Community Health Needs Assessment

Prepared for

CLEVELAND CLINIC FLORIDA
HEALTH SYSTEM NONPROFIT
CORPORATION

By

VERITÉ HEALTHCARE
CONSULTING, LLC

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ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments and develop implementation strategies that address priority needs. The firm also helps hospitals, associations, and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are being required to meet.

The community health needs assessment prepared for Cleveland Clinic Florida Health System Nonprofit Corporation was directed by the firm's Vice President and managed by a senior-level consultant. Associates and research analysts supported the work. The firm's senior-level consultants and associates hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com.

Verité Healthcare Consulting's work seeks to improve the health of communities, of vulnerable people, and the organizations that serve them

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Cleveland Clinic Florida Health System Nonprofit Corporation (Cleveland Clinic Florida or the hospital) to identify community health needs and to inform development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to regulatory requirements. Cleveland Clinic Florida is a multi-specialty academic medical center located in Weston, Florida, and a fully-owned, integral part of Cleveland Clinic Health System.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and

- relief of a government burden to improve health.[1]

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to "conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such assessment."

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- *Who* in the community is most vulnerable in terms of health status or access to care?
- *What* are the unique health status and/or access needs for these populations?
- *Where* do these people live in the community?
- *Why* are these problems present?

The question of *how* the hospital can best use its limited charitable resources to address priority needs will be the subject of the separate implementation strategy.

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[1] Instructions for IRS form 990 Schedule H, 2012.

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Methodology Summary

Priority community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. The principal findings of recent health assessments conducted by other organizations were reviewed as well.

Proposed regulations that implement the federal CHNA requirements allow hospital facilities to define the "community a hospital serves" based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[2] Because Cleveland Clinic Florida does not provide obstetrics and pediatrics services, this CHNA does not focus specifically on needs that relate to maternal and child health.

Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received by conducting interviews with 24 individuals.

Verité applied a ranking methodology to help prioritize the identified community health needs. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages taking into account multiple primary and secondary data sources. Cleveland Clinic Florida staff then reviewed and confirmed the identified and prioritized health needs.

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[2] Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals: IRS Notice 2011-52.

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Community Served by Cleveland Clinic Florida
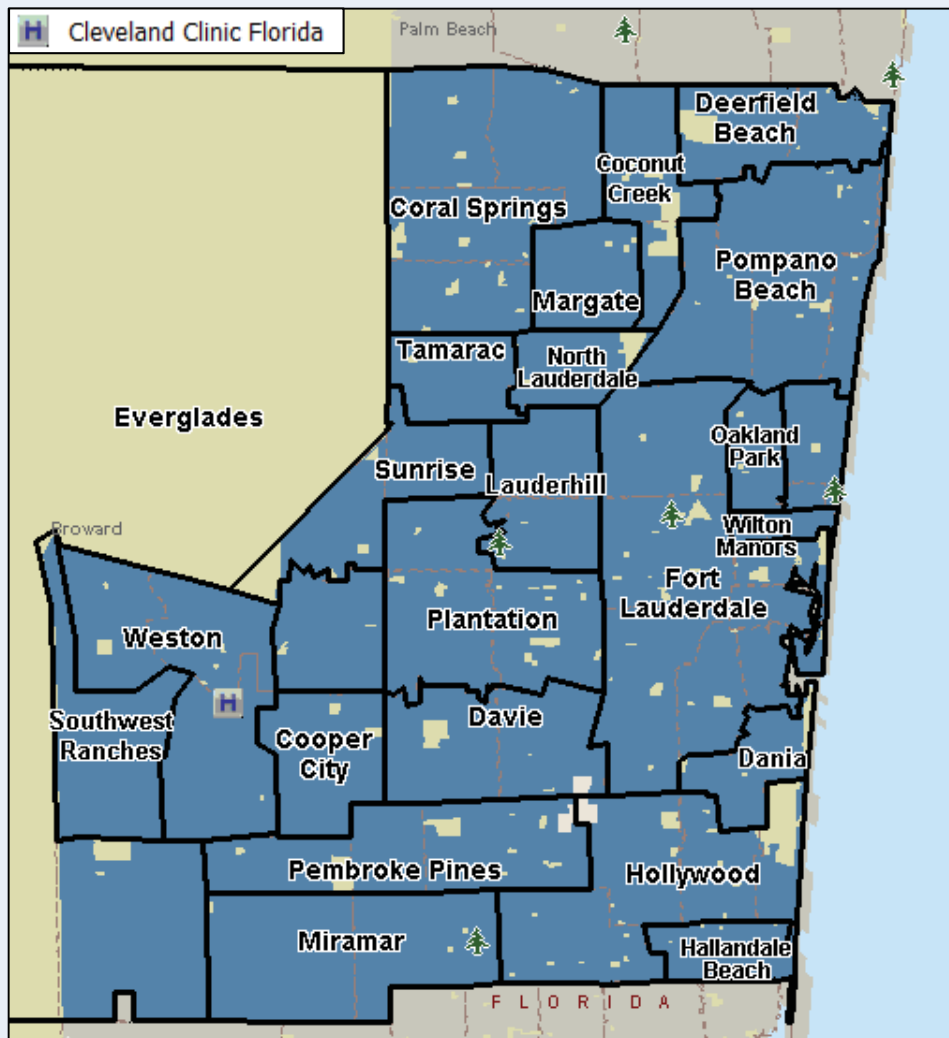
Cleveland Clinic Florida Community Summary Characteristics

- **Community encompasses Broward County (81 ZIP codes)**

- **Total population in 2012: 1,759,598**

- **Projected population increase between 2012 and 2017: 2.0%**

- **Demographics:**

  - **Projected growth of 9.7% in 65+ population**

  - **62% White in 2012, with projected growth in non-White populations**

- **60.3% of the hospital's inpatient discharges originated from the community (2011)**

- **The community as a whole compares favorably to the state for poverty and unemployment**

- **Disparities are present, particularly for Black and low-income populations**

  - **Poverty**

  - **Morbidity and mortality rates**

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Prioritized Description of Community Health Needs

As a whole, Broward County exhibits good health status and good access to care on many measures when compared to Florida and to the U.S. There are, however, a number of specific health needs, and segments of the population have poorer health and less access to care than other members of community.

The CHNA identified and prioritized several community health needs using the data sources, analytic methods, and prioritization process and criteria described in the Methodology section. These needs are listed and described below. Additional supporting data and analysis can be found next section of this report.

Prioritized List of Health Needs

Chronic Diseases and Related Health Conditions

1. Heart Diseases
2. Diabetes
3. Obesity

Sexually Transmitted Diseases

Health Disparities

Access to Affordable Care

Barriers to Care Other than Affordability

Financial Hardship and Basic Needs Insecurity

Chronic Diseases and Related Health Conditions

Heart diseases, diabetes and obesity are among chronic diseases for which a lack of physical activity and poor diet and nutrition in the community are contributing risk factors. These health conditions have significant consequences in morbidity (incidence of disease or poor health), mortality (incidence of death), and treatment costs. Nationally, increases in the prevalence of chronic diseases are well-documented, with negative consequences for health.

Key Findings

Evidence indicating that chronic diseases and related health conditions are priority health needs was found in multiple indicators from different sources, including:

- Sixty-five percent of Broward County adults reported being overweight or obese in 2010 as did more than 82 percent of non-Hispanic Black adults (**Exhibit 34**). The Healthy People 2020 goal for overweight and obesity is 30.5 percent.

- On average from 2010 to 2012, the diabetes mortality rate among the Black population in Broward County was 79 percent higher than for the Broward population as a whole and more than twice the rate of the White population (**Exhibit 30**).

- On average from 2010 to 2012, the diabetes mortality rate among Other non-White populations in Broward County was 66 percent higher than for the Broward population as a whole and more than twice the rate of the White population (**Exhibit 30**).

- The documented need for and recent establishment of additional adult liver, kidney, and heart transplantation services in the community demonstrates one aspect of the toll of a high chronic disease burden. Between 14 and 27 percent of Broward County and south Florida residents receiving transplants in 2010 left south Florida to do so, and the numbers of Broward County and south Florida residents on transplantation wait lists increased between 2008 and 2011 (**A-54**).

- Chronic disease as a whole was the most frequently raised and most significant health condition in key informant interviews. Diabetes was the single most frequently mentioned disease, followed closely by cardiovascular disease, obesity and overweight, and hypertension. Interview participants reported that while awareness of and knowledge about these conditions has increased in recent years, for the most part incidence has not been dropping (**A-59**).

- Although secondary data indicated that Broward County overall compares favorably to the state for chronic disease mortality rates, interviewees indicated that chronic diseases are major health concerns for significant segments of the community, particularly non-White and low-income populations (**A-59**).

Sexually Transmitted Diseases

Sexually transmitted diseases are a community health and public health concern in part because of their ability to spread rapidly within a population. The ability to control and reduce incidence of these diseases depends on several factors, including health education, preventive health behaviors, public health services, and the availability and accessibility of health care services.

Key Findings

Evidence supporting sexually transmitted diseases as a priority health need was found in multiple indicators from different sources, including:

- On average from 2010 to 2012, Broward County reported an HIV incidence rate 79 percent worse than the Florida rate (**Exhibit 32**). The county's HIV mortality rate was 60 percent worse than the state (**Exhibit 30**).

- Broward had an average infectious syphilis rate of 14 per 100,000 population from 2010 to 2012, which was more than double the Florida rate (**Exhibit 32**).

- The gonorrhea incidence rate compared unfavorably, at 18 percent higher than the statewide rate from 2010 to 2012 (**Exhibit 32**).

- HIV was described as a substantial health issue in Broward County in nearly one-third of the interviews. While some interview participants indicated that resources had been deployed for education, prevention, and treatment, they also reported that much work remains to be done to demonstrate significant progress (**A-60**).

- In other recent needs assessments, sexually transmitted infection rates were found to have remained higher in Broward County than in Florida overall between 2006 and 2011 (**A-52**). In addition, nearly one-half of Broward residents who were aware of their HIV status were unable to meet their medical care needs (**A-52**).

Health Disparities

Differences in health status among cohorts of people within a community are often called health disparities. Disparities in morbidity and in mortality within a community can indicate segments of the population with specific health needs, behaviors or other characteristics, or access to care issues that result in poorer health relative to other people. A community can exhibit overall good health but still have disparities affecting specific populations.

Key Findings

Evidence supporting health disparities in morbidity and mortality as a priority health need was found in multiple indicators, including:

- From 2010 to 2012, mortality rates among Black residents of Broward were more than 75 percent worse than for the county overall for numerous diseases and health-related problems, including: HIV, cervical cancer, prostate cancer, diabetes, and homicide. The Black stroke mortality rate was 30 percent higher, and breast cancer mortality was 22 percent higher than the county average (**Exhibit 30**).

- The average mortality rate among non-White, non-Black county residents for stroke from 2010 to 2012 was 64 percent higher than for the county as a whole and 81 percent worse than the White population (**Exhibit 30**).

- The average mortality rate among non-White, non-Black county residents for diabetes from 2010 to 2012 was 66 percent higher than for the county as a whole and double the rate of the White population (**Exhibit 30**).

- More than 82 percent of non-Hispanic Black adults in Broward County reported being overweight or obese in 2010, as compared to 65 percent of all Broward adults (**Exhibit 34**).

- In 2010, Broward County residents with incomes under $25,000 almost uniformly reported significantly poorer health status across measures that included: poor or fair health; limitations due to physical, mental, or emotional problems; and health conditions including cardiac health, diabetes, asthma, and stroke (**Exhibit 34**).

- Interview participants commented frequently on racial and ethnic health disparities, and focused on disparities in barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences as explanatory

factors. Black residents, Hispanic residents, and recent immigrants and refugees from the Caribbean, South America, and other locations were frequently mentioned as being particularly vulnerable to disparities (**A-59**).

In other recent needs assessments, non-Hispanic Black residents fared worse than other groups on several maternal and child heath indicators, including: fetal deaths, infant mortality, late or no prenatal care, and teenage births (**A-50**).

Access to Affordable Care

Access to affordable primary, preventive, and specialty health care services through a doctor's office, clinic, hospital, or other provider is vital for community residents to be healthy. The ability to access affordable care is influenced by many factors, including health insurance coverage, the ability to pay for services out-of-pocket, and the availability and location of health care providers that accept a variety of forms of payment.

Key Findings

Evidence supporting a lack of access to affordable care as a priority health need was found in multiple indicators from different sources, including:

- In 2011, 26.1 percent of the Broward County population under age 65 was uninsured, which is somewhat higher than the Florida average and significantly higher than the 17.3 percent national figure (**Exhibit 21**).

- In 2010, nearly 21 percent of Broward County residents reported in the Behavioral Risk Factor Surveillance System survey being unable to visit a doctor due to cost. For Hispanic residents and for those with incomes under $25,000, the figure was over 40 percent (**Exhibit 34**).

- Low-income residents in 93 of the county's approximately 350 census tracts (mostly north to south in the eastern portion of the county) have been designated by the federal government as Medically Underserved Populations (MUP) (**Exhibit 39**).

- Low-income populations in Pompano Beach, Deerfield Beach, Margate, Hallandale, Miramar, and Sunrise have been federally designated as primary health care Health Professional Shortage Areas (HPSA). The low-income populations in Fort Lauderdale, Davie, Hollywood, and Dania are designated as primary health care and dental HPSAs (**Exhibit 39**).

- In key informant interviews, lack of access to affordable care was the topic most frequently mentioned as a community health problem. Interview participants described access to preventive, primary, specialty, and post-acute care, as well as to prescription medications, as particularly challenging for people who are uninsured or underinsured and have lower income (**A-58**).

- In other recent needs assessments, the cost of services, a lack of insurance, and a lack of physicians who accept Medicaid all were cited as reasons that visits to doctors were often not feasible or not scheduled (**A-51**).

Barriers to Care Other than Affordability

Barriers to accessing health care services other than affordability also play a significant role in the ability of people to obtain services that would otherwise help them maintain or restore health. These include an inadequate supply of physicians and other health care providers relative to anticipated needs, a lack of knowledge about available health services, a lack of health education or health literacy, a lack of reliable transportation, language barriers, and cultural issues.

Key Findings

Evidence supporting barriers to care other than affordability as a priority health need was found in multiple indicators from different sources:

- Data show that Florida's current physician supply is not adequate to serve rising demand for medical services. Factors contributing to the anticipated shortages include an increase in insurance coverage due to the Affordable Care Act, higher demand from an aging population, a large proportion of the current physician workforce reaching retirement age, and an insufficient number of new medical school and graduate medical education alumni (**A-42** and **A-43**).

- From 2009 to 2011, nearly 15 percent of Broward County residents aged five and older were "linguistically isolated," a statistic that is 25 percent higher than the state average. The percent of linguistically isolated residents also is 71 percent higher than the U.S. average (**Exhibit 13**). Linguistic isolation is a recognized barrier to accessing health care services and is defined as speaking a language other than English and speaking English less than "very well." Interview participants also raised limited English language proficiency as a barrier (**A-58** and **A-59**).

- Interview participants stated that a lack of reliable personal or public transportation significantly hampers access to care. The public transportation system in Broward County was widely reported as unable to fully meet the needs of residents who depend on it (**A-58**).

- Gaps in community resident knowledge and awareness of available services, and in how to navigate among them, were reported in interviews to be significant, particularly for the county's numerous recent immigrants, those with limited English proficiency, the elderly, and homeless persons (**A-58** and **A-59**).

- Collaboration and care coordination among organizations providing health and social services was viewed as lacking and as impeding access to and continuity of care (**A-59**).

- In other recent needs assessments, lack of knowledge of available resources, language barriers and cultural sensitivities, and challenges navigating the health care system for patients and caregivers also consistently were raised as significant barriers to access (**A-51**).

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Financial Hardship and Basic Needs Insecurity

Poverty is known to be highly correlated with the prevalence of a range of health problems and factors that contribute to poor health. People with lower income or who are unemployed or underemployed are less likely to have health insurance or to be able to afford health care expenses paid out-of-pocket. Low-income also is associated with increased difficulties securing reliable transportation, (including to medical care visits), and with the inability to purchase an adequate quantity of healthy food on a regular basis. For these and other reasons, this assessment identified financial hardship and basic needs insecurity as a priority health need in the community.

Key Findings

Evidence supporting financial hardship and basic needs insecurity as a priority health need was found in multiple indicators from different sources, including:

- Broward County's non-White populations all had higher average poverty rates than White residents from 2009 to 2011; the Black population in Broward exhibited a poverty rate of greater than 22 percent, more than twice as high as the White population (**Exhibit 15**).

- Data indicate that financial hardship and poverty is most concentrated in a north-to-south band throughout the east-central developed parts of the county, especially in Deerfield Beach, Pompano Beach, North Lauderdale, Lauderhill, Oakland Park, Fort Lauderdale, Davie, Dania, Hollywood, and Hallandale Beach (**Exhibits 17**, **23**, and **37**).

- Food deserts (geographic areas with a relative lack of access to nutritious and affordable food) existed in 26 census tracts in the east-central parts of the county in 2010 (**Exhibit 38**).

- Low-income and poverty conditions were mentioned frequently by interview participants, who emphasized the correlation between income and health. High rates of persistent unemployment, lower overall wages, the housing crisis and increases in homelessness, and increased demand at food pantries all were stated to be elements of basic needs insecurity, and to reduce the ability of individuals and families to maintain their health (**A-59**).

CHNA DATA AND ANALYSIS

METHODOLOGY

Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs.

Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, local community service organizations, and from Cleveland Clinic Florida. Comparisons to benchmarks were made where possible. Details from these quantitative data are presented in the CHNA Data and Analysis section of this report, followed by a review of the principal findings of health assessments and reports conducted by other organizations in the community in recent years.

Input from persons representing the broad interests of the community was taken into account via 18 key informant interview sessions with 24 individuals, conducted between February and July 2013. Interviews included: individuals with special knowledge of or expertise in public health; the local public health department; agencies with current data or information about the health needs of the community; and leaders, representatives, and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. Scores were calculated for each category of data (secondary data, previous assessments, and interviews) based on the severity of the issue as measured by the data and as indicated by community input. Scores were averaged and assigned a weight for each data category: 40 percent, 20 percent, and 40 percent, respectively. Cleveland Clinic Florida staff then reviewed these findings to confirm the identified and prioritized health needs.

Information Gaps

Few information gaps have affected the hospital's ability to assess the health needs of the community. However, the western portion of Broward County, while largely undeveloped and unpopulated, includes areas designated as the Miccosukee Indian Reservation and the Big Cypress Indian Reservation. The reservations' combined population was approximately 1,000 individuals, or 0.06 percent of the entire community population. These western areas are included in county-wide analyses, but excluded from sub-county analyses due to insufficient data. This information gap did not impact the identification of priority health needs.

DEFINITION OF COMMUNITY ASSESSED

This section identifies and describes the community assessed by Cleveland Clinic Florida and how it was determined.

Cleveland Clinic Florida is a multi-specialty academic medical center, and patients come from across the U.S. and internationally to obtain care at the hospital. For the purposes of the CHNA, the hospital defined the community as its home county of Broward, from which more than 60 percent of its inpatient discharges originate.

Broward County, Florida includes 22 cities and towns and 81 ZIP codes. The hospital is located in the city of Weston. In 2012, the Cleveland Clinic Florida community was estimated to have a population of approximately 1,760,000 persons (**Exhibit 1**).

Exhibit 1: Community Population, 2012

City or Town	Total Population 2012	Percent of Total Population 2012
Coconut Creek	45,890	2.6%
Cooper City	14,686	0.8%
Coral Springs	145,986	8.3%
Dania	15,817	0.9%
Davie	76,271	4.3%
Deerfield Beach	54,940	3.1%
Fort Lauderdale	234,331	13.3%
Hallandale Beach	39,188	2.2%
Hollywood	166,185	9.4%
Lauderhill	100,528	5.7%
Margate	50,682	2.9%
Miramar	122,056	6.9%
North Lauderdale	49,941	2.8%
Oakland Park	28,266	1.6%
Pembroke Pines	165,890	9.4%
Plantation	115,485	6.6%
Pompano Beach	134,154	7.6%
Southwest Ranches	11,389	0.6%
Sunrise	51,970	3.0%
Tamarac	44,819	2.5%
Weston	79,442	4.5%
Wilton Manors	11,682	0.7%
Total	**1,759,598**	**100.0%**

Source: Truven Health Analytics, via Cleveland Clinic Florida, 2013.

The Cleveland Clinic Florida community included 1,759,598 people in 2012

...

Fort Lauderdale, Hollywood, and Pembroke Pines were the most populous cities and towns

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The community definition was validated based on the geographic origins of the majority of Cleveland Clinic Florida inpatients (**Exhibit 2**).

Exhibit 2: Inpatient Discharges, 2011

City or Town	Inpatient Discharges 2011	Percent of Total Discharges	
Coconut Creek	58	0.6%	
Cooper City	166	1.6%	
Coral Springs	322	3.2%	
Dania	30	0.3%	
Davie	686	6.8%	
Deerfield Beach	51	0.5%	
Fort Lauderdale	278	2.8%	*Weston accounted for the highest percentage of discharges in 2011, followed by Davie, Pembroke Pines, and Plantation*
Hallandale Beach	41	0.4%	
Hollywood	213	2.1%	
Lauderhill	146	1.4%	
Margate	54	0.5%	
Miramar	370	3.7%	
North Lauderdale	77	0.8%	
Oakland Park	13	0.1%	
Pembroke Pines	579	5.7%	
Plantation	564	5.6%	
Pompano Beach	132	1.3%	
Southwest Ranches	173	1.7%	
Sunrise	265	2.6%	
Tamarac	224	2.2%	
Weston	1,632	16.2%	
Wilton Manors	12	0.1%	
Service Area Total	**6,086**	**60.3%**	
Other Areas	**4,011**	**39.7%**	
Total Discharges	**10,097**	**100.0%**	

Source: Cleveland Clinic Florida, 2013.

In 2011, the community collectively accounted for 60.3 percent of the hospital's inpatient discharges. The city of Weston accounted for the highest percentage of discharges of any municipality (**Exhibit 2**).

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Exhibit 3 presents a map displaying the 22 cities and towns that comprise Cleveland Clinic Florida's community. The central and western parts of Broward County's land area are covered by the Everglades and are undeveloped.

The western portion of the county is designated as the Miccosukee Indian Reservation and the Big Cypress Indian Reservation. In 2010, the Miccosukee Indian Reservation reported a population of 406. A total of 591 people were living in the Big Cypress Indian Reservation in 2010, but the majority of the reservation's land is located in Hendry County.[3] These western areas are excluded from sub-county analyses due to insufficient data.

Exhibit 3: Cleveland Clinic Florida Community

Sources: Microsoft MapPoint and Cleveland Clinic Florida, 2013.

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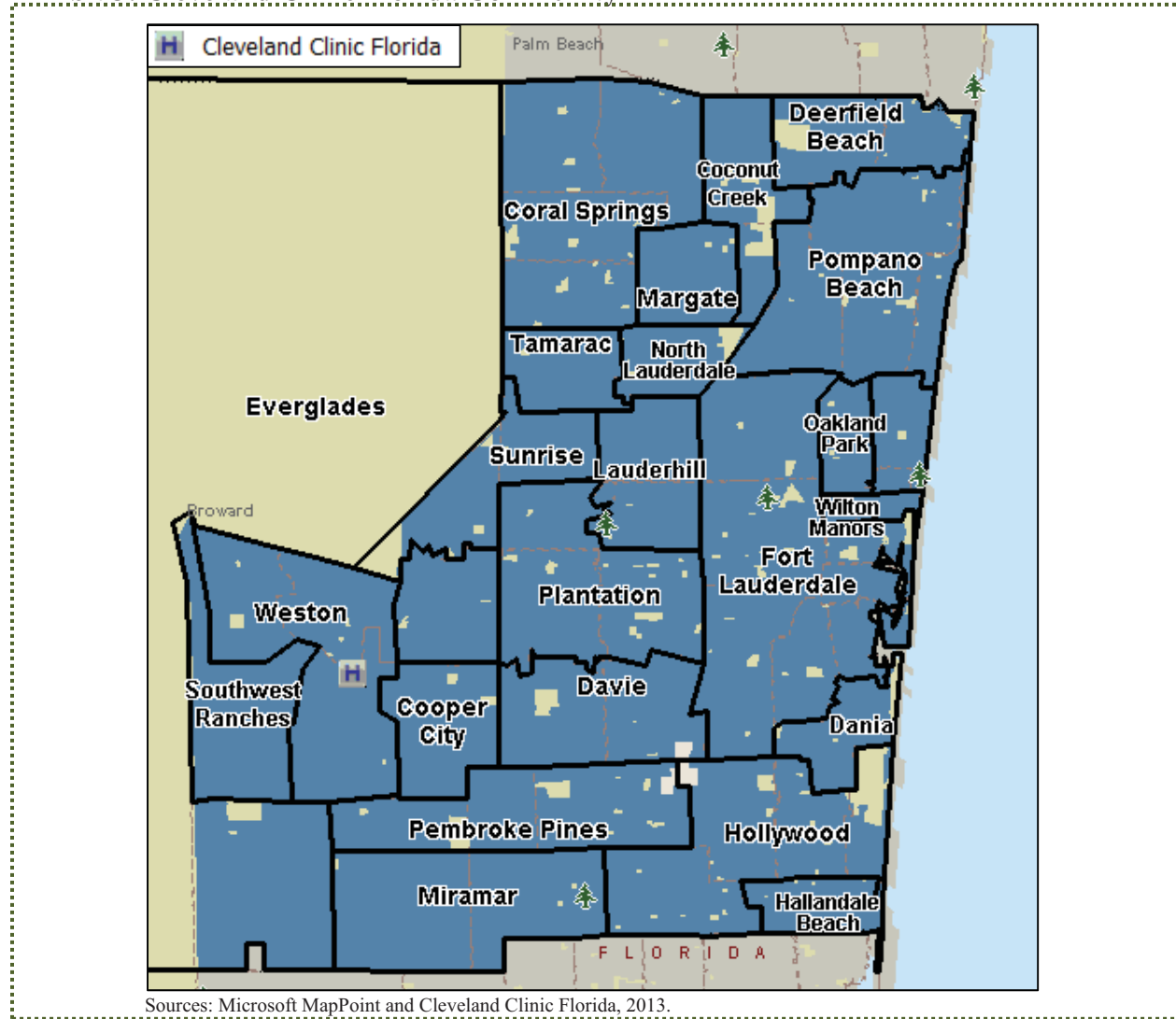
[3]2010 Census American Indian/Alaska Native/Native Hawaiian Areas Gazetteer File

SECONDARY DATA ASSESSMENT

This section presents secondary data regarding health needs in Cleveland Clinic Florida's community.

Demographics

Population characteristics and changes influence health issues in and services needed by communities. Overall, the population living in the Cleveland Clinic Florida community is expected to increase by two percent between 2012 and 2017 (**Exhibit 4**).

Exhibit 4: Percent Change in Population by Town, 2012-2017

City or Town	Total Population 2012	Total Population 2017	Percent Change in Total Population 2012-2017
Coconut Creek	45,890	48,449	5.6%
Cooper City	14,686	15,818	7.7%
Coral Springs	145,986	149,369	2.3%
Dania	15,817	15,861	0.3%
Davie	76,271	77,014	1.0%
Deerfield Beach	54,940	54,998	0.1%
Fort Lauderdale	234,331	235,493	0.5%
Hallandale Beach	39,188	39,452	0.7%
Hollywood	166,185	166,079	-0.1%
Lauderhill	100,528	99,464	-1.1%
Margate	50,682	51,230	1.1%
Miramar	122,056	135,331	10.9%
North Lauderdale	49,941	50,016	0.2%
Oakland Park	28,266	27,651	-2.2%
Pembroke Pines	165,890	172,824	4.2%
Plantation	115,485	116,024	0.5%
Pompano Beach	134,154	133,154	-0.7%
Southwest Ranches	11,389	13,001	14.2%
Sunrise	51,970	52,560	1.1%
Tamarac	44,819	46,246	3.2%
Weston	79,442	83,877	5.6%
Wilton Manors	11,682	11,743	0.5%
Total	**1,759,598**	**1,795,654**	**2.0%**

Source: Truven Health Analytics, via Cleveland Clinic Florida, 2013.

The county population as a whole is expected to increase 2.0%

...

Hollywood, Lauderhill, Oakland Park, and Pompano Beach are expecting slight declines in population

...

Weston is expected to increase by 5.6%

Rates of projected population change are anticipated to vary by town and ZIP code (**Exhibits 4** and **5).**

Exhibit 5: Population Change by ZIP Code, 2012-2017

Sources: Microsoft MapPoint and Truven Health Analytics, via Cleveland Clinic Florida, 2013.
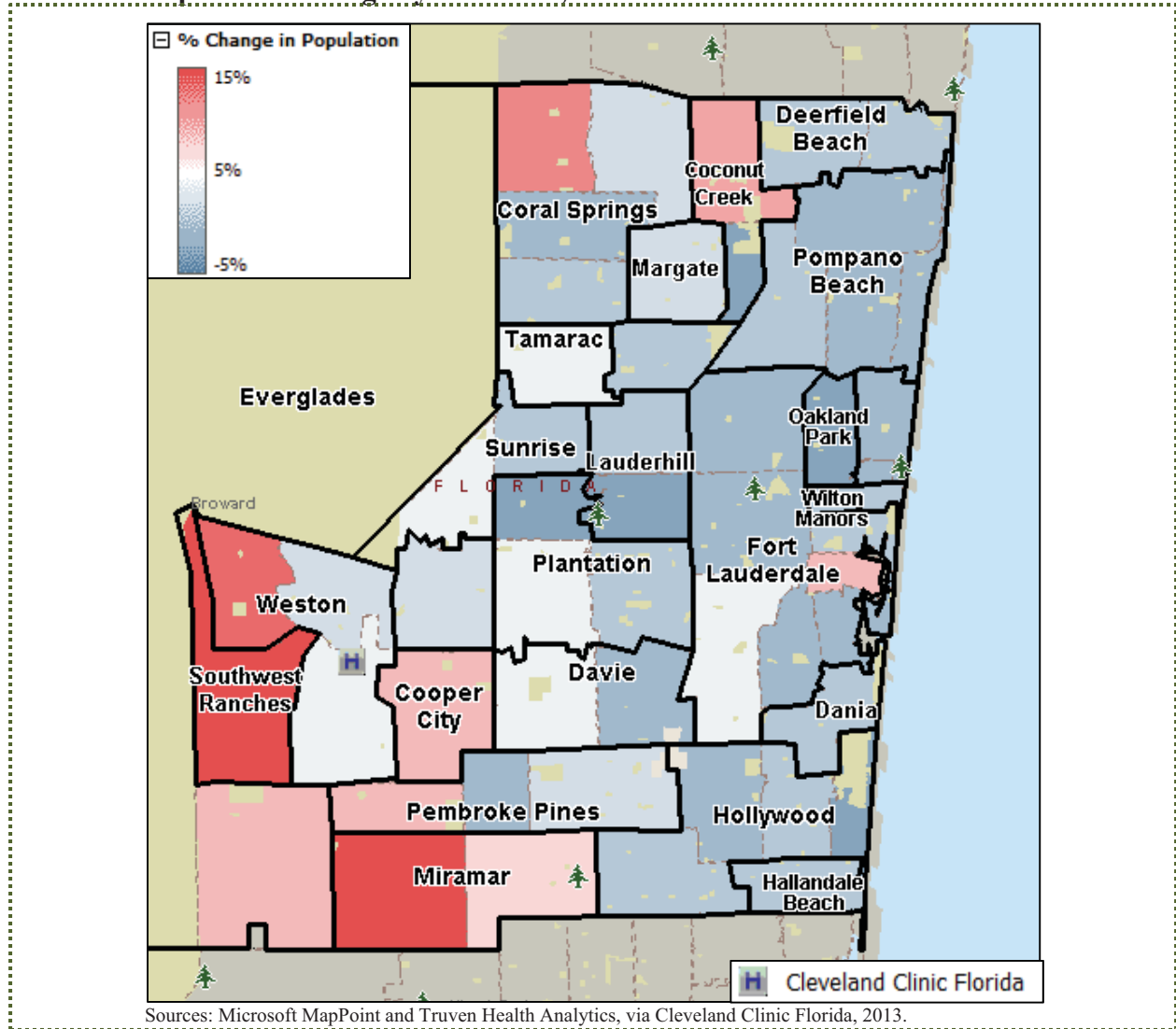
Populations in the southwestern portion of the community particularly in Southwest Ranches, Miramar, and Weston are expected to grow faster than the community as a whole, at approximately 14 percent, 11 percent, and 5.6 percent, respectively. Areas in the eastern-central portion of the community are expecting slow growth or slight declines (**Exhibits 4** and **5).**

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Exhibit 6 illustrates the number of residents living in the community by age and sex in 2012 and projected for 2017.

Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2012-2017

Age/Sex Cohort	Total Population 2012	Total Population 2017	Percent Change in Total Population 2012-2017	
0-19	449,189	450,282	0.2%	*The community population is aging*
Female 20-44	299,468	284,915	-4.9%	
Male 20-44	294,142	283,975	-3.5%	
45-64	471,469	507,347	7.6%	
65+	245,331	269,135	9.7%	
Total	**1,759,598**	**1,795,654**	**2.0%**	

Source: Truven Health Analytics, via Cleveland Clinic Florida, 2013.

The number of residents aged 45 and over is expected to increase rapidly, while the 20-44 age cohort is projected to experience a decline in numbers. The growth and aging of the population, coupled with the impact of anticipated health insurance coverage expansions associated with health reform, are likely to increase demand for health services (**Exhibit 6**).

Exhibit 7 indicates the percent of the population aged 65 and over in the community.

Exhibit 7: Percent of Population Aged 65+ by ZIP Code, 2012

Sources: Microsoft MapPoint and Truven Health Analytics, via Cleveland Clinic Florida, 2013.
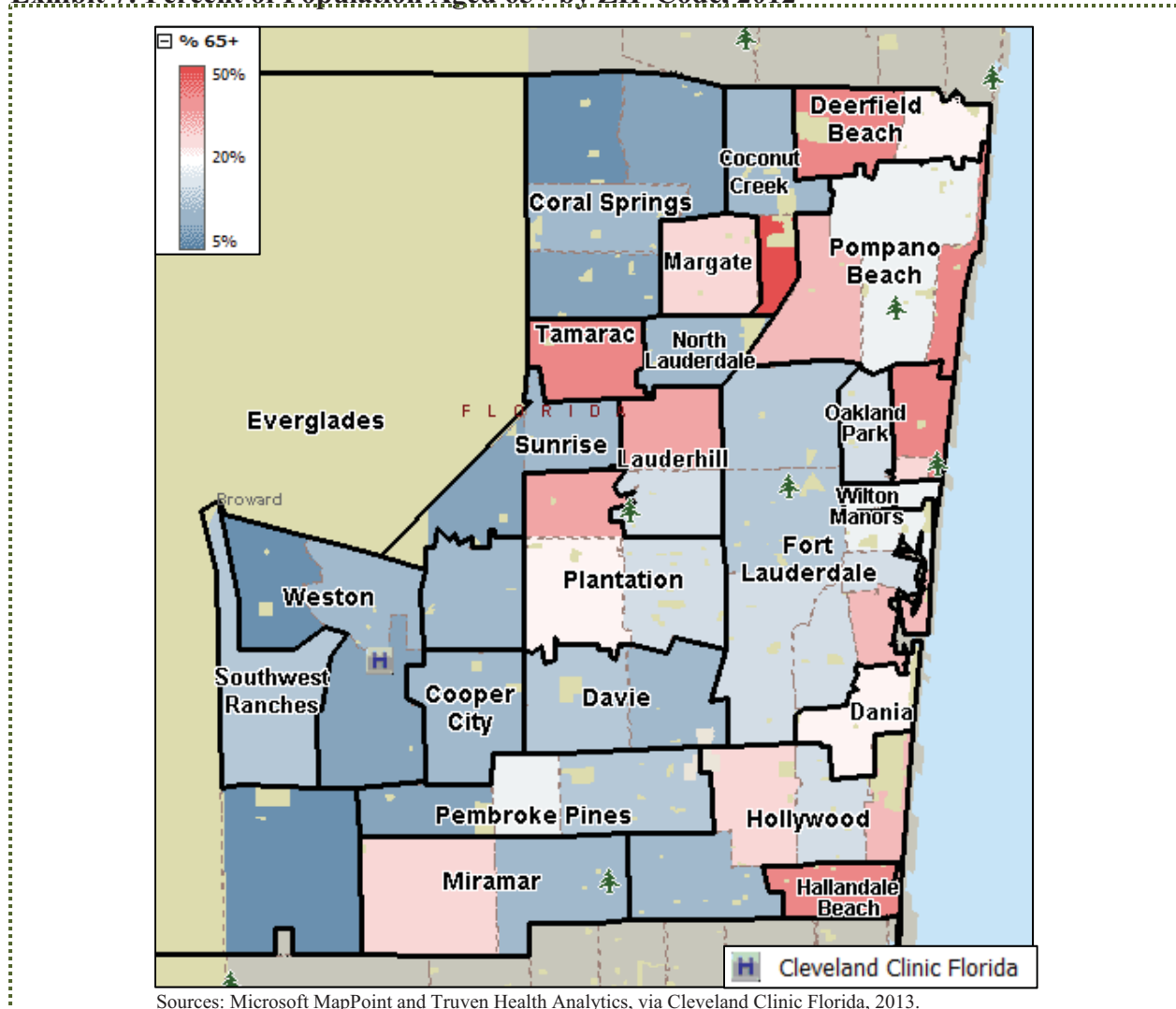
At approximately 47 percent, ZIP code 33066 (Coconut Creek) had the highest percentage of people aged 65 and over. Other leading ZIP codes include 33442 (Deerfield Beach) and 33062 (Pompano Beach) (**Exhibit 7**). The southwest portion of the community had the lowest percentages of people aged 65 and over.

Exhibit 8 indicates the distribution of the population by race in the Cleveland Clinic Florida community.

Exhibit 8: Distribution of Population by Race, 2012-2017

Race	Total Population 2012	Total Population 2017	Percent Change in Total Population 2012-2017	
American Indian and Alaska Native	5,224	5,710	9.3%	*The community was 62% White in 2012*
Asian/Pacific Islander	60,910	70,124	15.1%	
Black or African American	488,365	547,210	12.0%	
Some Other Race	68,591	79,555	16.0%	
Two or More Races	50,525	49,728	-1.6%	
White	1,085,983	1,043,327	-3.9%	
Total	**1,759,598**	**1,795,654**	**2.0%**	

Source: Truven Health Analytics, via Cleveland Clinic Florida, 2013.

Approximately 62 percent of the community's population was White in 2012. Non-White populations are expected to grow from 38 percent to 42 percent of the total population from 2012-2017 (**Exhibit 8**). The increasing diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different groups.

Exhibit 9 indicates the distribution of the population by ethnicity.

Exhibit 9: Distribution of the Population by Ethnicity, 2012-2017

Ethnicity	Total Population 2012	Total Population 2017	Percent Change in Total Population 2012-2017	
Hispanic or Latino	465,522	542,611	16.6%	*26% of the community identified as Hispanic or Latino*
Not Hispanic or Latino	1,294,076	1,253,043	-3.2%	
Total	**1,759,598**	**1,795,654**	**2.0%**	

Source: Truven Health Analytics, via Cleveland Clinic Florida, 2013.

Projections indicate that the Hispanic or Latino population is expected to increase more rapidly than the non-Hispanic or Latino population, and to grow from 26 percent of the total community in 2012 to 30 percent in 2017 (**Exhibit 9**).

Exhibits 10, 11, and **12** illustrate the locations in the community where the percentages of the population that are Black, Other (non-Black, non-White), and Hispanic or Latino are highest.

The percentage of Black residents is highest in ZIP code 33311 (Ft. Lauderdale), and ZIP codes 33313 and 33319 (both in Lauderhill). Residents who do not identify as Black or White are most concentrated in ZIP codes 33024 and 33028 (Pembroke Pines) and ZIP code 33314 (Davie). The percentage of Hispanic or Latino residents is highest in the southwest portion of the community, particularly Pembroke Pines, Miramar, and Weston.

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Exhibit 10: Percent of Population – Black, 2012
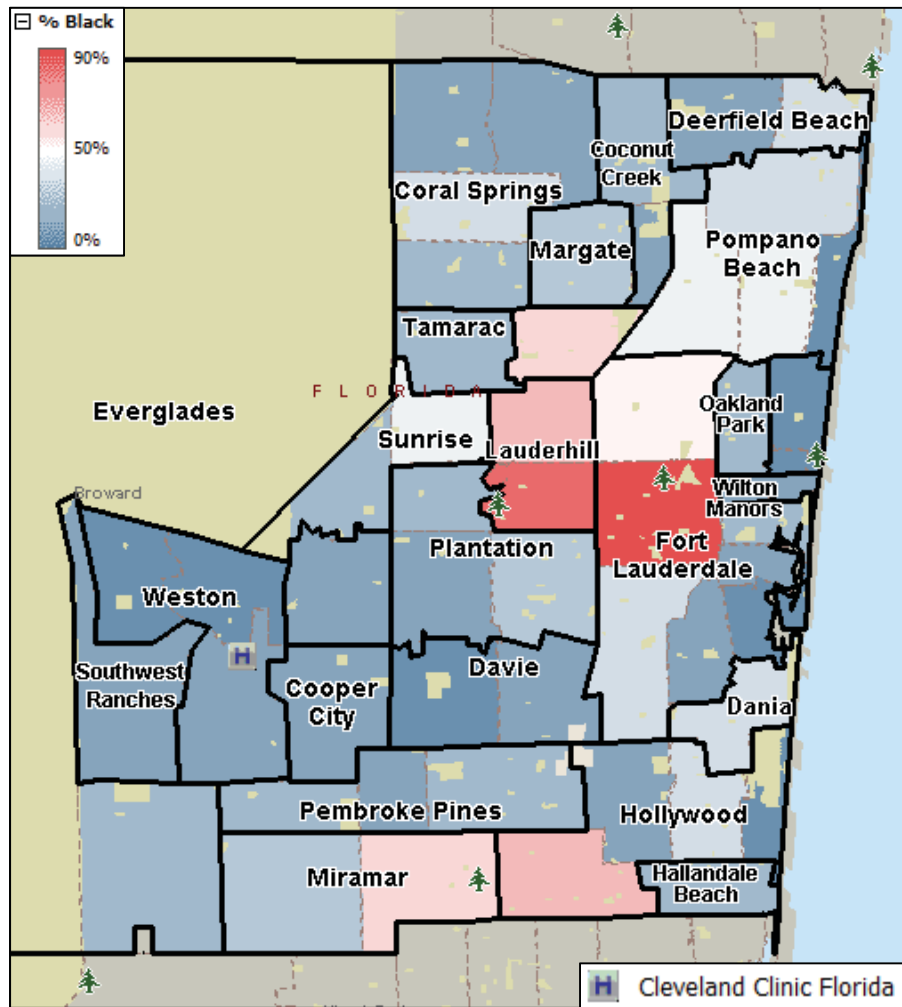
Sources: Microsoft MapPoint and Truven Health Analytics, via Cleveland Clinic Florida, 2013.

Fort Lauderdale and Lauderhill (ZIP codes 33311, 33319, and 33313) are the areas with the highest percentages of Black residents

Exhibit 11: Percent of Population – Other Race (non-Black, non-White), 2012

Sources: Microsoft MapPoint and Truven Health Analytics, via Cleveland Clinic Florida, 2013.
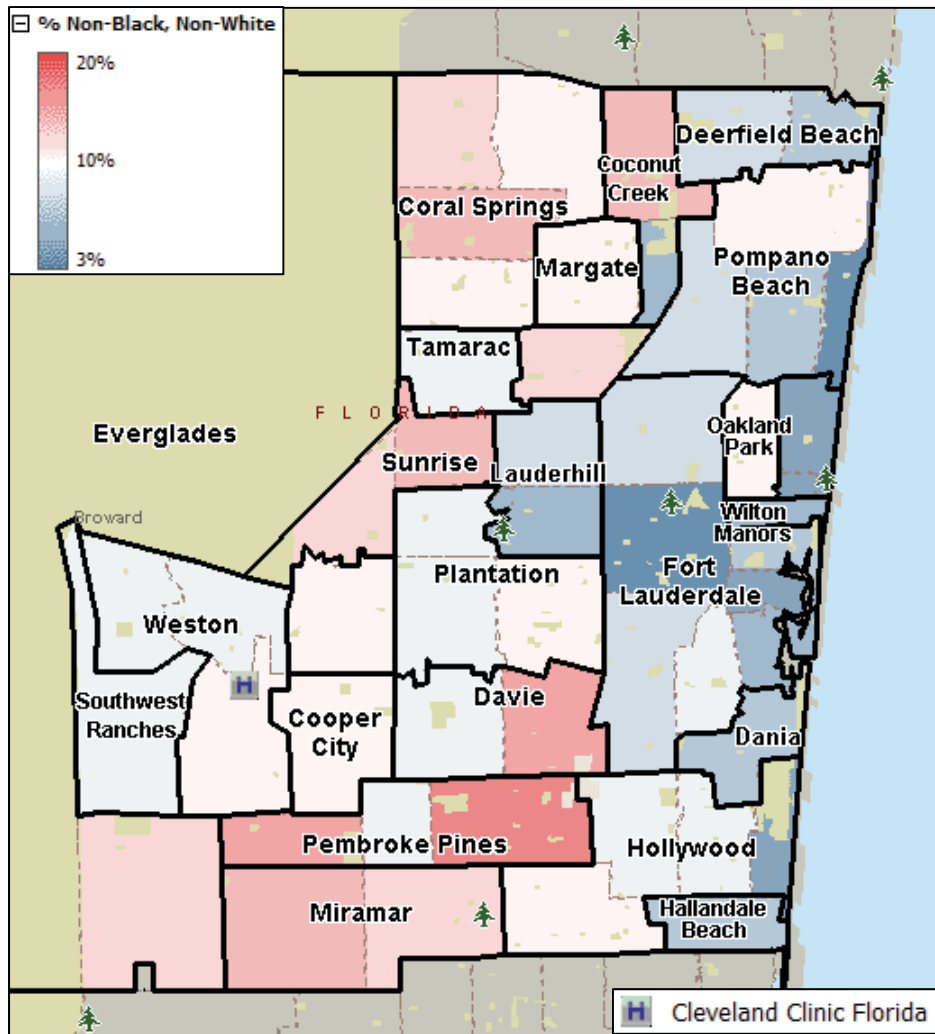
Pembroke Pines (ZIPs 33024 and 33028) and Davie (ZIP 33314) have the highest percentages of residents who do not identify as Black or White

Exhibit 12: Percent of Population – Hispanic or Latino, 2012
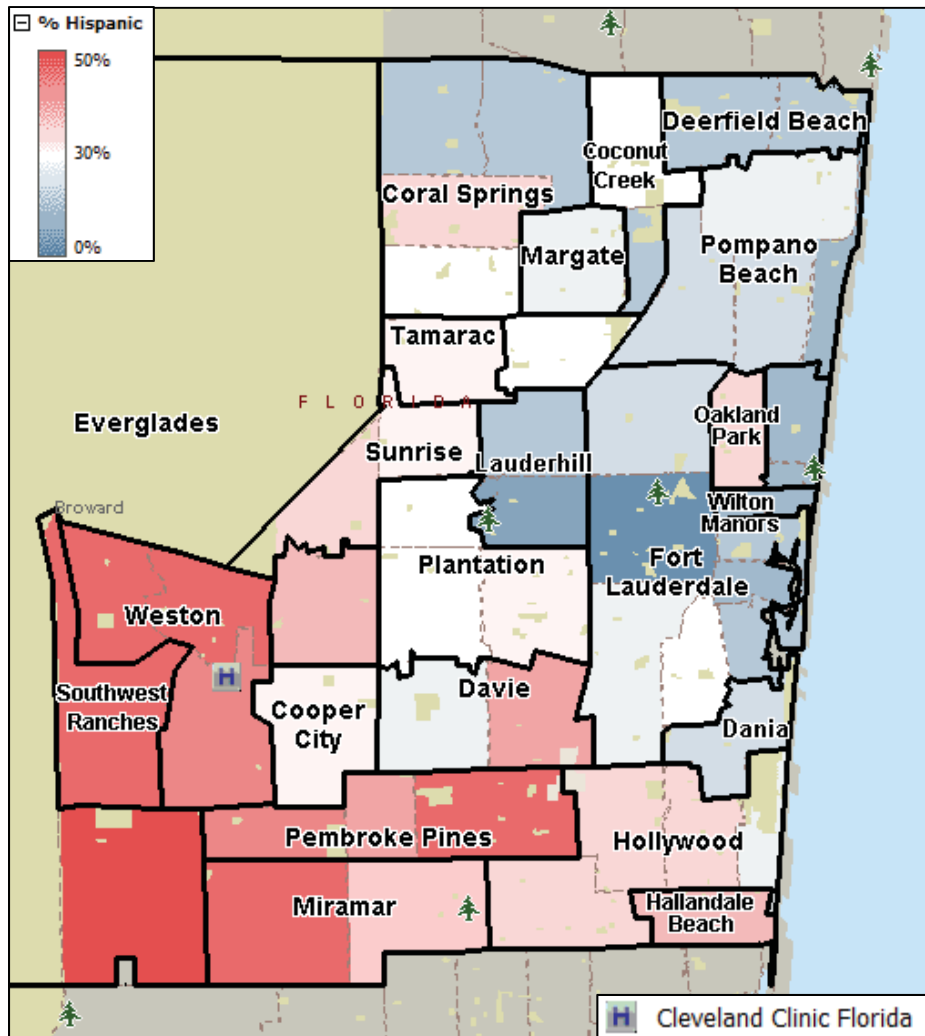
Sources: Microsoft MapPoint and Truven Health Analytics via Cleveland Clinic Florida, 2013.

Pembroke Pines (ZIP code 33029), Weston (33327), and Miramar (33027) are the areas with the highest percentages of Hispanic (or Latino) residents

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Other community demographic indicators are presented in **Exhibit 13**.

Exhibit 13: Other Socioeconomic Indicators, 2009-2011

Indicator	Broward	Florida	U.S.
Population 25+ without High School Diploma	12.7%	14.4%	14.4%
Population with a Disability	11.2%	12.8%	12.0%
Population Linguistically Isolated	14.9%	11.9%	8.7%

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.

Key findings include:

- Broward County compared favorably to Florida and the U.S. for the percentage of residents aged 25 and older who did not graduate high school.

- The county had a slightly lower percentage of disabled residents than the state and U.S. averages.

- The percentage of Broward County residents aged five and older who were linguistically isolated was somewhat higher than the state average, and significantly higher than the U.S. figure. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English less than "very well."

Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rate; (4) insurance status; (5) crime; (6) utilization of government assistance programs; and (7) State of Florida and Broward County public budget trends.

1. People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2011 approximately 15 percent of people in the U.S., and 16 percent of people in Florida, lived in poverty. At nearly 14 percent, Broward County reported a poverty rate slightly below the Florida and U.S. averages (**Exhibit 14**).

Exhibit 14: Percent of People in Poverty, 2009-2011

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.
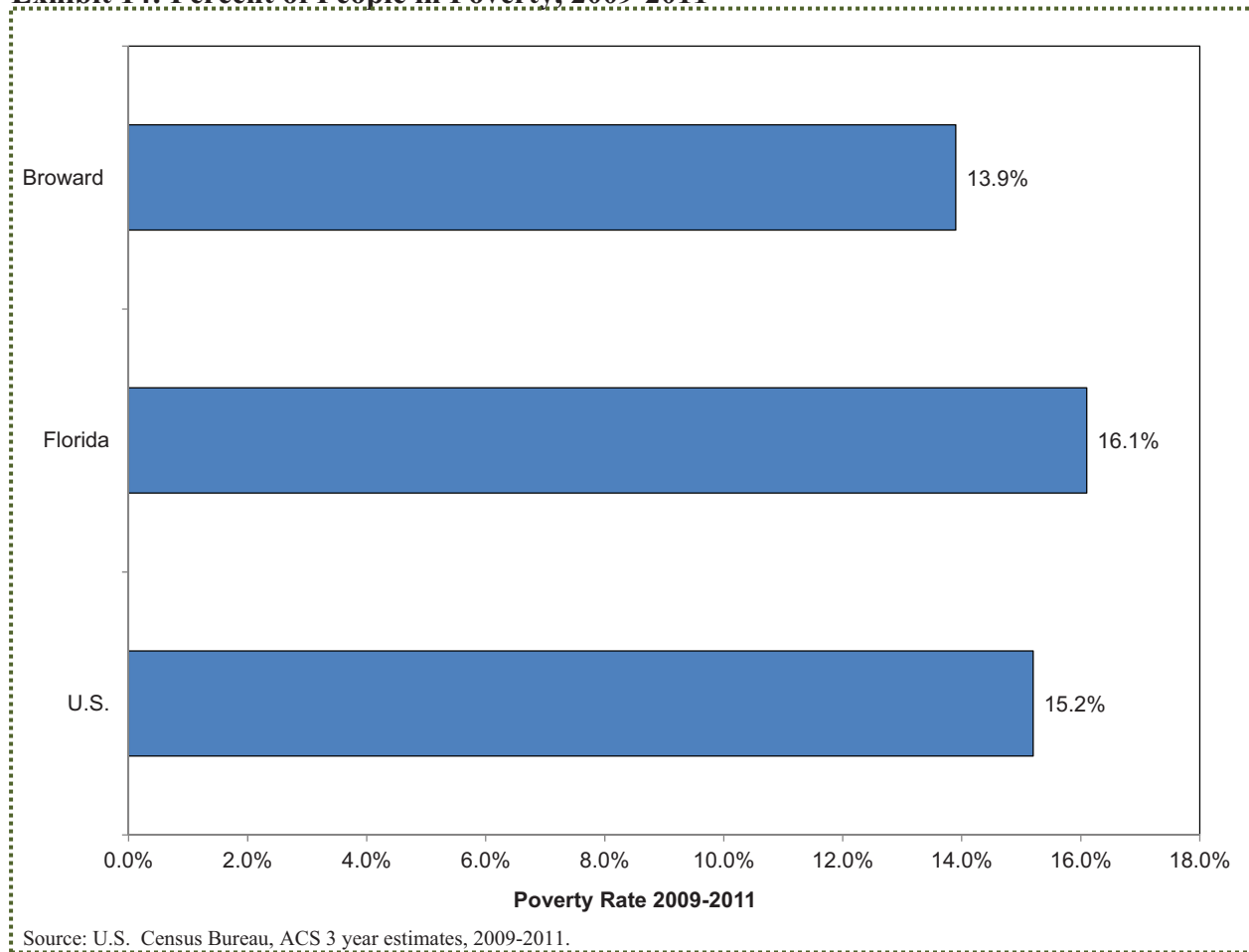
Exhibit 15 presents poverty rates by race and ethnicity.

Exhibit 15: Percent of People in Poverty by Race/Ethnicity, 2009-2011

Source: U.S. Census Bureau, ACS 3 year estimates, 2009-2011.
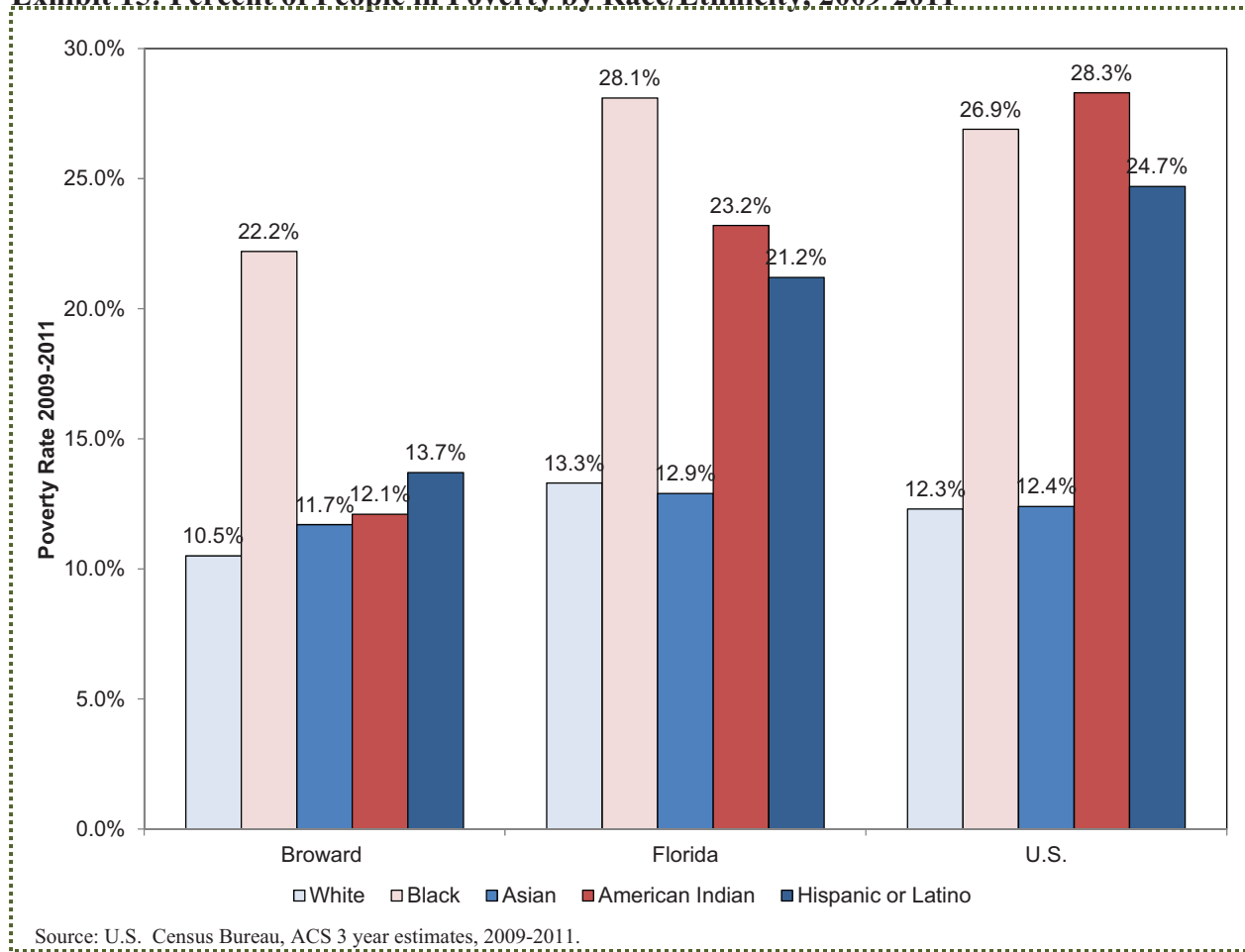
Each racial or ethnic group in Broward County for which data are available reported lower poverty rates than the Florida and U.S. averages for the same cohorts. However, within Broward County, the non-White populations reported higher poverty rates in 2009-2011 than the White population. The poverty rate for the Black population was more than twice the rate of the White population.

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2. Household Income

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. In the Cleveland Clinic Florida community in 2012, 30 percent of all households had incomes below $30,000, approximately 1.3 times the federal poverty level (FPL) for a family of four. **Exhibit 16** indicates the percent of lower-income households in the community.

Exhibit 16: Percent Lower-Income Households by City and Town, 2012

City or Town	Households 2012	Average Household Income	Percent Less Than $30,000	Percent Less Than $50,000
Coconut Creek	19,530	$68,231	24.7%	47.5%
Cooper City	4,645	$130,422	6.8%	15.8%
Coral Springs	49,805	$96,165	16.3%	34.2%
Dania	7,239	$56,124	37.7%	59.7%
Davie	27,571	$75,006	23.4%	42.4%
Deerfield Beach	26,357	$55,657	37.5%	59.3%
Fort Lauderdale	101,172	$61,040	34.4%	56.1%
Hallandale Beach	19,250	$46,874	46.9%	68.3%
Hollywood	65,403	$56,185	35.4%	59.1%
Lauderhill	39,394	$45,222	42.9%	68.3%
Margate	21,634	$54,806	33.2%	57.6%
Miramar	43,631	$67,072	25.2%	45.1%
North Lauderdale	15,813	$50,391	31.9%	59.2%
Oakland Park	12,299	$53,732	34.1%	59.4%
Pembroke Pines	55,583	$85,087	17.9%	34.5%
Plantation	48,963	$69,860	28.7%	49.8%
Pompano Beach	56,382	$58,502	34.8%	59.1%
Southwest Ranches	3,070	$154,895	7.0%	16.9%
Sunrise	18,434	$68,877	19.0%	41.2%
Tamarac	20,811	$50,829	38.2%	61.5%
Weston	25,775	$125,321	11.4%	22.7%
Wilton Manors	6,572	$70,834	27.5%	50.4%
Total	**689,333**	**$75,393**	**29.5%**	**50.8%**

Source: Truven Health Analytics via Cleveland Clinic Florida, 2013.

Over 40 percent of the households in Hallandale Beach and Lauderhill had incomes less than $30,000; these areas also had the lowest average household incomes. The towns of Cooper City and Southwest Ranches reported the lowest percentages of low-income households (**Exhibit 16**).

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Exhibit 17 presents a map of the percentage of households in the community with incomes under $30,000.

Exhibit 17: Percent of Households with Incomes under $30,000 by ZIP Code, 2012
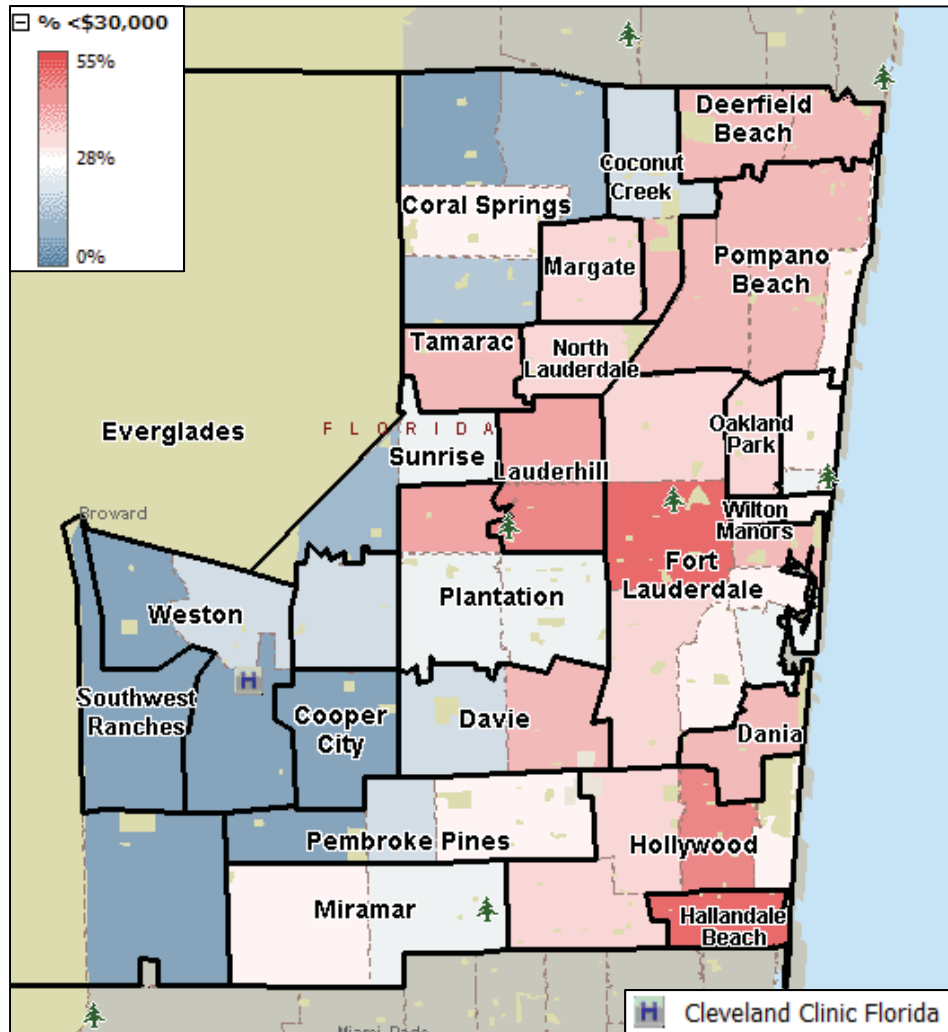
Sources: Microsoft MapPoint and Truven Health Analytics via Cleveland Clinic Florida, 2013.

The highest proportions of households with incomes under $30,000 in 2012 were located in ZIP codes 33311 (Ft. Lauderdale), 33009 (Hallandale Beach), and 33313 (Lauderhill) (**Exhibit 17**).

3. Unemployment Rate

Exhibit 18 shows the unemployment rate for Broward County, with Florida and national averages for comparison.

Exhibit 18: Unemployment Rates, 2012 and 2013

Source: U.S. Bureau of Labor Statistics, 2013.
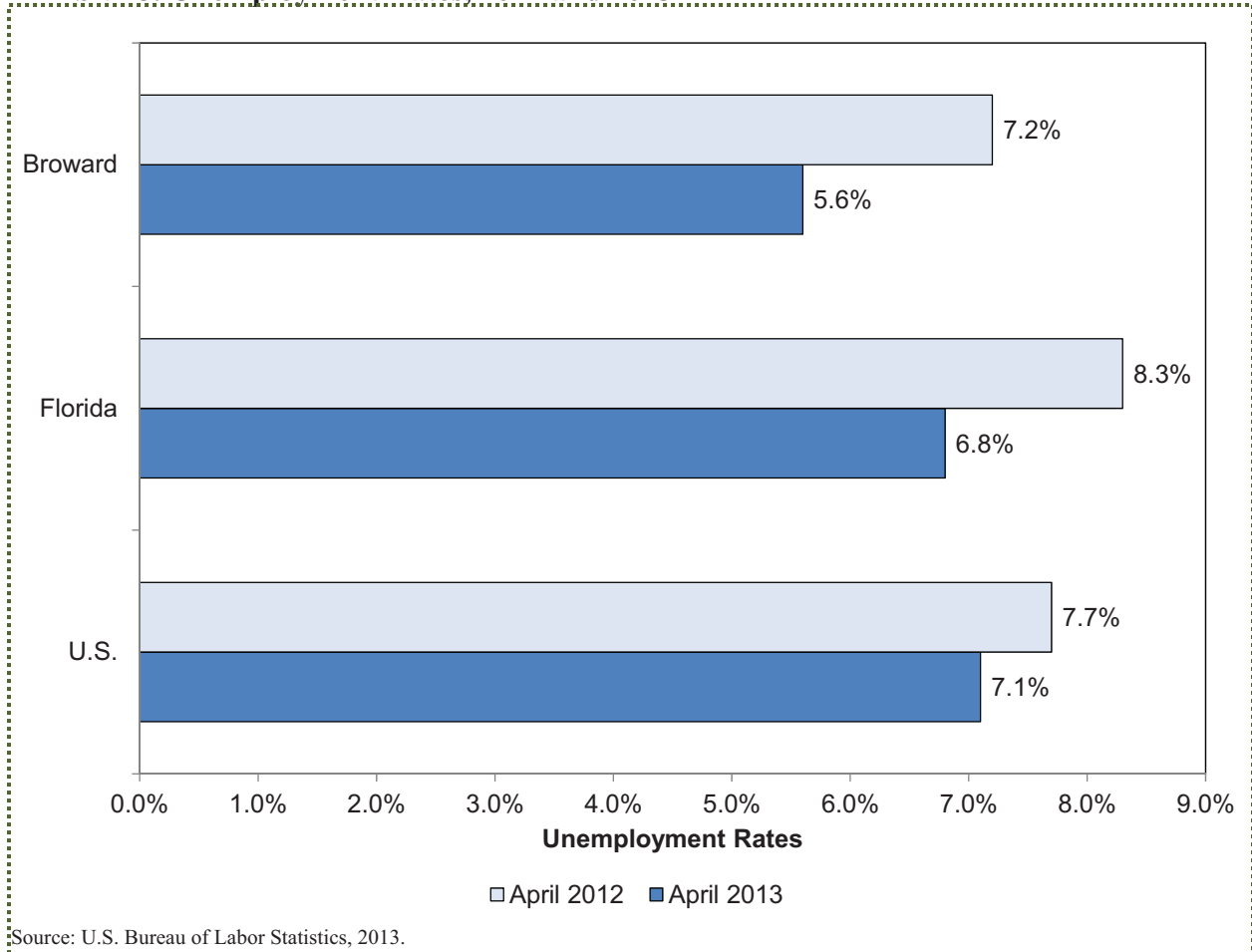
Broward County reported a lower unemployment rate than the Florida and national averages in April 2013 at 5.6 percent, a decrease from 2012 (**Exhibit 18**).

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4. Insurance Status

Exhibit 21 displays the percent of the population under the age 65 that is uninsured in Broward County, with Florida and the U.S. for comparison.

Exhibit 21: Uninsured Population Under Age 65, 2008-2011

Source: U.S. Census ACS 1 year estimates 2008-2011.
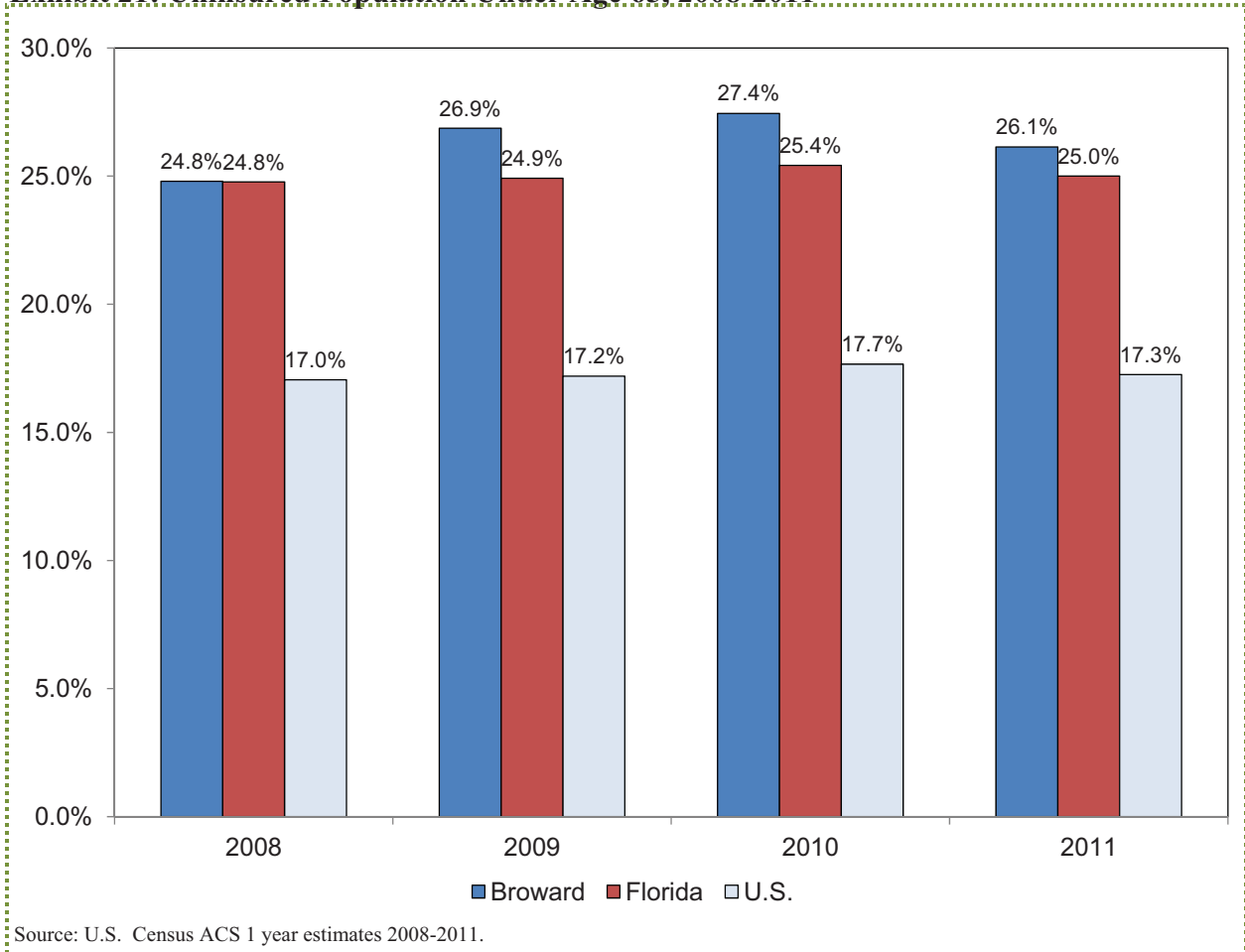
Exhibit 21 demonstrates that Broward County has had higher uninsurance rates than the Florida and national averages since 2008, with between 24.8 and 27.4 percent of the population being uninsured. Between 2008 and 2011, the uninsurance rate in Broward County remained approximately the same.

Exhibit 22 portrays the distribution of county-wide hospital discharges by town and by payer. This information helps to identify where uninsured (self-pay) individuals and Medicaid recipients live across the community.

Exhibit 22: Discharges by Payer, 2011

| Town	Government	Medicaid	Medicare	Other	Private / Commercial	Self-Pay	Total
Coconut Creek	1.1%	12.1%	50.4%	0.7%	28.2%	7.5%	6,133
Cooper City	0.4%	9.3%	40.8%	1.4%	42.4%	5.8%	1,165
Coral Springs	0.8%	18.4%	29.5%	0.9%	38.2%	12.2%	15,592
Dania	0.8%	21.6%	52.5%	1.4%	12.8%	10.9%	2,282
Davie	1.0%	18.3%	38.3%	1.6%	30.1%	10.6%	8,032
Deerfield Beach	0.5%	14.6%	53.6%	1.0%	19.5%	10.9%	8,420
Fort Lauderdale	0.6%	26.2%	38.0%	0.8%	18.3%	16.1%	3,414
Hallandale Beach	0.6%	17.7%	53.7%	0.9%	13.3%	13.8%	38,956
Hollywood	0.7%	22.6%	47.6%	1.3%	14.3%	13.6%	5,703
Lauderhill	0.5%	28.0%	40.1%	0.5%	17.1%	13.7%	23,079
Margate	1.2%	15.5%	49.1%	0.5%	22.2%	11.5%	16,899
Miramar	1.0%	17.5%	45.9%	1.2%	26.2%	8.2%	8,366
North Lauderdale	0.8%	34.2%	24.1%	0.9%	22.6%	17.5%	12,835
Oakland Park	0.7%	22.3%	34.5%	1.2%	23.1%	18.2%	6,416
Pembroke Pines	1.1%	17.8%	41.4%	1.5%	28.8%	9.5%	3,700
Plantation	1.2%	13.6%	47.9%	1.0%	27.8%	8.6%	12,706
Pompano Beach	0.6%	23.3%	41.7%	1.0%	16.4%	17.0%	15,629
Southwest Ranches	12.2%	11.7%	26.0%	0.9%	38.6%	10.5%	21,871
Sunrise	1.1%	17.1%	37.3%	0.9%	32.6%	11.0%	860
Tamarac	0.5%	11.9%	59.4%	0.7%	19.3%	8.3%	6,329
Weston	0.8%	8.9%	36.3%	1.1%	43.7%	9.2%	8,269
Wilton Manors	0.3%	10.3%	48.3%	0.9%	28.0%	12.1%	5,412
Grand Total	**0.8%**	**20.3%**	**42.3%**	**1.0%**	**22.9%**	**12.6%**	**1,498**

Source: Cleveland Clinic Florida, 2013.

*Government payers include federal, state, and local government insurance providers, Tricare, and Veterans Affairs (VA).

Medicaid discharges were most prevalent in North Lauderdale, Lauderhill, and Fort Lauderdale. Self-pay discharges were most concentrated in Oakland Park, North Lauderdale, and Pompano Beach. The highest percentages of private discharges were from Weston, Cooper City, Southwest Ranches, and northern Coral Springs (**Exhibits 22**).

Exhibits 23, 24, and **25** present discharges by payer at a ZIP code level.

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Exhibit 23: Distribution of Medicaid Discharges by ZIP Code, 2011

Source: Microsoft MapPoint and Cleveland Clinic Florida, 2013.
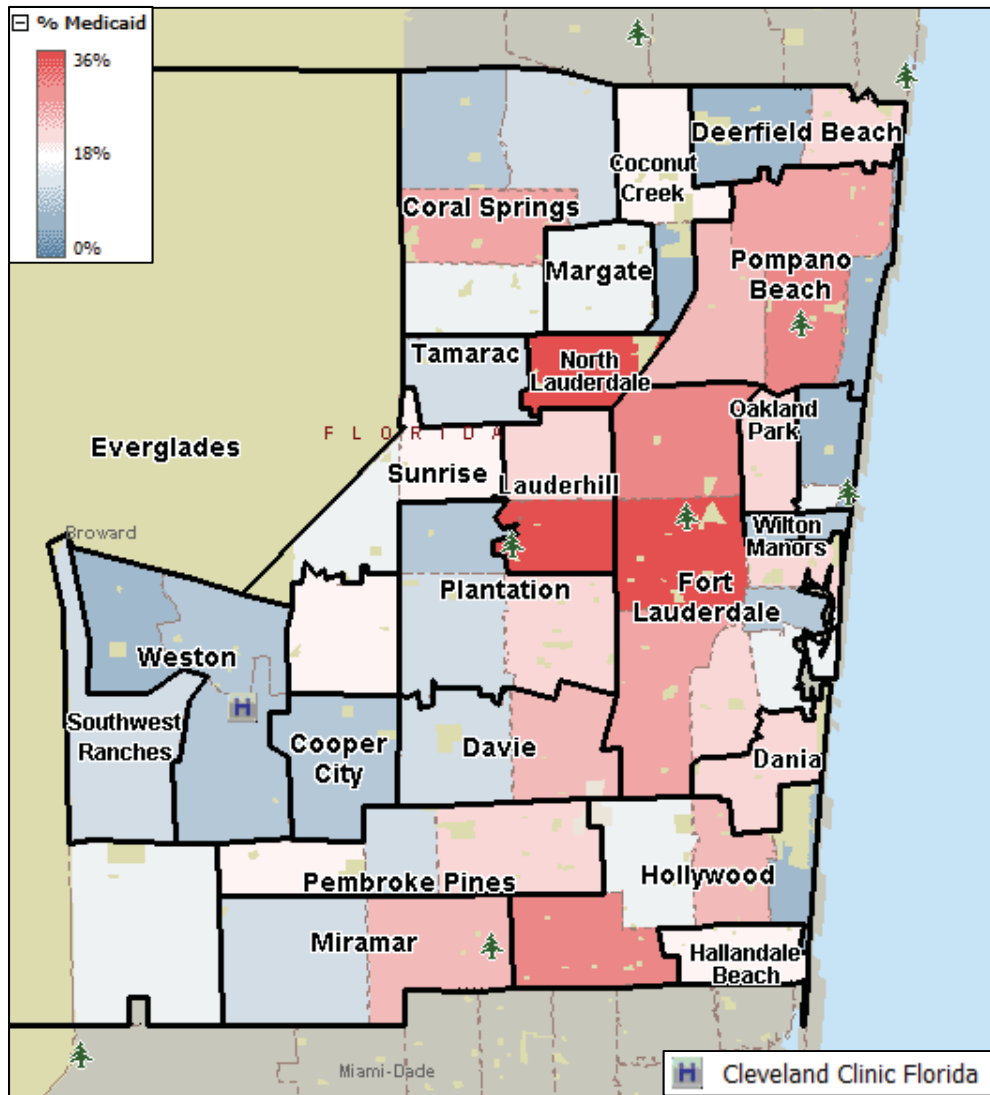
Fort Lauderdale (ZIP 33311), Lauderhill (ZIP 33313), and North Lauderdale (ZIP 33068) had the highest percentages of Medicaid discharges at over 34%

Exhibit 24: Distribution of Self-Pay Discharges by ZIP Code, 2011

Source: Microsoft MapPoint and Cleveland Clinic Florida, 2013.
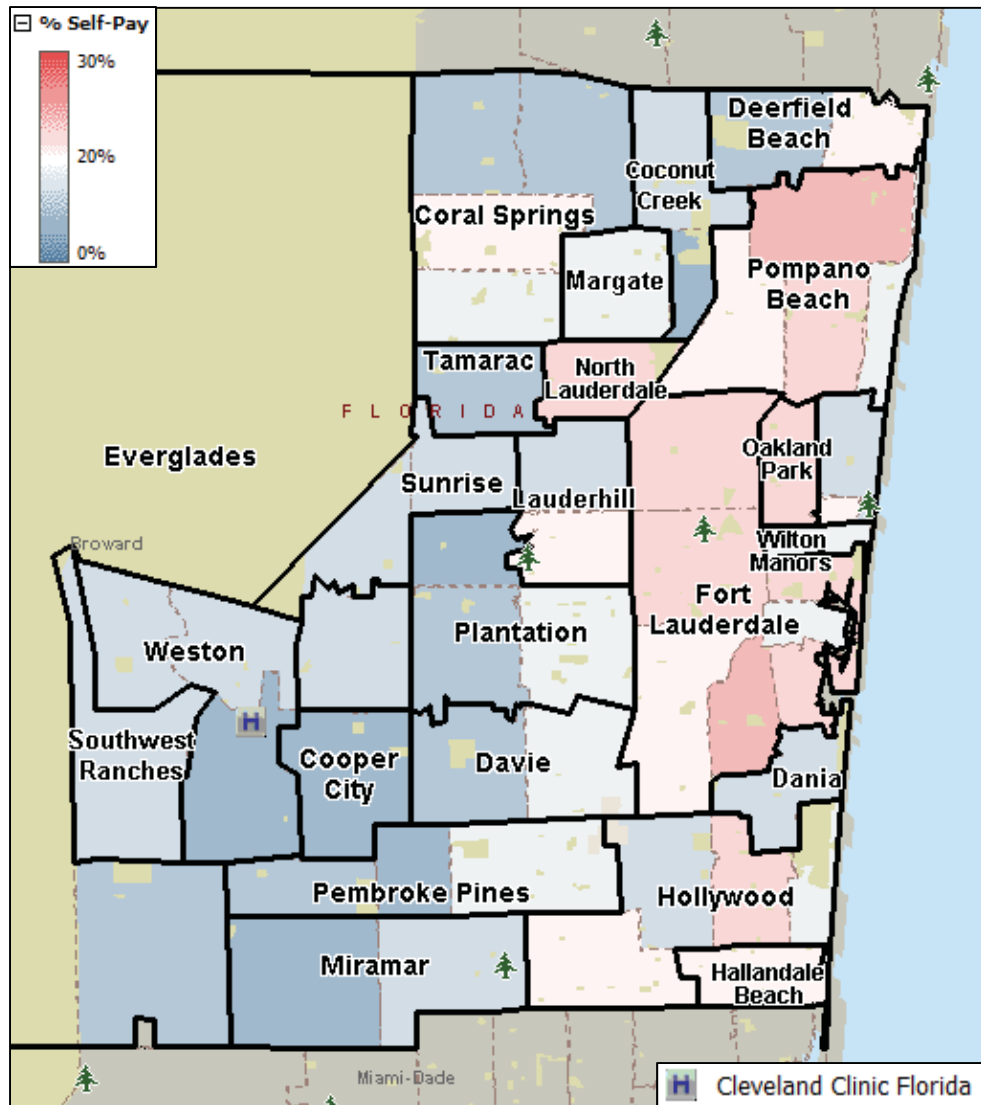
Deerfield Beach (ZIP 33443) and Fort Lauderdale (ZIPs 33348 and 33310) were the ZIP codes with the highest percentages of self-pay discharges at over 25%

Source: Microsoft MapPoint and Cleveland Clinic Florida, 2013.

*Private/commercial discharges were most prevalent in
Coral Springs (ZIP 33076) and Weston (ZIP 33327)*

5. Crime

The Florida Department of Law Enforcement reports data on violent and property crimes in the state (**Exhibit 26**).

Exhibit 26: Crime Rates per 100,000 Population, 2011

Crime	Broward Count	Broward Rate	Florida Rate
Murder	59	3.4	5.2
Aggravated Assault	4,455	254.0	**325.9**
Forcible Sex Offenses	761	43.4	**52.2**
Robbery	3,474	198.1	**135.3**
Motor Vehicle Theft	4,502	256.7	**209.2**
Larceny	47,633	2,716.2	**2,437.2**
Burglary	18,814	1,072.8	**899.0**

Source: Florida Department of Health, FloridaCHARTS, 2013.

Property crime rates are higher in Broward County than the state average

Broward County had comparatively low rates of most violent crimes and comparatively high rates of all reported property crimes when compared to the state average. Larceny crimes were most prevalent, followed by burglary (**Exhibit 26**).

6. Eligibility for the National School Lunch Program

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40 percent or more of their student body receiving this assistance are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards (**Exhibit 27**).

In the Cleveland Clinic Florida community, 249 schools were eligible for Title 1 funds. The highest concentration of schools with 80-100 percent of students eligible for free and reduced lunch was located in the eastern portion of the community, particularly Pompano Beach, Ft. Lauderdale, Lauderhill, Hollywood, and Hallandale Beach (**Exhibit 27**).

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Exhibit 27: Public Schools with over 40 Percent of Students Eligible for Free or Reduced-Price Lunches, School Year 2012-2013

Sources: Microsoft MapPoint and Florida Department of Education, 2013.
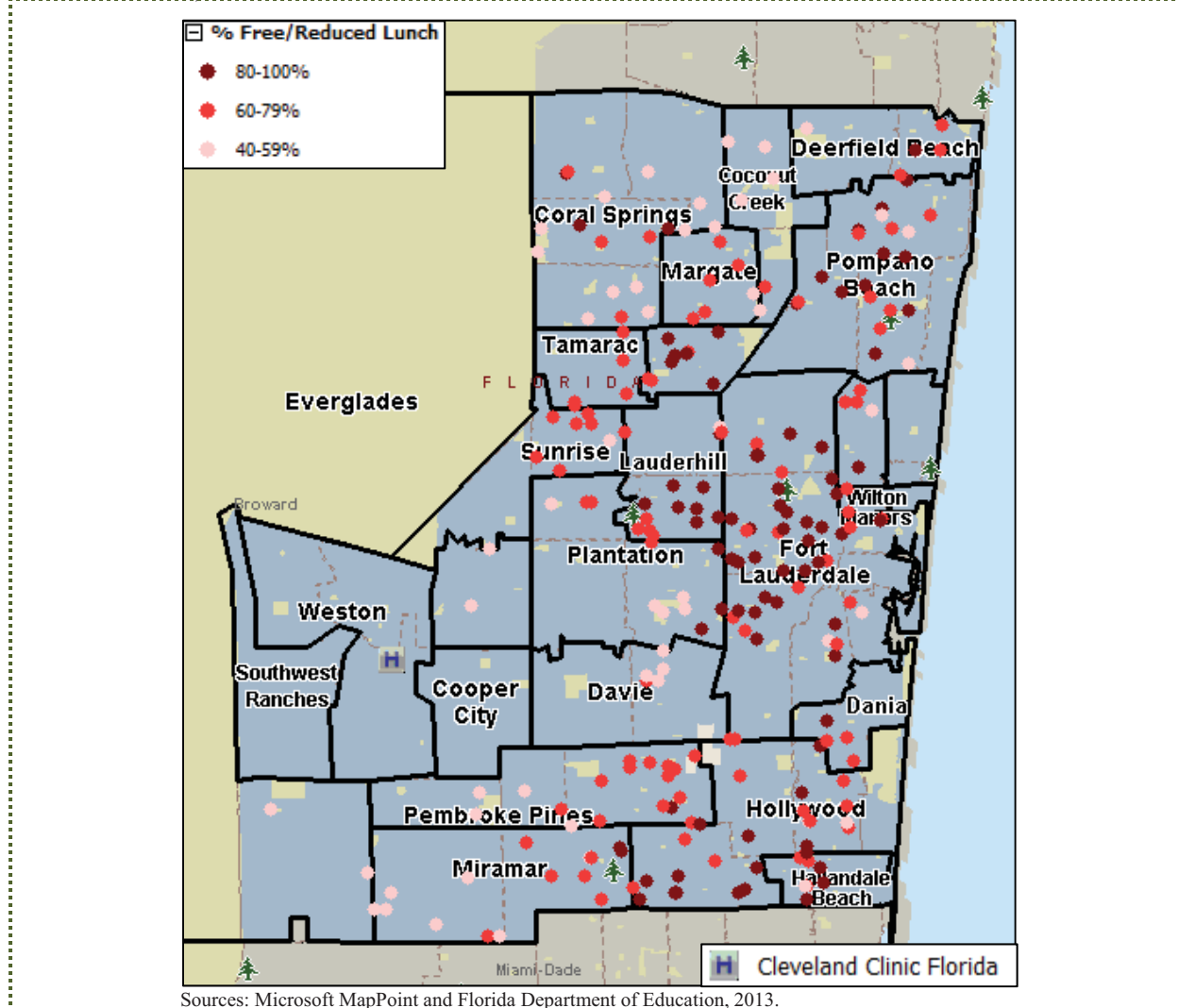
7. State of Florida and Broward County Budgets

Examining recent trends in public budgets for health care, public health, and social services can illuminate the availability of public services that support the health of the community.

The State of Florida's FY 2013-2014 budget[4] includes both funding increases and decreases from FY 2012-2013[5] for health-related services. Examples of changes in specific departmental and program budgets are listed below:

- The Florida Department of Health saw an overall budget increase of roughly $16.4 million, a 0.6 percent increase from FY 2012-2013.

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[4]Florida Families First. Governor Rick Scott's 2013 Budget. Retrieved 2013, from
  http://www.floridafamiliesfirst.com/web%20forms/Budget/BudgetService.aspx?rid1=141251&rid2=113260&ai=64000000&title=HEALTH
[5]Florida Fiscal Portal. 2013-2014 State Budget. Retrieved 2013, from http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=8401

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- The Community Health Promotion Programs budget increased $135.9 million or 20.9 percent.

- The County Health Department Local Health Needs budget saw a $14.7 million decrease, or 1.5 percent.

- The Disease Control and Health Protection Services budget decreased by $1.4 million or 0.9 percent.

- Statewide Public Health Support Services received a $50.3 million decrease, or a 14.1 percent drop from FY 2012-2013.

- The Disability Benefits Determination Programs budget increased by $660 thousand or 0.4 percent.

- Children's Special Healthcare Programs saw an increase of $5.5 million, or 1.7 percent.

- The Healthcare Practitioner and Access Program increased by $5.3 million or 9.0 percent.

The Broward County Board of Commissioners adopted a 2013 operating budget[6] that reflects a mix of increases, decreases and no changes for various community health services programs:

- Health Services appropriations increased $75,000, or 0.47 percent from FY 2012 to FY2013.

- Mental Health Services saw a budget decrease of $75,000, or 3.4 percent.

- There was no change in Community Mental Health Matching between FY 2012 to FY 2013.

- Detoxification Services received a budget increase of 9.4 percent or $202,590.

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[6]Broward County Board of Commissioners. *Broward County, Florida - Fiscal Year 2013 Adopted Operating Budget.* Retrieved 2013, from http://www.broward.org/Budget/2013/Documents/Op/EntireDocument.pdf

Local Health Status and Access Indicators

This section examines health status and access to care data for the Cleveland Clinic Florida community from several sources. The data include: (1) County Health Rankings, (2) Florida Department of Health, and (3) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals, as available.

1. County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, examines a variety of health status indicators and ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[7] social and economic factors, and physical environment.[8] *County Health Rankings* is updated annually. *County Health Rankings 2013* relies on data from 2004 to 2012, with most data originating in 2007 to 2011.

Exhibit 28A illustrates Broward County's ranking for each composite category in 2013. Rankings indicate how the county ranked compared to the 67 counties in the state. A rank of 1 indicates the best county in the state. Indicators are shaded based on the county's percentile for the state ranking. For example, Broward County compared unfavorably to other Florida counties for family and social support; with a rank of 46 out of 67 counties and placing in the 25th to 49th percentile of all Florida counties.

Overall, and on most measures, Broward County compared favorably to other counties in the state. The county ranked in the bottom half of Florida counties for family and social support and for community safety.

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[7]A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[8]A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

Exhibit 28A: Broward County Rank among 67 Florida Counties, 2013

Indicator Category	County Ranking Broward
Health Outcomes	9
Mortality	8
Morbidity	17
Health Factors	8
Health Behaviors	7
Tobacco Use	5
Diet and Exercise	12
Alcohol Use	7
Sexual Activity	16
Clinical Care	31
Access to Care	27
Quality of Care	30
Social & Economic Factors	13
Education	9
Employment	18
Income	7
Family and Social	46
Community Safety	36
Physical Environment	4
Environmental Quality	8
Built Environment	13

Source: County Health Rankings, 2013.

Broward County compared favorably to other Florida counties for most indicators ...

The county ranked in the bottom half of Florida counties for family and social support and community safety

Key	
50th to 100th percentile of FL counties	
25th to 49th percentile of FL counties	
Bottom 25th percentile of FL counties	

Exhibit 28B provides data for each underlying indicator of the composite categories in the County Health Rankings.[9] The County Health Rankings methodology provides a comparison of counties within a state to one another. It also is important to analyze how these same indicators compare to the national average. For example, Broward County's population under 65 without insurance was 51 percent worse than the U.S. average, and the county was shaded to reflect this. Cells in the table below are shaded if the indicator for the county exceeded the national average for that indicator by more than ten percent.

The county reported rates of uninsured individuals and violent crime that were greater than 50 percent worse than U.S. averages (**Exhibit 28B**).

Data are shaded based on the following key:

Key	
Unreliable or missing data	N/A
Up to 10% worse than U.S. average	
10%-50% worse than U.S average	
50-75% worse than U.S. average	
>75% worse than U.S. average	

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[9]County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at
http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Exhibit 28B: Broward County Data Compared to U.S. Average, 2013

Indicator Category	Data	Value
Health Outcomes		
Mortality	Years of potential life lost per death before age 75 per 100,000	6598.5
Morbidity	Adults reporting poor or fair health	13.3%
	Average number of physically unhealthy days reported in the past 30 days	3.2
	Average number of mentally unhealthy days reported in the past 30 days	3.1
	Live births under 2500 grams (Low birth weight)	9.2%
Health Factors		
Health Behaviors		
Tobacco Use	Adults reporting smoking 100 cigarettes or more and currently smoking	14.9%
Diet and Exercise	Adults reporting BMI over 30 (obesity)	25.4%
	Adults 20+ reporting no leisure time physical activity	22.9%
Alcohol Use	Adults reporting binge and heavy drinking	15.0%
	Motor vehicle crash death rate per 100,000	13.4
Sexual Activity	Chlamydia incidence rate per 100,000	397.9
	Birth rate per 1,000 females aged 15-19	30.0
Clinical Care		
Access to Care	Population under 65 without insurance	27.1%
	Ratio of population to primary care physicians	1340:1
	Ratio of population to dentists	1595:1
Quality of Care	Hospitalizations for ambulatory care sensitive conditions per 1,000 Medicare enrollees	67.7
	Diabetic Medicare enrollees that receive a blood glucose screening	83.9%
	Female Medicare enrollees that receive a mammogram	61.4%
Social & Economic Factors		
Education	Number of 9th grade cohort that graduates in 4 years	71.6%
	Adults 25-44 with some post-secondary education	65.2%
Employment	Population 16+ unemployed but seeking work	9.2%
Income	Percent of children under 18 in poverty	20.5%
Family and Social Support	Percent of adults without social/emotional support	23.4%
	Children in a single parent household	37.0%
Community Safety	Violent crime rate per 100,000	544.0
Physical Environment		
Environmental Quality	Average daily measure of fine particulate matter in the air in micrograms per cubic meter	6.9
	Population exposed to water with a safety violation in the past year	2.7%
Built Environment	Recreation facilities per 100,000 population	9.8
	Number of low-income population not close to a grocery store	2.8%
	Percent of restaurants classified as fast food	46.1%

Source: County Health Rankings, 2013

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2. Florida Department of Health

The Florida Department of Health maintains FloridaCHARTS, a data warehouse that includes county-level data indicators regarding a number of health-related issues. Cells in the tables below are shaded if the Broward County value exceeded the Florida average for that condition by more than ten percent.

Exhibit 29 displays selected causes of death in Broward County compared to the Florida average. It also displays, when available, the Healthy People 2020 goal for corresponding indicators.

Exhibit 29: Selected Causes of Death, Rates per 100,000 Population, 2010-2012

Mortality Indicator	Broward Average Yearly Count 2010-2012	Broward Rate	Florida Rate	HP 2020 Goal
HIV	150.0	8.0	5.0	3.3
Cancer Total	3,358.0	156.9	160.4	160.6
Breast Cancer	254.0	11.9	11.4	20.6
Cervical Cancer	33.3	1.6	1.5	2.2
Colorectal Cancer	325.7	15.2	14.1	14.5
Ovarian Cancer	76.7	3.6	3.8	N/A
Pancreatic Cancer	242.3	11.4	10.4	N/A
Prostate Cancer	175.3	8.0	7.6	21.2
Lung Cancer	809.3	38.1	45.4	45.5
Diabetes Mellitus	313.3	14.6	19.6	65.8
Alzheimer's Disease	254.0	10.4	16.4	N/A
Parkinson's Disease	161.0	7.2	6.6	N/A
Major Cardiovascular Diseases	4,702.0	204.9	201.2	N/A
Stroke	773.0	33.8	31.5	33.8
Chronic Lower Respiratory Disease	699.7	31.5	39.0	50.1
Pneumonia and Influenza	189.3	8.3	8.8	N/A
Chronic Liver Disease and Cirrhosis	206.0	9.9	10.6	8.2
Injury Total	993.3	52.1	61.6	53.3
Motor Vehicle Crashes	189.7	10.5	12.3	12.4
Homicide	82.3	4.8	6.3	5.5
Suicide	240.7	12.5	13.7	10.2

Source: Florida Department of Health, FloridaCHARTS, 2013.

Key	
Data unavailable	N/A
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

According to the Florida Department of Health, Broward County compared favorably to the state average for all mortality indicators with the exception of HIV. The county's rate of HIV mortality, at eight per 100,000, was worse than both the Florida average and the Healthy People

2020 goal. Broward County also compared unfavorably to the Healthy People 2020 goal for colorectal cancer, chronic liver disease and cirrhosis, and suicide (**Exhibit 29**).

Exhibit 30 displays selected causes of death in Broward County by race and ethnicity, with indications of rates' comparisons to Broward County as a whole. This is a measure of disparities in mortality by race and ethnicity.

Exhibit 30: Selected Causes of Death by Race and Ethnicity, Rates per 100,000 population, 2010-2012

Mortality Indicator	White	Black	Other	Hispanic or Latino	Total
HIV	3.6	21.4	N/A	2.2	8.0
Cancer Total	158.7	144.6	131.8	103	156.9
Breast Cancer	11.0	14.5	12.4	7.4	11.9
Cervical Cancer	1.3	3.0	N/A	1.5	1.6
Colorectal Cancer	14.9	15.5	14	12	15.2
Ovarian Cancer	3.7	3.0	N/A	3.2	3.6
Pancreatic Cancer	11.6	9.7	N/A	8.6	11.4
Prostate Cancer	6.8	14.4	N/A	7.1	8.0
Lung Cancer	41.0	24.3	27.1	16.7	38.1
Diabetes Mellitus	11.9	26.1	24.2	9.2	14.6
Alzheimer's Disease	10.5	10.3	N/A	12.9	10.4
Parkinson's Disease	7.8	3.5	N/A	5.7	7.2
Major Cardiovascular Diseases	201.3	203.2	206.4	127	204.9
Stroke	30.7	43.9	55.4	25.4	33.8
Chronic Lower Respiratory Disease	34.6	14.9	18.8	16.3	31.5
Pneumonia and Influenza	8.0	8.7	N/A	6.6	8.3
Chronic Liver Disease and Cirrhosis	11.7	4.8	N/A	6.6	9.9
Injury Total	57.5	38.3	29.1	27.8	52.1
Motor Vehicle Crashes	10.8	10.6	N/A	9.5	10.5
Homicide	2.3	9.8	N/A	1.6	4.8
Suicide	15.9	4.1	N/A	5.9	12.5

Source: Florida Department of Health, FloridaCHARTS, 2013.

Key	
Rates unreliable due to small sample size	N/A
Up to 10% worse than Broward	
10-50% worse than Broward	
50-75% worse than Broward	
> 75% worse than Broward	

The White and Hispanic or Latino populations compare favorably to the total county population for most mortality indicators. Unfavorable disparities are evident in the Black population; five indicators are greater than 75 percent worse than the county total and two are 10 to 50 percent worse. Both HIV mortality and homicide are more than double the county rate in the Black population. The non-White, non-Black population reported rates of diabetes mellitus and stroke mortality that were 50 to 75 percent worse than the county total (**Exhibit 30**).

Exhibit 31 displays cancer incidence rates in Broward County compared to state averages.

Exhibit 31: Cancer Incidence Rates, 2006-2010

Cancer Incidence	Broward	Florida	U.S.
Total Cancer	448.4	442.9	453.7
Breast	119.1	114.3	119.8
Cervical	9.9	9	7.8
Colorectal	43.7	41.7	43.9
Lung	60.3	66.8	65
Ovarian	12.2	12	12
Pancreatic	13.2	11.6	11.8
Prostate	132.9	131.2	143.8

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Source: Centers for Disease Control and Prevention, State Cancer Profiles, 2013.
Rates are per 100,000 population and are age-adjusted to the 2000 population.

Overall, Broward reported cancer incidence rates close to or slightly lower than the Florida averages with the exception of pancreatic cancer, which was 14 percent worse than the state average and 12 percent worse than the U.S. average. Both Florida and Broward County reported higher rates of cervical cancer than the U.S. average.

Exhibit 32 displays communicable disease incidence rates in the Cleveland Clinic Florida community.

Exhibit 32: Communicable Disease Incidence Rates, 2010-2012

Indicator	Broward Average Count	Broward Rate	Florida Rate
HIV	854	48.8	27.2
Chlamydia	7,150	408.1	402.4
Congenital Syphilis	8	39.1	13.8
Infectious Syphilis	246	14.1	6.7
Gonorrhea	2,153	122.9	104.6
Tuberculosis*	74	4.3	4.3

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Source: Florida Department of Health, FloridaCHARTS, 2013.
Rates are per 100,000 population.
* Tuberculosis data are from 2009-2011. All other data are from 2010-2012

Broward County reported rates of HIV, congenital syphilis, and infectious syphilis that were greater than 75 percent worse than the state averages. The gonorrhea rate also compared unfavorably, at 18 percent worse than the state average.

Exhibit 33 portrays maternal and child health indicators for Broward County. It also displays, when available, the Healthy People 2020 goal for corresponding indicators.

Exhibit 33: Maternal and Child Health Indicators

Indicator	Data Type	Year	County Quartile (4=least favorable)	Broward Count	Broward Rate / Percent	Florida	HP 2020 Goal
Domestic violence offenses	Per 100,000 population	2009-11	1	6,967	398.7	605.0	N/A
Births to mothers ages 15-19	Per 1,000 females 15-19	2009-11	1	1,355	24.9	32.9	N/A
Births to mothers who report smoking during pregnancy	Percent of births	2009-11	1	438	2.1%	6.8%	1.4%
Births with late or no prenatal care	Percent of births w/ known PNC status	2009-11	3	957	5.4%	4.7%	22.1%
Births < 1500 grams (very low birth weight)	Percent of births	2009-11	4	412	1.9%	1.6%	1.4%
Births < 2500 grams (low birth weight)	Percent of births	2009-11	4	1,991	9.4%	8.7%	7.8%
Mothers who initiate breastfeeding	Percent	2009-11	1	17,759	83.5%	79.5%	81.9%
Infant deaths (0-364 days)	Per 1,000 live births	2009-11	2	131	6.2	6.6	6.0
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-11	3	1,315	12.4	11.0	N/A
Two-year olds fully immunized	Percent of 2-yr olds	2011	N/A	-	90.0%	86.1%	80%
Licensed child care centers and homes	Per 1,000 population < 13	2010	3	676	2.5	3.0	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	3	-	29.1%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	4	-	40.3%	37.3%	20.2%
Middle school students overweight	Percent	2012	1	-	10.4%	11.1%	N/A
High school students overweight	Percent	2012	1	-	12.8%	14.3%	N/A
High school graduation rate	Percent	2010-11	1	-	76.9%	81.2%	82.4%
Children 5-11 experiencing child abuse	Per 1,000 5-11	2009-11	2	1,542	10.1	11.5	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-11	1	51	0.3	0.6	N/A

Sources: Florida Department of Health, FloridaCHARTS, 2013.

Key	
Rates unreliable due to small sample size	-
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

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In Broward County, rates of births with late or no prenatal care, very low birth weight infants, and licensed child care centers and homes were 15 to 19 percent worse than the Florida average. No maternal and child health indicators were more than 20 percent worse than the state.

Although the county compares favorably to the state, it has not met the Healthy People 2020 goals for the following indicators (**Exhibit 33**):

- Births to mothers who report smoking during pregnancy;

- Very low birth weight infants;

- Low birth weight infants;

- Infant deaths;

- Middle and high school students without sufficient vigorous physical activity; and

- High school graduation rates.

3. Behavioral Risk Factor Surveillance System

Data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) are based on a telephone survey that gathers data on various health indicators, risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire U.S. Analysis of BRFSS data can identify localized health issues and trends, and enable county, state, or nation-wide comparisons.

Exhibit 34 compares various BRFSS indicators for Broward County with Florida averages. It also displays, when available, the U.S. average and the Healthy People 2020 goal for corresponding indicators. Indicators are shaded if an area's value was more than ten percent worse than the Florida average.

Exhibit 34: BRFSS Indicators and Variation from Florida, 2010

	Indicator	Broward Total Population	Broward Non-Hisp White	Broward Non-Hisp Black	Hispanic	<$25,000	Florida	U.S.	HP 2020 Goal
Health Behaviors	Heavy or binge drinking	16.1%	17.4%	5.1%	25.1%	13.3%	15.0%	N/A	25.4%
	Current smoker	13.7%	15.2%	9.3%	14.9%	27.6%	17.1%	17.3%	12%
	Adults with no medical checkup in past year	31.7%	26.1%	35.3%	49.6%	35.4%	30.3%	N/A	N/A
	Adults who sometimes, seldom, or never wear a seatbelt	4.9%	5.1%	2.4%	5.6%	6.1%	4.4%	N/A	N/A
Prevention Variables	Adults 50+ with no sigmoidoscopy or colonoscopy in past 5 years	47.7%	44.7%	35.1%	64.8%	67.6%	43.6%	N/A	29.5%
	Men 50+ no with PSA test in past 2 years	33.4%	23.8%	N/A	N/A	46.7%	27.4%	N/A	N/A
	Women 40+ with no mammogram in past year	34.4%	35.3%	17.5%	N/A	60.0%	38.1%	48.0%	18.9%
	Women 18+ with no clinical breast exam in past year	37.4%	36.7%	32.9%	41.0%	63.2%	38.5%	N/A	7.0%
Access	Unable to visit doctor due to cost	20.9%	12.9%	22.4%	39.9%	45.4%	17.3%	N/A	N/A
	Adults with no personal doctor/healthcare provider	17.7%	14.9%	20.7%	19.6%	29.5%	18.3%	N/A	16.1%
	Adults with no health insurance coverage	19.7%	14.4%	29.8%	22.6%	40.0%	17.0%	15.0%	0.0%
	Adults who did not visit a dentist or dental clinic in past year	35.2%	25.7%	44.2%	43.5%	61.3%	35.3%	30.3%	N/A
Health Conditions	Adults who are overweight or obese	65.1%	65.6%	82.4%	52.9%	64.8%	65.0%	63.7%	30.5%
	Told have asthma	7.9%	8.0%	5.8%	10.4%	13.5%	8.3%	9.1%	N/A
	Ever had a stroke	4.2%	5.2%	0.8%	2.4%	5.0%	3.5%	2.7%	N/A
	Ever had heart attack, coronary heart disease, or angina	9.4%	12.7%	1.9%	6.6%	11.4%	10.2%	N/A	N/A
	Told have diabetes	6.6%	7.7%	4.1%	6.4%	12.6%	10.4%	8.7%	7.2%
Mental Health	Adults who sometimes, rarely or never receive necessary social and emotional support	19.8%	19.0%	15.2%	26.1%	31.6%	20.5%	N/A	N/A
	Poor mental health*	9.6%	10.4%	2.8%	17.3%	24.6%	12.6%	N/A	N/A
Overall Health	Limited by physical, mental, or emotional problems	21.7%	26.6%	15.5%	13.0%	34.9%	24.3%	N/A	N/A
	Reported poor or fair health	14.3%	15.0%	16.5%	10.6%	25.1%	17.1%	N/A	N/A

Source: Florida Department of Health, 2010 Florida BRFSS Data Report.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

In the total community population, five indicators were 10 to 50 percent worse than the state average. The low-income population compared most unfavorably, with 12 indicators more than 50 percent worse than the Florida average, of which three were greater than 75 percent worse than the state. Compared to the state average, low-income populations were less likely to be able to access preventive care and screenings and were more likely to report poor mental health and smoking. Disparities are also evident in the Black and Hispanic populations, particularly regarding access to care (Black and Hispanic) and drinking (Hispanic) (**Exhibit 34**).

Additionally, in 2010, approximately 37 percent of adults reported being diagnosed with high blood cholesterol and 31 percent reported being diagnosed with hypertension. Broward County compared favorably to the state average for these indicators. However, the percentage of adults with high cholesterol was nearly three times as high as the Healthy People 2020 goal.

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs) throughout Cleveland Clinic Florida's community and from the hospital.

ACSCs are sixteen health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[10] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

1. County/City-Level Analysis

Exhibit 35 indicates the percentage of all hospital discharges in the Cleveland Clinic Florida community that were for ACSCs, by payer.

Exhibit 35: Discharges for ACSC by County/City and Payer, 2011

County	Government	Medicaid	Medicare	Other	Private	Self-Pay	Total
Broward	11.8%	9.4%	18.5%	11.0%	11.7%	14.8%	**14.5%**

Source: Verité analysis of data from Cleveland Clinic Florida, using AHRQ software, 2013.

The table indicates that 14.5 percent of Broward County's discharges were for ACSCs in 2011. Medicare patients had the highest proportion of discharges for ACSCs, followed by self-pay patients (**Exhibit 35**).

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[10] Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm on June 28, 2013.

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2. Hospital-Level Analysis

Exhibit 36 portrays discharges from Cleveland Clinic Florida for ACSCs, by condition and age. Overall, about 14.7 percent of discharges from the hospital were for ACSCs.

Exhibit 36: Discharges for ACSC by Condition, Cleveland Clinic Florida, 2011

Condition	0 to 17	18 to 39	40 to 64	65+	Total
Bacterial pneumonia admission		6.4%	26.7%	66.9%	251
Congestive heart failure admission		1.6%	18.5%	79.9%	249
Laminectomy		8.6%	52.4%	38.9%	185
Percutaneous transluminal coronary angioplasty (PTCA)			50.7%	49.3%	150
COPD or asthma in older adults			39.6%	60.4%	134
Urinary tract infection admission		7.1%	23.9%	69.0%	113
Diabetes long-term complication admission		14.9%	46.8%	38.3%	94
Hysterectomy		1.6%	45.3%	53.1%	64
Coronary artery bypass graft (CABG)			46.6%	53.4%	58
Dehydration admission		11.1%	44.4%	44.4%	54
Hypertension admission		4.0%	42.0%	54.0%	50
Diabetes short-term complication admission		46.9%	46.9%	6.3%	32
Perforated appendix admission		27.8%	50.0%	22.2%	18
Uncontrolled diabetes admission		5.9%	52.9%	41.2%	17
Angina without procedure admission			66.7%	33.3%	6
Lower-extremity amputation among diabetic patients			66.7%	33.3%	6
Asthma in younger adults		100.0%			2
Pediatric gastroenteritis admission	100.0%				1
Pediatric urinary tract infection admission	100.0%				1
Total	**0.1%**	**6.1%**	**37.2%**	**56.6%**	**1,485**

Source: Verité analysis of data from Cleveland Clinic Florida, using AHRQ software, 2013.

The top five ACSCs at Cleveland Clinic Florida were: bacterial pneumonia, congestive heart failure, laminectomy, percutaneous transluminal coronary angioplasty (PTCA), and COPD or asthma in older adults. Patients aged 65 years and over had the highest percentage of discharges for ACSCs (**Exhibit 36**).

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Community Need Index™ and Food Deserts

1. Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index™* that measures barriers to health care access by county/city and ZIP code.[11] The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;

- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;

- The percentage of the population without a high school diploma;

- The percentage of uninsured and unemployed residents; and

- The percentage of the population renting houses.

The *Community Need Index™* calculates a score for each ZIP code based on these indicators. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

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[11]Accessed online at http://cni.chw-interactive.org/ on June 28, 2013.

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Exhibit 37 presents the *Community Need Index™* (CNI) score of each ZIP code in the Cleveland Clinic Florida community.

Exhibit 37: Community Need Index™ Score by ZIP Code

Sources: Microsoft MapPoint and Dignity Health, 2013.
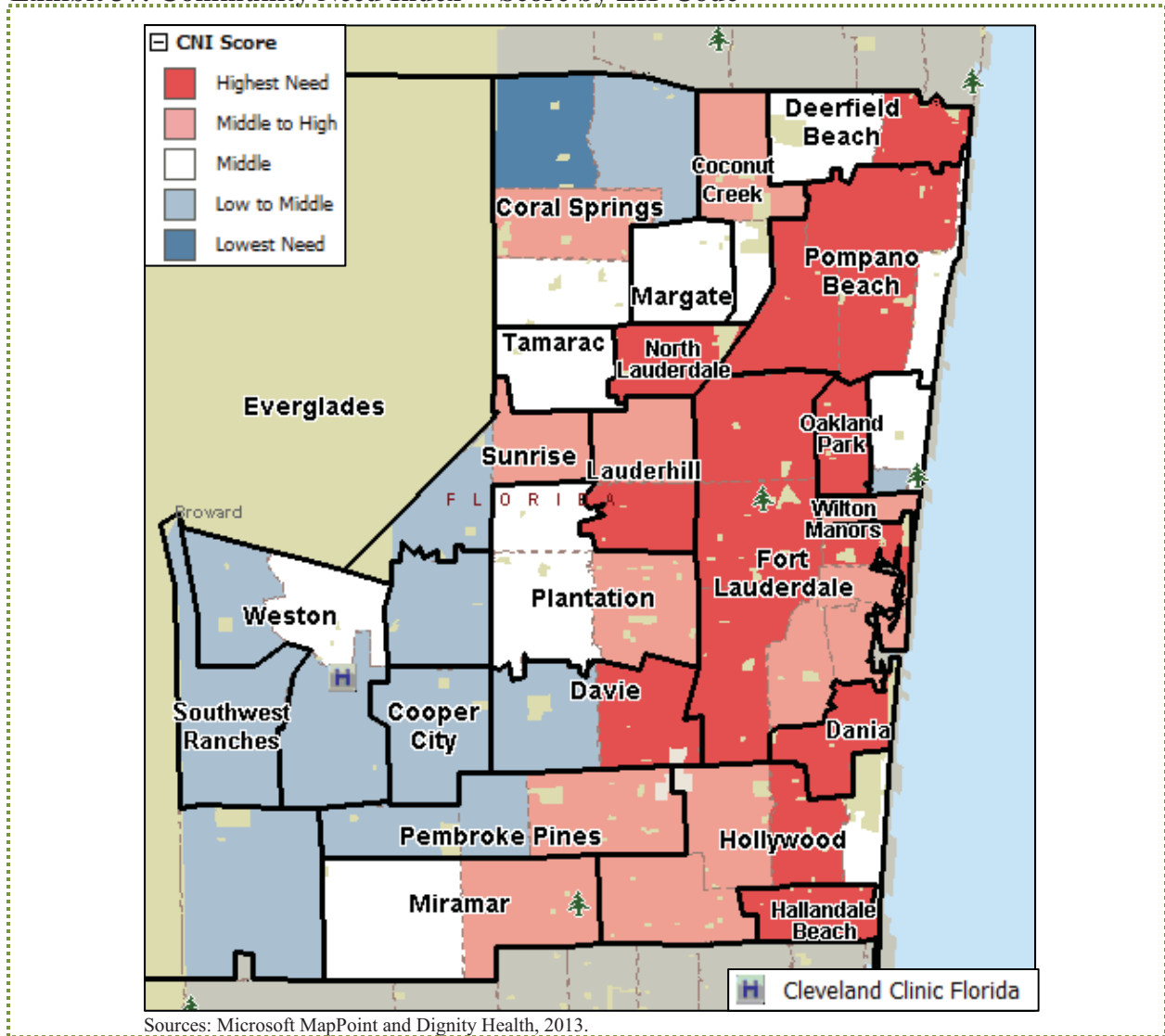
Areas of highest need are concentrated along the east-central portion of the community. ZIP codes in Deerfield Beach, Pompano Beach, North Lauderdale, Lauderhill, Oakland Park, Fort Lauderdale, Davie, Dania, Hollywood, and Hallandale Beach all scored in the "Highest Need" category. Northern Coral Springs and the southwestern portion of the community near Cooper City, Weston, and Southwest Ranches demonstrate low need (**Exhibit 37**).

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2. Food Deserts (Lack of Access to Nutritious and Affordable Food)

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts. **Exhibit 38** illustrates the location of food deserts in the Cleveland Clinic Florida community.

Exhibit 38: Food Deserts by Census Tract, 2010
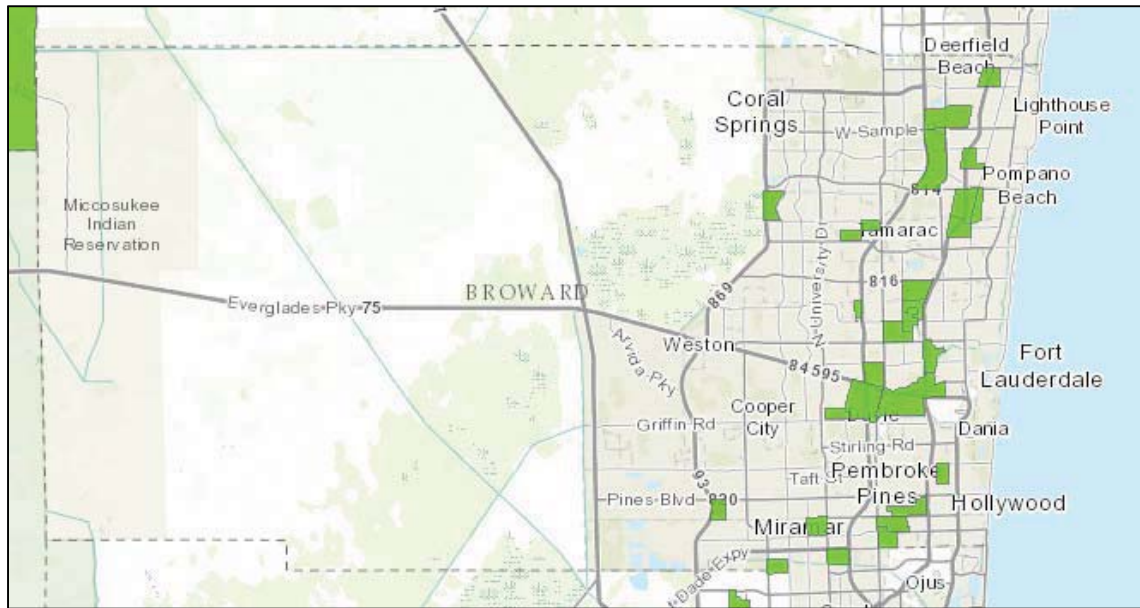
Source: Economic Research Services, U.S. Department of Agriculture, 2013.

Cleveland Clinic Florida's community contains 26 census tracts identified as food deserts. The majority of these food deserts are located in the east-central portion of the community around Pompano Beach, Fort Lauderdale, and Hollywood (**Exhibit 38**).

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Projected Physician Supply Relative to Needs

According to the Association of American Medical Colleges, physician shortage issues are expected to intensify in coming years. Current estimates predict a national shortage of 62,900 active patient care physicians by 2015 increasing to 91,500 by 2020. For primary care alone, a deficit of 29,800 physicians is expected for 2015 increasing to 45,400 by 2020.[12] Various factors contribute to the anticipated shortages, including an increase in insurance coverage due to the Affordable Care Act, higher demand from an aging population, a large proportion of the current workforce reaching retirement age, and an insufficient number of new medical school and graduate medical education alumni.[13]

Data show that Florida's current physician supply is not adequate to serve rising demand for medical services. Approximately 86 percent of Florida physicians are 40 years of age or older and 28 percent are 60 years of age and older; many are expected to retire in the coming years.[14] In Broward County, 10.6 percent of physicians are expected to retire within the next five years.[15] Additionally, Florida physicians have little capacity to treat additional patients due to current patient loads.[16]

In addition, increased demand for health services is expected between 2013 and 2030 as Florida's population is projected to grow by 25 percent, and the population aged 65 and over is expected to grow by about 75 percent.[17]

In 2007, the Florida Department of Health completed a comprehensive evaluation of Florida's physician workforce and how it could impact access to quality care in the state. One of the report's recommendations for offsetting the physician shortage was "to pursue a policy of creating and expanding medical residency positions in Florida."[18]

In 2006, the Florida Board of Governors approved the establishment of two new medical schools, University of Central Florida (UCF) and the Florida International University (FIU).[19] In 2010, the Board of Governors approved the establishment of an independent medical school at Florida Atlantic University (FAU) judging that doing so would have significant benefits for students and the Florida physician workforce, among other benefits. FAU previously had

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[12] Association for American Medical Colleges Center for Workforce Studies (June 2010). *The Impact of Health Care Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025.* Retrieved 2013 from https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf

[13] Mann, Sarah (April 2011). *Addressing the Physician Shortage Under Reform.* AAMC Reporter. Retrieved 2013 from https://www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html

[14] Center for Workforce Studies, Association of American Medical Colleges. (2011). 2011 State Physician Workforce Data Book. Retrieved from: https://www.aamc.org/download/263512/data

[15] Florida Department of Health. (2012). 2012 Florida Physician Workforce Annual Report. Retrieved from: http://www.doh.state.fl.us/Workforce/Workforce/Annual_Reports/PhysicianWorkforceAnnualReport2012.pdf

[16] Herrick and Gorman. (2013). An Economic and Policy Analysis of Florida Medicaid Expansion. Retrieved from: http://www.ncpa.org/pub/st347

[17] *Ibid.*

[18] Center for Workforce Studies, Association of American Medical Colleges. (Oct 2012). Recent Studies and Reports on Physician Shortages in the U.S. Retrieved from: https://www.aamc.org/download/100598/data/

[19] *Ibid.*

offered two- and four- year undergraduate medical education (UME) programs alongside the University of Miami (UM) Miller School of Medicine.[20]

The plan to create and expand medical residency programs in Florida is further supported by Florida's relatively low rates of enrollment in medical and osteopathic school and graduate medical education. In 2011, the rate of students enrolled in medical or osteopathic schools was 21.6 students per 100,000 population, ranking Florida 36th among the 50 states. The rate of residents/fellows in Accreditation Council for Graduate Medical Education (ACGME) programs was 18.8 residents/fellows per 100,000 population, ranking Florida as 42nd, while the rate of residents/fellows in primary care ACGME programs was 6.7 residents/fellows per 100,000 population, ranking Florida as 45th.[21]

Medically Underserved Areas and Populations

The Health Resources and Services Administration (HRSA) calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.[22]

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[23]

Exhibit 39 shows areas designated by HRSA as medically underserved. In Broward County, the low-income populations of 93 census tracts are designated as MUPs.
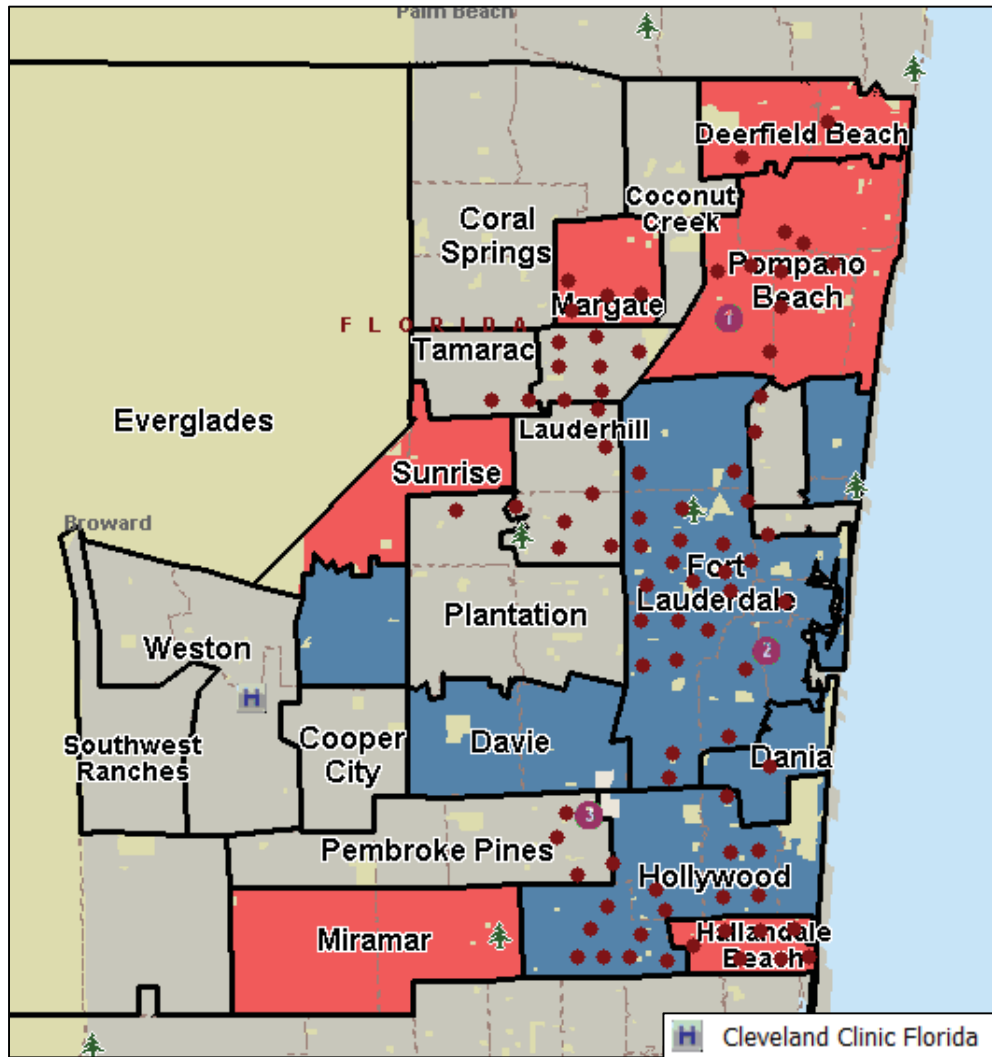
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[20] Florida Atlantic University Charles E. Schmidt College of Medicine. (n.d.). College History. Retrieved from: http://med.fau.edu/about/college_history.php
[21] Center for Workforce Studies, Association of American Medical Colleges. (2011). 2011 State Physician Workforce Data Book. Retrieved from: https://www.aamc.org/download/263512/data
[22] U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/muaps/index.html.
[23] *Ibid.*

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Exhibit 39: Medically Underserved Areas and Populations and Health Professional Shortage Areas, 2013

Sources: Microsoft MapPoint and the Health Resources and Services Administration, 2013.

MUPs are located in 93 census tracts, mostly north to south in the eastern portion of the county

...

The low-income populations of 10 towns and three local health facilities are designated as HPSAs

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[24]

Populations and facilities in the Cleveland Clinic Florida community are designated as HPSAs (**Exhibit 39**). The low-income populations of Pompano Beach, Deerfield Beach, Margate, Hallandale, Miramar, and Sunrise are designated as primary health care Health Professional Shortage Areas (HPSA). The low-income populations in Fort Lauderdale, Davie, Hollywood, and Dania are designated as primary health care and dental HPSAs.

Description of Other Facilities and Resources within the Community

The Cleveland Clinic Florida community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations.

There are three health care facilities in the Cleveland Clinic Florida community that are designated as primary, dental, and mental health HPSA facilities (**Exhibit 40**).

Exhibit 40: Information on HPSA Facilities in the Cleveland Clinic Florida Community

Town	HPSA Name	HPSA Type
Pompano Beach	Broward Community and Family Health Center	Primary, Dental, and Mental
Fort Lauderdale	North Broward Hospital District-Health Care for the Homeless	Primary, Dental, and Mental
Hollywood	Seminole Tribe of Florida-Health Administration	Primary, Dental, and Mental

Source: Health Resources and Services Administration, 2013.

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[24]U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 41 presents the acute care hospitals in the Cleveland Clinic Florida community. Broward Health serves as the healthcare safety net organization in Broward County and consists of Broward Health Medical Center, Broward Health North, Chris Evert Children's Hospital, Broward Health Coral Springs, and Broward Health Imperial Point.

Exhibit 41: Hospitals in the Cleveland Clinic Florida Community

Hospital	ZIP Code
Broward Health Coral Springs	33065
Broward Health Imperial Point	33308
Broward Health Medical Center	33316
Broward Health North	33064
Cleveland Clinic	33331
Chris Evert Children's Hospital	33316
Holy Cross Hospital	33308
Memorial Hospital Miramar	33029
Memorial Hospital Pembroke	33025
Memorial Hospital West	33028
Memorial Regional Hospital	33021
Memorial Regional Hospital South	33021
North Shore Medical Center	33150
Northwest Medical Center	33063
Plantation General Hospital	33317
University Hospital and Medical Center	33321
Westside Regional Medical Center	33324

Source: CMS, 2013.

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics receive cost-based reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs. There are 17 FQHCs in Broward County (**Exhibit 42**).

Exhibit 42: Federally Qualified Health Centers in the Cleveland Clinic Florida Community

Town	FQHC Name
Deerfield Beach	Deerfield Beach High School Health Center
Fort Lauderdale	7th Avenue Family Health Center
	Broward Partnership For Homeless
	Ho Program Office - Little House
	House Of Hope
	Specialty Care Center
	Stepping Stones
Hallandale Beach	Gulfstream Race Track--Homeless
Hollywood	Broward Community Family Health Center, Inc.
	Broward Outreach Center (South)
Pompano Beach	Broward Community And Family Health Centers, Inc.
	Broward Outreach Center-North Homeless Assistance Center
	Pompano Adult Primary Care Center
	St. Laurence Chapel
	Turning Point/Bridges Of America
West Park	Broward Community Family Health Center, Inc.
Wilton Manors	Care Resource Community Health Center At Ft. Lauderdale

Source: Health Resources and Services Administration, 2013.

Exhibit 43 presents the numbers of dentists and types of physicians per 100,000 population. In Broward County, the rates of dentists and mental health providers per 100,000 population was higher than the Florida rate but the rate of physicians, except pediatricians, was lower than the state average.

Exhibit 43: Health Professionals Rates per 100,000 Population, 2011

Provider Type	Broward Count	Broward Rate	Florida Rate
Dentists	1,233	70.3	63.0
Mental Health Providers*	721	41.2	29.7
Physicians	5,074	289.3	342.0
Family Physicians	395	22.5	29.4
Internal Medicine	913	52.1	60.3
OB GYN	204	11.6	12.0
Pediatrician	503	28.7	25.7

Source: FloridaCHARTS 2013 and data provided by County Health Rankings, 2012.
*Data from 2007.

A wide range of agencies, organizations, and coalitions are available in Broward County to assist in meeting community health needs, including those identified through the CHNA. These agencies, organizations, and coalitions include:

- Community organizations that focus on:
  - Health and human services:
    - Catholic Health Services
    - Life Net 4 Families
    - Living Water Care Center - Gulf Stream Baptist Association
    - Miami Rescue Mission, Inc.'s Broward Outreach Centers
    - Jewish Federation of Broward County
    - Jubilee Center of South Broward
    - Urban League of Broward County
  - Health and human services for children and youth:
    - 4 Children's S.A.K.E.
    - Children's Harbor – Family Strengthening Program
    - Lutheran Services of Florida- Lippman Youth Shelter
  - Health and human services for the Hispanic population:
    - Hispanic Unity of Florida
  - Health and human services for the homeless:
    - Broward Partnership for the Homeless, Inc.
    - Broward Outreach Centers
    - Cosac Foundation
    - Covenant House
    - Gateway Community Outreach, Inc.
    - Shadowood II, Inc.
  - Health and human services for victims of domestic violence:
    - Women in Distress
  - Mental health or substance abuse services:
    - Agency For Community Treatment Services
    - Archways, Inc.
    - Broward Housing Solutions
    - Henderson Behavioral Health
    - St. Laurence Chapel Episcopal Mental Health Ministries, Inc.

- o Services to persons with disabilities:
  - o ARC Broward
- o Services to persons with HIV/AIDs:
  - o Broward House, Inc.
  - o Care Resource
- Florida Department of Health in Broward County
- Local chapters of national organizations including the American Diabetes Association, American Heart Association, American Lung Association, American Cancer Society, Broward Meals on Wheels, Salvation Army, and the YMCA/YWCA.
- Local first responders, including fire departments, police departments, and Emergency Medical Services (EMS)
- Local FQHCs and HPSA facilities (**Exhibits 40** and **42**)
- Local government agencies, City Councils, and Chambers of Commerce
- Local places of worship
- Local schools, colleges, and universities
- Planning organizations and coalitions that provide information regarding community resources:
  - o The 2-1-1 First Call For Help of Broward
  - o Aging and Disability Resource Center of Broward County
  - o Broward Aging Alliance
  - o Broward Regional Health Planning Council
  - o County Coordinating Council of Broward
  - o Nutrition and Fitness Task Force of Broward
  - o The United Way of Broward County's Commission on Substance Abuse

Findings of Other Recent Community Health Needs Assessments

Verité analyzed the findings of 11 health needs assessments and related reports conducted in or covering parts of the Cleveland Clinic Florida community, published between 2009 and 2013. Highlights and summary points from each document are below.

1. University of Miami Health System and Sylvester Comprehensive Cancer Center, 2013

The University of Miami Health System and Sylvester Comprehensive Cancer Center completed a Community Health Needs Assessment[25] to identify the major issues, barriers, and concerns for community health in three counties in Florida. The report compared Miami-Dade, Palm Beach, and Broward counties to state benchmarks.

Findings relevant to this CHNA include:

- In 2009, Broward County had a higher fast food restaurant density than Palm Beach and Miami-Dade counties.

- Malignant cancer incidence was lower in Broward County than in Miami-Dade County and the state of Florida, but higher than in Palm Beach County.

2. Urban League of Broward County, 2013

The Urban League of Broward County produced *Closing the Gap-The State of Black Broward: Health Report,*[26] which focuses on racial health disparities in Broward County, Florida. The report identifies a number of health indicators, including: maternal, infant, and child health; health and nutrition; disease prevention; and health equity. Non-Hispanic Black residents face alarming maternal and infant health problems in comparison to other races.

Findings include:

- Non-Hispanic Black residents experienced fetal deaths and infant mortality rates that were almost three times higher than in non-Hispanic White and Hispanic populations. Non-Hispanic Black teens (ages 15 to 19) had higher rates of teenage births than Hispanic teens.

- Late or no prenatal care was twice as common among non-Hispanic Black residents as it was among non-Hispanic White and Hispanic residents.

- Obesity was an issue for more than half of non-Hispanic Black residents in Broward County. Non-Hispanic Black and Hispanic residents were two times as likely to be obese as non- Hispanic White residents.

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[25]University of Miami Health System and Sylvester Comprehensive Cancer Center. (2013, May). *Community Health Needs Assessment.* Retrieved 2013, from http://sylvester.org/documents/SCCC-CHNA-2013.pdf

[26]Urban League of Broward County. (2013). *Closing the Gap-The State of Black Broward: Health Report.* Retrieved 2013, from: http://www.sunshinestatehealth.com/files/2013/03/BlackBroward_HealthBrochure_Final.pdf

- Hispanic residents were the most likely to binge drink, at four times the rate of non-Hispanic Black residents.

- Non- Hispanic Black residents had a high rate of oral health problems; nearly 60 percent of non- Hispanic Black residents reported having had a permanent tooth extracted because of tooth decay or gum disease.

- Black residents faced higher rates of a number of diseases, including HIV/AIDS, breast cancer, prostate cancer, cervical cancer, and diabetes. The rate of death from HIV/AIDS was six times higher for non-Hispanic Black residents than Hispanic and non- Hispanic White residents, and the incidence rates of breast cancer, prostate cancer, cervical cancer, and diabetes were about two to three times higher for non-Hispanic Black residents.

3. Boca Raton Regional Hospital, Broward Regional Health Planning Council Inc., and Health Council of Southeast Florida, Inc., 2012

Boca Raton Regional Hospital, Broward Regional Health Planning Council, Inc. (BRHPC), and the Health Council of Southeast Florida, Inc. completed a Community Health Needs Assessment.[27] Sources of secondary data included the Youth Risk Behavior Survey (YRBS) and U.S. Census. Primary data included focus groups and key informant interviews.

Findings relevant to this CHNA include:

- There were comparatively fewer births to mothers without insurance in Broward County, at 10.0 percent, than in neighboring Palm Beach County, at 17.4 percent.

- Challenges and barriers reported by focus groups included "healthcare coverage (access to care), lack of knowledge about availability of resources, scheduling, transportation issues (accessibility), language barriers/cultural sensitivity, education/awareness issues, and challenges navigating the system for client/patients, caregivers, and providers."

- The greatest barriers to care reported in key informant interviews included "costly health care services, lack of health insurance, and a lack of knowledge about available services."

- The key informant interviews also suggested a gap in the presence of "mental health and oral health services, Medicaid providers needed for patients…, accessibility, access to affordable urgent care, and lack of physicians who accept Medicaid."

4. Broward County HIV Health Services Planning Council (HIVPC), 2012

The Ryan White Planning Council, the Broward County Board of County Commissioners, Broward County HIV Health Services Planning Council (HIVPC), and Broward County Human Services Department prepared the *FY 2012-2015 Broward County Comprehensive HIV Health Services Plan*[28] for residents of Broward County with HIV/AIDs. Data were collected from the

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[27]Boca Raton Regional Hospital, Broward Regional Health Planning Council, Inc. (BRHPC), and Health Council of Southeast Florida, Inc. (2012). *Community Health Needs Assessment*. Retrieved 2013, from
http://www.brrh.com/pdf/BRRH%20Community%20Health%20Needs%20Assessment%202012%20-%20Final%20Report.pdf
[28]Broward County HIV Health Services Planning Council (HIVPC). (2012). *FY 2012-2015 Broward County Comprehensive HIV Health Services Plan.* Retrieved 2013, from: http://www.brhpc.org/files/2012-2015%20Broward%20Comp%20Plan%201.4.13.pdf

CDC, the Florida Department of Health, and the U.S. Census. The assessment discusses HIV specific to age and gender, racial/ethnic minorities, mortality, homelessness, those who have been formerly incarcerated, and unmet needs for individuals with HIV in the community.

Findings include:

- About 62 percent of HIV positive males and 48 percent of HIV positive females were 45 years or older.

- In the last decade, the ratio of male to female AIDS cases decreased, from 2.6 males for every 1 female in 2001, to 2.2 males for every 1 female in 2010. The ratio of male to female HIV cases increased in the last decade, from 2.1 males to 1 female in 2002, to 3.5 males to 1 female with HIV in 2011.

- Black residents in Broward County experienced higher rates of HIV than other groups, with a ratio of 1 in every 52 living with HIV/AIDS, as compared to 1 in 137 White non-Hispanic residents and 1 in 191 Hispanic residents.

- In 2010, there were substantial differences in mortality by ethnicity and sex. Black males accounted for nearly half of all HIV positive deaths in Broward County. The number of non-Hispanic Black deaths was nearly double the number of White Non-Hispanic HIV positive deaths. Male residents accounted for nearly 70 percent of all HIV positive deaths.

- Nearly half of the residents who were aware of their HIV positive status in Broward County were unable to meet their medical care needs, compared to CDC estimates of one-third of HIV positive individuals nationwide.

- There was a 66 percent increase in Broward residents who were homeless between 2005 and 2011, and 35 percent of homeless individuals were homeless for more than one year.

5. Broward Regional Health Planning Council, 2012

The Broward Regional Health Planning Council produced the *Broward County Health Profile,*[29] which details healthcare access, need, and health program eligibility of individuals in Broward County. Comparisons include differences in maternal and child health indicators, communicable disease, and Medicaid eligible participants (individuals eligible for Medicaid) between the county and the state of Florida.

Findings include:

- In 2012, the rate of cancer was higher for Broward County than the state. Rates of heart disease, stroke, unintentional injuries, and chronic obstructive pulmonary disease were lower in the county than for the state.

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[29]Broward Regional Health Planning Council. (2012). Broward County Health Profile. Retrieved 2013, from http://www.brhpc.org/files/2012BrowardCountyHealthProfile.pdf

- In 2011, the Broward County rates of many communicable diseases, including HIV, AIDS, chlamydia, gonorrhea, syphilis, and tuberculosis were nearly double the Florida rates.

- The number of Medicaid-eligible individuals in Broward County increased 4.5 percent from January to December 2012.

6. Broward Regional Health Planning Council, 2012

The Broward Regional Health Planning Council produced a number of health profiles, including fact sheets on "Access to Healthcare"[30] and on "Sexually Transmitted Infections," [31] and analyzed survey data funded by the Coordinating Council of Broward, which develops and supports many partnerships among health and human services organizations in Broward County. Approximately 1,000 individuals in Broward County were surveyed to assess attitudes toward health, safety, families, and community issues. The Council used secondary data sources, including the U.S. Department of Health and Human Services. Findings from the survey suggest that there are differences in health service utilization across the northern and southern parts of Broward County.

Findings include:

- Major contributors to high health care costs included increases in chronic and long term care services, increases in prescription drugs, advances in technology, and higher numbers of "baby boomers" and a generally aging population.

- Families with female heads of household were twice as likely as all other families to be living in poverty.

- Sexually transmitted infection (STI) rates (including the rate of gonorrhea and syphilis and cases of HIV and AIDS) in Broward County have remained higher than the Florida rates between 2006 and 2011.

- There was a two percentage point increase in the proportion of children utilizing mental health services between 2008 and 2011. Children's mental health services were utilized by 11.4 percent of southern Broward County, and eight percent of northern Broward County.

- The child uninsurance rate was higher in northern Broward, at 8.6 percent, than southern Broward, at 6.9 percent.

- More respondents in northern Broward than in southern Broward stated that cost was the reason that prescription medications were not purchased and visits to the doctor were not scheduled. More respondents in southern Broward than in northern Broward indicated that cost was the reason that dental visits were not scheduled.

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[30]Broward Regional Health Planning Council. (2012). Broward County Health Profile-Access to Healthcare. Retrieved 2013, from http://www.brhpc.org/files/2012BrowardCountyHealthProfile.pdf

[31]Broward Regional Health Planning Council. (2012). Broward County Health Profile-Sexually Transmitted Infections. Retrieved 2013, from http://www.brhpc.org/files/Broward%20County%20Health%20Plan/Fact%20Sheets/STIs%20Fact%20Sheet%20-%20May%202013.pdf

- Higher percentages of northern Broward respondents stated having had a mammogram than southern Broward respondents, while higher percentages of southern Broward respondents stated having had a colonoscopy than northern Broward respondents.

- Nearly 62 percent of respondents in southern Broward felt they would know where to find social services, compared to 54 percent in northern Broward.

7. Cleveland Clinic Florida Health System and National Healthcare Associates, 2012

In 2012, Cleveland Clinic Florida filed Certificate of Need applications[32] with the Florida Agency of Health Care Administration (AHCA) to establish adult liver, kidney, and heart transplantation programs at Cleveland Clinic Hospital in Weston, Florida. National Healthcare Associates, Inc. prepared the documents. The applications demonstrated clear need for transplantation programs in south Florida (including Broward, Collier, Miami-Dade, Monroe, and Palm Beach counties), and AHCA granted approval for all three programs in August, 2012.

Findings relevant to this CHNA include:

- Outmigration of Broward County residents for transplantation programs is high compared to other areas of Florida. In 2010, 14.3 percent of Broward County residents who received liver transplants left south Florida for their transplant, as did 27.2 percent for kidney transplants. One quarter of south Florida residents left the area for heart transplants in 2010.

- Between 2008 and 2010, the number of south Florida residents on wait lists for liver transplants increased by 6.1 percent while the number of residents who received liver transplants in the area declined by 21.8 percent. Nearly 14 percent of Broward County residents on wait lists for liver transplantation were on wait lists outside of south Florida in 2011.

- Between 2008 and 2010, the number of south Florida residents on wait lists for heart transplants increased by 21.6 percent, while the number of residents who received heart transplants in the area increased 3.2 percent. Nearly 56 percent of Broward County residents on wait lists for heart transplantation were on wait lists outside of south Florida in 2011.

- Between 2010 and 2011, the number of south Florida residents on wait lists for the area's only kidney transplant center increased 7.3 percent.

- The end stage renal disease dialysis rate in Broward County was 1.79 per 1,000 population, the highest of all south Florida counties. Kidney disease dialysis cases are expected to increase by three percent in Broward County and 4.2 percent in south Florida from 2011 to 2015, increasing the need for kidney transplants.

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[32] Cleveland Clinic Florida and National Healthcare Associates. (2012). Certificate of Need Applications. Retrieved from Cleveland Clinic Florida.

- In 2010, 47 percent of all Hispanic liver transplant candidates in Broward County received liver transplants, compared to 93 percent of non-Hispanic candidates.

- From 2005 through 2010, the only hospital providing heart transplantation services in south Florida had the longest median wait time to transplant of any provider in the state.

8. Florida Public Health Institute, 2012

The Florida Public Health Institute published *Oral Health Access Profile: Broward County,*[3] detailing oral health access issues and challenges. The secondary data used for analysis included: Florida Agency for Healthcare Administration, Medicaid Decision-Support System, Florida Behavior Risk Factor Survey, Medicaid Bureau of Program Analysis, and other publicly available data sources. Oral health in Broward County faces the challenges of low Medicaid utilization rates and disparities across low-income populations.

Findings include:

- The Medicaid dental utilization rates were close to nine percentage points lower for children in Broward County than for children in Florida overall; for adults, the Broward rate was only one percentage point lower than for Florida.

- Access to dental care for people in poverty nearly doubled between 2008 and 2010.

- Dental care access differs between individuals earning less than $25,000 in income and individuals earning greater than $50,000. Only 38.7 percent of individuals earning less than $25,000 visited a dental clinic in the past year, compared to 77.2 percent of those earning greater than $50,000.

9. Florida Public Health Institute, 2012

The Florida Public Health Institute completed the *Health Impact Assessment: Impacts of Allocating Resources towards Access to Healthy Foods Strategies in an Underserved South Florida Community,*[33] which presents the health status of Broward County residents and related contributing factors. A number of factors contribute to the less-than-satisfactory nutritional health status of Broward County residents. Disparities in breastfeeding rates and behavioral factors were identified as problems that typically are associated with poor health outcomes.

Findings include:

- Disparities existed in breastfeeding rates in Broward County, as 83.3 percent of Hispanic mothers initially breastfed, compared to 73.2 percent of non-Hispanic Black mothers. After six months, the percentages continuing to breastfeed decreased to 42.5 percent of Hispanic mothers and 36.5 percent of non-Hispanic Black mothers.

[21]Florida Public Health Institute. (2012).*Oral Health Access Profile: Broward County.* Retrieved 2013, from: http://cdn.trustedpartner.com/docs/library/FloridaOralHealth2011/Broward%20Access.pdf

[22]Florida Public Health Institute. (2012, September). *Health Impact Assessment*. Retrieved 2013, from: http://www.healthimpactproject.org/resources/document/Broward-County-HIA-9_27_2012.pdf

- On weekdays, a higher percentages of high school students stated watching television (41 percent) and using computers (38 percent) than participating in regular physical activity (20 percent). Nine percent of high school students were classified as obese.

10. U.S. Department of Housing and Urban Development and the Office of Community Planning and Development, 2012

The U.S. Department of Housing and Urban Development and the Office of Community Planning and Development produced *The 2012 Point-in-Time Estimates of Homelessness*[4].The Council on Homelessness and Department of Children and Families produced the *Council on Homelessness 2012 Report.*[34]

Findings specific to Broward County include:

- Fort Lauderdale reported the eighth highest percentages of all "smaller cities, counties, and regional" continuums of care (CoCs) with 23.6 percent of the CoC's homeless population being chronically homeless and 13.2 percent being homeless veterans.

- Some objectives identified in the reports include:
    - Strengthening state and local partnerships, and private and public organization coordination;
    - Providing affordable housing to those in a homeless condition;
    - Providing permanent housing for preventing chronic homelessness; and
    - Increasing integration of primary and behavioral health services.

11. United Way of Broward County Commission on Substance Abuse, 2009

The United Way of Broward County Commission on Substance Abuse produced *Indicators of Substance Use and Abuse in Broward County-Semi-Annual Report*,[35] which discusses the use and number of deaths related to hard and soft drugs in Broward County. Drugs included usage of marijuana, methamphetamine, MGMA, gamma hydroxybutyrate (GHB), and others.

Findings include:

- Deaths from cocaine, heroin, opiates/narcotics, benzodiazepines, and MDMA (ecstasy) in Broward County declined in 2009.
    - Cocaine-related deaths declined 42 percent in the last part of 2008 and early part of 2009.

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[23]The U.S. Department of Housing and Urban Development Office of Community Planning and Development. (2012). The 2012 Point-in-Time Estimates of Homelessness. Retrieved 2013, from: http://www.abtassociates.com/CMSPages/GetFile.aspx?guid=77fdb6fa-6e6b-4524-8b5a-8e68c68caca9

[24]Council on Homelessness, Department of Children and Families. (June 2012). Council on Homelessness 2012 Report. Retrieved 2013, from: http://www.dcf.state.fl.us/programs/homelessness/docs/2012CouncilReport.pdf

[24]United Way of Broward County Commission on Substance Abuse. (2009).Indicators of Substance Use and Abuse in Broward County-Semi-Annual Report. Retrieved 2013, from: http://naddi.org/aws/NADDI/asset_manager/get_file/17634.

- o   Heroin-related deaths declined 55 percent in the early part of 2009.

- o   Use of benzodiazepines was linked to 37 percent fewer deaths in the first half of 2009than in the second half of 2008.

- Use of marijuana increased since the year 2000 for 8th, 10th, and 12th graders; students' perceived harmfulness of its use appears to have decreased over time.

- There was an approximately three percentage point increase in the proportion of Broward County high school students that had used marijuana at least once in their lifetime from 2006 to 2009.

- Use of crystal methamphetamine has been related to increases in sexually transmitted diseases among men having sex with men; a South Florida sample of men who have sex with men indicated that 18 percent reported using crystal methamphetamine in the 12 months prior to their interview.

- About two percent of Broward County high school students and 0.5 percent of middle school students reported the nonmedical use of a "prescription depressant" (such as Xanax) on at least one occasion in the past 30 days.

VERITÉ HEALTHCARE CONSULTING

PRIMARY DATA ASSESSMENT

Summary of Interview Findings

Key informant interviews were conducted face-to-face and by telephone by Verité Healthcare Consulting between February and July 2013. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by Cleveland Clinic Florida.

Eighteen interview sessions were held with 24 individuals. Interviewees included: individuals with special knowledge of or expertise in public health; the local public health department; agencies with current data or information about the health needs of the community; and leaders, representatives and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs. An annotated list of individuals who provided input is in the following section of this report.

Interviews were conducted using a structured questionnaire. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral, and other determinants of health. Interviewees were asked about issues related to health status, health care access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. They are presented in general order of importance, although the differences in some cases are relatively minor.

1. **Access to Affordable Care**: Lack of access to affordable care was the most frequently mentioned health issue, and one with a high degree of severity for specific segments of the population. Interview participants noted a lack of access to preventive, primary, specialty, and post-acute care, as well as to prescription medications, for people who are uninsured or underinsured and have low-income. Reported increases in hospital emergency department utilization were viewed in part as a symptom of limited access to earlier and frequently more appropriate care. Decreases in safety net provider funding have served to further limit access, and some interviewees perceived a shortage of primary care providers.

2. **Barriers to Care other than Affordability**: Interview participants raised a range of other factors that limit access to care. These included a lack of reliable personal or public transportation, poor knowledge about available health services, difficulty navigating among different health care and social service providers, language barriers, and cultural differences. The public transportation system in Broward County was widely reported to be inadequate to fully meet the needs of those who depend on it, and only partly supplemented by non-governmental transit options. Gaps in community residents' knowledge and awareness of available services, and in how to navigate among them, was

reported to be most severe for Broward County's sizable recent immigrant populations, those with limited English proficiency, the elderly, and homeless persons. Collaboration and care coordination among different provider organizations was viewed as lacking.

3. **Chronic Diseases**: Chronic disease as a whole was the most frequently raised and most significant concern in terms of health conditions. Diabetes was the single most frequently mentioned condition, followed closely by cardiovascular disease, obesity and overweight, and hypertension. Cancer, stroke, and asthma were discussed somewhat less often. Interview participants reported that, while awareness of and knowledge about these conditions has increased in recent years, for the most part incidence is not dropping.

4. **Health Behaviors**: Closely related to interview participants' observations about chronic disease in the community were health behaviors that contribute to many of those specific conditions. Poor diet and nutrition and limited physical activity were the primary behaviors noted. Drug and alcohol use, smoking, and unsafe sex also were mentioned. Poor diet and nutrition were stated to be due to a combination of limited access to affordable and healthy food, the widespread accessibility of relatively inexpensive and unhealthy food choices, and personal choice and habit.

5. **Financial Hardship and Basic Needs Insecurity**: Low-income and poverty conditions were mentioned as frequently as chronic disease health conditions by interview participants, who emphasized the correlation between income and health. While this is in part related to affordability and other barriers to care, additional factors were also noted. High rates of persistent unemployment, lower overall wages, the housing crisis and increases in homelessness, and increased demand at food pantries all were stated to be elements of basic needs insecurity, and to reduce individuals' and families' ability to maintain their health.

6. **Health Education and Health Literacy**: Insufficient knowledge about healthy behaviors (or about the impact of poor health behaviors) and poor health literacy were cited in nearly one-half of the interviews as barriers to healthier behaviors, more effective use of the health care system, and, ultimately, better health.

7. **Minority Health Needs and Disparities**: Interview participants discussed the particular needs and issues of racial and ethnic minorities in Broward County, including Black residents, Hispanic residents, and recent immigrants and refugees from the Caribbean, South America, and other locations. Reporting that minorities live disproportionately in many of the poorest areas of the county, interviewees commented on disparities in morbidity and mortality, as well as on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences.

8. **Mental Health**: Interview participants mentioned poor mental health in the community as a moderate to significant issue in one-third of the interviews. Mental health problems were described as being exacerbated in part by financial hardship and basic needs insecurity, cited as often co-occurring with substance abuse, and associated with or

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resulting in homelessness. Limited facilities or funding for mental health (and substance abuse) treatment were viewed as contributing to higher emergency department utilization.

9. **HIV/AIDS**: HIV was described as a substantial health issue in Broward County in nearly one-third of the interviews. While some interview participants indicated that resources have been deployed for education, prevention, and treatment, they also reported that much work remains to be done to demonstrate significant progress.

Individuals Providing Community Input

The CHNA took into account input from numerous people who represent the broad interests of the community served by the hospital, as discussed in the Summary of Interview Findings, via interviews with 24 individuals. Categorized lists of the individuals providing community input are in **Exhibits 44, 45,** and **46**.

1. Public Health Experts, Health Departments, or Other Agencies

Individuals interviewed with special knowledge of or expertise in public health, and those from departments or agencies with current data or other information relevant to the health needs of the community include those in **Exhibit 44**:

Exhibit 44: Public Health Experts Interviewed

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role
Ellen Feiler	Director of Health Promotion and Social Marketing	Florida Department of Health in Broward County	Public health professional with expertise in health promotion and disease prevention
Roslyn Frazier	Chief Executive Officer	Broward Community & Family Health Centers	Delivery of health care to medically indigent and underserved populations; board and committee service on health planning and community health initiatives
Regine Kanzki, MPH	Division Director	Broward Regional Health Planning Council	Public health planning, analysis, and assessment

2. Leaders and Representatives of Medically Underserved, Low-income, and/or Minority Populations, or of Populations with Chronic Disease Needs

The following individuals were interviewed because they are leaders or representatives of medically underserved, low-income, and/or minority populations, or of populations with chronic disease needs (**Exhibit 45**). This list excludes the public health experts identified in **Exhibit 44**.

Exhibit 45: Leaders and Representatives of Medically Underserved, Low-income, and/or Minority Populations, or of Populations with Chronic Disease Needs Interviewed

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role
Jo-Ann Anstett	Director of Program Services	Broward Partnership for the Homeless	Special knowledge of the health and related needs of homeless persons
Josie Bacallao	President and CEO	Hispanic Unity of Florida	Special knowledge of the health needs of Hispanic and Latino populations, including immigrants
Jim Ball	Chief Operating Officer	Catholic Health Services	Special knowledge of the health needs of underserved people in the community
Sister Jill Bond	Vice President, Mission Advancement	Catholic Health Services	Special knowledge of the health needs of underserved people in the community
Donna Byrne	Director	American Heart Association, Broward County	Special knowledge of cardiovascular health conditions and prevention
Frances Esposito	Executive Director	Broward Partnership for the Homeless	Special knowledge of the health and related needs of homeless persons
Lilly Gallardo	Director of Social Services	Salvation Army	Special knowledge of the health needs of underserved people in the community
Chris Gentile	Director	American Heart Association, Broward County	Special knowledge of cardiovascular health conditions and prevention
Sharon Ness	Vice President, Corporate Development	Jewish Federation of Broward County	Special knowledge of the health needs of underserved people in the community
Linda Quick	President and CEO	South Florida Hospital & Healthcare Association	Special knowledge of the health care delivery system and of community health needs
Shirley Snipes	Planning Director	Aging and Disability Resource Center of Broward County	Special knowledge of the needs of aging and elderly populations
Bruce Yudewitz	Senior Vice President, COO	Jewish Federation of Broward County	Special knowledge of the health needs of underserved people in the community

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3. Other Leaders Representing the Broad Interests of the Community

Exhibit 46: Other Leaders Representing the Broad Interests of the Community Interviewed

Name	Title	Affiliation or Organization
Evelyn Arias	Director of Marketing	Cleveland Clinic Florida
Harris Bouchillon	District Chief, Weston	Broward Sheriff's Office, Department of Fire Rescue and Emergency Services
John Flint	City Manager	City of Weston
Lee Ghezzi	Director of Clinical Process and Risk Manager	Cleveland Clinic Florida
John Gorman	Executive Director	The Sheinberg Family YMCA - Weston
Juan Nogueras, MD	Chief of Staff	Cleveland Clinic Florida
Deborah Riggs	Director, Emergency Department	Cleveland Clinic Florida
Joey Santos	Nurse Manager, Emergency Department	Cleveland Clinic Florida
Daniel J. Stermer	Mayor	City of Weston

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SOURCES

111th U.S. Congress. (2010, March). Patient Protection and Affordable Care Act (PPACA).

Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm on June 28, 2013.

Association for American Medical Colleges Center for Workforce Studies (June 2010). *The Impact of Health Care Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025.* Retrieved 2013 from https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf

Boca Raton Regional Hospital, Broward Regional Health Planning Council, Inc. (BRHPC), and Health Council of Southeast Florida, Inc. (2012). *Community Health Needs Assessment.* Retrieved 2013, from http://www.brrh.com/pdf/BRRH%20Community%20Health%20Needs%20Assessment%202012%20-%20Final%20Report.pdf

Broward County Board of Commissioners. *Broward County, Florida - Fiscal Year 2013 Adopted Operating Budget.* Retrieved 2013, from http://www.broward.org/Budget/2013/Documents/Op/EntireDocument.pdf

Broward Regional Health Planning Council. (2012). Broward County Health Profile. Retrieved 2013, from http://www.brhpc.org/files/2012BrowardCountyHealthProfile.pdf

Broward Regional Health Planning Council. (2012). Broward County Health Profile-Access to Healthcare. Retrieved 2013, from http://www.brhpc.org/files/2012BrowardCountyHealthProfile.pdf

Broward Regional Health Planning Council. (2012). Broward County Health Profile-Sexually Transmitted Infections. Retrieved 2013, from http://www.brhpc.org/files/Broward%20County%20Health%20Plan/Fact%20Sheets/STIs%20Fact%20Sheet%20-%20May%202013.pdf

Broward County HIV Health Services Planning Council (HIVPC). (2012). *FY 2012-2015 Broward County Comprehensive HIV Health Services Plan.* Retrieved 2013, from: http://www.brhpc.org/files/2012-2015%20Broward%20Comp%20Plan%201.4.13.pdf

Center for Workforce Studies, Association of American Medical Colleges. (2011). 2011 State Physician Workforce Data Book. Retrieved from: https://www.aamc.org/download/263512/data

Center for Workforce Studies, Association of American Medical Colleges. (Oct 2012). Recent Studies and Reports on Physician Shortages in the U.S. Retrieved from: https://www.aamc.org/download/100598/data/

Centers for Medicare and Medicaid Services. (2013). *Hospital General Information.* Retrieved 2013, from https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/v287-28n3

Cleveland Clinic Florida. (2013). Inpatient Discharge Data.

Cleveland Clinic Florida Health System and National Healthcare Associates. (2012). Certificate of Need Applications. Retrieved from Cleveland Clinic Florida.

Council on Homelessness, Department of Children and Families. (June 2012). Council on Homelessness 2012 Report. Retrieved 2013, from: http://www.dcf.state.fl.us/programs/homelessness/docs/2012CouncilReport.pdf

Dignity Health. (n.d.). *Community Needs Index*. Retrieved from http://cni.chw-interactive.org/

Economic Research Service (ERS), U.S. Department of Agriculture (USDA). (2010). *Food Access Research Atlas*. Retrieved 2013, from http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx

Florida Atlantic University Charles E. Schmidt College of Medicine. (n.d.). College History. Retrieved from: http://med.fau.edu/about/college_history.php

Florida Department of Education. (2013). *Free Reduced Lunch by School.* Retrieved 2013, from http://www.fldoe.org/eias/eiaspubs/pubstudent.asp

Florida Department of Health. (n.d.) *2010 Florida BRFSS Data Report*.

Florida Department of Health. (2012). 2012 Florida Physician Workforce Annual Report. Retrieved from: http://www.doh.state.fl.us/Workforce/Workforce/Annual_Reports/PhysicianWorkforceAnnualReport2012.pdf

Florida Department of Health. (n.d.) FloridaCHARTS.

Florida Families First. Governor Rick Scott's 2013 Budget. Retrieved 2013, from http://www.floridafamiliesfirst.com/web%20forms/Budget/BudgetService.aspx?rid1=141251&rid2=113260&ai=64000000&title=HEALTH

Florida Fiscal Portal. 2013-2014 State Budget. Retrieved 2013, from http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=8401

Florida Public Health Institute. (2012, September). *Health Impact Assessment*. Retrieved 2013, from: http://www.healthimpactproject.org/resources/document/Broward-County-HIA-9_27_2012.pdf

Florida Public Health Institute. (2012).*Oral Health Access Profile: Broward County*. Retrieved 2013, from: http://cdn.trustedpartner.com/docs/library/FloridaOralHealth2011/Broward%20Access.pdf

Herrick and Gorman. (2013). An Economic and Policy Analysis of Florida Medicaid Expansion. Retrieved from: http://www.ncpa.org/pub/st347

Internal Revenue Service. (2012). Instructions for Schedule H (Form 990).

Mann, Sarah (April 2011). *Addressing the Physician Shortage Under Reform.* <u>AAMC Reporter</u>. Retrieved 2013 from https://www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html

Truven Health Analytics. (2013). Demographic and Households Data.

United Way of Broward County Commission on Substance Abuse. (2009).Indicators of Substance Use and Abuse in Broward County-Semi-Annual Report. Retrieved 2013, from: http://naddi.org/aws/NADDI/asset_manager/get_file/17634.

University of Miami Health System and Sylvester Comprehensive Cancer Center. (2013, May). *Community Health Needs Assessment.* Retrieved 2013, from http://sylvester.org/documents/SCCC-CHNA-2013.pdf

University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. (2013). *County Health Rankings: Mobilizing Action Toward Community Health*. Retrieved 2013, from http://www.countyhealthrankings.org/

Urban League of Broward County. (2013). *Closing the Gap-The State of Black Broward: Health Report.* Retrieved 2013, from: http://www.sunshinestatehealth.com/files/2013/03/BlackBroward_HealthBrochure_Final.pdf

U.S. Bureau of Labor Statistics. (2013). *Unemployment Rates*. Retrieved 2013, from http://www.bls.gov/

U.S. Census Bureau. (2011). *Demographic Data: ACS 3 Year Estimates.* Retrieved 2013, from http://www.census.gov/

U.S. Centers for Disease Control and Prevention's National Program of Cancer Registries Cancer Surveillance System. (2009). *State Cancer Profiles: Incidence Rates Report.* Retrieved 2013, from http://statecancerprofiles.cancer.gov/incidencerates/index.php

U.S. Department of Housing and Urban Development Office of Community Planning and Development. (2012). The 2012 Point-in-Time Estimates of Homelessness. Retrieved 2013, from: http://www.abtassociates.com/CMSPages/GetFile.aspx?guid=77fdb6fa-6e6b-4524-8b5a-8e68c68caca9

U.S. Health Resources and Services Administration. (2013). *Find A Health Center.* Retrieved 2013, from http://findahealthcenter.hrsa.gov/Search_HCC.aspx

U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation.* Retrieved 2012, from http://bhpr.hrsa.gov/shortage/muaps/index.html.

U.S. Health Resources and Services Administration. (2013). *Shortage Areas.* Retrieved 2013, from http://bhpr.hrsa.gov/shortage/shortageareas/index.html
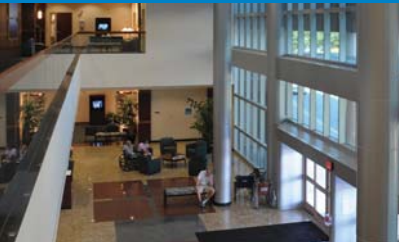
Cleveland Clinic Florida Health System Nonprofit Corporation
2950 Cleveland Clinic Blvd.
Weston, Florida 33331

2013 Community Health Needs Assessment
Implementation Strategy
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of Hospital Organization Operating Hospital Facility:
Cleveland Clinic Florida Health System Nonprofit Corporation # 65-0844880

Date Approved by
Authorized Governing Body: October 4, 2013

Authorized Governing Body: Board of Trustees

Contact: Cleveland Clinic
                                                   chna@ccf.org

Table of Contents

CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT CORPORATION

2013 IMPLEMENTATION STRATEGY

I. Introduction and Purpose

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) and Notice 2011-52 regarding community health needs assessments and implementation strategies.   The overall purpose of the implementation strategy is to align the hospital's limited resources, program services, and activities with the findings of the community health needs assessment we recently completed ("CHNA").

A. Description of Hospital

Cleveland Clinic Florida Health System Nonprofit Corporation (Cleveland Clinic Florida) is a 155 staffed bed acute care facility offering advanced medical and surgical care, sophisticated technology, research and education. The hospital specializes in cancer, cardiology, digestive diseases, internal medicine, neurology, orthopaedics, urology and women's health. The hospital is a Primary Stroke Center and has an Emergency Department.

Cleveland Clinic Florida is a part of the Cleveland Clinic Health System ("Cleveland Clinic"). Cleveland Clinic defines and measures community benefit (including financial assistance) using the Catholic Health Association ("CHA") community benefit model, which recommends reporting financial assistance on a cost basis. Using this model, in 2012 and 2011 Cleveland Clinic provided $754 and $693 million respectively in benefits to the communities they serve. The community benefit that Cleveland Clinic provides includes patient care provided on a charitable basis, research, education, Medicaid shortfall, subsidized health services and outreach programs. Cleveland Clinic's community benefit reports are available on our website at clevelandclinic.org/communitybenefit.

B. Hospital Mission

Cleveland Clinic Florida's mission is:

> *To provide better care for the sick, investigation of their problems and education of those who serve*

II.   Community Definition

The Cleveland Clinic Florida community is defined as a geographic area comprising 60.3% of inpatient volume. The community consists of all of the 81 zip codes in Broward County, Florida.

III.   How Implementation Strategy was Developed

This Implementation Strategy was developed by a team of members of senior leadership at Cleveland Clinic Florida and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, finance and community relations.

Each year, senior leadership at Cleveland Clinic Florida and Cleveland Clinic will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. Goals of the Implementation Strategy

A. Community Focus: Positively impact the health and wellbeing of the citizens in the communities we serve

B. Value: Continually strive to increase the quality of care provided and the efficiency with which that care is delivered

C. Knowledge: Actively support the efforts of researchers to discover knowledge and educators to train the next generation of health care professionals and build an engaged workforce

V.   Summary of the Community Health Needs Identified

Community health needs were identified by collecting and analyzing data from multiple sources.   Statistics for numerous health status, health care access, and related indicators were analyzed; principal findings of recent health assessments conducted by other organizations were reviewed and input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received. See the Cleveland Clinic Florida CHNA for more information: clevelandclinic.org/2013FloridaCHNA

Needs are listed by category (e.g., disease, barriers to care).

1. Chronic Diseases and Related Health Conditions
    A. Heart Related Diseases
    B. Diabetes
    C. Obesity
    D. Transplantation
2. Sexually Transmitted Diseases
3. Health Disparities
4. Access to Affordable Care
5. Barriers to Care other than Affordability
6. Financial Hardship and Basic Needs Insecurity
7. Research
8. Education

VI. Needs Hospital Will Address

1. Chronic Disease and Related Health Behaviors:

A. Heart Related Diseases

Cleveland Clinic Florida is a Primary Stroke Center and provides a wide range of clinical, nutritional, and rehabilitation services to treat chronic heart-related diseases, including stroke, congestive heart failure, COPD, and hypertension.

B. Diabetes

Cleveland Clinic Florida provides inpatient and outpatient care and nutrition services to patients suffering from diabetes and any diabetic complications.

C. Obesity

Cleveland Clinic Florida offers bariatric surgical and other clinical and nutrition services and support groups for patients to reduce the prevalence of and assist patients with obesity.

D. Transplantation

Recently Cleveland Clinic Florida received certificate of need approval to commence transplantation programs for kidney, liver, and heart transplantation services. These programs will allow Broward County residents to receive this care close to home rather than travelling outside the South Florida region to get the care they need.

In addition to its clinical activities, Cleveland Clinic Florida provides outreach programs, community health talks and farmers markets all of which focus on healthy behavior choices, promote health and wellness, increase access to healthcare resources, and reduce disease burden.

2. Sexually Transmitted Diseases

Cleveland Clinic Florida provides inpatient and outpatient care for patients with sexually transmitted and other infectious diseases, treats chronic infections that arise from exposure to sexually transmitted diseases, and offers health education programs and support groups in its communities. Cleveland Clinic Florida also collaborates with Broward County Department of Health and Memorial Health to promote awareness and prevention.

3. Health Disparities

Data in the Cleveland Clinic Florida CHNA indicated that certain racial and ethnic groups in the Cleveland Clinic Florida community have a higher incidence of particular diseases, especially cancer. In general, although Cleveland Clinic Florida cannot address genetic or certain other factors contributing to these disparities, the hospital can and does provide patient care on an inpatient and outpatient basis to help patients with these diseases. For example, Cleveland Clinic Florida offers advanced primary, specialty and surgical services to treat various types of cancer; offers support groups, free clinical screenings and health education programs in the communities it serves; and has and will continue to collaborate with other nonprofit organizations to treat and raise awareness about cancer and its risk factors.

4. Access to Affordable Care

Cleveland Clinic Florida provides medically necessary emergency or inpatient services to all patients regardless of race, color, creed, gender, country of national origin or ability to pay. The financial assistance policy can be found here: http://my.clevelandclinic.org/Documents/Patients/patient-financial-services-assistance.pdf

5. Barriers to Care Other than Affordability

This issue includes linguistic isolation (residents with non-English primary language who speak limited English) and the demand for more physicians in the community.

Cleveland Clinic Florida offers translation and other services (e.g. signage, key documents) and many of its physicians and staff are bilingual to assist the Spanish-speaking population of Broward County properly access health care. Translation services are offered in other languages, as needed.

Cleveland Clinic Florida is an academic medical center that provides medical training to medical students, interns and residents from several medical schools across Florida to provide more learning opportunities and to encourage graduates and physicians to remain in the region to continue their medical career.

6. Research

Clinical trials and other clinical research activities occur throughout the Cleveland Clinic health system including at Cleveland Clinic Florida.

7. Education

Cleveland Clinic Florida provides physician, nurse and allied health education opportunities and is affiliated with nursing and allied health schools.   The hospital also provides community education programs on a variety of topics including wellness and nutrition.

VII. Need Hospital Will Not Address

Cleveland Clinic Florida cannot address needs that, although important and may impact a person's health status, do not relate directly to the delivery of health care and/or are needs for which efforts governmental or other agencies have the expertise necessary to address.

Therefore, Cleveland Clinic Florida will not directly address the following need:

8. Financial Needs and Basic Needs Security

Other than providing a financial assistance policy to assist patients with the costs of their medical bills, this issue is beyond the scope of the hospital and the hospital does not have sufficient resources or expertise necessary to make a meaningful impact.

See Pages A45-49 of the Cleveland Clinic Florida CHNA for additional detail on the organizations and programs, including those affiliated with the Cleveland Clinic Florida,

that are located within the Cleveland Clinic Florida community and capable of addressing this need.