

COMMUNITY HEALTH NEEDS ASSESSMENT 2015



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

Broward Regional Health Planning Council

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HEALTH & HUMAN SERVICE INNOVATIONS

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

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

With over 15 years of experience in developing needs assessments, BRHPC is well-positioned to assist hospital administrators in meeting the new IRS requirement for a comprehensive Community Health Needs Assessment (CHNA). For this project, BRHPC was responsible for the quantitative and qualitative data research, analysis and presentation, which included the integration of hospital-specific data sets.

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



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100 | Hollywood, FL 33020
Phone: (954) 561-9681 | Fax: (954) 561-9685 | www.brhpc.org

CHNA ADVISORY COUNCIL

NAME	AGENCY
<i>Tim Curtin</i>	<i>Memorial Healthcare System</i>
<i>Melida Akiti</i>	<i>Memorial Healthcare System</i>
<i>Marilyn Camerota</i>	<i>Memorial Healthcare System</i>
<i>Laura London-Weaver</i>	<i>Memorial Healthcare System</i>
<i>Jennifer Reilly</i>	<i>Memorial Healthcare System</i>
<i>Joshua Plantz</i>	<i>Memorial Healthcare System</i>
<i>Christine Heft</i>	<i>Memorial Healthcare System</i>
<i>Sue Gallagher</i>	<i>Children’s Service Council</i>
<i>Cora Daise</i>	<i>City of Hallandale Beach</i>
<i>Luis Pinzon</i>	<i>Hispanic Unity of Florida</i>
<i>Eduardo Pineda</i>	<i>Hispanic Unity of Florida</i>
<i>Magaly Prezeau</i>	<i>Community Access Center</i>
<i>Angela Ventura</i>	<i>United Way of Broward County Broward County Commission on Substance Abuse</i>
<i>Heather Clark</i>	<i>United Way of Broward County Broward County Commission on Substance Abuse</i>
<i>Lois Simpson</i>	<i>United Way of Broward County Broward County Commission on Substance Abuse</i>
<i>Elkin Alfred</i>	<i>United Way of Broward County Broward County Commission on Substance Abuse</i>
<i>Steve Strickland</i>	<i>2-1-1 Broward – First Call for Help</i>
<i>David Roach</i>	<i>Broward Regional Health Planning Council, Inc.</i>
<i>Michael De Lucca</i>	<i>Broward Regional Health Planning Council, Inc.</i>
<i>Régine Kanzki</i>	<i>Broward Regional Health Planning Council, Inc.</i>
<i>Shira Fowlkes</i>	<i>Broward Regional Health Planning Council, Inc.</i>

EXECUTIVE SUMMARY

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

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

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

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

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

The members of the Memorial Healthcare System Community Health Needs Assessment Advisory Council participated in meetings that took place from December 2014 to March 2015 (see list of attendees, meeting agendas, minutes, and presentations in the attachment section).

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

COUNTY DEMOGRAPHICS

- Broward County is the second most populated in the state and ranks high in diversity.
- Approximately 27% of the Broward County population is Hispanic.
- In Broward County, 15.0% of the population is 65 and over, which is less than the percentage for the entire state of Florida (18.6%). From 2011 to 2013, the greatest population increase occurred among the 65-74 age group; and the greatest population decrease occurred in the 10-14 age group.
- Broward County's unemployment rate has significantly improved since the economic crisis in 2008. In 2010, the unemployment rate had reached its highest point in over 15 years at 9.6%, but by 2014 it decreased to 5.8%.
- 15.1% of Broward residents remain in poverty, with 18.9% of people under the age of 18 living in poverty. Of those families with children under the age of 18, 15.7% were reported at or below the Federal Poverty Level (FPL). Approximately 24.1% of families with only a female householder were reported to be below the poverty line. While 6.7% of married couple families were reported to be below poverty line.
- There has been a steady increase in the number of individuals and families receiving public assistance (Food Stamps and Medicaid). In contrast, there was a decrease in TANF enrollment in Broward County and across the entire state.
- In 2010, the U.S. Census Bureau estimated that 24% of Broward County's residents were uninsured, but by 2013 that rate had decreased to 22.5%. To be noted is that Broward County has had a higher uninsured rate through the years compared to the state and the nation. In

2012 and 2013, the 18 – 64 years age group represented the largest segment of the uninsured. In contrast, the 65 years and older age group represented the smallest segment. The less than 18 years age group uninsured rate decreased from 2012 to 2013. This decline can be attributed to significant work by community organizations to enroll eligible children in health insurance programs, such as the Florida KidCare program.

MORTALITY AND MORBIDITY

- Broward County has seen an overall decrease in the Age Adjusted Death Rates per 100,000 Population since 2005. In Broward County, Heart Disease and Stroke have been the leading cause of death for individuals 75 years of age and older. Cancer has been the number one leading cause of death for individuals between the age of 55 and 74 years. The leading cause of death for younger populations is Unintentional Injury.
- The death rate due to coronary heart disease has had an overall decrease over the past 10 years. However, in Broward County, the rate among blacks shows a more significant decline than the white population.
- The majority of strokes occur among Black populations in Broward County, while Chronic Lower Respiratory Diseases and Suicide tend to impact the White population. Heart Disease appears evenly distributed among the Black and White populations.
- Hypertension, Diabetes, and Congestive Heart Failure account for the highest number of chronic disease cases and the highest charges from Memorial Healthcare System hospitals and comparable hospitals in Broward County.
- Years of Potential Life Lost (YPLL) provide an estimate of premature mortality. The two highest YPLL from 2011 to 2013 are in the categories of Cancer and Unintentional Injury.

MATERNAL AND CHILD HEALTH

- Overall, Infant Mortality rates have decreased in the past five years from 6.0 (2009) to 5.3 (2013). However, black populations are disproportionately affected by infant mortality.
- The rate of total live births has remained relatively stable in Broward County over the past five years staying at 12.2 from 2009 to 2010 then dropping to 12.0 in 2011 and then up to 12.1 from 2012 to 2013.
- The percentage of teen pregnancies has decreased from 7.4% in 2004 to 4.6% in 2013. The number of repeat births for females aged 15-19 has decreased over the past year from 186 to 160.
- 5.8% of births in Broward County occur with late or no prenatal care, higher than Florida overall (4.9%).
- The percentage of births to mothers without insurance in Broward County (12.4%) presents significant risk to maternal and neonatal health due to lack of access to care.

BEHAVIORAL RISKS

- The Behavioral Risk Factor Surveillance System indicates that 65.4% of Broward County men 50 years of age or older have had a colonoscopy or sigmoidoscopy.
- The Behavioral Risk Factor Surveillance System indicates that 10.7% of Broward County adults have been told they had diabetes.
- The Behavioral Risk Factor Surveillance System indicates –that, in Broward County, 34.8% of adults are overweight and 25.8% are obese, for a combined total of 60.6% of adults being overweight or obese.
- The Youth Risk Behavior Survey indicates that 13.1% of Broward County students are overweight and 8.3% are obese, for a combined total of 21.4% of students being overweight or

obese. 28.2% of Broward County, students are sexually active, 5.8% currently use cigarettes, and 29.7% currently use alcohol.

BEHAVIORAL HEALTH

- The total number of primary (substance abuse) treatment admissions has decreased from 5,069 (2010) to 3,611 (2013). Alcohol (1,104) and Rx Opioids (1,030) had the largest number of admissions in 2013, while marijuana admissions had the largest decline in admissions from 1,748 (2012) to 748 (2013).

HOMELESSNESS

- From 2012 to 2014, the number of people experiencing homelessness in Broward decreased from 3,183 to 2,766.
- Of the 2014 homeless population, 18% were considered chronically homeless, 31% had a substance use disorder, 20.5% had a serious mental illness and 8.3% were veterans.

SUICIDE AND SELF-INFLICTED INJURY

- The suicide death rate in Broward County has experienced an overall decrease since 2008. All Broward race groups have been impacted with the highest rates noted among the White population.

HOSPITAL UTILIZATION

- MHS is licensed for 1,900 beds.
- MHS admissions account for 31% of all comparable hospital admissions in Broward County, with 70,425 admissions in 2013.
- The average length of stay at MHS is 4.9 days.

PREVENTION QUALITY INDICATORS

- Prevention Quality Indicators (PQI) identify hospital admissions where evidence suggests that they could have been avoided if people were linked to quality, preventive services and primary care centers.
- The BRHPC Health Data Warehouse Prevention Quality Indicators demonstrate that Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Bacterial Pneumonia accounted for the greatest number of PQI cases in 2013, while Low Birth Weight had the highest charges.

CONCLUSION

Due to the increasingly diverse population of Broward County, the areas of need for the community have also become increasingly complex. The recommended next steps for MHS are to 1) Develop an Action Plan for identified priorities; 2) Incorporate and implement ACA elements and partnership opportunities; 3) Present the results to the community; 4) Implement and track improvements over the next three years; and 5) Report back to the community. Part of the action plan should address the need to educate the community about navigating the health insurance system with consideration for the cultural diversity that exists in the Broward County community.

TABLE OF CONTENTS

CHNA ADVISORY COUNCIL.....	2
EXECUTIVE SUMMARY	3
TABLE OF CONTENTS.....	6
<i>Table of Figures</i>	<i>9</i>
<i>Table of Tables</i>	<i>19</i>
I. INTRODUCTION	21
II. METHODOLOGY	23
III. QUANTITATIVE PROFILE.....	24
1. <i>Demographics</i>	<i>24</i>
2. <i>Households.....</i>	<i>27</i>
3. <i>Employment and Income</i>	<i>27</i>
4. <i>Poverty</i>	<i>29</i>
5. <i>Public Assistance</i>	<i>30</i>
A. <i>Food Assistance.....</i>	<i>30</i>
B. <i>Medical Assistance</i>	<i>31</i>
C. <i>Temporary Cash Assistance.....</i>	<i>32</i>
6. <i>Health Insurance</i>	<i>32</i>
A. <i>Uninsured by Year</i>	<i>33</i>
B. <i>Uninsured by Age</i>	<i>33</i>
C. <i>Florida KidCare</i>	<i>34</i>
7. <i>Mortality and Morbidity.....</i>	<i>35</i>
A. <i>Mortality Rates.....</i>	<i>35</i>
B. <i>Major Causes of Death</i>	<i>36</i>
C. <i>Leading Causes of Death by Age, Race/Ethnicity, and Gender</i>	<i>37</i>
D. <i>Chronic Diseases</i>	<i>44</i>
D.1 <i>Chronic Disease Hospitalization – MHS and Broward Hospitals</i>	<i>45</i>
D.2 <i>Chronic Disease Hospitalization - Charges by Payer Source.....</i>	<i>56</i>

D.3 Chronic Disease Hospitalization – Cases By Race	60
D.4 Chronic Disease Hospitalization – Cases By Age	63
D.5 Chronic Disease Hospitalization – Cases By Gender	67
D.6 Chronic Disease Hospitalization By Zip Code	70
E. Infectious Diseases.....	76
8. Maternal and Child Health	84
A. Infant Mortality	84
B. Resident Live Birth.....	85
C. Birth to Teenage Mothers	86
D. Prenatal Care	88
E. Low Birth weight.....	90
F. Childhood Immunizations.....	93
9. Youth Risk Behavior	94
11. Behavioral Health (Substance Abuse/Mental Health)	97
Initiatives in Broward County	101
Drug and Alcohol Dependency DRGs	101
Mental Health	103
12. Homelessness in Broward County.....	105
13. Senior Health	109
14. Hospital Utilization and Avoidable Admissions	112
A. Utilization in Memorial Healthcare System and Broward County Hospitals	112
B. Memorial Healthcare System Emergency Department Utilization	121
C.1 Emergency Room Avoidable Admissions	127
C.2 Emergency Room Avoidable Admissions – demographic Breakdown by MHS Facility	132
D. Prevention Quality Indicators	151
D.1 Prevention Quality Indicators For Memorial healthcare System	152
D.2 Prevention Quality Indicators – Demographic Breakdown by MHS Facility.....	156
F. Top 28 Diagnosis Related Groups	172
F.1. Diagnosis Related Groups in Memorial Healthcare System.....	172
F.2 Diagnosis Related Groups – Breakdown by MHS Facility	174

11. <i>Self-Inflicted Injury</i>	182
A. Self-Inflicted Injury	182
V. QUALITATIVE PROFILE	188
1. <i>Community Focus Groups</i>	188
Methodology	188
Results	189
2. <i>Provider Focus Groups</i>	192
Methodology	192
Results	192
CONCLUSION	194
3. <i>Key Informant Interviews</i>	195
Methodology	195
Results	195
CONCLUSION	198
4. <i>Community Conversation Event</i>	198
Methodology	198
Results	198
CONCLUSION	202
VI. HEALTH RESOURCES.....	203
<i>Medically Underserved Areas/Populations</i>	203
VI. CONCLUSION: PRIORITIES AND RECOMMENDATIONS	205
VII. LIST OF ATTACHMENTS	206

TABLE OF FIGURES

Figure 1. Broward County, Florida.....	22
Figure 2. Composition of Population by Gender, Broward County & Florida, 2013	24
Figure 3. Population by Age, Broward County, 2011-2013	25
Figure 4. Population by Race, Broward County (2010, 2013), & Florida (2013)	25
Figure 5. Population by Race and Hispanic or Latino, Broward County, 2013.....	26
Figure 6. Broward County and Florida Unemployment (%) 2004 - October 2014	28
Figure 7. Employment by Industry, Broward County 2013	28
Figure 8. Household Income & Benefits, Broward County vs. Florida, 2013	29
Figure 9. Broward County, Food Stamp Issuance (\$), Dec 2013 to Nov 2014	30
Figure 10. Broward County Food Stamp Households, 2009 to November 2014	31
Figure 11. Broward County Medicaid Clients, 2009 to November 2014	31
Figure 12. Broward County TANF Enrollment, 2009 to November 2014	32
Figure 13. Total Uninsured Rate by Age, Broward, 2010-2013.....	32
Figure 14. Total Uninsured Rate by Year, Broward County, Florida, USA, 2010-2013.....	33
Figure 15. Uninsured Rate by Age, Broward County, 2010-2013.....	33
Figure 16. Total Florida KidCare Enrollment, July 2002 to July 2014	34
Figure 17. Age Adjusted Death Rates per 100,000 Population*, Broward County, FL, 2009-2013	35
Figure 18. Age Adjusted Death Rates by Race/Ethnicity, Broward County, 2009-2013	35
Figure 19. Major Causes of Death, Broward County, and Florida, 2011-2013	36
Figure 20. Years of Potential Life Lost per 100,000 under 75, Broward County, 2011-2013.....	37
Figure 21. Major Causes of Death by Age, Broward County, 2013	37
Figure 22. Major Causes of Death by Race/Ethnicity, Broward County, 2013	38
Figure 23. Major Causes of Death by Gender, Broward County, 2013	38
Figure 24. Heart Disease Death Rates per 100,000 Population By Race/Ethnicity, Broward County, 2009-2013	39
Figure 25. Cancer Death Rate per 100,000 Population by Race/Ethnicity, Broward County, 2009-2013	39
Figure 26. Lung Cancer Death Rate by Race/Ethnicity Broward County, 2009-2013	40
Figure 27. Breast Cancer Death Rate by Race/Ethnicity in Broward County, 2009-2013	40
Figure 28. Unintentional Injury Death Rate, Broward and Florida, 2002-2013	41
Figure 29. Unintentional Injury Death Rate by Race and Ethnicity, Broward, 2009-2013	42
Figure 30. Unintentional Injury Death Rate by Gender, Broward, 2009-2013.....	42

Figure 31. Unintentional Poisoning Age-Adjusted Death Rate, Broward County and Florida, 2002-2013	43
Figure 32. Unintentional Drowning, Broward County, Age-Adjusted Death Rate, 2002-2013	43
Figure 33. Chronic Disease Hospitalization – Cases, Broward County Hospitals, 2011-2013	45
Figure 34. Chronic Disease Hospitalization – Charges, Broward County Hospitals, 2011-2013.....	46
Figure 35. Chronic Disease Hospitalization, Cases vs. Charges, Broward County Hospitals, 2013	46
Figure 36. Percent Hospitalization by Chronic Disease, MHS Total, 2013.....	47
Figure 37. Chronic Disease Hospitalization – Cases, MHS Total, 2011-2013.....	47
Figure 38. Chronic Disease Hospitalization – Charges, MHS Total, 2011-2013	48
Figure 39. Chronic Disease Hospitalization, Cases vs. Charges, MHS Total, 2013.....	48
Figure 40. Chronic Disease Hospitalization – Cases, Memorial Regional Hospital, 2011-2013	49
Figure 41. Chronic Disease Hospitalization – Charges, Memorial Regional Hospital, 2011-2013.....	49
Figure 42. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Regional Hospital, 2013	50
Figure 43. Chronic Disease Hospitalization – Cases, Memorial Hospital West, 2011-2013.....	50
Figure 44. Chronic Disease Hospitalization – Charges, Memorial Hospital West, 2011-2013.....	51
Figure 45. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital West, 2013.....	51
Figure 46. Chronic Disease Hospitalization – Cases, Memorial Hospital Pembroke, 2011-2013.....	52
Figure 47. Chronic Disease Hospitalization – Charges, Memorial Hospital Pembroke, 2011-2013	52
Figure 48. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital Pembroke, 2013.....	53
Figure 49. Chronic Disease Hospitalization – Cases, Memorial Hospital South, 2011-2013.....	53
Figure 50. Chronic Disease Hospitalization – Charges, Memorial Hospital South, 2011-2013.....	54
Figure 51. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital South, 2013	54
Figure 52. Chronic Disease Hospitalization – Cases, Memorial Hospital Miramar, 2011-2013	55
Figure 53. Chronic Disease Hospitalization – Charges, Memorial Hospital Miramar, 2011-2013	55
Figure 54. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital Miramar, 2013.....	56
Figure 55. Chronic Disease Hospitalization – Charges by Payer Broward County Hospitals, 2013	56
Figure 56. Chronic Disease Hospitalization – Charges by Payer, MHS Total, 2013	57
Figure 57. Chronic Disease Hospitalization – Charges by Payer, Memorial Regional Hospital, 2013	57
Figure 58. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital West, 2013	58
Figure 59. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital Pembroke, 2013	58
Figure 60. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital South, 2013	59
Figure 61. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital Miramar, 2013	59
Figure 62. Chronic Disease Hospitalization – Cases by Race, Broward Hospitals, 2013	60

Figure 63. Chronic Disease Hospitalization – Cases by Race, MHS Total, 2013	60
Figure 64. Chronic Disease Hospitalization – Cases by Race, Memorial Regional Hospital, 2013	61
Figure 65. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital West, 2013	61
Figure 66. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital Pembroke, 2013	62
Figure 67. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital South, 2013	62
Figure 68. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital Miramar, 2013	63
Figure 69. Chronic Disease Hospitalization – Cases by Age, Broward Hospitals, 2013.....	63
Figure 70. Chronic Disease Hospitalization – Cases by Age, MHS Total, 2013.....	64
Figure 71. Chronic Disease Hospitalization – Cases by Age, Memorial Regional Hospital, 2013	64
Figure 72. Chronic Disease Hospitalization – Cases by Age, Memorial Hospital West, 2013	65
Figure 73. Chronic Disease Hospitalization – Cases by Age, Memorial Hospital Pembroke, 2013	65
Figure 74. Chronic Disease Hospitalization – Cases by Age, Memorial Hospital South, 2013	66
Figure 75. Chronic Disease Hospitalization – Cases by Age, Memorial Hospital Miramar, 2013.....	66
Figure 76. Chronic Disease Hospitalization – Cases by Gender, Broward Hospitals, 2013.....	67
Figure 77. Chronic Disease Hospitalization – Cases by Gender, MHS Total, 2013.....	67
Figure 78. Chronic Disease Hospitalization – Cases by Gender, Memorial Regional Hospital, 2013	68
Figure 79. Chronic Disease Hospitalization – Cases by Gender, Memorial Hospital West, 2013	68
Figure 80. Chronic Disease Hospitalization – Cases by Gender, Memorial Hospital Pembroke, 2013	69
Figure 81. Chronic Disease Hospitalization – Cases by Gender, Memorial Hospital South, 2013	69
Figure 82. Chronic Disease Hospitalization – Cases by Gender, Memorial Hospital Miramar, 2013.....	70
Figure 83. Chronic Disease Hospitalization – Cases by Primary Service Area, MHS, 2011- 2013	70
Figure 84. Chronic Disease Hospitalization – Charges by Primary Service Area, MHS, 2011- 2013	71
Figure 85. Chronic Disease Hospitalization – Cases by Top 5 PSA Zip Codes, MHS, 2011- 2013	71
Figure 86. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013.....	72
Figure 87. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013.....	72
Figure 88. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013.....	73
Figure 89. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013.....	73
Figure 90. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013.....	74
Figure 91. Chronic Disease Hospitalization – Cases by Secondary Service Area, MHS, 2011- 2013.....	74
Figure 92. Chronic Disease Hospitalization – Charges by Secondary Service Area, MHS, 2011- 2013	75
Figure 93. Chronic Disease Hospitalization – Cases Top 5 SSA Zip Codes, MHS, 2013	75
Figure 94. HIV Rate per 100,000 Population, Broward County, Florida, 2004-2013	76

Figure 95. HIV Cases Count, Broward County, and Florida, 2004-2013.....	76
Figure 96. AIDS Rate per 100,000 Population, Broward County, Florida, 2004-2013.....	77
Figure 97. AIDS Cases Count, Broward County, Florida, 2004-2013	77
Figure 98. Tuberculosis Cases per 100,000, Broward County, Florida, 2004-2013.....	78
Figure 99. Tuberculosis Cases for Children under 15 per 100,000, Broward County, Florida, 2004-2013	78
Figure 100. Hepatitis A, Rate per 100,000, Broward County, Florida, 2003-2012	79
Figure 101. Total Enteric Disease Children and Adults, Broward County & Florida, 2003-2012	79
Figure 102. Total Enteric Disease Children Less than 6 Years Old, Broward County, Florida, 2003-2012	80
Figure 103. Sexually Transmitted Infections Rate per 100,000 Population	80
Figure 104. Chlamydia Rates per 100,000 Population, Broward County & Florida, 2004-2013	81
Figure 105. Chlamydia Rates per 100,000 Population, Females Age 15-19	81
Figure 106. Reported Cases of Gonorrhea, Rate per 100,000 Population	81
Figure 107. Reported Cases of Gonorrhea, per 100,000 Population, Females (15-19)	82
Figure 108. Infection Syphilis Rates per 100,000 Population Broward County & Florida, 2002-2011	83
Figure 109. Infant Mortality per 1,000 Live Births, Broward County & Florida, 2004-2013.....	84
Figure 110. Infant Mortality per 1,000 Live Births by Race/Ethnicity.....	84
Figure 111. Resident Live Birth Rate per 1,000 Population and Count, Broward & Florida, 2004-2013.....	85
Figure 112. Resident Live Birth per 1,000 Pop. by Race/Ethnicity, Broward County, 2004-2013.....	85
Figure 113. Percent and Count Cesarean Section Deliveries, Broward County & Florida, 2004-2013	86
Figure 114. Percent and Count of Births to Teenage Mothers, Broward County & Florida, 2004-2013	86
Figure 115. Repeat Birth to Teenagers, Ages 15-19, Broward County, Florida, 2004-2013.....	87
Figure 116. Teen Birth Count by Age of Mother, Broward County, 2004-2013.....	87
Figure 117. Births to Mothers with First Trimester Prenatal Care	88
Figure 118. Births to Mothers with 3rd Trimester or No Prenatal Care, Broward & Florida, 2004-2013.....	88
Figure 119. Births to Mothers with 3 rd Trimester or No PNC, By Race, Broward County, 2004-2013	89
Figure 120. Percentage of Births to Uninsured Mothers, Broward County, Florida 2004-2013	89
Figure 121. Percentage of Births Covered by Emergency Medicaid, Broward County & Florida, 2004-2013.....	90
Figure 122. Percentage Low Birth Weight, Broward County vs. Florida, 2001-2011	90
Figure 123. Percentage of Low Birth Weight by Race/Ethnicity, Broward County, 2004-2013.....	91
Figure 124. Percent Preterm Birth (<37 weeks), Broward County & Florida, 2004-2013	92
Figure 125. Percent Preterm Birth (<37 weeks) by Race/Ethnicity, Broward County, 2004-2013	92
Figure 126. Percent Child Immunization Rates, Two-Year Olds, Broward County & Florida, 2004-2013.....	93

Figure 127. Percent Child Immunization Rates, Kindergarteners, Broward County, Florida, 2001-2011	93
Figure 128. South Florida High Intensity Drug Trafficking Area Map	97
Figure 129. Total Cocaine Related Deaths, Miami-Dade and Broward Counties, 2011 to 2 X First Half of 2013 (Jan – June)	98
Figure 130. Total Heroin Related Deaths, Miami-Dade and Broward Counties, 2011 to 2 X First Half of 2013 (Jan – June)	98
Figure 131. Total Deaths from Prescription Opioids in Florida, 2010 to First Half of 2013 (Jan – June).....	99
Figure 132. Alcohol-Related Crashes, Florida and Broward County, 2004-2013	100
Figure 133. Treatment Admissions, Broward County 2010-2013.....	100
Figure 134. Mental Status Past Year Average Percentage, Florida, Broward and Palm Beach County, 2010-2012.	103
Figure 135. PIT Count Homeless Count, Broward County, 2012-2014	105
Figure 136. Portrait of a Homeless Person in Broward County.....	108
Figure 137. Broward County Senior Population, 2011-2013	109
Figure 138. Unintentional Falls Crude Death Rate, Ages 65 and Over, Broward and Florida, 2002-2013.....	110
Figure 139. Unintentional Poisoning Crude Death Rate, Ages 65 and Over, Broward &FL, 2002-2013	110
Figure 140. Alzheimer's Disease Crude Death Rate, Ages 65 and Over, Broward and Florida, 2002-2013	111
Figure 141. Chronic Hepatitis C Cases by Age, Broward, 2010-2013	111
Figure 142. Map of MHS' Hospitals	112
Figure 143. Map of Broward County Zip Code.....	113
Figure 144. Memorial Healthcare System, Total Licensed Beds, 2011-2013	114
Figure 145. Percentage of Broward County Hospitals' Licensed Beds, 2013	115
Figure 146. Memorial Healthcare System, Number of Admissions, 2011-2013	115
Figure 147. Percentage of Broward County Hospitals' Admissions, 2013	116
Figure 148. Memorial Healthcare System Average Daily Census, 2011-2013	116
Figure 149. Broward Hospitals Average Daily Census, 2011-2013	117
Figure 150. Memorial Healthcare System, Average Occupancy Rates, 2011-2013	117
Figure 151. Average Occupancy Rates, Comparison with Broward County Hospitals, 2013.....	118
Figure 152. Average Length of Stay (days), Comparison with Broward County Hospitals, 2013	118
Figure 153. Memorial Healthcare System Patient Days, 2011-2013.....	119
Figure 154. Percentage of Broward County Hospitals' Patient Days, 2013	119
Figure 155. Memorial Healthcare System, – Hospital Observation Cases, 2011 – 2013	120
Figure 156. Memorial Healthcare System, – Hospital Observation Hours, 2011 – 2013.....	120
Figure 157. Memorial Healthcare System, – Hospital Observation Avg Daily Census, 2011 – 2013	121

Figure 158. Emergency Department Visits and Admissions, Broward County Hospitals, 2010 - 2013	121
Figure 159. Emergency Department Visits and Admissions, MHS Total, 2010 - 2013	122
Figure 160. Emergency Department Visits and Admissions, Memorial Regional Hospital, 2010 - 2013.....	122
Figure 161. Emergency Department Visits and Admissions, Memorial Hospital West, 2010 - 2013.....	123
Figure 162. Emergency Department Visits and Admissions, Memorial Hospital Pembroke, 2010 - 2013.....	123
Figure 163. Emergency Department Visits and Admissions, Memorial Hospital South, 2010 - 2013.....	124
Figure 164. Emergency Department Visits and Admissions, Memorial Hospital Miramar, 2010 - 2013	124
Figure 165. Adults vs. Pediatric, Emergency Department Visits and Admissions	125
Figure 166. Adults vs. Pediatric, Emergency Department Visits and Admissions,	125
Figure 167. Adults vs. Pediatric, Emergency Department Visits and Admissions	126
Figure 168. Adults vs. Pediatric, Emergency Department Visits and Admissions	126
Figure 169. Adults vs. Pediatric, Emergency Department Visits and Admissions	127
Figure 170. MHS ED Preventable / Avoidable Admissions.....	128
Figure 171. MHS ED Preventable / Avoidable Admissions.....	128
Figure 172. MHS ED Preventable / Avoidable Admissions.....	129
Figure 173. MHS ED Preventable / Avoidable Admissions.....	130
Figure 174. MHS ED Preventable / Avoidable Admissions.....	130
Figure 175. MHS ED Preventable / Avoidable Admissions.....	131
Figure 176. MHS ED Preventable / Avoidable Admissions.....	131
Figure 177. MHS ED Preventable / Avoidable Admissions.....	132
Figure 178. Memorial Regional Hospital ED Preventable / Avoidable Admissions	132
Figure 179. Memorial Regional Hospital ED Preventable / Avoidable Admissions	133
Figure 180. Memorial Regional Hospital ED Preventable / Avoidable Admissions	133
Figure 181. Memorial Regional Hospital ED Preventable / Avoidable Admissions	134
Figure 182. Memorial Regional Hospital ED Preventable / Avoidable Admissions	134
Figure 183. Memorial Regional Hospital ED Preventable / Avoidable Admissions	135
Figure 184. Memorial West ED Preventable / Avoidable Admissions	135
Figure 185. Memorial West ED Preventable / Avoidable Admissions	136
Figure 186. Memorial West ED Preventable / Avoidable Admissions	136
Figure 187. Memorial West ED Preventable / Avoidable Admissions	137
Figure 188. Memorial West ED Preventable / Avoidable Admissions	137
Figure 189. Memorial West ED Preventable / Avoidable Admissions	138

Figure 190. Memorial Miramar ED Preventable / Avoidable Admissions.....	138
Figure 191. Memorial Miramar ED Preventable / Avoidable Admissions.....	139
Figure 192. Memorial Miramar ED Preventable / Avoidable Admissions.....	139
Figure 193. Memorial Miramar ED Preventable / Avoidable Admissions.....	140
Figure 194. Memorial Miramar ED Preventable / Avoidable Admissions.....	140
Figure 195. Memorial Miramar ED Preventable / Avoidable Admissions.....	141
Figure 196. Memorial Pembroke ED Preventable / Avoidable Admissions.....	142
Figure 197. Memorial Pembroke ED Preventable / Avoidable Admissions.....	142
Figure 198. Memorial Pembroke ED Preventable / Avoidable Admissions.....	143
Figure 199. Memorial Pembroke ED Preventable / Avoidable Admissions.....	143
Figure 200. Memorial Pembroke ED Preventable / Avoidable Admissions.....	144
Figure 201. Memorial Pembroke ED Preventable / Avoidable Admissions.....	144
Figure 202. Memorial South ED Preventable / Avoidable Admissions	145
Figure 203. Memorial South ED Preventable / Avoidable Admissions	145
Figure 204. Memorial South ED Preventable / Avoidable Admissions	146
Figure 205. Memorial South ED Preventable / Avoidable Admissions	146
Figure 206. Memorial South ED Preventable / Avoidable Admissions	147
Figure 207. Memorial South ED Preventable / Avoidable Admissions	147
Figure 208. ED Preventable/Avoidable Admissions	148
Figure 209. ED Preventable/Avoidable Admissions	148
Figure 210. ED Preventable/Avoidable Admissions	149
Figure 211. ED Preventable/Avoidable Admissions	149
Figure 212. ED Preventable/Avoidable Admissions	150
Figure 213. ED Preventable/Avoidable Admissions	150
Figure 214. Prevention Quality Indicators Cases, MHS, 2011-2013.....	152
Figure 215. Prevention Quality Indicators Charges, MHS, 2011-2013.....	153
Figure 216. Prevention Quality Indicators Cases vs. Charges, MHS, 2013	153
Figure 217. Prevention Quality Indicators Charges by Payer, MHS, 2013	154
Figure 218. Prevention Quality Indicators Cases by Race/Ethnicity, MHS, 2013	154
Figure 219. Prevention Quality Indicators Cases by Age, MHS, 2013	155
Figure 220. Prevention Quality Indicators Cases by Gender, MHS, 2013	155
Figure 221. Prevention Quality Indicators Cases, Memorial Regional, 2011-2013	156

Figure 222. Prevention Quality Indicators Charges, Memorial Regional, 2011-2013.....	156
Figure 223. Prevention Quality Indicators Cases vs. Charges, Memorial Regional, 2013	157
Figure 224. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Regional, 2013	157
Figure 225. Prevention Quality Indicators Cases by Age, Memorial Regional, 2013	158
Figure 226. Prevention Quality Indicators Cases by Gender, Memorial Regional, 2013	158
Figure 227. Prevention Quality Indicators Cases, Memorial West, 2011-2013.....	159
Figure 228. Prevention Quality Indicators Charges, Memorial West, 2011-2013.....	159
Figure 229. Prevention Quality Indicators Cases vs. Charges, Memorial West, 2013	160
Figure 230. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial West, 2013	160
Figure 231. Prevention Quality Indicators Cases by Age, Memorial West, 2013	161
Figure 232. Prevention Quality Indicators Cases by Gender, Memorial West, 2013	161
Figure 233. Prevention Quality Indicators Cases, Memorial Miramar, 2011-2013.....	162
Figure 234. Prevention Quality Indicators Charges, Memorial Miramar, 2011-2013	162
Figure 235. Prevention Quality Indicators Cases vs. Charges, Memorial Miramar, 2013.....	163
Figure 236. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Miramar, 2013	163
Figure 237. Prevention Quality Indicators Cases by Age, Memorial Miramar, 2013	164
Figure 238. Prevention Quality Indicators Cases by Gender, Memorial Miramar, 2013	164
Figure 239. Prevention Quality Indicators Cases, Memorial Pembroke, 2011-2013.....	165
Figure 240. Prevention Quality Indicators Charges, Memorial Pembroke, 2011-2013.....	165
Figure 241. Prevention Quality Indicators Cases vs. Charges, Memorial Pembroke, 2013	166
Figure 242. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Pembroke, 2013	166
Figure 243. Prevention Quality Indicators Cases by Age, Memorial Pembroke, 2013	167
Figure 244. Prevention Quality Indicators Cases by Gender, Memorial Pembroke, 2013	167
Figure 245. Prevention Quality Indicators Cases, Memorial South, 2011-2013	168
Figure 246. Prevention Quality Indicators Charges, Memorial South, 2011-2013.....	168
Figure 247. Prevention Quality Indicators Cases vs. Charges, Memorial South, 2013	169
Figure 248. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial South, 2013	169
Figure 249. Prevention Quality Indicators Cases by Age, Memorial South, 2013	170
Figure 250. Prevention Quality Indicators Cases by Gender, Memorial South, 2013	170
Figure 251. Prevention Quality Indicators Cases vs. Charges	171
Figure 252. Prevention Quality Indicators Cases vs. Charges	171
Figure 253. Prevention Quality Indicators Cases vs. Charges	172

Figure 254. Total DRG Discharges by Medical Service, MHS, 2013	173
Figure 255. DRG's Discharges vs. Charges by Medical Service, MHS, 2013	173
Figure 256. DRG's Average Length of Stay (days) by Medical Service, MHS, 2013	174
Figure 257. Total DRG Discharges by Medical Service, Memorial Regional, 2013.....	174
Figure 258. DRG's Discharges vs. Charges by Medical Service, Memorial Regional, 2013	175
Figure 259. DRG's Average Length of Stay (days) by Medical Service, Memorial Regional, 2013	175
Figure 260. Total DRG Discharges by Medical Service, Memorial West, 2013.....	176
Figure 261. DRG's Discharges vs. Charges by Medical Service, Memorial West, 2013	176
Figure 262. DRG's Average Length of Stay (days) by Medical Service, Memorial West, 2013.....	177
Figure 263. Total DRG Discharges by Medical Service, Memorial Miramar, 2013	177
Figure 264. DRG's Discharges vs. Charges by Medical Service, Memorial Miramar, 2013.....	178
Figure 265. DRG's Average Length of Stay by Medical Service, Memorial Miramar, 2013.....	178
Figure 266. Total DRG Discharges by Medical Service, Memorial Pembroke, 2013.....	179
Figure 267. DRG's Discharges vs. Charges by Medical Service, Memorial Pembroke, 2013	179
Figure 268. DRG's Average Length of Stay by Medical Service, Memorial Pembroke, 2013.....	180
Figure 269. Total DRG Discharges by Medical Service, Memorial South, 2013.....	180
Figure 270. DRG's Discharges vs. Charges by Medical Service, Memorial South, 2013	181
Figure 271. DRG's Average Length of Stay by Medical Service, Memorial South, 2013	181
Figure 272. Suicide Death Count by Age, Broward County, 2010-2013	183
Figure 273. Self-Inflicted Injury Hospitalization Cases, Broward County Hospitals, 2011-2013.....	183
Figure 274. Self-Inflicted Injury Hospitalization Charges, All Broward County Hospitals, 2011-2013.....	184
Figure 275. Self-Inflicted Injury Hospitalization Cases, MHS, 2011-2013.....	184
Figure 276. Self-Inflicted Injury Hospitalization Charges, MHS, 2011-2013.....	185
Figure 277. Self-Inflicted Injury Hospitalization, Charges by Payer, MHS, 2013	185
Figure 278. Self-Inflicted Injury Cases by Race/Ethnicity, MHS, 2013.....	186
Figure 279. Self-Inflicted Injury Cases by Gender, MHS, 2013	186
Figure 280. Self-Inflicted Injury Hospitalization, Cases vs. Charges by Primary Service Area Zip Codes, MHS, 2013 - <i>E-950: Solid or Liquid Substances</i>	187
Figure 281. Self-Inflicted Injury Hospitalization, Cases vs. Charges by Primary Service Area Zip Codes, MHS, 2013 - <i>E-956 Cutting and Piercing Instrument</i>	187
Figure 282. Issues & Barriers in Healthcare	196
Figure 283. Impact of Healthcare on the Community	196
Figure 284. Impact of Healthcare on Agency	196

Figure 285. Do you have any children?.....	198
Figure 286. Have you been to the doctor in the last year?.....	199
Figure 287. Rate Your Overall Health Status	199
Figure 288. Do you feel you understand your health insurance benefits?	199
Figure 289. Do you feel you have access to transportation?	200
Figure 290. How important is it for you to understand your health benefits?	200
Figure 291. How important is it for you to have good nutrition?	200
Figure 292. How important is it for the community to address the issue of obesity?	201
Figure 293. How important is it for hospitals to protect the integrity of electronic health data?.....	201
Figure 294. Tell us your top three (3) healthcare needs?.....	201
Figure 295. Prioritizing the Needs	205

TABLE OF TABLES

Table 1. Population by Gender, Age, Race and Ethnicity, Broward and Florida, 2013	24
Table 2. Households by Type in Broward County, 2013.....	27
Table 3. Broward County, % Whose Income is Below Federal Poverty Level, 2011-2013.....	29
Table 4. Major Causes of Death in Broward County, 2013.....	36
Table 5. Chronic Diseases in Broward County.....	44
Table 6. Broward County Cancer Death and Incidence.....	44
Table 7. Youth Risk Behavior, Sexual Behavior by Gender, Broward County, 2009, 2011, 2013	94
Table 8. Youth Risk Behavior, Cigarettes Alcohol Drugs by Gender, Broward County, 2009, 2011, 2013.....	95
Table 9. Youth Risk Behavior, Overweight & Obese, Broward County, 2009, 2011, 2013	96
Table 10. Drug and Alcohol Dependency DRG by Gender, MHS, 2011-2013.....	101
Table 11. Drug and Alcohol Dependency DRG by Ethnicity, MHS, 2011-2013.....	102
Table 12. Drug and Alcohol Dependency DRG by Age, MHS, 2011-2013.....	102
Table 13. Psychiatric Treatment. DRG by Gender, MHS, 2011-2013	103
Table 14. Psychiatric Treatment DRG by Ethnicity, MHS, 2011-2013	104
Table 15. Psychiatric Treatment DRG by Age, MHS, 2011-2013	104
Table 16. Total Households and Persons, Broward County PIT Homeless Count, 2014	106
Table 17. Gender, Broward County PIT Homeless Count, 2014.....	106
Table 18. Race, Broward County PIT Homeless Count, 2014	106
Table 19. Ethnicity, Broward County PIT Homeless Count, 2014.....	107
Table 20. Ethnicity, Broward County PIT Homeless Count, 2014.....	107
Table 21. Adults who are limited in any way in any usual activities because of arthritis, Florida and Broward, Percentage (Confidence Interval) 2007-2013	109
Table 22. Adults who are limited in any way in any usual activities because of arthritis, Florida and Broward, Percentage (Confidence Interval) 2007-2013	110
Table 23. Memorial Healthcare System Service Areas	114
Table 24. Youth Risk Behavior Survey, Broward County, 2009-2013	182
Table 25. Issues & Barriers in Healthcare	195
Table 26. Local Health System... in 5 Years	197
Table 27. The Ideal Healthcare System	197
Table 28. Agency’s Role	197
Table 29. Broward County Primary Medical Care HPSAs	203

Table 30. Broward County Dental and Mental Health HPSAs204

Table 31. Medically Underserved Area/Populations204

I. INTRODUCTION

IRS Requirement for the Community Health Needs Assessment

As part of IRS requirements, hospital organizations are to conduct a Community Health Needs Assessment (CHNA), which serves as a guiding document for strategic planning. Through the process of developing a Community Health Needs Assessment, a hospital positions itself to address community health needs that are not being met, especially those of poor, homeless individuals and families, as well as those who have been negatively impacted by the economy. Health data from primary and secondary sources are examined and discussed prior to the establishment of recommendations and priorities aimed at improving community health status and quality of life.

The Affordable Care Act has established specific statutory requirements that hospitals must conduct and implement a community health needs assessment at least every three years. Such community health needs assessments must take into account input from persons who represent the broad interests of the community served. The community health needs assessments must be made widely available to the public. The hospital must report in the Form 990 how it is addressing the needs identified in the community health needs assessment and provide a description of the needs that are not being addressed as well as an explanation for any deficiencies in meeting these needs.

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

The CHNA Process

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

The main goals of the Needs Assessment are:

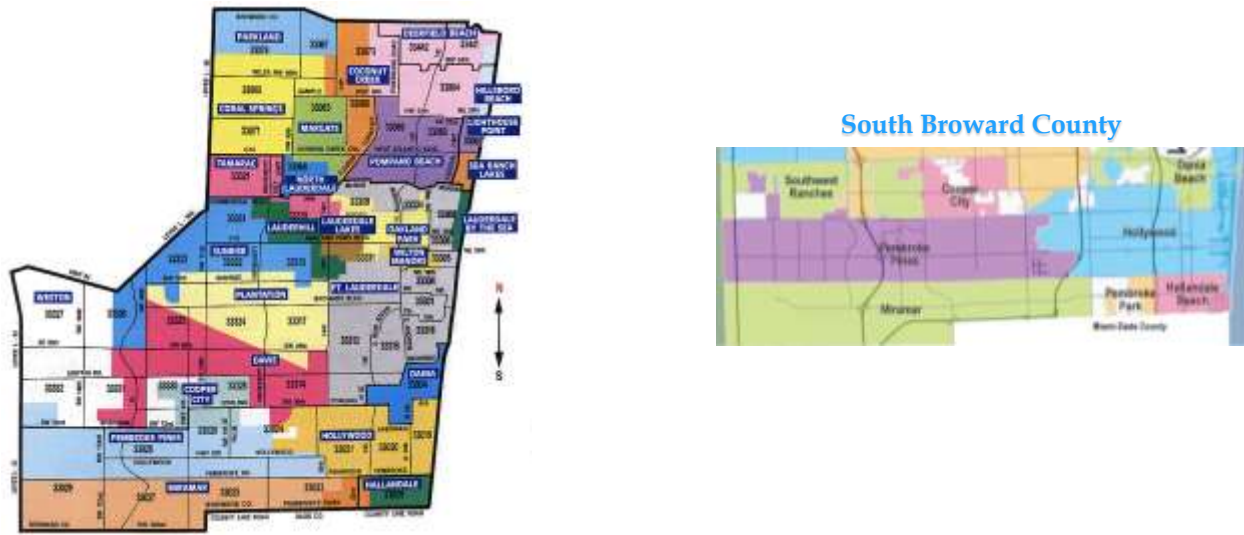
- Improve health status of Broward County residents
- Address socioeconomic factors that have a negative impact on community health
- Increase access to preventive healthcare services, especially within at-risk, sub-populations

Defining the Community

South Broward County is the target area for this profile of the Community Health Needs Assessment (see Figure 1). Broward County was created in 1915 when Palm Beach County and Dade County contributed nearly equal portions of land to create it. Broward County was named for Napoleon Bonaparte Broward, Governor of Florida from 1905 to 1909. Today, Broward County is the Nation's sixteenth largest county and continues to grow in racial and ethnic diversity. Broward's diversity elevated the County from the sixteenth (1990) to the third (2009) most racially diverse Florida County. The diversity and size of Broward, in conjunction with a variety of other factors, result in a community with complex needs. These needs have become increasingly multifaceted due to high rates of poverty in the diverse Broward community. More

Broward residents have been unable to afford the rising costs of healthcare and have relied on publicly funded social services for assistance. This increase in demand highlights the value of a comprehensive analysis of Broward's health and human service needs.

Figure 1. Broward County, Florida



Source: Association of Broward County Florida Special Process Servers; Broward County

Background on Memorial Healthcare System

Since its inception in 1953, Memorial Healthcare System (MHS) has been a leader in providing high-quality health care services to South Florida residents. Today, it is the fifth-largest public health care system in the nation and highly regarded for its exceptional patient- and family-centered care. Memorial's patient, physician and employee satisfaction rates are some of the most highly regarded in the country, and the system is recognized as a national leader in quality health care.

Memorial Regional Hospital is the flagship facility of the health care system and is one of the largest hospitals in Florida. Memorial Regional Hospital offers extensive and diverse health care services that include Memorial Cardiac and Vascular Institute featuring renowned surgeons, Memorial Cancer Institute treating more inpatients than any other in Broward County, and Memorial Neuroscience Center providing innovative technology and world-class physicians.

Memorial Regional Hospital and Memorial Regional Hospital South are both located in Hollywood, Florida, and offer our community a variety of medical and surgical services. Joe DiMaggio Children's Hospital at Memorial provides a comprehensive array of pediatric services and is the leading children's hospital in Broward and Palm Beach counties. Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke serve the communities of western Broward County and others in South Florida. Memorial Manor nursing home and a variety of ancillary health care facilities round out the system's wide-ranging health services.

Memorial has a reputation as one of Florida's leading health care systems and is supported by a distinguished medical staff. In fact, the vast majority of physicians are board certified or board qualified in their specialties and have been trained at many of the nation's finest medical schools and hospitals. Because of its distinguished medical staff and services, Memorial draws patients from South Florida and beyond.

II. METHODOLOGY

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

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

Quantitative Data

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

Qualitative Data

- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance System
- Focus groups
- Key Informant Interviews
- Community Conversation

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

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

The members of the Community Health Needs Assessment Advisory Council represent the interest of the community. They participated in meetings that took place from December 2014 through March 2015 (see meeting agendas, minutes, and presentation in the Attachment section).

III. QUANTITATIVE PROFILE

1. DEMOGRAPHICS

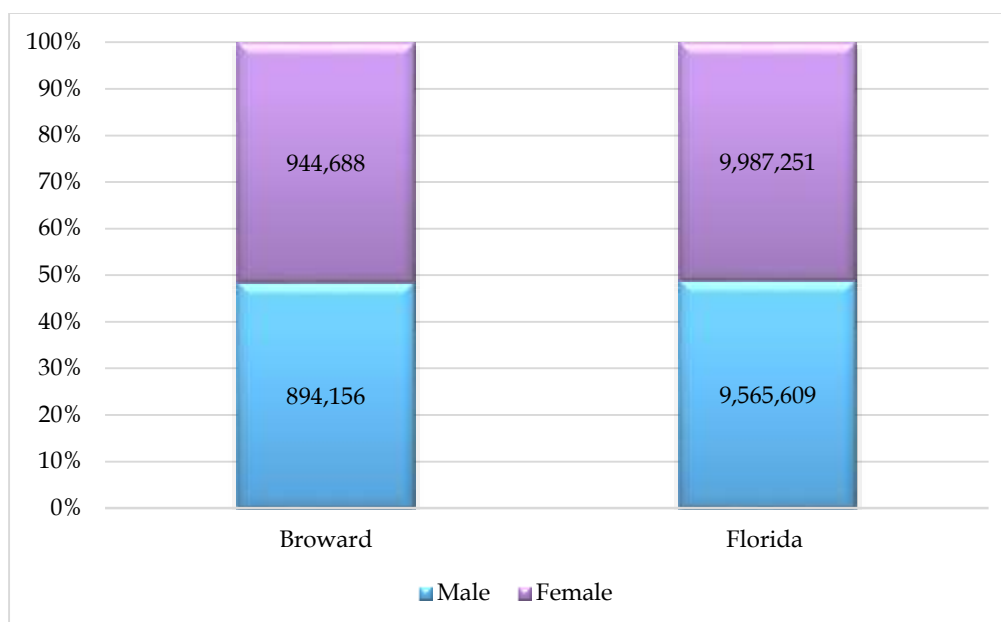
Broward County is the second most populated county in Florida and ranks high in diversity. This section provides an overview of the demographics and socioeconomic factors influencing health status and impacting health resources in the county. The table below provides a summary of the demographics for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

Table 1. Population by Gender, Age, Race and Ethnicity, Broward and Florida, 2013

2013	Broward		Florida	
	Number	Percent	Number	Percent
Total Population	1,838,844	-	19,552,860	-
Male	894,156	48.6%	9,565,609	48.9%
Female	944,688	51.4%	9,987,251	51.1%
0-17	401,222	21.8%	4,028,730	20.6%
18-64	1,161,064	63.1%	11,879,847	60.8%
65+	256,313	15.0%	3,644,283	18.6%
White	1,153,486	62.7%	14,897,782	76.2%
Black	514,140	28.0%	3,141,552	16.1%
Asian	64,072	3.5%	509,588	2.6%
Other	70,314	3.8%	577,729	3.0%
Hispanic	495,450	26.9%	4,619,316	23.6%

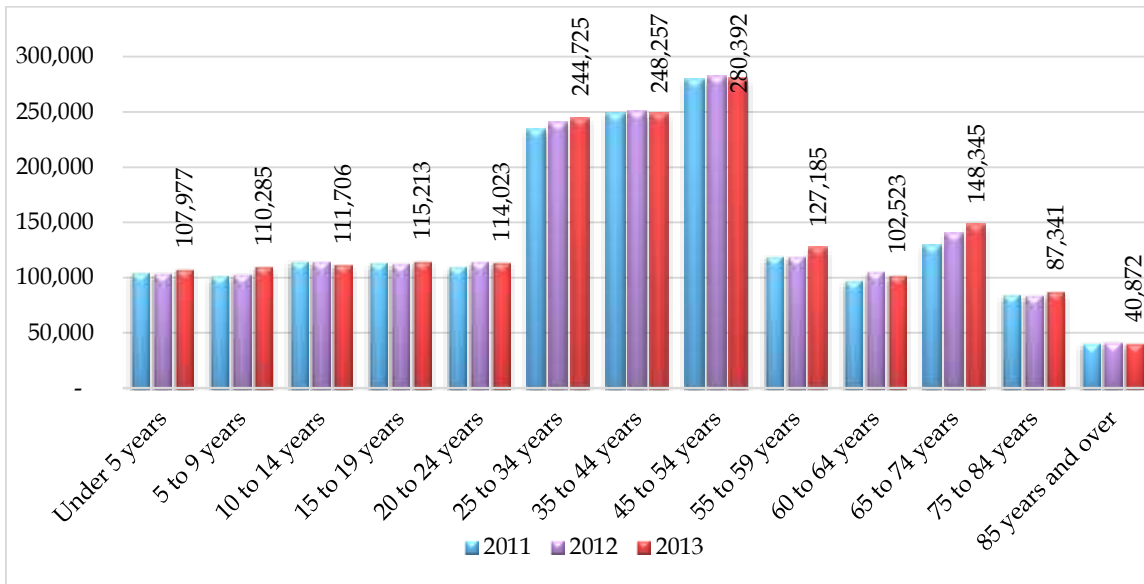
Source: US Bureau of the Census, American Community Survey 2013

Figure 2. Composition of Population by Gender, Broward County & Florida, 2013



Source: US Bureau of the Census, American Community Survey 2013

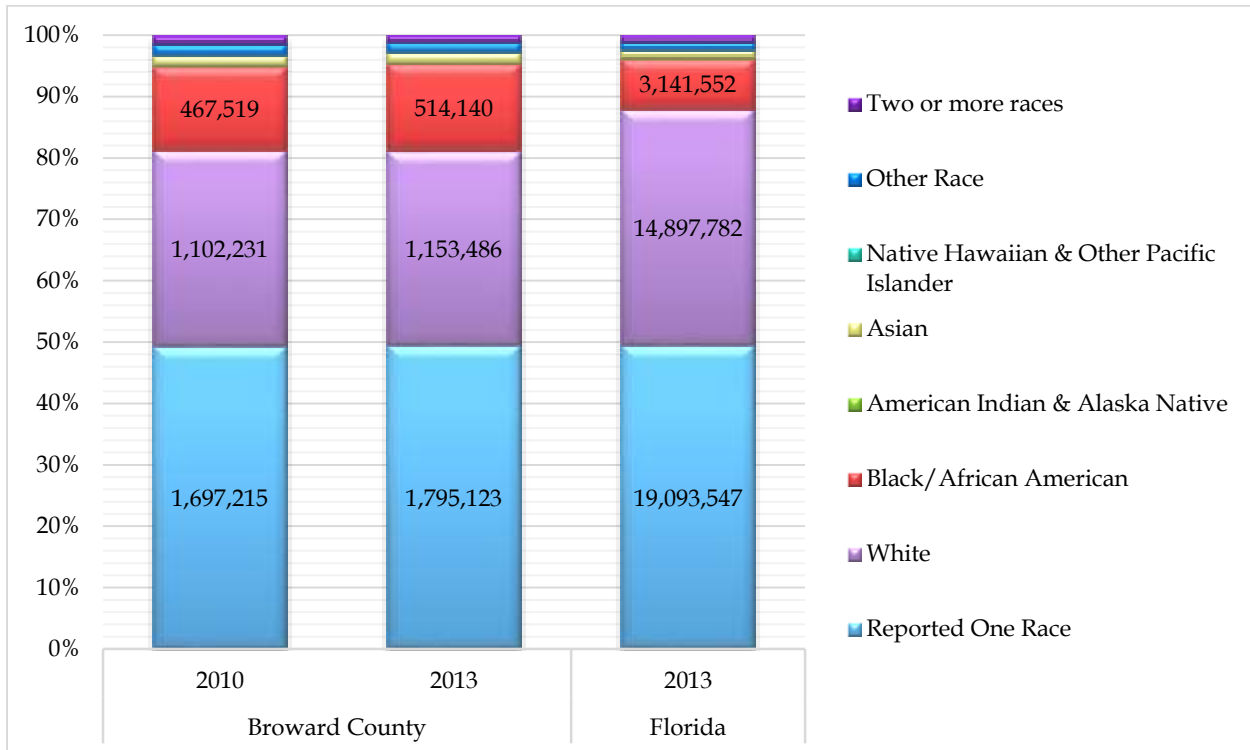
Figure 3. Population by Age, Broward County, 2011-2013



Source: US Bureau of the Census, American Community Survey, 2011, 2012 2013

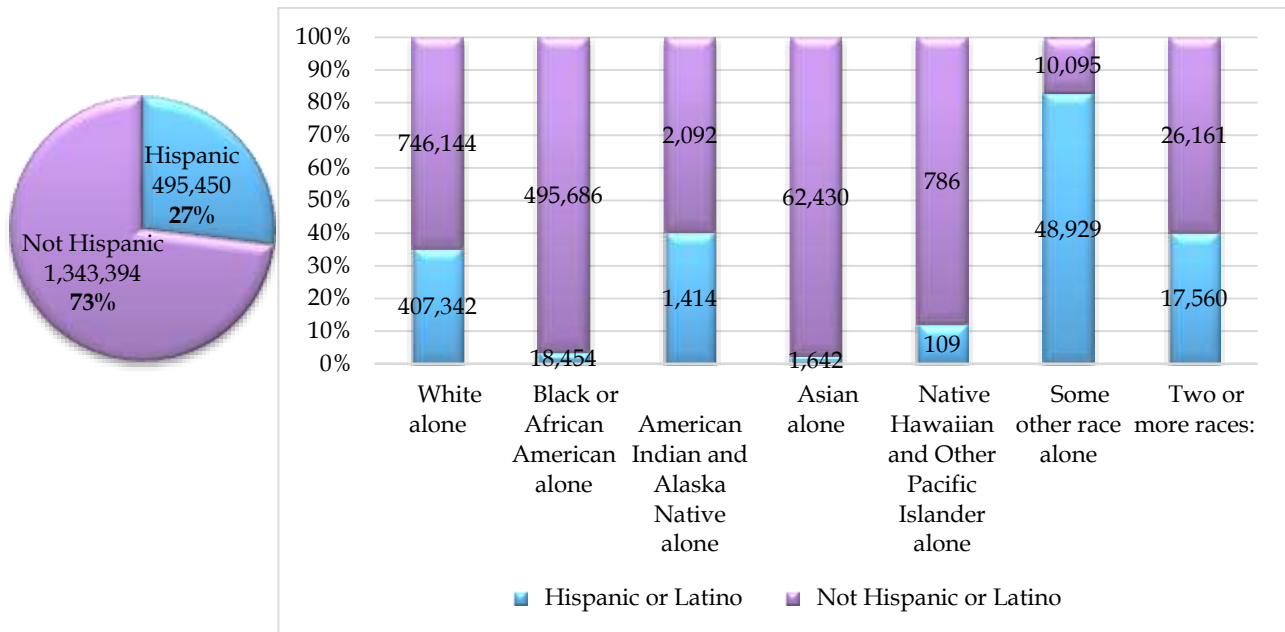
Figure 4 and Figure 5 illustrate the ethnic diversity in Broward County, showing that 27% of the population is Hispanic or Latino.

Figure 4. Population by Race, Broward County (2010, 2013), & Florida (2013)



Source: US Bureau of the Census, 2010 Census, American Community Survey, 2013

Figure 5. Population by Race and Hispanic or Latino, Broward County, 2013



Source: US Bureau of the Census, American Community Survey, 2013

2. HOUSEHOLDS

As depicted in the table below, 16.5% of Broward County’s households are female householders with no husband present. 28.8% of the households have individuals who are 65 years and over.

Table 2. Households by Type in Broward County, 2013

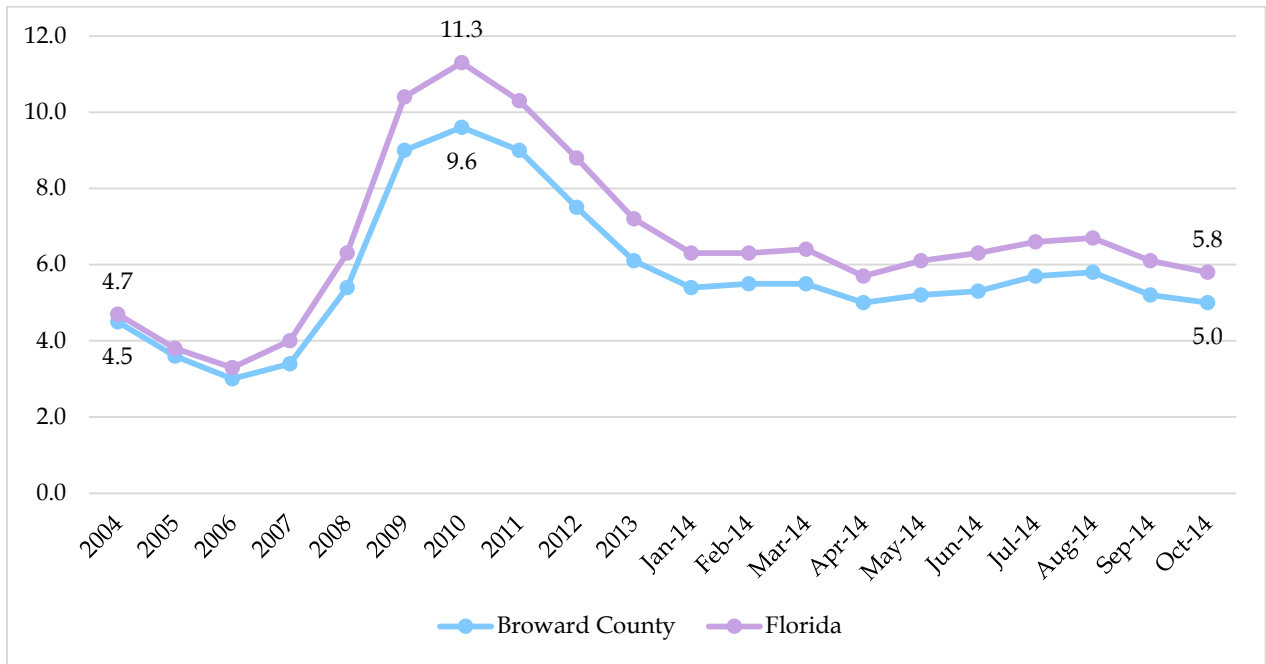
Total households	662,488	100%
Family households (families)	423,377	63.9%
With own children under 18 years	187,946	28.4%
Husband-wife family	284,204	42.9%
With own children under 18 years	115,054	17.4%
Male householder, no wife present	29,708	4.5%
With own children under 18 years	13,596	2.1%
Female householder, no husband present	109,465	16.5%
With own children under 18 years	59,296	9.0%
Nonfamily households	239,111	36.1%
Householder living alone	195,530	29.5%
65 years and over	76,718	11.6%
Households with individuals under 18 years	210,860	31.8%
Households with individuals 65 years and over	190,686	28.8%

Source: US Bureau of the Census, American Community Survey, 2013

3. EMPLOYMENT AND INCOME

The following figure presents the annual unemployment rate from 2004 to 2014, and then a monthly rate from January 2014 to Oct 2014. In late 2007, unemployment became a national concern, with millions of Americans suffering the consequences of the growing unemployment rate. Broward County had been significantly impacted by unemployment. The figure illustrates that both the county and the state unemployment peaked in 2010 (FL: 9.6% and BC: 11.3%). In 2011, the unemployment rate began to go down and by 2014 rates were lower than they were in 2008, reflecting the positive turn in the economy.

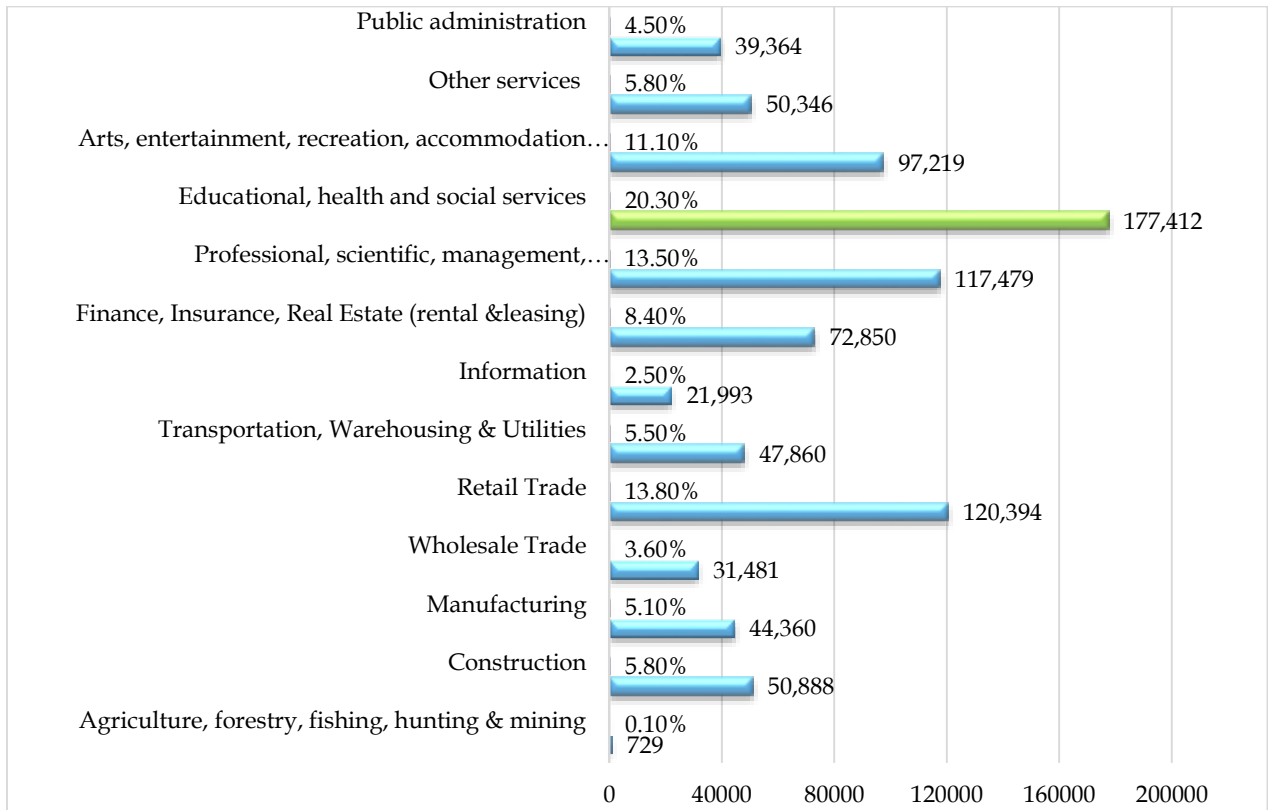
Figure 6. Broward County and Florida Unemployment (%) 2004 - October 2014



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

Figure 7 outlines the diverse labor force in Broward County. The Education & Health Services Industry was reported to be the largest employment industry in Broward in 2013, with 20.3% of the labor force.

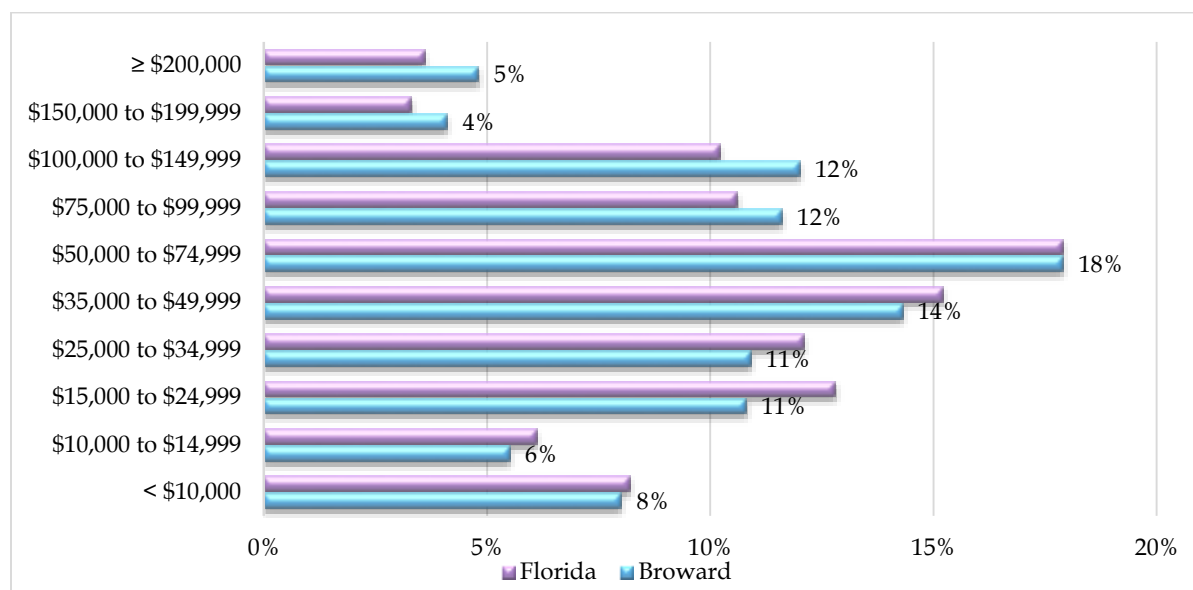
Figure 7. Employment by Industry, Broward County 2013



Source: US Bureau of the Census, American Community Survey, 2013

The figure below depicts the household income and benefits percentages for the population. From 2012 to 2013, Broward's median income increased from \$49,793 in 2012 to \$50,446.

Figure 8. Household Income & Benefits, Broward County vs. Florida, 2013



Source: US Bureau of the Census, American Community Survey, 2013

4. POVERTY

Poverty is an important indicator of a community's economic status. 15.1% of Broward residents live in poverty, with 18.9% of people under the age of 18 living at or below the Federal Poverty Level. Of those families with children under the age of 18, 15.7% were reported in poverty. 24.1% of families with a female householder were reported to be below the poverty line, compared to 6.7% of married couple families.

Table 3. Broward County, % Whose Income is Below Federal Poverty Level, 2011-2013

	2011	2012	2013
All families	11.1%	11.7%	11.8%
With related children under 18 years	16.2%	16.5%	15.7%
With related children under 5 years only	15.0%	15.2%	18.1%
Married couple families	6.1%	7.5%	6.7%
With related children under 18 years	8.5%	9.8%	6.7%
With related children under 5 years only	6.0%	8.4%	8.2%
Families with female householder, no husband present	23.5%	21.6%	24.1%
With related children under 18 years	31.3%	28.6%	30.5%
With related children under 5 years only	34.3%	29.1%	33.6%
All people	14.8%	15.1%	15.1%
Under 18 years	20.4%	21.0%	18.9%
Related children under 18 years	20.1%	20.7%	18.7%
Related children under 5 years	23.1%	24.3%	23.2%
Related children 5 to 17 years	19.0%	19.4%	17.0%
18 years and over	13.3%	13.5%	14.0%
18 to 64 years	13.6%	13.4%	14.0%
65 years and over	11.8%	13.7%	14.1%
People in families	12.4%	13.0%	12.2%
Unrelated individuals 15 years and over	23.9%	22.9%	26.6%

Source: US Bureau of the Census, American Community Survey, 2013

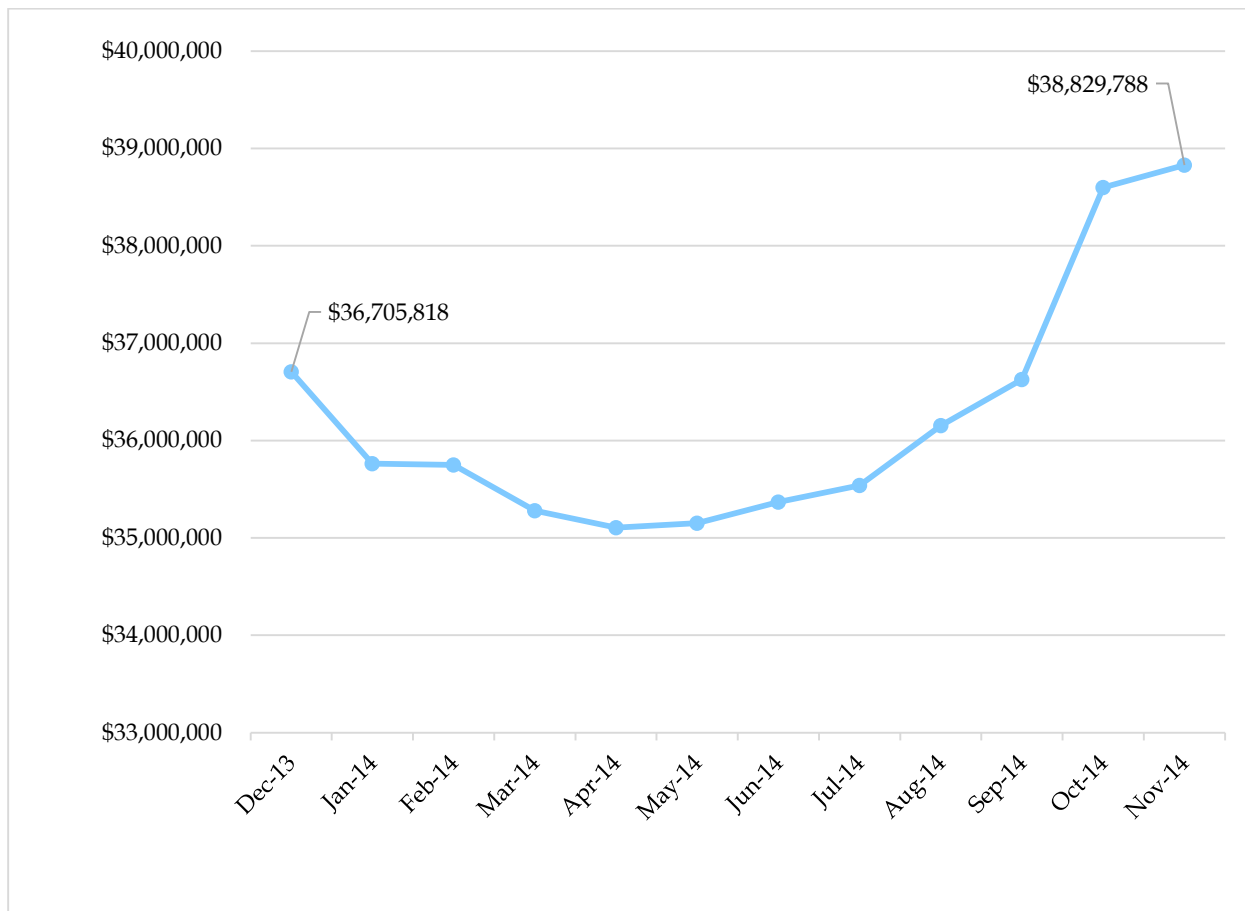
5. PUBLIC ASSISTANCE

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

A. FOOD ASSISTANCE

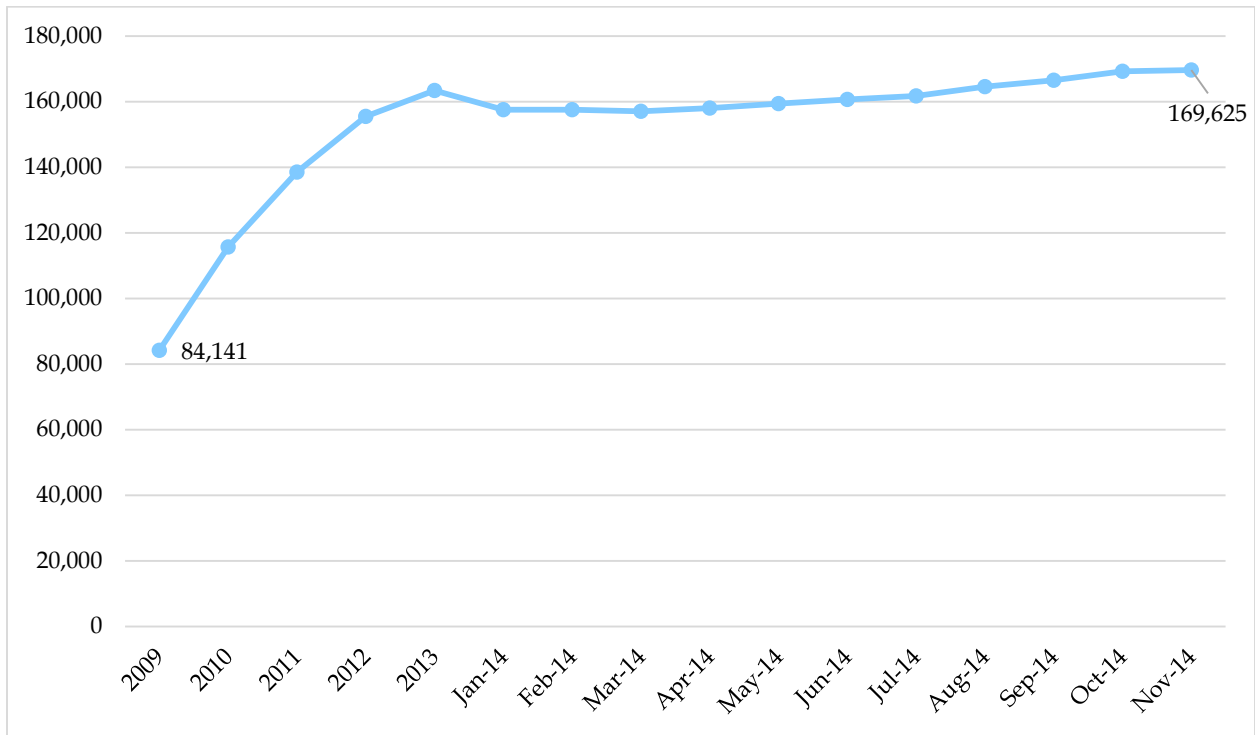
The Food Assistance program assists low-income people and families with their ability to buy healthy foods. In Broward County, food stamp issuance had decreased at the beginning of the year. However, it steadily increased from April to November (Figure 9). In addition, there has been a steady increase in the number of Food Stamp households (Figure 10) with more than 169,000 households receiving food stamps in November.

Figure 9. Broward County, Food Stamp Issuance (\$), Dec 2013 to Nov 2014



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

Figure 10. Broward County Food Stamp Households, 2009 to November 2014

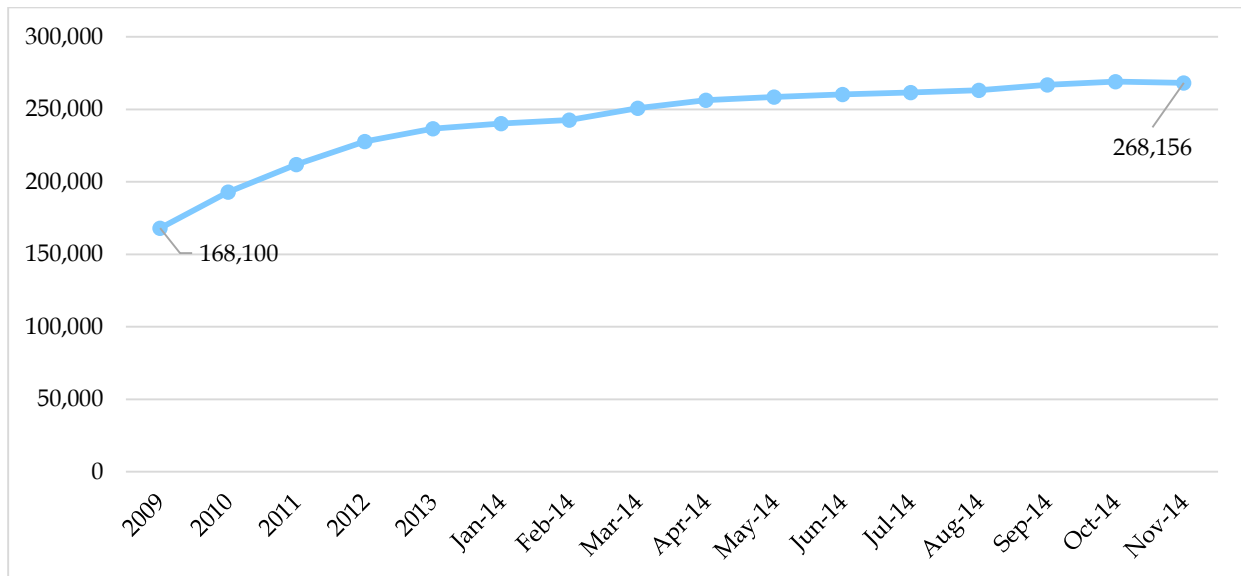


Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families

B. MEDICAL ASSISTANCE

Medicaid provides medical coverage to low-income individuals and families. From 2009 to November 2014, the total number of Medicaid clients increased by approximately 100,000 in Broward County.

Figure 11. Broward County Medicaid Clients, 2009 to November 2014

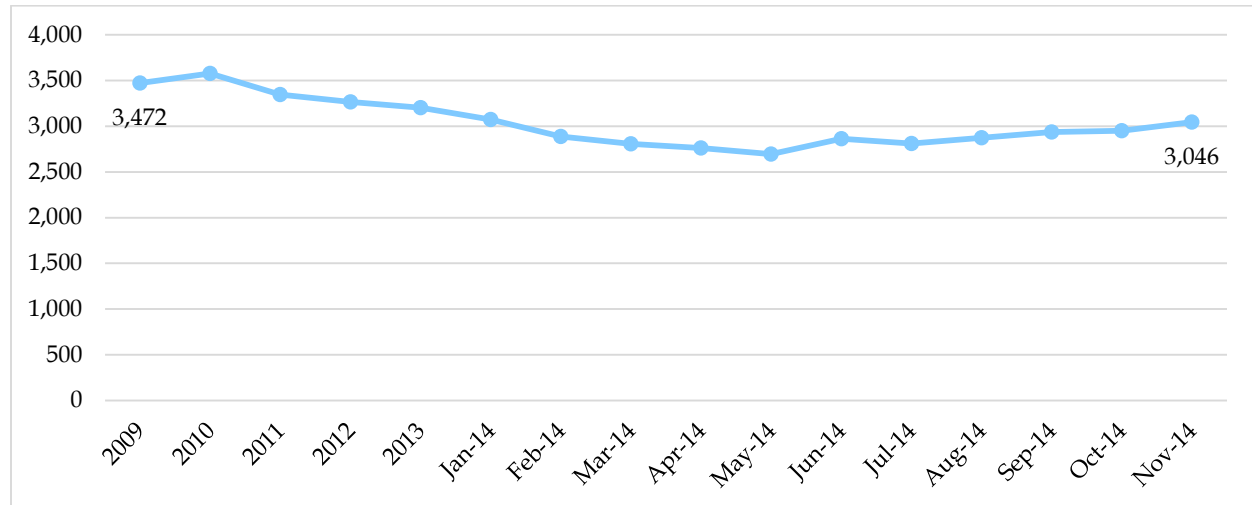


Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families

C. TEMPORARY CASH ASSISTANCE

The Temporary Cash Assistance programs (i.e. TANF) help families with children under the age of 18 to become self-supporting while allowing the children to remain at home. The numbers of clients and families have gradually decreased from 2009 to November 2014.

Figure 12. Broward County TANF Enrollment, 2009 to November 2014

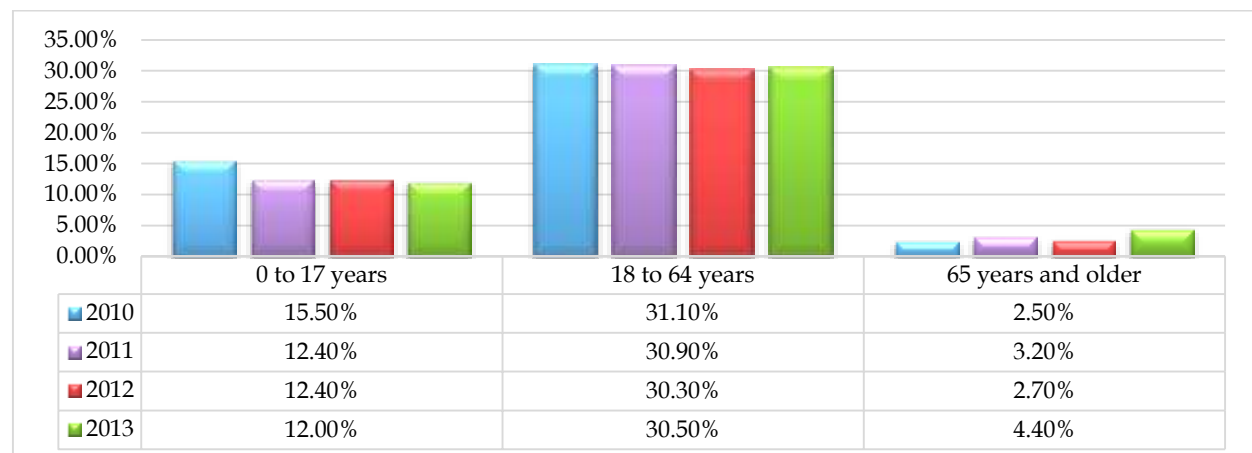


Source: State of Florida Public Assistance Caseload Report, Florida Department of Children and Families

6. HEALTH INSURANCE

Health insurance coverage can greatly impact an individual's or family's access to healthcare. As healthcare costs continue to rise, individuals without insurance have an increasingly difficult time accessing healthcare services. In 2013, the U.S. Census Bureau estimated 30.50% of Broward County's residents aged 18-64 were uninsured. Broward County's uninsured rate for children aged 0 to 17 showed a decrease since 2010. However, a significant increase in the uninsured rate was noted for residents 65 years of age and older, when the risk of experiencing major health problems increases dramatically.

Figure 13. Total Uninsured Rate by Age, Broward, 2010-2013



Source: US Bureau of the Census, 2010 Census, 2011, 2012, 2013 American Community Survey

A. UNINSURED BY YEAR

The uninsured rate decreased slowly over time for Broward County, Florida and the US. However, the highest rate is consistently seen in Broward County.

Figure 14. Total Uninsured Rate by Year, Broward County, Florida, USA, 2010-2013

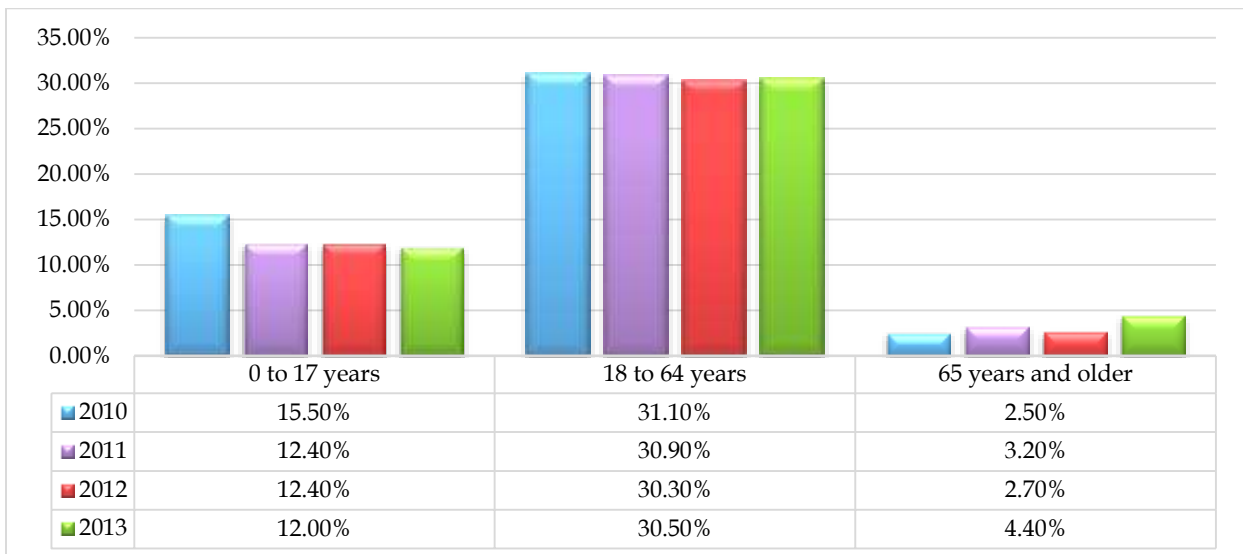


Source: US Bureau of the Census, American Community Survey, 2010, 2011, 2012, 2013

B. UNINSURED BY AGE

The 18 – 64 years age group represents the largest segment of the uninsured in the county. In contrast, the 65 years and older age group represents the smallest segment. However, a considerable increase in uninsured among seniors can be noted from 2012 to 2013. On the other hand, the uninsured rate for the less than 18 years age group decreased from 2010 to 2013. This decline can be attributed to significant work by community organizations to enroll eligible children in health insurance programs like Florida KidCare.

Figure 15. Uninsured Rate by Age, Broward County, 2010-2013

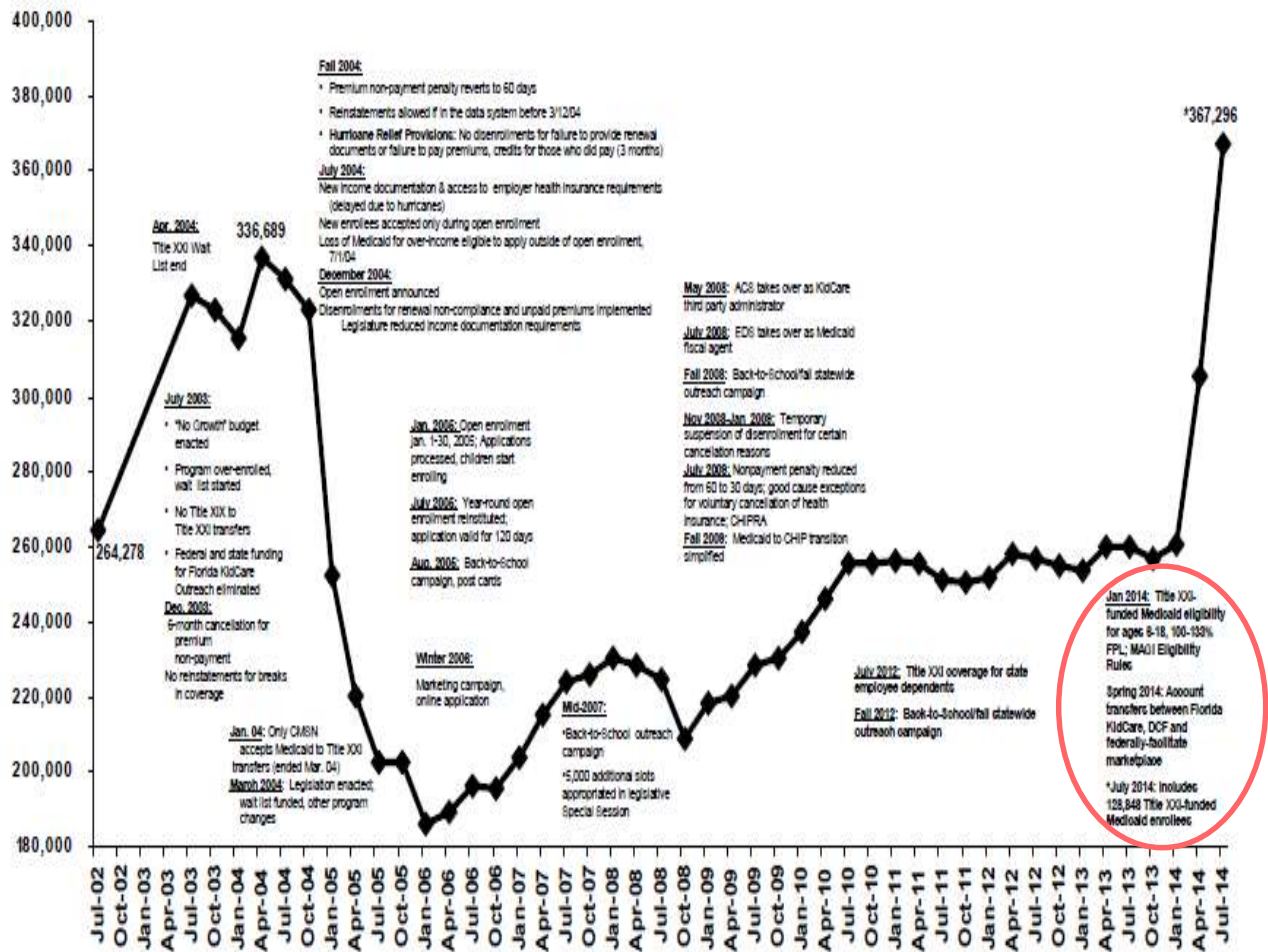


Source: US Bureau of the Census, American Community Survey, 2010, 2011, 2012, 2013

C. FLORIDA KIDCARE

Florida KidCare provides insurance coverage for uninsured children under the age of 18. The average annual value of enrollment is \$1,500 per child. The following figure illustrates the steady increase in KidCare enrollment rates for the entire State of Florida. Note the significant increase in enrollment since the account transfers between Florida Kidcare and the federally facilitated insurance marketplace in the spring of 2014.

Figure 16. Total Florida KidCare Enrollment, July 2002 to July 2014



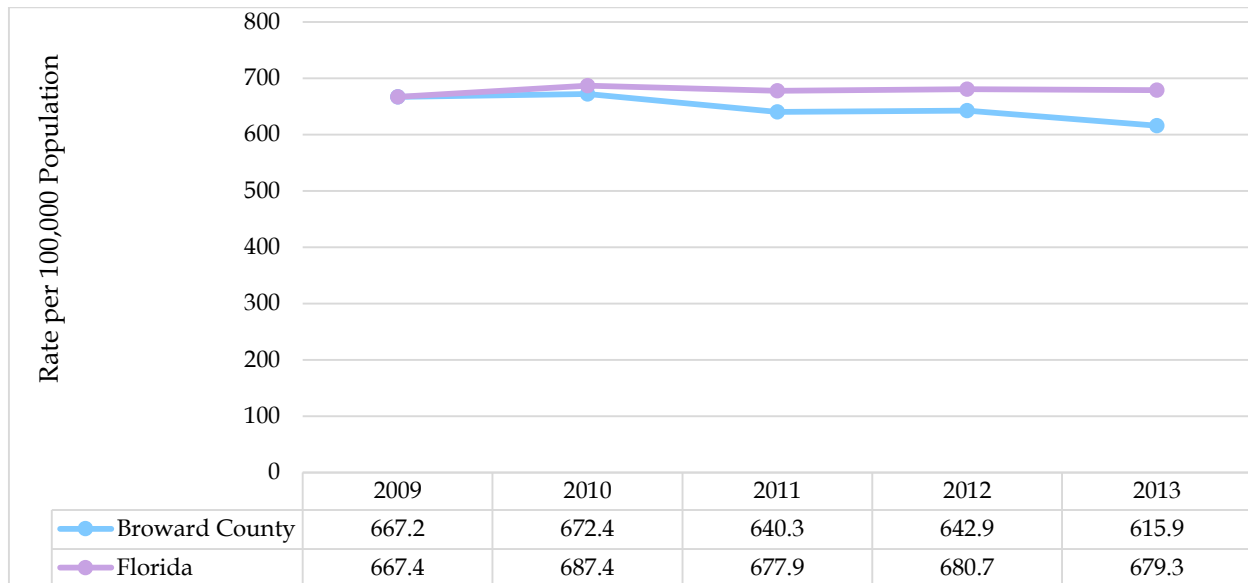
Source: <http://www.floridakidcare.com>

7. MORTALITY AND MORBIDITY

A. MORTALITY RATES

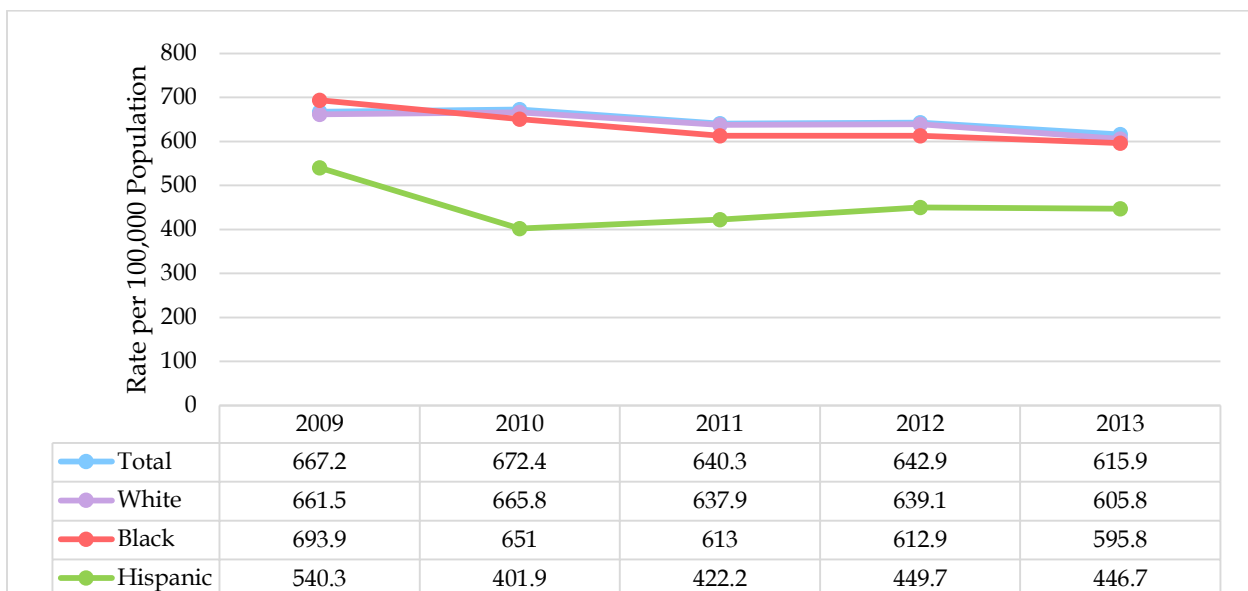
Mortality refers to death and mortality rates refer to the number of people who die during a time interval. The figure below shows a decrease in the death rate between 2009 and 2013 for both Broward County and Florida overall.

Figure 17. Age Adjusted Death Rates per 100,000 Population*, Broward County, FL, 2009-2013



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

Figure 18. Age Adjusted Death Rates by Race/Ethnicity, Broward County, 2009-2013



Source: Florida Charts

B. MAJOR CAUSES OF DEATH

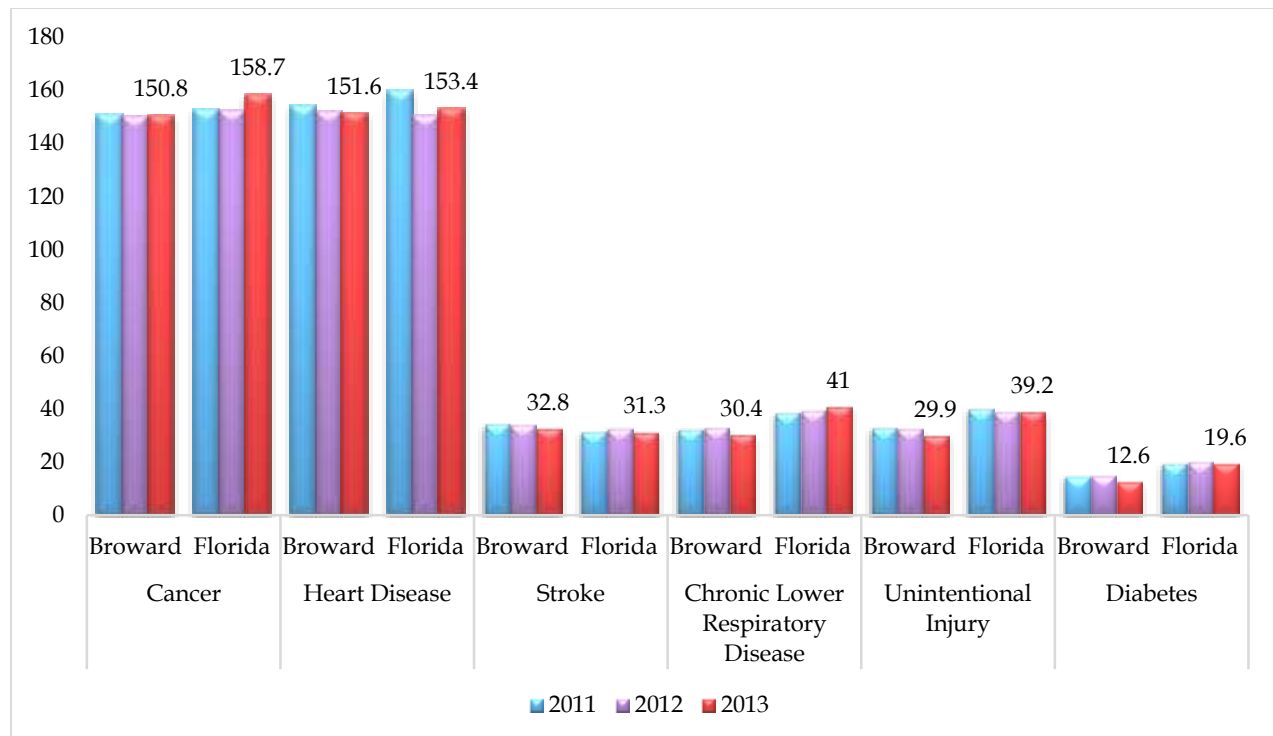
The following data examines the death rates for the Major Causes of Death in Broward County in 2013. It is important to note that Heart Disease and Cancer have remained the leading causes of death for several years.

Table 4. Major Causes of Death in Broward County, 2013

Cause Of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	14,144	100	792.0	615.9	632.9	6,308.3
Heart Disease	3,664	26	205.2	151.6	152.0	887.7
Cancer	3,381	24	189.3	150.8	154.4	1,525.3
Stroke	769	5	43.1	32.8	33.3	201.6
Chronic Lower Respiratory Disease	716	5	40.1	30.4	31.0	135.5
Unintentional Injuries	584	4	32.7	29.8	32.2	852.7
Alzheimer's Disease	361	3	20.2	14.0	10.8	10.7
Diabetes Mellitus	279	2	15.6	12.6	14.1	139.4
Suicide	210	1	11.8	10.8	11.8	318.5
Chronic Liver Disease And Cirrhosis	179	1	10.0	8.2	9.5	150.3
AIDS/HIV	122	1	6.8	6.1	6.8	170.0

Source: Florida Charts

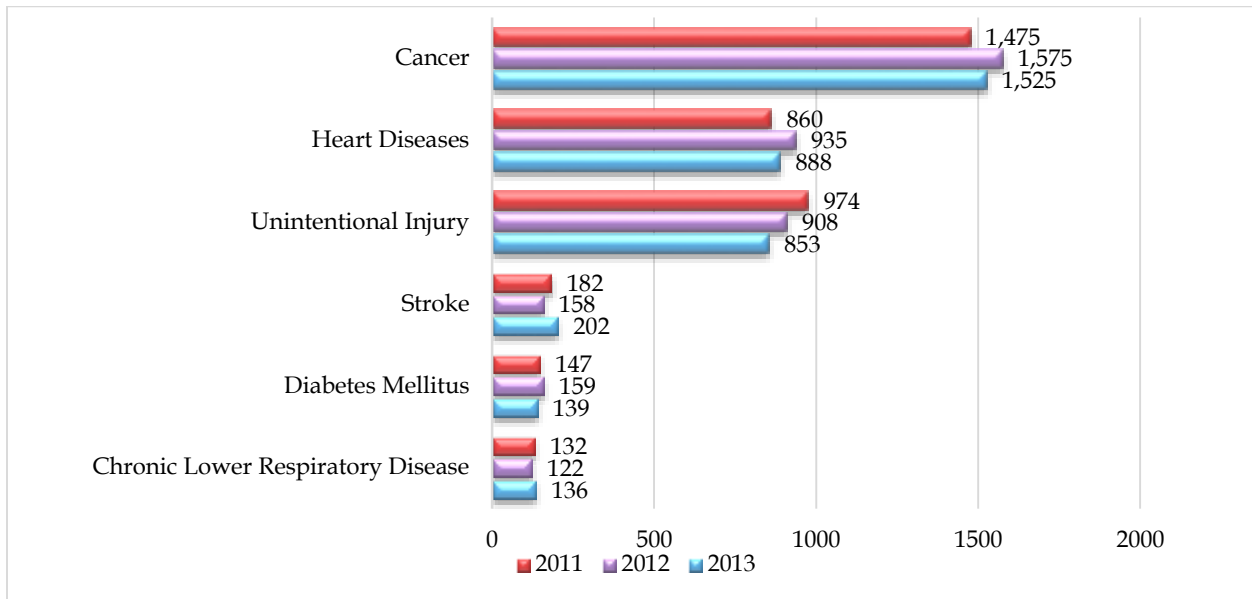
Figure 19. Major Causes of Death, Broward County, and Florida, 2011-2013



Source: Florida Charts

According to the Florida Charts definition, the Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It is defined as the number of years of life lost among persons who die before a predetermined age, in this case, age 75. [Deaths that occur at age 75 or greater are excluded from this calculation.] As reflected in the figure below, the two highest YPLL from 2011 to 2013 are in the categories of Cancer and Unintentional Injury.

Figure 20. Years of Potential Life Lost per 100,000 under 75, Broward County, 2011-2013

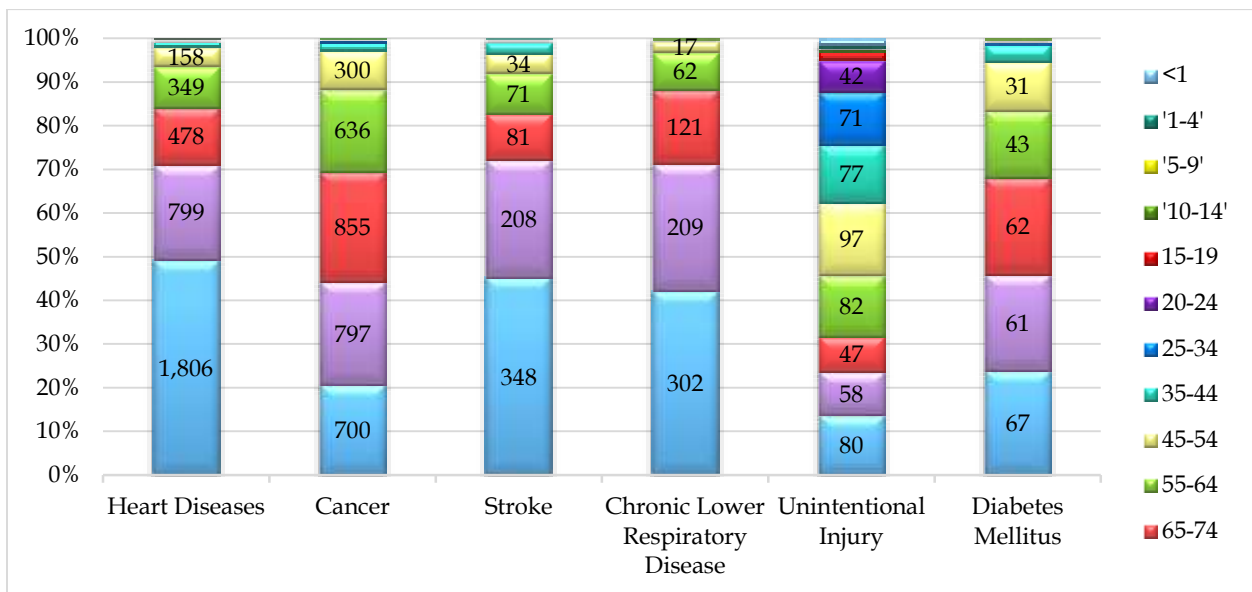


Source: Florida Charts

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

Figure 21 illustrates that in Broward County, Cancer has been the leading cause of death for individuals between the age of 55 and 74 years of age. The leading cause of death for younger populations is Unintentional Injury.

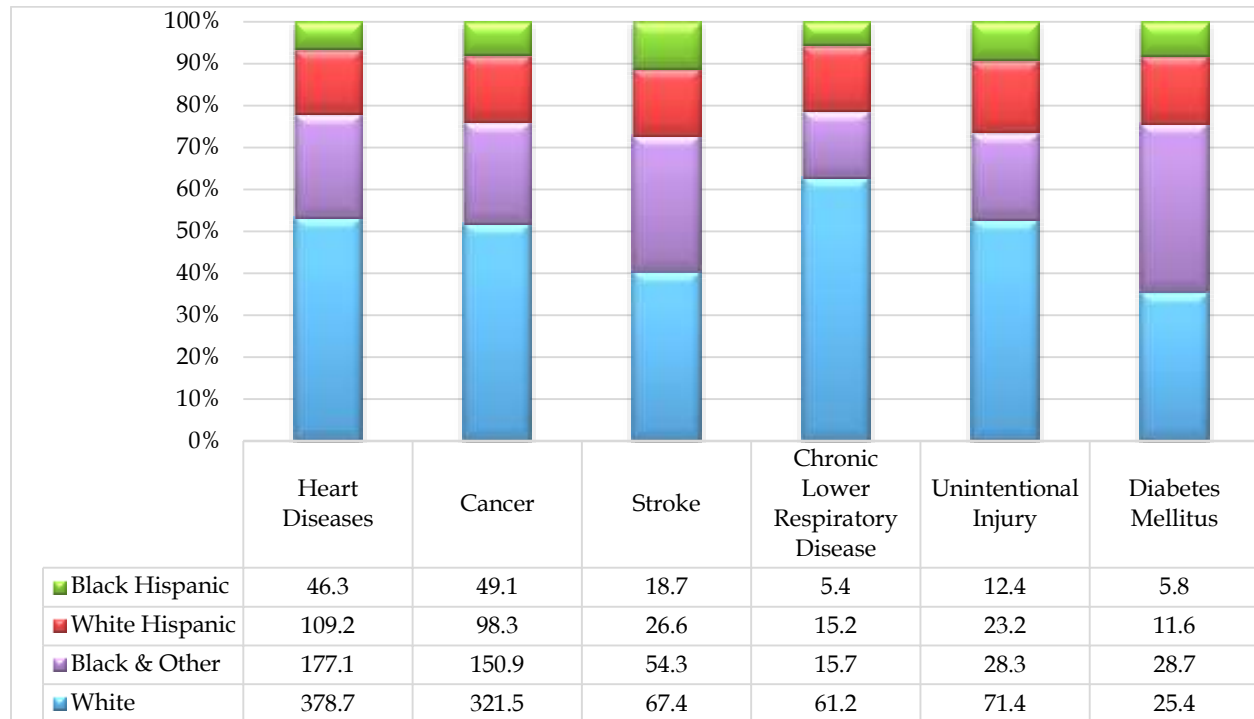
Figure 21. Major Causes of Death by Age, Broward County, 2013



Source: Florida Charts

The following figure illustrates that the majority of diabetes deaths occur among African American populations in Broward County. Chronic Lower Respiratory Diseases appear more common among the White population.

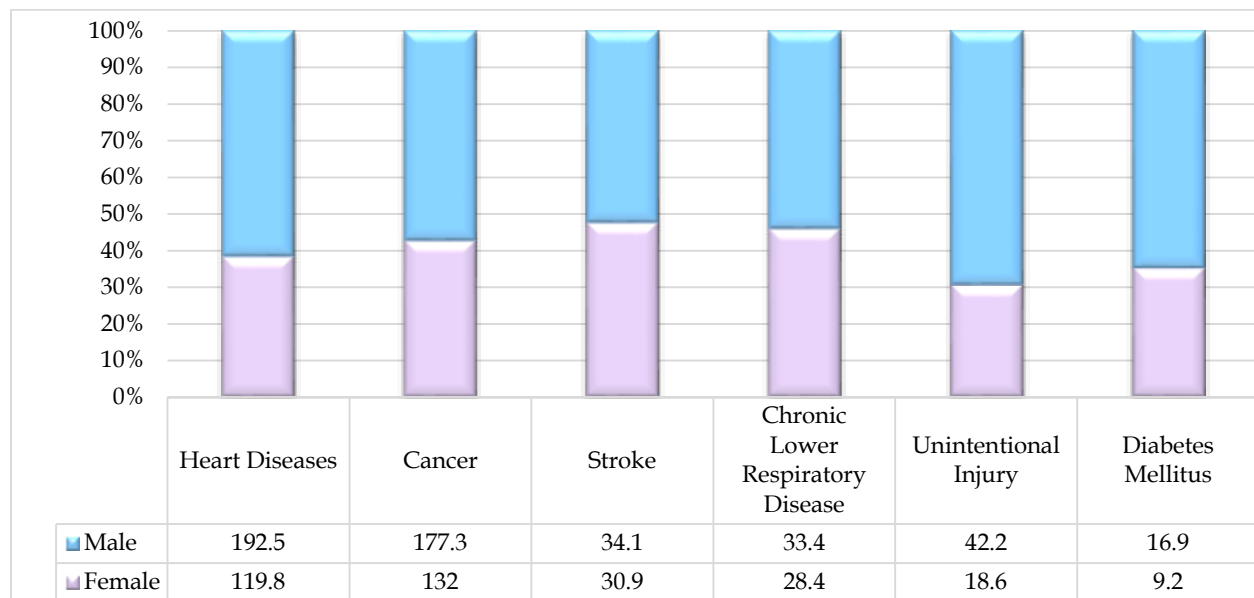
Figure 22. Major Causes of Death by Race/Ethnicity, Broward County, 2013



Source: Florida Charts

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

Figure 23. Major Causes of Death by Gender, Broward County, 2013

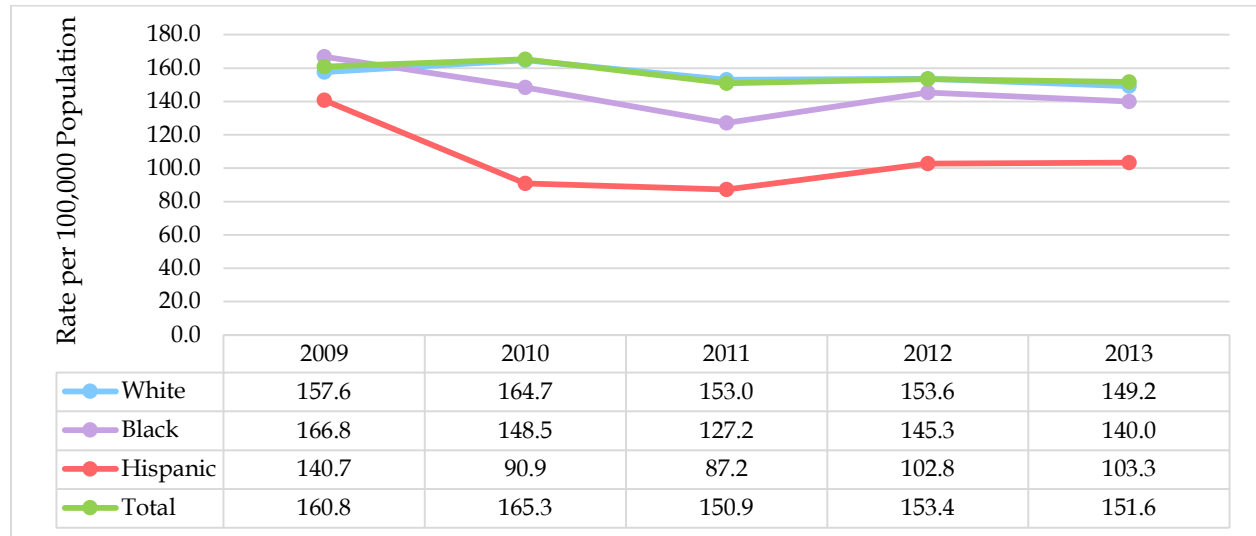


Source: Florida Charts

C.1. DEATH FROM CORONARY HEART DISEASE

The Healthy People 2020 goal for coronary heart disease death rates is 100.8 deaths per 100,000 population. Figure 24 indicates that the death rate due to coronary heart disease has been decreasing steadily among all races/ethnicities in Broward County from 2006 to 2011. In Broward County, the rate among blacks shows a more significant decline than the white population from 2009 to 2011; however, the numbers increased in 2012 and 2013.

Figure 24. Heart Disease Death Rates per 100,000 Population By Race/Ethnicity, Broward County, 2009-2013

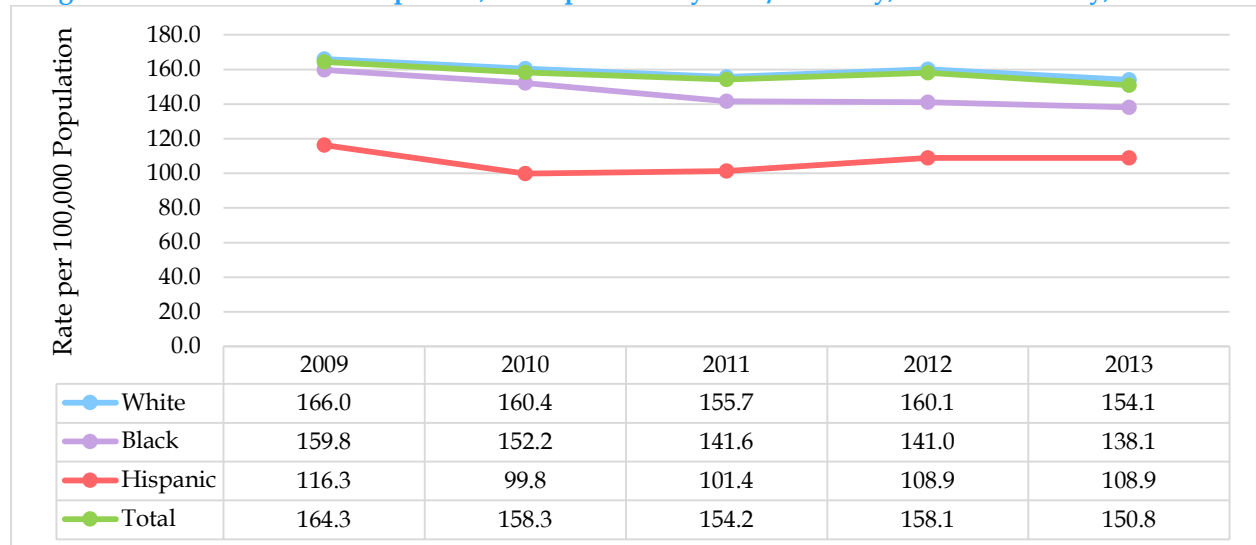


Source: Florida Charts

C.2. DEATH FROM CANCER

Figure 25 indicates that the death rate due to cancer has been decreasing steadily among all races/ethnicities in Broward County from 2009 to 2013. However, to be noted is that the rate of decrease among whites, is significantly greater than among other races.

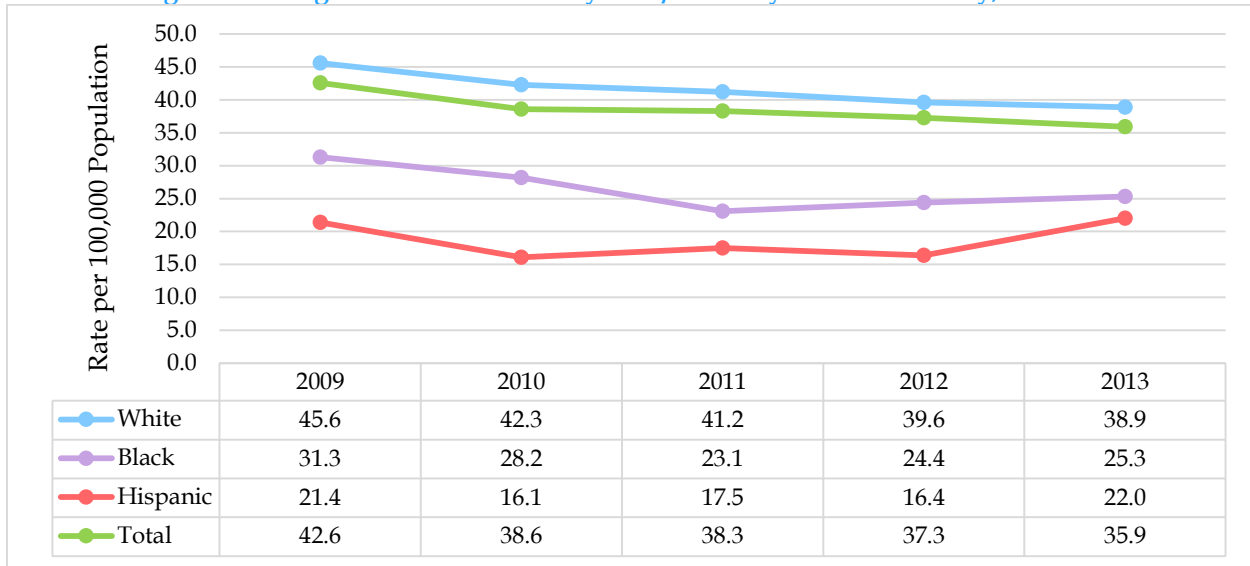
Figure 25. Cancer Death Rate per 100,000 Population by Race/Ethnicity, Broward County, 2009-2013



Source: Florida Charts

Figure 26 indicates that the number of deaths due to lung cancer has been decreasing steadily in Broward County over the last decade. The US Healthy People 2020 goal for lung cancer death rates is 43.3. The Broward County death rate is 38.3 and currently meets the Healthy People goal.

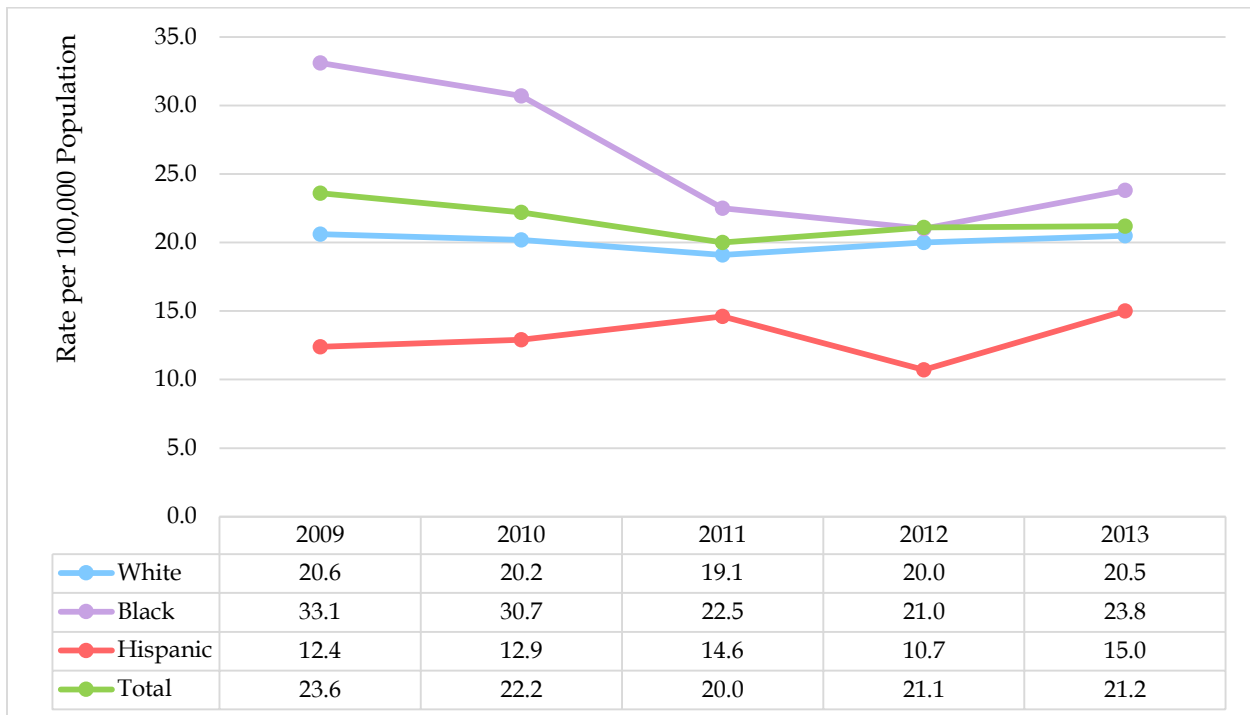
Figure 26. Lung Cancer Death Rate by Race/Ethnicity Broward County, 2009-2013



Source: Florida Charts

Over the last few years, the breast cancer death rate had decreased in Broward County, until 2012 and 2013 when rate increases were seen. Breast cancer deaths are highest among Black women.

Figure 27. Breast Cancer Death Rate by Race/Ethnicity in Broward County, 2009-2013



Source: Florida Charts

C.3. UNINTENTIONAL INJURY DEATHS

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

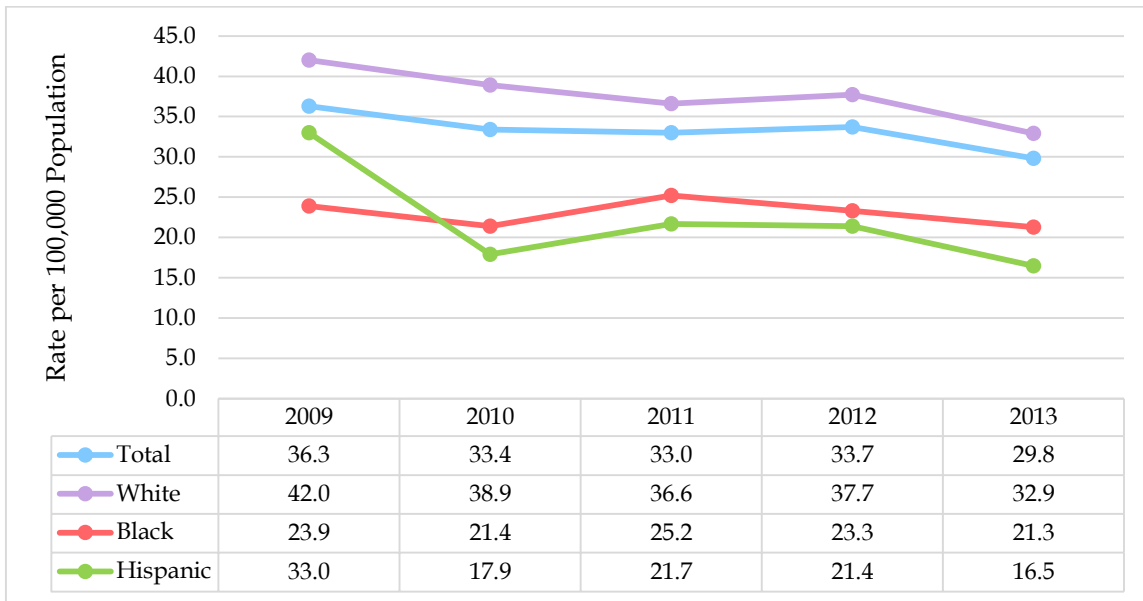
The injury mortality rate reflects the health and well-being of the population as well as the quality of the healthcare available. As illustrated in Figure 28, the death rate from unintentional injuries decreased in the county between 2002-2013. There is a higher rate of unintentional injury death amongst the white population as .

Figure 28. Unintentional Injury Death Rate, Broward and Florida, 2002-2013



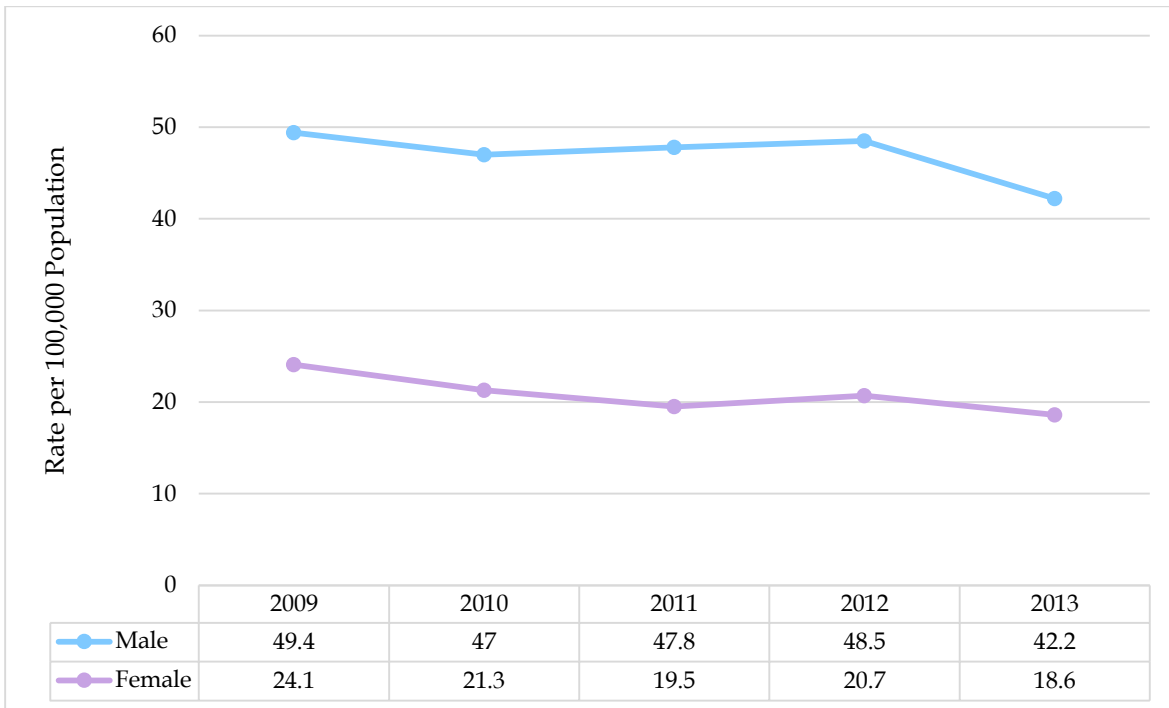
Source: Florida Charts

Figure 29. Unintentional Injury Death Rate by Race and Ethnicity, Broward, 2009-2013



Source: Florida Charts

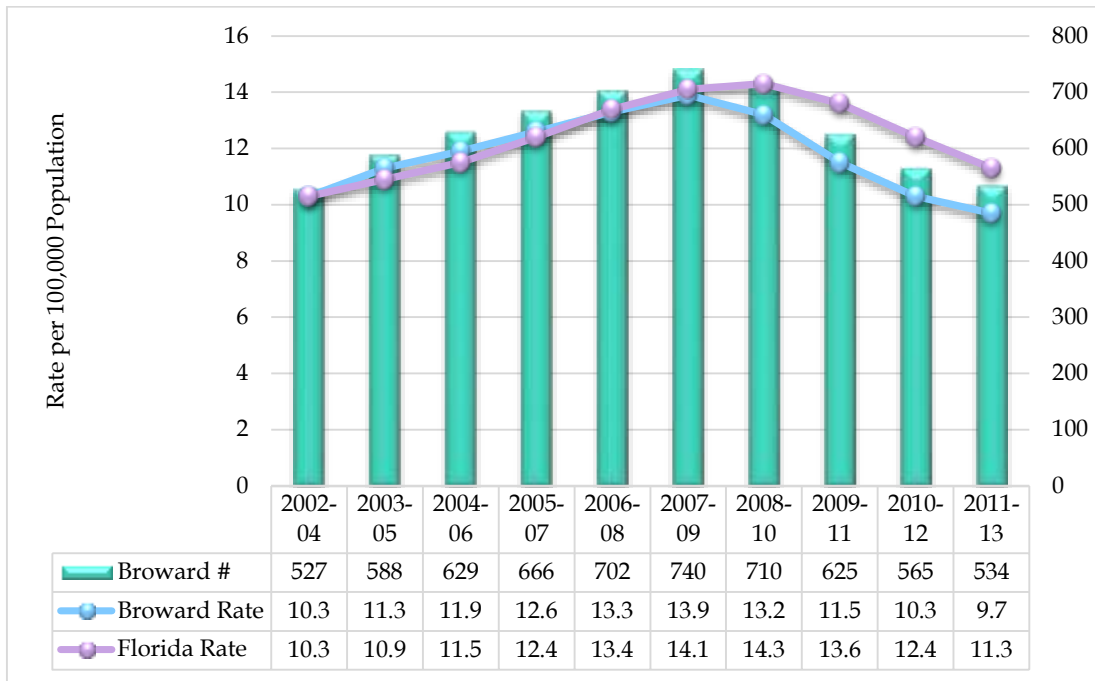
Figure 30. Unintentional Injury Death Rate by Gender, Broward, 2009-2013



Source: Florida Charts

Poisoning deaths are the result of external causes such as drugs, medication and biological substances. Unintentional poisoning is second only to motor vehicle crashes as a cause of unintentional injury death. The following figure shows that unintentional poisoning has increased significantly in Broward County and the entire State since the early 2000s, however it appears to be decreasing in the last several years.

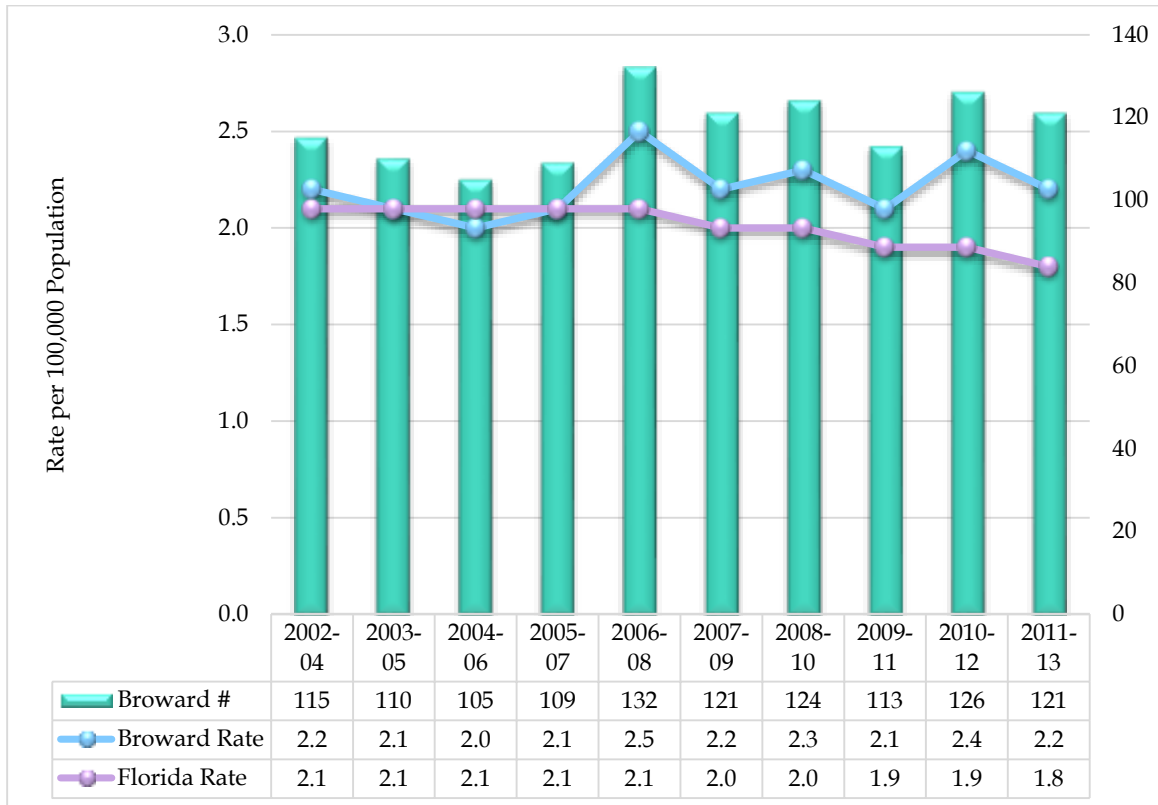
Figure 31. Unintentional Poisoning Age-Adjusted Death Rate, Broward County and Florida, 2002-2013



Source: Florida Charts

The following figures present the death rates related to drowning. The overall death rates have increased over the years, particularly among young children.

Figure 32. Unintentional Drowning, Broward County, Age-Adjusted Death Rate, 2002-2013



Source: Florida Charts

D. CHRONIC DISEASES

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

Table 5. Chronic Diseases in Broward County

Indicator	Years	Avg. Annual Number	Age-Adjusted Rate	Quartile	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal ³
Coronary Heart Disease						
Deaths	2011-13	2,285	97.4	1	102.5	100.8
Hospitalizations	2010-12	6,669	314.3	1	352.7	
Stroke						
Deaths	2011-13	772	33.3	3	31.3	33.8
Hospitalizations	2010-12	5,086	239.6	2	266.2	
Heart Failure						
Deaths	2011-13	332	13.5	3	9.7	Not available
Hospitalizations	2010-12	3,477	160.9	4	111.6	

Source: Florida Charts

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

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

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

Table 6. Broward County Cancer Death and Incidence

Indicator	Years	Avg. Annual Number	Age-Adjusted Rate	Quartile	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal ³
Lung Cancer						
Deaths	2011-13	810	37.1	1	44.5	45.5
Incidence	2009-11	1,160	56.6	1	63.4	
Colorectal Cancer						
Deaths	2011-13	326	14.9	3	14.1	14.5
Incidence	2009-11	847	41.0	3	38.0	
Breast Cancer						
Deaths	2011-13	244	20.7	2	20.4	20.6
Incidence	2009-11	1,294	120.9	4	113.4	
Prostate Cancer						
Deaths	2011-13	175	19.0	3	17.8	21.2
Incidence	2009-11	1,135	120.5	3	115.8	

Source: Florida Charts

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

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

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

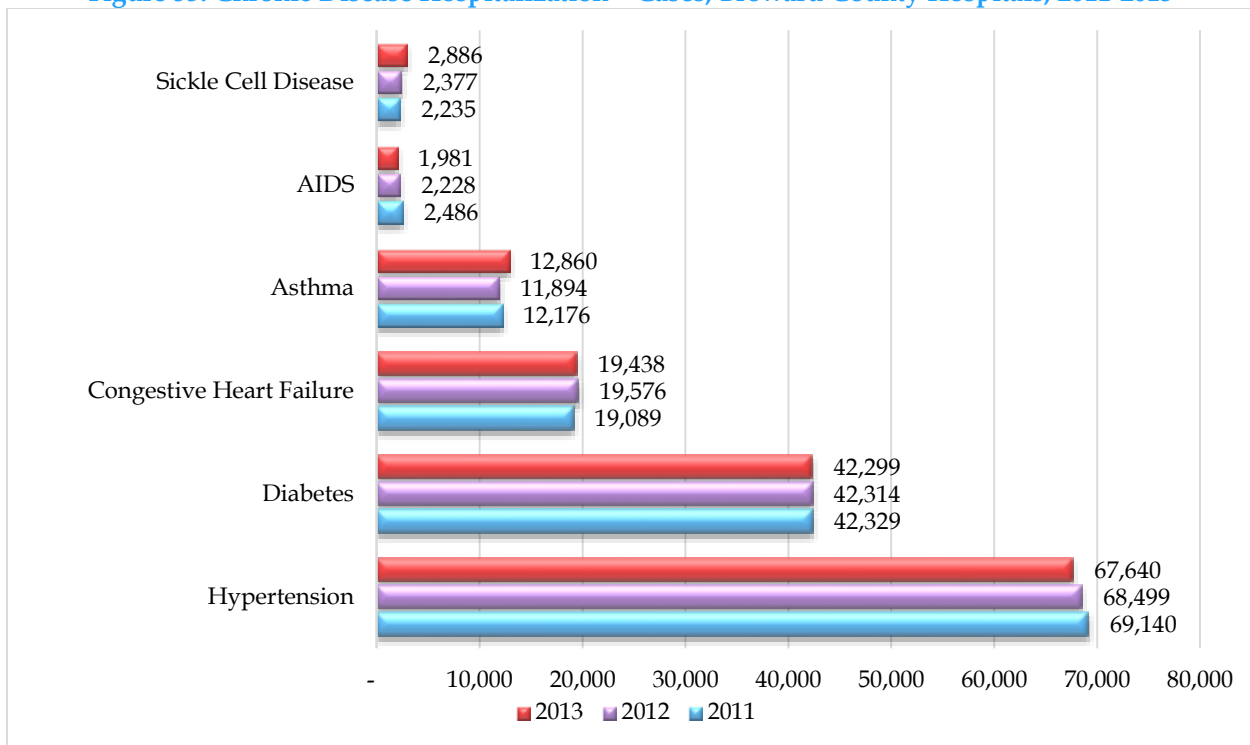
D.1 CHRONIC DISEASE HOSPITALIZATION - MHS AND BROWARD HOSPITALS

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

- AIDS
- Asthma
- Congestive Heart Failure
- Hypertension
- Diabetes
- Sickle Cell Disease

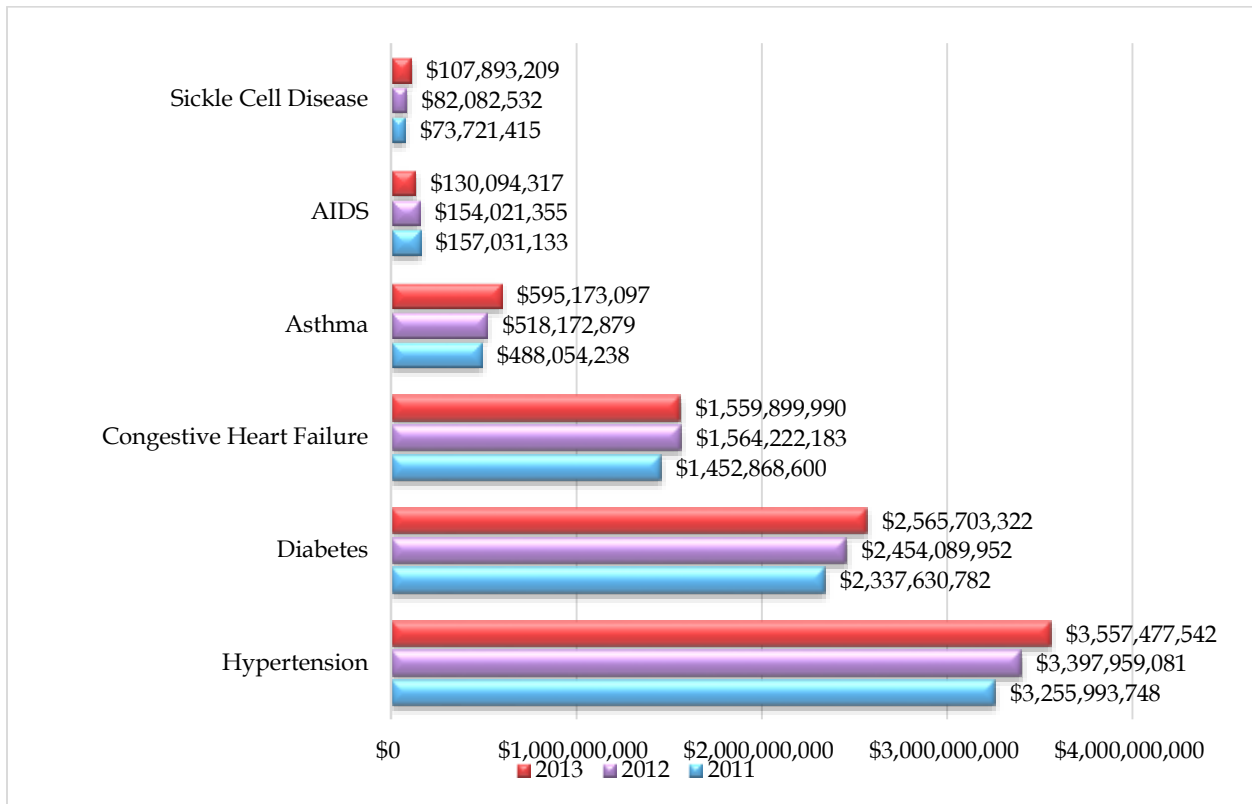
The figures below shows the chronic disease hospitalization rates for all Broward County Hospitals.

Figure 33. Chronic Disease Hospitalization - Cases, Broward County Hospitals, 2011-2013



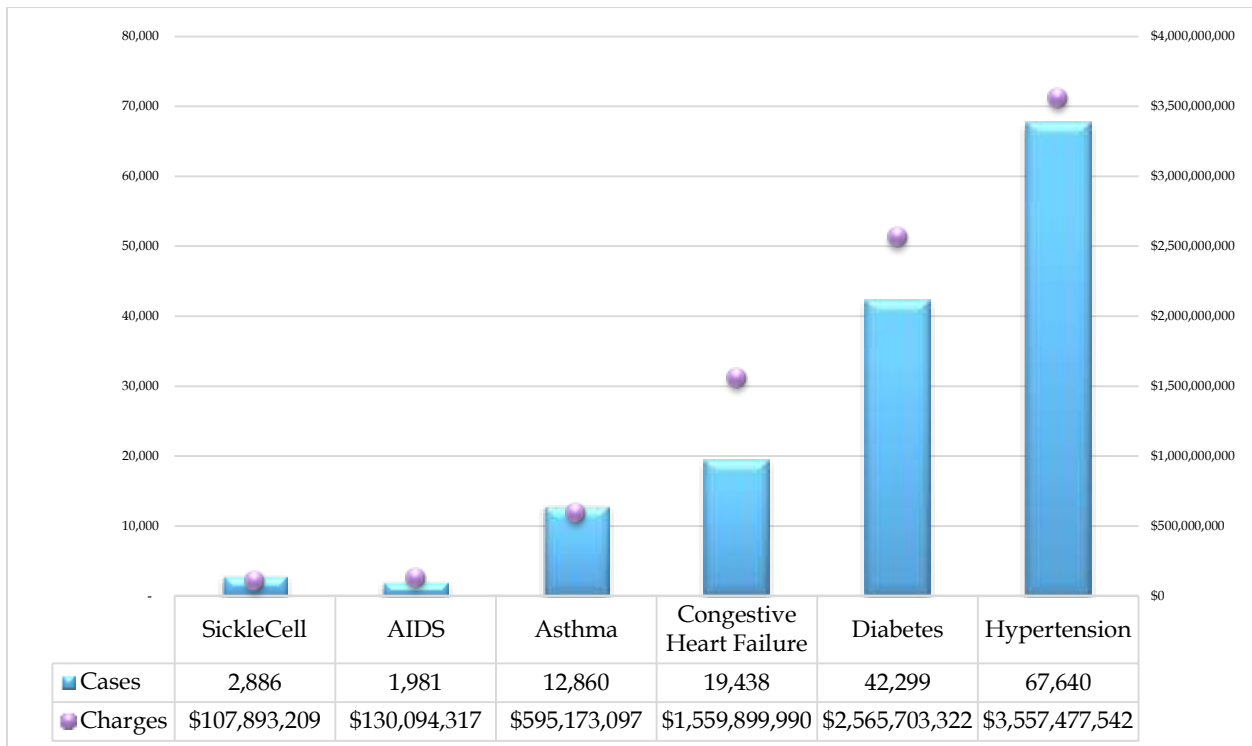
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 34. Chronic Disease Hospitalization – Charges, Broward County Hospitals, 2011-2013



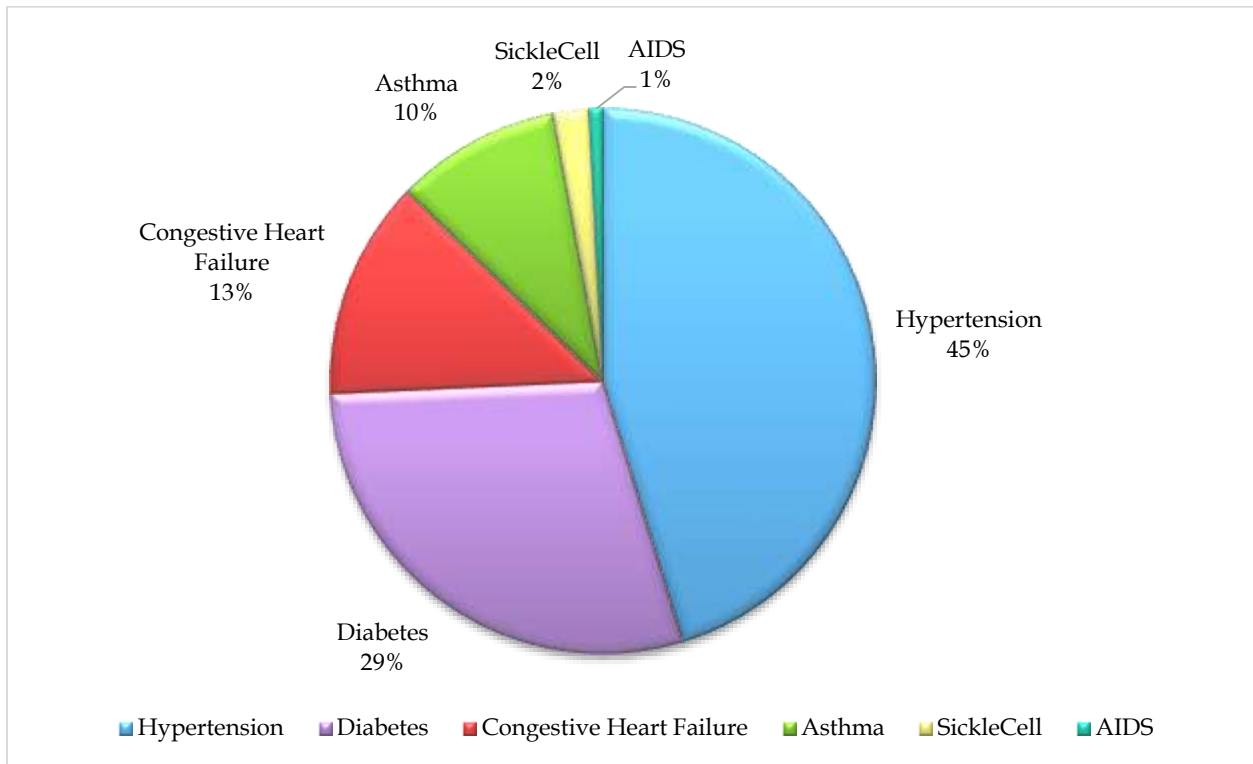
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 35. Chronic Disease Hospitalization, Cases vs. Charges, Broward County Hospitals, 2013



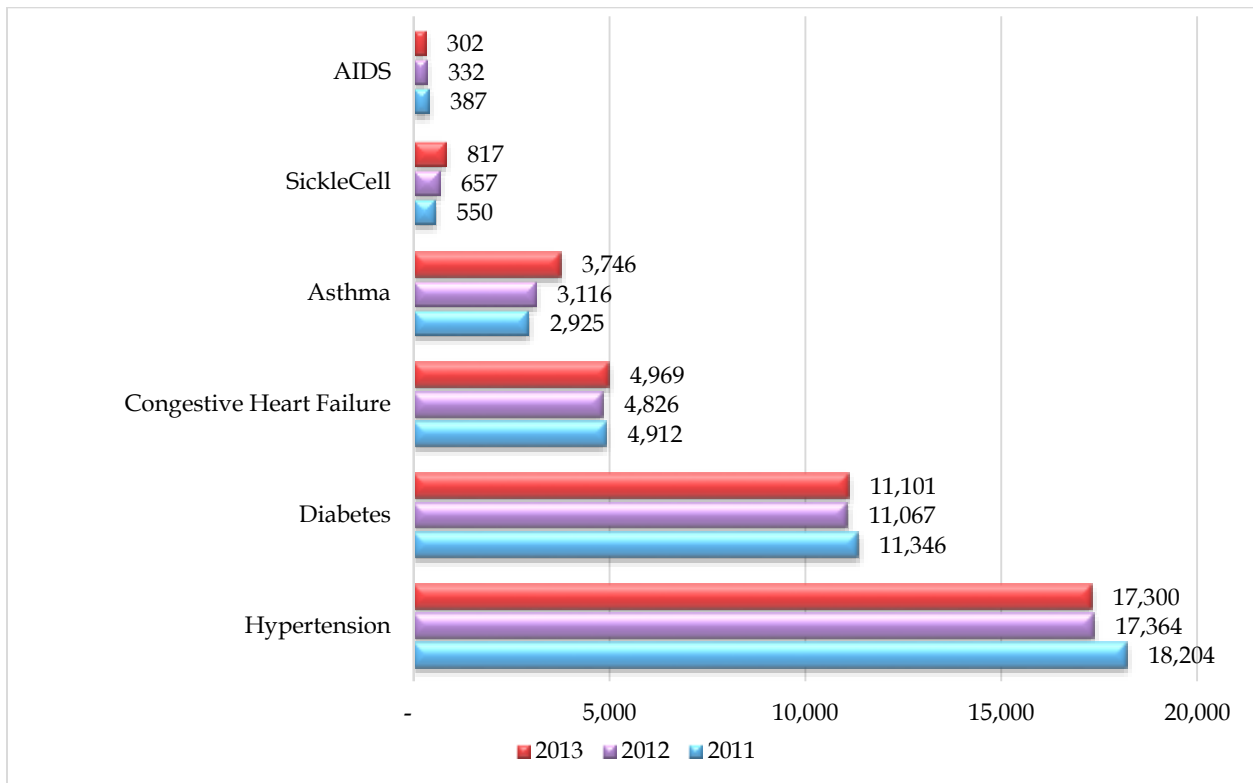
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 36. Percent Hospitalization by Chronic Disease, MHS Total, 2013



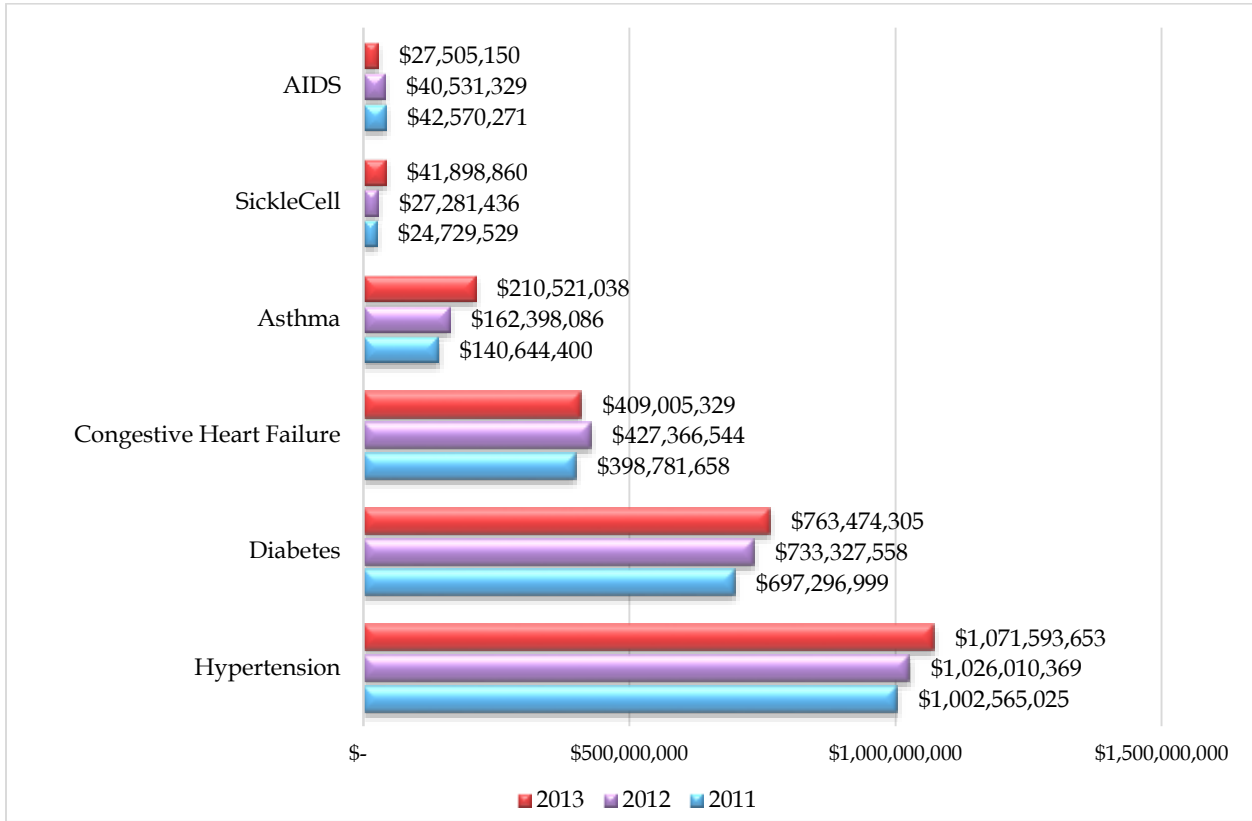
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 37. Chronic Disease Hospitalization – Cases, MHS Total, 2011-2013



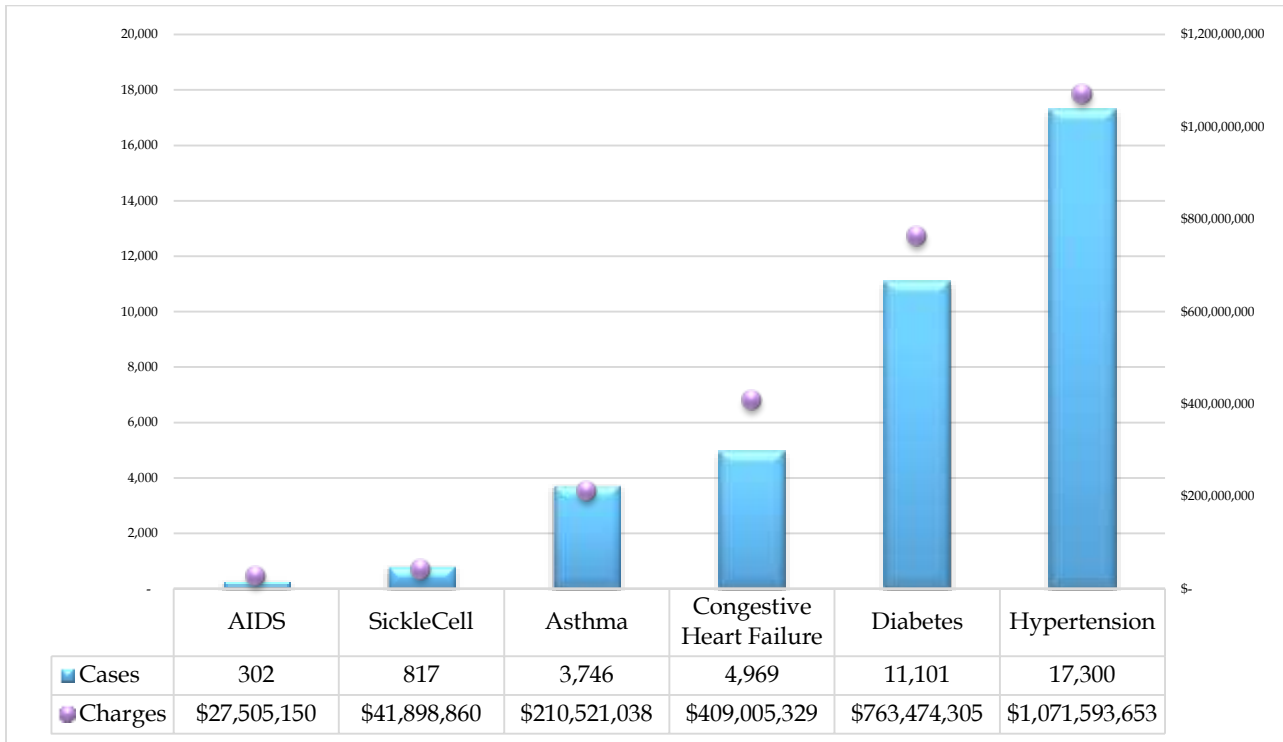
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 38. Chronic Disease Hospitalization - Charges, MHS Total, 2011-2013



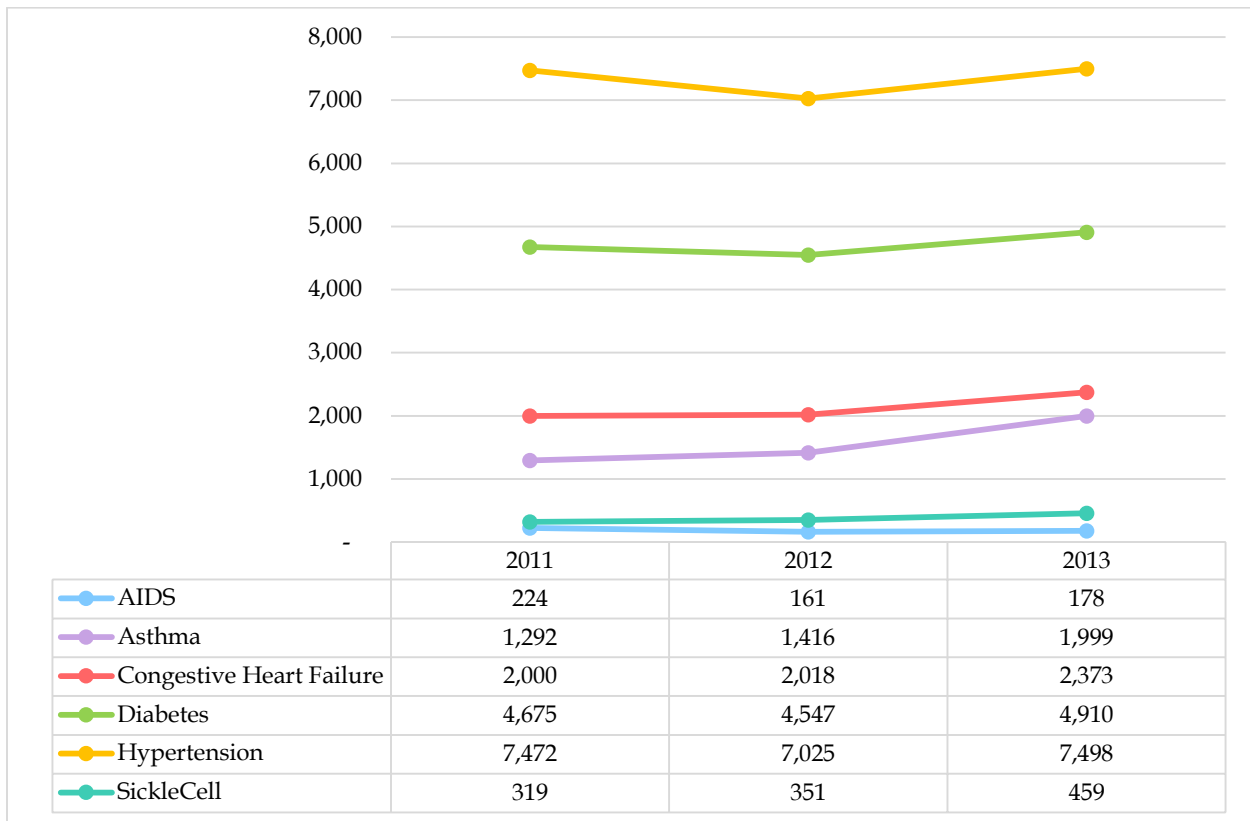
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 39. Chronic Disease Hospitalization, Cases vs. Charges, MHS Total, 2013



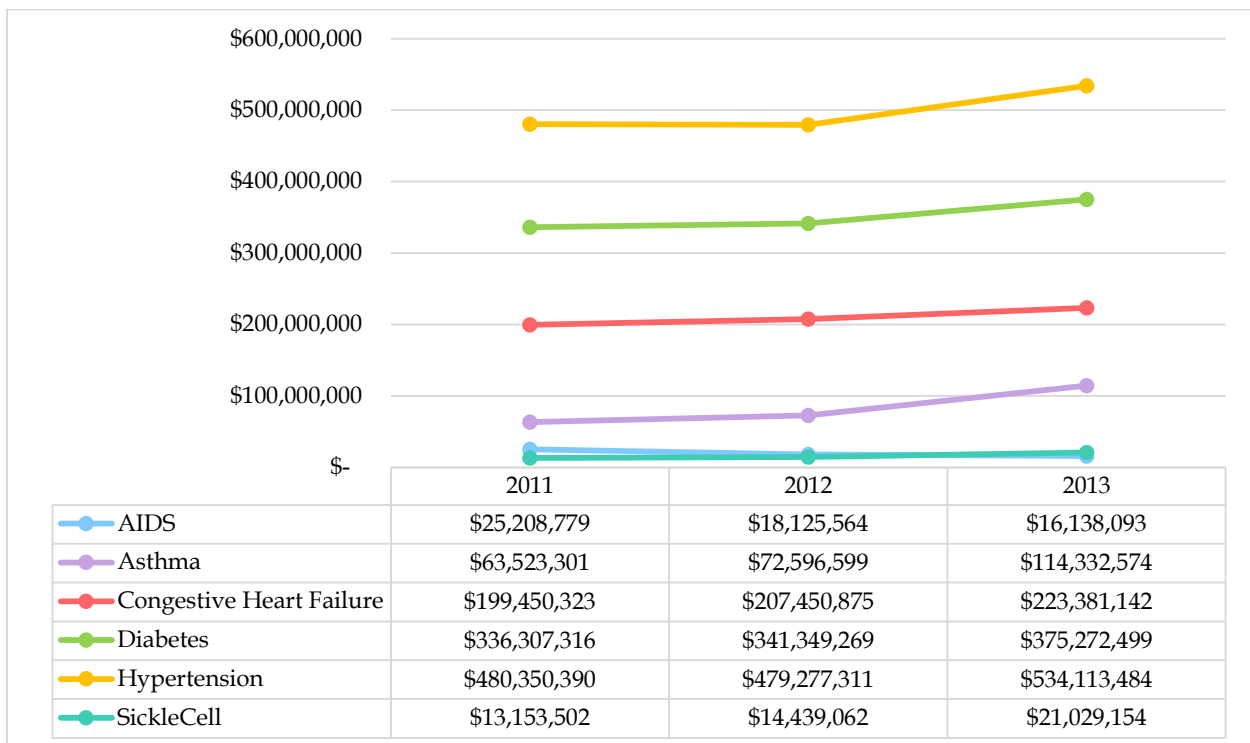
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 40. Chronic Disease Hospitalization – Cases, Memorial Regional Hospital, 2011-2013



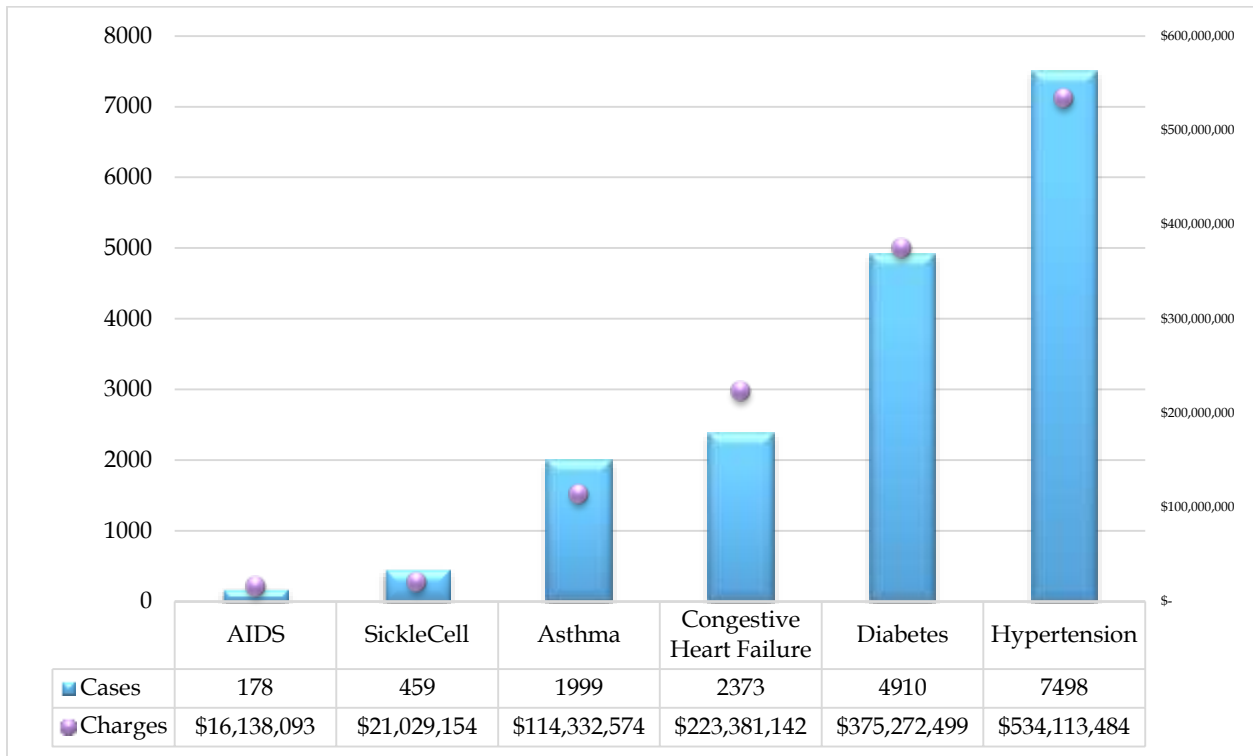
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 41. Chronic Disease Hospitalization – Charges, Memorial Regional Hospital, 2011-2013



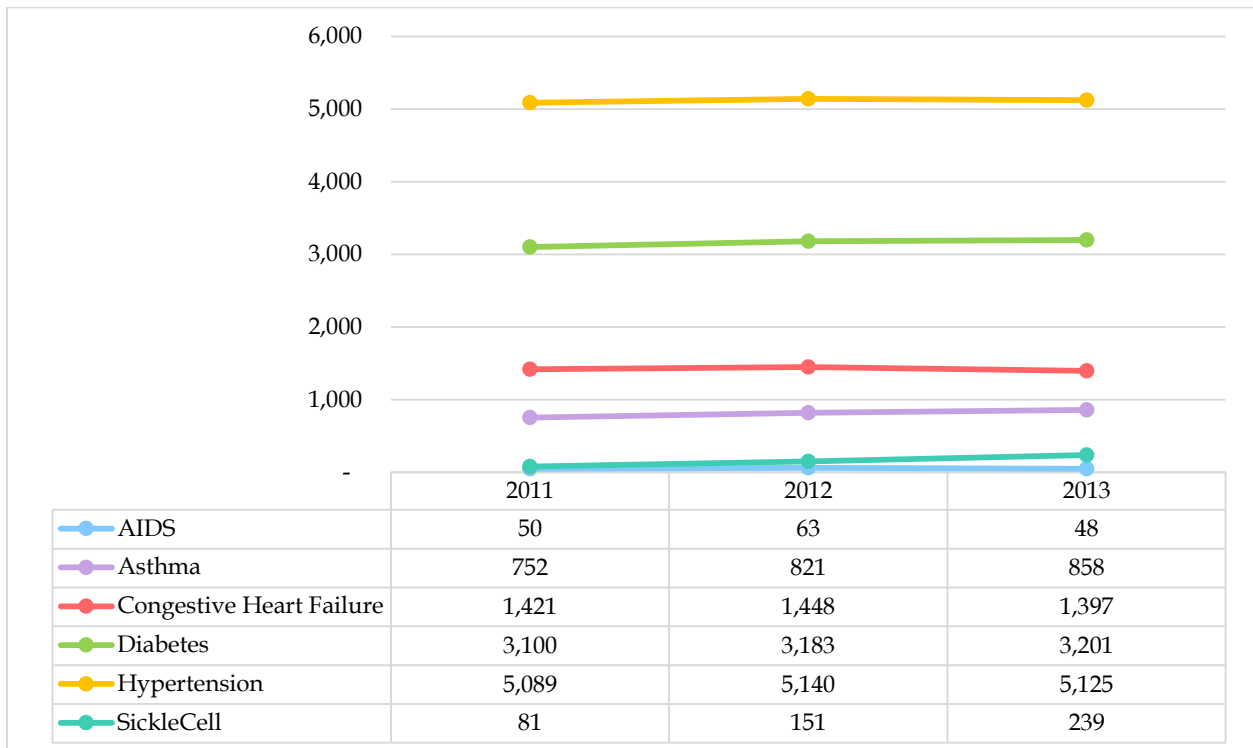
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 42. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Regional Hospital, 2013



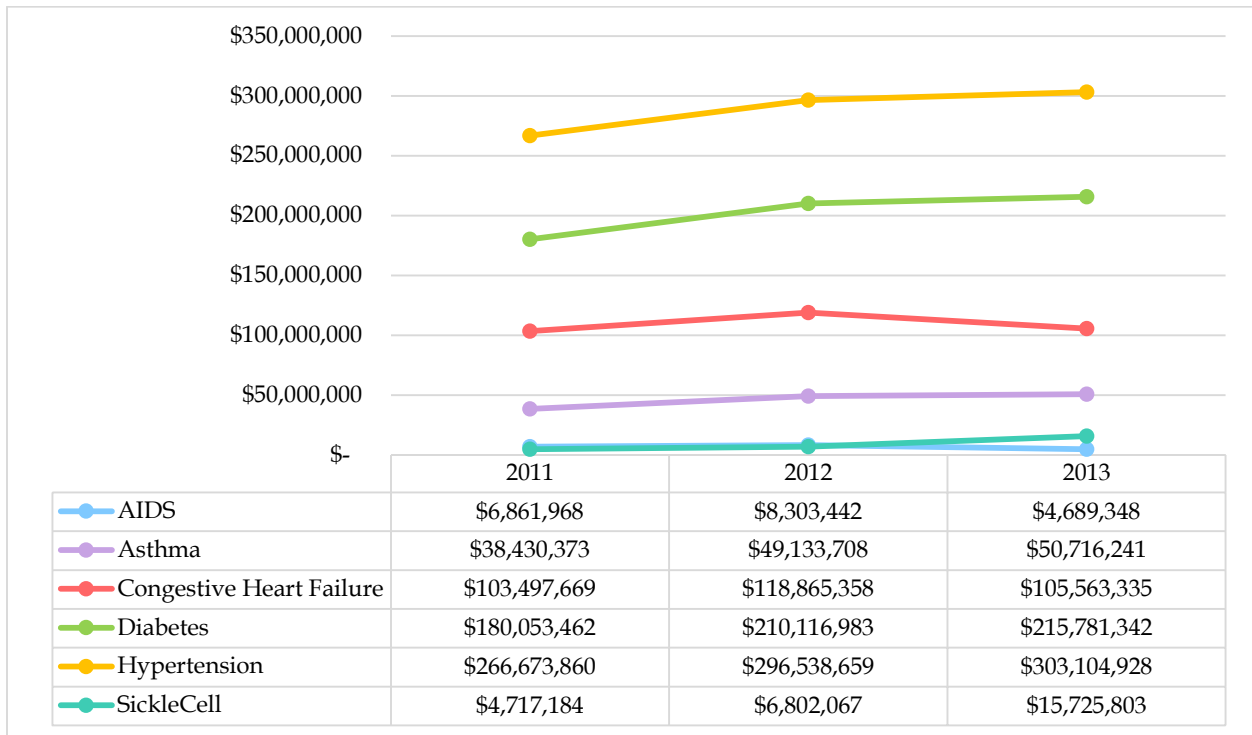
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 43. Chronic Disease Hospitalization – Cases, Memorial Hospital West, 2011-2013



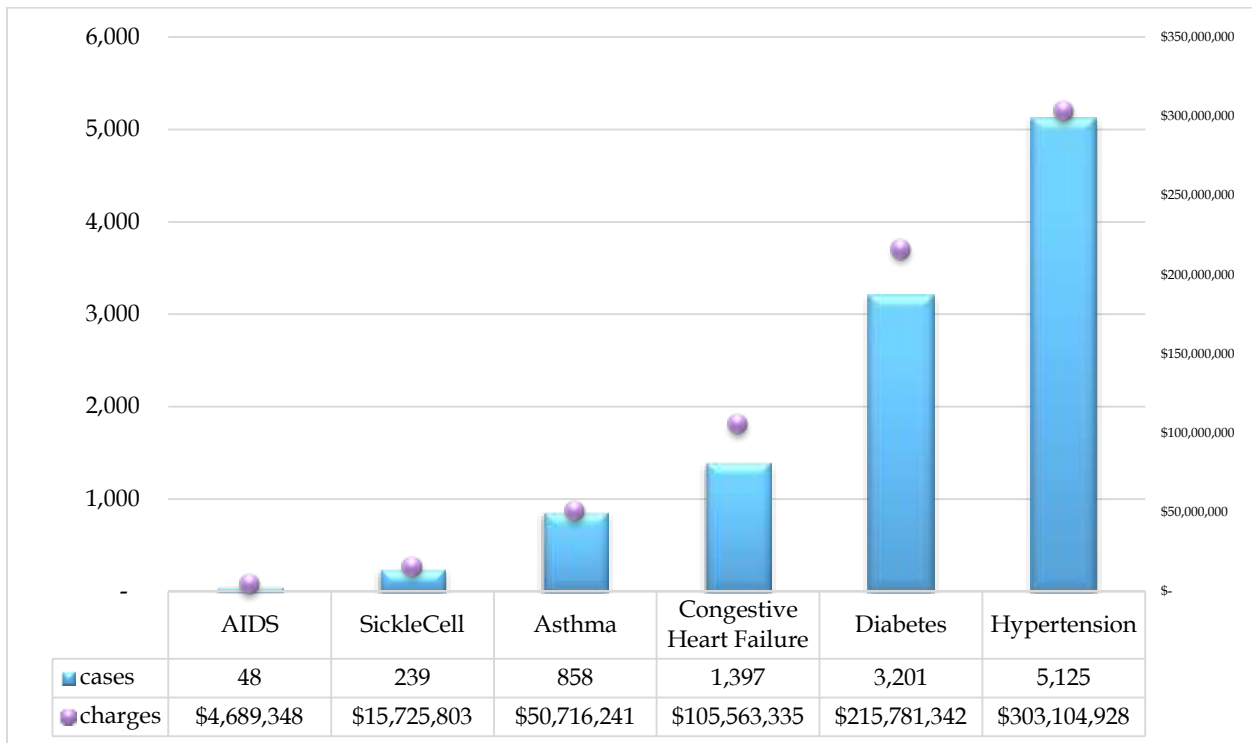
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 44. Chronic Disease Hospitalization – Charges, Memorial Hospital West, 2011-2013



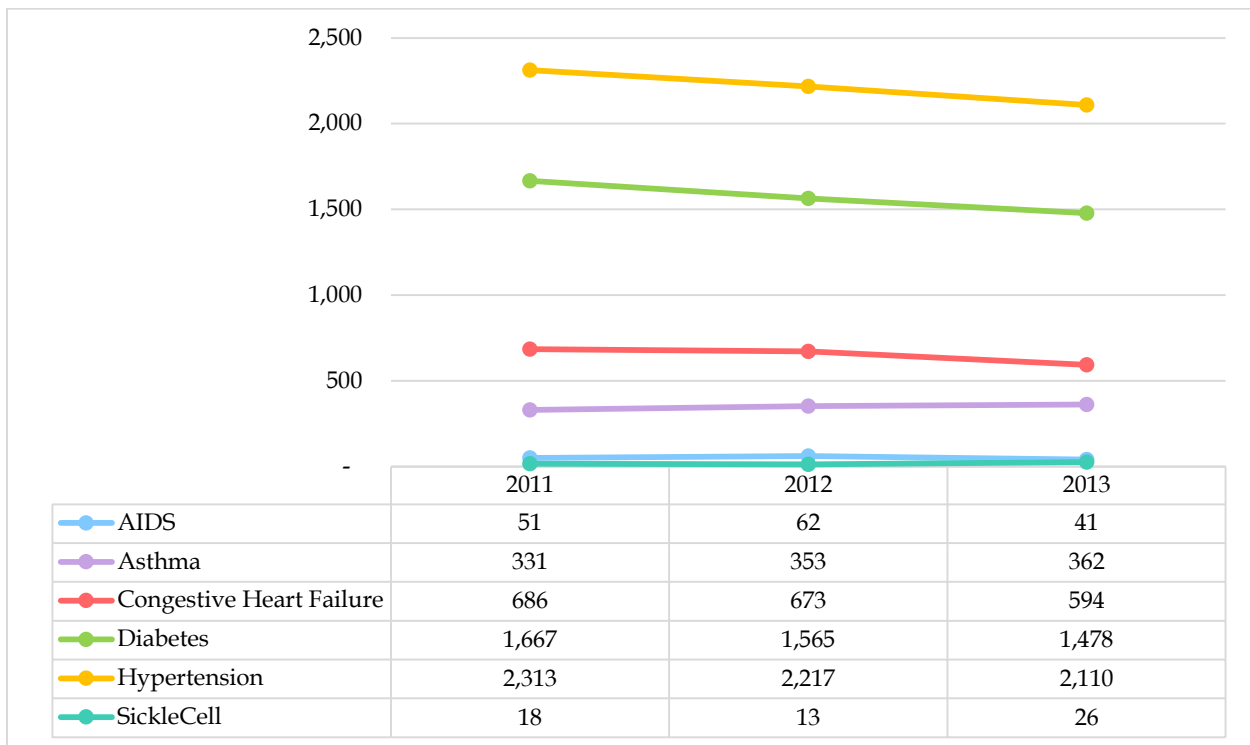
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 45. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital West, 2013



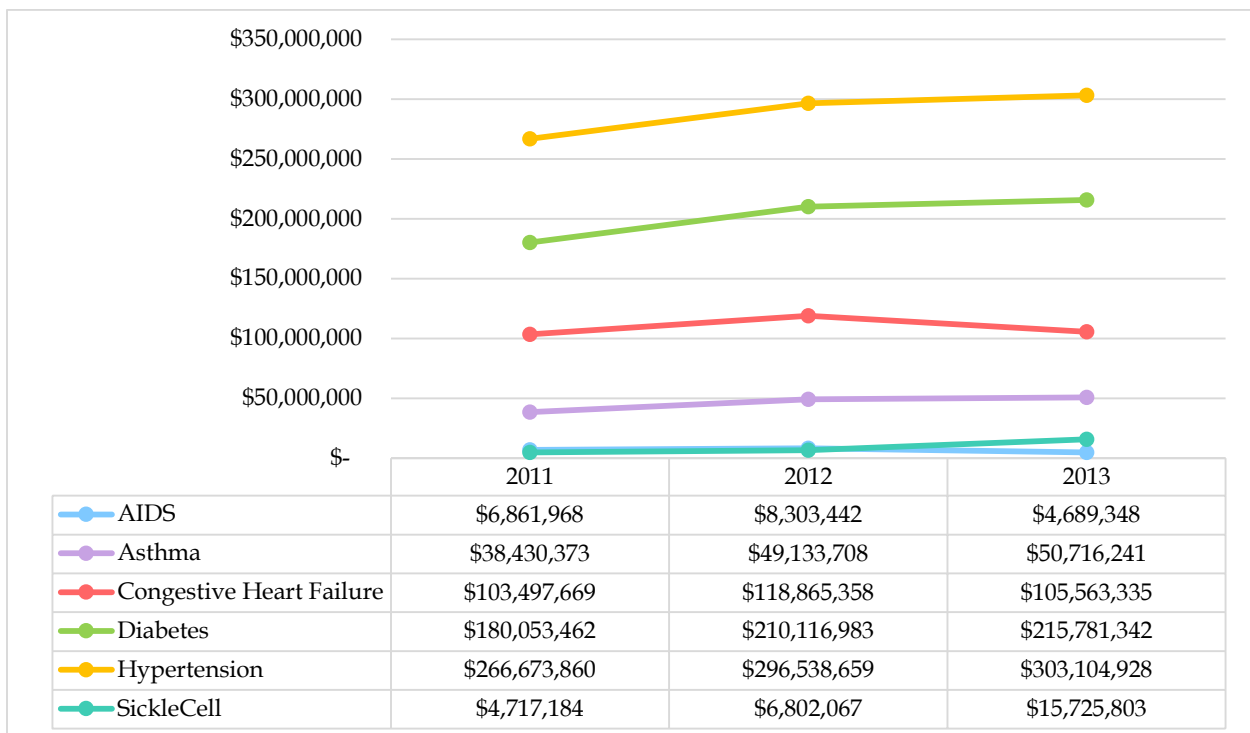
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 46. Chronic Disease Hospitalization – Cases, Memorial Hospital Pembroke, 2011-2013



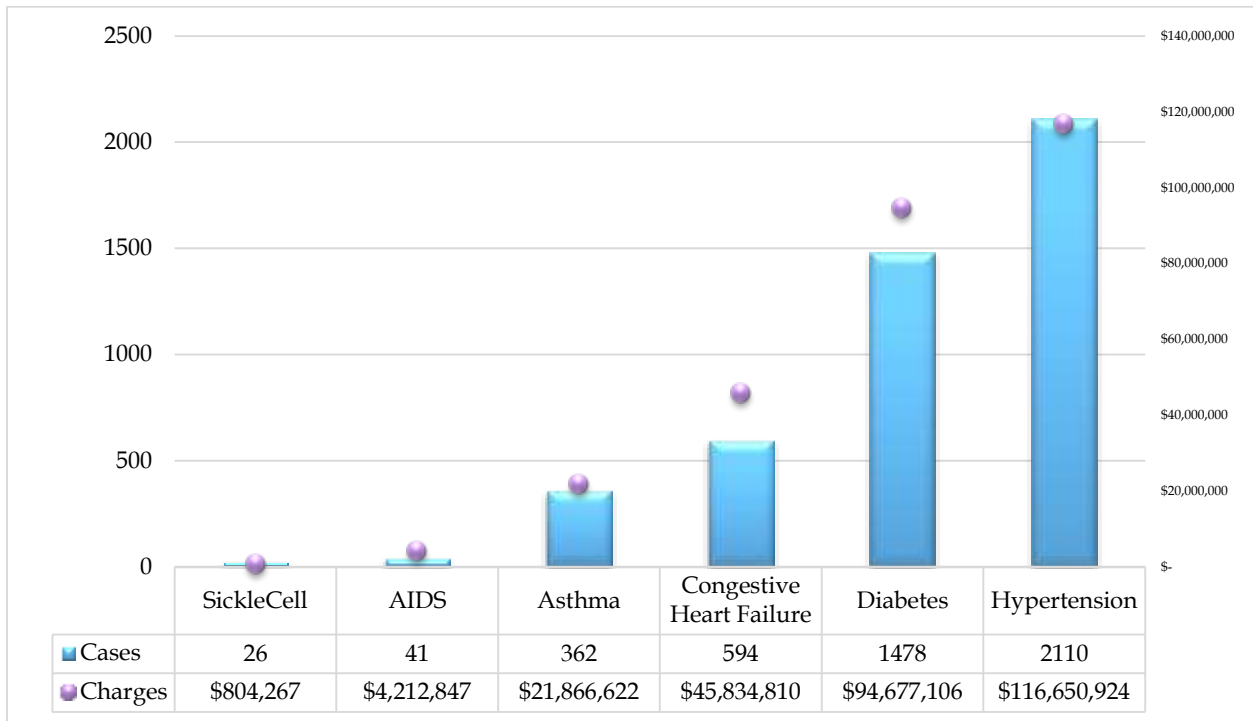
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 47. Chronic Disease Hospitalization – Charges, Memorial Hospital Pembroke, 2011-2013



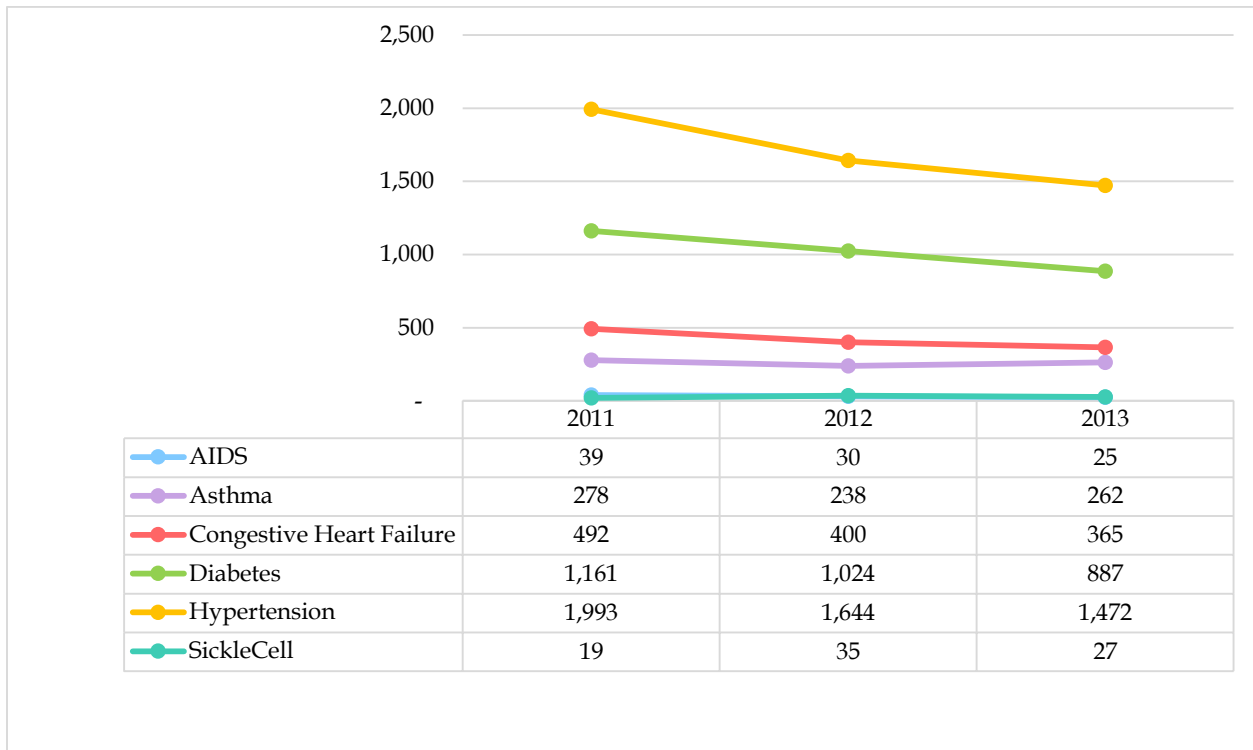
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 48. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital Pembroke, 2013



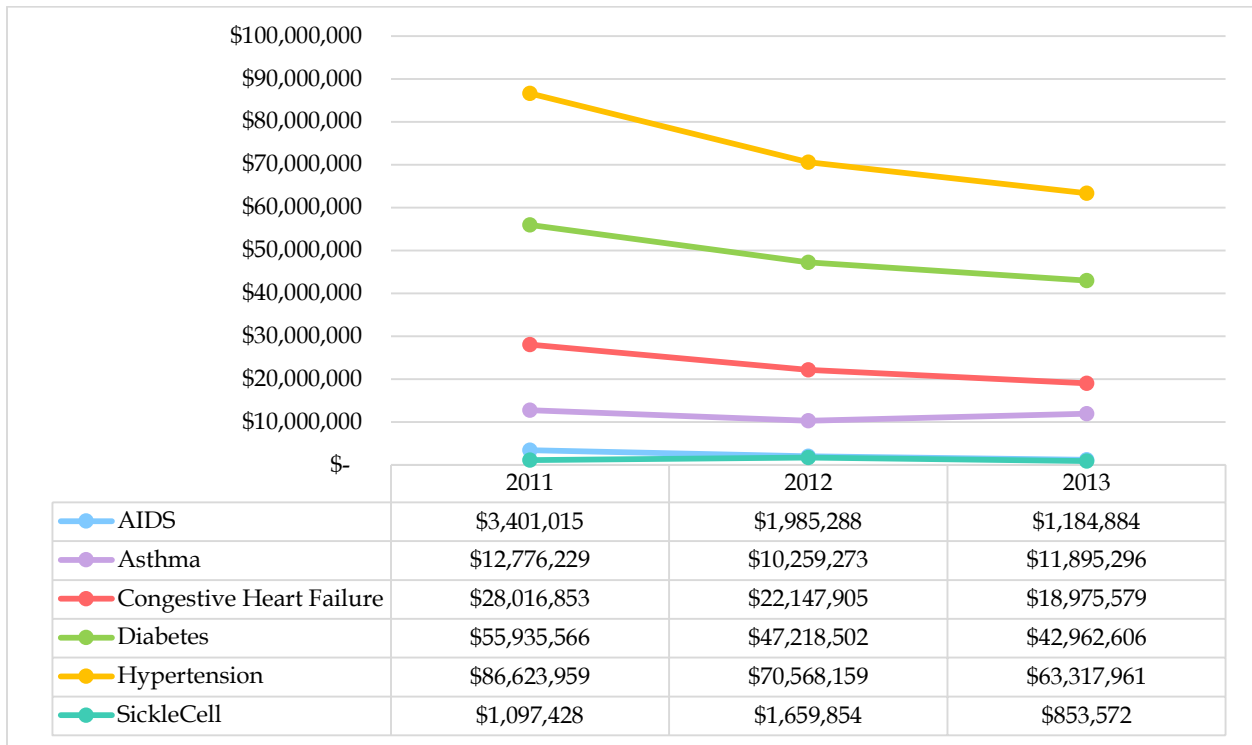
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 49. Chronic Disease Hospitalization – Cases, Memorial Hospital South, 2011-2013



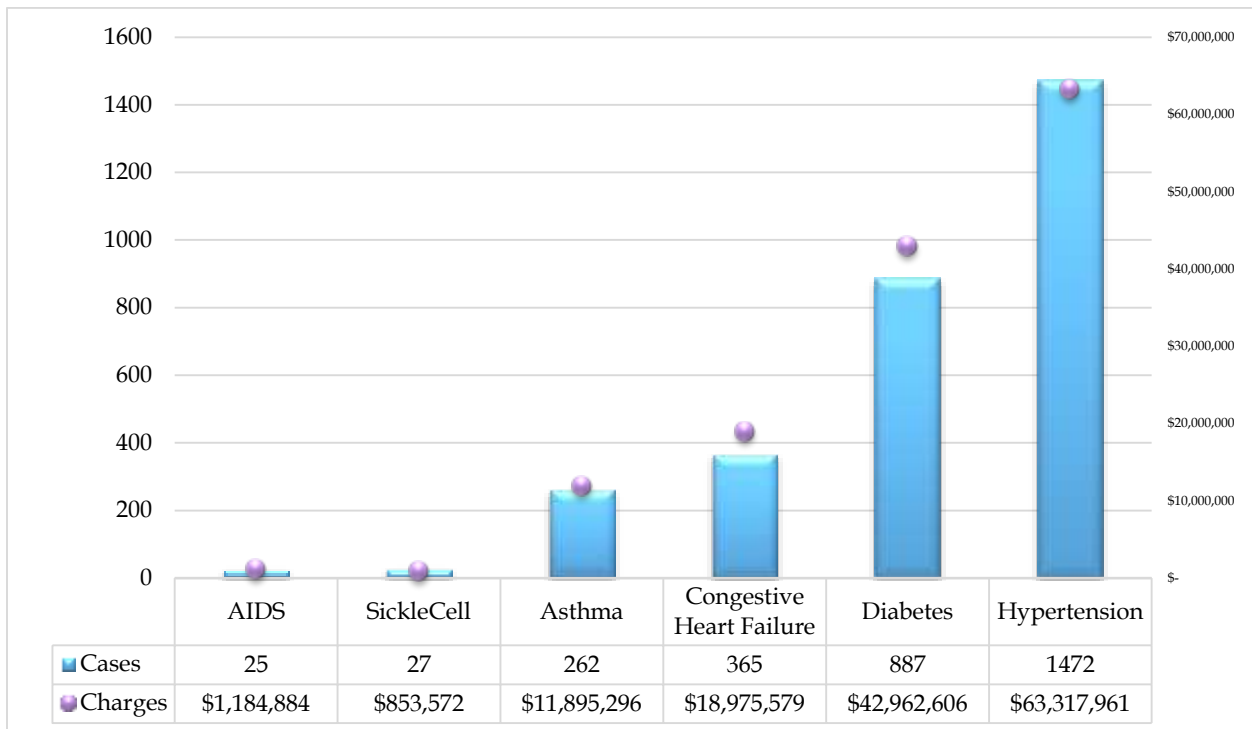
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 50. Chronic Disease Hospitalization – Charges, Memorial Hospital South, 2011-2013



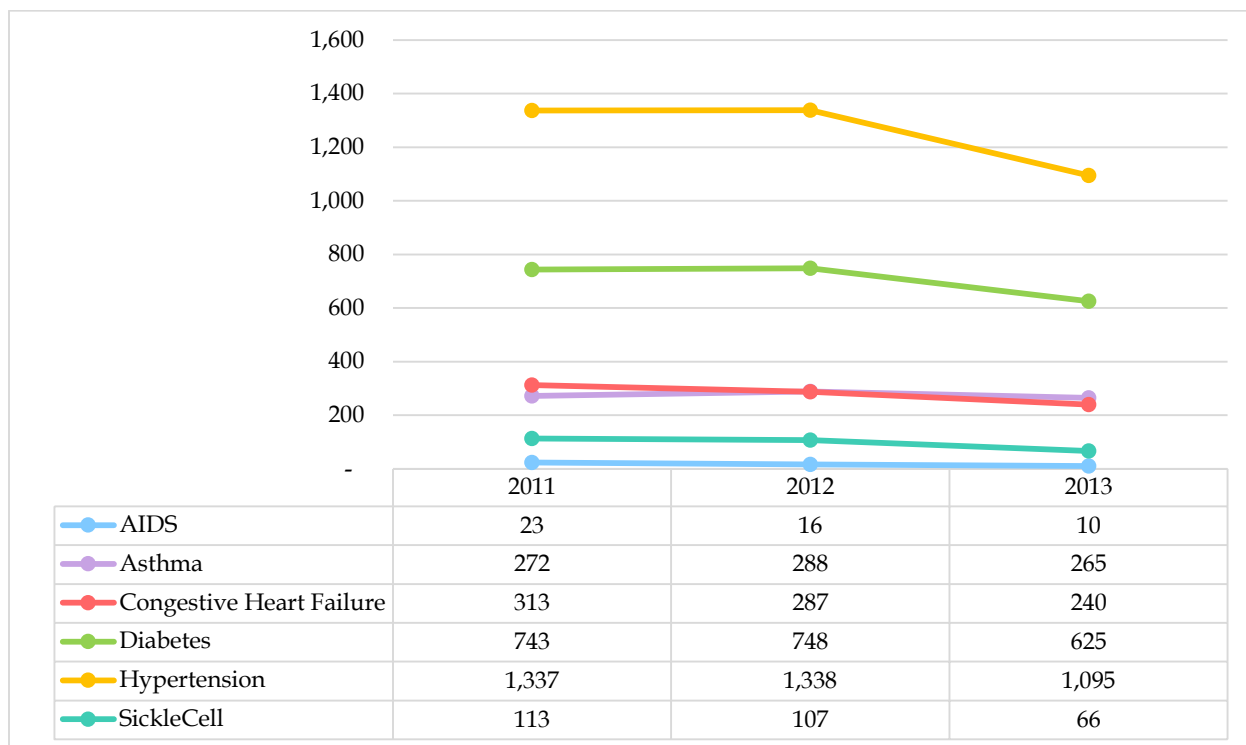
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 51. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital South, 2013



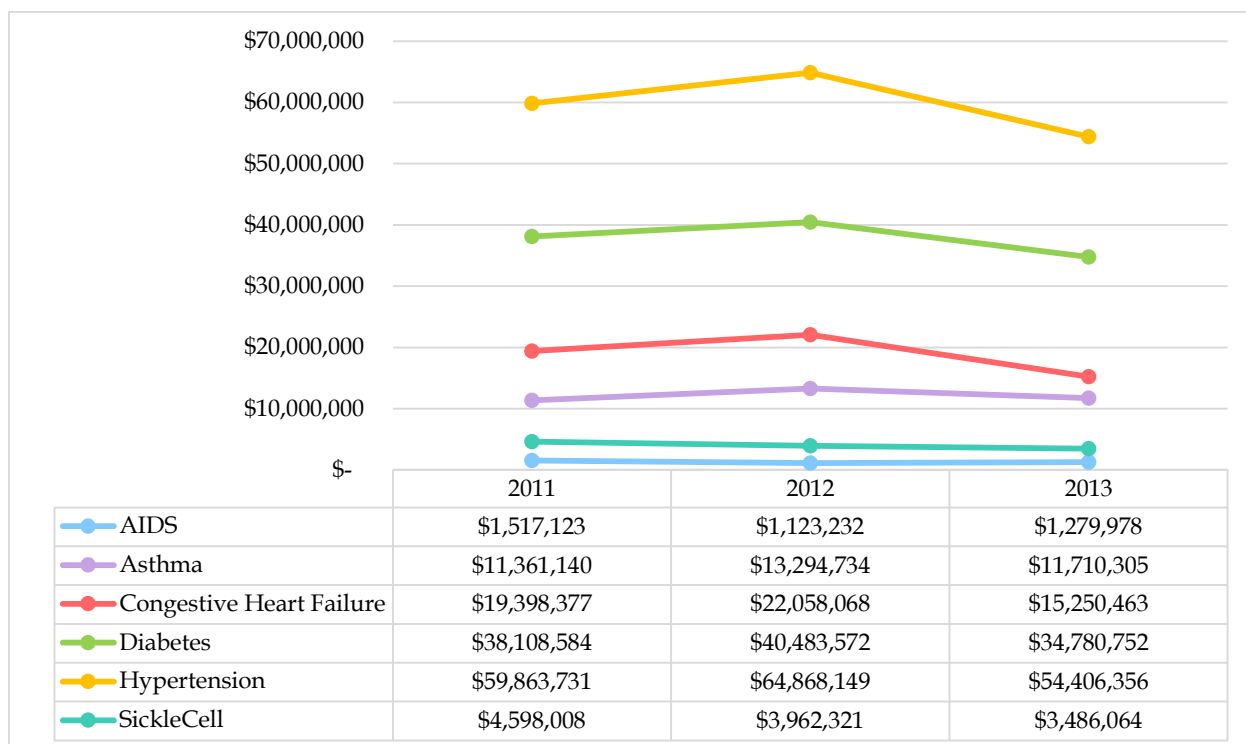
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 52. Chronic Disease Hospitalization – Cases, Memorial Hospital Miramar, 2011-2013



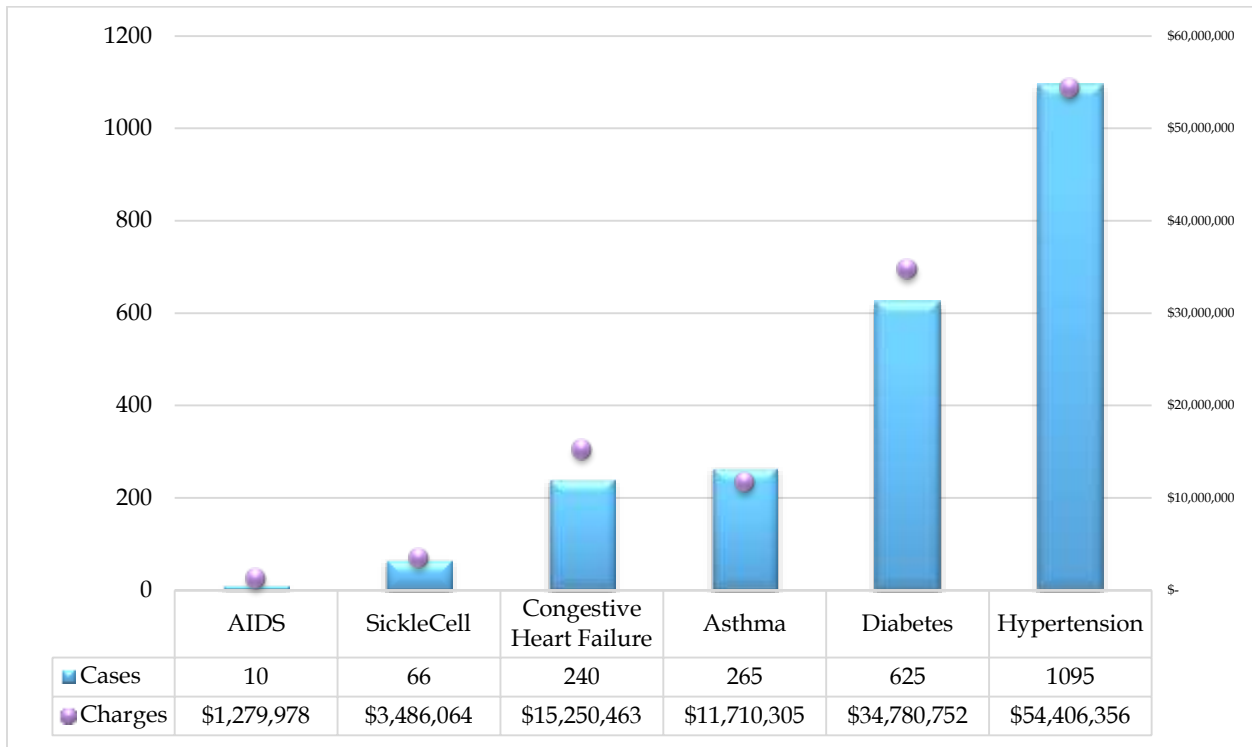
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 53. Chronic Disease Hospitalization – Charges, Memorial Hospital Miramar, 2011-2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

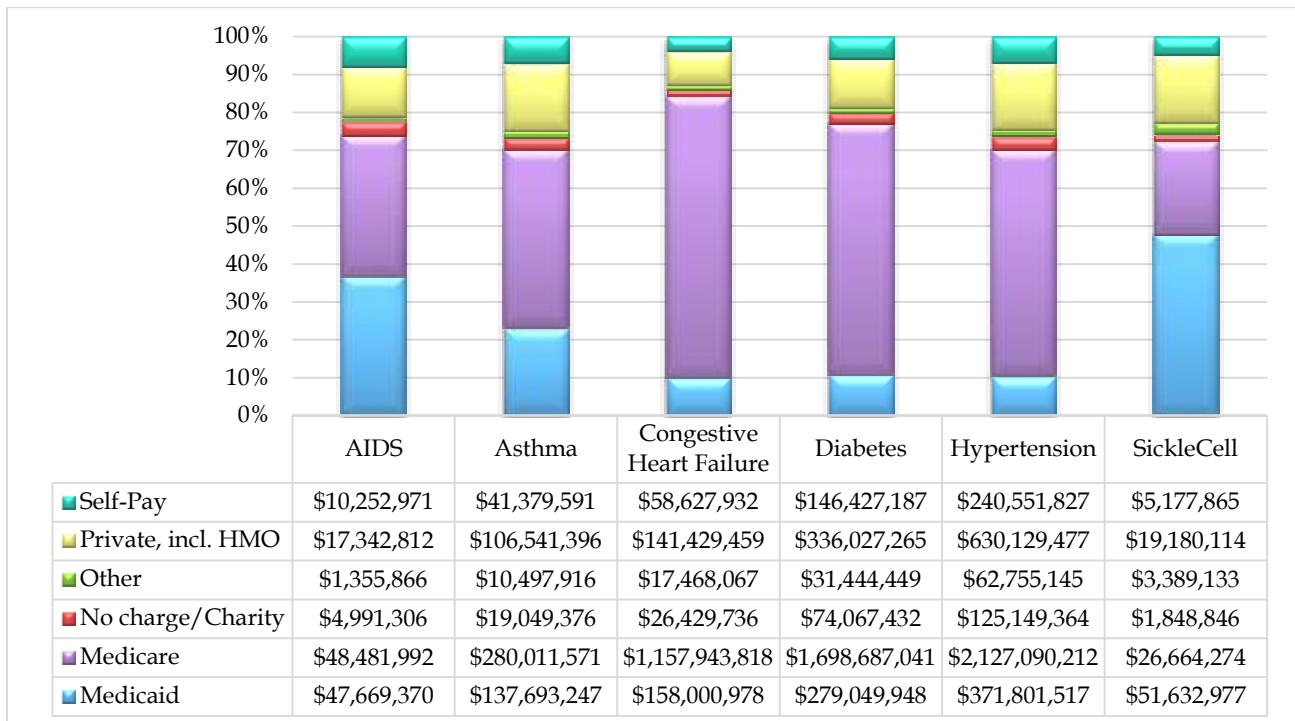
Figure 54. Chronic Disease Hospitalization – Cases Vs. Charges, Memorial Hospital Miramar, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

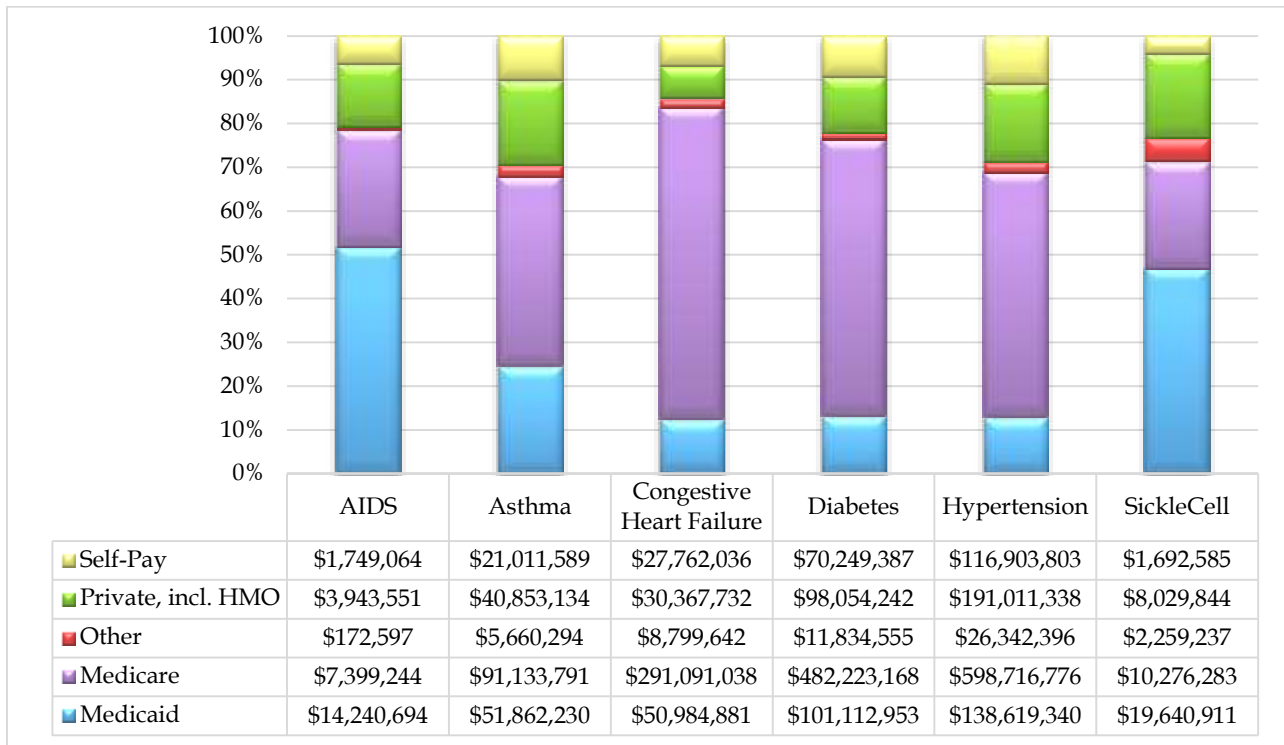
D.2 CHRONIC DISEASE HOSPITALIZATION - CHARGES BY PAYER SOURCE

Figure 55. Chronic Disease Hospitalization – Charges by Payer Broward County Hospitals, 2013



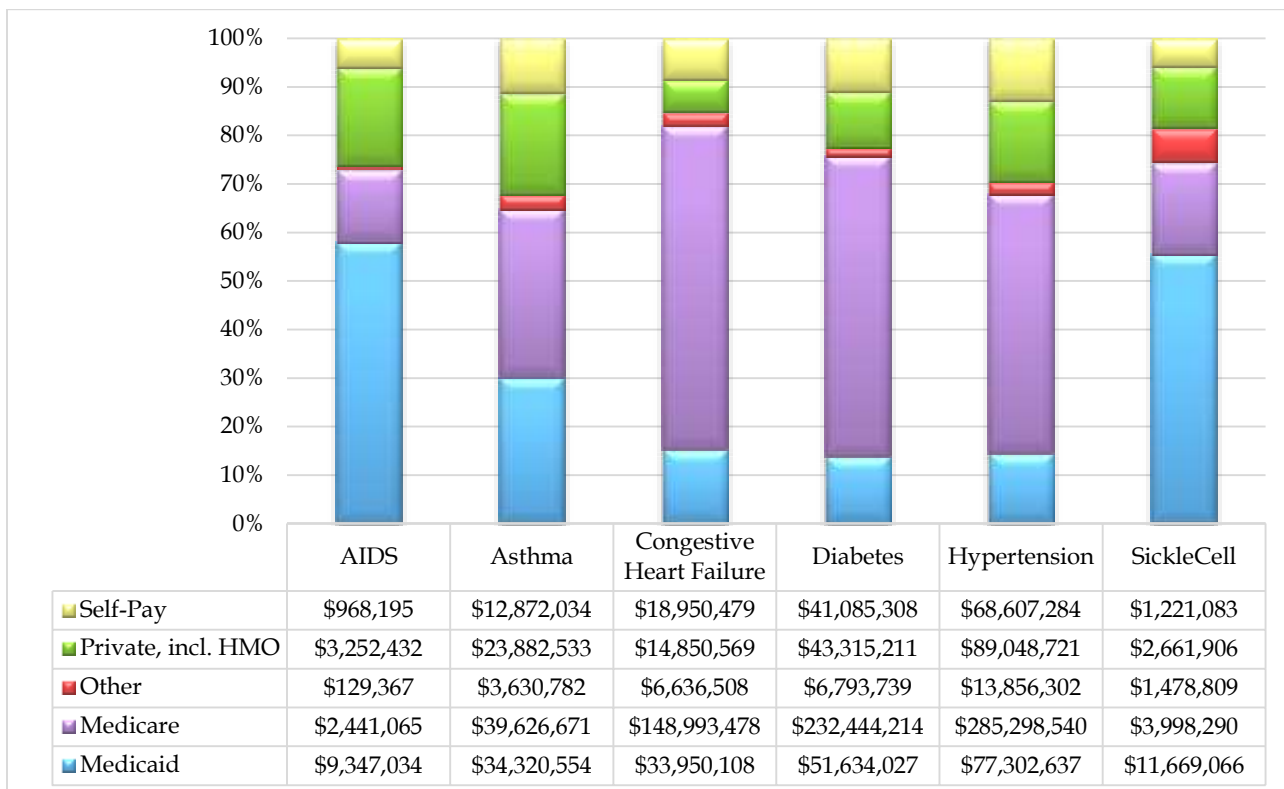
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 56. Chronic Disease Hospitalization – Charges by Payer, MHS Total, 2013



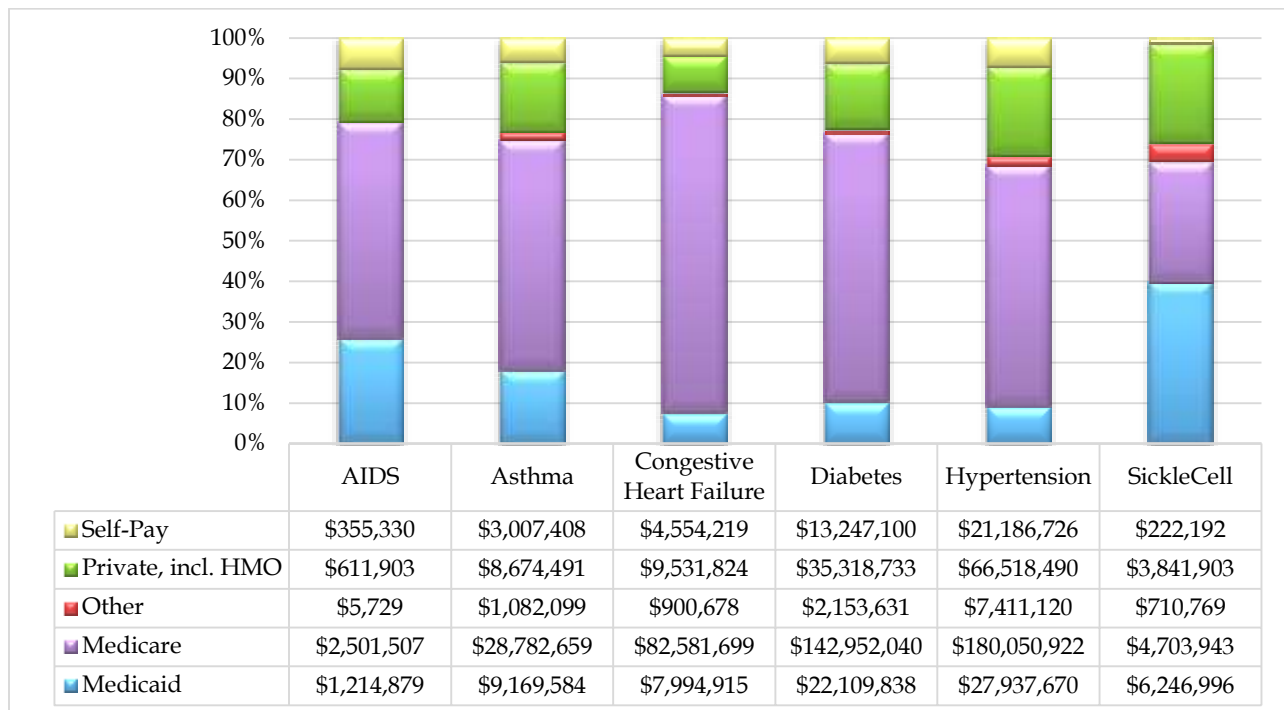
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 57. Chronic Disease Hospitalization – Charges by Payer, Memorial Regional Hospital, 2013



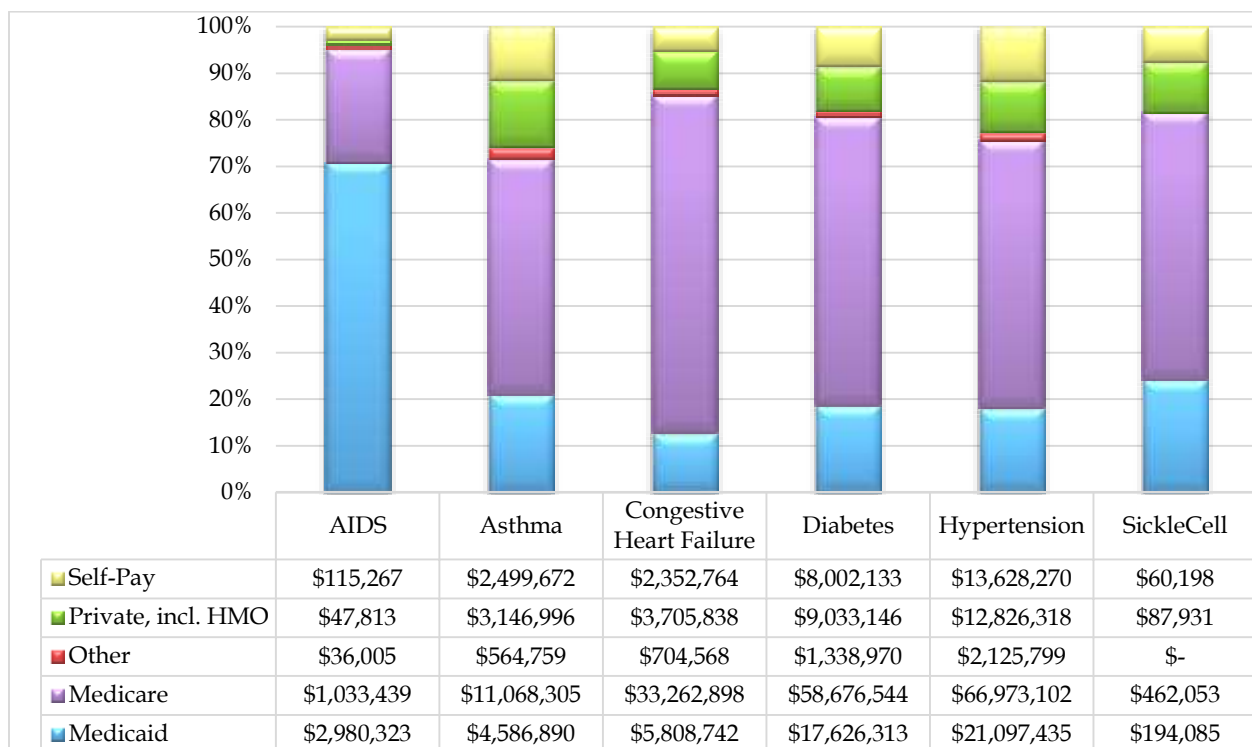
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 58. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital West, 2013



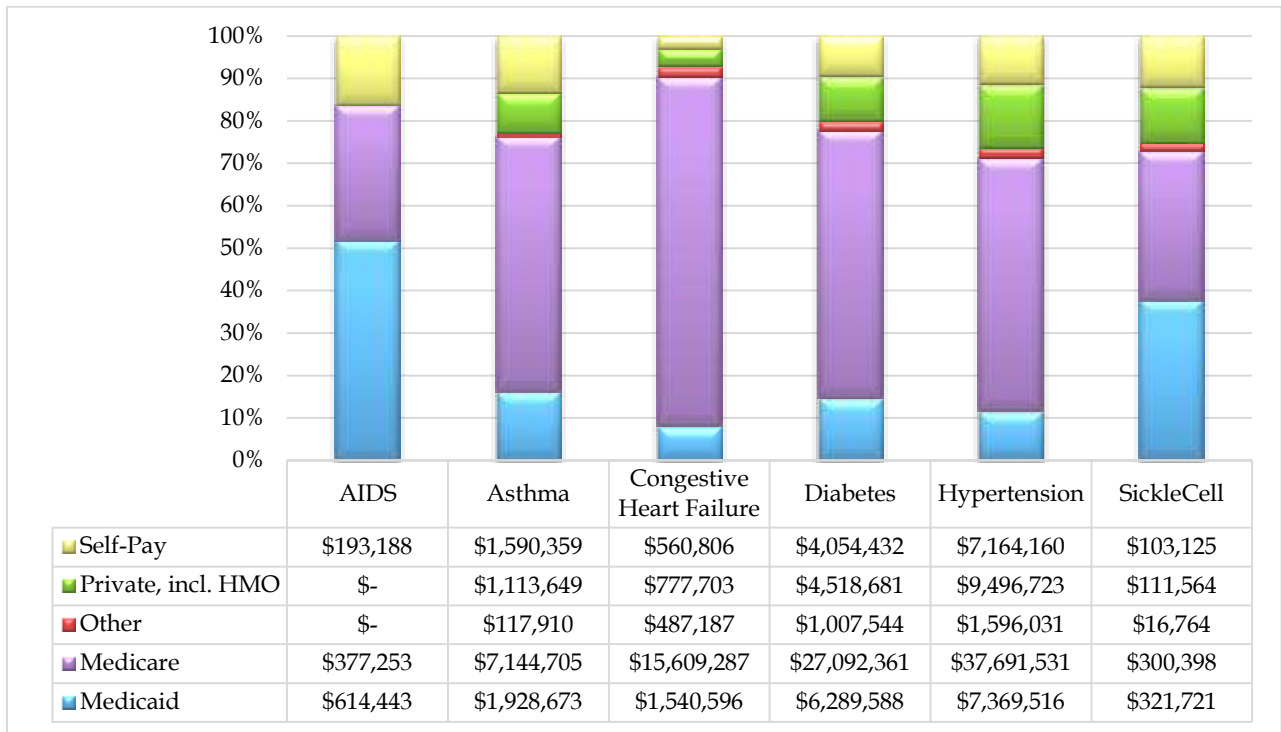
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 59. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital Pembroke, 2013



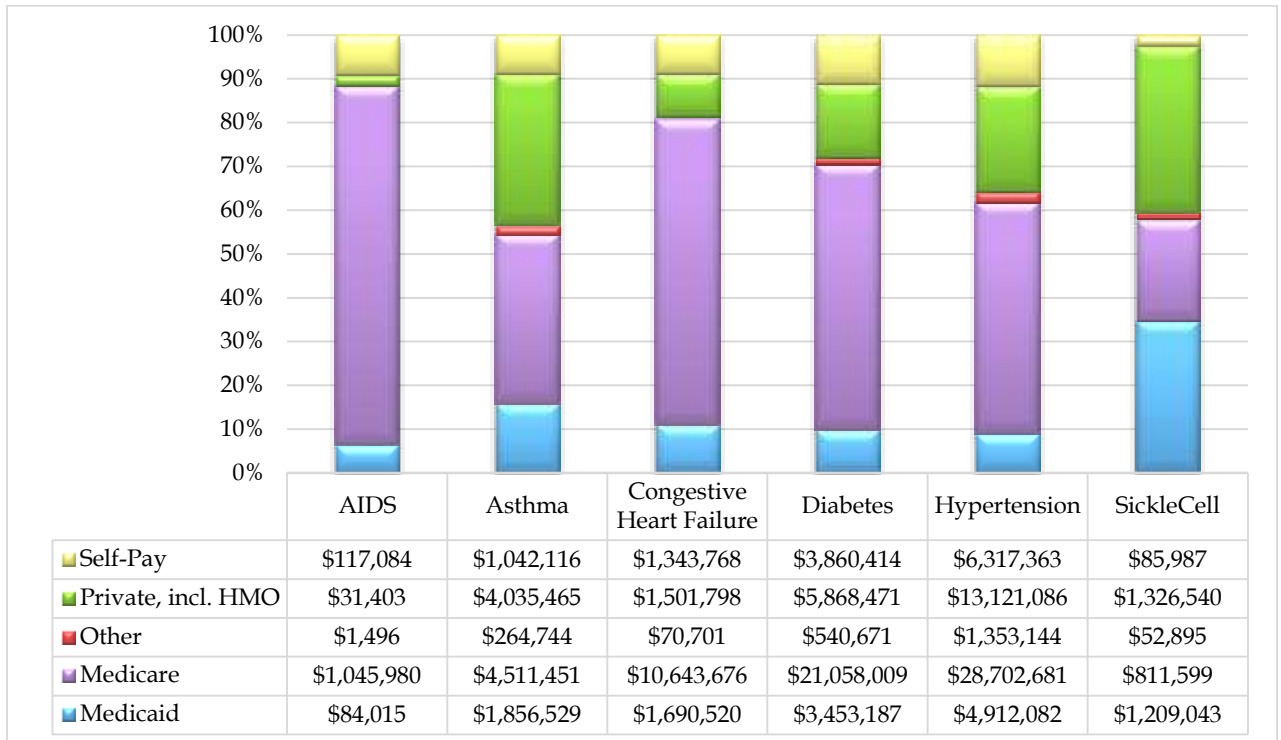
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 60. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital South, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

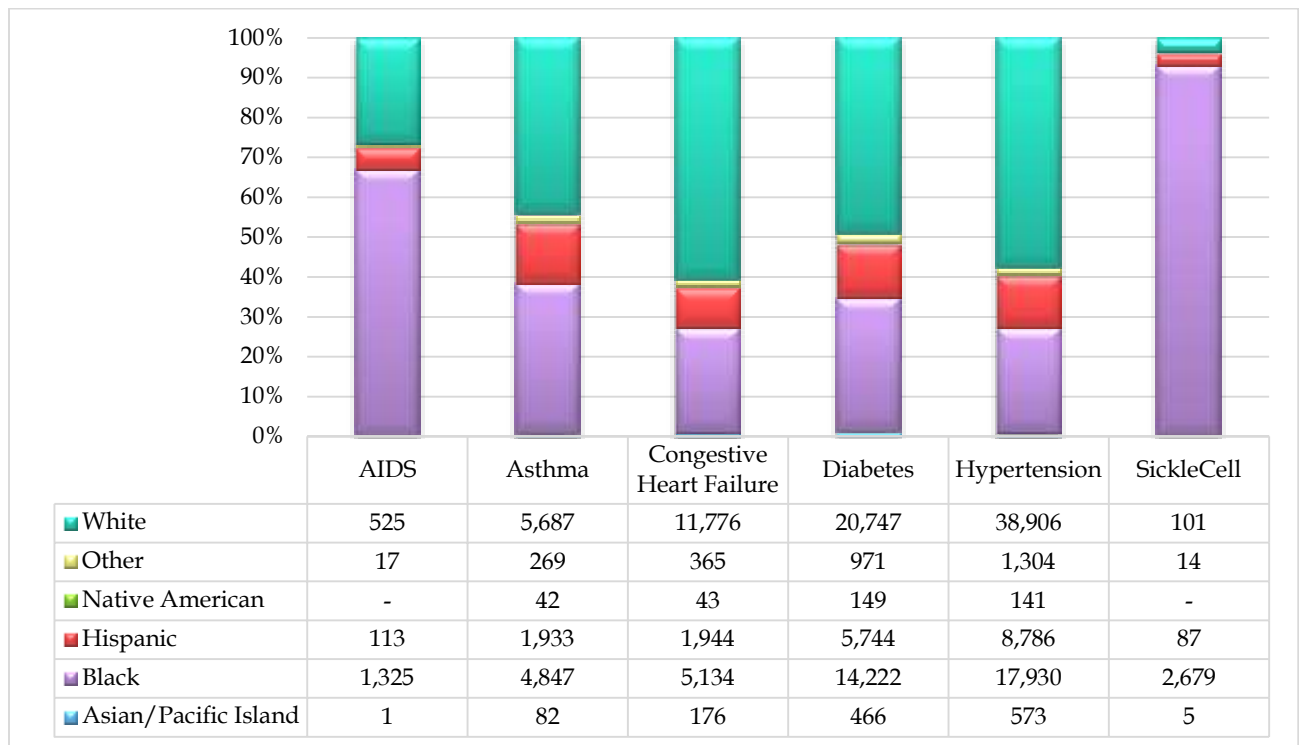
Figure 61. Chronic Disease Hospitalization – Charges by Payer, Memorial Hospital Miramar, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

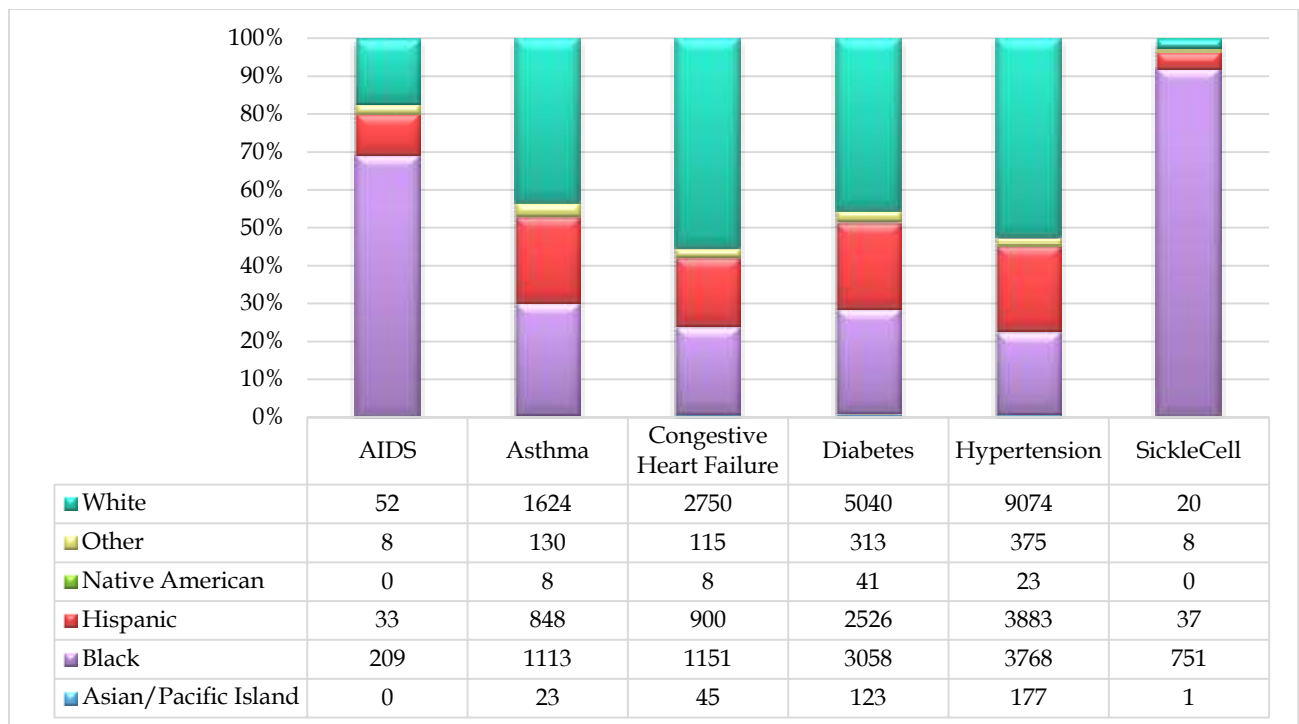
D.3 CHRONIC DISEASE HOSPITALIZATION - CASES BY RACE

Figure 62. Chronic Disease Hospitalization - Cases by Race, Broward Hospitals, 2013



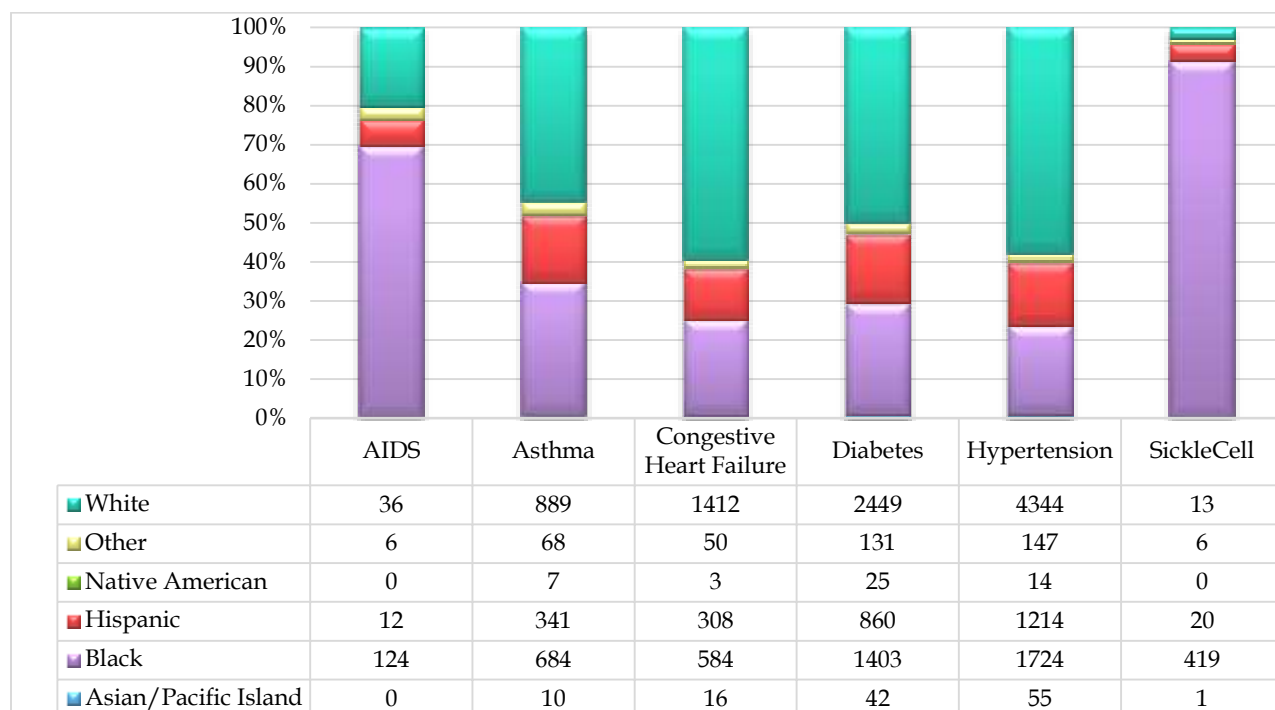
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 63. Chronic Disease Hospitalization - Cases by Race, MHS Total, 2013



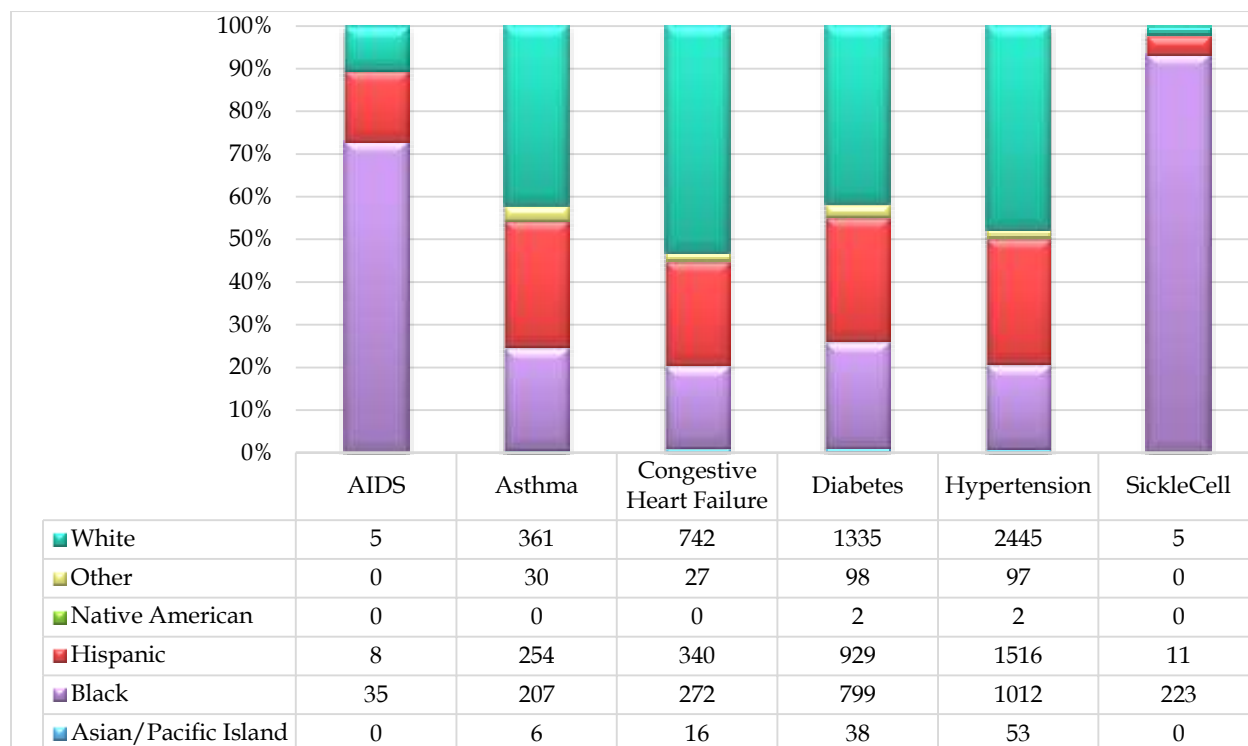
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 64. Chronic Disease Hospitalization – Cases by Race, Memorial Regional Hospital, 2013



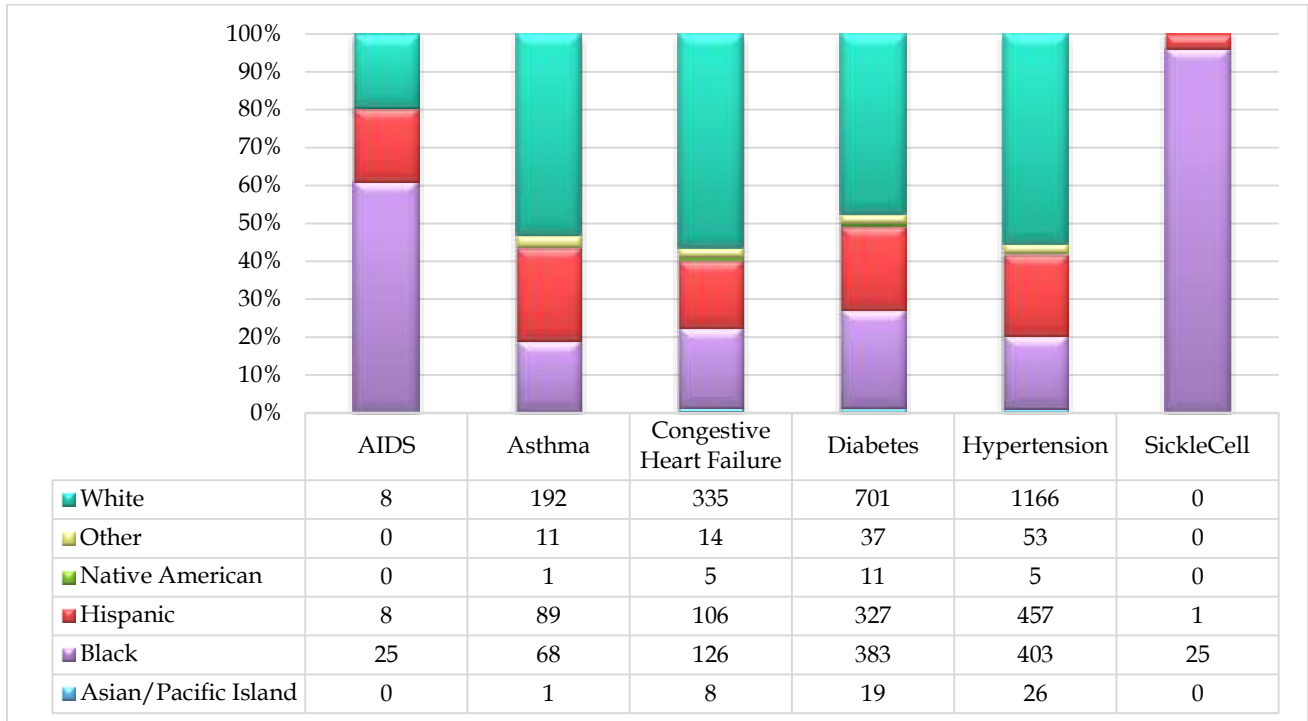
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 65. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital West, 2013



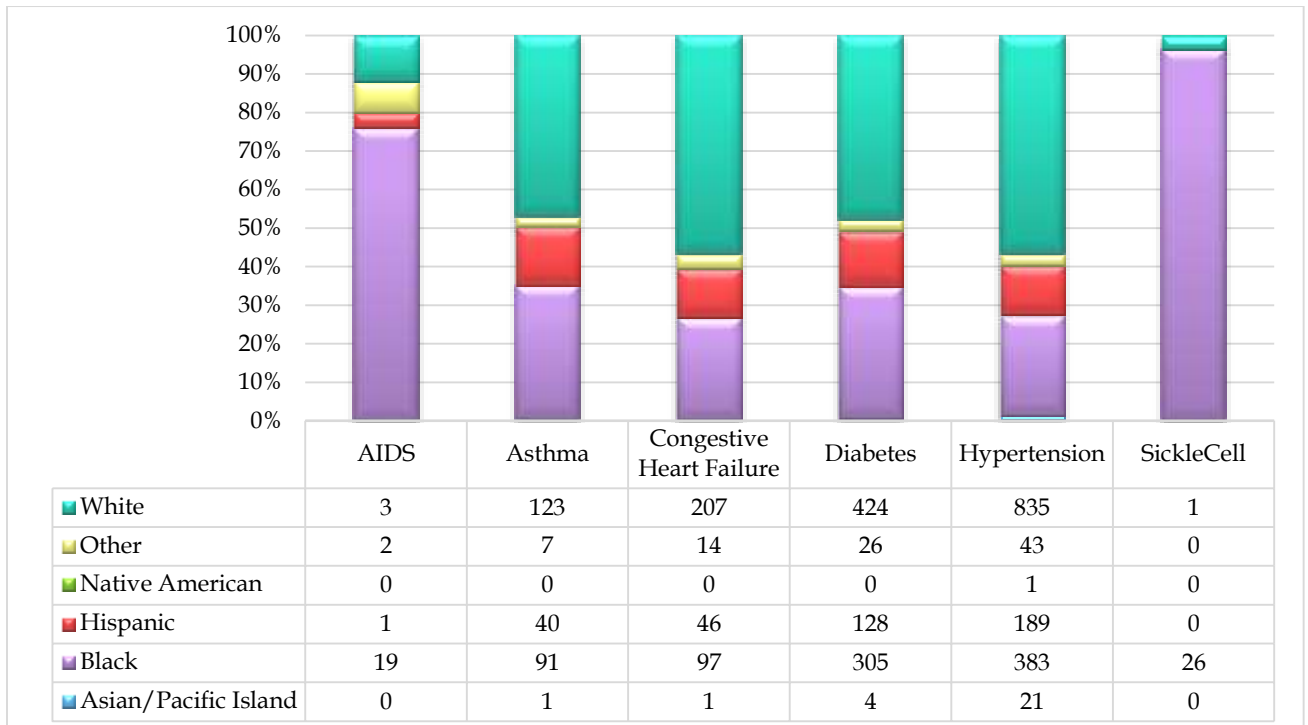
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 66. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital Pembroke, 2013



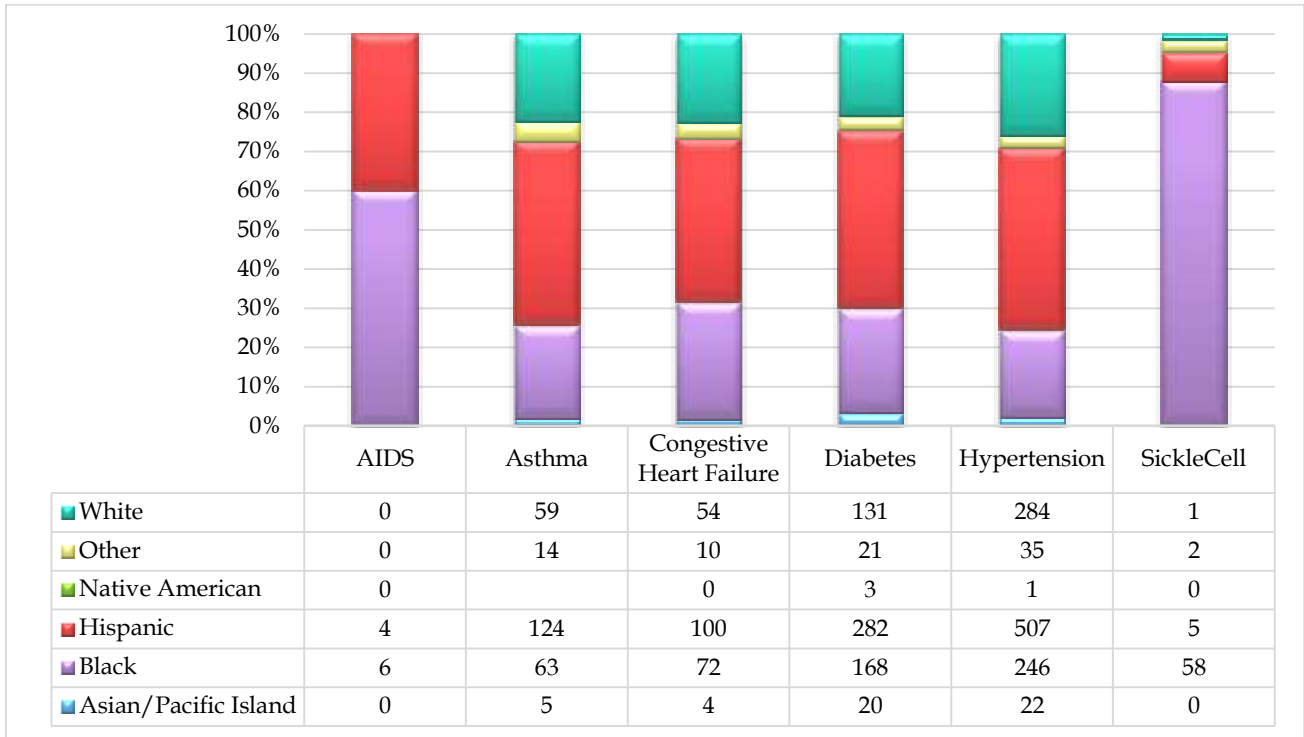
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 67. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital South, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

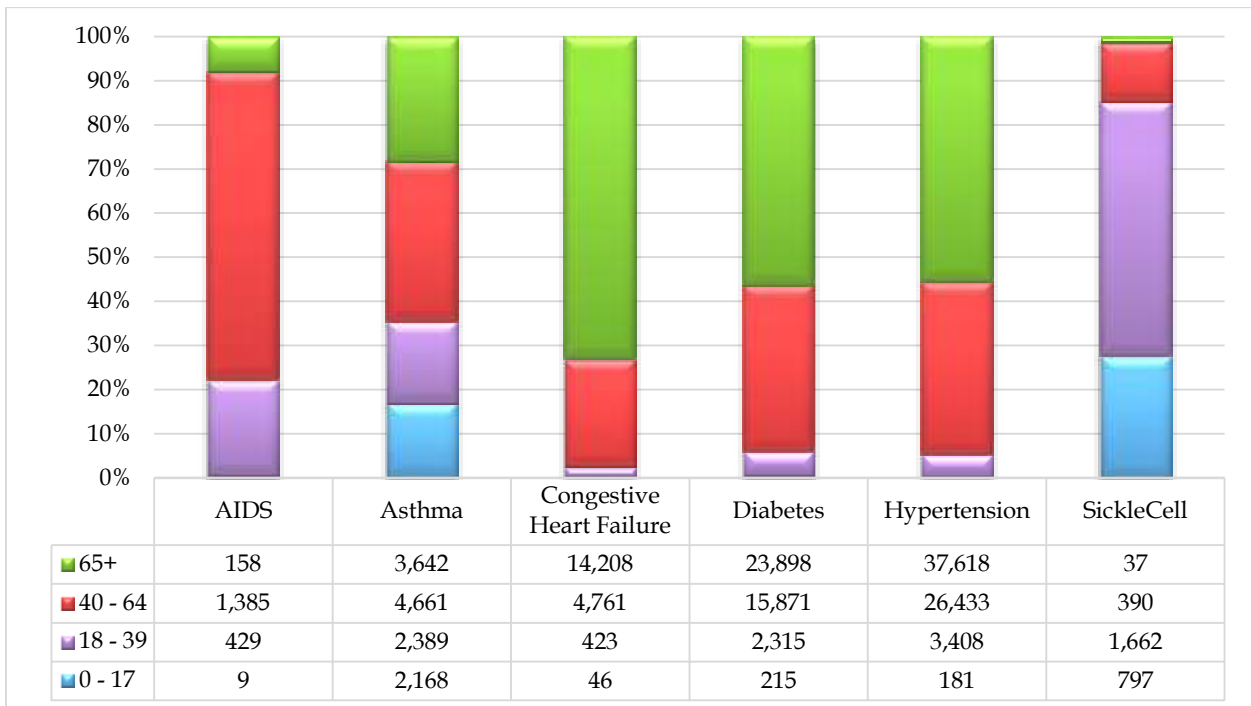
Figure 68. Chronic Disease Hospitalization – Cases by Race, Memorial Hospital Miramar, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

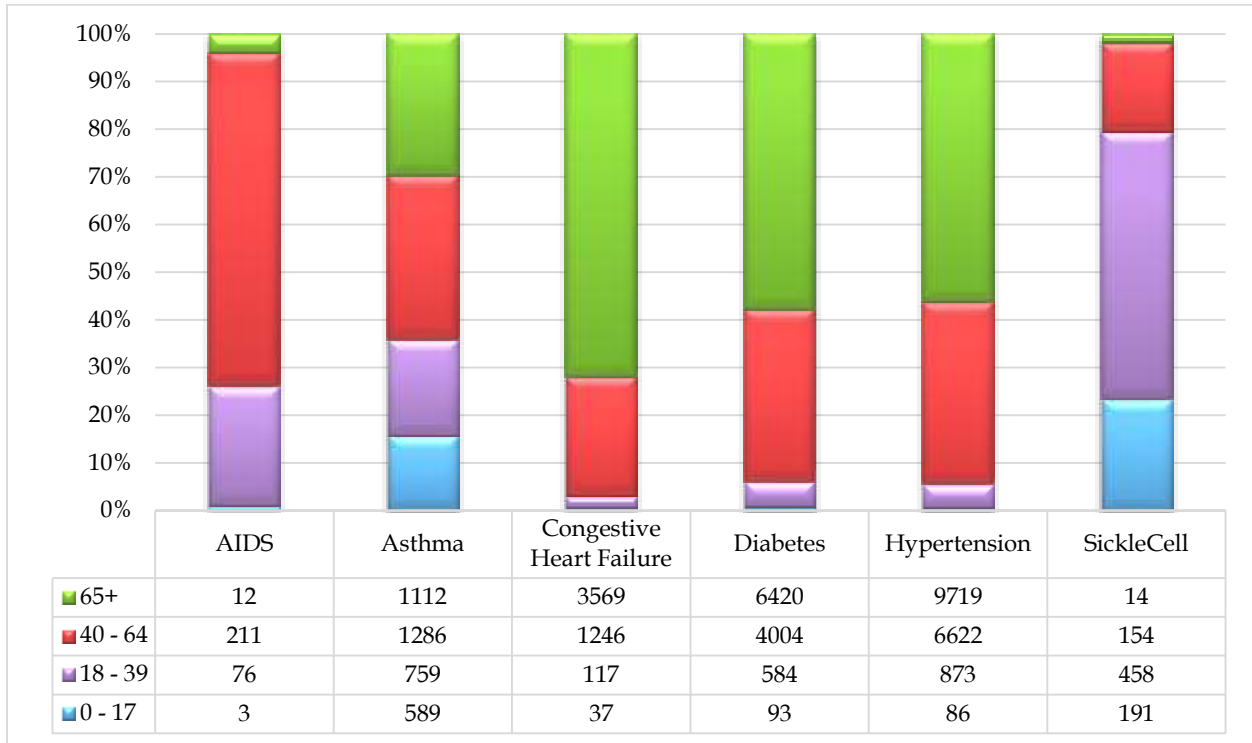
D.4 CHRONIC DISEASE HOSPITALIZATION – CASES BY AGE

Figure 69. Chronic Disease Hospitalization – Cases by Age, Broward Hospitals, 2013



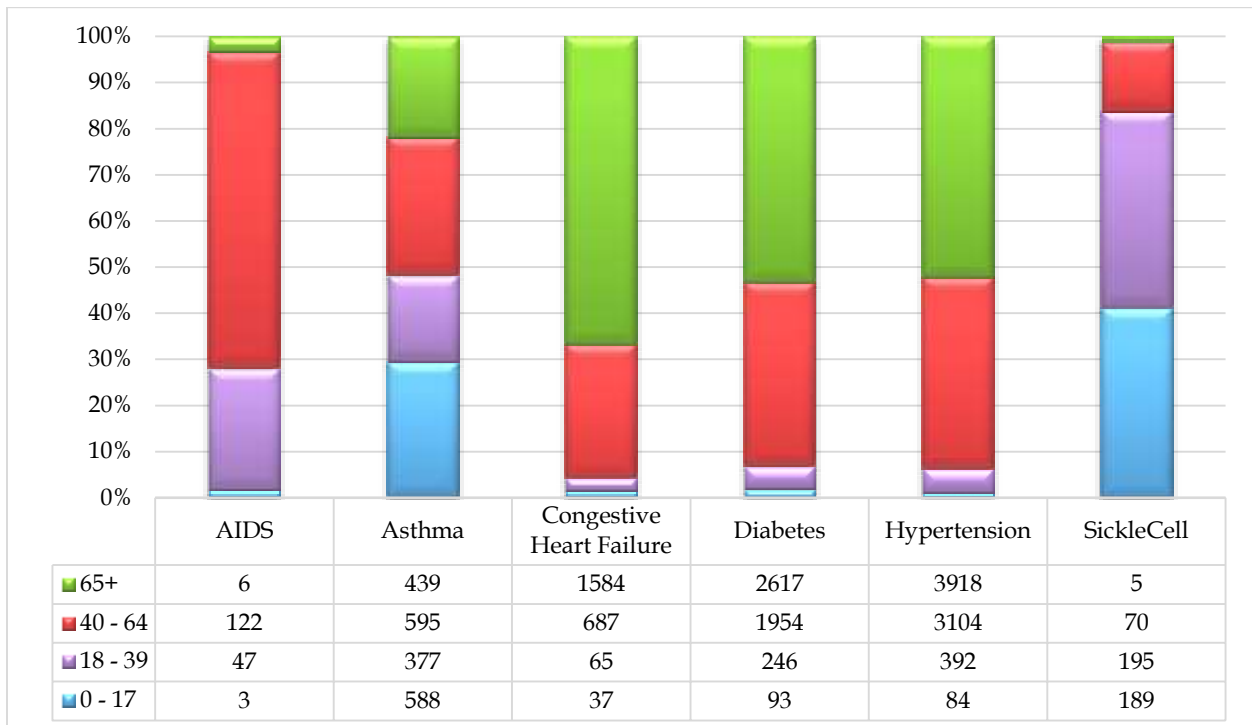
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 70. Chronic Disease Hospitalization - Cases by Age, MHS Total, 2013



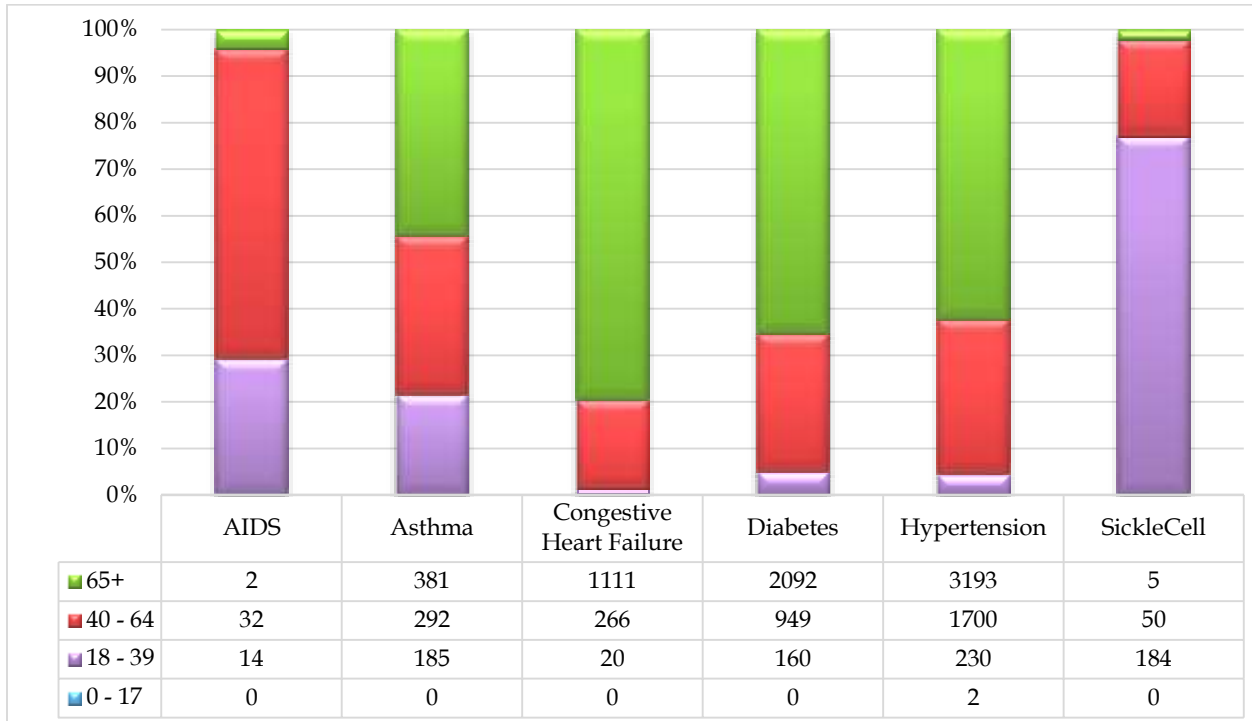
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 71. Chronic Disease Hospitalization - Cases by Age, Memorial Regional Hospital, 2013



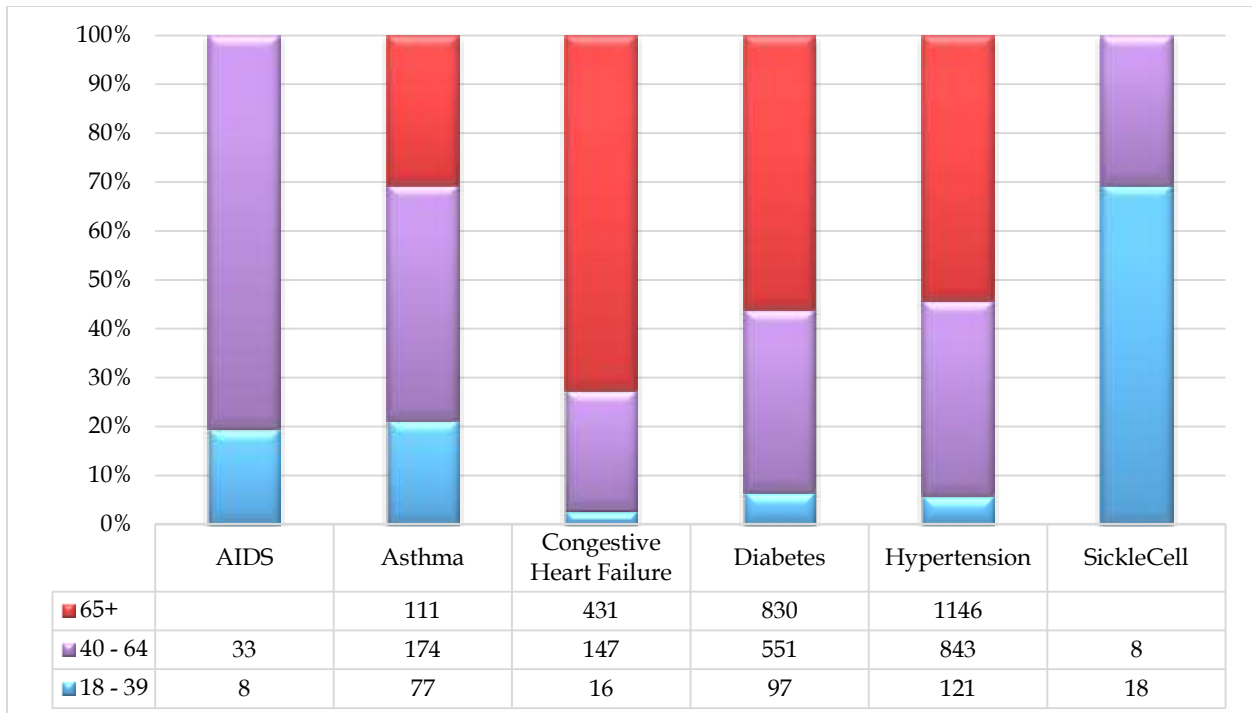
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 72. Chronic Disease Hospitalization – Cases by Age, Memorial Hospital West, 2013



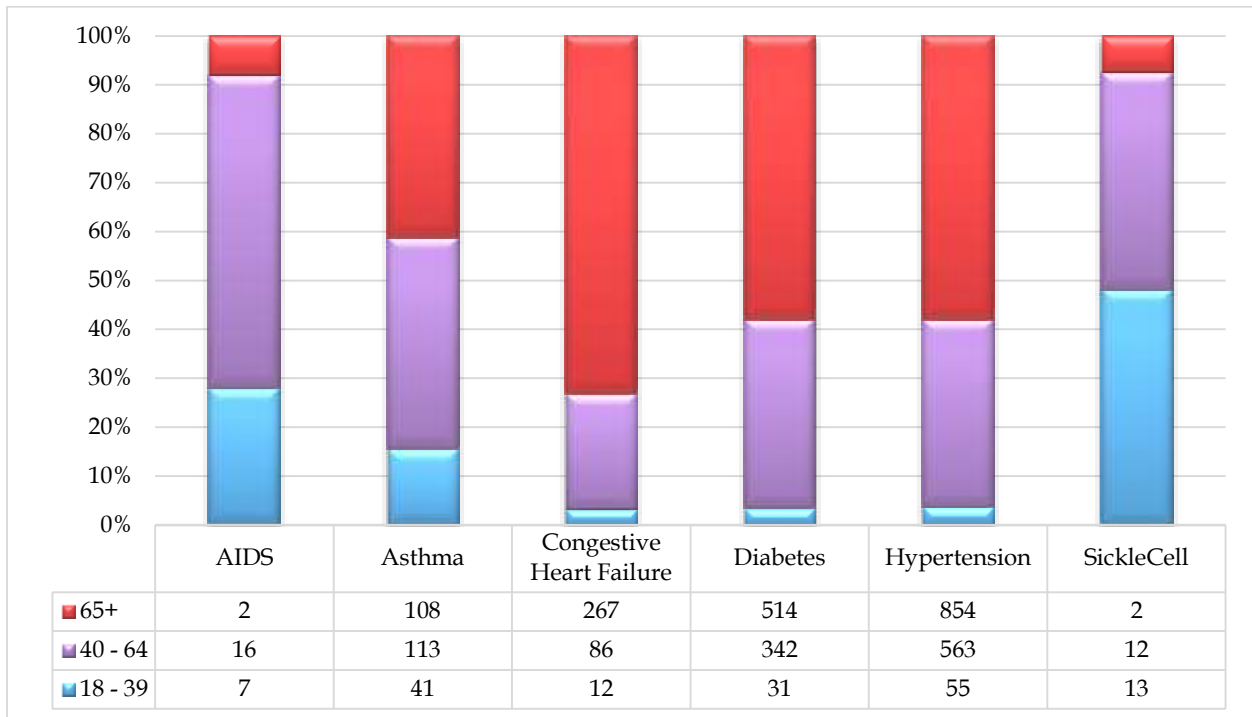
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 73. Chronic Disease Hospitalization – Cases by Age, Memorial Hospital Pembroke, 2013



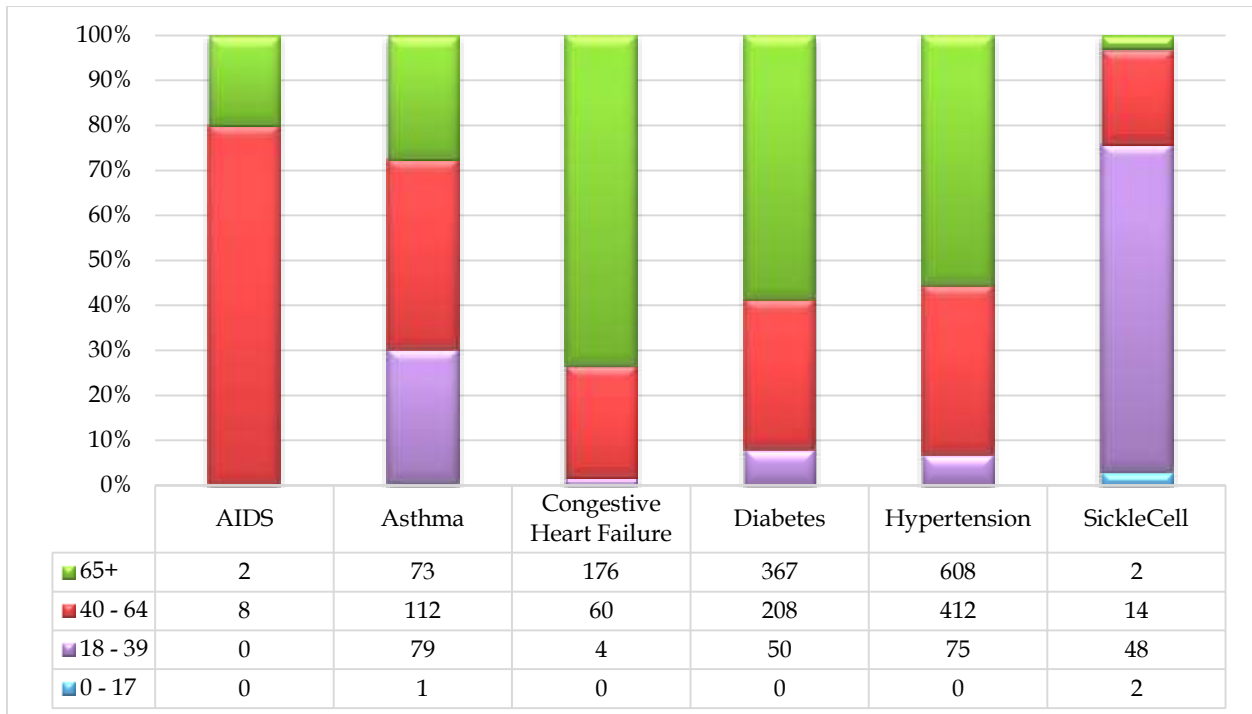
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 74. Chronic Disease Hospitalization - Cases by Age, Memorial Hospital South, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

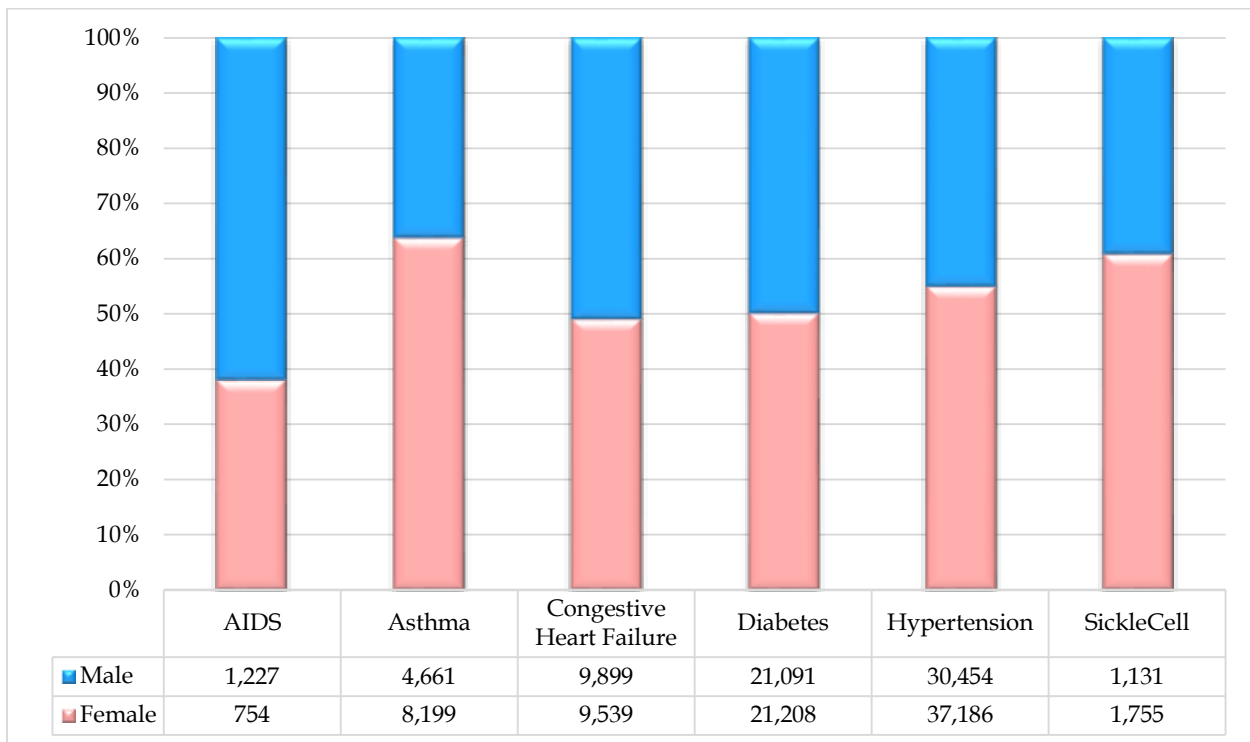
Figure 75. Chronic Disease Hospitalization - Cases by Age, Memorial Hospital Miramar, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

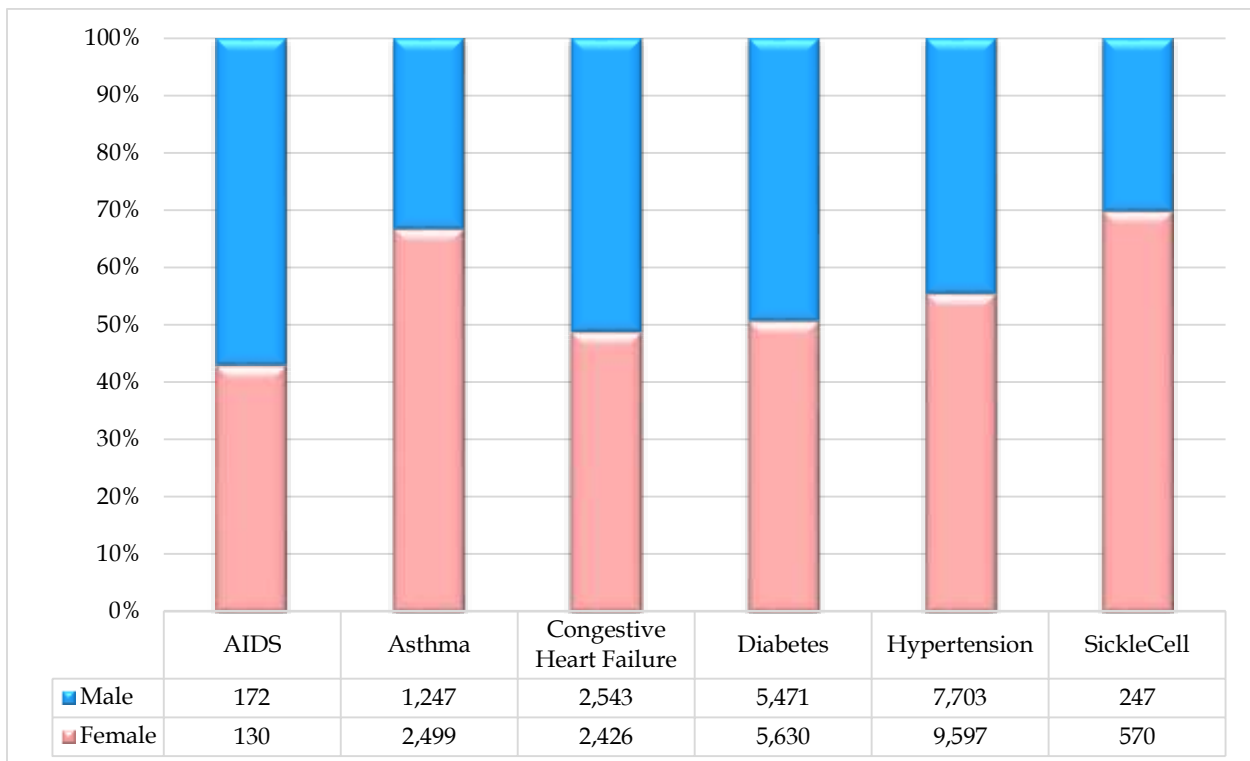
D.5 CHRONIC DISEASE HOSPITALIZATION - CASES BY GENDER

Figure 76. Chronic Disease Hospitalization - Cases by Gender, Broward Hospitals, 2013



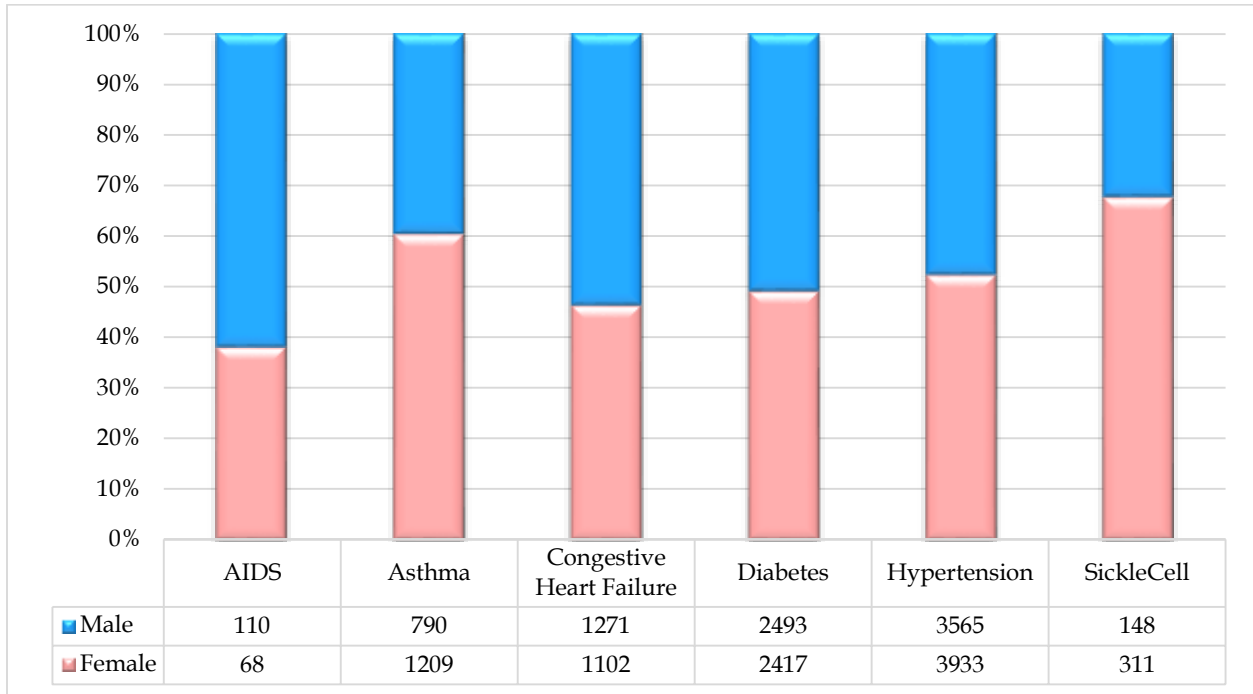
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 77. Chronic Disease Hospitalization - Cases by Gender, MHS Total, 2013



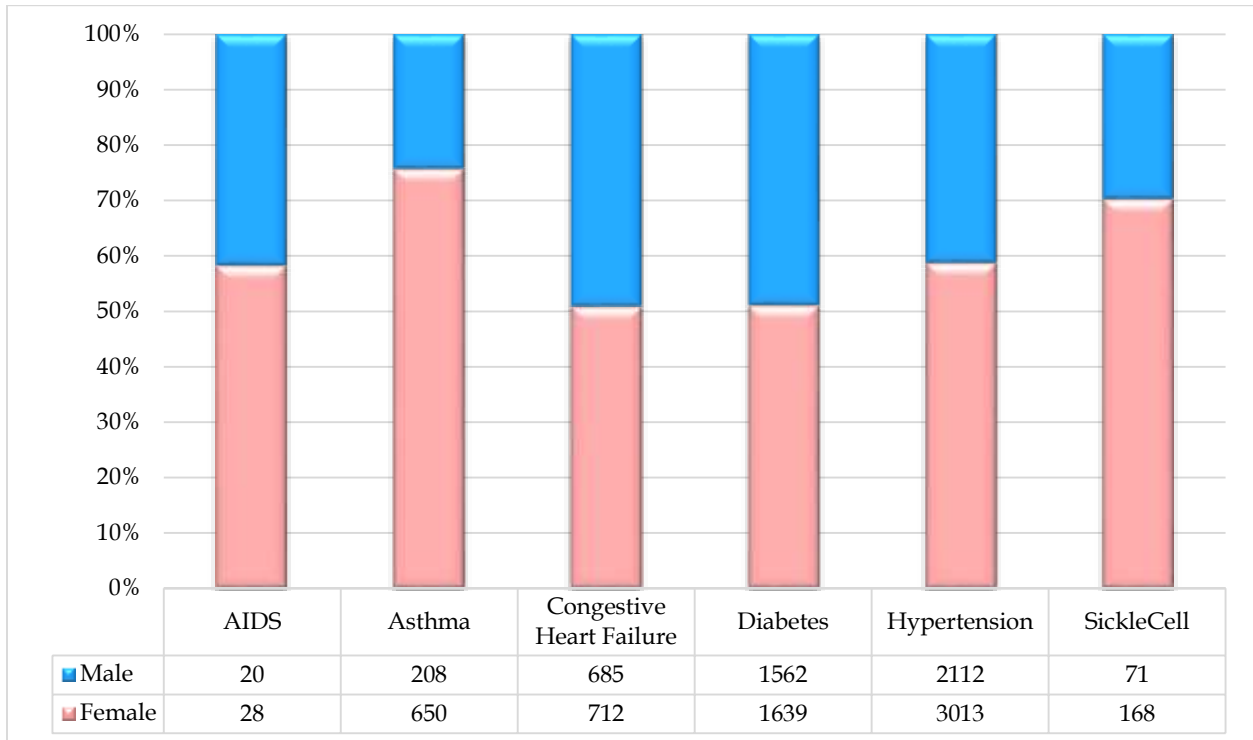
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 78. Chronic Disease Hospitalization - Cases by Gender, Memorial Regional Hospital, 2013



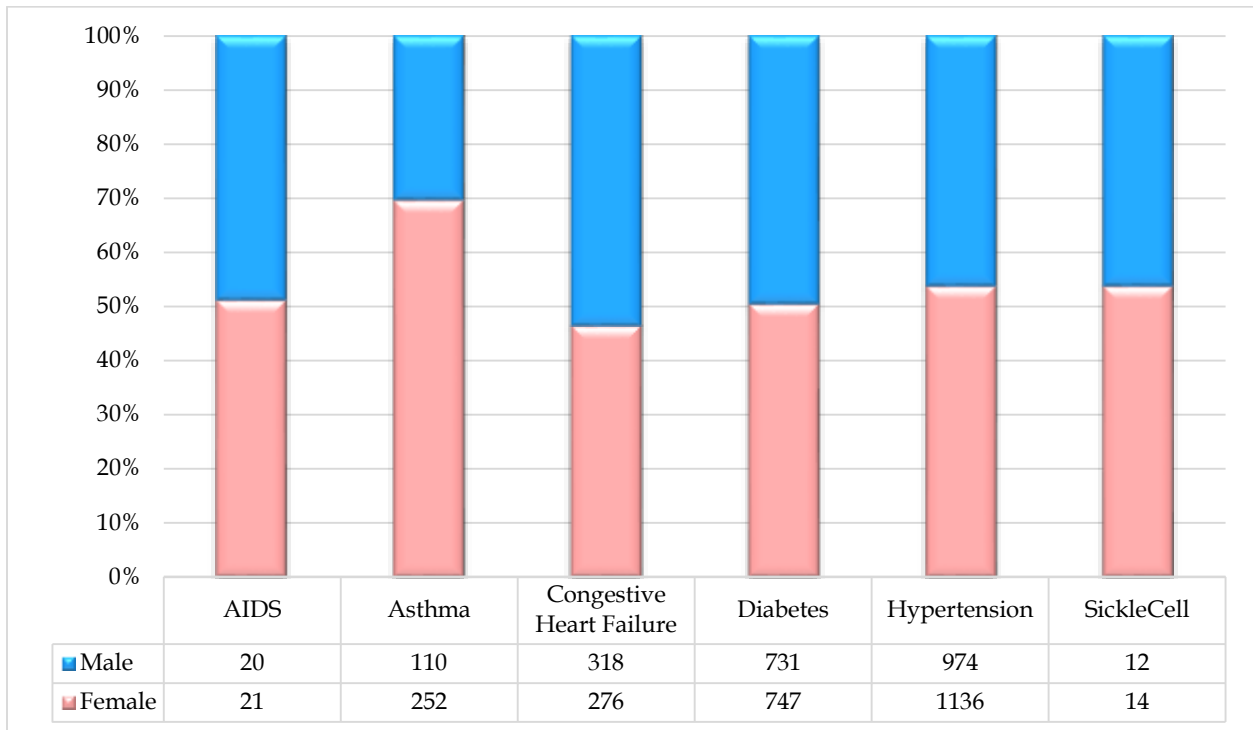
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 79. Chronic Disease Hospitalization - Cases by Gender, Memorial Hospital West, 2013



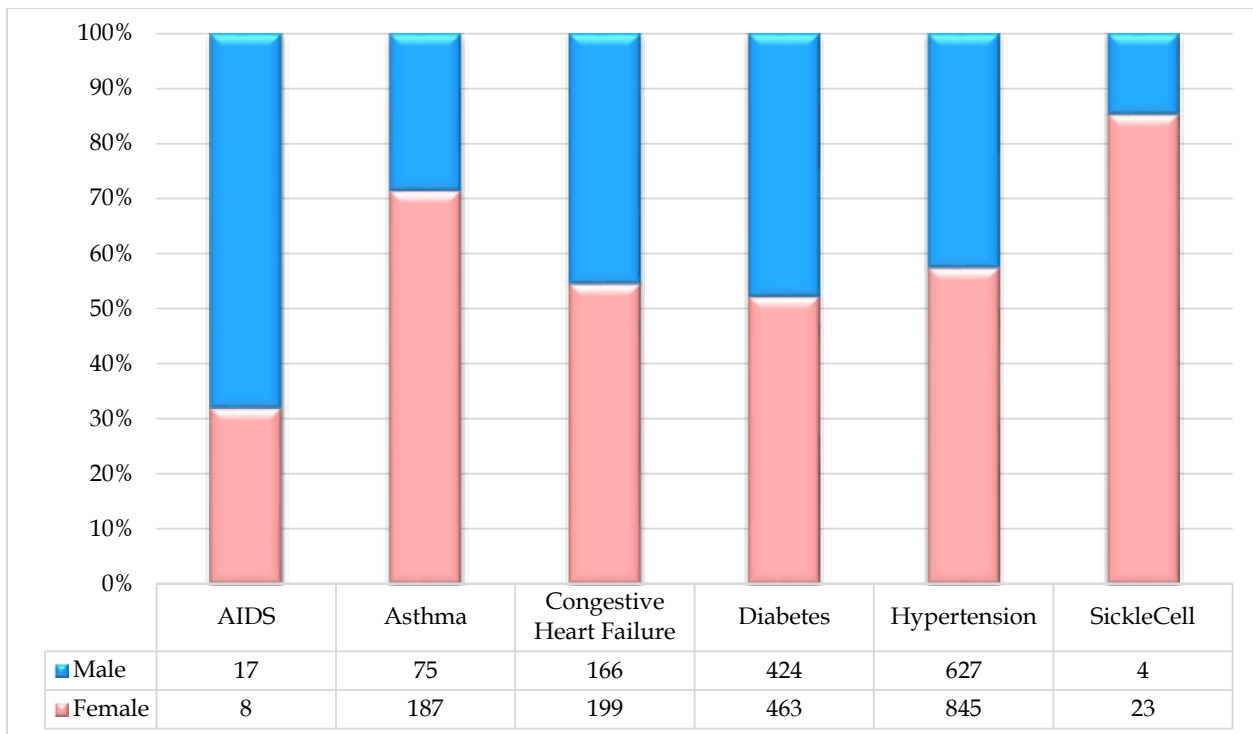
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 80. Chronic Disease Hospitalization - Cases by Gender, Memorial Hospital Pembroke, 2013



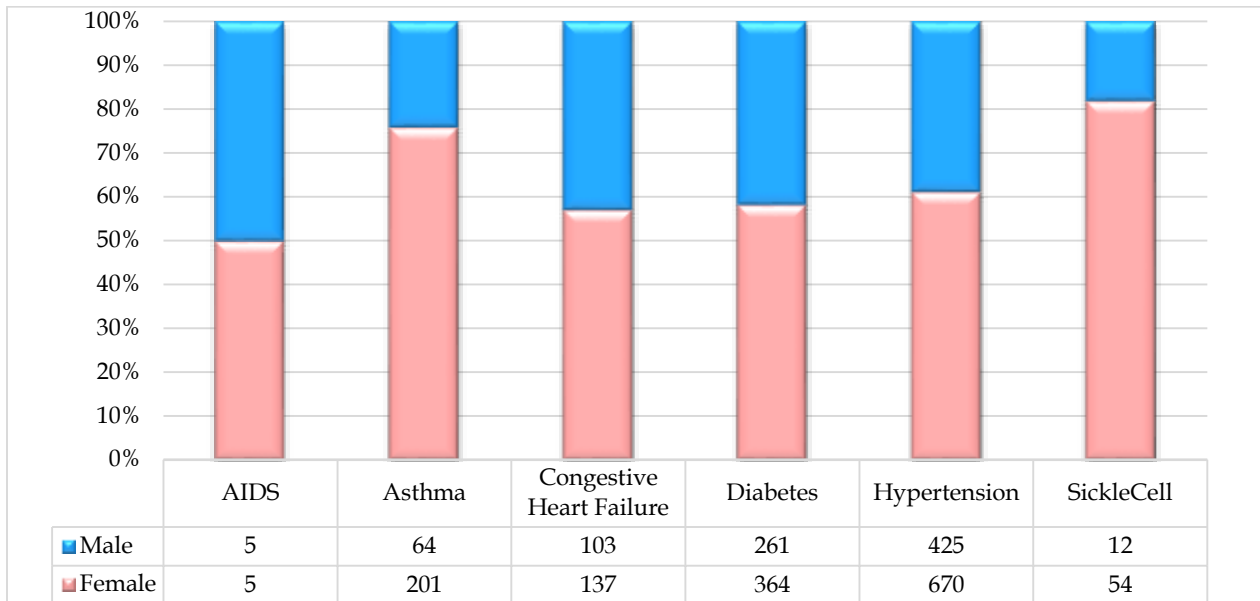
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 81. Chronic Disease Hospitalization - Cases by Gender, Memorial Hospital South, 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 82. Chronic Disease Hospitalization - Cases by Gender, Memorial Hospital Miramar, 2013

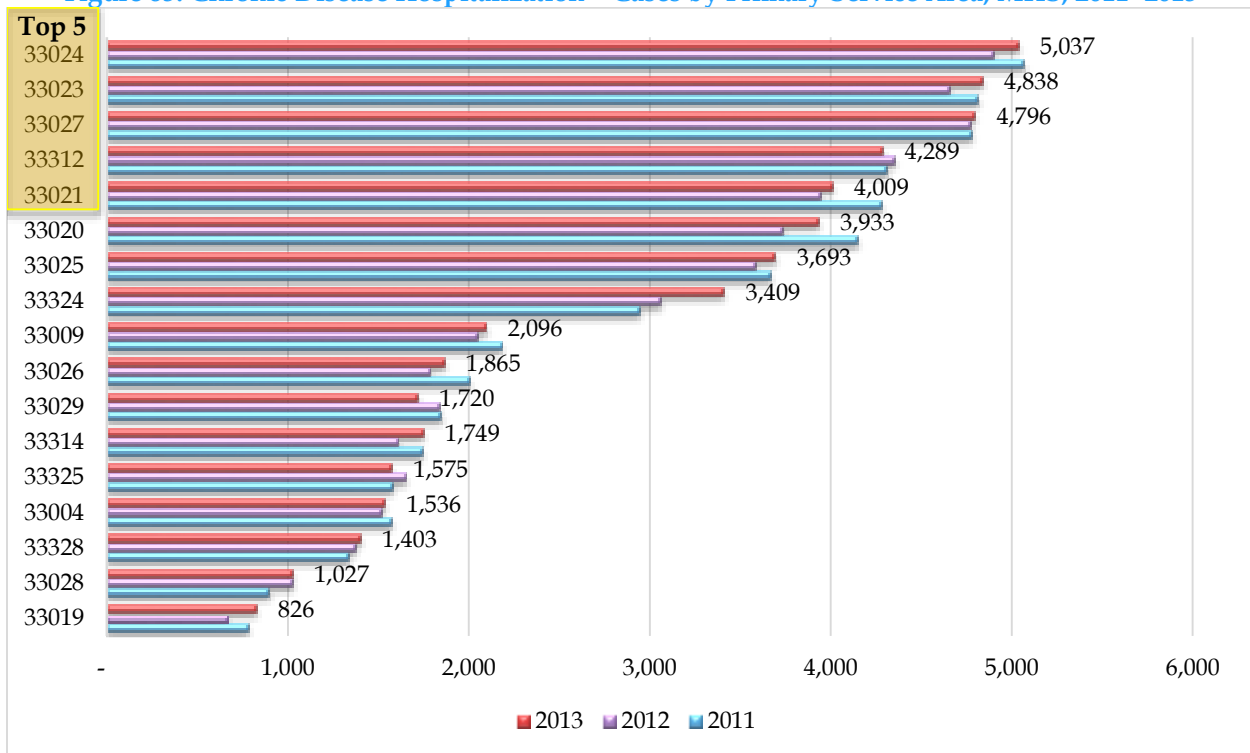


Source: Broward Regional Health Planning Council, Health Data Warehouse

D.6 CHRONIC DISEASE HOSPITALIZATION BY ZIP CODE

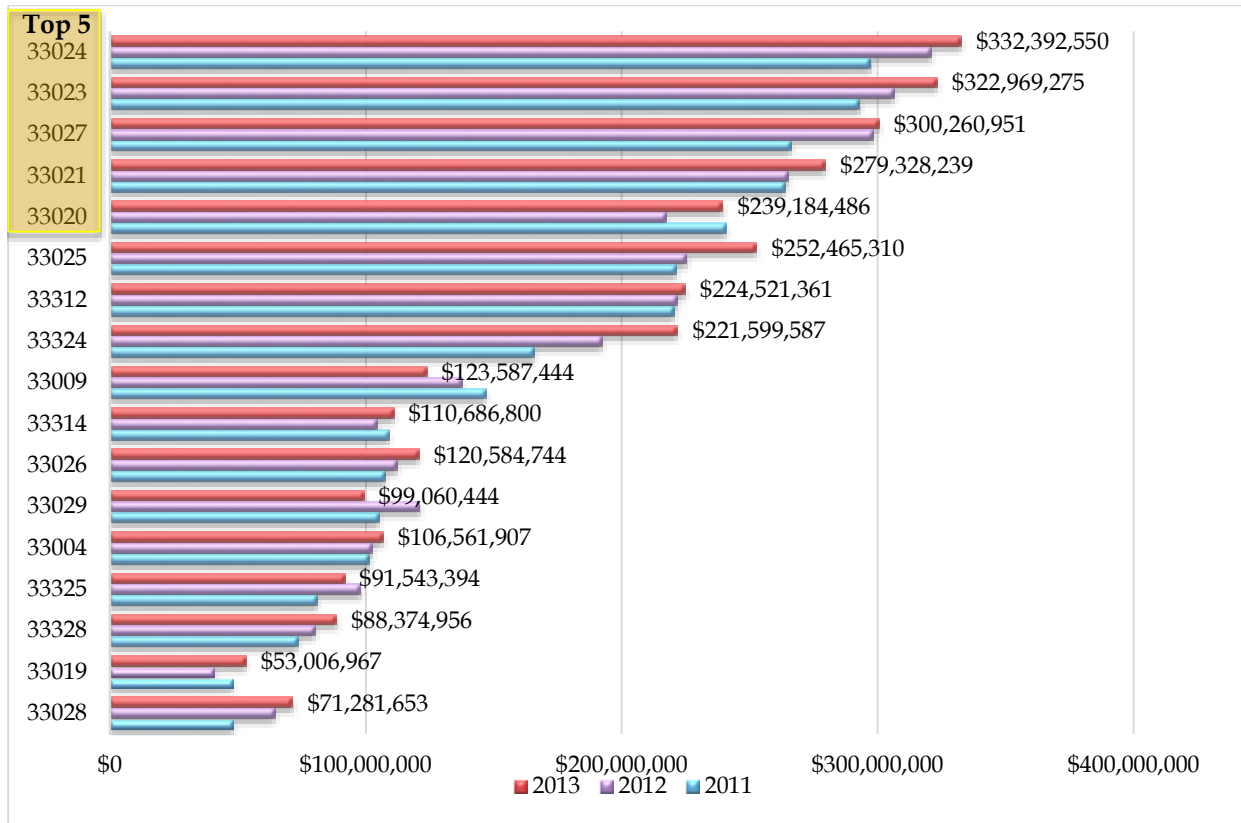
The following figures illustrate the Chronic Disease Hospitalization rates for Memorial Healthcare System in relationship to a number of varying factors, including service area zip codes and charges by primary service area.

Figure 83. Chronic Disease Hospitalization - Cases by Primary Service Area, MHS, 2011- 2013



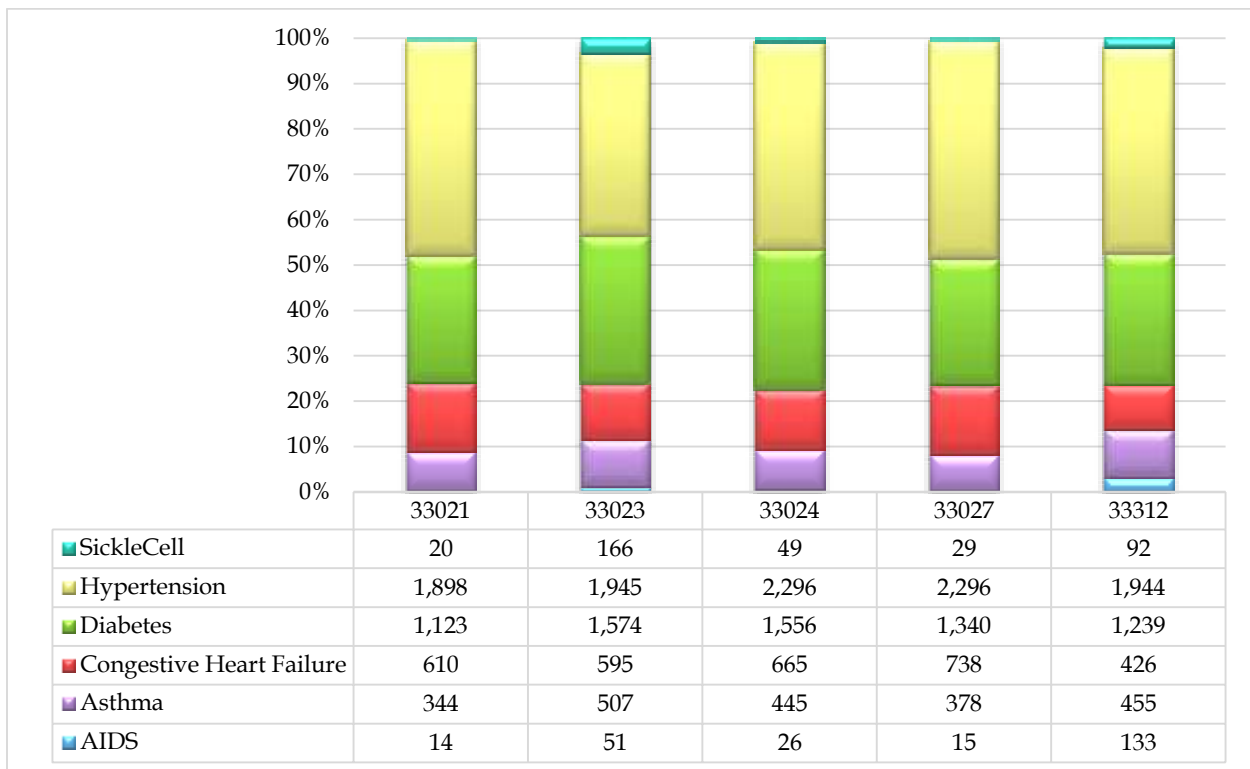
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 84. Chronic Disease Hospitalization - Charges by Primary Service Area, MHS, 2011- 2013



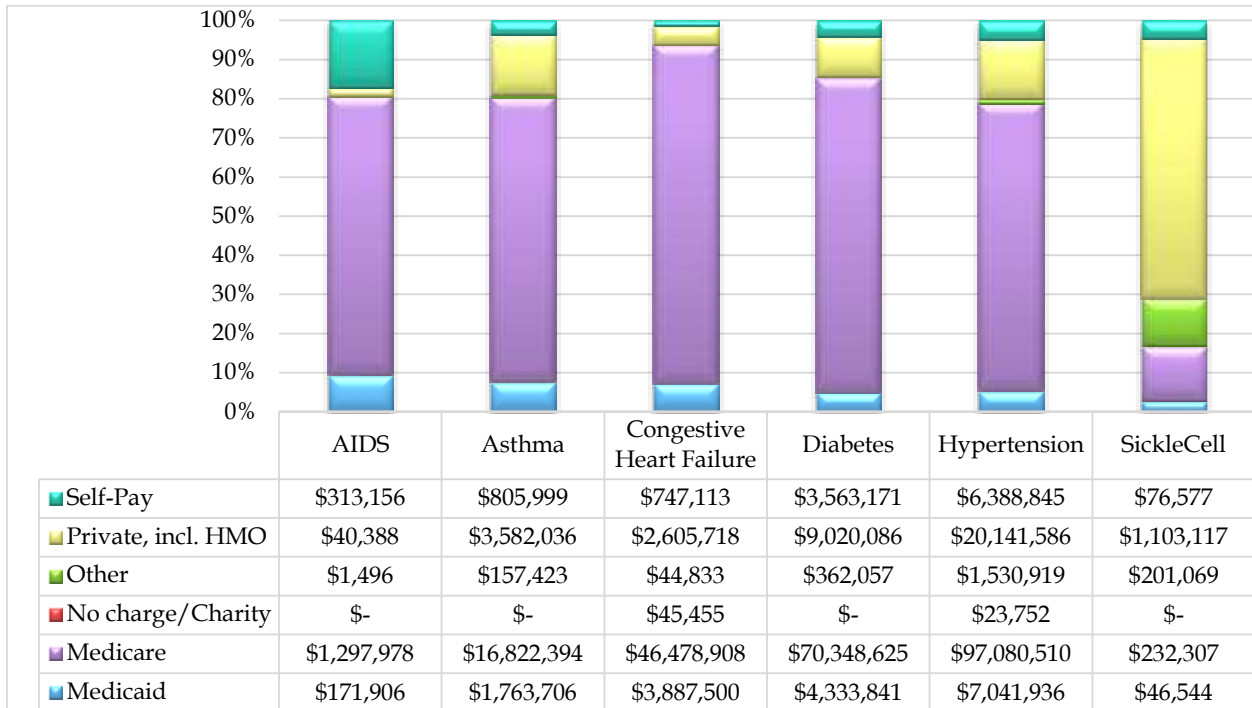
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 85. Chronic Disease Hospitalization - Cases by Top 5 PSA Zip Codes, MHS, 2011- 2013



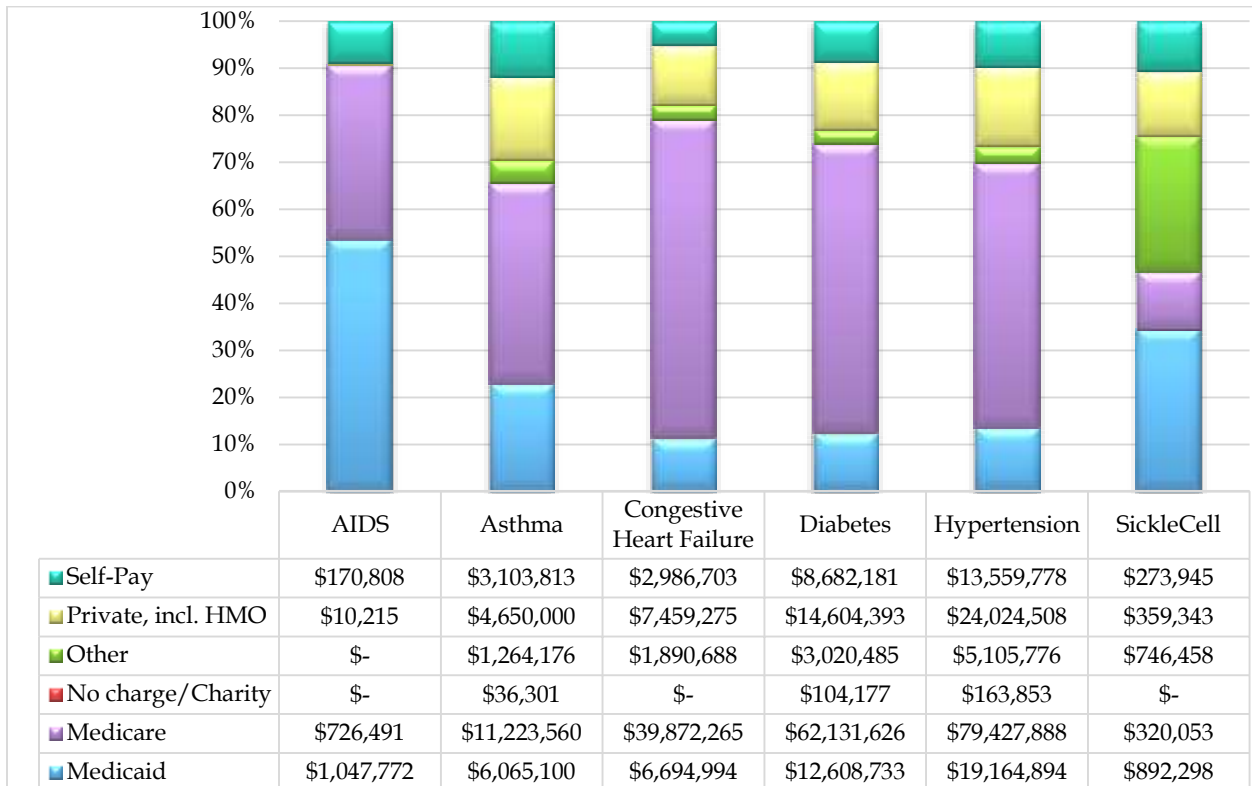
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 86. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013
PSA 33027**



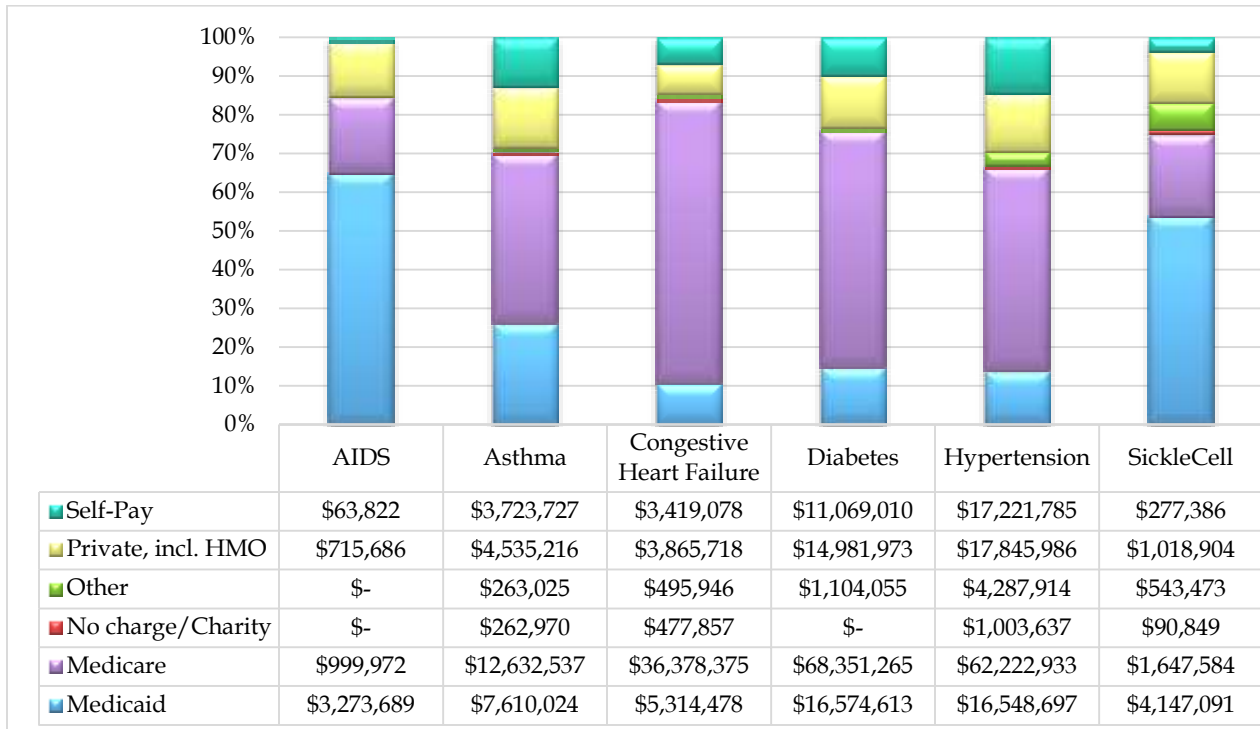
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 87. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013
PSA 33024**



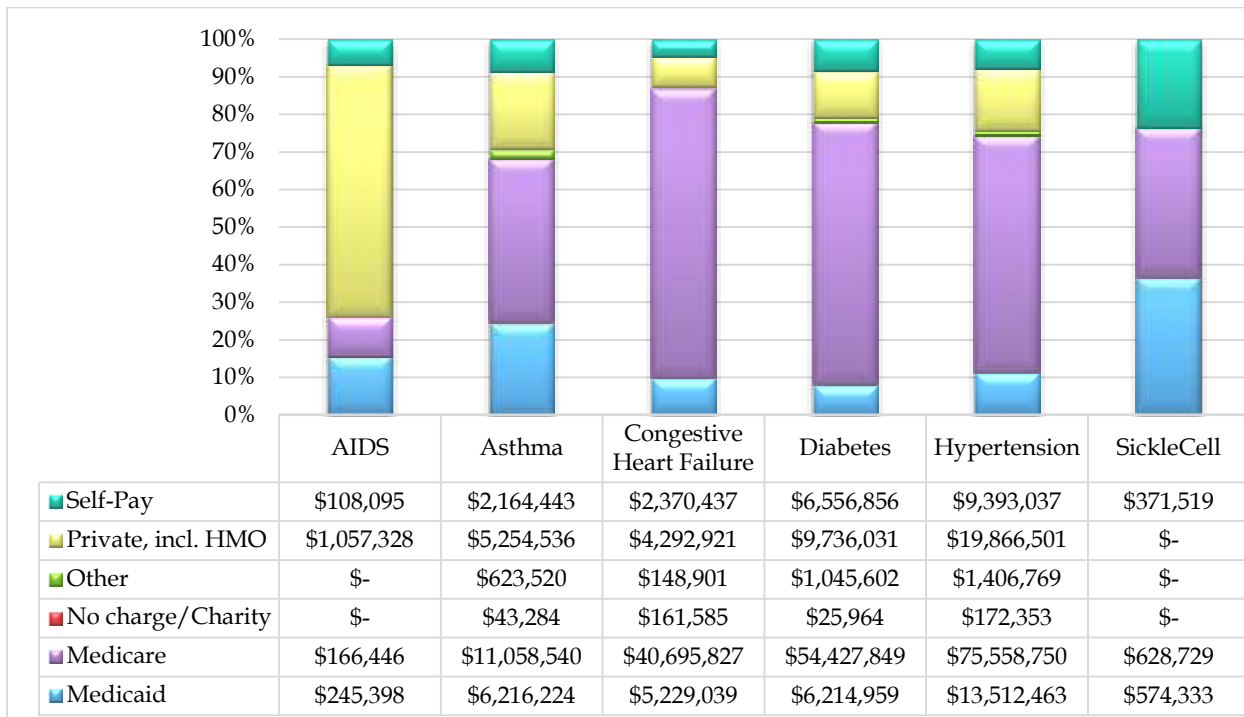
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 88. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013
PSA 33023**



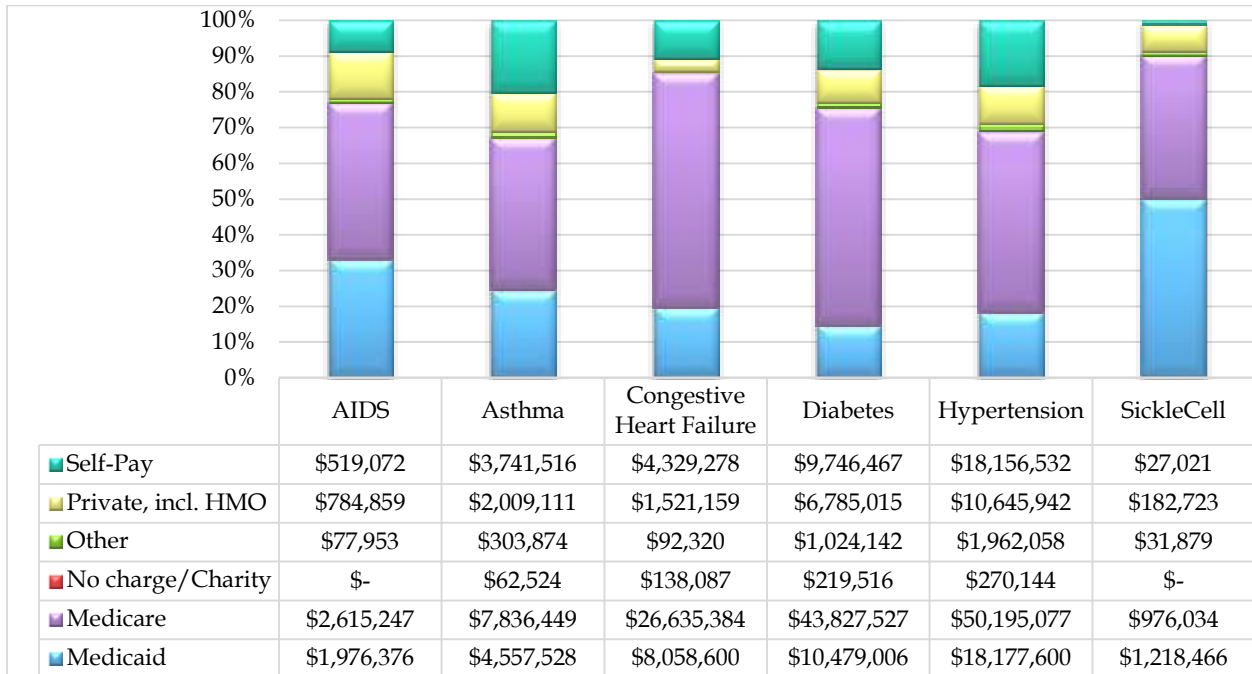
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 89. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013
PSA 33021**



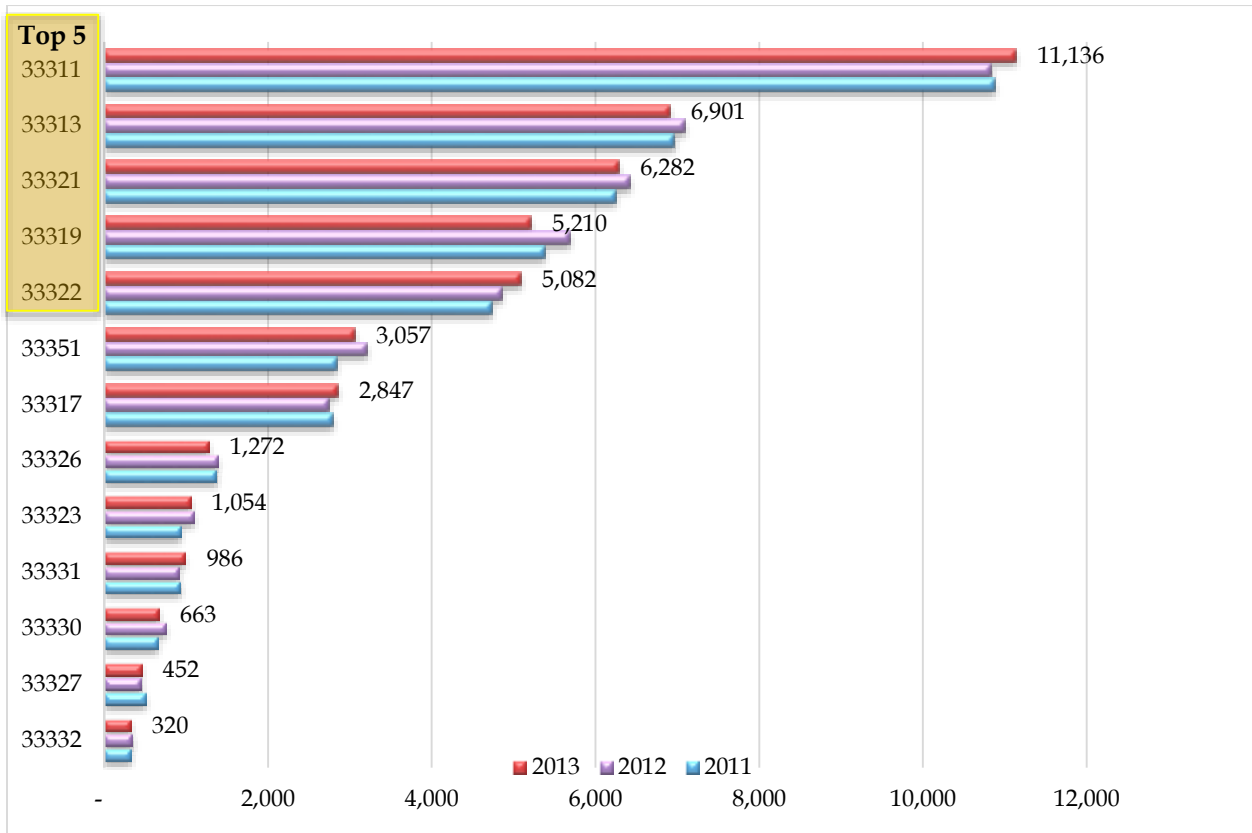
Source: Broward Regional Health Planning Council, Health Data Warehouse

**Figure 90. Chronic Disease Hospitalization – Charges by Top 5 PSA Zip Codes by Payer, MHS, 2013
PSA 33020**



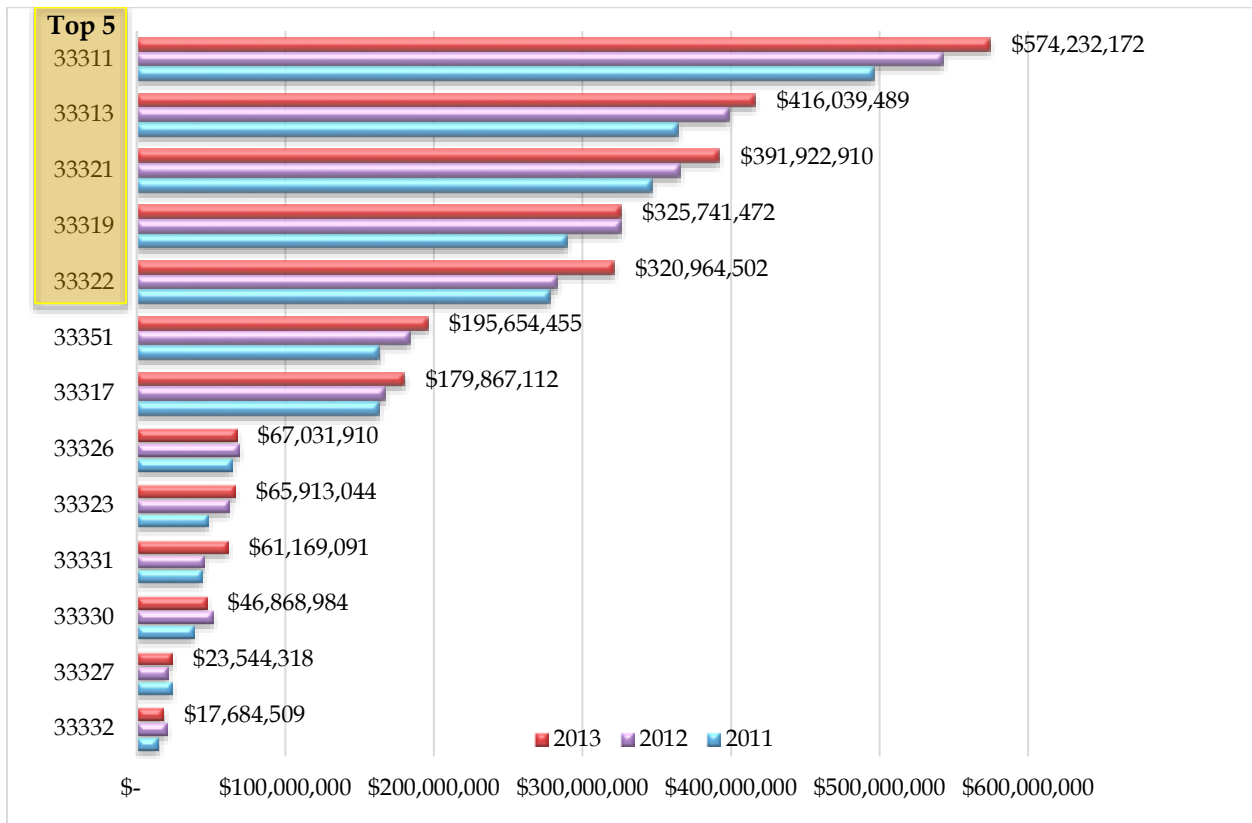
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 91. Chronic Disease Hospitalization – Cases by Secondary Service Area, MHS, 2011- 2013



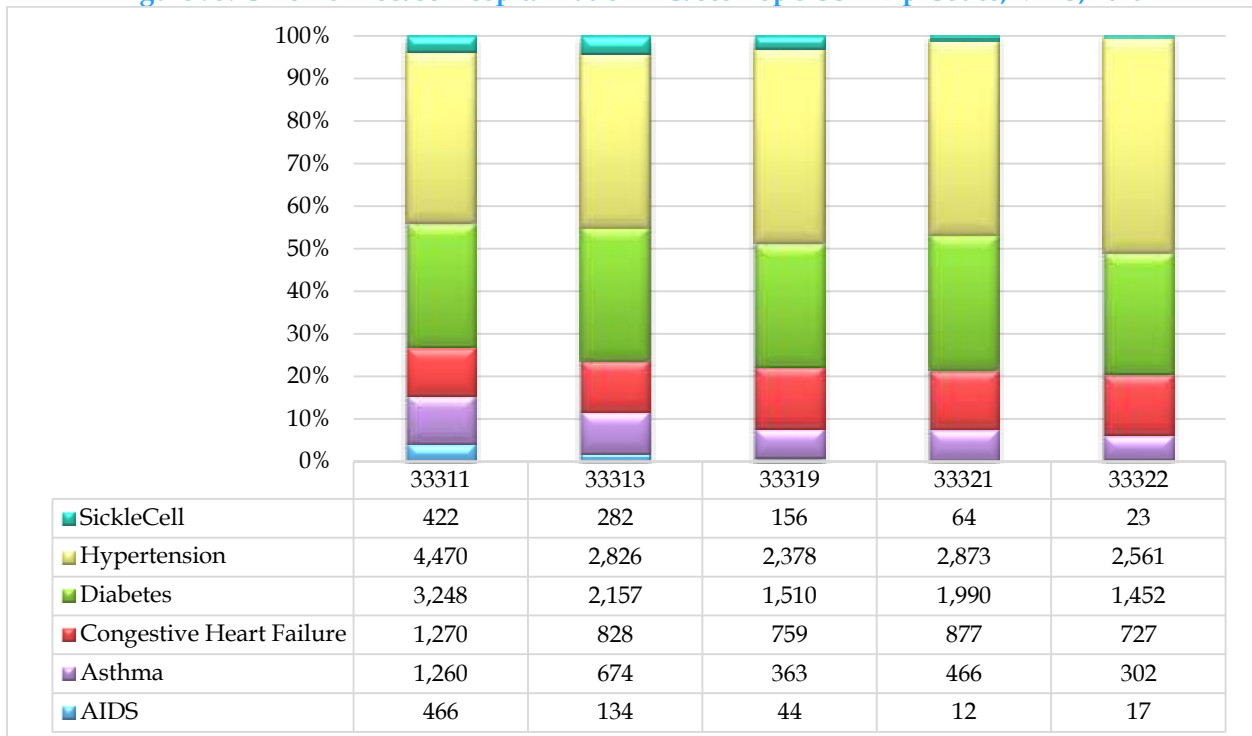
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 92. Chronic Disease Hospitalization – Charges by Secondary Service Area, MHS, 2011- 2013



Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 93. Chronic Disease Hospitalization – Cases Top 5 SSA Zip Codes, MHS, 2013



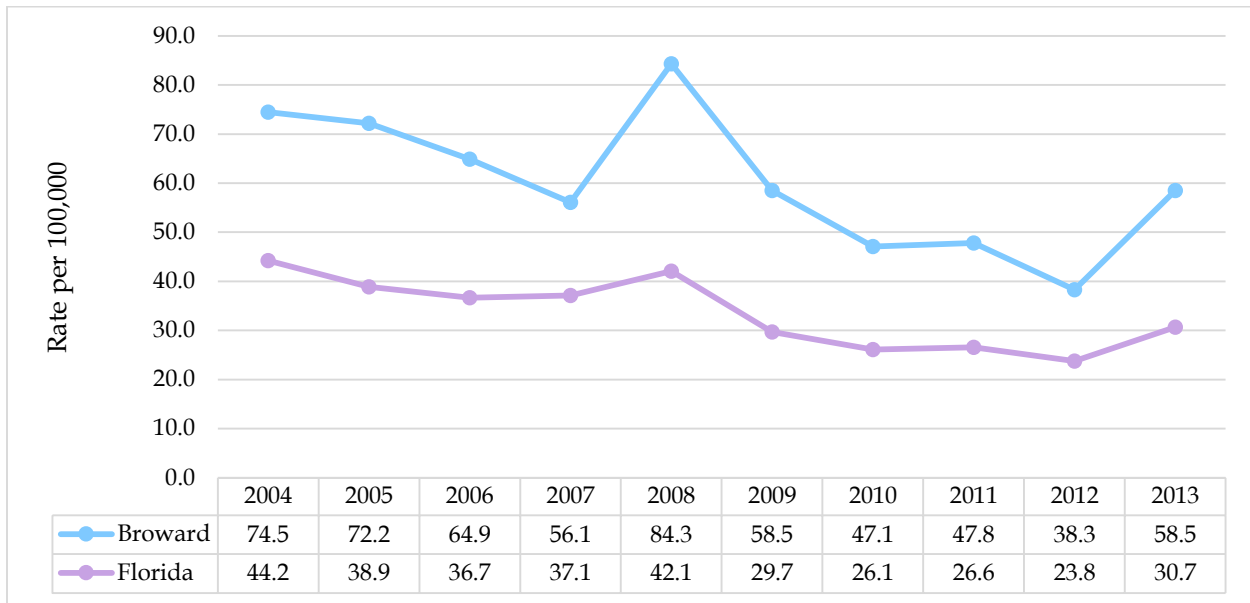
Source: Broward Regional Health Planning Council, Health Data Warehouse

E. INFECTIOUS DISEASES

E.1. HIV AND AIDS

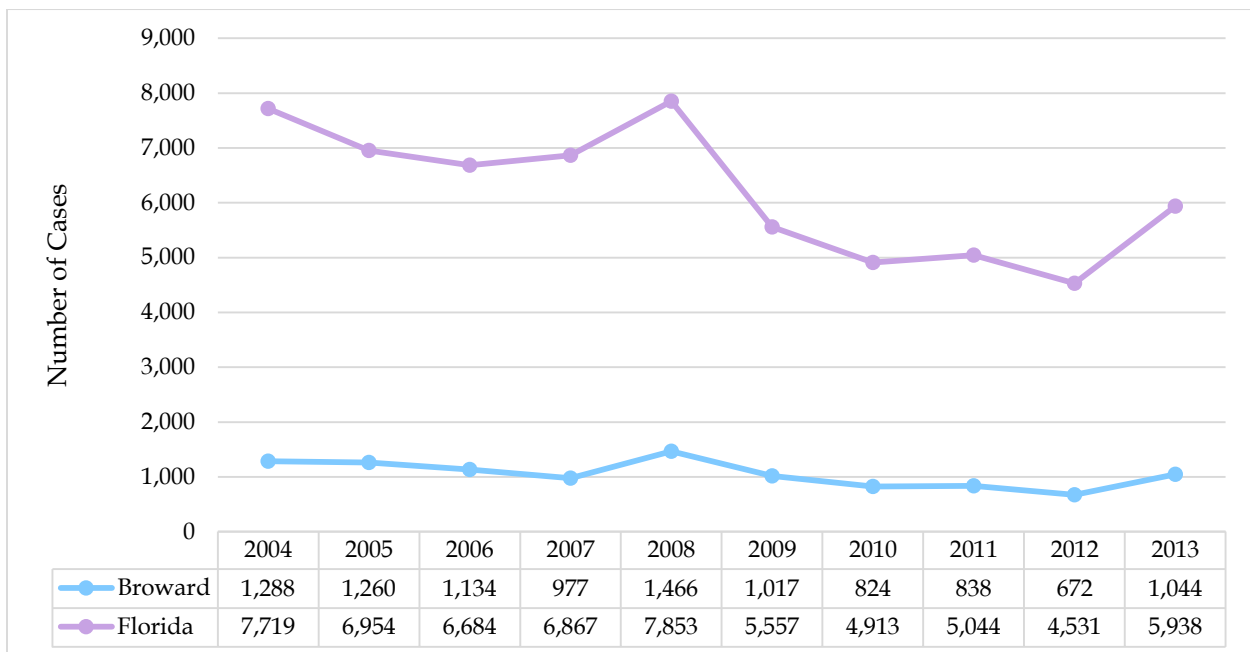
While the number of HIV/AIDS cases fluctuates from year to year, 2008 through 2012 showed a decrease in HIV and AIDS cases, with an increase in 2013. To be noted is that Broward County shows significantly higher HIV and AIDS rates compared to Florida.

Figure 94. HIV Rate per 100,000 Population, Broward County, Florida, 2004-2013



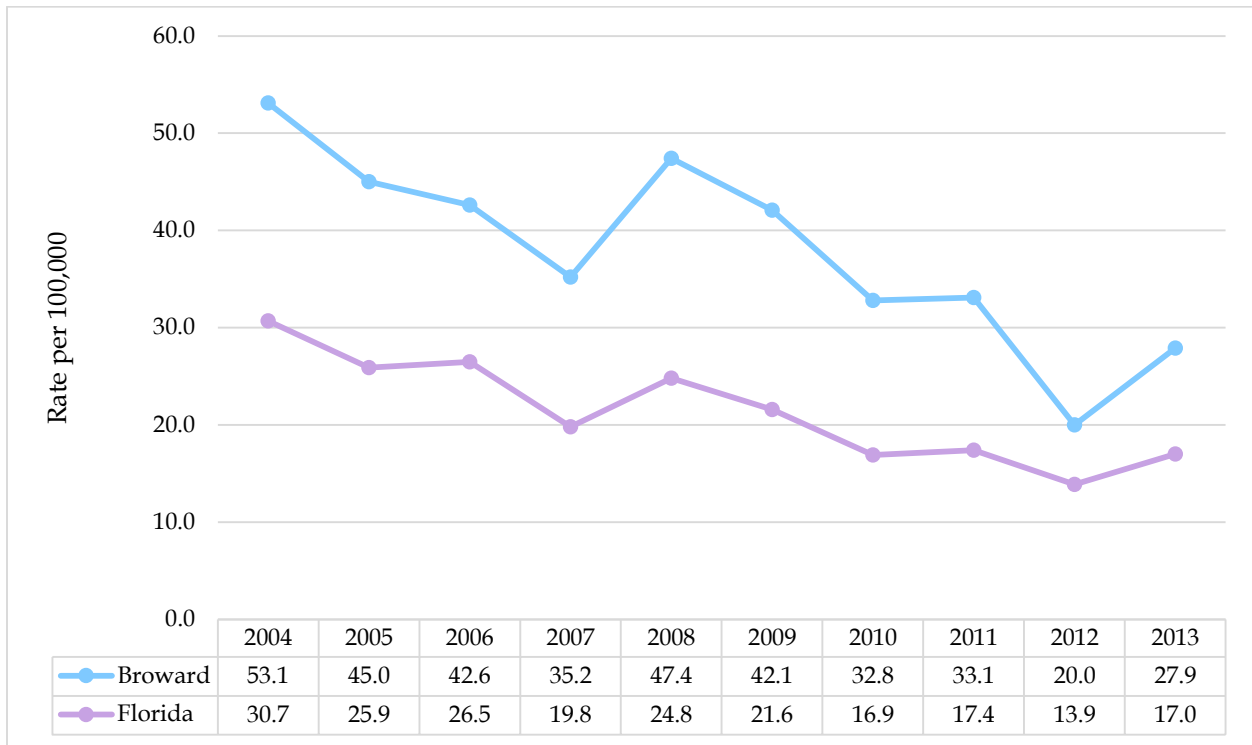
Source: Florida Charts

Figure 95. HIV Cases Count, Broward County, and Florida, 2004-2013



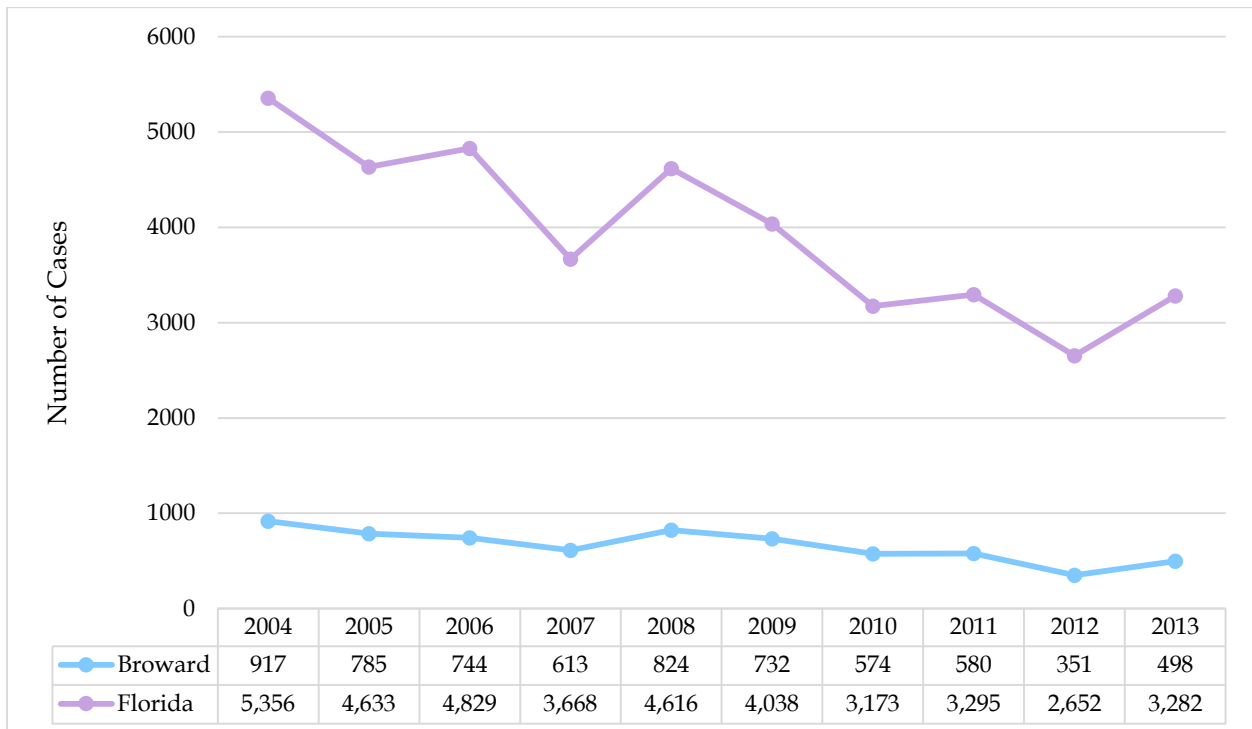
Source: Florida Charts

Figure 96. AIDS Rate per 100,000 Population, Broward County, Florida, 2004-2013



Source: Florida Charts

Figure 97. AIDS Cases Count, Broward County, Florida, 2004-2013

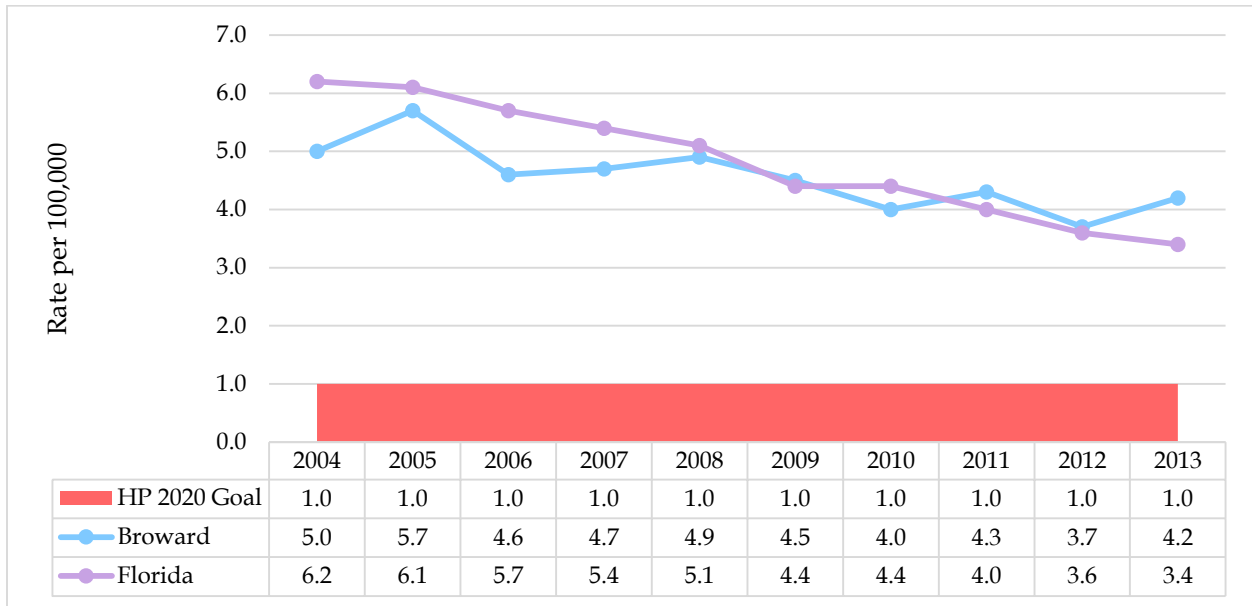


Source: Florida Charts

E.2. TUBERCULOSIS

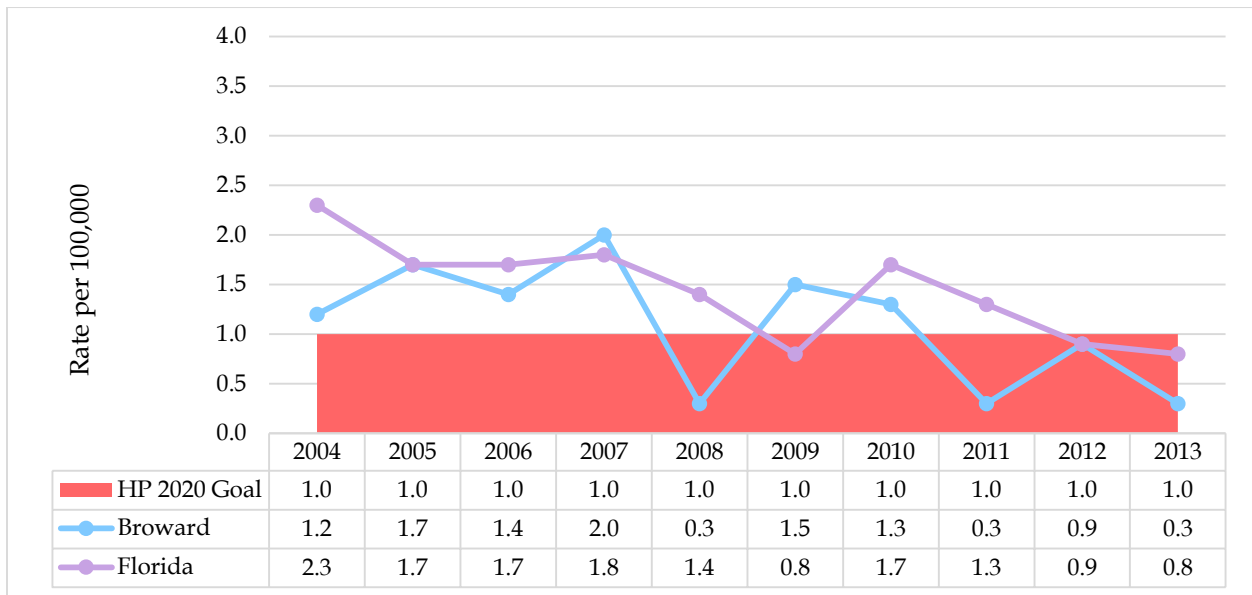
Tuberculosis (TB) is caused by a bacterium called *Mycobacterium Tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidneys, spine, and brain. If not treated properly, TB can be fatal. TB was once the leading cause of death in the United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

Figure 98. Tuberculosis Cases per 100,000, Broward County, Florida, 2004-2013



Source: Florida Charts

Figure 99. Tuberculosis Cases for Children under 15 per 100,000, Broward County, Florida, 2004-2013

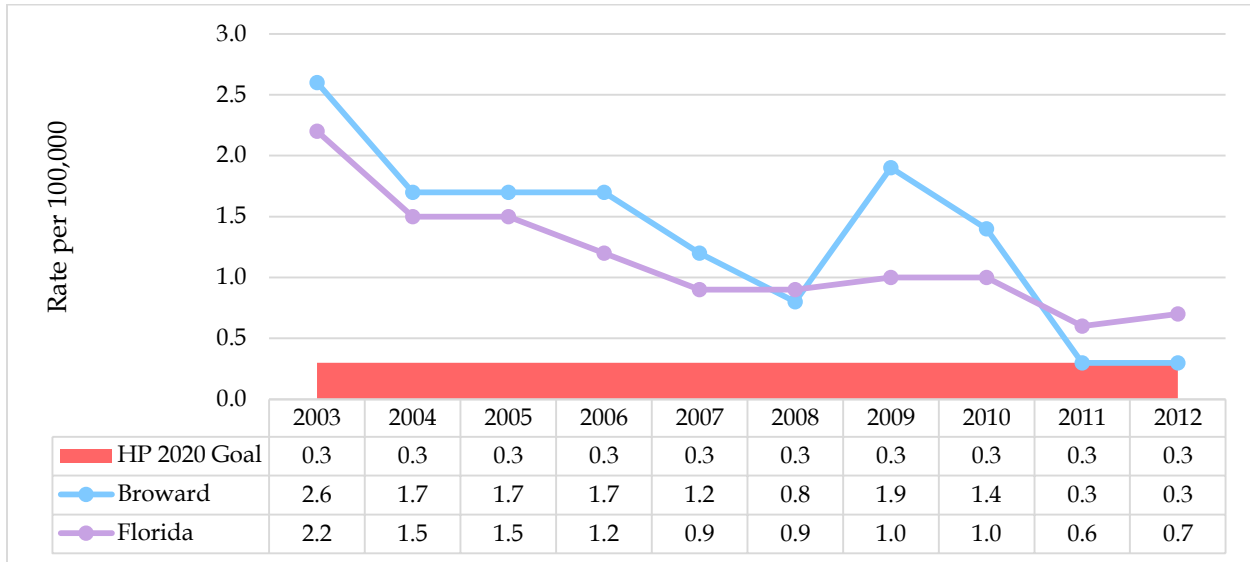


Source: Florida Charts

E.3. HEPATITIS

Hepatitis A is an acute infectious disease of the liver caused by the hepatitis A virus, an RNA virus, usually spread by the fecal-oral route; transmitted person-to-person by ingestion of contaminated food or water or through direct contact with an infectious person. Hepatitis A infection rates have declined in Broward and Florida over the last few years. In 2011 and 2012, Healthy People 2020 goals were met for Broward County.

Figure 100. Hepatitis A, Rate per 100,000, Broward County, Florida, 2003-2012

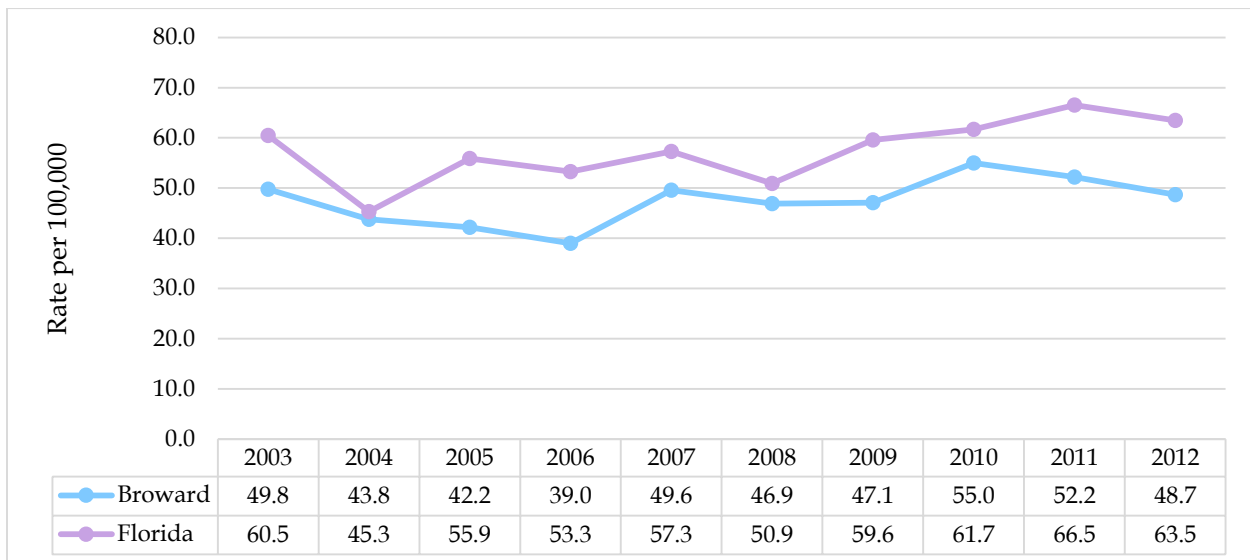


Source: Florida Charts

E.4. ENTERIC DISEASE

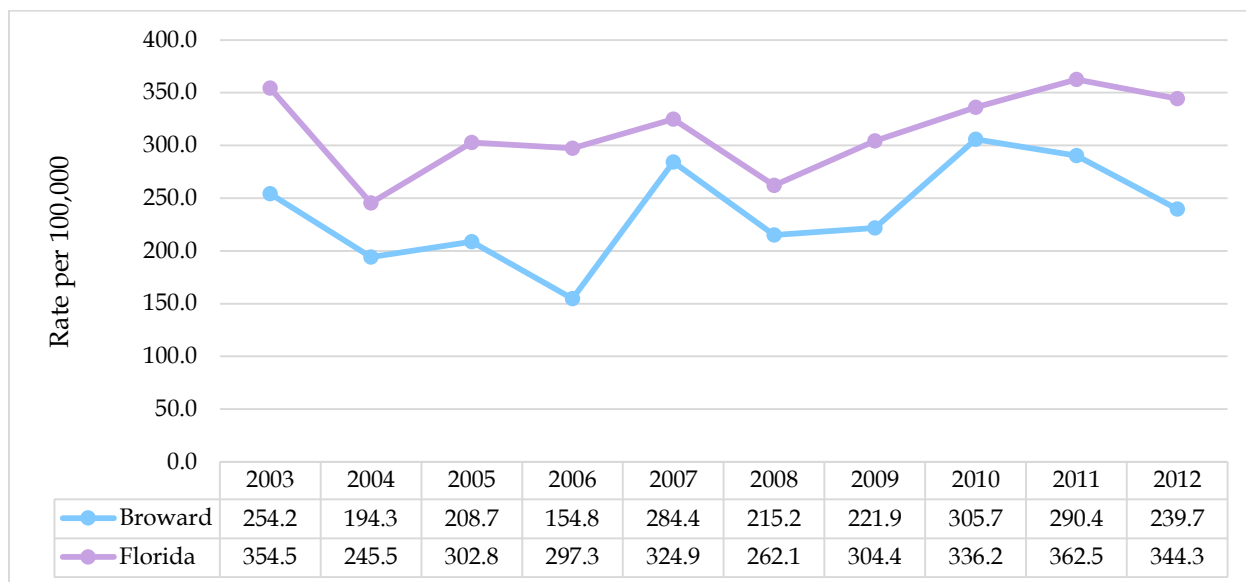
Bacterial and viral infections of the gastrointestinal tract can lead to diarrheal disease. Many of these pathogens are transmitted through contaminated food or water. In the United States, diarrhea is the second most common infectious illness, accounting for one out of every six (16 percent) of all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

Figure 101. Total Enteric Disease Children and Adults, Broward County & Florida, 2003-2012



Source: Florida Charts

Figure 102. Total Enteric Disease Children Less than 6 Years Old, Broward County, Florida, 2003-2012

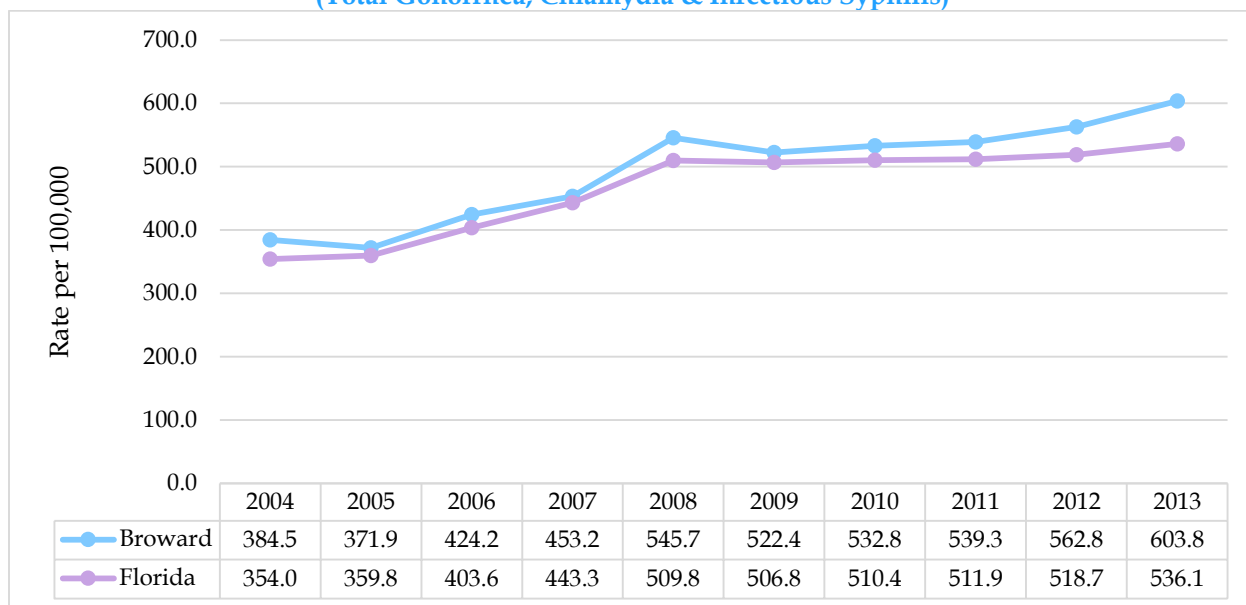


Source: Florida Charts

E.5. SEXUALLY TRANSMITTED DISEASES

Sexually Transmitted Infections (STIs) are an important global health priority because of their devastating impact on women and infants and their inter-relationship with HIV/AIDS. STDs and HIV are linked by biological interactions and because both infections may occur in the same populations. Infection with certain STIs can increase the risk of getting and transmitting HIV as well as alter the way the disease progresses. In addition, STIs can cause long-term health problems, particularly in women and infants. Some of the health complications that arise from STIs include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infections in infants born to infected mothers. In Broward County and Florida, STIs rates have increased significantly over the last 10 years.

**Figure 103. Sexually Transmitted Infections Rate per 100,000 Population
Broward County, Florida, 2004-2013
(Total Gonorrhea, Chlamydia & Infectious Syphilis)**

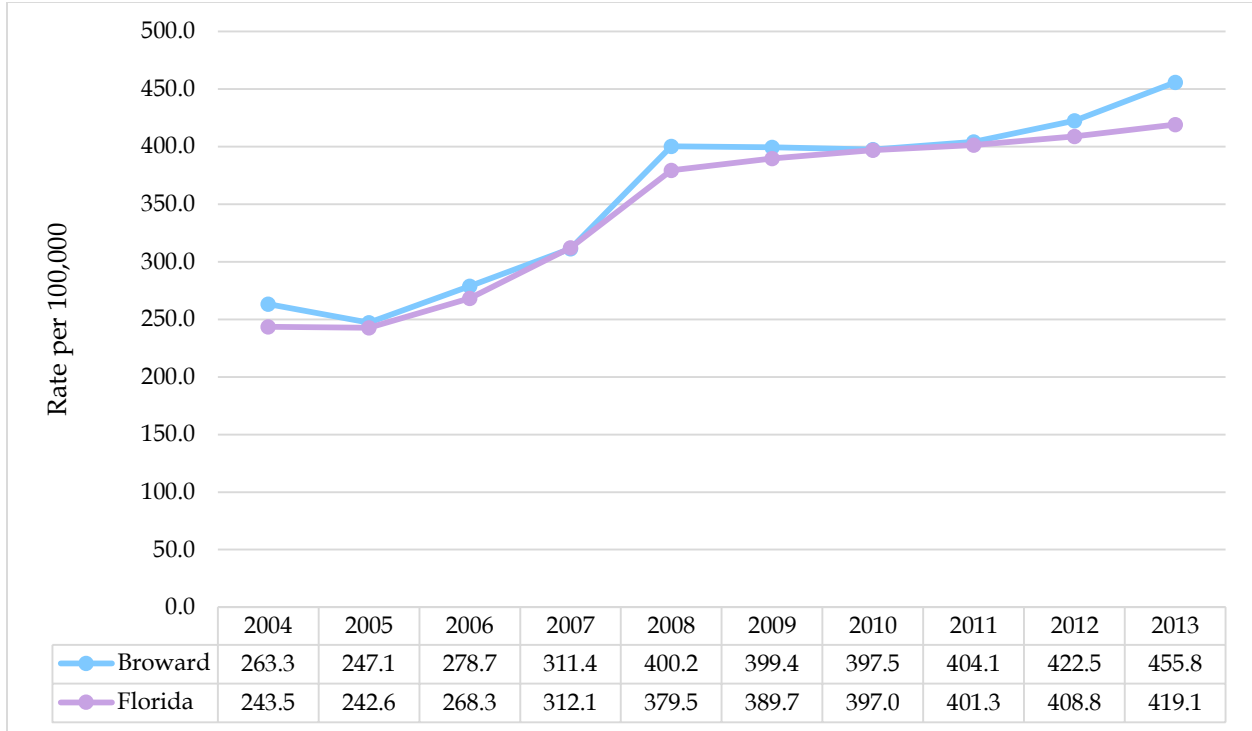


Source: Florida Charts

Figure 104 through

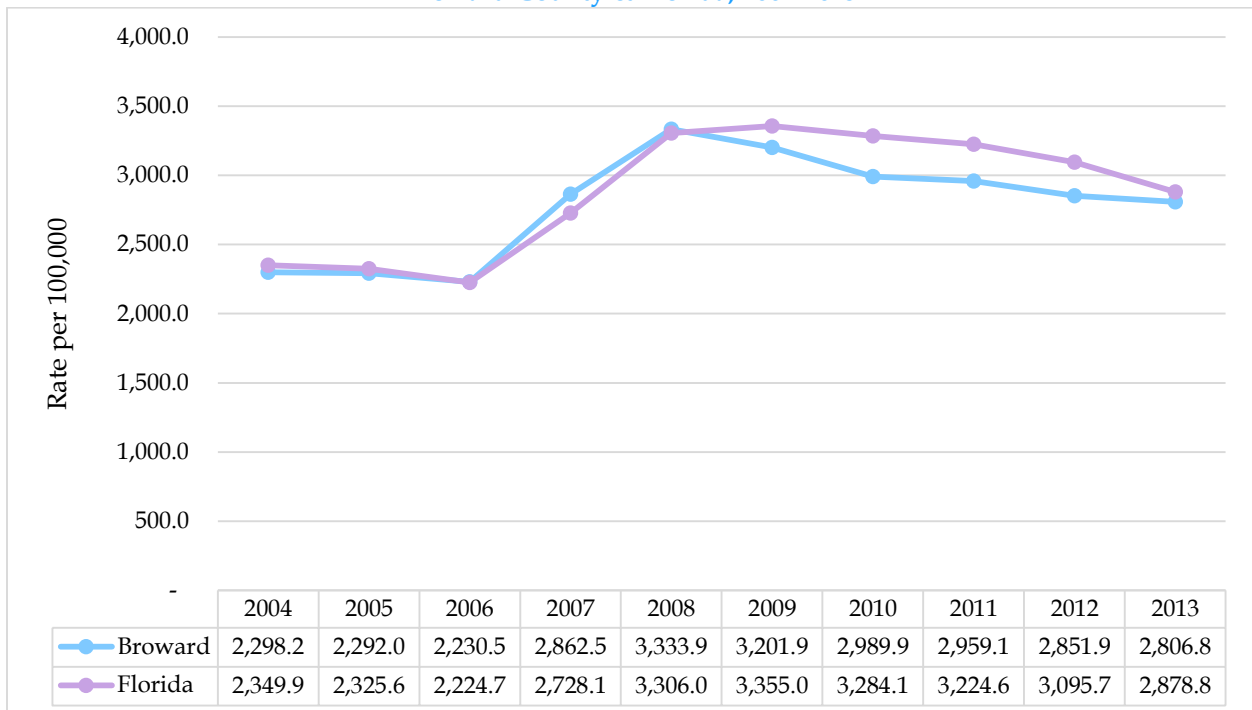
Figure 108 show the reported cases of Chlamydia, Gonorrhea, and Syphilis from 2004 to 2013. There has been an increase in reported Chlamydia cases from 2004 to 2013, with an abrupt increase from 2007 to 2008, in Broward County and the state overall.

Figure 104. Chlamydia Rates per 100,000 Population, Broward County & Florida, 2004-2013



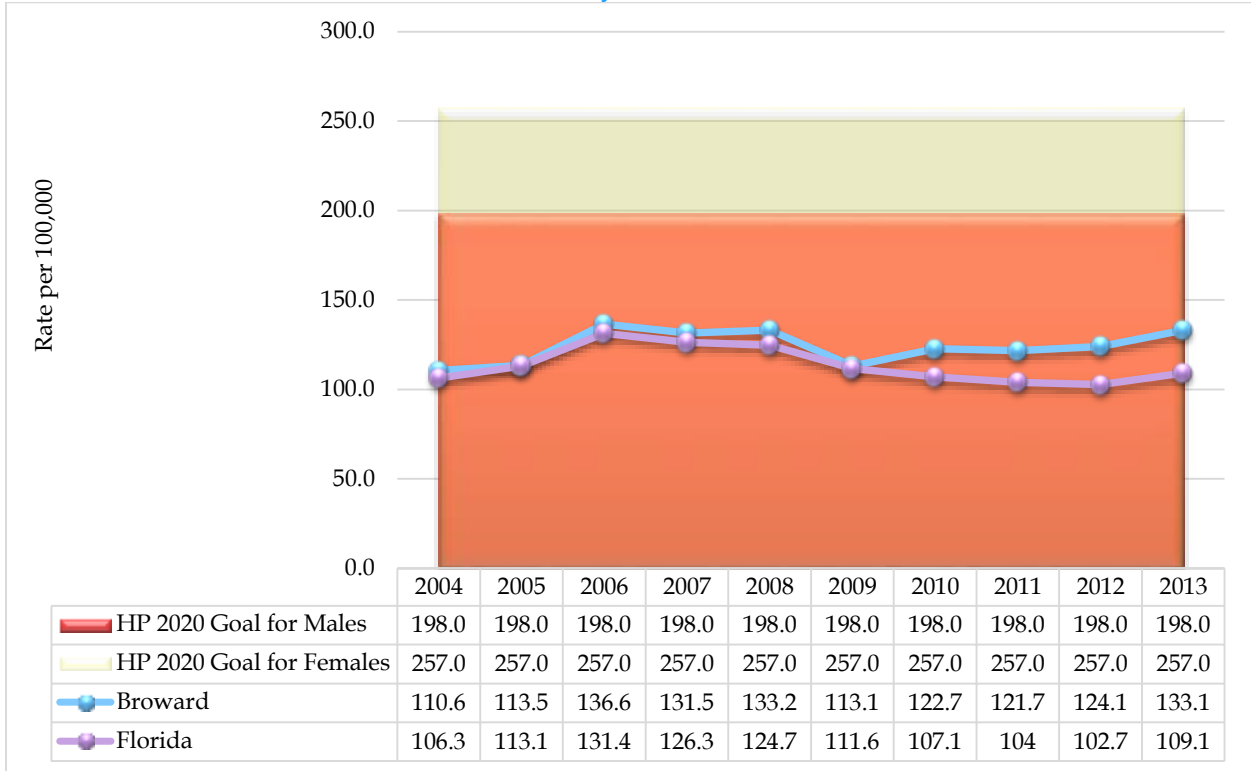
Source: Florida Charts

Figure 105. Chlamydia Rates per 100,000 Population, Females Age 15-19 Broward County & Florida, 2004-2013



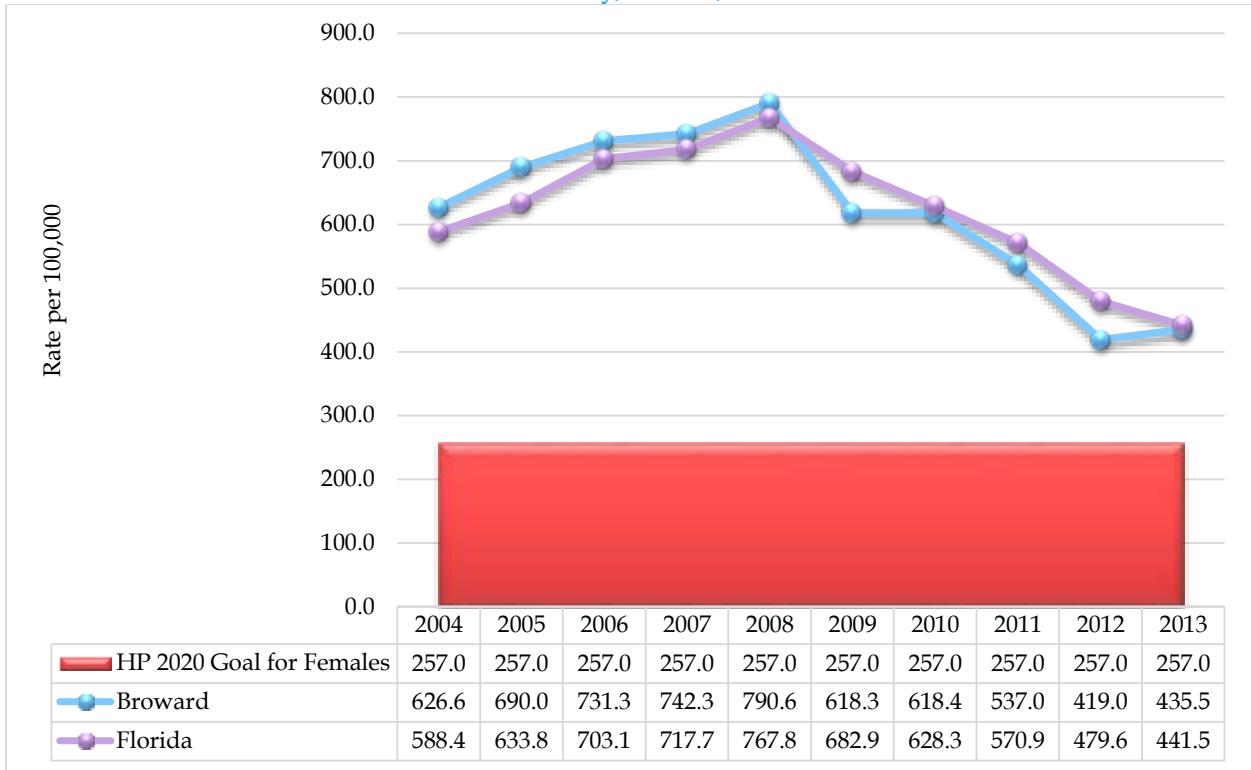
Source: Florida Charts

**Figure 106. Reported Cases of Gonorrhea, Rate per 100,000 Population
Broward County, Florida, 2004-2013**



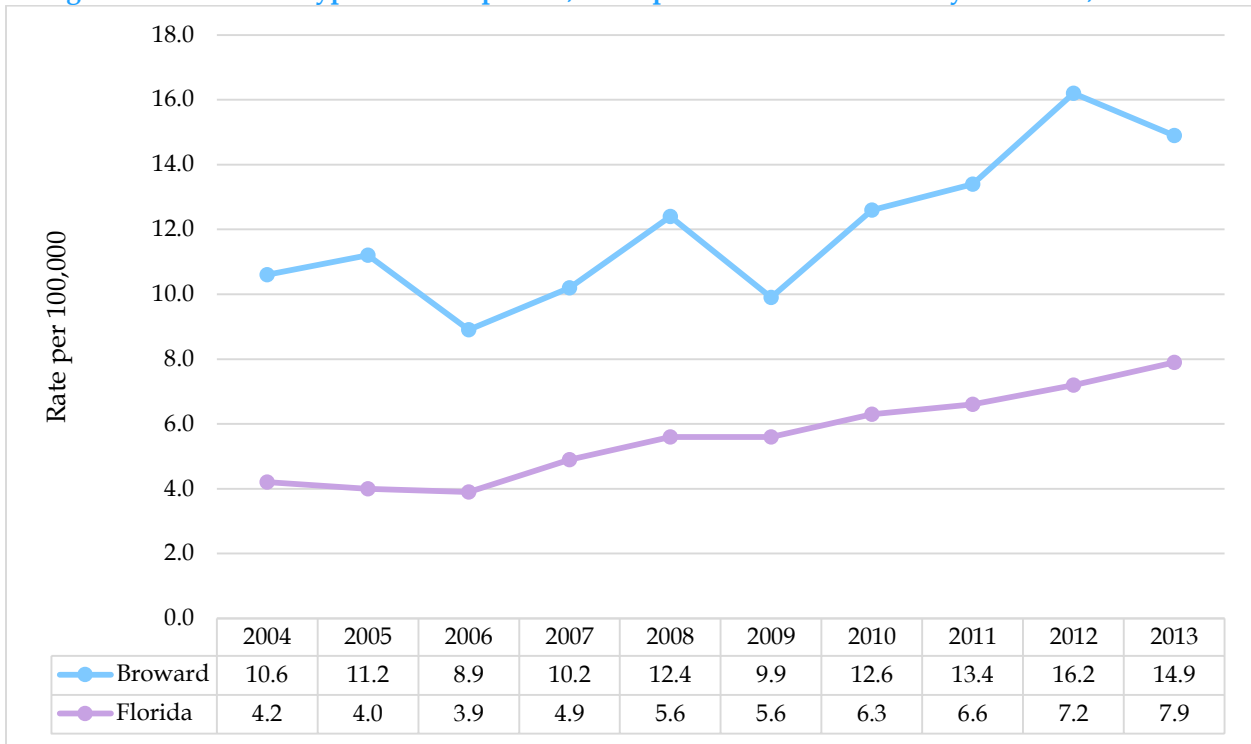
Source: Florida Charts

**Figure 107. Reported Cases of Gonorrhea, per 100,000 Population, Females (15-19)
Broward County, Florida, 2002-2011**



Source: Florida Charts

Figure 108. Infection Syphilis Rates per 100,000 Population Broward County & Florida, 2002-2011



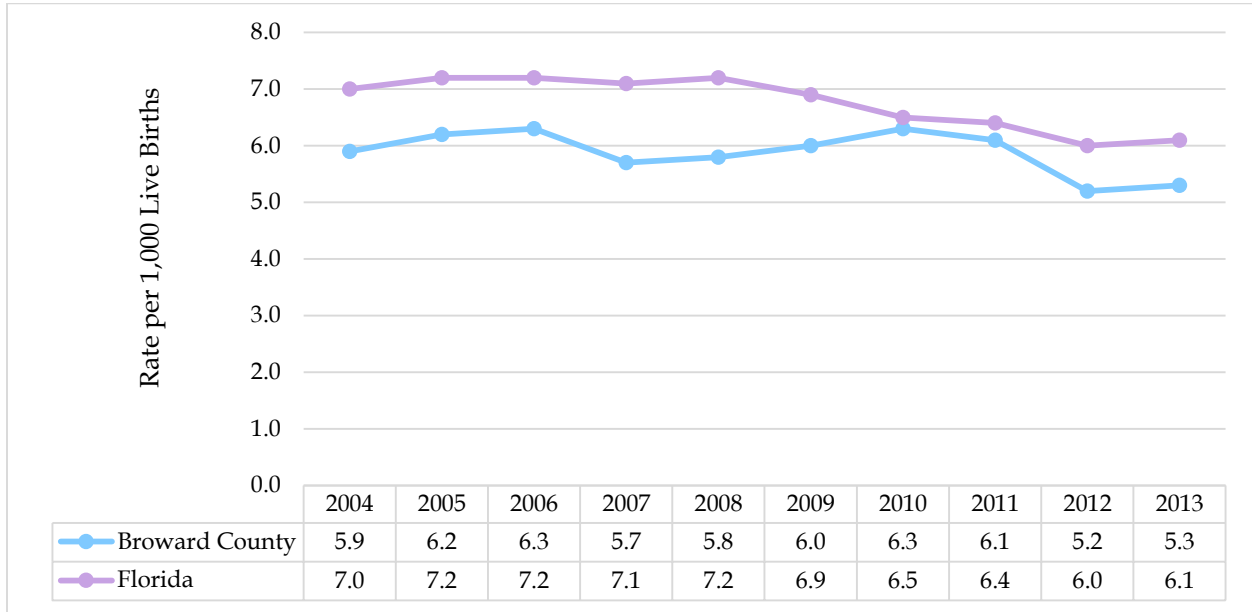
Source: Florida Charts

8. MATERNAL AND CHILD HEALTH

A. INFANT MORTALITY

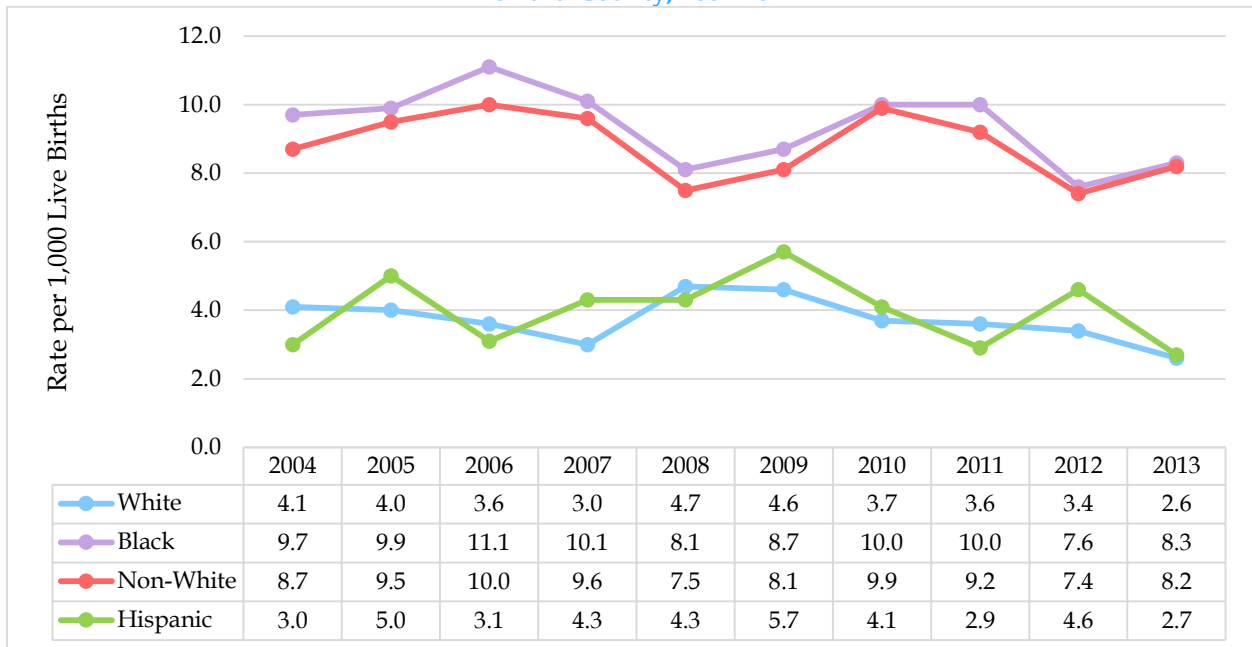
Florida Charts shows that infant mortality rates have had an overall decrease since 2004 despite a slight increase from 2012 (5.2) to 2013 (5.3); however, black populations are disproportionately affected by infant mortality.

Figure 109. Infant Mortality per 1,000 Live Births, Broward County & Florida, 2004-2013



Source: Florida Charts

Figure 110. Infant Mortality per 1,000 Live Births by Race/Ethnicity Broward County, 2001-2011

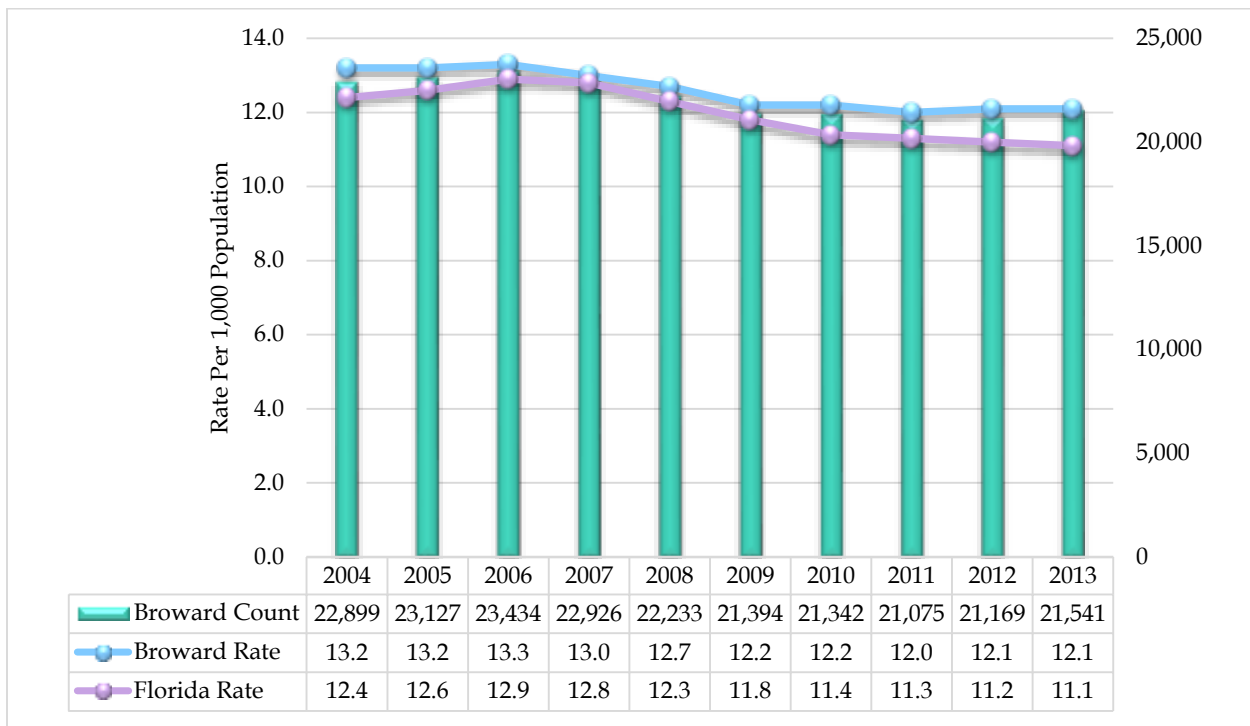


Source: Florida Charts

B. RESIDENT LIVE BIRTH

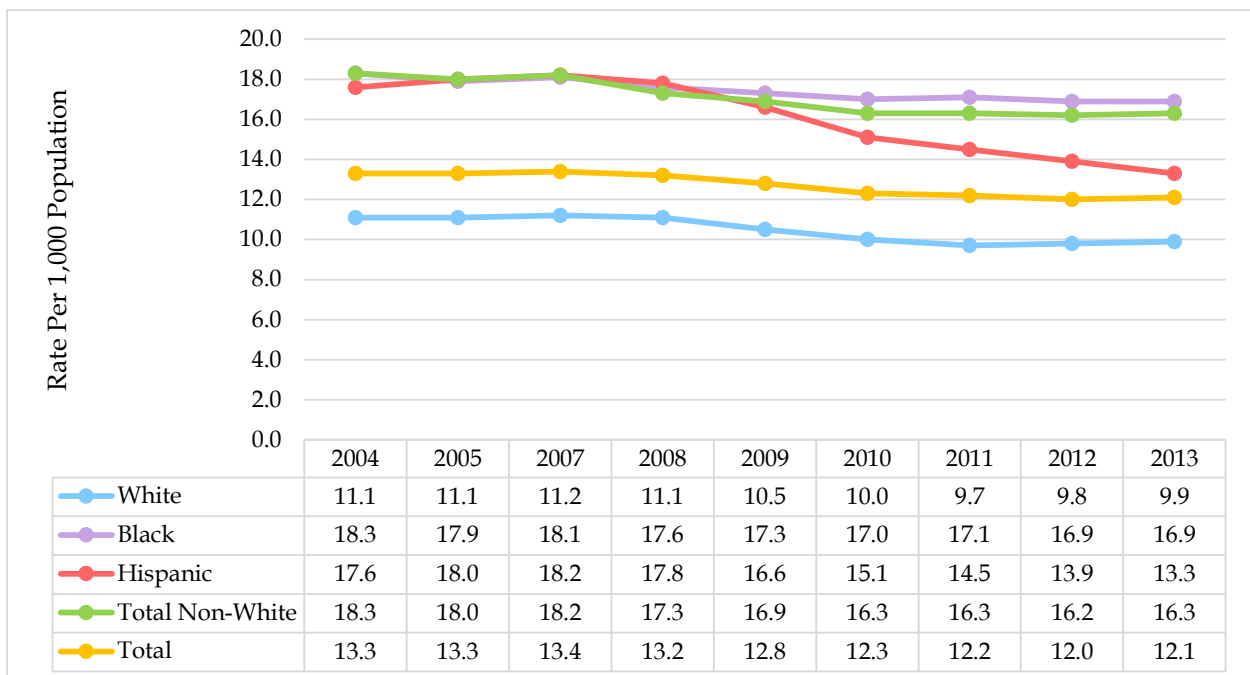
The rate of Total Live Births per 1,000 population has declined in both Broward County and Florida, with a more significant decrease within the Hispanic population.

Figure 111. Resident Live Birth Rate per 1,000 Population and Count, Broward & Florida, 2004-2013



Source: Florida Charts

Figure 112. Resident Live Birth per 1,000 Pop. by Race/Ethnicity, Broward County, 2004-2013



Source: Florida Charts

Since 2006, Broward has shown that over 40% of total births are delivered via cesarean section. Of concern is the trend of elected early deliveries for convenience before the 39 to 40 weeks gestation.

Figure 113. Percent and Count Cesarean Section Deliveries, Broward County & Florida, 2004-2013

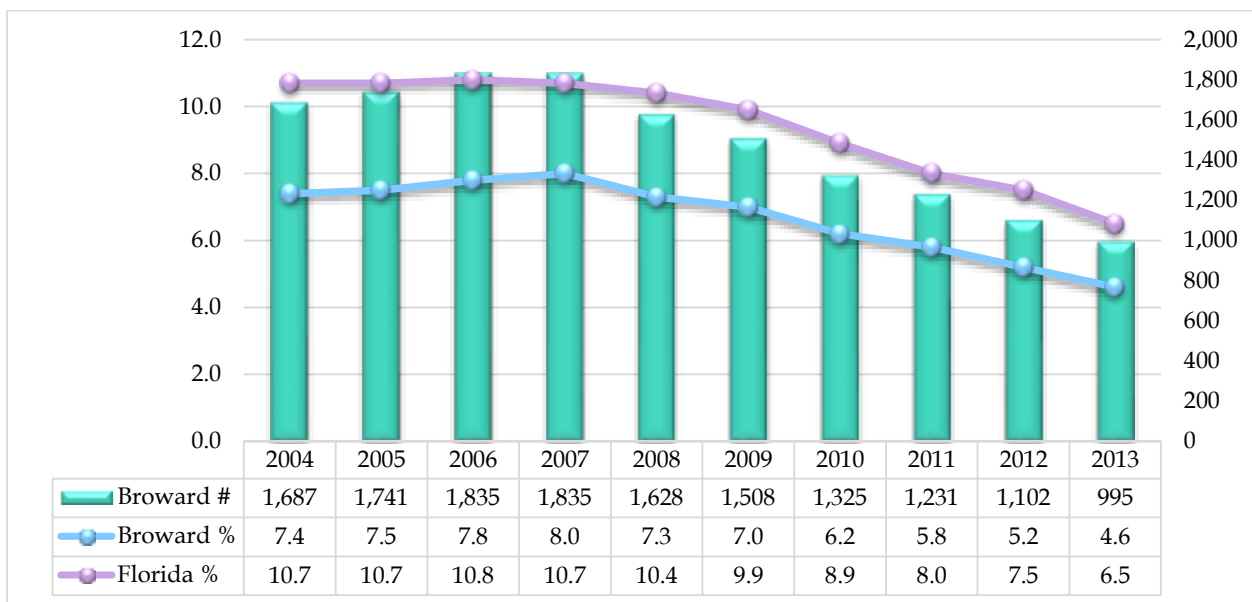


Source: Florida Charts

C. BIRTH TO TEENAGE MOTHERS

Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen parents often lack the education and economic means needed to raise their children. The percentage of babies born to teenage mothers has decreased over the past six years for both the county and state overall (Figure 114).

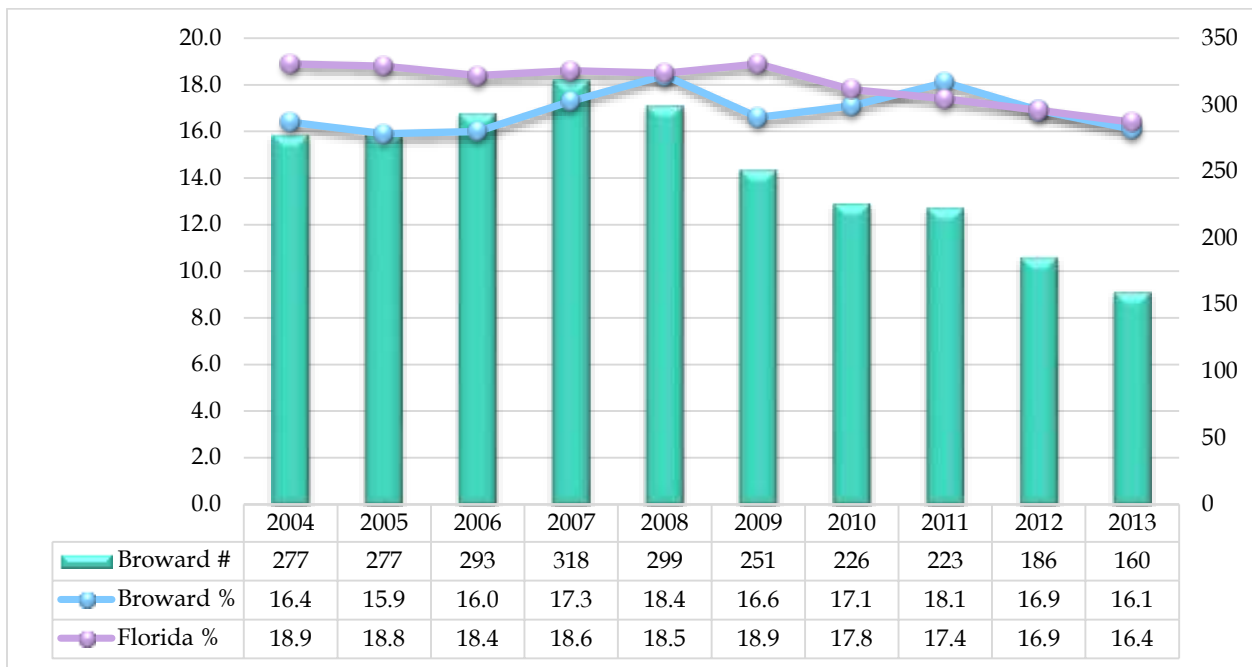
Figure 114. Percent and Count of Births to Teenage Mothers, Broward County & Florida, 2004-2013



Source: Florida Charts

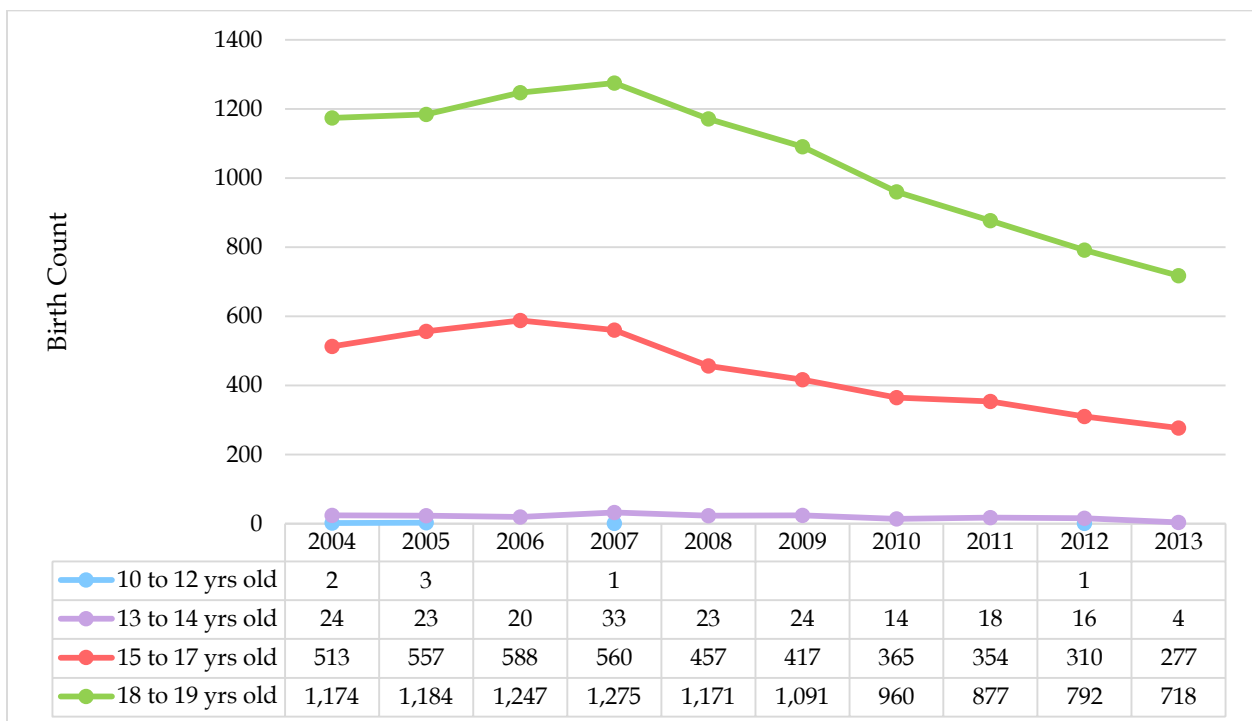
Figure 115 represents the percentage of teenage mothers (ages 15-19) with a repeat birth. Teenage mothers with repeat births are most at-risk of not completing their high school education. The number of repeat births has decreased over the past few years for the state overall, as well as Broward County.

Figure 115. Repeat Birth to Teenagers, Ages 15-19, Broward County, Florida, 2004-2013



Source: Florida Charts

Figure 116. Teen Birth Count by Age of Mother, Broward County, 2004-2013

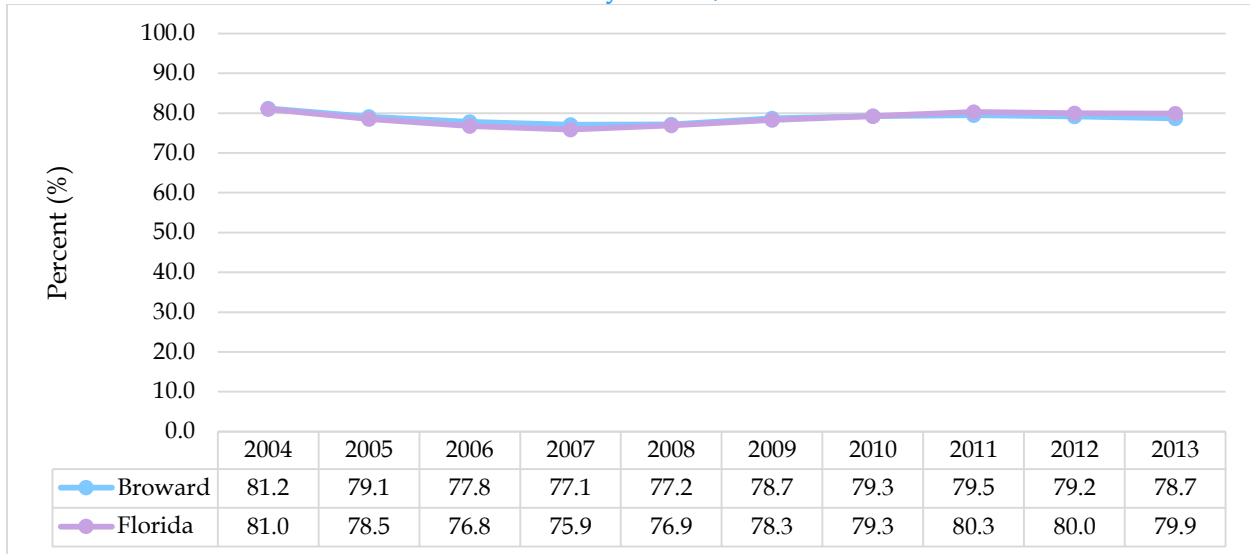


Source: Florida Charts

D. PRENATAL CARE

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

**Figure 117. Births to Mothers with First Trimester Prenatal Care
Broward County Florida, 2004-2013**



Source: Florida Charts

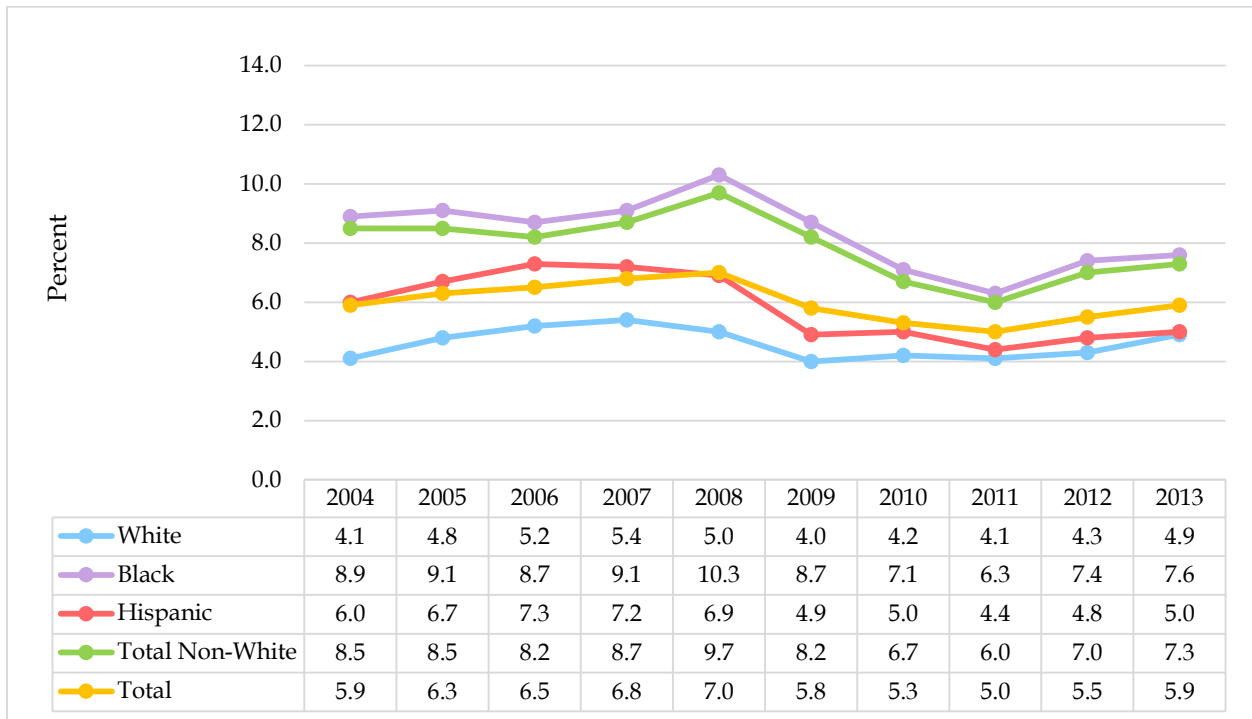
It is imperative for pregnant women to access prenatal care early during pregnancy. Figure 118 below shows that 5.9% of births in Broward County occur with late or no prenatal care, higher than Florida (4.9%). It is important to note that since 2011, the percent of late or no prenatal care has increased from 5.0% to 5.9%. The Black population is disproportionately affected, as shown by Figure 119.

Figure 118. Births to Mothers with 3rd Trimester or No Prenatal Care, Broward & Florida, 2004-2013



Source: Florida Charts

Figure 119. Births to Mothers with 3rd Trimester or No PNC, By Race, Broward County, 2004-2013



Source: Florida Charts

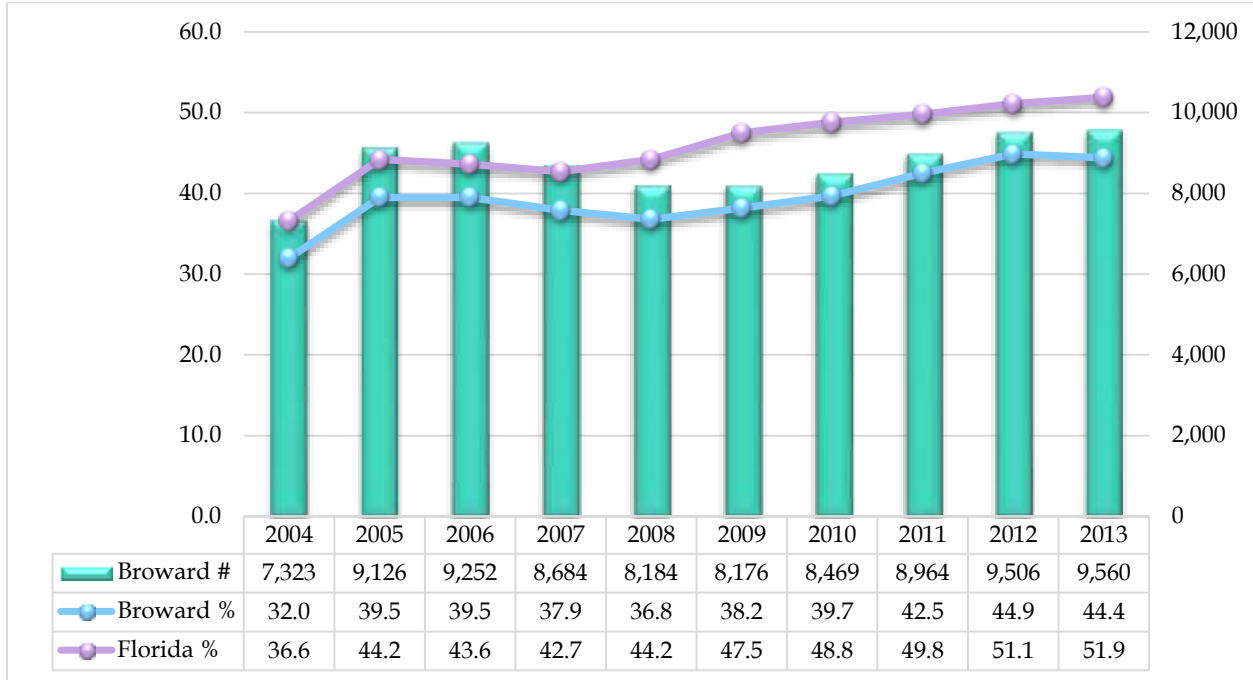
Figure 120 below demonstrates that Broward County has a significantly higher percentage of births to mothers without insurance (12.4% in 2013), a factor that presents significant risk to maternal and neonatal health due to lack of access to care. This is probably due to a higher percent of the population with no immigration documentation.

Figure 120. Percentage of Births to Uninsured Mothers, Broward County, Florida 2004-2013



Source: Florida Charts

Figure 121. Percentage of Births Covered by Emergency Medicaid, Broward County & Florida, 2004-2013

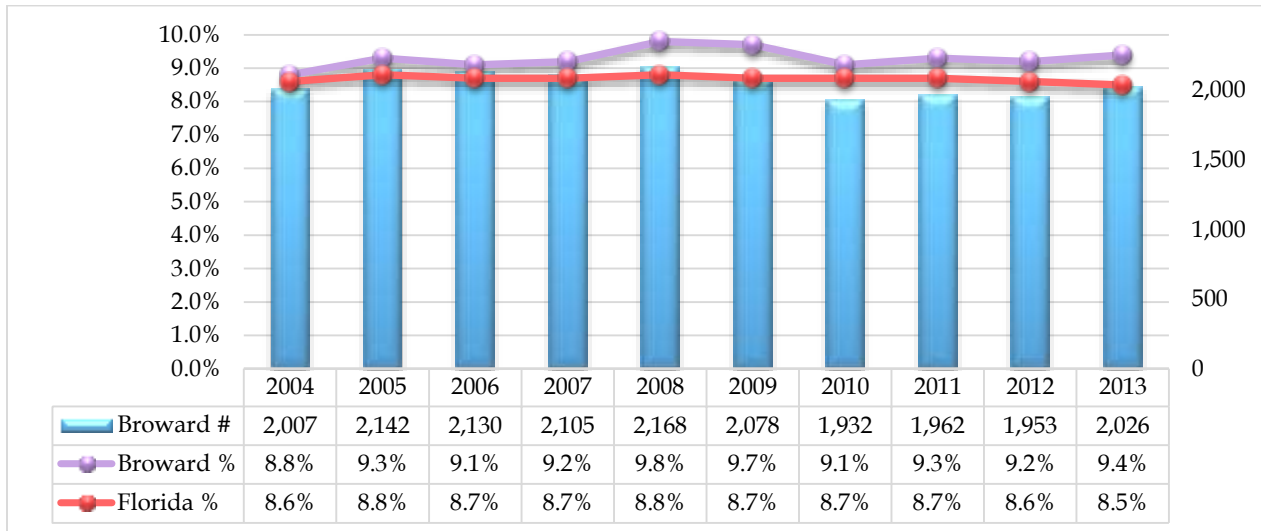


Source: Florida Charts

E. LOW BIRTH WEIGHT

Birth weight is the first weight of the newborn measured immediately after birth. Birth weight of less than 5.5 lbs., or 2,500 grams, is considered low birth weight. It is documented that the primary cause of low birth weight is premature birth (born before 37 weeks gestation). Very low birth weight babies are often born before 30 weeks of pregnancy. Any premature birth has an increased risk for health complications. In both the county and state overall, low birth weight trends (Figure 122) have shown no improvement over the last ten years.

Figure 122. Percentage Low Birth Weight, Broward County vs. Florida, 2001-2011



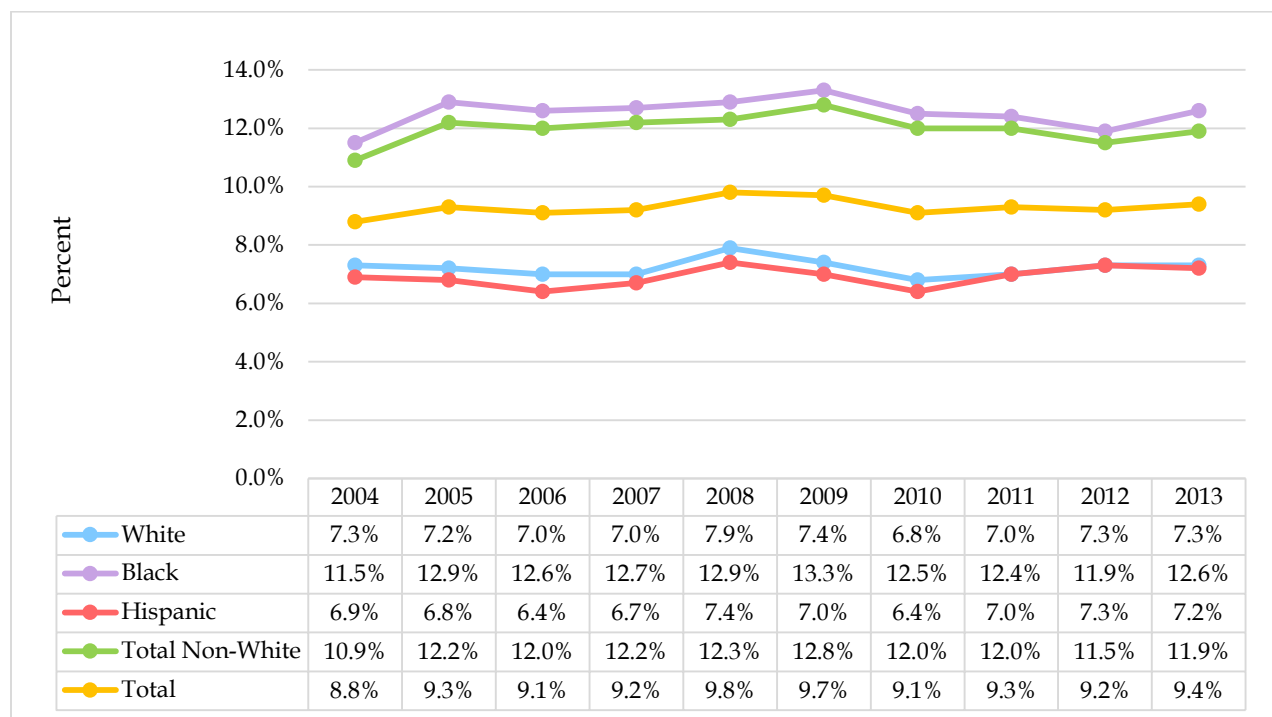
Source: Florida Charts

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

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

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

Figure 123. Percentage of Low Birth Weight by Race/Ethnicity, Broward County, 2004-2013



Source: Florida Charts

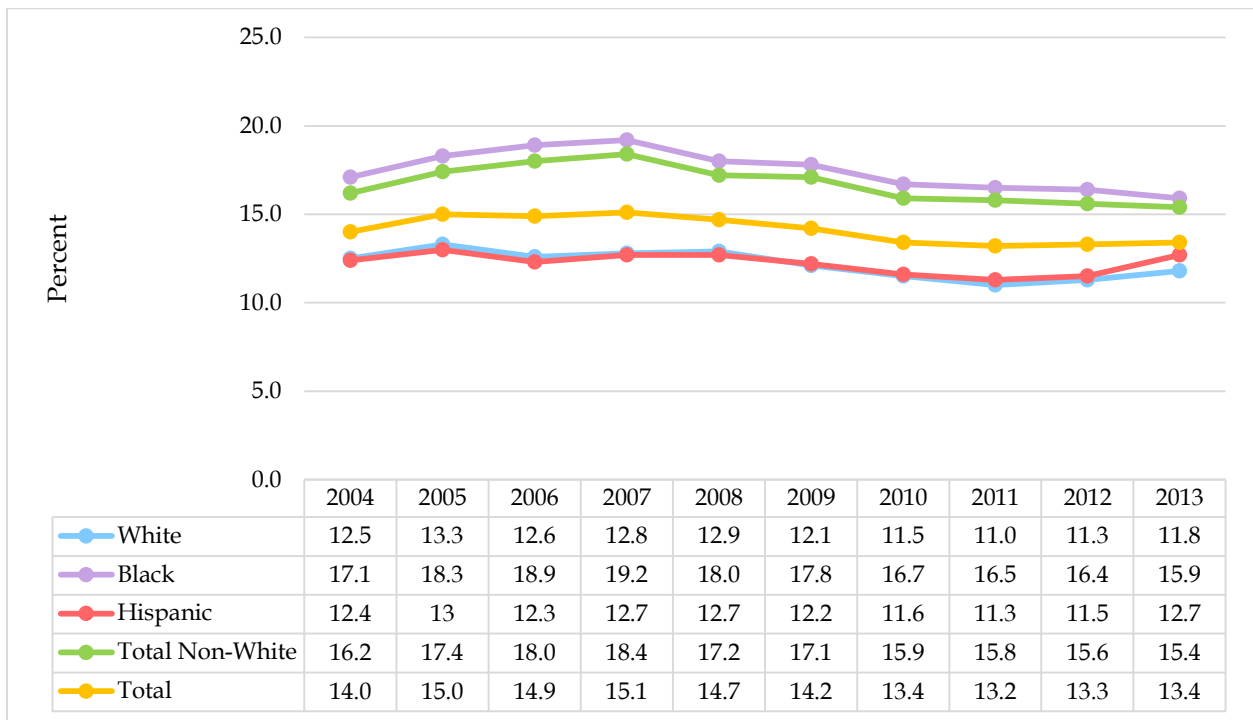
Preterm birth is different from low birth weight. A baby can be preterm, but not be low birth weight; just as a baby can be low birth weight, but not preterm. The number and percent of preterm live births uses calculated gestational age based on the date of last menstrual period and the date of delivery.

Figure 124. Percent Preterm Birth (<37 weeks), Broward County & Florida, 2004-2013



Source: Florida Charts

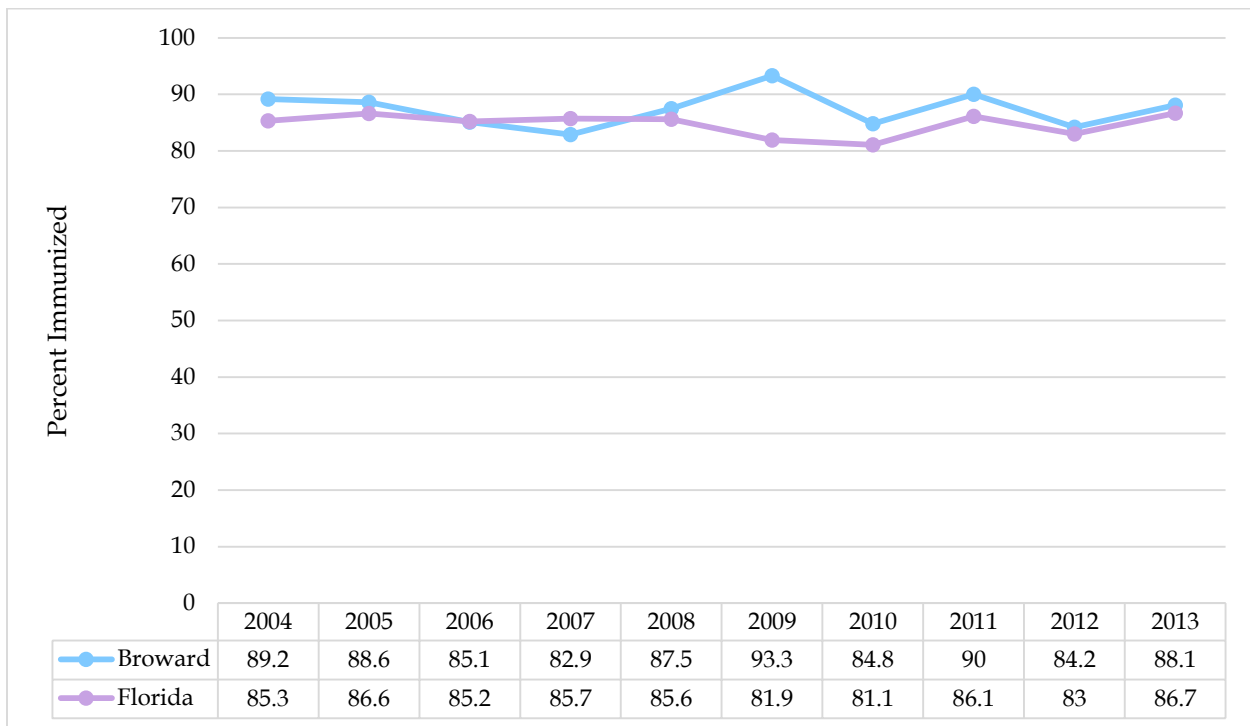
Figure 125. Percent Preterm Birth (<37 weeks) by Race/Ethnicity, Broward County, 2004-2013



Source: Florida Charts

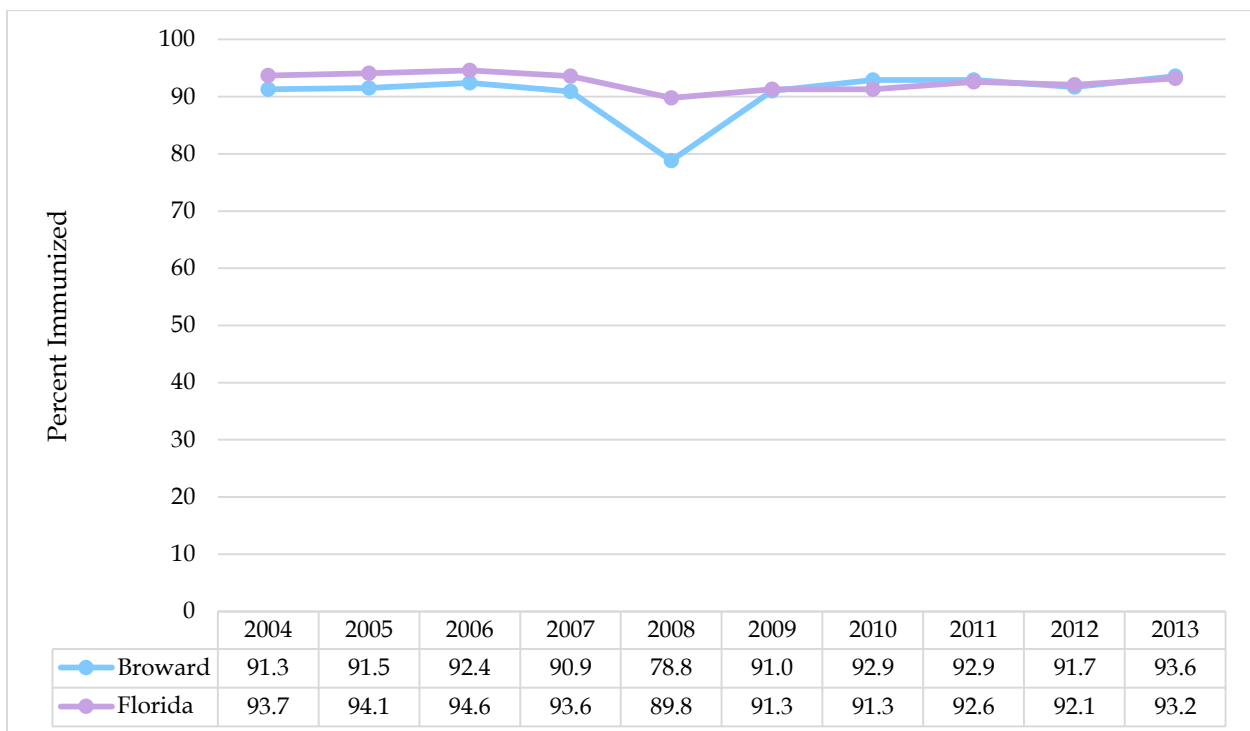
F. CHILDHOOD IMMUNIZATIONS

Figure 126. Percent Child Immunization Rates, Two-Year Olds, Broward County & Florida, 2004-2013



Source: Florida Charts

Figure 127. Percent Child Immunization Rates, Kindergarteners, Broward County, Florida, 2001-2011



Source: Florida Charts

9. YOUTH RISK BEHAVIOR

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

A. SEXUAL BEHAVIOR

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

Table 7. Youth Risk Behavior, Sexual Behavior by Gender, Broward County, 2009, 2011, 2013

SEXUAL BEHAVIOR	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2013 Total Percentage (95% Confidence Interval)	2013 Female Percentage (95% Confidence Interval)	2013 Male Percentage (95% Confidence Interval)
Ever had sexual intercourse	52.2 47.6-56.8	48.8 44.8-52.7	41.4 36.9-46.1	35.0 30.1-40.3	48.0 41.2-54.9
Had Sexual Intercourse For The First Time Before Age 13 Years	9.2 7.4-11.2	8.3 6.8-10.0	5.9 4.0-8.8	2.1 1.2-3.5	9.7 6.4-14.5
Had Sexual Intercourse With At Least One Person (during the 3 months before the survey)	38.4 34.5-42.5	33.6 30.4-37.1	28.2 24.6-32.2	23.7 19.6-28.4	32.6 27.4-38.3
Did Not Use A Condom During Last Sexual Intercourse (among students who were currently sexually active)	29.4 25.6-33.6	28.8 24.4-33.6	30.0 24.9-35.6	40.4 34.6-46.5	21.9 15.7-29.8

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

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

B. ALCOHOL AND TOBACCO CONSUMPTION

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

Table 8. Youth Risk Behavior, Cigarettes Alcohol Drugs by Gender, Broward County, 2009, 2011, 2013

CIGARETTES ALCOHOL & DRUGS	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2013 Total Percentage (95% Confidence Interval)	2013 Female Percentage (95% Confidence Interval)	2013 Male Percentage (95% Confidence Interval)
Ever Tried Cigarette Smoking	35.4 31.8-39.3	35.5 31.3-39.9	27.8 24.6-31.2	24.6 21.2-28.3	30.7 26.8-34.9
Current Cigarette Use	13.1 11.2-15.2	11.0 9.3-12.9	5.8 4.5-7.3	4.8 3.6-6.5	6.5 4.6-9.2
Current Alcohol Use	41.3 38.4-44.2	37.2 34.6-40.0	29.7 26.6-33.1	28.8 25.9-32.0	30.6 25.8-35.8
Current Marijuana Use	23.7 21.2-26.5	22.1 19.8-24.5	22.9 20.1-26.1	18.8 16.0-21.9	27.0 22.6-31.9
Offered, Sold, Or Given An Illegal Drug By Someone On School Property (during the 12 months before the survey)	23.2 20.4-26.2	23.1 21.1-25.1	32.6 30.0-35.2	28.9 25.1-33.0	36.1 31.7-40.7

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

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

C. OBESITY

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

Table 9. Youth Risk Behavior, Overweight & Obese, Broward County, 2009, 2011, 2013

OVERWEIGHT & OBESE	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2013 Total Percentage (95% Confidence Interval)	2013 Female Percentage (95% Confidence Interval)	2013 Male Percentage (95% Confidence Interval)
Overweight (students who were >= 85th percentile but < 95th percentile for body mass index, by age and sex, based on reference data)	15.4 13.3-17.7	13.7 11.9-15.7	13.1 11.2-15.3	13.7 11.3-16.7	12.6 10.2-15.4
Obese (Students Who Were >= 95th Percentile For Body Mass Index, By Age And Sex, Based On Reference Data)	9.6 7.9-11.4	9.5 7.8-11.4	8.3 6.9-9.9	6.1 4.4-8.5	10.3 8.1-12.9

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

Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

11. BEHAVIORAL HEALTH (SUBSTANCE ABUSE / MENTAL HEALTH)

Behavioral health, which encompasses mental health and substance abuse, is a component of overall health that is often overlooked or neglected by healthcare professionals and policymakers, despite its significant impact on individuals and the community-at-large.

Factors Contributing to Drug Use/Abuse in South Florida:

- Proximity to the Caribbean and Latin America, exposing South Florida to the entry and distribution of foreign drugs.
- The high level of cocaine importation.
- South Florida serves as a gateway for heroin from Colombia.
- The large coastline and high volume of private air and sea vessels make it difficult to track drug routes.

These factors led to the region's designation as a High Intensity Drug Trafficking Area.

Figure 128. South Florida High Intensity Drug Trafficking Area Map



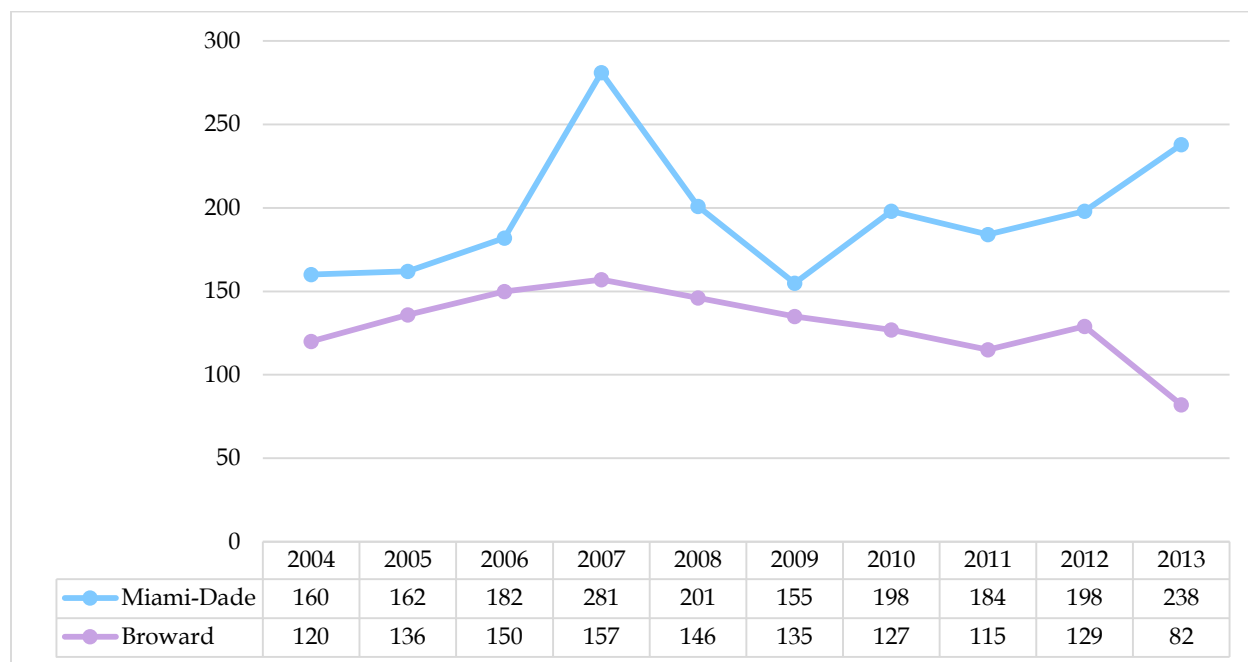
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey

Cocaine use and related consequences in South Florida are among the highest in the nation. However, the number of deaths in which cocaine was detected exhibited a sharp decline in Broward County as of 2013. Deaths in which cocaine was cited as the primary cause also showed a sharp decrease in Broward County despite a modest statewide increase. During the first half of 2013, there were 668 deaths in Florida related to cocaine.

Heroin has proven to be extremely lethal and was determined to be the cause of death in 97% of all heroin-related deaths in Florida during the first half of 2013. There were a total of 9 heroin-related deaths in Broward County during the second half of 2012 and the first half of 2013 combined, as compared to 3 deaths in the county during all of 2011.

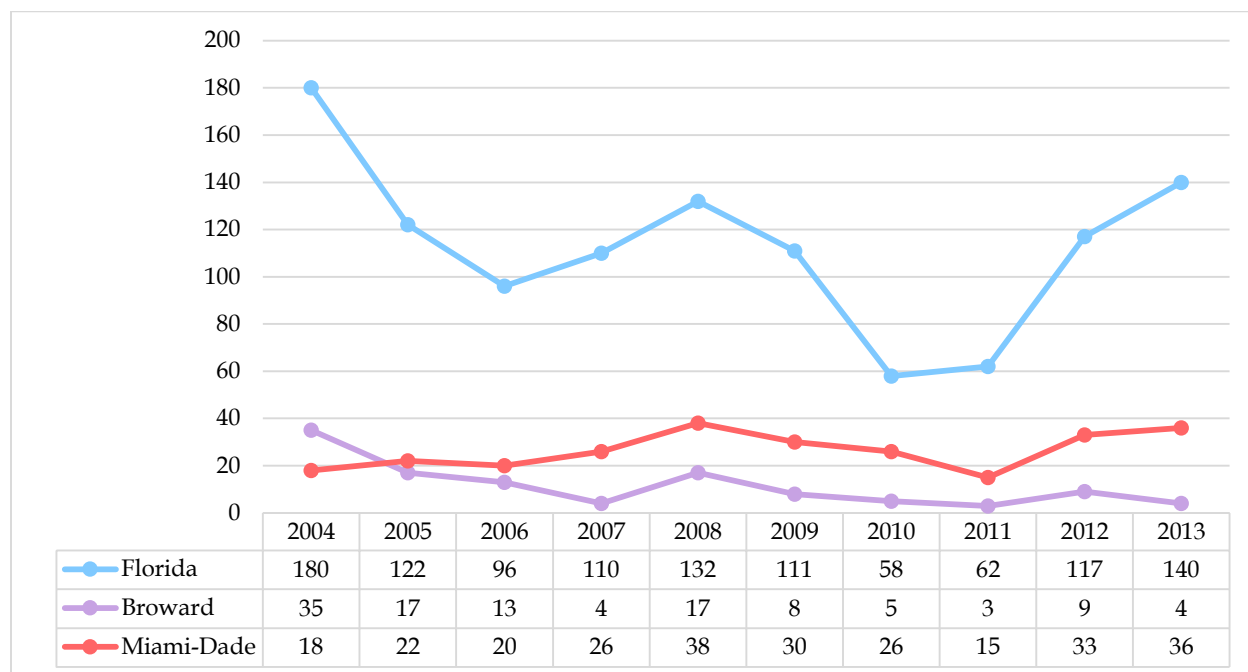
The next two figures detail cocaine and heroin related deaths in South Florida.

Figure 129. Total Cocaine Related Deaths, Miami-Dade and Broward Counties, 2011 to 2 X First Half of 2013 (Jan - June)



Source: Drug Abuse Trends in Broward County, Florida: 2012-2013, *data not available for Palm Beach County <http://www.drugfreebroward.org/Drug-Trend-Reports>

Figure 130. Total Heroin Related Deaths, Miami-Dade and Broward Counties, 2011 to 2 X First Half of 2013 (Jan - June)



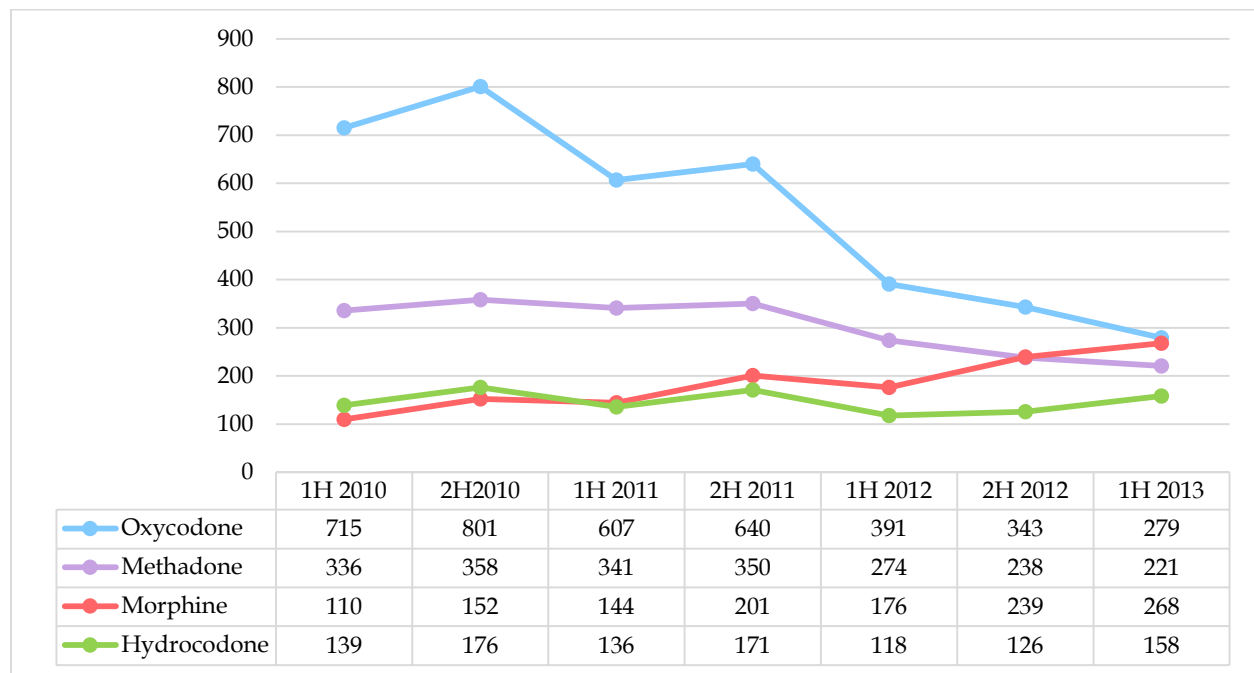
Source: Drug Abuse Trends in Broward County, Florida: 2012-2013, *data not available for Palm Beach County <http://www.drugfreebroward.org/Drug-Trend-Reports>

Opioids are schedule II (high potential for addiction) narcotic drugs meant for relieving pain and in some instances for the relief of coughs and severe diarrhea. Abusing this class of drug can lead to respiratory depression and/or death, while physical dependence or addiction may result from long term use. The nonmedical use of prescription opioids represents the most deadly and addictive drug problem in the state of Florida.

Compared to the first half of 2012, there was a 6.7% decrease in the first half of 2013 in prescription opioids detected among decedents in Florida. The medical examiner reported 2,575 cases in which prescription opioids were detected, with 47.5% of these in concentrations high enough to be considered lethal. In most cases, more than one prescription drug was present, thus the number of drug occurrences exceeds the number of deaths for this time period. In the first half of 2013, 21% of occurrences were identified as oxycodone (OxyContin), 17% were morphine, 16% hydrocodone, 12% methadone, with tramadol, hydromorphone (Dilaudid), fentanyl, oxymorphone and other identified opioids representing less than 10% each. Tramadol and hydromorphone showed a 19% and 8% increase in occurrence between 2012 and 2013.

The figure below illustrates the number of prescription opioid occurrences among decedents in Florida between 2010 and 2013. As demonstrated by this figure, the presence of Oxycodone in decedents declined from 801 deaths in the second half of 2010 to 255 in the first half of 2013. Deaths caused by methadone, morphine and hydrocodone remained relatively stable, with methadone exhibiting a slight decrease in death rates and morphine and hydrocodone exhibiting a slight increase between the first half of 2012 and the first half of 2013.

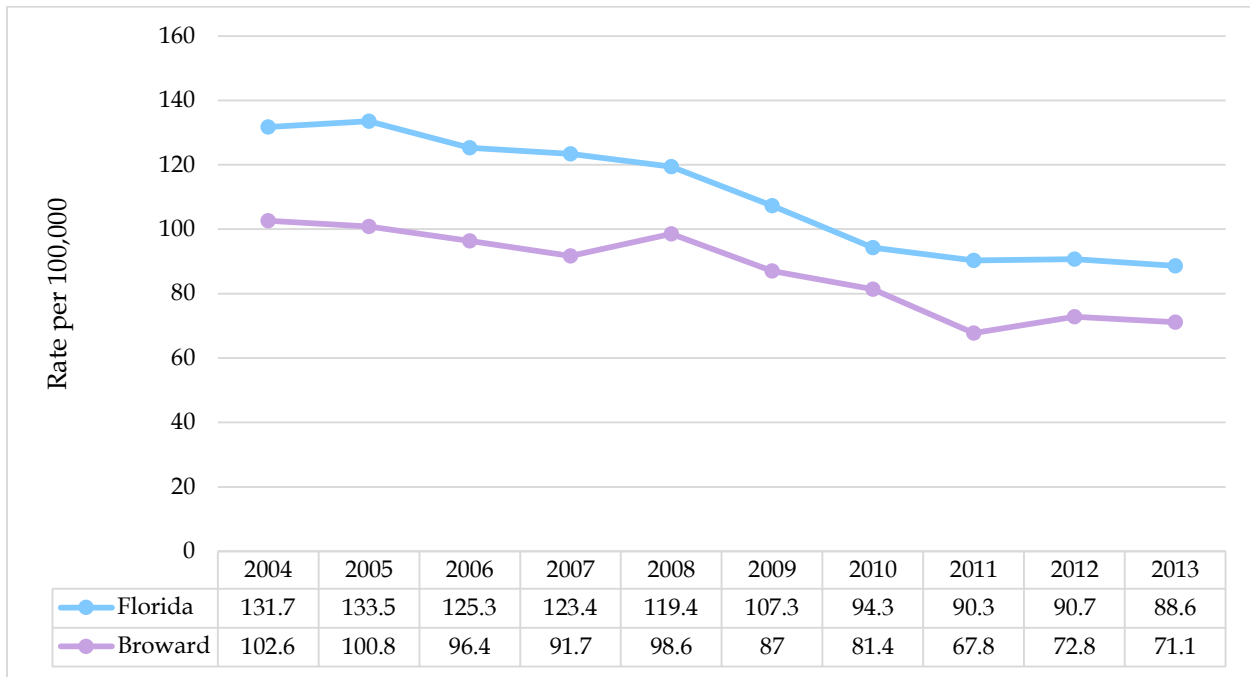
Figure 131. Total Deaths from Prescription Opioids in Florida, 2010 to First Half of 2013 (Jan - June)



Source: Drug Abuse Trends in Broward County, Florida: 2012-2013, *data not available for Palm Beach County <http://www.drugfreebroward.org/Drug-Trend-Reports>

In the United States, nearly 88,000 people die from alcohol-related causes annually, making it the third leading preventable cause of death in the United States. In 2013, alcohol-impaired driving fatalities accounted for more than 10,000 deaths (30 percent of overall driving fatalities). The figure below presents the trend for Broward County and Florida on alcohol-related crashes. Note that this data set includes crashes involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication).

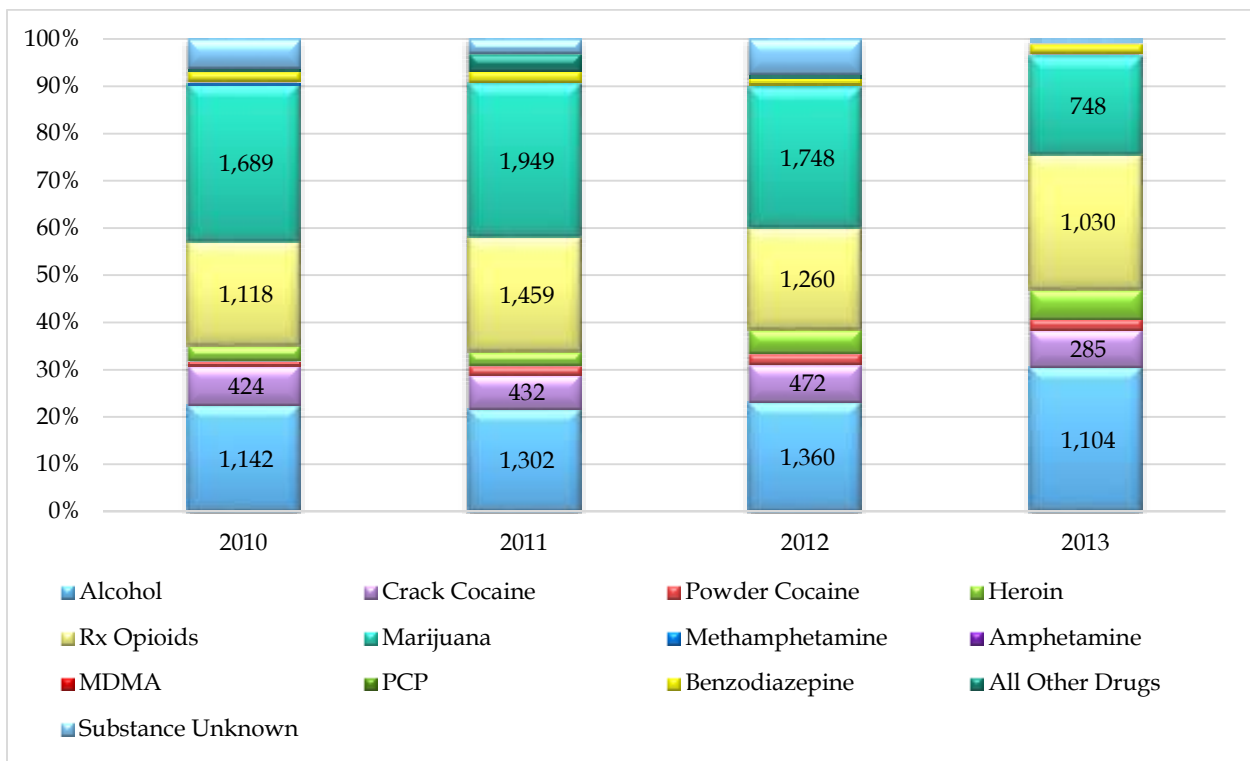
Figure 132. Alcohol-Related Crashes, Florida and Broward County, 2004-2013



Source: Florida Charts

The figure below depicts the change in the proportion of total primary treatment admissions for various substances in Broward County between 2010 and 2013. Over this time period, the main changes seen were a decrease in the total proportion of admissions represented by marijuana, and an increase in the proportion of total admissions represented by prescription opioids.

Figure 133. Treatment Admissions, Broward County 2010-2013



Source: Broward County Treatment Admissions 2014. <http://www.drugfreebroward.org/Drug-Trend-Reports>

INITIATIVES IN BROWARD COUNTY

Drug Courts:

- Broward County introduced a drug court system in 1991. The main goal is to place substance abusers entering the court system into a monitored treatment program leading to reduced recidivism rates for those who complete the program.

Tamper Resistant OxyContin:

- New formulation of OxyContin makes it difficult to crush and snort resulting in a reduction in the abuse of the substance.

E-FORCSE

- A database that collects and stores schedule II, III, and IV controlled substance dispensing information and any health care provider who dispenses these substances is required to report.
- Allows communication between healthcare professionals and also helps providers identify patients who are “doctor shopping” for multiple drug prescriptions

DRUG AND ALCOHOL DEPENDENCY DRGS

The following three tables give the Diagnosis Related Groups (DRGs) for the utilization of hospitals that have units for drug and alcohol dependency treatment. Between 2011 and 2013, enrollment in a number of the hospitals that treat substance abuse declined slightly among both males and females.

Table 10. Drug and Alcohol Dependency DRG by Gender, MHS, 2011-2013

Hospital	Male			Female		
	2011	2012	2013	2011	2012	2013
Memorial Hospital Miramar	12	9	10	6	7	5
Memorial Hospital Pembroke	146	223	90	87	128	51
Memorial Hospital West	21	38	22	16	13	12
Memorial Regional Hospital	281	82	74	107	26	26
Memorial Regional Hospital South	9	15	7	3	4	3

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

Table 11. Drug and Alcohol Dependency DRG by Ethnicity, MHS, 2011-2013

Hospital	White			Black			Hispanic			Other		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
Memorial Hospital Miramar	9	9	10	0	1	2	9	3	3	0	3	0
Memorial Hospital Pembroke	180	277	108	17	25	14	22	43	13	14	4	6
Memorial Hospital West	26	29	17	4	9	4	5	10	12	2	2	0
Memorial Regional Hospital	308	84	69	26	9	8	40	10	19	10	1	2
Memorial Regional Hospital South	10	11	7	2	3	2	0	3	1	0	2	0

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

Table 12. Drug and Alcohol Dependency DRG by Age, MHS, 2011-2013

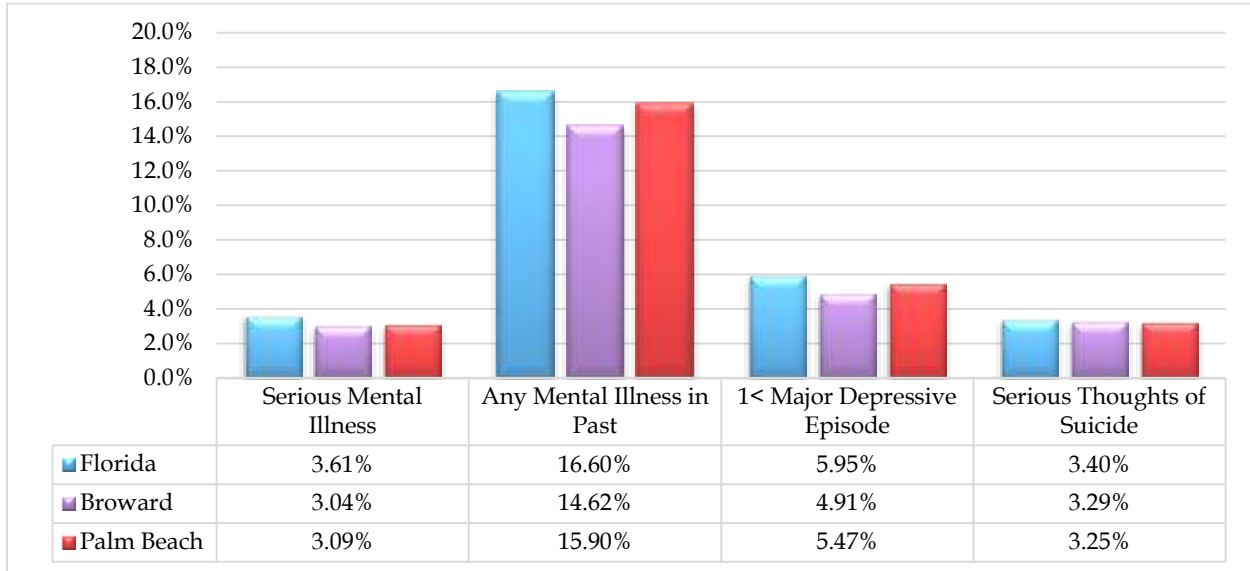
Hospital	0-17			18-39			40-64			65+		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
Memorial Hospital Miramar	0	0	0	4	7	9	11	4	6	3	1	0
Memorial Hospital Pembroke	0	0	0	94	117	65	128	150	72	11	15	4
Memorial Hospital West	0	0	0	10	14	11	25	20	18	2	2	5
Memorial Regional Hospital	13	5	8	119	28	23	237	47	62	19	4	7
Memorial Regional Hospital South	0	0	0	4	3	0	8	11	20	0	0	0

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

MENTAL HEALTH

The figure below includes average prevalence rates by percentage for individuals having experienced any mental illness, serious mental illness, one or more major depressive episodes, and serious thoughts of suicide in the past year before the survey was taken. In all categories Broward County had a lower prevalence rate than Palm Beach County and Florida as a whole. Data on Miami-Dade County was not included in the source document.

Figure 134. Mental Status Past Year Average Percentage, Florida, Broward and Palm Beach County, 2010-2012



Source: National Survey on Drug Use and Health, <http://www.samhsa.gov/data/NSDUH.aspx/>

The following three tables give the DRGs for the utilization of Broward County hospitals that have units for psychiatric treatment. DRGs for hospitals that specialize in psychiatric treatment show that both male and female hospital utilization have been decreasing since 2011. With the exception of the Native American and Asian/Pacific population, hospital utilization for psychiatric treatment has declined between 2011 and 2013. All age groups demonstrated a similar pattern of a sharp decrease in utilization between 2011 and 2012 with a mild increase from 2012 to 2013. Overall, 2013 hospital utilization across age groups remains lower than that recorded in 2011. Within age groups, the most dramatic decreases in utilization are seen in the age groups 18-39 and 40-65.

Table 13. Psychiatric Treatment. DRG by Gender, MHS, 2011-2013

Hospital	Male			Female		
	2011	2012	2013	2011	2012	2013
Memorial Hospital Miramar	6	4	4	11	9	11
Memorial Hospital Pembroke	1	5	4	9	4	2
Memorial Hospital West	15	13	6	26	15	10
Memorial Regional Hospital	1,508	1,071	962	1,323	1,054	913
Memorial Regional Hospital South	1	0	N/A	7	2	N/A

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

Table 14. Psychiatric Treatment DRG by Ethnicity, MHS, 2011-2013

Hospital	White			Black			Hispanic			Other		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
Memorial Hospital Miramar	8	5	5	1	2	0	7	5	10	1	1	0
Memorial Hospital Pembroke	7	5	3	1	3	1	1	1	2	1	0	0
Memorial Hospital West	16	11	7	13	4	1	11	12	7	0	0	1
Memorial Regional Hospital	1,545	1,165	992	745	591	550	404	304	253	124	55	62
Memorial Regional Hospital South	4	2	N/A	3	0	N/A	1	0	N/A	0	0	N/A

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

Table 15. Psychiatric Treatment DRG by Age, MHS, 2011-2013

Hospital	0-17			18-39			40-64			65+		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
Memorial Hospital Miramar	0	0	0	1	2	2	2	4	5	14	7	8
Memorial Hospital Pembroke	0	0	0	1	0	3	4	4	2	5	5	1
Memorial Hospital West	0	0	0	8	4	2	9	9	7	24	15	7
Memorial Regional Hospital	754	595	587	832	635	506	1,002	719	626	244	177	156
Memorial Regional Hospital South	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

12. HOMELESSNESS IN BROWARD COUNTY

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

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

Homeless Point-In-Time Count (PIT)

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

Between January 21– 23, 2014, nearly 200 volunteers fanned out across Broward County to survey both sheltered and unsheltered individuals and families experiencing homelessness. This initiative not only helps the county determine the needs and service gaps of this population, but by utilizing the updated, more extensive survey tool, the county is able to prioritize housing for the most chronic and vulnerable people.

On January 21-23, 2014 the Point-In-Time Count was conducted. According to the results, there were 1,887 people in shelters and 879 people in areas not meant for human habitation (unsheltered) counted during the 2014 Point-in-Time Homeless Count, **for a total of 2,766 men, women and children experiencing homelessness in Broward. Of these, there were** 213 households with at least one adult and one child, and 22 households with only children (under age 18).

Figure 135. PIT Count Homeless Count, Broward County, 2012-2014



Source: Broward Coalition for Homeless Count, 2012, 2013, 2014

The following tables outline the demographic breakdown of the homeless population identified in the PIT Count.

Table 16. Total Households and Persons, Broward County PIT Homeless Count, 2014

	Sheltered			Unsheltered	Total	%
	<i>Emergency</i>	<i>Transitional</i>	<i>Safe Haven</i>			
Total Number of Households	732	638	35	788	2,193	100
Total Number of Persons	917	935	35	879	2,766	100
Number of Children (under 18)	185	255	0	40	480	17.4
Number of Persons (18-24)	93	93	0	44	230	8.3
Number of Persons (over age 24)	639	587	35	795	2,056	74.3

Source: Broward Coalition for Homeless Count, 2014

Table 17. Gender, Broward County PIT Homeless Count, 2014

Gender	Sheltered			Unsheltered	Total	%
	<i>Emergency</i>	<i>Transitional</i>	<i>Safe Haven</i>			
Female	356	361	18	197	932	33.7
Male	558	572	17	679	1,826	66.0
Transgender	3	2	0	3	8	0.3

Source: Broward Coalition for Homeless Count, 2014

Table 18. Race, Broward County PIT Homeless Count, 2014

Race	Sheltered			Unsheltered	Total	%
	<i>Emergency</i>	<i>Transitional</i>	<i>Safe Haven</i>			
White	374	345	23	428	1,170	42.2
Black	503	557	12	397	1,469	53.1
Asian	6	1	0	1	8	0.3
American Indian	5	7	0	14	26	0.9
Native Hawaiian	1	9	0	0	10	0.4
Multiple Races	28	16	0	39	83	3.0

Source: Broward Coalition for Homeless Count, 2014

Table 19. Ethnicity, Broward County PIT Homeless Count, 2014

Ethnicity	Sheltered			Unsheltered	Total	%
	Emergency	Transitional	Safe Haven			
Non-Hispanic	796	881	34	804	2,515	90.9
Hispanic	121	54	1	75	251	9.1

Source: Broward Coalition for Homeless Count, 2014

Part of the PIT Count is to identify and track subpopulations as per the HUD Definitions outlined below:

- Chronically Homeless Individual – An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition (see definition below) who has either been continuously homeless for a year or more OR has had at least four (4) separate occasions of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. Persons under the age of 18 are not counted as chronically homeless. For purposes of the PIT, persons living in transitional housing at the time of the PIT count should not be included in this subpopulation category.
- Severely Mentally Ill (SMI) – This subpopulation category of the PIT includes persons with mental health problems that are expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently.
- Chronic Substance Abuse – This category on the PIT includes persons with a substance abuse problem (alcohol abuse, drug abuse, or both) that is expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently.
- Veteran – This subpopulation category of the PIT includes persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.
- Persons with HIV/AIDS – This subpopulation category of the PIT includes persons who have been diagnosed with AIDS and/or have tested positive for HIV.
- Victims of Domestic Violence – This subpopulation category of the PIT includes persons who have been victims of domestic violence at any point in the past.
- Unaccompanied youth - as any person under age 18 who presented for services alone.

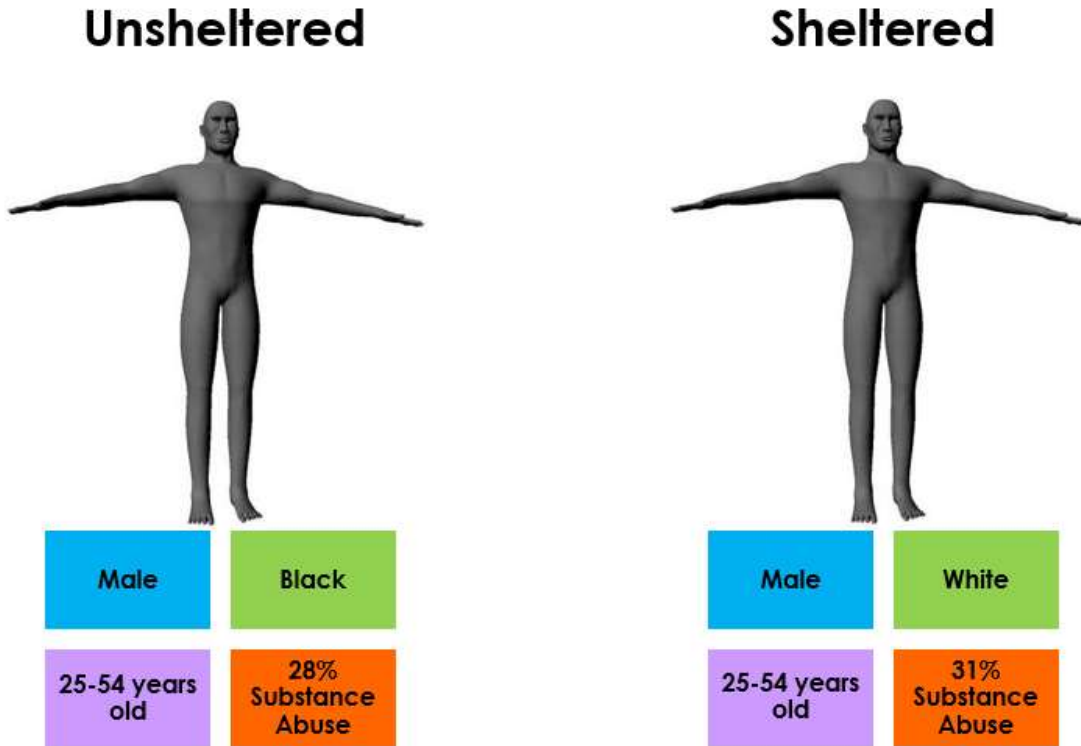
Table 20. Ethnicity, Broward County PIT Homeless Count, 2014

Homeless Subpopulations (may be duplicated)	Sheltered	Unsheltered	Total	%
Chronically Homeless Individuals	151	346	497	18.0
Chronically Homeless Families	6	3	9	0.3
Chronically Homeless Families (Total Persons in Household)	18	10	28	1.0
Adults with Serious Mental Illness	393	175	568	20.5
Adults with Substance Use Disorder	642	240	882	31.9
Adults with HIV/AIDS	135	11	146	6.4
Victims of Domestic Violence	45	0	45	1.6
Total Number of Veterans	143	86	229	8.3

Source: Broward Coalition for Homeless Count, 2014

Based on the data results from the PIT Count, the figure below demonstrates that an unsheltered homeless person is likely to be a black male between the ages of 25 to 54 years old and 28% are likely to be experiencing challenges with substance abuse. On the other hand, a sheltered homeless person is likely to be a white male between the ages of 25 to 54 years old and 31% are likely to be experiencing challenges with substance abuse.

Figure 136. Portrait of a Homeless Person in Broward County

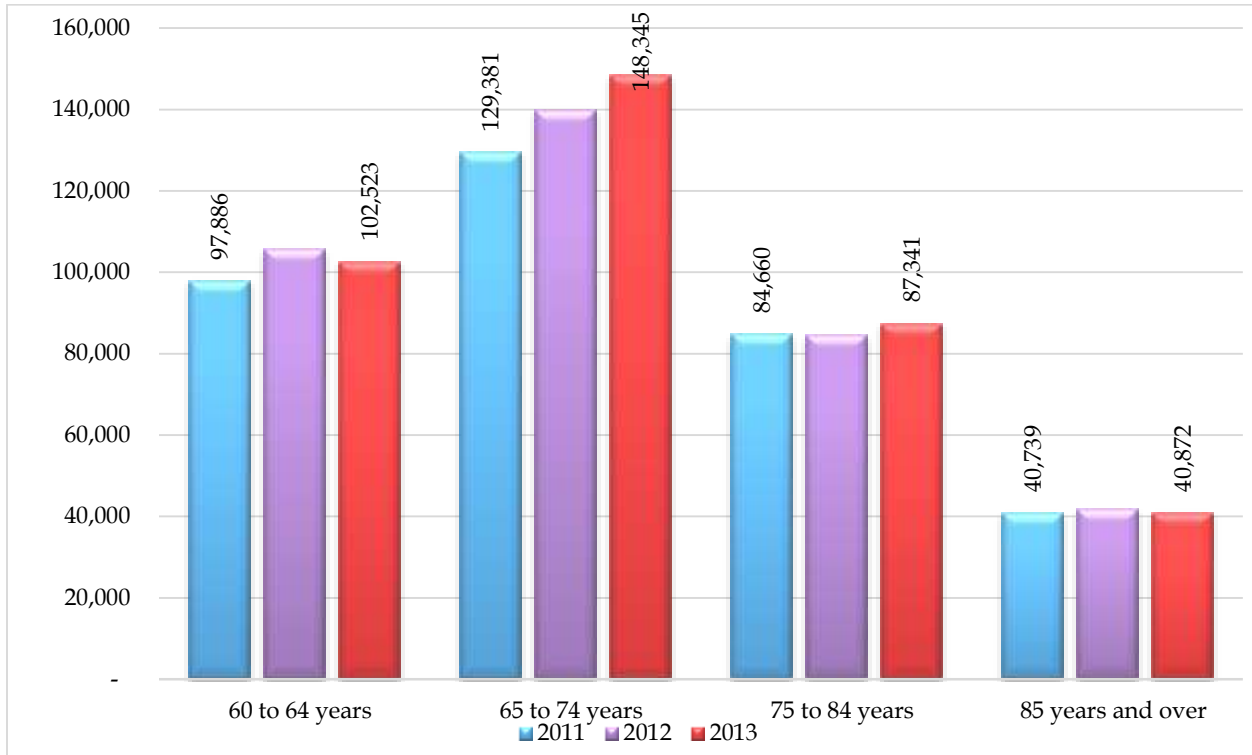


Source: Broward Coalition for Homeless Count, 2014

13. SENIOR HEALTH

Seniors, 65 and over, make up approximately 15% of the total Broward County population. Below is a breakdown by age of the senior population in Broward County for 2011-2013.

Figure 137. Broward County Senior Population, 2011-2013



Source: American Community Survey, 2011-2013

The following tables present the impact of arthritis on quality of life for a senior in Broward and Florida.

Table 21. Adults who are limited in any way in any usual activities because of arthritis, Florida and Broward, Percentage (Confidence Interval) 2007-2013

Year	Broward	Florida
2007	11.3% (8.6 - 14.8)	12.5% (11.8 - 13.2)
2010	13.0% (9.8 - 16.2)	14.9% (14.0 - 15.7)
2013	12.3% (9.0 - 15.6)	12.8% (12.1 - 13.5)

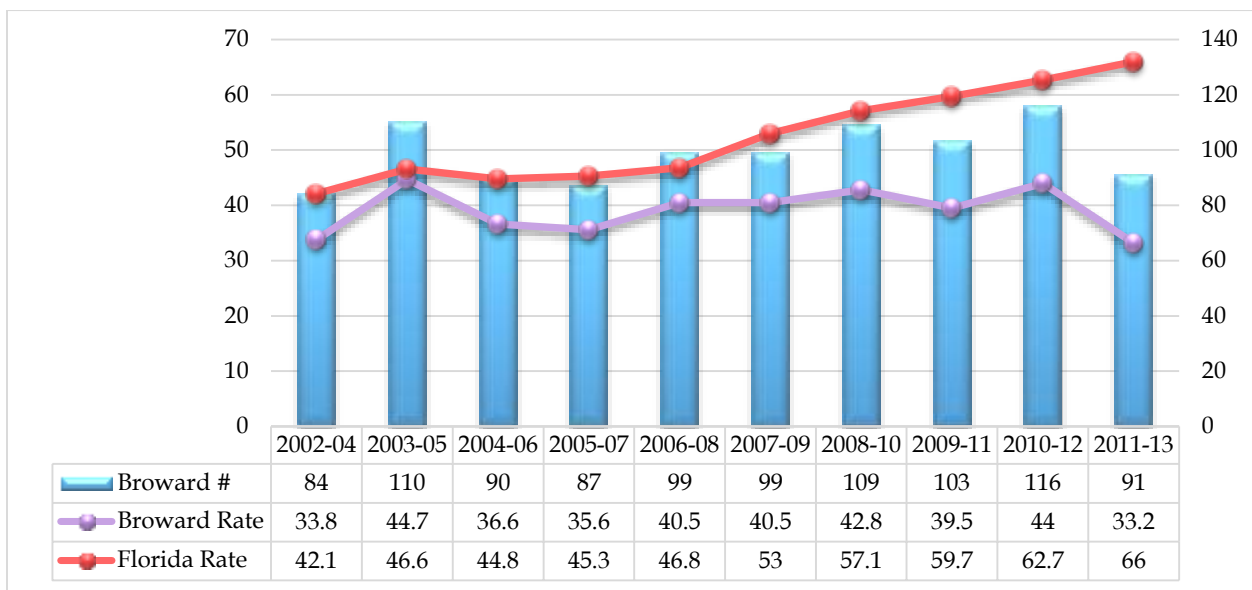
Source: Florida Charts

Table 22. Adults who are limited in any way in any usual activities because of arthritis, Florida and Broward, Percentage (Confidence Interval) 2007-2013

Year	Broward	Florida
2007	21.7% (18.0 - 26.0)	24.3% (23.4 - 25.2)
2010	25.6% (21.2 - 30.0)	14.9% (14.0 - 15.7)
2013	20.3% (16.4 - 24.1)	32.0% (30.8 - 33.1)

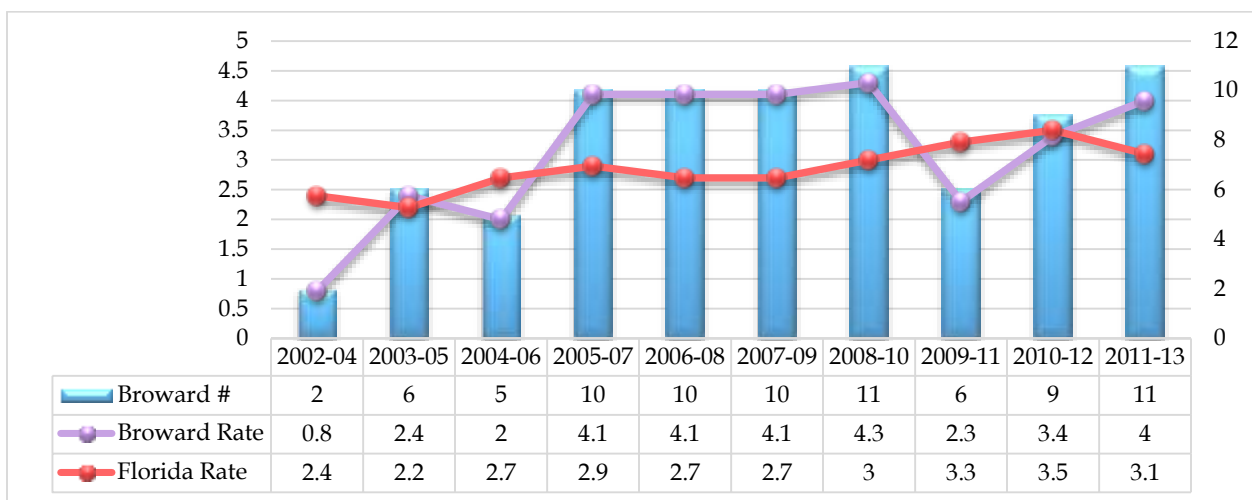
Source: Florida Charts

Figure 138. Unintentional Falls Crude Death Rate, Ages 65 and Over, Broward and Florida, 2002-2013



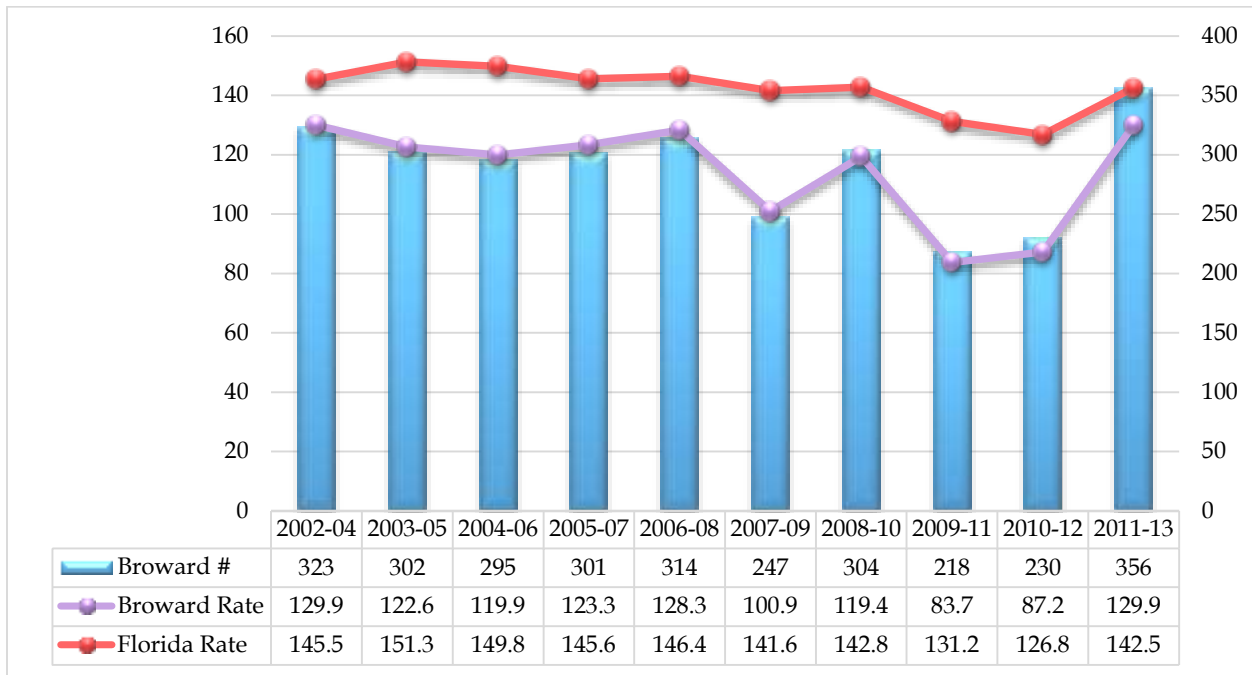
Source: Florida Charts

Figure 139. Unintentional Poisoning Crude Death Rate, Ages 65 and Over, Broward & FL, 2002-2013



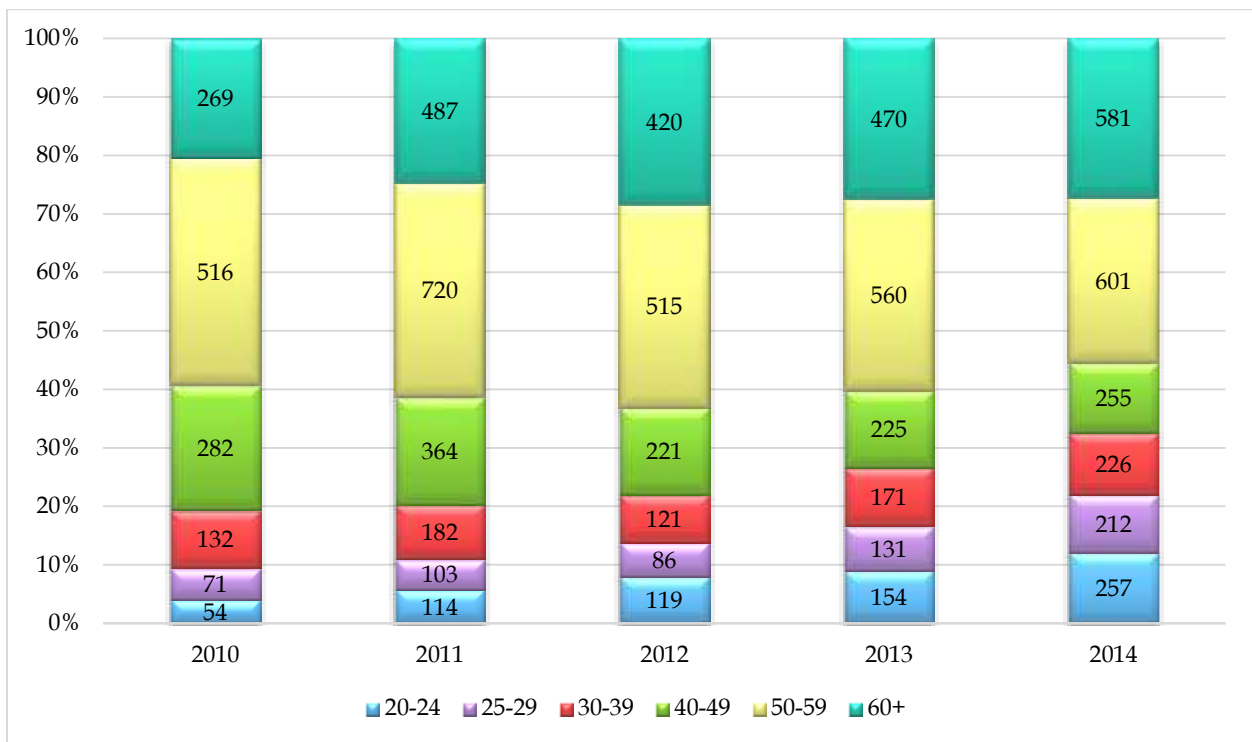
Source: Florida Charts

Figure 140. Alzheimer's Disease Crude Death Rate, Ages 65 and Over, Broward and Florida, 2002-2013



Source: Florida Charts

Figure 141. Chronic Hepatitis C Cases by Age, Broward, 2010-2013



Source: Florida Charts

14. HOSPITAL UTILIZATION AND AVOIDABLE ADMISSIONS

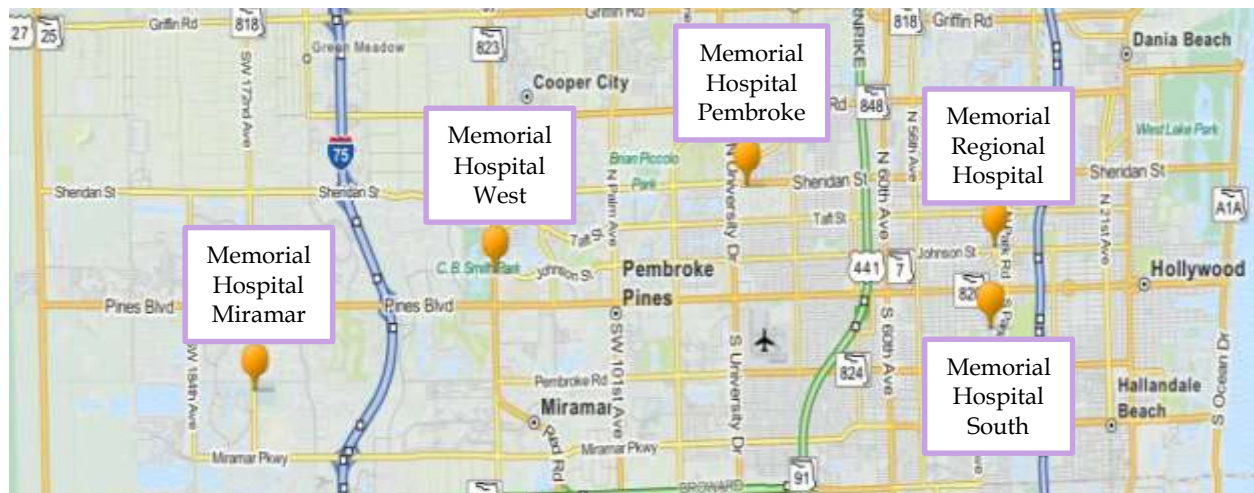
Medical facilities' utilization data is used for quality improvement in terms of program efficiency and overall functionality. It provides data to inform capacity and quality related decisions. Broward Regional Health Planning Council's online-accessible reporting tool was designed to allow administrators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

A. UTILIZATION IN MEMORIAL HEALTHCARE SYSTEM AND BROWARD COUNTY HOSPITALS

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

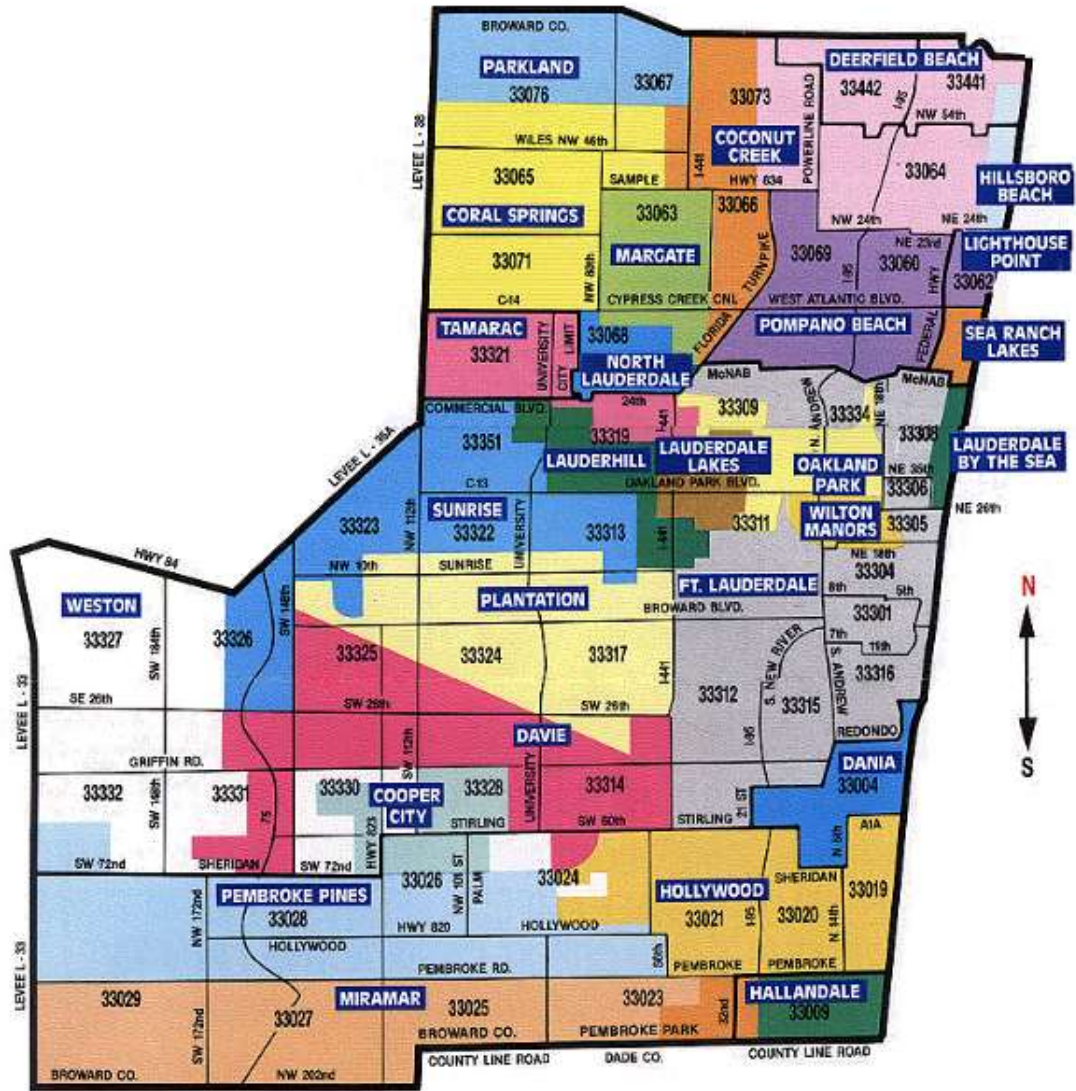
Memorial Healthcare System is comprised of the following: Memorial Regional Hospital and Memorial Regional Hospital South are both located in Hollywood, Florida, and offer our community a variety of medical and surgical services. Joe DiMaggio Children's Hospital at Memorial provides a comprehensive array of pediatric services and is the leading children's hospital in Broward and Palm Beach counties. Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke serve the communities of western Broward County and others in South Florida. Memorial Manor nursing home and a variety of ancillary health care facilities round out the system's wide-ranging health services.

Figure 142. Map of MHS' Hospitals



Source: www.mapquest.com

Figure 143. Map of Broward County Zip Code



Source: Broward County

The table below lists the primary and secondary service areas zip codes for Memorial Healthcare System.

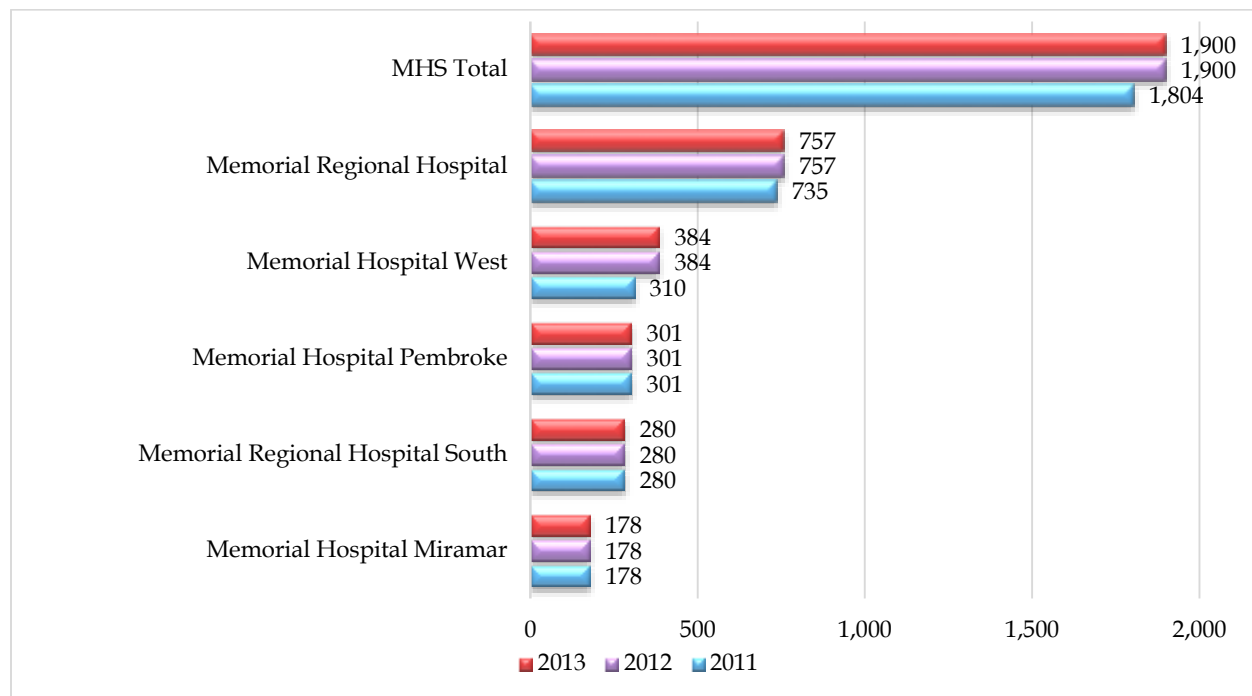
Table 23. Memorial Healthcare System Service Areas

Primary Service Areas (PSA) Zip Code	Secondary Service Areas (SSA) Zip Code
33004	33319
33009	33321
33019	33322
33020	33323
33021	33326
33023	33327
33024	33330
33025	33331
33026	33332
33027	33351
33028	
33029	
33312	
33314	
33324	
33325	
33328	

Source: Memorial Healthcare System

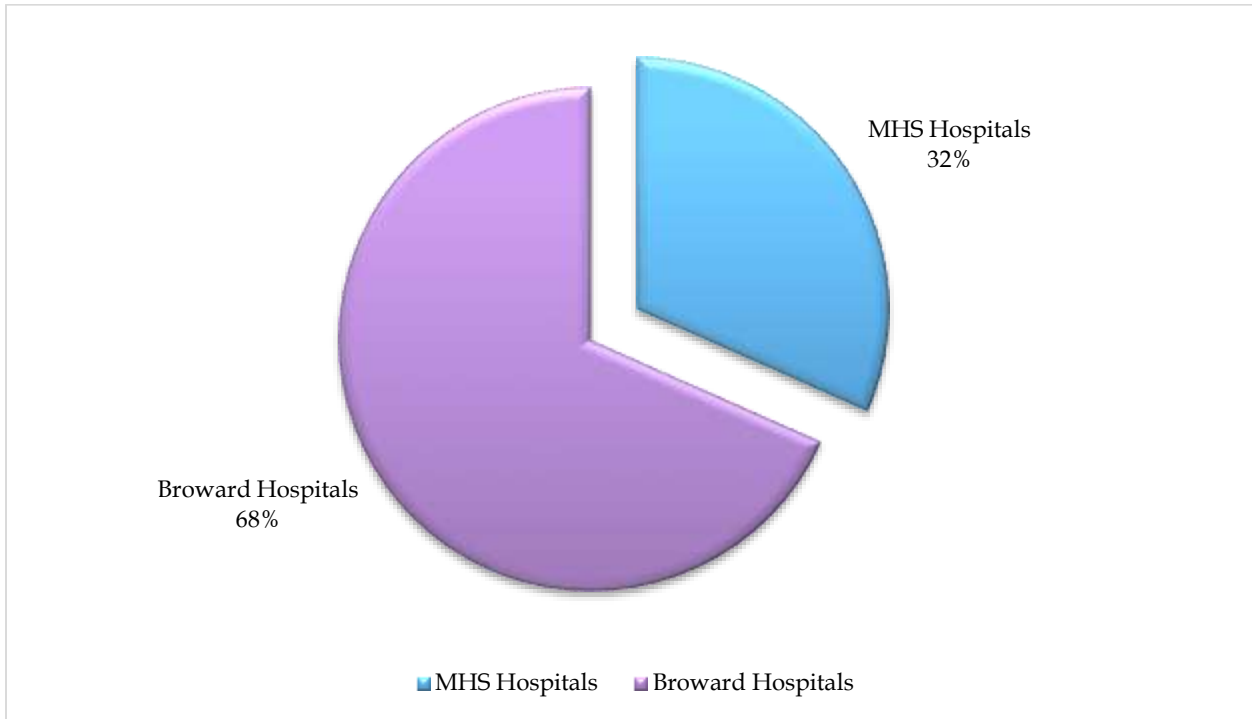
Figure 144 through **Figure 157** illustrate the total licensed beds, number of admissions, occupancy rate, patient days, the average length of stay and observation cases for MHS with comparisons to Broward County hospitals as appropriate.

Figure 144. Memorial Healthcare System, Total Licensed Beds, 2011-2013



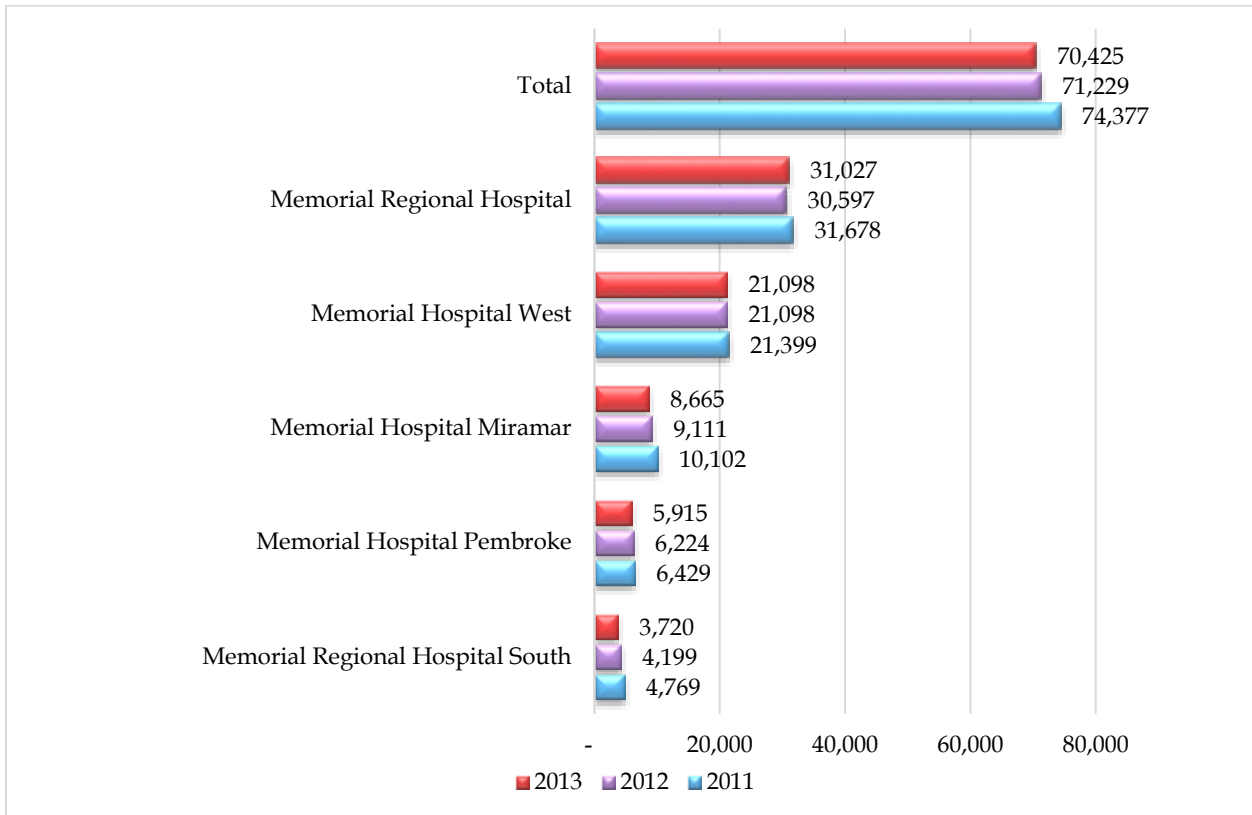
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 145. Percentage of Broward County Hospitals' Licensed Beds, 2013



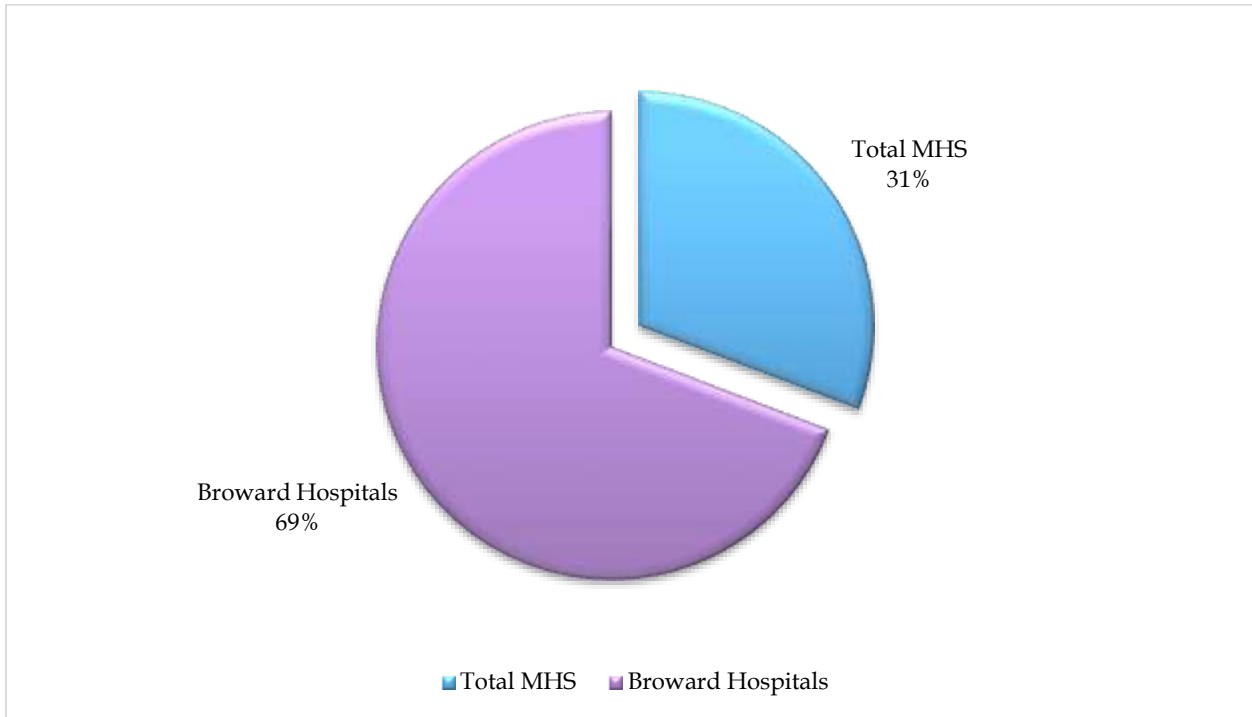
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 146. Memorial Healthcare System, Number of Admissions, 2011-2013



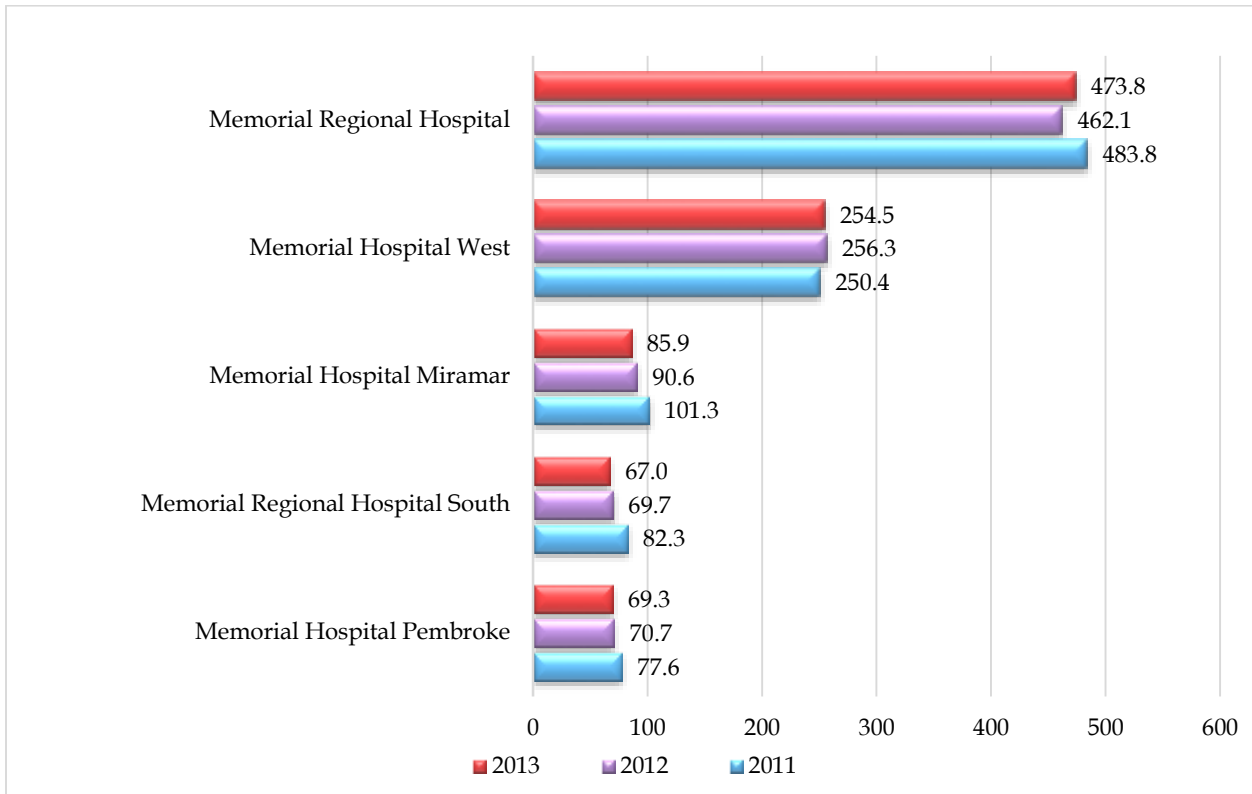
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 147. Percentage of Broward County Hospitals' Admissions, 2013



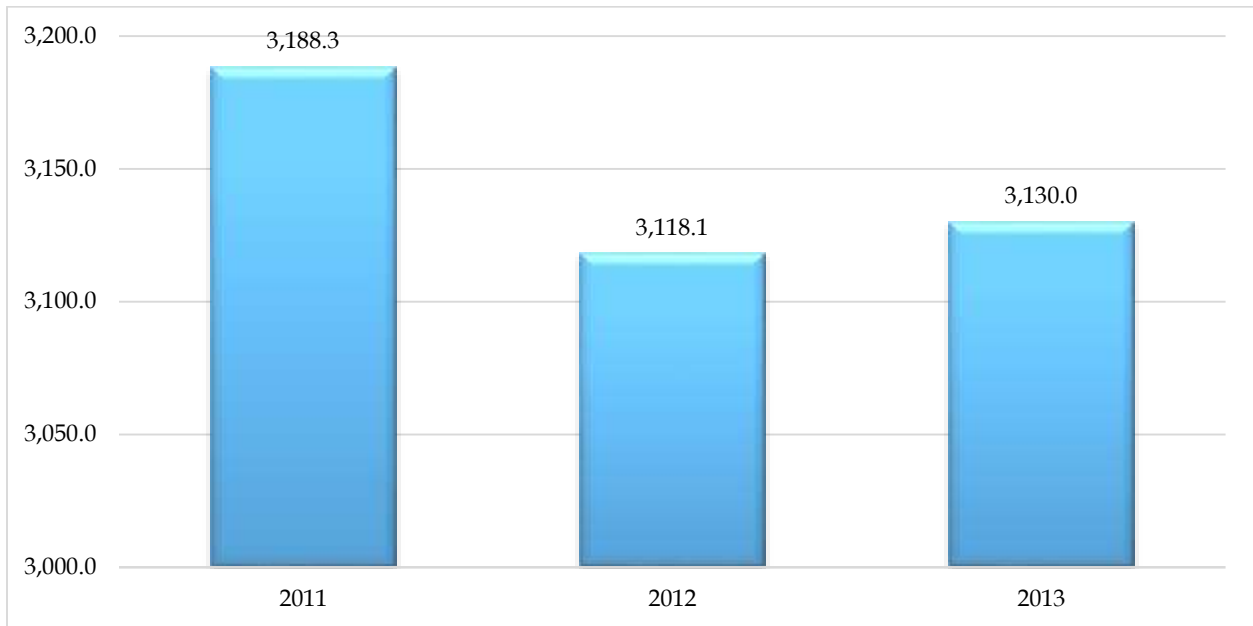
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 148. Memorial Healthcare System Average Daily Census, 2011-2013



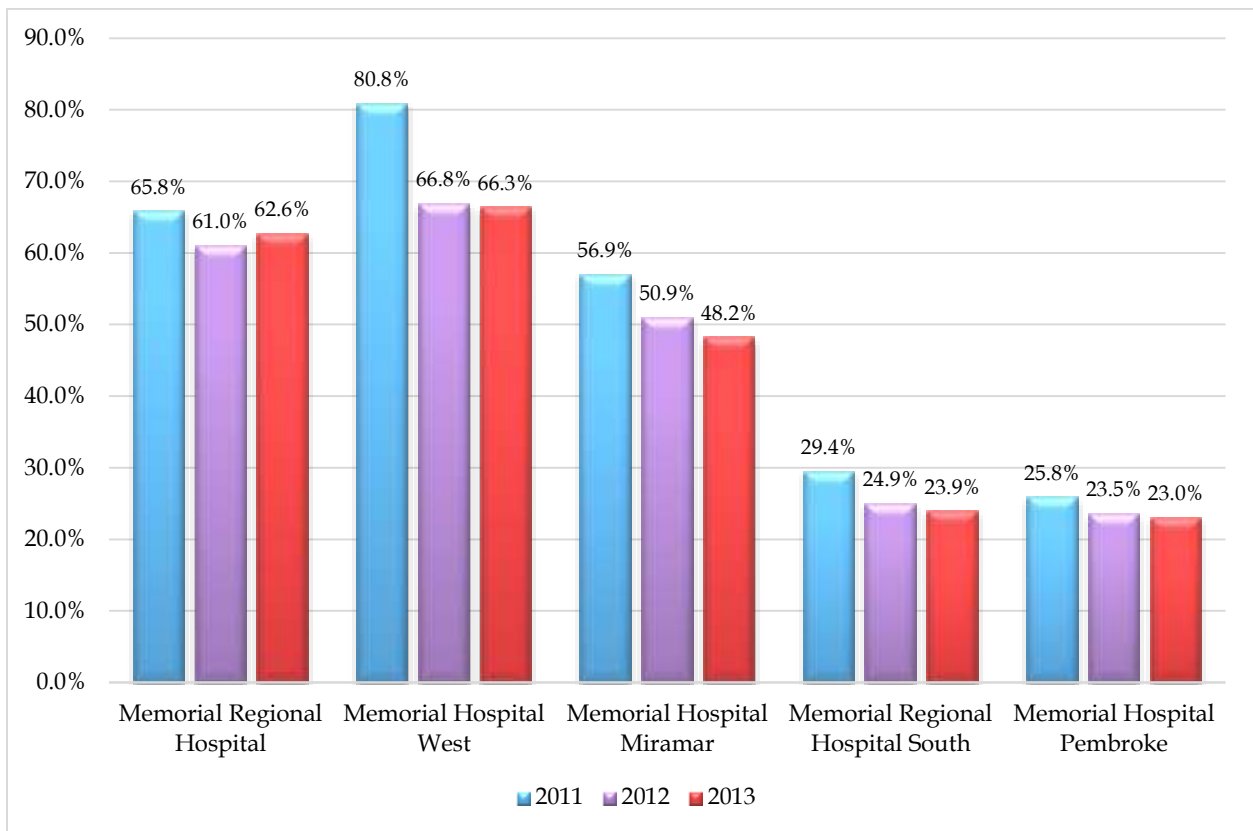
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 149. Broward Hospitals Average Daily Census, 2011-2013



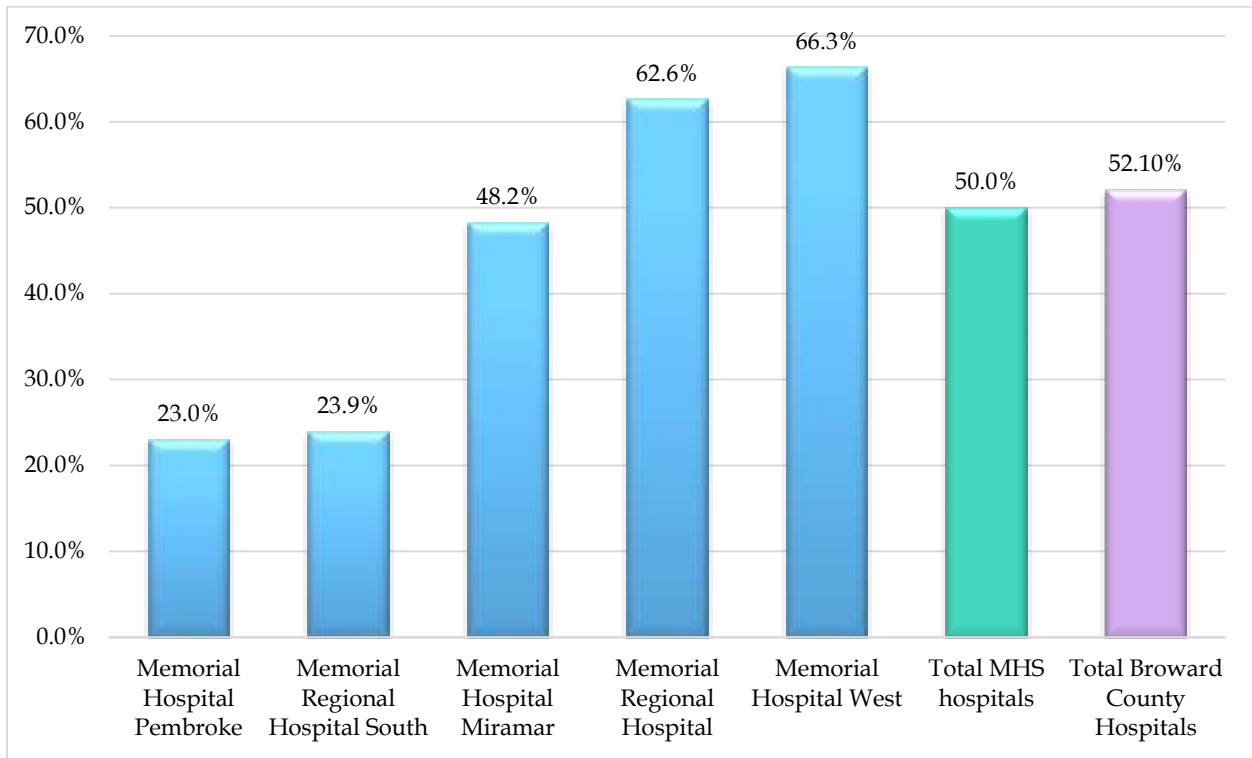
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 150. Memorial Healthcare System, Average Occupancy Rates, 2011-2013



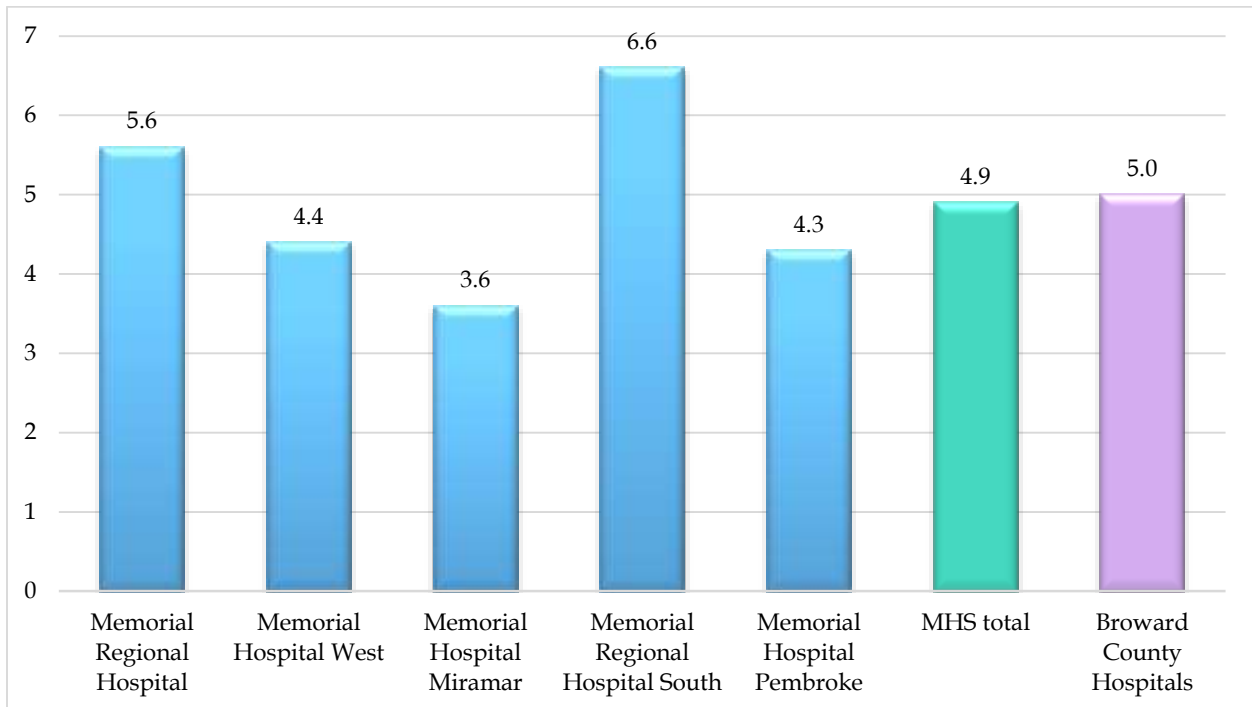
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 151. Average Occupancy Rates, Comparison with Broward County Hospitals, 2013



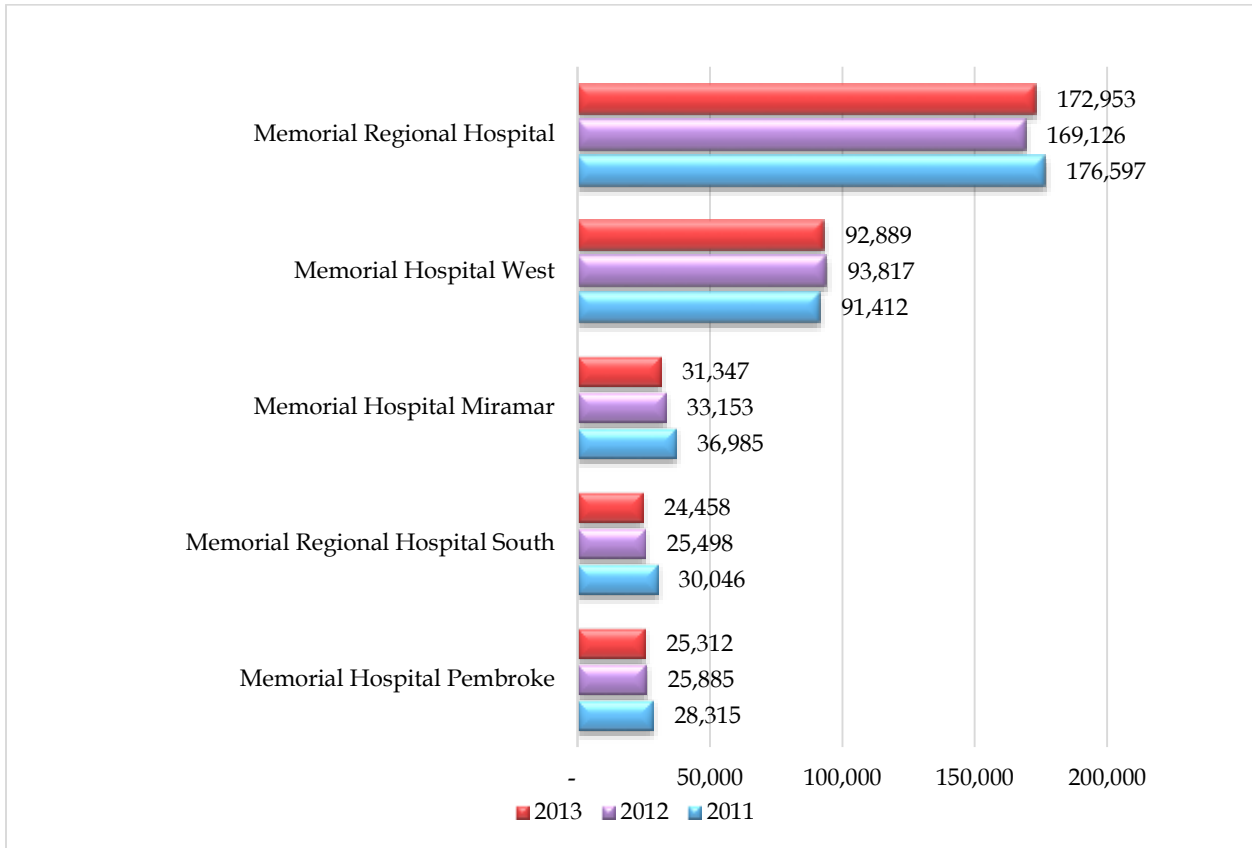
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 152. Average Length of Stay (days), Comparison with Broward County Hospitals, 2013



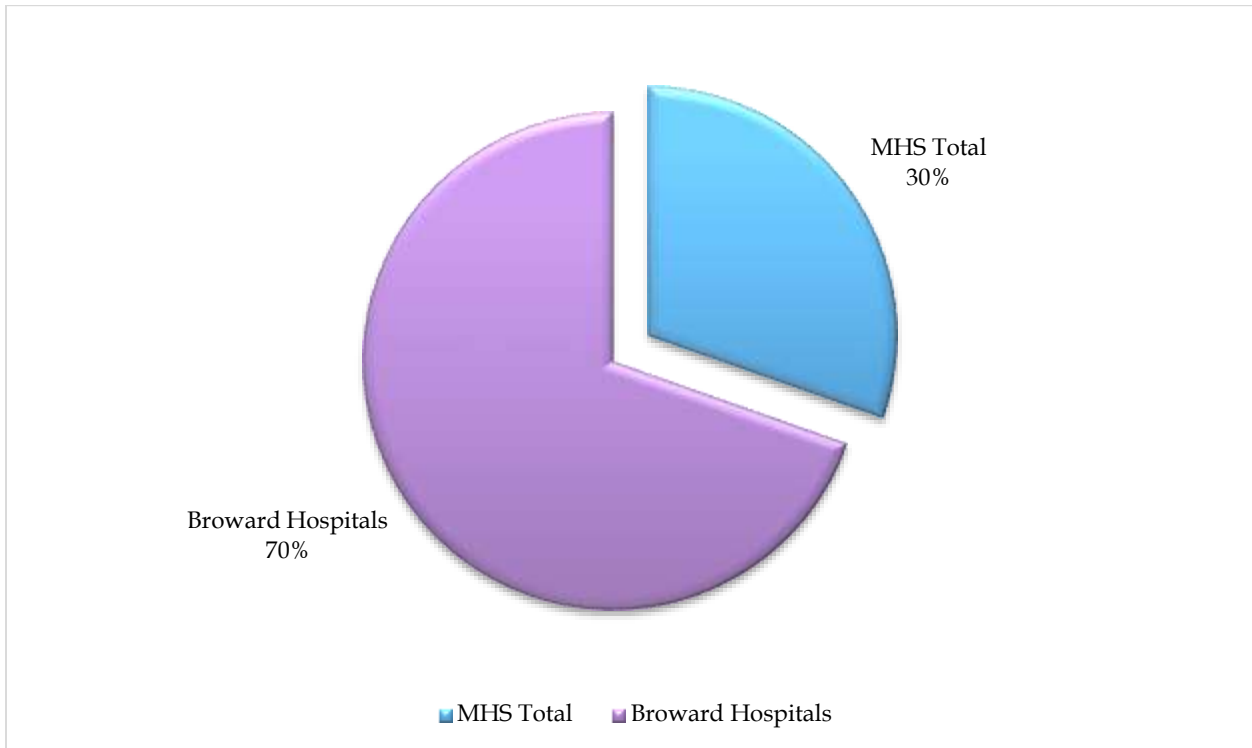
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 153. Memorial Healthcare System Patient Days, 2011-2013



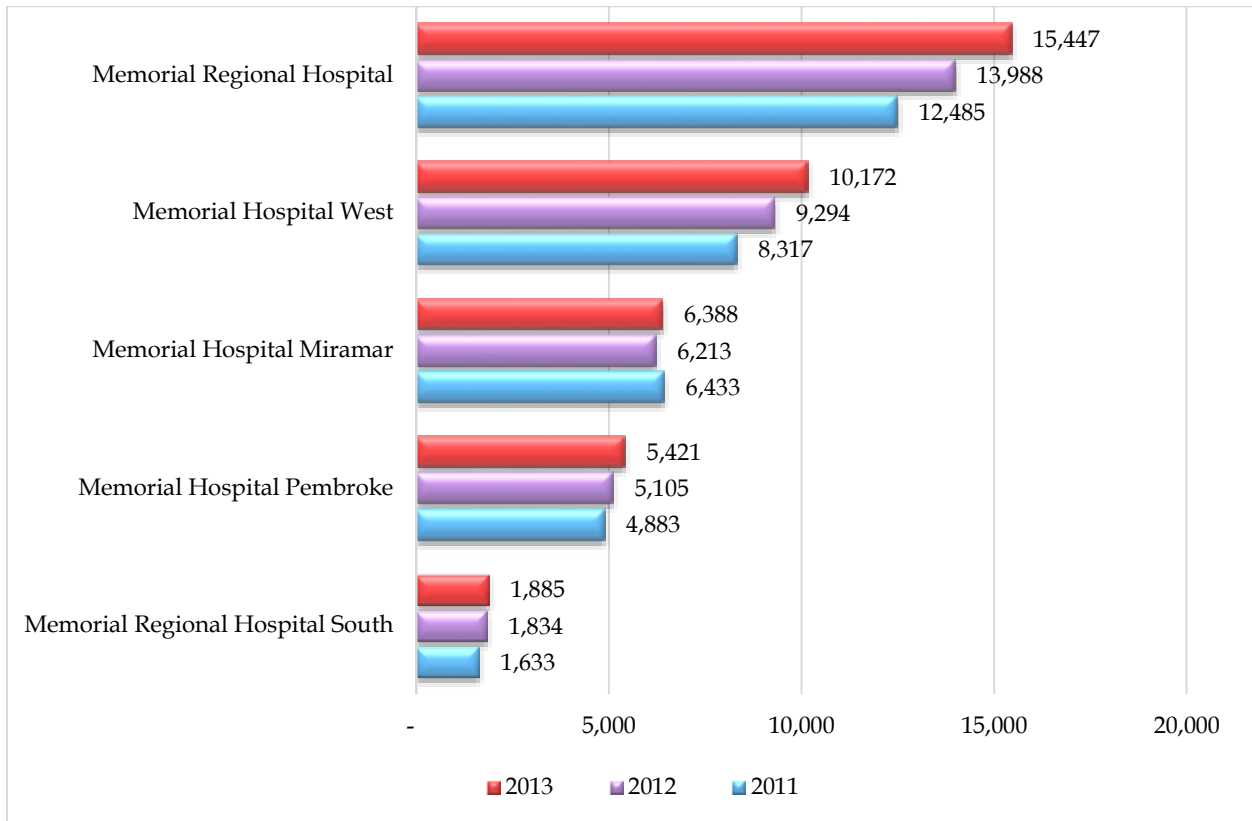
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 154. Percentage of Broward County Hospitals' Patient Days, 2013



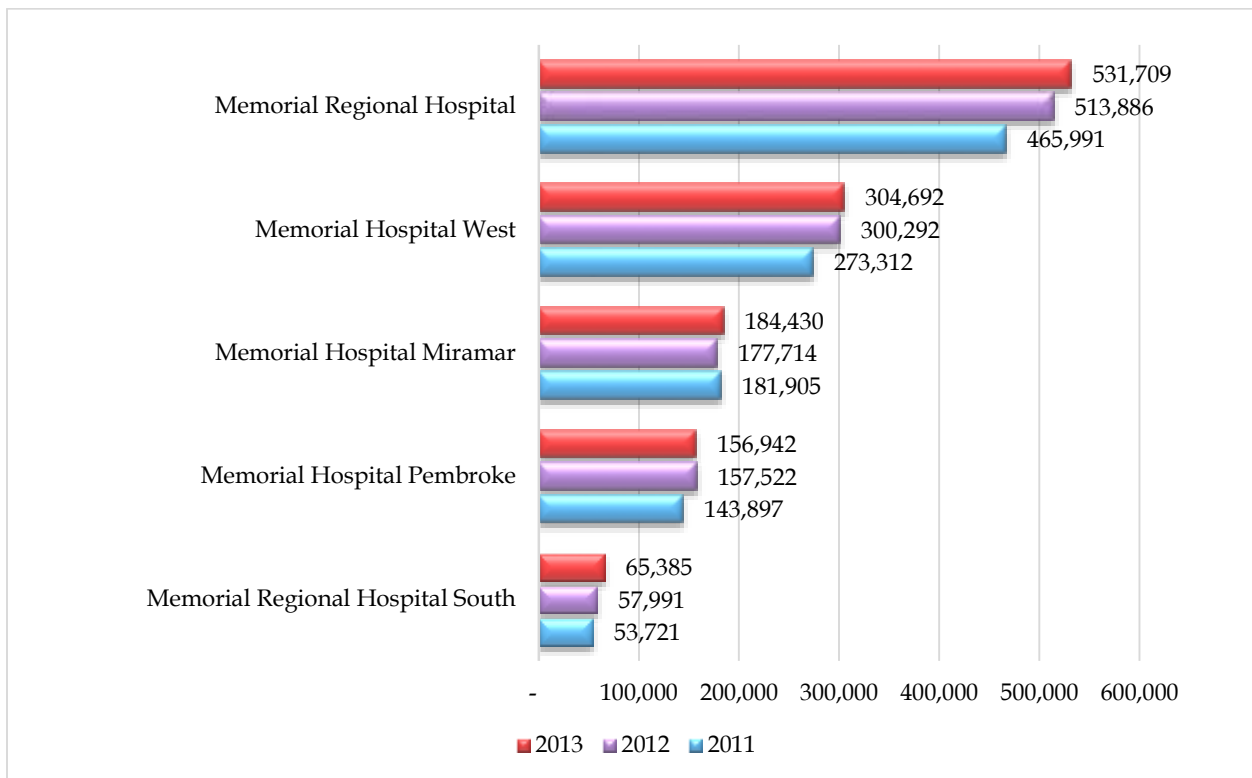
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 155. Memorial Healthcare System, – Hospital Observation Cases, 2011 – 2013



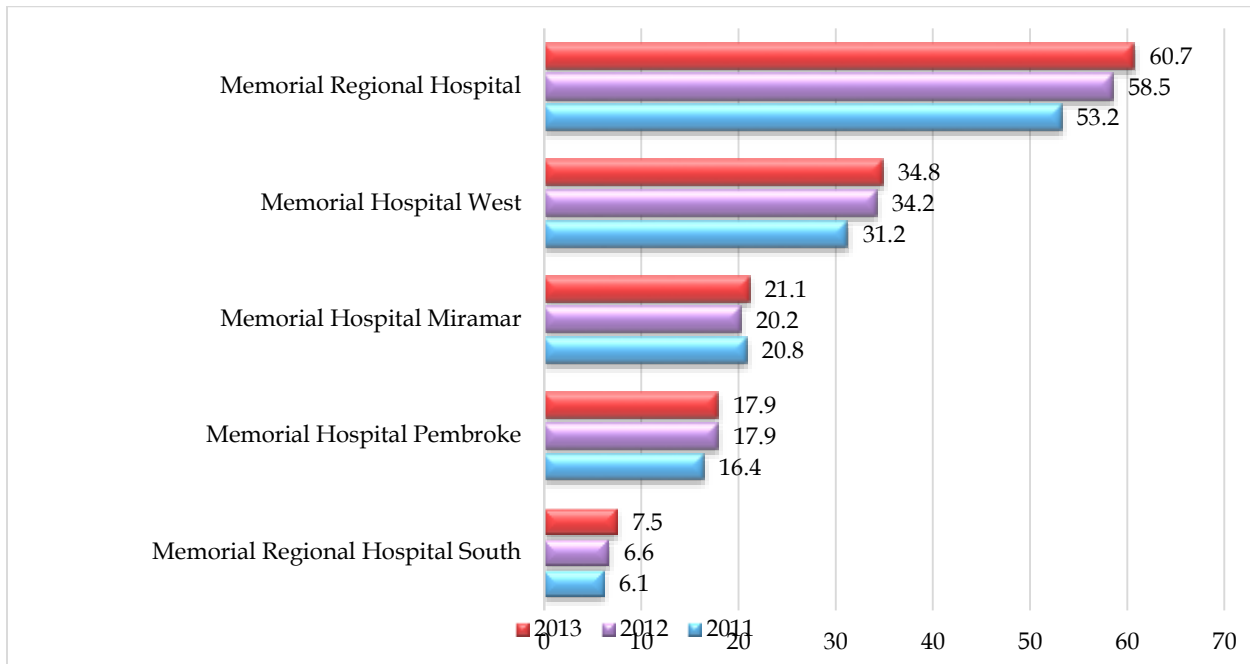
Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

Figure 156. Memorial Healthcare System, – Hospital Observation Hours, 2011 – 2013



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

Figure 157. Memorial Healthcare System, - Hospital Observation Avg Daily Census, 2011 - 2013

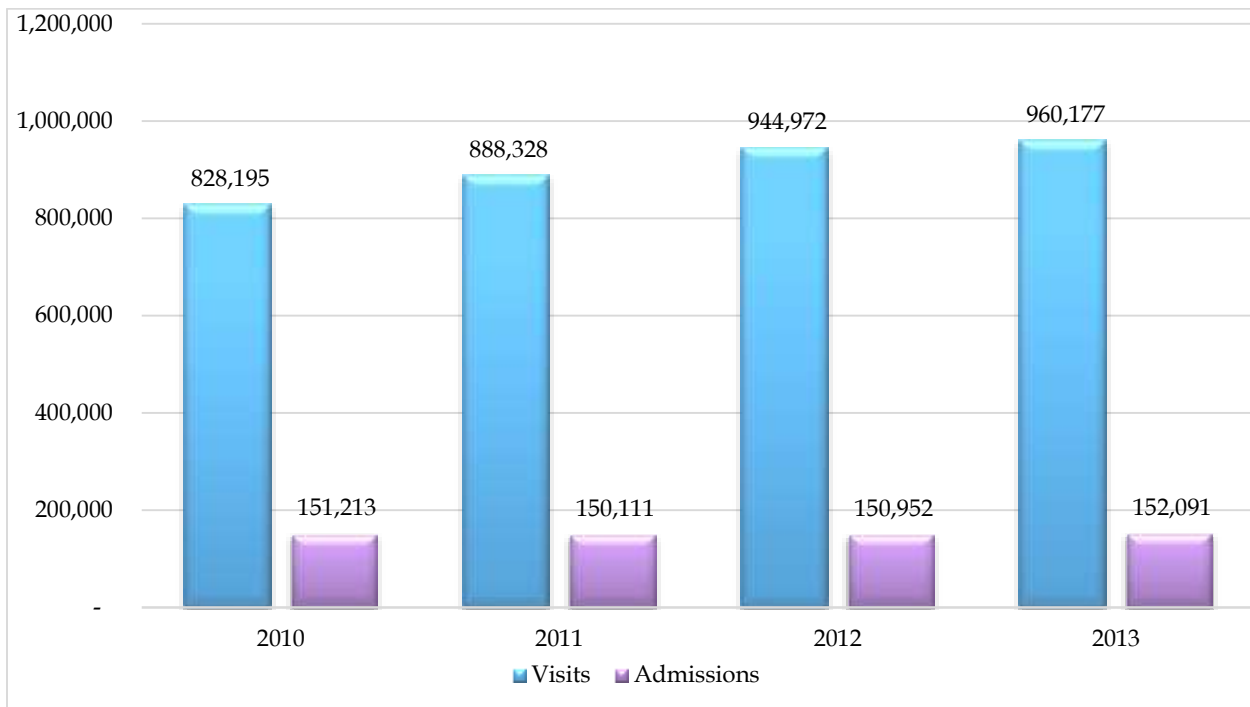


Source: Broward Regional Health Planning Council, Inc. Medical Facilities Utilization Reporting System

B. MEMORIAL HEALTHCARE SYSTEM EMERGENCY DEPARTMENT UTILIZATION

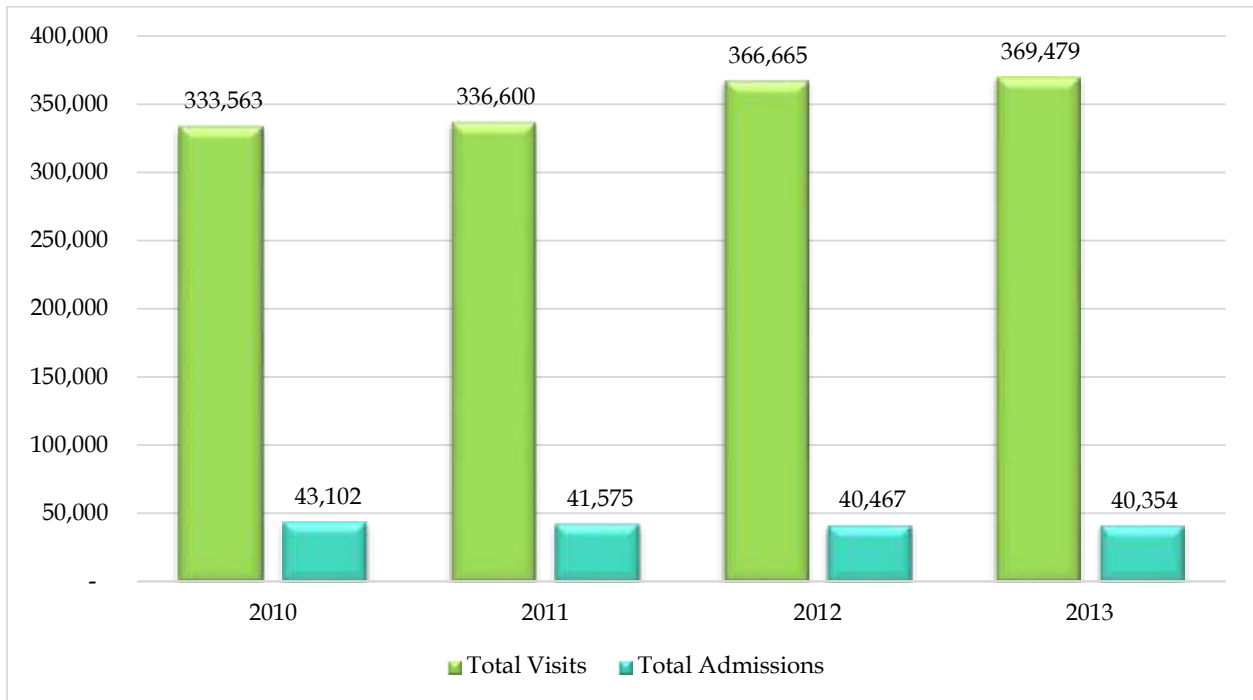
The figures below show the visits and admissions to the Broward Hospitals and MHS Emergency Department (ED) from 2010 to 2013.

Figure 158. Emergency Department Visits and Admissions, Broward County Hospitals, 2010 - 2013



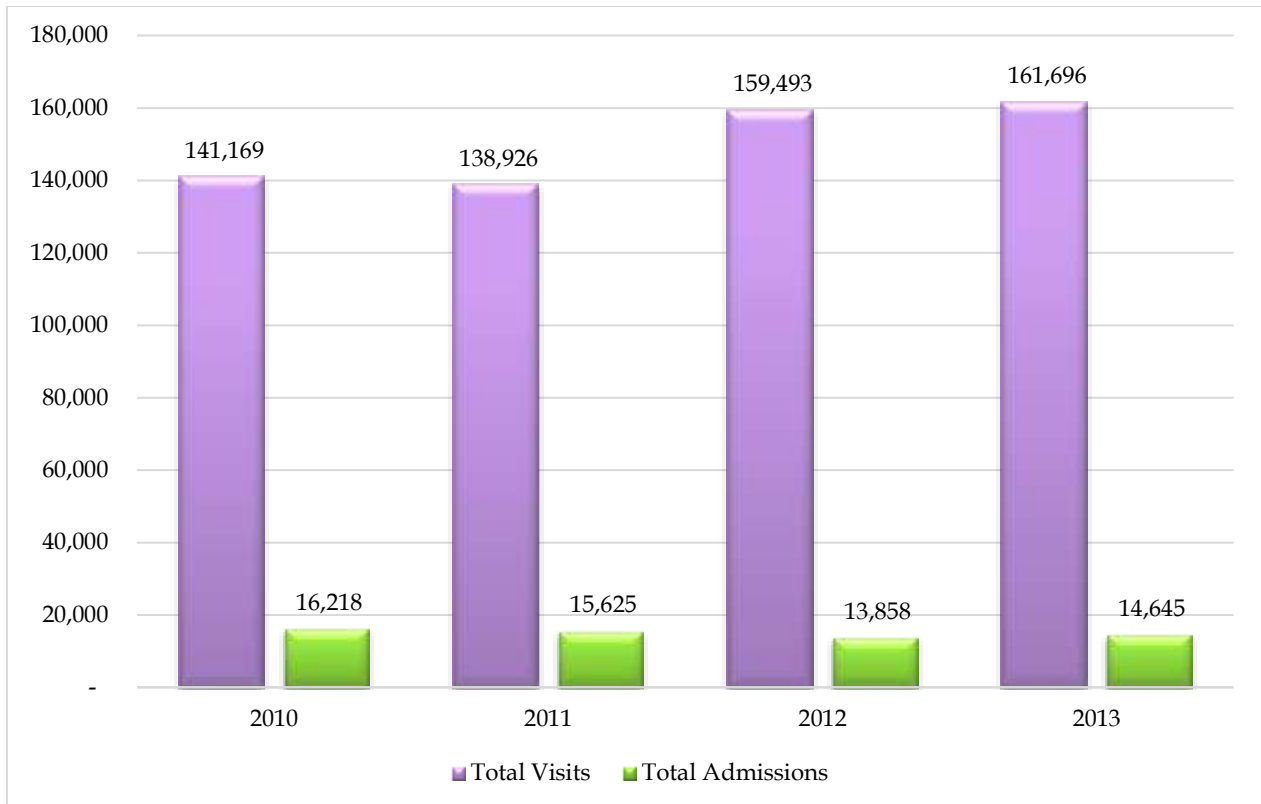
Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

Figure 159. Emergency Department Visits and Admissions, MHS Total, 2010 - 2013



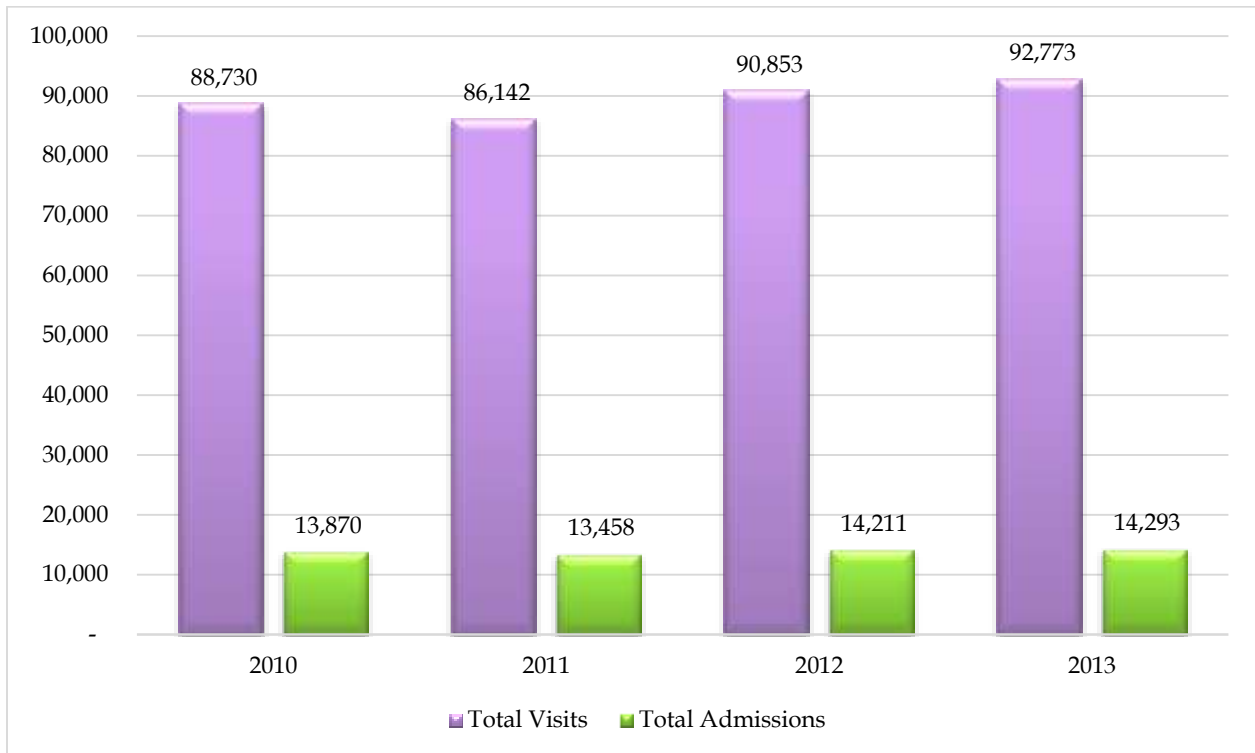
Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

Figure 160. Emergency Department Visits and Admissions, Memorial Regional Hospital, 2010 - 2013



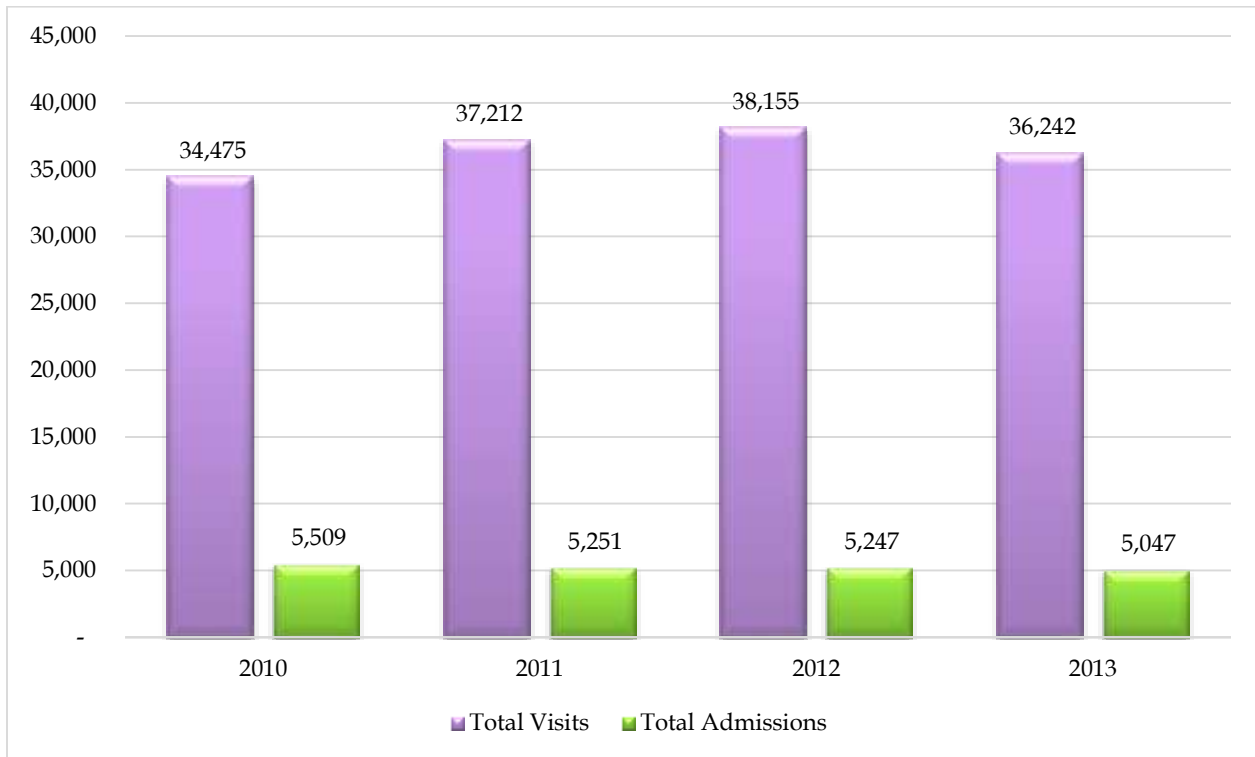
Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

Figure 161. Emergency Department Visits and Admissions, Memorial Hospital West, 2010 - 2013



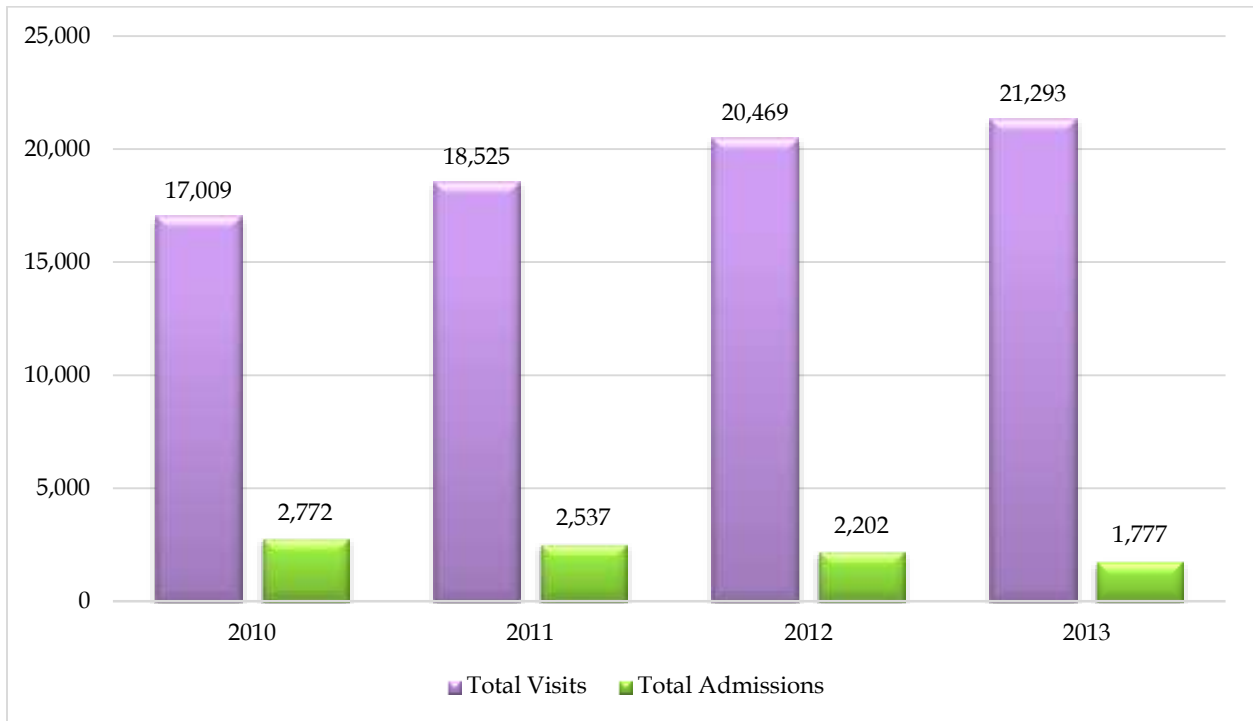
Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

Figure 162. Emergency Department Visits and Admissions, Memorial Hospital Pembroke, 2010 - 2013



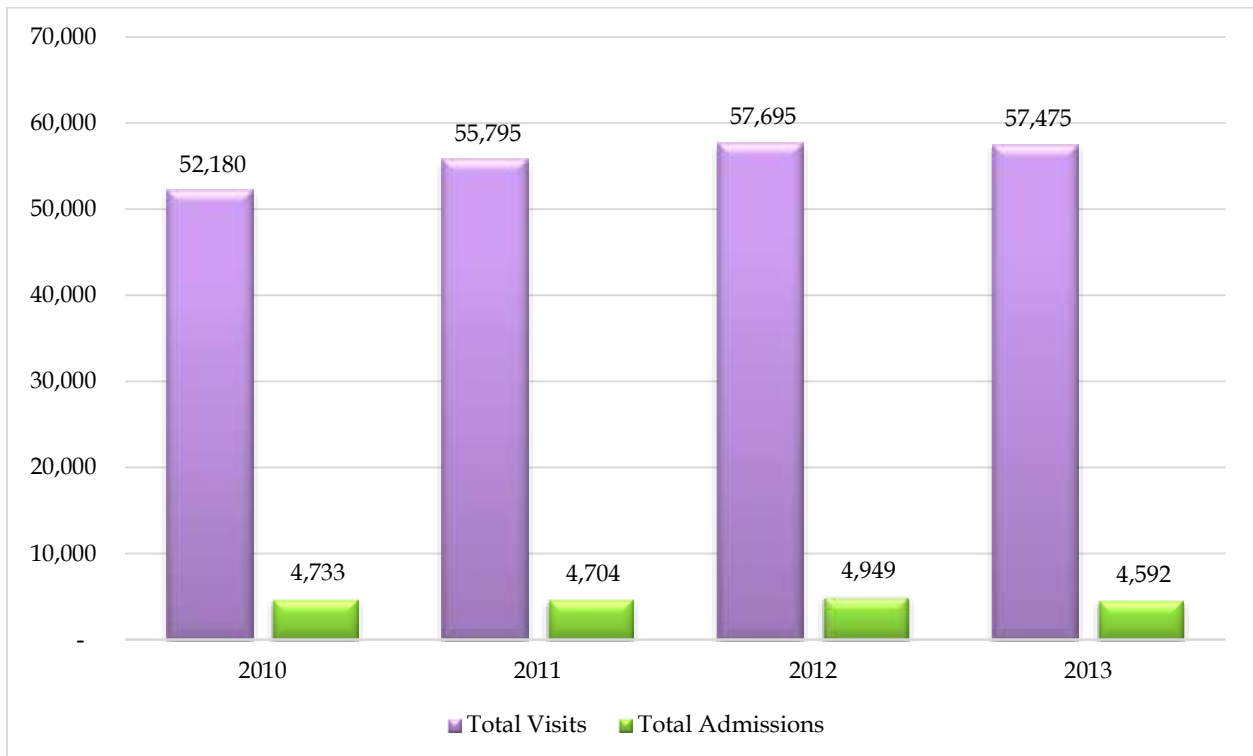
Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

Figure 163. Emergency Department Visits and Admissions, Memorial Hospital South, 2010 - 2013



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

Figure 164. Emergency Department Visits and Admissions, Memorial Hospital Miramar, 2010 - 2013

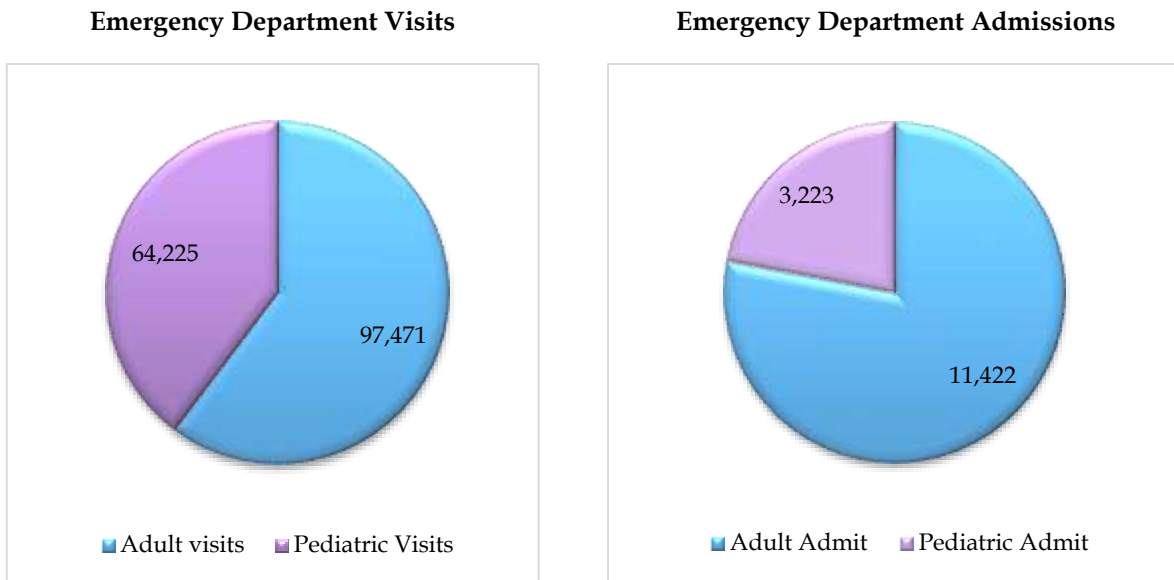


Source: Broward Regional Health Planning Council, Inc. Emergency Department Utilization

The following figures establish a comparison between adult ER visits/admissions and pediatric ER visits/admissions for the five MHS hospital facilities.

Figure 165. Adults vs. Pediatric, Emergency Department Visits and Admissions

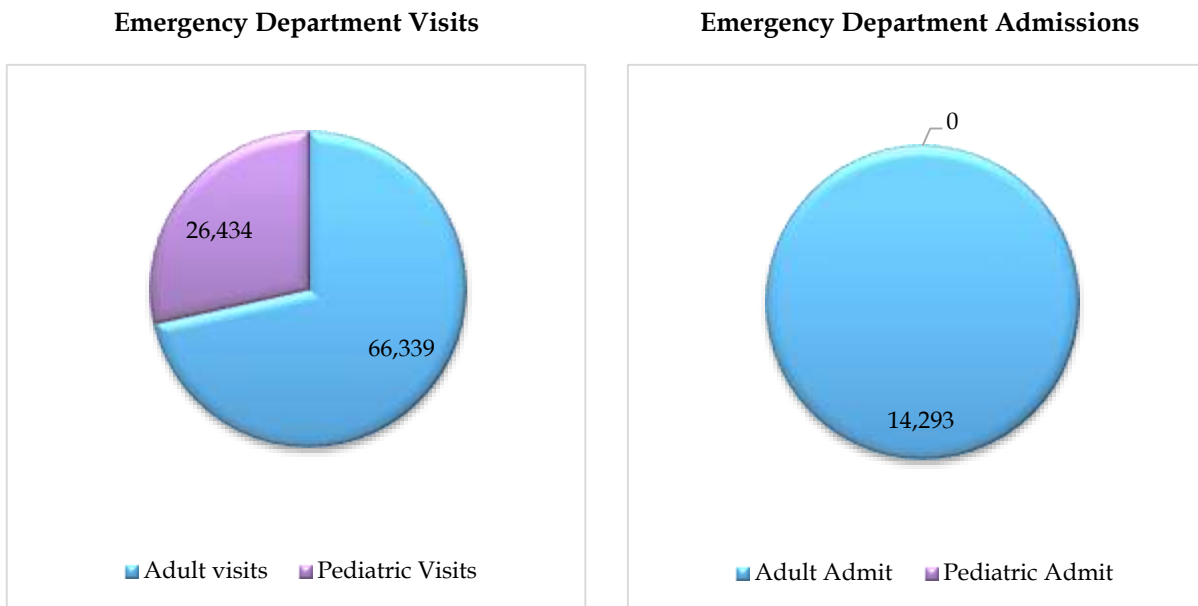
Memorial Regional Hospital, 2013



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

Figure 166. Adults vs. Pediatric, Emergency Department Visits and Admissions,

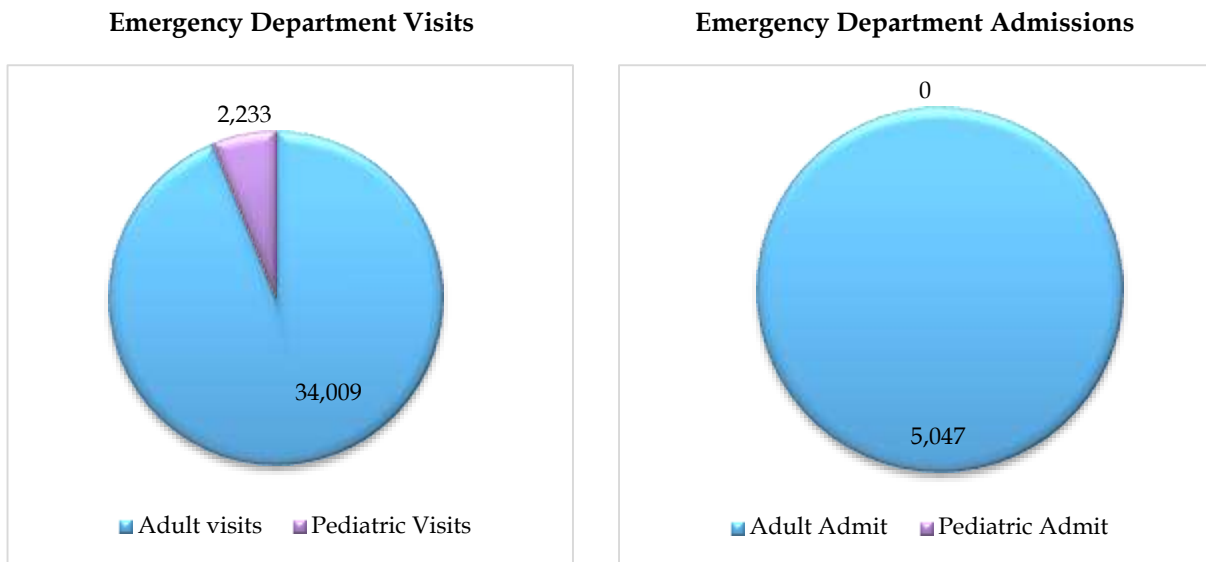
Memorial Hospital West, 2013



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

Figure 167. Adults vs. Pediatric, Emergency Department Visits and Admissions

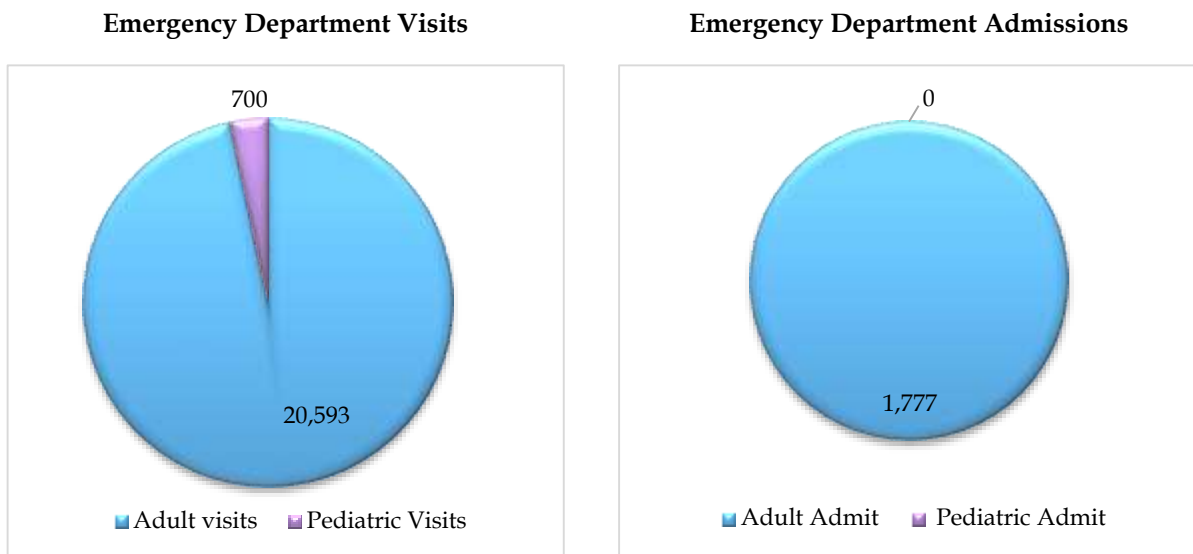
Memorial Hospital Pembroke, 2013



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

Figure 168. Adults vs. Pediatric, Emergency Department Visits and Admissions

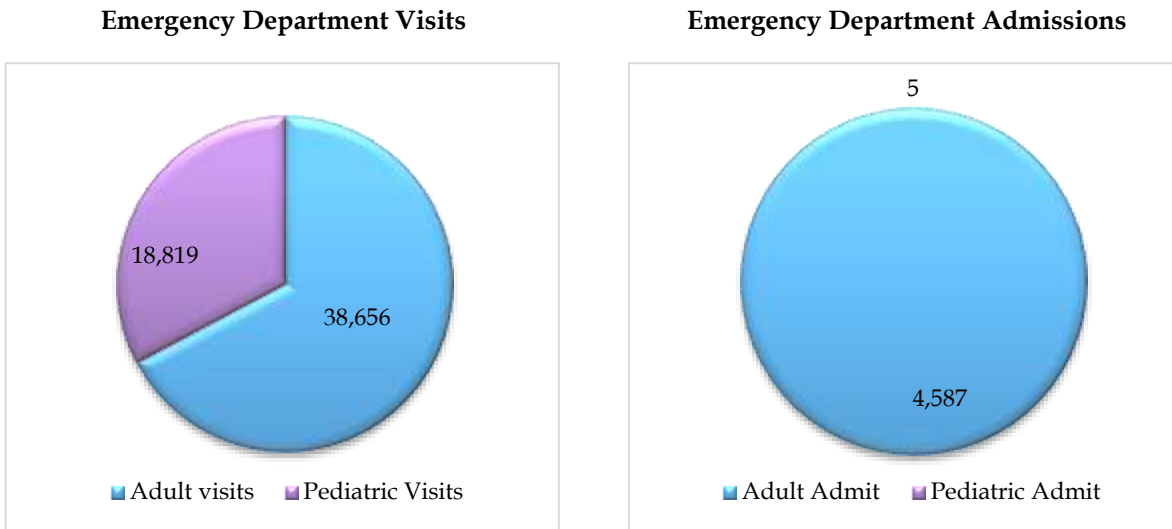
Memorial Hospital South, 2013



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

Figure 169. Adults vs. Pediatric, Emergency Department Visits and Admissions

Memorial Hospital Miramar, 2013



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

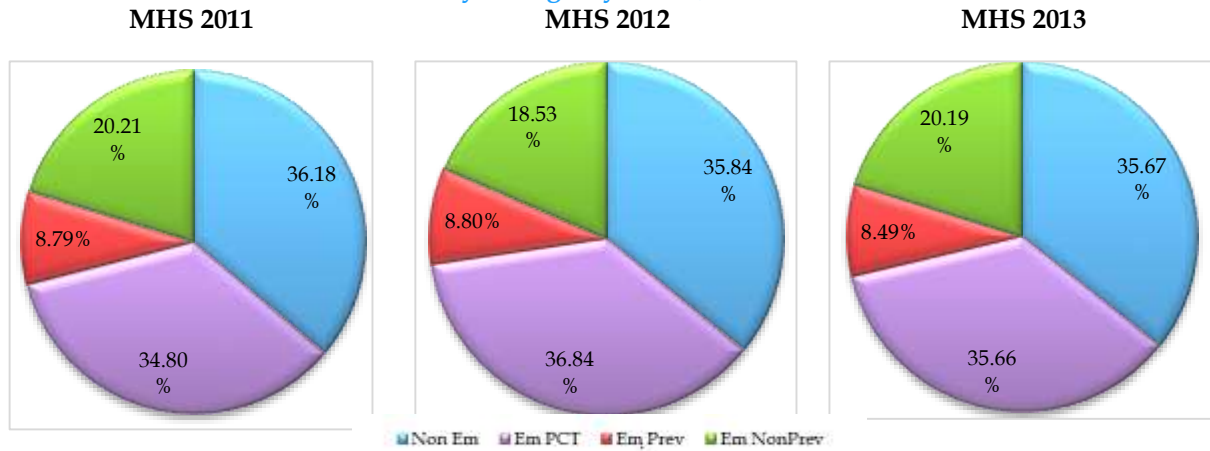
C.1 EMERGENCY ROOM AVOIDABLE ADMISSIONS

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

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

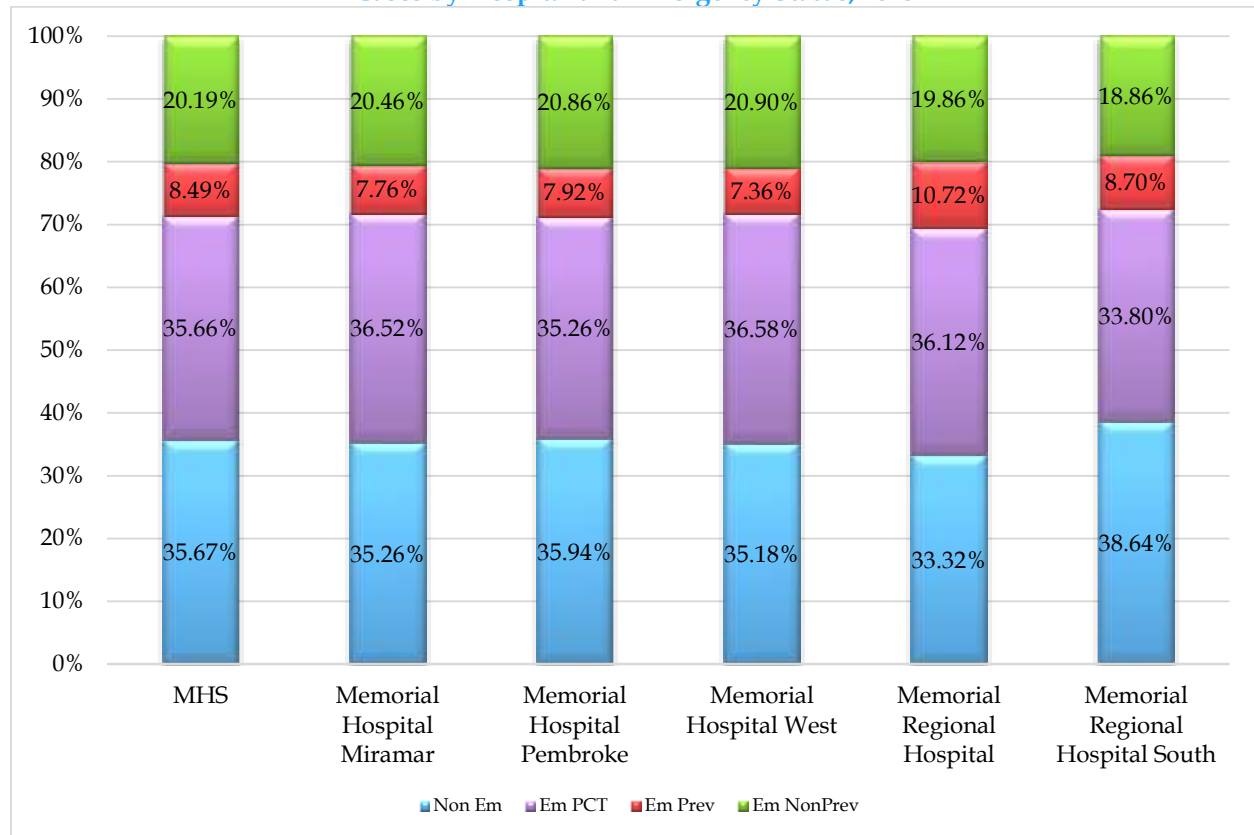
Figure 170 and Figure 171 depicts the percentages of the MHS Emergency Department's Preventable/Avoidable admissions stratified by emergency status.

Figure 170. MHS ED Preventable / Avoidable Admissions Cases by Emergency Status, 2011 - 2013



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

Figure 171. MHS ED Preventable / Avoidable Admissions Cases by Hospital and Emergency Status, 2013



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

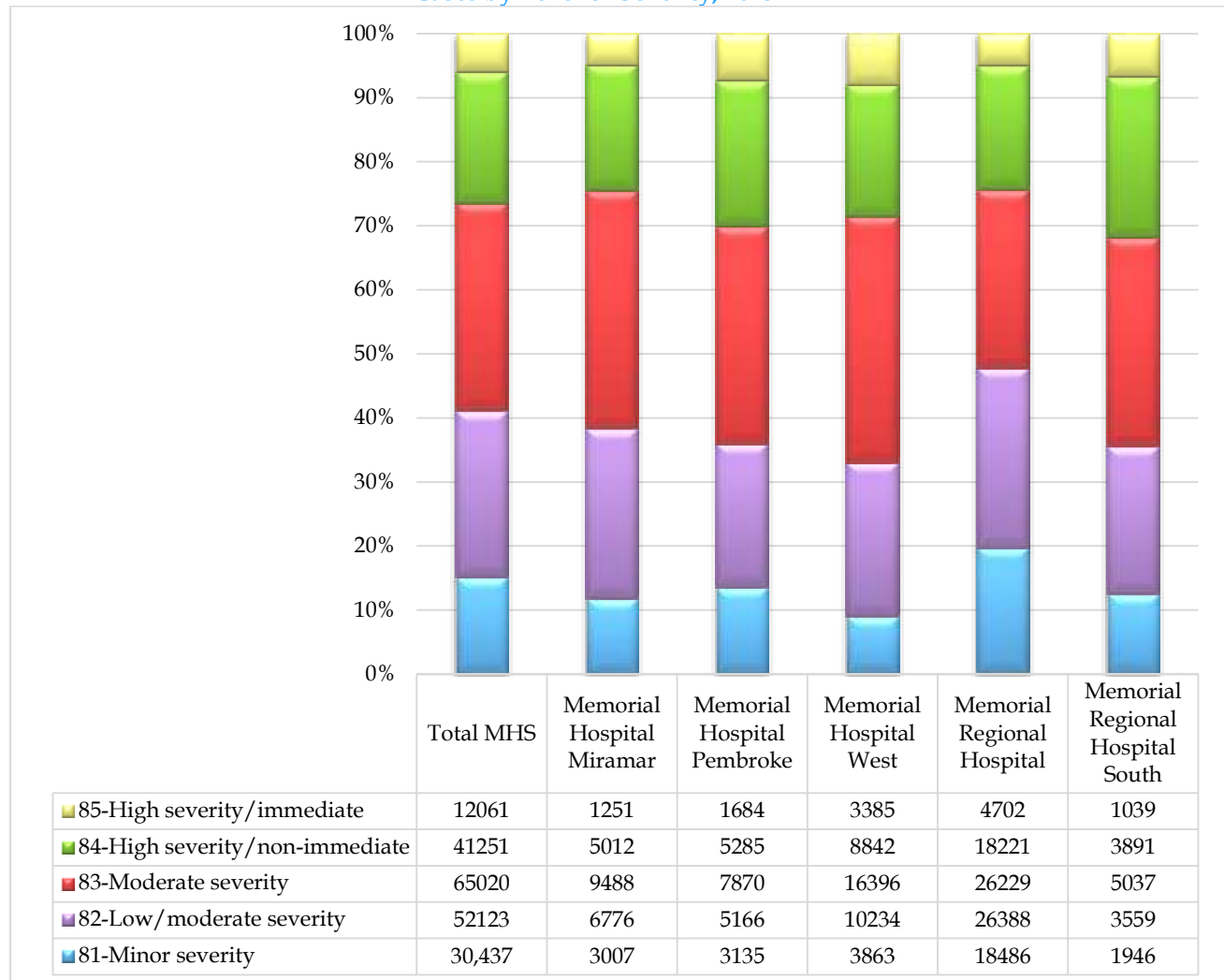
The Hospital ED Preventable/Avoidable admissions data also includes information on patient demographics, payer, and charges. Also, there is information on the acuity level of the patient at the time of admission to the ED which is based on the Current Procedural Terminology (CPT) Evaluation and Management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

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

[99285] High/Immediate – problems are of high severity and pose an immediate threat to life

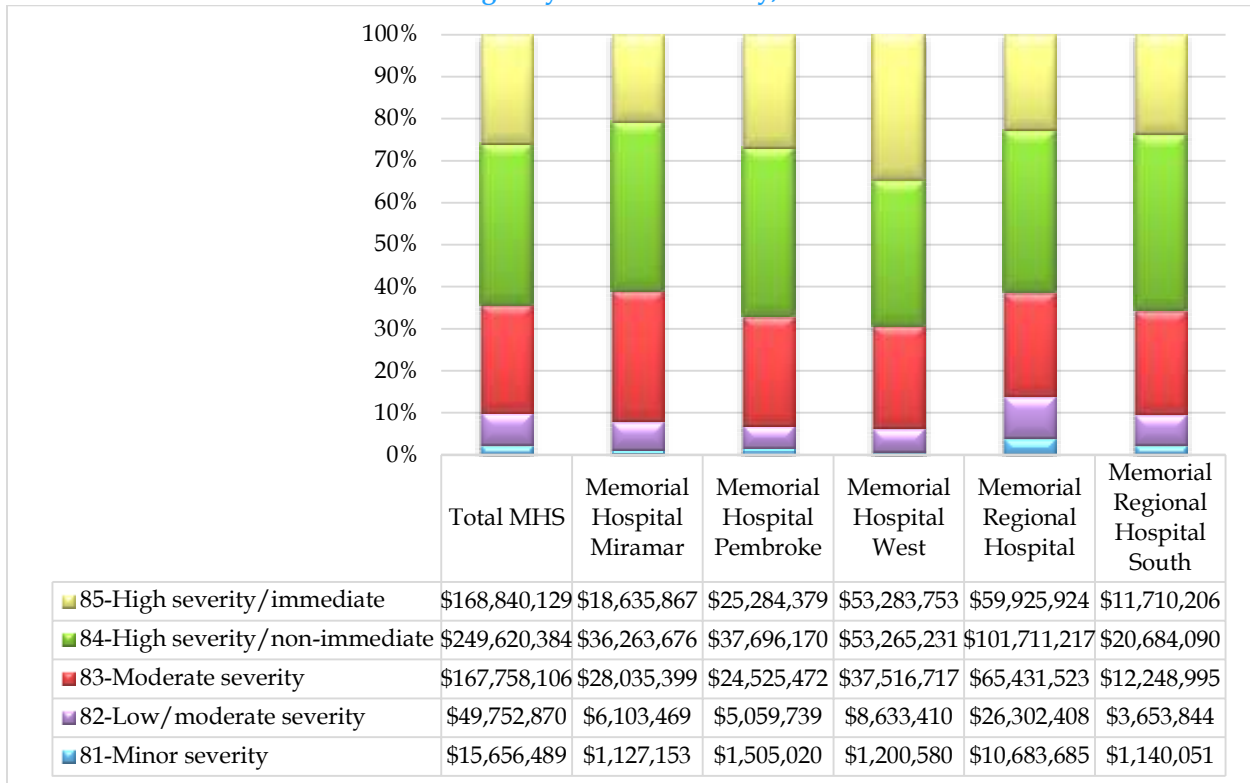
Figure 172 depicts the comparison between cases and charges for MHS ED Preventable/Avoidable stratified by level of severity.

**Figure 172. MHS ED Preventable / Avoidable Admissions
Cases by Level of Severity, 2013**



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

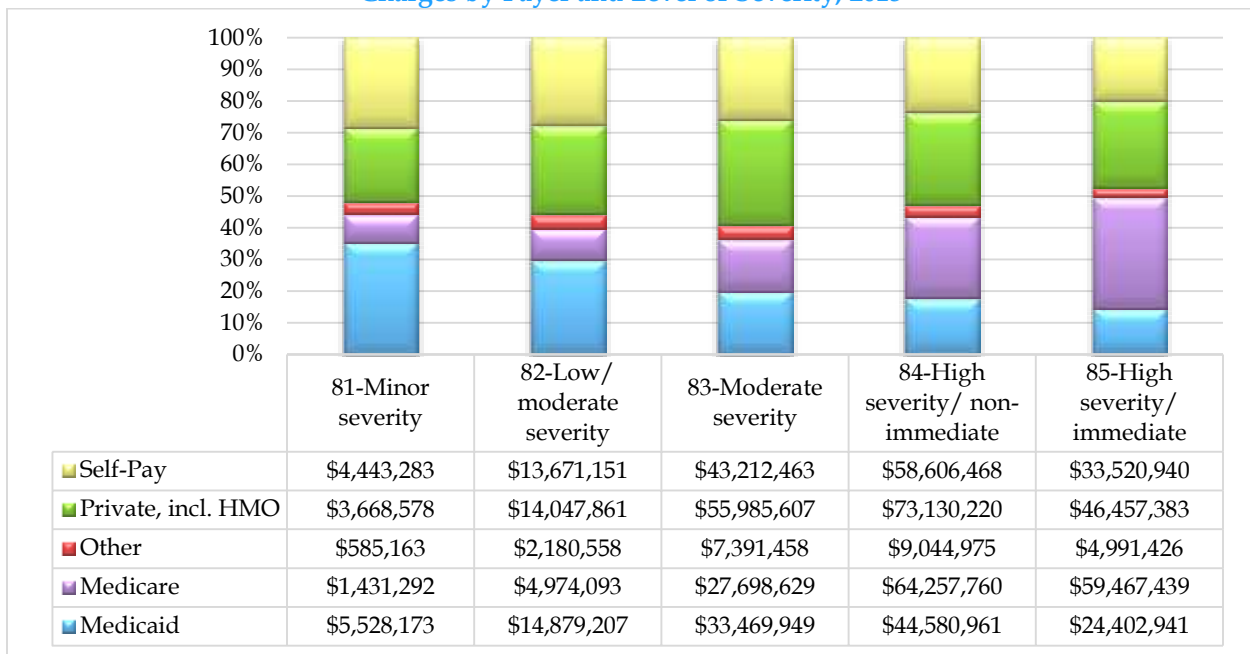
Figure 173. MHS ED Preventable / Avoidable Admissions Charges by Level of Severity, 2013



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

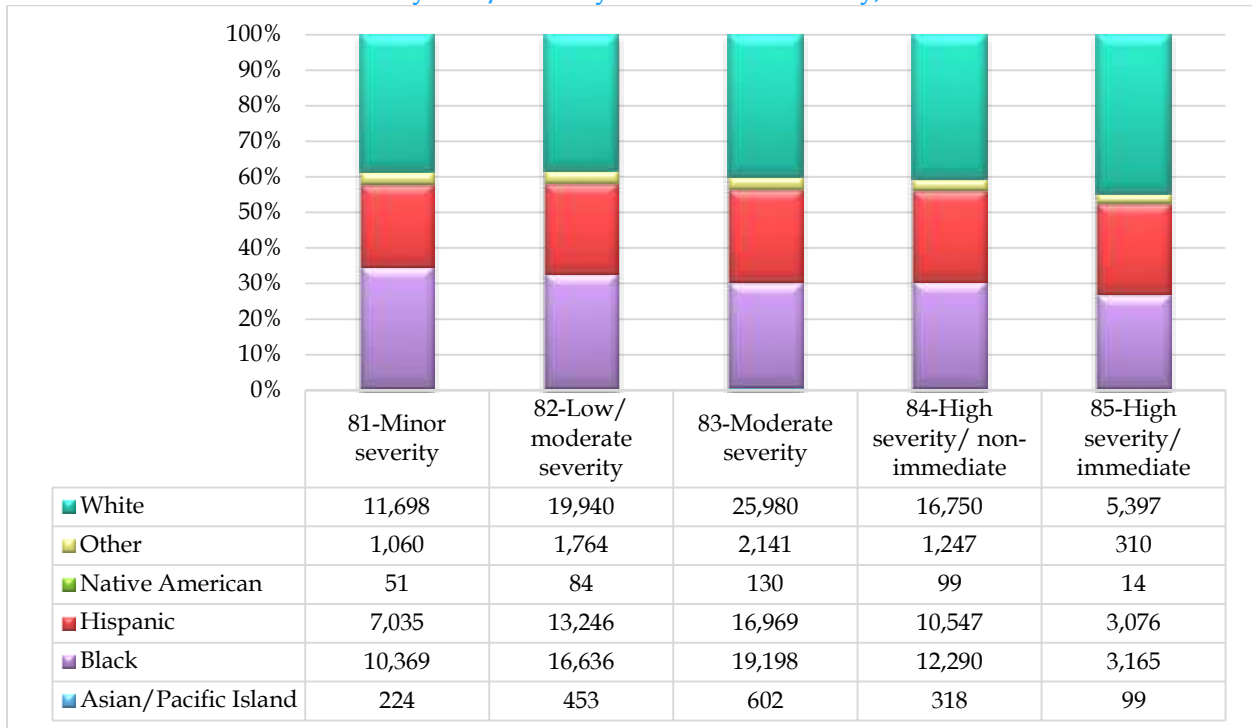
The figure below depicts charges by payer for MHS ED Preventable/Avoidable stratified by level of severity.

Figure 174. MHS ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2013



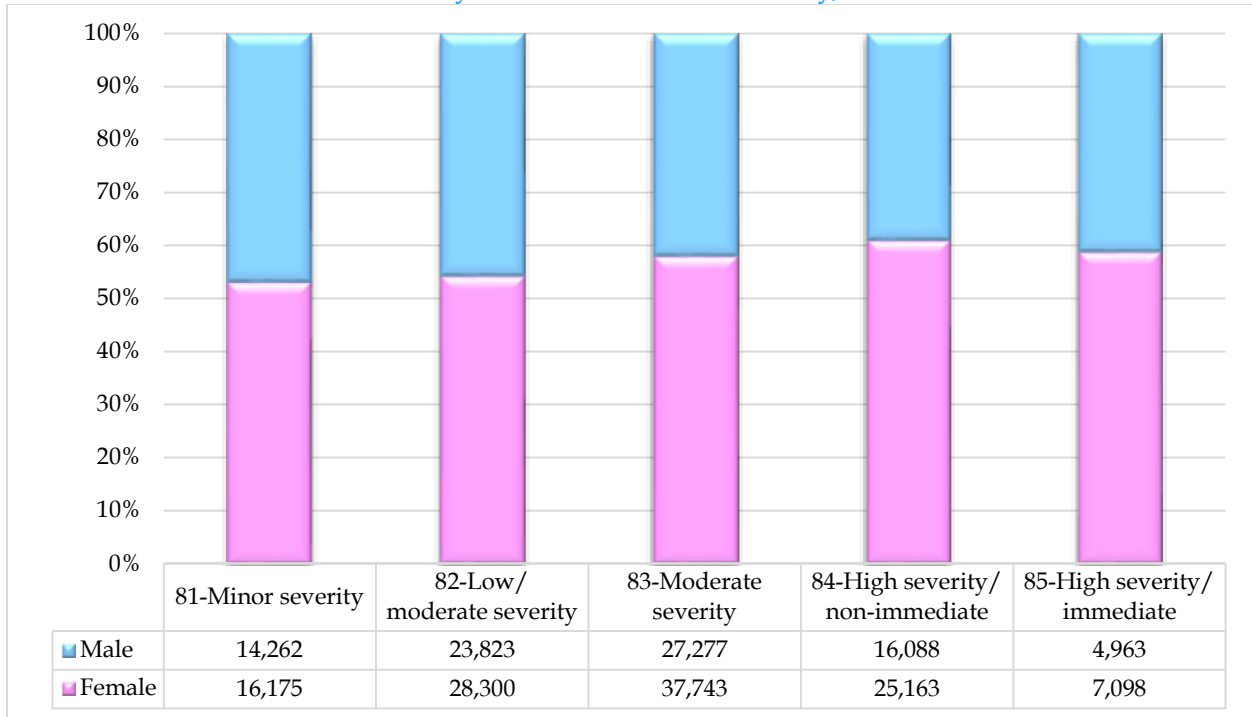
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 175. MHS ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2013



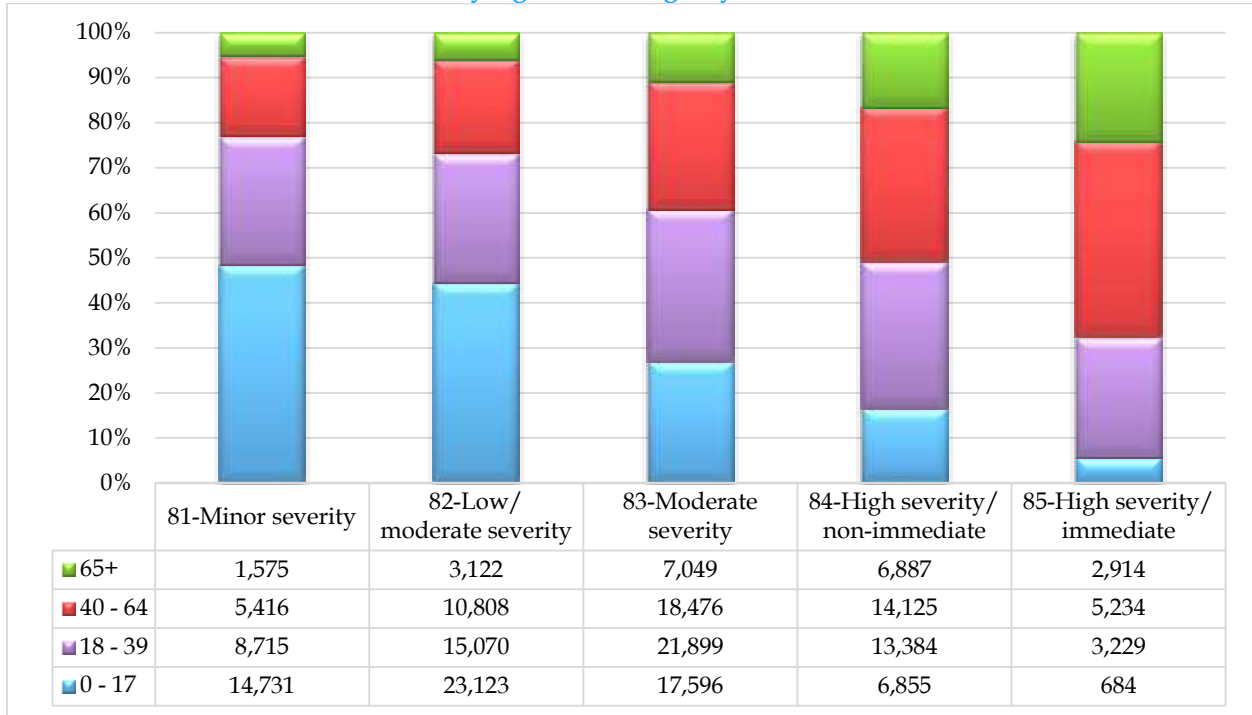
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 176. MHS ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2013



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

Figure 177. MHS ED Preventable / Avoidable Admissions Cases by Age and Emergency Status, 2013

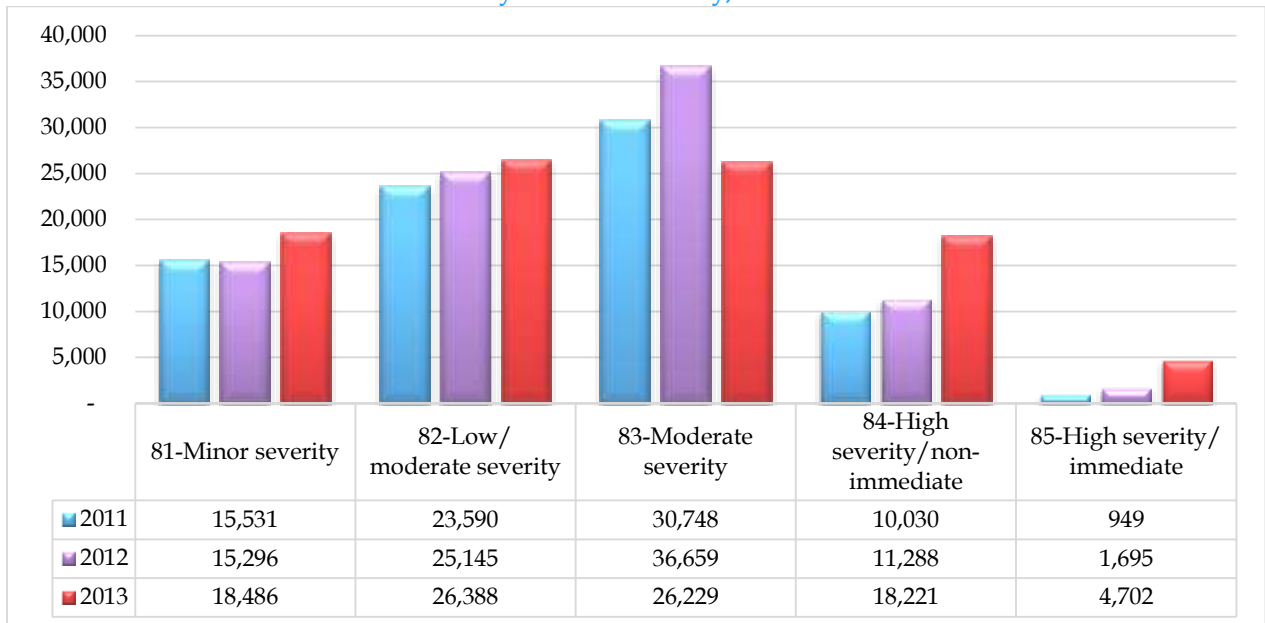


Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

C.2 EMERGENCY ROOM AVOIDABLE ADMISSIONS - DEMOGRAPHIC BBREAKDOWN BY MHS FACILITY

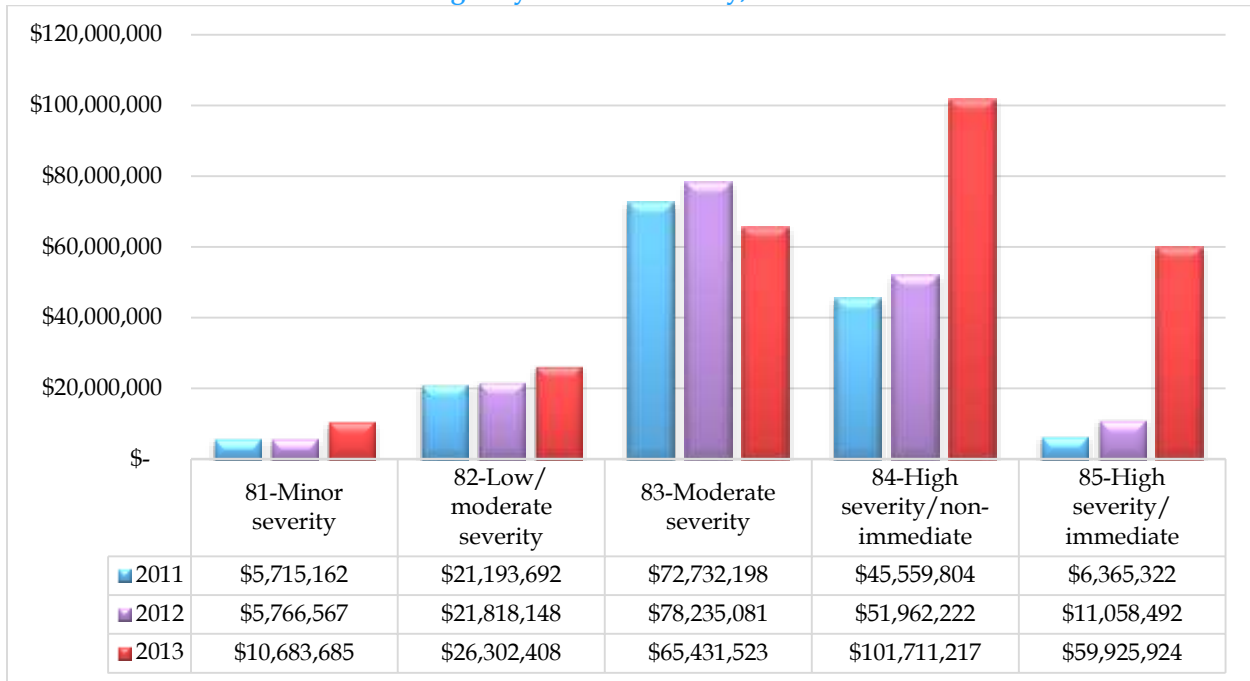
MEMORIAL REGIONAL HOSPITAL

Figure 178. Memorial Regional Hospital ED Preventable / Avoidable Admissions Cases by Level of Severity, 2011-2013



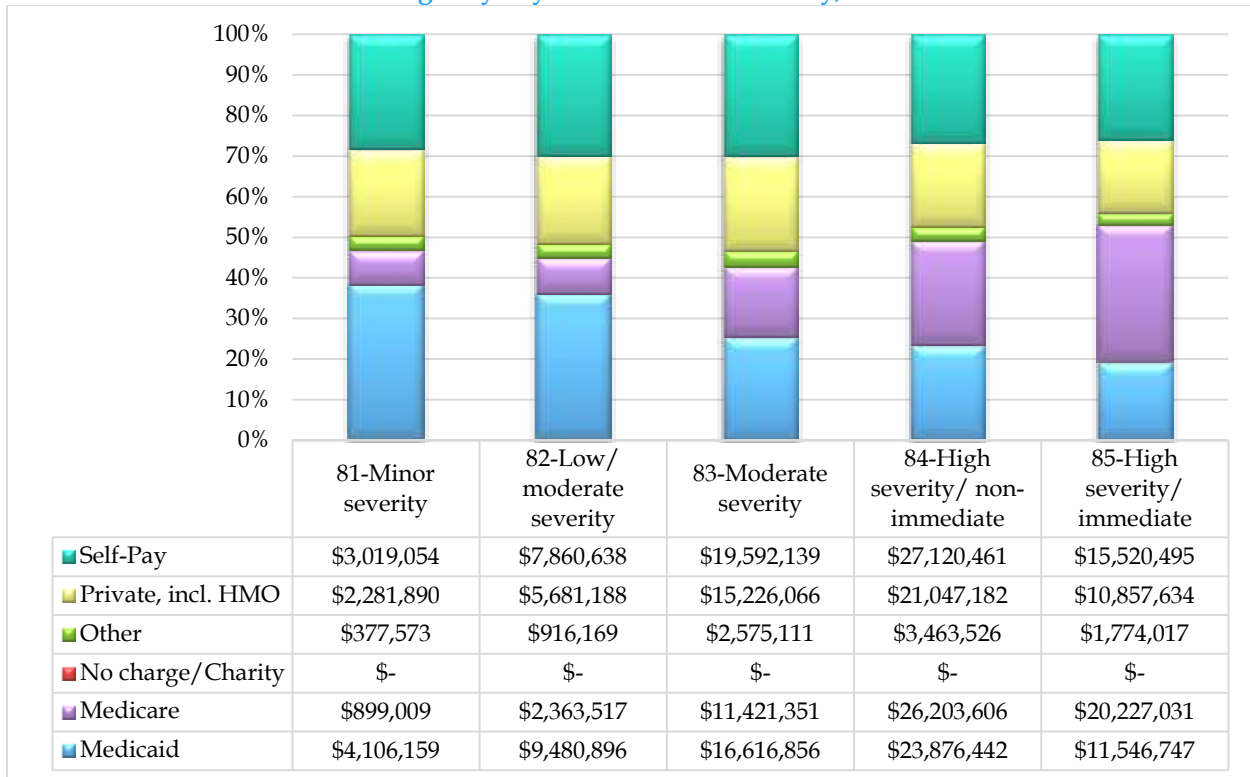
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 179. Memorial Regional Hospital ED Preventable / Avoidable Admissions Charges by Level of Severity, 2011-2013



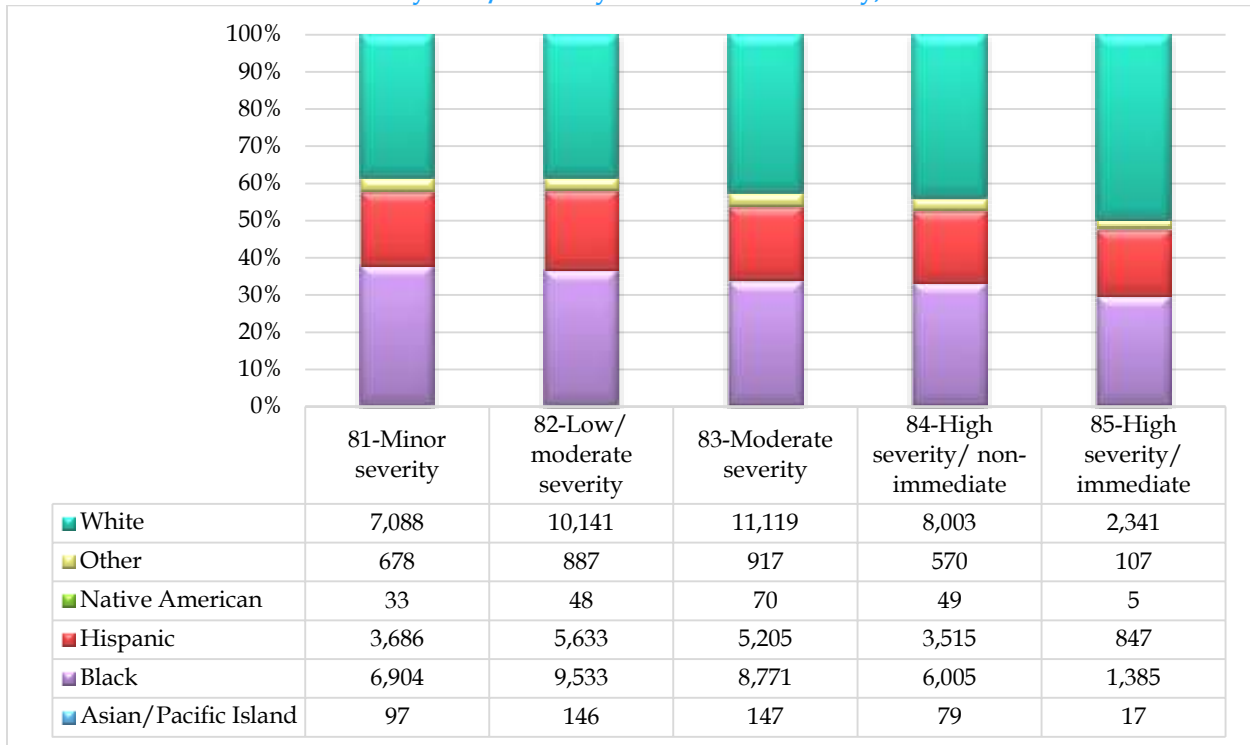
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 180. Memorial Regional Hospital ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2013



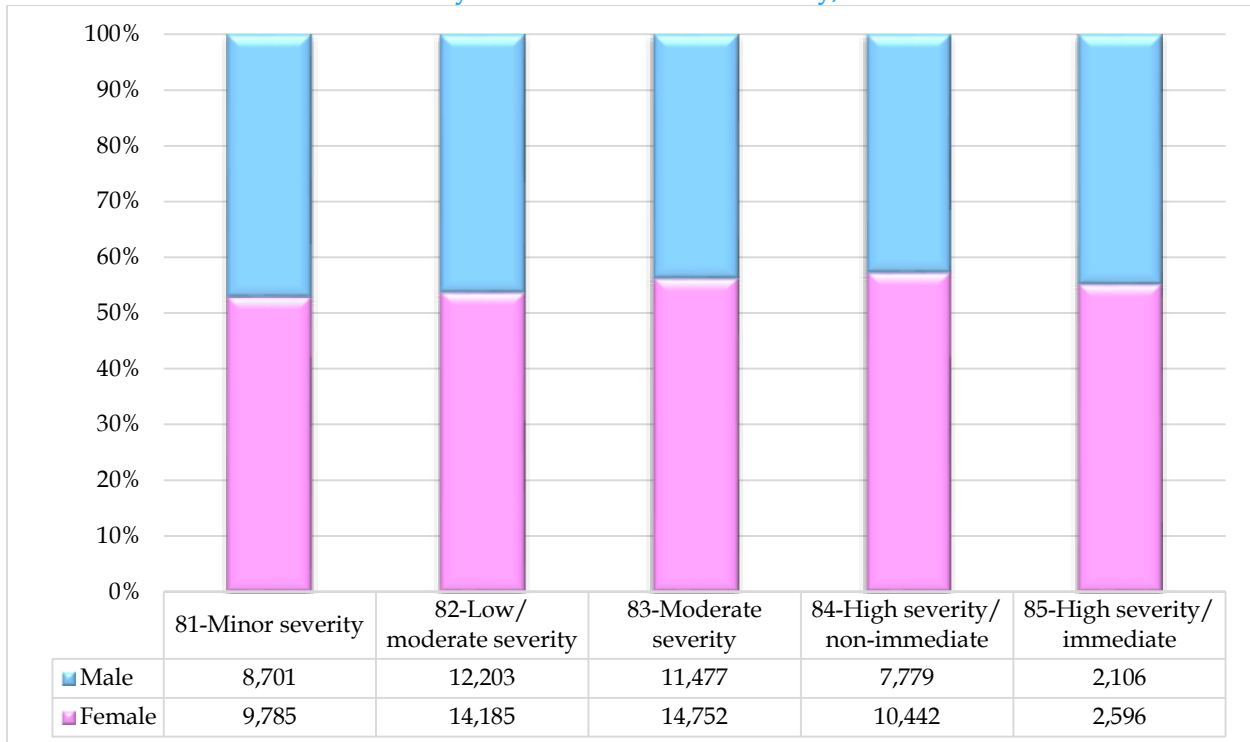
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 181. Memorial Regional Hospital ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2013



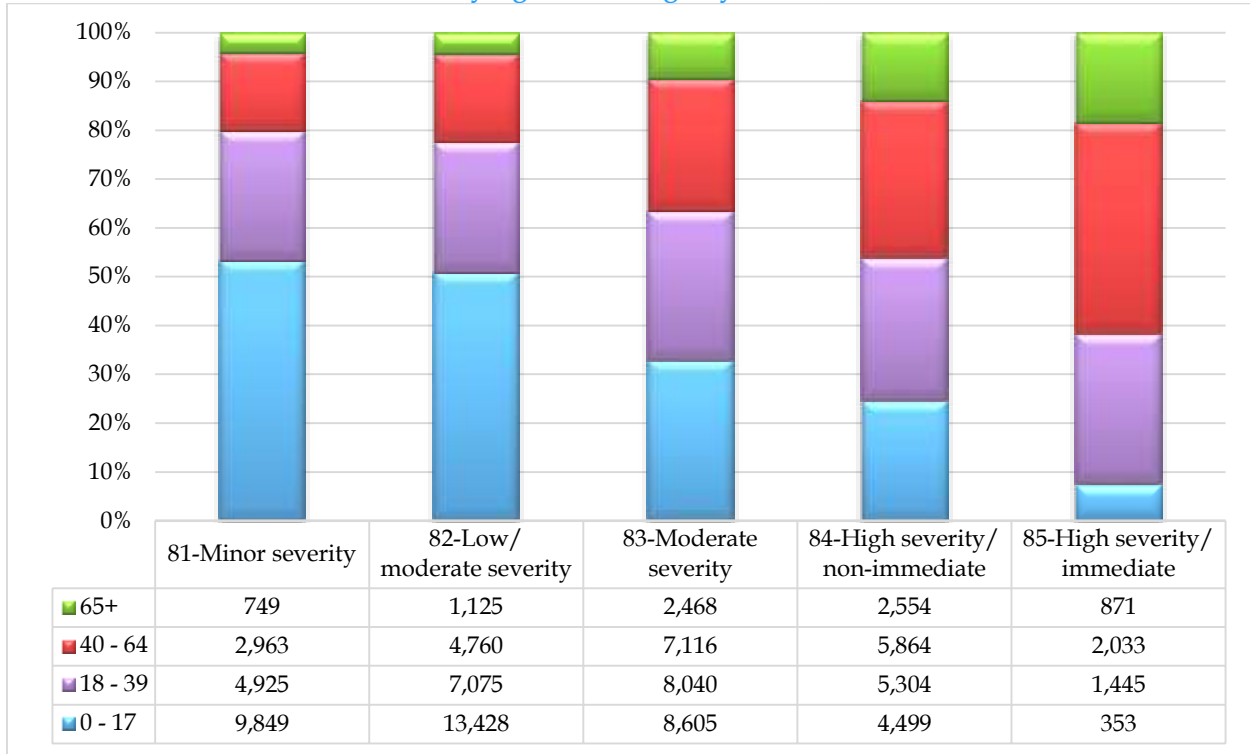
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 182. Memorial Regional Hospital ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2013



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

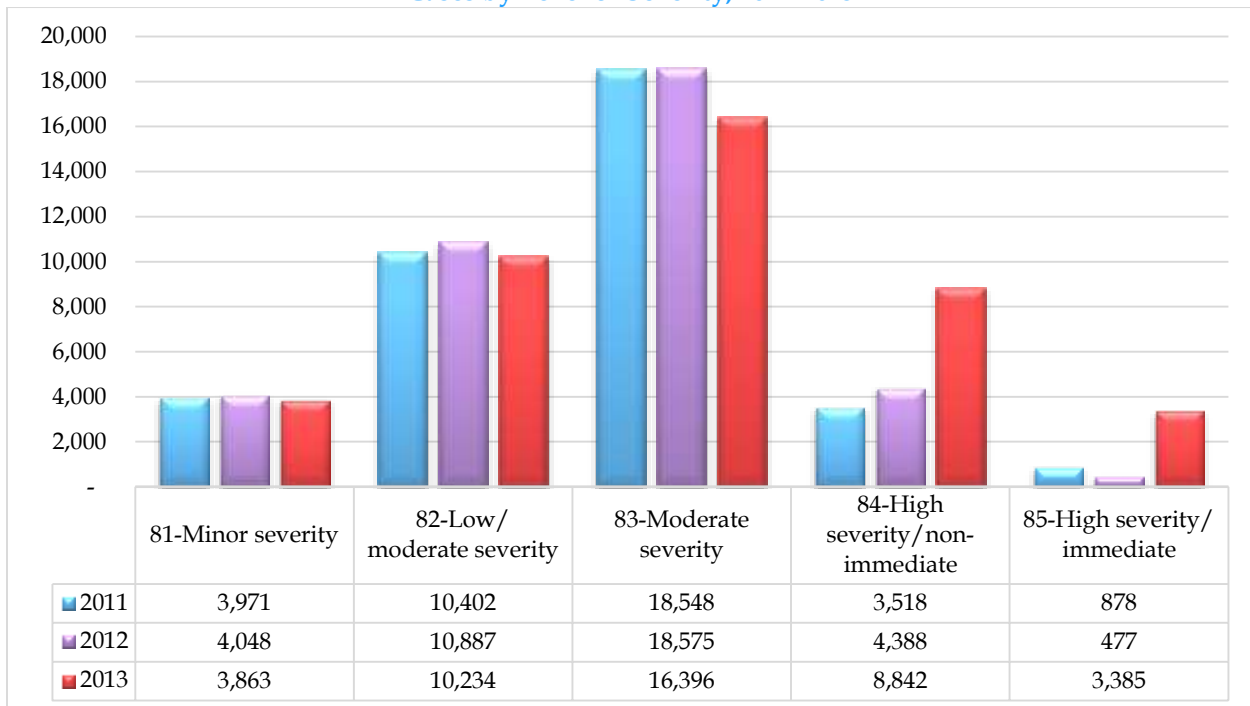
Figure 183. Memorial Regional Hospital ED Preventable / Avoidable Admissions Cases by Age and Emergency Status, 2013



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

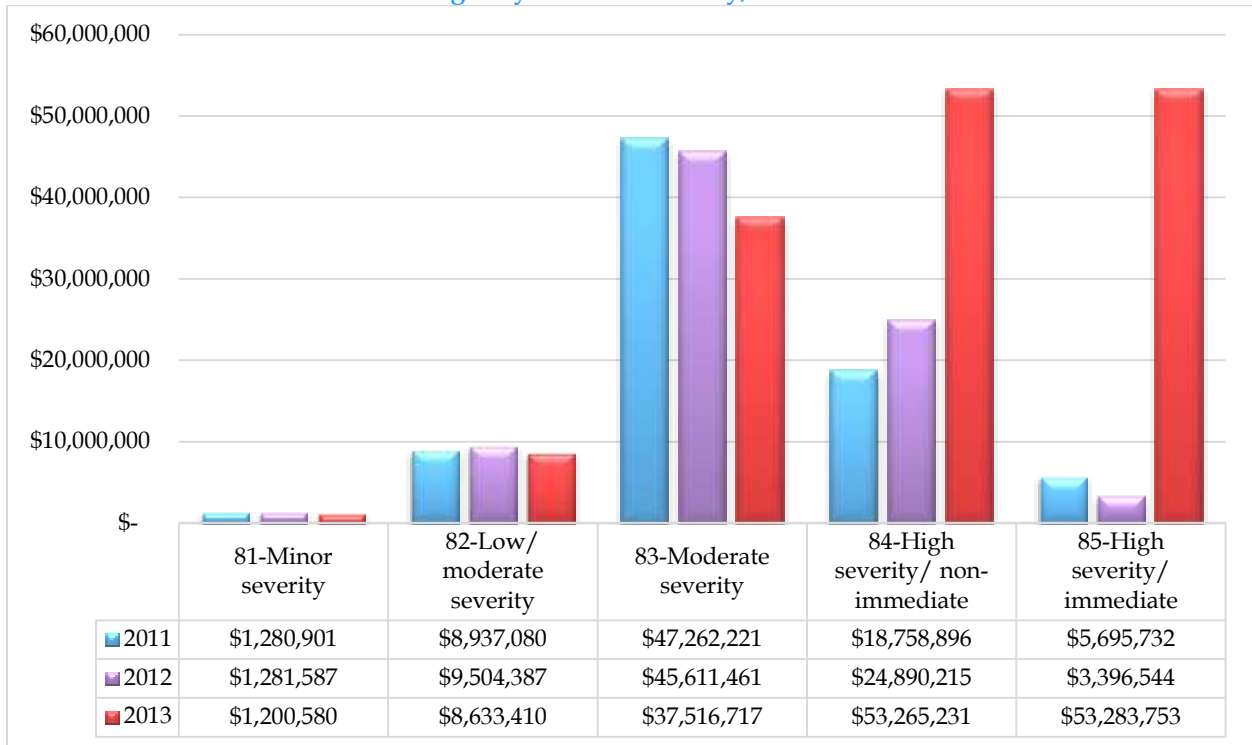
MEMORIAL WEST

Figure 184. Memorial West ED Preventable / Avoidable Admissions Cases by Level of Severity, 2011-2013



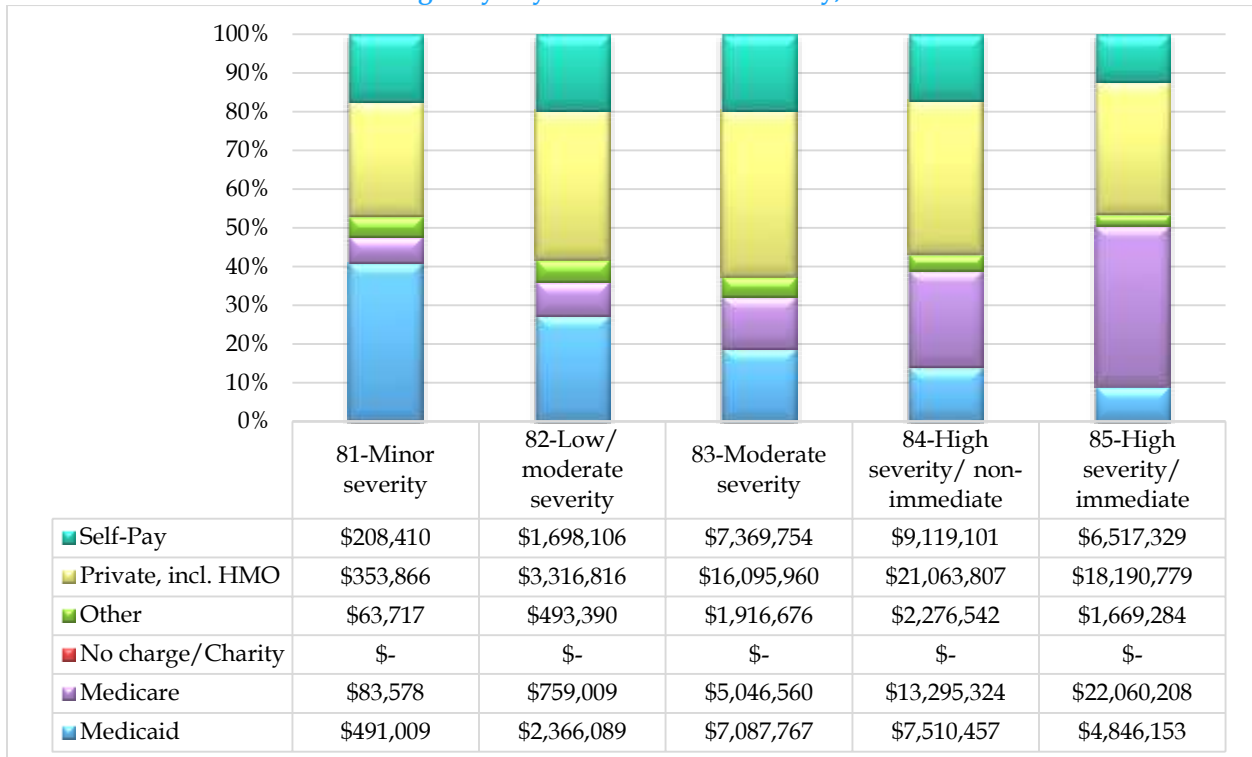
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 185. Memorial West ED Preventable / Avoidable Admissions Charges by Level of Severity, 2011-2013



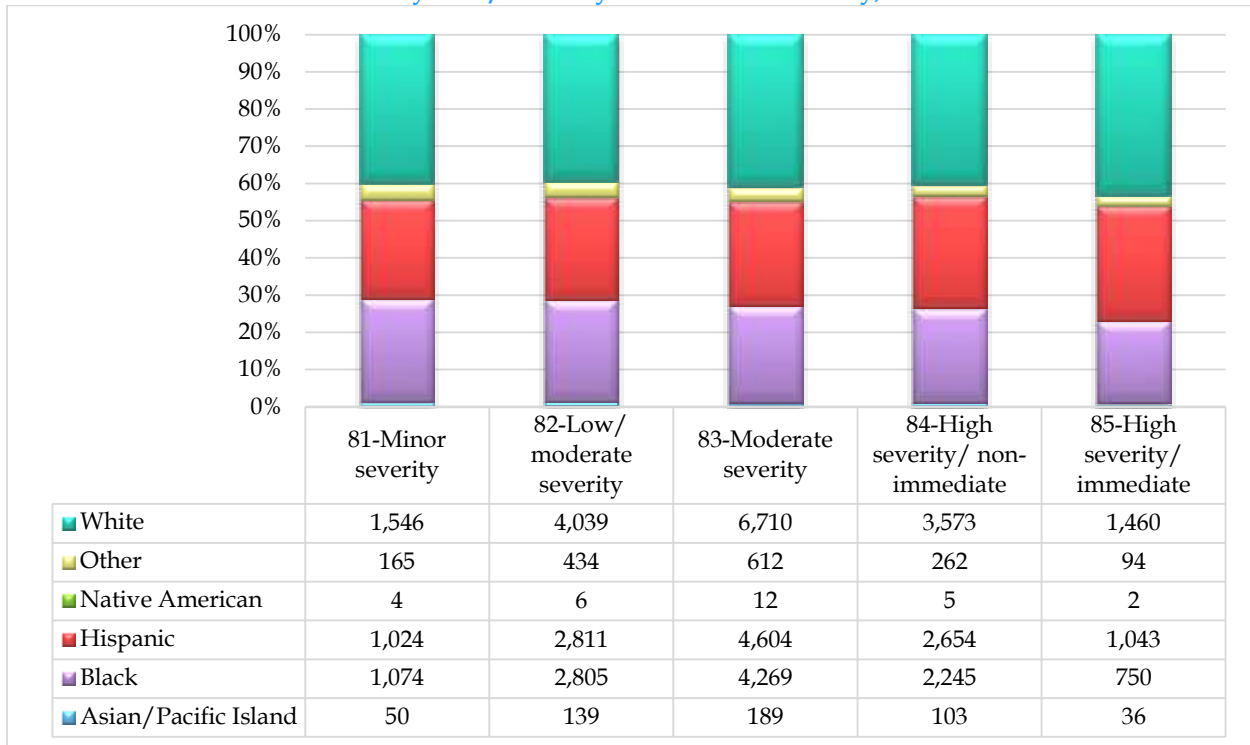
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 186. Memorial West ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2013



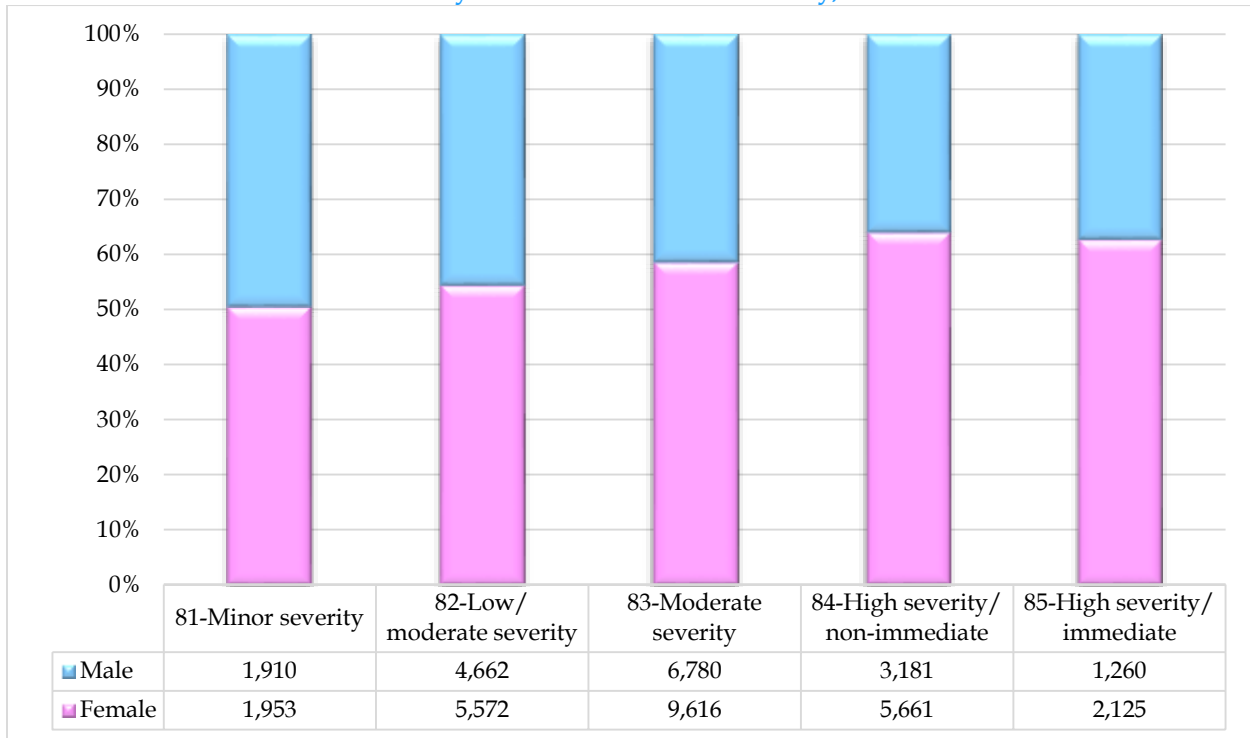
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 187. Memorial West ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2013



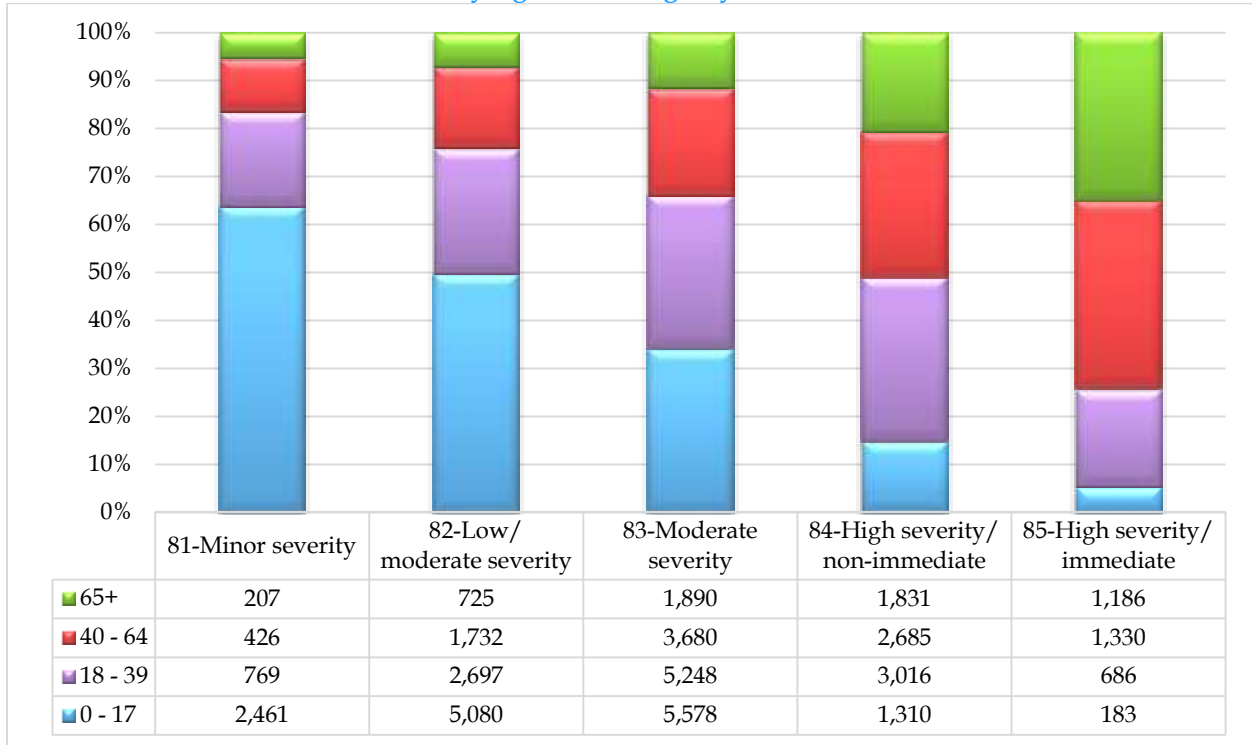
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 188. Memorial West ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2013



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

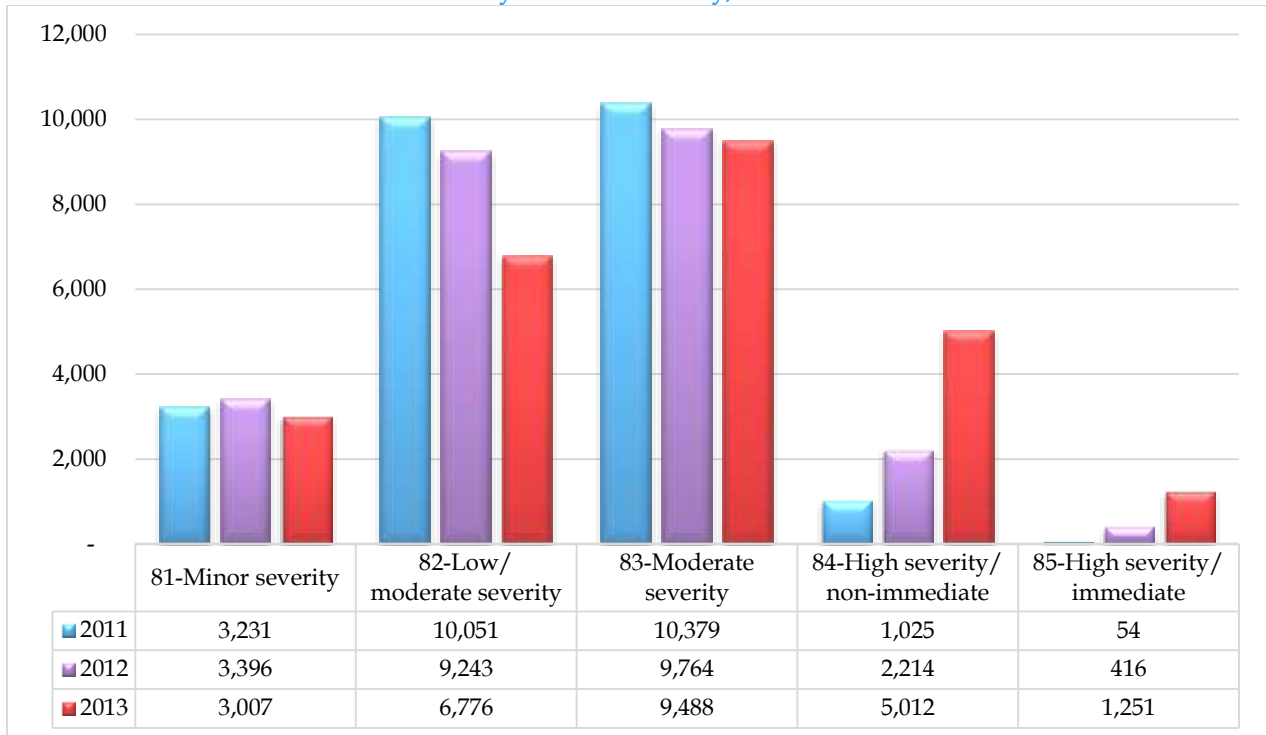
Figure 189. Memorial West ED Preventable/ Avoidable Admissions Cases by Age and Emergency Status, 2013



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

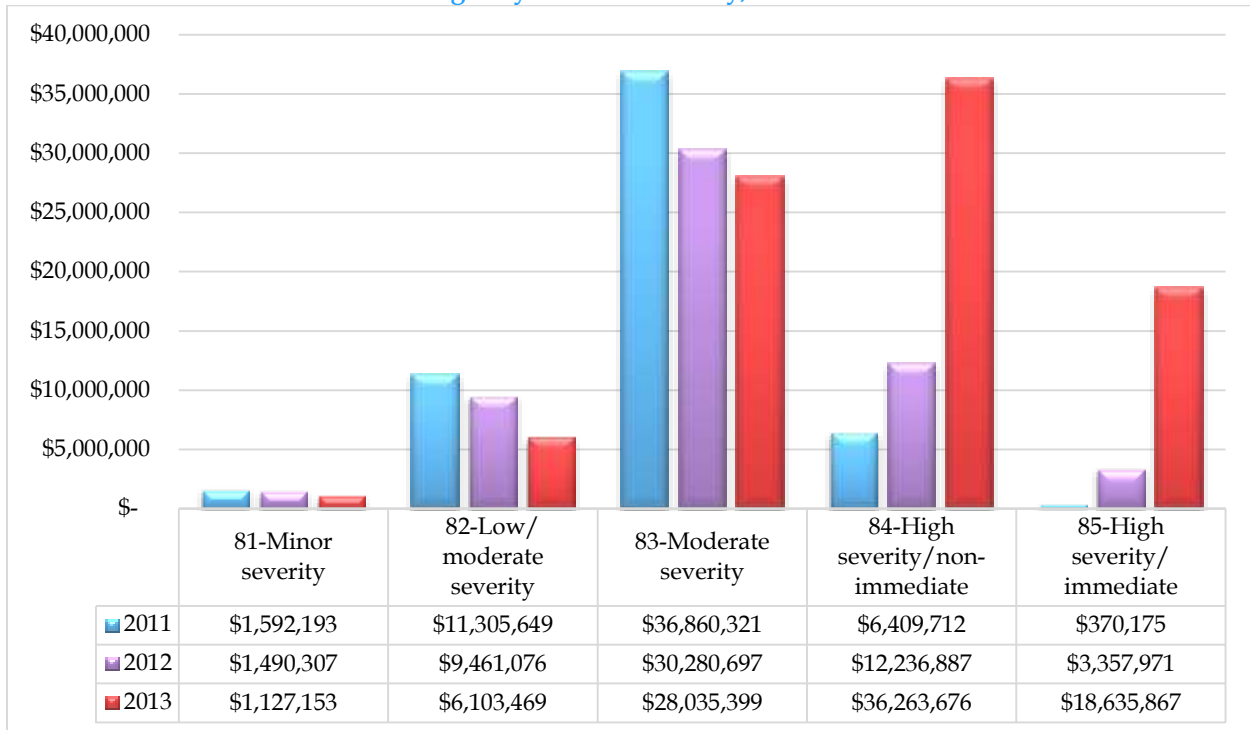
MEMORIAL MIRAMAR

Figure 190. Memorial Miramar ED Preventable/ Avoidable Admissions Cases by Level of Severity, 2011-2013



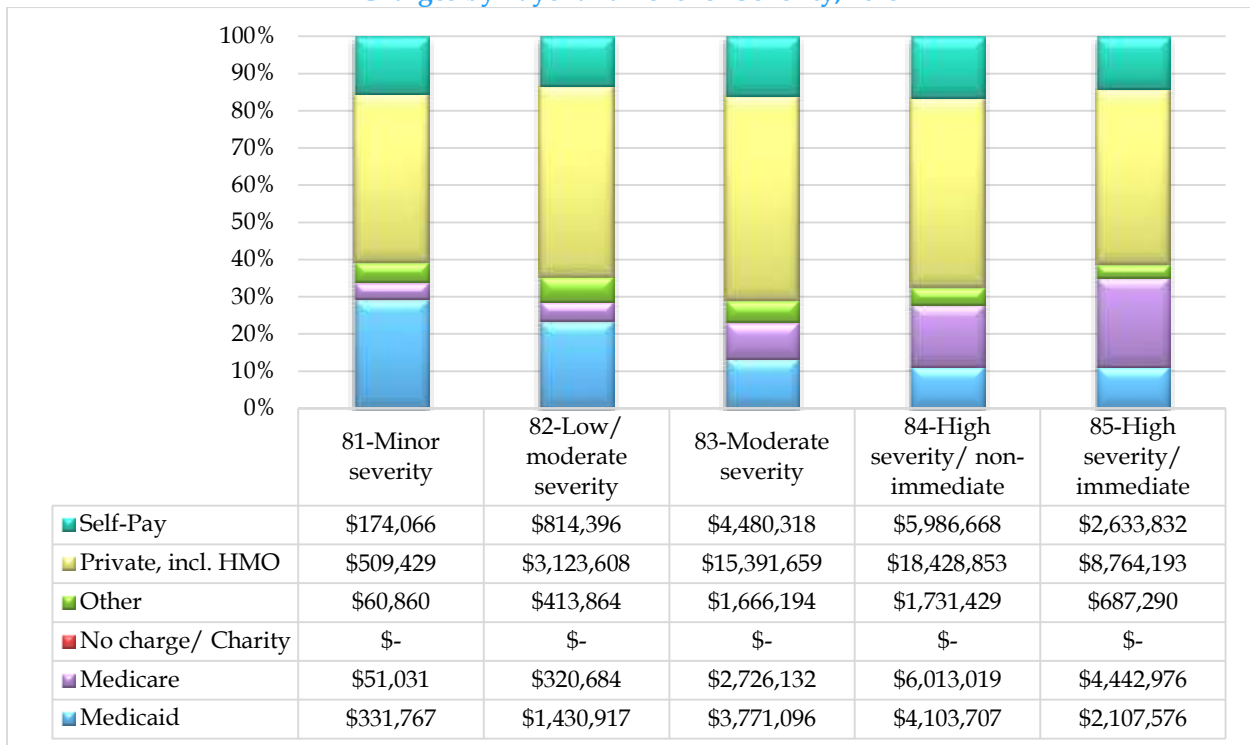
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 191. Memorial Miramar ED Preventable / Avoidable Admissions Charges by Level of Severity, 2011-2013



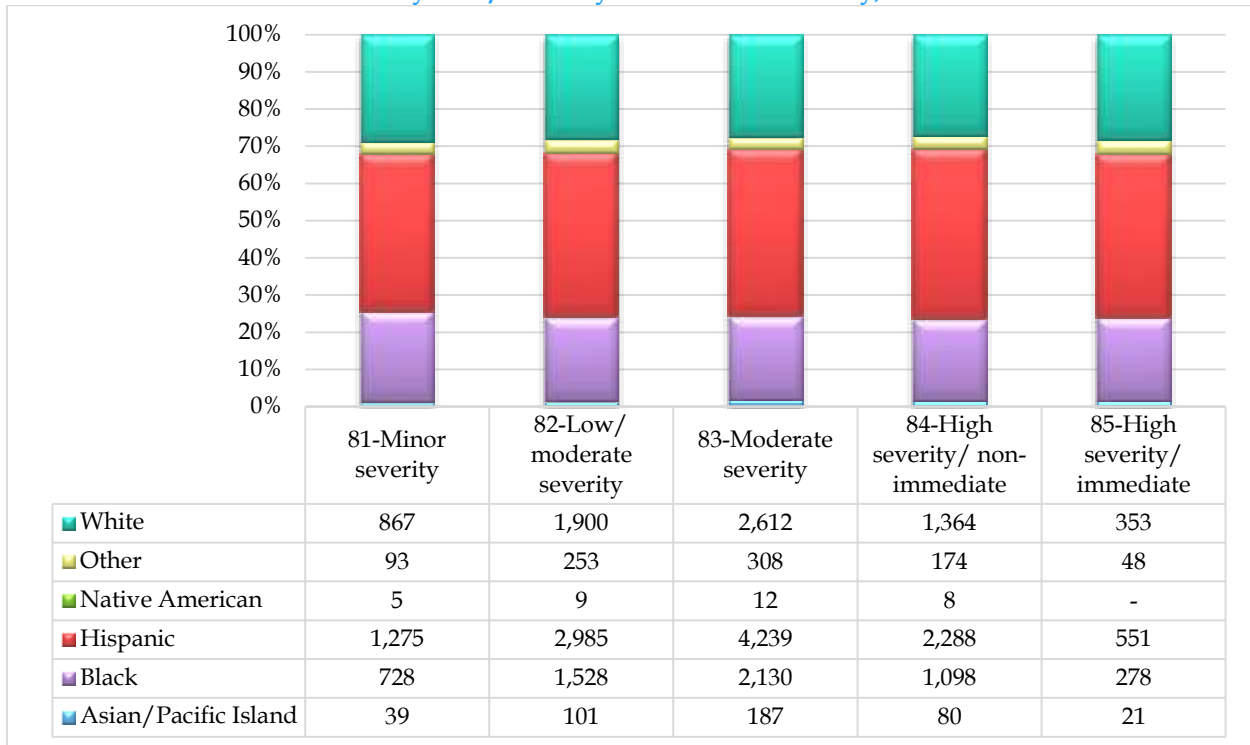
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 192. Memorial Miramar ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2013



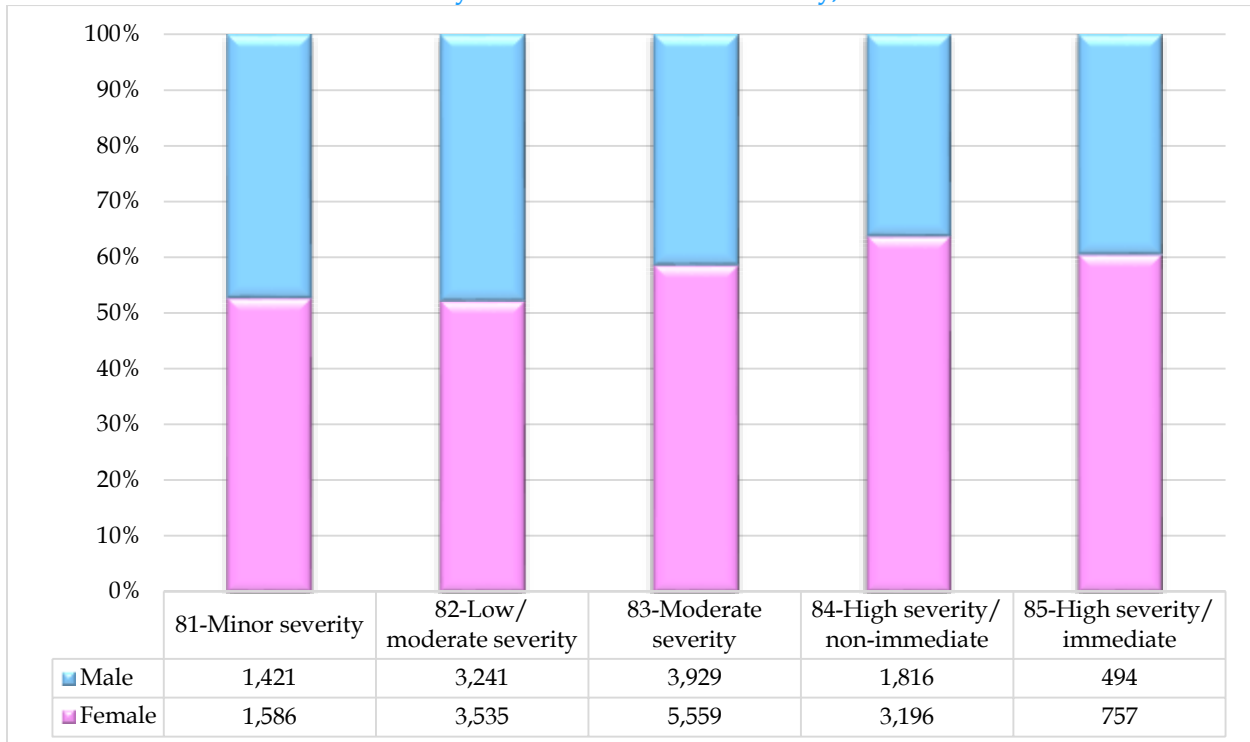
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 193. Memorial Miramar ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2013



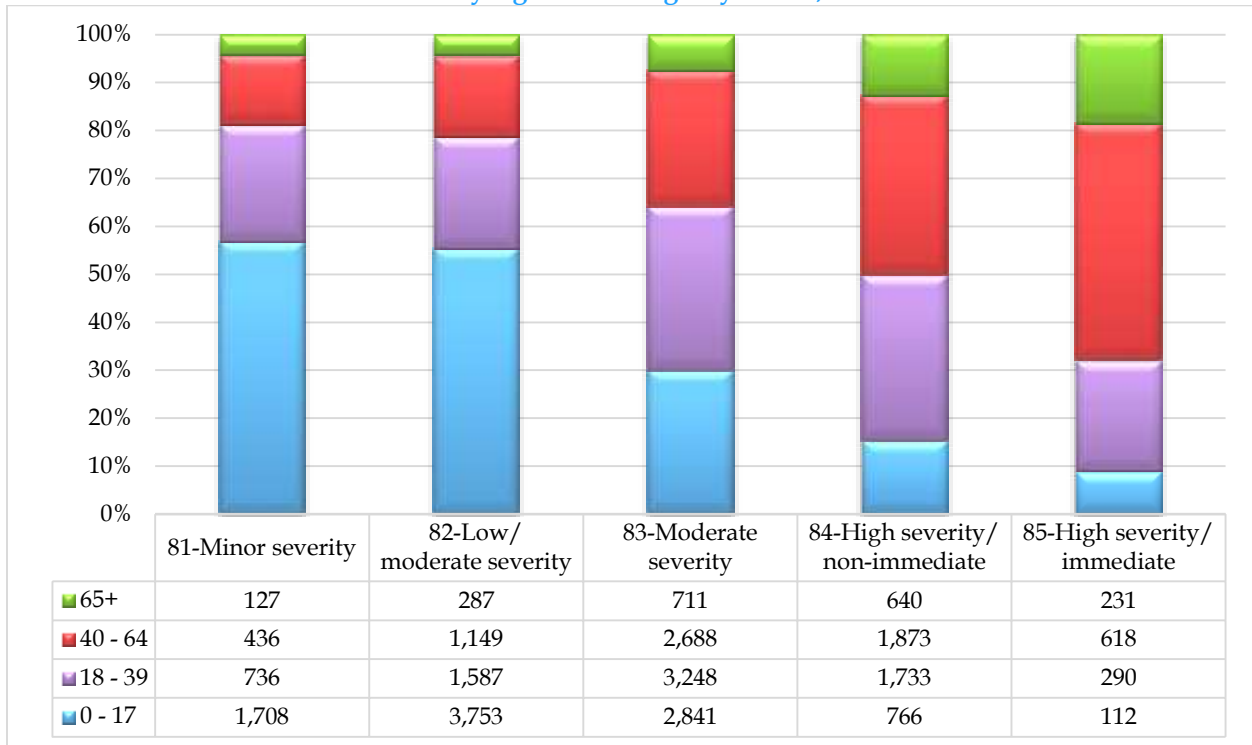
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 194. Memorial Miramar ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2013



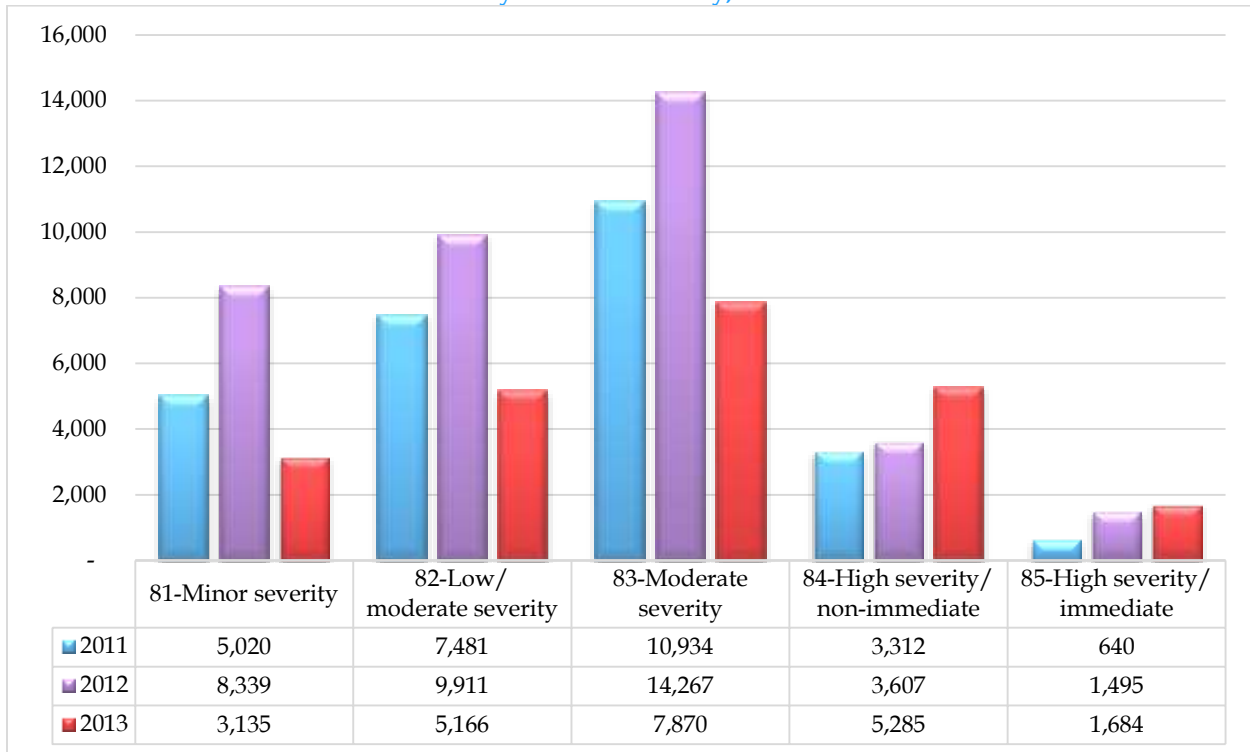
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 195. Memorial Miramar ED Preventable/ Avoidable Admissions
Cases by Age and Emergency Status, 2013**



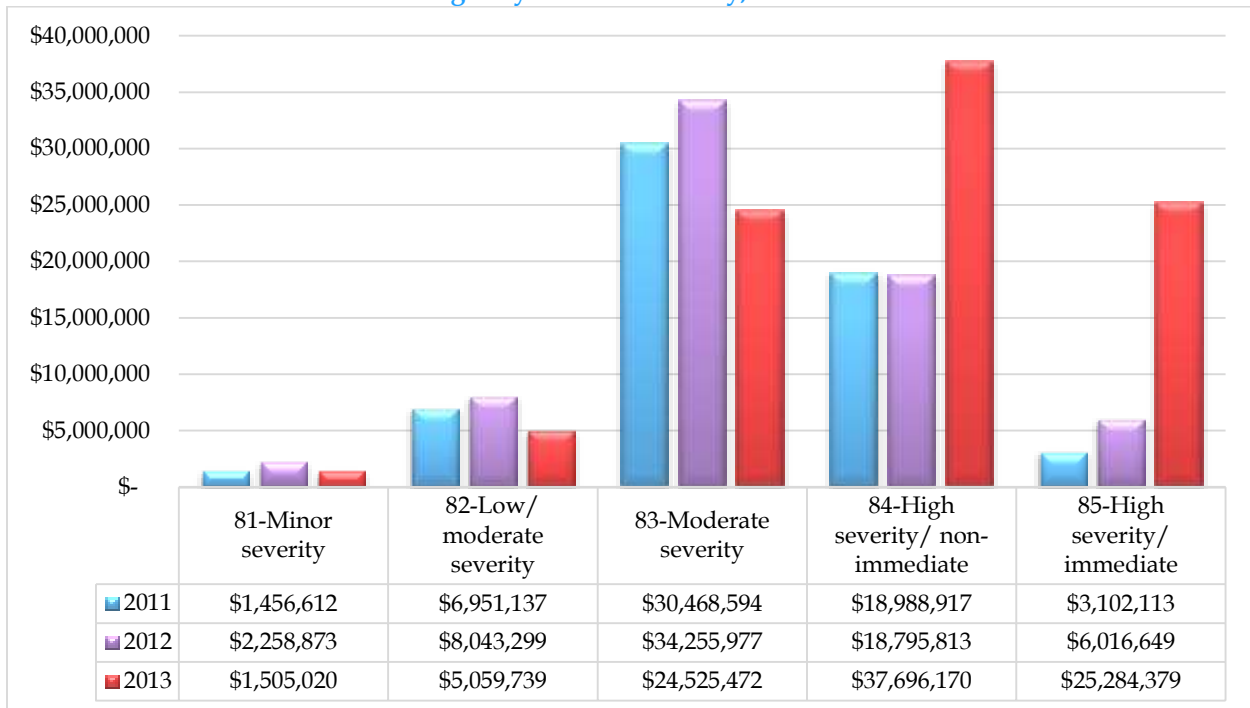
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 196. Memorial Pembroke ED Preventable/ Avoidable Admissions Cases by Level of Severity, 2011-2013



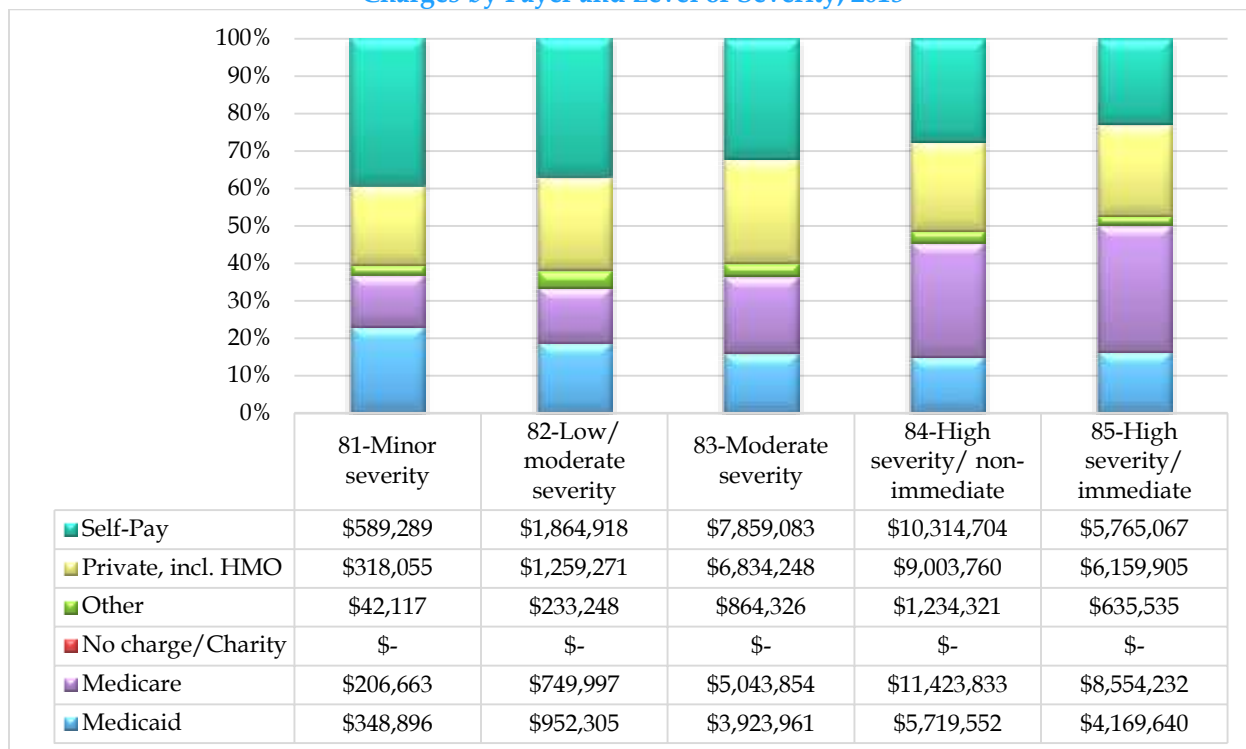
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 197. Memorial Pembroke ED Preventable/ Avoidable Admissions Charges by Level of Severity, 2011-2013



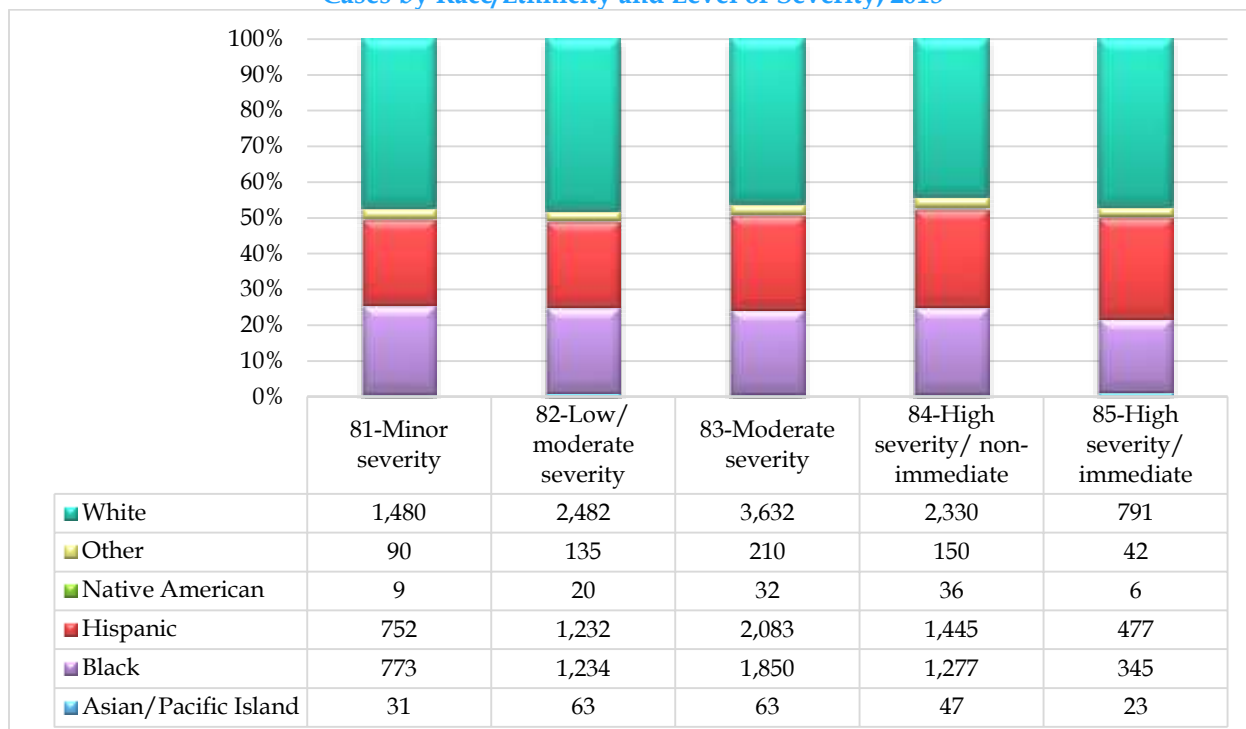
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 198. Memorial Pembroke ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2013



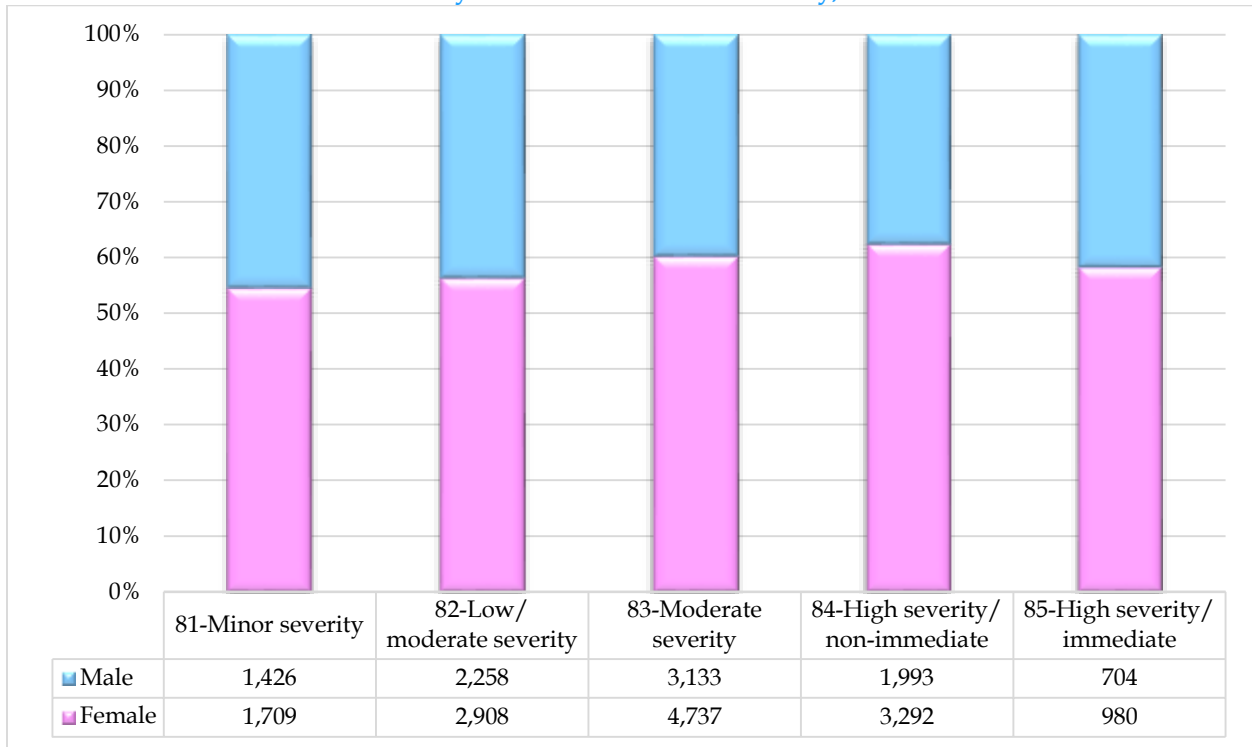
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 199. Memorial Pembroke ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2013



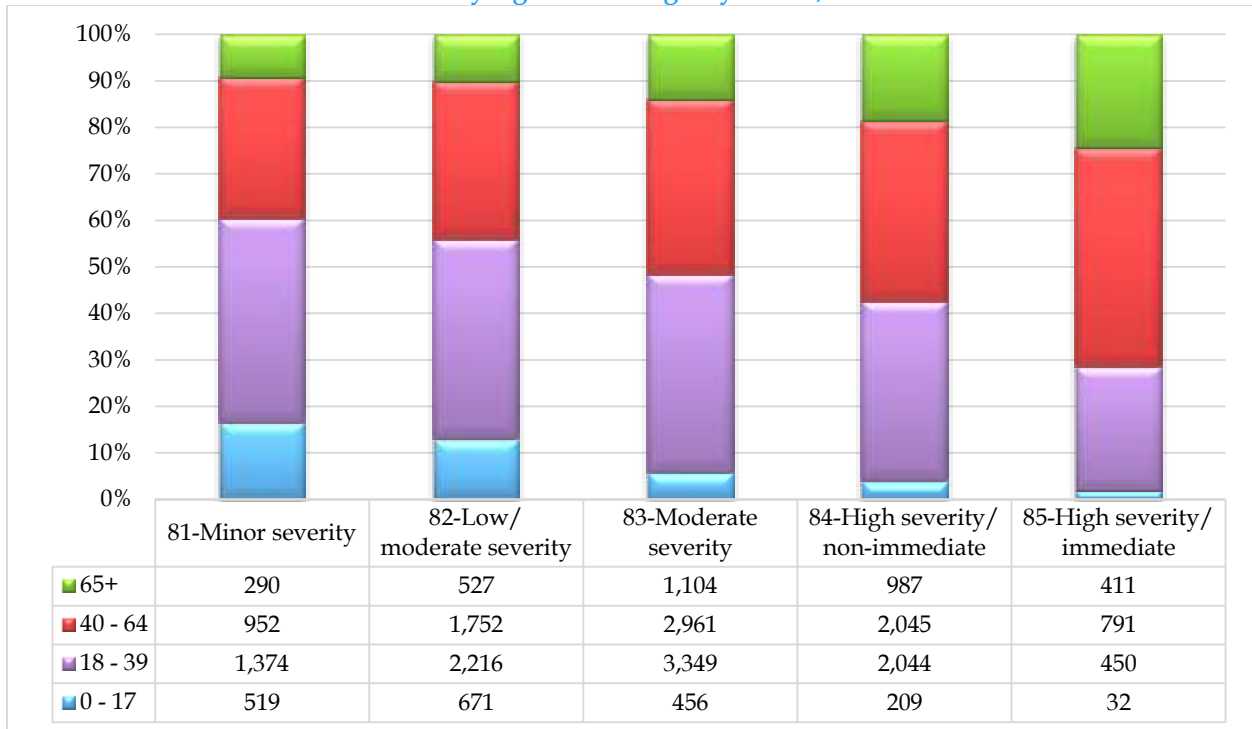
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 200. Memorial Pembroke ED Preventable / Avoidable Admissions Cases by Gender and Level of Severity, 2013



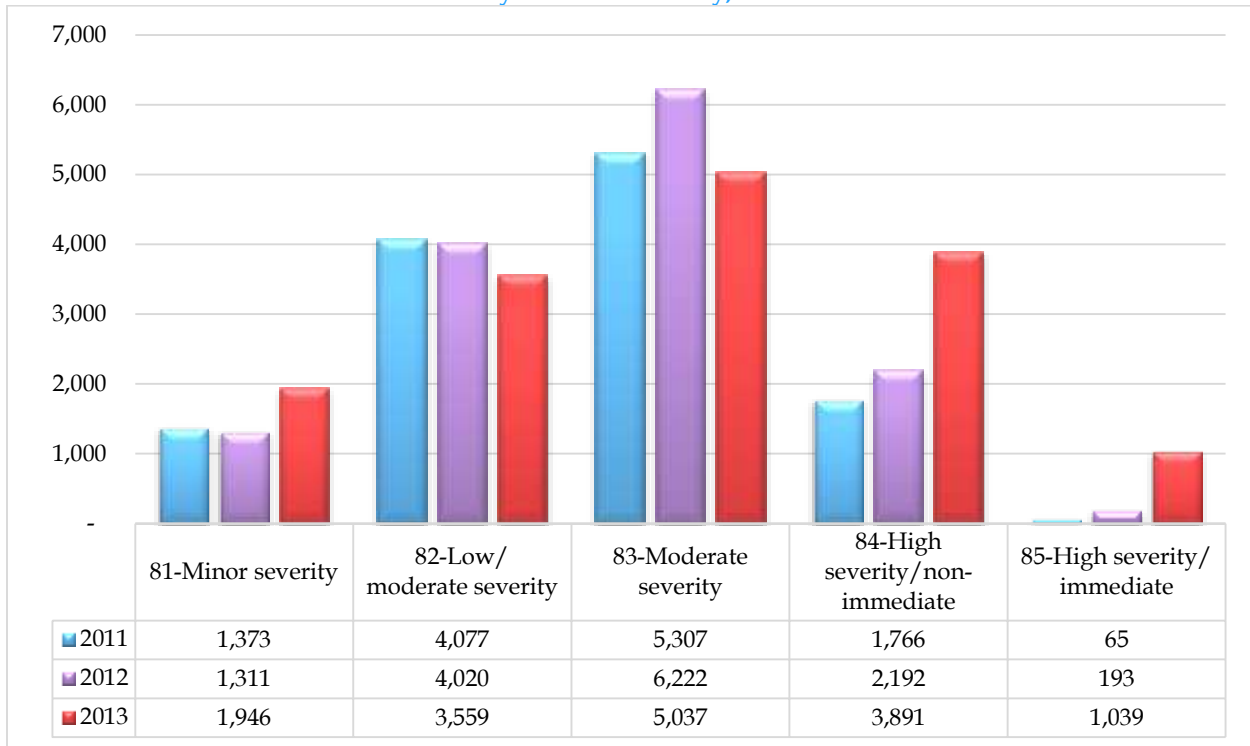
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 201. Memorial Pembroke ED Preventable / Avoidable Admissions Cases by Age and Emergency Status, 2013



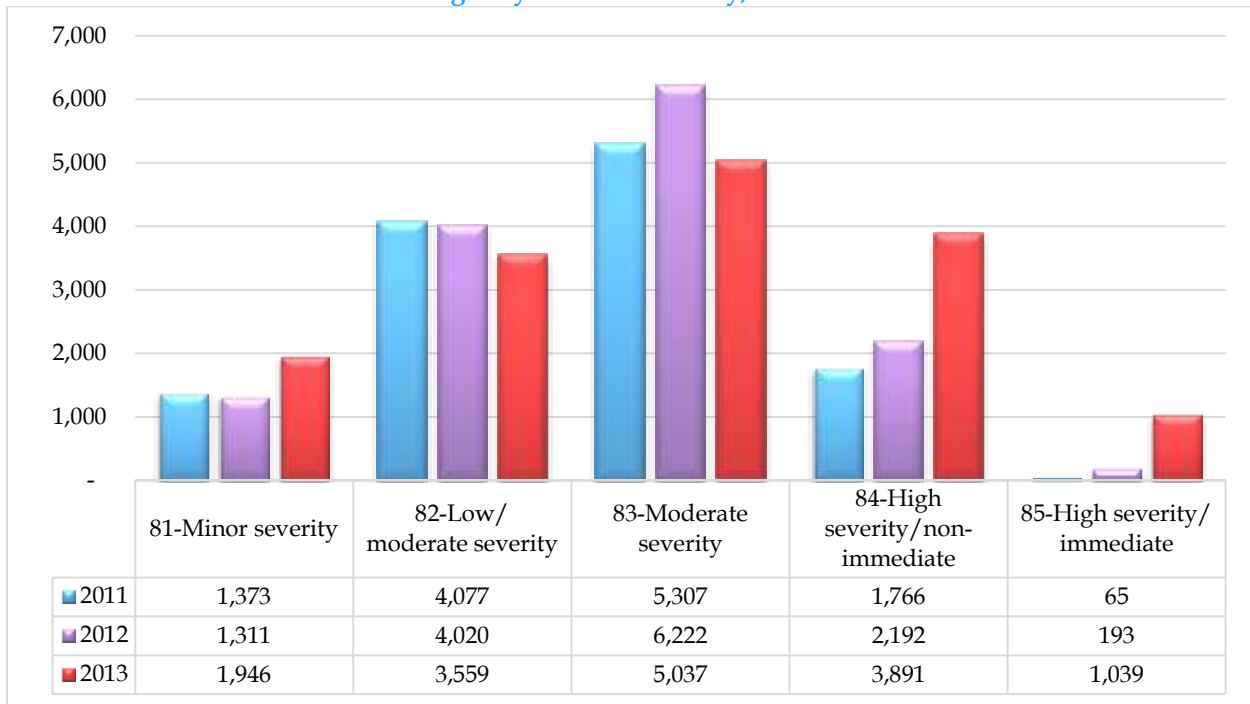
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 202. Memorial South ED Preventable/ Avoidable Admissions
Cases by Level of Severity, 2011-2013**



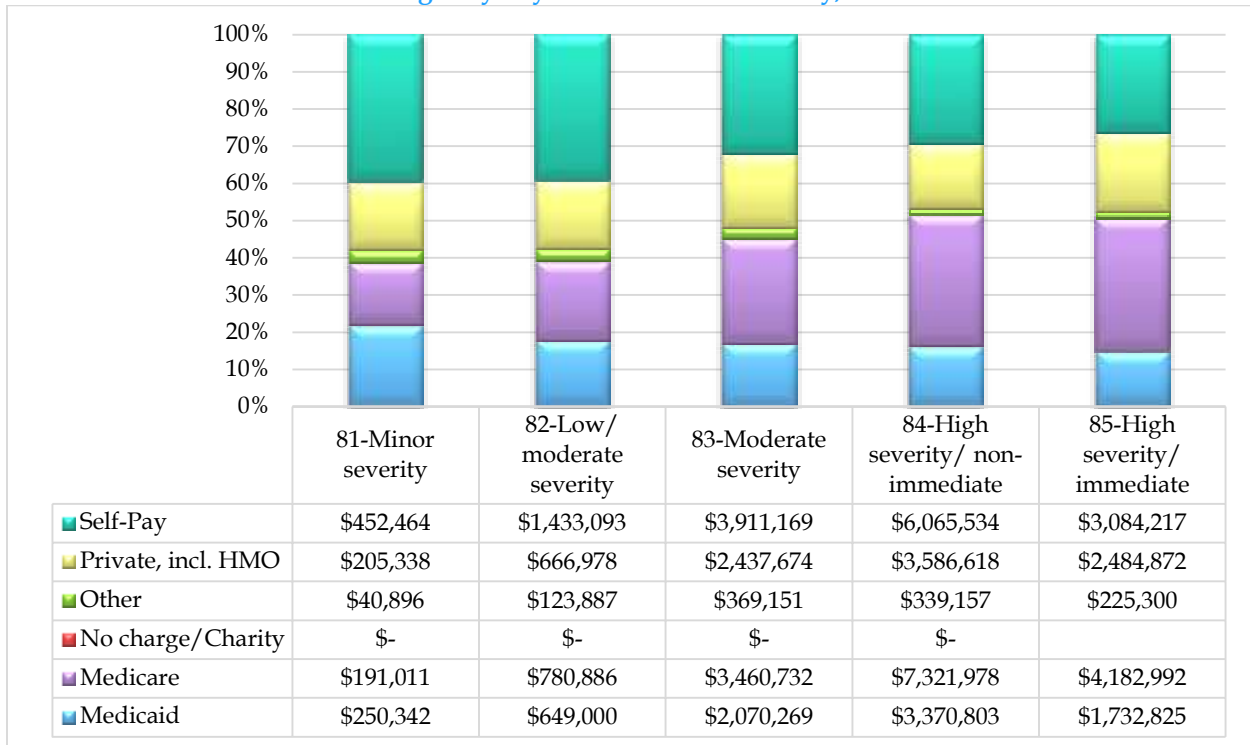
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 203. Memorial South ED Preventable/ Avoidable Admissions
Charges by Level of Severity, 2011-2013**



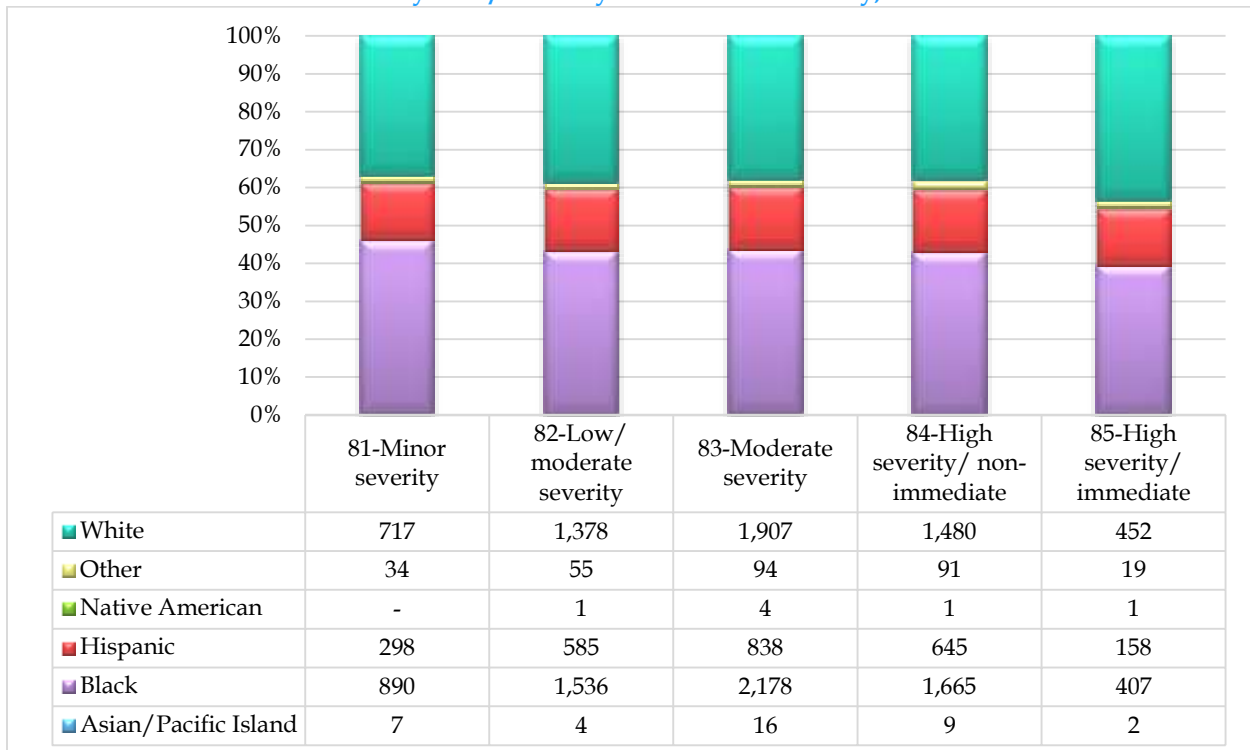
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 204. Memorial South ED Preventable / Avoidable Admissions Charges by Payer and Level of Severity, 2013



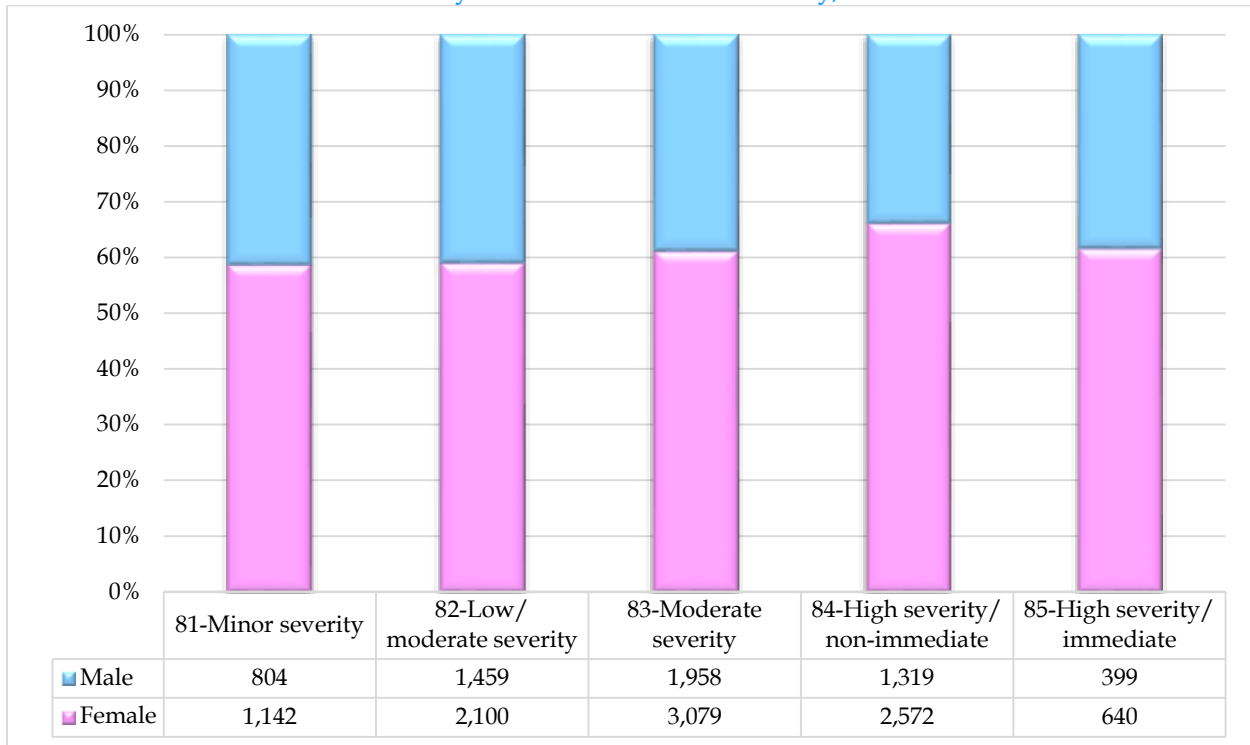
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 205. Memorial South ED Preventable / Avoidable Admissions Cases by Race/Ethnicity and Level of Severity, 2013



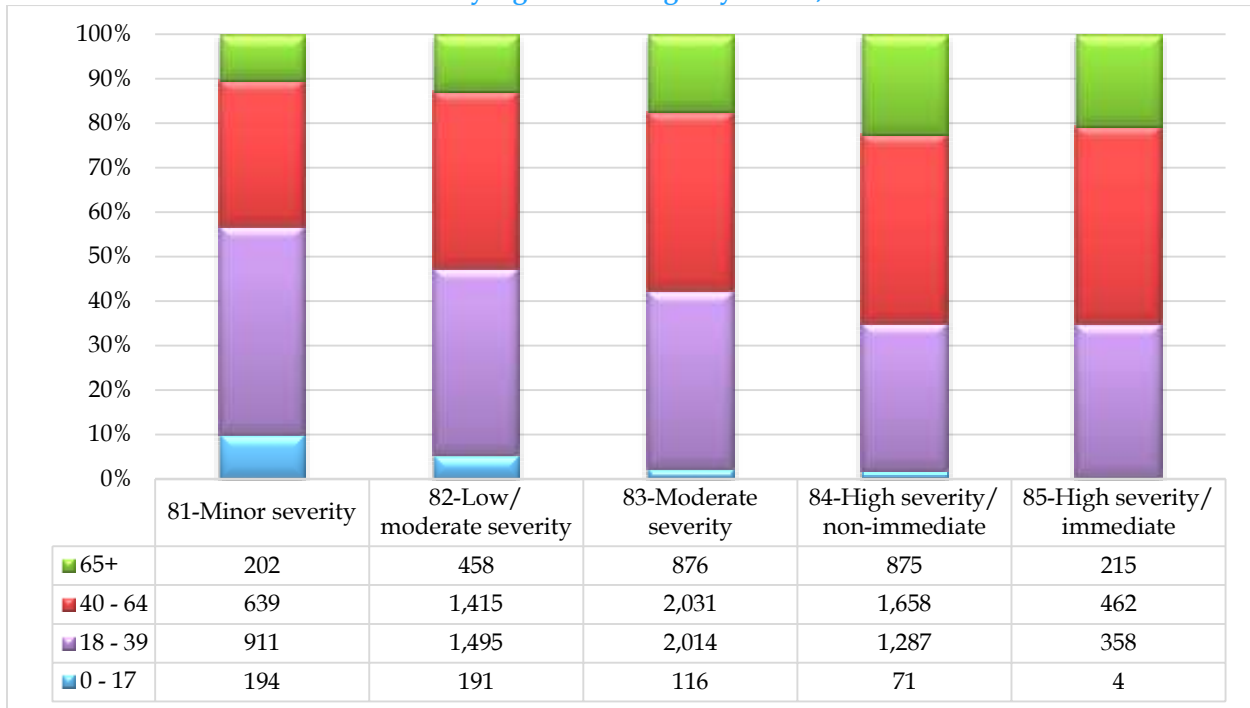
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

Figure 206. Memorial South ED Preventable/ Avoidable Admissions Cases by Gender and Level of Severity, 2013



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

Figure 207. Memorial South ED Preventable/ Avoidable Admissions Cases by Age and Emergency Status, 2013



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

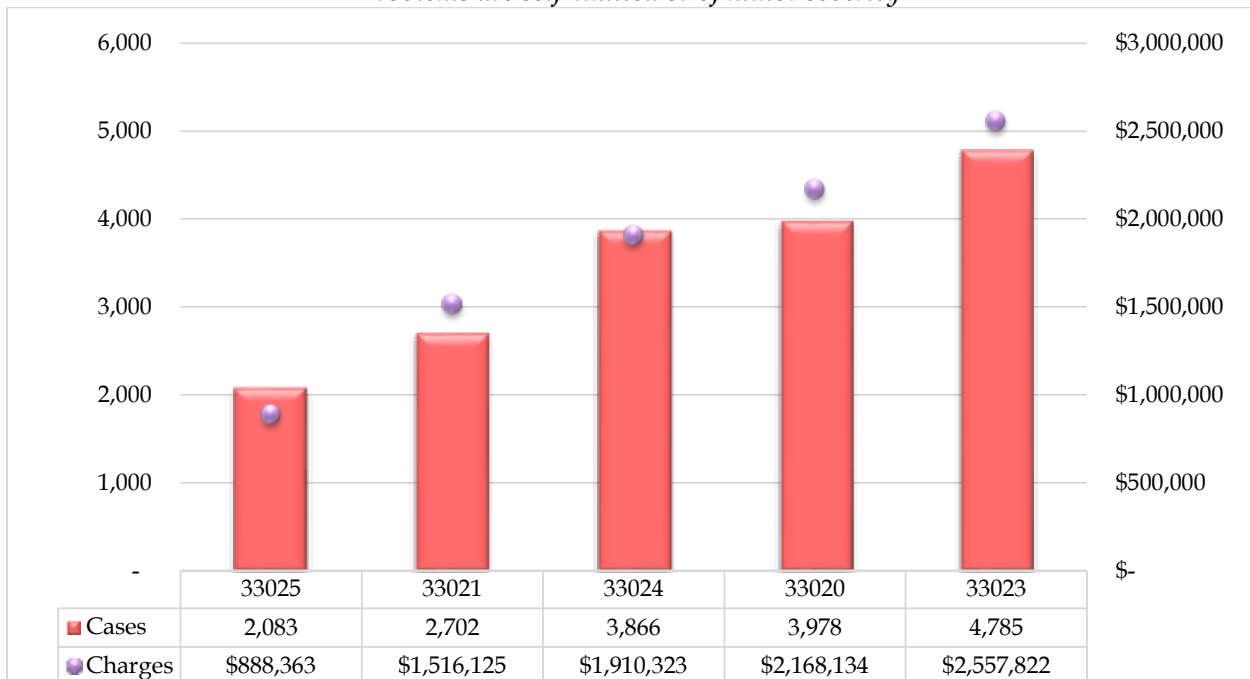
The figures below depict the comparison between cases and charges for the ED Preventable/Avoidable Admissions for MHS' Top 5 Primary Service Area zip codes.

**Figure 208. ED Preventable/Avoidable Admissions
Cases vs. Charges, MHS Top 5 Primary Service Areas, 2013**



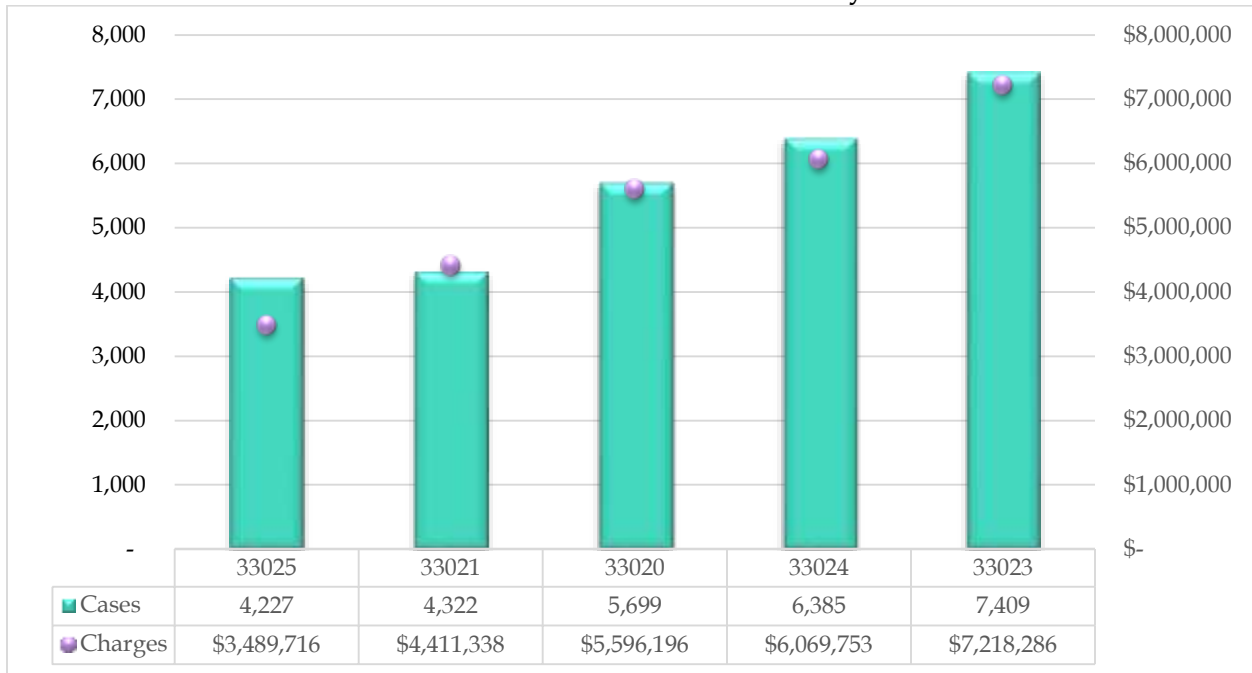
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 209. ED Preventable/Avoidable Admissions
Cases vs. Charges, MHS Top 5 Primary Service Areas, 2013
81- Minor Severity
Problems are self-limited or of minor severity**



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

**Figure 210. ED Preventable/Avoidable Admissions
Cases vs. Charges, MHS Top 5 Primary Service Areas, 2013
82-Low/ Moderate Severity
Problems are low to moderate severity**



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

Figure 211 through Figure 213 depict the comparison between cases and charges for the ED Preventable/ Avoidable Admissions for Memorial Healthcare System’s **Top 10 Secondary Service Area zip codes**.

**Figure 211. ED Preventable/Avoidable Admissions
Cases vs. Charges, MHS Top 5 Secondary Service Areas, 2013**



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

**Figure 212. ED Preventable/Avoidable Admissions
Cases vs. Charges, MHS Top 5 Secondary Service Areas, 2013**

81 - Minor Severity

Problems are self-limited or of minor severity

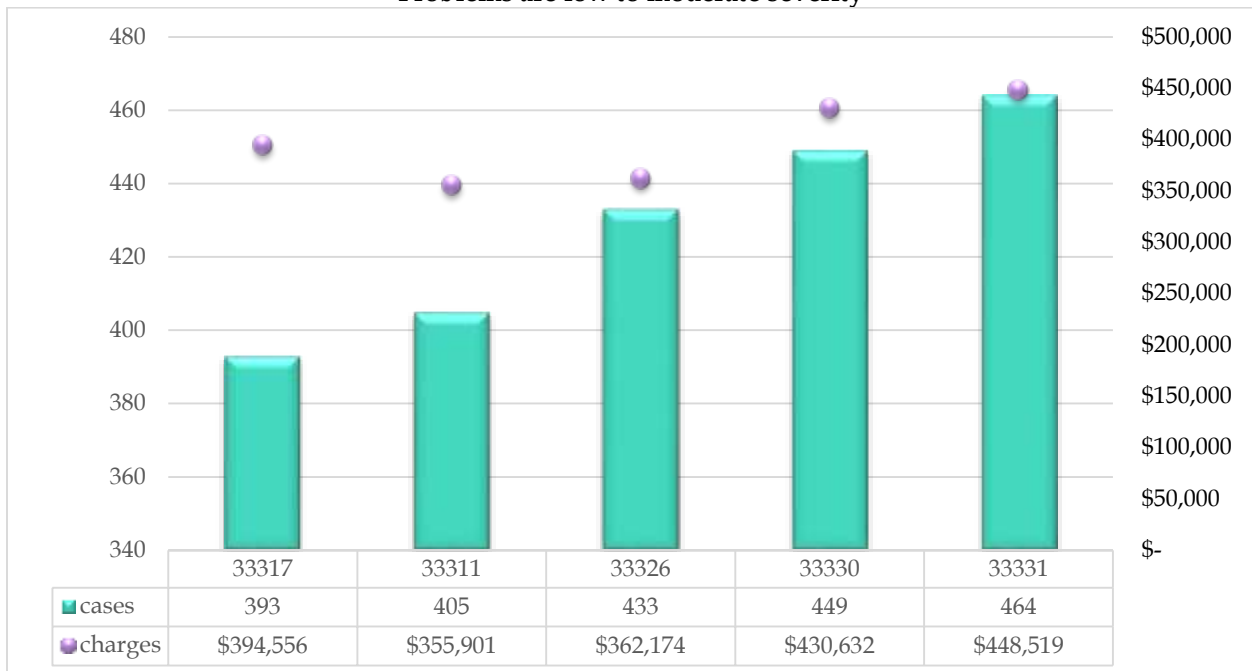


Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Emergency Department Preventable/Avoidable Admission

**Figure 213. ED Preventable/Avoidable Admissions
Cases vs. Charges, MHS Top 5 Secondary Service Areas, 2013**

82-Low/ Moderate Severity

Problems are low to moderate severity



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

D. PREVENTION QUALITY INDICATORS

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

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

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

The PQI's are defined as:

- **PQI-1 (Diabetes short-term complication):** All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma).
- **PQI-2 (Perforated appendix):** Discharges with ICD-9-CM diagnosis code for perforations or abscesses of appendix (see below) in any field among cases meeting the inclusion rules for the denominator.
- **PQI-3 (Diabetes long-term complication):** Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified).
- **PQI-5 (Chronic obstructive pulmonary disease):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD.
- **PQI-7 (Hypertension):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypertension.
- **PQI-8 (Congestive heart failure):** All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.
- **PQI-9 (Low Birth Weight):** Number of births with ICD-9-CM diagnosis code for less than 2500 grams in any field among cases meeting the inclusion and exclusion rules for the denominator.
- **PQI-10 (Dehydration):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.
- **PQI-11 (Bacterial pneumonia):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.
- **PQI-12 (Urinary tract infection):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection.
- **PQI-13 (Angina admission without procedure):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina.

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

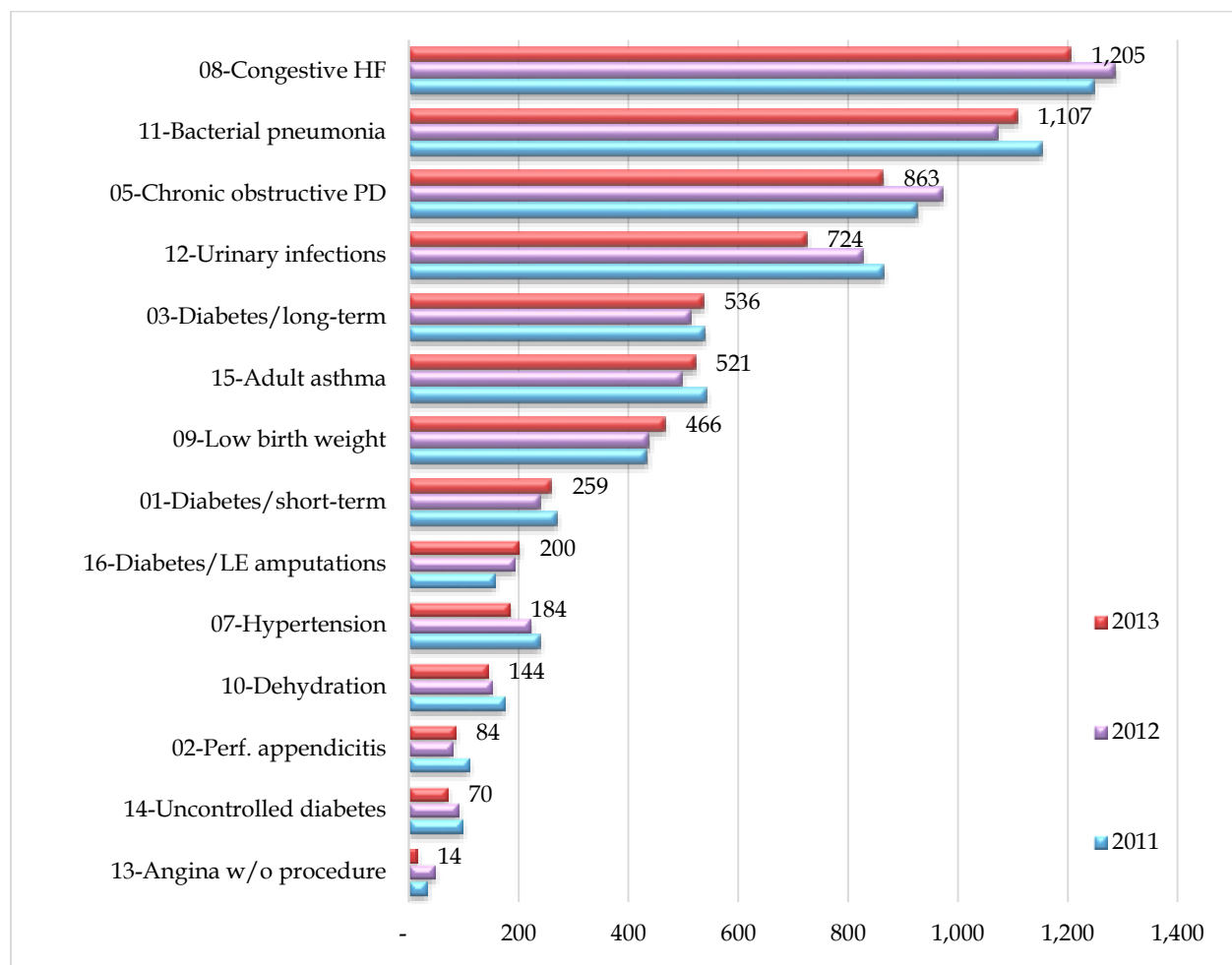
The top 5 PQI's in Broward County are the same for Florida as well. The ranking is as follows:

1. Congestive Heart Failure
2. Bacterial Pneumonia
3. Chronic Obstructive Pulmonary Disease
4. Urinary Infections
5. Diabetes/long-term

D.1 PREVENTION QUALITY INDICATORS FOR MEMORIAL HEALTHCARE SYSTEM

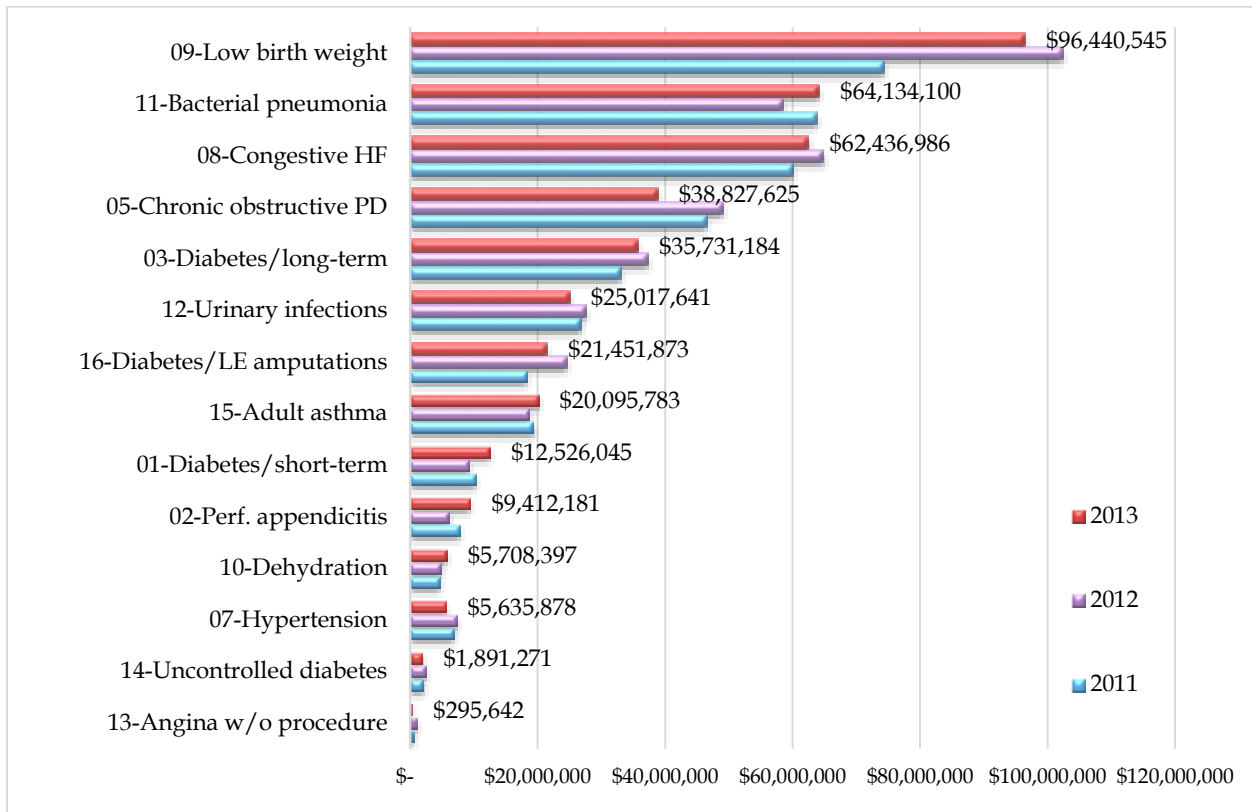
This section presents the PQI cases and charges by payer, race/ethnicity and gender.

Figure 214. Prevention Quality Indicators Cases, MHS, 2011-2013



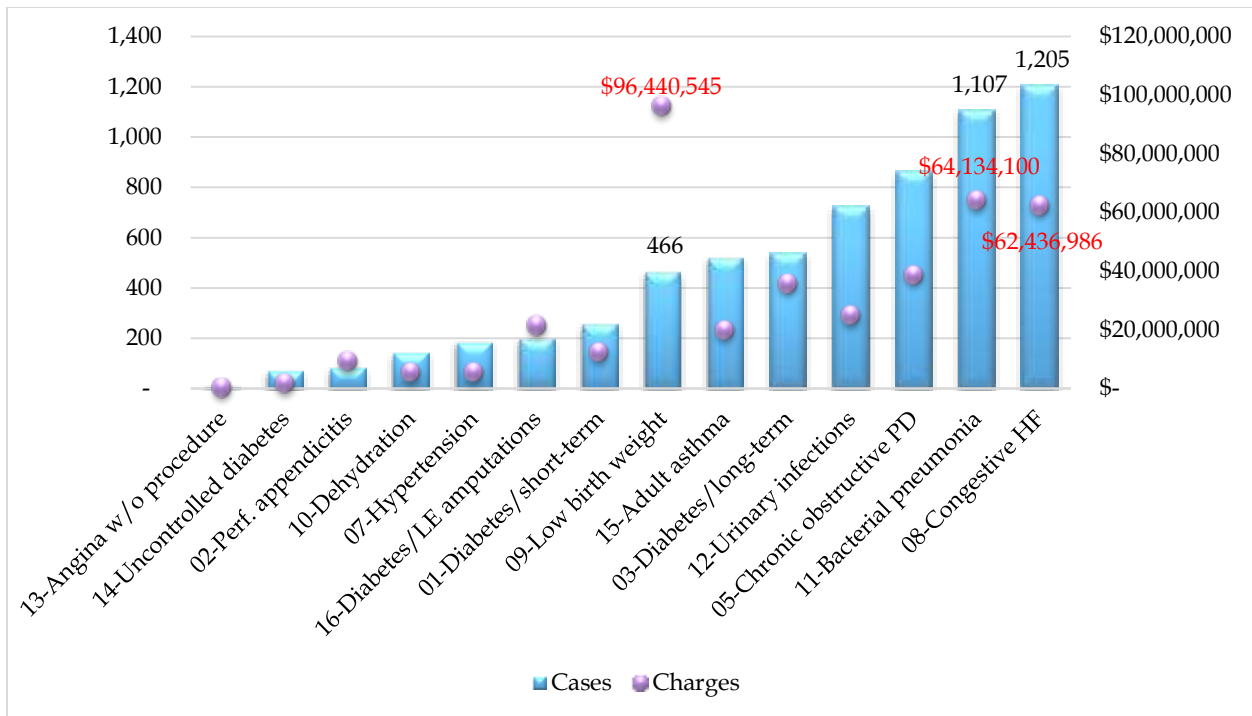
Source: *Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse*

Figure 215. Prevention Quality Indicators Charges, MHS, 2011-2013



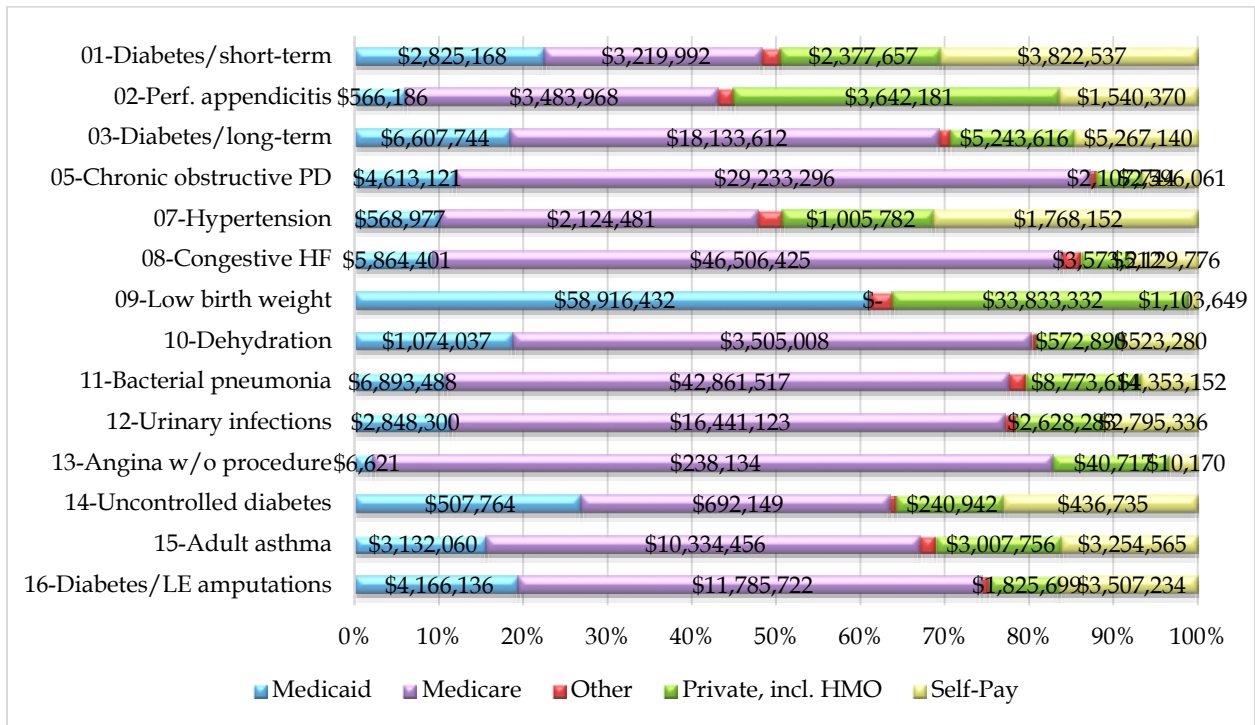
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 216. Prevention Quality Indicators Cases vs. Charges, MHS, 2013



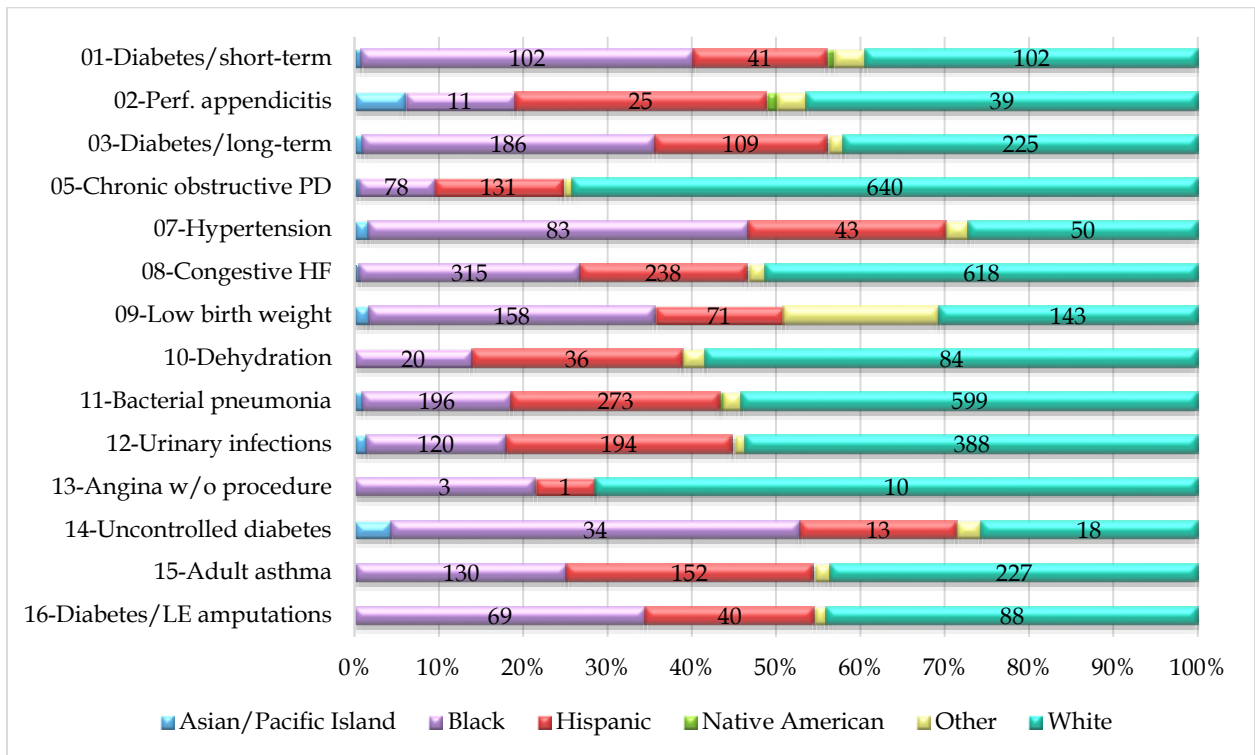
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 217. Prevention Quality Indicators Charges by Payer, MHS, 2013



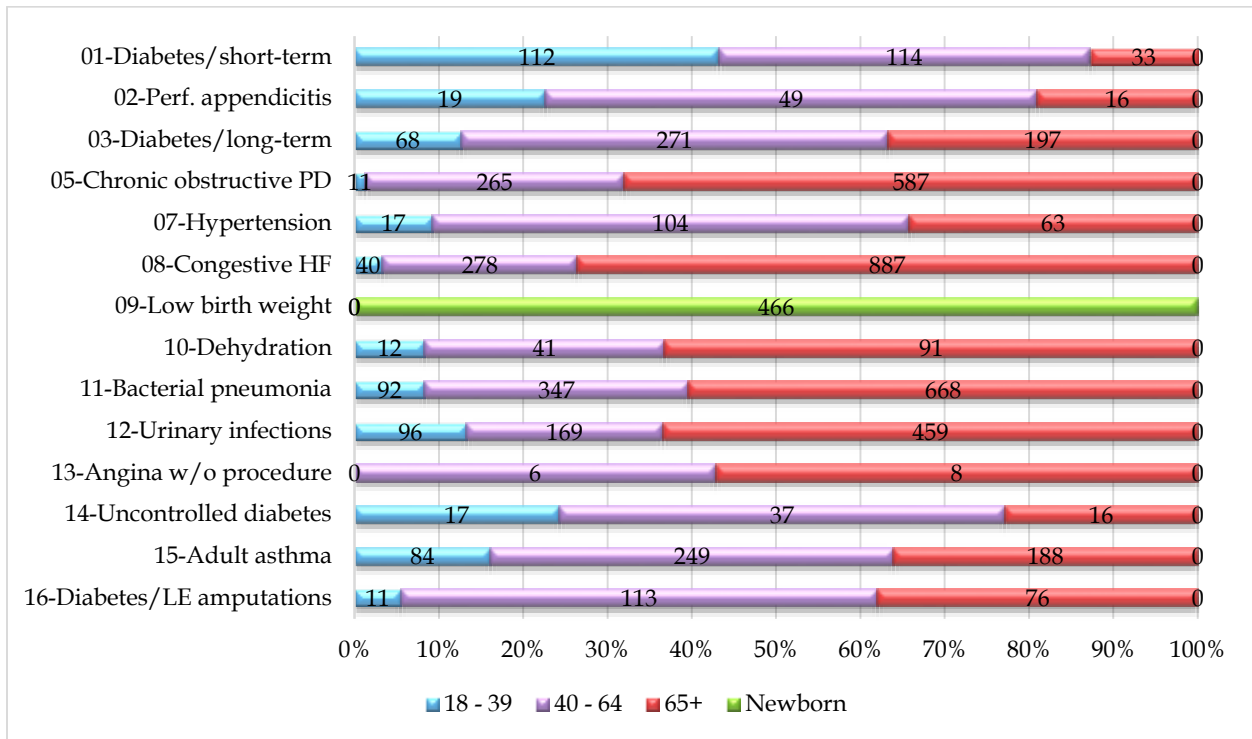
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 218. Prevention Quality Indicators Cases by Race/Ethnicity, MHS, 2013



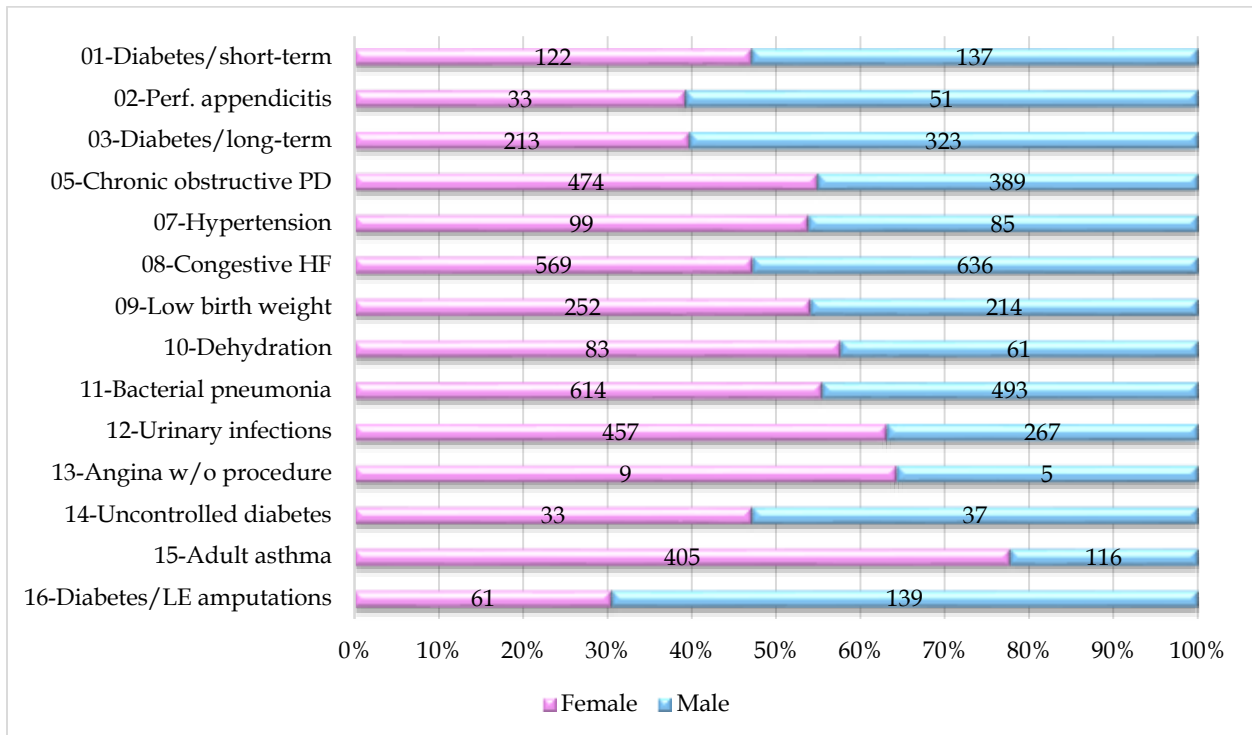
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 219. Prevention Quality Indicators Cases by Age, MHS, 2013



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

Figure 220. Prevention Quality Indicators Cases by Gender, MHS, 2013

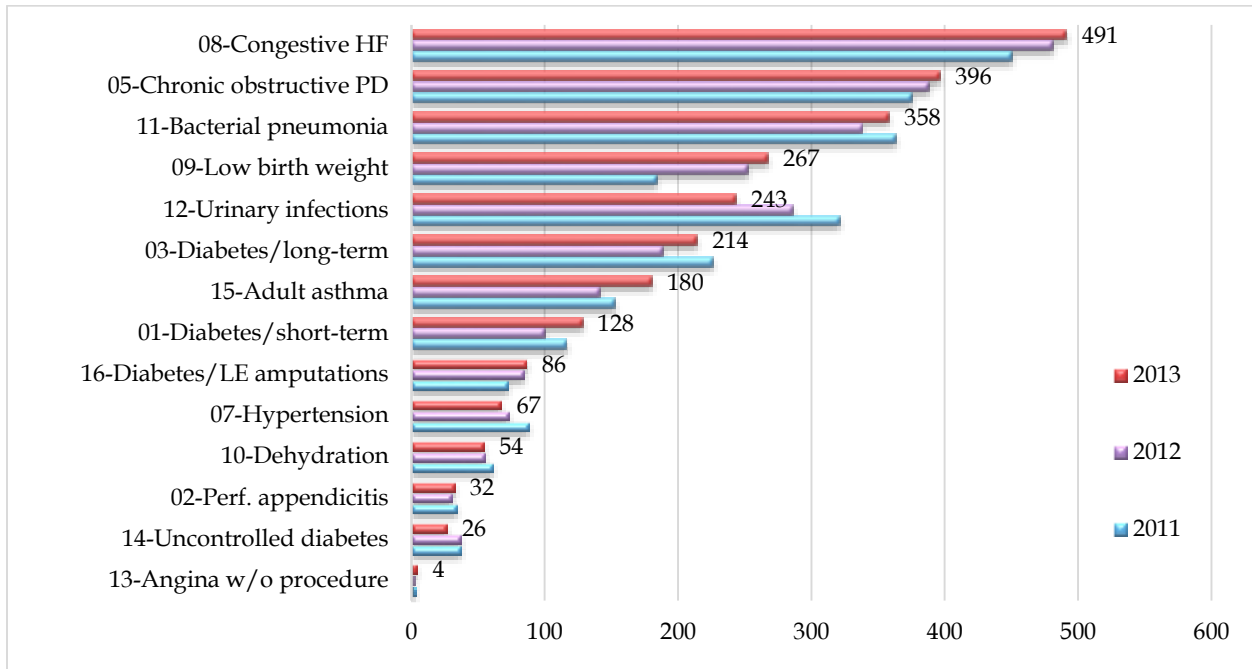


Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

D.2 PREVENTION QUALITY INDICATORS - DEMOGRAPHIC BREAKDOWN BY MHS FACILITY

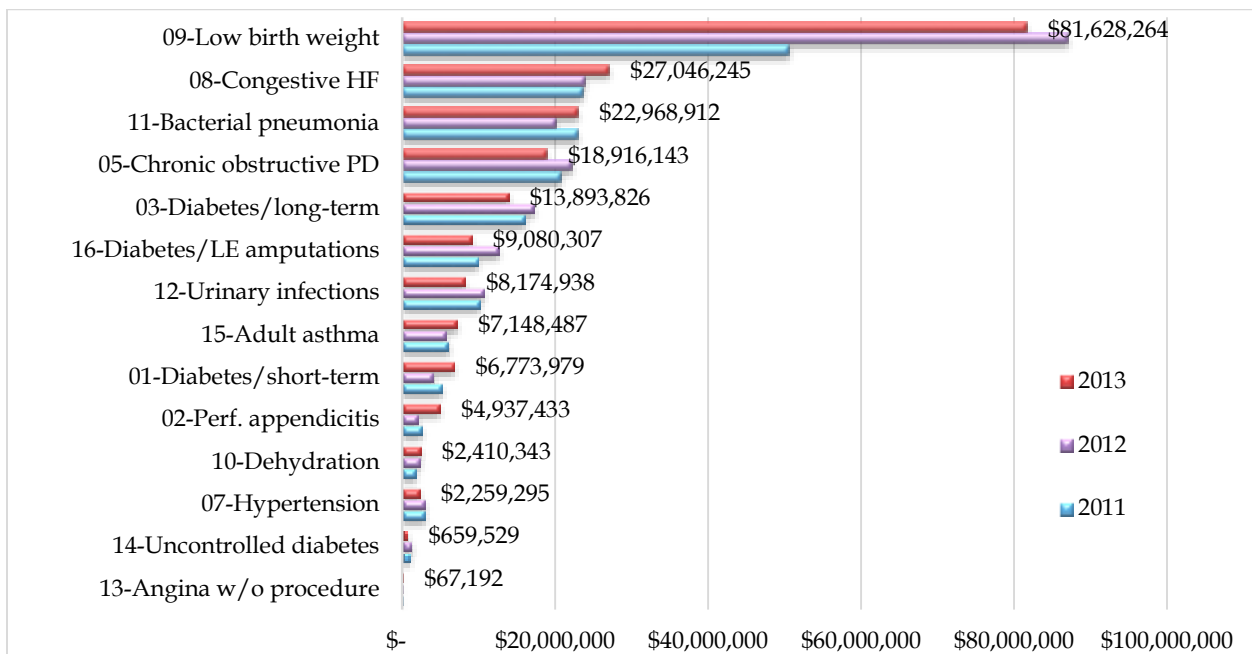
MEMORIAL REGIONAL HOSPITAL

Figure 221. Prevention Quality Indicators Cases, Memorial Regional, 2011-2013



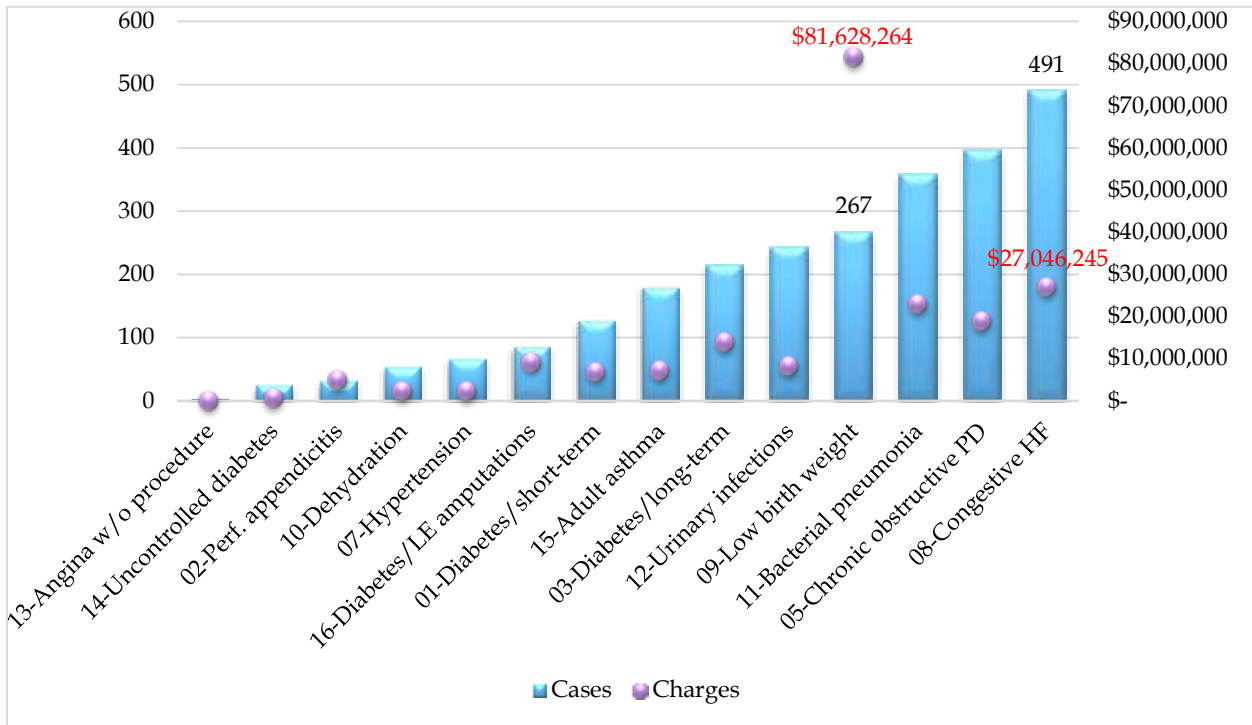
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 222. Prevention Quality Indicators Charges, Memorial Regional, 2011-2013



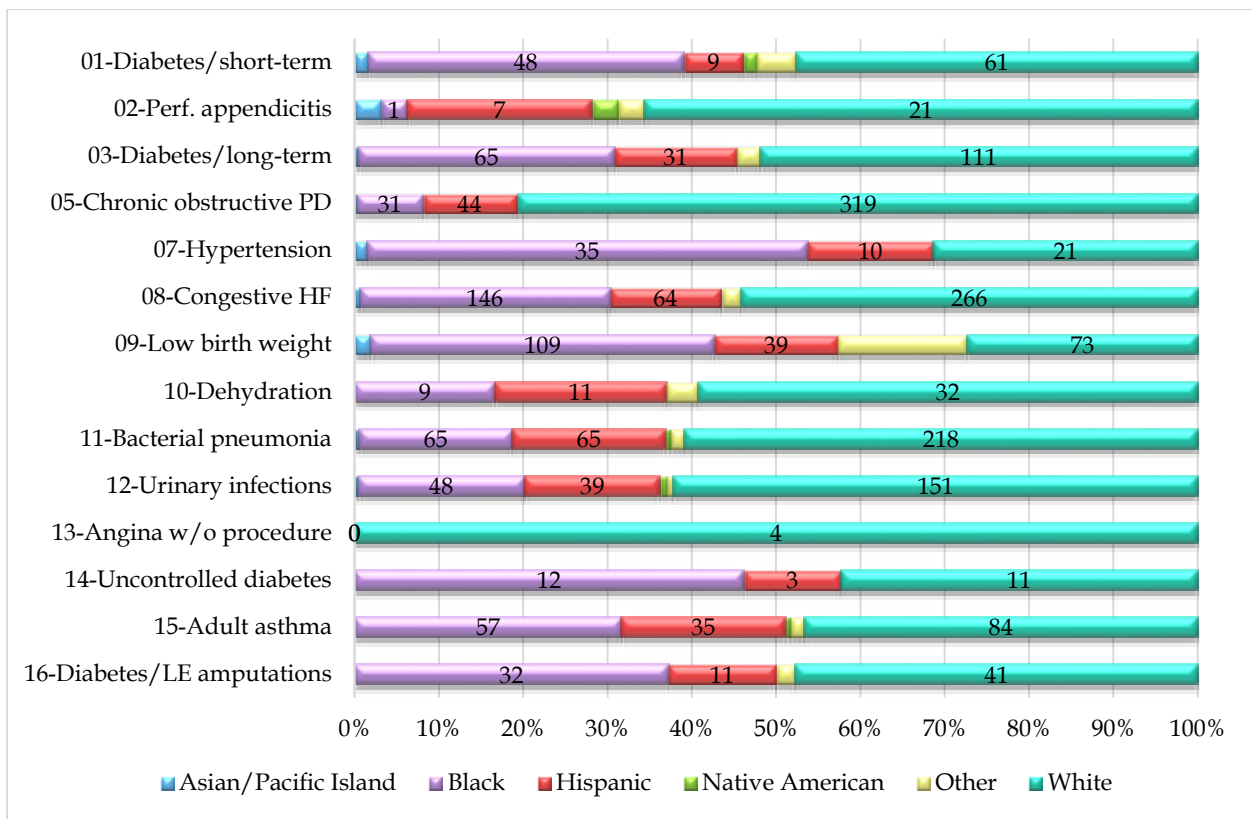
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 223. Prevention Quality Indicators Cases vs. Charges, Memorial Regional, 2013



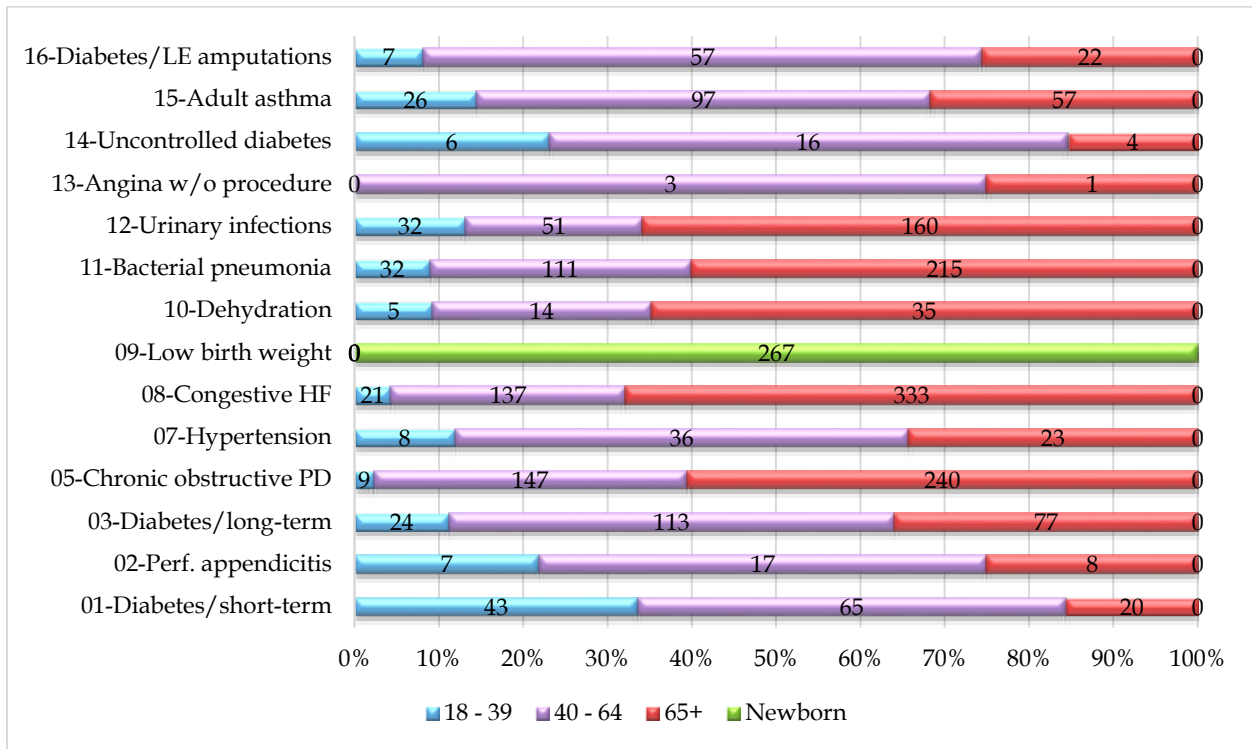
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 224. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Regional, 2013



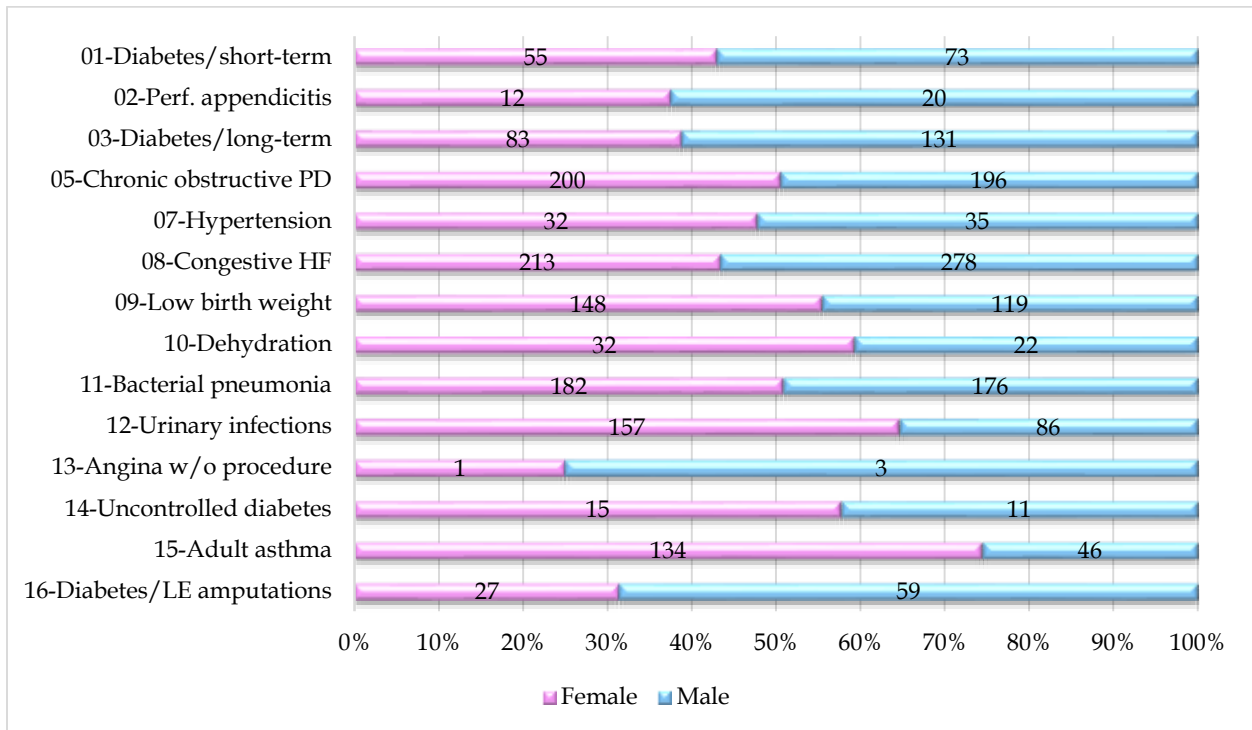
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 225. Prevention Quality Indicators Cases by Age, Memorial Regional, 2013



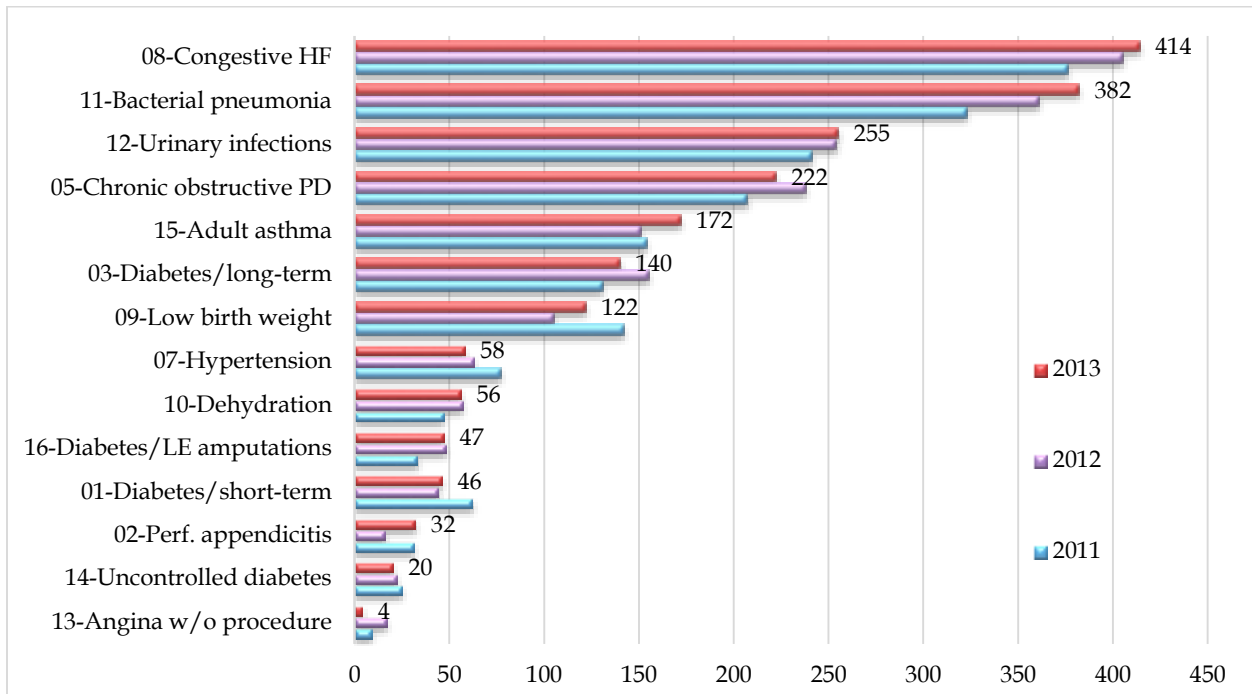
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 226. Prevention Quality Indicators Cases by Gender, Memorial Regional, 2013



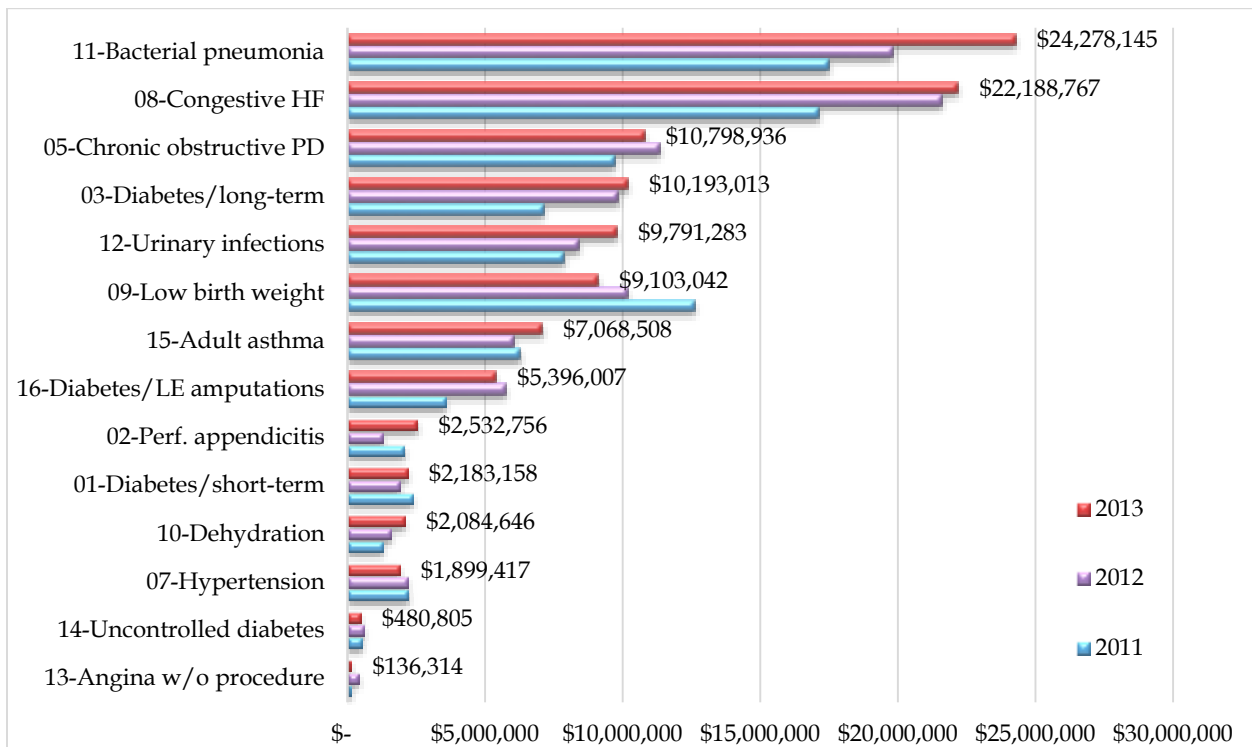
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 227. Prevention Quality Indicators Cases, Memorial West, 2011-2013



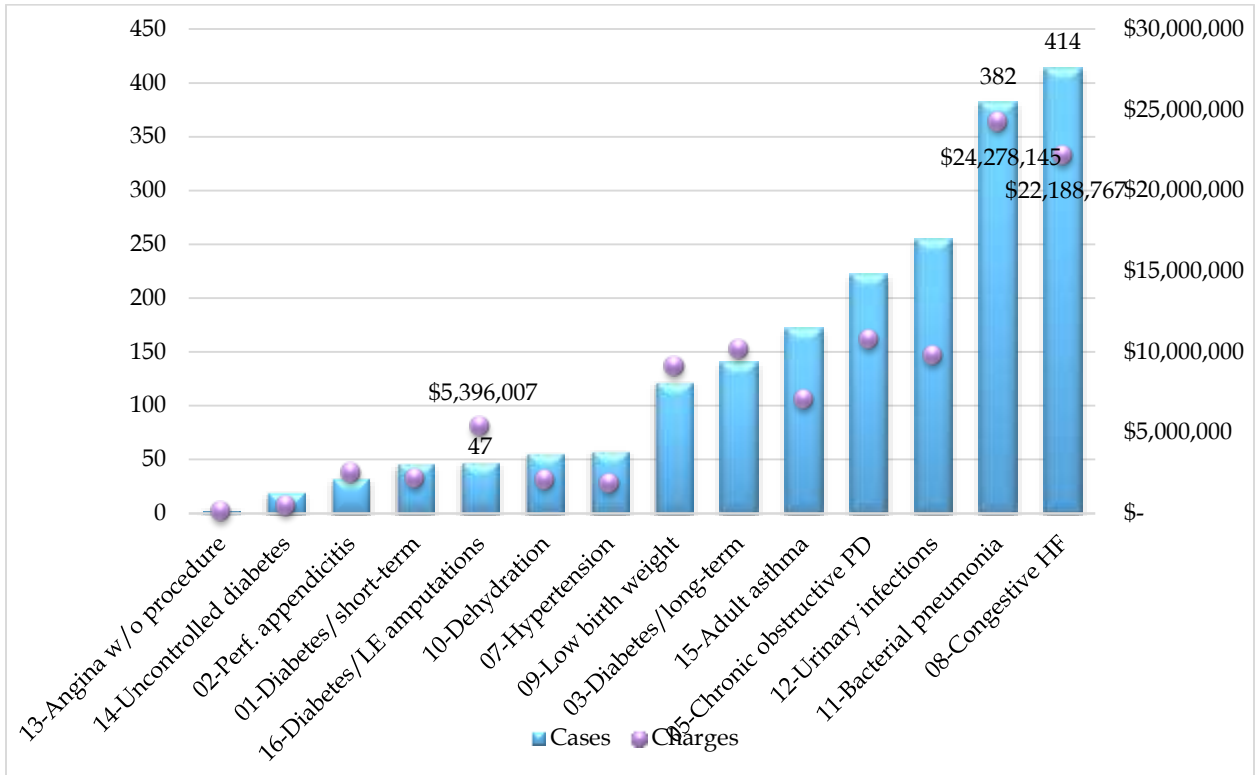
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 228. Prevention Quality Indicators Charges, Memorial West, 2011-2013



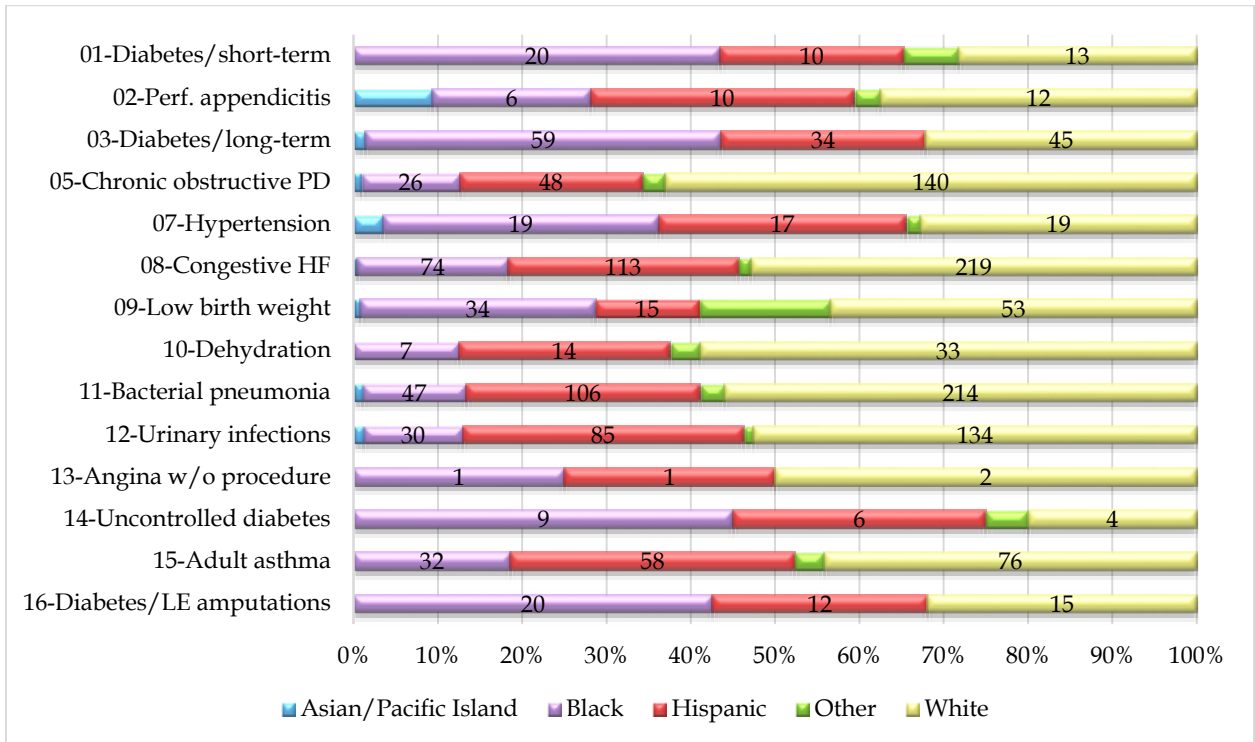
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 229. Prevention Quality Indicators Cases vs. Charges, Memorial West, 2013



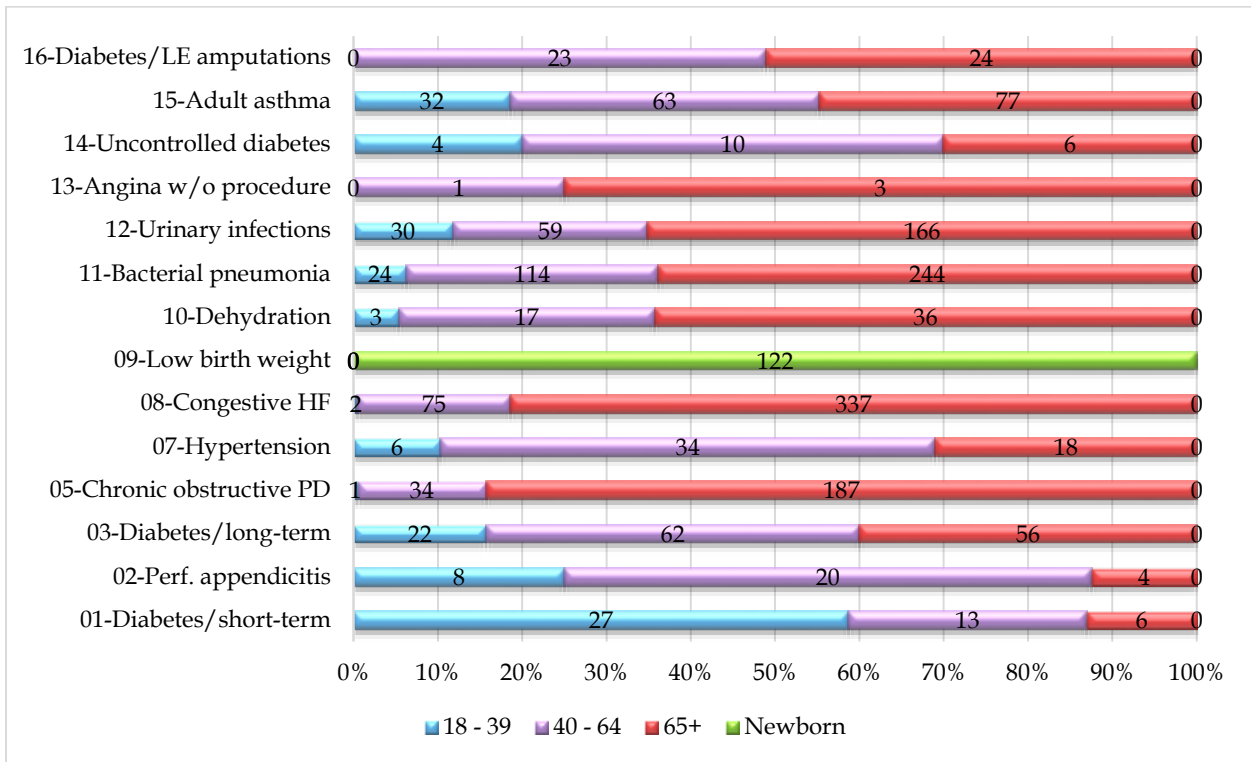
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 230. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial West, 2013



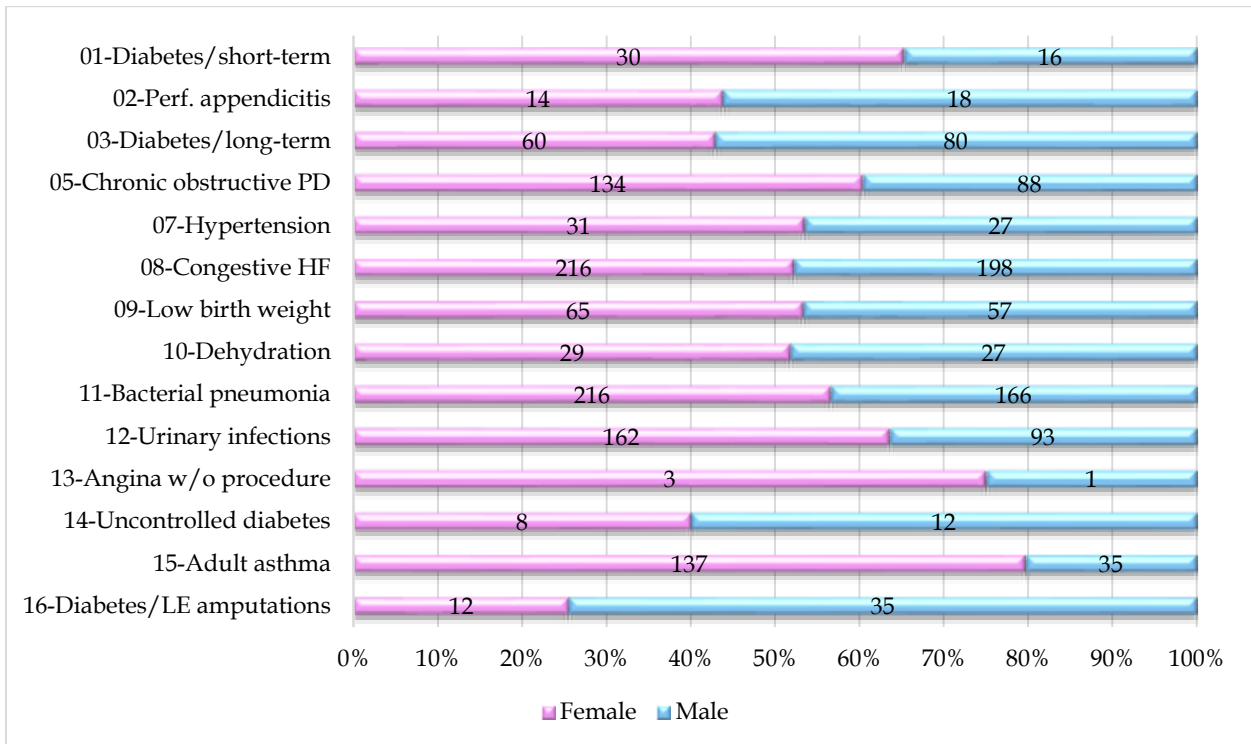
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 231. Prevention Quality Indicators Cases by Age, Memorial West, 2013



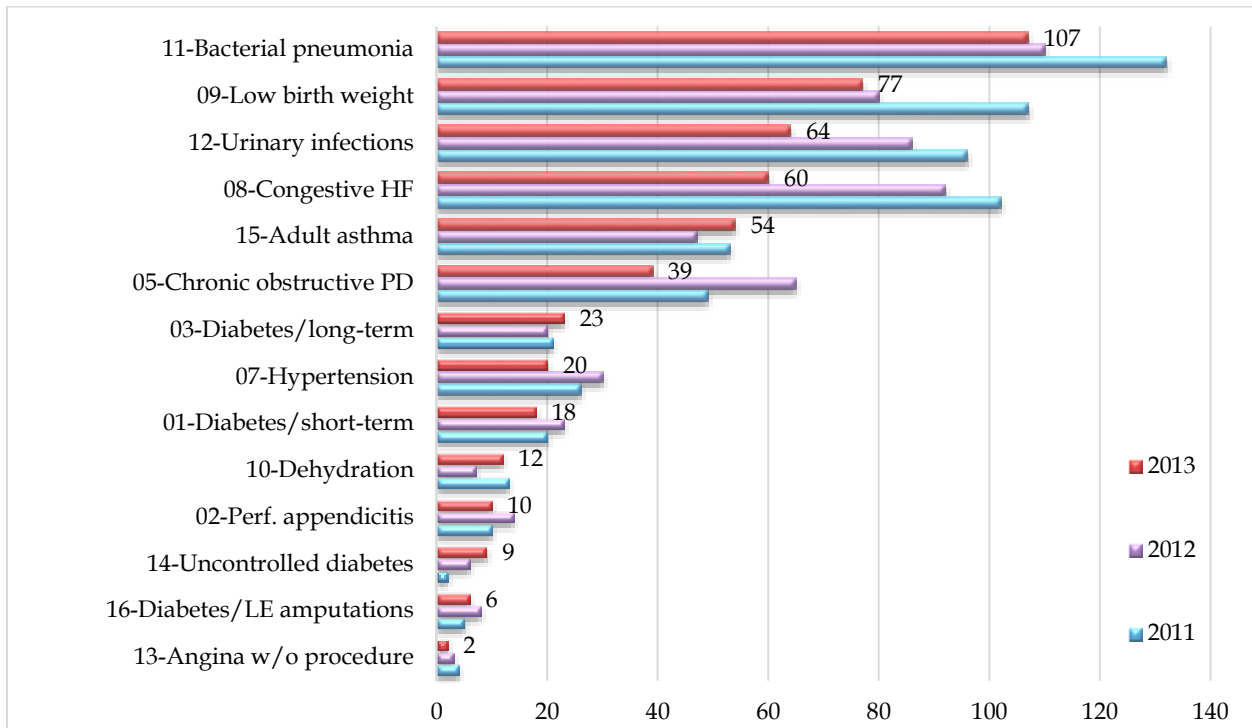
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 232. Prevention Quality Indicators Cases by Gender, Memorial West, 2013



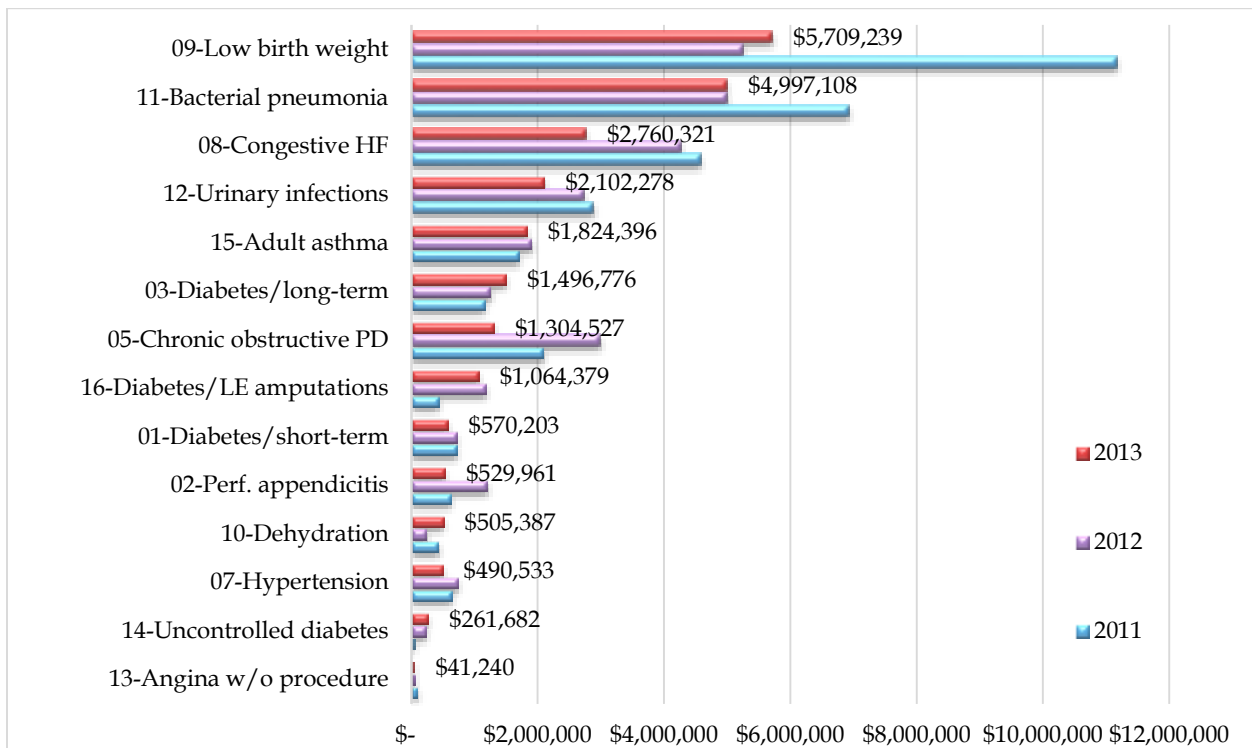
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 233. Prevention Quality Indicators Cases, Memorial Miramar, 2011-2013



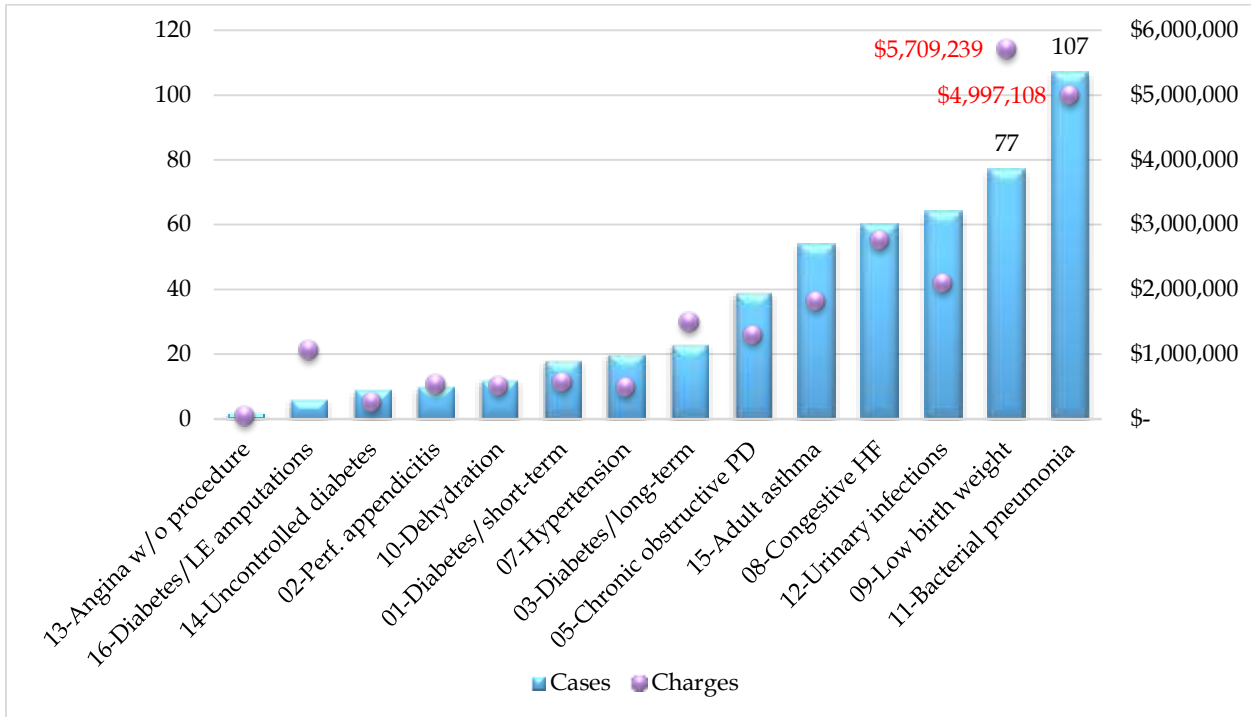
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 234. Prevention Quality Indicators Charges, Memorial Miramar, 2011-2013



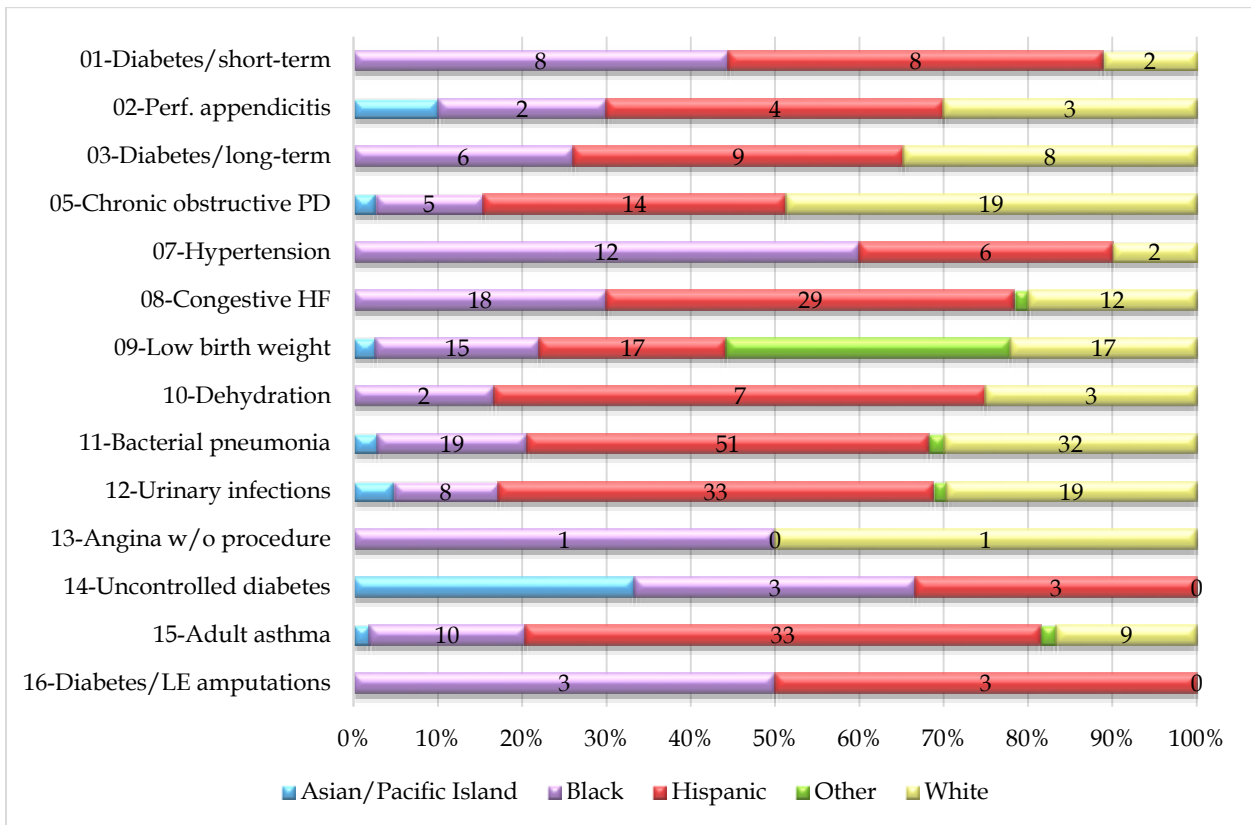
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 235. Prevention Quality Indicators Cases vs. Charges, Memorial Miramar, 2013



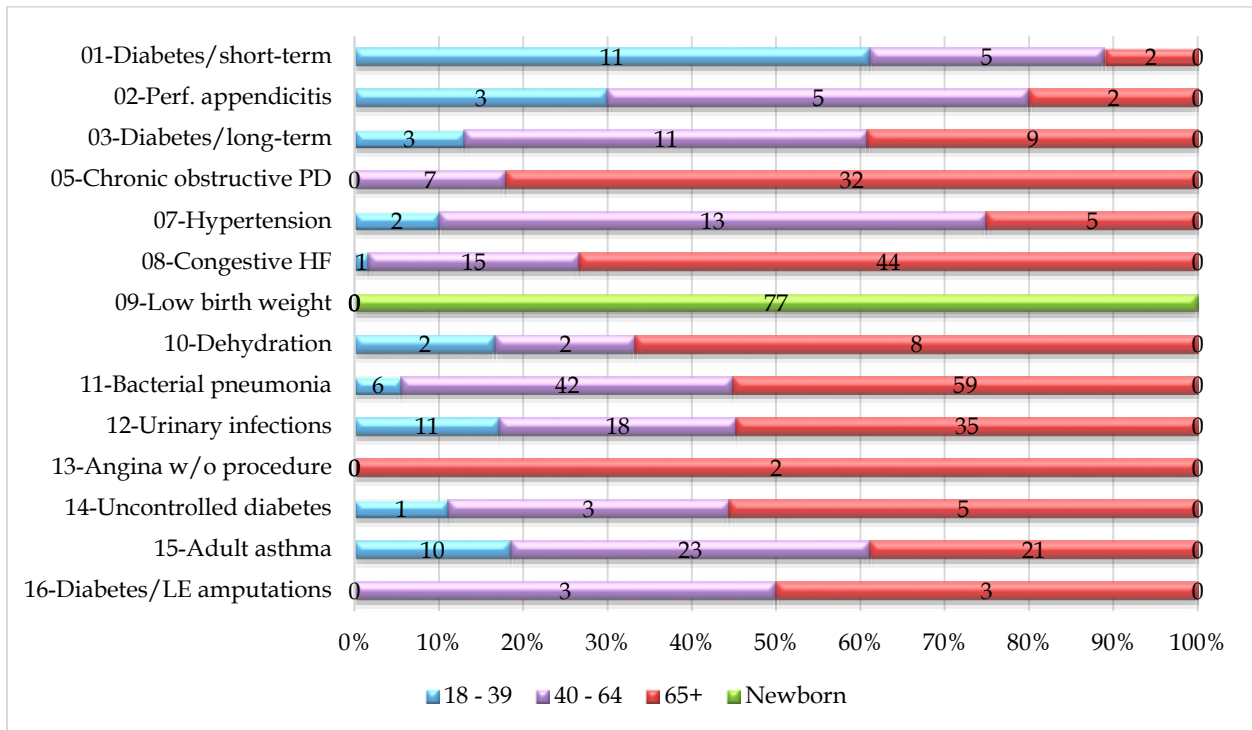
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 236. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Miramar, 2013



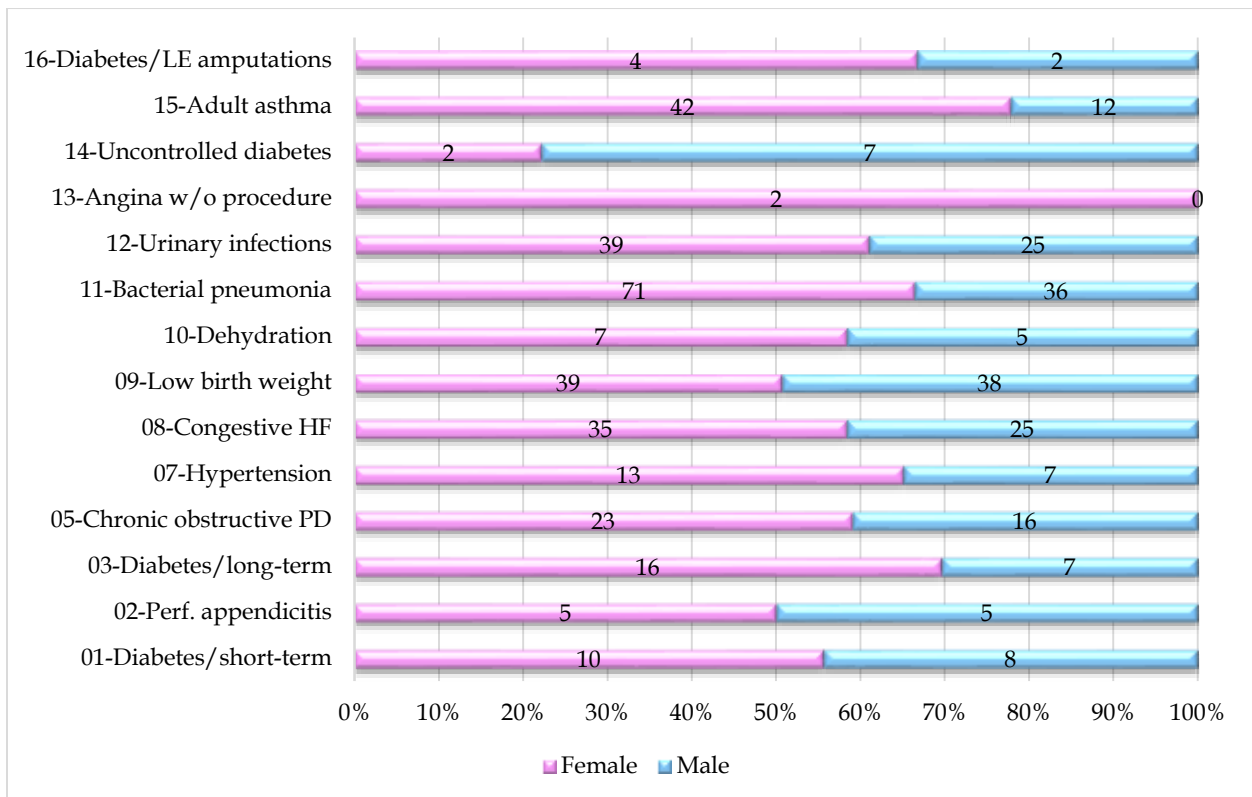
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 237. Prevention Quality Indicators Cases by Age, Memorial Miramar, 2013



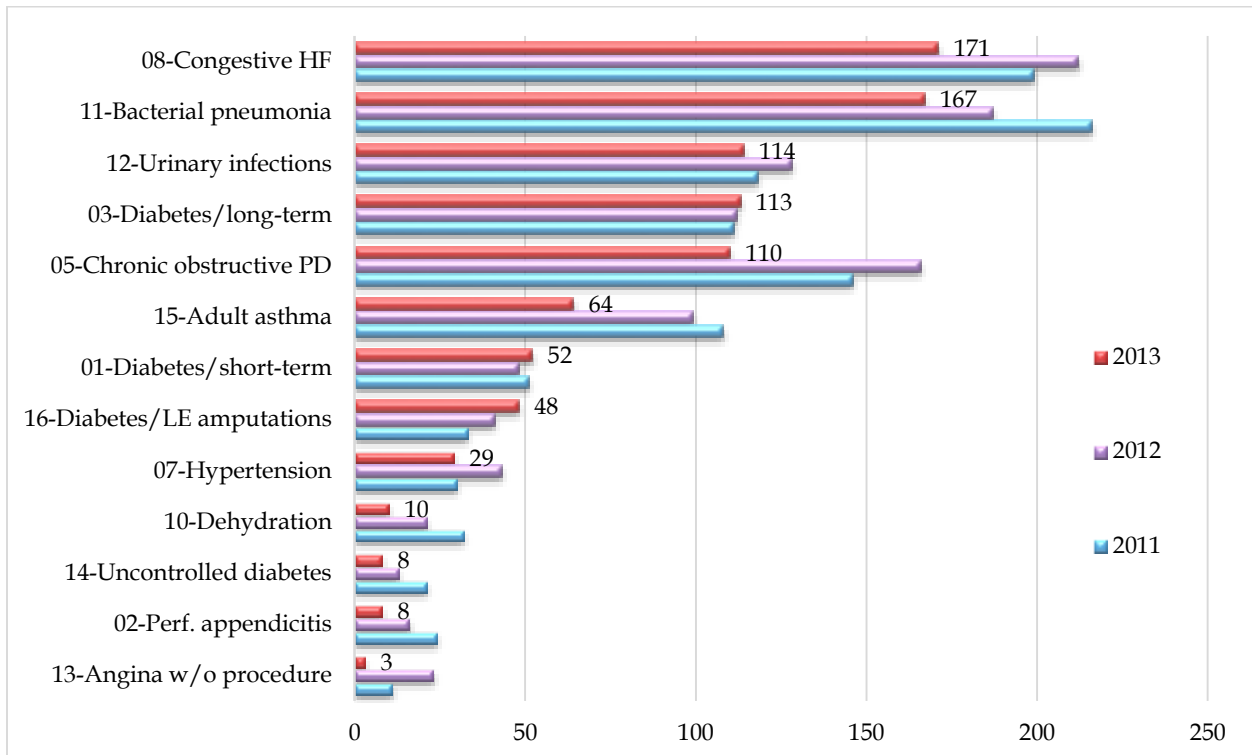
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 238. Prevention Quality Indicators Cases by Gender, Memorial Miramar, 2013



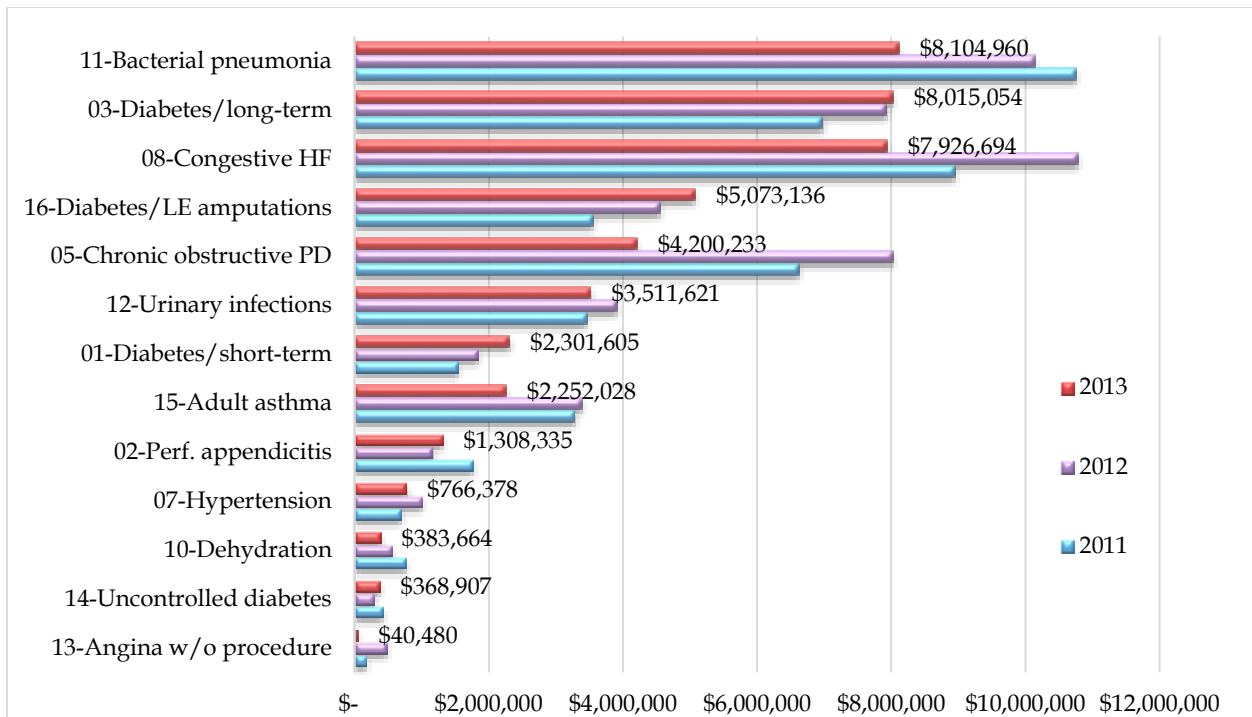
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 239. Prevention Quality Indicators Cases, Memorial Pembroke, 2011-2013



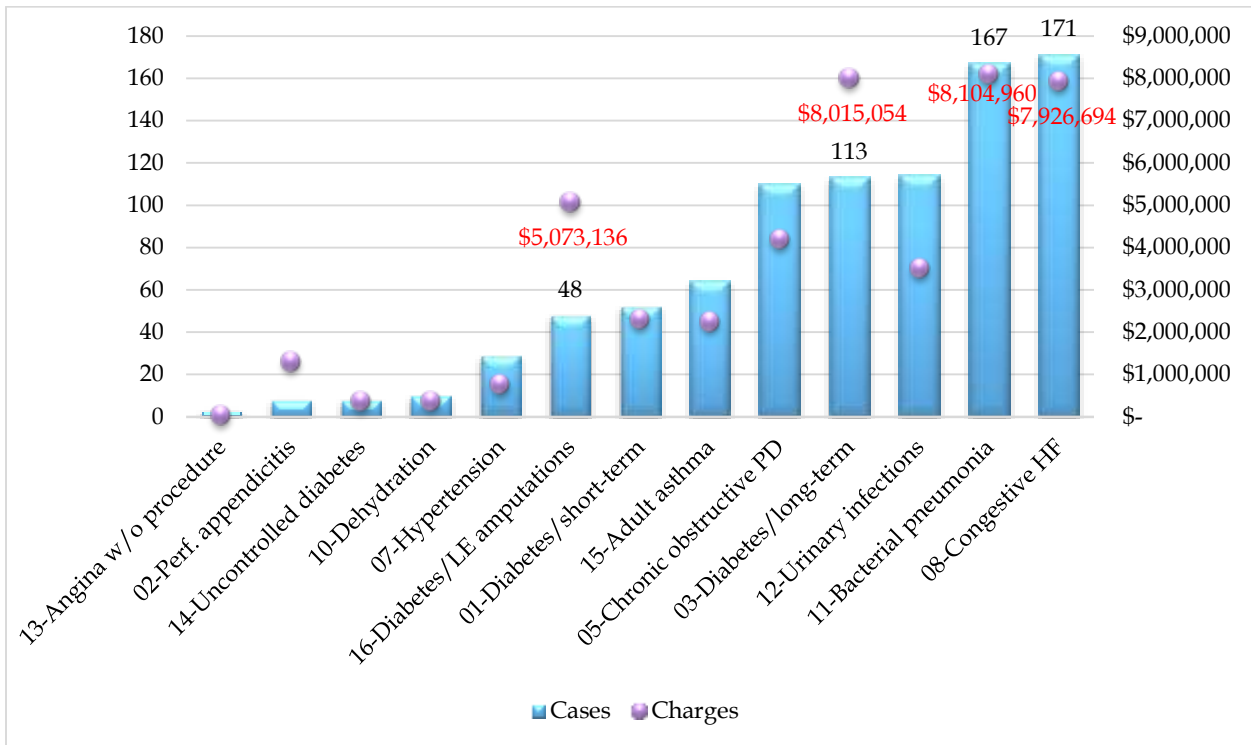
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 240. Prevention Quality Indicators Charges, Memorial Pembroke, 2011-2013



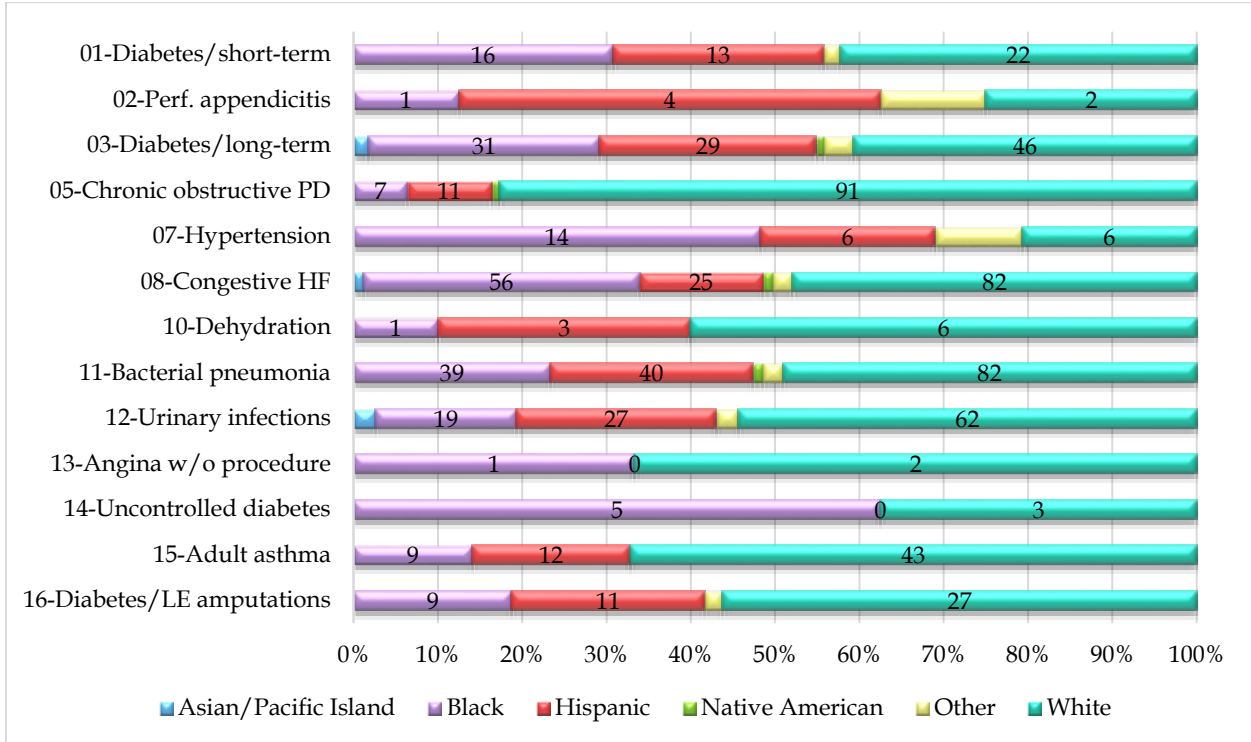
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 241. Prevention Quality Indicators Cases vs. Charges, Memorial Pembroke, 2013



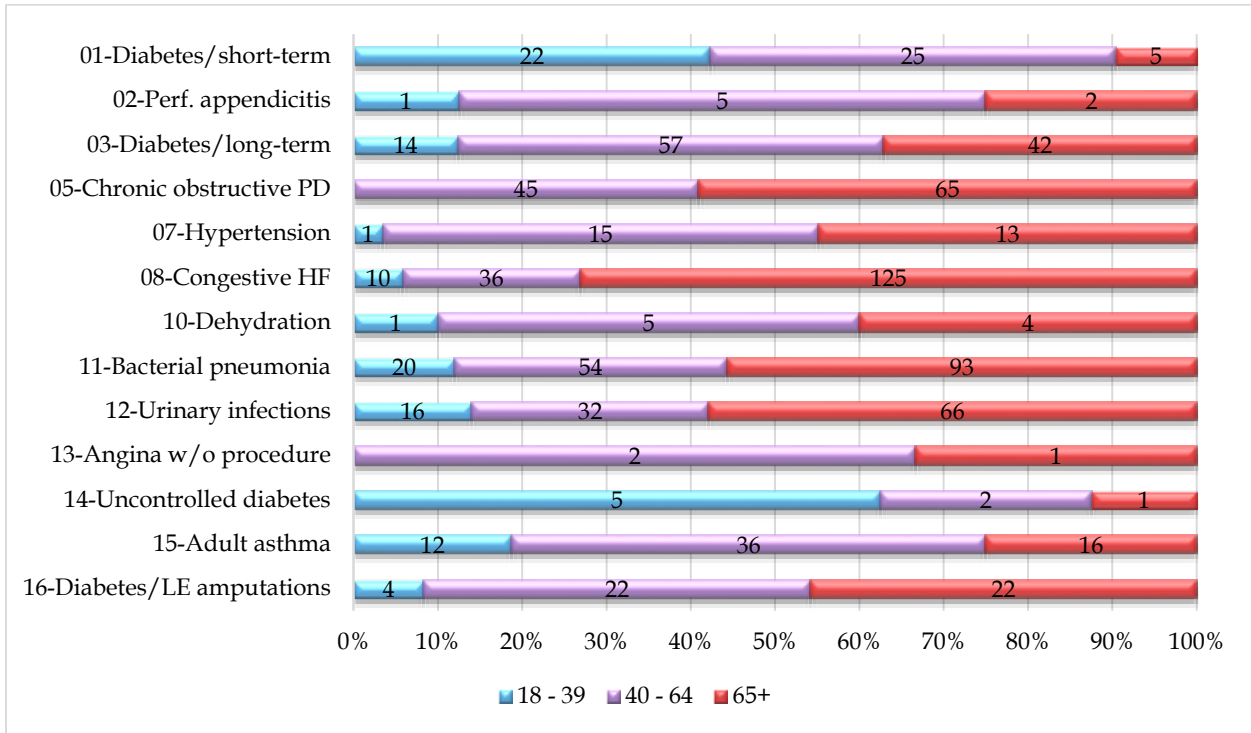
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 242. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial Pembroke, 2013



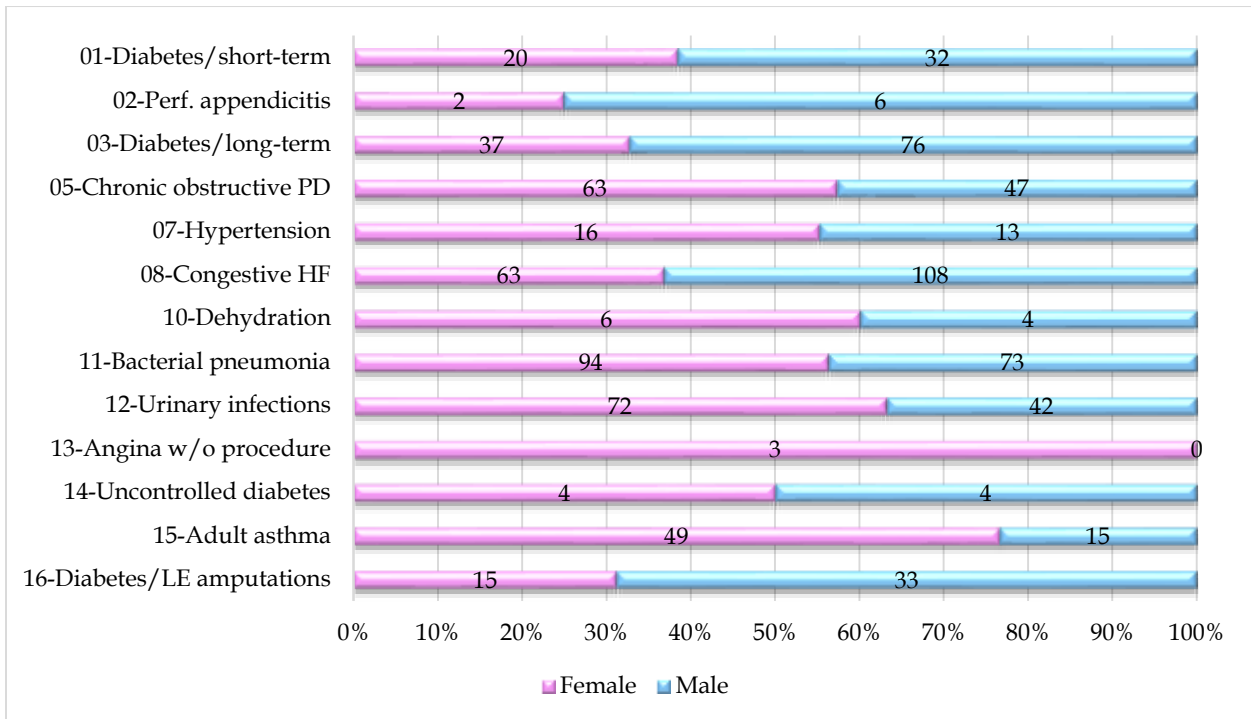
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 243. Prevention Quality Indicators Cases by Age, Memorial Pembroke, 2013



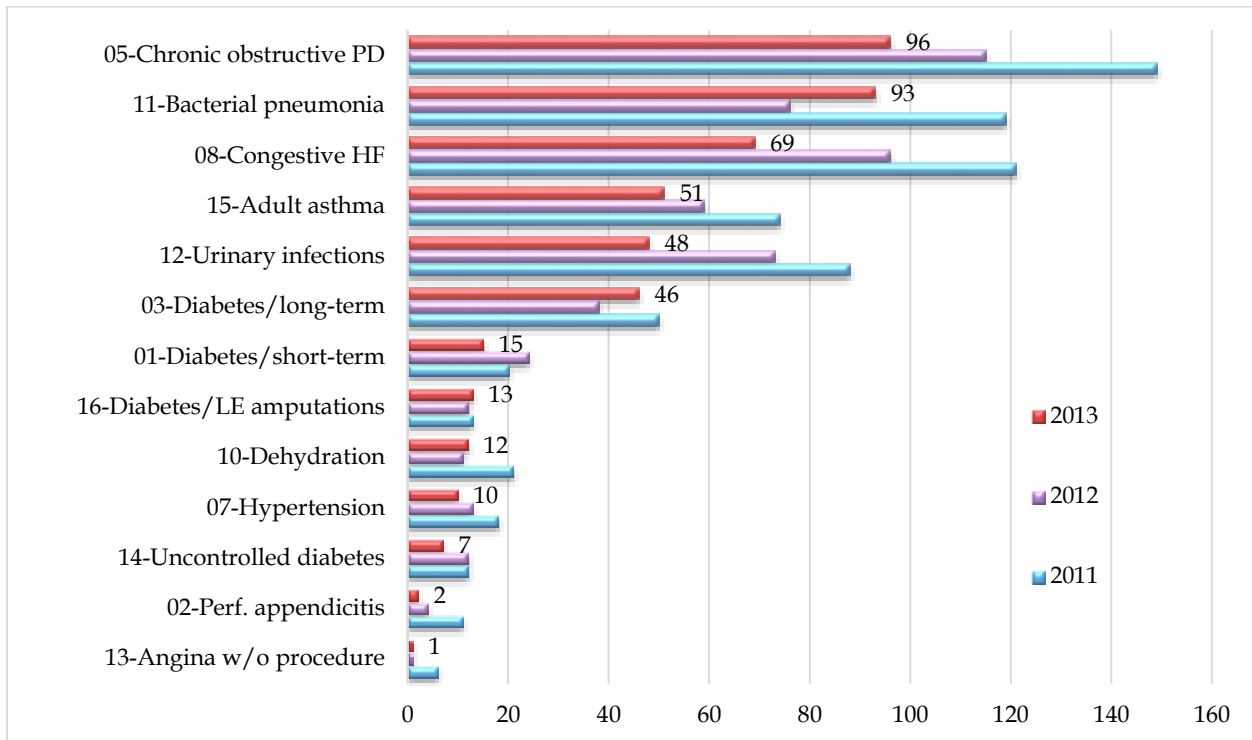
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 244. Prevention Quality Indicators Cases by Gender, Memorial Pembroke, 2013



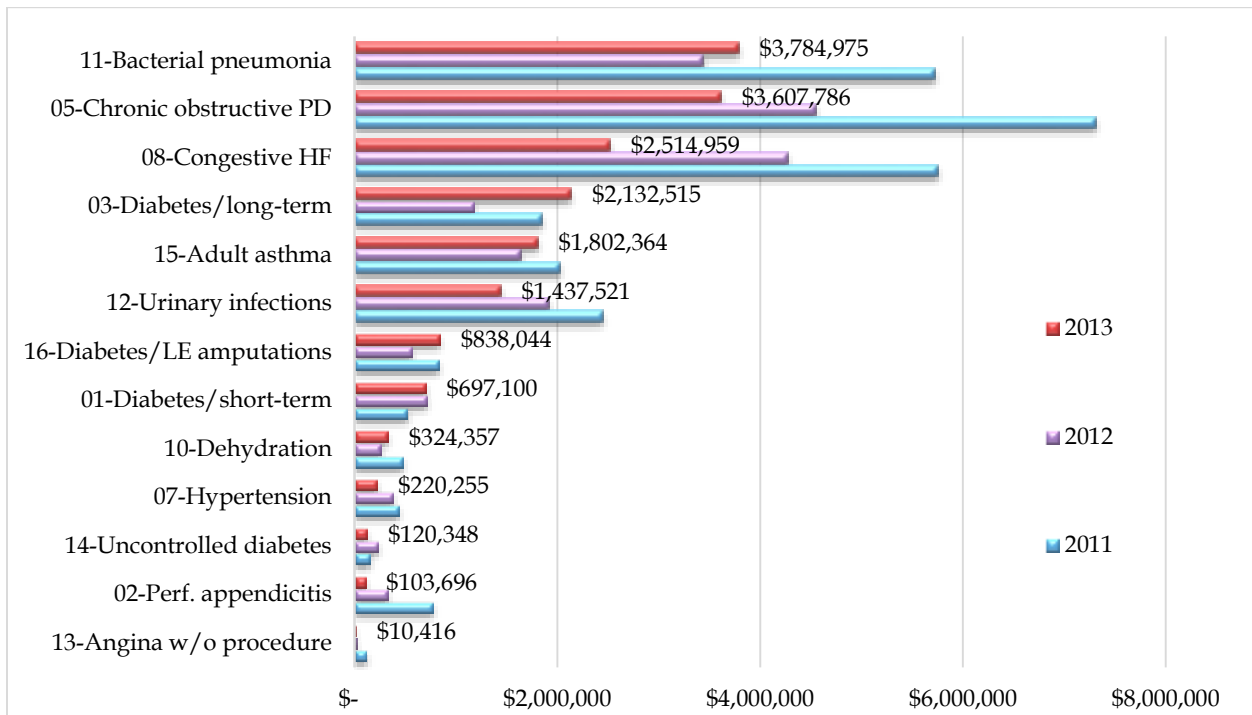
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 245. Prevention Quality Indicators Cases, Memorial South, 2011-2013



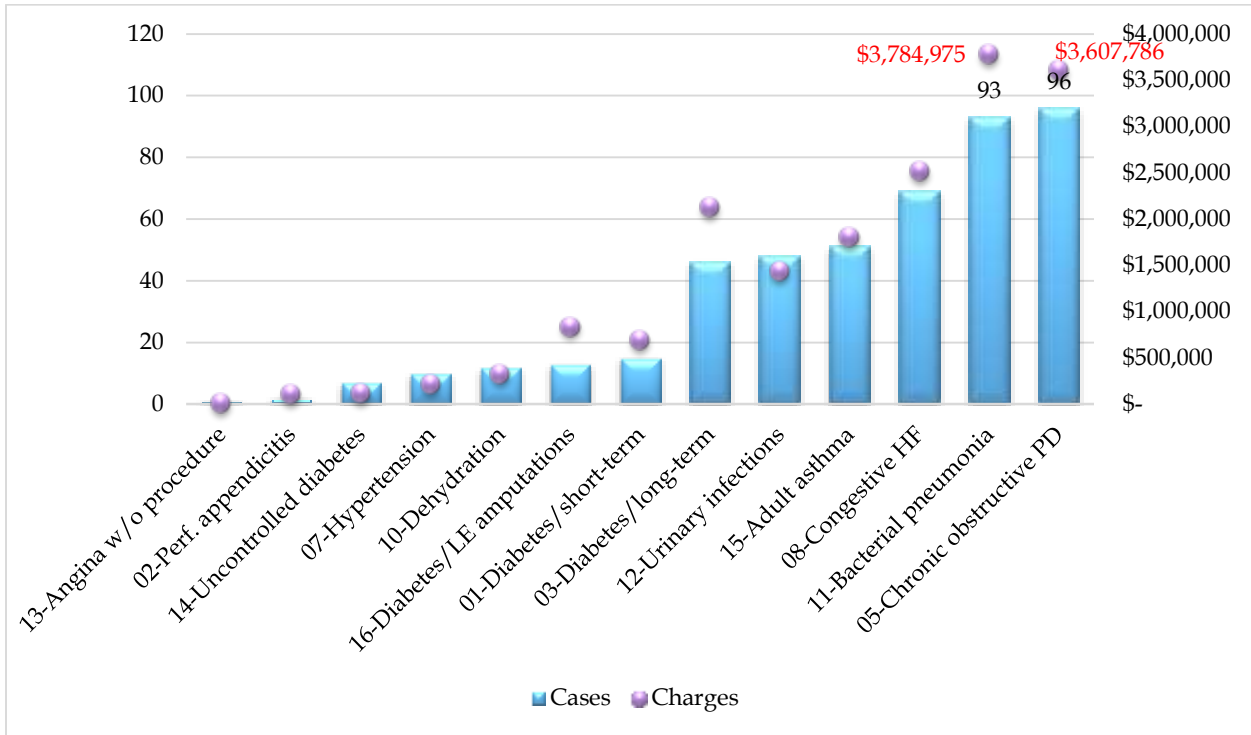
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 246. Prevention Quality Indicators Charges, Memorial South, 2011-2013



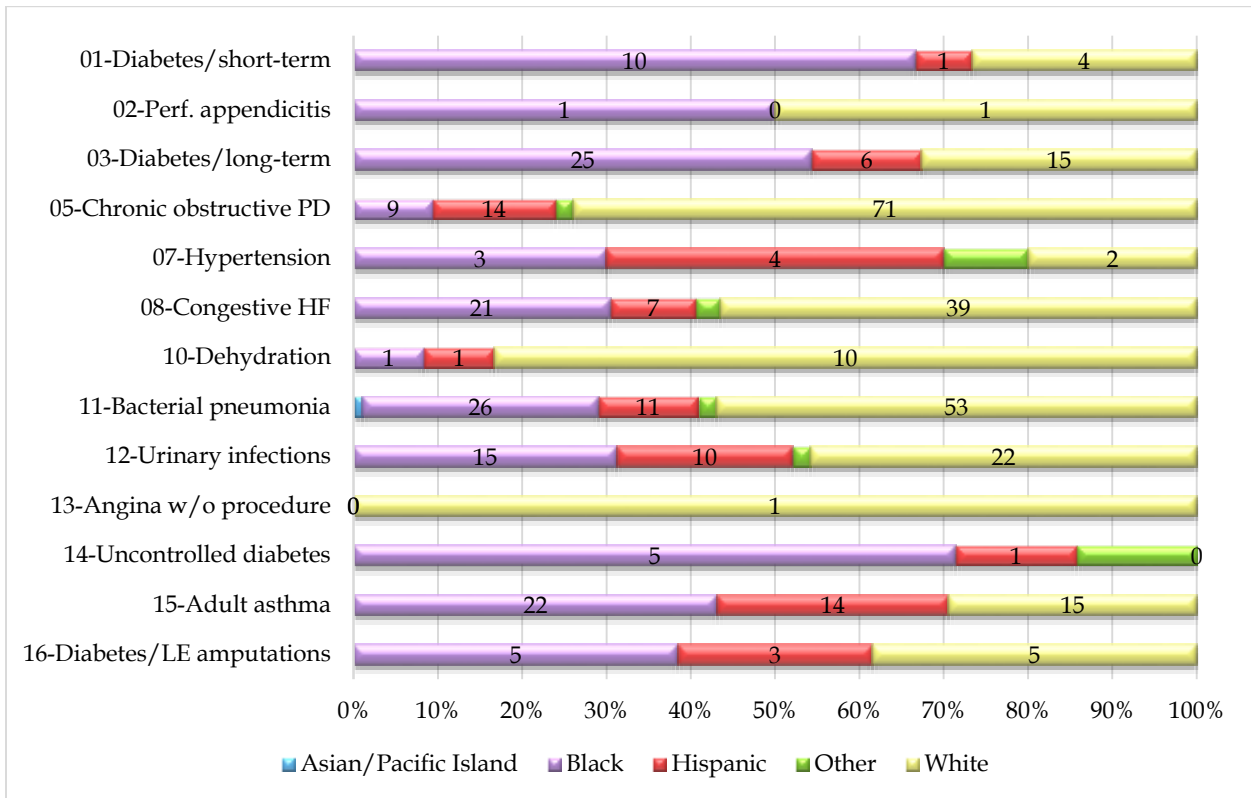
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 247. Prevention Quality Indicators Cases vs. Charges, Memorial South, 2013



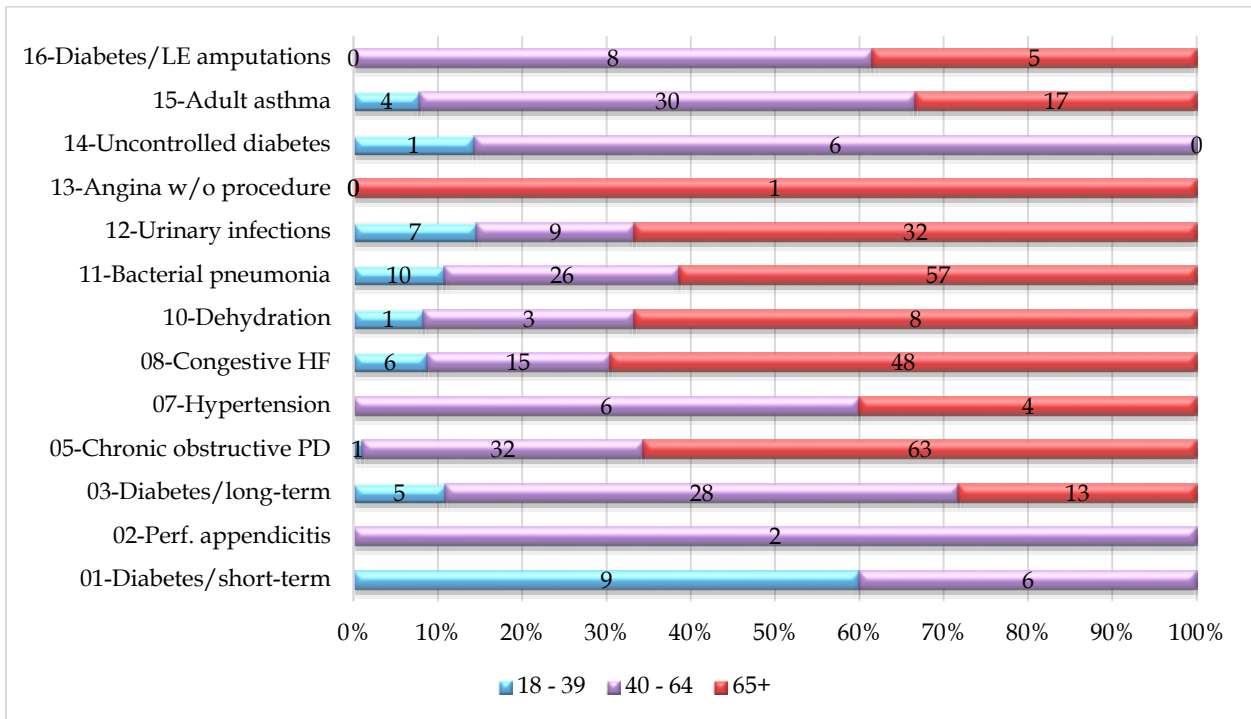
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 248. Prevention Quality Indicators Cases by Race/Ethnicity, Memorial South, 2013



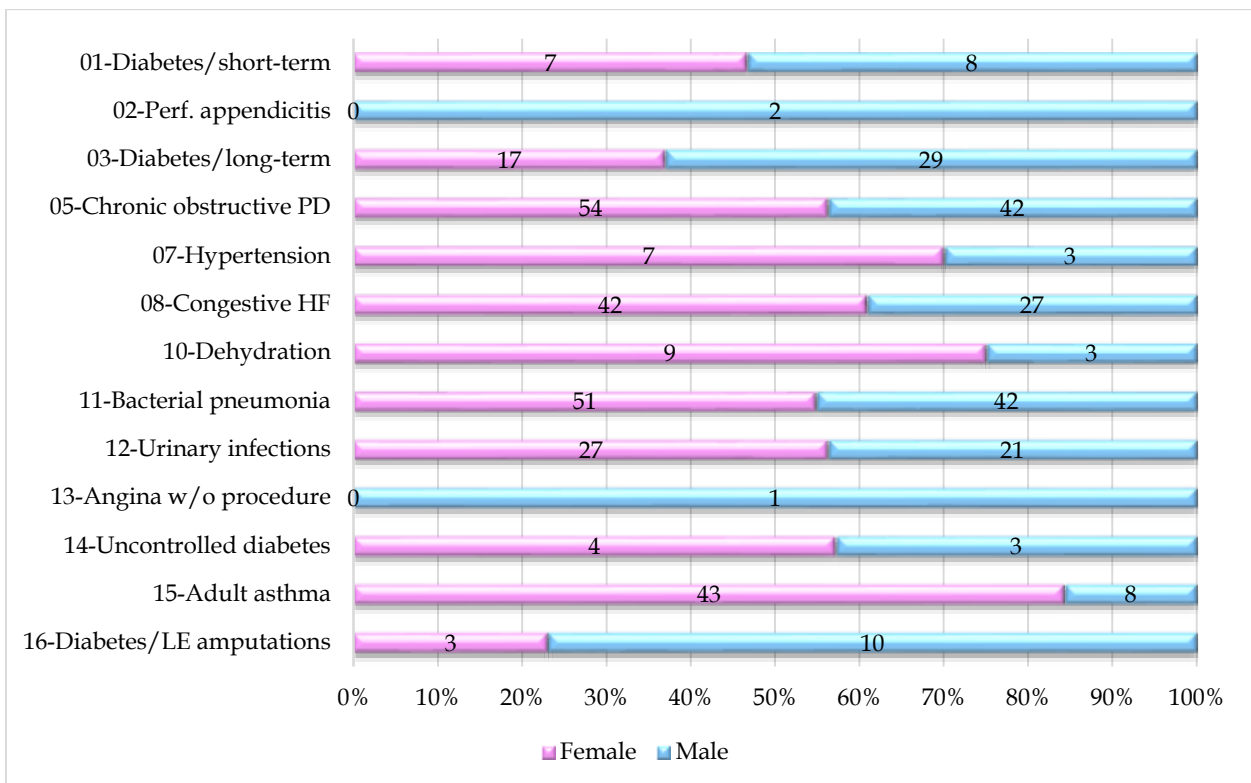
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 249. Prevention Quality Indicators Cases by Age, Memorial South, 2013



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

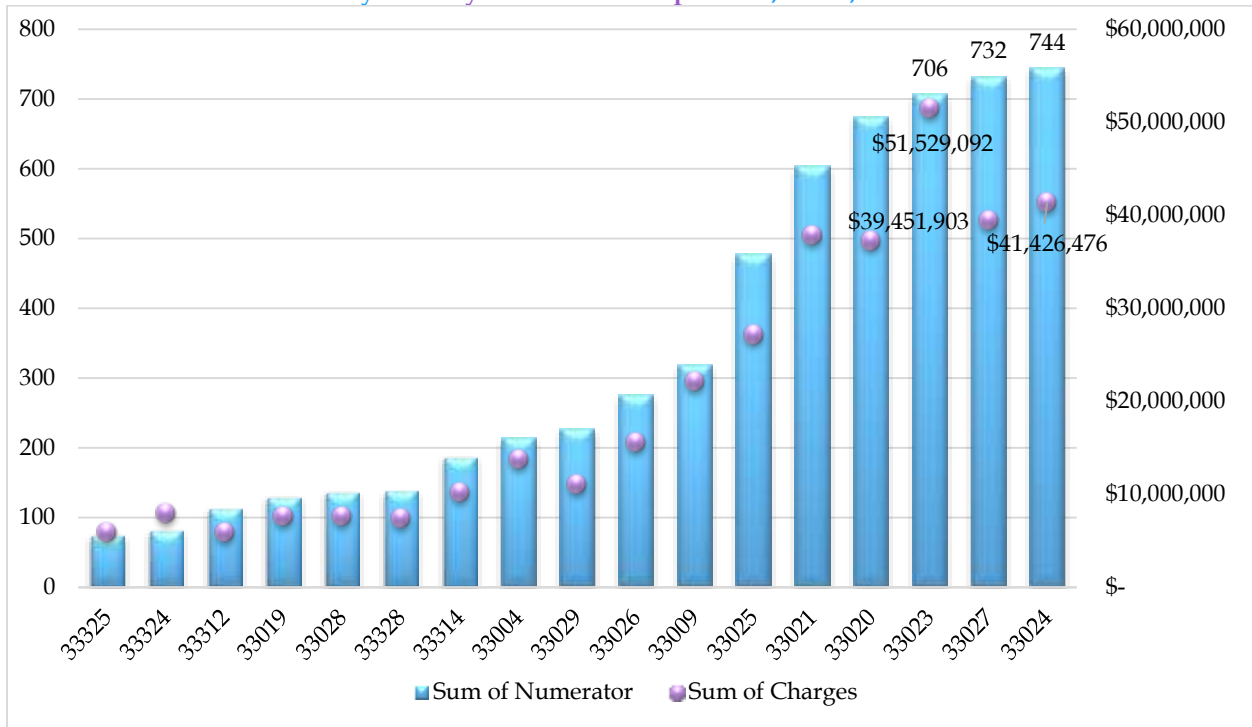
Figure 250. Prevention Quality Indicators Cases by Gender, Memorial South, 2013



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

D.3 PREVENTION QUALITY INDICATORS BY PSA AND SSA

Figure 251. Prevention Quality Indicators Cases vs. Charges by Primary Service Area Zip Codes, MHS, 2013



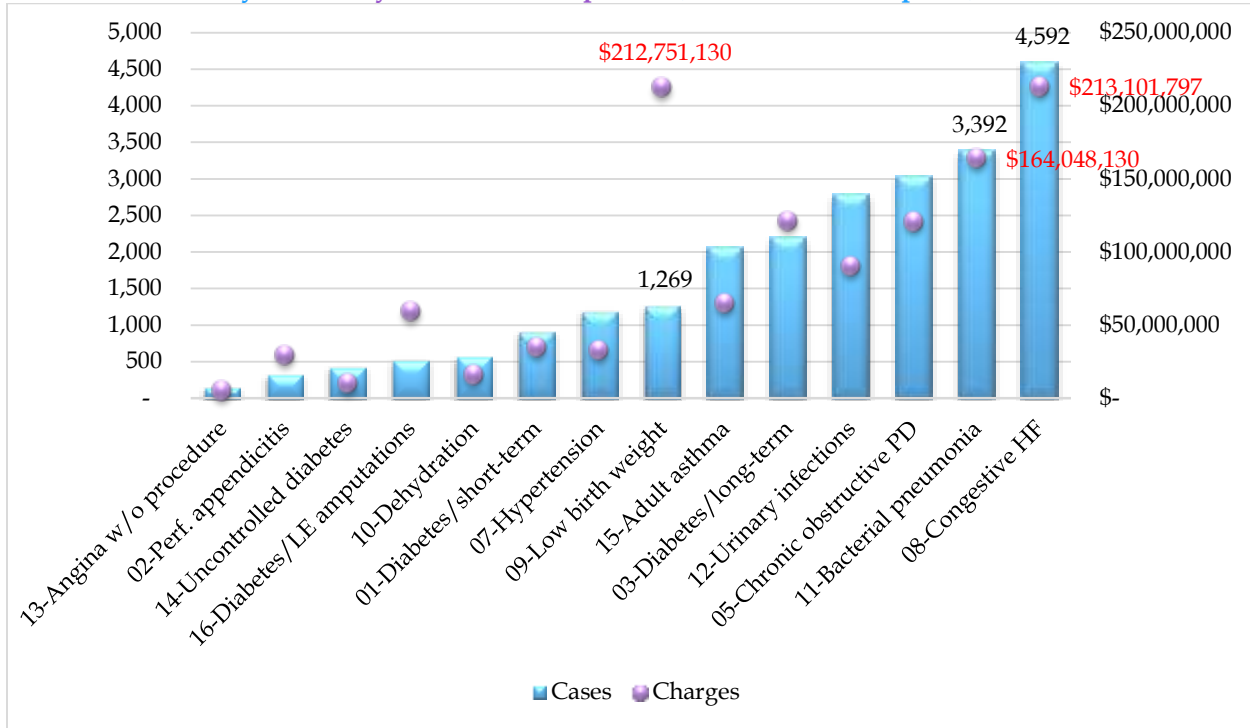
Source: Prevention Quality Indicators / Avoidable Admission, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 252. Prevention Quality Indicators Cases vs. Charges by Secondary Service Area Zip Codes, MHS, 2013



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

Figure 253. Prevention Quality Indicators Cases vs. Charges by Secondary Service Area Zip Codes, All Broward Hospitals, 2013



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

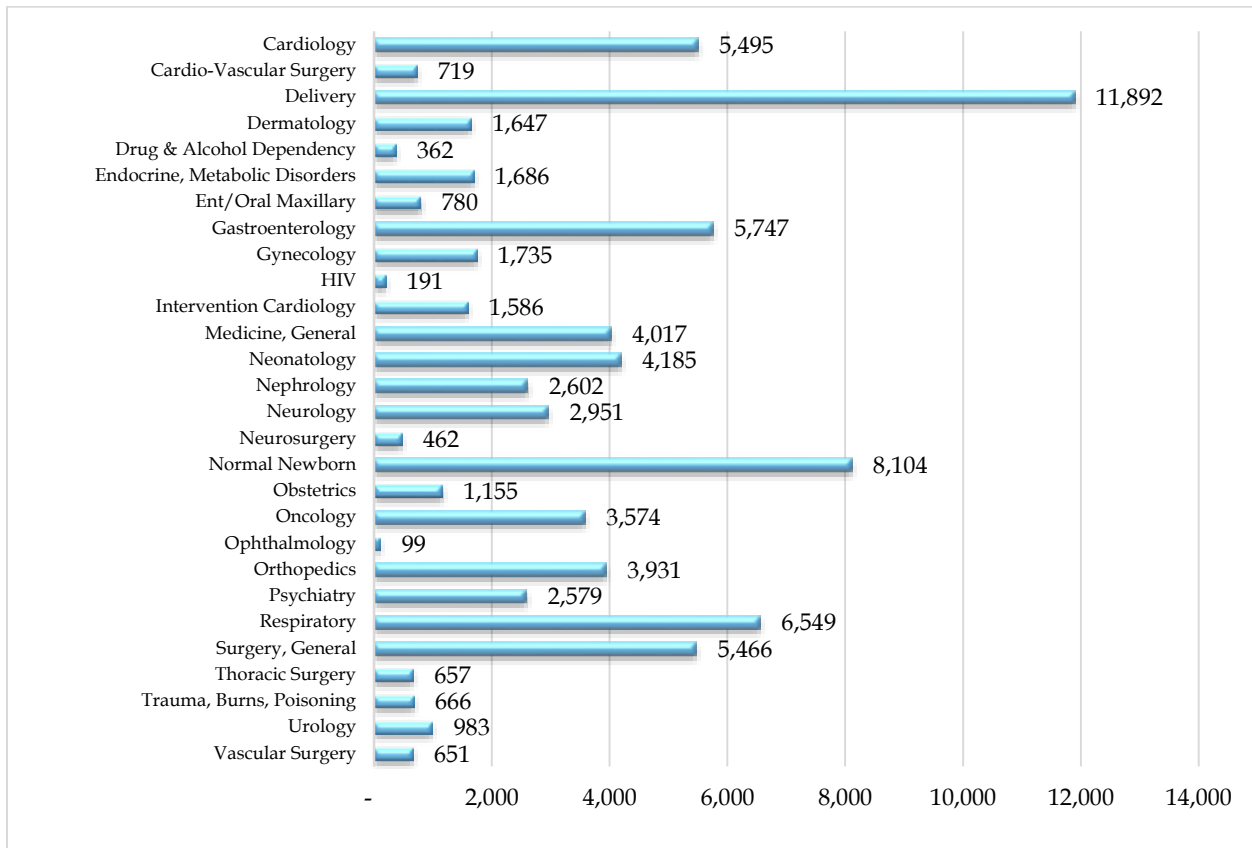
F. TOP 28 DIAGNOSIS RELATED GROUPS

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

F.1. DIAGNOSIS RELATED GROUPS IN MEMORIAL HEALTHCARE SYSTEM

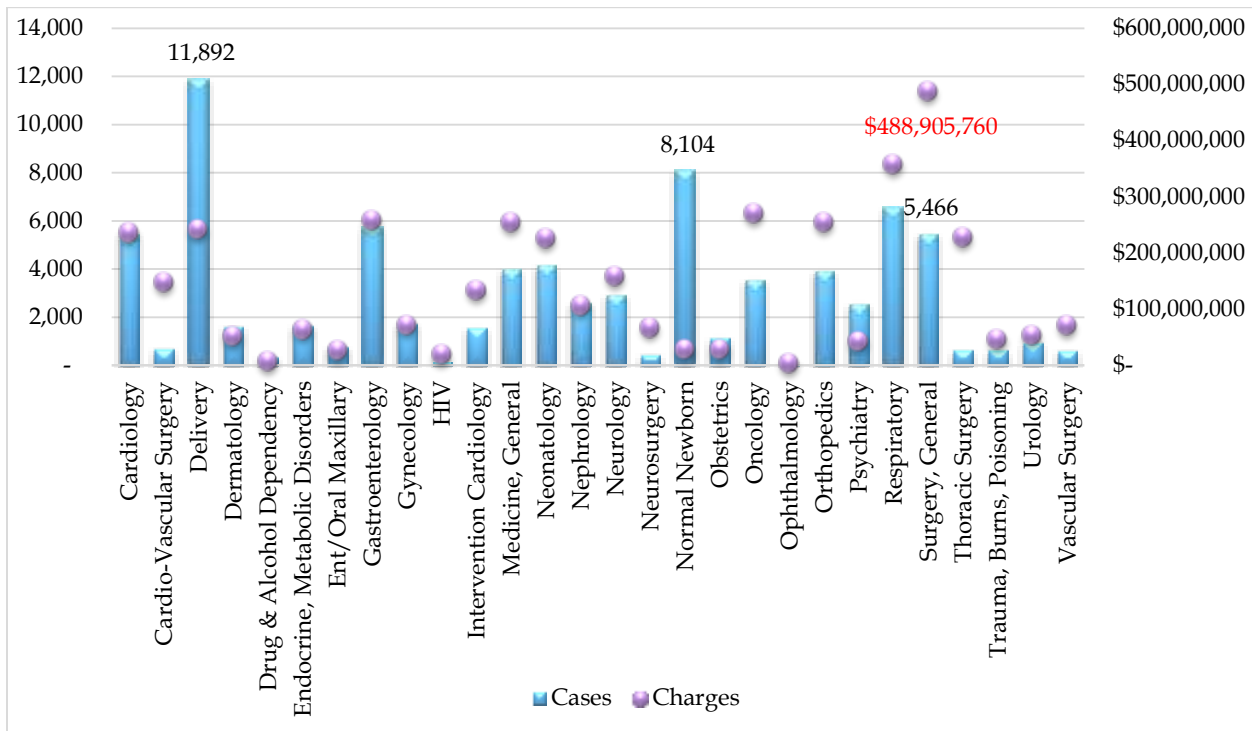
At Memorial Healthcare System, the total number of discharges for the top 28 medical services was 80,471. The highest number of discharges was within the Delivery category followed by Normal Newborn. The average length of stay is highest for Thoracic Surgeries (14.3 days).

Figure 254. Total DRG Discharges by Medical Service, MHS, 2013



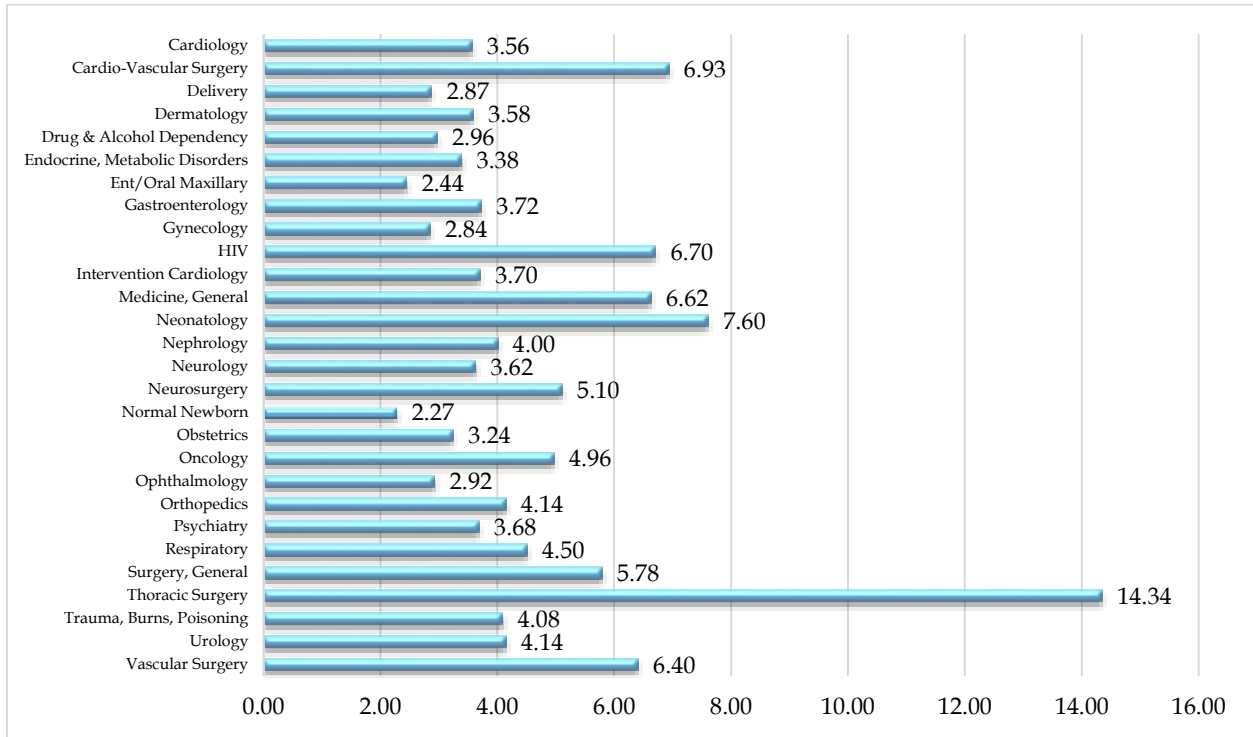
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 255. DRG's Discharges vs. Charges by Medical Service, MHS, 2013



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

Figure 256. DRG's Average Length of Stay (days) by Medical Service, MHS, 2013

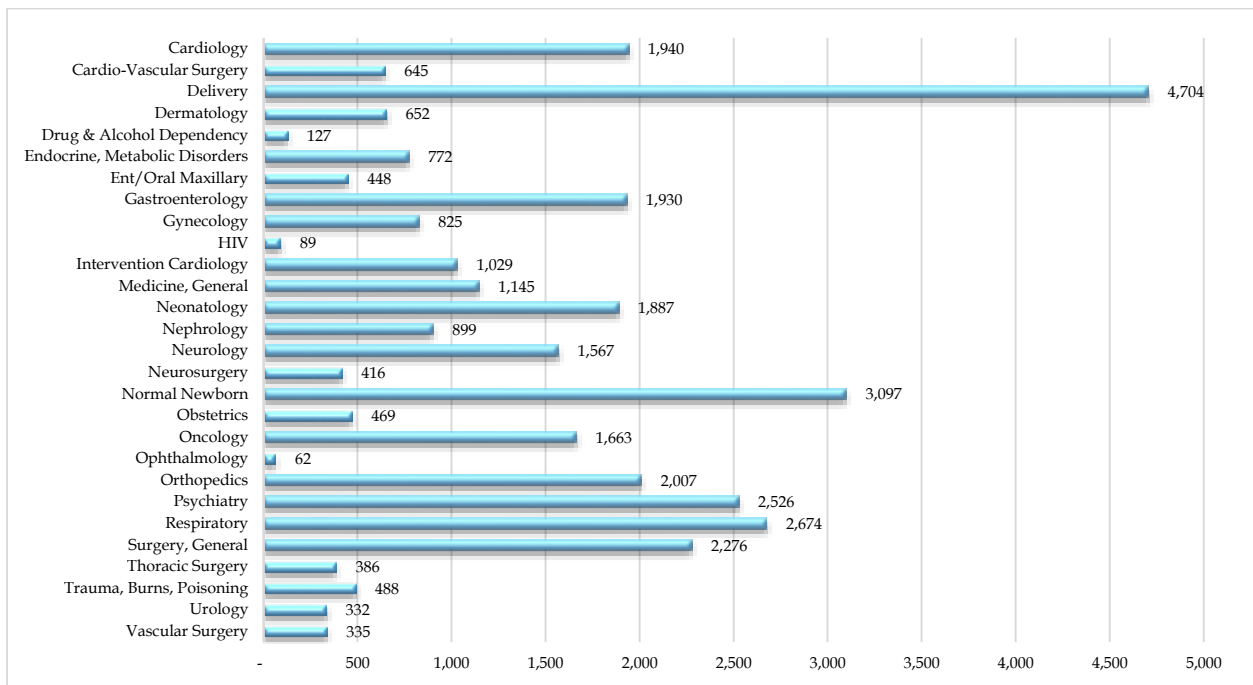


Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

F.2 DIAGNOSIS RELATED GROUPS - BREAKDOWN BY MHS FACILITY

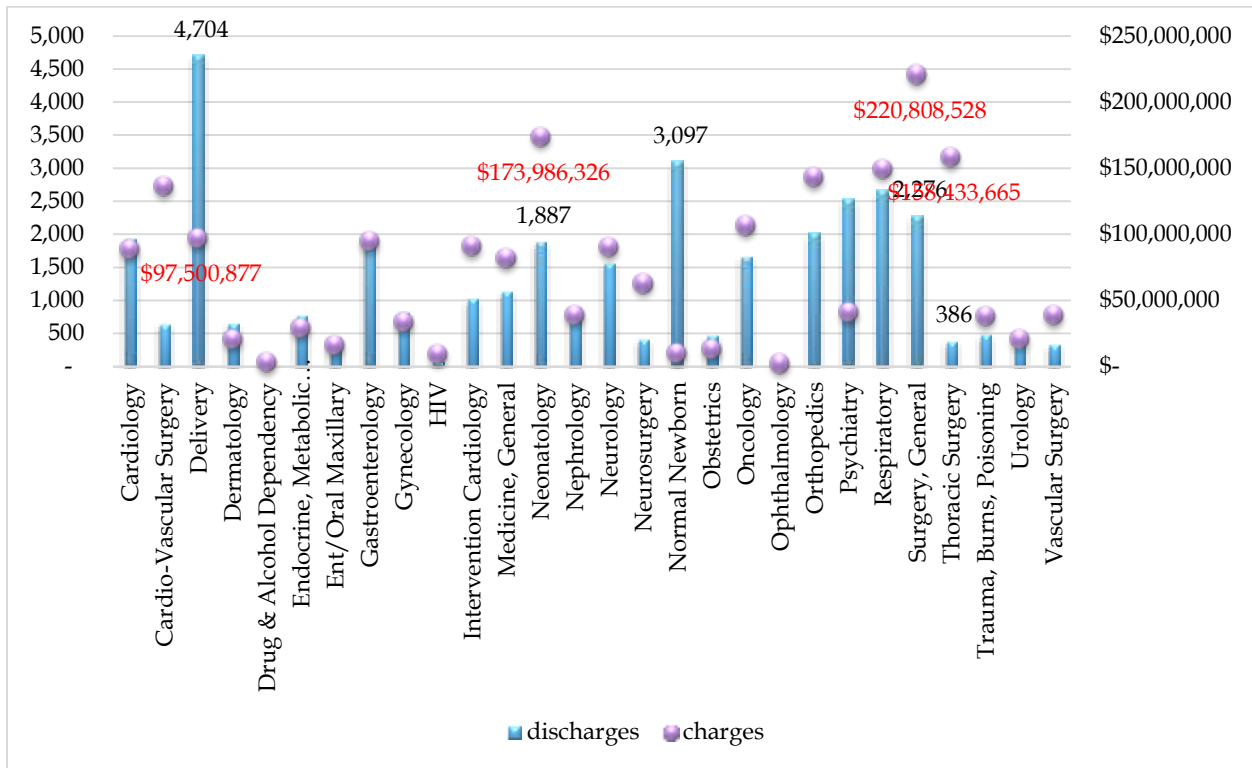
MEMORIAL REGIONAL HOSPITAL

Figure 257. Total DRG Discharges by Medical Service, Memorial Regional, 2013



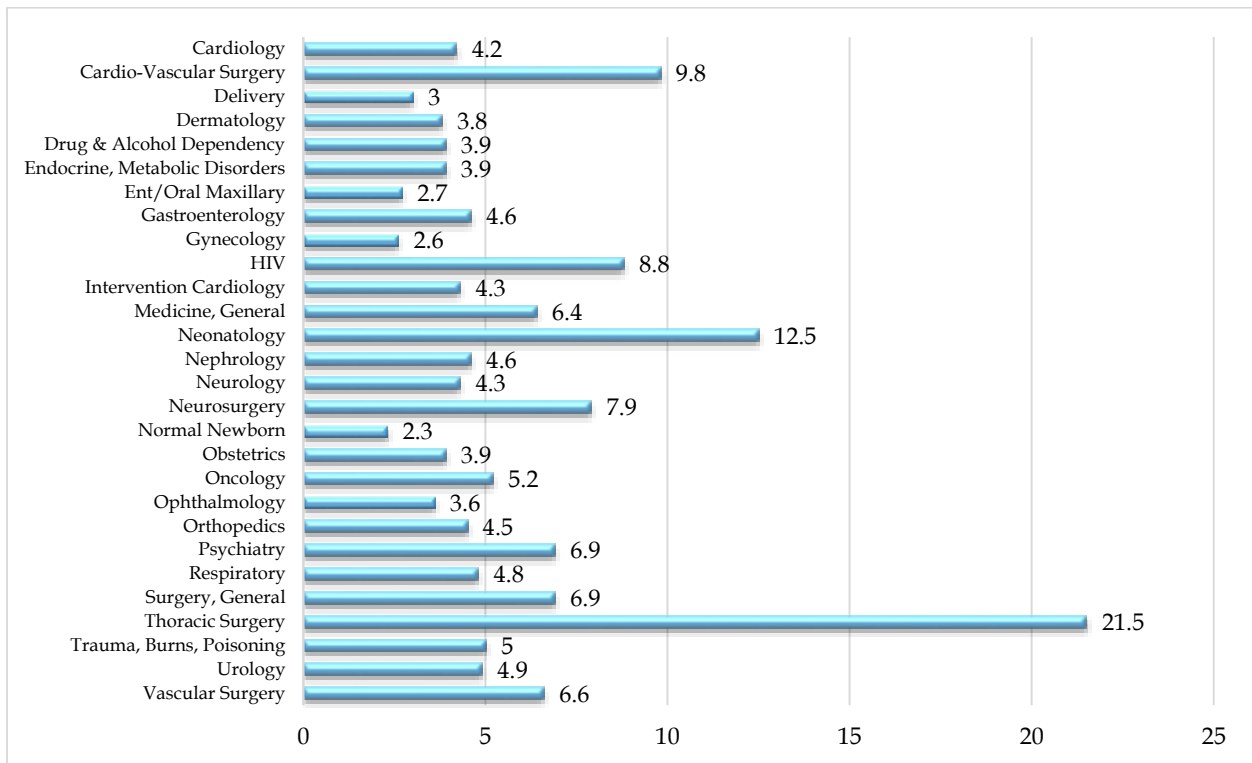
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 258. DRG's Discharges vs. Charges by Medical Service, Memorial Regional, 2013



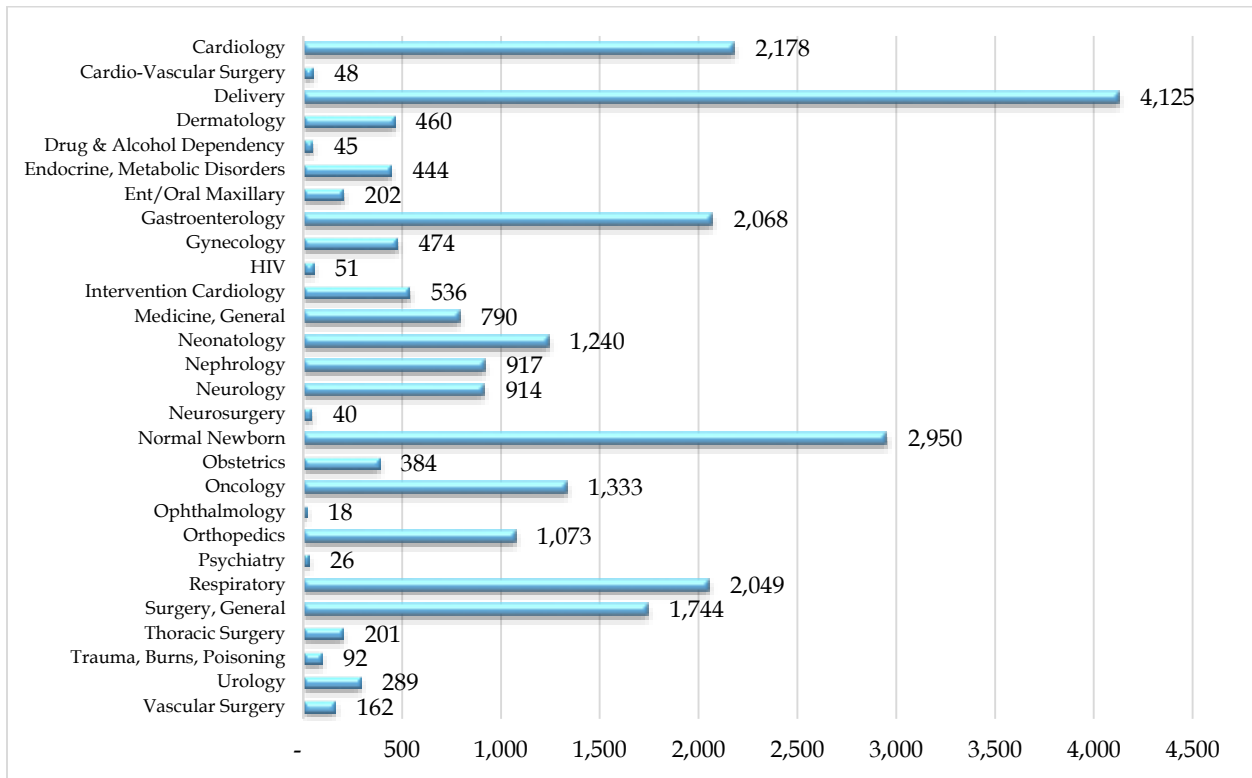
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 259. DRG's Average Length of Stay (days) by Medical Service, Memorial Regional, 2013



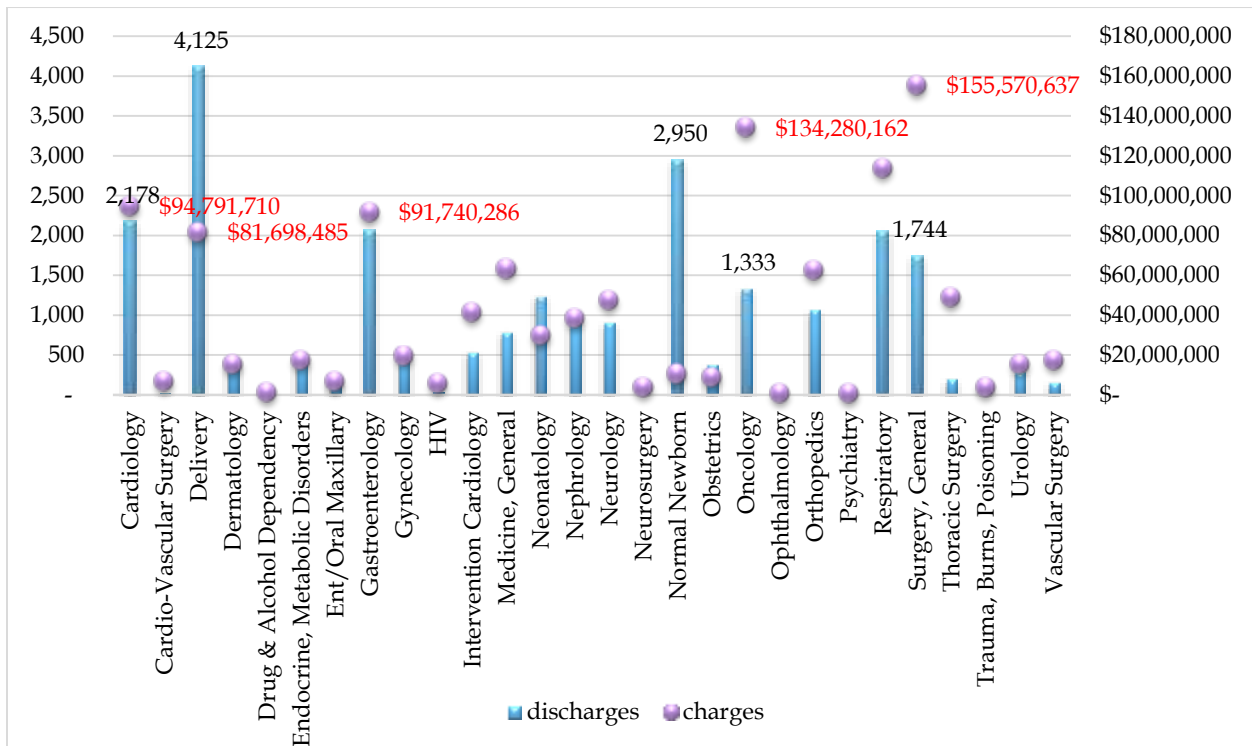
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 260. Total DRG Discharges by Medical Service, Memorial West, 2013



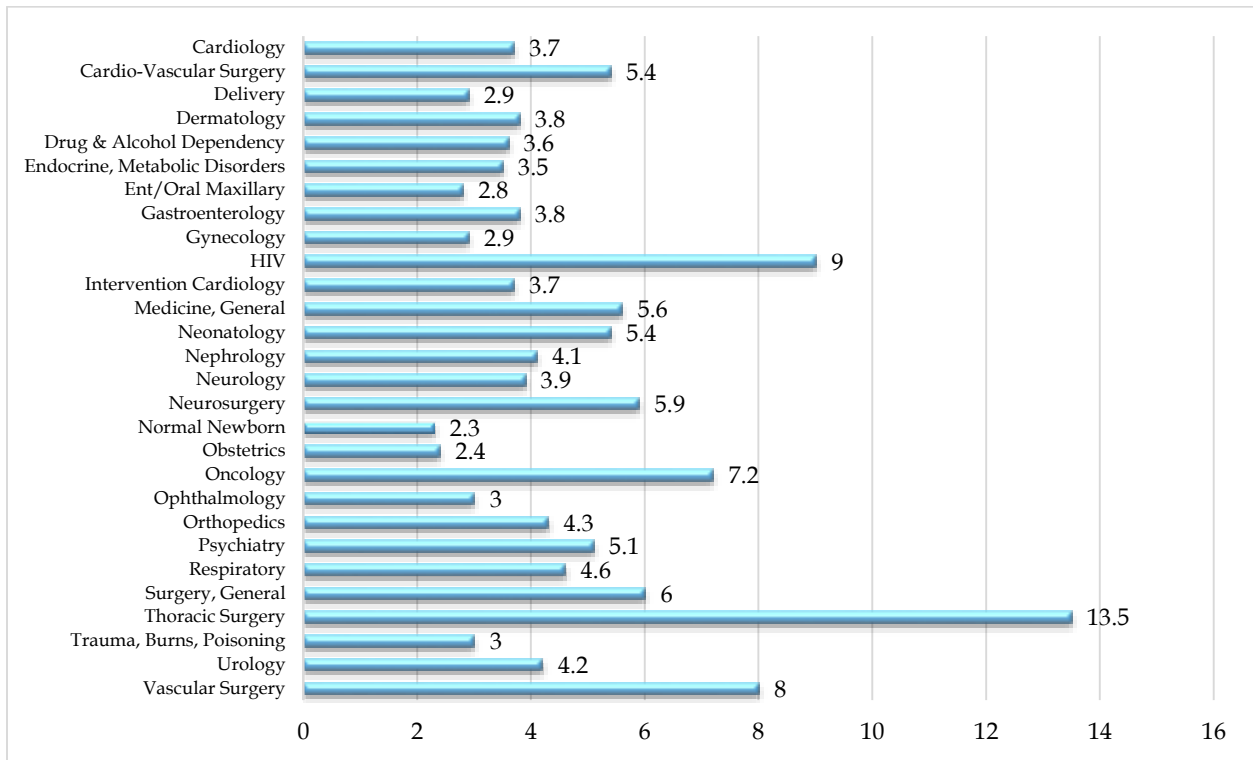
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 261. DRG's Discharges vs. Charges by Medical Service, Memorial West, 2013



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

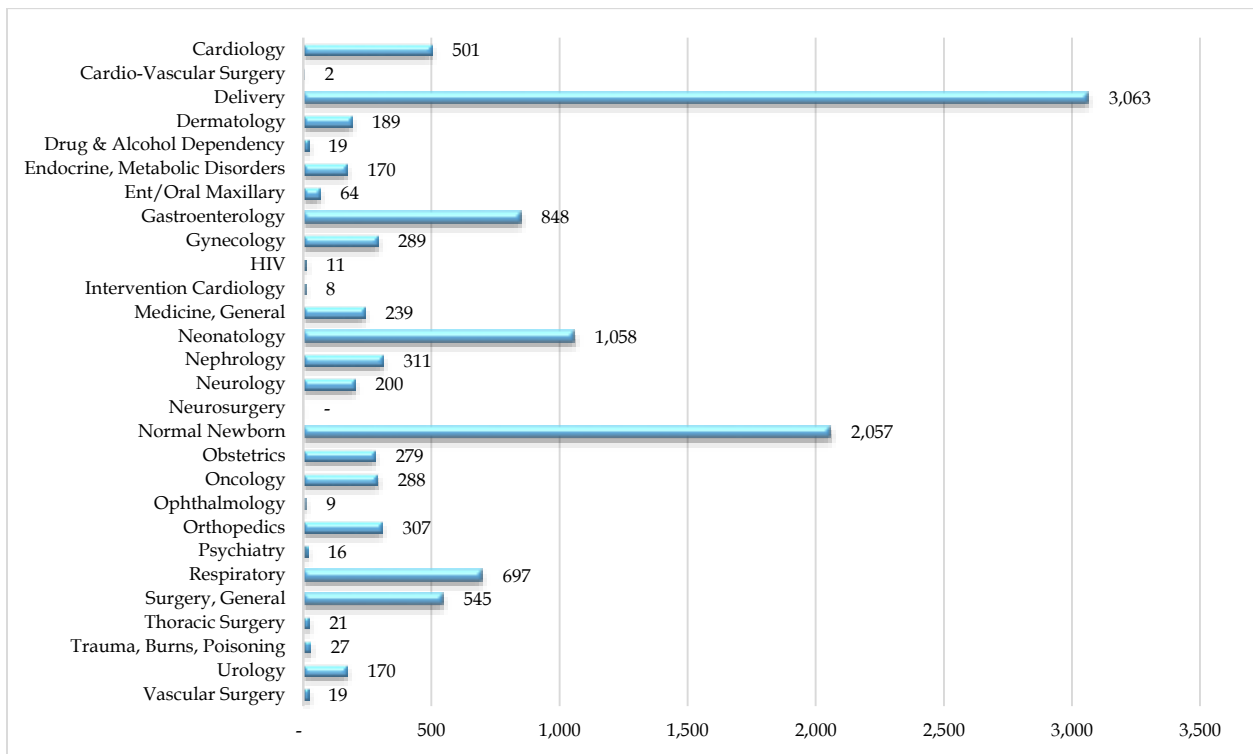
Figure 262. DRG's Average Length of Stay (days) by Medical Service, Memorial West, 2013



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

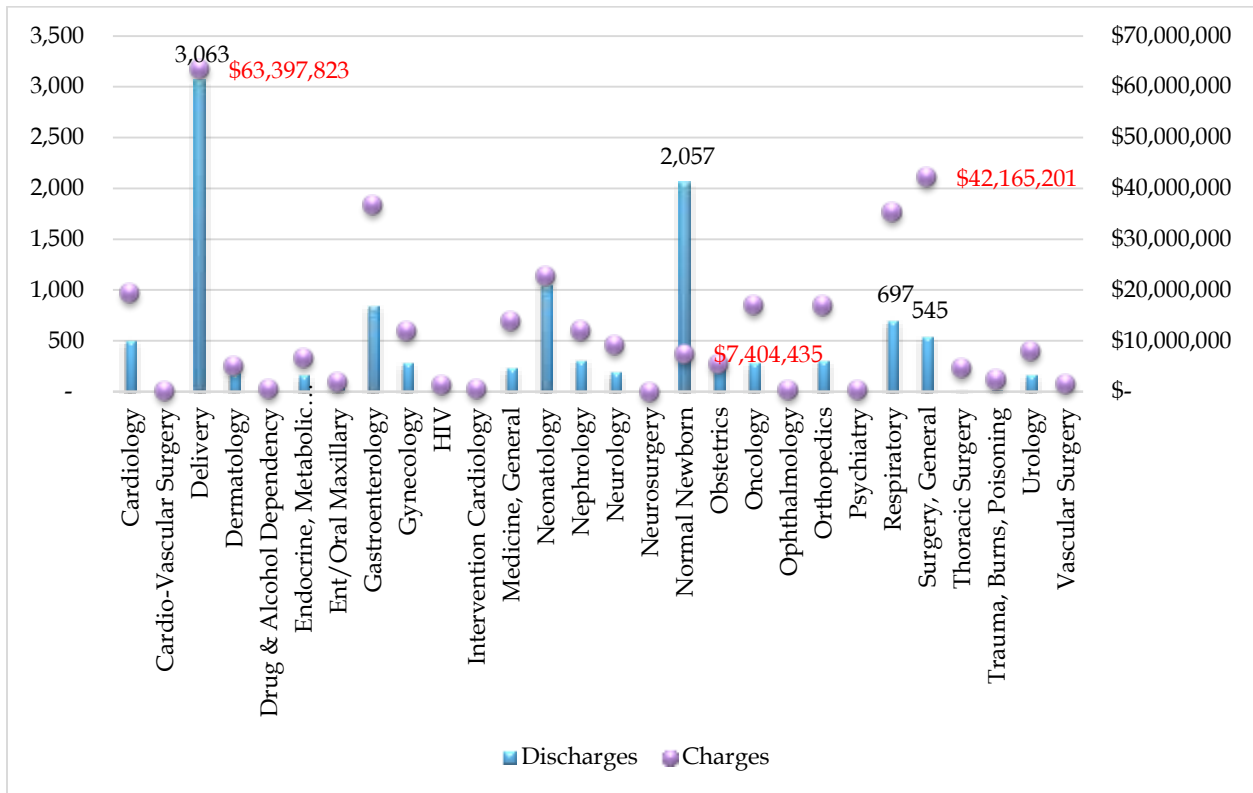
MEMORIAL MIRAMAR

Figure 263. Total DRG Discharges by Medical Service, Memorial Miramar, 2013



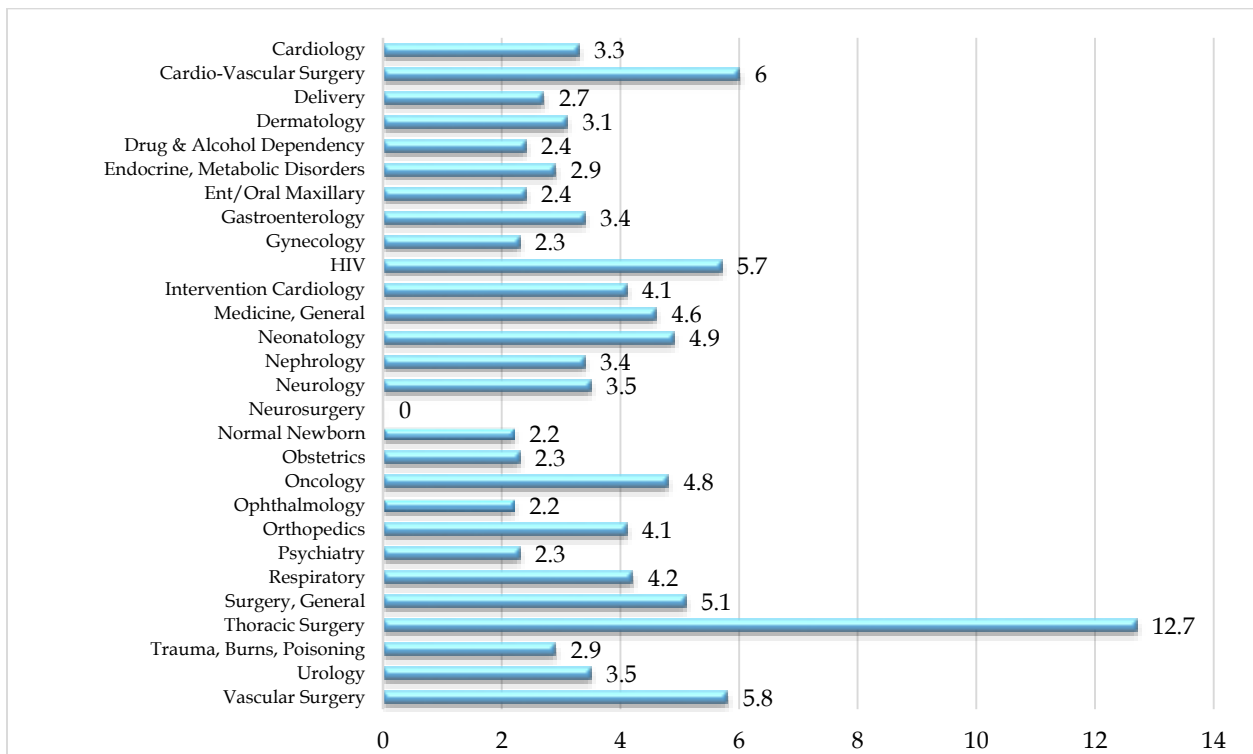
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 264. DRG's Discharges vs. Charges by Medical Service, Memorial Miramar, 2013



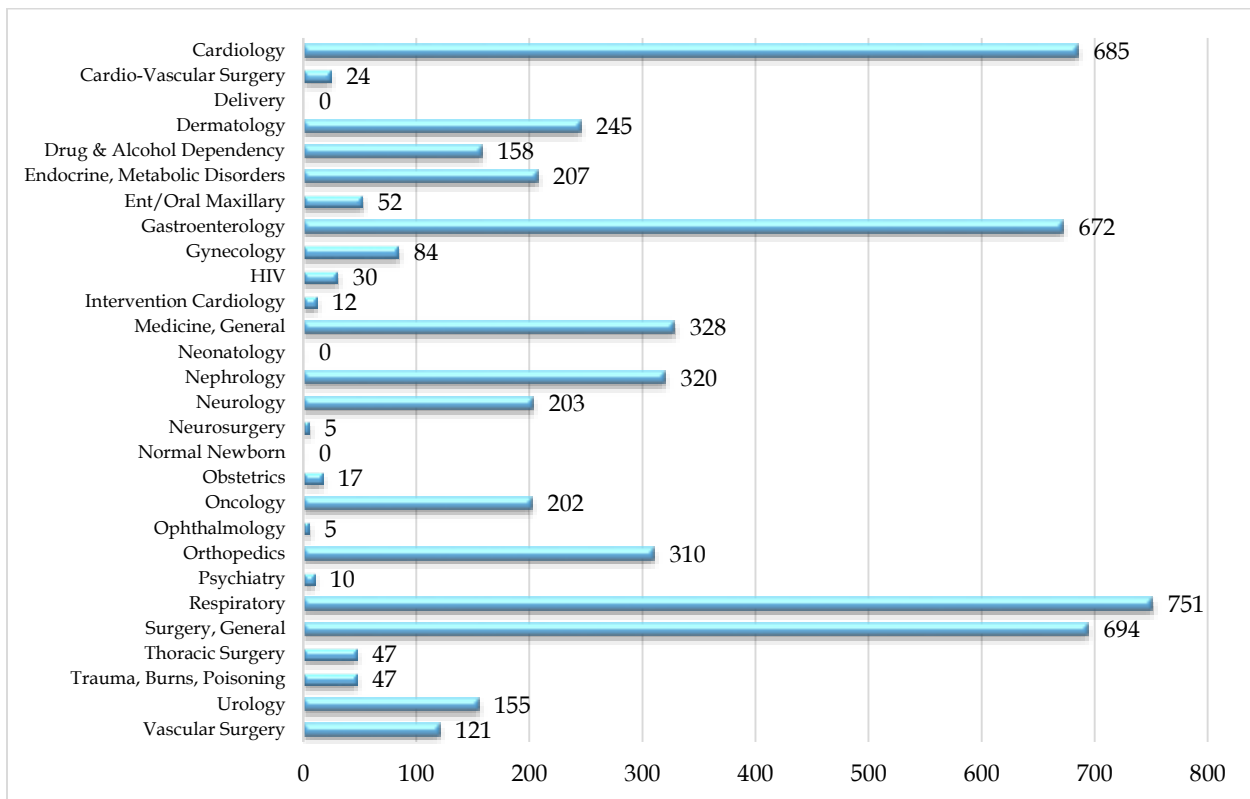
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 265. DRG's Average Length of Stay by Medical Service, Memorial Miramar, 2013



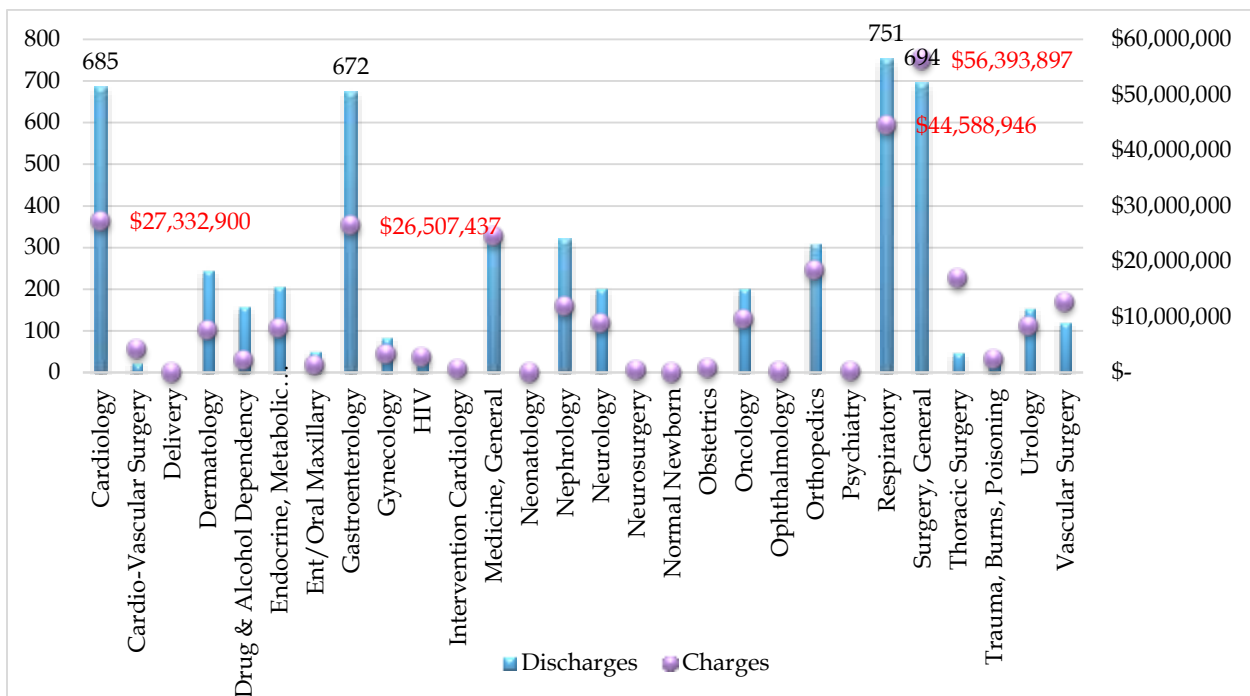
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 266. Total DRG Discharges by Medical Service, Memorial Pembroke, 2013



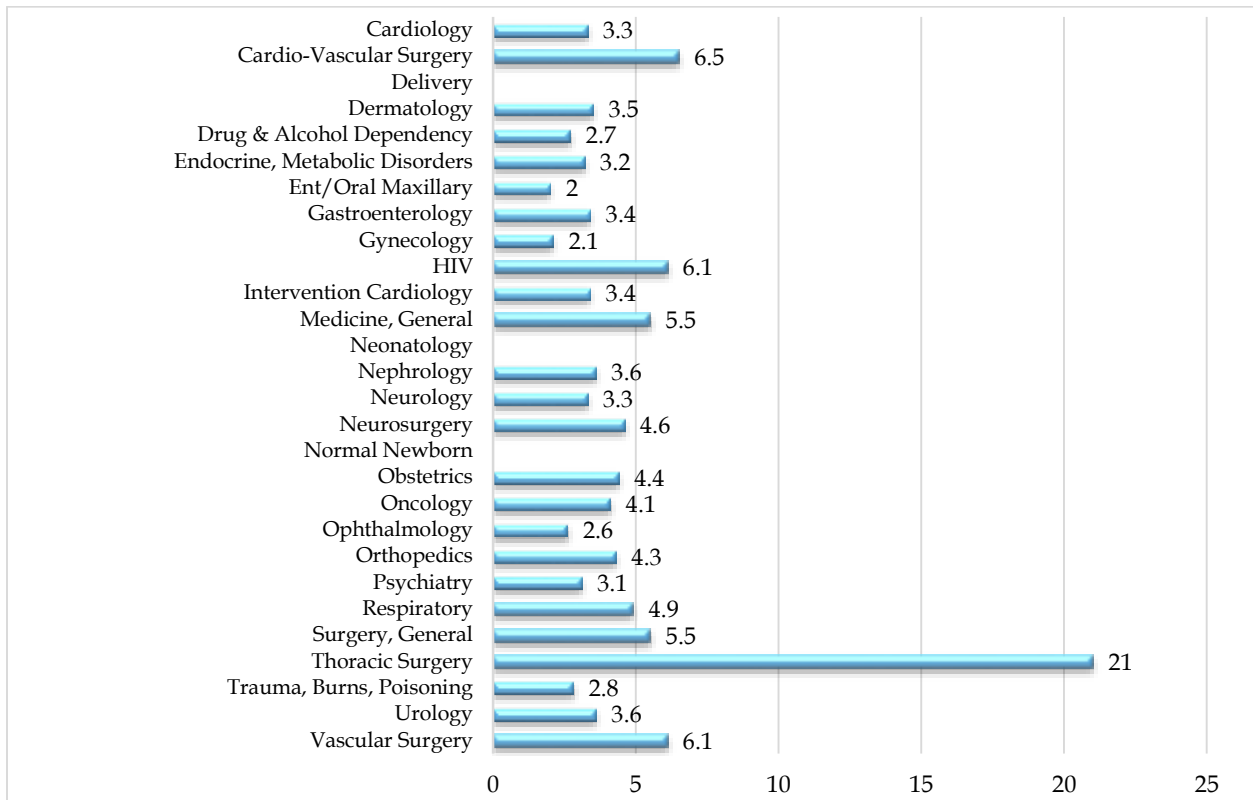
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 267. DRG's Discharges vs. Charges by Medical Service, Memorial Pembroke, 2013



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

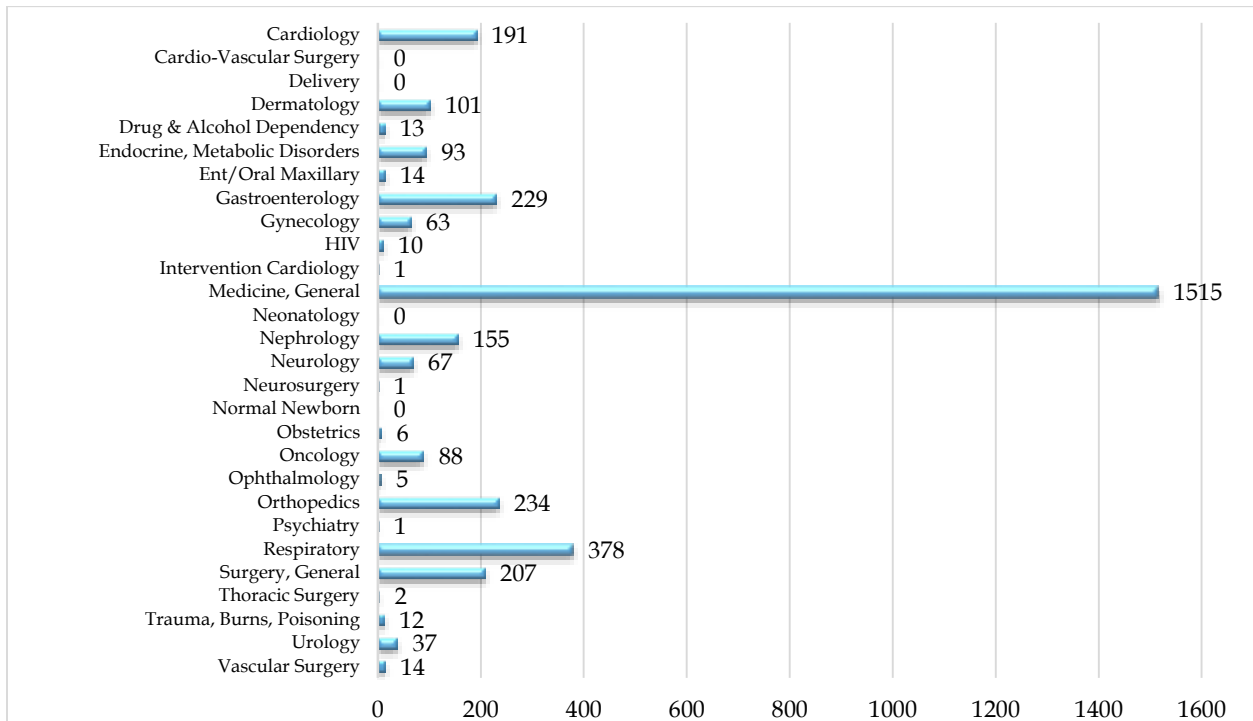
Figure 268. DRG's Average Length of Stay by Medical Service, Memorial Pembroke, 2013



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

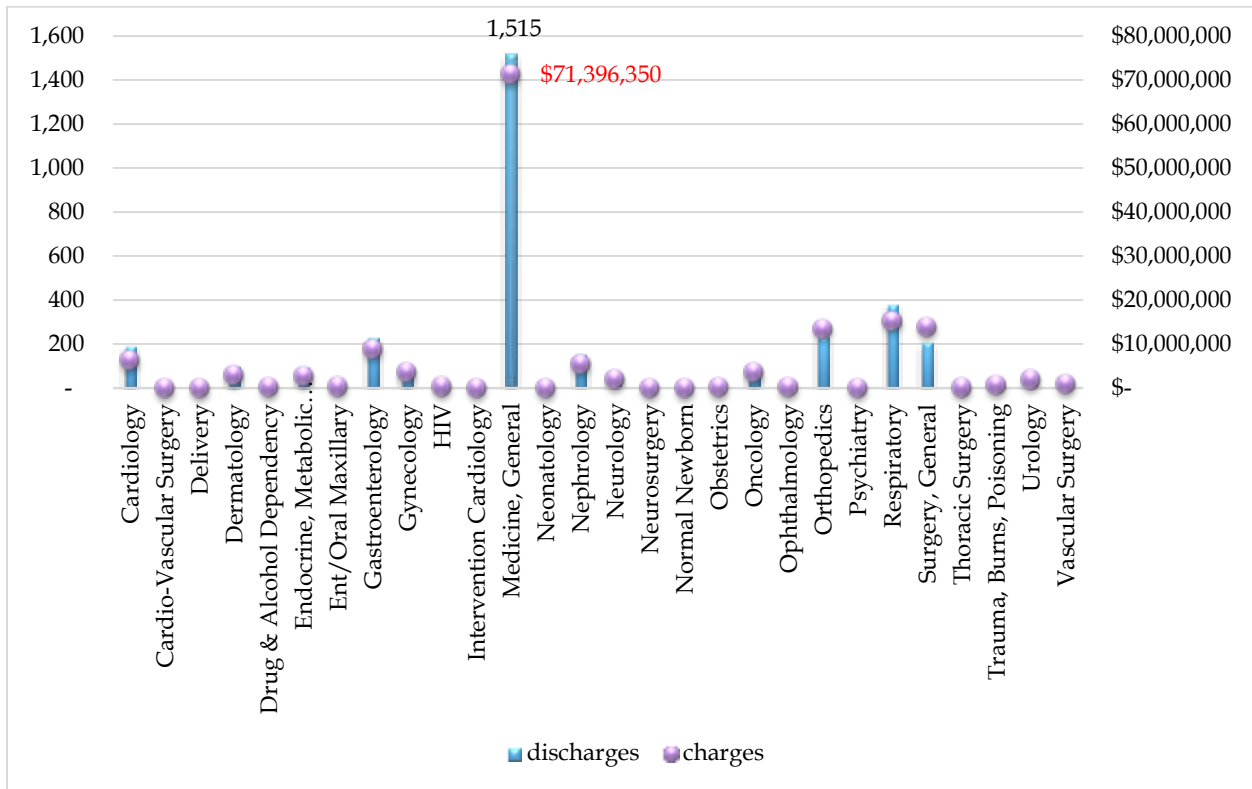
MEMORIAL SOUTH

Figure 269. Total DRG Discharges by Medical Service, Memorial South, 2013



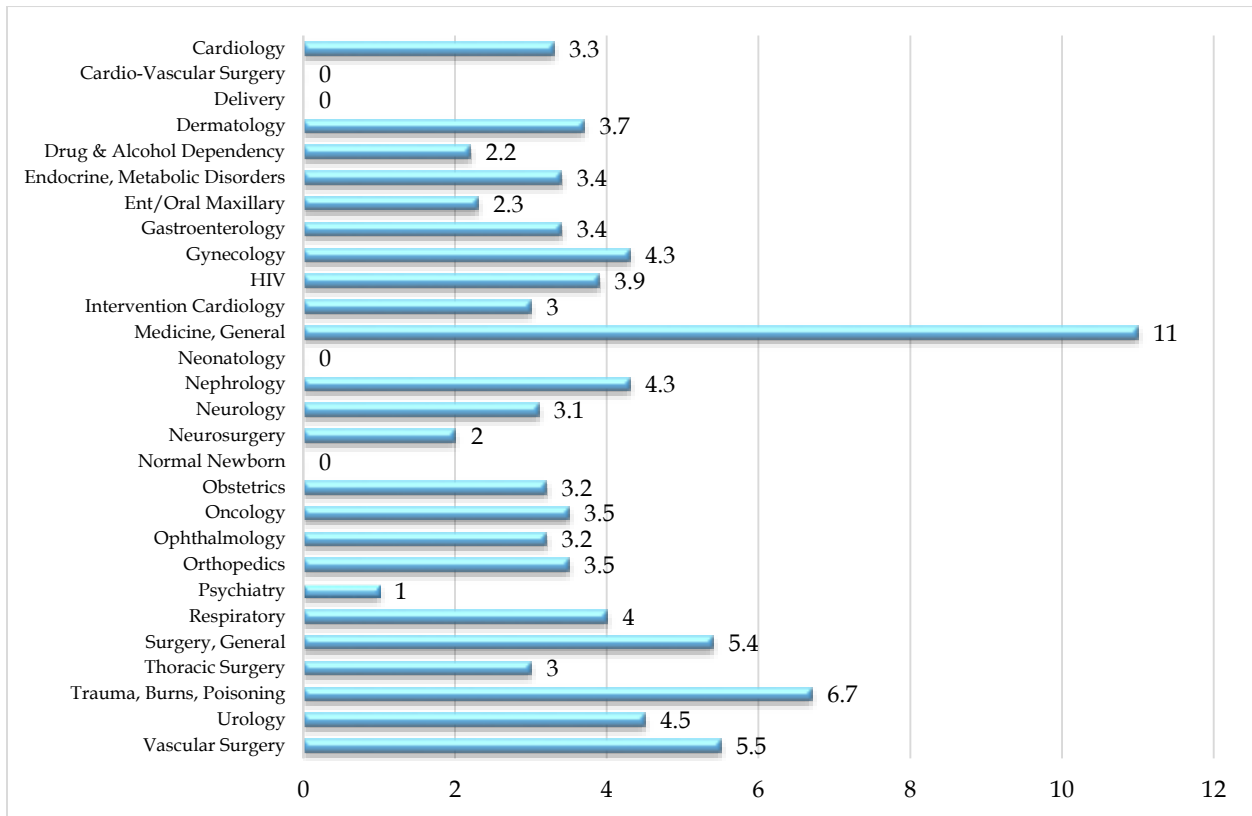
Source: Medical Services/DRGs, Broward Regional Health Planning Council, Inc. Data Warehouse

Figure 270. DRG's Discharges vs. Charges by Medical Service, Memorial South, 2013



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

Figure 271. DRG's Average Length of Stay by Medical Service, Memorial South, 2013



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

11. SELF-INFLICTED INJURY

A. SELF-INFLICTED INJURY

As mentioned previously, Behavioral health encompasses a variety of factors which can impact an individual's health. The Behavioral Risk Factor Surveillance System (BRFSS) is conducted by the CDC. The BRFSS relies on a system of state-based health surveys utilized to collect information on a variety of factors, including health-risk behaviors, preventive health practices, and healthcare access as related to chronic disease and injury. The Youth Risk Behavior Survey was conducted in Florida in 2009, 2011 and 2013. The purpose of this survey is to obtain county-level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality.

Table 24 summarizes behavioral health risk factors for depression and suicide among youth in Broward County from 2009 to 2013.

Table 24. Youth Risk Behavior Survey, Broward County, 2009-2013

DEPRESSION/ SUICIDE	2009 Total Percentage (95% Confidence Interval)	2011 Total Percentage (95% Confidence Interval)	2013 Total Percentage (95% Confidence Interval)	2013 Female Percentage (95% Confidence Interval)	2013 Male Percentage (95% Confidence Interval)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before survey)	26.6 (24.0–29.4)	26.7 (24.5–29.0)	25.1 (22.6–27.7)	34.5 (31.0–38.2)	15.9 (13.2–19.1)
Seriously Considered Attempting Suicide (during the 12 months before the survey)	11.0 (9.2–13.1)	12.3 (10.3–14.6)	12.7 (10.6–15.2)	15.8 (12.6–19.5)	9.0 (7.3–11.0)
Made Plan About How Would Attempt Suicide (during the 12 months before the survey)	9.2 (7.7–10.9)	10.1 (8.4–12.0)	11.8 (10.2–13.7)	13.7 (11.1–16.7)	9.5 (7.8–11.4)
Attempted Suicide One Or More Times (during the 12 months before the survey)	6.4 (5.0–8.1)	6.0 (4.8–7.4)	8.3 (6.5–10.5)	9.5 (7.2–12.4)	6.1 (3.9–9.3)
Suicide Attempt Resulted In An Injury, Poisoning, Or Overdose That Had To Be Treated By A Doctor Or Nurse (during the 12 months before survey)	2.9 (2.0–4.2)	2.2 (1.5–3.2)	4.1 (2.9–5.7)	3.8 (2.6–5.6)	4.0 (2.2–7.1)

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

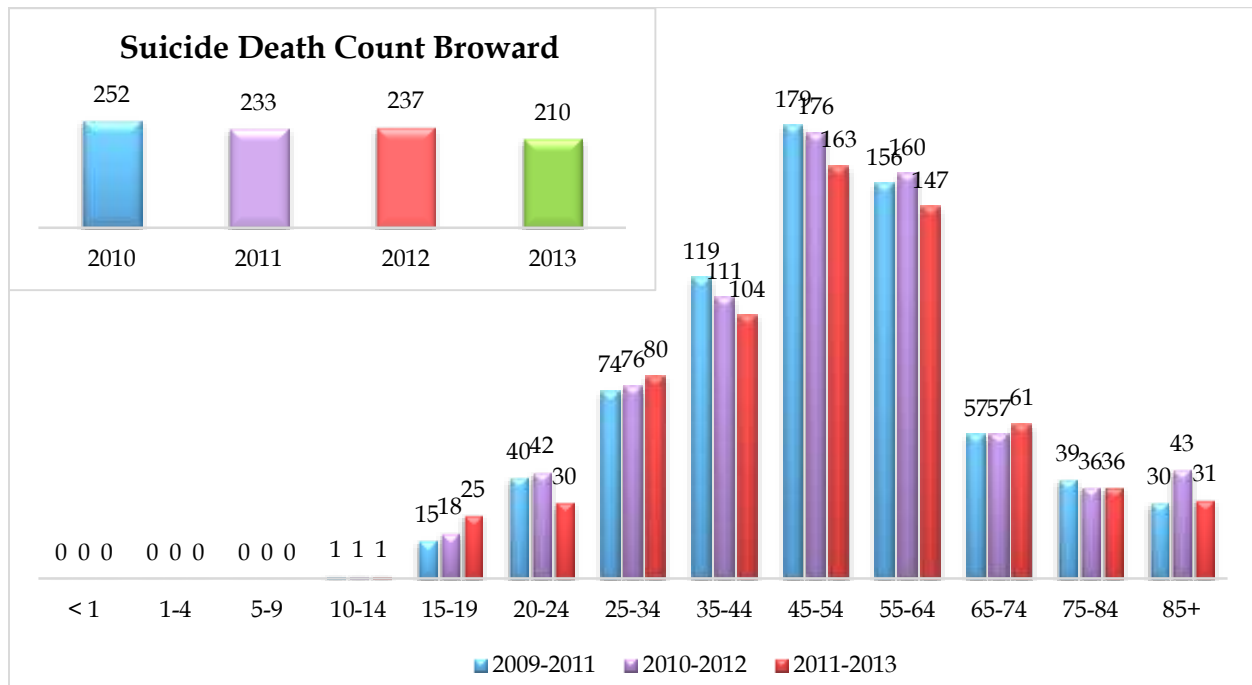
Green = Improvement from the previous survey year

Yellow = No significant change from the previous survey year

Red = Lack of improvement from the previous survey year

The figure below shows that the suicide death count has decreased in Broward County.

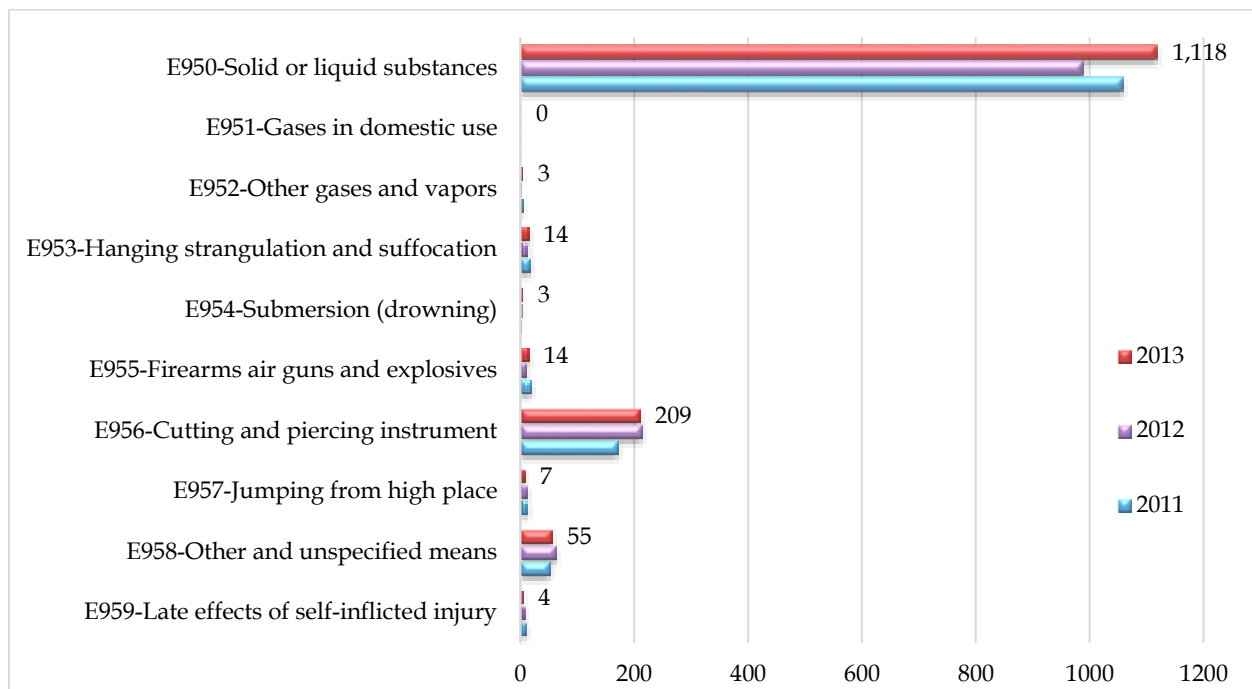
Figure 272. Suicide Death Count by Age, Broward County, 2010-2013



Source: Florida Charts

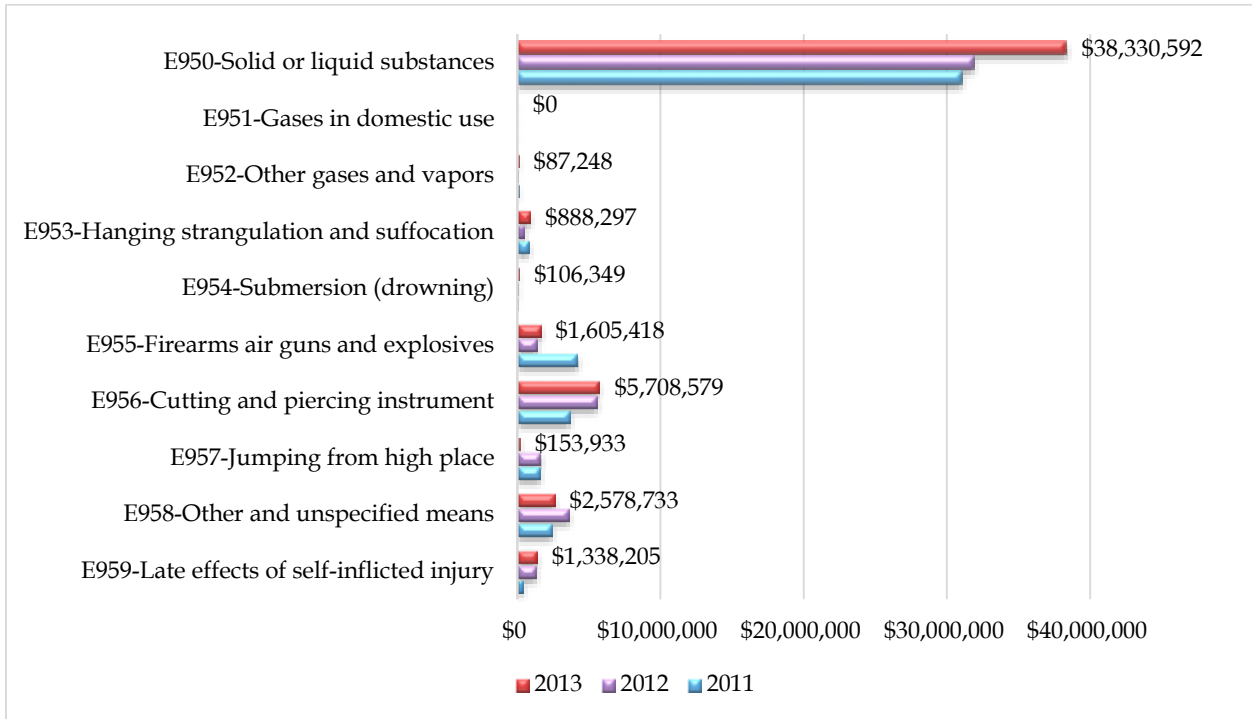
Figure 273 and Figure 274 shows the self-inflicted injury cases in Broward County requiring hospitalization from 2011 to 2013. As shown in the figures, the majority of self-inflicted injury cases are due to solid or liquid substances, followed by injuries from cutting or piercing instruments.

Figure 273. Self-Inflicted Injury Hospitalization Cases, Broward County Hospitals, 2011-2013



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

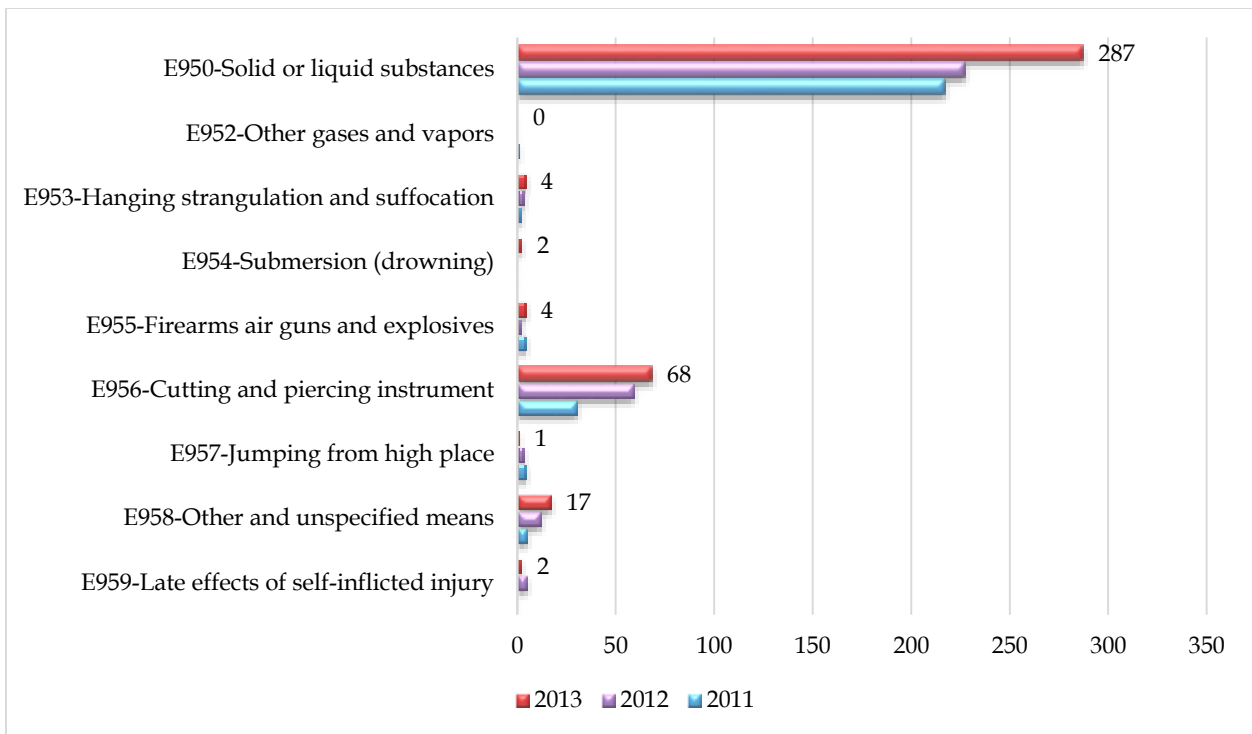
Figure 274. Self-Inflicted Injury Hospitalization Charges, All Broward County Hospitals, 2011-2013



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

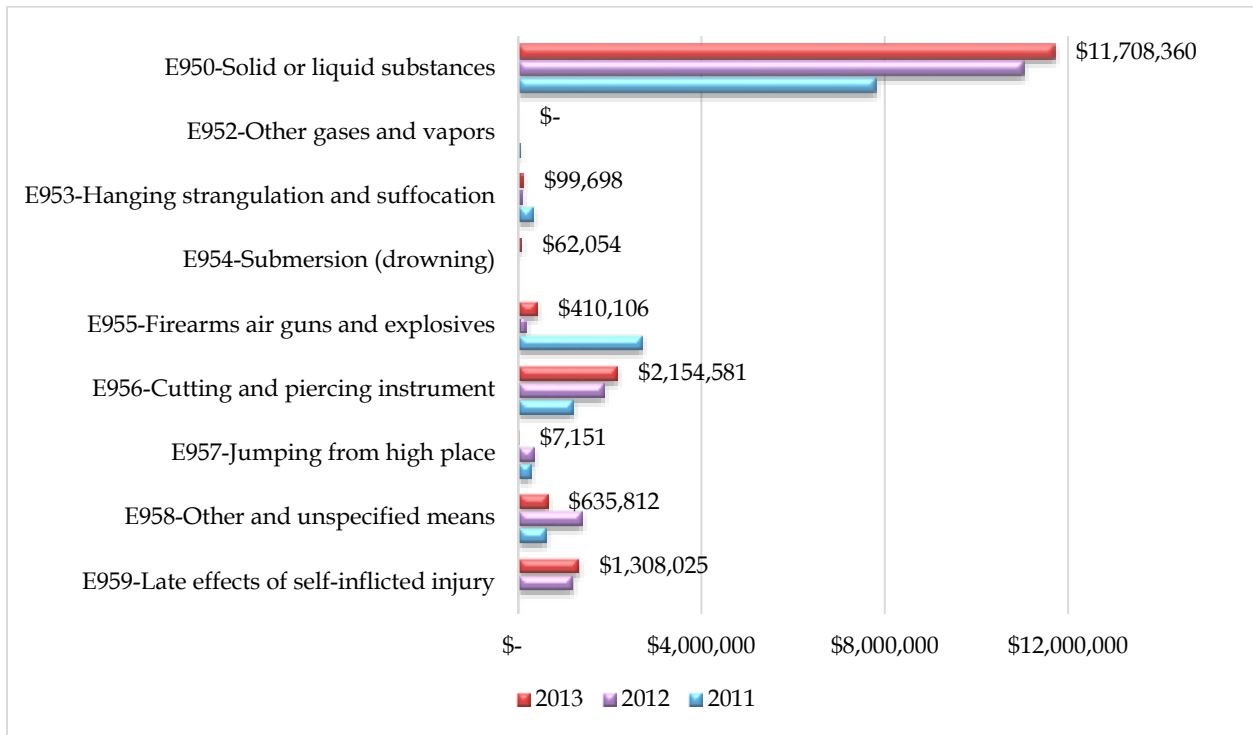
Figure 275 depicts the rate of self-inflicted injury cases treated at Memorial Healthcare System. The majority of the self-inflicted injury cases were the result of use of solid or liquid substances, primarily among the white population.

Figure 275. Self-Inflicted Injury Hospitalization Cases, MHS, 2011-2013



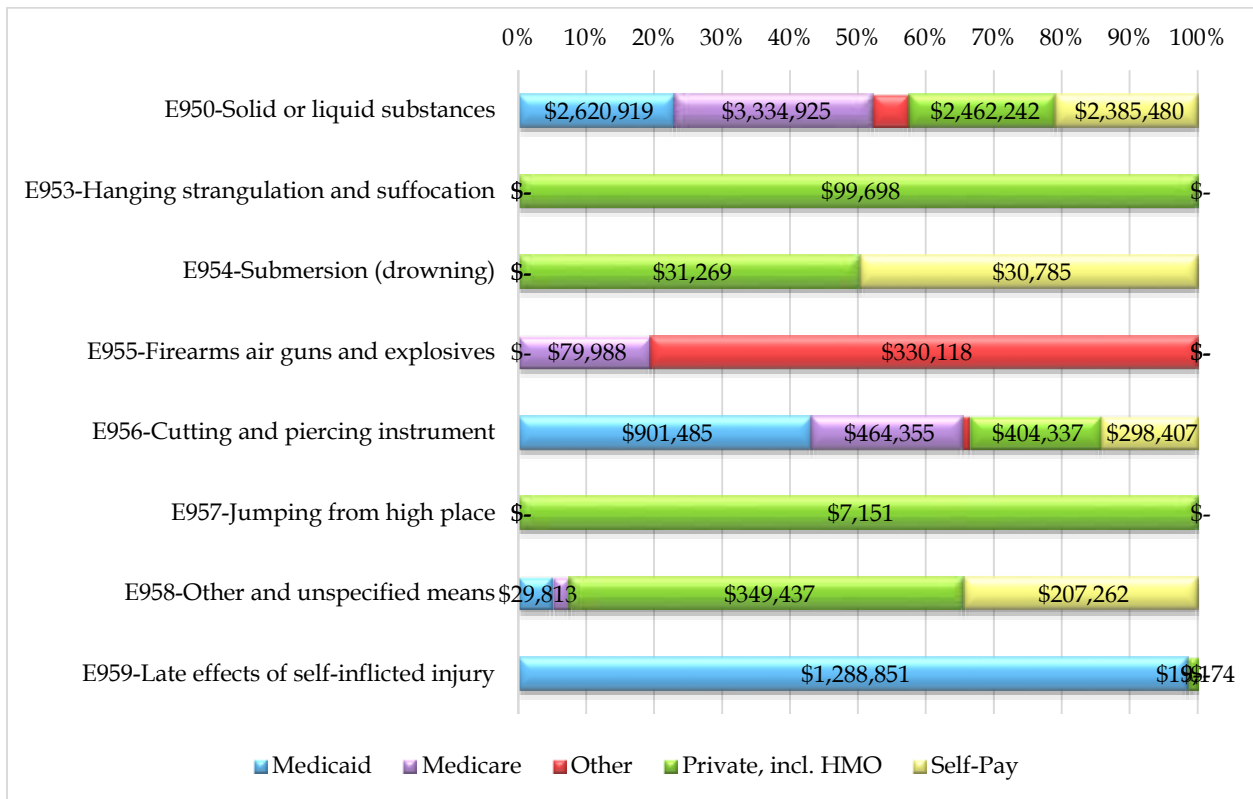
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

Figure 276. Self-Inflicted Injury Hospitalization Charges, MHS, 2011-2013



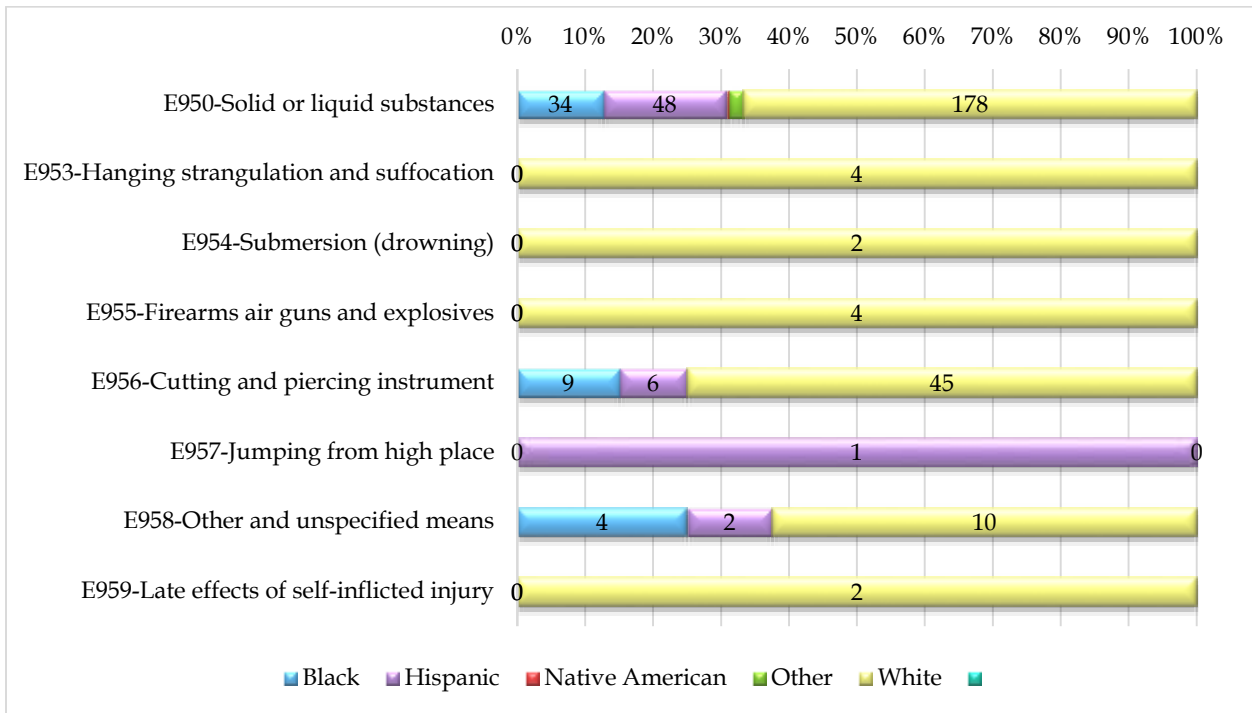
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

Figure 277. Self-Inflicted Injury Hospitalization, Charges by Payer, MHS, 2013



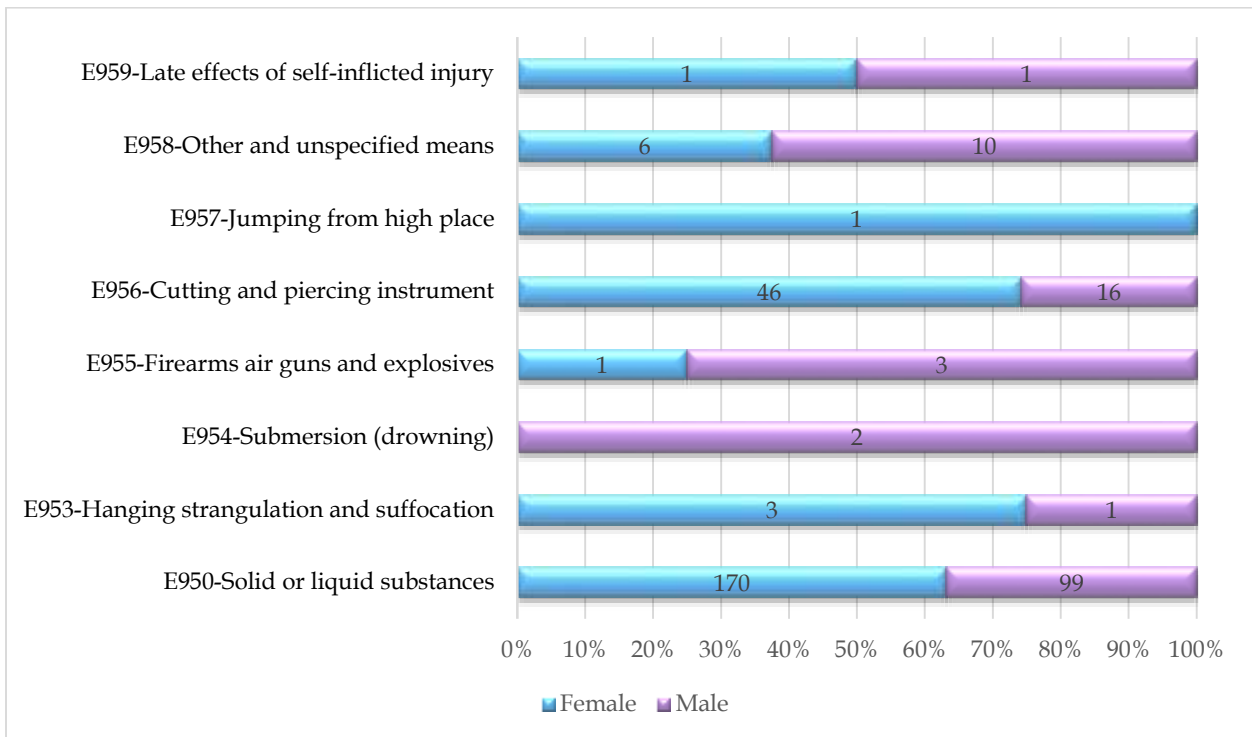
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

Figure 278. Self-Inflicted Injury Cases by Race/Ethnicity, MHS, 2013



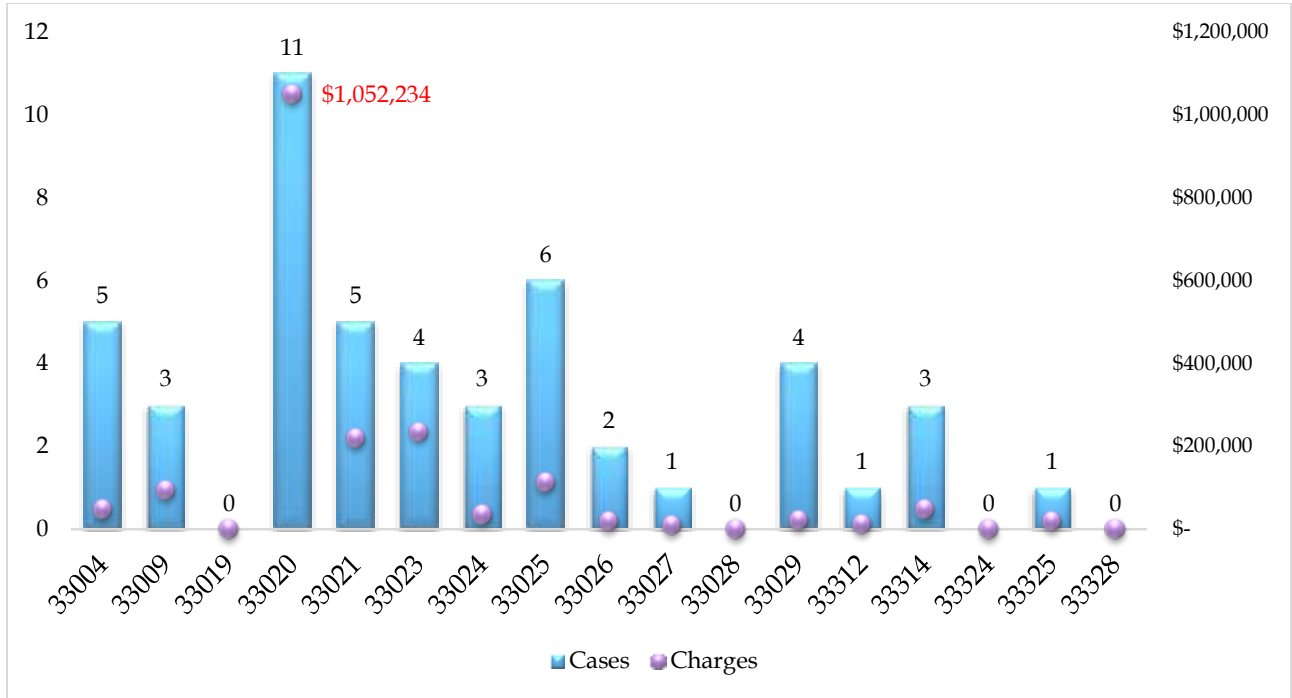
Source: Broward Regional Health Planning Council, Inc. Data Warehouse, Self-Inflicted Injury

Figure 279. Self-Inflicted Injury Cases by Gender, MHS, 2013



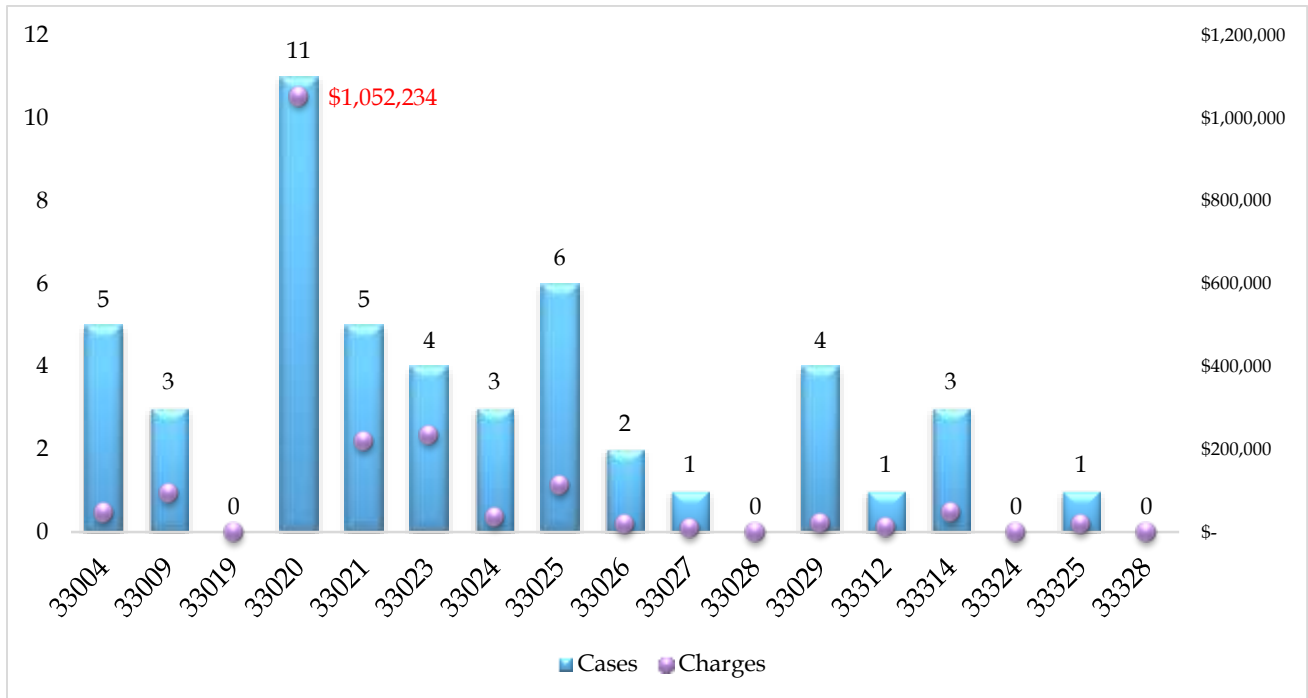
Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 280. Self-Inflicted Injury Hospitalization, Cases vs. Charges by Primary Service Area Zip Codes, MHS, 2013 - E-950: Solid or Liquid Substances



Source: Broward Regional Health Planning Council, Health Data Warehouse

Figure 281. Self-Inflicted Injury Hospitalization, Cases vs. Charges by Primary Service Area Zip Codes, MHS, 2013 - E-956 Cutting and Piercing Instrument



Source: Broward Regional Health Planning Council, Health Data Warehouse

V. QUALITATIVE PROFILE

Qualitative data, in contrast to quantitative data, can be subjective, and help describe attributes, characteristics and properties. The data for this assessment is based on findings from the following:

- Focus Groups with consumers of healthcare services in the community
- Focus Groups with health and human services providers
- Key Informant Surveys
- Community Conversation Event

1. COMMUNITY FOCUS GROUPS

METHODOLOGY

The Participants. Focus groups are typically comprised of 8 to 15 participants who do not know one another and who have similar associations to the topic being investigated. The focus groups sessions were well attended with an average of 15 attendees per session.

The Setting. The focus groups were held in conference room settings. Refreshments and incentives were also provided to participants in appreciation for their time and contribution. Each group lasted approximately 90 minutes. The conversations were audio taped and transcribed, and the transcriptions were used as a basis for this report. Before the discussion began, the moderator gave an introduction about the purpose of the meeting and the expectations of the participants, and assured the participants that their responses were confidential and no names would be attached to the responses given.

Five community focus groups were conducted. Themes and negative/positive attributes were used to thread the responses when appropriate.

Dates	Locations	Time	# of Participants
1/27/15	Community Access Center (CAC)	2:30 pm	17
2/3/15	Hispanic Unity (HU)	3:30 pm	15
2/18/15	Broward Outreach Centers (South BOC)	3:30 pm	15
2/24/15	Moms Program (MP)	11:00 am	12
2/25/15	Hepburn Center (HC)	10:00 am	15

Target Audience							
Agency	Homeless Individuals	Low Income Adults & Seniors	Parents	Uninsured/ Underinsured	Minority	Spanish Speakers	Haitian Creole Speakers
CAC		✓		✓	✓		✓
HU		✓	✓	✓	✓	✓	
South BOC	✓	✓		✓	✓		
MP		✓	✓	✓	✓	✓	✓
HC		✓		✓	✓	✓	

Community Focus Group Questions
1. Can you describe the process you go through to get healthcare?
2. Do you have any barriers?
3. How would you describe the quality of care you receive when you are seen?
4. When you are seen for treatment, how are you treated? Are you treated with dignity?
5. How has health insurance impacted your healthcare?
6. How do you think the delivery of health care services in Broward County could be improved?

RESULTS

The following presents common themes that were identified across all community groups. To be noted is that several respondents in each group spoke highly of the agency that hosted the meetings. They expressed their appreciation for the services they had received through the agency, especially in terms of facilitating access to healthcare services.

1. PROCESS TO OBTAIN HEALTHCARE

Reported challenges/areas of need:

- Access to healthcare is difficult without insurance.
- Difficulty in completing applications for coverage.
- Obtaining health care without insurance is too costly.
- Lack of knowledge regarding coverage (benefits and deductibles).
- Use of Emergency Room for routine care.

Reported areas of satisfaction:

- Walk-in clinics
- Mobile clinics
- Health Fairs
- Coverage through employer
- Primary care card
- Community agencies/case managers provide information/referrals.

Quotes:

- *"I have to ask a lot of questions to understand the system."*
- *"I have been trying to get Obama Care, but the deductibles are too high."*
- *"I call the clinic, I can easily get an appointment. I don't have a problem."*
- *"Go to urgent care because they're open 24/7."*

2. BARRIERS TO ACCESSING HEALTHCARE

Coverage

- Lack of health insurance coverage.
- Process is confusing and lengthy to apply for healthcare.

Affordability

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

Knowledge

- Lack of knowledge with regard to services, eligibility, and navigation.
- Lack of understanding of the Affordable Care Act.
- Lack of knowledgeable agents.

Access to Care

- Lack of access to transportation to get to doctors.
- No telephone due to homelessness.

- Immigration status: Undocumented or must be a resident for 5 years.
- Eligibility criteria is rigorous (income too high or too low).

Communication

- Limited bilingual clinical staff.
- Lack of knowledgeable agents.
- Information not consistent from one resource to another.

Quotes:

- *"[There is a] lack of staff to translate for patients who do not speak English."*
- *"[There is a] lack of knowledge on how the system works. We are not understanding what insurance covers; like, the specifics of insurance – what are deductibles and copays, etc."*
- *"I can't afford to pay a taxi. Sometimes, we have to call 911 emergency for transportation."*
- *"I don't have income; therefore, I don't qualify for Obama care."*
- *"My income is too high; therefore I don't qualify for Obama Care."*

3. QUALITY OF CARE

Reported challenges/areas of need:

- Respondents feel that doctors do not spend enough time with patients.
- Quality of care is dependent on insurance company, the type of coverage, the physician, and the facility.
- Communication between physicians/agencies/hospitals needs to be improved.
- Long wait times.

Reported areas of satisfaction:

- Recognition that patient/doctor relationship can be cultivated.
- Excellent care received.
- Parents report satisfaction with access to care after business hours.

Quotes:

- *"Physicians get bombarded with patients because the HMO insurance requires that doctor sees a required amount of patients per day/month."*
- *"Certain tests need to be done in a specific order based on what the insurance dictates."*
- *"A good doctor can change your life"*
- *"Depends on the hospital and the patient's financial resources."*
- *"Happy with Memorial healthcare services."*

4. DESCRIPTION OF TREATMENT/DIGNITY IN TREATMENT

Reported challenges/areas of need:

- Medical staff lacks understanding of various cultures.
- Some respondents reported feeling rushed, judged and belittled.

Reported areas of satisfaction:

- Some respondents reported being treated with dignity.
- Some respondents reported receiving excellent care.

Quotes:

- *"I'm treated with respect. My doctor knows my name."*
- *"I send a thank you card to my doctor every year for the great services that he provides."*
- *"Providers use condescending tone."*
- *"Dentist are not good – tell you that you need unnecessary procedures."*
- *"I wonder if quality is the same if you are self-pay vs. insured."*

5. IMPACT OF HEALTH INSURANCE ON HEALTHCARE

Reported challenges/areas of need:

- Lack of health insurance impacts access to care.
- Lack of health insurance leads to:
 - No or limited access to some medications.
 - Hesitancy in seeking services or delaying care.
 - Past due bills that end up in collections.

Reported areas of satisfaction:

- With health insurance, more likely to go to medical visits for preventive care.
- With health insurance, medications are more affordable.
- Mobile vans for immunizations are helpful for uninsured children.
- Florida KidCare.

Quotes:

- *"Sometimes services are not covered, one has to question everything one signs; you need to find out what is covered before requesting services."*
- *"I don't have healthcare [coverage], I have to pay out of pocket. I only go if it's an emergency."*
- *"With insurance, I feel I have control of my health care."*
- *"With insurance, we have access to preventive services."*

6. SUGGESTIONS TO IMPROVE THE DELIVERY OF HEALTH CARE IN BROWARD

Access

- Provide navigation and referral assistance.
- Improve access to preventative care, dental care, and vision care.
- Increase access points for urgent care, free clinics and mobile stations.
- Streamline processes for eligibility – one stop shop.
- Decrease wait time at clinics and ED.
- Address transportation barriers.

Cost

- Provide universal affordable health care.
- Less expensive childcare.

Community Education

- Educate people about healthcare insurance coverage and available social services.
- List all side effects on prescription bottle with larger labels.
- More prevention education

Cultural Competency

- Provide interpreters.
- More communication between health service providers to improve the relationships in the community.
- Increase cultural awareness in clinical settings.

Quotes:

- *"More options for single mothers so they don't have to choose between working and staying at home."*
- *"More investments in programs like Healthy Start and community centers."*
- *"Devise a plan similar to Affordable Care Act that is less expensive."*
- *"I worked 35 years in the healthcare system in my country. Over there it's straight forward towards healthcare. Here in the USA, it is a negotiation between the healthcare insurance company and the doctor and the hospital. Health services need to be humanized."*

2. PROVIDER FOCUS GROUPS

METHODOLOGY

Three focus groups were held with human services providers to allow them to provide their perspective on the needs of the communities they serve. Three provider focus groups were conducted. Refreshments were provided to the participants. Each group lasted approximately 60 minutes. Participants were assured that neither individuals nor agencies would be attributed to the responses given. Themes and negative/positive attributes were used to thread the responses when appropriate.

Dates	Target Area	Time	# of Participants
2/15/15	Chronic Illness	12:00 pm	11
2/12/15	Maternal Child Health	10:00 am	17
3/18/15	Special Needs	11:30 am	8

Provider Focus Group Questions

1. What do you perceive are the key issues for your clients to access healthcare?
2. Do you experience any barriers as a provider?
3. In your opinion, how would you describe the quality of care your clients receive?
4. How do you perceive that your clients are treated when they are seen for treatment? With dignity?
5. How has health insurance impacted healthcare access for your clients?
6. How do you think the delivery of health care services in Broward County could be improved?

RESULTS

1. KEY ISSUES RELATED TO CLIENTS' ACCESS TO HEALTHCARE

- Lack of access to primary, specialty, vision and dental care (particularly difficult to find specialist who understand patients with special needs)
- Lack of access to affordable, preventative care
- Lack of integrated care
- Complex eligibility process (technology poses a challenge for the elderly)
- Challenges navigating the system
- Challenges with health literacy and cultural competency
- Access and support for substance abuse and mental health services
- Challenges with transportation, especially for children with special needs
- Doctors no longer accepting Medicaid

Quotes:

- *"Patients are intimidated by the system, leading to a lack of health literacy."*
- *"We need improved coordination of care. [There is a] lack of communication between providers (labs, primary doctors, specialty doctors, etc.) and a lack of case management."*
- *"We need to find a way to track undocumented families."*
- *"A key issue is to determine what warrants services and what doesn't for individuals with special needs."*

2. BARRIERS TO ACCESSING HEALTHCARE

Resources

- Getting undocumented patients connected to resources and funding.
- Too few services available in relation to need, especially for transportation and specialty care.

- Lack of personnel to address all issue.
- Lack of coverage for mental health services.
- Large wait lists.

Communication

- Struggle remaining in communication with clients/patients.
- Consumers do not understand the application process.
- Language and cultural differences.

Coverage

- High cost for healthcare coverage.
- Increased administrative cost associated with managing the insurance/reimbursement aspect of the business.

Quotes:

- *“System is not conducive to a strong patient-provider relationship. Fee-for-service environment limits providers to little time with patients”*
- *“Healthcare complexity; constantly changing environment.”*
- *“Reimbursement rates don’t match up with costs to run programs. [Providers] must raise funds to supplement.”*
- *“Although 211 is great, families still don’t know where to go first.”*

3. QUALITY OF CARE

Reported challenges/areas of need:

- Medical staff lack knowledge about special needs population.
- Lack of continuum of care/information sharing between primary and specialist.
- Missed opportunities for early intervention.
- Long wait time and specialist referrals for low income, undocumented and uninsured residents.
- Lack of access to prenatal care poor due to Medicaid eligibility criteria.
- Language and transportation are barriers.

Reported areas of satisfaction:

- Outstanding quality of care in Broward County.
- Provider perseverance despite numerous barriers.

Quotes:

- *“Community health workers would help bridge gap between different cultures and socioeconomic status.”*
- *“Doctors don’t want the population with special needs in their office waiting rooms because they don’t want the stigma or the liability.”*
- *“If you find a provider that loves the population [with special needs], then they are good.”*
- *“Access to prenatal care is poor due to the length of Medicaid application and eligibility issues for emergency Medicaid.”*

4. DESCRIPTION OF TREATMENT/DIGNITY IN TREATMENT

Reported challenges/areas of need:

- Front office staff lack knowledge about special needs population.
- Dignity in treatment varies based on income levels.
- There is an overall lack of trust of traditional doctors.
- Language barriers.
- Issues related to low literacy levels.
- Difference in patient treatment if provider.

Reported areas of satisfaction:

- Positive feedback regarding patient treatment at MHS.

Quotes:

- *“A lot of our clients are not treated with dignity if there is no provider to advocate for them.”*
- *“Elderly and low income patients don’t feel like they’re being listened to in the little time spent with their providers.”*

5. IMPACT OF HEALTH INSURANCE ON HEALTHCARE

- Lack of ability to prove income leads to decreased access to affordable healthcare.
- Insurance companies dictate nature and length of treatment.
- Issues with unaffordable co-pays/ deductibles.
- Lack of education on how to use insurance.
- Navigators’ inability to explain products to patients due to lack of knowledge.
- Type of insurance can limit access -- Not enough physicians/practitioners accepting Obamacare.

Quotes:

- *“If a patient needs a medically necessary procedure and the insurance companies says no, there is a significant impact on health.”*
- *“Information on health insurance is contradictory and fragmented.”*

6. SUGGESTIONS TO IMPROVE THE DELIVERY OF HEALTH CARE IN BROWARD

- Participants expressed their hope that Florida expand Medicaid this year.
- Improved communication between traditional medicine and alternative medicine.
- Increased funding for programs and services.
- Sensitivity training (demographic, cultural and gender).
- Public education on insurance coverage.
- Customer service improvement.
- Increase the number of specialty providers who accept Medicaid.
- Uniform reimbursement system.
- Education for medical staff.
- Increased collaboration among providers.

Quotes:

- *“Training for medical staff to understand how to work with their population in a way that is medically appropriate and dignified.”*
- *“Medical home concept – bringing all providers together for the whole family.”*

CONCLUSION

Overall, respondents demonstrated that they value preventive care and would like an improved ability to access it. The areas of need reported in each category by Consumers and Providers mirrored each other. The most common themes among both groups included:

- Financial concerns
 - Community: Affordability
 - Provider: Funding
- Understanding how to navigate the health insurance processes
- Knowledge of community resources
- Transportation issues
- Access to care
- Language barriers/cultural sensitivity
- Education
- Eligibility requirements

3. KEY INFORMANT INTERVIEWS

METHODOLOGY

Key Informants were defined as community stakeholders working in Broward County that have demonstrated a significant level of knowledge pertaining to the local healthcare system. Seventeen (17) key informants were selected to participate and provide insight on issues impacting the healthcare system in Broward County. The group represented senior executive and administrative positions from 17 distinct organizations. 13 of the 17 key informants completed the interview (76% response rate). A 5-item standardized, open-ended questionnaire was developed. Individuals were assured that information obtained in the interviews would not be directly attributed to any particular individual or agency. Themes were used to thread the responses when appropriate. Frequencies and percentages of responses were recorded and qualitative summaries were produced.

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

RESULTS

The consistent themes identified in this Key Informant Interview process include the following:

- With the implementation of the ACA, there is expanded coverage.
- Affordability remains a significant barrier to access (co-pays, deductibles, specialty care).
- As technology is evolving, the healthcare system is changing and increasing in complexity.

As depicted in the table below, the majority (92%) of the respondents expressed that affordability is a key issue and a barrier in healthcare. Other themes most frequently mentioned were *access to care* and *lack of insurance coverage*. Healthcare was recognized as having a significant impact on quality of life in terms of or increased or decreased productivity. They also specified an impact on provider agencies in terms of healthcare funding. Overall, they hope to see an expansion of Medicaid in Florida, along with an increased enrollment in health insurance with the ultimate goal of increased access to healthcare. The following tables and figures present the results.

Table 25. Issues & Barriers in Healthcare

Themes	Number of Responses n = 13 (Percentage)	
	Key Issues	Barriers
Affordability	12 (92%)	5 (38%)
Access to Care	6 (46%)	2 (15%)
Continuity of care or specialty care	4 (31%)	-
Lack of insurance coverage	6 (46%)	4 (31%)

Figure 282. Issues & Barriers in Healthcare

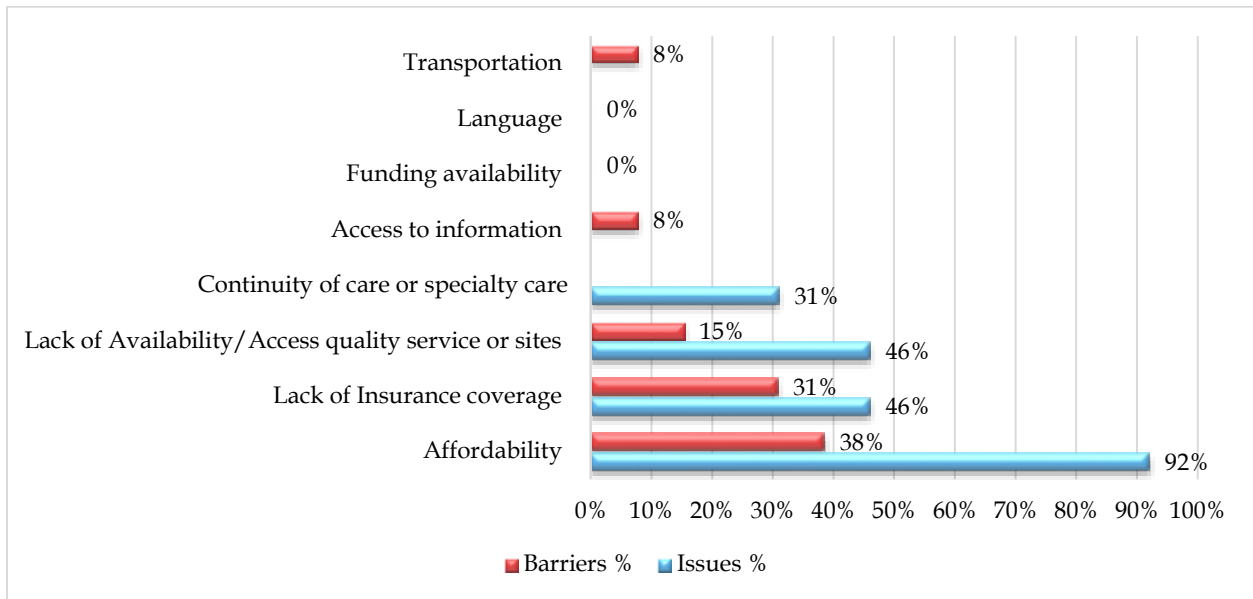


Figure 283. Impact of Healthcare on the Community

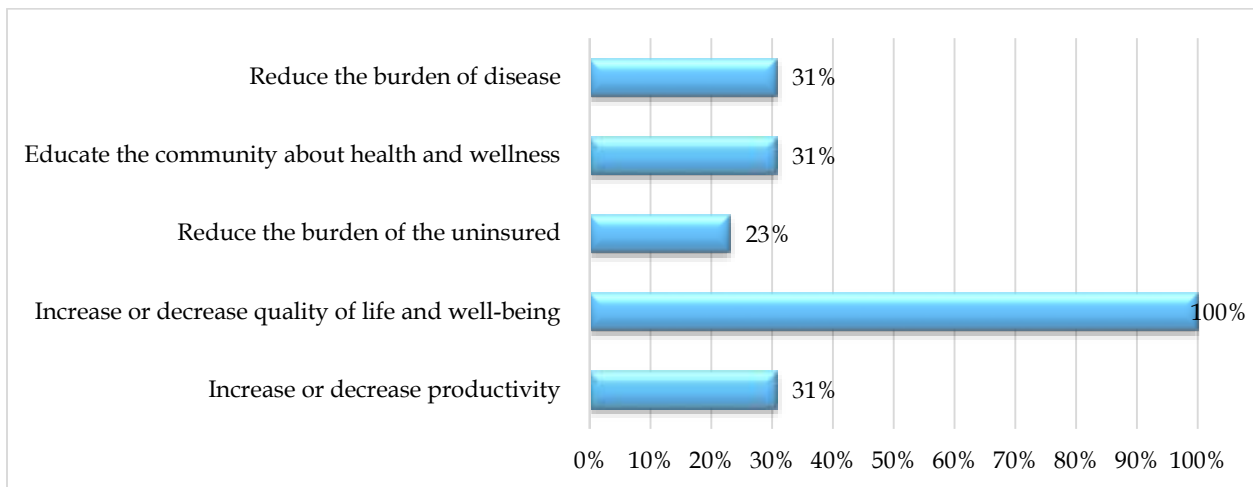


Figure 284. Impact of Healthcare on Agency

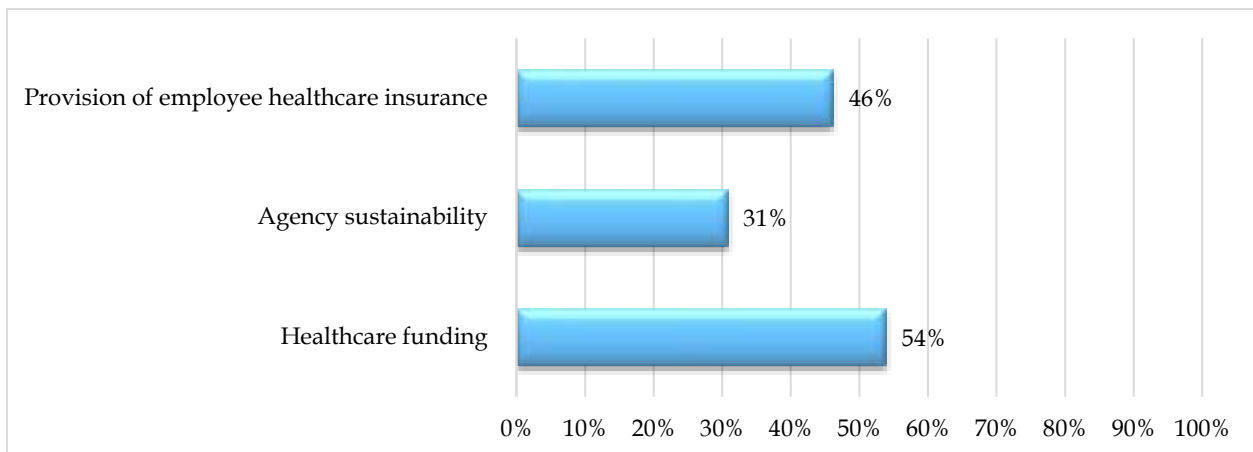


Table 26. Local Health System... in 5 Years

Number of Responses n = 11 (Percentage)		
Themes	Frequency of Mention	Quotes
Increased Healthcare coverage	5 (45%)	<i>"Hopefully the ACA will be stronger and Florida would have expanded Medicaid to cover all uninsured residents." "Increased access to care due to expansion of insurance coverage."</i>
More expensive healthcare system	4 (36%)	<i>"More expensive, better technology."</i>
More complex system	2 (18%)	<i>"Looks like we are moving back to a maze of HMO-type healthcare."</i>
Improved healthcare system	2 (18%)	<i>"Improved, especially if Florida expands Medicaid."</i>
Other	1(9%)	<i>"Cost rising and less coverage."</i>

Table 27. The Ideal Healthcare System

Number of Responses n = 12 (Percentage)		
Themes	Frequency of Mention	Quotes
Universal Healthcare coverage	7 (58%)	<i>"Universal access to primary care, specialty care and pharmaceuticals, with an emphasis on wellness and health promotion." "Healthcare coverage for all from the moment of conception. Funded by the government but paid by the citizens through taxation."</i>
Affordability	6 (50%)	<i>"Access to alternative funding sources for those who cannot afford health care coverage." "One that actually provided healthcare, rather than the business of healthcare. Healthcare costs are sky high and insurance barely covers anything" "No co-payments. Doctors paid by insurance companies and federal government."</i>
Prevention and health promotion	2 (17%)	<i>"Preventative care is valued and paid for and incentivized."</i>
Other	1 (8%)	<i>"Diversification of medical providers seems to be in need of improvement. Not enough Spanish-speaking and Creole-speaking providers available to meet the growing needs of our changing communities."</i>

Table 28. Agency's Role

Number of Responses n = 12 (Percentage)		
Themes	Frequency of Mention	Quotes
Provider of Healthcare/Social Services	6 (55%)	<i>"Provision of core public health services such as immunizations, TB, family planning etc. and wrap around services complementary to services provided by personal healthcare providers." "Making sure the community has access to all needed preventative healthcare, hospitalization, and follow-up social services when necessary."</i>

Funder of Programs and Services	3 (27%)	<i>“Convener and funder.” “Trying to insert common sense suggestions and solutions through policy suggestions, funding, etc.”</i>
Educator	2 (18%)	<i>“Working with our families and employees to educate them as to the workings of the health care system.”</i>

CONCLUSION

Key Informant Interviews have been useful in gathering qualitative information that supplements what has been learned from other aspects of the Memorial Healthcare System Community Health Needs Assessment process. According to the majority of Key Informants, the current fragmented and convoluted local healthcare system and governing policies has an impact on the ability of community members to receive optimal care. Cultural and language barriers are also an important consideration for the diverse Broward Community. A proposed five-year or long-term ideal track for the community would include the expansion of Medicaid in Florida with more access to preventative healthcare.

4. COMMUNITY CONVERSATION EVENT

METHODOLOGY

A total of 12 participants attended the events. The audience was given an introduction of the community needs assessment process and a description of the purpose of the event. Questions were presented to the audience for discussion. Index cards were provided for participants to write comments or questions. An open microphone was made available for comments. Responses were documented. Interpreters were present for Spanish and Haitian Creole speakers. Using the online voting system, the participants’ top ten needs and concerns were preloaded as questions. Instant voting results were presented. Healthcare access questions were addressed. Community resources were provided.

RESULTS

The Community Conversations event participants expressed their need to better understand how health insurance coverage functions and how to navigate the system. Their top three healthcare issues are the need for increased mental health services, increased healthcare coverage, and concerns about affordability. The following figures present the results from the event.

Figure 285. Do you have any children?

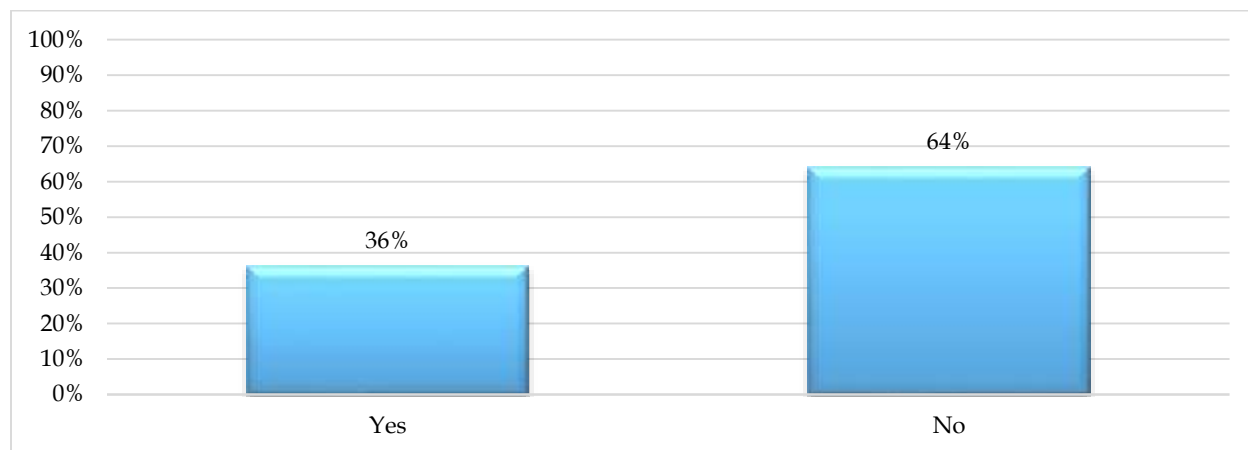


Figure 286. Have you been to the doctor in the last year?

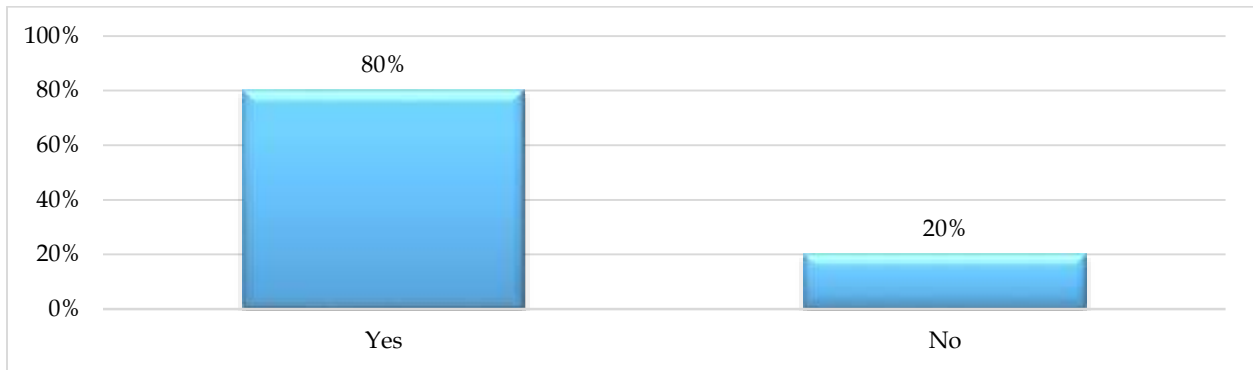


Figure 287. Rate Your Overall Health Status

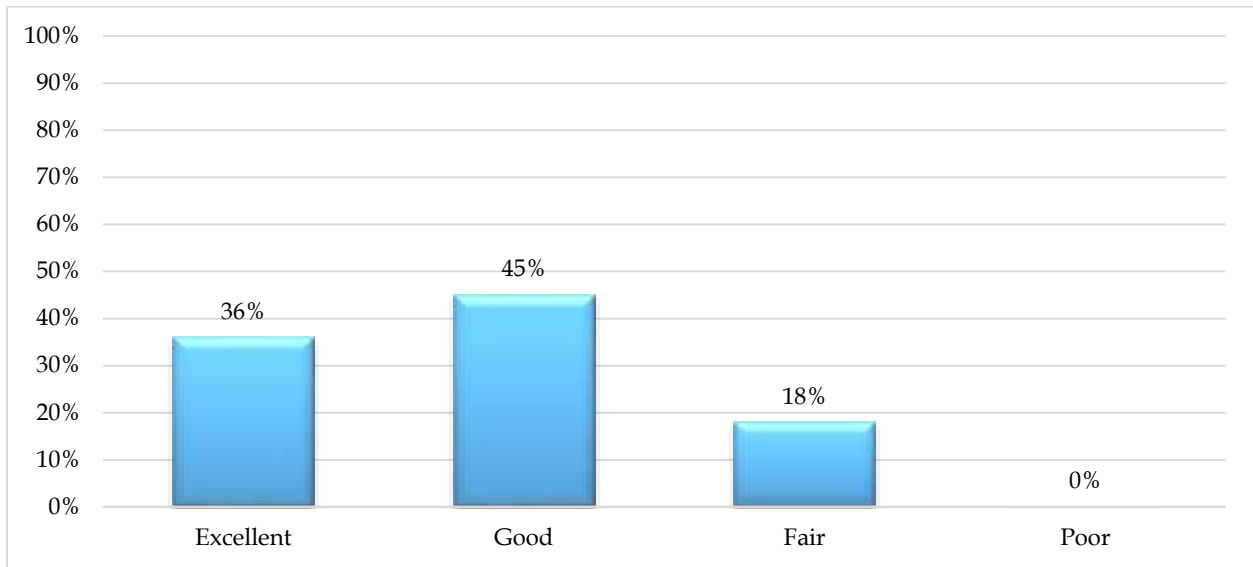


Figure 288. Do you feel you understand your health insurance benefits?

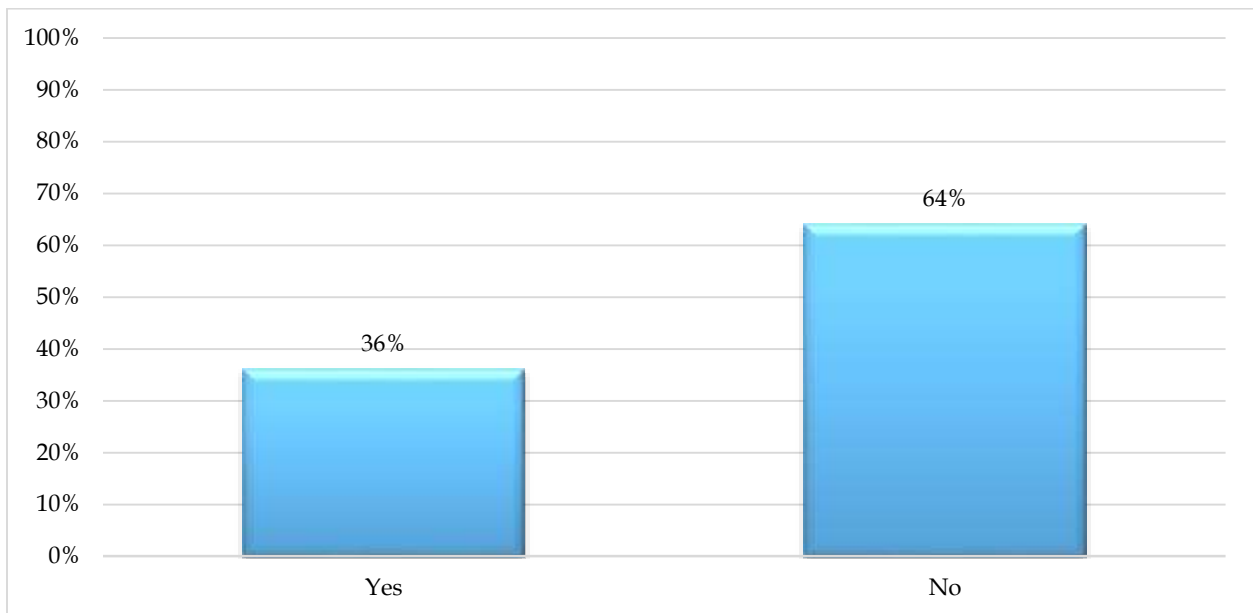


Figure 289. Do you feel you have access to transportation?

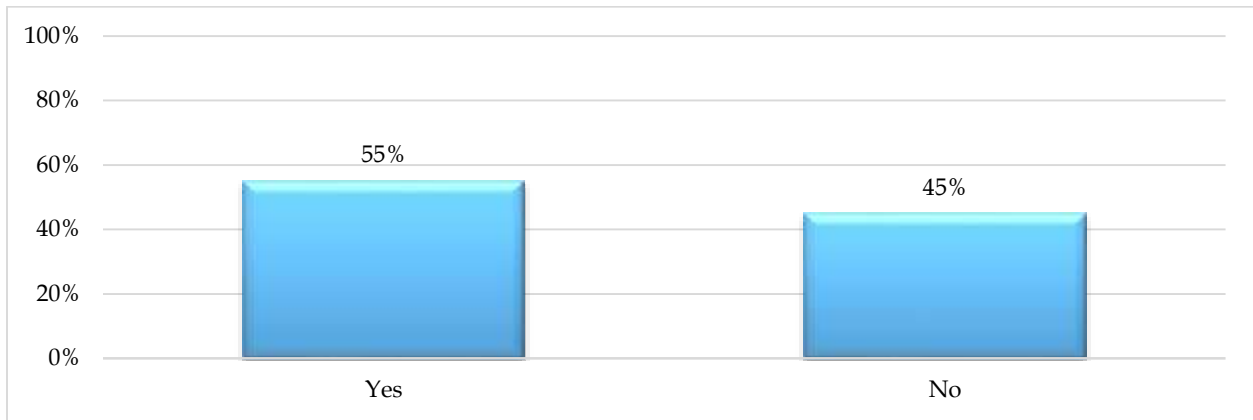


Figure 290. How important is it for you to understand your health benefits?

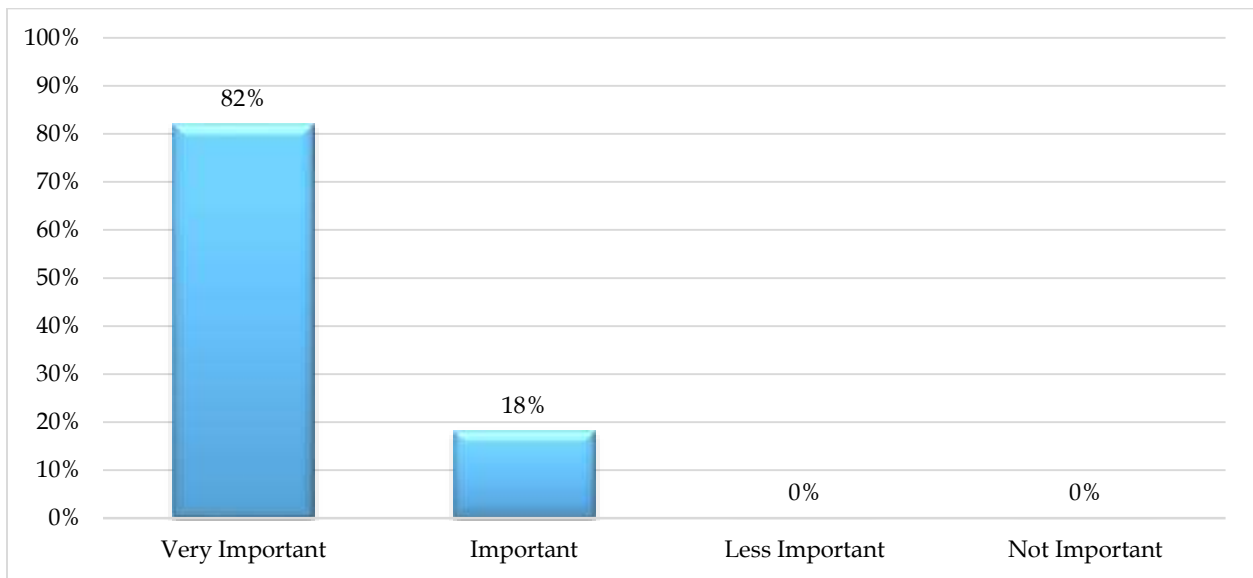


Figure 291. How important is it for you to have good nutrition?

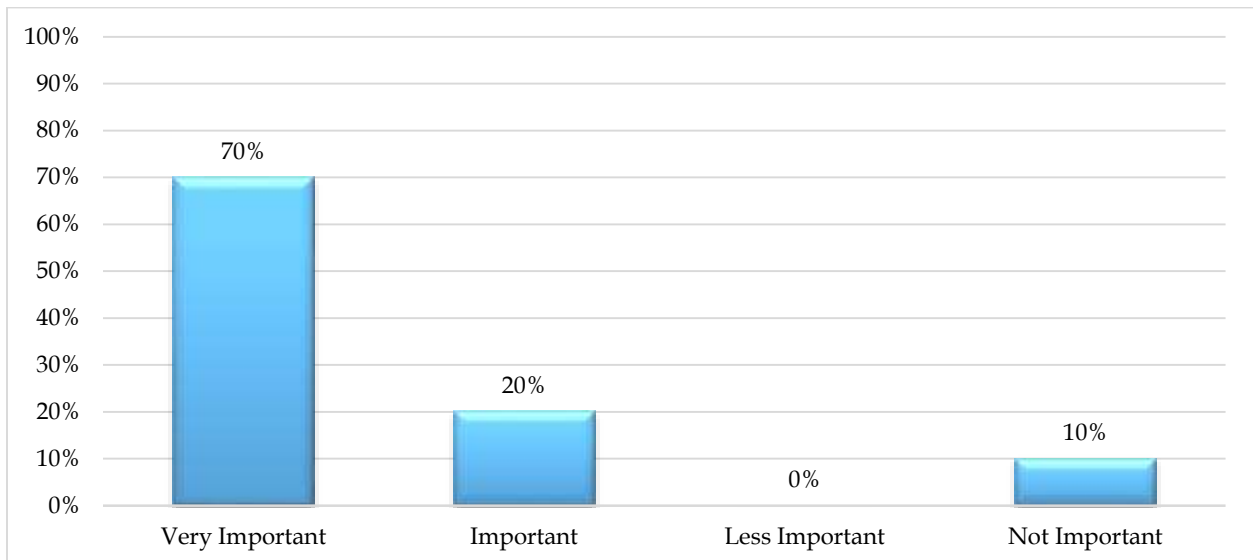


Figure 292. How important is it for the community to address the issue of obesity?

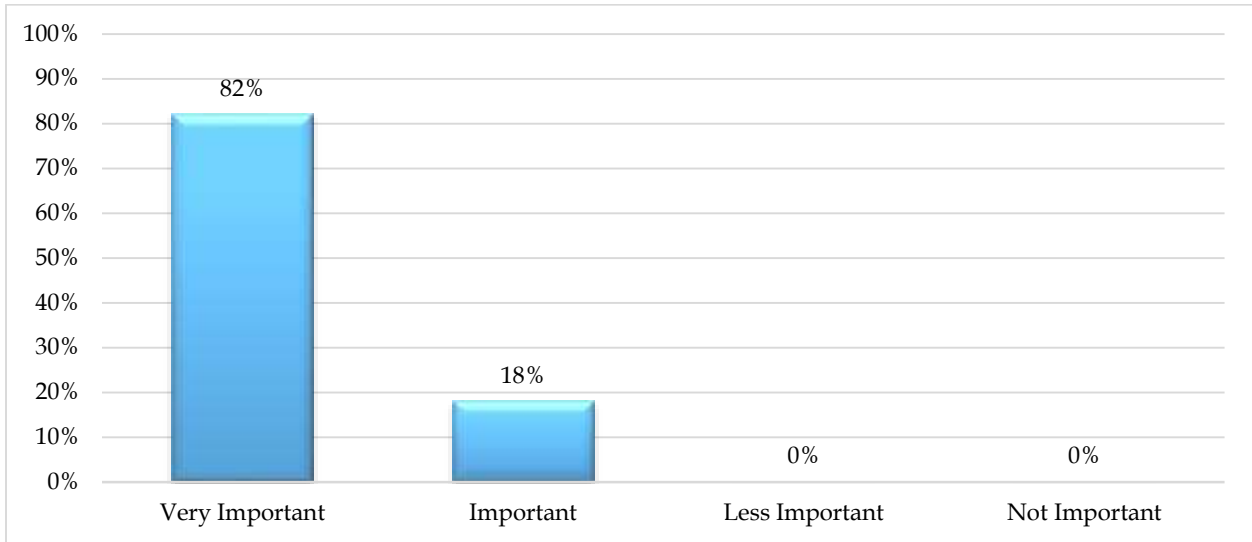


Figure 293. How important is it for hospitals to protect the integrity of electronic health data?

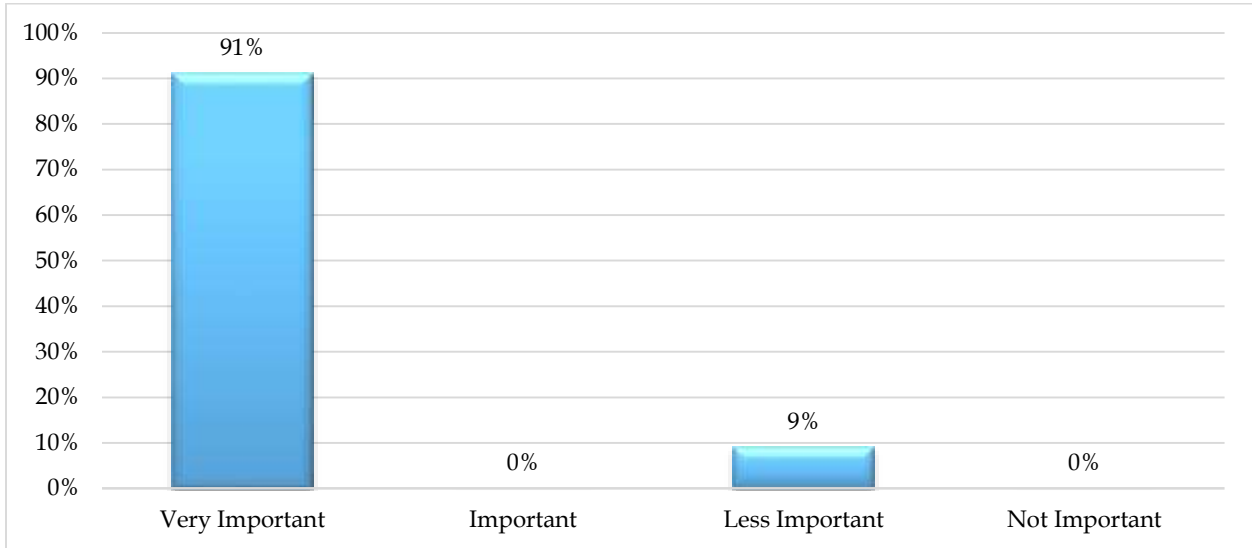
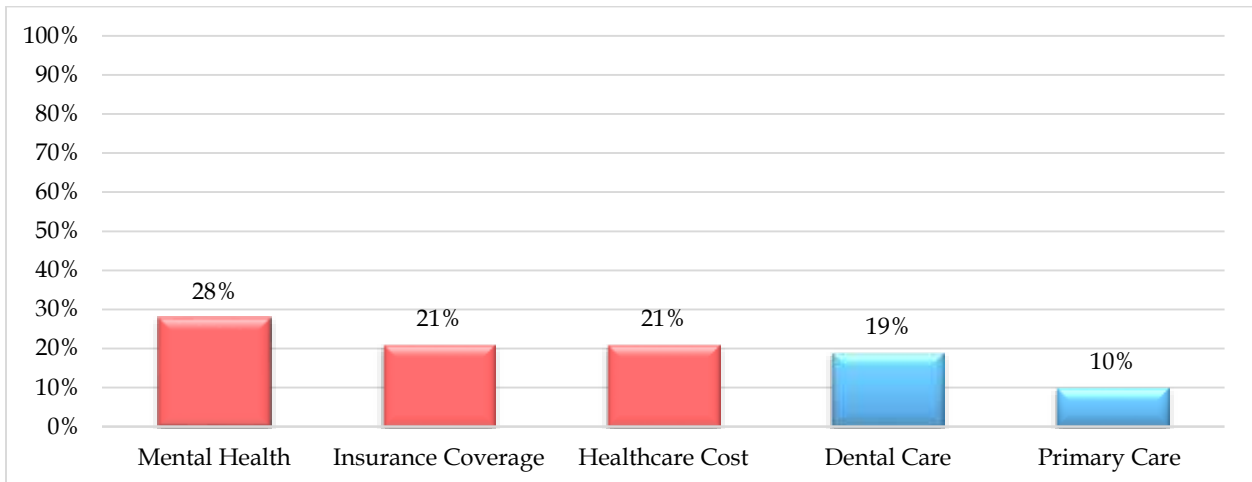


Figure 294. Tell us your top three (3) healthcare needs?



Quotes:**What can we do to improve your health and the health of your community?**

- *“Donate food to local food pantries, more food is needed.”*
- *“We need dental care.”*

What is your role?

- *“Eat better like more fruits and vegetables.”*
- *“We need to reduce our stress and take our medication.”*

What is Memorial’s role?

- *“Expand primary care to include dental, mental health and eye care.”*
- *“Give us assistance with co-pays and medication payments.”*
- *“Offer more medical fairs or health fairs and prevention classes.”*

CONCLUSION

Overall, the community conversations proved to be a useful mechanism to collect information from the general public about their healthcare needs. The process also brought useful resource information to the participants. The overall participant feedback was positive:

Participants enjoyed:

- That the event was well presented and offered wealth of information about healthcare.
- Instant feedback on the questions presented on the screen.
- Receiving healthcare access information (e.g.: clinics, locations, resources).
- The opportunity to express their needs.

VI. HEALTH RESOURCES

MEDICALLY UNDERSERVED AREAS/POPULATIONS

Every year the U.S. Health Resources and Services Administration examines areas or populations that are experiencing a shortage of healthcare professionals. The following definitions are used to make the determination:

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

Medically Underserved Areas may be a whole county or group of contiguous counties, a group of county or civil divisions or a group of urban census tract in which residents have a shortage of personal health services.

Medically Underserved Populations may include groups of persons who face economic, cultural or linguistic barriers to healthcare.

The HRSA Bureau of Health Professionals designates three HPSA provider categories: primary medical care, dental health and mental health. The HRSA Bureau of Health Professionals designated:

- 125 Broward Census Tracts (45% all Broward Census Tracts)
- 12 low-income population groups, comprehensive health centers (CHCs) and Native American tribal populations as primary medical care provider HPSAs
- 4 as dental provider HPSAs, and
- 3 as mental health provider HPSAs.

Table 29. Broward County Primary Medical Care HPSAs

PRIMARY MEDICAL CARE HPSAs	ID	FTE	#Short	Score
LOW INCOME POPULATIONS				
Fort Lauderdale Census Civil Div.	112999120D	14	24	13
Pompano Beach	1129991212	3	3	15
Deerfield Beach	112999124C	1	8	16
Davie/Hollywood/Dania	11299912AQ	7	17	15
Margate	112999124F	1	11	15
Hallandale/Miramar	112999124G	1	10	17
Sunrise	112999124H	1	4	15
NATIVE AMERICAN TRIBAL POPULATION				
Seminole Tribe of FL - Health Admin.	112999128K	0	0	14
COMPREHENSIVE HEALTH CENTERS				
Broward Community Family Health Ctr.	112999122J	1	0	17
Homeless – Broward Health	112999125A	1	0	18
FTE = # FTE non-Federal primary medical care/dental/mental health providers serving the area, population group, or facility				
Score = HPSA Scores are developed for use by National Health Service Corps in determining assignment of clinicians priorities. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. Higher scores equal greater priority. All FQHCs and those Rural Health Clinics providing access to care regardless of ability to pay receive automatic facility HPSA designation and may have a HPSA score of 0.				
# Short = # FTE providers needed to remove the designation [also known as the de-designation threshold].				

Source: USDHHS Health Resources and Services Administration

Table 30. Broward County Dental and Mental Health HPSAs

DENTAL	ID	FTE	# SHORT	Score
Pompano Beach	612999120O	1	3	16
Homeless – Broward Health	612999123H			22
Broward Community Family Health Ctr.	612999123L			10
Seminole Tribe of FL – Health Admin.	612999120Z			9
Fort Lauderdale Census Civil Div.	61299912P6	3	25	15
MENTAL HEALTH	ID	FTE	# SHORT	Score
Broward Community Family Health Ctr.	712999121C			11
Homeless –Broward Health	7129991299			14
Seminole Tribe of FL – Health Admin.	712999129D	0		13

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

Source: USDHHS Health Resources and Services Administration

Table 31 depicts the identified Medically Underserved Area/Populations Broward County. The low income pool and professional shortages are located in Fort Lauderdale, Lauderdale Lakes, Pompano Beach, Deerfield Beach, Margate, Hallandale, Miramar, Sunrise, Hollywood, and Dania.

Table 31. Medically Underserved Area/Populations

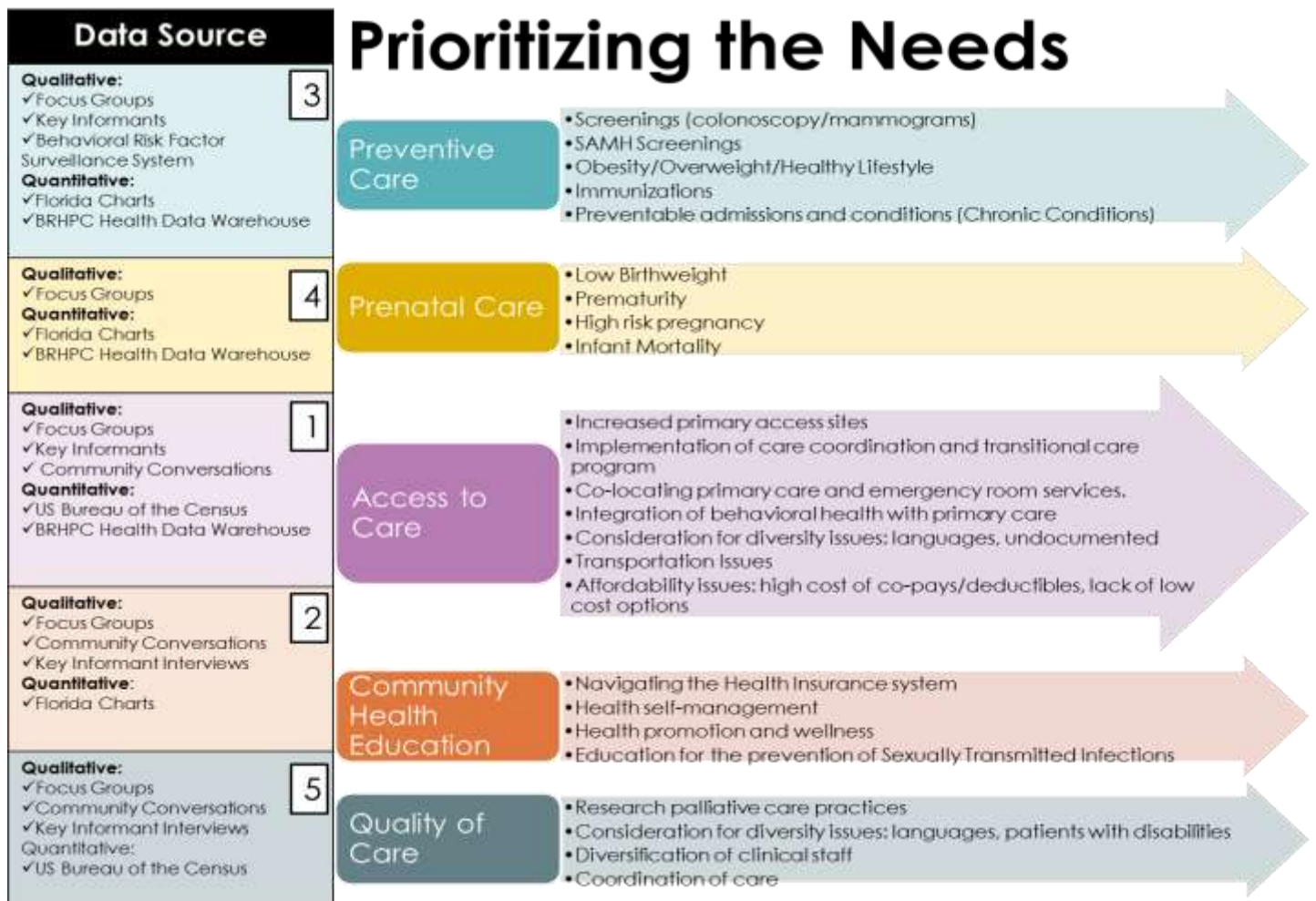
Medically Underserved Area/Populations All Low Income, representing 104 Census Tracts	MUA/MUP Score
Dania	50.4
Deerfield Beach	44.3
Fort Lauderdale/Lauderdale Lakes	58.4
Hallandale	37.0
Hallandale/Miramar	50.2
Hollywood	54.2
Margate	60.4
Miramar	48.9
Pompano Beach	60.4
Sunrise	41.8

Source: USDHHS Health Resources and Services Administration

VI. CONCLUSION: PRIORITIES AND RECOMMENDATIONS

Based on review and analysis of the various qualitative and quantitative data sets presented, the Community Health Needs Assessment Advisory Council established priorities as depicted in Figure 295 below. Access to care was identified as a top priority.

Figure 295. Prioritizing the Needs



Due to the increasingly diverse population of Broward County, the areas of need for the community have also become increasingly complex. The recommended next steps for MHS are to 1) Develop an Action Plan for identified priorities; 2) Assess progress since the 2012 Community Health Needs Assessment; 3) Incorporate and implement ACA elements and partnership opportunities; 4) Present the results to the community; 5) Implement and track improvements over the next three years; and 6) Report back to the community. Part of the action plan should address the need to educate the community about navigating the health insurance system with consideration for the cultural diversity that exists in the Broward community.

VII. LIST OF ATTACHMENTS

ATTACHMENT A

- Members of Community Health Needs Assessment Advisory Council

ATTACHMENT 1

- Attachment 1a MHS CHNA Advisory Council Meeting - Agenda - December 16, 2014
- Attachment 1b MHS CHNA Advisory Council Meeting - Presentation - December 16, 2014
- Attachment 1c MHS CHNA Advisory Council Meeting - Minutes - December 16, 2014

ATTACHMENT 2

- Attachment 2a MHS CHNA Advisory Council Meeting - Agenda - January 6, 2015
- Attachment 2b MHS CHNA Advisory Council Meeting - Presentation - January 6, 2015
- Attachment 2c MHS CHNA Advisory Council Meeting - Minutes - January 6, 2015

ATTACHMENT 3

- Attachment 3a MHS CHNA Advisory Council Meeting - Agenda - February 3, 2015
- Attachment 3b MHS CHNA Advisory Council Meeting - Presentation - February 3, 2015
- Attachment 3c MHS CHNA Advisory Council Meeting - Minutes - February 3, 2015

ATTACHMENT 4

- Attachment 4a MHS CHNA Advisory Council Meeting - Agenda - February 17, 2015
- Attachment 4b MHS CHNA Advisory Council Meeting - Presentation - February 17, 2015
- Attachment 4c MHS CHNA Advisory Council Meeting - Minutes - February 17, 2015

ATTACHMENT 5

- Attachment 5a MHS CHNA Advisory Council Meeting - Agenda - March 10, 2015
- Attachment 5b1 MHS CHNA Advisory Council Meeting - Presentation - March 10, 2015
- Attachment 5b2 MHS CHNA Advisory Council Meeting - Presentation - March 10, 2015
- Attachment 5c MHS CHNA Advisory Council Meeting - Minutes - March 10, 2015

ATTACHMENT 6

- Attachment 6a MHS CHNA Advisory Council Meeting - Agenda - March 31, 2015
- Attachment 6b MHS CHNA Advisory Council Meeting - Presentation - March 31, 2015
- Attachment 6c MHS CHNA Advisory Council Meeting - Minutes - March 31, 2015