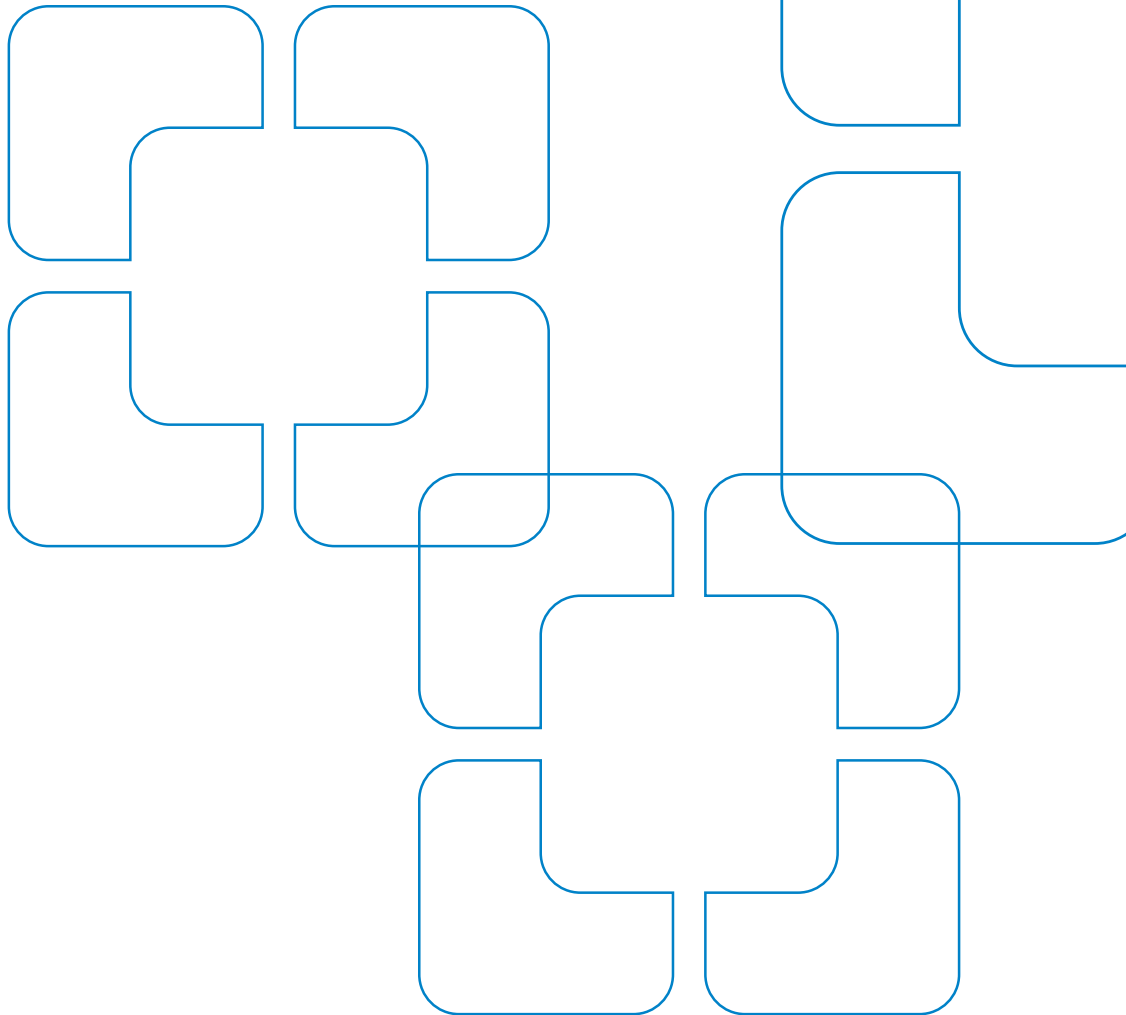**Cleveland Clinic**
Weston Hospital

Community Health Needs Assessment

2021

Cleveland Clinic Florida Health System Nonprofit Corporation
Cleveland Clinic Weston Hospital
2950 Cleveland Clinic Blvd
Weston, FL 33331

2021 Community Health Needs Assessment
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of
Hospital Organizations   Cleveland Clinic Florida Health System
Operating Hospital Facilities: 65-0844880

Date Approved by
Authorized Governing Body: November 15, 2021

Contact: Cleveland Clinic
                                          chna@ccf.org

TABLE OF CONTENTS

PUBLIC COMMENT

Comments and feedback about this report are welcomed. Please contact:
chna@clevelandclinic.org

Cleveland Clinic Weston Hospital
2021 Community Health Needs Assessment

I. INTRODUCTION

Cleveland Clinic Weston Hospital, located in Weston, Florida is a not-for-profit, multi-specialty, academic medical center that integrates clinical and hospital care with research and education, with expertise in 55 specialties. The medical campus is fully integrated and includes diagnostic centers, outpatient surgery, and a 24-hour emergency department located in the state-of-the-art hospital. Cleveland Clinic Weston Hospital ranked 1st in the Miami-Ft. Lauderdale metro region according to U.S. News & World Report's "2019 - 2020 Best Hospitals" metro area ranking, consistently rating Clinic Florida as one of the best hospitals in the Miami-Fort Lauderdale metro area and in the State of Florida. Additional information on the hospital and its services is available at: http://my.clevelandclinic.org/florida

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center, eleven regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at https://my.clevelandclinic.org/.

Each Cleveland Clinic hospital supports a tripartite mission of patient care, research, and education. Research is conducted at and in collaboration with all Cleveland Clinic hospitals. Through research, Cleveland Clinic has advanced knowledge and improved community health for all its communities, from local to national, and across the world. This allows patients to access the latest techniques and to enroll in research trials no matter where they access care in the health system. Through education, Cleveland Clinic helps to train health professionals who are needed and who provide access to health care across Ohio, Florida, and the United States.

Each Cleveland Clinic hospital also is dedicated to the communities it serves. Each Cleveland Clinic hospital conducts a Community Health Needs Assessment ("CHNA") to understand and plan for the current and future health needs of residents and patients in the communities it serves. The CHNAs inform the development of strategies designed to improve community health, including initiatives designed to address social determinants of health.

A. CHNA Process and Methodology

CHNA Background

On February 19, 2021, Cleveland Clinic Weston Hospital ("CCWH") contracted with Carnahan Group to conduct a CHNA in 2021 as required by the Patient Protection and Affordable Care

Act ("PPACA"). Please refer to Appendix B: Carnahan Group Qualifications for more information about Carnahan Group.

CCWH's most recent CHNA was conducted in 2019. In order to align with the CHNA schedule of other Cleveland Clinic hospitals in Florida, CCWH is completing this subsequent CHNA.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the 2021 CHNA, an implementation strategy for CCWH that addresses the community health needs will be developed and adopted by May 15, 2022. Since the initiatives in CCWH's 2020 Implementation Strategy Report have been in place for fewer than two years, they will be reviewed and revised for the hospital's 2022 Implementation Strategy Report.

501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r). The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

As required by the Treasury Department ("Treasury") and the Internal Revenue Service ("IRS"), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
  - o A description of the sources and dates of the data and the other information used in the assessment; and,
  - o The analytical methods applied to identify community health needs.
- The identification of all organizations with which CCWH collaborated, if applicable, including their qualifications;
- A description of how CCWH took into account input from persons who represented the broad interests of the community served by CCWH, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by CCWH; and,
- A prioritized description of all the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

Primary Data Collection Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by CCWH, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by CCWH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by CCWH; and,
- Consultation or input from other persons located in and/or serving CCWH's community, such as:
  - Healthcare community advocates;
  - Nonprofit organizations;
  - Local government officials;
  - Community-based organizations, including organizations focused on one or more health issues; and,
  - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.
- The primary data sources utilized for CCWH's CHNA are provided in Appendix C. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.

Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by CCWH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention ("CDC"). Broward County defines the community served by CCWH. Demographic and health indicators are presented for these areas. Initial secondary data collection was completed utilizing the most recent periods of data available as of May 28, 2021.

For select indicators, county-level data are compared to state and national benchmarks. Additionally, Healthy People 2030 ("HP 2030") Goals are presented where applicable. The HP 2030 Goals are measurable, ten-year public health objectives to help individuals, organizations, and communities across the United States improve health and well-being.

B. Community Definition

For the CHNA report, CCWH chose to define the community as Broward County, FL, including the ZIP Codes listed in the table on the following page.

ZIP Code	City	County	Total Inpatient Discharges	Percent of Discharges
33326	Fort Lauderdale	Broward County	856	6.0%
33325	Fort Lauderdale	Broward County	461	3.2%
33331	Fort Lauderdale	Broward County	454	3.2%
33322	Fort Lauderdale	Broward County	389	2.7%
33327	Fort Lauderdale	Broward County	380	2.6%
33321	Fort Lauderdale	Broward County	332	2.3%
33027	Hollywood	Broward County	332	2.3%
33324	Fort Lauderdale	Broward County	319	2.2%
33323	Fort Lauderdale	Broward County	262	1.8%
33029	Hollywood	Broward County	238	1.7%
33328	Fort Lauderdale	Broward County	223	1.6%
33351	Fort Lauderdale	Broward County	207	1.4%
33024	Hollywood	Broward County	201	1.4%
33071	Coral Springs	Broward County	196	1.4%
33076	Pompano Beach	Broward County	192	1.3%
33332	Fort Lauderdale	Broward County	186	1.3%
33317	Fort Lauderdale	Broward County	181	1.3%
33330	Fort Lauderdale	Broward County	176	1.2%
33025	Hollywood	Broward County	165	1.1%
33319	Fort Lauderdale	Broward County	158	1.1%
33063	Pompano Beach	Broward County	153	1.1%
33065	Coral Springs	Broward County	139	1.0%
33026	Hollywood	Broward County	139	1.0%
33028	Pembroke Pines	Broward County	134	0.9%
33313	Fort Lauderdale	Broward County	132	0.9%
33312	Fort Lauderdale	Broward County	122	0.8%
33311	Fort Lauderdale	Broward County	111	0.8%
33023	Hollywood	Broward County	95	0.7%
33314	Fort Lauderdale	Broward County	90	0.6%
33062	Pompano Beach	Broward County	88	0.6%
33021	Hollywood	Broward County	87	0.6%
33067	Pompano Beach	Broward County	87	0.6%
33308	Fort Lauderdale	Broward County	76	0.5%
33009	Hallandale	Broward County	75	0.5%
33068	Pompano Beach	Broward County	75	0.5%
33073	Pompano Beach	Broward County	74	0.5%
33066	Pompano Beach	Broward County	71	0.5%
33064	Pompano Beach	Broward County	68	0.5%
33309	Fort Lauderdale	Broward County	58	0.4%
33301	Fort Lauderdale	Broward County	57	0.4%
33069	Pompano Beach	Broward County	57	0.4%
33334	Fort Lauderdale	Broward County	54	0.4%
33020	Hollywood	Broward County	51	0.4%
33019	Hollywood	Broward County	44	0.3%
33442	Deerfield Beach	Broward County	43	0.3%
33316	Fort Lauderdale	Broward County	42	0.3%
33060	Pompano Beach	Broward County	41	0.3%
33304	Fort Lauderdale	Broward County	40	0.3%
33004	Dania	Broward County	33	0.2%
33315	Fort Lauderdale	Broward County	33	0.2%
33441	Deerfield Beach	Broward County	27	0.2%
33305	Fort Lauderdale	Broward County	18	0.1%
33306	Fort Lauderdale	Broward County	14	0.1%

Figure 1 - Defined Community by ZIP Code, Source: Carnahan Group, CCWH

CCWH reviewed inpatient discharge data for the hospital. ZIP Codes reflecting the top 60% of inpatient discharges within the most recent year of data were initially included within the defined community. Demographic data by ZIP Code was analyzed by CCWH to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospitals draw patients were not excluded from the defined community.
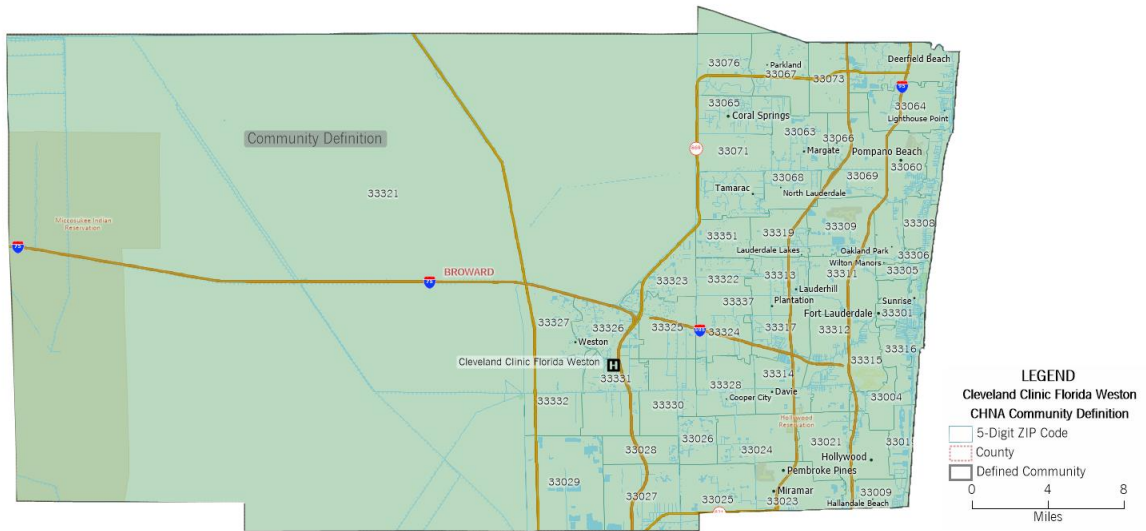

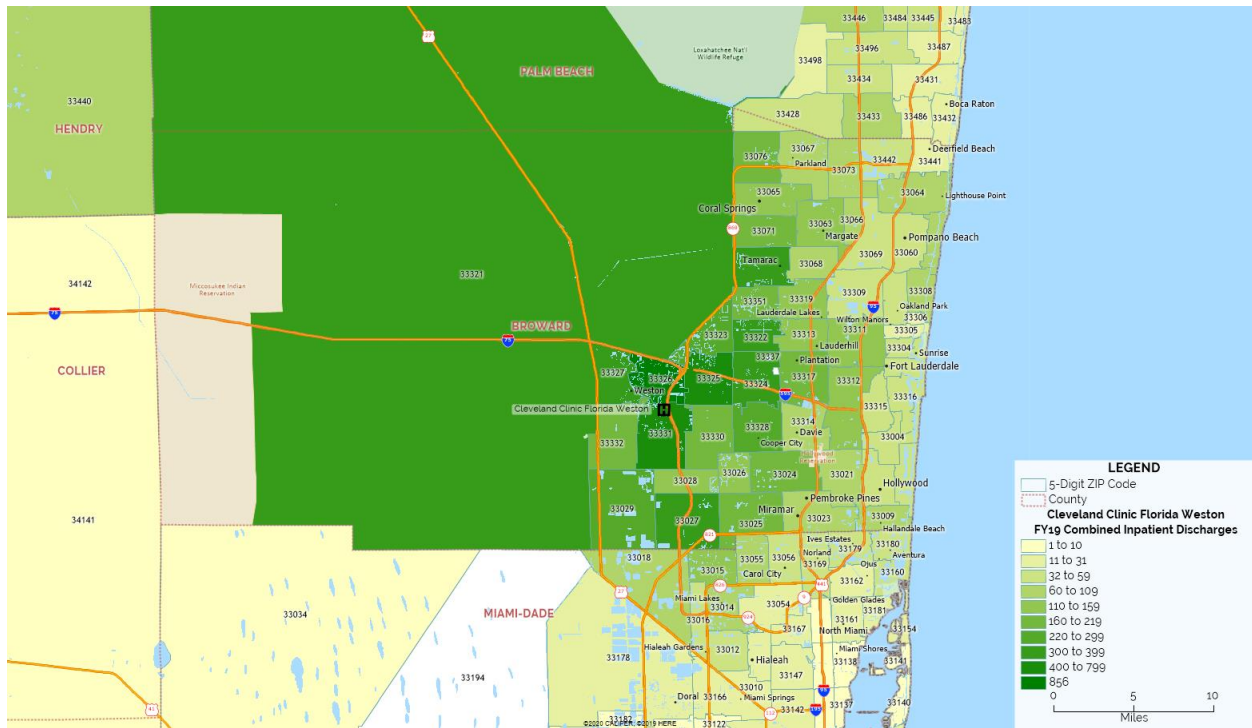Figure 2 - Community Definition Map, Source: CCWH, Carnahan Group, Maptitude 2020

Figure 3 - Community Inpatient Discharges by ZIP Code, Source: CCWH, Carnahan Group, Maptitude 2020

II. EXECUTIVE SUMMARY

A. Prioritized Community Health Needs

The overarching goals in conducting a Community Health Needs Assessment are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs.

Since the most recent CHNA was completed in 2019, there have not been significant changes in the health needs identified by CCWH during that assessment. However, the world and CCWH's community has experienced the emergence of the COVID-19 pandemic and exacerbated issues of health disparities since the completion of the 2019 CHNA.

The significant community health needs identified during CCWH's 2021 CHNA are listed below, with the emergent needs of COVID-19 and health equity highlighted, and the remaining needs that were also identified in the 2019 CHNA are listed in alphabetical order.

- COVID-19
- Health Equity & Social Determinants of Health
- Access to Care
- Behavioral Health
- Chronic Disease Prevention & Management
- Maternal & Child Health
- Medical Research & Health Professions Education

Figure 4 - Prioritized Community Health Needs, Source: Carnahan Group, CCWH

COVID-19

At the time of this 2021 CHNA publication, COVID-19, an infectious disease caused by the recently discovered SARS-CoV-2 virus, has dramatically impacted individual and community health. COVID-19 is spread primarily through close person-to-person contact. Reported illnesses have ranged from very mild, including cases with no reported symptoms, to severe, including illness resulting in death. The Centers for Disease Control and Prevention ("CDC") and the Florida Department of Health continue to release guidelines to limit individual exposure to the virus, promote COVID-19 vaccination, and slow the spread of the disease.

People of any age with certain underlying medical conditions, pregnant and recently pregnant people, current and former smokers, and those with substance use disorders have an increased risk of severe illness from COVID-19. The CDC defines severe illness as cases that might require hospitalization, intensive care, or ventilation.

During interviews, community leaders indicated their concerns regarding equitable access to COVID-19 testing, the long-term impacts of the pandemic, mortality rates, and vaccination. Many shared how the pandemic impacted older adults, children and families, low-income individuals, and people of color.

Health Equity and Social Determinants of Health

Leaders interviewed shared how poverty, housing, transportation, and other social determinants impact health outcomes for community members. During interviews health disparities related to access to care, COVID-19, the food environment, chronic diseases, communicable diseases, and life expectancy were discussed.

The primary and secondary impacts of COVID-19 have exacerbated many community health issues and barriers that were present before the pandemic. The public health experts interviewed discussed health disparities related to COVID-19 testing, morbidity, deaths, and vaccine distribution. Some described how black and brown folks within the community were disproportionately affected by COVID-19 and experienced a simultaneous racial crisis. They expressed concern regarding the impacts of systemic racism on the health and mental health of BIPOC ("Black, Indigenous, (and) People of Color").

According to the Department of Health and Human Services, the social determinants of health ("SDOH") are defined as "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The World Health Organization expands upon that definition, adding that the SDOH "include economic policies and systems, development agendas, social norms, social policies, and political systems."

The HP2030 groups SDOH into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and

community context. The HP2030 leading health indicators include the following items related to health equity and SDOH:

- Household food insecurity and hunger
- Exposure to unhealthy air
- Homicides
- Employment among the working-age population

The community's unemployment rate was worse than the state and national benchmarks in 2020. High school graduation rates for Black, Hispanic, and American Indian students and those of two or more races were lower than those of white students within the community.

The ratio of household income at the 80th percentile to that of the 20th percentile was 4.8 within Broward County. The difference between the community's highest and lowest life expectancy by census tract was 20.8 years, ranging from 69.1 years to 89.9 years. Life expectancy for Black residents was lower than life expectancy for white residents.

Homeownership was less common in Broward County than in the state or nation. The percentage of individuals experiencing severe housing cost burden was greater within the county (21.3%) than in Florida (17.0%) or the United States (18.0%). In January 2020, there was a total of 2,211 homeless individuals recorded by the Broward Regional Health Planning Council. An estimated 7.1% of housing units in the community had no vehicles available. An estimated 24% of residents experienced severe housing problems from 2013 to 2017.

In 2019, a much greater percentage of Broward County residents lived within a half-mile of a fast-food restaurant (50.2%) than the state average (27.7%). The average cost of a meal in the county was higher than the state and national averages. Nearly three-quarters of community residents were below the SNAP poverty threshold in 2019.

Air pollution, measured by particulate matter, was worse within Broward County than the state and national benchmarks. There were 24.2 school environmental safety incidents per 1,000 K-12 students in the county from 2017-2019. Violent crime rates were greater in Broward County than the statewide and national rates for homicide, robbery, theft, and motor vehicle theft. Further, the rates of child abuse and sexual violence towards children ages 5-11 were higher in the community than in Florida.

Health disparities related to cancer, heart disease, COVID, infant mortality, life expectancy, and other conditions or outcomes were reported within the primary and secondary data analysis.

Health equity is one of nine priority areas within the 2017-2021 State Health Improvement Plan for Florida.

Access to Care

Community leaders interviewed were concerned with health insurance, health literacy, financial, and language barriers related to access to care. Some described issues related to equitable access to quality care, preventative care including well-visits, and variations in coverage of services across different health plans and insurers.

The Institute of Medicine previously defined access to care as "the timely use of personal health services to achieve the best health outcomes."

Federally designated Medically Underserved Populations ("MUPs") and Health Professional Shortage Areas ("HPSAs") are present within the defined community. Broward County contains census tracts designated as Primary Care and Dental Health HPSAs as well as select census county divisions designated as Mental Health HPSAs. Certain census tracts within Broward County are also designated as containing low-income Medically Underserved Populations.

The HP2030 leading health indicators include the following items related to access to care:
- Children, adolescents, and adults who use the oral healthcare system
- Persons with medical insurance

Broward County residents were more likely to be uninsured than the state and national averages. Children in the community were also more likely to be uninsured than children in Florida and the United States. Within Broward County, 30.8% of residents had Medicaid or other means-tested public health insurance coverage, either alone or in combination with other forms of insurance. Medicaid coverage ranged from 1.6% to 50.7% by census tract within the community.

The Florida Department of Health in Broward County's most recent 2019-2025 Community Health Assessment includes Access to Care as a top focus area.

Chronic Disease Prevention and Management

During interviews, leaders were concerned with the prevalence of chronic conditions including diabetes, hypertension, cardiovascular disease, HIV/AIDS, and respiratory disease. Risk factors such as vaping and tobacco use, weight status, physical activity, and nutrition were also mentioned during interviews.

The CDC's National Center for Chronic Disease Prevention and Health Promotion defines chronic disease broadly as "conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both." The most prevalent conditions include heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic kidney disease. Key lifestyle-related risk factors for chronic disease include tobacco use and secondhand smoke, poor nutrition including diets low in fruits and vegetables and high in sodium and saturated fats, lack of physical activity, and excessive alcohol use.

The HP2030 leading health indicators include the following items related to chronic disease prevention and management:

- Consumption of calories from added sugars by persons aged 2 years and over
- Persons who are vaccinated annually against seasonal influenza
- Persons who know their HIV status
- Children and adolescents with obesity
- Adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity
- Adults who receive a colorectal cancer screening based on the most recent guidelines
- Adults with hypertension whose blood pressure is under control
- New cases of diabetes diagnosed in the population
- Current use of any tobacco products among adolescents
- Cigarette smoking in adults

The community's mortality rates for stroke, kidney disease, and Parkinson's disease exceeded the state benchmark rates. The death rate due to assault (homicide) was higher in Broward County than the U.S. rate. In 2019, there were 816.1 preventable hospitalizations for all ambulatory care sensitive conditions per 100,000 residents in the county.

The county had lower rates of certain cancer screenings than the Florida averages. Community incidence rates for breast, prostate, colorectal, pancreatic, cervical, and stomach cancers were higher than the state benchmark rates. Although heart disease death rates were generally lower than the state rates, Broward County had higher stroke mortality rates for all races/ethnicities and genders.

The county had a greater rate of emergency room visits for diabetes than the state of Florida. Approximately one-third of adults in Broward were classified as having a healthy weight in 2019. A greater portion of adults in the county were e-cigarette users than the Florida average.

Within the community, there was a significantly higher HIV diagnosis rate when compared to the state and the nation. Broward County's prevalence of HIV was 1,177.3 per 100,000 population in 2018, which exceeded the rates in Florida (607.0) and the U.S. (372.8). The age-adjusted HIV death rate within the county was three times greater than the national average in 2019.

Chronic diseases and conditions, and healthy weight, nutrition and physical activity are priority areas within the 2017-2021 State Health Improvement Plan for Florida. The Florida Department of Health in Broward County's most recent 2019-2025 Community Health Assessment includes enhanced preventative care activities related to obesity, especially for Black adults, as a focus area, in addition to reducing the incidence of communicable and infectious diseases like HIV.

Behavioral Health

Community leaders expressed concern over behavioral health issues such as depression, anxiety, suicide, isolation, access to services, opioid use, and comorbid mental health and substance abuse conditions. The impact of COVID-19 on social isolation, stress, mental health, and substance use was also discussed by interviewees. Lastly, leaders shared that trauma related to gun violence continues to impact the mental health and wellbeing of community members and is especially concerning for young adults and adolescents.

The HP2030 leading health indicators include the following items related to behavioral health:
- Drug overdose deaths
- Suicides
- Adolescents with major depressive episodes (MDEs) who receive treatment
- Adults engaging in binge drinking of alcoholic beverages during the past 30 days

Substance use disorders refer to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Many individuals who develop substance use disorders are also diagnosed with mental disorders, often referred to as a dual diagnosis.

Roughly a quarter of students in Broward County ages 11 through 17 felt sad or hopeless for two weeks in a row and stopped their usual activities in 2018. Approximately 14.4% of adults in the county had poor physical or mental health that kept them from doing usual activities for 14 or more of the previous 30 days. The percentage of adults in the community that had good mental health was slightly lower than the state benchmark.

There were nearly 1,200 hospitalizations per 100,000 population attributable to mental disorders within Broward County, which exceeded the state average for 2019. The community had a higher rate of hospitalizations related to drug and alcohol-induced mental disorders than the state rate. A greater portion of middle school students within the county reported drinking alcohol, and a larger percentage of adults engaged in binge drinking when compared to the Florida averages.

The community had a lower rate of opioid dispensing than the state and national averages in 2019. However, Broward County's drug poisoning death rate (25.8 per 100,000 population) was greater than the rates within Florida (25.1) and the United States (21.6).

Behavioral health is included as a priority area within the 2017-2021 State Health Improvement Plan for Florida. The Florida Department of Health in Broward County's most recent 2019-2025 Community Health Assessment includes enhanced preventative care activities related to drug use as a focus area.

Maternal and Child Health

During interviews, community leaders indicated their concerns regarding access to prenatal care, as well as the impacts of COVID-19 on new mothers, children, and families.

The HP2030 leading health indicators include the following items related to maternal and child health, excluding previously mentioned items related to all life stages.
- Infant deaths
- 4th grade students whose reading skills are at or above the proficient achievement level for their grade
- Maternal deaths

According to HP2030, "women in the U.S. are more likely to die from childbirth or problems related to pregnancy than women in other high-income countries. In addition, there are persistent disparities by race/ethnicity. The pregnancy and postpartum periods can provide an opportunity to prevent future health problems for women and their children by identifying risky behaviors and existing health conditions." Further, the CDC considers infant mortality "an important marker of the overall health of a society."

From 2017 to 2019, Broward County had a higher birth rate (11.3 per 1,000 population) than the statewide rate (10.3 per 1,000 population). There was a greater percentage of low birth weight and very low birth weight babies within the county than in Florida. Preterm births (less than 37 weeks gestation) were also more common in the community. Total rates of birth defects were higher within Broward County than in Florida from 2013 to 2017.

The rate of maternal deaths was higher within Broward County than in the state of Florida. Although the total rate of infant deaths in the community was lower than the state benchmark, infant mortality rates varied significantly by race/ethnicity. The county's black infant mortality rate was 3.5 times greater than the white infant mortality rate from 2017 to 2019.

Maternal and child health is included as a top priority within the 2017-2021 State Health Improvement Plan for Florida. The Florida Department of Health in Broward County's most recent 2019-2025 Community Health Assessment ("CHA") includes the improvement of maternal, infant, and child health as a priority. The following specific maternal and child health focus areas are featured within the CHA: perinatal transmission of HIV, syphilis cases/incidence, cervical cancer, and Black infant mortality.

Medical Research & Health Professions Education

More trained health professionals are needed locally, regionally, and nationally. The Cleveland Clinic model of medicine, as developed by its founders, integrates research and education in medical services provided to patients. Research conducted by Cleveland Clinic has improved health for community members through advancements in new clinical techniques, devices, and treatment protocols in such areas as cancer, heart disease, and diabetes. There is a need for more research to address these and other community health needs.

The Cleveland Clinic's research activities are intended to improve patient care and the health of the public at large, by providing the latest advances in medicine directly to patients and by refining the practice of medicine through the development and promulgation of new techniques, devices, and treatment protocols. The newly opened Florida Research and Innovation Center is focused on research related to the emerging COVID-19 pandemic.

III. SECONDARY DATA

A. COVID-19

According to the Florida Department of Health, as of August 5, 2021, Broward County reported a cumulative total of 280,980 cases of COVID-19 since March 1, 2020. The community's cumulative case positivity rate was 16.8%, which was lower than the statewide average. Broward County had a vaccination rate of 72.0% for individuals over age 12 with at least one dose, which was higher than the state rate during the same time frame.

	Broward County	Florida
Percent age 12+ vaccinated	72.0%	63.0%
COVID-19 cases	280,980	2,725,450
Case positivity	16.8%	18.5%

Figure 5 – COVID Cases and Vaccinations within Florida, Source: Florida Department of Health, Report for August 5, 2021

COVID Deaths

Within the state of Florida, the cumulative COVID-19 death count was 39,695 as of August 5, 2021, representing a total case fatality rate of 1.5%. According to the Florida Department of Health, those over the age of 65 accounted for over 80% of deaths, with an 8.8% case fatality rate. Across the state, a greater number of deaths occurred in males than females. The mortality rate per 100,000 population was greater for Black individuals (174.0) and individuals of other races (253.4) than for white individuals (170.7) in Florida. The mortality rate for non-Hispanic individuals (174.0) was greater than the mortality rate for Hispanic individuals (160.1) across the state.

At the time of this CHNA, confirmed COVID-related deaths within Broward County occurred most recently in early June 2021, according to the Centers for Disease Control and Prevention (CDC). A total of 3,079 deaths related to COVID occurred within the community as of August 15, 2021, representing a case fatality rate of 1.04% and an overall death rate of 157.8 per 100,000 population.

COVID Hospitalizations

At the time of this CHNA, the White House COVID-19 Team, Joint Coordination Cell, Data Strategy, and Execution Workgroup publishes weekly state profile reports which include information related to new COVID-19 hospitalizations, hospital supply shortages, and hospital staff shortages. For the report published July 30, 2021, there were 21.2 confirmed and suspected new COVID-19 hospital admissions per 100 hospital beds within Florida. During the same time frame, there were only five hospitals with supply shortages statewide,

representing 2% of the total facilities. Similarly, only 5% of hospitals within Florida experienced staff shortages during that period.

Within the CDC's Integrated County View Report for Broward County, there were 36.67 new COVID hospital admissions per 100 beds during the seven days preceding August 13, 2021. Approximately 33.60% of hospital beds and 44.35% of ICU beds within the county were being used to treat COVID patients at that time. These utilization statistics reflected the highest rates reported year to date.

COVID Vaccination

The Centers for Disease Control and Prevention reported that over 96 percent of the population over age 65 within Broward County had received at least one dose of a COVID vaccine as of August 15, 2021, with 80.7% of that population being fully vaccinated. Considering the total population over the age of 12 within Broward County, 62.0% had been fully vaccinated at that time.

Community Transmission and COVID Testing

At the time of this CHNA, the Centers for Disease Control and Prevention publish the level of community transmission for each county weekly. The levels, rated as low, moderate, substantial, or high, consider both the total number of new cases per 100,000 persons and the percentage of positive diagnostic and screening nucleic acid amplification tests ("NAAT") within the last 7 days. For the reporting period ending August 14, 2021, Broward County's level of community transmission was rated as high. The case rate per 100,000 people in the county was 751.03 for the 7 days preceding August 14, 2021. This rate was greater than the county's peak in cases observed mid-January through February 2021 and exceeded the spike in COVID cases that occurred during late summer 2020.

Compared to the beginning of the year, COVID-19 testing volume slightly declined within the community during the spring and summer of 2021. The volume of tests per 100,000 population was 2595.12 for the 7 days preceding August 12, 2021. However, the percent positivity for COVID tests began to rise within July 2021 and reached 20.81% within Broward County for the 7 days preceding August 12, 2021.

B. Shortage Areas

Health Professional Shortage Areas

Health Professional Shortage Areas ("HPSAs") are designations that indicate health care provider shortages in primary care, dental health, or mental health. Shortages may be geographic-, population-, or facility-based:
- Geographic Area - a shortage of providers for the entire population within a defined geographic area
- Population Groups - a shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

The following areas are characterized as HPSAs within the community:

County	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Broward County	Low Income Population HPSA (Select Census Tracts)	Low Income Population HPSA (Select Census Tracts)	Low Income Population HPSA (Select Census County Divisions)	Non-Rural

Figure 6 – Health Professional Shortage Area, Source: Health Resources and Services Administration

Medically Underserved Areas

Medically Underserved Areas ("MUAs") and Medically Underserved Populations ("MUPs") identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area, while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. Designations are based on the Index of Medical Underservice ("IMU").

The IMU is calculated based on four criteria:
- the population to provider ratio
- the percentage of the population below the federal poverty level
- the percentage of the population over age 65
- the infant mortality rate

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P. The following table describes the MUA within the community:

County	IMU Score	Medically Underserved Area Designation
Broward County Census Tracts	Ranging from 37.0 - 60.4	MUP - Low Income

Figure 7 - Medically Underserved Areas, Source: Health Resources and Services Administration

According to County Health Rankings, the ratio of population to primary care providers was 1,380:1 in Broward County in 2018, which was the same as Florida's overall ratio.

C. Population Demographics

Population Density
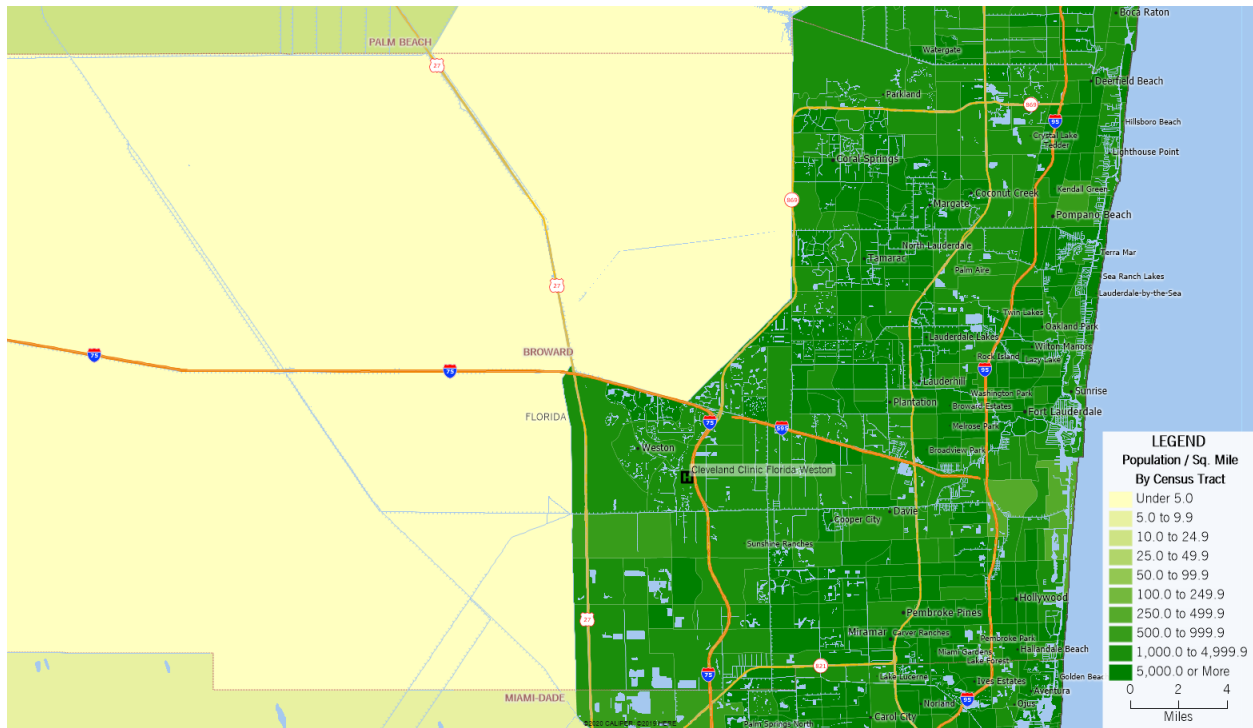
Figure 8 - 2019 Population Density by Census Tract, Source: Maptitude 2020

Population Growth

The projected population growth for the community is 4.3% over the next five years. Average to moderate population growth is expected for most ZIP Codes within the community, while substantial growth is expected for ZIP Code 33323 (23.7%) and ZIP Code 33301 (27.5%) in Ft. Lauderdale. The projected population growth by ZIP Code is displayed in the table on the following page.

ZIP Code	Community	Current Population	Projected 5-Year Population	Percentage Change
33004	Dania	16,775	17,556	4.7%
33009	Hallandale	40,976	41,835	2.1%
33019	Hollywood	17,220	18,000	4.5%
33020	Hollywood	44,935	46,728	4.0%
33021	Hollywood	48,142	49,352	2.5%
33023	Hollywood	66,524	67,686	1.7%
33024	Hollywood	70,238	72,712	3.5%
33025	Hollywood	72,132	79,100	9.7%
33026	Hollywood	28,808	29,125	1.1%
33027	Hollywood	64,042	66,796	4.3%
33028	Pembroke Pines	28,188	28,910	2.6%
33029	Hollywood	46,450	46,999	1.2%
33060	Pompano Beach	36,305	39,506	8.8%
33062	Pompano Beach	24,597	25,581	4.0%
33063	Pompano Beach	55,064	56,595	2.8%
33064	Pompano Beach	60,221	62,743	4.2%
33065	Coral Springs	53,087	54,549	2.8%
33066	Pompano Beach	15,985	16,185	1.3%
33067	Pompano Beach	27,117	28,022	3.3%
33068	Pompano Beach	54,167	56,086	3.5%
33069	Pompano Beach	28,793	29,984	4.1%
33071	Coral Springs	39,646	40,195	1.4%
33073	Pompano Beach	35,258	37,482	6.3%
33076	Pompano Beach	40,244	40,845	1.5%
33301	Fort Lauderdale	20,089	25,621	27.5%
33304	Fort Lauderdale	20,773	22,349	7.6%
33305	Fort Lauderdale	12,096	12,479	3.2%
33306	Fort Lauderdale	2,886	2,911	0.9%
33308	Fort Lauderdale	29,981	30,573	2.0%
33309	Fort Lauderdale	36,208	37,216	2.8%
33311	Fort Lauderdale	67,157	70,522	5.0%
33312	Fort Lauderdale	50,508	53,088	5.1%
33313	Fort Lauderdale	59,270	61,458	3.7%
33314	Fort Lauderdale	27,653	30,297	9.6%
33315	Fort Lauderdale	12,758	13,691	7.3%
33316	Fort Lauderdale	12,724	13,984	9.9%
33317	Fort Lauderdale	37,452	39,280	4.9%
33319	Fort Lauderdale	49,930	51,859	3.9%
33321	Fort Lauderdale	46,848	48,161	2.8%
33322	Fort Lauderdale	40,815	41,602	1.9%
33323	Fort Lauderdale	24,036	29,721	23.7%
33324	Fort Lauderdale	46,771	50,704	8.4%
33325	Fort Lauderdale	29,558	30,708	3.9%
33326	Fort Lauderdale	32,880	33,494	1.9%
33327	Fort Lauderdale	23,349	23,633	1.2%
33328	Fort Lauderdale	30,259	31,216	3.2%
33330	Fort Lauderdale	16,195	16,573	2.3%
33331	Fort Lauderdale	22,436	22,638	0.9%
33332	Fort Lauderdale	10,534	10,674	1.3%
33334	Fort Lauderdale	29,780	30,756	3.3%
33351	Fort Lauderdale	35,173	36,089	2.6%
33441	Deerfield Beach	26,913	27,460	2.0%
33442	Deerfield Beach	29,099	29,616	1.8%
Total		**1,899,045**	**1,980,945**	**4.3%**

Figure 9 - Population Change by ZIP Code, 2020-2025, Source: Esri 2020
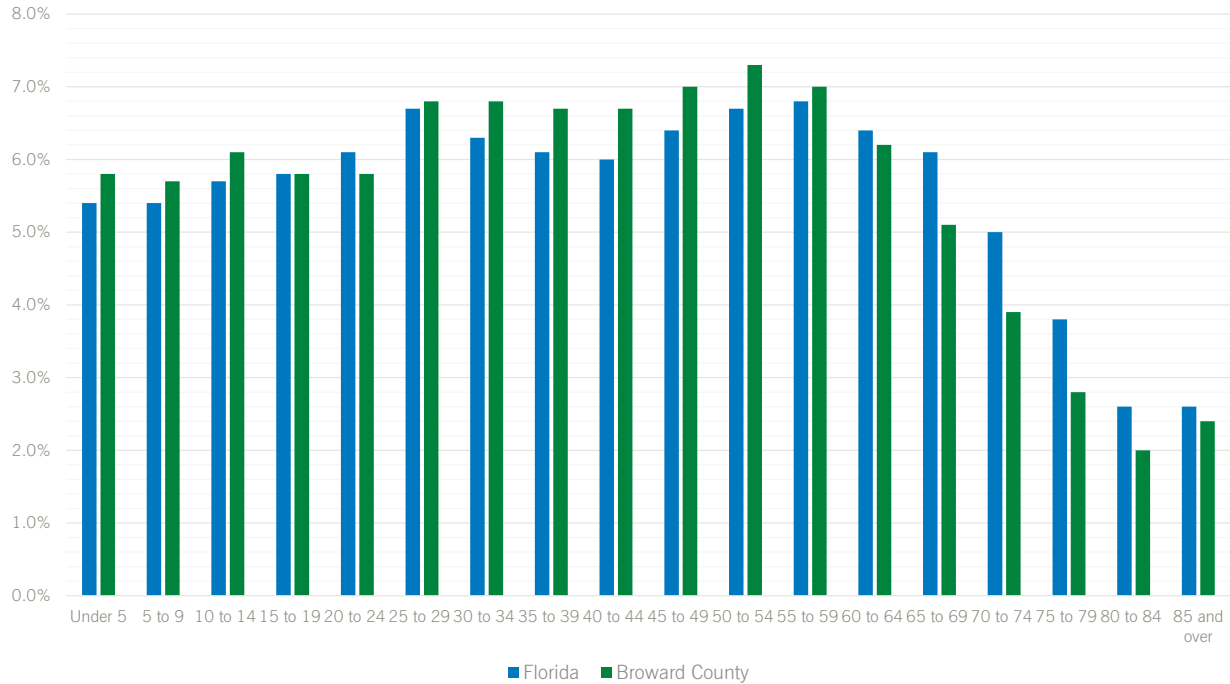
Population Age

Figure 10 - Population Age Groups, Source: U.S. Census Bureau ACS 2015-2019

The populations of residents aged 20-29 and 45-59 are expected to decrease slightly over the next five years. Population growth is expected for children aged 0–19, adults aged 30-44, and adults over the age of 60.

Age Group	2020			2025			Percentage Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 00 through 04	50,117	48,595	98,712	53,373	51,362	104,735	6.5%	5.7%	6.1%
Age 05 through 09	52,597	50,656	103,253	53,272	51,461	104,733	1.3%	1.6%	1.4%
Age 10 through 14	55,770	53,720	109,490	56,247	53,879	110,126	0.9%	0.3%	0.6%
Age 15 through 19	52,430	50,292	102,722	54,378	51,915	106,293	3.7%	3.2%	3.5%
Age 20 through 24	54,215	53,681	107,896	52,145	53,031	105,176	-3.8%	-1.2%	-2.5%
Age 25 through 29	68,182	67,231	135,413	63,352	63,866	127,218	-7.1%	-5.0%	-6.1%
Age 30 through 34	65,651	65,883	131,534	72,430	71,739	144,169	10.3%	8.9%	9.6%
Age 35 through 39	60,692	63,410	124,102	70,529	70,858	141,387	16.2%	11.7%	13.9%
Age 40 through 44	56,363	60,923	117,286	62,316	65,275	127,591	10.6%	7.1%	8.8%
Age 45 through 49	58,117	61,582	119,699	57,437	61,562	118,999	-1.2%	0.0%	-0.6%
Age 50 through 54	61,013	64,957	125,970	56,706	60,541	117,247	-7.1%	-6.8%	-6.9%
Age 55 through 59	64,874	69,314	134,188	59,160	64,031	123,191	-8.8%	-7.6%	-8.2%
Age 60 through 64	60,886	67,429	128,315	61,770	67,621	129,391	1.5%	0.3%	0.8%
Age 65 through 69	51,617	59,522	111,139	58,169	65,830	123,999	12.7%	10.6%	11.6%
Age 70 through 74	42,136	49,379	91,515	47,106	56,736	103,842	11.8%	14.9%	13.5%
Age 75 through 79	28,452	35,641	64,093	36,996	46,582	83,578	30.0%	30.7%	30.4%
Age 80 through 84	18,137	25,004	43,141	23,010	31,403	54,413	26.9%	25.6%	26.1%
Age 85 and over	18,856	31,721	50,577	20,698	34,159	54,857	9.8%	7.7%	8.5%
Total	920,105	978,940	1,899,045	959,094	1,021,851	1,980,945	4.2%	4.4%	4.3%

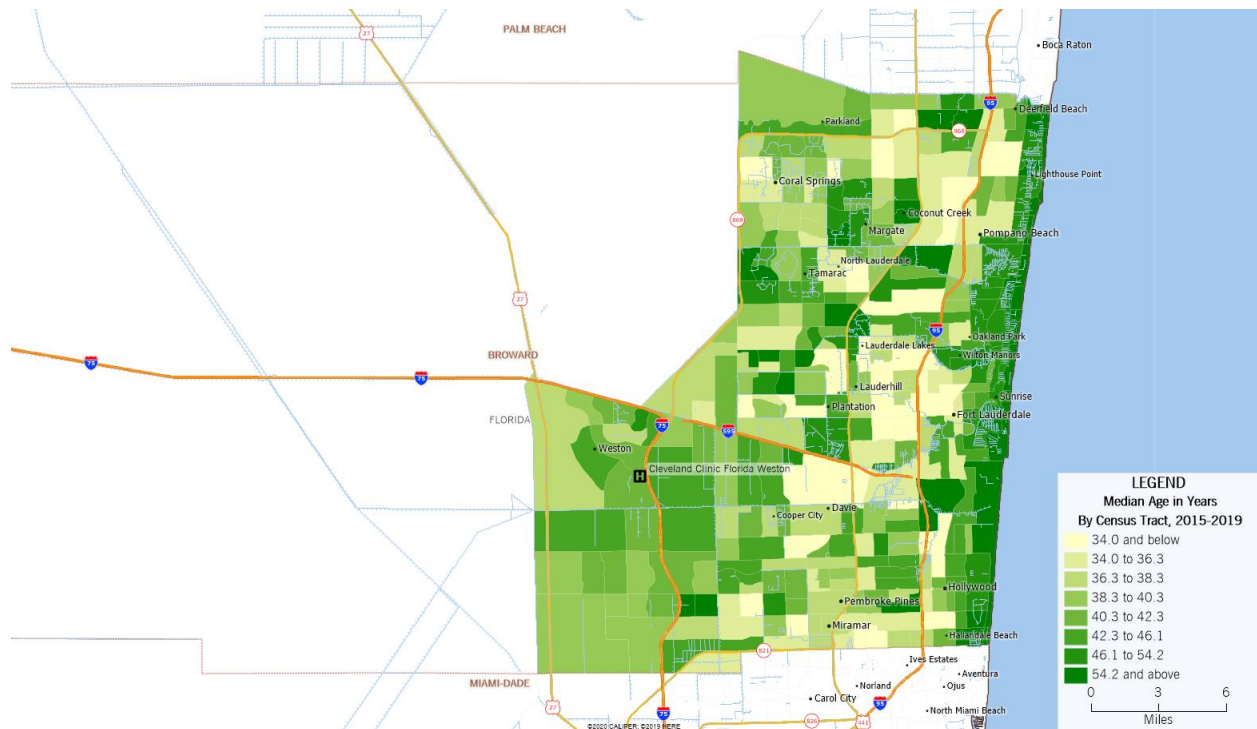Figure 11 - Population Change by Age Group, Source: Esri 2020, Carnahan Group

Median Age

Figure 12 - Map of Median Age by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

Population Race/Ethnicity

The most common races/ethnicities in CCWH's community are white (32.8%) and Hispanic (32.6%), followed by Black/African American (28.2%), Asian/Pacific Islander (3.7%), individuals of two or more races (2.0%), and other races (0.6%).
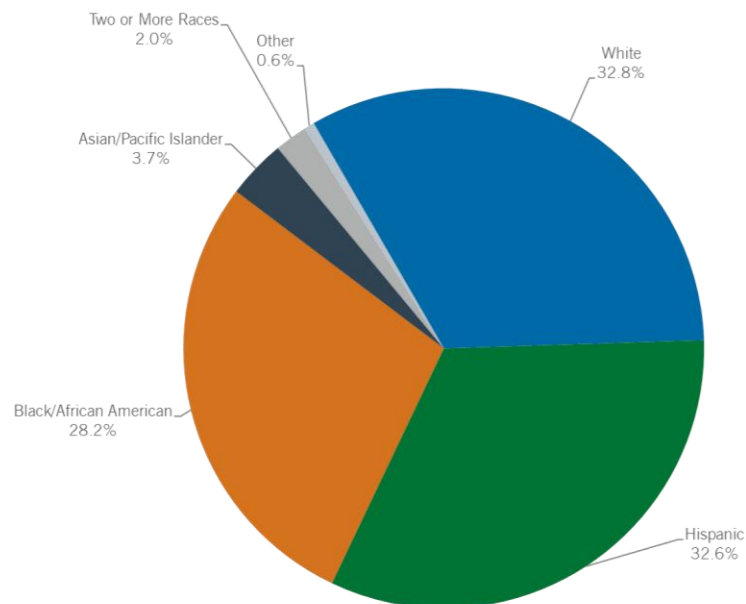

Figure 13 - Population by Race/Ethnicity Source: Esri 2020

Cleveland Clinic Weston Hospital 2021 CHNA

Population Growth by Race/Ethnicity

Substantial population growth is expected for the Hispanic population (16.0%), Asian/Pacific Islander population (10.2%), and Black/African American population (7.7%) within the community. The white population within Broward County is expected to decrease significantly (-10.7%) from 2020 to 2025.

Race/Ethnicity	2020	2025	Percentage Change
White	623,400	556,660	-10.7%
Hispanic	618,706	717,429	16.0%
Black/African American	536,299	577,434	7.7%
Asian/Pacific Islander	69,844	76,964	10.2%
Two or More Races	38,676	40,380	4.4%
Other	12,120	12,078	-0.3%

Figure 14 - Population Change by Race/Ethnicity, Source: Esri 2020

Language and Foreign-Born Population

A significantly greater percentage of foreign-born individuals resided in Broward County (34.1%) than in Florida (20.7%) and the United States (13.6%) from 2015-2019. Similarly, a greater percentage of community residents spoke a language other than English within the home than the state and national averages during the same time frame.

	Broward County	Florida	United States
Foreign born population	34.1%	20.7%	13.6%
Language other than English spoken at home	41.3%	29.4%	21.6%

Figure 15 – Language and Foreign-Born Population, Source: U.S. Census Bureau ACS 2015-2019

Computer and Internet Access

Households within Broward County were more likely to have access to a computer or broadband internet than those across Florida and the U.S.

	Broward County	Florida	United States
Households with a computer	93.0%	91.5%	90.3%
Households with broadband internet subscription	84.5%	83.0%	82.7%

Figure 16 - Computer and Internet Access, Source: U.S. Census Bureau ACS 2015-2019

Veteran Population

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, 4.9% of Broward County residents were veterans, compared to 8.6% of Florida residents and 7.3% of the U.S. population.

D. Socioeconomic Status

According to Healthy People 2030, nearly one in ten individuals live in poverty within the United States. Those with steady employment are less likely to live in poverty and are more likely to be healthy. Economic stability represents a key domain within the HP2030 SDOH framework.

The 2019 annual unemployment average for Broward County (3.2%) was similar to Florida's average (3.3%), but during 2020 the unemployment rate in Broward County surpassed both the state and national averages. The U.S. Census Bureau publishes median household income and poverty estimates. According to the 2015-2019 American Community Survey estimates, the median household income in Broward County ($59,547) was higher than Florida's ($55,660).

Poverty thresholds are determined by family size, the number of children, and the age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. As of February 1, 2021, the 2021 federal poverty threshold for a family of four was $26,500. The Census Bureau estimates indicate that Broward County residents were slightly less likely to live in poverty (13.1%) compared to FL residents (14.0%). Children in Broward County were less likely to be living below the poverty level (18.0%) compared to all children in FL (20.1%). Within the community, the ratio of household income at the 80th percentile to that of the 20th percentile was 4.8, which exceeded the state ratio.

	Broward County	Florida	United States
2019 unemployment rate [1]	3.2%	3.3%	3.7%
2020 unemployment rate [1]	8.8%	7.7%	8.1%
Median household income [2]	$ 59,547	$ 55,660	$ 62,843
Individuals below poverty level [2]	13.1%	14.0%	13.4%
Children below poverty level [2]	18.0%	20.1%	18.5%
Income inequality ratio [3]	4.8	4.6	4.9

Figure 17 - Socioeconomic Indicators, Source: 1) Bureau of Labor Statistics, 2) U.S. Census Bureau ACS 2015-2019, 3) U.S. Census Bureau ACS 2015-2019, County Health Rankings, income inequality represented as a ratio of household income at the 80th percentile to that of the 20th percentile, the shading indicates the county measure was greater than or worse than the state benchmark value
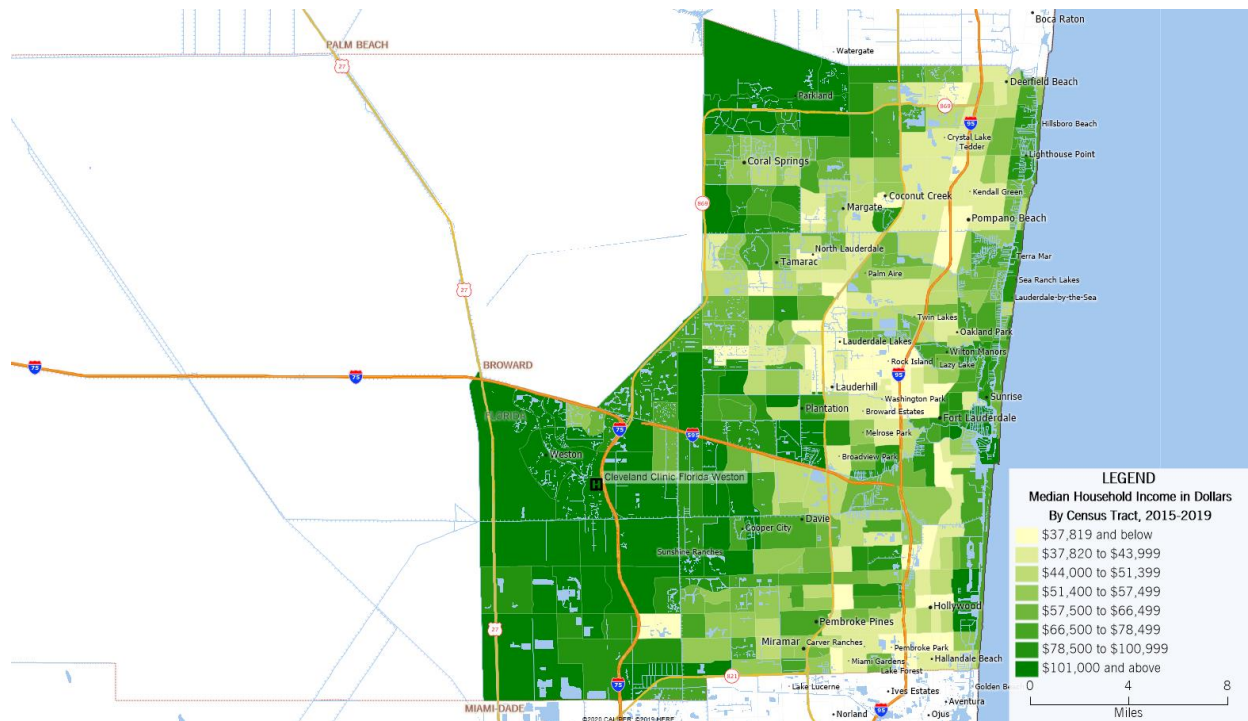
Median Household Income

Figure 18 - Map of Median Household Income by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020
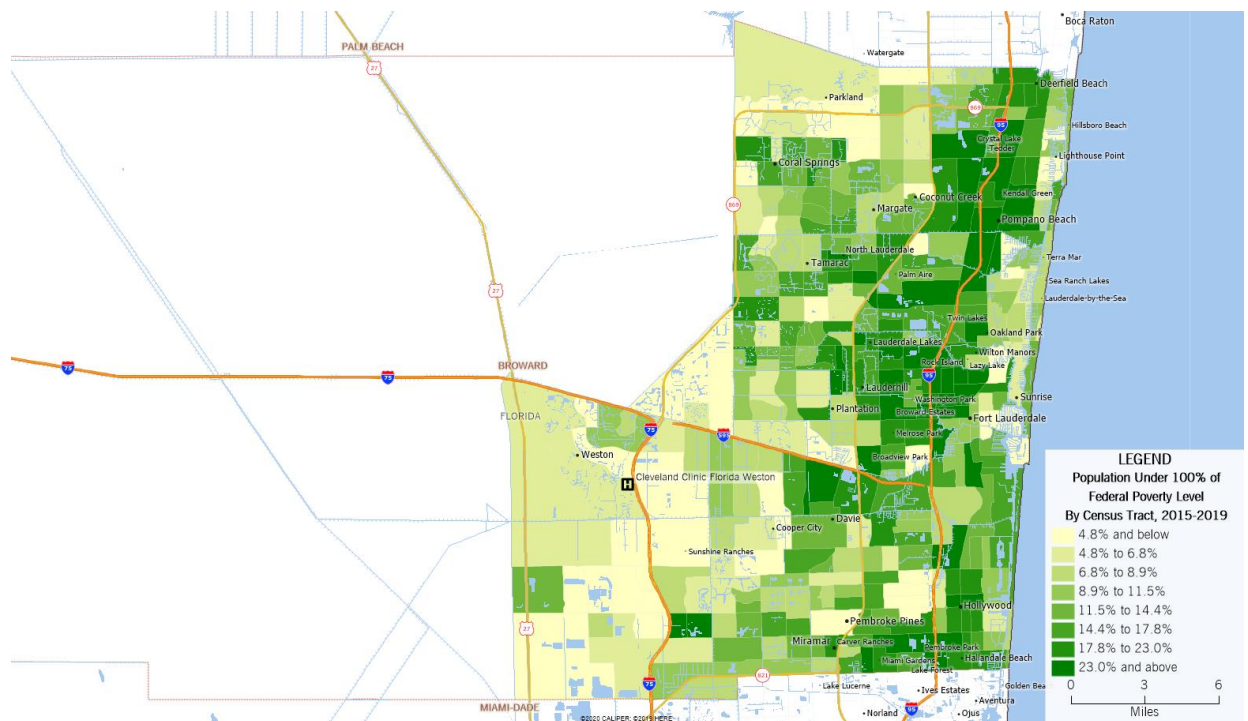
Population Below Federal Poverty Level

Figure 19 – Population Under Federal Poverty Level by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

E. Access to Care

Health Insurance Coverage

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, Broward County residents were more likely to be uninsured (14.2%) than all FL residents (12.8%). Similarly, the percentage of children in Broward County with no health insurance exceeded the state and national benchmarks. Public insurance coverage was less common for Broward County residents (30.8%) compared to all FL residents (37.0%).

	Broward County	Florida	United States
Private insurance coverage	62.7%	62.7%	67.9%
Public insurance coverage	30.8%	37.0%	35.1%
No health insurance coverage	14.2%	12.8%	8.8%
No health insurance coverage (children under 19 years)	8.3%	7.2%	5.1%

Figure 20 - Health Insurance Coverage, Source: U.S. Census Bureau ACS 2015-2019, the shading indicates the county measure was greater than or worse than the state benchmark value
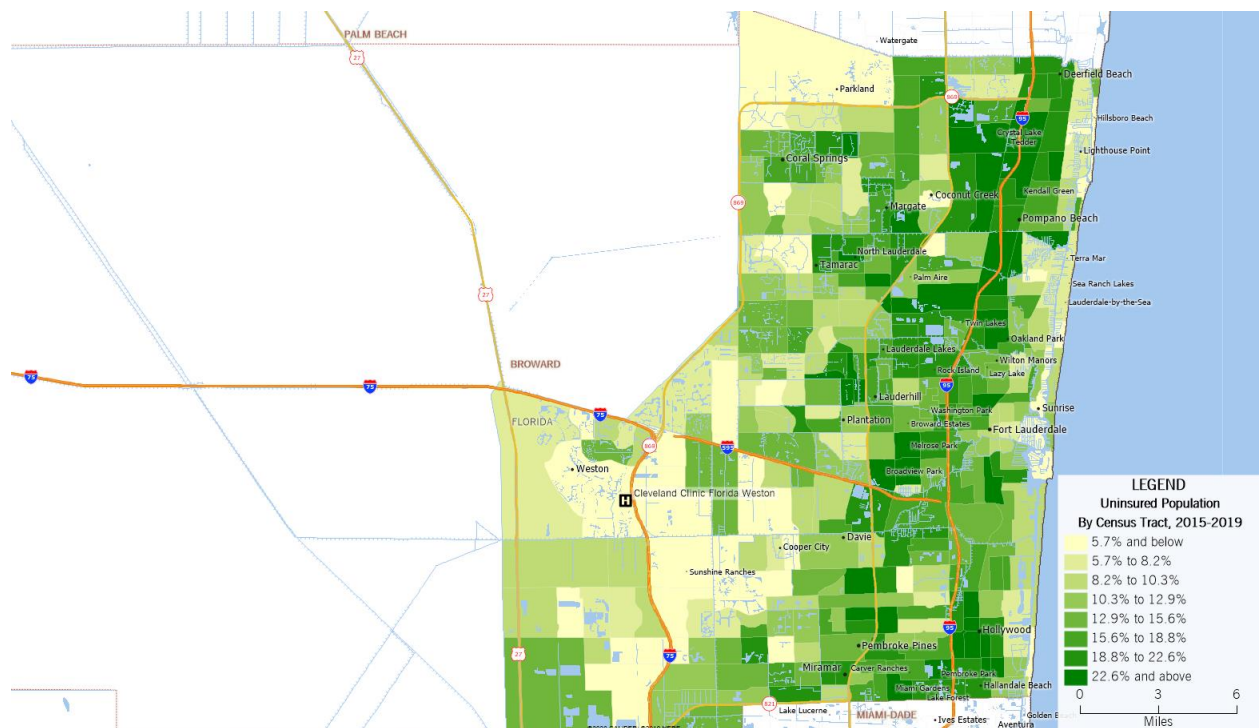
Uninsured Population

Figure 21 - Uninsured Population by Census Tract, Source: U.S. Census Bureau ACS 2015-2019
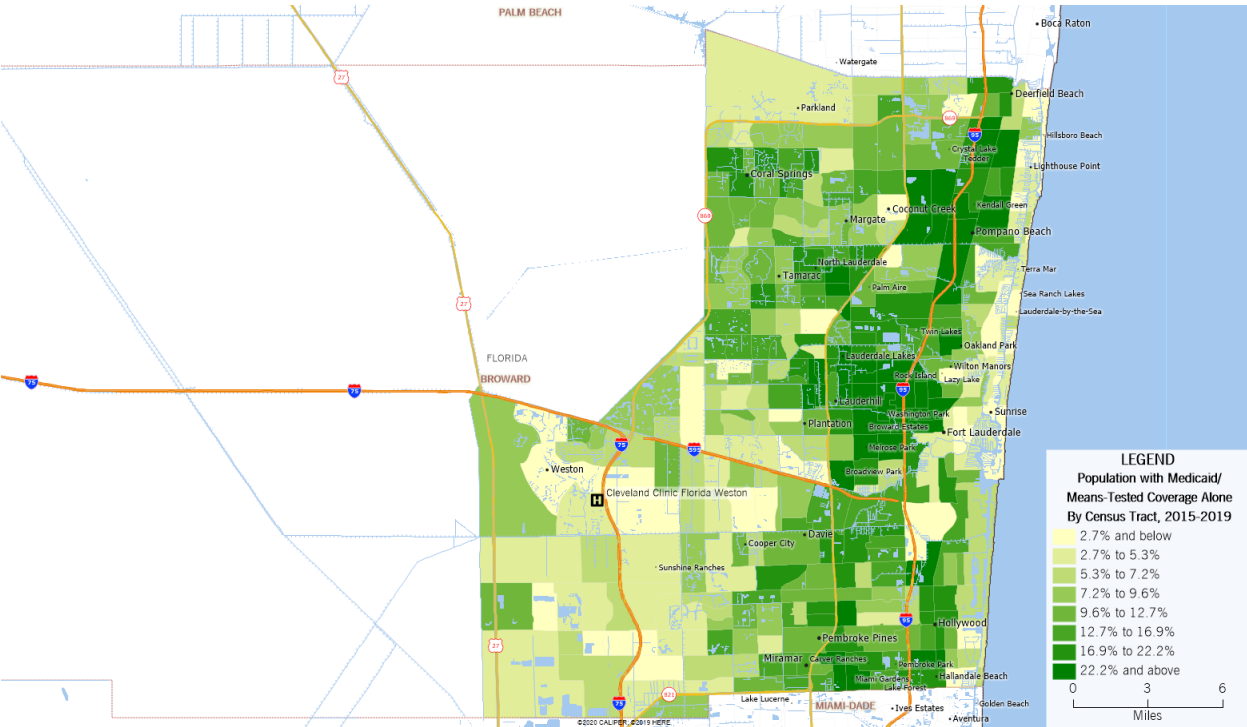
Medicaid Coverage

Figure 22 - Medicaid Population by Census Tract, Source: U.S. Bureau ACS 2014-2018, Maptitude 2020

Dental Health

FL Health CHARTS publishes information related to dental care and providers. In 2016, Broward County had a slightly lower percentage of adults with a dental visit in the past year (62.5%) than the state average. The dentist and dental hygienist supply per 100,000 population was greater in Broward County than in the state of Florida in 2019.

	Broward County	Florida
Adult dental visit in the past year, 2016	62.5%	63.0%
Total licensed Florida dental hygienists, 2019	63.2	60.3
Total licensed Florida dentists, 2019	76.0	56.7

Figure 23 - Dental Health and Providers, Source: FL Health Charts Oral Health Profile. Provider supply is shown per 100,000 population, the shading indicates the county measure was greater than or worse than the state benchmark value

F. Housing

The U.S. Census Bureau's 2015-2019 American Community Survey ("ACS") estimates indicated that Broward County had a lower rate of homeownership than the state and national benchmarks. Of Broward County residents, 84.9% occupied the same residences as one year ago. The community had a greater percentage of adults over age 65 living alone (21.3%) than Florida (24.2%), and the United States (26.9%).

County Health Rankings publishes estimates of the severe housing cost burden and segregation utilizing ACS data. Broward County had a higher portion of residents with a severe housing cost burden (21.3%) than Florida and the United States (17.0% and 18.0% respectively). From 2015-2019, the racial segregation indices in Broward County were lower than the state and national indicators.

Home Ownership and Housing Characteristics

	Broward County	Florida	United States
Homeownership	62.1%	65.4%	64.0%
Same residence as 1 year ago	84.9%	84.5%	85.8%
Percent of adults over age 65 who live alone	26.8%	24.2%	26.9%
Severe housing cost burden	21.3%	17.0%	18.0%

Figure 24 - Home Ownership and Housing Characteristics, Source: U.S. Census Bureau ACS 2015-2019, County Health Rankings 2021, the shading indicates the county measure was greater than or worse than the state benchmark value

Residential Segregation

	Broward County	Florida	United States
Residential segregation - Black/white	51.8	54.0	62.0
Residential segregation - non-white/white	41.9	43.3	47.0

Figure 25 - Residential Segregation Shown as an Index, Source: U.S. Census Bureau ACS 2015-2019, County Health Rankings 2021, the shading indicates the county measure was greater than or worse than the state benchmark value

Homelessness

The Broward Regional Health Planning Council provides a Point-in-Time ("PIT") count of sheltered and unsheltered homeless persons on a single night. The 2020 count was conducted on January 29, 2020. There was a total of 16 agencies, 58 projects, and 2,874 beds that were included in the survey of sheltered and unsheltered homeless individuals.

	Broward County
Total unsheltered individuals January, 2019	1,350
Total homeless individuals January, 2019	2,803
Total sheltered individuals January, 2020	984
Total homeless individuals January, 2020	2,211

Figure 26 - Point-In-Time Homelessness Count 2021-2020, Source: Broward Regional Health Planning Council

G. Education

The U.S. Census Bureau's 2015-2019 American Community Survey estimates indicate that Broward County had a slightly higher percentage of individuals who had less than a 9th-grade education than the state benchmark. However, a greater portion of individuals in Broward County had earned a bachelor's degree than the state and national averages, and the percentage of those with a graduate or professional degree exceeded the Florida average.

According to the Florida Department of Education, the high school graduation rates for Black, Asian, and American Indian students in Broward County were lower than the respective benchmarks for the state of Florida. Students with Hispanic, Black, and American Indian race/ethnicities and those of two or more races were less likely to graduate high school than white students within Broward County.

Highest Level of Education Completed

	Broward County	Florida	United States
Less than 9th grade	4.9%	4.8%	5.1%
9th to 12th grade, no diploma	6.2%	7.0%	6.9%
High school degree or equivalent	27.3%	28.6%	27.0%
Some college, no degree	19.6%	19.9%	20.4%
Associate's degree	9.6%	9.8%	8.5%
Bachelor's degree	20.2%	18.9%	19.8%
Graduate or professional degree	12.2%	11.0%	12.4%
High school graduate or higher	89.0%	88.2%	88.0%
Bachelor's degree or higher	32.4%	29.9%	32.1%

Figure 27 - Highest Level of Education Completed by Persons 25 Years and Older, Source: U.S. Census Bureau ACS 2015-2019, the shading indicates the county measure was greater than or worse than the state benchmark value

High School Graduation Rates by Race/Ethnicity

	Broward County	Florida
White	92.4%	91.7%
Hispanic	90.0%	89.5%
Black	86.5%	86.6%
Two or More Races	90.7%	90.5%
Asian	97.3%	98.0%
American Indian	82.5%	84.1%
Pacific Islander	94.7%	90.5%

Figure 28 - High School Graduation Rates by Race/Ethnicity, Source: Florida Dept. of Education, 2019-2020, the shading indicates the county measure was greater than or worse than the state benchmark value

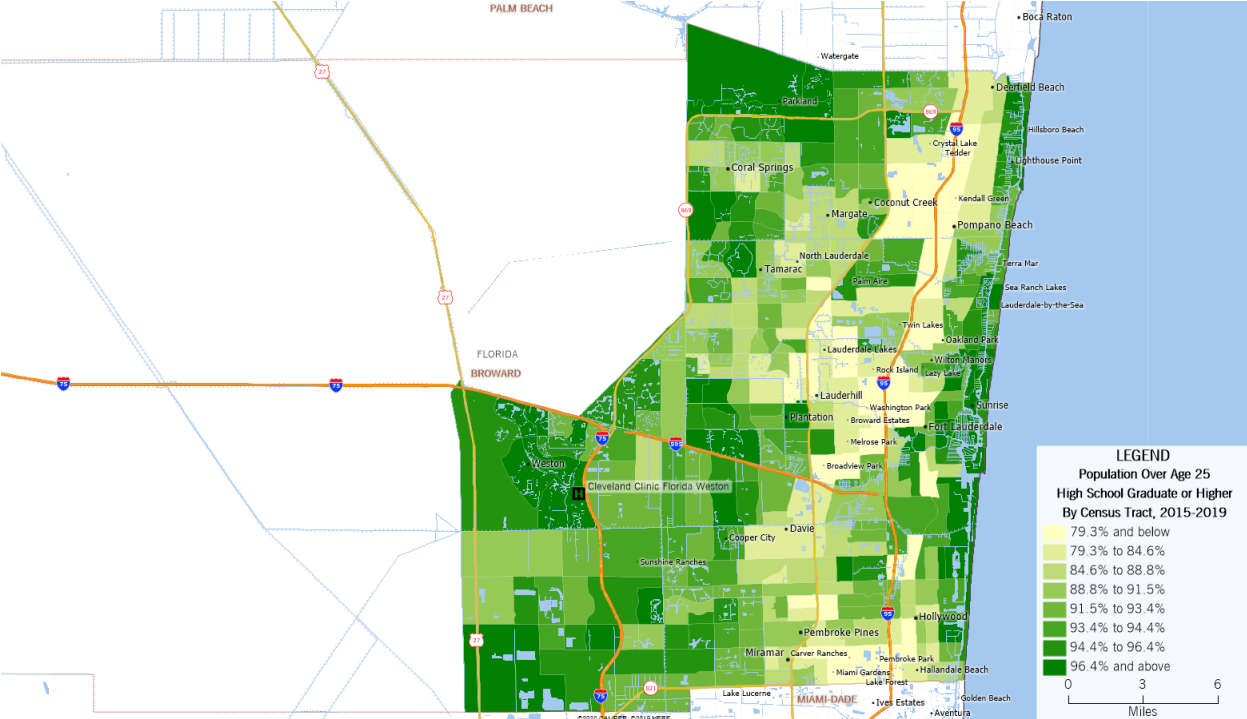# Population with a High School Degree or Higher

Figure 29 - Population with a High School Degree or Higher by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020
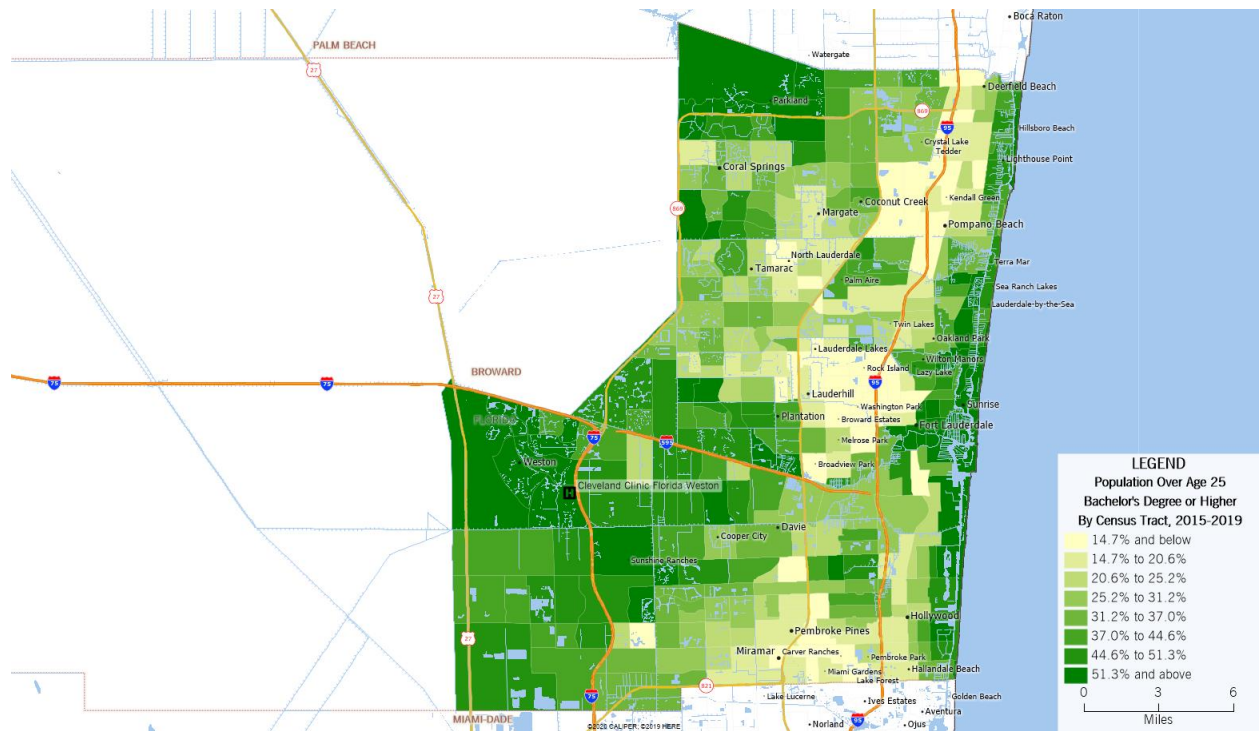
Population with a Bachelor's Degree or Higher

Figure 30 - Population with a Bachelor's Degree or Higher by Census Tract, Source: U.S. Census Bureau ACS 2015-2019, Maptitude 2020

Florida Standard Assessment

The Florida Department of Education publishes district results from the Florida Standard Assessment tests. During the 2018-2019 school year, Broward County students in grades three through ten performed better than the state benchmark for English language arts. Those in grades seven and eight had lower levels of mathematics proficiency than the state average.

English Language Arts Proficiency

	Broward County	Florida
3rd grade - level 3 proficiency and above	59.7%	57.6%
4th grade - level 3 proficiency and above	62.0%	58.4%
5th grade - level 3 proficiency and above	58.7%	56.2%
6th grade - level 3 proficiency and above	57.0%	54.4%
7th grade - level 3 proficiency and above	54.7%	52.3%
8th grade - level 3 proficiency and above	58.5%	56.3%
9th grade - level 3 proficiency and above	56.9%	54.8%
10th grade - level 3 proficiency and above	53.4%	52.5%

Figure 31 - English Language Arts Proficiency Shown as Percent of Students in Level 3 or Above, Source: Florida Dept. of Education, District FSA Results, 2018-2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Mathematics Proficiency

	Broward County	Florida
3rd grade - level 3 proficiency and above	65.0%	62.4%
4th grade - level 3 proficiency and above	67.3%	63.9%
5th grade - level 3 proficiency and above	64.4%	59.7%
6th grade - level 3 proficiency and above	58.0%	54.5%
7th grade - level 3 proficiency and above	52.9%	54.0%
8th grade - level 3 proficiency and above	45.4%	45.9%

Figure 32 - Mathematics Proficiency Shown as Percent of Students in Level 3 or Above, Source: Florida Dept. of Education, District FSA Results, 2018-2019, the shading indicates the county measure was greater than or worse than the state benchmark value

H. Transportation

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, households in Broward County were less likely to have access to a vehicle than the state and national benchmarks. Broward County residents also had a higher mean commute time (28.8 minutes) than the Florida and U.S. averages (27.8 and 26.9 minutes respectively).

	Broward County	Florida	United States
Housing units with no vehicles available	7.1%	6.3%	8.6%
Mean travel time to work (minutes)	28.8	27.8	26.9

Figure 33 - Transportation Indicators, Source: U.S. Census Bureau ACS 2015-2019, the shading indicates the county measure was greater than or worse than the state benchmark value
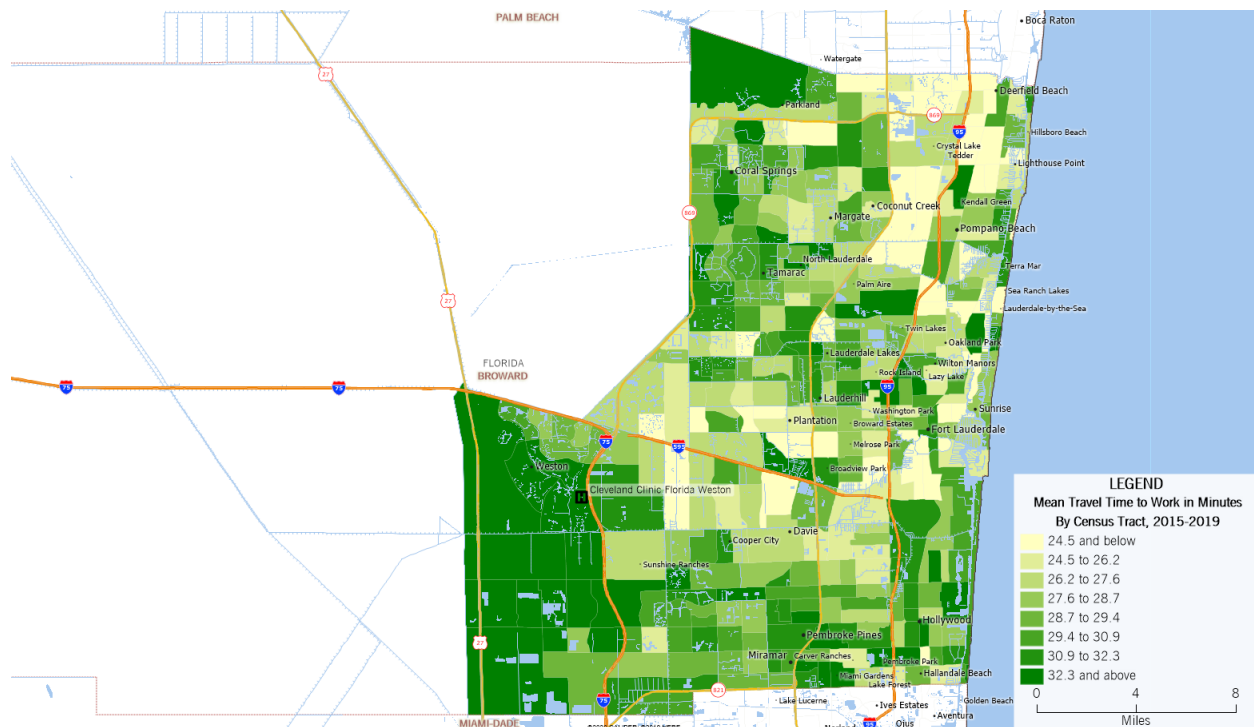
Mean Travel Time to Work

Figure 34 - Mean Travel Time to Work by Census Tract, Source: U.S. Census Bureau ACS 2015-2019

I. Crime and Violence

According to the Florida Department of Law Enforcement, rape, assault, and burglary rates within the community were lower than the state and national benchmarks. The homicide rate within Broward County (5.6 per 100,000 population) was higher than the Florida and U.S. rates. Rates of robbery, theft, and motor vehicle theft were also greater within the county than the state and national benchmarks.

According to FL Health CHARTS, domestic violence offenses were less frequent within Broward County than in Florida. However, reported rates of child abuse and sexual violence towards children ages 5-11 were more frequent in the community than the state benchmark rates.

Violent Crime Rates

	Broward County	Florida	United States
Homicide	5.6	5.3	5.0
Rape	34.8	39.8	42.6
Robbery	107.8	76.4	81.6
Assault	222.2	260.9	250.2
Burglary	276.8	297.7	340.5
Larceny/theft	1,989.9	1,687.2	1,549.5
Motor vehicle theft	259.8	183.8	219.9

Figure 35 - Violent Crime Rates per 100,000 Population, Source: Florida Dept. of Law Enforcement, Crime in Florida 2019 Annual Report and FBI Crime in the United States 2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Rates of Child Abuse and Domestic Violence

	Martin County	St. Lucie County	Florida
Child abuse (age 5-11)*	872.4	841.8	779.3
Sexual violence (age 5-11)*	71.0	138.9	58.0
Domestic violence offenses**	340.4	487.3	500.6

Figure 36 - Child Abuse and Domestic Violence Rates *per 100,000 children or ** per 100,000 population, 2017-2019, Source: Florida Dept. of Law Enforcement, Crime in Florida 2019 Annual Report, the shading indicates the county measure was greater than or worse than the state benchmark value

J. Disability

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, a smaller percentage of the Broward County population had a disability than the populations in Florida or the United States.

	Broward County	Florida	United States
Population with a disability	10.8%	13.4%	12.6%
Population with a hearing difficulty	2.7%	3.9%	3.6%
Population with a vision difficulty	2.1%	2.5%	2.3%
Population with a cognitive difficulty	4.3%	5.2%	5.1%
Population with an ambulatory difficulty	6.4%	7.6%	6.9%
Population with a self-care difficulty	2.5%	2.8%	2.6%
Population with an independent living difficulty	5.2%	6.0%	5.8%

Figure 37- Disability Prevalence Rates, Source: U.S. Census Bureau ACS 2015-2019

K. Mortality

County Health Rankings analyzes data from the Centers for Disease Control and Prevention and National Center for Health Statistics related to premature death. The premature death rate and indicator for Broward County were better than the respective state benchmarks. Life expectancy within the county was 81.1 years for all races and ethnicities, compared to 79.8 years across Florida. Black residents in Broward County had a slightly lower life expectancy compared to white residents, and non-Hispanic residents had a lower life expectancy than Hispanic residents.

	Broward County	Florida
Premature age-adjusted mortality [1]	290.0	336.7
Premature death indicator (YPLL rate) [2]	6,142.0	7,188.9
Life expectancy [3]	81.1	79.8
White life expectancy [3]	81.4	80.0
Black life expectancy [3]	81.0	77.7
Hispanic life expectancy [3]	85.8	83.6
Non-Hispanic life expectancy [3]	80.1	78.9

Figure 38 - Mortality Indicators, Sources: 1) National Center for Health Statistics 2017-19, CHR, 2) National Center for Health Statistics 2017-19, in years of potential life lost before age 75 per 100,000 population, 3) FL Health Charts and Florida Bureau of Vital Statistics 2017-19
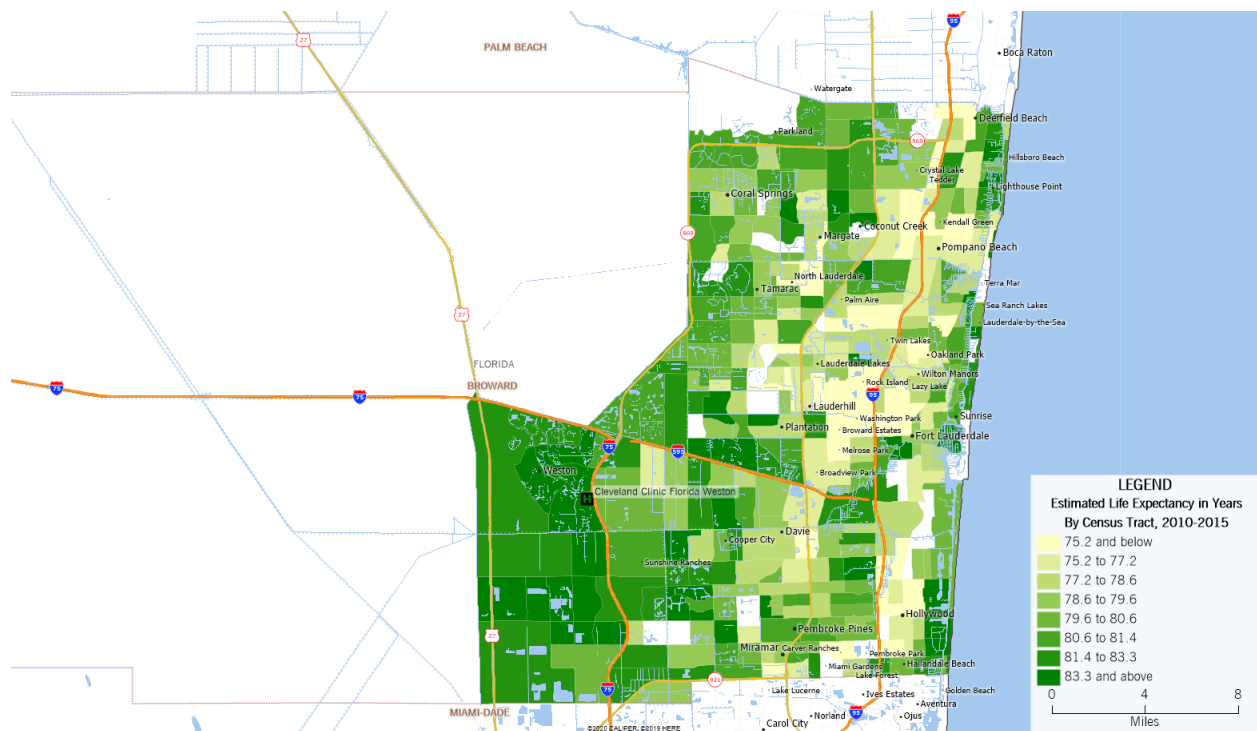
Life Expectancy

Figure 39 - Life Expectancy by Census Tract, Source: CDC, National Vital Statistics System 2018, Maptitude 2020

Leading Causes of Death

According to the Centers for Disease Control and Prevention, heart disease, cancer, and stroke were the top three causes of death within the community. Broward County had a significantly higher stroke death rate (58.9 per 100,000 population) than the Florida and U.S. rates (38.6 and 37.3 per 100,000 population respectively). Within the community, the death rates for kidney disease and Parkinson's disease also exceeded the state benchmarks.

	Broward County	Florida	United States
Heart disease	140.2	144.9	164.8
Cancer	138.1	144.7	152.3
Stroke	58.9	38.6	37.3
(Unintentional injury) accident	47.1	53.2	47.5
Chronic lower respiratory disease	31.8	37.4	40.2
Diabetes	16.6	19.5	21.3
Alzheimer's disease	14.1	20.3	30.2
Suicide	11.3	14.4	13.8
Kidney disease	11.1	10.1	13.0
Chronic liver disease and cirrhosis	9.2	11.6	11.0
Parkinson's disease	7.9	7.6	8.3
Hypertension[1]	7.8	8.0	8.8
Influenza and pneumonia	6.6	9.1	14.0
Assault (homicide)	6.1	6.6	6.0
Septicemia	5.7	8.0	10.4
Other neoplasms (benign or uncertain)	3.8	4.2	4.1

Figure 40 - Age-Adjusted Death Rates per 100,000 Population, Source: CDC Wonder, Multiple Case of Death 2015-2019, the shading indicates the county measure was greater than or worse than the state benchmark value

L. Cancer

Cancer Risk Factors and Screening Rates

FL Health CHARTS reports on various cancer screenings and tests. Within Broward County, colon cancer screening rates for individuals over age 50 were lower than the state benchmarks. For other screens including mammograms, pap tests, and PSA tests, Broward County screening rates exceeded the state rates.

	Broward County	Florida
Mammogram (women over 40, past year)	62.3%	60.8%
Pap test (women over 18, past year)	54.7%	48.4%
Sigmoidoscopy or colonoscopy (over 50, past 5 years)	50.1%	53.9%
Stool blood test (over 50, past year)	14.3%	16.0%
PSA test (men over 50, past 2 years)	56.1%	54.9%

Figure 41 - Cancer Screening Rates in the Past Year for 2016, Source: FL Health Charts, the shading indicates the county measure was greater than or worse than the state benchmark value

Cancer Incidence Rates

The National Cancer Institute reports cancer incidence rates on a state and county level. Broward County had a higher rate of cancer overall (all cancer sites, all races/ethnicities) than the national benchmark. Additionally, the incidence rates for breast, prostate, colorectal, pancreatic, cervical, and stomach cancers were higher in Broward County than in Florida. For all cancer sites, the incidence rates for white individuals and American Indian / Alaskan Native individuals (including Hispanic ethnicity) were higher in Broward County than in Florida.

	Broward County	Florida	United States
Breast[3]	121.2	118.3	125.9
Prostate[2]	98.7	93.9	104.5
Lung and bronchus[1]	47.3	57.7	58.3
Colon and rectum[1]	37.1	36.3	38.4
Melanoma[1]	20.7	24.8	22.3
Pancreas[1]	13.2	12.5	12.9
Ovarian[3]	10.3	11.1	10.9
Cervical[3]	9.2	8.9	7.6
Brain[1]	6.1	6.4	6.5
Stomach[1]	7.2	5.8	6.5

Figure 42 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2013-2017, Rates per 100,000 1) Population, 2) Males, 3) Females, the shading indicates the county measure was greater than or worse than the state benchmark value

Cancer Incidence by Race and Ethnicity for All Cancer Sites

	Broward County	Florida	United States
All Races (includes Hispanic)	449.0	457.1	448.7
White (includes Hispanic)	454.5	452.5	451.0
Black (includes Hispanic)	399.9	408.1	447.6
American Indian / Alaskan Native (includes Hispanic)	266.1	182.2	288.8
Asian / Pacific Islander (includes Hispanic)	229.3	232.3	290.6
Hispanic (any race)	383.7	384.4	344.8

Figure 43 - Age-Adjusted All Cancer Site Incidence Rates by Race and Ethnicity, Source: National Cancer Institute 2013-2017, rates per 100,000 population, the shading indicates the county measure was greater than or worse than the state benchmark value

Cancer Mortality Rates

Broward County had higher mortality rates than the state of Florida for breast, prostate, colorectal, pancreatic, brain, stomach, and cervical cancers. Within the community, the total death rate for all cancer sites was lower than the state and national benchmarks.

	Broward County	Florida	United States
Lung and bronchus[1]	31.0	37.5	38.5
Breast[3]	20.3	18.8	20.1
Prostate[2]	18.6	16.6	19.0
Colon and rectum[1]	13.8	12.9	13.7
Pancreas[1]	11.2	10.5	11.0
Ovarian[3]	6.1	6.3	6.7
Brain[1]	4.3	4.2	4.4
Stomach[1]	3.4	2.6	3.0
Melanoma[1]	1.7	2.4	2.3
Cervical[3]	2.7	2.6	2.2

Figure 44 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2013-2017, Rates per 100,000 1) Population, 2) Males, 3) Females, * indicates rate is unstable, the shading indicates the county measure was greater than or worse than the state benchmark value

Cancer Mortality by Race and Ethnicity for All Cancer Sites

	Broward County	Florida	United States
All Races (includes Hispanic)	142.7	147.3	155.5
White (includes Hispanic)	145.7	148.1	156.3
Black (includes Hispanic)	137.4	153.9	177.5
American Indian / Alaskan Native (includes Hispanic)	*	59.7	103.6
Asian / Pacific Islander (includes Hispanic)	79.6	81.5	97.2
Hispanic (any race)	106.7	112.2	110.8

Figure 45 - Age-Adjusted All Cancer Site Mortality Rates by Race and Ethnicity, Source: National Cancer Institute 2013-2017, rates per 100,000 population

M.   Heart Disease

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for all heart disease per 100,000 population was lower in Broward County than in Florida and the United States. Within Broward County, white and Asian & Pacific Islander populations had higher heart disease death rates than the state benchmarks for those populations.

	Broward County	Florida	United States
All heart disease, all races/ethnicities	140.9	145.0	165.1
All heart disease, Black (non-Hispanic)	135.5	172.4	211.1
All heart disease, white (non-Hispanic)	159.6	150.3	169.2
All heart disease, Hispanic	93.2	117.9	115.0
All heart disease, American Indian & Alaska Native	65.9	78.5	150.4
All heart disease, Asian & Pacific Islander	83.7	75.6	86.9
All heart disease, male	183.4	184.6	209.1
All heart disease, female	107.5	111.6	129.5

Figure 46 - Age-Adjusted All Heart Disease Death Rate per 100,000 Population, Source: CDC, 2016-2018, the shading indicates the county measure was greater than or worse than the state benchmark value

Heart Attack Mortality

Age-adjusted mortality rates for heart attack per 100,000 population were lower within Broward County than in Florida and the United States. However, the death rate for the Asian & Pacific Islander population in Broward County was higher than the rate in Florida.

	Broward County	Florida	United States
Heart attack, all races/ethnicities	19.8	22.9	28.1
Heart attack, Black (non-Hispanic)	19.4	26.8	32.4
Heart attack, white (non-Hispanic)	21.7	23.0	29.2
Heart attack, Hispanic	14.8	22.5	21.8
Heart attack, American Indian & Alaska Native	5.9	14.0	25.6
Heart attack, Asian & Pacific Islander	15.4	14.1	16.3
Heart attack, male	27.9	29.7	37.6
Heart attack, female	13.4	17.0	20.2

Figure 47 - Age-Adjusted Heart Attack Mortality per 100,000 Adults, Source: CDC, 2016-2018, the shading indicates the county measure was greater than or worse than the state benchmark value

Hypertension Mortality

According to the Centers for Disease Control and Prevention, age-adjusted mortality rates for hypertension per 100,000 population were generally lower within Broward County than in Florida and the United States.

	Broward County	Florida	United States
Hypertension, all races/ethnicities	66.6	102.2	120.3
Hypertension, Black (non-Hispanic)	96.6	156.7	187.0
Hypertension, white (non-Hispanic)	66.5	102.1	115.7
Hypertension, Hispanic	45.9	78.7	103.5
Hypertension, American Indian & Alaska Native	48.9	59.7	139.2
Hypertension, Asian & Pacific Islander	41.9	57.9	80.5
Hypertension, male	81.9	122.0	139.3
Hypertension, female	53.5	84.5	103.2

Figure 48 - Age-Adjusted Hypertension Mortality per 100,000 Adults, Source: CDC, 2016-2018

Stroke Mortality

Within Broward County, age-adjusted mortality rates for stroke per 100,000 population exceeded the state benchmark rates for all races/ethnicities and genders. In most instances, the stroke death rates within the community were also greater than the national death rates.

	Broward County	Florida	United States
All stroke, all races/ethnicities	58.9	38.6	37.4
All stroke, Black (non-Hispanic)	71.1	58.4	52.5
All stroke, white (non-Hispanic)	59.7	36.7	36.2
All stroke, Hispanic	43.7	36.9	32.2
All stroke, American Indian & Alaska Native	22.9	18.5	31.8
All stroke, Asian & Pacific Islander	38.5	28.7	30.6
All stroke, male	56.5	38.0	37.8
All stroke, female	59.4	38.4	36.5

Figure 49 - Age-Adjusted Stroke Mortality per 100,000 adults, Source: CDC, 2016-2018, the shading indicates the county measure was greater than or worse than the state benchmark value

N. Diabetes

According to FL Health CHARTS, Broward County had fewer adults who have been diagnosed with diabetes, and lower death and hospitalization rates from diabetes than the state benchmarks. However, within the community, there was a lower average age of diagnosis for diabetes (42.6 years) compared to the state average of 48.2 years. There were also more emergency room visits due to diabetes (per 100,000 population) in Broward County than the Florida rate.

	Broward County	Florida
Age-adjusted deaths from diabetes[1]	17.6	20.3
Hospitalization rate from or with diabetes[1]	2,126.3	2,320.9
Rate of emergency room visits due to diabetes[1]	274.3	236.0
Adults who have been told they had diabetes[2]	10.2%	11.8%
Average age at which diabetes was diagnosed[2]	42.6	48.2

Figure 50 - Diabetes Indicators, Source: 1) FL Health Charts, 2017-2019 rolling rates per 100,000 population 2) FL Health Charts, Behavioral Risk Factor Surveillance System 2016, the shading indicates the county measure was greater than or worse than the state benchmark value

O. Weight Status, Nutrition, and Physical Activity

Weight Status and Physical Activity

FL Health CHARTS reports on weight status and physical activity indicators for adults. Broward County had slightly higher overweight and obese populations than the state benchmarks. However, there were also more adults at a healthy weight in the community. Access to exercise opportunities and levels of physical activity were better within Broward County than in Florida.

	Broward County	Florida
Adults who are obese	27.1%	27.0%
Adults who are overweight	37.9%	37.6%
Adults who are at a healthy weight	33.3%	32.8%
Adults who are sedentary	24.1%	26.5%
Have access to exercise opportunities	96.9%	88.7%

Figure 51 - Adult Weight Status and Activity Source: FL Health Charts and Behavioral Risk Factor Surveillance System 2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Nutrition and Food Insecurity

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods, and County Health Rankings utilizes the data points within measures. The food environment index is scored from 1 (worst) to 10 (best) and Broward County's index exceeded the state and national values. Nearly half of community residents lived within a half-mile of a fast-food restaurant in 2019 compared to 27.7% in Florida.

According to Feeding America's 2019 Map the Meal Gap study, almost three-quarters of the Broward County population was below the SNAP poverty threshold, compared to 68% of Florida's and 50% of the U.S. population. The average meal cost was $3.60 in Broward County, which exceeded both the state and national averages.

	Broward County	Florida	United States
Food environment index, 2015-2018 [1]	8.3	6.9	7.8
Limited access to healthy foods, 2015 [1]	2.5%	7.2%	6.0%
Living within 1/2 mile of a fast food restaurant, 2019 [2]	50.2%	27.7%	-
Food insecurity, 2019 [3]	9.9%	12.0%	10.9%
Population below SNAP poverty threshold, 2019 [3]	73.0%	68.0%	50.0%
Average meal cost, 2019 [3]	$ 3.60	$ 3.28	$ 3.13

Figure 52 - Food Environment and Food Insecurity, Source: 1) County Health Rankings, 2) FL Health Charts, 3) Feeding America Map the Meal Gap 2019, Note: the U.S. and FL SNAP poverty thresholds differ, the shading indicates the county measure was greater than or worse than the state benchmark value

P. Communicable Diseases and Sexually Transmitted Infections

Tuberculosis and Hepatitis A

According to FL Health CHARTS and the Centers for Disease Control and Prevention, the case rate for tuberculosis within Broward County (2.9 per 100,000 population) exceeded the rates in Florida and the United States (2.6 and 2.7 per 100,000 population respectively). The county had a far lower rate of Hepatitis A cases per 100,000 population than the state and national rates.

	Broward County	Florida	United States
Tuberculosis case rate	2.9	2.6	2.7
Hepatitis A case rate	1.5	15.9	3.8*

Figure 53 - Tuberculosis and Hepatitis A Rates per 100,000 Population, Source: FL Health Charts, CDC, * indicates 2018 data, all other rates provided represent 2019 data, the shading indicates the county measure was greater than or worse than the state benchmark value

Sexually Transmitted Infections

According to the Centers for Disease Control and Prevention, Broward County had significantly higher rates of chlamydia, gonorrhea, and syphilis when compared to the state and national benchmarks. The rate of syphilis was more than double the U.S. average in 2018.

	Broward County	Florida	United States
Chlamydia	584.9	499.2	539.9
Gonorrhea	198.7	155.6	179.1
Primary and secondary syphilis	23.0	13.7	10.8

Figure 54 - Reported Case Rate for Sexually Transmitted Infections per 100,000 population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018, the shading indicates the county measure was greater than or worse than the state benchmark value

HIV Prevalence and Diagnosis Rates

The prevalence of HIV within Broward County was nearly double the Florida prevalence rate in 2018. Within the community, the HIV diagnosis rate was 37.8 per 100,000 population, which was higher than Florida's diagnosis rate (25.0 per 100,000 population) and the United States rate (13.6 per 100,000 population). The age-adjusted death HIV death rate within Broward County was three times higher than the national HIV death rate in 2019.

	Broward County	Florida	United States
HIV diagnosis rate, 2018	37.8	25.0	13.6
HIV prevalence rate, 2018	1,177.3	607.0	372.8
Age-adjusted HIV death rate, 2019	4.5	2.8	1.5

Figure 55 - Reported Prevalence and Infection Rates for HIV per 100,000 population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the shading indicates the county measure was greater than or worse than the state benchmark value

Q. Respiratory Disease

According to FL Health CHARTS, the hospitalization rates for chronic lower respiratory disease (CLRD) were lower in Broward County than in Florida from 2017 to 2019. Community residents were also less likely to be hospitalized from or with asthma than those in Florida. The percentage of the adult population with current asthma was lower in Broward County (6.2%) than in Florida (6.7%).

	Broward County	Florida
Age-adjusted hospitalization rate from CLRD, 2017-2019	282.9	301.1
Age-adjusted hospitalization rate from or with asthma, 2017-2019	575.2	686.4
Adults who currently have asthma, 2016	6.2%	6.7%

Figure 56 - Select Chronic Lower Respiratory Disease Indicators, Source: FL Health Charts, rates are per 100,000 population, the shading indicates the county measure was greater than or worse than the state benchmark value

R. Maternal and Child Health

Births

FL Health CHARTS publishes birth data and several maternal and child health indicators. In 2019, the total birth rate in Broward County (11.3 per 1,000 population) was greater than the statewide birth rate (10.3 per 1,000 population). Birth rates for Black, non-white, and Hispanic individuals in Broward County were greater than the total birth rate. The community had a lower teen birth rate than the state benchmark, although there were slightly more repeat births to mothers aged 15-19 in the county when compared to the state average. The portion of births with an interpregnancy interval of fewer than 18 months was lower in Broward County than in Florida.

	Broward County	Florida
Total birth rate (per 1,000 population)	11.3	10.3
White birth rate (per 1,000 white population)	10.0	9.5
Black birth rate (per 1,000 Black population)	13.7	13.4
Other non-white birth rate (per 1,000 other non-white population)	12.6	12.5
Hispanic birth rate (per 1,000 Hispanic population)	12.0	12.1
Non-Hispanic birth rate (per 1,000 non-Hispanic population)	10.9	9.6

Figure 57 - Birth Data, Source: FL Health Charts, 2019, the shading indicates the county measure was greater than or worse than the state benchmark value

# Teen Birth Rate and Interpregnancy Interval

	Broward County	Florida
Teen birth rate (per 1,000 women aged 15–19 years)	11.8	17.1
Repeat births to mothers aged 15-19	15.1%	14.8%
Births with interpregnancy interval < 18 months	30.4%	34.7%

Figure 58 - Teen Birth Rate and Interpregnancy Interval, Source: FL Health Charts, 2017-2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Fertility
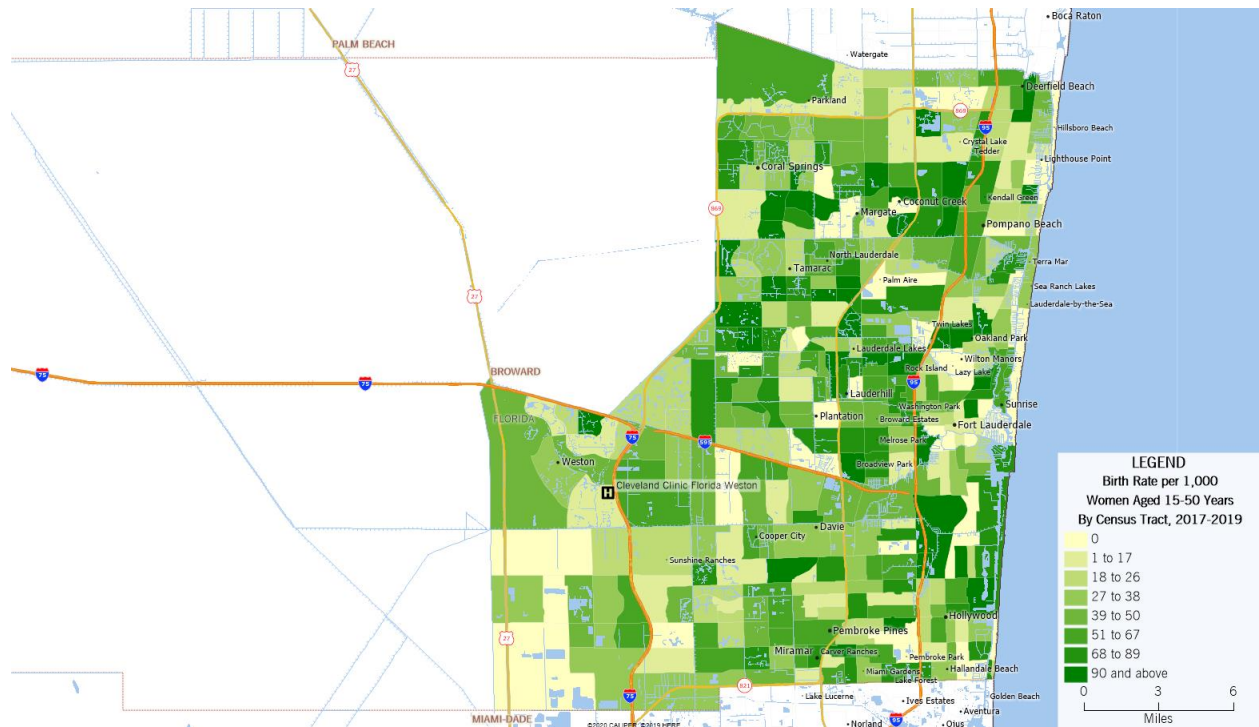
Figure 59 - Map of Birth Rate by Census Tract, Source: FL Health Charts 2017-2019, Maptitude 2020

Birth Outcomes and Risk Factors

According to FL Health CHARTS, fewer mothers in Broward County received adequate prenatal care (68.3%) than in the state of Florida (70.6%). Smoking during pregnancy and births to mothers with an unhealthy weight were less prevalent in Broward County than in Florida. Breastfeeding initiation in the community was higher than the state benchmark. Broward County had a greater proportion of low birth weight and very low birth weight births than the state benchmarks. Preterm births were slightly more likely to occur in the community (10.9%) than in Florida (10.4%). Broward County had a greater total rate of birth defects per 10,000 live births (253.1) compared to the state benchmark (248.7).

	Broward County	Florida
Adequate prenatal care (Kotelchuck index)	68.3%	70.6%
Live births to mothers who smoked during pregnancy	0.7%	4.4%
Births to mothers with healthy weight	44.7%	43.0%
Mothers who initiate breastfeeding	90.2%	86.1%
Live births under 2,500 grams (per 1,000 live births)	9.6%	8.8%
Live births under 1,500 grams (per 1,000 live births)	1.9%	1.6%
Preterm births < 37 weeks	10.9%	10.4%
Total birth defects per 10,000 live births (2013-2017)	253.1	248.7

Figure 60 - Birth Outcomes and Related Risk Factors, Source: FL Health Charts 2017-2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Maternal Mortality and Infant Mortality

According to FL Health CHARTS, the maternal death rate in Broward County (24.3 per 100,000 live births) exceeded the state benchmark from 2017 through 2019. Within the community, the total infant mortality rate (4.9 per 1,000 live births) was lower than the state benchmark (6.0 per 1,000 live births). Infant mortality rates varied greatly by race/ethnicity. Within Broward County, the black infant mortality rate was 3.5 times greater than the white infant mortality rate from 2017 to 2019.

	Broward County	Florida
Maternal deaths (per 100,000 live births)	24.3	21.0
Infant deaths (per 1,000 live births)	4.9	6.0
Infant deaths - white (per 1,000 live births)	2.4	4.4
Infant deaths - Black (per 1,000 live births)	8.5	11.0
Infant deaths - Hispanic (per 1,000 live births)	3.2	5.1
Infant deaths - non-Hispanic (per 1,000 live births)	5.5	6.3

Figure 61 - Maternal and Infant Mortality Rates, Source: FL Health Charts 2017-2019, the shading indicates the county measure was greater than or worse than the state benchmark value
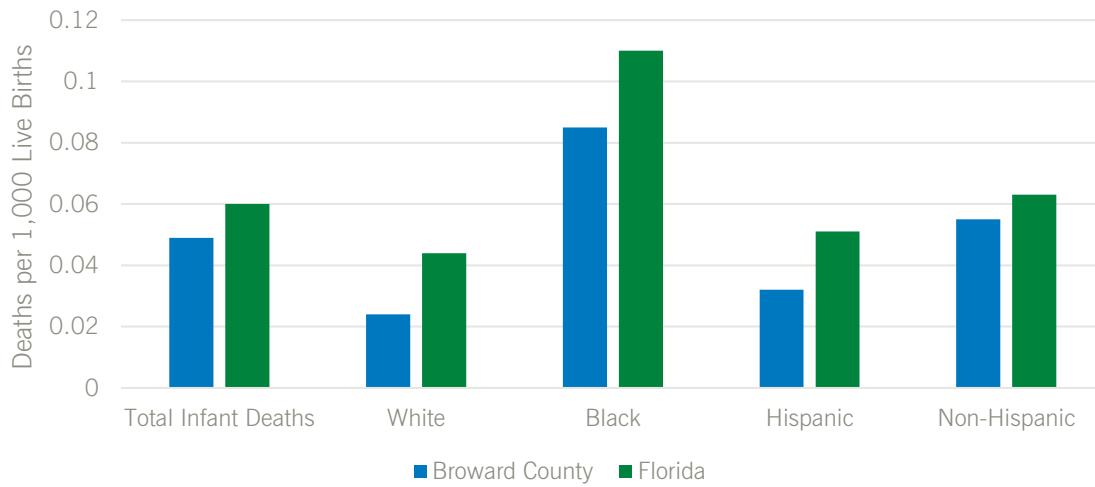
Infant Mortality

Figure 62 - Table Displaying Infant Mortality by Race/Ethnicity, Source: FL Health Charts 2017-2019
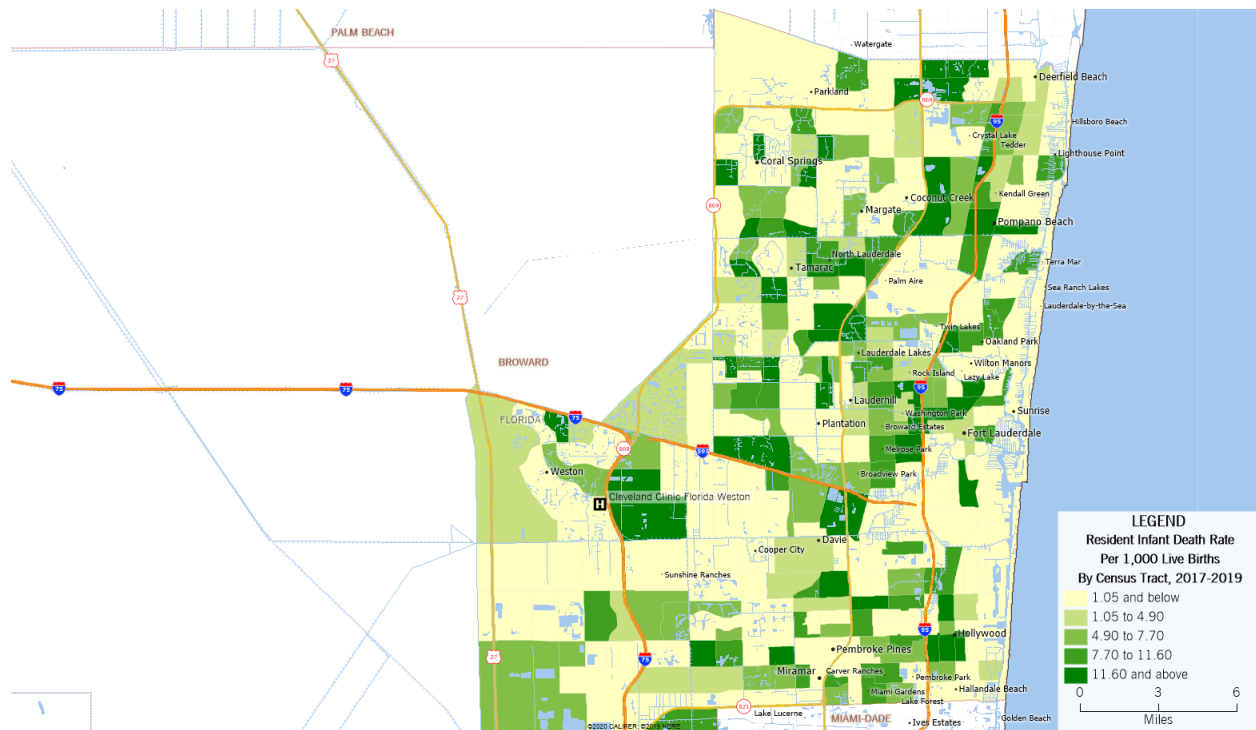

Figure 63 - Map of Infant Deaths by Census Tract, Source: FL Health Charts 2017-2019, Maptitude 2020

Child Health Outcomes and Risk Factors

FL Health CHARTS reports on a variety of risk factors and health outcomes for children under the age of five. From 2017 through 2019, Broward County had a greater number of Pre-K and Kindergarten students eligible for free or reduced lunch than the state average. The percentage of Kindergarten students who were fully immunized within the county (94.2%) was greater than the Florida immunization rate (93.8%). Infants and young children under five within Broward County had a lower emergency room visit rate (per 100,000 population under age five) than the state rate. A greater portion of children aged 1-5 within the community were hospitalized for asthma than those in the state of FL. The child mortality rate within Broward County (24.0 deaths per 100,000 population) was slightly lower than the state benchmark rate of 24.4 from 2017 to 2019.

	Broward County	Florida
Children in pre-k eligible for free or reduced lunch	77.0%	65.0%
Children in kindergarten eligible for free or reduced lunch	60.7%	58.7%
Kindergarten children fully immunized	94.2%	93.8%
Emergency room visits age 0-5*	65,418.2	69,171.1
Asthma hospitalizations ages 1-5**	604.6	534.2
Deaths ages 1-5***	24.0	24.4

Figure 64 - Health Outcomes and Risk Factors for Young Children, Source: FL Health Charts, 2017-2019, * per 100,000 population under 5, ** per 100,000 population aged 1-5, *** per 100,000 population, the shading indicates the county measure was greater than or worse than the state benchmark value

S. Behavioral Health

County Health Rankings provides an estimate of access to mental health providers in the form of a ratio of the county population to mental health providers. Within Broward County, there were more licensed mental health counselors, psychologists, and licensed clinical social workers per population than the state averages. The ratio of total behavioral/mental health professionals to population was 141.3 for the county and 110.0 for Florida in 2019. The supply of adult and child/adolescent psychiatric beds per population was also better within Broward County than in Florida as a whole. The average rate of children aged 1-5 receiving mental health treatment services was lower in the community than the state rate.

Mental and Behavioral Health Services and Access to Care

	Broward County	Florida
Licensed mental health counselors	61.1	53.7
Licensed psychologists	37.6	23.0
Licensed clinical social workers	60.3	46.8
Total behavioral/mental health professionals	141.3	110.0
Adult psychiatric beds	22.9	21.0
Child and adolescent psychiatric beds	3.8	3.0
Children ages 1-5 receiving mental health treatment services*	235.8	284.8

Figure 65 - Mental and Behavioral Health Services, Source: Source: FL Health Charts, 2019, rates per 100,000 population

Mental Health Status and Complications for Adults

According to FL Health CHARTS, the percentage of adults whose physical or mental health kept them from doing usual activities (14 or more of the past 30 days) was lower in Broward County than the Florida average in 2016. Similarly, the percentage of adults with self-reported poor mental health was lower in the community. In Broward County, there was a slightly lower percentage of adults with good mental health than the statewide average. Adults in the county were less likely to have been told that they have a depressive disorder than the Florida benchmark.

	Broward County	Florida
Adults with poor mental health on 14 or more of the past 30 days	11.9%	21.2%
Adults ever told they have a depressive disorder	13.9%	14.2%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days*	14.4%	18.6%
Adults with good mental health	88.1%	88.6%

Figure 66 - Mental Health Status and Complications for Adults, Source: FL Health Charts, 2016, the shading indicates the county measure was greater than or worse than the state benchmark value

Mental Health Status and Complications for Children

FL Health CHARTS reported that 0.4% of children in K-12 education had an emotional/behavioral disability within Broward County, which was slightly lower than the state rate in 2018. Nearly a quarter of students ages 11-17 felt sad or hopeless for two or more weeks in a row over the past year and stopped their usual activities. Within the same age bracket, 10.5% of students did something to purposefully hurt themselves in the past year. The percentage of students ages 11-17 who did not go to school during the previous 30 days because they felt they would be unsafe at school, or on their way to school was two times greater within Broward County than the Florida benchmark.

	Broward County	Florida
Children in K-12 with emotional/behavioral disability	0.4%	0.5%
Students, ages 11-17 who in the past year, did something to purposefully hurt themselves without wanting to die	10.5%	11.1%
Students, ages 11-17 who in the past year, felt sad or hopeless for two or more weeks in a row and stopped usual activities	24.1%	25.0%
Students, ages 11-17 who did not go to school because they felt they would be unsafe* in the past 30 days	20.5%	10.0%

Figure 67 - Mental Health Status and Complications for Children, Source: FL Health Charts, 2018, * unsafe reflects "feeling unsafe at school or on their way to school," the shading indicates the county measure was greater than or worse than the state benchmark value

Mental Health Hospitalizations

According to FL Health CHARTS, there was a greater rate of hospitalizations for mental disorders (1,173.6 per 100,000 population) in Broward County than in the state of Florida (1,006.0 per 100,000 population). The county also had a higher rate of hospitalizations for schizophrenic disorders than the statewide rate in 2019. The hospitalization rate for eating disorders was lower within the community than the Florida rate. Within Broward County, the rates of hospitalization for non-fatal intentional self-harm injuries exceeded the state benchmarks for ages 18-21 and those 75 or older.

	Broward County	Florida
Hospitalizations attributable to mental disorders	1,173.6	1,006.0
Hospitalizations for schizophrenic disorders	388.3	250.3
Hospitalizations for eating disorders	7.8	11.3

Figure 68 - Mental Health Hospitalizations, Source: FL Health Charts, 2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Hospitalizations for Non-Fatal Intentional Self-Harm Injuries

	Broward County	Florida
Hospitalization rate - all ages	28.1	39.4
Hospitalization rate under age 18	9.1	22.2
Hospitalization rate ages 18-21	72.0	70.3
Hospitalization rate ages 22-24	33.2	53.7
Hospitalization rate ages 25-44	34.0	54.0
Hospitalization rate ages 45-64	31.9	44.9
Hospitalization rate ages 65-74	24.1	24.4
Hospitalization rate ages 75 or older	28.1	18.1

Figure 69 - Hospitalizations for Non-Fatal Intentional Self-Harm Injuries, Source: FL Health Charts, 2019, rates per 100,000 population, * indicates rate is suppressed, the shading indicates county measure is worse than the state benchmark value

Suicide Death Rates

According to FL Health CHARTS, there was a lower suicide rate within Broward County than in the state of Florida. The suicide rates for all age groups were also lower than the respective state rates.

	Broward County	Florida
Suicide death rate - all ages	14.1	18.1
Suicide death rate ages 10-14	0.9	2.2
Suicide death rate ages 15-19	3.6	8.5
Suicide death rate ages 20-24	10.9	15.0
Suicide death rate ages 25-34	11.5	16.3
Suicide death rate ages 35-44	11.3	16.2
Suicide death rate ages 45-54	20.3	22.1
Suicide death rate ages 55-64	23.2	25.3
Suicide death rate ages 65-74	13.4	18.5
Suicide death rate ages 75 or older	18.4	23.9

Figure 70 - Suicide Death Rates by Age Group, Source: FL Health Charts, 2019, rates per 100,000 population, the shading indicates county measure is worse than the state benchmark value

Hospitalizations Related to Drug and Alcohol Use

FL Health CHARTS reported that the hospitalization rate for drug and alcohol-induced mental disorders was higher in Broward County (172.7 per 100,000 population) than in Florida (167.0 per 100,000 population). The rates of hospitalization for adults over the age of 45 also exceeded the state benchmark rates.

	Broward County	Florida
Hospitalization rate - all ages	172.7	167.0
Hospitalization rate under age 18	5.4	6.8
Hospitalization rate ages 18-21	76.7	77.8
Hospitalization rate ages 22-24	101.1	123.4
Hospitalization rate ages 25-44	233.6	255.5
Hospitalization rate ages 45-64	297.4	283.6
Hospitalization rate ages 65-74	182.9	133.4
Hospitalization rate ages 75 or older	43.1	40.8

Figure 71 - Hospitalizations Related to Drug and Alcohol-Induced Mental Disorders, Source: FL Health Charts, 2019, rates per 100,000 population, the shading indicates county measure is worse than the state benchmark value

Alcohol Use

According to FL Health CHARTS, middle school students in Broward County were slightly more likely to have used alcohol in the previous 30 days (8.6%) than the Florida benchmark (8.3%). There was a greater percentage of adults who reported heavy or binge drinking (18.8%) within the county when compared to the state as a whole (17.5%). The age-adjusted death rate for alcoholic liver disease in Broward County was lower than the state death rate. The rate of drug and alcohol confirmed motor vehicle crashes was also lower in the community than in Florida.

	Broward County	Florida
Middle school students who used alcohol past 30 days	8.6%	8.3%
Middle school students reporting binge drinking	3.0%	3.2%
HIgh school students who used alcohol past 30 days	24.5%	25.5%
High school students reporting binge drinking	9.1%	10.9%
Adults who engage in heavy or binge drinking	18.8%	17.5%

Figure 72 - Alcohol Use, Source: FL Health Charts, 2016, the shading indicates county measure is worse than the state benchmark value

Alcohol-Related Injuries and Deaths

	Broward County	Florida
Age-adjusted deaths from alcoholic liver disease	4.5	6.3
Drug and alcohol confirmed motor vehicle crashes	0.6	2.0

Figure 73 - Alcohol-Related Injuries and Deaths, Source: Source: FL Health Charts, 2019, rates per 100,000 population, the shading indicates county measure is worse than the state benchmark value

Opioid Prescribing

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Broward County, the 2019 dispensing rate (35.0 per 100 population) was lower than both the state and national benchmarks.

	Broward County	Florida	United States
Opioid dispensing rate, 2019	35.0	45.4	46.7

Figure 74 - Opioid Prescribing Rate per 100 Population, Source: CDC 2019, the shading indicates the county measure was greater than or worse than the state benchmark value

Drug Poisoning

According to FL Health CHARTS, the drug poisoning mortality rate within Broward County (25.8 deaths per 100,000 population) was greater than the rates in Florida and the U.S. in 2019.

	Broward County	Florida	United States
Drug poisoning deaths	25.8	25.1	21.6

Figure 75 - Drug Poisoning Deaths per 100,000 Population, Source: FL Health Charts 2019, the shading indicates the county measure was greater than or worse than the state benchmark value

T. Behavioral Risk Factors and Health Outcomes

County Health Rankings and FL Health CHARTS report on data points from the Behavioral Risk Factor Surveillance System. In 2016, a lower percentage of adults in Broward County smoked than in Florida. A higher percentage of adult smokers tried to quit within the past year (79.1%) than the state average (62.1%). The community had a higher percentage of adult e-cigarette users than the state benchmark during the same time frame.

	Broward County	Florida
Adults who are current smokers	11.5%	15.5%
Adult smokers who tried to quit once or more in past year	79.1%	62.1%
Adults who are current e-cigarette users	5.6%	4.7%

Figure 76 - Tobacco Use and Exposure, Source: Behavioral Risk Factor Surveillance System, 2016, accessed via Florida BRFSS Data Report, the shading indicates the county measure was greater than or worse than the state benchmark value

Unintentional Injuries

According to FL Health CHARTS, the age-adjusted death rate for unintentional injuries was lower in Broward County (49.2 per 100,000 population) than in Florida (55.5 per 100,000 population) in 2019. The county's rate of hospitalization for non-fatal unintentional firearm injuries was lower than Florida's rate. Hospitalizations due to falls were also lower in the community than in the state as a whole.

	Broward County	Florida
Age-adjusted deaths from unintentional injuries	49.2	55.5
Hospitalizations for non-fatal unintentional falls	265.7	353.8
Hospitalizations for non-fatal unintentional firearm injuries	2.5	3.8

Figure 77 - Injury Hospitalizations and Deaths, Source: FL Health Charts, 2019, rates per 100,000 population, the shading indicates the county measure was greater than or worse than the state benchmark value

U. Preventable Hospitalizations and Morbidity

FL Health CHARTS reports on hospitalizations associated with ambulatory care-sensitive conditions. Compared to the state benchmarks, Broward County had a higher asthma hospitalization rate for adults under age 65 than the state rate.

	Broward County	Florida
All conditions	816.1	928.6
Asthma	69.9	61.6
Chronic obstructive pulmonary disease	87.5	119.2
Congestive heart failure	61.4	74.1
Dental conditions	8.5	11.9
Diabetes	125.5	147.1
Hypertension	3.8	4.0
Nutritional deficiencies	53.8	76.9
Bacterial pneumonia	95.6	100.1

Figure 78 - Preventable Hospitalizations Under Age 65 for Ambulatory Care Sensitive Conditions, Source: FL Health Charts 2019, rates are shown per 100,000 population under age 65, the shading indicates the county measure was greater than or worse than the state benchmark value

County Health Rankings reports on data points from the Behavioral Risk Factor Surveillance System. In 2018, the percentage of individuals who reported poor or fair health was higher in Broward County than in Florida and the United States. The average number of poor physical health days reported in the prior 30 days was higher in the community than the national benchmark, but slightly lower than the state benchmark. According to Mapping Medicare Disparities, Broward County had a higher rate of preventable hospitalizations for Medicare enrollees than the state and national averages in 2018.

	Broward County	Florida	United States
Poor or fair health [1]	20.0%	19.5%	17.0%
Poor physical health days [1]	3.9	4.0	3.7
Preventable hospitalization rate [2]	4,806	4,684	4,236

Figure 79 - Morbidity Indicators, Source: 1) BRFSS 2018, County Health Rankings, average days per month, 2) Mapping Medicare Disparities, 2018, per 100,000 Medicare enrollees, the shading indicates the county measure was greater than or worse than the state benchmark value

V. Environmental Health

FL Health CHARTS publishes data on exposures and poisonings, water quality, school environmental safety, and other environmental health measures. The rates of lead and carbon monoxide poisoning were lower within Broward County than in Florida from 2017 to 2019. All county residents received fluoridated water in 2018. School environmental safety incidents, measured per 1,000 K-12 students, were less prevalent in the community than in the state.

	Broward County	Florida
Lead poisoning, 2017-19	5.7	8.8
Carbon monoxide poisoning, 2017-19	1.3	1.4
Population receiving fluoridated water, 2018	100.0%	77.4%
School environmental safety incidents *	24.2	26.6

Figure 80 - Environmental Exposures and Incidents, Source: FL Health Charts, 2017-2019, rates per 100,000 population, * rate per 1,000 K-12 students

According to County Health Rankings, Broward County had a lower level of air pollution than the Florida and U.S. averages in 2016. The county had no drinking water violations in 2019. Approximately one-quarter of residents in Broward County experienced severe housing problems from 2013-2017, exceeding the state and national averages. This indicator measures households with at least one in four of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

	Broward County	Florida	United States
Air pollution - particulate matter	9.1	7.7	7.2
Drinking water violations	No	N/A	N/A
Severe housing problems	24%	20%	18%

Figure 81 - Environmental Risk Factors, Source: County Health Rankings 2021, air pollution displayed as the average daily density of fine particulate matter in micrograms per cubic meter, the shading indicates the county measure was greater than or worse than the state benchmark value

W.   Dignity Community Need Index

Dignity Health and Truven Health jointly developed a Community Need Index ("CNI") in 2004 to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The median CNI score for CCWH's community was 4.4.
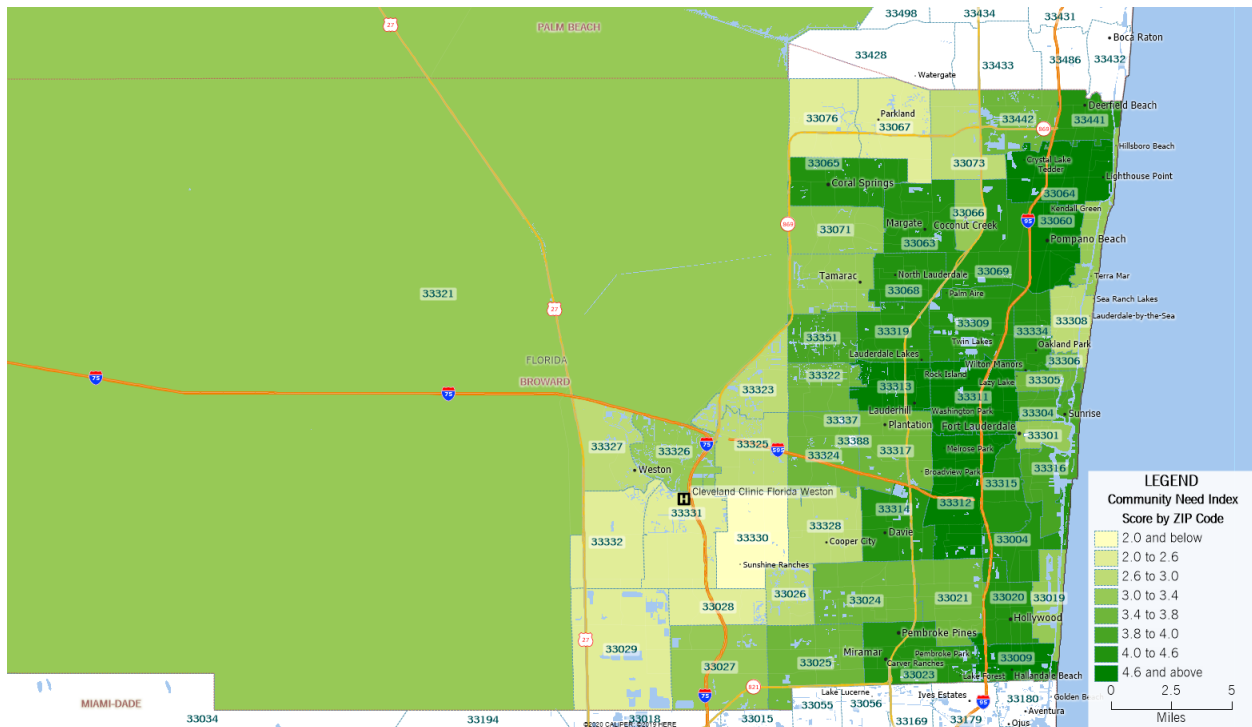
Figure 82 - Map of Dignity Community Need Index Score by ZIP Code, Source: Dignity Health 2021

X. County and State Health Improvement Plans

Department of Health in Broward County 2021-2026 CHIP

The top health priorities within the most recent Community Health Improvement Plan ("CHIP") for Broward County, Florida include:

1. Increase Access to Care;
   a. Health insurance for children ages 0-18
2. Reduce the Incidence of Communicable and Infectious Diseases;
   a. HIV Testing and Treatment
3. Improve maternal, infant, and child health
   a. Perinatal transmission of HIV
   b. Syphilis cases/incidence.
   c. Cervical Cancer
   d. Infant Mortality (Blacks)
4. Enhance Preventive Care Activities
   a. Immunizations for Children (2-year-olds, Kindergarten, 7th Graders)
   b. Unintentional Injury and Drug Use
   c. Obesity, Black Adults

Florida SHIP 2017-2021

Florida's most recent State Health Improvement Plan ("SHIP") includes the nine priority areas below:

- Health equity
- Maternal & child health
- Immunizations & influenza
- Injury, safety, & violence
- Healthy weight, nutrition, and physical activity
- Behavioral health (includes mental illness and substance abuse)
- Sexually transmitted disease (includes other infectious diseases)
- Chronic diseases & conditions (includes tobacco-related illnesses and cancer)
- Alzheimer's disease and related dementias

IV. PRIMARY DATA

A. Community Leader Interviews

The community leader interview data is qualitative and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is designed to gather input from persons who represent the broad interest of the community serviced by CCWH, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to the quantitative data collected.

Interview Methodology

Since the most recent CHNA was completed in 2019, there have not been significant changes in the health needs identified by CCWH during that assessment. However, the world and CCWH's community has experienced the emergence of the COVID-19 pandemic and exacerbated issues of health disparities since the completion of the 2019 CHNA. Specific input related to these topics was sought from select community leaders including public health experts and individuals with knowledge of the needs of medically underserved, low-income, and minority populations.

Five interviews were conducted from April 19 through May 13, 2021. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview. The complete list of interview questions and responses can be found in Appendix D.

Community Leader Interview Summary

When asked to discuss significant, overarching health concerns within the community, interviewees most frequently mentioned behavioral health, including the opioid epidemic. Some community leaders described access to care issues including concerns about equitable access to quality healthcare, affordability of health insurance, access to well-visits, and variation in services covered by health insurance plans. COVID-19 was also mentioned as a significant overarching health concern by multiple community leaders.

Leaders shared specific impacts that have occurred in the community as a result of the COVID-19 pandemic. Multiple interviewees discussed how COVID-19 illuminated how the social determinants of health impact individuals and their overall wellbeing. Issues related to housing, food insecurity, low wages, or transportation barriers often made COVID-19 prevention, testing, and treatment more challenging within the community. Leaders described their apprehension regarding the lack of elective, preventative healthcare sought during COVID-19 due to restrictions and fear. Many felt that this dip in preventative screenings will lead to increased diagnoses of more advanced or more severe conditions in the community moving forward. Those interviewed also expressed concern regarding COVID-19's impact on behavioral health, including elevated stress levels, increased demand for mental health services, and opioid use.

In discussing the populations or sub-populations most impacted by COVID-19, many community leaders described how older adults experienced higher mortality rates in addition to increased social isolation and fear of leaving the home. The impacts of the pandemic on school-aged children and families with young children were also of concern. Issues of missed immunizations, social connection, learning, school-based meals, and pauses in home-visiting programs were discussed.

Low-income individuals, those working in the service industry, and those without flexible jobs or flexible work environments were especially burdened by the overall effects of the pandemic according to community leaders. Multiple interviewees considered how poverty, racism, and the social determinants intersected with the pandemic, and how disenfranchised individuals were the most impacted. One community leader also expressed concern for those who may have "fallen through the cracks" of the social and healthcare systems during the pandemic, including undocumented individuals.

> "Those who were suffering the most prior [to COVID-19] seem to be suffering more during the pandemic."
>
> – Community Leader

Interviewees shared that black and brown folks within the community were disproportionately affected by COVID-19 and experienced a simultaneous racial crisis. They expressed concern regarding the impacts of systemic racism on the health and mental health of BIPOC ("Black, Indigenous, (and) People of Color").

Specific health disparities related to COVID-19 testing, morbidity, deaths, and vaccine distribution were described by interviewees. In addition to those related to the COVID-19 pandemic, leaders also discussed other health disparities within the community. Interviewees discussed ways in which communities of color may face misinformation related to healthcare and seeking health services. One leader described how black and brown communities do not seek services as often as other populations, partially because they feel they are not listened to or heard by white medical providers.

Consistent access to health services and care continuity were thought to be less available to certain sub-populations within the community. One community leader related disparities in access to care and poverty. They described how many individuals must make tradeoffs between meeting basic needs (food, shelter, etc.) and paying for healthcare services.

Within the community, the food environment represents many health disparities including access to healthy foods, the distribution of food deserts, and food insecurity. A leader also mentioned the geographic disparity in life expectancy (by zip code) across Broward County.

During interviews health disparities related to asthma, diabetes, heart disease, and obesity were mentioned. Racial/ethnic disparities for the rate of new HIV infections within Broward as well as access to HIV testing, treatment, and PrEP were also discussed by community leaders.

2019 Community Leader Interview Summary

During the recent 2019 CHNA cycle, interviewees most frequently identified the following community health issues as significant concerns:

1. Access to care

   - A lack of insurance was considered the most significant barrier to accessing affordable health care. Language barriers and the immigration status of many residents exacerbate the problem.
   - A lack of health literacy, problems understanding the healthcare system, and the cost of care and medications were also identified as significant barriers.

2. Poverty and other social determinants of health

   - Poverty has significant implications for health, including the ability for households to access services, afford basic needs, and benefit from prevention initiatives.
   - Housing is an issue, with many unable to find housing that is both affordable and safe. Low income and elderly populations were identified as especially vulnerable. Homelessness is a growing problem.
   - Poverty contributes to food insecurity and the inability to afford healthy food.
   - Health services are expensive, particularly for lower-income, uninsured individuals.

3. Mental health

   - Depression, suicide, hopelessness, and isolation (particularly among elderly residents) are perceived to be increasing in severity.
   - While mental health now is receiving more attention due to high-profile acts of violence in nearby communities, the stigma around mental health remains problematic.

4. Substance abuse and addiction

   - The abuse of opioids was a concern of many interviewees.
   - Perceived over-prescribing of prescription drugs, poverty and economic insecurity, and mental health problems were cited as contributing factors.

5. Healthy Aging

   - Growth in the senior population and the ability to age in place are significant concerns.
   - Elderly residents are at greater risk for falls, food insecurity, transportation problems, and unsafe or inadequate housing.
   - Isolation contributes to poor physical and mental health status.

6. Sexually transmitted infections and communicable disease

    - HIV and AIDS rates are known to be comparatively high.

7. Motor Vehicle Injuries

    - Car accidents and resulting injuries or mortality were identified as increasing.
    - Distracted driving due to cell phones is a primary contributor.

8. Transportation

    - Transportation barriers make it difficult to maintain good health.
    - Few public transportation options are available, with long wait times for many residents.
    - Transportation affects access to health care services, healthy foods, and employment opportunities.
    - Low-income and elderly residents were identified as groups that had the largest unmet transportation needs.

9. Chronic conditions

    - Addressing the prevalence and management of diabetes, hypertension, and cardiovascular diseases.
    - Obesity (and its contributing factors) is considered a primary contributor to these conditions.
    - While access to exercise opportunities was thought to be abundant, many residents are still not exercising.
    - Healthy eating is challenged by a lack of access to healthy foods and by cultural influences that contribute to unhealthy cooking.

10. Community Health Programming

    - Many identified a need for more localized, community-based health clinics and programs. While the region has many hospitals and physician groups, these entities "do not have a great connection with the community." Health systems need to improve their connections with local stakeholders and communities.
    - Collaboration between health organizations and community partners needs to be enhanced. While collaboration recently appears to have improved, interviewees stated that beneficial opportunities remain that would contribute to improved access to (and less duplication of) services.

11. Health Promotion and Prevention

    - Interviewees stated that the community needs more health education and a better understanding of the health care system.

- Many are unsure about where and how they can access certain services. Questions about insurance coverage and more generally how to achieve a healthy life are prevalent.
- A need for preventive health and education around healthy lifestyles is also needed by many.
- Additionally, the need for better referral mechanisms and a continuum of care was discussed by several interviewees.

12. Smoking and Tobacco

- Smoking and tobacco usage remain a concern and are recognized as contributing to many health problems and diseases.
- Many cited vaping and use of e-cigarettes as growing concerns.

V. Community Resources

A. Community Resources Related to CHNA Priorities

Access to Care Resources

- 2-1-1 Broward is a live, 24-hour comprehensive helpline, providing all people with crisis, health, and human services support and connecting them to resources. Dialing 2-1-1 is an easy way for people to get help with housing, food, financial assistance, relief from abuse, family issues, depression, childcare, suicide prevention, and more.
- Florida Department of Health in Broward County provides HIV/AIDS testing and referral for treatment, perinatal disease prevention, hepatitis prevention and referral, STD prevention and referral, breast and cervical cancer screening and referral, dental care, pharmacy services, child and adult immunization, school health services, tobacco prevention, KidCare health coverage outreach, family planning, WIC and nutrition, tuberculosis prevention and care, refugee screening, and community outreach.
- Broward Regional Health Planning Council provides information about health insurance coverage options, and financial assistance to obtain or maintain medical benefits to persons living with HIV/AIDS. In addition to direct services, the council participates in planning, evaluation, and organizational capacity building.

Health Equity & Social Determinants of Health Resources

- United Way of Broward County fights for the health, education, and financial prosperity of every person in the community. Specific programs focus on improving access to healthy foods, serving veterans, solving chronic homelessness, child mentoring, and behavioral health.
- Feeding South Florida serves 25% of Florida's food insecure population within Palm Beach, Broward, Miami-Dade, and Monroe counties. Provides immediate access to nutritious food, leads hunger and poverty advocacy efforts, and facilitates a variety of education and health promotion programs.
- Meals on Wheels South Florida delivers nutritious meals and safety checks to seniors and promotes and advocates for senior services.
- Urban League of Broward County provides services related to education, entrepreneurship, jobs, community justice, housing, and health. The Urban League offers chronic disease self-management, financial education and workshops, youth development programs, career-building, job placement, and many other programs.
- Broward County Housing Authority provides affordable housing opportunities, administers rental subsidy programs, and provides professional counseling services to homeowners and prospective owners.
- Salvation Army provides social services including food, shelter, and clothing. Also offers disaster relief services, childcare centers, AIDS education and residential services, medical facilities, shelters for women and children, family counseling, vocational training and substance abuse rehabilitation.

- <u>Aging and Disability Resource Center of Broward</u> provides information and referral for counseling, assessments, and emergency assistance with utility payments. Assists with application and eligibility for publicly funded services for seniors over age 60, persons with mental illness, and families and caregivers.
- <u>American Red Cross</u> provides emergency response services, case management, and support services to survivors of a disaster.

Chronic Disease Prevention & Management Resources

- <u>Tobacco-Free Partnership of Broward County</u> supports evidence-based tobacco prevention and cessation programs, with an emphasis on youth and other vulnerable populations. The partnership is dedicated to creating policy changes to prevent or reduce the health risks associated with the use of all tobacco products.
- <u>The Living Well Program</u> provided by the Urban League of Broward County includes evidence-based chronic disease self-management education.
- <u>Area Agency on Aging of Broward County</u> provides information and resources; plans, develops, coordinates, and evaluates programs; funds services; and advocates for residents age 60 and older.

Behavioral Health Resources

- <u>Broward Behavioral Health Coalition</u> is the county's local managing entity for state and federally funded behavioral health services. The coalition is responsible for contracting, monitoring, clinical oversight and performance improvement for these behavioral health services.
- <u>United Way of Broward County's Commission on Behavioral Health & Drug Prevention</u> is a substance misuse prevention and mental health promotion coalition that brokers partnerships between federal, state, and local agencies to foster, develop, and enhance integrated behavioral health efforts throughout the county.
- <u>Henderson Behavioral Health</u> provides crisis intervention, inpatient crisis stabilization, forensic services, medication management, adult and youth outpatient care, and co-occurring treatment. Services are available on a sliding fee scale.
- <u>Mental Health America of Southeast Florida</u> provides information and referrals, health promotion education, and advocacy for individuals with behavioral illness.
- <u>NAMI Broward</u> offers support, advocacy, and educational resources for individuals with mental illness and their families.

Maternal and Child Health Resources

- <u>Broward Healthy Start</u> provides care coordination, education, and outreach services to pregnant women and infants up to 3 years of age.
- <u>Early Learning Coalition</u> champions and supports children, families, and teachers. The coalition provides financial assistance for early learning programs, a voluntary pre-kindergarten program, customized childcare listings, and provider technical assistance.
- <u>Children's Services Council of Broward County</u> funds programs that serve children and families, advocates for policies, and provides leadership to the child-serving community. Specific areas of programming include maternal and child health, family strengthening, after-school and out-of-school, youth leadership, employment, support for youth and families with special needs, and supports for those aging out of the foster care system.
- <u>Help Me Grow</u> promotes early identification of developmental, behavioral, or educational concerns and links children and families to community-based services and supports at no cost to parents and caregivers.
- <u>Infant Mortality Workgroup of St. Lucie County</u> is hosted by the Florida Department of Health in St. Lucie County and focuses on the goal of improving birth outcomes and decreasing the number of babies who die before their first birthday.
- <u>Healthy Mothers, Healthy Babies Coalition of Broward</u> provides prenatal care, parenting support, home-visiting, education, and temporary assistance with basic needs to low-income families who meet eligibility requirements.

VI. Impact Evaluation

A. Actions Taken Since Previous CHNA

CCWH's authorized body adopted its most recent Implementation Strategy in 2020. The Implementation Strategy outlined the hospital's plan for addressing the following priorities identified in the 2019 CHNA:

- Access to Affordable Health Care
- Addiction and Mental Health
- Chronic Disease Prevention and Management
- Infant Mortality
- Medical Research and Health Professions Education
- Socioeconomic Concerns

The actions being implemented by CCWH are described within the 2020 Implementation Strategy Report.
To view the report, see: https://my.clevelandclinic.org/florida/about/community

To align with the CHNA schedule of other Cleveland Clinic hospitals in Florida, CCWH conducted this subsequent CHNA in 2021. The initiatives in CCWH's April 2020 Implementation Strategy Report have been in place for fewer than two years, and it is too early to describe and evaluate their impacts. CCWH looks forward to describing the impact of these and other actions that address significant community health needs in its 2024 CHNA report.

B. Comments Received on Previous CHNA

CCWH solicited comments within the 2019 CHNA Report. No written comments were received regarding CCWH's 2020 CHNA or Implementation Strategy.

VII. Appendices

A. APPENDIX - References

Broward Regional Health Planning Council (2021). Broward County Point-In-Time Report for 2019 and 2020. Retrieved from https://www.browardpointintime.org/publications

Centers for Disease Control and Prevention (2021). COVID Data Tracker, COVID-19 Integrated County View. Retrieved from https://covid.cdc.gov/covid-data-tracker/#county-view

Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention (2021). Interactive Atlas of Heart Disease and Stroke. Retrieved from https://www.cdc.gov/dhdsp/maps/atlas/index.htm

Centers for Disease Control and Prevention, Division of Diabetes Translation (2021). U.S. Diabetes Surveillance System. Retrieved from https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

Centers for Disease Control and Prevention, Division of Population Health (2021). Behavioral Risk Factor Surveillance System. Retrieved from https://www.cdc.gov/brfss/brfssprevalence/index.html

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination (2021). Trends in Tuberculosis, 2019. Retrieved from https://www.cdc.gov/tb/publications/factsheets/statistics/tbtrends.htm

Centers for Disease Control and Prevention, National Center for Health Statistics (2021). Multiple Cause of Death 1999-2019 on CDC WONDER Online Database. Retrieved from https://wonder.cdc.gov/mcd.html

Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2021). NCHHSTP AtlasPlus. Retrieved from https://www.cdc.gov/nchhstp/atlas/index.htm

Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Division of Viral Diseases (2021). Science Brief: Evidence Used to Update the List of Underlying Medical Conditions that Increase a Person's Risk of Severe illness for COVID-19. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2021). Opioid Prescribing Rate Maps 2019. Retrieved from https://www.cdc.gov/drugoverdose/rxrate-maps/index.html

Department of Health and Human Services, Health Resources and Services Administration (2021). Find Shortage Areas Tools. Retrieved from https://data.hrsa.gov/tools/shortage-area

Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2021). Healthy People 2030. Retrieved from https://health.gov/healthypeople

Dignity Health (2021). Community Need Index. Retrieved from http://cni.dignityhealth.org/

Esri (2021). Population Demographic Data. Retrieved from Intellimed IntelliClient Software.

Federal Bureau of Investigation (2021). 2019 Crime in the United States. Retrieved from https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019

Feeding America (2021). Map The Meal Gap 2019. Retrieved from https://map.feedingamerica.org/

Florida Department of Education (2021). PK-20 Education Information Portal. Retrieved from https://edstats.fldoe.org/SASPortal/main.do

Florida Department of Health, Community Health Improvement Planning Unit (2021). Community Health Improvement Plan for Broward County. Retrieved from https://floridahealthcovid19.gov/

Florida Department of Health, COVID-19 Response (2021). COVID-19 Data and Surveillance Dashboard. Retrieved from https://floridahealthcovid19.gov/

Florida Department of Health, Division of Public Health Statistics & Performance Management (2021). FL Health CHARTS. Retrieved from http://www.flhealthcharts.com/charts/default.aspx

Florida Department of Health, Health Improvement Planning Team (2017). 2017-2021 State Health Improvement Plan. Retrieved from http://www.floridahealth.gov/about/state-and-community-health-assessment/ship-process/index.html

Florida Department of Law Enforcement (2021). Uniform Crime Report, 2019 Annual Report. Retrieved from https://www.fdle.state.fl.us/FSAC/CJAB-Home/Uniform-Crime-Report/Data-Archives

National Institutes of Health, National Institute of Environmental Health Sciences (2021). COVID-19 Pandemic Vulnerability Index. Retrieved from https://statecancerprofiles.cancer.gov/

National Institutes of Health, National Cancer Institute (2021). State Cancer Profile for Florida (2014-2018). Retrieved from https://statecancerprofiles.cancer.gov/

University of North Carolina at Chapel Hill, Health Sciences Library (2021). Health Literacy Data Map. Retrieved from https://hsl.lib.unc.edu/health-literacy

University of Wisconsin Population Health Institute (2021). County Health Rankings. Retrieved from https://www.countyhealthrankings.org/

U.S. Census Bureau, Explore Census Data (2021). 2015-2019 American Community Survey, 5-Year Estimates. Retrieved from https://data.census.gov/cedsci/

U.S. Department of Agriculture, Economic Research Service (2021). Food Environment Atlas. Retrieved from https://www.ers.usda.gov/data-products/food-environment-atlas/

U.S. Department of Labor, Bureau of Labor Statistics (2021). Unemployment Rates for States, 2019 and 2020 Annual Averages. Retrieved from https://www.bls.gov/lau/#cntyaa

B. APPENDIX - Carnahan Group Qualifications

Carnahan Group, Inc. is an ingenious healthcare services firm that employs revolutionary innovation and impeccable advisory services to tackle strategic, valuation, and compliance challenges. With nearly two decades of experience, Carnahan Group has partnered with large healthcare systems, academic medical centers, and community hospitals to successfully navigate through an array of complex issues.

The Strategic Services Department at Carnahan Group possesses extensive public health, geographic information system ("GIS"), and data visualization expertise and utilizes the latest technologies to deliver a range of exceptional services including community health needs assessments ("CHNA"), implementation strategies, and community benefit consulting. Strategic analysts at Carnahan Group also conduct combined CHNA and physician workforce assessments, and develop analyses to inform primary care plans, Certificate of Need applications, internal business plans, and fairness opinions.

As experts in community benefit reporting, Carnahan Group's consultants take great care in documenting the adherence to the Treasury and IRS requirements in addition to state-specific requirements for the CHNA and Implementation Strategy. Moreover, the community benefit team continuously refines their methodology to stay ahead of the curve and adapt to emerging community health needs like COVID-19.

For more information about Carnahan Group and to schedule a discovery call, please visit http://carnahangroup.com or call 813.289.2588.

C. APPENDIX - Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Organization	Title	Population(s) Represented
Florida Dept. of Health in Broward County	Community Health Director	Public health expert
United Way in Broward County	President/CEO	Represents underserved, low-income, minority, or chronic disease population
2-1-1 Broward	President/CEO	Represents underserved, low-income, minority, or chronic disease population
Urban League of Broward County	President/CEO	Represents underserved, low-income, minority, or chronic disease population
Feeding South Florida	President/CEO	Represents underserved, low-income, minority, or chronic disease population

Figure 83 - Organizations Providing Input via 2021 Supplemental Community Leader Interviews

Organization	Population(s) Represented
Florida Dept. of Health in Broward County	Public health expert
American Heart Association	Represents underserved, low-income, minority, or chronic disease population
BSO Fire Rescue - City of Weston	Clinical provider / local government
Greater Fort Lauderdale Chamber of Commerce	Local government
City of Weston	Local government
YMCA of South Florida	Community-based organization

Figure 84 - Organizations Providing Input During 2019 CHNA

D. APPENDIX - Community Leader Interview Question Guide and Data

Community Leader Interview Question Guide

The following community-focused questions were used as the basis for discussion during interviews. Questions 1-5 were intended to capture information related to emerging needs while the remaining questions were included within the 2019 CHNA interviews.

1. What are the most significant overarching health concerns in your community?
2. Prior to COVID-19 what were the most significant overarching health concerns?
3. What impacts have occurred because of the pandemic?
4. What populations have been most affected by COVID-19?
5. Which health disparities appear most prevalent in your community?
6. What community health problems are having the most significant impacts on the need for hospital healthcare services?
7. What barriers inhibit optimal health in your community?
8. What mental health issues are concerns in the community?
9. What physical/environmental factors exist in the community that prevent optimal health?
10. What could be done to improve the health of your community?
11. If you could create any type(s) of programs to improve the health of community members, what would it/they be?

Significant Overarching Health Concerns
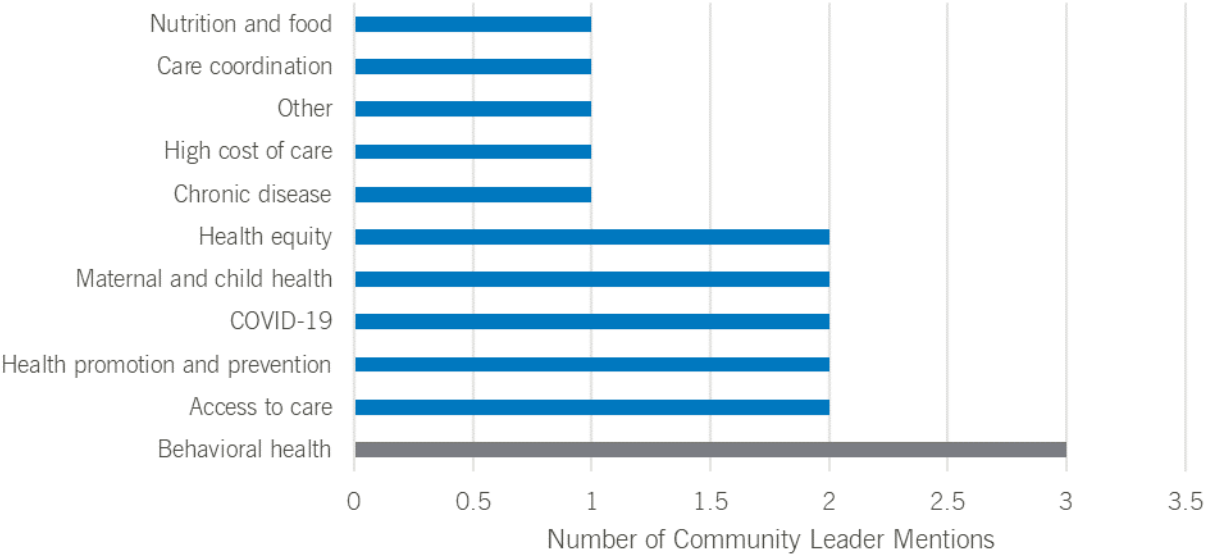
Figure 85 - Overarching Health Concerns Mentioned by Community Leaders

Significant Overarching Health Concerns Prior to COVID-19

Response Categories	Number of Mentions
Same concerns as before COVID-19	3
Access to care	2
Maternal and child health	2
Health literacy	1
Sexually transmitted diseases	1

Figure 86 - Significant Overarching Health Concerns Prior to COVID-19 Mentioned by Community Leaders
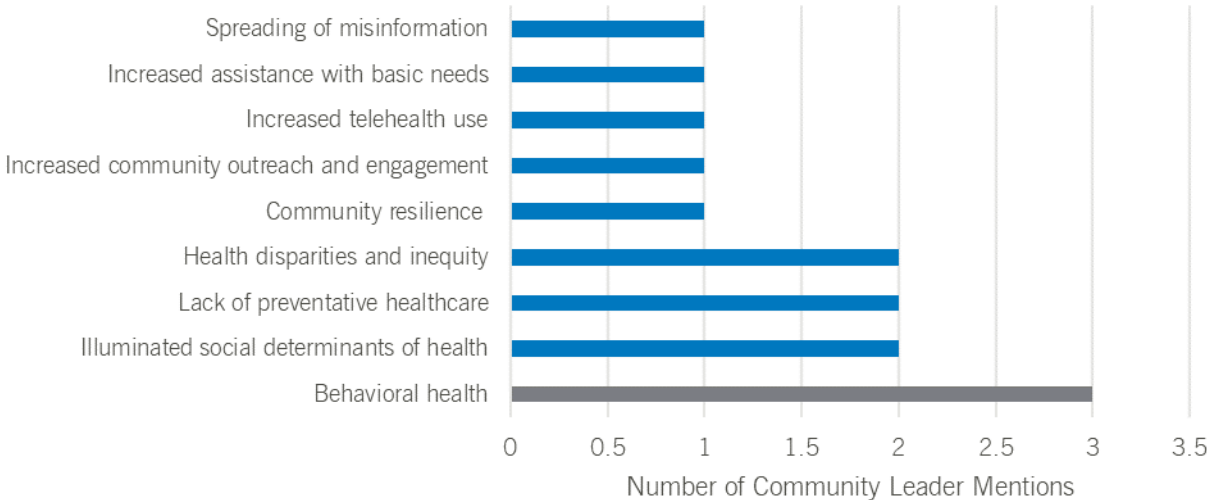
Impacts of the Pandemic

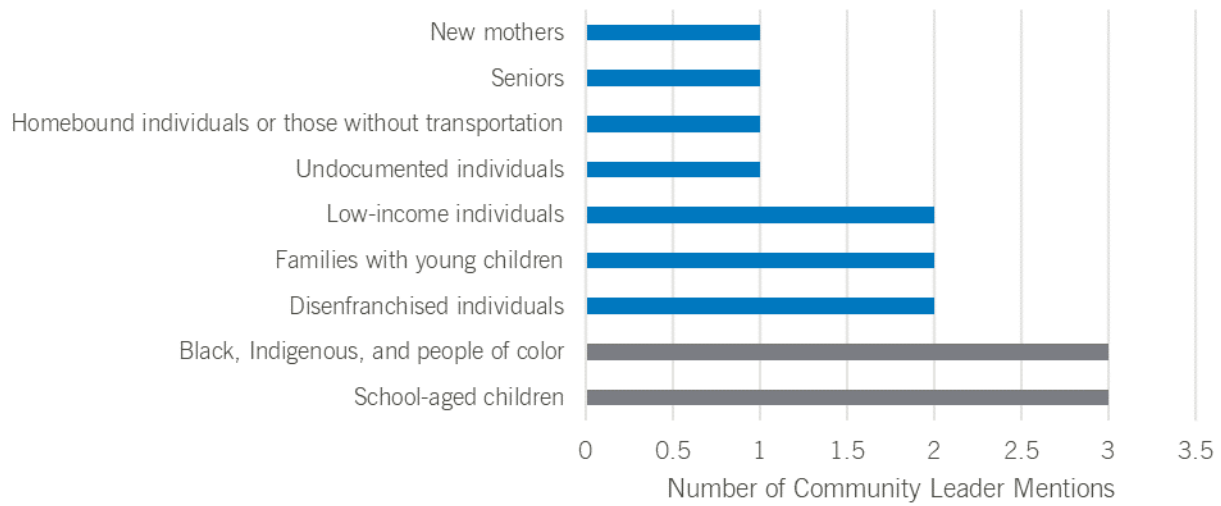Figure 87 – Impacts of the COVID-19 Pandemic Mentioned by Community Leaders

Populations Affected by COVID-19

Figure 88 – Populations Affected by COVID-19 Mentioned by Community Leaders

Health Disparities within the Community
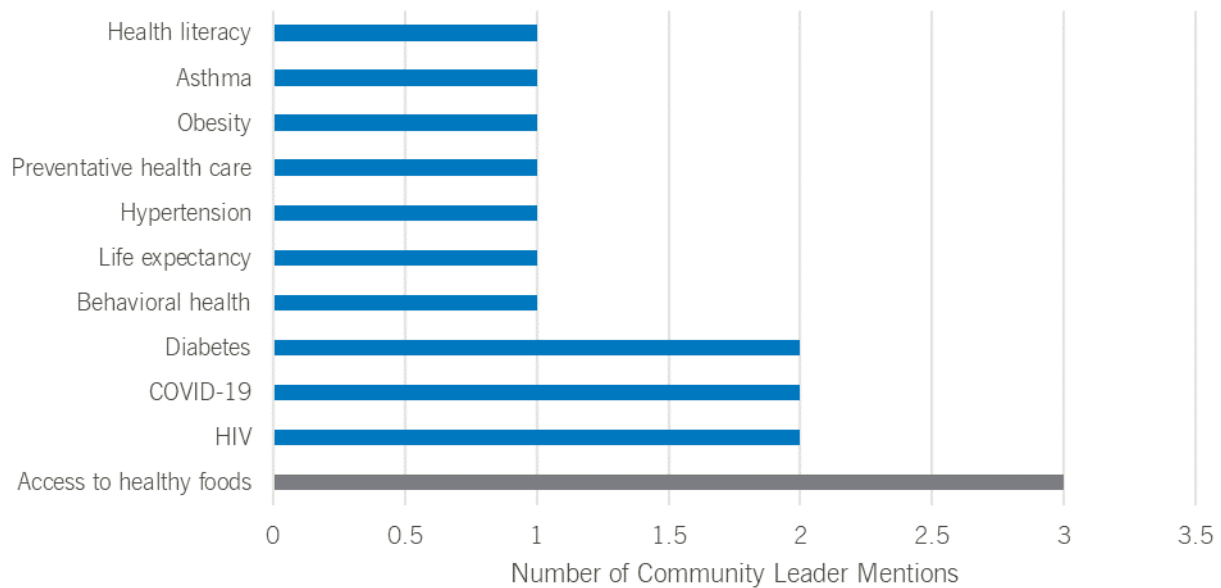
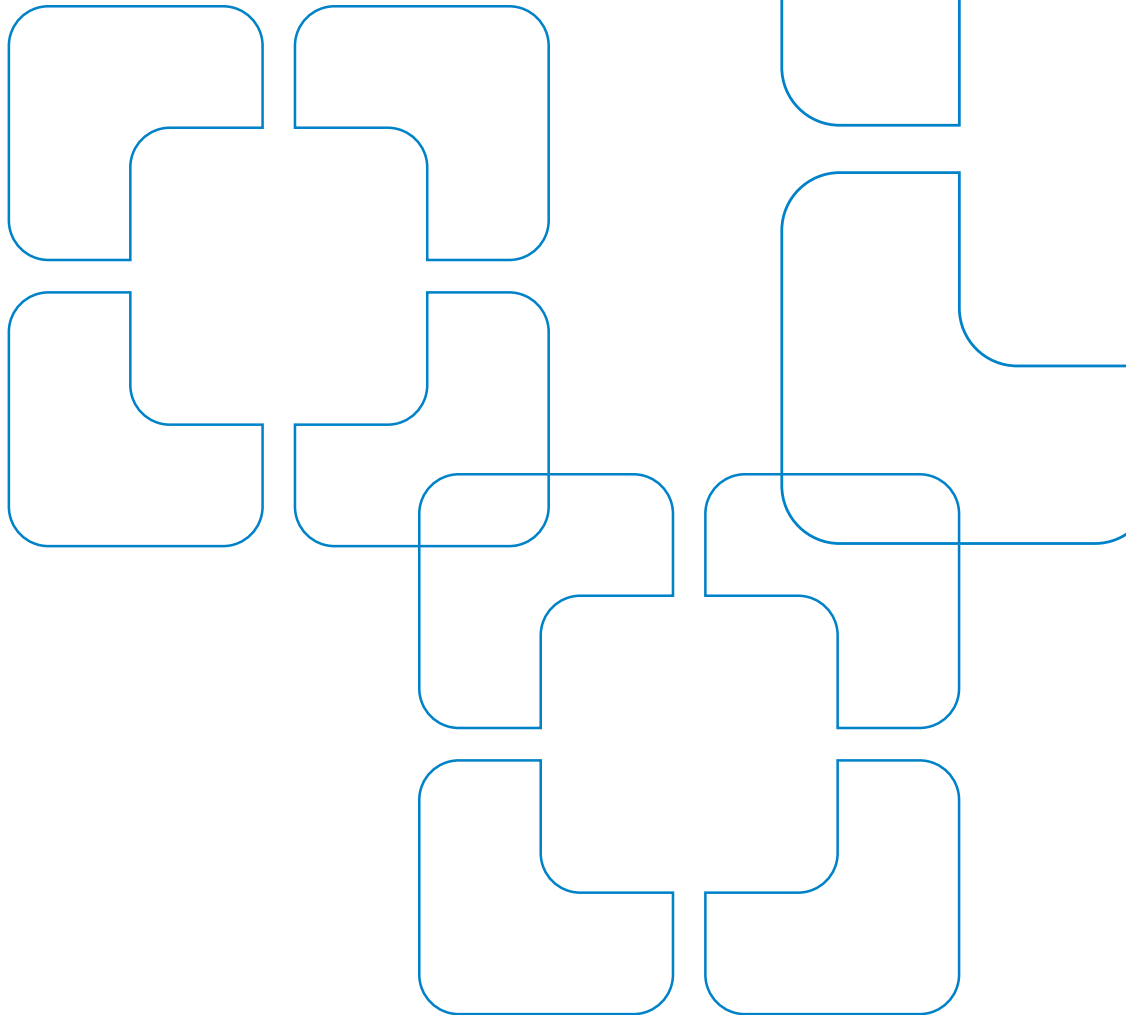Figure 89 – Health Disparities Mentioned by Community Leaders
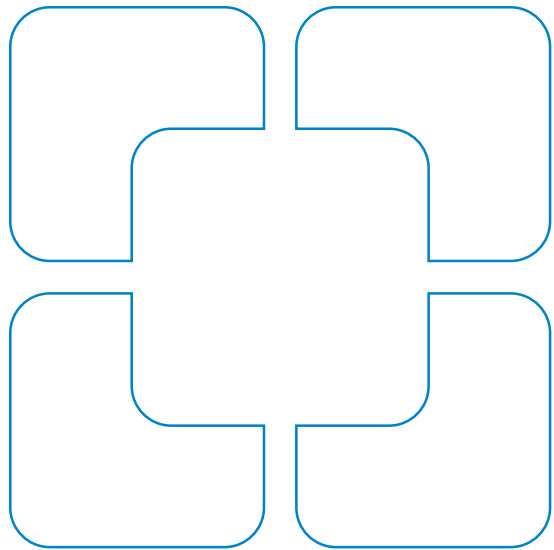
Cleveland Clinic
Weston Hospital

Implementation Strategy Reports
2021

Cleveland Clinic Florida Health System Nonprofit Corporation
Cleveland Clinic Weston Hospital
2950 Cleveland Clinic Blvd
Weston, FL 33331

2021 Community Health Needs Assessment
Implementation Strategy for Years 2022 – 2024
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of
Hospital Organizations   Cleveland Clinic Florida Health System
Operating Hospital Facilities: 65-0844880

Date Approved by
Authorized Governing Body: November 15, 2021

Contact: Cleveland Clinic
                                           chna@ccf.org

TABLE OF CONTENTS

Cleveland Clinic Weston Hospital
2021 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) 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 ("CHNA").

A. Description of Hospital

Cleveland Clinic Weston Hospital, located in Weston, Florida is a not-for-profit, multi-specialty, academic medical center that integrates clinical and hospital care with research and education, with expertise in 55 specialties. The medical campus is fully integrated and includes diagnostic centers, outpatient surgery, and a 24-hour emergency department located in the state-of-the-art hospital.

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center, eleven regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at https://my.clevelandclinic.org/.

B. Hospital Mission

Cleveland Clinic Weston Hospital's mission is:

Caring for life, researching for health, and educating those who serve.

II. COMMUNITY DEFINITION

For the purposes of this report, CCWH's community is defined as Broward County, Florida. The county accounted for the top 60 percent of the hospital's recent inpatient volumes. The community was defined by considering the geographic origins of the hospital's discharges in calendar year 2019. The county's total population in 2020 was approximately 1,899,045 persons.

III.   HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by a team of members of senior leadership at Cleveland Clinic Weston Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. This team incorporated input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) was also considered. Each year, senior leadership at Cleveland Clinic Weston Hospital 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.   SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

CCWH's significant community health needs as determined by analyses of quantitative and qualitative data include:

Community Health Initiatives
- COVID-19
- Health Equity & Social Determinants of Health
- Chronic Disease Prevention & Management
- Behavioral Health
- Maternal & Child Health

Other Identified Needs
- Access to Care
- Medical Research and Health Professions Education

See the 2021 Cleveland Clinic Weston Hospital CHNA for more information:
https://my.clevelandclinic.org/florida/about/community

V. NEEDS HOSPITAL WILL ADDRESS

A. Cleveland Clinic Community Health Initiatives

Each Cleveland Clinic hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs.

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2021 CHNA. These hospital's community health initiatives combine Cleveland Clinic and local non-profit organizations' resources in unified efforts to improve health and health equity for our community members, especially low-income, underserved, and vulnerable populations. Cleveland Clinic is currently undertaking a five-year community health strategy plan which may modify the initiatives in this report.

B. Cleveland Clinic Weston Hospital Implementation Strategy 2022-2024

The Implementation Strategy Report includes the priority community health needs identified during the 2021 Cleveland Clinic Weston Hospital CHNA and hospital-specific strategies to address those needs from 2022 through 2024.

COVID-19

Cleveland Clinic Weston Hospital's 2020 CHNA identified COVID-19, an infectious disease caused by the SARS-CoV-2 virus, as a significant community health need. COVID-19 is spread primarily through close person-to-person contact. Reported illnesses have ranged from very mild, including cases with no reported symptoms, to severe, including illness resulting in death. People of any age with certain underlying medical conditions, pregnant and recently pregnant people, current and former smokers, and those with substance use disorders have an increased risk of severe illness from COVID-19.

Cleveland Clinic Weston Hospital is committed to improving prevention, testing, vaccination, and treatment of COVID-19 through collaborative community partnerships and innovative medical and population health research.

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Collaborate with local public health entities, long term care facilities, and local community-based organizations to establish COVID-19 testing stations, distribute testing kits, and process COVID-19 tests	Improve access to testing and early identification
B	Provide clinical expertise and community health education related to COVID-19 prevention, testing, infection control, vaccination, and treatment through collaboration with local media outlets, long term care facilities, and community-based organizations	Improve knowledge and understanding, prevent outbreaks

Health Equity & Social Determinants of Health

Cleveland Clinic Weston Hospital's 2021 CHNA demonstrated that health needs are multifaceted, involving medical as well as socioeconomic concerns. The assessment identified structural racism, poverty, housing, employment, transportation, health literacy, access to healthy foods, and environmental risk factors as significant concerns. Further, the primary and secondary impacts of COVID-19 have exacerbated many health disparities and barriers that were present before the pandemic. According to the Department of Health and Human Services, the social determinants of health (SDOH) are defined as "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The World Health Organization expands upon that definition, adding that the SDOH "include economic policies and systems, development agendas, social norms, social policies, and political systems."

Cleveland Clinic Weston Hospital is committed to promoting health equity and healthy behaviors in our communities. The hospital addresses socioeconomic concerns through a variety of services and initiatives including cross-sector health and economic improvement collaborations, local hiring for hospital workforce, mentoring of community residents, in-kind donation of time and sponsorships, anchor institution commitment, and caregiver training for inclusion and diversity.

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Provide diversity, equity, and inclusion training for Cleveland Clinic caregivers including training related to allyship, unconscious bias, and structural racism	Improve provider biases, improve the provision of culturally and linguistically appropriate care, improve trust in providers
B Implement a system-wide social determinants screening tool for patients to identify needs such as alcohol abuse, depression, financial strain, food insecurity, intimate partner violence, and stress	Connect patients with substance abuse treatment, mental health treatment, and assistance with basic needs; reduce trauma and harm associated with violence Improve self-efficacy associated with healthy eating, improve nutrition
C Explore a common community referral data platform to coordinate services and ensure optimal communication	Improve active referrals to community-based organizations, non-profits, and other healthcare facilities; track referral outcomes

Chronic Disease Prevention & Management

Cleveland Clinic Weston Hospital's CHNA identified chronic disease and other health conditions as prevalent in the community (ex. heart disease, diabetes, respiratory diseases, HIV/AIDS, hypertension, cancer). Prevention and management initiatives seek to increase healthy behaviors related to nutrition, physical activity, and tobacco cessation.

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Implement health promotion, health education, support groups, and outreach events related to heart disease and stroke, cancer, respiratory disease, women's and infant health, obesity, therefore reducing behavioral risk factors	Decrease smoking, improve physical activity, improve nutrition, decrease stress levels, increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check, increase cancer screening rates, improve screening follow-up rates, and reduce the number of patients who present with late-stage cancers
B	Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care and offering patient education, medication review, and nutrition counseling	Improve quality of life, decrease rates of complication, and improve treatment adherence for chronic disease patients
C	In partnership with the City of Weston, provide community-based CPR training	Improve heart condition mortality rates

Behavioral Health

Cleveland Clinic Weston Hospital's 2021 CHNA identified substance use disorders, anxiety, depression, stigma surrounding behavioral health, suicide, trauma, social isolation, and access to behavioral health services as community health concerns.

CCWH does not offer behavioral health or chemical dependency services. The 2022 - 2024 priority strategy will focus on the hospital's efforts to build lasting partnerships with community-based organizations and providers of behavioral health services.

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Through community partnerships, continue to build a continuum of care and implement health promotion, health education, and outreach events	Increase the number of individuals with behavioral health conditions who participate in treatment, reduce wait times for inpatient and outpatient treatment, reduce stigma, improve early identification of behavioral health conditions
B	Through Cleveland Clinic's Opioid Awareness Center, provide intervention and treatment for substance abuse disorders to Cleveland Clinic caregivers and their family members	Increase the number of individuals with opioid addiction and dependence who seek treatment
C	Provide preventative education and share evidence-based practices through community-based classes, presentations, and public service announcements	Reduce the number of individuals with opioid addiction and dependence
D	Cleveland Clinic will develop suicide and self-harm policies procedures and screening tools for patients in a variety of care settings	Reduce suicide rates

Maternal & Child Health

Cleveland Clinic Weston Hospital's 2021 CHNA identified infant mortality, prenatal care, birth outcomes, maternal mortality, and related health disparities as maternal and child health concerns. The maternal mortality rate in Broward County exceeded the Florida benchmark from 2017-2019. Infant mortality rates at the local, state, and national levels have been particularly high for Black infants.

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Participate in local workgroups and task forces to gather data, align programs, share best practices, and coordinate a systemic approach to improving birth outcomes	Reduce infant mortality inequity, improve the preterm birth rate, increase pregnancy spacing, decrease rates of low-birth-weight pregnancies
B	Provide expanded evidence-based health education to expecting mothers and families	Improve the number of mothers who receive adequate prenatal care, improve breastfeeding rates

V. OTHER IDENTIFIED NEEDS

In addition to the community health needs identified in the CHNA, the hospital's 2021 CHNA also prioritized the needs of Access to Care and Medical Research and Health Professions Education.

Access to Care

Access to affordable health care is challenging for many community residents. Access barriers include cost, health insurance, geographical barriers, scheduling difficulties, health literacy, cultural and linguistic barriers, and an undersupply of providers. Cleveland Clinic continues to evaluate methods to improve patient access to care.

All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Cleveland Clinic Financial Assistance.

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs	Increase the proportion of eligible individuals who are enrolled in various assistance programs, improve access to primary care, reduce patient costs
B	Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits	Overcome geographical and transportation barriers, improve access to specialized care
C	Cleveland Clinic Florida Weston continues to provide bi-lingual signage, interpretive services, and bilingual providers and staff to assist the Spanish-speaking population in the community in accessing care	Improve communication with providers, increase trust in providers

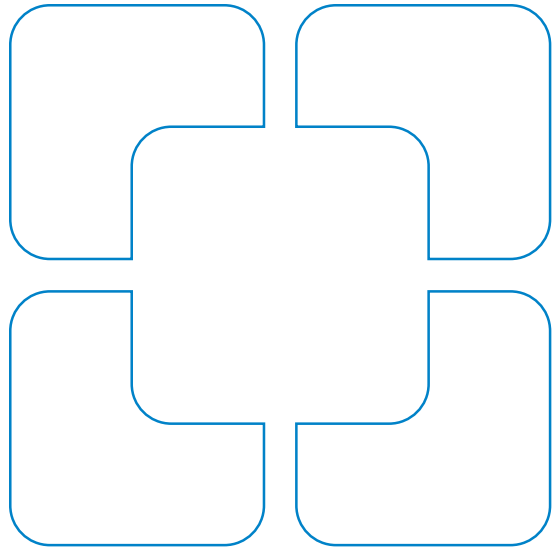# Medical Research and Health Professions Education

Cleveland Clinic cares for our communities by discovering tomorrow's treatments and educating future caregivers. Cures for disease and the provision of quality health care are part of Cleveland Clinic's mission.

Cleveland Clinic's Lerner Research Institute (LRI) is home to a complete spectrum of laboratory, translational, and clinical-based research. In collaboration with the LRI, the Cleveland Clinic Florida Research and Innovation Center (FRIC) conducts innovative translational research focused on immuno-oncology and infectious diseases, including COVID-19. Through research efforts, Cleveland Clinic addresses local and international health challenges and provides an exceptional training environment.

Cleveland Clinic is committed to health professions education, taking pride in a wide range of high-quality medical education programs that include accredited training programs for residents, physicians, nurses, and allied health professionals. By educating medical professionals, we ensure that the public is receiving the highest standard of medical care and will have highly trained health professionals to care for them in the future.

	Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A	Sponsor high-quality medical education training programs for physicians, nurses, and allied health professionals	Reduce provider shortages, increase diversity within the healthcare workforce, improve trust in providers
B	Through population health research, inform clinical interventions, healthcare policy, and community partnerships	Inform health policy at the local, state, and national levels, improve clinical protocols, create cost-savings, improve population health outcomes

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit www.clevelandclinic.org/CHNAReports or contact CHNA@ccf.org .