



# COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY

**2019 - 2021**

# Executive Summary

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

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

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

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

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

The members of the Broward Health Community Health Needs Assessment Advisory Council participated in meetings that took place from December 2018 to April 2019. During these meetings, the council reviewed data collected per the following methodology: quantitative and qualitative data research, key informant interviews, and provider and community focus group sessions. These data sets were analyzed and discussed to identify and prioritize community health needs within the Broward Health service area:

1. Access to Care
2. Social Determinants of Health
3. Preventive Care
4. Community Education
5. Quality of Care
6. Substance Abuse/ Mental Health

The Implementation Strategy details what Broward Health will address for each of those needs. Measurable outcomes for each of the tactics will be tracked and reported to an internal workgroup over the next three years.

# Implementation Strategy

## LEADERSHIP TEAM MEMBERS

NAME	TITLE
Alan Goldsmith	EVP, Chief Administrative Officer
Aldo Clavo, MD	Medical Director, Ambulatory Services
Alex Fernandez	SVP, Chief Financial Officer
Alice Taylor	CEO, Broward Health North
Ana Calderon, Ph.D.	Executive Director, Children’s Diagnostic and Treatment Center
Andrew Ta, MD	EVP, Chief Medical Officer
David Clark	SVP, Operations
Diana Arteaga	VP, Government Relations/Community Affairs
Gino Santorio	President/Chief Executive Officer
Heather Havericak	CEO, Broward Health Medical Center
Jared Smith	CEO, Broward Health Coral Springs
	CEO, Broward Health Imperial Point
Lee Ghezzi	SVP, Quality and Case Management
Mark Sprada	VP, Strategy and Clinical Operations
Vincent Johnson	Director, Strategy/Community Outcomes, Ambulatory Services

# Access to Care Tactics

Achievability  
Ranking = 1

## GLOBAL AIM STATEMENT:

To improve access to affordable healthcare.

### **Tactic #1**

- Address affordability of co-pays and medication.

Population: Underserved areas with low income within Broward Health service area.

Partners: Broward County Homeless Coalition, United Way of Broward County, Broward Regional Health Planning Council, Enroll America, Community Clinics

Anticipated Outcome: 1) Educate on enrollment options 2) Connect to area support services 3) Increase the number of persons with access to medications

Target Completion: 2021

### **Tactic #2**

- Educate residents affected by immigration status on care provider options.

Population: Undocumented individuals.

Partners: Hispanic Unity of Florida, United Way of Broward County

Anticipated Outcome: Connection to care

Target Completion: 2021

### **Tactic #3**

- Enhance continuity of care.

Population: Broward Health service area residents lacking primary care physicians and relationship with health providers.

Partners: Walk-in Clinics, Mobile Health Providers, Senior Centers, Nursing Homes and Senior Care Facilities, Behavioral Health Providers

Anticipated Outcome: 1) Understanding of provider options 2) Increase primary care provider (PCP) elections 3) Increase access to clinics 4) Increase patient compliance

Target Completion: 2021

## **Tactic #4**

- Increase enrollment into Affordable Care Act and Medicaid programs.

Population: Underserved areas with low income within Broward Health service area.

Partners: Insurance companies, MOPED, Patient Navigators, Churches, Schools, Community Based Organizations

Anticipated Outcome: 1) Understand areas in need of education 2) Educate on insurance enrollment 3) Increase ACA and Medicaid Enrollment

Target Completion: 2021

## **Tactic #5**

- Coordinate care delivery and linkage to services.

Population: Broward Health service area residents lacking primary care physicians and a relationship with health care providers.

Partners: Walk-in Clinics, Mobile Health Providers, Senior Centers, Nursing Homes and Senior Care Facilities, Behavioral Health Providers

Anticipated Outcome: 1) Understanding of provider options  
2) Link residents to primary care providers 3) increase access to clinics

Target Completion: 2021

## **Tactic #6**

- Address the needs of children with special needs.

Population: Families living in the Broward Health service area.

Partners: Children's Diagnostic Treatment Center, Children's Services Council, Arc Broward, Lighthouse of Broward, Ann Storck Center

Anticipated Outcome: 1) Educate families on services available 2) Increase access  
3) Increase access to specialty centers

Target Completion: 2021

# Social Determinants of Health (SDOH) Tactics

Achievability  
Ranking = 2

## GLOBAL AIM STATEMENT:

To consider SDOH in the delivery of healthcare services.

### **Tactic #1**

- Communicate housing quality and affordability options.

Population: Underserved areas with low income within Broward Health service area, income-constrained populations within Broward County.

Partners: Broward Housing Council, Local Community Housing Coalitions, Urban League of Broward County, United Way of Broward County

Anticipated Outcome: 1) Improve access to secured housing 2) Increase health and well-being of residents facing hardship

Target Completion: 2021

### **Tactic #2**

- Close the gap for those affected by poverty and homelessness.

Population: Underserved areas with low income within Broward Health service area; those living at the poverty level or homeless.

Partners: The Salvation Army, Broward Partnership for the Homeless, Broward House, United Way of Broward County, Kids in Distress

Anticipated Outcome: 1) Increase awareness of shelter options

2) Increase communication among homeless population related to support services and funding resources

Target Completion: 2021

## **Tactic #3**

- Address needs resulting from hunger/food insecurities.

Population: Underserved areas with low income within Broward Health service area; those living at the poverty level or homeless.

Partners: Feeding South Florida, LifeNet for Families, Local Food Pantries, Community-based Organizations

Anticipated Outcome: 1) Increase community awareness of local pantry options  
2) Increase community access to nourishment

Target Completion: 2021

## **Tactic #4**

- Address language and literacy levels.

Population: Underserved areas within Broward Health Service Area.

Partners: School Board of Broward County, Boys and Girls Club, Broward County Community Partnerships, Broward College, FAU, Broward County Public Schools

Anticipated Outcome: Increase awareness of public services available for education

Target Completion: 2021

## **Tactic #5**

- Elevate the economic well-being of the community through participation in the South Florida anchor alliance.

Population: Residents within the Broward Health service area.

Partners: Nova Southeastern University, Health Foundation of South Florida

Anticipated Outcome: Through maximizing the economic power of place-based institution like Broward Health to help build a thriving community by leveraging resources available through the hospital system and community-based organizations.

Target Completion: 2021



# Preventive Care Tactics

Achievability  
Ranking = 3

## GLOBAL AIM STATEMENT:

To improve access to preventive care.

### Tactic #1

- Increase access to prenatal care.

Population: Pregnant women, caregivers.

Partners: Healthy Mothers Health Babies, March of Dimes

Anticipated Outcome: 1) Identification of needs for prenatal care 2) Address issues related to low birth weight and prematurity 3) Offer programs designed to address access to pre and inter-conception care and prenatal care for uninsured and undocumented mothers.

Target Completion: 2021

### Tactic #2

- Prevent low birthweight and infant mortality.

Population: Pregnant women with emphasis on black mothers and infants.

Partners: Healthy Mothers Health Babies, March of Dimes

Anticipated Outcome: 1) Decrease in low birth weight, preterm births, and infant mortality 2) Educate on Immunization

Target Completion: 2021

### Tactic #3

- Provide screenings for chronic disease.

Population: Those within Broward Health service area affected by heart disease, diabetes, cancer, vascular disease or other chronic health conditions.

Partners: American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society, Gilda's Club of South Florida

Anticipated Outcome: 1) Extend education programs into community 2) Offer weigh management programs 3) Design and offer programs related to chronic condition and diseases prevalent within underserved community.

Target Completion: 2021



# Community Education Tactics

Achievability  
Ranking = 4

## GLOBAL AIM STATEMENT

To improve expand the reach and quality of patient education.

### **Tactic #1**

- Educate on chronic disease self-management.

Population: Those within Broward Health service area affected by heart disease, diabetes, cancer, vascular disease or other chronic health conditions.

Partners: American Heart Association, American Stroke Association, American Diabetes Association, American Cancer Society

Anticipated Outcome: 1) Extend screening and education programs into community  
2) Design and offer programs related to chronic conditions

Target Completion: 2021

### **Tactic #2**

- Increase understanding of navigation of healthcare system.

Population: Broward Health service area.

Partners: 211 Broward, United Way of Broward County

Anticipated Outcome: 1) Improve health literacy through outreach programs 2) Increase awareness of services available within identified areas of need 3) Increase access to of outpatient centers and clinics.

Target Completion: 2021

### **Tactic #3**

- Educate and promote health literacy.

Population: Broward Health service area.

Partners: American Heart Association, Diabetes Association, Gilda's Club, Arc Broward, United Way, American Cancer Society, Jack and Jill Children's Center

Anticipated Outcome: 1) Focus efforts on improving health literacy within service area  
2) Offer programs designed to address chronic conditions identified within service area  
3) Extend screenings and education into community

Target Completion: 2021

# Quality of Care Tactics

Achievability  
Ranking = 5

## GLOBAL AIM STATEMENT

To improve the quality of care for all patients.

### **Tactic #1**

- Consider diversity issues including languages spoken, patients with disabilities, gender, LGBTQ, and race.

Population: Diverse patient population within Broward Health service area.

Partners: SunServe, Pride Center, Urban League of Broward County, Hispanic Unity of Florida, 211 Broward

Anticipated Outcome: 1) Identify areas of diversity 2) Understand needs of diverse populations 3) Design and extend education and service offerings geared toward diverse populations.

Target Completion: 2021

### **Tactic #2**

- Train clinical and non-clinical staff on diversity and cultural sensitivity.

Population: Broward Health workforce.

Partners: Broward Health Department of Learning, SunServe, Pride Center, Urban League of Broward County, Hispanic Unity of Florida, 211 Broward

Anticipated Outcome: 1) Create an environment of considerate of cultural diversity 2) Design and implement cultural sensitivity training across system.

Target Completion: 2021

# Substance Abuse/Mental Health (SAMH) Tactics

Achievability  
Ranking = 6

## GLOBAL AIM STATEMENT

To improve access to SAMH services.

### **Tactic #1**

- Educate on risks of opioid usage.

Population: At-risk population within Broward Health service area.

Partners: Broward Rehabilitation and Treatment Center, Broward Addiction Recovery Center, United Way of Broward County

Anticipated Outcome: 1) Education on risks associated with substance abuse 2) Offer screening outreach programs, 3) Partners with intervention and treatment centers.

Target Completion: 2021

### **Tactic #2**

- Provide tools and resources geared toward adolescent mental health/suicide prevention.

Population: At-risk adolescents within Broward Health service area.

Partners: Henderson Behavioral Health, National Alliance on Mental Illness, Sanctuary House of South Florida, 211 Broward, Parkland Cares, Take Stock in Children

Anticipated Outcome: 1) Education on signs and symptoms of depression or behavioral issues 2) Education on area resources

Target Completion: 2021