Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: System of Care Committee
Date/Time: October 01, 2020, 9:30 a.m. **Location:** Virtual Meeting Room
Chair: Andrew Ruffner **Vice-Chair:** Joshua Rodriguez

Purpose: to evaluate the system of care and its impact on people living with HIV and receiving Part A services in the Broward County EMA.

1. **CALL TO ORDER:**
   a. Welcome
   b. Ground Rules
   c. Statement of Sunshine
   d. Introductions
   e. Moment of Silence
   f. Public Comment

2. **APPROVALS:** 10/01/2020 Agenda and 09/10/20 Meeting Minutes

3. **UNFINISHED BUSINESS**
   I. **System of Care FY2020 Work Plan (HANDOUT A)**
   ACTION ITEM: Discuss and approve the FY2020-2021 SOC Work Plan.

4. **MEETING ACTIVITIES/NEW BUSINESS**
   I. **Broward HIV Care Continuum 2019 Data Report (HANDOUT B)**
   ACTION ITEM: Receive a presentation on the trends in HIV data based on Florida Department of Health and Ryan White Part A data.

   II. **Needs Assessment Review (HANDOUTS C1-C3)**
   ACTION ITEM: Review Needs Assessment data from Broward Health, Memorial Health Systems, and Holy Cross.

5. **RECIPIENT REPORT**

6. **PUBLIC COMMENT**

7. **MEMBER TASKS**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING** November 5, 2020 9:30 a.m. **VENUE:** TBD
   I. **Needs Assessment Review (HANDOUT D)**
   ACTION ITEM: Review Needs Assessment data
   II. **Who's at the Table? Exercise**
   ACTION ITEM: Consider whose voices are missing in the Committee's current

composition and discuss how to increase inclusivity.

9. ANNOUNCEMENTS

10. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care •Retention in Care • Viral Load Suppression •

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MEETING MINUTES

Committee: System of Care
Date/Time: Thursday, September 10, 2020 3:00 p.m.
Location: Virtual Meeting Room
Chair: Andrew Ruffner **Vice-Chair:** Joshua Rodriguez

ATTENDANCE

#	Member	Present	Absent
1	Chrispin, E.	X	
2	Katz, H.B.		A
3	Pietrogallo, T.	X	
4	Rodriguez, J.	X	
5	Ruffner, A.	X	
6	Shamer, D.	X	
	Quorum = 4	5	

Recipient Staff
Scott, S.
Cunningham, D.
HIVPC Staff
Martinez, G.
Oratien, V.
Ukpai, F.
Seitchick, J.
Guests
Lopes, R.
Pabon, N.

1. CALL TO ORDER:

The SOC Chair called the meeting to order at 3:03 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present for reference. In addition, attendees were advised that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, Recipient staff, guests, and HIVPC staff introductions were made by roll call.

2. MEETING ACTIVITIES/NEW BUSINESS

System of Care Presentation: A PCS Health Planner provided an overview of the responsibilities of the Committee as well as past iterations (Handout A on file). The Committee requested more information on the previously completed Black Women's study.

ACTION ITEM: Share Black Women's study with members of the System of Care Committee.

System of Care Policies & Procedures: The Committee reviewed its Policies & Procedures (Handout B on file).

System of Care FY2020 Work Plan: SOC reviewed a draft work plan for the current fiscal year (Handout C on file). The Committee discussed how best it could use its time in the remainder of FY2020. Members discussed reducing the number of activities on the work plan to increase the likelihood of completing the work before the fiscal year ends in February. Additionally, members discussed their visions for the Committee and the need for community representation.

After much discussion, the SOC Work Plan will be revised and presented to the Committee at its October meeting.

ACTION ITEMS: (1) The PCS Team will contact representatives of Ryan White Parts C, D, & F; HOPWA; and FQHCs to request representation at the October SOC meeting. (2) SOC members will bring specific ideas for goals to the October SOC meeting.

3. UNFINISHED BUSINESS

None.

4. RECIPIENT REPORT

The Recipient's Office is drafting its RWPA and Ending the HIV Epidemic (EHE) contracts. Those providers who received a portion of their CARES Act funding will receive the final portion beginning September 1, 2020.

5. PUBLIC COMMENT

None.

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: October 1, 2020 Time: 9:30 a.m. Venue: TBD

I. Needs Assessment Presentations
II. Who's at the Table? Exercise
III. Collaborative Committee Event

7. ANNOUNCEMENTS

None.

8. ADJOURNMENT

The meeting was adjourned without objection at 4:51 p.m.

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SOC Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	C	C	C	C	C	C	C	10				
0	0	0	**1**	Chrispin, E.									X				
1	1	1	**2**	Katz, H.B.									A				
0	1	0	**3**	Pietrogallo, T.									X				
0	0	0	**4**	Rodriguez, J. *Vice Chair*									X				
0	0	0	**5**	Ruffner, A. *Chair*									X				
0	0	0	**6**	Shamer, D.	N - 6/19								X				
				Quorum = 4	0	0	0	0	0	0	0	0	5	0	0	0	

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

VISION: To ensure the delivery of high-quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care
MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

HANDOUT A

FY 2020-21 System of Care Committee Work Plan

GOAL: By February 2021, Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients.

Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of subpopulations.

Activity 1.1 Receive Needs Assessment training
Frequency: Ongoing
Responsible Party: PCS Team
Outcomes: Increase understanding of needs assessment process
Action Items/Data Prep: Develop Committee knowledge of Needs Assessment purpose and process.

Activity 1.2 Receive presentations from funders outside the Ryan White Part A Program including Needs Assessments
Frequency: Ongoing
Responsible Party: PCS Team
Outcomes: Increase knowledge of Broward County's Ryan White system of care

Action Items/Data Prep: Recipients of Ryan White/HIV funding will review the landscape of HIV care and treatment in Broward County. Reviews will include information on Needs Assessments completed by each funder.

Activity 1.3 Analyze utilization trends for the HIV population in the Ryan White Part A system of care
Frequency: Ongoing
Responsible Party: PCS Team
Outcomes: Increase knowledge of Broward County's Ryan White system of care

Action Items/Data Prep: Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a)

Activity 1.4 Develop How Best to Meet the Need (HBTMTN) language based on findings.
Frequency: Annually
Responsible Party: SOC
Outcomes: Data driven PSRA process

FY 2020-21 System of Care Committee Work Plan

Action Items/Data Prep: Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a)

Objective 2: Ensure that issues pertaining to specific subpopulations are addressed and make recommendations to appropriate HIVPC standing committees.

Activity 2.1 Identify needs resulting from disparities in HIV-related service availability.
Frequency: Ongoing
Responsible Party: SOC/PCS Team
Outcomes: Increase knowledge of Broward County's Ryan White system of care

Action Items/Data Prep: Utilize data to identify areas of need along the RWPA Care Continuum

Activity 2.2 Collaborate with community partners to address inequities along the Broward County RWPA Care Continuum.
Frequency: Ongoing
Responsible Party: SOC/PCS Team
Action Items/Data Prep: Collaboration with CEC and/or HIV-facing organizations
Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums

Activity 2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers.
Frequency: As Needed
Responsible Party: SOC/QMC
Action Items/Data Prep: Increase knowledge of Ryan White Part A's system of care; Receive presentations regarding current QIPs

Activity 2.4 Recommend areas of inequities to the Quality Management Committee (QMC) for further review.
Frequency: As Needed
Responsible Party: SOC
Action Items/Data Prep: Collaboration with QMC to lessen disparities along the continuum; Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies

FY 2020-21 System of Care Committee Work Plan

Activity 2.5 Present findings related to inequity to a health and/or racial equity expert to receive recommendations for addressing & improving disparities in health outcomes along the Broward County RWPA Care Continuum.
Frequency: As Needed
Responsible Party: SOC/PCS Team
Action Items/Data Prep: Collaboration with experts to lessen disparities along the continuum; Develop recommendations in partnership with experts to improve outcomes along the RWPA Care Continuum

Activity 2.6 Present findings to QMC for potential updates to service delivery models (SDM).
Frequency: As Needed
Responsible Party: SOC
Action Items/Data Prep: Utilize findings to improve RWPA system of care; Recommend service delivery model updates based on data and recommendations

Activity 2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee.
Frequency: Annually
Responsible Party: SOC
Action Items/Data Prep: Data driven PSRA process; Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process

RWPA Client Outcomes Data

BROWARD

A CLOSER LOOK AT RETENTION AND VIRAL SUPPRESSION

Presentation for System of Care Committee (SOC), HIVPC
10/1/2020
Presented by Jessica Seitchick, MPH, CQM Health Planner

1

Overview

Data Reporting

- Broward EMA RWPA Data is pulled per FY (3/1- 2/28(29))
- Care Continuum data includes only clients who are HIV+ and have used 1+ service units during the reporting period
- Broward County data is provided by the Florida Department of Health and can be accessed via www.flhealthcharts.com.

Limitations

- Challenges in data quality for certain factors
- Limitations in what data are aggregated in the HIV MIS (PE)
- Data values indicate what the final value for the FY is and do not indicate change in status throughout the year

SLIDE 2

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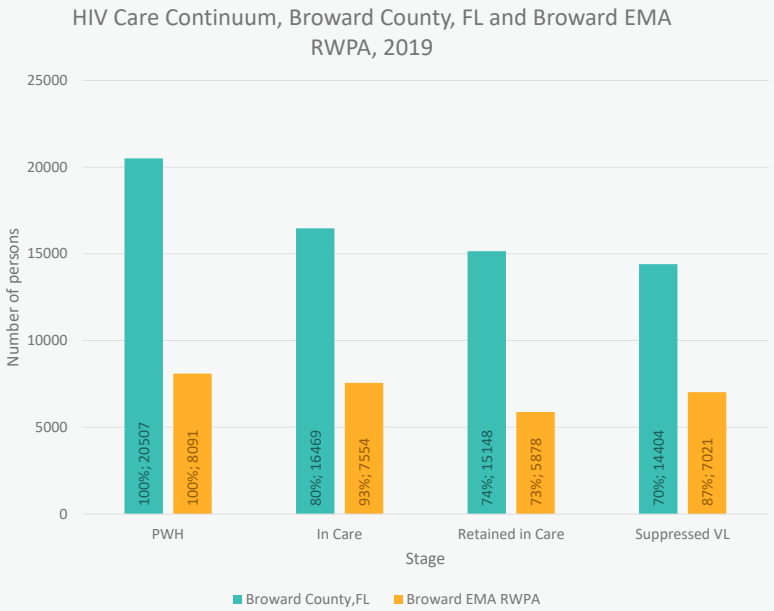

- In 2019, Broward EMA Ryan White Part A program (RWPA) served about 40% of the PWH in Broward
- Higher % of Broward EMA RWPA clients were in care and had suppressed VL (viral load) compared to Broward overall
- Retention was higher in Broward overall than in Broward EMA RWPA

*Technical Notes: Data reported for Broward County, FL is for CY2019 (1/1/2019 through 3/31/2020 as of 6/31/2020). Broward EMA RWPA data is for FY2019 (3/1/2019-2/29/2020)

Data Source: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2019; Broward EMA RWPA, HIV Continuum of Care Report (3/01/2019-2/29/2020)

SLIDE 3

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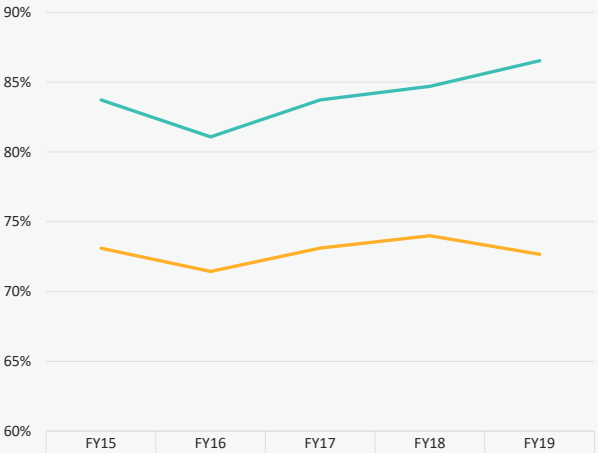

	FY15	FY16	FY17	FY18	FY19
VL Suppression	83.73%	81.09%	83.73%	84.70%	86.54%
Retention	73.10%	71.45%	73.11%	74.00%	72.67%

- VL Suppression has continued to increase
- Retention has been variable

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

SLIDE 4

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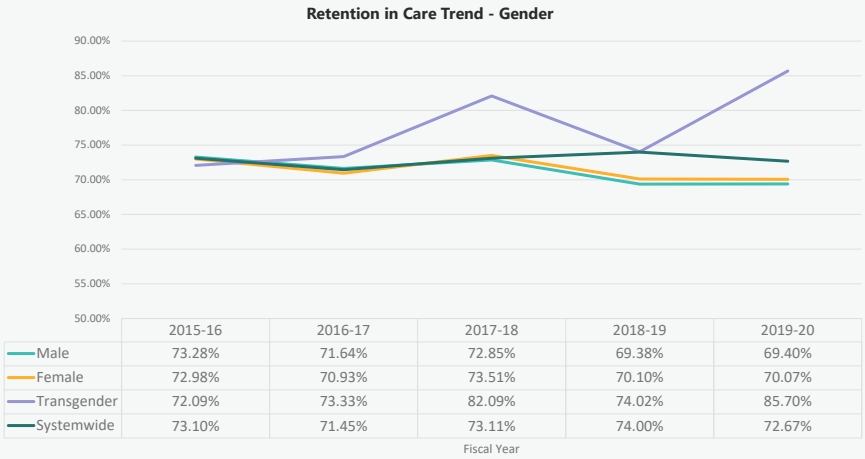
Broward EMA RWPA Retention Trends by Gender



	2015-16	2016-17	2017-18	2018-19	2019-20
Male	73.28%	71.64%	72.85%	69.38%	69.40%
Female	72.98%	70.93%	73.51%	70.10%	70.07%
Transgender	72.09%	73.33%	82.09%	74.02%	85.70%
Systemwide	73.10%	71.45%	73.11%	74.00%	72.67%

- In past few FY, retention:
  - Increased for transgender individuals
  - Decreased among males and females
- Technical Notes: Transgender population is less than 75 persons

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

SLIDE 5

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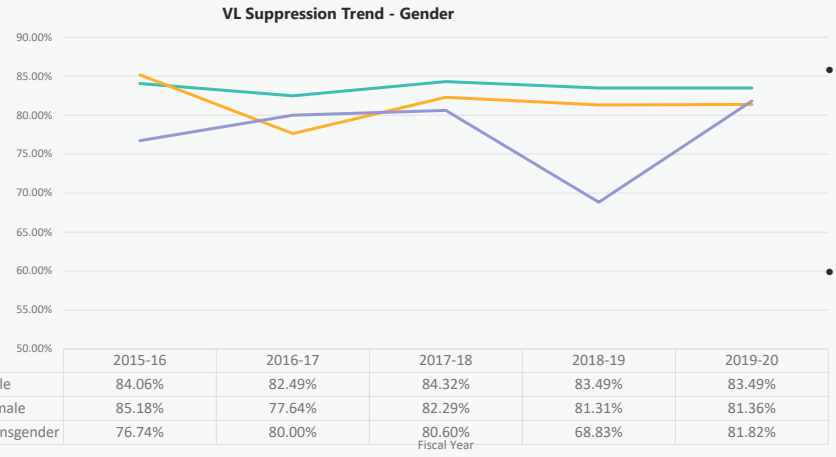
Broward EMA RWPA VL Suppression Trends by Gender



	2015-16	2016-17	2017-18	2018-19	2019-20
Male	84.06%	82.49%	84.32%	83.49%	83.49%
Female	85.18%	77.64%	82.29%	81.31%	81.36%
Transgender	76.74%	80.00%	80.60%	68.83%	81.82%

- In past few FY, VL suppression:
  - Remained consistent for males and females
  - Decreased among transgender individuals
- Technical Notes: Transgender population is less than 75 persons

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

SLIDE 6

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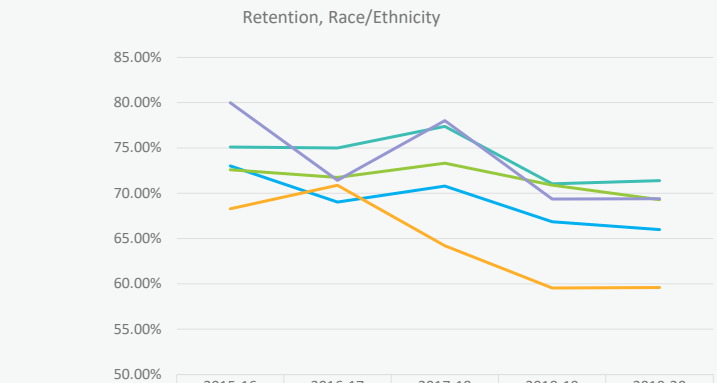


	2015-16	2016-17	2017-18	2018-19	2019-20
White, Non-Hispanic	73.03%	69.02%	70.80%	66.86%	66.00%
White, Hispanic	75.10%	75.00%	77.39%	71.05%	71.40%
Black, Non-Hispanic	72.60%	71.75%	73.33%	70.90%	69.30%
Black, Hispanic	68.29%	70.89%	64.20%	59.55%	59.60%
Other Race	80.00%	71.43%	78.01%	69.37%	69.40%

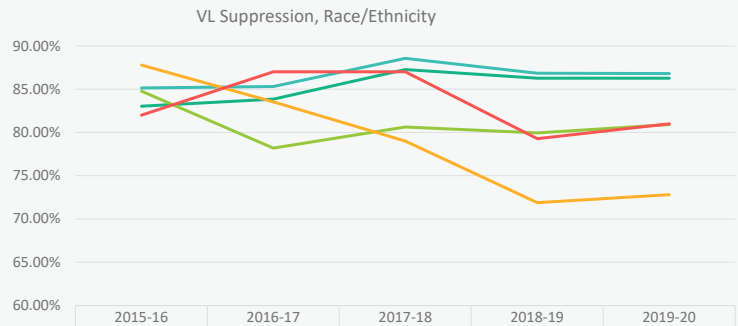
- Consistently lower retention among Black, non-Hispanic individuals compared to other groups
- Highest retention seen in White, Hispanic individuals
- Technical Notes: Other race group is less than 75 persons

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

SLIDE 7

7

- Consistently lower VL suppression among Black, non-Hispanic individuals compared to other groups
- Highest VL suppression seen in White, Hispanic individuals
- Technical Notes: Other race group is less than 75 persons



	2015-16	2016-17	2017-18	2018-19	2019-20
White, Non-Hispanic	83.04%	83.85%	87.28%	86.26%	86.26%
White, Hispanic	85.14%	85.31%	88.56%	86.84%	86.80%
Black, Non-Hispanic	84.77%	78.19%	80.63%	79.94%	80.90%
Black, Hispanic	87.80%	83.54%	79.01%	71.90%	72.80%
Other Race	82.00%	87.01%	87.01%	79.28%	81.00%

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

SLIDE 8

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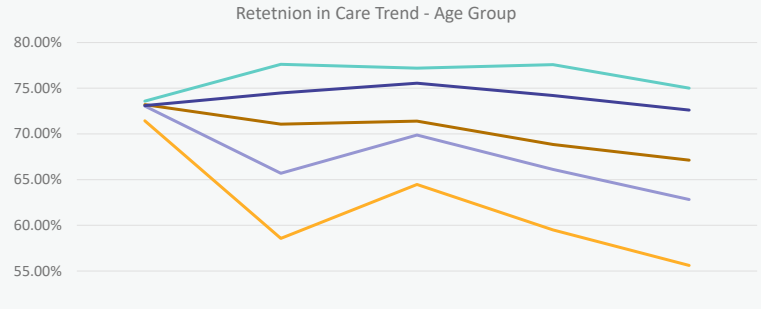

	2015-16	2016-17	2017-18	2018-19	2019-20
18-28	71.45%	58.56%	64.47%	59.50%	55.62%
29-38	73.05%	65.69%	69.88%	66.12%	62.83%
39-48	73.22%	71.06%	71.40%	68.85%	67.13%
49-58	73.10%	74.49%	75.56%	74.20%	72.62%
59+	73.59%	77.63%	77.20%	77.59%	75.01%

- Consistently lowest retention among those aged 18-28 years (young adults)
- Highest retention among older adults (59+ years)

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

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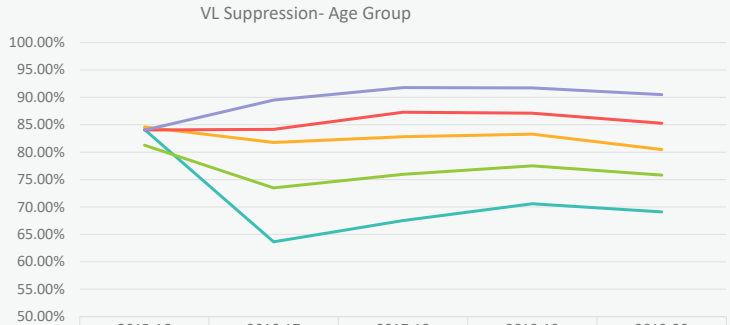
- Consistently lowest VL suppression among those aged 18-28 years (young adults)
- Highest VL suppression among older adults (59+ years)



	2015-16	2016-17	2017-18	2018-19	2019-20
18-28	84.14%	63.66%	67.53%	70.60%	69.11%
29-38	81.28%	73.48%	75.95%	77.50%	75.80%
39-48	84.62%	81.76%	82.83%	83.27%	80.49%
49-58	84.07%	84.16%	87.31%	87.10%	85.27%
59+	84.03%	89.50%	91.79%	91.73%	90.48%

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

SLIDE 10

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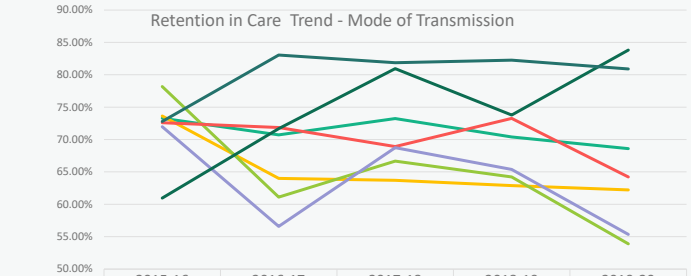

	2015-16	2016-17	2017-18	2018-19	2019-20
MSM	73.31%	70.71%	73.23%	70.40%	68.60%
Hetero	73.65%	64.01%	63.71%	62.89%	62.23%
Perinatal	78.18%	61.11%	66.67%	64.21%	53.90%
IDU	72.60%	71.85%	68.91%	73.28%	64.23%
IDU/MSM	72.00%	56.60%	68.75%	65.38%	55.36%
Other	60.98%	71.67%	80.95%	73.77%	83.82%
Unknown	72.80%	83.05%	81.86%	82.25%	80.90%

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

- Highest retention in clients with unknown (client-reported) transmission type
- In FY19-20, lowest retention among clients with perinatal transmission type
- Technical Notes: IDU/MSM and other is less than 75 individuals each and are not reported in this presentation

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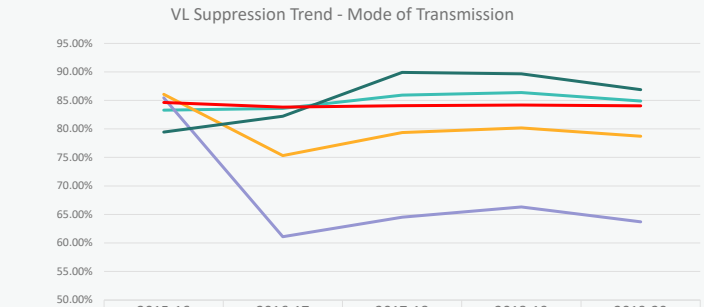
- Highest retention in clients with IDU transmission type
- Consistently lowest VL suppression among clients with perinatal transmission type
- Technical Notes: IDU/MSM and other is less than 75 individuals each and are not reported in this presentation



	2015-16	2016-17	2017-18	2018-19	2019-20
MSM	83.30%	83.60%	85.92%	86.37%	84.89%
Hetero	86.07%	75.32%	79.36%	80.17%	78.70%
Perinatal	85.45%	61.11%	64.52%	66.32%	63.70%
IDU	79.45%	82.22%	89.92%	89.66%	86.87%
Unknown	84.65%	83.84%	84.07%	84.19%	84.03%

Data Source: Broward EMA RWPA, HIV Continuum of Care Report

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Populations with challenges in retention in care (for FY2019)

When compared to the overall population of clients, those with:

- Income of 400-450% the FPL are 1.8X
- Heterosexual transmission type are 1.6X
- Perinatal transmission type are 1.5X
- Non-Hispanic Latino/a ethnicity are 1.3X
- Age between 18-28 years are 1.4X
- Age between 29-38 years are 1.2X

More likely to not be retained in care.

Data Source: Broward EMA RWPA, HIV Continuum of Care Report
Generated using PowerBI, Key Influencers visualization/ logistic regression

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Populations with challenges in VL Suppression (for FY2019)

When compared to the overall population of clients, those with:

- Perinatal transmission type are 2.3X
- Age between 18-28 years are 1.9X
- Income of 0-50% the FPL are 1.9X
- Housing status of non-permanently housed are 1.9X
- Non-Hispanic Latino/a ethnicity are 1.7X
- Black or African American race are 1.7X
- Age between 29-38 years are 1.5X
- Heterosexual transmission type are 1.4X
- Age between 39-49 years are 1.2X
- Female gender 1.2X

More likely to not be virally suppressed.

Data Source: Broward EMA RWPA, HIV Continuum of Care Report
Generated using PowerBI, Key Influencers visualization/ logistic regression

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Summary and Next Steps

Summary

- In Broward EMA RWPA
  - Viral load suppression has increased over time
  - Retention has been variable
- Young adults (age 18-28) and those with perinatal transmission type may have challenges attaining viral suppression and retention in care

Next Steps

- Recommendations to
  - HIVPC
  - QMC
  - Recipient/ CQM Staff
  - Networks
- Requests for clarification, data or information

SLIDE 15

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Thank You!

Broward Regional Health Planning Council

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

www.brhpc.org

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

SLIDE 16

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HANDOUT C1

BROWARD HEALTH

2019 Community Health Needs Assessment

Prepared By:

BRHPC

1

1

Meeting Dates	Draft Agenda
December, 13, 2018	1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps
January 10, 2019	1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps
February 28, 2019	1. BH Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps
March 14, 2019	1. BH Quantitative Data Presentation (Part II) 2. BH Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps
March 28, 2019	1. Crime and Behavioral Health Data Presentation 2. Qualitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps
April 11, 2019	**1. Qualitative Data Presentation (Part II)** **2. Summary of Data/Needs/Gaps** **3. Stakeholder Discussion** **4. Prioritization Process**

2

2

Focus Groups

3

3

Methodology

Community Focus Groups

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

4

4

Community Focus Groups

Locations	# of Participants
Broward Partnerships for the Homeless, Inc (BPHI)	15
SunServe (SS)	8
Hispanic Unity Foundation (HUF)	7
Children's Diagnostic Treatment Center (CDTC)	12
Women In Distress (WID)	8

	Target Audience								
Agency	Homeless adults	Low income adults & seniors	Parents	Uninsured/ underinsured	Minority	Spanish Speakers	Haitian Creole Speakers	Mental Health Clients	Special Needs
BPHI	✓	✓		✓	✓	✓	✓	✓	✓
SS	✓	✓	✓	✓	✓	✓		✓	
HUF		✓	✓	✓	✓	✓			
CDTC		✓	✓	✓	✓	✓		✓	✓
WID	✓	✓	✓	✓	✓	✓		✓	✓

5

5

Community Focus Group Questions

1. Can you describe the process you go through to get healthcare?
2. Do you have any barriers? If yes, what are they?
3. How would you describe the quality of care you receive when you are seen?
4. When you are seen for medical care, how are you treated?
5. How has health insurance impacted your healthcare?
6. How do you think the delivery of health care services can be improved?

6

6

Community - Process to Obtain Healthcare

Reported Challenges/Areas of Need:

- Slow process to access care
- Use Emergency Room to seek medical attention
- Lack of communication
- Confusing qualifying process
- Challenge with finding a doctor in plan

Reported Areas of Satisfaction:

- Referrals are helpful
- Case workers facilitate access

7

Community - Process to Obtain Healthcare (cont.)

Quotes

- *"It took six weeks for [my son] to get his treatments. If it wasn't for the case worker that was assigned through the insurance company, it would have been worse."*
- *"The only way I can go to the doctor is to go to the ER."*
- *"The questions used [in Medicaid application] are so extremely confusing that even for a professional it can be difficult to translate accurately and your case can be denied as a result."*

8

Community - Barriers to Accessing Healthcare

- Insurance Coverage
- Affordability (co-pays, lack of income, dental care)
- Knowledge of Resources (how to navigate the system)
- Complicated eligibility requirements
- Lack of walk-in options
- Discrimination (equal treatment)
- Communication (being listened to, information sharing)
- Transportation
- Language

9

9

Community - Barriers to Accessing Healthcare

Quotes

- *"When you don't have insurance, they treat you totally differently. If you have insurance, they cater to you."*
- *They're not listening to anything I have to say. It's in and out. Take this prescription and see you later."*
- *"Transportation services don't come on time and then they rush you."*
- *"They changed my son's 24 hour nursing agency without notifying me. I decide who takes care of my child!"*
- *"Being homeless. When you look homeless, people treat you differently."*
- *"I couldn't get dental care for my son before I couldn't afford the visit."*

10

10

Community - Quality of Care

Reported Areas of Need and Concern:

- Bias in treatment based on insurance
- Communication/listening/patient education
- Customer service / long waits
- Medical competence

Reported Areas of Satisfaction:

- Multidisciplinary teams working together
- Adequate time with doctor

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Community - Quality of Care

Quotes

- *"Some doctors look at patients like they are dumb when they are saying how they feel. We need empathy."*
- *"Some procedures are only available to people who have insurance coverage."*
- *"It's a team effort. The social worker helps ensure the doctor's office communicates better."*
- *"I don't mind waiting the extra time because the doctor spends quality time with my child."*

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Community - Description of Treatment

Reported Areas of Need or Concern:

- Being rushed
- Mental health services are difficult to access
- Lack of communication and empathy
- Customer service provided by front desk staff

Reported Areas of Satisfaction:

- Dignity in treatment
- Any level of health coverage

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Community - Description of Treatment

Quotes

- *"You cant go to be seen for basic mental health issues, you have to be suicidal to receive help."*
- *"Dignity and respect depends on your condition and how much money you have."*
- *"Doctors will treat you well, but staff will treat you like you are nothing."*
- *"I am treated with dignity."*

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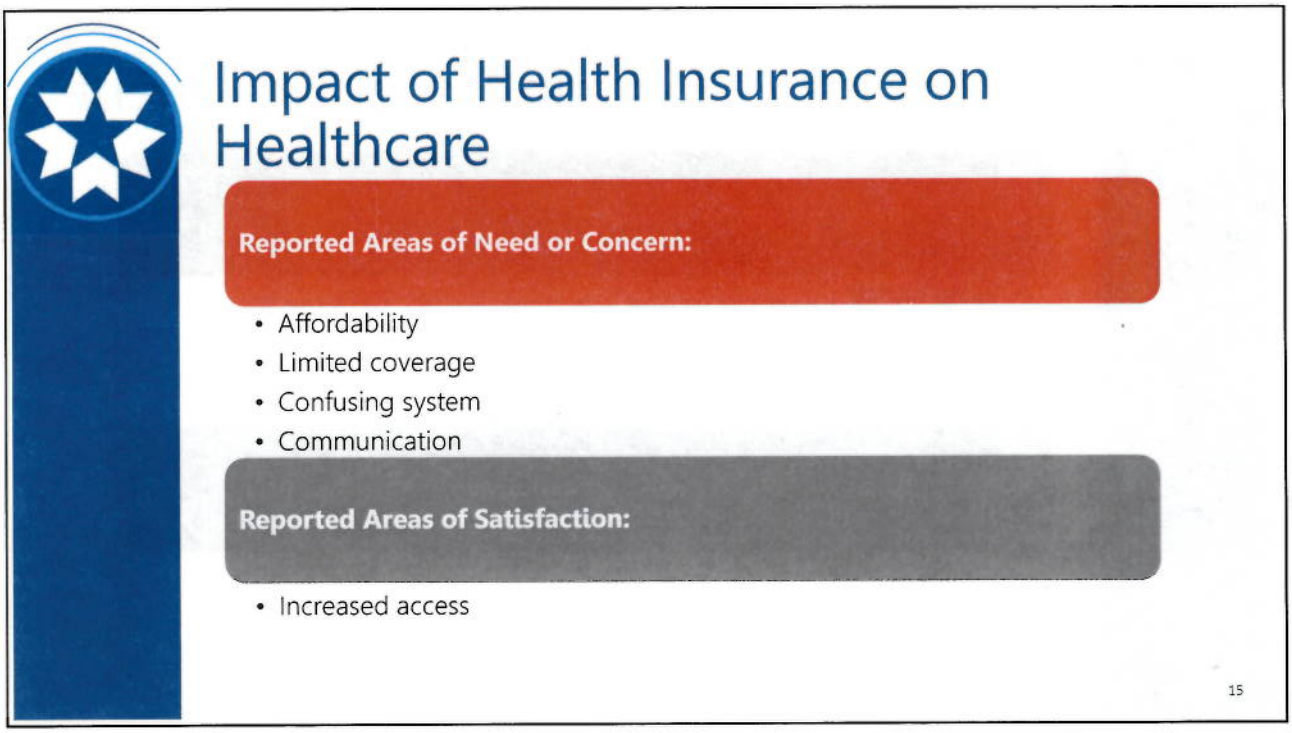
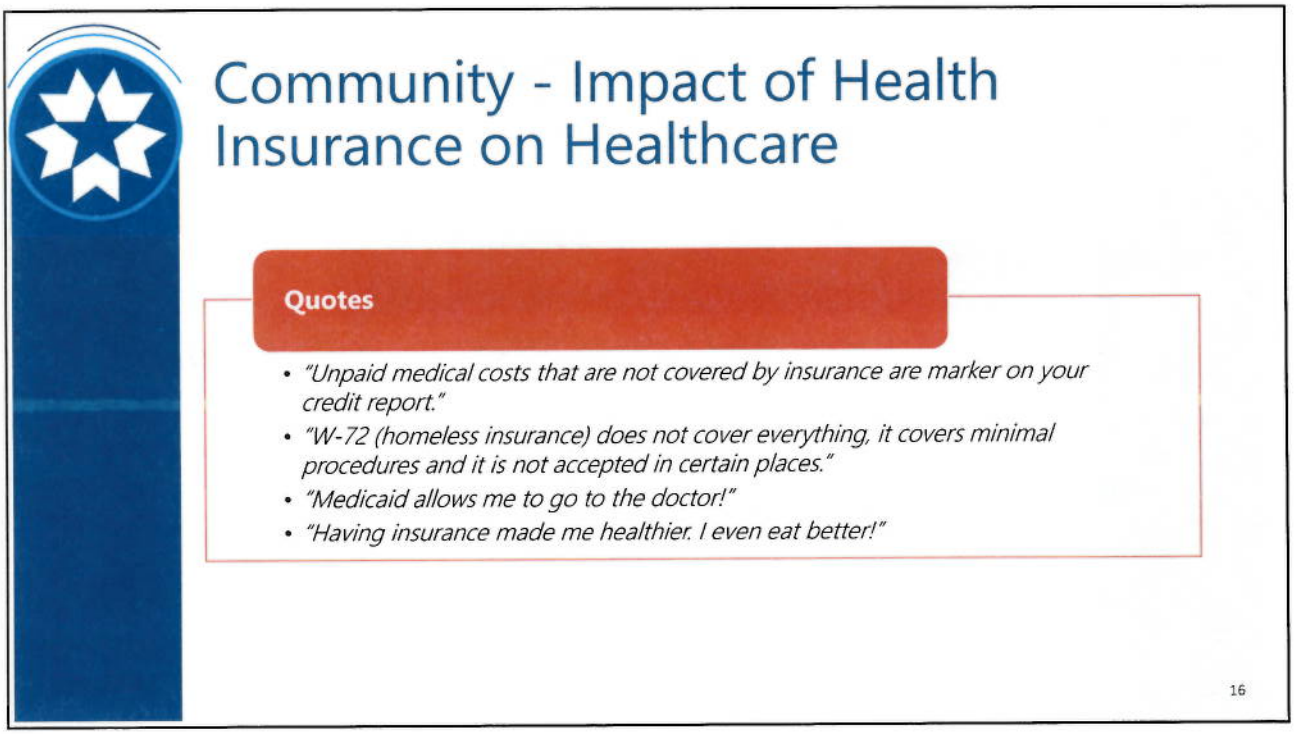

Impact of Health Insurance on Healthcare
Reported Areas of Need or Concern:
• Affordability
• Limited coverage
• Confusing system
• Communication
Reported Areas of Satisfaction:
• Increased access
15

15


Community - Impact of Health Insurance on Healthcare
Quotes
• "Unpaid medical costs that are not covered by insurance are marker on your credit report."
• "W-72 (homeless insurance) does not cover everything, it covers minimal procedures and it is not accepted in certain places."
• "Medicaid allows me to go to the doctor!"
• "Having insurance made me healthier. I even eat better!"
16

16


Community - Suggestions to Improve the Delivery of Care
Access
• Universal healthcare
• Simplified eligibility process
• Onsite Specialty care
• Languages
• Transportation
Affordability
• Lower costs (co-pays)
Community Education
• Patient education
• Parental training for children with special needs who are transitioning from pediatrics
Quality of Care through Training
• Communication / empathy
• Cultural Competency
• Equal treatment (consideration for special needs, LGBTQ, minority, homeless populations)
• Bedside manners and customer service
17

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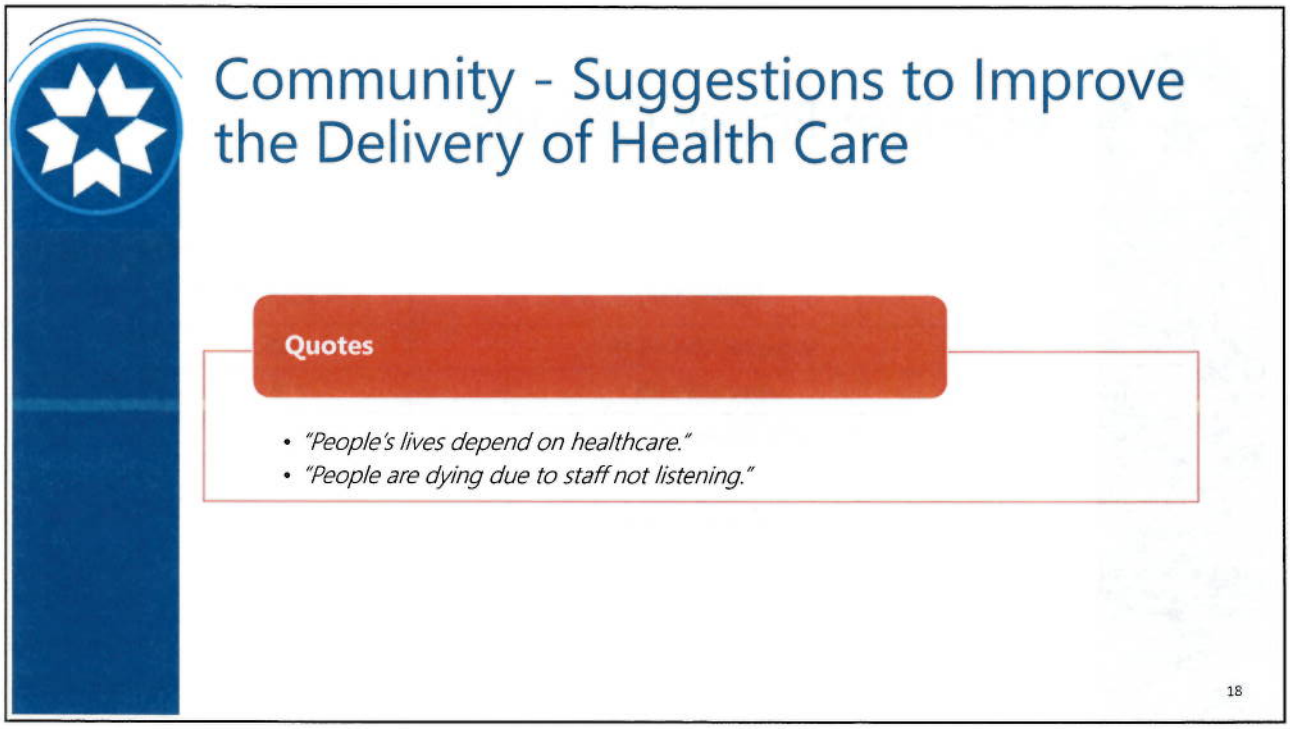
Community - Suggestions to Improve the Delivery of Health Care
Quotes
• "People's lives depend on healthcare."
• "People are dying due to staff not listening."
18

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Methodology

Provider Focus Groups

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

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Provider Focus Groups

Target Area	# of Participants
Maternal Child Health	15
Special Needs	8
Substance Abuse/Mental Health	12
SunServe	25
Lifenet4Families	8

20

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HANDOUT C1

Provider Focus Group Questions

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

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Providers - Key Issues Related to Clients' Access to Healthcare

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

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Providers - Key Issues Related to Clients' Access to Healthcare

Quotes

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

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Provider - Barriers Encountered

Resources

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

Delay/Avoidance of Care

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

Access to Care

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

Communication

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

Coverage

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

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Provider - Barriers Encountered

Quotes

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

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Provider - Quality of Healthcare

Reported Areas of Need and Concern:

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

Reported Areas of Satisfaction:

- Provider perseverance despite numerous barriers
- Good continuity of care but follow up is key

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Provider - Quality of Healthcare

Quotes

- ""Housing is an issue."
- "Socioeconomic status defines the kind of care you receive."
- "Providers are not equipped to serve patients who are deaf and pregnant – a major gap in services."
- "Quality is different from one client to the next; [it] depends on level of access and resources."

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Provider - Perception of Treatment

Reported Areas of Need and Concern:

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

Reported Areas of Satisfaction:

- Patient advocates/care coordinators improve patient treatment
- Hard working staff to ensure positive experience

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Provider - Perception of Treatment/Dignity in Treatment

Quotes

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

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Provider-Impact of Insurance on Access

Affordability

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

Navigation

- Lack of education on how to use insurance
- Hard to find specialists that accept Medicaid
- Type of insurance can limit access → eligibility for certain procedures

Barriers

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

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30

Provider-Impact of Insurance on Access

Quotes

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

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Provider - Suggestions to Improve Delivery of Health Care Services

Staff Training

- Racial equity and implicit bias training
- Customer service improvement
- LGBTQ competency training

Access

- Greater access to low cost/no cost preventive care
- Increase healthcare access points
- Consideration for social determinants of health impacting behavioral health and special needs populations
- Simplify documentation requirements for services
- Universal healthcare
- Patient advocates

Education and Outreach

- Public education on insurance coverage in easy to understand language and multiple languages
- Culturally appropriate outreach → hire within local communities
- Use technological platforms to share information about resources → create an app, use text messaging, promote on social media
- Visibility and representation of diverse communities (including LGBTQ) in staff and documentation

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Provider - Suggestions to Improve Delivery of Health Care Services

Quotes

- *"Streamline the process to make it less bureaucratic."*
- *""Those with mental health issues are left to suffer the most. They're not taking care of themselves and not taking their meds."*

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Key Informant Interviews

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Methodology

- 60 Key Informants (KI) were selected
- Response: 20 of the 60 key informants completed the interview (33% response rate)
- 5-item standardized, open-ended questionnaire was developed
- Themes were used to thread the responses when appropriate.
- Frequencies and percentages of responses were recorded and qualitative summaries were produced.

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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?

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HANDOUT C1

What do you perceive are the key issues in healthcare?

Theme	Percent	Count
Affordability	80.0%	16
Access to care	60.0%	12
Continuity of care	45.0%	9
Specialty care	10.0%	2
Lack of insurance coverage	45.0%	9
Other	20.0%	4

- *Inequity in access*
- *Preventive measures*
- *Quality*
- *Structural racism and implicit bias*

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What are the barriers?

Theme	Percent	Count
Affordability	65.0%	13
Lack of Insurance coverage	65.0%	13
Lack of Availability/Access quality service or sites	25.0%	5
Access to information	55.0%	11
Funding availability	45.0%	9
Language	10.0%	2
Transportation	30.0%	6
Other	10.0%	2

- *Structural racism and implicit bias*

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What is the impact of healthcare on the community?

Theme	Percent	Count
Increase or decrease productivity	30.0%	6
Increase or decrease quality of life and well-being	85.0%	17
Reduce the burden of the uninsured	55.0%	11
Educate the community about health and wellness	60.0%	12
Reduce the burden of disease	60.0%	12
Other	5.0%	1

- *Fund health prevention services and policies*

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What is the impact of healthcare on your agency?

Theme	Percent	Count
Healthcare funding	63.2%	12
Agency sustainability	26.3%	5
Provision of employee healthcare insurance	31.6%	6
Other	10.5%	2

- *Increased service delivery options*

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Local Health System... in 5 Years

Number of Responses n = 20 (Percentage)		
Themes	**Frequency of Mention**	**Quotes**
Access through telemedicine	4 (20%)	*"Must have a robust telehealth so as to increase accessibility."*
More fragmented and challenged healthcare system	4 (20%)	*"Struggling to manage the population given the significant challenges and changes being faced financially."*
Cohesive and collaborative	4 (20%)	*"I see both districts working closer together to streamline services and employees."*
Shift to outpatient services	2 (10%)	*"Continued shift to outpatient services, continued lack of primary care."*
Increased need for specialty care	2 (10%)	*"Expanded need for behavioral health."* *"Rapidly growing population [will] need more subspecialists."*

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The Ideal Health Care System

Number of Responses n = 20 (Percentage)		
Themes	**Frequency of Mention**	**Quotes**
Integration and Coordination of Healthcare Resources	7 (35%)	*"Totally integrated healthcare system."* *"Co-location of medical and social services to facilitate access."*
Universal Healthcare	5 (25%)	*"Healthcare would be affordable and easily accessible to all residents."*
Prevention, Education and Health Promotion	3 (15%)	*"A more patient-centered approach to health and wellness."* *"Increased spending on prevention would be the number [one] saver of the health care system."*
Addressing Social Determinants of Health	3 (15%)	*"Emphasis on improving social determinants of health (i.e.: economics, education, racial segregation, etc.)"* *"Improving food quality, safety and access."*
EHR/Telehealth	2 (10%)	*"All electronic records would be accessible through a portal for all clients in Broward County."*

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Agency's Role

Number of Responses n = 20 (Percentage)		
Themes	**Frequency of Mention**	**Quotes**
Provider of Healthcare/Social Services	8 (40%)	*"Remove barriers that can be potential issues toward access, care, affordability and equality."* *"Expand services to meet health needs"*
Education and outreach	5 (25%)	*"To educate and be/make people aware of the resources available."* *"Resource and source of distribution of information."*
Coordination of care	2 (18%)	*"Use technology to increase communication."*

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Social Determinants of Health in Broward County

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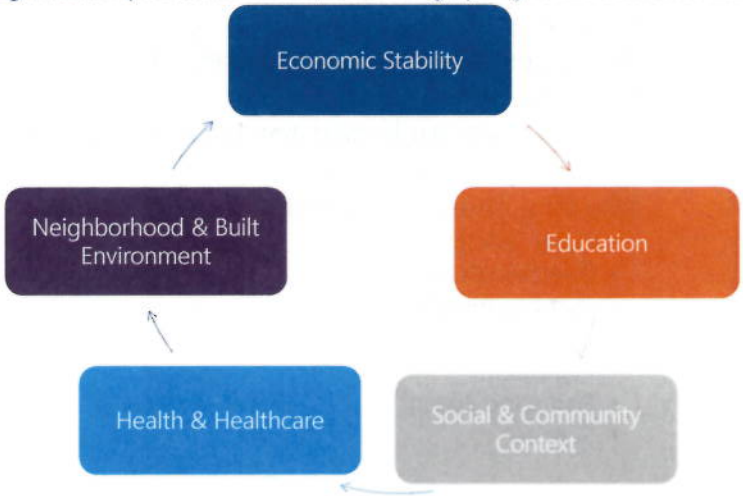
Social Determinants of Health (SDOH)

Social Determinants of Health are conditions in which we are born, live, work and play that have a significant impact on our health, functioning, quality-of-life outcomes and risks.



Source: HealthyPeople 2020

45

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Social Determinants of Health (SDOH)

Economic Stability
- Employment
- Food insecurity
- Housing instability
- poverty

Education
- Early childhood education and development
- Enrollment in higher education
- High school graduation
- Language and literacy

Social and Community Context
- Civic participation
- Discrimination
- Incarceration
- Social cohesion

Health and Health Care
- Access to health care
- Access to primary care

Neighborhood and Build Environment
- Access to foods that support health eating patterns
- Crime and violence
- Environmental conditions
- Quality of housing

Source: HealthyPeople 2020

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Notes on NYU City Dashboard Database

- What is the NYU City Dashboard?
  - The NYU City Dashboard allows you to see where the nation's 500 largest cities stand on 36 keys measures of health and factors affecting health
- What cities are included for Broward County?
  - To focus on areas in the North Broward Hospital District the following cities are highlighted in our analysis:
    - Coral Springs
    - Deerfield Beach
    - Fort Lauderdale
    - Lauderhill
    - Plantation
    - Pompano Beach
    - Sunrise

Source: *Florida NYU City Dashboard*

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Notes on NYU City Dashboard Database

- Indicators highlighted for analysis
  - **Housing Cost, Excessive-** households where at least 30% of household income is spent on housing costs (%)
  - **Third Grade Reading Proficiency-** 3rd graders who score "proficient" or above in reading on standardized tests (%)
  - **Racial/Ethnical Diversity-** distribution of population by race/ethnic group with a city or census tract (index)
  - **Neighborhood racial/ethnic segregation-** distribution of the population by race/ethnic group within a census tract relative to the distribution across the city (index)
  - **Housing with potential Lead Risk-** housing stock with potential elevated lead risk (%)
  - **Air Pollution-** average daily concentration of fine particulate matter per cubic meter
  - **Limited Access to Health Foods-** population living more than 0.5 mile from the nearest supermarket, supercenter or large grocery store (%)
  - **Walkability-** neighborhood amenities accessible by walking as calculated by the Walking Score (index)

Source: *Florida NYU City Dashboard*

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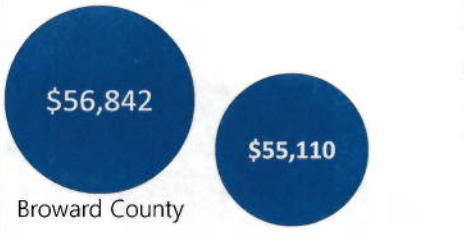
HANDOUT C1

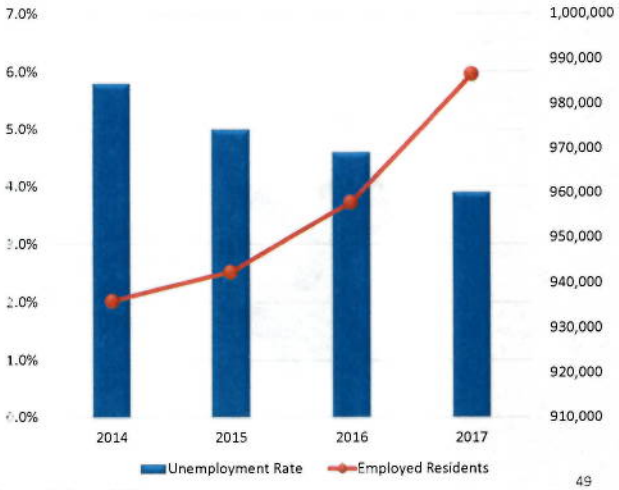
ECONOMIC STABILITY

Median Income



In comparison to Broward County, the Broward Health service areas have a lower median income.

Within a 4 year span the number of **employed Broward residents increased while the unemployment rate decreased**.



Source: Florida Department of Economic Opportunity, 2017; American Community Survey, 2017

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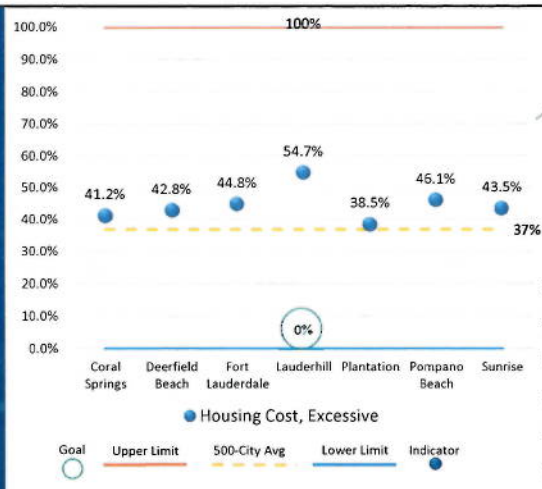
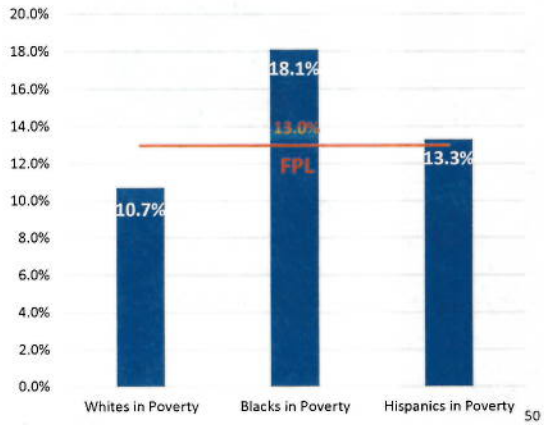
ECONOMIC STABILITY



In 2018, there were **2,318** individuals experiencing homelessness in Broward County.

In 2017, there were **143,832** households that received over **$35 million** in food stamps benefits in Broward County.



Source: NYU City Dashboard; 2018 PIT report; 2017 DCF Caseload Report; American Community Survey

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EDUCATION

There are approximately **270,550** students in Broward County's **319** Public Schools and Centers (the 2nd largest school district in the State).

In 2017, over **32 percent** of Broward residents over 25 had obtained a Bachelor's Degree or higher.

In 2018, Broward County Public Schools had a graduation rate of **84.3%.**

Source: American Community Survey, 2017; Broward County Public Schools, 2018

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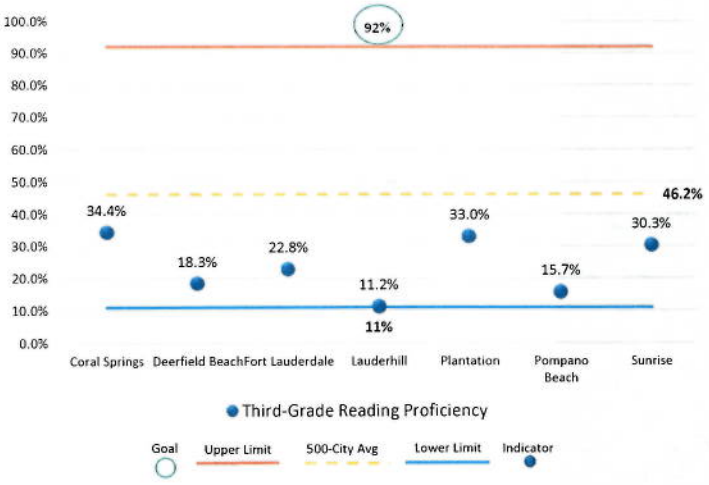
EDUCATION

42% of Broward households speak a language other than English at home.



Source: NYU City Dashboard, American Community Survey, 2017

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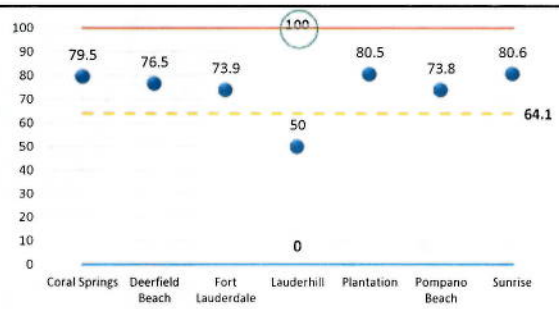
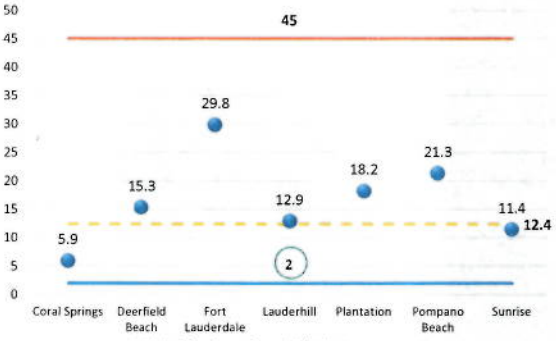
HANDOUT C1

SOCIAL & COMMUNITY CONTEXT



The average daily population in Broward County detention facilities is **3,587**.



Goal | Upper Limit | 500-City Avg | Lower Limit | Indicator

Source: NYU City Dashboard, Florida Department of Corrections, 2018

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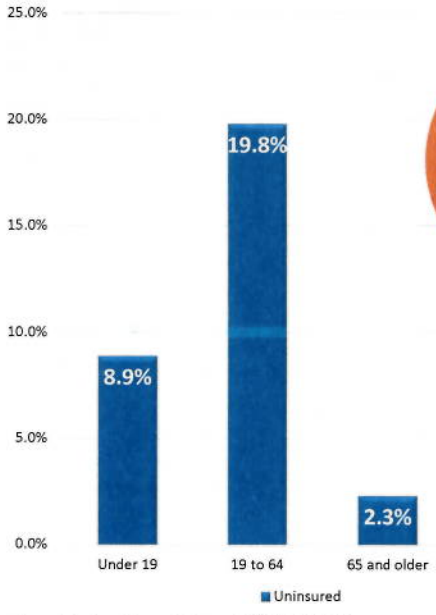
HEALTH & HEALTH CARE



14.6% of Broward's total population is uninsured

In 2016, **17.2%** of Broward adult residents reported not being able to see a physician in the past year due to cost.

Source: American Community Survey, 2017; BRFSS, 2016

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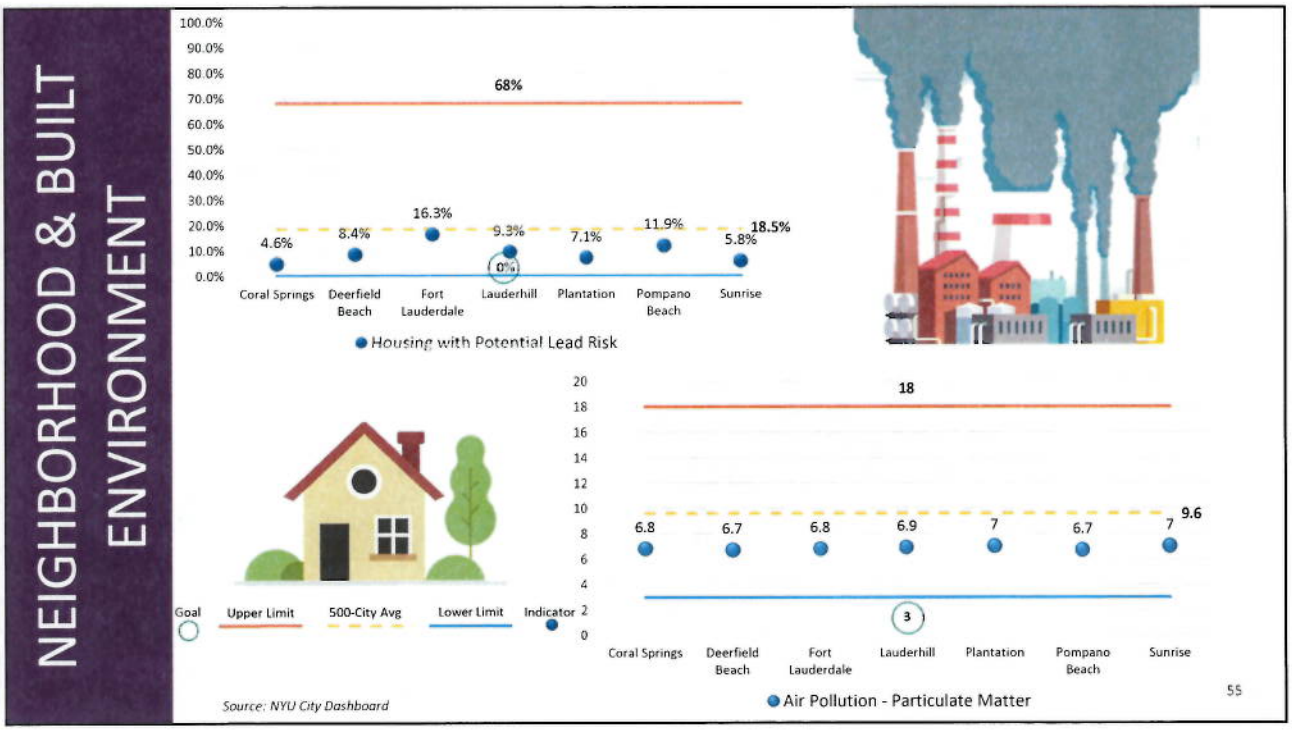
NEIGHBORHOOD & BUILT ENVIRONMENT
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
68%
4.6%
8.4%
16.3%
9.3%
7.1%
11.9%
5.8%
18.5%
0%
Coral Springs
Deerfield Beach
Fort Lauderdale
Lauderhill
Plantation
Pompano Beach
Sunrise
Housing with Potential Lead Risk
Goal
Upper Limit
500-City Avg
Lower Limit
Indicator
20
18
16
14
12
10
8
6
4
2
0
18
6.8
6.7
6.8
6.9
7
6.7
7
9.6
3
Coral Springs
Deerfield Beach
Fort Lauderdale
Lauderhill
Plantation
Pompano Beach
Sunrise
Source: NYU City Dashboard
Air Pollution - Particulate Matter
55

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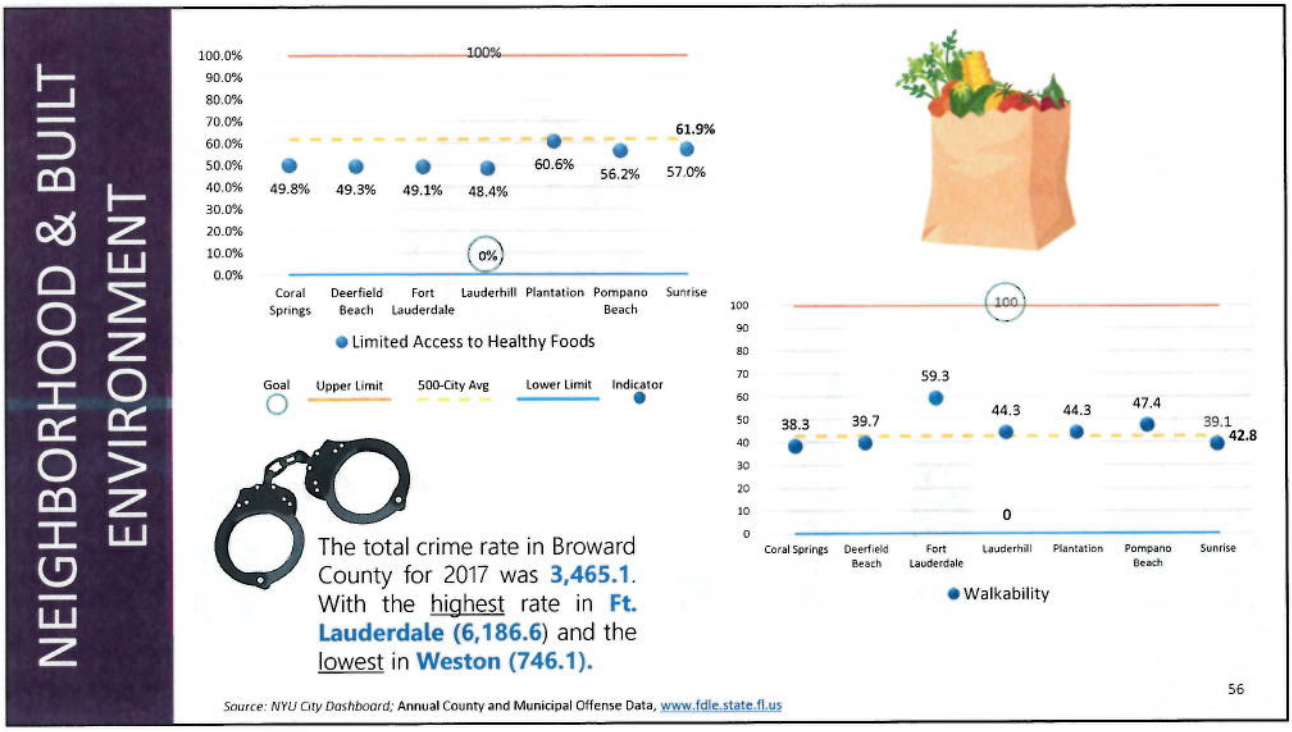
NEIGHBORHOOD & BUILT ENVIRONMENT
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
100%
61.9%
49.8%
49.3%
49.1%
48.4%
60.6%
56.2%
57.0%
0%
Coral Springs
Deerfield Beach
Fort Lauderdale
Lauderhill
Plantation
Pompano Beach
Sunrise
Limited Access to Healthy Foods
Goal
Upper Limit
500-City Avg
Lower Limit
Indicator
The total crime rate in Broward County for 2017 was 3,465.1. With the highest rate in Ft. Lauderdale (6,186.6) and the lowest in Weston (746.1).
100
90
80
70
60
50
40
30
20
10
0
100
38.3
39.7
59.3
44.3
44.3
47.4
39.1
42.8
0
Coral Springs
Deerfield Beach
Fort Lauderdale
Lauderhill
Plantation
Pompano Beach
Sunrise
Walkability
Source: NYU City Dashboard; Annual County and Municipal Offense Data, www.fdle.state.fl.us
56

56


Data Recap
57

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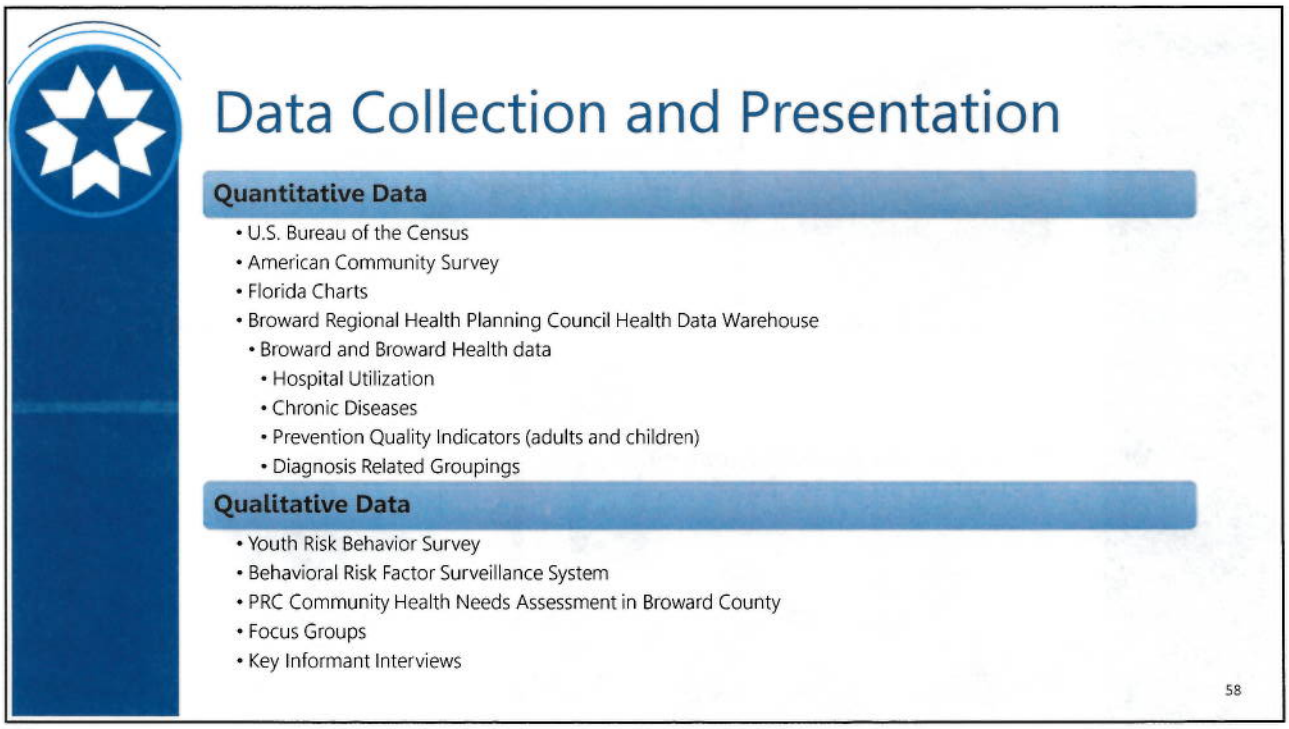

Data Collection and Presentation
Quantitative Data
• U.S. Bureau of the Census
• American Community Survey
• Florida Charts
• Broward Regional Health Planning Council Health Data Warehouse
• Broward and Broward Health data
• Hospital Utilization
• Chronic Diseases
• Prevention Quality Indicators (adults and children)
• Diagnosis Related Groupings
Qualitative Data
• Youth Risk Behavior Survey
• Behavioral Risk Factor Surveillance System
• PRC Community Health Needs Assessment in Broward County
• Focus Groups
• Key Informant Interviews
58

58

SUMMARY

Total Population, Broward & Florida, 2017

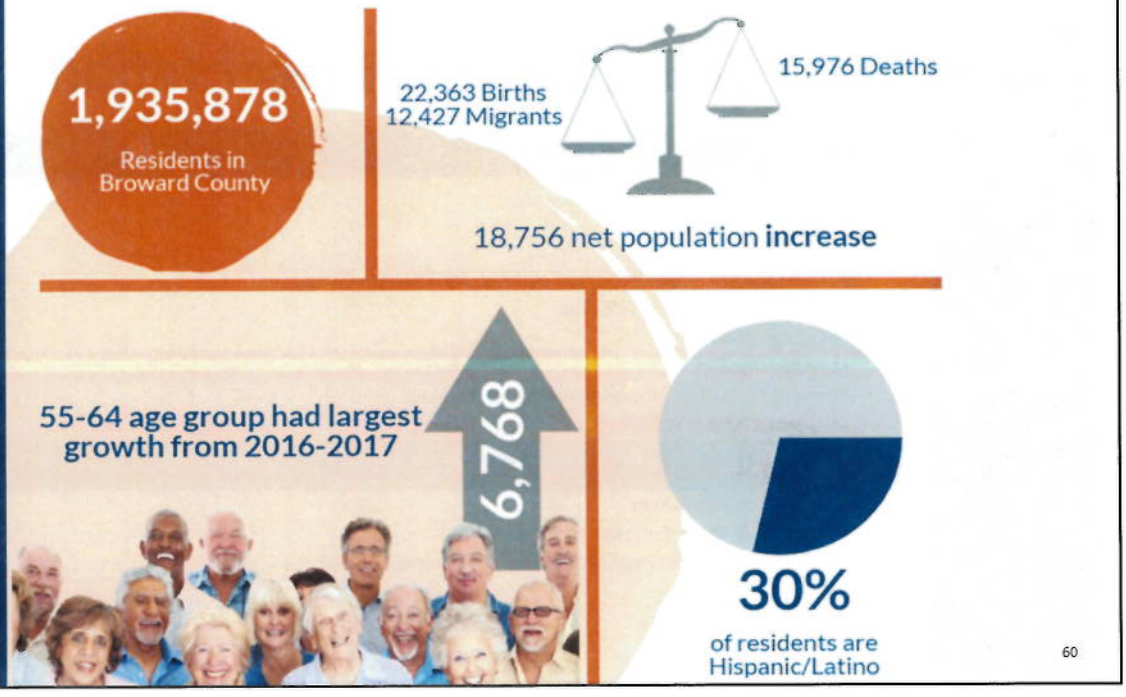
2017	Broward		Florida	
Total Population	Number	Percent	Number	Percent
	1,935,878	100%	20,984,400	100%
Male	944,164	48.8%	10,254,267	48.9%
Female	991,714	51.2%	10,730,133	51.1%
0-17	411,799	21.3%	4,200,780	20.0%
18-64	1,209,760	62.5%	12,568,388	59.9%
65+	314,319	16.2%	4,215,232	20.1%
White	1,177,288	60.8%	15,768,315	75.1%
Black	558,202	28.8%	3,394,508	16.2%
Hispanic	574,026	29.7%	5,370,860	25.6%
Asian	68,978	3.6%	588,087	2.8%
Other	65,795	6.8%	679,604	5.9%

59

Source: US Census Bureau, American Community Survey, 2017.

59

SUMMARY



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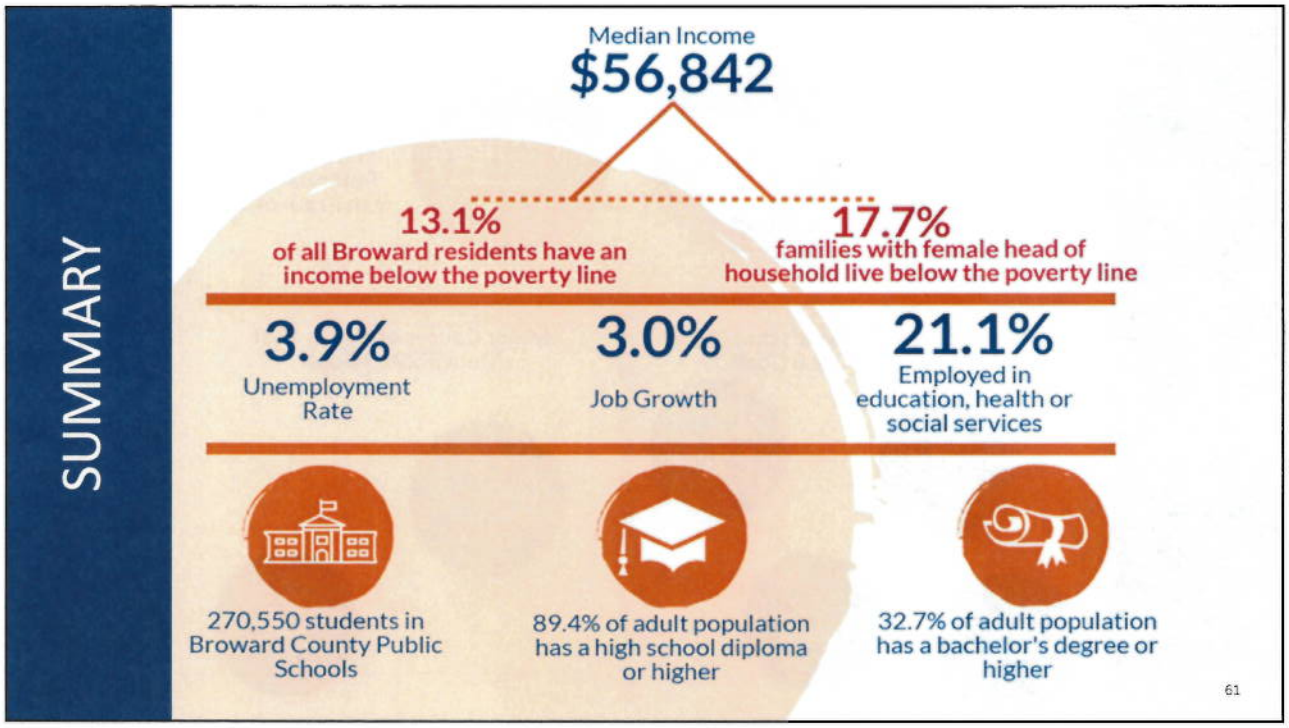
HANDOUT C1



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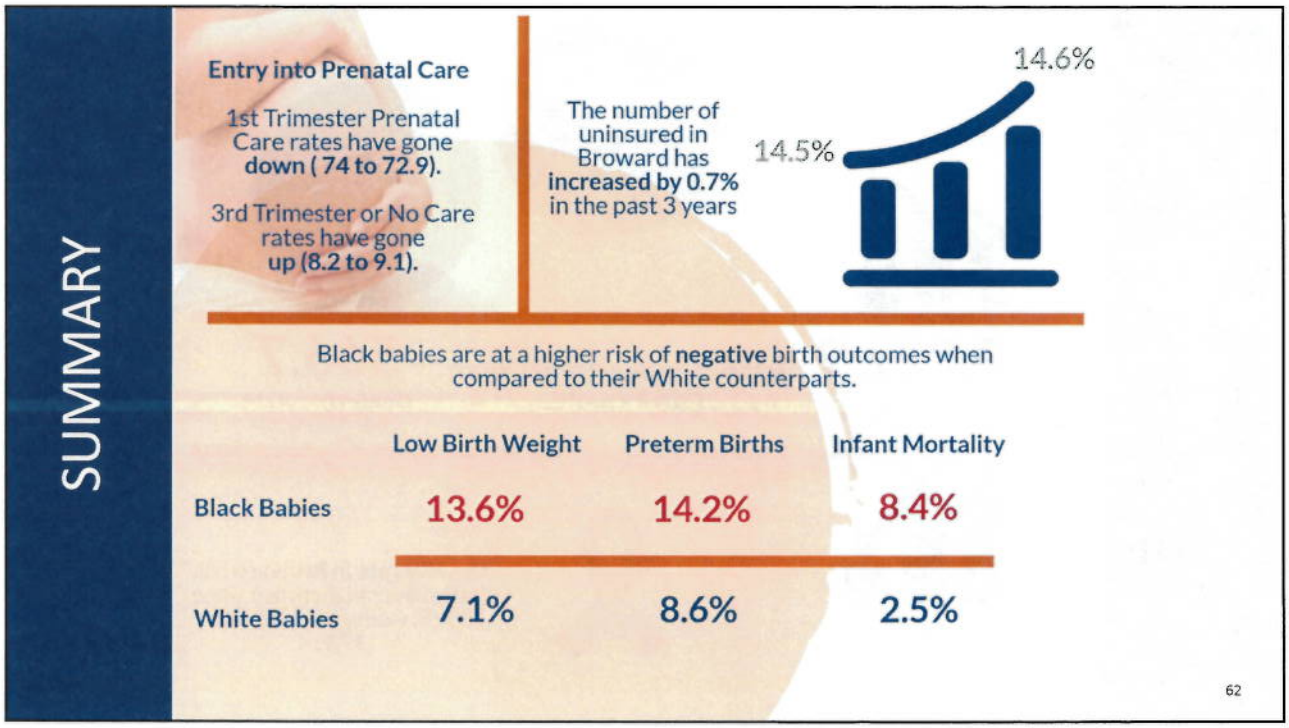

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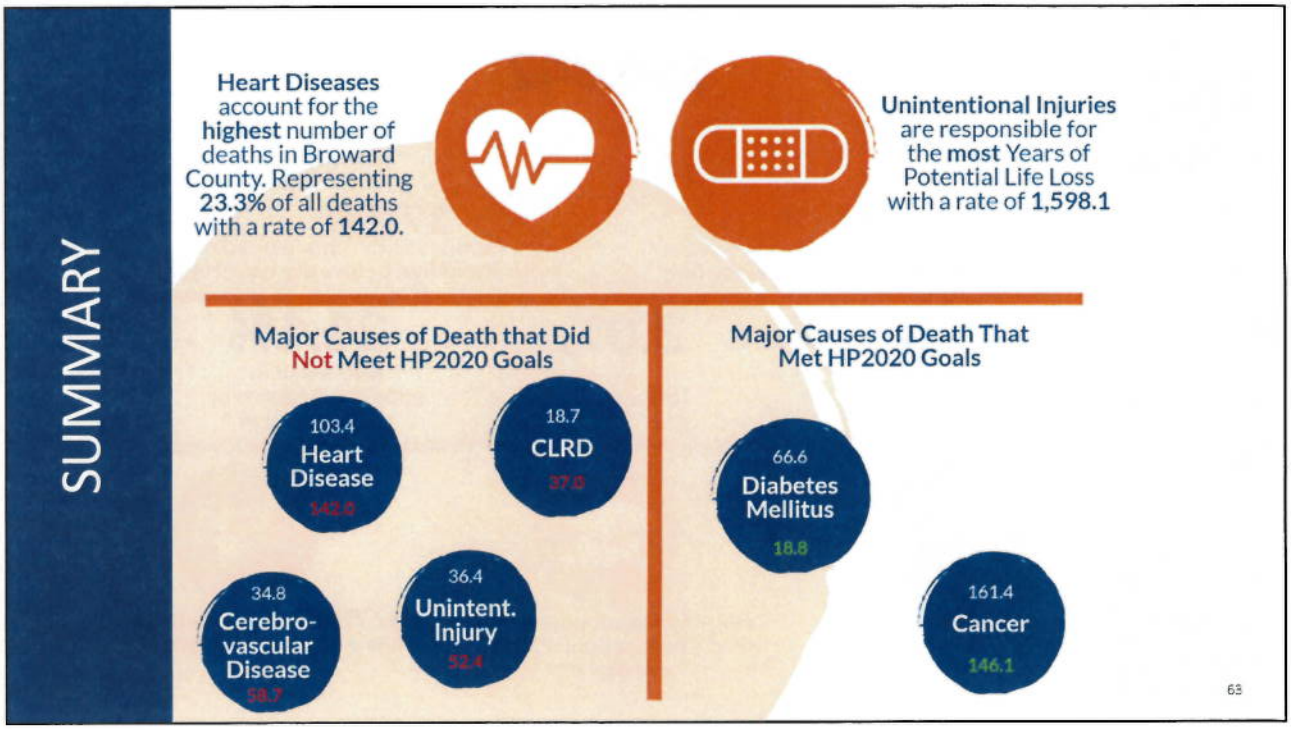
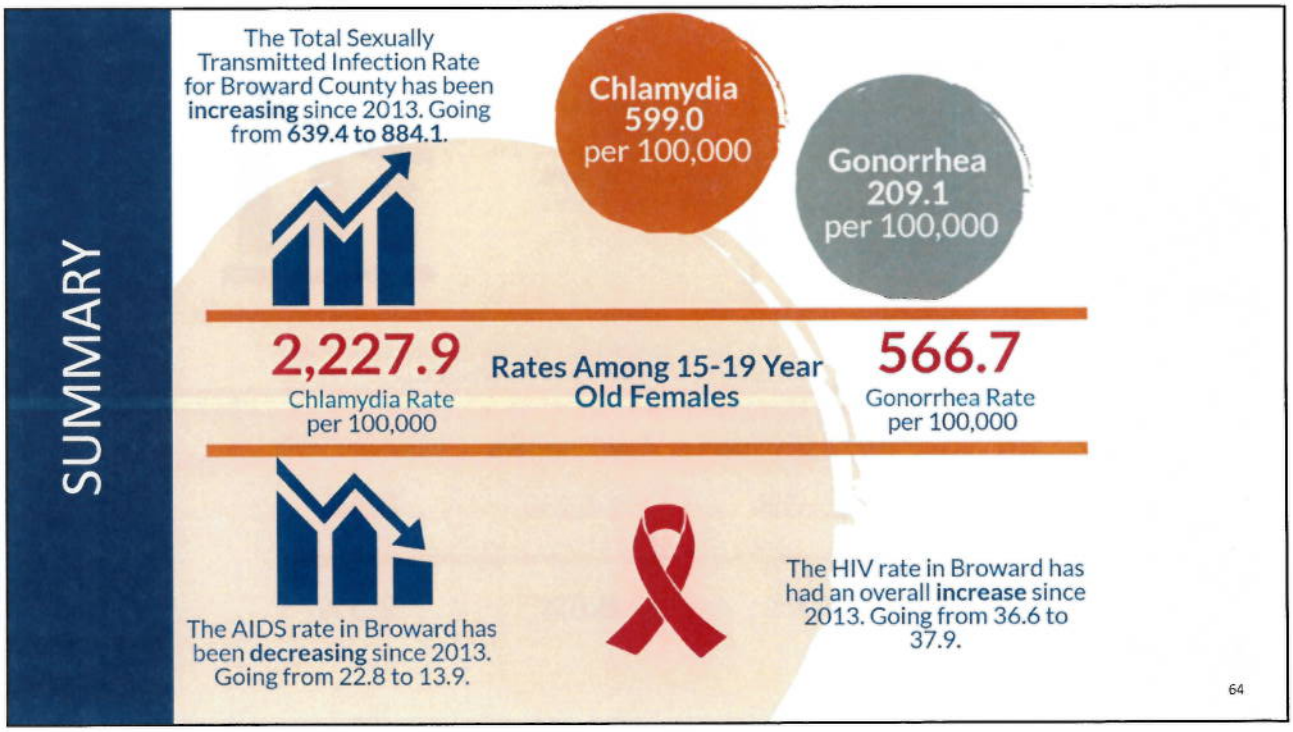

SUMMARY
Heart Diseases account for the highest number of deaths in Broward County. Representing 23.3% of all deaths with a rate of 142.0.
Unintentional Injuries are responsible for the most Years of Potential Life Loss with a rate of 1,598.1
Major Causes of Death that Did Not Meet HP2020 Goals
Major Causes of Death That Met HP2020 Goals
103.4 Heart Disease 142.0
18.7 CLRD 37.8
34.8 Cerebro-vascular Disease 58.7
36.4 Unintent. Injury 52.4
66.6 Diabetes Mellitus 18.8
161.4 Cancer 146.1
63

63


SUMMARY
The Total Sexually Transmitted Infection Rate for Broward County has been increasing since 2013. Going from 639.4 to 884.1.
Chlamydia 599.0 per 100,000
Gonorrhea 209.1 per 100,000
2,227.9 Chlamydia Rate per 100,000
Rates Among 15-19 Year Old Females
566.7 Gonorrhea Rate per 100,000
The AIDS rate in Broward has been decreasing since 2013. Going from 22.8 to 13.9.
The HIV rate in Broward has had an overall increase since 2013. Going from 36.6 to 37.9.
64

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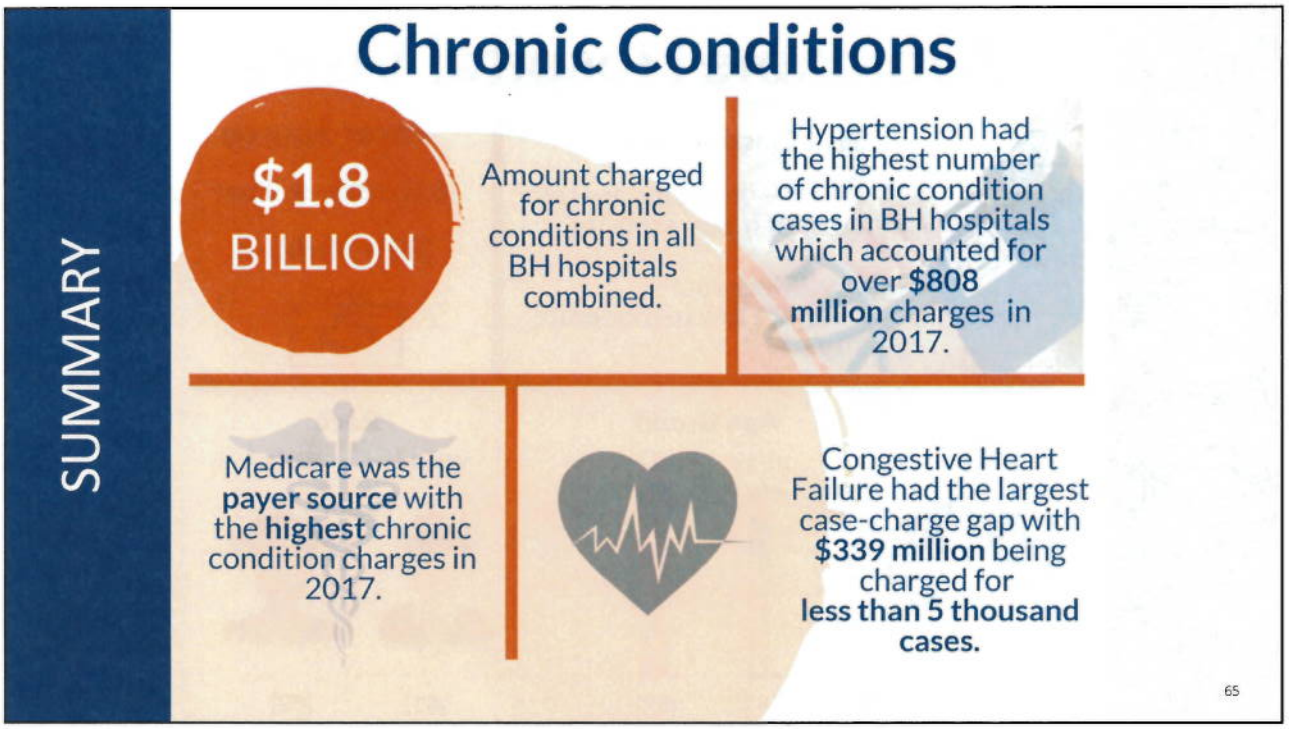
SUMMARY
Chronic Conditions
$1.8 BILLION
Amount charged for chronic conditions in all BH hospitals combined.
Hypertension had the highest number of chronic condition cases in BH hospitals which accounted for over $808 million charges in 2017.
Medicare was the payer source with the highest chronic condition charges in 2017.
Congestive Heart Failure had the largest case-charge gap with $339 million being charged for less than 5 thousand cases.
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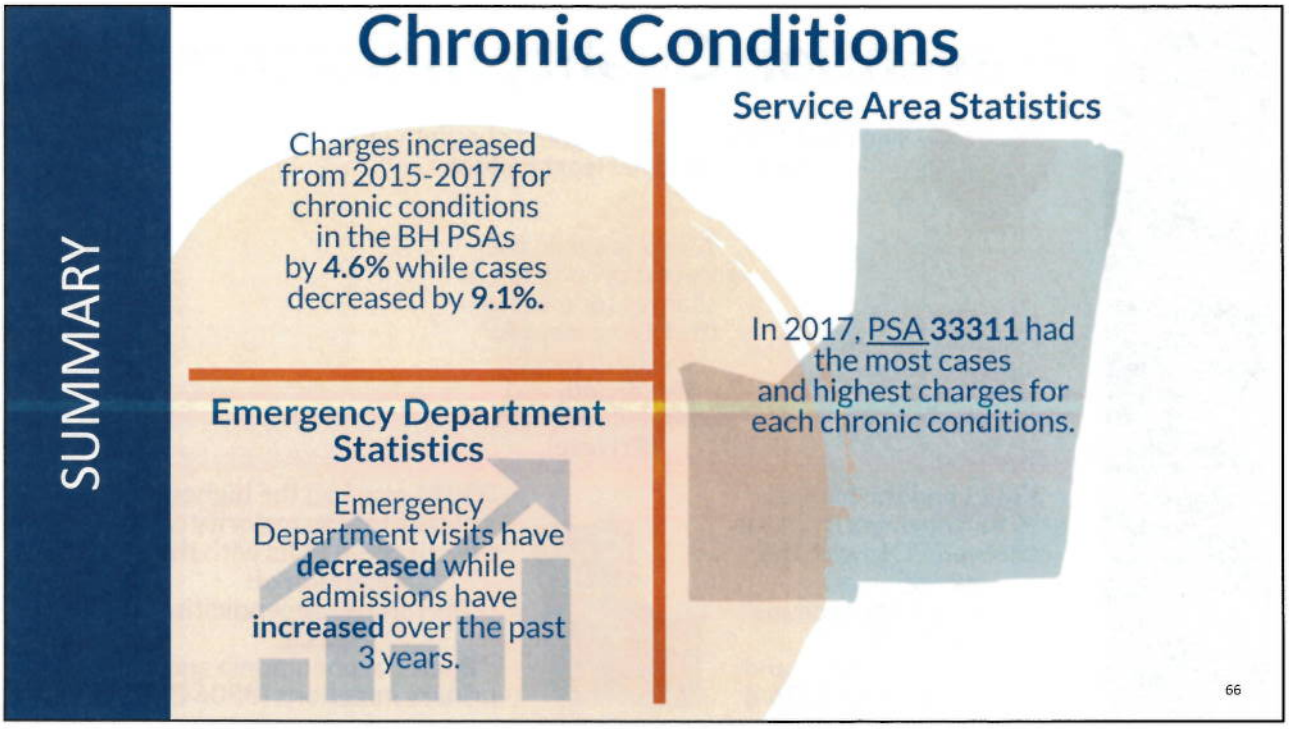

SUMMARY
Chronic Conditions
Charges increased from 2015-2017 for chronic conditions in the BH PSAs by 4.6% while cases decreased by 9.1%.
Service Area Statistics
In 2017, PSA 33311 had the most cases and highest charges for each chronic conditions.
Emergency Department Statistics
Emergency Department visits have decreased while admissions have increased over the past 3 years.
66

66

SUMMARY

Avoidable Hospital Visits

Visit Classification

[81] Minor – problems are self-limited or of minor severity

[82] Low/Moderate – problems are low to moderate severity

Payer Source

[81] cases- self pay

[82] - Medicaid

Age Group

18-39 0-17

Race

White Black

Visit Classification [81] [82] [81] [82]

67

67

SUMMARY

Prevention Quality Indicators

The most PQI cases and highest charges were for **Congestive Heart Failure.**

Medicare paid the greatest proportion of charges for most of the PQIs except for *low birth weight* (**Medicaid**) and *perforated appendicitis* (**Private**).

33311 had the highest cases for the majority of the observed PQIs with the exception of:
*Perforated appendicitis **(33065)**
*Bacterial pneumonia and urinary infections **(33064)**

33311 also had the highest charges for the majority of the observed PQIs with the exception of:
*Perforated appendicitis **(33313)**
*Bacterial pneumonia and urinary infections **(33064).**

68

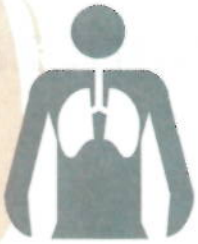
68

SUMMARY

Diagnosis Related Groups

Orthopedics had the highest number of discharges while **general surgery** had the highest charges in 2017.

Thoracic surgery had the highest average length of stay with an average of 24.0 days for 560 patients.



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69

Consistent Themes Across Qualitative Study

Affordability as significant barrier to access	Lack of insurance coverage	Continuity of care/Discharge planning	Cultural Competency
Immigration status	Education about resources	Integration of resources (one-stop shop)	Racial equity training
Customer service (people skills)	Language barriers	Use of technology (Telemedicine, EHR)	

70

70


Prioritization
71

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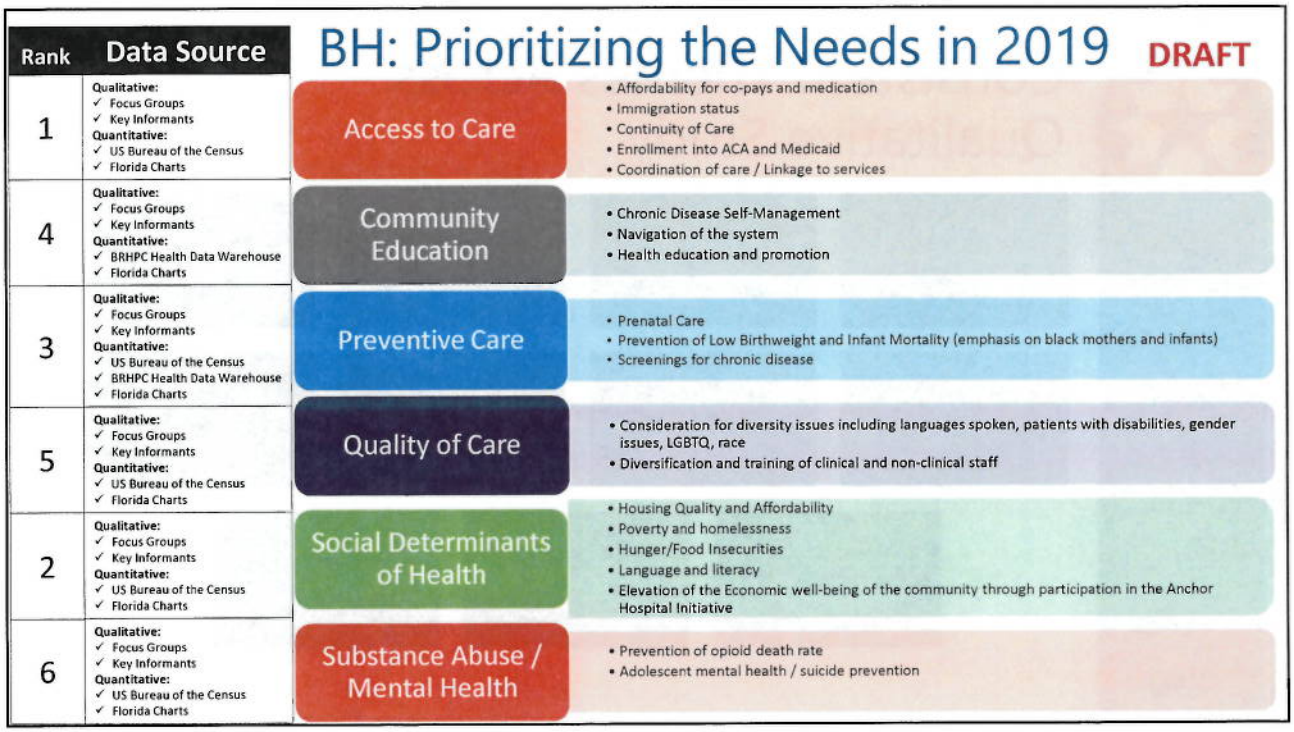
BH: Prioritizing the Needs in 2019
DRAFT
Rank
Data Source
1
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ US Bureau of the Census
✓ Florida Charts
Access to Care
• Affordability for co-pays and medication
• Immigration status
• Continuity of Care
• Enrollment into ACA and Medicaid
• Coordination of care / Linkage to services
4
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ BRHPC Health Data Warehouse
✓ Florida Charts
Community Education
• Chronic Disease Self-Management
• Navigation of the system
• Health education and promotion
3
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ US Bureau of the Census
✓ BRHPC Health Data Warehouse
✓ Florida Charts
Preventive Care
• Prenatal Care
• Prevention of Low Birthweight and Infant Mortality (emphasis on black mothers and infants)
• Screenings for chronic disease
5
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ US Bureau of the Census
✓ Florida Charts
Quality of Care
• Consideration for diversity issues including languages spoken, patients with disabilities, gender issues, LGBTQ, race
• Diversification and training of clinical and non-clinical staff
2
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ US Bureau of the Census
✓ Florida Charts
Social Determinants of Health
• Housing Quality and Affordability
• Poverty and homelessness
• Hunger/Food Insecurities
• Language and literacy
• Elevation of the Economic well-being of the community through participation in the Anchor Hospital Initiative
6
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ US Bureau of the Census
✓ Florida Charts
Substance Abuse / Mental Health
• Prevention of opioid death rate
• Adolescent mental health / suicide prevention

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HANDOUT C1

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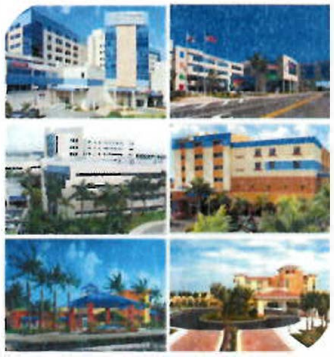
Memorial Healthcare System



2018 Community Health Needs Assessment

Prepared By:

BRHPC

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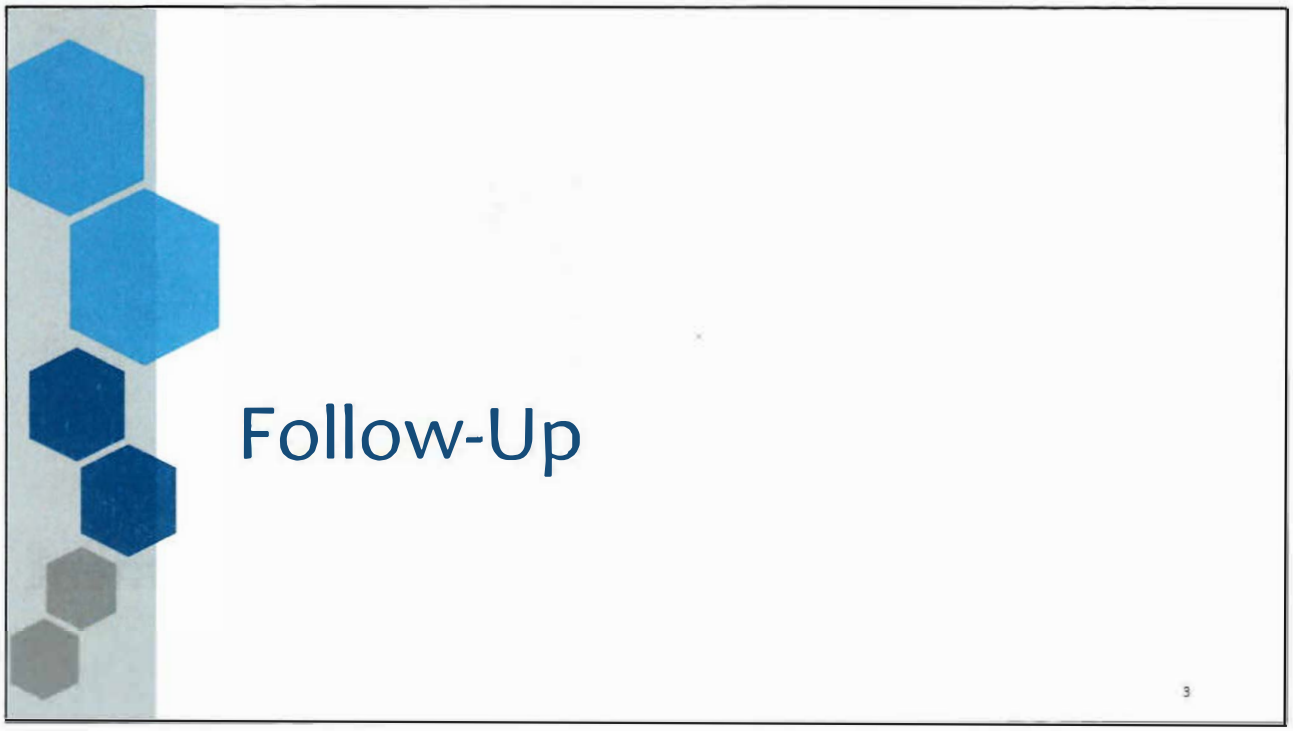
1

Meeting Dates	Agenda
December 6, 2017	1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part I) 3. Stakeholder Discussion 4. Identify Needs & Gaps
January 10, 2018	1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps
February 7, 2018	1. MHS Quantitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps
February 21, 2018	1. MHS Quantitative Data Presentation (Part II) 2. MHS Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps
March 14, 2018	1. SAMH/Behavioral Health Presentation 2. Qualitative Data Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps
April 4, 2018	1. Summary of Data/Needs/Gaps 2. Stakeholder Discussion 3. Prioritization Process

2

2


Follow-Up
3

3


Broward Qualitative Data
Youth Risk Behavioral Surveillance Survey (YRBSS)
4

4

Youth Risk Behavioral Surveillance Survey (YRBSS)

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

5

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

5

High School Student Alcohol & Substance Abuse- Broward, 2017

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

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

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

6

6

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

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

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

7

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

7

High School Student Nutrition, Activity & Weight- Broward vs. Florida, 2017

Indicators	Broward County	1st Year of Reporting
% Students Who Were NOT Physically Active for ≥60 Minutes on at least 1 day	24.4%	20.2% (2011)
% Students Who Watched Television ≥3 Hours per Day on an Average School Day	22.5%	48.8% (1999)
% Students Who Were Overweight	15.1%	13.4% (1999)
% Students Who Were Obese	10.7%	7.6% (1999)

8

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

8

High School Student Sexual Activity- Broward vs. Florida, 2017

Indicators	Broward County	1st Year of Reporting
% of Students Who Ever Had Sexual Intercourse	37.4%	55.5% (1991)
% Students Who Are Currently Sexually Active	25.3%	39.1% (1991)
% Students Who Had Sexual Intercourse for 1st Time Before Age 13 Years	4.2%	13.1% (1991)
% Sexually Active Students, Who Used a Condom During Last Sexual Intercourse	56.3%	42.9% (1991)
% Sexually Active Students, Who Used Birth Control Pill Before Last Sexual Intercourse	16.3%	17.8% (1991)

9

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

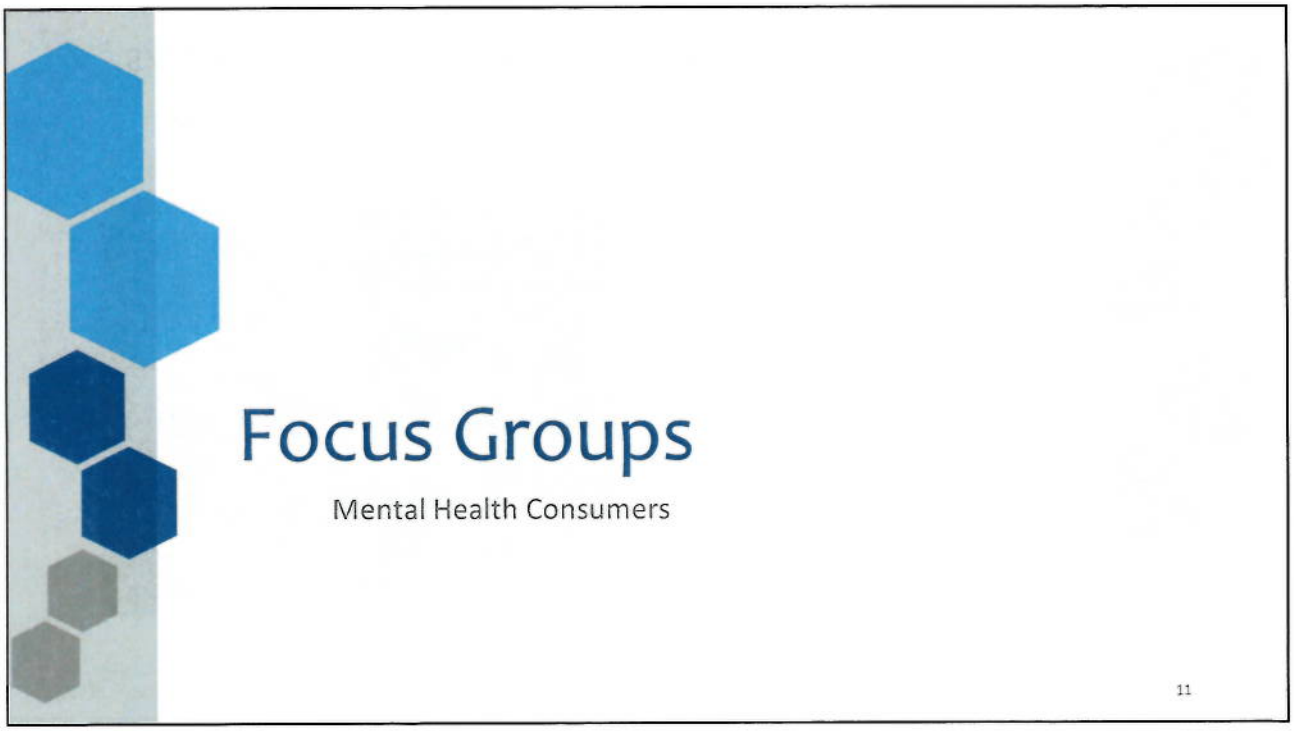
9

High School Student Violence & Injury- Broward vs. Florida, 2017

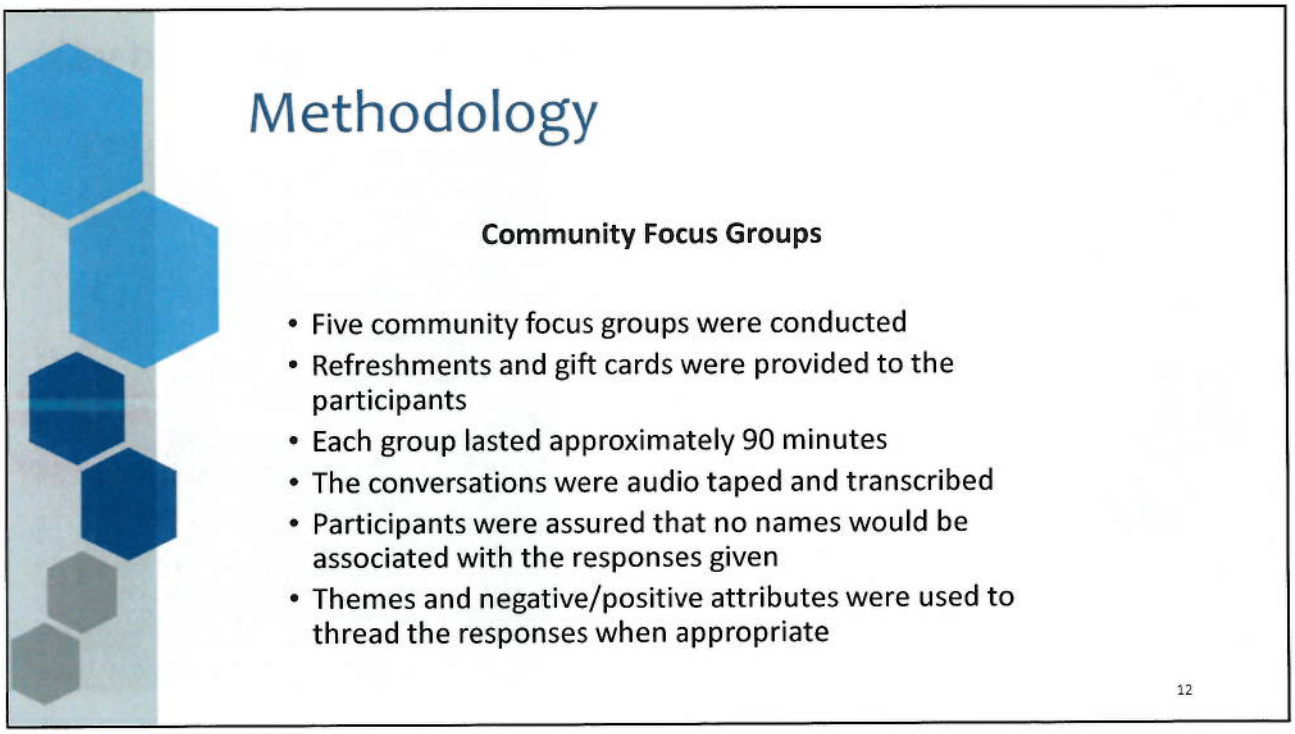
Indicators	Broward County	Change from 1st Year of Reporting
% Students Who Carried a Weapon On ≥1 Day During the 30 Days Before the Survey	10.4%	16.3% (1991)
% Students Who Were Hit, Slapped or Physically Hurt On Purpose By Boyfriend/Girlfriend	10.7%	7.6% (2013)
% Students Who Had Ever Been Physically Forced To Have Sexual Intercourse When They Did Not Want To	9.9%	8.7% (2001)
Seriously considered attempting suicide during 12 months before the survey	15.5%	26.7% (1991)
Made a plan about how they would attempt suicide during the 12 months before the survey	13.3%	15.4% (1991)
Attempted suicide one or more times during the 12 months before the survey	11.1%	6.1% (1991)

Source: Youth Risk Behavioral Factor Surveillance Survey, 2017

10


Focus Groups
Mental Health Consumers
11

11


Methodology
Community Focus Groups
• Five community focus groups were conducted
• Refreshments and gift cards were provided to the participants
• Each group lasted approximately 90 minutes
• The conversations were audio taped and transcribed
• Participants were assured that no names would be associated with the responses given
• Themes and negative/positive attributes were used to thread the responses when appropriate
12

12

Community Focus Groups

Dates	Locations	Time	# of Participants
2/22/18	Coalition for a Healthy South Broward (CHB)	5:30 pm	13
2/27/18	Hepburn Center (HC)	10:00 am	11
2/28/18	Hispanic Unity (HU)	2:00 pm	15
3/6/18	Miramar Community Group (MCG)	6:00 PM	17
3/21/18	MHS Outpatient Behavioral Health Center (BHC)	4:00 PM	13

	Target Audience							
Agency	Homeless individuals	Low income adults & seniors	Parents	Uninsured/ underinsured	Minority	Spanish Speakers	Haitian Creole Speakers	Mental Health Consumers
CHB		✓		✓	✓		✓	
HC		✓	✓	✓	✓	✓		
HU		✓	✓	✓	✓			
MCG	✓	✓	✓	✓	✓	✓	✓	
BHC		✓	✓	✓	✓	✓		✓

13

13

Community Focus Group Questions

1. Can you describe the process you go through to get healthcare?
2. Do you have any barriers? If yes, what are they?
3. How would you describe the quality of care you receive when you are seen?
4. When you are seen for medical care, how are you treated?
5. How has health insurance impacted your healthcare?
6. How do you think the delivery of health care services can be improved?

14

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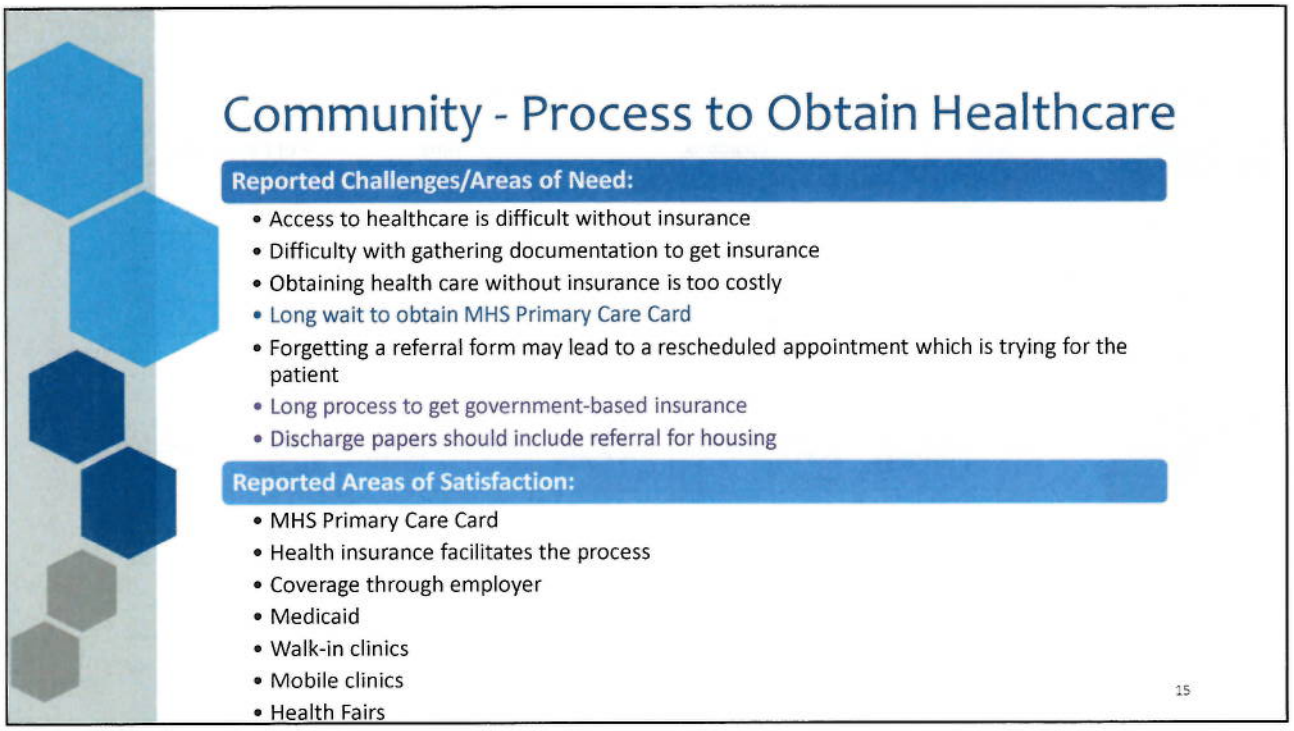
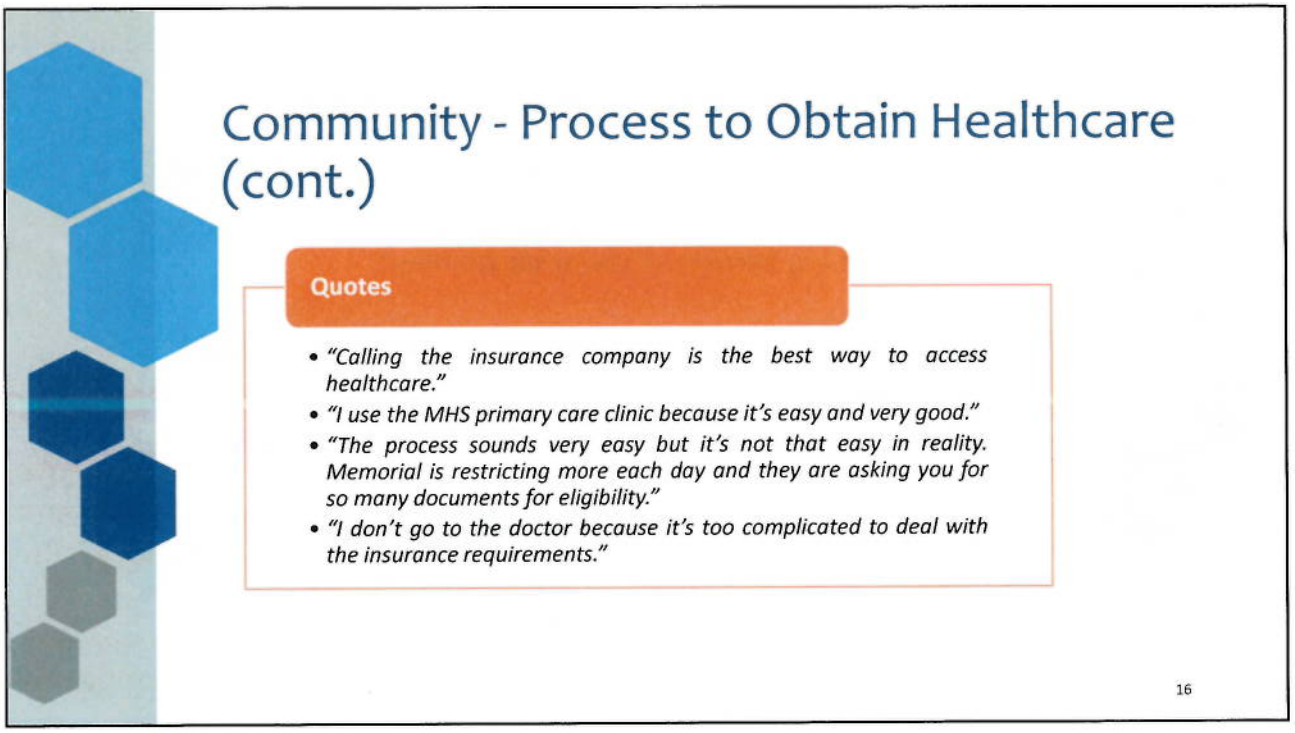
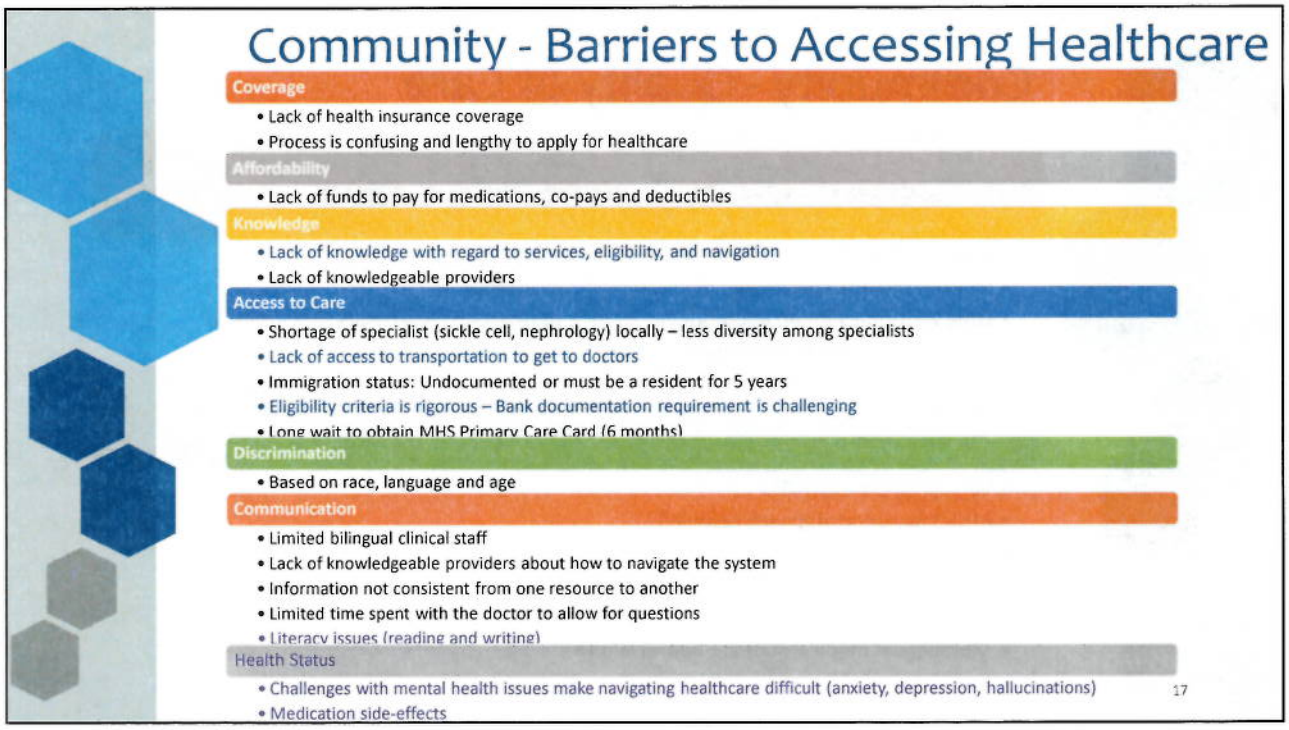

Community - Process to Obtain Healthcare
Reported Challenges/Areas of Need:
• Access to healthcare is difficult without insurance
• Difficulty with gathering documentation to get insurance
• Obtaining health care without insurance is too costly
• Long wait to obtain MHS Primary Care Card
• Forgetting a referral form may lead to a rescheduled appointment which is trying for the patient
• Long process to get government-based insurance
• Discharge papers should include referral for housing
Reported Areas of Satisfaction:
• MHS Primary Care Card
• Health insurance facilitates the process
• Coverage through employer
• Medicaid
• Walk-in clinics
• Mobile clinics
• Health Fairs
15

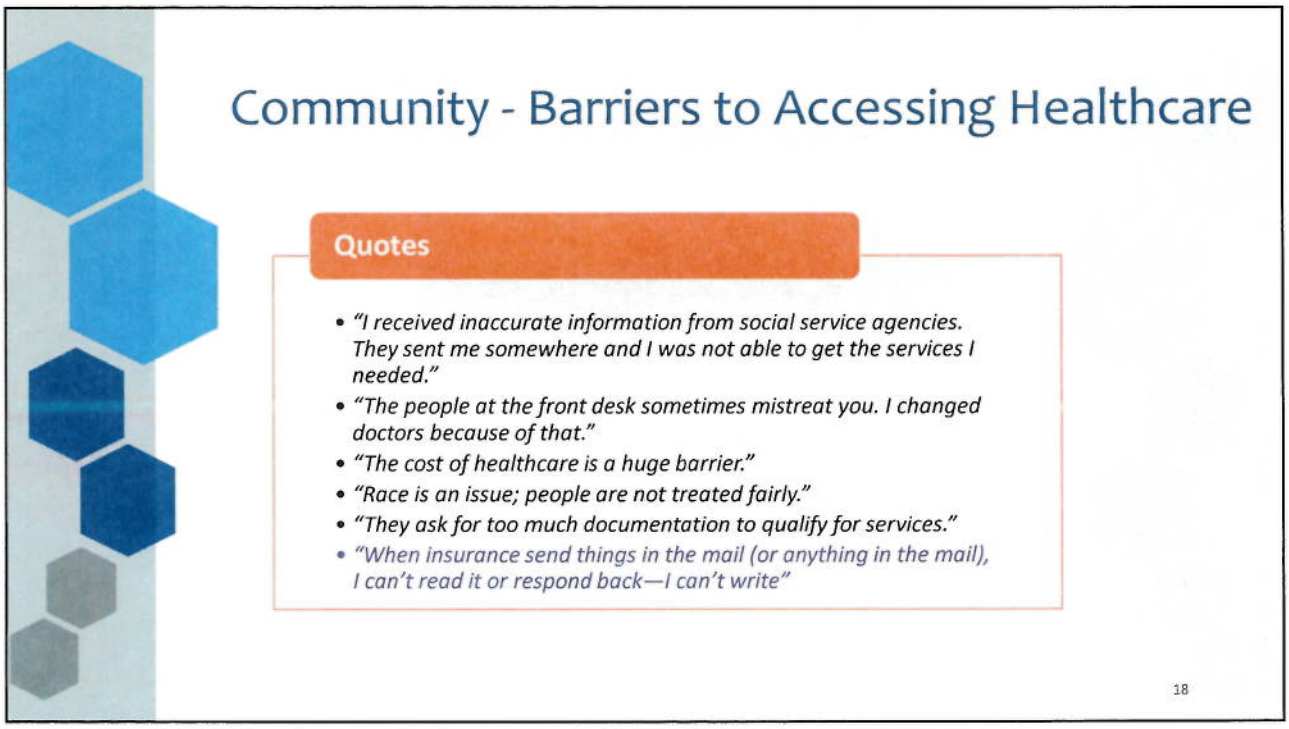
15


Community - Process to Obtain Healthcare (cont.)
Quotes
• "Calling the insurance company is the best way to access healthcare."
• "I use the MHS primary care clinic because it's easy and very good."
• "The process sounds very easy but it's not that easy in reality. Memorial is restricting more each day and they are asking you for so many documents for eligibility."
• "I don't go to the doctor because it's too complicated to deal with the insurance requirements."
16

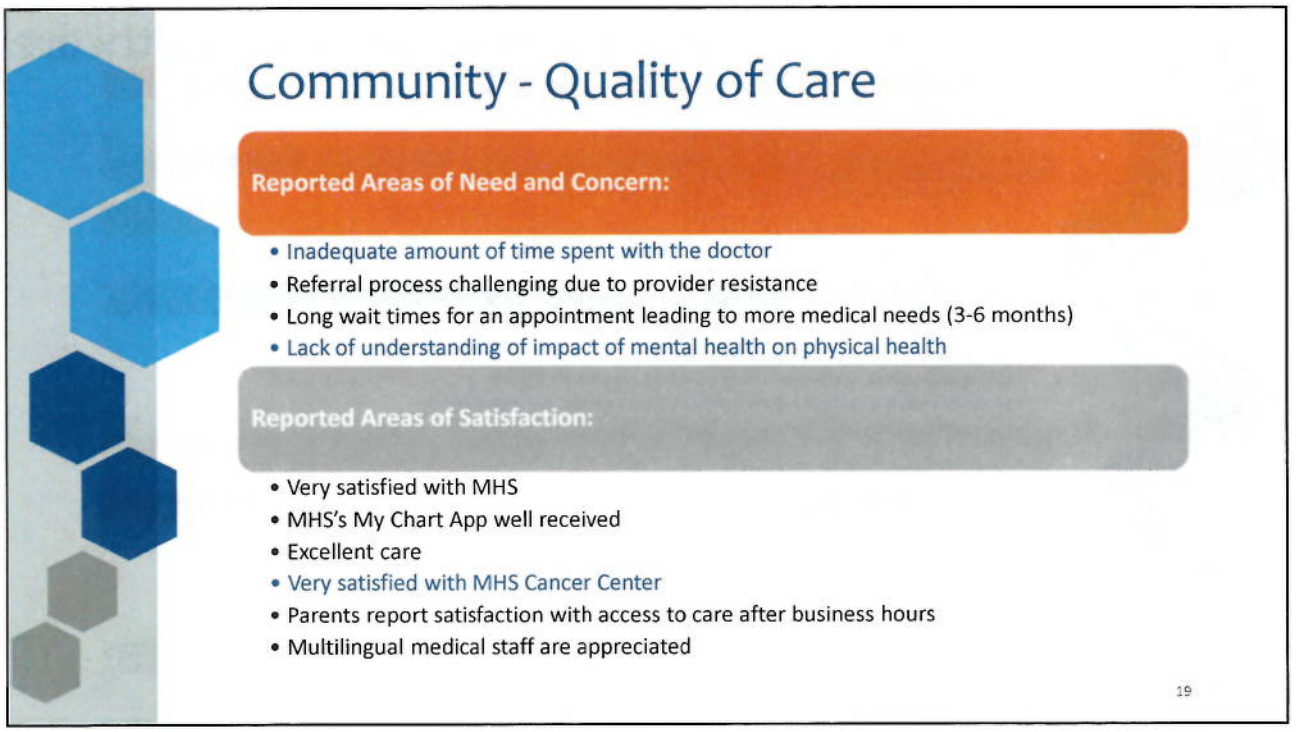
16


Community - 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 knowledgeable providers
Access to Care
• Shortage of specialist (sickle cell, nephrology) locally – less diversity among specialists
• Lack of access to transportation to get to doctors
• Immigration status: Undocumented or must be a resident for 5 years
• Eligibility criteria is rigorous – Bank documentation requirement is challenging
• Long wait to obtain MHS Primary Care Card (6 months)
Discrimination
• Based on race, language and age
Communication
• Limited bilingual clinical staff
• Lack of knowledgeable providers about how to navigate the system
• Information not consistent from one resource to another
• Limited time spent with the doctor to allow for questions
• Literacy issues (reading and writing)
Health Status
• Challenges with mental health issues make navigating healthcare difficult (anxiety, depression, hallucinations)
• Medication side-effects
17

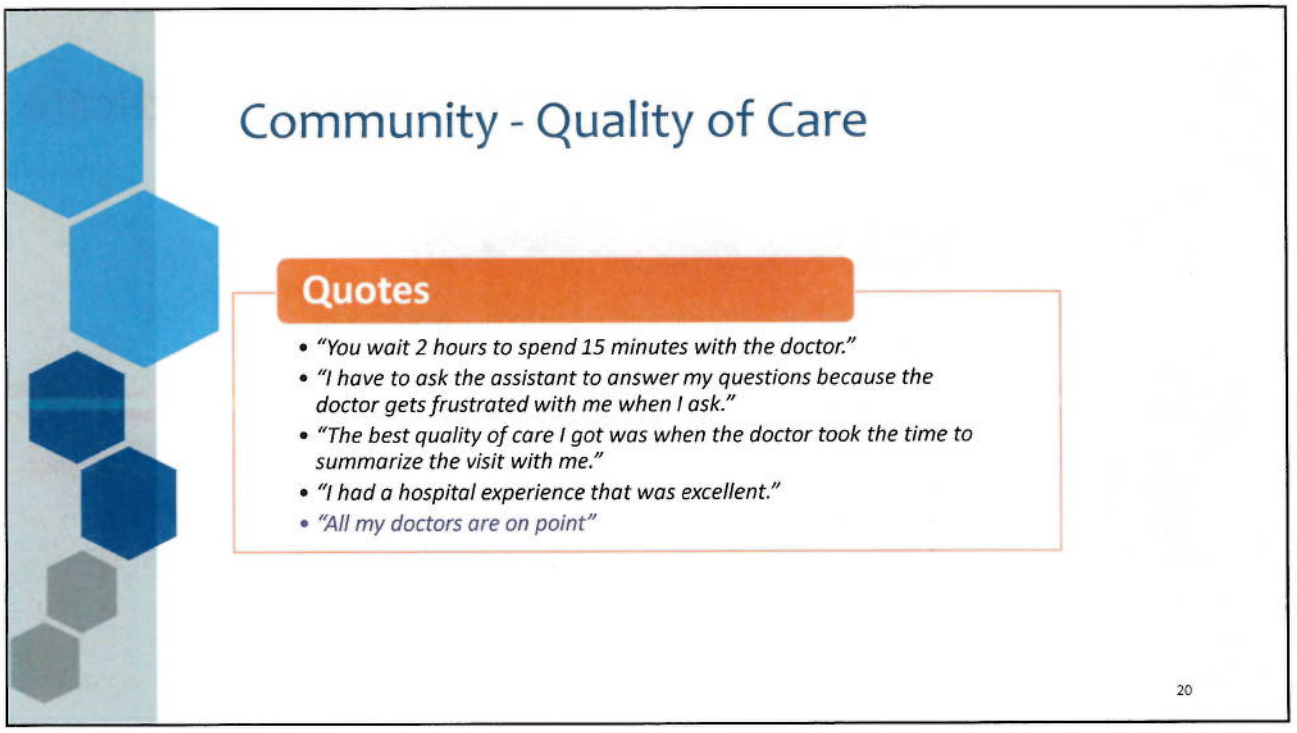
17


Community - Barriers to Accessing Healthcare
Quotes
• "I received inaccurate information from social service agencies. They sent me somewhere and I was not able to get the services I needed."
• "The people at the front desk sometimes mistreat you. I changed doctors because of that."
• "The cost of healthcare is a huge barrier."
• "Race is an issue; people are not treated fairly."
• "They ask for too much documentation to qualify for services."
• "When insurance send things in the mail (or anything in the mail), I can't read it or respond back—I can't write"
18

18


Community - Quality of Care
Reported Areas of Need and Concern:
• Inadequate amount of time spent with the doctor
• Referral process challenging due to provider resistance
• Long wait times for an appointment leading to more medical needs (3-6 months)
• Lack of understanding of impact of mental health on physical health
Reported Areas of Satisfaction:
• Very satisfied with MHS
• MHS's My Chart App well received
• Excellent care
• Very satisfied with MHS Cancer Center
• Parents report satisfaction with access to care after business hours
• Multilingual medical staff are appreciated
19

19


Community - Quality of Care
Quotes
• "You wait 2 hours to spend 15 minutes with the doctor."
• "I have to ask the assistant to answer my questions because the doctor gets frustrated with me when I ask."
• "The best quality of care I got was when the doctor took the time to summarize the visit with me."
• "I had a hospital experience that was excellent."
• "All my doctors are on point"
20

20

Community - Description of Treatment

Reported Areas of Need or Concern:

- Medical staff lacks understanding of various cultures
- Bedside manners and cultural sensitivity matter
- Some respondents reported looking for a doctor that is relatable
- Insurance is the main driver for care rather than care for the patient
- Long wait at the ER
- Hospital errors

Reported Areas of Satisfaction:

- Excellent care
- Enjoy the personal touch of being known by medical team
- Appreciate not being rushed by the doctor
- Good food at the hospital
- Support groups offered at facility are great
- Peer specialist, therapists and doctors are great

21

21

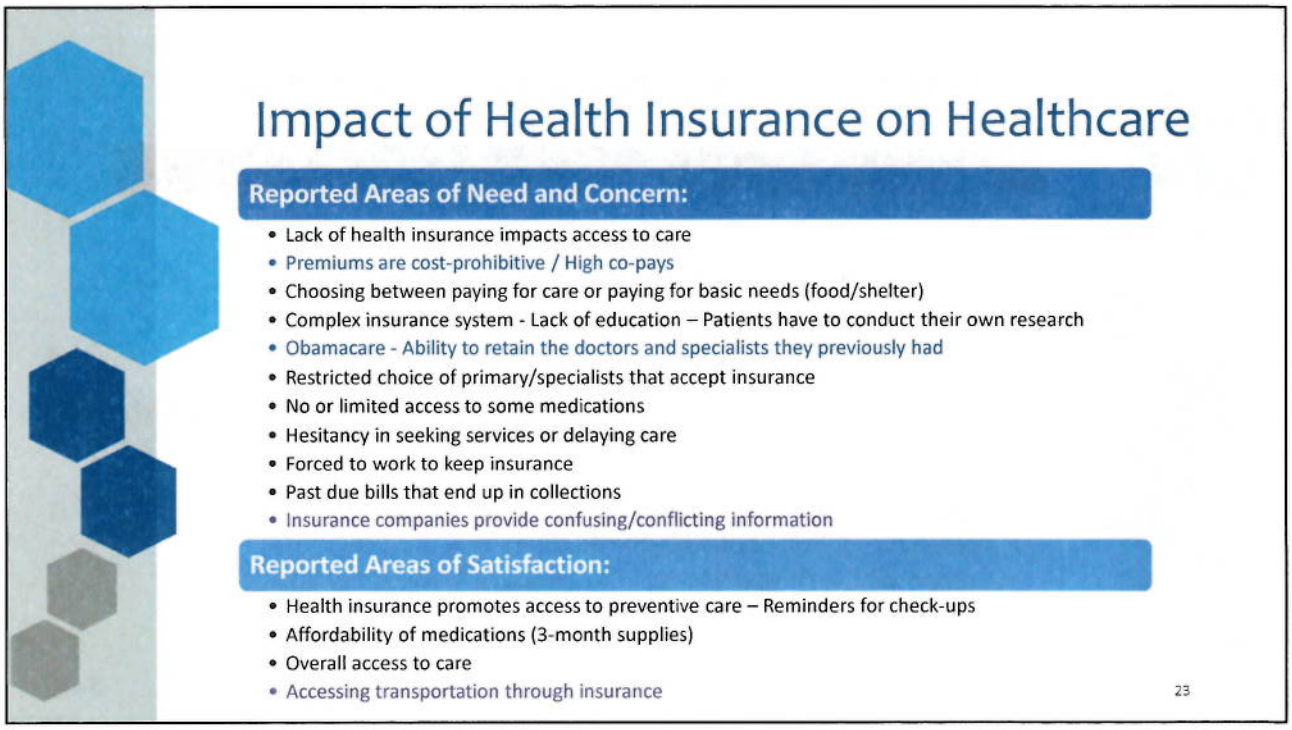
Community - Description of Treatment

Quotes

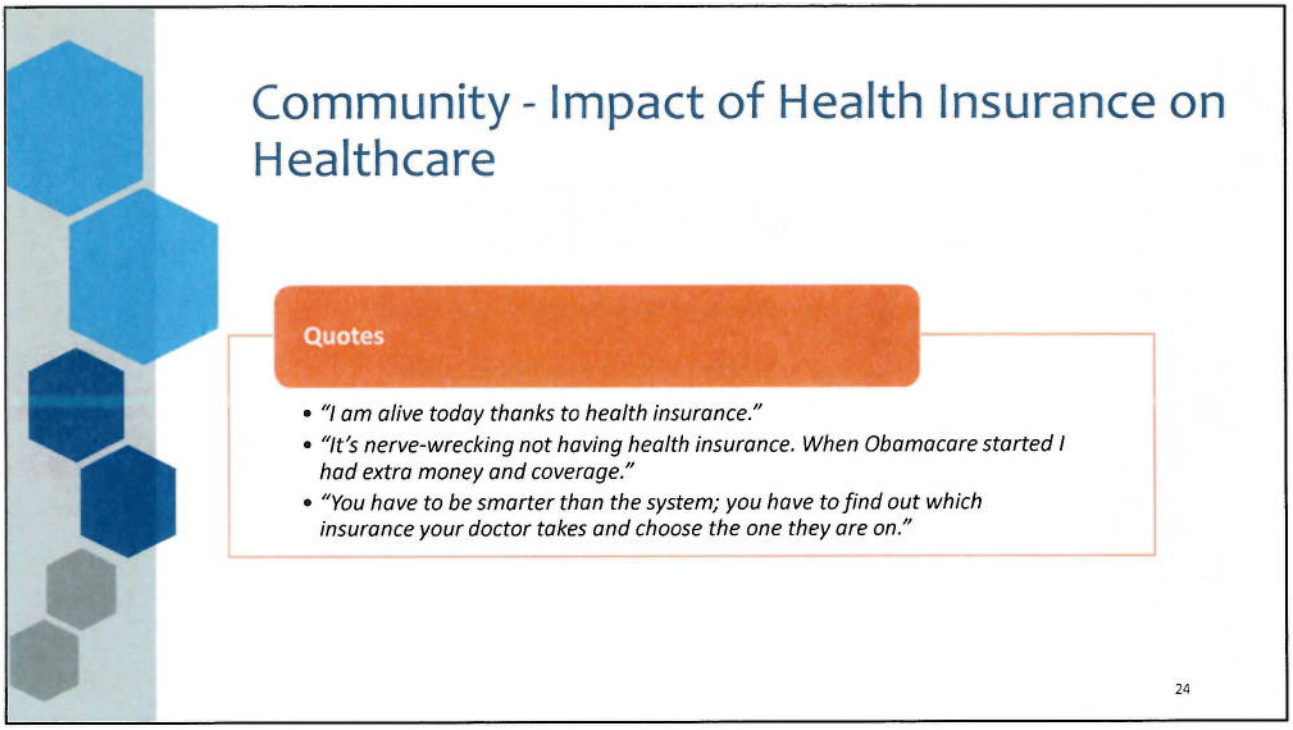
- *"It is difficult to communicate with the medical staff due to language barrier."*
- *"Medical staff need to be trained to be more personable."*
- *"It is a blessing that the staff at my doctor's office know me by me name."*
- *"As an admitted patient, you have to have a companion to pay attention to treatment because nurses make mistakes."*
- *"I have no complaints about Memorial. They send you a survey and call you to see how things are when you are discharged."*
- *"When you come here it's just to get away and talk to your psychiatrist and not think about stuff you got on your mind but when someone that works here and approaches you in a negative way you go back."*

22

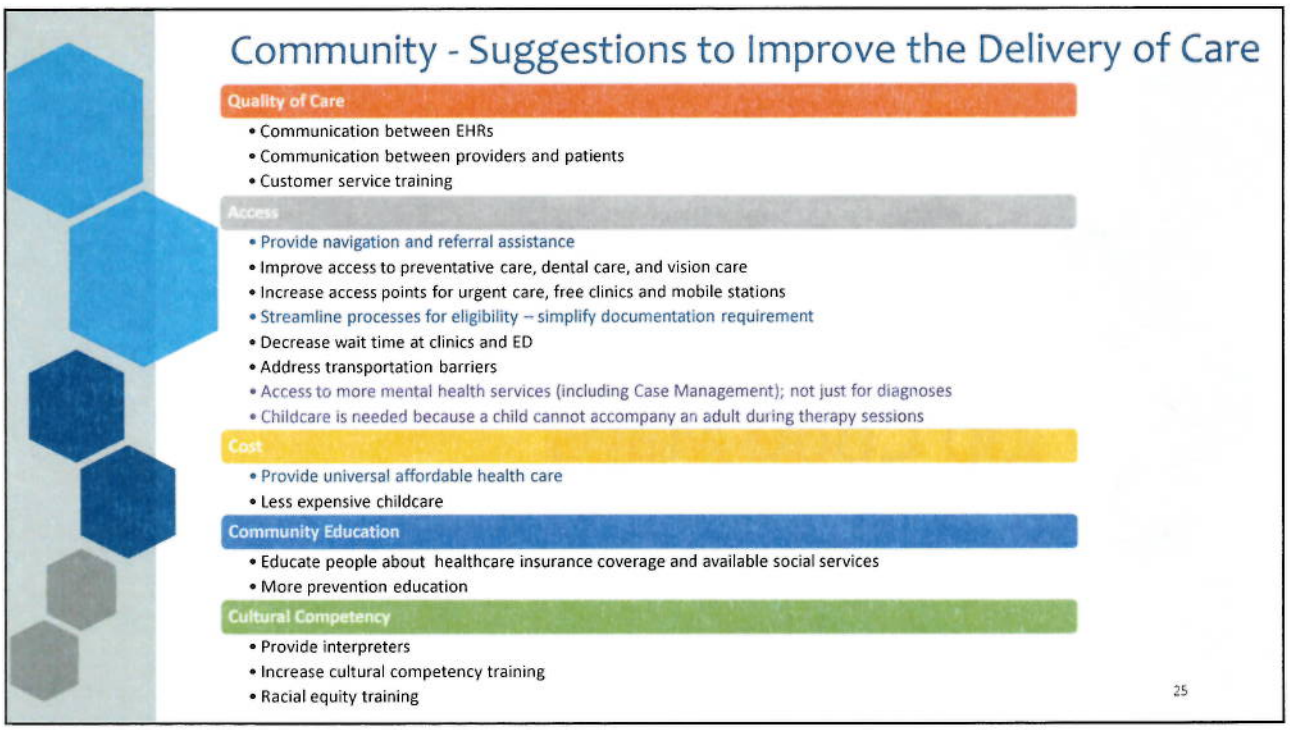
22


Impact of Health Insurance on Healthcare
Reported Areas of Need and Concern:
• Lack of health insurance impacts access to care
• Premiums are cost-prohibitive / High co-pays
• Choosing between paying for care or paying for basic needs (food/shelter)
• Complex insurance system - Lack of education – Patients have to conduct their own research
• Obamacare - Ability to retain the doctors and specialists they previously had
• Restricted choice of primary/specialists that accept insurance
• No or limited access to some medications
• Hesitancy in seeking services or delaying care
• Forced to work to keep insurance
• Past due bills that end up in collections
• Insurance companies provide confusing/conflicting information
Reported Areas of Satisfaction:
• Health insurance promotes access to preventive care – Reminders for check-ups
• Affordability of medications (3-month supplies)
• Overall access to care
• Accessing transportation through insurance
23

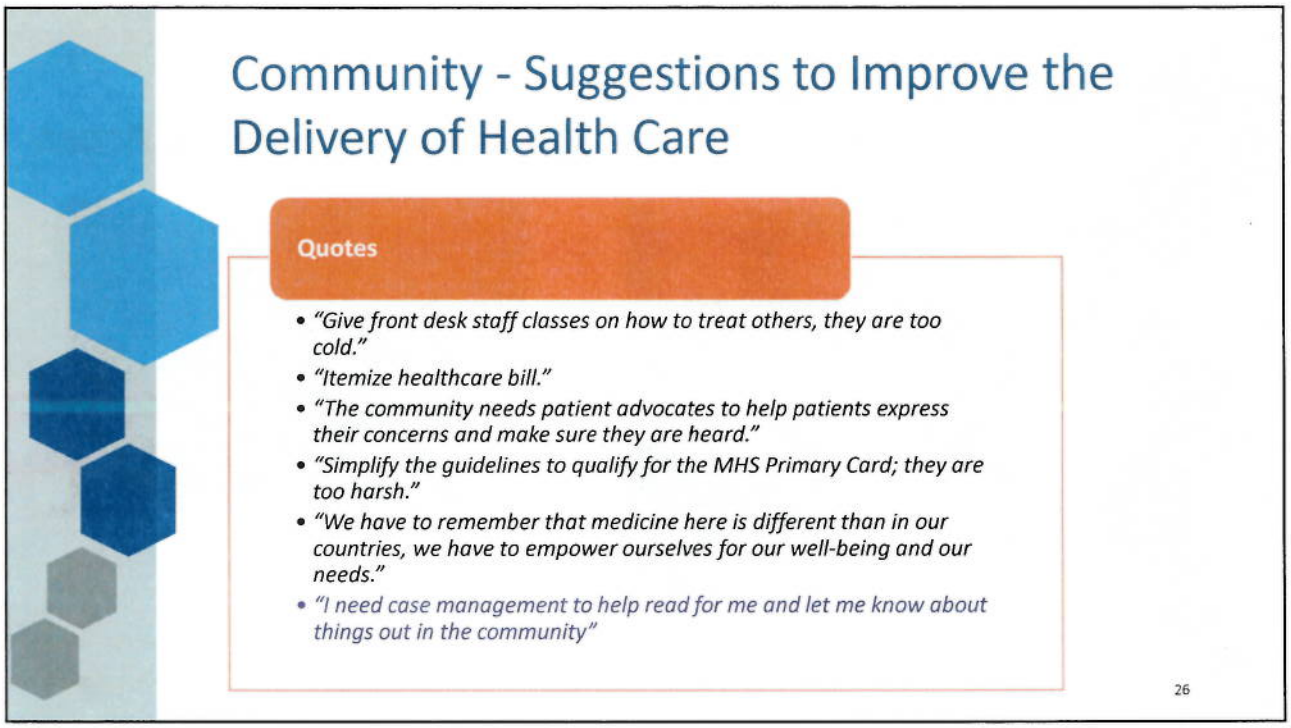
23


Community - Impact of Health Insurance on Healthcare
Quotes
• "I am alive today thanks to health insurance."
• "It's nerve-wrecking not having health insurance. When Obamacare started I had extra money and coverage."
• "You have to be smarter than the system; you have to find out which insurance your doctor takes and choose the one they are on."
24

24


Community - Suggestions to Improve the Delivery of Care
Quality of Care
• Communication between EHRs
• Communication between providers and patients
• Customer service training
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 – simplify documentation requirement
• Decrease wait time at clinics and ED
• Address transportation barriers
• Access to more mental health services (including Case Management); not just for diagnoses
• Childcare is needed because a child cannot accompany an adult during therapy sessions
Cost
• Provide universal affordable health care
• Less expensive childcare
Community Education
• Educate people about healthcare insurance coverage and available social services
• More prevention education
Cultural Competency
• Provide interpreters
• Increase cultural competency training
• Racial equity training
25

25


Community - Suggestions to Improve the Delivery of Health Care
Quotes
• "Give front desk staff classes on how to treat others, they are too cold."
• "Itemize healthcare bill."
• "The community needs patient advocates to help patients express their concerns and make sure they are heard."
• "Simplify the guidelines to qualify for the MHS Primary Card; they are too harsh."
• "We have to remember that medicine here is different than in our countries, we have to empower ourselves for our well-being and our needs."
• "I need case management to help read for me and let me know about things out in the community"
26

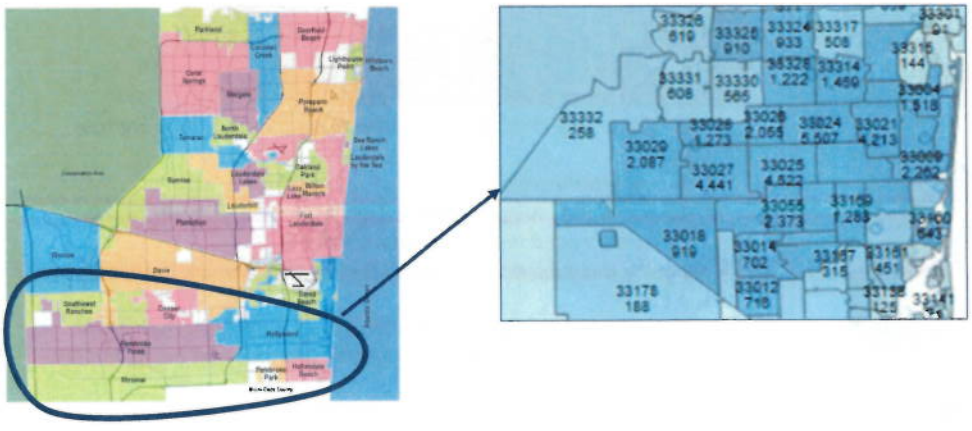
26

Zip Code Maps

27

27

Defining the Community: South Broward County - **MHS Primary Service Areas**



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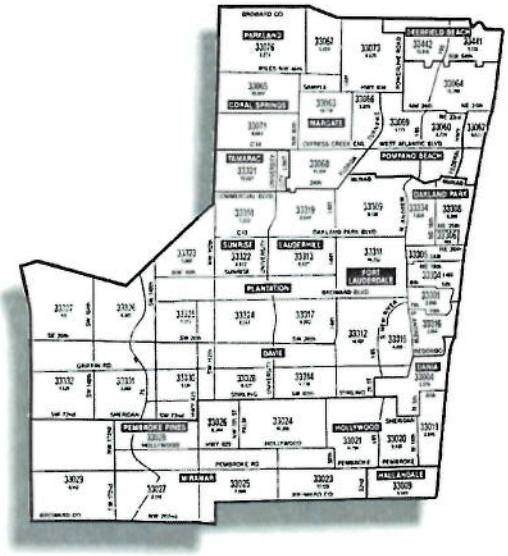
28

Broward County Zip Code Map



29

29

MHS- Primary & Secondary Service Area Zip Codes

Primary Service Area Zip Codes		
33024	33023	33025
33027	33021	33020
33055	33009	33029
33026	33015	33056
33004	33314	33169
33028	33312	33328
33324	33018	33325
33054	33179	33019
33012	33014	33160

Secondary Service Area Zip Codes		
33311	33326	33331
33016	33162	33322
33330	33147	33317
33313	33180	33161
33351	33168	33323
33319	33167	33321
33013	33327	33332
33142	33068	33010
33150	33309	33178
33065		

Miami-Dade Zip Codes

30

30

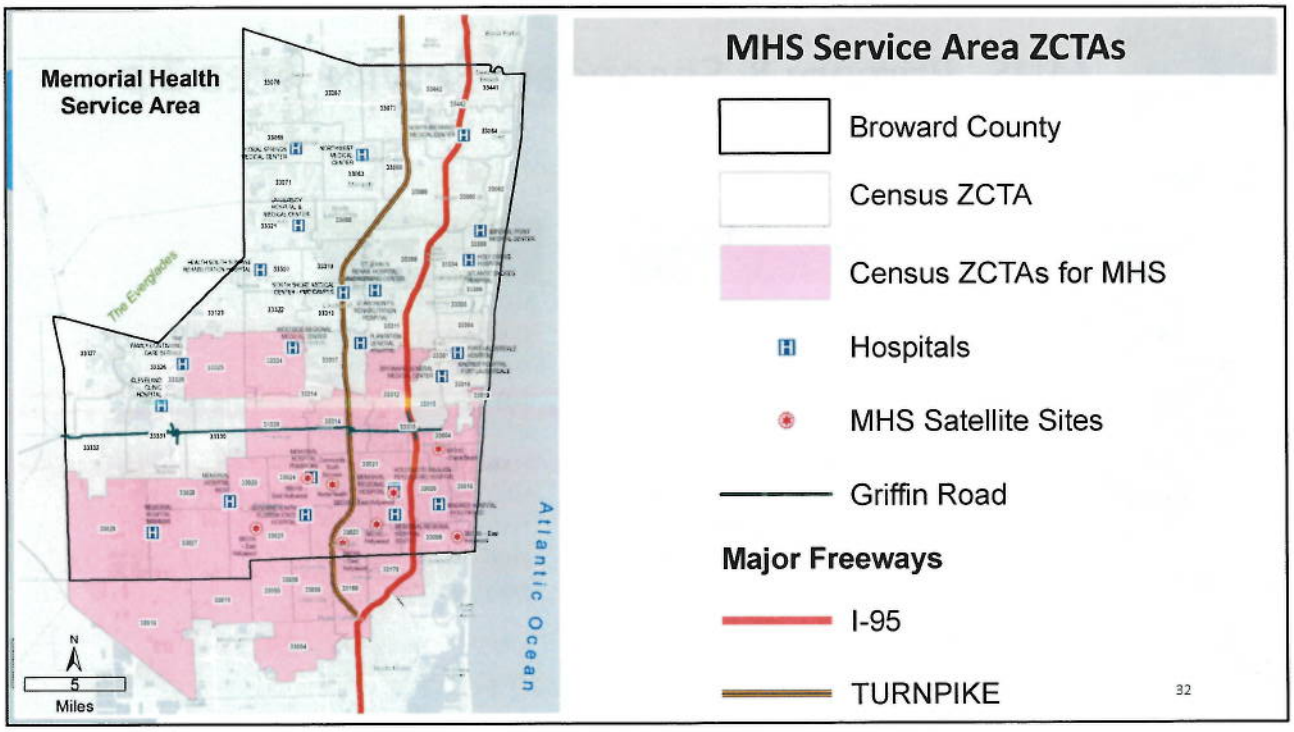
Mean Thresholds for Mapping

Variable	Type	60 ZCTA Mean
Black	SDOH	24.9%
Senior	SDOH	15.9%
Poverty	SDOH	11.4%
No Health Insurance	SDOH	17.3%
Limited English	SDOH	9.3%
Diabetes	Health Outcome*	247.16
Asthma	Health Outcome*	74.15
Congestive Heart Failure	Health Outcome*	124.55
Hypertension	Health Outcome*	416.18
AIDS	Health Outcome*	12.03
Low Birth Weight	Health Outcome*	648.91

SDOH=Social Determinant of Health
*All Health Outcomes based on adult population, per 10K population per ZCTA.
Note 53 Zip Code Tabulation Areas (ZCTAs) within Broward County

31

31



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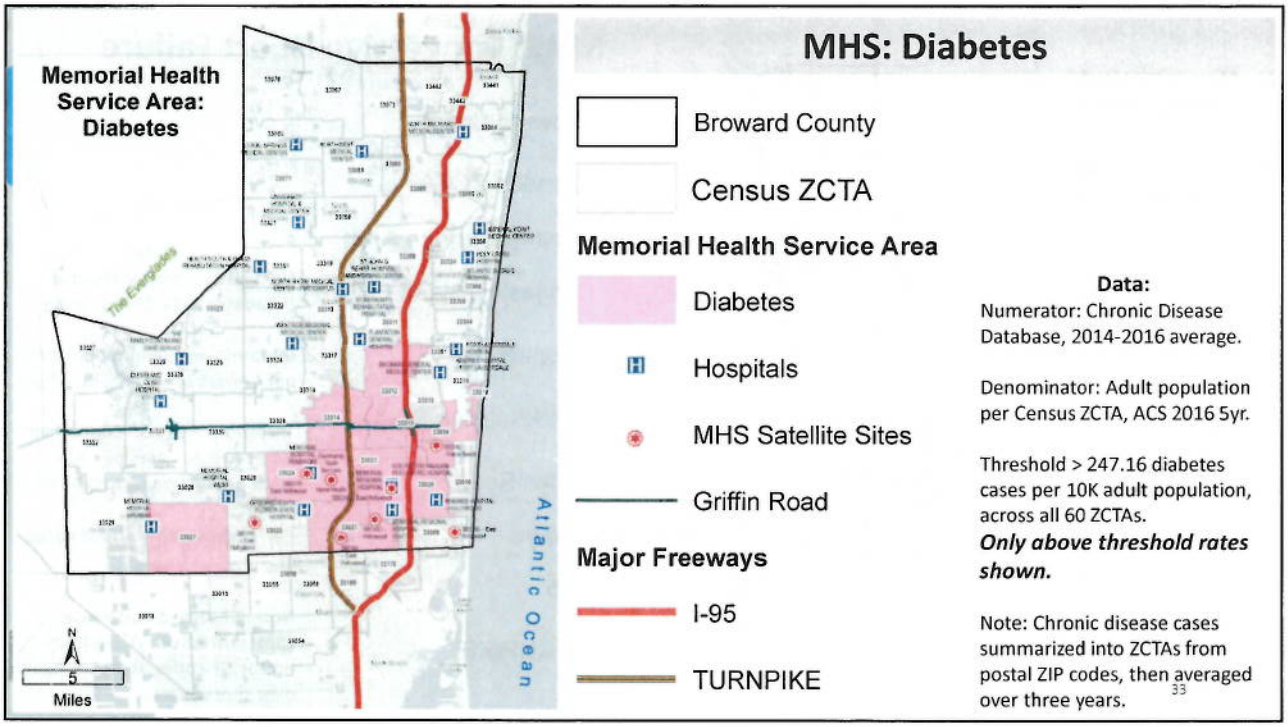
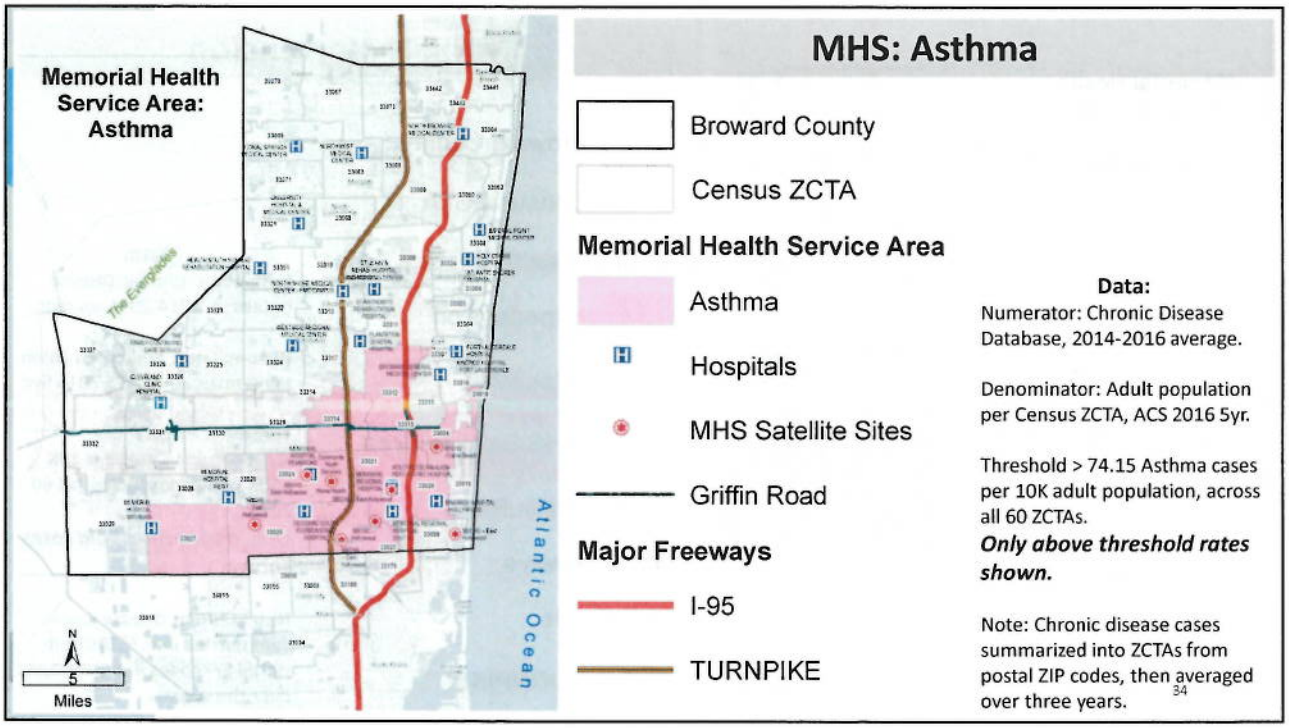
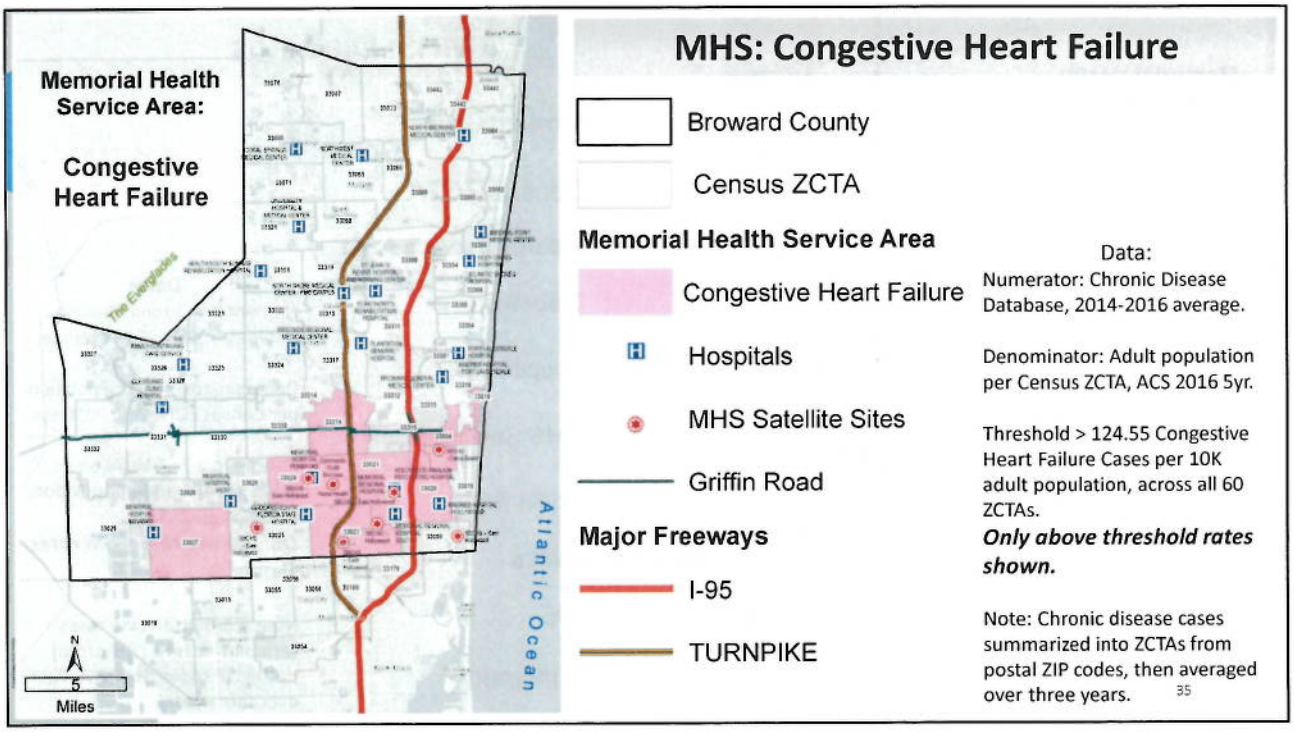

Memorial Health Service Area: Diabetes
MHS: Diabetes
Broward County
Census ZCTA
Memorial Health Service Area
Diabetes
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Numerator: Chronic Disease Database, 2014-2016 average.
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.
Threshold > 247.16 diabetes cases per 10K adult population, across all 60 ZCTAs.
Only above threshold rates shown.
Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.
33
N
5
Miles
Atlantic Ocean
The Everglades

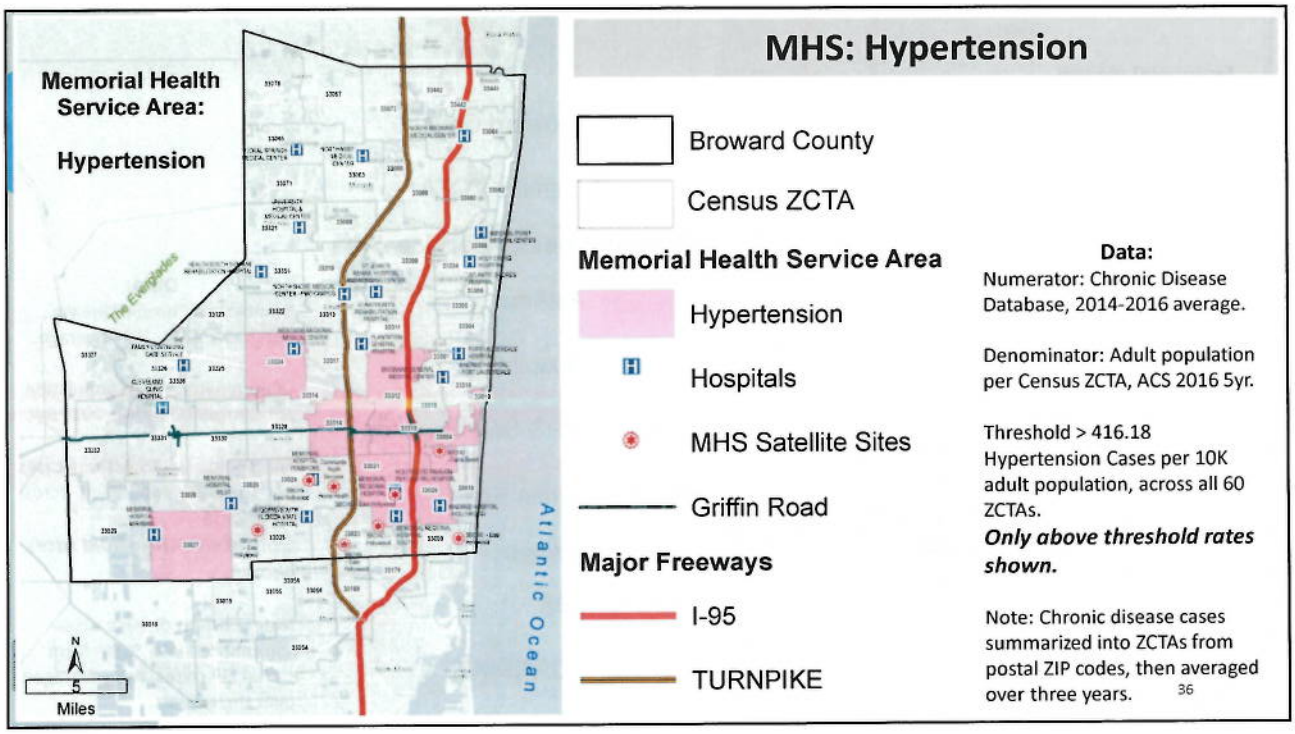
33


Memorial Health Service Area: Asthma
MHS: Asthma
Broward County
Census ZCTA
Memorial Health Service Area
Asthma
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Numerator: Chronic Disease Database, 2014-2016 average.
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.
Threshold > 74.15 Asthma cases per 10K adult population, across all 60 ZCTAs.
Only above threshold rates shown.
Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.
34
N
5
Miles
Atlantic Ocean
The Everglades

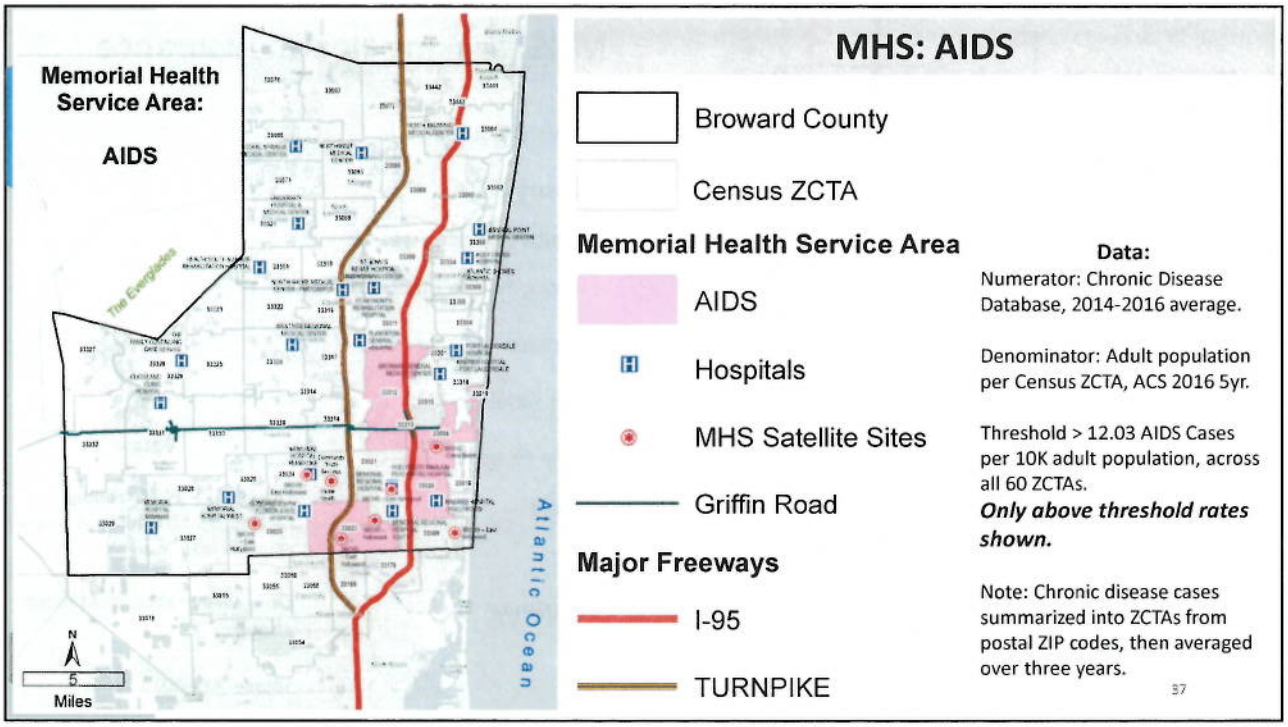
34


Memorial Health Service Area:
Congestive Heart Failure
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Congestive Heart Failure
Broward County
Census ZCTA
Memorial Health Service Area
Congestive Heart Failure
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Numerator: Chronic Disease Database, 2014-2016 average.
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.
Threshold > 124.55 Congestive Heart Failure Cases per 10K adult population, across all 60 ZCTAs.
Only above threshold rates shown.
Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.
35

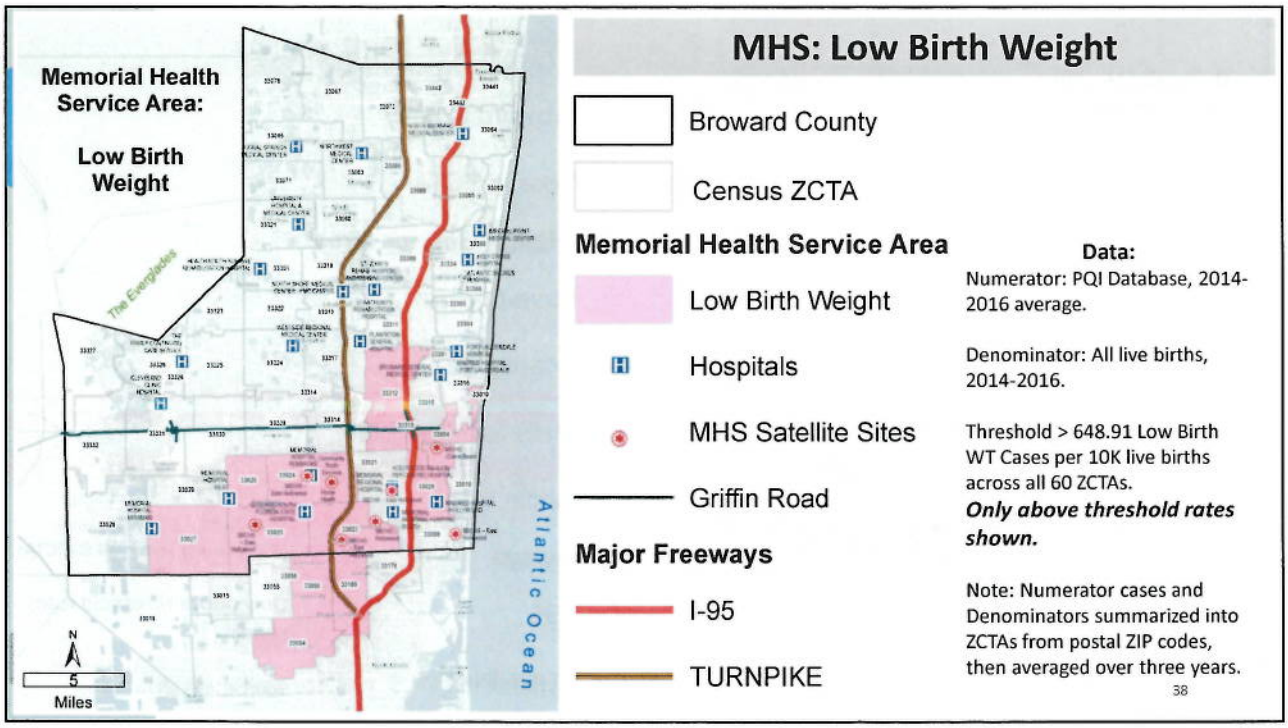
35


Memorial Health Service Area:
Hypertension
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Hypertension
Broward County
Census ZCTA
Memorial Health Service Area
Hypertension
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Numerator: Chronic Disease Database, 2014-2016 average.
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.
Threshold > 416.18 Hypertension Cases per 10K adult population, across all 60 ZCTAs.
Only above threshold rates shown.
Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.
36

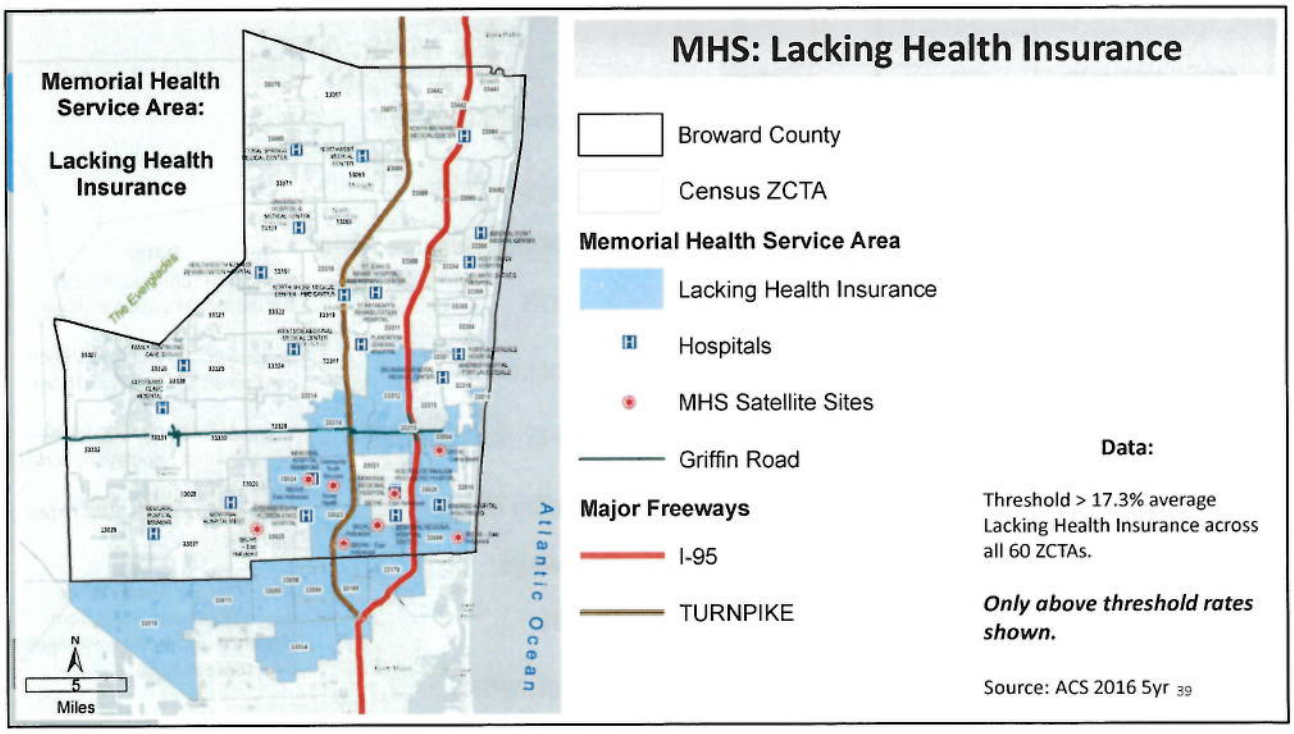
36


Memorial Health Service Area:
AIDS
The Everglades
Atlantic Ocean
N
5
Miles
MHS: AIDS
Broward County
Census ZCTA
Memorial Health Service Area
AIDS
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Numerator: Chronic Disease Database, 2014-2016 average.
Denominator: Adult population per Census ZCTA, ACS 2016 5yr.
Threshold > 12.03 AIDS Cases per 10K adult population, across all 60 ZCTAs.
Only above threshold rates shown.
Note: Chronic disease cases summarized into ZCTAs from postal ZIP codes, then averaged over three years.
37

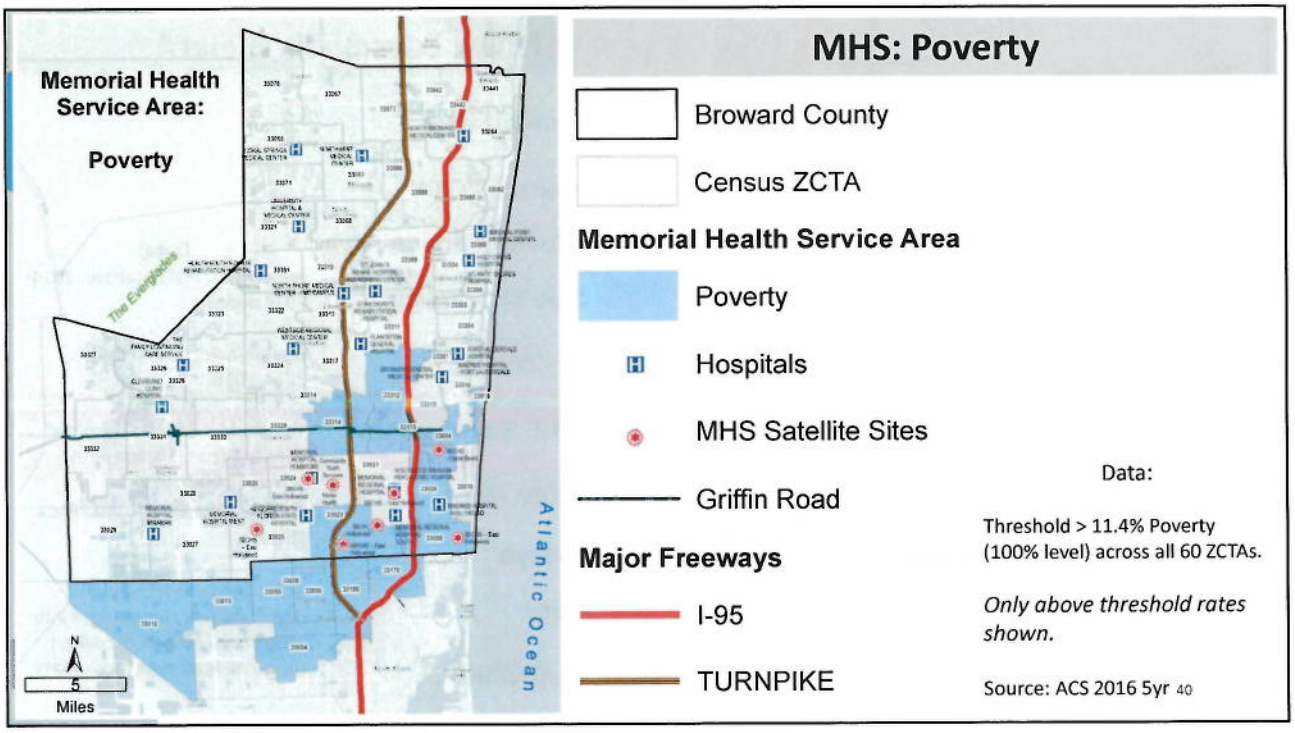
37


Memorial Health Service Area:
Low Birth Weight
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Low Birth Weight
Broward County
Census ZCTA
Memorial Health Service Area
Low Birth Weight
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Numerator: PQI Database, 2014-2016 average.
Denominator: All live births, 2014-2016.
Threshold > 648.91 Low Birth WT Cases per 10K live births across all 60 ZCTAs.
Only above threshold rates shown.
Note: Numerator cases and Denominators summarized into ZCTAs from postal ZIP codes, then averaged over three years.
38

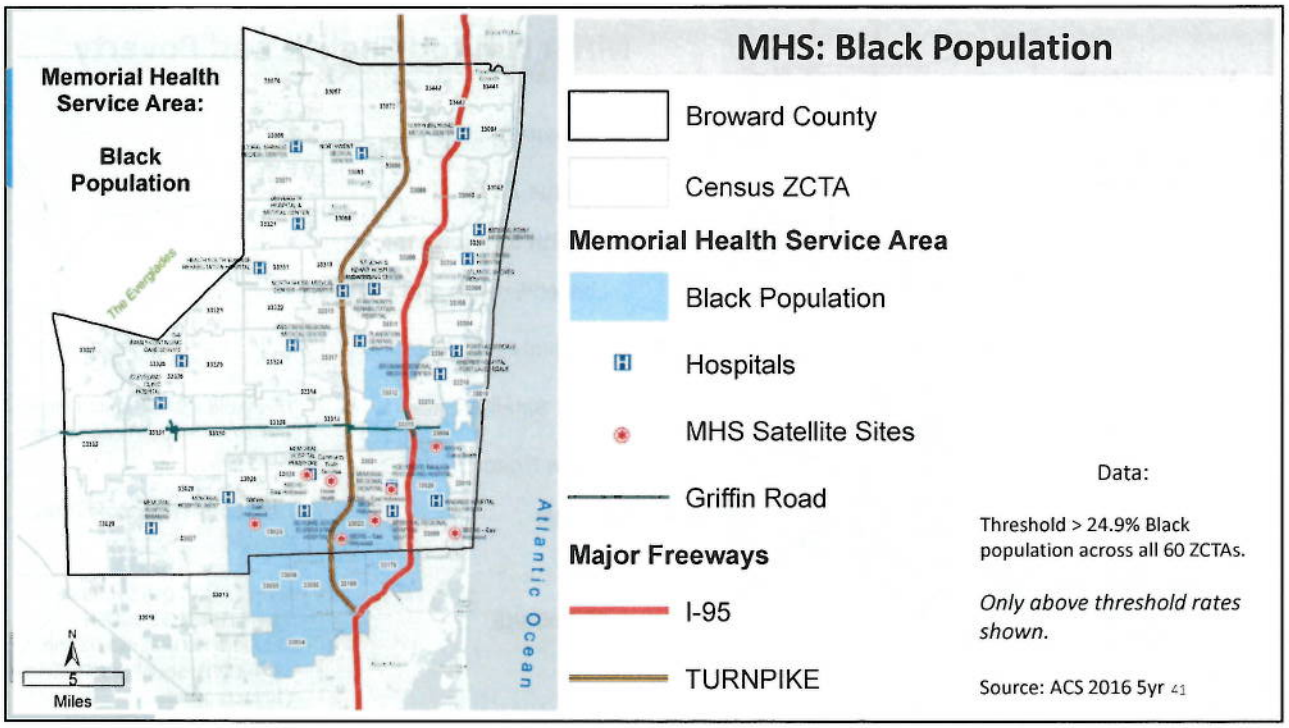
38


Memorial Health Service Area:
Lacking Health Insurance
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Lacking Health Insurance
Broward County
Census ZCTA
Memorial Health Service Area
Lacking Health Insurance
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Threshold > 17.3% average Lacking Health Insurance across all 60 ZCTAs.
Only above threshold rates shown.
Source: ACS 2016 5yr 39

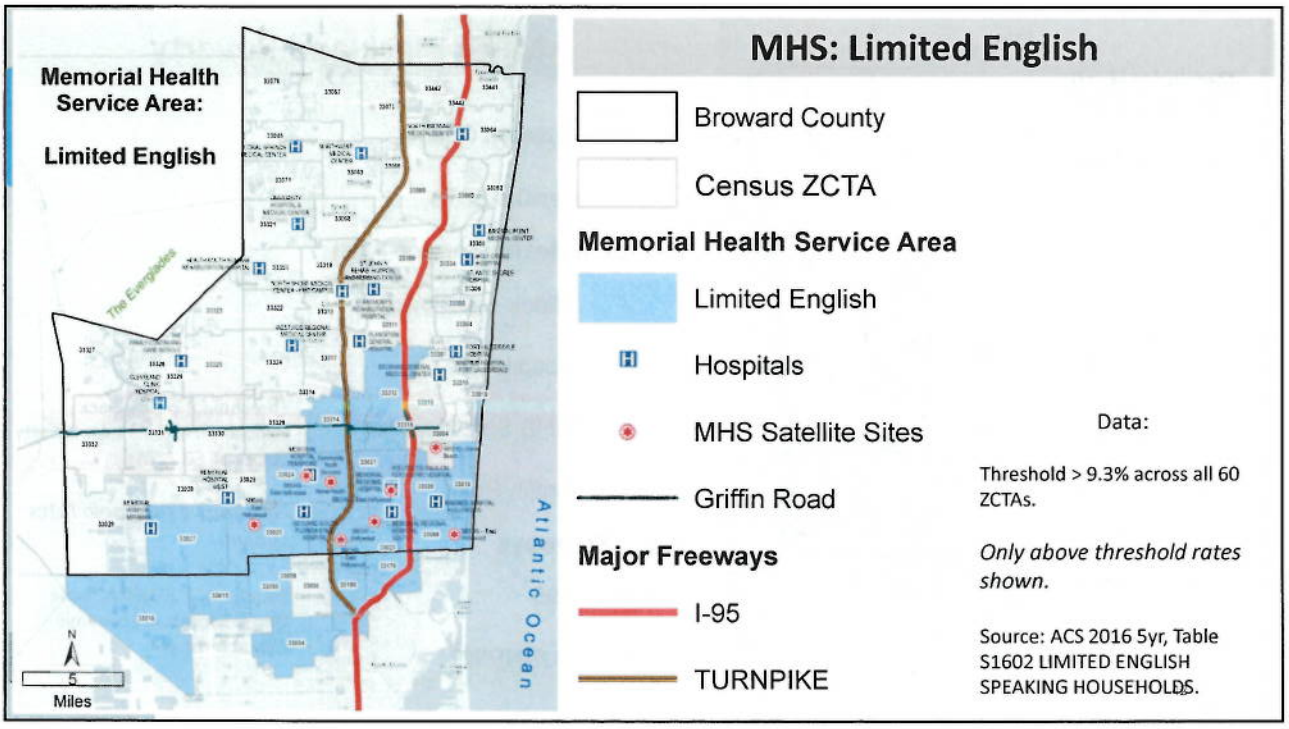
39


Memorial Health Service Area:
Poverty
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Poverty
Broward County
Census ZCTA
Memorial Health Service Area
Poverty
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Threshold > 11.4% Poverty (100% level) across all 60 ZCTAs.
Only above threshold rates shown.
Source: ACS 2016 5yr 40

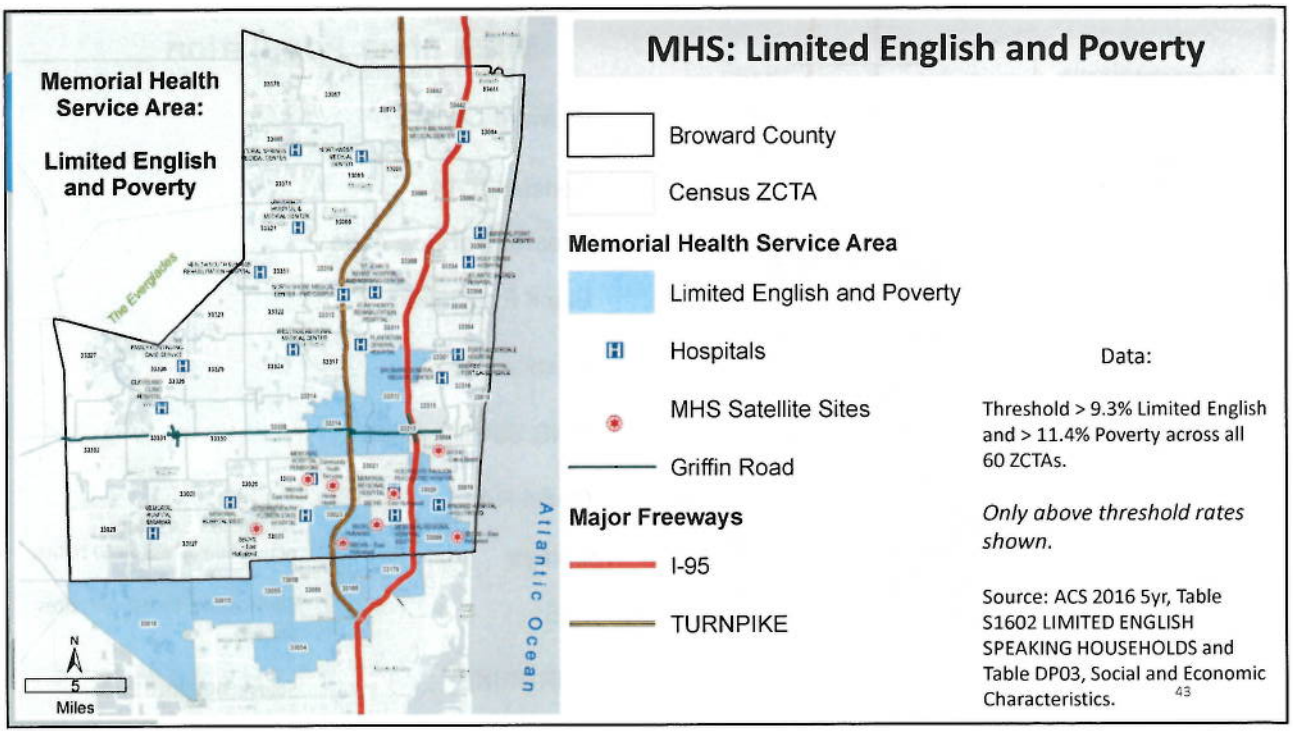
40


Memorial Health Service Area:
Black Population
MHS: Black Population
Broward County
Census ZCTA
Memorial Health Service Area
Black Population
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Threshold > 24.9% Black population across all 60 ZCTAs.
Only above threshold rates shown.
Source: ACS 2016 5yr
The Everglades
Atlantic Ocean
N
5
Miles

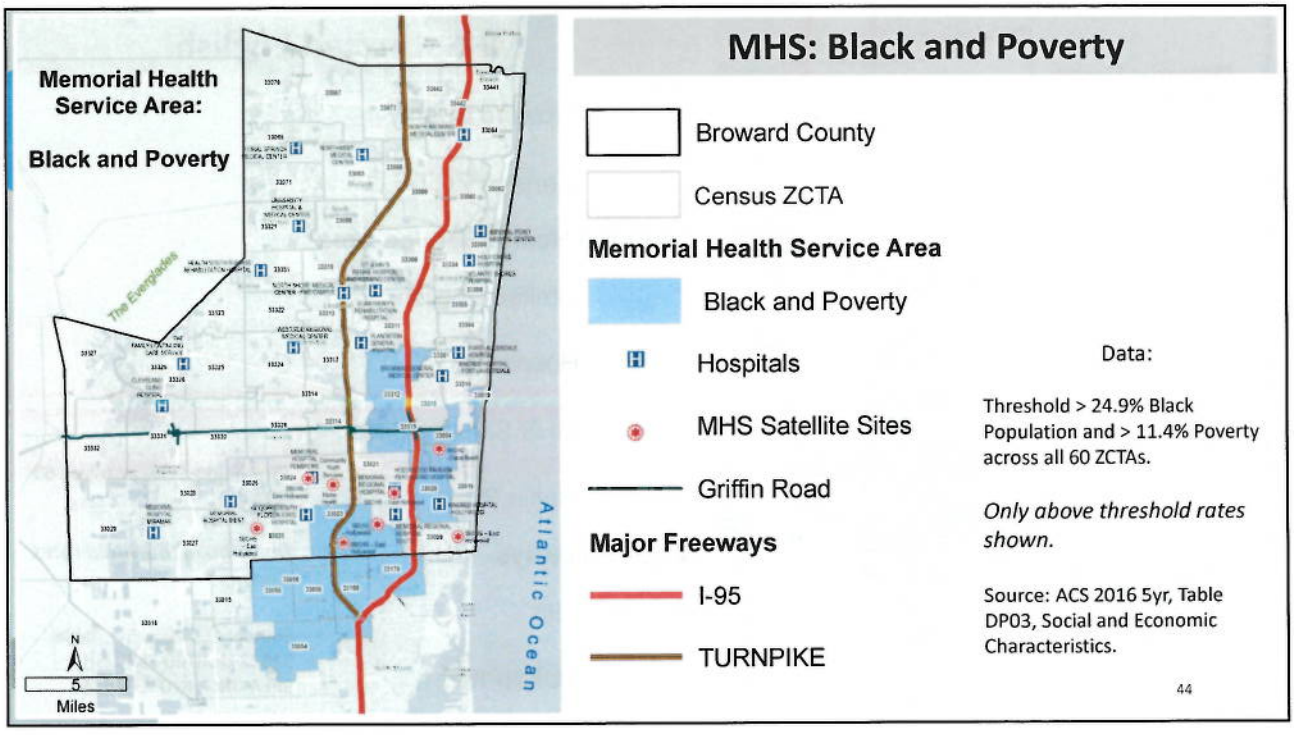
41


Memorial Health Service Area:
Limited English
MHS: Limited English
Broward County
Census ZCTA
Memorial Health Service Area
Limited English
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Threshold > 9.3% across all 60 ZCTAs.
Only above threshold rates shown.
Source: ACS 2016 5yr, Table S1602 LIMITED ENGLISH SPEAKING HOUSEHOLDS.
The Everglades
Atlantic Ocean
N
5
Miles

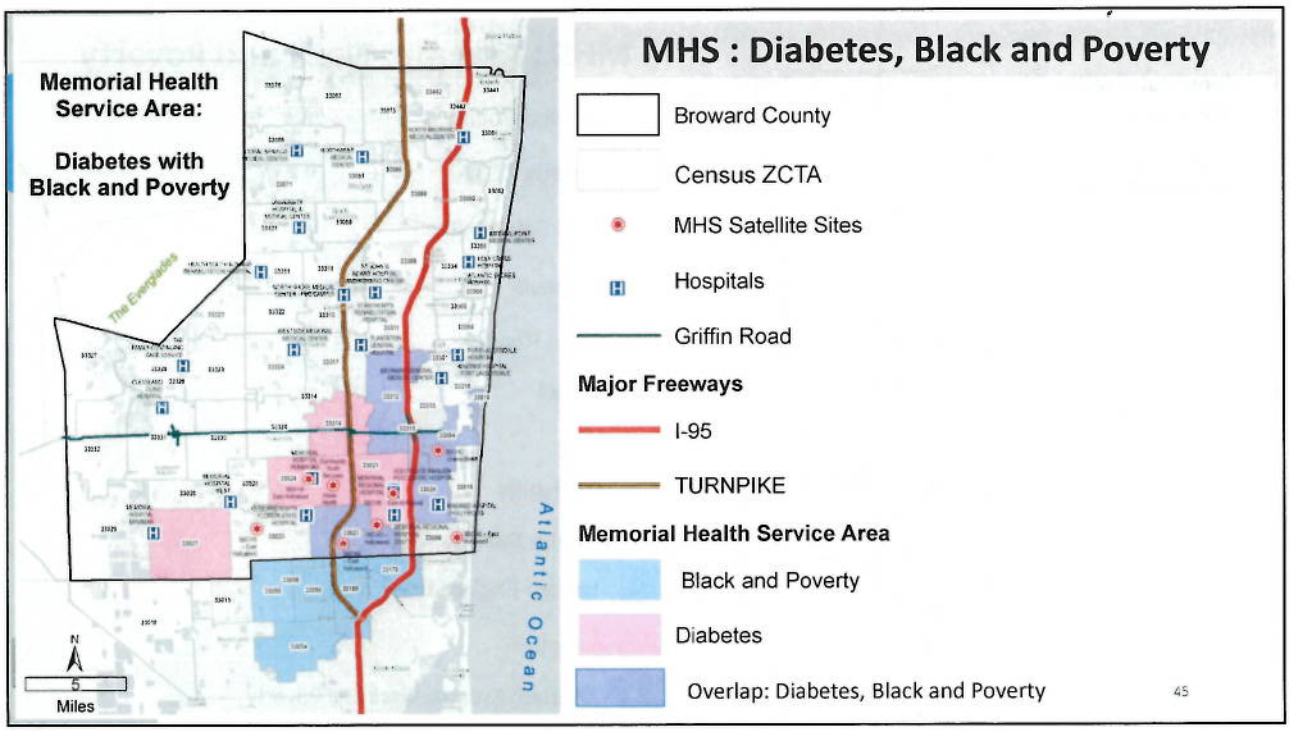
42


Memorial Health Service Area:
Limited English and Poverty
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Limited English and Poverty
Broward County
Census ZCTA
Memorial Health Service Area
Limited English and Poverty
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Threshold > 9.3% Limited English and > 11.4% Poverty across all 60 ZCTAs.
Only above threshold rates shown.
Source: ACS 2016 5yr, Table S1602 LIMITED ENGLISH SPEAKING HOUSEHOLDS and Table DP03, Social and Economic Characteristics.
43

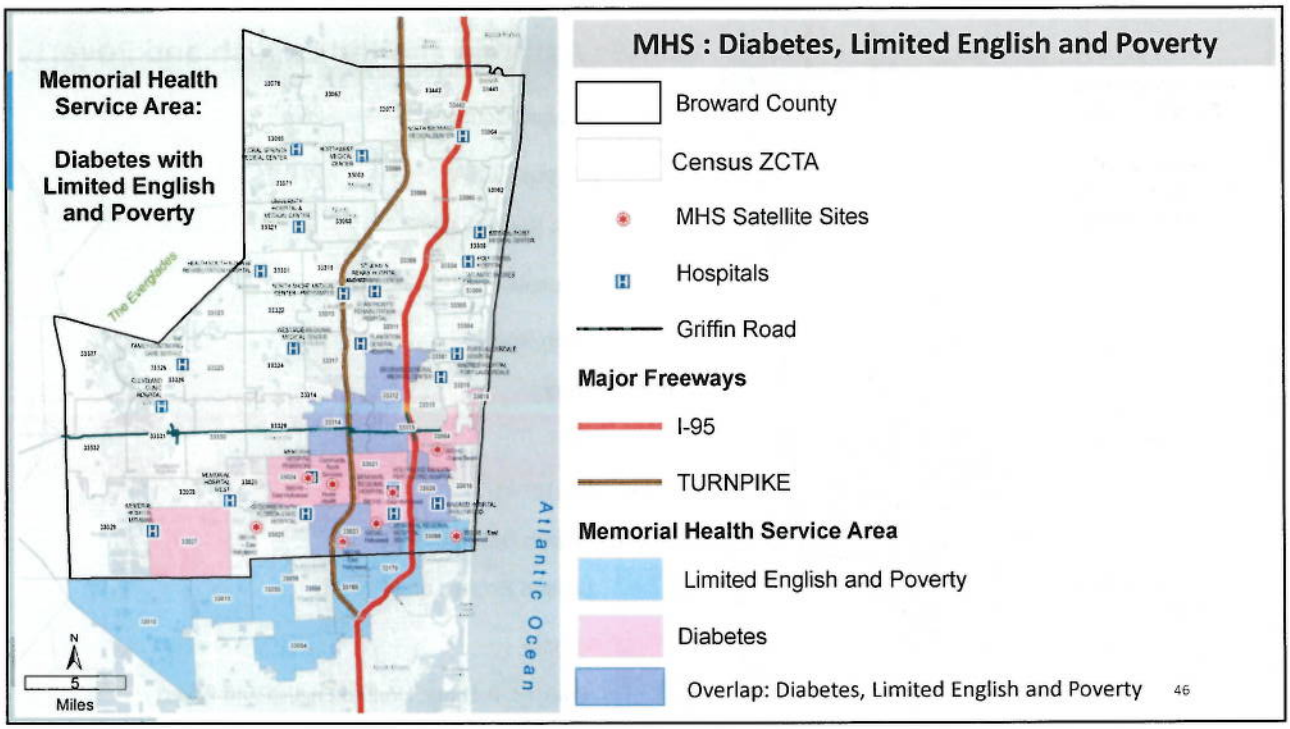
43


Memorial Health Service Area:
Black and Poverty
The Everglades
Atlantic Ocean
N
5
Miles
MHS: Black and Poverty
Broward County
Census ZCTA
Memorial Health Service Area
Black and Poverty
Hospitals
MHS Satellite Sites
Griffin Road
Major Freeways
I-95
TURNPIKE
Data:
Threshold > 24.9% Black Population and > 11.4% Poverty across all 60 ZCTAs.
Only above threshold rates shown.
Source: ACS 2016 5yr, Table DP03, Social and Economic Characteristics.
44

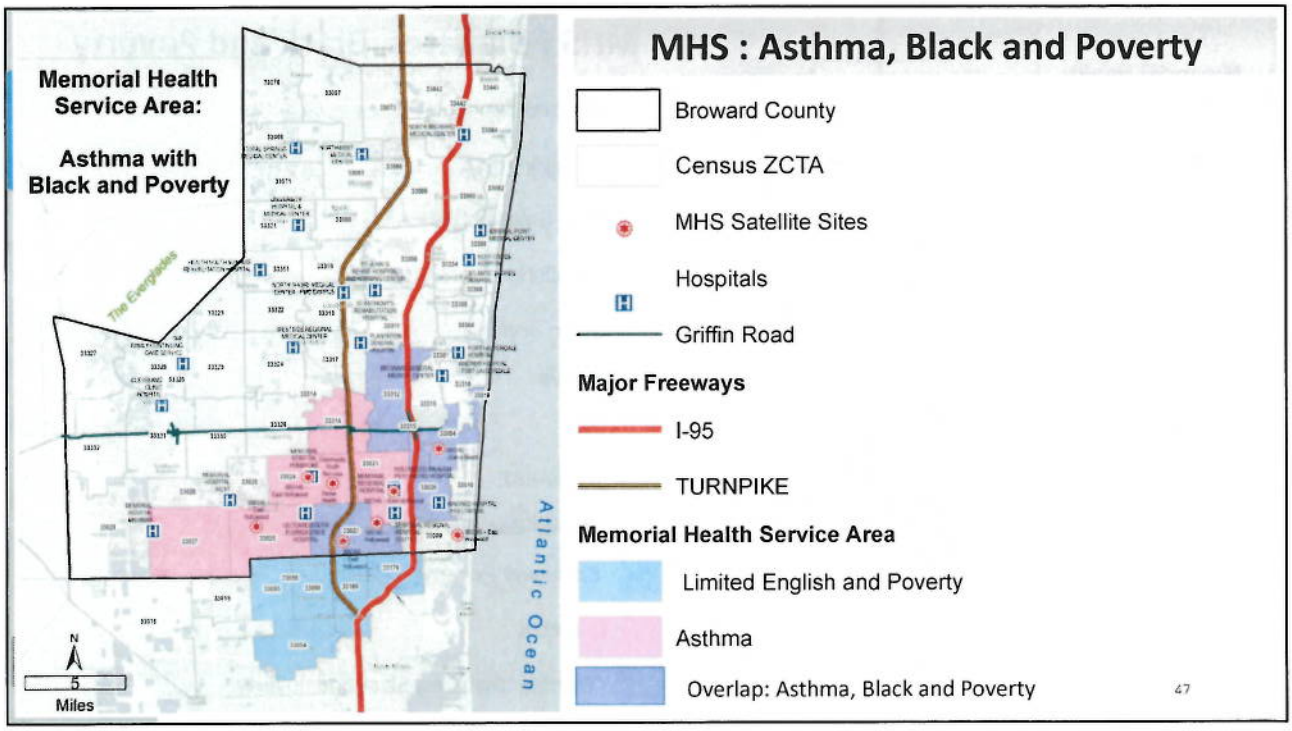
44


Memorial Health Service Area:
Diabetes with Black and Poverty
MHS : Diabetes, Black and Poverty
Broward County
Census ZCTA
MHS Satellite Sites
Hospitals
Griffin Road
Major Freeways
I-95
TURNPIKE
Memorial Health Service Area
Black and Poverty
Diabetes
Overlap: Diabetes, Black and Poverty
45
The Everglades
Atlantic Ocean
N
5
Miles

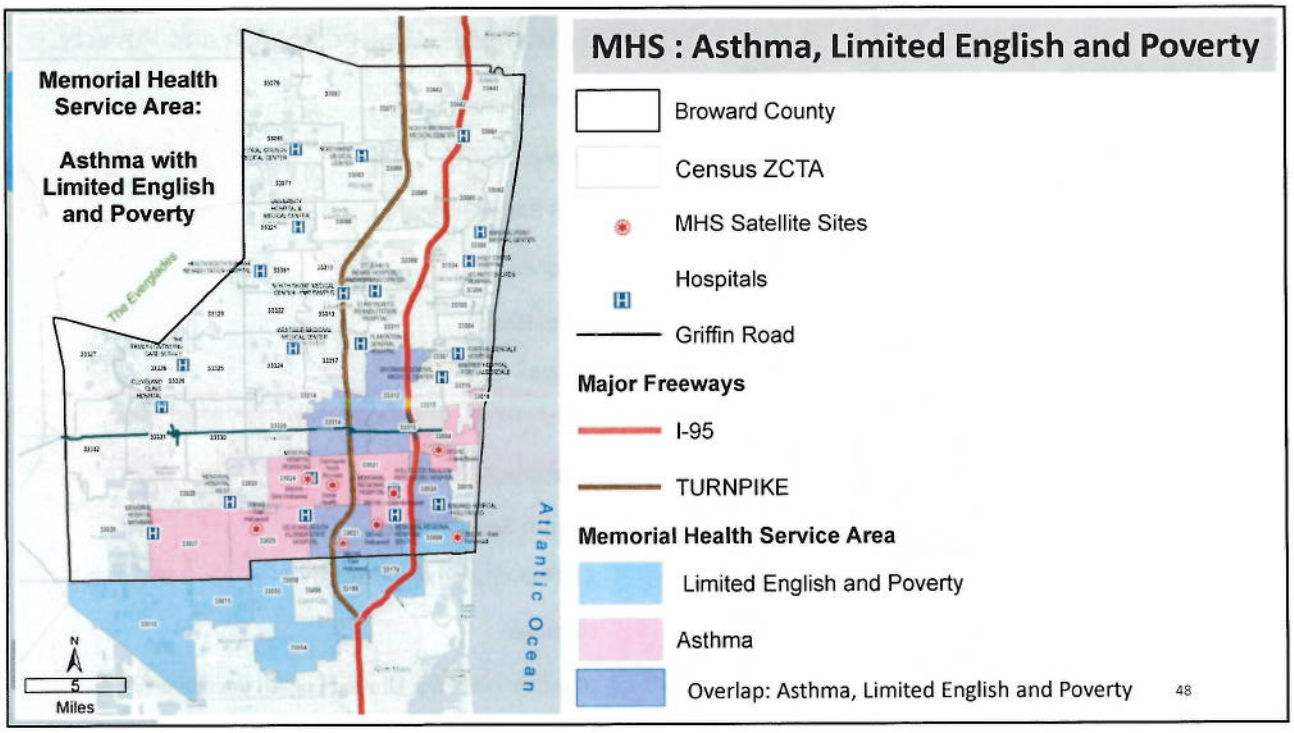
45


Memorial Health Service Area:
Diabetes with Limited English and Poverty
MHS : Diabetes, Limited English and Poverty
Broward County
Census ZCTA
MHS Satellite Sites
Hospitals
Griffin Road
Major Freeways
I-95
TURNPIKE
Memorial Health Service Area
Limited English and Poverty
Diabetes
Overlap: Diabetes, Limited English and Poverty
46
The Everglades
Atlantic Ocean
N
5
Miles

46


Memorial Health Service Area:
Asthma with Black and Poverty
The Everglades
Atlantic Ocean
N
5
Miles
MHS : Asthma, Black and Poverty
Broward County
Census ZCTA
MHS Satellite Sites
Hospitals
Griffin Road
Major Freeways
I-95
TURNPIKE
Memorial Health Service Area
Limited English and Poverty
Asthma
Overlap: Asthma, Black and Poverty
47

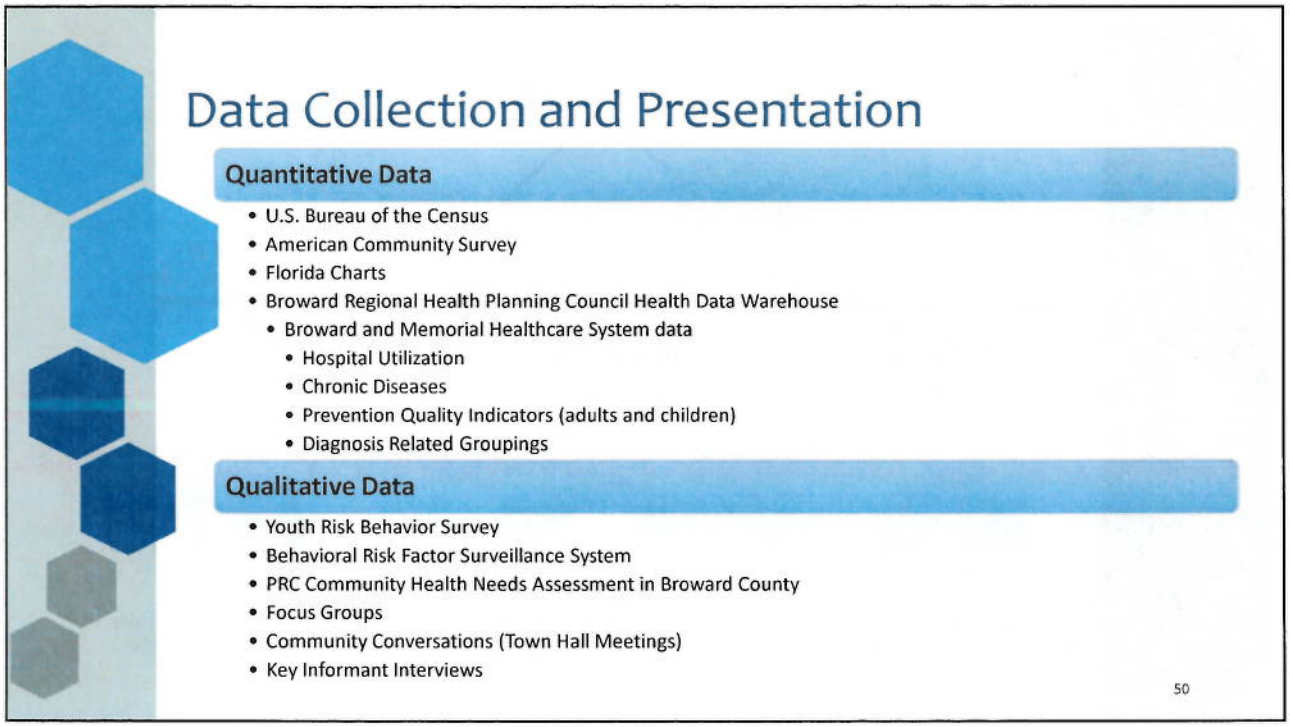
47


Memorial Health Service Area:
Asthma with Limited English and Poverty
The Everglades
Atlantic Ocean
N
5
Miles
MHS : Asthma, Limited English and Poverty
Broward County
Census ZCTA
MHS Satellite Sites
Hospitals
Griffin Road
Major Freeways
I-95
TURNPIKE
Memorial Health Service Area
Limited English and Poverty
Asthma
Overlap: Asthma, Limited English and Poverty
48

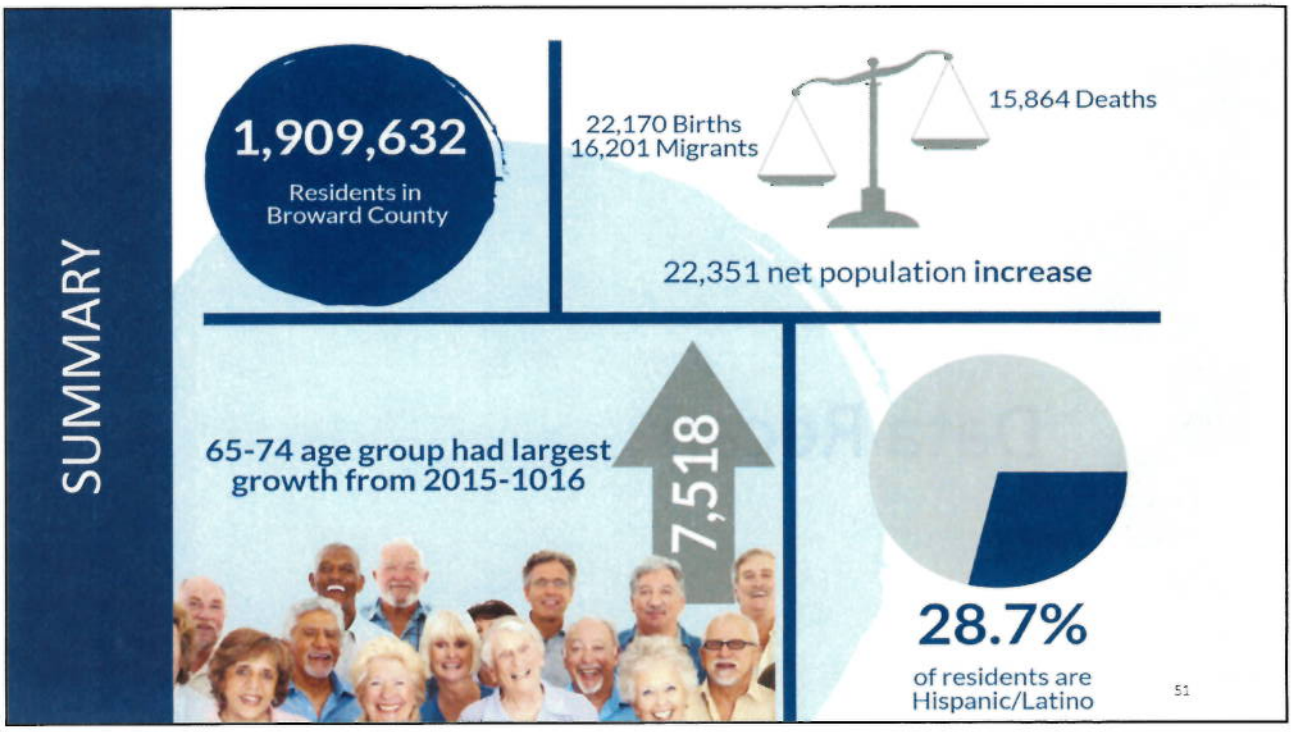
48


Data Recap
49

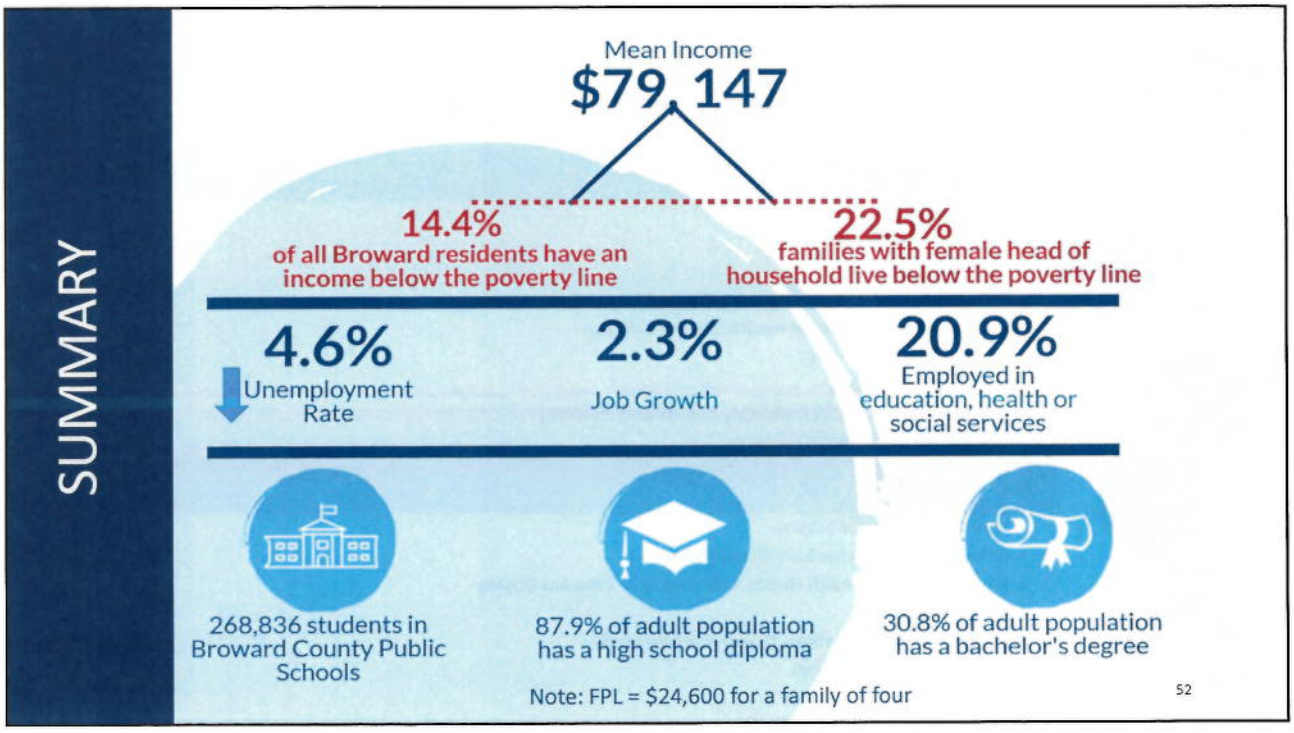
49


Data Collection and Presentation
Quantitative Data
U.S. Bureau of the Census
American Community Survey
Florida Charts
Broward Regional Health Planning Council Health Data Warehouse
Broward and Memorial Healthcare System data
Hospital Utilization
Chronic Diseases
Prevention Quality Indicators (adults and children)
Diagnosis Related Groupings
Qualitative Data
Youth Risk Behavior Survey
Behavioral Risk Factor Surveillance System
PRC Community Health Needs Assessment in Broward County
Focus Groups
Community Conversations (Town Hall Meetings)
Key Informant Interviews
50

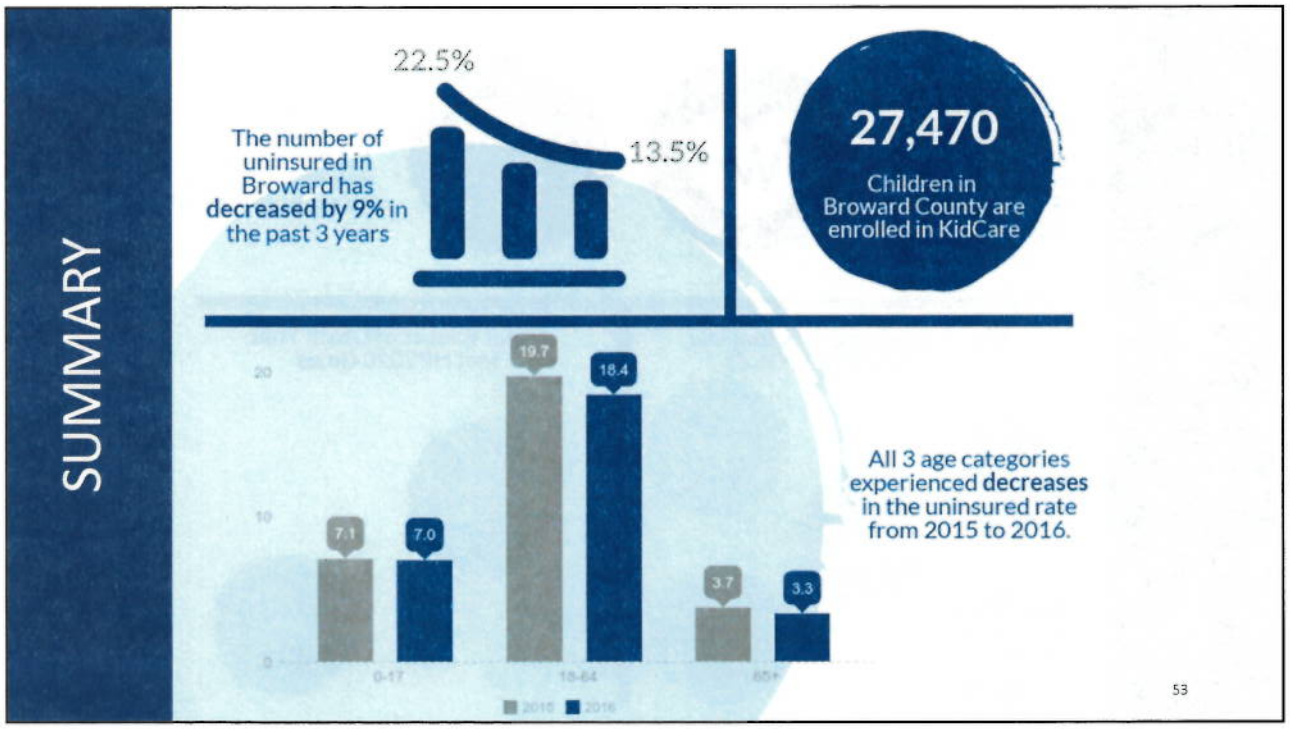
50


SUMMARY
1,909,632
Residents in Broward County
22,170 Births
16,201 Migrants
15,864 Deaths
22,351 net population increase
65-74 age group had largest growth from 2015-1016
7,518
28.7%
of residents are Hispanic/Latino
51

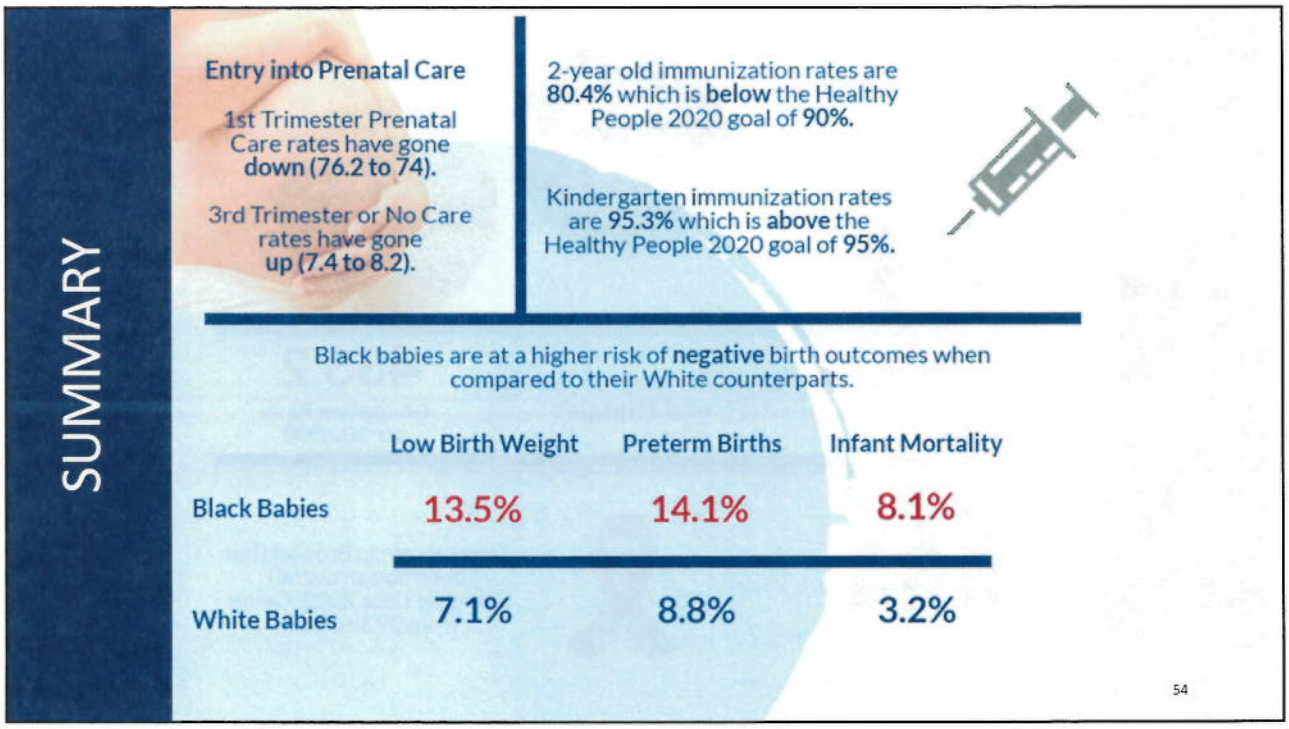
51


SUMMARY
Mean Income
$79,147
14.4%
of all Broward residents have an income below the poverty line
22.5%
families with female head of household live below the poverty line
4.6%
Unemployment Rate
2.3%
Job Growth
20.9%
Employed in education, health or social services
268,836 students in Broward County Public Schools
87.9% of adult population has a high school diploma
30.8% of adult population has a bachelor's degree
Note: FPL = $24,600 for a family of four
52

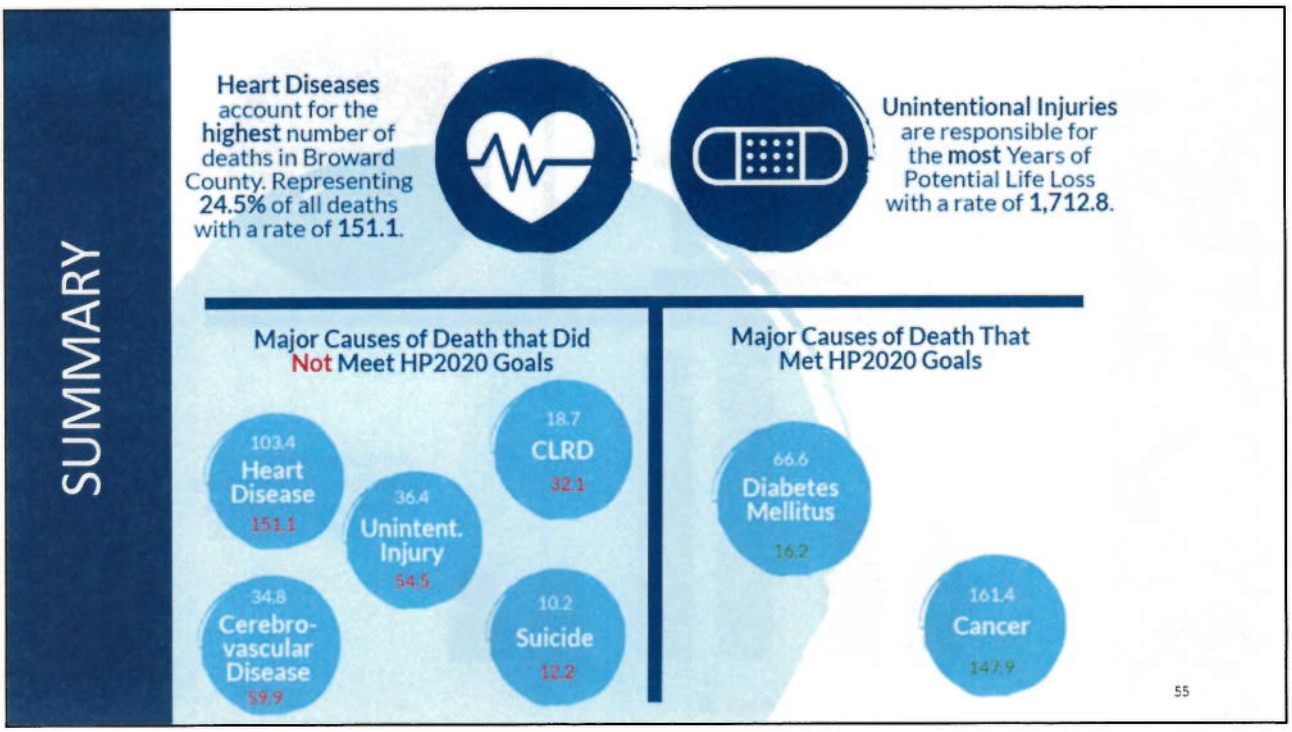
52


SUMMARY
22.5%
13.5%
The number of uninsured in Broward has decreased by 9% in the past 3 years
27,470
Children in Broward County are enrolled in KidCare
19.7
18.4
7.1
7.0
3.7
3.3
All 3 age categories experienced decreases in the uninsured rate from 2015 to 2016.
53

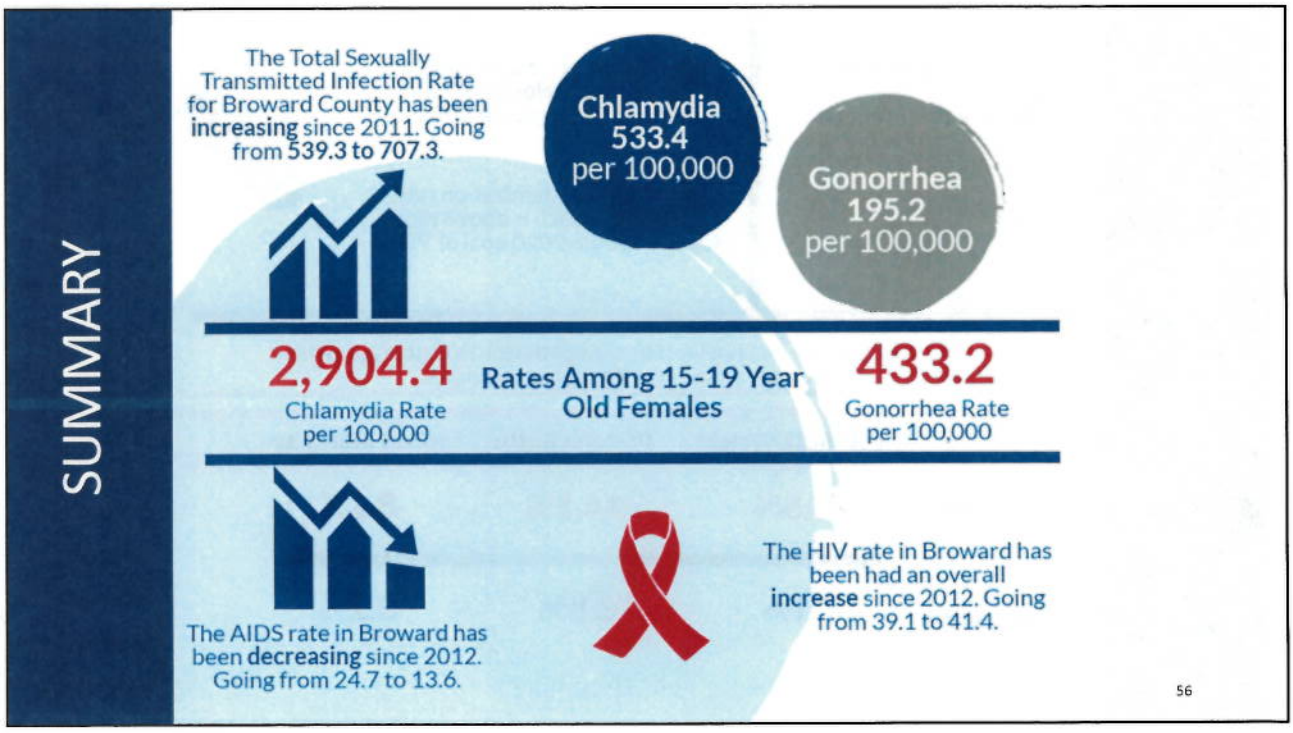
53


SUMMARY
Entry into Prenatal Care
1st Trimester Prenatal Care rates have gone down (76.2 to 74).
3rd Trimester or No Care rates have gone up (7.4 to 8.2).
2-year old immunization rates are 80.4% which is below the Healthy People 2020 goal of 90%.
Kindergarten immunization rates are 95.3% which is above the Healthy People 2020 goal of 95%.
Black babies are at a higher risk of negative birth outcomes when compared to their White counterparts.
Low Birth Weight
Preterm Births
Infant Mortality
Black Babies
13.5%
14.1%
8.1%
White Babies
7.1%
8.8%
3.2%
54

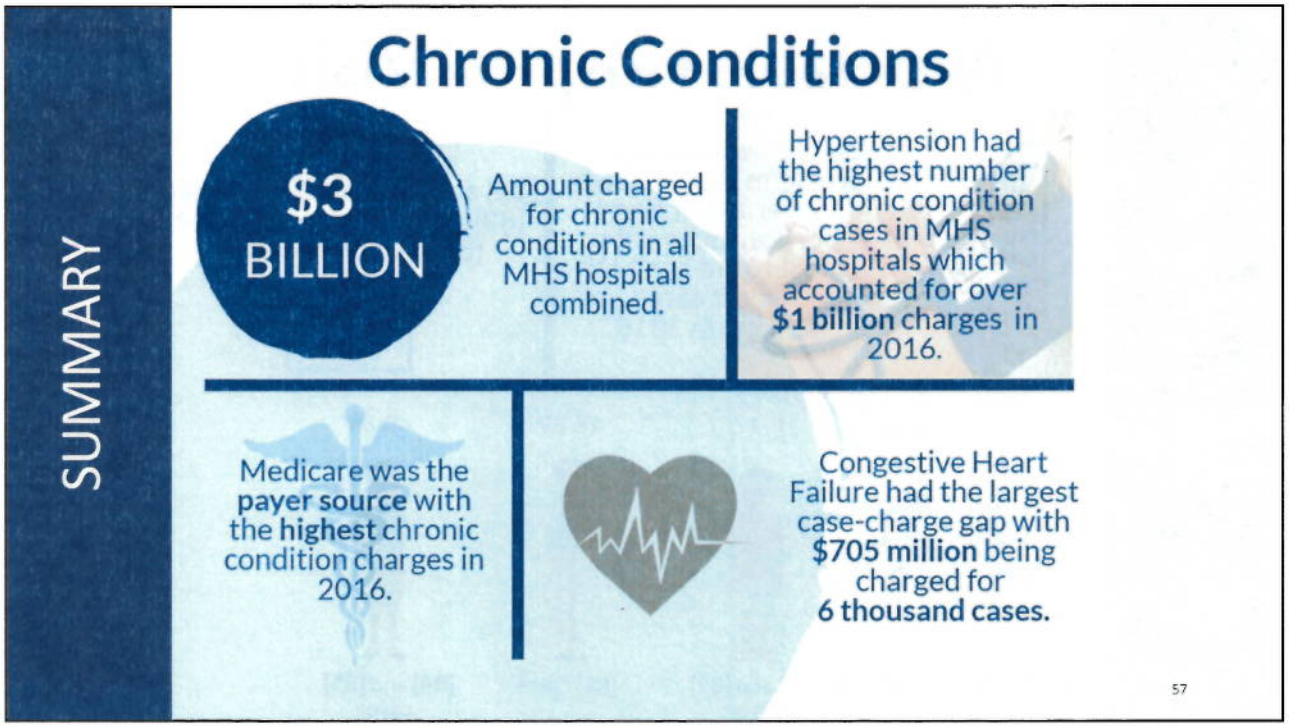
54


SUMMARY
Heart Diseases account for the highest number of deaths in Broward County. Representing 24.5% of all deaths with a rate of 151.1.
Unintentional Injuries are responsible for the most Years of Potential Life Loss with a rate of 1,712.8.
Major Causes of Death that Did Not Meet HP2020 Goals
103.4 Heart Disease 151.1
36.4 Unintent. Injury 54.5
34.8 Cerebro-vascular Disease 59.9
18.7 CLRD 32.1
10.2 Suicide 12.2
Major Causes of Death That Met HP2020 Goals
66.6 Diabetes Mellitus 16.2
161.4 Cancer 147.9
55

55


SUMMARY
The Total Sexually Transmitted Infection Rate for Broward County has been increasing since 2011. Going from 539.3 to 707.3.
Chlamydia 533.4 per 100,000
Gonorrhea 195.2 per 100,000
2,904.4 Chlamydia Rate per 100,000
Rates Among 15-19 Year Old Females
433.2 Gonorrhea Rate per 100,000
The AIDS rate in Broward has been decreasing since 2012. Going from 24.7 to 13.6.
The HIV rate in Broward has been had an overall increase since 2012. Going from 39.1 to 41.4.
56

56


SUMMARY
Chronic Conditions
$3 BILLION
Amount charged for chronic conditions in all MHS hospitals combined.
Hypertension had the highest number of chronic condition cases in MHS hospitals which accounted for over $1 billion charges in 2016.
Medicare was the payer source with the highest chronic condition charges in 2016.
Congestive Heart Failure had the largest case-charge gap with $705 million being charged for 6 thousand cases.
57

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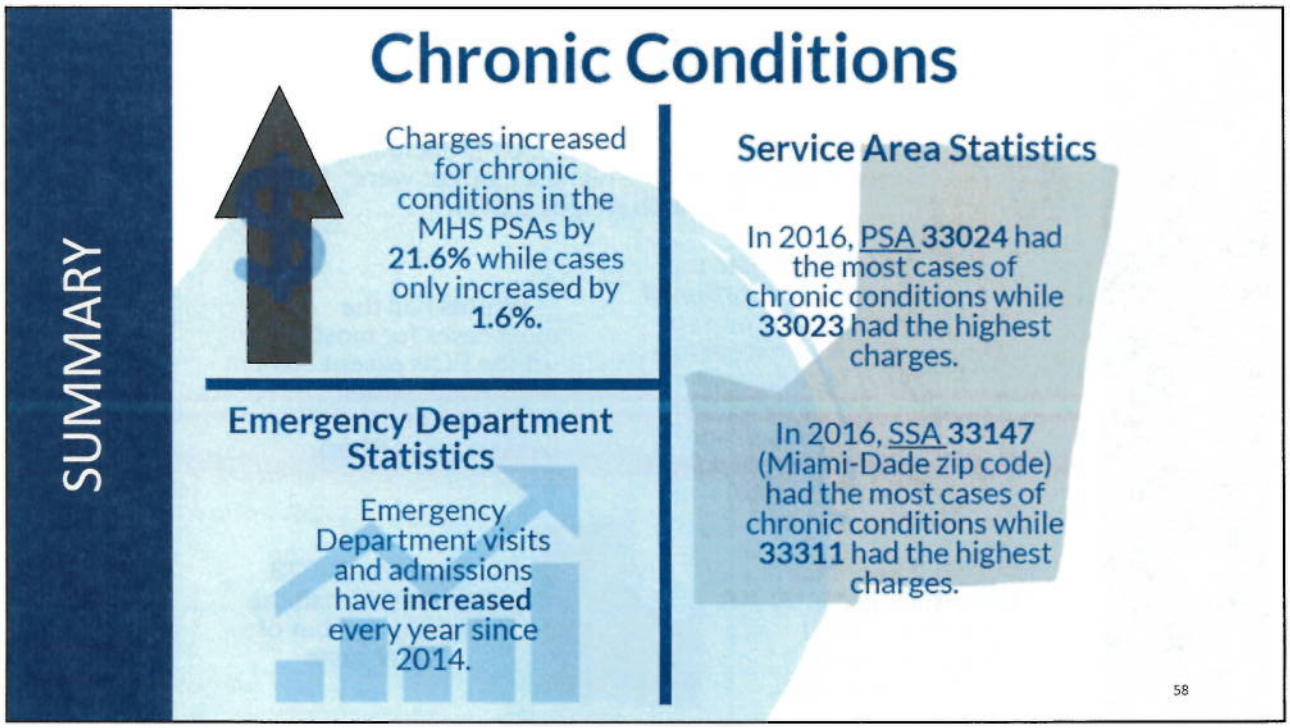
SUMMARY
Chronic Conditions
Charges increased for chronic conditions in the MHS PSAs by 21.6% while cases only increased by 1.6%.
Service Area Statistics
In 2016, PSA 33024 had the most cases of chronic conditions while 33023 had the highest charges.
Emergency Department Statistics
Emergency Department visits and admissions have increased every year since 2014.
In 2016, SSA 33147 (Miami-Dade zip code) had the most cases of chronic conditions while 33311 had the highest charges.
58

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SUMMARY

Avoidable Hospital Visits

Visits classified as [84]-problems that are high in severity but do not pose an immediate threat to life had both the highest cases and charges in 2016

Payer Source

[81] and [82] cases- Medicaid
[83] and [84] cases- Private
[85] cases- Medicare

Age Group	0-17	18-39	40-64
Visit Classification	[81] and [82] cases	[83] cases	[84] and [85] cases

59

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SUMMARY

PQIs

The most PQI cases were for **COPD** (including adult asthma) and the highest charges were for **low birth weight (LBW)**.

Medicare paid the greatest proportion of charges for most of the PQIs except for *short term diabetes and low birth weight* (**Medicaid**) and *perforated appendicitis* (**Private**).

Whites had the most cases for most of the PQIs except for *Hypertension* (**Blacks**) and *low birth weight* (**Other**).

Memorial Regional Hospital had the highest number of **LBW** cases out of the MHS hospitals.

Zip Code **33023** (West Park) had the highest number of **LBW** cases

60

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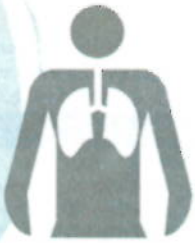
SUMMARY

DRGs

Delivery had the highest number of discharges while **general surgery** had the highest charges in 2016.

Thoracic surgery had the greatest discharge to charge difference with 772 discharges accounting for over $407 million.



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Substance Abuse Statistics

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

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

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Provider Focus Groups - Barriers Encountered

Resources
- Getting undocumented patients connected to resources and funding
- Finding physicians within insurance network
- Lack of staff who understand health insurance
- Lack of provider understanding of local programs
- Lack of stable housing options for client
- Long wait periods

Delay/Avoidance of Care
- Lack of client trust due to fear of deportation
- Stigma associated with Substance Abuse/Mental Health

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

Communication
- Literacy
- Consumers do not understand the application process
- Language and cultural differences

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

63

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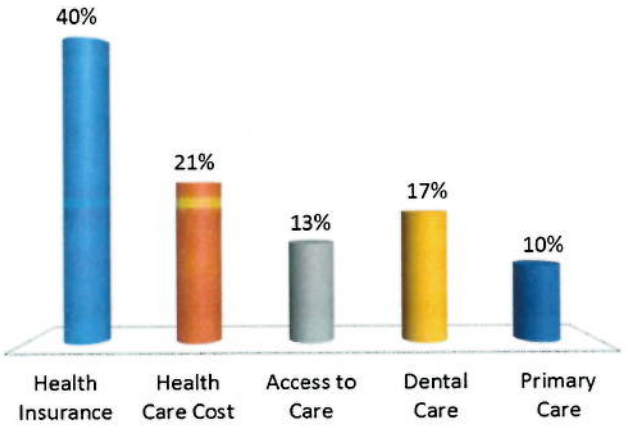
Community Conversation
Top Healthcare Need – Voted using clickers



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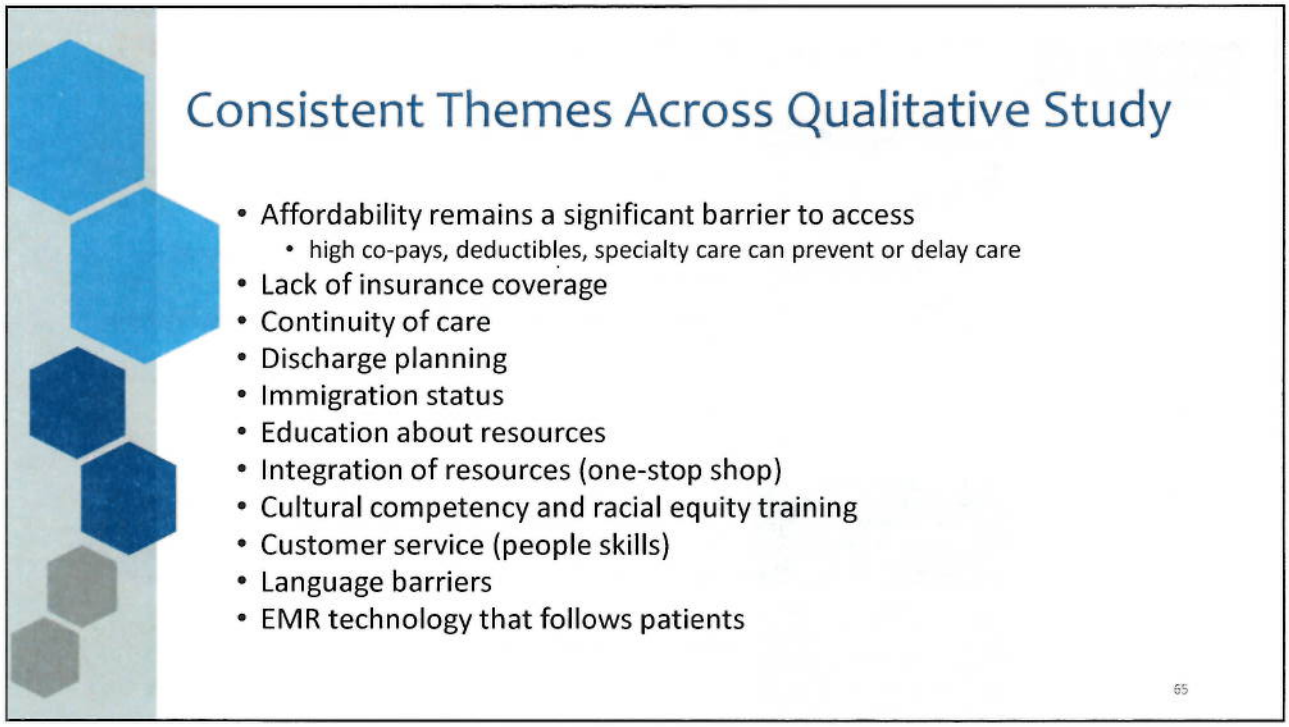
Consistent Themes Across Qualitative Study
• Affordability remains a significant barrier to access
• high co-pays, deductibles, specialty care can prevent or delay care
• Lack of insurance coverage
• Continuity of care
• Discharge planning
• Immigration status
• Education about resources
• Integration of resources (one-stop shop)
• Cultural competency and racial equity training
• Customer service (people skills)
• Language barriers
• EMR technology that follows patients
65

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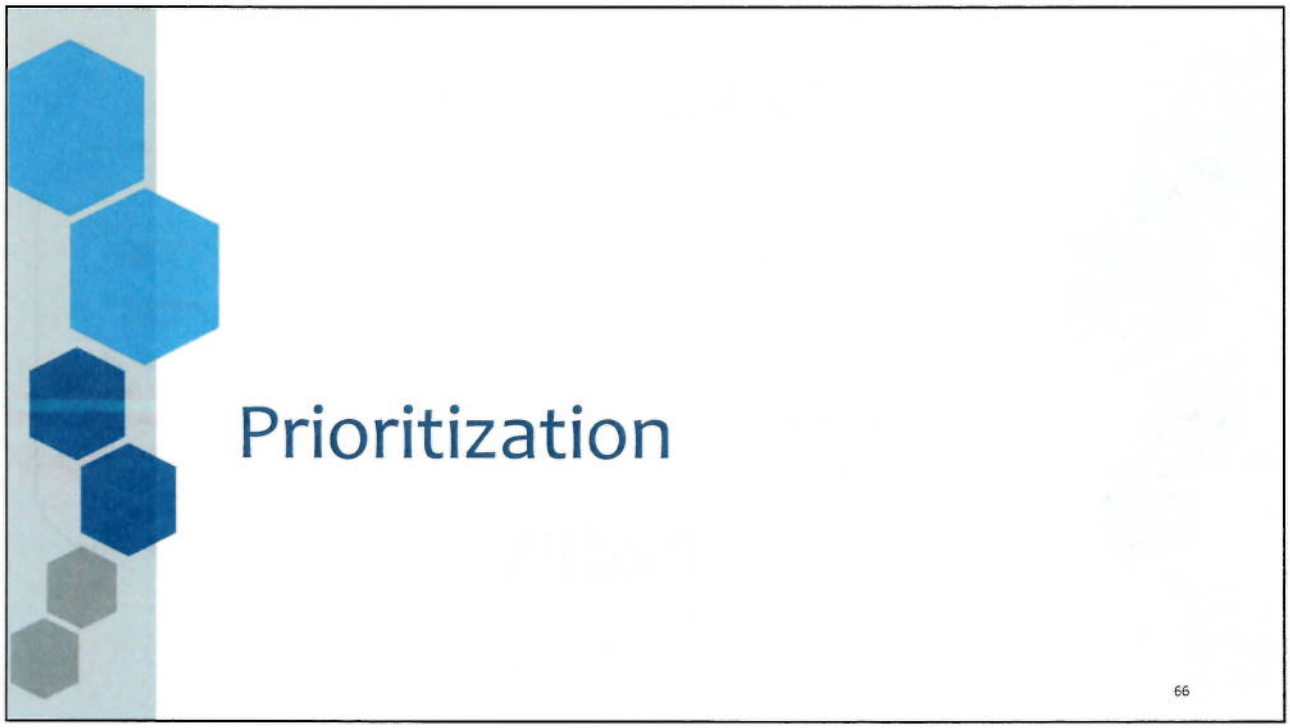
Prioritization
66

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Prioritizing the Needs
DRAFT
Data Source
Qualitative:
✓ Focus Groups
✓ Key Informants
✓ Community Conversations
Quantitative:
✓ US Bureau of the Census
✓ BRHPC Health Data Warehouse
✓ Florida Charts
Qualitative:
✓ Focus Groups
✓ Key Informants
Quantitative:
✓ BRHPC Health Data Warehouse
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✓ Florida Charts
Qualitative:
✓ Focus Groups
✓ Community Conversations
Quantitative:
✓ BRHPC Health Data Warehouse
✓ Florida Charts
Qualitative:
✓ Focus Groups
Access to Care
• Implementation of a care coordination and transitional care program
• Consideration for diversity issues (i.e.: languages spoken, undocumented populations)
• Assistance with navigation of the health insurance system including legal-medical partnerships
• Continued education of the underinsured/uninsured about new MHS Primary Care sites including collaboration/partnerships to ensure widespread information-sharing.
Preventive Care
Prenatal Care for the prevention of low birthweight and other negative health outcomes
Immunizations
Education for the prevention of opioid use.
Educate providers to screen youth for adverse experiences (using the ACE survey) in order to link to appropriate services early
Community Health Education
• Chronic disease self-management (Congestive Health Failure, Diabetes, Chronic Obstructive Pulmonary Disease, Asthma)
• Health promotion and wellness
• Education for the prevention of sexually transmitted infections
Quality of Care
• Consideration for diversity issues including languages spoken, patients with disabilities, gender issues (i.e. gender identity, gender expression and sexual orientation)
• Diversification and training of clinical and non-clinical staff
• Coordination of care
• Consideration for the impact of macro-conditions (i.e. systemic racism) on population health
Emergency Response
• Design and implementation of an all hazard regional response and recovery system
• Education of first responders through simulation

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www.brhpc.org
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President and CEO
BRHPC
Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
(954) 561 - 9681
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Holy Cross Hospital

2018 Community Health Needs Assessment

Prepared By:

BRHPC

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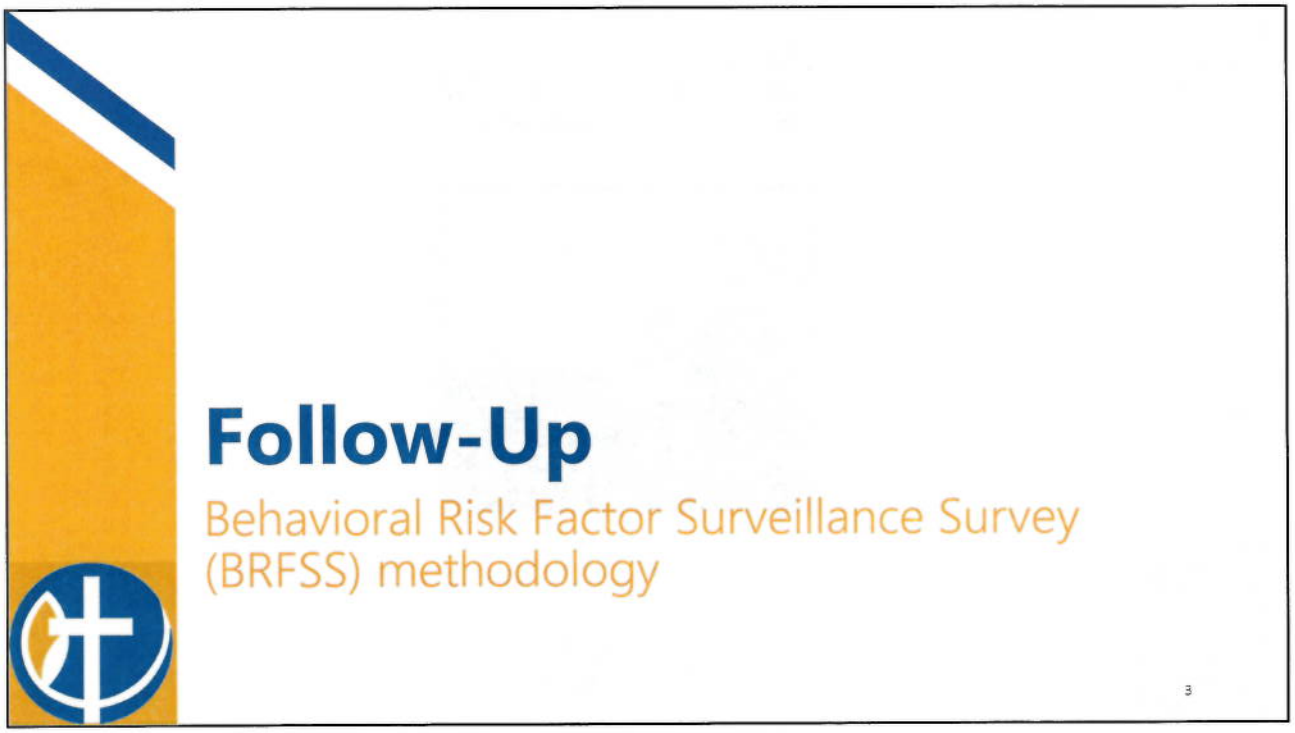
1

Meeting Dates	Draft Agenda
May 15, 2018	1. Introduction: Planning and Process 2. HCH 2015 CHNA Follow-Up/ Community Services Presentation 3. Broward County Quantitative Data Presentation (Part I) 4. Identify Needs & Gaps
June 19, 2018	1. Broward County Quantitative Data Presentation (Part II) 2. Stakeholder Discussion 3. Identify Needs & Gaps
July 17, 2018	1. HCH Quantitative Data Presentation 2. Stakeholder Discussion 3. Identify Needs & Gaps
August 14, 2018	1. Qualitative Data Presentation (Part I) 2. Stakeholder Discussion 3. Identify Needs & Gaps
August 28, 2018	**1. Qualitative Data Presentation (Part II)** **2. Prioritization Ranking** **3. Stakeholder Discussion**

2

2


Follow-Up
Behavioral Risk Factor Surveillance Survey (BRFSS) methodology
3

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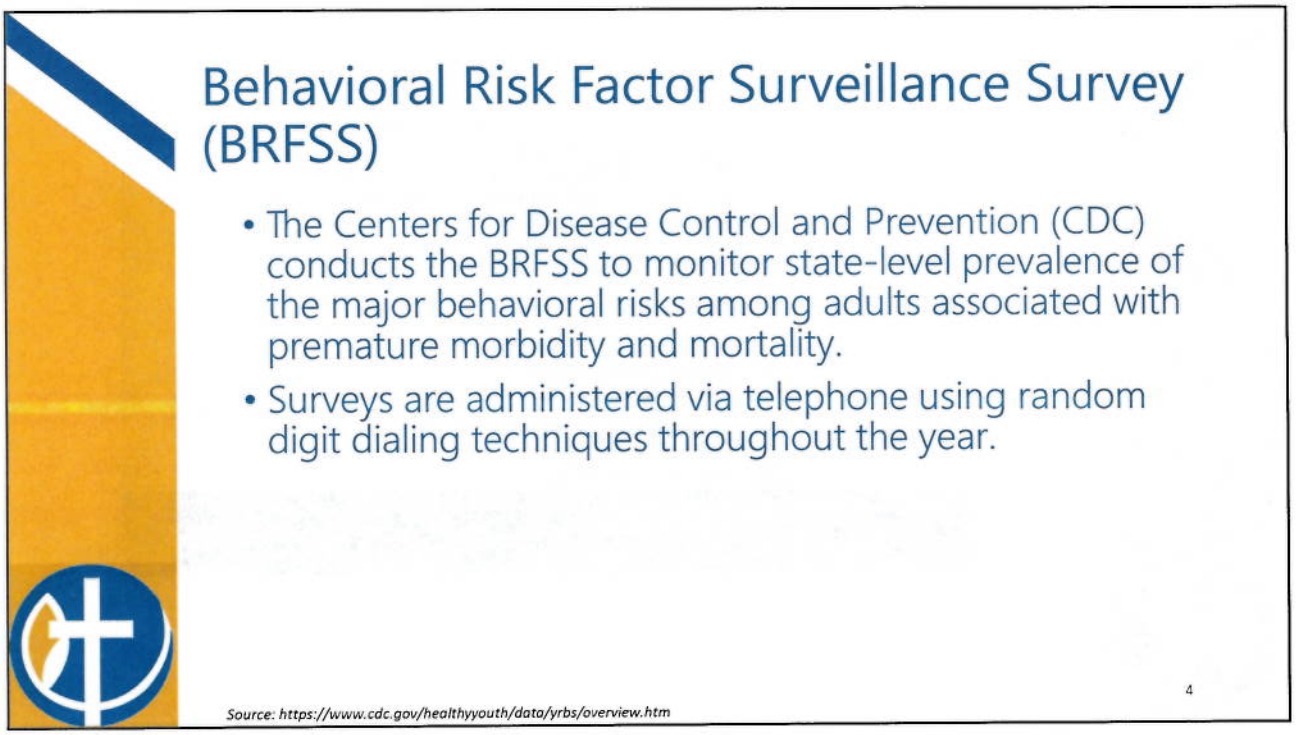
Behavioral Risk Factor Surveillance Survey (BRFSS)
• The Centers for Disease Control and Prevention (CDC) conducts the BRFSS to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality.
• Surveys are administered via telephone using random digit dialing techniques throughout the year.
Source: https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm
4

4

How does BRFSS weigh data?

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

5

5

Overall Health & Access to Health Services, 2016

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

Behavioral Risk Factor Surveillance Survey, 2016

6

6

Follow-Up

PRC CHNA Data Correction

7

7

Corrected data in table

Indicator	South Broward	Broward County	North Broward
% No Leisure-Time Physical Activity	27.9	26.4	24.1

8

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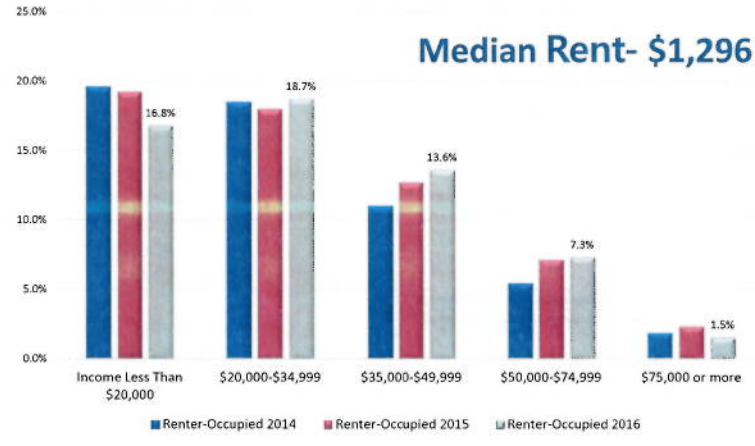
Follow-Up

Housing Cost Burden

9

9

Percentage of Renters Spending More Than 30% of their Income on Housing



The standard amount of monthly income that should be paid towards housing expenses is 28%. However, in Broward County many residents (particularly those who rent) are spending more than 30% on housing.

Source: American Community Survey, 2016

10

10

Fair Market Rent - Broward & Florida, 2016

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

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

36% of Broward residents are renters

Median Income $54,212

FPL $24,600/yr for family of 4

Minimum Wage $8.10/hr

11

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

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Household Income

Source: American Community Survey, 2016, 2017 United Way ALICE Report

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Single adults in Broward making the median income fare better than a 4-person household making the median income.

12

12


HCH Qualitative Data
13

13


HCH Qualitative Data Report
Community Focus Groups
Provider Focus Groups
Key Informant Interviews
14

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Follow-Up

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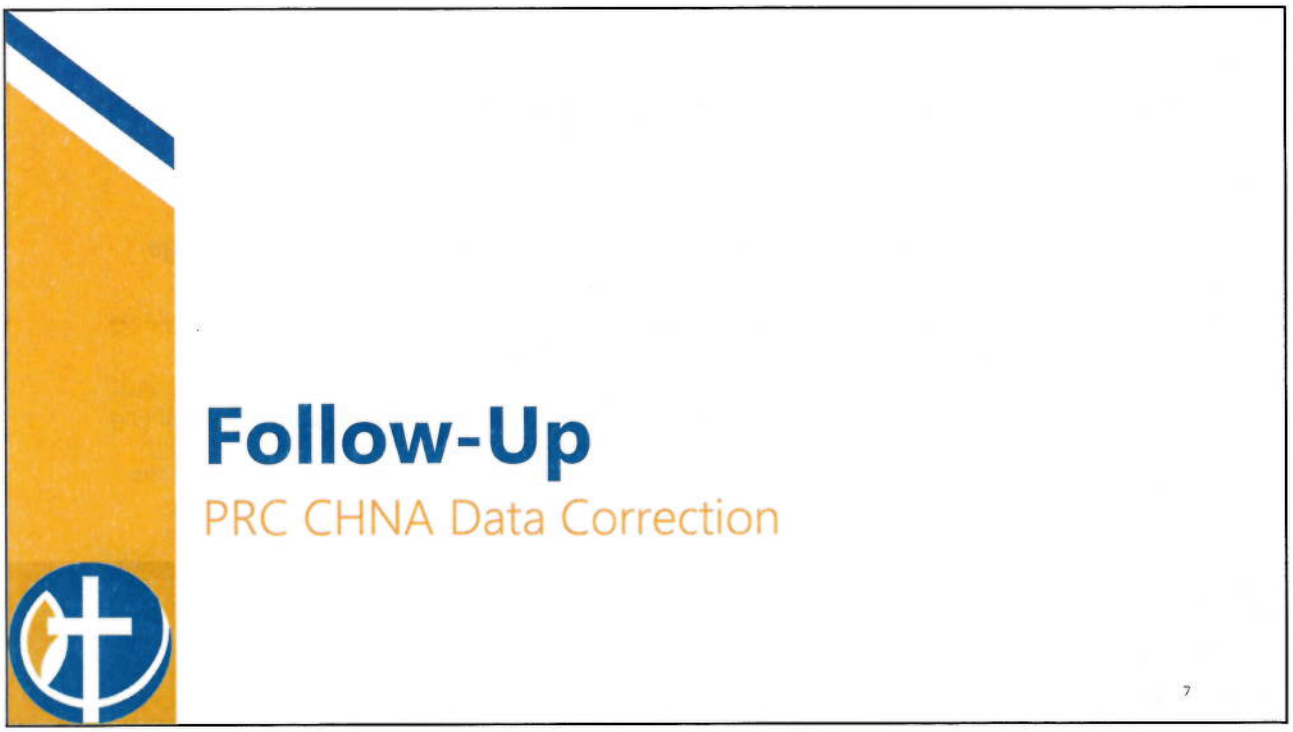
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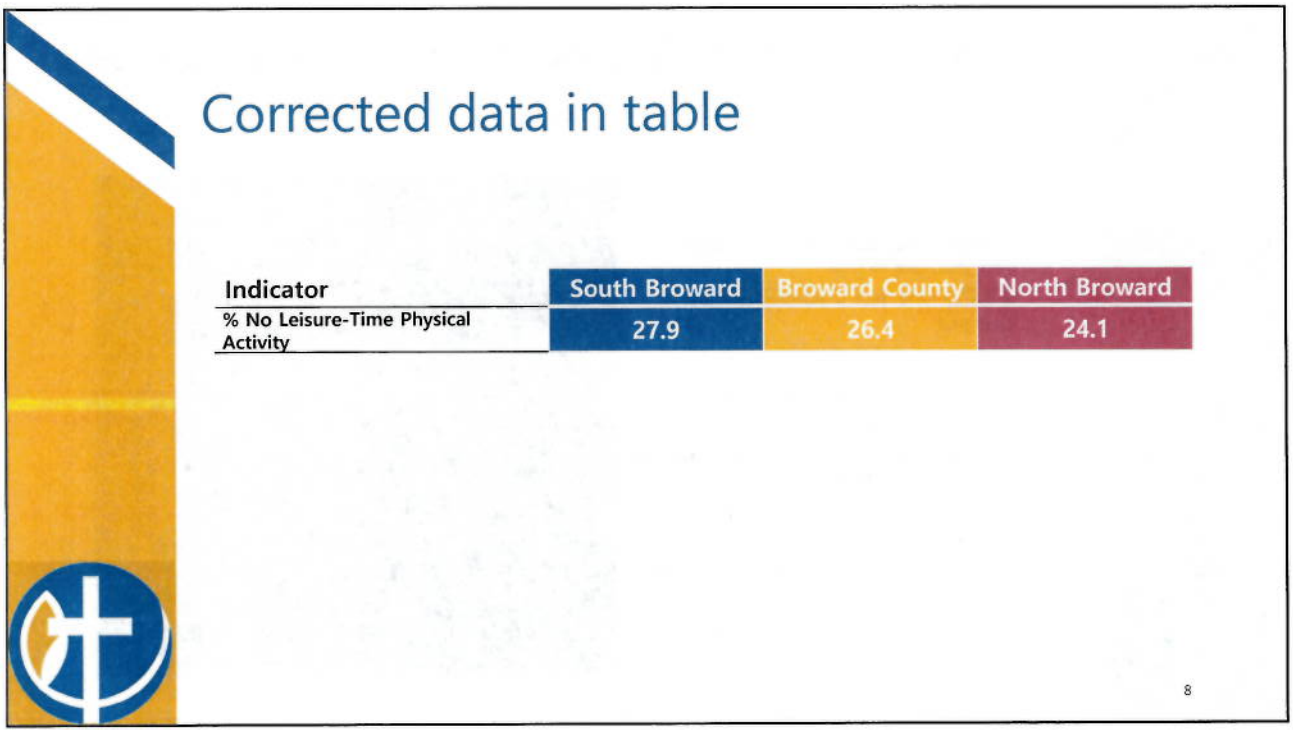
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Focus Groups
15

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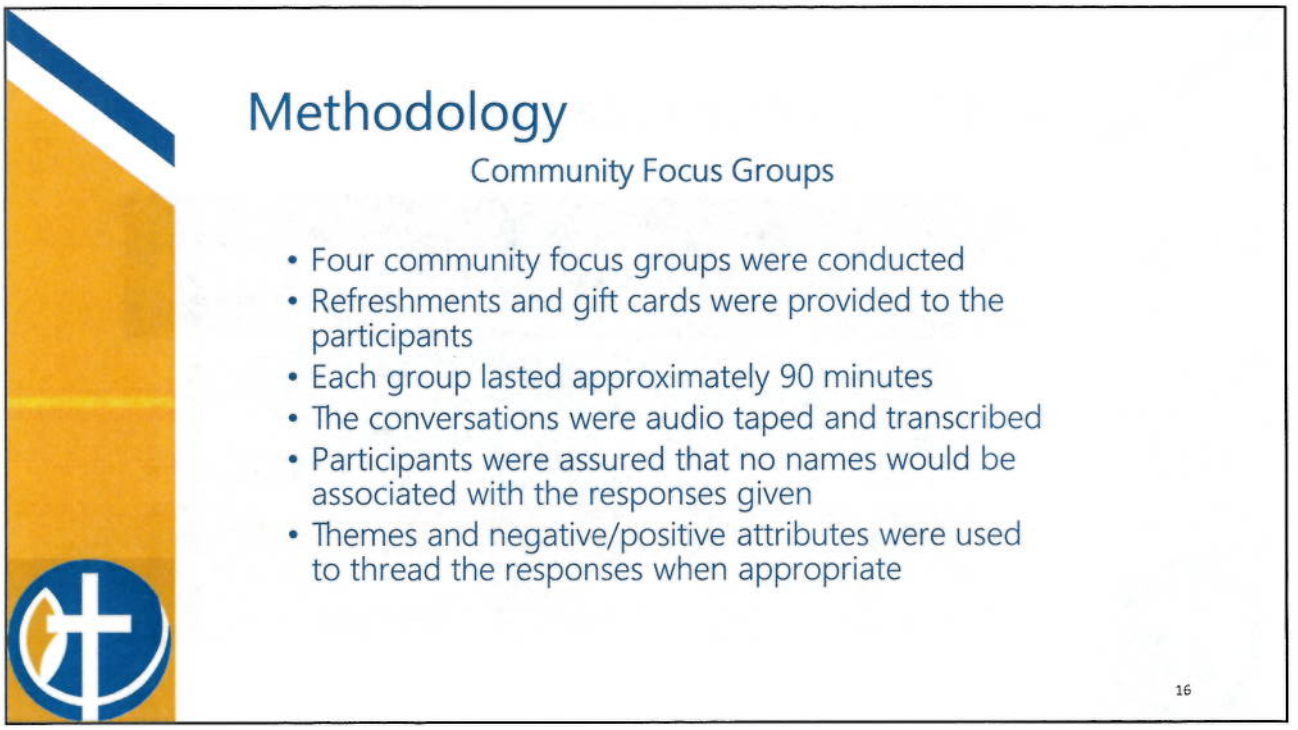
Methodology
Community Focus Groups
• Four community focus groups were conducted
• Refreshments and gift cards were provided to the participants
• Each group lasted approximately 90 minutes
• The conversations were audio taped and transcribed
• Participants were assured that no names would be associated with the responses given
• Themes and negative/positive attributes were used to thread the responses when appropriate
16

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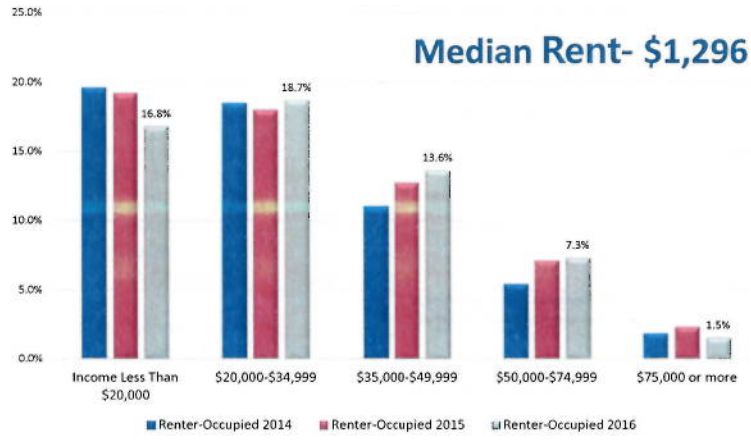
Follow-Up

Housing Cost Burden

9

9

Percentage of Renters Spending More Than 30% of their Income on Housing



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Community Focus Groups

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

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

17

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Community Focus Group Questions

1. Is your current household income adequate to pay your bills? Explain
2. Do you have any barriers? If yes, what are they?
3. Was there a time in the past 12 months when you or a family member needed health care, mental health services or medication but could not get it? Tell us about it.
4. When you are seen for medical care, how are you treated?
5. How has health insurance impacted your healthcare?
6. How do you think the delivery of health care services can be improved?

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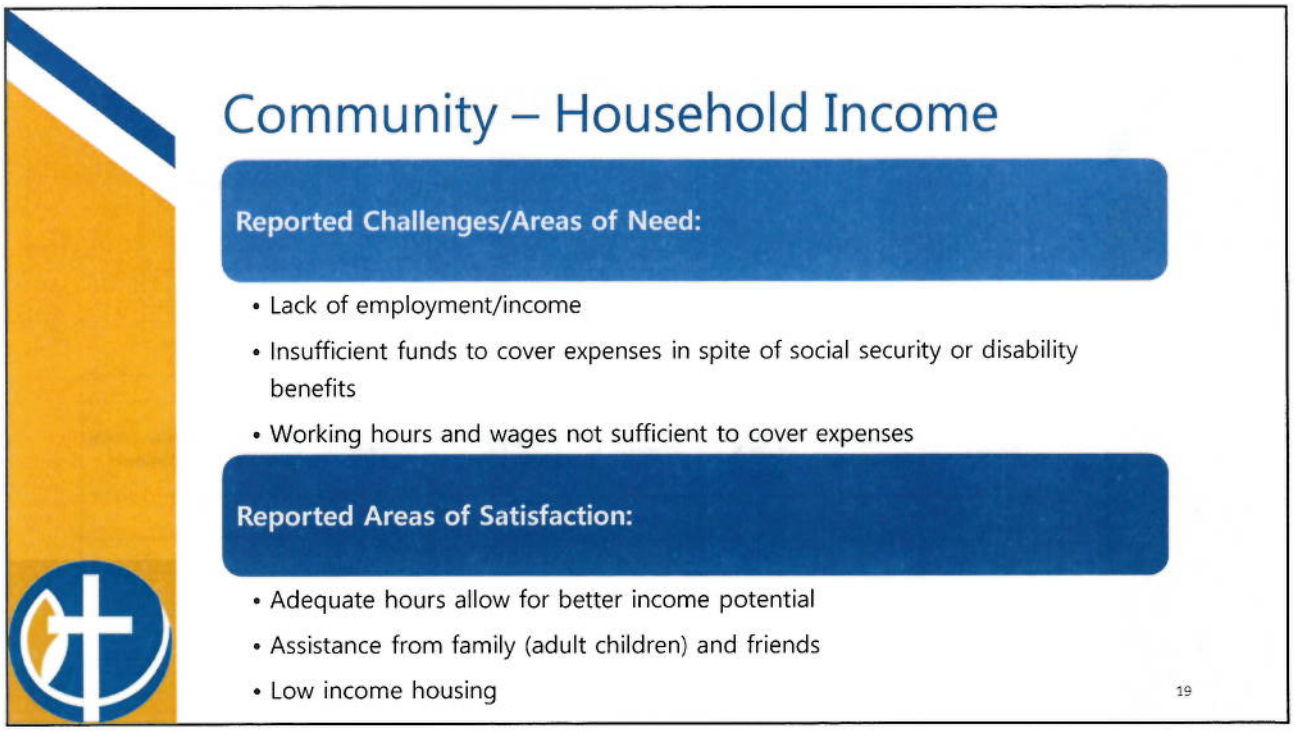
Community – Household Income
Reported Challenges/Areas of Need:
• Lack of employment/income
• Insufficient funds to cover expenses in spite of social security or disability benefits
• Working hours and wages not sufficient to cover expenses
Reported Areas of Satisfaction:
• Adequate hours allow for better income potential
• Assistance from family (adult children) and friends
• Low income housing
19

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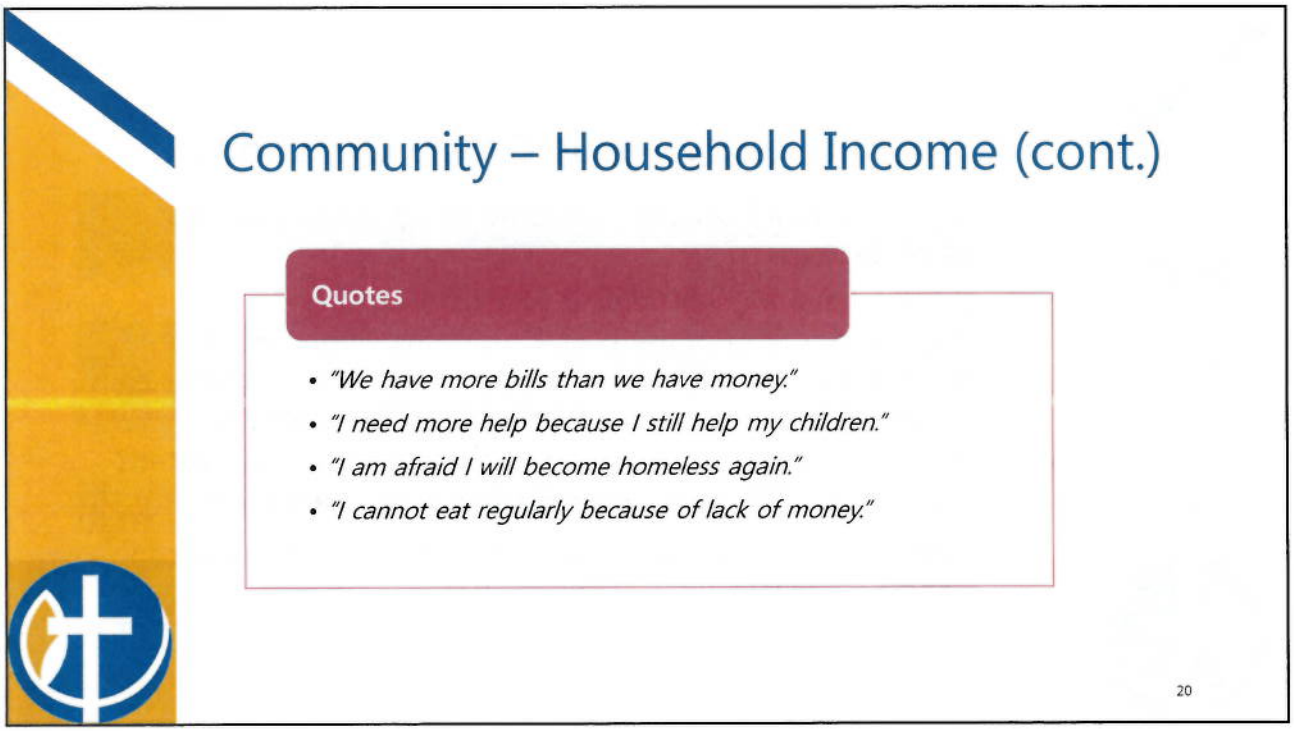
Community – Household Income (cont.)
Quotes
• "We have more bills than we have money."
• "I need more help because I still help my children."
• "I am afraid I will become homeless again."
• "I cannot eat regularly because of lack of money."
20

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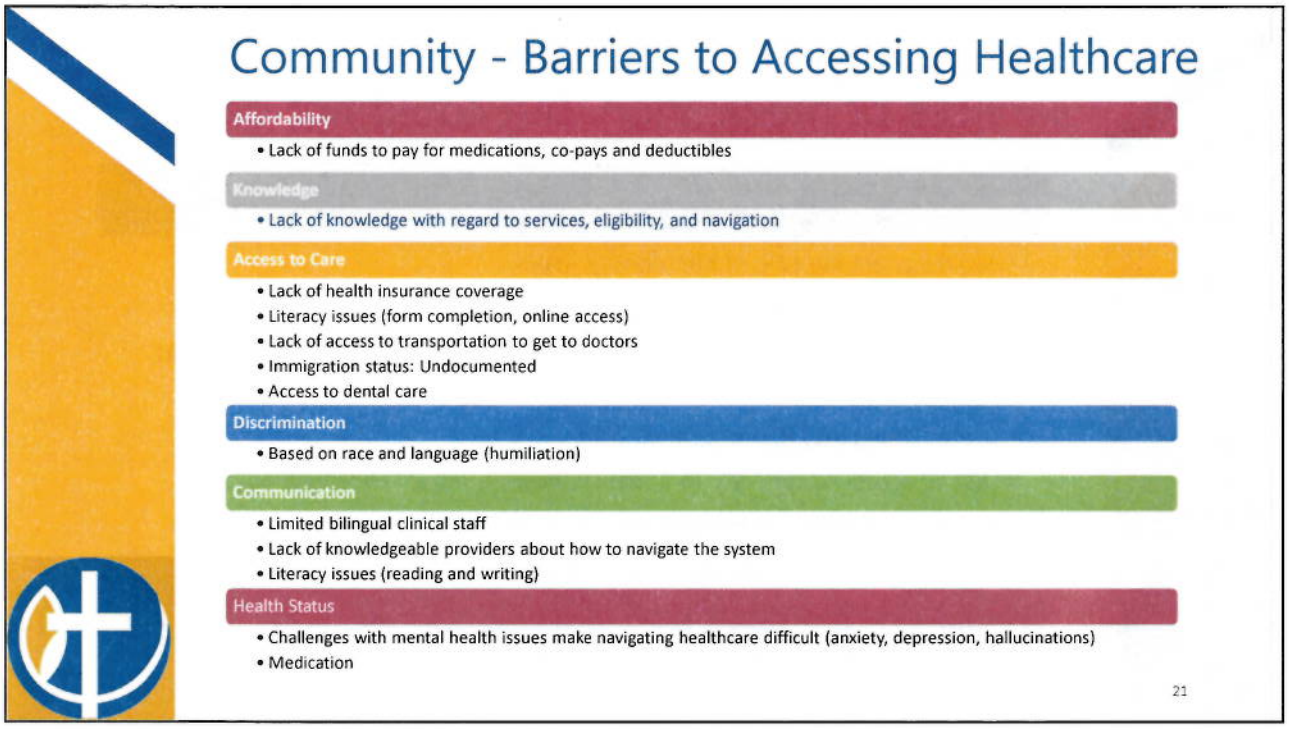
Community - Barriers to Accessing Healthcare
Affordability
• Lack of funds to pay for medications, co-pays and deductibles
Knowledge
• Lack of knowledge with regard to services, eligibility, and navigation
Access to Care
• Lack of health insurance coverage
• Literacy issues (form completion, online access)
• Lack of access to transportation to get to doctors
• Immigration status: Undocumented
• Access to dental care
Discrimination
• Based on race and language (humiliation)
Communication
• Limited bilingual clinical staff
• Lack of knowledgeable providers about how to navigate the system
• Literacy issues (reading and writing)
Health Status
• Challenges with mental health issues make navigating healthcare difficult (anxiety, depression, hallucinations)
• Medication
21

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Community - Barriers to Accessing Healthcare
Quotes
• "There is no one available to help complete the forms."
• "I have a hard time finding a dentist that accepts Medicaid."
• "I'm on a diabetic medication that doesn't have a generic."
• "I give thanks to God for the services received here [at Holy Cross]. They have treated me well and given me everything I needed."
22

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

Reported Areas of Need and Concern:

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

Reported Areas of Satisfaction:

- Assistance from HCH to obtain generic medication

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Community – Access to Care

Quotes

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

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Community – Health Literacy

Reported Areas of Need or Concern:

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

Reported Areas of Satisfaction:

- Communication with medical provider

25

25

Community – Health Literacy

Quotes

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

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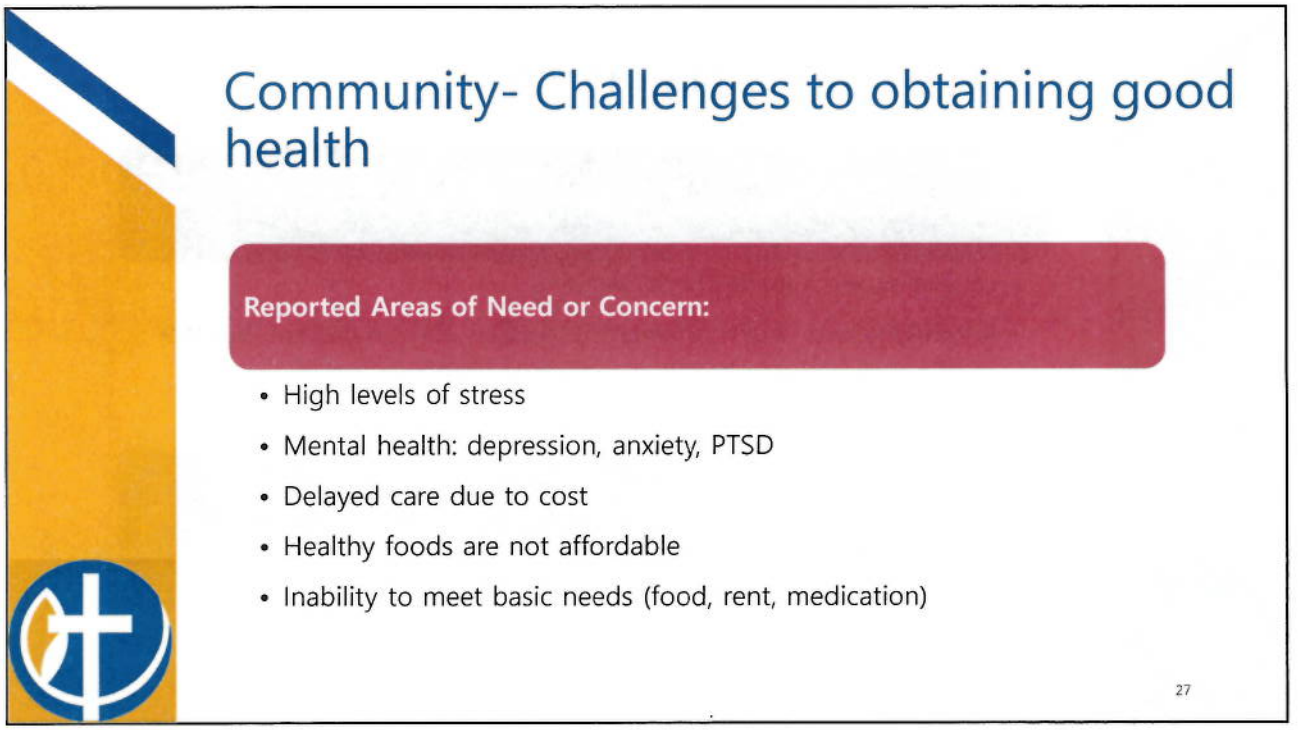
Community- Challenges to obtaining good health
Reported Areas of Need or Concern:
• High levels of stress
• Mental health: depression, anxiety, PTSD
• Delayed care due to cost
• Healthy foods are not affordable
• Inability to meet basic needs (food, rent, medication)
27

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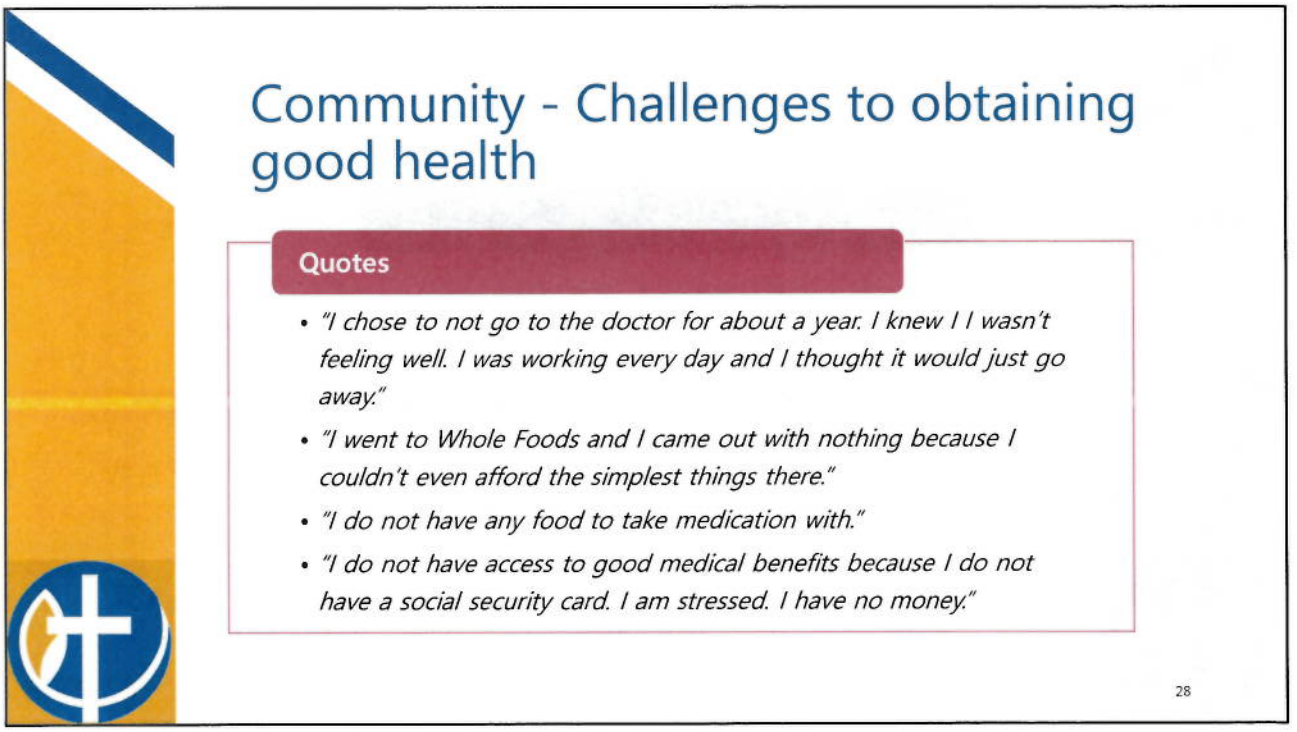
Community - Challenges to obtaining good health
Quotes
• "I chose to not go to the doctor for about a year. I knew I I wasn't feeling well. I was working every day and I thought it would just go away."
• "I went to Whole Foods and I came out with nothing because I couldn't even afford the simplest things there."
• "I do not have any food to take medication with."
• "I do not have access to good medical benefits because I do not have a social security card. I am stressed. I have no money."
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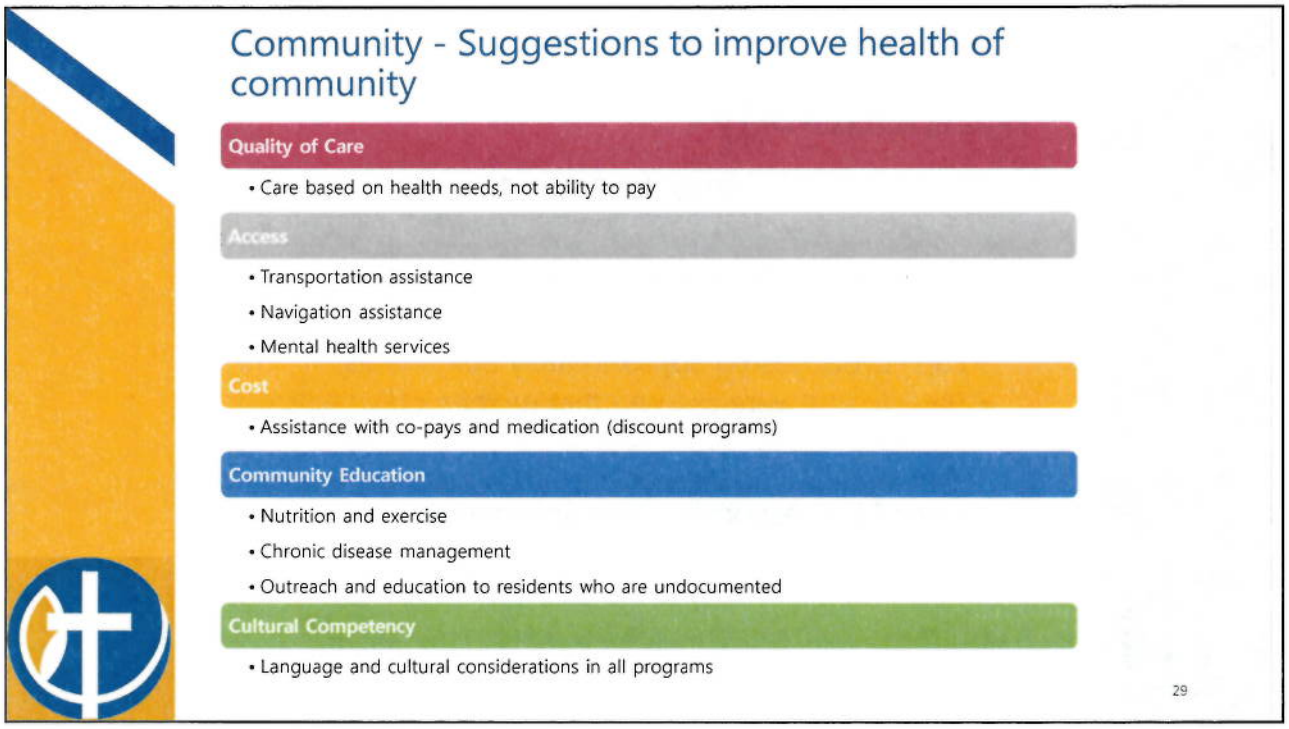
Community - Suggestions to improve health of community
Quality of Care
• Care based on health needs, not ability to pay
Access
• Transportation assistance
• Navigation assistance
• Mental health services
Cost
• Assistance with co-pays and medication (discount programs)
Community Education
• Nutrition and exercise
• Chronic disease management
• Outreach and education to residents who are undocumented
Cultural Competency
• Language and cultural considerations in all programs
29

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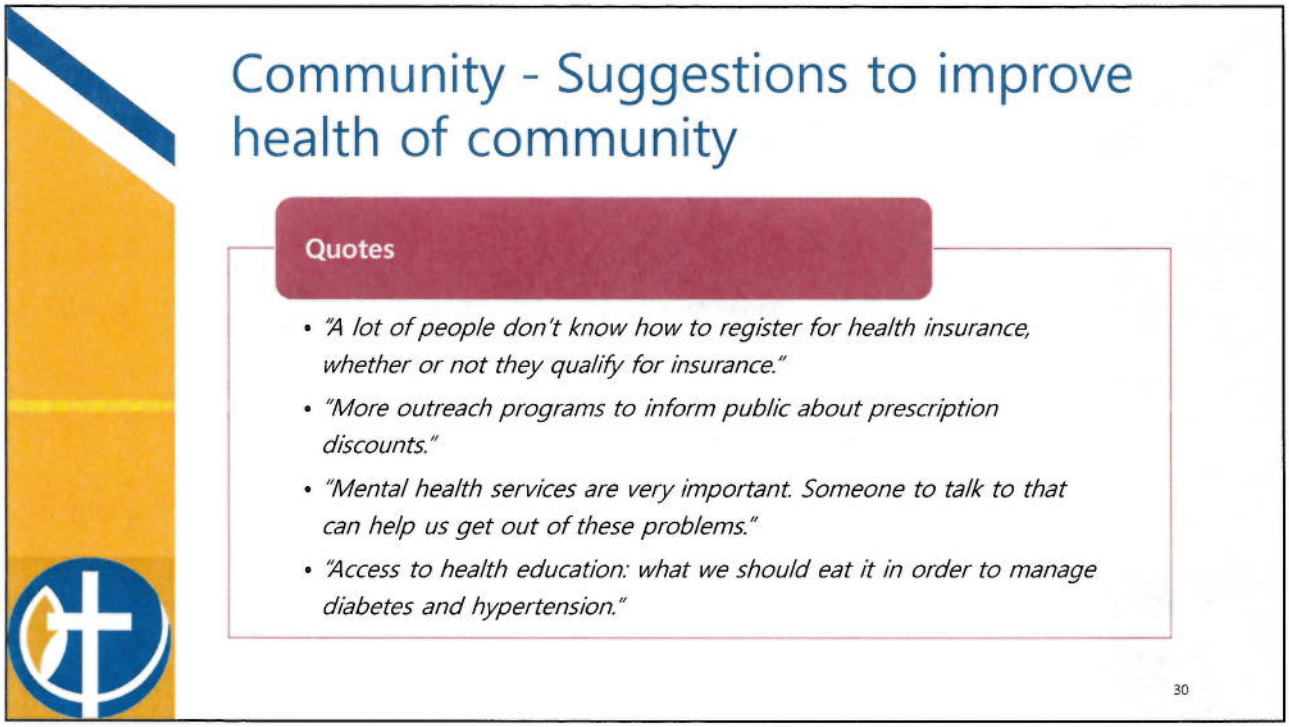
Community - Suggestions to improve health of community
Quotes
• "A lot of people don't know how to register for health insurance, whether or not they qualify for insurance."
• "More outreach programs to inform public about prescription discounts."
• "Mental health services are very important. Someone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

Provider Focus Groups

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

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Provider Focus Groups

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

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Provider Focus Group Questions

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

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Providers - Key Issues Related to Clients' Access to Healthcare

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

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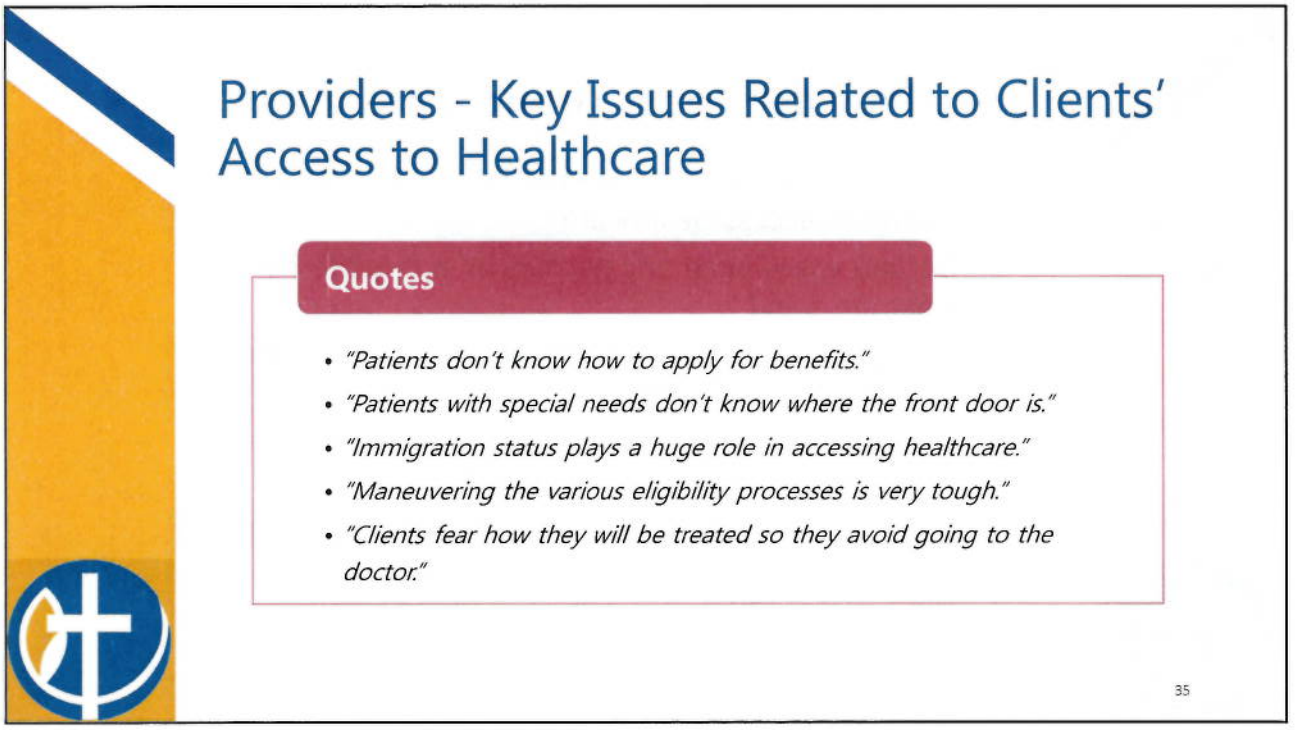
Providers - Key Issues Related to Clients' Access to Healthcare
Quotes
• "Patients don't know how to apply for benefits."
• "Patients with special needs don't know where the front door is."
• "Immigration status plays a huge role in accessing healthcare."
• "Maneuvering the various eligibility processes is very tough."
• "Clients fear how they will be treated so they avoid going to the doctor."
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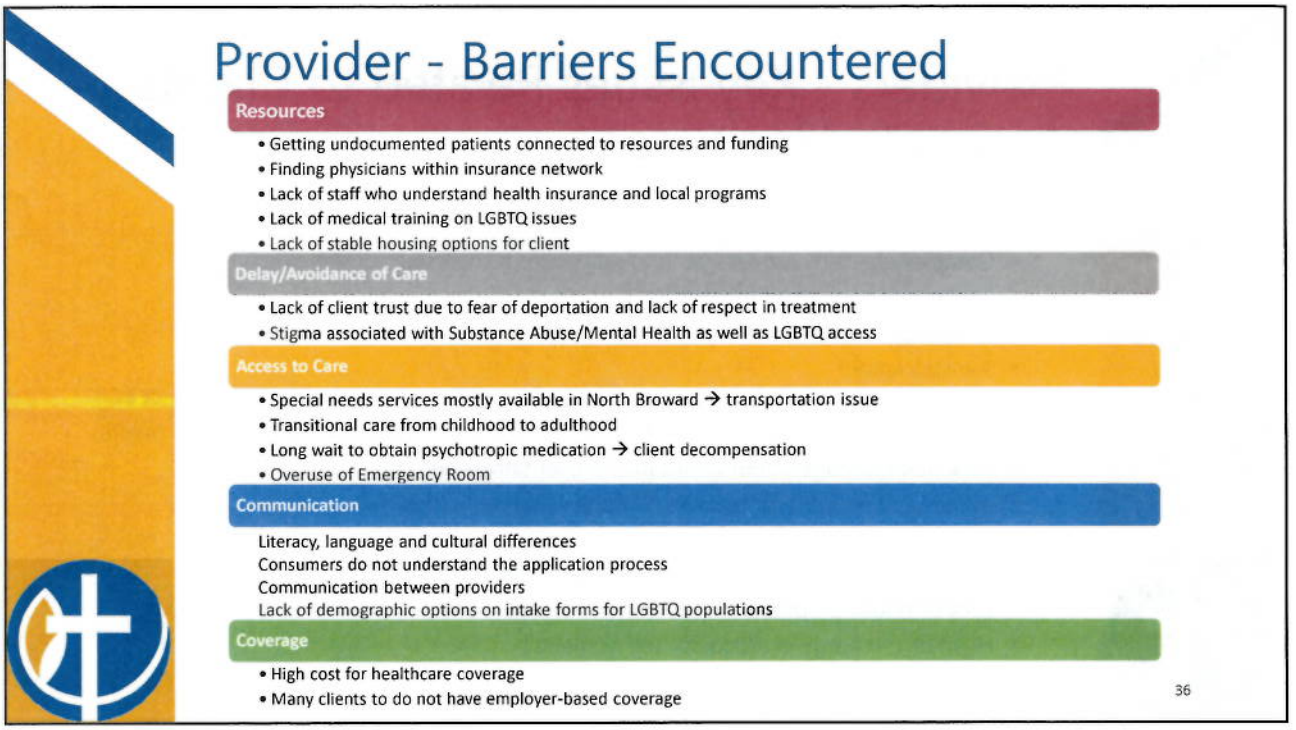
Provider - Barriers Encountered
Resources
• Getting undocumented patients connected to resources and funding
• Finding physicians within insurance network
• Lack of staff who understand health insurance and local programs
• Lack of medical training on LGBTQ issues
• Lack of stable housing options for client
Delay/Avoidance of Care
• Lack of client trust due to fear of deportation and lack of respect in treatment
• Stigma associated with Substance Abuse/Mental Health as well as LGBTQ access
Access to Care
• Special needs services mostly available in North Broward → transportation issue
• Transitional care from childhood to adulthood
• Long wait to obtain psychotropic medication → client decompensation
• Overuse of Emergency Room
Communication
Literacy, language and cultural differences
Consumers do not understand the application process
Communication between providers
Lack of demographic options on intake forms for LGBTQ populations
Coverage
• High cost for healthcare coverage
• Many clients to do not have employer-based coverage
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Provider - Barriers Encountered

Quotes

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

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Provider - Quality of Healthcare

Reported Areas of Need and Concern:

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

Reported Areas of Satisfaction:

- Provider perseverance despite numerous barriers
- Good continuity of care but follow up is key

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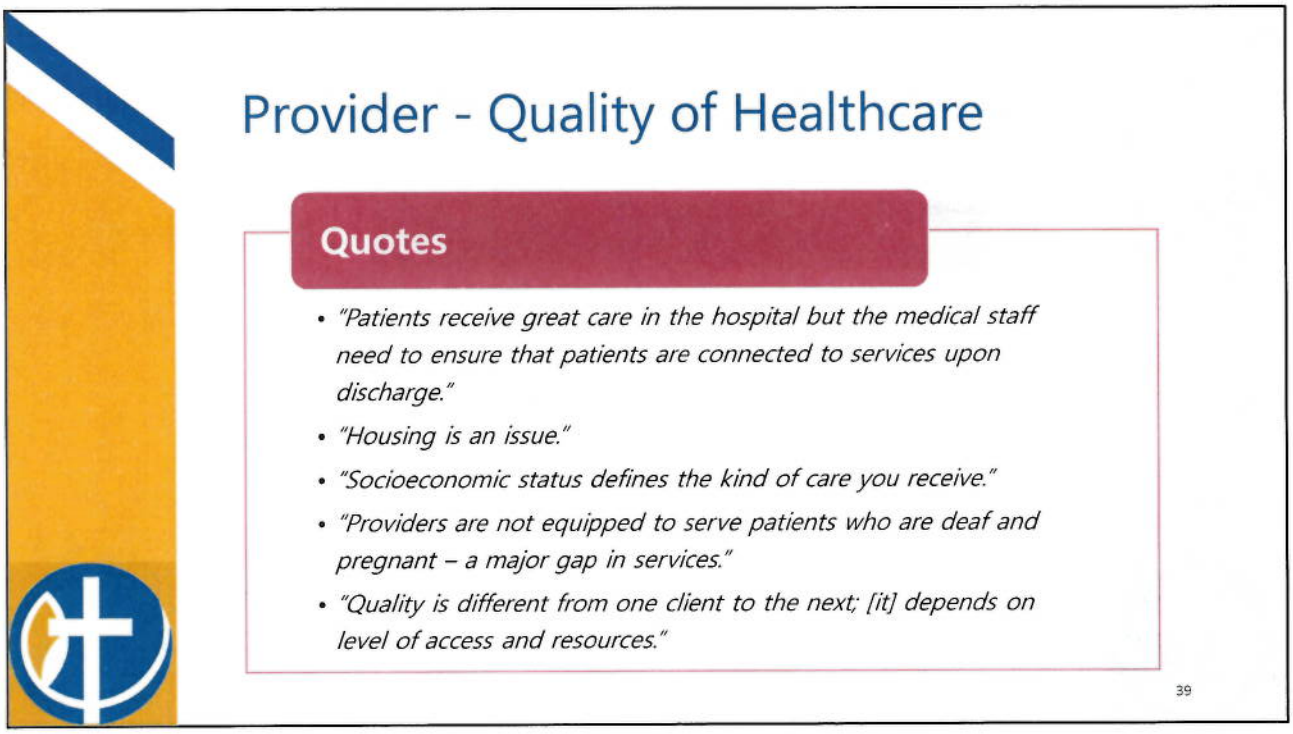
Provider - Quality of Healthcare
Quotes
• "Patients receive great care in the hospital but the medical staff need to ensure that patients are connected to services upon discharge."
• "Housing is an issue."
• "Socioeconomic status defines the kind of care you receive."
• "Providers are not equipped to serve patients who are deaf and pregnant – a major gap in services."
• "Quality is different from one client to the next; [it] depends on level of access and resources."
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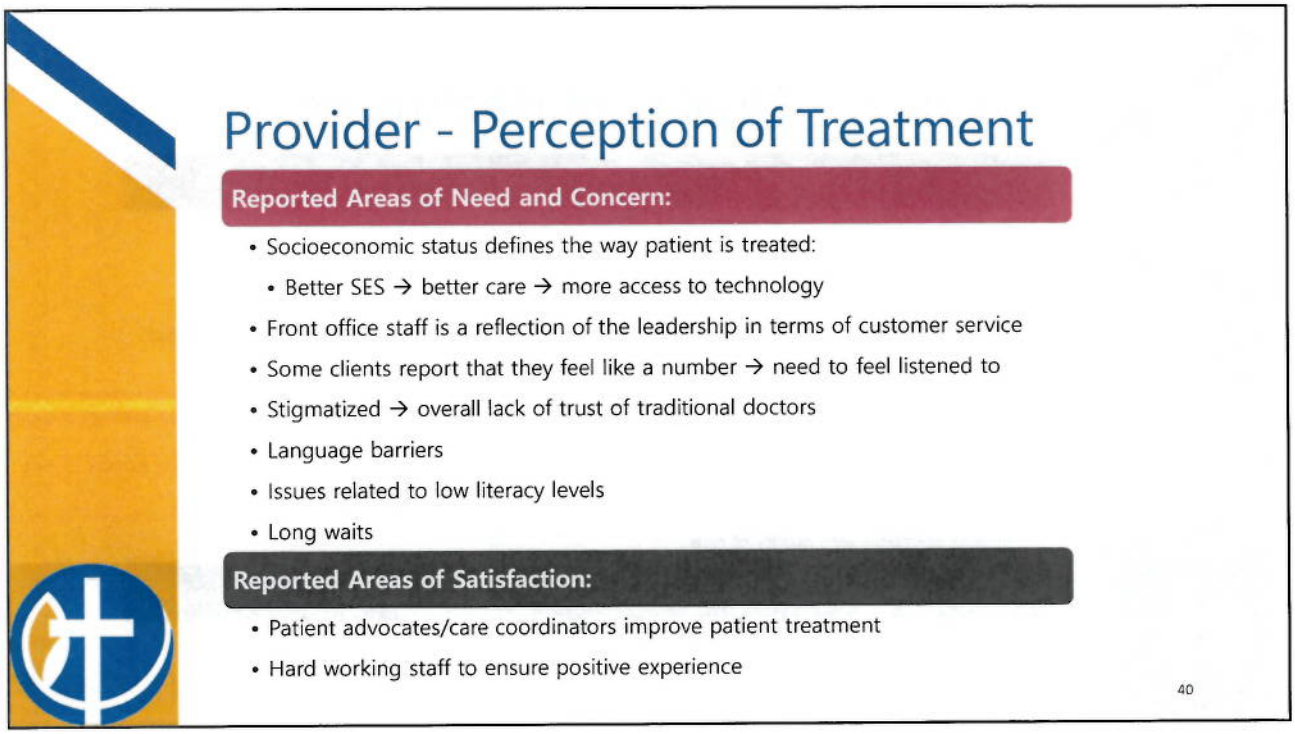
Provider - Perception of Treatment
Reported Areas of Need and Concern:
• Socioeconomic status defines the way patient is treated:
• Better SES → better care → more access to technology
• Front office staff is a reflection of the leadership in terms of customer service
• Some clients report that they feel like a number → need to feel listened to
• Stigmatized → overall lack of trust of traditional doctors
• Language barriers
• Issues related to low literacy levels
• Long waits
Reported Areas of Satisfaction:
• Patient advocates/care coordinators improve patient treatment
• Hard working staff to ensure positive experience
40

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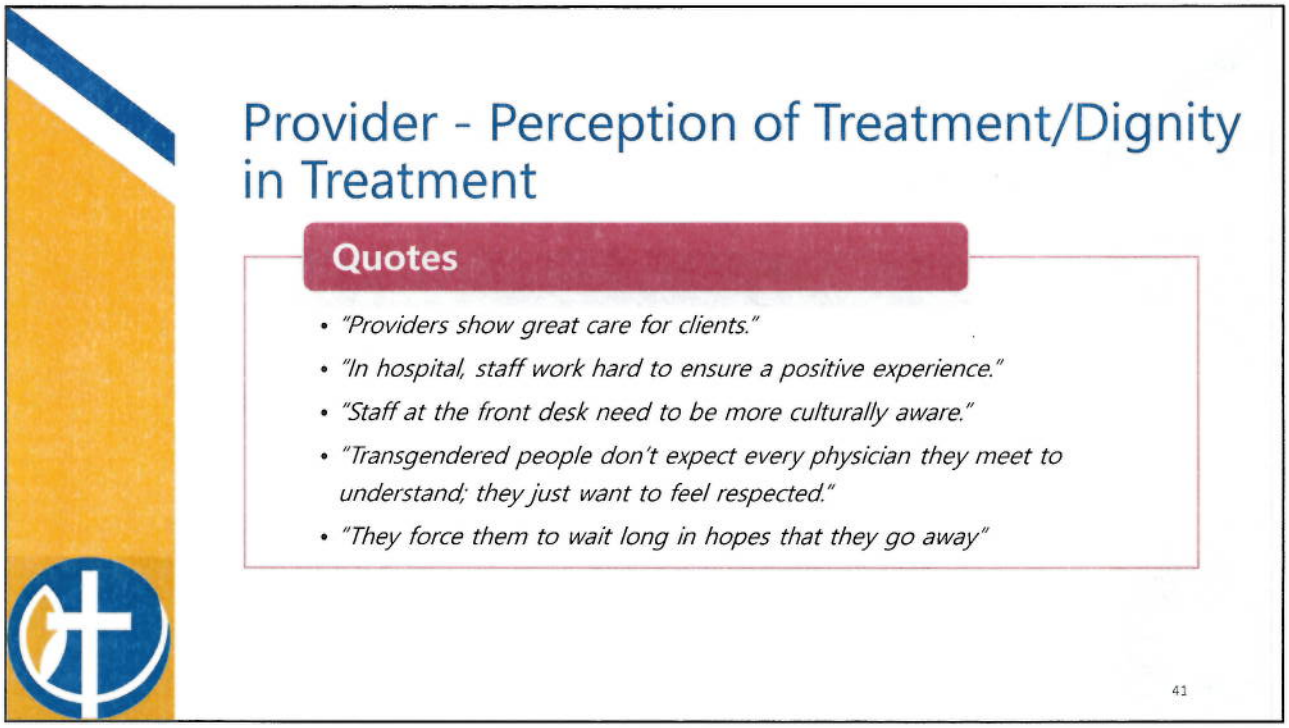
Provider - Perception of Treatment/Dignity in Treatment
Quotes
• "Providers show great care for clients."
• "In hospital, staff work hard to ensure a positive experience."
• "Staff at the front desk need to be more culturally aware."
• "Transgendered people don't expect every physician they meet to understand; they just want to feel respected."
• "They force them to wait long in hopes that they go away"
41

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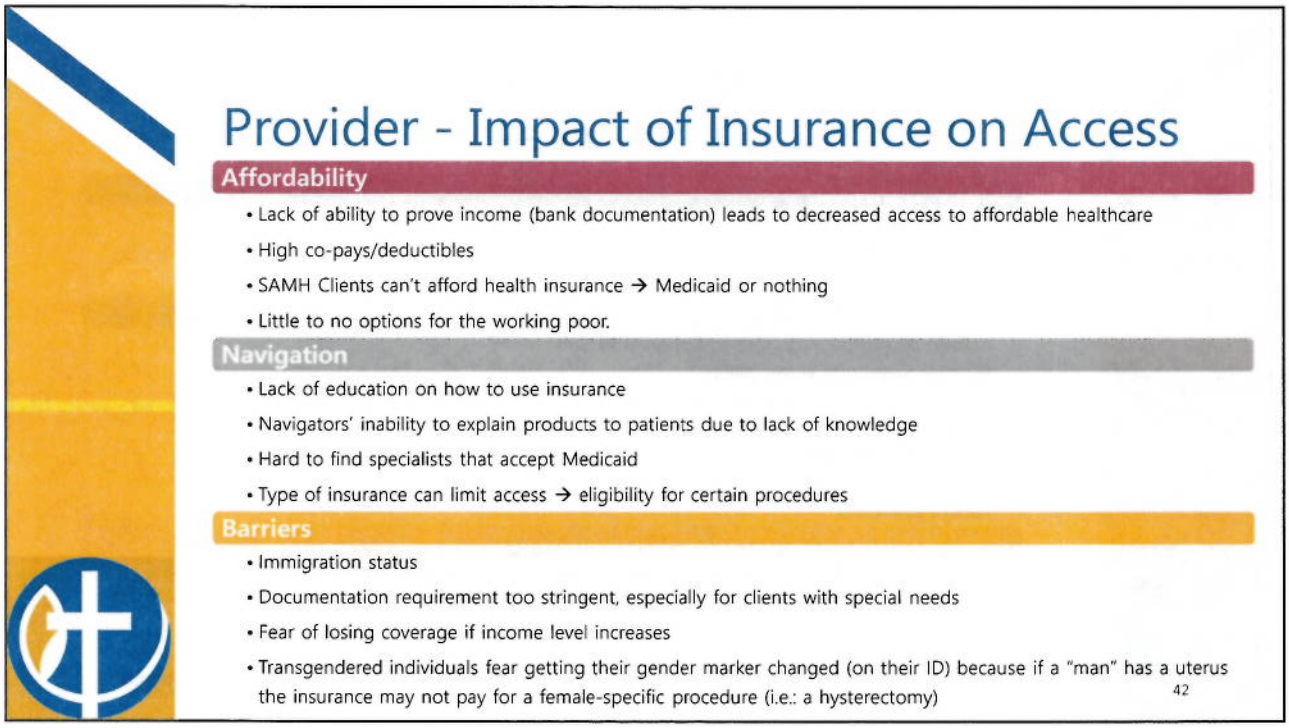
Provider - Impact of Insurance on Access
Affordability
• Lack of ability to prove income (bank documentation) leads to decreased access to affordable healthcare
• High co-pays/deductibles
• SAMH Clients can't afford health insurance → Medicaid or nothing
• Little to no options for the working poor.
Navigation
• Lack of education on how to use insurance
• Navigators' inability to explain products to patients due to lack of knowledge
• Hard to find specialists that accept Medicaid
• Type of insurance can limit access → eligibility for certain procedures
Barriers
• Immigration status
• Documentation requirement too stringent, especially for clients with special needs
• Fear of losing coverage if income level increases
• Transgendered individuals fear getting their gender marker changed (on their ID) because if a "man" has a uterus the insurance may not pay for a female-specific procedure (i.e.: a hysterectomy)
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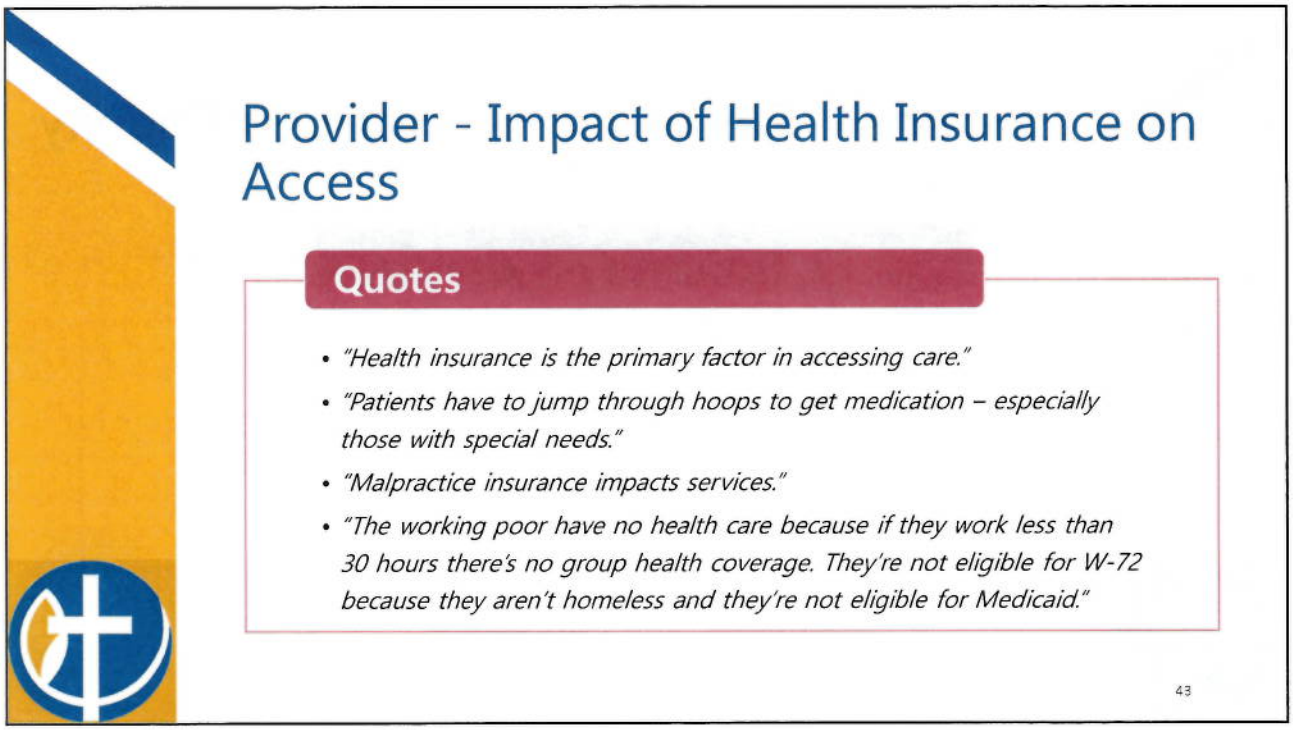
Provider - Impact of Health Insurance on Access
Quotes
• "Health insurance is the primary factor in accessing care."
• "Patients have to jump through hoops to get medication – especially those with special needs."
• "Malpractice insurance impacts services."
• "The working poor have no health care because if they work less than 30 hours there's no group health coverage. They're not eligible for W-72 because they aren't homeless and they're not eligible for Medicaid."
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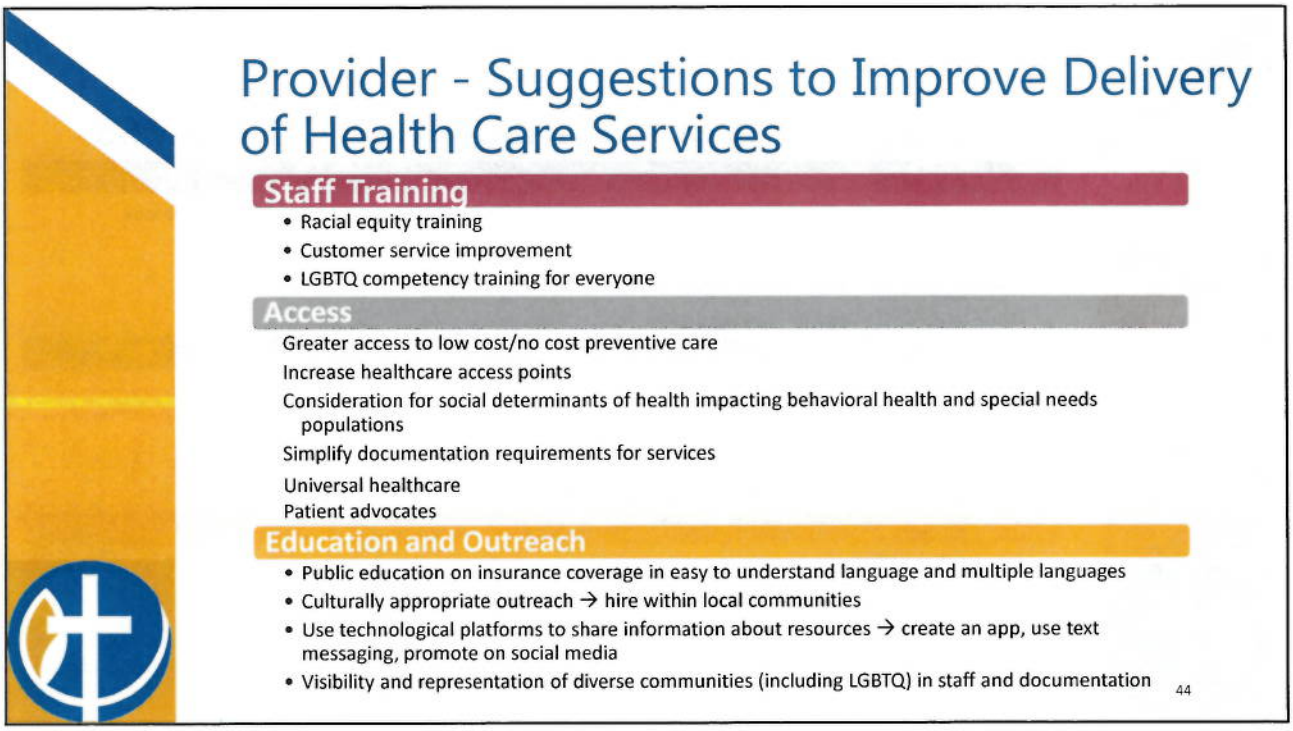
Provider - Suggestions to Improve Delivery of Health Care Services
Staff Training
• Racial equity training
• Customer service improvement
• LGBTQ competency training for everyone
Access
Greater access to low cost/no cost preventive care
Increase healthcare access points
Consideration for social determinants of health impacting behavioral health and special needs populations
Simplify documentation requirements for services
Universal healthcare
Patient advocates
Education and Outreach
• Public education on insurance coverage in easy to understand language and multiple languages
• Culturally appropriate outreach → hire within local communities
• Use technological platforms to share information about resources → create an app, use text messaging, promote on social media
• Visibility and representation of diverse communities (including LGBTQ) in staff and documentation
44

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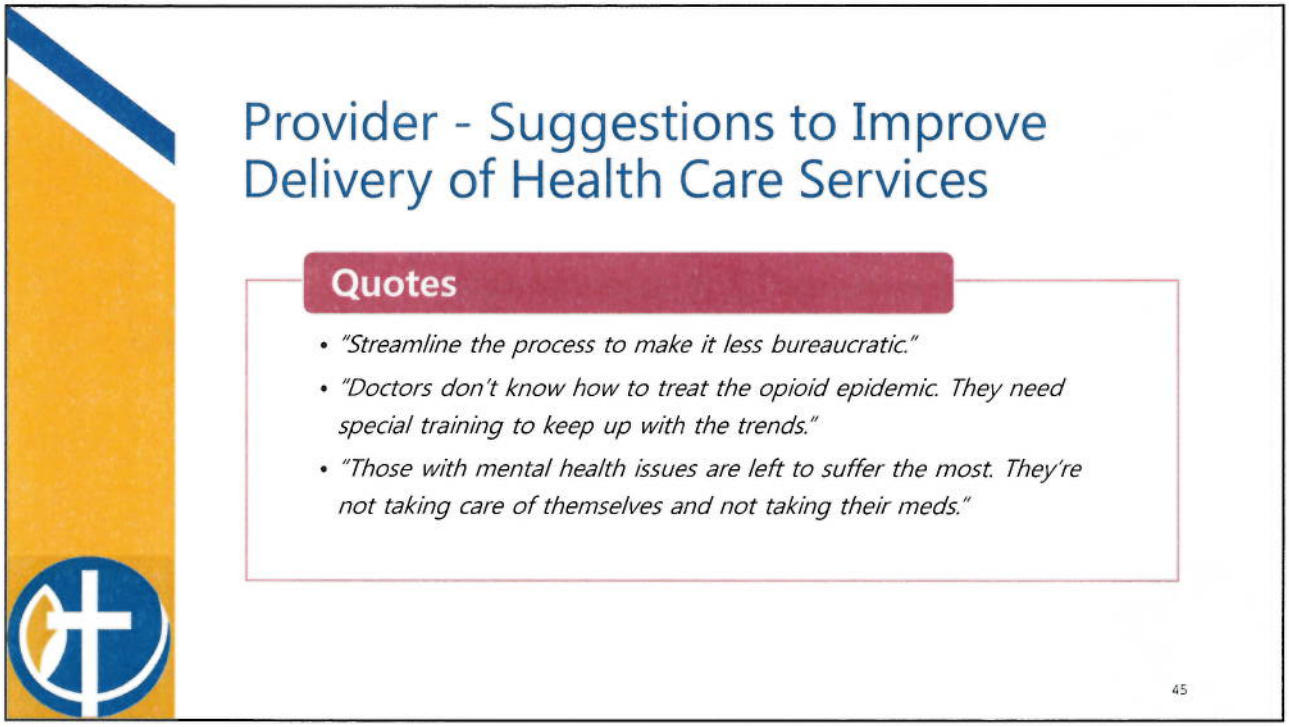
Provider - Suggestions to Improve Delivery of Health Care Services
Quotes
• "Streamline the process to make it less bureaucratic."
• "Doctors don't know how to treat the opioid epidemic. They need special training to keep up with the trends."
• "Those with mental health issues are left to suffer the most. They're not taking care of themselves and not taking their meds."
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Key Informant Interviews
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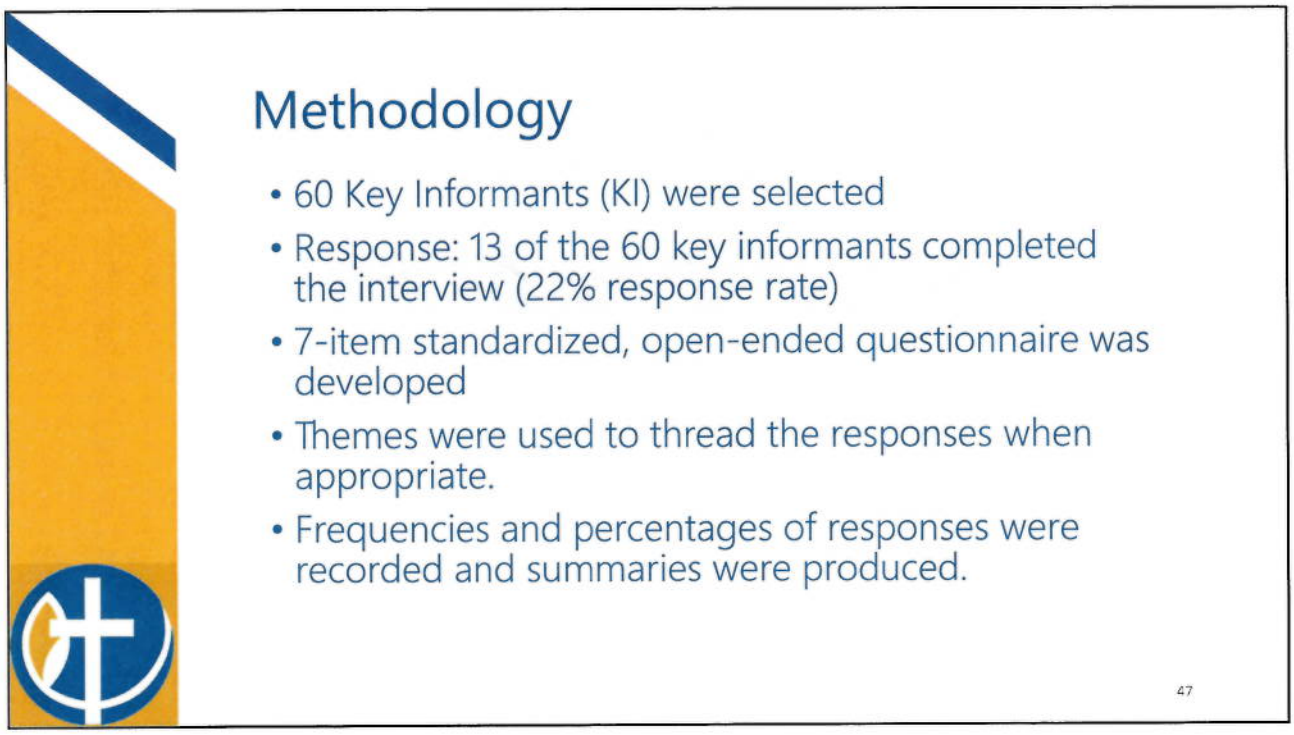
Methodology
• 60 Key Informants (KI) were selected
• Response: 13 of the 60 key informants completed the interview (22% response rate)
• 7-item standardized, open-ended questionnaire was developed
• Themes were used to thread the responses when appropriate.
• Frequencies and percentages of responses were recorded and summaries were produced.
47

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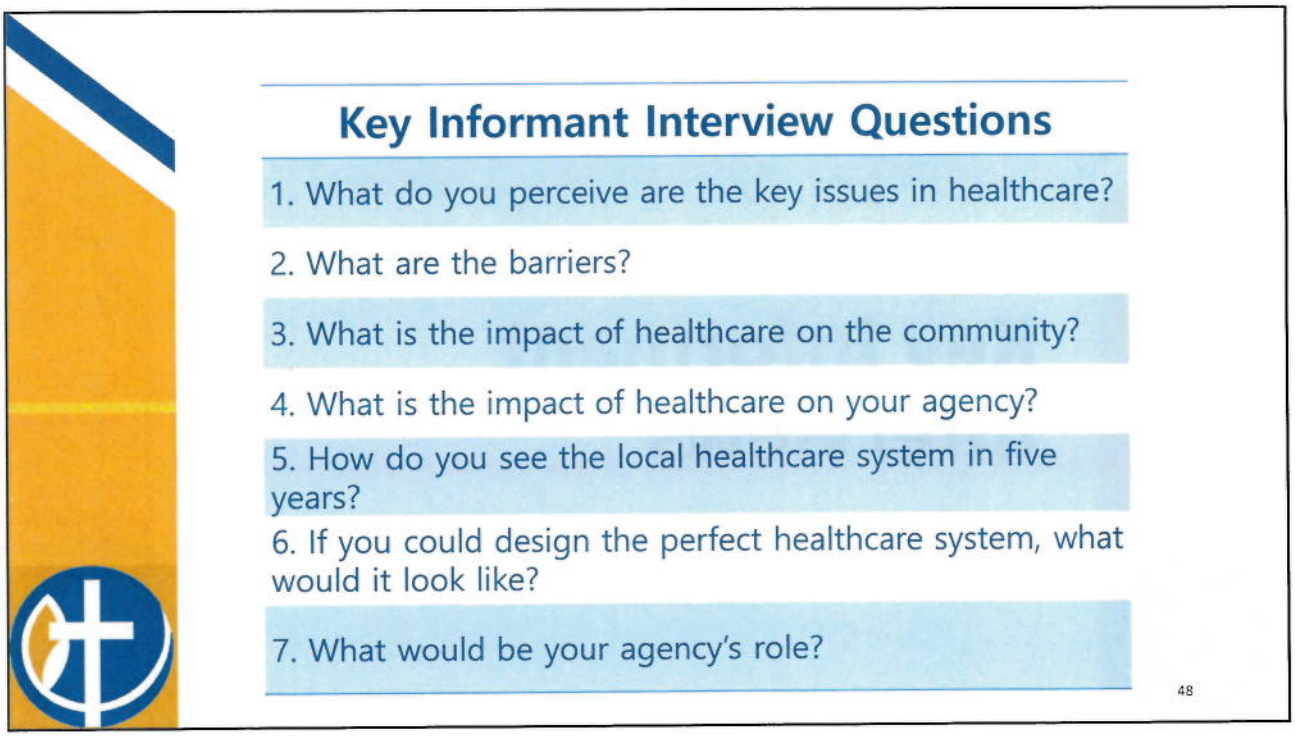
Key Informant Interview Questions
1. What do you perceive are the key issues in healthcare?
2. What are the barriers?
3. What is the impact of healthcare on the community?
4. What is the impact of healthcare on your agency?
5. How do you see the local healthcare system in five years?
6. If you could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

Value	Percent
Affordability	84.6%
Access to care	76.9%
Continuity of care	30.8%
Specialty care	15.4%
Lack of insurance coverage	69.2%
Other	15.4%

Health Disparities
dental care

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What are the barriers?

Value	Percent
Affordability	84.6%
Lack of Insurance coverage	69.2%
Lack of Availability/Access quality service or sites	46.2%
Access to information	46.2%
Funding availability	23.1%
Language	38.5%
Transportation	69.2%
Other	7.7%

Fear / Lack of trust in the system

50

50

What is the impact of healthcare on the community?

Value	Percent
Increase or decrease productivity	38.5%
Increase or decrease quality of life and well-being	92.3%
Reduce the burden of the uninsured	30.8%
Educate the community about health and wellness	69.2%
Reduce the burden of disease	76.9%

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What is the impact of healthcare on your agency?

Value	Percent
Healthcare funding	46.2%
Agency sustainability	38.5%
Provision of employee healthcare insurance	38.5%
Other	23.1%

Accessing and providing information on healthcare to the participants (adults and children) who are served by Women In Distress

Helping to connect clients who are undocumented is very challenging.

No direct impact

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The Health Care System in 5 Years

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

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The Ideal Health Care System

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

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Agency's Role

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

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Themes Across Qualitative Study

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

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Data Recap
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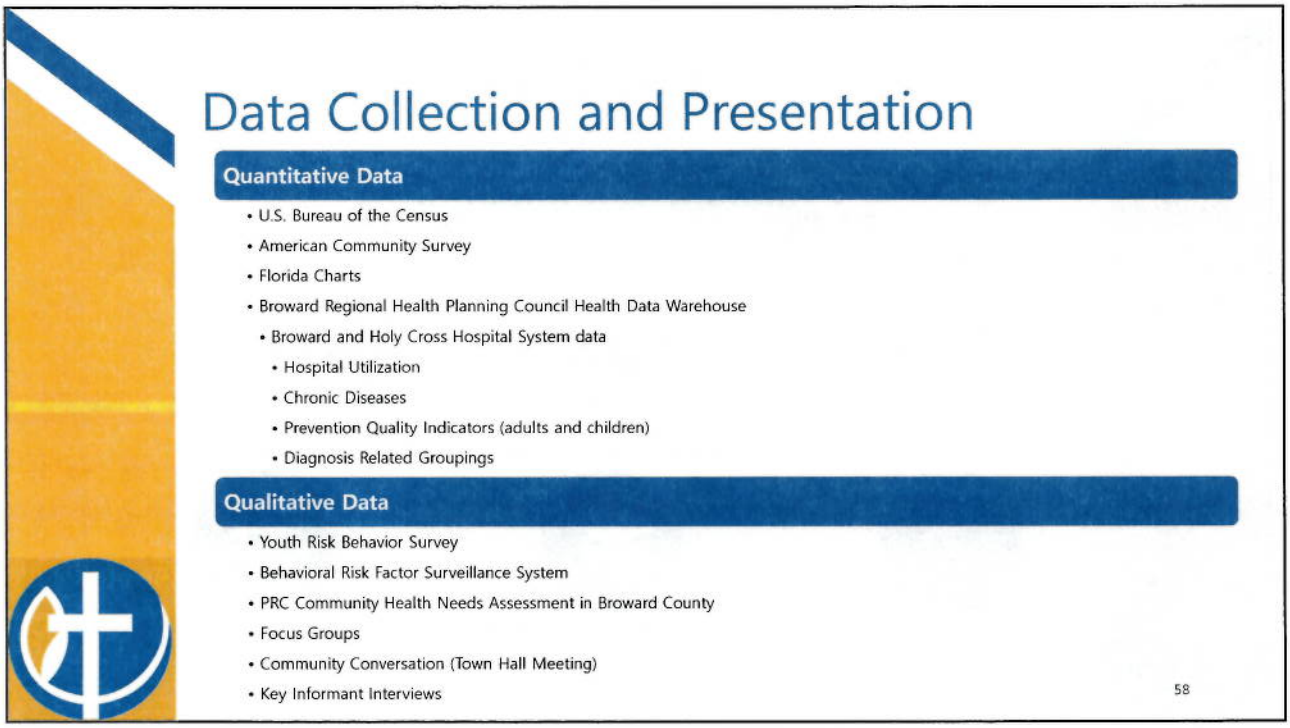
Data Collection and Presentation
Quantitative Data
• U.S. Bureau of the Census
• American Community Survey
• Florida Charts
• Broward Regional Health Planning Council Health Data Warehouse
• Broward and Holy Cross Hospital System data
• Hospital Utilization
• Chronic Diseases
• Prevention Quality Indicators (adults and children)
• Diagnosis Related Groupings
Qualitative Data
• Youth Risk Behavior Survey
• Behavioral Risk Factor Surveillance System
• PRC Community Health Needs Assessment in Broward County
• Focus Groups
• Community Conversation (Town Hall Meeting)
• Key Informant Interviews
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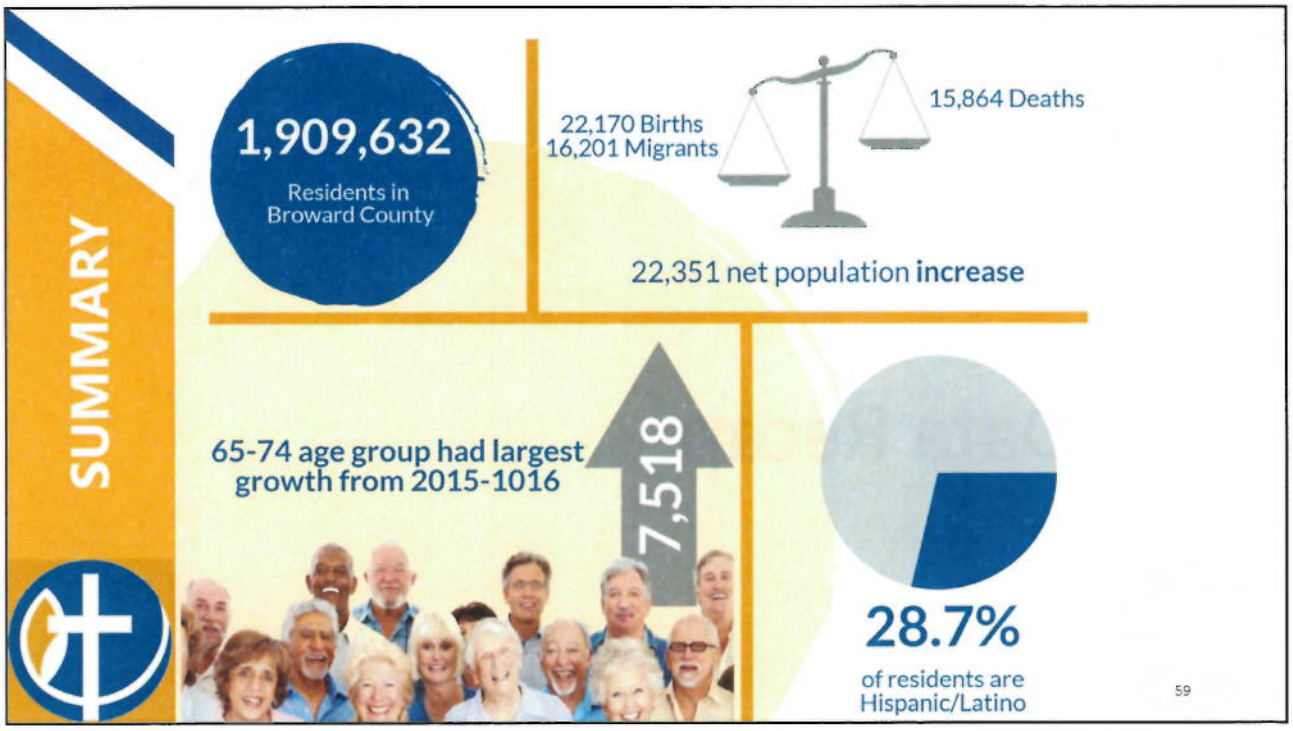
SUMMARY
1,909,632
Residents in Broward County
22,170 Births
16,201 Migrants
15,864 Deaths
22,351 net population increase
65-74 age group had largest growth from 2015-1016
7,518
28.7%
of residents are Hispanic/Latino
59

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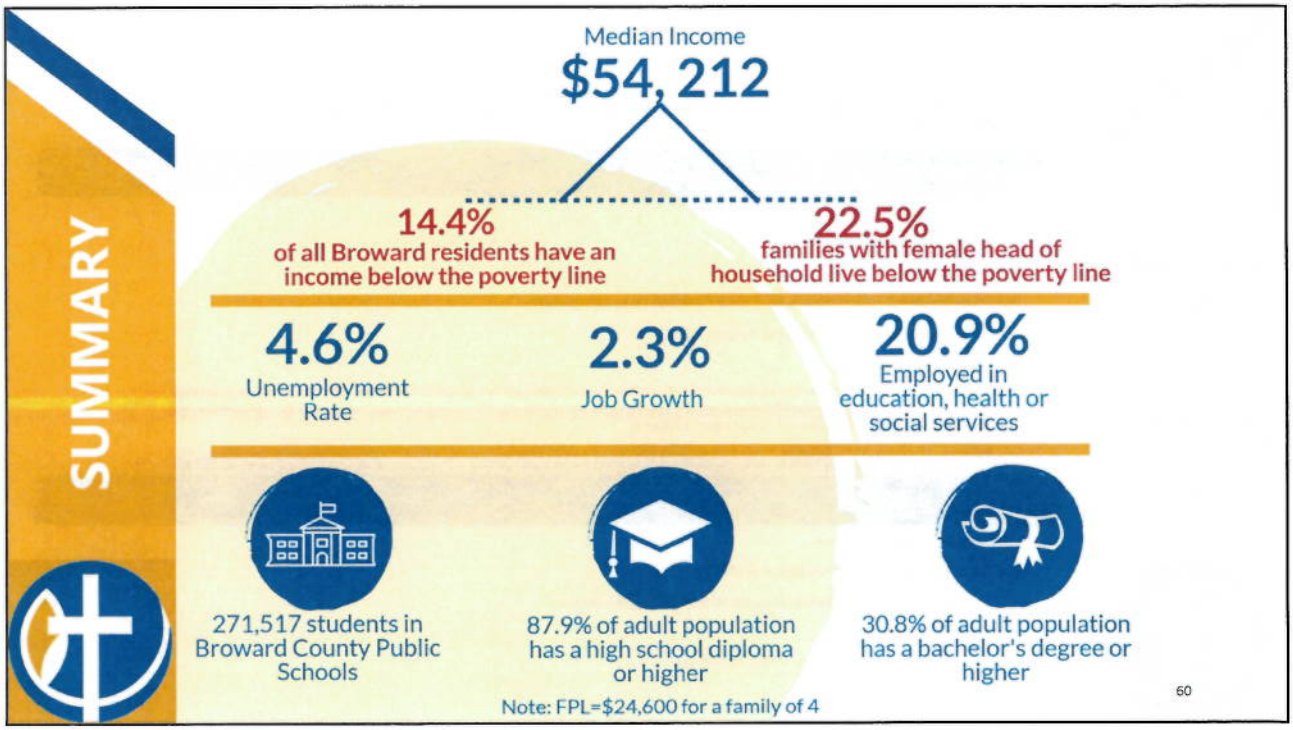
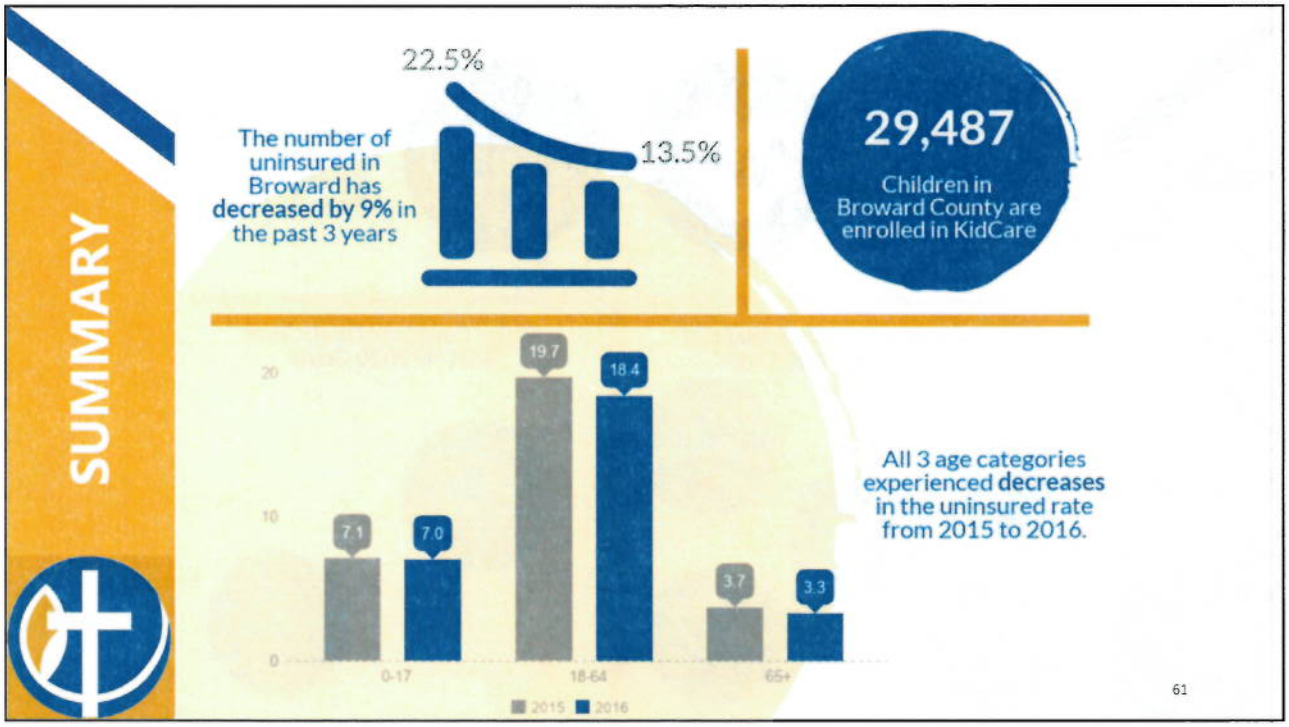
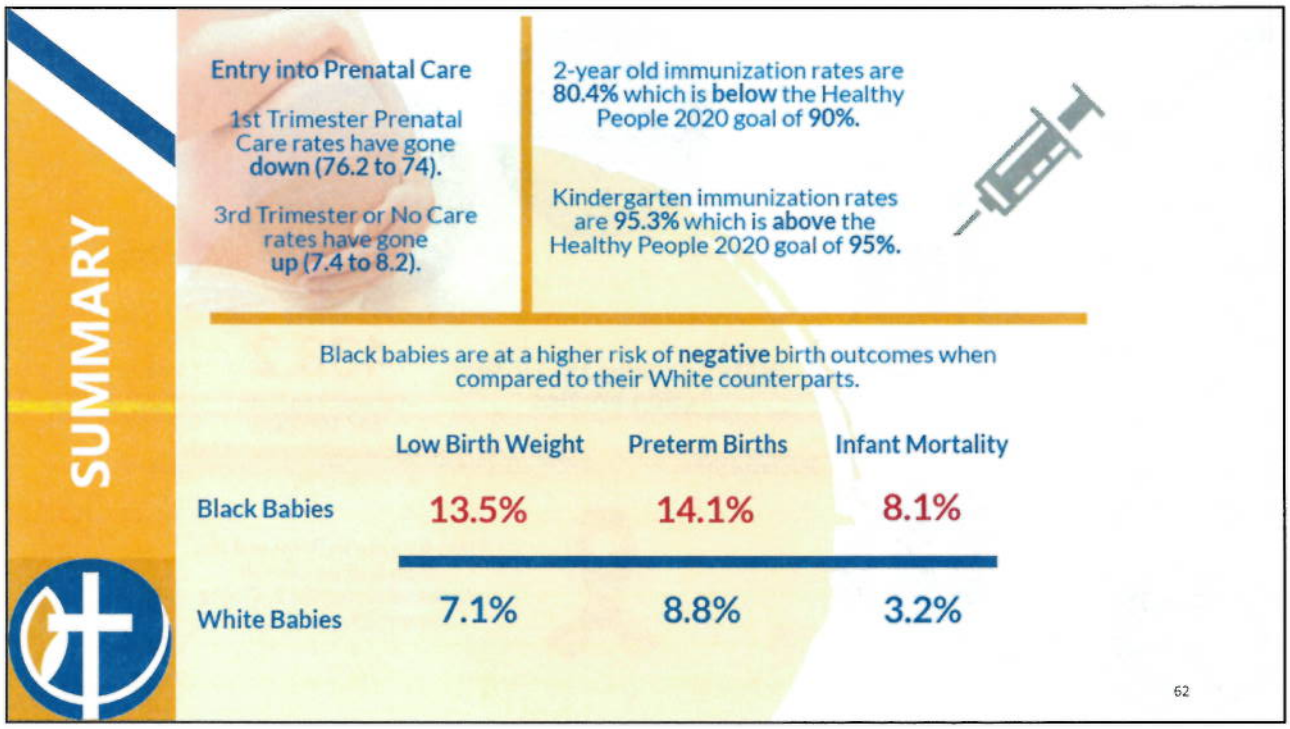

SUMMARY
Median Income
$54, 212
14.4%
of all Broward residents have an income below the poverty line
22.5%
families with female head of household live below the poverty line
4.6%
Unemployment Rate
2.3%
Job Growth
20.9%
Employed in education, health or social services
271,517 students in Broward County Public Schools
87.9% of adult population has a high school diploma or higher
30.8% of adult population has a bachelor's degree or higher
Note: FPL=$24,600 for a family of 4
60

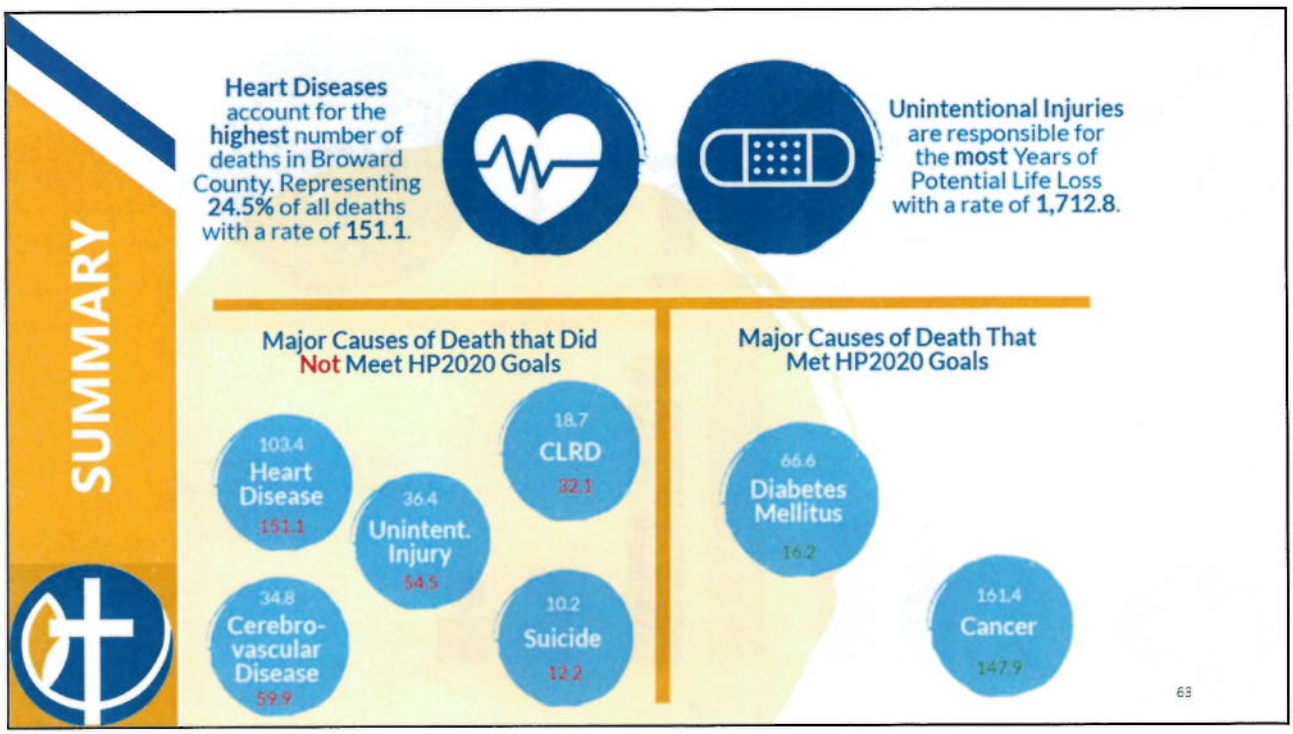
60


SUMMARY
22.5%
13.5%
The number of uninsured in Broward has decreased by 9% in the past 3 years
29,487
Children in Broward County are enrolled in KidCare
20
10
0
19.7
18.4
7.1
7.0
3.7
3.3
0-17
18-64
65+
2015
2016
All 3 age categories experienced decreases in the uninsured rate from 2015 to 2016.
61

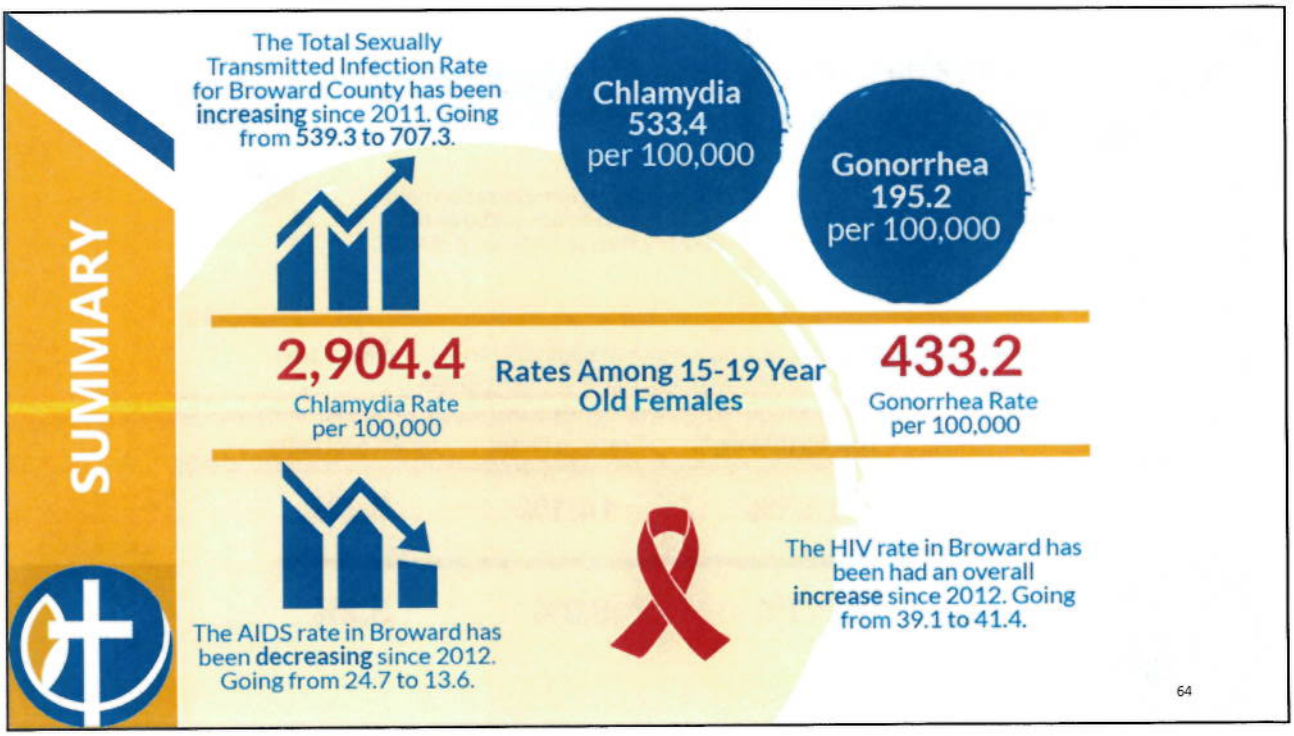
61


SUMMARY
Entry into Prenatal Care
1st Trimester Prenatal Care rates have gone down (76.2 to 74).
3rd Trimester or No Care rates have gone up (7.4 to 8.2).
2-year old immunization rates are 80.4% which is below the Healthy People 2020 goal of 90%.
Kindergarten immunization rates are 95.3% which is above the Healthy People 2020 goal of 95%.
Black babies are at a higher risk of negative birth outcomes when compared to their White counterparts.
Low Birth Weight
Preterm Births
Infant Mortality
Black Babies
13.5%
14.1%
8.1%
White Babies
7.1%
8.8%
3.2%
62

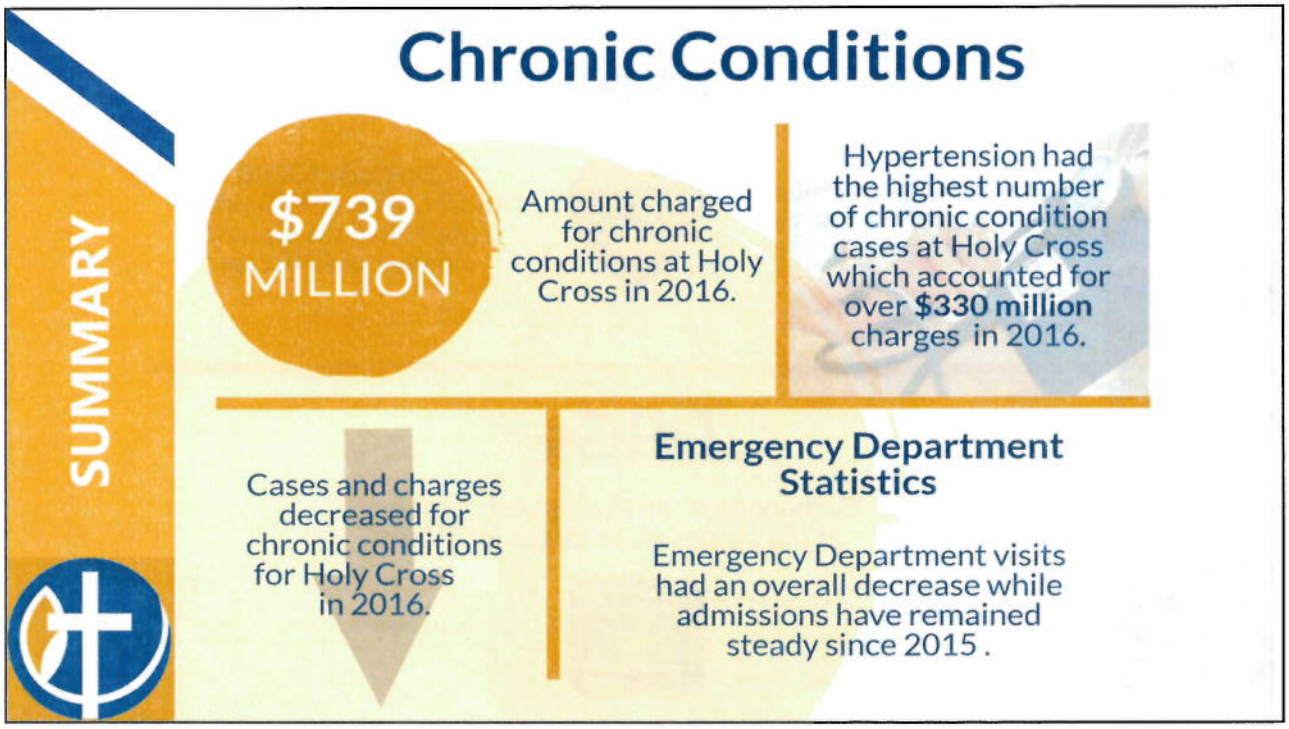
62


SUMMARY
Heart Diseases account for the highest number of deaths in Broward County. Representing 24.5% of all deaths with a rate of 151.1.
Unintentional Injuries are responsible for the most Years of Potential Life Loss with a rate of 1,712.8.
Major Causes of Death that Did Not Meet HP2020 Goals
Major Causes of Death That Met HP2020 Goals
103.4 Heart Disease 151.1
36.4 Unintent. Injury 54.5
34.8 Cerebro-vascular Disease 59.9
18.7 CLRD 32.1
10.2 Suicide 12.2
66.6 Diabetes Mellitus 16.2
161.4 Cancer 147.9
63

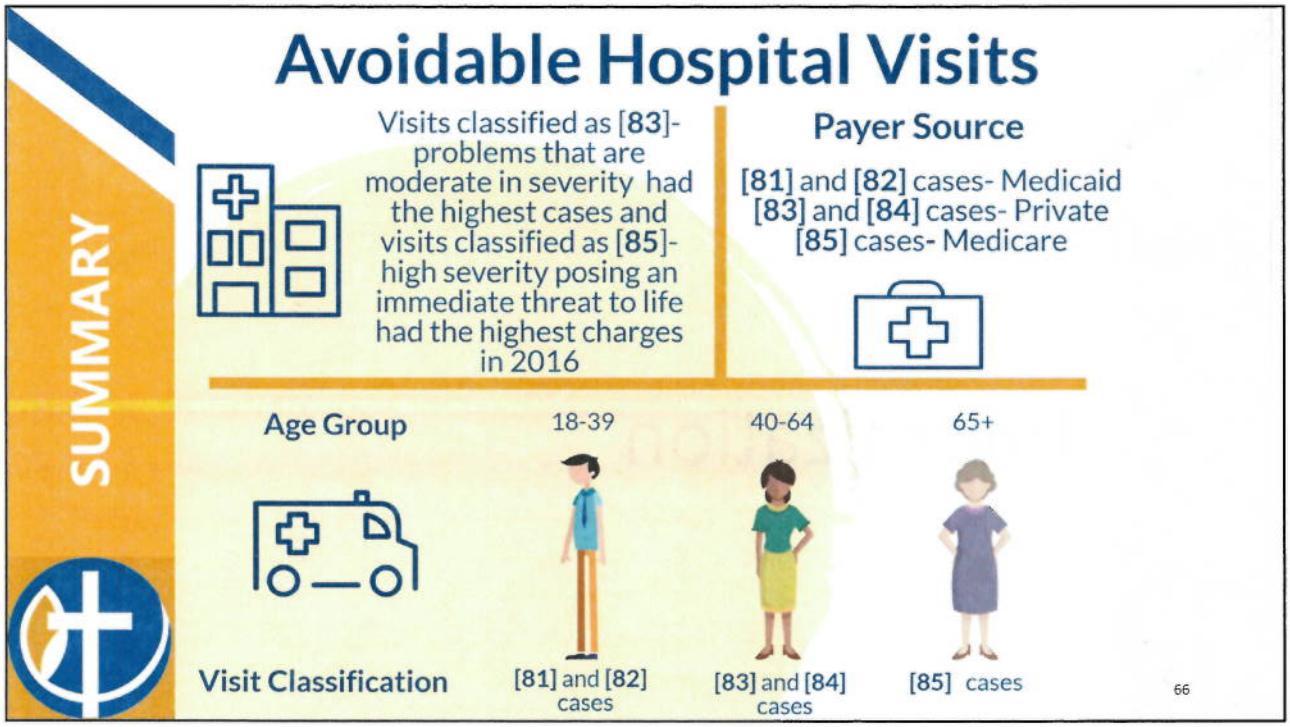
63


SUMMARY
The Total Sexually Transmitted Infection Rate for Broward County has been increasing since 2011. Going from 539.3 to 707.3.
Chlamydia 533.4 per 100,000
Gonorrhea 195.2 per 100,000
2,904.4 Chlamydia Rate per 100,000
Rates Among 15-19 Year Old Females
433.2 Gonorrhea Rate per 100,000
The AIDS rate in Broward has been decreasing since 2012. Going from 24.7 to 13.6.
The HIV rate in Broward has been had an overall increase since 2012. Going from 39.1 to 41.4.
64

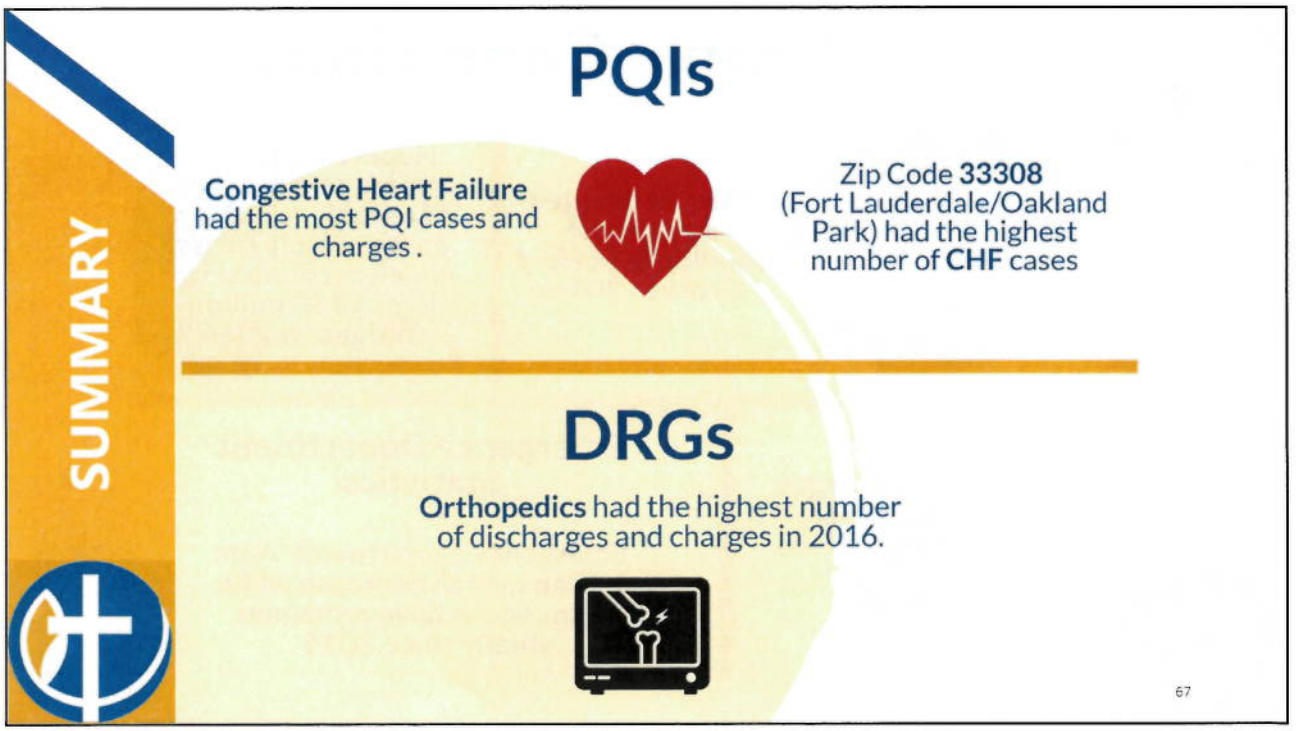
64


Chronic Conditions
SUMMARY
$739 MILLION
Amount charged for chronic conditions at Holy Cross in 2016.
Hypertension had the highest number of chronic condition cases at Holy Cross which accounted for over $330 million charges in 2016.
Cases and charges decreased for chronic conditions for Holy Cross in 2016.
Emergency Department Statistics
Emergency Department visits had an overall decrease while admissions have remained steady since 2015 .

65


Avoidable Hospital Visits
SUMMARY
Visits classified as [83]- problems that are moderate in severity had the highest cases and visits classified as [85]- high severity posing an immediate threat to life had the highest charges in 2016
Payer Source
[81] and [82] cases- Medicaid
[83] and [84] cases- Private
[85] cases- Medicare
Age Group
18-39
40-64
65+
Visit Classification
[81] and [82] cases
[83] and [84] cases
[85] cases
66

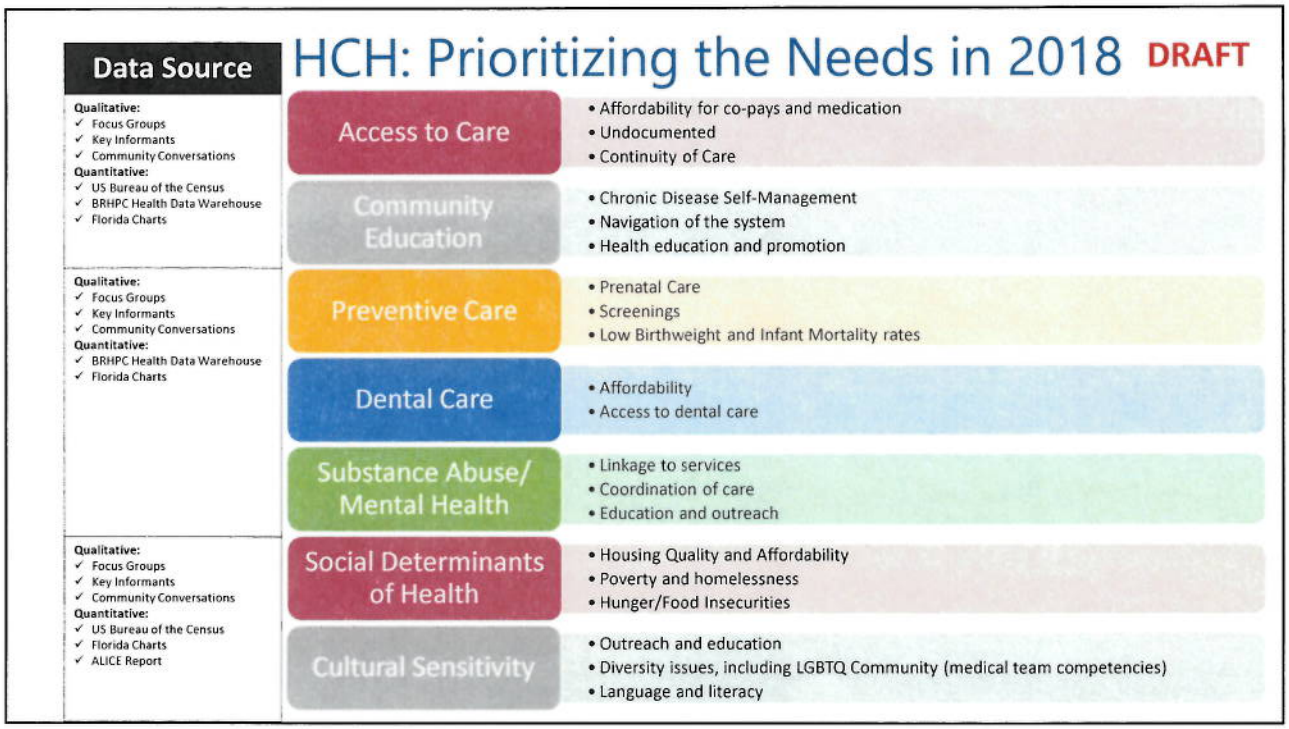
66


SUMMARY
PQIs
Congestive Heart Failure had the most PQI cases and charges .
Zip Code 33308 (Fort Lauderdale/Oakland Park) had the highest number of CHF cases
DRGs
Orthopedics had the highest number of discharges and charges in 2016.
67

67


Prioritization
68

68


Data Source
HCH: Prioritizing the Needs in 2018
DRAFT
Qualitative:
✓ Focus Groups
✓ Key Informants
✓ Community Conversations
Quantitative:
✓ US Bureau of the Census
✓ BRHPC Health Data Warehouse
✓ Florida Charts
Access to Care
• Affordability for co-pays and medication
• Undocumented
• Continuity of Care
Community Education
• Chronic Disease Self-Management
• Navigation of the system
• Health education and promotion
Qualitative:
✓ Focus Groups
✓ Key Informants
✓ Community Conversations
Quantitative:
✓ BRHPC Health Data Warehouse
✓ Florida Charts
Preventive Care
• Prenatal Care
• Screenings
• Low Birthweight and Infant Mortality rates
Dental Care
• Affordability
• Access to dental care
Substance Abuse/ Mental Health
• Linkage to services
• Coordination of care
• Education and outreach
Qualitative:
✓ Focus Groups
✓ Key Informants
✓ Community Conversations
Quantitative:
✓ US Bureau of the Census
✓ Florida Charts
✓ ALICE Report
Social Determinants of Health
• Housing Quality and Affordability
• Poverty and homelessness
• Hunger/Food Insecurities
Cultural Sensitivity
• Outreach and education
• Diversity issues, including LGBTQ Community (medical team competencies)
• Language and literacy

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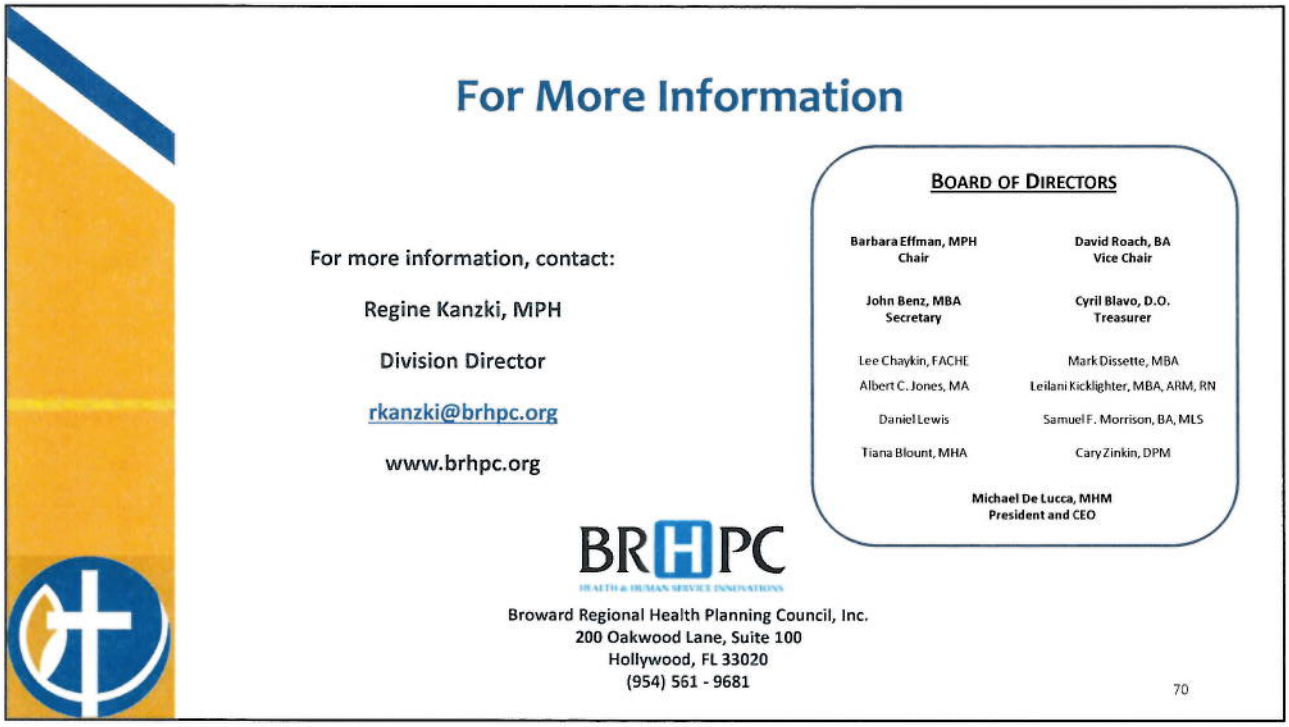
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HANDOUT D

Needs Assessments - Master List

HIV-Specific Broward County Needs Assessments & Information

- ✓ Part A (Handout B)
- Part B – November 5, 2020
- Part C
- Part D
- Part F
- HOPWA
- FQHCs
- Ending the HIV Epidemic – November 5, 2020

Countywide Needs Assessments & Information

- ✓ Hospital Systems (Handouts C1-C3)
  - ✓ Broward Health
  - ✓ Holy Cross
  - ✓ Memorial Healthcare System
- ✓ Florida Department of Health epidemiologic data (Handout B)
- Medical Monitoring Project