Memorial Healthcare System

COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary Report

June 2024

www.mhs.net

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Tables and Figures

MHS CHNA Community Advisory Group Members

211 Broward
Billie Morgan, Senior Director of Community Engagement & Impact

Area Agency on Aging in Broward County
Charlotte Mathers-Taylor, CEO
Shirley Snipes, Planning Director

Broward Behavioral Health Coalition
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Caren Longsworth, Director of Quality Improvement
Eleanor Weekes, Director of Prevention & Intervention Services

Broward County Public Schools
Lori Caning, Executive Director

Center for Hearing and Communication
Tracy Perez, Regional Executive Director

ChildNet
Kenia Allen, Director of Children's Wellbeing
Neiko Shea, Chief of Staff

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Sue Gallagher, Chief Innovation Officer

Community Access Center
Magaly Prezeau, CEO

Community Care Plan
Amy Pont, Director of Community Health

Community Foundation of Broward
Cassandra Burrell, Director of Community Impact

Coordinating Council of Broward
Sandra Veszi Einhorn, Executive Director

Dept. of Children and Families
Traci Schweitzer, Circuit Community Development Administrator
Norma Wagner, System of Care Manager

Family Network on Disabilities
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Harmony Development Center
Cynthia Moreno, CEO

Health Foundation of South Florida
Loreen Chant, CEO

Healthy Start Coalition of Broward County
Monica Figueroa King, CEO
Marta Gutierrez, Director of Coordinated Intake and Referral

Legal Aid of Broward County
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Walter Honaman, Supervising Attorney
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Journey Institute/FL Assoc of Infant Mental Health
Dr. Harleen Hutchinson, Executive Director

United Way of Broward County
Aisha McDonald - Director of Training Initiatives

MHS CHNA Community Advisory Group Participants

<u>MHS CHNA Liaison:</u> Tim Curtin, Vice President of Community Services
Adara Adams - Value-Based Care Program Manager
Melida Akiti- Vice President and Chief Community Officer
Nicole Almeida - Value-Based Care Program Manager
Dionne Blackwood - Vice President - Memorial Primary Care and Ambulatory Services
Marilyn Camerota – Senior Director, Community Services
Maria Dominguez - Grants and Compliance Manager, Behavioral Health
Carlette Doqueluche - Supervisor - Primary Care Registration
Milin Espino - Senior Director - Community Relations
Maria Gidley - Business Development and Physician Relations Director
Christine Heft - Senior Director - Grant Programs
Emilio Montanez - Consultant - Belonging and Equity
Vanessa Nazario - Senior Director and Chief Belonging and Equity Officer
Josh Plantz - Community Services Director
Melina Rodriguez - Program Manager - Behavioral Health
Tammy Scott Reese - Director - Care Management and Population Health Management
Rebekah Rice - Senior Specialist - Grants Development
Kimisha Smith - Controller - Finance
Dr. Tammy Tucker – Vice President, Behavioral Health
Lisa Yalcut - Manager - Grants Development

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Danielle Liao, MPH, Clinical Quality Management Health Planner
Emily Chandler, MPH, Intern
Max Loyello, Health Planning Assistant
Anthony Olivieri, BRHPC Consultant

Key Informants*: Coordinating Council of Broward Members

Chair: Senator Nan Rich, Broward County Board of Commissioners
Aging and Disability Resource: Center Charlotte Mather-Taylor, CEO
Broward 211: Sheila Smith, CEO
Broward Behavioral Health Coalition: Silvia Quintana, CEO
Broward College: Isabel Gonzalez, Chief of Staff; Vice President
Broward County: Kimm Campbell, Broward County Deputy County Administrator
Broward Health: Shane Strum, CEO
Broward Regional Health Planning Council: Michael De Lucca, President and CEO
Broward Workshop: Kareen Boutros, Executive Director
Career Source: Broward Carol Hylton, President
ChildNet: Larry Rein, President and CEO
Children's Services Council: Cindy Arenberg Seltzer, President and CEO
Community Care Plan: Jessica Lerner, President and CEO
Community Foundation of Broward: Jennifer O'Flannery Anderson, President and CEO
Department of Children & Families: Dawn Liberta, Community Development Administrator
Department of Health: Dr. Paula Thaqi, Broward Director
Early Learning Coalition of Broward: Renee Jaffe, President and CEO
Greater Fort Laud. Alliance/Prosperity Partnership: Joseph Hovancak, Executive Director
Health Foundation of South Florida: Loreen Chant, CEO
Henderson Behavioral Health: Dr. Steven Ronik, President and CEO
Jewish Federation of Broward County: Evan Goldman, Executive Director, Public Affairs
Memorial Healthcare System: Tim Curtin, Vice President of Community Services
School Board of Broward County: John J. Sullivan, Chief Comms Officer/Legislative Affairs
South Florida Regional Planning Council: Isabel Cosio Carballo, CEO
United Way of Broward County: Kathleen Cannon, CEO

The Key Informant Survey was distributed to all members of the Coordinating Council of Broward. However, due to the survey's anonymity, it is not possible to identify which members participated.

Executive Summary

Broward County, home to nearly two million residents, ranks as the second most populated county in Florida and stands out for its diversity. A community-based needs assessment is crucial for the hospital system to identify and address specific healthcare needs of its residents. The main objectives of the Community Health Needs Assessment (CHNA) are:

- Enhancing the health status of Broward County residents.
- Addressing socioeconomic factors that adversely affect community health.
- Increasing access to preventive healthcare services, particularly among at-risk populations.

According to IRS Regulations under Section 501(r)(3)(A), nonprofit hospital organizations are mandated to conduct a CHNA as part of their strategic planning. This process involves defining the community, assessing healthcare needs, gathering and analyzing input from community stakeholders, and publishing a CHNA report. Memorial Healthcare System (MHS) has embraced the CHNA to effectively address local healthcare needs.

Through the CHNA process, MHS aligns with Joint Commission Standards, ensuring that community needs steer service delivery and enabling enhancements in programs aimed at vulnerable populations. A CHNA Advisory Council was established to:

- Guide the assessment process.
- Serve as a sounding board and aid in obtaining community input.
- Collaborate with the Planning Team to evaluate health issues and priorities post-assessment.
- Engage in ongoing collaborative action planning.

The MHS CHNA process encompassed several key activities, including defining the community, collecting quantitative and qualitative data, soliciting stakeholder input, identifying unmet needs, documenting existing resources, prioritizing needs, drafting the CHNA report, and developing an implementation plan. Meetings for the CHNA process were conducted both in person and virtually.

At the onset of the process, leadership from Memorial Healthcare System and Broward Regional Health Planning Council briefed Advisory Council members on the importance of the CHNA and provided a comprehensive overview of Broward County's demographics. Data presented during CHNA meetings were sourced primarily from the U.S. Census American Community Surveys, Florida CHARTS database, and BRHPC Health Data Warehouse.

From January 2024 to May 2024, the MHS CHNA Advisory Council was comprised of community advocates, partners, and health & human services funders. Members rigorously analyzed quantitative and qualitative research, key informant interviews, community discussions, conducted extensive data reviews, and provider and community focus groups. These efforts aimed to identify and prioritize community health needs within MHS's service area, focusing on access to care, community health education, healthy lifestyle and wellness, and health-related social needs.

Prioritization of Community Needs

During the MHS CHNA process, four main categories of needs emerged from qualitative and quantitative data discussed in the initial four CHNA meetings. In the final Advisory Council meeting held in May 2024, members ranked community priorities through a survey, assigning scores ranging from one to four, where one denoted the highest priority and four the lowest. The results showed that "Access to Care" was identified as the top priority, receiving a score of 56. Following closely were "Health-Related Social Needs" with a score of 47, and "Community Health Education" with a score of 40. "Healthy Lifestyle and Wellness" was ranked as the least priority, receiving a score of 28.

Figure 1 Community Priorities Overview

Access to Care	Community Health Education	Healthy Lifestyles & Wellness	Health Related Social Needs
• Improve access to: • Maternal & infant health • Behavioral health • Primary care	• Improve overall quality of life by promoting chronic disease self-care management • Increase health education to older adult population • Improve preventative health screenings through education	• Promote health & wellness activities & programs • Promote exercise & fitness • Promote nutrition & heathy eating	• Improve health literacy • Increase social needs assessments & referrals • Increase community programs & partnerships

Figure 2: Community Priorities Ranking Breakdown

1. Please rank the priority of each of the categories below with one (1) as the highest priority and four (4) as the lowest priority.

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Access to Care	1		55	17
Health Related Social Needs	2		47	17
Community Health Education	3		40	17
Healthy Lifestyles and Wellness	4		28	17

Lowest Rank — Highest Rank

Source: BRHPC Alchemer Survey Database

Table 1 Advisory Committee Presentation Timeline

January **Quantitative Data Part 1**	• Define the Community • Demographics • Immigration/Migration • Education • Employment • Income, Housing & Poverty • Public Assistance
February **Quantitative Data Part 2**	• Social & Economic Conditions Impacting Health • Maternal, Infant & Child Health • Youth Risk Behaviors • Adult Health • Leading Causes of Death MHS Quantitative Data: • Chronic Conditions • Prevention Quality Indicators (PQIs) • Hospital Utilization
March **Quantitative Follow-Up** **Qualitative Data Part 1**	Quantitative Follow-Up: • Broward County Migration • Birth Data • Self-Inflicted Injury & Baker Act Qualitative Data: • Key Informant Survey Analysis • BRHPC Broward CHNA Survey, 2023 • Broward Community Focus Groups
April **Qualitative Data Part 2**	• Broward Community Focus Groups • 2021 CHNA Results • MHS Community Services
May **Ranking of Community** **Needs**	• Key Data Summary • Rank Community Needs

Broward County Level Quantitative Data

MHS Community Service Area

Memorial Healthcare Systems operates five facilities in Broward County, collectively serving an estimated 63% of the county's population. The primary service area (PSA) of MHS encompasses 17 southern Broward County zip codes, providing healthcare services to 38%

(747,169 residents) of Broward County residents. MHS's Secondary Service Area (SSA) includes 13 additional zip codes, covering another 25% (480,716 residents) of the county's population. The remaining 37% (713,022 residents) of Broward County's residents live outside MHS's service areas, known as the Non-Service Area (NSA).

MHS's service areas cover some of the most densely populated zip codes in the county. Within the PSA, Hispanics constitute the largest minority group served, while poverty rates are highest

Figure 3: MHS Community Service Area Density

among the Black population. The PSA of MHS shows lower percentages of Blacks and Hispanics living in poverty compared to the NSA. Specifically, the NSA has a higher percentage of impoverished Black residents at 19.4%, compared to the overall Broward County rate of 16.6%.

Table 2: Population by MHS Primary and Secondary Service Areas, Broward 2022

Geographical Area	Population	% of Population	Zip Codes
Broward County Population	1,947,026	100%	--
Broward by Zip Code	1,940,907	99.7%	--
MHS Primary Service Area	747,169	38.0%	17
MHS Secondary Service Area	480,716	25.0%	13
MHS Non-Service Area	713,022	37.0%	23

Source: American Community Surveys, 2022: ZCTA level averages. Density is based on the area of the zip code, which does not exclude water bodies.

Table 3: Percent of Population Identifying as Black or Hispanic, Broward 2022

Geographic Area	Black	Hispanic
Primary Service Area	20.5%	39.7%
Secondary Service Area	28.9%	33.5%
Non-Service Area	19.9%	22.4%
Broward County	28.4%	31.5%
Source: American Community Surveys: 2022: ZCTA level averages within the service areas		

Table 4: Percent of Residents Living in Poverty, Broward 2022

Geographic Area	Overall	Black	Hispanic
Primary Service Area	12.0%	13.6%	11.8%
Secondary Service Area	10.7%	11.7%	10.9%
Non-Service Area	11.4%	19.4%	12.7%
Broward County	12.4%	16.6%	12.4%
Source: American Community Surveys: 2022: ZCTA level averages within the service areas			

Population by Race

Three racial groups constitute the majority of Broward County's population. White-identifying community members hold the largest percentage at 37.3%, followed by Black or African American individuals at 27.9%, and 24.5% identifying as two or more races. The remaining 10.3% of the population consists of various other racial identities, including Asian, American Indian or Alaska Native, Native Hawaiian, and other Pacific Islanders, or those who identify with other racial backgrounds.

Figure 4: Broward Population by Race, 2022

	White	Black/African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Other Race	2+ Races
■	37.3%	27.9%	0.2%	3.7%	0.1%	6.3%	24.5%
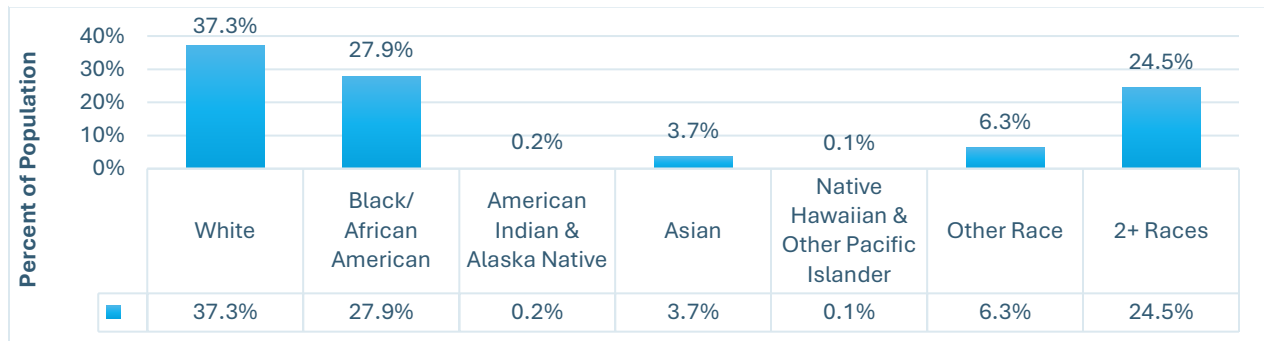
Source: U.S. Bureau of the Census, American Community Surveys, 2022

Population by Age

 In 2022, a significant majority of Broward County residents, totaling 776,501 individuals, fell within the age range of 25 to 54 years, constituting 40% of Broward's total population. Over

the past decade, there has been a notable increase in the population of Broward County residents aged 25 to 34 and 35 to 44 years. Concurrently, Broward County has also seen a significant increase in its elderly population. From 2010 to 2022, there was a 56.83% increase in the proportion of residents aged 65 to 74 and a 38.42% increase in residents aged 75 to 84.

Figure 5: Broward Population by Age Group, 2010 vs. 2022

	>5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
2010	103,256	104,071	112,207	114,200	105,377	224,479	251,425	277,040	207,181	125,353	82,545	41,526
2022	104,510	107,377	116,685	110,302	111,527	250,880	265,618	260,003	136,336	196,435	114,255	42,116
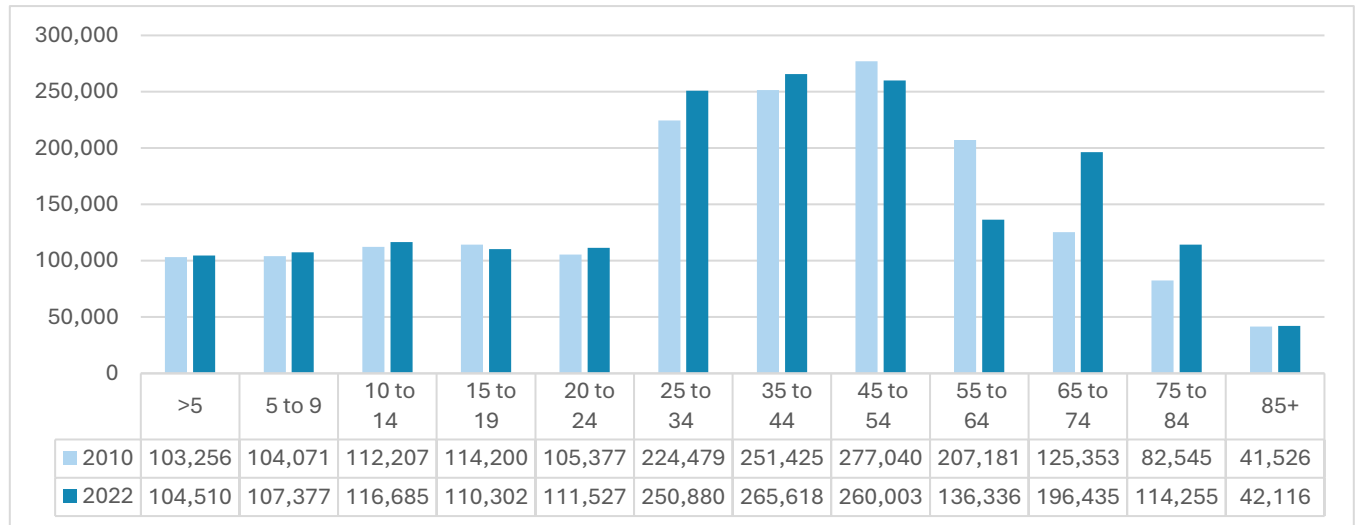
Source: Bureau of the Census, American Community Survey (DPO05) 2010, 2022

Migration

In recent years, international immigration has been a significant driver of population growth in Broward County, surpassing domestic and in-state migration. Figure 6 illustrates a higher outflow than inflow of domestic U.S. citizens in Broward, alongside an increase in international migrants observed in 2022. Table 5 presents Broward's population changes due to vital events (births and deaths) alongside net migration for the same year.

The growth in Broward's immigration in 2023 was further evidenced by an increase in driver's license exchanges, which serve as an early indicator of migration trends. Overall, driver's license exchanges in Broward County rose by 10%, driven notably by a 35.5% increase in foreign driver's license exchanges, despite a 7.8% decline in out-of-state exchanges.

Compared to 2019, out-of-state driver's license exchanges increased by 10%, remaining elevated relative to pre-pandemic levels. The top states of origin for out-of-state exchanges were New York (+25%), New Jersey (+15%), and California (+29%). Haiti, Colombia, and

Venezuela were the primary countries of origin for foreign driver's license exchanges. Figure 7 depicts the rise in foreign driver's license exchanges over the past three years.

Figure 6: Broward's Migration Pattern, 2022

International	Domestic	Net Migration
17,738	-7347	10,391
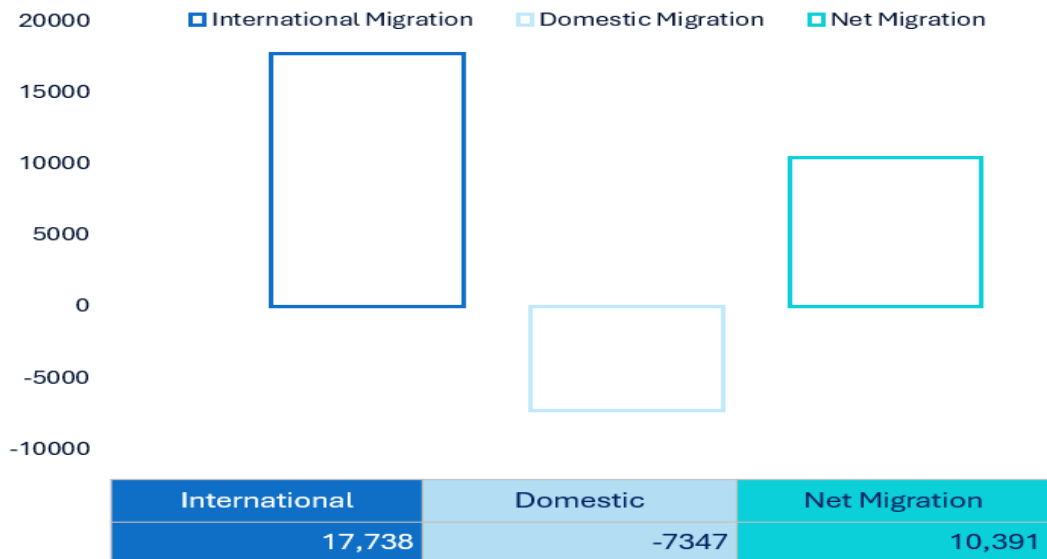
Source: U.S. Census Bureau, Population Division, (CO-EST2020-ALLDATA) (CO-EST2021-ALLDATA), 2022

Table 5: Broward Population Change, 2022

Vital Events		Net Population Change	
Births	Deaths	International	Domestic
20,879	19,074	17,738	-7347
Natural Increase = Births – Deaths = 1,805		Net Population Change = International + Domestic = 10,391	
Net Increase in Broward Population, 2022: 1,805 + 10,391 = **12,196**			
Source: U.S. Census Bureau, Population Division, (CO-EST2021-COMP-12)			

Figure 7: Foreign Driver License Exchange in Broward, 2021-2023

	2021	2022	2023
Haiti	980	1,591	4,124
Colombia	1,318	2,030	2,685
Venezuela	1,565	1,422	1,898
Brazil	521	1,263	1,536
Cuba	180	983	1,363
Ukraine	98	815	1,076
Russia	430	1,097	1,047
Canada	485	740	738
Nicaragua	72	120	564
Argentina	285	479	498

Source: MIAMI REALTORS® analysis of Florida Highway Safety and Motor Vehicles data.

Ethnicity and Languages Spoken at Home

Between 2010 and 2022, the Hispanic population in Broward County experienced a 43% increase. Concurrently, the Jamaican population saw growth, whereas the number of Haitian residents decreased overall.

In Broward County, 44% of households communicate in a language other than English at home. The predominant languages spoken in these households include English (56%), Spanish (28.5%), Other Indo-European languages (11.9%), and Asian & Pacific Islander Languages (1.8%).

Table 6: Hispanic, Jamaican, and Haitian Broward Residents, Broward 2010 & 2022

	2010	2022	% Change
Hispanic	441,849	633,567	43%
Jamaican	95,884	108,236	13%
Haitian	140,344	131,463	-6%
Source: U.S Census, American Community Survey, 2022; U.S Census Bureau, 2010			

Figure 8: Language Spoken at Home by Broward Residents, 2022
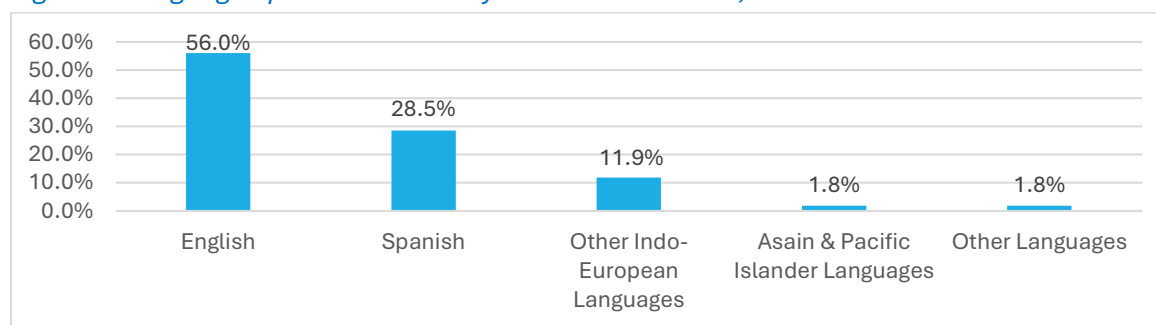
Source: U.S. Bureau of the Census, American Community Survey 2022

Socioeconomic Overview

Economic Hardship

The Economic Hardship Index (EHI) measures economic and social challenges across Florida Counties, Zip Code Tabulation Areas (ZCTAs), and Tracts. It considers factors such as dependency, education, unemployment, income, housing, and poverty. Scores on the EHI range from 0 to 100, with higher scores indicating greater hardship. Areas with higher EHI scores often correlate with poorer health outcomes, including lower life expectancy and higher disease rates. Figure 9 presents maps that illustrate the EHI for various population subgroups in Broward by ZCTAs, highlighting MHS's PSAs and SSAs as well.

Table 7: Broward County EHI Metrics, 2018-2022

Broward County EHI Metric	Measure	Subject	Score
Percent of population <18 or >64-dependency	37.9%	Dependency	16.9
Over 25 with less than a high school education	10%	Education	18.5
Civilian population age 16 + unemployed	6%	Unemployment	33.8
Median Earnings age 16+with earnings	$29,138	Income	82.8
Occupied housing units with>1 person per room	4.3%	Crowded Housing	45.6
Percent of people living below the FPL	12.4%	Poverty	30.7
Sum EHI Score – Broward County	228.2	All Broward	40
Data Source: ACS (2018-2022) FL DOH GIS Open Data			

Figure 9 : EHI by ZCTA for All Broward & Subgroups (2018-2022)

Economic Hardship Index (EHI) by ZCTA

Legend:
- 16.85 - 31.70
- 31.71 - 38.63
- 38.64 - 47.86
- 47.87 - 54.16
- 54.17 - 71.32
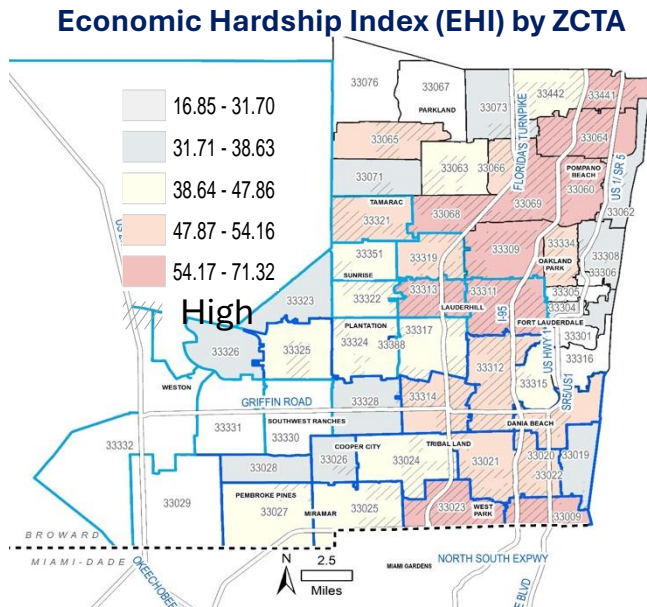
Source: Florida Department of Health, Jessica.Joiner@flhealth.gov_FDOH. 100=Most Economic Hardship, ZCTA mean= 43.1, Tract Mean =24

Poverty by ZCTA

Legend:
- High Rate
- High Tract EHI

MHS Service Areas
- Primary
- Secondary
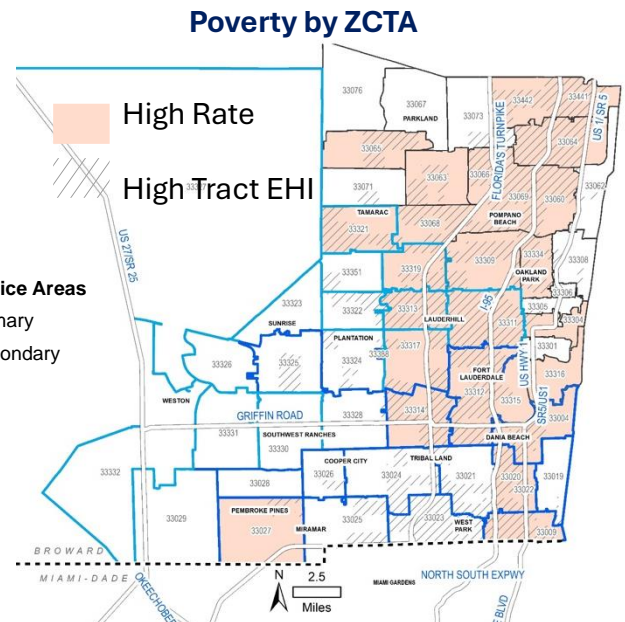
Source: U.S. Census ACS 2022 5 year by ZCTA. High = above ZCTA mean of 11.41%

Median Income

High Rate

High EHI
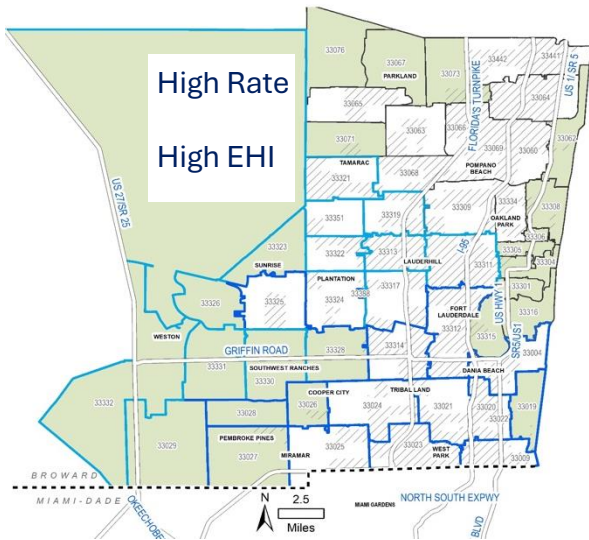
Source: U.S. Census ACS 2022 5 year by ZCTA

Black

High Rate

High EHI
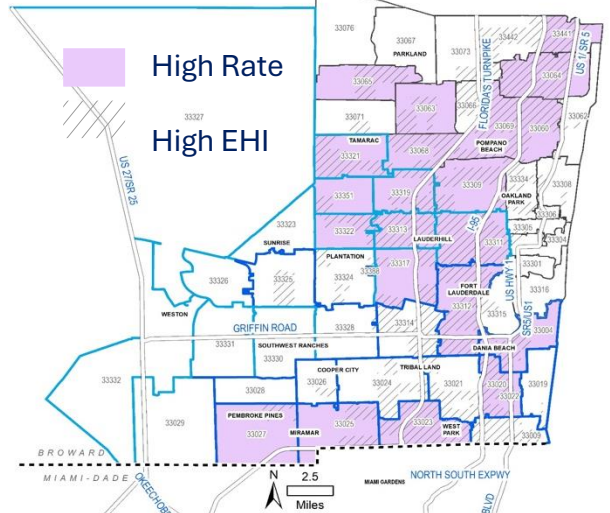
Source: U.S. Census ACS 2022 5 year by ZCTA

White, Not Hispanic Population

High Rate

High EHI
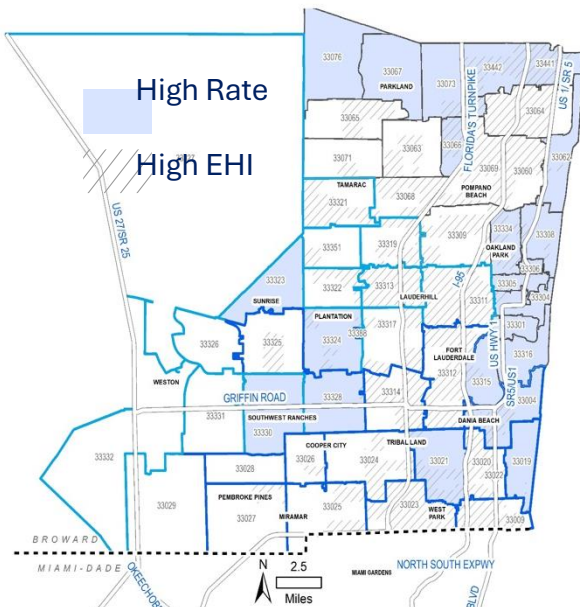
Source: U.S. Census ACS 2022 5 year by ZCTA

Hispanic Population

High Rate

High EHI
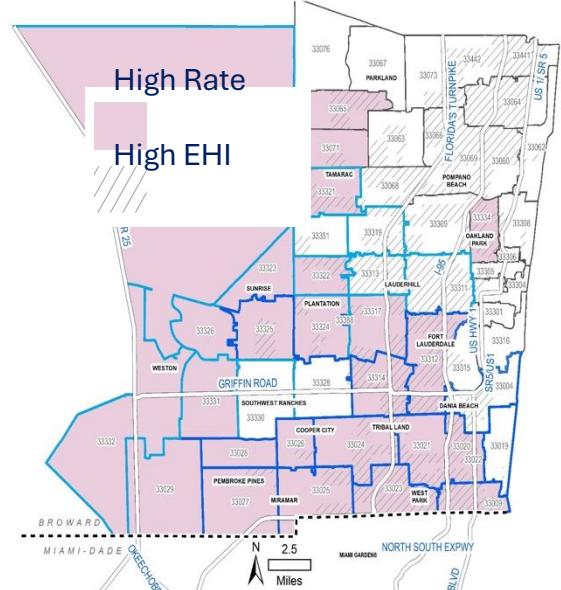
Source: U.S. Census ACS 2022 5 year by ZCTA

Education

Broward County Public Schools (BCPS), serving 256,021 students in 2022, ranks as the 6th largest public school system in the nation and the 2nd largest in Florida. BCPS comprises 330 educational institutions, including traditional schools, centers, technical colleges, and charter schools. In the 2020/21 school year, Broward County's graduation rate stood at 89.1%, slightly lower than Florida's overall rate of 90%. However, this reflects an increase of eight percentage points over the past five years. The most recent data for Broward County shows a dropout rate of 1.8% for the 2019 school year, half of Florida's dropout rate for the same year.

Among Broward County's adult population, 10.0% have less than a complete high school education, 90.0% are high school graduates or higher, and 34.3% have attained a bachelor's degree or higher. Broward County shows slightly higher levels of educational attainment in these categories compared to Florida. Table 8 illustrates the enrollment rates across all BCPS. Enrollment in every subgroup generally declined except for charter schools and high schools, which saw an increase from the 2019/20 to 2020/21 school year.

Table 8: Broward Public School Enrollment, 2019-2022

Grade Level	2019/2020	2020/2021	2021/2022
PreK	5,714	5,061	4,771
Elementary School	92,473	86,141	84,111
Middle School (Grades 6-8)	48,781	47,309	45,691
High School (Grades 9-12)	69,841	69,983	69,959
District Education Centers	4,457	4,103	3,443
Charter Schools	46,704	48,208	48,046
TOTAL	**267,970**	**260,715**	**256,021**
Source: Broward County Public Schools			

Income & Employment

According to the 2022 US Census data, Broward County reported a median household income of $70,978 and a mean household income of $100,248 annually. Broken down by family type, the median income for families in Broward County is $83,931, while married couples have a median income of $104,296, and non-family households have a median income of $47,587 per year. In 2022, Broward County achieved a historic unemployment rate of 2.9%, the lowest reported in over a decade.

Table 9 illustrates the median income by race in Broward County. The groups with the lowest median incomes are Black/African American alone ($56,354), some other race alone ($68,182), and Hispanic/Latino Origin ($69,602). A majority (75%) of Broward's working population earned over $35,000 annually in 2022.

Table 9: Median Income by Race, Broward 2022

Race/Ethnicity	Median Income
White alone	$78,106
Black or African American alone	$56,354
American Indians & Alaska Natives alone	$88,123
Asian alone	$88,459
Native Hawaiians and Other Pacific Islanders alone	$143,536
Some other races alone	$68,182
Two or more Races	$73,589
Source: U.S. Census Bureau, American Community Survey (S1903), 2023	

Figure 10 Broward's Income Distribution, 2022
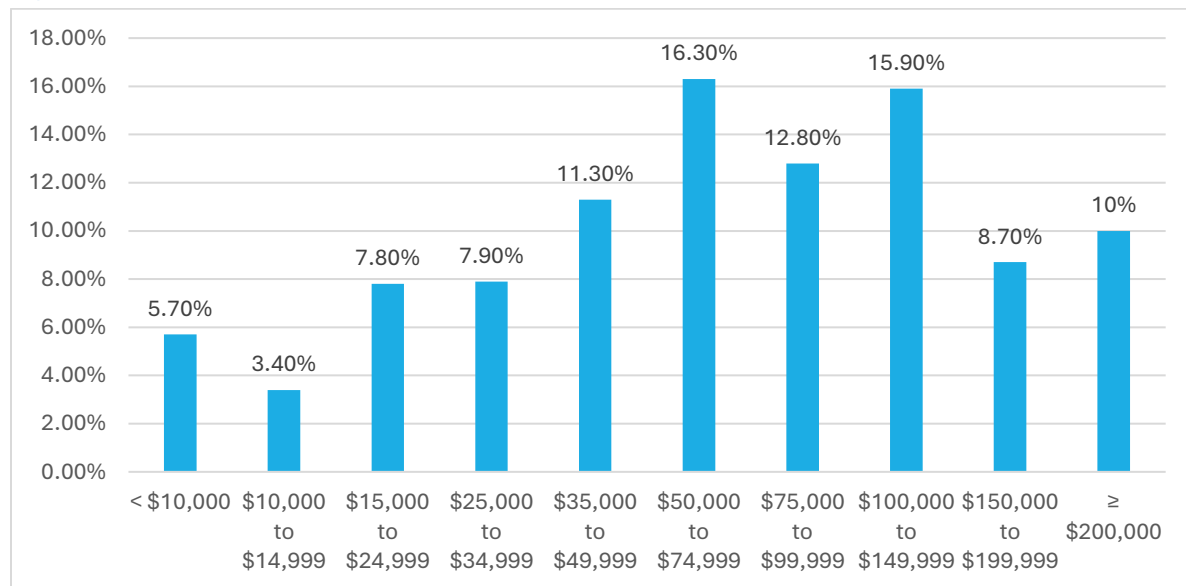
Source: U.S. Bureau Census, American Community Survey (DP03), 2021; U.S. Census Bureau, 2022

Broward County saw its peak unemployment rate in 2020, coinciding with the onset of the COVID-19 pandemic. Excluding this period, the highest rate between 2013 and 2022 occurred in 2013 at 7.1%. In 2022, the most recent year in this analysis, Broward County recorded its lowest unemployment rate at 2.9%. Overall, from 2013 to 2022, the labor force in Broward County grew by 10% while the unemployment rate decreased by 56%.

Table 10: Broward Unemployment Rate, 2013-2022

Year	Labor Force	# Unemployed	Rate
2013	971,733	68,660	7.1%
2014	985,640	60,158	6.1%
2015	992,033	51,365	5.2%
2016	1,007,259	45,759	4.5%
2017	1,014,014	40,880	4.0%
2018	1,025,663	35,402	3.5%
2019	1,034,991	32,182	3.1%
2020	1,021,788	95,472	9.3%
2021	1,032,694	50,735	4.9%
2022	1,065,006	30,475	2.9%
Source: U.S Bureau of Labor Statistics			

Poverty

In 2022, 13.3% of Broward County's population lived below the poverty level. Poverty rates varied significantly across different demographic groups, including age, race, gender, renter/owner status, and household composition. Among individuals, the highest poverty rates were observed among those under 18 years old (19.3%) compared to other age groups, females (14.4%) compared to males (12.1%), and Black/African Americans (19.8%) compared to other racial/ethnic groups. Families with more children in the household also experienced higher rates of poverty.

ALICE stands for Asset Limited, Income Constrained, Employed individuals who earn above the Federal Poverty Level but struggle to afford basic expenses. Out of Broward County's 747,715 households, 346,631 qualify as ALICE households, while 100,257 are at the poverty level. Tables 11 and 12 illustrate the survival budget for ALICE households, comparing single adults and families in Broward and Florida.

Table 11: Broward's Poverty Status, 2022

Individuals Below Poverty Level		13.3%
Age	Under 18 years	19.3%
	18 to 64 years	10.9%
	65 years and over	14.5%
Gender	Male	12.1%
	Female	14.4%
Race/ Ethnicity	White	9.8%
	Black/African American	19.8%
	Asian	8.9%
	Hispanic or Latino	12.6%
	Two or More Races	11.5%
All Families		10.5%
With related children <18		15.6%
Children in Household	0	7.3%
	1-2	13.1%
	3-4	26.4%
	5+	58.1%
Family Tenure	Owner occupied	6.5%
	Renter occupied	18.3%
Family Received	SSI and/or cash assistance	15.1%
Sources: American Community Survey & US Census Bureau, 2022		

Table 12: ALICE Household Survival Budget, Broward & Florida 2021

	Single Adult		2 Adults + 2 Children*	
	Broward	FL	Broward	FL
Housing	$905	$645	$1,218	$767
Childcare	--	--	$1,542	$1,256
Food	$481	$444	$1,311	$1,211
Transportation	$359	$359	$846	$836
Health Care	$224	$224	$854	$854
Technology	$75	$75	$110	$110
Miscellaneous	$220	$190	$616	$533
Taxes	$335	$271	$1,051	$870
Monthly	$2,753	$2,362	$6,653	$5,527
Annual	$33,036	$28,344	$78,756	$66,324
Source: United Way of Broward ALICE report, 2021			** 2 children in childcare*	

Housing

According to 2022 U.S. Census data, approximately 81% of homes in Broward County are valued above $200,000. The median gross monthly rent in Broward is $1,766, which is 15.8% higher than Florida's median rent of $1,525. Despite these higher rental costs compared to the state median, homelessness in Broward has significantly decreased over the past decade.

Figure 11: Broward's Housing Value Distribution, 2022
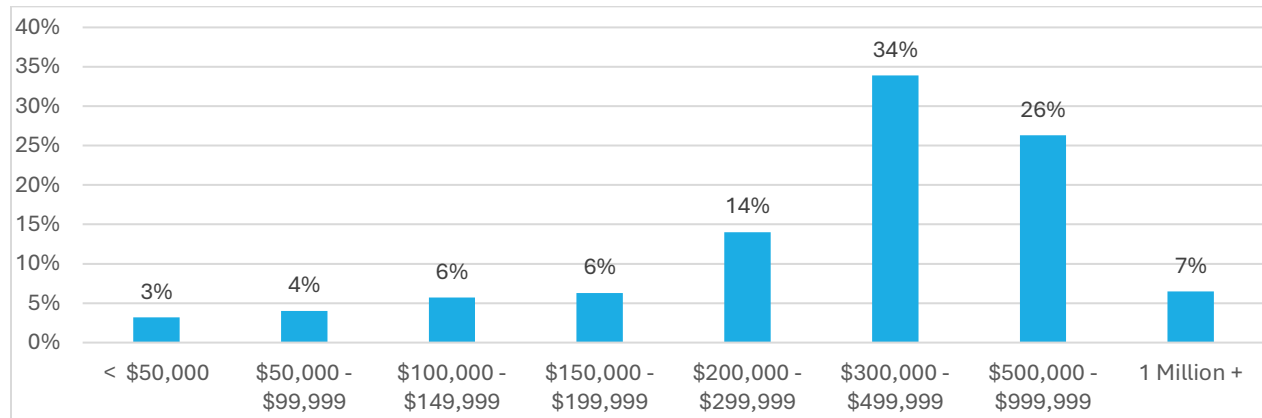
Source: U.S. Census Bureau, American Community Survey (DP04), 2022

Figure 12: Broward County Rent Distribution, 2022
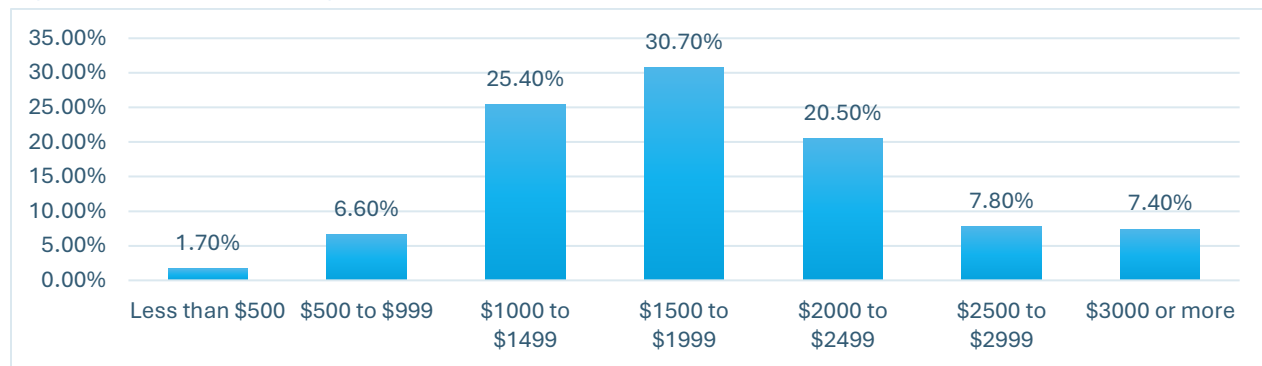
Source: U.S. Census Bureau, American Community Survey (DP04; S1901), 2022

Figure 13: Broward Residents Experiencing Homelessness, 2009-2023
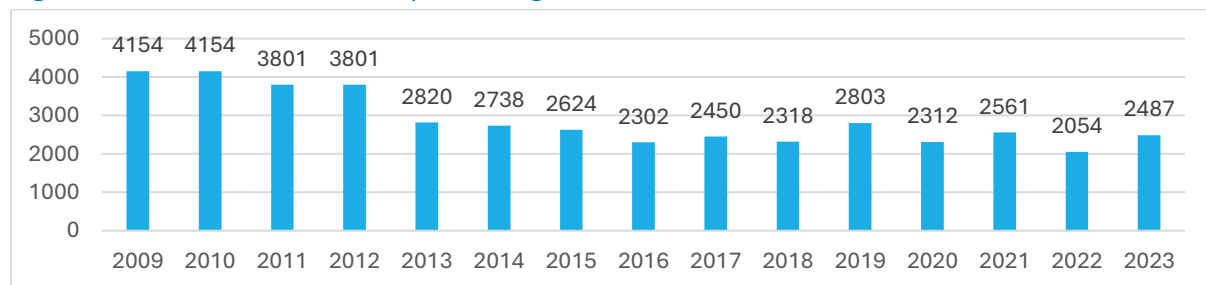
Source: Florida Health Charts, 2009-2023

Public Assistance

From 2021 to 2022, the percentage of households receiving cash public assistance or food stamps in Broward County decreased by 1.38%. However, compared to Florida, Broward still maintains a higher percentage of its population utilizing these resources. Throughout 2022, there was a general increase in food stamp utilization, with the Black/African American group experiencing the highest usage at 46.3%.

In 2022, different racial and ethnic subgroups in Broward faced varying levels of food insecurity. The Black population had the highest rate of food insecurity at 15%. Overall, food insecurity in Broward has declined from 15.5% in 2014 to 8.6% in 2021. Broward's food insecurity rate in 2021 was lower than Florida's rate of 10.6%.

Table 13: Broward Households Receiving Food Stamps/SNAP by Race/Ethnicity, 2022

Race/Ethnicity	Percentage
White alone	23.6%
Black or African American alone	46.3%
American Indians & Alaska Natives alone	0.1%
Asian alone	2.9%
Some other Races alone	6.1%
Two or more Races	21.0%
Hispanic or Latino	29.4%
White alone, not Hispanic, or Latino origin	17.6%
Source: U.S. Census Bureau, American Community Survey (S2201), 2022	

Figure 14: Broward Food Stamp Utilization, 2022

	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec
Clients	229722	224873	226146	229739	232426	236702	238777	236710	236710	236715	241498	241498
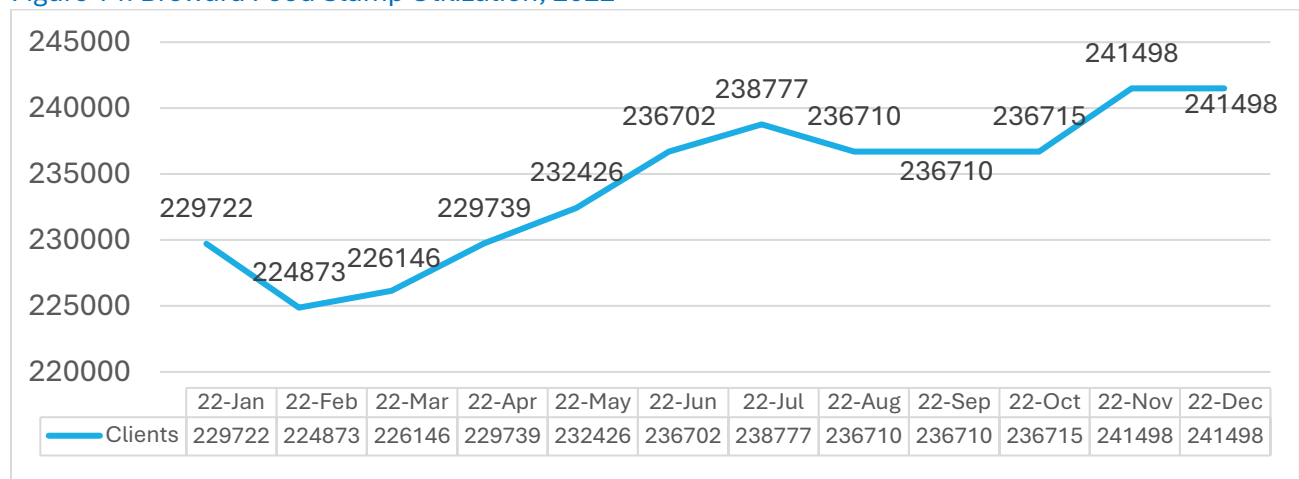
Source: Broward and State of Florida Public Assistance Caseload Report, 2021-2022

Figure 15: Food Insecurity by Race/Ethnicity, Broward 2021

Hispanic

Black

White

8%

15%

7%
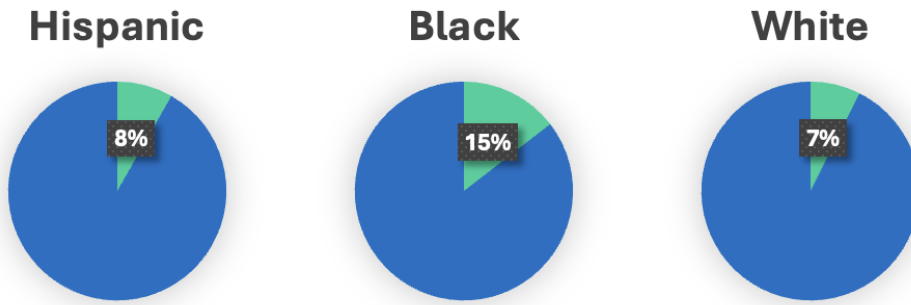
Source: Feeding America, 2021

Medicaid enrollments steadily rose from early 2021 until April 2023, marking the conclusion of Medicaid's continuous enrollment provision.

Figure 16: Medicaid Enrollments, Broward 2021-2023
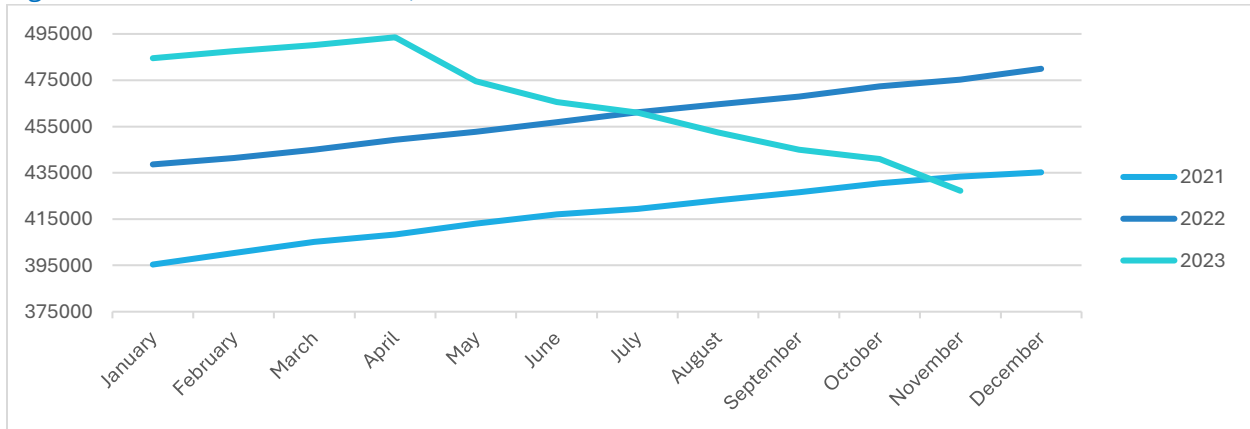
Source: Medicaid Monthly Enrollment Report, 2021-2023

Figure 17: Medicare Enrollments, Broward 2013-2022
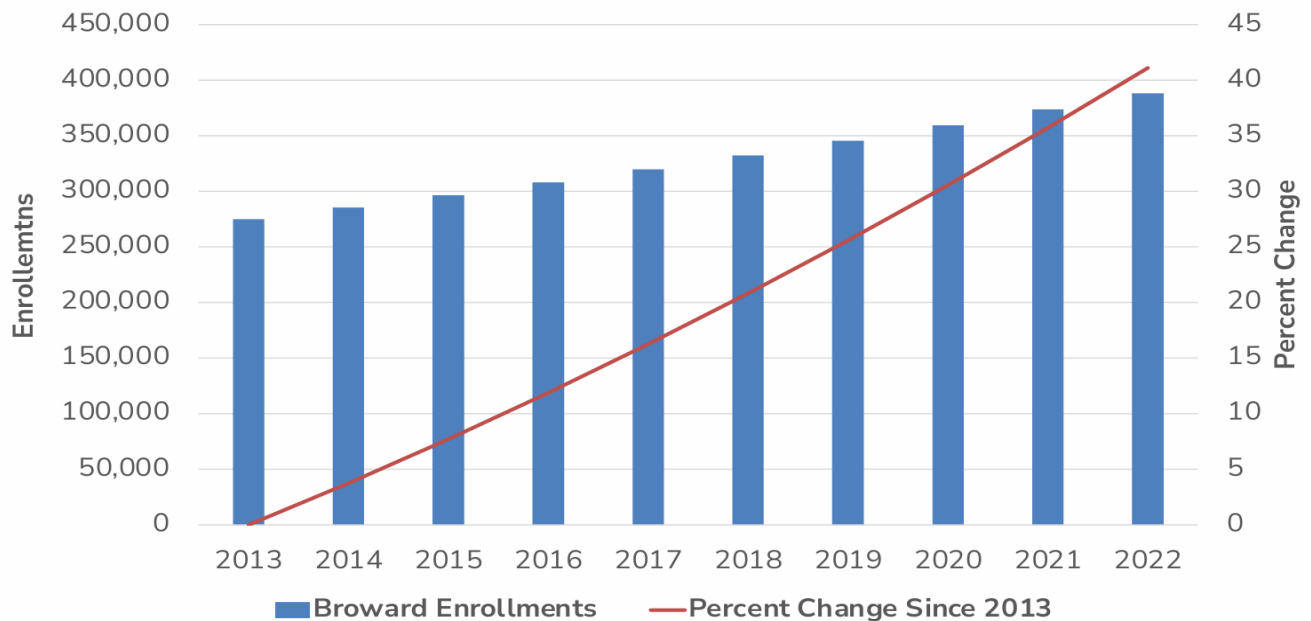
Source: U.S. Census Bureau, 2022

Population Health & Health Risks Overview

This section examines Broward's population health and health risk behavior statistics, drawing on data from Florida Health Charts, the U.S. Census ACS, the Youth Risk Behavior Surveillance System (YRBSS, 2015-2021), and the BRHPC Data Warehouse.

Maternal, Infant, and Child Health

From 2020 to 2022, just under 74% of mothers in Broward sought prenatal care by the first trimester. Broward consistently had a higher percentage of cesarean deliveries than the Florida average each year from 2016 to 2022. Between 2018 and 2022, Broward's Black population had a higher average number of births compared to Non-White, Hispanic, and White mothers.

Premature birth rates were higher for Black mothers than for White or Hispanic mothers in Broward from 2019 to 2022. Black mothers also had higher rates of low and very low birth weight compared to other groups. Infant, neonatal, and fetal mortality rates for Broward's Black population are nearly three times those for Broward's White population. In 2021, there was a notable spike with 11 maternal mortality deaths among Black women in Broward, compared to the previous year. For more than half of the years presented in Figure 25, Black

24

maternal mortality rates have been higher than those of White and Hispanic mothers. Some areas with high infant mortality rates are within MHS's PSA & SSA.

Additionally, Figure 28 shows a decreasing trend in kindergarten student immunization rates in Broward from 2017 to 2022.

Figure 18: Prenatal Care received by Trimester, Broward 2020-2022

	2022	2021	2020
By 1st Trimester	70.7%	74.6%	73.5%
By 2nd Trimester	19.0%	16.8%	18.5%
By 3rd Trimester or None	7.0%	8.6%	8.0%
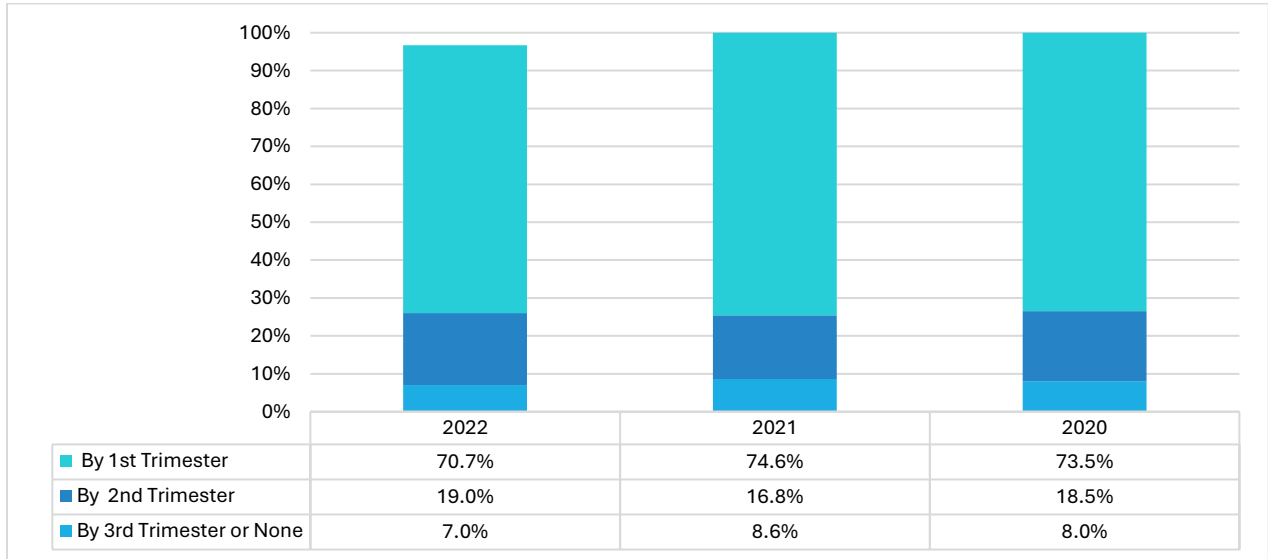
Figure 19: Cesarean Deliveries, Broward & Florida 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Broward	42.8%	42.3%	41.5%	41.6%	41.4%	40.2%	40.2%
Florida	37.4%	37.2%	36.8%	36.5%	35.9%	35.7%	35.9%
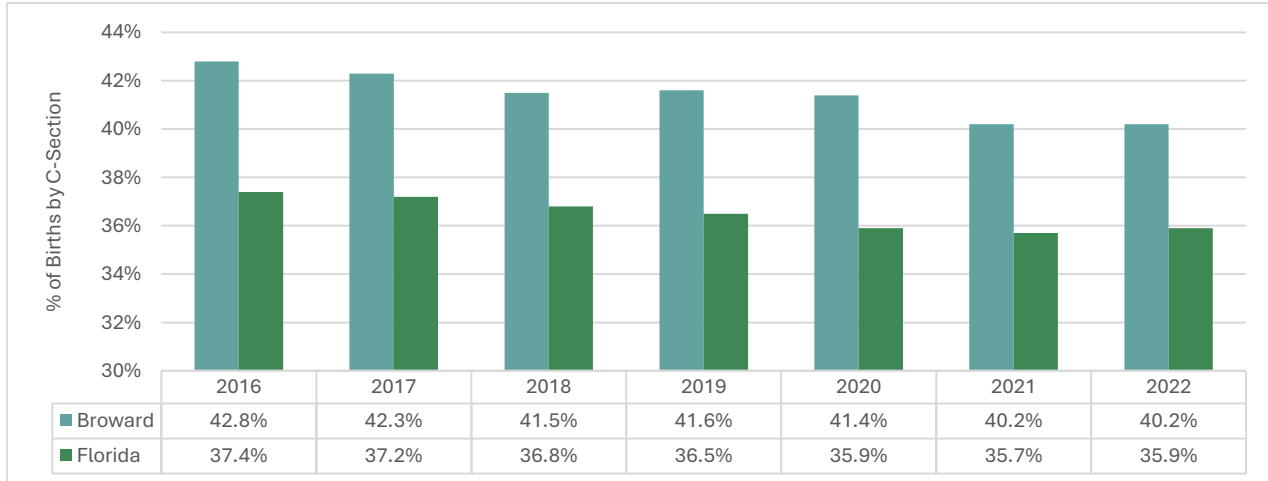
Figure 20: Live Birth Rate by Race/Ethnicity, Broward 2018-2022

	White	Black	Non-White	Hispanic
2018	10.1	14.4	12.1	12.5
2019	10	13.7	12.6	12
2020	9	12.6	11	10.8
2021	9.1	12.9	10.6	11.2
2022	9.5	13.2	11.2	11.2
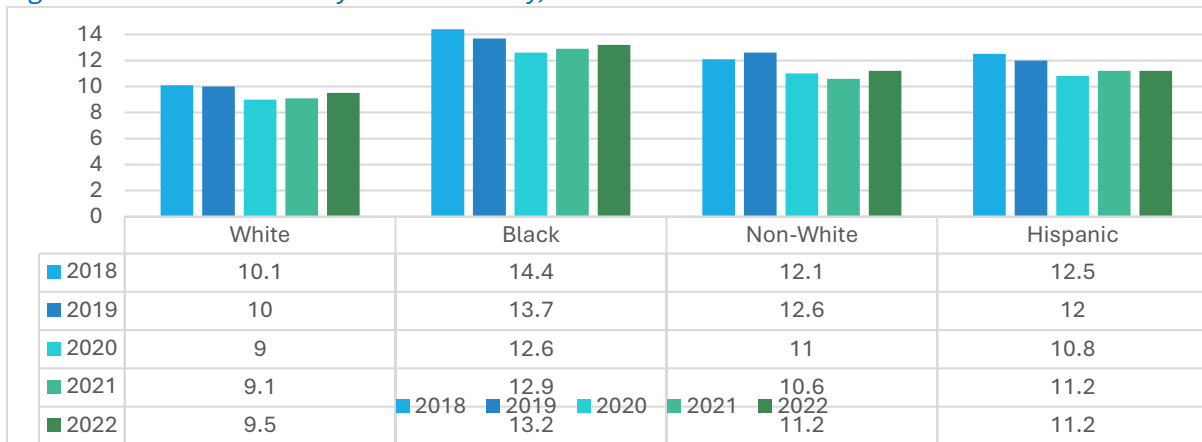
Figure 21 Preterm Birth Rates by Race & Ethnicity, 018-2022

	2019	2020	2021	2022
White	8.7	9.1	8.7	9.2
Black	13.9	14.4	14.4	15.0
Hispanic	9.1	10.5	9	9.7
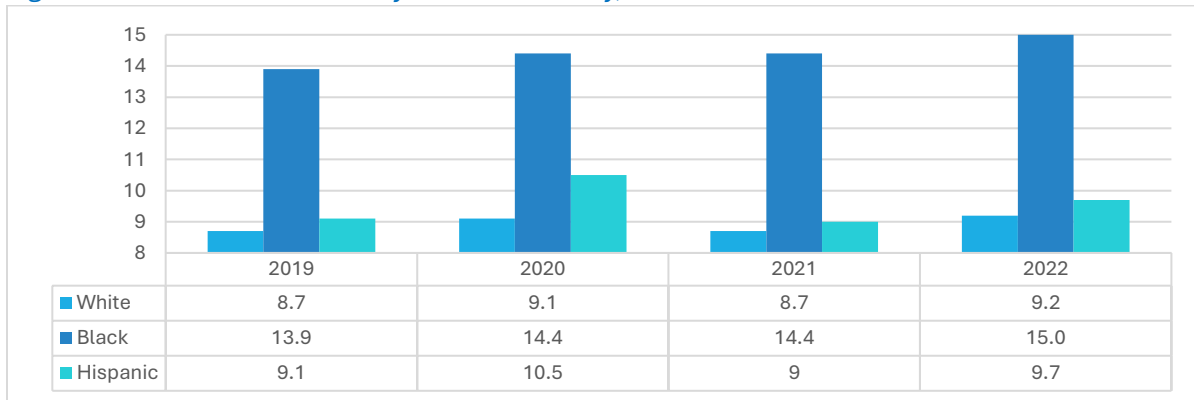
Figure 22: Map of Pre-Term Births across Broward Zip Codes, 2018-2022
Map has MHS PSA and SSA highlighted along zip code lines.
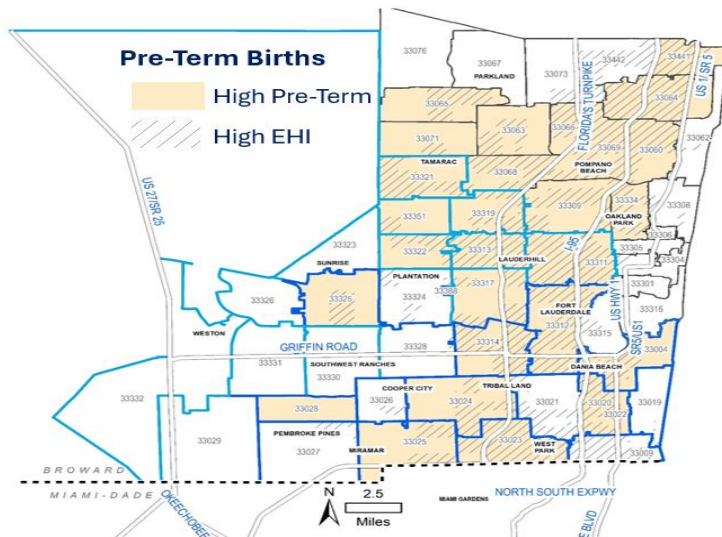
Figure 23: Low & Very Low Birth Weight, 2022

	Total	White	Black	Non-White	Hispanic
■ % VLBW (<3.3 lbs)	1.9%	1.1%	3.2%	2.9%	1.1%
■ % LBW (<5.5 lbs)	9.7%	6.9%	13.8%	13.0%	7.3%
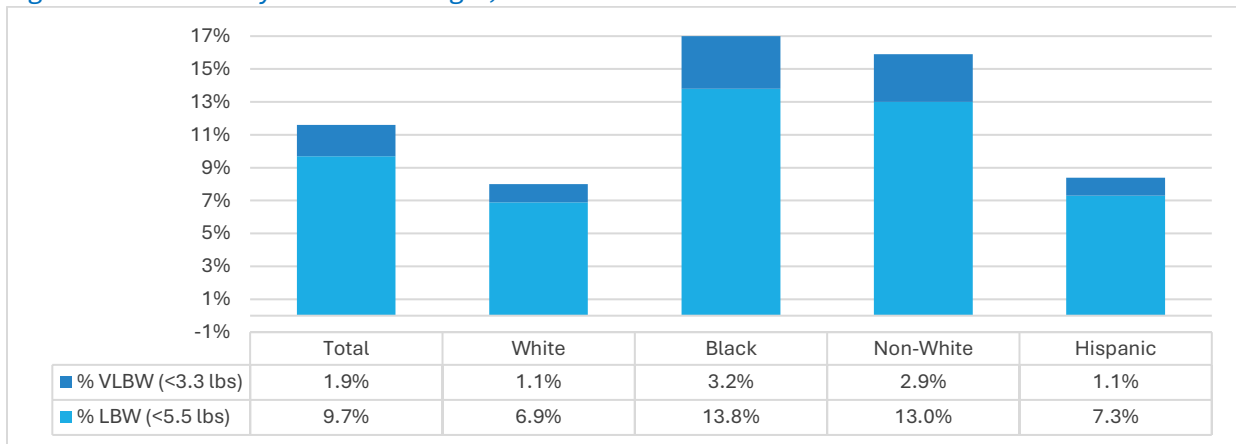
Figure 24: Map of Low Birth Weight & High EHI, 2017-2022
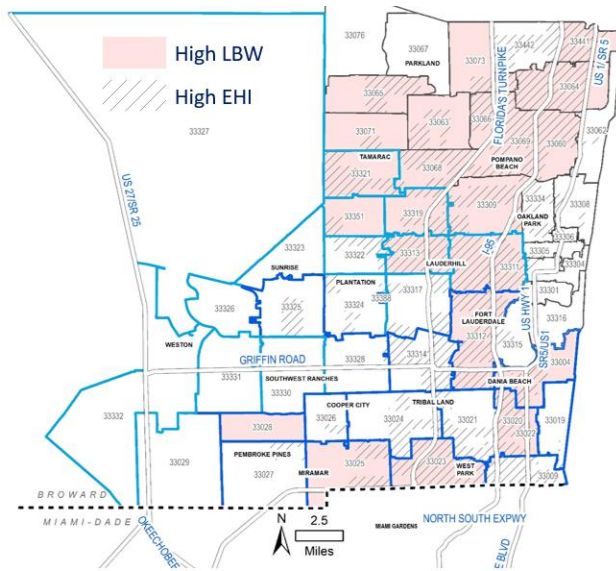
Figure 25: Fetal, Neonatal & Infant Mortality by Race/Ethnicity, Broward 2022

	Total	White	Black	Non-White	Hispanic
Infant Rate	5.3	3	8.5	8.2	4.2
Neonatal Rate	3.3	1.8	5.6	5.3	1.9
Fetal Rate	7	3.5	11.4	10.5	4.4
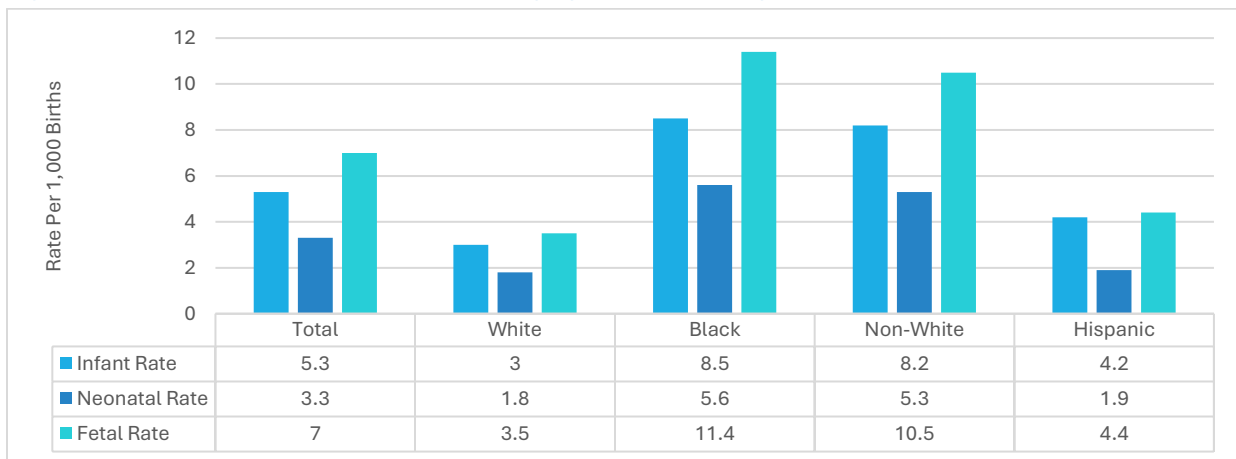
Figure 26: Maternal Morality by Race/Ethnicity, Broward 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
White	1	3	1	3	2	2	2	2	1	0
Black	3	5	3	2	2	4	1	4	3	11
Hispanic	1	2	0	1	2	1	0	1	1	1
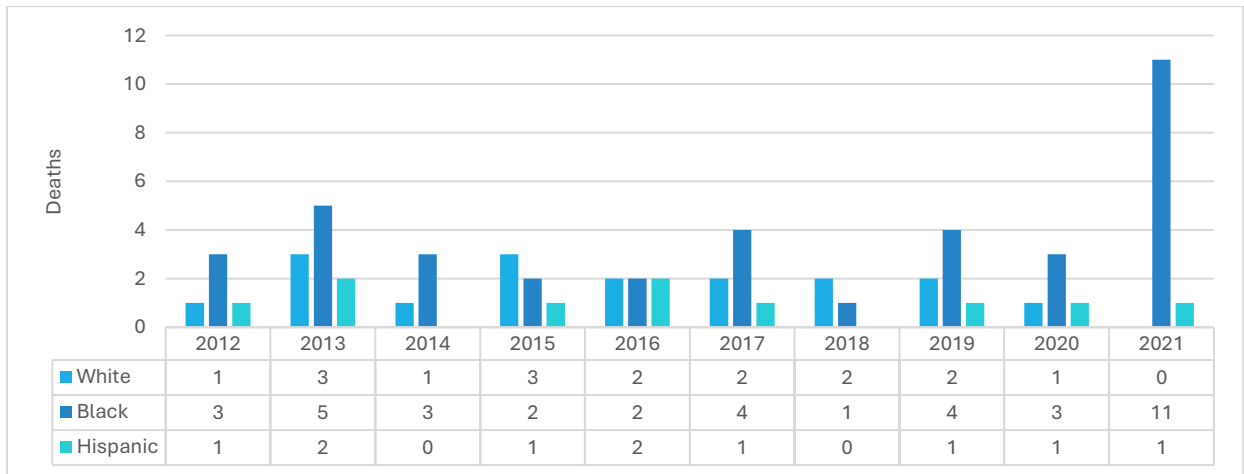
Figure 27: Infant Mortality Rate & Birth Outcomes Ranked on Broward ZCTA Map

Infant Mortality Rate (IMR)

High IMR
High EHI

Birth Outcomes Ranked

None
Low
Medium
High
High EHI
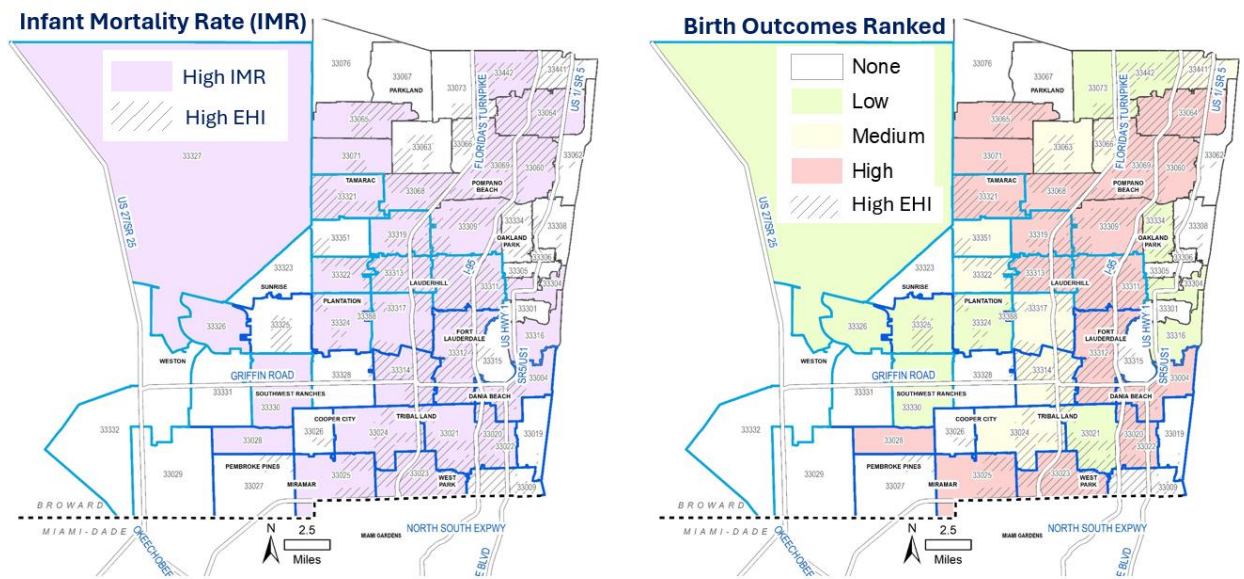
Figure 28: Kindergarten Students with Immunizations Completed, Broward 2017-2022

	2017	2018	2019	2020	2021	2022
Broward	95.3%	94.3%	94.2%	93.9%	93.6%	91.7%
Florida	94.1%	93.7%	93.8%	93.5%	93.3%	91.7%
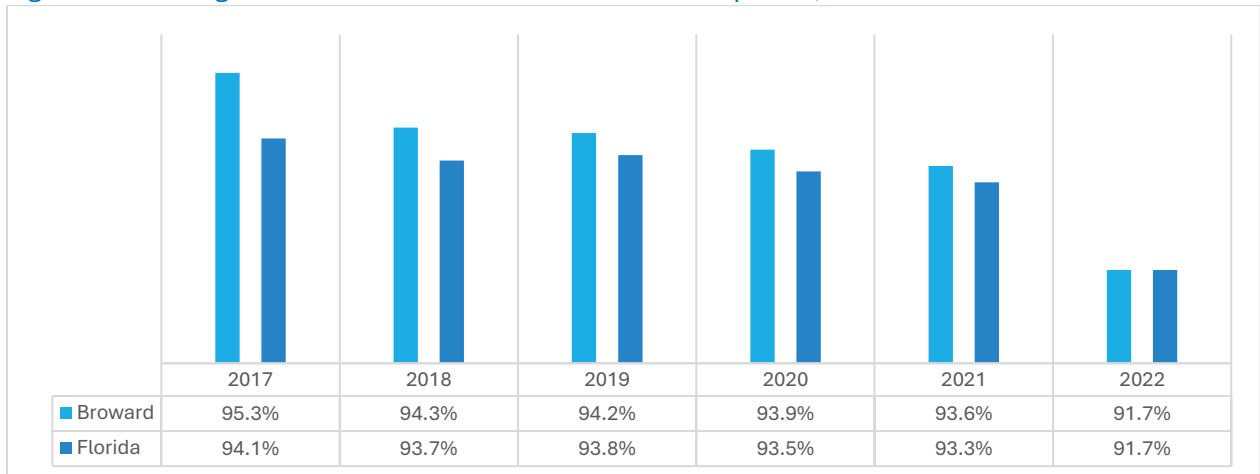
Youth Behavioral Risks

The Youth Risk Behavior Surveillance System (YRBSS) is a survey that monitors health behaviors among US youth in grades 9 through 12 that can lead to death, disability, and social problems. Key data points from the 2021 release for Broward County include the following:

- White and Hispanic students report higher usage of cigarettes and vape products than Black students.
- Over 90% of sexually active Black youth report not using a condom during their last intercourse.
- Black high school students have higher rates of being sexually active compared to Hispanic and White students.
- Less than 3% of White high school students report ever being tested for HIV.
- Black males report the highest levels in sexual risk categories other than "Never tested for HIV."
- Female and Black students report higher levels of sexual or dating violence.
- The percentage of high school students feeling sad or hopeless every day for two or more weeks increased by 11.8% from 2015 to 2021.

Figure 29: High School Student Cigarette and Vape Use, Broward 2021

	% HS Students Tried Cigarettes	% HS Students Who Currently Smoke Cigarettes	% HS Students Who Currently Smoke Electronic Vapor Products	% HS Students Who Currently Smoke Cigarettes, Cigars, Smokeless Tobacco or E-Vapor Products
Total	9.80%	2.30%	11.40%	10.70%
White	10.90%	3%	11.60%	12.10%
Black	9.20%	1.30%	10.00%	9.10%
Hispanic/Latino	10.20%	2.60%	12.20%	12.10%
Female	7.50%	2.30%	12.30%	11.60%
Male	11.80%	2.10%	9.90%	9.80%

Figure 30: High School Youth Sexual Behaviors, Broward 2021

	% Have Ever Had Sex	% Sexually Active	% Who did NOT use a condom during last sexual intercourse
■ Total	23.7%	16.4%	47.1%
■ White	18.4%	13.5%	0.0%
■ Black	30.5%	20.8%	93.6%
■ Hispanic/Latino	19.7%	13.3%	37.7%
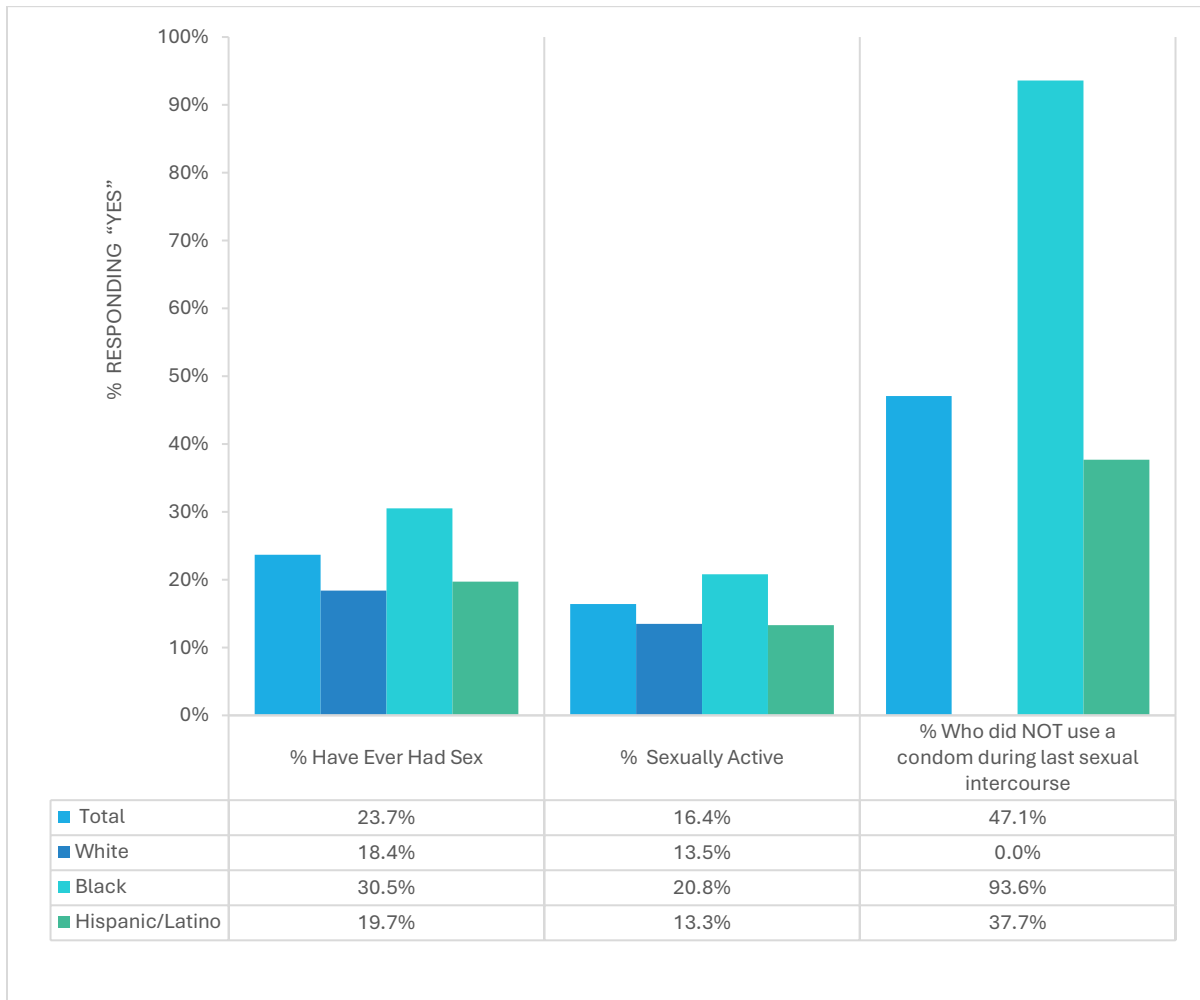
Table 14: High School Youth Sexual Behaviors, by Gender and Race, Broward 2021

Youth Risk Survey	Females %		Males %	
	Black	White	Black	White
Never tested for HIV	86.4	97.2	86.6	98.5
Had sexual intercourse	24.2	10.7	37.9	24.7
Sexually active	16	8.5	26.7	17.4
Sex with >4 persons	2.9	2.2	12.5	0
Sex before age 13	2	1.6	4.8	0

Figure 31: High School Youth Reporting Sexual or Domestic Violence, Broward 2021

Legend: Total, White, Black, Hispanic, Female, Male
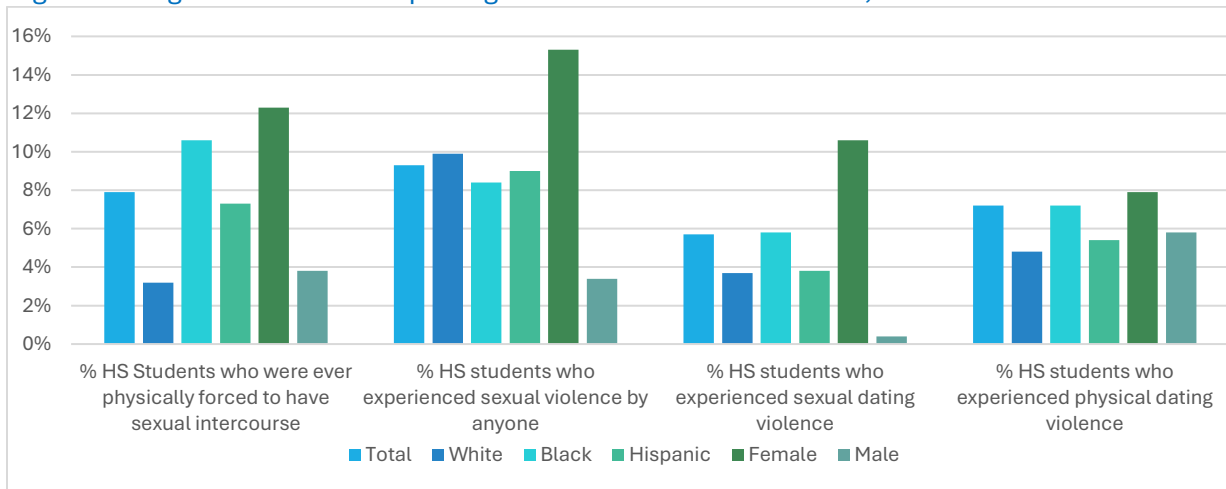
Figure 32: High School Youth Mental Health Risks Reported, 2015-2021

	2015 %	2017 %	2019 %	2021 %
Felt sad or hopeless (almost every day for 2+ weeks)	30	30.1	36.9	41.8
Seriously considered attempting suicide	16.8	15.5	18.6	17.7
Made a plan about how they would attempt suicide	13.7	13.3	14.2	16.4
Actually attempted suicide	9.3	11.1	10.9	10
Suicide attempt resulted in medical treatment	3.5	3.7	3.5	3.4
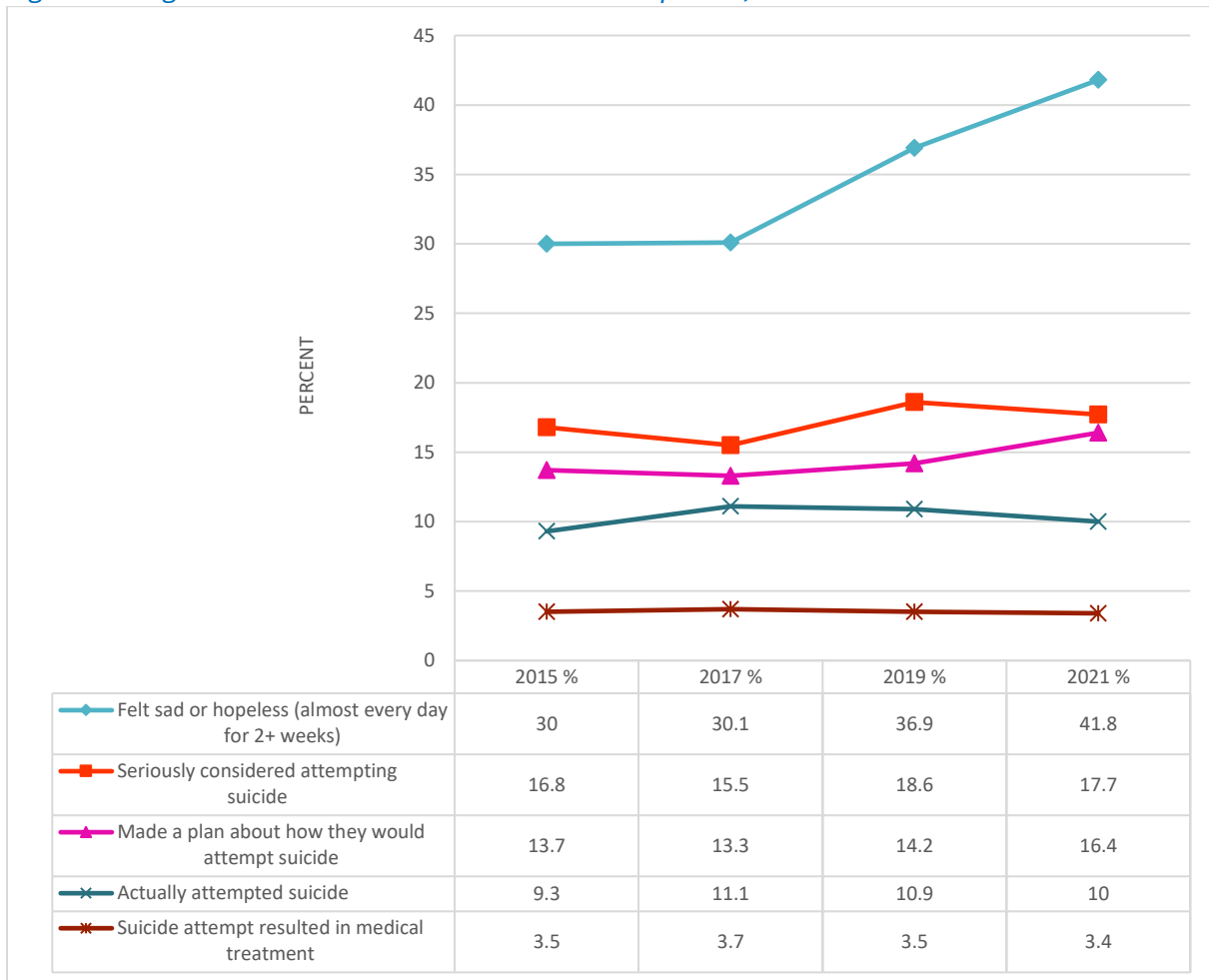
Adult Health

Obesity is a leading risk factor for health complications in adults, and in Broward, Black individuals have higher obesity rates than Hispanic and White individuals. Black females had the highest obesity rate in Broward at 43%. Figure 34 shows that obesity levels vary by income, with individuals earning less than $49,999 a year having higher obesity rates compared to those earning $50,000 or more.

In Broward County, Black individuals also have higher rates of sexually Transmitted Infections (STIs) compared to White, Hispanic, and non-Hispanic groups. In 2022, Broward had lower case and death rates for Hepatitis A, B, and C than Florida overall. Additionally, Broward reported lower rates of respiratory diseases compared to the state.

Figure 33: Obese Adults by Race, Ethnicity & Gender, Broward 2021

	White, Non-Hispanic	Black, Non-Hispanic	Hispanic
■ Male	29.00%	29.00%	29.00%
■ Female	28.00%	43.00%	31.00%

■ Male   ■ Female
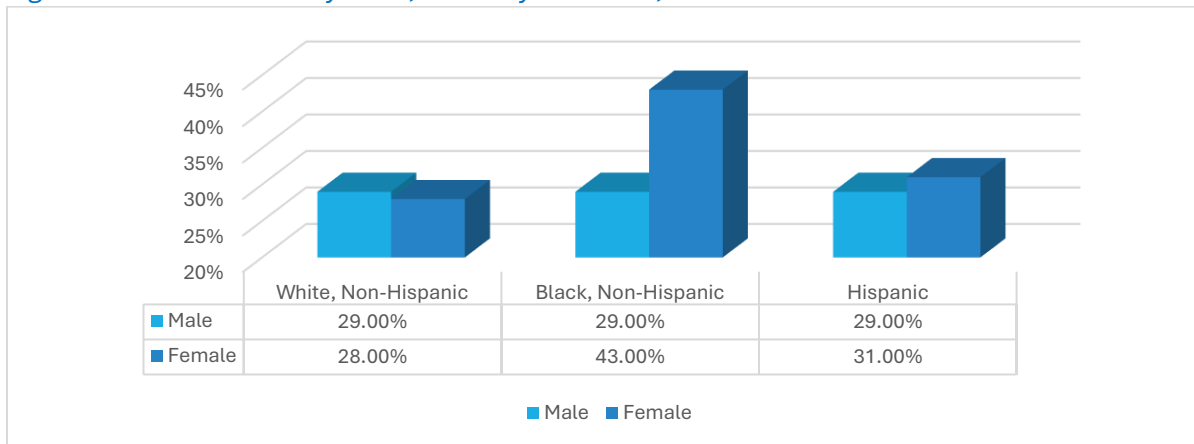
Figure 34: Obese Adults by Annual Income, Broward 2021

	Less than $25,000	$25,000 - $49,999	$50,000 or more
■ Column1	34.70%	35.10%	29.40%
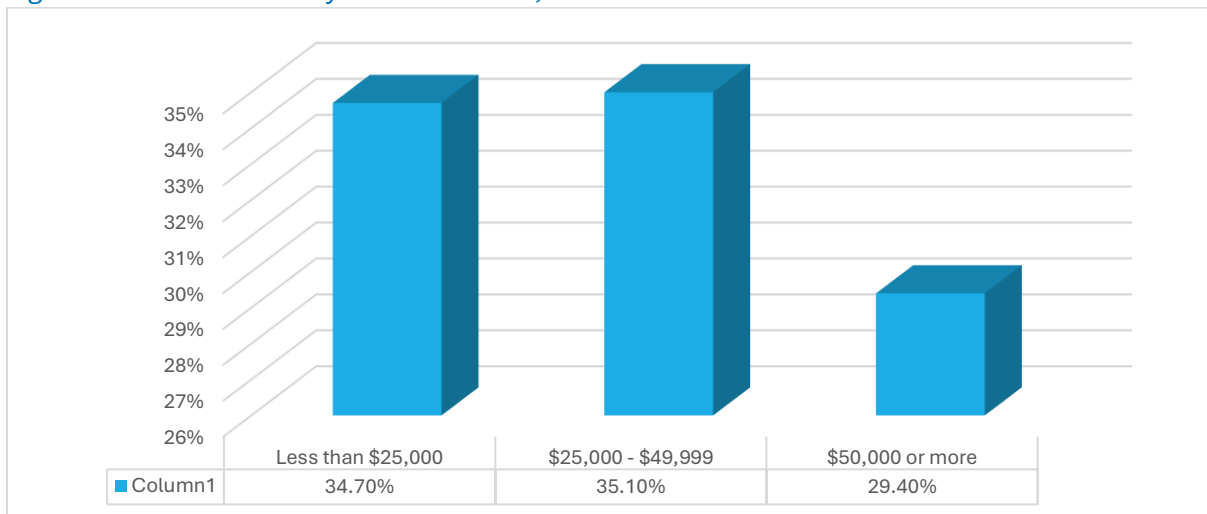
Figure 35: Sexually Transmitted Infection Rates by Race& Ethnicity, Broward, 2022

	Chlamydia	Syphyillis	Bacterial STDs	Gonorrhea
White	118.7	92.7	318.8	105.4
Black	519.2	165.5	975.2	290.5
Non-Hispanic	320.9	124.7	641.1	195.5
Hispanic	200.9	122.8	449.6	123.1
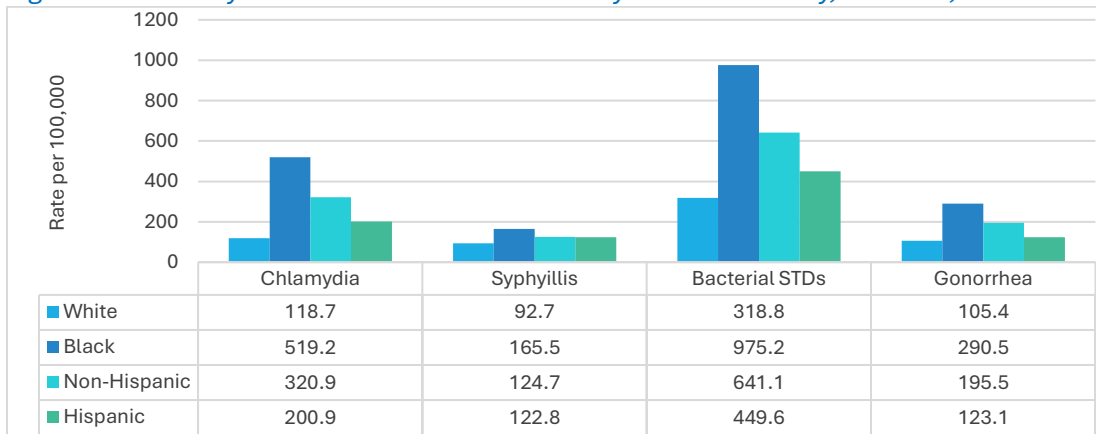
Figure 36: HIV Diagnoses Rates by Race, Ethnicity, & Gender, Broward, 2022

	Total	White, Non-Hispanic	Black, Non-Hispanic	Non-Hispanic	Hispanic	Male	Female
Broward	30.8	18.1	53.5	31.9	28.3	48.9	13.3
Florida	20.6	8.6	52.7	17.9	28.1	33.8	7.8
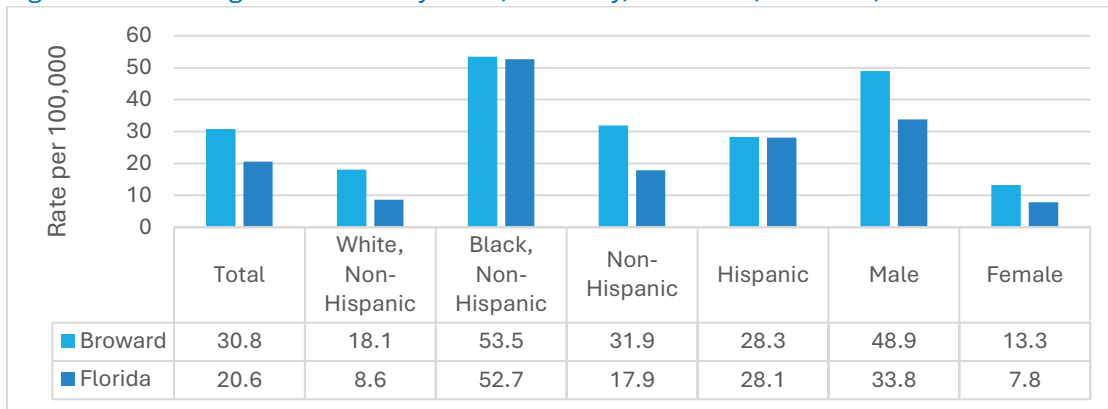
Figure 37: Hepatitis Rate, Broward 2022

Hepatitis A   Hepatitis B (Acute)   Hepatitis C   Deaths from Viral Hepatitis

■ Broward County ■ Florida
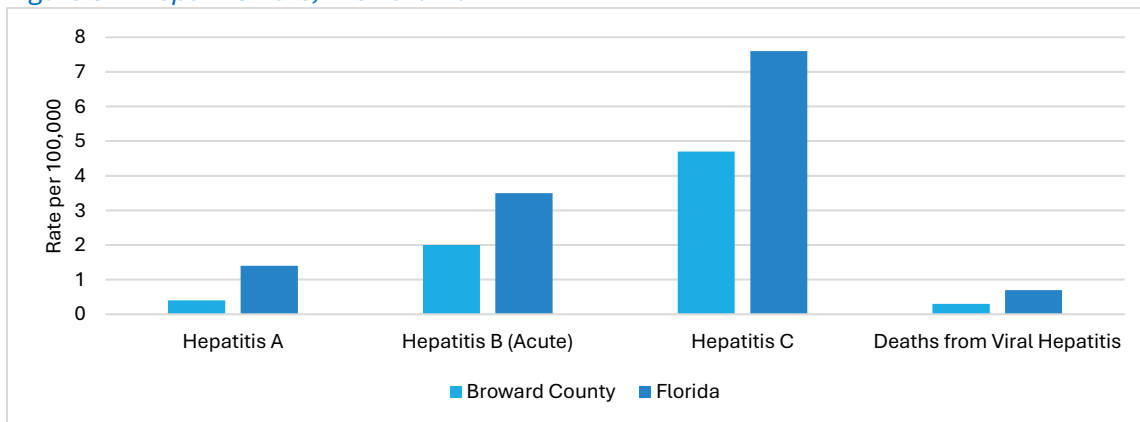
Figure 38: Cardiovascular Disease Hospitalizations & Death Rates, Broward & Florida, 2022

	Coronary Heart Disease	Heart Attack (Myocardial Infarction)	Heart Failure	Stroke
Broward	189	120.4	1094.5	240.3
Florida	243.1	149.7	1349.3	235.8

	Coronary Heart Disease	Heart Attack (Myocardial Infarction)	Heart Failure	Stroke
Broward	86.3	18.2	16.9	60.3
Florida	88.8	21.4	12.6	47.6
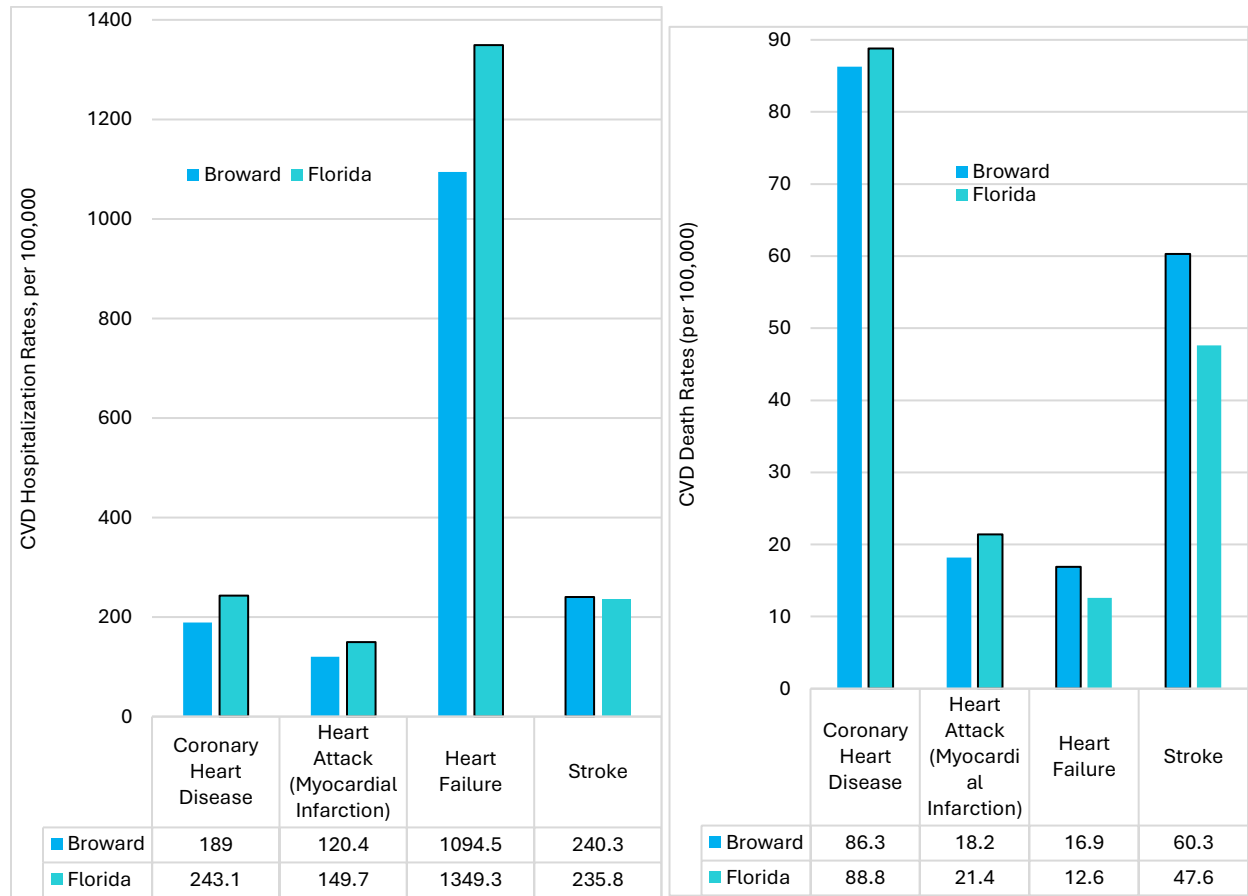
Table 15: Respiratory Disease Rates, Broward & Florida, 2022 **Rate**

	Broward	Florida
Hospitalizations With Asthma as Any Listed Diagnosis	548.6	640.2
Age-adjusted Deaths from Chronic Lower Respiratory Disease (CLRD)	24.6	31.8
Hospitalizations From Chronic Lower Respiratory Disease (CLRD) (Including Asthma)	150.9	158.8

Death: Leading Causes & Rates

In 2022, the leading causes of death in Broward County were heart disease, cancer, stroke, and unintentional injuries. While deaths from lung cancer have decreased since 2013, the death rates from other types of cancer have fluctuated annually, with some showing increases in recent years.

Figure 39: Top 10 Leading Causes of Death, Broward 2022
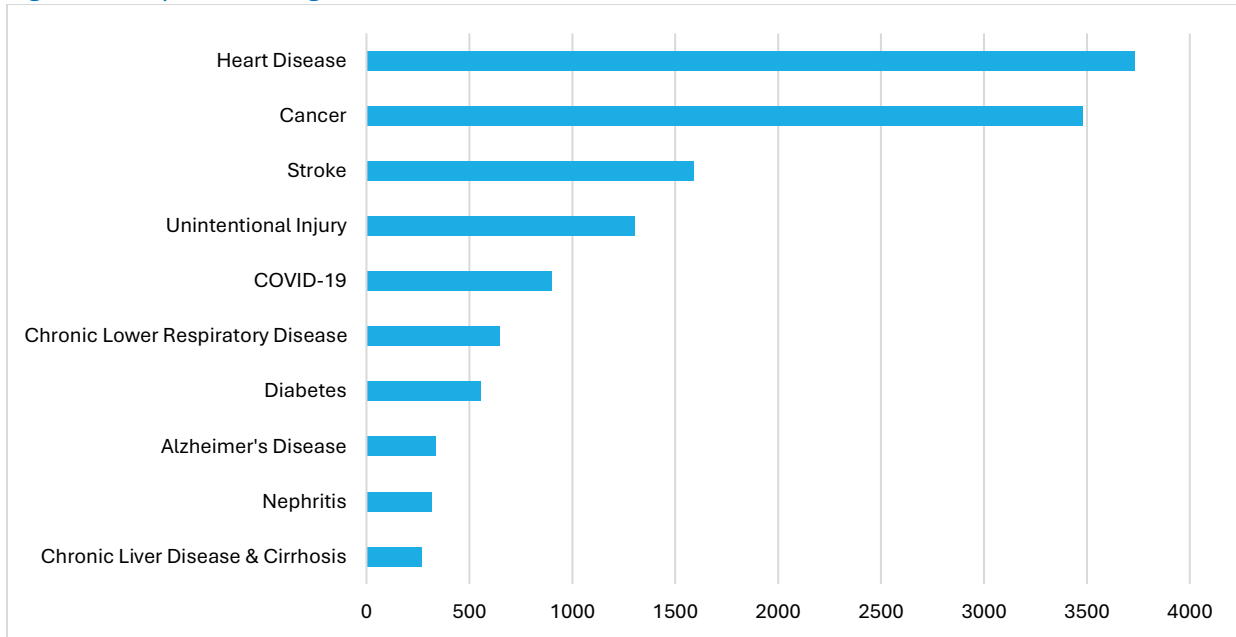
Figure 40: Cancer Death Rate (per 100,000) by cancer type, Broward 2013-2022

Figure 41: Mapped Death Rates by Cause, with ZCTAs highlighting EHIs, Broward 2017-2021

Unintentional Injury Deaths
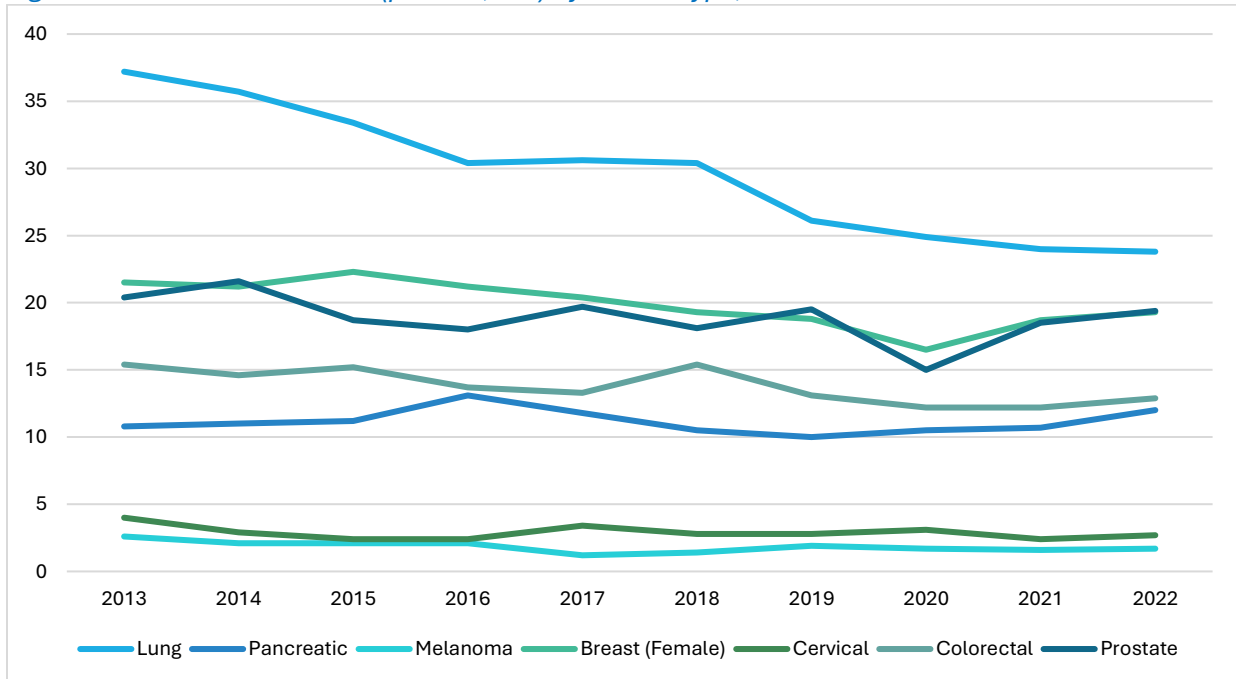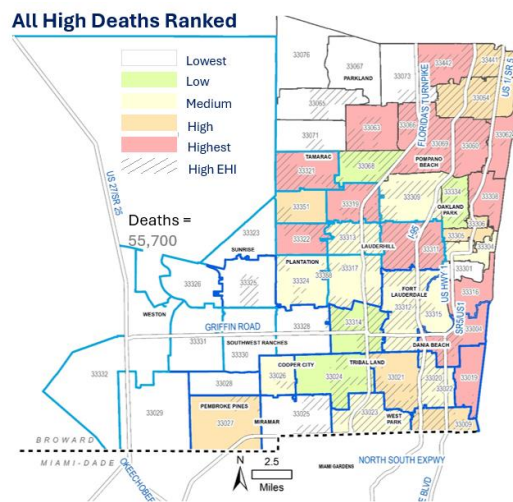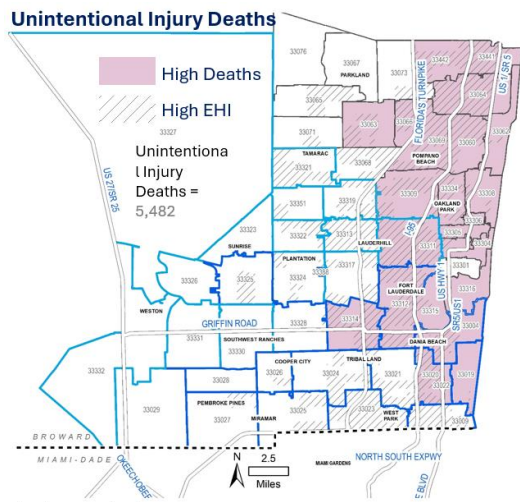
Mental & Behavioral Health

Broward's hospitalization data for 2022 shows that the age groups 25-44 and 45-64 had a higher number of hospitalizations for mental and behavioral health conditions compared to other age groups. There were 40,465 hospitalizations for these disorders in total, with 14,926 (37%) among those aged 25-44, and 11,263 (28%) among those aged 45-64. Broward recorded 808 Emergency Department (ED) visits for self-harm and 549 total admissions for self-harm patients in 2022. Individuals under 18 had the highest number of ED visits for self-harm (38%; 305), while those aged 25-44 had the highest number of admissions for self-harm injuries (31%; 168). Suicide deaths were most prevalent among those aged 35-44.

Table 16 Hospitalizations for Mental & Behavioral Health by Age, Broward 2022

	Drug & Alcohol-Induced Mental Disorders		Mood & Depressive Disorders		Schizophrenic Disorders		Eating Disorders		Hospitalizations from Mental Disorders	
Ages	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
<18	34	8.3	2,444	593.4	166	40.3	72	17.5	3,027	734.9
18-21	42	49.7	656	776.5	501	593.1	20	23.7	1,251	1,480.9
22-24	72	111.5	460	712.0	464	718.2	6	9.3	1,035	1,602.0
25-44	1,159	220.8	2,670	508.5	3,532	672.7	28	5.3	7,537	1,435.5
45-64	1,481	273.5	2,185	403.5	1,889	348.8	33	6.1	5,675	1,047.9
65-74	358	180.0	599	301.1	421	211.6	26	13.1	1,488	748.0
>/=75	79	53.8	219	149.1	127	86.5	26	17.7	683	465.0
Total	**3,225**	**163.4**	**9,233**	**467.9**	**7,101**	**359.8**	**211**	**10.7**	**20,697**	**1,048.8**

Figure 42: Mental & Behavioral Health Disorder Hospitalizations by Age, Broward 2022

	<18	18-21	22-24	25-44	45-64	65-74	>/=75
Eating Disorders	72	20	6	28	33	26	26
Drug & Alcohol Induced	34	42	72	1,159	1,481	358	79
Schizophrenic	166	501	464	3,532	1,889	421	127
Mood & Depressive	2,444	656	460	2,670	2,185	599	219
Mental Disorders	3,027	1,251	1,035	7,537	5,675	1,488	683
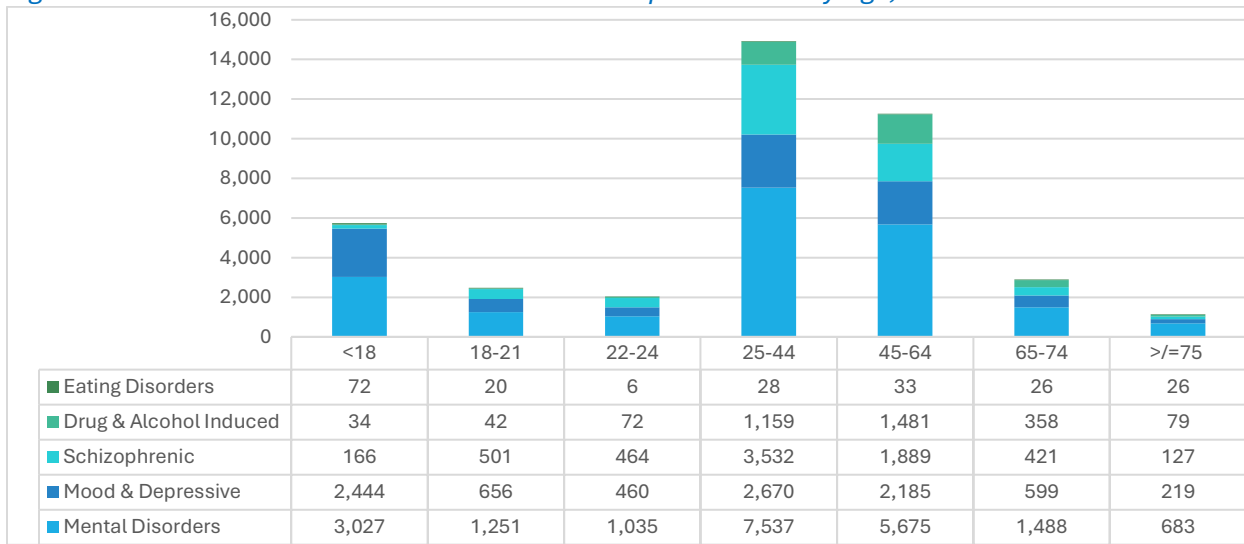
Figure 43: Self-Harm Injury ED visits & Hospitalizations, Broward, 2022

	< 18	18-21	22-24	25-44	45-64	65-74	75+
ED	305	98	57	204	118	23	4
Hospitalization	39	51	36	168	167	54	34
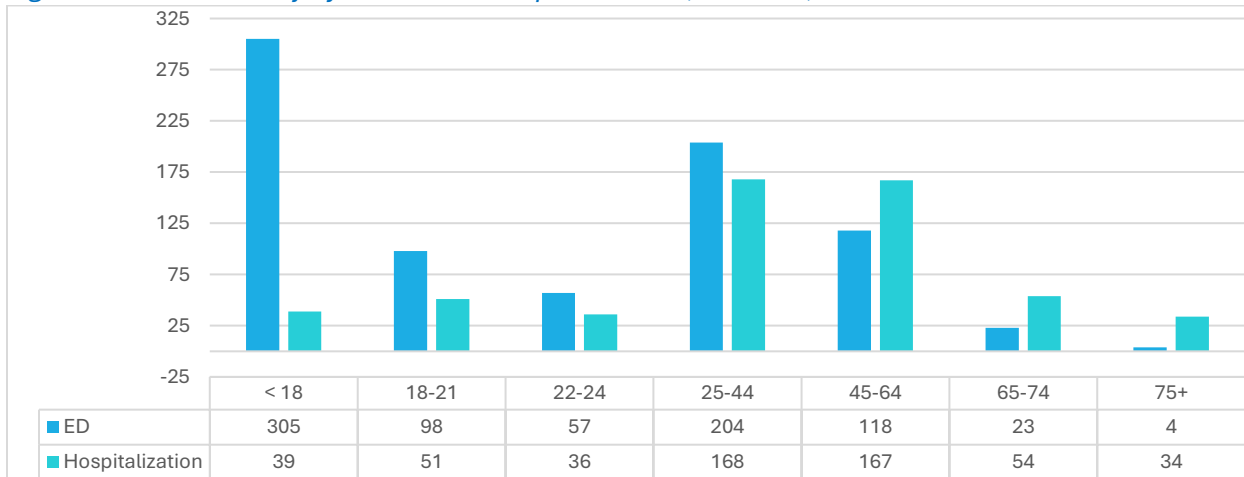
Figure 44: Suicide Deaths by Age, Broward 2022

	10 - 14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+
Suicides	1	9	15	30	39	34	38	34	26

38
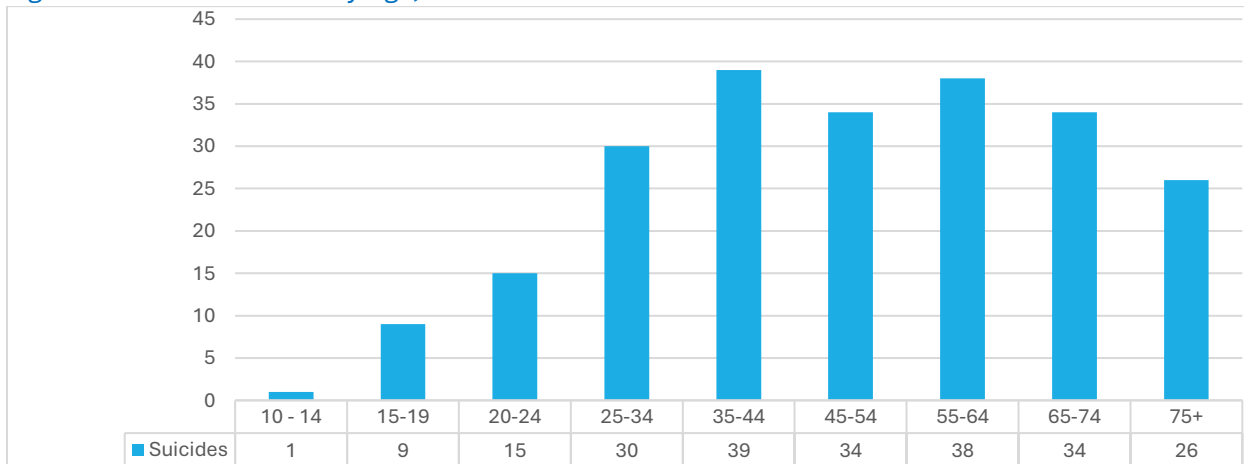
Hospital Utilization Overview

The following review of Broward MHS Hospital Utilization is based on data from BRHPC's Data Warehouse related to MHS Hospitals. MHS South had longer stays than other MHS Hospitals due to its rehabilitation institute offering inpatient treatment, while MHS Regional had the most beds available for admission.

MHS Hospitals are integral to Broward's healthcare system, accounting for over 59% of births in the county. This highlights the community's trust in and reliance on these hospitals. Notably, stillbirths at MHS Hospitals comprised 0.8% of total births, compared to 1.4% at other Broward hospitals.

In 2022, 57.2% of Broward's Obstetrical Service Admissions were at MHS Hospitals, which have 48.1% of all obstetrical admission beds in the county. Additionally, more than 51% of Broward's pediatric admission beds are in MHS Hospitals, and 61% of pediatric admissions in Broward took place at MHS Hospitals.

Figure 45: MHS Hospital Admission Totals by Year, Broward 2021-2023
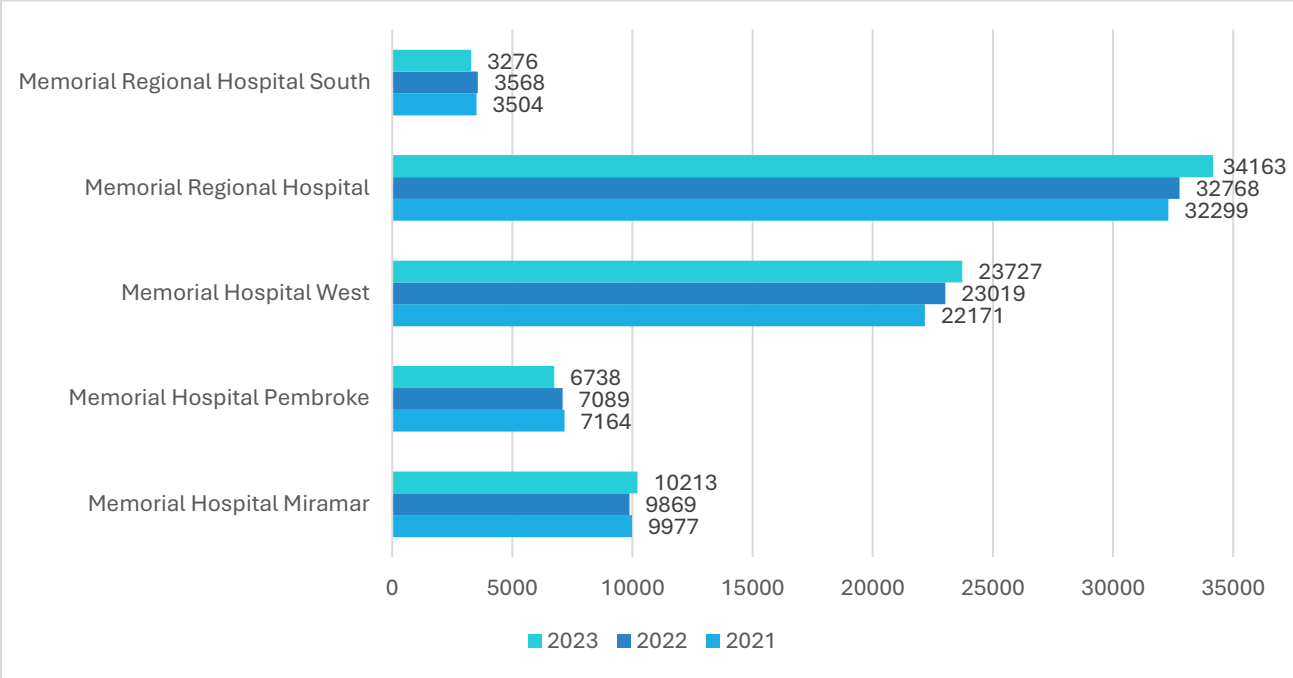
Figure 46: MHS Hospital Occupancy Rate by Year, Broward 2021-2023

	Memorial Hospital Pembroke	Memorial Regional Hospital South	Memorial Hospital Miramar	Memorial Hospital West	Memorial Regional Hospital
2023	34.6%	38.2%	62.8%	78.0%	82.2%
2022	32.1%	41.7%	59.7%	73.2%	80.5%
2021	39.2%	46.3%	65.2%	71.1%	76.4%

2023 ■ 2022 ■ 2021
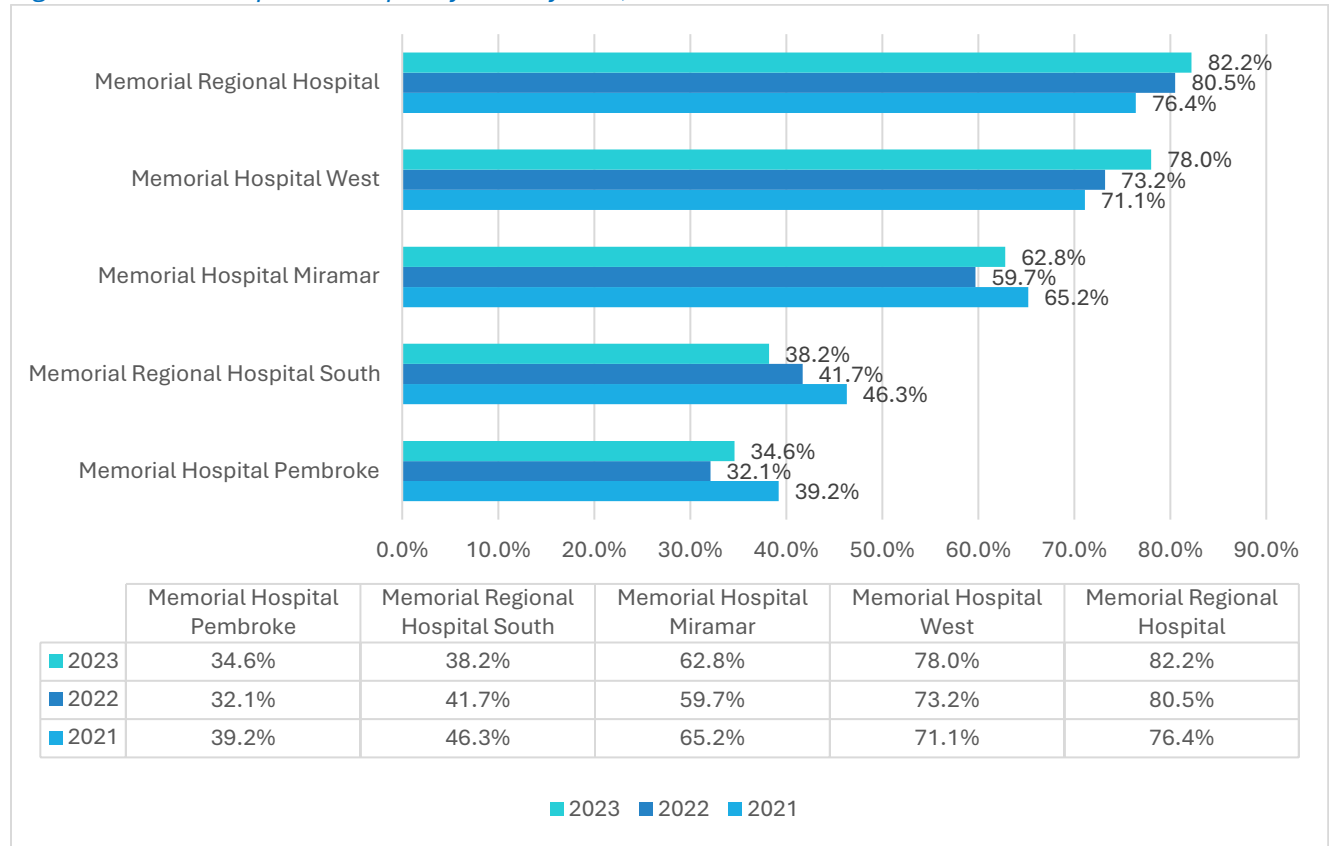
Figure 47: MHS Hospital Average Length of Stay by Year, 2021-2023

	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
2021	4.2	6	5.7	6.9	10.4
2022	3.9	5	5.6	7.1	9.2
2023	4	5.6	5.8	7	9.2
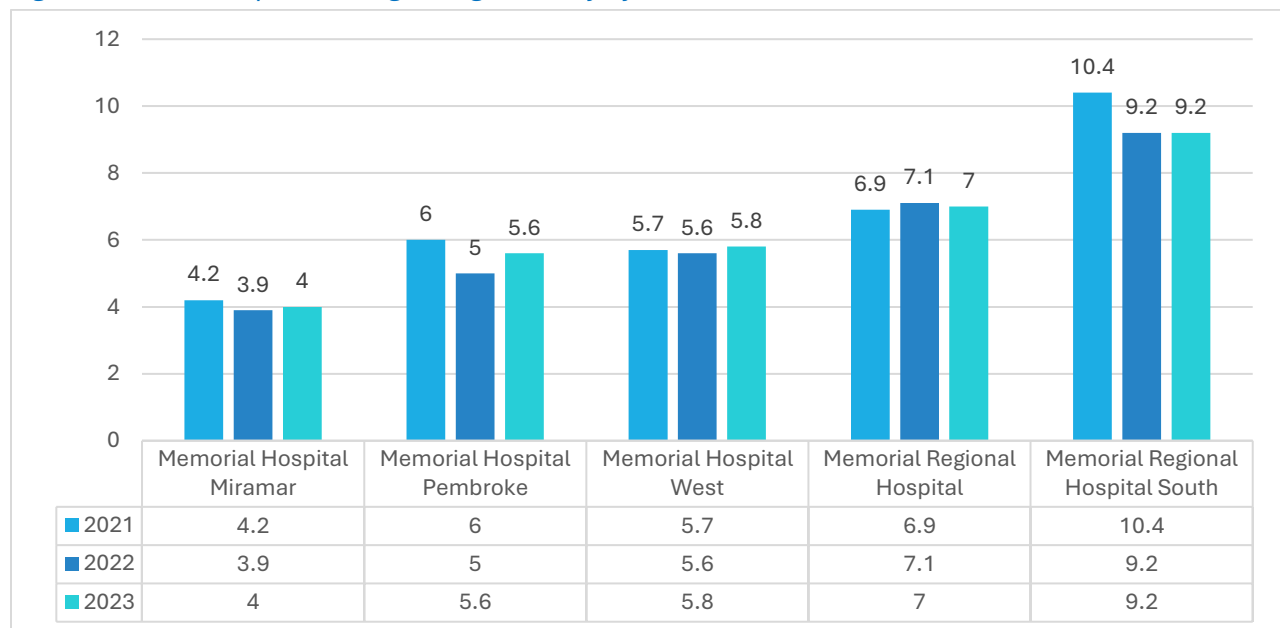
Figure 48: MHS Hospital Average Daily Census by Year, Broward 2021-23

	Memorial Regional Hospital South	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital
2023	82.6	111.8	104.1	379.1	655
2022	90	106.3	96.7	355.6	641.2
2021	100	116	118.1	345.4	609.1

■2023 ■2022 ■2021
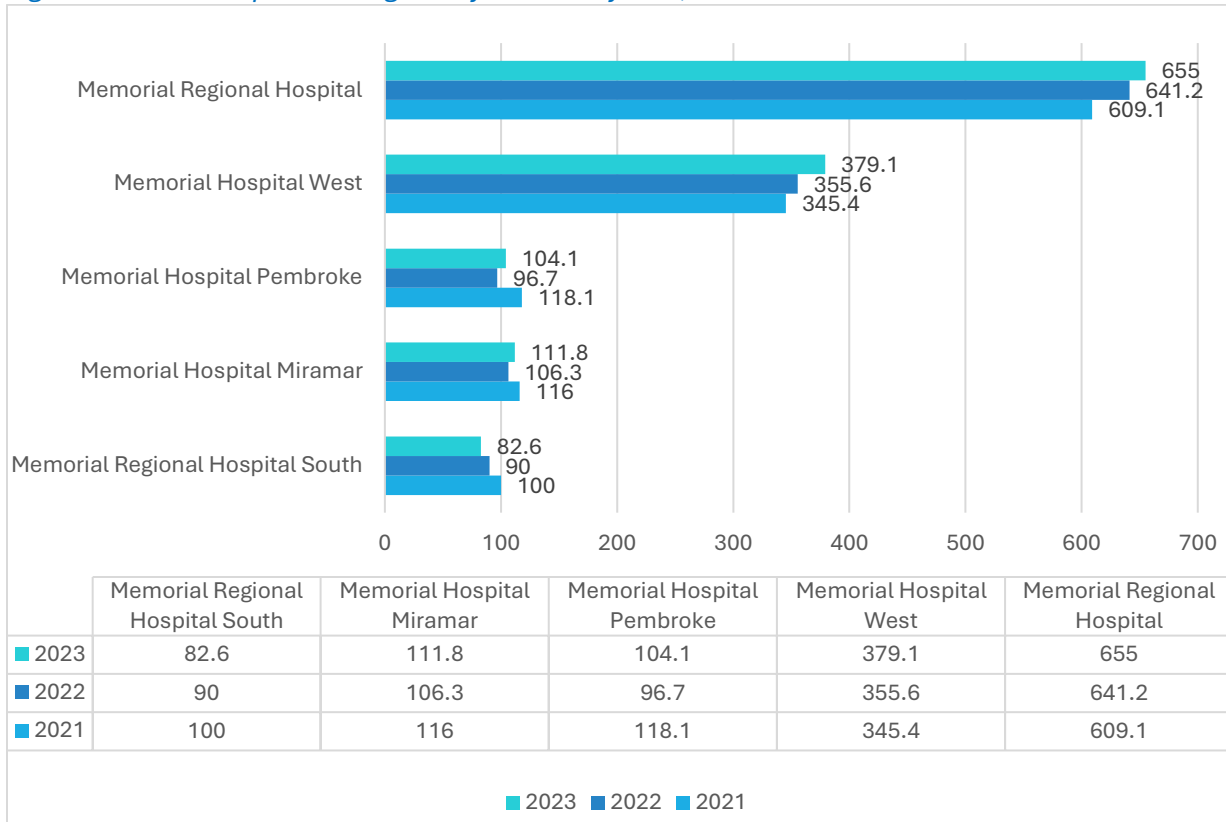
Figure 49: MHS Hospital Number of Patient Days by Year, 2021-2023
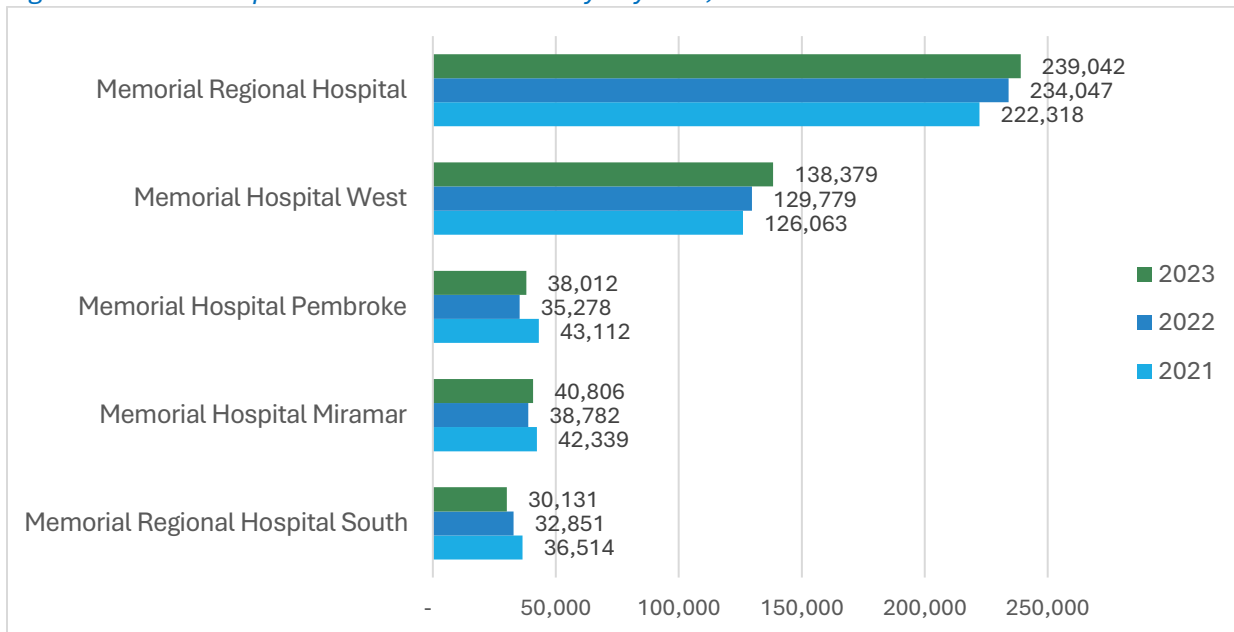
Figure 50: MHS Hospital Observation Cases by Year, Broward 2021-23

	Memorial Regional Hospital South	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital
2023	1,365	5,314	5,681	12,169	16,656
2022	1,352	5,334	5,256	11,157	15,245
2021	1,100	4,550	3,945	9,179	13,517

■ 2023　■ 2022　■ 2021
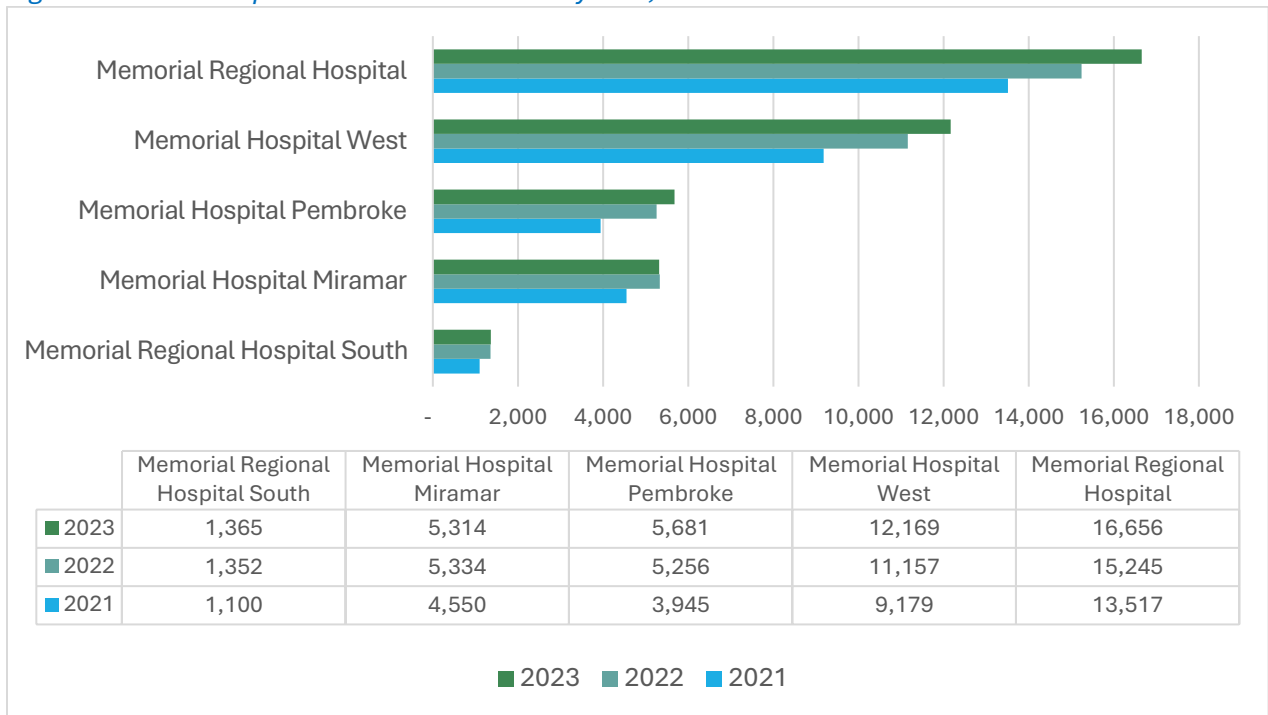
Figure 51: Adult vs. Pediatric ED Visits by MHS Hospital, Broward 2022

	Memorial Regional Hospital	Memorial Hospital West	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Regional Hospital South
Adult	90,744	72,867	44,809	33,290	22,607
Pediatric	79,755	20,616	19,772	1,775	825
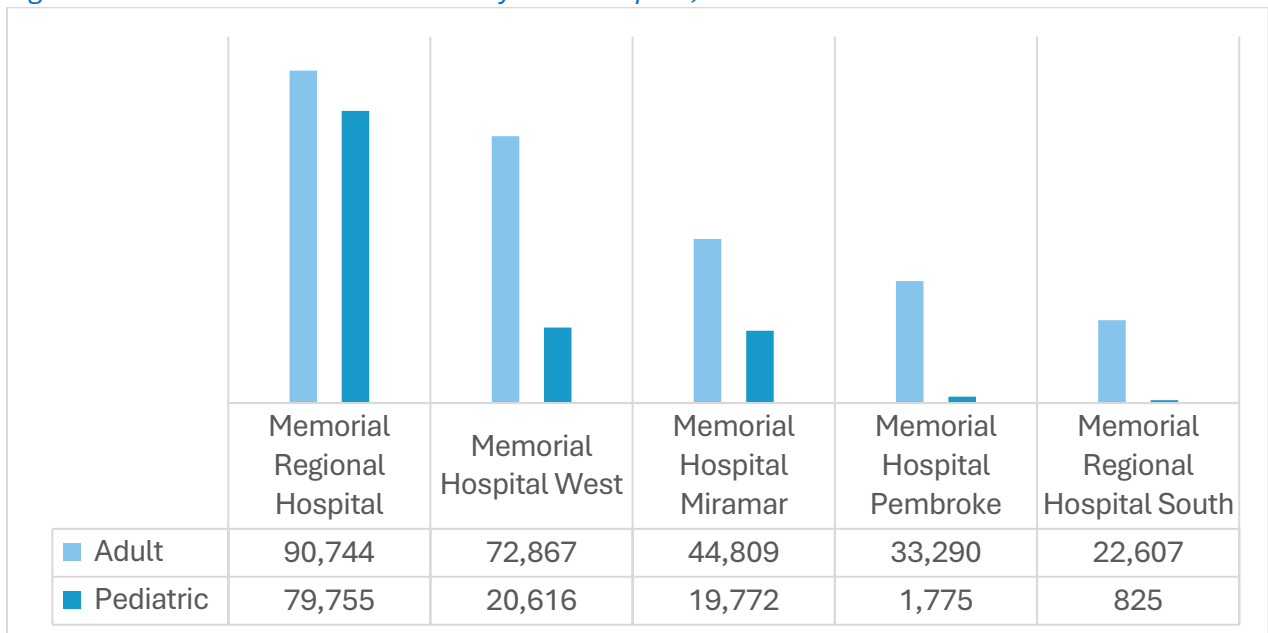
Table 17: Inpatient Utilization Summary by MHS Hospital, Broward 2022

Hospital	Beds	Avg Census	Admissions	Patient Days	Births
Regional	797	641	32,768	234,047	5,128
West	486	356	23,019	129,779	3,668
Miramar	178	106	9,869	38,782	4,178
Pembroke	301	97	7,089	35,278	0
South	216	90	3,568	32,851	0
MHS Total	1,978	1,290	76,313	470,737	12,974
MHS % of Broward	37%		38%	40%	59%

Table 18: Newborn Services Utilization by MHS Hospital, Broward 2022

Hospital	Beds	Avg Census	Occupancy	Live Births	Days	Avg LOS	Still Births
Miramar	24	21.7	90.4%	4,178	7,920	1.9	42
West	38	19.8	52.2%	3,668	7,245	2	32
Regional	60	26.8	44.7%	5,128	9,789	1.9	35
MHS Total	122			12,974	24,954	5.8	109
Broward	255			21,858	43,497		232
MHS % of Broward	48%			59%	57%		47%

Table 19: Obstetrical Services Utilization by MHS Hospital, Broward 2022

Hospital	Beds	Avg Census	Occupancy	Admissions	Admissions + Transfers	Patient Days	Avg LOS
Miramar	50	28.9	57.9%	2,826	8,946	10,560	1.2
West	38	27.2	71.7%	3,707	3,707	9,941	2.7
Regional	94	44.1	46.9%	5,322	5,322	16,096	3
MHS Total	182			11,855	17,975	36,597	
Broward	378	178.6	47.3%	20,712	34,070	65,206	1.9
MHS %	48.1%			57.2%	52.8%	56.1%	

Table 20: Pediatric Services Utilization by MHS Hospital, Broward 2022

Hospital	Beds	Avg Census	Occupancy	Admissions	Admissions + Transfers	Patient Days	Avg LOS
Regional	124	64.6	52.1%	4,305	4,305	23,595	5.5
Broward	241	100.1	41.5%	7,001	9,619	36,522	3.8
MHS %	51%			61%	45%	65%	

Chronic Conditions Overview

Using data from Memorial Healthcare System (MHS) extracted from the BRHPC's Data Warehouse, the following chronic conditions have been analyzed to illustrate MHS's support for the Broward County community: acquired immunodeficiency syndrome (AIDS), asthma, congestive heart failure (CHF), diabetes, hypertension, and sickle cell anemia. The charts present data stratified by the number of cases per year and the dollar charges for each chronic condition. Memorial Regional Hospital consistently has the highest number of cases and charges annually for these chronic conditions.

In 2022, the majority of MHS hospital admissions for sickle cell anemia (91%) and AIDS (57.6%) involved Black patients. Among those admitted for sickle cell anemia, most were younger than 39 years, unlike the other chronic conditions.

Medicare was the major payer for all chronic conditions except for sickle cell anemia, where Medicaid was the primary payer. The chronic conditions with the highest charges were hypertension, diabetes, and CHF.

Figures 57-62 provide a five-year stratification of admissions to each MHS hospital by chronic condition.

Figure 52: MHS Chronic Condition Hospitalizations by Race, 2022

	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
■ White	37	720	2306	3045	4886	5
■ Other	1	85	152	315	364	4
■ Native American	1	4	10	29	21	
■ Hispanic	28	617	1452	2516	3478	24
■ Black	91	810	1509	2506	2809	365
■ Asian/Pacific Island		37	86	174	167	3
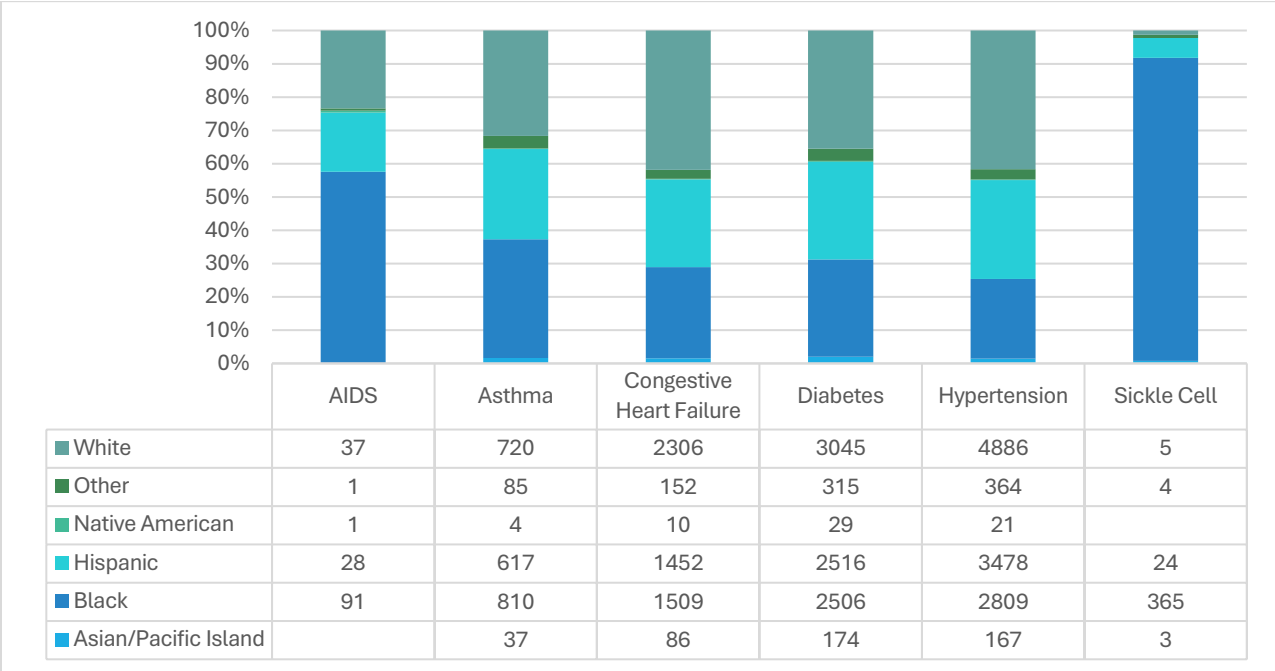
Figure 53: MHS Chronic Condition Hospitalizations by Payer, 2022

	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
Self-Pay	$1,417,989	$6,352,632	$32,410,731	$40,023,824	$45,193,450	$757,517
Private, incl. HMO	$11,828,956	$58,338,312	$136,573,337	$232,597,235	$335,984,762	$5,044,616
Other	$152,197	$9,453,076	$13,724,757	$24,566,087	$33,125,496	$999,277
Medicare	$12,615,730	$95,329,885	$621,470,591	$723,579,830	$711,399,107	$7,134,691
Medicaid	$8,035,080	$44,688,343	$97,396,273	$100,615,762	$118,005,514	$12,736,773

Figure 54: MHS Chronic Condition Hospitalizations by Age Group, 2022

	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
65+	27	744	3985	5406	7376	15
40 - 64	88	614	1359	2729	3672	78
18 - 39	40	672	160	398	628	254
0 - 17	3	243	11	52	49	54

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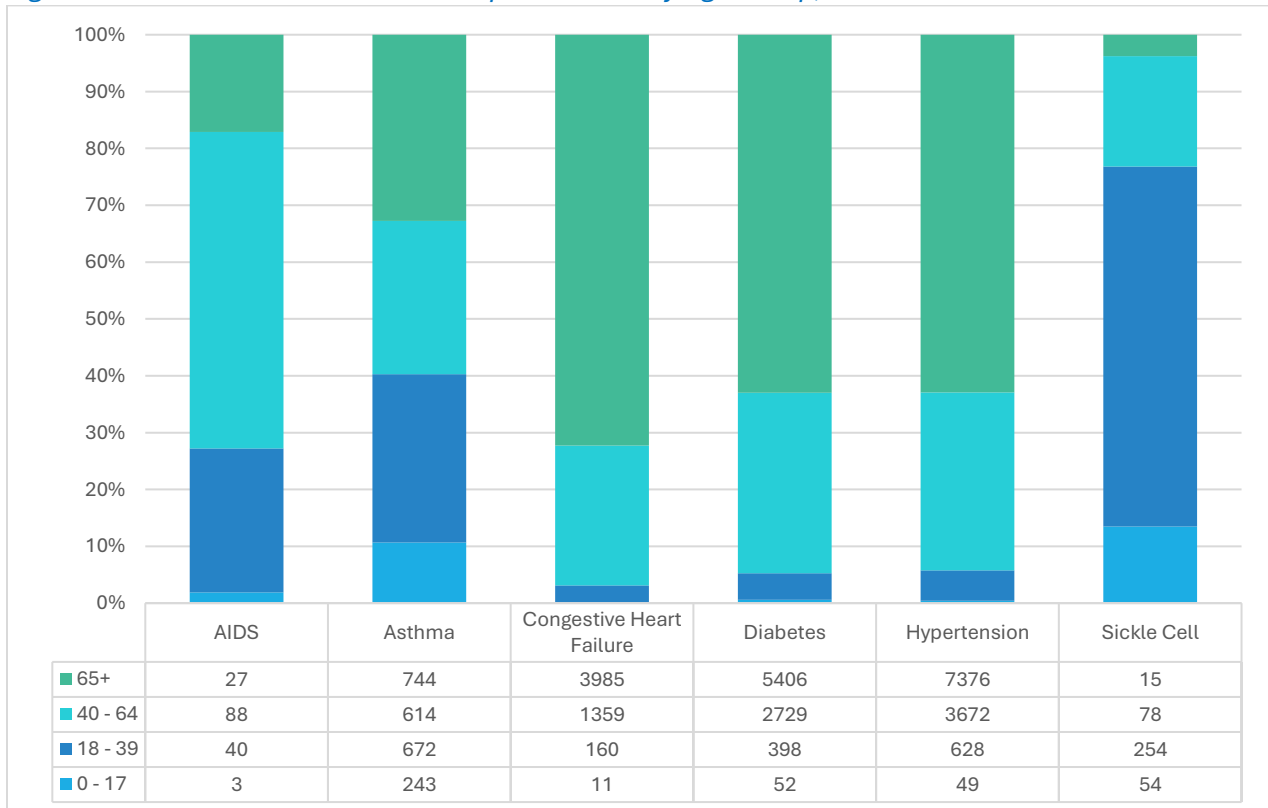
Figure 55: MHS Chronic Condition Hospitalizations by Gender, 2022

	AIDS	Asthma	Congestive Heart Failure	Diabetes	Hypertension	Sickle Cell
■ Male	107	660	3073	4412	5208	152
■ Female	51	1613	2442	4173	6517	249
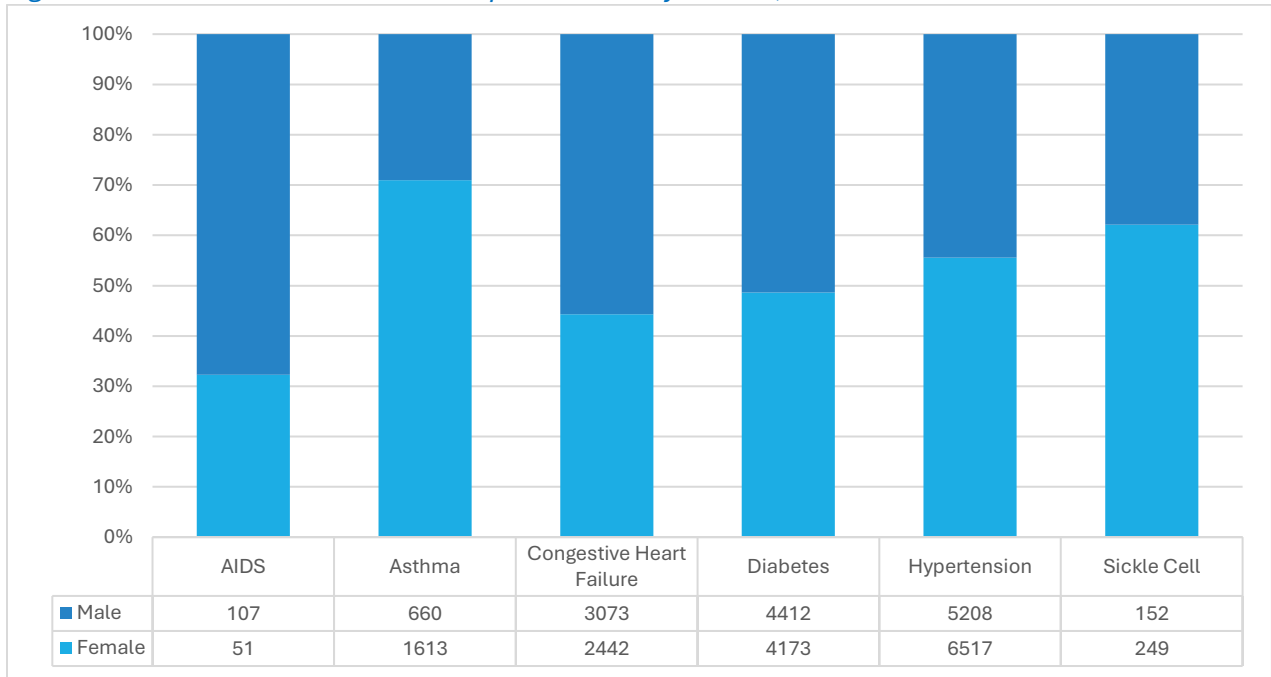
Figure 56: MHS Chronic Condition Hospitalizations Cases vs Charges, 2020-2022
Dots represent charges and bars represent cases chronically from left to right.

Figure 57: Chronic Condition Hospitalization Charges by MHS Hospital, 2022

	Regional	West	Pembroke	Miramar	South
■ AIDS	$16,223,211	$11,835,206	$4,083,060	$736,348	$1,172,127
■ Asthma	$96,803,637	$73,746,100	$20,660,302	$14,232,361	$8,719,848
■ CHF	$535,837,036	$235,386,743	$66,058,817	$31,372,121	$32,920,972
■ Diabetes	$524,366,933	$345,675,082	$133,531,645	$55,593,356	$62,215,722
■ Hypertension	$549,516,203	$427,857,071	$130,287,017	$72,760,358	$63,287,680
■ SickleCell	$19,681,030	$3,206,738	$1,813,500	$1,581,808	$389,798

Figure 58: Diabetes Cases by MHS Hospital, 2018-2022

Figure 58: Diabetes Cases by MHS Hospital, 2018-2022

Year	South	Regional	West	Pembroke	Miramar
2018	728	4459	3028	1598	631
2019	682	4042	2959	1434	582
2020	744	4081	2695	1470	556
2021	667	3599	2685	1355	571
2022	670	3403	2621	1299	592

Legend: Miramar, Pembroke, West, Regional, South

Figure 59: Asthma Cases by MHS Hospital, 2018-2022

Figure 59: Asthma Cases by MHS Hospital, 2018-2022

Year	Memorial Regional Hospital South	Memorial Regional Hospital	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar
2018	145	1445	772	350	227
2019	104	1216	687	296	216
2020	109	1073	544	267	215
2021	130	977	650	253	230
2022	105	1036	657	264	211

Legend: Memorial Hospital Miramar, Memorial Hospital Pembroke, Memorial Hospital West, Memorial Regional Hospital, Memorial Regional Hospital South

Figure 60: Hypertension Cases by MHS Hospital, 2018-2022

Stacked bar chart of Hypertension Cases by MHS Hospital, 2018-2022.

Year	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
2018	895	2162	4179	6157	1160
2019	911	1839	3996	5517	1074
2020	815	1818	3598	5396	971
2021	930	1689	3821	4848	850
2022	869	1685	3787	4562	822
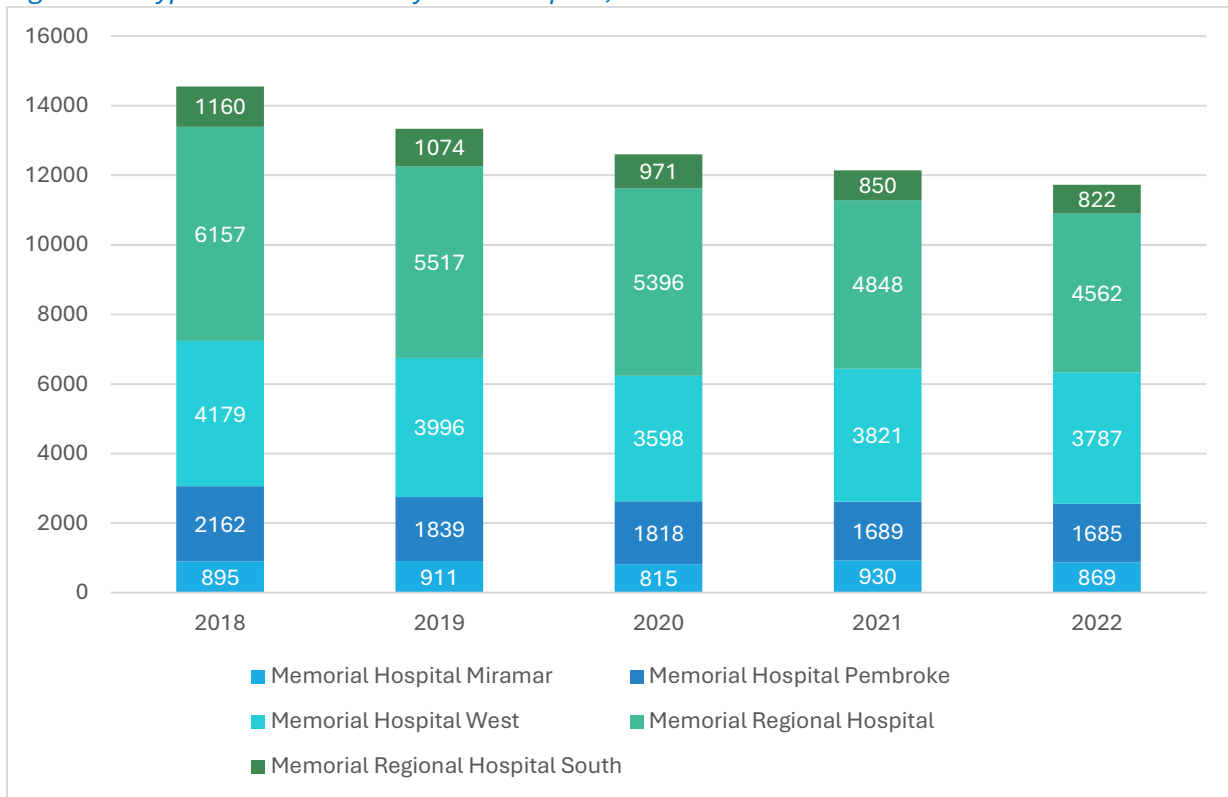
Figure 61: Congestive Heart Failure Cases by MHS Hospital, 2018-2022

Stacked bar chart of Congestive Heart Failure Cases by MHS Hospital, 2018-2022.

Year	Memorial Hospital Miramar	Memorial Hospital Pembroke	Memorial Hospital West	Memorial Regional Hospital	Memorial Regional Hospital South
2018	336	814	1998	3204	379
2019	300	742	1853	3143	308
2020	298	644	1624	2833	354
2021	245	591	1427	2493	345
2022	301	613	1659	2575	367
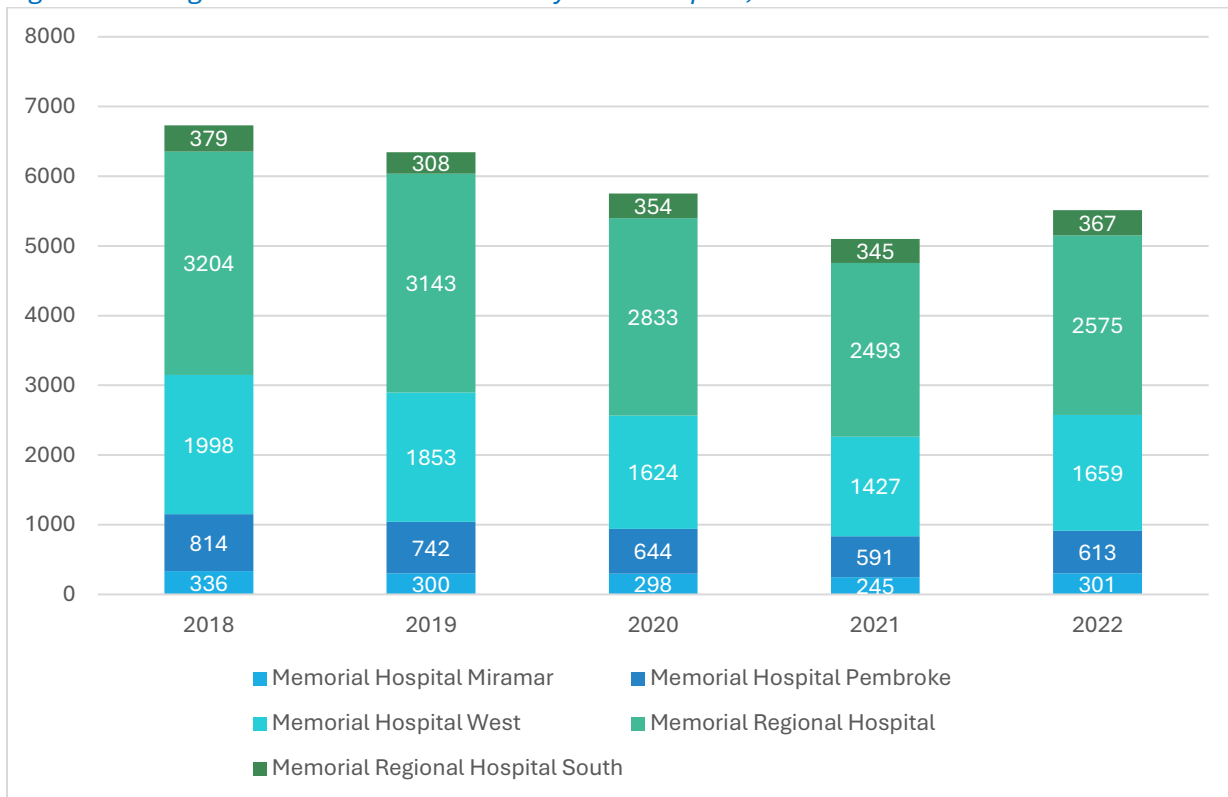
Figure 62: AIDS Cases by MHS Hospital, 2018-2022
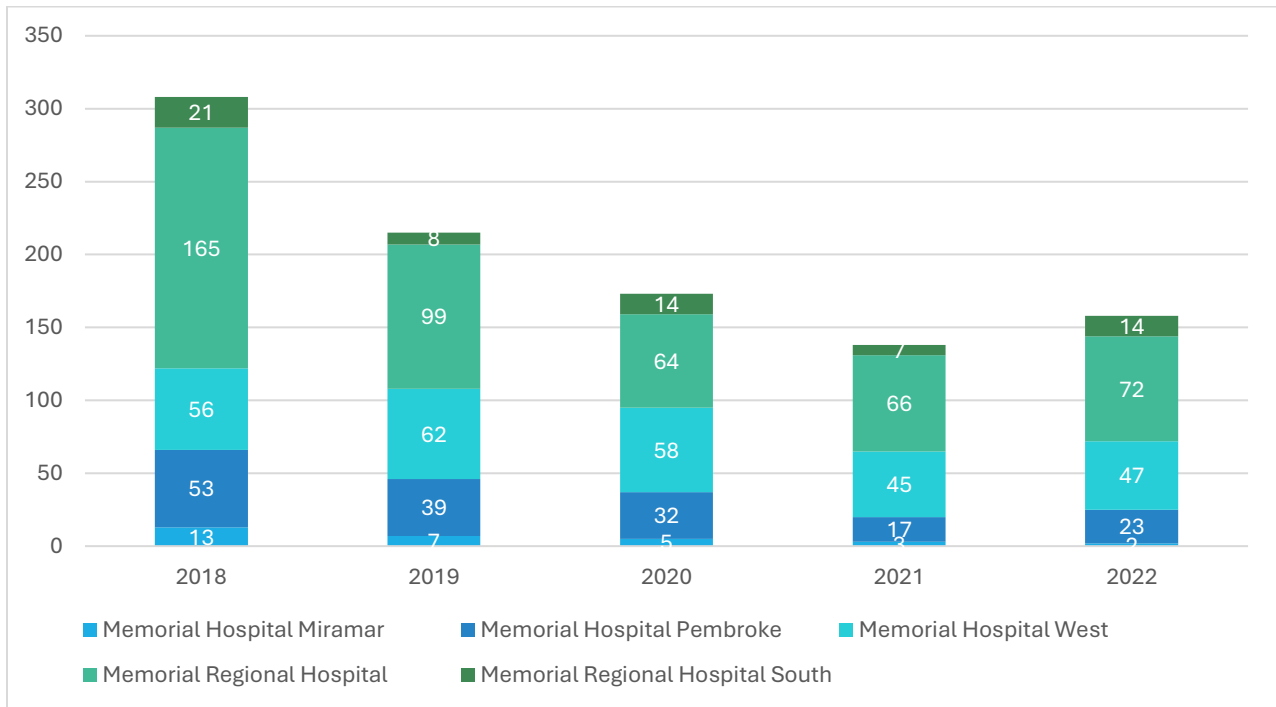
Figure 63: Sickle Cell Cases by MHS Hospital, 2018-2022
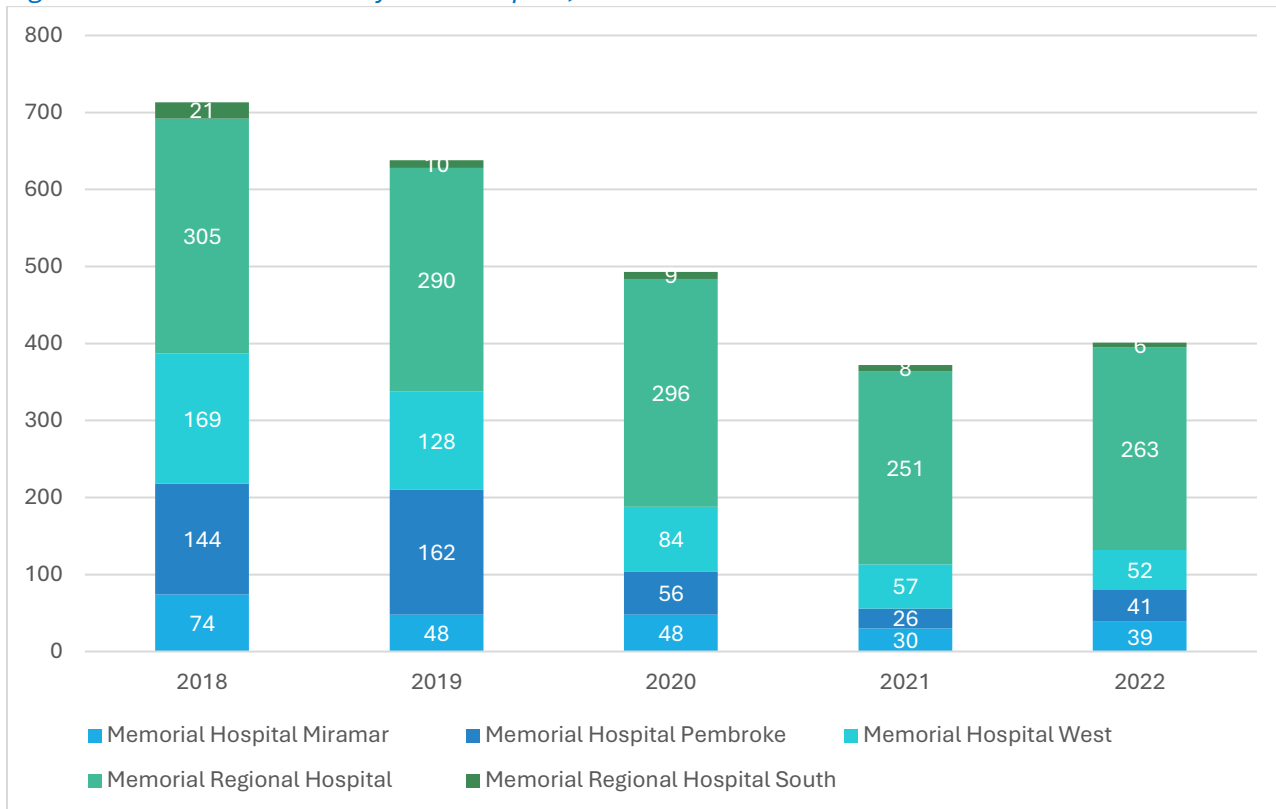
Prevention Quality Indicators Overview

Prevention Quality Indicators (PQIs) are statistics designed to identify issues related to access to care in an outpatient setting. PQIs estimate the rate of admissions that could have been avoided if patients had access to quality outpatient care. These estimates are part of a needs assessment that guides service delivery.

Using MHS data from the BRHPC's Data Warehouse, the following PQIs have been analyzed and stratified by various factors to illustrate how the MHS system supports the Broward County community:

Diabetes-related PQIs

- 1 – Diabetes/Short-term
- 3 – Diabetes/Long-term
- 14 – Uncontrolled Diabetes
- 16 – Diabetes Lower Extremity (LE) Amputation

Other PQIs:

- 5 – Chronic Obstructive Pulmonary Disorder (COPD)
- 7 – Hypertension
- 8 – Congestive Heart Failure (CHF)
- 11 – Bacterial Pneumonia
- 12 – Urinary Infections
- 15 – Adult Asthma

These Prevention Quality Indicators (PQIs) are standardized measures that provide data on the management of major acute or chronic conditions. The following charts stratify the data for these conditions by different factors to provide a comprehensive view.

For diabetes-related PQIs, Broward County generally performs better than the state of Florida overall. However, for PQI 14 (Uncontrolled Diabetes), Broward has a higher PPQI rate (23%) compared to Florida's rate (14%). Diabetes PQIs reflect the management of diabetes in an outpatient setting. Figure 64 shows that from 2020 to 2022, PQI 1, 3, and 16 for diabetes showed a decreasing trend, while PQI 14 showed an increasing trend. This suggests a potential issue in outpatient diabetes management within the Broward community. Diabetes long-term admissions and lower-extremity amputation admissions (PQI 3 and 16) incur significant charges compared to other diabetes and non-diabetes-related PQIs.

Figure 66 illustrates the number of cases and associated dollar charges for each type of PQI from 2020 to 2022. It is noteworthy that Congestive Heart Failure (CHF, PQI 11) is the most expensive and prevalent condition admitted, which could have been prevented. Medicare emerges as the primary payer for most PQIs, underscoring its significant role in healthcare costs. The only exception is Short-term Diabetes (#1).

Many PQIs are higher for individuals identifying as Black or Hispanic. These include diabetes complications (PQI 1, 3, 14, 16), adult asthma, hypertension, CHF, UTIs, and bacterial pneumonia. Among those admitted to MHS hospitals, PQI 5 is the only indicator where 50% or more of the admissions were identified as White.

For diabetes-related PQIs 1, 3, 14, and 16, more than 50% of admissions were from younger groups (64 years old or less) compared to other PQI conditions. In contrast, all non-diabetes-related PQI measures shown have over 50% of admissions from individuals aged 65 or older.

Figure 64: Diabetes PQIs Broward & National Profiles, 2023

	01-Short-Term	03-Long-term	14-Uncontrolled	16-LE amputations	All Dibetes PQIs
Broward Crude Rate	56.64	86.28	48.87	22.37	54.02
National Crude Rate	81.80	104.18	36.26	33.89	64.03
Broward Case Share	27%	41%	23%	10%	
National Case Share	32%	41%	14%	13%	

Legend: Broward Crude Rate, National Crude Rate, Broward Case Share, National Case Share

Figure 65: MHS Prevention Quality Indicator Cases vs. Charges, 2020-2022

Legend: 2020 Cases, 2021 Cases, 2022 Cases, 2020 Charges, 2021 Charges, 2022 Charges
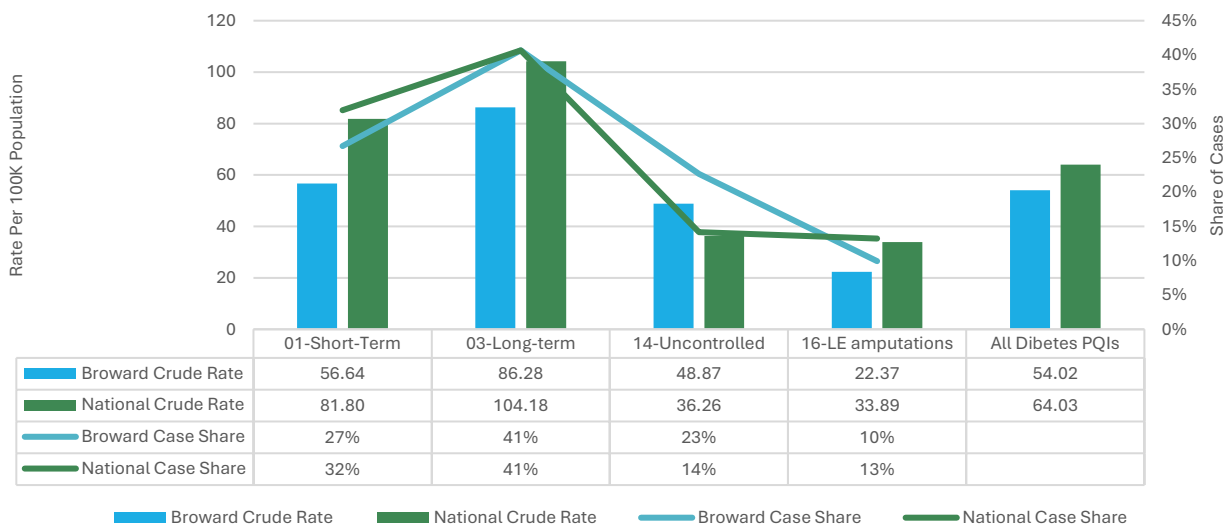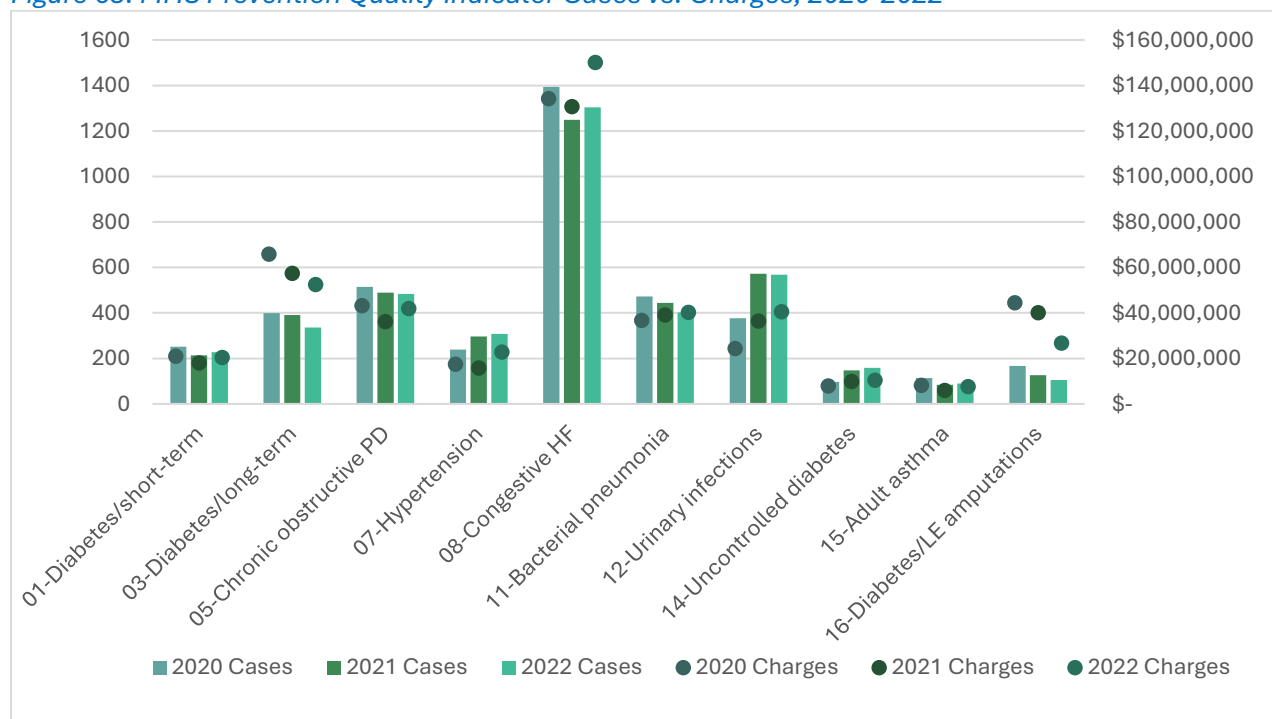
Figure 66: MHS Prevention Quality Indicator Charges by Payer, 2022

	01-Diabetes/short-term	03-Diabetes/long-term	05-Chronic obstructive PD	07-Hypertension	08-Congestive HF	11-Bacterial pneumonia	12-Urinary infections	14-Uncontrolled diabetes	15-Adult asthma	16-Diabetes/LE amputations
Self-Pay	$2,861,042	$1,560,506	$1,325,931	$1,875,750	$2,488,961	$920,733	$446,211	$225,894	$488,311	$2,391,116
Private, incl. HMO	$6,786,184	$12,875,01	$4,982,982	$4,504,720	$18,761,08	$4,575,840	$2,942,603	$2,131,567	$2,207,264	$4,102,751
Other	$625,900	$607,367	$713,568	$301,414	$1,475,784	$538,309	$502,637	$46,434	$148,359	$172,679
Medicare	$5,998,490	$32,489,92	$31,929,60	$14,403,13	$113,815,2	$32,039,66	$30,358,11	$7,382,997	$3,890,769	$17,340,82
Medicaid	$4,132,895	$4,844,048	$2,948,751	$1,718,445	$13,479,12	$2,194,249	$6,266,602	$644,582	$877,421	$2,671,430

Figure 67: MHS Prevention Quality Indicator Cases by Race, 2022

	01-Diabetes/short-term	03-Diabetes/long-term	05-Chronic obstructive PD	07-Hypertension	08-Congestive HF	11-Bacterial pneumonia	12-Urinary infections	14-Uncontrolled diabetes	15-Adult asthma	16-Diabetes/LE amputations
White	57	125	253	69	463	182	235	43	18	32
Other	10	15	9	12	32	7	12	7	4	3
Native American	3		2	1	3		2			1
Hispanic	46	85	102	71	379	126	197	45	29	34
Black	108	108	105	148	406	77	119	59	37	34
Asian/Pacific Island	4	3	12	7	21	10	3	5	2	1

Figure 68: MHS Prevention Quality Indicator Cases by Gender, 2022

	Female	Male
Diabetes short-term	100	128
Diabetes long-term	119	217
COPD	306	177
Hypertension	182	126
CHF	563	741
Bacterial pneumonia	205	197
Urinary infections	370	198
Diabetes uncontrolled	78	81
Asthma	68	22
Diabetes LE amputation	21	84
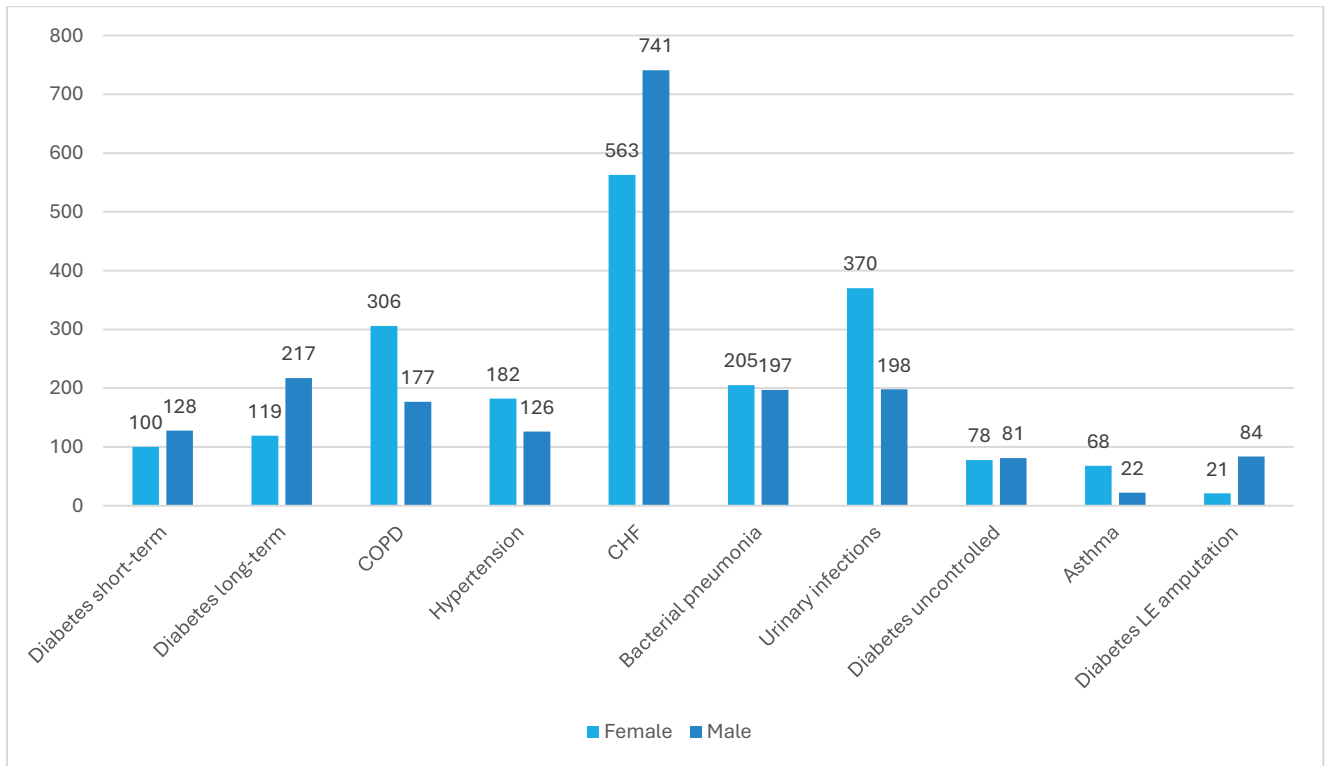
Figure 69: MHS Prevention Quality Indicator Cases by Age, Broward 2022

	01-Diabetes/short-term	03-Diabetes/long-term	05-Chronic obstructive PD	07-Hypertension	08-Congestive HF	11-Bacterial pneumonia	12-Urinary infections	14-Uncontrolled diabetes	15-Adult asthma	16-Diabetes/LE amputations
65+	38	149	335	184	935	302	447	118	37	41
40 - 64	100	156	133	103	329	72	98	32	38	59
18 - 39	90	31	15	21	40	28	23	9	15	5

MHS CHNA 2024 Focus Groups Overview

The BRHPC conducted focus groups to gather insights from three distinct demographic segments: African American/Black men, Senior Citizens, and Behavioral Health clients. Each group's unique perspectives provided valuable information on their specific health needs, challenges, and potential areas for improvement in services and support.

The African American/Black Males Focus Group occurred on March 16, 2024, at the Koinonia Worship Center and was attended by thirteen participants ages 30 to 77. Their educational backgrounds varied from completing Grade 12 to having four or more years of college education.

The Senior Citizens' Focus Group was held on April 10, 2024, at the Hepburn Center, with thirteen participants aged 68 to 90. The group included individuals from White, Black, Hispanic, and Asian racial backgrounds, with educational levels ranging from no formal schooling to college graduates.

The Behavioral Health Focus Group was held on April 16, 2024, at the Rebel's Drop-in Center within the Memorial Outpatient Behavioral Health facility. Fifteen participants, aged 19 to 58, attended the session. The group comprised individuals from White, Black, and Hispanic backgrounds, with educational levels ranging from some high school to college graduates.

The qualitative questions asked during the session included:

- Describe the process you go through to get healthcare.
- Did you experience any barriers?
- Describe the quality of care you receive when you are seen.
- When you are seen for medical care, how are you treated?
- How do you think the delivery of health care services can be improved to improve health and quality of life in the community?
- How has health insurance impacted your healthcare?
- Was there anything you wanted to discuss today that we didn't cover?

African American/Black Men Focus Group

The focus group with African American/Black men highlighted several critical areas of concern:

Quality Of Medical Visits: Medical visits heavily rely on the physician, with many participants feeling discouraged when waiting months for an appointment. Finding a trustworthy doctor is challenging for some, though a few reported better experiences at the Veterans Administration, Shands Hospital, and Chen Medical.

Barriers/Negative Experiences: Participants face several barriers and negative experiences in healthcare. Many felt dismissed by providers, and some believe that instead of resolving issues, medications are over-prescribed, which increases the risk of drug interactions and side effects. Navigating the healthcare system can be frustrating and ineffective, with rising co-pays adding financial burdens with each visit.

Outreach & Education for Black Communities: Participants concurred that outreach and education for Black communities need improvement. Better education and proactive communication about health plans, policy updates, and formularies are essential to help participants understand their options and choose plans that suit their needs.

Increase Access to Care for Black Communities: Enhancing transportation and access to specialty care throughout Broward is crucial to increasing access to care for Black communities. Addressing clinic shortages and streamlining the healthcare system will make it easier for participants to navigate and ensure the health system grows with the population.

Senior Citizens Focus Group

The focus group with senior citizens revealed key issues pertinent to this demographic:

Benefits of Insurance: Medicaid and Medicare are essential for accessing healthcare, as they generally come at little to no cost for the patient. Private insurance offers comprehensive coverage, including outpatient and inpatient visits, medical supplies like wheelchairs and walkers, dental care, and transportation to medical appointments. Some insurance providers also assist with scheduling appointments, making the healthcare process more manageable for participants.

Barriers to Care: Several obstacles hinder access to care, including homelessness, delays in the referral process, and challenges in finding a doctor covered by insurance that meets participants' needs. Many emphasized the importance of doctors who listen attentively and provide personalized care.

Positive Experiences with Care: Overall, there is high satisfaction with healthcare services, with many participants expressing positive feelings about their physicians and care teams. Participants appreciate receiving good advice, experiencing well-organized and responsive care, and not feeling dismissed. They feel listened to and understood by their clinicians. One patient even credited Memorial Hospital with saving their life. Others reported excellent health outcomes with providers like Chen Medical as well.

Concerns with Healthcare Costs: There are significant concerns regarding healthcare costs, particularly those without access to insurance before qualifying for Medicaid and Medicare. Without insurance, many would forgo necessary medical care. Participants expressed frustrations with the high cost of treatments and the financial burdens they face.

Behavioral Health Clients Focus Group

Memorial Outpatient Behavioral Health Services participants reported high satisfaction and positive feelings about their care. The staff is praised for being welcoming and genuinely concerned with the patient's health. Clients feel treated as individuals and receive significant assistance with their medication regimen. The CHOICES Program and Rebel Center, which have been instrumental in providing comprehensive support and care, are particularly appreciated by the clients, instilling a sense of hope and optimism about the services.

Barriers to Care: Several significant barriers impede access to care. Homelessness, lack of transportation, and limited computer access pose substantial challenges for participants. The referral process often causes delays, and many providers do not listen attentively to patient concerns. Finding suitable doctors is difficult, and there is an urgent need for decision-makers, including policymakers and insurance companies, to change their perspective on mental health care. Recognizing its equal importance to other diseases is crucial and can significantly improve access to care.

Health Insurance Concerns: Participants frequently need assistance selecting insurance plans and understanding the extent of their mental health coverage. Finding plans that cover necessary mental health services is challenging, significantly impacting access to essential resources such as social workers, quality therapists, and well-equipped facilities. Navigating the healthcare system without caseworkers is particularly tough, with the consistent runaround described as "draining." This situation not only hinders but also significantly prolongs the receipt of care, underlining the pressing need for improved mental health coverage.

Conclusion

The focus groups conducted by BRHPC provided crucial insights into the unique challenges faced by African American/Black men, Senior Citizens, and behavioral health clients. The findings underscore the vital importance of culturally competent care, improved accessibility, better support systems, and targeted education to address the specific needs of these populations. Addressing these issues can lead to enhanced health outcomes and a higher quality of life for these communities.

Community Health Needs Assessment Survey

The 2023 Broward Regional Health Planning Council Broward County Community Health Needs Assessment Survey (2023 BRHPC Broward CHNA Survey), a follow-up to 12 similar studies conducted since 1994, is a systematic, data-driven approach to determining the health status, behaviors, and needs of Broward County residents. This information guides efforts to improve quality of life and community health.

A CHNA evaluates the community's health status, needs, and challenges by collecting and analyzing data on various health indicators, such as disease prevalence, mortality rates, and health behaviors. This process enables decision-makers to prioritize identified health needs and issues based on factors like severity, the number of people affected, and the community's capacity to address them. As a result, resources and efforts can be focused on the most critical health problems.

The 2023 BRHPC Broward CHNA Survey serves as a tool for achieving three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is one where residents suffer minimally from physical and mental illnesses and enjoy a high quality of life.
- To reduce health disparities among residents. By gathering demographic information along with health status and behavior data, it is possible to identify population segments most at risk for various diseases and injuries. Intervention plans can then be developed to target these individuals and combat socio-economic factors that historically negatively impact residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will help achieve the first goal (improving health status, increasing life spans, and elevating the quality of life) and reduce the costs associated with treating late-stage diseases resulting from a lack of preventive care.

CHNA Survey Sample Approach & Design

A precise and meticulously executed methodology is essential to validate the results of the Community Health Survey. Professional Research Consultants (PRC) oversaw all aspects of survey administration, data collection, and analysis. To ensure a comprehensive representation of the surveyed population, a mixed-mode approach was used, incorporating both telephone (landline and cell phone) and online questionnaires.

The sample design included a stratified random sample of 826 individuals aged 18 and older in Broward County, comprising 200 from North Broward and 626 from South Broward. Following the completion of the interviews, the data were weighted to reflect the actual population distribution, ensuring an accurate portrayal of Broward County as a whole. The

survey consists of 90 questions, designed to be completed in a 20-minute interview. The final sample was weighted to reflect the total county population.

Key Informant Survey

The Key Informant Survey was conducted with members of the Coordinating Council of Broward (CCB), a group of community leaders identified as Key Informants for this needs assessment. The survey consisted of five short-answer questions designed to gather the informants' opinions on healthcare in the Broward community.

Key Informant Survey Responses

The 2024 Key Informant Survey was conducted in March, receiving 10 responses from CCB members within one week. The analyzed responses from these key informants are summarized below and were presented at the March MHS CHNA meeting.

Question 1: What do you perceive to be the key issues in healthcare?

"Access" was identified by over 70% of respondents as a primary healthcare concern in Broward. Survey responses highlighted issues such as access to behavioral health services (20%), affordable care for the underinsured, timely access to services and resources, and affordable housing. Additional community concerns included provider staffing, social and environmental barriers to care, disparities in maternal and infant mortality among minorities, integration of behavioral and medical healthcare, and mental health services.

Question 2: What are the barriers to healthcare?

Figure 70 illustrates key barriers to healthcare reported by respondents in Broward. Forty percent of responses highlighted time barriers, affecting both patients and physicians. Lack of awareness and knowledge about available resources emerged as another significant barrier. Physical barriers, including physician shortages, insurance limitations, cost concerns, and transportation challenges, were noted by multiple respondents. Difficulty in accessing follow-up care and navigating the healthcare system were also cited as significant barriers. Additionally, specific concerns were raised about the lack of access for vulnerable populations such as the homeless and the underinsured, including those covered by Medicaid and ALICE households.
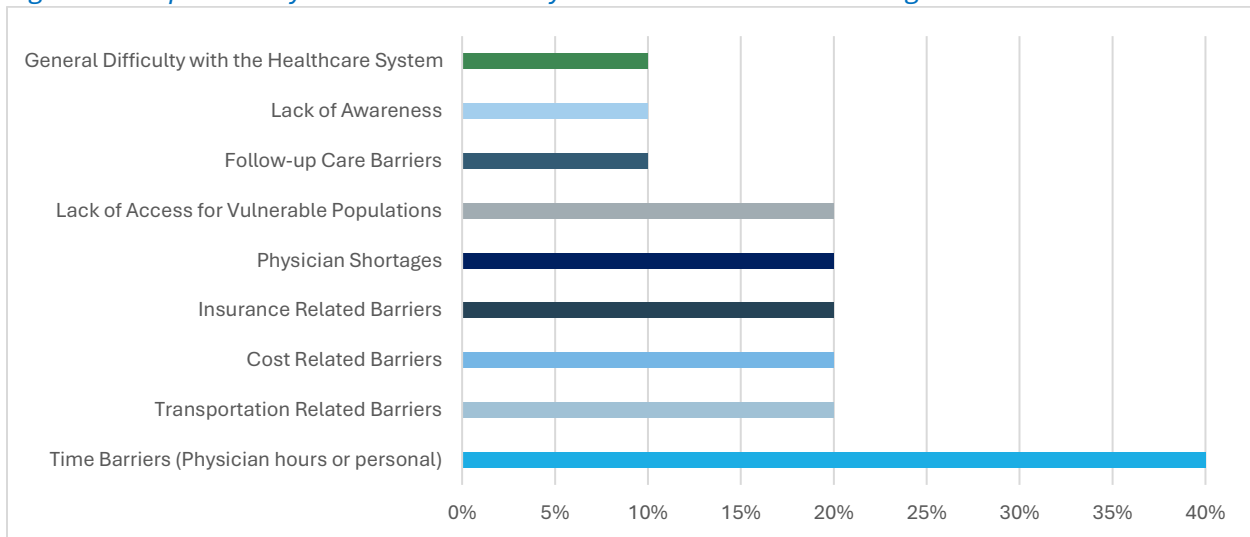
Question 3: What is the impact of healthcare on the community?

The responses to this question were varied, with some expressing positive sentiments while others highlighted negative aspects. Positively phrased responses emphasized the positive contributions of healthcare within communities and the benefits of improved and timely access, enabling more effective and efficient use of resources.

Conversely, negatively phrased responses focused on key barriers in healthcare. Approximately 30% of responses cited cost-related issues as a significant barrier, leading to concerns about access and resulting in poor health outcomes and unnecessary high-acuity services. Another 20% of responses highlighted healthcare's impact on productivity, mentioning issues like waiting for appointments and the challenges of caregiving for sick loved ones.

Question 4: How do you see the local healthcare system changing in the next five years?

Several common themes emerged from the responses. About 30% of respondents expressed an expectation for increased collaboration between hospitals and community organizations over the next five years, while 40% anticipated greater utilization of technology or telehealth services. Half of the respondents anticipated improved community access to services in the coming years.

Other responses highlighted expectations for increased emphasis on prevention, Medicaid expansion, rising healthcare costs, and the establishment of more free-standing Emergency Departments and institutes in the next five years.

Question 5: If you could design the perfect healthcare system: What would it look like? What would be your agency's role?

Two key themes emerged from the responses: 1) access to care and 2) a collaborative and integrative system approach. Respondents suggested ideas such as having "one number to call and schedule an appointment for the same day" and creating "one system for all regardless of payor source."

Regarding access to care (4 responses), some proposed increasing "access to true primary care," reducing the "silo" effect, and ensuring that "everyone would know and be able to access needed and effective services timely." "Medicaid expansion" was also mentioned in this context. Additionally, one respondent emphasized the importance of involving the local community in designing the "perfect healthcare system" to ensure it meets their needs.

About half of the responses focused on a collaborative and integrated healthcare system. One respondent envisioned "Concierge Care for All," where doctors have ample time for their patients, use a holistic approach, and coordinate with specialists. Other suggestions included integrating care with specialists and behavioral healthcare providers, establishing a standard electronic referral system between hospitals and community-based organizations (CBOs), and providing "community links on site," reflecting themes from Question 4 responses.

Figure 71: PRC CHNA Survey

ECONOMIC STABILITY	North Broward	South Broward	Broward	FL	US	HP	Trend
% Unable to Pay Cash for a $400 Emergency	Similar 24.1	Similar 25.6	24.7		Better 34		Similar 27.8
% Unhealthy/Unsafe Housing	Better 19.2	Worse 26.2	21.9		Worse 16.4		Worse 15.9
% Worry/Stress Over Rent/Mortgage Past Year	Worse 61.1	Better 50.5	57		Worse 45.8		Worse 37.6
% Housing >30% of Income	Similar 60.4	Similar 57.7	59.4				Worse 44.4
% Houseless - Past 2 Years	Worse 10.9	Better 5.4	8.8				Worse 4.2
% Housing Instability	Similar 16.1	Similar 13.2	15				Similar 12.4
% Worried Food Would Run Out	Worse 44	Better 35.6	40.8		Worse 40.7		Worse 27.1

HEALTH	North Broward	South Broward	Broward	FL	US	HP	TREND
% "Fair/Poor" Mental Health	Worse 27.3	Better 18.8	24		Similar 24.4		Worse 12.1
% Diagnosed Depression	Similar 25	Similar 25.5	25.2	Worse 14.7	Better 30.8		Worse 7.9
% Typical Day Extremely/Very Stressful	Similar 28.5	Similar 21.6	25.9		Worse 21.1		Worse 15.7
% Heart Disease	Worse 12.5	Better 6.5	10.2	Worse 7.6	Similar 10.3		Worse 6.6
% Stroke	Similar 2.8	Similar 4.4	3.4	Similar 3.6	Better 5.4		Worse 2.5
% Told Have High Blood Pressure	Similar 38.6	Similar 41.3	39.6	Worse 33.5	Similar 40.4	Similar 42.6	Worse 22.1
% Told Have High Cholesterol	Similar 35.4	Similar 35.3	35.4		Similar 32.4		Worse 29.6
% Cardiovascular Risk Factor	Similar 94.9	Similar 96.2	95.4		Worse 87.8		Worse 90.3
% Cancer	Similar 7.6	Similar 10.2	8.6	Better 13.3	Similar 7.4		Better 12.6
% Mammogram - Past 2 Years	Similar 84	Similar 86.5	84.9	Better 79.2	Better 64	Similar 80.5	
% Cervical Cancer Screening [21-65]	Worse 74.4	Better 89.3	80.2	Similar 76.7	Similar 75.4	Worse 84.3	
% Colorectal Cancer Screening [50-75]	Similar 69.2	Similar 80.5	73.3	Similar 72.5	Similar 71.5	Similar 74.4	
% Diabetes/High Blood Sugar	Similar 14	Similar 14.5	14.2	Similar 11.8	Similar 12.8		Worse 6
% Borderline/ Pre-Diabetes	Similar 10.9	Similar 13.8	12		Similar 15		Worse 5.4
% Family Diagnosed w/ Alzheimer's Dementia	Similar 30.2	Similar 34.2	31.7				Worse 24
% 3+ Chronic Conditions	Similar 25.2	Similar 25.1	25.2		Better 38		
% 3+ Vegetable Servings Daily	Worse 35.1	Worse 26.6	31.8		Better 26.4		Better 24.3
% No Leisure Physical Activity	Similar 23.6	Similar 23.6	23.6	Better 26.8	Better 30.2	Similar 21.8	Similar 23.9
% Overweight	Better 62.1	Worse 71.5	65.7	Similar 64.1	Similar 63.3		Worse 44.9

HEALTH	North Broward	South Broward	Broward	FL	US	HP	TREND
% Obese	Similar	Similar	30.4	Similar	Similar	Better	Worse
	28	34.3		28.4	33.9	36	12.5
% Children Overweight	Similar	Similar	41.4		Worse		Worse
	47.1	31.2			31.8		16.8
% Children Obese	Worse	Better	25.4		Similar	Worse	Worse
	30.9	15.6			19.5	15.5	10.7
% Binge Drinking	Worse	Better	28.4	Worse	Similar	Similar	h
	32.3	22.2		13.5	30.6	25.4	13.9
% Used Prescription Opioid - Past Year	Similar	Similar	12.3		Similar		Similar
	11.1	14.2			15.1		14.1
% Impacted by Substance Use	Worse	Better	37.6		Better		Worse
	42.9	28.8			45.4		30.3
% Current Smoker	Worse	Better	14.6	Similar	Better	Worse	Better
	17.8	9.5		14.7	23.9	6.1	21.8
% Currently Vape	Worse	Better	12.7	Similar	Better		Worse
	15.8	7.7		5.7	18.5		7.1
% Lack Insurance [18-64]	Similar	Similar	11.3	Better	Worse	Worse	Similar
	12.9	8.9		22.6	8.1	7.6	12.1
% Cost Prevented Doctor Visit	Worse	Better	21.5		Similar		Worse
	24.7	16.3			21.6		10.7
% Transportation Hindered Physician Visit	Worse	Better	14		Better		Similar
	17.3	8.5			18.3		16.3
% Cost Prevented Getting Prescription	Worse	Better	21.3		Similar		Worse
	24.3	16.3			20.2		8.5

Note: Each subarea is compared against the other. A blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.