

## COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL MEETING

GROUP: BROWARD HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT

FACILITATORS: Jasmin D. Shirley, VP, Broward Health, Community Health Services

Mark Sprada, VP, CCNO, Broward Health

PARTNERS: BROWARD REGIONAL HEALTH PLANNING COUNCIL

Michael De Lucca, President/CEO Regine Kanzki, Division Director

Shira Fowlkes, IT / Data

LOCATION: BROWARD HEALTH NORTH CLASS ROOM 7 & 8

**DATE:** JUNE 24, 2015

CALL TO ORDER: 11:25 AM

SCRIBE: ARLENE FRASER, EXECUTIVE ASSISTANT

ADJOURNMENT: 1:10 PM

## **ADVISORY COUNCIL MEMBERS**

Cindy J. Arenberg Seltzer, Children's Services Council; Ana Calderon Randazzo, Children's Diagnostic and Treatment Center; Charles Gilbert, Broward Sheriff's Office; Calvin Glidewell, Broward Health Medical Center; Drew Grossman, Broward Health Coral Springs; Dr. Robert Hecht, Medical Director, Broward County Health Department; Deborah Hill, Retired Public Health; Patrick Jabouin, Broward Sheriff's Office; Shirley Snipes, Aging and Disability Resource Center; Marguerite Luster, Community Advocate; Elizabeth Massey, Florida Department of Children and Families; Colleen McCrory, Broward Health Medical Center; Lt. Daniel McNeil, Sunrise Fire / EMS; Ronaldo Montmann, Brazilian Faith Based; David L. Roach, Retired Public Health;; Shirley Snipes, ADRC of Broward; Maria Soldani, Hispanic Community; Alice Taylor, Broward Health Imperial Point; Paula Thaqi, Broward County Health Department; Lynn Warick, Galt Ocean Community; Harold Wishna, Western Community Leader

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
CALLED TO ORDER WELCOME INTRODUCTIONS	<ul> <li>CALLED TO ORDER, WELCOME &amp; INTRODUCTIONS</li> <li>Meeting called to order by Ms. Jasmin Shirley at 11:25 AM.</li> <li>Ms. Shirley welcomed all in attendance and thanked everyone for participating as the Advisory Council for the development of Broward Health's Community Health Needs Assessment (CHNA)</li> <li>Lunch was provided to all in attendance.</li> <li>Self-introductions were made by all in attendance.</li> <li>Ms. Shirley Introduced Ms. Regine Kanzki, Division Director, Broward Regional Health Planning Council.</li> </ul>	Informational
Meeting Minutes	MEETING MINUTES REVIEW  ➤ The Advisory Council Members reviewed June 10, 2015 Meeting Minutes with motion to approve Michael De Lucca and seconded by David Roach.	INFORMATIONAL
BROWARD REGIONAL HEALTH PLANNING COUNCIL	Regine Kanzki, Division Director  OVERVIEW OF PRESENTATION FROM BROWARD REGIONAL HEALTH PLANNING COUNCIL.  TIMELINE  Timeline  Timeline  Timeline  Timeline  Timeline  Timeline  Timeline  Timeline  April 15 2015  1. Introduction: Planning and Process 2. Broward County Quantitative Data Presentation (Part 1) 3. Stakeholder Discussion Identify Needs & Gaps  April 29, 2015  1. Broward County Quantitative Data Presentation (Part 11) 2. Stakeholder Discussion 3. Identify Needs & Gaps  May 13, 2015  1. BH Quantitative Data Presentation (Part 1) 2. Stakeholder Discussion 3. Identify Needs & Gaps  May 27, 2015  1. BH Quantitative Data Presentation (Part 11) 2. BH Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps  June 10, 2015  1. SAMH and Senior Health Presentation 2. BH Community Services Presentation 3. Stakeholder Discussion 4. Identify Needs & Gaps  June 24, 2015  1. Qualitative Data Presentation 2. Summary of Data/Needs/Gaps 3. Stakeholder Discussion 4. Prioritization Process	INFORMATIONAL

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
BROWARD REGIONAL HEALTH	BROWARD COUNTY PRIMARY MEDICAL CARE HPSAs Regine Kanzki, Division Director	INFORMATIONAL
PLANNING COUNCIL	TODAY'S PRESENTATION OUTLINE	
	Focus Groups with the Community - Qualitative	
	Focus Groups with Providers - Qualitative Key Informants Interview - Qualitative	
	DATA RECAP PRIORITIZING THE NEEDS	
	Focus Groups with the Community - Qualitative	
	METHODOLOGY - COMMUNITY FOCUS GROUPS	
	<ul> <li>FIVE COMMUNITY FOCUS GROUPS WERE CONDUCTED (CDTC, COMMUNITY ACCESS CENTER (CAC), NORTH HOMELESS ASSISTANCE CENTER (HAC), WOMEN IN DISTRESS (WID) AND FIRST BRAZILIAN BAPTIST CHURCH (FBBC)</li> <li>REFRESHMENTS AND GIFT CARDS WERE PROVIDED TO THE PARTICIPANTS</li> <li>EACH GROUP LASTED APPROXIMATELY 90 MINUTES</li> <li>THE CONVERSATIONS WERE AUDIO TAPED AND TRANSCRIBED</li> <li>PARTICIPANTS WERE ASSURED THAT NO NAMES WOULD BE ASSOCIATED WITH THE RESPONSES GIVEN</li> <li>THEMES AND NEGATIVE/POSITIVE ATTRIBUTES WERE USED TO THREAD THE RESPONSES WHEN APPROPRIATE</li> </ul>	
	QUESTIONS - COMMUNITY FOCUS GROUPS	
	<ul> <li>CAN YOU DESCRIBE THE PROCESS YOU GO THROUGH TO GET HEALTHCARE?</li> <li>DO YOU HAVE ANY BARRIERS?</li> <li>HOW WOULD YOU DESCRIBE THE QUALITY OF CARE YOU RECEIVE WHEN YOU ARE SEEN?</li> <li>WHEN YOU ARE SEEN FOR TREATMENT, HOW ARE YOU TREATED? ARE YOU TREATED WITH DIGNITY?</li> <li>HOW HAS HEALTH INSURANCE IMPACTED YOUR HEALTHCARE?</li> <li>HOW DO YOU THINK THE DELIVERY OF HEALTH CARE SERVICES IN BROWARD COUNTY COULD BE IMPROVED?</li> </ul>	
	PROCESS - TO OBTAIN HEALTHCARE	
	REPORTED CHALLENGES / AREAS OF NEED:	
	<ul> <li>DIFFICULTY IN GETTING AN APPOINTMENT OR REFERRAL (WAIT TIME)</li> <li>OBTAINING HEALTH CARE WITHOUT INSURANCE IS TOO COSTLY</li> <li>LACK OF KNOWLEDGE REGARDING COVERAGE (BENEFITS AND DEDUCTIBLES)</li> <li>USE OF EMERGENCY ROOM FOR ROUTINE CARE</li> <li>BRAZILIAN COMMUNITY: SELECTION OF DOCTOR OR CLINIC IS MADE BASED ON RECOMMENDATION FROM FAMILY OR FRIENDS</li> </ul>	

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
BROWARD REGIONAL HEALTH PLANNING	Regine Kanzki, Division Director	INFORMATIONAL
	PROCESS - TO OBTAIN HEALTHCARE	
COUNCIL	REPORTED AREAS OF SATISFACTION:	
	<ul> <li>WALK-IN/RETAIL CLINICS</li> <li>MOBILE CLINICS</li> <li>FREE CLINICS</li> <li>HEALTH FAIRS</li> <li>COMMUNITY AGENCIES/CASE MANAGERS PROVIDE INFORMATION/REFERRALS</li> <li>HOMELESS COMMUNITY: W-72 AND W-80 INSURANCE TO ACCESS OUTPATIENT AND INPATIENT CARE</li> </ul>	
	BARRIERS - TO ACCESSING HEALTHCARE	
	REVIEWED  COVERAGE AFFORDABILITY KNOWLEDGE ACCESS TO CARE COMMUNICATION SEE HANDOUT (POWER POINT PRESENTATION) FOR FURTHER DETAILS  COMMUNITY - QUALITY OF CARE  REPORTED AREAS OF NEED AND CONCERN:  RESPONDENTS FEEL THAT DOCTORS DO NOT SPEND ENOUGH TIME WITH PATIENTS COMMUNICATION BETWEEN PHYSICIANS/PATIENTS/AGENCIES/HOSPITALS NEEDS TO BE IMPROVED LONG WAIT TIMES LACK OF COURTESY FROM FRONT DESK STAFF POOR TREATMENT OF PATIENTS WHO ARE UNDOCUMENTED	
	REPORTED AREAS OF SATISFACTION:	
	<ul> <li>EXCELLENT CARE RECEIVED FROM DOCTORS, NURSES AND SOCIAL WORKERS</li> <li>HIGH QUALITY EQUIPMENT AND FACILITIES (TECHNOLOGY)</li> </ul>	

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
BROWARD	Regine Kanzki, Division Director	INFORMATIONAL
REGIONAL HEALTH	COMMUNITY -DESCRIPTION OF TREATMENT/DIGNITY	
PLANNING COUNCIL	REPORTED AREAS OF NEED OR CONCERN:	
	<ul> <li>MEDICAL STAFF LACKS UNDERSTANDING OF VARIOUS CULTURES</li> <li>SOME RESPONDENTS REPORTED FEELING RUSHED, JUDGED AND BELITTLED</li> <li>LACK OF COURTESY FROM THE FRONT DESK STAFF -DISREGARD FOR PATIENTS' FEELINGS</li> </ul>	
	REPORTED AREAS OF SATISFACTION:	
	<ul> <li>SOME RESPONDENTS REPORTED BEING TREATED WITH DIGNITY.</li> <li>SOME RESPONDENTS REPORTED RECEIVING EXCELLENT CARE.</li> </ul>	
	IMPACT – HEALTH INSURANCE ON HEALTHCARE	
	REPORTED AREAS OF NEED AND CONCERN:	
	<ul> <li>➤ LACK OF HEALTH INSURANCE IMPACTS ACCESS TO CARE</li> <li>➤ CONCERNS ABOUT PHYSICIANS OPTING OUT OF ACA</li> <li>➤ HIGH CO-PAYS REMAIN A CONCERN</li> <li>➤ LACK OF HEALTH INSURANCE LEADS TO:</li> <li>➤ NO OR LIMITED ACCESS TO SOME MEDICATIONS</li> <li>➤ HESITANCY IN SEEKING SERVICES OR DELAYING CARE</li> <li>➤ PAST DUE BILLS THAT END UP IN COLLECTIONS</li> </ul>	
	REPORTED AREAS OF SATISFACTION:	
	<ul> <li>WITH HEALTH INSURANCE, MORE LIKELY TO GO TO MEDICAL VISITS FOR PREVENTIVE CARE</li> <li>WITH HEALTH INSURANCE:</li> <li>BETTER CARE</li> <li>BETTER CUSTOMER SERVICE</li> <li>MEDICATIONS ARE MORE AFFORDABLE</li> <li>MORE PROVIDER OPTIONS</li> </ul>	
	IMPROVE – DELIVERY OF HEALTHCARE	
	REVIEWED	
	<ul> <li>➤ ACCESS</li> <li>➤ COST</li> <li>➤ COMMUNITY EDUCATION</li> <li>➤ CULTURAL COMPETENCY</li> <li>➤ SEE HANDOUT (POWER POINT PRESENTATION) FOR FURTHER DETAILS</li> </ul>	

Торіс	ISSUE & CONCLUSION	ACTION / RECOMMENDATION
BROWARD REGIONAL	Regine Kanzki, Division Director	INFORMATIONAL
HEALTH	Focus Groups with Providers	
PLANNING COUNCIL	METHODOLOGY - PROVIDER FOCUS GROUPS  ➤ THREE PROVIDER FOCUS GROUPS WERE CONDUCTED	
	<ul> <li>REFRESHMENTS WERE PROVIDED TO THE PARTICIPANTS</li> <li>EACH GROUP LASTED APPROXIMATELY 60 MINUTES</li> </ul>	
	Participants were assured that neither individuals nor agencies would be	
	ATTRIBUTED TO THE RESPONSES GIVEN	
	THEMES AND NEGATIVE/POSITIVE ATTRIBUTES WERE USED TO THREAD THE RESPONSES WHEN APPROPRIATE	
	TARGET AREAS NUMBER OF PARTICIPANT	
	CHRONIC ILLNESS 11	
	MATERNAL CHILD HEALTH 17	
	SPECIAL NEEDS 8	
	<ul> <li>Questions - Provider Focus Groups</li> <li>➤ What do you perceive are the key issues for your clients to access Healthcare?</li> <li>➤ Do you experience any barriers as a provider?</li> <li>➤ In your opinion, how would you describe the quality of care your clients receive?</li> <li>➤ How do you perceive that your clients are treated when they are seen for treatment? With dignity?</li> <li>➤ How has health insurance impacted healthcare access for your clients?</li> <li>➤ How do you think the delivery of health care services in Broward County could be improved?</li> </ul>	
	ACCESS - Providers -Key Issues Related to Clients' Access to Healthcare	
	<ul> <li>Lack of access to primary, specialty, vision and dental care (particularly difficult to find specialist who understand patients with special needs)</li> <li>Lack of access to affordable, preventative care</li> <li>Lack of integrated care</li> <li>Complex eligibility process (technology poses a challenge for the elderly)</li> <li>Challenges navigating the system</li> <li>Challenges with health literacy and cultural competency</li> <li>Access and support for substance abuse and mental health services</li> <li>Challenges with transportation, especially for children with special needs</li> <li>Doctors no longer accepting Medicaid</li> </ul>	

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
BROWARD REGIONAL HEALTH PLANNING COUNCIL	Regine Kanzki, Division Director FOCUS GROUPS WITH PROVIDERS  BARRIERS – PROVIDERS ENCOUNTERED  RESOURCES COMMUNICATION COVERAGE  QUALITY – QUALITY OF HEALTHCARE CLIENTS RECEIVED  REPORTED AREAS OF NEED AND CONCERN  MEDICAL STAFF LACK KNOWLEDGE ABOUT SPECIAL NEEDS POPULATION LACK OF CONTINUUM OF CARE/INFORMATION SHARING BETWEEN PRIMARY AND SPECIALIST MISSED OPPORTUNITIES FOR EARLY INTERVENTION LONG WAIT TIME AND SPECIALIST REFERRALS FOR LOW INCOME, UNDOCUMENTED AND UNINSURED RESIDENTS LACK OF ACCESS TO PRENATAL CARE POOR DUE TO MEDICAID ELIGIBILITY CRITERIA	INFORMATIONAL
	<ul> <li>➤ LANGUAGE AND TRANSPORTATION ARE BARRIERS</li> <li>REPORTED AREAS OF SATISFACTION:</li> <li>➤ OUTSTANDING QUALITY OF CARE IN BROWARD COUNTY</li> <li>➤ PROVIDER PERSEVERANCE DESPITE NUMEROUS BARRIERS</li> </ul>	
	REVIEWED  ➤ PROVIDER – PERCEPTION OF TREATMENT / DIGNITY IN TREATMENT – AREAS OF CONCERN AND SATISFACTION.  ➤ IMPACT OF HEALTH INSURANCE ON ACCESS  ➤ PROVIDER – SUGGESTIONS TO IMPROVE DELIVERY OF HEALTHCARE SERVICES IN BROWARD COUNTY	
	METHODOLOGY  ➤ 15 Key Informants were selected  ➤ Response: 11 of the 15 key informants completed the interview  ➤ 73% response rate  ➤ 5-item standardized, open-ended questionnaire was developed  ➤ Themes were used to thread the responses when appropriate.  ➤ Frequencies and percentages of responses were recorded and qualitative summaries were produced.	

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
BROWARD	Regine Kanzki, Division Director	
REGIONAL HEALTH PLANNING COUNCIL	KEY INFORMANTS INTERVIEW - QUALITATIVE	
	QUESTIONS	
	<ul> <li>What do you perceive are the key issues in healthcare?</li> <li>What are the barriers?</li> <li>What is the impact of healthcare on the community / Agency?</li> <li>How do you see the local healthcare system in five years?</li> <li>If you could design the perfect healthcare system, what would it look like? What would be your agency's role?</li> </ul>	
	REVIEWED	
	<ul> <li>➢ ISSUES AND BARRIERS IN HEALTHCARE</li> <li>➢ IMPACT OF HEALTHCARE ON COMMUNITY</li> <li>➢ IMPACT OF HEALTHCARE ON AGENCY</li> <li>➢ LOCAL HEALTH SYSTEMIN 5 YEARS</li> <li>➢ THE IDEAL HEALTH CARE SYSTEM</li> <li>➢ AGENCY'S ROLE</li> <li>➢ CONSISTENT THEMES</li> </ul>	
	Comments / Discussions	
	Slide 45: Deborah Hill stated that the comments from the key leaders of Broward County are inconsistent with those of the political system. Elizabeth Massey spoke about the demand for service and how it is assumed that the provider can service everyone who walks through the door even those with no funds.	
	DATA RECAP	
	<ul> <li>DEMOGRAPHICS</li> <li>BROWARD POPULATION BY AGE 2011 – 2013</li> <li>POPULATION BY RACE AND HISPANIC OR LATINO IN BROWARD COUNTY, 2013</li> <li>POPULATION BY ETHNIC GROUPS BROWARD 2010 – 2013</li> <li>INCOME BELOW POVERTY LEVEL IN THE PAST 12 MONTHS, BROWARD COUNTY 2011-2013</li> </ul>	
	GAP ANALYSES	
	<ul> <li>FOOD STAMPS</li> <li>EARNED INCOME TAX CREDIT GAP ANALYSIS</li> <li>INSURANCE COVERAGE</li> <li>TOTAL UNINSURED RATE IN FLORIDA AND US</li> <li>UNINSURED RATE IN BROWARD COUNTY BY AGE, 2010 – 2013</li> <li>DEATHS / CHRONIC DISEASES</li> <li>DEATH RATES BY RACE / ETHNICITY</li> <li>MAJOR CAUSES OF DEATH BY AGE, BROWARD COUNTY 2013</li> <li>YEARS OF POTENTIAL LIFE LOST, PER 100,000 UNDER 75 BROWARD, 2011 -2013</li> <li>CHRONIC DISEASE HOSPITALIZATION – CASES – BROWARD HEALTH TOTAL, 2011 – 2013</li> <li>TOP 5 PSA POPULATION SIZE BY ZIP CODE</li> <li>CHRONIC DISEASE HOSPITALIZATION – CASES BY PRIMARY SERVICE AREA, BH TOTAL 2011 – 2013</li> </ul>	

Торіс			ISSUE & CONCLUSION		ACTION / RECOMMENDATION
BROWARD REGIONAL HEALTH PLANNING COUNCIL	Reg	ine Kanzki, Division Director			
	DAT	A RECAP			
	GAP	ANALYSES  INFECTIOUS DISEASES  MATERNAL AND CHILD HEALTH  AVOIDABLE ADMISSIONS  BEHAVIORAL HEALTH  MENTAL HEALTH  SENIOR HEALTH			
	PRIC	DRITIZING THE NEEDS			
		DATA SOURCE	PRIORITIZING THE NEEDS	DESCRIPTION	
	1	QUALITATIVE: FOCUS GROUPS KEY INFORMANTS YOUTH RISK BEHAVIOR SURVEY  QUANTITATIVE: FLORIDA CHARTS BRHPC HEALTH DATA WAREHOUSE	PREVENTIVE CARE / CHRONIC CONDITIONS AND MANAGEMENT	■ SCREENINGS ■ OBESITY / OVERWEIGHT ■ CHRONIC CONDITIONS AND MANAGEMENT (PREVENTABLE HOSPITAL ADMISSIONS): CARDIOVASCULAR DISEASE, HIV / AIDS, DIABETES, CANCER, HYPERTENSION, BACTERIAL PNEUMONIA.	
	2	QUALITATIVE FOCUS GROUPS KEY INFORMANTS  QUANTITATIVE US BUREAU OF THE CENSUS	COMMUNITY HEALTH EDUCATION & DIVERSITY	■ HEALTH LITERACY ■ NAVIGATING THE HEALTH INSURANCE SYSTEM ■ CONSIDERATION FOR CULTURAL AND DIVERSITY ISSUES: LANGUAGE AND PATIENTS WITH SPECIAL NEEDS	
	3	QUALITATIVE: FOCUS GROUPS  QUANTITATIVE: FLORIDA CHARTS BRHPC HEALTH DATA	MATERNAL CHILD HEALTH / PRENATAL CARE	■ INFANT MORTALITY ■ LOW BIRTH WEIGHT / PREMATURITY ■ ACCESS TO PRE-AND INTER- CONCEPTION CARE AND PRENATAL CARE FOR MOTHERS WHO ARE UNDOCUMENTED OR UNDERINSURED.	
	4	QUALITATIVE: FOCUS GROUPS KEY INFORMANTS  QUANTITATIVE: FLORIDA CHARTS BRHPC HEALTH DATA WAREHOUSE US BUREAU OF THE CENSUS	ACCESS TO CARE	■ AFFORDABILITY ISSUES ■ COMMUNITY OUTREACH TO EDUCATE ABOUT PRIMARY CARE SITES ■ INSURANCE ENROLLMENT ■ ACCESS TO SPECIALISTS OR PRIMARY CARE PROVIDER (PCP) IN INSURANCE PLAN (ALTHOUGH LISTED, NOT ACCEPTING PATIENT, NOT PARTICIPATING IN INSURANCE PLAN, OR AT CAPACITY)	
		QUALITATIVE: FOCUS GROUPS KEY INFORMANTS QUANTITATIVE: FLORIDA CHARTS BRHPC HEALTH DATA	QUALITY OF CARE	EVALUATE PALLIATIVE CARE PRACTICES.      HEALTHCARE DISPARITIES BASED ON INCOME AND INSURANCE STATUS      COORDINATION OF CARE ACROSS THE CONTINUUM.	

Торіс	Issue & Conclusion	ACTION / RECOMMENDATION
	PRIORITIZING THE NEEDS	
	COMMENTS / DISCUSSIONS	
	Slide 103: Alice Taylor, CEO, BHIP stated that we have huge pockets of people with chronic diseases. Taking care of these insured people that we already have is a balancing act. Now we need to get those people who aren't insured. Jasmin Shirley noted that we need to get these people educated to understand the insurance world so when it is time for them to access care; they will know how to follow an insurance plan.	
	The Advisory Council members discussed Prioritizing the needs (see table above) which list the order of prioritization 1-5 chosen by the council members.	
	The Community Health Needs Assessment will be presented to the North Broward Hospital District Board of Commissioners.	
MEETING ADJOURNED	Meeting Adjourned at 1:10 PM	INFORMATIONAL