HOLY CROSS HEALTH "PURPOSE TO IMPACT"

COMMUNITY HEALTH NEEDS ASSESSEMENT

FY2023 – 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Approved by the Board of Directors, April 25, 2022

Holy Cross Health

A Member of Trinity Health

Acknowledgements

Holy Cross Health's community benefit activities and Community Health & Well-Being partner with many community service agencies, organizations and members. The goal is to provide justice in the way of caring for those who need it most in our community. Our Community Needs Assessment (CHNA) is no exception to joint efforts. We understand collaboration and partnerships are the most effective avenue for impacting the health of our community. For these reasons, HCH's Community Health Needs Assessment Advisory Committee contains not only HCH colleagues, but also community members with diverse backgrounds to help us with this process.

Special thanks to the team at Broward Regional Health Council (BRHPC), contracted to gather health indicator data, analyze quantitative and qualitative data, conduct focus groups and key informant interviews, and assisted in establishing methodology for ranking health need data. Their presentations and guidance were invaluable in providing 'at a glance' information for informed decision making.

We would like to also thank our community members and organizations and all those who gave input for this report through their on-line meeting participation, key informant interviews and focus groups. Their perspectives ensure that we are taking into consideration the most vulnerable in our communities to better create initiatives, more meaningful partnerships, and strategic investments into our community.

This 2022 report continues a tradition of collaboration and builds upon previous efforts through expanded data collection from important voices in our community. This assessment reaffirms a commitment to serving the needs of the most vulnerable members of our communities, in accordance with our duty and mission as agents of healthcare and education.

If you would like more information, or have comments/questions on this CHNA, general contact information is:

Holy Cross Health
Community Health & Well-Being
4725 No. Federal Highway
Ft. Lauderdale, FL 33308

Department Contact:
Kim Saiswick, Vice President of Community Health & Well-Being
kim.saiswick@holy-cross.com
954.542-1656

Holy Cross Health web links:
Community Health Needs Assessment | Holy Cross Health (holy-cross.com)

Executive Summary

Bordering Southeast Florida's Atlantic coastline, Broward County is the seventeenth most populous county in the nation and the second largest in Florida. It is located between Palm Beach and Miami-Dade counties, forming the heart of Florida's largest metropolitan area with more than 6 million residents. Within Florida, Broward County has Florida's most diverse population, with a diversity index rating of 71.8%. A community needs assessment aids the county in identifying and addressing the specific healthcare needs and/or gaps of residents. The main purpose of the assessment is to improve the health status of Broward County residents and increase access and availability of healthcare services. The main goals of the Community Health Needs Assessment (CHNA) are to:

- Improve the 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.

Summary of CHNA Process

A CHNA Advisory Committee was convened with the purpose to:

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

Members of the Committee included representatives and collaborative partners from the community. These included: The Department of Health-Broward County, Broward Housing Authority, YMCA of South FL, The Urban League of Broward County, Hope South FL, South FL Hunger Coalition, Broward County Medical Association, The United Way, the United Way Commission on Substance Abuse, the Children's Services Council, SunServe, Broward Healthy Start Coalition, Broward Sheriff's Office-Community Programs, Meals on Wheels of South FL, Clinica Luz del Mundo (Light of the World Clinic), Living Waters Clinic, American Cancer Society, Women in Distress, Jack and Jill Children's Center, Christine E. Lynn College of Nursing – FL Atlantic University, Healthy Families Broward, Sickle Cell Disease Association of Broward County, Healing Arts Institute of South FL, South FL Institute on Aging, Boys Town South FL, Broward County Public Schools – Family Matters Therapeutic Services, Broward Sheriff's Office-Pompano Beach, First United Methodist Church, Women Impacting Neighborhoods, Inc., and Second Chance Society. Together, this diverse group of individuals represented numerous populations that live, play, and work in the Broward community.

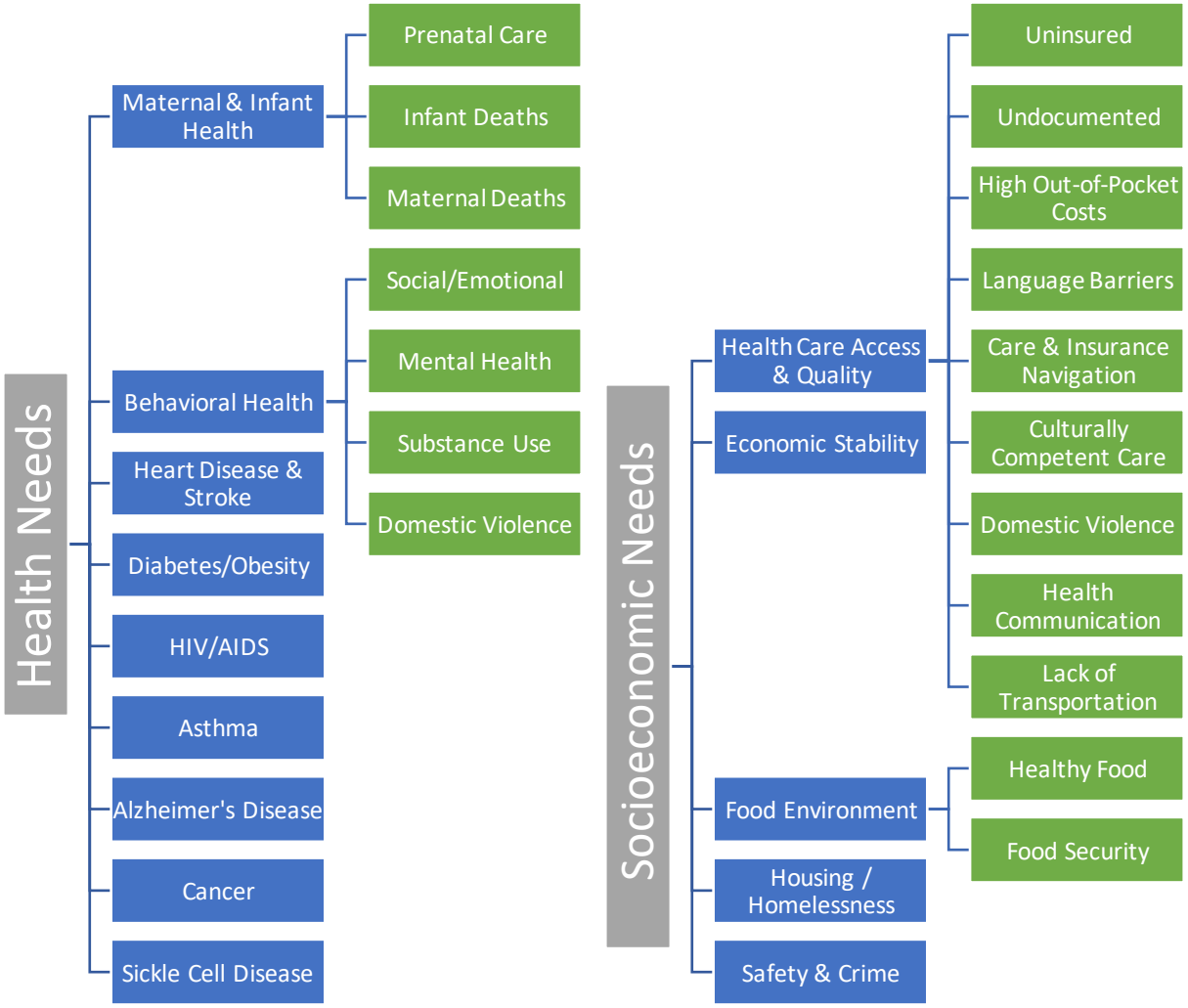
Holy Cross Health (HCH) contracted with Broward Regional Health Planning Council (BRHPC) for assistance in conducting the FY 2023 -2025 Community Needs Assessment (CHNA) including the

collection of quantitative and qualitative data regarding health needs, and facilitation of community advisory committee presentations, consumer and provider focus groups. In conducting the CHNA, the following steps were completed: 1) the community served was defined; 2) the health needs of the community served were defined; and 3) input from persons who represent the broad interests of the community were solicited and considered. All relevant facts and circumstances were considered in defining the community served including geographic areas and target populations (including medically underserved, low-income, and minority populations). Additionally, all patients were considered without regard to whether (or how much) they or their insurers pay for care received.

Primary data was collected through key informant interviews and focus groups. Key informants and focus groups were purposefully chosen to represent diverse populations, medically underserved, low-income, or minority populations in our community. Qualitative data was collected from a broad range of community stakeholders (including the community served and their representatives) through the following activities: 1) BRHPC Broward CHNA Survey, 2) Community and Provider Focus Groups (4 of each), 3) Key Informant Interviews, 4) input gathered during committee forums and 5) the identification and ranking of needs. Their input provided insights on how to better direct our resources and form partnerships. Due to limitations experienced as a result of the COVID-19 pandemic, in-person interviews and focus groups were limited by design in size and scope to ensure open conversation in a safe environment.

Significant Health Needs Identified

An initial list of identified needs was developed based on the quantitative and qualitative data collected throughout the CHNA process including the input by stakeholders. The identified needs were separated into two categories: health needs and socioeconomic needs (adopted from Johns Hopkins model). Where feasible, needs were organized to correspond with Healthy People 2030 categories. Members reviewed the identified needs and identified any items needing modifications (edits, additions, and/or deletion). Modifications by the group to the list of needs were reflected on the prioritization spreadsheet.



The Holy Cross Health (HCH) Community Needs Advisory Committee has responded to the needs of the community we serve in ways that are aligned with our mission. This document was created to serve as one of the key components of the system's FY 2023-2025 strategic implementation plan.

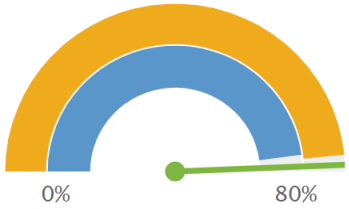
The fy23-25 CHNA was adopted by the Holy Cross Health Board of Director on April 25, 2022.

Holy Cross Health Vital Sign

Life Expectancy at Birth, 2017–2019

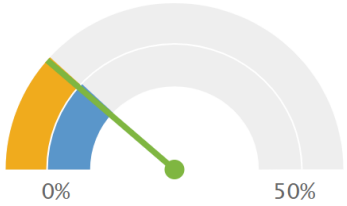
- Holy Cross (81.6)
- Florida (80.1)
- United States (79.3)

Percentage of Adults with Routine Checkup in Past 1 Year



- Holy Cross (78.98%)
- Florida (77.46%)
- United States (76.60%)

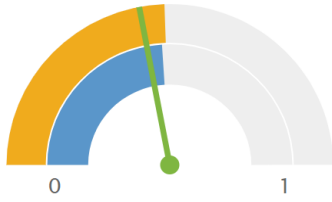
Population Age 25+ with No High School Diploma, Percent



- Holy Cross (11.40%)
- Florida (11.81%)
- United States (12.00%)

Gini Index Value

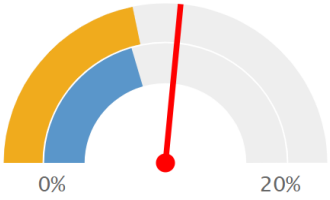
Income - Income Inequality (GINI Index)



- Holy Cross (0.44)
- Florida (0.49)
- United States (0.48)

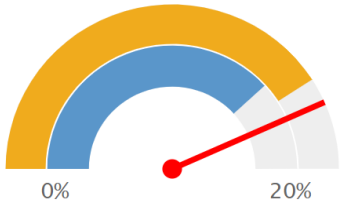
Income - Income Inequality (GINI Index)

Percentage of Infants with Low Birthweight:%



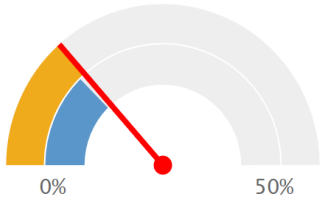
- Holy Cross (10.6%)
- Florida (8.7%)
- United States (8.2%)

Percentage of Adults who are Current Smokers



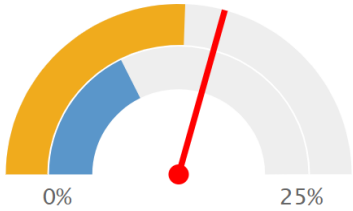
- Holy Cross (17.34%)
- Florida (16.35%)
- United States (15.30%)

Percentage of Total Population with Food Insecurity



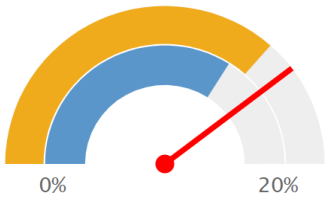
- Holy Cross (13.50%)
- Florida (13.40%)
- United States (12.63%)

Uninsured Population, Percent



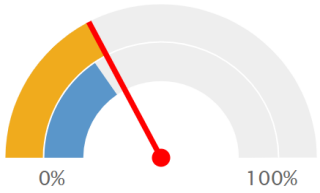
- Holy Cross (14.65%)
- Florida (12.81%)
- United States (8.84%)

Percentage of Adults with Poor Mental Health



- Holy Cross (15.86%)
- Florida (14.61%)
- United States (13.60%)

Percent Population with Income at or Below 200% FPL



- Holy Cross (34.61%)
- Florida (34.17%)
- United States (30.86%)

Introduction

Hospital Description

OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR VISION

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

OUR CORE VALUES

- Reverence: We honor the sacredness and dignity of every person
- Commitment to those who are poor: We stand with and serve those who are poor, especially those most vulnerable
- Justice: We foster right relationships to promote the common good, including sustainability of Earth
- Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care
- Integrity: We are faithful to who we say we are

Holy Cross Health Facilities

Holy Cross is a Catholic healthcare ministry and a not-for-profit teaching hospital with 557 acute care beds serving Broward County. In May 2013, HCH became a member of one of the nation's largest Catholic Health systems with the merger of Catholic Health East and Trinity Health. Trinity Health employs more than 95,000 people in 21 states and returns more than $1 billion to its communities annually in the form of charity care and other community benefit programs. HCH's 3,002 colleagues and 60 active volunteers work diligently to serve the needs of those living in the tri-county South Florida community, and especially Broward County.

As part of our mission, HCH provides several health and wellness and chronic disease management programs at low or no cost. Community Health & Well-Being works to continually evaluate and respond to the most important needs of the community through our CHNA and partnerships with other local not-for-profit organizations and networks. Various committees and representatives work with us in partnership to ensure the success of HCH's community benefit activities. Examples of such services include our community health centers, medical education, subsidized care, early detection and prevention programs, screenings, and more.

HCH provides personalized, faith-based care paired with state-of-the art technology and medical procedures and facilities with nationally recognized physicians and healthcare

professionals. We are committed to responding to the diverse needs of our community, upholding a culture of safety that heals the whole person – mind, body, and spirit.

The programs below are specific programs and services that support the needs of our community, many of which are a result of needs assessed through past CHNAs.

Holy Cross Health Services & Programs

Holy Cross In/Outpatient Services
48-bed Intensive Rehabilitation Unit
More than 150 providers in the Holy Cross Medical Group with more than 45 practices
More than 190 providers in the Holy Cross Physician Partners ACO network in more than 45 practices
2 Medical resident clinics providing additional points of primary care access
2 Urgent Care Center sites*
AgeWell Center
Bariatric Services
Comprehensive Cancer Center
Comprehensive Pulmonary Center
Comprehensive Women's Center
Diagnostic Imaging Center
Family Wellness Pavilion
Healthplex- same-day surgery site
Heart & Vascular Center and Research Institute
Neuroscience Institute
Orthopedic Institute
Outpatient wound care & hyperbaric oxygen therapy
Wellness Pavilion

Community Outreach
School Health Initiatives
National Diabetes Prevention Program
Diabetes Self-Management Education & Support Program
Social Care HUB – Community Health Workers
Partners in Women's Health
Holy Cross at Living Waters
Faith Community Nursing
Childhood Immunizations & Screening
Tobacco Prevention & Education
Prevention Screening & Health Education
COVID Education & Vaccination
Dispensary of Hope Pharmaceutical Program

*Holy Cross Urgent Care sites are a shared ownership with Premier.

For a detailed list of our specialties and services, please visit https://www.holy-cross.com/find-a-service-or-specialty

Advisory Committee

The members of the Holy Cross Health CHNA Advisory committee and council participated in five meetings that took place from August 2021 to November 2021. During these meetings, the entire group reviewed health rankings and quantitative community health data, and qualitative data sets which included community surveys, key informant interviews, community and provider focus groups.

Holy Cross Community Health Needs Assessment Advisory Committee members

Name	Agency	Population Represented									
		Youth	Seniors	LGBTQ+	Medical	Behav Health	Minority	Food Security	Homeless	Faith Based	Uninsured / Underinsured
Renee Podolsky	Department of Health - Broward County	X	X	x	x	X	x				X
Tisha Pinkney	Broward County Housing Authority	X	X	x			x	x			X
Gabrial Ochoa	YMCA of South FL	X	X	x			x	x			X
Cassandra Burrell	Urban League of Broward County	X	X	x			x	x			X
Marie Joseph	Hope South Florida	X	X	x			x	x	X	x	X
Michael Farver	South FL Hunger Coalition	X	X	x			x	x	X		X
Cynthia Peterson	Broward County Medical Association	X	X	x	x						X
Kathleen Cannon	United Way	X	X	x		X	x	x	X		x
Luzca Fugari	United Way Commission on Substance Abuse	X	X	x		X	x		X		X
Laura Ganci	Children's Services Planning Council	X		x		X	x	x			X
Gary Hensley	SunServe	X	X	x		X	x				X
Monica Figueroa King, MA	Broward Healthy Start Coalition	X			x		X	X	X		x
David Scharf	Broward Sheriff's Office, Community Programs	X	X	X		X	X		X		X
Marlene Gray	Meals on Wheels South Florida		X				X	X			X
Sandy Lozano	Light of the World Clinic	X	X	X	X	X	X	X	X		x
Dr. Valerie Solomon	Living Waters Clinic		X		X		X	X	X	X	X
Leonora Pupo	American Cancer Society		X		X		X				X
Linda L. Parker, Ph.D	Women In Distress	X	X		X	X	X	X	X		X
Heather Siskind, MSW	Jack and Jill Children's Center	X			X	X		X	X		x

Beth King	Christine E. Lynn College of Nursing, Florida Atlantic University	X			X	X	X				x
Jane Taylor	Healthy Families Broward	X	X		X	X	X	X	X		X
LaSonya Starlin	Healthy Families Broward	X	X		X	X	X	X	X		X
Natalie Lewis	Healthy Families Broward	X	X		X	X	X	X	X		X
Mildred Franco	Healthy Families Broward	X	X		X	X	X	X	X		X
Karen Smith	Sickle Cell Disease Association of Broward County	X	X	X		X		X			X
Dr. Thelma Tennie	Healing Arts Institute of South Florida	X	X				X	X			x
Cresha Reid	South Florida Institute on Aging		X				X	X			x
Arturo Parham	Boys Town South Florida	X				X	X		X		X
Dr. Fanya Jabouin	Broward County Public Schools/Family Matters Therapeutic Services	X	X			X	X				X
Rosemary Baker	Broward Sheriff's Office - Pompano Beach	X	X			X	X	X	X		x
Jean Ready	Faith Community Nurse, First United Methodist Church	X	X				X	X	X	X	X
Stephanie Elvine-Presume	Women Impacting Neighborhoods, Inc.	X	X				X	X	X		X
Marta Prado	Second Chance Society		X			X	X	X	X	X	X

Holy Cross Health Advisory Council Members

Name	Agency	Population Represented									
		Youth	Seniors	LGBTQ+	Medical	Behav Health	Minority	Food Security	Homeless	Faith Based	Uninsured / Underinsured
Sr. Rita Levasseur	VP Mission Services		X		X			X	X	X	x
Melody Vanoy	VP Diversity, Equity & Inclusion – Trinity Health					X	X			X	
Kristen Schroeder-Brown	Clinical Manager, Community Health & Well Being	X	X		X						x
Joey Wynn	Manager, COVID Vaccine Center		X	X	X		X				X

Paul McGourty	Executive Director Patient Experience		X	X	X					X	
Annmarie Kaszubinski	Emergency Department Assistant Nurse Manager		X		X	X			X	X	X
Virginia Wiley	Community Benefits Coordinator	X	X		X		X			X	
Joy Standard	Director Care Management		X		X	X		X	X		X
Vanessa Graham	Community Health & Well-Being RN	X	X	X	X	X	X	X	X	X	X

Summary of fy2019 CHNA

The CHNA conducted on May-August 2018, identified seven (7) significant health needs within the Holy Cross Hospital community. Those needs were then prioritized based on based on total response volume for individual health needs/issue using a single vote by clicker method. Votes were tabulated and priorities established accordingly by rank order. The significant health needs identified, in order of priority include:

- Community Ed
- Preventative Care
- Access to Care
- Social Determinants of Health
- Cultural Sensitivity
- Mental Health & Substance Abuse
- Dental Care

Our Response

Holy Cross Hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Holy Cross Hospital acknowledged the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence.

HCH decided not to take action on the following health needs and chose not to plan to directly address this particular need because substance abuse and mental health services are being addressed by other partner community-based organizations in the community. Holy Cross recognizes that it must set priorities and, therefore, community investment will be directed toward the five issues where impact is most likely within our service area, target population, collaborative partners, and expertise

- Improve access to Dental Care
- Substance Abuse / Mental Health

Over the past three years, HCH has implemented action plans designed to fulfill these significant community needs.

Written Comments Received on the Prior CHNA and Implementation Strategy

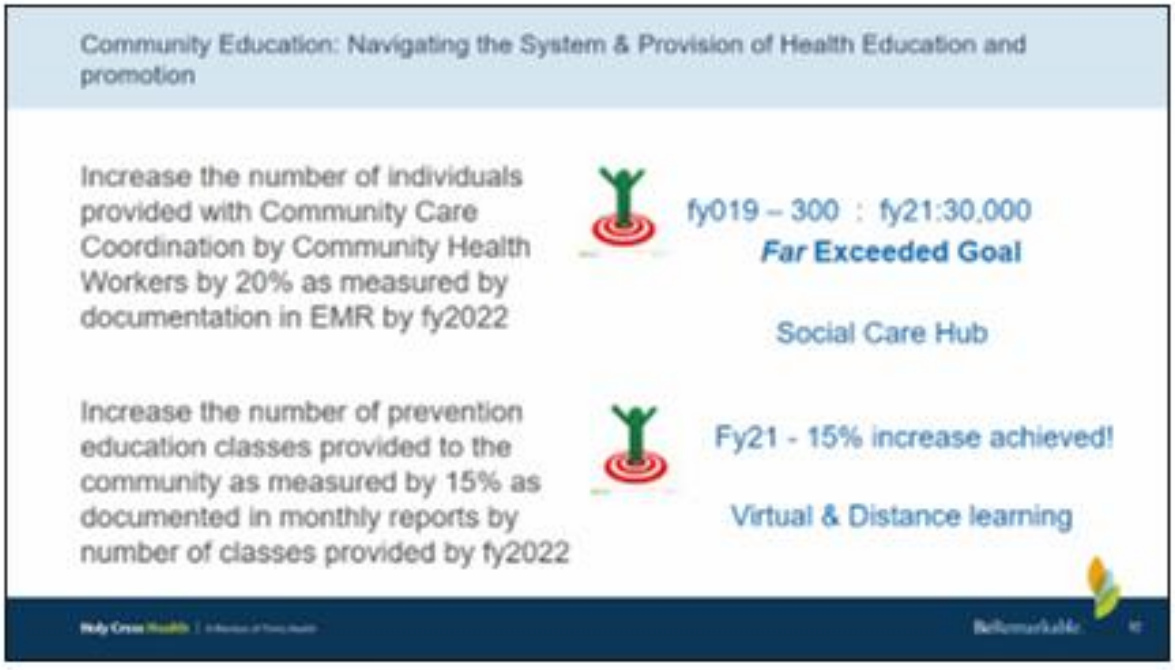
The prior CHNA (fy2019) and implementation strategy were made available for public review and comment on the hospital's website. In addition, input was solicited via the Holy Cross Health website, and via the Community Health and Well-Being Department. To date, no comments have been received by the hospital.

Impact Evaluation Since Previous CHNA

Community Education & Preventative Care

Holy Cross Hospital's Community Health and Well-Being (CHWB) department and other hospital departments, including the wellness center, home health, and nursing, responded to requests from the community for health screenings. In addition, Holy Cross continued making several navigators available to assist the community, including navigators for breast, lung, orthopedics, and COPD. The hospital also hosts a heart failure. COPD and cardiometabolic clinic and a continuously growing accountable care organization with an active population health nurse team

In FY21, the CHWB department programs focused on COVID-19, preventative health education, continuation of breast screening services, tobacco prevention, the National Diabetes Prevention Program and the inception of the Diabetes Self-Management Program and a Peer Program in the Emergency Department.



Community Education: Navigating the System & Provision of Health Education and promotion

Increase the number of National Diabetes Prevention Program cohorts by 20% as measured by number of documented cohorts in DAPS database facilitated by fy2022

Exceeded Goal

49% increase

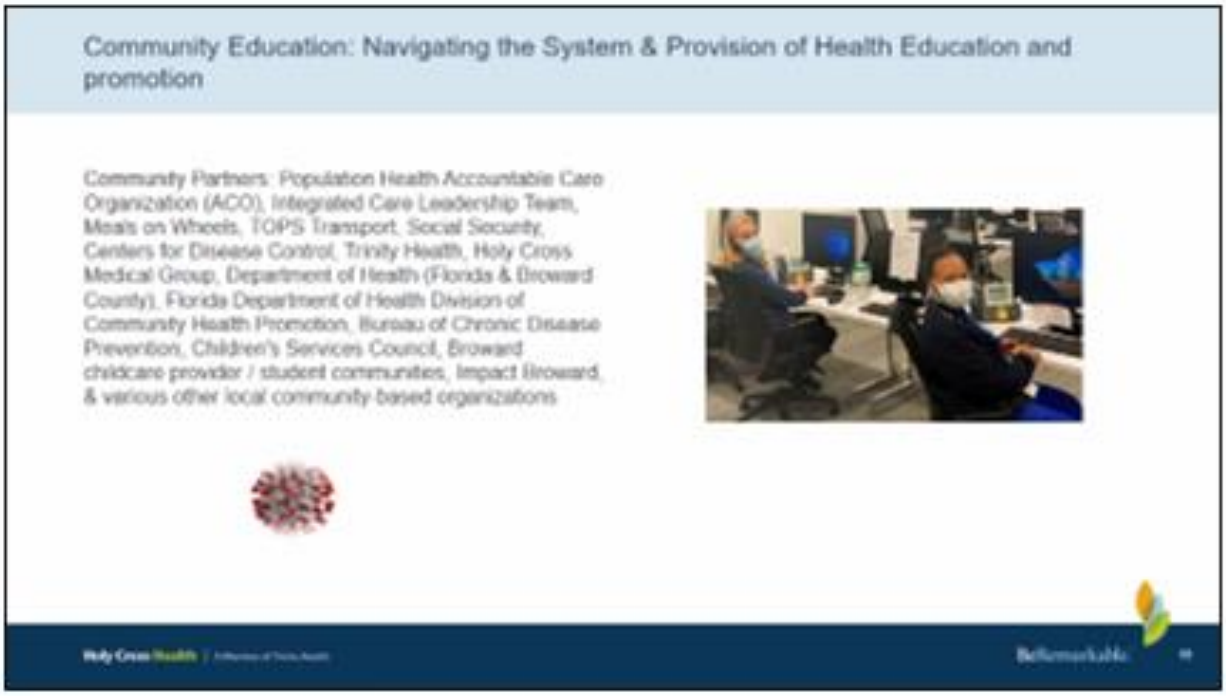
Community Education: Navigating the System & Provision of Health Education and promotion

Opioid Peer Specialist Project - fy21

- Universal screening
- Hire non-clinical personnel (Peer Specialists) to intervene @ bedside
- Link patients to treatment services
- Provide outreach, recovery support and aftercare activities
- Naloxone access
- referrals to treatment

Funding Partner: Department of Health, Broward County

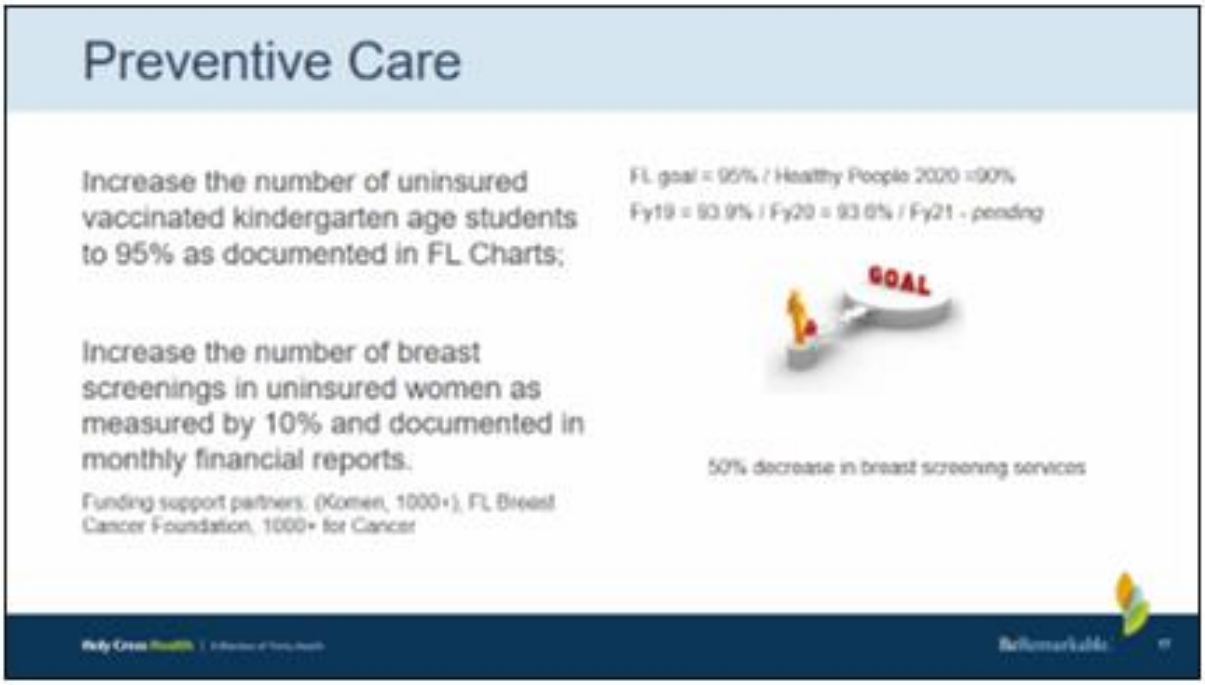
"... a repeat patient who has been seen many times for 'accidental overdose' was brought in [to the ER] after taking too much prescribed morphine. After I investigated further into this patients' history, I was able to see that this is a pattern, and nobody was connecting the dots. I had a conversation with patient who admitted to me that it isn't always that accidental and sometimes she knew what she was doing and was not just trying to relieve her chronic pain. I was able to communicate this to her attending Dr and refer her for some help."



Preventative Care

In FY19 and part of fy20, the CHWB department programs focused on preventative health education, childhood immunization, decreasing childhood obesity, breast screening services, tobacco prevention childhood literacy, and the National Diabetes Prevention Program. Advocacy topics included Tobacco 21, Florida's healthiest weight, and health equity and justice. The department's messages, programs, and interventions were targeted to serve some of Broward's most vulnerable populations.

The objectives and activities in this Priority Area were perhaps most impacted by COVID. In early 2020, all clinical staff were diverted from routine activities and instead provided telephonic and virtual community education and preventative care to individuals, families, and small groups. Discussions and presentations were made available to churches, schools, community-based agencies, and businesses requesting information and education regarding COVID and preventative care and well-being.



Access to Healthcare

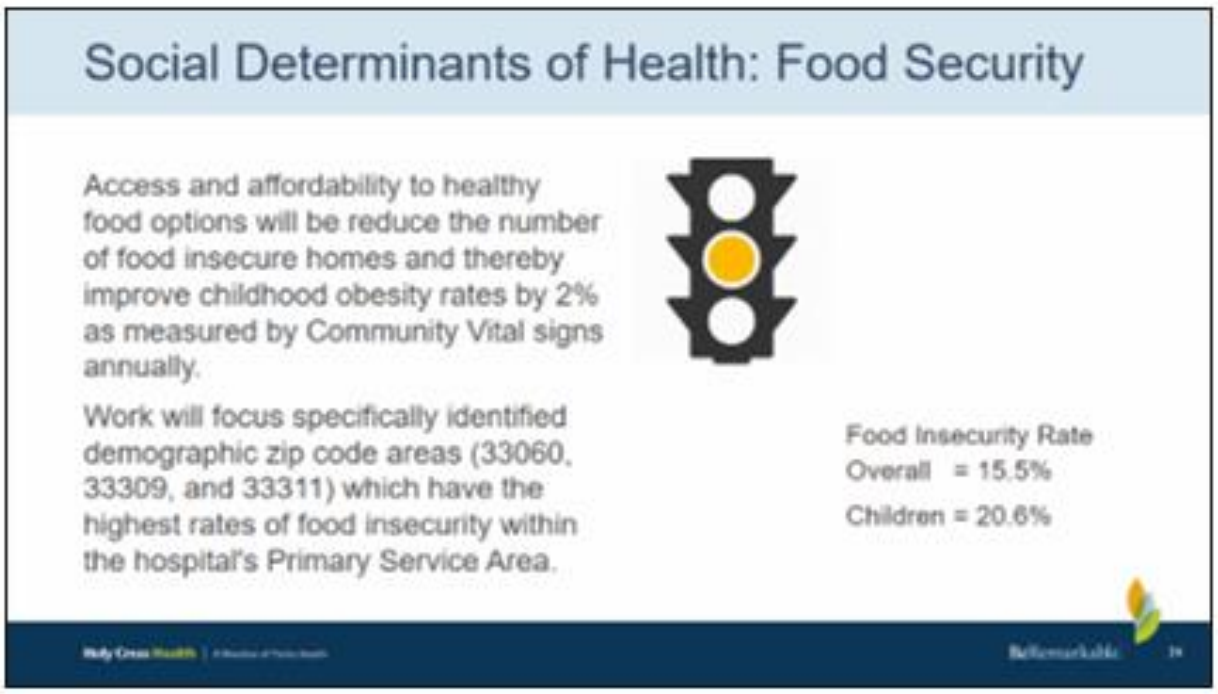
During fy19 – 21 Holy Cross Hospital continued to provide in-person and then virtual support to seniors providing them with assistance with health insurance claims, comparisons of various prescription plans, and assistance with long-term care options via an agreement with the

Agency on Aging of Broward County. Florida continues to be a non-Medicaid expansion state and Holy Cross Hospital strives to provide affordable, coordinated health care. The two resident clinics have assisted in providing increased access to primary care services for low-income, uninsured and underinsured individuals. The Advanced Practice Registered Nurses and RNs provide direct health care services at a partner volunteer clinic in the community that serves the most vulnerable, uninsured Broward residents. The CHWB clinical team provided virtual and telephonic care management to all uninsured positive COVID clients diagnosed in the ED and Urgent Care Centers, linking them to primary care thereby increasing access to convenient care at minimal cost and monitoring for ED and hospitalization avoidance. Holy Cross Hospital continues to seek new opportunities to become an integrated partner in the transition of care for vulnerable populations and continues to explore alternate models for its current mission clinic.

Social Influencers of Health

CHWB health services and education are provided to augment community agencies and seeks to serve individuals and families experiencing limited income, constrained earnings, evictions, job loss, and single-headed households contributing to economic hardship. Food security was identified as a major outstanding need and continues to be a major focus for the hospital. Efforts to address these issues over the past 3 fiscal years were heightened by the COVID pandemic. CHWB continued (virtual) committee participation on South Florida Hunger Coalition, Summer Breakspot, and Mobile Food Pantry; and awarded both the John C. Johnson food security and Pat E. Taylor housing grants to community agencies. Additionally, direct services were provided in FY21 to the homeless population in partnership with local social

service agencies. The hospital also continued to provide a just wage for its associates, increasing in 2021 to a minimum of $15.00/hour.



As the COVID pandemic continued, its impact on social determinants of health was felt by both the same and emerging populations.

Working extended hours under very stressful conditions, Holy Cross staff were fortunate to receive food donations from the community. More than 10,250 meals for healthcare providers were coordinated with local churches, restaurants, and private donors for distribution

Cultural Sensitivity

During this CHNA cycle, marked strides have been made in this area:

- the Holy Cross S.E. Regional Director of Culture and Inclusion established a Diversity and Inclusion Council which community and colleagues participate on
- Unconscious bias training has been provided to the leadership group and all board members, with the intent of training all employees in upcoming years
- A LGBTQ Business Group has been formed comprised of community members and employees and is working on addressing diversity and inclusion specific to LGBTQ healthcare issues

In addition, Holy Cross has had numerous leaders participating in Trinity Health's Diversity and Inclusion webinar series, "Advancing Together."

In the community, Holy Cross continues to form alliances and partnerships with LGBTQ social services agencies and welcomes all members of our diverse community. We have also provided support to and sponsorships to LGBTQ events as well as the South Florida Transgender Medical Conference.

History of Community Health Needs Assessment

To conduct a CHNA, a hospital facility must complete the following steps:

- Define the community it serves
- Assess the health needs of that community
- In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health
- Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility
- Make the CHNA report widely accessible to the public
- Prioritize significant health needs in the community

A hospital facility is considered to have conducted a CHNA on the date it has completed all these steps, including making the CHNA report widely available to the public.

The passage of the Affordable Care Act of 2010 required hospitals with a 501c3 designation to complete a community health needs assessment (CHNA) every three years. Outlined in section 501®(3)(A) of the Federal IRS Code, a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA.

This CHNA represents our commitment to improving health outcomes in our community through a rigorous assessment of health status in our region, incorporation of stakeholders' perspectives and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to satisfy legal requirements, but also to partner for improved health outcomes.

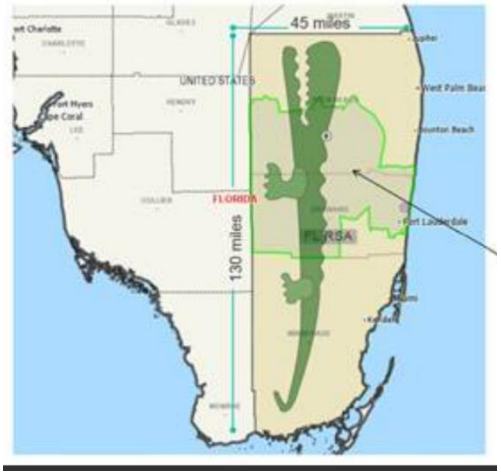
The goals of this fy2022 Community Health Needs Assessment are to:

- Engage public health and community stakeholders representing low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use findings to develop and adopt an implementation strategy based on the collective prioritized issues

Community Profile

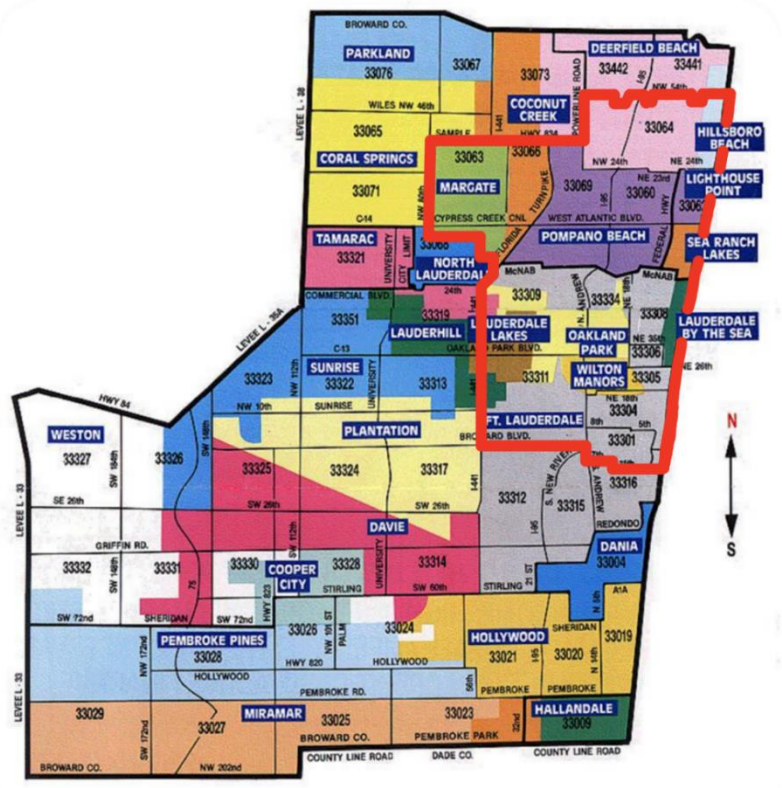
Geographic Area Served and Identification of Community Served

Broward County is in the southeastern portion of the state of Florida with Miami-Dade County to the south and Palm Beach County to the north. Per the U.S. Census Bureau, Broward County has a total area of 1,323 square miles, of which 1,210 square miles are land and 113 square miles (8.5%) are water. Broward County has approximately 471 square miles of developable land, the majority being built upon. The developed area is bordered by the Atlantic Ocean to the east and the Everglades National Park to the west. Within developable land, Broward County has a population density of 3,740 per square mile.



HCH's service area is described to include a Strategic Planning Area (SPA) represented by 90% of the hospital's discharges, encompassing a total of 36 zip codes and three counties (Palm Beach, Broward, and Miami-Dade).

For purposes of this CHNA, HCH serves close to 500,000 people, or 26% of the diverse single county area of Broward County through its Primary Service Area(PSA). HCH's PSA includes 65% of discharges in 13 zip codes. HCH's Secondary Service Area (SSA) includes 80% of discharges and includes an additional 8 zip codes. In addition, high priority zip codes have been identified based upon economic and demographic disparities. High



Primary Service Area		
33060*	33069*	33308
33062	33301	33309
33064	33304	33311*
33066	33305	33319
		33334

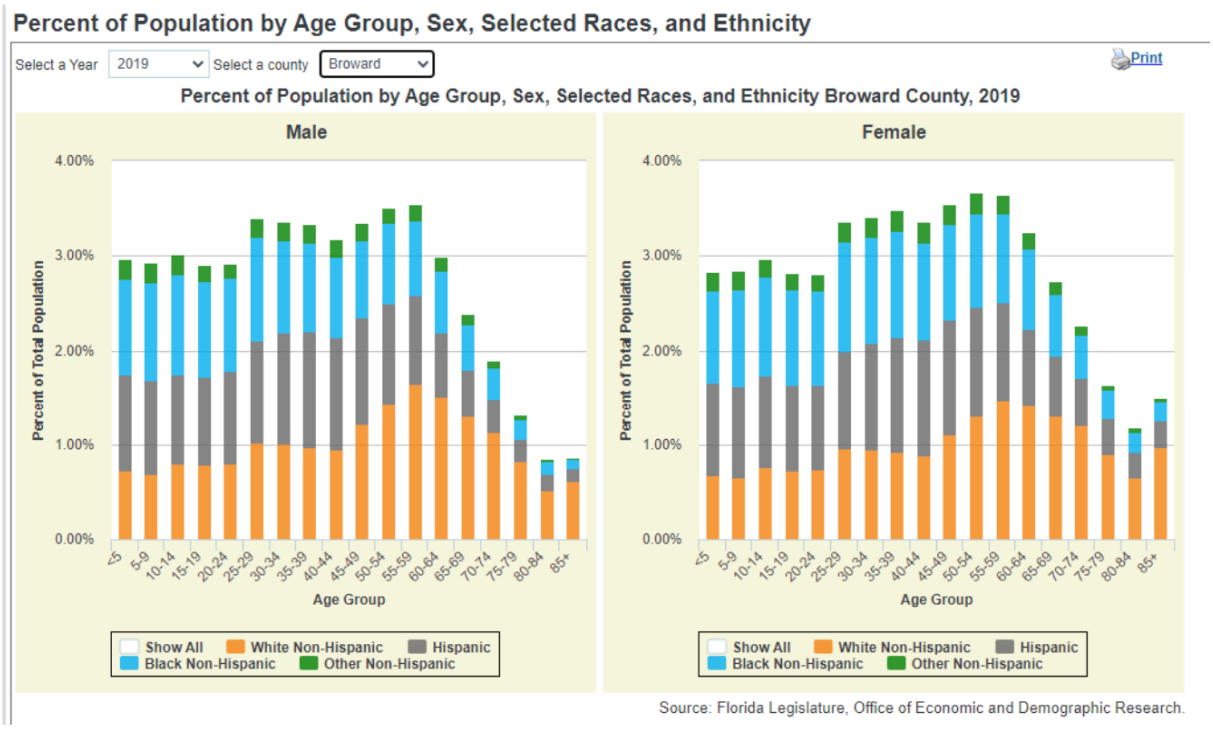
PSA served encased in 'red'

Secondary Service Area		
33063	33312	33321
33065	33313	33322
	33317	33433

High Prevention Quality Indicators denoted by zip codes *

Demographics

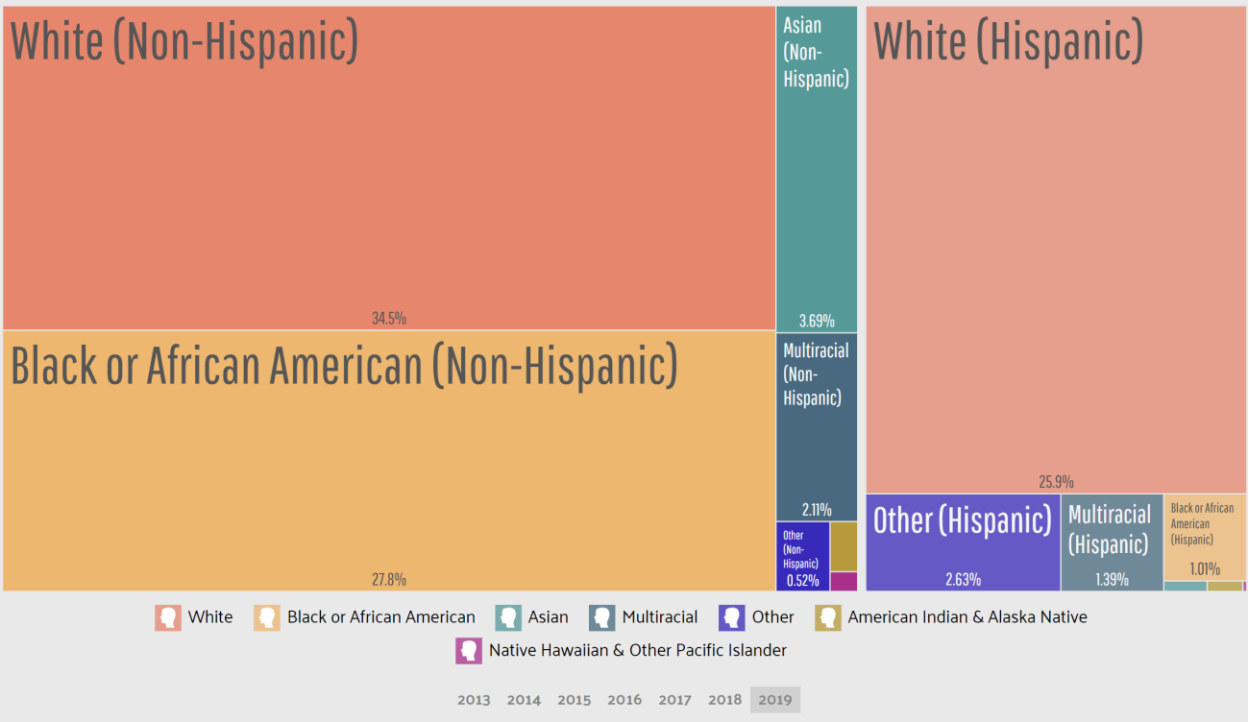
Population Overview Broward County is the second most populous county in Florida in 2019, and according to the latest American Community Survey (ACS), the report area has a total of 266,049 non-citizens, or 13.81% of the total population of 1,962,205, in contrast to the state average of 9.13% of the population and national average of 6.83% non-citizens living in the United States. Broward County is the seventh largest county in the nation by its size and hosts an estimated 14 million annual visitors. Its diverse population includes residents representing more than 200 different countries and speaking more than 130 different languages. Ages 65+ account for approximately 17% of residents and ages 85+ account for 2.4% of residents.



Source: Florida Legislature, Office of Economic and Demographic Research

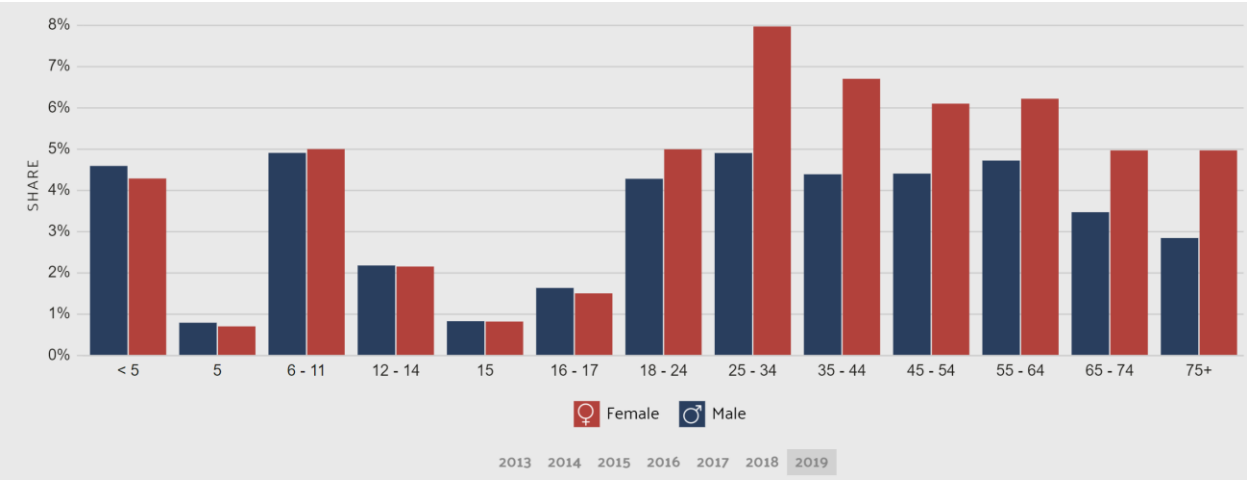
In 2019, there were 1.24 more White (Non-Hispanic) residents (674k people) in Broward than any other race or ethnicity. There were 543,000 Black or African American (Non-Hispanic) and 570,000 White (Hispanic residents), the second and third most common ethnic groups.

The most common foreign languages spoken in Broward County are Spanish (507,654 speakers), Haitian Creole (122,233 speakers), and Portuguese (30,179 speakers).



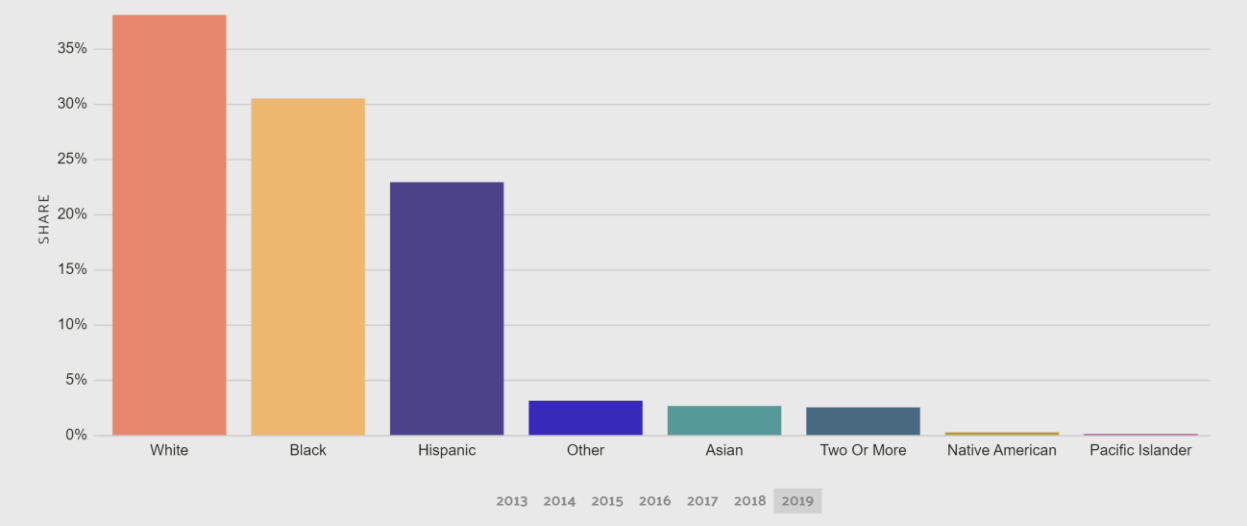
Broward County, FL | Data USA

13.1% of the population for whom poverty status is determined in Broward County (250,000 out of 1.91M people) live below the poverty line, a number that is higher than the national average of 12.3%. The largest demographic living in poverty are Females 25-34, followed by Females 35-44, and then Females 55-64. (Data from the Census Bureau*)



Broward County, FL | Data USA

The most common racial or ethnic group living below the poverty line in Broward is White (123,147), followed by Black (98,660) and Hispanic (74,109). (Data from the Census Bureau*)



Broward County, FL | Data USA

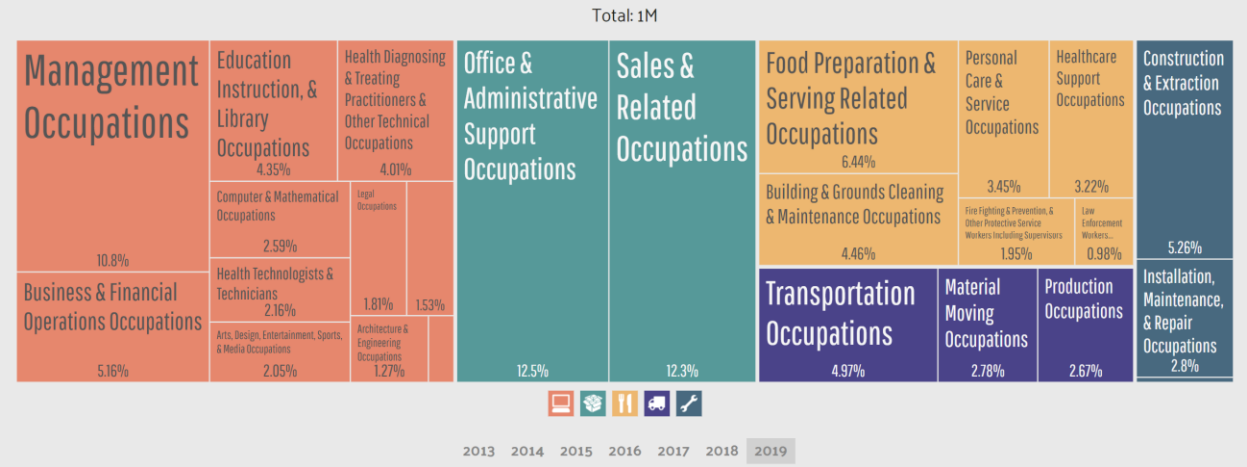
* The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

Community Assets

The Primary Service Area includes a variety of quality educational opportunities, including public, parochial, and private schools from early learning centers through high school. Those pursuing higher education have several options including Broward College, City College of Fort Lauderdale, Concorde Career Institute, DeVry University, Florida Atlantic University, Florida Career College, Keiser University, Nova Southeastern University, The Art Institute, University of Florida Extension Services, Vargas University.

From 2018 to 2019, employment in Broward grew at a rate of 3.25% from 973,000 employees to 1,000,000 employees. Broward County supports a diverse range of industries, including marine, manufacturing, finance, insurance, real estate, high technology, avionics/aerospace, film and television production. More than 150 companies have chosen to base their U.S. or regional corporate headquarters in Greater Fort Lauderdale and include firms like DHL, AutoNation, Alcatel-Lucent, Citrix Systems, Kaplan Higher Education, Embraer and Microsoft. Tourism and travel-related industries are strong in Fort Lauderdale, largely due to the city's temperate climate. The most common job groups, by number of people living in Broward are office and administrative support occupations (125,623 people), Sales and related occupations (123,261 people), and management occupations (108,422 people). The hospitality

industry (accommodation and food services) employs about 11,000 people or 11.5 percent of the workforce. The chart below illustrates the share breakdown of the primary jobs held by residents of Broward.



Broward County, FL | Data USA

The most common employment sectors for those who live in Broward are health care and social assistance (135,051 people). Retail trade (125,694 people), and accommodation and food services (85,294 people. The chart below shows the share breakdown of the primary industries for residents of Broward, though some of these residents may live in Broward and work somewhere else. Census data is tagged to a residential address, not a work address.

Broward County, FL | Data USA

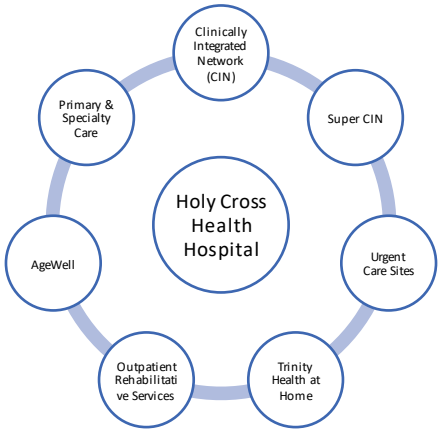
The Primary Service Area has many competing not-for-profit and private health care institutions. To HCH's immediate north and northwest are Imperial Point Hospital (Baker Act receiving) and North Broward Hospital (Level 1 Trauma Center). To its west is Florida Medical Center and to the south is Broward Health (Level 1 Trauma Center/Level 3 NICU). Holy Cross Health located on the east side of Broward County has become the primary hub from which more than 150 primary and specialty physicians are strategically located to care for our community. This hub and spoke approach create a nexus to which each colleague and patient is tied to our mission and commitment to quality patient care.

Approximately 53% percent of the population with the System Service area earns an annual salary of or below $51,623. Household income is fairly stable across the Primary Service Area, with areas of highest affluence in the 33066-zip code and portions of 33301 and 33062. Households in Broward County, FL have a median annual income of $61,502, which is less than the median annual income of $65,712 across the entire United States. This is in comparison to a median income of $57,278 in 2018, which represents a 7.37% annual growth. 13.1% of Broward residents live at or below the federal poverty level (Data USA). In addition, in 2019, full-time male employees in Florida made 1.34 times more than female employees – including registered nurses. (Data is not available on a county-level.)

Estimates of uninsured* individuals under 65 years of age are 17.7%, totaling approximately 336,300 individuals combined. The Florida Policy Institute (2020) reported that Florida had an estimated 343,000 uninsured children in 2019, the second highest number in the country (Georgetown University Center for Children and Families). In a short 3-year period (1016-2019), Broward County is reported amongst 20 counties nationwide with the highest number of children uninsured and is highest amongst Latinx children.

Holy Cross Health and Services Provided

Holy Cross Health is a 557-bed community-based, teaching, not-for-profit hospital established in 1955 on the East side of Fort Lauderdale, Broward County. The JCAHO hospital provides traditional medical and surgical services in addition to state-of-the-art robotic surgery and several service lines have achieved national recognition by accredited certification groups. Since its inception, HCH has been responsible to the dynamic and diverse needs of its community. Today, the hospital sits at the center of a nexus that includes a comprehensive continuum of inpatient and ambulatory care.



Process & Methods Used to Conduct CHNA

Methods Used to Collect & Analyze Data

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

When data is collected by an external source for a purpose other than the current project and the data has already undergone the statistical data analysis process, it is called Secondary Data.

Data Sources

CHNA Advisory Council members participated in on-line community forums from August 25, 2021 through November 10, 2021. During these meetings, the Advisory group reviewed a mixture of primary and secondary data to identify and prioritize community health needs in Holy Cross Health's primary service area. Secondary data sources included quantitative data describing community demographics, social determinants of health (SDOH), health access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, and substance use, and hospital utilization were collected and presented. Data sources included:

- U.S. Census American Community Survey
- American Community Survey
- Broward County FL | Data USA
- Florida Charts
- U.S. Bureau of Labor Statistics
- Trinity Health Data Hub
- BRHPC Florida Health Data Warehouse
- Florida, Broward and Holy Cross Health data:
    - Hospital Utilization
    - Chronic Diseases
    - Prevention Quality Indicators
    - Diagnoses Related Groupings

Contracted Parties

Broward Regional Health Council (BRHPC) was contracted to gather health indicator data, analyze quantitative and qualitative data, conduct focus groups and key informant interviews, and assisted in establishing methodology for ranking health need data.

Community Input Received

Community Health Needs Assessment

Primary data was collected through key informant interviews and focus groups. Key informants and focus groups were purposefully chosen to represent medically underserved, low-income, or minority populations in our community. Qualitative data was collected from a broad range of community stakeholders (including the community served and their representatives) through the following activities: 1) BRHPC Broward CHNA Survey, 2) Community and Provider Focus Groups (4 of each), 3) Key Informant Interviews, 4) input gathered during committee forums and 5) the identification and ranking of needs. Their input provided insights on how to better direct our resources and form partnerships. Due to limitations experienced as a result of the COVID-19 pandemic, in-person interviews and focus groups were limited by design in size and scope to ensure open conversation in a safe environment.

Input from the Local Health Department

Renee Podolsky, MBA, director of community Health at the Florida Department of Health in Broward County participated as a valued member of the Holy Cross Hospital CHNA Advisory committee. She provided her expertise in community health data analysis to ensure that a diverse segment of the population was reached in the qualitative data collection process and that the quantitative data discussed and studied was comprehensive. She also discussed efforts in addressing immunization outcomes, COVID vaccine and the areas that the Florida Department of Health in Broward County is focusing on in its current action plan. She also participated in the ranking process of the health needs as identified by the CHNA Advisory Council and committee membership.

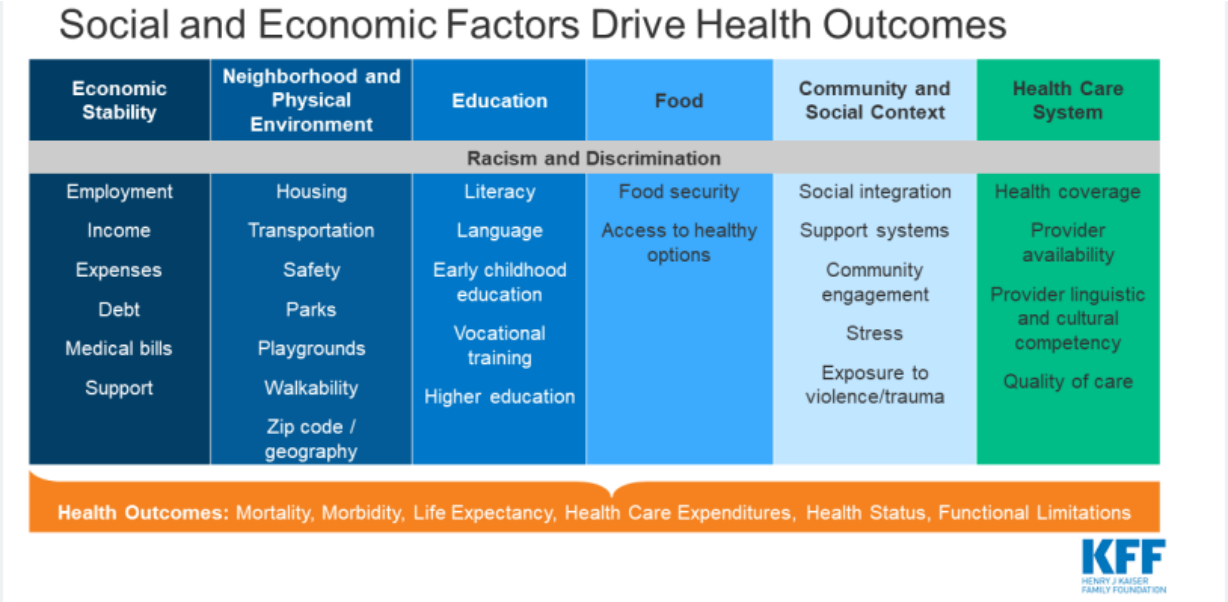
CHNA Survey

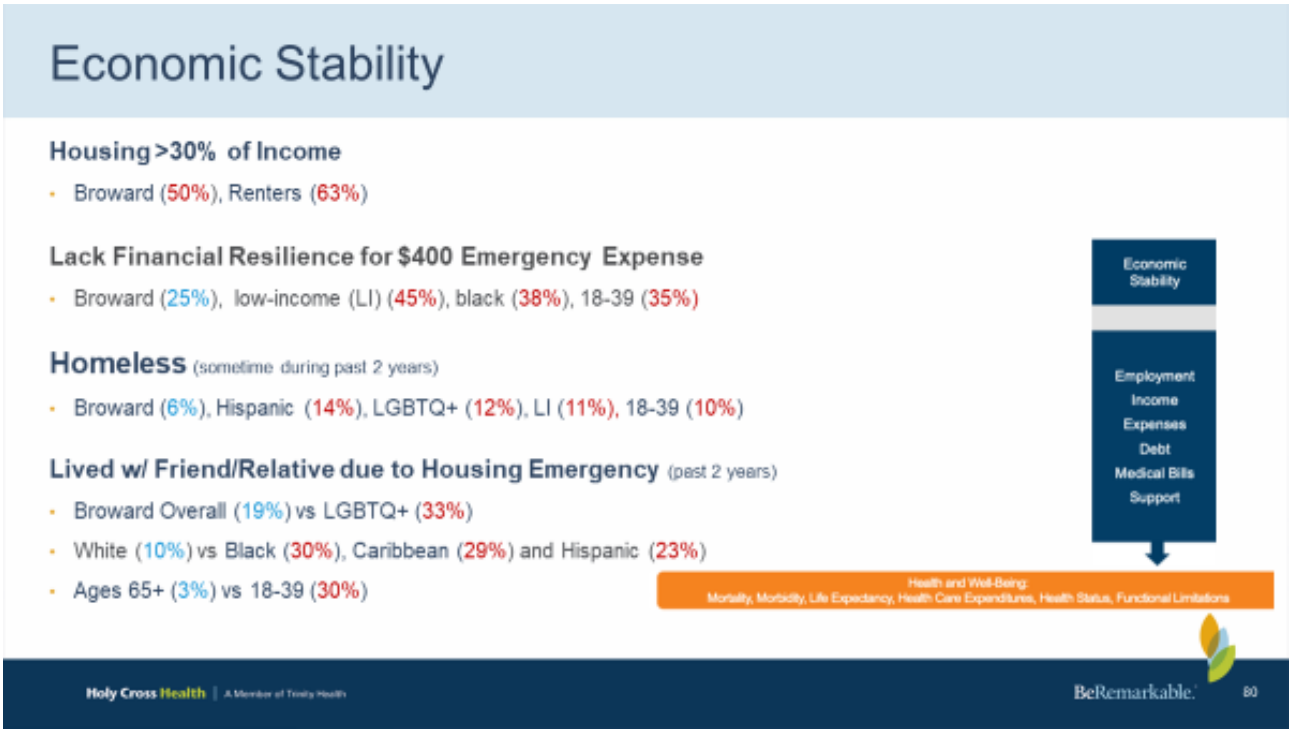
Broward Regional Health Planning Council Community Health Needs Assessment Survey

- 400 surveys stratified across the county
- 200 in North Broward
- 200 in South Broward
- Final sample weighted in proportion to total population
- Approximately 80 survey items
- 20-minute telephone interview

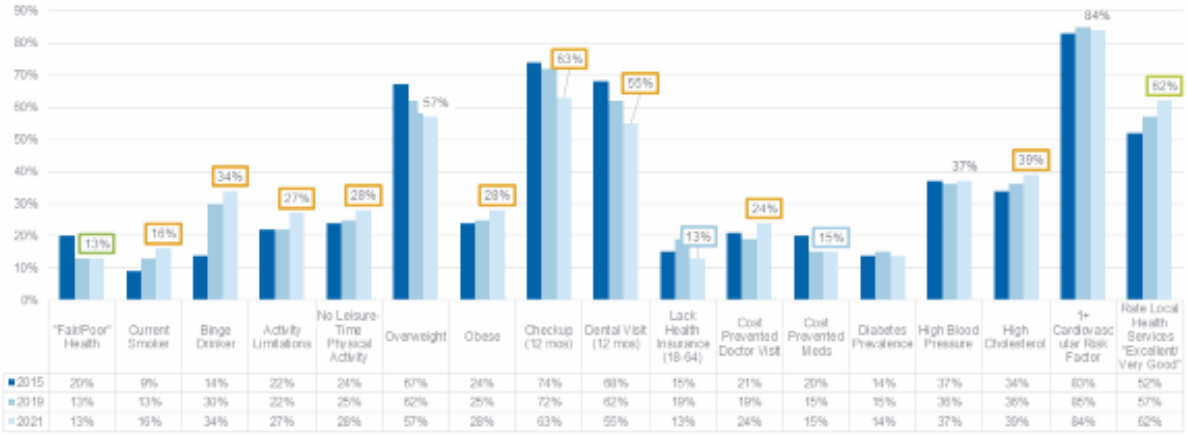
Total sample size gives an overall maximum confidence interval of ± 4.9%

Summary of Findings:





Health & Health Care



	"Fair/Poor" Health	Current Smoker	Binge Drinker	Activity Limitations	No Leisure-Time Physical Activity	Overweight	Obese	Checkup (12 mos)	Dental Visit (12 mos)	Lack Health Insurance (18-64)	Cost Prevented Doctor Visit	Cost Prevented Meds	Diabetes Prevalence	High Blood Pressure	High Cholesterol	1+ Cardiovascular Risk Factor	Rate Local Health Services "Excellent/ Very Good"
2015	20%	9%	14%	22%	24%	67%	24%	74%	68%	15%	21%	20%	14%	37%	34%	83%	52%
2019	13%	13%	30%	22%	25%	62%	25%	72%	62%	19%	19%	15%	15%	36%	36%	85%	57%
2021	13%	16%	34%	27%	28%	57%	28%	63%	55%	13%	24%	15%	14%	37%	39%	84%	62%

Source: 2021 BRHPC Broward County Community Health Needs Assessment Survey, PRC

Food Security

Often/Sometimes Worried About Running Out of Food

- (Broward (33%), North Broward (30%), South Broward (40%)
- Mid/High-Income (21%) vs Low Income (55%)
- Men (25%) vs Women (40%)
- White (22%) vs Black (53%), Caribbean (47%), & Hispanic (33%)
- Ages 65+ (19%), 40-64 (27%) vs Ages 18-39 (49%)
- LGBTQ+ (52%)

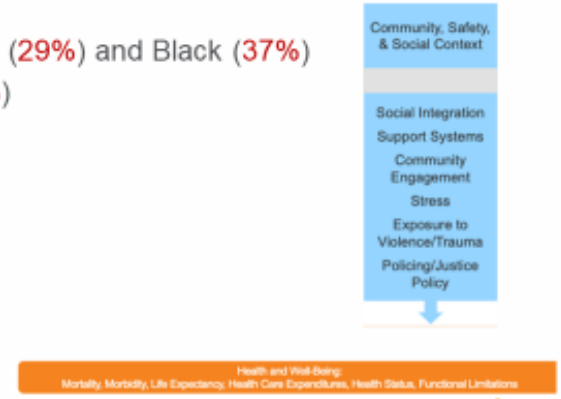
Community, Safety and Social Context

Experience Fair or Poor Mental Health

- Broward 9% (2017) to 20% (2021)
- Hispanic (14%), White (15%) vs Caribbean (29%) and Black (37%)
- Ages 40+ (15%-16%) vs Ages 18 -39 (28%)

Diagnosed with a Depressive Disorder

- Broward 8% (2015) to 25% (2021)
- Ages 65+ (12%) vs Ages 18 -39 (32%)
- Men (19%) vs Women (31%)
- LGBTQ+ (39%)



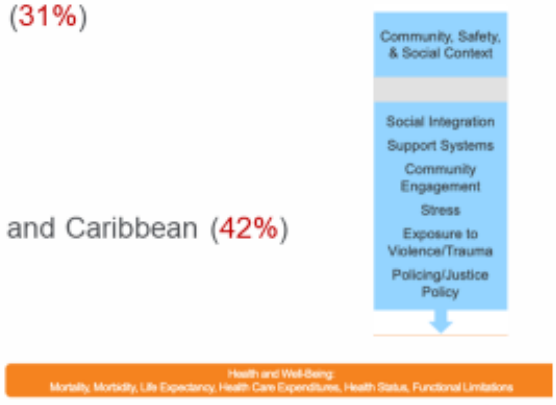
Community, Safety and Social Context

Perceive Most Days as Extremely/Very Stressful

- White (14%), vs Black (33%) and Caribbean (31%)
- Ages 65+ (6%) vs Ages 1 -39 (30%)

Loneliness

- Broward 19% (2015) to 35% (2021)
- Hispanic (29%) White (30%) vs Black (47%) and Caribbean (42%)
- Men (27%) vs Women (41%)
- Ages 65+ (18%) vs Ages 18-39 (46%)
- LGBTQ+ (42%)

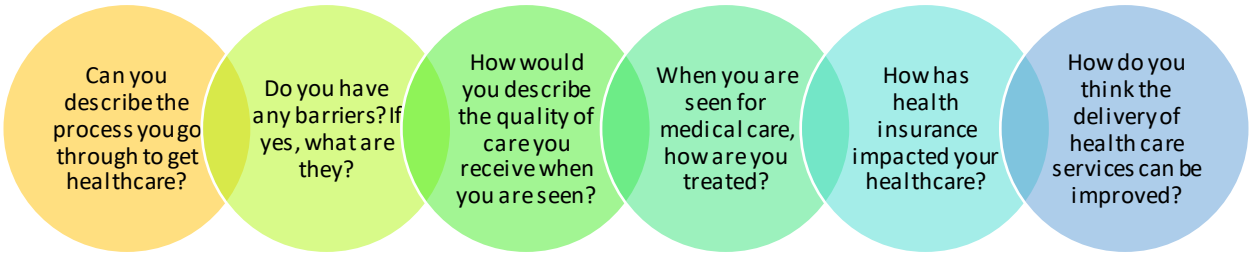


Community Focus Groups

Community focus groups were conducted in partnership with not-for-profit community-based organizations that provide services to populations that may not have been represented on the Community Advisory Council. Inclusion of these individuals' voices, opinions, and experiences allowed for additional information to be gleaned by the Advisory group. Each focus group lasted approximately 40-60 minutes. The conversations were audio-taped, transcribed, and de-identified to ensure that participants names would not be associated with responses given. Themes and negative/positive attributes were used to organize the responses by behavioral or knowledge-oriented domains. Input was discussed by the Advisory Council members and taken into account during the prioritization and ranking process.

Location	Population Represented	Number of Participants	Date
Broward Partnership with the Homeless (North)	Persons experiencing homelessness Non-White non-English speaking populations	15	8/31/2021
Broward Partnership for the Homeless (Central)	Persons experiencing homelessness Non-White Women non-English speaking populations	12	9/1/2021
Hepburn Center	Seniors	12	9/01/2021
Children's Diagnostic and Treatment Center	Special need populations	10	9/28/2021
SunServe	Trans youth	8	9/29/2021

Focus Group Questions:



Summarized Responses:

Barriers to Healthcare Access	*Suggestions to Improve Access & Care*
Cost: "Free care does not always mean free"	Doctors & nurses are 'very nice'
Medications - Some prescriptions not provided regularly & without food, it is difficult to take medication	Seen for "10 minutes" without opportunity to talk with anyone
The search for doctors can be quite challenging if you don't have help	It would help if time to discuss challenges/concerns was provided
Referrals can be challenging & take too many steps "…time consuming and frustrating	"Communication and medical terms often provided in a manner that makes [you] feel "inadequate"."
It's not just physical it is mental health as well	
Parents "fear the day their child ages out" [of children's medical services]	
Non compassionate front office staff	

" [I] lost [my] driving job due to not having glasses."

Opportunities:

RE: How Services Could Be Improved

"We don't know about the things we need to know."

"Better communication needed."

"You have to speak up and advocate for youself."

"I need breathing treatments and I am waiting for a response."

"Resources should be easier to find."

RE: How Health Insurance Has Impacted Your Healthcare (Private – Medicaid):

- Parents on fixed incomes report struggling to pay out-of-pocket expenses
- Even after out-of-pocket expenses, deductibles were still required.
- Need help to understand in network vs. out of network and determining costs
- "Fighting with insurance" for referrals/approvals

RE: Suggestion to Improve Delivery of Care

- Access to care, doctors, specialists and medical supplies for persons with needs
- Additional programs/funding/resources for families
- Additional specialized providers and counselors

"A healthy community provides us all with access to care."

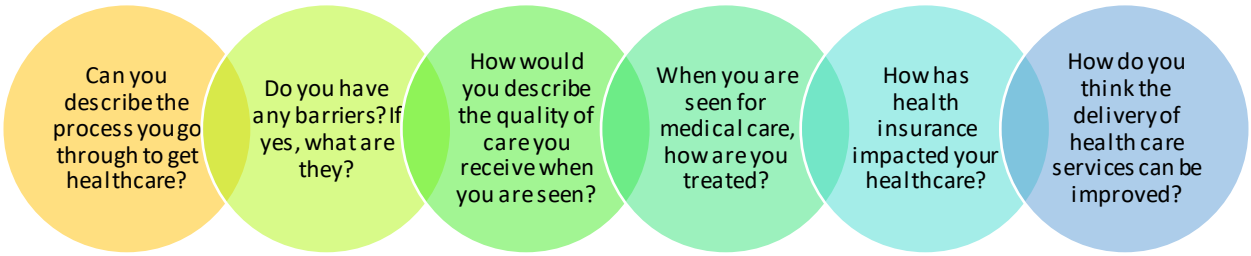
Provider Focus Groups

Location	Population Represented	Number of Participants	Date
Maternal & Child Health Advisory Committee Focus Group	Working poor Non-White Non-English-speaking populations	28	9/09/2021
Children's Diagnostic and Treatment Center	Medically underserved Low income Minority Populations	10	9/21/2021
YMCA Community Health Workers	Working poor & no income Non-White Seniors Medically underserved Non-English-speaking populations	7	9/27/2021
SunServe	Trans youth and adults Medically Underserved Behavioral Health Seniors	8	9/29/2021

Provider focus groups were conducted in partnership with not-for-profit community-based organizations that provide services to populations both broader and vulnerable populations. Inclusion of these individuals' daily work experiences, knowledge, and gaps provided additional insight to the Advisory group. Each focus group lasted approximately 40-60 minutes. The conversations were audio-taped, transcribed, and deidentified to ensure that participants

names would not be associated with responses given. Themes and negative/positive attributes were used to organize the responses by behavioral or knowledge-oriented domains. Input was discussed by the Advisory Council members and taken into account during the prioritization and ranking process.

Provider Focus Group Questions



Summarized Responses: *Regarding Healthcare Access & Barriers*

Barriers to Healthcare Access	*Suggestions to Improve Access & Care*
Challenges for undocumented/ w/out legal residency with ability to pay out-of-pocket as well as access to healthcare	Making sure that women have quality healthcare-cultural and sensitivity training
Access and affordability- loss of employment- COBRA being unaffordable- Florida did not expand Medicaid and there is a huge GAP. Maternity deserts where there is only one clinic available	Increase mental health capacity
Lack of training for providers in accessing a mother's maternal mental health	Our moms should be treated with respect and an area for children to play
The working poor community cannot access/afford health care	Implicit bias - Structural Racism training for all providers. Workplace needs to infuse a reflective lens to implicit bias & structural racism
There is a huge issue with trust between the non-Hispanic black population and medical providers	Providing self-care & reflective lens for practitioners
Undocumented families are not seeking health care for the fear of deportation and are not seeking pre-natal care until it is time for delivery	Linkage between healthcare systems and community providers

Lack of "LGBTQ competence" in the medical field, our kids being misgendered and their chosen names not being used, which leads them to not want to engage in medical care	Making healthcare providers more comfortable about asking difficult questions/completing assessments and conducting screenings.
Health Literacy is a problem	Inclusive terminology
Obtaining required documentation is sometimes a barrier with accessing healthcare	Provider Sensitivity Training
Language barriers	*Trust: "You become a trusted partner by delivering information by the right messenger."* *"Full assessment of needs is not being done and issues as a result are not being identified and addressed."*
For many trans folks with insurance and when they can access care, they are having to wait to receive therapy	
There are not many Medicaid providers now accepting Medicaid because it has a low reimbursement, clients are not able to access services.	
To access Holy Cross you need to have insurance	

RE: Health Insurance Impact

- Most of the trans youth have access to healthcare through their parents and does not seem to be the issue.
- "LGBTQ competency" is the major problem.
- Depending on the insurance, it can be difficult to find providers that accept their insurance which limits their options.
- "Waiting for therapy has a major impact on the youth."

"The fact that they have to wait for services, it's horrible. It's putting lives in danger."

RE: How to Improve Service Delivery

- LGBTQ proficient providers and resources; providers who accept Medicaid. Our trainer is a "one woman show." She can't do it all and I also want to encourage folks who do these trainings to remember that one training does not mean you're LGBTQ proficient. This is ongoing, all of us who are licensed professionals complete continuing education to keep updated. They are introducing new terms and developing new identities that are really beautiful.

"Lack of LGBTQ Cultural Competence within the Community (Doctors, Therapists, Providers), results in negative health outcomes, especially in minority LGBTQ communities."

"If you make people feel comfortable and not feel judged, they will seek medical care."

"Remember that the patients are experts in their own lives and their own being." The importance of honoring that, with something as simple as sharing your own pronouns and asking someone else theirs goes a really long way in feeling comfortable in a world that constantly makes them uncomfortable."

Key Informant Interviews

- Key Informant Interviews were conducted in formal and informal community leaders representing vulnerable populations. Inclusion of these individuals' daily work experiences, knowledge, and gaps provided additional insight to the Advisory group. 5-key questions were presented, and conversations were audio-taped, transcribed, and deidentified to ensure that participants names would not be associated with responses given. Themes were used to thread the responses when appropriate. Frequencies and percentages of responses were recorded, and qualitative summaries were produced. Input was discussed by the Advisory Council members and taken into account during the prioritization and ranking process.

    - 29 Key Informants (KI) were identified
    - 28% Response Rate: 8 of the 29 key informants completed the interview
    - 5-item standardized, open-ended questionnaire were developed

Questions:

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

Summarized Responses:

What do you perceive are the key issues in healthcare?

- Barriers to accessing clinical healthcare (5)
- Too expensive for many (3)
- Complicated to navigate (3)
- Nursing shortage/ staff shortage (2)
- Health equity/ Serious health disparities (2)

- Availability & engagement in high quality care for & by residents w/ limited economic resources
- Overcrowding where access might be limited
- COVID-19 mandates that limit access to patients
- Patient relationships
- Long waits for specialists
- The aging population
- Lack of affordable housing and the impact on physical, mental and emotional health

What are the barriers?

- Un/underinsured accessing care primarily on emergency basis (2)
- Most don't qualify for Medicaid but can't afford insurance (2)
- Transportation and language
- Many people do not have a PCP and do not prioritize preventative care
- Fear of seeking health care
- Lack of early diagnosis
- Health literacy
- Limitations of insurance

What is the impact of healthcare on the community? Your agency?

- Everyone is entitled to comprehensive affordable health care without access we have an unhealthy community (3)
- Health intersects w/ all aspects of our community from jobs to justice (2)
- Misinformation is not just with COVID and is creating new issues. We are making strides in addressing mental health but still have far to go and it's getting more important by the day.
- Unvaccinated individuals put staff and community at risk.
- Agencies must be knowledgeable about available resources and how to assist families in accessing them.
- Poor health and quality of life.

How do you see the local healthcare system in five years?

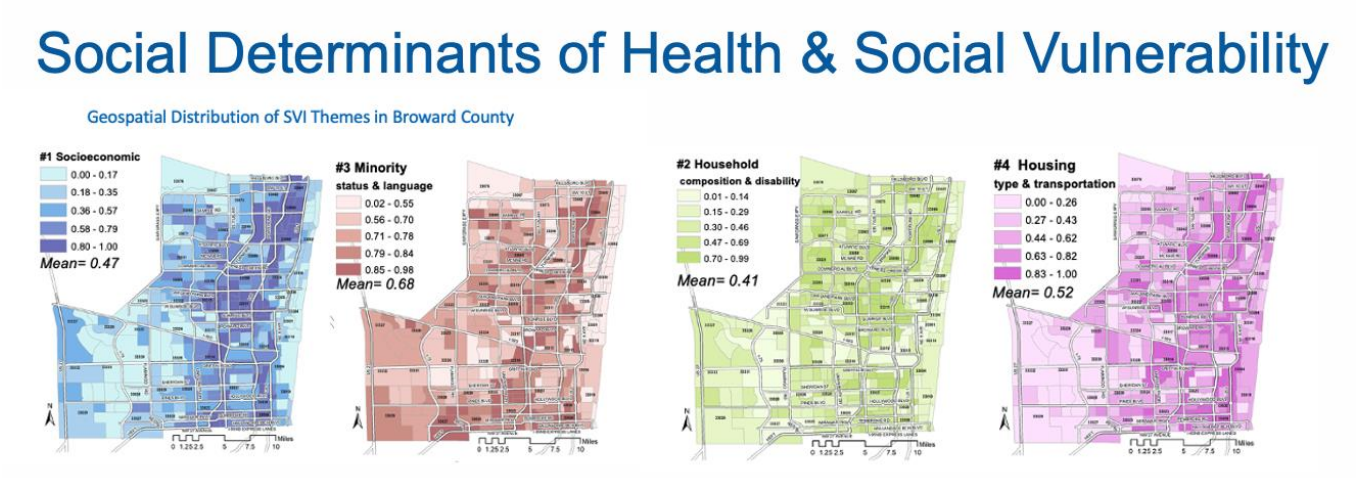
- Telehealth will have a great impact though should not be considered a substitute (3)
- "We have not seen engagement from disenfranchised with Telehealth though I think there is opportunity there."
- *"Major shortages in nurses and other healthcare professionals while also seeing an increase in decreased health due to lack of preventative care coupled with lack of a relationship with a healthcare provider."*

If you could design the perfect healthcare system, what would it look like? What would be your agency's role?

- Return to home and office visits with more personal doctor/patient relationships
- Effectively employ key and intelligent components of managed care, emphasizing wellness and care coordination.
- Not driven by the need to control costs by limiting service
- Affordable healthcare for all with timely access
- System that can be navigated by a person with an 8th grade education
- All local hospitals participating in shared care and coming together to solve inequity issues and lack of access. Convene a roundtable and address through a collaborative community.
- Holistic in its approach; comprehensive and clearly laid out; preventative health as primary driver (Our agency's role: outreach and in home family supports from a SDOH perspective)
- More sliding scale offerings so healthcare is more attainable
- Aging population would be assessed for risk factors. Preventive measures would be put into place to help them stay healthy and safe for as long as possible.

Key Demographics

Health Indicators



Social Determinants of Health	• High SVI Zip Codes cluster with high black populations, COVID-19, Diabetes, Asthma and Sickle Cell Disease. • Concentrations between I-95 and the Turnpike.
Health Insurance	• Overall uninsured rate (15.30%) is 2.1% higher than Florida and 6.1% higher than the U.S. • Age group 19-26 has an alarming uninsured rate of 26.6% and 25-34 is 28.10%.
Health Care Resources	• Hallandale, Sunrise, Deerfield Beach and Miramar have the lowest Medically Underserved Population (MUP) scores with an average MUP score of 43 out of 62.

Maternal & Child Health Summary

Prenatal Care Entry (2015-2019)

1st Trimester Prenatal Care rate decreased from 76.2 to 73.2

3rd Trimester or "No Care" rate decreased from 79.3 to 75.9

Immunization Rates

2-year-old rate = 79.1% (HP20 Goal= 90%)

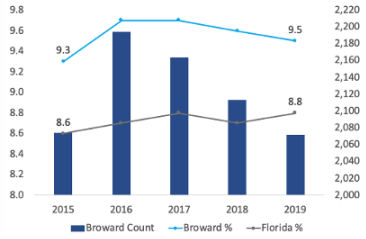
Kindergarten rate= 94.2% (HP20 Goal= 95%)

Birth Outcomes

Black babies have a higher risk of adverse birth outcomes compared to their White counterparts.

	Low Birth Weight	Preterm Births	Infant Mortality
Black Babies	13.70%	14.40%	9.10%
White Babies	6.80%	9.10%	2.40%
% Difference	101.50%	58.20%	279.2%

Low-Birth-Weight



Major Causes of Death & Social Vulnerability

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

71.1 Heart Disease 138.8

122.7 Cancer 134.4

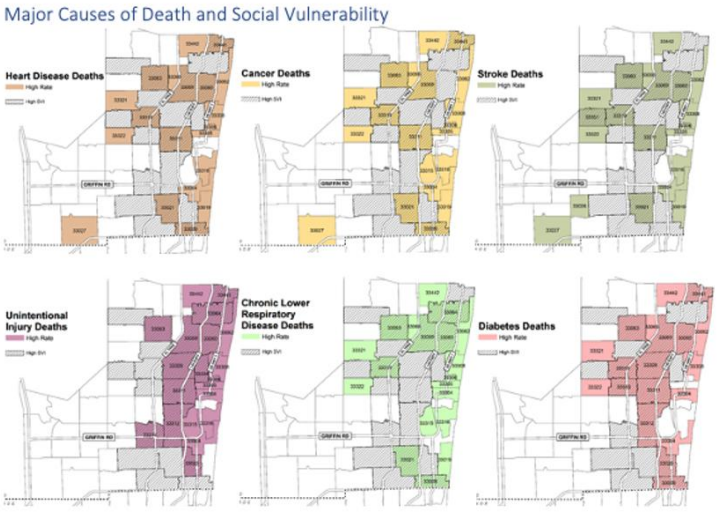
43.2 Unintentional Injury 49.2

33.4 Stroke 58

13.7 Diabetes 17.5

Major Causes of Death that Did Meet Healthy People 2030 Goals

12.8 Suicide 11.2

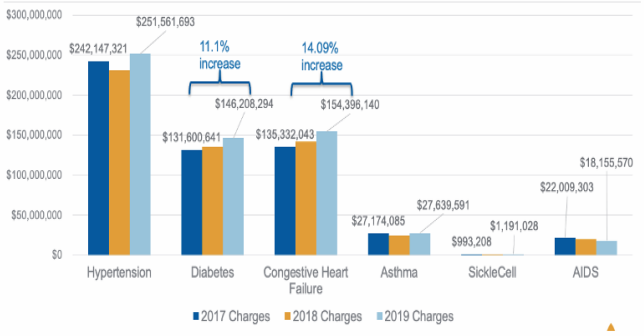


Chronic Conditions & Prevention Quality Indicators

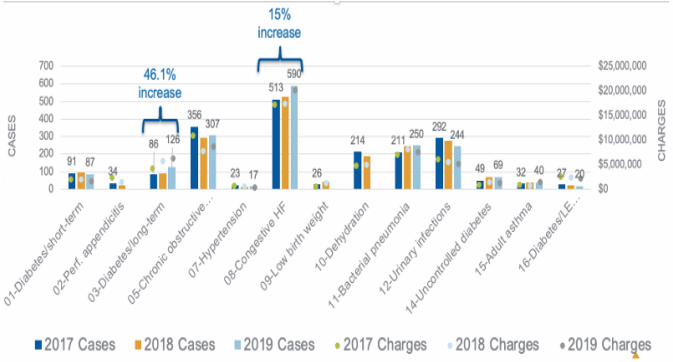
Chronic Conditions

- Hypertension, Diabetes & CHF highest number of cases and charges, CHF=14% increase cases from 2017-2019
- Approximately $14 million in charges for these 3 conditions ="no charge/charity" (2019), $5.6 million "self-pay"
- All have associated PQIs identifying hospitalizations that could have potentially been prevented or avoided if the patient had received early intervention and/or ambulatory outpatient care.

HCH Chronic Conditions Hospitalizations



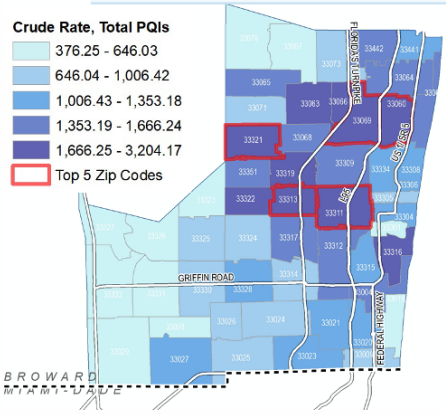
HCH PQI Hospitalizations



Broward County PQIs Top 5 Zip Codes, 2019

PQIs

- High PQI Zip Codes tend to overlap with high social vulnerability.
- HCH PQIs w/ Highest # of Cases PQIs: CHF with a 15% increase from 2017-2019.
- HCH PQIs w/ Greatest Increase = Long-Term Diabetes with a 46% increase.

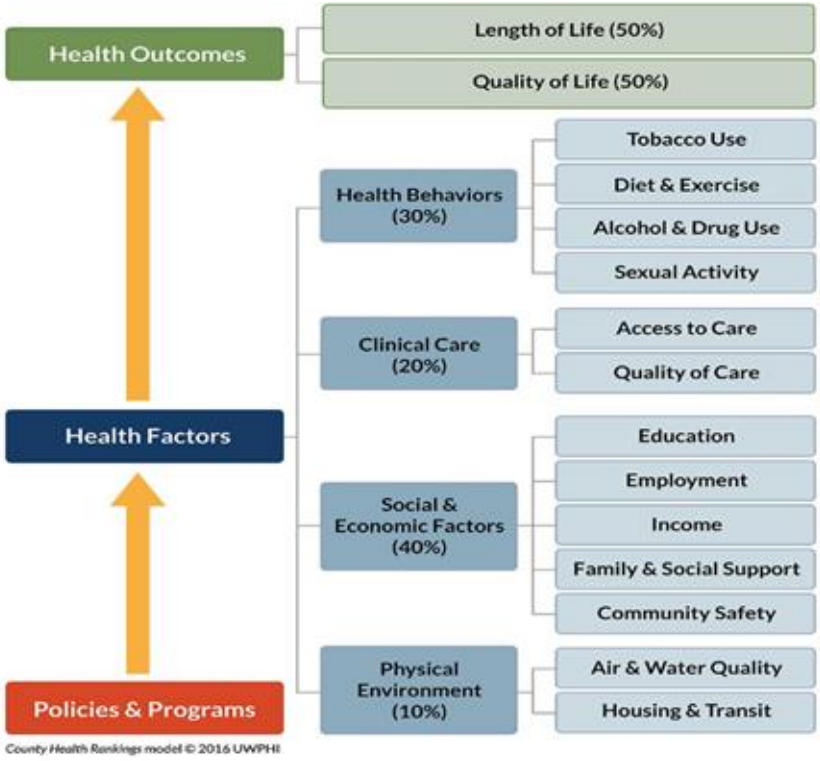


ZIP	Adult Population	Total PQI Cases	Obs. Rate	Rate per 100K
33311	52,931	1,696	0.03204	3,204.17
33060	28,519	639	0.02241	2,240.61
33069	23,404	522	0.02230	2,230.39
33313	46,194	1,002	0.02169	2,169.11
33321	39,739	836	0.02104	2,103.73

Significant Community Health Needs

Process and criteria for identifying and prioritizing

The presentation began by reviewing the graphic depicting the Social Determinants of Health (SDOH) (below) in relation to overall health outcomes.

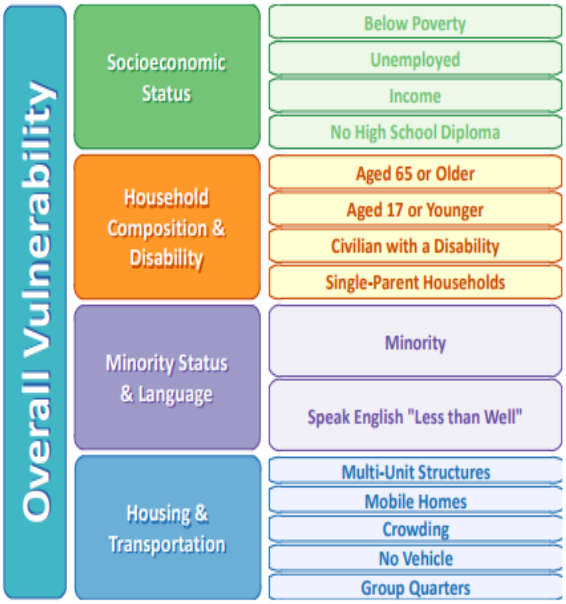


This was followed by a review of a complementary geospatial model, the Social Vulnerability Index (SVI) comprised of 15-census tract social and economic factors, organized into four "themes" which are analogous to SDOH: Socioeconomic Status, Household Composition & Disability, Minority and English Proficiency Status, and Housing and Transportation within a community (shown below).

The purpose of the Social Vulnerability Index (SVI) is to identify communities that will most likely need support before, during and after a hazardous event such as a pandemic.

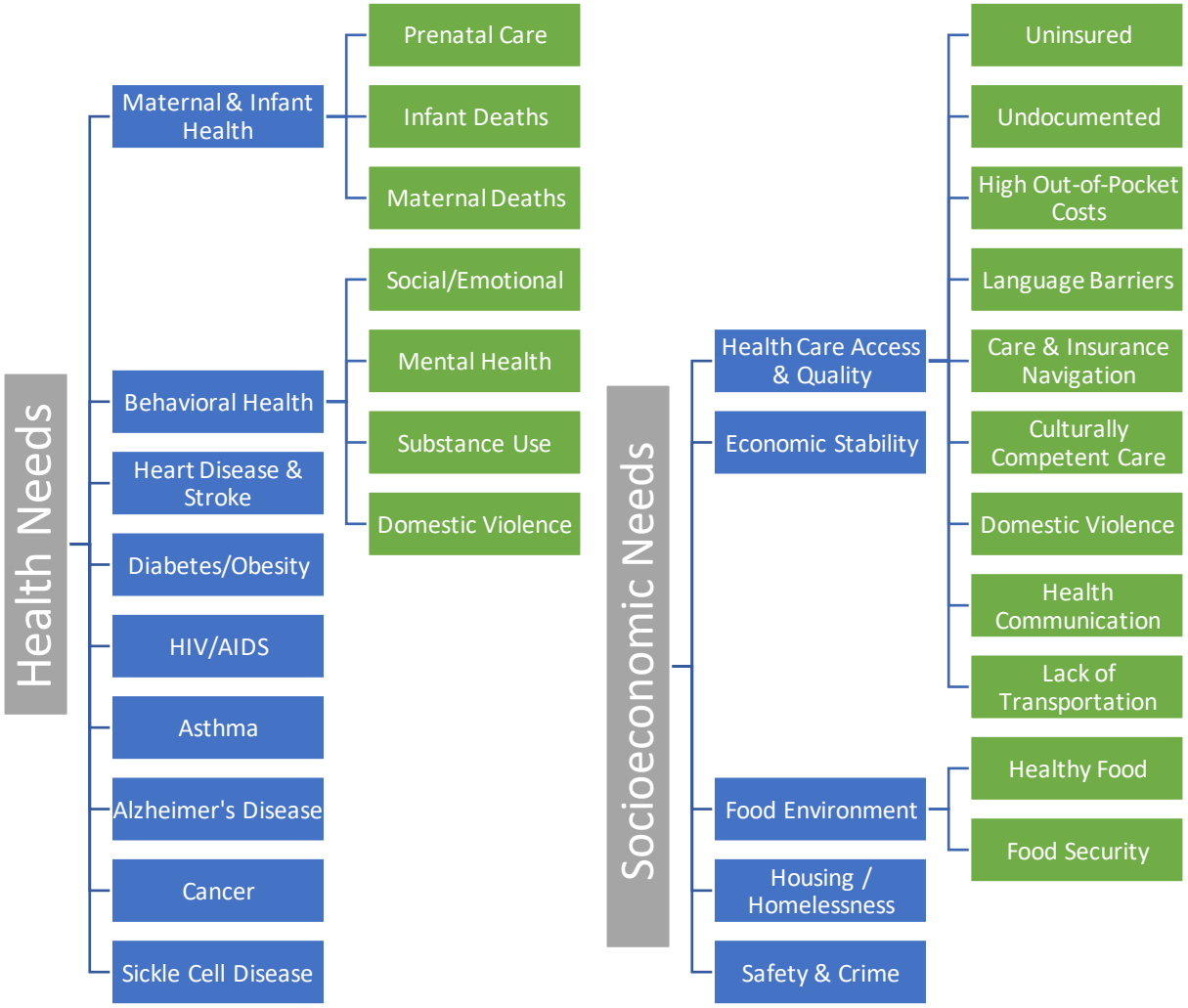
The SVI scale goes from zero (0) to one (1) with 1 being the most vulnerable.

A score of 0.58 indicates moderate to high vulnerability. Broward County has an SVI of 0.54.



Based on the quantitative and qualitative data collected throughout the CHNA process, an initial list of identified needs was developed. Identified needs were then separated into two categories: socioeconomic needs and health needs (adopted from the model utilized by Based on quantitative and qualitative data collected throughout the CHNA process, an initial list of identified needs was developed. Identified needs were then separated into two categories: socioeconomic needs and health needs (adopted from Johns Hopkins model). Where feasible, needs were organized to correspond with Healthy People 2030 categories.

Participants were asked whether the identified needs reflected the main items from the quantitative and qualitative data collected through the current CHNA process. Participants suggested items to add and discussed how best to reflect the additional items in the list(s) of needs. The final needs identified by the participants are included in the graphic below.



Prioritization Process and Identified Needs

Prior to the Prioritization meeting, a survey was developed using Alchemer, an online survey platform listing identified needs by category and provided three criteria (equity, severity, and impact) for rating each need. The survey was updated to reflect the additional needs identified during the presentation. The participants were then provided with a link to complete the ranking process and asked to rank each criterion on a scale from one to five with five being the most important. Advisory council members identified subcategories for each priority and ranked the priorities and subcategories based on the following criteria:

- Prevalence – key indicator factor in achieving health equity
- Severity – urgency for addressing need / severity of need

- Intervention feasibility, and potential to achieve outcomes – potential impact on greatest number of people

Advisory Council Members ranked each identified need by category. All (3) criteria rankings for each category had to filled in on a Likert scale of 1 to 5 for the survey to continue and finalize.

Health Needs	Equity	Severity	Impact	Total	Rank
Behavioral Health	69	68	70	207	1
Diabetes/Obesity	69	67	70	205	2
Heart Disease & Stroke	69	67	69	205	2
Cancer	69	65	65	199	3
Maternal & Infant Health	64	60	62	186	4
Alzheimer's Disease	56	52	50	158	5
HIV/AIDS	53	49	52	154	6
Sickle Cell	56	45	46	147	7
Asthma	52	44	48	144	8

Social Determinants of Health Needs	Equity	Severity	Impact	Total	Rank
Healthcare Access & Quality	74	70	71	215	1
Economic Stability	67	62	63	192	2
Housing/Homelessness	67	63	61	191	3
Food Environment	61	60	63	184	4
Safety and Crime	57	54	56	167	5

Significant Health Needs

The following prioritized list of the significant unmet needs identified were developed using scores from each of the categories listed above.

Priority Ranking of Needs

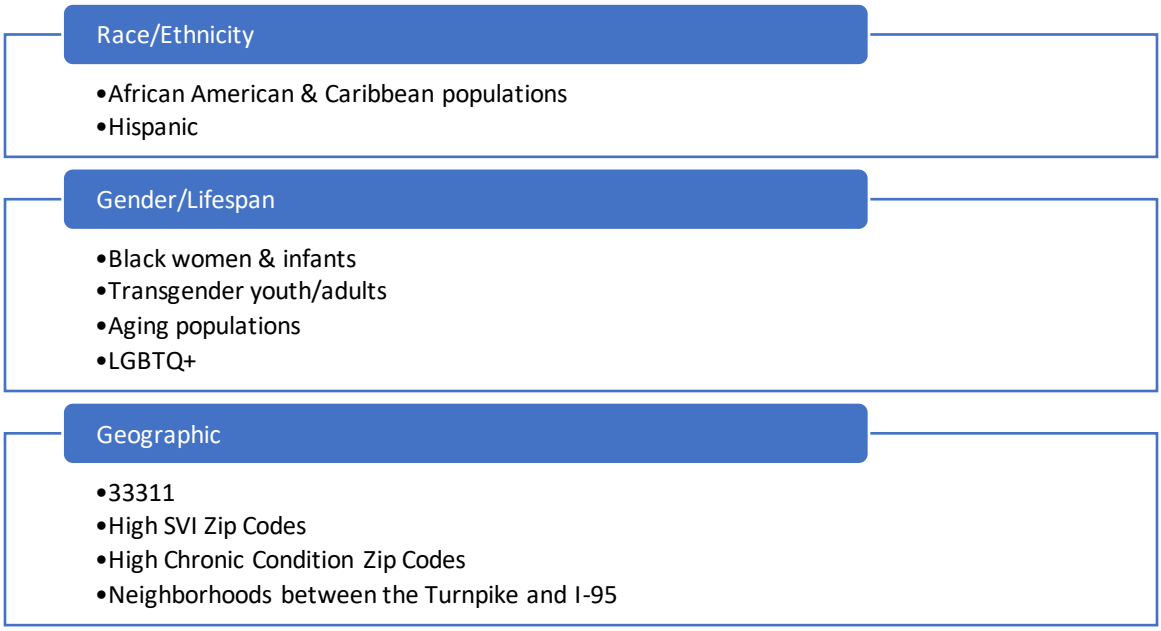
Rank	Health Needs
1	Behavioral Health
2	Diabetes/Obesity
3	Heart Disease and Stroke

Rank	SDOH Needs
1	Health Care Access and Quality
2	Economic Stability
3	Housing/Homelessness

4	Cancer
5	Maternal and Infant Health
6	Alzheimer's Disease
7	HIV/AIDS
8	Sickle Cell

4	Food Environment
5	Safety and Crime

High Priority Populations



Community Resources and Assets

Potential Resources to Address Health Needs

Holy Cross Health works very closely with its community partner healthcare serving agencies and community-based service organizations. These include the Henderson Behavioral Health, Fort Lauderdale Behavioral Health, The Alzheimer's Association, The American Heart Association, Healthy Mothers Healthy Babies, Healthy Start Coalition, The Department of Health-Broward County, The Sickle Cell Association, The American Cancer Society, local Community Resource Associations (CRAs), Broward Partnership for the Homeless, South Florida Hunger Coalition, Meals on Wheels, and many vital organizations that collaborate to improve the health and well-being of residents of Broward County.

Evaluation and impact of previous actions taken to address significant health needs identified in HCH's prior CHNA have led directly into the prioritized needs identified in this needs assessment cycle and have highlighted the work that needs to be continued in our Broward community.

Conclusion

Based on the prioritized community health needs identified by the Advisory Committee, an implementation strategy will be developed and made available in a separate document.

To obtain copies of this CHNA (and future implementation plan), or have comments/questions on this CHNA or future CHNAs

General contact information is:

Holy Cross Health
Community Health & Well-Being
4725 No. Federal Highway
Ft. Lauderdale, FL 33308

Department Contact:
Kim Saiswick, Vice President of Community Health & Well-Being
kim.saiswick@holy-cross.com
954.542-1656

Holy Cross Health web links:
Community Health Needs Assessment | Holy Cross Health (holy-cross.com)

Holy Cross will engage in its next CHNA cycle in 2025 for fy26-28.