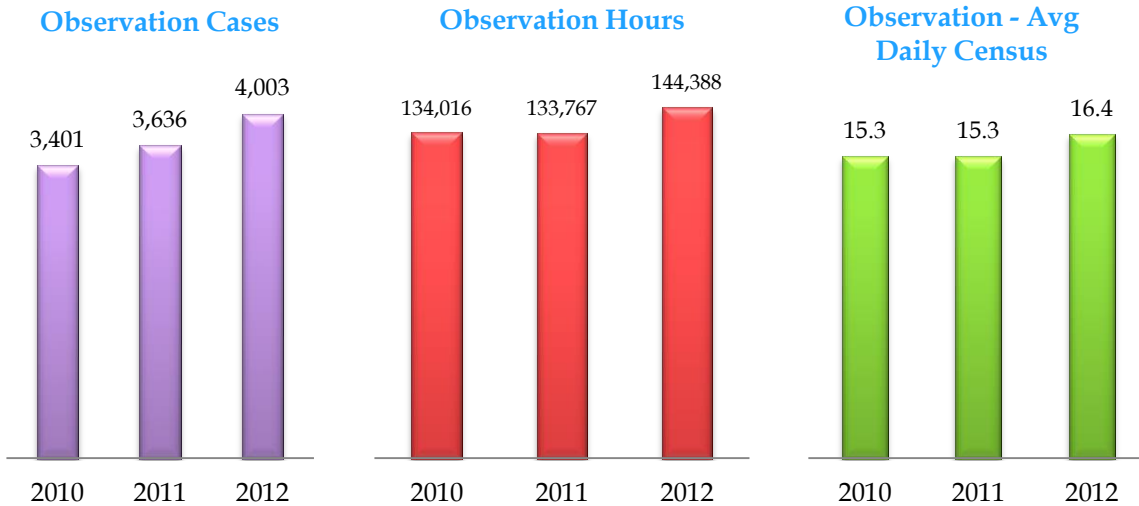
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 118. Percentage of Comparison Hospital Patient Days, 2012



Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 119. Holy Cross Hospital – Hospital Observation Cases, 2010 – 2012



Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

## B. HOLY CROSS HOSPITAL EMERGENCY DEPARTMENT UTILIZATION

Figure 120 shows that the number of adult and pediatric visits to the HCH Emergency Department (ED) was relatively stable from 2009 to 2012.

Figure 120. Holy Cross Hospital Emergency Department Visits and Admissions, 2009 - 2012



Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

## C. EMERGENCY ROOM AVOIDABLE ADMISSIONS

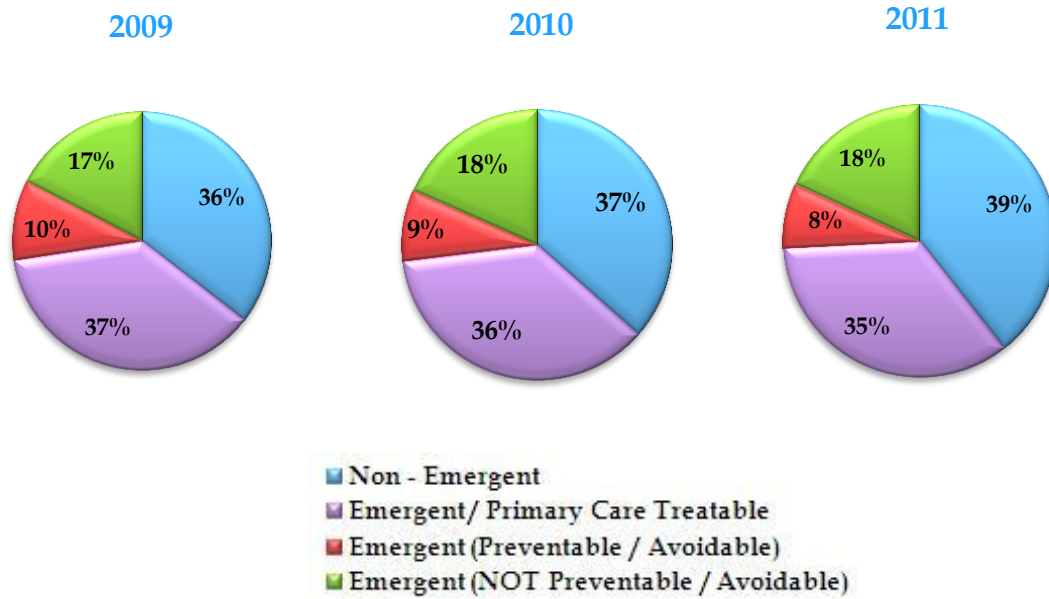
The emergency room (ER) preventable/avoidable admissions data is based on the New York University ED Algorithm for ED classification, created by a panel of ED and primary care physicians. The ED visits are stratified by emergency status:

- 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.

### C.1. HOLY CROSS HOSPITAL PREVENTABLE/AVOIDABLE EMERGENCY DEPARTMENT VISITS

Figure 121 depicts the percentages of the HCH Emergency Department's Preventable/Avoidable admissions stratified by emergency status.

Figure 121. Holy Cross Hospital ED Preventable / Avoidable Admissions Cases by Emergency Status, 2009-2011



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

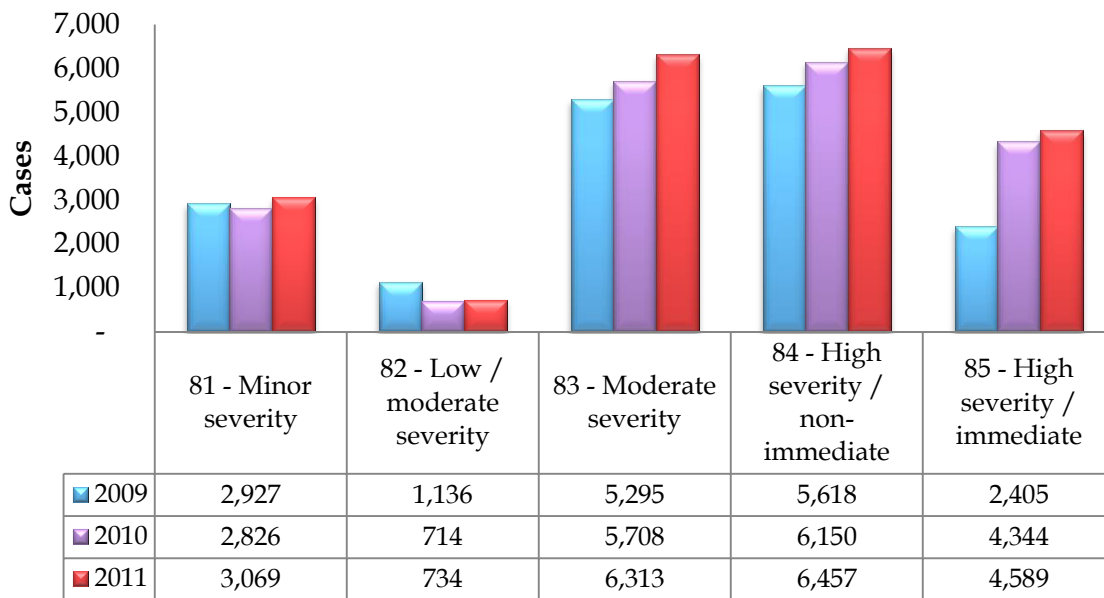
The Hospital ED Preventable/Avoidable admissions data also includes information on patient demographics, payer, and charges. Also, there is information on the acuity level of the patient at the time of admission to the ED which is based on the Current Procedural Terminology (CPT) Evaluation and Management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

- [99281] Minor - problems are self-limited or of minor severity
- [99282] Low/Moderate - problems are low to moderate severity
- [99283] Moderate - problems are of moderate severity
- [99284] High/Not-immediate - problems are of high severity but do not pose an immediate significant threat to life
- [99285] High/Immediate - problems are of high severity and pose an immediate threat to life



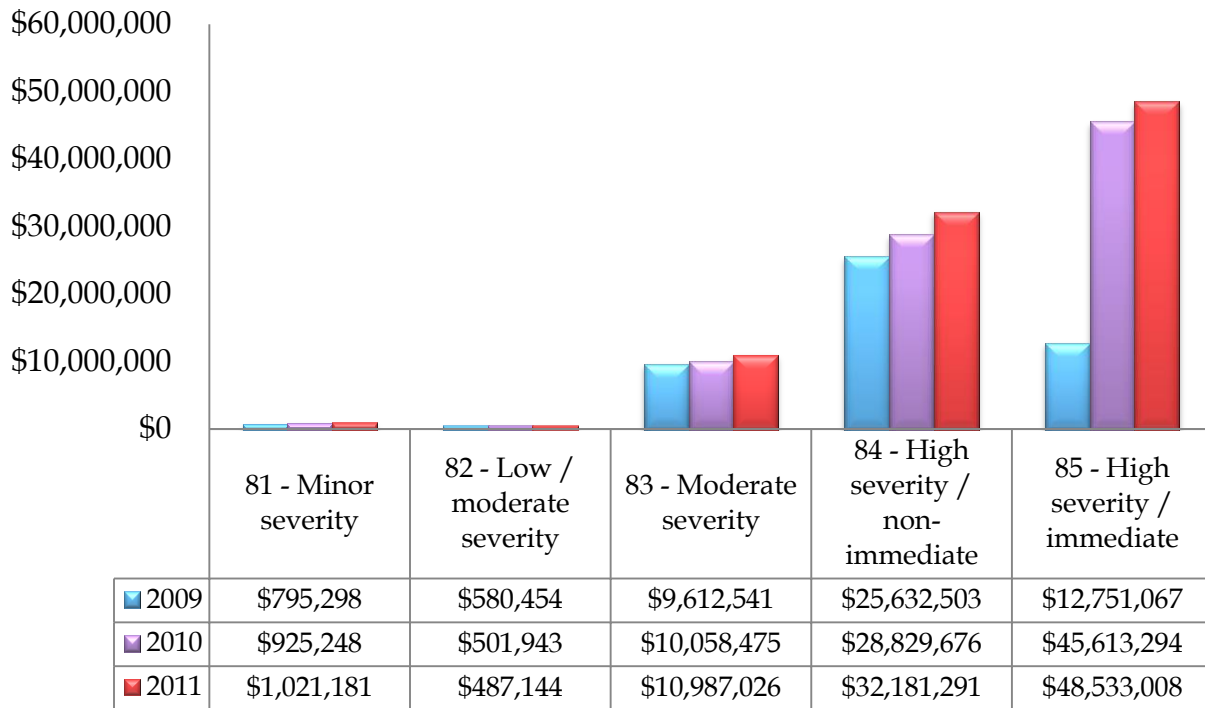
Figure 122 depicts the comparison between cases and charges for HCH ED Preventable/Avoidable stratified by level of severity.

**Figure 122. Holy Cross Hospital ED Preventable / Avoidable Admissions Cases by Level of Severity, 2009-2011**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

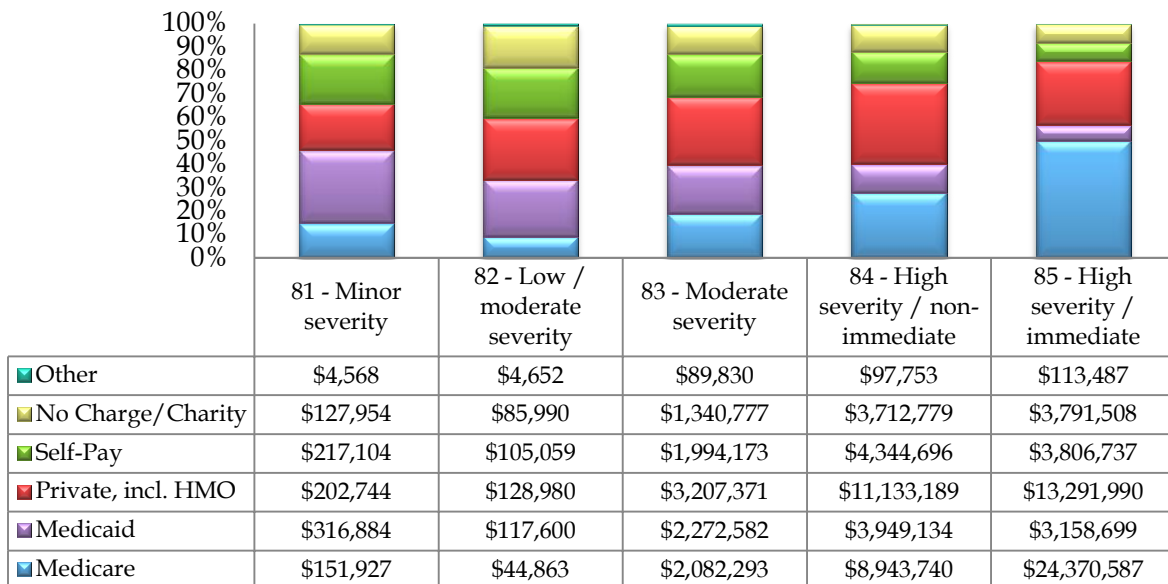
**Figure 123. Holy Cross Hospital ED Preventable / Avoidable Admissions Charges by Level of Severity, 2009-2011**



Source: Emergency Department Preventable/Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

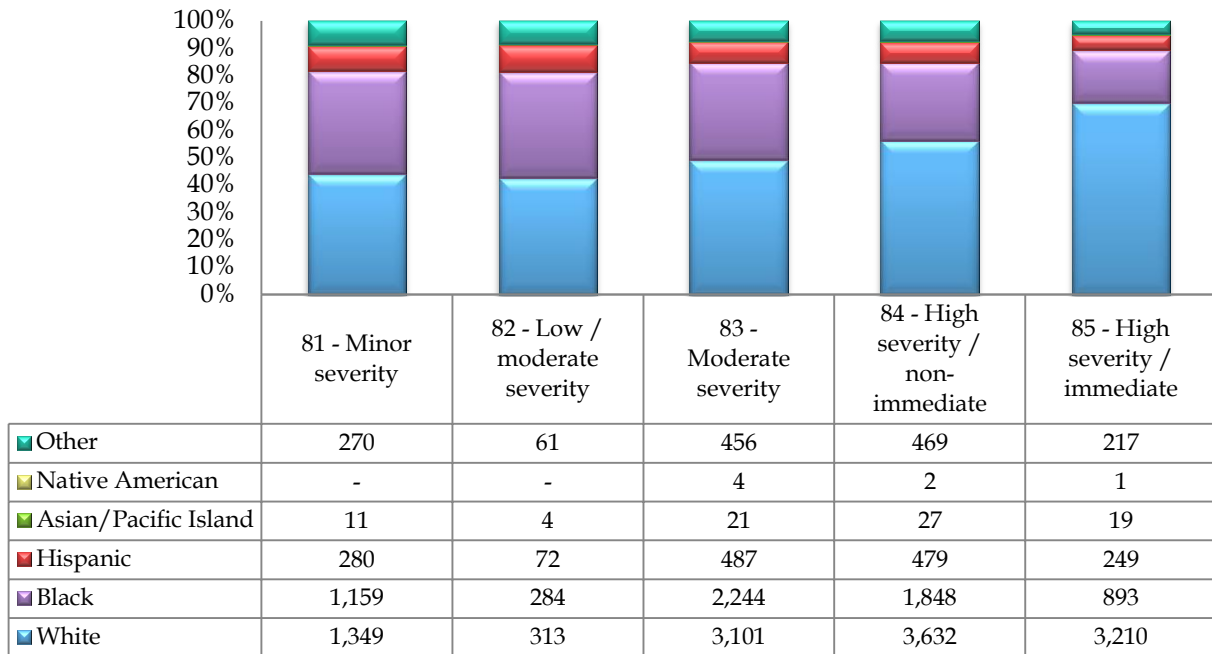
Figure 124 depicts charges by payer for HCH ED Preventable/Avoidable stratified by level of severity.

**Figure 124. Holy Cross Hospital ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2011**



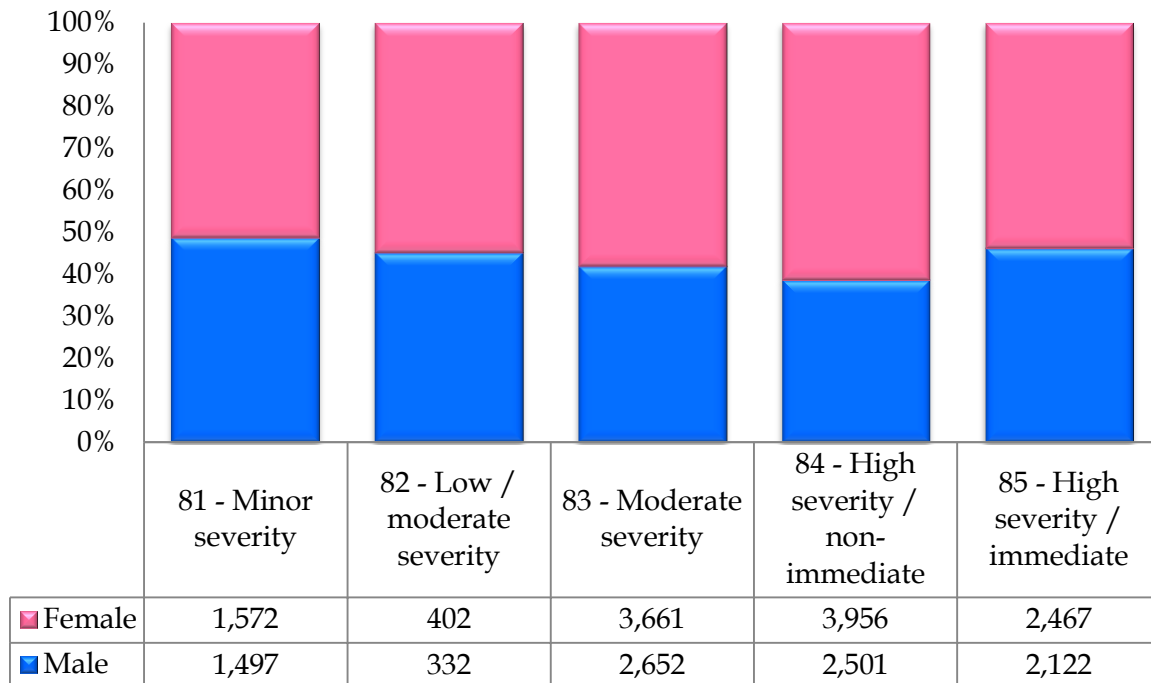
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 125. Holy Cross Hospital ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2011**



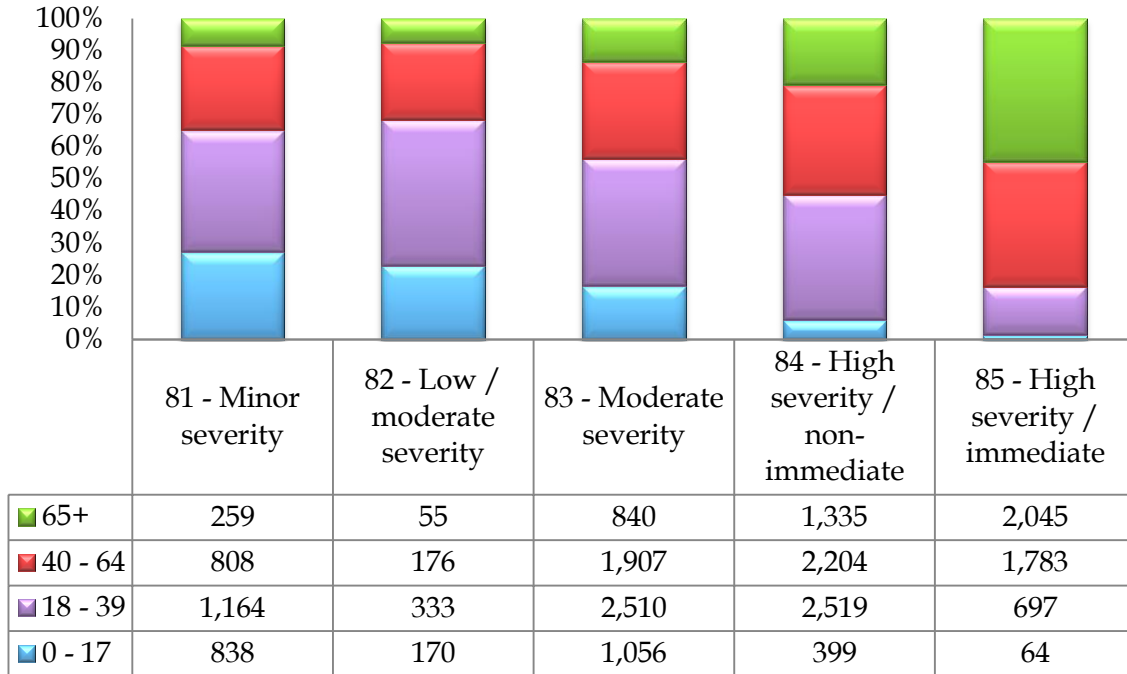
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 126. Holy Cross Hospital ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2011**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admissions

**Figure 127. Holy Cross Hospital ED Preventable / Avoidable Admissions Cases by Age and Emergency Status, 2011**

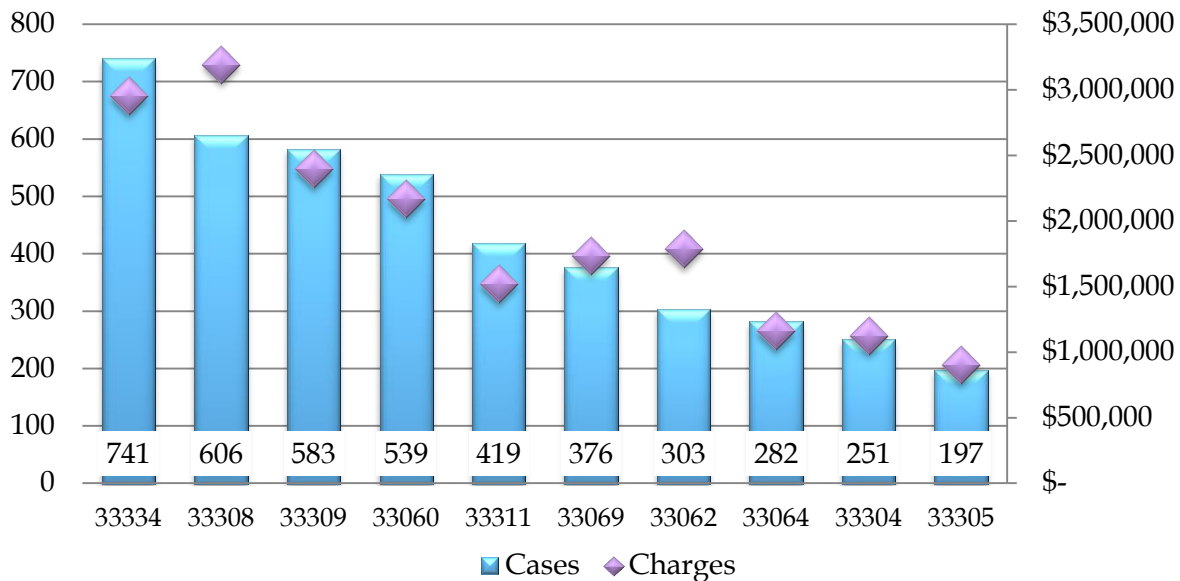


Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 128 through

Figure 130 depict the comparison between cases and charges for the ED Preventable/Avoidable Admissions for HCH Top 10 Primary Service Area zip codes.

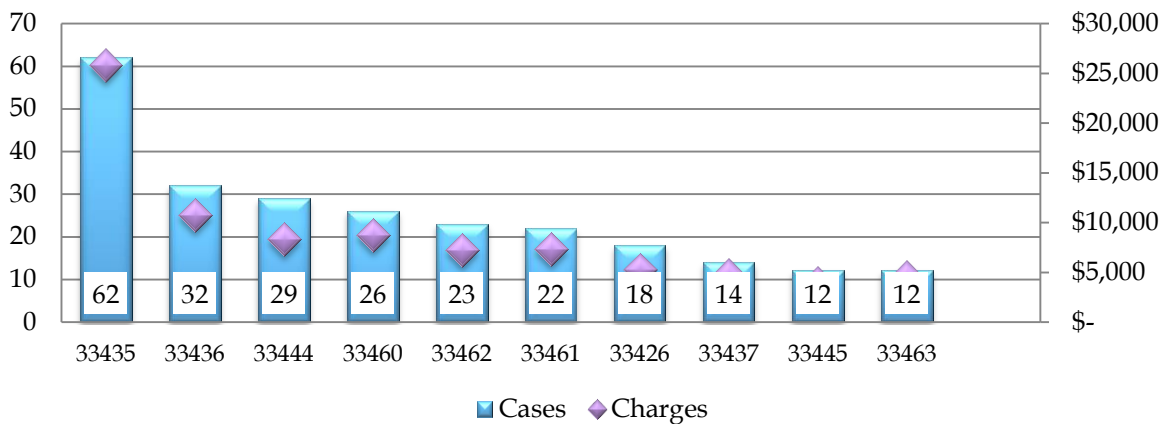
**Figure 128. ED Preventable/Avoidable Admissions Cases vs. Charges, Holy Cross Hospital Top 10 Primary Service Areas, 2011**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 129. ED Preventable/Avoidable Admissions Cases vs. Charges, Holy Cross Hospital Top 10 Primary Service Areas, 2011**

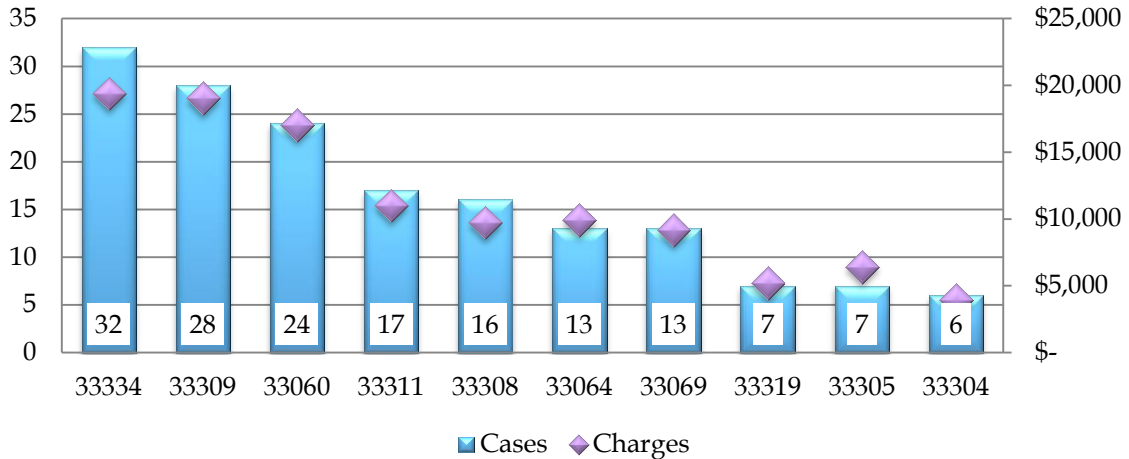
**81 - Minor Severity Problems are self-limited or of minor severity**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 130. ED Preventable/Avoidable Admissions Cases vs. Charges, Holy Cross Hospital Top 10 Primary Service Areas, 2011**

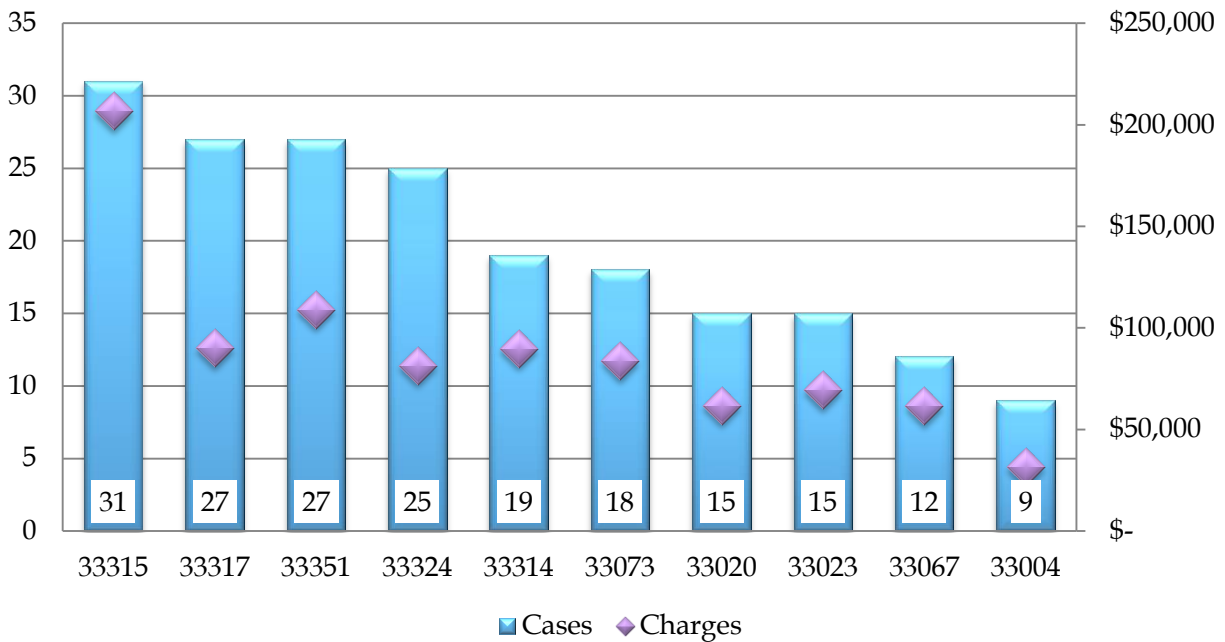
**82-Low/ Moderate Severity  
Problems are low to moderate severity**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 131 through Figure 133 depict the comparison between cases and charges for the ED Preventable/ Avoidable Admissions for Holy Cross Hospital **Top 10 Secondary Service Area zip codes**.

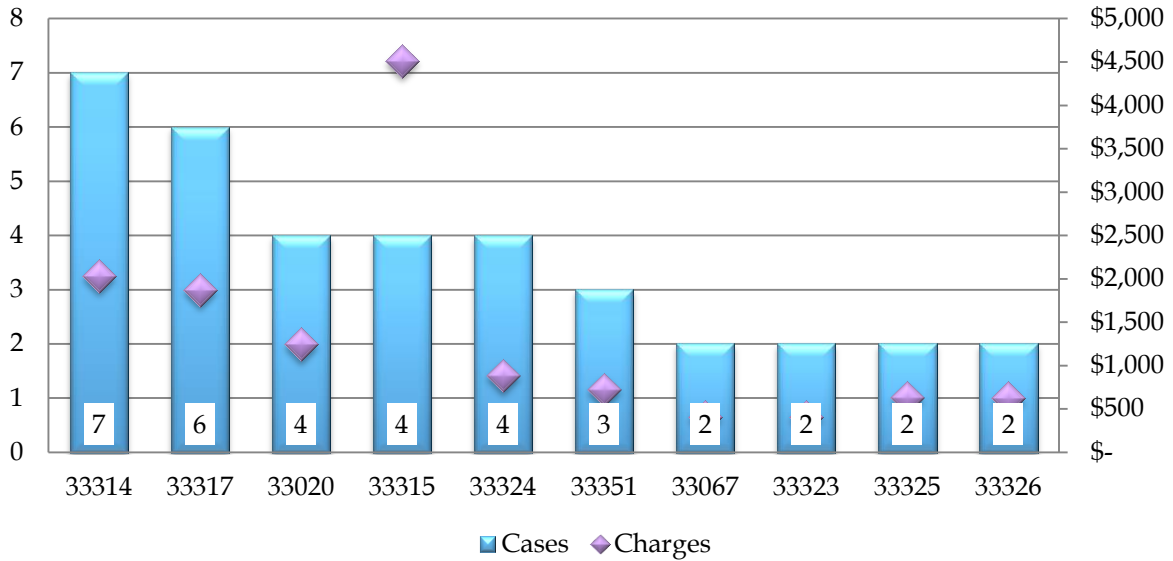
**Figure 131. ED Preventable/Avoidable Admissions  
Cases vs. Charges, Holy Cross Hospital Top 10 Secondary Service Areas, 2011**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 132. ED Preventable/Avoidable Admissions  
Cases vs. Charges, Holy Cross Hospital Top 10 Secondary Service Areas, 2011**

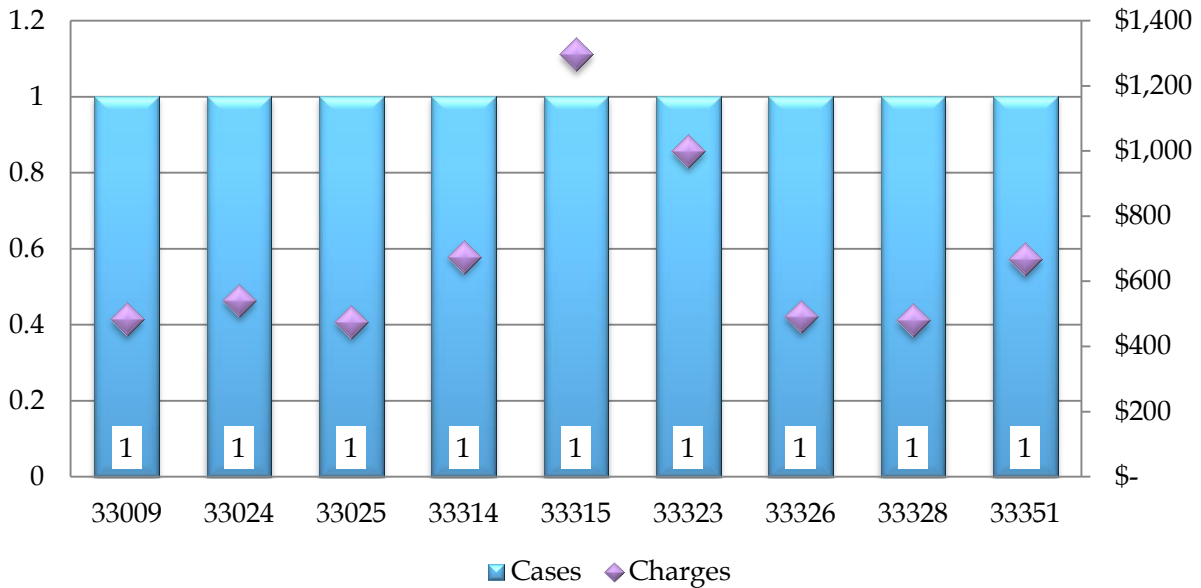
**81 - Minor Severity**  
**Problems are self-limited or of minor severity**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 133. ED Preventable/Avoidable Admissions**  
**Cases vs. Charges, Holy Cross Hospital Top 10 Secondary Service Areas, 2011**

**82-Low/ Moderate Severity**  
**Problems are low to moderate severity**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

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## D. PREVENTION QUALITY INDICATORS

Prevention Quality Indicators (PQI) utilize the Agency for Healthcare Research and Quality (AHRQ) indicators to identify hospital admissions that evidence suggests could have been avoided if people were linked to quality, preventive services and primary care centers. The PQI's represent fourteen ambulatory care sensitive conditions: diabetes (short-term, long-term, uncontrolled, and lower extremity amputations)-short-term complications, perforated appendicitis, chronic obstructive pulmonary disease, hypertension, congestive heart failure, low birth weight, dehydration, bacterial pneumonia, urinary infections, angina without procedure, uncontrolled and adult asthma. The ED data is examined in three ways:

1. Current Procedural Terminology (CPT) code
2. A determination if the case is non-emergent, emergent/primary care treatable, emergent-emergency department care needed-preventable/avoidable or emergent-emergency department care needed, not preventable/avoidable; and
3. By examining cases involving a primary diagnosis of injury, mental health or alcohol or substance abuse

The PQI data provides health planning councils with information about their community. This knowledge helps councils work with their community stakeholders to develop their own approaches to reducing the health conditions most prevalent in their area. Some hospitalizations can be avoided if people are linked to quality, preventive services and primary care centers. Local health planning councils have the opportunity to work with their community to identify unique and targeted community-based interventions based on this data. PQI data can be used to identify geographic high incidence areas and develop targeted community-based interventions to reduce these unnecessary hospitalizations.

The PQI's are defined as:

- **PQI-1 (Diabetes short-term complication):** All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma).
- **PQI-2 (Perforated appendix):** Discharges with ICD-9-CM diagnosis code for perforations or abscesses of appendix (see below) in any field among cases meeting the inclusion rules for the denominator.
- **PQI-3 (Diabetes long-term complication):** Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified).
- **PQI-5 (Chronic obstructive pulmonary disease):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD.
- **PQI-7 (Hypertension):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypertension.
- **PQI-8 (Congestive heart failure):** All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.
- **PQI-9 (Low Birth Weight):** Number of births with ICD-9-CM diagnosis code for less than 2500 grams in any field among cases meeting the inclusion and exclusion rules for the denominator.
- **PQI-10 (Dehydration):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.
- **PQI-11 (Bacterial pneumonia):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.
- **PQI-12 (Urinary tract infection):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection.



- **PQI-13 (Angina admission without procedure):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina.
- **PQI-14 (Uncontrolled diabetes):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.
- **PQI-15 (Adult asthma):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma.
- **PQI-16 (Rate of lower-extremity amputation among patients with diabetes):** All non-maternal discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes in any field.

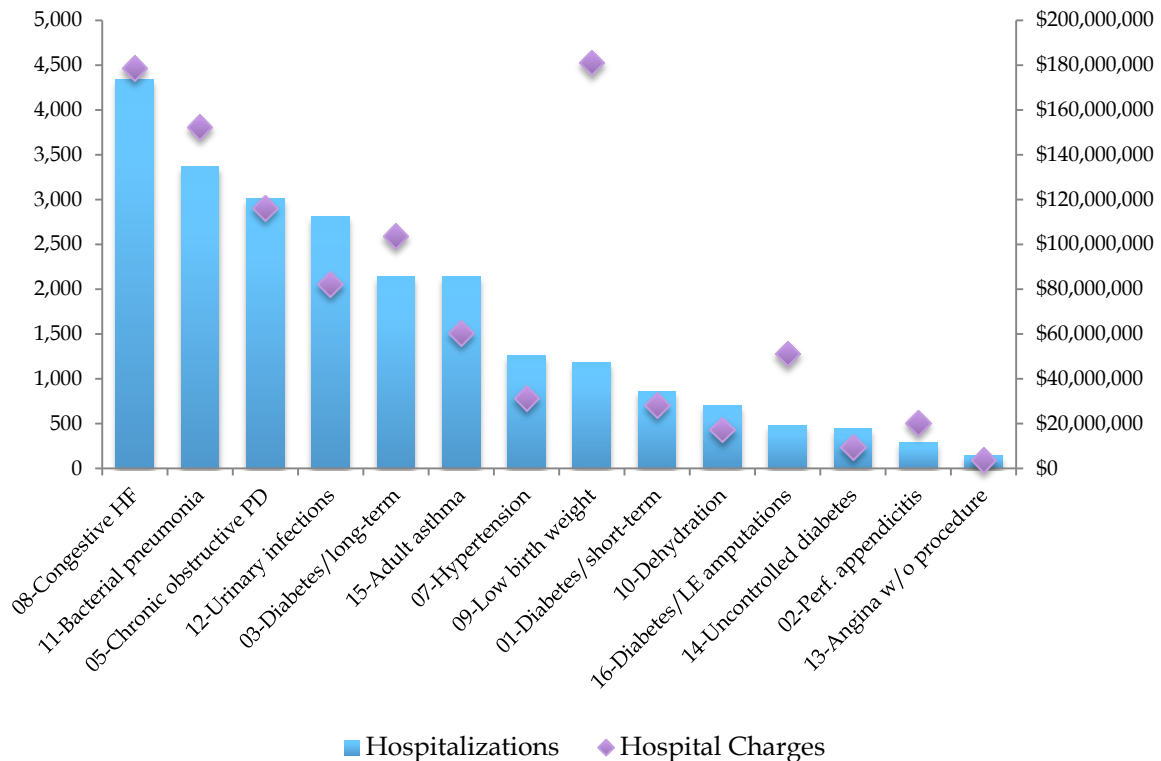
The top 5 PQI's in Broward County are the same for Florida as well. The ranking is as follows:

1. Congestive Heart Failure
2. Bacterial Pneumonia
3. Chronic Obstructive Pulmonary Disease
4. Urinary Infections
5. Adult Asthma

## PREVENTION QUALITY INDICATORS FOR HOLY CROSS HOSPITAL

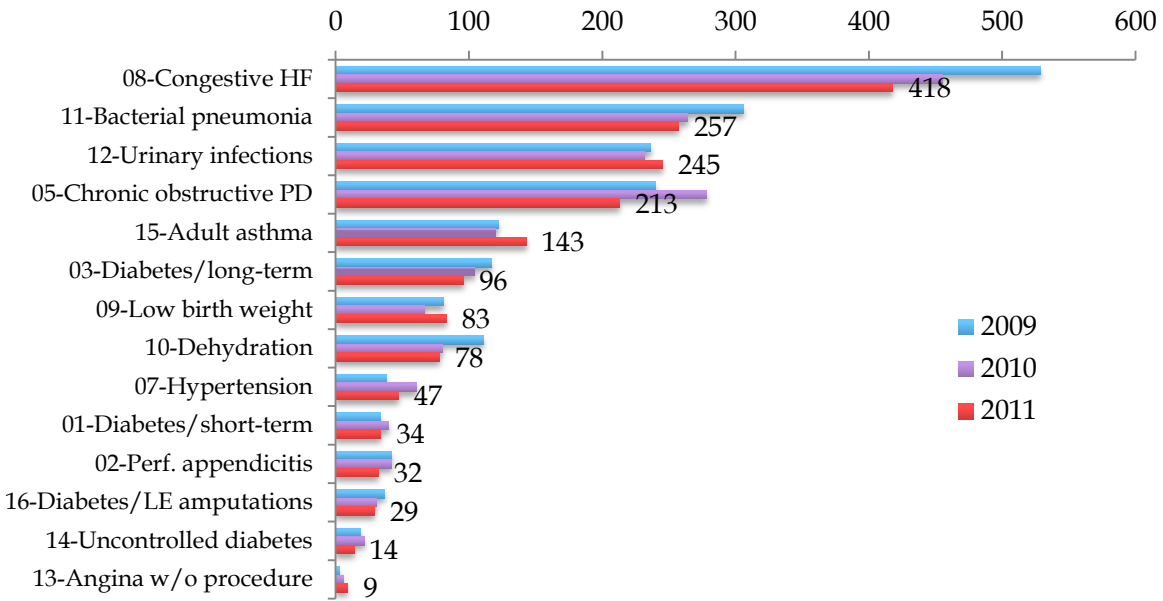
This section presents the PQI cases and charges by payer, race/ethnicity and gender.

**Figure 134. Prevention Quality Indicators Cases vs. Charges, 2011**



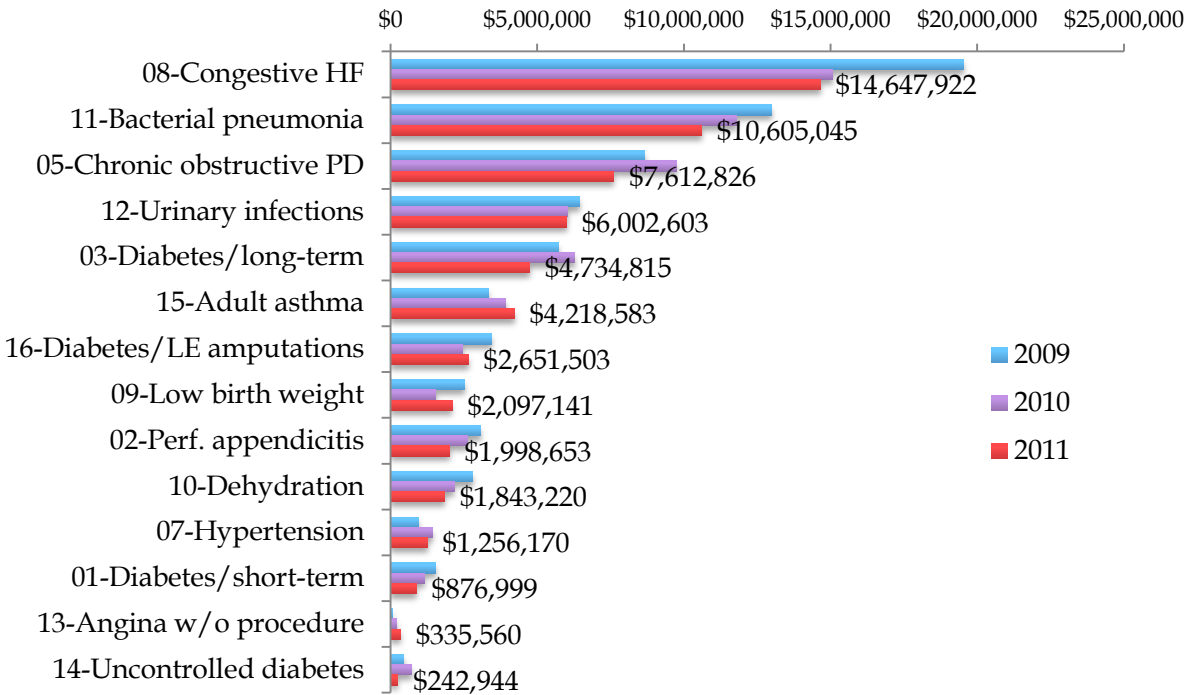
Source: *Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse*

**Figure 135. Prevention Quality Indicators Cases, Holy Cross Hospital, 2009-2011**



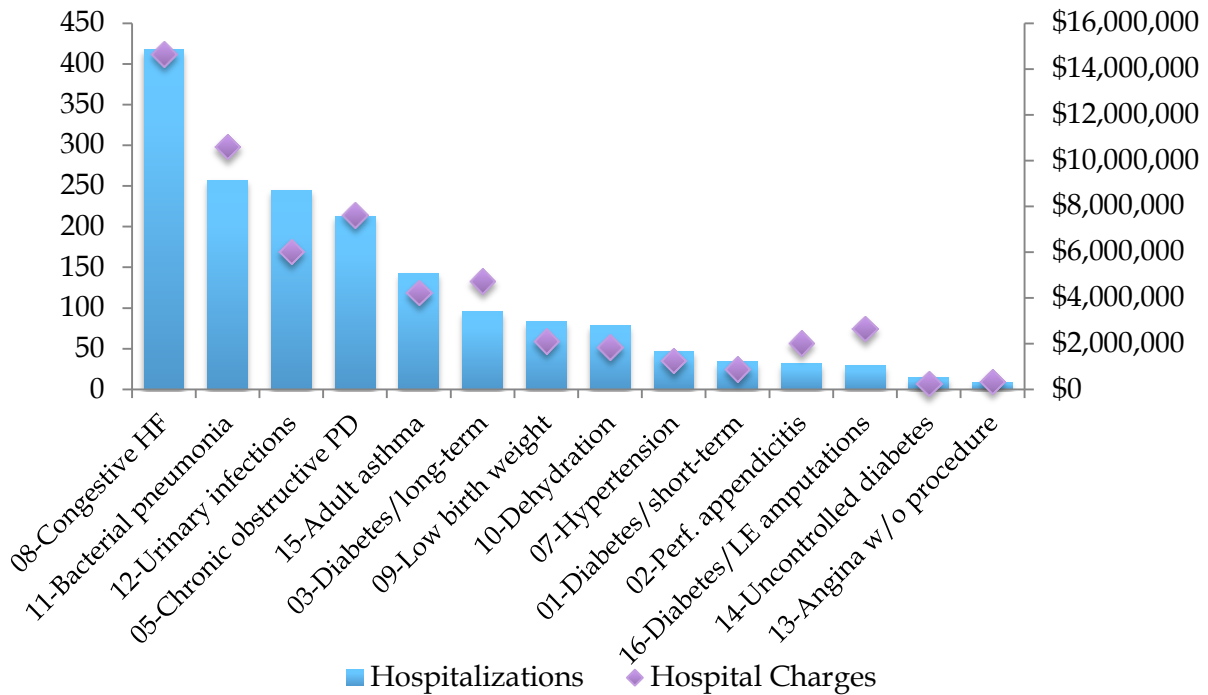
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 136. Prevention Quality Indicators Charges, Holy Cross Hospital, 2009-2011**



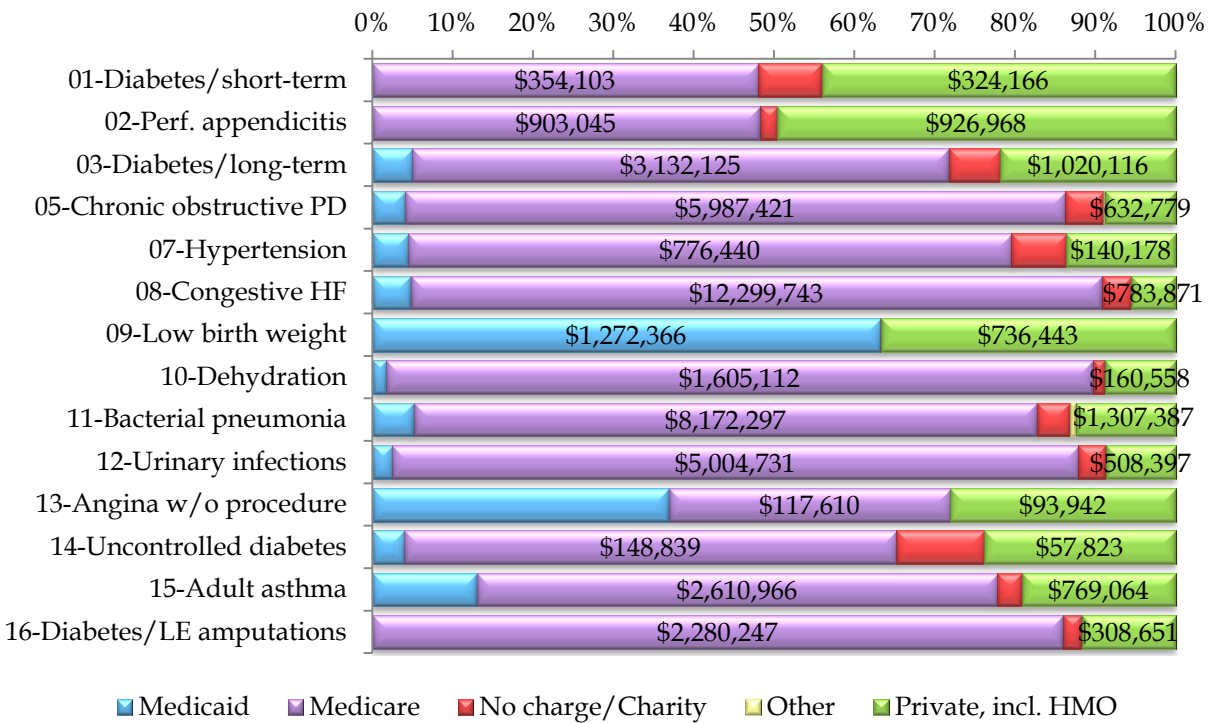
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 137. Prevention Quality Indicators Cases vs. Charges, Holy Cross Hospital, 2011**



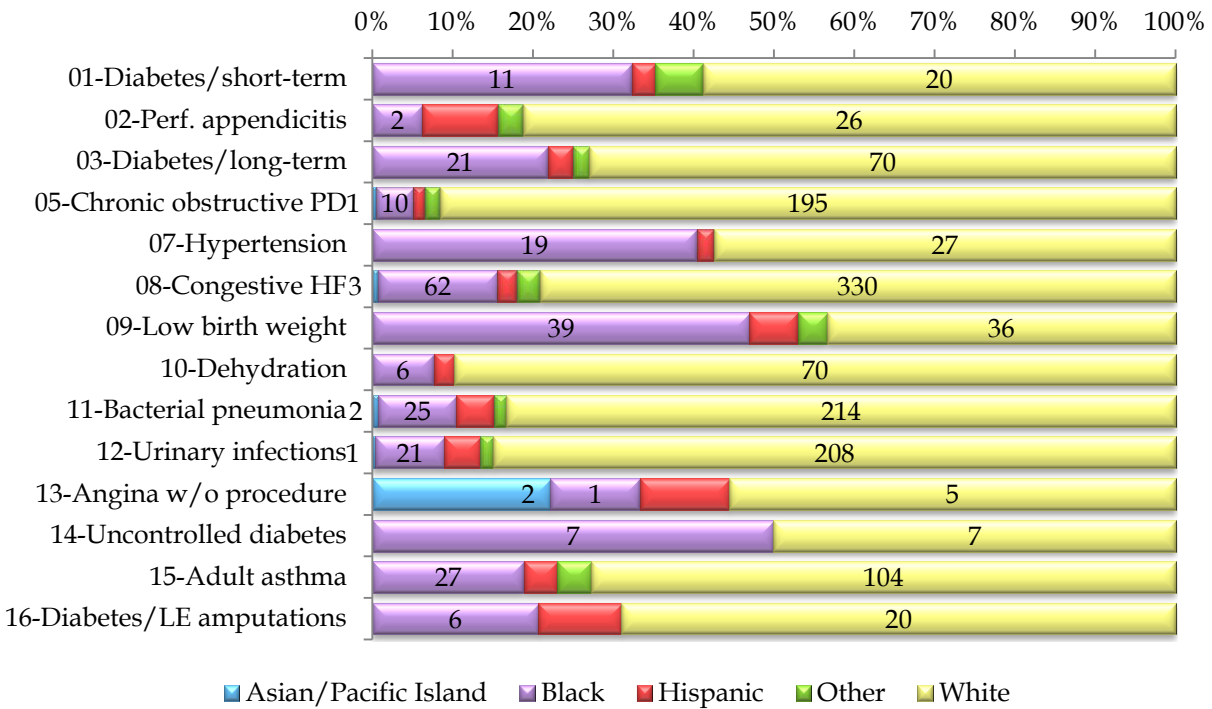
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 138. Prevention Quality Indicators Charges by Payer, Holy Cross Hospital, 2011**



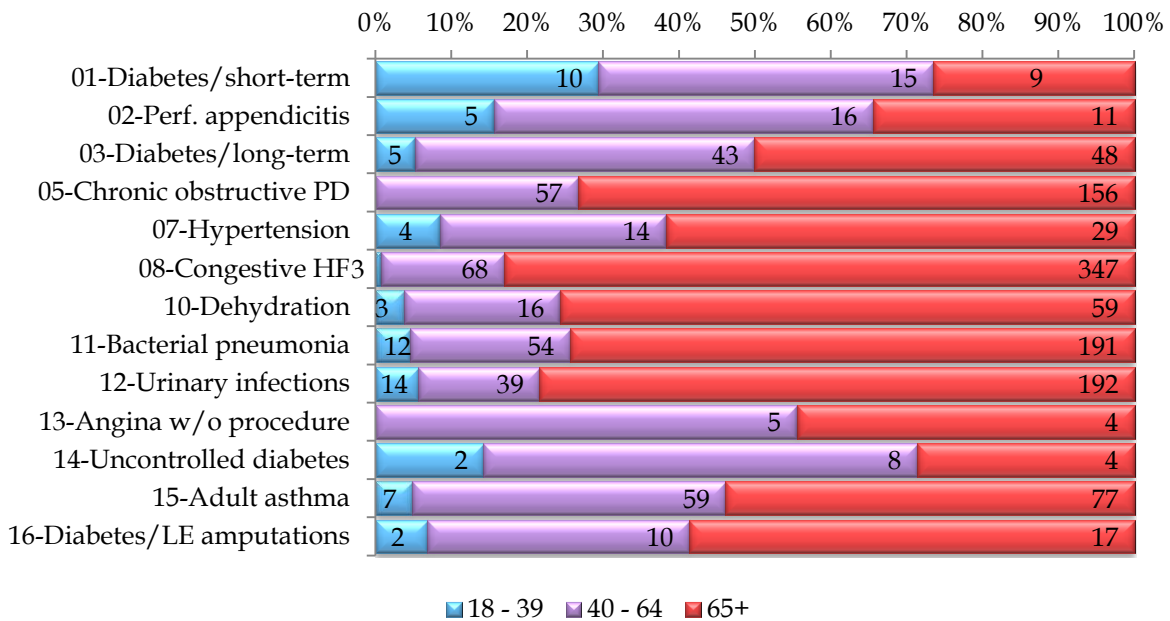
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 139. Prevention Quality Indicators Cases by Race/Ethnicity, Holy Cross Hospital, 2011**



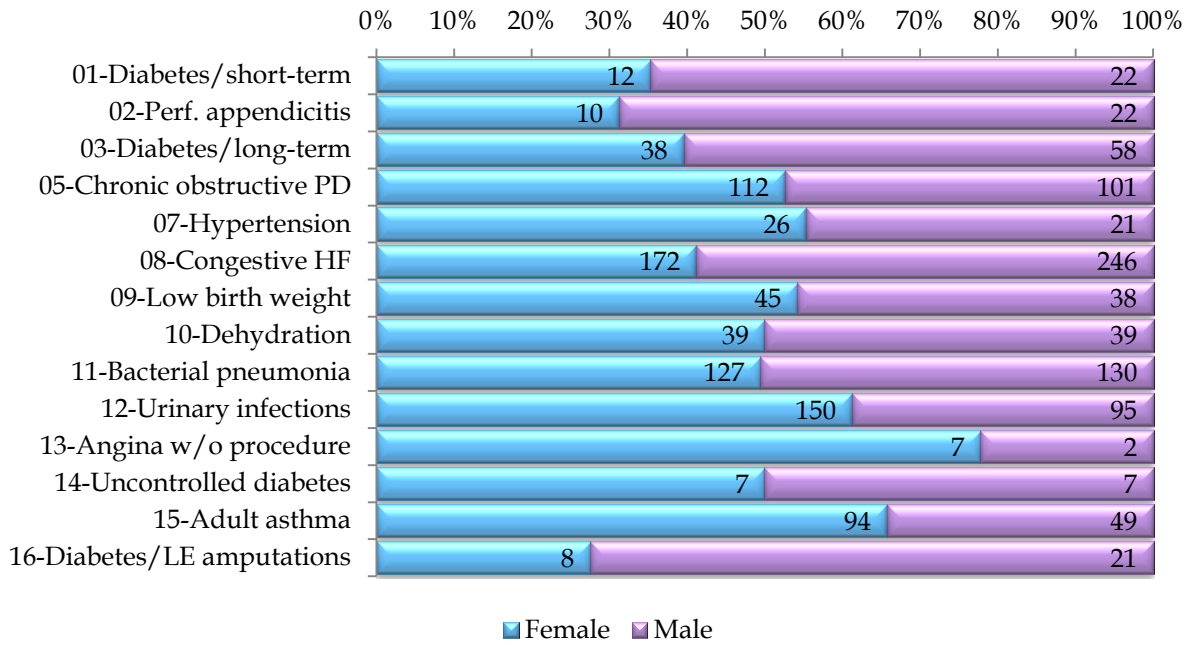
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 140. Prevention Quality Indicators Cases by Age, Holy Cross Hospital, 2011**



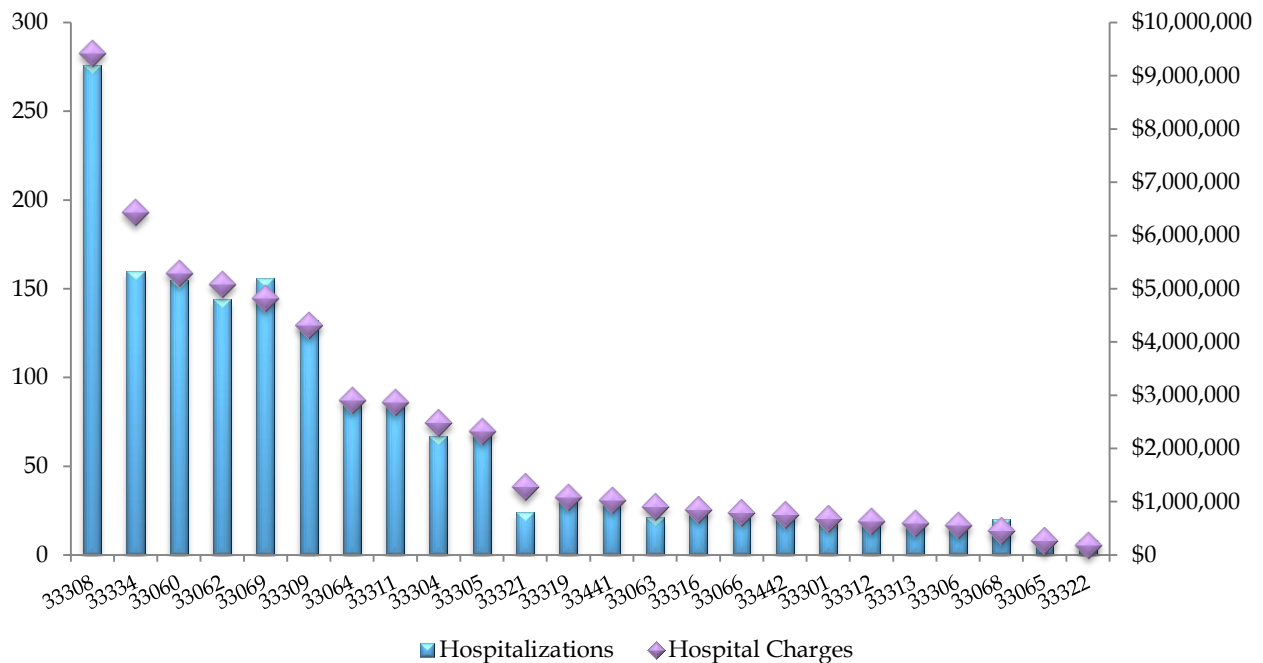
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 141. Prevention Quality Indicators Cases by Gender, Holy Cross Hospital, 2011**



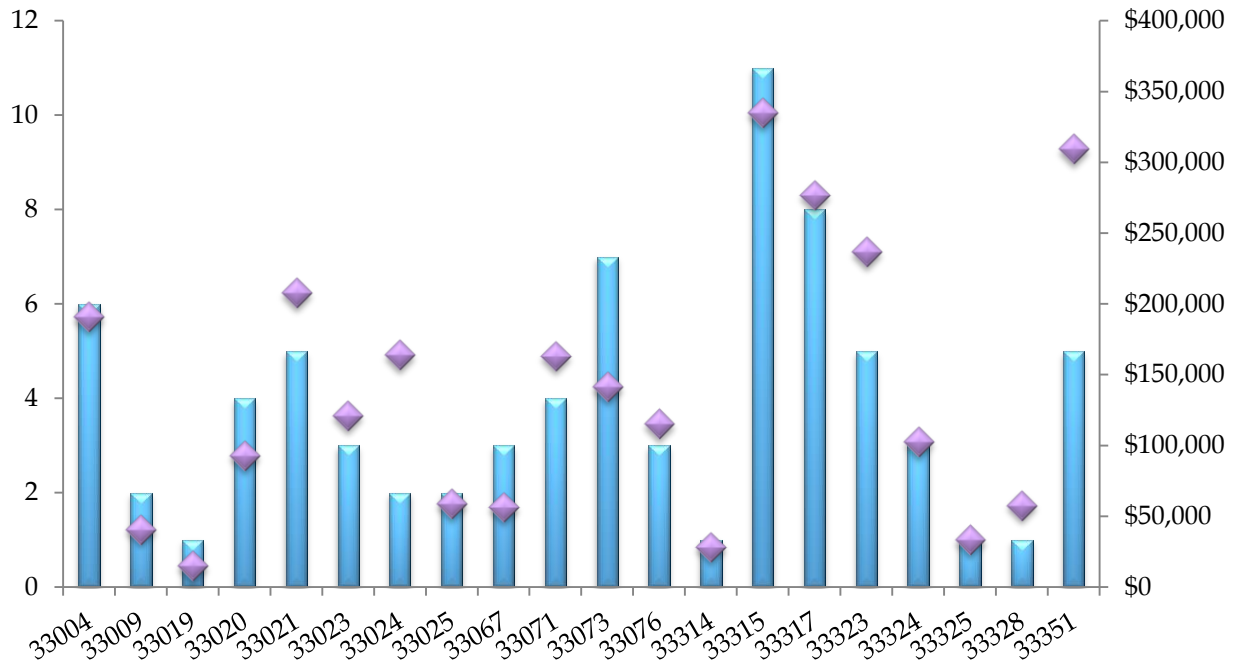
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 142. Prevention Quality Indicators Cases vs. Charges by Primary Service Area Zip Codes, Holy Cross Hospital, 2011**



Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

**Figure 143. Prevention Quality Indicators Cases vs. Charges by Secondary Service Area Zip Codes, Holy Cross Hospital, 2011**



Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

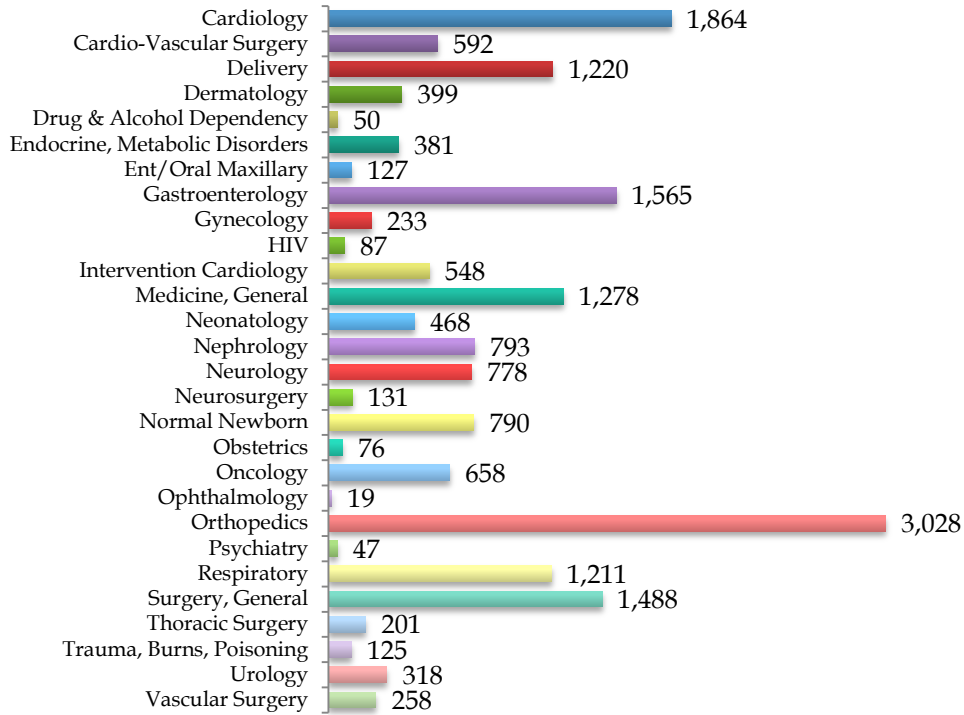
## F. TOP 28 DIAGNOSIS RELATED GROUPS

The Diagnosis Related Group (DRG) Data Warehouse is a decision support tool for healthcare providers and planners. The Diagnosis-related group is a system to classify hospital cases into one of approximately 500 groups, also referred to as DRGs, which are expected to have similar hospital resource use. DRGs are assigned by a " grouper " program based on ICD diagnoses, procedures, age, sex, discharge status, and the presence of complications or co-morbidities. Some of the Medical Services reported include Cardio-Vascular Surgery, Cardiology, HIV Medicine, General Neurology, Obstetrics, Urology, Vascular Surgery, and more. The reports provide data on Discharges; Average Length of Stay; Charges (\$); and Average Charge (\$), by Age Range, Payer Sources, Gender, Admission Sources, and more.

### F.1. DIAGNOSIS RELATED GROUPS IN HOLY CROSS HOSPITAL

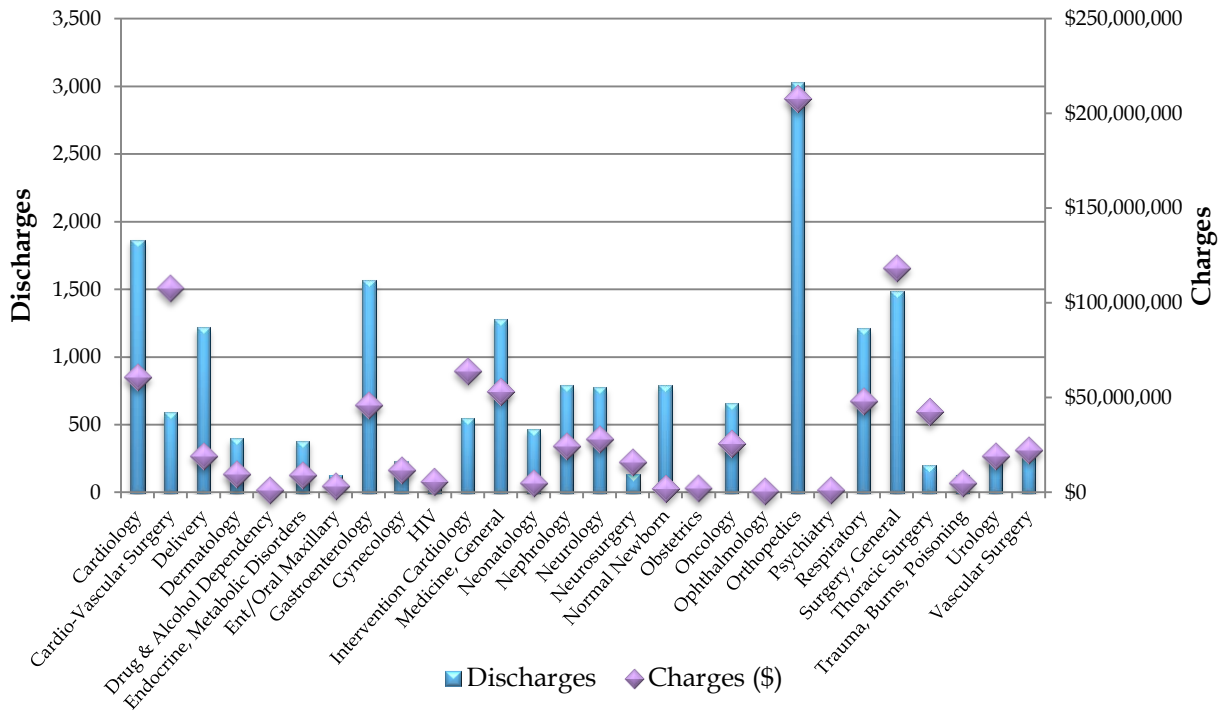
At Holy Cross Hospital, the total number of discharges for the top 28 medical services was 18,733. The highest number of discharges was within the orthopedics group followed by cardiology. The average length of stay is highest for thoracic surgeries (15.8 days).

Figure 144. Total DRG Discharges by Medical Service, Holy Cross Hospital, 2011



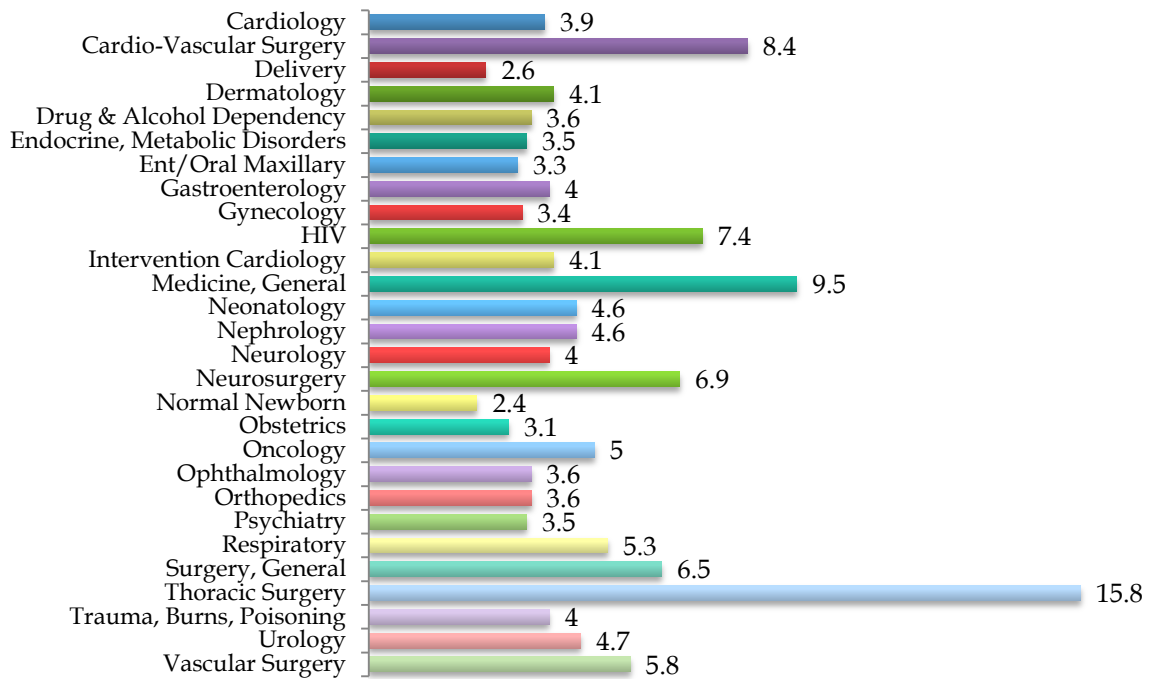
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 145. DRG's Discharges vs. Charges by Medical Service, Holy Cross Hospital, 2011



Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 146. DRG's Average Length of Stay by Medical Service, Holy Cross Hospital, 2011



Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

## 11. SELF-INFLICTED INJURY

### A. SELF-INFLICTED INJURY

As mentioned previously, Behavioral health encompasses a variety of factors which can impact an individual's health. The BRFSS is conducted by the CDC. The BRFSS relies on a system of state-based health surveys utilized to collect information on a variety of factors, including health-risk behaviors, preventive health practices, and healthcare access as related to chronic disease and injury. The Youth Risk Behavior Survey was conducted in Florida in 2002, 2009, and 2011. The purpose of this survey is to obtain county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality.



Table 20 summarizes behavioral health risk factors for depression and suicide among youth in Broward County from 2007 to 2011. Figure 147 shows the suicide death count Broward County, by age.

**Table 20. Youth Risk Behavior Survey, Broward County, 2007-2011**

DEPRESSION/ SUICIDE	2007 Total Percentage (95% Confidence Interval)	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2011 Female Percentage (95% Confidence Interval)	2011 Male Percentage (95% Confidence Interval)
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	28.0 (25.2-31.1)	26.6 (24.0-29.4)	26.7 (24.5-29.0)	34.7 (31.3-38.2)	18.7 (16.1-21.6)
<b>Seriously Considered Attempting Suicide</b> (during the 12 months before the survey)	10.7 (8.8-12.8)	11.0 (9.2-13.1)	12.3 (10.3-14.6)	14.4 (11.3-18.2)	10.2 (8.4-12.4)
<b>Attempted Suicide One Or More Times</b> (during the 12 months before the survey)	5.1 (4.0-6.4)	6.4 (5.0-8.1)	6.0 (4.8-7.4)	7.5 (5.6-10.0)	4.4 (3.0-6.4)
<b>Suicide Attempt Resulted In An Injury, Poisoning, Or Overdose That Had To Be Treated By A Doctor Or Nurse</b> (during the 12 months before the survey)	1.4 (0.8-2.7)	2.9 (2.0-4.2)	2.2 (1.5-3.2)	2.1 (1.2-3.6)	2.3 (1.3-4.1)

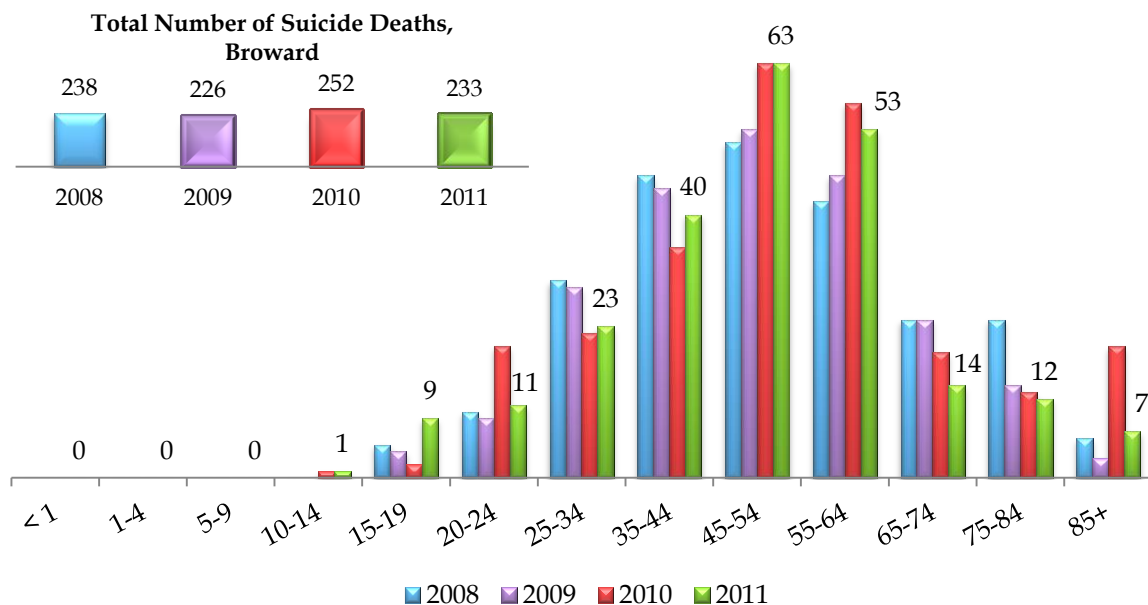
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

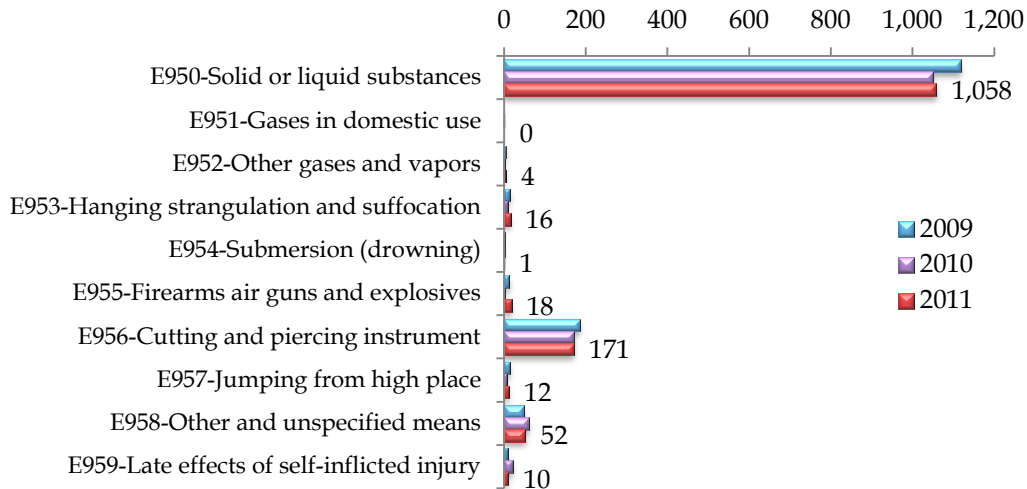
**Figure 147. Suicide Death Count by Age, Broward County, 2008-2011**



Source: Florida Charts

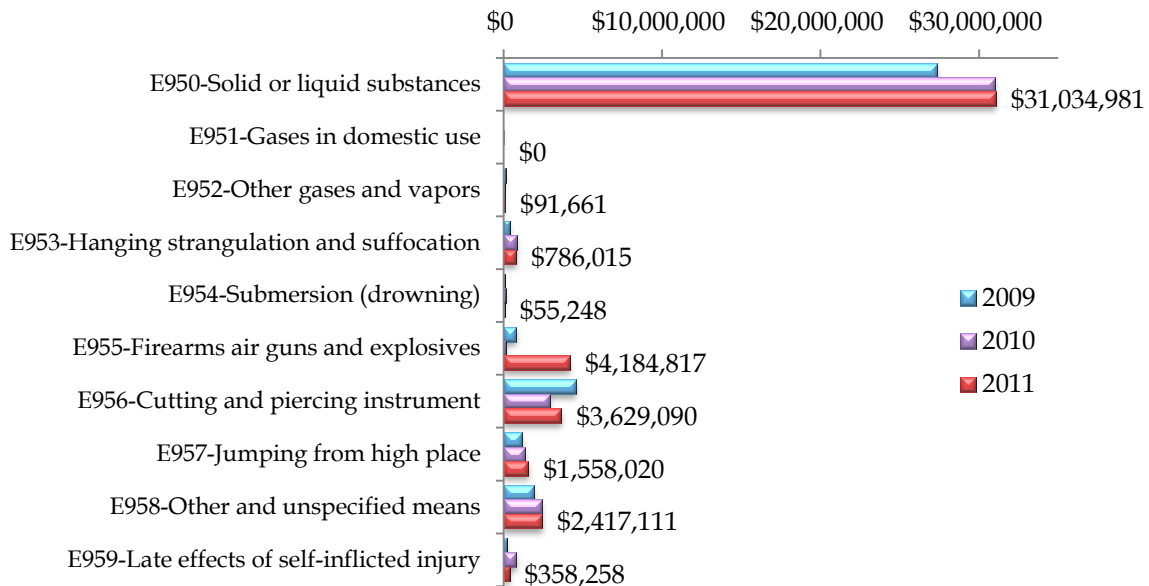
Figure 148 and Figure 149 shows the self-inflicted injury cases in Broward County requiring hospitalization from 2009 to 2011. As shown in the figures, the majority of self-inflicted injury cases are due to solid or liquid substances, followed by injuries from cutting or piercing instruments.

**Figure 148. Self Inflicted Injury Hospitalization Cases, Broward County Hospitals, 2009-2011**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

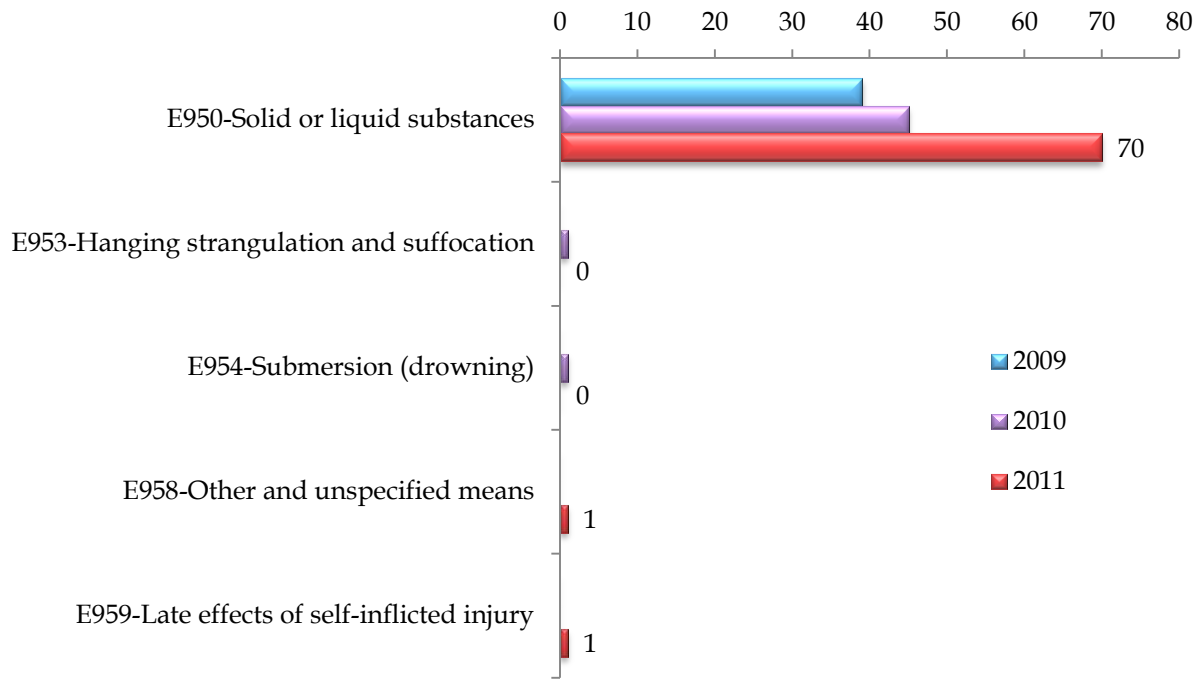
**Figure 149. Self-Inflicted Injury Hospitalization Charges, All Broward County Hospitals, 2008-2010**



Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

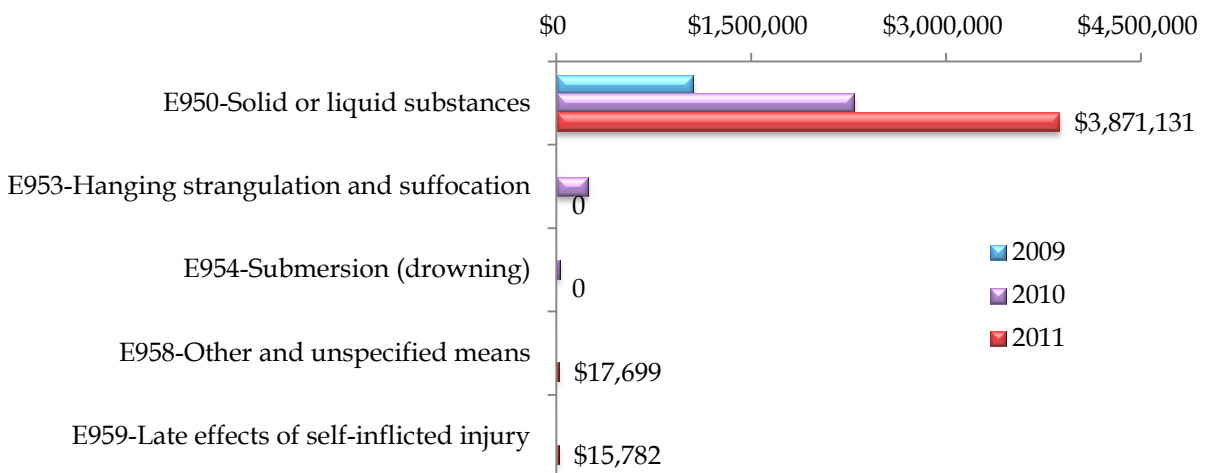
Figure 150 depicts the rate of self-inflicted injury cases treated at Holy Cross Hospital. The majority of the self-inflicted injury cases were the result of use of solid or liquid substances, primarily among the white population.

**Figure 150. Self-Inflicted Injury Hospitalization Cases, Holy Cross Hospital, 2009-2011**



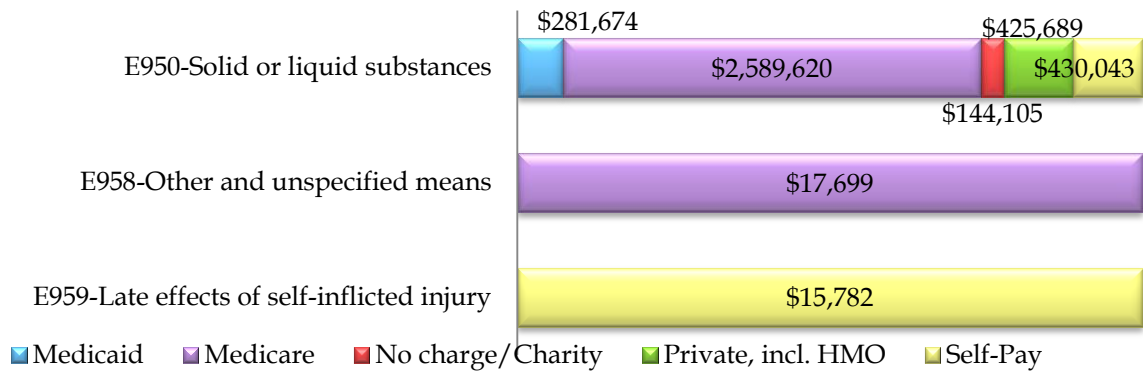
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

**Figure 151. Self-Inflicted Injury Hospitalization Charges, Holy Cross Hospital, 2009-2011**



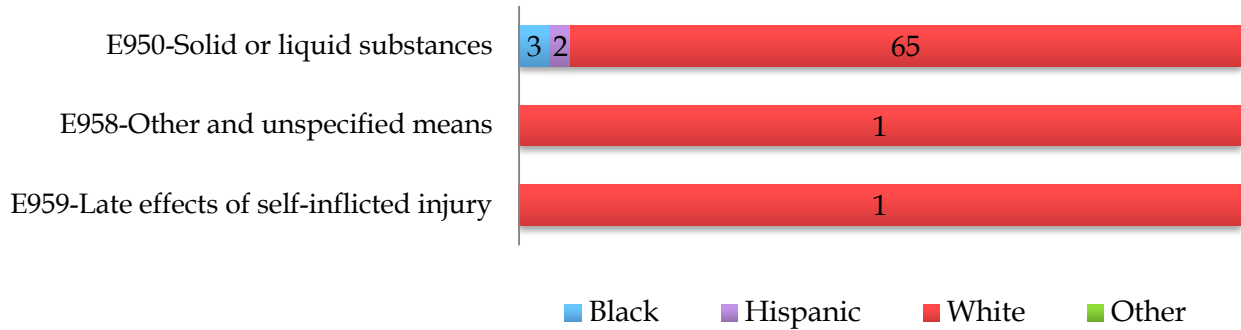
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

**Figure 152. Self-Inflicted Injury Hospitalization, Charges by Payer, Holy Cross Hospital, 2011**



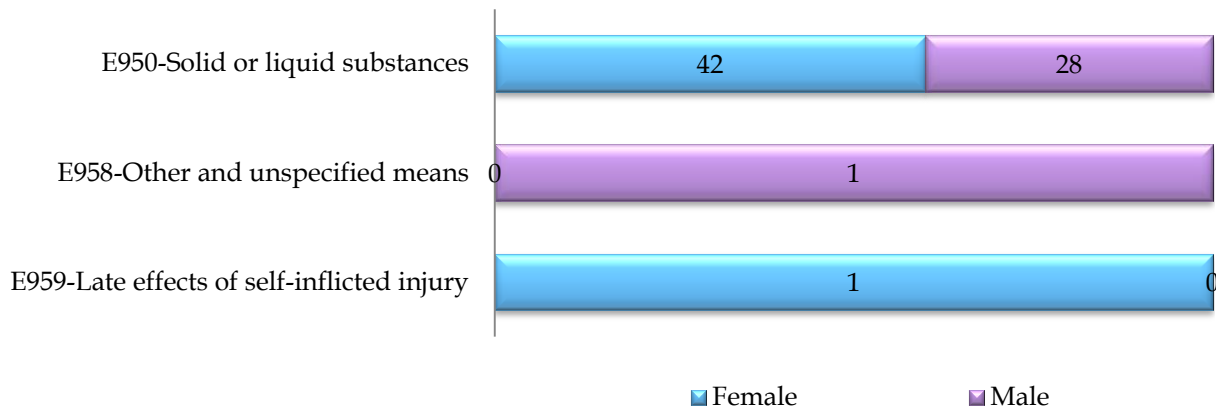
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

**Figure 153. Self-Inflicted Injury Cases by Race/Ethnicity, Holy Cross Hospital, 2011**



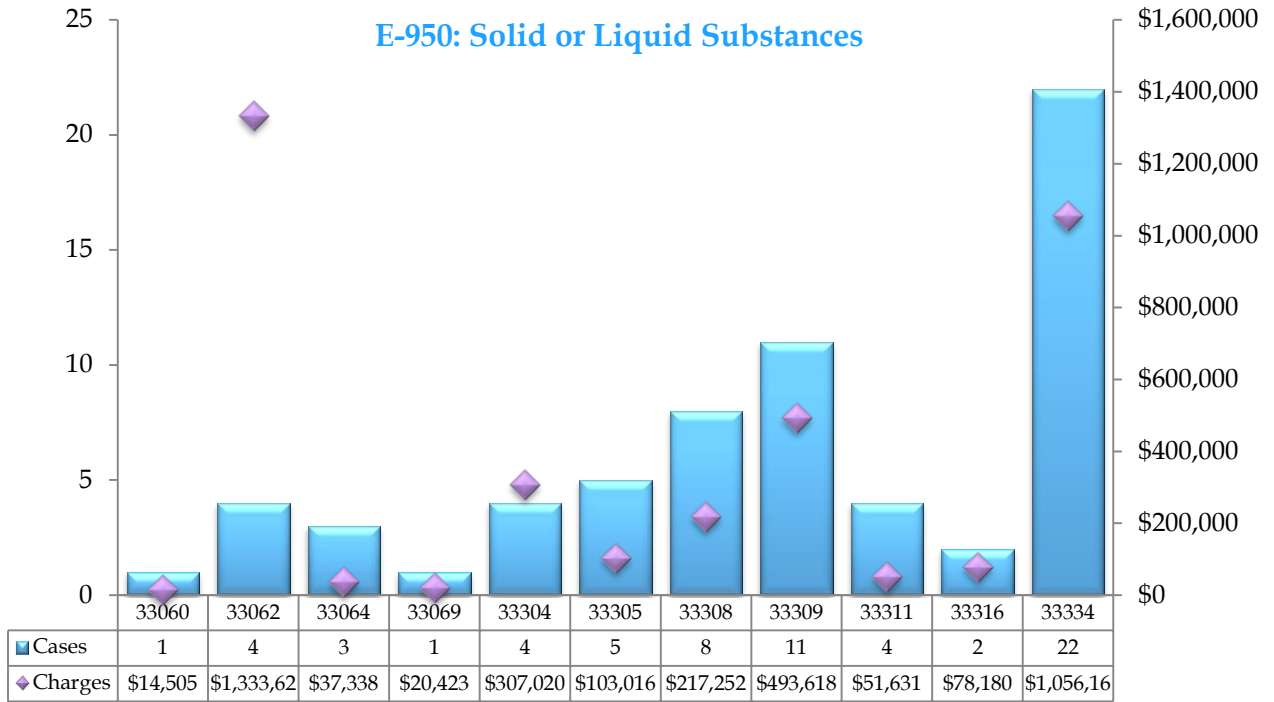
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

**Figure 154. Self-Inflicted Injury Cases by Gender, Holy Cross Hospital, 2011**



Source: Broward Regional Health Planning Council, Health Data Warehouse

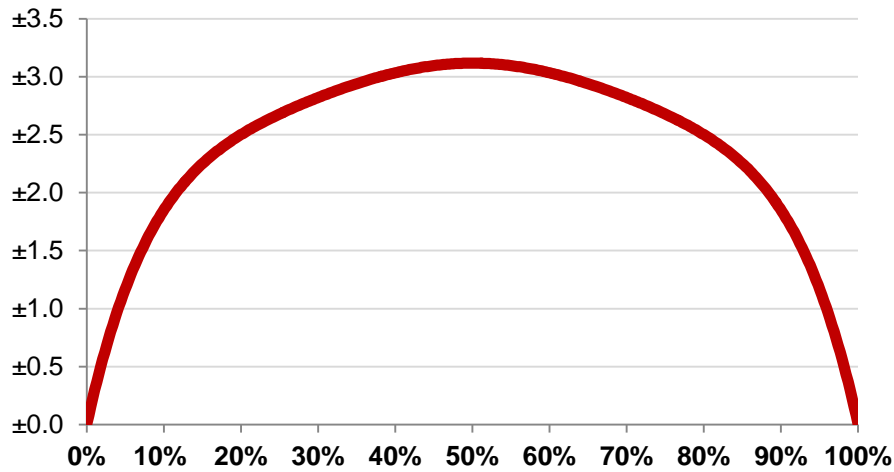
**Figure 155. Self-Inflicted Injury Hospitalization, Cases vs. Charges by Primary Service Area Zip Codes, Holy Cross Hospital, 2011**



Source: Broward Regional Health Planning Council, Health Data Warehouse



**Figure 157. Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence**



Note:

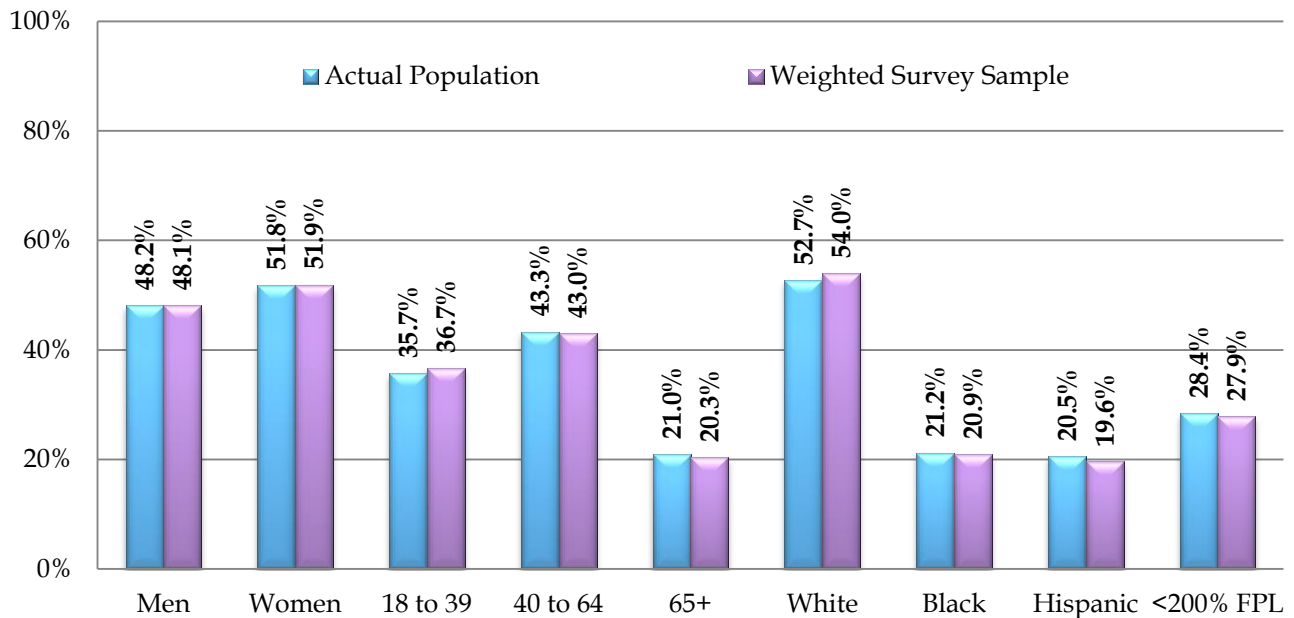
- The response rate (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

- If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

## Demographics

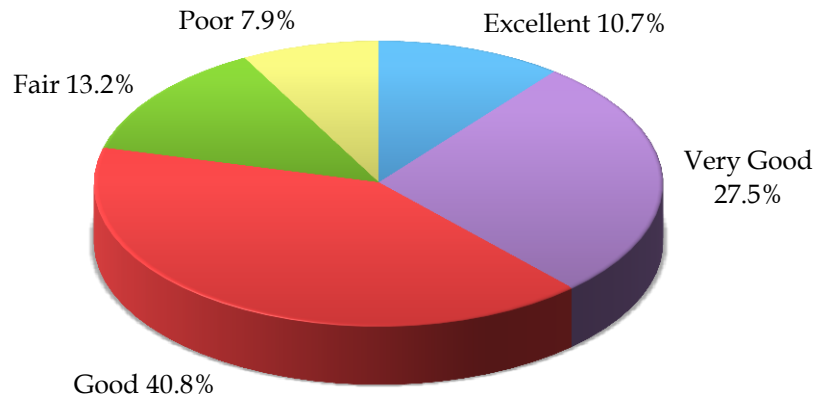
**Figure 158. Population & Sample Characteristics, Broward County, 2011**



Sources:

- *Census 2000, Summary File 3 (SF 3).* US Census Bureau.
- *PRC Community Health Survey,* Professional Research Consultants, Inc.

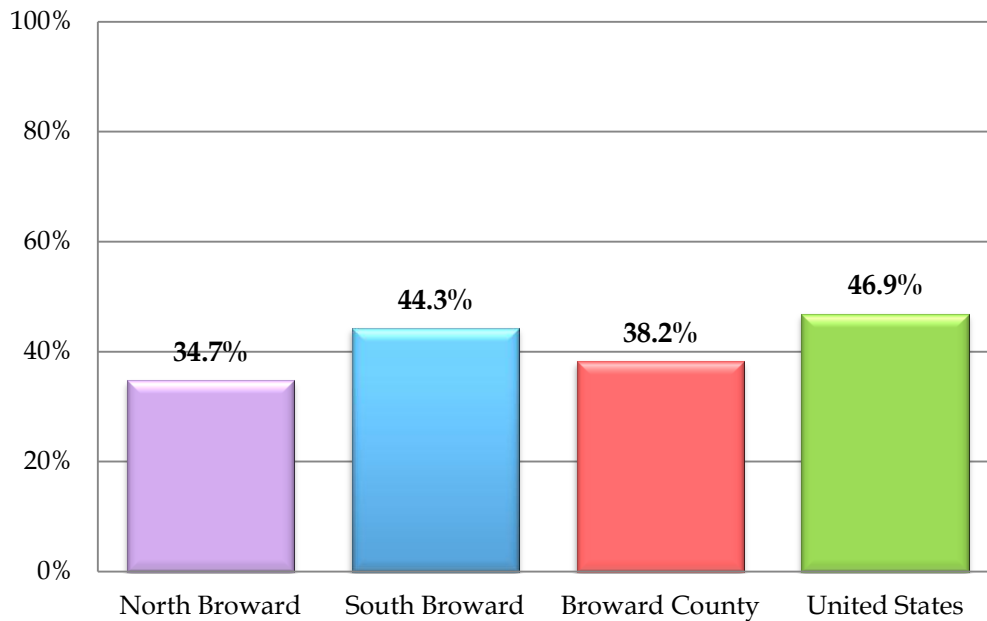
Figure 159. Rating of Local Healthcare, Broward County 2011



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 84]

Notes: Asked of all respondents.

Figure 160. Perceive Local Healthcare Services as “Excellent” or “Very Good”, Broward County, 2011



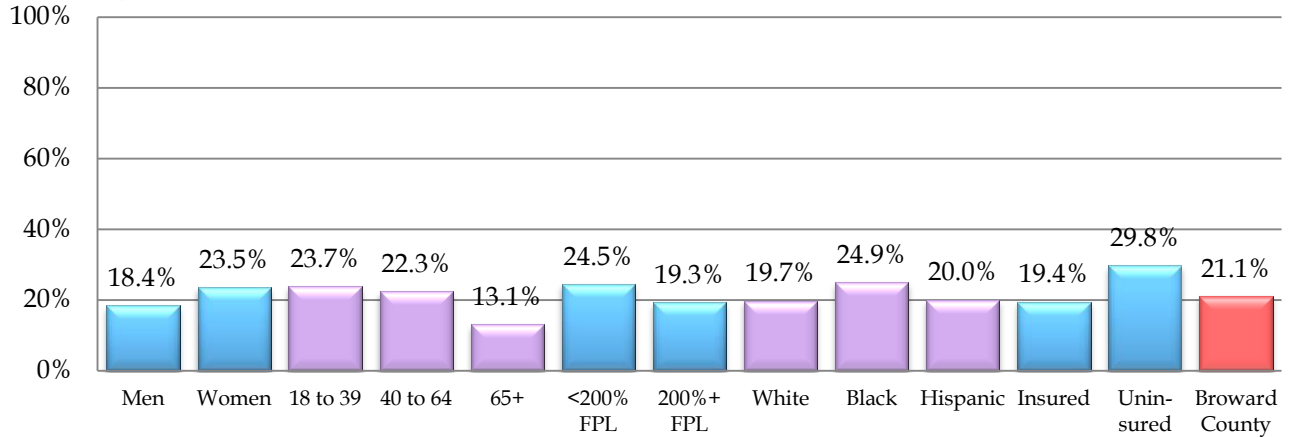
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 84]
- Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.

Notes: Asked of all respondents



**Figure 161. Perceive Local Healthcare Services as “Fair” or “Poor”, Broward County, 2011**

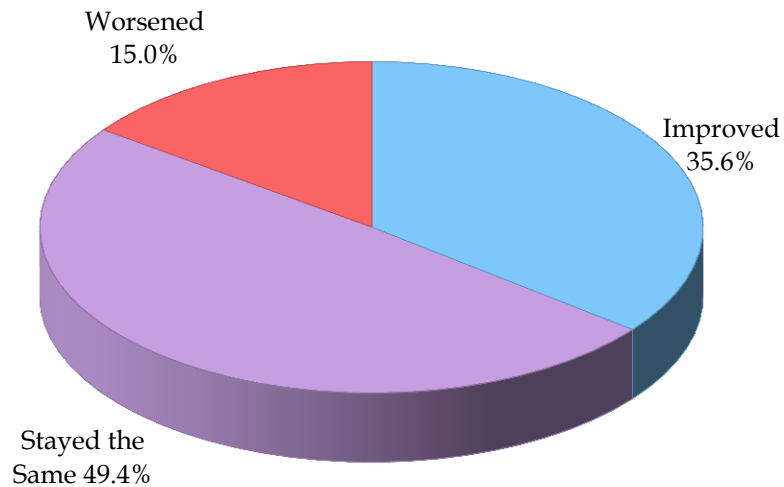


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 84]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

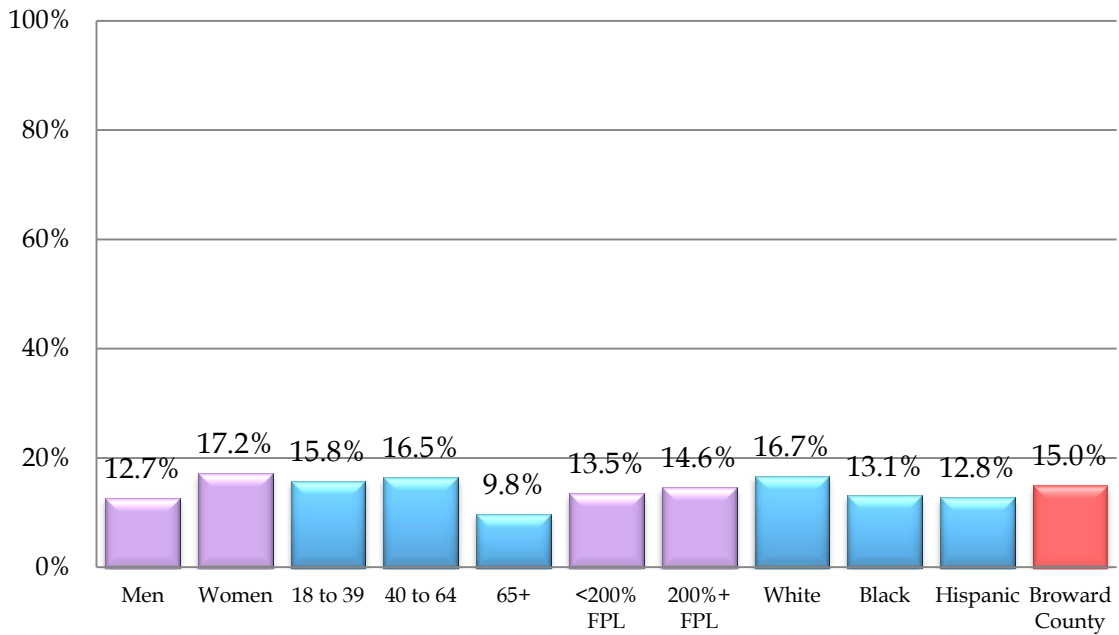
**Figure 162. Local Healthcare Over Time, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 85]

Notes: Asked of all respondents

**Figure 163. Perceive that Local Healthcare has worsened over Time, Broward County, 2011**

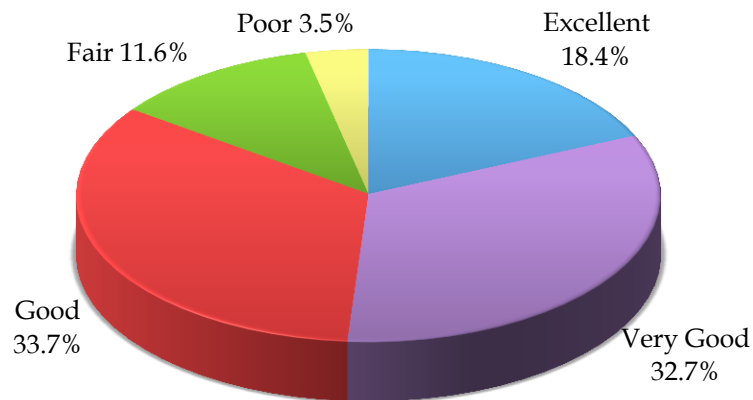


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 85]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

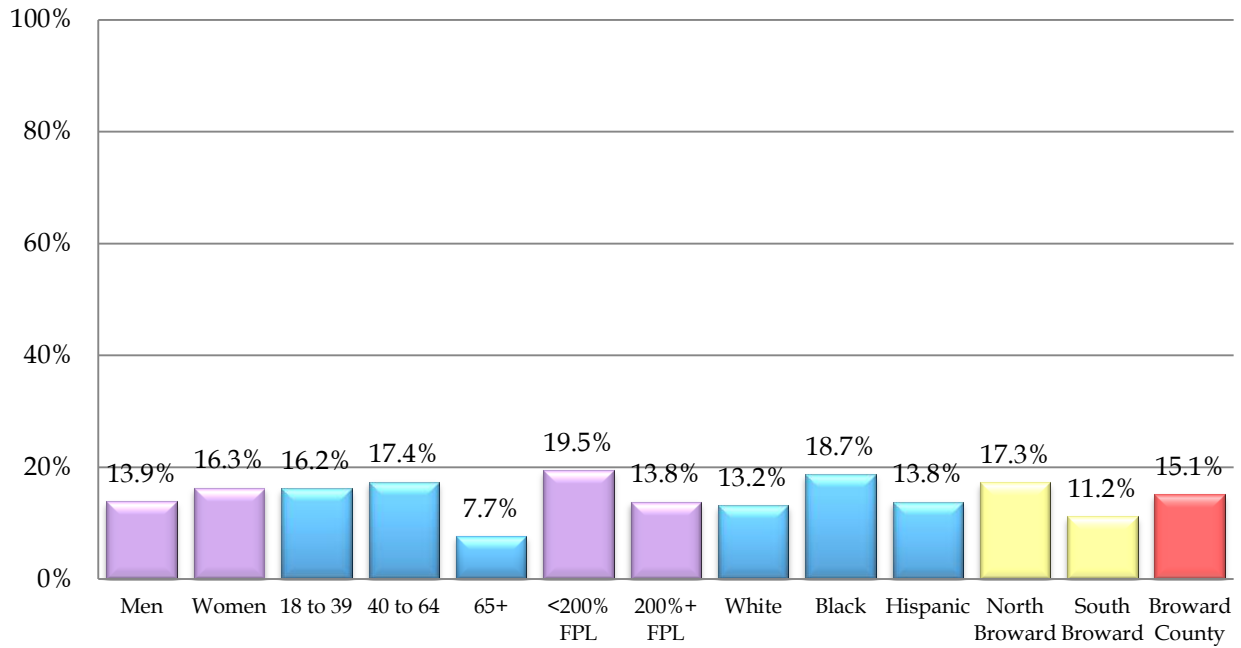
**Figure 164. Rating of the Quality of Healthcare Services Received, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 87]

Notes: Asked of all respondents.

**Figure 165. Perceive Quality of Healthcare Services as “Fair” or “Poor”, Broward County, 2011**

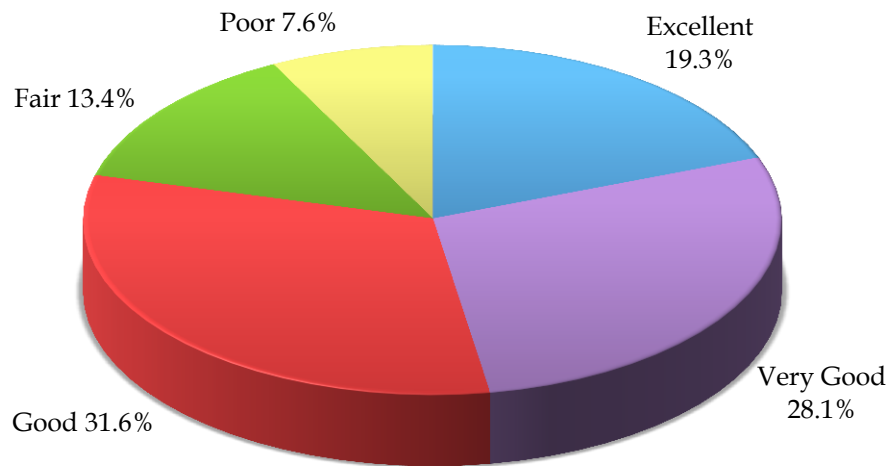


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 87]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

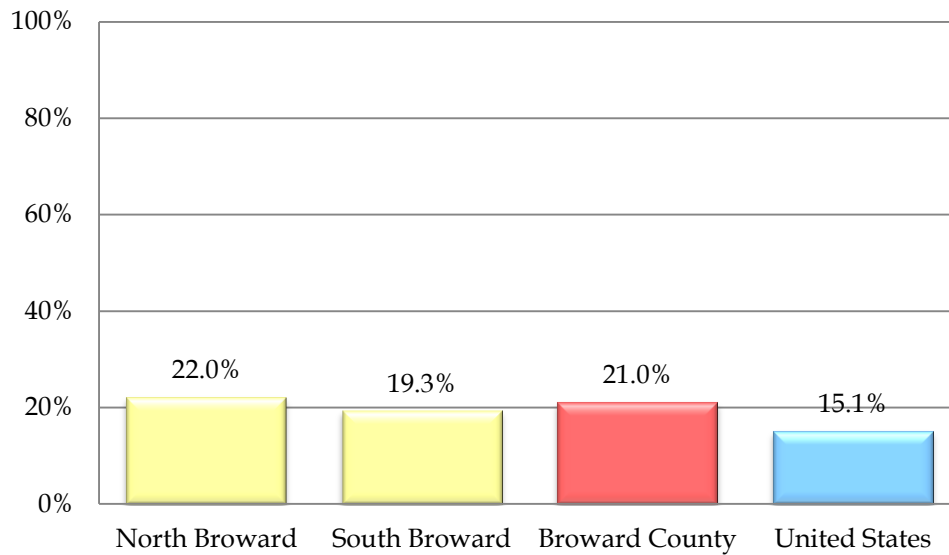
**Figure 166. Rating of the Ease of Obtaining Healthcare Services, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]

Notes: Asked of all respondents.

**Figure 167. Perceive Ease of Obtaining Healthcare Services as “Fair” or “Poor”, Broward County, 2011**

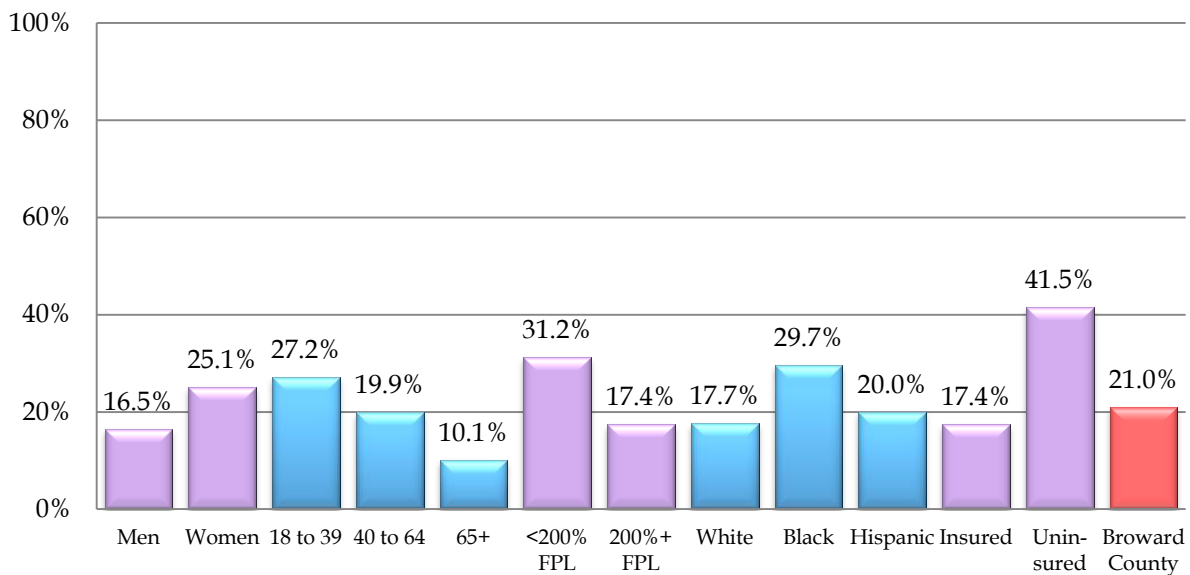


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]
- Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.

Notes: Asked of all respondents.

**Figure 168. Perceive Ease of Obtaining Healthcare Services as “Fair” or “Poor”, Broward County, 2011**

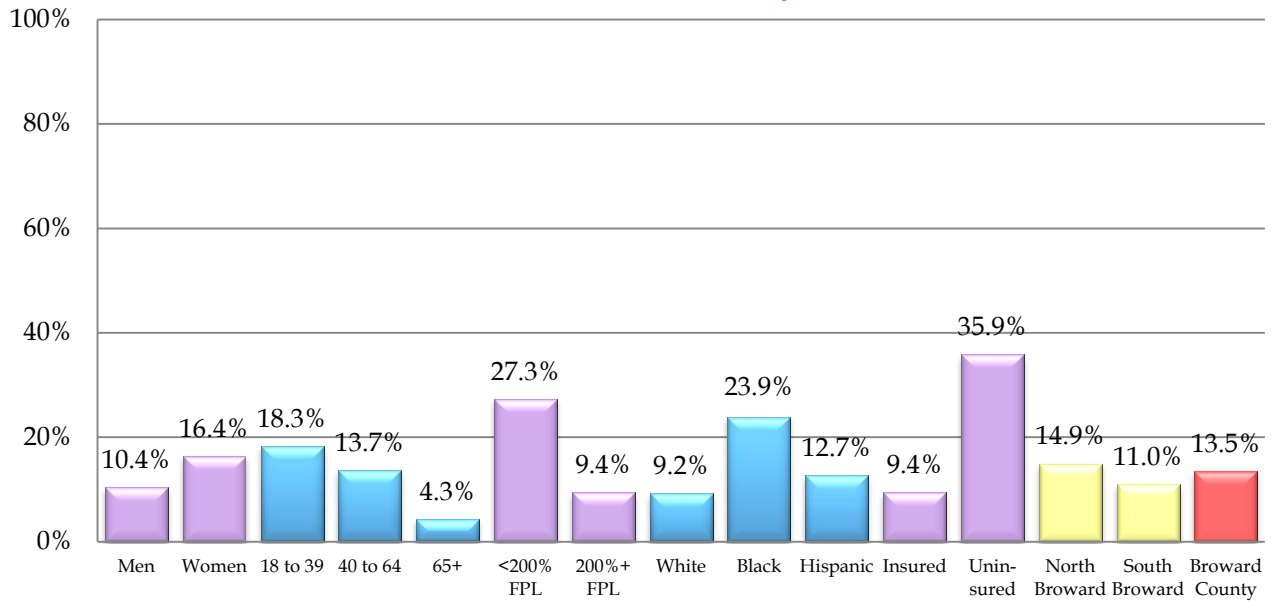


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

**Figure 169. Member of Household was Unable to Obtain Healthcare Service that were Needed in the Past 12 Months, Broward County, 2011**

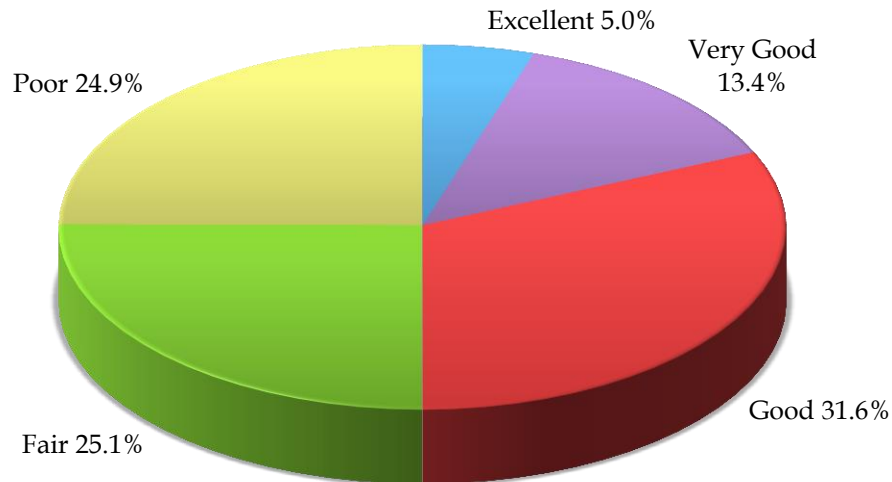


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Items 10-11]

Notes:

- Asked of all respondents
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

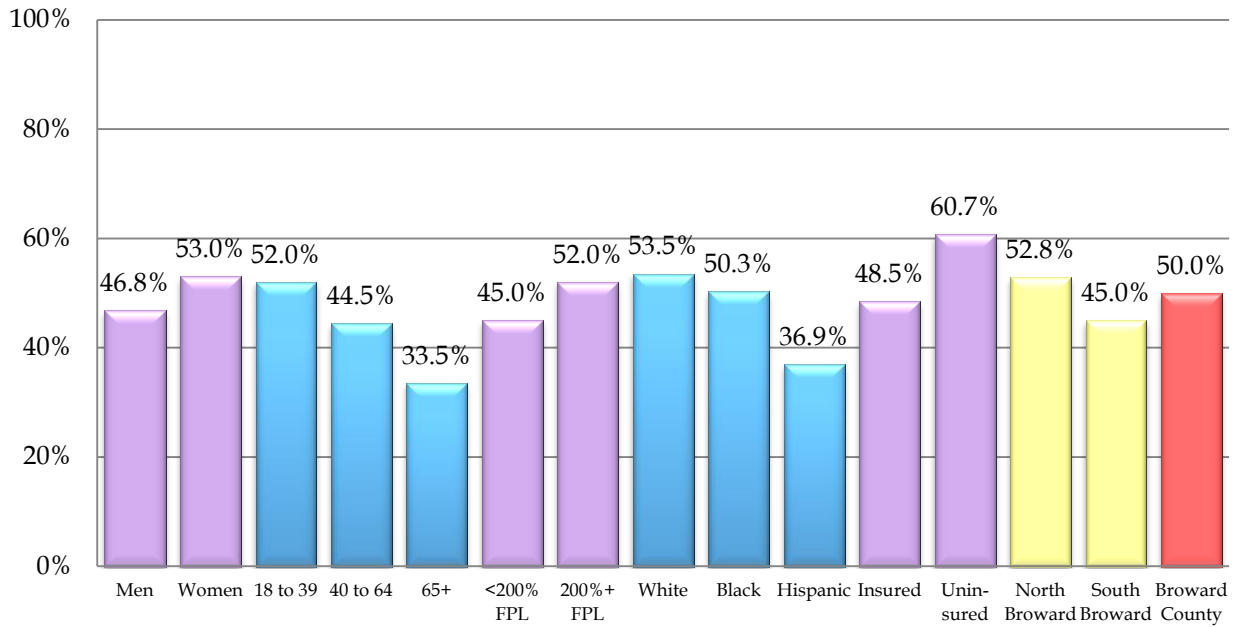
**Figure 170. Rating of the Affordability of Healthcare Services Received, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]

Notes: Asked of all respondents.

**Figure 171. Perceive Affordability of Healthcare Services as “Fair” or “Poor”, Broward County, 2011**



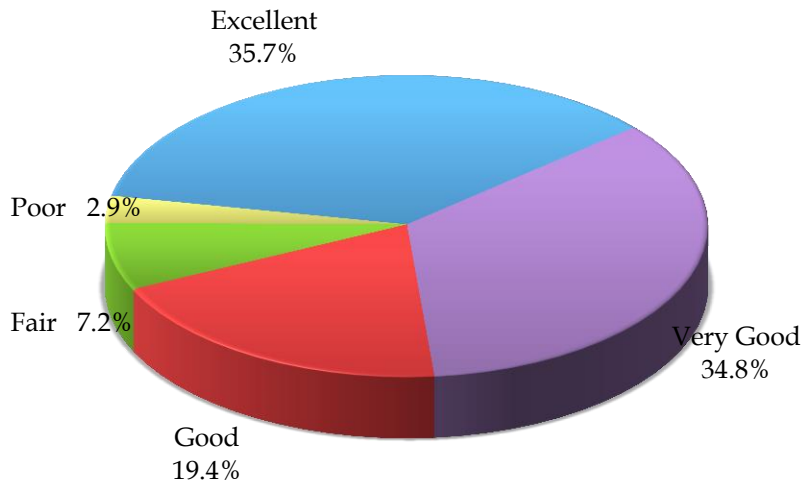
Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

### Self-Reported Health Status

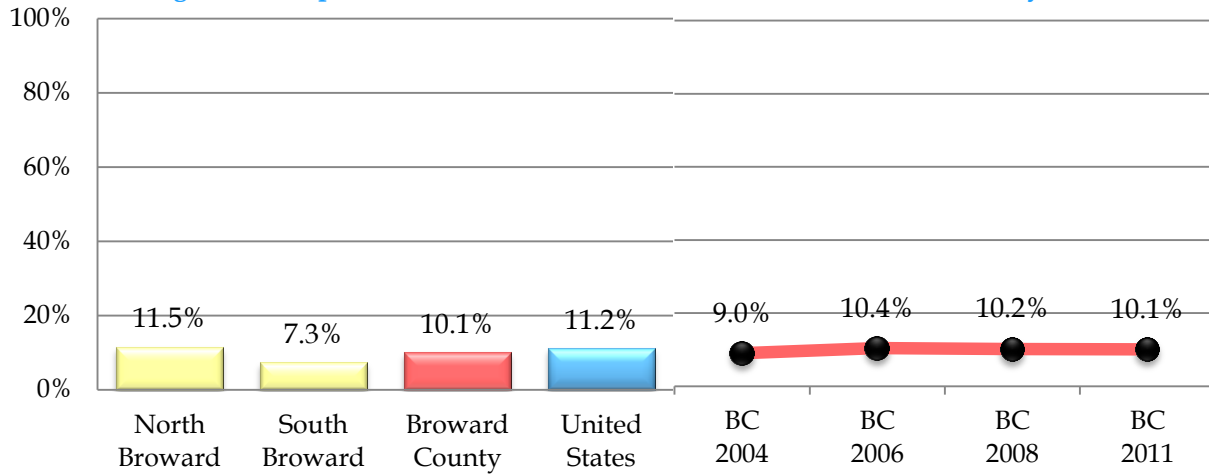
**Figure 172. Self-Reported Health Status (Including Physical, Mental, and Emotional Health), Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 4]

Notes: Asked of all respondents.

**Figure 173. Experience as “Fair” or “Poor” Health Status, Broward County, 2011**

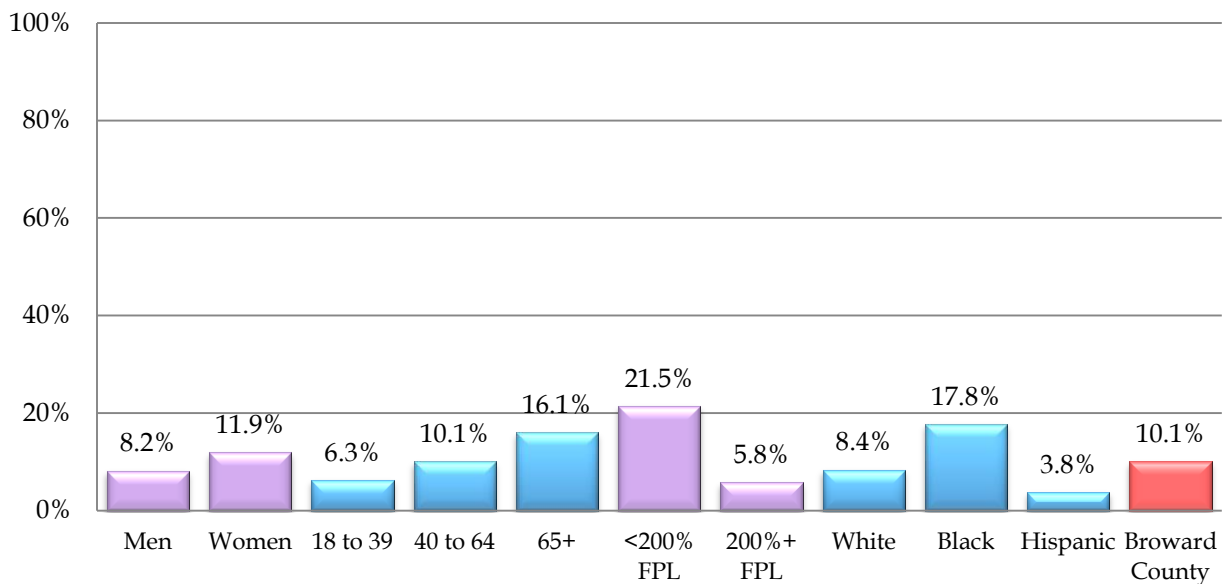


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 4]
- Professional Research Consultants, Inc. PRC National Quality of Life Survey.

Notes: Asked of all respondents.

**Figure 174. Experience as “Fair” or “Poor” Health Status, Broward County, 2011**

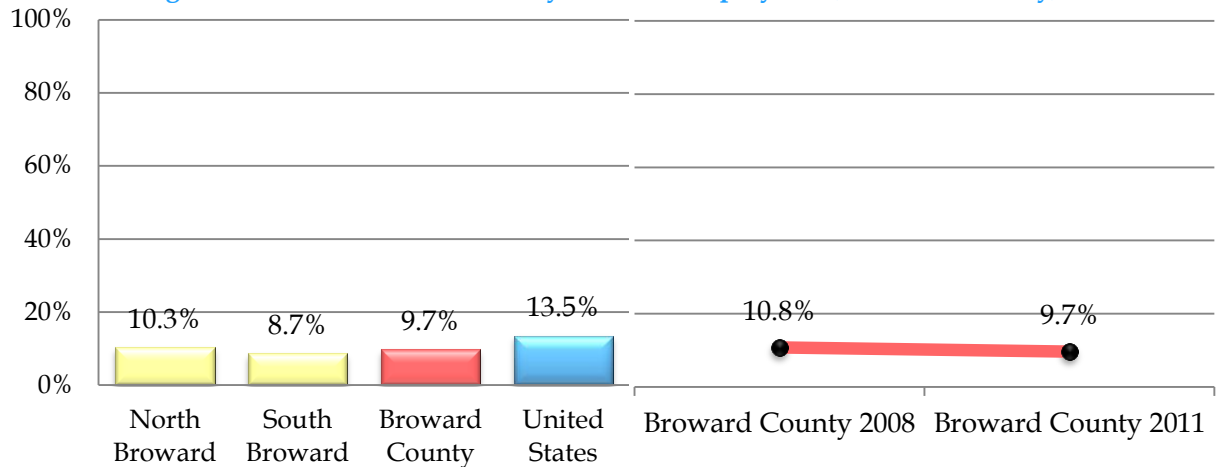


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 4]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

Figure 175. A Limitation Currently Prevents Employment, Broward County, 2011



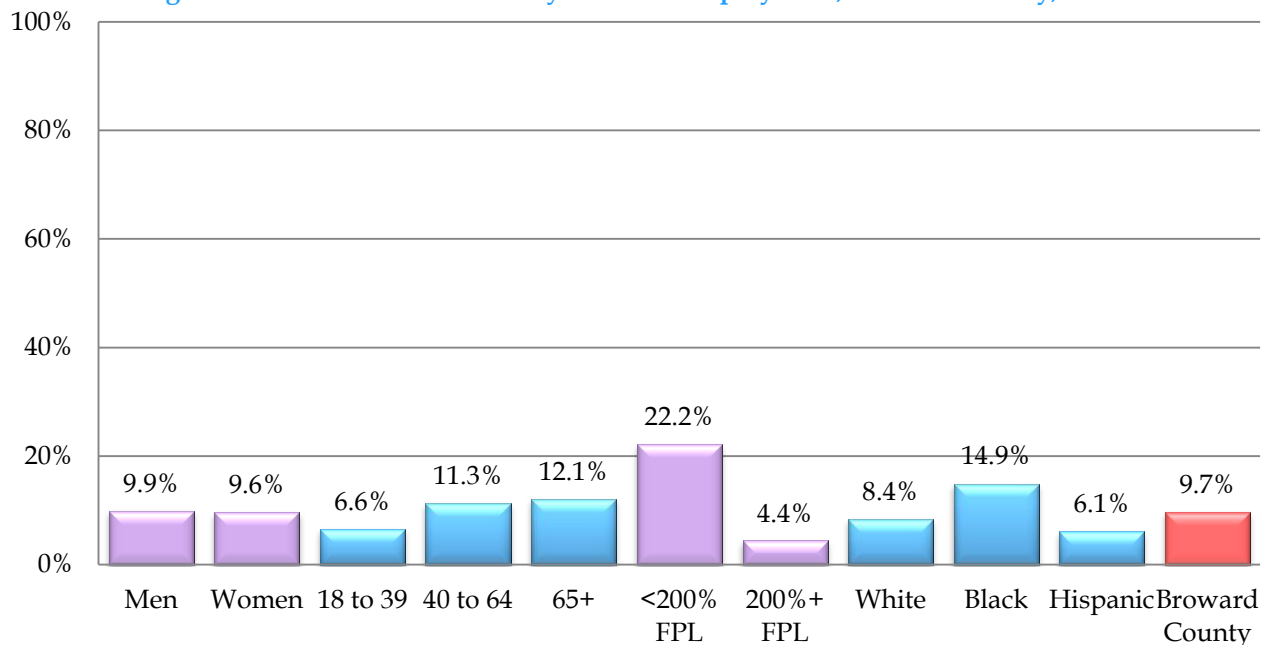
Among those for whom employment is not limited, a total of 5.8% report that they are limited in the kind or amount of employment activities they can do because of a physical, psychological, or cognitive impairment or health problem.

Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 49-50]
- Professional Research Consultants, Inc. PRC National Quality of Life Survey.

Notes: Asked of all respondents.

Figure 176. A Limitation Currently Prevents Employment, Broward County, 2011



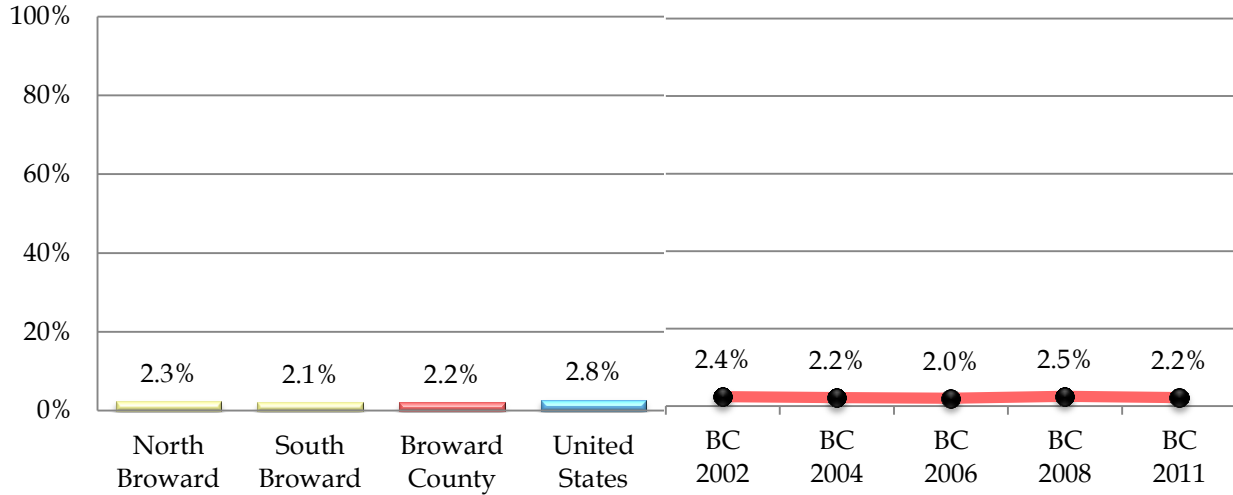
Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 49]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.



**Figure 177. Have an Activity Limitation Requiring Help with Personal Care, Broward County, 2011**

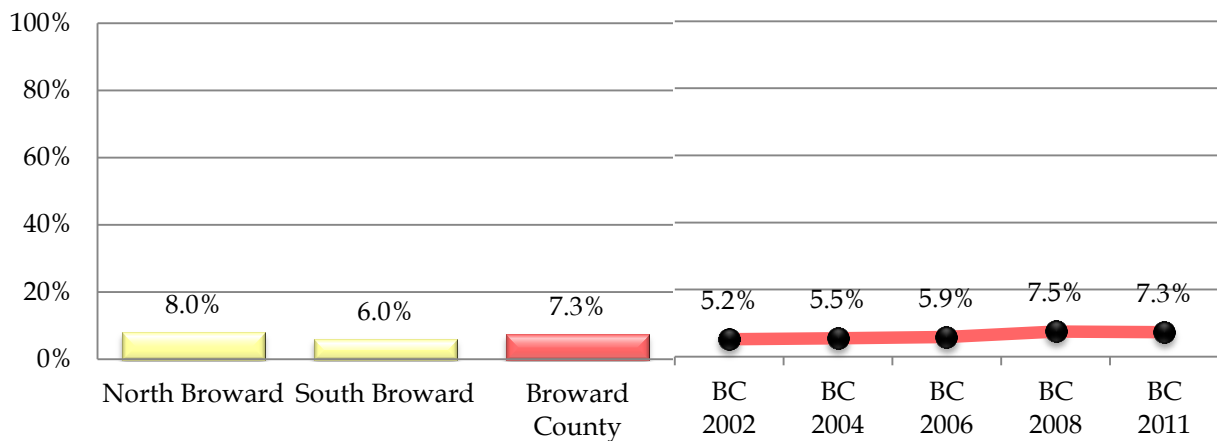


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 51]
- Professional Research Consultants, Inc. PRC National Quality of Life Survey.

Notes: Asked of all respondents.

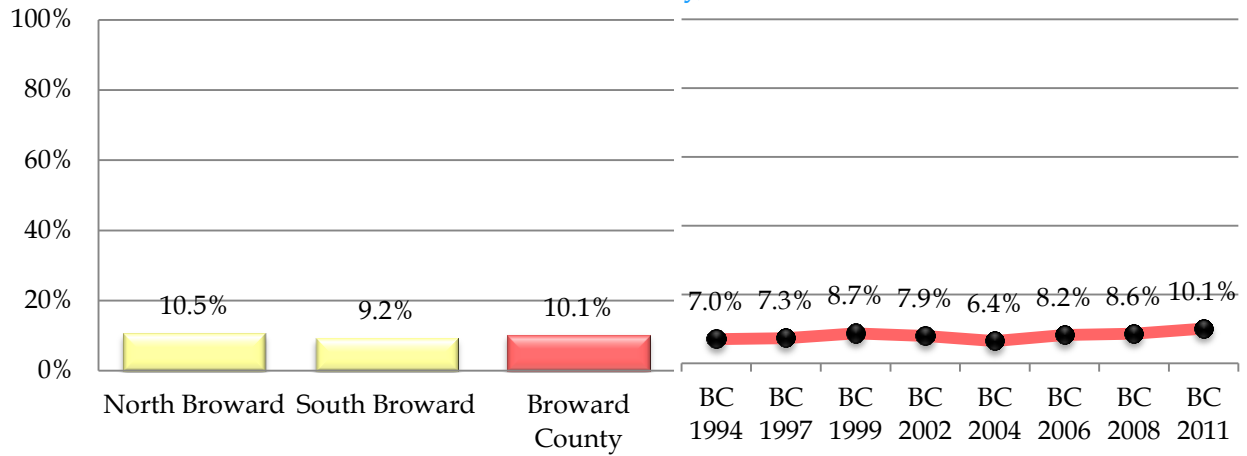
**Figure 178. Have an Activity Limitation Requiring Help with Routine Needs, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]

Notes: Asked of all respondents.

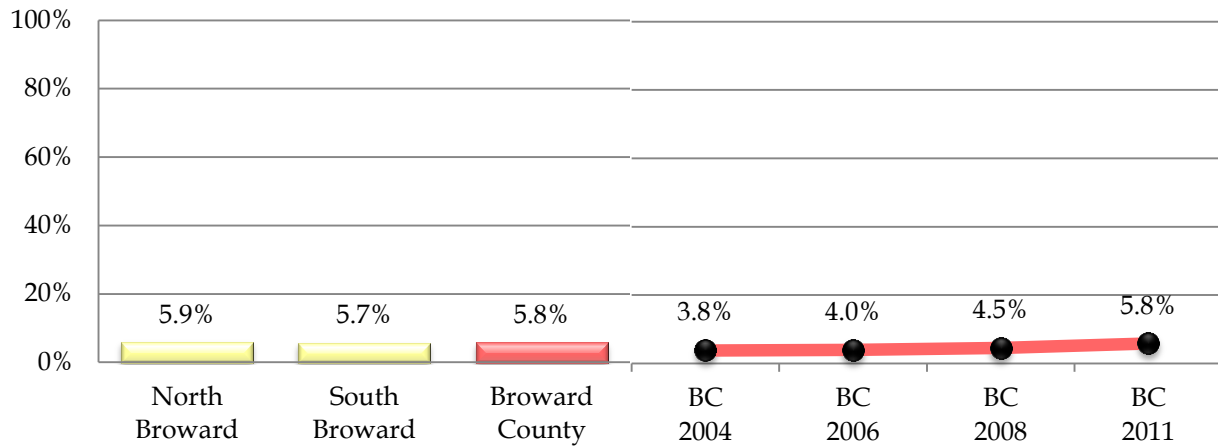
**Figure 179. Member of Household Has a Disability Requiring Assistance in Walking/Moving, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 15]

Notes: Asked of all respondents.

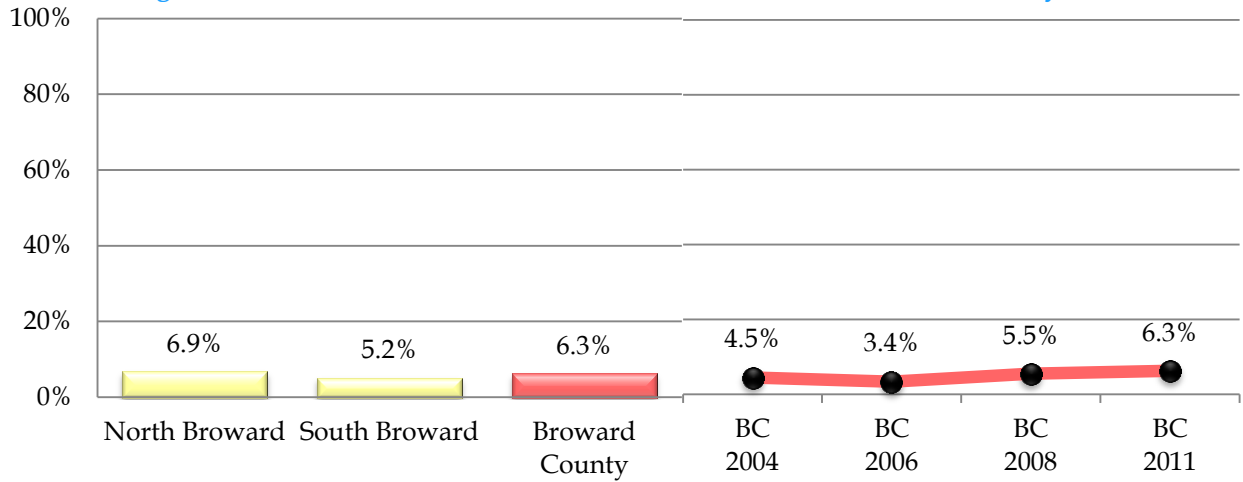
**Figure 180. Member of Household Has Development Disabilities, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 16]

Notes: Asked of all respondents.

**Figure 181. Member of Household Has Mental Disabilities, Broward County, 2011**

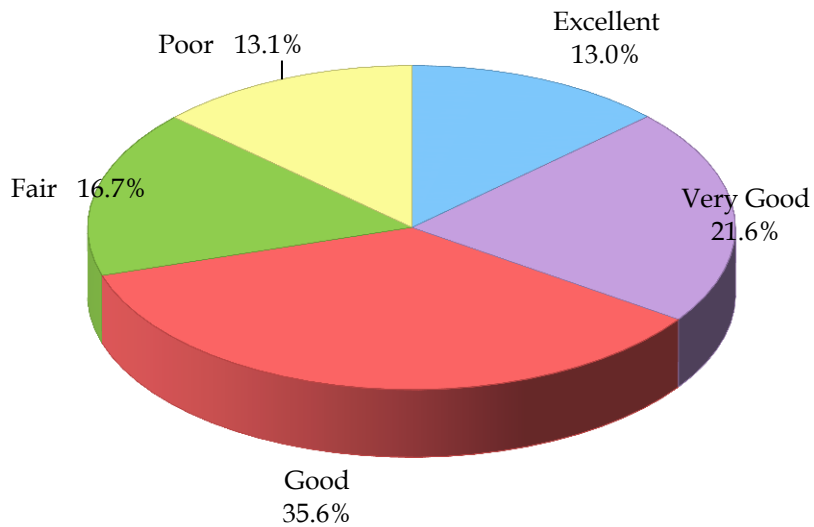


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]

Notes: Asked of all respondents.

*Mental Health*

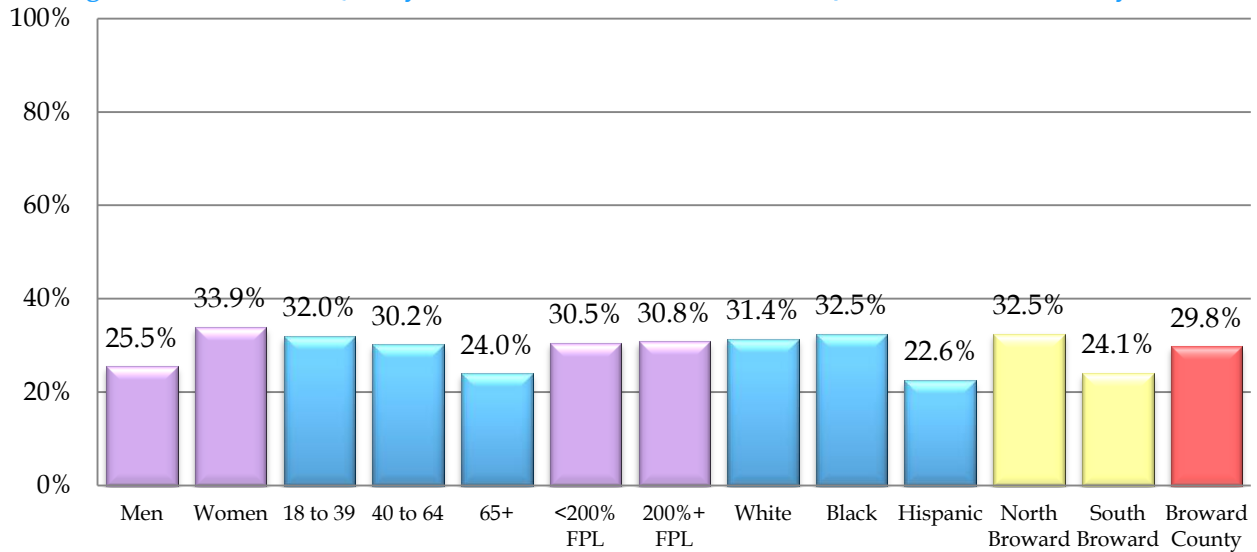
**Figure 182. Perceived Quality of Mental Health Services, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 43]

Notes: Asked of all respondents

**Figure 183. Perceived Quality of Mental Health Services is “Fair/Poor”, Broward County, 2011**

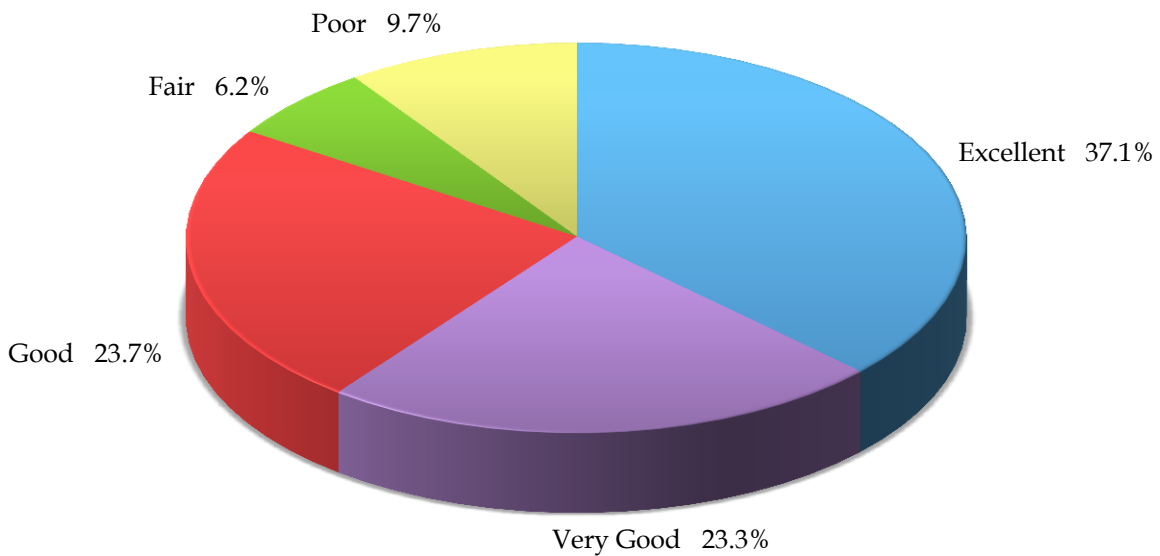


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 43]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

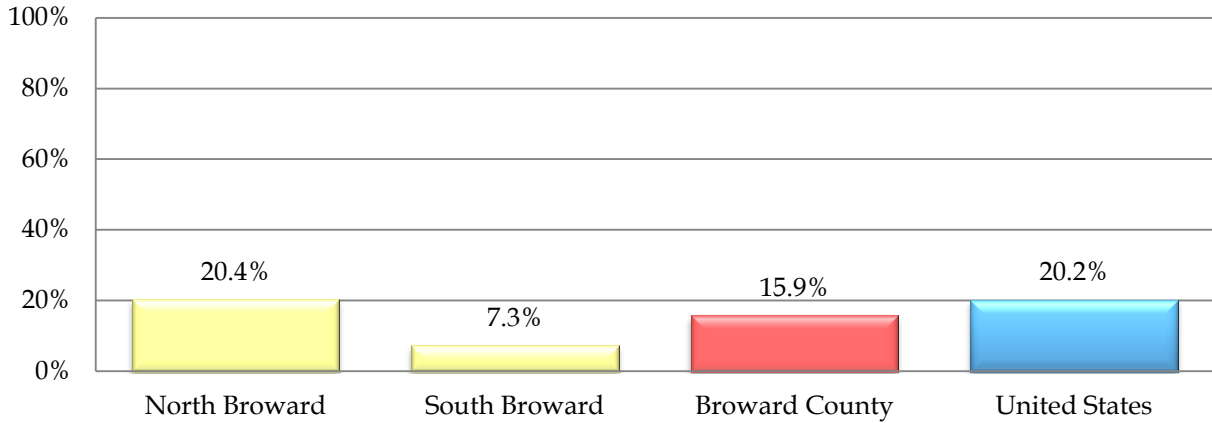
**Figure 184. Perceived Ease of Obtaining Mental Health Services, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 42]

Notes: Asked of all respondents.

**Figure 185. Perceived Ease of Obtaining Mental Health Services as “Fair” or “Poor,” Broward County, 2011**

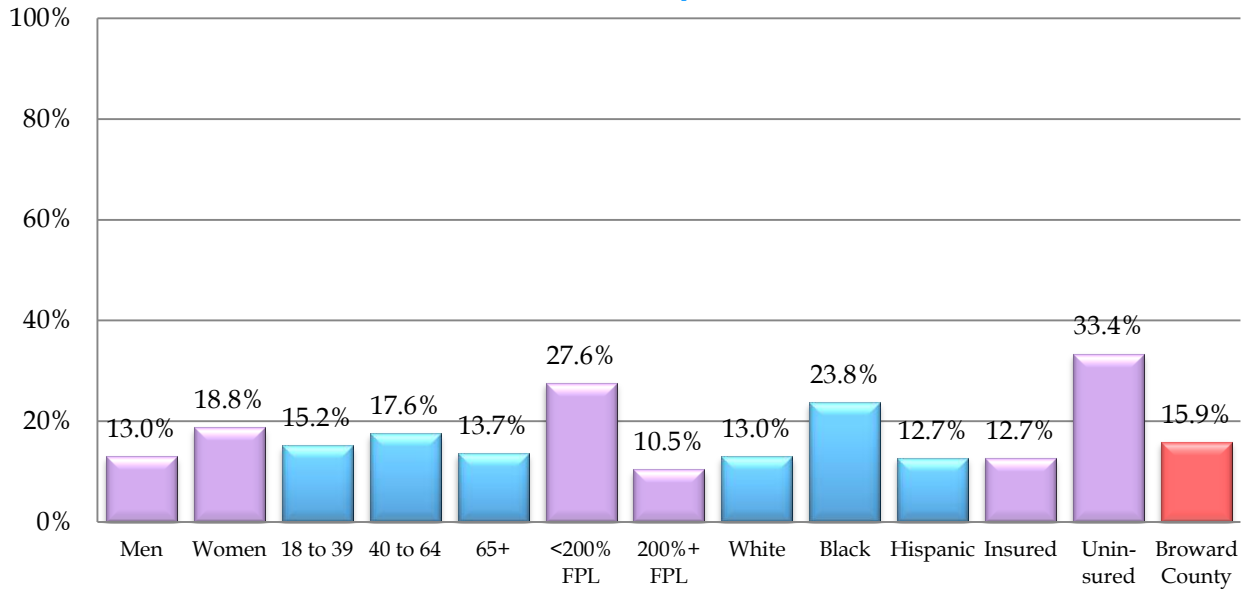


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 42]
- Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.

Notes: Asked of all respondents.

**Figure 186. Perceived Ease of Obtaining Mental Health Services as “Fair” or “Poor,” Broward County, 2011**

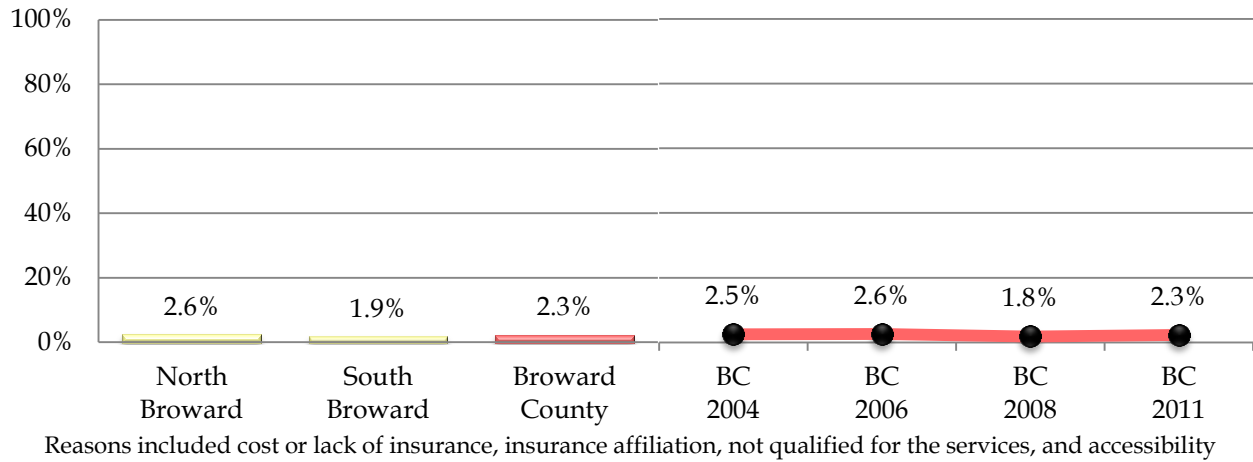


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 42]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

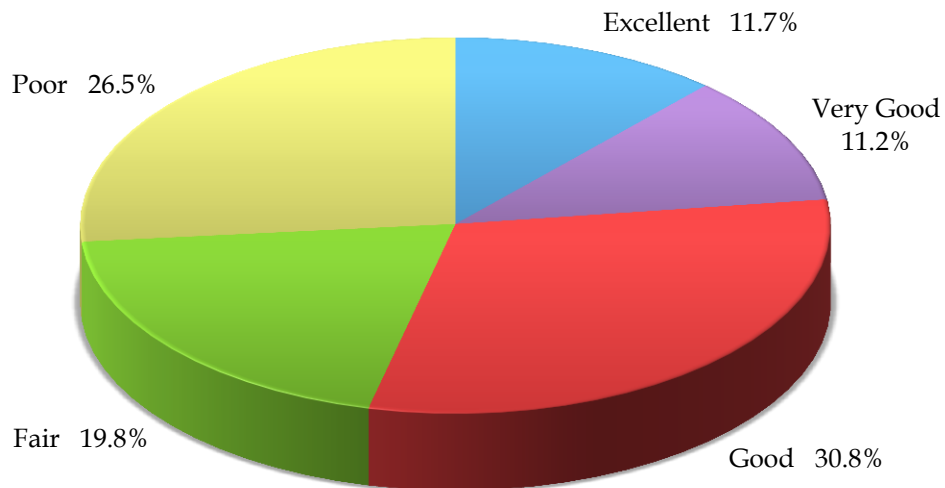
**Figure 187. Needed Mental Health Services in the Past Month but Could Not Obtain Them, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Items 40-41]

Notes: Asked of all respondents.

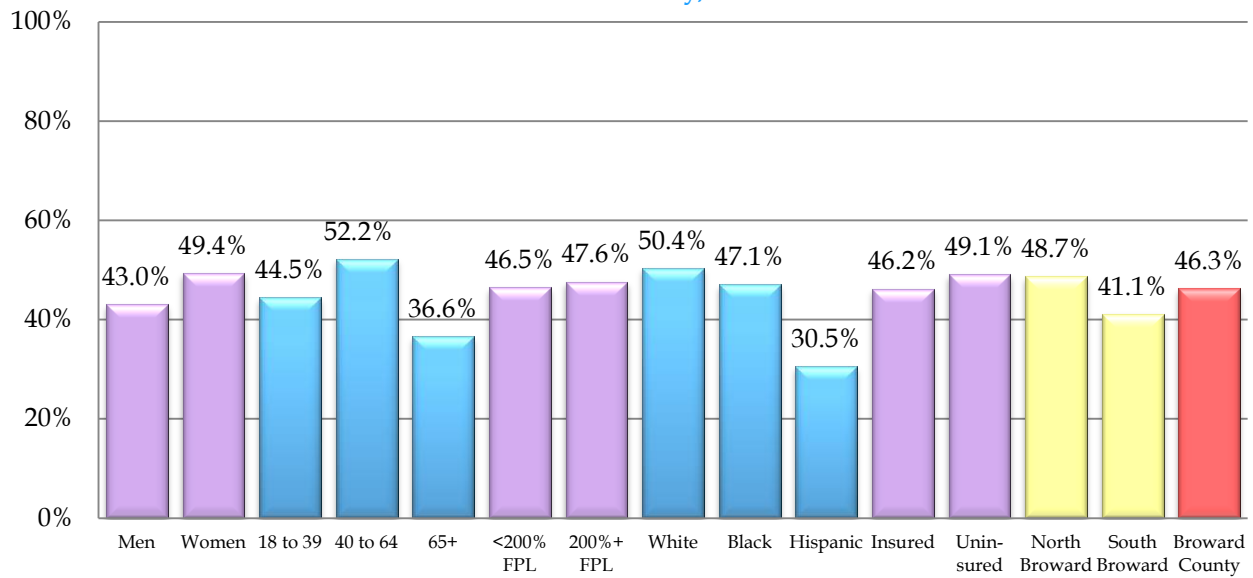
**Figure 188. Perceived Affordability of Mental Health Services, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 44]

Notes: Asked of all respondents.

**Figure 189. Perceived Affordability of Mental Health Services is “Fair/Poor”, Broward County, 2011**

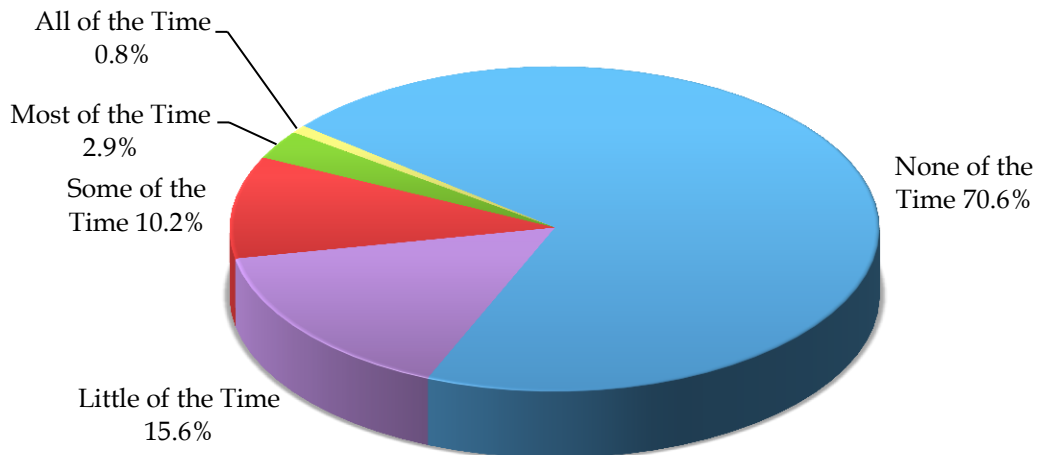


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 44]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

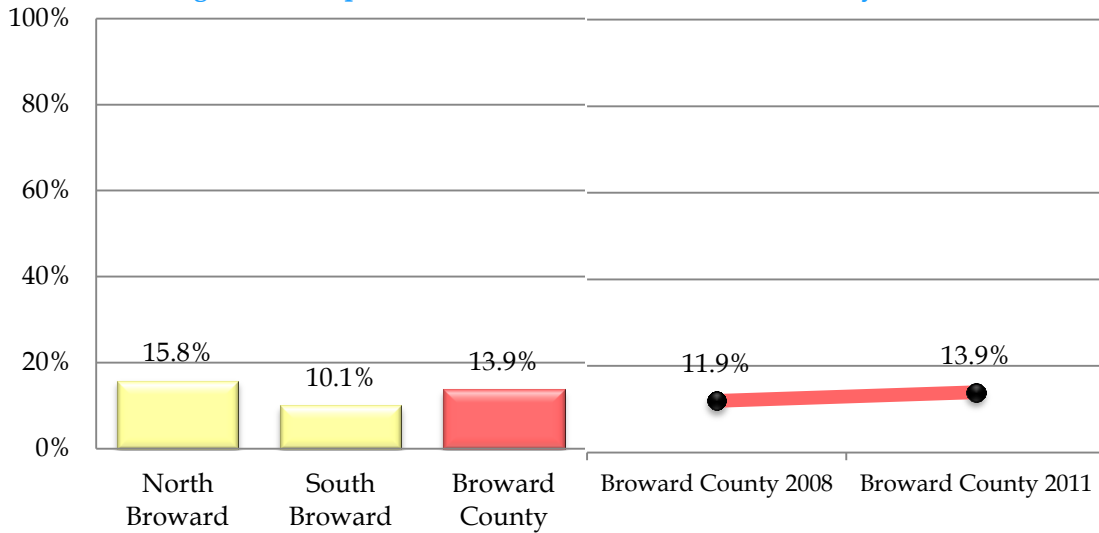
**Figure 190. Prevalence of Depression in the Past Month, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 45]

Notes: Asked of all respondents.

**Figure 191. Depressed in the Past Month, Broward County, 2011**

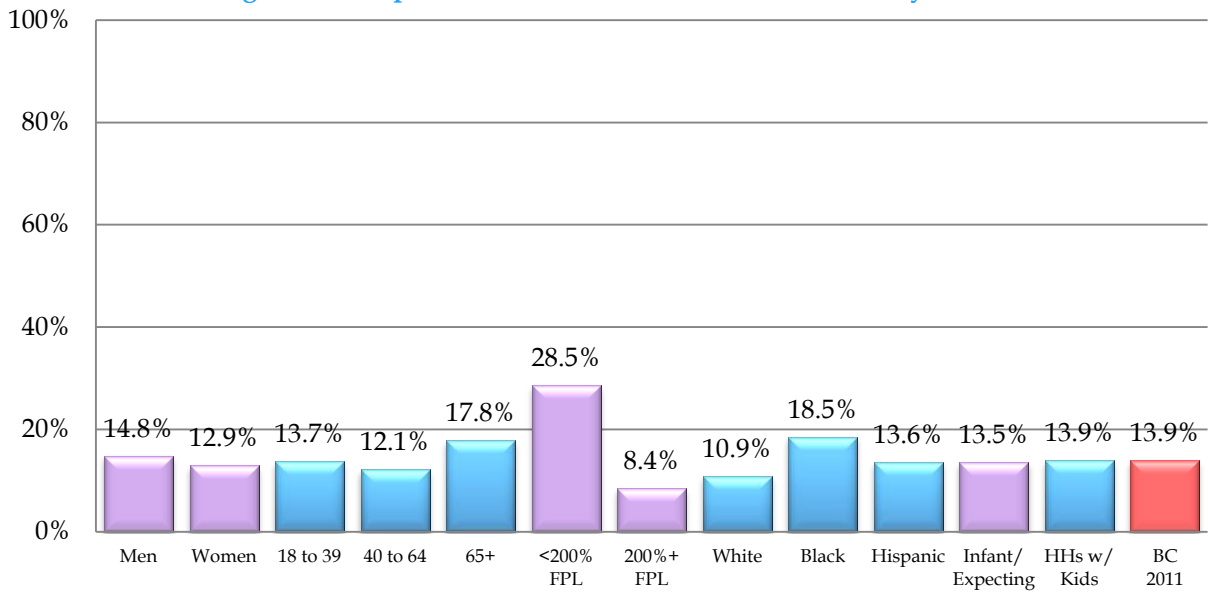


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 45]

Notes:

- Asked of all respondents.
- Percentages represent combined "all/most/some of the time" responses.

**Figure 192. Depressed in the Past Month, Broward County, 2011**



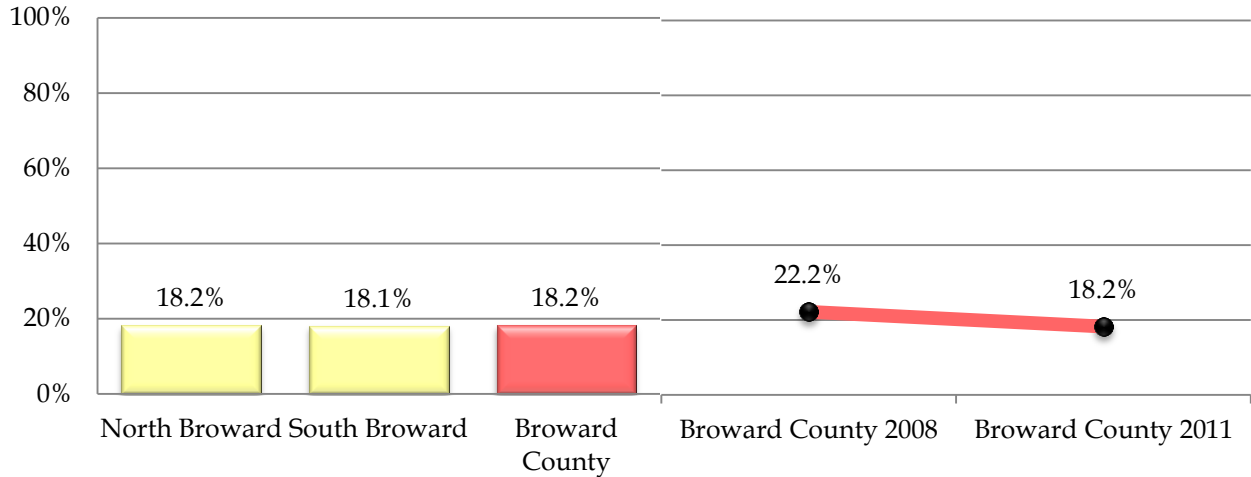
Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 45]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.



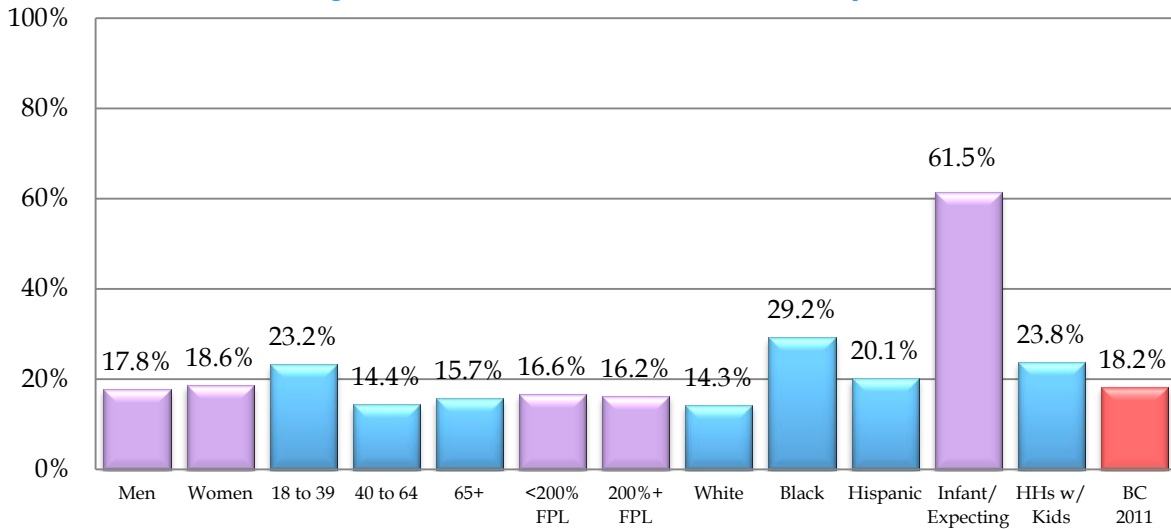
**Figure 193. Aware of In-Home Services Providing Depression Treatment for People who Care for Children, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]

Notes: Asked of all respondents.

**Figure 194. Aware of In-Home Services Providing Depression Treatment for People who Care for Children, Broward County, 2011**

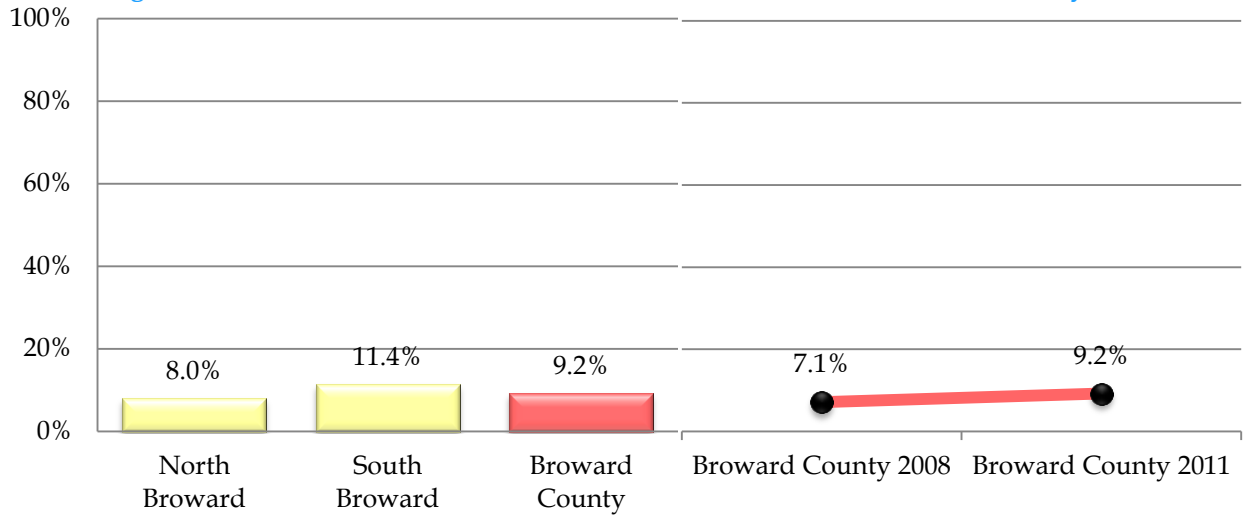


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

**Figure 195. Child Used Mental Health Services in the Past Year, Broward County, 2011**

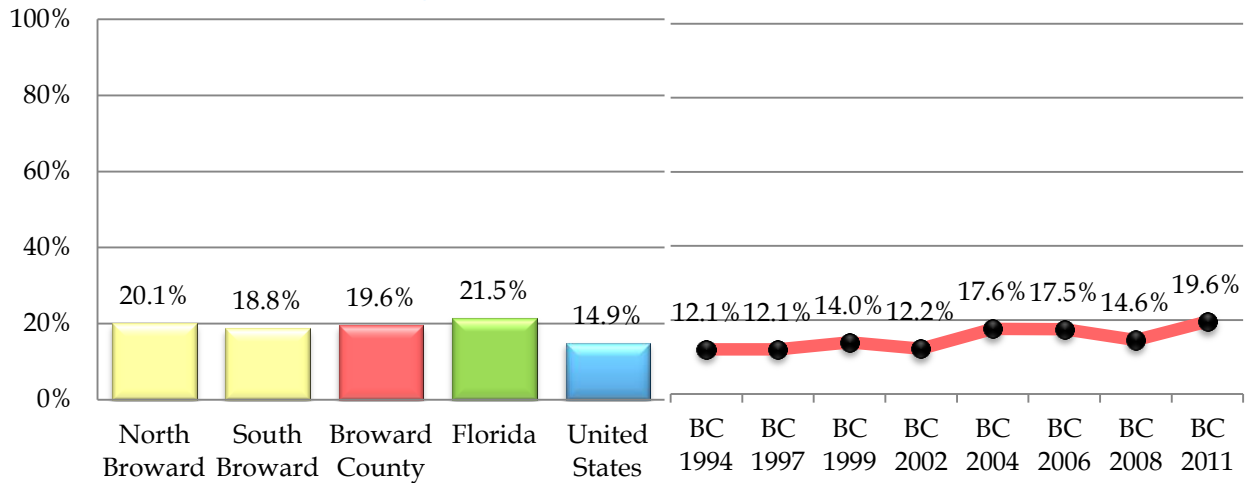


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 127]

Notes: Asked of all respondents with children under 18 at home.

*Access to Healthcare*

**Figure 196. Lack of Healthcare Insurance Coverage (Among Adults under 65), Broward County, 2011**

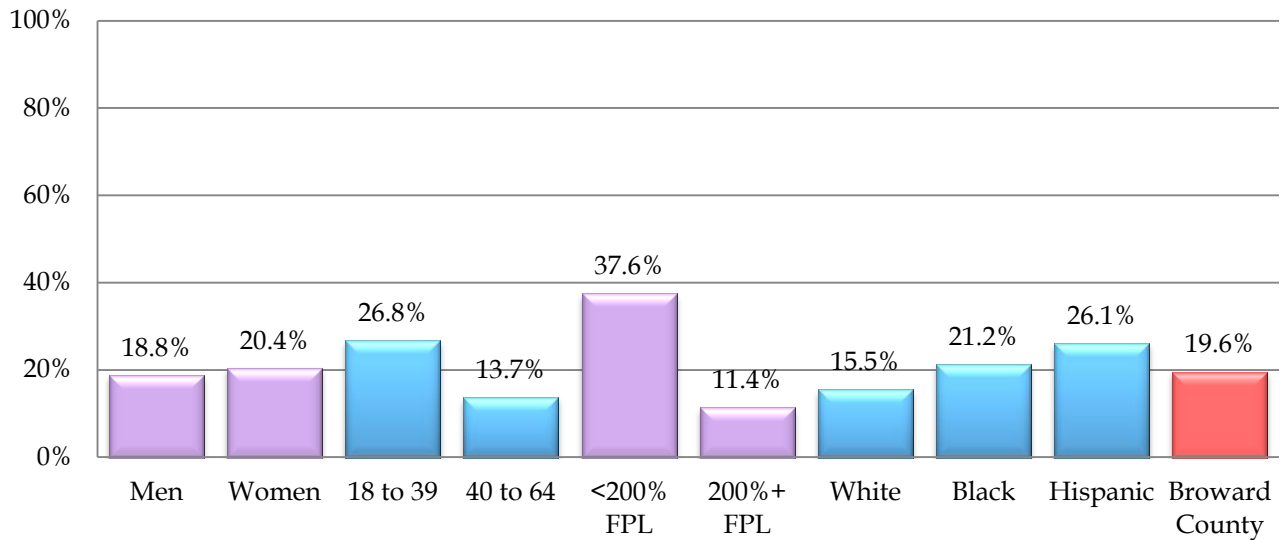


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Florida Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective AHS-1]

Notes: Asked of all respondents under the age of 65.

**Figure 197. Lack of Healthcare Insurance Coverage (Among Adults under 65), Broward County, 2011**



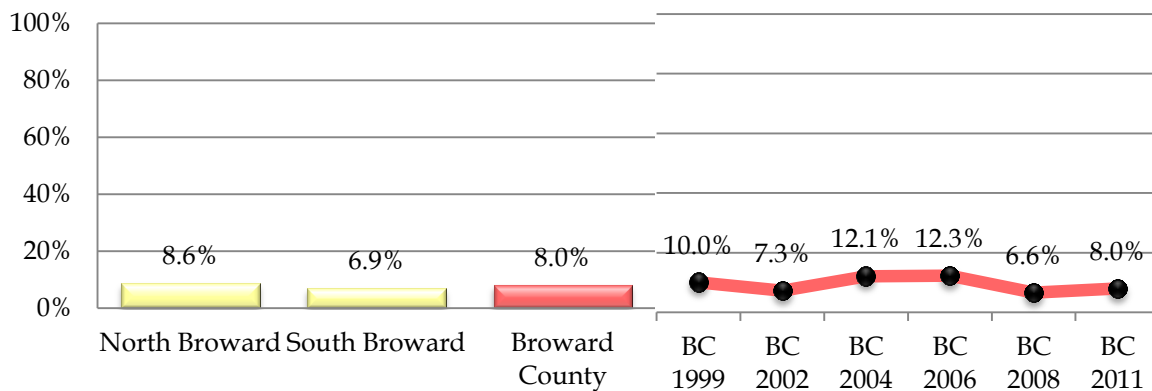
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective AHS-1]

Notes:

- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

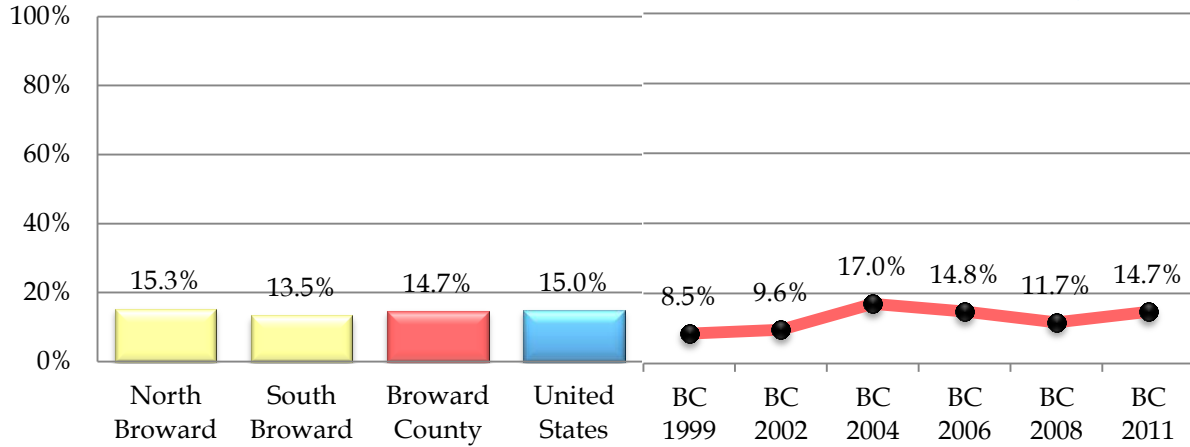
**Figure 198. Have No Healthcare Insurance Coverage for Child, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 117]

Notes: Asked of all respondents with children under 18 at home

**Figure 199. Cost Prevented Prescription Medication in Past Year, Broward County, 2011**

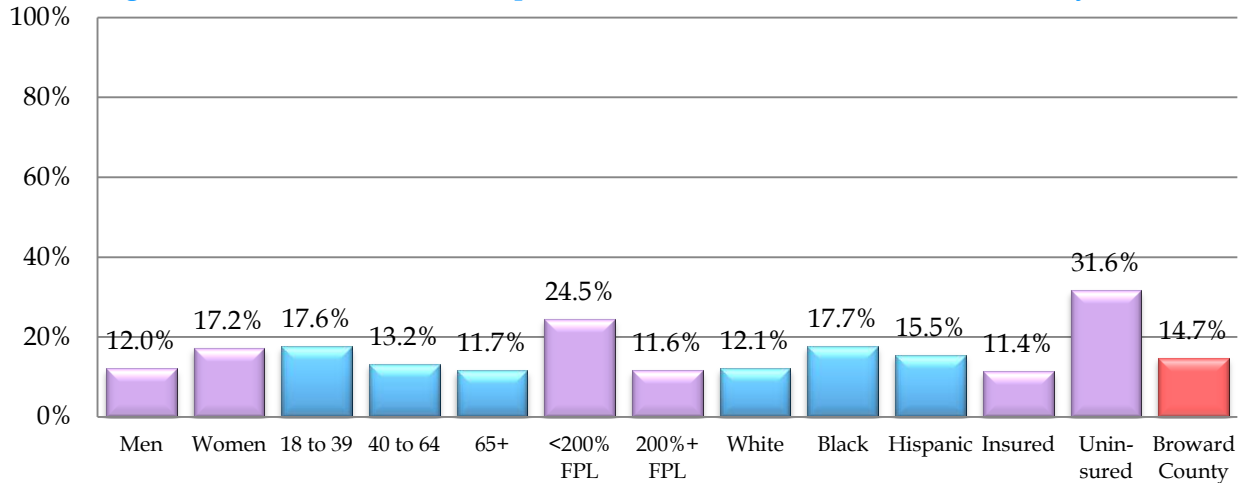


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes: Asked of all respondents.

**Figure 200. Cost Prevented Prescription Medication in Past Year, Broward County, 2011**

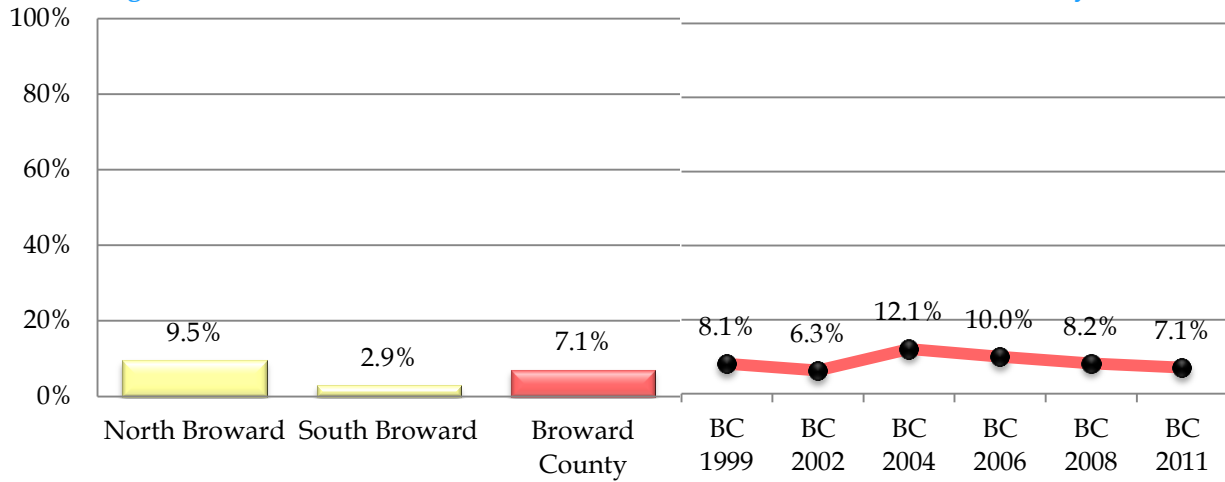


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

**Figure 201. Cost Prevented Child's Doctor Visit in the Past Year, Broward County, 2011**

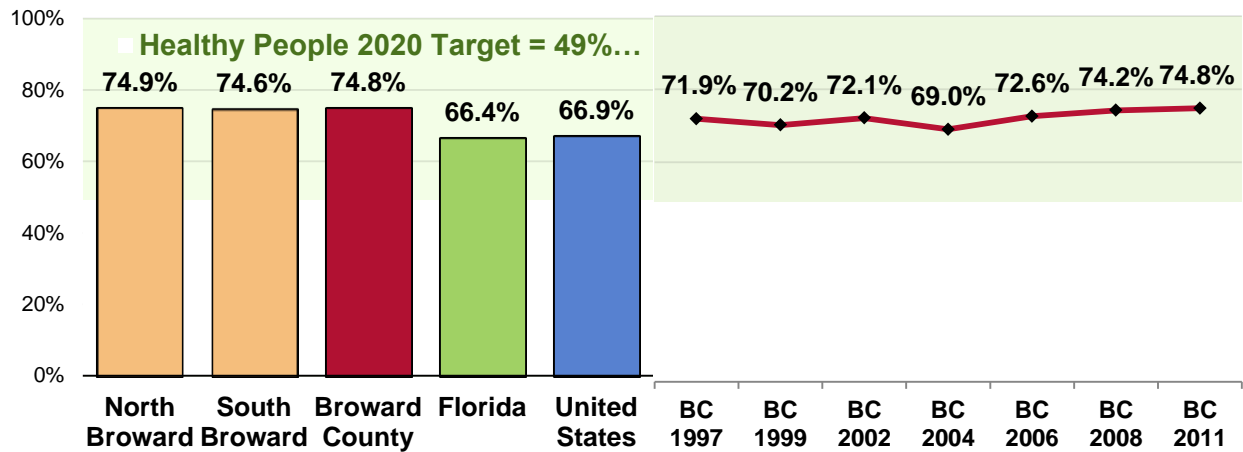


Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 119]

Notes: Asked of all respondents with children under 18 at home.

*Preventive Care*

**Figure 202. Have Visited a Dentist or Dental Clinic Within the Past Year, Broward County, 2011**

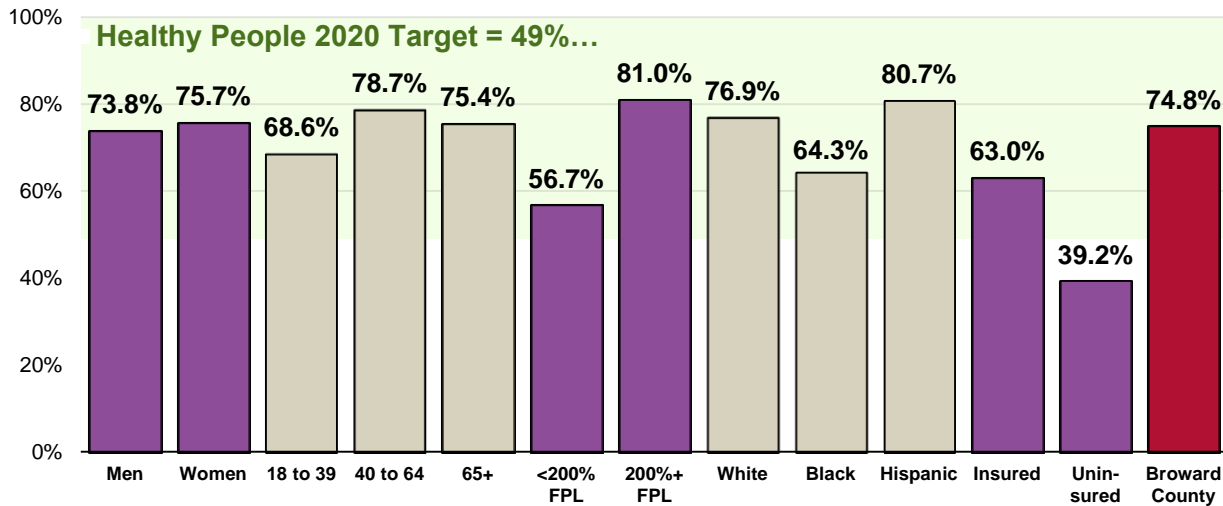


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Service, Centers for Disease Control and Prevention, 2008 Florida Data.

Notes: Asked of all respondents.

Figure 203. Have Visited a Dentist or Dental Clinic Within the Past Year, Broward County, 2011



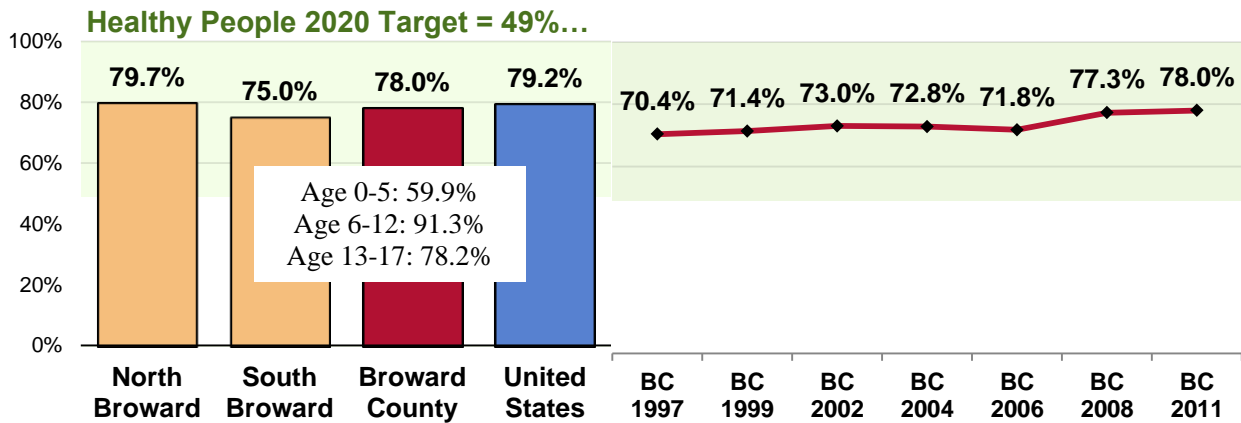
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

Figure 204. Child Has Visited a Dentist or Dental Clinic Within the Past Year (Asked of Adults with Children Aged 2-17), Broward County, 2011



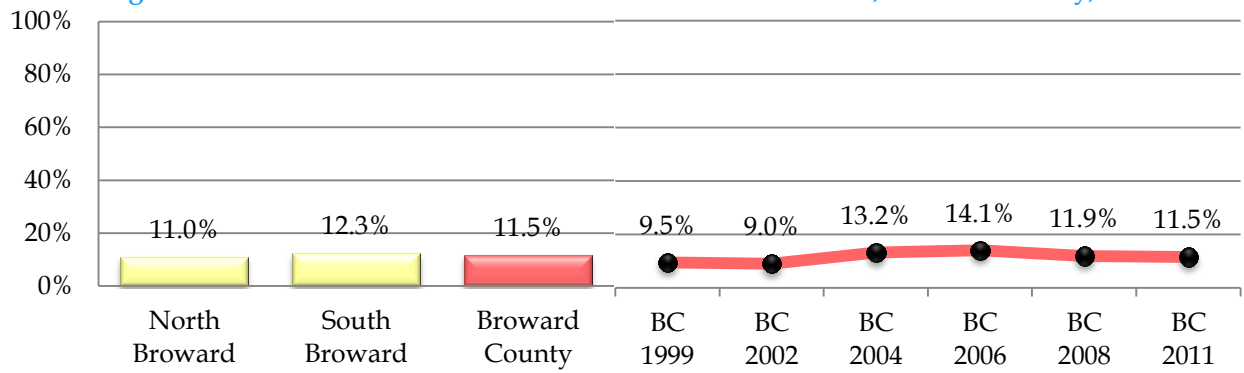
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 120]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7]

Notes:

- Asked of all respondents with children aged 2 through 17

**Figure 205. Cost Prevented Child’s Dental Visit in the Past Year, Broward County, 2011**



Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 121]

Notes: Asked of all respondents with children under 18 at home.

# V. HEALTH 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:

*Health Professional Shortage Areas* are designated by the US Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may occur geographically (a county or service area), demographically (low income population) or institutionally (comprehensive health center, FQHCs or other public facility).

*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.

Source: USDHHS Health Resources and Services Administration

Table 21 depicts the identified healthcare shortages in Broward County. The low income pool and professional shortages are located in Fort Lauderdale, Pompano Beach, Deerfield Beach, Margate, Hallandale, Miramar, Sunrise, Davie, Hollywood, and Dania Beach. .

**Table 21. Broward Health Professional Shortage Area & Medically Underserved Area/Populations**

Federal Designations	November 2012	
	#	Type
Primary Health Professional Shortage Area	7	Low Income Pool
	4	Native American Tribal Population
	4	Comprehensive Health Center
Dental Health Professional Shortage Area	8	Comprehensive Health Center
	2	Low Income Pool
Mental Health Professional Shortage Area	8	Comprehensive Health Center
	1	Native American Tribal Population
Medically Underserved Area/Populations	8	Low Income Pool

Source: USDHHS Health Resources and Services Administration



**Table 22 Medically Underserved Area/Populations  
(All Low Income)**

Pompano Beach
Dania
Deerfield Beach
Fort Lauderdale/Lauderdale Lakes
Hallandale
Hollywood
Margate
Miramar
Sunrise
Hallandale/Miramar

Source: USDHHS Health Resources and Services Administration

**Table 23. Primary Medical Care HPSAs**

PRIMARY MEDICAL CARE HPSAs	ID	FTE	#Short	Score
<b>LOW INCOME POPULATIONS</b>				
Fort Lauderdale	112999120D	14	24	13
Pompano Beach	1129991212	3	3	15
Deerfield Beach	112999124C	1	8	16
Margate	112999124F	1	11	15
Hallandale/Miramar	112999124G	1	10	17
Sunrise	112999124H	1	4	15
Davie/Hollywood/Dania	11299912AQ	7	17	15
<b>NATIVE AMERICAN TRIBAL POPULATION</b>				
Seminole Tribe of FL - Health Admin.	112999128K	0	0	14
<b>COMPREHENSIVE HEALTH CENTERS</b>				
Broward Community Family Health Ctr.	112999122J	1	0	17
Homeless – Broward Health	112999125A	1	0	1

FTE = # FTE non-Federal primary medical care/dental/mental health providers serving the area, population group, or facility

Score = HPSA Scores are developed for use by National Health Service Corps in determining assignment of clinicians priorities. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. Higher scores equal greater priority. All FQHCs and those Rural Health Clinics providing access to care regardless of ability to pay receive automatic facility HPSA designation and may have a HPSA score of 0.

# Short = # FTE providers needed to remove the designation [also known as the de-designation threshold].

**Table 24. Dental and Mental Health Care HPSAs**

DENTAL	ID	FTE	# SHORT	Score
Homeless - Broward Health	612999123H			0
Broward Community Family Health Ctr.	612999123L			10
Seminole Tribe of FL - Health Admin.	612999120Z			9
Fort Lauderdale - Low Income Pool	61299912P6	3	25	15
Davie - Low Income	61299912PB	2	17	12
MENTAL HEALTH	ID	FTE	# SHORT	Score
Broward Community Family Health Ctr.	712999121C			11
Homeless -Broward Health	7129991299			0
Seminole Tribe of FL - Health Admin.	712999129D	0		13

**NATP: Native American Tribal Population; LIP: Low Income Populations  
CHC: Comprehensive Health Centers**

Source: USDHHS Health Resources and Services Administration

**Table 25. Community Needs Score  
Top 10 Zip Codes (1=low need; 5=high need)**

ZIP Code	Community Need Score	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank
33311	4.9	5	5	5	5	5
33313	4.7	4	4	5	5	5
33060	4.6	3	5	5	5	5
33312	4.4	3	4	5	5	5
33068	4.4	3	4	5	5	5
33064	4.3	4	4	5	5	4
33334	4.3	2	4	5	5	5
33441	4.3	3	3	5	5	5
33309	4.0	3	3	5	5	5
33304	4.0	3	2	5	5	5

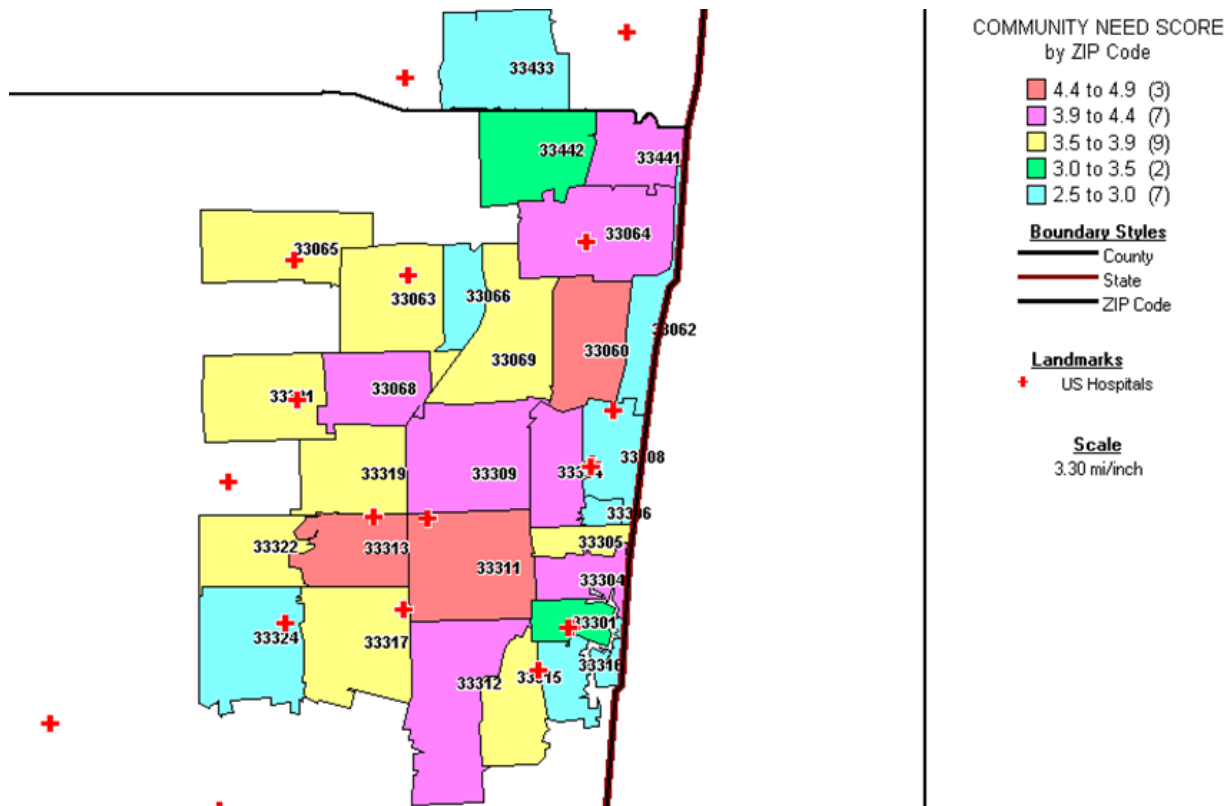
Source: 2012\_CHE\_CNS in COMMUNITY NEED SCORE, D2009.MDB

Table 26. 2012 Community Needs Score  
Top 10 Zip Codes

ZIP Code	Poverty 65+	Poverty Families w/ Children	Poverty Single Female w/ children	No High School Diploma	Minority	Limited English	Unemployed	Uninsured	Renting
33311	54.4%	32.2%	43.4%	27.1%	90.3%	18.8%	18.2%	36.3%	46.0%
33313	58.3%	27.4%	41.1%	18.5%	89.4%	26.9%	13.4%	30.7%	37.6%
33060	35.4%	23.3%	36.5%	25.2%	58.7%	36.8%	12.0%	26.7%	38.4%
33312	43.6%	16.4%	34.7%	19.7%	58.9%	31.5%	10.7%	21.8%	33.9%
33068	45.3%	21.6%	32.6%	21.8%	84.8%	49.4%	13.2%	19.3%	32.1%
33064	48.4%	19.0%	34.7%	21.7%	54.0%	46.7%	11.9%	22.3%	24.2%
33334	40.3%	13.9%	17.4%	17.1%	48.0%	39.3%	10.7%	22.0%	38.5%
33441	44.6%	21.0%	33.3%	12.9%	48.5%	33.2%	11.3%	25.3%	36.9%
33309	49.8%	12.3%	14.6%	14.5%	65.9%	34.2%	14.0%	19.2%	32.7%
33304	41.7%	17.8%	36.5%	10.5%	33.3%	24.6%	11.0%	25.6%	39.9%

Source: 2012\_CHE\_CNS in COMMUNITY NEED SCORE, D2009.MDB

Figure 206. 2012 Community Needs Score Top 10 Zip Codes

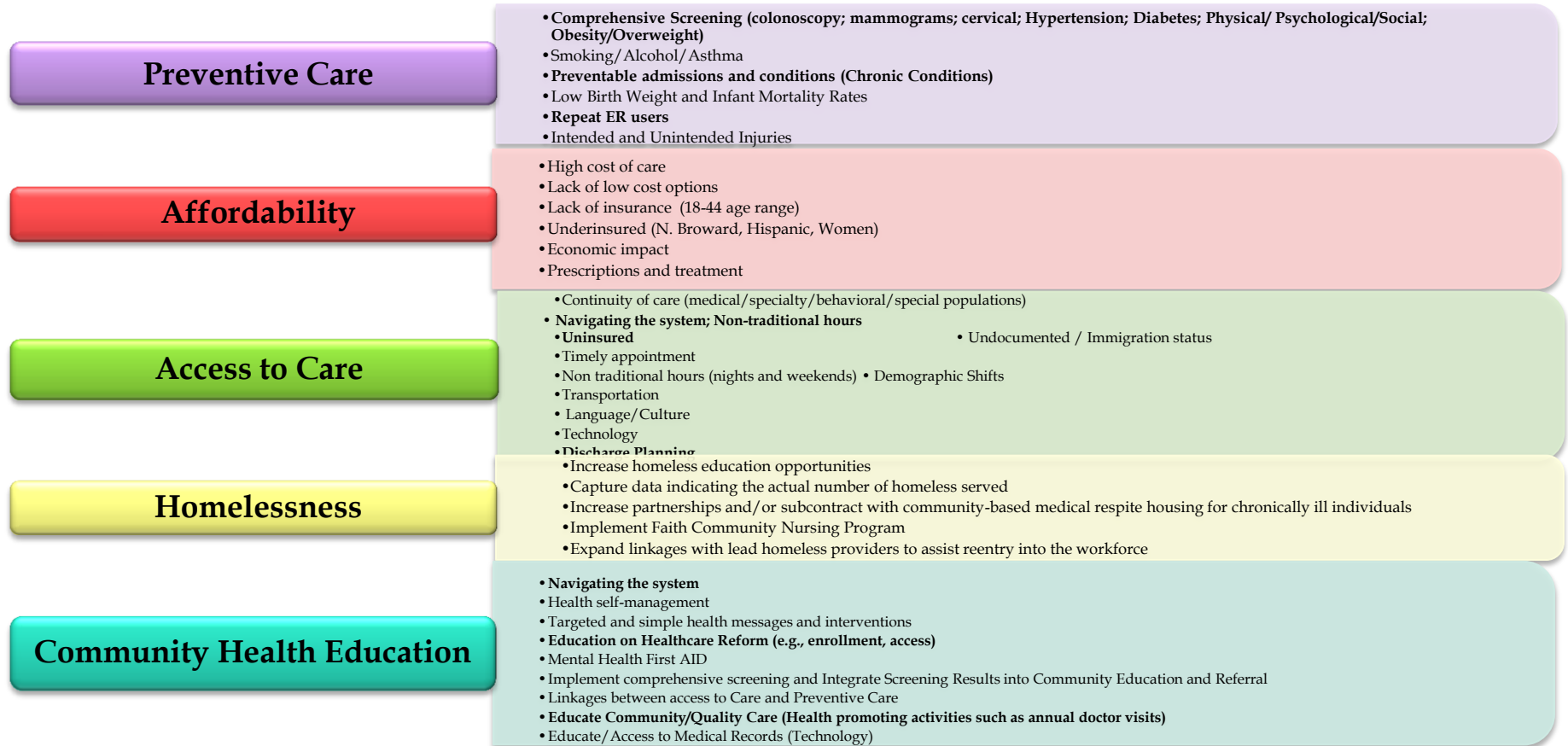


Source: 2012\_CHE\_CNS in COMMUNITY NEED SCORE, D2009.MDB

# VI. CONCLUSION: PRIORITIES AND RECOMMENDATIONS

Based on review and analysis of the various qualitative and quantitative data sets presented, the Community Health Needs Assessment Advisory Council established priorities as depicted in Figure 207 below.

Figure 207. Prioritizing the Needs

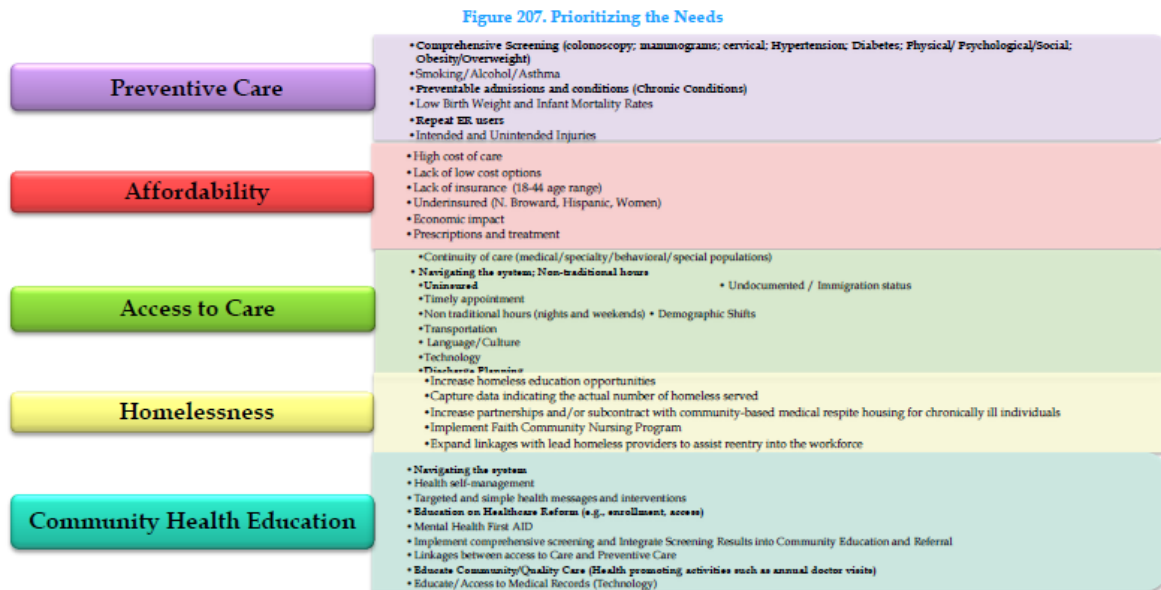


What approach did Holy Cross Hospital use to identify priorities of need in its community?

## VI. CONCLUSION: PRIORITIES AND RECOMMENDATIONS

*Continued*

Based on review and analysis of the various qualitative and quantitative data sets presented, the Community Health Needs Assessment Advisory Council established priorities as depicted in Figure 207 below.

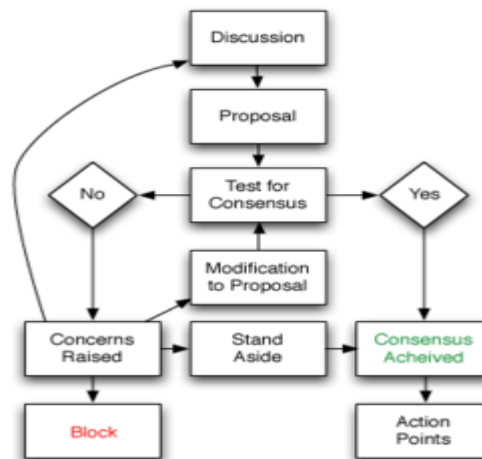


The Holy Cross Hospital Advisory Council used primary and secondary data sources to identify service gaps in the community and used the Consensus Model for Prioritization. Following Gap Analysis, areas of duplication were identified with associated support efforts attached by entity; final priorities were then validated by participants for consensus. The Consensus Model allowed participants to offer input and arrive at a common point simply by a process of discussion with all participants being reasonably pleased with the outcome. The priorities identified are the following:

### HCH Community Priorities:

- Community Health Education on Preventative Care through Community Outreach for Vulnerable Populations
- Provide Access to Affordable Care for Vulnerable Populations through Navigation of the Healthcare System by offering Health Insurance Exchange Assistance/Enrollment
- Track Holy Cross Hospital Impact on Homeless Population with the Implementation of the Faith Community Nursing Program

### Step-by-Step Consensus Flow-Chart:



*How did Holy Cross Hospital identify which priorities to address; and the rationale for not addressing certain areas?*

The Holy Cross Hospital Advisory Council addressed priorities in areas where it could have the greatest impact. Selected priorities reinforced existing efforts, as well as, targeted new initiative(s) of benefit to the community. Priorities not being address are due in combination to insufficient resources, expertise and/or the priority being addressed by other community entities (i.e., Ten Broward County Tax-Assisted Hospitals). Please see list of other community entities addressing priorities included in the Holy Cross Hospital Community Health Improvement Plan.

# VII. LIST OF ATTACHMENTS

## ATTACHMENT A

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- Members of Community Health Needs Assessment Advisory Council

## ATTACHMENT 1

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- Attachment 1a HCH CHNA Advisory Council Meeting – Agenda – January 24, 2013
- Attachment 1b HCH CHNA Advisory Council Meeting – Presentation – January 24, 2013
- Attachment 1c HCH CHNA Advisory Council Meeting – Minutes – January 24, 2013

## ATTACHMENT 2

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- Attachment 2a HCH CHNA Advisory Council Meeting – Agenda – February 28, 2013
- Attachment 2b HCH CHNA Advisory Council Meeting – Presentation – February 28, 2013
- Attachment 2c HCH CHNA Advisory Council Meeting – Minutes – February 28, 2013

## ATTACHMENT 3

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- Attachment 3a HCH CHNA Advisory Council Meeting – Agenda – March 28, 2013
- Attachment 3b1 HCH CHNA Advisory Council Meeting – Presentation – March 28, 2013
- Attachment 3b2 HCH CHNA Advisory Council Meeting – Presentation – March 28, 2013
- Attachment 3c HCH CHNA Advisory Council Meeting – Minutes – March 28, 2013

## ATTACHMENT 4

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- Attachment 4a HCH CHNA Advisory Council Meeting – Agenda – April 25, 2013
- Attachment 4b1 HCH CHNA Advisory Council Meeting – Presentation – April 25, 2013
- Attachment 4c HCH CHNA Advisory Council Meeting – Minutes – April 25, 2013

# CHNA Advisory Council

Council Member	Affiliation
Sister Rita Levasseur, Chair	Holy Cross Hospital
Mark Dissette	Holy Cross Hospital
Sharon Godin	Holy Cross Hospital
Trecia Matthews-Hosein	Healthy Mothers, Healthy Babies Coalition of Broward County, Inc.
Pat Kramer	Department of Children and Families - Mental Health
Sandy Lozano	Light of the World Clinic
Robin Martin	Hope South Florida
Adrian Parker	Holy Cross Hospital
Kim Saiswick	Holy Cross Hospital
Dr. Germaine Smith-Baugh	Urban League of Broward County
Michael De Lucca	Broward Regional Health Planning Council, Inc.
Régine Kanzki	Broward Regional Health Planning Council, Inc.
Natasha Markman	Broward Regional Health Planning Council, Inc.
Ariela Eshel	Broward Regional Health Planning Council, Inc.

## Dates and Agenda

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
January 24, 2013	<ol style="list-style-type: none"><li>1. Introduction: Planning and Process (Brief Summary)</li><li>2. Broward County Quantitative Data (Part I)</li><li>3. Stakeholder Discussion</li><li>4. Identify Needs &amp; Gaps</li></ol>



# Community Health Needs Assessment



*Broward County*  
*January 24, 2013*



**2013**

## Community Health Needs Assessment

A dynamic process involving multiple sectors of the community



Draw upon qualitative and quantitative population health status data



Identify unmet community needs to improve the health of vulnerable populations: the poor, homeless and disenfranchised.

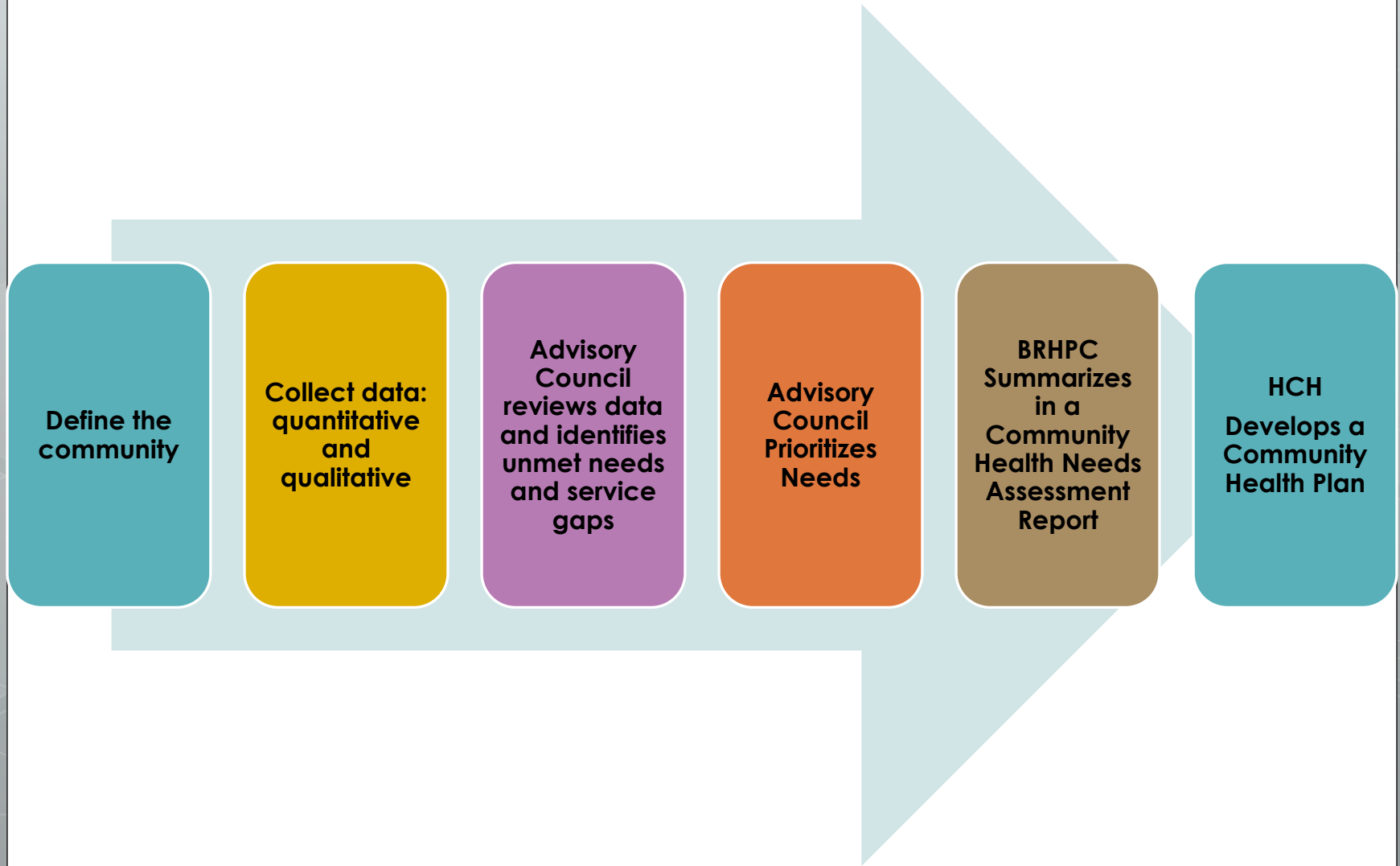


Enable community-wide establishment of health priorities

## Why do a Needs Assessment?

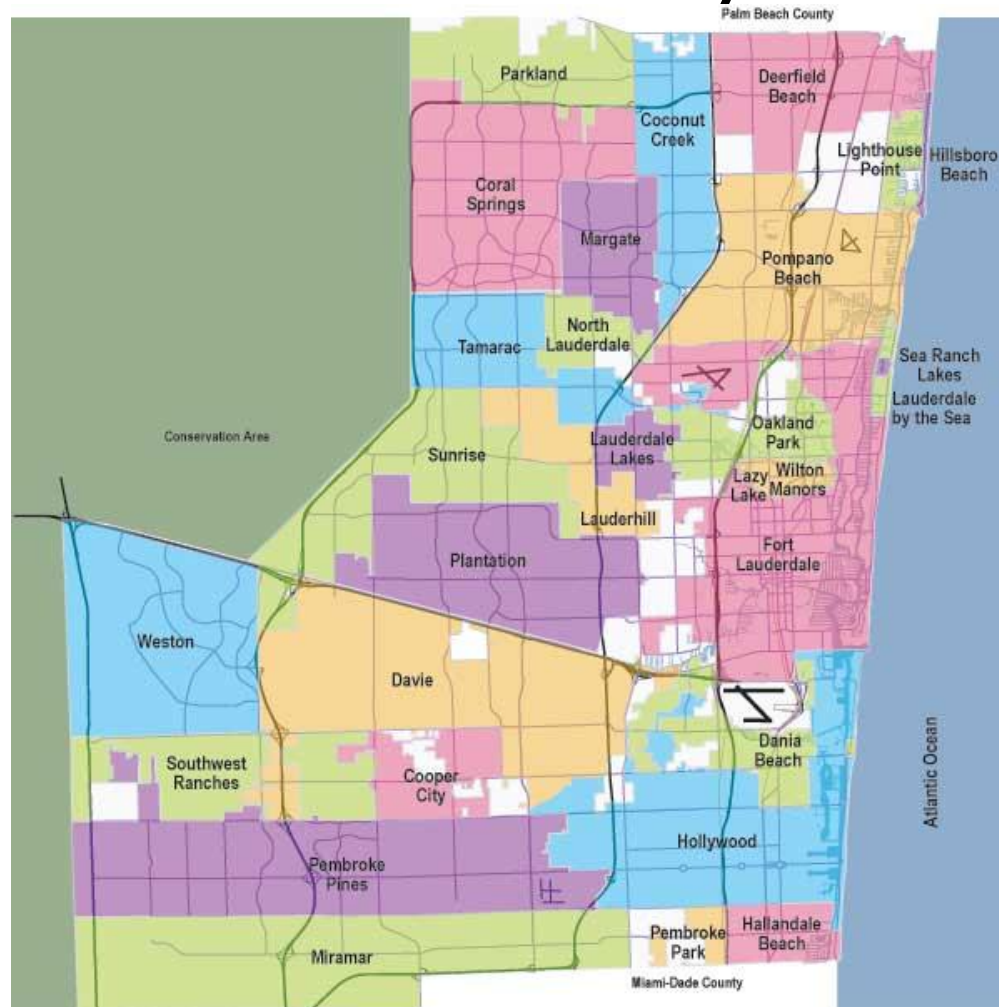
- To identify unmet community needs to improve the health of vulnerable populations
- **JCAHO Standards:** The needs of the community must guide service delivery
- **IRS Form 990 Requirement:** Manner in which community information and health care needs are assessed
- **Health Care Reform** may require an assessment every 3 years
- Effective method for **strategic planning**

## Process



# Introduction

## Defining the Community: Broward County



## Data Collection and Presentation

### Quantitative Data

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

### Qualitative Data

- Quality of Life Survey
- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance System

## Prioritizing the Need: Role of Advisory Council

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

### MEMBERS

- Local Health Departments
- Health and Social Service Agencies
- Community Activists
- Physicians
- Church Leaders
- Community Members

## BRRH CHNA Advisory Council

<b>Sister Rita Levasseur, Chair</b>	<b>Holy Cross Hospital</b>
<b>Mark Dissette</b>	<b>Holy Cross Hospital</b>
<b>Sharon Godin</b>	<b>Holy Cross Hospital</b>
<b>Trecia Matthews-Hosein</b>	<b>Healthy Mothers, Healthy Babies Coalition of Broward County, Inc.</b>
<b>Pat Kramer</b>	<b>Department of Children and Families - Mental Health</b>
<b>Sandy Lozano</b>	<b>Light of the World Clinic</b>
<b>Robin Martin</b>	<b>Hope South Florida</b>
<b>Adrian Parker</b>	<b>Holy Cross Hospital</b>
<b>Kim Saiswick</b>	<b>Holy Cross Hospital</b>
<b>Dr. Germaine Smith-Baugh</b>	<b>Urban League of Broward County</b>
<b>Michael De Lucca</b>	<b>Broward Regional Health Planning Council, Inc.</b>
<b>Régine Kanzki</b>	<b>Broward Regional Health Planning Council, Inc.</b>
<b>Natasha Markman</b>	<b>Broward Regional Health Planning Council, Inc.</b>
<b>Ariela Eshel</b>	<b>Broward Regional Health Planning Council, Inc.</b>



## The Final Report

### Introduction

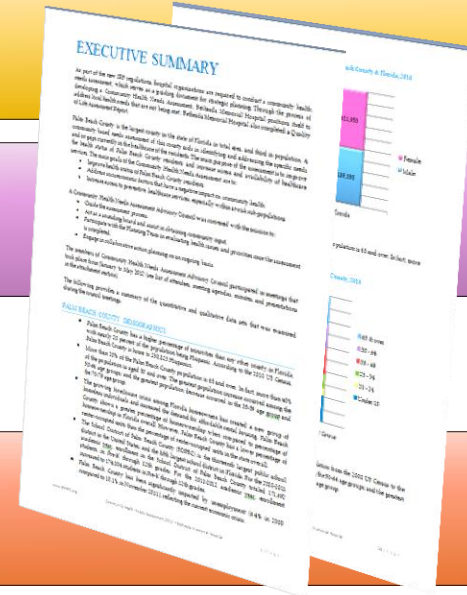
### Methodology

### Quantitative Profile

- Broward Data
- Holy Cross Hospital Data

### Qualitative Profile

### Recommendations and Conclusion



## Dates and Agenda

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
January 24, 2013	<ol style="list-style-type: none"><li>1. Introduction: Planning and Process (Brief Summary)</li><li>2. Broward County Quantitative Data (Part I)</li><li>3. Stakeholder Discussion</li><li>4. Identify Needs &amp; Gaps</li></ol>
February 28, 2013	<ol style="list-style-type: none"><li>1. Broward County Quantitative &amp; Qualitative Data (Part II)</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>
March 28, 2013	<ol style="list-style-type: none"><li>1. HCH Quantitative Data &amp; Community Services</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>
April 25, 2013	<ol style="list-style-type: none"><li>1. Summary of Data/Needs/Gaps</li><li>2. Stakeholder Discussion</li><li>3. Prioritization Process</li></ol>

## County Level Quantitative Data (Part I)

# Presentation Outline

Demographics

Employment and Income

Public Assistance

Health Insurance

Maternal and Child Health

Mortality and Morbidity

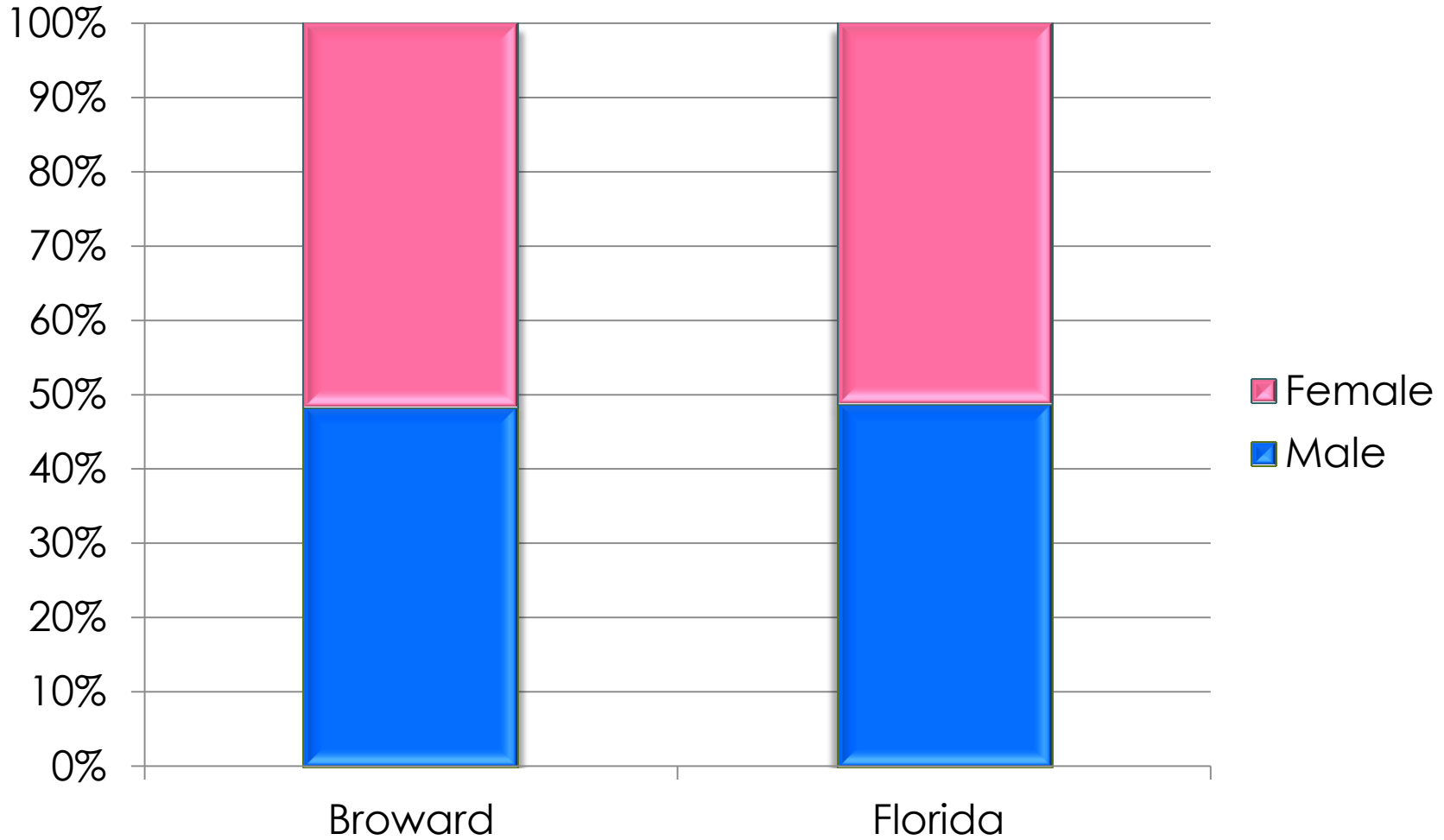


## Demographics

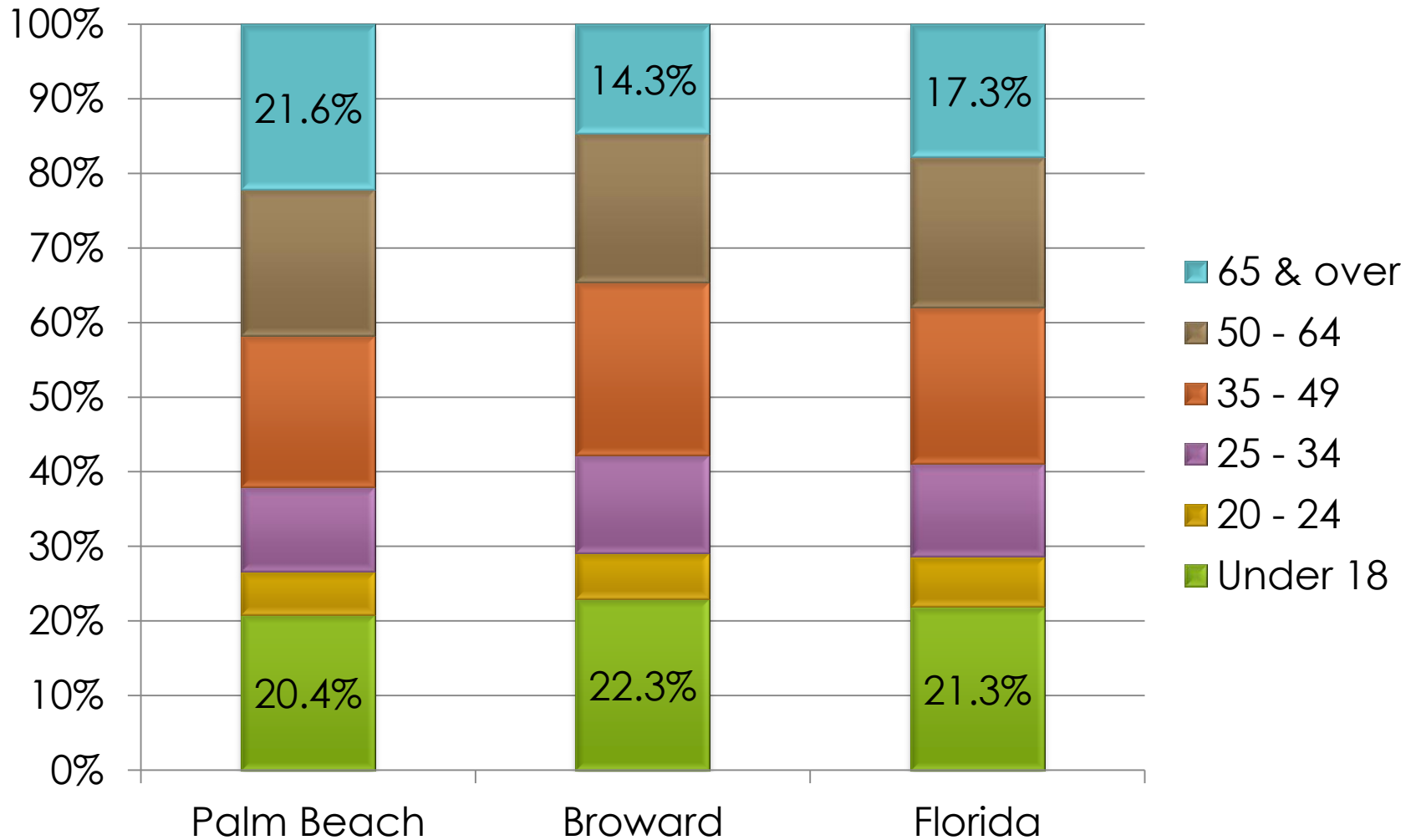
## Broward County Demographics

2010	Broward		Florida	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
<b>Total Population</b>	1,748,066	-	18,801,310	-
<b>Male</b>	846,571	48.42%	9,189,355	48.88%
<b>Female</b>	901,495	51.57%	9,611,955	51.12%
<b>0-17</b>	391,349	22.3%	4,002,091	21.29%
<b>18-64</b>	1,107,293	63.34%	11,539,617	61.38%
<b>65+</b>	249,424	14.26%	3,259,602	17.34%
<b>White</b>	1,102,231	64.94%	14,109,162	75.04%
<b>African American</b>	467,519	27.55%	2,999,862	15.96%
<b>Asian</b>	56,765	5.15%	454,821	2.42%
<b>American Indian and Alaska Native</b>	5,065	0.10%	71,458	0.38%
<b>Native Hawaiian and Pacific Islander</b>	64,694	5.87%	12,286	0.07%
<b>Other</b>	64,694	5.87%	681,144	3.62%
<b>Identified by two or more</b>	50,851	4.61%	472,577	2.51%

## Composition of Population by Gender Broward & Florida, 2010

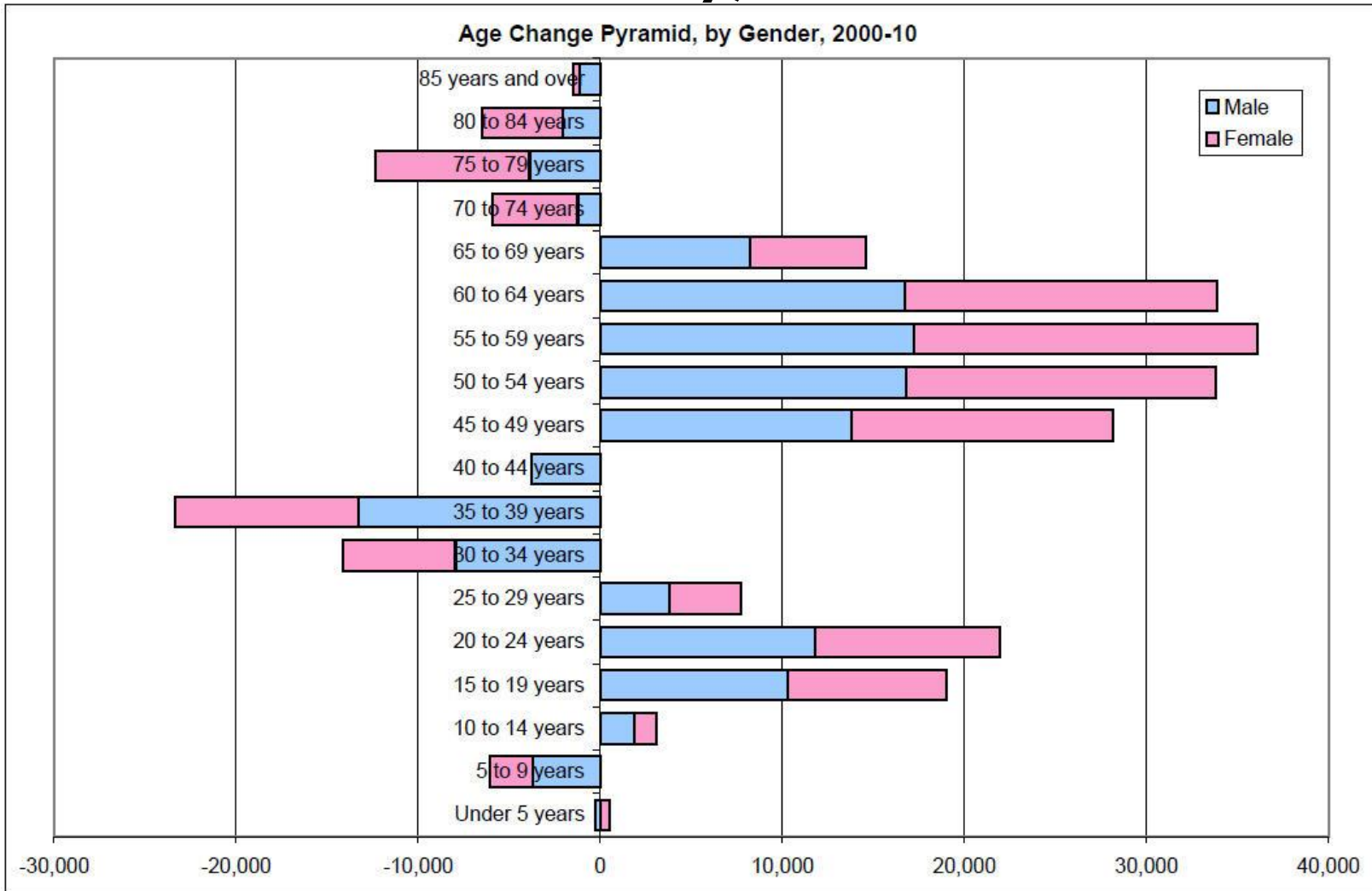


## Population by Age Palm Beach, Broward & Florida, 2010

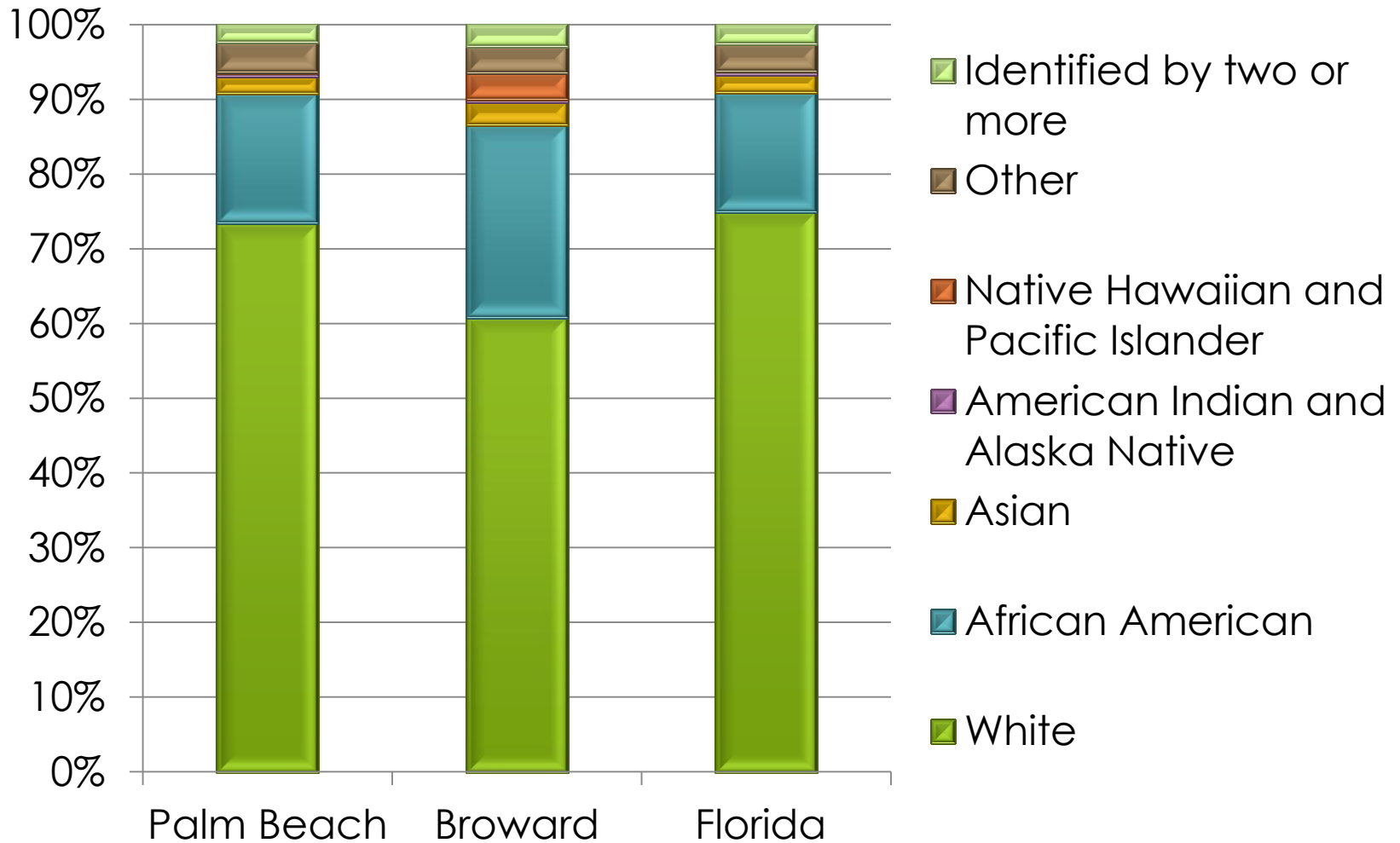




## Age Change by Gender Broward County, 2000-2010

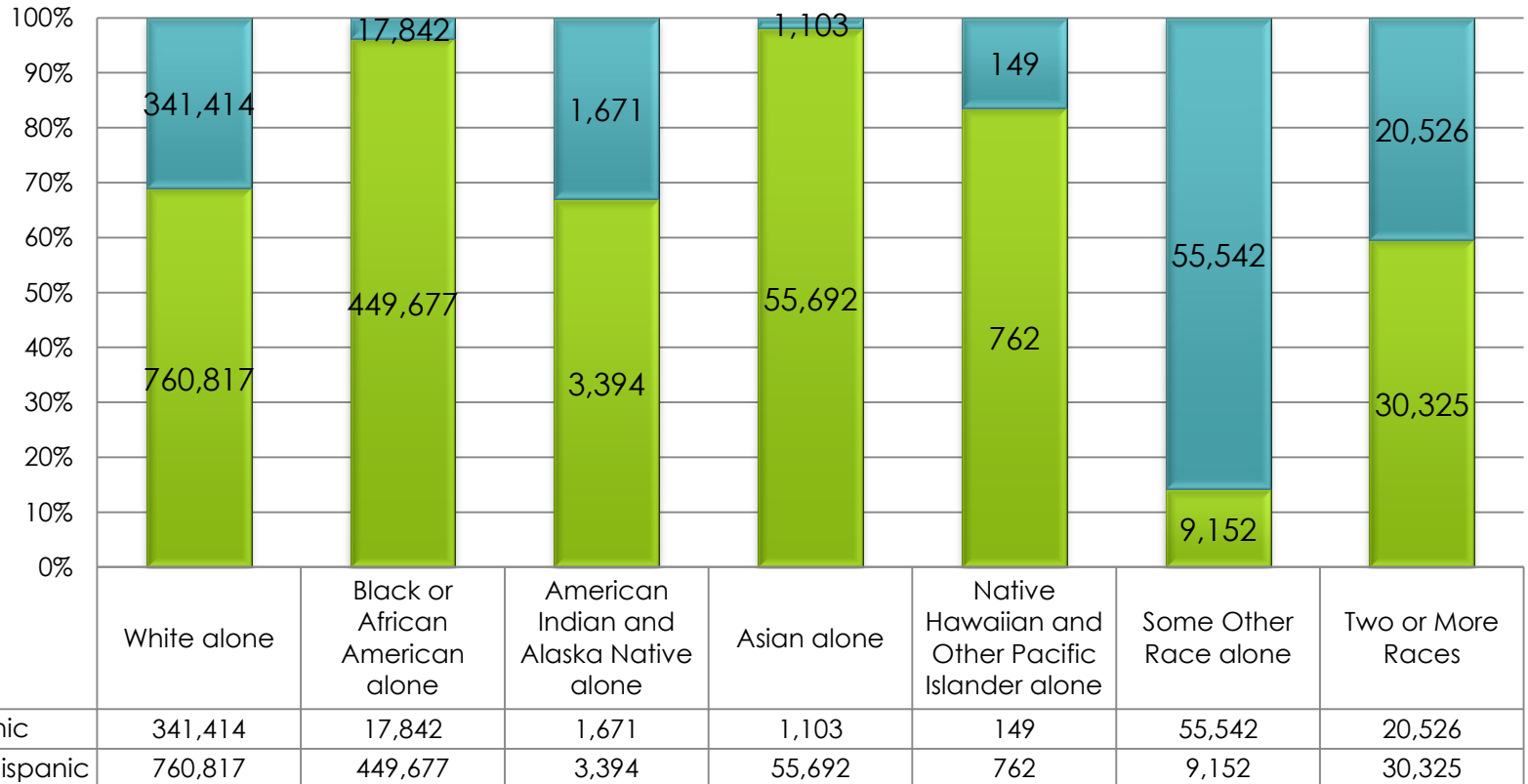
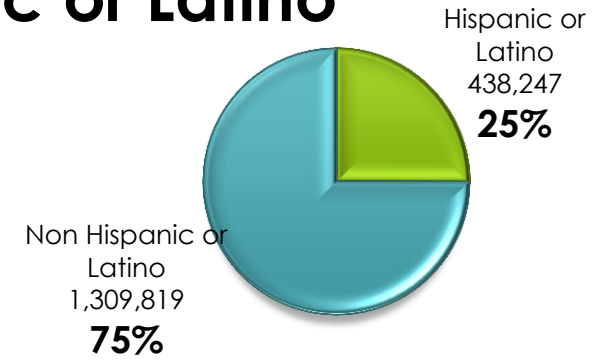


## Population by Race Palm Beach, Broward, Florida, 2010

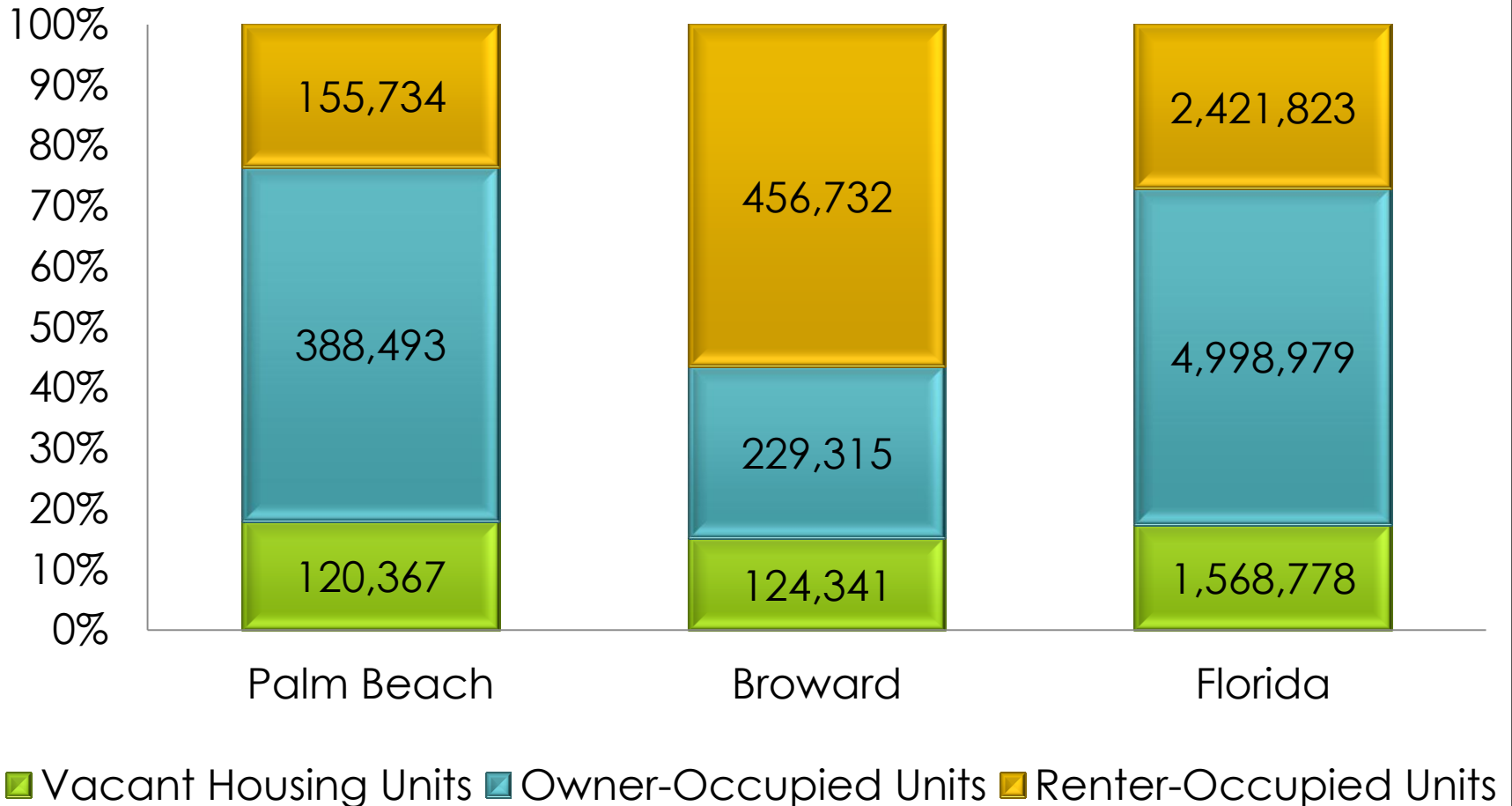


# Quantitative

## Population by Race and Hispanic or Latino Broward County, 2010

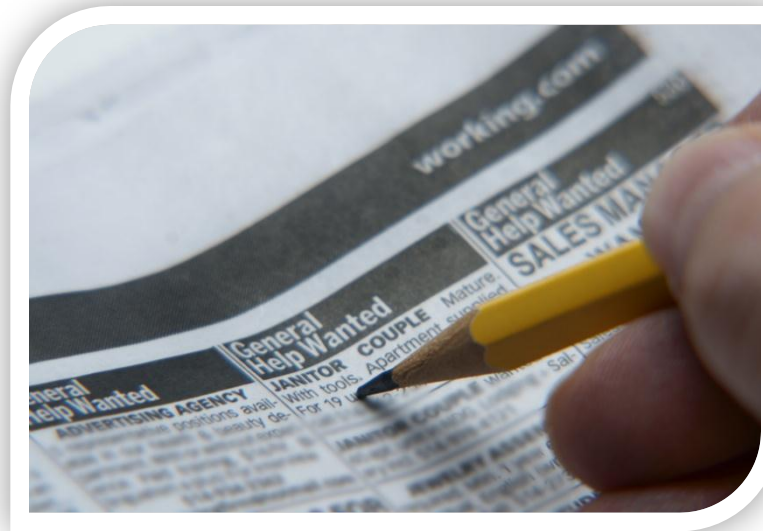


## Housing Status Palm Beach, Broward, Florida, 2010



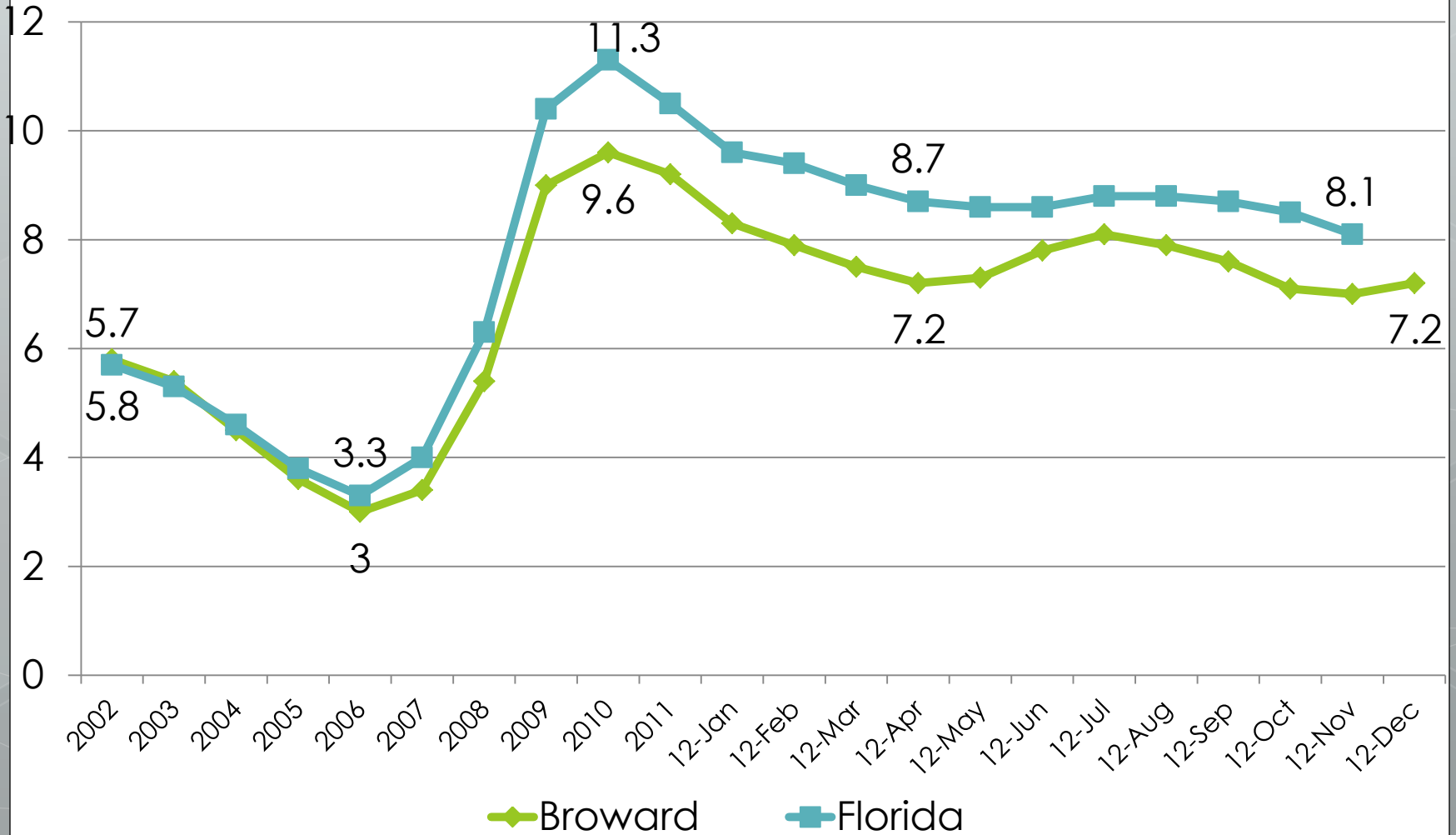
## Households by Type Broward County, 2010

<b>Total households</b>	<b>686,047</b>	<b>100.0%</b>
Family households (families)	434,488	63.3%
With own children under 18 years	196,246	28.6%
Husband-wife family	293,617	42.8%
With own children under 18 years	125,649	18.3%
Male householder, no wife present	36,028	5.3%
With own children under 18 years	15,568	2.3%
<b>Female householder, no husband present</b>	<b>104,843</b>	<b>15.3%</b>
With own children under 18 years	55,029	8.0%
Nonfamily households	251,559	36.7%
Householder living alone	197,539	28.8%
Male	88,038	12.8%
65 years and over	22,732	3.3%
Female	109,501	16.0%
65 years and over	53,231	7.8%
<b>Households with individuals under 18 years</b>	<b>221,320</b>	<b>32.3%</b>
<b>Households with individuals 65 years and over</b>	<b>189,618</b>	<b>27.6%</b>

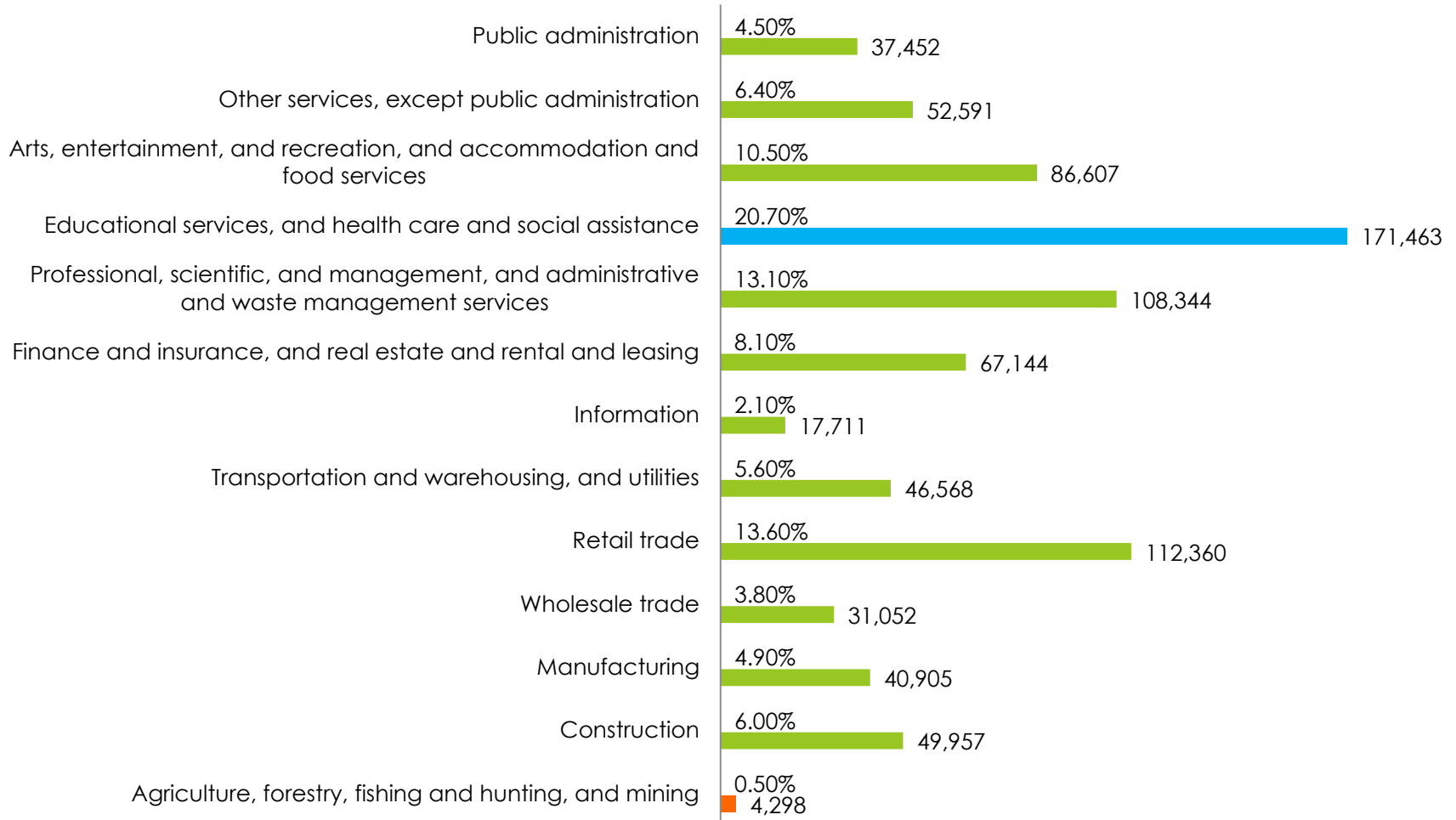


## Employment and Income

## Unemployment Rate, Broward County



## Employment by Industry Broward County 2010





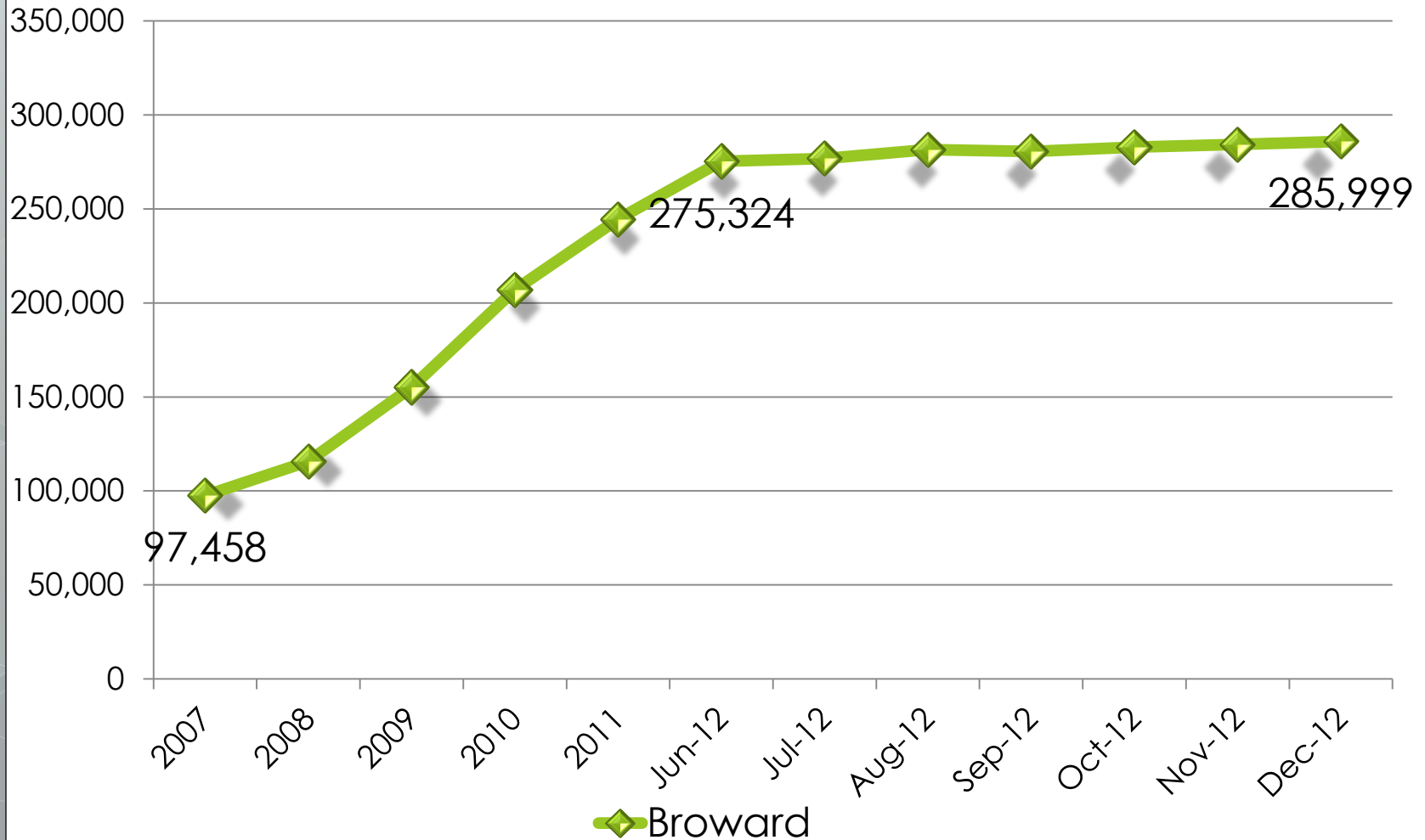
## Income Below Poverty Level in the Past 12 Months, Broward County 2010

<b>All families</b>	<b>11.4%</b>
With related children under 18 years	15.6%
With related children under 5 years only	14.7%
<b>Married couple families</b>	<b>6.7%</b>
With related children under 18 years	7.7%
With related children under 5 years only	6.1%
<b>Families with female householder, no husband present</b>	<b>24.8%</b>
With related children under 18 years	31.9%
With related children under 5 years only	32.1%
<b>All people</b>	<b>14.6%</b>
Under 18 years	19.7%
Related children under 18 years	19.3%
Related children under 5 years	21.2%
Related children 5 to 17 years	18.6%
<b>18 years and over</b>	<b>13.2%</b>
18 to 64 years	13.4%
65 years and over	12.1%
<b>People in families</b>	<b>12.3%</b>
<b>Unrelated individuals 15 years and over</b>	<b>23.5%</b>

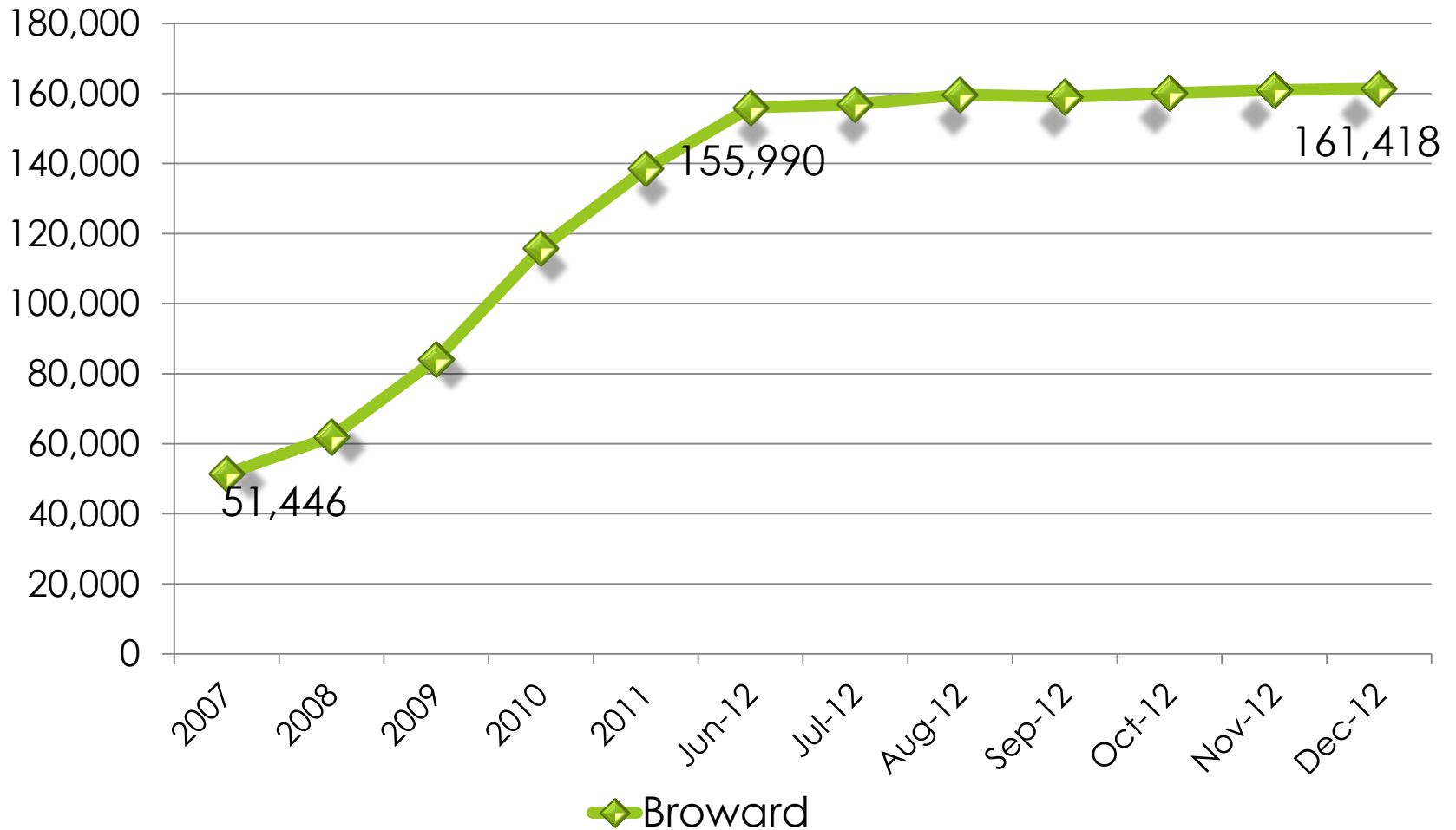


## Public Assistance

## Food Stamp Clients Broward County



## Food Stamp Households Broward County

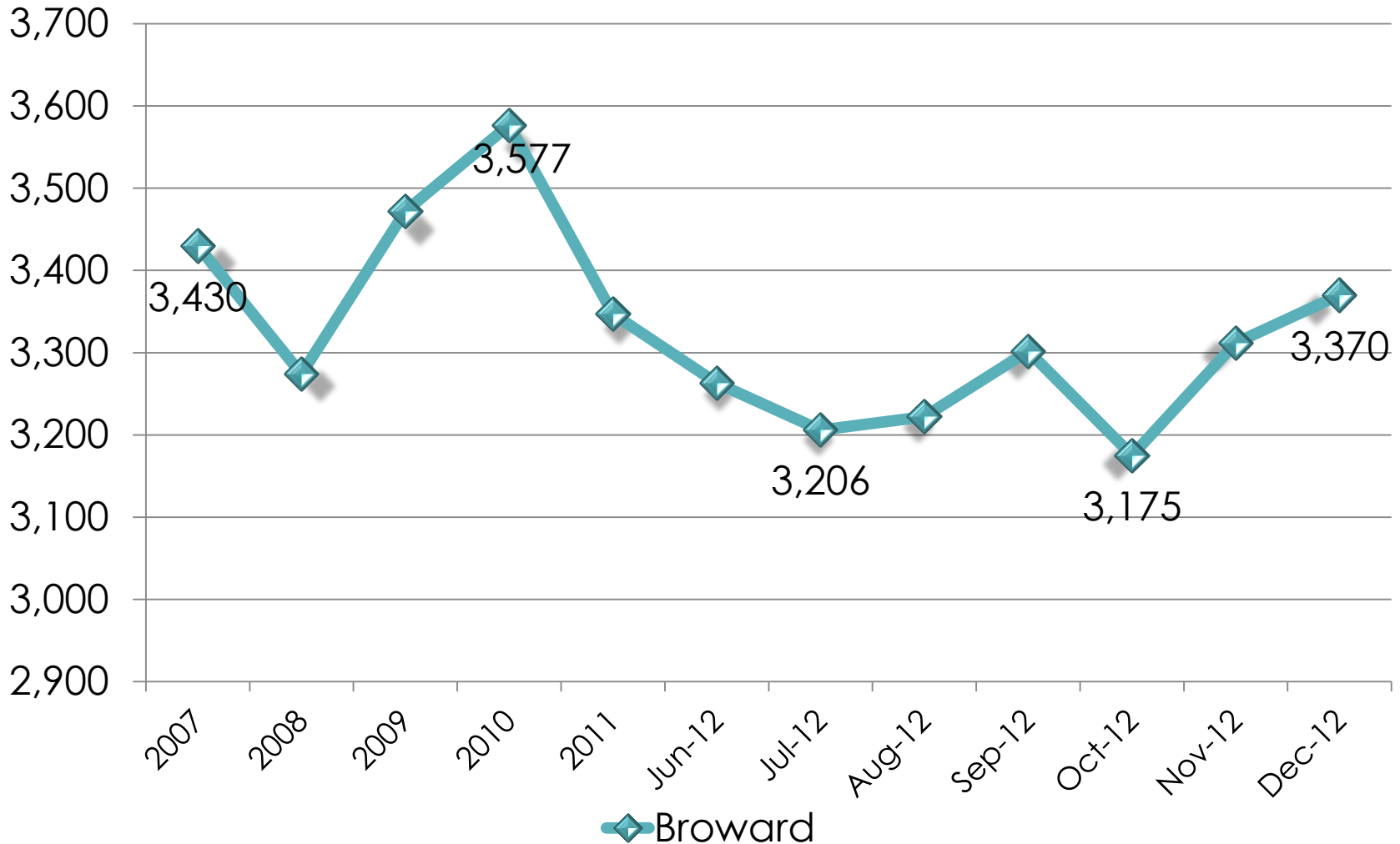


## Food Stamps Issuance per Month (\$) Broward County

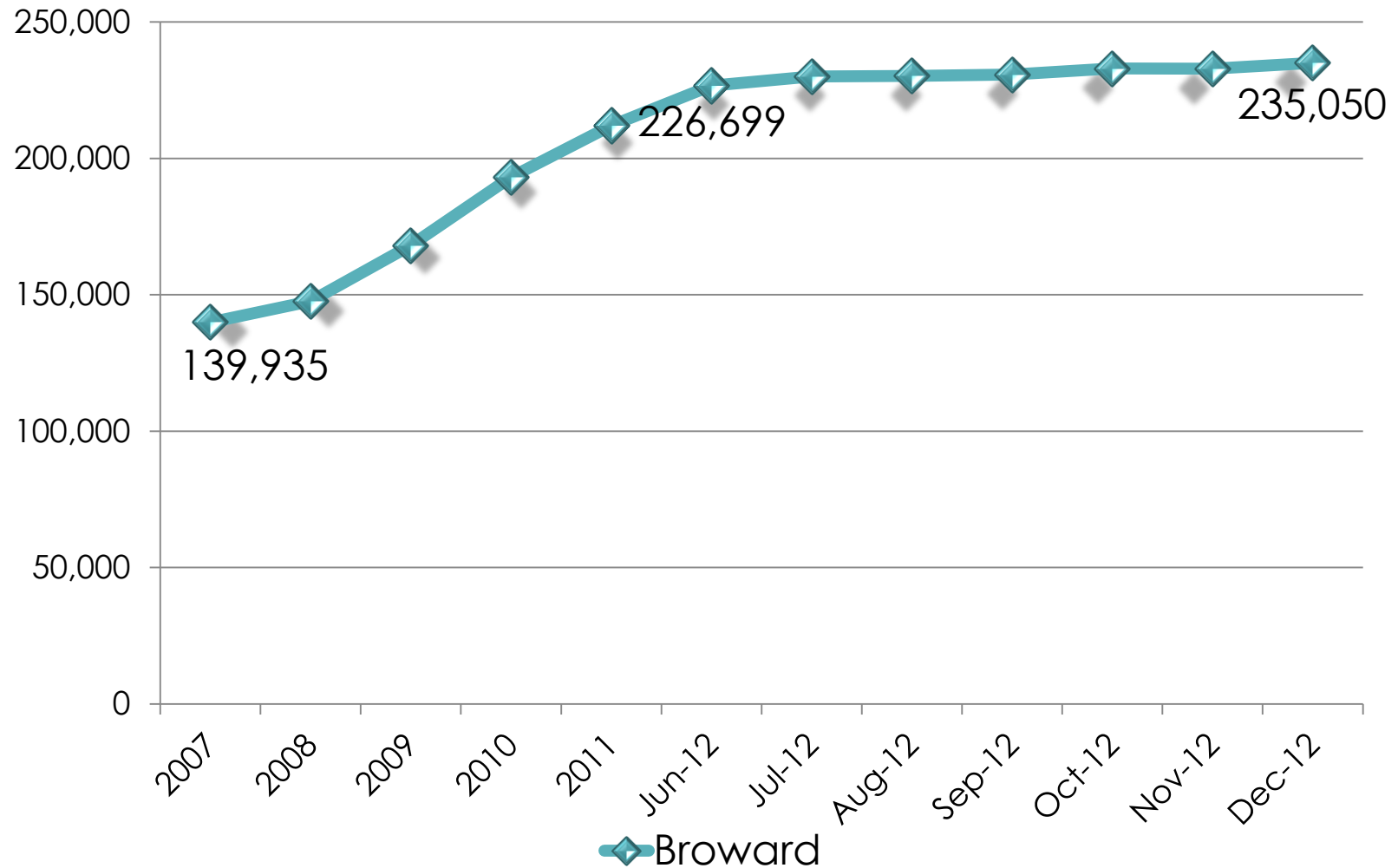


# Quantitative

## Temporary Cash Assistance for Needy Families (TANF) Number of Families, Broward County



## Medicaid Clients Broward County

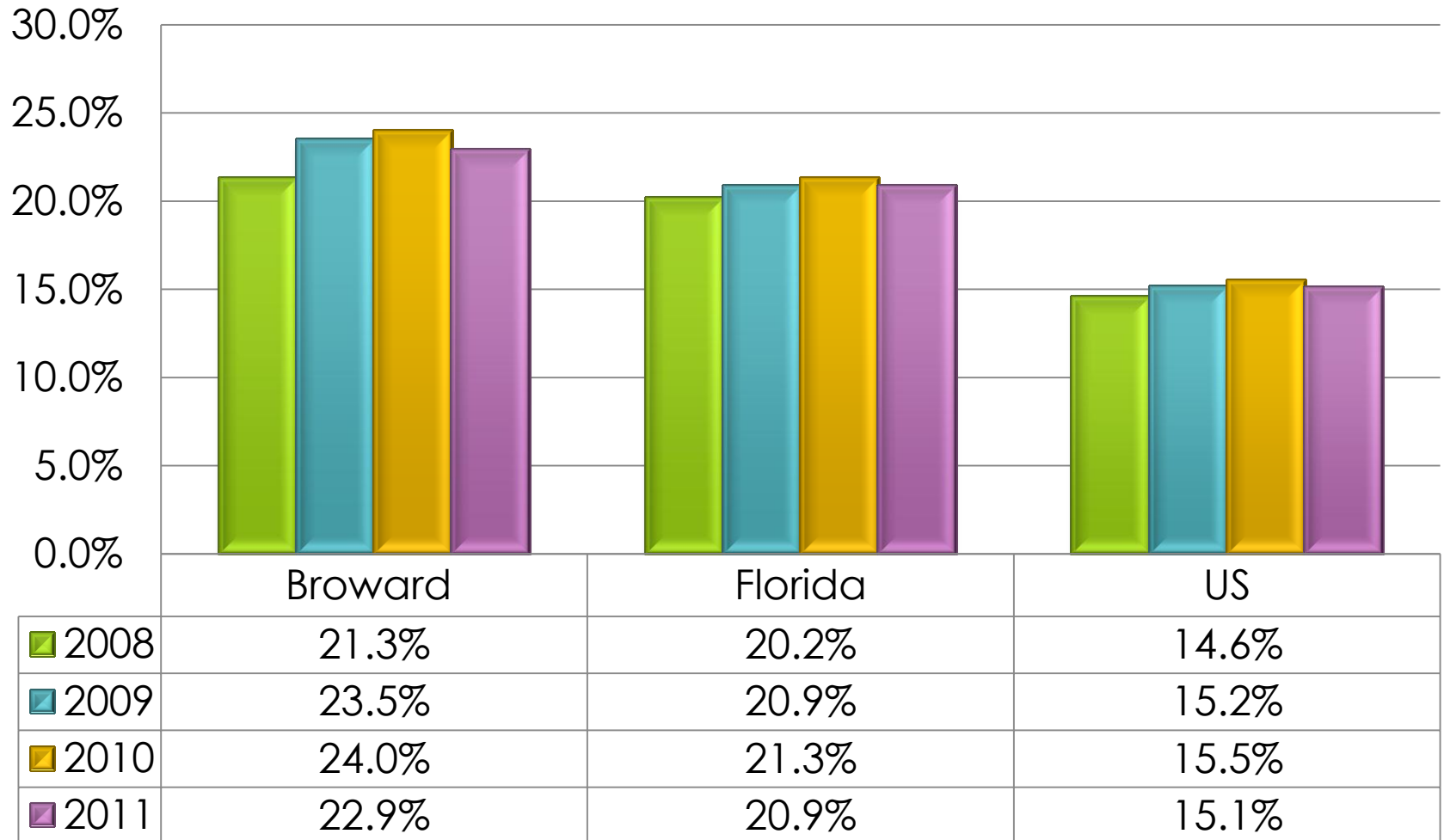




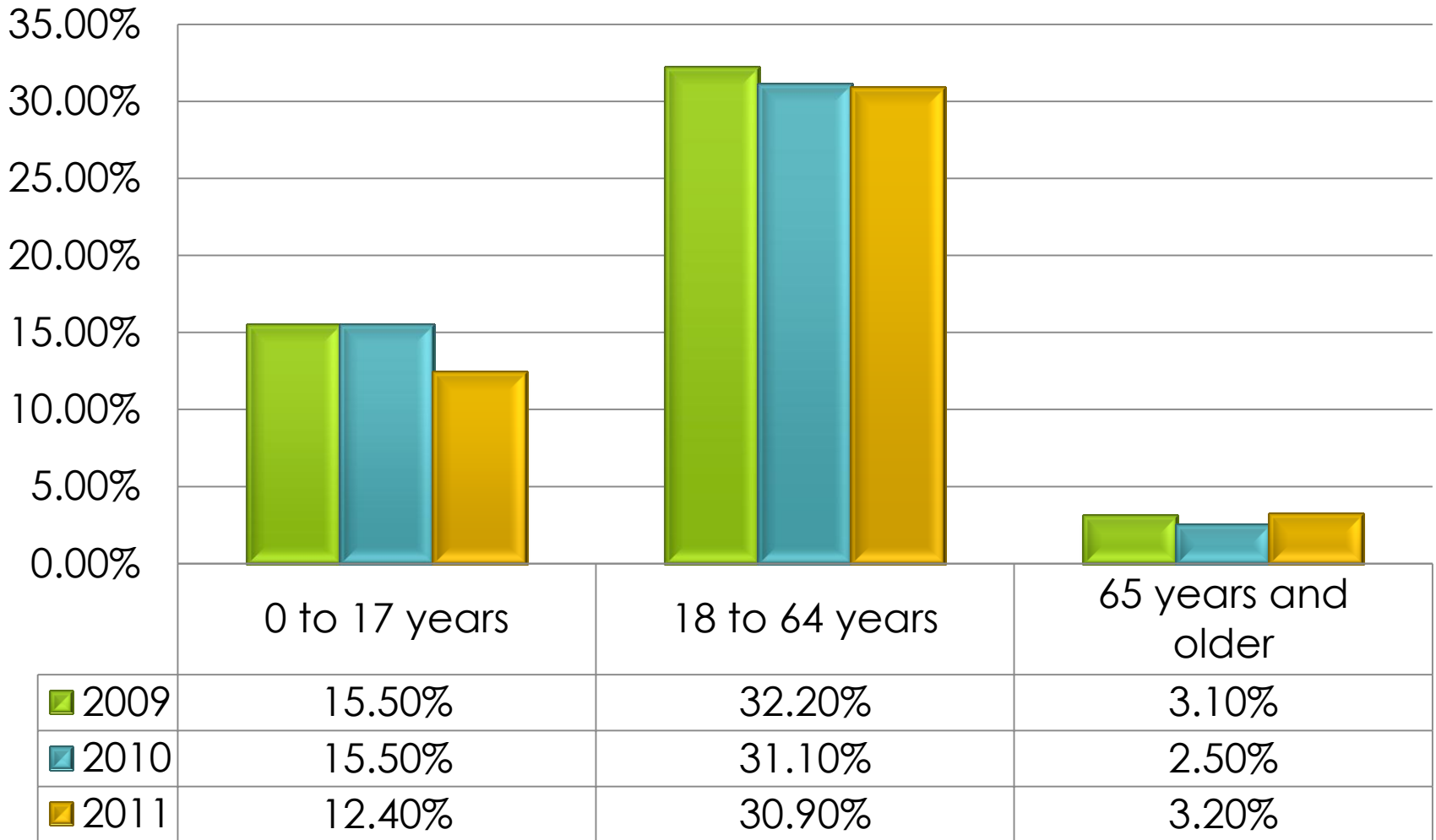
## Health Insurance



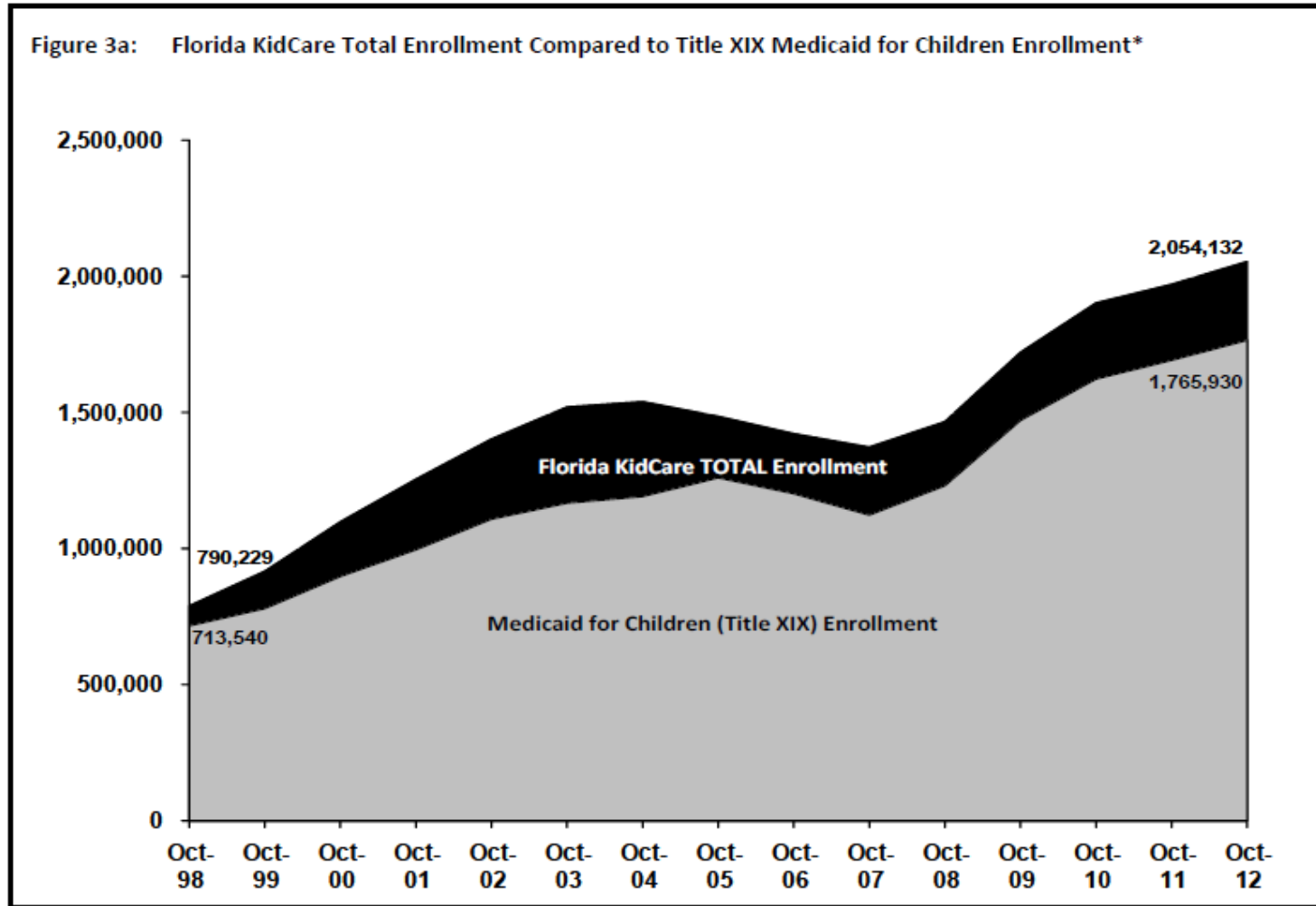
## Uninsured Rate Broward Florida and US, 2008-2011



## Broward County Uninsured Rate by Age, 2009-2011



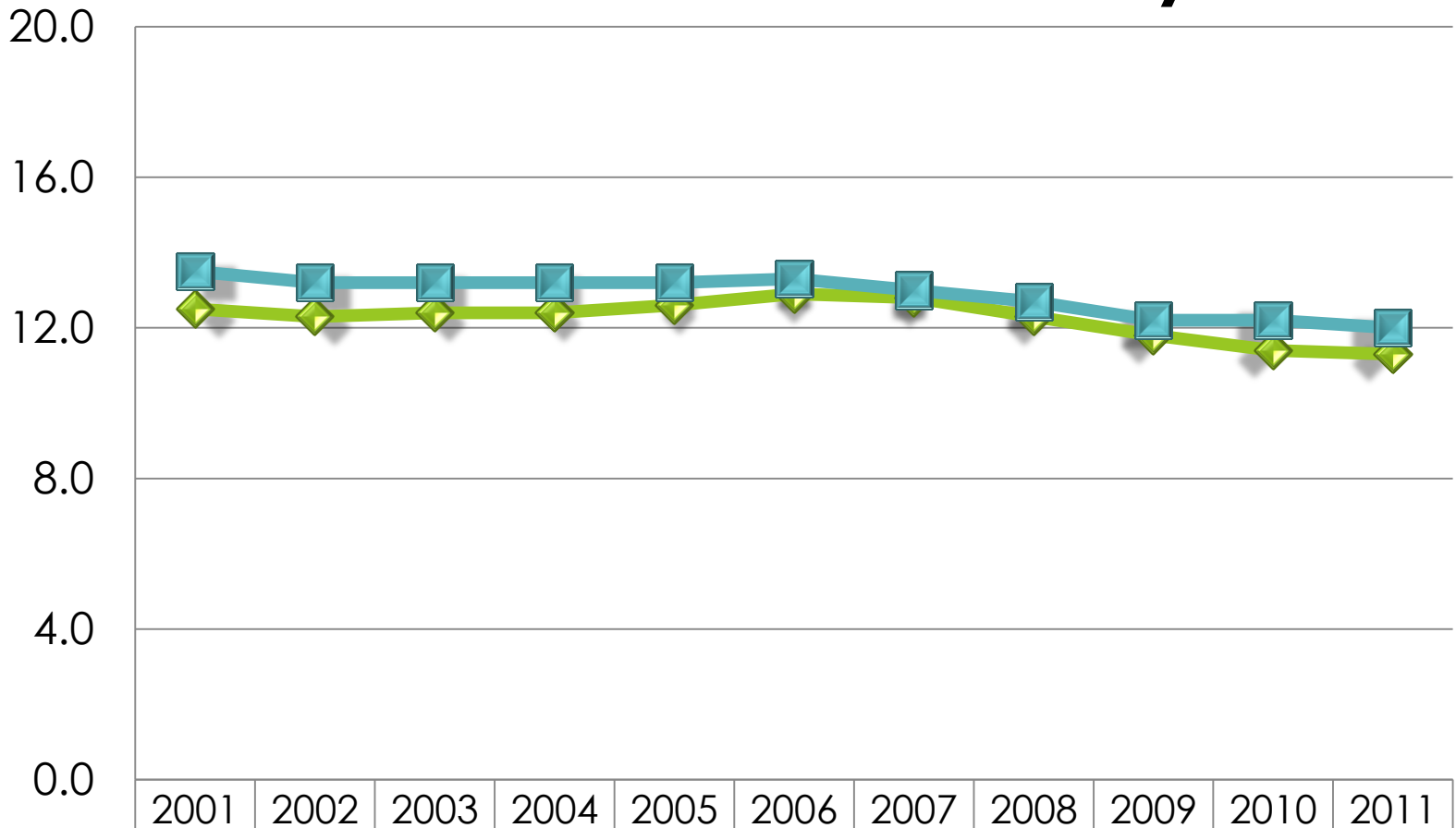
## Total Florida KidCare Enrollment compared to Medicaid for Children Enrollment, 1998 - 2012





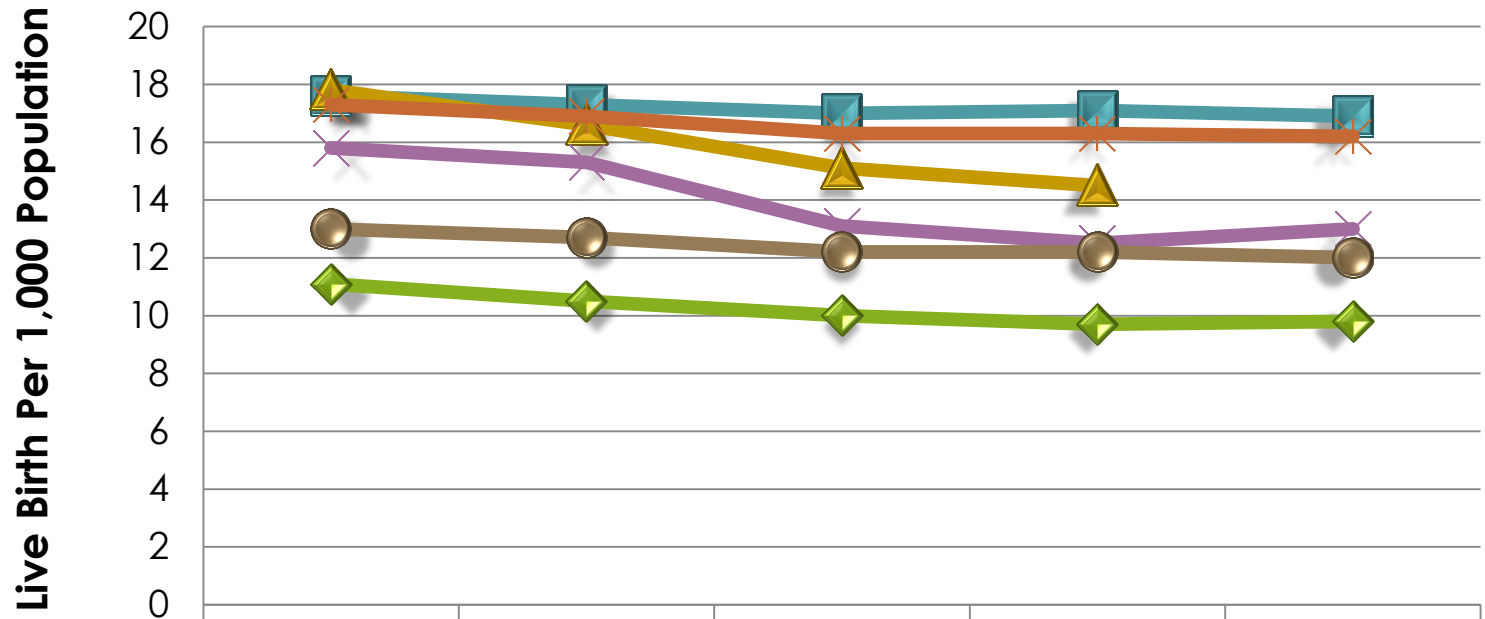
## Maternal & Child Health

## Live Birth per 1,000 Population Florida and Broward County



◆ Florida	12.5	12.3	12.4	12.4	12.6	12.9	12.8	12.3	11.8	11.4	11.3
■ Broward	13.5	13.2	13.2	13.2	13.2	13.3	13.0	12.7	12.2	12.2	12.0

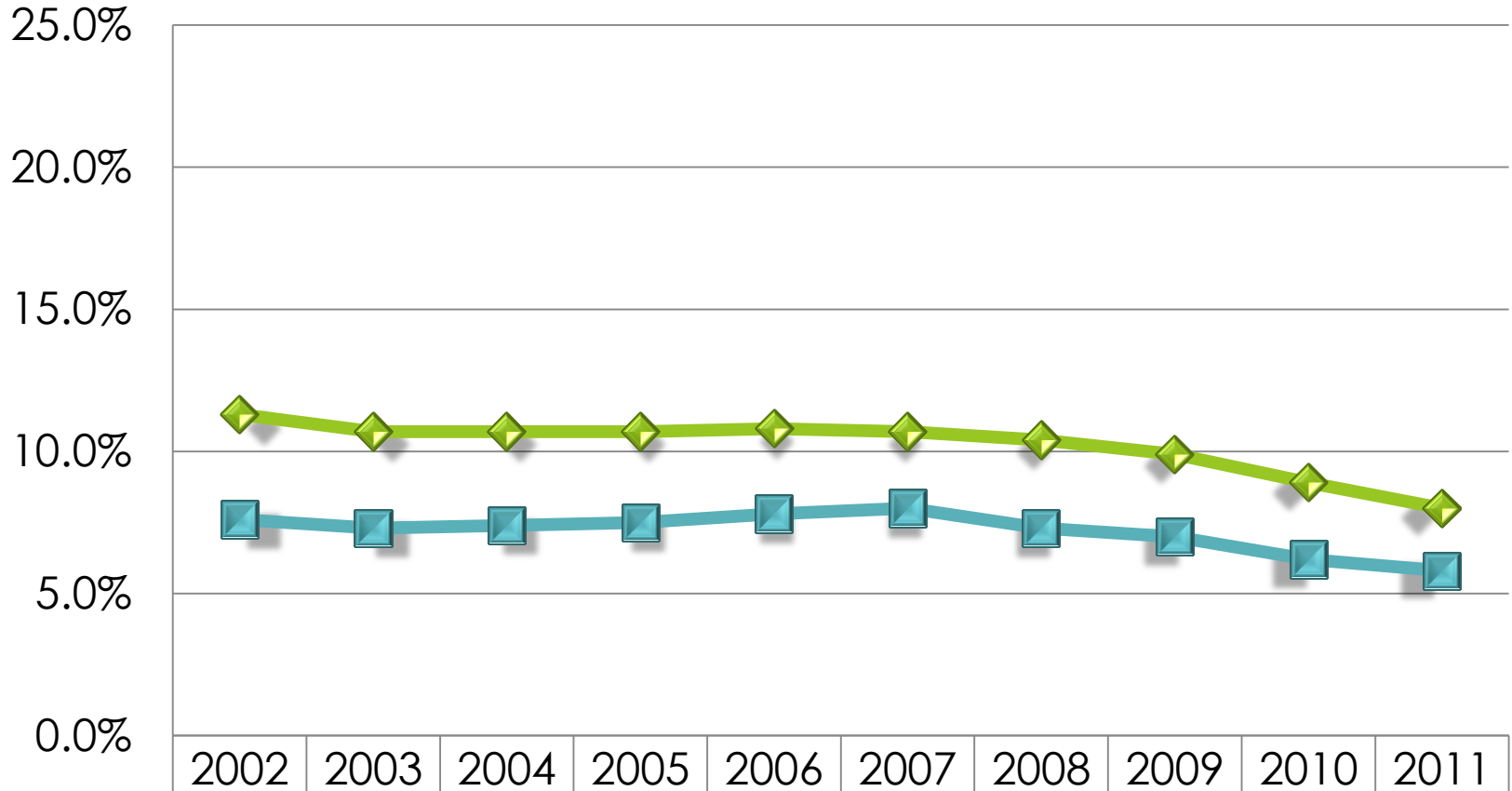
## Resident Live Births by Race/Ethnicity, Broward, 2007-2011



	2007	2008	2009	2010	2011
◆ White	11.1	10.5	10	9.7	9.8
■ Black	17.6	17.3	17	17.1	16.9
▲ Hispanic	17.8	16.6	15.1	14.5	
✕ Other Non-White	15.8	15.3	13.1	12.5	13.0
✱ Total Non-White	17.3	16.9	16.3	16.3	16.2
● Total	13	12.7	12.2	12.2	12.0



## % Births to Teenage Mothers (Age 15-19), 2002-2011

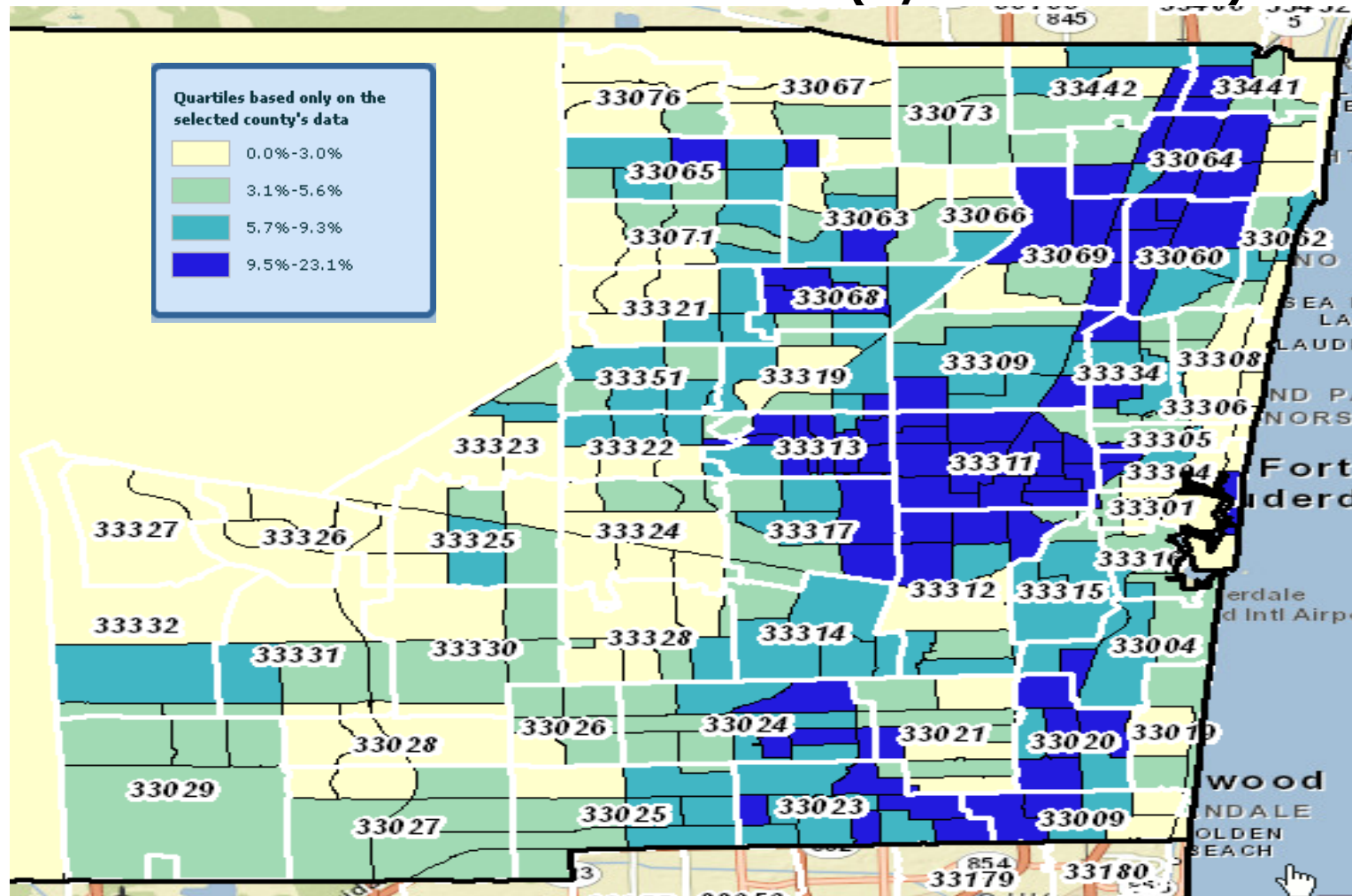


◆ Florida	11.3	10.7	10.7	10.7	10.8	10.7	10.4	9.9	8.9	8.0
■ Broward	7.6	7.3	7.4	7.5	7.8	8.0	7.3	7.0	6.2	5.8

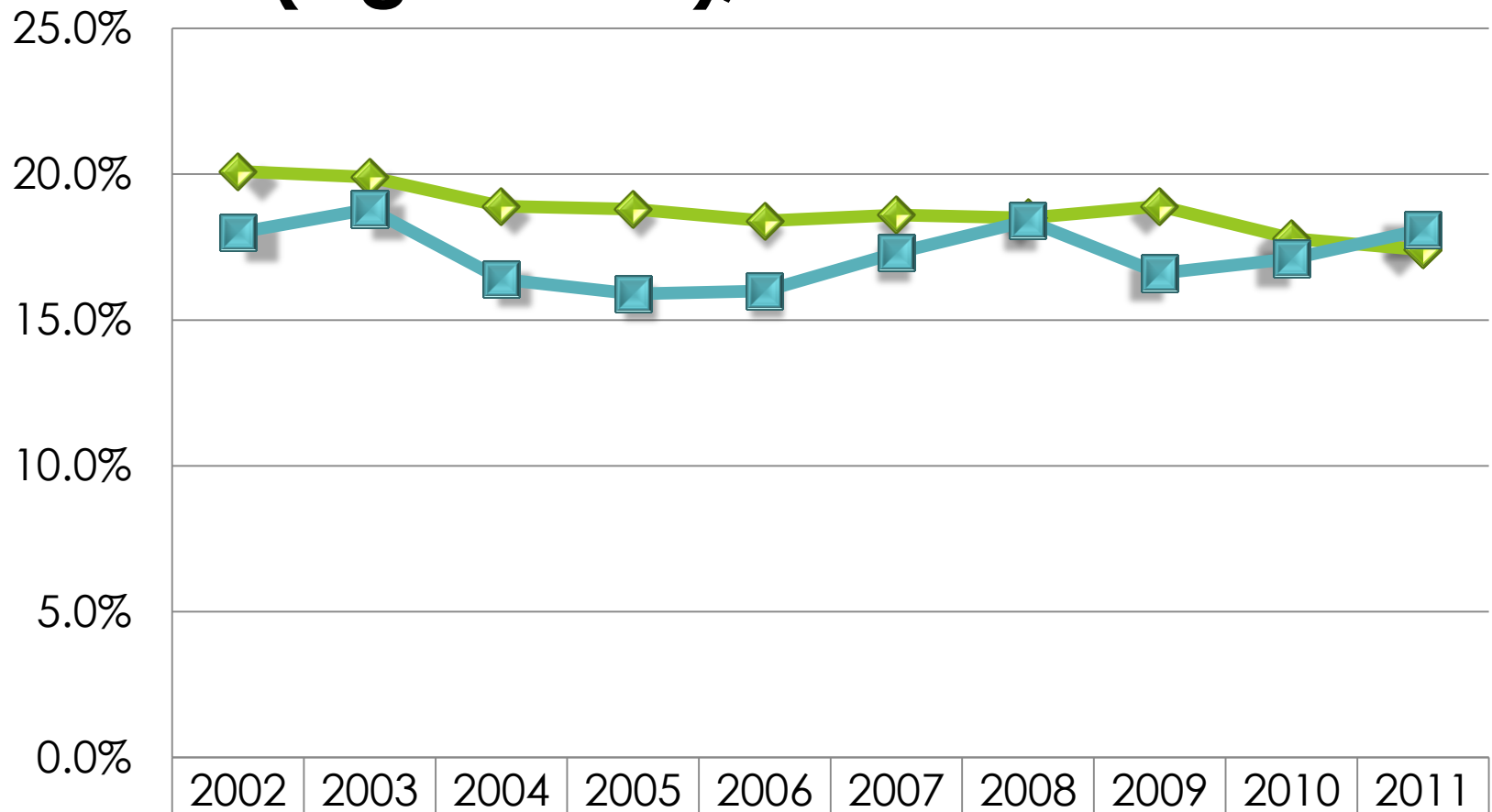


# Quantitative

## % Births to Teen Mothers (15-19) Broward 2006-2010 (by Census Tract)



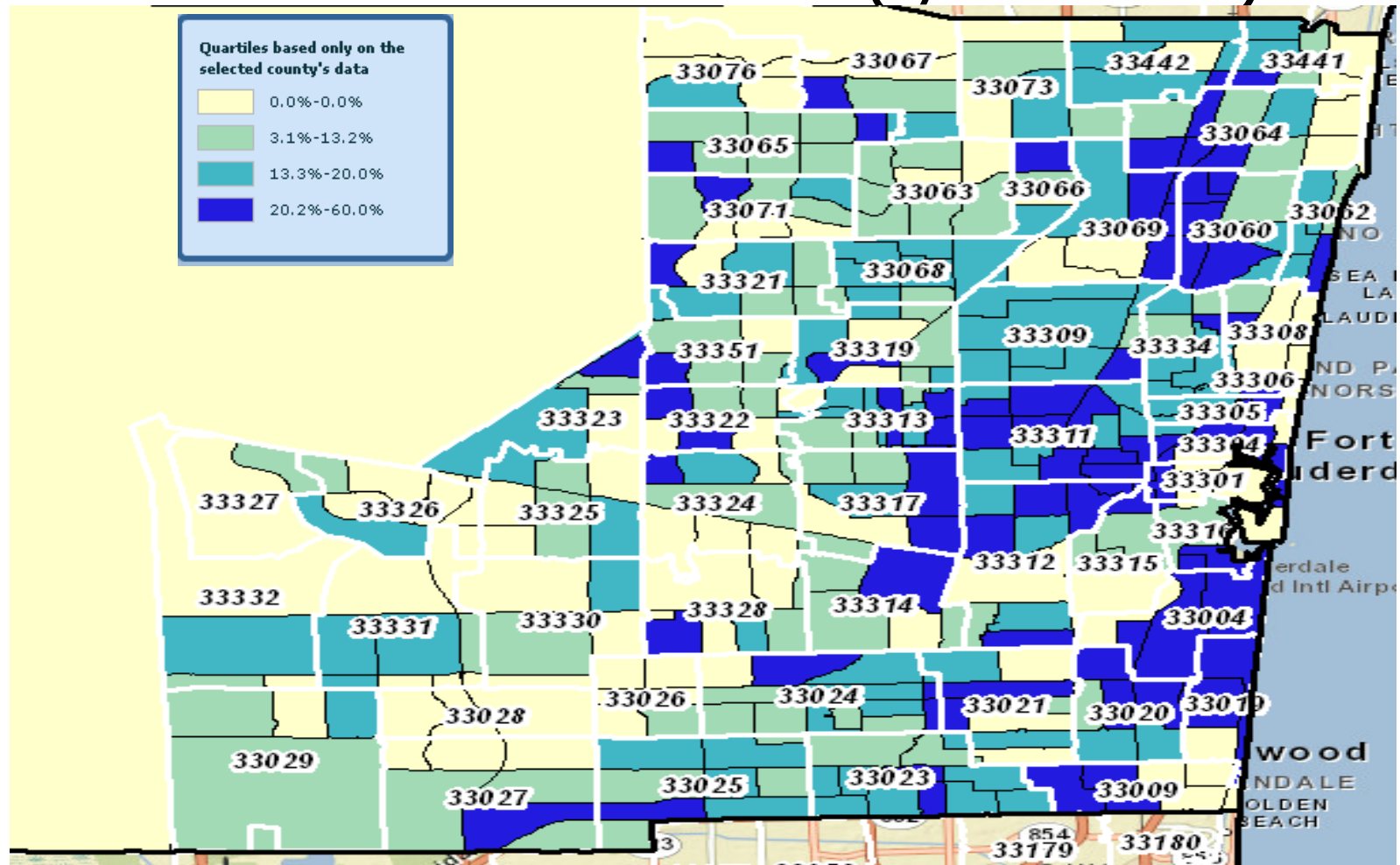
## % Repeat Births to Teenage Mothers (Age 15-19), 2001-2010



◆ Florida	20.1	19.9	18.9	18.8	18.4	18.6	18.5	18.9	17.8	17.4
■ Broward	18.0	18.8	16.4	15.9	16.0	17.3	18.4	16.6	17.1	18.1

# Quantitative

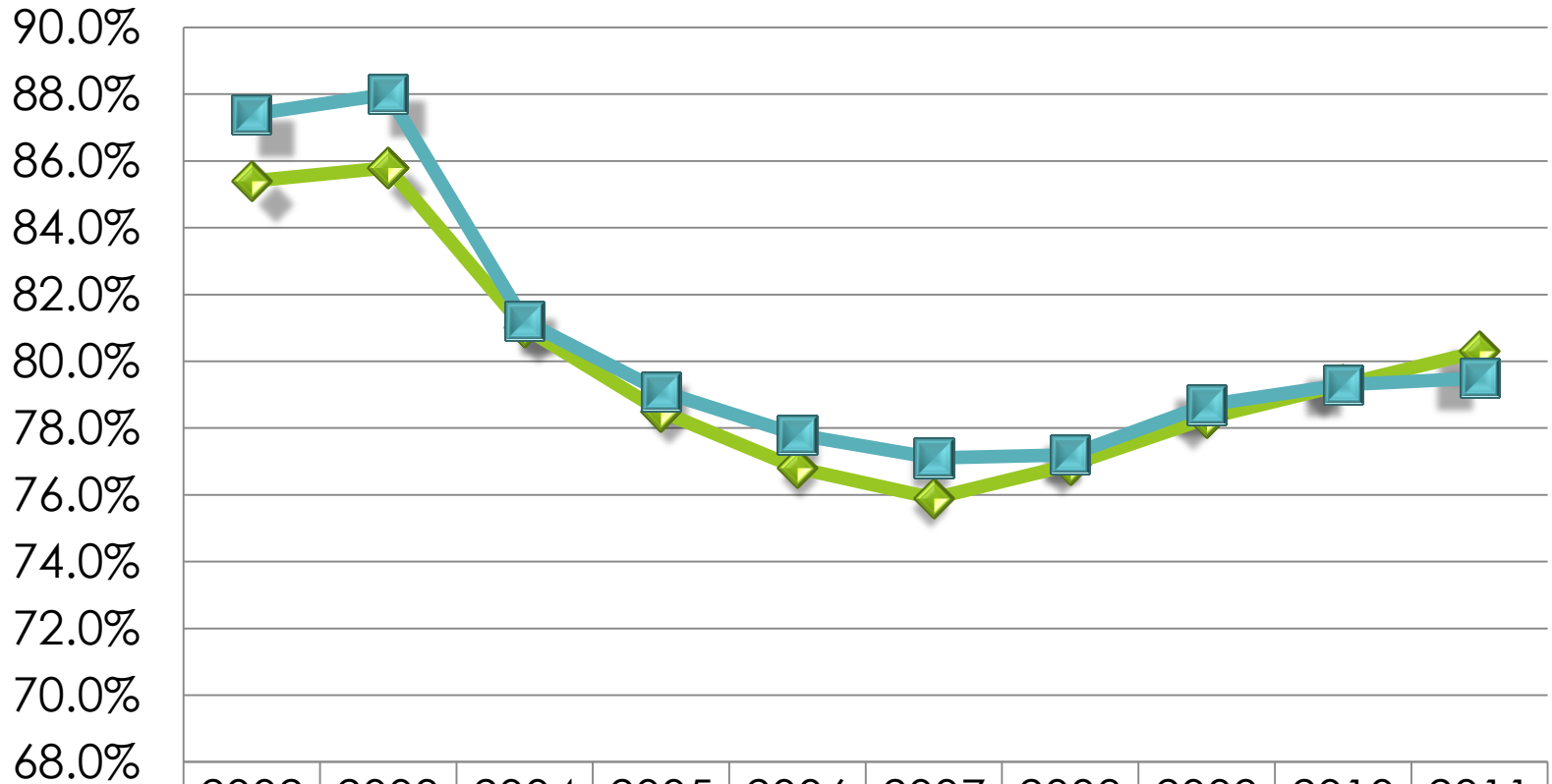
## % Repeat Births to Teen Mothers (15-19) Broward 2006-2010 (by Census Tract)



## Teen Birth Count By Age of Mother Broward County, 2006-2011

<b>10 to 12 yrs old</b>	1	1	1	2	1	1
<b>13 to 14 yrs old</b>	25	25	21	13	21	18
<b>15 to 17 yrs old</b>	504	474	452	339	302	266
<b>18 to 19 yrs old</b>	914	932	886	842	708	654

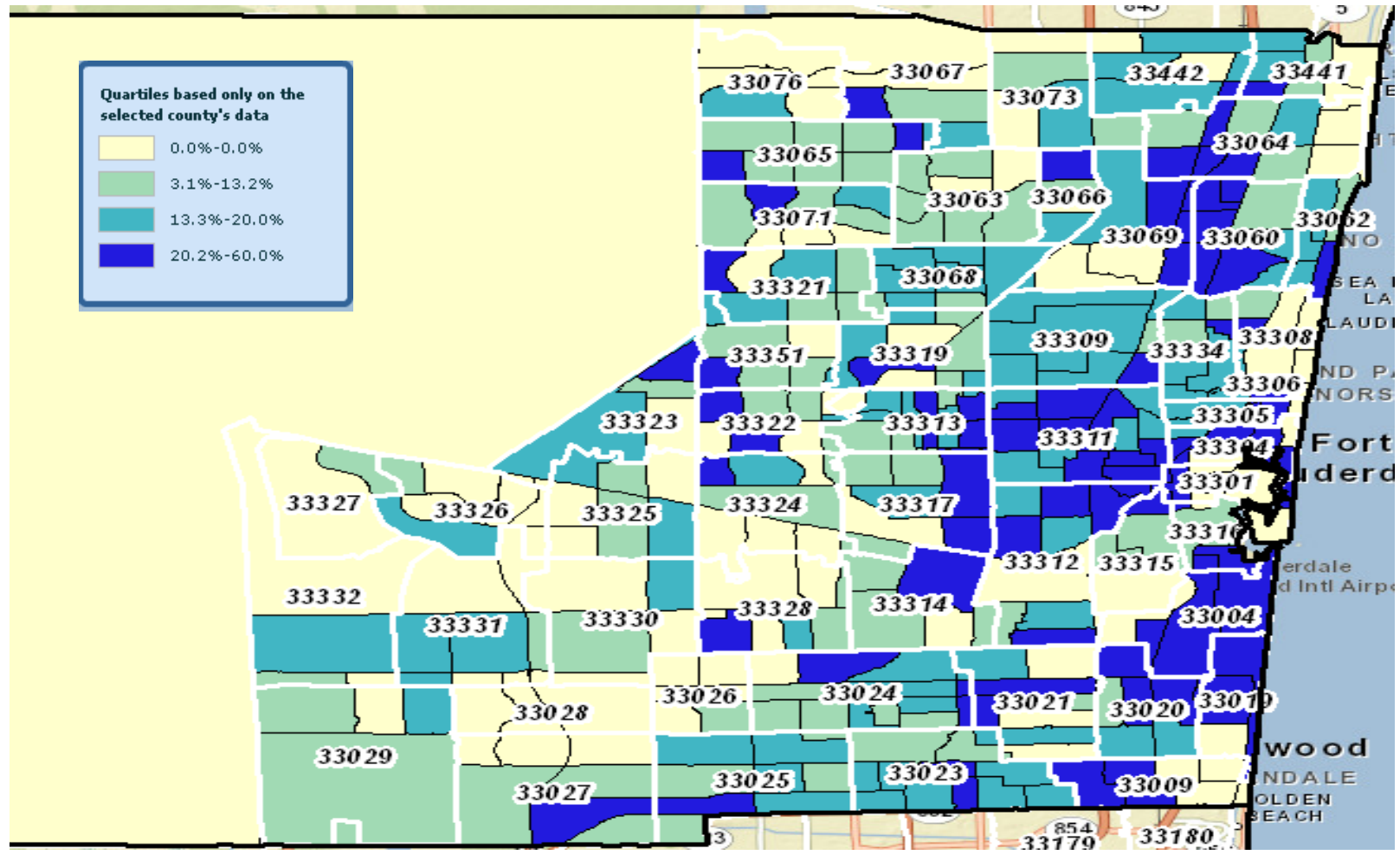
## % Births to Mothers With First Trimester Prenatal Care, 2002-2011



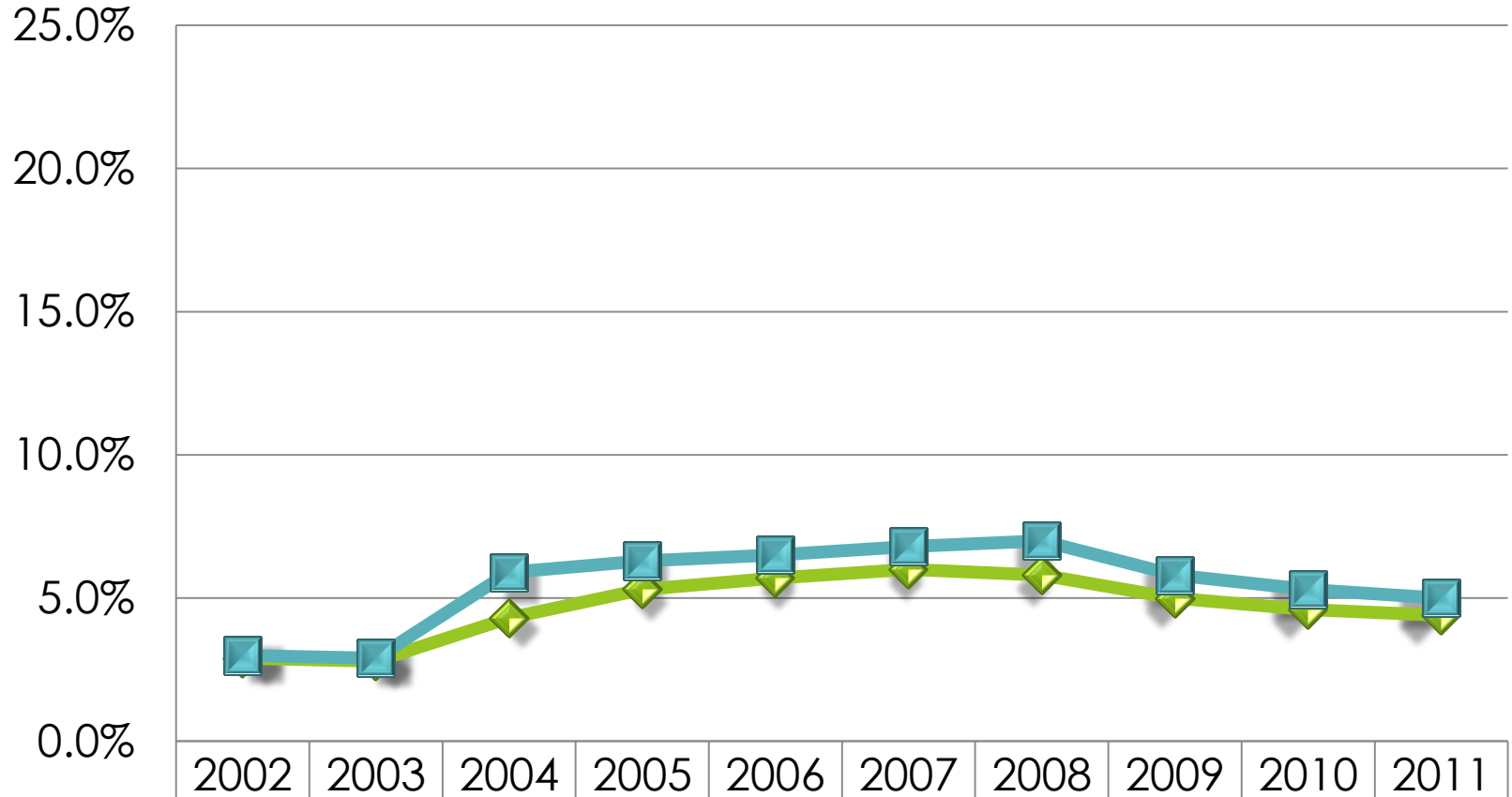
◆ Florida	85.4	85.8	81.0	78.5	76.8	75.9	76.9	78.3	79.3	80.3
■ Broward	87.4	88.0	81.2	79.1	77.8	77.1	77.2	78.7	79.3	79.5

# Quantitative

## Percent Births with First Trimester PNC Broward, 2006-2010 (by Census Tract)

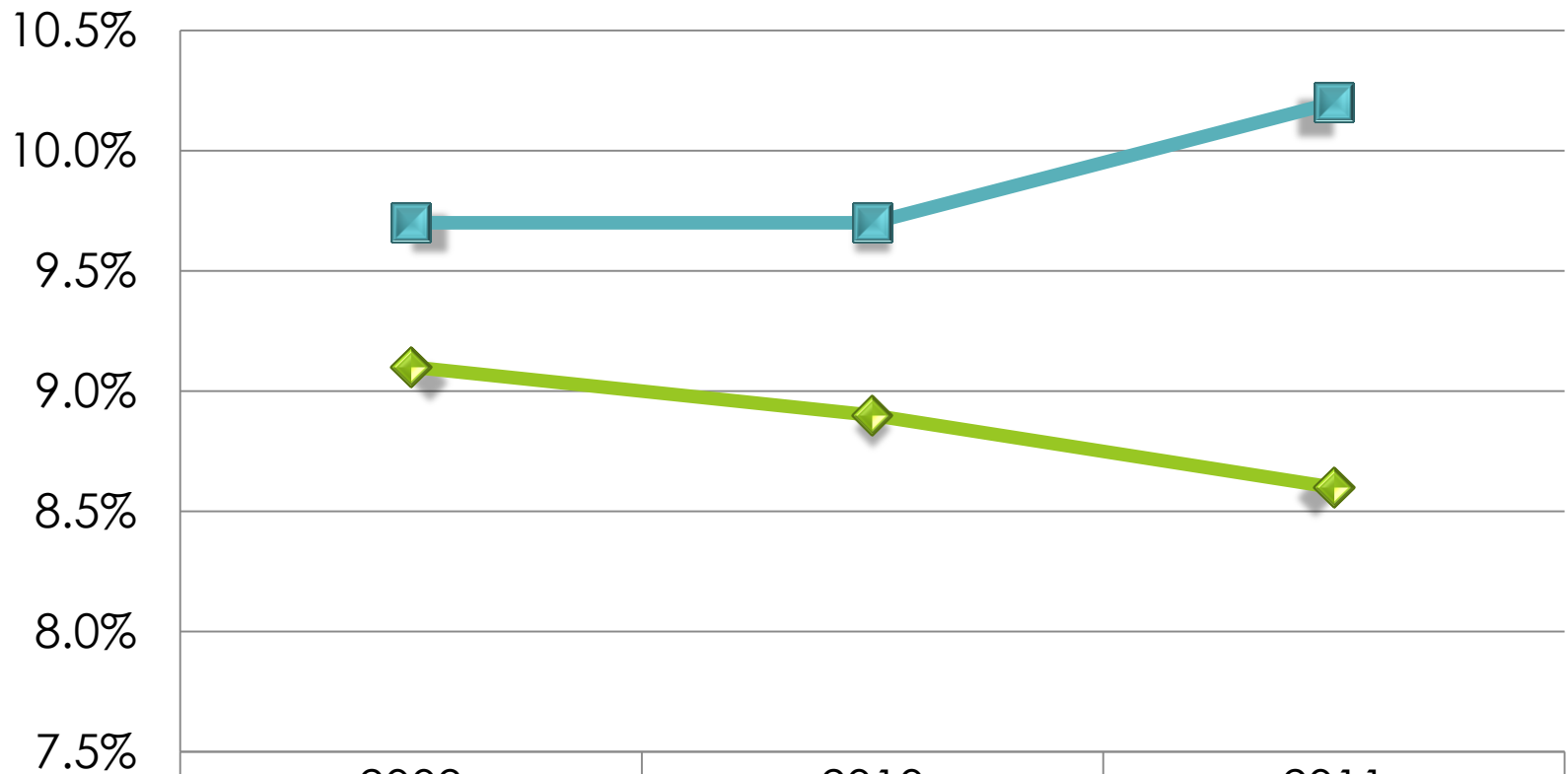


## % Births to Mothers With 3<sup>rd</sup> Trimester or No PNC, 2002-2011



◆ Florida	2.9	2.8	4.3	5.3	5.7	6	5.8	5	4.6	4.4
■ Broward	3.0	2.9	5.9	6.3	6.5	6.8	7.0	5.8	5.3	5.0

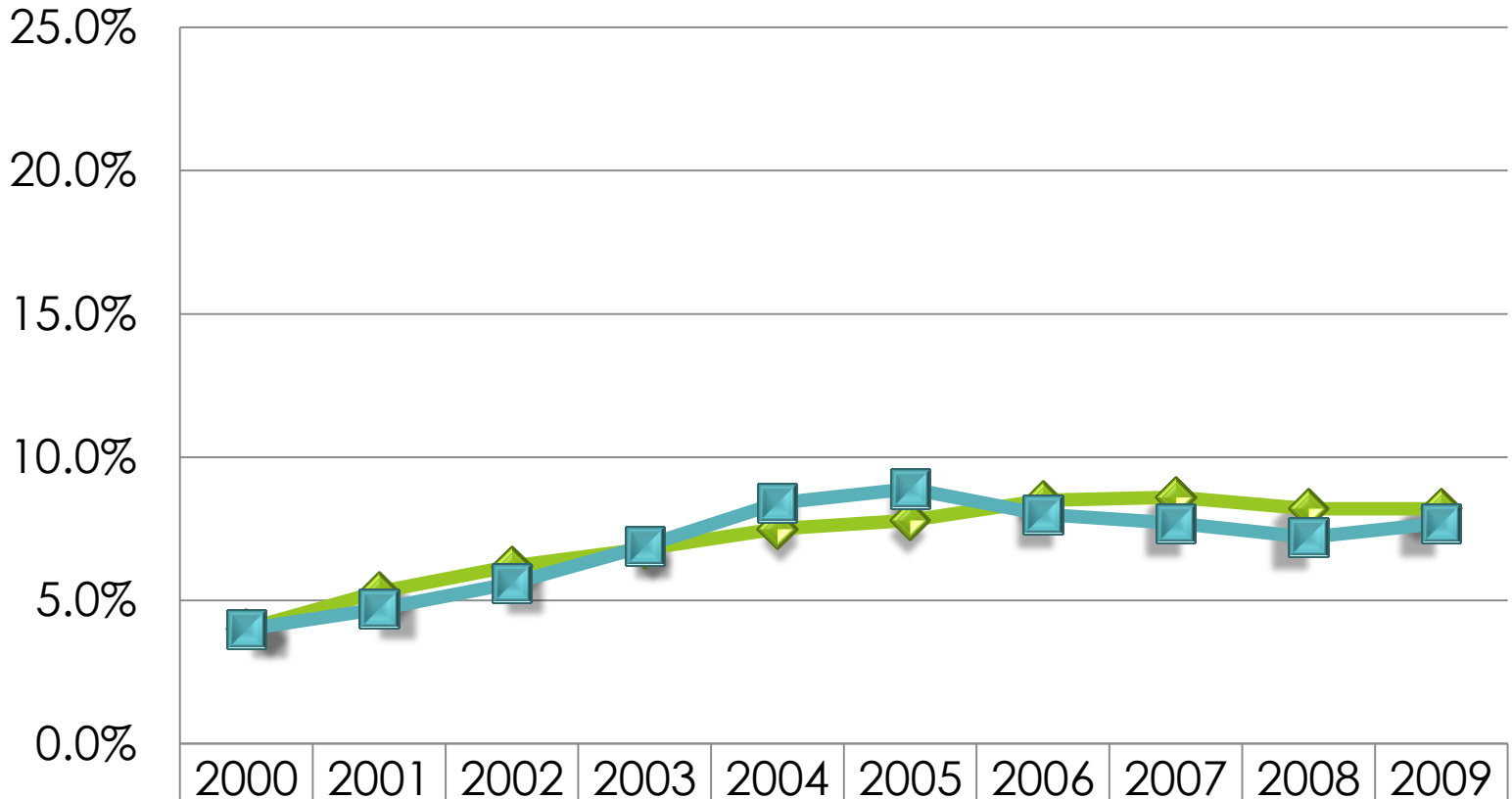
## % Births to Uninsured Mothers, 2009-2011



	2009	2010	2011
◆ Florida	9.1	8.9	8.6
■ Broward	9.7	9.7	10.2



## % Births Covered by Emergency Medicaid, 2000-2009

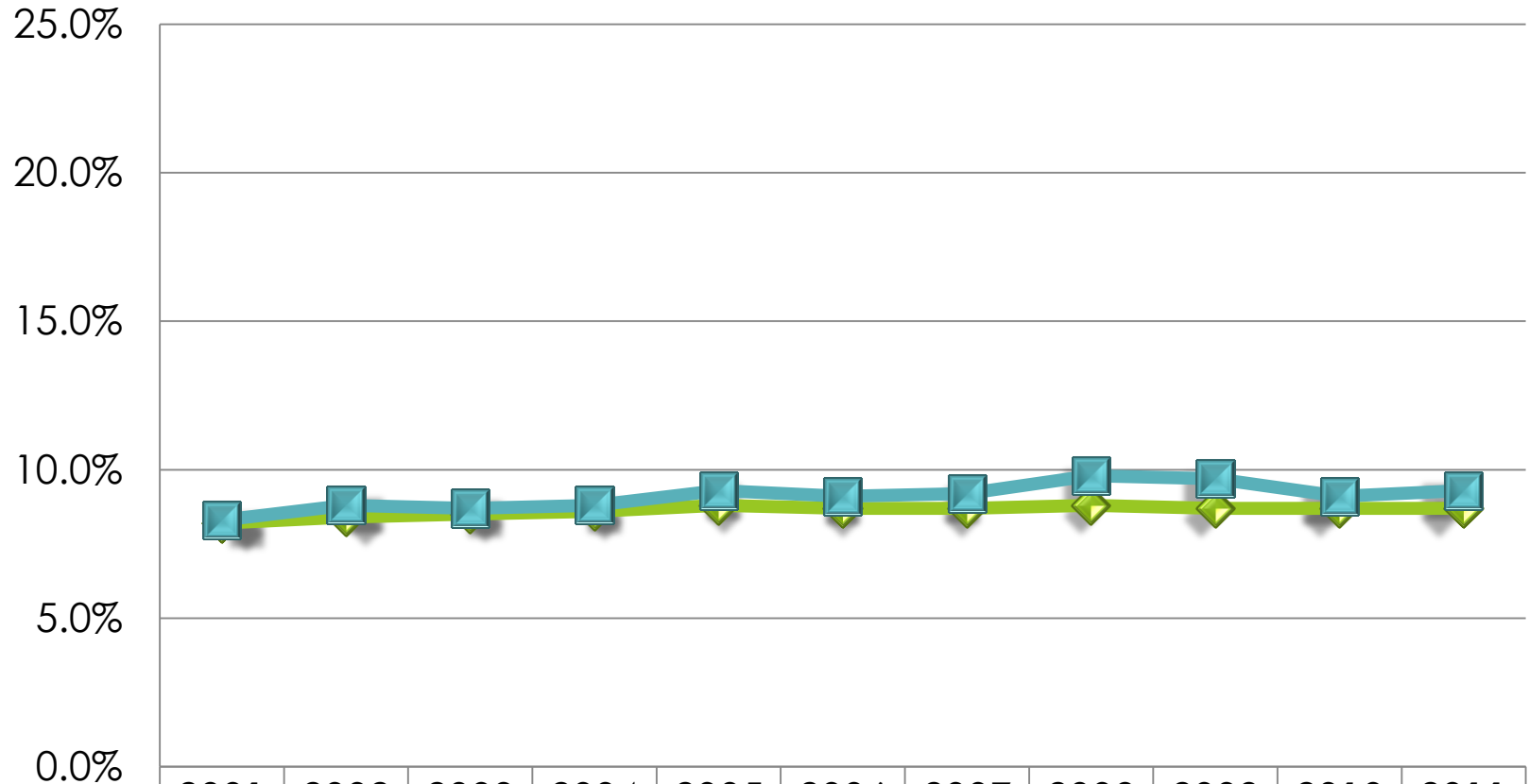


◆ Florida  
 ■ Broward

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
◆ Florida	4.0	5.3	6.2	6.8	7.5	7.8	8.5	8.6	8.2	8.2
■ Broward	4.0	4.7	5.6	6.9	8.4	8.9	8.0	7.7	7.2	7.7

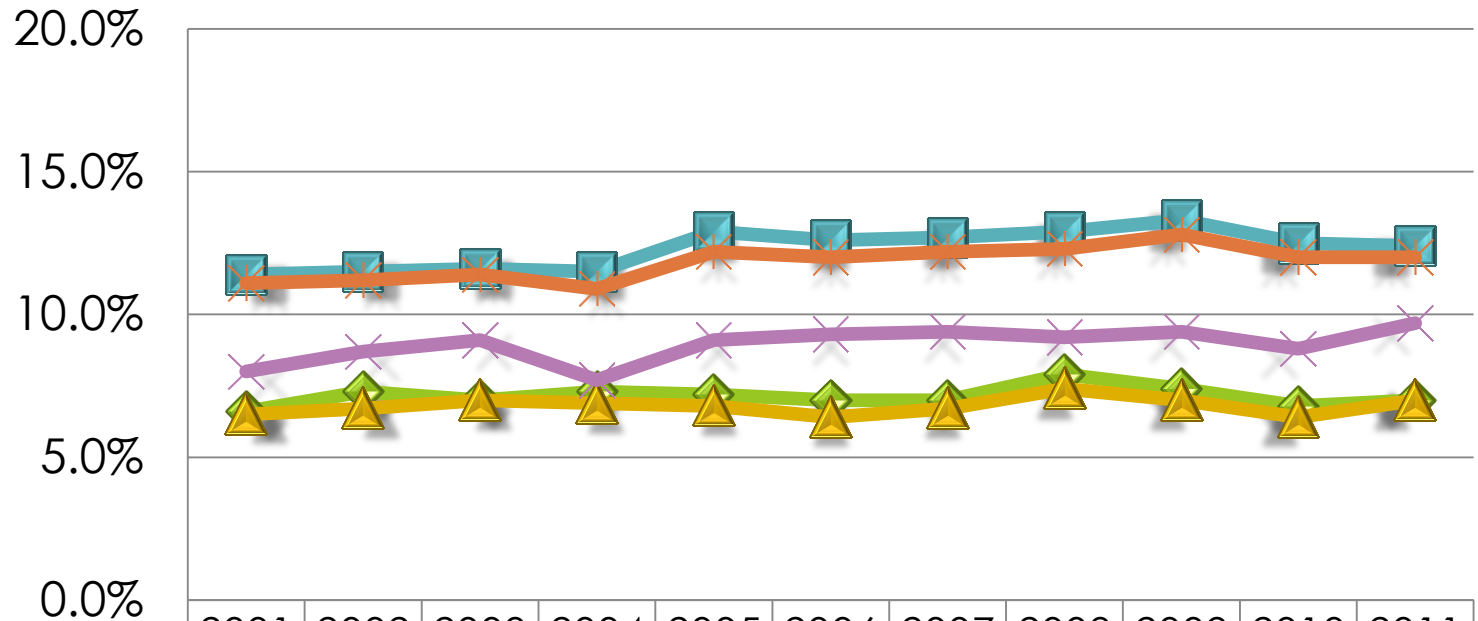
## % Low Birth Weight, 2001-2011

Low birthweight (less than 2,500 gram or 5.5lb) is the result of either preterm birth or poor fetal growth during pregnancy.



◆ Florida	8.2	8.4	8.5	8.6	8.8	8.7	8.7	8.8	8.7	8.7	8.7
■ Broward	8.3	8.8	8.7	8.8	9.3	9.1	9.2	9.8	9.7	9.1	9.3

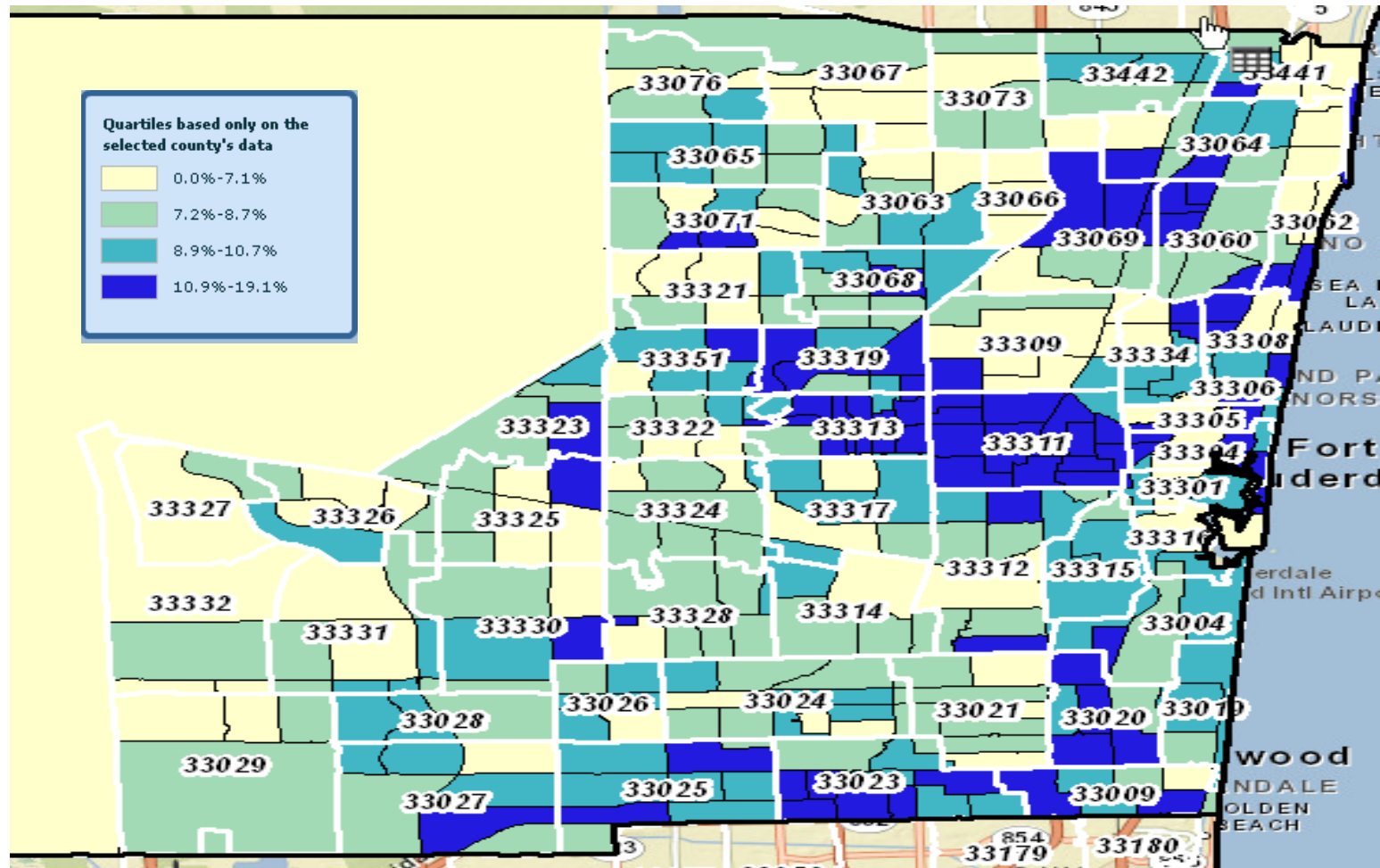
## % Low Birth Weight by Race/Ethnicity Broward, 2001-2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
White	6.6	7.3	7.0	7.3	7.2	7.0	7.0	7.9	7.4	6.8	7.0
Black	11.4	11.5	11.6	11.5	12.9	12.6	12.7	12.9	13.3	12.5	12.4
Hispanic	6.5	6.7	7.0	6.9	6.8	6.4	6.7	7.4	7.0	6.4	7.0
Other	8.0	8.7	9.1	7.7	9.1	9.3	9.4	9.2	9.4	8.8	9.7
Total Non-White	11.1	11.2	11.4	10.9	12.2	12.0	12.2	12.3	12.8	12.0	12.0

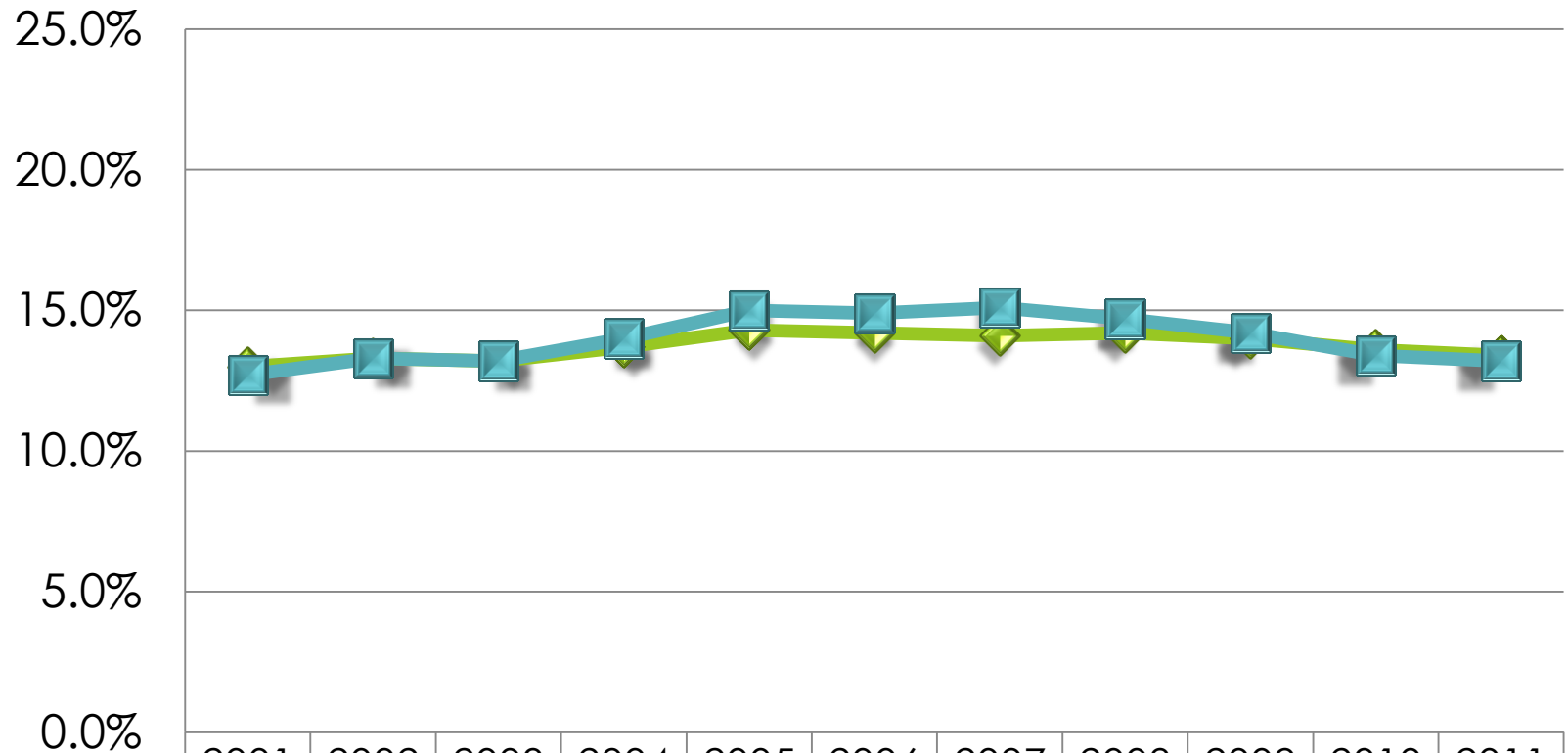
# Quantitative

## % Births - Low Birth Weight (< 2,500 grams) Broward, 2006 – 2010 (by Census Tract)



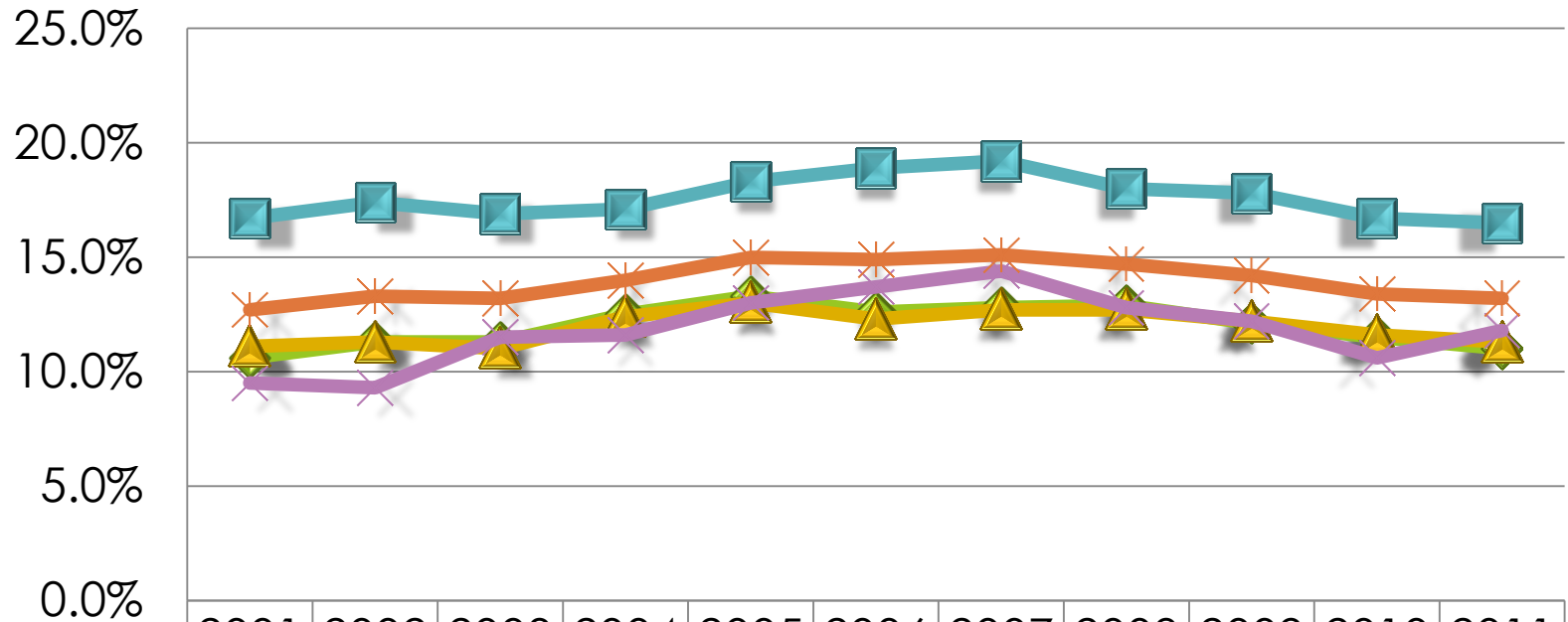
## % Preterm Births, 2001-2011

A birth is preterm if the infant is born prior to full gestation. Percent of preterm live births uses calculated gestational age based on date of last menstrual period (LMP) and the date of delivery.



◆ Florida	13.0	13.3	13.2	13.7	14.3	14.2	14.1	14.2	14.0	13.6	13.4
■ Broward	12.7	13.3	13.2	14.0	15.0	14.9	15.1	14.7	14.2	13.4	13.2

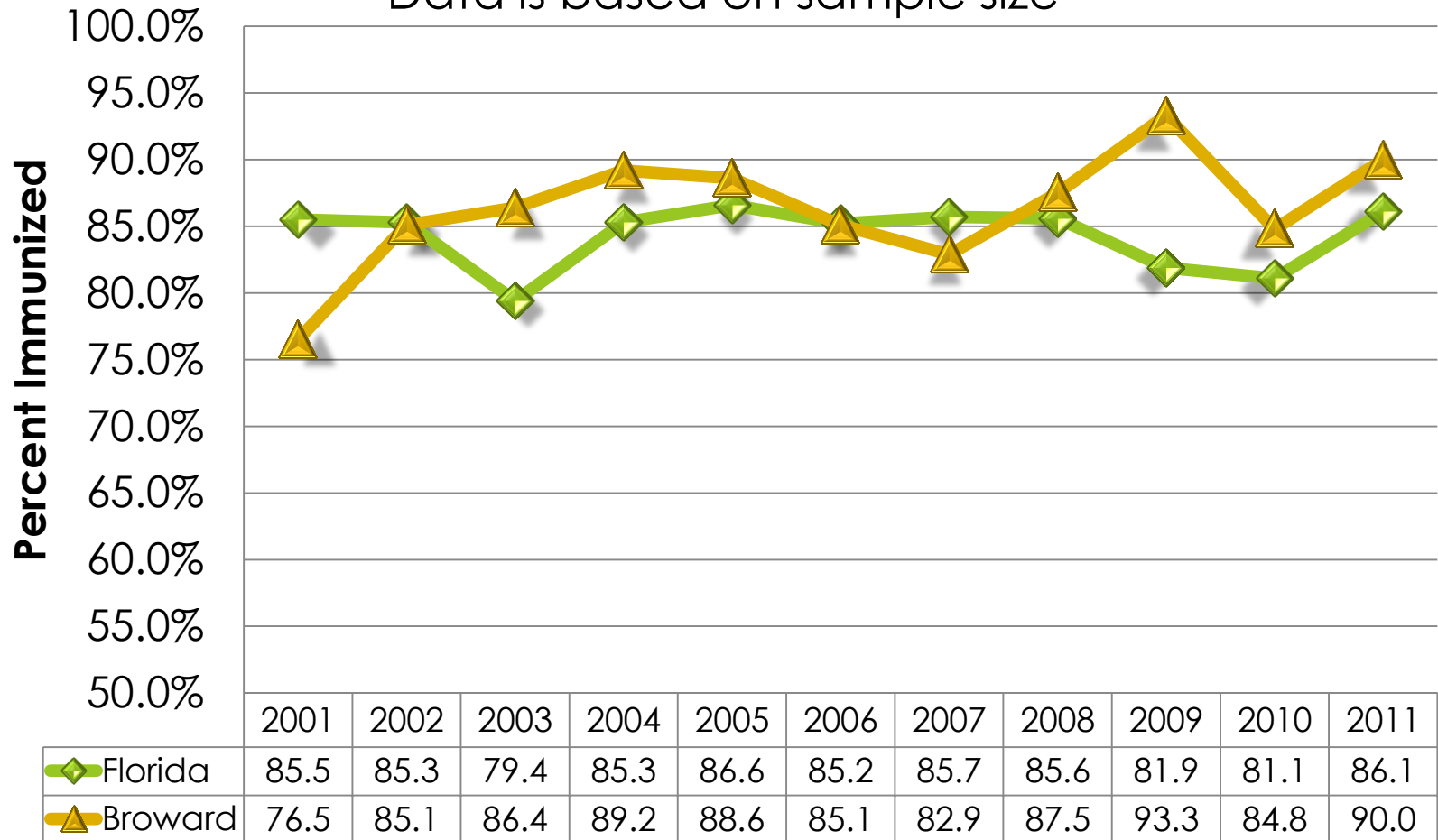
## % Preterm Births by Race Broward, 2001-2011



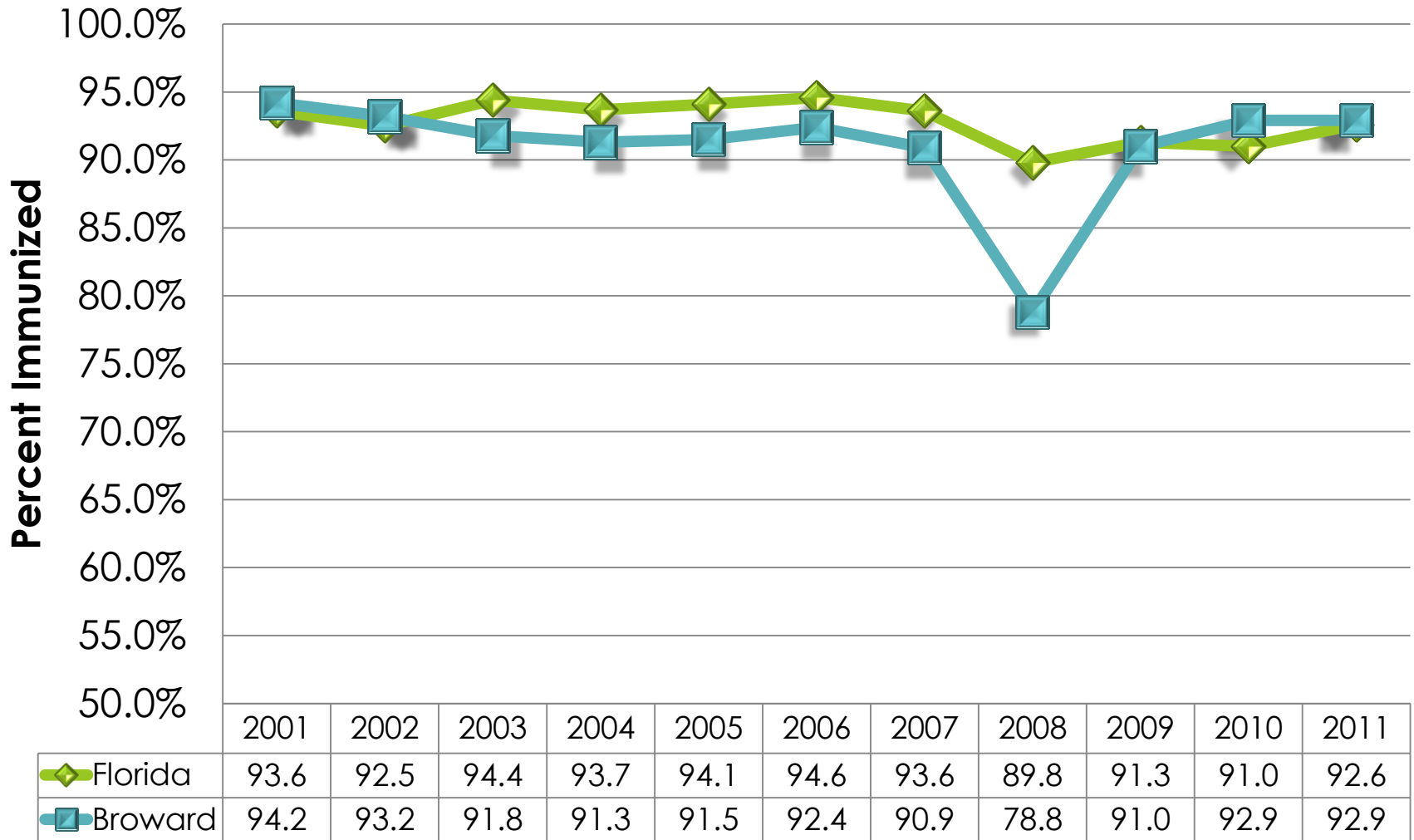
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
◆ White	10.6	11.3	11.3	12.5	13.3	12.6	12.8	12.9	12.1	11.5	11.0
■ Black	16.7	17.4	16.9	17.1	18.3	18.9	19.2	18.0	17.8	16.7	16.5
▲ Hispanic	11.1	11.3	11.0	12.4	13.0	12.3	12.7	12.7	12.2	11.6	11.3
✕ Other	9.5	9.3	11.5	11.6	13.0	13.7	14.4	12.8	12.2	10.6	11.8
✕ Total	12.7	13.3	13.2	14.0	15.0	14.9	15.1	14.7	14.2	13.4	13.2

## Child Immunization Rates Two-Year Olds, 2001-2011

Data is based on sample size



## Child Immunization Rates Kindergarten, 2001-2011

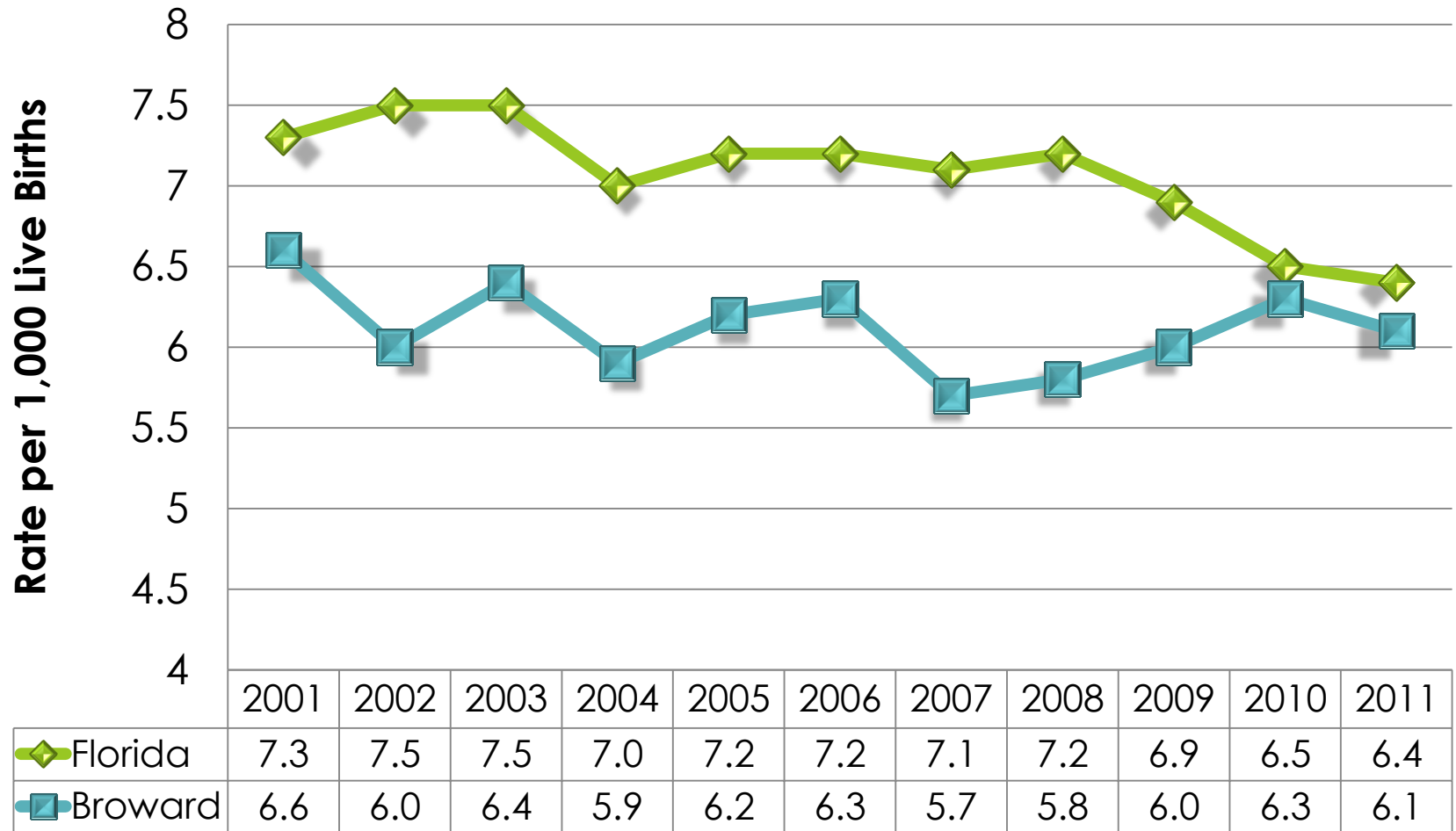




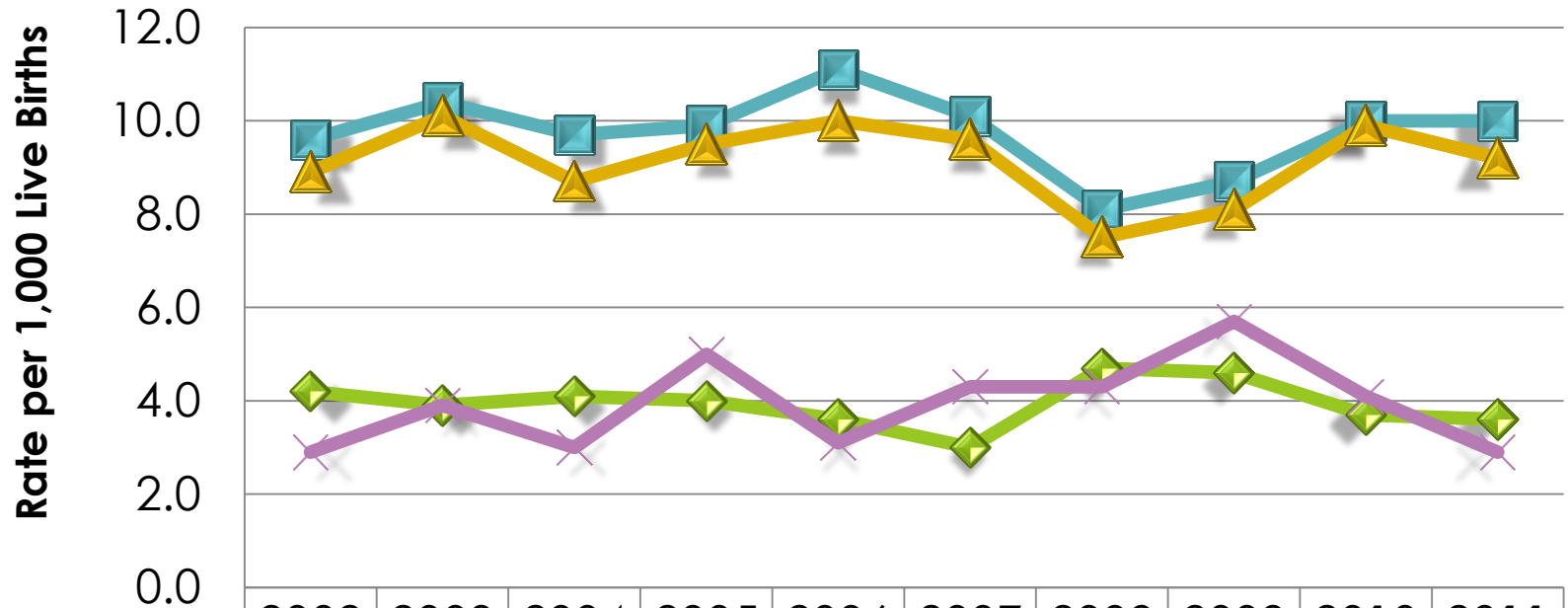


## Mortality and Morbidity

## Infant Mortality Per 1,000 Live Births, 2001-2010



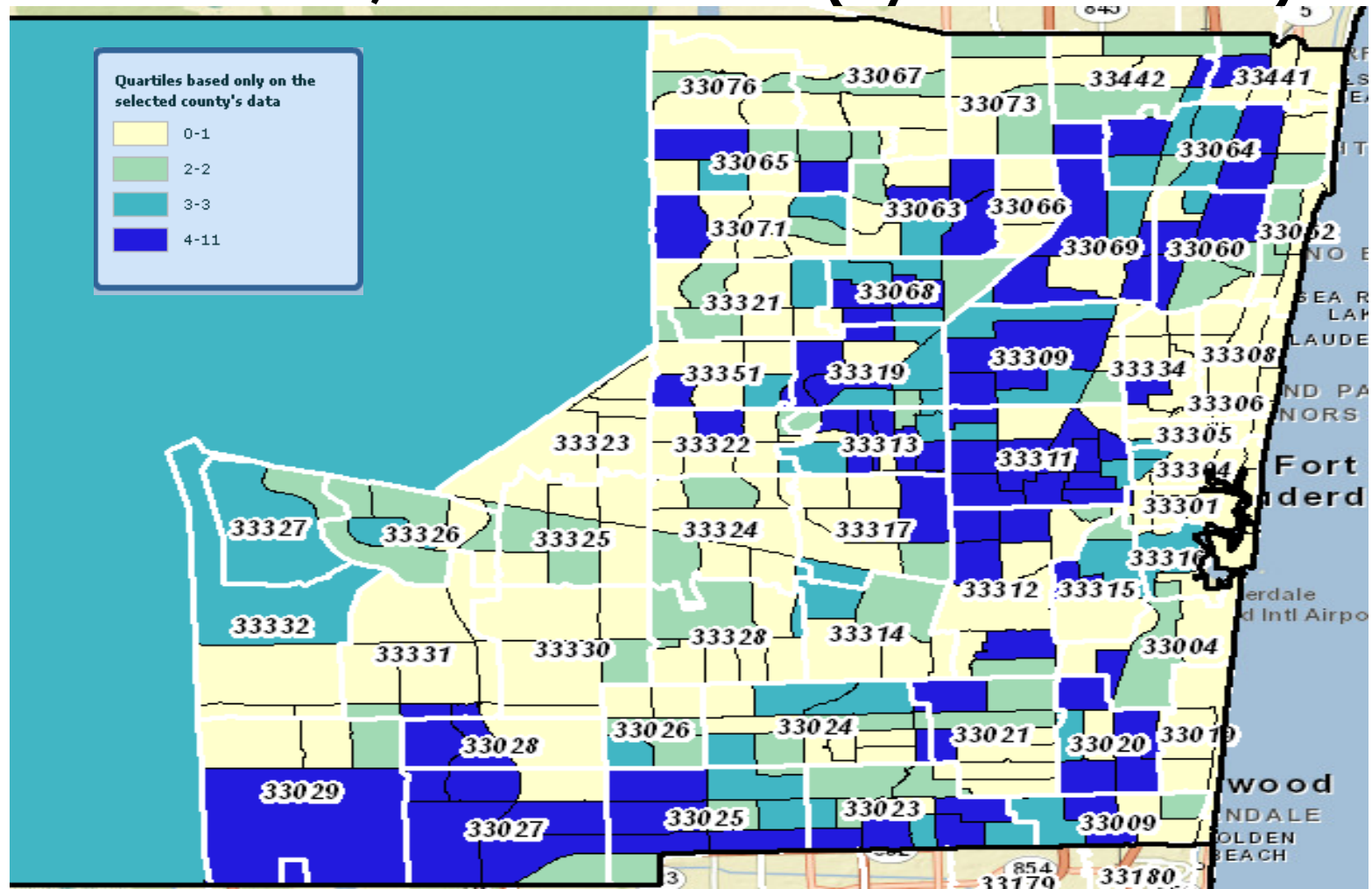
## Infant Mortality Per 1,000 Live Births by Race/Ethnicity, Broward, 2001-2011



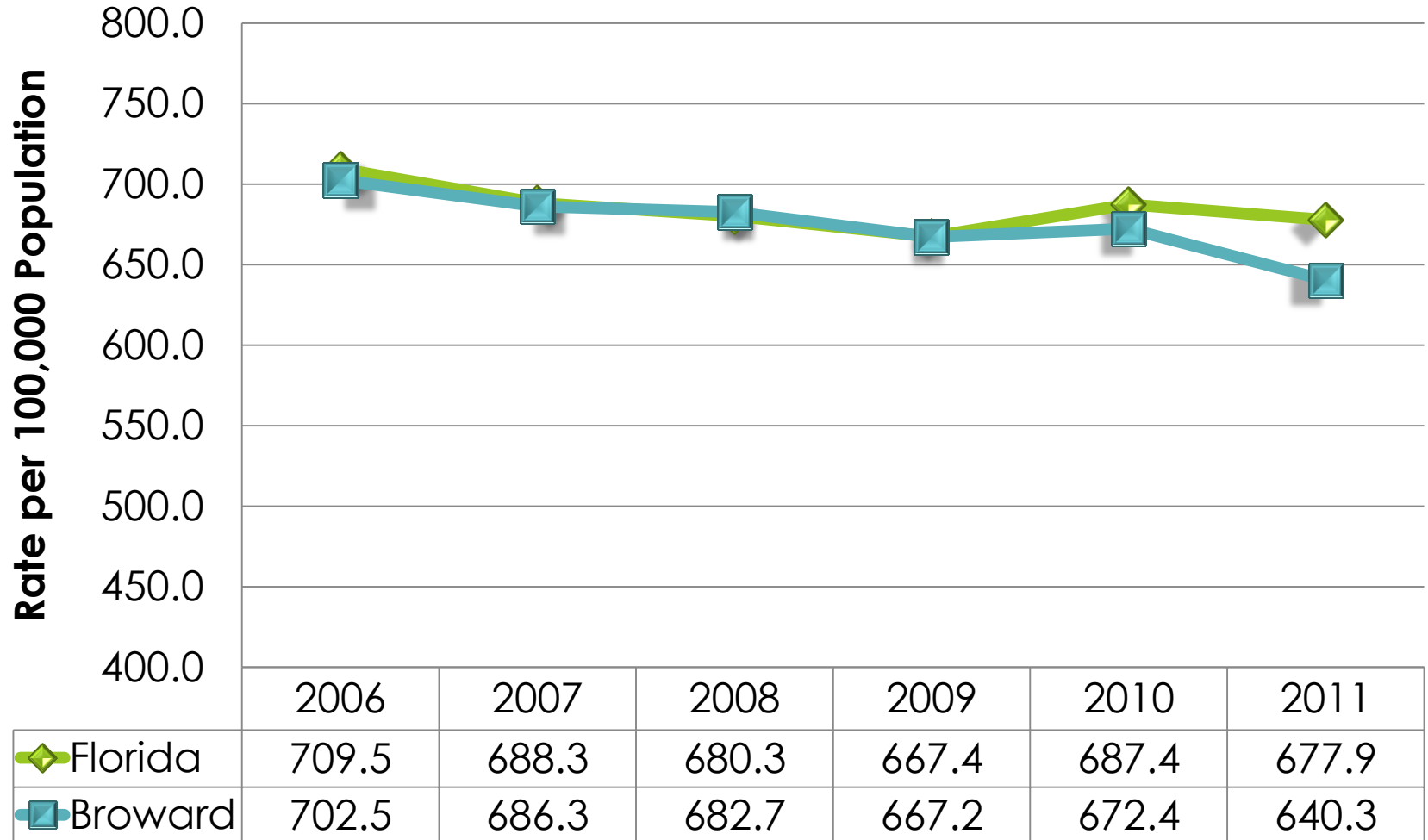
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
◆ White	4.2	3.9	4.1	4.0	3.6	3.0	4.7	4.6	3.7	3.6
■ Black	9.6	10.4	9.7	9.9	11.1	10.1	8.1	8.7	10.0	10.0
▲ Non-White	8.9	10.1	8.7	9.5	10	9.6	7.5	8.1	9.9	9.2
✕ Hispanic	2.9	3.9	3.0	5.0	3.1	4.3	4.3	5.7	4.1	2.9

# Quantitative

## Infant Mortality Broward, 2006–2010 (by Census Tract)

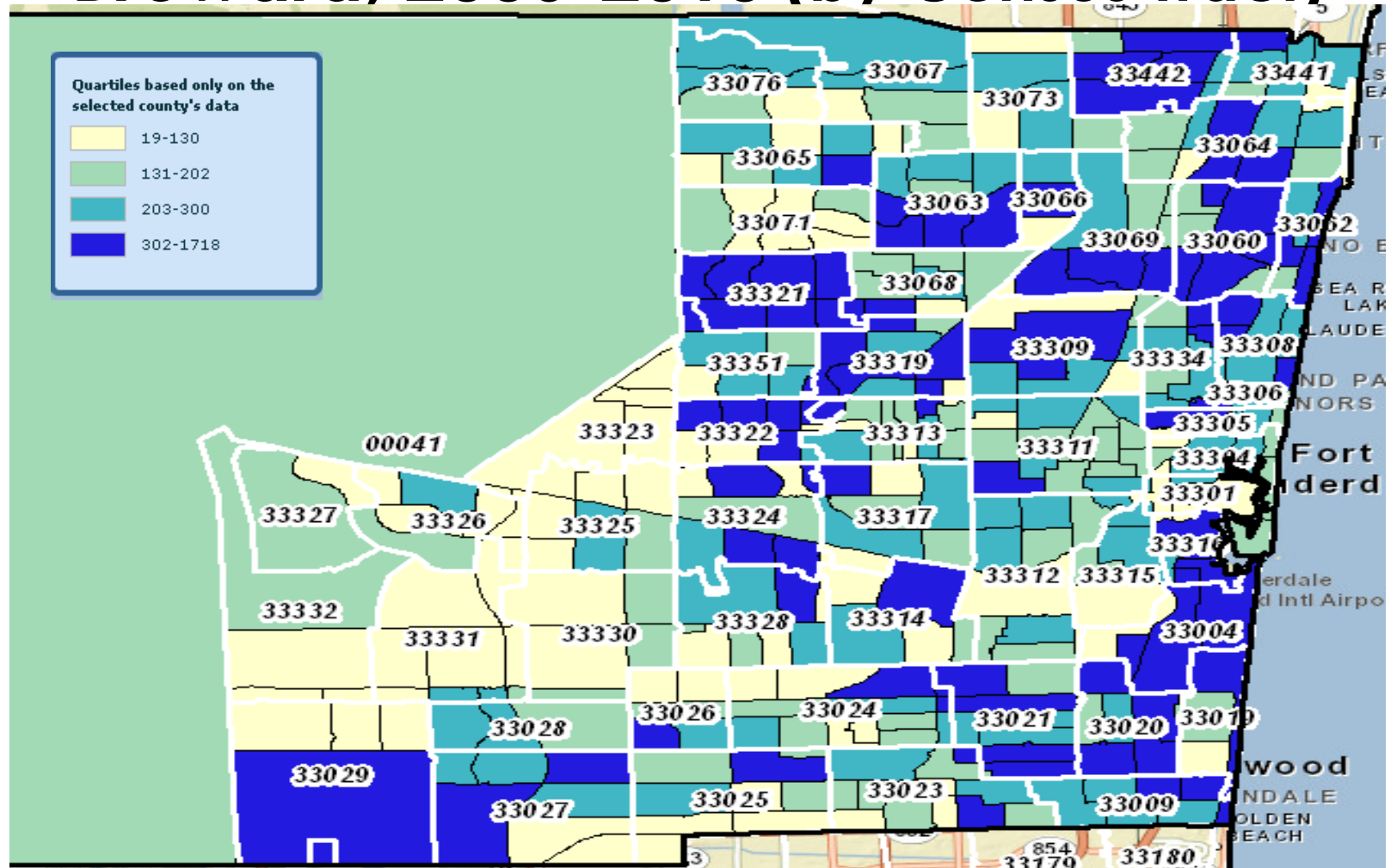


## Age-Adjusted Death Rates Broward, Florida, 2006-2011

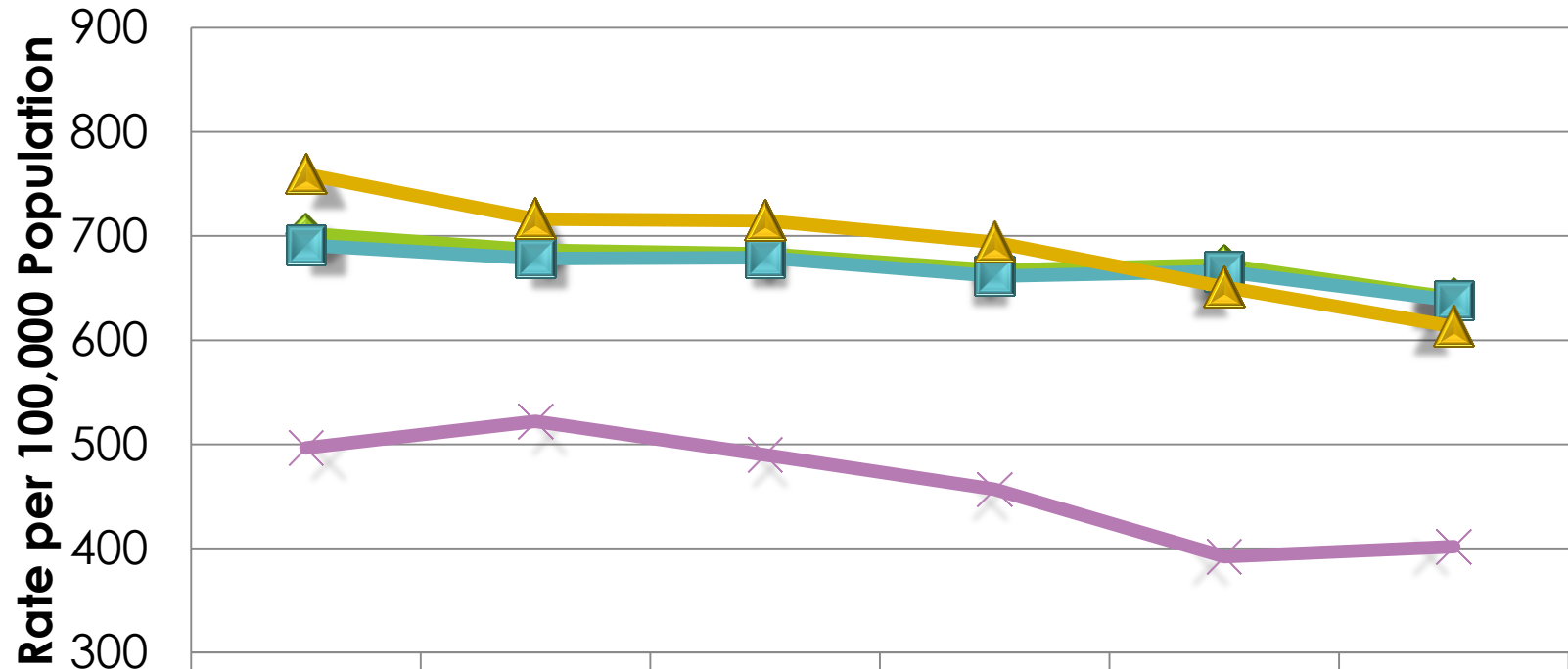


# Quantitative

## Death from All Causes Broward, 2006-2010 (by Census Tract)



## Death Rates by Race/Ethnicity Broward, 2006-2011



	2006	2007	2008	2009	2010	2011
◆ Total	702.5	686.3	682.7	667.2	672.4	640.3
■ White	691.1	678.2	679.1	661.5	665.8	637.9
▲ Black	759.3	716.2	714.8	693.9	651	613
✕ Hispanic	496.3	521.9	489.8	456.7	391.9	401.5

## Major Causes of Death, Broward 2011

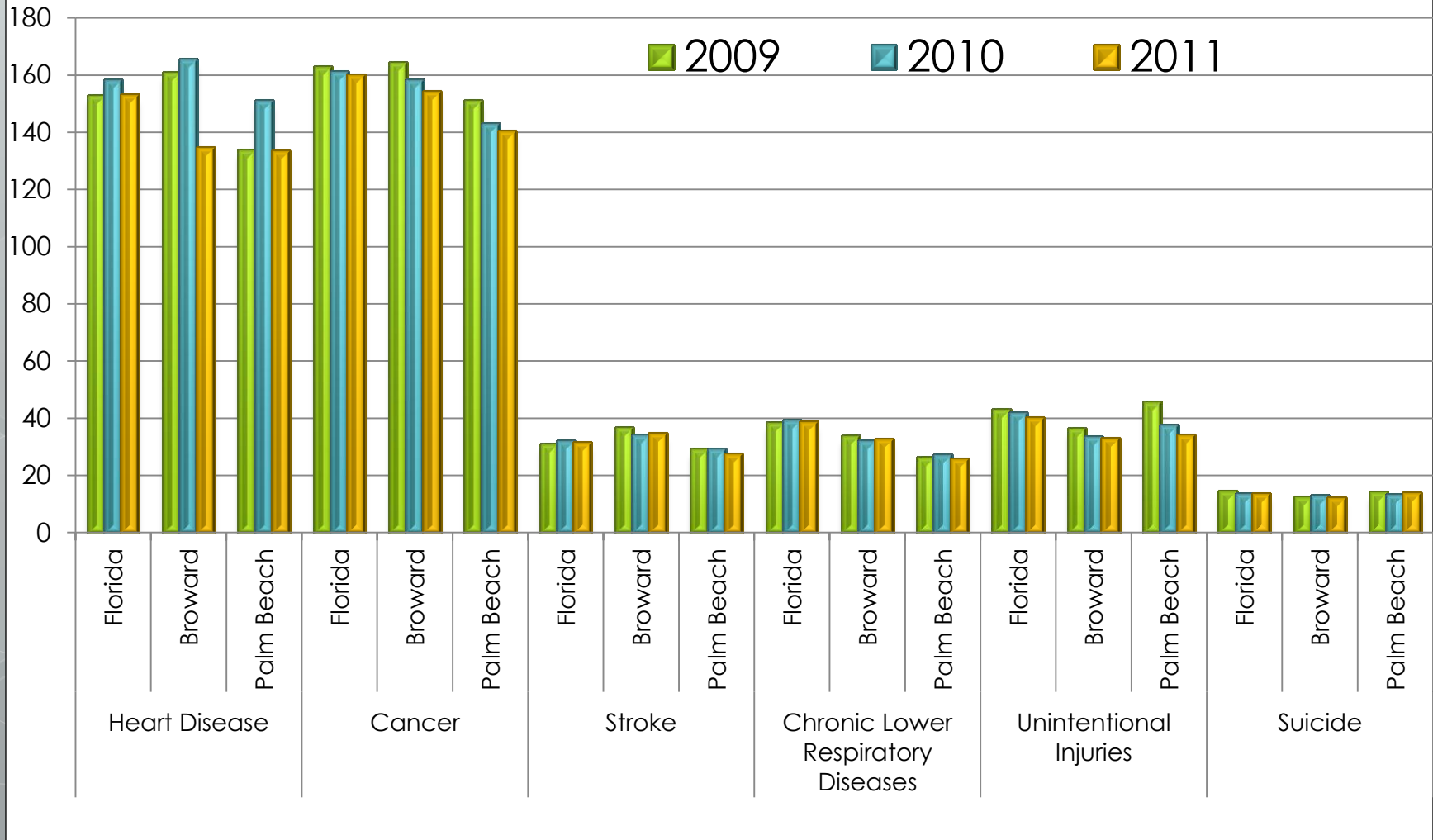
CAUSE OF DEATH	DEATHS	PERCENT OF TOTAL DEATHS	CRUDE RATE PER 100,000
ALL CAUSES	14,123	100	805.3
HEART DISEASE	3,486	24.7	198.8
CANCER	3,320	23.5	189.3
STROKE	791	5.6	45.1
CHRONIC LOWER RESPIRATORY DISEASE	724	5.1	41.3
UNINTENTIONAL INJURIES	629	4.5	35.9
DIABETES MELLITUS	316	2.2	18
KIDNEY DISEASE	293	2.1	16.7
SUICIDE	233	1.6	13.3
ALZHEIMER'S DISEASE	220	1.6	12.5
CHRONIC LIVER DISEASE AND CIRRHOSIS	209	1.5	11.9
PNEUMONIA/INFLUENZA	175	1.2	10
SEPTICEMIA	150	1.1	8.6
PARKINSON'S DISEASE	144	1	8.2
AIDS/HIV	137	1	7.8
BENIGN NEOPLASM	115	0.8	6.6
PERINATAL CONDITIONS	74	0.5	4.2
HOMICIDE	74	0.5	4.2



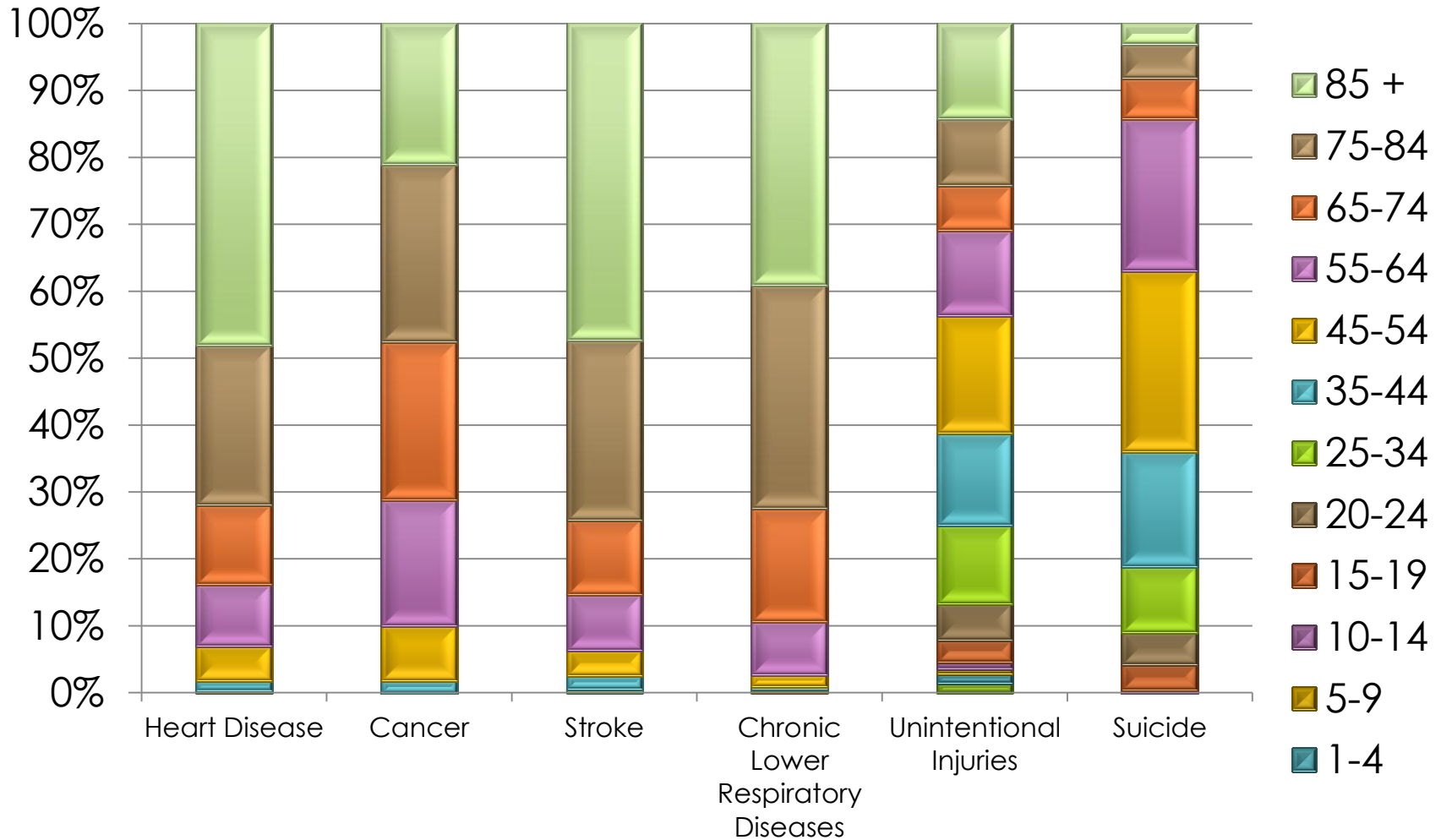
## Major Causes of Death, Broward 2011

CAUSE OF DEATH	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	640.3	658.8	6,567.20
HEART DISEASE	150.9	158.7	859.8
CANCER	154.2	158.7	1,475.20
STROKE	34.6	35	182.1
CHRONIC LOWER RESPIRATORY DISEASE	32.5	32.6	131.9
UNINTENTIONAL INJURIES	33	34.2	974.3
DIABETES MELLITUS	14.7	14.7	146.9
KIDNEY DISEASE	13	15.2	71.3
SUICIDE	12.2	12.5	377
ALZHEIMER'S DISEASE	9	10.6	4.2
CHRONIC LIVER DISEASE AND CIRRHOSIS	10	10	203.6
PNEUMONIA/INFLUENZA	7.6	7.9	66.2
SEPTICEMIA	6.9	7.3	56.1
PARKINSON'S DISEASE	6.5	6.9	10.2
AIDS/HIV	7.1	9	220.2
BENIGN NEOPLASM	5.2	5.2	37
PERINATAL CONDITIONS			
HOMICIDE	4.4	4.8	183.4

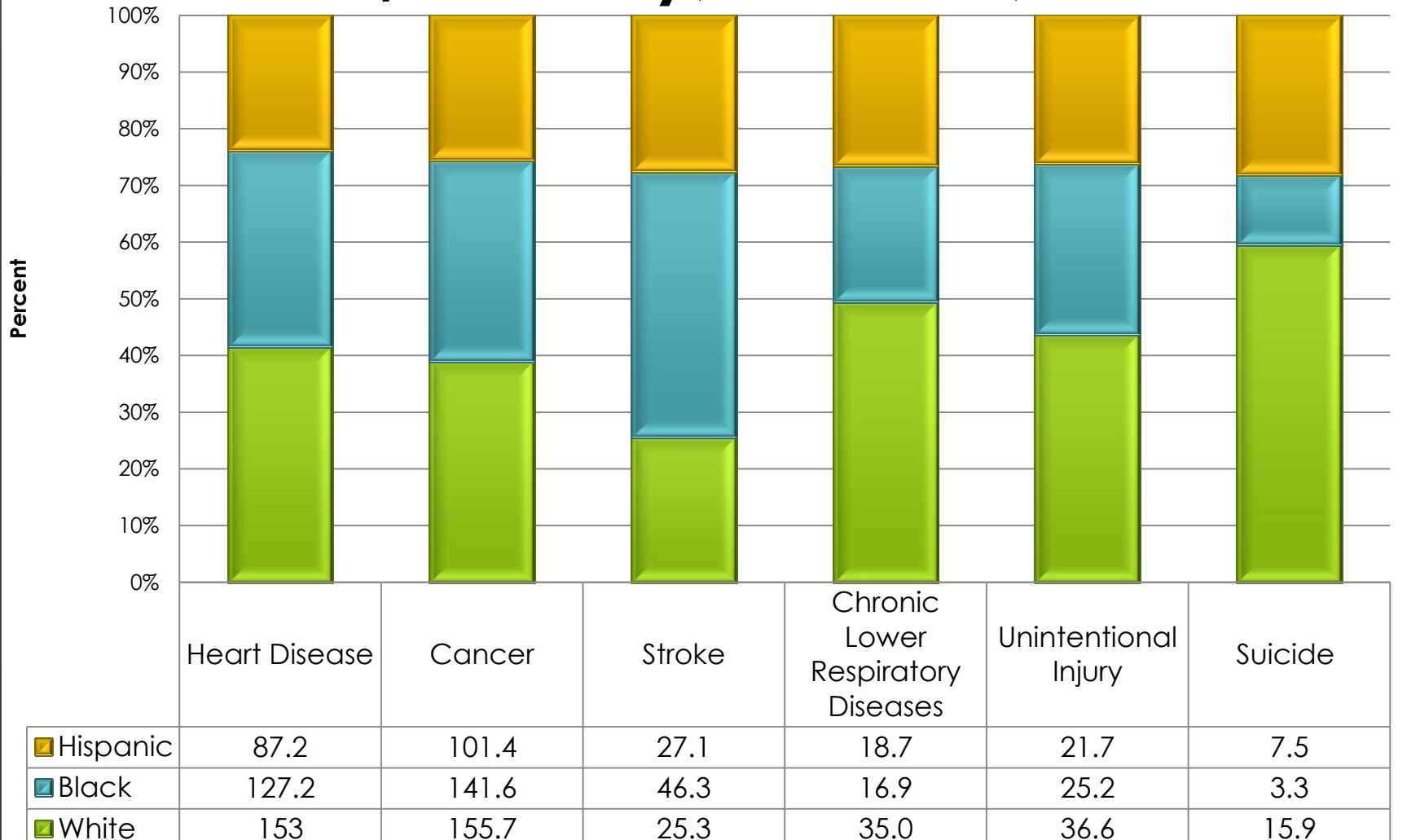
## Major Causes of Death Broward Vs. FL, 2009-2011



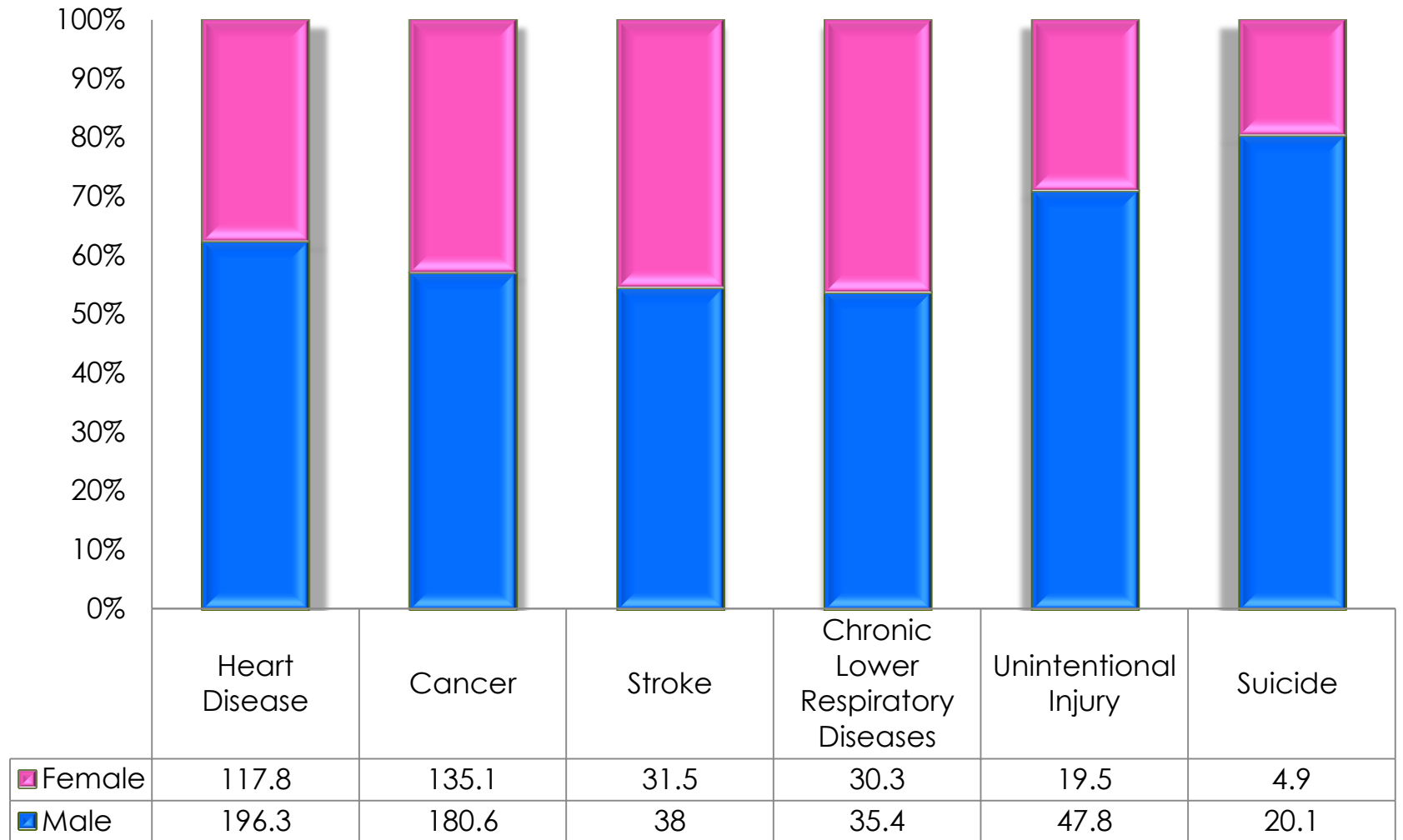
## Major Causes of Death by Age Broward County, 2011



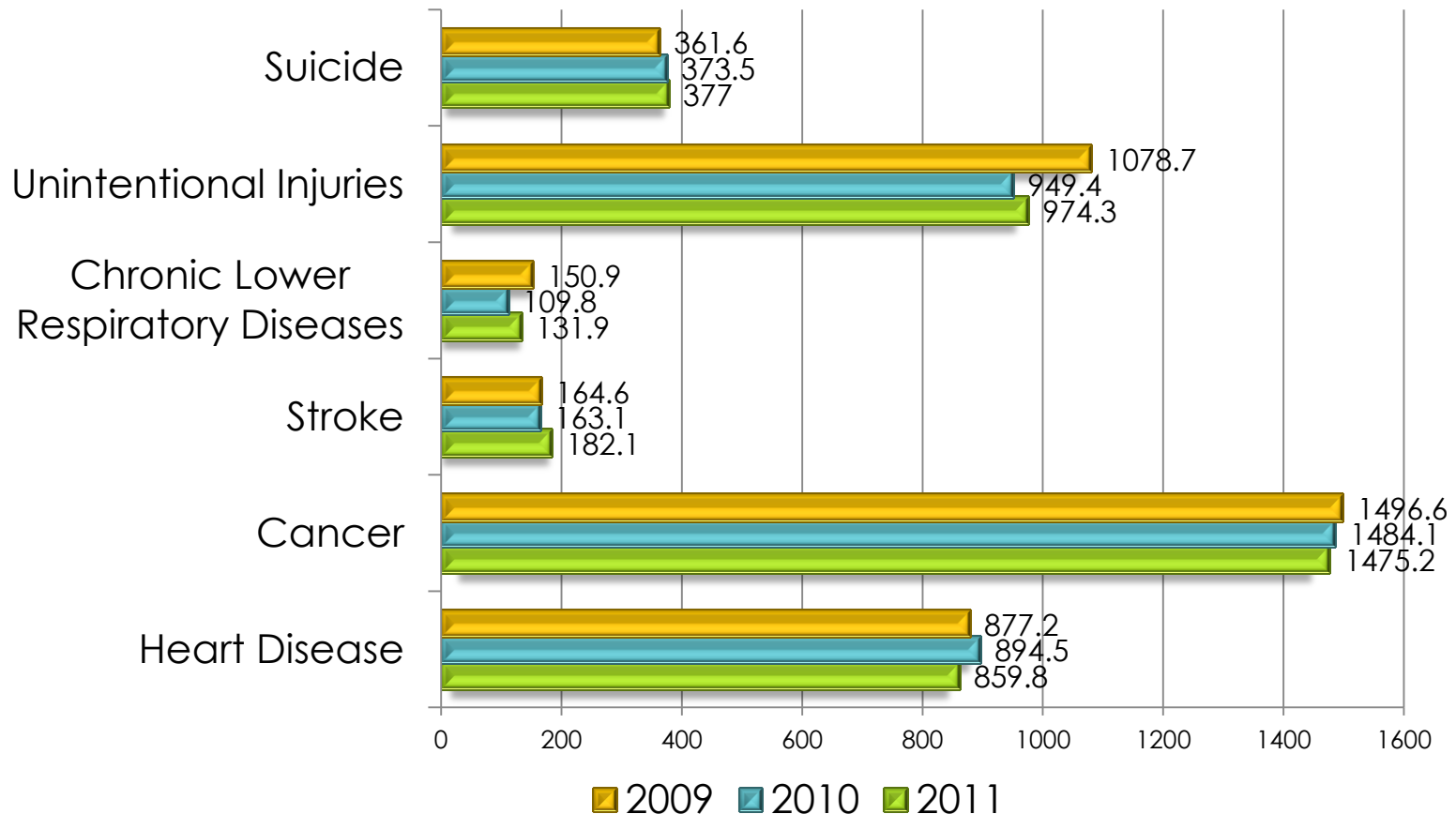
## Major Causes of Death by Race/Ethnicity, Broward, 2011



## Major Causes of Death by Gender Broward, 2011



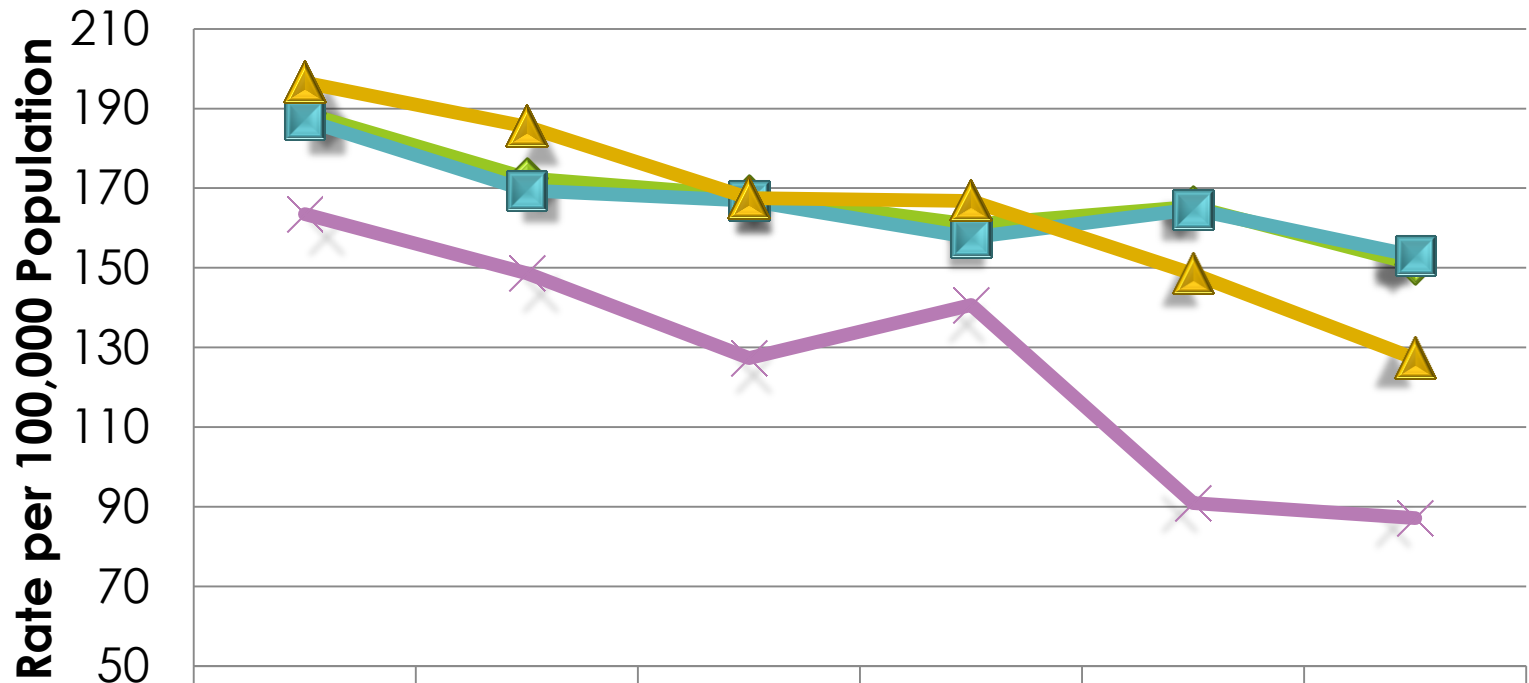
## Years of Potential Life Lost per 100,000 under 75 Broward, 2009-2011



**YPLL is an estimate of premature mortality** that has been defined as the number of years of life lost among persons who die before a predetermined age (this graph uses age 75).

**NOTE:** Deaths that occur at age 75 or greater are excluded from this calculation.

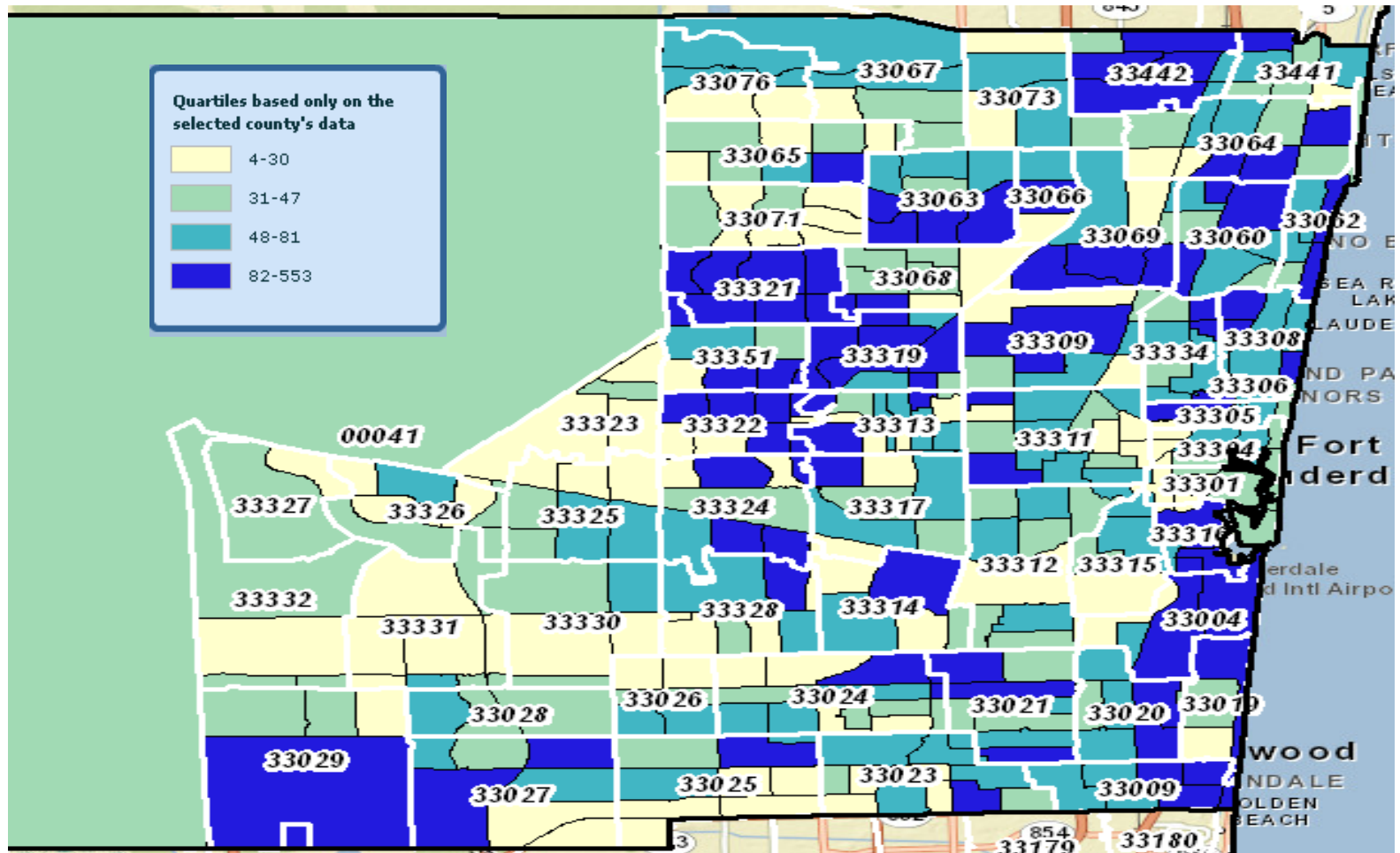
## Heart Disease Deaths by Race/Ethnicity, Broward, 2006-2011



	2006	2007	2008	2009	2010	2011
◆ Total	188.8	172.5	168.1	160.8	165.3	150.9
■ White	187.1	169.4	166.9	157.6	164.7	153
▲ Black	196.5	185.4	167.5	166.8	148.5	127.2
× Hispanic	163.5	148.6	127.3	140.7	90.9	87.2

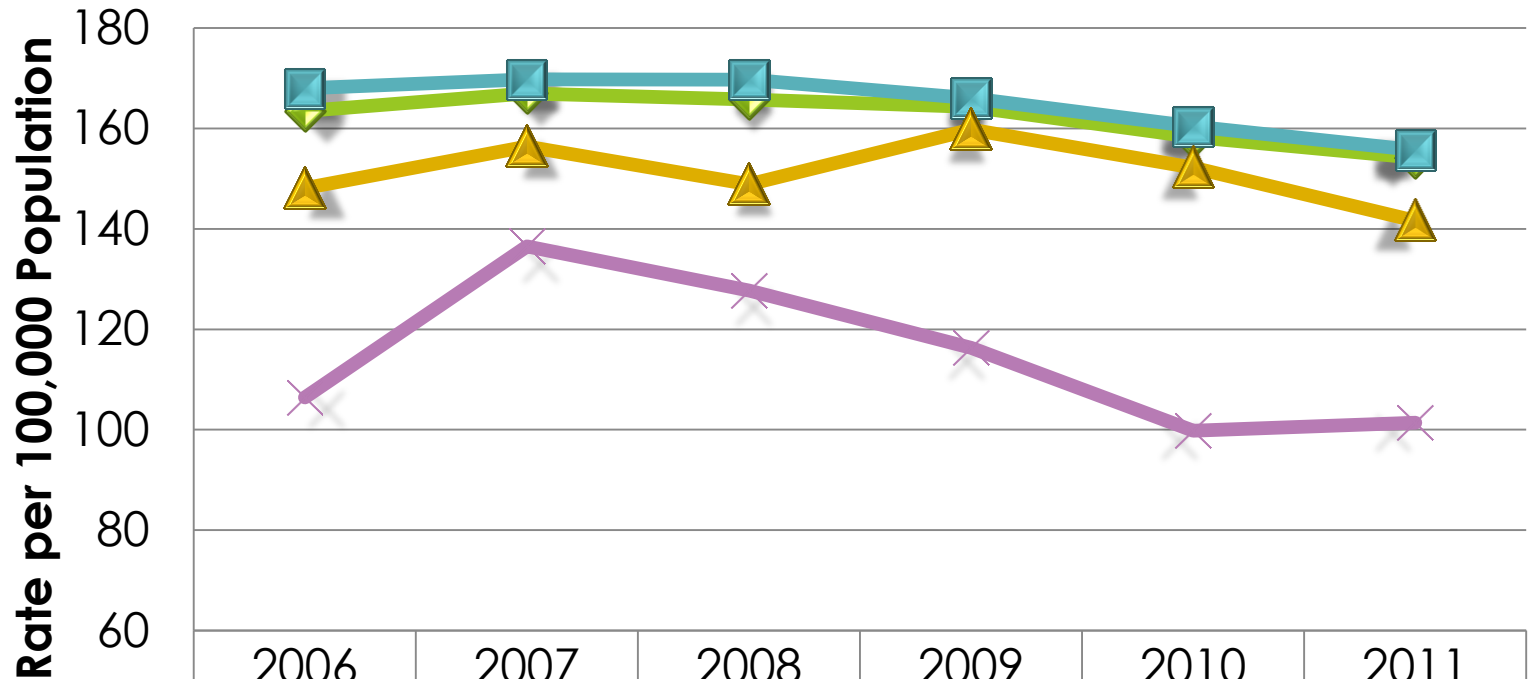
# Quantitative

## Heart Disease Deaths Broward, 2006-2010 (by Census Tract)





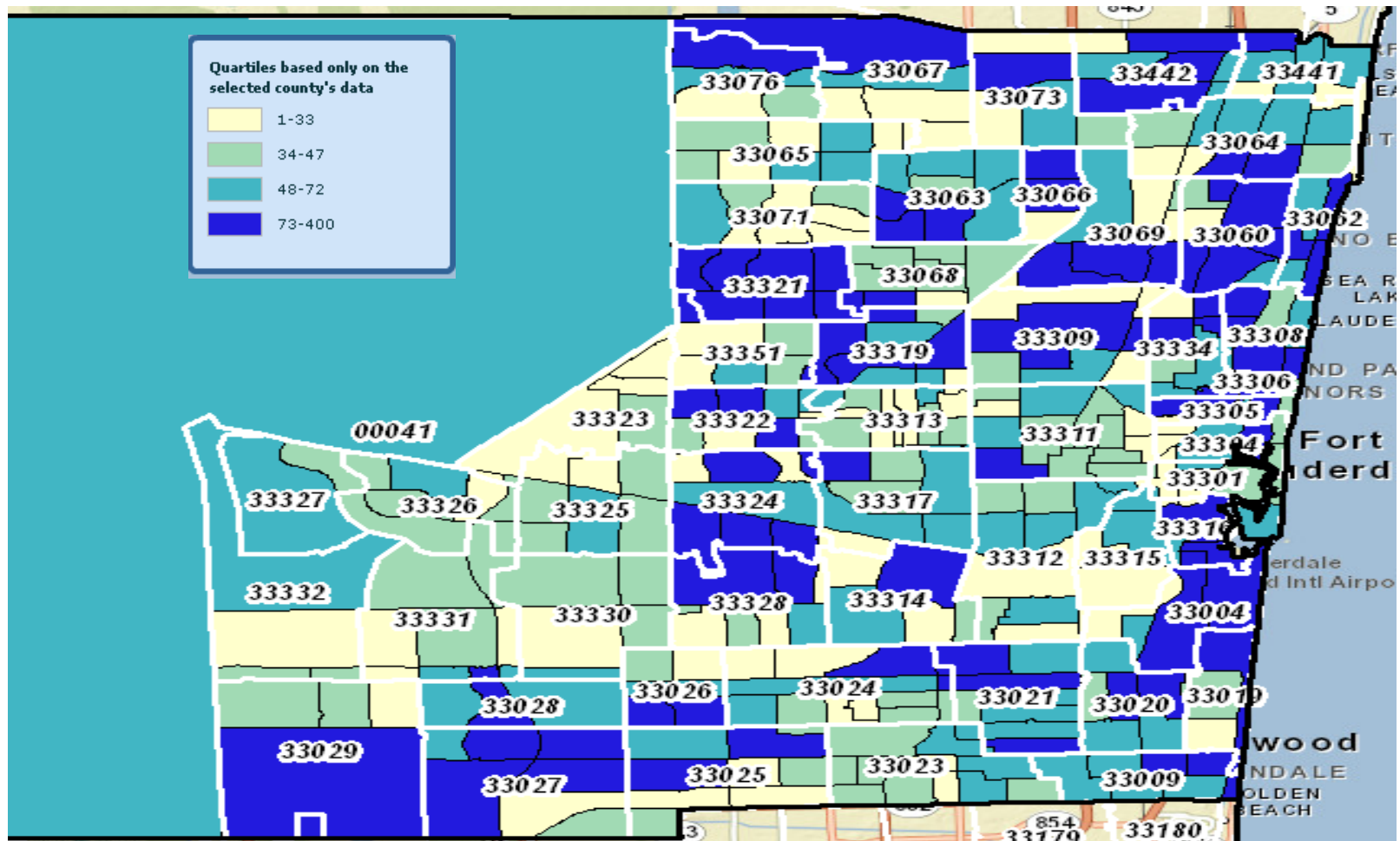
## Cancer Deaths by Race/Ethnicity Broward, 2006-2011



	2006	2007	2008	2009	2010	2011
◆ Total	163.5	167	165.8	164.3	158.3	154.2
■ White	168	169.8	169.7	166	160.4	155.7
▲ Black	148.1	156.4	148.9	159.8	152.2	141.6
× Hispanic	106.4	136.5	127.7	116.3	99.8	101.4

# Quantitative

## Cancer Deaths Broward, 2006-2010 (by Census Tract)



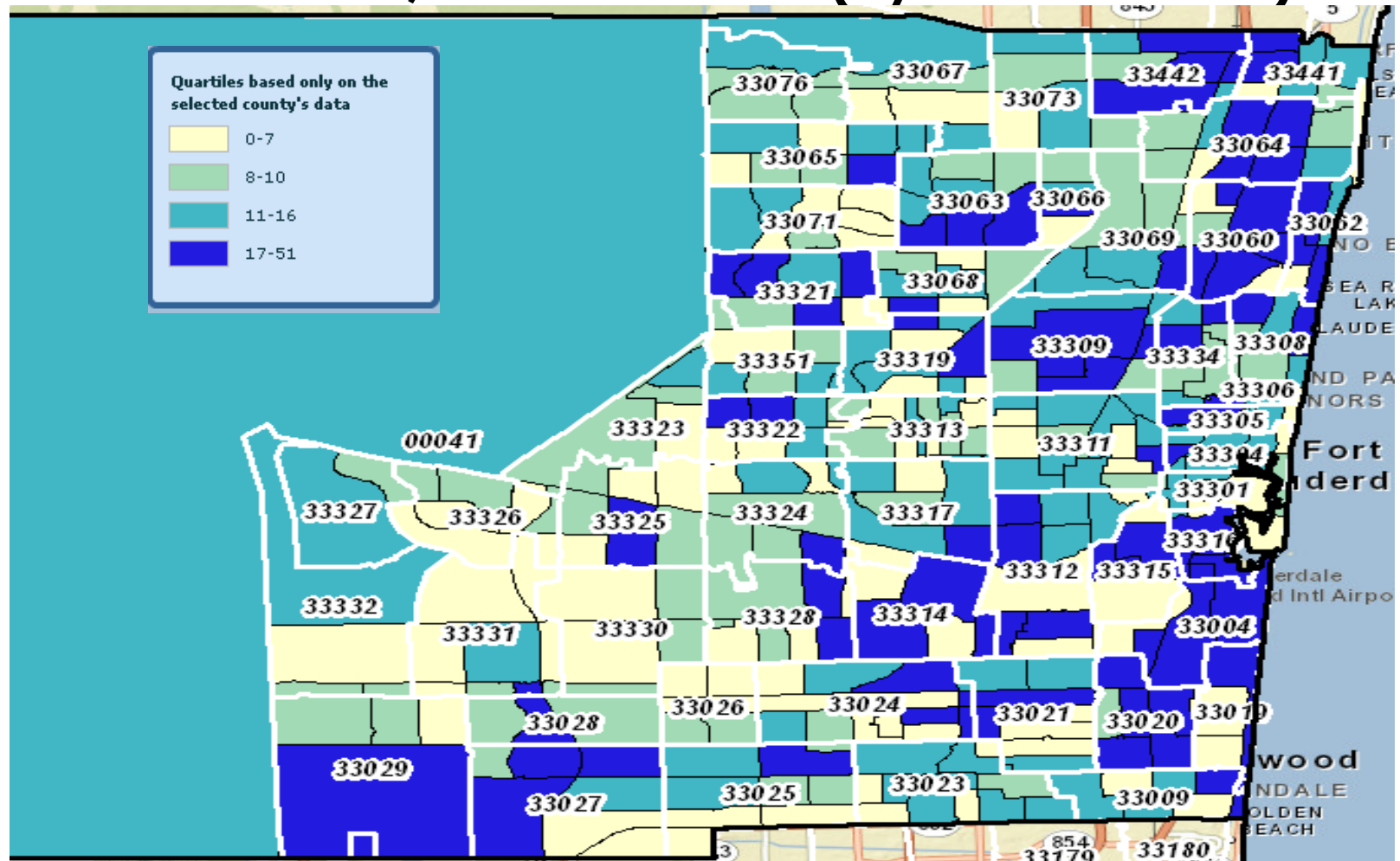
## Unintentional Injury Deaths by Race/Ethnicity, Broward, 2006-2011



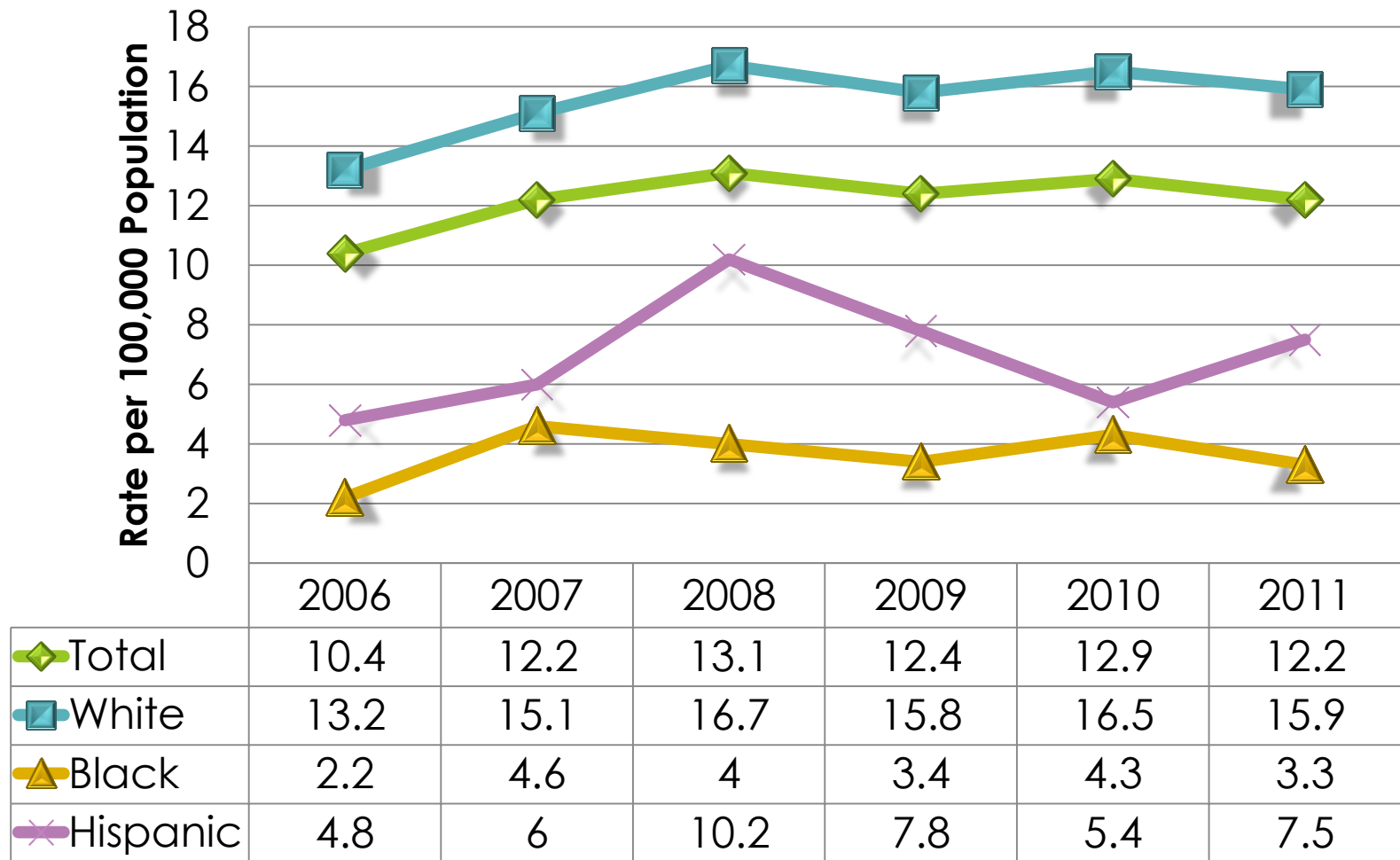
	2006	2007	2008	2009	2010	2011
◆ Total	40.5	40.8	40.6	36.3	33.4	33.0
■ White	45.1	45.6	45.2	42.0	38.9	36.6
▲ Black	27.5	30.5	28.9	23.9	21.4	25.2
✕ Hispanic	30.2	28.6	31.4	33.0	17.9	21.7

# Quantitative

## Unintentional Injury Deaths Broward, 2006-2010 (by Census Tract)

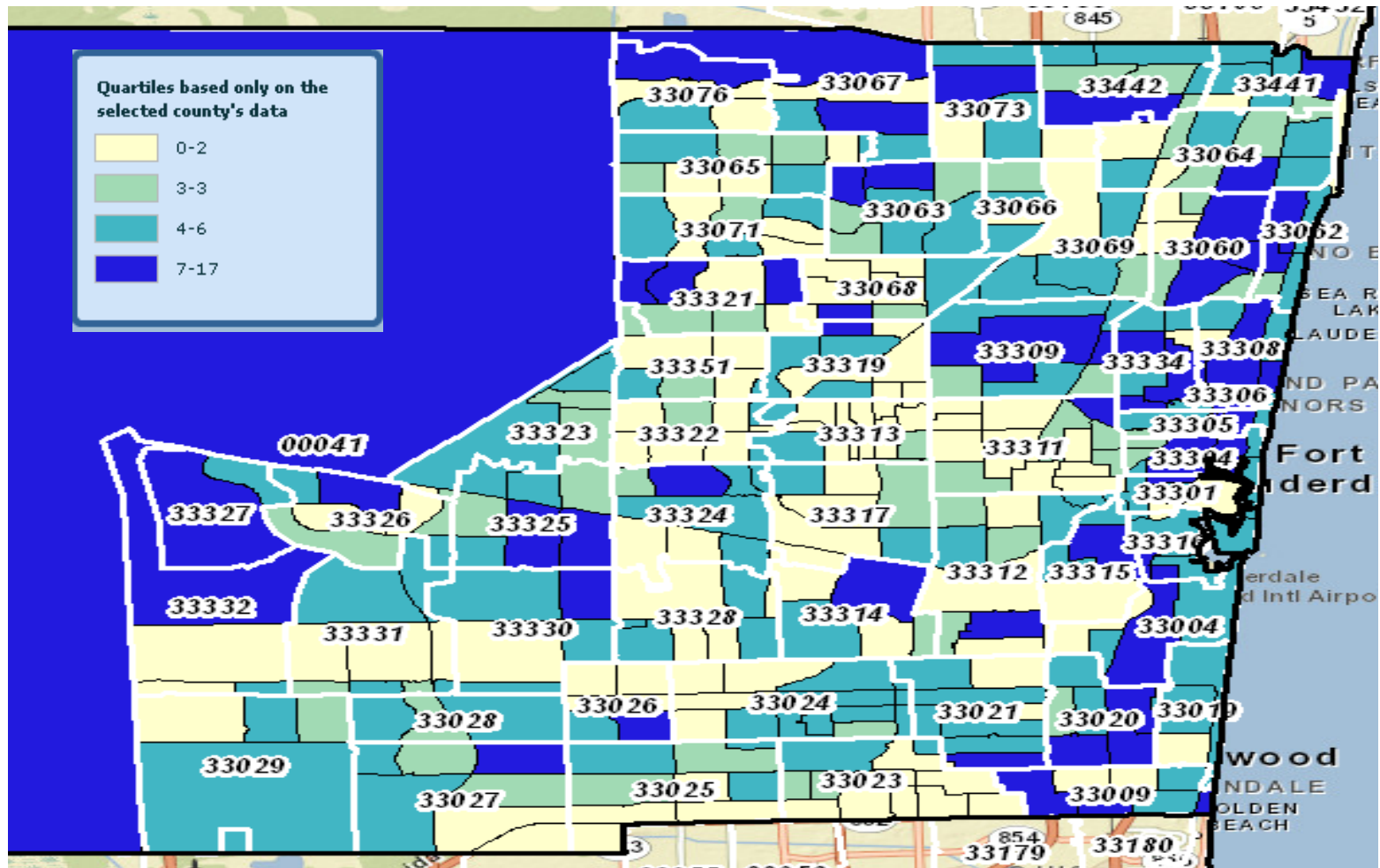


## Suicide Deaths by Race/Ethnicity Broward, 2006-2011

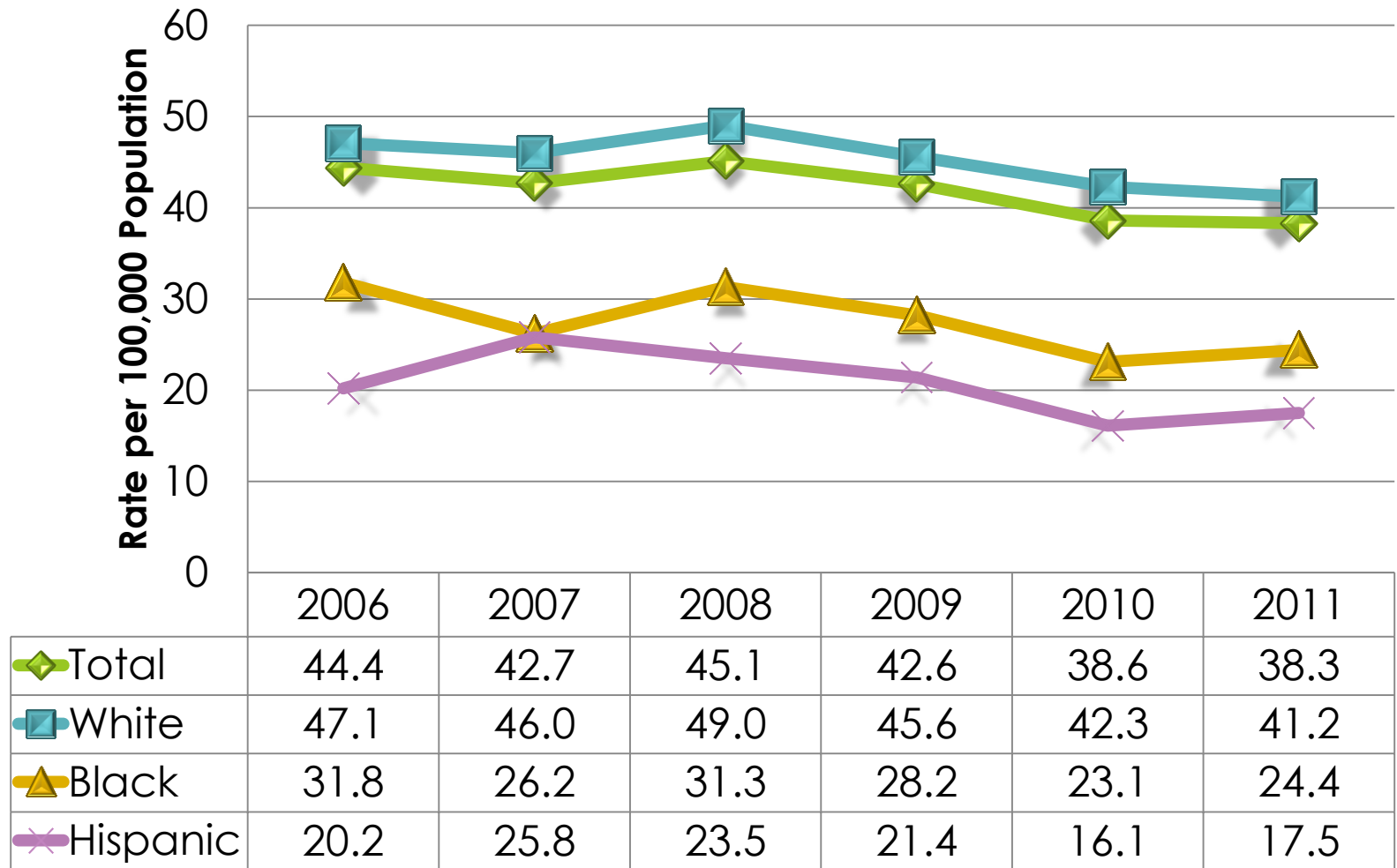


# Quantitative

## Suicide Deaths Broward, 2006-2010 (by Census Tract)

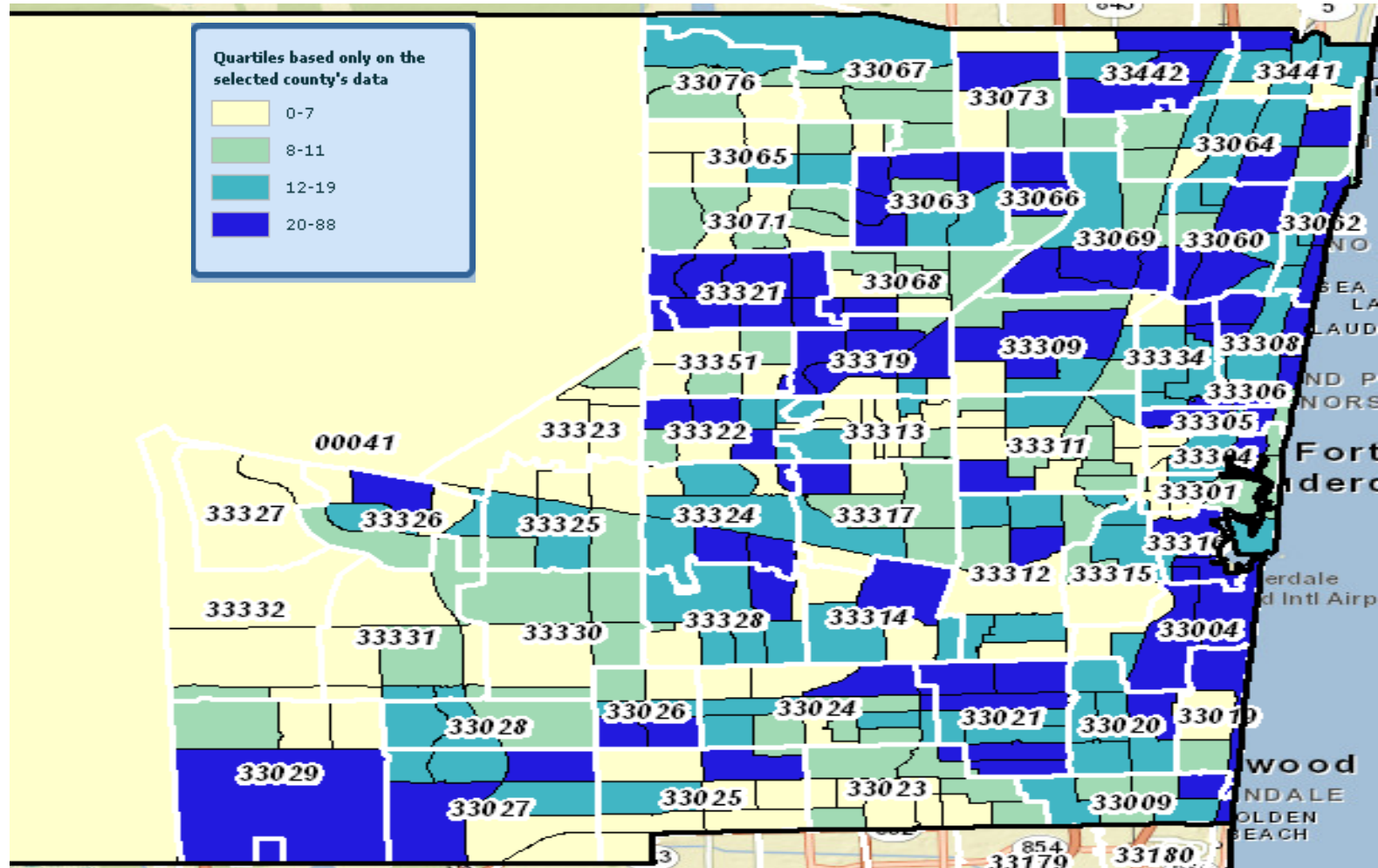


## Lung Cancer Deaths by Race/Ethnicity Broward, 2006-2011



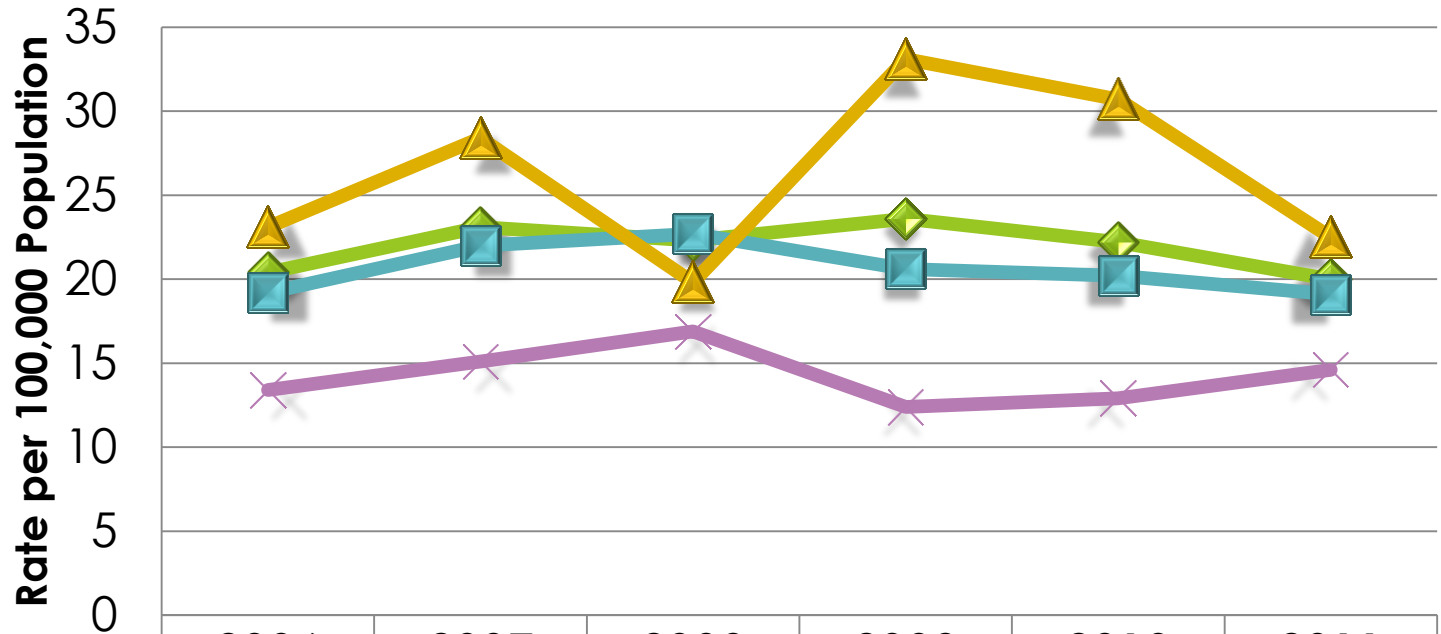
# Quantitative

## Lung Cancer Deaths Broward, 2006-2010 (by Census Tract)





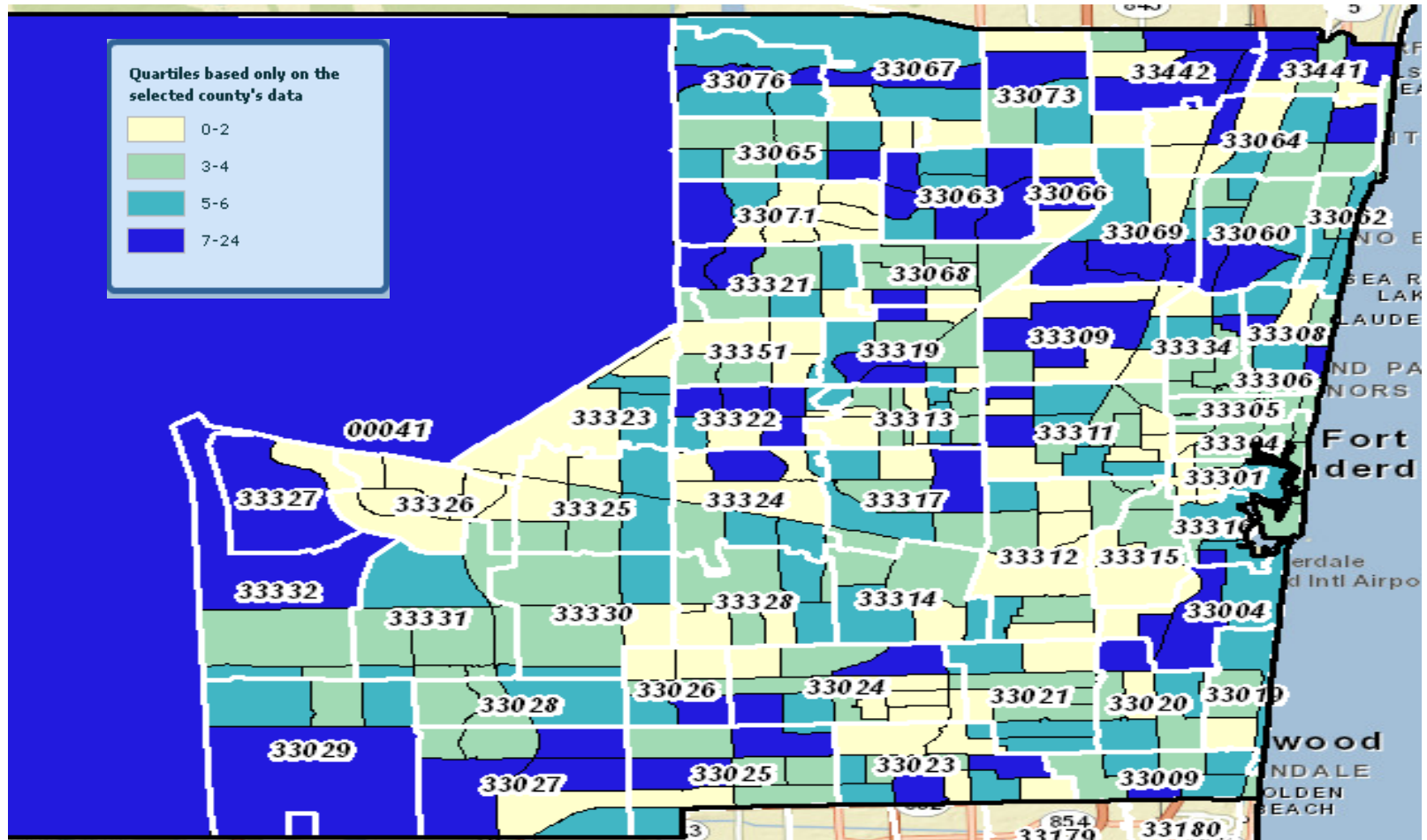
## Breast Cancer Deaths by Race/Ethnicity Broward, 2006-2011



	2006	2007	2008	2009	2010	2011
◆ Total	20.4	23.1	22.3	23.6	22.2	20.0
■ White	19.2	22.0	22.7	20.6	20.2	19.1
▲ Black	23.1	28.4	19.8	33.1	30.7	22.5
× Hispanic	13.4	15.1	16.9	12.4	12.9	14.6

# Quantitative

## Breast Cancer Deaths Broward, 2006-2010 (by Census Tract)



# Prioritizing the Needs **DRAFT**

Quantitative:  
✓ Florida Charts



Quantitative:  
✓ Florida Charts



Quantitative:  
✓ Florida Charts





For more information, contact:

**Régine Kanzki, MPH**

**Division Director**

**[rkanzki@brhpc.org](mailto:rkanzki@brhpc.org)**

**[www.brhpc.org](http://www.brhpc.org)**

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Holy Cross Hospital conducted its first-of-four Community Health Needs Assessment Advisory Council meetings Thursday, January 24, 2013 in the Patricia R. Guerrieri Pavilion located at the Holy Cross HealthPlex. Adrian Parker called the meeting to order 12:04 p.m. welcoming the group, facilitating introductions, and sharing the meeting purpose; Sr. Rita Levasseur offered reflection.

**Members Present:**

Sr. Rita Levasseur, Chair  
Mark Caputo, M.D.  
Mark Dissette  
Sharon Godin  
Trecia Matthews Hosein  
Pat Kramer  
Sandy Lozano  
Robin Martin  
Adrian Parker  
Kim Saiswick

**Guests:**

Régine Kanzki, MPH – Division Director  
*Broward Regional Health Planning Council*  
Mike DeLucca, MHM – President & CEO  
*Broward Regional Health Planning Council*  
Ariela Eshel  
*Broward Regional Health Planning Council*  
Natasha Markman  
*Broward Regional Health Planning Council*

**Members Excused:**

Germaine Smith-Baugh, Ed.D.

**Community Needs Assessment**

- Holy Cross Hospital (HCH) partnered with Broward Regional Health Planning Council (BRHPC) to complete its 2013 Community Health Needs Assessment (CHNA); HCH completed its last CHNA during 2010.
- Adrian Parker shared with Advisory Council the CHE led initiative for all its Regional Health Corporations (RHC) to complete its CHNA once every 3 years. Sr. Rita Levasseur led the group in reflection to begin the meeting.
- Ariela Eshel (BRHPC) began the session defining the CHNA approach, methodology, purpose, and process to be used guided by CHE principles and priorities. The role of the Advisory Council was also detailed for the group. Advisory Council engaged in analytic dialogue around presented data on HCH Service Area.

**Data Collection**

- Ariela Eshel shared Broward County Profile compared to the State of Florida and Tri-County (*Miami-Dade, Broward and Palm Beach*) with Council Members detailing population size, gender, age and ethnicity. She shared primary and secondary data sources to be utilized with the group which included data on housing status, employment, income, food stamps and health insurance. Emphasis was placed on Maternal & Child Health and Mortality & Morbidity. The data may be utilized to establish benchmarks and to identify target areas for quality improvement. Ariela Eshel communicated that following data analysis; Council Members must then prioritize and make recommendations based on findings.

**Community Needs Assessment Final Report**

- Ariela Eshel outlined the format for which the HCH CHNA Final Report will be submitted to CHE. The major components of the report are Introduction, Methodology, Quantitative & Qualitative Profile; and Prioritization & Recommendations. As a result of the CHNA Report, a Community Health Improvement Plan (CHIP) will be developed strategizing efforts to accommodate recommendations to fill health gaps in the community.

**Community Needs Assessment Timeline**

- Régine Kanzki shared meeting & data gathering timeline with Council Members. All pre-meeting materials will be distributed to members prior to each meeting. Presentations will also be forwarded to members in an effort to keep the group current on the process and materials.

**Next Meeting**

- The next Community Health Needs Assessment Advisory Council meeting is scheduled Thursday, February 28, 2013 at Noon in the Patricia R. Guerrieri Pavilion – Holy Cross HealthPlex.

**Closing**

- There being no further business, the meeting was adjourned.

Respectfully submitted,

*Adrian Parker*

**Attachments:** Holy Cross Hospital 2013 Community Health Needs Assessment Introduction Presentation

## Dates and Agenda

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
February 28, 2013	<ol style="list-style-type: none"><li data-bbox="498 396 1605 439">1. Broward County Quantitative &amp; Qualitative Data (Part II)</li><li data-bbox="498 444 996 486">2. Stakeholder Discussion</li><li data-bbox="498 491 973 534">3. Identify Needs &amp; Gaps</li></ol>

# Community Health Needs Assessment



*Broward County*  
*February 28, 2013*



**BRHPC**

HEALTH & HUMAN SERVICE INNOVATIONS

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**2013**

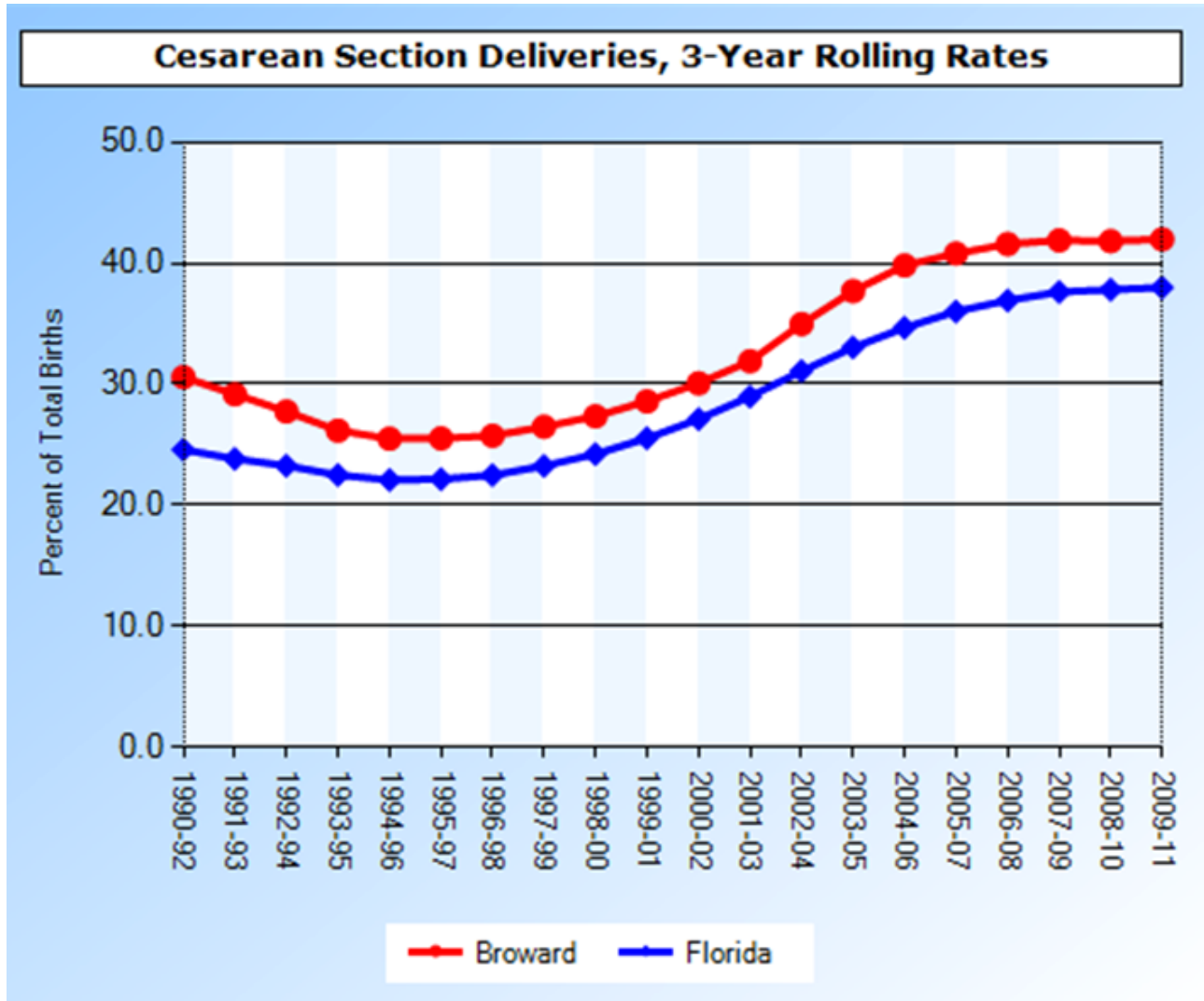


## Dates and Agenda

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
January 24, 2013	<ol style="list-style-type: none"><li>1. Introduction: Planning and Process (Brief Summary)</li><li>2. Broward County Quantitative &amp; Qualitative Data (Part I)</li><li>3. Stakeholder Discussion</li><li>4. Identify Needs &amp; Gaps</li></ol>
February 28, 2013	<ol style="list-style-type: none"><li>1. Broward County Quantitative &amp; Qualitative Data (Part II)</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>
March 28, 2013	<ol style="list-style-type: none"><li>1. HCH Quantitative Data &amp; Community Services</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>
April 25, 2013	<ol style="list-style-type: none"><li>1. Summary of Data/Needs/Gaps</li><li>2. Stakeholder Discussion</li><li>3. Prioritization Process</li></ol>

## Data Follow Up

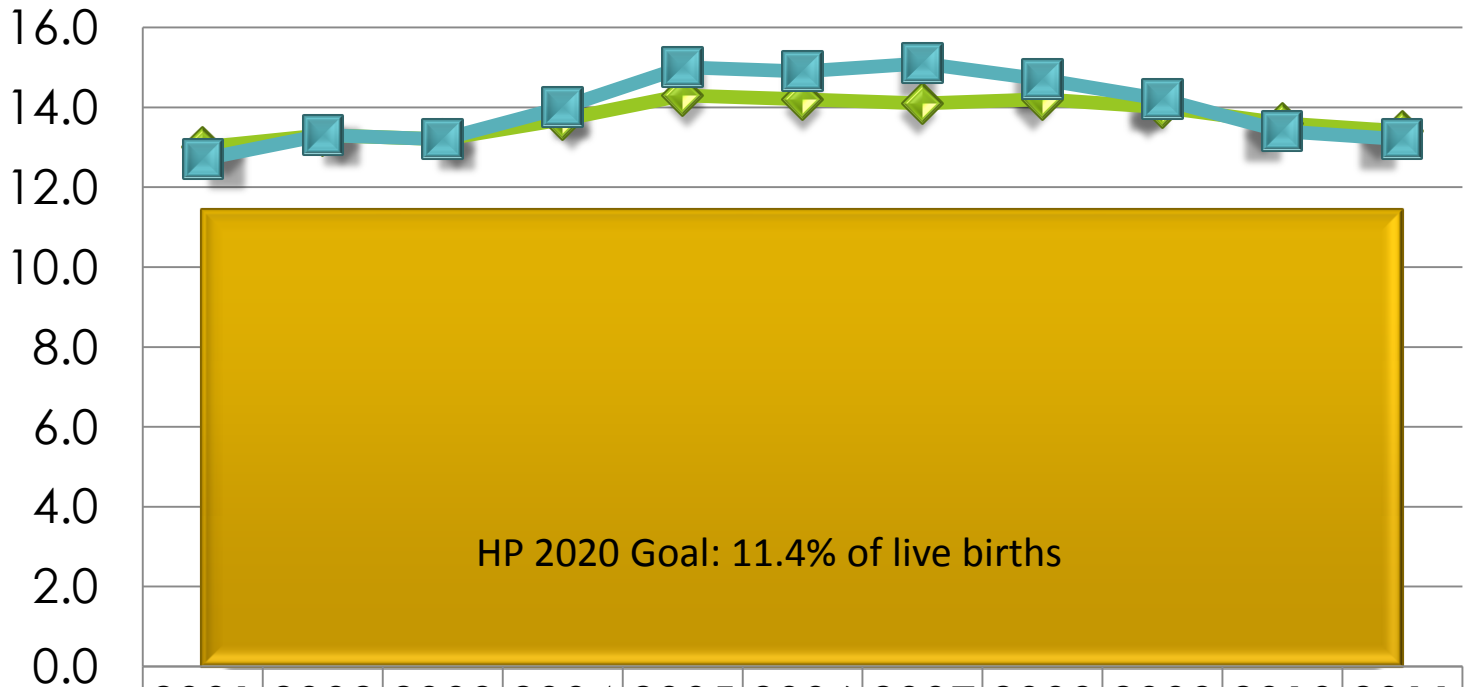
## % Cesarean Section Deliveries, 1990-2011



# Quantitative

## % Preterm Births, 2001-2011

A birth is preterm if the infant is born prior to full gestation. Percent of preterm live births uses calculated gestational age based on date of last menstrual period (LMP) and the date of delivery.



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HP 2020 Goal	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4
Florida	13.0	13.3	13.2	13.7	14.3	14.2	14.1	14.2	14.0	13.6	13.4
Broward	12.7	13.3	13.2	14.0	15.0	14.9	15.1	14.7	14.2	13.4	13.2



## 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:
- **Health Professional Shortage Areas** are designated by the US Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may occur geographically (a county or service area), demographically (low income population) or institutionally (comprehensive health center, FQHCs or other public facility).
- **Medically Underserved Areas** may be a whole county or group of contiguous counties, a group of county or civil divisions or a group of urban census tract in which residents have a shortage of personal health services.
- **Medically Underserved Populations** may include groups of persons who face economic, cultural or linguistic barriers to healthcare.

## Medically Underserved Area/Populations

### Medically Underserved Area/Populations

#### All Low Income

Pompano Beach

Dania

Deerfield Beach

Fort Lauderdale/Lauderdale Lakes

Hallandale

Hollywood

Margate

Miramar

Sunrise

Hallandale/Miramar

## 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.



# Definition

## Primary Medical Care HPSAs

PRIMARY MEDICAL CARE HPSAs	ID	FTE	#Short	Score
<b>LOW INCOME POPULATIONS</b>				
Fort Lauderdale	112999120D	14	24	13
Pompano Beach	1129991212	3	3	15
Deerfield Beach	112999124C	1	8	16
Margate	112999124F	1	11	15
<b>Hallandale/Miramar</b>	<b>112999124G</b>	<b>1</b>	<b>10</b>	<b>17</b>
Sunrise	112999124H	1	4	15
Davie/Hollywood/Dania	11299912AQ	7	17	15
<b>NATIVE AMERICAN TRIBAL POPULATION</b>				
Seminole Tribe of FL - Health Admin.	112999128K	0	0	14
<b>COMPREHENSIVE HEALTH CENTERS</b>				
Broward Community Family Health Ctr.	112999122J	1	0	17
Homeless – Broward Health	112999125A	1	0	1

FTE = # FTE non-Federal primary medical care/dental/mental health providers serving the area, population group, or facility

Score = HPSA Scores are developed for use by National Health Service Corps in determining assignment of clinicians priorities. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. Higher scores equal greater priority. All FQHCs and those Rural Health Clinics providing access to care regardless of ability to pay receive automatic facility HPSA designation and may have a HPSA score of 0.

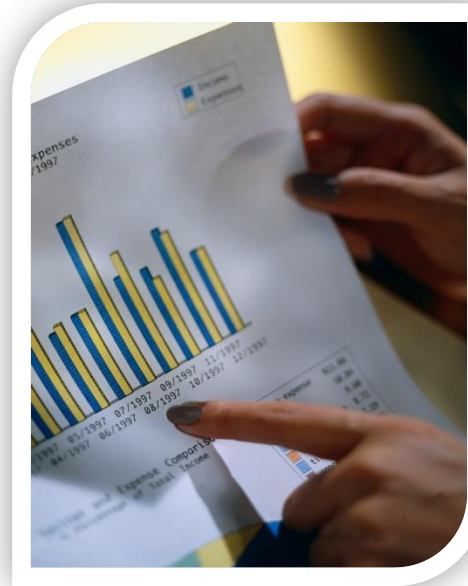
**# Short = # FTE providers needed to remove the designation [also known as the de-designation threshold].**

# Definition

## Dental and Mental Health HPSAs

DENTAL	ID	FTE	# SHORT	Score
Homeless – Broward Health	612999123H			0
Broward Community Family Health Ctr.	612999123L			10
Seminole Tribe of FL – Health Admin.	612999120Z			9
<b>Fort Lauderdale – Low Income Pool</b>	<b>61299912P6</b>	<b>3</b>	<b>25</b>	<b>15</b>
Davie – Low Income	61299912PB	2	17	12
MENTAL HEALTH	ID	FTE	# SHORT	Score
Broward Community Family Health Ctr.	712999121C			11
Homeless –Broward Health	7129991299			0
<b>Seminole Tribe of FL – Health Admin.</b>	<b>712999129D</b>	<b>0</b>		<b>13</b>

NATP: Native American Tribal Population; LIP: Low Income Populations  
 CHC: Comprehensive Health Centers



## Community Needs Score

## Community Needs Score Top 10 Zip Codes (1=low need; 5=high need)

ZIP Code	Community Need Score	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank
<b>33311</b>	<b>4.9</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>
<b>33313</b>	4.7	4	4	5	5	5
<b>33060</b>	4.6	3	5	5	5	5
<b>33312</b>	4.4	3	4	5	5	5
<b>33068</b>	4.4	3	4	5	5	5
<b>33064</b>	4.3	4	4	5	5	4
<b>33334</b>	4.3	2	4	5	5	5
<b>33441</b>	4.3	3	3	5	5	5
<b>33309</b>	4.0	3	3	5	5	5
<b>33304</b>	4.0	3	2	5	5	5

## 2012 Community Needs Score Top 10 Zip Codes

ZIP Code	Poverty 65+	Poverty Families w/ Children	Poverty Single Female w/ children	No High School Diploma	Minority	Limited English	Un-employed	Uninsured	Renting
<b>33311</b>	54.4%	<b>32.2%</b>	<b>43.4%</b>	<b>27.1%</b>	<b>90.3%</b>	18.8%	<b>18.2%</b>	<b>36.3%</b>	<b>46.0%</b>
<b>33313</b>	<b>58.3%</b>	27.4%	41.1%	18.5%	89.4%	26.9%	13.4%	30.7%	37.6%
<b>33060</b>	35.4%	23.3%	36.5%	25.2%	58.7%	36.8%	12.0%	26.7%	38.4%
<b>33312</b>	43.6%	16.4%	34.7%	19.7%	58.9%	31.5%	10.7%	21.8%	33.9%
<b>33068</b>	45.3%	21.6%	32.6%	21.8%	84.8%	<b>49.4%</b>	13.2%	19.3%	32.1%
<b>33064</b>	48.4%	19.0%	34.7%	21.7%	54.0%	46.7%	11.9%	22.3%	24.2%
<b>33334</b>	40.3%	13.9%	17.4%	17.1%	48.0%	39.3%	10.7%	22.0%	38.5%
<b>33441</b>	44.6%	21.0%	33.3%	12.9%	48.5%	33.2%	11.3%	25.3%	36.9%
<b>33309</b>	49.8%	12.3%	14.6%	14.5%	65.9%	34.2%	14.0%	19.2%	32.7%
<b>33304</b>	41.7%	17.8%	36.5%	10.5%	33.3%	24.6%	11.0%	25.6%	39.9%





## Homelessness in Broward County

## Homelessness in Broward County

- Homelessness among Broward residents can be attributed to insufficient affordable rentals, increases in the cost of living and increase in unemployment and foreclosures.
- Economic crises, including unemployment and foreclosures, increases the number of individuals and families at risk of becoming homeless. Causes of homelessness may include:
  - Low or No Income
  - Mental Illness
  - Addiction
  - Physical Disability or Long-Term Illnesses (e.g. HIV/AIDS)
  - Veterans with Post Traumatic Stress Disorder
  - Domestic Violence
  - Child Abuse and Neglect
  - Institutional Discharge (Youth Aging Out of Foster Care, Prisons, Hospitals)
  - Family Dysfunction
  - Unsuccessful Coping Skills (e.g. poor impulse control, decision making, etc.)

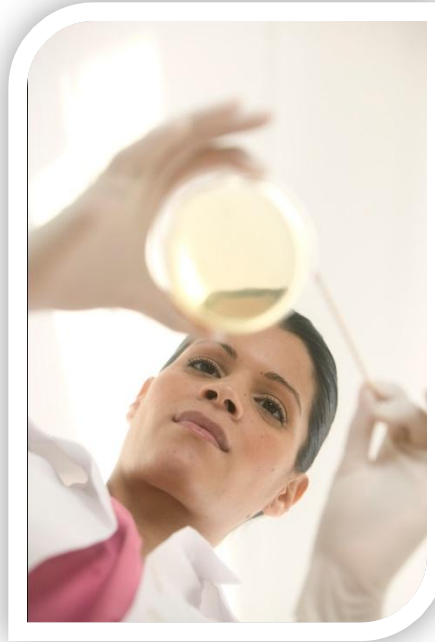


## Homeless Point In Time Count (PIT)

- The PIT count and survey is conducted to measure the scope of homelessness in Broward County. Volunteers comb parks, libraries, bus terminals, woods, under known encampments and all types of shelters and transitional housing for the homeless in an effort to obtain the most accurate count possible.
- On January 24-25, 2011 the Point In Time Count was conducted:
  - **3,801 total homeless men, women and children in Broward**
  - 2,539 in emergency and transitional shelters
  - 1,262 literally on the street
  - 154 households with dependent children:
    - 142 sheltered, 12 unsheltered
  - 570 persons in households with dependent children
  - 2,774 households without dependent children:
    - 1,574 sheltered, 1,200 unsheltered
  - 3,231 persons in households without dependent children ("unaccompanied adults"):
    - 1,838 sheltered, 736 unsheltered

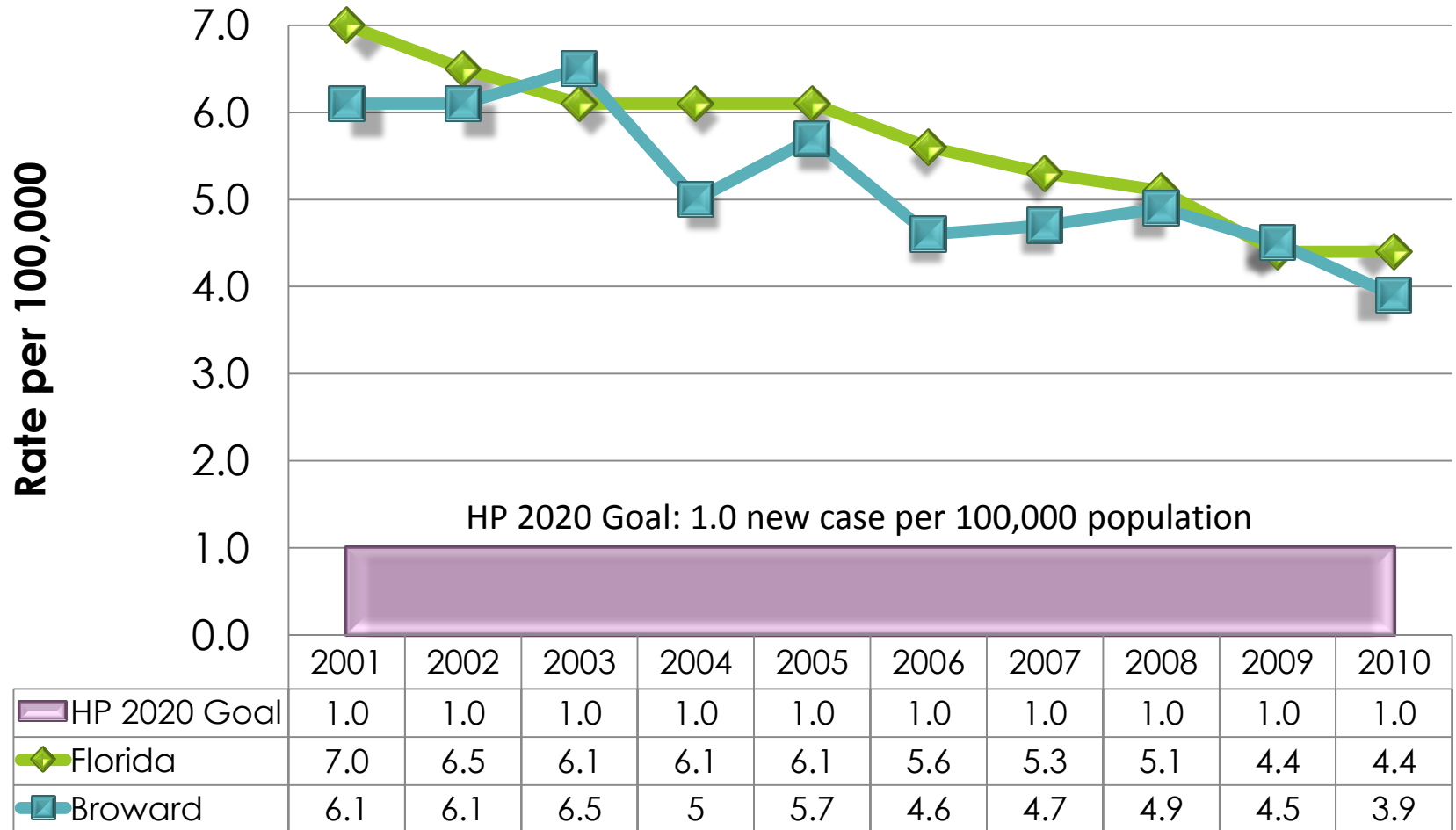
## 2011 PIT Count Homeless Subpopulations

Homeless Subpopulations	Sheltered	Unsheltered	Total
<b>Chronically Homeless</b>	381	412	793
<b>Severely Mentally Ill</b>	727	233	960
<b>Chronic Substance Abuse</b>	1,022	225	1,247
<b>Veterans</b>	272	221	393
<b>Persons with HIV/AIDS</b>	126	31	157
<b>Victims of Domestic Violence</b>	98	26	124
<b>Unaccompanied Youth (Under 18)</b>	9	6	15

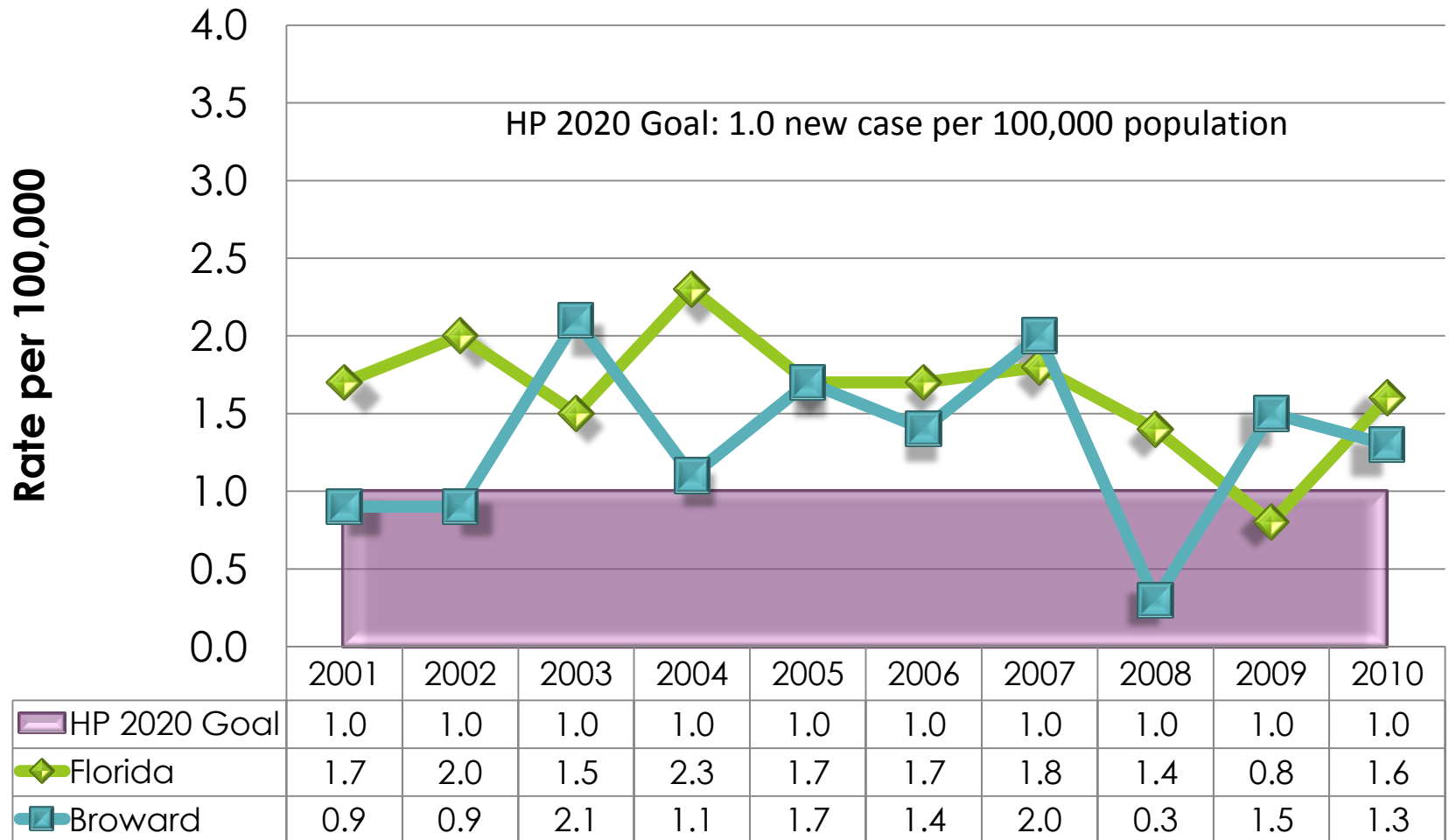


## Communicable Diseases

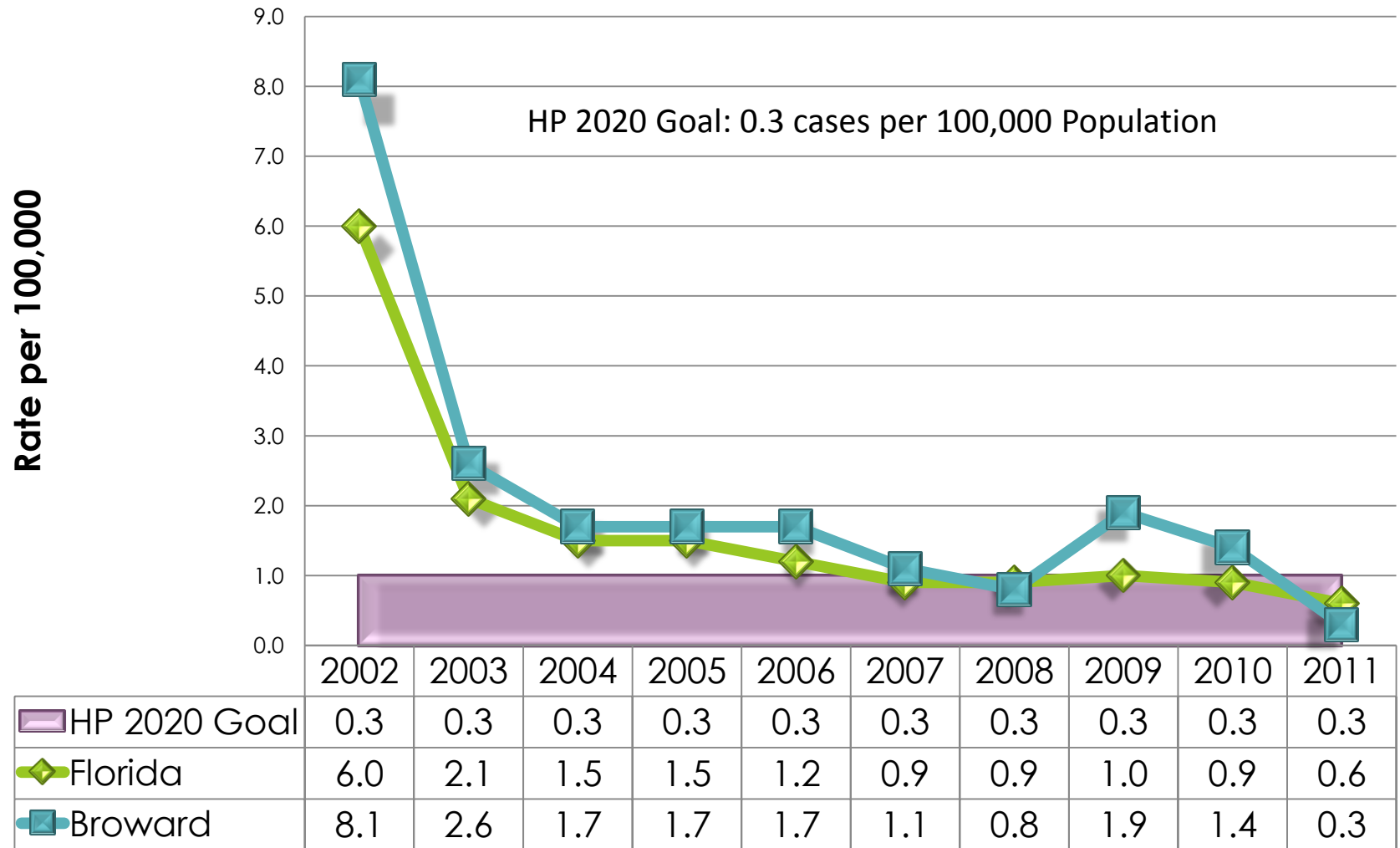
## Tuberculosis Cases Per 100,000, Broward, FL, 2001 – 2010



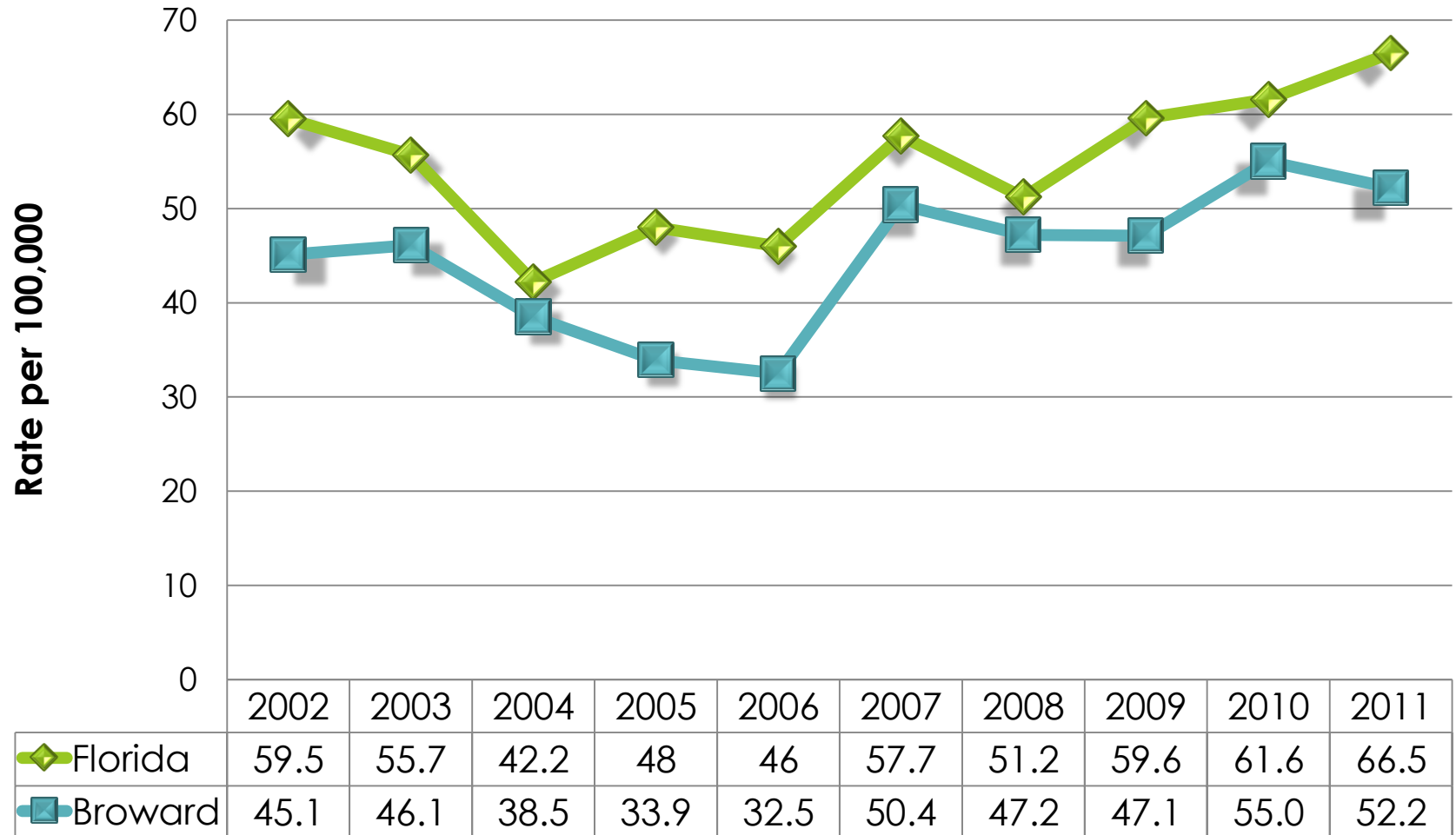
## Tuberculosis Cases for Children under 15 Per 100,000, 2001 – 2010



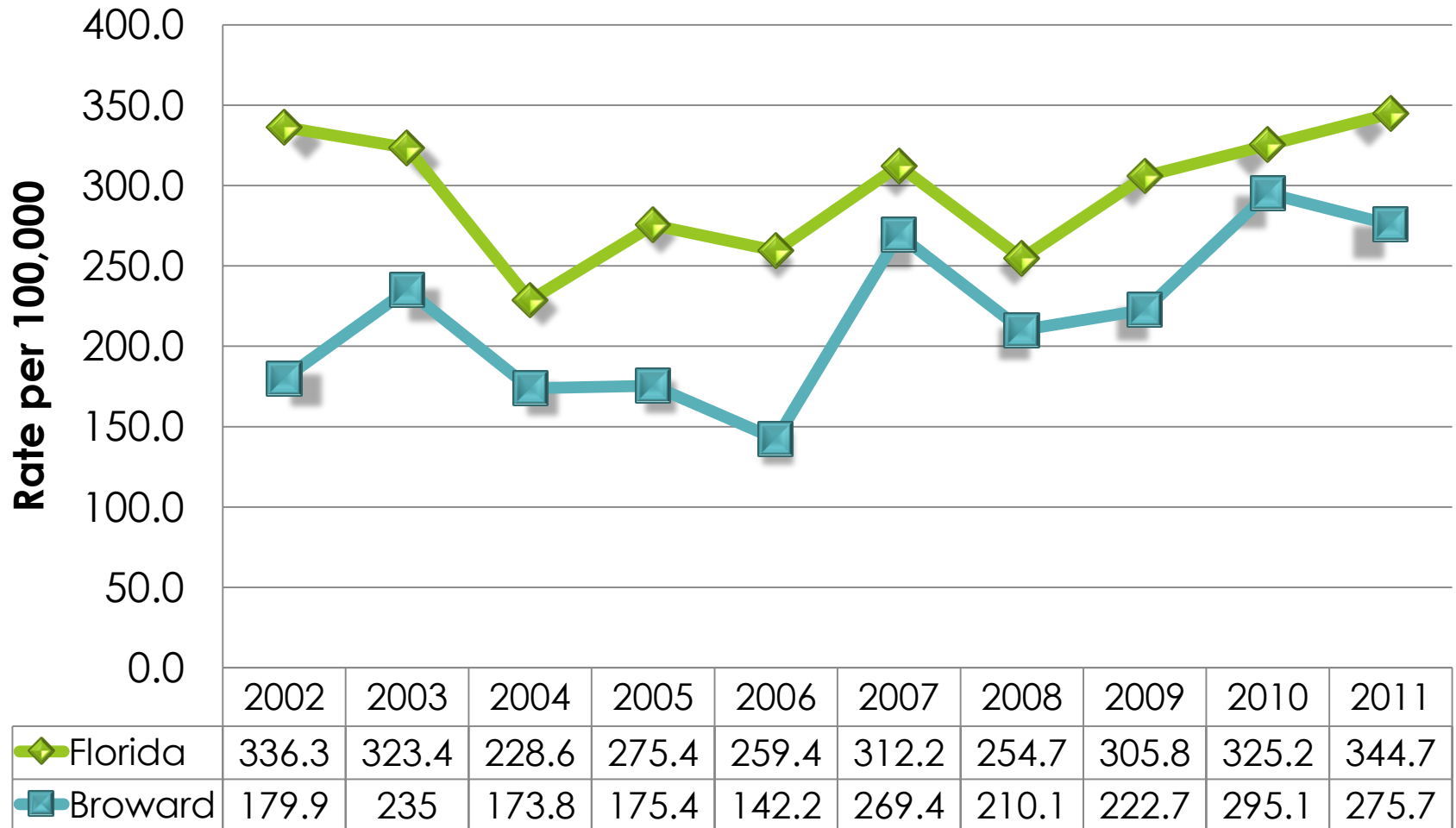
## Hepatitis A Rate per 100,000 Broward, FL, 2002-2011



## Total Enteric Disease Children and Adults, 2002-2011



## Total Enteric Disease Children Less than 6 Yrs Old, 2002-2011

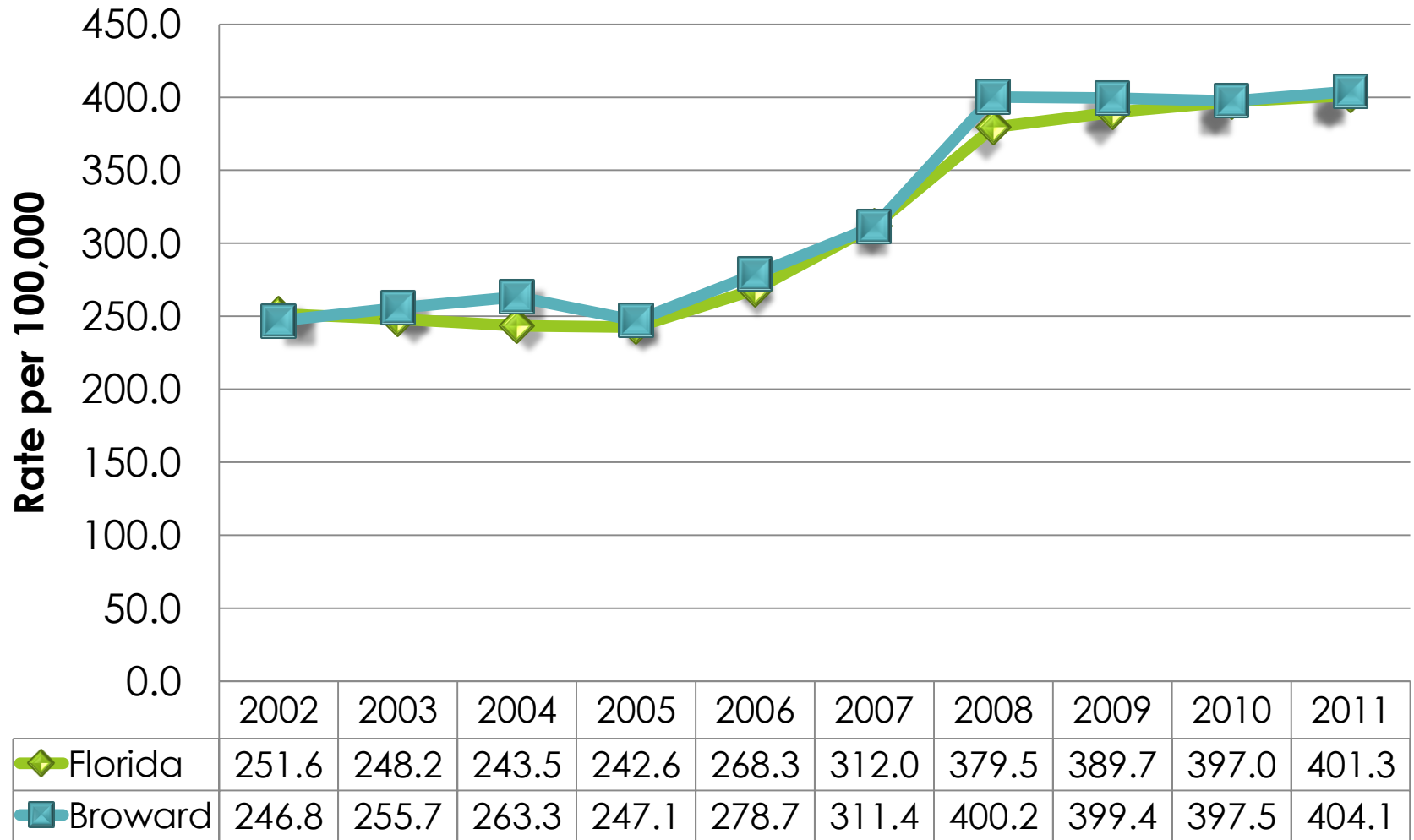




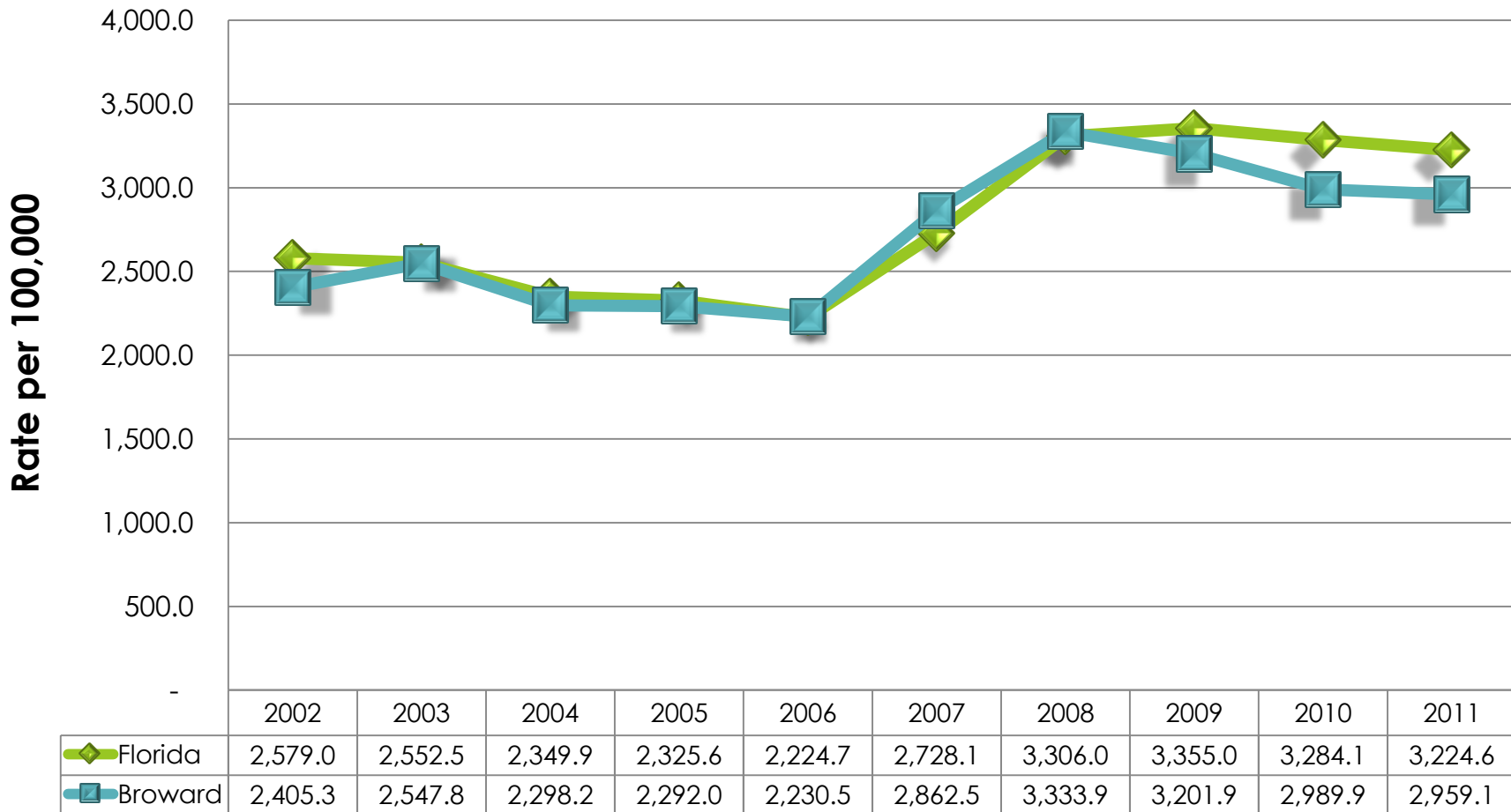
## Sexually Transmitted Infections, 2002-2011 (Total Gonorrhea, Chlamydia & Infectious Syphilis)



## Chlamydia Rates per 100,000 Population, 2002-2011

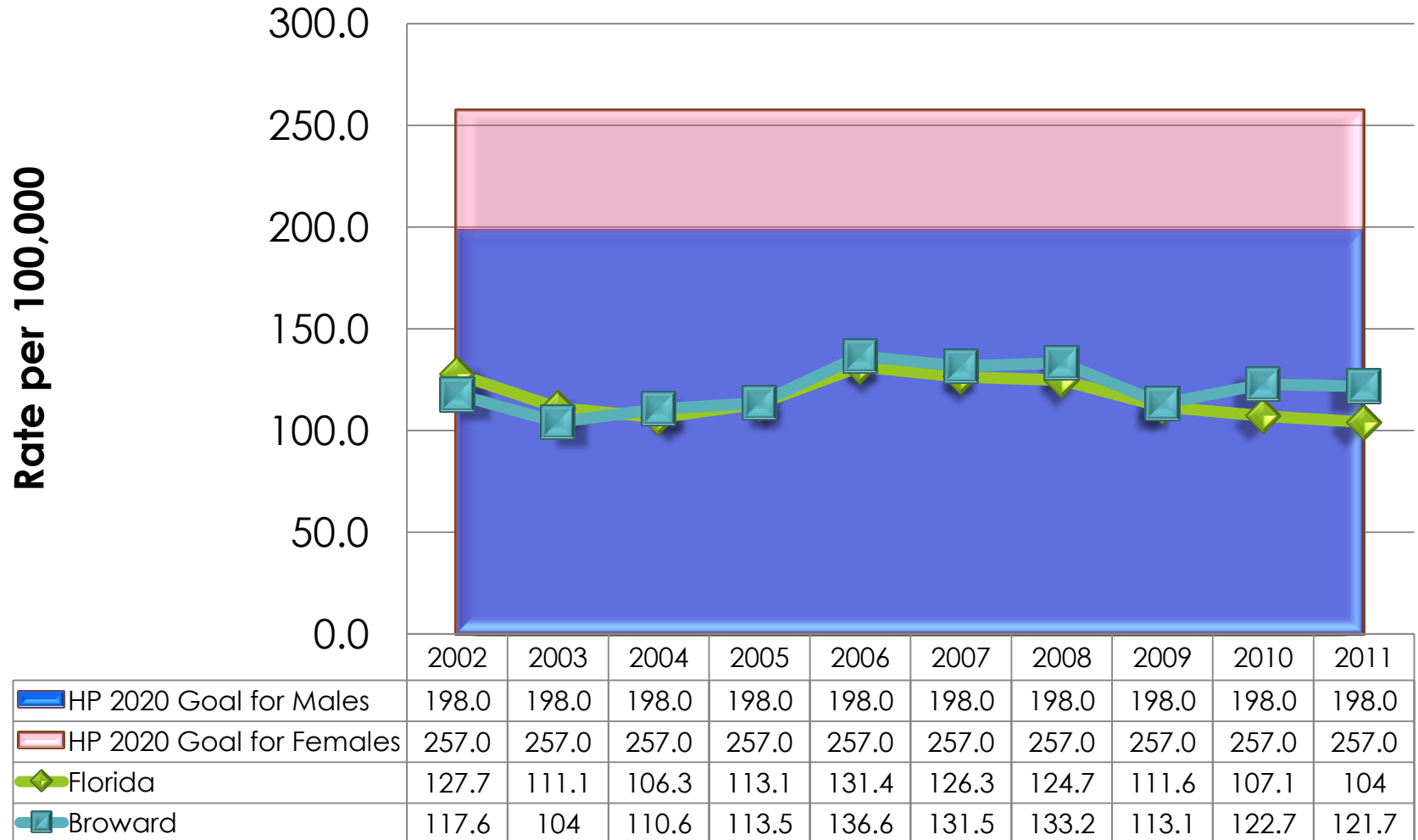


## Chlamydia Rates per 100,000 Population, Females (15-19), 2002-2011



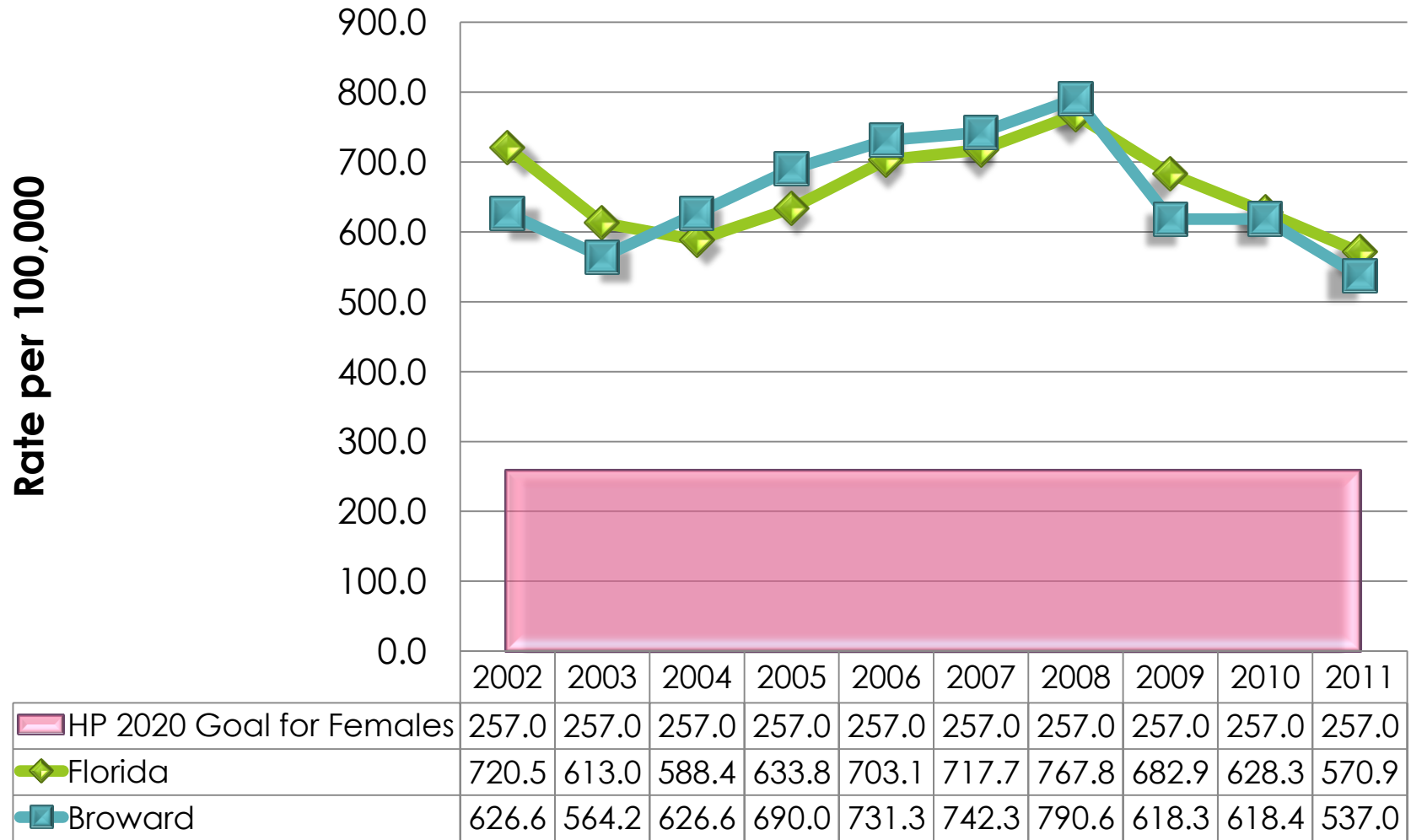
# Quantitative

## Gonorrhea Rates per 100,000 Population, 2002-2011

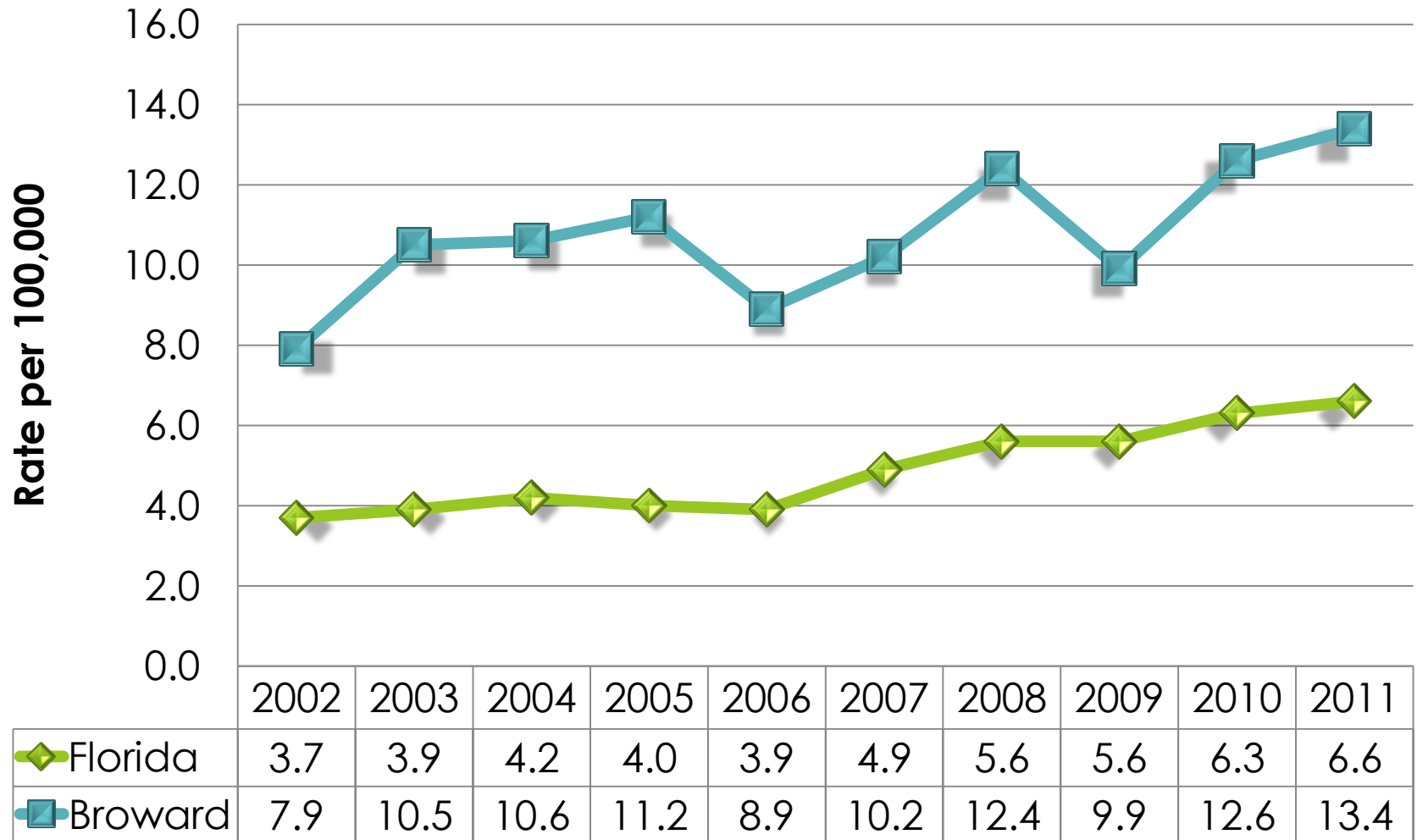


# Quantitative

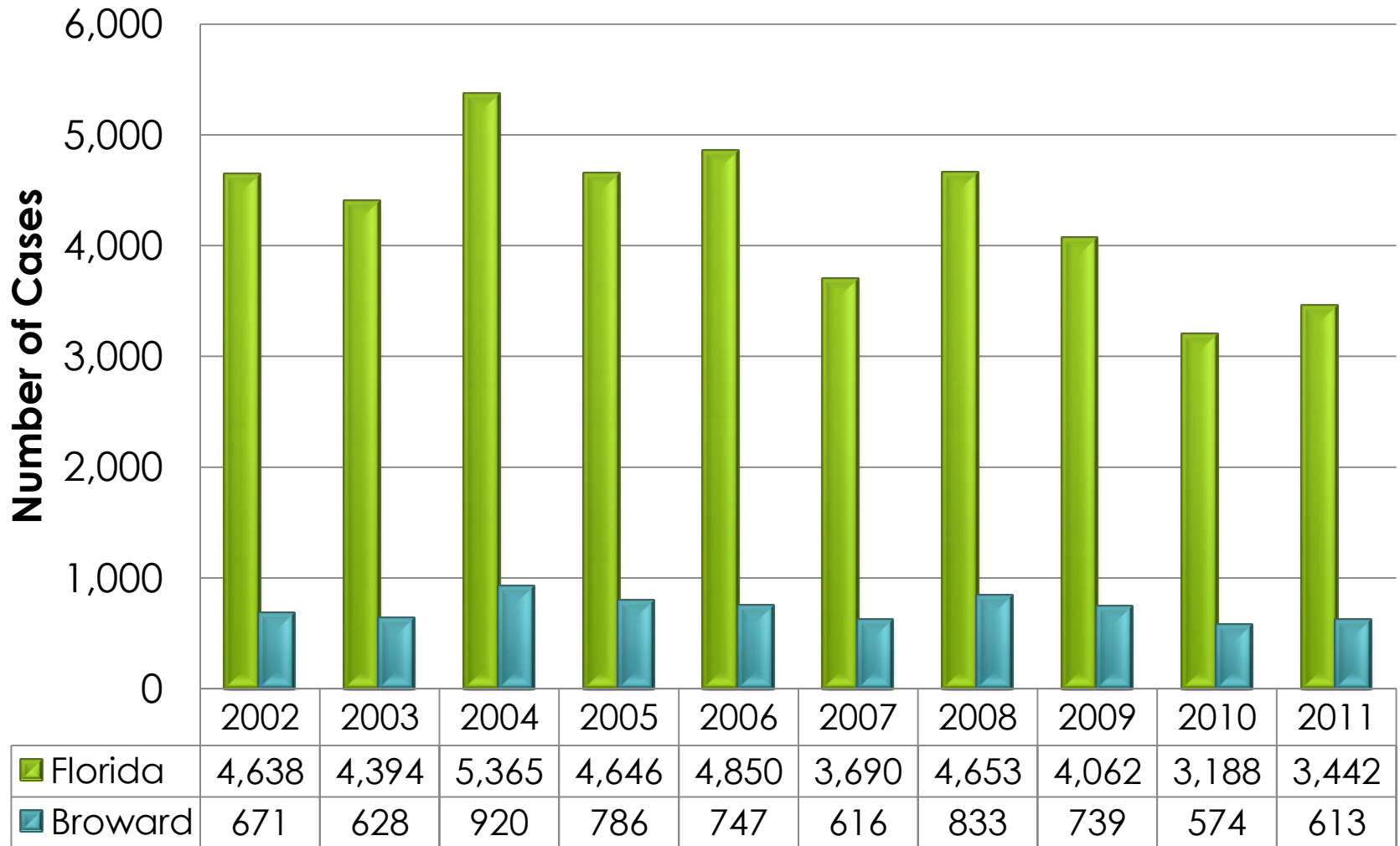
## Gonorrhea Rates per 100,000 Population, Females (15-19), 2002-2011



## Infectious Syphilis Rates per 100,000 Population, 2002-2011



## AIDS Cases Count, 2002-2011

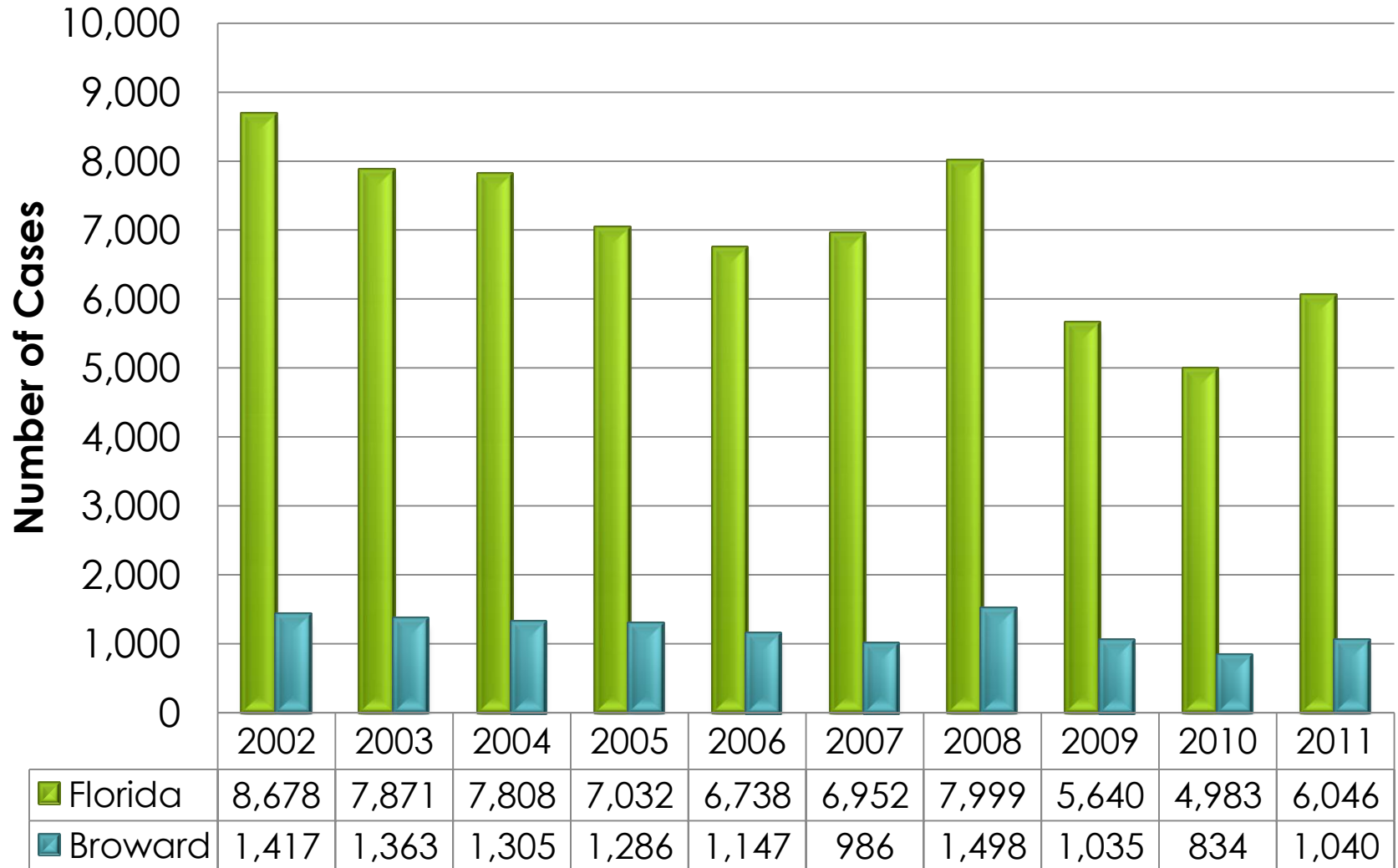


## AIDS Rate per 100,000 Population, 2002-2011

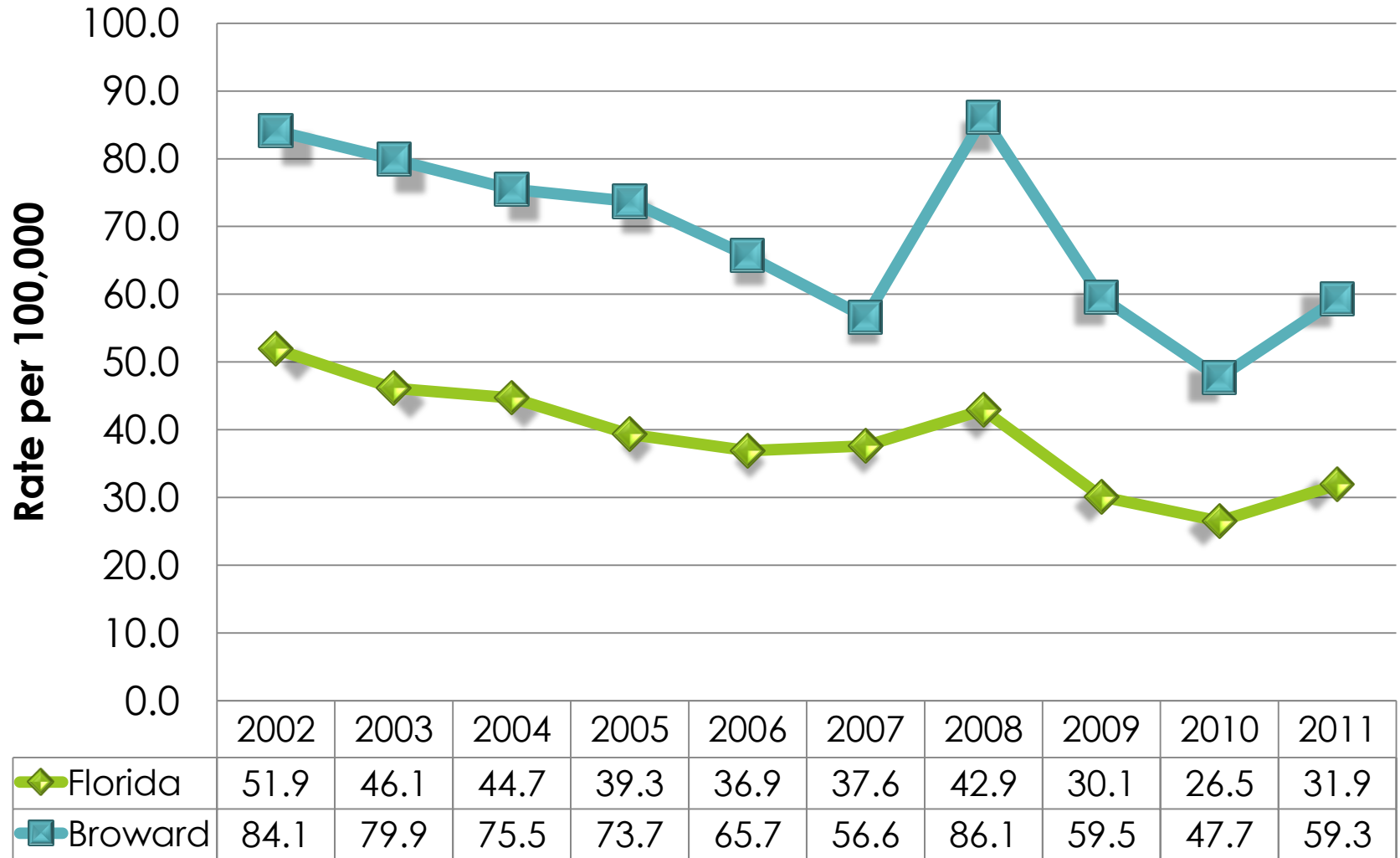




## HIV Cases Count, 2002-2011



## HIV Rate per 100,000 Population, 2002-2011





# Qualitative Profile

Broward County



## Youth Risk Behavior Survey

# Qualitative

## Youth Risk Behavior Survey Broward County, 2007-2011

SEXUAL BEHAVIOR	2007 Total Percentage (95% Confidence Interval)	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2011 Female Percentage (95% Confidence Interval)	2011 Male Percentage (95% Confidence Interval)
Ever had sexual intercourse	49.8% 45.0-54.7	52.2 47.6-56.8	<b>48.8</b> <b>44.8-52.7</b>	41.6 36.7-46.7	<b>55.5</b> <b>50.5-60.4</b>
Had Sexual Intercourse For The First Time Before Age 13 Years	9.0 7.0-11.5	9.2 7.4-11.2	<b>8.3</b> <b>6.8-10.0</b>	4.5 3.1-6.6	<b>12.0</b> <b>9.7-14.8</b>
Had Sexual Intercourse With At Least One Person (during the 3 months before the survey)	34.1 30.5-38.0	38.4 34.5-42.5	<b>33.6</b> <b>30.4-37.1</b>	29.9 25.3-34.9	<b>36.7</b> <b>32.7-41.0</b>
Did Not Use A Condom During Last Sexual Intercourse (among students who were currently sexually active)	28.4 24.2-33.0	29.4 25.6-33.6	<b>28.8</b> <b>24.4-33.6</b>	<b>33.9</b> <b>27.4-41.0</b>	23.7 17.7-31.0

# Qualitative

## Youth Risk Behavior Survey Broward County, 2007-2011

<b>CIGARETTES ALCOHOL &amp; DRUGS</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011 Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
<b>Ever Tried Cigarette Smoking</b>	38.1 33.9-42.3	35.4 31.8-39.3	<b>35.5 31.3-39.9</b>	32.3 26.8-38.4	<b>38.5 33.6-43.6</b>
<b>Current Cigarette Use</b>	14.0 12.1-16.2	13.1 11.2-15.2	<b>11.0 9.3-12.9</b>	10.0 7.8-12.7	<b>12.0 9.6-14.9</b>
<b>Current Alcohol Use</b>	42.6 39.8-45.4	41.3 38.4-44.2	<b>37.2 34.6-40.0</b>	36.7 33.0-40.6	37.4 33.9-41.2
<b>Current Marijuana Use</b>	17.0 15.1-19.2	23.7 21.2-26.5	<b>22.1 19.8-24.5</b>	17.9 15.3-21.0	<b>25.7 22.5-29.2</b>
<b>Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey)</b>	21.1 18.8-23.5	23.2 20.4-26.2	<b>23.1 21.1-25.1</b>	19.6 16.9-22.7	<b>26.0 23.1-29.1</b>

## Youth Risk Behavior Survey Broward County, 2007-2011

<b>OVERWEIGHT &amp; OBESE</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011 Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
<b>Overweight (students who were &gt;= 85th percentile but &lt; 95th percentile for body mass index, by age and sex, based on reference data)</b>	15.2 13.4-17.2	15.4 13.3-17.7	<b>13.7 11.9-15.7</b>	12.9 10.6-15.7	<b>14.4 11.9-17.3</b>
<b>Obese (Students Who Were &gt;= 95th Percentile For Body Mass Index, By Age And Sex, Based On Reference Data)</b>	8.3 6.4-10.6	9.6 7.9-11.4	<b>9.5 7.8-11.4</b>	6.7 4.8-9.2	<b>12.1 10.0-14.6</b>



## Behavioral Risk Factor Surveillance (Adults)



## Behavioral Risk Factor Surveillance System, Broward County

<b>CANCER SCREENING</b>	<b>2002</b> Percentage (95% Confidence Interval)	<b>2007</b> Percentage (95% Confidence Interval)	<b>2010</b> Percentage (95% Confidence Interval)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	50.6% (43.3-57.8)	51.4% (44.9-57.9)	<b>52.3%</b> <b>(45.3-59.4)</b>
Percentage of Men 50 years of age and older who received a digital rectal exam in the past year	Not Available	59.8% (49.2-69.5)	<b>48.8%</b> <b>(37.5-60.0)</b>
Percentage of Women 18 years of age and older who received a Pap test in the past year	69.5% (62.7-75.6)	65.4% (57.4-72.7)	<b>61.1%</b> <b>(53.5-68.7)</b>
Percentage of Women 40 years of age and older who received a mammogram in the past year	64.3% (56.1-71.8)	61.0% (53.9-67.7)	<b>65.6%</b> <b>(58.7-72.5)</b>

## Behavioral Risk Factor Surveillance System, Broward County

<b>ALCOHOL/SMOKING ASTHMA</b>	<b>2002 Percentage (95% Confidence Interval)</b>	<b>2007 Percentage (95% Confidence Interval)</b>	<b>2010 Percentage (95% Confidence Interval)</b>
<b>Percentage of Adults who engage in heavy or binge drinking</b>	15.5% (11.8-19.2)	13.3% (10.0-17.5)	<b>16.1% (11.4-20.9)</b>
<b>Percentage of Adults who are current smokers</b>	17.7% (14.0-21.5)	18.1% (14.3-22.5)	<b>13.7% (9.7-17.7)</b>
<b>Percentage of Adults who currently have asthma</b>	4.7% (3.2-6.9)	5.2% (3.4-7.9)	<b>7.9% (4.7-11.0)</b>

## Behavioral Health Risk Factors for Adults, 2010

	Broward	Florida
Adults who engage in heavy or binge drinking	16.1 (11.4–20.9)	15.0 (14.0–16.0)
Adults who are current smokers	13.7 (9.7–17.7)	17.1 (16.1–18.1)
Adults who have ever had a heart attack, angina, or coronary heart disease	9.4 (6.4–12.4)	10.2 (9.5–10.8)
Adults who have ever had a stroke	4.2 (1.7–6.7)	3.5 (3.1–3.9)
Adults with diagnosed hypertension	31.1 (26.0–36.3)	34.3 (33.1–35.4)
<b>Overweight and Obese</b>		
Adults who are overweight	37.2 (31.8–42.6)	37.8 (36.6–39.0)
Adults who are obese	28.0 (22.9–33.0)	27.2 (26.1–28.4)



# Quality of Life Survey

By Professional Research Consultants

## *BENCHMARKING*

- **State BRFSS data (CDC)**
- **US Survey Data (PRC National Health Survey & PRC National Quality of Life Survey)**
- **Healthy People 2020 targets**

## Telephone Survey

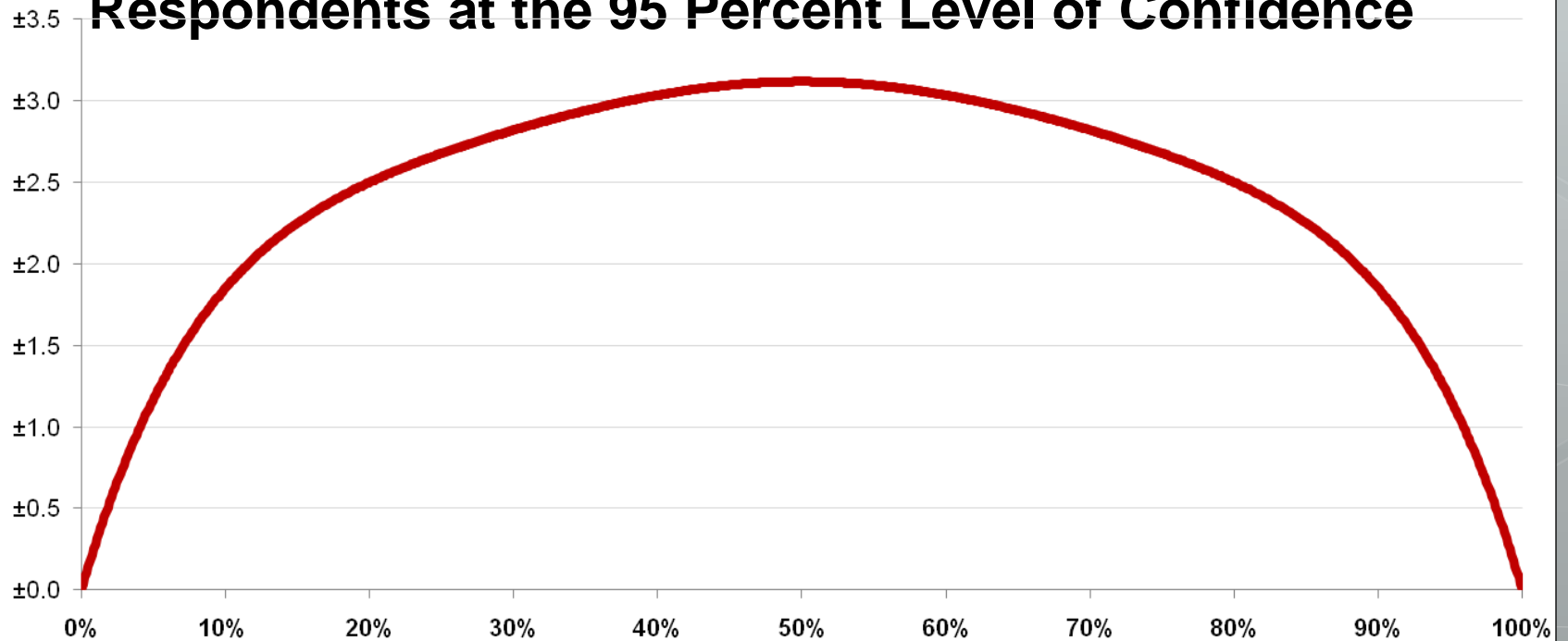
- Random sample of 1,000 adults
- By geography:
  - North and South Broward County
- 137 survey items
- 20-25 minute interview
- Broward County: 3.1% maximum error
- Each percentage of the total sample represents roughly 13,615 residents

## Domains Addressed

- Our Health
- Our Safety
- Our Families & Communities
- Our Learning
- Our Economy
- Our Environment
- Our Government



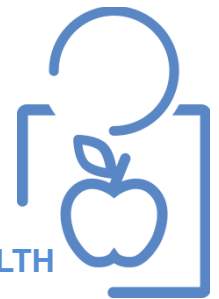
## Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% ( $10\% \pm 1.9\%$ ) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% ( $50\% \pm 3.1\%$ ) of the total population would respond "yes" if asked this question.

# Demographics

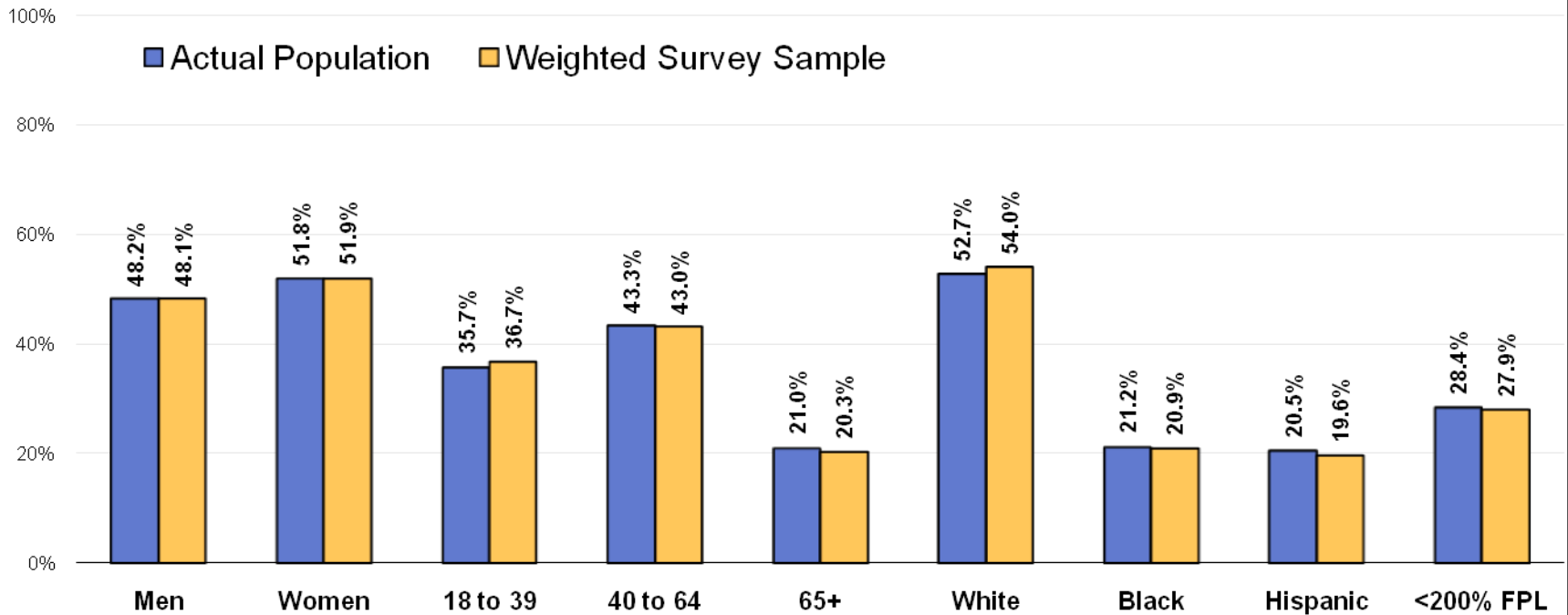
COMMUNITY HEALTH





# Population & Sample Characteristics

(Broward County, 2011)

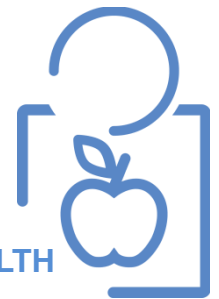


○ Sources:

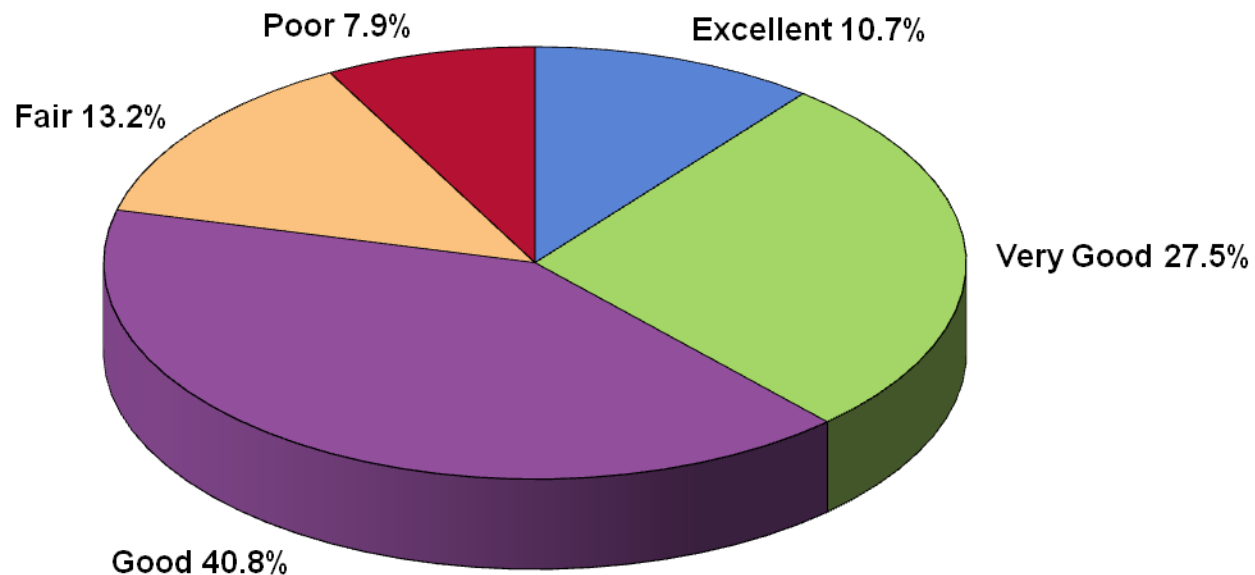
- Census 2000, Summary File 3 (SF 3). US Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

# OUR HEALTH

COMMUNITY HEALTH



# Rating of Local Healthcare (Broward County, 2011)



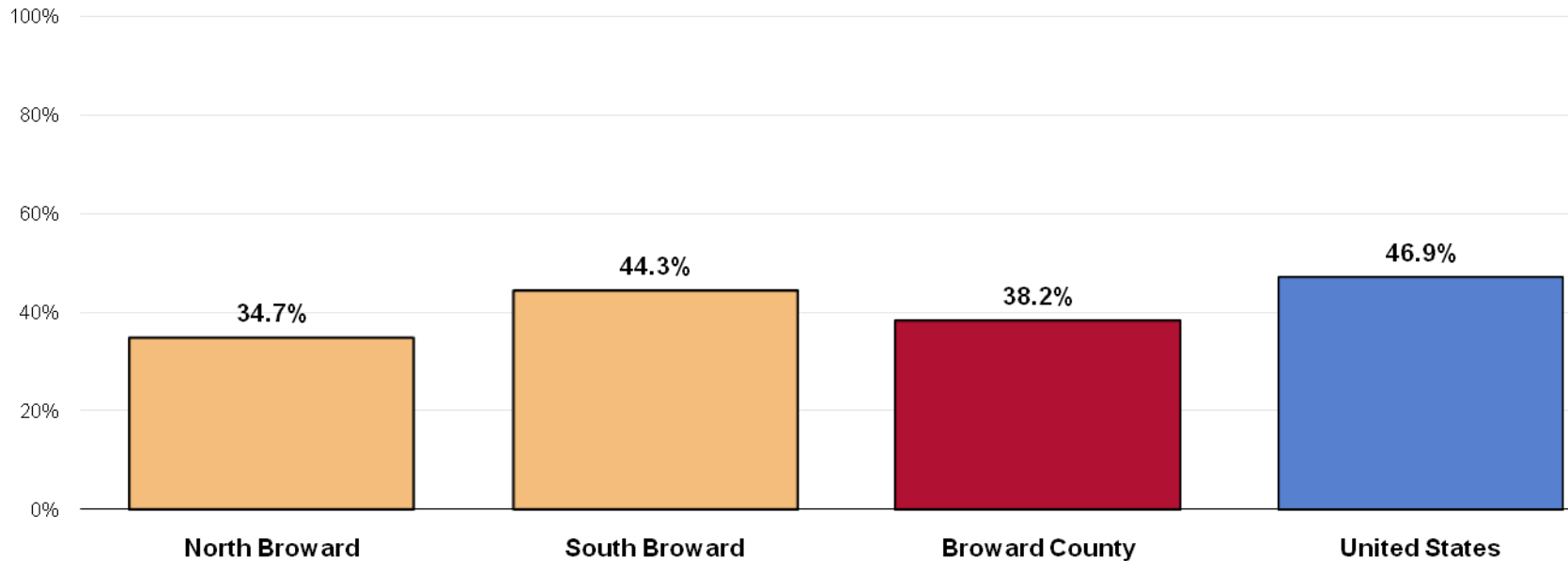
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 84]

Notes:

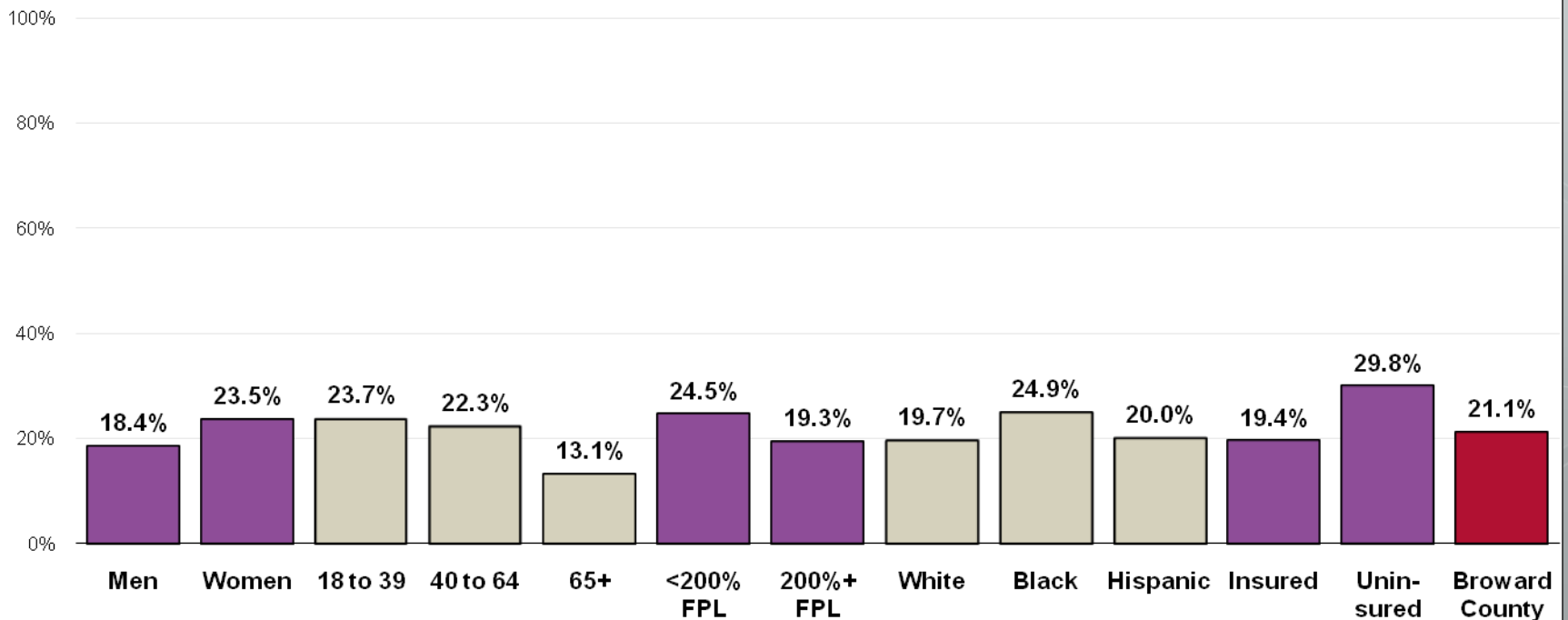
- Asked of all respondents.

# Perceive Local Healthcare Services as “Excellent” or “Very Good”



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 84]
  - Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.
- Notes:
- Asked of all respondents.

# Perceive Local Healthcare as “Fair” or “Poor” (Broward County, 2011)



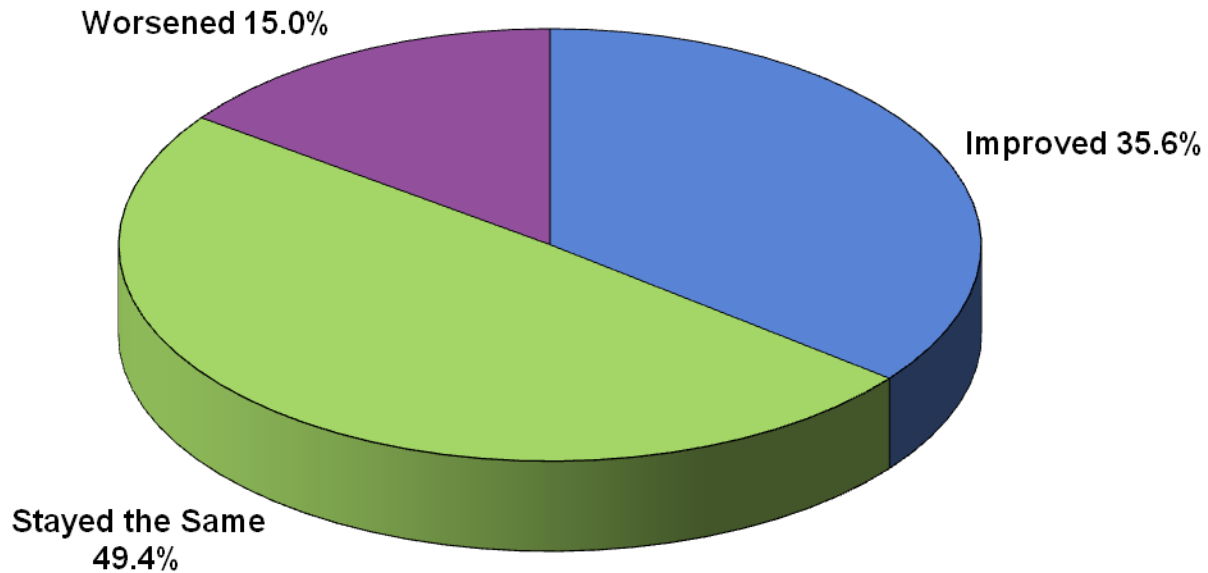
## Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 84]

## Notes:

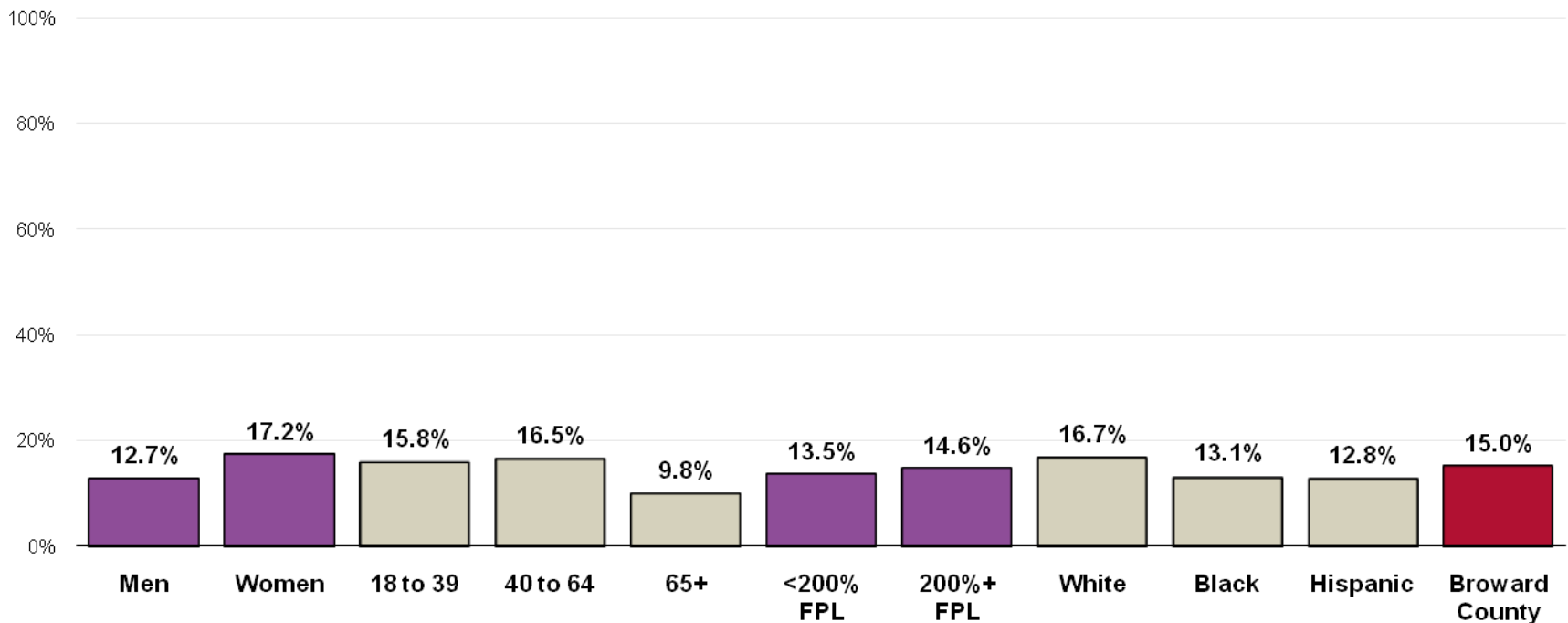
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

# Local Healthcare Over Time (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 85]  
Notes: • Asked of all respondents.

# Perceive That Local Healthcare Has Worsened Over Time (Broward County, 2011)



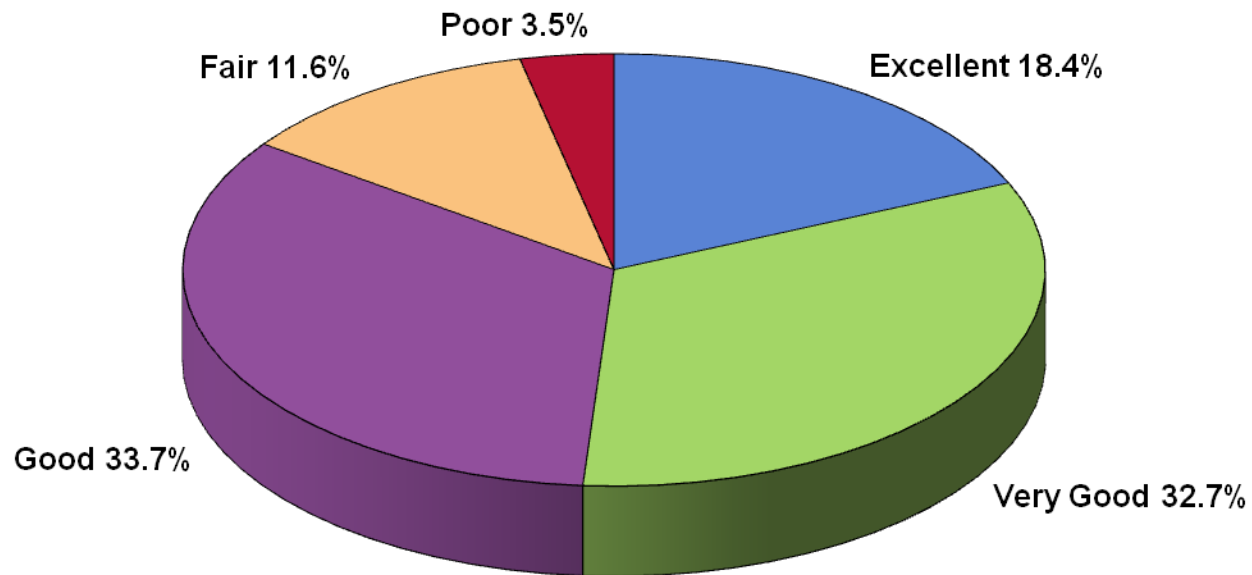
## Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 85]

## Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

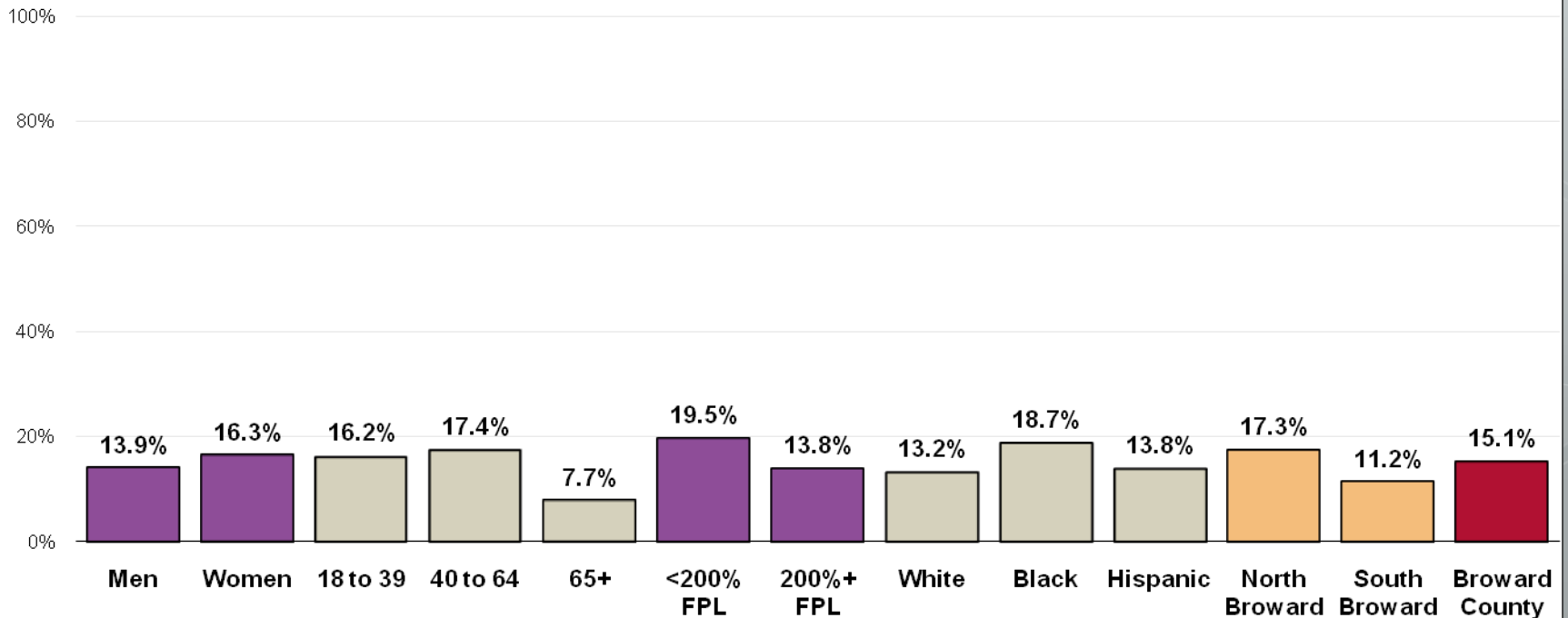
# Rating of the Quality of Healthcare Services Received (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 87]
- Notes: • Asked of all respondents.



# Perceive Quality of Healthcare Services as “Fair” or “Poor” (Broward County, 2011)



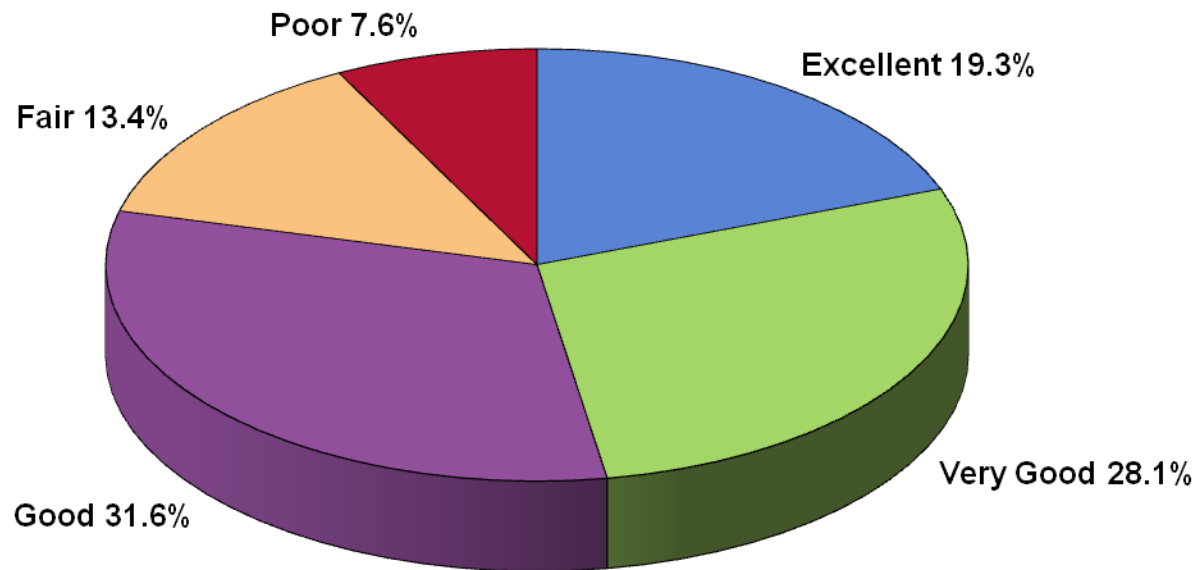
## Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 87]

## Notes:

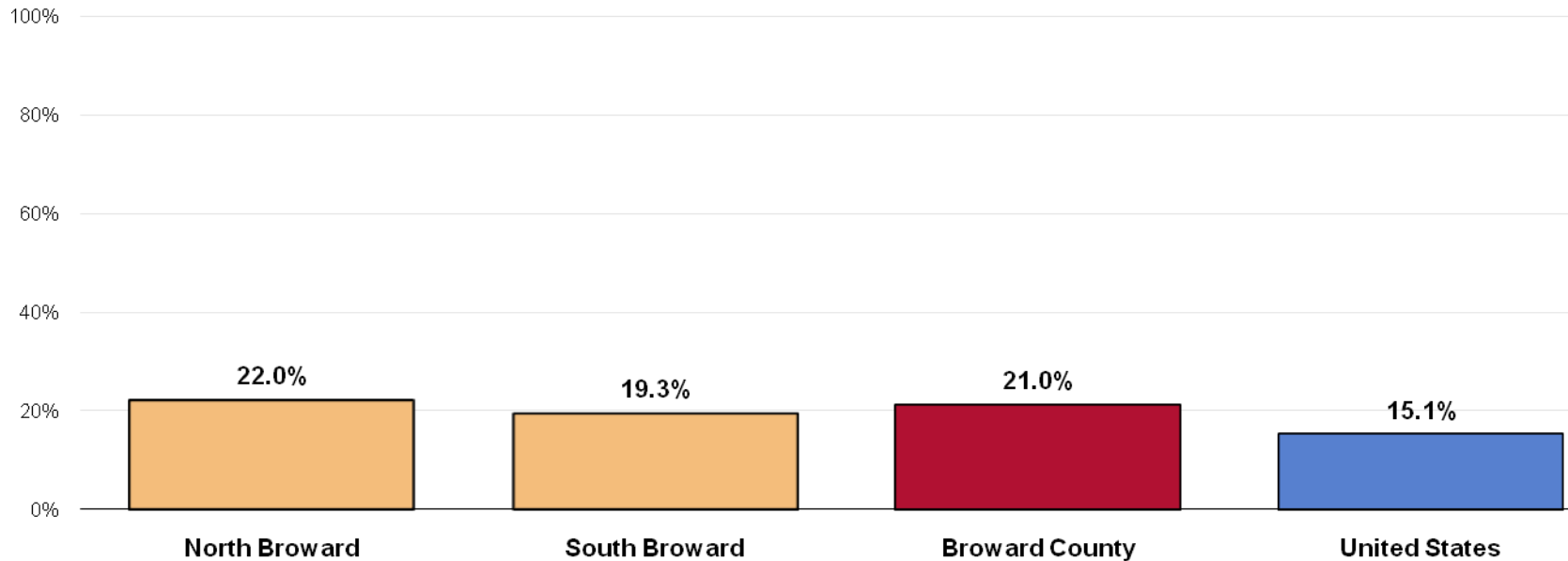
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

# Rating of the Ease of Obtaining Healthcare Services (Broward County, 2011)



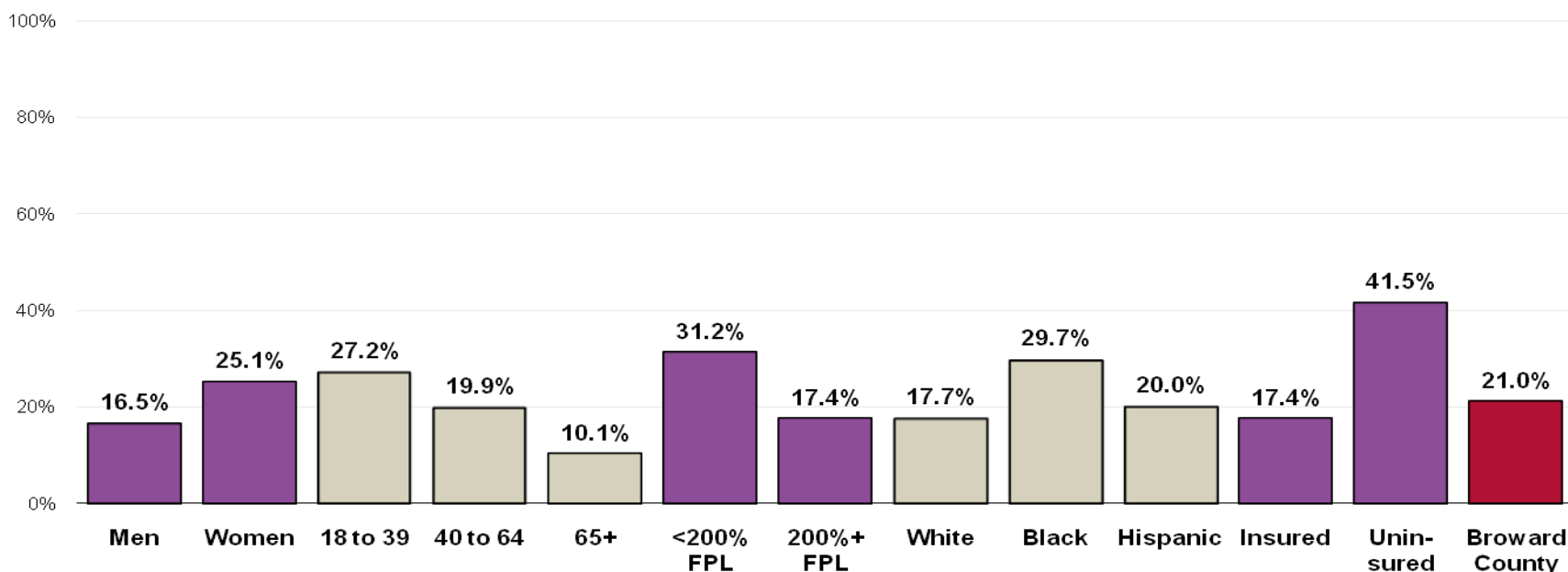
- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]  
Notes: • Asked of all respondents.

# Perceive Ease of Obtaining Healthcare Services as “Fair” or “Poor”



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]  
● Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.
- Notes: ● Asked of all respondents.

# Perceive Ease of Obtaining Healthcare Services as “Fair” or “Poor” (Broward County, 2011)



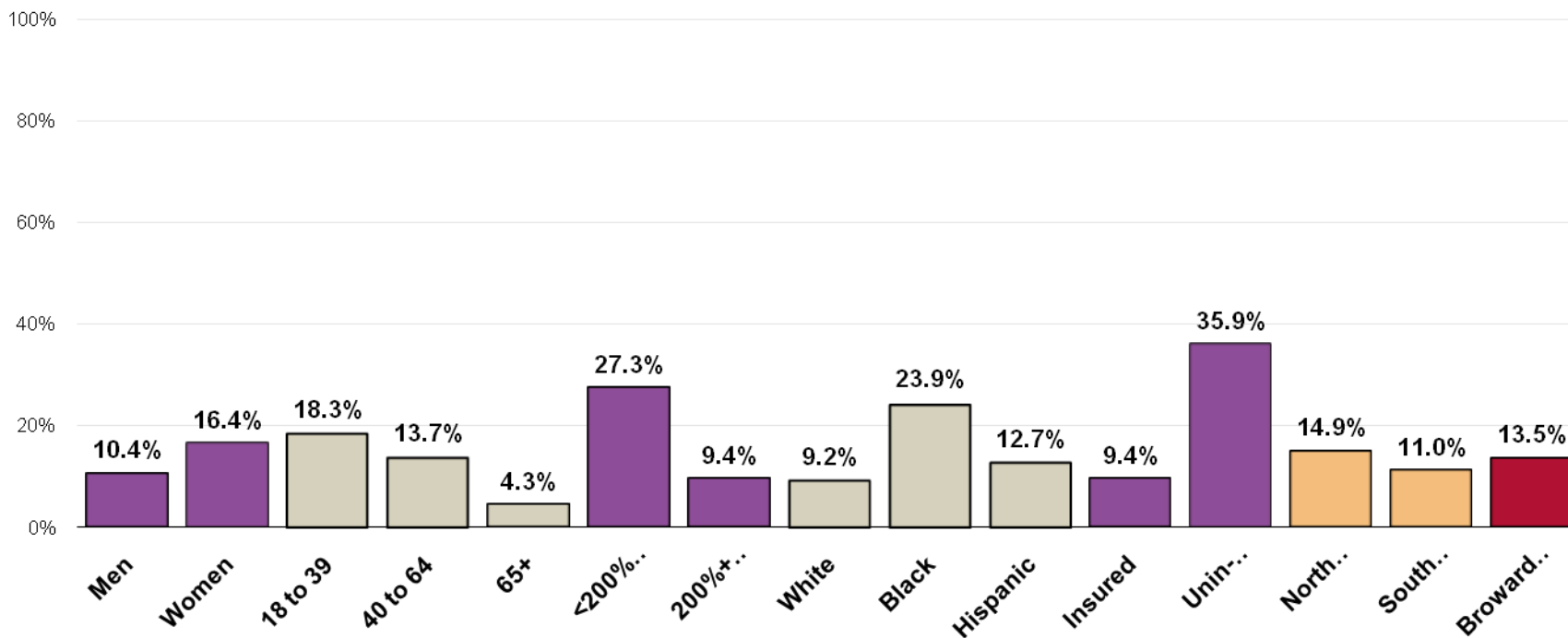
## Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]

## Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

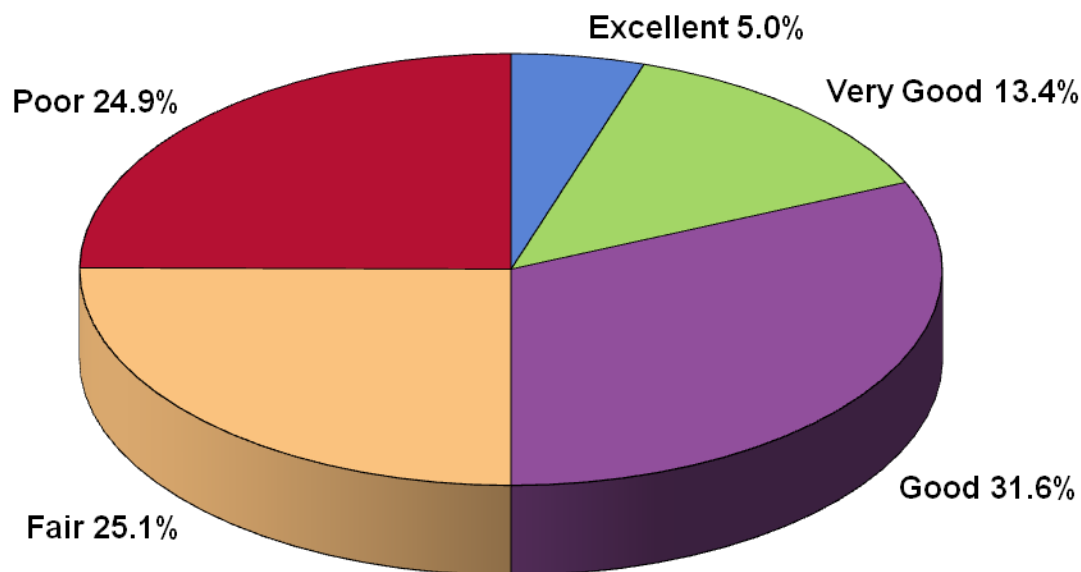
## Member of Household Was Unable to Obtain Healthcare Services That Were Needed in the Past 12 Months (Broward County, 2011)



*Reasons included cost or lack of insurance, insurance affiliation, and not qualified for the services.*

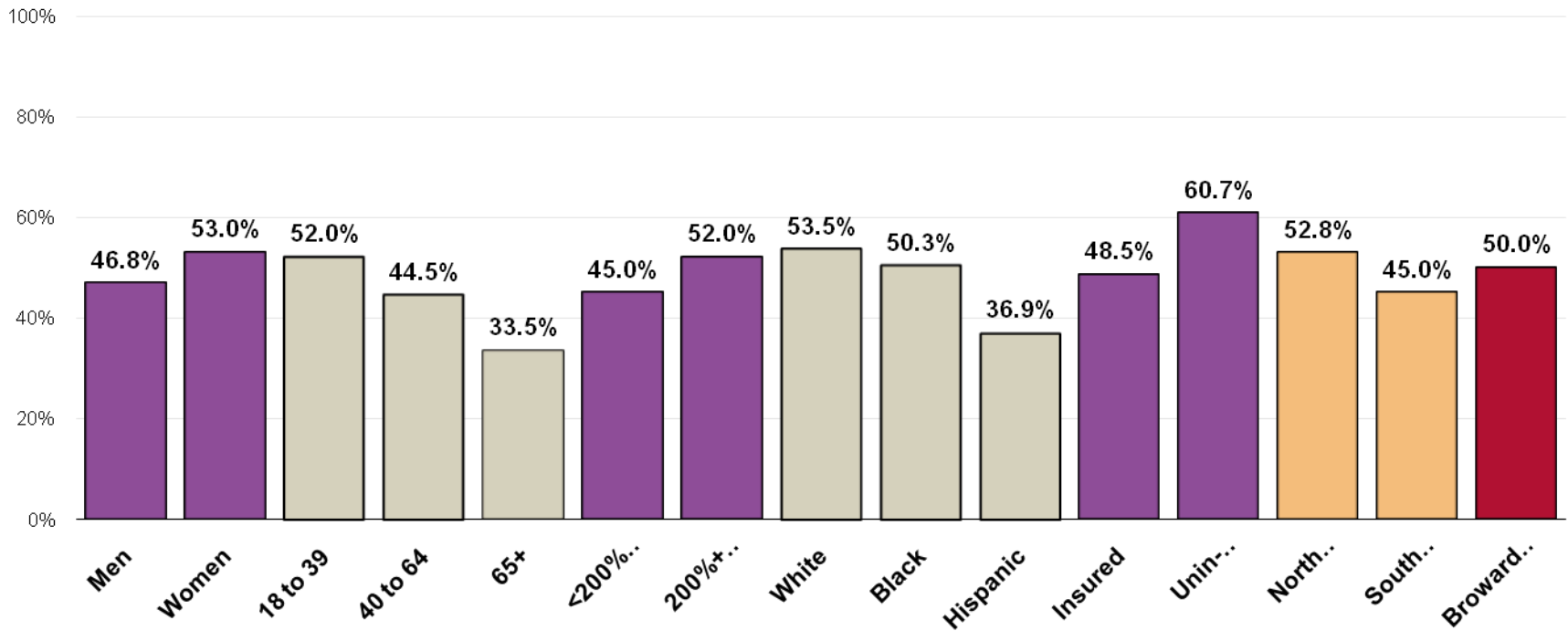
- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 10-11]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

# Rating of the Affordability of Healthcare Services Received (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]
- Notes: • Asked of all respondents.

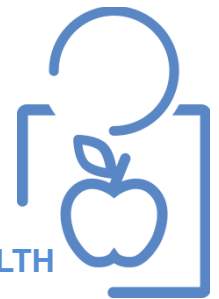
# Perceive Affordability of Healthcare Services as “Fair” or “Poor” (Broward County, 2011)



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]
- Notes: ● Asked of all respondents.  
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.  
 ● Note that White and Black segments reflect Non-Hispanic residents.

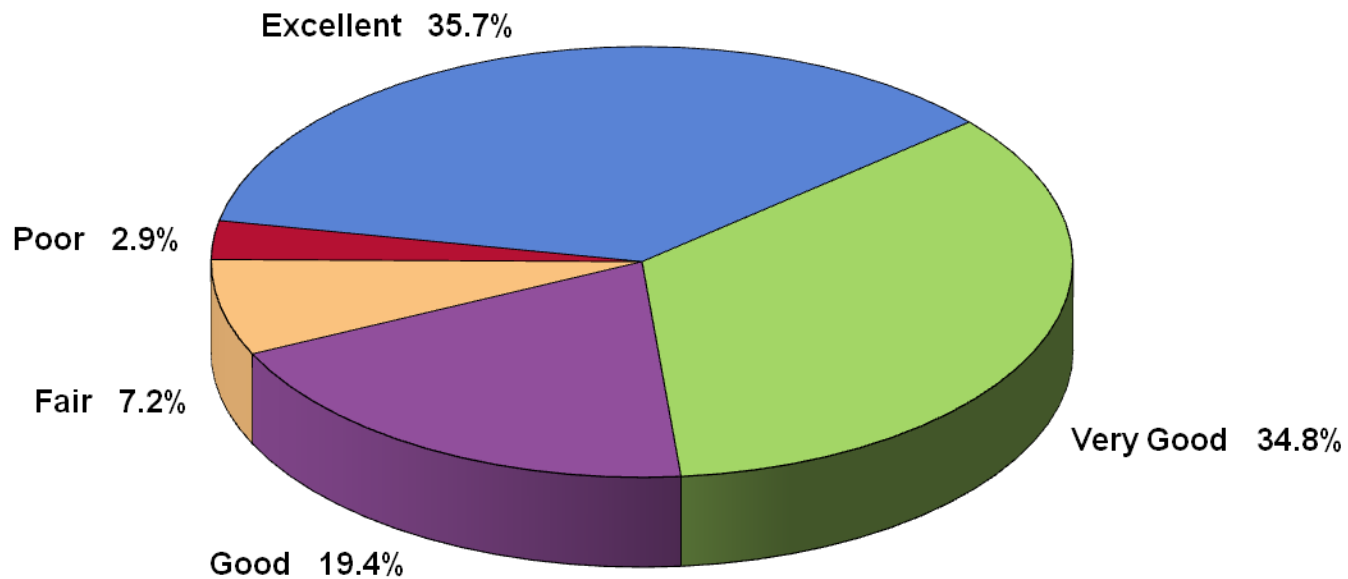
# Self-Reported Health Status

COMMUNITY HEALTH



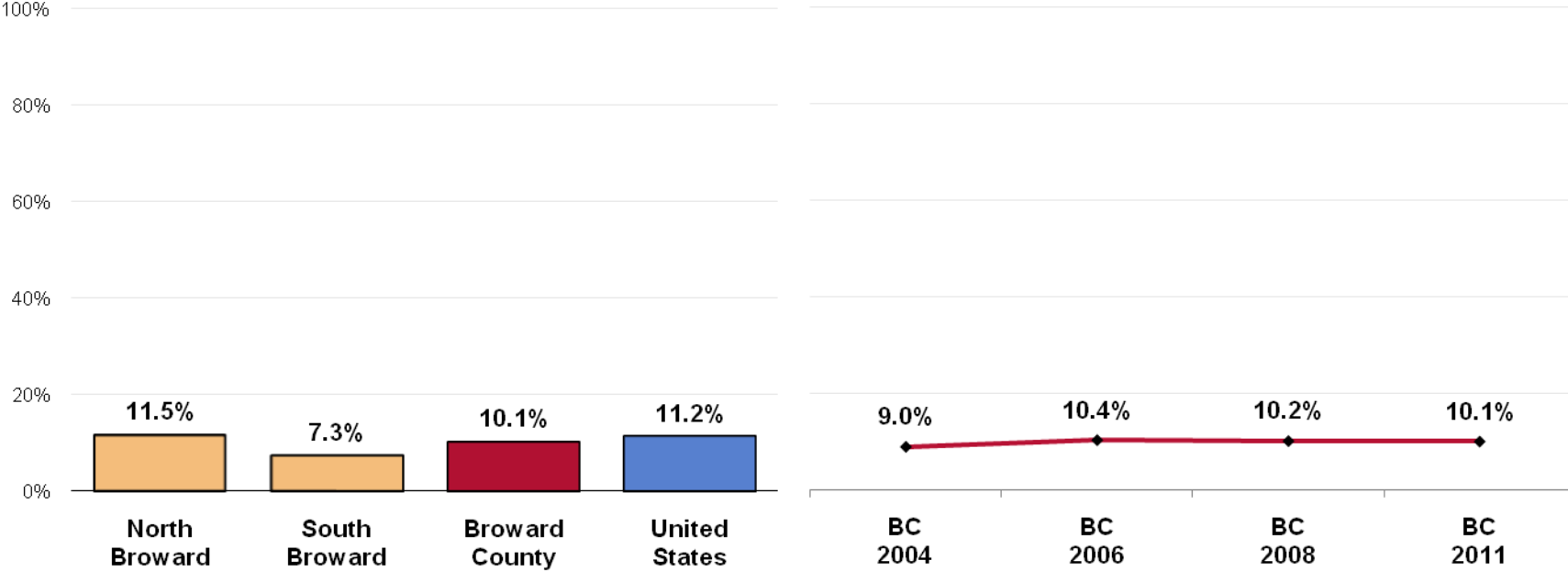


# Self-Reported Health Status (Including Physical, Mental, & Emotional Health) (Broward County, 2011)



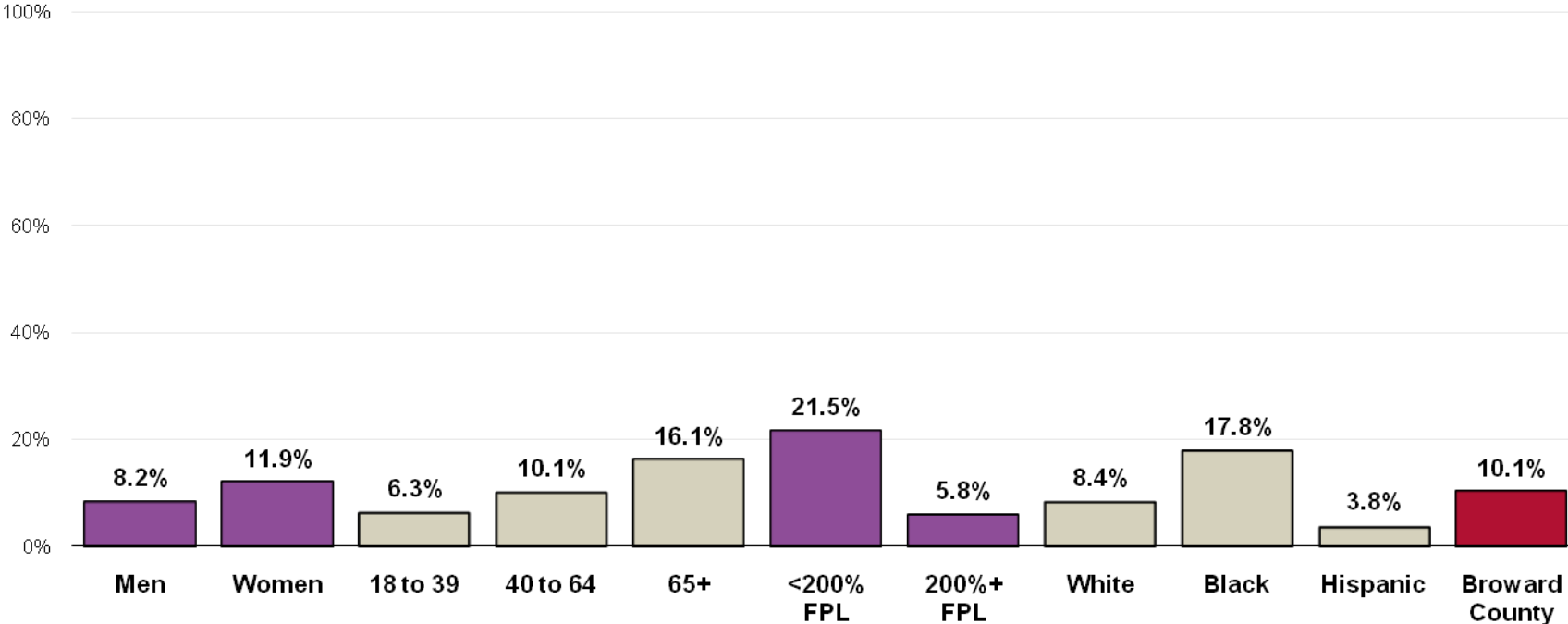
- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 4]  
Notes: • Asked of all respondents.

# Experience “Fair” or “Poor” Health Status



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 4]
  - Professional Research Consultants, Inc. PRC National Quality of Life Survey.
- Notes:
- Asked of all respondents.

# Experience “Fair” or “Poor” Health Status (Broward County, 2011)

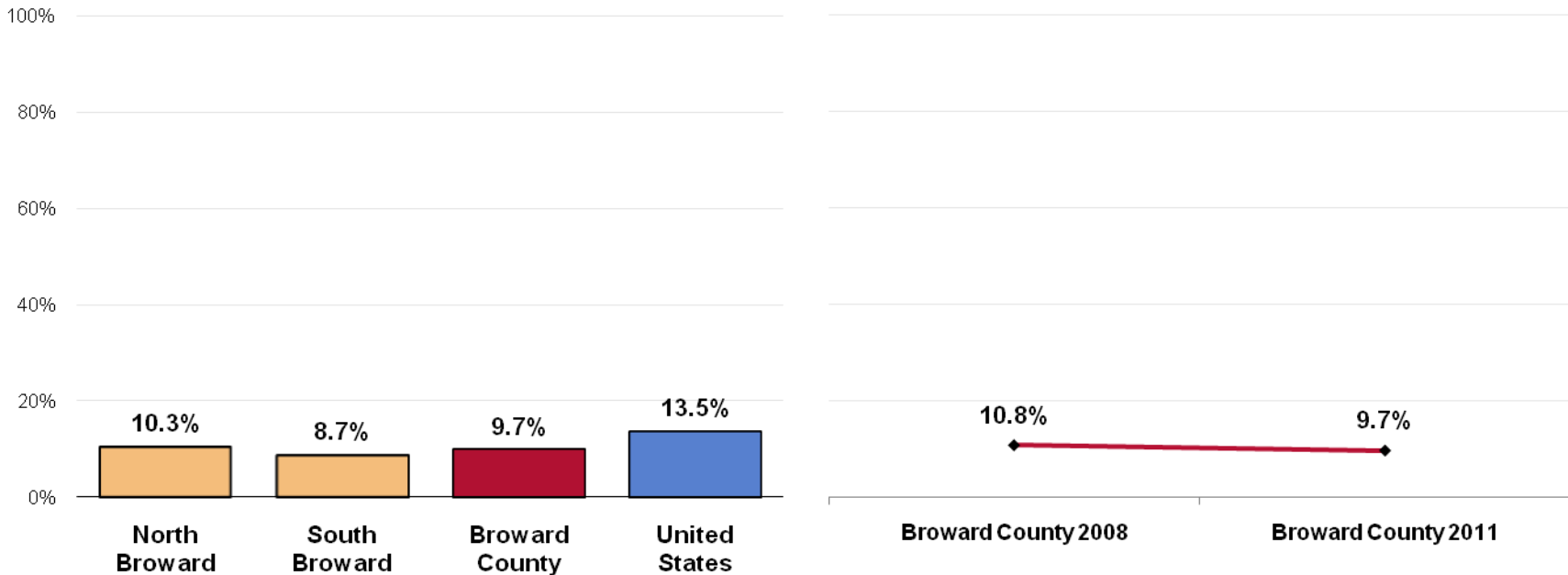


- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 4]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

# Activity Limitation & Disability



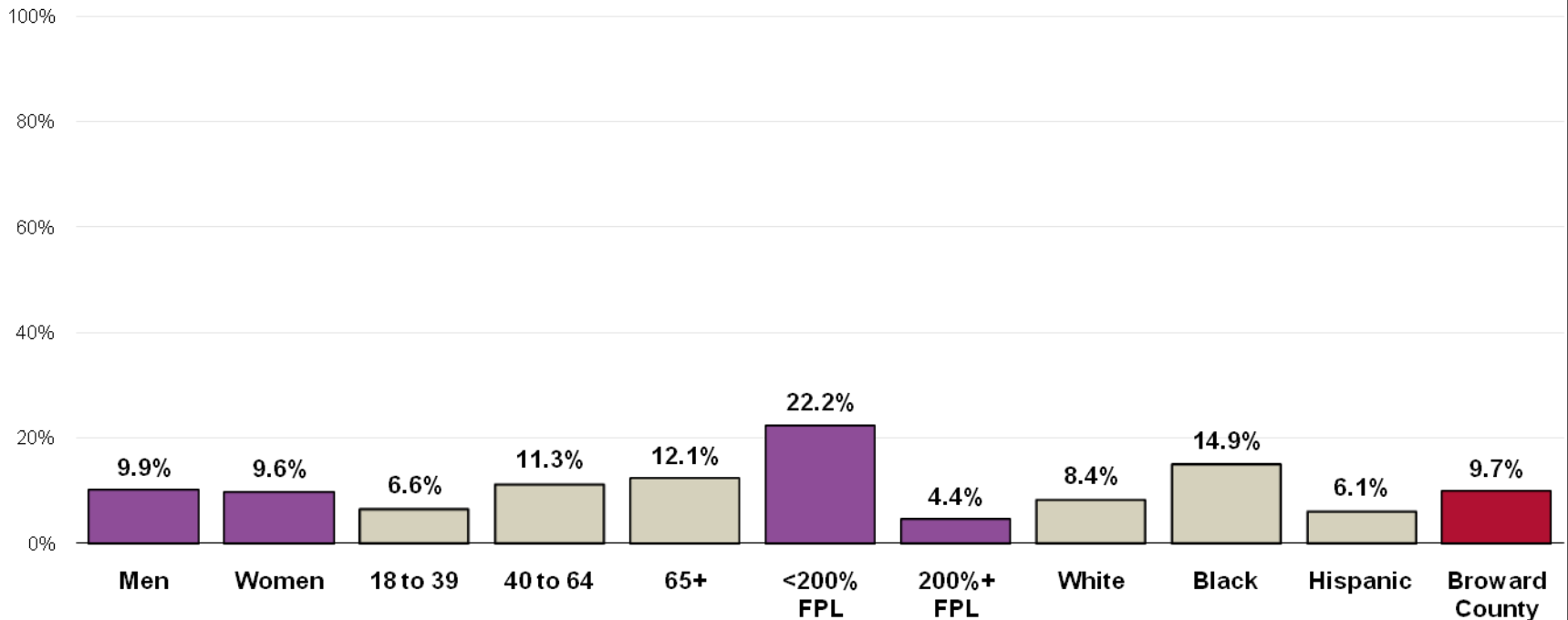
# A Limitation Currently Prevents Employment



*Among those for whom employment is not limited, a total of 5.8% report that they are limited in the kind or amount of employment activities they can do because of a physical, psychological, or cognitive impairment or health problem.*

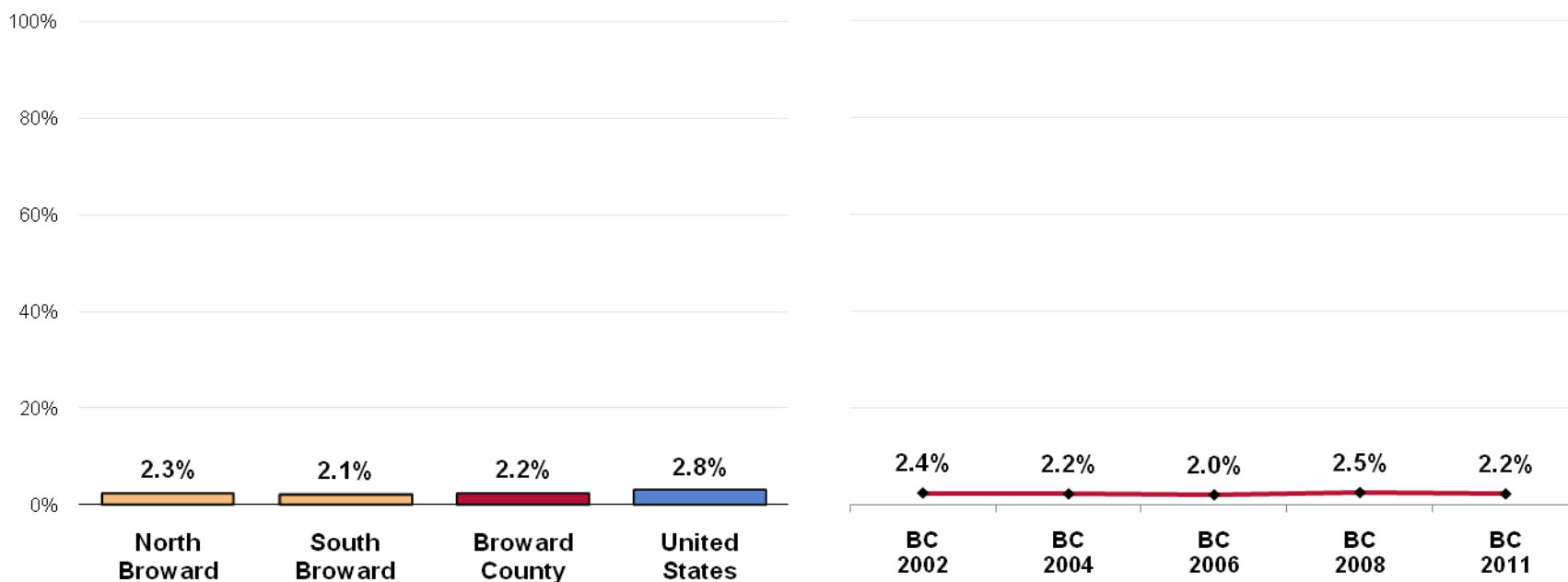
- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 49-50]
  - Professional Research Consultants, Inc. PRC National Quality of Life Survey.
- Notes:
- Asked of all respondents.

# A Limitation Currently Prevents Employment (Broward County, 2011)



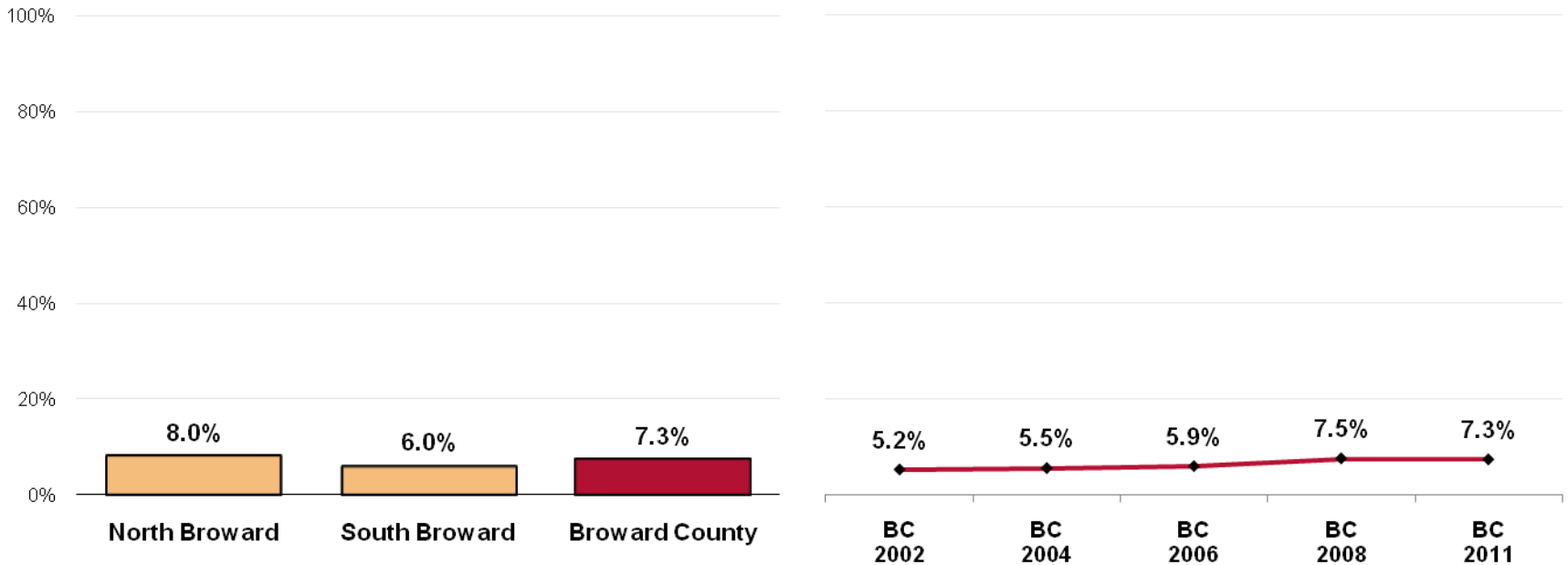
- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 49]
- Notes: • Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level
- Note that White and Black segments reflect Non-Hispanic residents.

# Have an Activity Limitation Requiring Help With Personal Care



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 51]
  - Professional Research Consultants, Inc. PRC National Quality of Life Survey.
- Notes:
- Asked of all respondents.

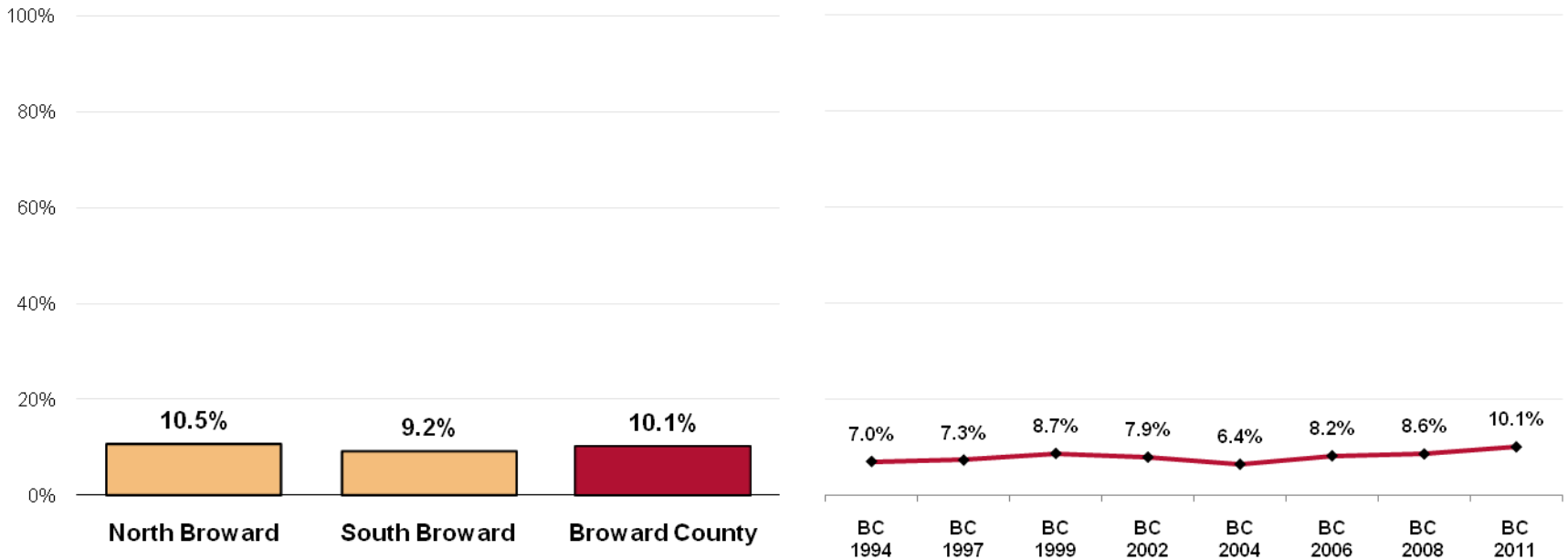
# Have an Activity Limitation Requiring Help With Routine Needs



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]  
Notes: • Asked of all respondents.

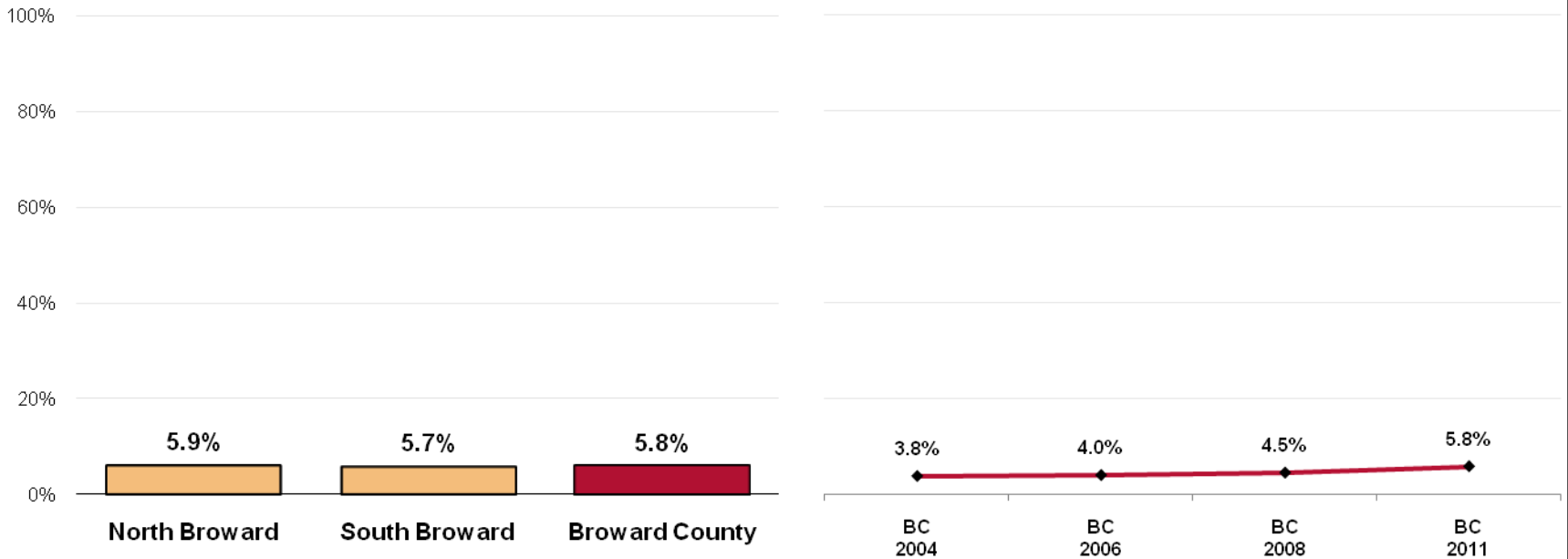


# Member of Household Has a Disability Requiring Assistance in Walking/Moving



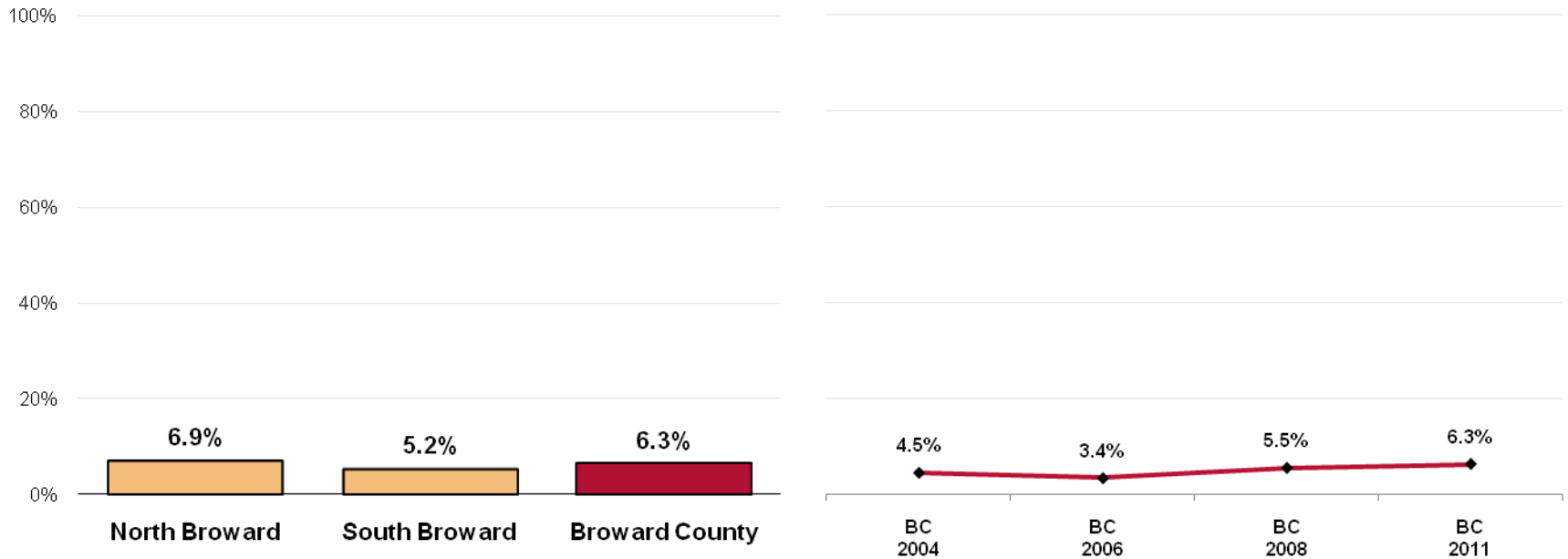
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 15]  
Notes: • Asked of all respondents.

# Member of Household Has Developmental Disabilities



Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 16]  
Notes: ● Asked of all respondents.

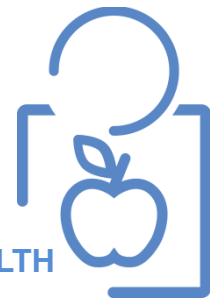
# Member of Household Has Mental Disabilities



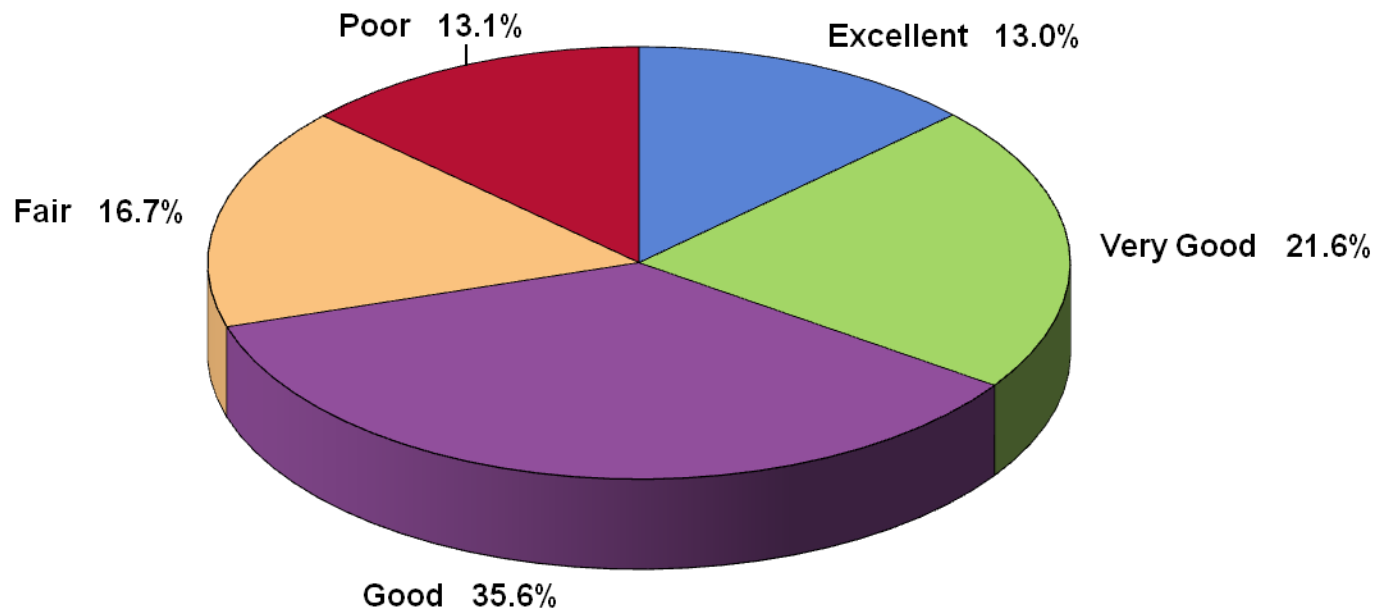
Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]  
Notes: ● Asked of all respondents.

# Mental Health

COMMUNITY HEALTH

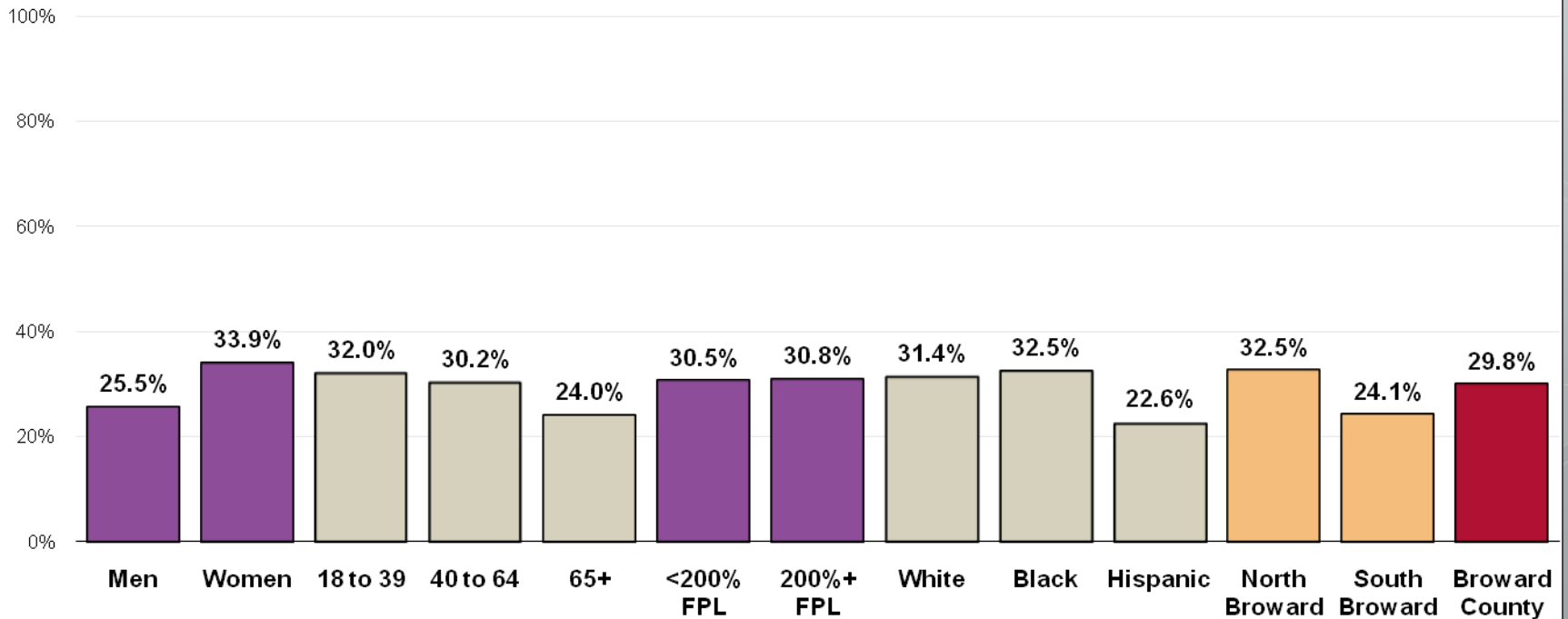


# Perceived Quality of Broward County Mental Health Services (Broward County, 2011)



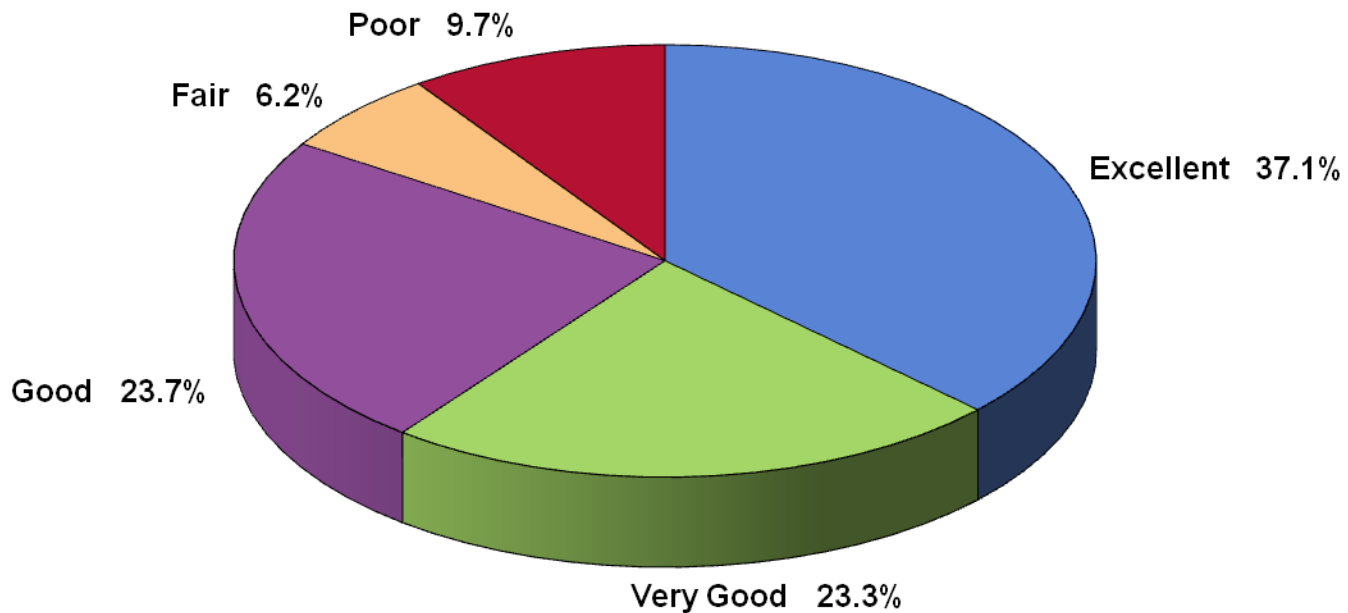
- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 43]  
Notes: • Asked of all respondents.

# Perceived Quality of Mental Health Services is “Fair/Poor” (Broward County, 2011)



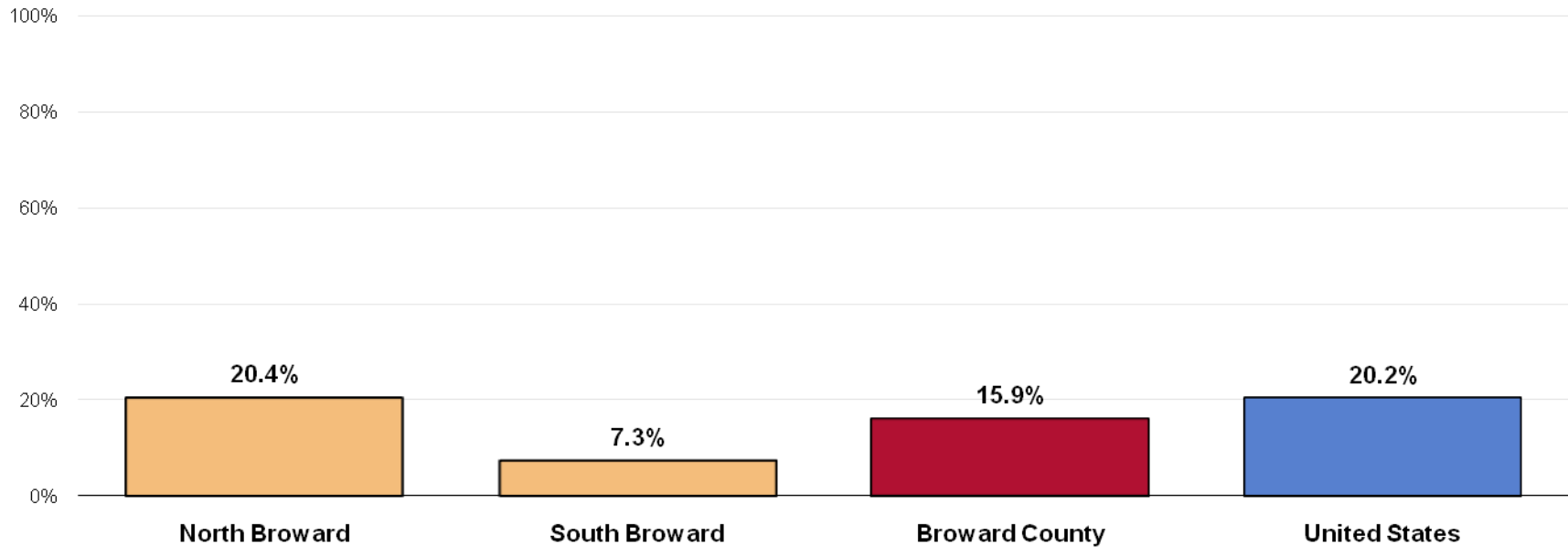
- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 43]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

# Perceived Ease of Obtaining Mental Health Services (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 42]  
Notes: • Asked of all respondents.

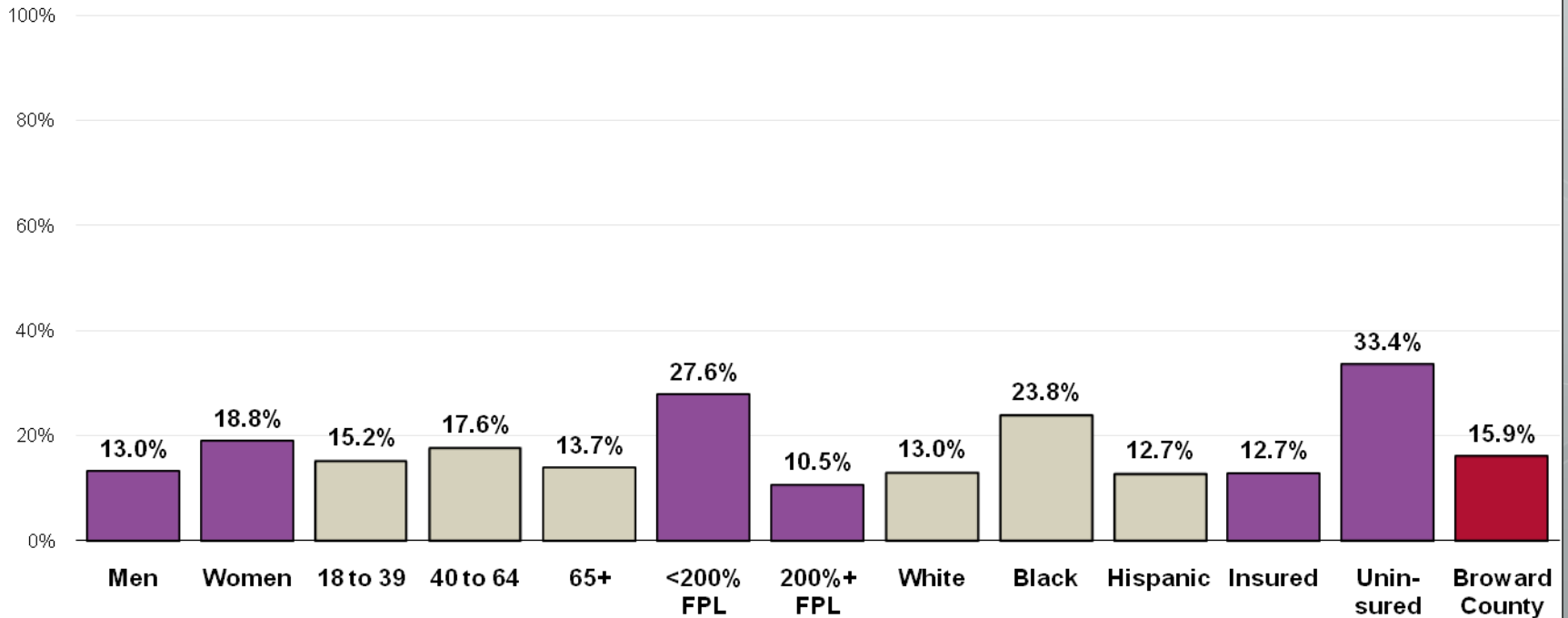
# Perceive Ease of Obtaining Mental Health Services as “Fair” or “Poor”



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 42]
  - Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.
- Notes:
- Asked of all respondents.

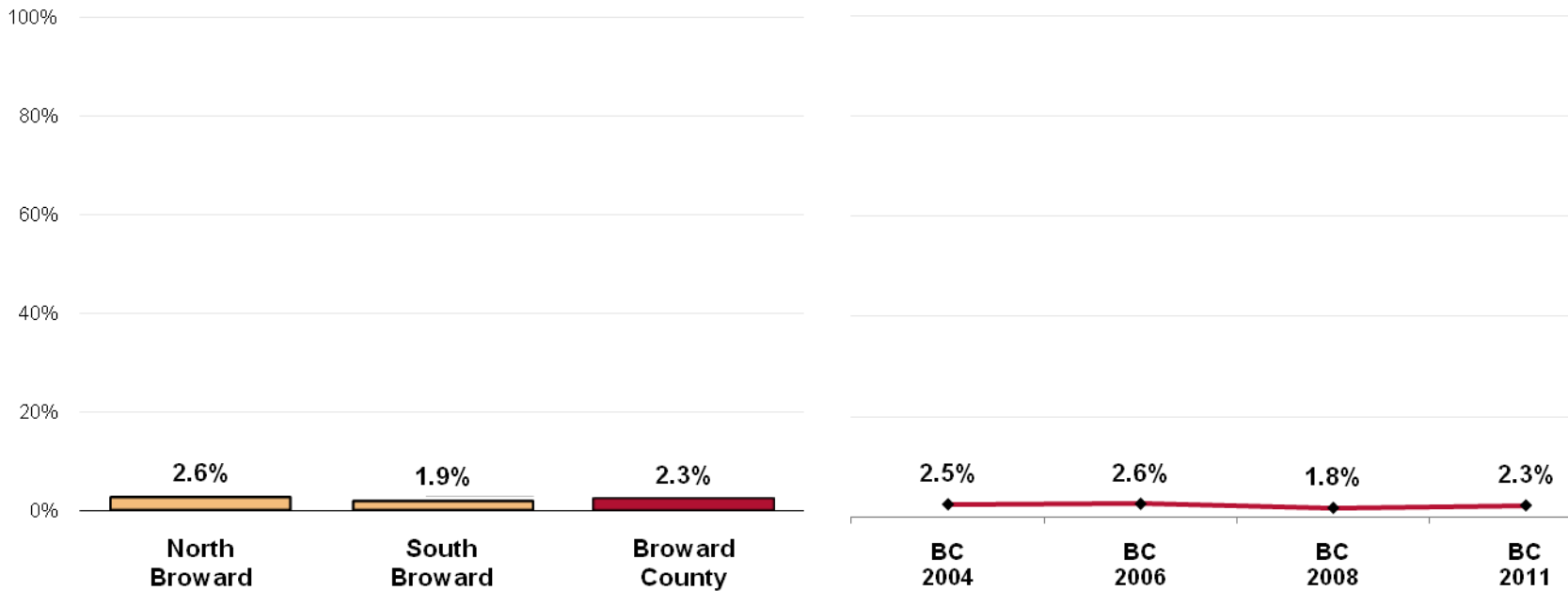


# Perceived Ease of Obtaining Mental Health Services is “Fair/Poor” (Broward County, 2011)



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 42]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

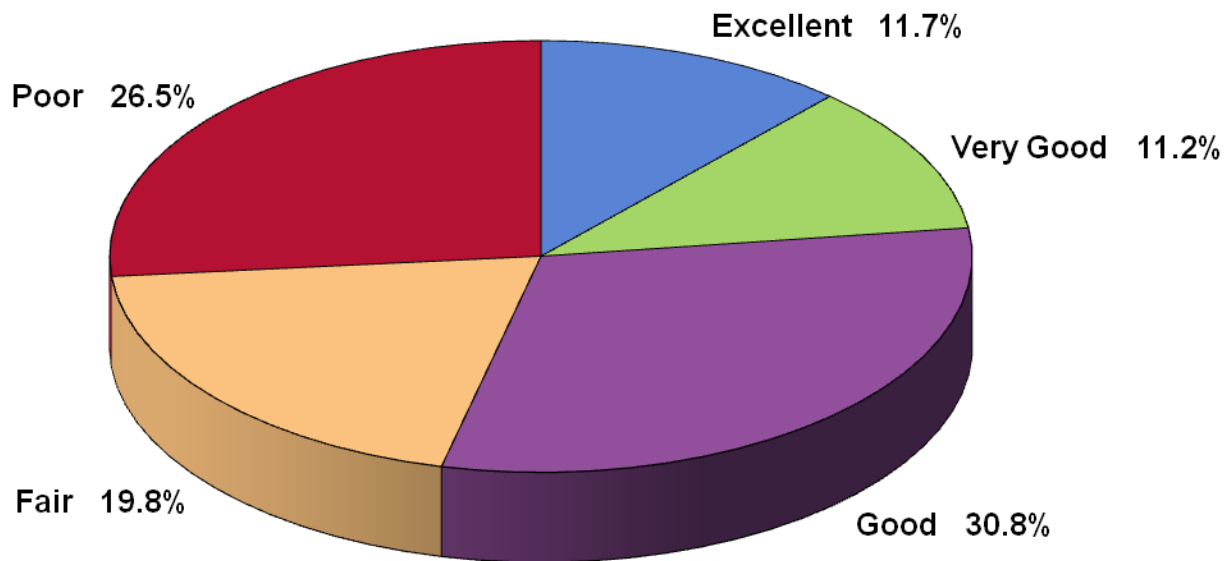
# Needed Mental Health Services in the Past Month But Could Not Obtain Them



*Reasons included cost or lack of insurance, insurance affiliation, not qualified for the services, and accessibility.*

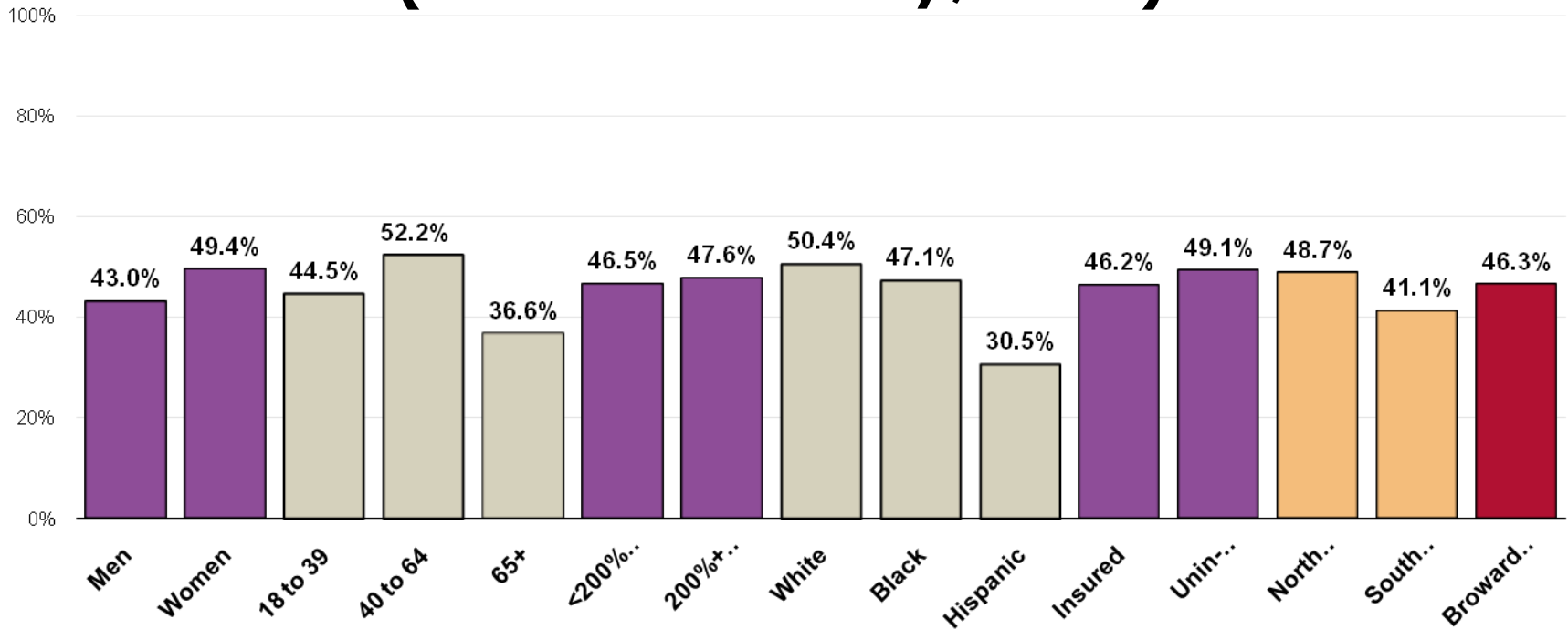
- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 40-41]  
Notes: ● Asked of all respondents.

# Perceived Affordability of Broward County Mental Health Services (Broward County, 2011)



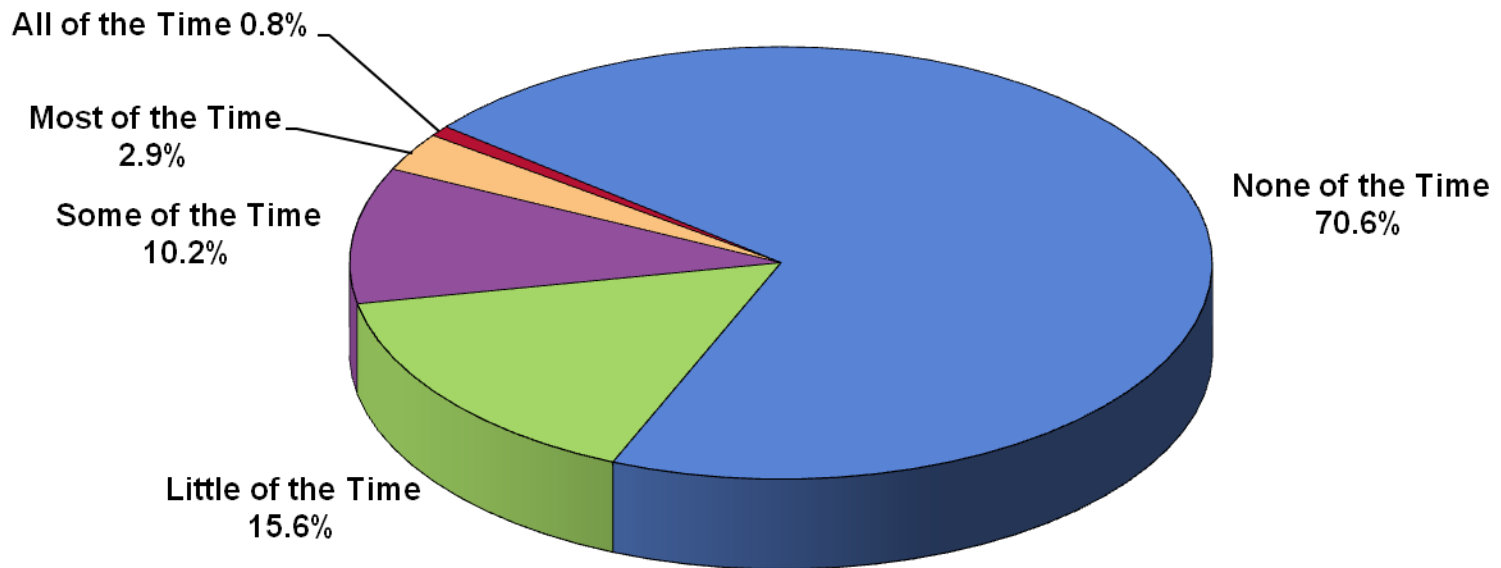
- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 44]  
Notes: • Asked of all respondents.

# Perceived Affordability of Mental Health Services is “Fair/Poor” (Broward County, 2011)



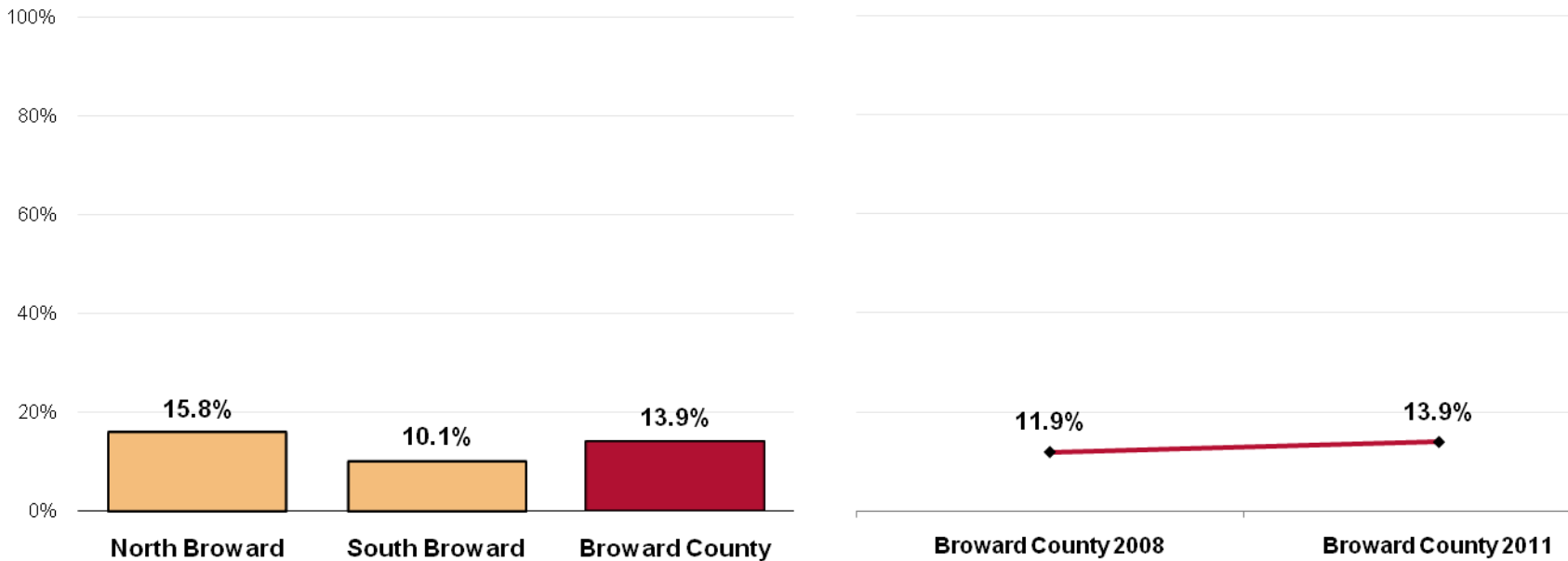
- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 44]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL)
- Note that White and Black segments reflect Non-Hispanic residents.

# Prevalence of Depression in the Past Month (Broward County, 2011)



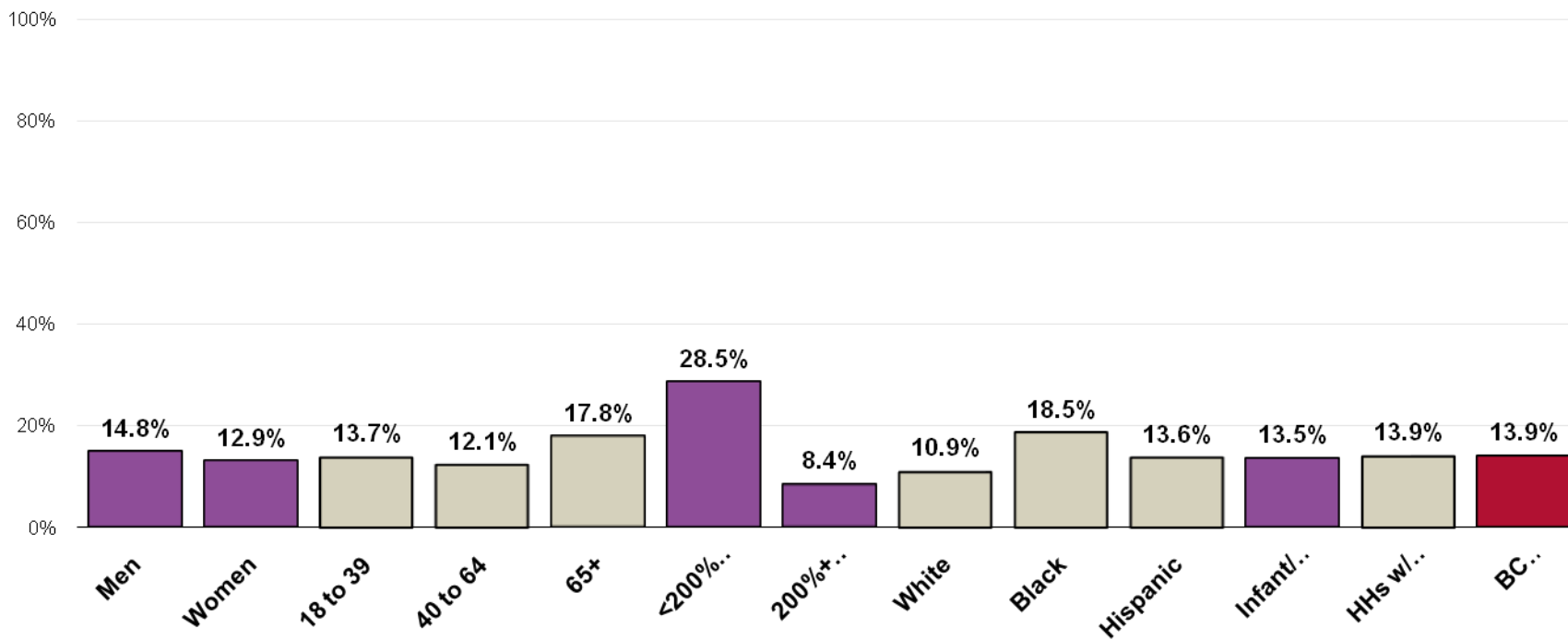
- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 45]  
Notes: • Asked of all respondents.

# Depressed in the Past Month



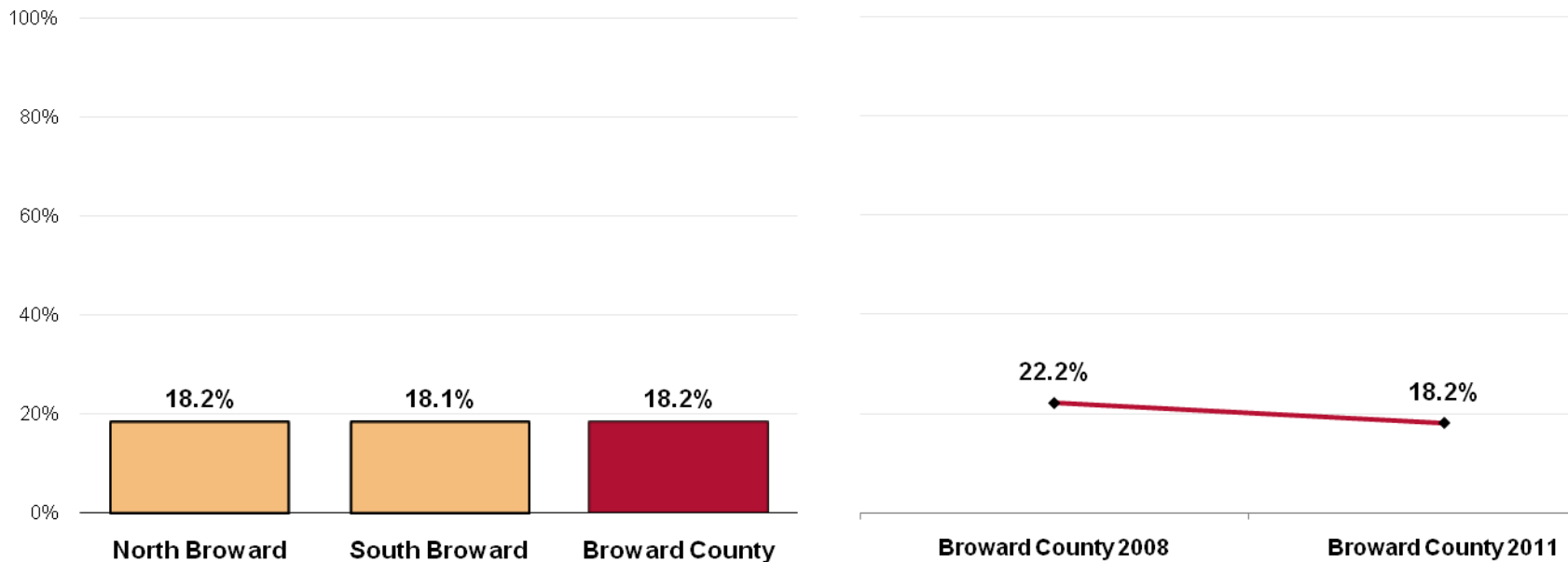
- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 45]
- Notes: ● Asked of all respondents.
- Percentages represent combined “all/most/some of the time” responses.

# Depressed in the Past Month (Broward County, 2011)



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 45]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

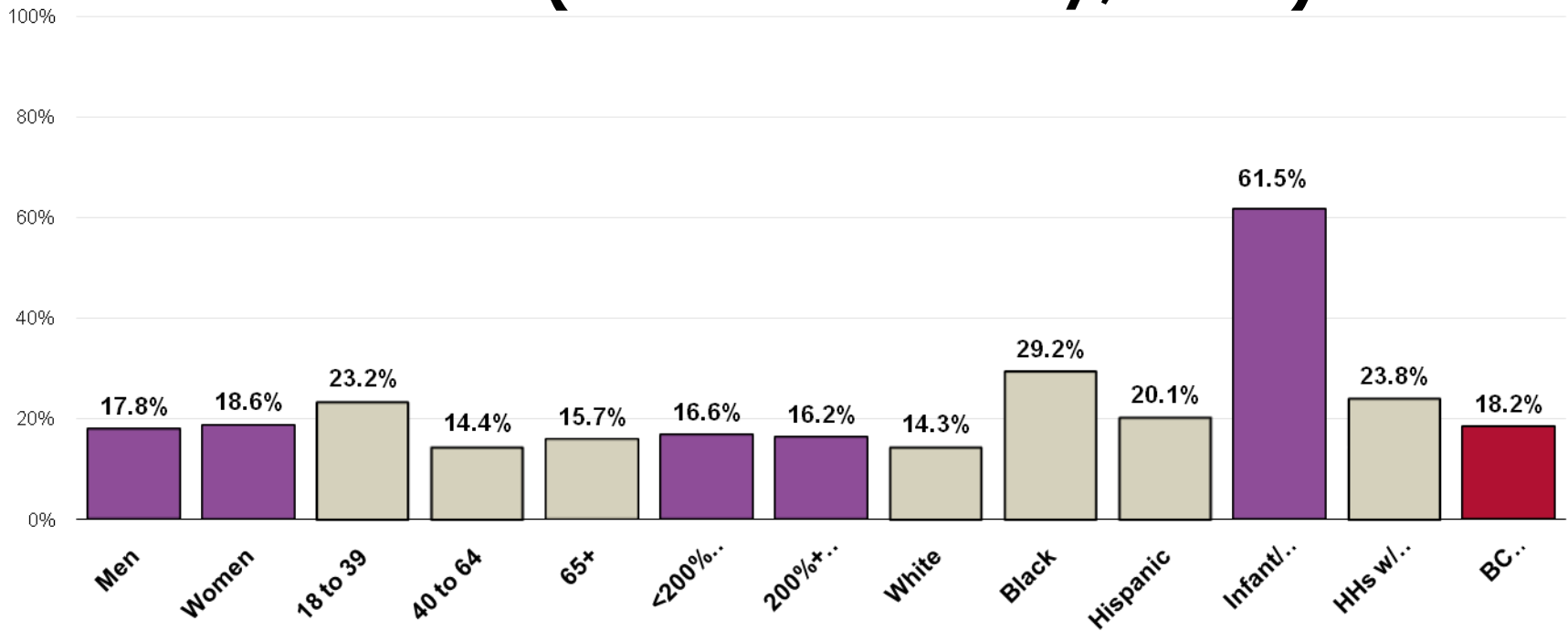
# Aware of In-Home Services Providing Depression Treatment for People Who Care for Children



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]  
Notes: • Asked of all respondents.

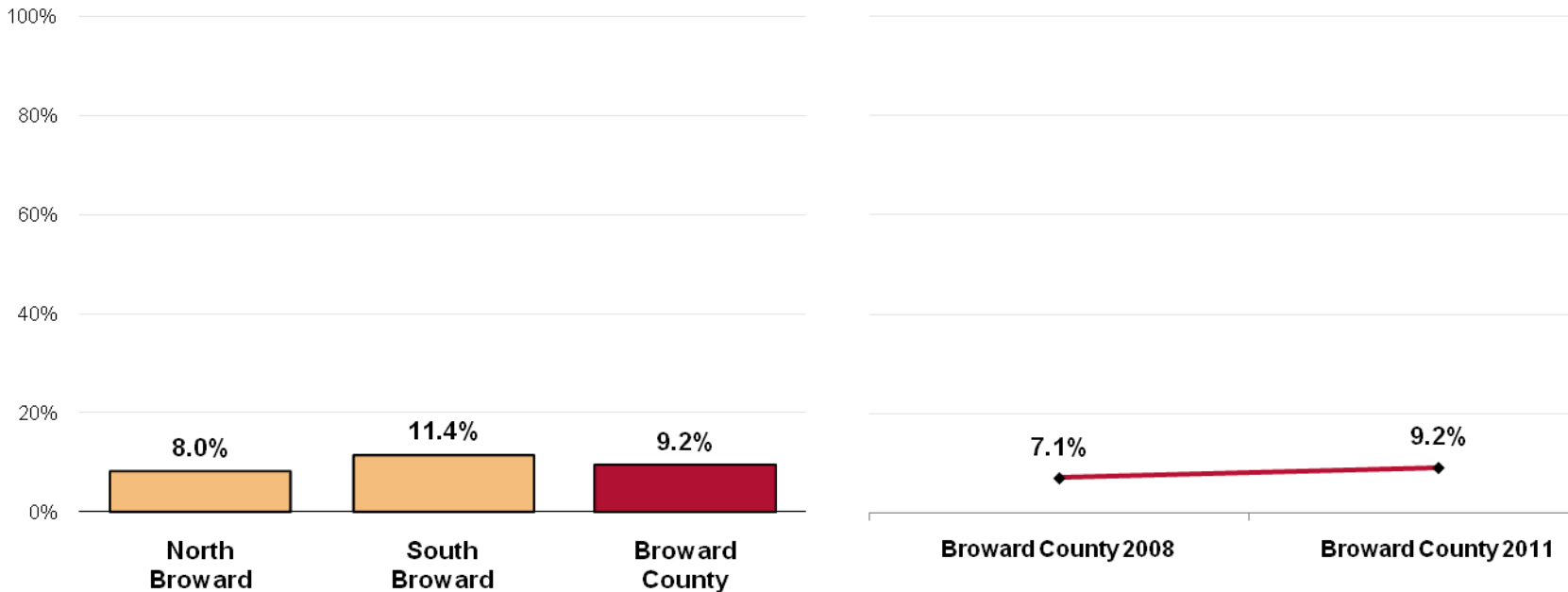


# Aware of In-Home Services Providing Depression Treatment for People Who Care for Children (Broward County, 2011)



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 46]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

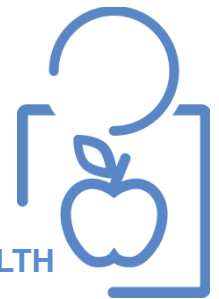
# Child Used Mental Health Services in the Past Year



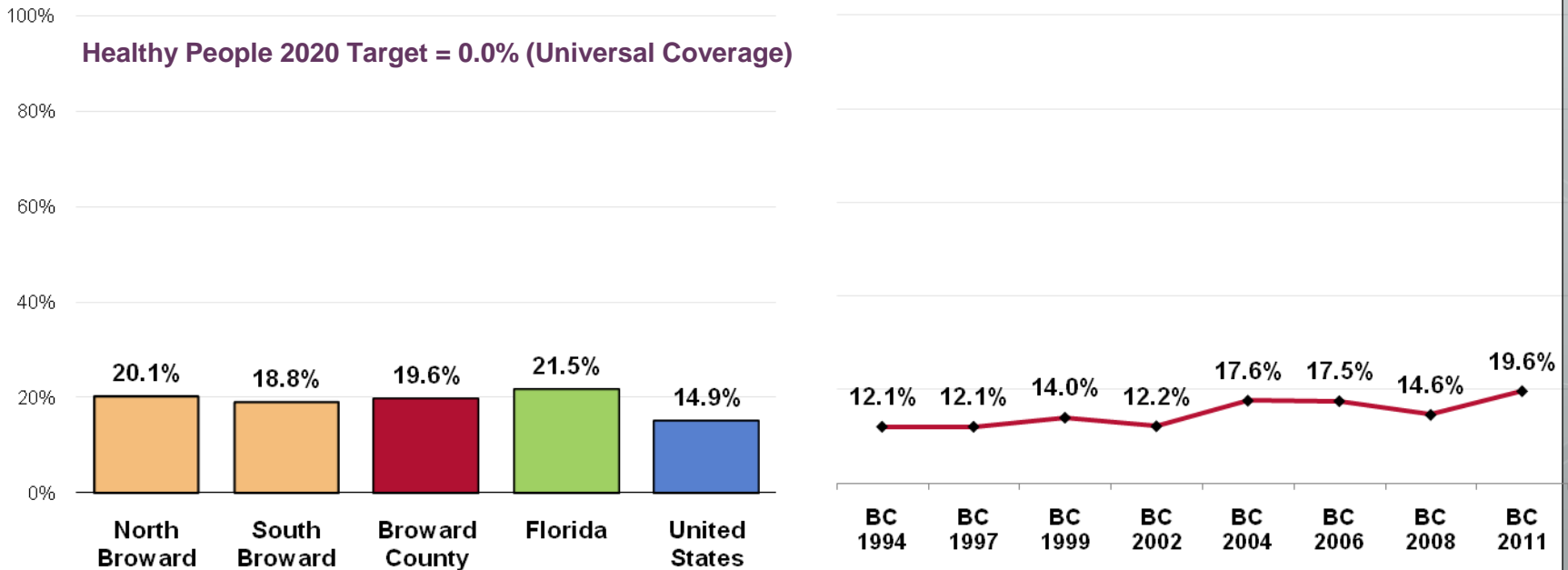
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 127]  
Notes: • Asked of all respondents with children under 18 at home.

# ACCESS TO HEALTHCARE

COMMUNITY HEALTH



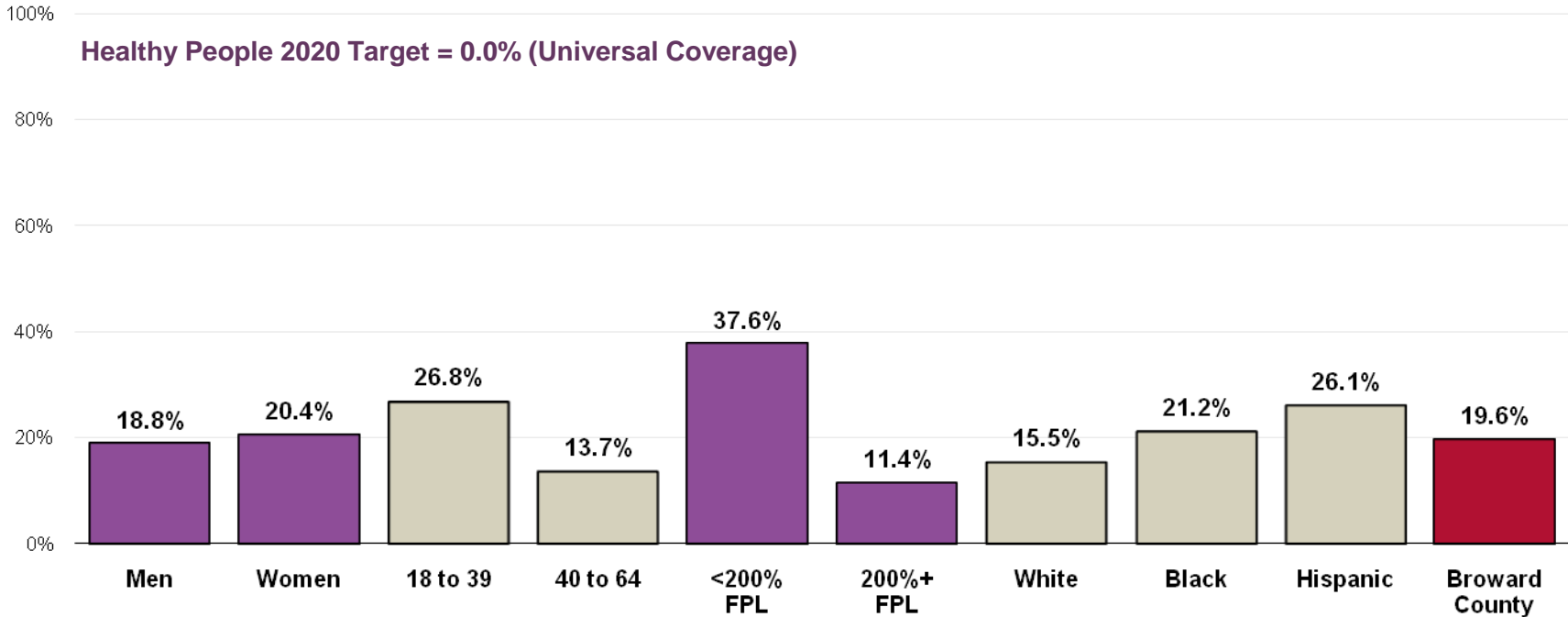
# Lack of Healthcare Insurance Coverage (Among Broward County Adults Under 65, 2011)



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]
  - Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Florida Data.
  - Professional Research Consultants. PRC National Health Survey. 2011.
  - US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective AHS-1]

Notes: Asked of all respondents under the age of 65.

# Lack of Healthcare Insurance Coverage (Broward County Adults Under 65, 2011)

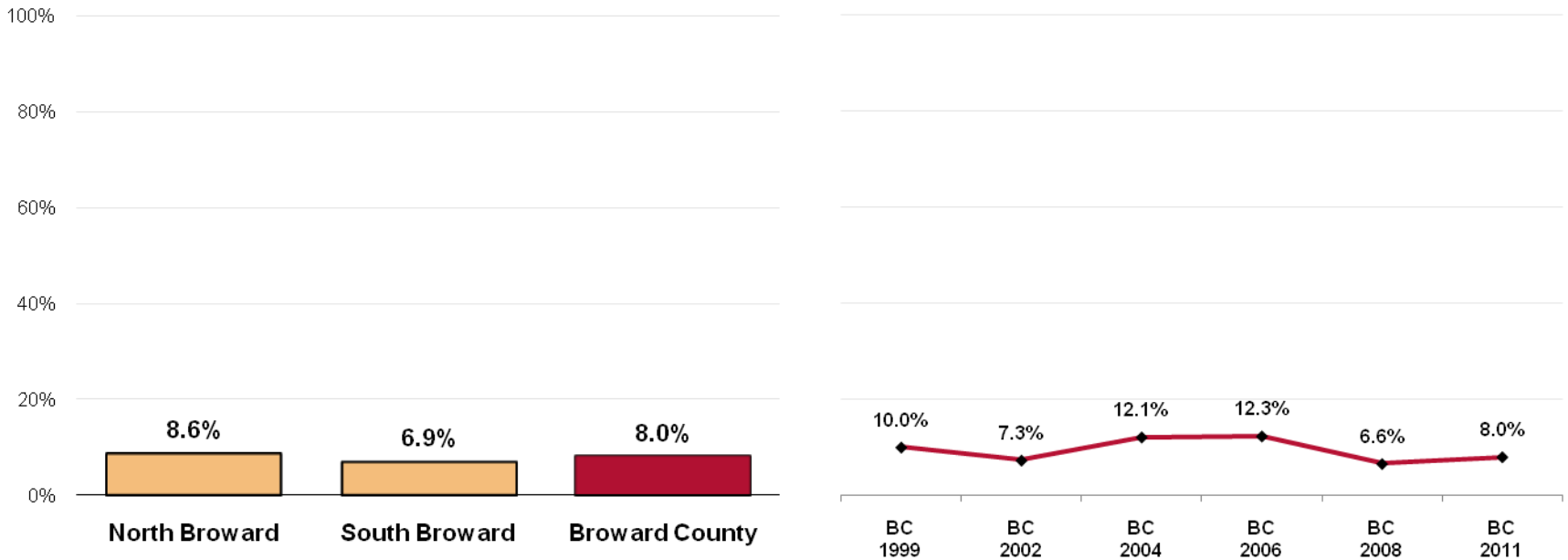


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010  
<http://www.healthypeople.gov>. [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

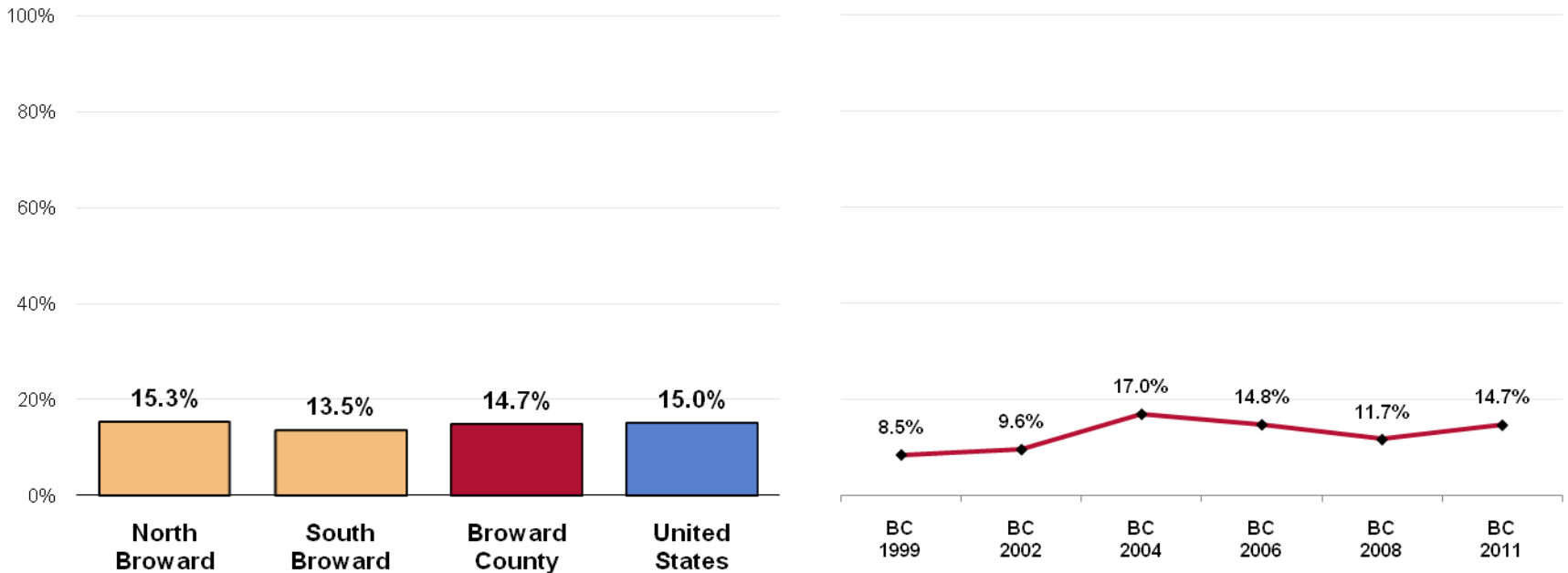
• Note that White and Black segments reflect Non-Hispanic residents.

# Have No Healthcare Insurance Coverage for Child



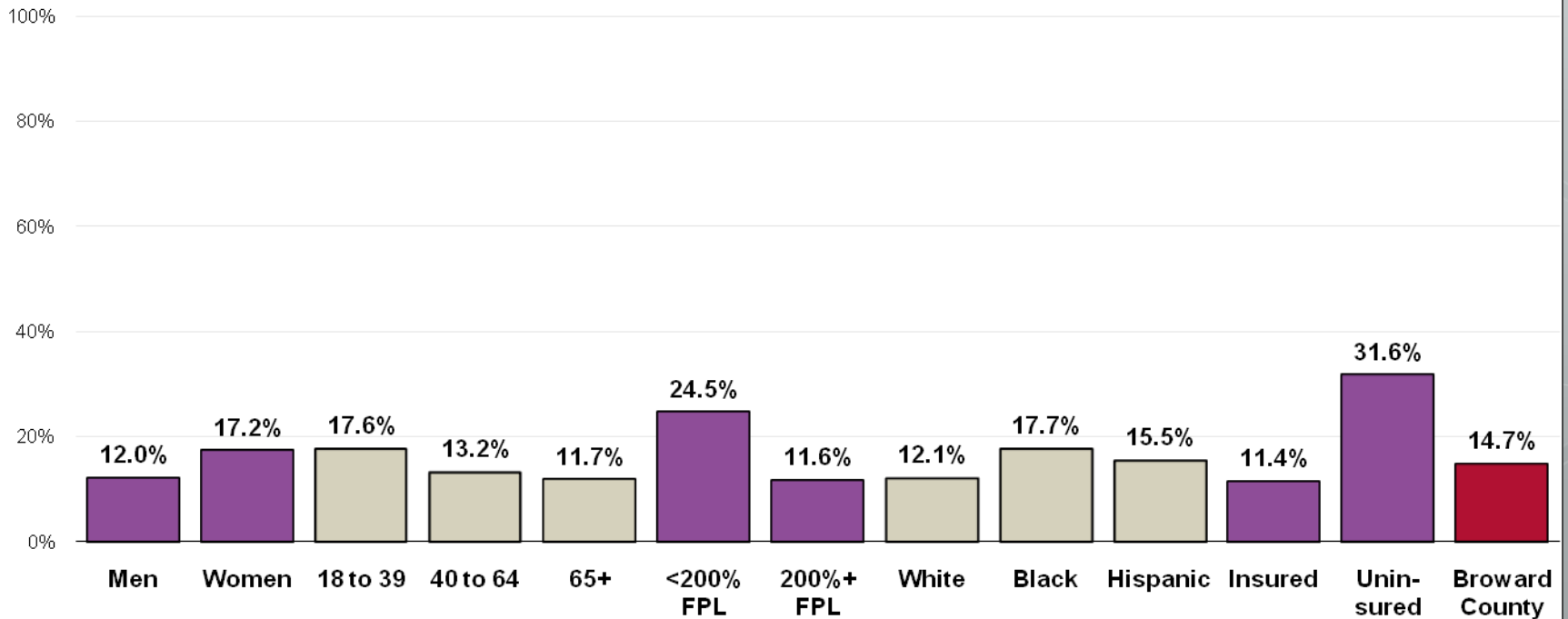
Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 117]  
Notes: ● Asked of all respondents with children under 18 at home.

# Cost Prevented Prescription Medication in Past Year



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
  - Professional Research Consultants, Inc. PRC National Health Survey. 2011.
- Notes:
- Asked of all respondents.

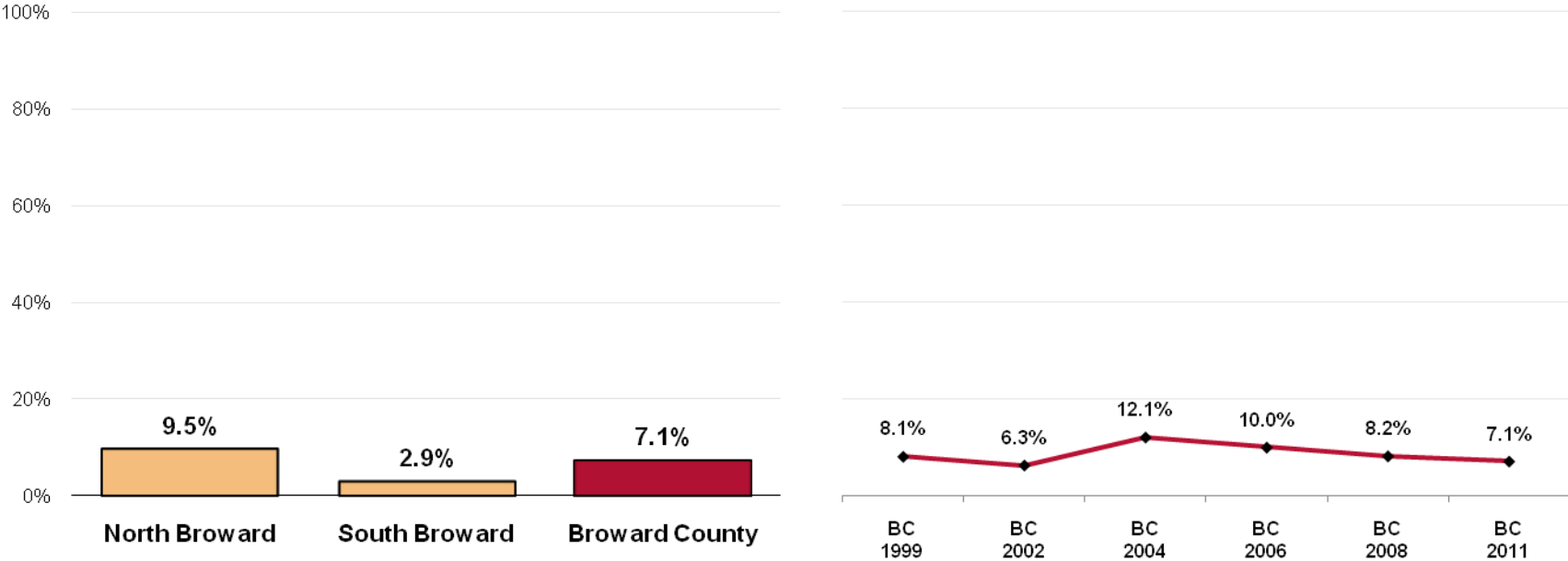
# Cost Prevented Prescription Medication in the Past Year (Broward County, 2011)



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.



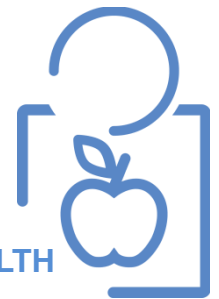
# Cost Prevented Child's Doctor Visit in the Past Year



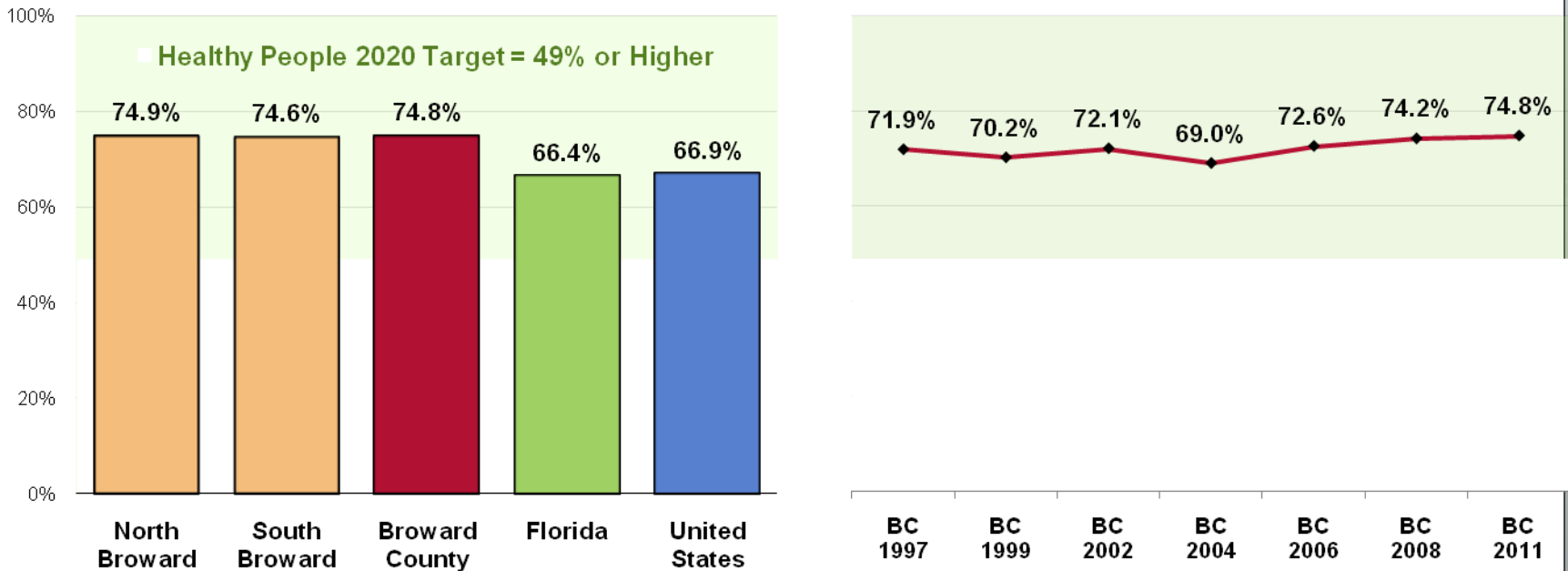
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 119]  
Notes: • Asked of all respondents with children under 18 at home.

# Preventive Care

COMMUNITY HEALTH



# Have Visited a Dentist or Dental Clinic Within the Past Year

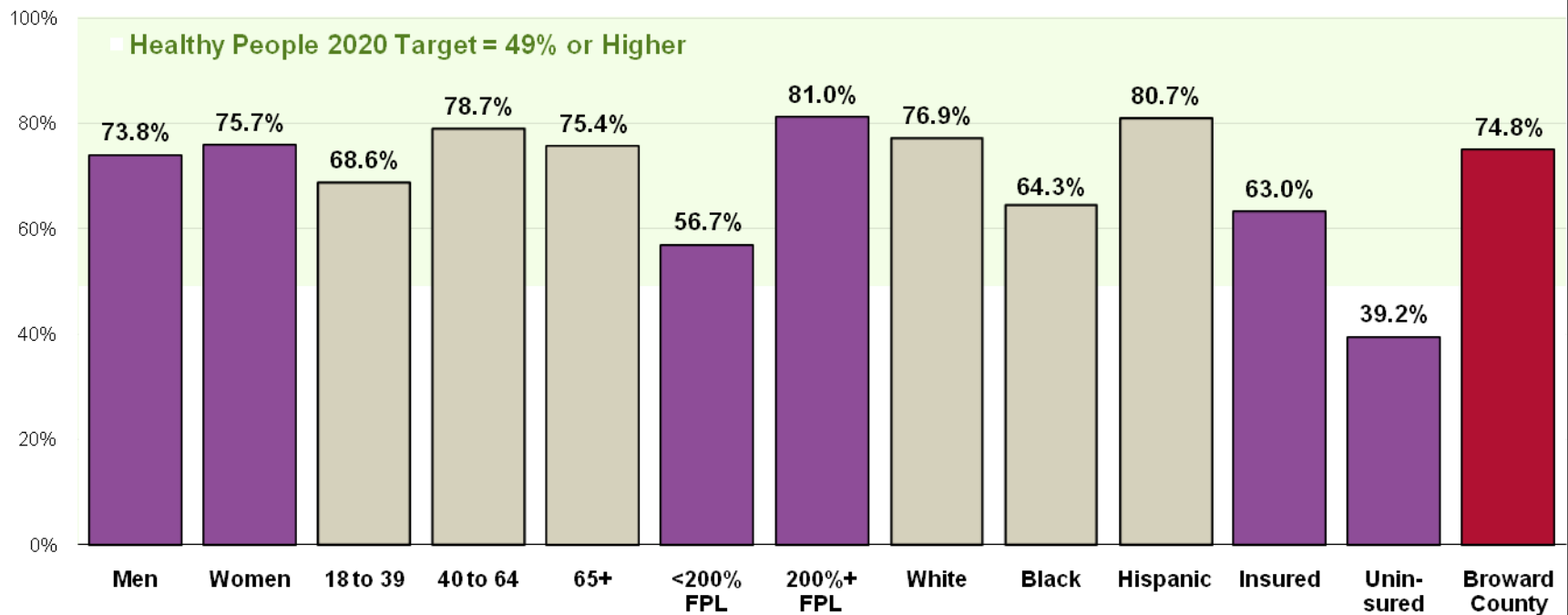


- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
  - Professional Research Consultants. PRC National Health Survey. 2011.
  - US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7]
  - Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Service, Centers for Disease Control and Prevention, 2008 Florida Data.

Notes: 

- Asked of all respondents.

# Have Visited a Dentist or Dental Clinic Within the Past Year (Broward County, 2011)



## Sources:

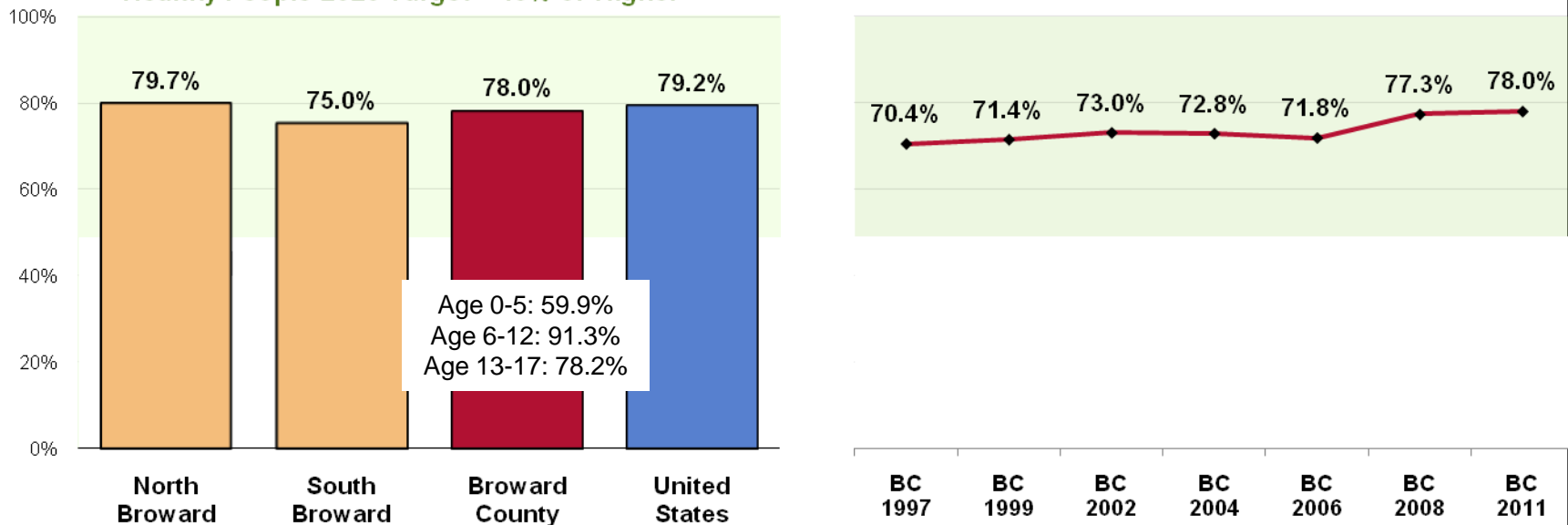
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 7]
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7]

## Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

# Child Has Visited a Dentist or Dental Clinic Within the Past Year (Asked of Adults With Children Aged 2-17; Broward County, 2011)

Healthy People 2020 Target = 49% or Higher



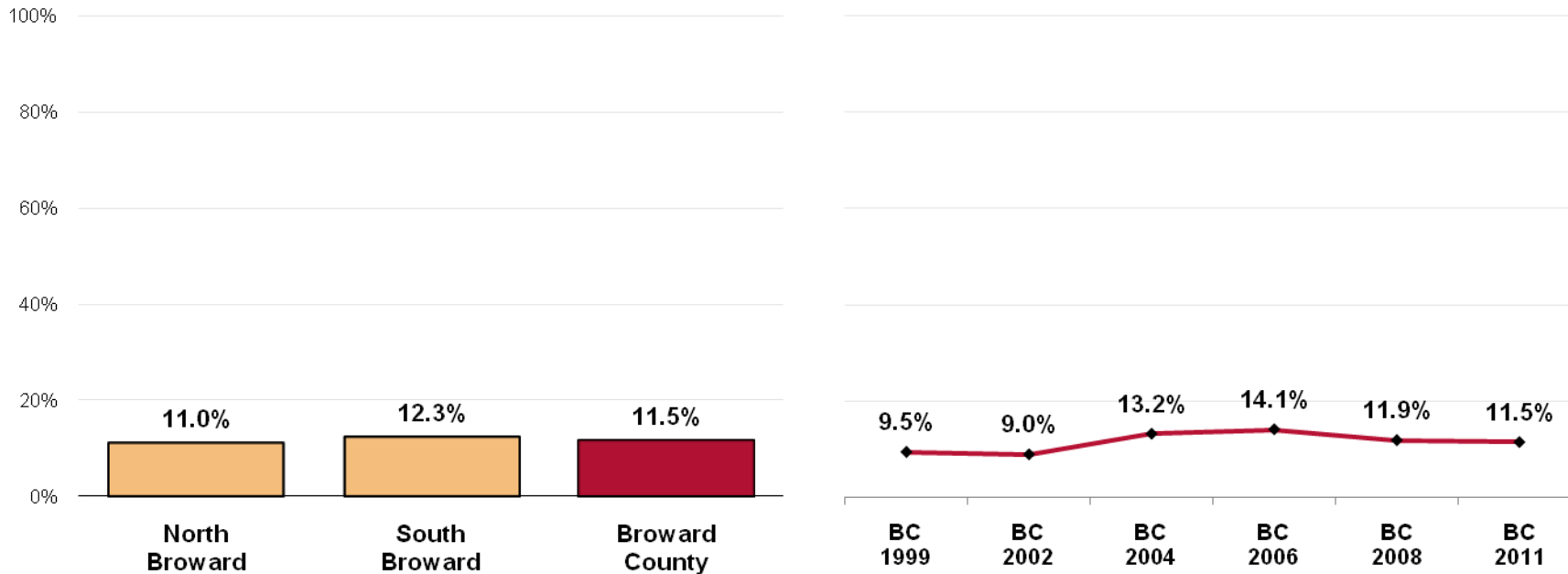
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 120]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective OH-7]

Notes:

- Asked of all respondents with children aged 2 through 17.

# Cost Prevented Child's Dental Visit in the Past Year



Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 121]

Notes:

- Asked of all respondents with children under 18 at home.

# Prioritizing the Needs **DRAFT**

Quantitative:  
✓ Florida Charts



Quantitative:  
✓ Florida Charts



Quantitative:  
✓ Florida Charts





HEALTH & HUMAN SERVICE INNOVATIONS

Broward Regional Health Planning Council • [www.BRHPC.org](http://www.BRHPC.org)

**For more information, contact:**

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**[aeshel@brhpc.org](mailto:aeshel@brhpc.org)**

**Natasha Markman, MS**

**[nmarkman@brhpc.org](mailto:nmarkman@brhpc.org)**

**[www.brhpc.org](http://www.brhpc.org)**

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Hollywood, FL 33020  
(954) 561 - 9681

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Holy Cross Hospital conducted its second-of-four Community Health Needs Assessment Advisory Council meetings Thursday, February 28, 2013 in the Patricia R. Guerrieri Pavilion located at the Holy Cross HealthPlex; Adrian Parker called the meeting to order 12:06 p.m.

**Members Present:**

Germaine Smith-Baugh, Ed.D.  
Mark Dissette  
Sharon Godin  
Trecia Matthews Hosein  
Sandy Lozano  
Amy Corderman  
Adrian Parker

**Guests:**

Mike DeLucca, MHM – President & CEO  
*Broward Regional Health Planning Council*  
Ariela Eshel  
*Broward Regional Health Planning Council*  
Natasha Markman  
*Broward Regional Health Planning Council*

**Members Excused:**

Sr. Rita Levasseur, Chair  
Mark Caputo, M.D.  
Pat Kramer  
Robin Martin  
Kim Saiswick  
Régine Kanzki

**Community Needs Assessment**

- Adrian Parker opened the meeting with a welcome and led the group in reflection.
- Ariela Eshel (BRHPC) began the session as a continuation from the previous meeting which defined the CHNA approach, methodology, purpose, and process to be used guided by CHE principles and priorities. This meeting targeted Healthcare Resources, Community Needs Score, Broward Homeless Population, Communicable Diseases, Youth Risk Behavior Survey, Adult Behavior Risk Factor Surveillance, Quality of Life Survey, Demographics, Self-Reported Health Status, Mental Health, Access to Healthcare and Preventive Care.

**Data Collection**

- Ariela shared Broward County C-section Rate and percent Preterm Births covering the last decade compared to the State of Florida. Also identified were healthcare resources targeting medically underserved areas & populations, as well as, health professional shortage areas.
- Community Needs Scores were shared with the Advisory Council, ranking by zip-codes, the needs of targeted communities by selected variables of income, education, culture, insurance, housing, employment, poverty, etc. Results of a Broward Homeless Population point-in-time survey were also reported detailing population size and causes of homelessness.
- Communicable Diseases Rates covering the last decade generated dialogue in the areas of Tuberculosis, Hepatitis, Total Enteric Disease and Sexually Transmitted Diseases.
- A Qualitative Profile of Broward County was presented emphasizing results associated with Youth Risk Behavior, a Surveillance of Adult Behavior Risk Factors and Quality of Life.

- Broward County Demographics and Characteristics were shared rating perceived quality levels of local healthcare currently and over time, ease of accessing healthcare services and affordability of healthcare.
- Mental Health perceived quality of care was ranked ranging from poor-to-excellent, perceived access to mental healthcare in North Broward exceeded national levels and affordability was primarily perceived as “*Good*” (30.8%), and option ranking second was “*Poor*” (26.5%); options for selection were *Poor, Fair, Good, Very Good and Excellent*.
- Healthcare Access in Broward County presented challenges in the areas of insurance coverage with Broward County uninsured rate for adults <65 exceeding national levels.
- Preventative Care data was presented, placing emphasis on Dental Care.

**Next Meeting**

- The next Community Health Needs Assessment Advisory Council meeting is scheduled Thursday, March 28, 2013 at Noon in the Patricia R. Guerrieri Pavilion – Holy Cross HealthPlex.

**Closing**

- There being no further business, the meeting was adjourned.

Respectfully submitted,

*Adrian Parker*

**Dates and Agenda**

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
March 28, 2013	<ol style="list-style-type: none"><li>1. HCH Quantitative Data &amp; Community Services</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>

# Community Health Needs Assessment

*Broward County*  
*March 28, 2013*

**BRHPC**

HEALTH & HUMAN SERVICE INNOVATIONS

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**Holy Cross**  
Hospital



**2013**

## Dates and Agenda

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
January 24, 2013	<ol style="list-style-type: none"><li>1. Introduction: Planning and Process (Brief Summary)</li><li>2. Broward County Quantitative Data (Part I)</li><li>3. Stakeholder Discussion</li><li>4. Identify Needs &amp; Gaps</li></ol>
February 28, 2013	<ol style="list-style-type: none"><li>1. Broward County Quantitative &amp; Qualitative Data (Part II)</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>
March 28, 2013	<ol style="list-style-type: none"><li>1. HCH Quantitative Data &amp; Community Services</li><li>2. Stakeholder Discussion</li><li>3. Identify Needs &amp; Gaps</li></ol>
April 25, 2013	<ol style="list-style-type: none"><li>1. Summary of Data/Needs/Gaps</li><li>2. Stakeholder Discussion</li><li>3. Prioritization Process</li></ol>

# Presentation Outline

**Hospital Utilization**

**Chronic Disease Hospitalization**

**Emergency Department Utilization**

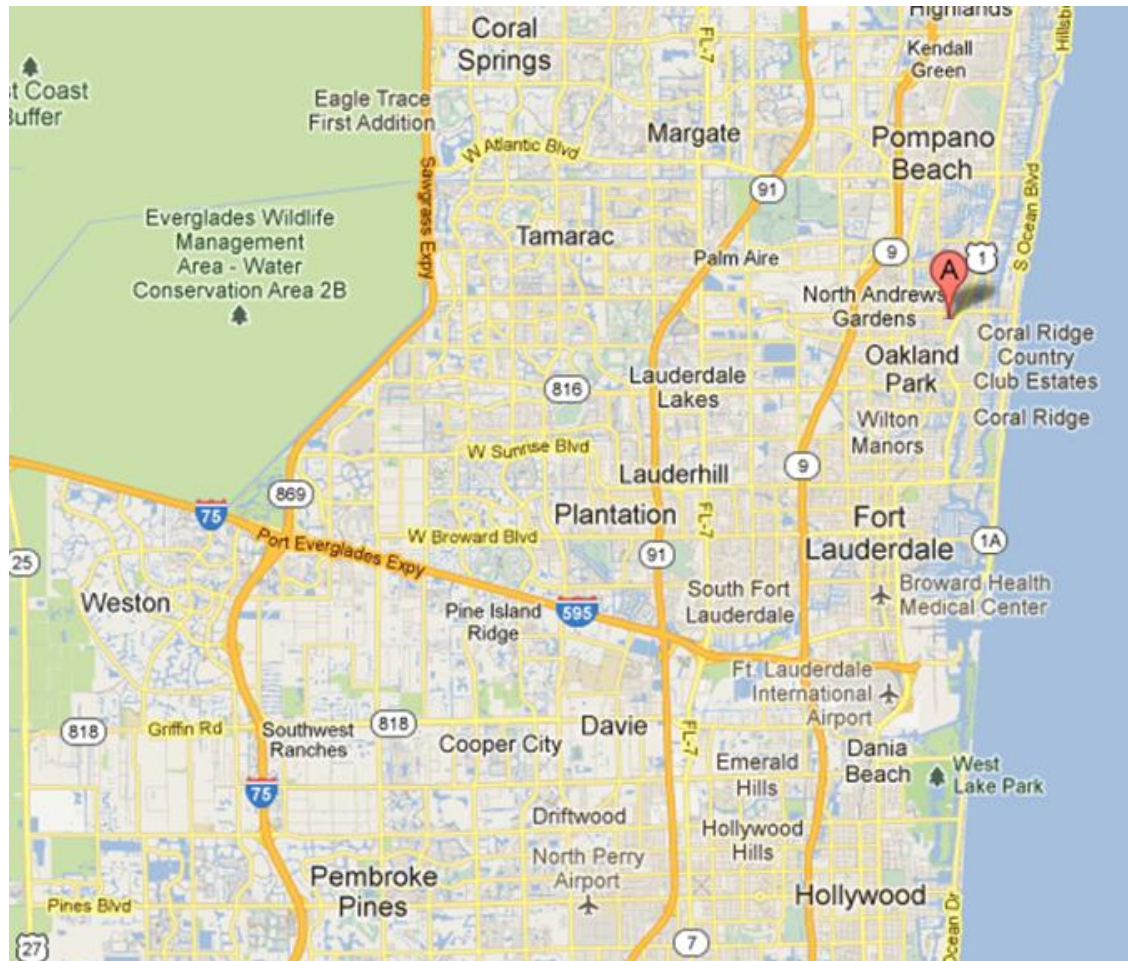
**Emergency Department Avoidable Admissions**

**Prevention Quality Indicators**

**Self-Inflicted Injuries**

**Diagnosis Related Groupings**

## Holy Cross Hospital



## Holy Cross Hospital PSA and SSA

Zip Code	City	Service Area
33060	Pompano	Primary
33062	Pompano	Primary
33063	Margate	Primary
33064	Pompano	Primary
33065	Coral Springs	Primary
33066	Coconut Creek	Primary
33068	North Lauderdale	Primary
33069	Pompano Beach	Primary
33301	Fort Lauderdale	Primary
33304	Fort Lauderdale	Primary
33305	Wilton Manors	Primary
33306	Fort Lauderdale	Primary
33308	Fort Lauderdale	Primary
33309	Fort Lauderdale	Primary
33311	Fort Lauderdale	Primary
33312	Fort Lauderdale	Primary
33313	Lauderhill	Primary
33316	Fort Lauderdale	Primary
33319	Lauderhill	Primary
33321	Tamarac	Primary
33322	Plantation	Primary
33334	Oakland	Primary
33441	Deerfield Beach	Primary
33442	Deerfield Beach	Primary

Zip Code	City	Service Area
33004	Dania	Secondary
33009	Hallandale Beach	Secondary
33019	Hollywood	Secondary
33020	Hollywood	Secondary
33021	Hollywood	Secondary
33023	Hollywood	Secondary
33024	Pembroke Pines	Secondary
33025	Miramar	Secondary
33026	Pembroke Pines	Secondary
33027	Miramar	Secondary
33028	Pembroke Pines	Secondary
33067	Coral Springs	Secondary
33071	Coral Springs	Secondary
33073	Coconut Creek	Secondary
33076	Coral Springs	Secondary
33314	Davie	Secondary
33315	Fort Lauderdale	Secondary
33317	Plantation	Secondary
33323	Sunrise	Secondary
33324	Plantation	Secondary
33325	Davie	Secondary
33326	Weston	Secondary
33328	Davie	Secondary
33330	Cooper City	Secondary
33331	Weston	Secondary
33351	Sunrise	Secondary
33428	Boca Raton	Secondary
33431	Boca Raton	Secondary
33432	Boca Raton	Secondary
33433	Boca Raton	Secondary
33434	Boca Raton	Secondary
33436	Boynton Beach	Secondary
33437	Boynton Beach	Secondary
33444	Delray Beach	Secondary
33445	Delray Beach	Secondary
33446	Delray Beach	Secondary
33483	Delray Beach	Secondary
33484	Delray Beach	Secondary
33486	Boca Raton	Secondary
33487	Boca Raton	Secondary
33496	Boca Raton	Secondary
33498	Boca Raton	Secondary



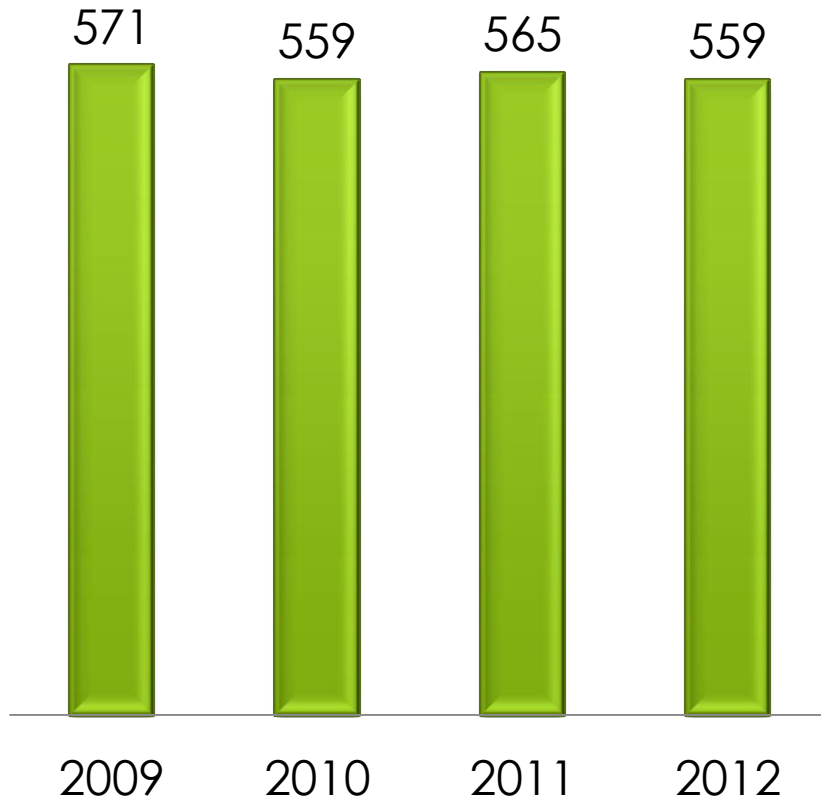


## HCH Hospital Utilization

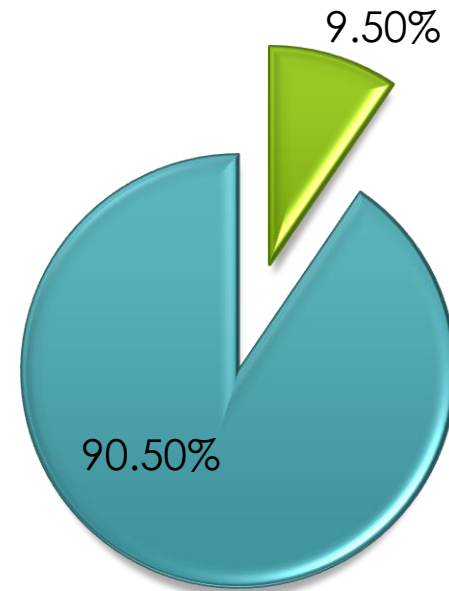
BRHPC Medical Facilities Utilization System

## Total HCH Licensed Beds, 2009-2012

### Total HCH Licensed Beds 2009 - 2012



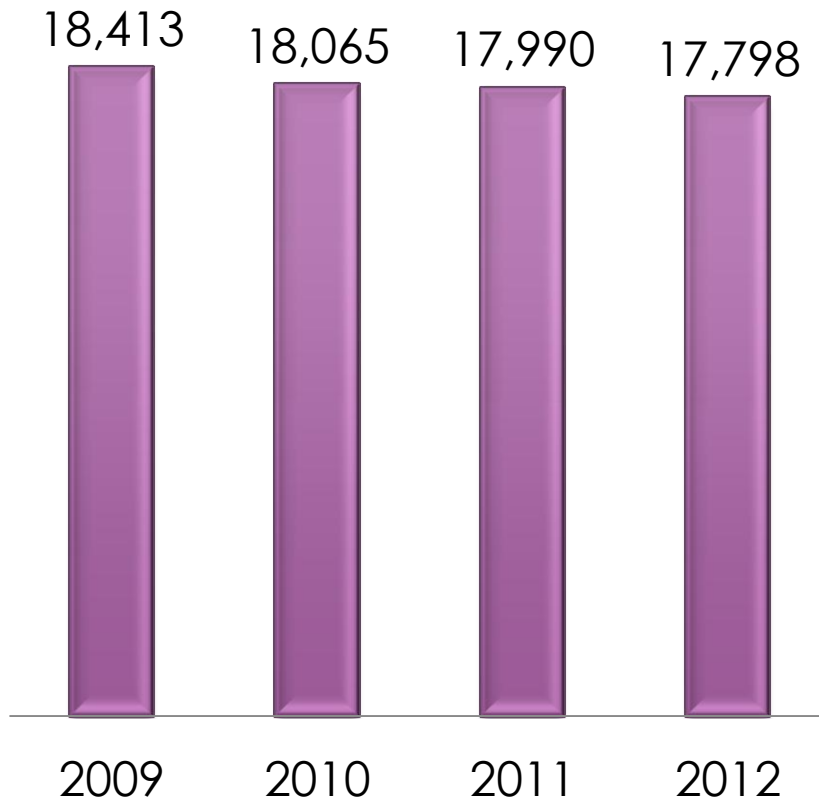
### % of Broward County Licensed Beds, 2012



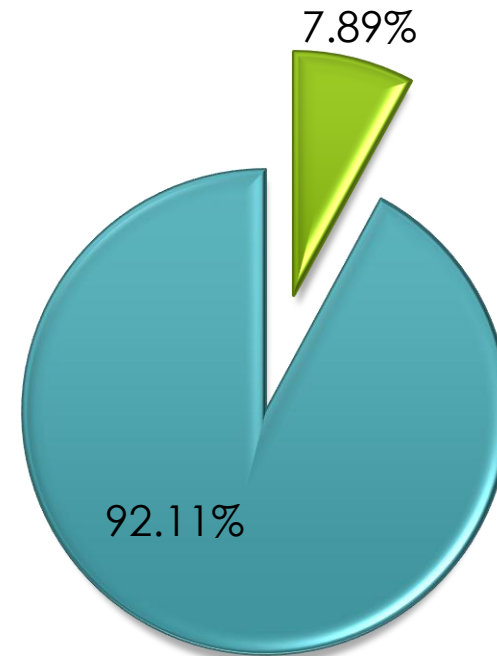
- Holy Cross Hospital
- Broward Hospitals

## HCH Number of Admissions, 2009-2012

### Number of Admissions, 2009 - 2012



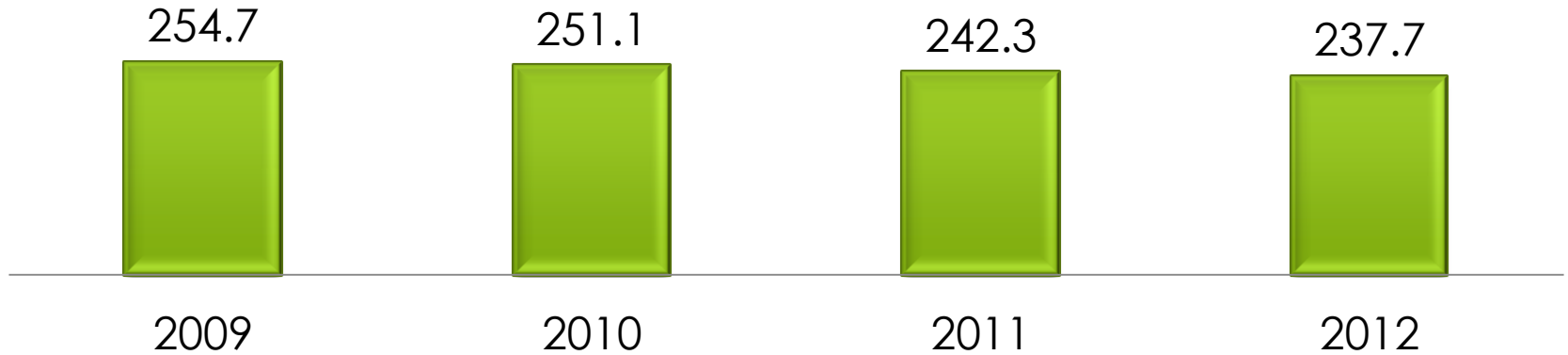
### % of Broward County Hospitals Admissions, 2012



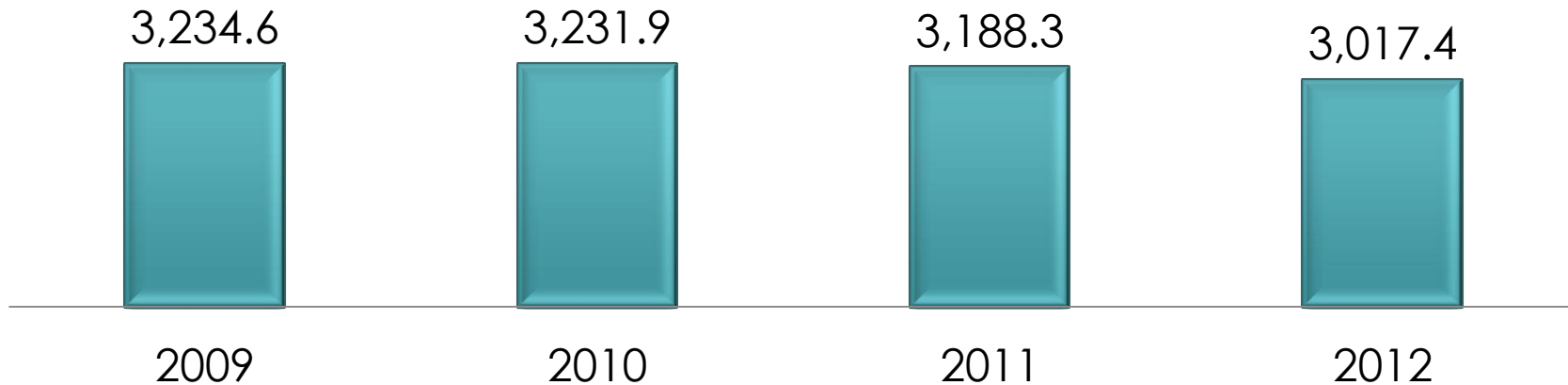
■ Holy Cross Hospital ■ Broward Hospitals

## Average Daily Census, 2009 - 2012

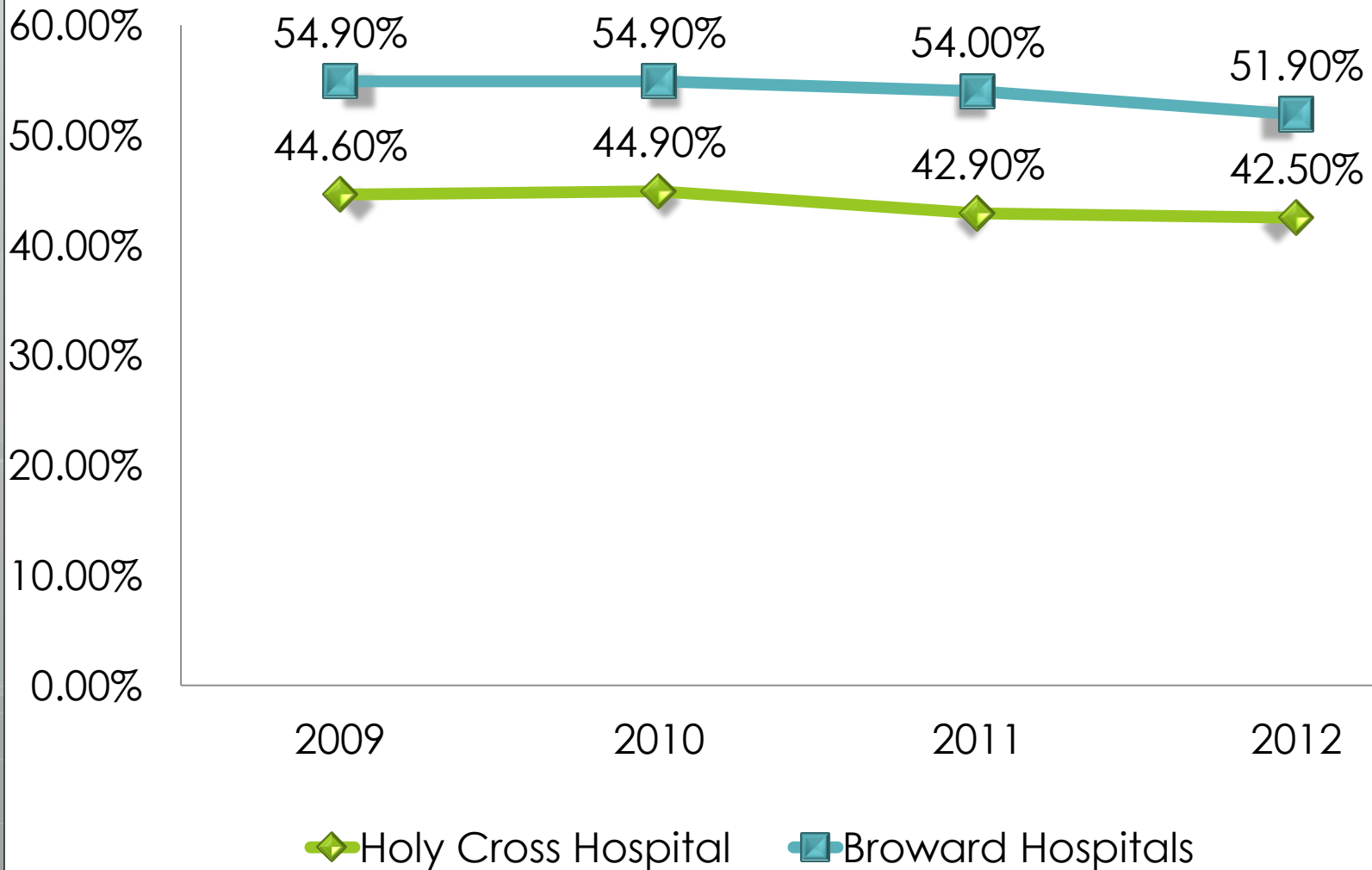
### Holy Cross Hospital



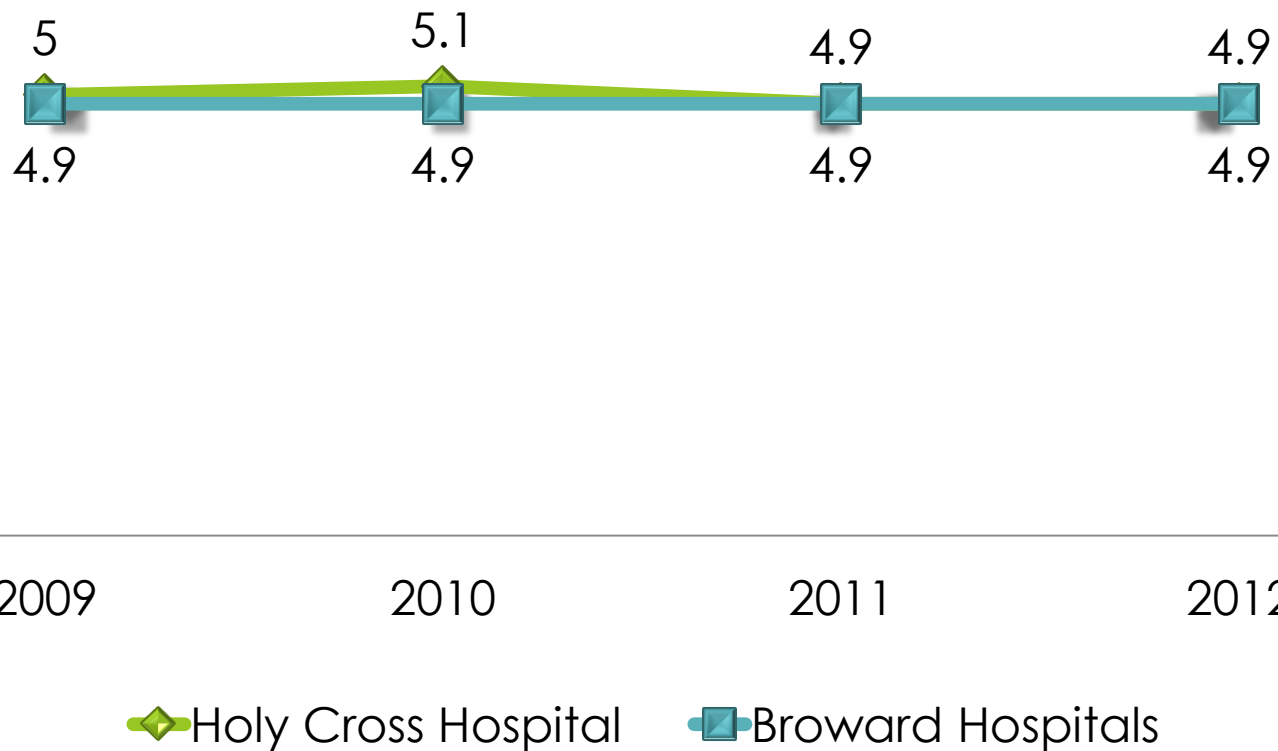
### Broward Hospitals



## Average Occupancy Rates, 2009 - 2012

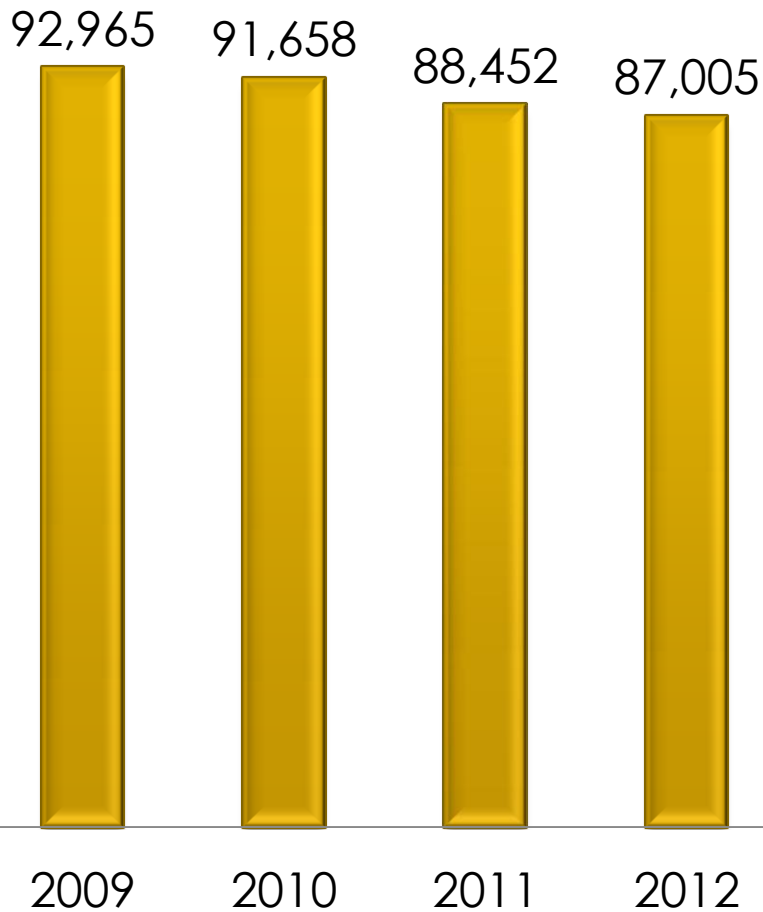


## Average Length of Stay (days) 2009-2012

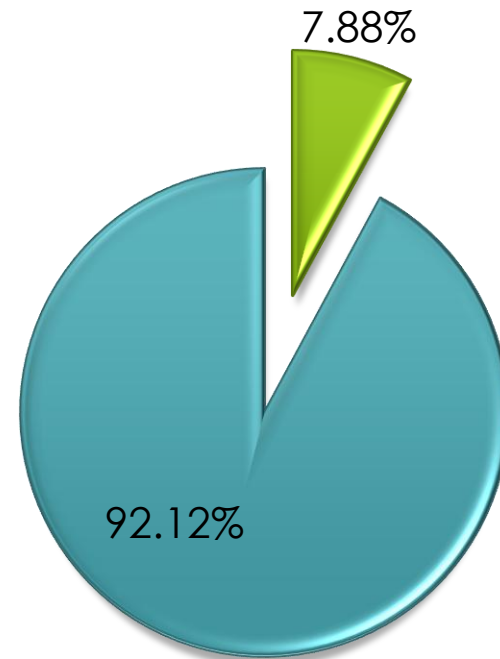


## Patient Days, 2009 - 2012

### Holy Cross Hospital

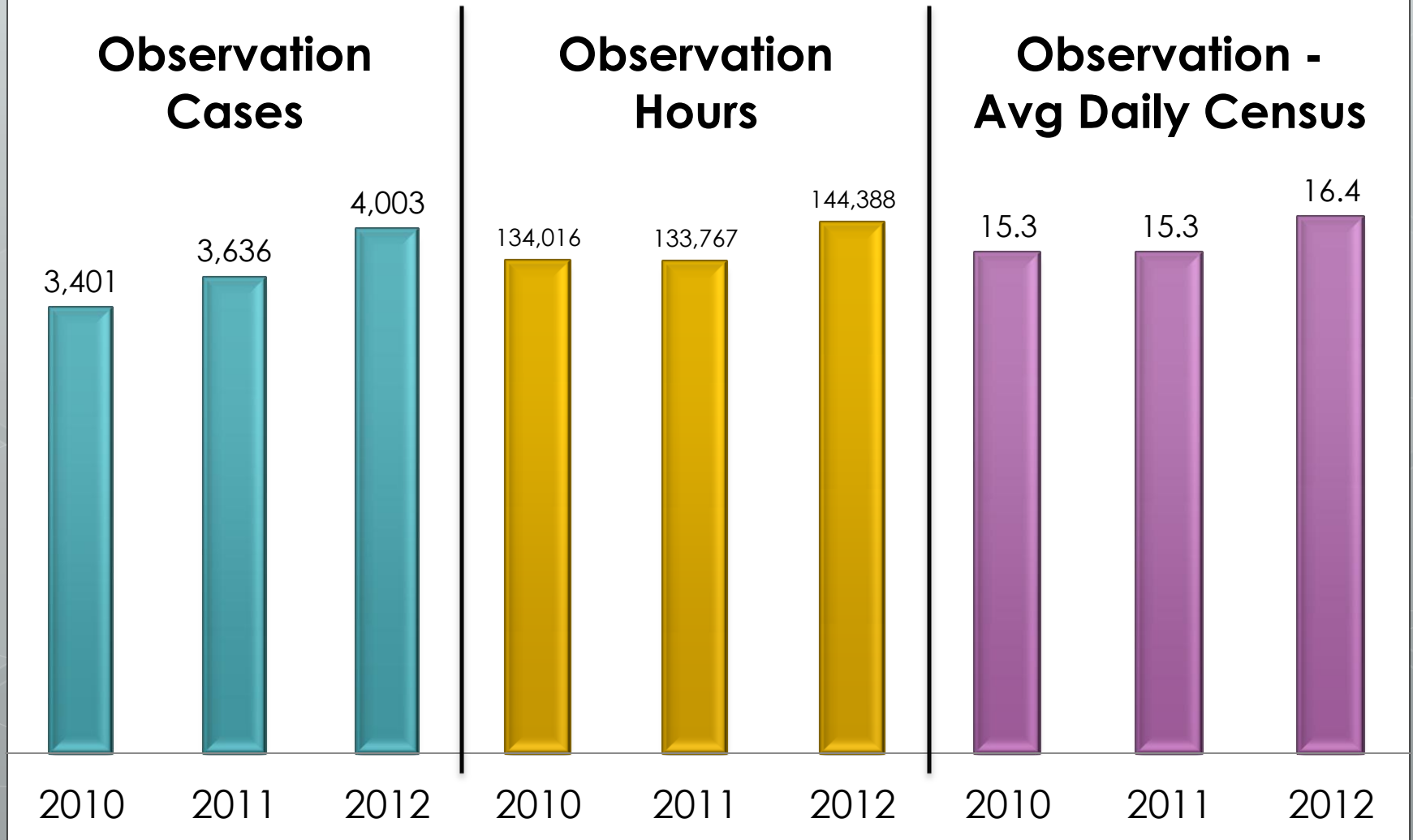


### % of All Broward County Hospitals Patient Days, 2012

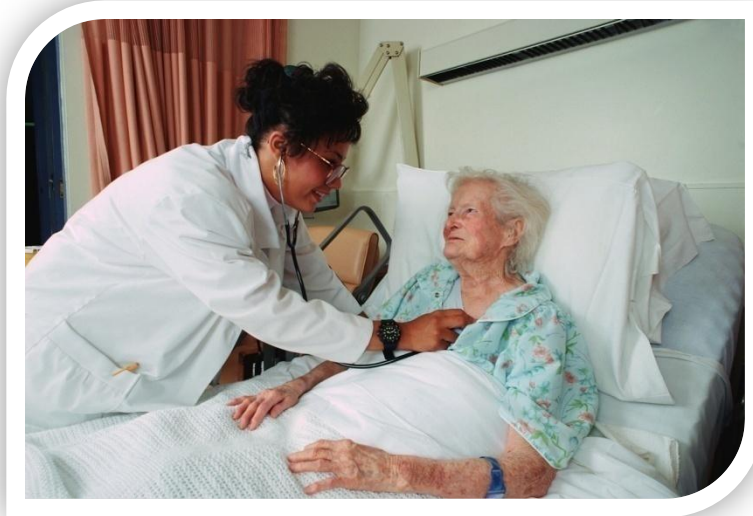


-  Holy Cross Hospital
-  Broward Hospitals

## HCH Observation, 2010-2012







## Chronic Disease Hospitalization

BRHPC Medical Facilities Utilization System

## Morbidity: Chronic Diseases

Chronic diseases have a long course of illness

Account for 7 out of 10 deaths in America

Major impact on quality of life of nearly 90 million Americans

- Disabling conditions
- Limited mobility
- Costly healthcare

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

## Chronic Disease Hospitalization

### Hospital data can be used:

To assess trends and geographic variations in the occurrence of selected chronic diseases.

To monitor the impact of prevention and disease management programs.

## Chronic Condition Indicator Tool

Developed as part of the Healthcare Cost and Utilization Project



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

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



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

Limitations on self-care and independent living

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

## BRHPC's Health Data Warehouse

Includes utilization by chronic disease International Classification of Diseases (ICD-9) for:

AIDS

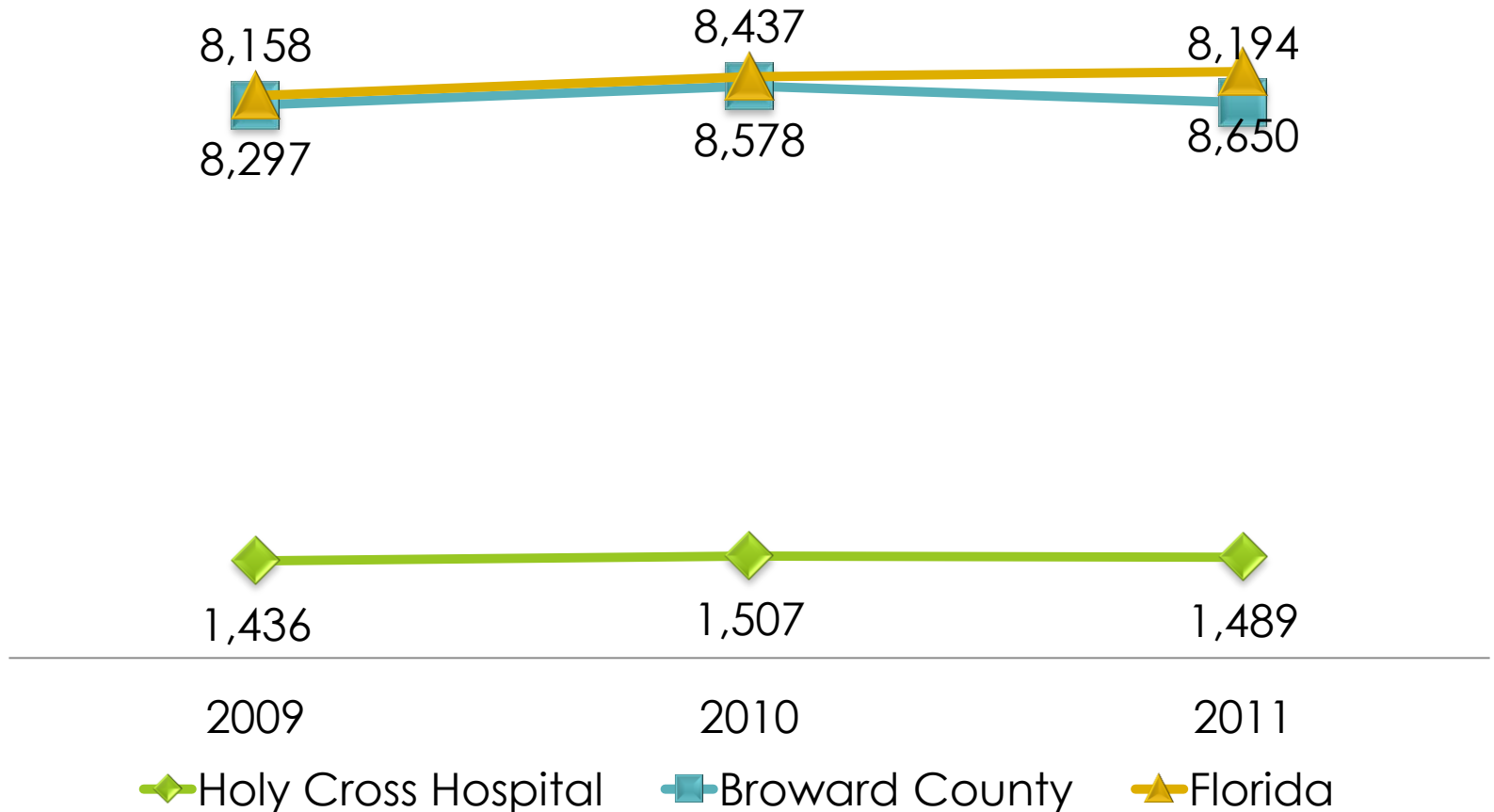
Asthma

Congestive Heart Failure (CHF)

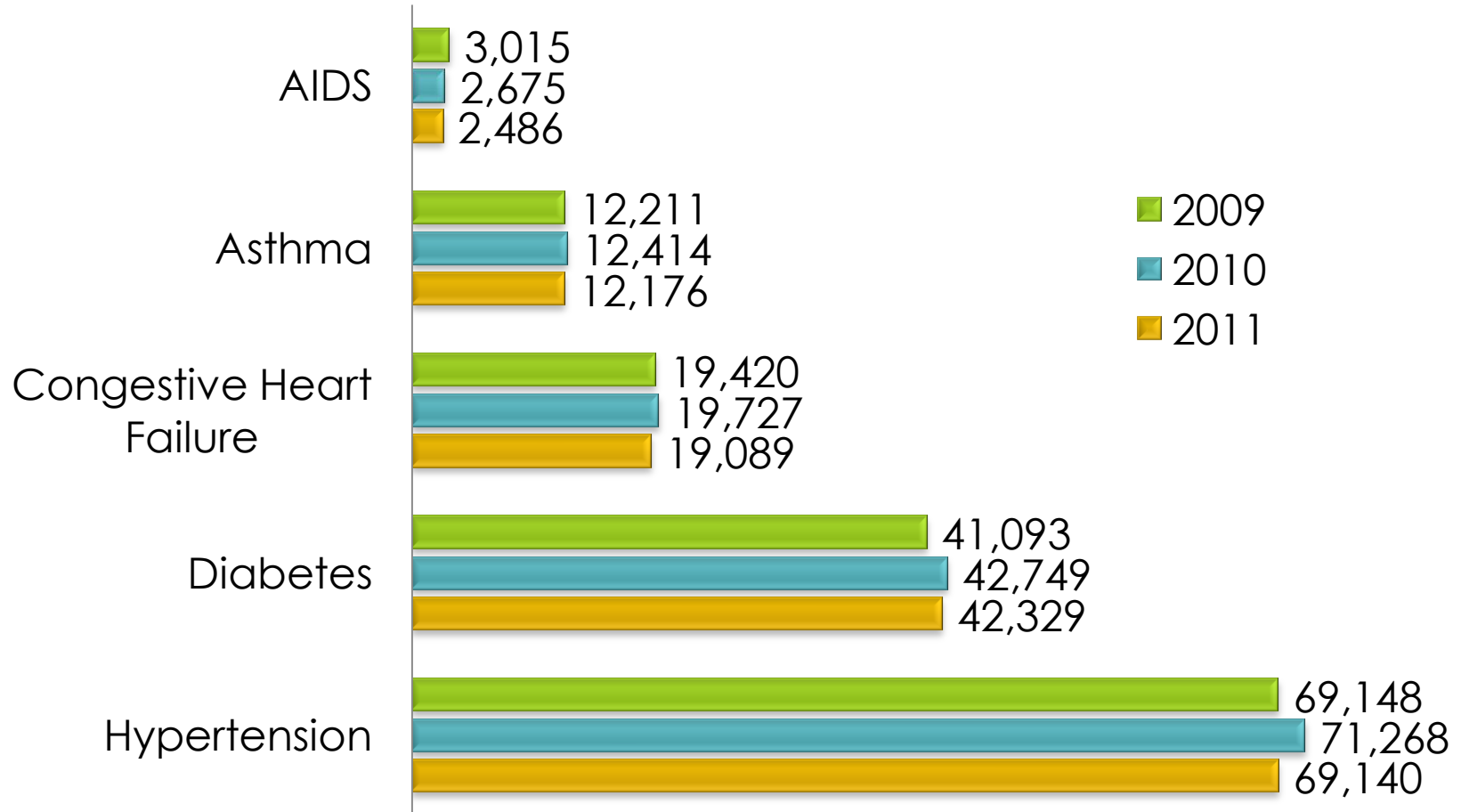
Hypertension

Diabetes

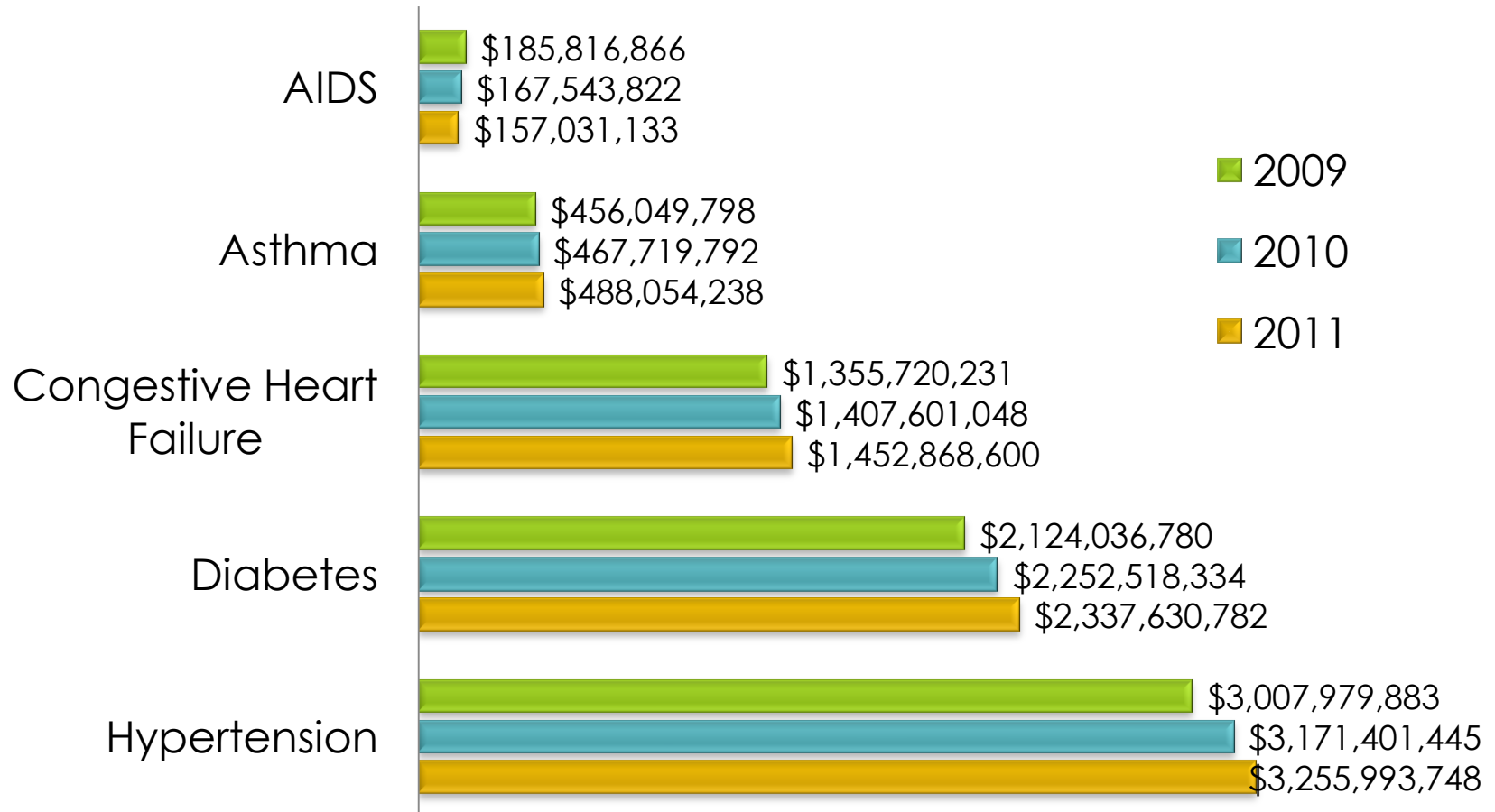
## Chronic Disease Hospitalization per 100,000 Population, 2009-2011



## Chronic Disease Hospitalization – Cases Broward Hospitals, 2009-2011

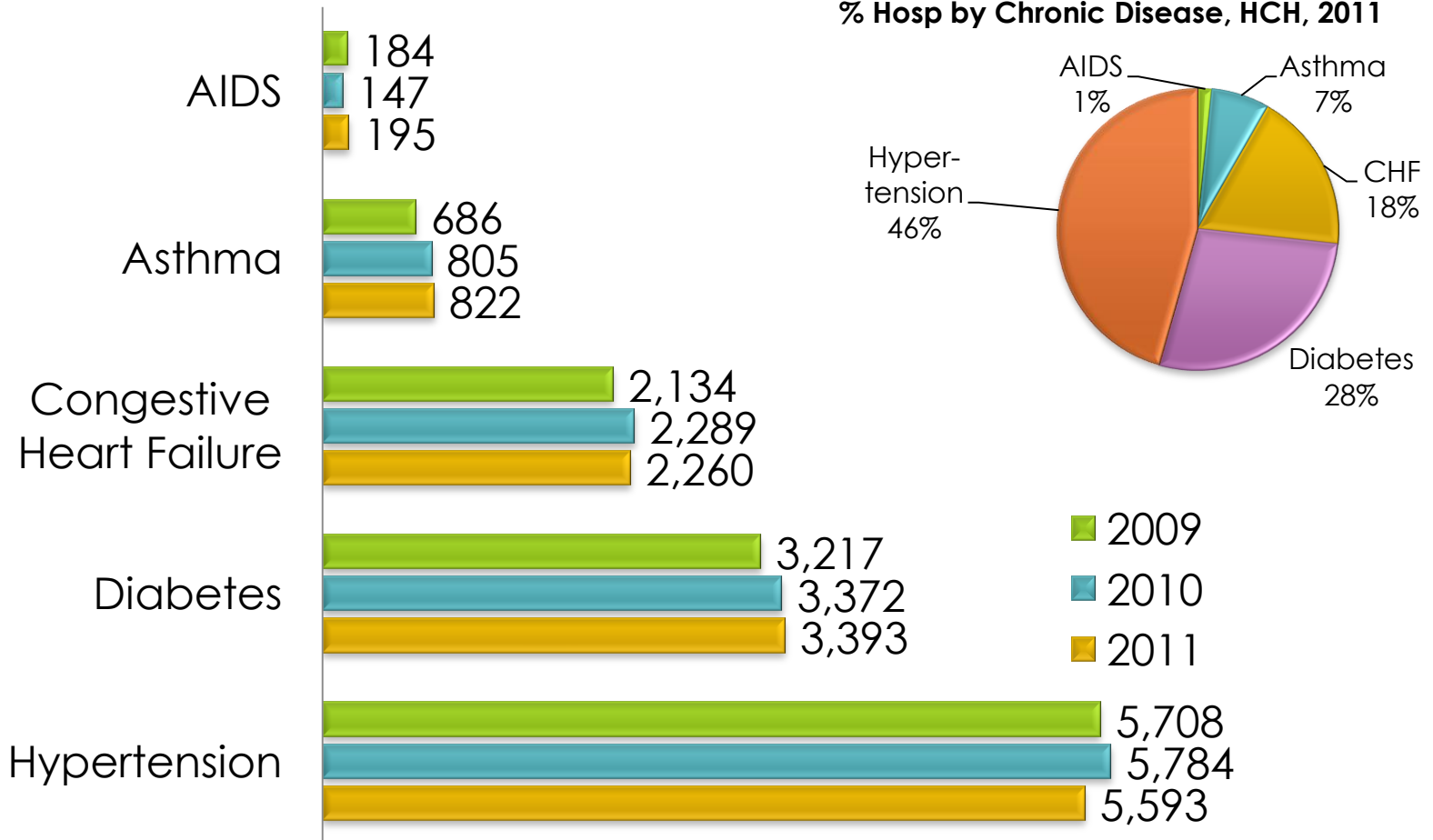


## Chronic Disease Hospitalization – Charges Broward Hospitals, 2009-2011

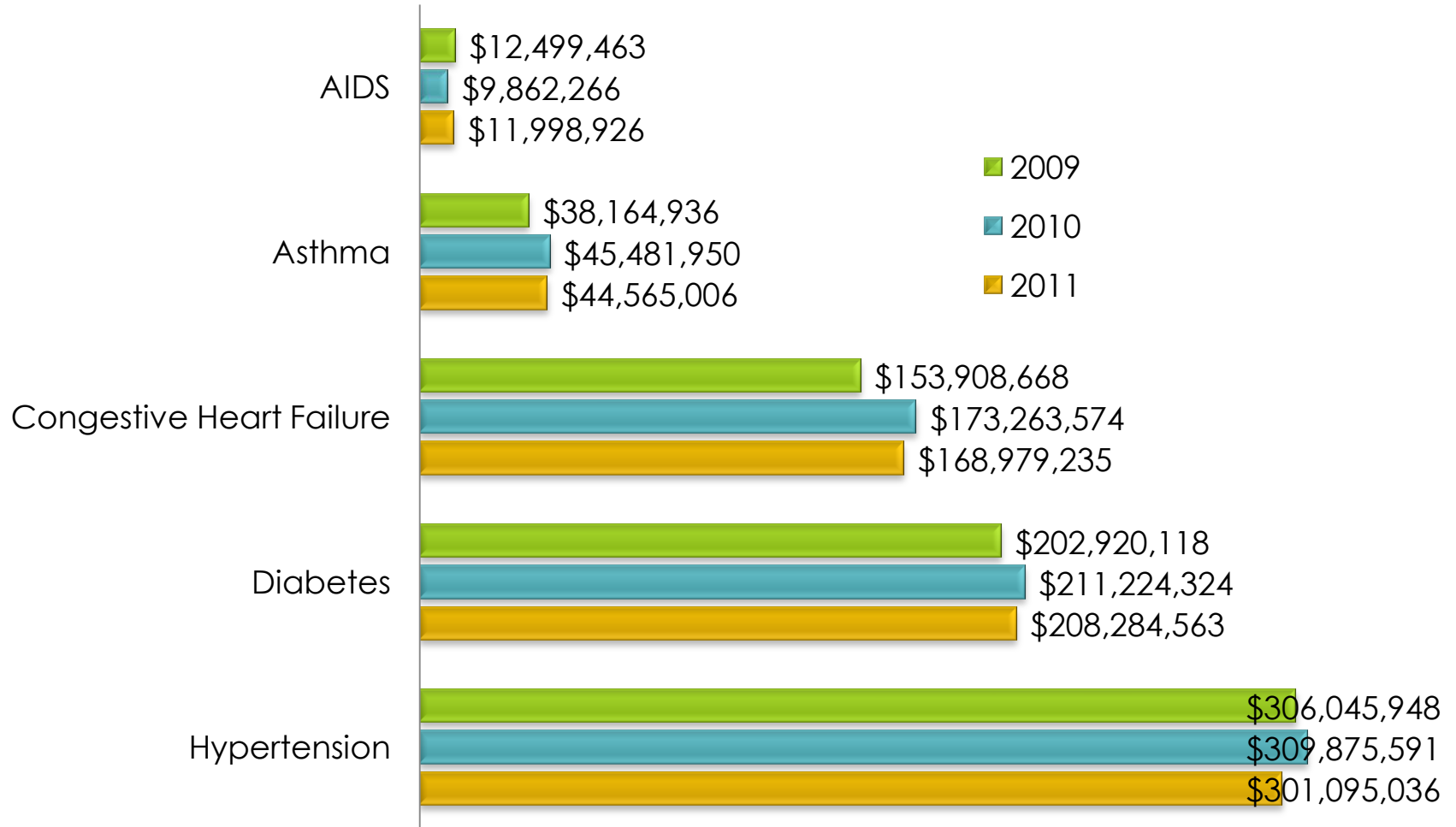




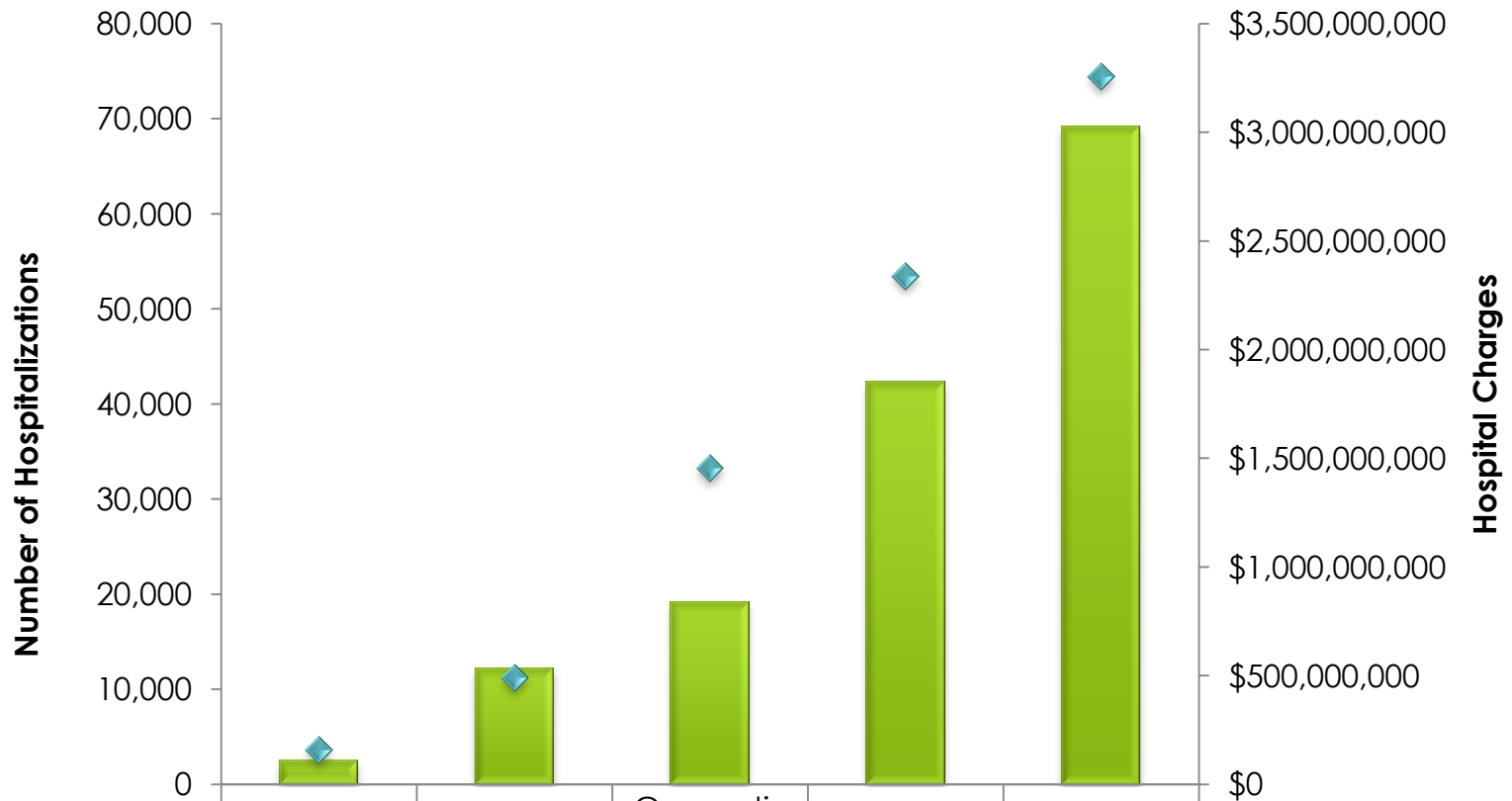
## Chronic Disease Hospitalization – Cases HCH, 2009-2011



## Chronic Disease Hospitalization – Charges HCH, 2009-2011

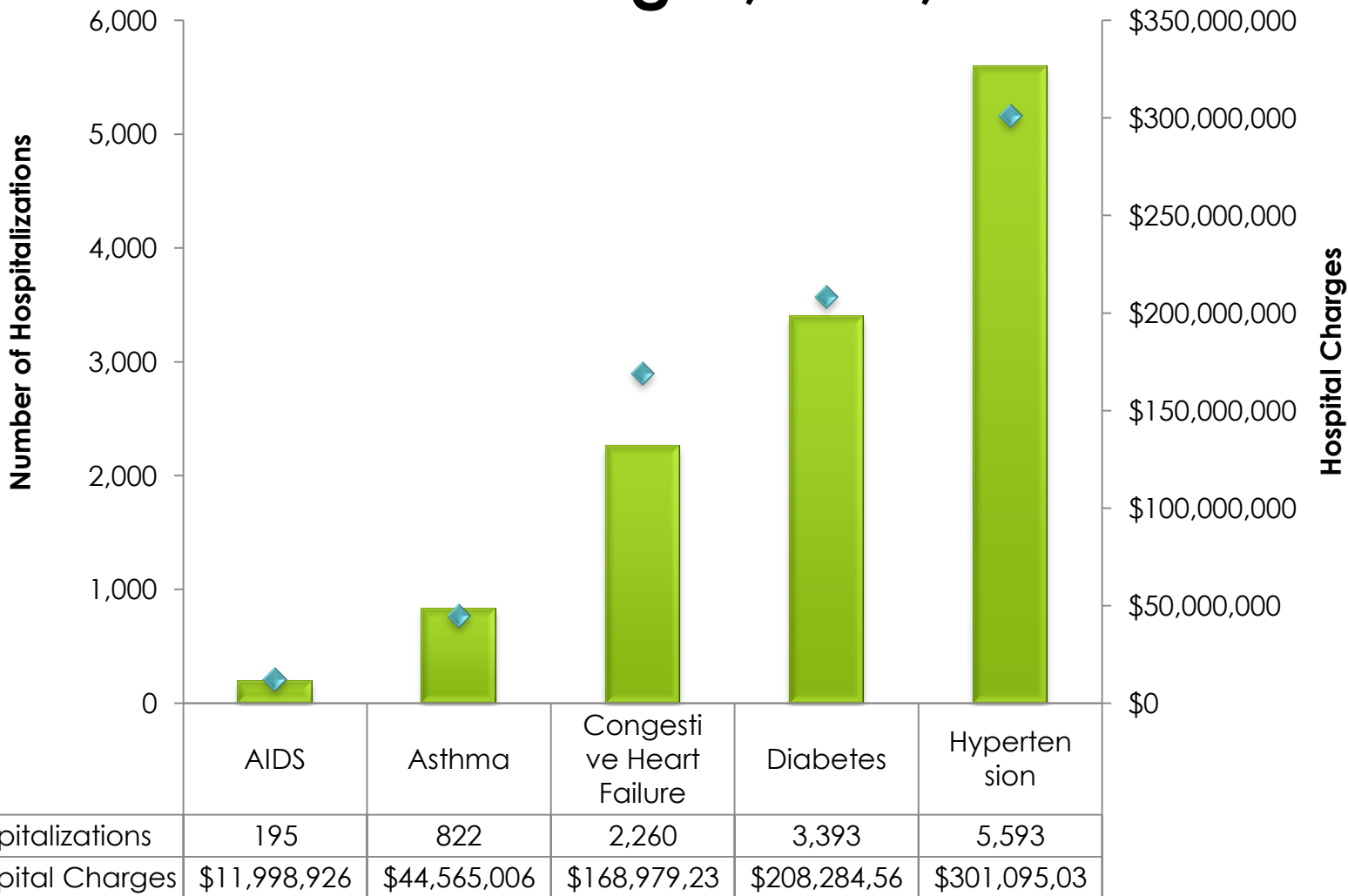


## Chronic Disease Hospitalization Cases Vs. Charges, Broward Hospitals, 2011

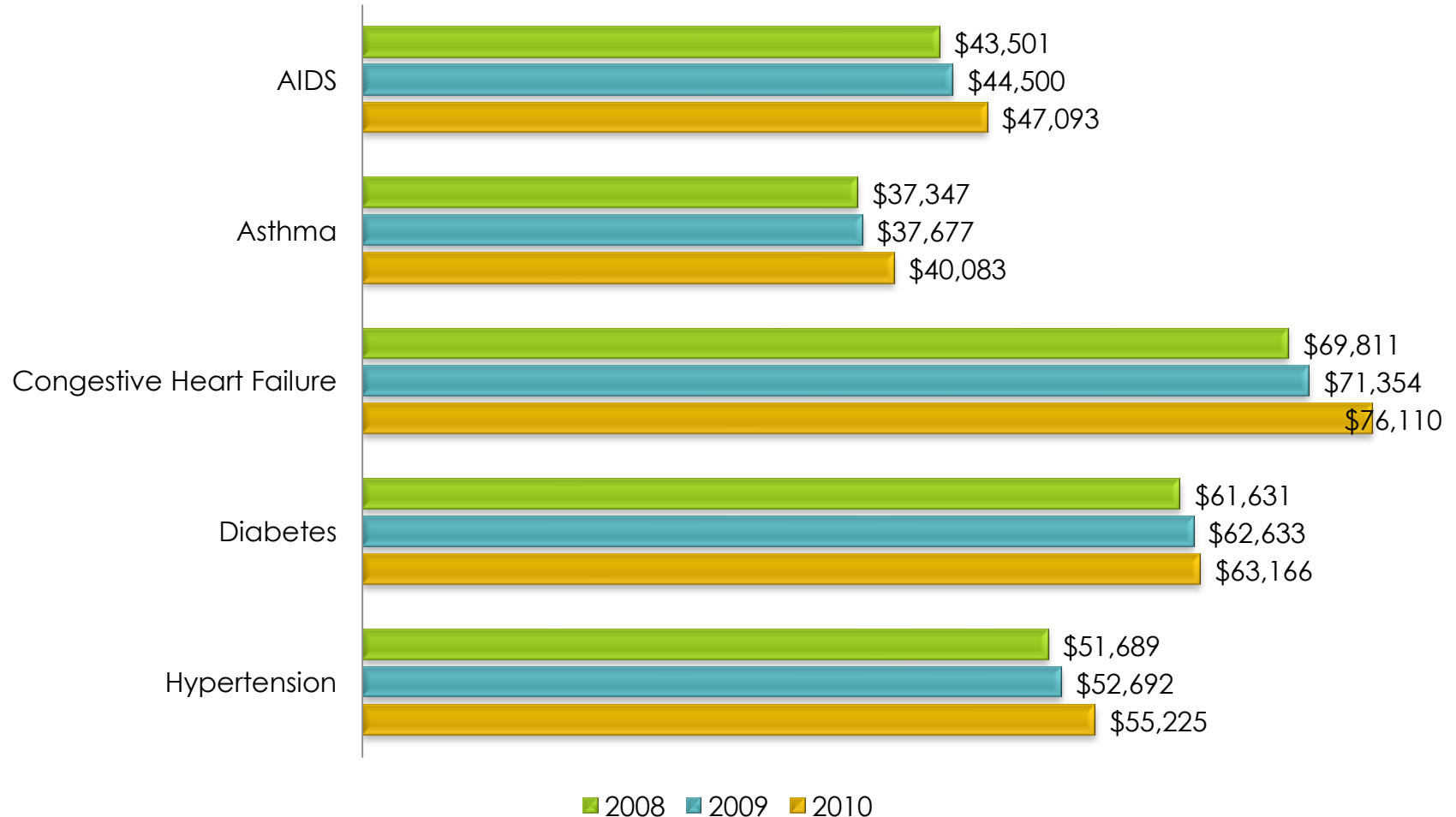


■ Hospitalizations	2,486	12,176	19,089	42,329	69,140
◆ Hospital Charges	\$157,031,133	\$488,054,238	\$1,452,868,6	\$2,337,630,7	\$3,255,993,7

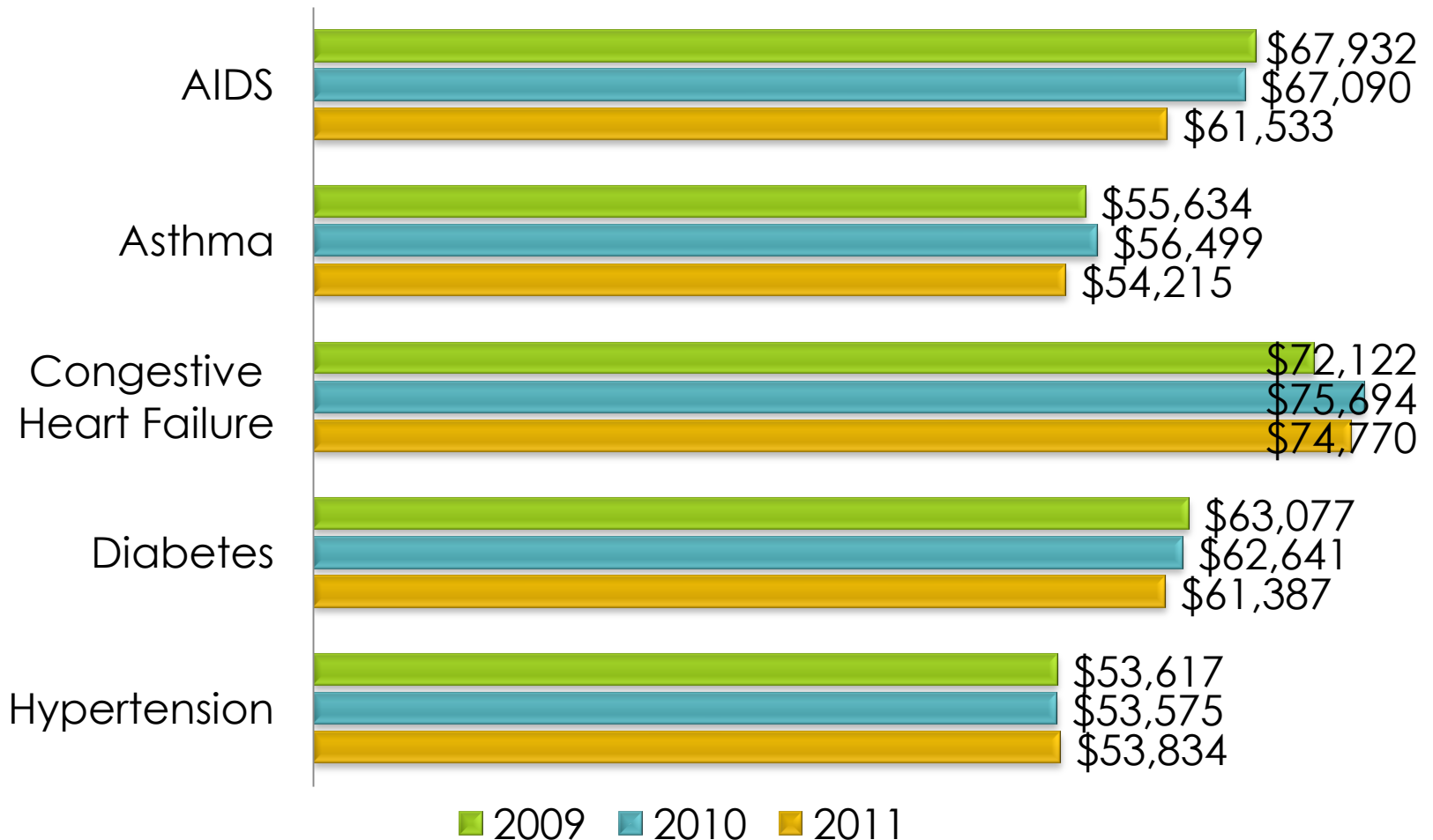
## Chronic Disease Hospitalization Cases Vs. Charges, HCH, 2011



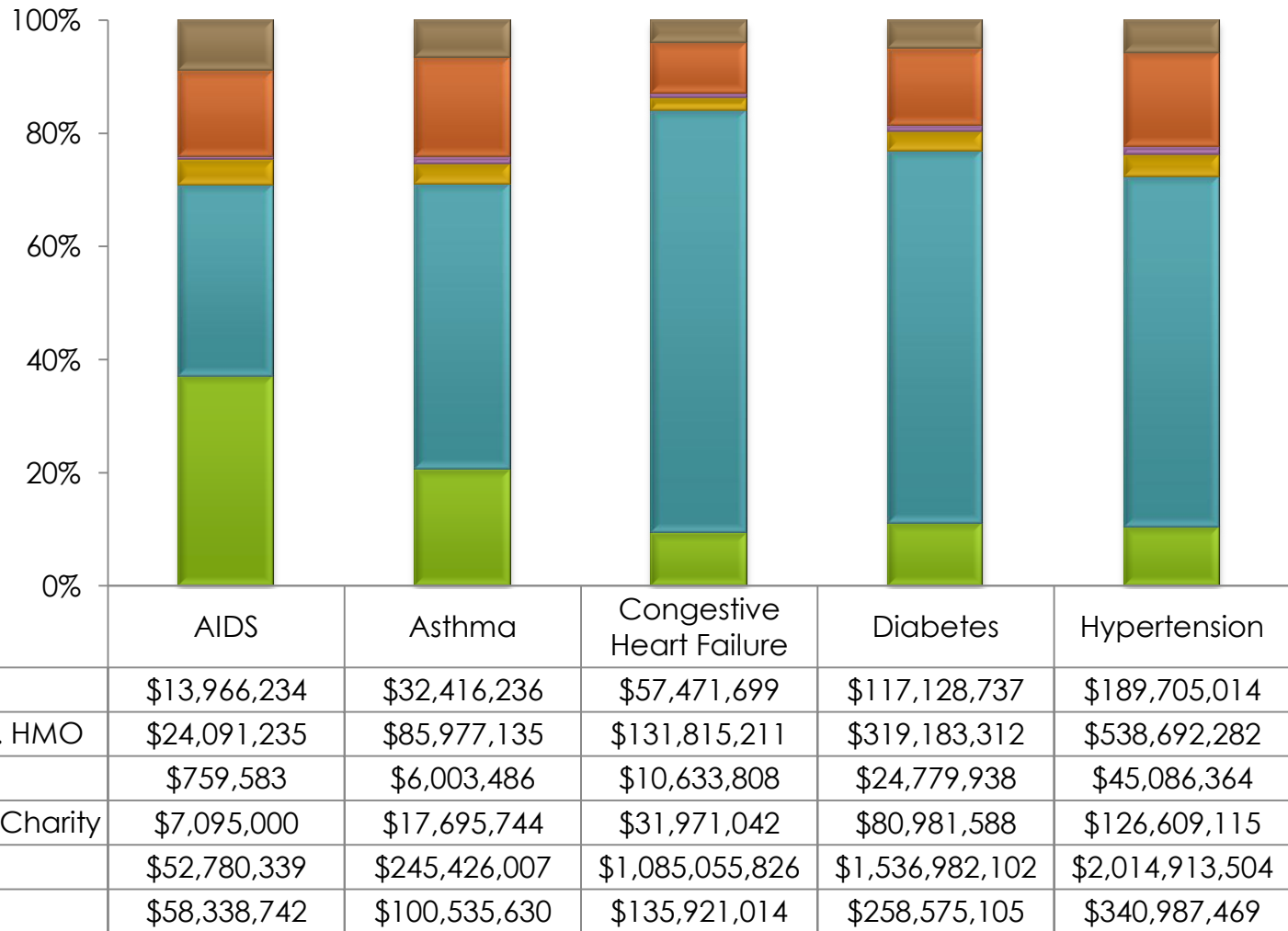
## Average Charge per Chronic Disease Hospitalization Broward Hospitals, 2009-2011



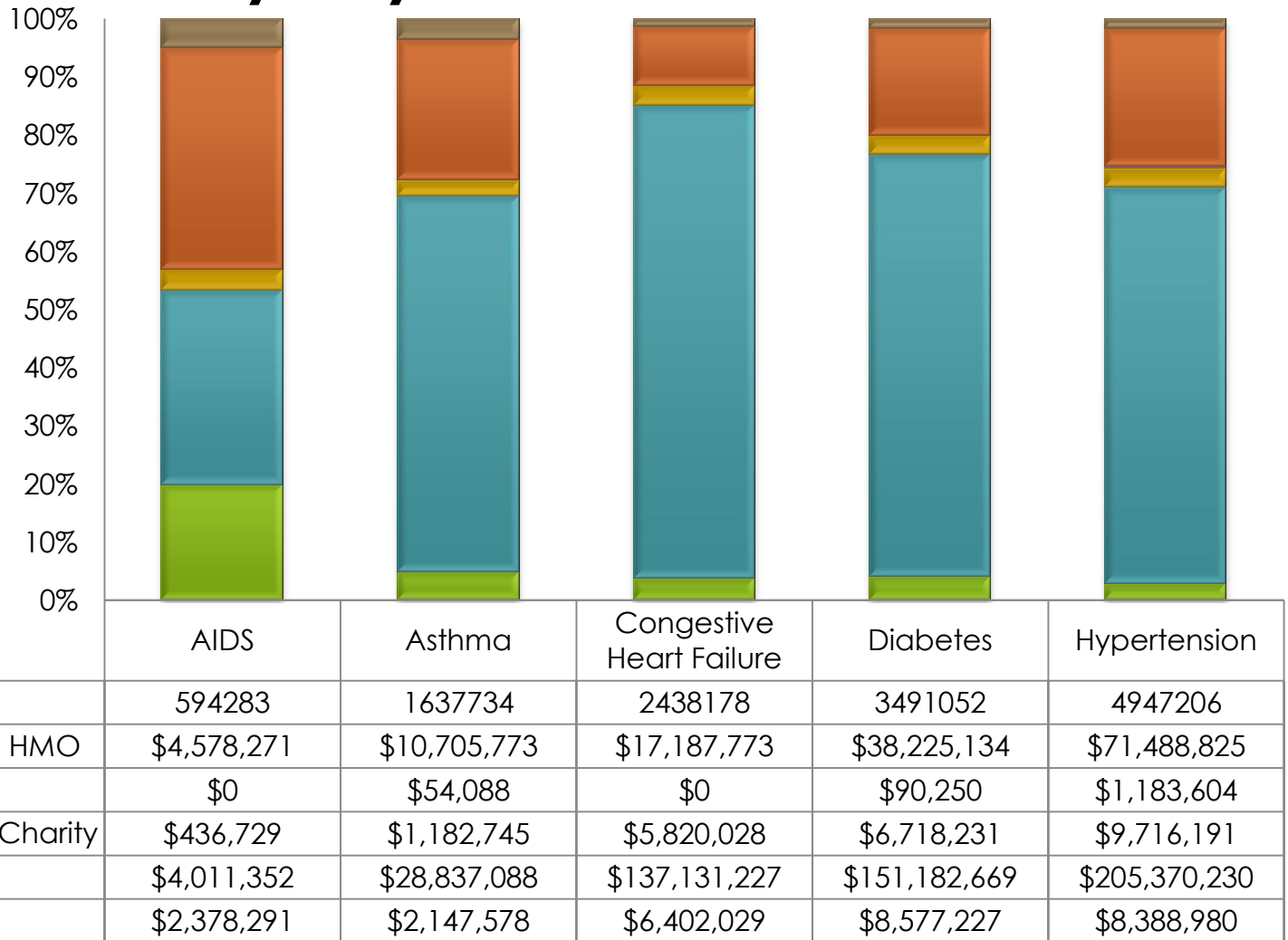
## Average Charge per Chronic Disease Hospitalization HCH, 2009-2011



## Chronic Disease Hospitalization – Charges by Payer, Broward Hospitals, 2011

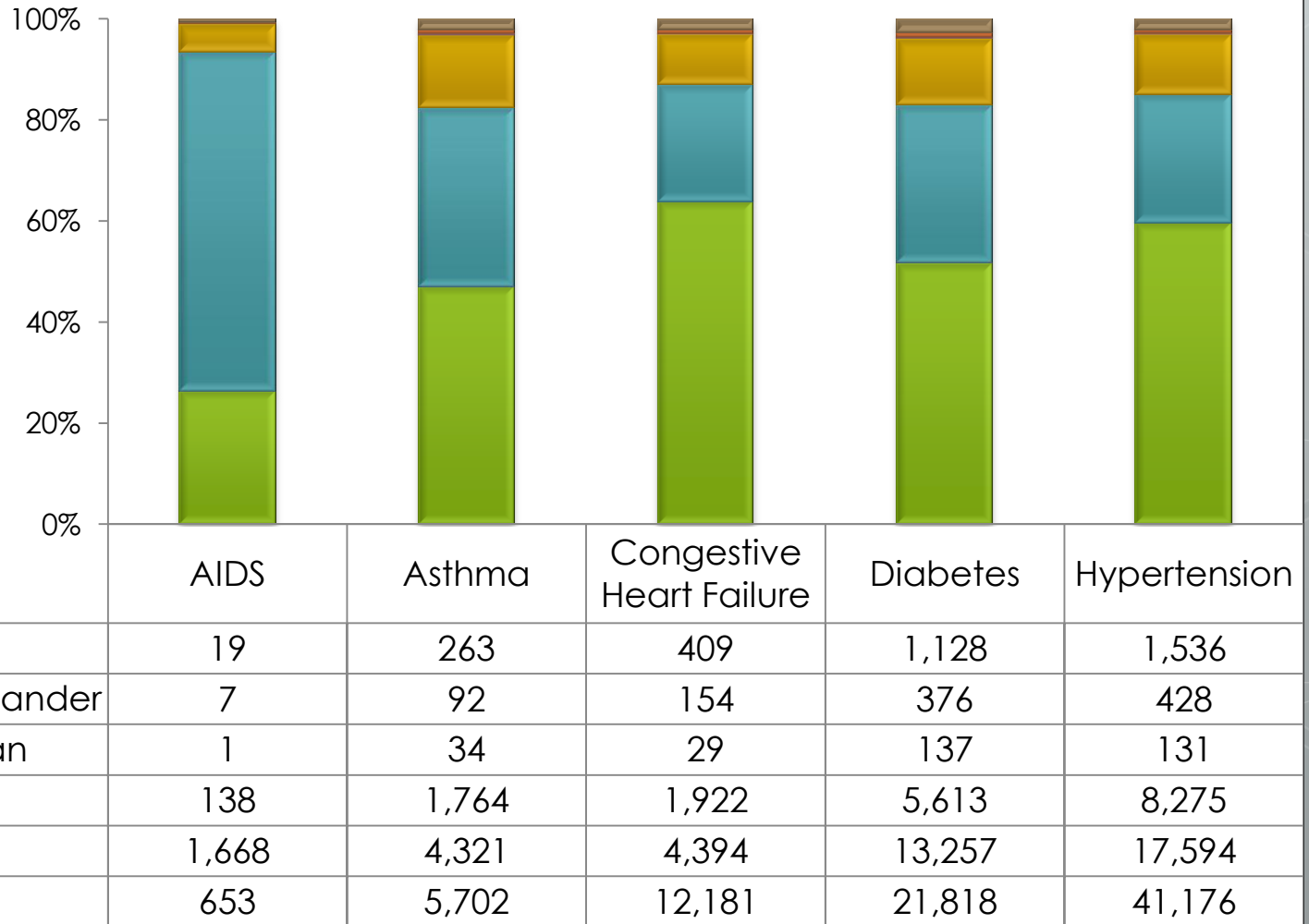


## Chronic Disease Hospitalization – Charges by Payer, HCH, 2011

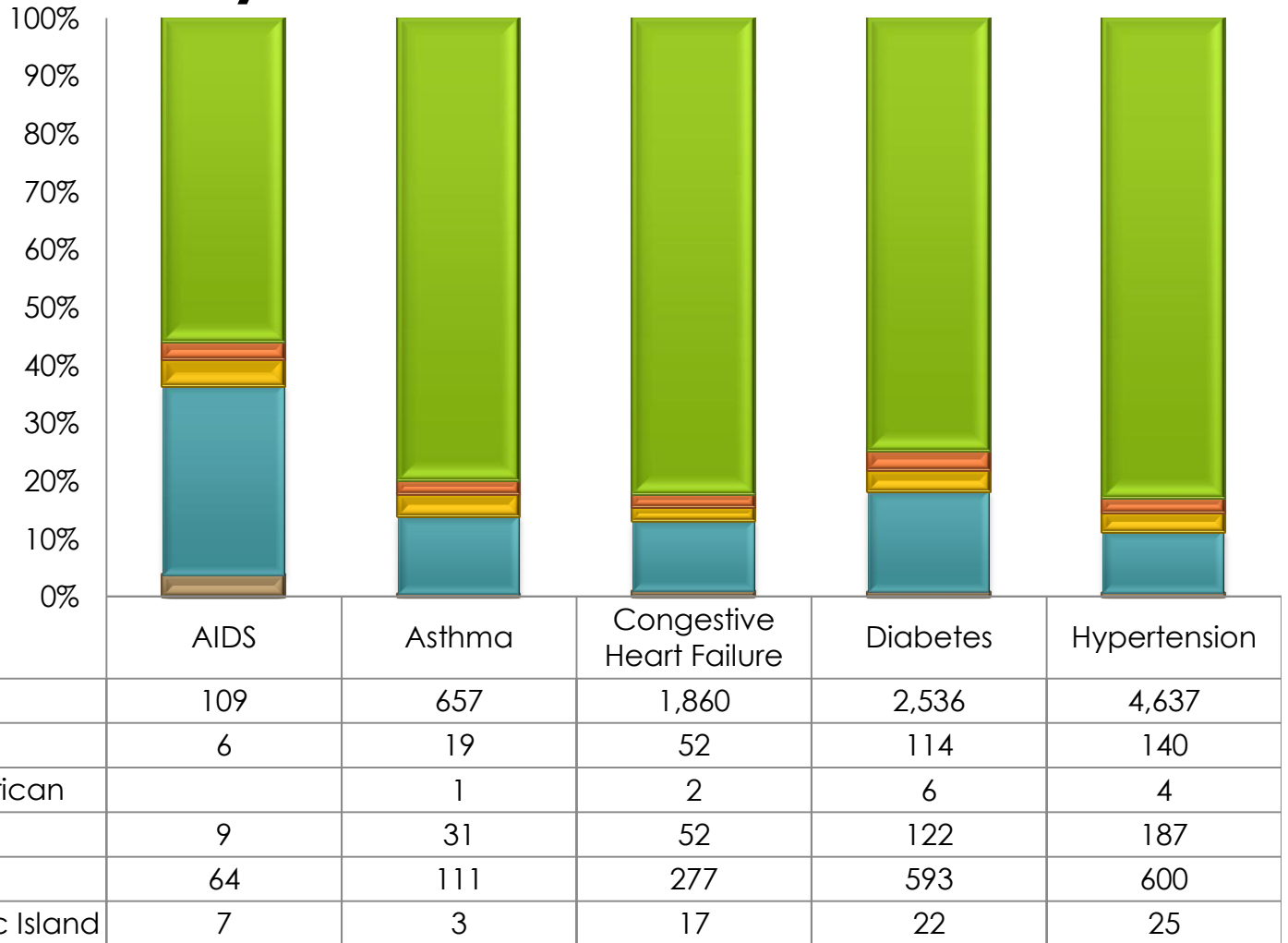




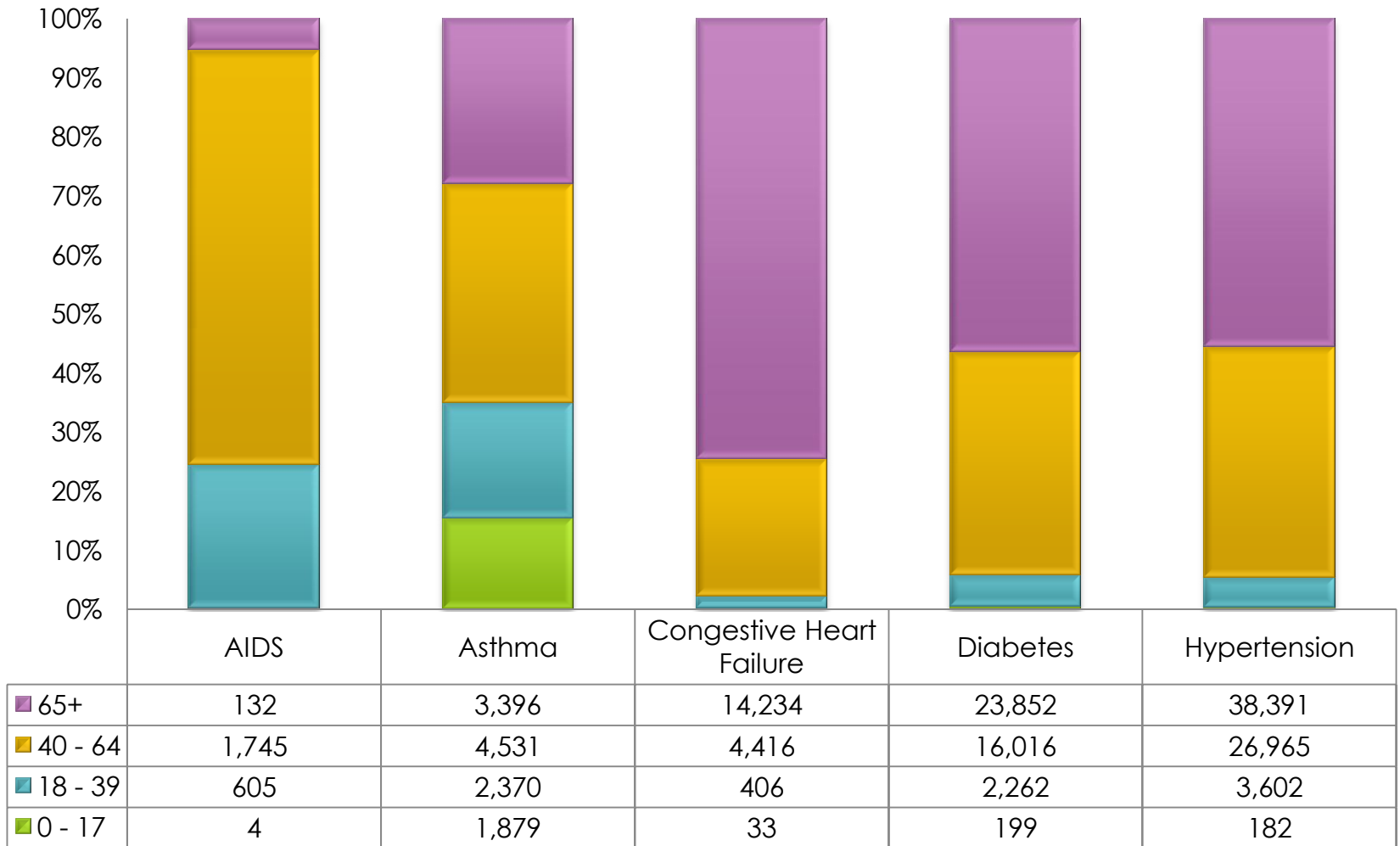
## Chronic Disease Hospitalization - Cases by Race, Broward Hospitals, 2011



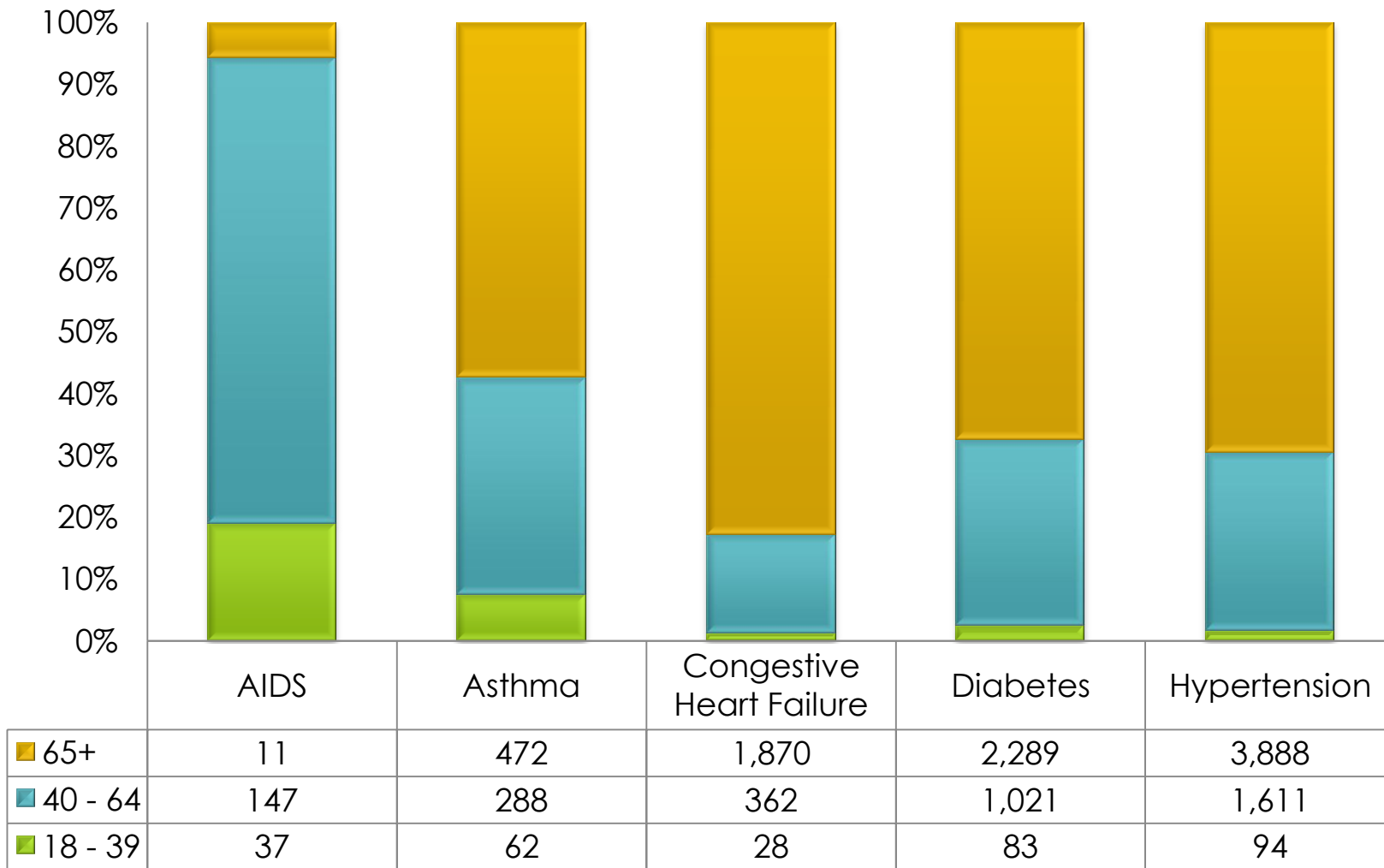
## Chronic Disease Hospitalization - Cases by Race, HCH, 2011



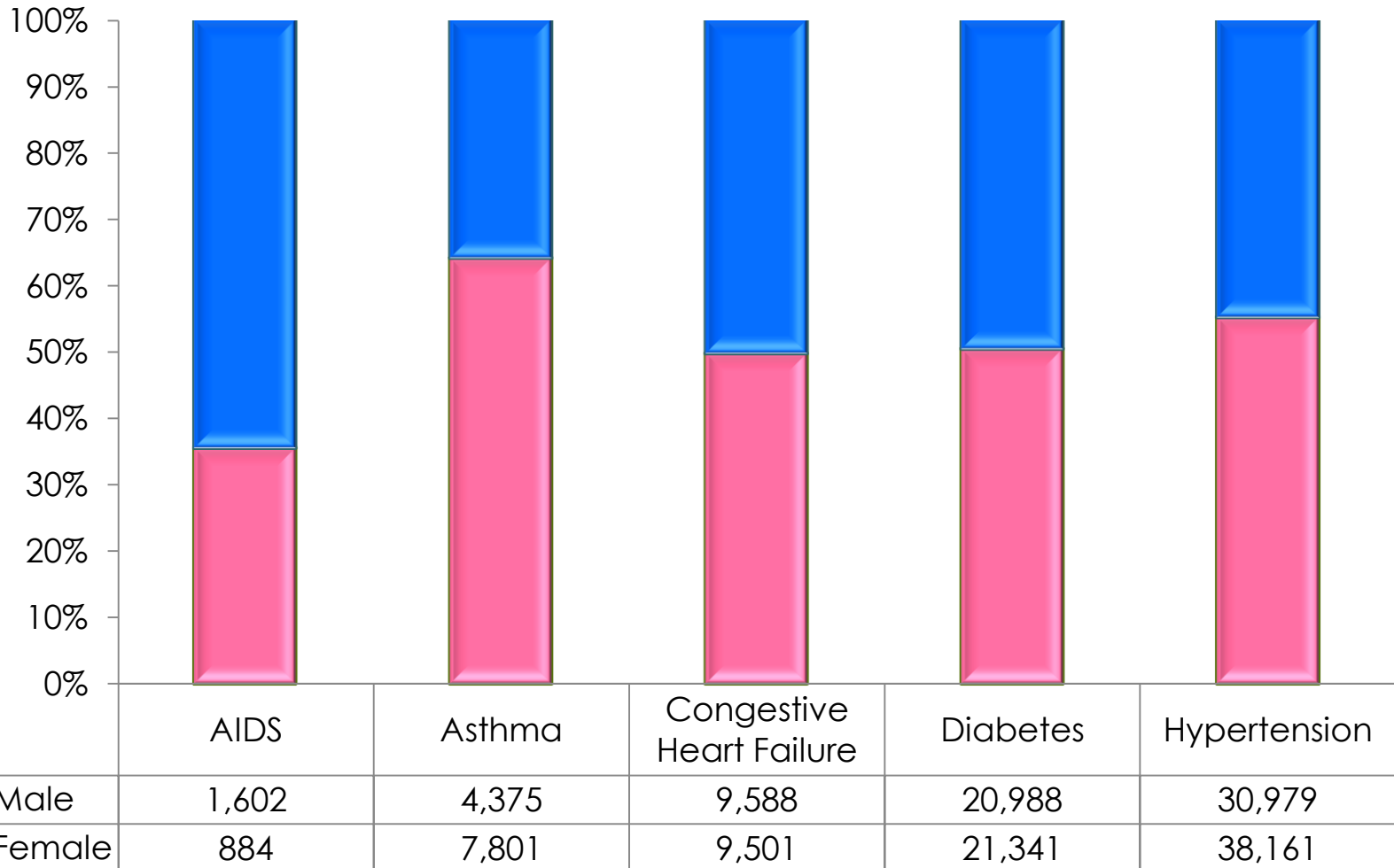
## Chronic Disease Hospitalization - Cases by Age, All Broward Hospitals, 2011



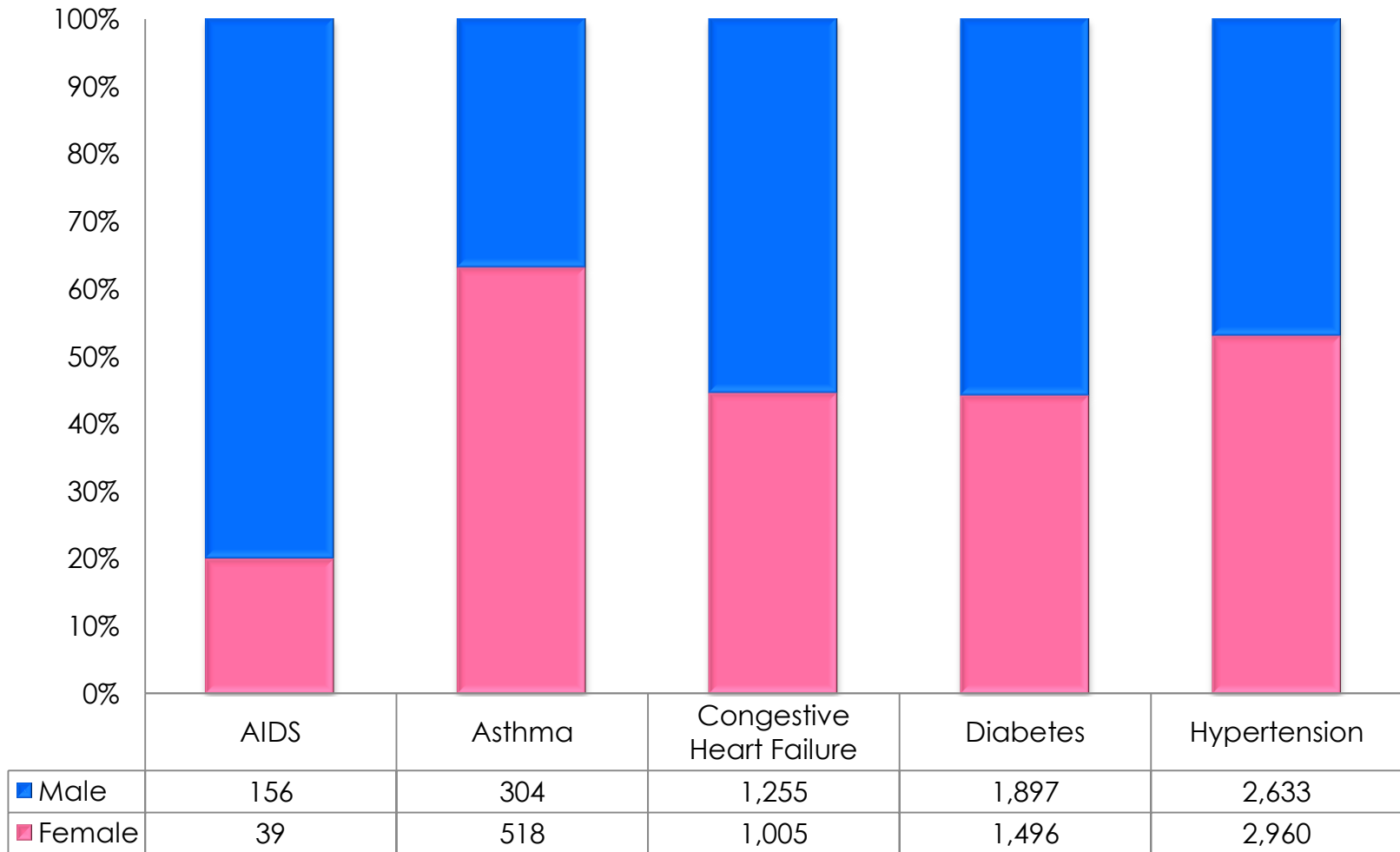
## Chronic Disease Hospitalization - Cases by Age, HCH, 2011



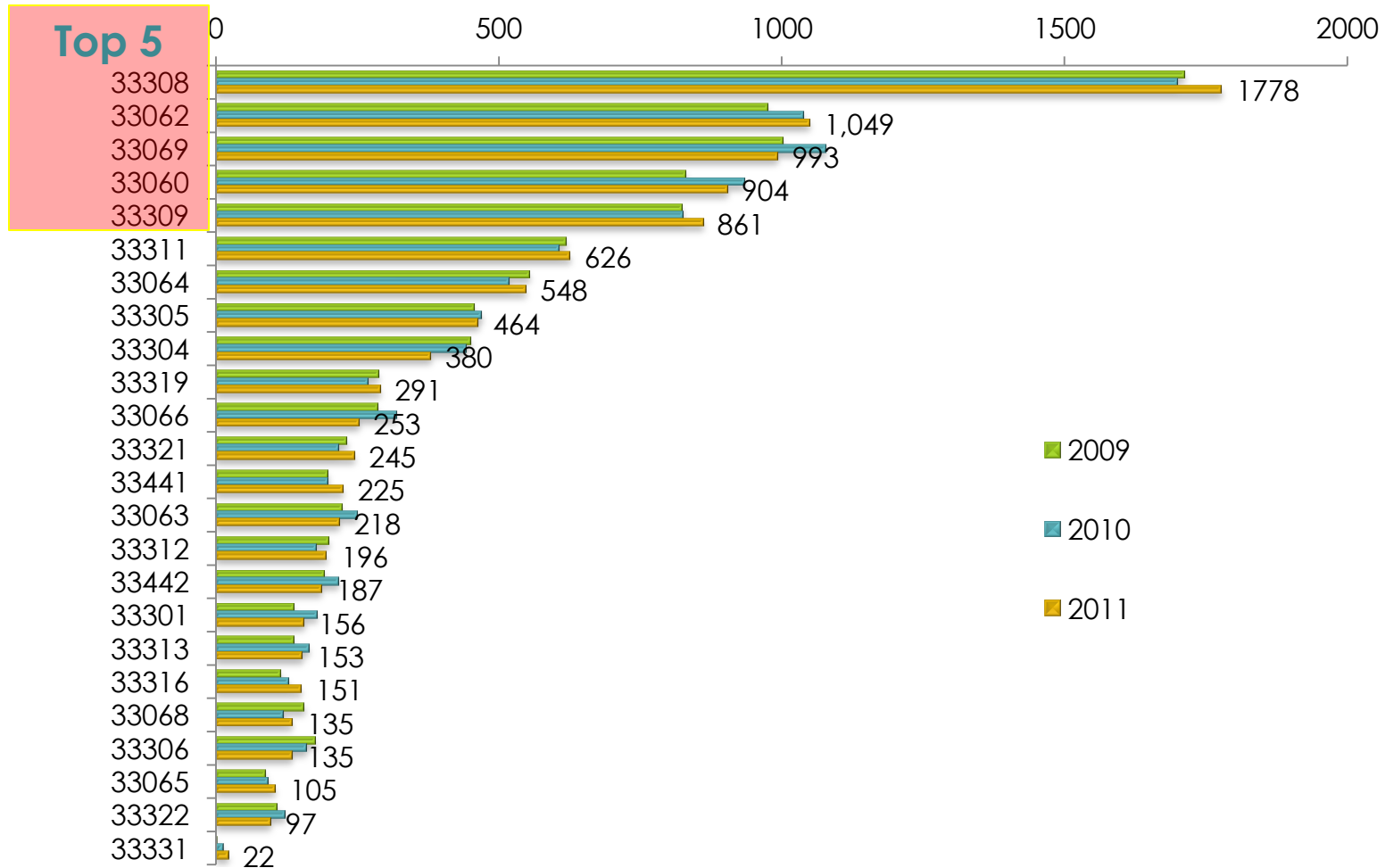
## Chronic Disease Hospitalization - Cases by Gender, All Broward Hospitals, 2011



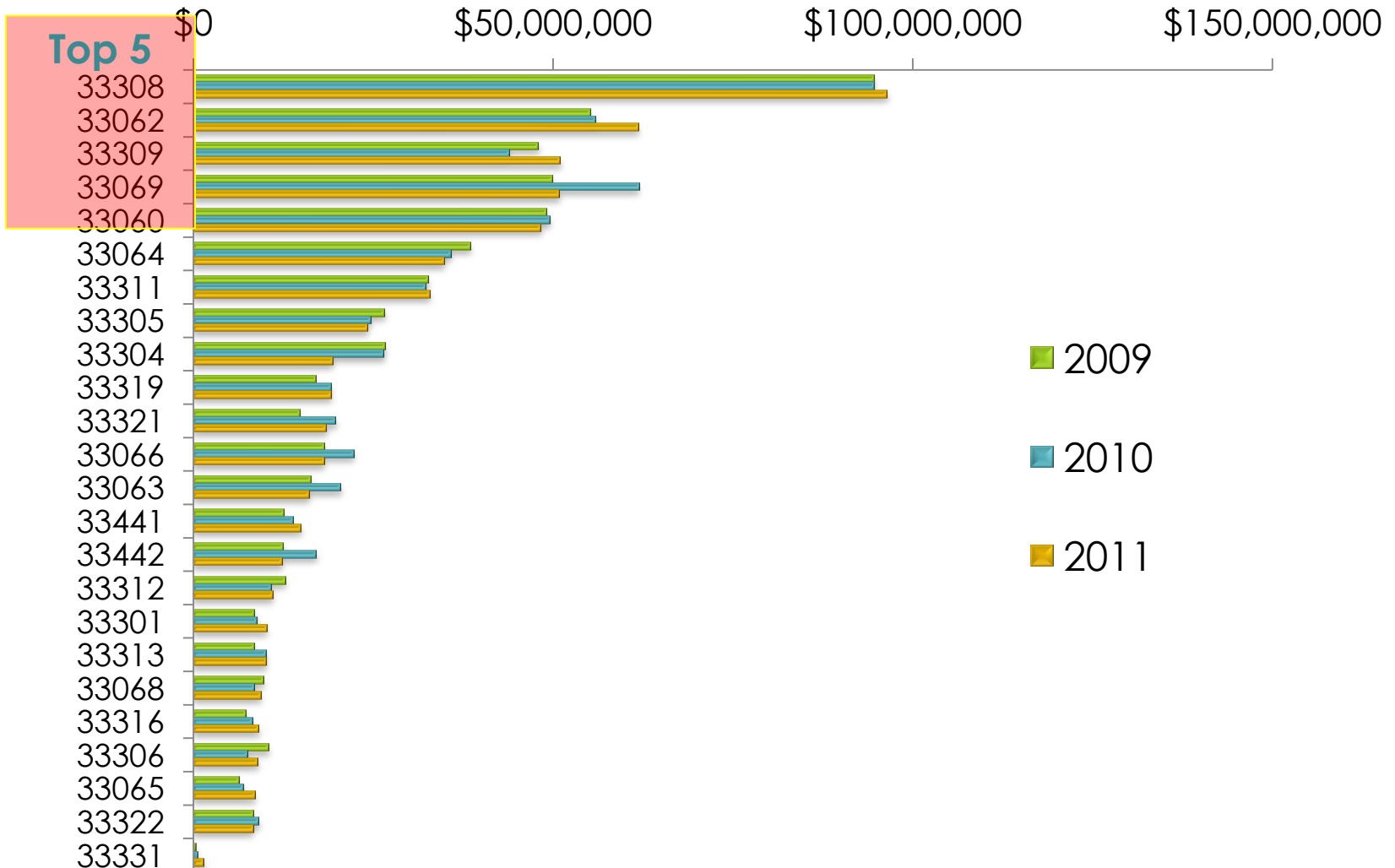
## Chronic Disease Hospitalization - Cases by Gender, HCH, 2011



## Chronic Disease Hospitalization – Cases By Primary Service Area, HCH, 2009-2011

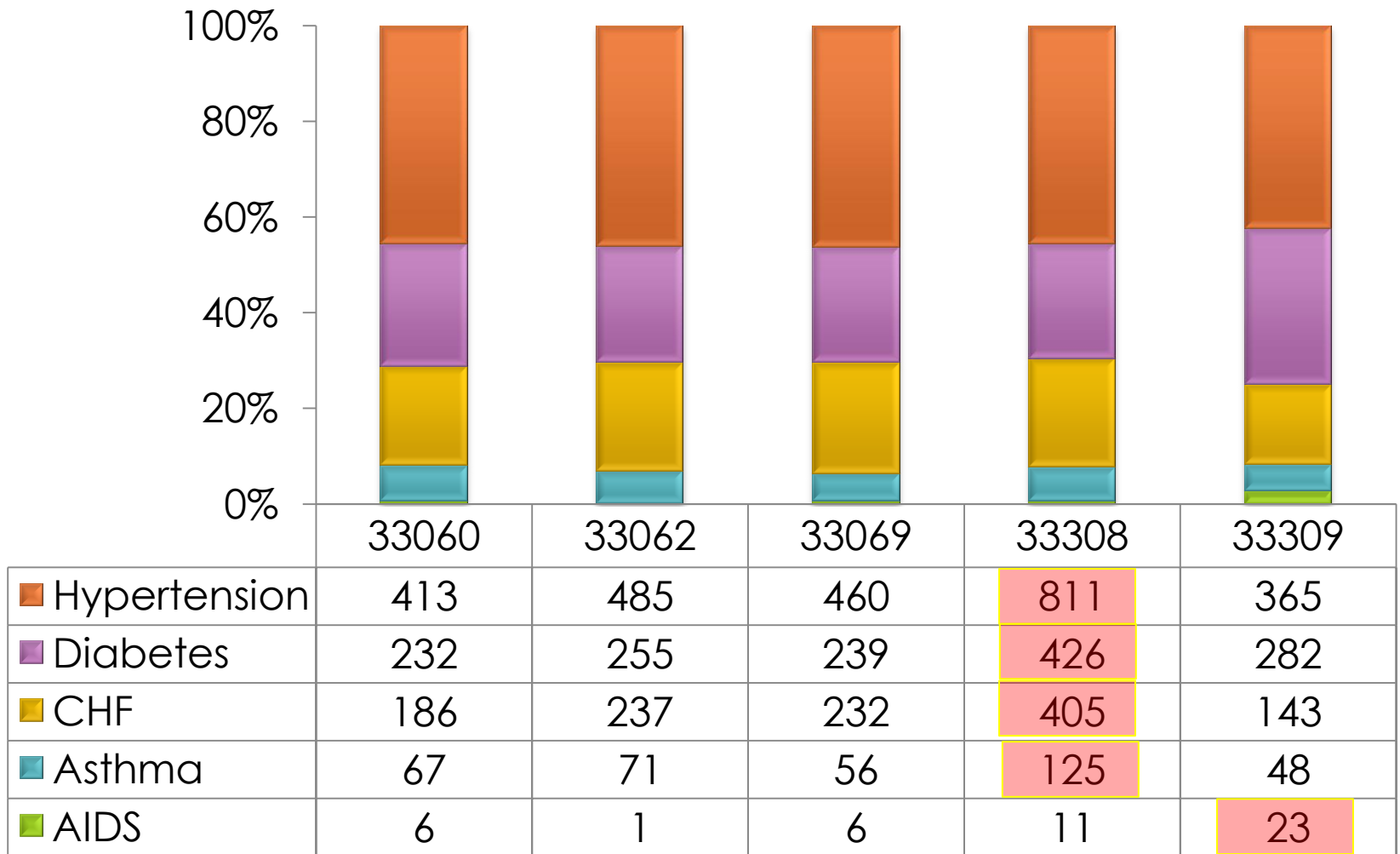


## Chronic Disease Hospitalization - Charges By Primary Service Area, HCH, 2009-2011

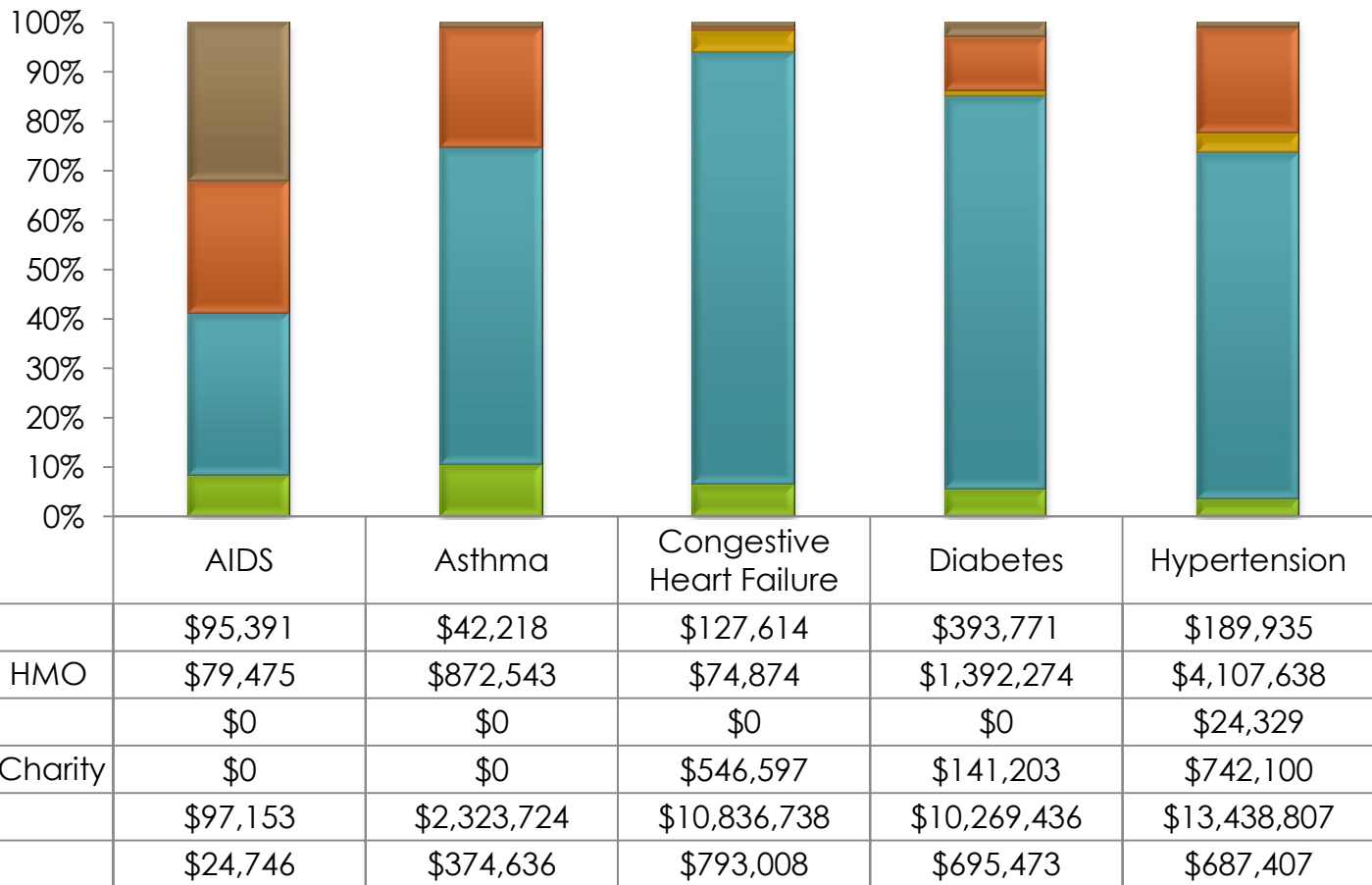




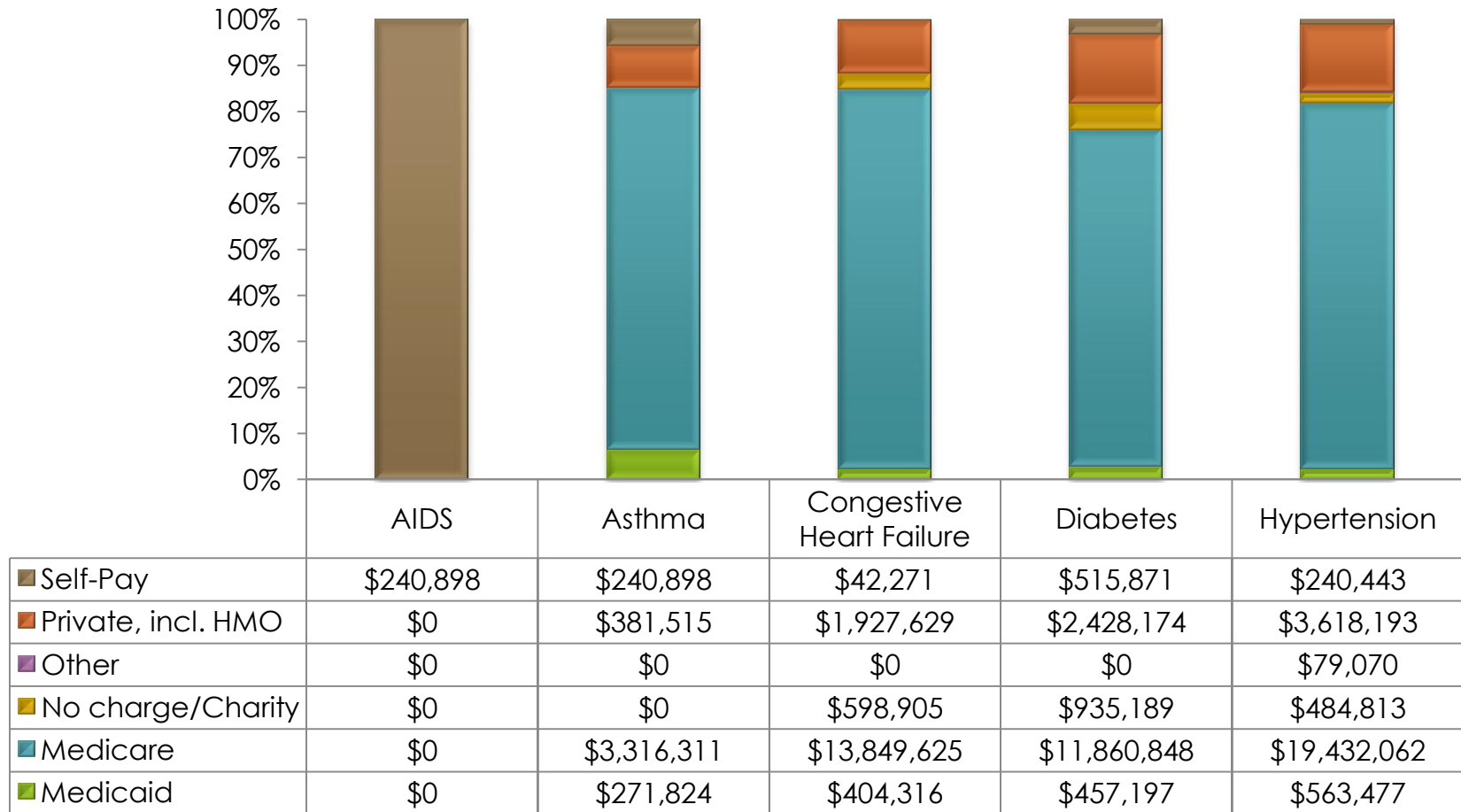
## Chronic Disease Hospitalization – Cases By Top 5 PSA Zip Codes HCH, 2011



## Chronic Disease Hospitalization – Charges Top 5 PSA Zip Codes by Payer, HCH, 2011 PSA 33060

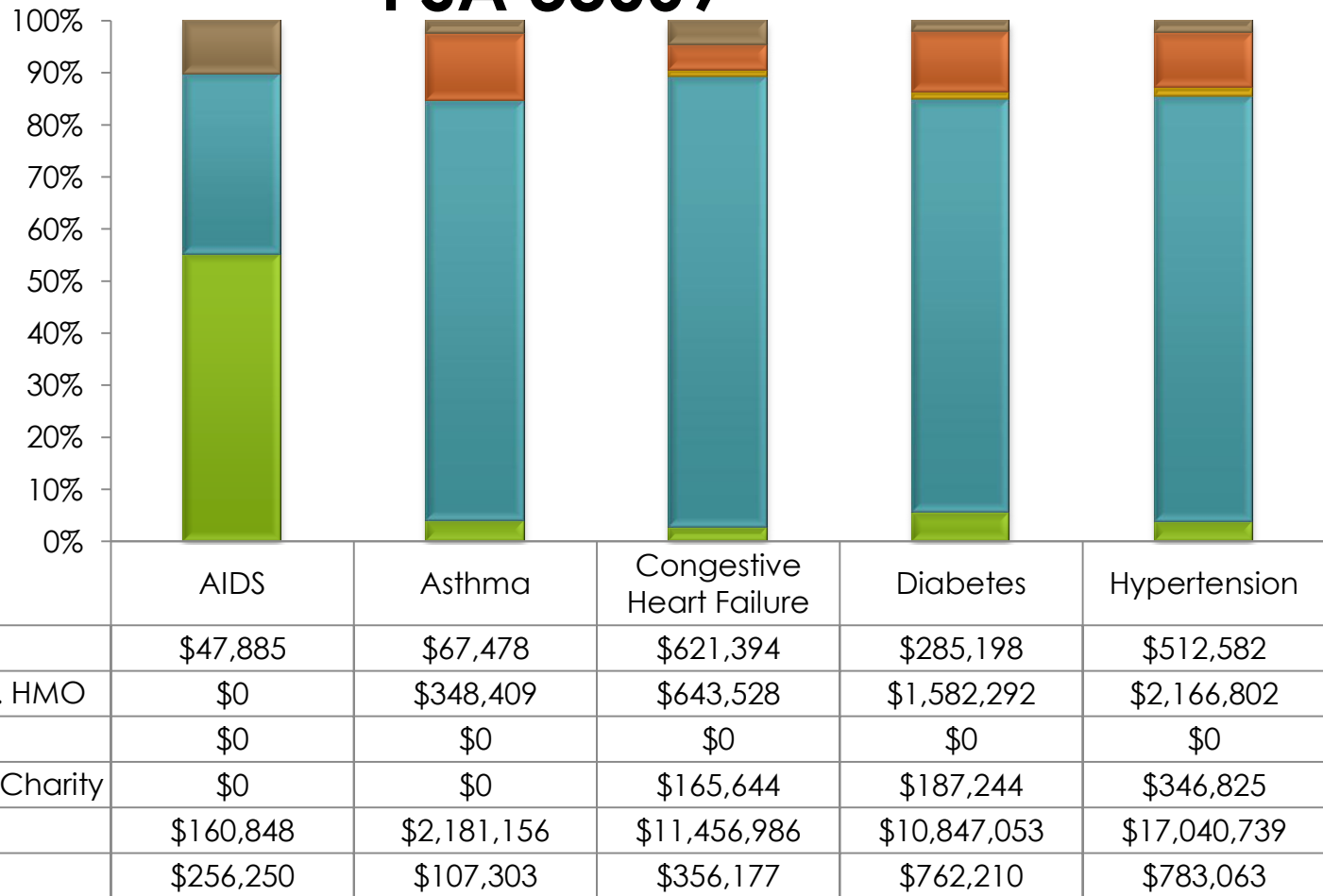


## Chronic Disease Hospitalization – Charges by Payer, Top 5 PSA Zip Codes, HCH, 2011 PSA 33062

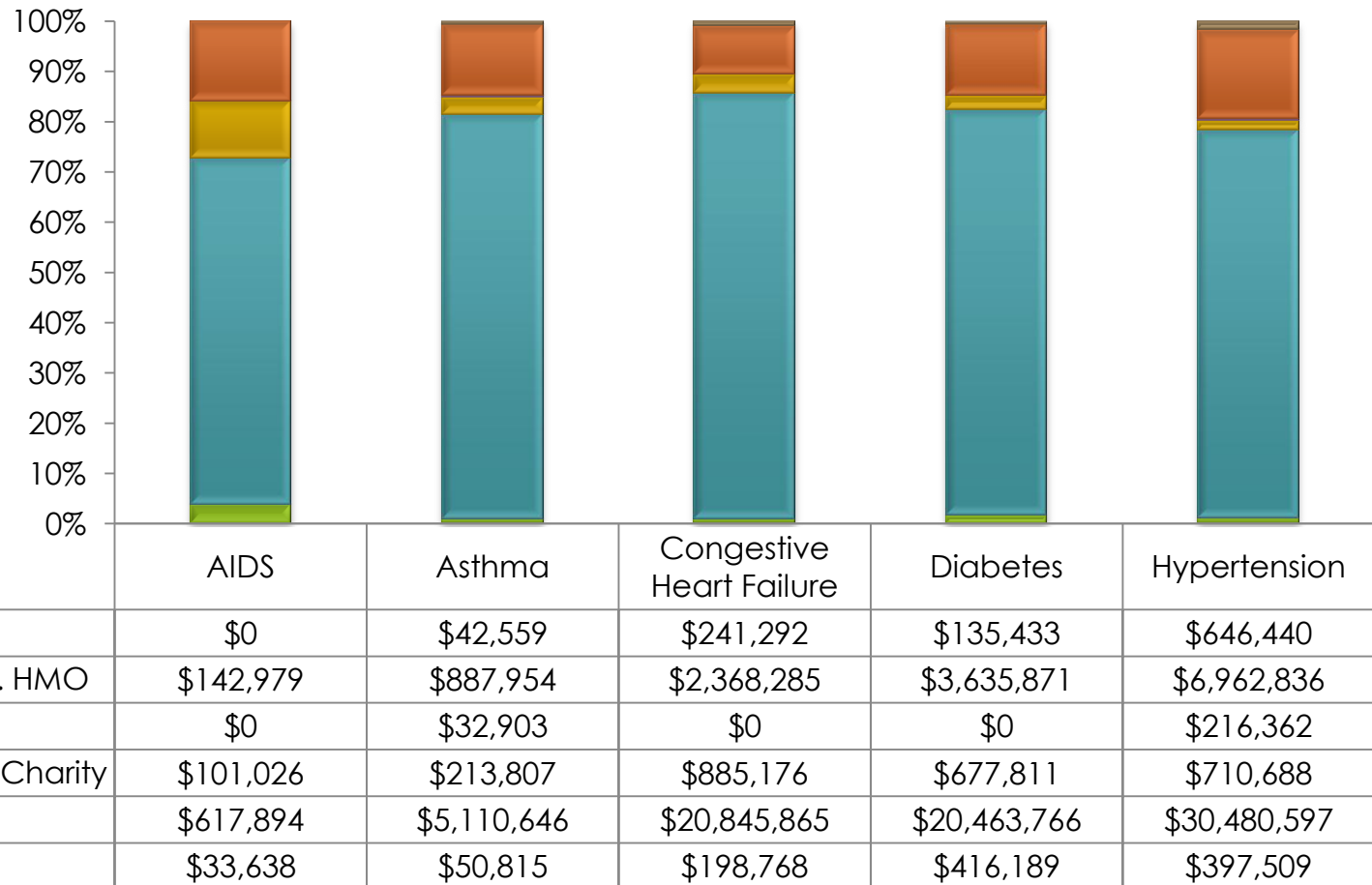


## Chronic Disease Hospitalization – Charges Top 5 PSA Zip Codes by Payer, HCH, 2010

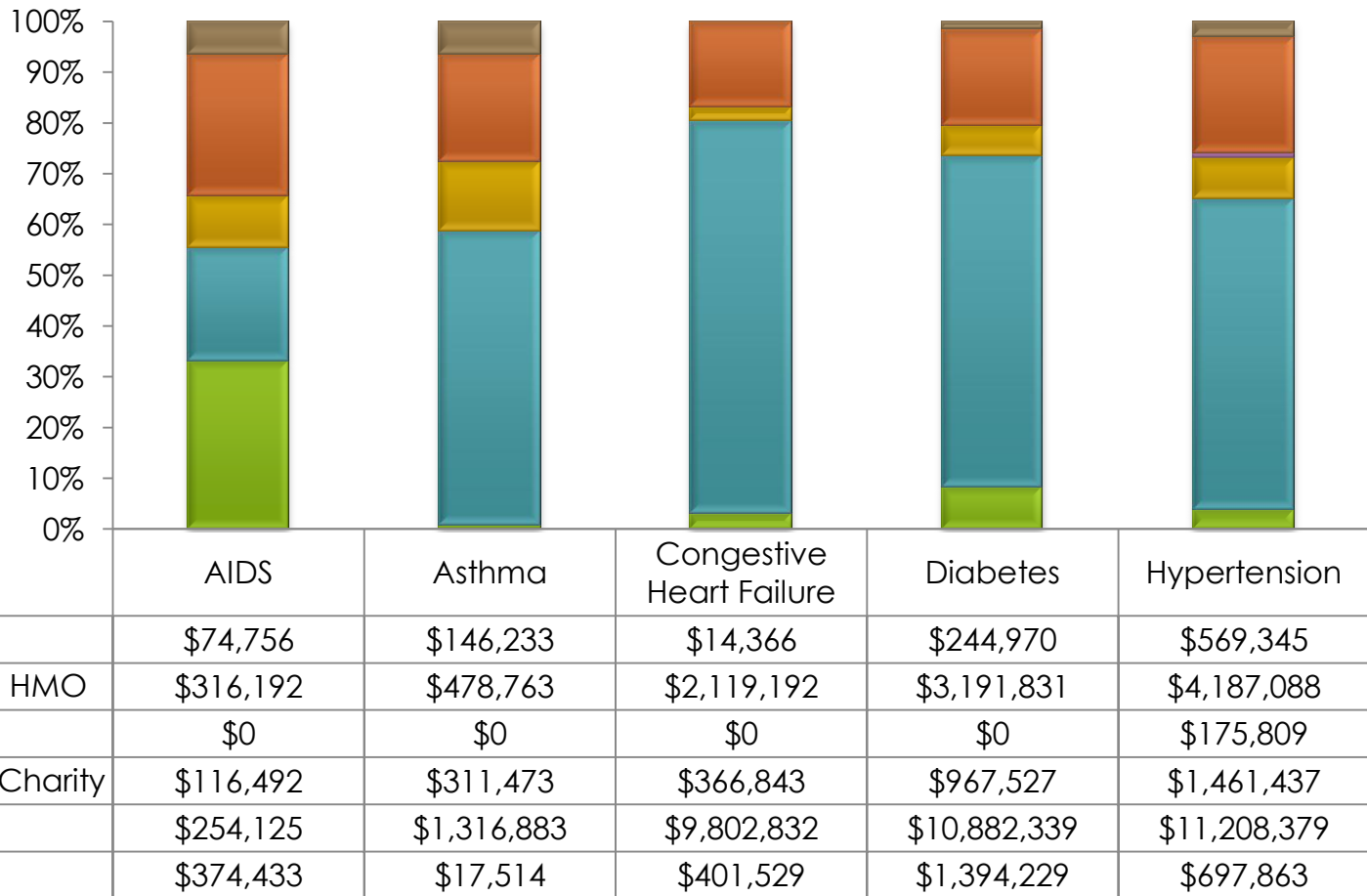
### PSA 33069



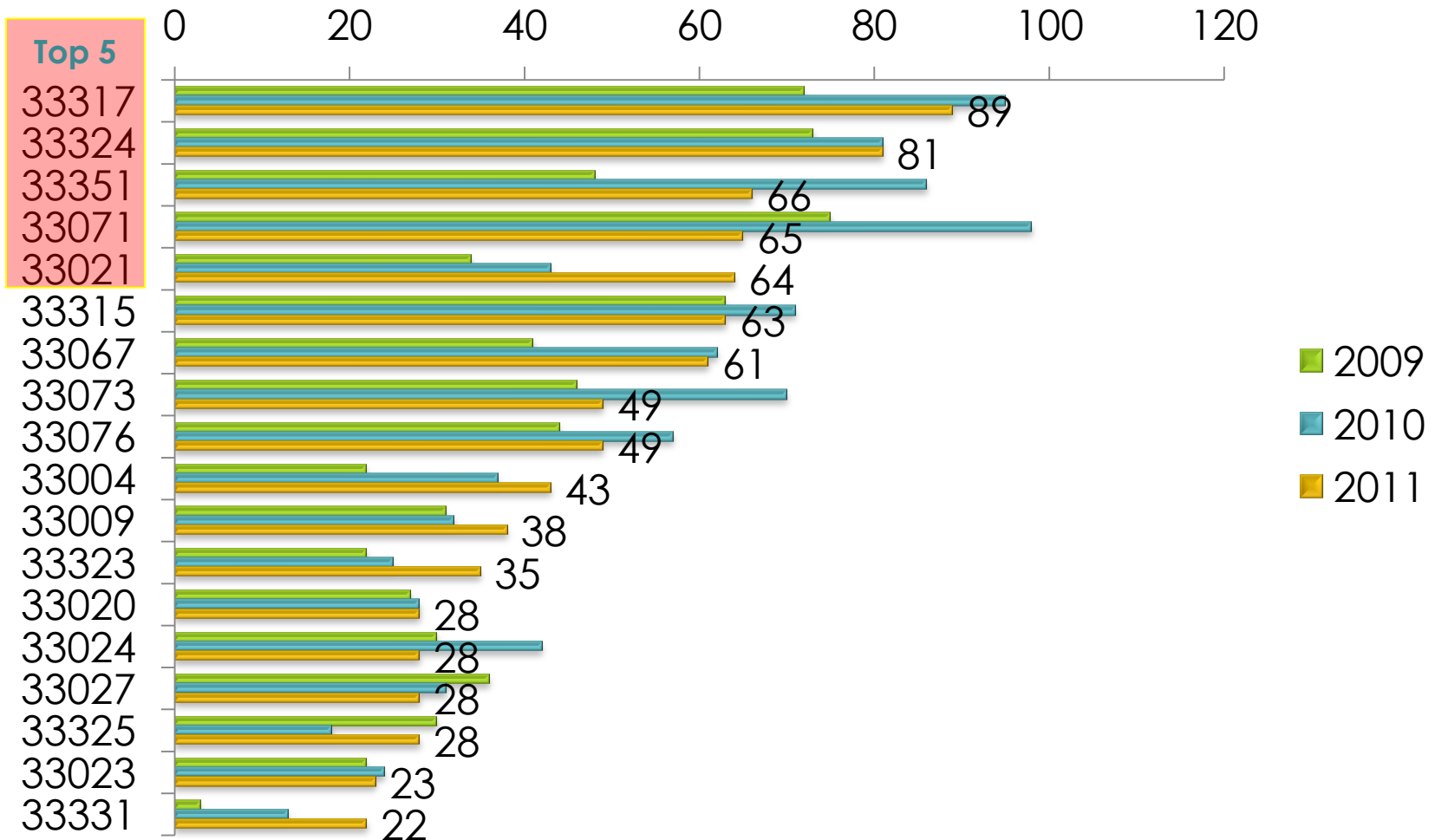
## Chronic Disease Hospitalization – Charges Top 5 PSA Zip Codes by Payer, HCH, 2011 PSA 33308



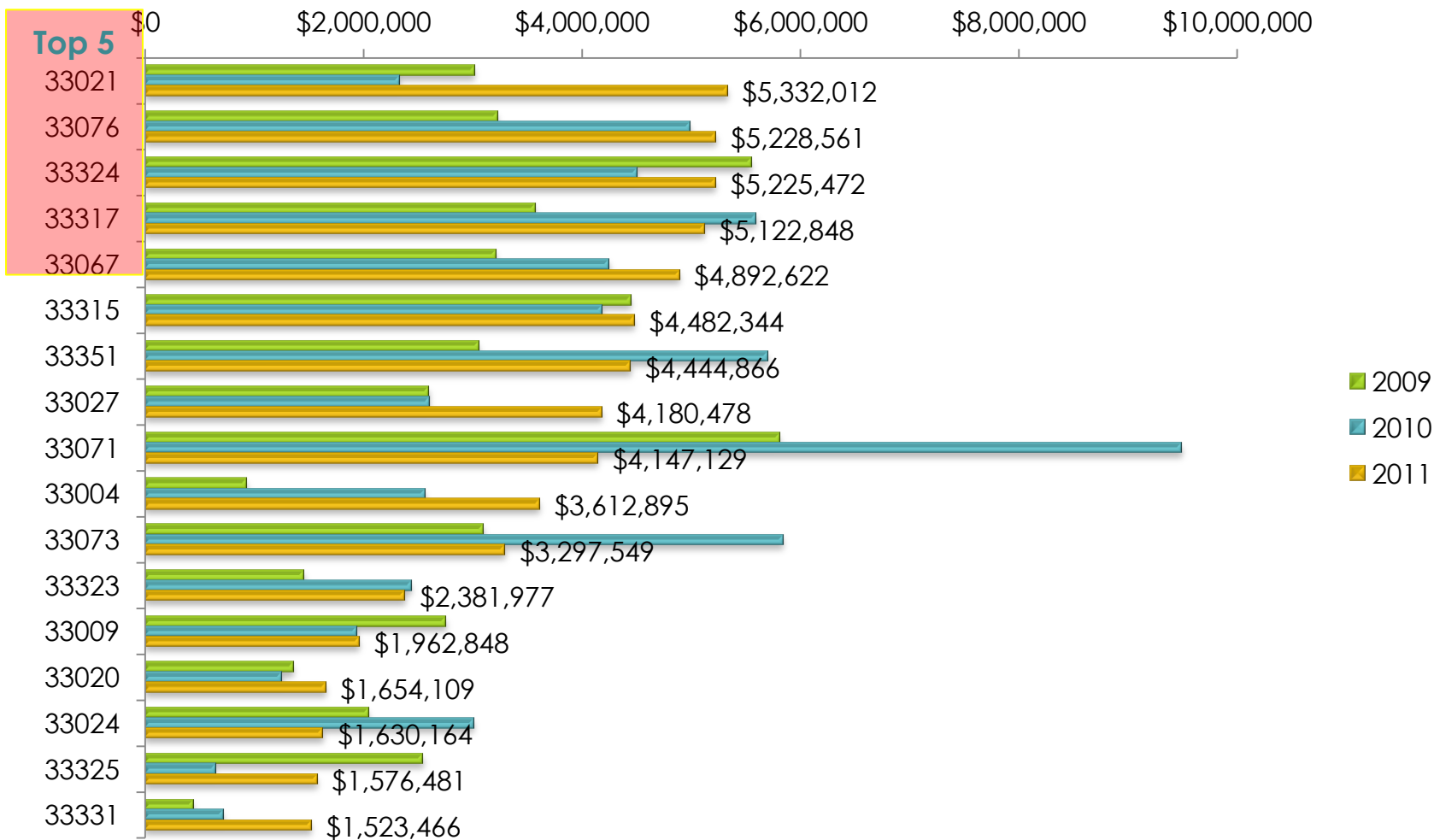
## Chronic Disease Hospitalization – Charges Top 5 PSA Zip Codes by Payer, HCH, 2011 PSA 33309



## Chronic Disease Hospitalization – Cases By Secondary Service Area, HCH, 2009-2011

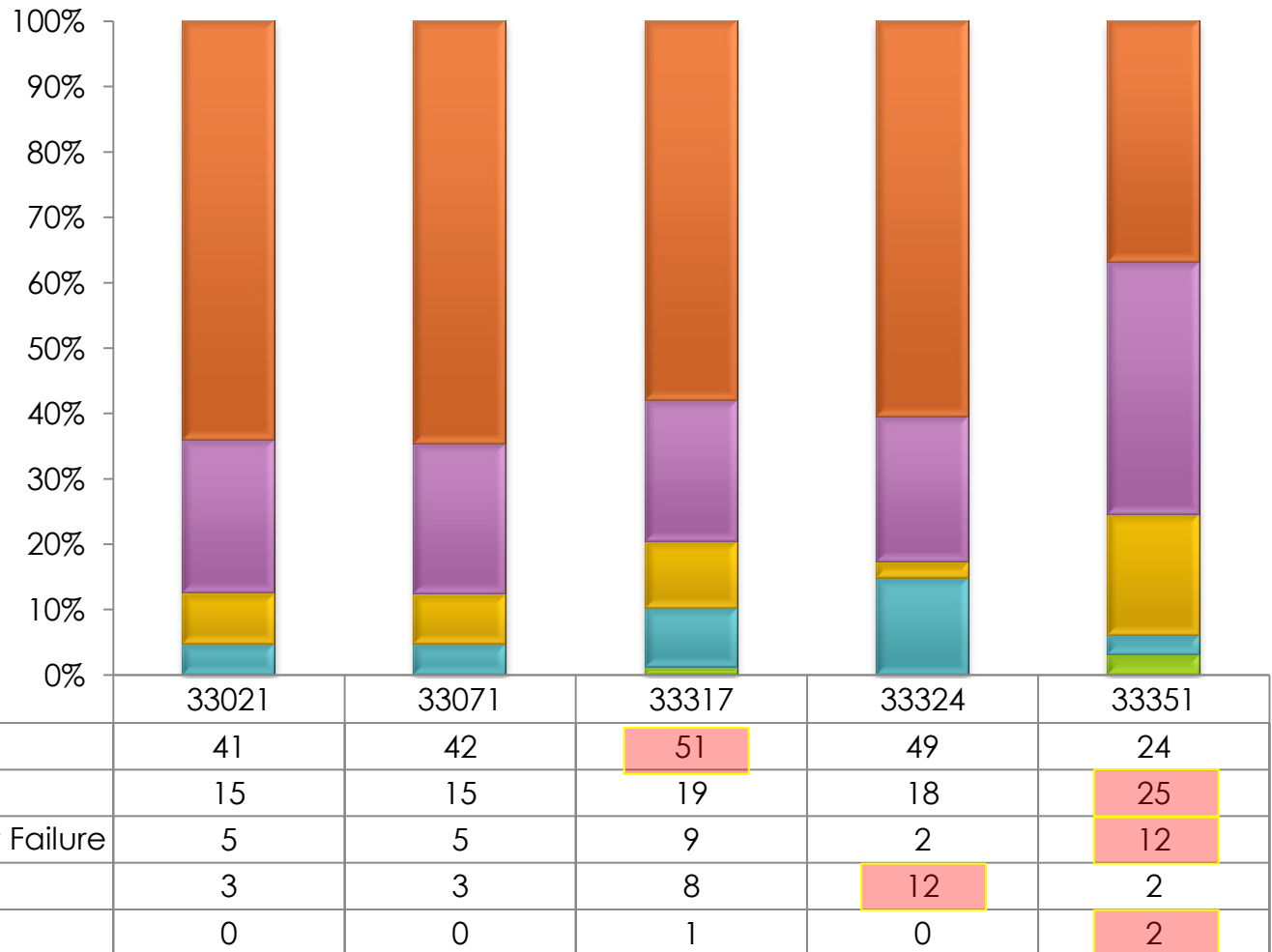


## Chronic Disease Hospitalization - Charges By Secondary Service Area, HCH, 2009-2011





## Chronic Disease Hospitalization – Cases By Top 5 SSA Zip Codes, HCH, 2011

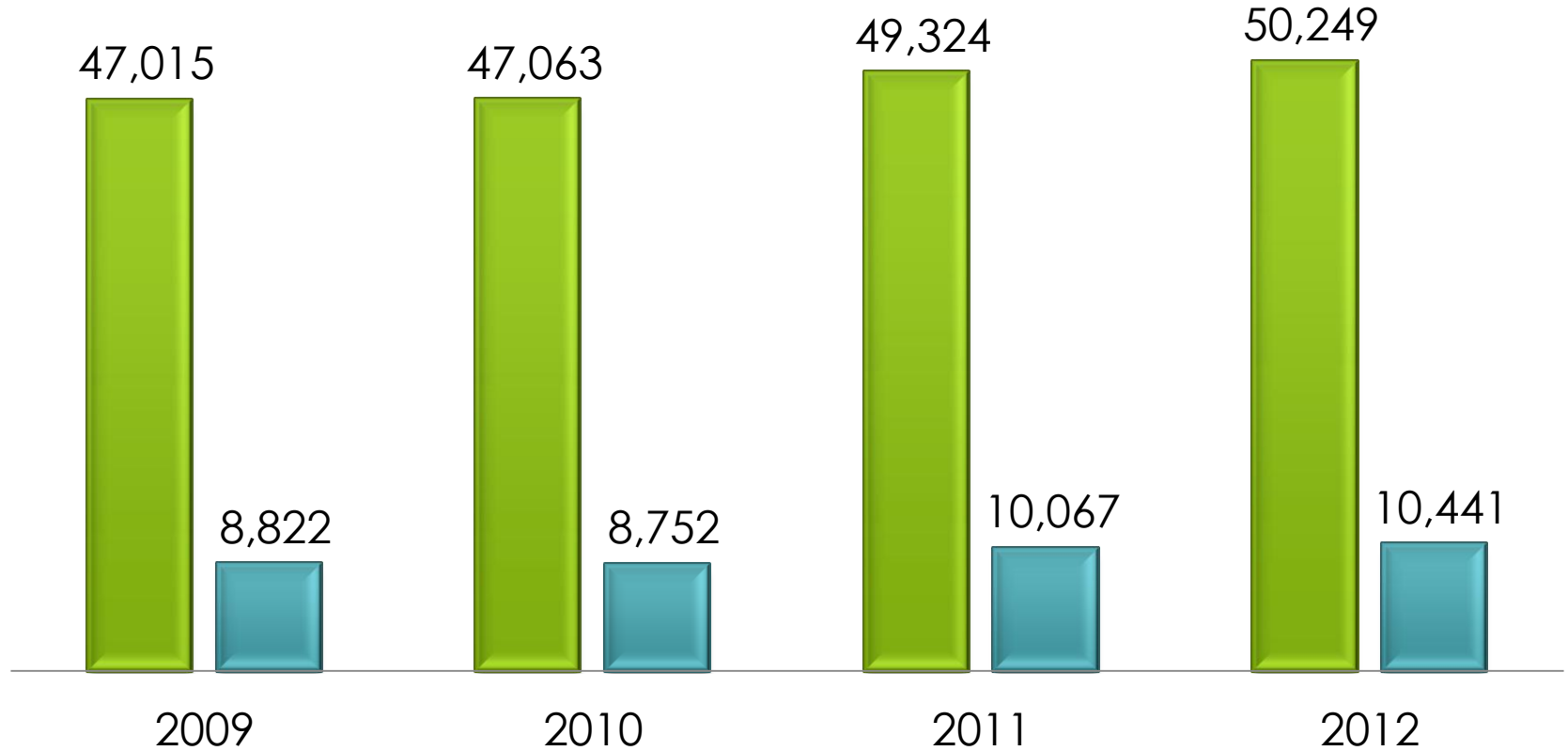


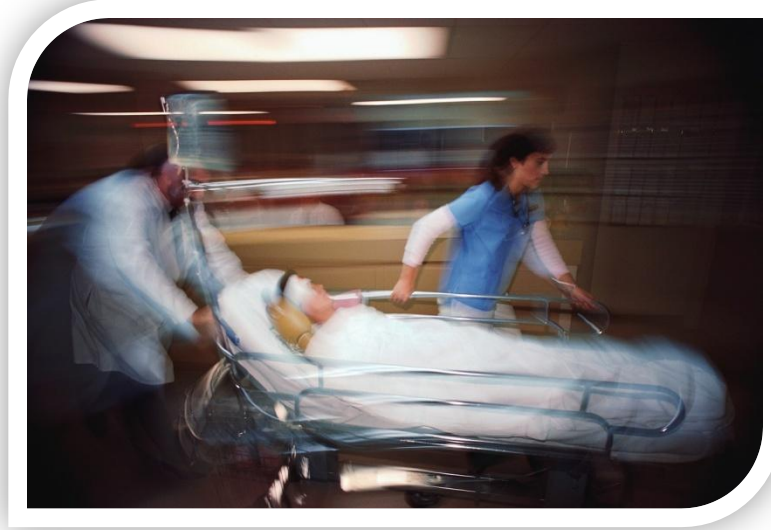


# Emergency Department Utilization

## HCH, Emergency Department Visits and Admissions, 2009 - 2012

■ Total Visits   ■ Total Admissions





# Emergency Department Avoidable Admissions

## Emergency Department Avoidable Admissions

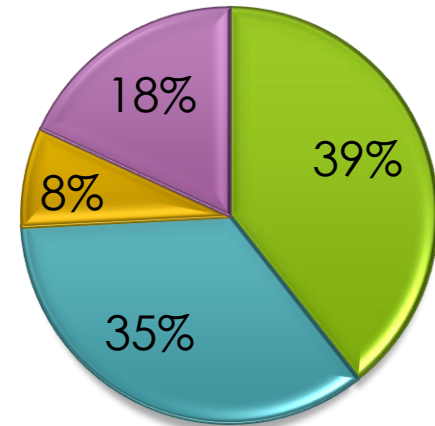
**The emergency room (ER) preventable/avoidable admissions data is based on the New York University Emergency Department (ED) Algorithm for ED classification, created by a panel of ED and primary care physicians. The ED visits are stratified by emergency status:**

- 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.

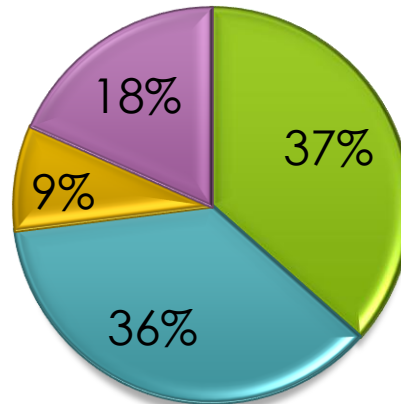
# Quantitative

## HCH ED Preventable / Avoidable Admissions Cases by Emergency Status, 2009-2011

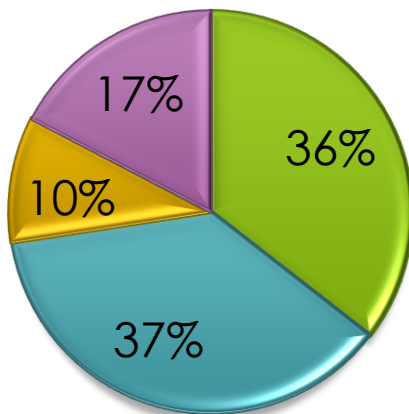
2011



2010



2009



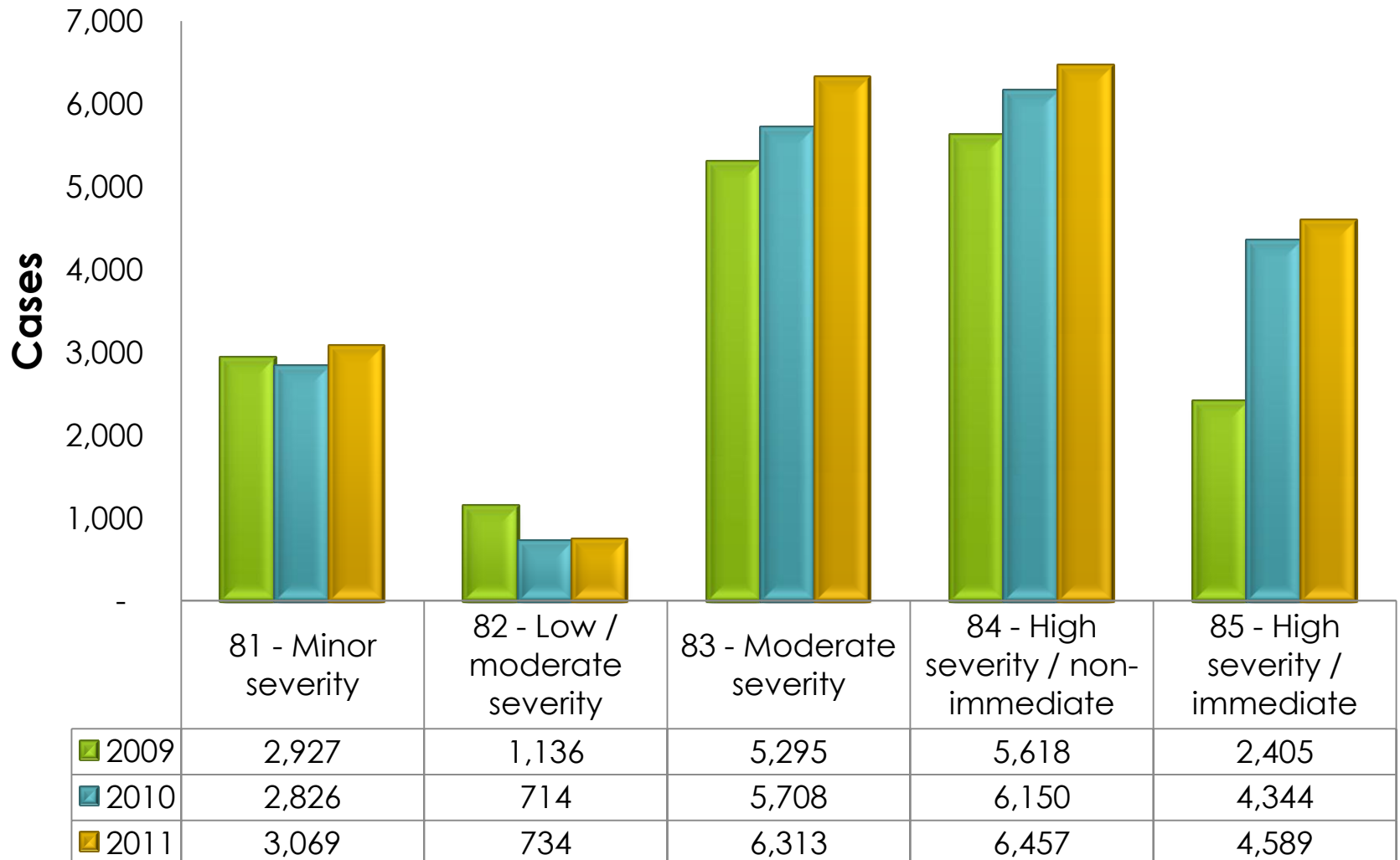
- Non - Emergent
- Emergent / Primary Care Treatable
- Emergent (Preventable / Avoidable)
- Emergent (NOT Preventable / Avoidable)

## ED Avoidable Admissions Definition (cont.)

The Hospital Emergency Department Preventable/Avoidable admissions 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

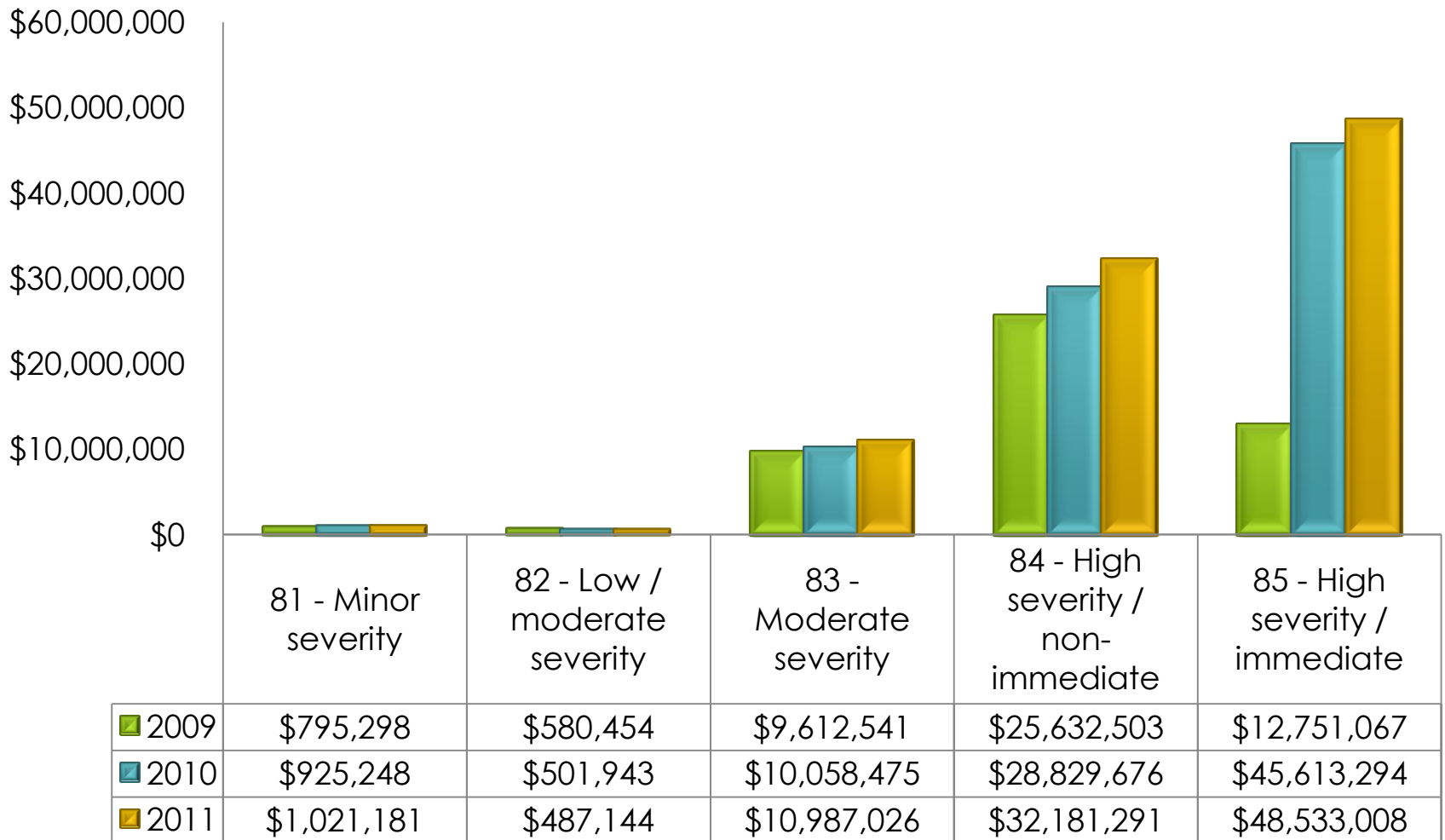
## HCH ED Preventable / Avoidable Admissions Cases by Level of Severity, 2009-2011





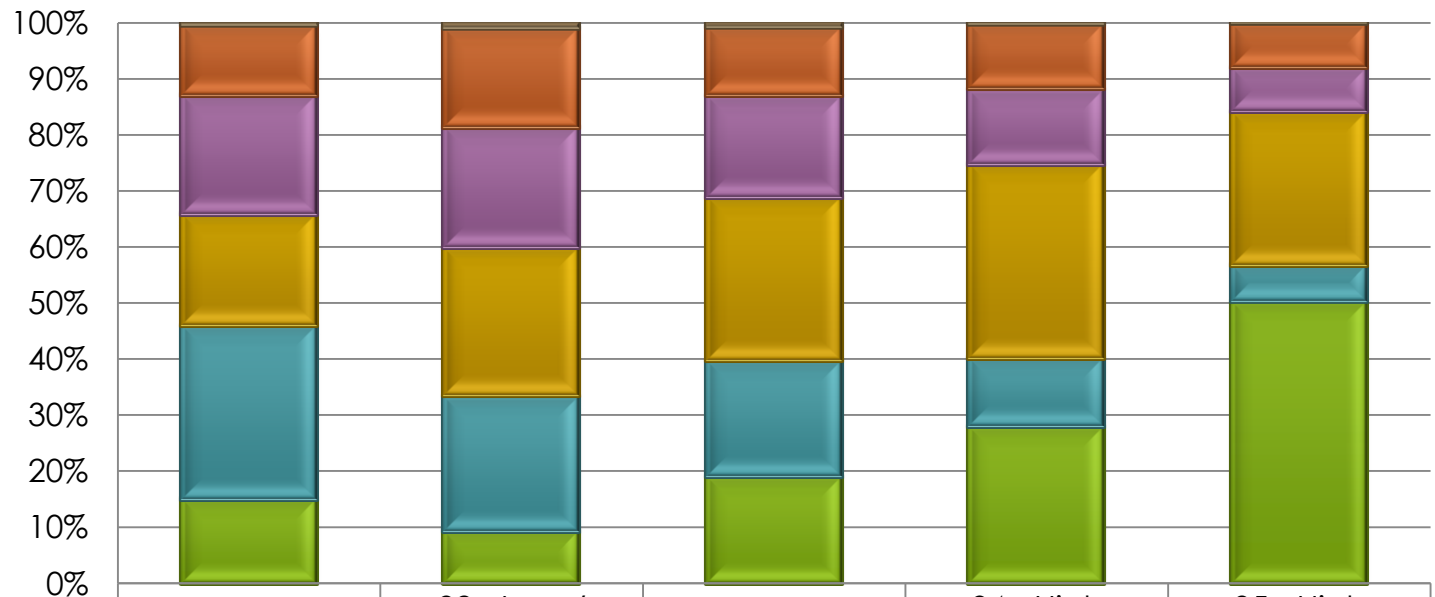
# Quantitative

## HCH ED Preventable / Avoidable Admissions Charges by Level of Severity, 2009-2011



# Quantitative

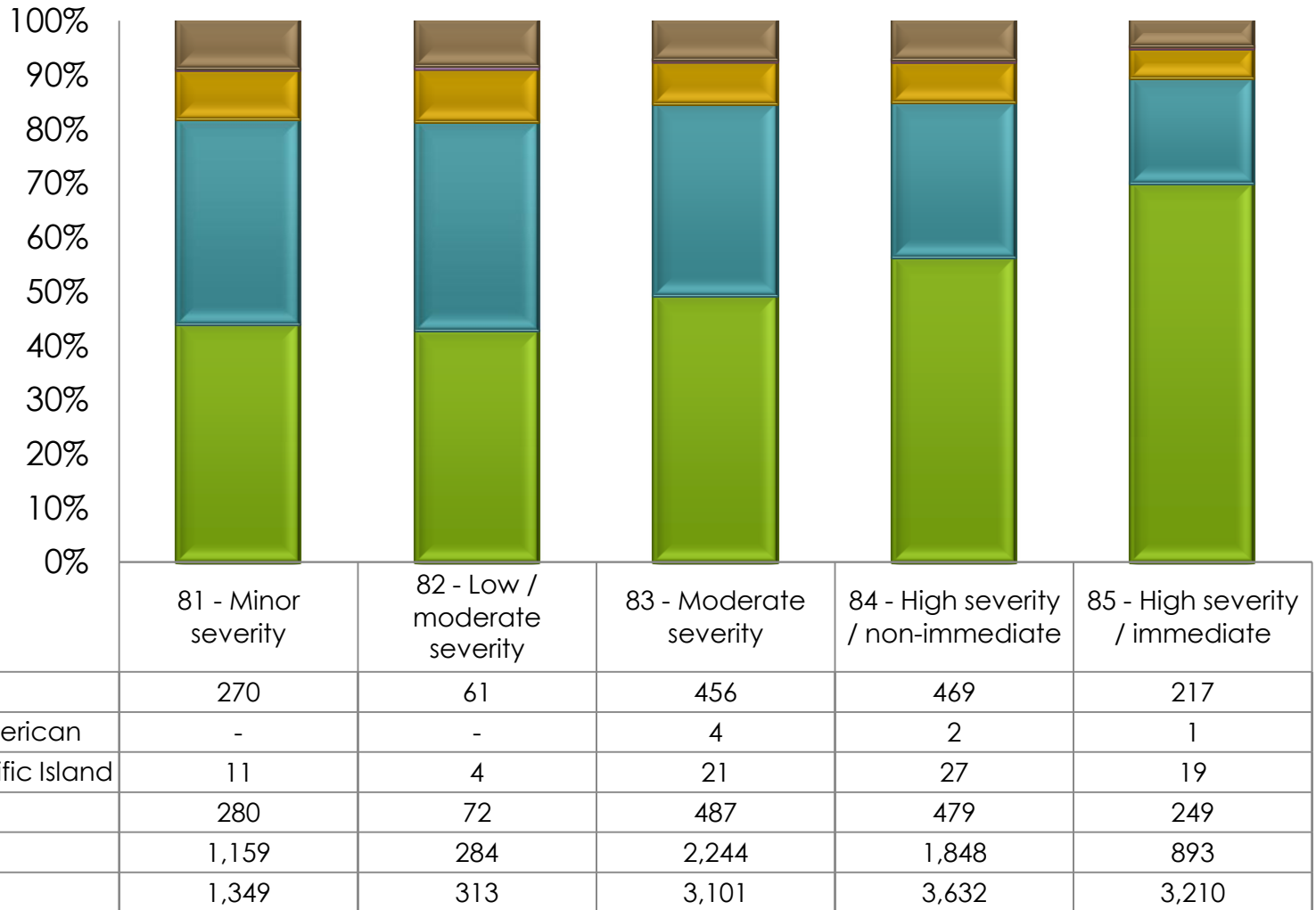
## HCH ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2011



	81 - Minor severity	82 - Low / moderate severity	83 - Moderate severity	84 - High severity / non-immediate	85 - High severity / immediate
Other	\$4,568	\$4,652	\$89,830	\$97,753	\$113,487
No Charge/Charity	\$127,954	\$85,990	\$1,340,777	\$3,712,779	\$3,791,508
Self-Pay	\$217,104	\$105,059	\$1,994,173	\$4,344,696	\$3,806,737
Private, incl. HMO	\$202,744	\$128,980	\$3,207,371	\$11,133,189	\$13,291,990
Medicaid	\$316,884	\$117,600	\$2,272,582	\$3,949,134	\$3,158,699
Medicare	\$151,927	\$44,863	\$2,082,293	\$8,943,740	\$24,370,587

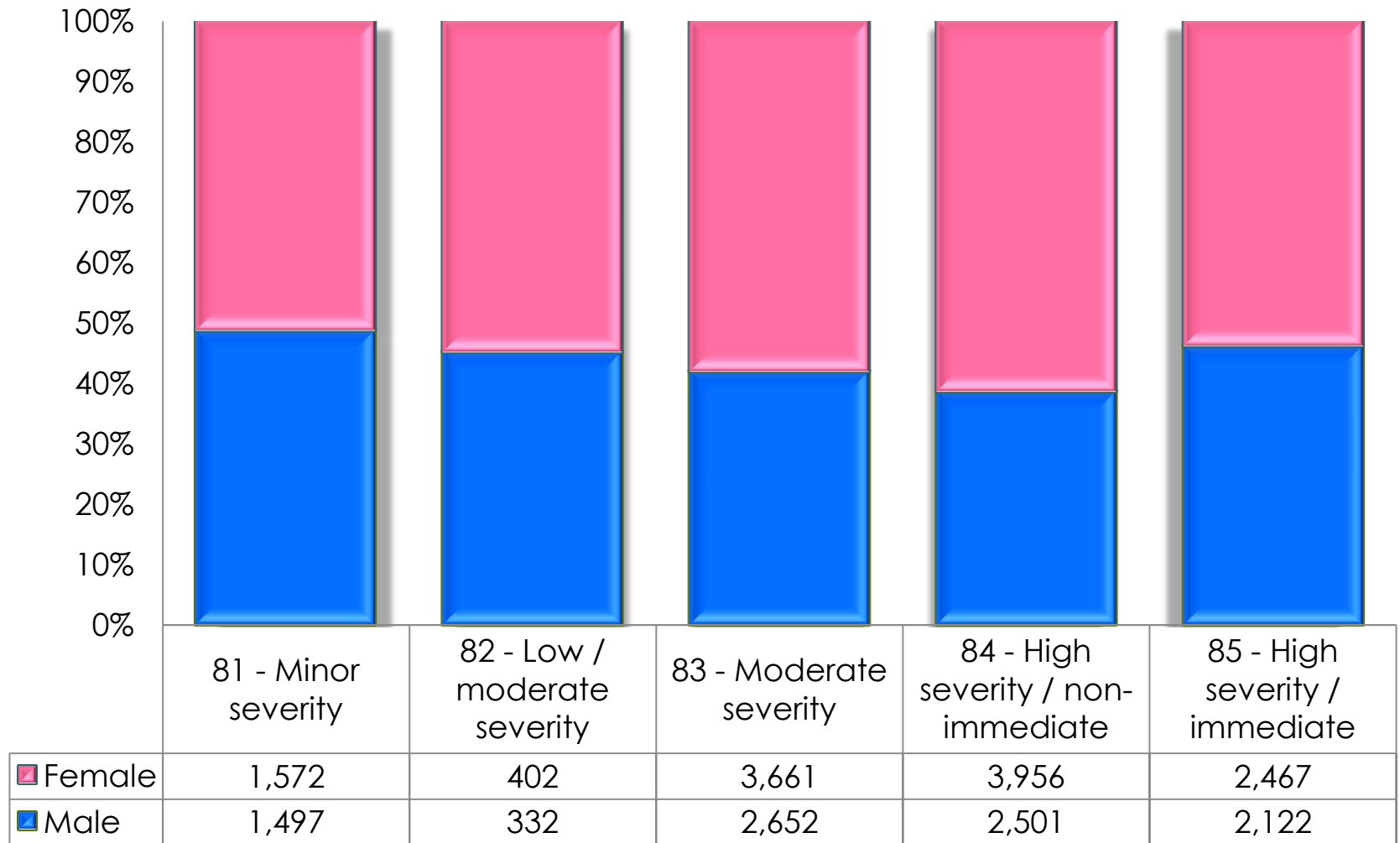
# Quantitative

## HCH ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2011

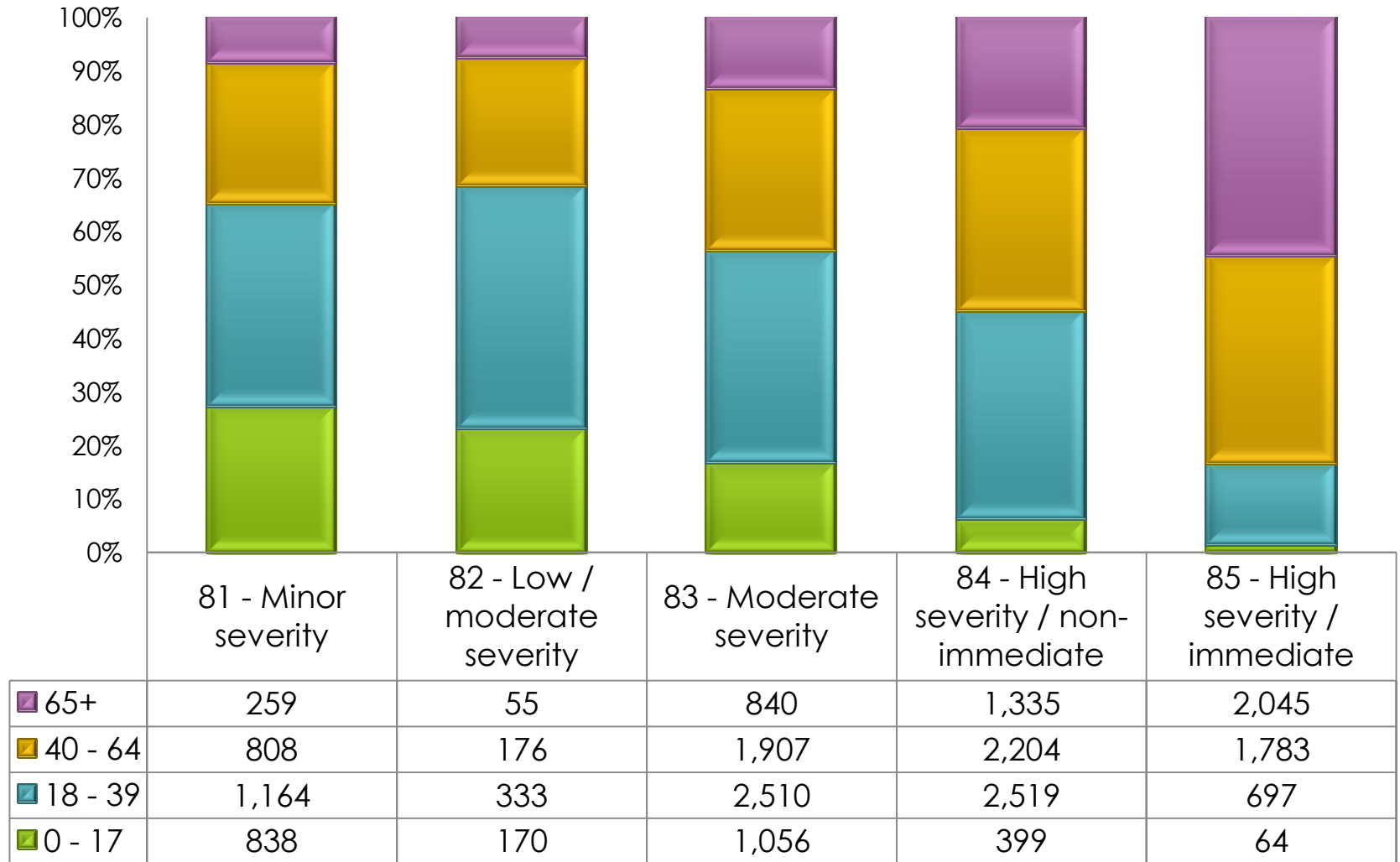


# Quantitative

## HCH ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2011

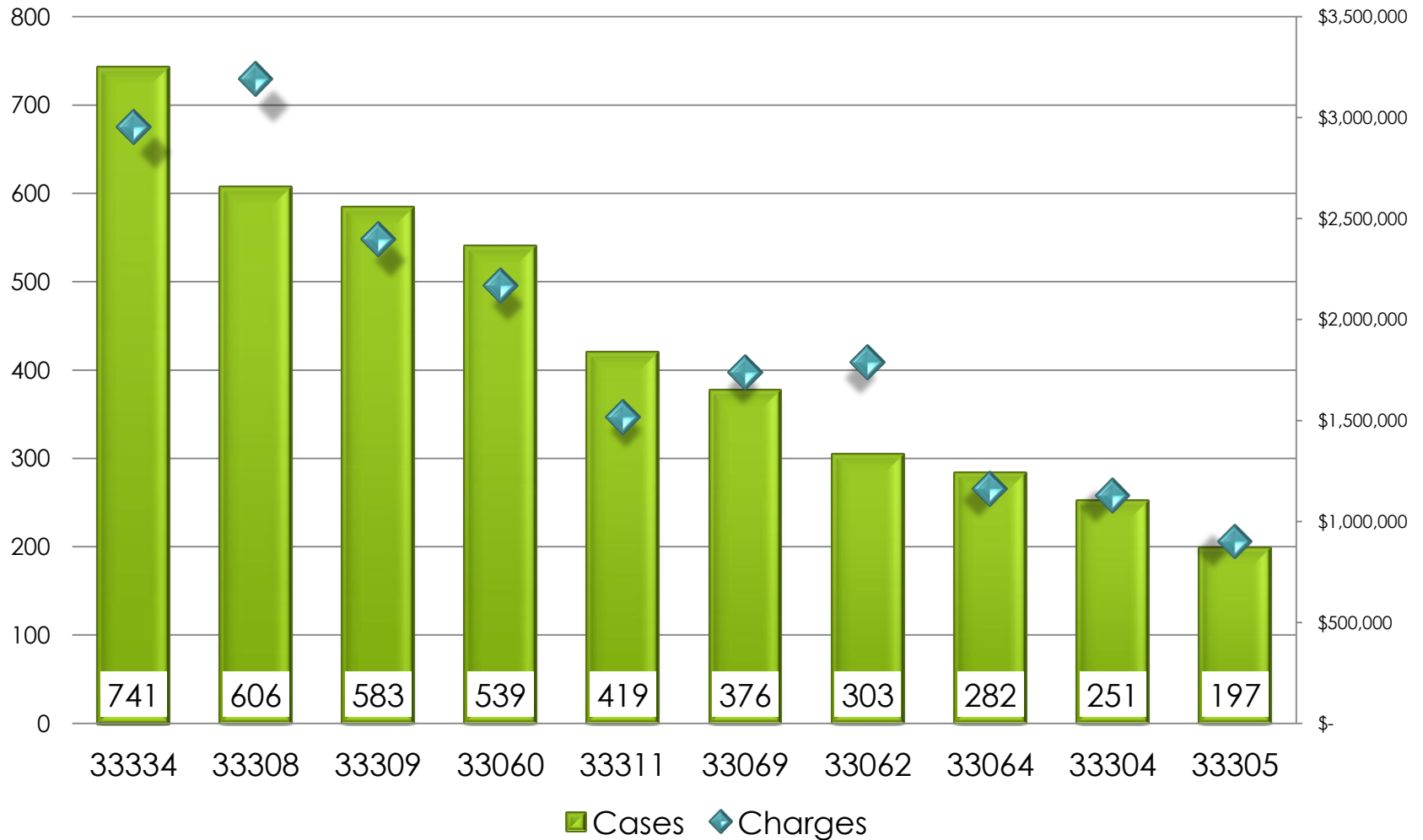


## HCH ED Preventable / Avoidable Admissions Cases by Age and Level of Severity, 2011



# Quantitative

## HCH Top 10 PSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

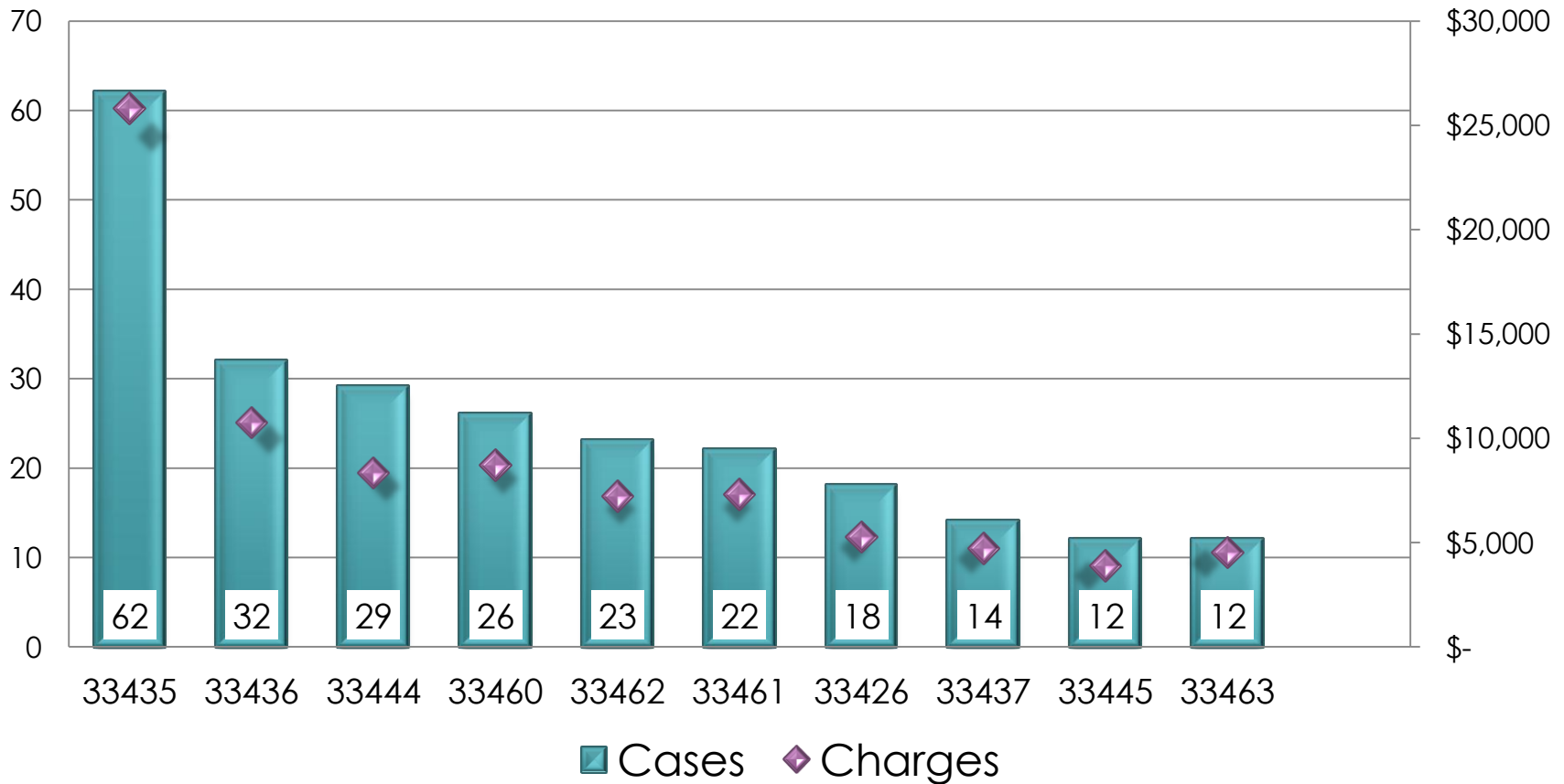


# Quantitative

## HCH Top 10 PSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

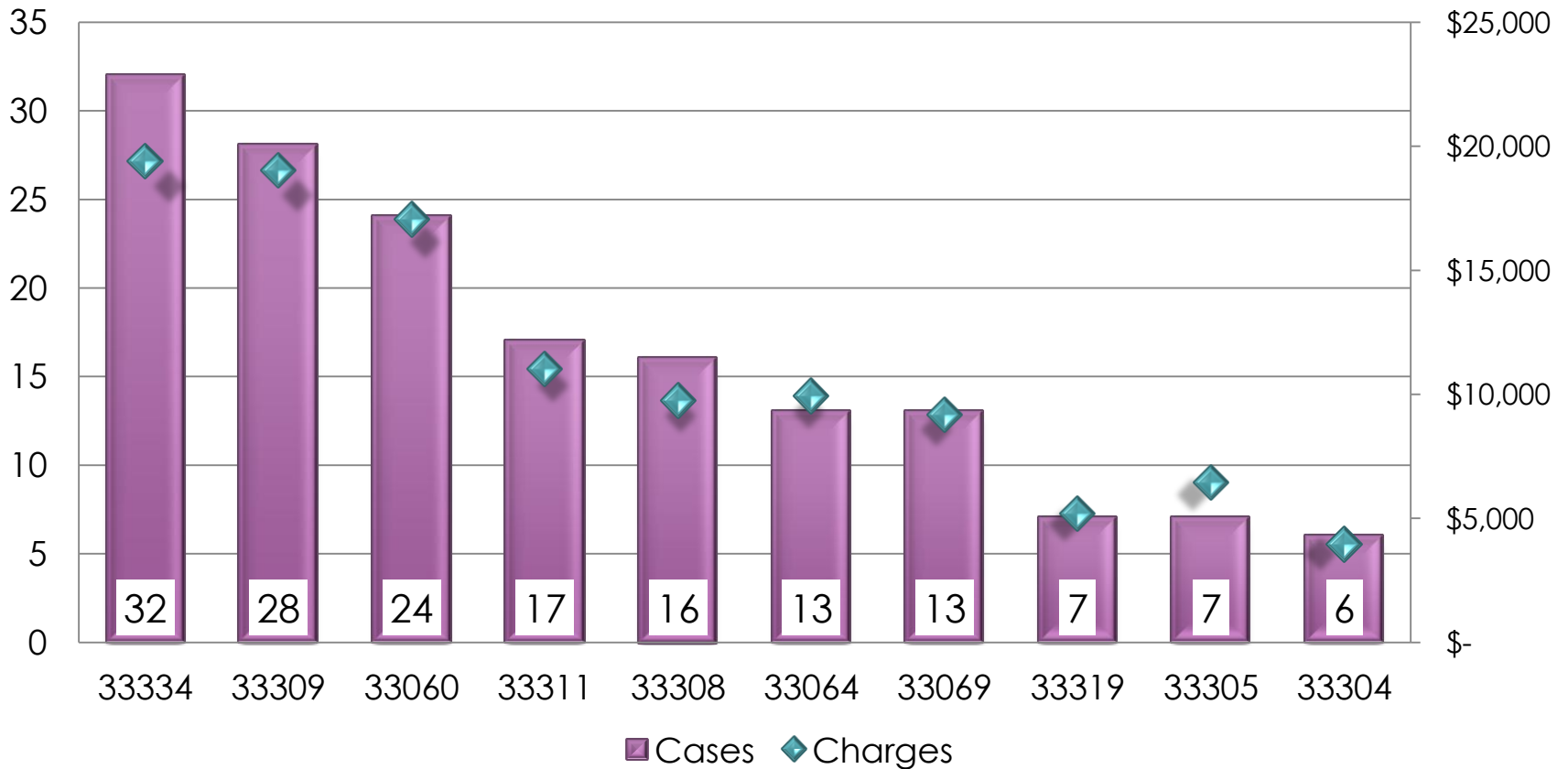
81 - Minor Severity

*Problems are self-limited or of minor severity*



## HCH Top 10 PSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

82-Low/ Moderate Severity  
*Problems are low to moderate severity*





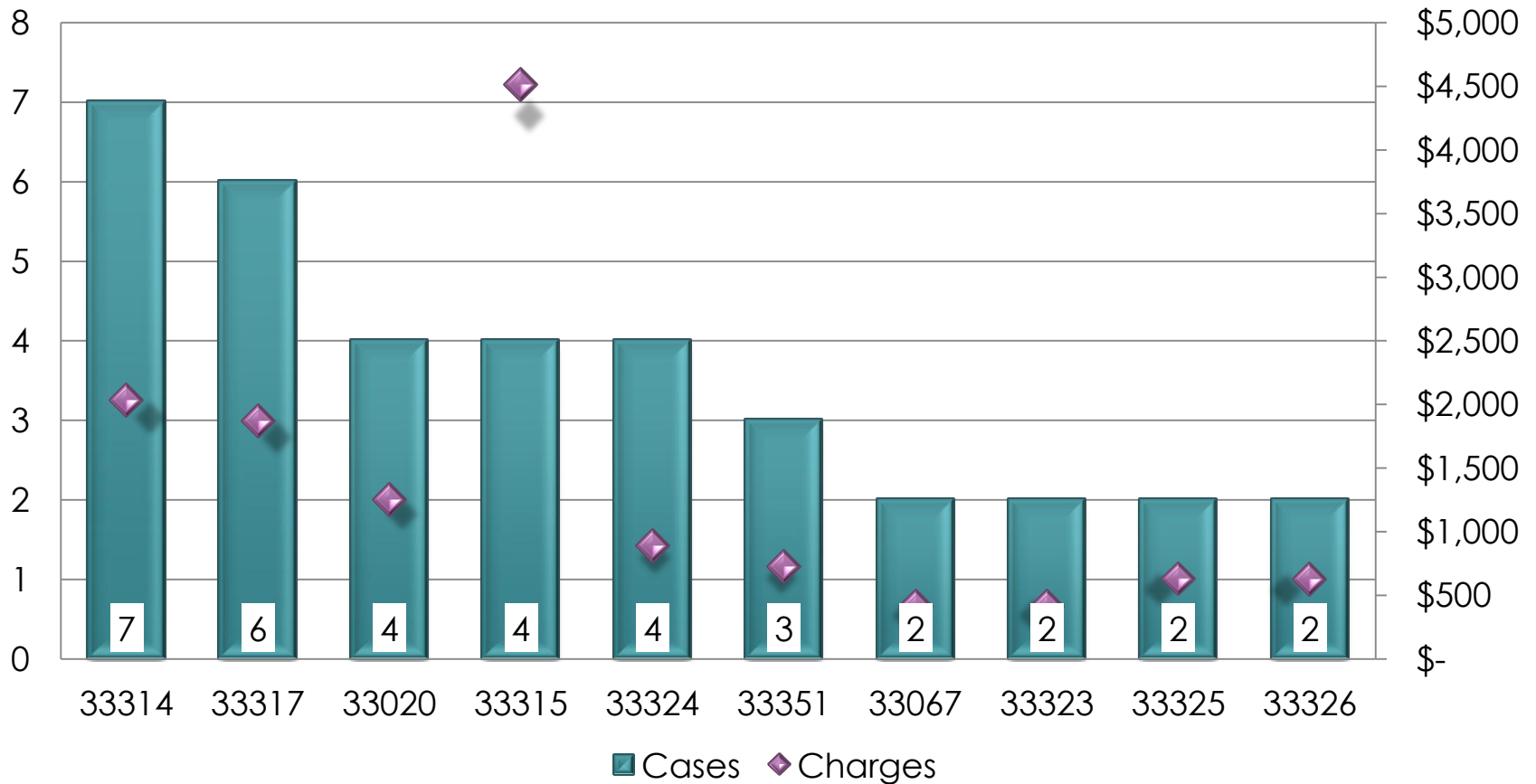
# Quantitative

## HCH Top 10 SSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011



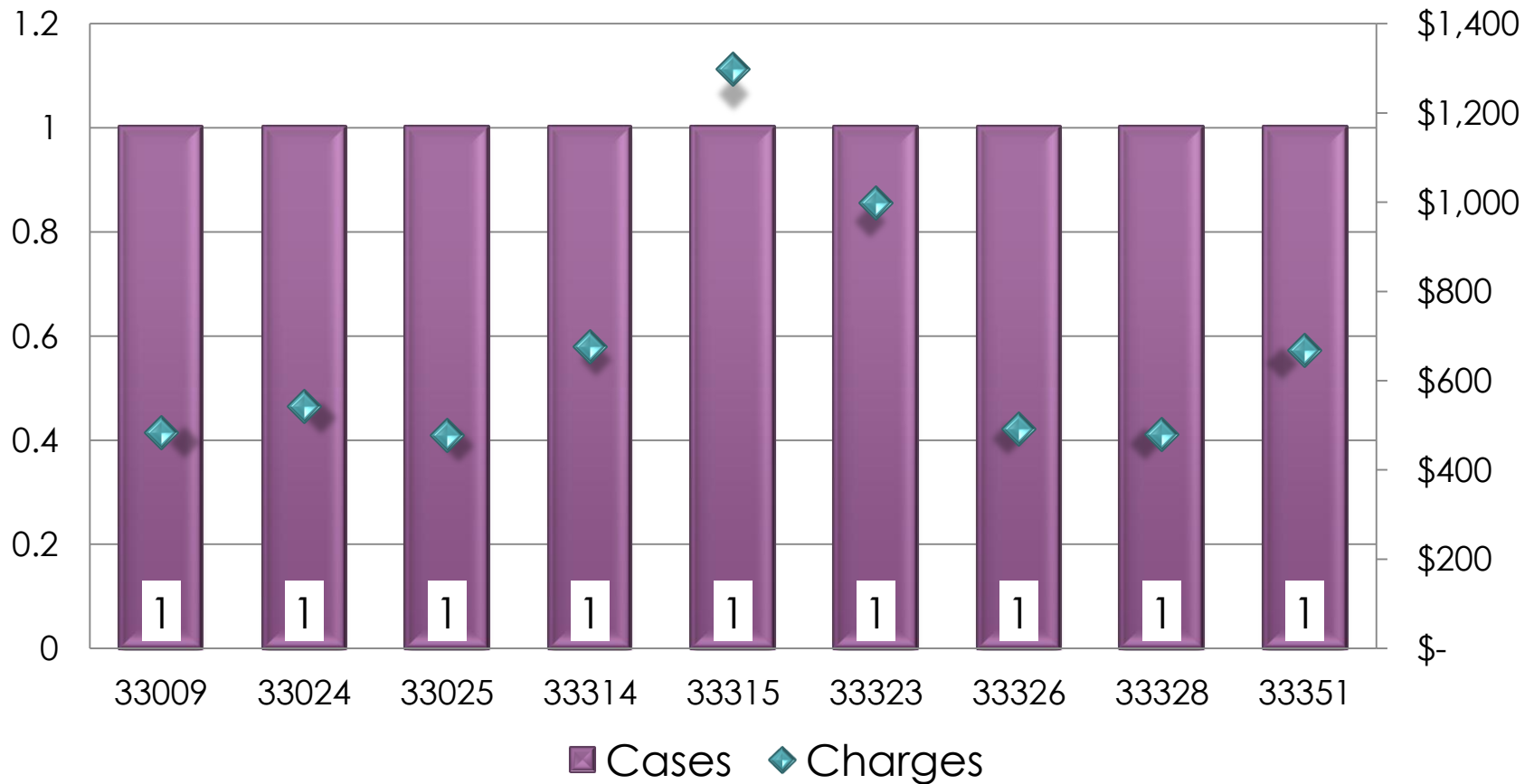
## HCH Top 10 SSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

81 - Minor Severity  
Problems are self-limited or of minor severity



## HCH Top 10 SSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

82-Low/ Moderate Severity  
Problems are low to moderate severity





## Prevention Quality Indicators

## 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.

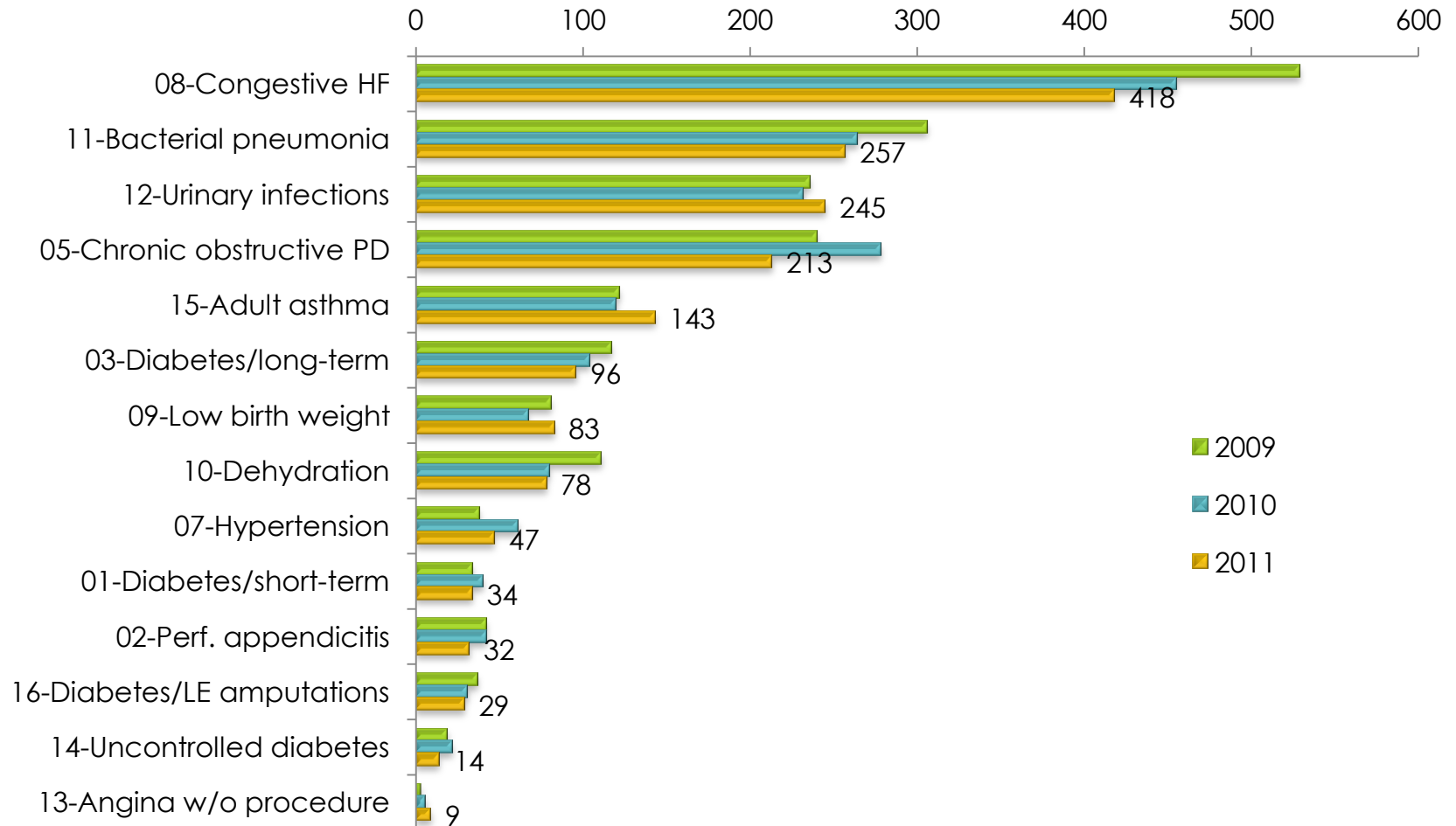
The PQI's represent fourteen ambulatory care sensitive conditions:

- 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

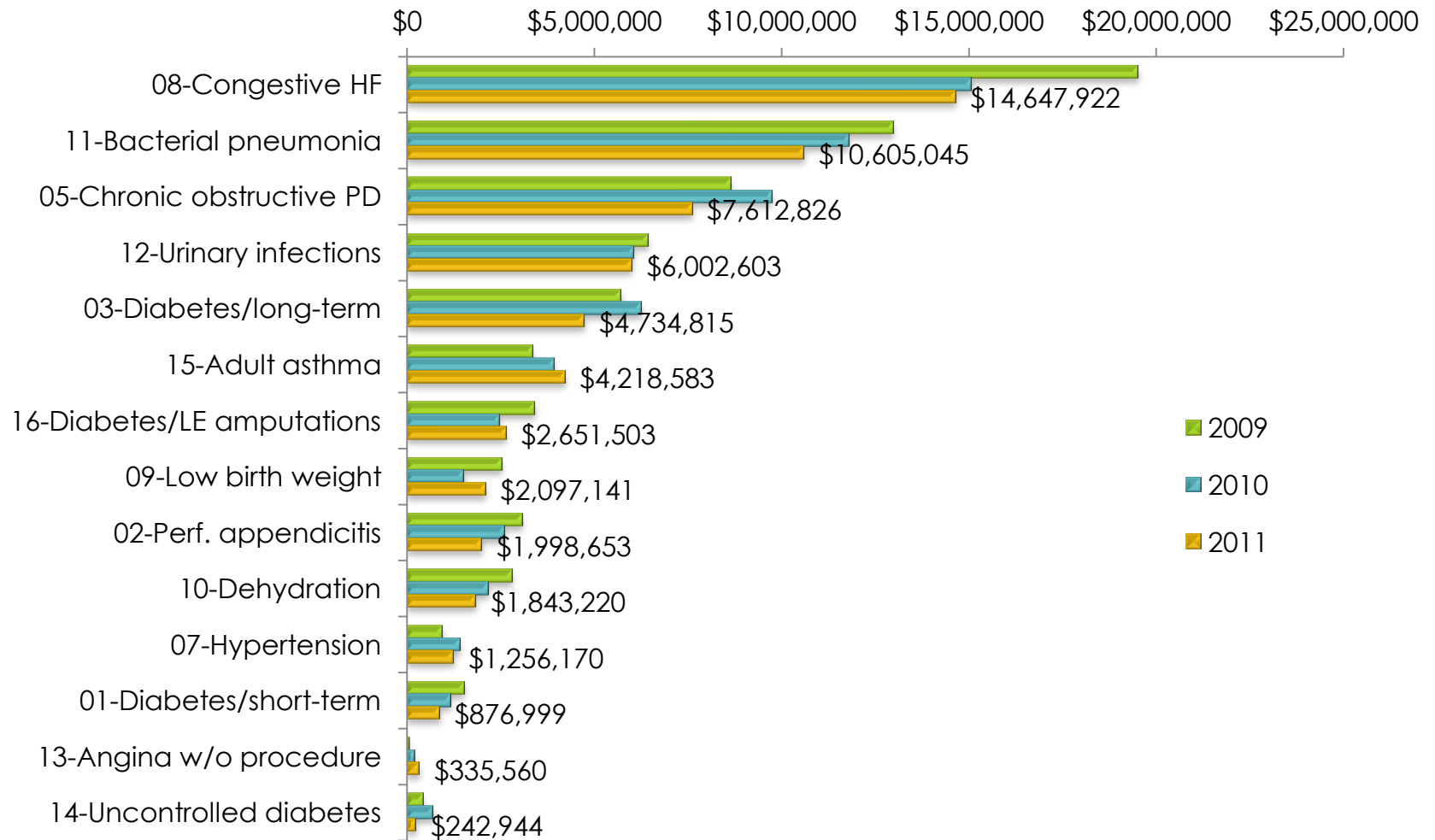
## Prevention Quality Indicators Cases Vs. Charges, Broward Hosp, 2011



## Prevention Quality Indicators Cases, HCH, 2009-2011

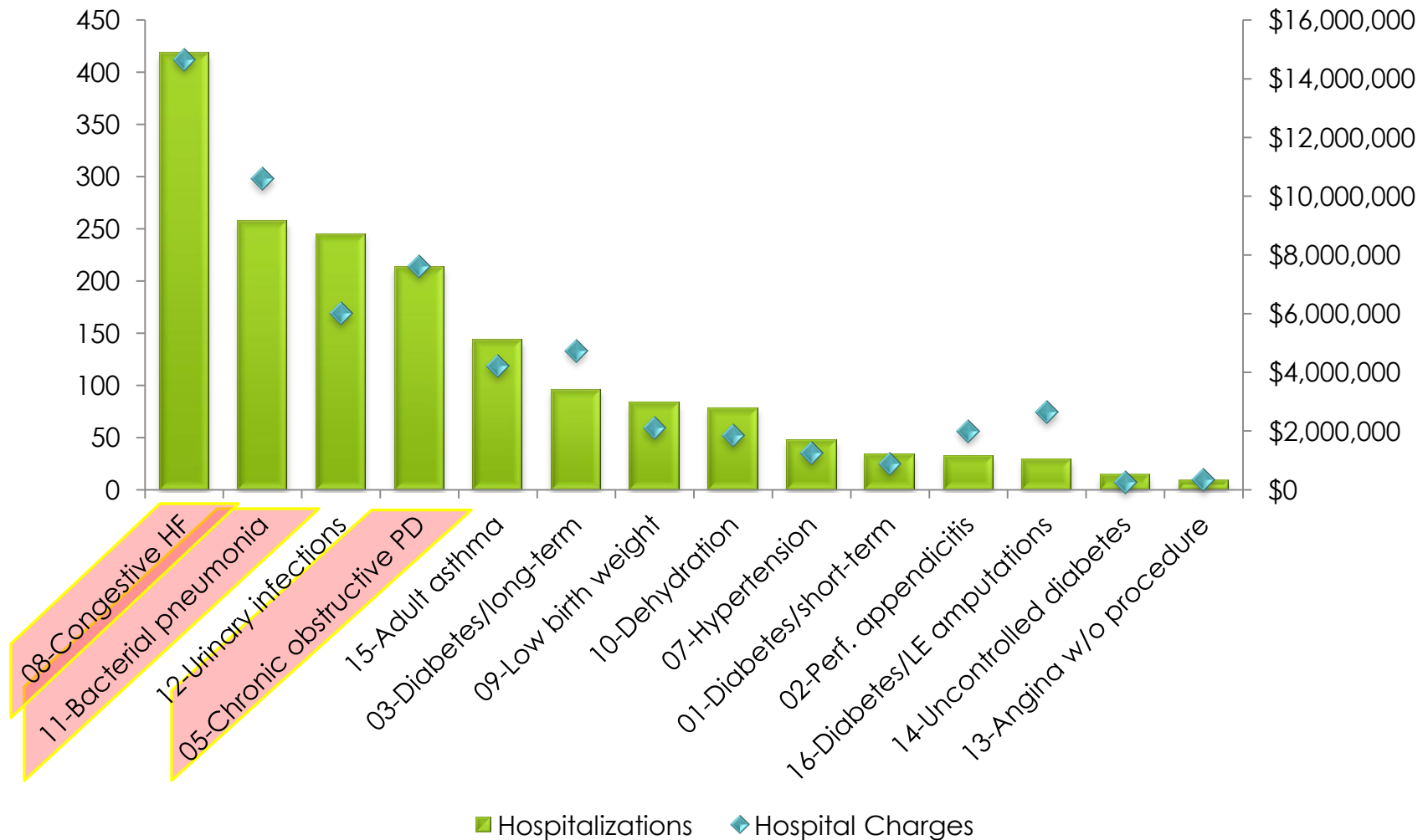


## Prevention Quality Indicators Charges, HCH, 2009-2011

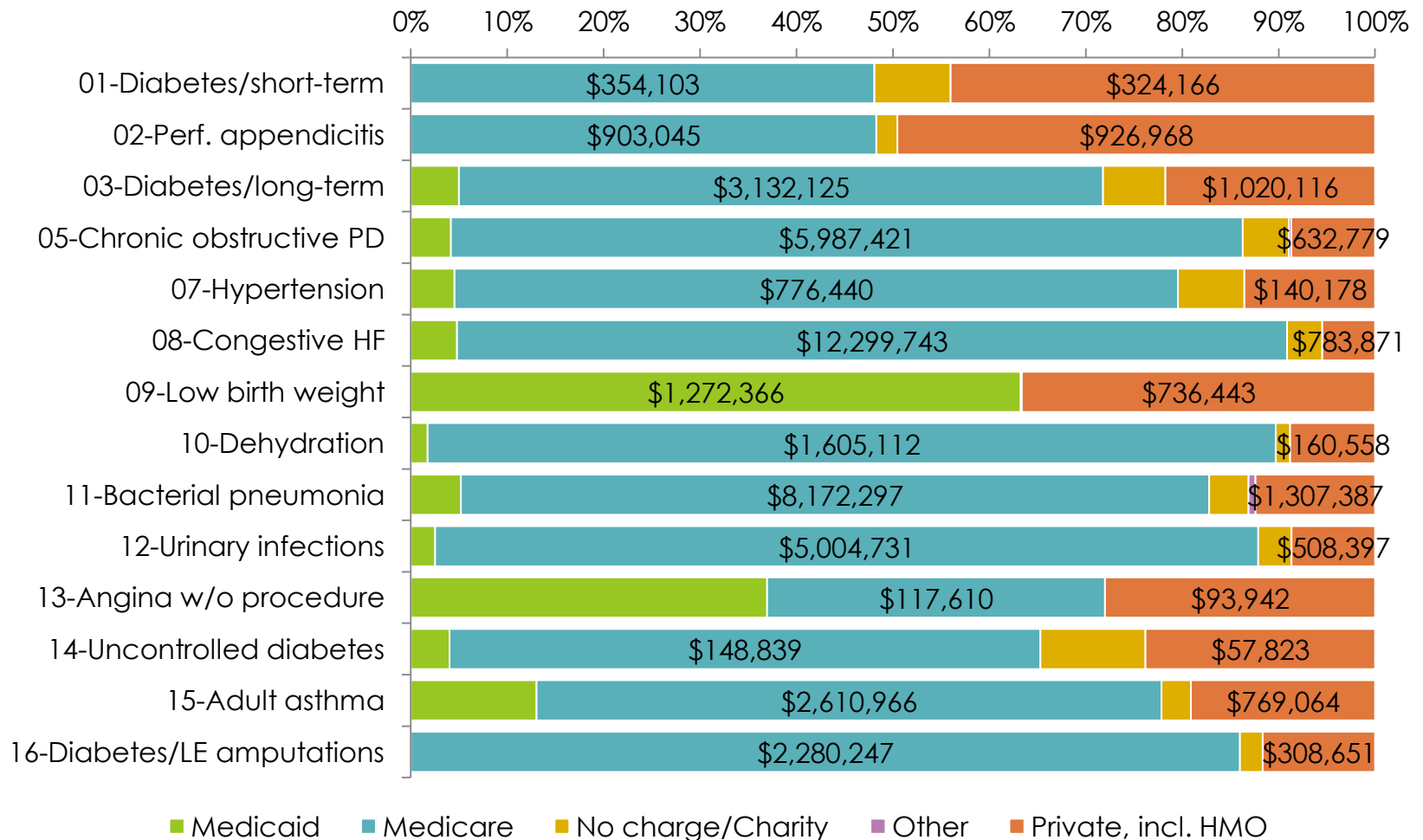




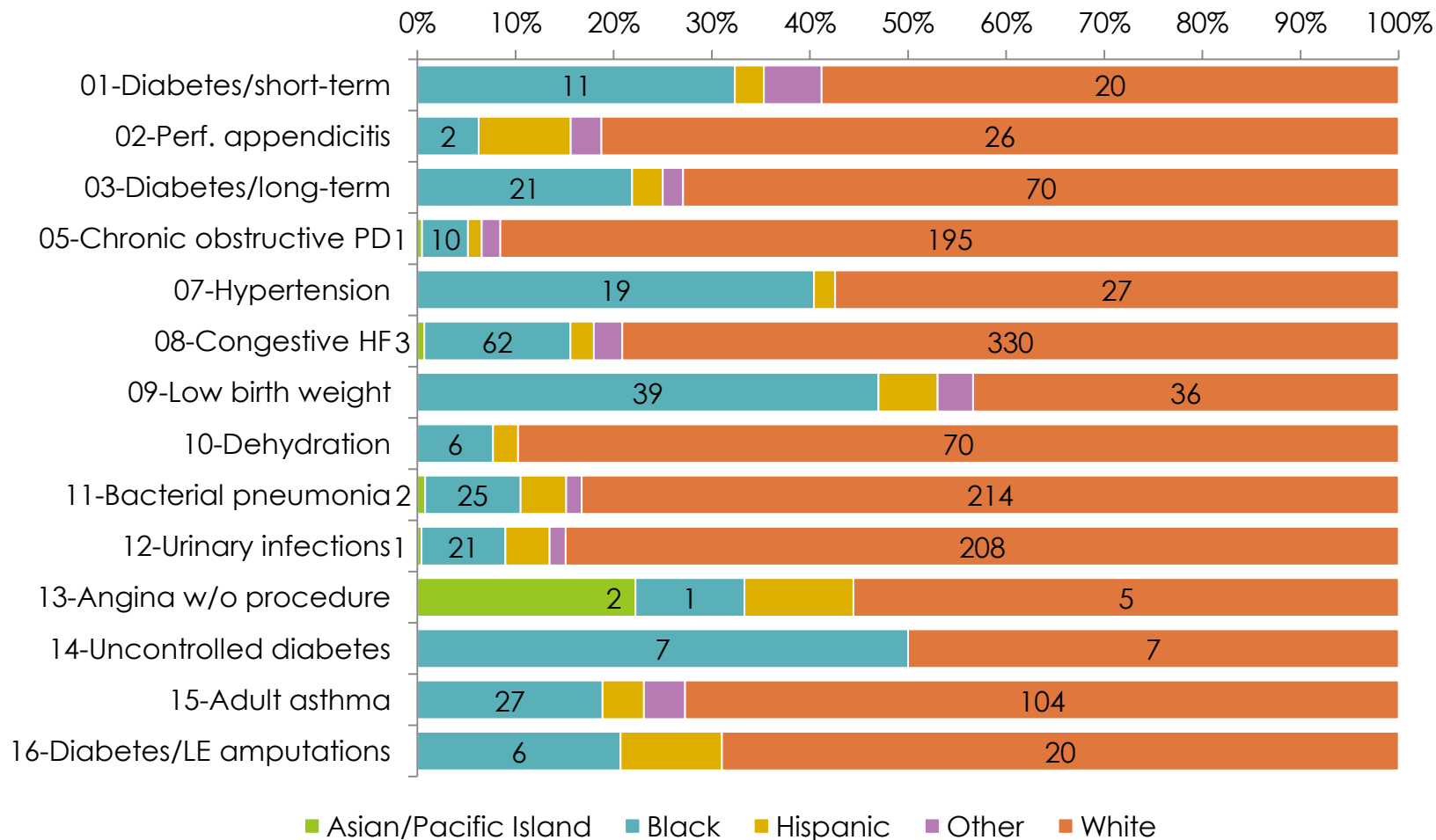
## Prevention Quality Indicators Cases Vs. Charges, HCH, 2011



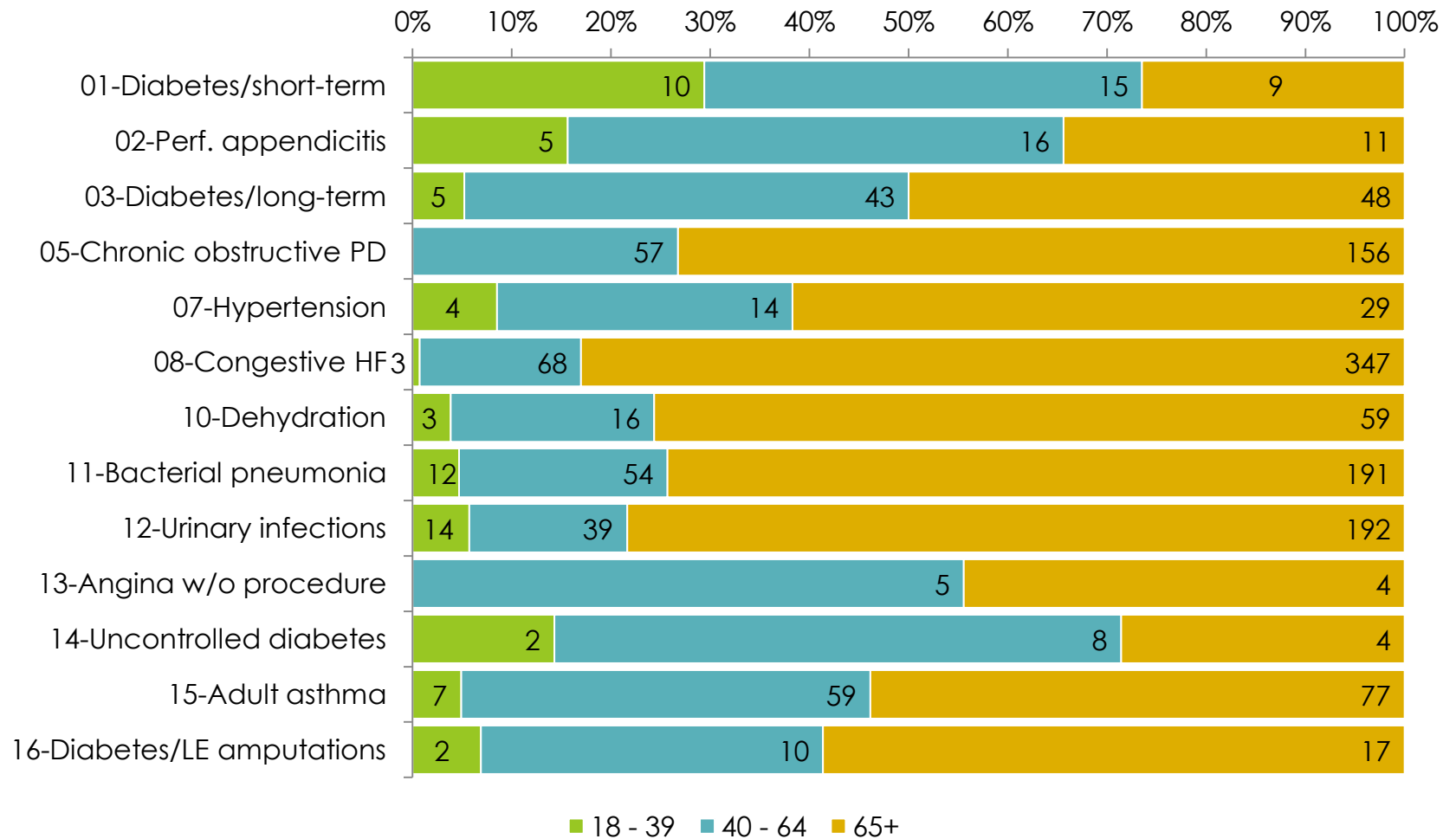
## Prevention Quality Indicators Charges by Payer, HCH, 2011



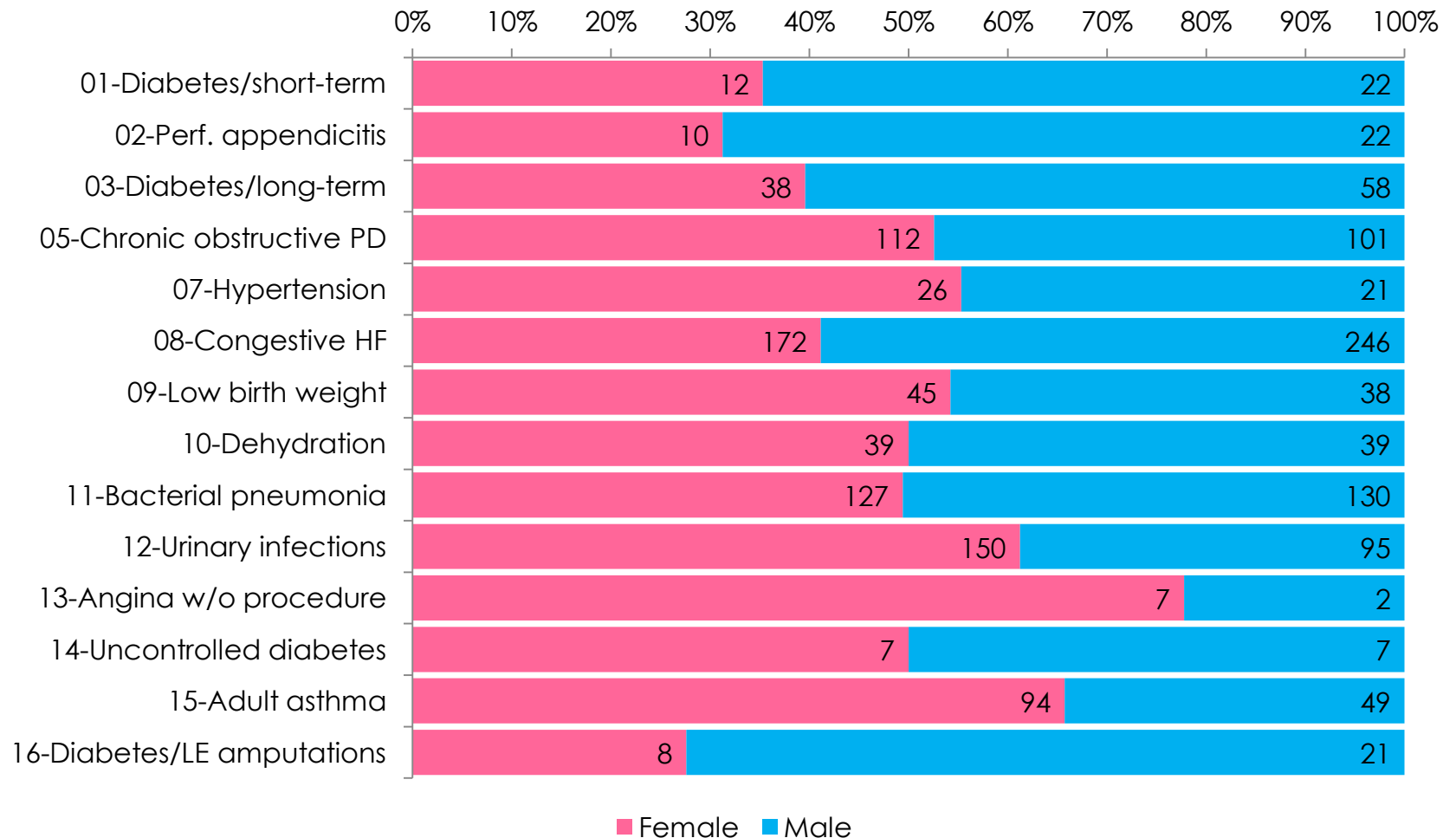
## Prevention Quality Indicators Cases by Race/Ethnicity, HCH, 2011



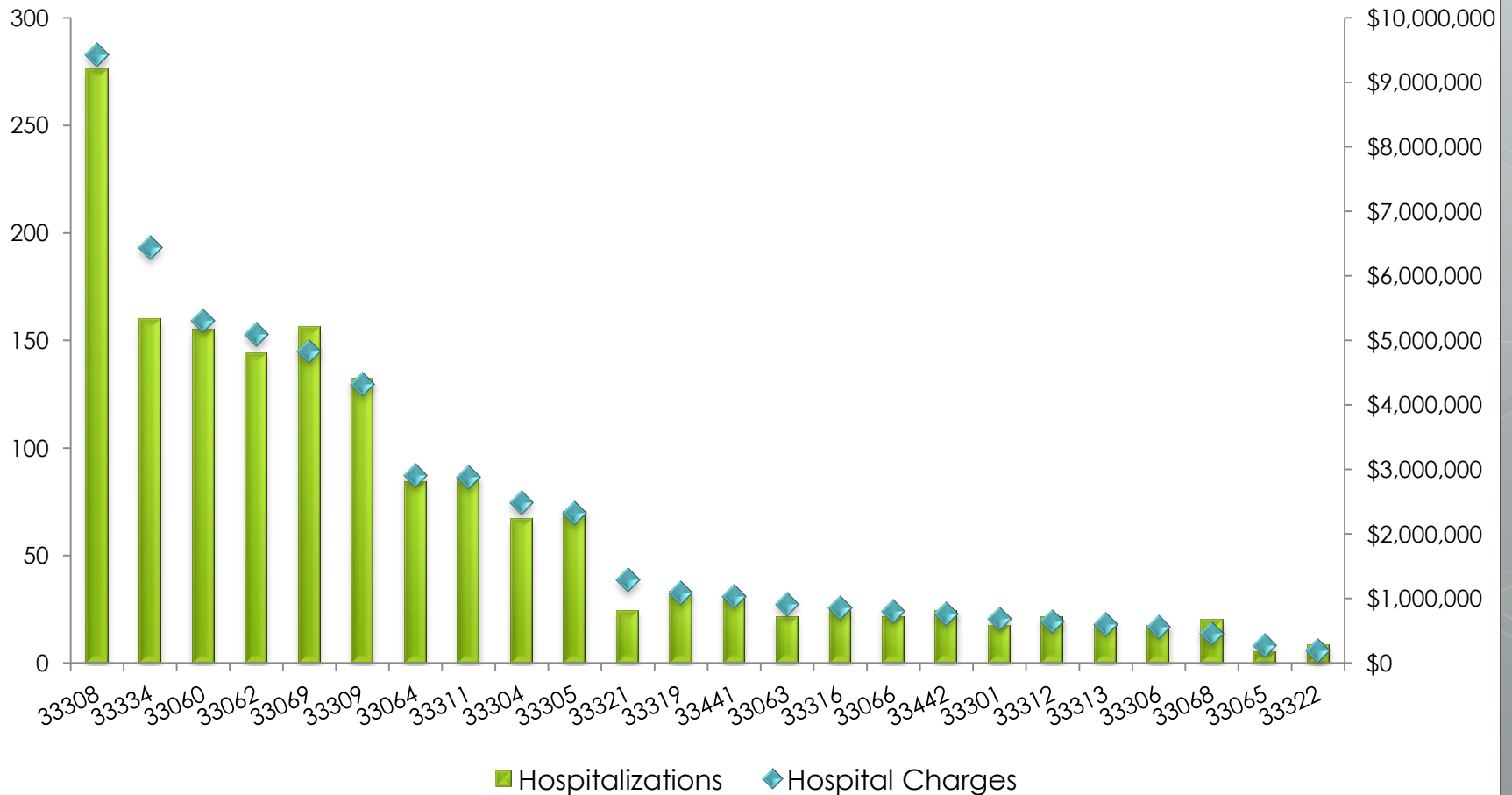
## Prevention Quality Indicators Cases by Age, HCH, 2011



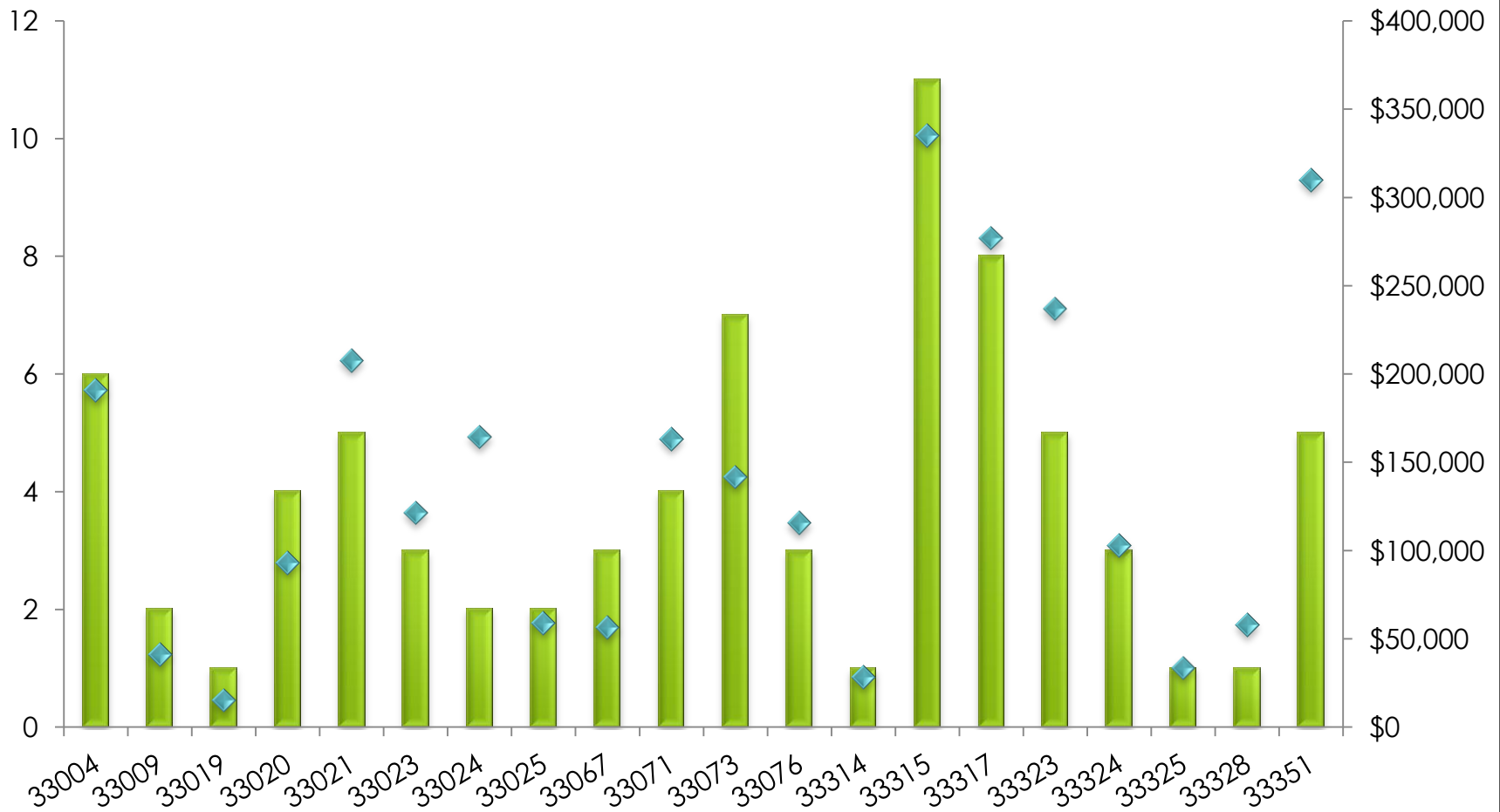
## Prevention Quality Indicators Cases by Gender, HCH, 2011

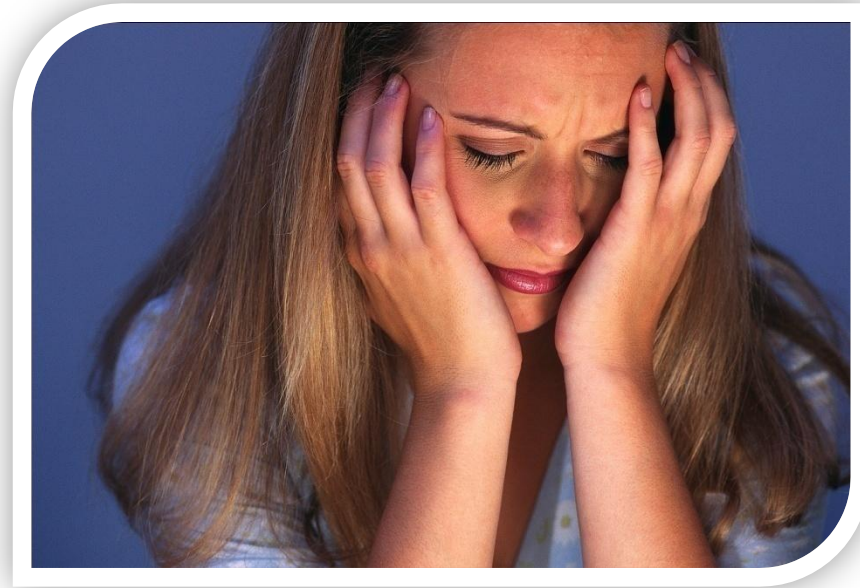


## Prevention Quality Indicators Cases Vs. Charges By PSA Zip Codes, HCH, 2011



## Prevention Quality Indicators Cases Vs. Charges By SSA Zip Codes, HCH, 2011





# Self-Inflicted Injury



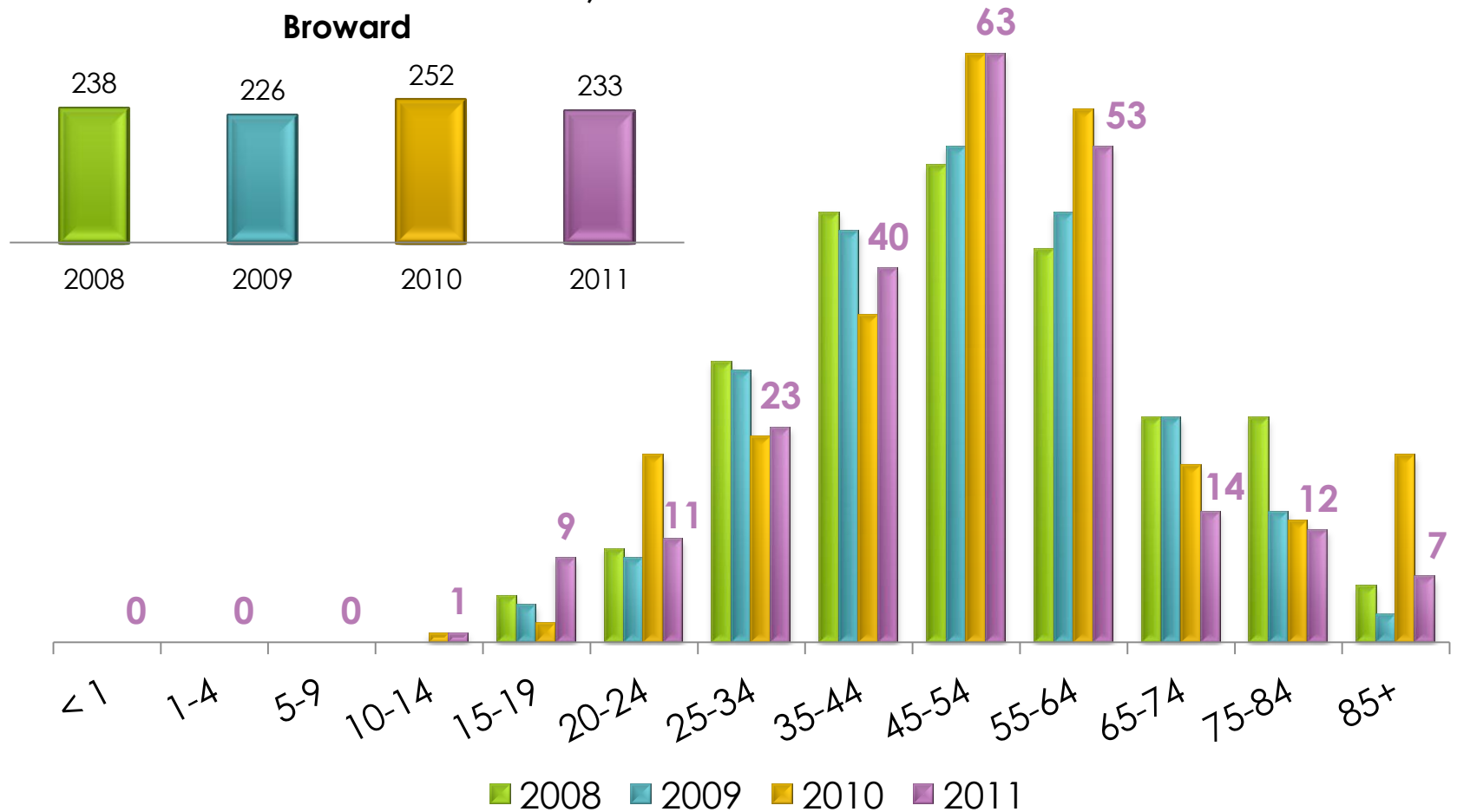
# Qualitative

## Youth Risk Behavior Survey Broward County, 2007-2011

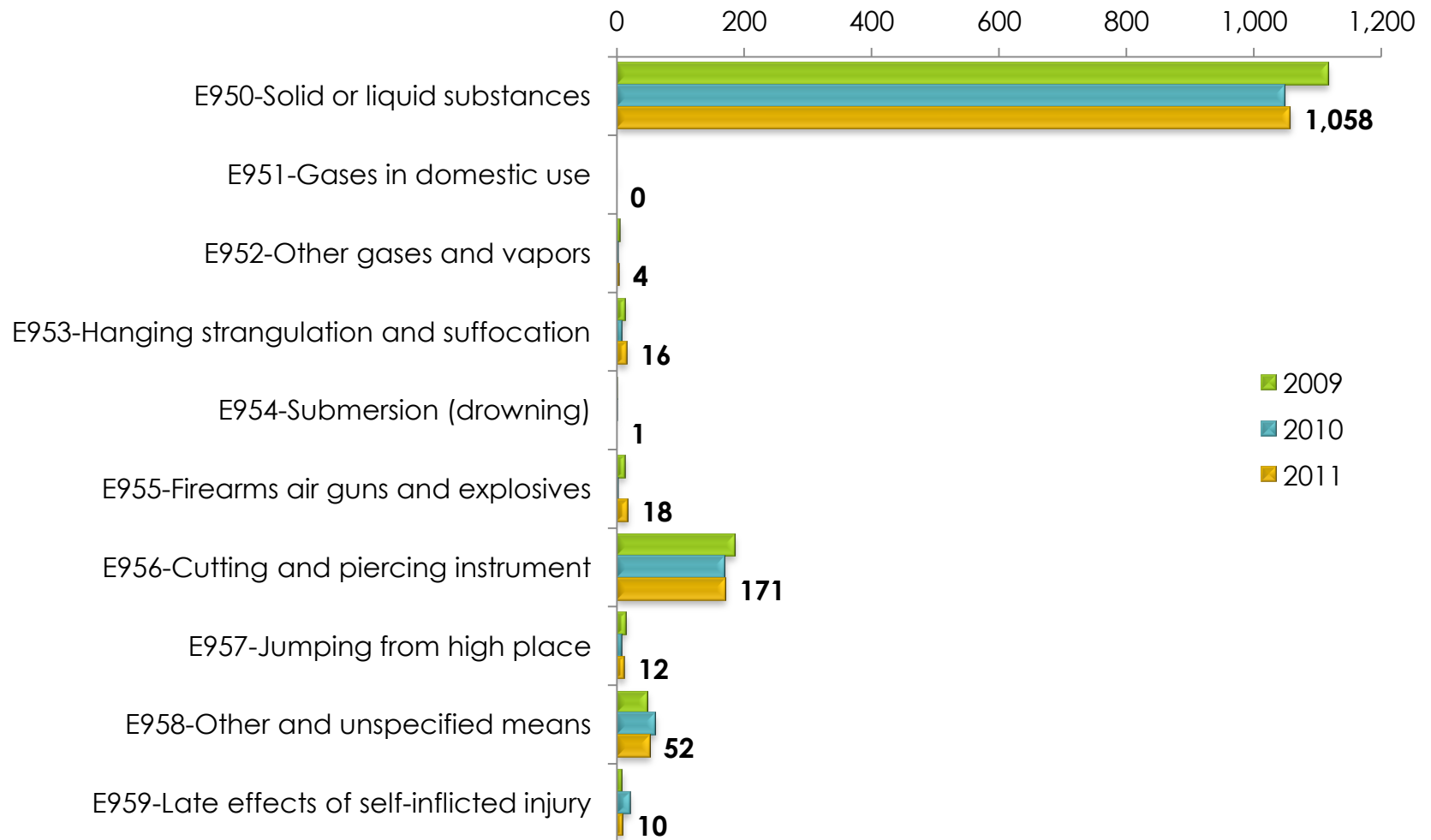
<b>DEPRESSION/ SUICIDE</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011 Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	28.0 (25.2–31.1)	26.6 (24.0–29.4)	26.7 (24.5–29.0)	34.7 (31.3–38.2)	18.7 (16.1–21.6)
<b>Seriously Considered Attempting Suicide</b> (during the 12 months before the survey)	10.7 (8.8–12.8)	11.0 (9.2–13.1)	12.3 (10.3–14.6)	14.4 (11.3–18.2)	10.2 (8.4–12.4)
<b>Attempted Suicide One Or More Times</b> (during the 12 months before the survey)	5.1 (4.0–6.4)	6.4 (5.0–8.1)	6.0 (4.8–7.4)	7.5 (5.6–10.0)	4.4 (3.0–6.4)
<b>Suicide Attempt Resulted In An Injury, Poisoning, Or Overdose That Had To Be Treated By A Doctor Or Nurse</b> (during the 12 months before the survey)	1.4 (0.8–2.7)	2.9 (2.0–4.2)	2.2 (1.5–3.2)	2.1 (1.2–3.6)	2.3 (1.3–4.1)

## Suicide Death Count by Age Broward, 2008-2011

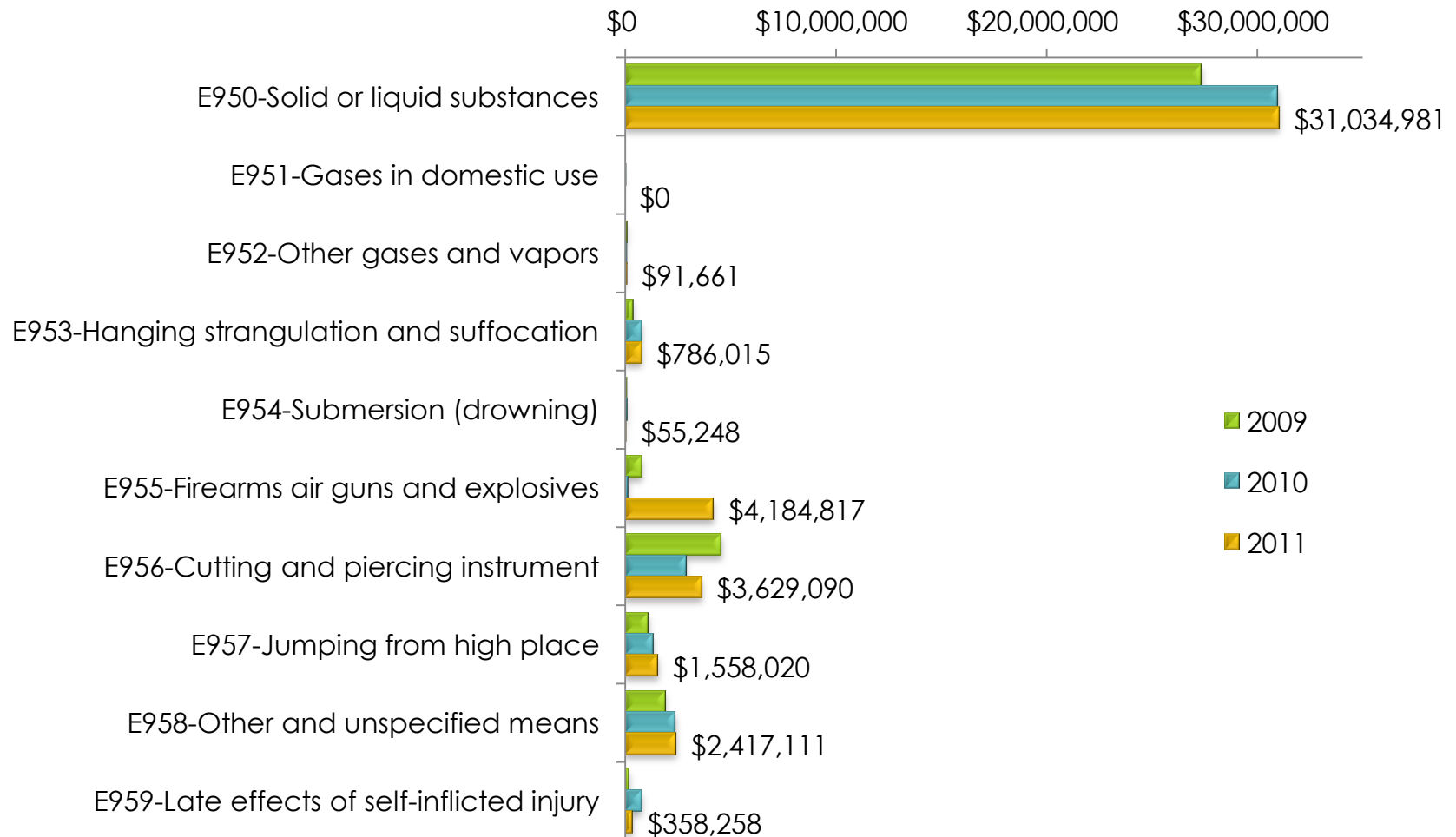
Total Number of Suicide Deaths,  
Broward



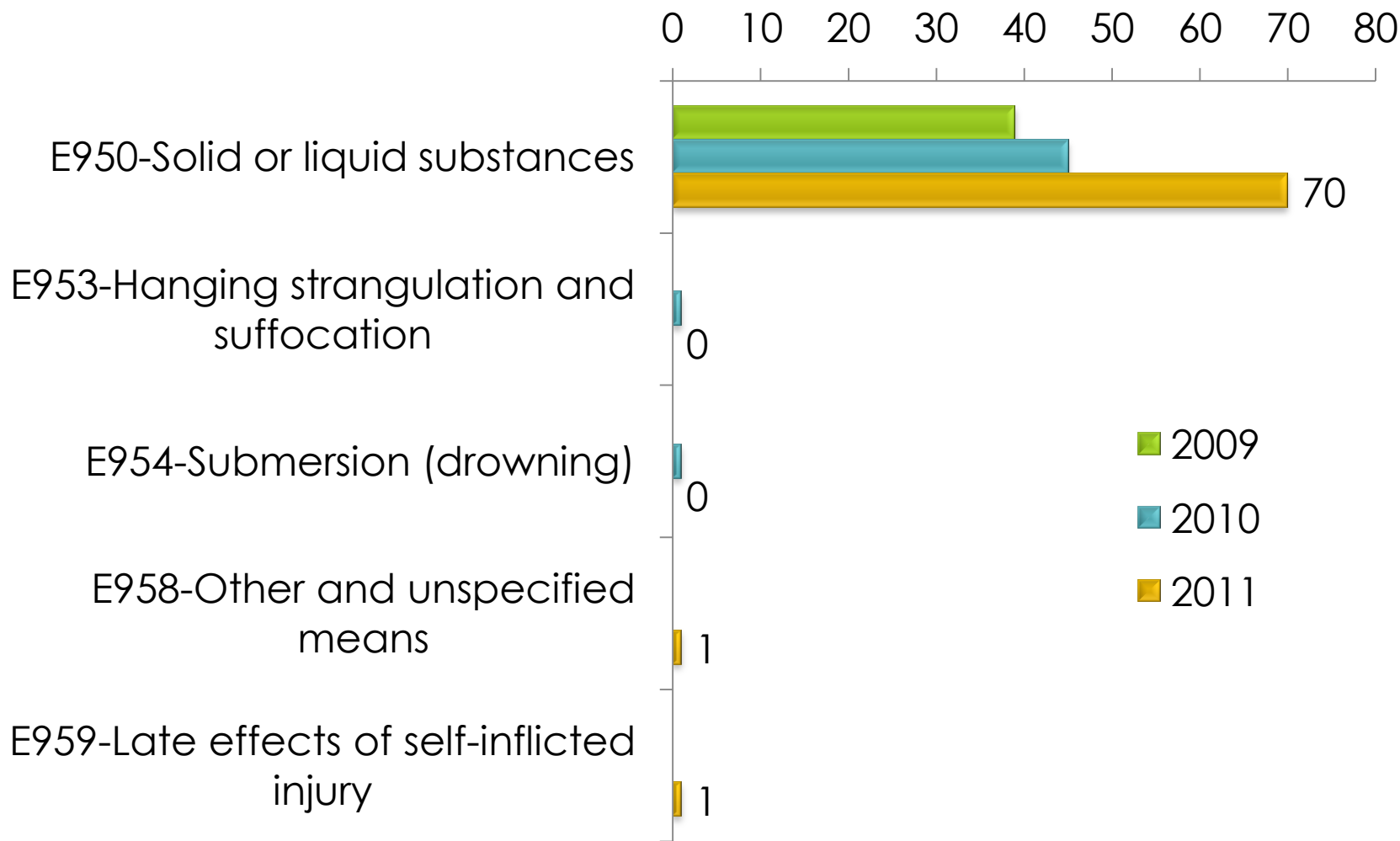
## Self-Inflicted Injury Hospitalization – Cases All Broward Hospitals, 2009-2011



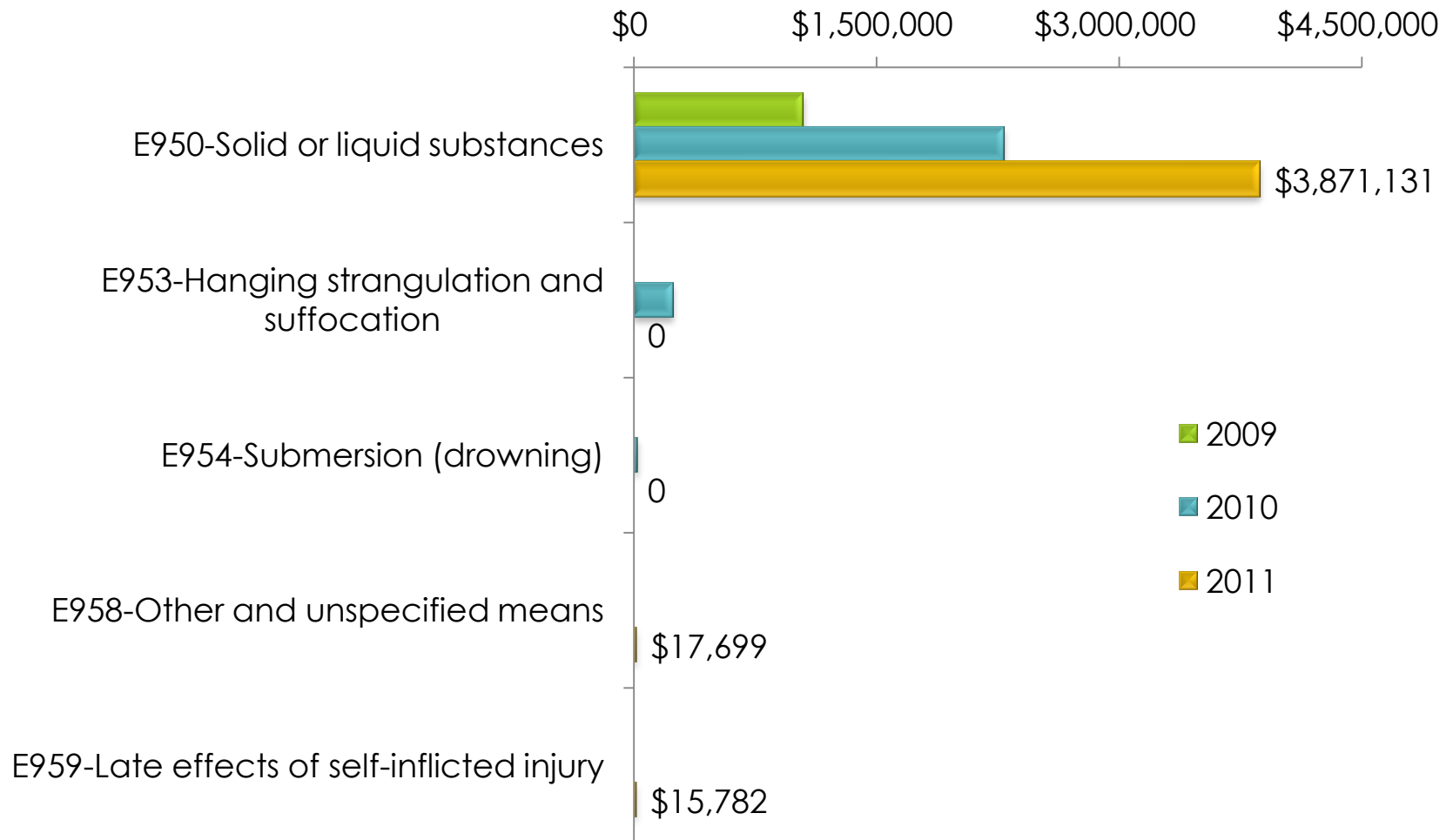
## Self-Inflicted Injury Hospitalization – Charges All Broward Hospitals, 2009-2011



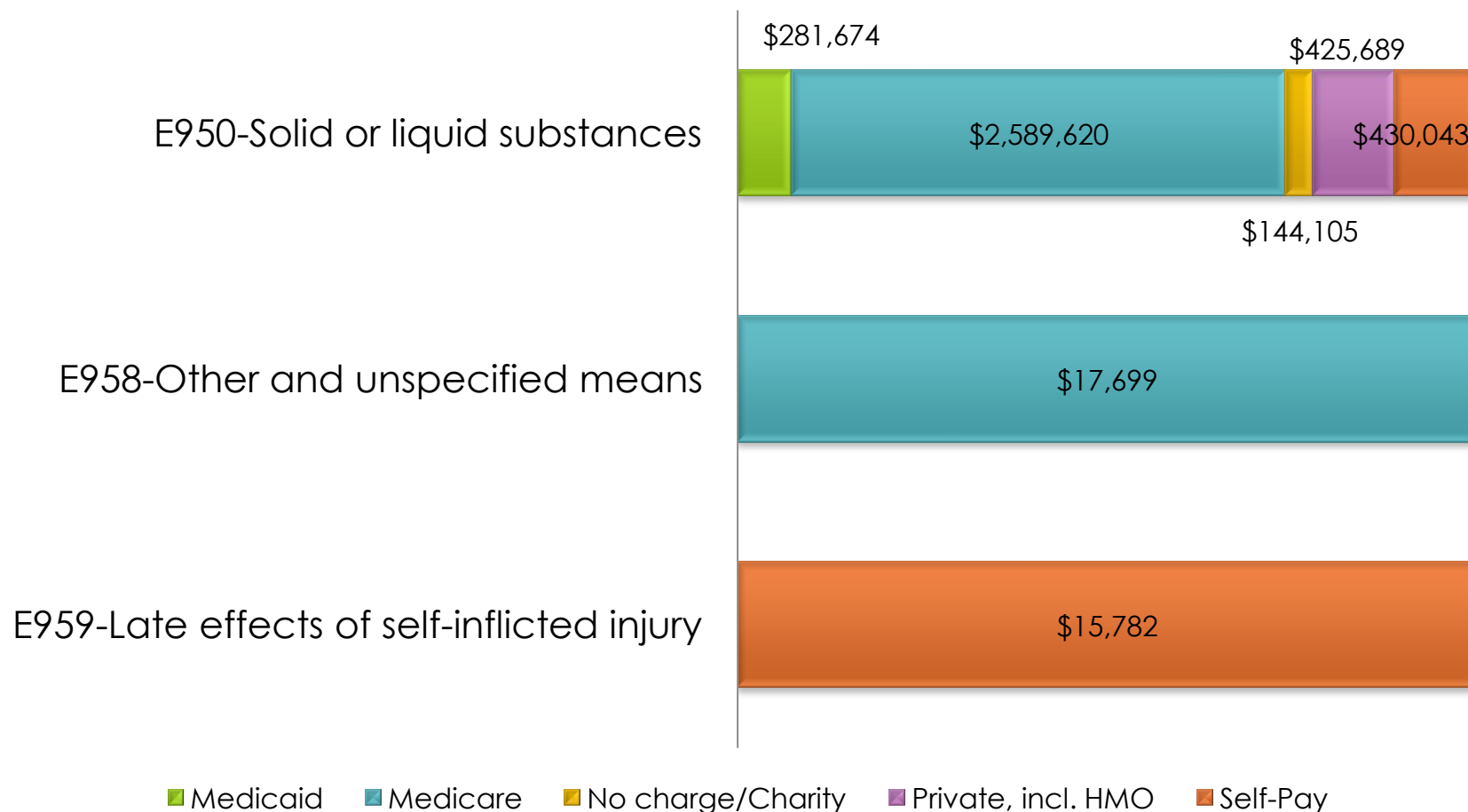
## Self-Inflicted Injury Hospitalization – Cases HCH, 2009-2011



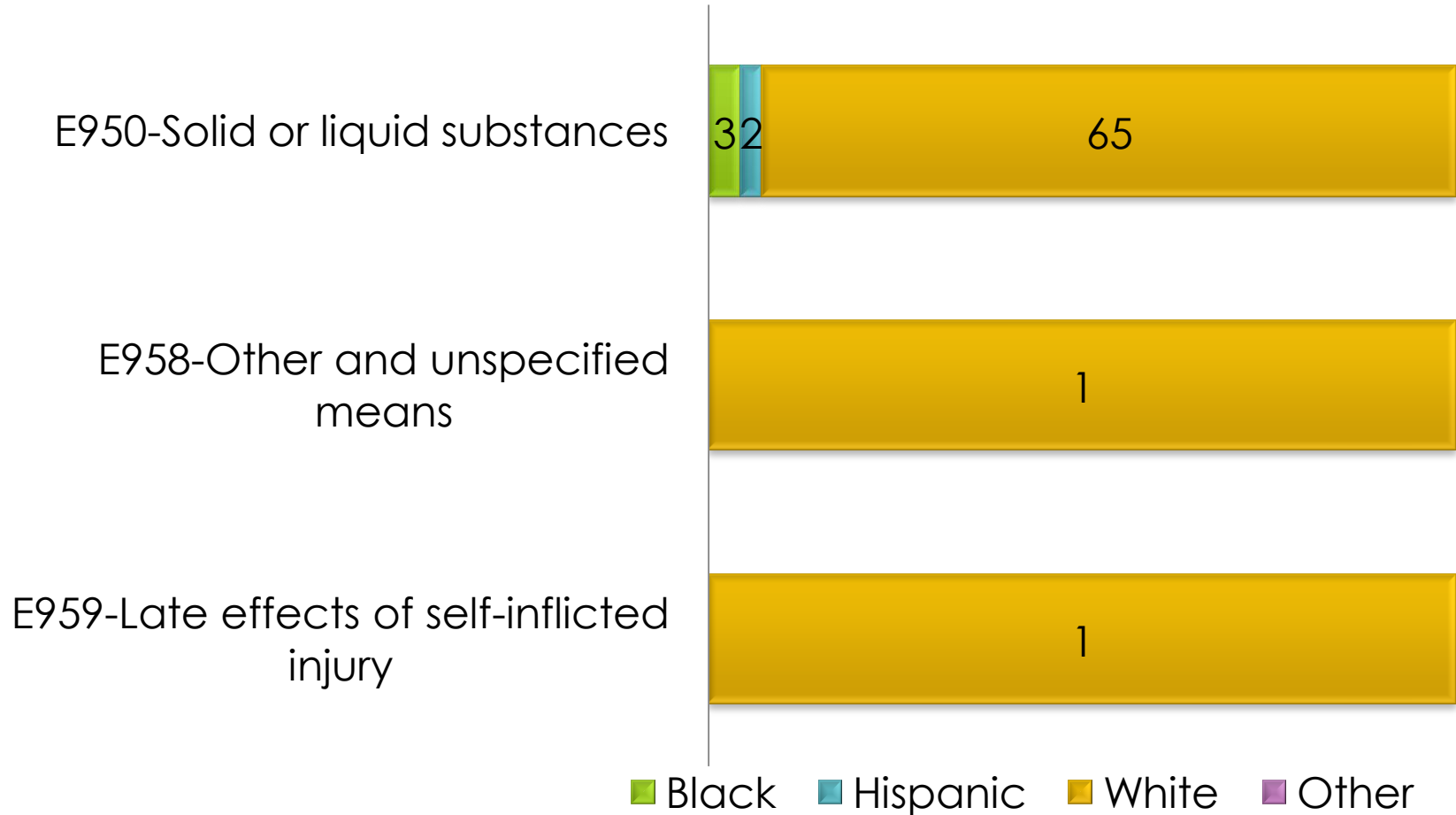
## Self-Inflicted Injury Hospitalization – Charges HCH, 2009-2011



## Self-Inflicted Injury Hospitalization Charges by Payer, HCH, 2011

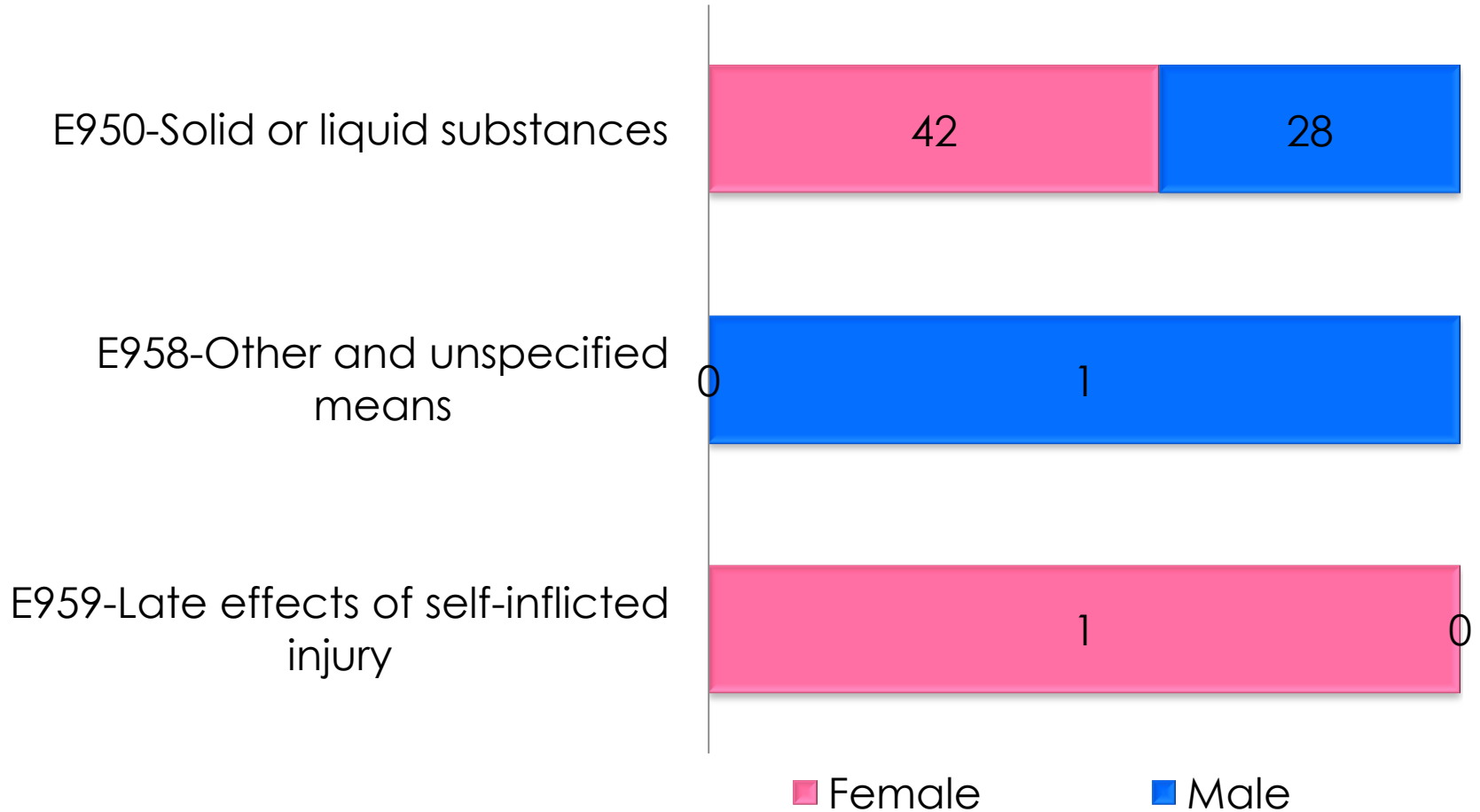


## Self-Inflicted Injury Hospitalization Cases by Race/Ethnicity, HCH, 2011

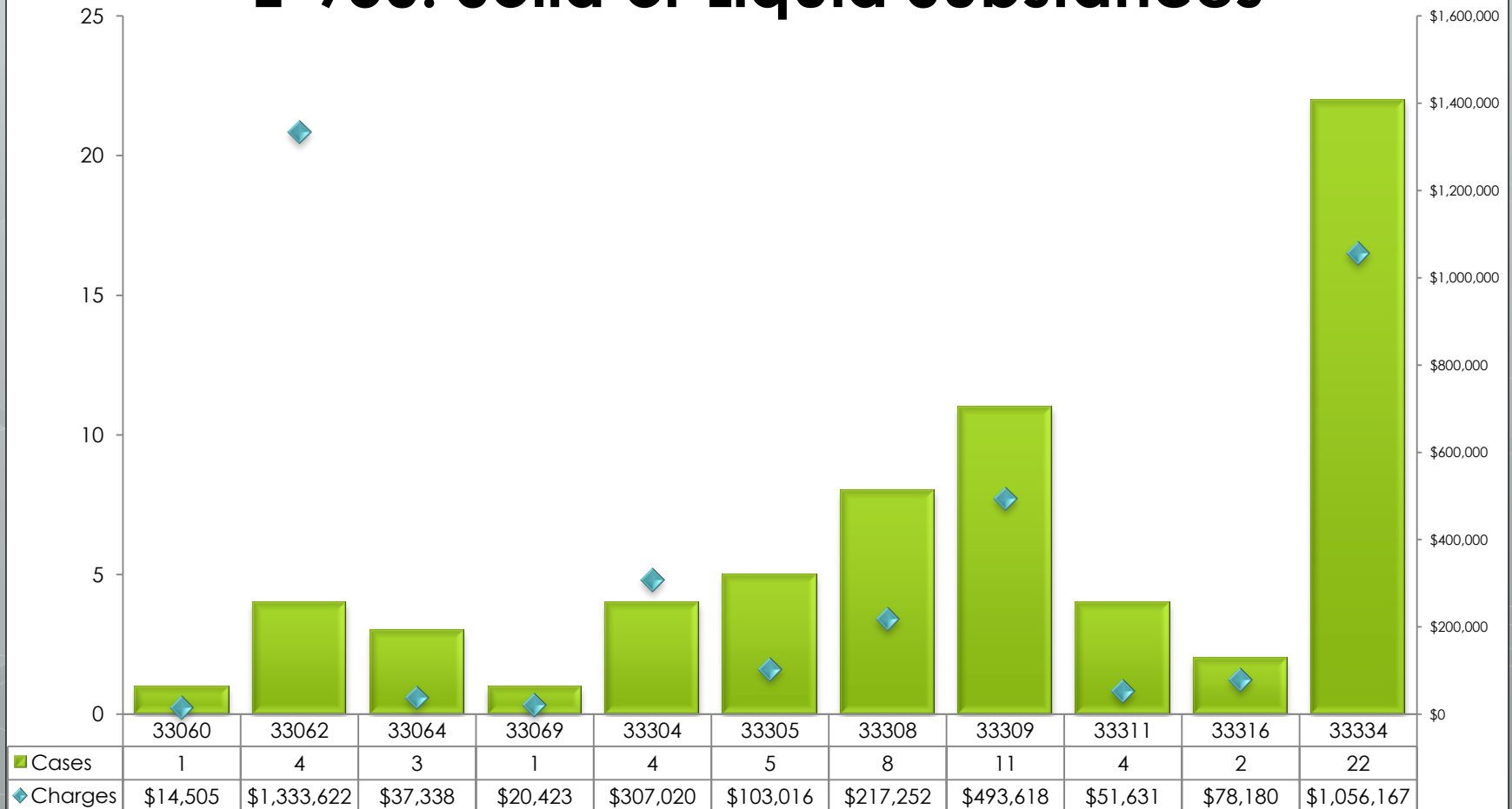




## Self-Inflicted Injury Hospitalization Cases by Gender, HCH, 2011



## Self-Inflicted Injury Hospitalization Cases Vs. Charges by PSA Zip, HCH, 2011 E-950: Solid or Liquid Substances





## Diagnosis Related Group

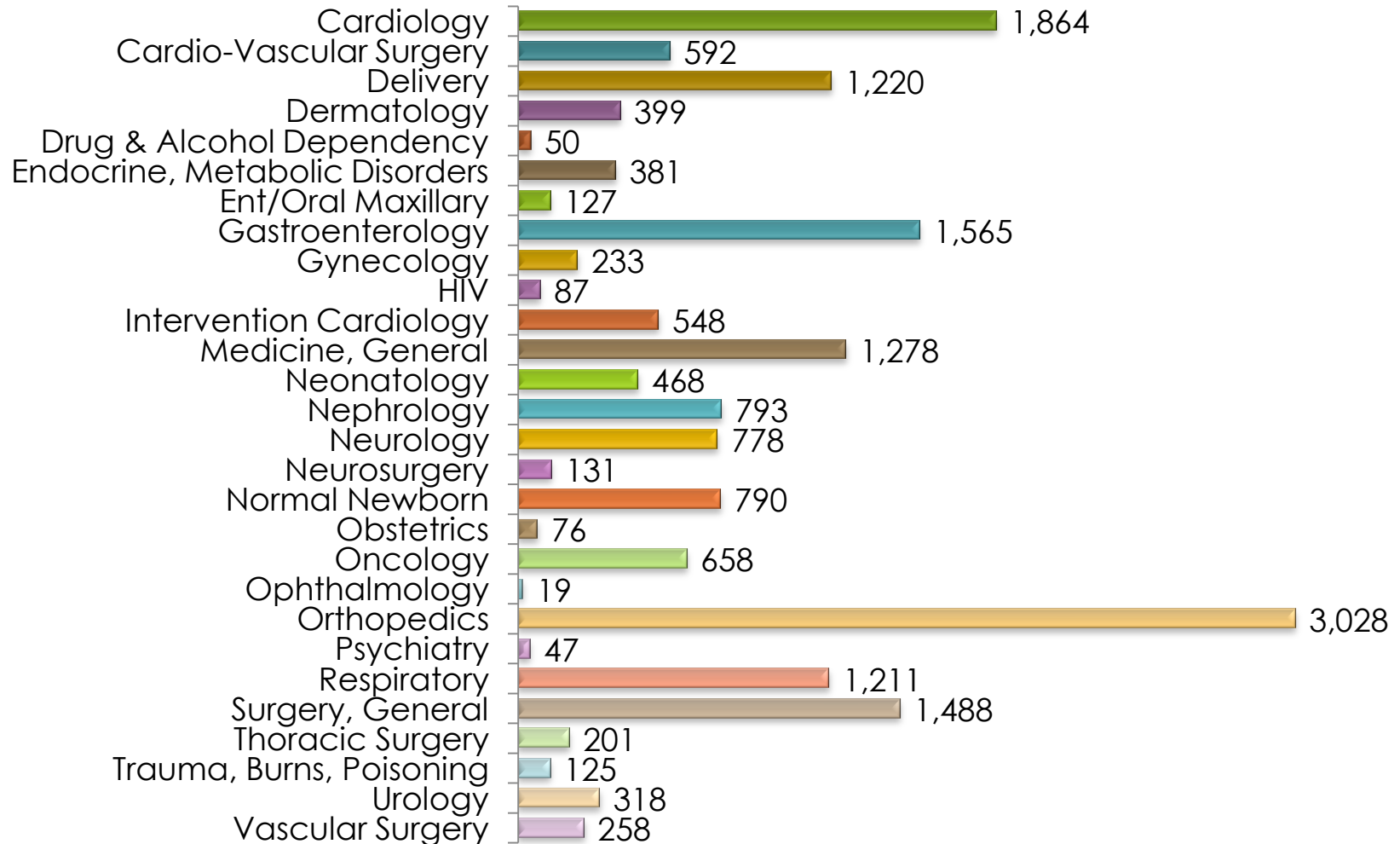
## Diagnosis-Related Group (DRG)

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.

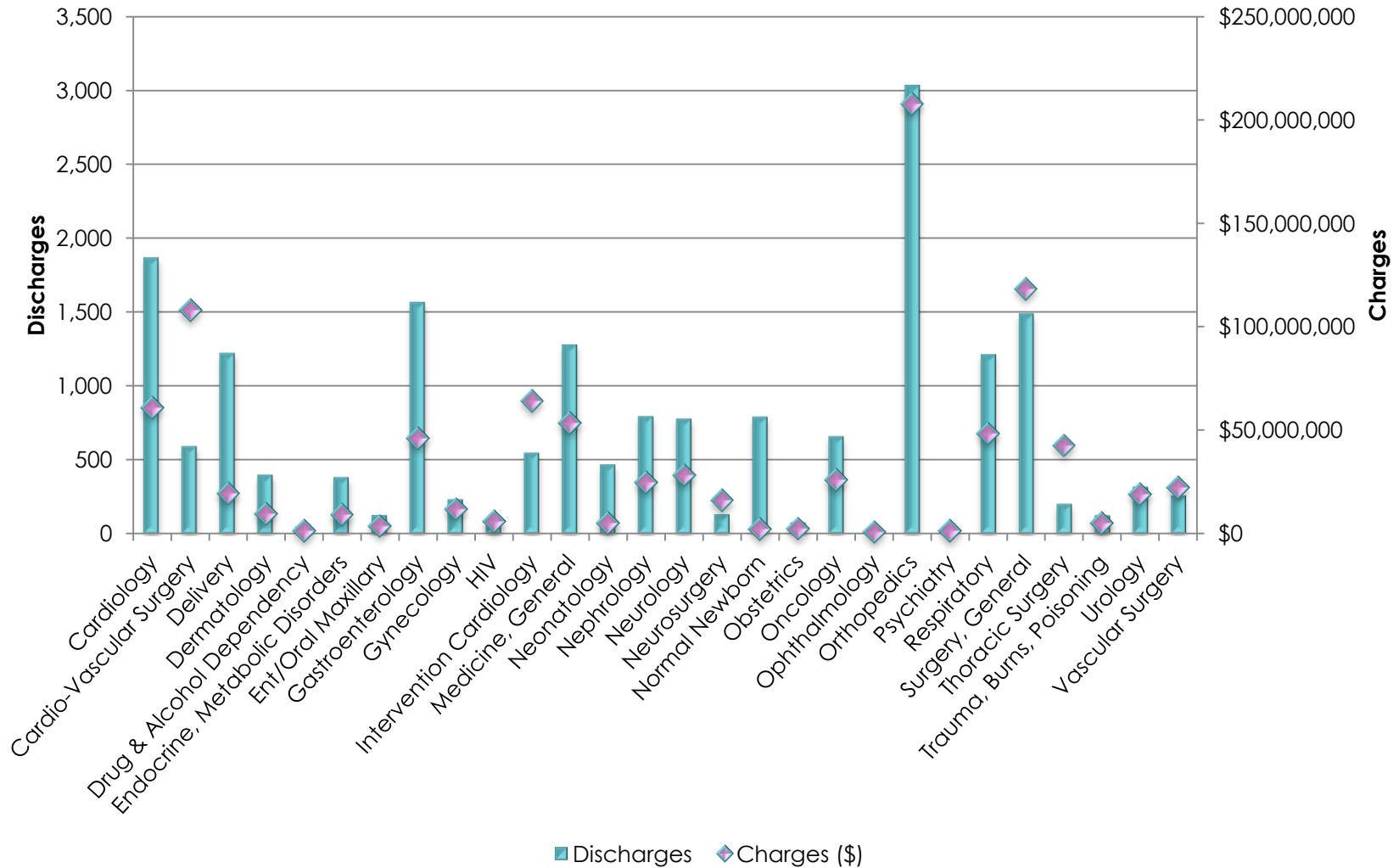
DRGs have been used in the US since 1983 to determine how much Medicare pays the hospital, since patients within each category are similar clinically and are expected to use the same level of hospital resources.

## DRG's, Discharges By Medical Service, HCH, 2011

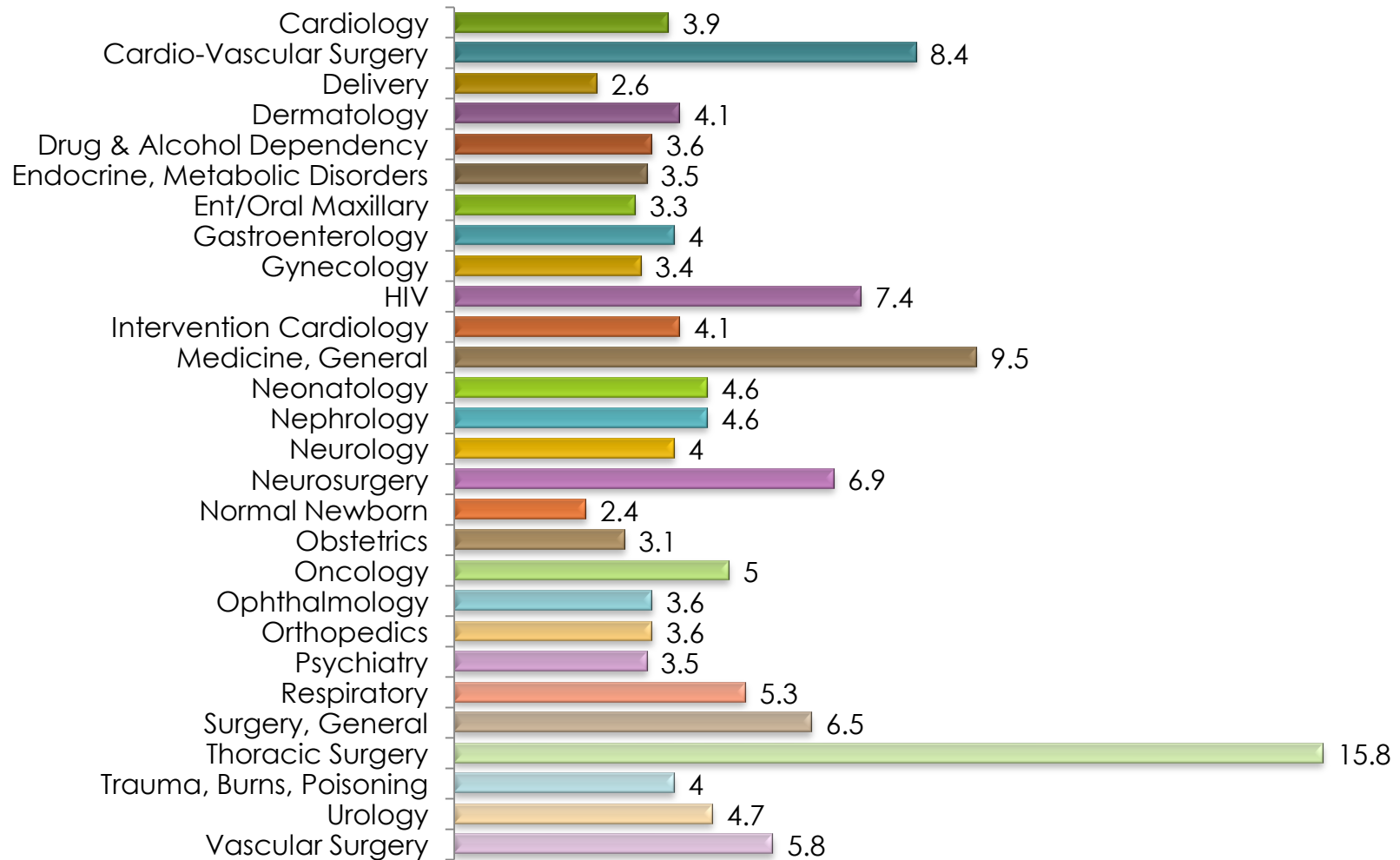


# Quantitative

## DRG's Discharges Vs. Charges by Medical Service, HCH, 2011



## DRG's Average Length of Stay by Medical Service, HCH, 2011





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Holy Cross Hospital conducted its third-of-four Community Health Needs Assessment Advisory Council meetings Thursday, March 28, 2013 in the Patricia R. Guerrieri Pavilion located at the Holy Cross HealthPlex; Adrian Parker called the meeting to order 12:05 p.m.

**Members Present:**

Sr. Rita Levasseur, Chair  
Mark Dissette  
Sharon Godin  
Trecia Matthews Hosein  
Sandy Lozano  
Kim Saiswick  
Adrian Parker

**Guests:**

Mike DeLucca, MHM – President & CEO  
*Broward Regional Health Planning Council*  
Ariela Eshel  
*Broward Regional Health Planning Council*  
Natasha Markman  
*Broward Regional Health Planning Council*  
Kathy Molinet, DNP

**Members Excused:**

Germaine Smith-Baugh, Ed.D.  
Mark Caputo, M.D.  
Amy Corderman  
Pat Kramer  
Robin Martin  
Régine Kanzki

**Community Needs Assessment**

- Sr. Rita Levasseur opened the meeting with a group in reflection.
- Natasha Markman (BRHPC) began the session as a continuation from the previous meeting following-up with answers to discussion questions formed during dialogue. Follow-up addressed by demographics Medicaid Expansion detailing eligibility; Broward County Insurance Status; and Service Area Poverty Rates.
- Outlined for this meeting were Hospital Utilization, Chronic Disease Hospitalization, Emergency Department Utilization, Emergency Department Avoidable Admissions, Prevention Quality Indicators, Self-Inflicted Injuries and Diagnosis Related Groupings.
- Kim Saiswick updated the Advisory Council on the Holy Cross Hospital 2010 Community Health Improvement Plan reporting on the Homeless Tracking System; Homeless, Uninsured, Undocumented Healthcare; Chronic Disease Management and Medical Respite.
- Kathy Molinet, DNP presented research generated on the undocumented population and health services in South Florida.

**Data Follow-up and Collection**

- Natasha presented Holy Cross Hospital utilization data detailing the number of licensed beds, Admissions, ADC, Occupancy Rate, ALOS, Patient Days and Observations for the 2009-2012 periods; data oriented Advisory Council further to Holy Cross Hospital's volume activity.

- Chronic Disease Hospitalizations for periods 2009-2011 were discussed by demographics in the areas of Cases, Morbidity, Charges and Payor Mix for Holy Cross Hospital service area and Broward County; dialogue assisted understanding around offered services.
- Emergency Department Utilization reported for periods 2009-2012 compared Visits, Admissions, Avoidable Admissions by Payor, Service Area and Level of Severity.
- Prevention Quality Indicators (PQI) compared Cases versus Charges for Broward Hospitals, accounting for Charges by Payor and Demographics for 2009-2011 periods. PQI data helped the Advisory Council digest what level of care is being offered to the community.
- Self-Inflicted Injury Hospitalizations by Demographics for Broward County periods 2007-2011 reported methods for self-injury and/or suicide.
- Natasha defined Diagnosis-Related Groups (DRG) for the Advisory Council and shared DRG volume activity in the areas of Medical Service by Hospital.

**Next Meeting**

- The next Community Health Needs Assessment Advisory Council meeting is scheduled Thursday, April 25, 2013 at Noon in the Patricia R. Guerrieri Pavilion – Holy Cross HealthPlex.

**Closing**

- There being no further business, the meeting was adjourned.

Respectfully submitted,

*Adrian Parker*

**Dates and Agenda**

<b>Date</b>	<b>HCH Advisory Council Meeting Draft Agenda</b>
April 25, 2013	<ol style="list-style-type: none"><li data-bbox="498 396 1128 439">1. Summary of Data/Needs/Gaps</li><li data-bbox="498 446 993 489">2. Stakeholder Discussion</li><li data-bbox="498 496 967 539">3. Prioritization Process</li></ol>

# Community Health Needs Assessment



*Broward County*  
*April 25, 2013*

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**2013**

## Dates and Agenda

Date	HCH Advisory Council Meeting Draft Agenda
January 24, 2013	<ol style="list-style-type: none"> <li>1. Introduction: Planning and Process (Brief Summary)</li> <li>2. Broward County Quantitative Data (Part I)</li> <li>3. Stakeholder Discussion</li> <li>4. Identify Needs &amp; Gaps</li> </ol>
February 28, 2013	<ol style="list-style-type: none"> <li>1. Broward County Quantitative &amp; Qualitative Data (Part II)</li> <li>2. Stakeholder Discussion</li> <li>3. Identify Needs &amp; Gaps</li> </ol>
March 28, 2013	<ol style="list-style-type: none"> <li>1. HCH Quantitative Data &amp; Community Services</li> <li>2. Stakeholder Discussion</li> <li>3. Identify Needs &amp; Gaps</li> </ol>
April 25, 2013	<ol style="list-style-type: none"> <li>1. Summary of Data/Needs/Gaps</li> <li>2. Stakeholder Discussion</li> <li>3. Prioritization Process</li> </ol>

# Presentation Outline

Data Follow Up

Data Recap

Prioritization Process



## Demographics

# Broward County Demographics

2010	Broward		Florida	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
<b>Total Population</b>	1,748,066	-	18,801,310	-
<b>Male</b>	846,571	<b>48.42%</b>	9,189,355	<b>48.88%</b>
<b>Female</b>	901,495	<b>51.57%</b>	9,611,955	<b>51.12%</b>
<b>0-17</b>	391,349	22.3%	4,002,091	21.29%
<b>18-64</b>	1,107,293	<b>63.34%</b>	11,539,617	<b>61.38%</b>
<b>65+</b>	249,424	14.26%	3,259,602	17.34%
<b>White</b>	1,102,231	<b>64.94%</b>	14,109,162	<b>75.04%</b>
<b>African American</b>	467,519	<b>27.55%</b>	2,999,862	<b>15.96%</b>
<b>Asian</b>	56,765	5.15%	454,821	2.42%
<b>American Indian and Alaska Native</b>	5,065	0.10%	71,458	0.38%
<b>Native Hawaiian and Pacific Islander</b>	64,694	5.87%	12,286	0.07%
<b>Other</b>	64,694	5.87%	681,144	3.62%
<b>Identified by two or more</b>	50,851	4.61%	472,577	2.51%



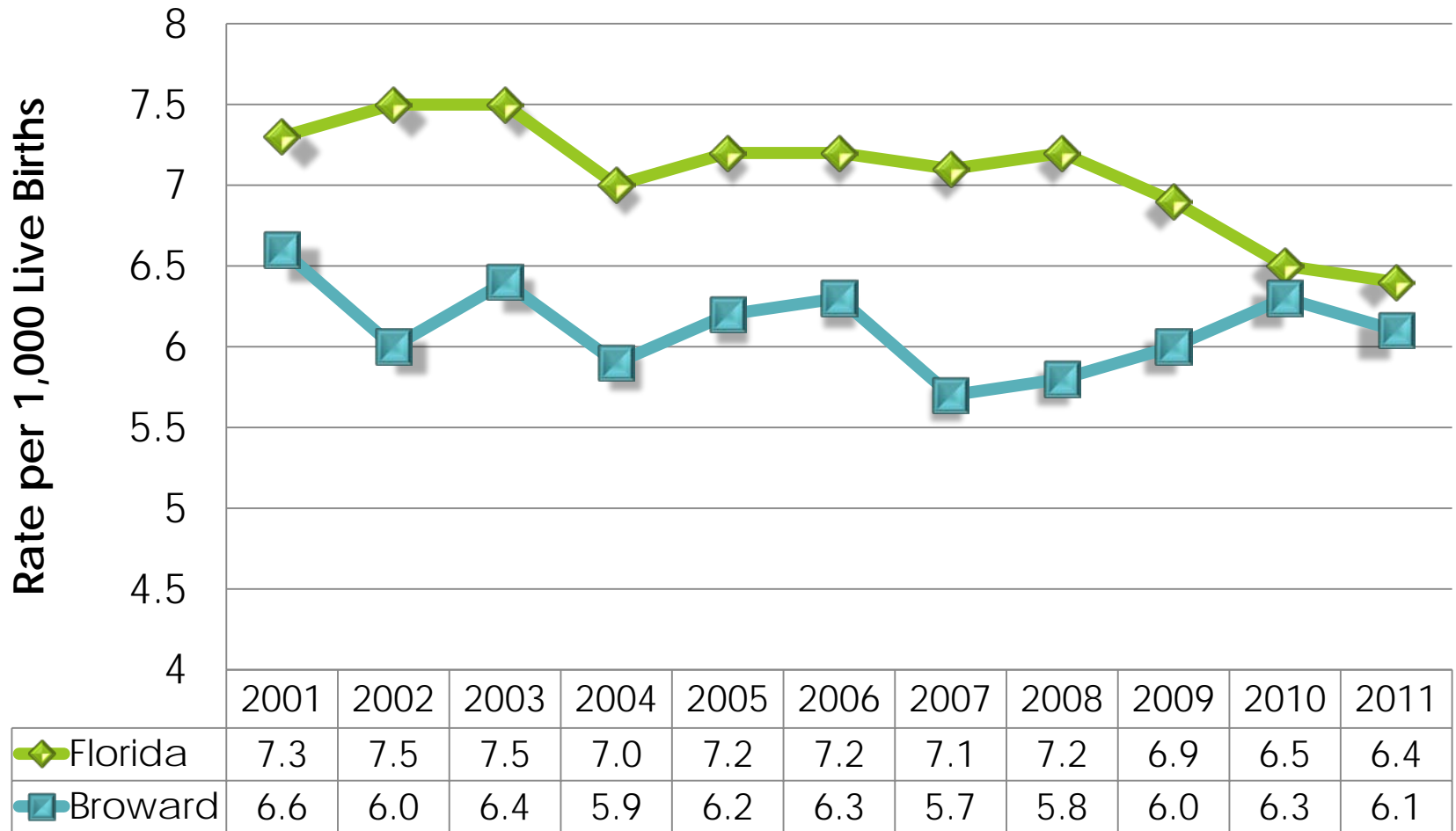


## Preventive Care

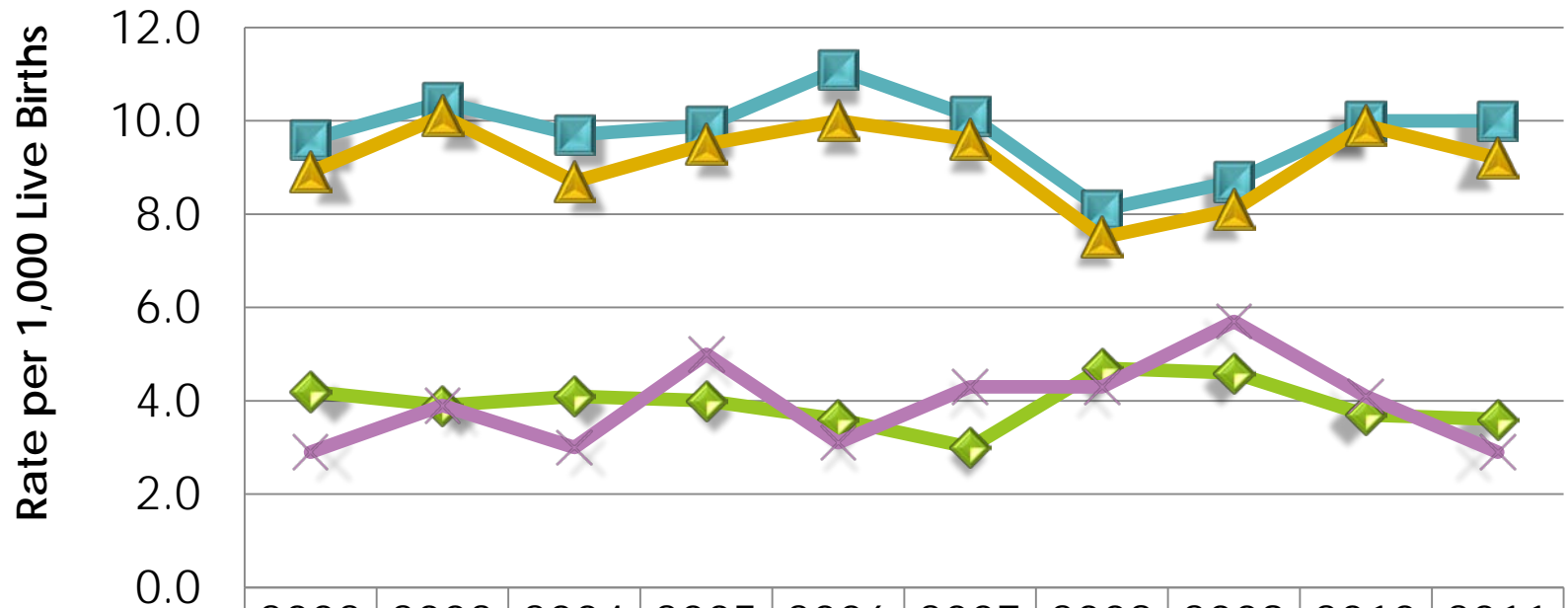


## Mortality and Morbidity

# Infant Mortality Per 1,000 Live Births, 2001-2010



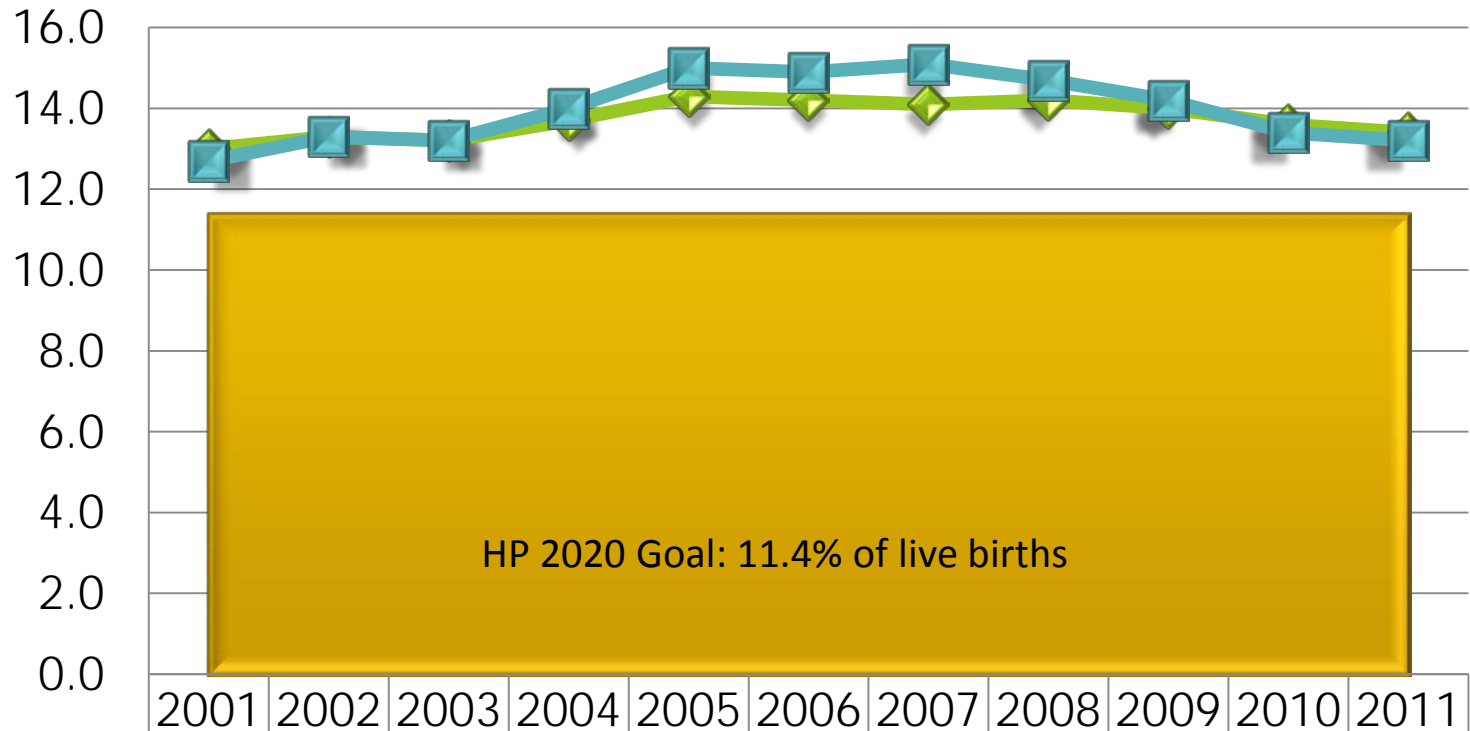
## Infant Mortality Per 1,000 Live Births by Race/Ethnicity, Broward, 2001-2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
◆ White	4.2	3.9	4.1	4.0	3.6	3.0	4.7	4.6	3.7	3.6
■ Black	9.6	10.4	9.7	9.9	11.1	10.1	8.1	8.7	10.0	10.0
▲ Non-White	8.9	10.1	8.7	9.5	10	9.6	7.5	8.1	9.9	9.2
✕ Hispanic	2.9	3.9	3.0	5.0	3.1	4.3	4.3	5.7	4.1	2.9

## % Preterm Births, 2001-2011

A birth is preterm if the infant is born prior to full gestation. Percent of preterm live births uses calculated gestational age based on date of last menstrual period (LMP) and the date of delivery.



HP 2020 Goal	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4
Florida	13.0	13.3	13.2	13.7	14.3	14.2	14.1	14.2	14.0	13.6	13.4
Broward	12.7	13.3	13.2	14.0	15.0	14.9	15.1	14.7	14.2	13.4	13.2

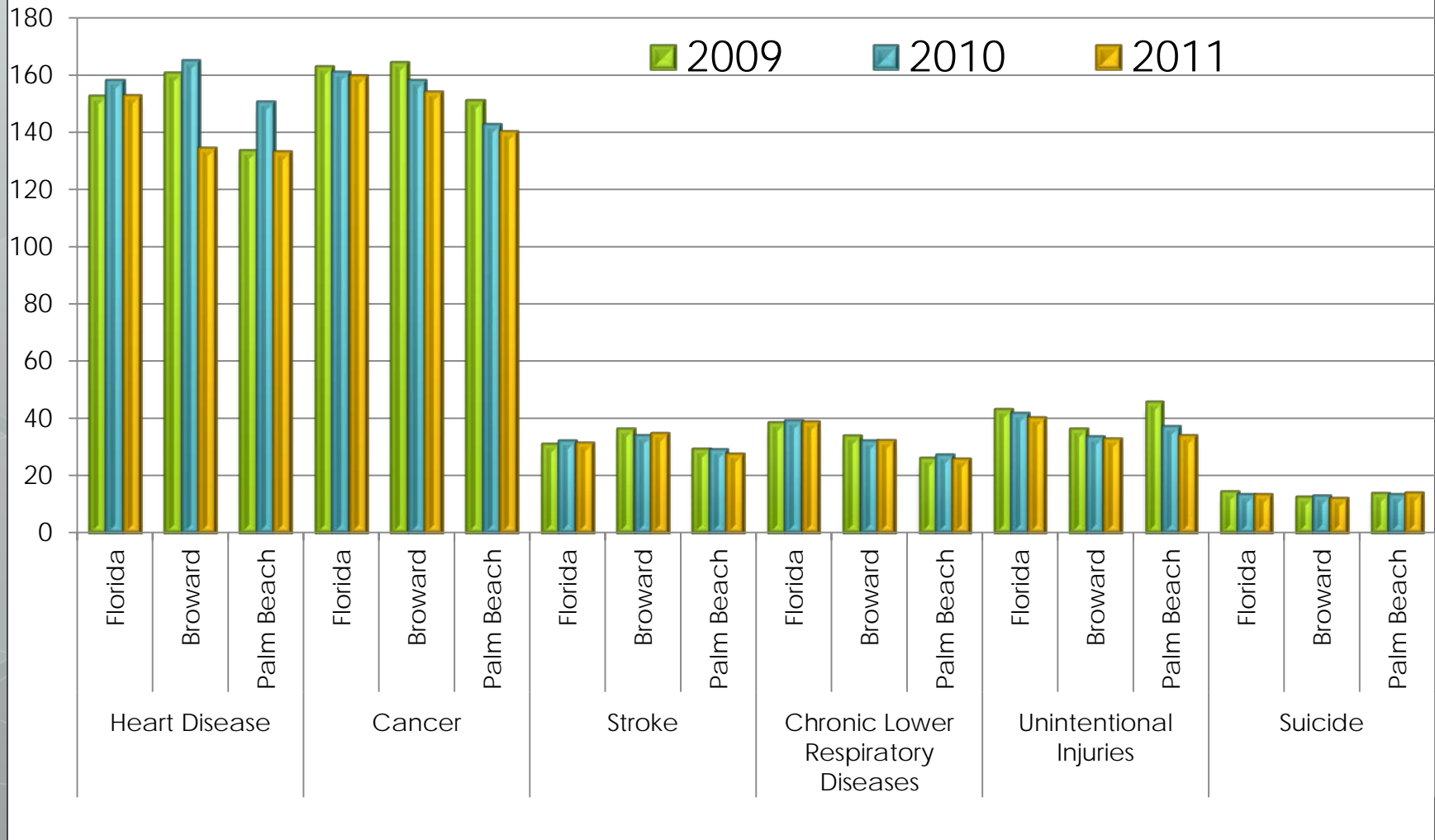
# Major Causes of Death, Broward 2011

CAUSE OF DEATH	DEATHS	PERCENT OF TOTAL DEATHS	CRUDE RATE PER 100,000
ALL CAUSES	14,123	100	805.3
HEART DISEASE	3,486	24.7	198.8
CANCER	3,320	23.5	189.3
STROKE	791	5.6	45.1
CHRONIC LOWER RESPIRATORY DISEASE	724	5.1	41.3
UNINTENTIONAL INJURIES	629	4.5	35.9
DIABETES MELLITUS	316	2.2	18
KIDNEY DISEASE	293	2.1	16.7
SUICIDE	233	1.6	13.3
ALZHEIMER'S DISEASE	220	1.6	12.5
CHRONIC LIVER DISEASE AND CIRRHOSIS	209	1.5	11.9
PNEUMONIA/INFLUENZA	175	1.2	10
SEPTICEMIA	150	1.1	8.6
PARKINSON'S DISEASE	144	1	8.2
AIDS/HIV	137	1	7.8
BENIGN NEOPLASM	115	0.8	6.6
PERINATAL CONDITIONS	74	0.5	4.2
HOMICIDE	74	0.5	4.2

# Major Causes of Death, Broward 2011

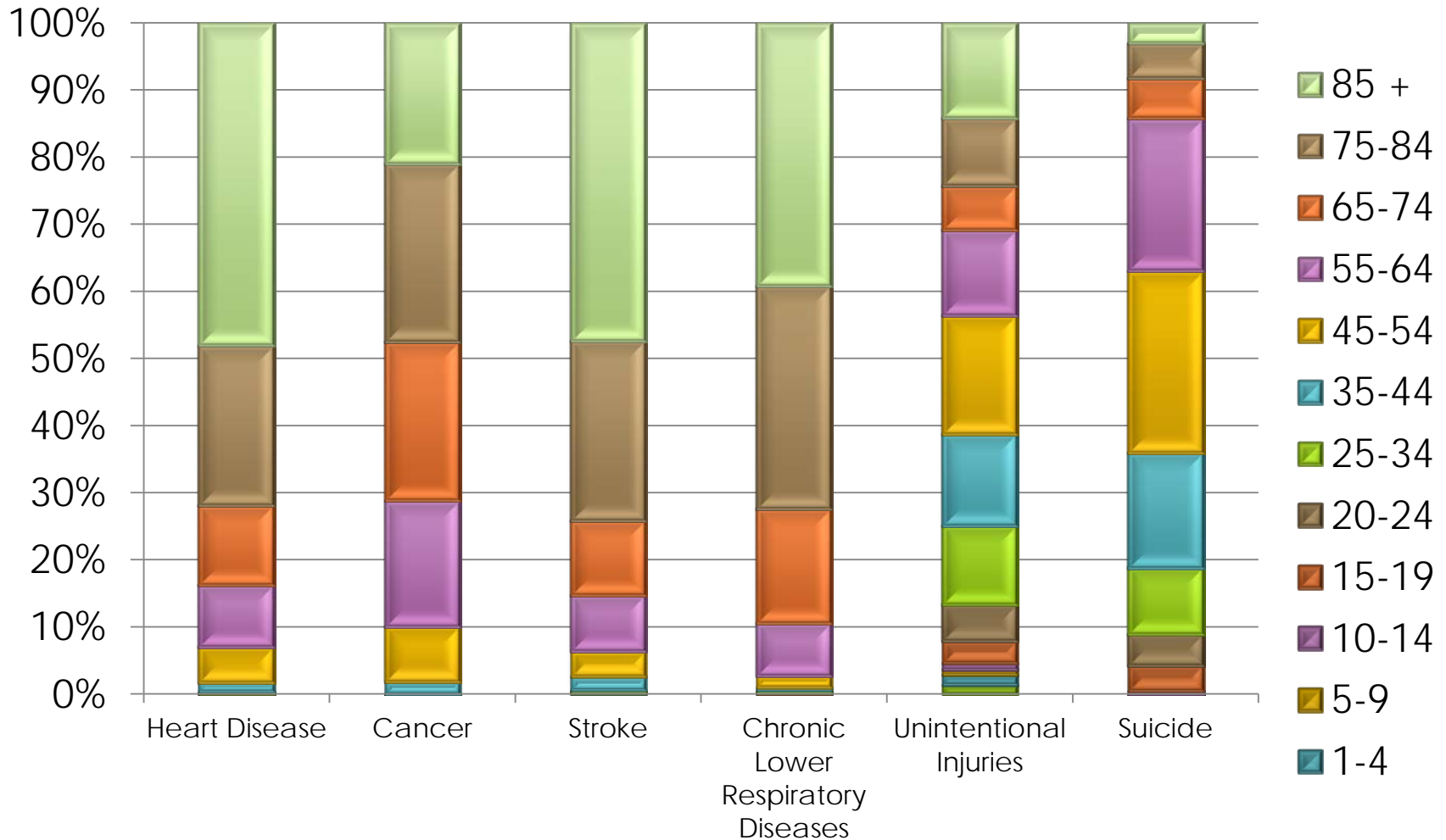
CAUSE OF DEATH	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	640.3	658.8	6,567.20
HEART DISEASE	150.9	158.7	859.8
CANCER	154.2	158.7	1,475.20
STROKE	34.6	35	182.1
CHRONIC LOWER RESPIRATORY DISEASE	32.5	32.6	131.9
UNINTENTIONAL INJURIES	33	34.2	974.3
DIABETES MELLITUS	14.7	14.7	146.9
KIDNEY DISEASE	13	15.2	71.3
SUICIDE	12.2	12.5	377
ALZHEIMER'S DISEASE	9	10.6	4.2
CHRONIC LIVER DISEASE AND CIRRHOSIS	10	10	203.6
PNEUMONIA/INFLUENZA	7.6	7.9	66.2
SEPTICEMIA	6.9	7.3	56.1
PARKINSON'S DISEASE	6.5	6.9	10.2
AIDS/HIV	7.1	9	220.2
BENIGN NEOPLASM	5.2	5.2	37
PERINATAL CONDITIONS			
HOMICIDE	4.4	4.8	183.4

## Major Causes of Death Broward Vs. FL, 2009-2011

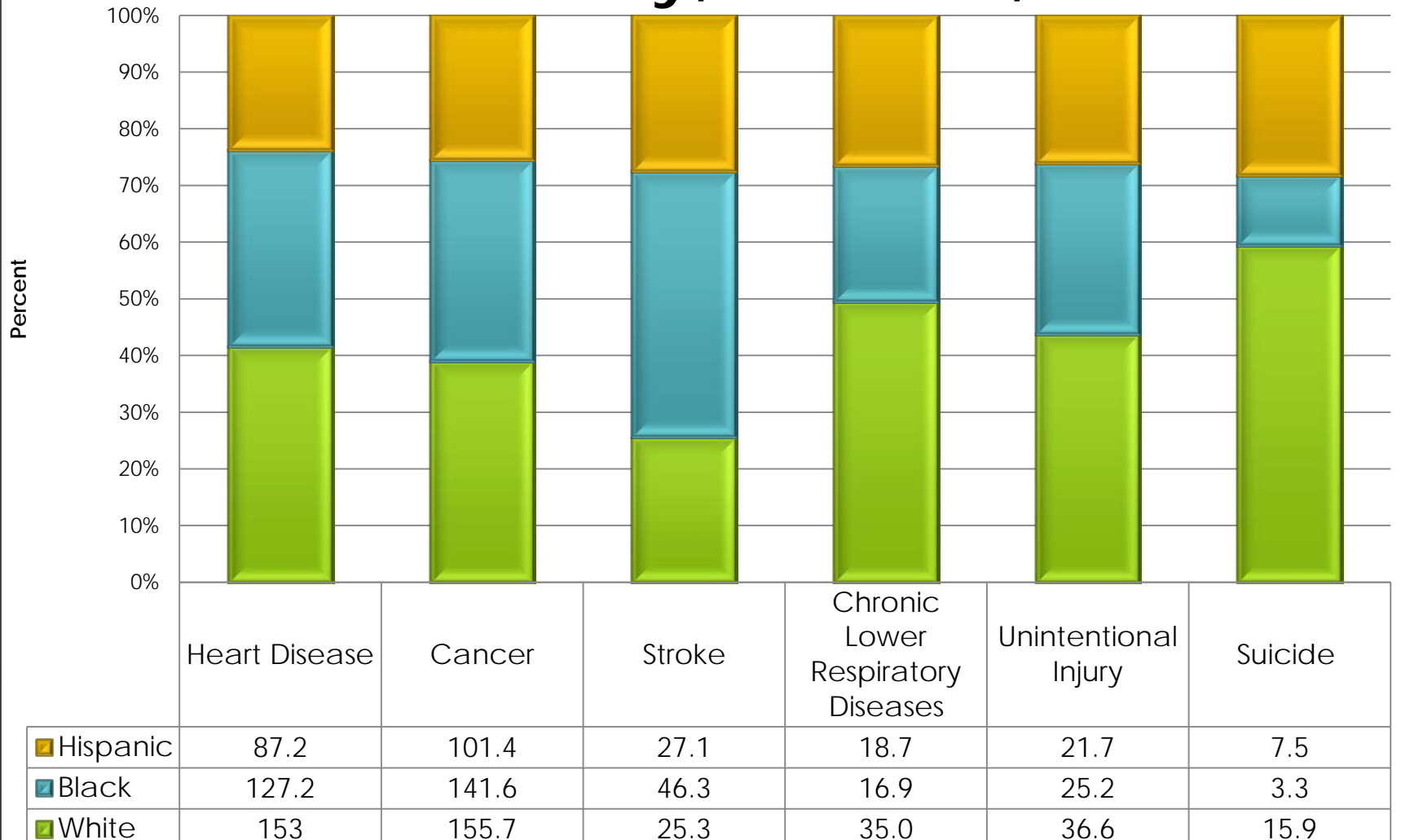




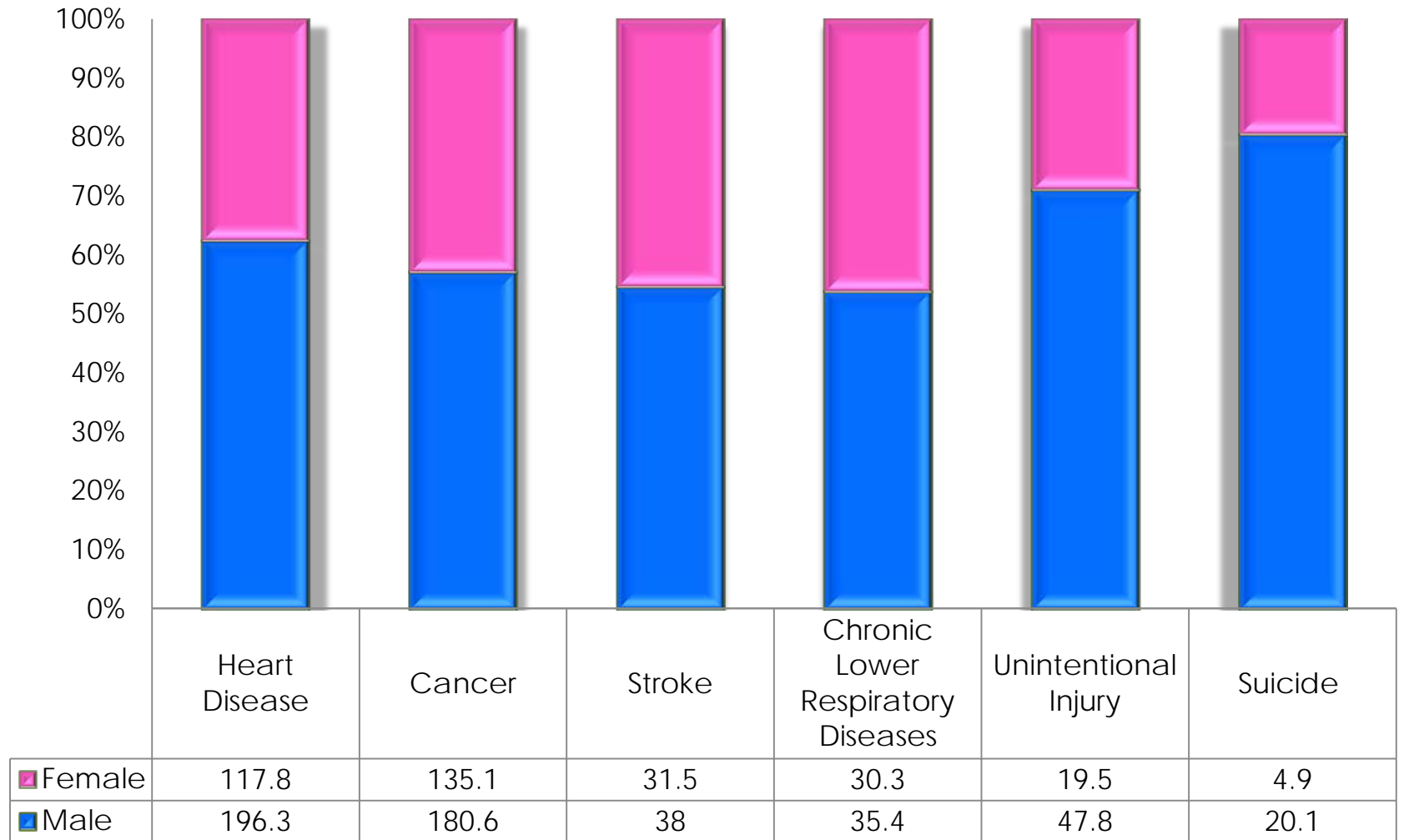
## Major Causes of Death by Age Broward County, 2011



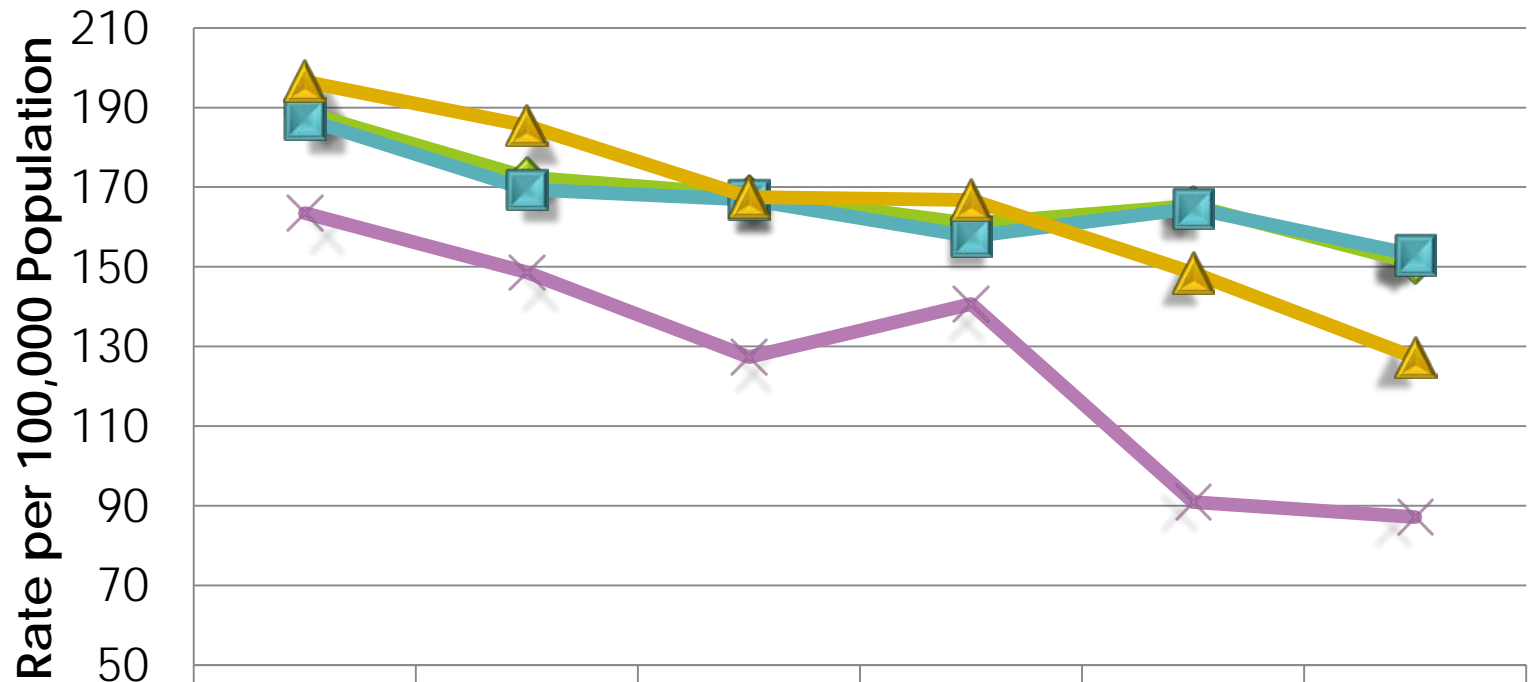
## Major Causes of Death by Race/Ethnicity, Broward, 2011



## Major Causes of Death by Gender Broward, 2011

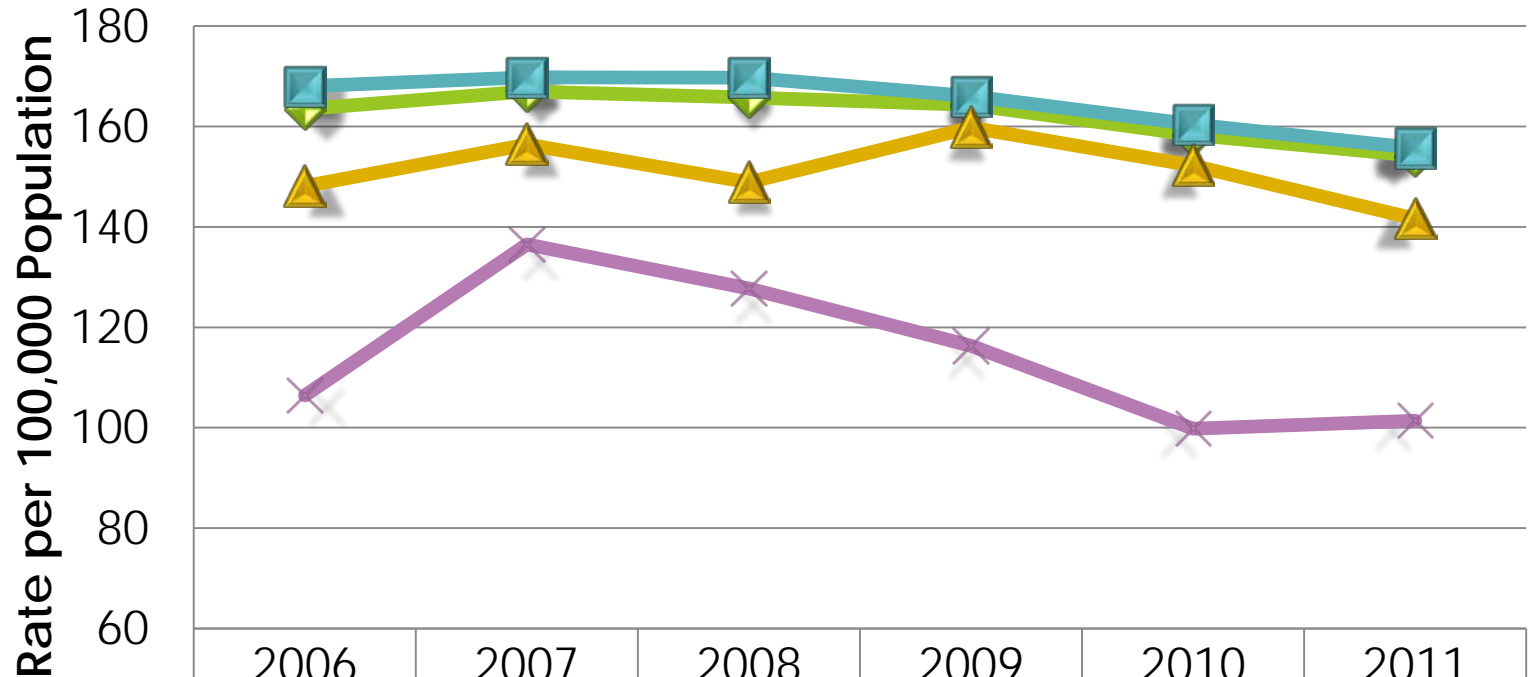


## Heart Disease Deaths by Race/Ethnicity, Broward, 2006-2011



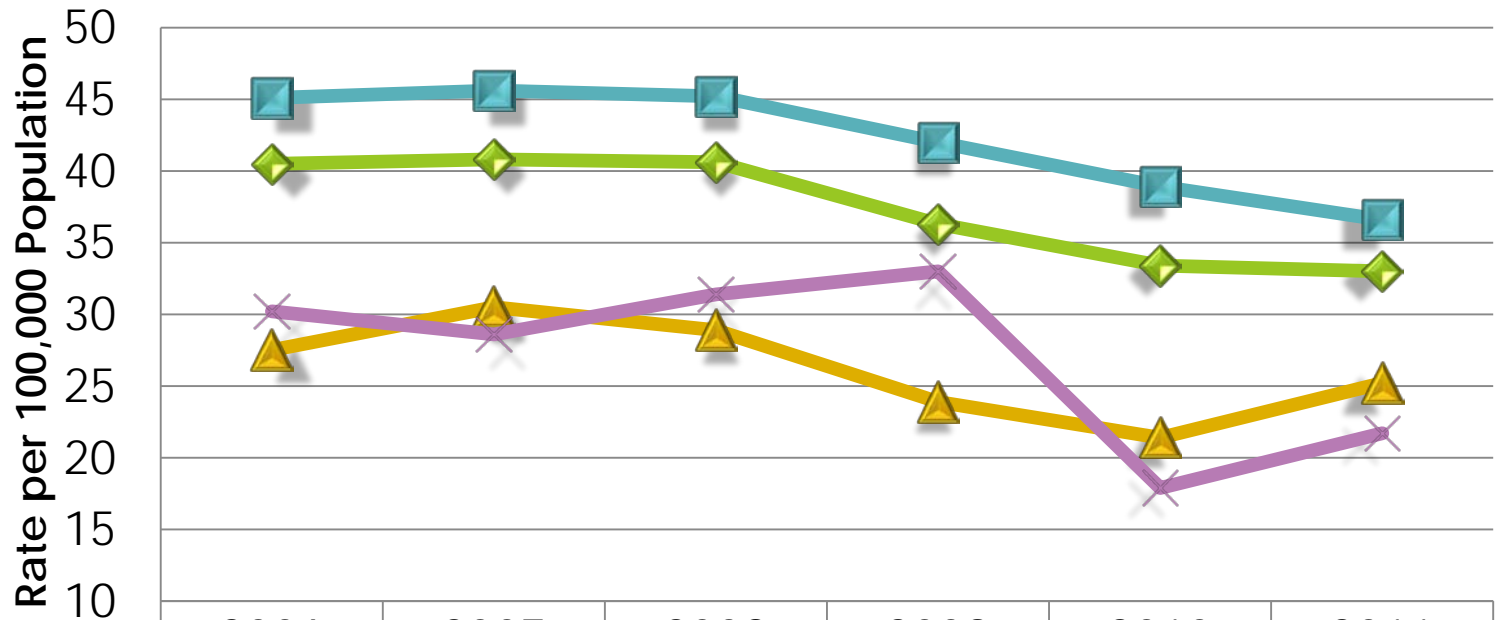
	2006	2007	2008	2009	2010	2011
◆ Total	188.8	172.5	168.1	160.8	165.3	150.9
■ White	187.1	169.4	166.9	157.6	164.7	153
▲ Black	196.5	185.4	167.5	166.8	148.5	127.2
× Hispanic	163.5	148.6	127.3	140.7	90.9	87.2

## Cancer Deaths by Race/Ethnicity Broward, 2006-2011



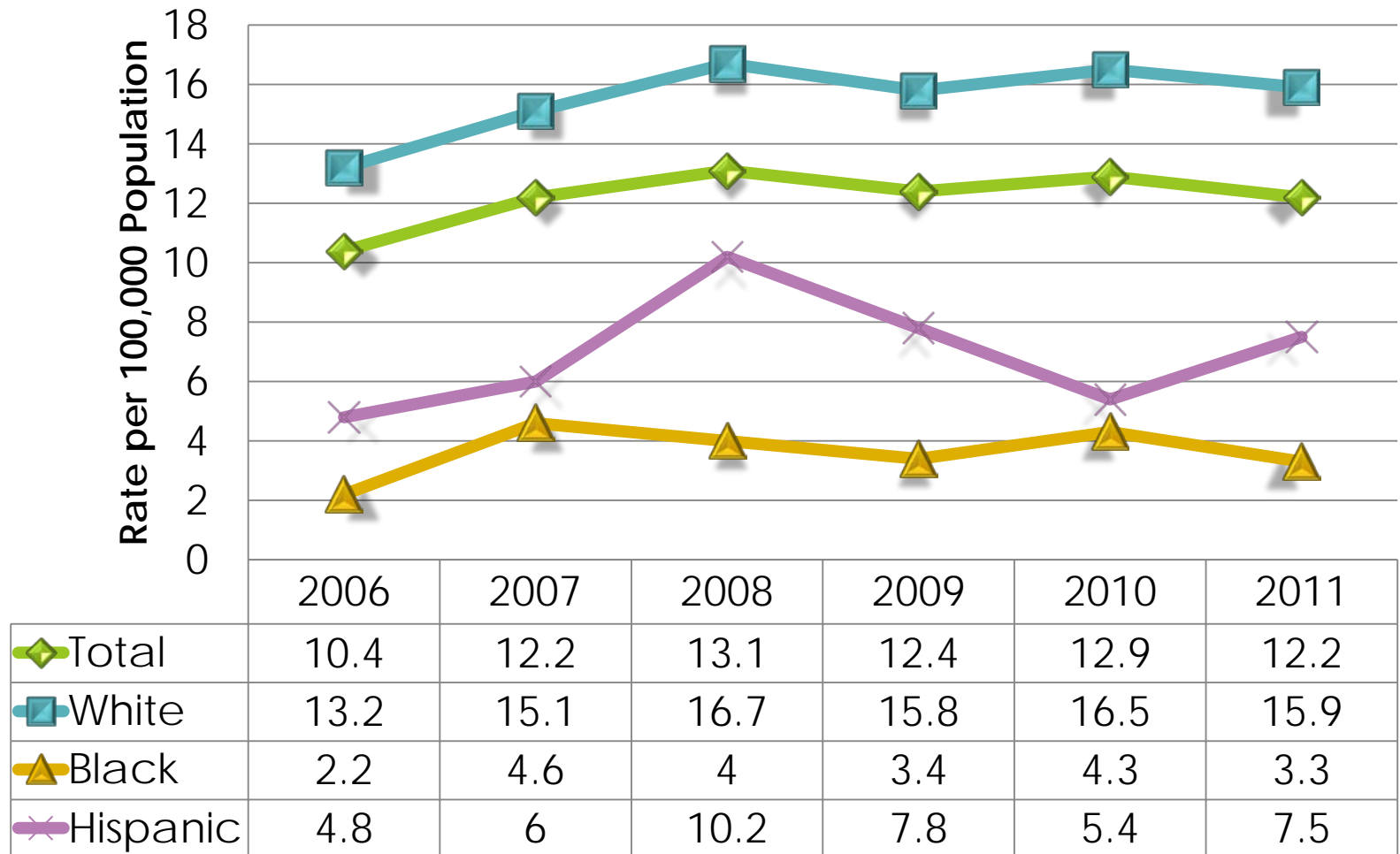
Total	163.5	167	165.8	164.3	158.3	154.2
White	168	169.8	169.7	166	160.4	155.7
Black	148.1	156.4	148.9	159.8	152.2	141.6
Hispanic	106.4	136.5	127.7	116.3	99.8	101.4

## Unintentional Injury Deaths by Race/Ethnicity, Broward, 2006-2011

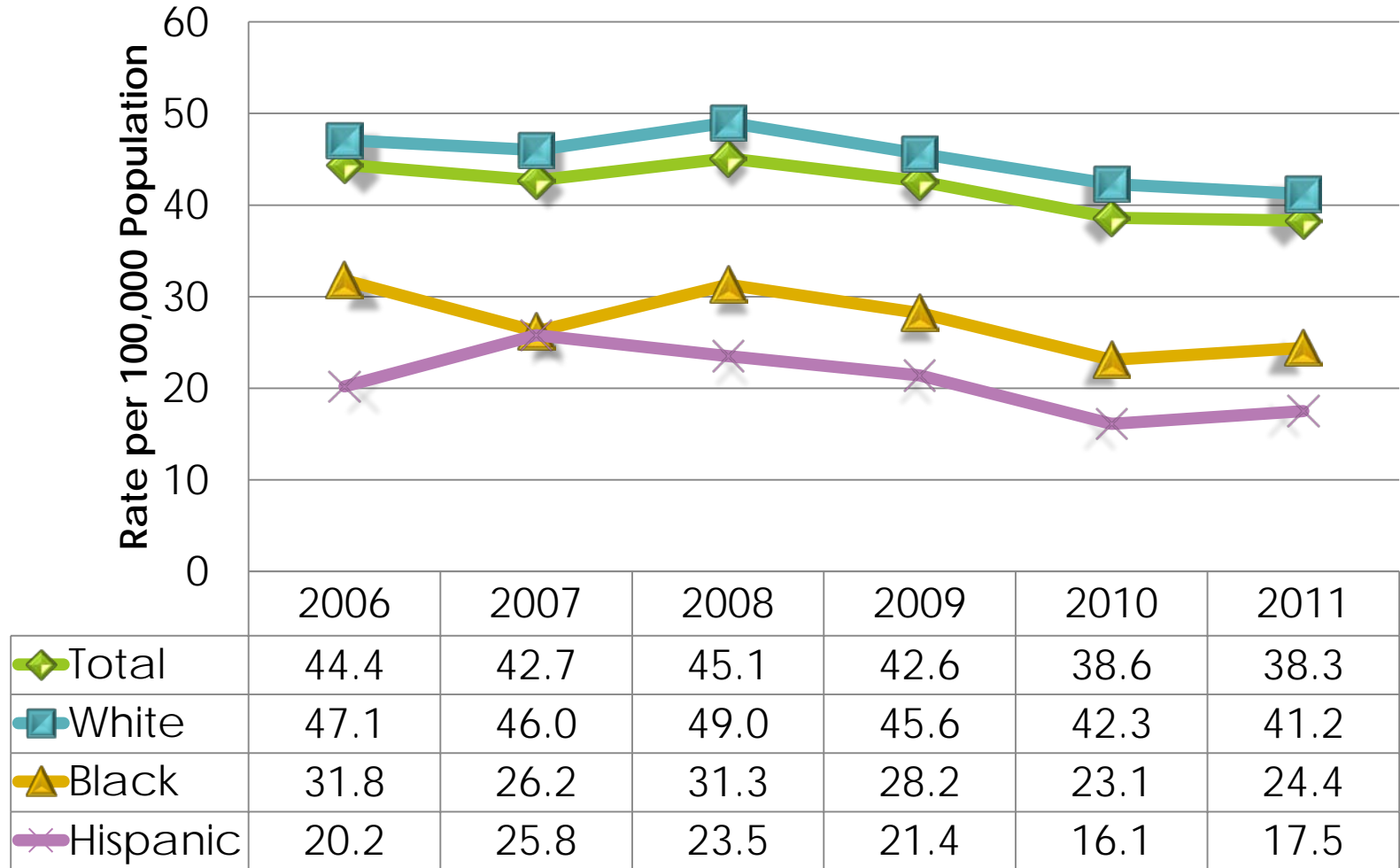


	2006	2007	2008	2009	2010	2011
◆ Total	40.5	40.8	40.6	36.3	33.4	33.0
■ White	45.1	45.6	45.2	42.0	38.9	36.6
▲ Black	27.5	30.5	28.9	23.9	21.4	25.2
✕ Hispanic	30.2	28.6	31.4	33.0	17.9	21.7

## Suicide Deaths by Race/Ethnicity Broward, 2006-2011



## Lung Cancer Deaths by Race/Ethnicity Broward, 2006-2011





## Breast Cancer Deaths by Race/Ethnicity Broward, 2006-2011



	2006	2007	2008	2009	2010	2011
◆ Total	20.4	23.1	22.3	23.6	22.2	20.0
■ White	19.2	22.0	22.7	20.6	20.2	19.1
▲ Black	23.1	28.4	19.8	33.1	30.7	22.5
× Hispanic	13.4	15.1	16.9	12.4	12.9	14.6



## Youth Risk Behavior Survey

## Youth Risk Behavior Survey Broward County, 2007-2011

SEXUAL BEHAVIOR	2007 Total Percentage (95% Confidence Interval)	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2011 Female Percentage (95% Confidence Interval)	2011 Male Percentage (95% Confidence Interval)
Ever had sexual intercourse	49.8% 45.0-54.7	52.2 47.6-56.8	<b>48.8</b> <b>44.8-52.7</b>	41.6 36.7-46.7	<b>55.5</b> <b>50.5-60.4</b>
Had Sexual Intercourse For The First Time Before Age 13 Years	9.0 7.0-11.5	9.2 7.4-11.2	<b>8.3</b> <b>6.8-10.0</b>	4.5 3.1-6.6	<b>12.0</b> <b>9.7-14.8</b>
Had Sexual Intercourse With At Least One Person (during the 3 months before the survey)	34.1 30.5-38.0	38.4 34.5-42.5	<b>33.6</b> <b>30.4-37.1</b>	29.9 25.3-34.9	<b>36.7</b> <b>32.7-41.0</b>
Did Not Use A Condom During Last Sexual Intercourse (among students who were currently sexually active)	28.4 24.2-33.0	29.4 25.6-33.6	<b>28.8</b> <b>24.4-33.6</b>	<b>33.9</b> <b>27.4-41.0</b>	23.7 17.7-31.0

## Youth Risk Behavior Survey Broward County, 2007-2011

<b>CIGARETTES ALCOHOL &amp; DRUGS</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011 Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
Ever Tried Cigarette Smoking	38.1 33.9-42.3	35.4 31.8-39.3	<b>35.5 31.3-39.9</b>	32.3 26.8-38.4	<b>38.5 33.6-43.6</b>
Current Cigarette Use	14.0 12.1-16.2	13.1 11.2-15.2	<b>11.0 9.3-12.9</b>	10.0 7.8-12.7	<b>12.0 9.6-14.9</b>
Current Alcohol Use	42.6 39.8-45.4	41.3 38.4-44.2	<b>37.2 34.6-40.0</b>	<b>36.7 33.0-40.6</b>	<b>37.4 33.9-41.2</b>
Current Marijuana Use	17.0 15.1-19.2	23.7 21.2-26.5	<b>22.1 19.8-24.5</b>	17.9 15.3-21.0	<b>25.7 22.5-29.2</b>
Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey)	21.1 18.8-23.5	23.2 20.4-26.2	<b>23.1 21.1-25.1</b>	19.6 16.9-22.7	<b>26.0 23.1-29.1</b>

## Youth Risk Behavior Survey Broward County, 2007-2011

<b>OVERWEIGHT &amp; OBESE</b>	<b>2007 Total Percentage (95% Confidence Interval)</b>	<b>2009 Total Percentage (95% Confidence Interval)</b>	<b>2011 Total Percentage (95% Confidence Interval)</b>	<b>2011Female Percentage (95% Confidence Interval)</b>	<b>2011 Male Percentage (95% Confidence Interval)</b>
Overweight (students who were >= 85th percentile but < 95th percentile for body mass index, by age and sex, based on reference data)	15.2 13.4-17.2	15.4 13.3-17.7	13.7 11.9-15.7	12.9 10.6-15.7	14.4 11.9-17.3
Obese (Students Who Were >= 95th Percentile For Body Mass Index, By Age And Sex, Based On Reference Data)	8.3 6.4-10.6	9.6 7.9-11.4	9.5 7.8-11.4	6.7 4.8-9.2	12.1 10.0-14.6



## **Behavioral Risk Factor Surveillance (Adults)**

## Behavioral Risk Factor Surveillance System, Broward County

CANCER SCREENING	2002 Percentage (95% Confidence Interval)	2007 Percentage (95% Confidence Interval)	2010 Percentage (95% Confidence Interval)
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	50.6% (43.3-57.8)	51.4% (44.9-57.9)	<b>52.3%</b> <b>(45.3-59.4)</b>
Percentage of Men 50 years of age and older who received a digital rectal exam in the past year	Not Available	59.8% (49.2-69.5)	<b>48.8%</b> <b>(37.5-60.0)</b>
Percentage of Women 18 years of age and older who received a Pap test in the past year	69.5% (62.7-75.6)	65.4% (57.4-72.7)	<b>61.1%</b> <b>(53.5-68.7)</b>
Percentage of Women 40 years of age and older who received a mammogram in the past year	64.3% (56.1-71.8)	61.0% (53.9-67.7)	<b>65.6%</b> <b>(58.7-72.5)</b>

## Behavioral Risk Factor Surveillance System, Broward County

<b>ALCOHOL/SMOKING ASTHMA</b>	<b>2002</b> Percentage (95% Confidence Interval)	<b>2007</b> Percentage (95% Confidence Interval)	<b>2010</b> Percentage (95% Confidence Interval)
Percentage of Adults who engage in heavy or binge drinking	15.5% (11.8-19.2)	13.3% (10.0-17.5)	<b>16.1%</b> <b>(11.4-20.9)</b>
Percentage of Adults who are current smokers	17.7% (14.0-21.5)	18.1% (14.3-22.5)	<b>13.7%</b> <b>(9.7-17.7)</b>
Percentage of Adults who currently have asthma	4.7% (3.2-6.9)	5.2% (3.4-7.9)	<b>7.9%</b> <b>(4.7-11.0)</b>



## Behavioral Health Risk Factors for Adults, 2010

	Broward	Florida
Adults who engage in heavy or binge drinking	<b>16.1</b> (11.4–20.9)	15.0 (14.0-16.0)
Adults who are current smokers	13.7 (9.7-17.7)	17.1 (16.1-18.1)
Adults who have ever had a heart attack, angina, or coronary heart disease	9.4 (6.4-12.4)	10.2 (9.5-10.8)
Adults who have ever had a stroke	<b>4.2</b> (1.7-6.7)	3.5 (3.1-3.9)
Adults with diagnosed hypertension	31.1 (26.0-36.3)	34.3 (33.1-35.4)
<b>Overweight and Obese</b>		
Adults who are overweight	<b>37.2</b> (31.8-42.6)	37.8 (36.6-39.0)
Adults who are obese	<b>28.0</b> (22.9-33.0)	27.2 (26.1-28.4)



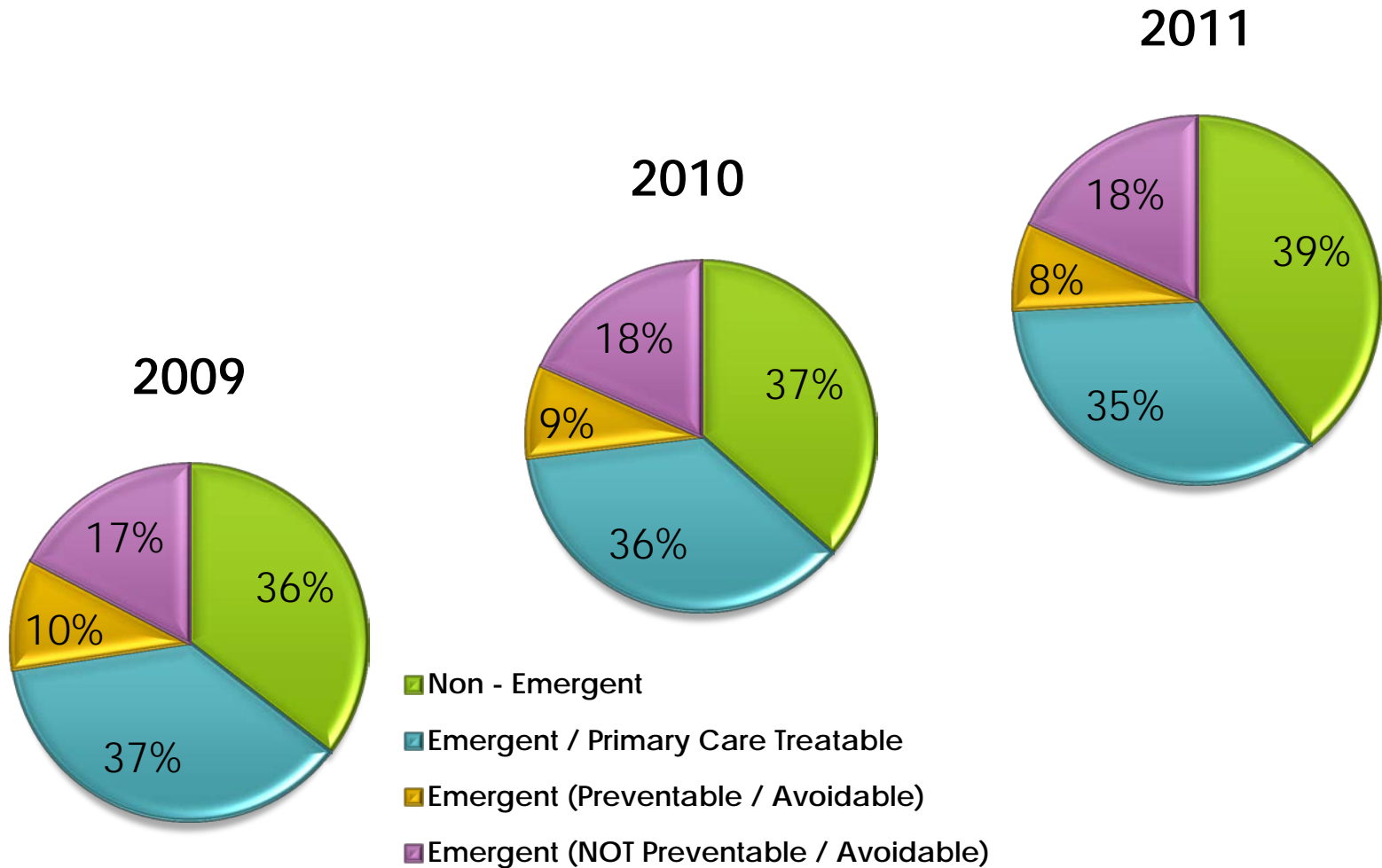
# Emergency Department Avoidable Admissions

## Emergency Department Avoidable Admissions

The emergency room (ER) preventable/avoidable admissions 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.

## HCH ED Preventable / Avoidable Admissions Cases by Emergency Status, 2009-2011

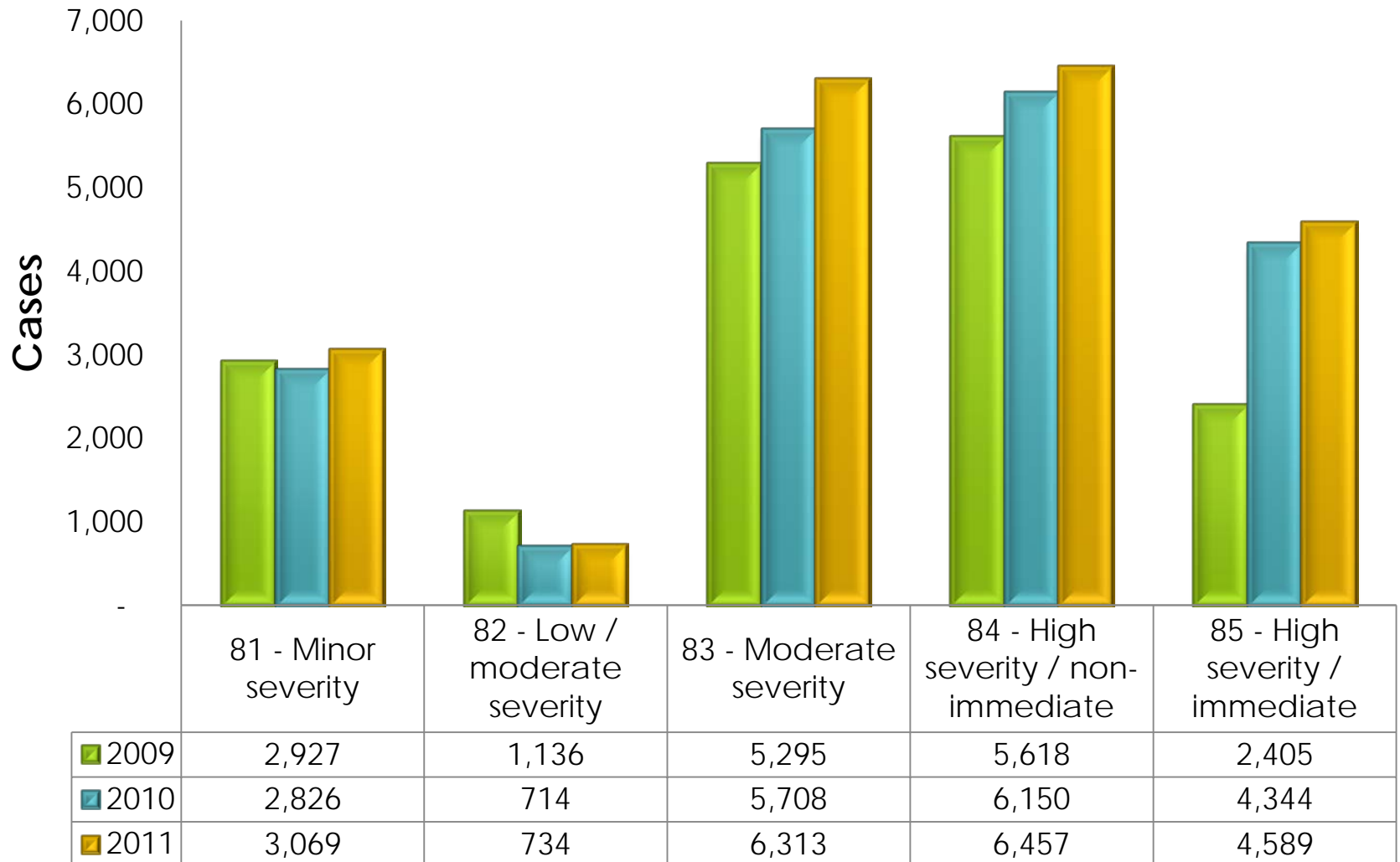


## ED Avoidable Admissions Definition (cont.)

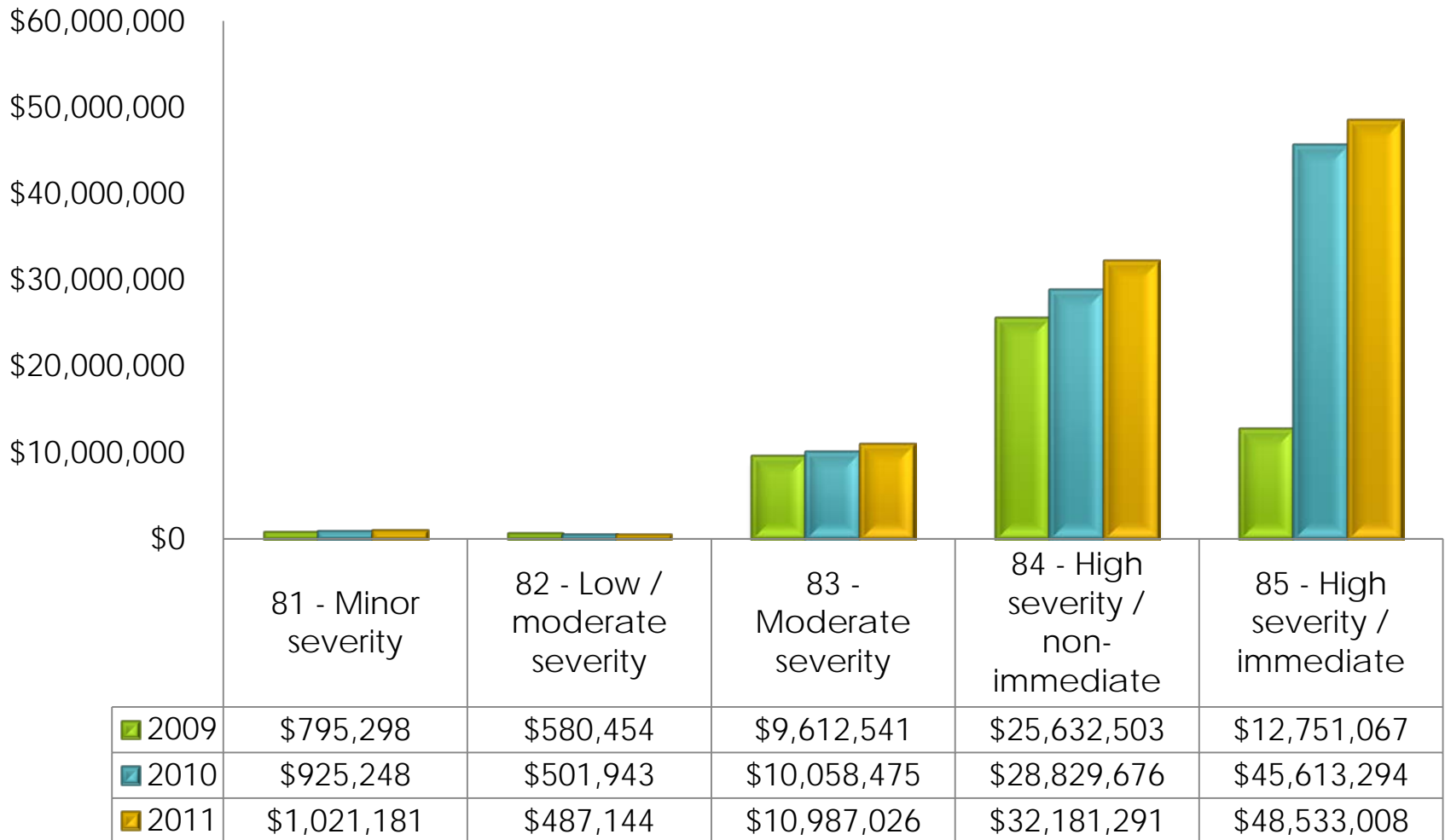
The Hospital Emergency Department Preventable/Avoidable admissions data includes information on patient demographics, payer, and charges. Also, there is information on the acuity level of the patient at the time of admission to the ED which is based on the Current Procedural Terminology (CPT) Evaluation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

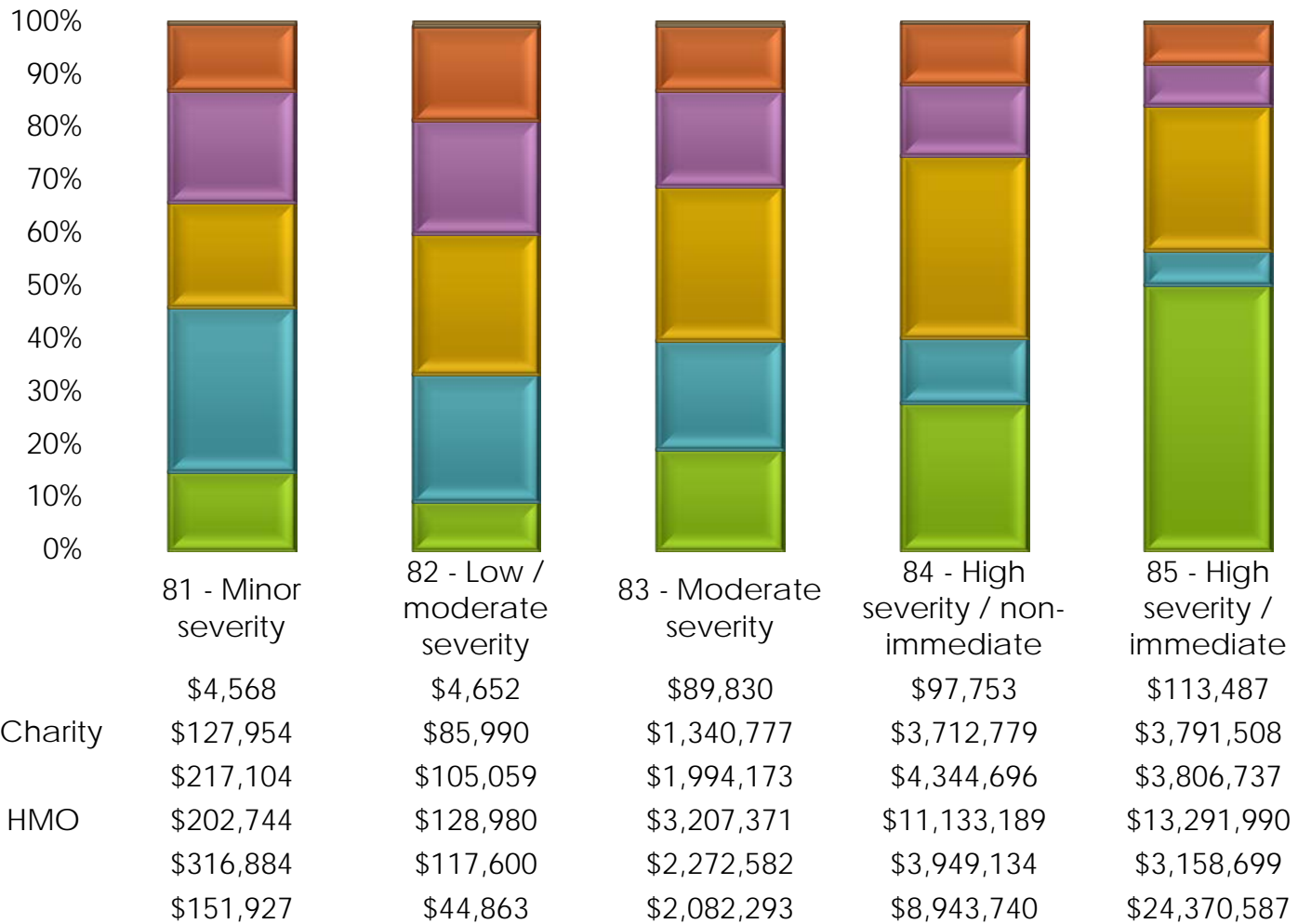
## HCH ED Preventable / Avoidable Admissions Cases by Level of Severity, 2009-2011



## HCH ED Preventable / Avoidable Admissions Charges by Level of Severity, 2009-2011

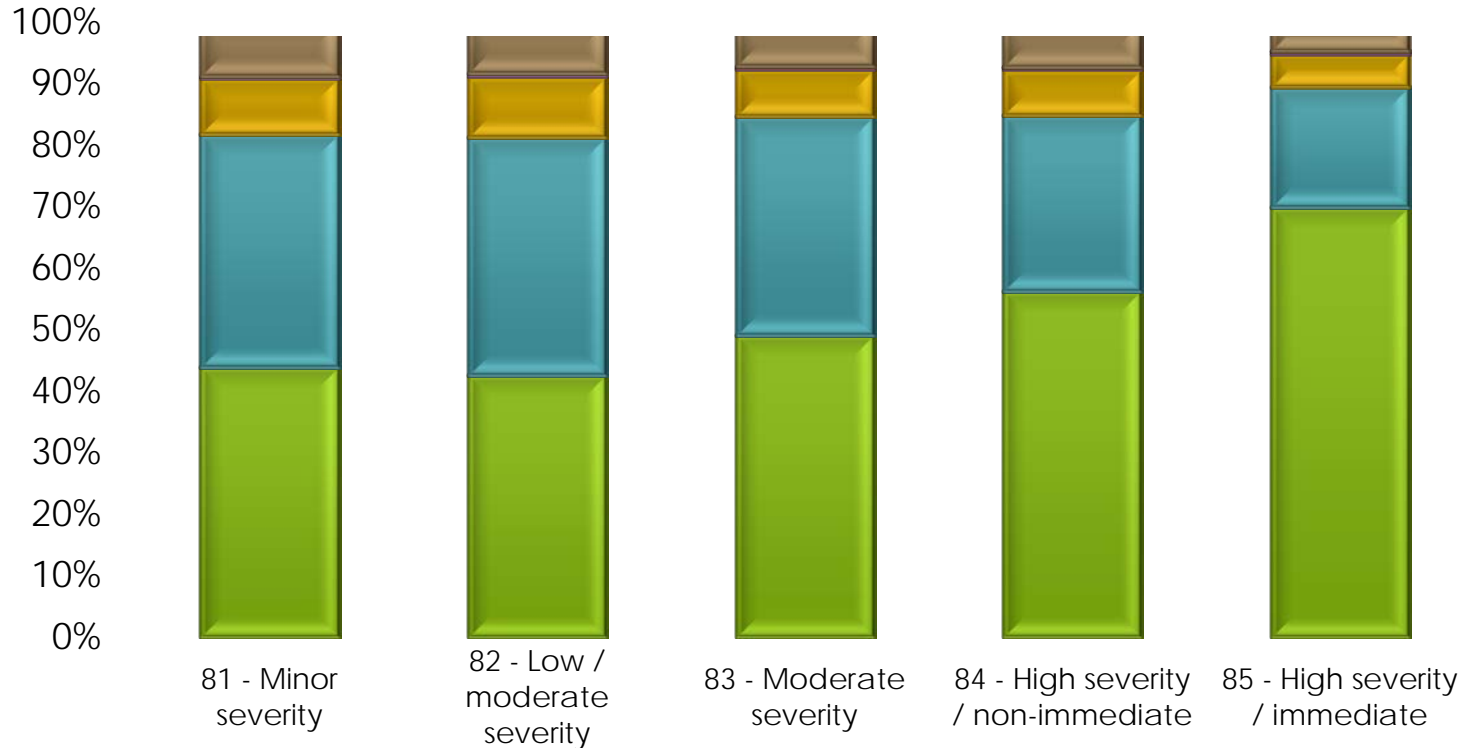


## HCH ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2011



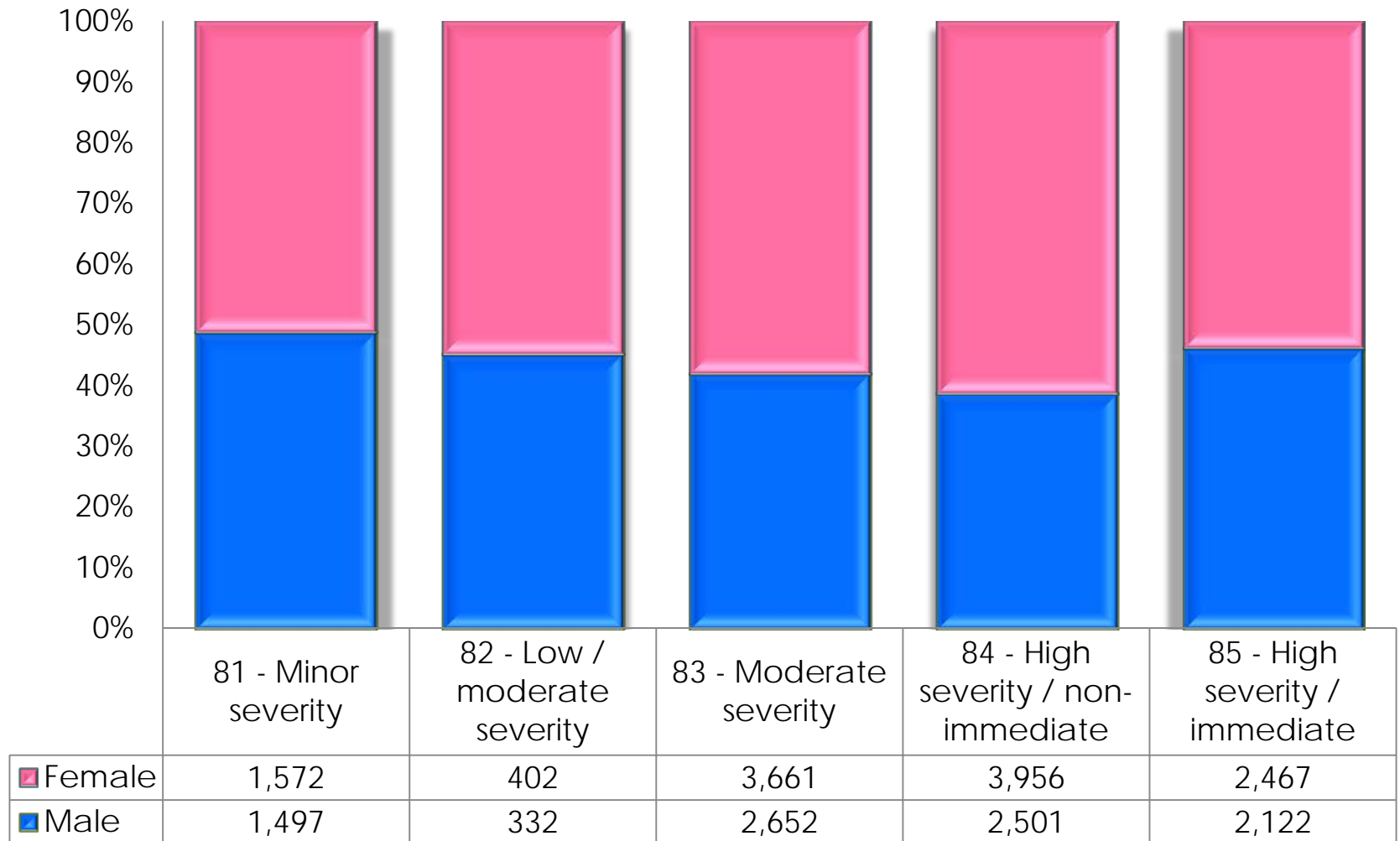


## HCH ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2011

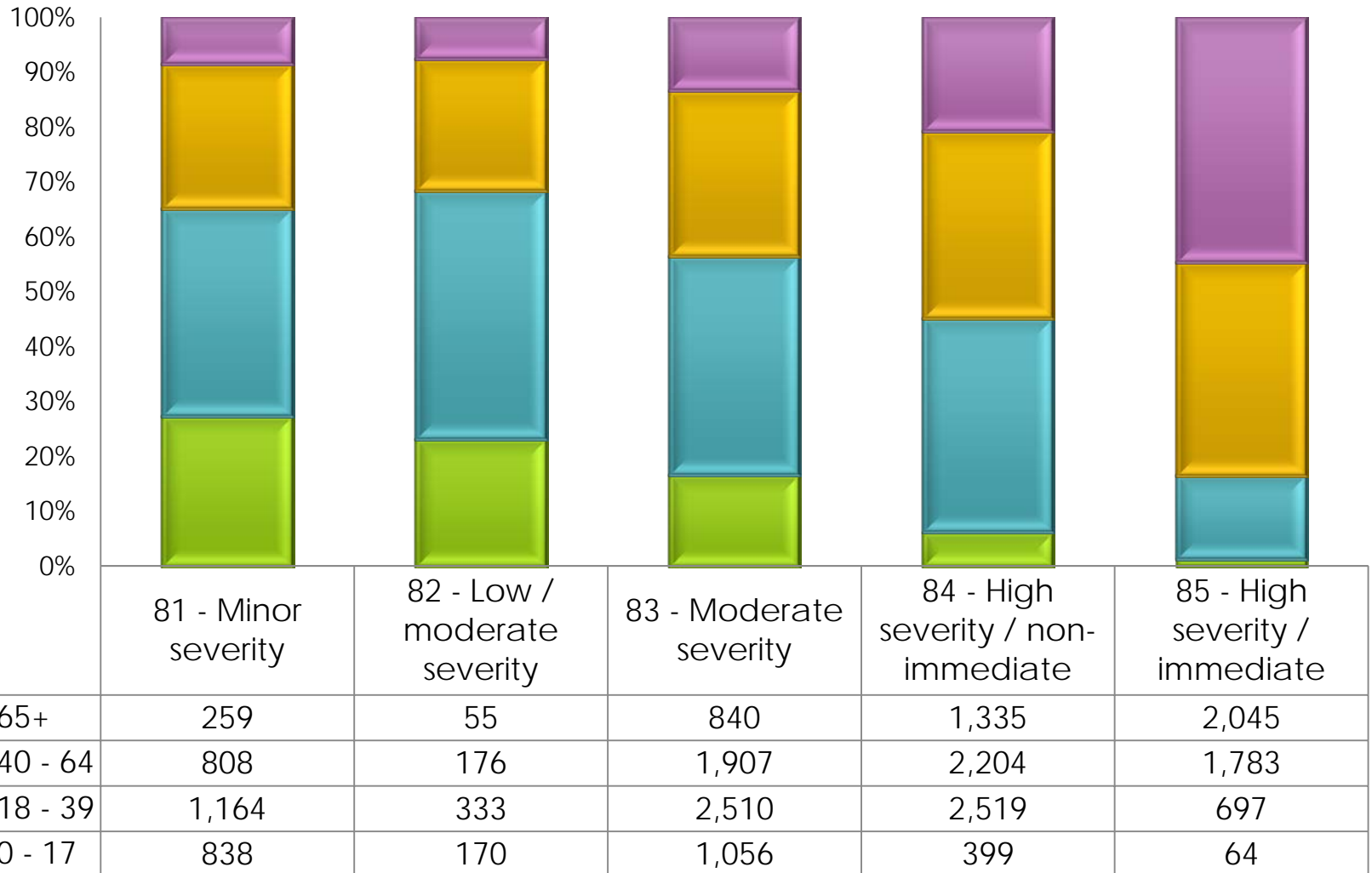


	81 - Minor severity	82 - Low / moderate severity	83 - Moderate severity	84 - High severity / non-immediate	85 - High severity / immediate
Other	270	61	456	469	217
Native American	-	-	4	2	1
Asian/Pacific Island	11	4	21	27	19
Hispanic	280	72	487	479	249
Black	1,159	284	2,244	1,848	893
White	1,349	313	3,101	3,632	3,210

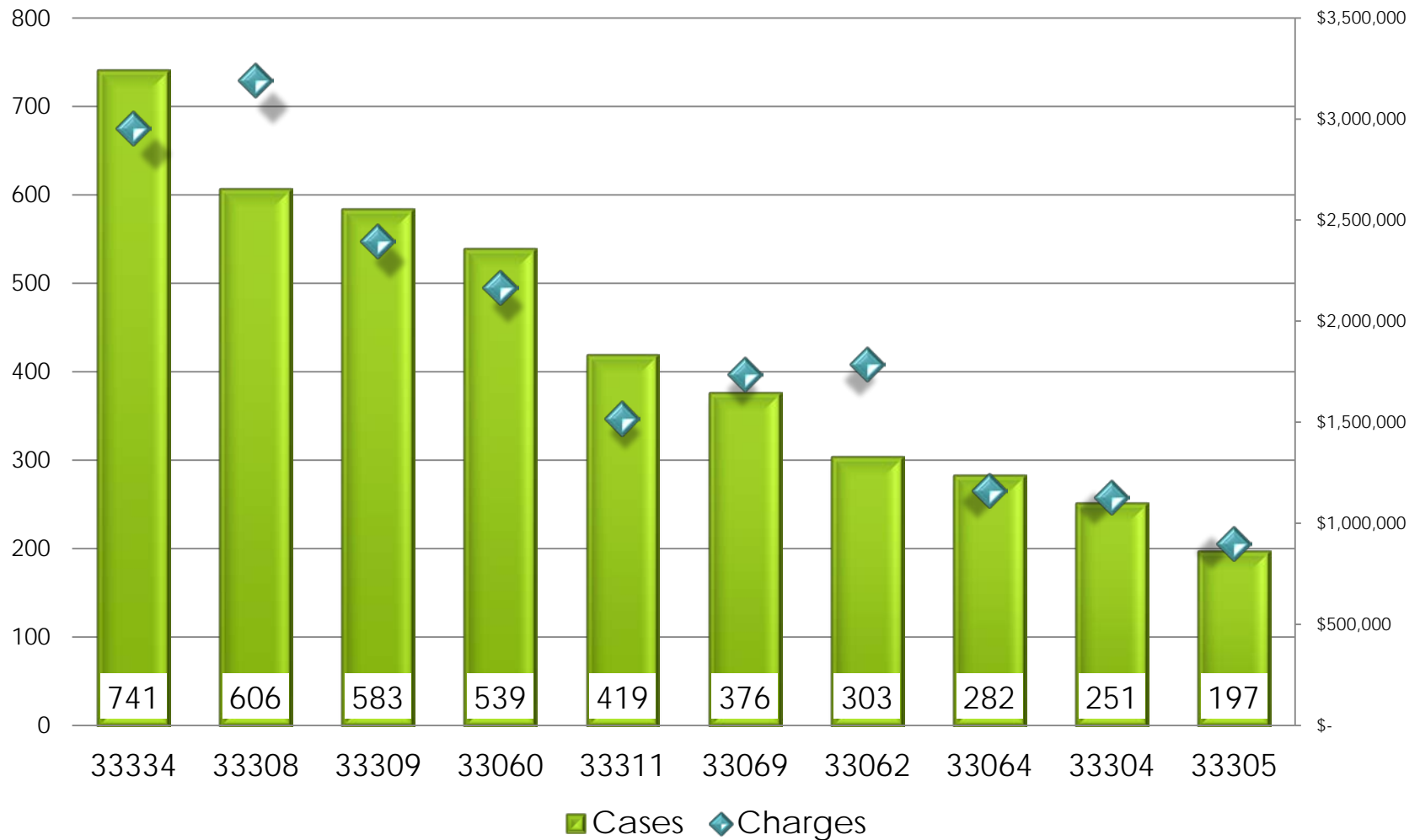
## HCH ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2011



## HCH ED Preventable / Avoidable Admissions Cases by Age and Level of Severity, 2011



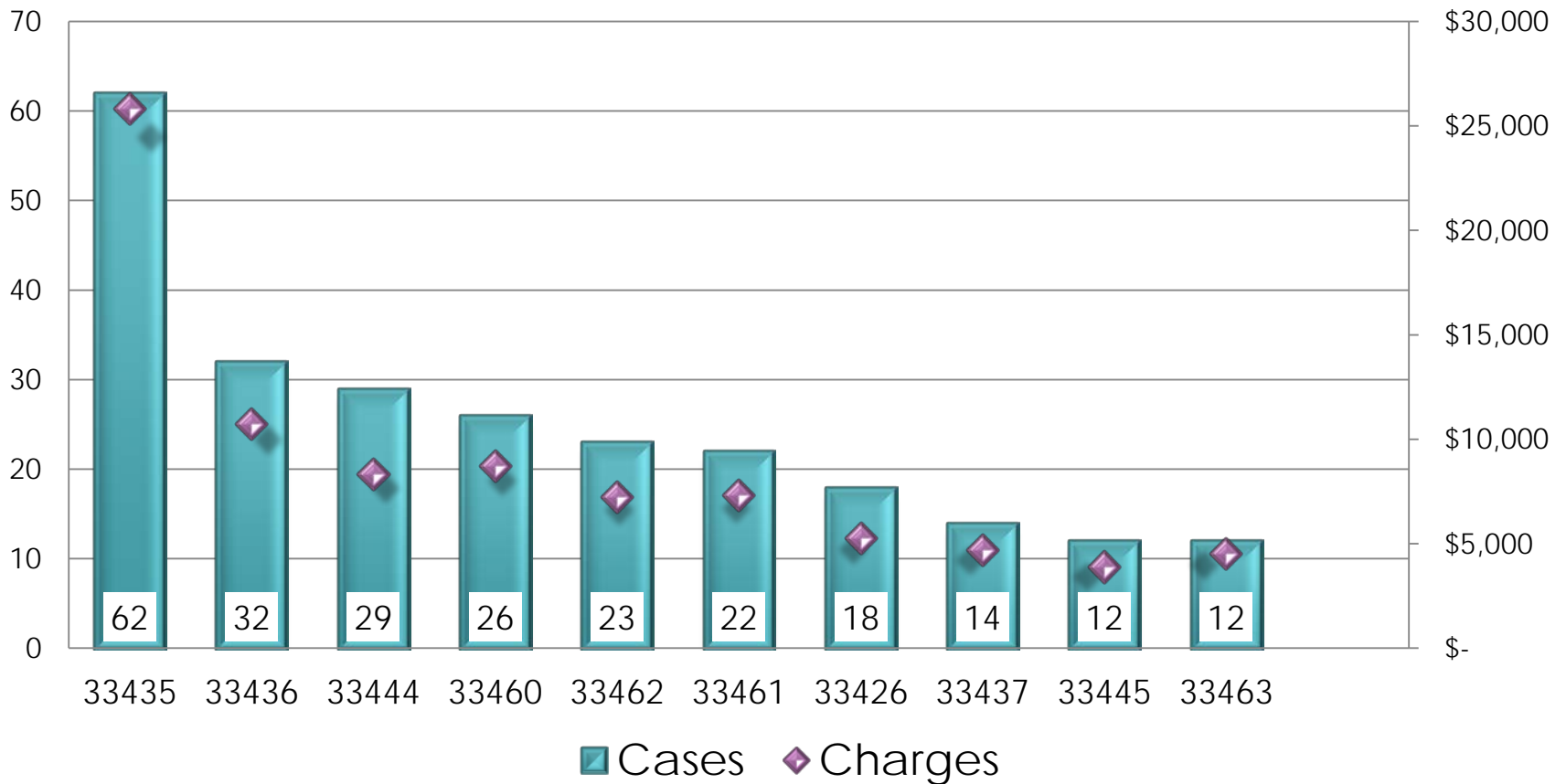
## HCH Top 10 PSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011



## HCH Top 10 PSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

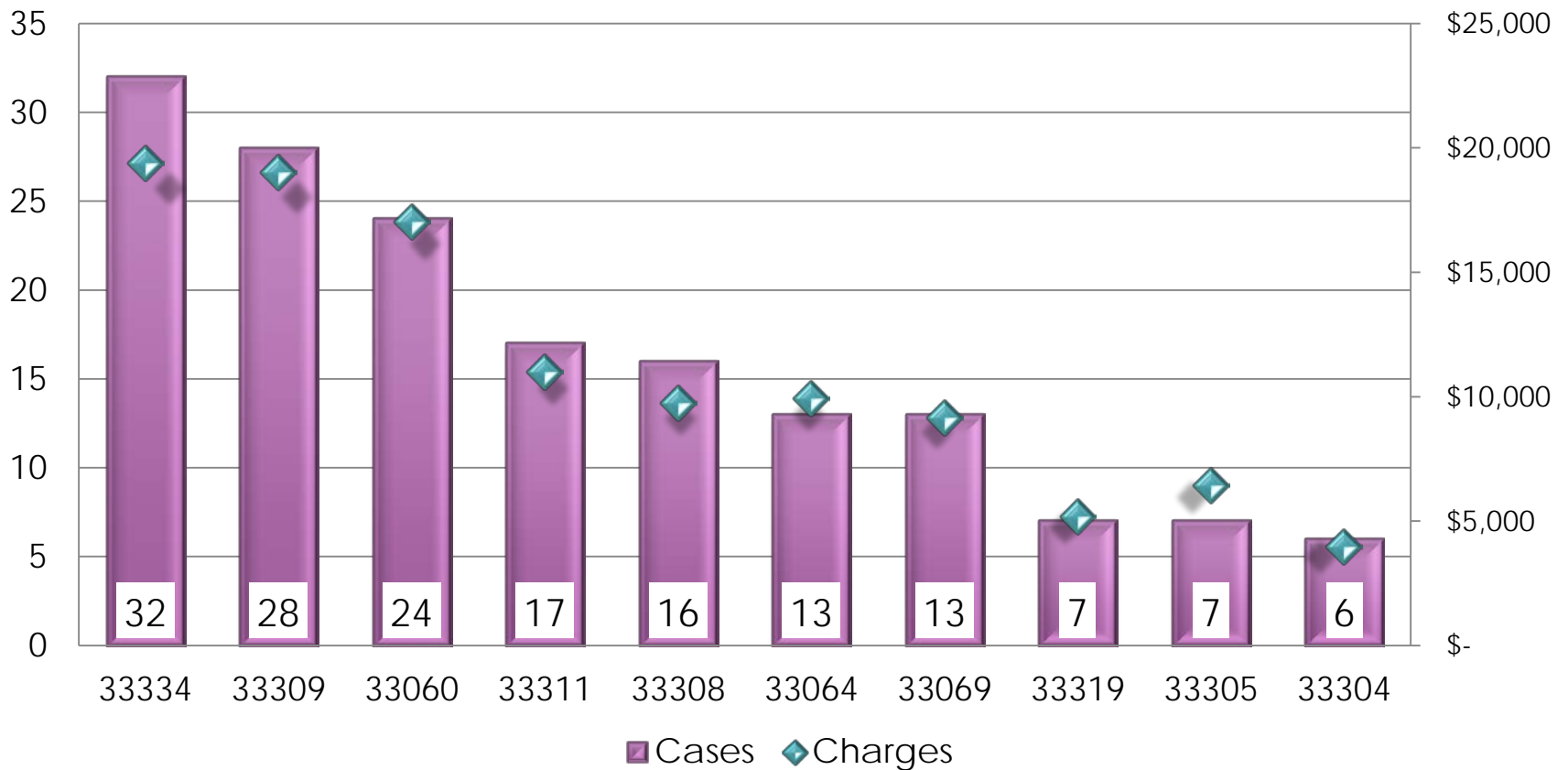
81 - Minor Severity

*Problems are self-limited or of minor severity*



## HCH Top 10 PSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

82-Low/ Moderate Severity  
*Problems are low to moderate severity*

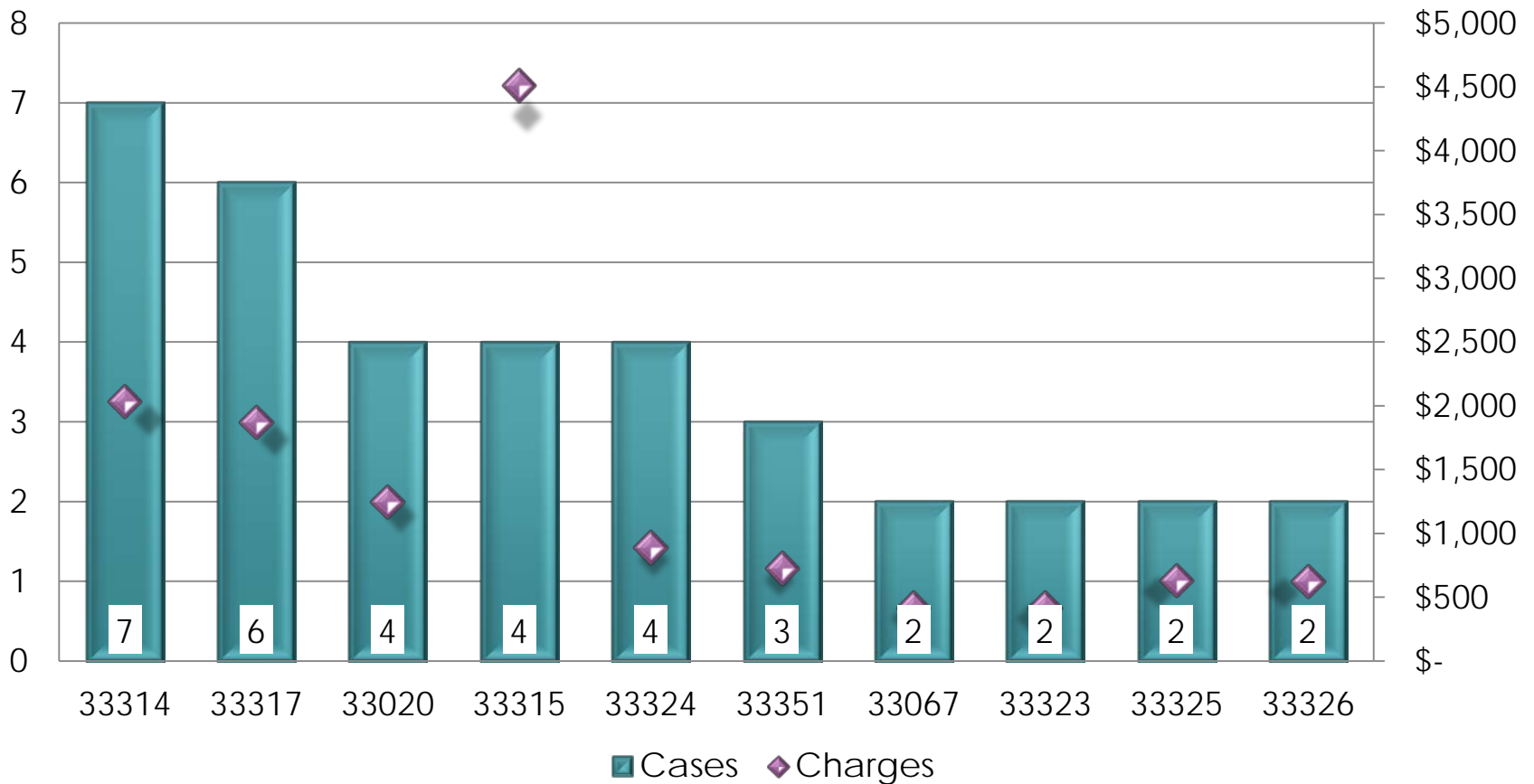


## HCH Top 10 SSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011



## HCH Top 10 SSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

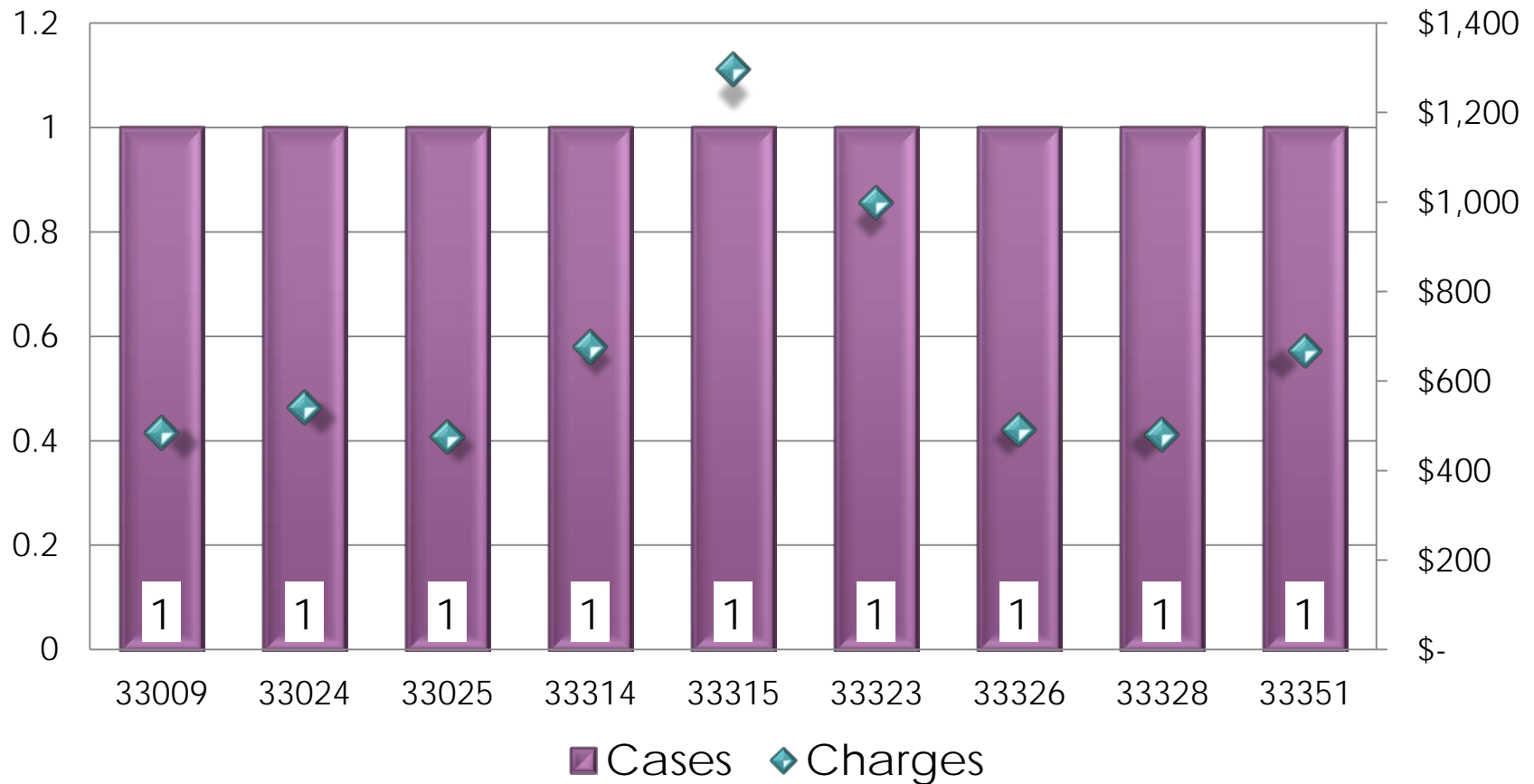
81 - Minor Severity  
Problems are self-limited or of minor severity





## HCH Top 10 SSA ED Preventable/Avoidable Admissions, Cases Vs. Charges, 2011

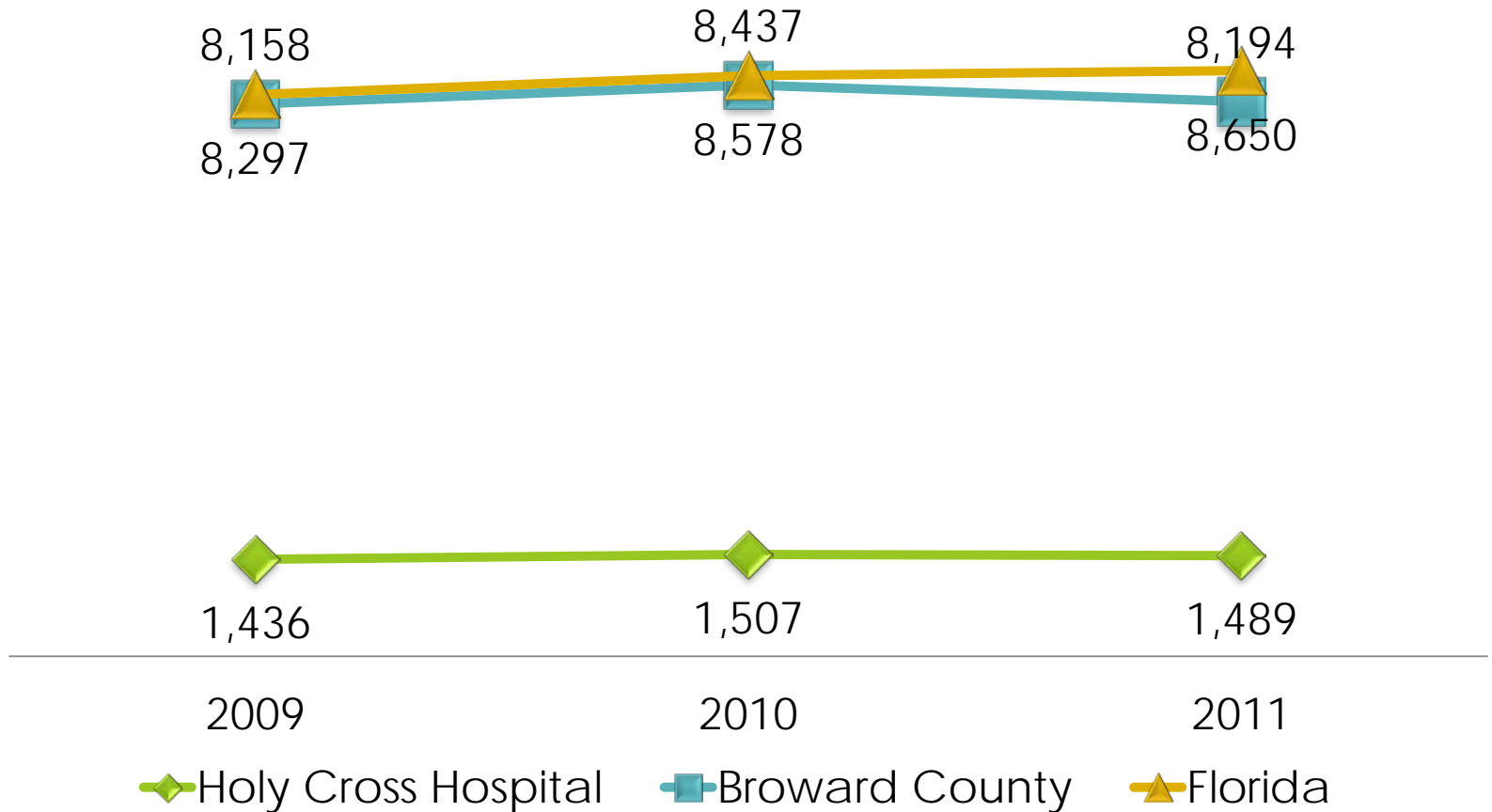
82-Low/ Moderate Severity  
Problems are low to moderate severity



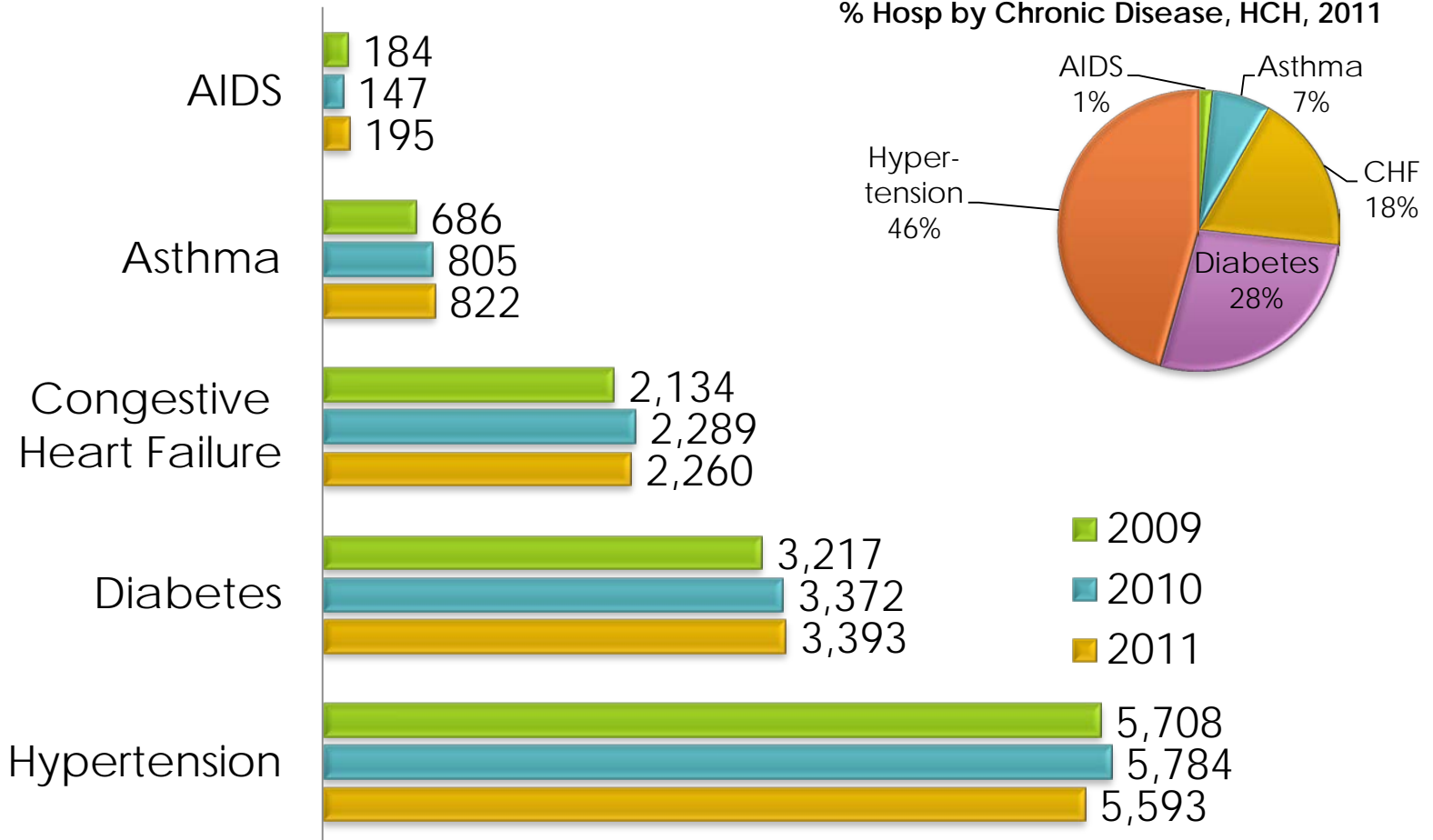


## Chronic Disease Hospitalization

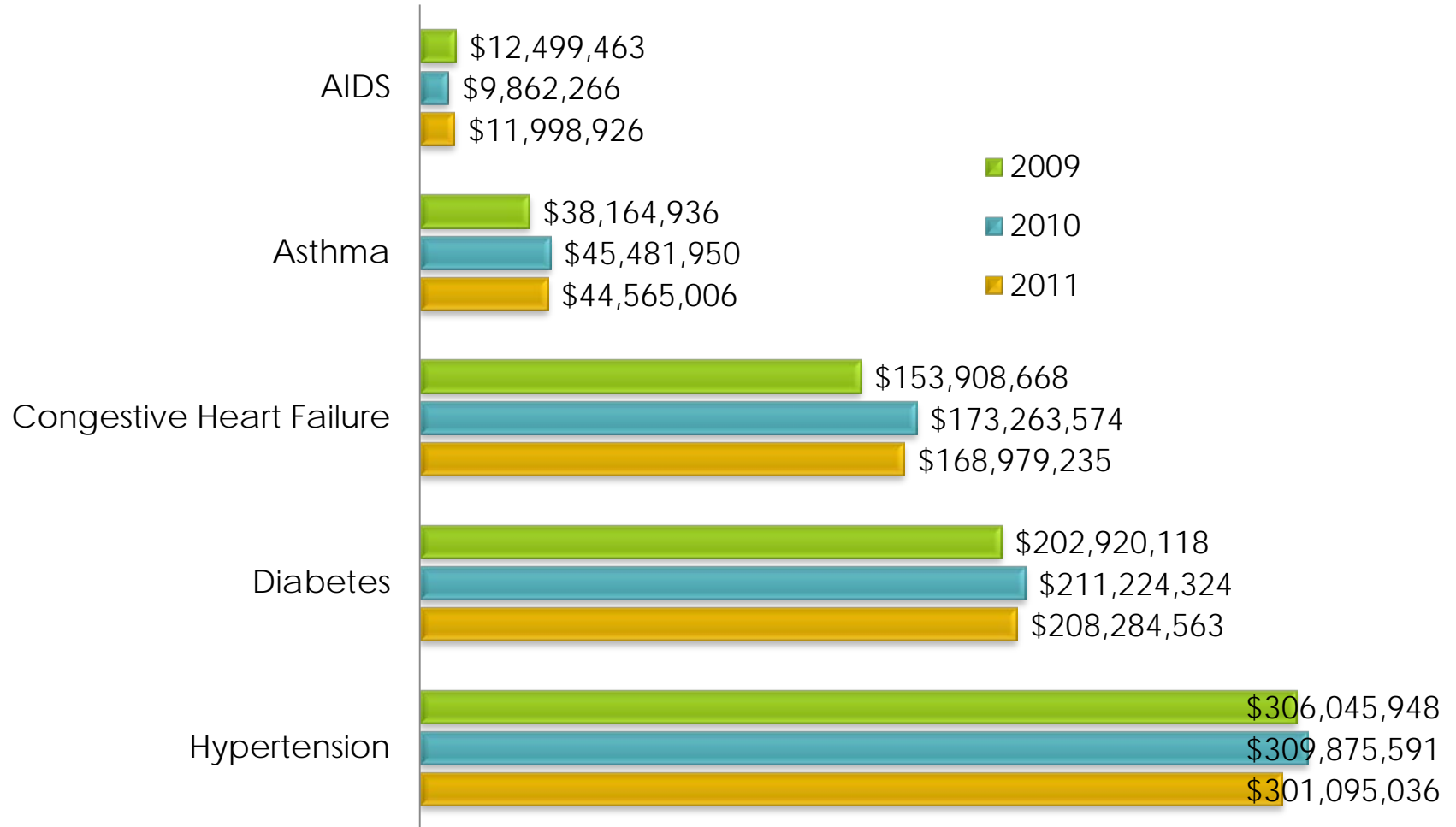
# Chronic Disease Hospitalization per 100,000 Population, 2009-2011



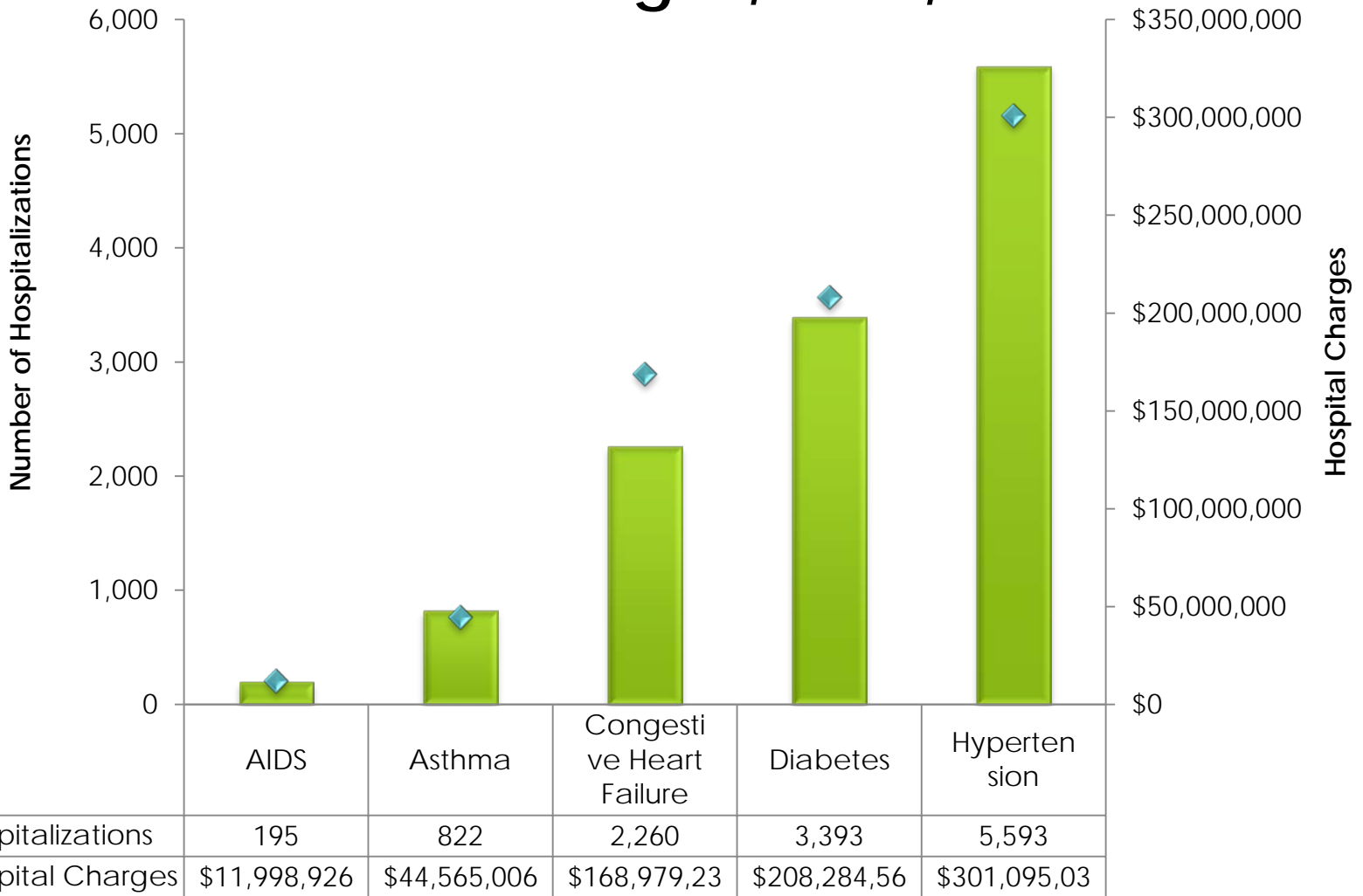
## Chronic Disease Hospitalization - Cases HCH, 2009-2011



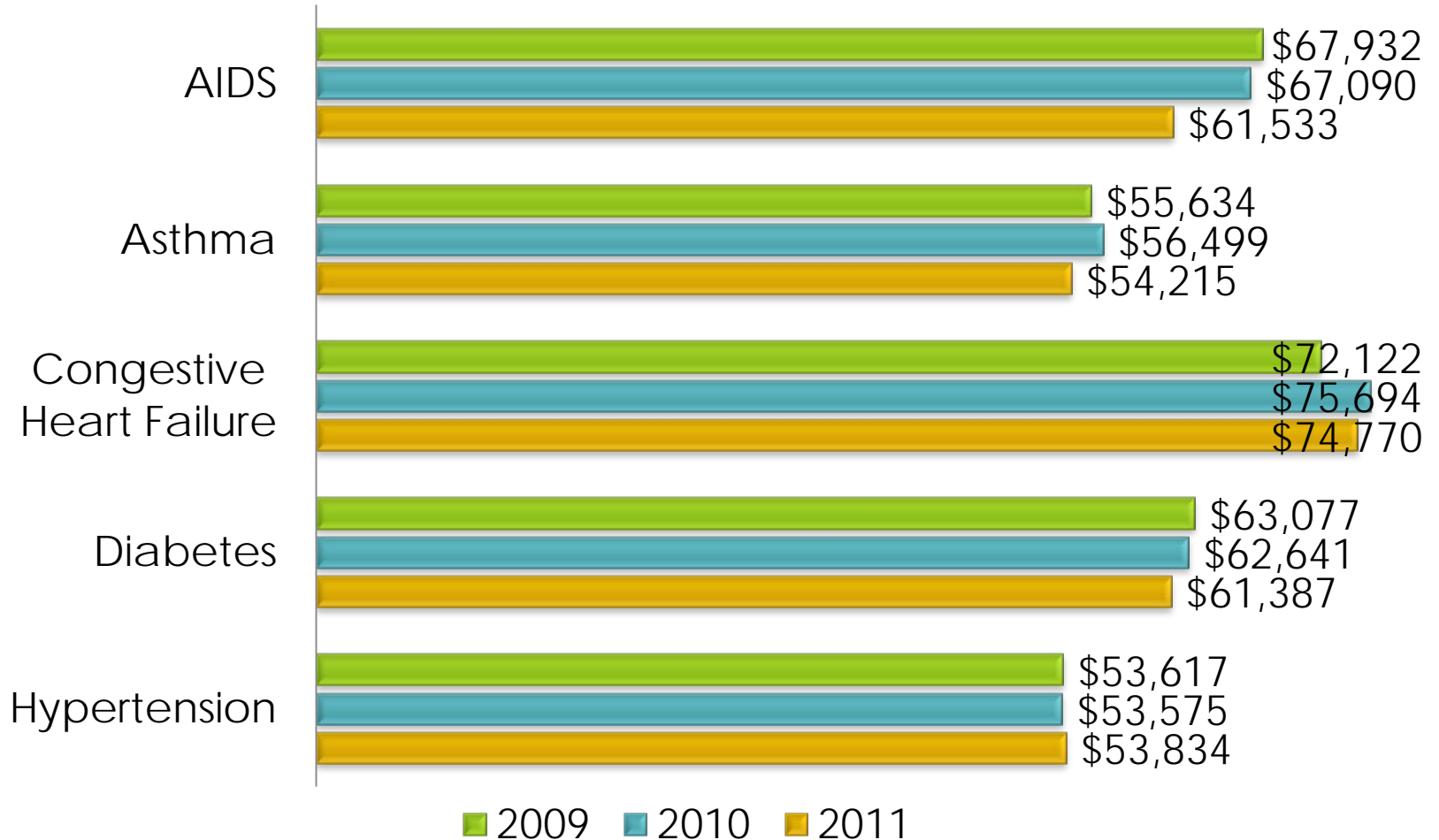
## Chronic Disease Hospitalization – Charges HCH, 2009-2011



## Chronic Disease Hospitalization Cases Vs. Charges, HCH, 2011

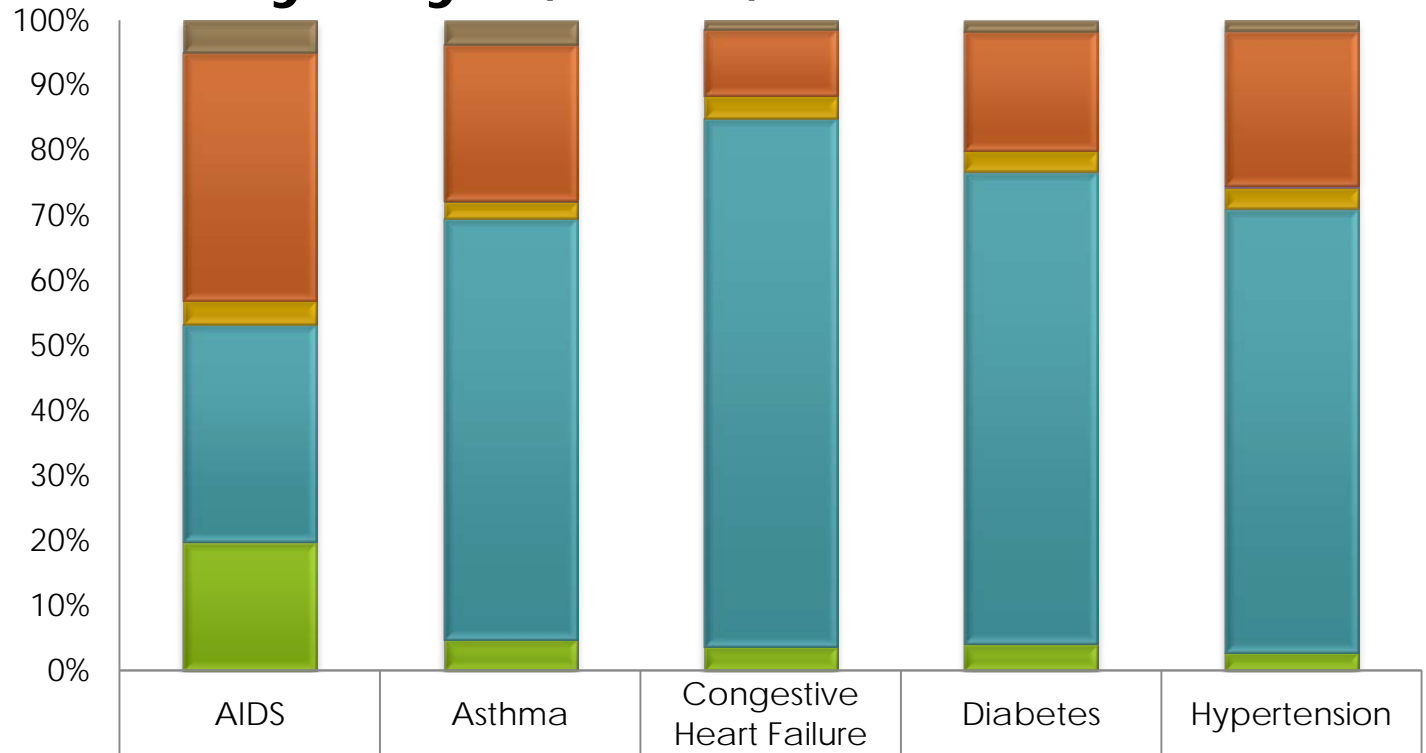


## Average Charge per Chronic Disease Hospitalization HCH, 2009-2011



■ 2009 ■ 2010 ■ 2011

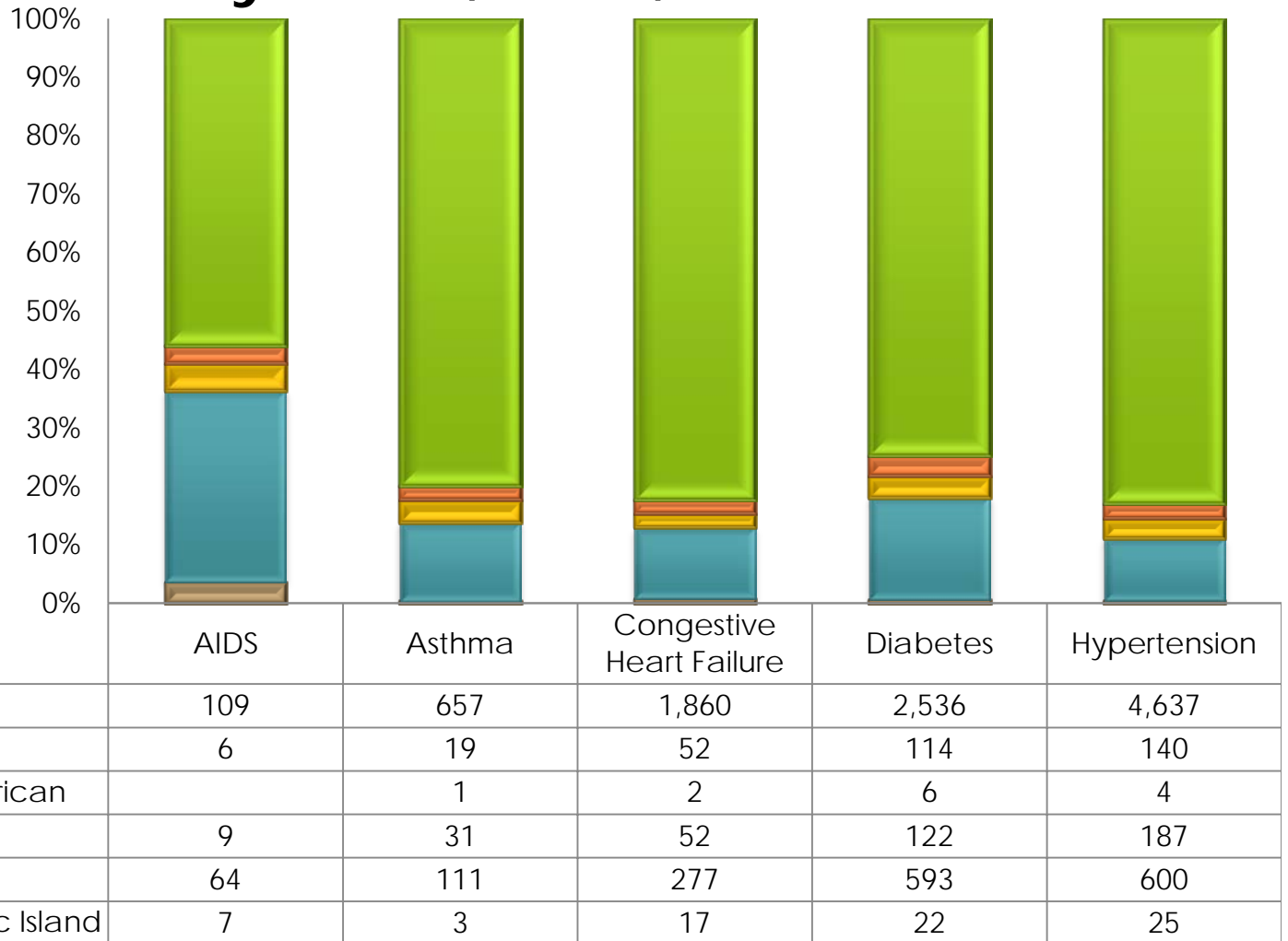
## Chronic Disease Hospitalization – Charges by Payer, HCH, 2011



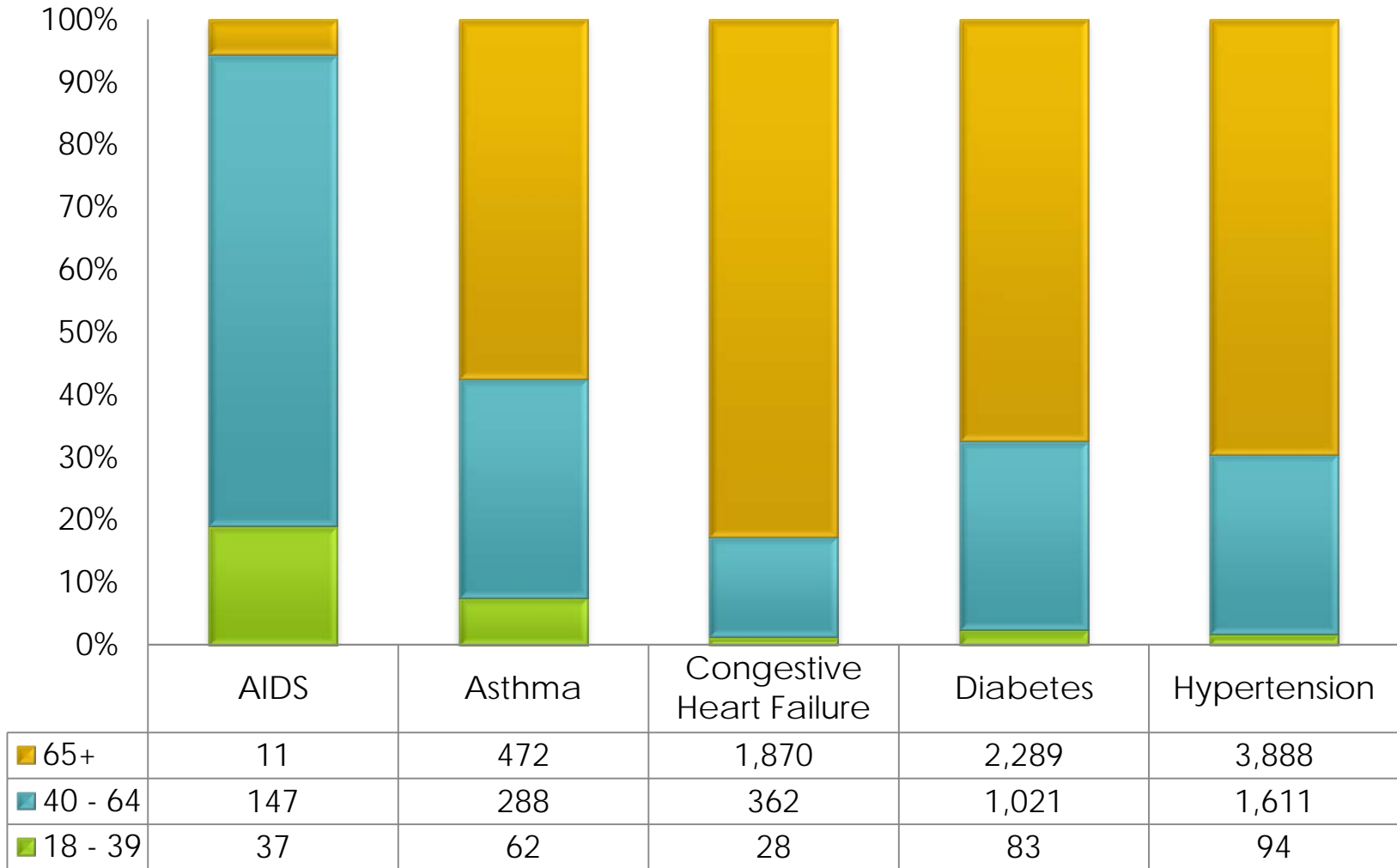
	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension
Self-Pay	594283	1637734	2438178	3491052	4947206
Private, incl. HMO	\$4,578,271	\$10,705,773	\$17,187,773	\$38,225,134	\$71,488,825
Other	\$0	\$54,088	\$0	\$90,250	\$1,183,604
No charge/Charity	\$436,729	\$1,182,745	\$5,820,028	\$6,718,231	\$9,716,191
Medicare	\$4,011,352	\$28,837,088	\$137,131,227	\$151,182,669	\$205,370,230
Medicaid	\$2,378,291	\$2,147,578	\$6,402,029	\$8,577,227	\$8,388,980



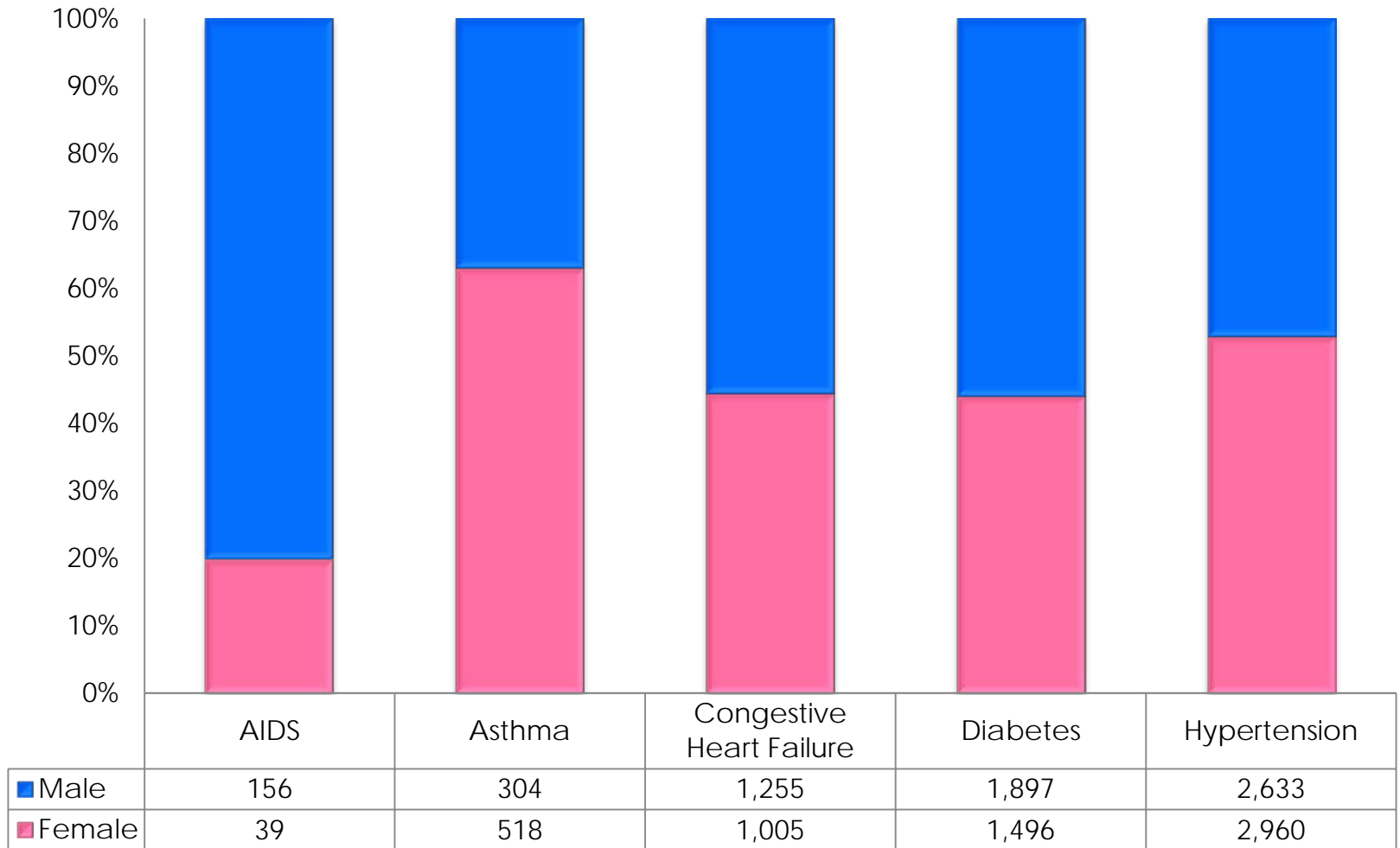
## Chronic Disease Hospitalization - Cases by Race, HCH, 2011



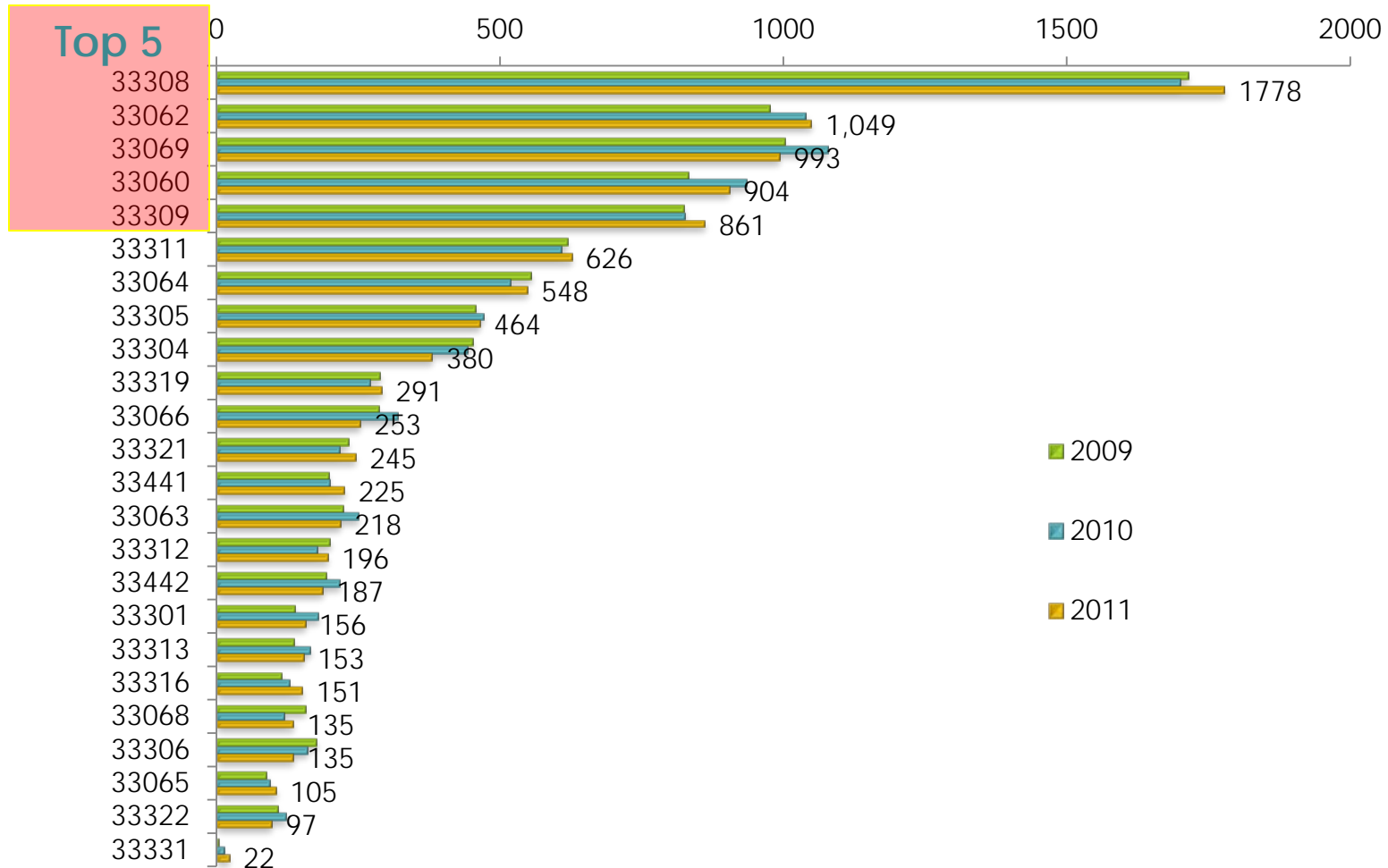
# Chronic Disease Hospitalization - Cases by Age, HCH, 2011



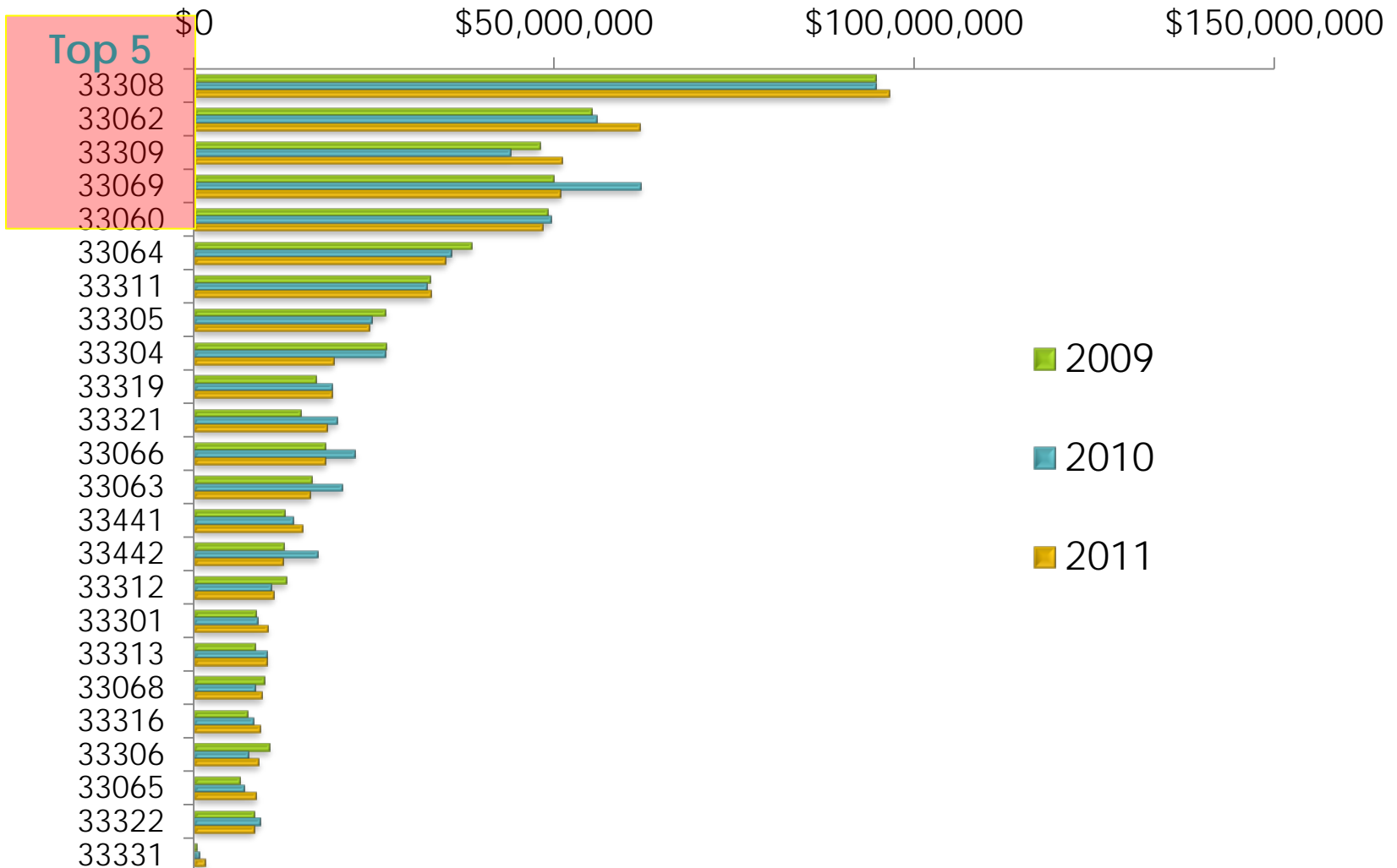
## Chronic Disease Hospitalization - Cases by Gender, HCH, 2011



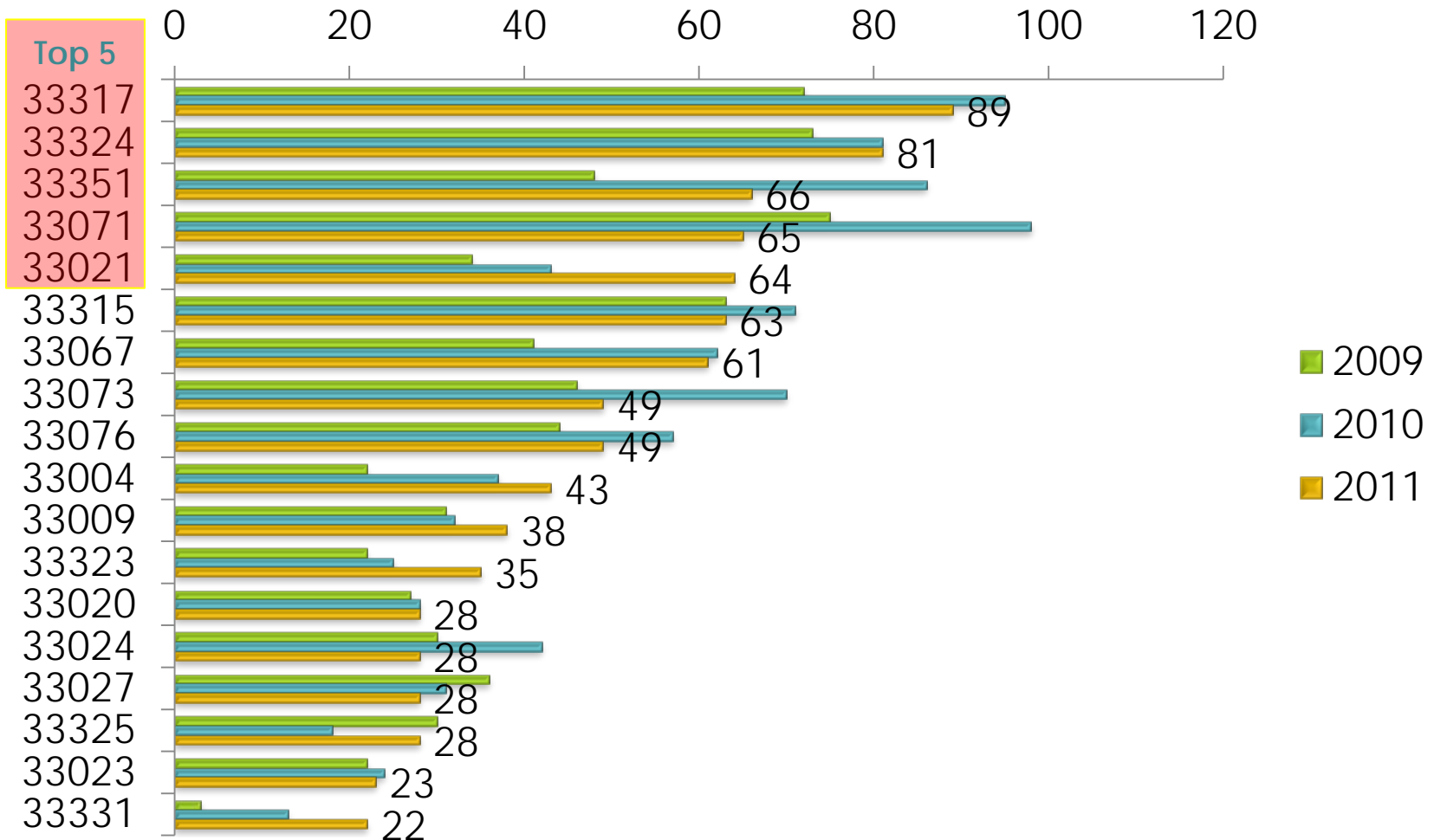
## Chronic Disease Hospitalization - Cases By Primary Service Area, HCH, 2009-2011



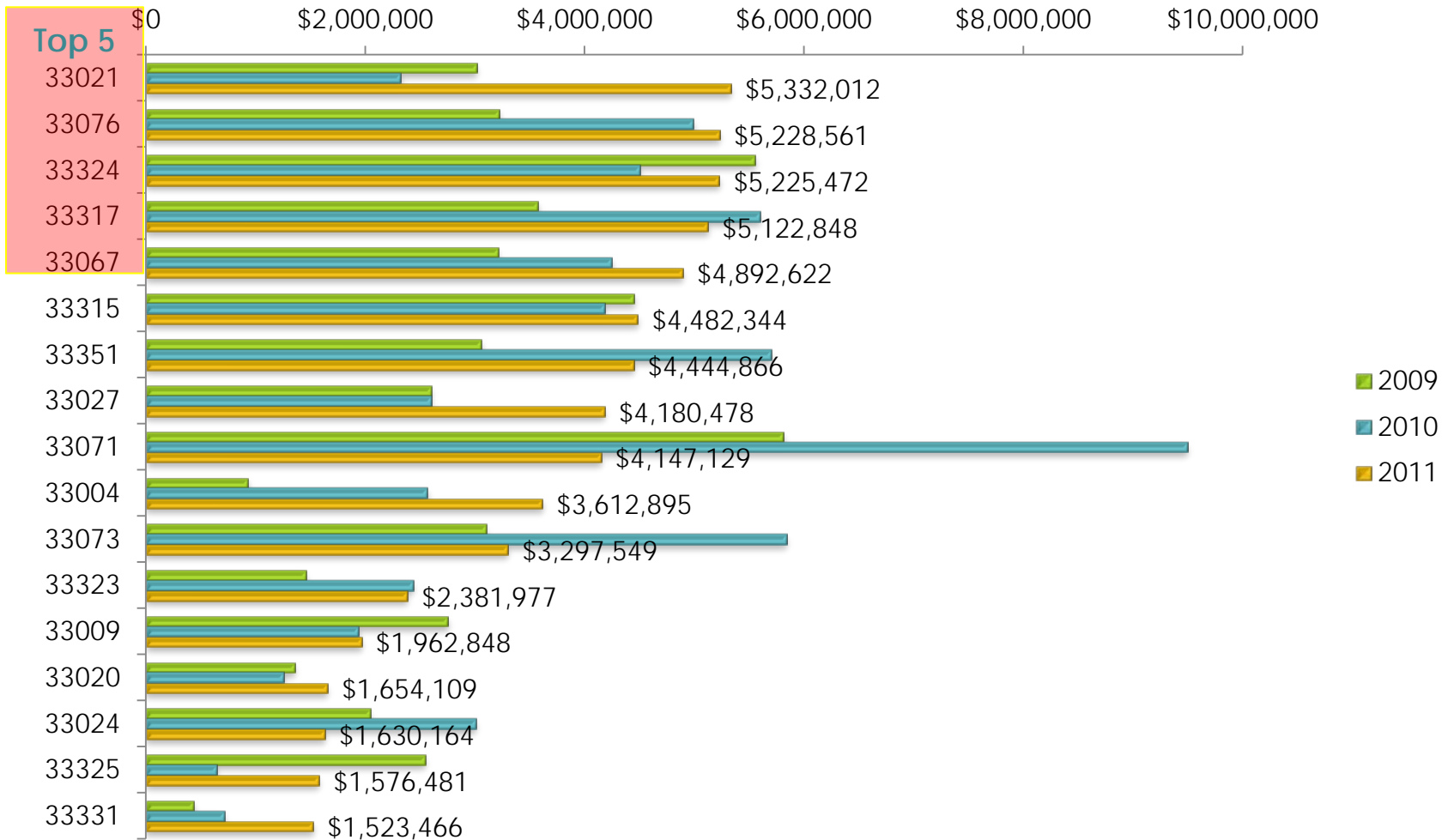
## Chronic Disease Hospitalization - Charges By Primary Service Area, HCH, 2009-2011

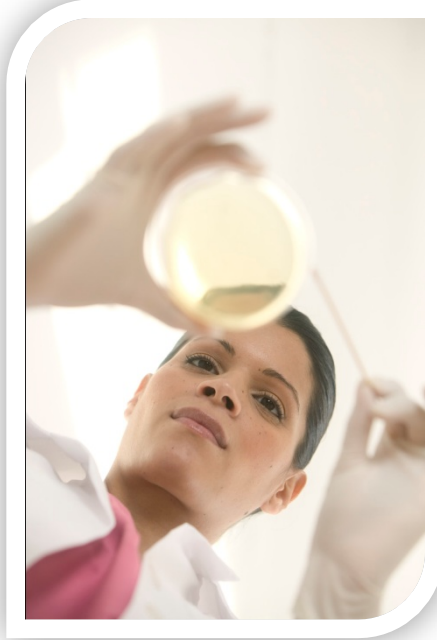


## Chronic Disease Hospitalization - Cases By Secondary Service Area, HCH, 2009-2011



## Chronic Disease Hospitalization - Charges By Secondary Service Area, HCH, 2009-2011

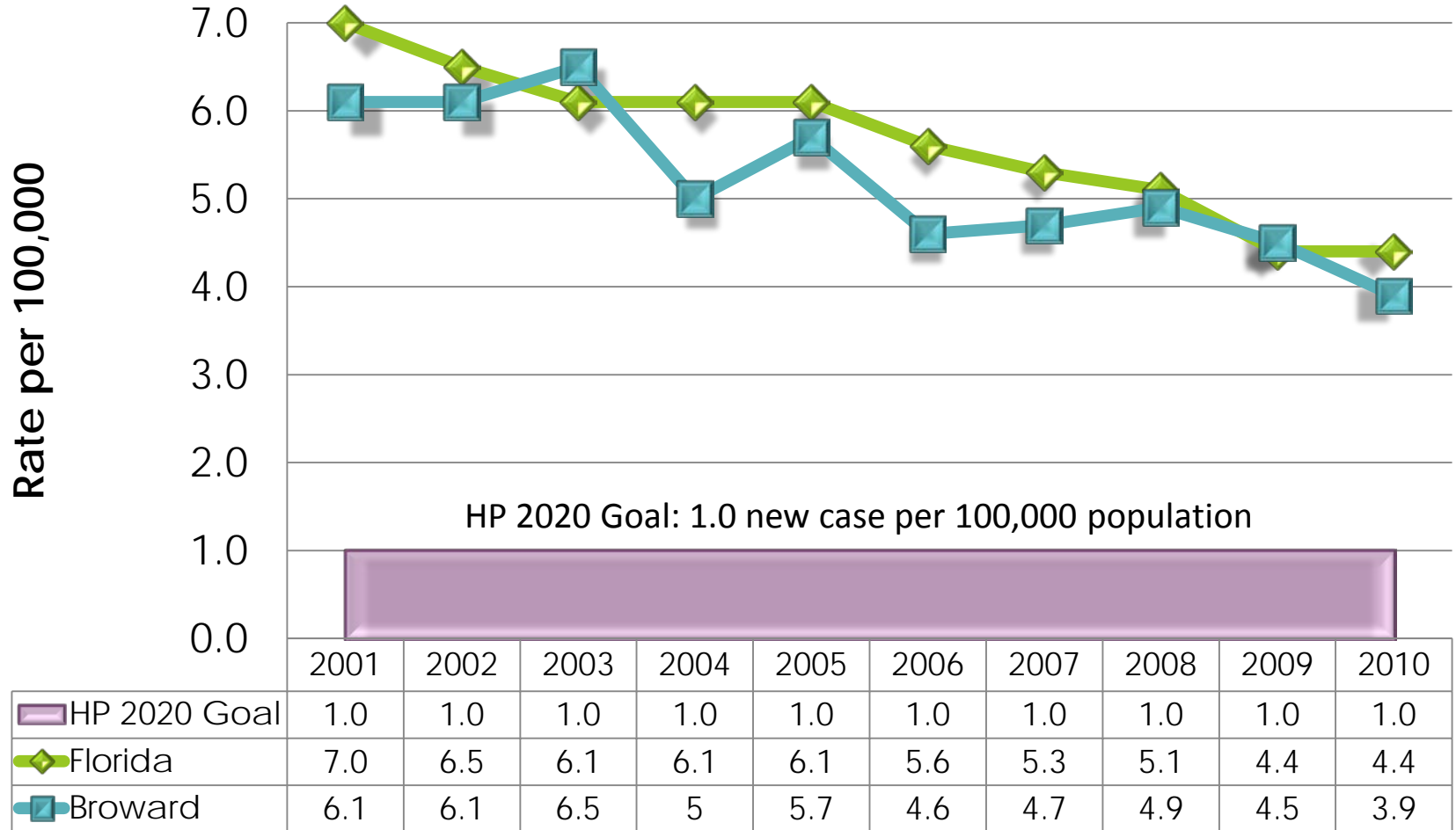




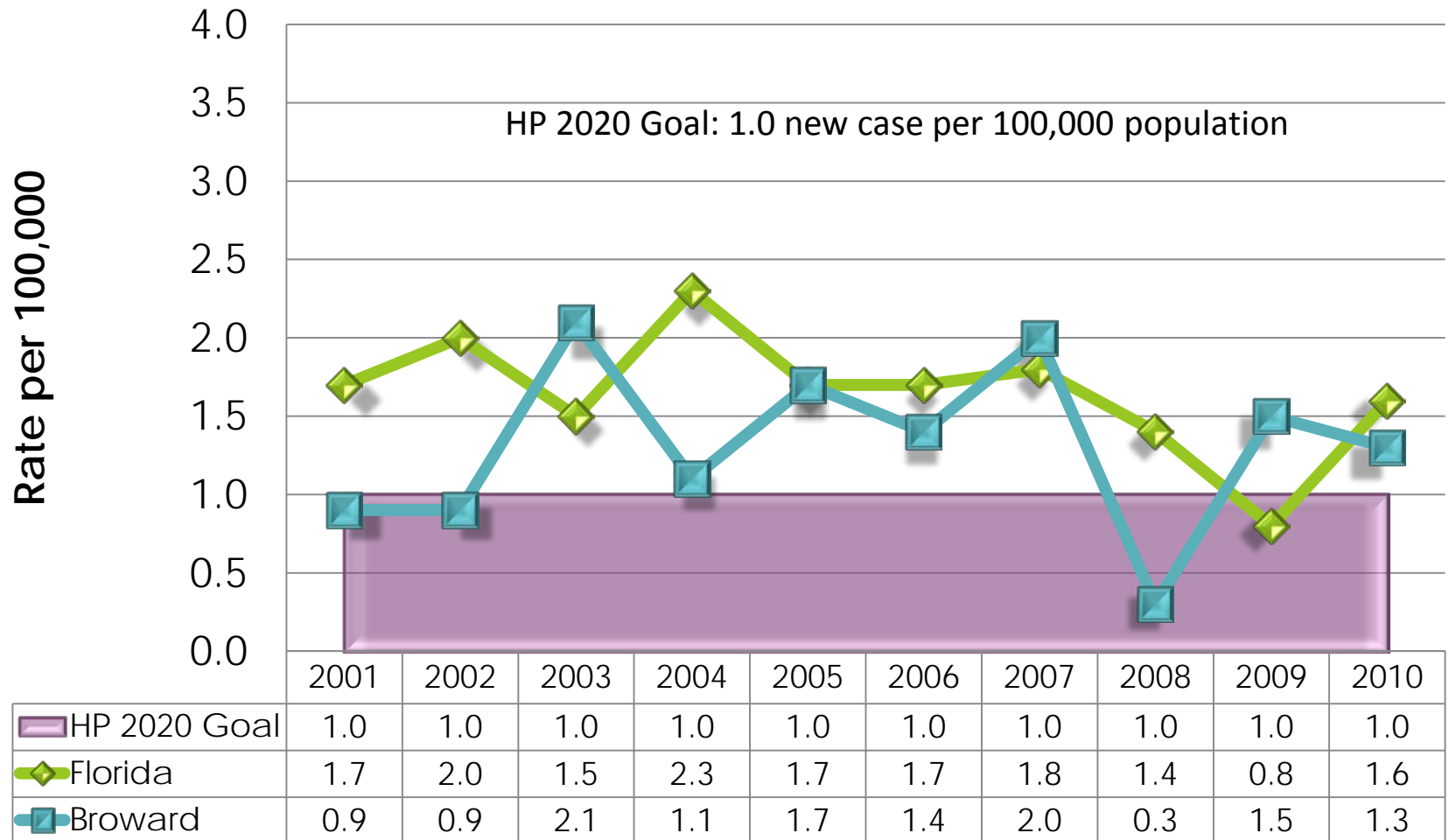
## Communicable Diseases



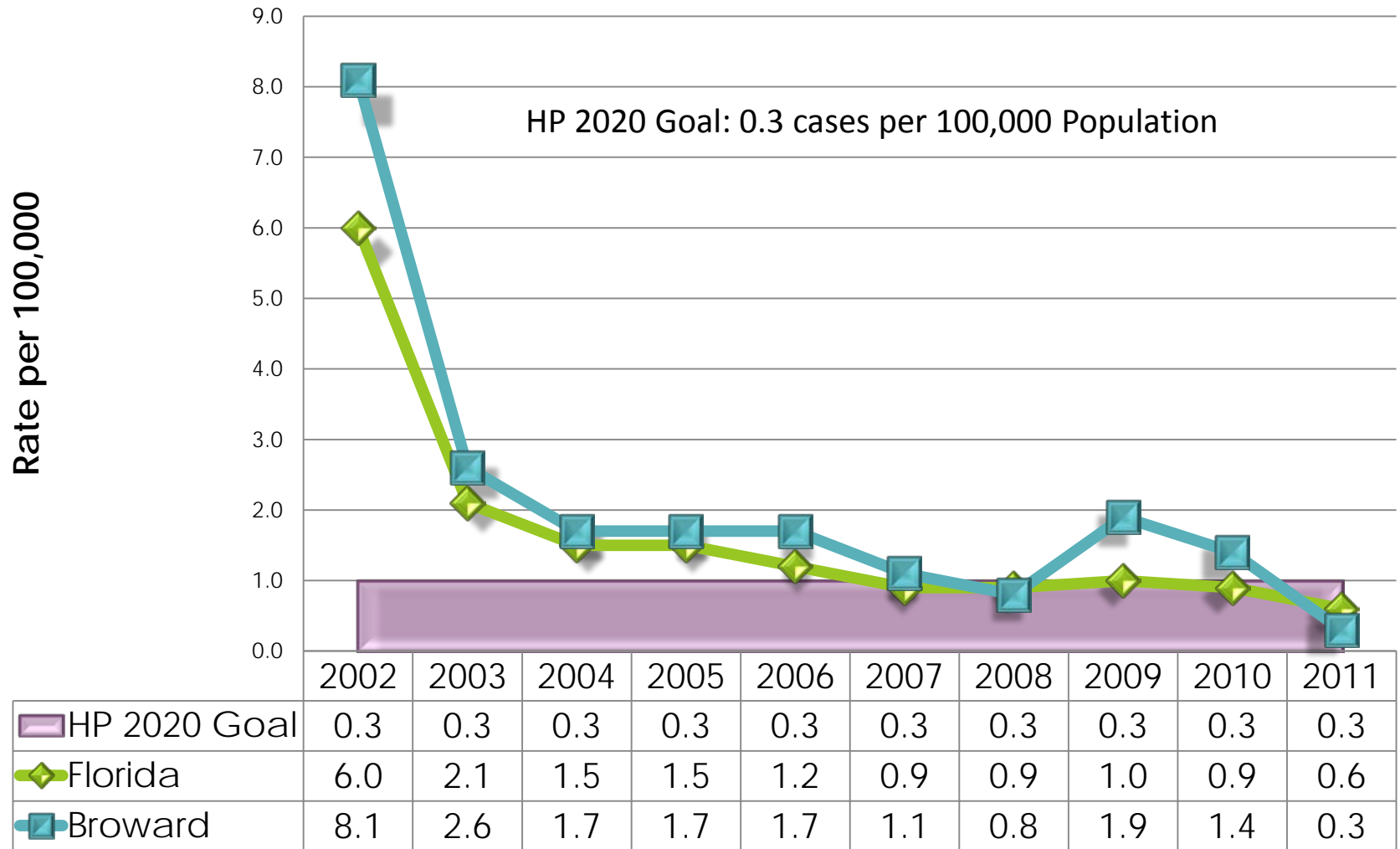
## Tuberculosis Cases Per 100,000, Broward, FL, 2001 – 2010



## Tuberculosis Cases for Children under 15 Per 100,000, 2001 – 2010



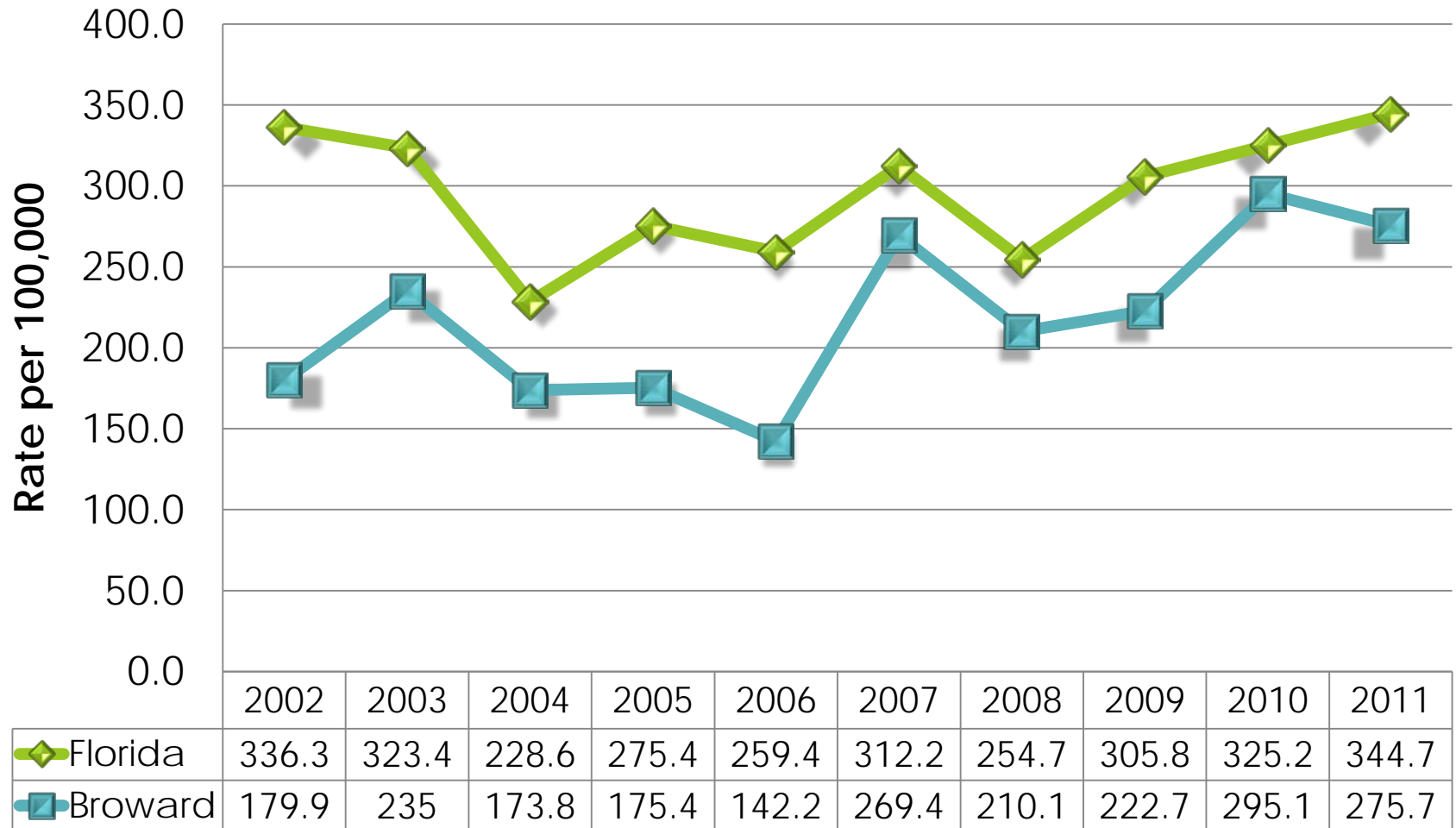
## Hepatitis A Rate per 100,000 Broward, FL, 2002-2011



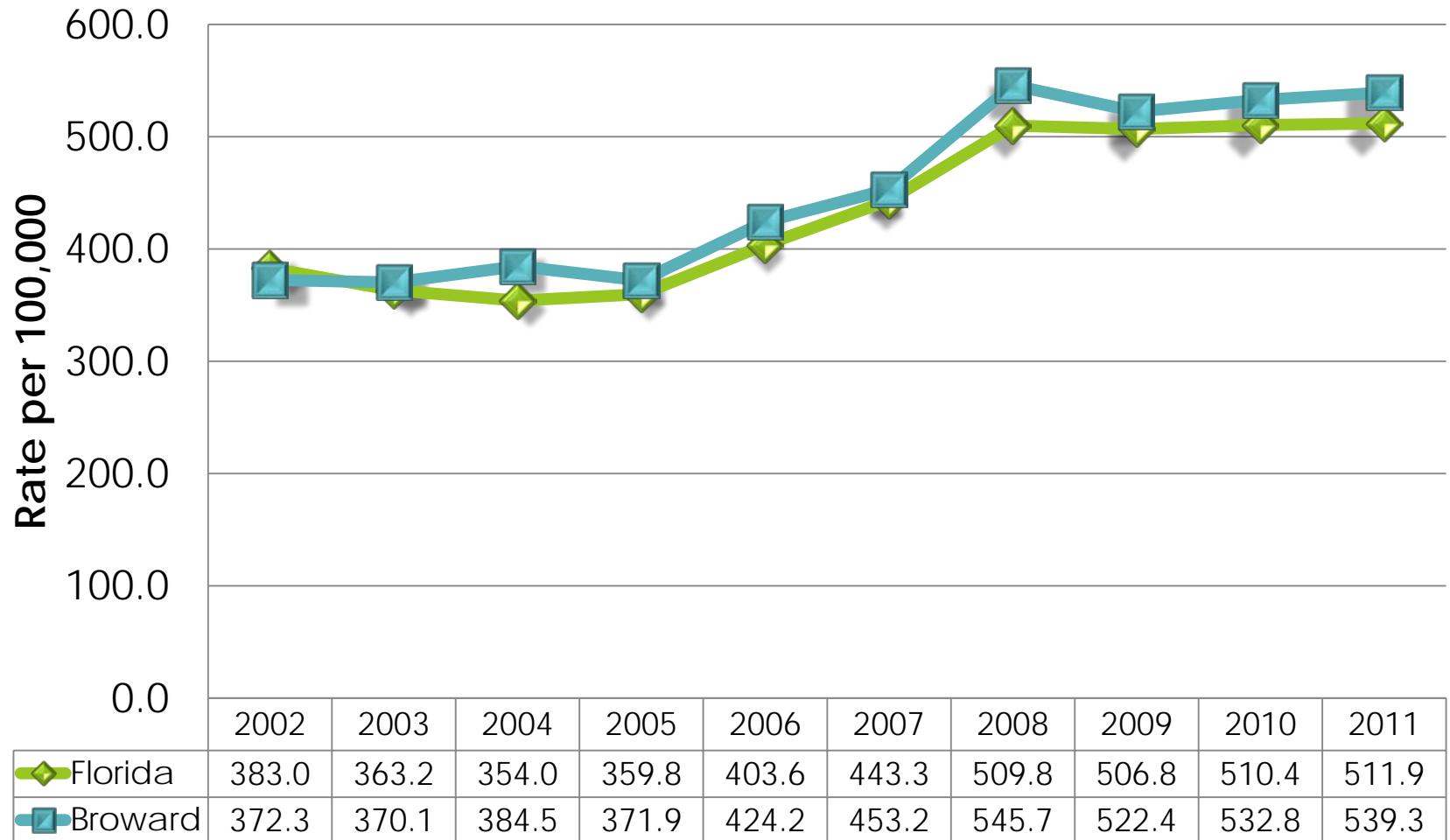
## Total Enteric Disease Children and Adults, 2002-2011



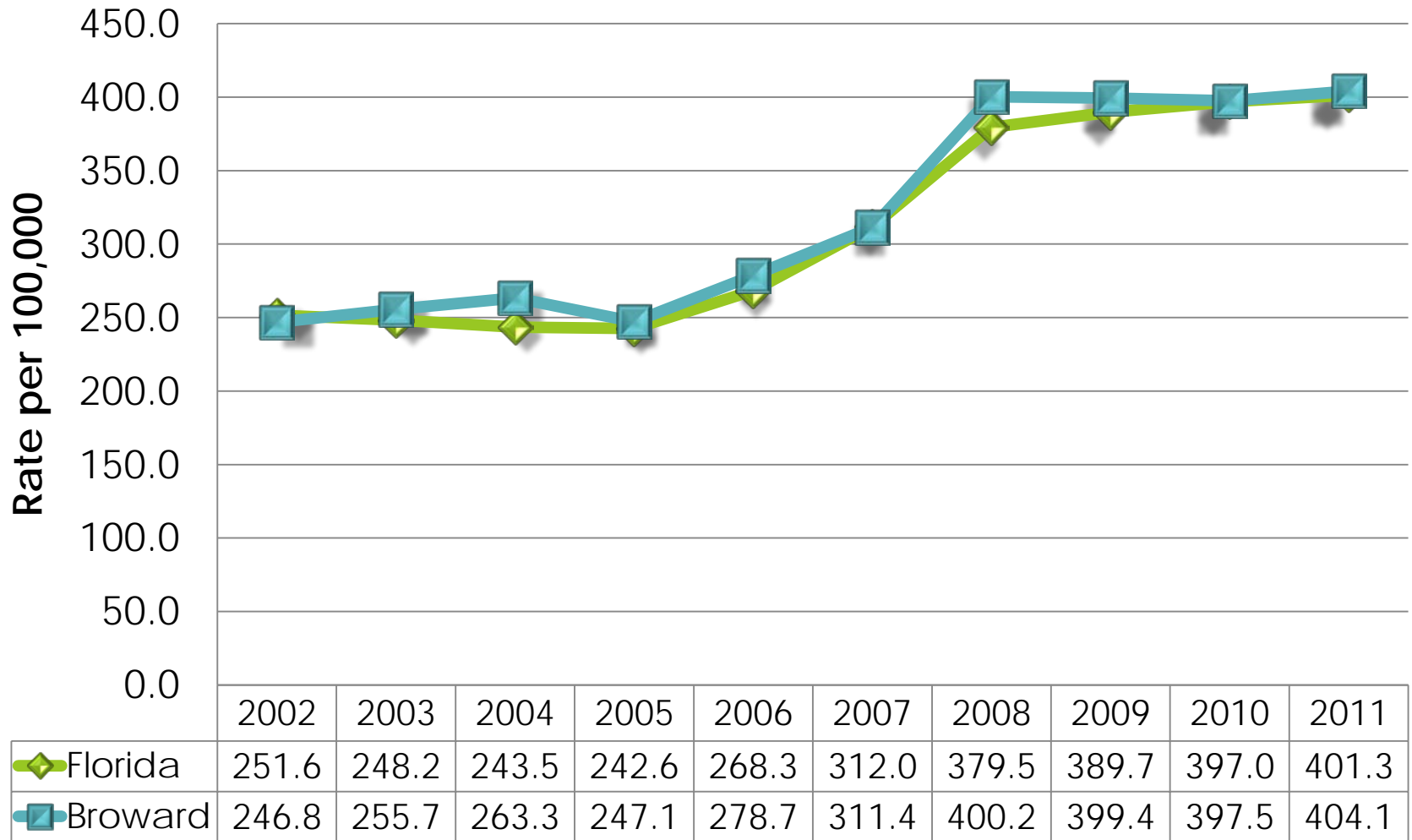
## Total Enteric Disease Children Less than 6 Yrs Old, 2002-2011



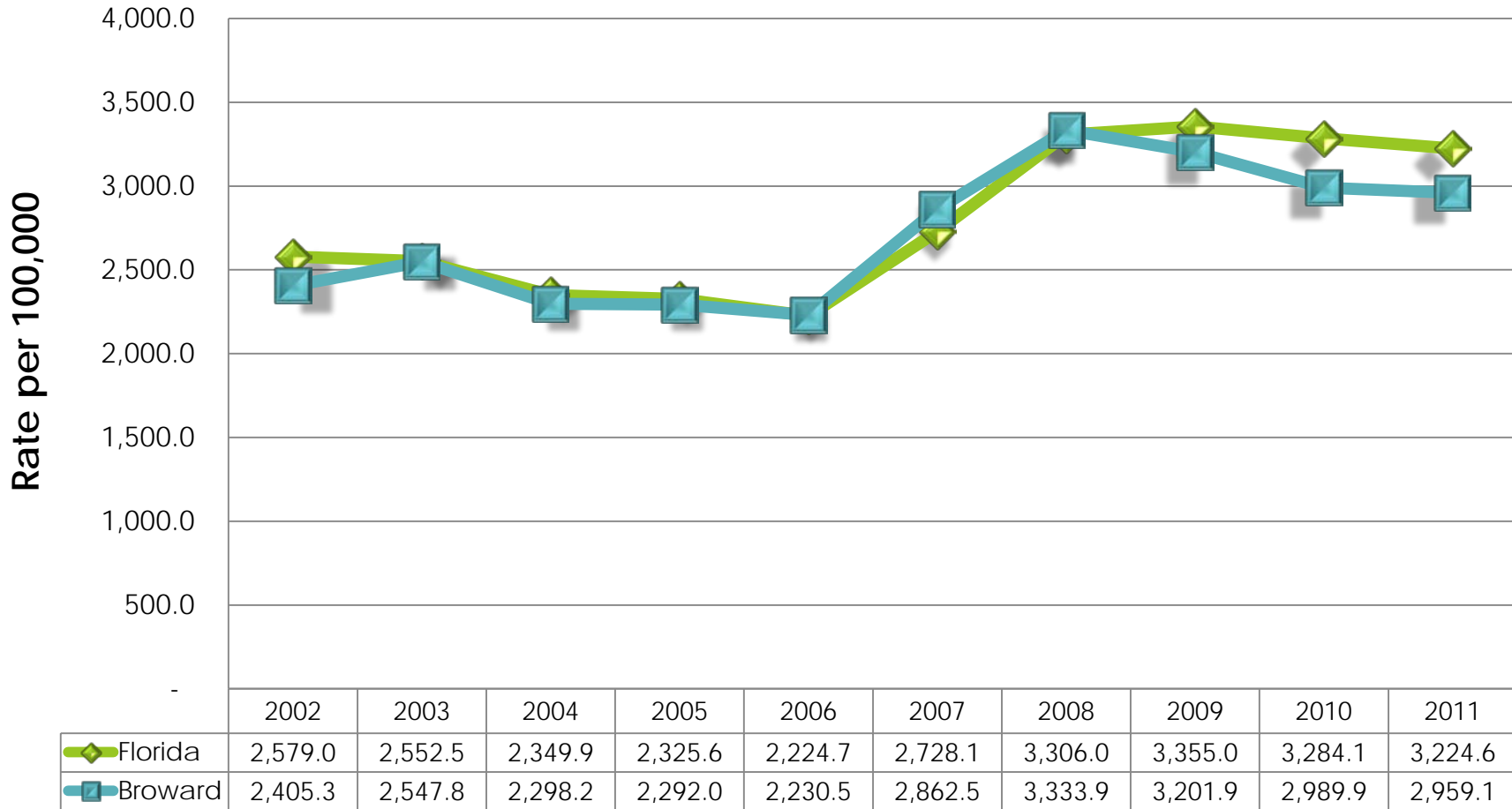
## Sexually Transmitted Infections, 2002-2011 (Total Gonorrhea, Chlamydia & Infectious Syphilis)



## Chlamydia Rates per 100,000 Population, 2002-2011

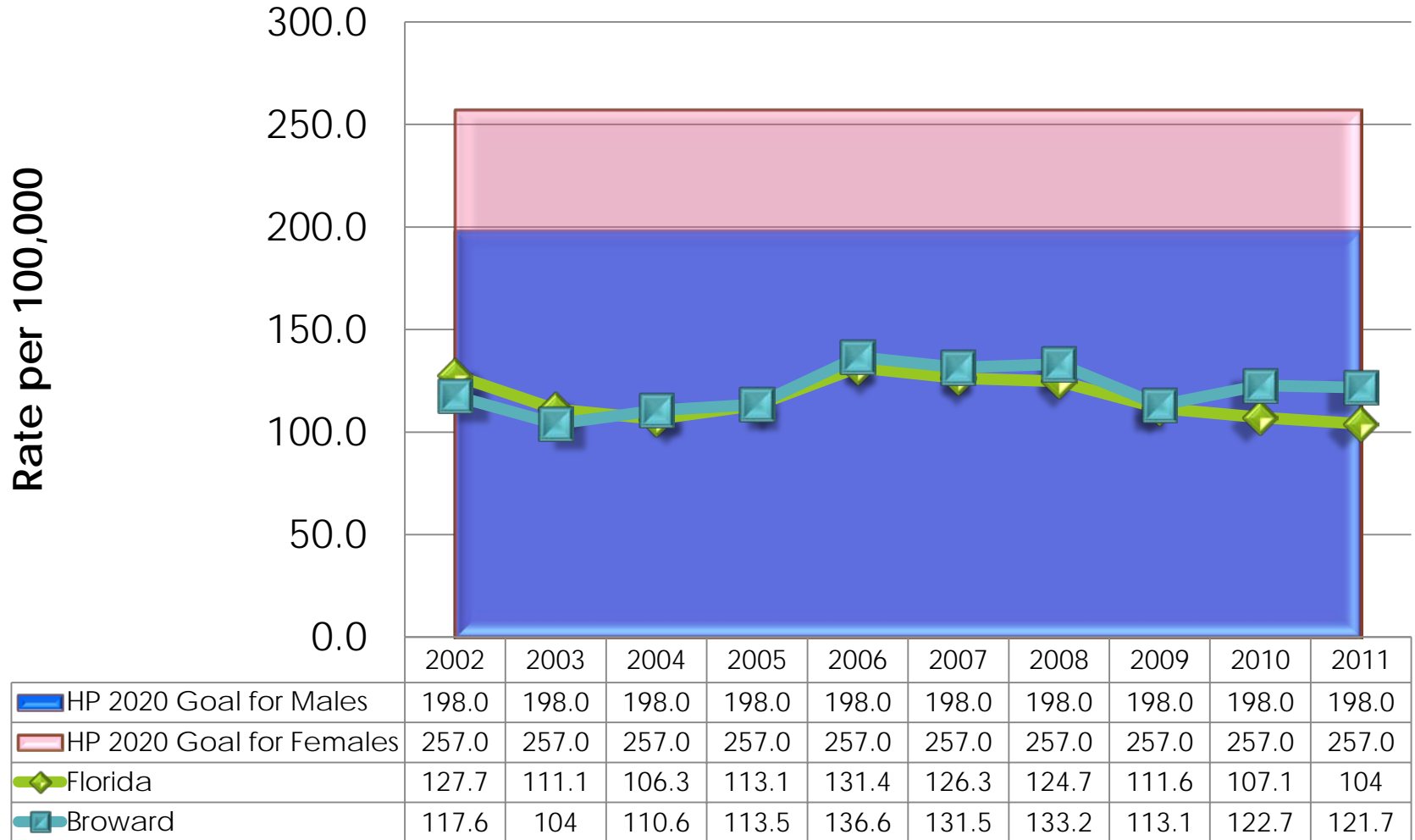


## Chlamydia Rates per 100,000 Population, Females (15-19), 2002-2011

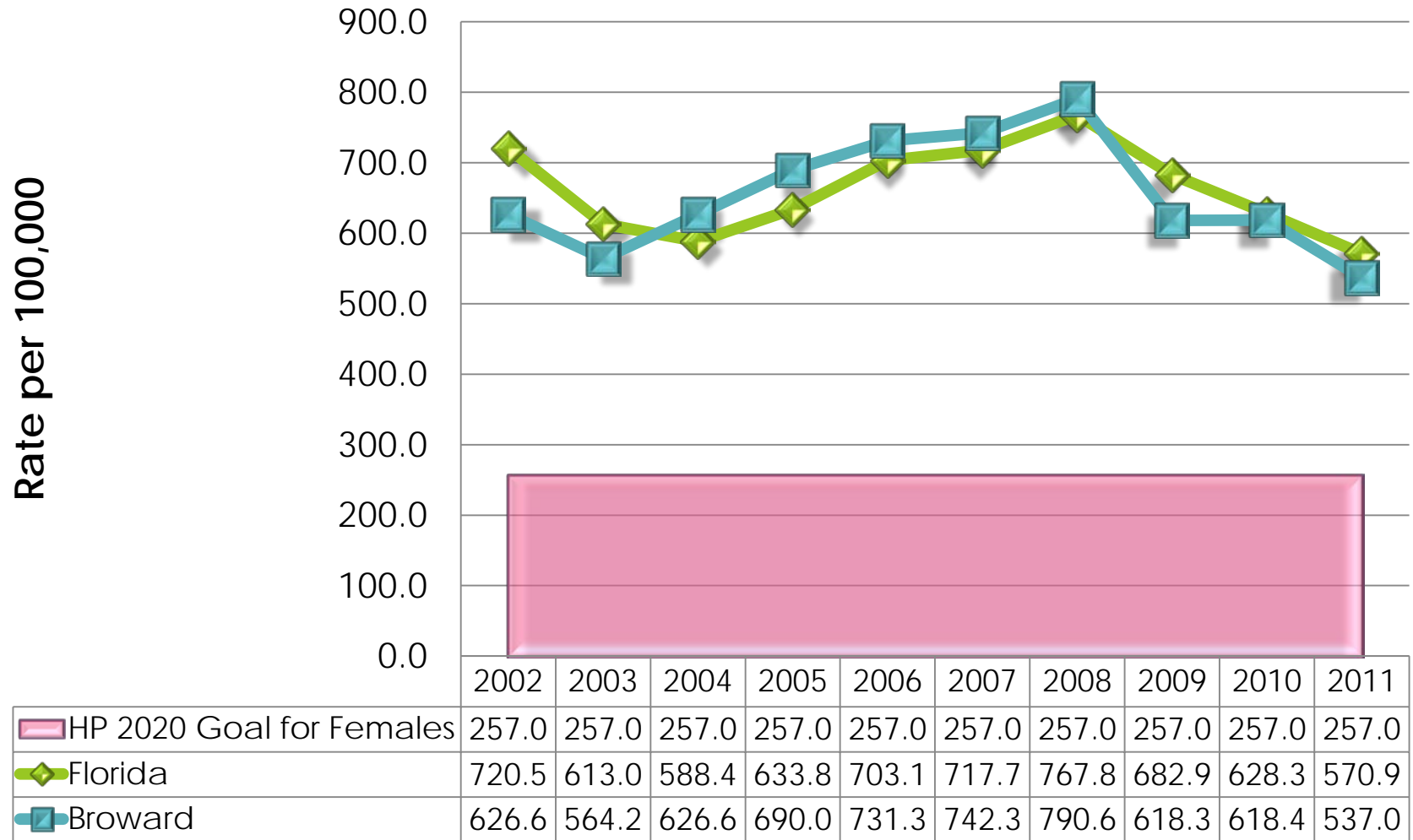




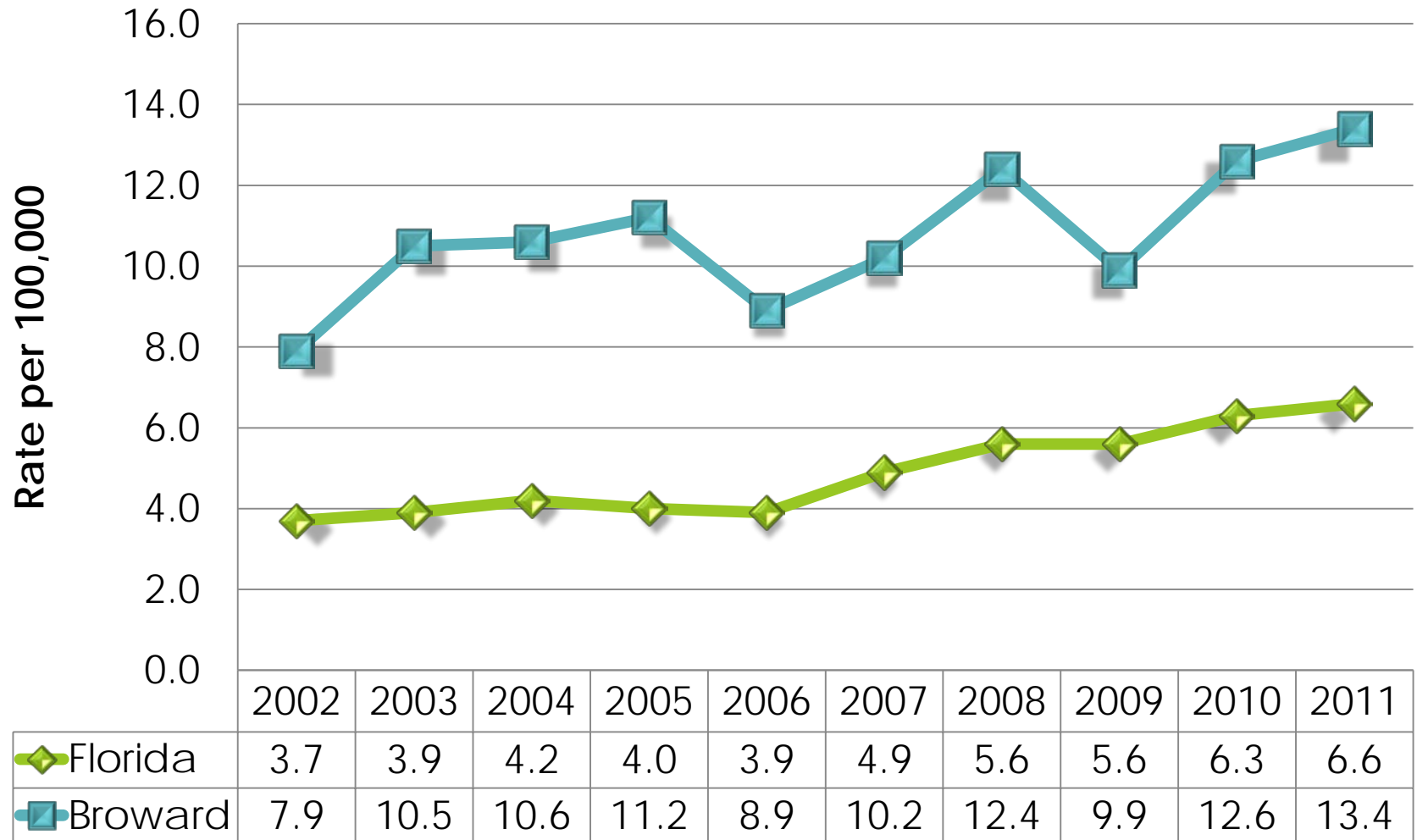
## Gonorrhea Rates per 100,000 Population, 2002-2011



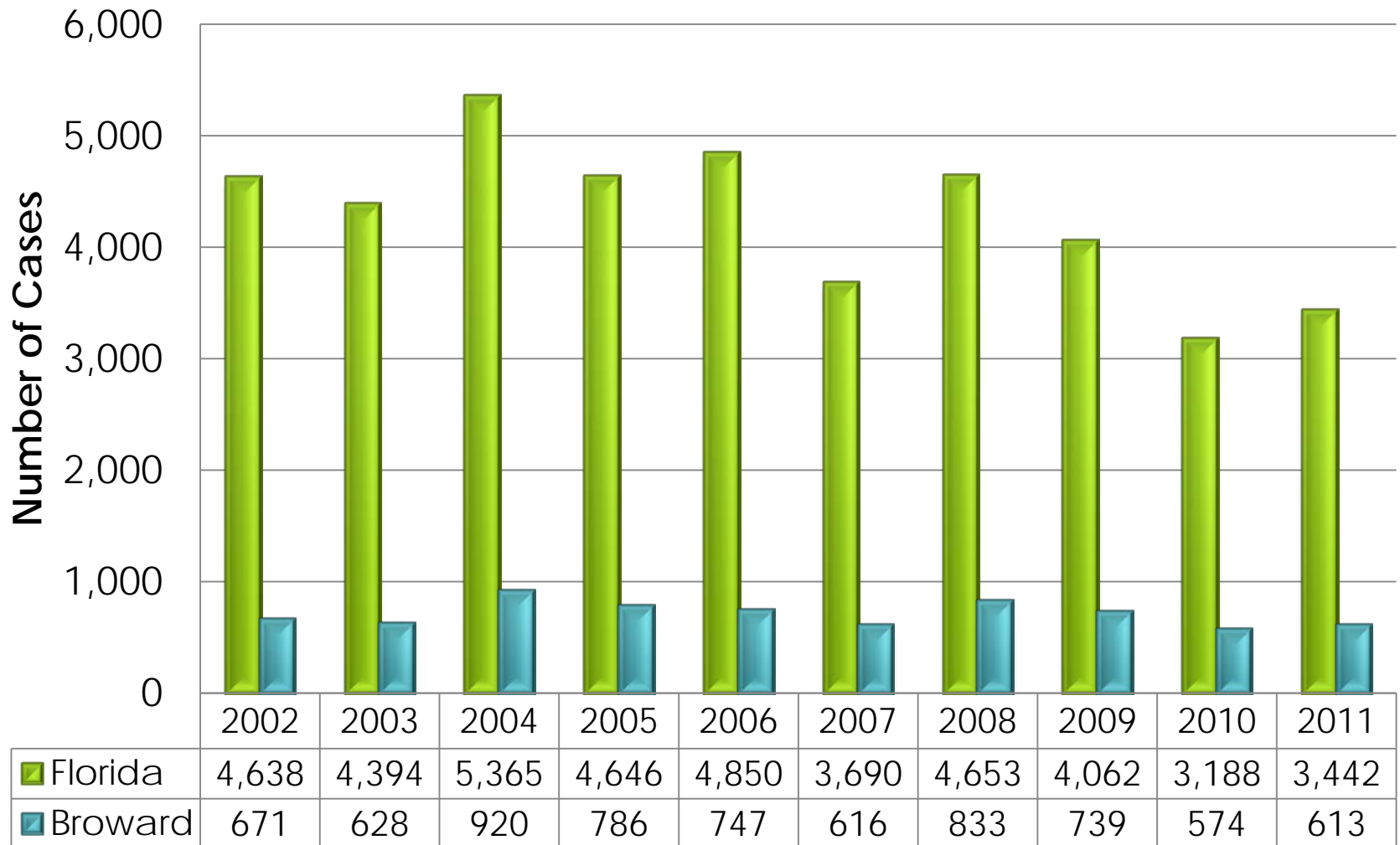
## Gonorrhea Rates per 100,000 Population, Females (15-19), 2002-2011



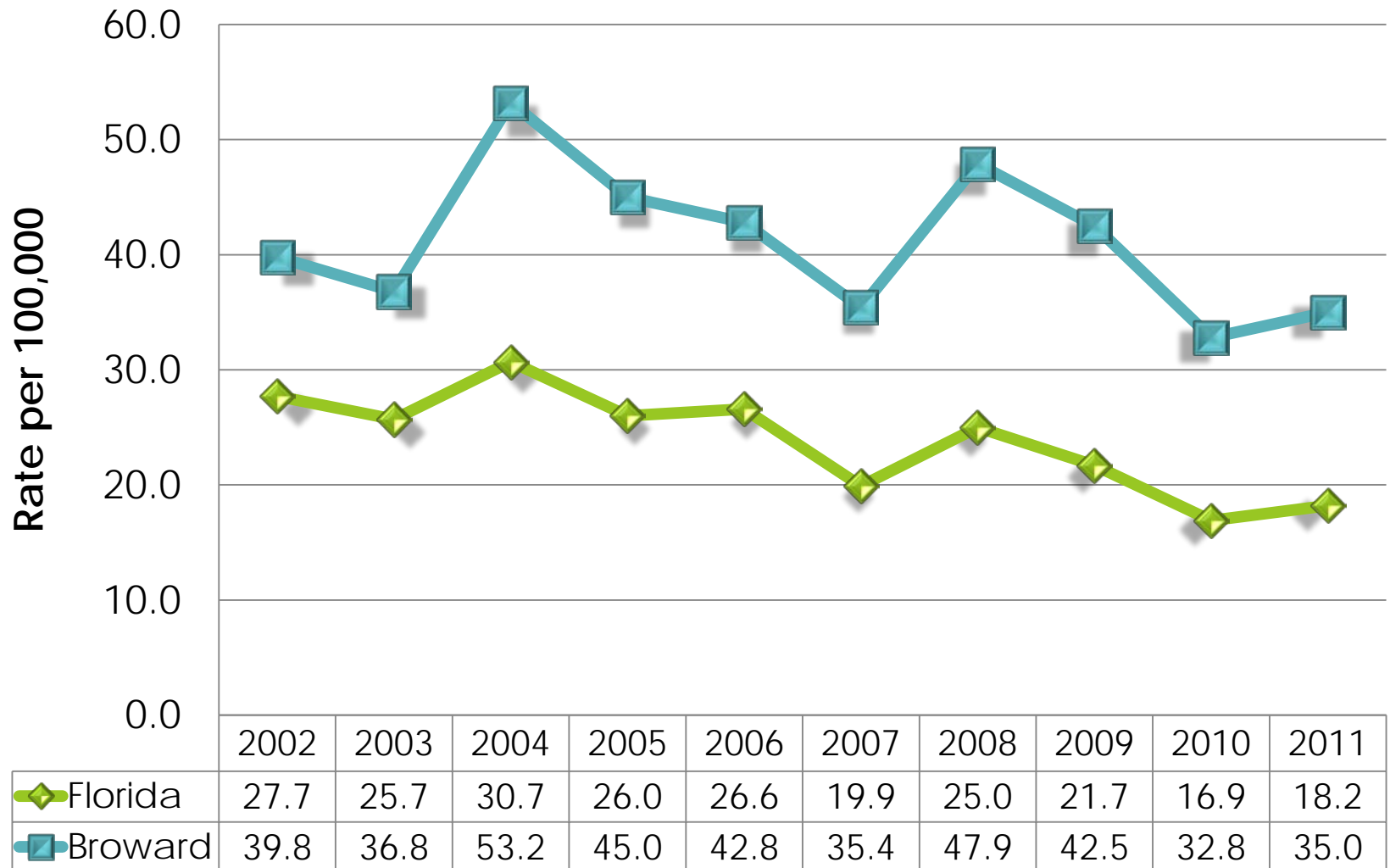
## Infectious Syphilis Rates per 100,000 Population, 2002-2011



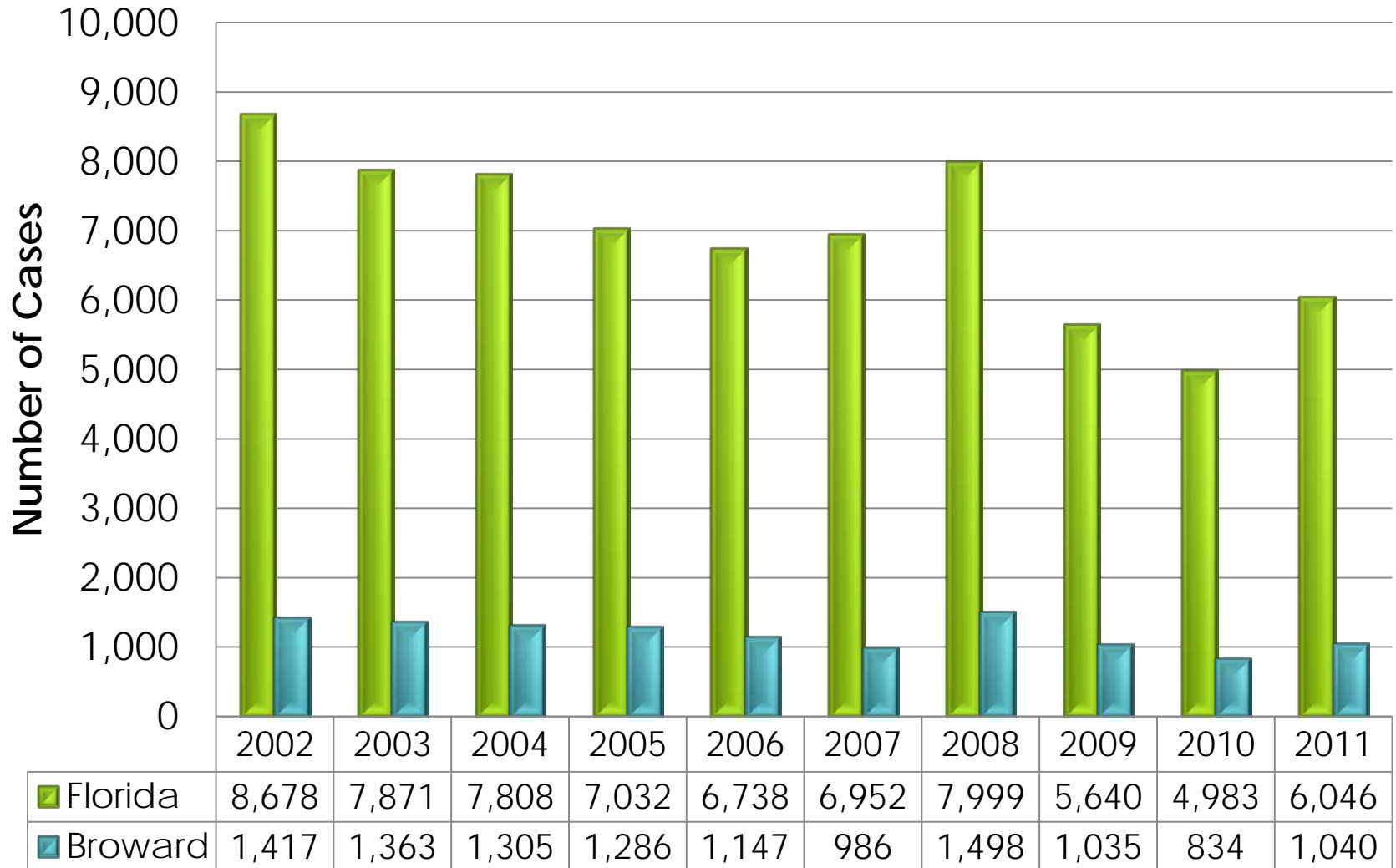
## AIDS Cases Count, 2002-2011



## AIDS Rate per 100,000 Population, 2002-2011



## HIV Cases Count, 2002-2011



## HIV Rate per 100,000 Population, 2002-2011

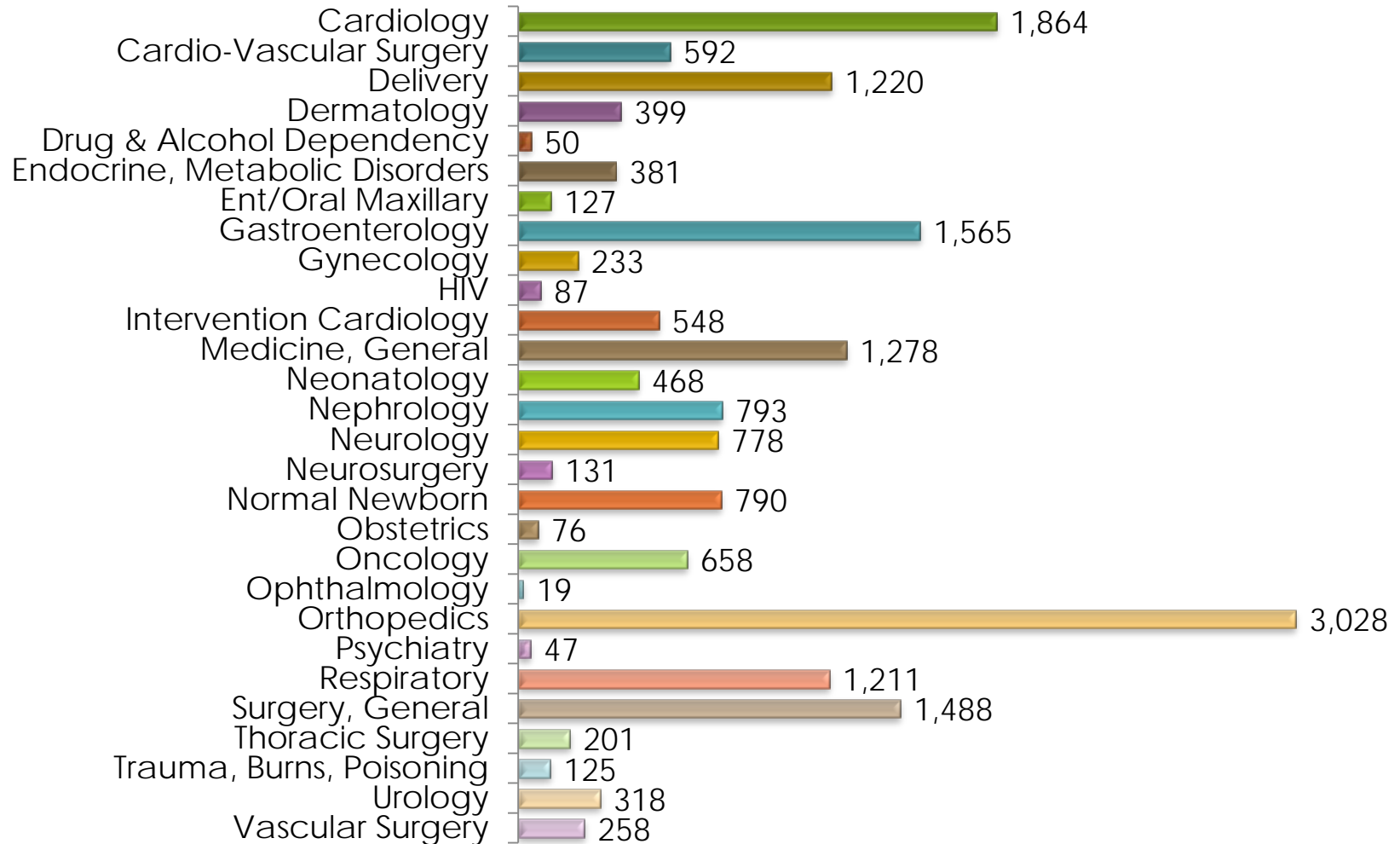




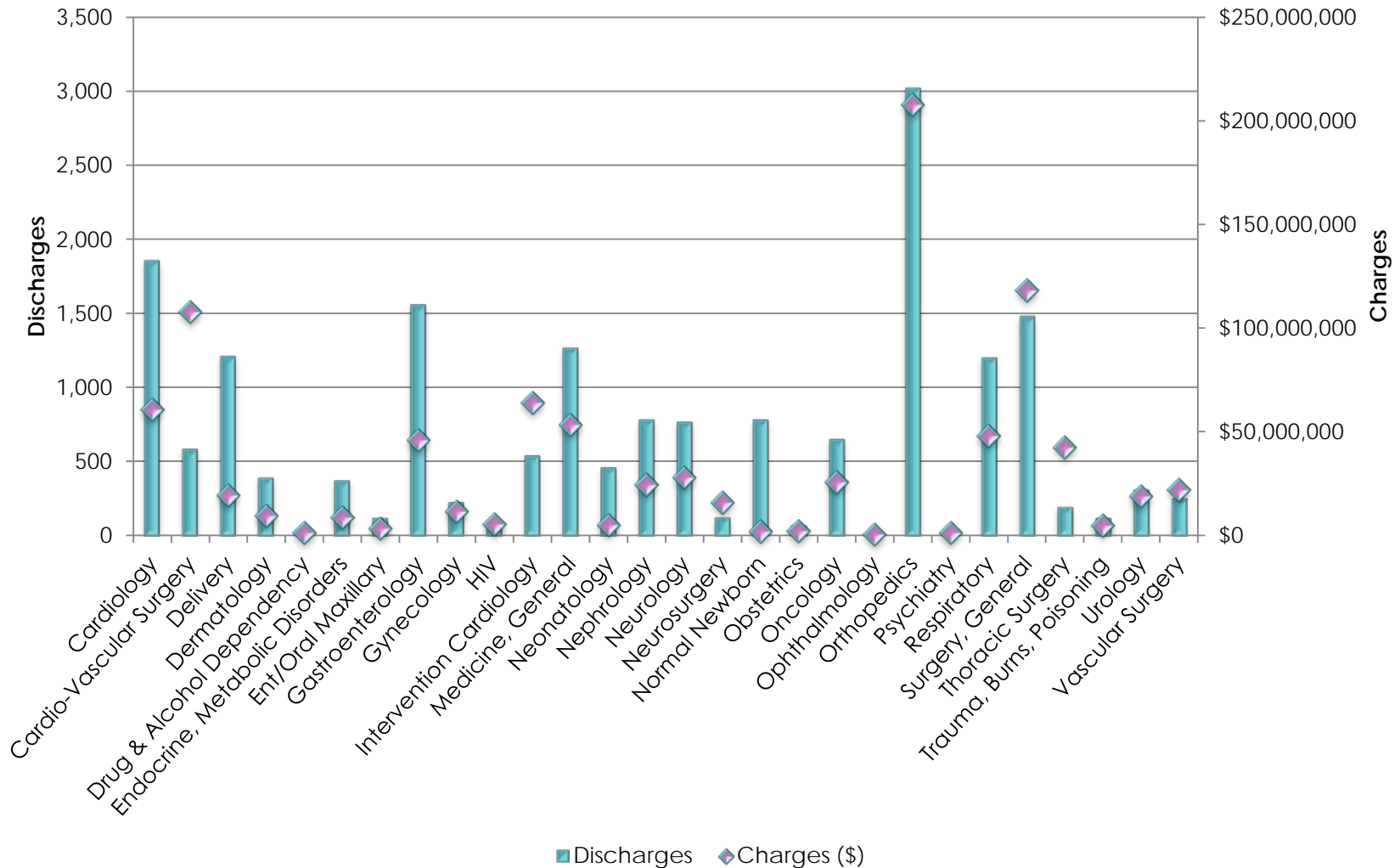
## Diagnosis Related Group



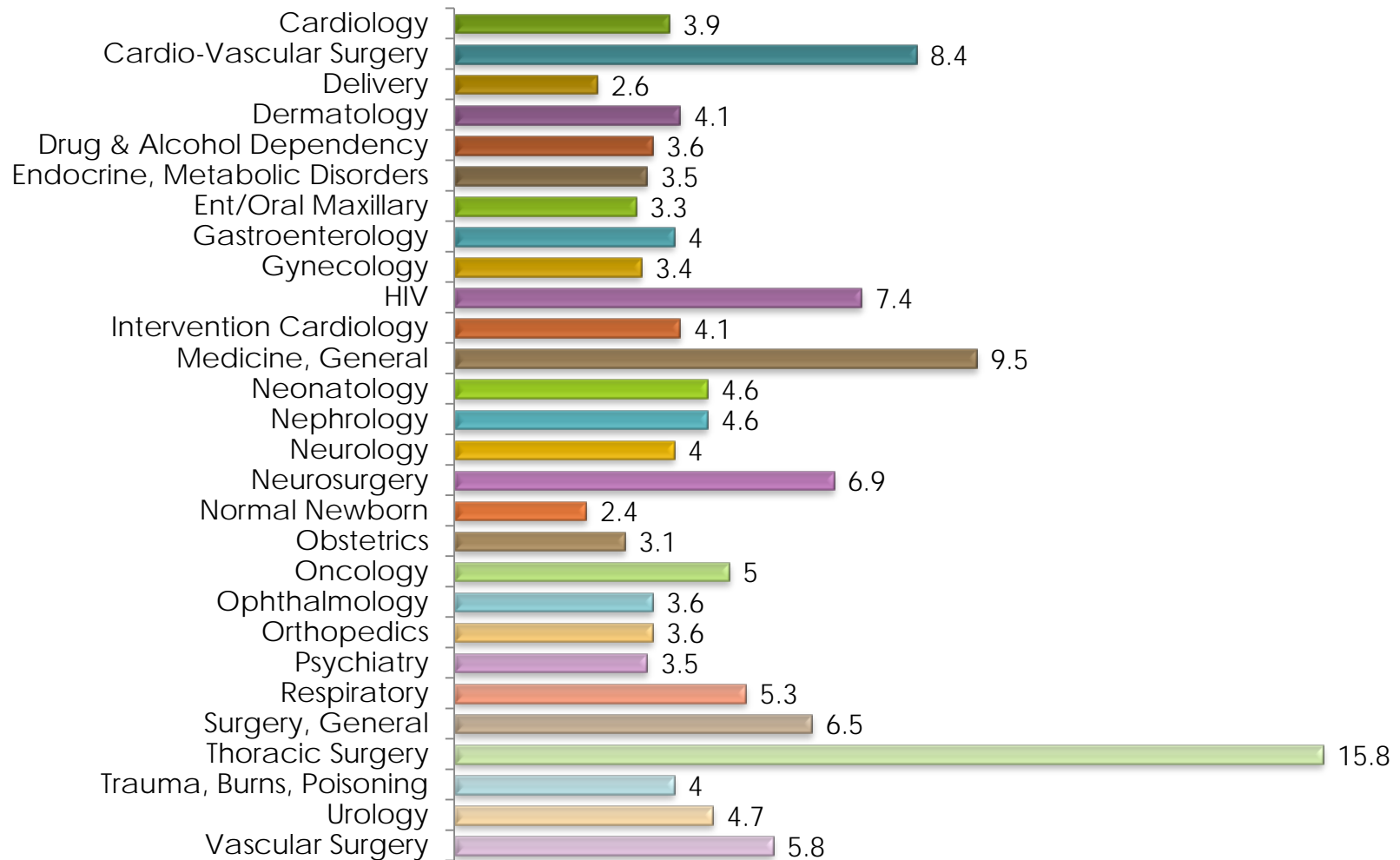
## DRG's, Discharges By Medical Service, HCH, 2011



## DRG's Discharges Vs. Charges by Medical Service, HCH, 2011



## DRG's Average Length of Stay by Medical Service, HCH, 2011



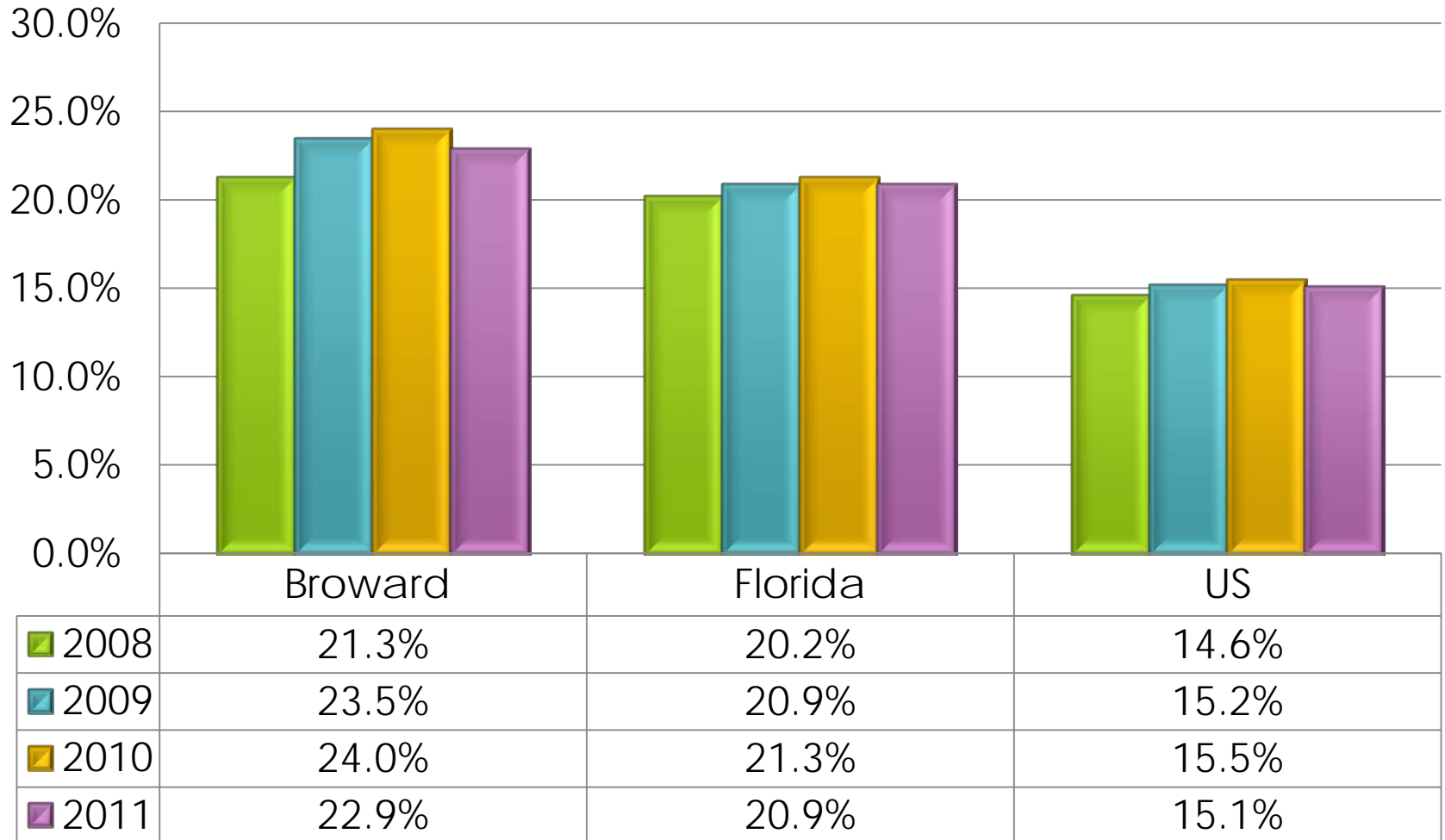


**Affordability**

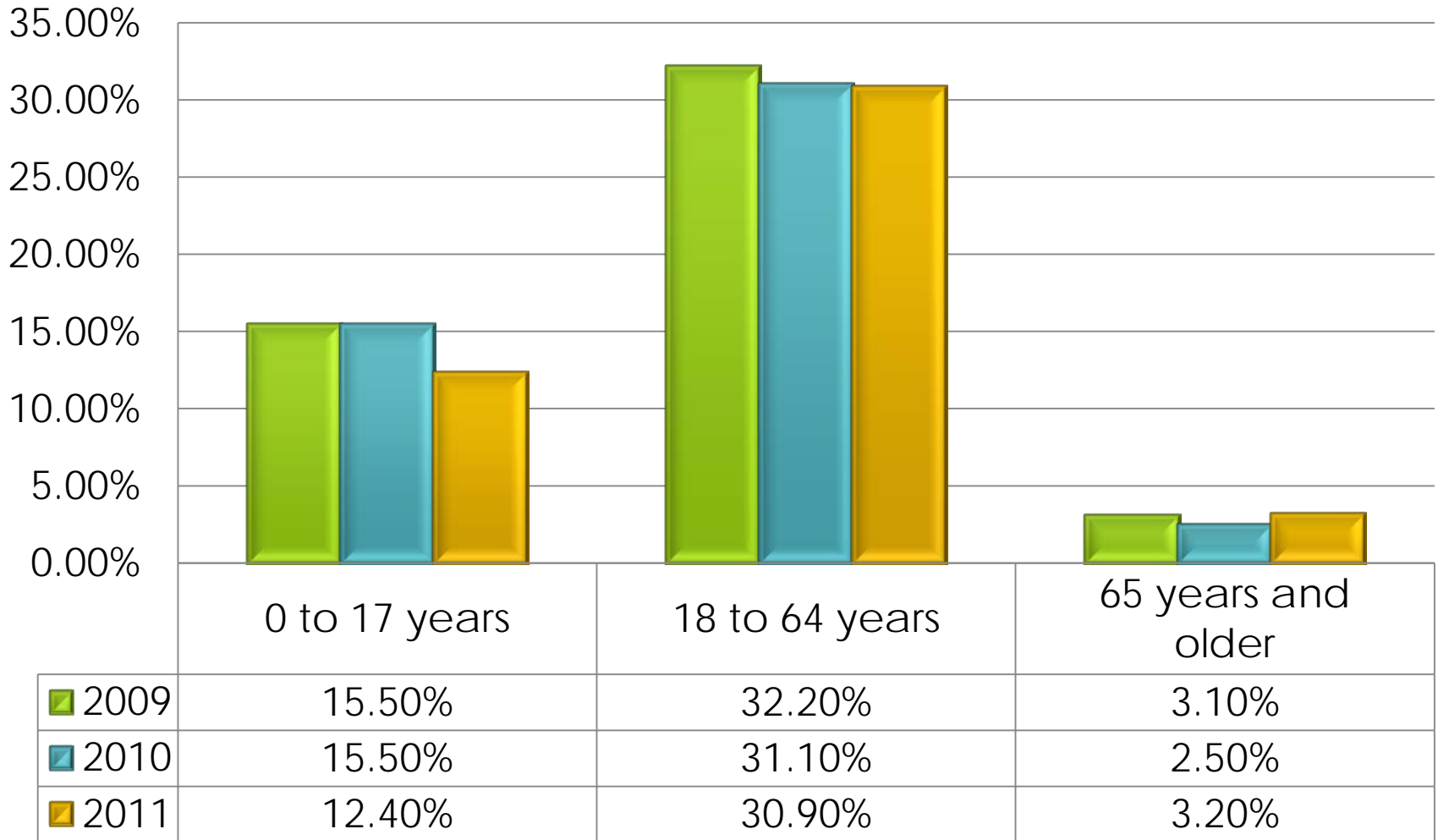


## Health Insurance

## Uninsured Rate Broward Florida and US, 2008-2011



# Broward County Uninsured Rate by Age, 2009-2011



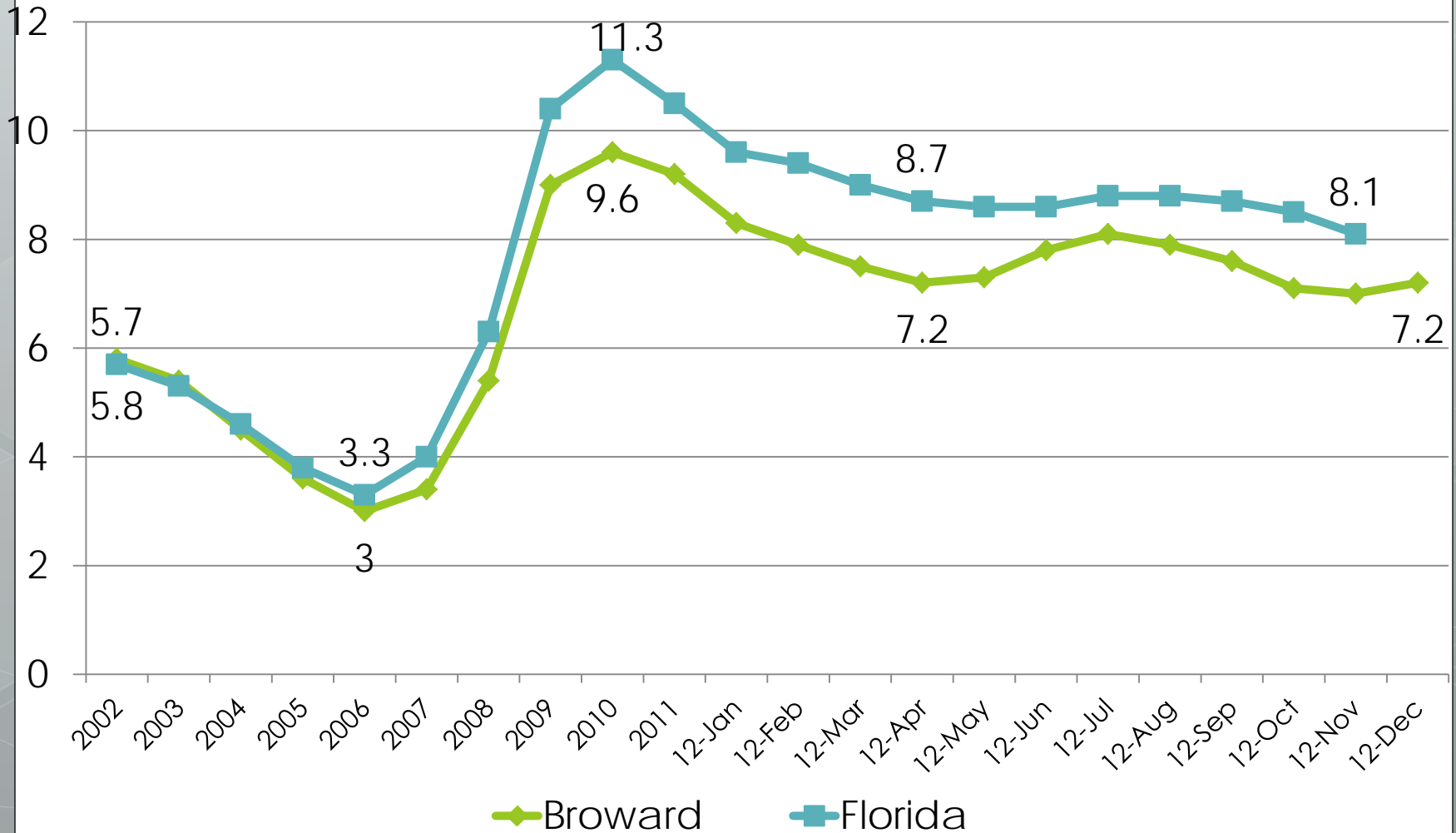
Source: U.S. Census Bureau, 2009, 2010, 2011 American Community Survey.



## Employment and Income



## Unemployment Rate, Broward County



# Income Below Poverty Level in the Past 12 Months, Broward County 2010

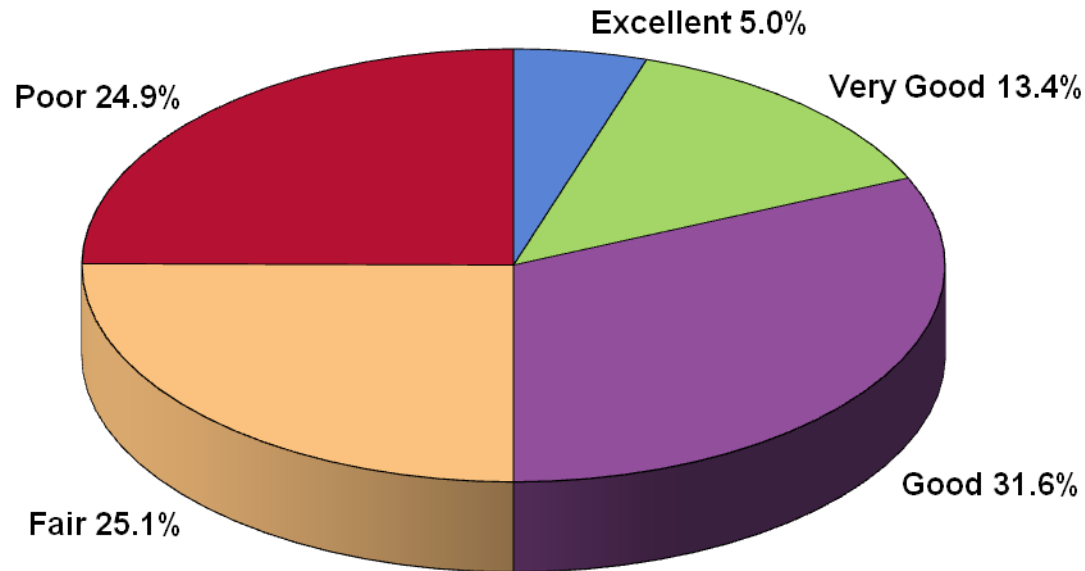
<b>All families</b>	<b>11.4%</b>
With related children under 18 years	15.6%
With related children under 5 years only	14.7%
<b>Married couple families</b>	<b>6.7%</b>
With related children under 18 years	7.7%
With related children under 5 years only	6.1%
<b>Families with female householder, no husband present</b>	<b>24.8%</b>
With related children under 18 years	31.9%
With related children under 5 years only	32.1%
<b>All people</b>	<b>14.6%</b>
Under 18 years	19.7%
Related children under 18 years	19.3%
Related children under 5 years	21.2%
Related children 5 to 17 years	18.6%
<b>18 years and over</b>	<b>13.2%</b>
18 to 64 years	13.4%
65 years and over	12.1%
<b>People in families</b>	<b>12.3%</b>
<b>Unrelated individuals 15 years and over</b>	<b>23.5%</b>



# Quality of Life Survey

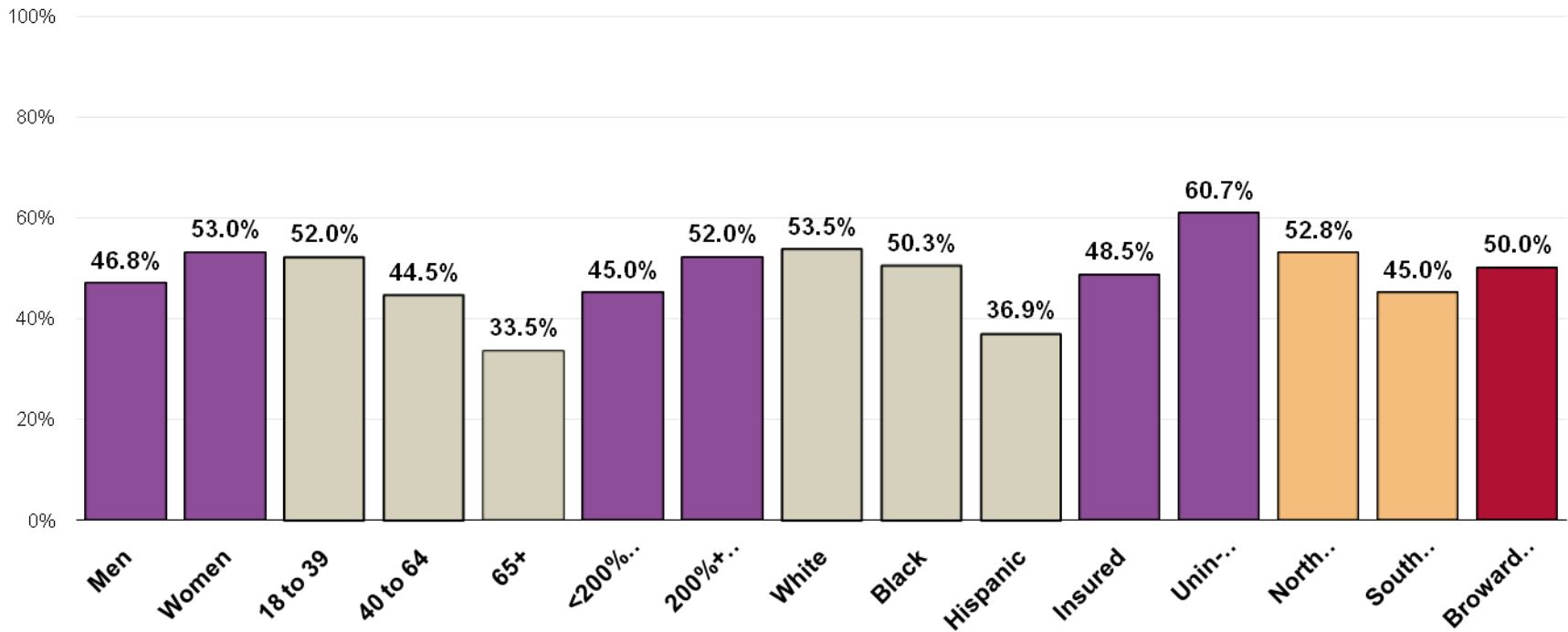
By Professional Research Consultants

# Rating of the Affordability of Healthcare Services Received (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]
- Notes: • Asked of all respondents.

# Perceive Affordability of Healthcare Services as “Fair” or “Poor” (Broward County, 2011)



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]
- Notes: ● Asked of all respondents.  
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.  
 ● Note that White and Black segments reflect Non-Hispanic residents.



## Access to Care

## 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:
- **Health Professional Shortage Areas** are designated by the US Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may occur geographically (a county or service area), demographically (low income population) or institutionally (comprehensive health center, FQHCs or other public facility).
- **Medically Underserved Areas** may be a whole county or group of contiguous counties, a group of county or civil divisions or a group of urban census tract in which residents have a shortage of personal health services.
- **Medically Underserved Populations** may include groups of persons who face economic, cultural or linguistic barriers to healthcare.

## Medically Underserved Area/Populations

### Medically Underserved Area/Populations

#### All Low Income

Pompano Beach

Dania

Deerfield Beach

Fort Lauderdale/Lauderdale Lakes

Hallandale

Hollywood

Margate

Miramar

Sunrise

Hallandale/Miramar



## Primary Medical Care HPSAs

PRIMARY MEDICAL CARE HPSAs	ID	FTE	#Short	Score
<b>LOW INCOME POPULATIONS</b>				
Fort Lauderdale	112999120D	14	24	13
Pompano Beach	1129991212	3	3	15
Deerfield Beach	112999124C	1	8	16
Margate	112999124F	1	11	15
<b>Hallandale/Miramar</b>	<b>112999124G</b>	<b>1</b>	<b>10</b>	<b>17</b>
Sunrise	112999124H	1	4	15
Davie/Hollywood/Dania	11299912AQ	7	17	15
<b>NATIVE AMERICAN TRIBAL POPULATION</b>				
Seminole Tribe of FL - Health Admin.	112999128K	0	0	14
<b>COMPREHENSIVE HEALTH CENTERS</b>				
Broward Community Family Health Ctr.	112999122J	1	0	17
Homeless – Broward Health	112999125A	1	0	1

FTE = # FTE non-Federal primary medical care/dental/mental health providers serving the area, population group, or facility

Score = HPSA Scores are developed for use by National Health Service Corps in determining assignment of clinicians priorities. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. Higher scores equal greater priority. All FQHCs and those Rural Health Clinics providing access to care regardless of ability to pay receive automatic facility HPSA designation and may have a HPSA score of 0.

# Short = # FTE providers needed to remove the designation [also known as the de-designation threshold].

## Dental and Mental Health HPSAs

DENTAL	ID	FTE	# SHORT	Score
Homeless – Broward Health	612999123H			0
Broward Community Family Health Ctr.	612999123L			10
Seminole Tribe of FL – Health Admin.	612999120Z			9
<b>Fort Lauderdale – Low Income Pool</b>	<b>61299912P6</b>	<b>3</b>	<b>25</b>	<b>15</b>
Davie – Low Income	61299912PB	2	17	12
MENTAL HEALTH	ID	FTE	# SHORT	Score
Broward Community Family Health Ctr.	712999121C			11
Homeless –Broward Health	7129991299			0
<b>Seminole Tribe of FL – Health Admin.</b>	<b>712999129D</b>	<b>0</b>		<b>13</b>

NATP: Native American Tribal Population; LIP: Low Income Populations  
 CHC: Comprehensive Health Centers



## Community Needs Score

## Community Needs Score

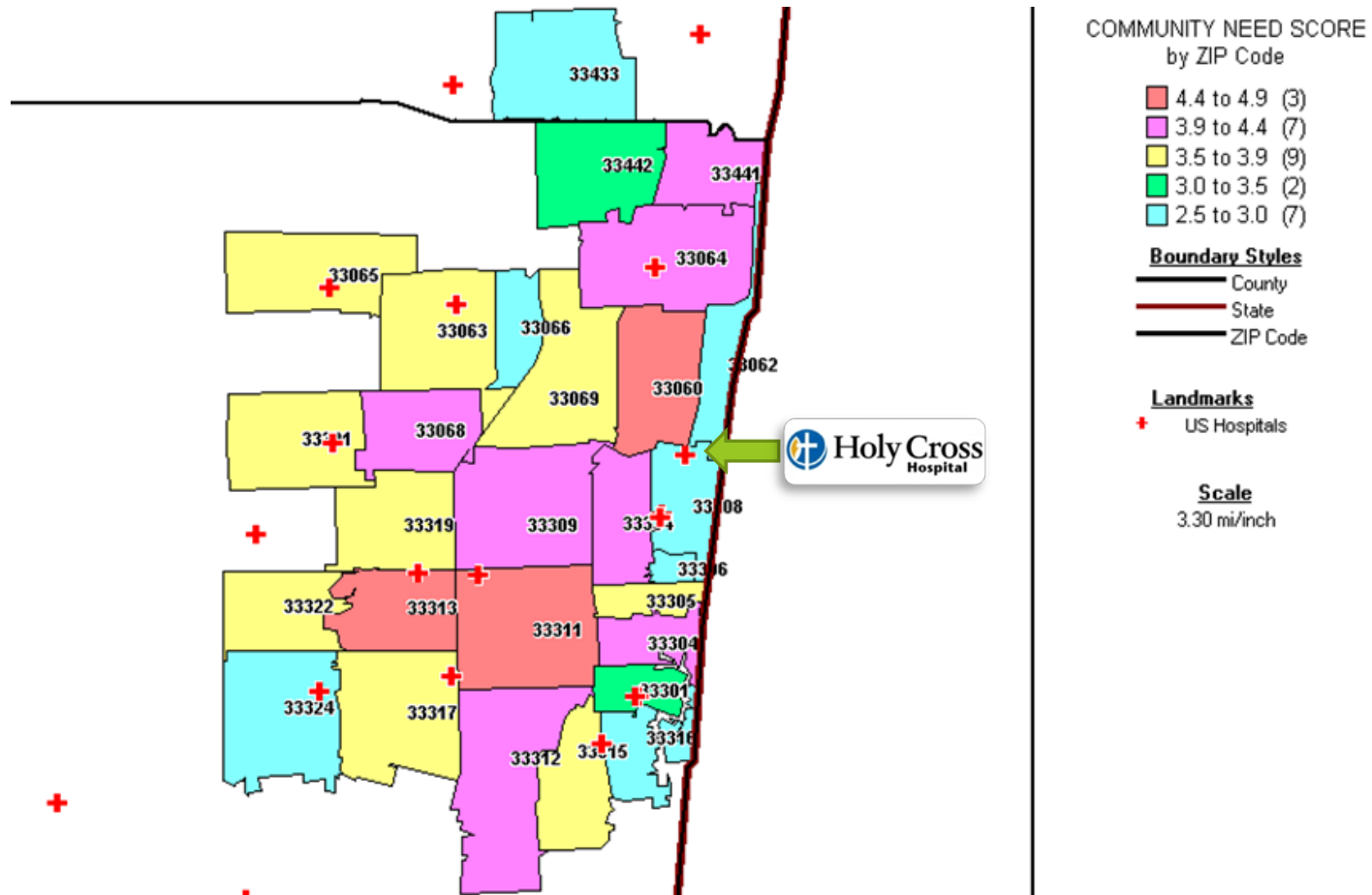
## Top 10 Zip Codes (1=low need; 5=high need)

ZIP Code	Community Need Score	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank
<b>33311</b>	<b>4.9</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>
33313	4.7	4	4	5	5	5
33060	4.6	3	5	5	5	5
33312	4.4	3	4	5	5	5
33068	4.4	3	4	5	5	5
33064	4.3	4	4	5	5	4
33334	4.3	2	4	5	5	5
33441	4.3	3	3	5	5	5
33309	4.0	3	3	5	5	5
33304	4.0	3	2	5	5	5

## 2012 Community Needs Score Top 10 Zip Codes

ZIP Code	Poverty 65+	Poverty Families w/ Children	Poverty Single Female w/ children	No High School Diploma	Minority	Limited English	Un-employed	Uninsured	Renting
<b>33311</b>	54.4%	<b>32.2%</b>	<b>43.4%</b>	<b>27.1%</b>	<b>90.3%</b>	18.8%	<b>18.2%</b>	<b>36.3%</b>	<b>46.0%</b>
<b>33313</b>	<b>58.3%</b>	27.4%	41.1%	18.5%	89.4%	26.9%	13.4%	30.7%	37.6%
<b>33060</b>	35.4%	23.3%	36.5%	25.2%	58.7%	36.8%	12.0%	26.7%	38.4%
<b>33312</b>	43.6%	16.4%	34.7%	19.7%	58.9%	31.5%	10.7%	21.8%	33.9%
<b>33068</b>	45.3%	21.6%	32.6%	21.8%	84.8%	<b>49.4%</b>	13.2%	19.3%	32.1%
<b>33064</b>	48.4%	19.0%	34.7%	21.7%	54.0%	46.7%	11.9%	22.3%	24.2%
<b>33334</b>	40.3%	13.9%	17.4%	17.1%	48.0%	39.3%	10.7%	22.0%	38.5%
<b>33441</b>	44.6%	21.0%	33.3%	12.9%	48.5%	33.2%	11.3%	25.3%	36.9%
<b>33309</b>	49.8%	12.3%	14.6%	14.5%	65.9%	34.2%	14.0%	19.2%	32.7%
<b>33304</b>	41.7%	17.8%	36.5%	10.5%	33.3%	24.6%	11.0%	25.6%	39.9%

## 2012 Community Needs Score Top 10 Zip Codes

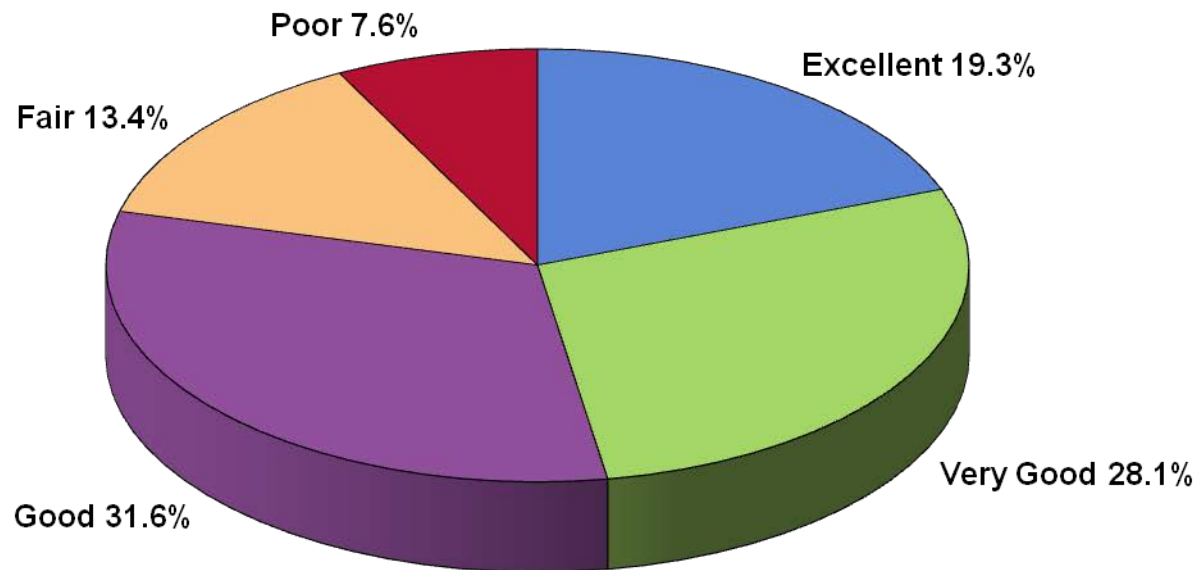




# Quality of Life Survey

By Professional Research Consultants

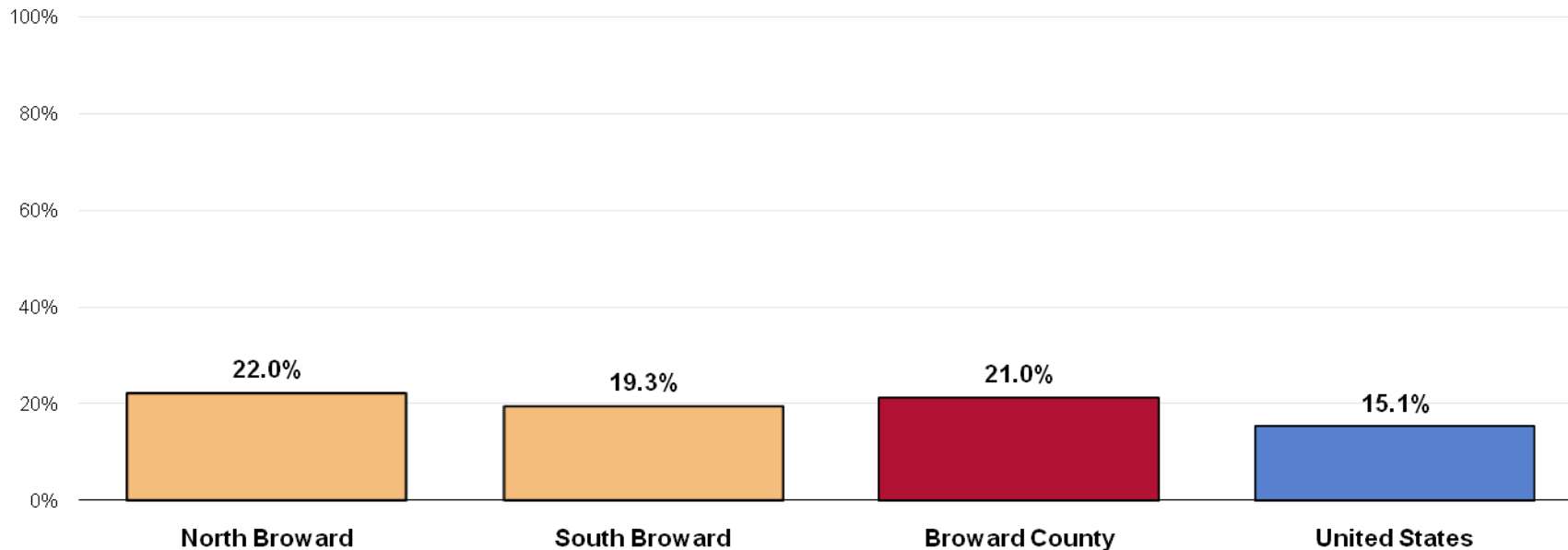
# Rating of the Ease of Obtaining Healthcare Services (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]  
Notes: • Asked of all respondents.

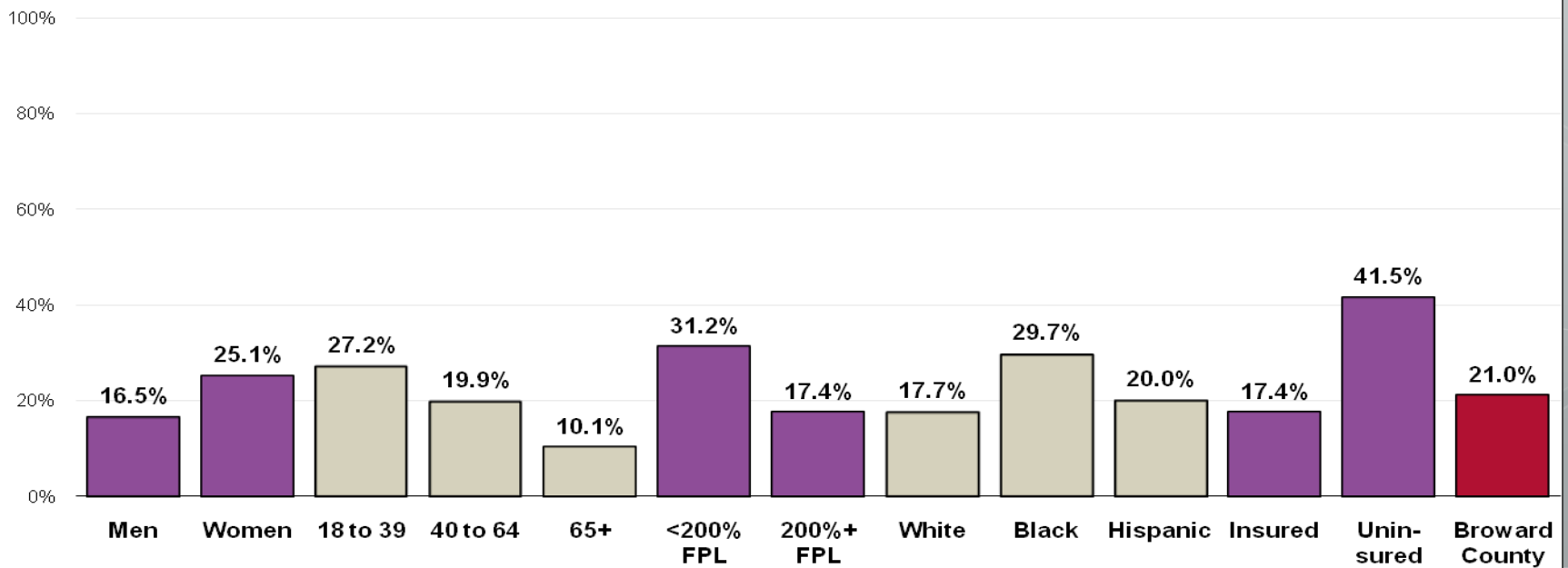


# Perceive Ease of Obtaining Healthcare Services as “Fair” or “Poor”



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]
  - Professional Research Consultants, Inc. PRC Quality of Life Survey. 2008.
- Notes:
- Asked of all respondents.

# Perceive Ease of Obtaining Healthcare Services as “Fair” or “Poor” (Broward County, 2011)



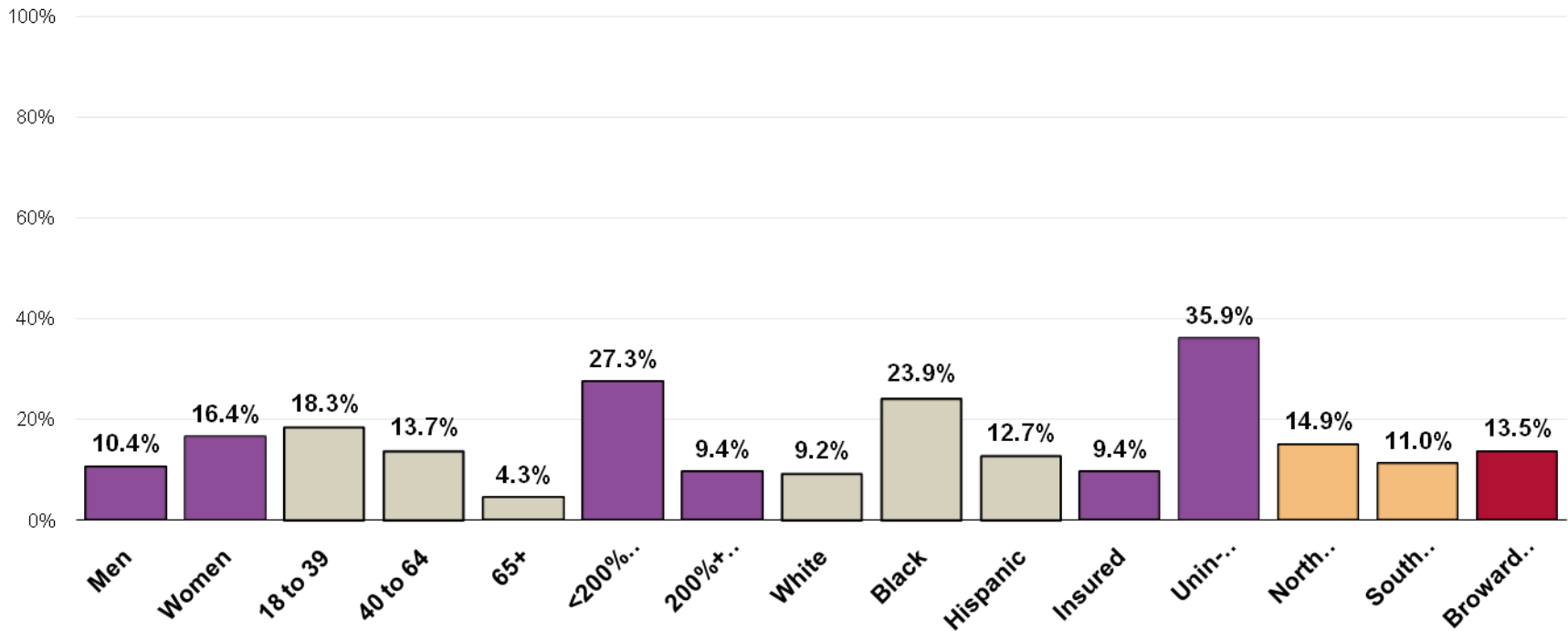
Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

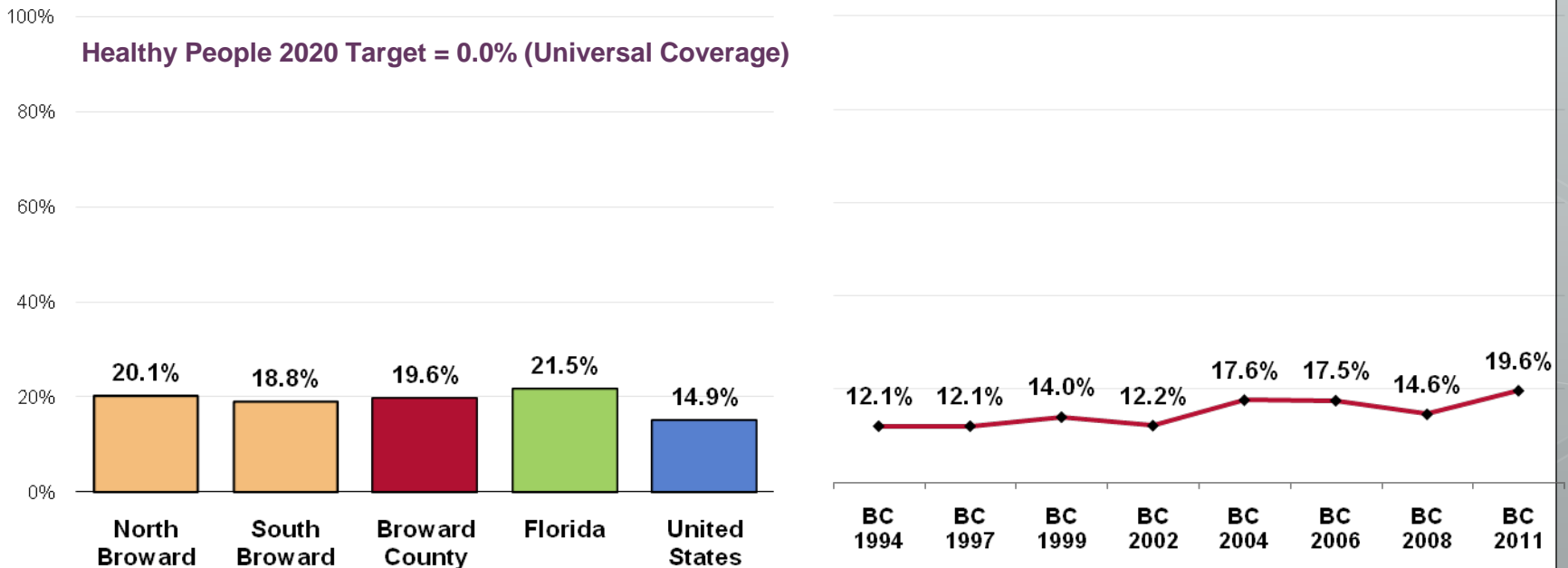
## Member of Household Was Unable to Obtain Healthcare Services That Were Needed in the Past 12 Months (Broward County, 2011)



*Reasons included cost or lack of insurance, insurance affiliation, and not qualified for the services.*

- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 10-11]
- Notes: ● Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

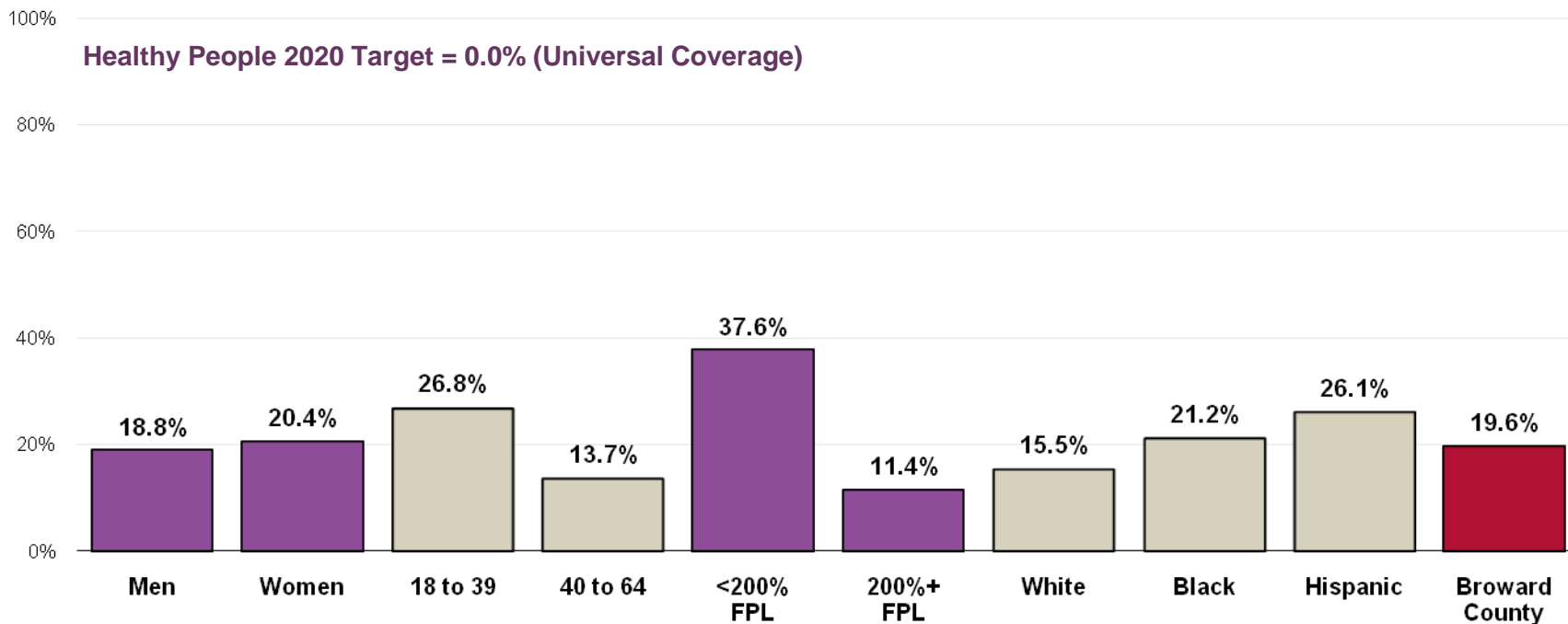
# Lack of Healthcare Insurance Coverage (Among Broward County Adults Under 65, 2011)



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]
  - Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Florida Data.
  - Professional Research Consultants. PRC National Health Survey. 2011.
  - US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective AHS-1]

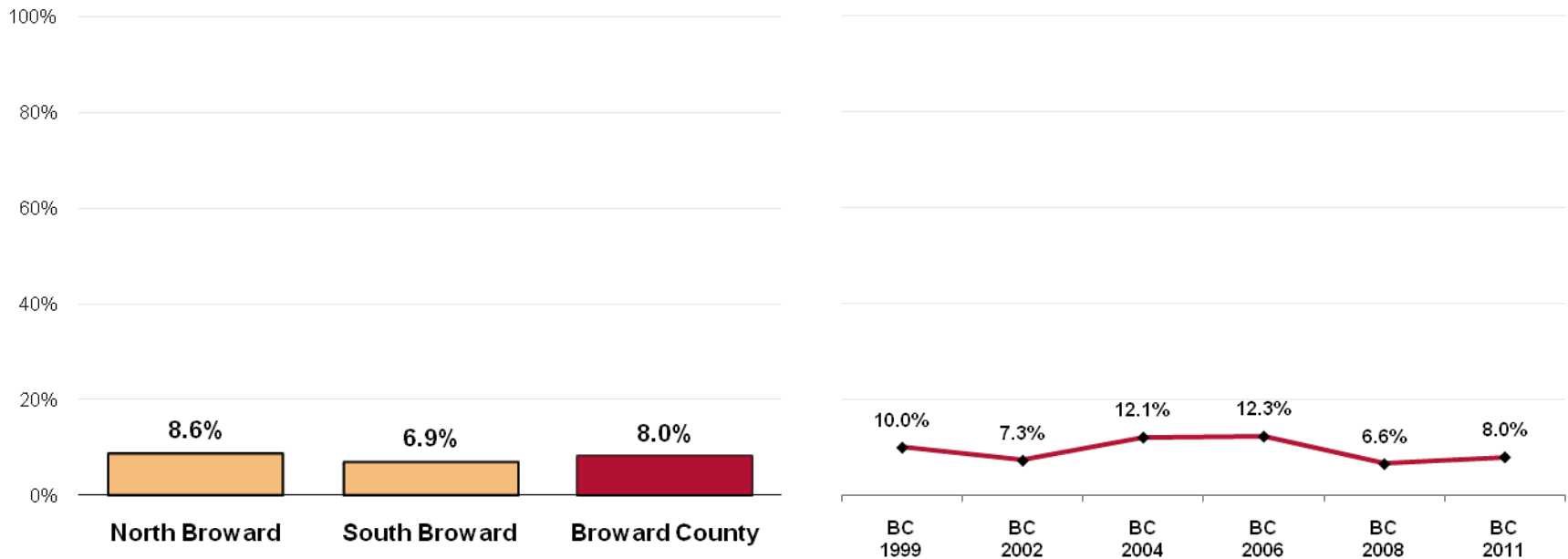
Notes: Asked of all respondents under the age of 65.

# Lack of Healthcare Insurance Coverage (Broward County Adults Under 65, 2011)



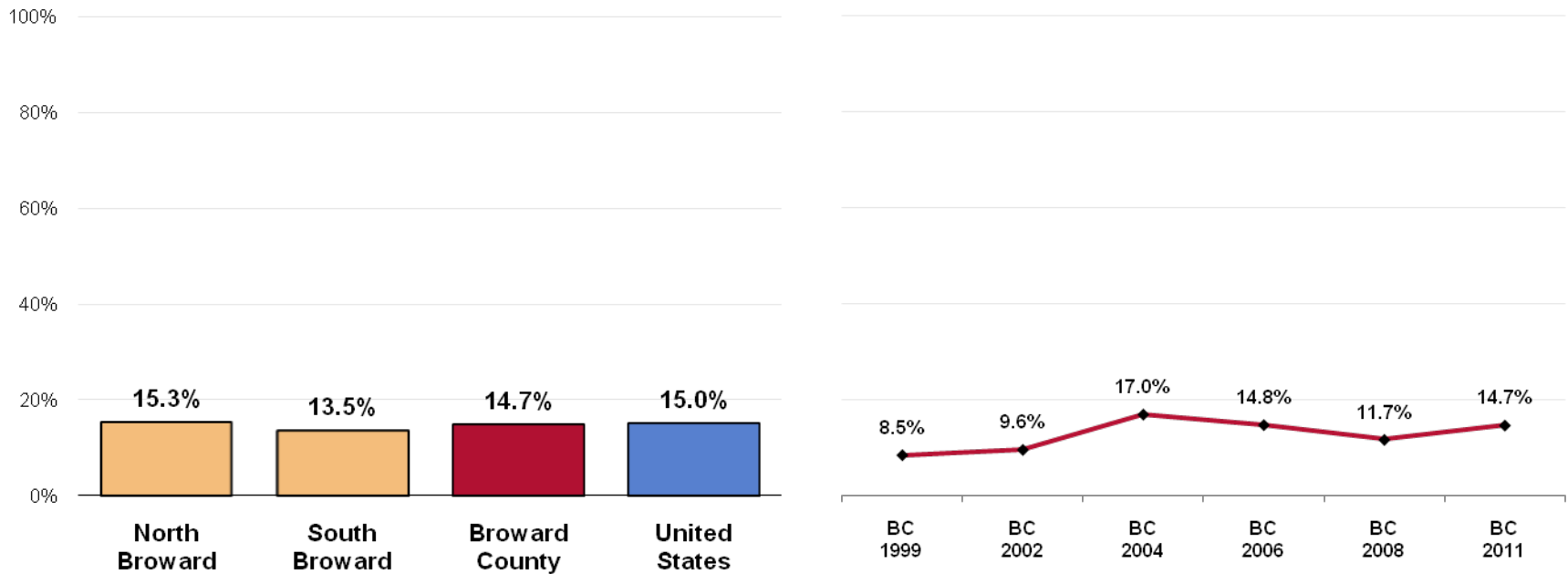
- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]
  - US Department of Health and Human Services. Healthy People 2020. December 2010 <http://www.healthypeople.gov>. [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
  - Note that White and Black segments reflect Non-Hispanic residents.

# Have No Healthcare Insurance Coverage for Child



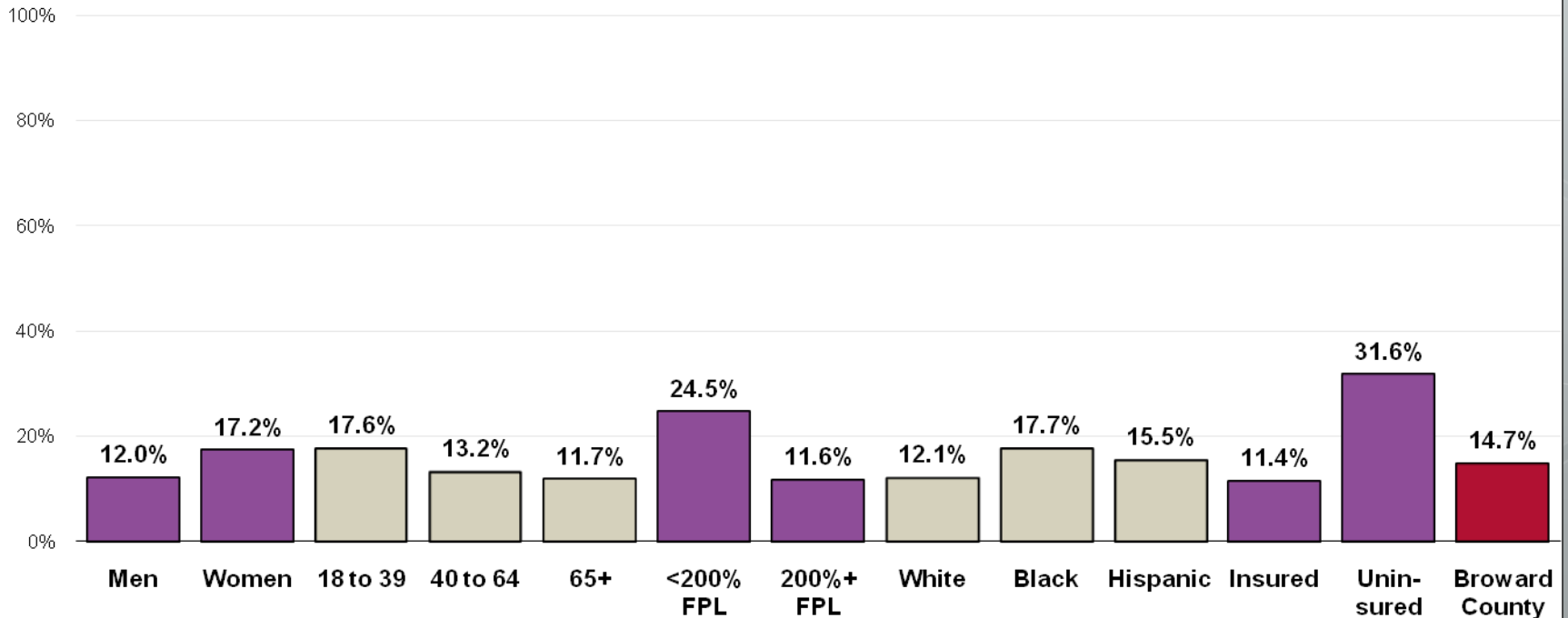
Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 117]  
Notes: ● Asked of all respondents with children under 18 at home.

# Cost Prevented Prescription Medication in Past Year



- Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
  - Professional Research Consultants, Inc. PRC National Health Survey. 2011.
- Notes:
- Asked of all respondents.

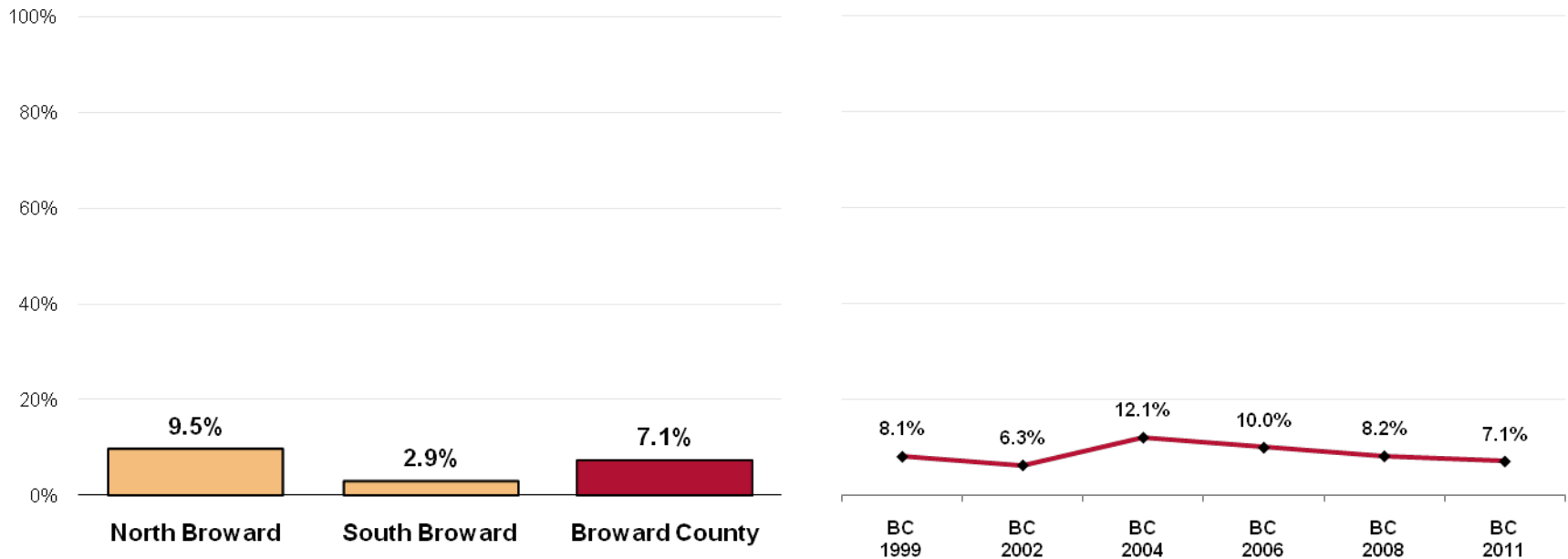
# Cost Prevented Prescription Medication in the Past Year (Broward County, 2011)



- Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 8]
- Notes: • Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that White and Black segments reflect Non-Hispanic residents.

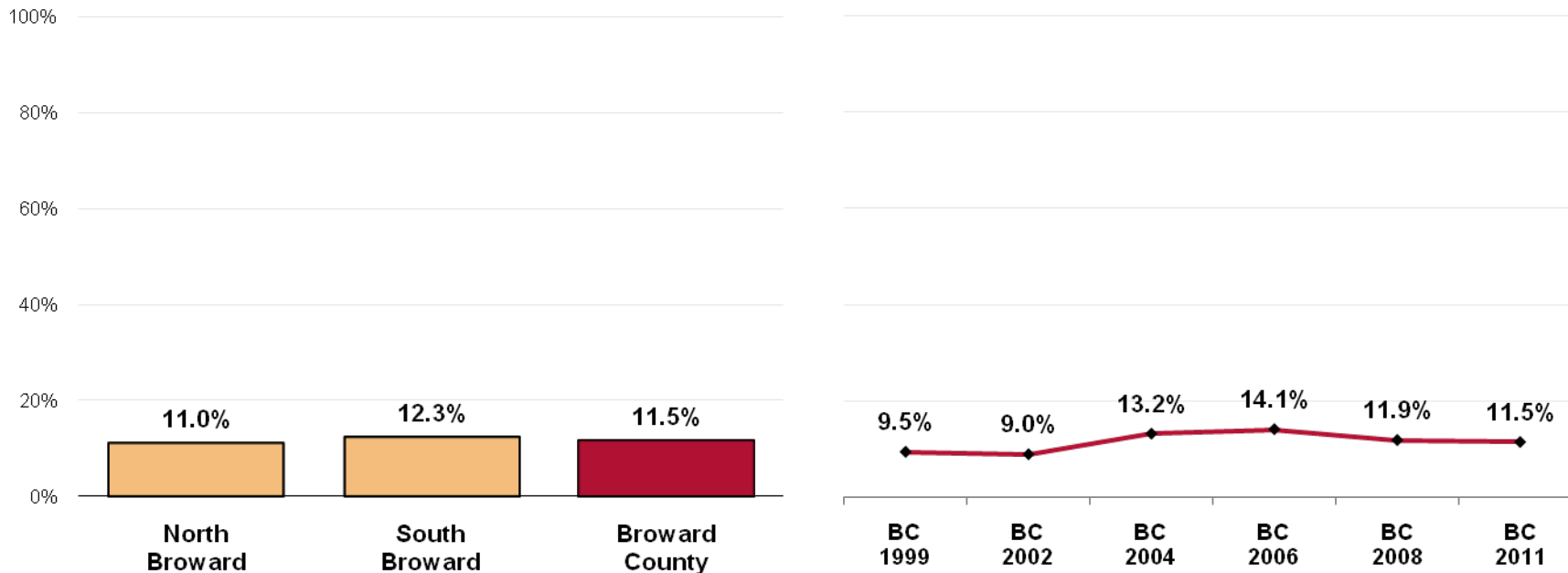


# Cost Prevented Child's Doctor Visit in the Past Year



- Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 119]
- Notes: ● Asked of all respondents with children under 18 at home.

# Cost Prevented Child's Dental Visit in the Past Year

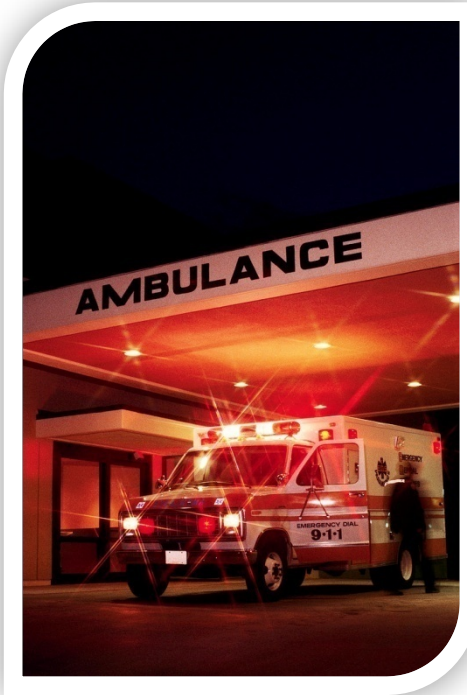


Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 121]

Notes:

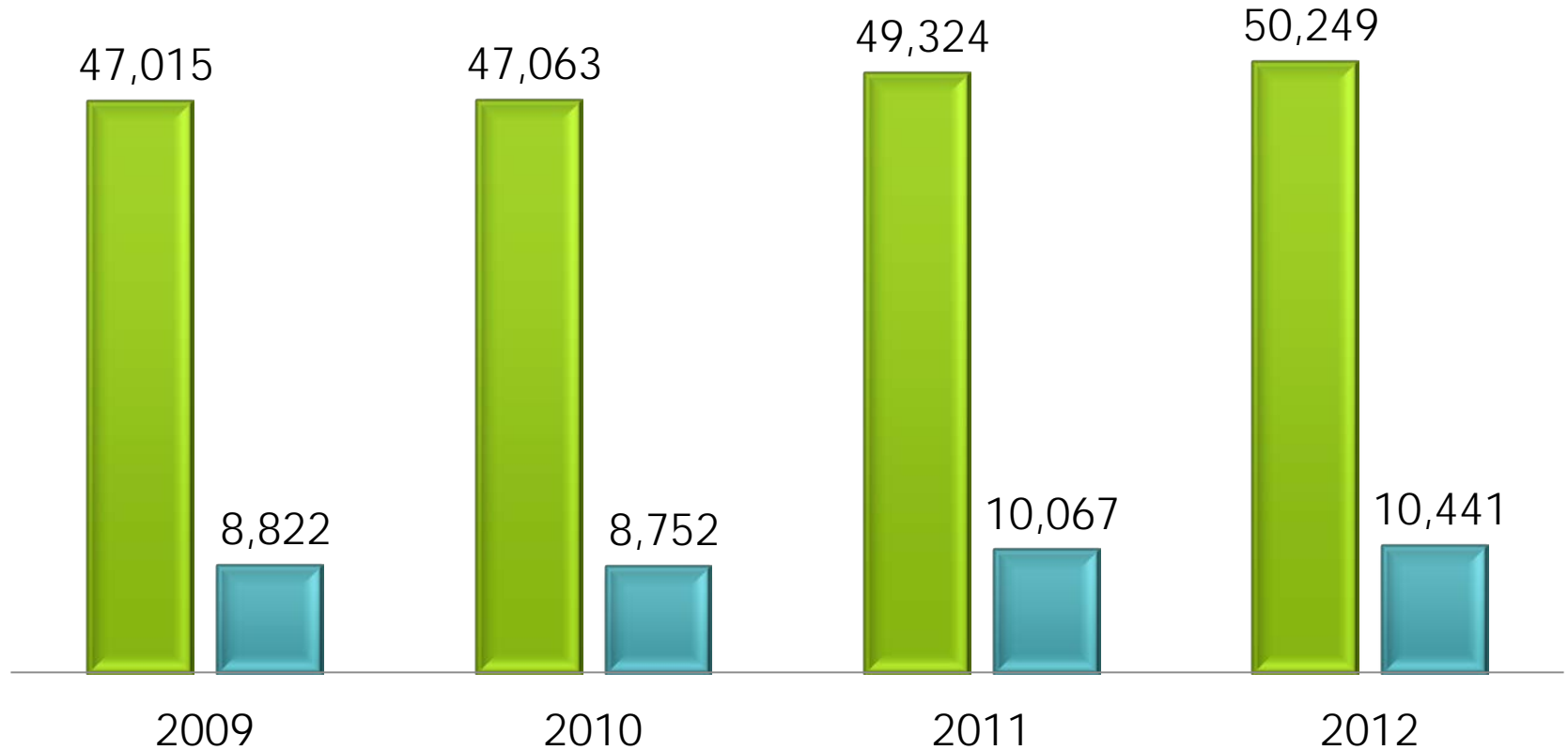
- Asked of all respondents with children under 18 at home.



# Emergency Department Utilization

## HCH, Emergency Department Visits and Admissions, 2009 - 2012

■ Total Visits   ■ Total Admissions





# Homelessness in Broward County

## Homelessness in Broward County

- Homelessness among Broward residents can be attributed to insufficient affordable rentals, increases in the cost of living and increase in unemployment and foreclosures.
- Economic crises, including unemployment and foreclosures, increases the number of individuals and families at risk of becoming homeless. Causes of homelessness may include:
  - Low or No Income
  - Mental Illness
  - Addiction
  - Physical Disability or Long-Term Illnesses (e.g. HIV/AIDS)
  - Veterans with Post Traumatic Stress Disorder
  - Domestic Violence
  - Child Abuse and Neglect
  - Institutional Discharge (Youth Aging Out of Foster Care, Prisons, Hospitals)
  - Family Dysfunction
  - Unsuccessful Coping Skills (e.g. poor impulse control, decision making, etc.)

## Homeless Point In Time Count (PIT)

- The PIT count and survey is conducted to measure the scope of homelessness in Broward County. Volunteers comb parks, libraries, bus terminals, woods, under known encampments and all types of shelters and transitional housing for the homeless in an effort to obtain the most accurate count possible.
- On January 24-25, 2011 the Point In Time Count was conducted:
  - **3,801 total homeless men, women and children in Broward**
    - 2,539 in emergency and transitional shelters
    - 1,262 literally on the street
  - 154 households with dependent children:
    - 142 sheltered, 12 unsheltered
  - 570 persons in households with dependent children
  - 2,774 households without dependent children:
    - 1,574 sheltered, 1,200 unsheltered
  - 3,231 persons in households without dependent children ("unaccompanied adults"):
    - 1,838 sheltered, 736 unsheltered

## 2011 PIT Count Homeless Subpopulations

Homeless Subpopulations (may be duplicated)	Sheltered	Unsheltered	Total
Chronically Homeless	381	412	793
Severely Mentally Ill	727	233	960
Chronic Substance Abuse	1,022	225	1,247
Veterans	172	221	393
Persons with HIV/AIDS	126	31	157
Victims of Domestic Violence	98	26	124
Unaccompanied Youth (Under 18)	9	6	15





# Community Health Education

# Medicaid Expansion

- Number of anticipated individuals who would be eligible for Medicaid with Medicaid Expansion.
  - **Answer** – All of them, if eligible for Medicaid, would be eligible. The estimate, based on the current Broward County share of the State's Medicaid population, would amount to 82,922 persons or 8.29% of the population.
- Of these, the number estimated to be single men, women, and children.
  - **Answer** – There is no data on marital status in the claims database.
  - The estimated number of adult males is 11,108; the estimated number of adult females is 22,554.
  - The estimated number of males under 21 is 24,809; the estimated number of females under 21 is 24,451.
- The number estimated to remain “uninsurable”.
  - **Answer** – There is no data on potential Medicaid eligible individuals in the data system used for budget purposes. It is possible to estimate the caseload increase for Broward by using the most recent eligibility distribution across the various Medicaid assistance groups.



# Prioritizing the Needs

# Prioritizing the Needs

## Quantitative & Qualitative Validation

### Qualitative:

- ✓ PRC Quality of Life Survey
- ✓ Behavioral Risk Factor Surveillance System
- ✓ Youth Risk Behavior Survey
- ✓ Community Health Survey

### Quantitative:

- ✓ Florida Charts
- ✓ BRHPC Data Warehouse
- ✓ FDOH Division of Disease Control

### Qualitative

- ✓ PRC Quality of Life Survey

### Quantitative:

- ✓ US Bureau of Census
- ✓ US Bureau of Labor Statistics
- ✓ FL DCF

### Qualitative:

- ✓ PRC Quality of Life Survey
- ✓ Community Health Survey

### Quantitative:

- ✓ BRHPC Data Warehouse
- ✓ Community Need Score

### Qualitative:

- ✓ HCH Community Health Improvement Plan

### Quantitative:

- ✓ 2011 Broward Coalition for Homeless Count

### Quantitative:

- ✓ Florida Charts
- ✓ Florida AHCA
- ✓ US Bureau of Census

## Preventive Care

- Screenings (colonoscopy/mammograms)
- Obesity/Overweight
- Smoking/Alcohol/Asthma
- Preventable admissions and conditions (Chronic Conditions)
- Low Birth Weight and Infant Mortality Rates
- Preventable Admissions
- Repeat ER users

## Affordability

- High cost of care
- Lack of low cost options
- Lack of insurance
- Economic impact

## Access to Care

- Continuity of care (medical/behavioral/special populations)
- Navigating the system
- Uninsured
- Timely appointment
- Transportation
- Undocumented / Immigration status
- Demographic Shifts
- Language/Culture

## Homeless

- Increase homeless education opportunities
- Capture data indicating the actual number of homeless served
- Increase partnerships and/or subcontract with community-based medical respite housing for chronically ill individuals
- Implement Faith Community Nursing Program
- Expand linkages with lead homeless providers to assist reentry into the workforce

## Community Health Education

- Navigating the system
- Health self-management
- Targeted and simple health messages and interventions
- Impact of Healthcare Reform (all aspects)



HEALTH & HUMAN SERVICE INNOVATIONS

Broward Regional Health Planning Council • [www.BRHPC.org](http://www.BRHPC.org)

For more information, contact:

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Natasha Markman, MS

[nmarkman@brhpc.org](mailto:nmarkman@brhpc.org)

[www.brhpc.org](http://www.brhpc.org)

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Holy Cross Hospital conducted its final-of-four Community Health Needs Assessment Advisory Council meetings Thursday, April 25, 2013 in the Patricia R. Guerrieri Pavilion located at the Holy Cross HealthPlex; Adrian Parker called the meeting to order 12:15 p.m.

**Members Present:**

Sr. Rita Levasseur, Chair  
Mark Dissette  
Germaine Smith-Baugh, Ed.D.  
Trecia Matthews Hosein  
Sandy Lozano  
Pat Kramer  
Amy Corderman  
Kim Saiswick  
Adrian Parker

**Guests:**

Mike DeLucca, MHM – President & CEO  
*Broward Regional Health Planning Council*  
Ariela Eshel  
*Broward Regional Health Planning Council*  
Natasha Markman  
*Broward Regional Health Planning Council*

**Members Excused:**

Mark Caputo, M.D.  
Sharon Godin  
Robin Martin  
Régine Kanzki

**Community Needs Assessment**

- Adrian Parker opened the meeting with a reflection for the group.
- Ariela Eshel (BRHPC) began the session with a recap of comparative reports helpful for refreshing the group’s understanding of community performance around key indicators.
- Final meeting focused on various categories prioritizing community gaps in the areas of *Preventive Care; Affordability, Access to Care; Homelessness; and Community Health Education.*

**Prioritization of Community Needs:**

*Group prioritized the following needs within each category identified as a Gap:*

- **Preventive Care**
  - **Comprehensive Screening** (*colonoscopy; mammograms; cervical; Hypertension; Diabetes; Physical/ Psychological/Social; Obesity/Overweight*)
  - Smoking/Alcohol/Asthma
  - **Preventable Admissions and Conditions** (*Chronic Conditions*)
  - Low Birth Weight and Infant Mortality Rates
  - **Repeat ER Users**
  - Intended and Unintended Injuries (*including injuries resulting from mental health conditions*)

- **Affordability**
  - High Cost of care
  - Lack of Low Cost Options
  - Lack of Insurance (*18-44 age range*)
  - Underinsured (*N. Broward, Hispanic, Women*)
  - Economic Impact
  - Prescriptions and Treatment
  
- **Access to Care**
  - Continuity of care (*medical/specialty/behavioral/special populations*)
  - **Navigating the System**
  - Uninsured
  - Timely Appointments
  - Non-Traditional Hours (*nights and weekends*)
  - Transportation
  - Language/Culture
  - Technology
  - **Discharge Planning**
  - Undocumented / Immigration status
  - Demographic Shifts
  
- **Homeless**
  - Increase Homeless Education Opportunities
  - Capture Data indicating the actual number of Homeless served
  - Increase Partnerships and/or subcontract with Community-Based Medical Respite Housing for Chronically ill individuals
  - Implement Faith Community Nursing Program
  - Expand linkages with lead Homeless Providers to assist reentry into the Workforce
  
- **Community Health Education**
  - **Navigating the System**
  - Health Self-Management
  - Targeted and Simple Health Messages and Interventions
  - **Education on Healthcare Reform** (*e.g., enrollment, access*)
  - Mental Health First AID
  - Implement Comprehensive Screening and Integrate Screening Results into Community Education and Referral
  - Linkages between Access to Care and Preventive Care
  - **Educate Community/Quality Care** (*Health Promoting Activities such as Annual Doctor Visits*)
  - Educate/Access to Medical Records (*Technology*)

**Closing**

- There being no further business, the meeting was adjourned.

Respectfully submitted,

*Adrian Parker*