



M **Memorial Healthcare System**

2021 - 2024

Community Health Needs Assessment
Annual Update



Data Source

- Qualitative:**
- ✓ Focus Groups
 - ✓ Key Informants
- Quantitative:**
- ✓ US Bureau of the Census
 - ✓ BRHPC Health Data Warehouse
 - ✓ Florida Charts

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2021- 2024 Prioritizing the Needs

Access to Care

- Re-engage community to resume control of their health for routine care and preventative screening
- Expand Memorial healthcare services & increase Community Awareness
- Continue to expand telehealth and digital services
- Increase access to legal and navigation services

Preventive Care

- Reduce the use of vaping focus on vulnerable, and at-risk populations including adolescents
- Increase Community Awareness of Mental Health and Substance Abuse Program service options

Community Health Education

- Improve Quality of life, promote self-care management, and increase preventative screenings
- Reduce the incidence of low birthweight and negative birth outcomes

Quality of Care

- Address race and health equity as it relates to the patient perception of receiving quality care
- Specific focus on health equity by integrating participatory research regarding race and implicit bias
- Implement strategies identified as part of the 2021 MHS Diversity & Inclusion Plan



Re-engage community to resume control of their health for routine care and preventative screening

YOUR SAFETY FIRST



All staff members are required to wear masks at all times.

It must cover your NOSE and MOUTH.



Thank You for your understanding and cooperation.

Live Your Best Year!

Schedule your wellness visit with us today.

At **Memorial Primary Care**, helping you live your healthiest life is our priority. With your Medicare covered yearly Wellness Visit we can help you get the quality of care you deserve and desire in your golden years.

At the yearly wellness visit we will:

- Review your current health, medical history and risk factors
- Develop a personalized plan to stay healthy
- Discuss your wishes for your health, now and in the future
- Focus on your social and mental well-being

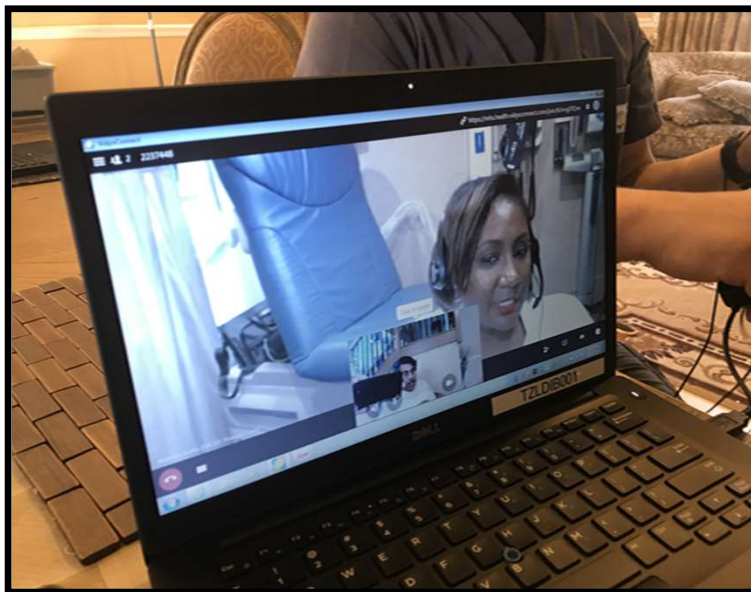
*The wellness visit is not the same as a routine office visit or physical exam. Please mention **yearly wellness visit** when scheduling.*




Call us today to schedule your appointment:
954-276-5552



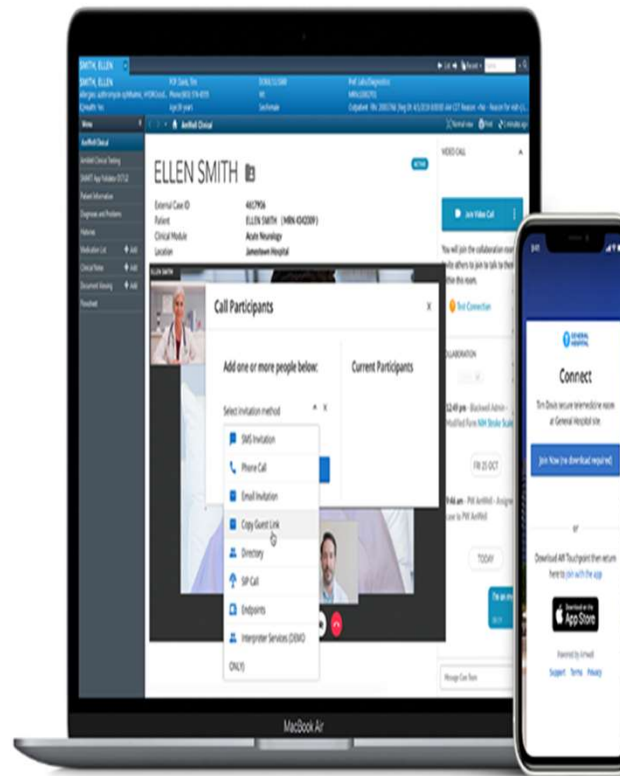
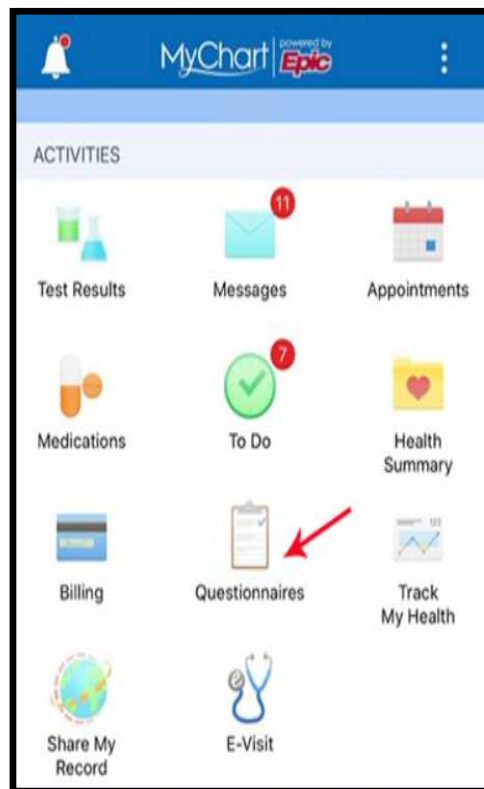
Digital Engagement Personal Touch



2022- CYS Completed over 1,200
Telehealth Visits



Digital Platforms



Simple Video Connection

Connect with patients or care teams for virtual visits with just one click in Millennium. Amwell Connect EHR generates a simple invitation via SMS or email so that recipients can connect without needing to log in.



84% Active MyChart



Expand Memorial healthcare services & increase Community Awareness

Aventura NEW
20803 Biscayne Boulevard, Suite 201
Aventura, Florida 33180
954-276-5552

Dania Beach
140-A South Federal Highway
Dania Beach, FL 33004
954-922-7606

Hallandale Beach
1750 E. Hallandale Beach Blvd
Hallandale Beach, FL 33009
954-276-9700

East Hollywood NEW
3700 Johnson Street
Hollywood, FL 33021
954-265-2550 Sickle Cell Clinic

Hollywood
4105 Pembroke Road
Hollywood, FL 33021
954-265-8100

Miramar Medical Office Building
1951 SW 172 Avenue, Suite 210
Miramar, FL 33029
954-538-5670

Miramar
6730 Miramar Parkway
Miramar, FL 33023
954-276-6600

Monarch Lakes
12781 Miramar Parkway, Suite 1-202
Miramar, FL 33027
954-276-1330

West Miramar
10910 Pembroke Road
Miramar, FL 33025
954-276-1300

Pembroke Pines
2217 N. University Drive
Pembroke Pines, FL 33024
954-883-8140

Silver Lakes NEW
17786 SW 2 Street
Pembroke Pines, FL 33029
954-276-1252 Post Covid Clinic

ACCEPTING NEW PATIENTS!
To schedule an appointment call **954-276-5552**





Sickle Cell Medical Home

Memorial
Primary Care

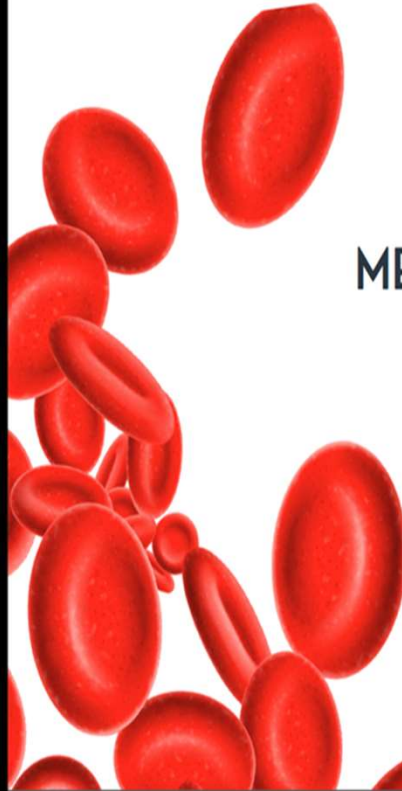
Sickle Cell Medical Home

Assisting patients in the management of their condition with the goal of enhancing quality of life.



MHS.net

Memorial
Sickle Cell Medical Home



YOU ARE INVITED TO:

MEMORIAL SICKLE CELL MEDICAL HOME COMMUNITY OPEN HOUSE

DATE: TBD
12:00PM
3700 JOHNSON ST.
HOLLYWOOD, FL 33312

RSVP: MGIDLEY@MHS.NET
(954) 857-4255

You're Invited >>

Sickle Cell Medical Home Ribbon Cutting Ceremony

Memorial Primary Care
3700 Johnson Street, Hollywood, FL 33021

February 16, 2023
5 pm - 7 pm

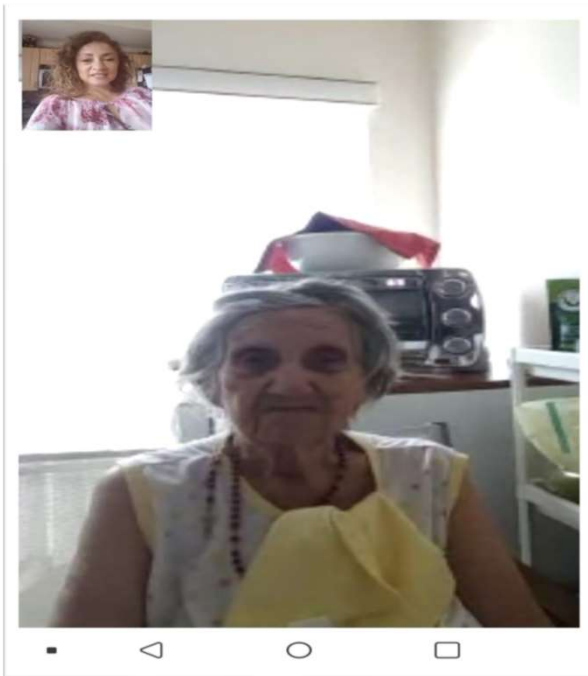
Refreshments will be served.
Valet parking will be available | Professional attire

RSVP by calling 954-276-1245 or send an email to rsvp@mhs.net.

Memorial
Sickle Cell Day Hospital

Continue to expand telehealth and digital services

Provide Access to Mobile Devices and Education on Mobile Devices



- Linked 36 Families to Comcast \$10/month special
- Provided 217 mobile devices (Smart Phones, Tablets, Laptops)
- Provided education on technology to 219 individuals in underserved communities



Remote Patient Monitoring (RPM)



- Program implemented in April 2022
- 99 patients have been enrolled for BP and CHF Monitoring as of Jan 2023
- Average length of monitoring is 3 months



Increased access to legal and navigation services

Medical Legal Aid Partnership

SDOH	Issue	FY20	FY21	FY22	FYTD23 May-Nov
Income	Cash Assistance	7	7	0	1
	Clothing	1	0	2	0
	Consumer/Debt	4	9	9	0
	Food Assistance	13	2	5	1
	Health Insurance	18	15	10	3
	Social Security Disability	32	41	20	16
Housing & Utilities	Homelessness	9	10	18	2
	Housing (Tenant issues	32	32	21	17
	Utilities	5	0	1	0
Education & Employment	Education	3	1	3	0
	Employment/Unemployment	4	10	3	0
Legal Status	Immigration	7	9	3	10
	Veteran Issues	0	0	6	0
Personal & Family	Family Law	15	14	13	1
	HIV/AIDS	0	0	0	0
	Safety/Domestic Violence	1	2	1	5
	Transportation	6	0	4	0
Natural Disaster	*COVID-19 Related Issues	6	31	18	6

490- Total Referrals

41 - Retained/Accepted

35 - Resolved/Closed

274 - Advise Given/Referred outside
Recourses for Non-Legal Medical
Matters

146- Other legal advice given or facts
in case did not rise to the level
of a legal matter.



Reduce the use of vaping focus on vulnerable, and at-risk populations including adolescents

Mist Busters: Facts and Fiction Around Vaping

- Memorial Cancer Institute partnered with American Lung Association to host *Mist Busters: Facts and Fiction around Vaping* via Facebook Live
- **Dr. Mark Block**, Chief of Thoracic Surgery Division, went over 4 myths regarding vaping as well as vaping statistics and facts
- Staff from the State of Florida, Virginia, Texas, and Ohio Health Departments joined the live session





Vaping Outreach and Activities

Educational Workshops

Provided 167 educational workshops

3,318 Youth Attended



School Board Member Lori Alhadeff invites you to a

Vaping Prevention Town Hall Meeting



Please join us and learn the facts about vaping

[REGISTER HERE](#)

MODERATOR
Kimberly Young
 Peer Counseling, Character Education & Prevention Liaison Coordinator
 School Climate & Discipline
 Broward County Public Schools

PANELISTS
Barry Hummel, Jr., MD
 Chief Executive Officer
 QuitDoc Foundation

Alina Shaw, M.Ed.
 Team Leader
 Memorial Healthcare System

Lori Alhadeff
 School Board Member, District 4
 Broward County Public Schools

Latonya N. Delaughter, MPA
 Community Health Operations Director
 Florida Department of Health in Broward County

David Scharf
 Executive Director Community Programs
 Broward Sheriff's Office (BSO)

May 12, 2022
 Thursday

6:00 - 8:00 PM

J.P. Taravella
 10600 Riverstone Dr
 Coral Springs, FL 33071

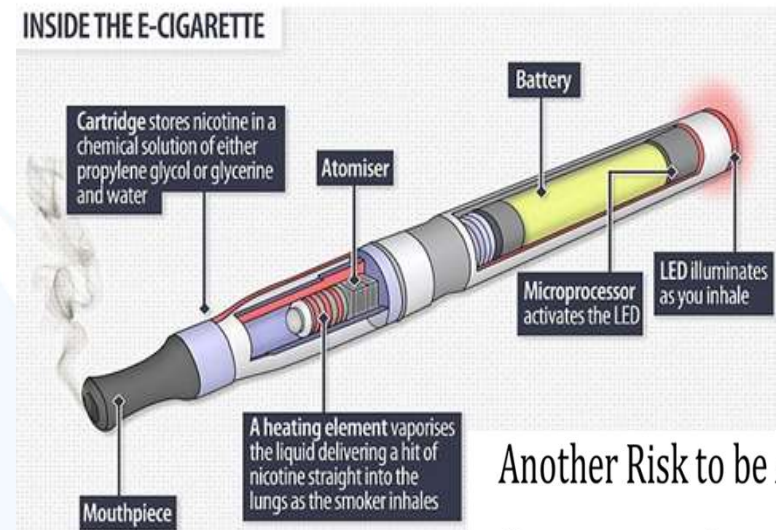
• Refreshments and giveaways
 • Community services hours



Remote Vaping Education



How It Works



Another Risk to be Aware of...

- All vaping juices can be modified or switched out to use THC oil
 - THC oil is a concentrated illegal substance
 - This is a **FELONY** charge
 - The smallest trace of THC will still be grounds for felony

Increase Community Awareness of Mental Health and Substance Abuse Program service options



Hollywood Beach- Narcan Education & Kit Distribution

***Improve Quality of life, promote self-care management,
and increase preventative screenings***

LivWell Program

Improve the health status of patients with chronic conditions including:

- Diabetes
- Overweight
- High blood pressure
- Heart diseases
- Behavioral health



Number Enrolled: 144

Target Population:
Uninsured Emergency Dept.
frequent users



LivWell – Practical Medicine





Support Group with Community Partners



Provided 27 Support Groups
239 Attendees

Topics include:

- Pre-diabetes
- Applying for benefits
- How to use 211
- Family Success Center
- Nutrition workshops
- Hurricane Preparedness

BLACK MATERNAL HEALTH OUTCOMES

BLACK MATERNAL HEALTH STATISTICS 2022	HYPERTENSION	HIGH RISK HEMORRHAGE
Total Number of Eligible Pregnant Women	65	11
Number of Women Educated on Pregnancy and Post Partum Warning Signs since May 16, 2022	65	11
Number of Deliveries	51	10
Women who transmitted BP readings timely, during post partum period (Day 1-14)	37	N/A
Number of BP monitors provided to those without a monitor	43	N/A
Scheduled Post-Partum Appointment. (HEDIS Metric- Timeliness to Post-partum care w/ (7-84 days)	45	8
Completed Post-Partum Appointment. (HEDIS Metric Timeliness to Post-partum care (7-84 days)	43 8 - have upcoming appointments	8



Dedicated to Improving Black Maternal Outcomes at MHS:

Dr. Tim Desantis, Chief OBGYN
 Dr. Todra Anderson, MHM CMP
 Dr. Laurie Scott, Maternal Fetal Medicine
 Dr. Randy Katz, Regional ED Director MHS
 Dr. Jennifer Goldman, Chief MPC
 Laurie De Sabatino, OB APRN
 Melida Akiti, VP Ambulatory Services MPC
 Dionne Proulx, Admin Director MPC
 Jennifer Reilly-Miller, DON MPC
 Tammy Reese, Director Care Coordination MPC
 Mary Roberts, Director MHW Family Birthplace
 Gessy Targete, Director MHM Family Birthplace
 Jane McCarthy, Director MRH Family Birthplace
 Monica King, CEO Healthy Start
 Samantha Silver, Healthy Start
 Dorothy Stirrup, Healthy Start
 Maria Mendez, Healthy Start Team Leader
 Tim Curtin, Executive Director CYS
 Amanda Lopez, Team Leader CYS
 Yani Quintana, Team Leader CYS

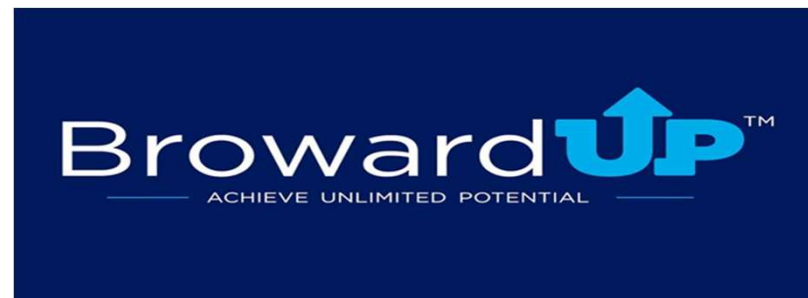
*Sponsor: Essential Hospitals Institute & CVS Foundation

<https://www.youtube.com/watch?v=5mNh9-k7q1w>



Address race and health equity as it relates to the patient perception of receiving quality care

Trusted Leaders in underserved communities





Community Stakeholders addressing SDOH

- 211 Broward
- Area Agency on Aging of Broward County
- ARC Broward
- Broward Behavioral Health Coalition
- Broward Education Foundation
- Broward Regional Health Planning Council
- Children's Services Council of Broward County
- City of West Park
- Community Care Plan
- Community Enhancement Collaboration
- Community Foundation of Broward
- Coordinating Council of Broward
- Department of Children and Families
- Florida Association on Infant Mental Health
- Florida Dept. of Health in Broward County
- Frederick A. DeLuca Foundation
- Health Foundation of South Florida
- Healthy Start Coalition of Broward County
- Hispanic Unity of Florida
- Legal Aid of Broward County
- Meals On Wheels
- Mobile School Pantry
- National Alliance on Mental Illness
- United Families for Children's Mental Health
- Urban Health Partnership
- United Way of Broward County



Implement strategies identified as part of the MHS Diversity, Equity and Inclusion Plan

MHS Diversity, Equity and Inclusion



*FKA: Special Needs Council





Looking Forward – 2023



MHS will be a market leader by infusing key DEI strategies that ensures equitable outcomes for all stakeholders.

DEI creates the spaces where everyone belongs.



COMMUNITY RELATIONS COMMITTEE

FEBRUARY 2023

IMPACTING THE SOUTH BROWARD COMMUNITY

“ONE CITY AT A TIME”



ACTION PLAN

- Target each Municipality with a high Indicator of need.
- Utilize the Memorial Mobile Van and the HITS Team for Preventative Care and Eligibility.
- Remain in the target community daily for four weeks and work with community partners to support Social Determinants of Health (SDOH) needs and close the gap.
- Develop best practice indicators for each City according to data provided by Broward Regional Planning Council and Memorial Clinical Effectiveness database.
- Work with the League of Cities to identify the Mayor's healthcare initiatives and include them in our plans.
- Work with Humana, Florida Blue, Community Care Plan, and other payors on cross-referencing their Population Health strategy with the One City At A Time initiative.
- Collaborate with funders as a funding stream for Community Base Organizations collaboratives.

METHODOLOGY FOR MATERNAL HEALTH OBJECTIVES:

Using a maternal mortality ratio indicates the likelihood of a pregnant woman dying of maternal causes. It is calculated by dividing the number of maternal deaths in a calendar year by the number of live births registered for the same period and is presented as a rate per 100,000 live births. The number of live births used in the denominator approximates the population of pregnant women who are at risk of maternal death.

A. Targets to:

- Reduce maternal death rates by half
- Reduce low-risk cesarean deliveries by 25%
- Achieve blood pressure control among 80% of the women of childbearing age

B. The plan calls for:

- Improving prevention and treatment
- Prioritizing quality improvement
- Improving the health of women before and after giving birth
- Improving data that helps Americans make healthy choices for themselves and their families, and discuss evidence-based, community-level interventions that can make being physically active the easy choice in all the places where people live, learn, work, and play. The “Physical Activity Guidelines for Americans” will be used to assess outcomes



CHILDBIRTH OBJECTIVES:


Despite advances in medical research and care, there are significant disparities in maternal health and infant birth and health outcomes. Access to prenatal care and education can dramatically improve birth and health outcomes for moms and their babies, but women who are uninsured (or underinsured) often miss out on these critical services.

Infants born before 37 weeks of gestation have a higher risk of infections, developmental problems, breathing problems, and even death. Preterm births are more common in some racial/ethnic groups. Strategies to reduce preterm births include promoting adequate birth spacing, helping women quit smoking, addressing SDOH and providing high-quality medical care for women during pregnancy.

The total preterm birth rate is calculated as the number of births delivered at less than 37 completed weeks of gestation per 100 total births, based on the obstetric estimate of gestation.

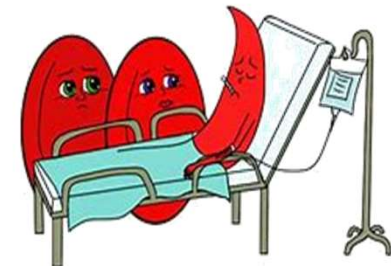


METHODOLOGY FOR SICKLE CELL OBJECTIVES:



Sickle cell disease is a lifelong, inherited disorder which can cause several complications throughout an individual's life. It may cause a huge burden on both the patient and their family, including frequent visits to healthcare facilities. The illness causes not just physical complications such as painful crises and strokes, but may have many other effects such as depression, poor quality of life, coping issues and poor family relationships. When people with a chronic illness have better understanding about their illness, they manage their illness better and improve their quality of life. We wish to compare effects of different interventions as well as individual interventions to no intervention.

The Cochrane Collaborative found that educational programs can improve knowledge and understanding of sickle cell disease and decrease depression in people who have sickle cell disease. Evidenced based educational materials and quiz about sickle cell will be used to evaluate improved knowledge of sickle cell disease and recognition its related complications.



METHODOLOGY FOR HEART DISEASE & STROKE:

The risk of having or dying from heart disease **varies by race**. Blacks, and People of Color are more at risk for complications from heart disease than white Americans. This includes a higher death rate.

The Community Preventive Services Task Force (CPSTF) recommends the following models of care:

- Screening and health education
- Outreach, enrollment, and information
- Team-based care
- Patient navigation
- Community organizers

Targeted screening of ethnic minorities helps tackle heart disease, stroke, and health inequalities. Targeting screening at deprived areas is a more cost-effective way of identifying people in ethnic minority groups at high risk of cardiovascular disease (CVD) than mass screening and may help to reduce health inequalities. Heart disease screening and health education will be used to evaluate the outcomes for this objective.



METHODOLOGY FOR OVERWEIGHT & OBESE OBJECTIVES:

Many adults in the United States have obesity, which is linked to chronic diseases like type 2 diabetes, cardiovascular disease, and several types of cancer. Obesity-related stigma and discrimination can also lead to health problems. Evidence suggests that intensive behavioral interventions that use more than 1 strategy — like group sessions and changes in both diet and physical activity — are an effective way to address obesity. Both strategies will be used to evaluate outcomes for the objective. When these interventions are implemented in minority or underserved communities, they can improve health, reduce health disparities, and enhance health equity. Economic evidence also indicates these interventions are cost-effective.



METHODOLOGY FOR LACK OF INSURANCE OBJECTIVES:

About 1 in 10 people in the United States do not have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses. Interventions to increase access to health care professionals and improve communication. In person or remotely visit can help more people get the care they need.



Interventions to increase access for an annual primary care check-up, and improve communication will include both, In-person or remotely visits to help more people get the care they need. Strategies to evaluate outcomes for the objective include a grass roots approach to provide primary care check-up by binging healthcare to targeted areas with the highest healthcare disparities.

REFERENCES:

Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030*. U.S. Department of Health & Human Services. [Reduce maternal deaths — MICH-04 - Healthy People 2030 | health.gov](#)

Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030*. U.S. Department of Health & Human Services. [National Vital Statistics System - Mortality \(NVSS-M\) - Healthy People 2030 | health.gov](#)

Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030*. U.S. Department of Health & Human Services. [Data Sources and Methods - Healthy People 2030 | health.gov](#)

MATERNAL HEALTH/CHILDBIRTH OBJECTIVES	MEASURE DEFINITION	BASELINE DATA-BROWARD COUNTY OR MHS	MPC/MHS TARGET	HEALTHY PEOPLE 2030 BASELINE DATA	HEALTHY PEOPLE 2030 TARGET
Reduce Maternal Deaths	Numerator: Number of female deaths due to obstetric causes (ICD-10 codes: A34, O00-O95, O98-O99) while pregnant or within 42 days of being pregnant Denominator: Number of live births	TBD	<u>2</u> % reduction from baseline TBD	23.8 Deaths per 100,000 live births	15.7 per 100,000
Reduce the number of Pre-term Births	Numerator: Number of Infants Born before 37 Weeks Gestation Denominator: Number of Live Births	TBD	<u>1</u> % reduction over baseline	10.0%	9.4%

SICKLE CELL OBJECTIVE	MEASURE DEFINITION	BASELINE DATA-BROWARD COUNTY OR MHS	MPC/MHS TARGET	HEALTHY PEOPLE 2030 BASELINE DATA	HEALTHY PEOPLE 2030 TARGET
Interventions for Patients to Improve Knowledge of Sickle Cell Disease and Recognition of its Related Complications	<p>Numerator: Number of patients who established care with the Sickle Cell Medical Home who showed improvement from the Pre-Educational Test</p> <p>Denominator: Number of patients who established care with the Sickle Cell Medical Home and completed Pre & Post Educational test on recognition of signs and symptoms of disease-related morbidity, adherence to treatment and healthcare utilization in patients with Sickle Cell Disease</p>	MHS Baseline-Pre-Educational Test Score	<u>10%</u> increase over Baseline	Clinical Trials 48% demonstrated knowledge pre-education	Improve over baseline

HEART DISEASE & STROKE	MEASURE DEFINITION	BASELINE DATA-BROWARD COUNTY OR MHS	MPC/MHS TARGET	HEALTHY PEOPLE 2030 BASELINE DATA	HEALTHY PEOPLE 2030 TARGET
Reduce Prevalence of Heart Disease in South Broward	<p>Numerator: Number of <u>residents</u> who received Heart Disease screening and health education in minority and underserved communities</p> <p>Denominator: Number of minority and underserved <u>communities</u> targeted for intervention</p>	<p>2021 South Broward Rate: 12% Broward County: 10% State FL: 7.2% US: 6.1%</p>	Reduce South Broward rate over prior year PRC Needs Assessment data	N/A	N/A

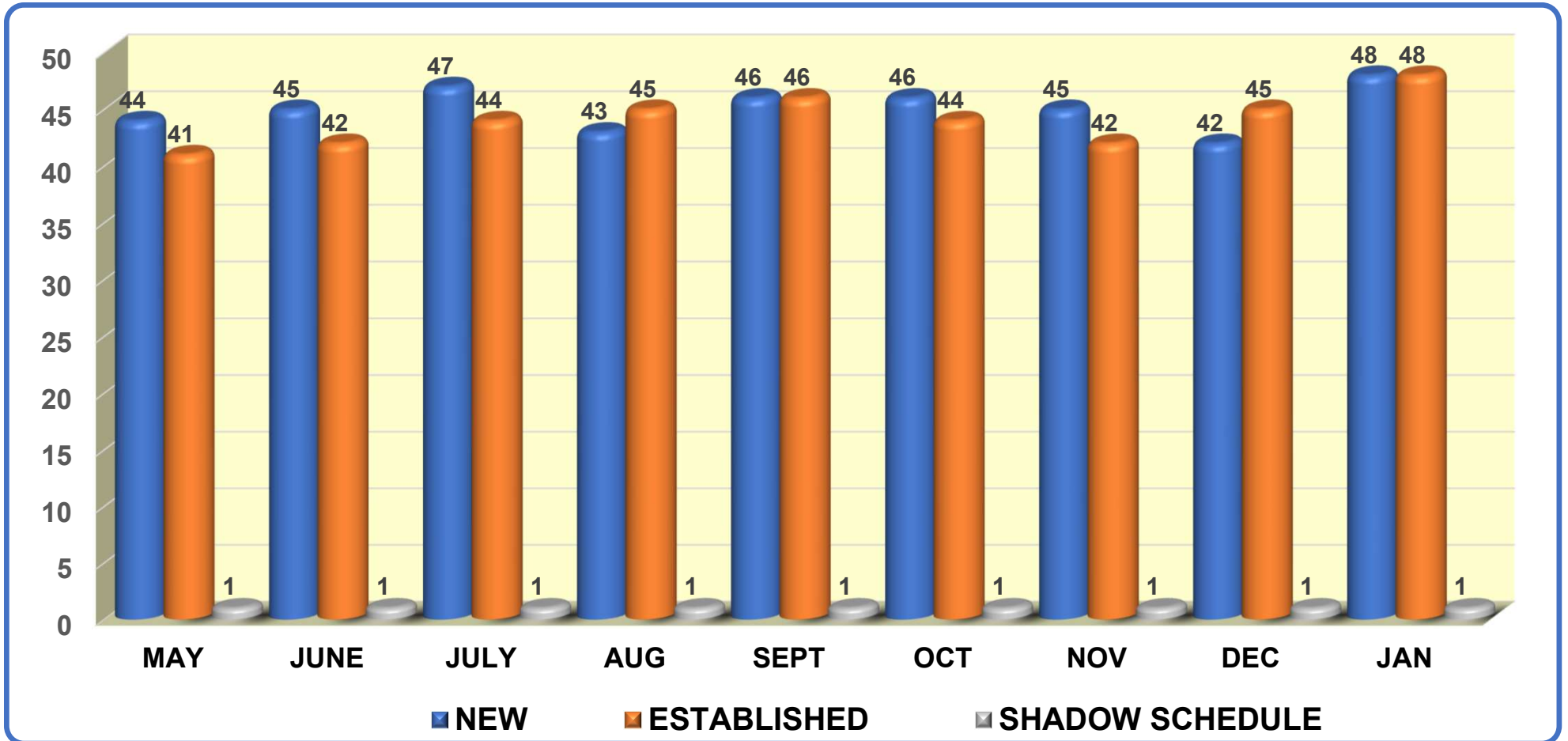
OVERWEIGHT & OBESE	MEASURE DEFINITION	BASELINE DATA-BROWARD COUNTY OR MHS	MPC/MHS TARGET	HEALTHY PEOPLE 2030 BASELINE DATA	HEALTHY PEOPLE 2030 TARGET
Reduce Prevalence of Obesity in South Broward to improve health, reduce health disparities, and enhance health equity	<p>Numerator: Number of Overweight and obese residents who received health education on changes in both diet and physical activity in minority and underserved communities</p> <p>Denominator: Number of Overweight and obese minority and underserved residents with a BMI >30</p>	<p>2021 South Broward Rate: 37.1% Broward County: 28.3% State FL: 27% US: 31.3%</p>	Reduce South Broward rate over prior year PRC Needs Assessment data	N/A	N/A

LACK OF HEALTHCARE INSURANCE	MEASURE DEFINITION	BASELINE DATA-BROWARD COUNTY OR MHS	MPC/MHS TARGET	HEALTHY PEOPLE 2030 BASELINE DATA	HEALTHY PEOPLE 2030 TARGET
Increase the proportion of people with health insurance	Numerator: Number of persons under 65 years who report coverage by any type of public or private health insurance Denominator: Number of persons under 65 years	2021 South Broward rate for lack of healthcare insurance is: 9.2%	1% decrease from 2023 South Broward Rate of 9.2%	2019 - 12%	7.6%
Increase the number of people who have visited a Physician for a checkup in past year care	Numerator: Number of persons who visited a physician for a checkup Denominator: Number of persons who did not visit a physician for a checkup	2021 South Broward Rate: 62.8% Broward County: 63.1% State FL: 80.4% US: 70.5%	Increase South Broward rate over prior year PRC Needs Assessment data	N/A	N/A

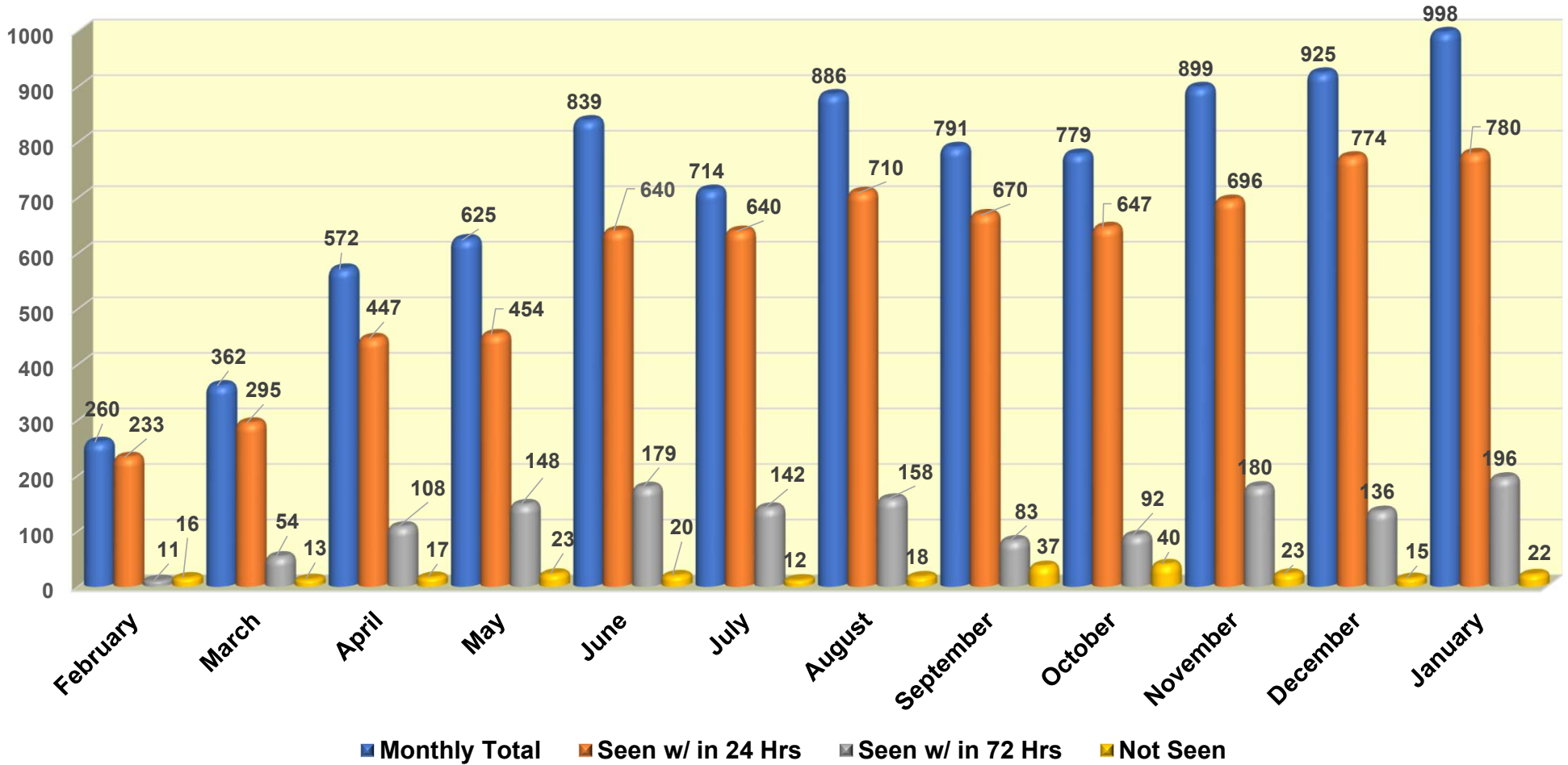
VALUABLE BASE



AVERAGE NEXT AVAILABLE APPOINTMENT DAYS – FY 2023



Shadow Schedule Stats



HOSPITAL CONTRIBUTION MARGIN

Reporting - FY2023 November YTD

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023P
Insured Membership	11,545	16,443	22,702	25,975	28,161	31,147	29,108	33,623
Uninsured Membership	8,383	7,148	6,287	6,651	6,895	3,974	2,852	2,607

Loss from Practice Operations	\$ (14,284,641)	\$ (14,441,594)	\$ (9,871,536)	\$ (7,826,742)	\$ (7,777,771)	\$ (6,710,838)	\$ (5,701,620)	\$ (2,107,856)
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Hospital Direct Margin - Insured	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023P
Inpatient	\$ 4,251,891	\$ 5,471,001	\$ 8,833,901	\$ 7,311,497	\$ 9,608,708	\$ 13,535,505	\$ 8,480,745	\$ 3,495,194
Observation	\$ 524,292	\$ 911,085	\$ 941,313	\$ 1,018,257	\$ 1,602,463	\$ 761,851	\$ 553,374	\$ 111,854
Emergency	\$ 1,198,741	\$ 1,216,462	\$ 1,352,789	\$ 1,282,956	\$ 1,325,720	\$ 1,050,308	\$ 1,183,416	\$ 930,365
Outpatient	\$ 4,440,310	\$ 3,137,644	\$ 3,808,900	\$ 4,799,372	\$ 7,693,231	\$ 10,852,364	\$ 8,345,577	\$ 6,251,726
Total Hospital Direct Margin - Insured	\$ 10,415,234	\$ 10,736,192	\$ 14,936,903	\$ 14,412,082	\$ 20,230,122	\$ 26,200,028	\$ 18,563,112	\$ 10,789,138

Hospital Direct Margin - Uninsured	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023P
Inpatient	\$ (4,496,987)	\$ (4,596,377)	\$ (5,090,440)	\$ (5,339,946)	\$ (6,826,754)	\$ (5,358,471)	\$ (3,475,313)	\$ (3,684,693)
Observation	\$ (1,493,282)	\$ (1,357,191)	\$ (1,125,553)	\$ (1,805,106)	\$ (2,074,640)	\$ (1,065,354)	\$ (1,063,131)	\$ (1,158,439)
Emergency	\$ (846,380)	\$ (859,452)	\$ (877,222)	\$ (951,863)	\$ (1,237,914)	\$ (833,020)	\$ (783,191)	\$ (651,699)
Outpatient	\$ (5,824,125)	\$ (5,297,844)	\$ (5,178,465)	\$ (5,585,948)	\$ (5,591,794)	\$ (4,537,504)	\$ (3,671,916)	\$ (3,428,016)
Total Hospital Direct Margin - Uninsured	\$ (12,660,774)	\$ (12,110,864)	\$ (12,271,680)	\$ (13,682,863)	\$ (15,731,102)	\$ (11,794,349)	\$ (8,993,551)	\$ (8,922,847)

Net of Insured vs. Uninsured	\$ (2,245,540)	\$ (1,374,672)	\$ 2,665,223	\$ 729,219	\$ 4,499,020	\$ 14,405,679	\$ 9,569,561	\$ 1,866,291
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Our Locations



Aventura

20803 Biscayne Boulevard, Suite 201
Aventura, Florida 33180
954-276-5552

Dania Beach

140-A South Federal Highway
Dania Beach, FL 33004
954-922-7606

Hallandale Beach

1750 E. Hallandale Beach Blvd
Hallandale Beach, FL 33009
954-276-9700

East Hollywood

3700 Johnson Street
Hollywood, FL 33021
954-265-2550

Hollywood

4105 Pembroke Road
Hollywood, FL 33021
954-265-8100

Miramar Medical Office Building

1951 SW 172 Avenue, Suite 210
Miramar, FL 33029
954-538-5670

Miramar

6730 Miramar Parkway
Miramar, FL 33023
954-276-6600

Monarch Lakes

12781 Miramar Parkway, Suite 1-202
Miramar, FL 33027
954-276-1330

West Miramar

10910 Pembroke Road
Miramar, FL 33025
954-276-1300

Pembroke Pines

2217 N. University Drive
Pembroke Pines, FL 33024
954-883-8140

Silver Lakes

17786 SW 2 Street
Pembroke Pines, FL 33029
954-276-1252

COMING SOON

*PLANTATION

1000 S. PINES ISLAND RD/STE A-180, PLANTATION

*MIAMI GARDENS/COUNTRY CLUB

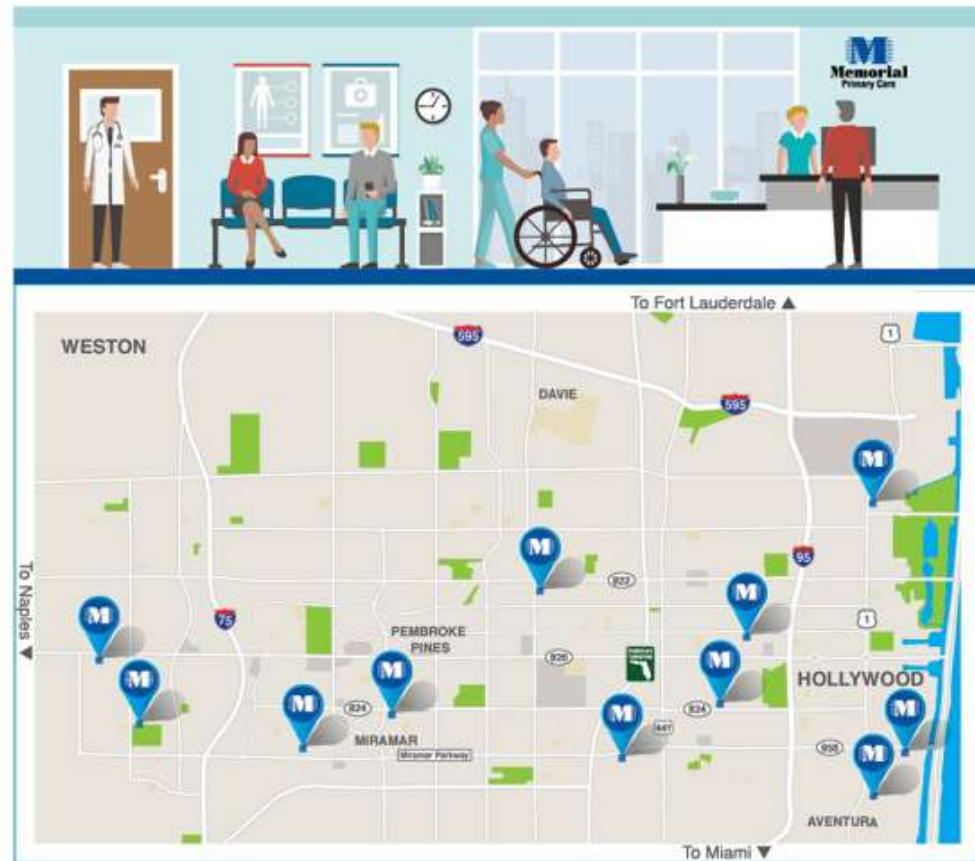
8665 AND 8649 NW 186 STREET, HIALEAH

*WESTON

17130 ROYAL PALM BLVD/STE 1&2, WESTON

ACCEPTING NEW PATIENTS!

To schedule an appointment call **954-276-5552**





MEMORIAL Health Forward >>



Marketing and
Corporate Communications

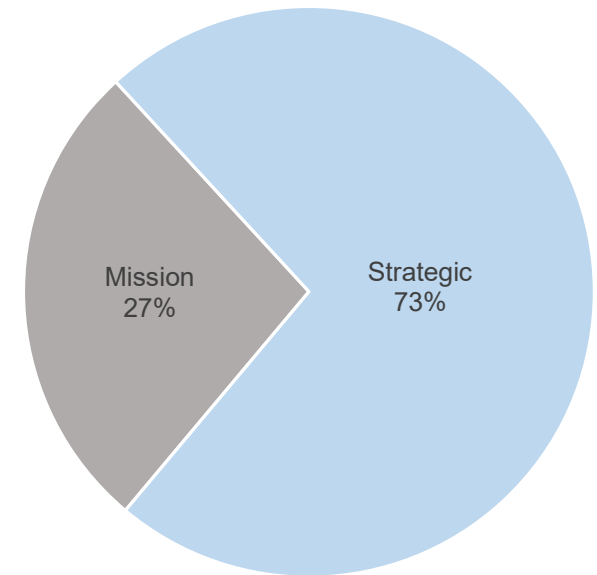
Community Relations

FY23 Q3 | November 2022 - January 2023



Community Relations

		Activities	Attendees
	<ul style="list-style-type: none"> Sponsorships & Events: Strategic and Mission Service line booths, health education, In house special events 	96	38,761
	<ul style="list-style-type: none"> Corporate Wellness: Employee prevention, health education, lectures & screenings 	6	368
	<ul style="list-style-type: none"> Speakers Bureau Engagements: Community-based & civic organizations 	14	30,642
TOTAL FY23 Q3		203	100,850

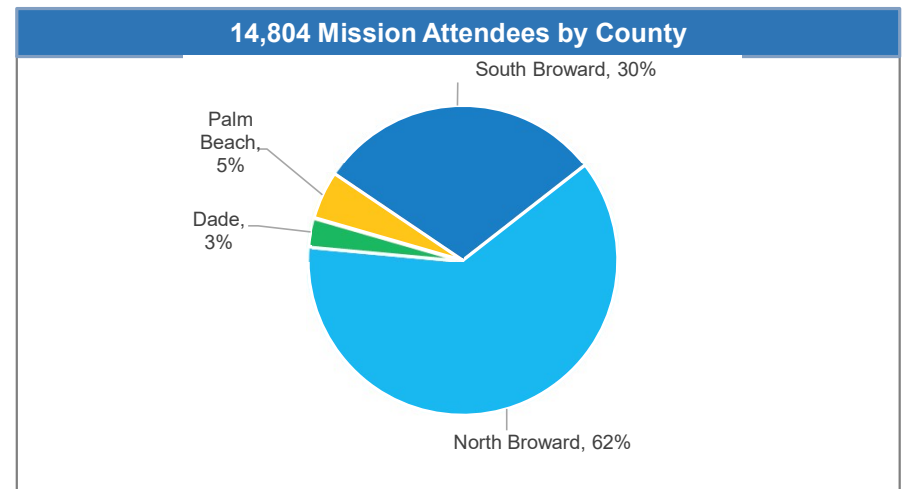
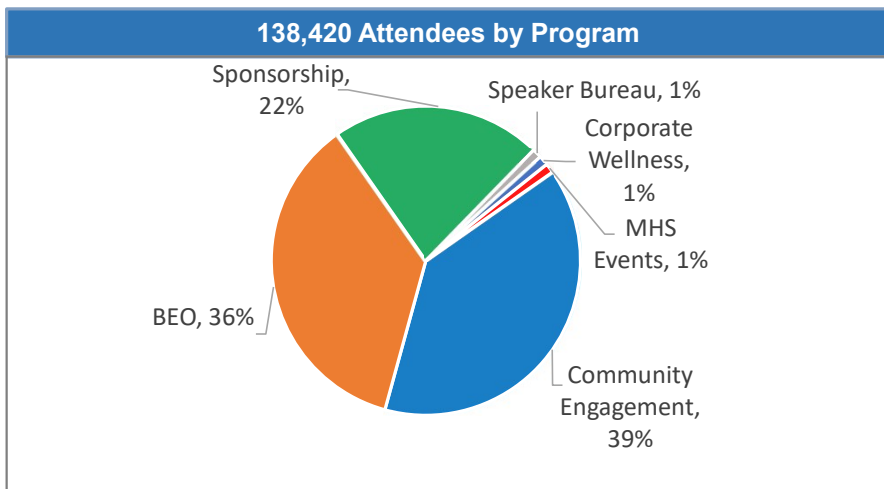
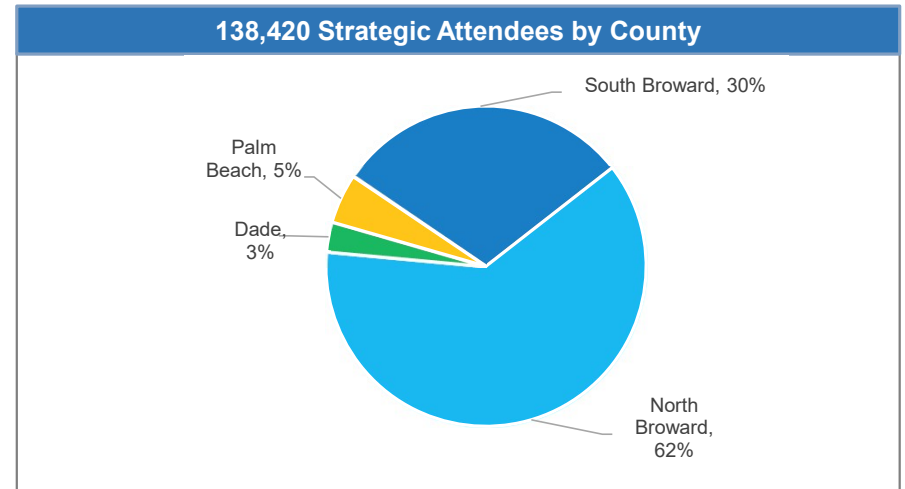
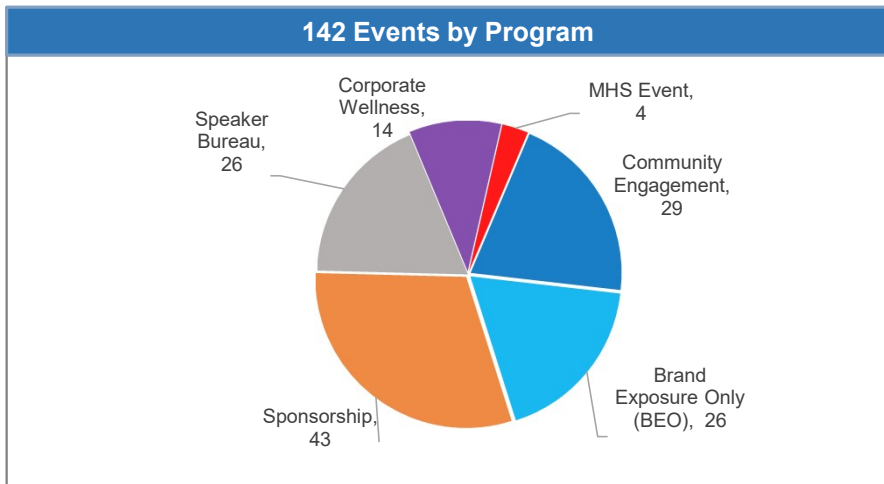


- **56 SDoH & DEI activities**
- **150 Service Line & Sponsor Events**



Community Relations

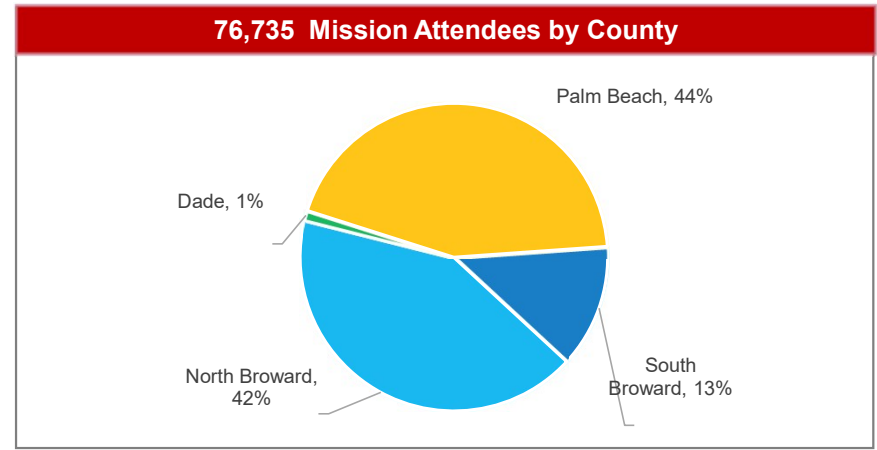
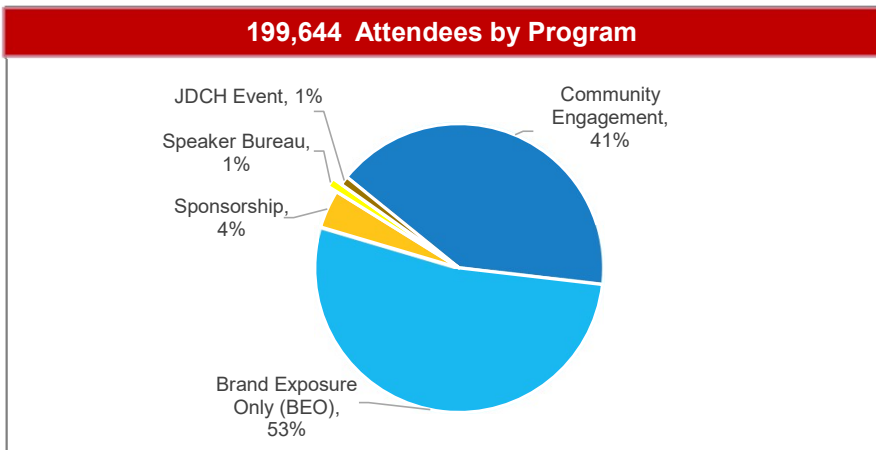
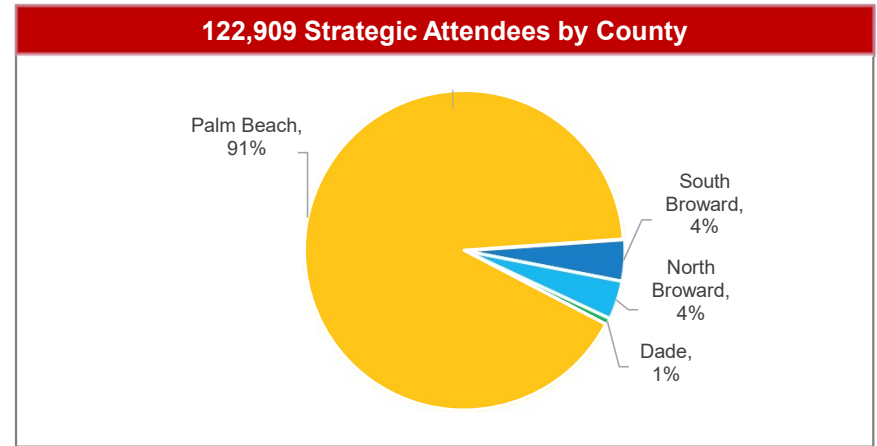
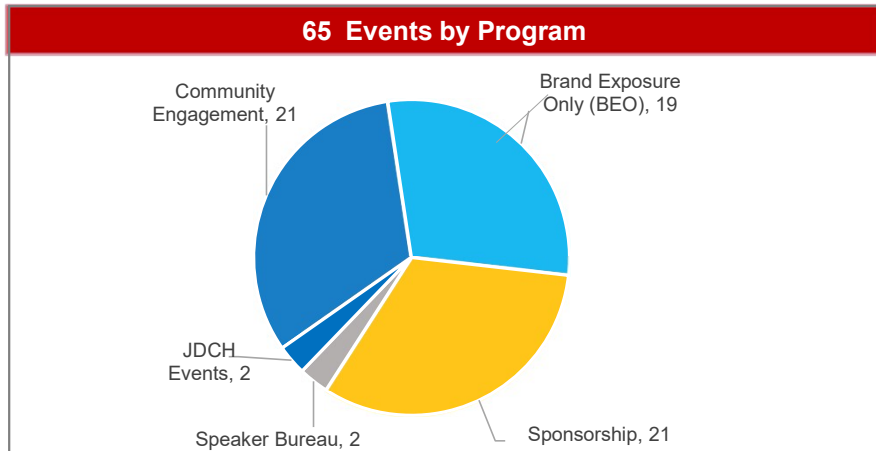
Adult Services Community Engagement – FY23 Q3





Community Relations | FY23 Q3 Summary

JDCH Community Engagement – FY23 Q3





National Kidney Foundation's Fort Lauderdale Kidney Walk



- The Memorial Transplant Team raised awareness and funds for transplant families.
- **Dr. Linda Chen**, Surgical Director, Living Donor & Pediatric Abdominal Transplant Program, spoke on the importance of awareness and support
- Julie, the wife of **Mack Barnes**, expressed gratitude to the Memorial Transplant team for saving her husband's life. She joined the MTI team in encouraging the community to, "*Share Your Spare!*"



Crohn's & Colitis Winter Wonderland Luncheon

- **Dr. Jacqueline Larson**, Pediatric Gastroenterologist, was this year's honoree for her amazing work in South Florida
- Our partnership helps advance research and patient education/support
- Dr. Larson gained two new patients



American Lung Assn: Facts/Fiction On Vaping

- **Dr. Mark Block**, Chief of Thoracic Surgery Division, addressed common myths:
 - Vaping...
 - is just flavored water vapor
 - helps smokers quit
 - is safer than smoking
 - doesn't lead to smoking
 - National forum & attendance
 - Ties to the Community Health Needs Assessment initiatives





MHS Corporate Wellness

ORGANIZATION	VISITS	TOPIC	SPEAKER(S)	# STAFF	HEALTH PLAN	COUNTY
American Postal Workers Union, Miami Local 172	1	Mental Health	Gretchen Haddad, Clinical Therapist	2,000	APWU Health Plan	Dade
Bank United	1	Gut Health	Ashley Paelez, Reg. Dietician	1,500	United Healthcare	Dade
Broward College	3	Health Fair	None	5,000	Cigna	S. Broward
City of Hollywood	1	Nutrition	Jeneene Connelly & Rebeca Stevenson, Bariatric Dietitians	1,494	Capital Health, Cigna	S. Broward
Gulfstream Park	1	Primary Care	Jacqueline Kilmer, Educator Community Health Resource	699	United Healthcare	S. Broward
Town of Davie	1	Health Fair	None	750	United Healthcare	S. Broward
Bank of America	1	Integrative Medicine	Dr. Ashwin Mehta, Medical Director	2,025	Blue Cross & Blue Shield, Aetna, United	N. Broward
Broward Center for The Performing Arts	1	Breast Cancer; Integrative Medicine	Dr. Joshua Park, Acupuncturist	72	Florida Blue	N. Broward
City Furniture	1	Diabetes	Sonia Angel, Liaison Diabètes Nutrition	3,000	Aetna	N. Broward
City of Fort Lauderdale	2	Health and Wellness	Jackie Gavino, Clinical Exercise Physiologist	1,600	Cigna	N. Broward
South Florida Water Management District	1	Cancer Prevention through Nutrition	Katie Shelton, Clinical Dietitian	1,000	Cigna	Palm Beach

Total Staff: 19,140



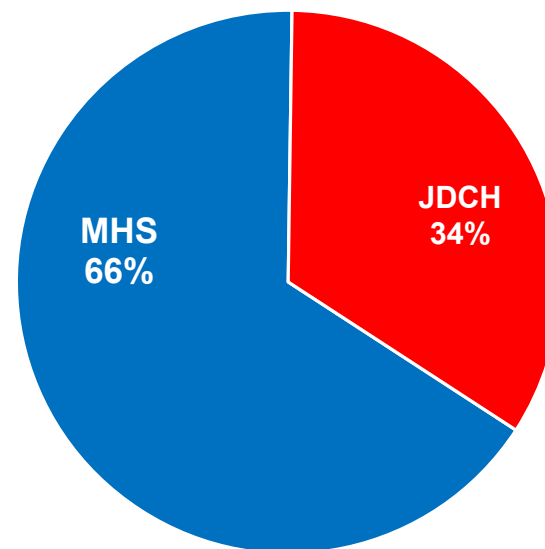
Mission: SDoH and DEI Activity

SDoH CATEGORIES

- | | |
|----------------------------------|----|
| • Economic Stability | 11 |
| • Education, Access & Quality | 17 |
| • Health Care Access & Quality | 3 |
| • Neighborhood & Built Community | 10 |
| • Social & Community Context | 15 |

DEI CATEGORIES

- | | |
|------------------------|----|
| • Ethnicity | 5 |
| • Gender | 6 |
| • Disabilities | 6 |
| • Veterans | 2 |
| • Vulnerable Community | 37 |





10th Annual Miss ARC Broward Pageant

ARC provides skills for children and adults with developmental disabilities to develop/thrive through 21 programs and residential services. They work with the community to change how people with developmental disabilities are embraced and included.

- The Pageant is a heartwarming and inspiring event for young women 6 – 17
- Contestants participate in a supportive pageant environment providing core tools for success such as confidence and teamwork.
- Sponsorship support includes MHS Board & DEI committee participation





30th Annual Harvest Drive

Founded in 1992 in Weston, Harvest Drive started at one school with 25 turkeys and now feeds 2,400 families with the help of 200 Broward public schools

- As a result of the pandemic, Harvest Drive transitioned from a mostly seasonal to a year-round operation
- School social workers provides Harvest Drive with lists of families in need, and they do the rest to help in anyway they can
- MHS employees volunteering during holiday season





MHS Leadership in the Community



**Turkey/Holiday Meal
Community Distribution with
Board of Commissioners**





Outpatient Behavioral Health Center Opening – January 2023



Meeting the Needs of the Community
*"The theme of the night was **Purpose Drives Passion**. The objective is to be the lighthouse of hope and healing for people seeking behavioral health services", Claudia Vicencio, PhD, LCSW*

Memorial Healthcare System
Mental Health Help Near You
Memorial Outpatient Behavioral Health Center Expanding in Davie

Friday, February 3, 2023
12 PM EST

f LIVE
WATCH HERE

Having trouble viewing on Facebook?
Click this link to watch on YouTube

Mental Health Help Near You

Memorial Outpatient Behavioral Health Center
Expanding in Davie



M Memorial
Behavioral Health Services

Play (k)



Outpatient Behavioral Health Center Opening - VIDEO

<https://m.youtube.com/watch?v=1Sa9QSVUUXQ>



Thank You

