Mission, Vision and Values

Mission

To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

Vision

To be the healthiest state in the nation.

Values (ICARE)

Innovation – We search for creative solutions and manage resources wisely.

Collaboration – We use teamwork to achieve common goals and solve problems.

Accountability – We perform with integrity and respect.

Responsiveness – We achieve our mission by serving our customers and engaging our partners.

Excellence – We promote quality outcomes through learning and continuous performance improvement.
# Table of Contents

Mission, Vision and Values .......................................................................................................................... 2  
Data Sources .................................................................................................................................................. 6  
Introduction .................................................................................................................................................. 8  
Overview of MAPP Process .......................................................................................................................... 11  
Methodology ................................................................................................................................................... 12  
  Summary of Results ........................................................................................................................................ 13  
    Phase 1: Organizing and Engaging Partners ............................................................................................... 13  
    Phase 2: Visioning ........................................................................................................................................ 13  
Phase 3: Four Assessments ............................................................................................................................. 14  
    The Community Health Status Assessment ............................................................................................... 14  
    The Forces of Change Assessment ............................................................................................................. 14  
    The Local Public Health System Assessment ............................................................................................ 14  
    The Community Themes and Strengths Assessment .................................................................................. 15  
Executive Summary ....................................................................................................................................... 16  
Demographics and Socioeconomics .............................................................................................................. 19  
  Population Overview .................................................................................................................................... 19  
  Race .............................................................................................................................................................. 20  
  Population by Age and Gender .................................................................................................................... 20  
  Gender .......................................................................................................................................................... 21  
  Peer County Comparison ............................................................................................................................ 23  
Chronic Disease ............................................................................................................................................. 24  
  Colorectal Cancer Screening ....................................................................................................................... 26  
  Breast Cancer ............................................................................................................................................... 28  
  Cervical Cancer Screening ........................................................................................................................... 31  
Leading Cause of Death in Broward ............................................................................................................. 34  
  Cancer .......................................................................................................................................................... 35  
  Stroke .......................................................................................................................................................... 37  
  Heart Disease ............................................................................................................................................... 39  
  Chronic Lower Respiratory Disease .......................................................................................................... 40
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury</td>
<td>42</td>
</tr>
<tr>
<td>Diabetes</td>
<td>43</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>45</td>
</tr>
<tr>
<td>Suicide</td>
<td>46</td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syndrome &amp; Nephrosis</td>
<td>48</td>
</tr>
<tr>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>50</td>
</tr>
<tr>
<td>Hypertension</td>
<td>52</td>
</tr>
<tr>
<td>Socioeconomic Indicators</td>
<td>53</td>
</tr>
<tr>
<td>Household Income</td>
<td>53</td>
</tr>
<tr>
<td>Employment</td>
<td>55</td>
</tr>
<tr>
<td>Poverty</td>
<td>56</td>
</tr>
<tr>
<td>Education</td>
<td>58</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>64</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>66</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>68</td>
</tr>
<tr>
<td>Teen Birth Rates</td>
<td>70</td>
</tr>
<tr>
<td>Teen Birth Rate (15-17)</td>
<td>73</td>
</tr>
<tr>
<td>Repeat Births</td>
<td>74</td>
</tr>
<tr>
<td>Repeat Births (15-19)</td>
<td>75</td>
</tr>
<tr>
<td>Births with Inter-Pregnancy Interval &lt; 18 Months</td>
<td>77</td>
</tr>
<tr>
<td>Entry into Prenatal Care</td>
<td>79</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>82</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>84</td>
</tr>
<tr>
<td>Health Factors</td>
<td>84</td>
</tr>
<tr>
<td>Health Outcomes</td>
<td>85</td>
</tr>
<tr>
<td>Community Health Status Assessment</td>
<td>86</td>
</tr>
<tr>
<td>The Community Themes and Strengths Assessment</td>
<td>86</td>
</tr>
<tr>
<td>Years of Potential Life Lost (YPLL)</td>
<td>87</td>
</tr>
<tr>
<td>Behavioral Risk Factors</td>
<td>90</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>90</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>92</td>
</tr>
<tr>
<td>Infectious Syphilis</td>
<td>94</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>97</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Immunizations</td>
<td>98</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>100</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>101</td>
</tr>
<tr>
<td>Mental Health</td>
<td>101</td>
</tr>
<tr>
<td>Alcohol and Tobacco Use</td>
<td>102</td>
</tr>
<tr>
<td>Alcohol and Tobacco Use among Adults</td>
<td>109</td>
</tr>
<tr>
<td>Illegal Drug Use</td>
<td>113</td>
</tr>
<tr>
<td>Violence and Injury</td>
<td>116</td>
</tr>
<tr>
<td>Overweight and Obesity</td>
<td>126</td>
</tr>
<tr>
<td>Healthcare Resources, Access, and Utilization</td>
<td>129</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>129</td>
</tr>
<tr>
<td>Emergency Department Utilization</td>
<td>132</td>
</tr>
<tr>
<td>Environment</td>
<td>134</td>
</tr>
<tr>
<td>Built Environment</td>
<td>136</td>
</tr>
<tr>
<td>Shortage Areas</td>
<td>139</td>
</tr>
<tr>
<td>Broward County Primary Care Shortage Areas</td>
<td>139</td>
</tr>
<tr>
<td>Broward County Dental Health Shortage Area</td>
<td>140</td>
</tr>
<tr>
<td>Broward County Mental Health Shortage Areas</td>
<td>141</td>
</tr>
<tr>
<td>Medically Underserved Areas/Populations</td>
<td>142</td>
</tr>
<tr>
<td>Broward County Medically Underserved Populations</td>
<td>142</td>
</tr>
<tr>
<td>Medicaid</td>
<td>143</td>
</tr>
<tr>
<td>Avoidable Hospitalizations, Discharges and Emergency Department (ED) Visits</td>
<td>146</td>
</tr>
<tr>
<td>Avoidable Emergency Department Visits</td>
<td>147</td>
</tr>
<tr>
<td>Payer Source</td>
<td>148</td>
</tr>
<tr>
<td>Forces of Change</td>
<td>149</td>
</tr>
<tr>
<td>Issue Descriptions</td>
<td>149</td>
</tr>
<tr>
<td>Community Resources and Assets</td>
<td>161</td>
</tr>
<tr>
<td>Healthcare Facilities, Physician, Dentist and Other Healthcare Professional Availability</td>
<td>178</td>
</tr>
<tr>
<td>Appendices</td>
<td>182</td>
</tr>
</tbody>
</table>
Data Sources

2020 Physician Workforce Annual Report (November 2020)

The 2020 Physician Workforce Annual Report is based on responses to the Florida Physician Workforce Survey. The survey is part of the licensure renewal process for physicians and is administered by the Florida Department of Health’s Division of Medical Quality Assurance. Physicians must renew their license every other year. Newly licensed physicians are not included in the analysis because the survey is only administered upon licensure renewal.

Behavioral Risk Factor Surveillance System (BRFSS)

Note: Caution should be taken when comparing 2013 data with previous years due to changes in survey methodology.

Target population of BRFSS are people 18 years and older, who reside in a Florida household. In Florida, BRFSS started in 1986. Since then, it has been conducted annually. This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States.

Because BRFSS respondents are randomly selected, measures of prevalence and mean are subject to random sample errors. Each measure listed in the data tables includes the 95% confidence interval (CI). If the confidence intervals overlap, there is no statistically significant difference in the prevalence rates. However, if the confidence intervals do not overlap, there is a statistically significant difference. The significance of measures with very wide confidence intervals should be interpreted with caution. Measures of prevalence and mean are excluded from the tables for any subpopulation with a sample size less than 30, which would yield statistically unreliable estimates.

Broward Regional Health Planning Council, Broward Health Community Health Needs Assessment (2019), is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Broward County, Florida. Subsequently, this information may be used to inform decisions and guide efforts to improve quality of life and community health and wellness. County level qualitative data from the community focus groups, key informant interviews and needs assessment survey were used.

County Health Rankings
http://www.countyhealthrankings.org/app/florida/2016/overview

The County Health Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using
scientifically informed weights. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

**FLHealth CHARTS**  
[http://www.flhealthcharts.com](http://www.flhealthcharts.com)

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (FLHealth CHARTS), a database of Florida public health statistics and community health data. Data from this tool is used to gather demographic information, provide information for community health assessments and initial research, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

**Florida Department of Highway Safety and Motor Vehicles (FLHSMV)**  
[http://www.flhsmv.gov/resources](http://www.flhsmv.gov/resources)

FLHSMV collects data and conducts research in order to provide lawmakers, partners and stakeholders, the media, and citizens with important facts and valuable information related to public safety and motor services. The Department compiles and analyzes traffic and safety data and emerging trends and disseminates this research to support public safety education efforts and policy decisions.

**Florida Department of Law Enforcement (FDLE)**  
[http://fdle.state.fl.us/FSAC/FSAC-home.aspx](http://fdle.state.fl.us/FSAC/FSAC-home.aspx)

The Florida Statistical Analysis Center, housed and administered by FDLE, analyzes criminal justice data, and prepares statistical reports for policy makers, planners, and program developers. These reports cover a wide range of criminal justice issues and are available to the general public.

**Florida Youth Tobacco Survey (FYTS)**  
[http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm](http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm)

The Florida Youth Tobacco Survey (FYTS) tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth for the Florida Department of Health’s Bureau of Tobacco Prevention and Control. The first FYTS was administered in 1998. Since then, the FYTS has been conducted annually by the Florida Department of Health. County-level data have been collected in even years since 2000, except for 2004.
Introduction

The Mission of the Florida Department of Health in Broward County (DOH-Broward) is “to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts”. In accordance with this mission, DOH-Broward engaged the Broward County community in the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a strategic approach to community health improvement and assists communities to improve health and quality of life through community-wide strategic planning. MAPP includes four separate assessments: Community Health Status, Community Themes and Strengths, Local Public Health System, and the Forces of Change.

Broward County has a long history of collaboratively planning across multiple state, county, and local entities from the public and private sectors to ensure the highest quality of care that also reduce redundancies and duplication within the system of care.

Geography

Broward County is in the southeastern portion of the state of Florida with Miami-Dade County to the south and Palm Beach County to the north. Per the U.S. Census Bureau, Broward County has a total area of 1,323 square miles, of which 1,210 square miles are land and 113 square miles (8.5%) are water. Broward County has approximately 471 square miles of developable land, the majority being built upon. The developed area is bordered by the Atlantic Ocean to the east and the Everglades National Park to the west. Within developable land, Broward County has a population density of 3,740 per square mile.

Key Partners

DOH-Broward participated in this existing community-based planning structure to assist in the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The following agencies participated in this process:
Agency for Health Care Administration
Aging and Disability Resource Center of Broward County
Alliance for a Healthier Generation
American Heart Association
American Lung Association
AT&T
Audacious Inquiry
BAND
Baptist Health Systems
BCHPPC Perinatal HIV Workgroup
Berger Singerman
Brazilian Faith Based
Brickell Bay Realty Group
Broward Behavioral Health Coalition
Broward College
Broward County Comprehensive School Health Advisory Committee
Broward County Government
Broward County Medical Association
Broward County Municipalities
Broward County Public Elementary Schools
Broward County Public Schools
Broward County Sheriff's Office
Broward Health
Broward Health Coral Springs
Broward Health Imperial Point
Broward Health Medical Center
Broward Healthy Start Coalition
Broward Regional Health Planning Council, Inc.
Broward Sheriff's Office
Broward Teachers Union
Broward Wellness Center
Career Source
CCB Million Meals Committee
Children's Diagnostic and Treatment Center
Children's Services Council of Broward County
City of Dania Beach
City of Lauderdale Lakes
Commit 2B Fit
Community Action Center
Community Advocates
Community Ambassadors
Community Health Action Information Network
Cooperative Feeding Program
Coordinating Council of Broward
Cordova Rodriguez & Assoc., Inc.,
EMS Council
ESciences Inc.
Family Central
Florida Atlantic University
Florida Department of Children and Families
Florida Department of Transportation
Florida International University
Florida Introduces Physical Activity and Nutrition to Youth
Galt Ocean Community
Gilda's Club South Florida
Greater Fort Lauderdale Realtors
Harvard Jolly, Inc.
Health Choice Network
Healthy Mothers, Healthy Babies
Healthy Start Coalition
Henderson Behavioral Health
Hispanic Unity of Florida
HIV Surveillance
Holy Cross Hospital
Hospital Emergency Department's KidCare
Latino Salud
Lauderhill Mall
Legal Aid Service of Broward County
Leukemia and Lymphoma Society
Light of the World Clinic
Local businesses
Malka & Kravitz, P.A.
Maternal Child Health Systems Committee (MCHSC)
Medical Staffing Network
Memorial Healthcare System
Miamiscope Tribe of Florida
Miller Legg
Minority Development and Empowerment, Inc.
Miramar Fire-Rescue
Nova Southeastern University
Nurses
Nutrition and Fitness Task Force of Broward County
Phyl's Academy
Physicians
Planned Parenthood
PRIDE
Primary Care Providers
Project Caine
Publicly funded HIV testing sites
Regent Bank
Retired Public Health Subject Matter Experts
Revive Lives
Sanofi Pasteur
Save-A-Lot food stores
<table>
<thead>
<tr>
<th>School Board of Broward County</th>
<th>Urban Health Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminole Tribe of Florida</td>
<td>Urban League of Broward County</td>
</tr>
<tr>
<td>Smart Growth Partnership of Southeast Florida</td>
<td>US Social Security Administration</td>
</tr>
<tr>
<td>South Florida Regional Planning Council</td>
<td>US Veterans Administration</td>
</tr>
<tr>
<td>Special Olympics</td>
<td>Volunteer Broward</td>
</tr>
<tr>
<td>Sunrise Fire / EMS</td>
<td>Western Community Leader</td>
</tr>
<tr>
<td>Sustainable Performance Solutions</td>
<td>Whole Foods Market</td>
</tr>
<tr>
<td>Transforming Our Community’s Heath (TOUCH)</td>
<td>Women Infants and Children (WIC)</td>
</tr>
<tr>
<td>Treatment providers</td>
<td>WorkForce One</td>
</tr>
<tr>
<td>United Way of Broward County</td>
<td>YMCA of Broward</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Overview of MAPP Process

The Mission of DOH-Broward is “to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts”. MAPP is a community-driven strategic planning tool developed by the National Association of County & City Health Officials (NACCHO) for improving community health. This tool provides guidance for communities in each of the six MAPP phases: Organize for Success; Visioning; The Assessments; Strategic Issues; Goals/Strategies; and Action Cycle. MAPP is a strategic approach to community health improvement and assists communities to improve health and quality of life through community-wide strategic planning. MAPP includes four separate assessments: Community Health Status, Community Themes and Strengths, Local Public Health System, and the Forces of Change.

Broward County has a long history of collaboratively planning across multiple state, county, and local entities from the public and private sectors to ensure the highest quality of care that also reduce redundancies and duplication within the system of care. DOH-Broward utilized this existing community-based planning structure to assist in the development of the Community Health Assessment (CHA).

The Community Health Assessment was posted on the DOH-Broward website for community review and feedback for fourteen days. The Broward Regional Health Planning Council voted to approve the plan on March 22, 2021.
Methodology

The MAPP process consists of 6 phases outlined below:

- **Phase 1: Organizing and Engaging Partners**
  - The first phase of CHA/CHIP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership.

- **Phase 2: Visioning**
  - The second phase guides the community through a collaborative, process that leads to a shared community vision and values.

- **Phase 3: The Four MAPP Assessments**
  1. *Community Health Status Assessment*: Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data.
  2. *Forces of Change Assessment*: The impact of forces, such as legislation and technology, that affect the context of the community are evaluated.
  3. *Local Public Health System Assessment*: Comprehensively examines organizations from across multiple sectors and their contribution to the public’s health.
  4. *Community Themes and Strengths Assessment*: Examines health issues Broward County residents feel are important and the assets the community possesses to address those issues.

- **Phase 4: Identifying and Prioritizing Strategic Issues**
  - During this phase of the CHA/CHIP a list of the most important issues facing the community are identified. This is the convergence of the four MAPP assessments.

- **Phase 5: Developing Goals, Strategies, and an Action Plan**
  - After identifying a list of strategic issues, goals are then developed related to those issues. Then, broad strategies are identified, and the result is the development and adoption of strategy statements.

- **Phase 6: Taking and Sustaining Action**
  - The Action Cycle links three activities – Planning, Implementation and Evaluation. It is the final phase of the CHA/CHIP.
Summary of Results
Phase 1: Organizing and Engaging Partners

The first phase of the MAPP process involves organizing the planning process and developing the partnerships. The Broward County Health Care Access Committee (HCAC) has functioned as the MAPP steering committee since 2013. The HCAC was established in 1996 as a committee of the Coordinating Council of Broward. The purpose of the committee is to improve access to healthcare for the residents of Broward County, through the establishment of outcomes and indicators, which have been and will continue to be implemented and measured throughout the next several years (www.brhpc.org/benchmarks). The members of the committee represent various facilities, agencies and/or departments within the county, and the leadership of the Coordinating Council. The HCAC meets monthly.

The Coordinating Council of Broward (CCB) role in the MAPP process is to engage decision makers, community partners and the community. In 1995, the CCB was created to unite government, business and nonprofit leaders in advocacy and coordination of health and human services in Broward County. The CCB is composed of the top executives of state and county entities from the public, private and business sectors, who are responsible for funding and implementing a broad array of health, public safety, education, economic and human services in Broward County. The Council’s goal is to better coordinate services and identify barriers that the ALICE (Asset Limited Income Constrained Employed) population experience. ALICE represents 50% of Broward County residents.

Phase 2: Visioning

Visioning guides the community through a collaborative, creative process that leads to a shared community vision and common values. As the MAPP steering committee, the Broward County HCAC first engaged in the visioning process in 2011. Since 2011, Broward County MAPP partners have increased our understanding of the role that Social Determinants of Health (SDOH), health inequity and institutional racism play in creating and perpetuating health disparities, poorer health outcomes and higher health risks within specific populations. This has allowed Broward County to develop a more comprehensive community health assessment and improvement process that incorporates a broader array of partners and creates a more inclusive health equity approach. On October 11, 2018, DOH Broward held a meeting during which the vision was updated to incorporate a commitment to health, opportunity, and equity through collaboration and inclusion, especially with historically marginalized populations and those facing the greatest barriers to good health.

Through the visioning process, Broward County codified the following five principles, in alignment with the Robert Wood Johnson Culture of Health criteria, as the core values of the community health assessment and improvement process:

- Committing to sustainable systems changes and policy-oriented long-term solutions.
- Creating conditions that give everyone a fair and just opportunity to reach their best possible health.
- Harnessing the collective power of leaders, partners, and community members.
- Securing and making the most of available resources.
- Measuring and sharing progress and results.
Phase 3: Four Assessments

The Community Health Status Assessment was prepared in 2019. The health status assessment outlines community health status through six broad health categories: Maternal and Child Health, Behavioral Health and Substance Use, Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey, School Health, Environmental Health, Leading Causes of Morbidity and Mortality and Communicable Disease. The report presents 10 years of data when available and trends indicating better, worse or the same as the previous year. Data sources include Florida Charts, Behavioral Risk Factor Surveillance Survey, Florida Department of Health, United Way Commission on Behavioral Health and Substance Abuse, Broward County Environmental Protection and Growth Management Department, Youth Risk Behavior Survey and Broward County Public Schools.

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" In Broward County, the survey was completed by two community focus groups, two provider focus groups, community meetings and presentations and key informant interviews.

The Local Public Health System Assessment (LPHSA) was conducted in the fall of 2019 using The National Public Health Performance Standards Program (NPHPSP). These assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs while answering these questions helps to identify strengths and opportunities for improvement. Forty-eight organizations completed the online performance rating survey. The Healthcare Access Committee members completed the priority rating questionnaire and Florida Department of Health leadership completed the agency contribution section. The three components were compiled to develop the 10 Essential Public Health Services summary.
The Community Themes and Strengths Assessment utilized the 2019 Community Health Needs Assessment developed by Professional Research Consultants, Inc. The Community Health Needs Assessment is a continuation of nine similar studies conducted since 1994 and is a systematic, data driven approach to determining the health status, behaviors and needs of residents in Broward County, Florida. The Assessment serves as a tool toward reaching four basic goals: 1) to improve resident's health status, 2) increase their life span and elevate their overall quality of life; 3) to reduce health disparities; and, 4) to increase access to preventive services. A random sample of 400 Broward County residents participated in the 2019 assessment of quality of life including a health assessment.

The study area for the survey effort is defined as each of the residential zip codes comprising Broward County, Florida. To ensure the best representation of the population surveyed a mixed-mode methodology was implemented. These included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used consisted of a stratified random sample of 400 individuals age 18 and older in Broward County, including 200 in North Broward and 200 in South Broward. Once the interviews were completed, these were weighted in proportion to the actual population distribution to appropriately represent Broward County as a whole.
Executive Summary

Broward County has a long history of collaboratively planning across multiple state, county, and local entities from the public and private sectors to ensure the highest quality of care that also reduce redundancies and duplication within the system of care. DOH-Broward utilized this existing community-based planning structure to assist in the development of the Community Health Assessment and as the foundation for the Community Health Improvement Plan.

A Community Health Needs Assessment (CHNA) has been conducted in Broward County for more than 20 years with the intent of assessing quality of life and well-being of the community. In 2019, Broward Regional Health Planning Council continued this qualitative approach to understand how well Broward residents are faring. Professional Research Consultants was contracted to gather input from the community using a Community Health Survey (Community Themes and Strengths Assessment).

A Community Health Needs Assessment Advisory Council that included participation by DOH-Broward was convened with the mission to:

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

The Community Health Assessment Advisory Council began meeting on December 13, 2018. During these meetings, the council reviewed health rankings and quantitative community health data, and qualitative data sets which included key informant interviews, community conversations, a community health survey, and provider and community focus groups. These primary and secondary data sets were analyzed and discussed to identify and prioritize the following community health needs areas: Access to Care; Social Determinants of Health; Preventive Care; Community Education; Quality of Care; and Substance Abuse/ Mental Health focusing on Broward Health strategic planning. The table below outlines the agenda topics for each of the meeting dates.

<table>
<thead>
<tr>
<th>Meeting Dates</th>
<th>Agenda Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 18, 2018</td>
<td>Introduction: Planning and Process</td>
</tr>
<tr>
<td></td>
<td>Broward County Quantitative Data Presentation – Part 1</td>
</tr>
<tr>
<td></td>
<td>Stakeholder Discussion</td>
</tr>
<tr>
<td></td>
<td>Identify Needs and Gaps</td>
</tr>
<tr>
<td>January 10, 2019</td>
<td>Broward County Quantitative Data Presentation – Part 2</td>
</tr>
<tr>
<td></td>
<td>Stakeholder Discussion</td>
</tr>
<tr>
<td></td>
<td>Identify Needs and Gaps</td>
</tr>
<tr>
<td>February 14, 2019</td>
<td>Broward Health Quantitative Data Presentation – Part 1</td>
</tr>
<tr>
<td></td>
<td>Stakeholder Discussion</td>
</tr>
<tr>
<td></td>
<td>Identify Needs and Gaps</td>
</tr>
<tr>
<td>March 14, 2019</td>
<td>Broward Health Quantitative Data Presentation – Part 2</td>
</tr>
<tr>
<td></td>
<td>Broward Health Community Services Presentation</td>
</tr>
<tr>
<td></td>
<td>Stakeholder Discussion</td>
</tr>
<tr>
<td></td>
<td>Identify Needs and Gaps</td>
</tr>
</tbody>
</table>
A copy of the 2019 Broward Health CHNA can be accessed at: https://www.browardhealth.org/-/media/Broward-Health/Pages/Other-PDFs/2019-Broward-Health-CHNA.pdf?la=en. Page 7 shows the results of the deliberation by the Broward Health Community Health Needs Assessment Advisory Council. The Council prioritized the needs as:

- Access to Care
- Community Education
- Preventive Care
- Quality of Care
- Social Determinants of Health
- Substance Abuse/Mental Health

These priorities were then ranked using qualitative and quantitative data sources. The results of this ranking were:

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

The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. A total of 15 areas were identified with 4 identified as local in scope. These were: 1) Community Collaboration; 2) Diversity; 3) Social/Emotional Learning and ACES; 4) Transportation. Hurricanes was added to the list due to the need for response and protecting citizens and visitors.

The table below provides an overview.

<table>
<thead>
<tr>
<th>Category (Social, Economic, Political, Technological, Environmental, Scientific, Legal, Ethical)</th>
<th>Scope (local, regional, national, global)</th>
<th>Type of Force (trend, event, factor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Technology</td>
<td>Technological, Economic, Social</td>
<td>Global</td>
</tr>
<tr>
<td>Affordable Healthcare</td>
<td>Economic, Political</td>
<td>National</td>
</tr>
<tr>
<td>Community Collaboration</td>
<td>Political, Economic, Social</td>
<td>Local</td>
</tr>
<tr>
<td>Diversity</td>
<td>Social, Political, Ethical, Legal</td>
<td>Local</td>
</tr>
<tr>
<td>Election</td>
<td>Political</td>
<td>National</td>
</tr>
<tr>
<td>Issue</td>
<td>Area(s)</td>
<td>Scope</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Gun Violence/ Psychological Trauma</td>
<td>Social, Political, Economic, Legal</td>
<td>National</td>
</tr>
<tr>
<td>HIV/AIDS Epidemic</td>
<td>Social, Scientific, Economic, Political, Legal, Ethical</td>
<td>Global</td>
</tr>
<tr>
<td>Hurricanes</td>
<td>Environmental, Economic</td>
<td>Regional</td>
</tr>
<tr>
<td>Lack of Affordable Housing</td>
<td>Economic, Political, Social, Ethical</td>
<td>National</td>
</tr>
<tr>
<td>Opioid Overdose</td>
<td>Social, Legal, Political</td>
<td>Global</td>
</tr>
<tr>
<td>Pandemic</td>
<td>Environmental, Scientific, Economic, Political, Ethical, Legal, Technological, Economic, Social</td>
<td>Global</td>
</tr>
<tr>
<td>Racial Equity</td>
<td>Social, Legal, Ethical, Political, Economic</td>
<td>National</td>
</tr>
<tr>
<td>Social/Emotional Learning and ACES</td>
<td>Social, Economic, Political</td>
<td>Local</td>
</tr>
<tr>
<td>Suicide</td>
<td>Social</td>
<td>National</td>
</tr>
<tr>
<td>Transportation</td>
<td>Economic, Political</td>
<td>Local</td>
</tr>
</tbody>
</table>

DOH-Broward reviewed and analyzed information from the four assessments to identified potential focus areas/strategies as part of their continued participation in the Community Health Assessment Advisory Council.

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 (2yr olds, Kindergarten, 7th Graders)
   b. Unintentional Injury and Drug Use
   c. Obesity, Black Adults
Demographics and Socioeconomics

PHAB: A description of the demographics of the population of the jurisdiction served by the Tribal/local health department, for example, gender, race, age, socioeconomic factors, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, immigration status, sexual orientation, etc.

Population Overview

Broward County is the second most populous county in Florida in 2019, estimated at 1,952,778, and home to 9% of Florida's residents. Broward County is the seventh largest county in the nation by its size. Broward County also hosts an estimated 14 million annual visitors. Broward County has a diverse population with residents representing more than 200 different countries and speaking more than 130 different languages. One-third of the residents are foreign-born. CDC Office of Minority Healthy and US Census offers incomplete demographic information for Broward Tribal Nations. The Seminole Tribe and Miccosukee Tribe participated in the assessment process.

Source: Florida Legislature, Office of Economic and Demographic Research
Race

Broward County is a majority/minority county as demonstrated by its 2019 population by race (Black 28.3%, Hispanic 30.4%, Other races 5.6%, and White 35.6%). The age distribution for Broward County residents is as follows: 0-12 = 15.2%; 13-17 = 6.0%; 18-29 = 14.6%; 30-44 = 20.1%; 45-64 = 27.5 and 65+ = 16.6%. Females represent 51.3% of the total population.

Population by Age and Gender

The table below shows the population by age range from 2015 to 2019. Broward County’s overall population has seen a steady rise, but a closer look shows declines in specific age ranges. For example, age ranges 65-74, 75-84 and 85+ have seen increases over the 5-year period; while there has been declines in age ranges less than 1, 15-19, and 20-24.

### Population by Year and Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
<th>25-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>21,926</td>
<td>85,830</td>
<td>108,762</td>
<td>110,555</td>
<td>111,328</td>
<td>114,442</td>
<td>246,030</td>
</tr>
<tr>
<td>2016</td>
<td>22,156</td>
<td>87,459</td>
<td>109,582</td>
<td>110,361</td>
<td>111,044</td>
<td>113,914</td>
<td>251,018</td>
</tr>
<tr>
<td>2017</td>
<td>22,123</td>
<td>88,109</td>
<td>110,386</td>
<td>110,792</td>
<td>110,464</td>
<td>111,942</td>
<td>256,273</td>
</tr>
<tr>
<td>2018</td>
<td>21,686</td>
<td>89,003</td>
<td>110,474</td>
<td>112,727</td>
<td>110,951</td>
<td>110,405</td>
<td>258,475</td>
</tr>
<tr>
<td>2019</td>
<td>21,510</td>
<td>90,199</td>
<td>111,338</td>
<td>115,388</td>
<td>110,253</td>
<td>110,445</td>
<td>260,664</td>
</tr>
<tr>
<td>Year</td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>942,505</td>
<td>891,503</td>
<td>1,834,008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>955,728</td>
<td>905,251</td>
<td>1,860,979</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>967,284</td>
<td>917,261</td>
<td>1,884,545</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>975,372</td>
<td>927,838</td>
<td>1,903,210</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>988,259</td>
<td>938,755</td>
<td>1,927,014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: FLHEALTH CHARTS
## Comparison of Age and Gender

### Population by Year, Age and Gender

<table>
<thead>
<tr>
<th>Age Group</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
<th>25-34</th>
<th>Total All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>21,926</td>
<td>85,830</td>
<td>108,762</td>
<td>110,555</td>
<td>111,328</td>
<td>114,442</td>
<td>246,030</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10,693</td>
<td>42,292</td>
<td>53,480</td>
<td>54,404</td>
<td>53,999</td>
<td>56,348</td>
<td>124,869</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>22,156</td>
<td>87,459</td>
<td>109,582</td>
<td>110,361</td>
<td>111,044</td>
<td>113,914</td>
<td>251,018</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11,210</td>
<td>44,618</td>
<td>55,282</td>
<td>56,151</td>
<td>56,985</td>
<td>57,962</td>
<td>123,982</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>11,210</td>
<td>44,618</td>
<td>55,520</td>
<td>55,973</td>
<td>56,985</td>
<td>57,962</td>
<td>123,982</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22,123</td>
<td>88,109</td>
<td>110,386</td>
<td>110,474</td>
<td>110,951</td>
<td>111,942</td>
<td>256,273</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>10,943</td>
<td>43,043</td>
<td>54,428</td>
<td>54,541</td>
<td>54,059</td>
<td>55,952</td>
<td>124,869</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11,180</td>
<td>45,066</td>
<td>55,958</td>
<td>55,973</td>
<td>56,985</td>
<td>57,962</td>
<td>123,982</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>10,943</td>
<td>43,043</td>
<td>54,428</td>
<td>54,541</td>
<td>54,059</td>
<td>55,952</td>
<td>124,869</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11,180</td>
<td>45,066</td>
<td>55,958</td>
<td>55,973</td>
<td>56,985</td>
<td>57,962</td>
<td>123,982</td>
<td></td>
</tr>
</tbody>
</table>

### Source: FLHEALTH CHARTS
**Peer County Comparison**

A peer comparison group was selected based on the closeness of the match between these counties and socio-demographic indicators for Broward County. Broward County’s peer group was composed of the following Florida counties: Hillsborough, Miami-Dade, Orange, and Palm Beach.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Florida</th>
<th>Broward</th>
<th>Miami-Dade</th>
<th>Hillsborough</th>
<th>Orange</th>
<th>Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>21,477,737</td>
<td>1,952,778</td>
<td>2,716,940</td>
<td>1,471,968</td>
<td>1,393,452</td>
<td>1,496,770</td>
</tr>
</tbody>
</table>

**Population by Age**

<table>
<thead>
<tr>
<th></th>
<th>Florida</th>
<th>Broward</th>
<th>Miami-Dade</th>
<th>Hillsborough</th>
<th>Orange</th>
<th>Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5, percent</td>
<td>5.3%</td>
<td>5.7%</td>
<td>5.8%</td>
<td>6.0%</td>
<td>6.0%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Persons under 18, percent</td>
<td>19.7%</td>
<td>21.0%</td>
<td>20.2%</td>
<td>22.1%</td>
<td>22.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Persons 65 and over, percent</td>
<td>20.9%</td>
<td>17.1%</td>
<td>16.7%</td>
<td>14.5%</td>
<td>12.3%</td>
<td>24.4%</td>
</tr>
</tbody>
</table>

**Population by Race**

<table>
<thead>
<tr>
<th></th>
<th>Florida</th>
<th>Broward</th>
<th>Miami-Dade</th>
<th>Hillsborough</th>
<th>Orange</th>
<th>Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone, percent</td>
<td>77.3%</td>
<td>63.1%</td>
<td>79.0%</td>
<td>74.1%</td>
<td>68.0%</td>
<td>74.6%</td>
</tr>
<tr>
<td>Black or African American alone, percent</td>
<td>16.9%</td>
<td>30.2%</td>
<td>17.7%</td>
<td>18.0%</td>
<td>22.8%</td>
<td>19.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Asian alone, percent</td>
<td>3.0%</td>
<td>3.9%</td>
<td>1.6%</td>
<td>4.4%</td>
<td>5.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone, percent</td>
<td>0.1%</td>
<td>0.1%</td>
<td>-----</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

**Population by Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th>Florida</th>
<th>Broward</th>
<th>Miami-Dade</th>
<th>Hillsborough</th>
<th>Orange</th>
<th>Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino, percent</td>
<td>26.4%</td>
<td>31.1%</td>
<td>69.4%</td>
<td>29.7%</td>
<td>32.7%</td>
<td>23.4%</td>
</tr>
</tbody>
</table>

Source: FLHealth CHARTS, 2020 Provisional Data
Chronic Disease

In 2019, the Years of Potential Life Lost (YPLL) rate per 100,000 population of deaths from stroke in Broward County was 204.9 compared to Florida at 201.1. YPLL continues to be higher in males than females and rates are higher in the non-Hispanic community over the past 10 years.

The Stroke Age-Adjusted Death Rate Per 100,000 is trending unfavorably among Black and Non-White for past three years. In 2019, more than 5% decrease was observed in White and Hispanic comparing the 2018 and 2019 data.

Stroke Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS

Stroke Age-Adjusted Death Rate Per 100,000
2010-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS

Stroke Age-Adjusted Death Rate Per 100,000 has been trending unfavorably since 2015 and it high compared to the State and Peer-Counties Average.
HEALTH EQUITY RATIO:
STROKE AGE-ADJUSTED DEATH RATE
2017-2019

Source: FLHealth CHARTS
Colorectal Cancer Screening

Adults 50 Years of Age and Older Who Received a Sigmoidoscopy or Colonoscopy in the Past Five Years by Race/Ethnicity
Broward County 2010-2016

Broward County’s percent of Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years is trending unfavorably among all ethnicities and among Hispanic, there is more than 12% drop comparing the 2013 and 2016 data.

The percent of Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years is trending unfavorably compared to the State and Peer-Counties Average.

Source: FLHealth CHARTS

Adults 50 Years of Age and Older Who Received a Sigmoidoscopy or Colonoscopy in the Past Five Years

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
<table>
<thead>
<tr>
<th>Year</th>
<th>Florida</th>
<th>Broward</th>
<th>Miami-Dade</th>
<th>Hillsborough</th>
<th>Orange</th>
<th>Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Black/White</td>
<td>0.9:1</td>
<td>1.2:1</td>
<td>0.7:1</td>
<td>0.2:1</td>
<td>0.7:1</td>
</tr>
<tr>
<td>2013</td>
<td>Black/White</td>
<td>1:1</td>
<td>1.3:1</td>
<td>0.9:1</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
Breast Cancer

Female Breast Cancer Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS

Broward County’s Female Breast Cancer Age-Adjusted Death Rate Per 100,000 is trending favorably for past 3 years and Broward County’s death rate in 2019 is low compared to the State (19.5) and same as the Peer-Counties Average (18.8)

Source: FLHealth CHARTS
### Women aged 50 to 74 who had a mammogram in the past 2 years

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>69.8</td>
<td>88.1</td>
</tr>
<tr>
<td><strong>Non-Hispanic White</strong></td>
<td>69.4</td>
<td>80.6</td>
</tr>
<tr>
<td><strong>Non-Hispanic Black</strong></td>
<td>90.6</td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
The percent of Women aged 50 to 74 who had a mammogram in the past 2 years is trending favorably and it increased by 18.3% in 2016 compared to 2013 data.

Source: FLHealth CHARTS
Cervical Cancer Screening

Cervical cancer screening is used to find the changes in the cells of cervix that lead to cancer. The guidelines for screening in women age 21 to 65 years is every 3 years.

Source: FLHealth CHARTS
Broward County’s Cervical Cancer Age-Adjusted Death Rate Per 100,000 is high compared to the State (2.7) and Peer-Counties Average in 2019.

Source: FLHealth CHARTS
Broward County’s percent of Women aged 21 to 65 who had a Pap test in the past 3 years is 77.3 in 2016 and it is low compared to the State (78.8) and Peer Counties Average (80.1). Broward County’s rate dropped by 2% in 2016.

<table>
<thead>
<tr>
<th>Women aged 21 to 65 who had a Pap test in the past 3 years</th>
<th>2013</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>79.3</td>
<td>77.3</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>86.4</td>
<td>83.8</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>78.9</td>
<td>76.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>N/A</td>
<td>70.4</td>
</tr>
</tbody>
</table>
The Broward Health CHNA confirmed the top 4 leading causes of death as cancer, heart diseases, stroke and unintentional injury using FLHealth CHARTS 2017 data.
Broward County’s Cancer Age-Adjusted Death Rate Per 100,000 is trending favorably among all ethnicities for past three years. In 2019, there was a 30% difference in the death rate comparing the Hispanic and White.

The Cancer Age-Adjusted Death Rate Per 100,000 is trending favorably in Broward County for past three years. In 2019, the rate was 134.5 which is lower than the State (142.8) and higher than the Peer-Counties Average (133.6)
HEALTH EQUITY RATIO:
CANCER AGE-ADJUSTED DEATH RATE
2015-2017 (FLHealth CHARTS)

Source: FLHealth CHARTS
Stroke

The Stroke Age-Adjusted Death Rate Per 100,000 is trending unfavorably among Black and Non-White for past three years. In 2019, more than 5 percent decrease was observed in White and Hispanic comparing the 2018 and 2019 data.

Stroke Age-Adjusted Death Rate Per 100,000 has been trending unfavorably since 2015 and it high compared to the State and Peer-Counties Average.

Source: FLHealth CHARTS
HEALTH EQUITY RATIO:
STROKE AGE-ADJUSTED DEATH RATE
(FLHealth CHARTS)

Source: FLHealth CHARTS
Heart Disease

Heart Disease Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Rate per 100K Population

Year


TOTAL White Black Non-White Hispanic

Source: FLHealth CHARTS

Heart Disease, Age-Adjusted Death Rate Per 100,000
2010-2019 (FLHealth CHARTS)

Rate per 100K Population

Year


Broward Florida Peer-Counties Average

Broward County’s Heart Disease, Age-Adjusted Death Rate Per 100,000 has decreased 138.8 which is lowest rate since 2010. It is also low compared to State (143.6) and Peer Counties Average (141.8) in 2019.

Source: FLHealth CHARTS
The Chronic Lower Respiratory Disease (CLRD) Age-Adjusted Death Rate Per 100,000 is trending favorably for past two years and the rate (29.8) is the lowest since 2010. The 2019 rate for Broward County is low compared to State (36.1) and high compared to Peer-Counties Average (28.9).

Chronic Lower Respiratory Disease (CLRD) Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County 2010-2019 (FLHealth CHARTS)

Chronic Lower Respiratory Disease (CLRD) Age-Adjusted Death Rate Per 100,000 is trending favorably when expect for Non-White where there was a slight increase in 2018. The rate in White is more than 12 percent high compared Black and Non-White.

Source: FLHealth CHARTS
HEALTH EQUITY RATIO:
CHRONIC LOWER RESPIRATORY DISEASE (CLRD)
AGE-ADJUSTED DEATH RATE
2017-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS
Unintentional Injury

Unintentional Injury, Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Rate per 100K Population

Year


TOTAL White Black Non-White Hispanic

Source: FLHealth CHARTS

Unintentional Poisoning Age-Adjusted Death Rate Per 100,000 is trending unfavorable among all ethnicities.
In 2019 the highest rate was among White (34.1) followed by Hispanic (11.9).
The rate among White is 3 times than the Black and Non-Hispanic White.

Unintentional Injury, Age-Adjusted Death Rate Per 100,000
2010-2019 (FLHealth CHARTS)

Rate per 100K Population

Year


Broward Florida Peer-Counties Average

Source: FLHealth CHARTS

Broward County’s Unintentional Poisoning Age-Adjusted Death Rate Per 100,000 for 2019 is 25.1 which is high compared to the State (24) and Peer-Counties Average (19.1).
Diabetes Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Year
Rate per 100K Population
0 5 10 15 20 25 30 35
TOTAL White Black Non-White Hispanic

Source: FLHealth CHARTS

Diabetes Age-Adjusted Death Rate Per 100,000
2010-2019 (FLHealth CHARTS)

Year
Rate per 100K Population
0 5 10 15 20
Broward Florida Peer-Counties Average

Source: FLHealth CHARTS

Broward County’s Diabetes Age-Adjusted Death Rate Per 100,000 is trending unfavorably and it is lower than the State (19.7) and Peer-Counties Average (18.0) in 2019.
HEALTH EQUITY RATIO:
DIABETES AGE-ADJUSTED DEATH RATE
(FLHealth CHARTS)

Source: FLHealth CHARTS
Alzheimer's Disease

Alzheimer's Disease
Age-Adjusted Death Rate 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS

Age-Adjusted Death Rate Per 100,000 for Broward County is trending favorably and the rate (12.6) is low in 2019 compared to State (18.8) and Peer-Counties Average (20.8).

Source: FLHealth CHARTS
Suicide Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Suicide Age-Adjusted Death Rate Per 100,000
2010-2019 (FLHealth CHARTS)

Broward County’s Suicide Age-Adjusted Death Rate Per 100,000 is low compared to the State (14.5) and Peer-Counties Average (11.6)

Source: FLHealth CHARTS
HEALTH EQUITY RATIO:
SUIUCIDE AGE-ADJUSTED DEATH RATE
2017-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS
Nephritis, Nephrotic Syndrome & Nephrosis

Source: FLHealth CHARTS

**Nephritis, Nephrotic Syndrome & Nephrosis Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity**

Broward County
2010-2019 (FLHealth CHARTS)

- **TOTAL**
- **White**
- **Black**
- **Non-White**
- **Hispanic**

![Graph showing death rates by race/ethnicity from 2010 to 2019.](image)

Source: FLHealth CHARTS

**Nephritis, Nephrotic Syndrome & Nephrosis Age-Adjusted Death Rate Per 100,000**

2010-2019 (FLHealth CHARTS)

- **Broward**
- **Florida**
- **Peer-Counties Average**

![Graph showing death rates for Broward County, Florida, and peer-counties average from 2010 to 2019.](image)

Source: FLHealth CHARTS

Nephritis, Nephrotic Syndrome & Nephrosis Age-Adjusted Death Rate Per 100,000 is trending favorably. The death rate (9.5) is low compared to State (10) and slightly high compared to Peer-Counties Average (9.3).
HEALTH EQUITY RATIO:
NEPHRITIS, NEPHROTIC SYNDROME & NEPHROSIS AGE-
ADJUSTED DEATH RATE
2017-2019 (FLHealth CHARTS)

Source: FLHealth CHARTS
Chronic Liver Disease and Cirrhosis

Age-Adjusted Death Rate, Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

Rate per 100K Population

Year

TOTAL  White  Black  Non-White  Hispanic


Source: FLHealth CHARTS

Chronic Liver Disease and Cirrhosis,
Age-Adjusted Death Rate, Per 100,000
2010-2019 (FLHealth CHARTS)

Rate per 100K Population

Year

Broward  Florida  Peer-Counties Average


Chronic Liver Disease and Cirrhosis Age-Adjusted Death Rate, per 100,000 for Broward County is 9.0 in 2019 which is low compared to the State (11.3) and high compared to Peer Counties Average (8.0)

Source: FLHealth CHARTS
HEALTH EQUITY RATIO:
CHRONIC LIVER DISEASE AND CIRRHOSIS AGE-ADJUSTED
DEATH RATE (FLHealth CHARTS)

Source: FLHealth CHARTS
**Hypertension**

**Hypertension**

Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019 (FLHealth CHARTS)

![Graph showing age-adjusted death rate per 100K population for hypertension by race/ethnicity in Broward County from 2010 to 2019.](image)

**Hypertension, Age-Adjusted Death Rate Per 100,000**

**2010-2019 (FLHealth CHARTS)**

![Graph showing age-adjusted death rate per 100K population for hypertension for Broward County, Florida, and peer-county average from 2010 to 2019.](image)

Source: FLHealth CHARTS

Hypertension, Age-Adjusted Death Rate, per 100,000 for Broward County is trending unfavorably. Broward County’s rate is higher compared to the State (8.4) and Peer-Counties Average (7.5).
Socioeconomic Indicators

Socioeconomic status, which is assessed by a person’s education, income, and occupation, is directly linked to a person’s health. Lower socioeconomic status is associated with higher rates of morbidity and mortality.

Household Income

Broward County’s **Median Household Income** has a favorable trend since 2014 and is favorable compared to the State and Peer Counties Average.

Source: FLHealth CHARTS
Median Household Income trend is most favorable among Whites and the least favorable among Blacks.

Source: FLHealth CHARTS

**Health Equity Ratio:**
Median Household Income
Broward County
2014-2017 (FLHealth CHARTS)

Source: FLHealth CHARTS
Employment

Broward County’s Civilian Labor Force which is Unemployed has a favorable trend since 2013 and is unfavorable compared to the State and Peer Counties Average.

![Percent of Civilian Labor Force which is Unemployed (FLHealth CHARTS)](image)

Source: FLHealth CHARTS

The Civilian Labor Force which is Unemployed trend is most favorable among Whites and the least favorable is among Blacks. All races and ethnicities have a favorable trend since 2014.

![Percent of Civilian Labor Force which is Unemployed by Race/Ethnicity Broward County (FLHealth CHARTS)](image)

Source: FLHealth CHARTS
Poverty
The Percent of Individuals Below Poverty Level has a favorable trend since 2015 and is favorable compared to the State and Peer Counties Average.

![Graph showing percent of individuals below poverty level from 2010 to 2018 for Broward, Florida, and Peer Counties Average.]

Source: FLHealth CHARTS

The Percent Individuals Below Poverty Level is most favorable among Whites and the least favorable is among Blacks. All races and ethnicities except Blacks have a favorable trend since 2014.

![Graph showing percent of individuals below poverty level by race/ethnicity from 2010 to 2018 for Broward County.]

Source: FLHealth CHARTS
The **Percent of Individuals Under 18 Below Poverty Level** has a favorable trend since 2016 and is favorable compared to the State and Peer Counties Average.

Source: FLHealth CHARTS

Broward County’s **Percent of Children Less than 5 Years Old Living Below the Poverty Level** has a favorable trend since 2016 and is favorable compared to the State and Peer Counties Average. Breakdown of the ethnicity for children less than 5 years of age was not available.

Source: FLHealth CHARTS
Education

Educational attainment refers to the highest level of education that an individual has completed. Educational attainment can influence health in many ways. Educational attainment is linked with health knowledge and behaviors; employment and income; and social and psychological factors, including sense of control, social standing, and social support.

The Percent of Individuals 25 years and Over with No High School Diploma has a declining trend (favorable) since 2010 and is favorable compared to the State and Peer Counties Average.

Source: FLHealth CHARTS
Broward County’s **Percent of Individuals 25 Years and Over with No High School Diploma** is most favorable among Whites and the least favorable is among Blacks. All races and ethnicities have a favorable trend since 2011.

The **Percent of Individuals 25 years and Over with a Bachelor’s Degree or Higher** has a favorable trend since 2015 and is favorable compared to the State and is Unfavorable compared to the Peer Counties Average. Ethnicity breakdown was not available.
Broward County’s **Percent of Individuals 25 years and Over with Bachelor’s Degree or Higher** have a favorable trend for all races and ethnicities since 2010. The most favorable is among Whites and the least favorable is among Blacks.

Source: FLHealth CHARTS
Graduation rates provide information about performance of schools and future employability of students. Higher salaries are typically available to high school graduates, as most employers consider a high school graduate as someone who remained committed to finishing school and pursuing their education. Receiving a high school diploma enables someone to pursue a higher education, including vocational school, trade programs, a certified work-program or college. A high school diploma is simply the doorway to even more available long-term career opportunities.

The **High School Graduation Rate, Percent of Student Cohort Since 9th Grade** has a favorable trend since 2014-2015 and is unfavorable compared to the State and the Peer Counties Average.

![Graph showing high school graduation rate, percent of student cohort since 9th grade](FLHealth CHARTS)
Broward County’s High School Graduation Rate, Percent of Student Cohort Since 9th Grade has favorable trend for all races and ethnicities since 2014-2015. The most favorable is among Whites and the least favorable is among Blacks.

Source: FLHealth CHARTS
Graduation Health Equity Ratio for the period 2015-2016 to 2019-2020 used data from Florida Department of Education for the school terms 2015-2016 through 2019-2020 shows a graduation rate for white, hispanic, black, students with 2 or more races, Asian, American Indian, and Pacific Islander.

**Graduation Rate by Race/Ethnicity**
- White - Increased from 86.1% (2015-2016) to 92.4% (2019-2020)
- Hispanic – Increased from 81.3% (2015-2016) to 90.0% (2019-2020)
- Black – Increase from 70.6% (2015-2016) to 86.5% (2019-2020)
- Two or More Races – Increased from 84.3% (2016-2017) to 90.7% (2019-2020)
- Asian – Increased from 90.8% (2016-2017) to 97.3% (2019-2020)
- American Indian – Fluctuated over time with a nearly 10% decline from 91.2% (2018-2019) to 82.5% (2019-2020)
- Pacific Island – Largest increase from 66.7% (2017-2018) to 94.7% (2019-2020)

**Source:** FL Department of Education (fldoe.org)
Maternal and Child Health

Infant Mortality rates

The Infant Mortality Rate is an important marker of the overall health of a society. Infant mortality is the death of an infant before his or her first birthday. Every year in the United States, thousands of infants die from causes like preterm birth, low birth weight, and sudden infant death syndrome. Although the rate of infant deaths has fallen over the past decade, there are disparities by race/ethnicity, income, and geographic location. Equitable, high-quality care for moms and babies and community-based interventions that can help reduce the rate of infant deaths. (Healthy People 2030)

The Infant Mortality Rate per 1,000 Live Births decreased favorably since 2011 and are favorably lower when compared to Florida and the Peer Counties average.

Source: FLHealth CHARTS
Broward County’s **Infant Mortality Rate per 1,000 Live Births** among Whites and Hispanics have been trending downward favorably since 2017 while the Blacks and Non-Whites have trended upward unfavorably. Blacks have the greatest disparity when compared to total infant mortality.

**Infant Mortality per 1,000 Live Births by Race/Ethnicity**
Broward County
(FLHealth CHARTS)

**Health Equity Ratio**
Infant Deaths

Source: FLHealth CHARTS
Low Birth Weight

Low birth weight is a valuable public health indicator of maternal health, nutrition, healthcare delivery, and poverty. Neonates with low birth weight have a >20 times greater risk of dying than neonates with birth weight of >2500 grams. Additionally, low birth weight is associated with long-term neurologic disability, impaired language development impaired academic achievement, and increased risk of chronic diseases including cardiovascular disease and diabetes. In addition, economic studies in low-income settings have demonstrated that reducing the burden of low birth weight would have important cost savings both to the health system and to households.

The Percent of Live Births under 2500 Grams (Low Birth Weight) has trended unfavorably and has trended unfavorably higher since 2011. The comparison to Florida and peer counties has also trended unfavorably.

Source: FLHealth CHARTS
Overall, Broward County’s Percent of Live Births under 2500 Grams (Low Birth Weight) by Race/Ethnicity is trending favorably; however, the percent of Hispanic live births under 2500 grams is trending unfavorably. Black and Non-White have been flat since 2016, though the percent for Blacks and Non-Whites is nearly twice the level compared to Whites.

Source: FLHealth CHARTS
Preterm Births
A preterm birth is the early birth of a live baby. Reaching 37 weeks of gestational age is a measure of success in achieving a full-term pregnancy. Births that occur before 37 weeks gestation (preterm births) have lower chances of survival and higher chances of short- and long-term health problems when compared to term. Some risk factors for a preterm birth include having a previous preterm birth and being pregnant with multiples. Complications associated with a preterm birth include immature lungs, difficulty regulating body temperature, poor feeding, and slow weight gain. Preterm babies may need longer or more intense nursery care, medications, and sometimes surgery.

The Percent of Preterm Births has increased unfavorably since 2010 and compared to the State and Peer-Counties Average are unfavorable since 2012.

Source: FLHealth CHARTS
Broward County’s **Percent of Preterm Births** among Black and Non-White is trending unfavorably compared to White and Hispanic. The percent of Black preterm births has the greatest disparity when compared to Whites.

![Graph showing percent of preterm births by race/ethnicity](chart.png)

**Source:** FLHealth CHARTS

![Health Equity Ratio: Pre Term Births <37 Weeks](chart2.png)

**Source:** FLHealth CHARTS
Teen Birth Rates

Teen pregnancy can have immediate as well as long term social and economic impact on teen parent and their children. It can contribute to an increase in high school dropout rates among girls. They also face health problems and unemployment as a young adult.

The **Teen Birth Rate for Ages 10-19** is trending favorably since 2010 and favorable when compared to the State and Peer-Counties Average.

![Teen Birth Rate Graph](source: FLHealth CHARTS)
Broward County’s **Teen Birth Rate for Ages 10-19** is decreasing among all ethnicities for the past two years. The rate for Blacks is almost twice the level as compared to Whites in 2019.

![Teen Birth Rate by Race/Ethnicity, Ages 10-19](FLHealth CHARTS)

The **Teen Birth Rate for Ages 15-19** in Broward has trended favorably since 2010 and is also favorable when compared to State and Peer-Counties Average.

![Teen Birth Rate, Ages 15-19](FLHealth CHARTS)

Source: FLHealth CHARTS
Broward County’s **Teen Birth Rate for Ages 15-19** is trending favorably for all ethnicities. The rate for Blacks is more than twice the rate for Whites.

![Teen Birth Rate by Race/Ethnicity, Ages 15-19](chart)

Source: FLHealth CHARTS

![Health Equity Ratio: Births To Mothers, Ages 15-19](chart)

Source: FLHealth CHARTS
Teen Birth Rate (15-17)

The Teen Birth Rate for Ages 15-17 in Broward has trended favorably since 2010 and is also favorable when compared to State and Peer-Counties Average.

---

**Teen Birth Rate, Ages 15-17 (FLHealth CHARTS)**

![Graph showing Teen Birth Rate, Ages 15-17](chart.png)

Source: FLHealth CHARTS

Broward County’s Teen Birth Rate for Ages 15-17 is trending favorably for all ethnicities. The rate for Blacks is twice the rate for Whites.

---

**Teen Birth Rate, Ages 15-17 by Race/Ethnicity**

_Broward County_  
_Broward County (FLHealth CHARTS)_

![Graph showing Teen Birth Rate, Ages 15-17 by Race/Ethnicity](chart2.png)

Source: FLHealth CHARTS
Repeat Births
Repeat Birth (15-17)

The Percent of Repeat Births to Mothers Ages 15-17 trended unfavorably since 2017. Broward County percent have trended unfavorably when compared to Florida and the Peer Counties Average.

Source: FLHealth CHARTS

Broward County’s Percent of Repeat Births to Mothers Ages 15-17 is trending unfavorably among all ethnicities since 2017. The rates increased more than twice in Hispanic when comparing the 2018 and 2019 data.

Source: FLHealth CHARTS
Repeat Births (15-19)

The Percent of Repeat Births to Teens Age 15-19 has trended unfavorably since 2017. Broward’s percent compares unfavorably to Florida and the Peer-Counties Average.

Broward County’s Percent of Repeat Births to Teens Age 15-19 is trending unfavorably among all ethnicities Since 2017 except for Blacks.
Health Equity Ratio:
Repeat Births To Mothers Ages 15-19
(FLHealth CHARTS)

Source: FLHealth CHARTS
Births with Inter-Pregnancy Interval < 18 Months

The Percent of Births with Inter-pregnancy Interval Less than 18 Months is trending lower which is favorable. Broward’s percent is favorable when compared to Florida and Peer-Counties Average.

Source: FLHealth CHARTS

Broward County’s Percent of Births with Inter-pregnancy Interval Less than 18 Months among White and Hispanic is trending favorably while rates among Black and Non-White is trending unfavorably.

Source: FLHealth CHARTS
Broward County’s rate for Births with Inter-Pregnancy Interval < 18 Months is 30.5 which higher than the Healthy People 2030 target of 26.9.
Entry into Prenatal Care

Prenatal care is the health care that pregnant women get during pregnancy. Early and regular prenatal care helps expecting mothers to have healthy pregnancies and healthy babies as well as reduce the risk of pregnancy complications. Infants born to mothers without prenatal care are three times more likely to have low birth weight compared to mothers who received prenatal care.

The Percent of Mothers With 1st Trimester Prenatal Care trending down which is unfavorable. Broward’s percent is unfavorable when compared to Florida and the Peer-Counties Average.

Source: FLHealth CHARTS
Broward County's **Percent of Mothers With 1st Trimester Prenatal Care** is trending unfavorably among all races and ethnicities.

![Bar graph showing the percentage of births with 1st trimester prenatal care by race/ethnicity from 2010 to 2019.](chart1)

Source: FLHealth CHARTS

---

**Health Equity Ratio:**
Births With 1st Trimester Prenatal Care
Broward vs. Peer Counties & Florida

![Bar graph showing the health equity ratio from 2017 to 2019 for Broward, peer counties, and Florida by race/ethnicity.](chart2)

Source: FLHealth CHARTS
The **Percent of Mothers With 3rd trimester or No Prenatal Care** is trending unfavorably. Broward’s percent is unfavorable when compared to Florida and the Peer-Counties Average.

![Graph showing percent of births with 3rd trimester or no prenatal care](image)

Source: FLHealth CHARTS

The **Percent of Mothers With 3rd trimester or No Prenatal Care** is trending unfavorably for all ethnicities. Black and Non-White has the highest percent of mothers with 3rd trimester or no prenatal care in 2019.

![Graph showing percent of births with 3rd trimester or no prenatal care by race/ethnicity](image)

Source: FLHealth CHARTS
Breastfeeding

The **Percent of Mothers Who Initiate Breastfeeding** has trended favorably. Broward’s percent is favorable when compared to Florida and the Peer-Counties Average although it dropped by 0.9 percent in 2019.

![Percent of Mothers Who Initiate Breastfeeding Chart](chart.png)

Source: FLHealth CHARTS

Broward County **Percent of Mothers Who Initiate Breastfeeding by Race/Ethnicity** is trending favorably for all ethnicities. Whites and Hispanics have the most favorable percent in 2019.

![Percent of Mothers Who Initiate Breastfeeding by Race/Ethnicity Chart](chart.png)

Source: FLHealth CHARTS
The **Percentage of Infants at Least 26 weeks old, Breastfed for at Least 26 weeks** has trended favorably. Broward’s percent is favorable when compared to Florida and the Peer-Counties Average.

Source: FLHealth CHARTS

The **Percentage of Infants and Children less than 24 Months Old of WIC Moms Ever Breastfed** has trended favorably. Broward’s percent is favorable when compared to Florida and the Peer-Counties Average.

Source: FLHealth CHARTS
County Health Rankings

The County Health Rankings and Roadmaps program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leader working to improve health and increase health equity.

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. They provide a starting point for change in communities. The report is produced through a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Health Factors

Health Factors include:

- Health Behaviors (i.e., adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births)
- Clinical Care (i.e., uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, mammography screening, flu vaccinations)
- Social & Economic Factors (i.e., education level, unemployment, children in poverty, income inequity, children in single-parent households, social associations, violent crime, injury deaths)
- Physical Environment (i.e., air pollution, drinking water violations, severe housing problems, driving alone to work, long commute – driving alone)

Source: County Health Rankings and Roadmaps 2020

The County Health Rankings and Roadmaps program helps in comparing the health of a county with nearly all the counties in United States and counties within the state. Rankings are given to a county based on health outcomes and health factors. Health outcomes consist of two measures which are the length of life and quality of life. The health factor indicator has four measures: 1) health behaviors 2) clinical care 3) social and economic factors 4) physical environment. The rankings provide a snapshot of how health is influenced by where we live, learn, work and play.
Health Outcome factors included in the health outcomes are:

- Length of Life (conversely, years of potential life lost)
- Quality of Life
  - Poor or fair health
  - Poor physical health days
  - Poor mental health days
  - Low birthweight

In 2020 Broward County was ranked 11th for health outcomes and 12th for health factors among the 67 Florida Counties.

**County Health Ranking for Broward County, 2016–2020**

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>11</td>
<td>19</td>
<td>10</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Length of Life</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>31</td>
<td>43</td>
<td>27</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Health Factors</td>
<td>12</td>
<td>14</td>
<td>12</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>7</td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>29</td>
<td>24</td>
<td>22</td>
<td>30</td>
<td>34</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>56</td>
<td>60</td>
<td>63</td>
<td>59</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
Community Health Status Assessment

The Community Themes and Strengths Assessment utilized the 2019 Community Health Needs Assessment developed by Professional Research Consultants, Inc. The Assessment serves as a tool toward reaching three basic goals:

- to improve resident’s health status,
- increase their life span, and
- elevate their overall quality of life; to reduce health disparities; and, to increase access to preventive services.

A random sample of 400 Broward County residents participated in the 2019 assessment of quality of life including a health assessment.

The study area for the survey effort is defined as each of the residential zip codes comprising Broward County, Florida. To ensure the best representation of the population surveyed a mixed-mode methodology was implemented. These included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used consisted of a stratified random sample of 400 individuals age 18 and older in Broward County, including 200 in North Broward and 200 in South Broward. Once the interviews were completed, these were weighted in proportion to the actual population distribution to appropriately represent Broward County as a whole.
Years of Potential Life Lost (YPLL)

Years of Potential Life Lost (YPLL) reports use an estimate of the average years a person would have lived if he or she had not died prematurely. YPLL uses 75 as the average years for the calculation. This method gives weight to deaths that occur in younger people.

The graphs that follow are from the Broward Health CHNA and demonstrate a continuation of years of potential life lost between 2015 to 2017. Broward Health CHNA used FLHealth CHARTS data.

Based on this information, unintentional injuries, cancer, and heart diseases continue to contribute to the largest loss of life for Broward County residents.
Additional analysis shows unintentional injury deaths by race and ethnicity is trending unfavorably in the white population per 100,000 at 62.9 (2017).

Source: Broward Health CHNA 2019
The second highest cause of YPLL was Cancer deaths. Race and ethnicity data show rate per 100,000 has been consistently below the Healthy People 2020 target of 161.4 from 2013 to 2017. While this is a favorable, it should be noted that rates for the black community have been an increase from 2015 (127.7) to 2017 (142.7) and the Hispanic community has had a relative flat trend from 2013 to 2017 (low of 110.9 in 2013 to a high of 119.6 in 2016).

Source: Broward Health CHNA 2019
Behavioral Risk Factors

Doctor Visits

The **Percent Adults who could not see a doctor in the past year due to cost** decreased unfavorably in Broward since 2013 and has performed favorably as compared to Florida and unfavorably as compared to the Peer Counties in 2016.

![Graph showing percent of adults who could not see a doctor due to cost from 2010 to 2016.](image)

Source: FLHealth CHARTS

Broward County’s **Percent of Adults Who Could Not See a Doctor Due Cost** increased for Whites while the it decreased among Blacks and Hispanics since 2013.

![Graph showing percent of adults who could not see a doctor due to cost by race/ethnicity from 2010 to 2016.](image)

Source: FLHealth CHARTS
Broward County appears to be lagging its peer counties. Broward County’s peer group is composed of the following Florida counties: Hillsborough, Miami-Dade, Orange, and Palm Beach.

Source: FLHealth CHARTS
Infectious Diseases
Sexually transmitted infections (STIs) are preventable and there are estimated more than 20 million cases in United States each year. HIV (Human Immunodeficiency Virus) which is an STI can weaken a person’s immune system that fights disease and infection. HIV can be controlled with proper medical care. Certain groups of people are more likely to have HIV due varying factors including sex partners, their risk behaviors and where they live.

Broward County consistently ranks in the top 2-3 for newly diagnosed HIV cases in the entire United States. The rates of STIs have increased since 2001 in both Broward County and the State. Broward County’s infectious syphilis and congenital syphilis rates are amongst the highest in the State. Reductions in the rate of new HIV infections per 100,000 and in cases of congenital syphilis were seen in 2019.

HIV/AIDS

Broward County’s **HIV Diagnosis Rate Per 100,000 Population** has trended favorably since 2016. Broward County’s rate is unfavorable when compared to Florida and the Peer-Counties Average since 2010.

Source: FLHealth CHARTS
The HIV Diagnosis Rate Per 100,000 Population by Race/Ethnicity is trending favorably for all ethnicities except for Hispanic. The rate for Blacks more than 2.5 time the White rate.

Source: FLHealth CHARTS
Infectious Syphilis

The Infectious Syphilis Cases, Rate per 100,000 Population has trended unfavorably since 2016. Broward’s rate is trending unfavorably when compared to the Florida rate and the Peer-Counties Average.

Source: FLHealth CHARTS
Broward County’s **Infectious Syphilis Cases, Rate per 100,000 Population by Race/Ethnicity** is trending unfavorably for all ethnicities except for Whites which is flat. The Black rate is more than 2.5 times the White and Hispanic rate in 2019.

![Graph showing Infectious Syphilis Cases, Rate Per 100,000 Population by Race/Ethnicity](chart)

Source: FLHealth CHARTS
The Female Infectious Syphilis Cases Ages 15-44 Rate per 100,000 Population has trended unfavorably since 2016. Broward’s rate is trending unfavorably when compared to the Florida rate and the Peer-Counties Average.

Source: FLHealth CHARTS
Congenital Syphilis

The **Congenital Syphilis Cases per 100,000 Live Births and Fetal Deaths** has trended unfavorably since 2016. Broward’s rate is mixed when compared to Florida and the Peer-Counties Average.

![Graph showing Congenital Syphilis Cases per 100,000 Live Births and Fetal Deaths](FLHealth CHARTS)

Source: FLHealth CHARTS

---

**Congenital Syphilis Cases per 100,000 Live Births and Fetal Deaths by Race/Ethnicity**

Broward County

![Graph showing Congenital Syphilis Cases per 100,000 Live Births and Fetal Deaths by Race/Ethnicity](FLHealth CHARTS)

Source: FLHealth CHARTS
Immunizations

One of the best ways that a parent can protect their infants from serious childhood disease before the age of 2 is through immunization. Vaccines can prevent serious and deadly diseases in infants and young children who are more vulnerable to the risk of an infection. The vaccines work with a child’s body’s natural mechanism to develop immunity to diseases. Vaccinating babies, as per the recommended schedule, gives babies the best protection against 14 childhood vaccine preventable diseases.

The Percent of Two Year Olds Fully Immunized has trended unfavorably since 2017. Broward’s percent is unfavorable favorable when compared to Florida and the Peer-Counties Average, but Florida and Peer Counties has seen a slight decline. Broward has had a slight increase between 2018 (74.2) and 2019 (79.1) in percentage vaccinated. This is in comparison to the slight decline in Peer Counties from 84.0 (2018) to 83.9 (2019).

Source: FLHealth CHARTS
The Immunization Levels in Kindergarten for has trended unfavorably since 2018. Broward’s percent is favorable when compared to Florida and the Peer-Counties Average.

Source: FLHealth CHARTS

The Percent of 7th Grade Students Fully Immunized has trended unfavorably since 2018. Broward’s percent is favorable when compared to Florida and the Peer-Counties Average.

Source: FLHealth CHARTS
**Maternal and Child Health**

The **Percent of Children Ages 0-18 Without Health Insurance** in Broward County is unfavorable when compared to State and Peer-Counties Average in 2017 and 2018.

![Bar chart showing the percent of children under 19 without health insurance in Broward County, Florida, and Peer-Counties Average, with data from 2017 and 2018.](chart)

*Source: FLHealth CHARTS*
Behavioral Health

Mental Health

The **Average Number of Unhealthy Mental Days in Past 30 Days** is 3.9 (2016) which is slightly higher than the State (3.6) and Peer-Counties Average (3.5)

Source: FLHealth CHARTS
Alcohol and Tobacco Use

Alcohol and Tobacco use among Broward County High School Students

Note: FLHealthCHARTS, Florida Youth Tobacco Survey (FYTS) for several measures was not measured for Broward County in 2016

The Percent of students who have used smokeless tobacco in the past 30 days is trending favorably for Broward County and it lower than the State and Peer-Counties Average.

Source: FLHealth CHARTS – Florida Youth Tobacco Survey
The Percent Students who have used Smokeless Tobacco in Past 30 days is trending favorably in 2018 among all ethnicities comparing to the data for 2010, 2012 and 2014. The percent of use is high among Non-Hispanic White (1.8) and Hispanic (1.2)

In 2016, in Broward County, data was not measured for percent of students who have used an electronic vapor product in the past 30 days (All Middle and High School Students) compared to 12.6% statewide (Source: FLHealthCHARTS, Florida Youth Tobacco Survey).
The **Percent of Students who have used an Electronic Vapor Product in the past 30 days** is 13.8 (2018) and it is favorable compared to the State (17.0) and Peer Counties Average (15.5).

Source: FLHealth CHARTS – Florida Youth Tobacco Survey

The **Percent of Students who have used an Electronic Vapor Product in the past 30 days** is trending unfavorably among all ethnicities with the highest percent among Hispanic (20.7) followed by Non-Hispanic White (18.6)

Source: FLHealth CHARTS – Florida Youth Tobacco Survey
Percent of students who are current cigarette smokers

Broward County’s Percent of Students who are Current Cigarette Smokers is 1.3 which is favorable when compared to the State (2.6) and Peer-Counties Average (1.3)

Source: FLHealth CHARTS - Florida Youth Tobacco Survey

The Percent of Students Who Are Current Cigarette Smokers is trending favorably among all ethnicities in 2018 comparing the data for 2010, 2012 and 2014. The percent of students who are current cigarette smokers are high among Hispanic (2.1) and Non-Hispanic White (2.0).

Source: FLHealth CHARTS – Florida Youth Tobacco Survey
The Percent of Students who have used Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars in the Past 30 Days is trending unfavorably for Broward County (16.1); however, this is lower than the State (20.6) or Peer-Counties Average (19.1).

![Percent of Students Who have Used Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars in the Past 30 Days, among all Middle and High School Students (FLHealth CHARTS - FYTS)](chart)

Source: FLHealth CHARTS – Florida Youth Tobacco Survey
The Percent of Students who have used Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars in the Past 30 Days for Broward has trended unfavorably since 2014 for all ethnicities since 2012 with highest increase in 2018.

Source: FLHealth CHARTS – Florida Youth Tobacco Survey
Middle school students who have used alcohol in past 30 days

Broward County’s percent of middle students who have used alcohol in past 30 days is 8.6 and trending favorably since 2010. The percent of students who have used alcohol in past 30 days is high for Broward County compared to State (8.3) and Peer-Counties Average (7.8).

High school students who have used alcohol in past 30 days

The percent of high school students who have used alcohol in past 30 days is 24.5 which is favorable when compared to the State (25.2) and Peer-Counties Average (25.2).
Alcohol and Tobacco Use among adults
Broward County’s percent of adults who engage in heavy or binge drinking is 18.8 and it is high compared to State (16.4) and Peer-Counties Average (18.7).

The Percent of Adults Who Engage in Binge Drinking is trending favorably in Hispanic (17.5) and Non-Hispanic Black (10) while it is trending unfavorably in Non-Hispanic White (24).
The Percent of Adults Who Are Current Smokers for Broward County is 11.5 (2016) and it is trending favorably since 2010. It is also favorable when compared to State (15.5) and Peer-Counties Average (14.3)

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey

The percent of adults who are current smokers is trending favorably among Hispanic and Non-Hispanic Black except for Non-Hispanic. The percent of adults who are current smokers increased by 2 percent in 2016 compared to 2016.

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
The percent of adults who are current smokers for Broward County is 11.5 (2016) and it is trending favorably since 2010. It is also low compared to State (15.5) and Peer-Counties Average (14.3)

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
The percent resident live births to mothers who smoked during pregnancy is trending favorably among all ethnicities although the percent of mothers who smoke during pregnancy is high (0.7) compared to all other ethnicities.

Broward County’s percent of resident live births to mothers who smoked during pregnancy is 0.6 and it low compared to State (4.1) and Peer-Counties Average (1.7).
Illegal Drug Use

67,367 drug overdose deaths occurred in United States. Opioids are currently the main driver for overdose deaths. Overdose deaths can be prevented by improving opioid prescribing, reducing exposure and misuse and by treating opioid use disorder.

For the indicators below, opioids or drugs were identified as the cause of death by Florida Medical Examiners by county where the death occurred, data supplied by Florida Department of Law Enforcement for use in FLHealthCHARTS.

### Indicator Table

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Florida</th>
<th>Peer-Counties Average</th>
<th>Broward</th>
<th>Miami-Dade</th>
<th>Hillsborough</th>
<th>Orange</th>
<th>Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Overdose Annual Age-Adjusted Death Rate (Per 100,000 persons) (2018)</td>
<td>18.7</td>
<td>18.1</td>
<td>19.5</td>
<td>7.4</td>
<td>15.4</td>
<td>18.7</td>
<td>30.9</td>
</tr>
<tr>
<td>Drug Overdose Annual Age-Adjusted Death Rate (Per 100,000 persons) (2018)</td>
<td>24.5</td>
<td>22.3</td>
<td>22.9</td>
<td>11.1</td>
<td>18.7</td>
<td>24.2</td>
<td>36.5</td>
</tr>
</tbody>
</table>

Source: FLHealth CHARTS. Opioid Use Dashboard - 2018 Provisional Data

### Indicators Table

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Overdose Annual Age-Adjusted Death Rate</td>
<td>12.0</td>
<td>24.4</td>
<td>27.2</td>
<td>19.5</td>
<td>Decrease</td>
</tr>
<tr>
<td>Drug Overdose Annual Age-Adjusted Death Rate</td>
<td>15.7</td>
<td>29.8</td>
<td>31.7</td>
<td>22.9</td>
<td>Decrease</td>
</tr>
<tr>
<td>All drug non-fatal overdose emergency department visits</td>
<td>2,476</td>
<td>3,549</td>
<td>3,615</td>
<td>3,036</td>
<td>Decrease</td>
</tr>
<tr>
<td>Opioid-involved non-fatal overdose emergency department visits</td>
<td>522</td>
<td>1,677</td>
<td>1,842</td>
<td>1,317</td>
<td>Decrease</td>
</tr>
<tr>
<td>Neonatal Abstinence Syndrome Birth Defect Annual Rate (Per 10,000 live births)</td>
<td>17.0</td>
<td>27.0</td>
<td>19.7</td>
<td>24.2</td>
<td>Increase</td>
</tr>
</tbody>
</table>

Source: FLHealth CHARTS

When comparing peer-counties, Broward has the second highest rate for opioid and drug overdose deaths. Opioid, drug overdose deaths and non-fatal overdose emergency department visits shows a
great decline when comparing the data for 2017 and 2018. The Neonatal Abstinence Syndrome Birth Defect Annual rate increased by 4.5 percent.

The Opioid Overdose Annual Age-Adjusted Death Rate in Broward County has decreased by 7.7 percent when comparing the 2017 and 2018 data. Broward County’s rate (19.5) is greater than the State (18.7) and Peer-Counties Average (18.1).

Drug Overdose Annual Age-Adjusted Death Rate Broward County has decreased by 8.8 percent when comparing the 2017 and 2018 data. Broward County’s rate (22.9) is low compared to the State (24.5) and slightly high compared to Peer-Counties Average (22.6)
Broward County’s Neonatal Abstinence Syndrome Birth Defect Annual Rate is 24.2 (2018) and it is low compared to the State (62.1) and slightly high compared to Peer-Counties Average (29.3).

Source: FLHealth CHARTS
The Aggravated Assault, Rate Per 100,000 Population for Broward County is trending favorably and the rate (228.2) is lower than the State (260.3) and Peer Counties Average (276.3).

The Murder, Rate Per 100,000 Population for Broward County is trending unfavorably and it is highest since 2010. It is higher than the State rate (5.3) and lower than the Peer-Counties Average rate.
Broward County's Robbery, Rate Per 100,000 Population is 110.7 is trending favorably although the rate is higher compared to the State (76.2) and Peer-Counties Average (97.7).

Broward County's Total Domestic Violence Offenses Rate Per 100,000 Population is 292.4 (2019) which lower than the State (495.1) and Peer-Counties Average (414.9).

Source: FLHealth CHARTS
Unintentional Injury, Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019
(FLHealth CHARTS)

Source: FLHealth CHARTS

Unintentional Injury Age-Adjusted Death Rate Per 100,000 for all ethnicities is trending unfavorably and the rate for White is 56.9 (2019) which is 7 percent greater than the total rate of 49.2.
Unintentional Injury, Age-Adjusted Death Rate Per 100,000
2010-2019

Rate per 100K Population


Year

Broward Florida Peer-Counties Average

Unintentional Injury, Age-Adjusted Death Rate Per 100,000 for Broward County is 49.2 (2019) and it had declined by 5.3 percent since 2016. The rate is lower than the State (55.5) and higher than Peer-Counties Average (45.9).

The results of the Community Health Needs Assessment (Broward Health Council report) showed unintentional injuries as a leading cause of death.

Source: FLHealth CHARTS
In 2019, the Unintentional Drowning Crude Death Rate, Ages 0-9, Per 100,000 among White (1.7) and Hispanic (2.7) was lower compared to the total rate. It is higher among the Black (4.7) and Non-White (4.8).

Broward County’s Unintentional Drowning Crude Death Rate, Ages 0-9, Per 100,000 is trending favorably for past 2 years and rate for 2019 is 3.1 which is higher than the State (2.7) and Peer-Counties Average (2.1).
The Motor Vehicle Crash Age-Adjusted Death Rate Per 100,000 for Broward County is trending favorably for past 2 years and the 2019 rate (12.4) is lower than the State (14.7) and higher than the Peer-Counties Average (11.9).

Source: FLHealth CHARTS
Unintentional Poisoning, Age-Adjusted Death Rate Per 100,000 by Race/Ethnicity
Broward County
2010-2019

Unintentional Poisoning Age-Adjusted Death Rate Per 100,000 is trending unfavorable among all ethnicities. In 2019, the highest rate was among White (34.1) followed by Hispanic (11.9). The rate among White is 3 times than the Black and Non-Hispanic White.
Broward County’s Unintentional Poisoning
Age-Adjusted Death Rate Per 100,000 for 2019 is 25.1 which is high compared to the State (24) and Peer-Counties Average (19.1).

Source: FLHealth CHARTS

HEALTH EQUITY RATIO:
UNINTENTIONAL POISONING AGE-ADJUSTED DEATH RATE
2017-2019
(FLHealth CHARTS)

Source: FLHealth CHARTS
The Age-adjusted Total Deaths from Firearms Discharge, Rate Per 100,000 Population is trending unfavorably among all ethnicities with the highest rate among Black (14.3) followed by Non-White (12.8).

Broward County’s Age-adjusted Total Deaths from Firearms Discharge, Rate Per 100,000 Population for 2019 is 11.1 and it lower compared to the State (12.8) and Peer-Counties Average (11.4) although the rates are trending unfavorably for past 2 years.
HEALTH EQUITY RATIO:
AGE-ADJUSTED TOTAL DEATHS FROM FIREARMS
DISCHARGE
2017-2019
(FLHealth CHARTS)

Source: FLHealth CHARTS
Overweight and Obesity

Obesity is a complex health issue that roots from behavior and genetics. Behaviors including physical inactivity, dietary patterns, medication use, and other exposures can be contributing factors.

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey

The percent of adults who are obese is trending unfavorably for Non-Hispanic Black and Non-Hispanic White. The percent of adults who are obese increased by 5.7 percent in Non-Hispanic Black.

The percent of adults who are obese in Broward County is trending favorably since 2010. Broward County’s percent of adults who are obese ties in with the Peer-Counties Average for 2016 (25.1) and it is low compared to the State (27.4).

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
The adults who are at a healthy weight is trending unfavorably in among Hispanic and Non-Hispanic Black. The percent of adults who are healthy weight increased among Non-Hispanic White.
The percent of adults who are at a healthy weight in Broward County is 35.4 (2016) which is low compared to the State (34.5) and Peer-Counties Average (36.9).

Source: FLHealth CHARTS – Behavioral Risk Factor Surveillance Survey
Healthcare Resources, Access, and Utilization

Access to health care is defined by the National Academies of Sciences, Engineering, and Medicine (the National Academies) as the “timely use of personal health services to achieve the best possible health outcomes”. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Access to health insurance is associated with improved access to health services and better health monitoring.

Health Insurance

The Percent of Adults with Any Type of Health Care Insurance has increased favorably since 2013 and are favorable when compared to Florida and the peer-counties in 2013 and 2016.

Source: FLHealth CHARTS
Broward County’s **Percent of Adults with Any Type of Health Insurance Coverage by Race/Ethnicity** has increased since 2010 BRFSS data. There has been an unfavorable decline among Whites. There is favorable increase among Non-Hispanic Black and Hispanic since 2013.

Source: FLHealth CHARTS

The **Percent of Civilian Non-Institutionalized Population with Health Insurance** has increased favorably since 2014. Broward’s rate is unfavorable when compared to Florida and equal to the Peer-Counties.

Source: FLHealth CHARTS
Overall, Broward County’s **Percent of Civilian Non-Institutionalized Population with Health Insurance** has increased favorably since 2014. However, a closer look reveals a decline among whites from 2012 to 2017 with a favorable improvement in 2018 with an increase among Blacks and Hispanics for the same timeframe.

Source: FLHealth CHARTS

---

**Percent of Civilian Non-Institutionalized Population with Health Insurance by Race/Ethnicity**
Broward County
(FLHealth CHARTS)

**Health Equity Ratio**
(FLHealth CHARTS)

Source: FLHealth CHARTS
Age-adjusted Emergency room visits due to asthma, rate per 100,000 Population trending unfavorably among Black and Non-White. The room visits due to asthma among Blacks was 2.6 times than Whites.

The Emergency room visits due to asthma rate Per 100,000 Population for Broward County is 597.7 (2019) and higher than the State (516.9) and Peer-Counties Average (495.8).
HEALTH EQUITY RATIO:
EMERGENCY ROOM VISITS DUE TO ASTHMA
2017-2019
(FLHealth CHARTS)

Source: FLHealth CHARTS
Broward County’s Lead Poisoning, rate per 100,000 population is 5.8 for 2018 which is two times lower than the State (10.1) and Peer Counties Average (12.9).

Source: FLHealth CHARTS
100 percent of population in Broward County is receiving fluoridated for past three years. This is higher than both the State and Peer Counties percentage for the same period.

Source: FLHealth CHARTS
In 2019, 45.6% of Broward County’s population live within ½ mile of healthy food source in 2019 which is higher than the State (31) and Peer-Counties Average (41.0)

In 2019, 52.1% of the population live within ½ mile of a fast-food restaurant which is higher than the State (32.3) and Peer-Counties Average (40.0)

Source: FLHealth CHARTS
In 2019, 16 percent of the population was living within ½ mile of an off-street trail system in Broward County while it was 18.4 for the State and 19.5 for Peer-Counties Average.

In 2019, 74.7% of Broward County’s population lived within ½ mile of a park which is higher compared to the State (45.2) and Peer-Counties Average (949.5).
The percent of workers 16 and over who walked to work has been consistent since 2010 although it is lower than the State (1.4) and Peer-Counties Average (1.6) in 2019.

Source: FLHealth CHARTS
Shortage Areas

Health Professional Shortage Areas (HPSAs) identify geographic areas, population groups or facilities that are experiencing a shortage of health care professionals, they can include designations that indicate health care provider shortages in primary care, dental health, or mental health. Broward County has 8 Primary Care, 4 Dental Health and 1 mental health low income professional shortage areas. In Broward County, there are 5 Federally Qualified Health Centers and one Indian Health Services, Tribal Health and Urban Indian Health Organizations that are automatically designated as HPSAS through regulation. For dental health, there are 4 Federally Qualified Health Centers and one Indian Health Services, Tribal Health and Urban Indian Health Organizations; and for mental health there are 4 Federally Qualified Health Centers and one Indian Health Services, Tribal Health and Urban Indian Health Organizations.
Broward County Dental Health Shortage Area
Broward County Mental Health Shortage Areas
Medically Underserved Areas/Populations

Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Broward County has 9 Low Income Medically Underserved Populations.

Broward County Medically Underserved Populations
Medicaid

The CHNA provided several examples related to Medicaid utilization from Broward Regional Health Planning Council, Health Data Warehouse.

In the graphic below, charges for avoidable emergency department visits at Broward Health (2017) by payer shows Medicaid charges regardless of severity was $177,390,473.

Source: Broward Health CHNA 2019

Data for charges associated with prevention quality indicators shows low birth weight is $31,401,059 for Medicaid recipients (263 cases for blacks). The next highest Medicaid charge is for diabetes lower extremity amputations (actual charges are not included on the graph), but the cases by race/ethnicity shows 41 black cases compared to 39 white cases is provided in the next graph.
Prevention Quality Indicators, Charges by Payer, BH, 2017

Source: Broward Health CHNA 2019

Prevention Quality Indicators, Cases by Race/Ethnicity, BH, 2017

Source: Broward Health CHNA 2019
Pediatric quality indicators show Medicaid was the largest payer in 2017 at $5,134,016; Asthma was the highest charge, $3,298,768 and Perforated appendix next at $855,551.

Source: Broward Health CHNA 2019
Avoidable Hospitalizations, Discharges and Emergency Department (ED) Visits

Hospitalizations by Chronic Disease - Broward Cases by Age, 2017

Source: Broward Health CHNA 2019

Hospitalizations by Chronic Disease - Broward Cases by Gender, 2017

Source: Broward Health CHNA 2019
Avoidable Emergency Department Visits
The Emergency Department (ED) avoidable data is based on the New York University Algorithm for ED classification, created by a panel of ED and primary care physicians. The ED visits are stratified by emergency status:

- **Non-Emergent (NonEm)** – The patient’s initial complaint, symptoms, medical history and age indicated that immediate medical care was not required within 12 hours.
- **Emergent/Primary Care Treatable (EmPCT)** – Treatment was required within 12 hours; however, the care could have been provided effectively in a primary care setting. [All resources used are also available in a primary care setting.]
- **Emergent – ED Care Needed – Preventable/Avoidable (EmPrev)** – ED care was required; however, the emergency could have been prevented or avoided if ambulatory care had been given at the proper time.
- **Emergent – ED Care Needed – Not Preventable/Avoidable (EmNonPrev)** – ED care was required, and ambulatory care treatment could not have prevented the condition. Source: Florida Department of Health, Division of Disease Control

![Emergency Department Visits and Admissions- Broward, 2015-2017](image)

Source: Broward Health CHNA 2019
Hospitalizations by Chronic Disease - Broward Charges by Payer, 2017

[Graph showing hospitalization charges by chronic disease and payer type for 2017.]

Source: Broward Regional Health Planning Council, Health Data Warehouse
Forces of Change

A two-hour brainstorming session was held (October 11, 2018) to provide a forum to discuss health equity and social determinants of health with community leaders in Broward County. The participants focused on four main topic areas:

- Affordable Housing
- Quality Schools
- Reliable Transportation
- Health Equity

Issue Descriptions

Racial Equity Training as a Basis for Ending Racism

The shared educational foundation is resulting in changing policy, organizational practices, uses of data and relationships in the community. For example, in 2017, the Broward County Commission passed a new 10-year land use plan with a new Environmental Justice Policy (Policy 2.36.1 & 2) that requires developers to assess the impact of projects on vulnerable populations. County planners indicated that this was a profound innovation for a land use plan.

In addition, Children’s Services Council (CSC) began including a racial equity lens in procurement processes, specifically acknowledging the historical and structural conditions of racism that impede everyone developing their full potential as well as strategies to learn together how to mitigate racism for children, youth, and families. CSC has also begun building a racial equity approach to the local Integrated Data System (i.e., Broward Data Collaborative) which includes centering the lived experiences of people/youth whose data is in the system through Community Participatory Action Research. A recently released procurement to assess the Special Needs System of Care requires the evaluator to use a racial equity lens to complete the project. Broward County Public Schools (BCPS) received a Title IV grant to support equity in the district and schools including an equity liaison in each of the district departments and in all 234 public schools. All four anchor institutions disaggregate data to identify opportunities to reduce disparities and to evaluate improvements across key indicators. The graduates of the two-day intensive workshops continue to learn, embody and innovate antiracism strategies and solutions through People of Color/White/Joint Caucus meetings held monthly. The People of Color Caucus is insuring that people of color are included at decision making tables across the county and are identifying ongoing opportunities to elevate the voice/perspective/power of people of color. The White Caucus supports members in deepening their analysis and compassion and identifying strategies to leverage white privilege to transform policies, practices and relationships to create equitable community conditions. Broward partners are using this education to reduce racial disproportionality in the child welfare system and have successfully reduced the number of Black children being removed from their home over the last 3 years from 749 in FY 2016 to 595 in 2018 representing a decrease in the disproportionality of Black children from 59% to 55%.

Broward’s work on racial equity is being shared across the state and nation as a model for creating a shared language and understanding of racism to innovate solutions that grow equity in communities, institutions, organizations, programs, and individual interactions. Broward County’s work on racial equity has been presented at the “Ready by 21” Forum for Youth Investment National Conference, University of Pennsylvania Actionable Intelligence for Social Policy Integrated Data System Learning Community Seminar, the Florida College Access Network Conference and the National Center for Families Learning Conference.
Addressing the Social Determinants of Health through Test and Treat and SEALS

Prior to April 30, 2017, individuals newly diagnosed with HIV in Broward County needed to wait for laboratory results, eligibility, and medical appointments before starting anti-retroviral (ART) medication. This resulted in clients lost in the process and not engaging in care. HRSA Care Action, January 2012, states that as many as 30% of people diagnosed with HIV never return for the first doctor’s appointment. To improve linkage to care and decrease the rate of new HIV infection, DOH Broward implemented a Test and Treat Program in partnership with the Broward County Ryan White Part A Grantee Office. The evidence base for the program was the successful projects in Haiti, New York, and San Francisco. The Broward Test and Treat Program is unique because it strives to provide HIV same day primary care appointments and ART initiation and provides 30 days of ART. Additionally, the program was implemented in partnership with all 5 Ryan White Part A HIV primary care providers, and accepts clients regardless of how long they have been non-adherent to ART.

In addition, Test and Treat Linkage and Re-engagement Specialists (LRS) help clients overcome barriers to retention in care and medication adherence. They ensure clients make and attend eligibility determination, medical and case management appointments, provide transportation, and make referrals to other services. Staff closely follow clients for at least one year. As an example, HIV outreach staff located a substance addicted homeless client lost to HIV care who was having seizures and transported him to a hospital. The LRS arrived to find the client had been discharged and found him outside on a curb. The LRS accompanied the man to a substance abuse treatment facility, waited for 7 hours, assuring his admission and receipt of ART. Nine months later, the client is no longer homeless and is retained in HIV care with an undetectable viral load.

Since the program’s inception on May 1, 2018 through October 18, 2018, 1,326 clients have enrolled in the program, 44% being newly diagnosed and 56% previously diagnosed clients who were lost to care. This is the largest Test and Treat program in Florida. In the first year of the program, 60% of those enrolled were Black and 38% White and 2% Other. The one-year evaluation showed an overall viral suppression rate at 12 months of 84%, with 93% for newly diagnosed clients and 75% for previous positives, compared to an estimated 64% for the continuum of care in Broward County.

The second collaborative project is School Based Dental Sealants (SEALS). Tooth decay is one of the most common chronic conditions of childhood in the U.S. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, learning, increased absenteeism, and emergency room visits. In 2017 in Broward County, there were 1,554 preventable emergency room visits due to dental conditions for children under 21 years old resulting in $2,279,886 in charges. Dental sealants are the most effective method of preventing caries in permanent molars. To address the health equity issues of dental insurance, transportation and parent’s inability to take time off work, DOH-Broward, in collaboration with Broward County Public Schools (BCPS), utilized data relating to the high rates of Free and Reduced Lunch (63.4%, 2015) to implement SEALS in 68 of the neediest Title 1 elementary schools in the 2015-2016 school year. SEALS, which is free to parents, uses a model in which a field team of 4 registered dental hygienists provide group education, performs an oral health assessment, dental charting, records the student’s case history, applies approved topical fluoride, applies dental sealants, as appropriate, removes calculus deposits, accretions, and stains from exposed surfaces of the teeth and from tooth surfaces within the gingival sulcus, and conducts one-on-one oral health and nutritional education with each student at their school. In the 2017-2018 school year, SEALS expanded to provide preventive dental services to 38,872 children in 138 Title 1 elementary and middle schools. During the 2017-2018 school year, SEALS identified 1,664 students with urgent dental needs and made immediate referrals to dental providers. Based on the success of SEALS, the program was expanded in the 2018-2019 school year to all 260 public Broward County
Elementary, Middle and Charter Schools with a goal of serving over 60,000 children. SEALS is the largest school based dental sealant program in Florida.

Both were awarded National Association of County and City Health Officials (NACCHO) Promising Practices in 2018. The SEALS program was also awarded a Model Practice in 2019 and a Prudential Productivity Award in 2018.

**Collective Impact and Results Based Accountability Improve Children’s Lives**

In 1999, Broward County government convened partners to create the Broward Children’s Strategic Plan to reduce duplication, align efforts and maximize resources for children and families. The first Children’s Strategic Plan was published in 2002 and updated in 2006, 2012 and 2017. The Plan is overseen by the CSC, an independent special taxing district created by legislation in 2000 to locally fund prevention services for children and families. The Plan represents nearly 250 community organizations and is a mechanism for connecting new partners and aligning and coordinating efforts. Each objective of the Plan is championed by a committee. The structure has grown from 8 committees to over 40 committees of system partners, service providers and community members. Committee areas include preventing abuse and neglect, behavioral health prevention and services, early childhood, special needs, juvenile justice and cross over youth, positive youth development, maternal and child health, and college and career readiness. As an example, of our community outcomes and positive data trends related to the plan, there has been a decrease in Black youth who were arrested from 5,107 in state fiscal year 2013 to 3,319 in 2017 and a decrease in Hispanic youth arrested during the same time from 835 to 522. Using Collective Impact and Results Based Accountability as organizing frameworks, committees co-create Results Based Accountability Turn the Curve reports. These reports reflect the aspirations, data, best practice research, partners, and action steps for each focus areas, are dynamic and organic and provide a unique model of community strategic planning. Rather than an exclusively top down approach with expensive and lengthy community evaluation processes, the committees are staffed with subject matter experts and system and program partners with access data specialists to create immediate and responsive changes. For example, actions taken by the Special Needs Advisory Committee resulted in a decrease in the wait time for developmental screening evaluation of children birth to five years old from 7 months (2013) to 3 months (2018). This model has been highlighted in national forums as a robust approach to improving communities, systems, funding, and programs.

The Plan provides policy, system and program solutions and data to enhance community conditions and inform budget decisions. Specifically, CSC uses the Plan to inform the allocation of nearly $80 million for prevention programs. In the 2016-2017 fiscal year, 83% of the children receiving CSC services were black, 12% white, and 5% other with 20% being Hispanic. Over the last 15 years (2002 to 2017), the county has seen dramatic improvements in graduation rates 65.2% - 81.0%, and teen pregnancy (ages 15-19) rates – 13.6 per 1,000. From 1998/1999 to 2015/2016 juvenile arrests decreased 75% from 13,467 to 4,406. Tying in with the racial equity work, the Plan is a conduit for spreading and accelerating the equity efforts of the Broward community. Chairs of the committees are completing the training and identifying ongoing equity opportunities and solutions to improve the lives of children and families.

**Addressing Affordable Housing and Disaster Recovery Through Collaboration**

The CCB unites government, business and nonprofit leaders in advocacy and coordination of health and human services in Broward County. The CCB is composed of the top executives of state and county who are responsible for funding and implementing a broad array of health, public safety, education, economic and human services in Broward County and is chaired by former state Senator
and Broward County Commissioner, Nan Rich. The Council’s goal is to better coordinate services and identify barriers that the ALICE (Asset Limited Income Constrained Employed) population experience. ALICE represents the growing number of individuals and families who are working but are unable to afford the basics necessities of housing, food, childcare, health care and transportation. In 2017 44% of Broward County households were below the ALICE threshold with 54% black, 45% Hispanic and 53% Seniors. The CCB has identified affordable housing as the most critical issue facing this population and is coordinating a unified voice in bringing forth solutions to address this crisis. The CCB has also taken on the task of Long-Term Recovery, specifically related to housing and financial assistance, needed in the County after hurricanes.

Since aligning around the issues of the affordable housing crisis, the CCB held the Broward Housing Summit in 2017 to launch the 18-month process of developing Housing Broward: An Inclusive Plan, a comprehensive strategic plan to address affordable housing needs countywide. Through this plan the CCB has successfully implemented policy changes in the Fair Housing ordinance and broadened the School Board impact fee waiver program. In December 2017, Broward Commissioners unanimously voted to expand the county’s housing anti-discrimination regulations ensuring military personnel and returning veterans have access to housing and that victims of domestic assault aren’t victimized again. This rule also protects people with a history of being stalked or assaulted, who can have difficulty accessing housing because landlords fear future attacks might cause disturbances on their property and prohibits discrimination based on someone’s source of income, whether it’s alimony, a federal government disbursement or money from a social service agency. In addition, the Broward County School Board workshopped a proposal in November 2017 and is up for vote in the SY 2018-2019 to waive impact fees for developers who offer more affordable housing. Developers now pay school impact fees that range from $279 per unit for a high rise to $8,241 for a 4-bedroom single family home. These fees are usually passed on to home buyers. The proposal waives fees for units within developments priced to serve people with incomes of up to $42,700 for a single person or $61,000 for a family of four. The CCB also led the advocacy efforts through the Charter Review Commission to add the ballot initiative to create the Broward County Affordable Housing Trust Fund, which will be voted upon in the November 2018 midterm election. Additional advocacy efforts have included the creation of a tri-county alliance with Miami and Palm Beach stakeholders to ensure that the state housing trust fund monies are used for their intended purpose and not diverted.

In the aftermath of Hurricane Irma, the CCB led the creation of the Long-Term Recovery Coalition of Broward (LTRC). LTRC is a humanitarian association of nonprofits, governmental agencies, faith-based organizations, and businesses with capabilities or resources to respond to a declared disaster locally. The LTRC has fostered cooperation among its members at all levels and in all phases of disaster and has resulted in Broward County being better prepared to address any future disaster. In less than one year, the LTRC has engaged over 50 partners, has created the area’s first disaster case management resource guide, and created an internet presence for informational purposes and advocacy. Since its inception the LTRC has Case Managed over 400 families to fulfill unmet needs, resulting from Hurricane Irma including financial assistance and housing.

Building a Culture of Health
The Healthy Community Zones (HCZs) model was implemented in Broward County (BC) in 2015. Five low-income communities with health disparities: Dania Beach, Hallandale Beach, Lauderdale Lakes, Fort Lauderdale’s Sistrunk Corridor and an unincorporated area called Broward Municipal Services District, were selected as HCZs through a Request for Partnerships announcement, reaching over 100,000 residents. HCZs build a culture of health in an area of need by working from the top-down, through city leadership, and bottom-up, with resident engagement, to form a shared action plan. The initiative works with over 30 diverse partners including non-profit organizations, planning agencies,
public health, law enforcement, foundations, hospitals, schools, business owners, faith-based organizations, municipal and county governmental agencies. Community stakeholders, through a participatory process, identified key areas of interest for their community and developed context-specific community action plans for sustainable change. Each HCZ implemented strategies to address their community’s specific needs to reduce tobacco use, improve access to healthy foods and beverages, provide opportunities for physical activity and offer programs for preventing and managing chronic diseases. Each community has 2 to 8 resident liaisons who are connected to the focus areas, plus governmental champions in each area. Thus far, HCZs have resulted in 19 policy, system and environmental improvements. Liaisons have been employed by cities to continue their work. With the support of HCZs, the BC Board of County Commissioners adopted Complete Streets, leading to a county wide investment in infrastructure by the Metropolitan Planning Organization (MPO) and Department of Transportation of over $100 million. Broward County Public Schools (BCPS) passed a resolution for Safe Routes to School and the Hallandale HCZ was granted $350,000 to support this policy.

Expanding upon the implementation of the biomedical model to decrease the rate of new HIV infection as reported in Phase I, The Florida Department of Health in Broward County (DOH Broward) implemented the Rapid PrEP Program. Pre-exposure prophylaxis (PrEP) is an effective, evidence-based intervention for HIV prevention. The DOH Broward Rapid PrEP Program incorporates the provision of PrEP services into routine STD clinical care. Patients at risk of acquiring HIV are offered PrEP along with all necessary counseling and testing, receive a 10-day supply of PrEP at no cost and are enrolled in PrEP Navigation services on the same day of their STD clinic visit. Clients without insurance are enrolled in pharmaceutical patient assistance programs. The RAPID-PrEP Program represents a successful public/private sector collaboration that started in a publicly funded STD clinic, the Broward Wellness Center (BWC), operated by a community-based agency and expanded to include 143 private primary care physicians. The physicians were recruited as PrEP providers by DOH Broward staff who routinely visit physician practices in zip codes with high rates of new HIV infection. From June 2018–January 2019, 923 clients at BWC were enrolled in the Rapid PrEP Program, making it the largest county health department PrEP Program in Florida. 32% of the clients were Black, 77.5% MSM and 56.7% were uninsured. Program evaluation shows a 75% retention rate in PrEP at 3 months and an 85% retention rate at 6 months as compared to 57% at 6 months in the literature.

The overarching characteristic of BC’s efforts to create a culture of health is non-competitive collaboration and partnership across all sectors, with a rich array of coalitions addressing different disparities and populations, and each partner serving in the appropriate role at the appropriate time. Partners have united with community members in assessment and planning processes based on data and sharing results such as the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Children’s Strategic Plan (CSP) and the Healthy Community Zones (HCZ). Reflecting our efforts to broadly define health and address the SDOH, Broward County has implemented large-scale long-term policy interventions to promote affordable housing, access to transportation, environmental justice in land use and safe streets for users of all ages and abilities. The penny sales tax for transportation and the grants awarded as a result of HCZs exemplify our success in leveraging resources to improve the community’s health. In response to identified needs, preventive health services for disproportionately affected populations are delivered in a way that eliminates barriers such as lack of insurance and transportation exemplified by Broward Dental SEALS, Test and Treat and Rapid PrEP. To achieve maximal impact, these services are provided system wide, such as in all elementary and middle schools and the entire Ryan White system of HIV patient care. The ongoing Racial Equity training and caucuses will continue to provide a common language and structure to eliminate racism and health disparities.
Working Together

Broward County has a unique health and human service system in which extensive and continuous collaboration occurs between agencies and coalitions in an informal and formal manner. Much of this collaboration occurs organically due to a long-standing history of agency leaders making decisions based on the good of the community rather than their individual agency and directing resources to the most expert and best positioned organizations. Agency leaders and subject matter experts prioritize participation in Broward County’s multiple coalitions working to give all residents the chance to live their healthiest life possible. This shared expertise and communication across committees provides the opportunity to leverage resources and avoid duplication of effort. Some of these coalitions include: Healthy Start Community Action Group, Breast Feeding Taskforce, Perinatal Provider Network, Early Learning Coalition, KidCare Taskforce, Comprehensive School Health Advisory Committee, Healthcare Coalition, Nutrition and Fitness Taskforce, Drowning Prevention Taskforce, HIV Prevention Planning Council, Commission on Substance Abuse, Dignity in Aging Taskforce, Funders Forum, Association of Non-profit Executives, League of Cities, Smart Growth Partnership, Local Coordinating Board (Transportation Disadvantaged) Complete Streets Advisory Committee, and the Broward Alliance. Regarding formal collaboration, there are three overarching structures: Coordinating Council of Broward (CCB), Health Care Access Committee (HCA) and the Children's Strategic Plan (CSP) Leadership Coalition.

The CCB, operating for almost 25 years, is comprised of the top executives of state and county entities from the public, private and business sectors, who are responsible for funding and implementing a broad array of health, public safety, education, economic and human services in Broward County. At monthly meetings members share information about activities and initiatives of their agencies as well those of the coalitions, taskforces and committees on which they serve. When CCB initiatives require extensive time and resources, separate committees are created under the CCB structure, such as the Long-Term Recovery Coalition and the Dignity in Aging Taskforce.

The HCA has been in existence since 1991. Members of the committee represent hospitals, Public Health, Universities, BCPS, Federally Qualified Health Center, volunteer clinics, CSC, law enforcement, community members and community-based organizations. The original purpose of this committee was to improve access to primary health care. In 2013, the committee expanded its scope to include oversight of the CHA and CHIP Process. The HCA reviews the data gathered through the Mobilizing for Actions through Planning and Partnerships Process (MAPP), identifies and prioritizes the opportunities for improvement and monitors the progress of the action plans to address these issues.

The CSP Leadership Coalition oversees the work of the 40 CSP Committees implementing the CSP. The Plan brings together government, non-profits, the private sector and community members to improve the lives of Broward’s children and families by achieving five desired results. These are: children living in stable and nurturing families, children are mentally and physically healthy, children are ready to succeed in school, children live in safe and supportive communities and young people successfully transition to adulthood. Partners work on a common agenda, share data and strategies and maximize resources. Reports and recommendations from the Committees are brought to the Leadership Coalition.

The Special Needs Advisory Coalition (SNAC), a CSP Committee, was formed in 2005 in response to a Special Needs Business Plan in which stakeholders identified needs and priorities for Broward’s special needs community. The committee, of over 200 members, is comprised of community leaders, stakeholders, providers, and parents. SNAC is an example of how Broward County has built effective collaboration through the inclusion of marginalized populations. SNAC meets every other month to coordinate special needs services. There are five subcommittees, which have evolved since its
inception: Baby (birth to 5), Primary (6-10), Tweens (11-15), Transition to Independence (16-22) and Special Needs Behavioral Health. SNAC has been instrumental in partnering and collaborating with service providers, funding entities and parents in advocating for system improvements and reducing service gaps. SNAC has successfully advanced initiatives including: specialized aftercare and summer programs, efficiencies in early identification of developmental delays, expedited medical responses for medically complex children and braided funding partnerships to expand service capacity. Other accomplishments include: an annual (since 2010) Transitioning to Life Resource fair and workshop series for youth with disabilities and their families, the passage of the Early Steps budget request, a Special Needs and Behavioral Health Hotline, a Supported Training Employment Program for Special Needs (STEPS), a resource guide for parents and initiating the Special Needs System of Care Assessment RFQ to complete a community needs assessment focusing on special needs and behavioral health using a racial equity lens.

Creating Conditions to Improve Equity

We have identified racism as a significant barrier to health equity in Broward County. Broward County Human Services Department (BCHSD) and CSC partnered to bring a racial equity educational platform to their agencies and the community in 2016. Two years of monthly educational workshops has created the basis for this movement for racial equity in Broward. DOH Broward joined the partnership in 2017 as well as Broward Sheriff’s Office Child Protection Investigation Section and the local child welfare organization, ChildNet. After completing the two-day racial equity training, participants can participate in the People of Color or White Caucus. The Caucuses work to identify and dismantle institutional racism in policies and practice during monthly meetings and quarterly Joint Caucus meetings.

Broward County uses the HCZ model to foster a sense of security, belonging and trust among residents, including marginalized groups. Through the HCZ process, residents are involved in identifying barriers to good health and are included in decision making, while resources are leveraged from community partners to address these barriers. The HCZ provides ways for those living in marginalized, traditionally underserved communities to be involved in how health is defined and addressed in their communities. Residents of the HCZs, broadened their characterization of what health is, identified the barriers for healthy food, opportunities for physical activity and clinical care, and provided insights as to what they believed, would be possible solutions. They described how "health" prior to the HCZ was considered by many residents as something clinical in nature, separate from their day-to-day lives. Now, health and wellness are identified as an integral part of their daily lives and their community. Sustainability has been made possible by policies, systems and environmental improvements that the residents helped to craft and implement along with over 30 partnering agencies. Residents attended BCPS, City and County meetings to advocate for community plans supportive of healthy eating, active living, and smoke free outdoor places. Additionally, early wins such as the PATCH urban market gardens and neighborhood wayfinding paths, demonstrated that residents have the power to use their voices to address implicit barriers to health. The HCZs meet residents in their neighborhoods, address their concerns and prepare plans with their solutions. Residents from traditionally marginalized communities were able to meet and connect with decision-makers from BCPS and City, County and State levels. As a result, long term policy successes directly related to the work by residents in HCZs range from: adoption of Safe Routes to School by BCPS; an “Age-Friendly Community” plan to expand elements in the HCZ Community Action Plan to the City level; changes in comprehensive land use plans to approve urban agriculture at the County level; and, adoption of Complete Street Guidelines by the MPO at the State level. Improvements that affect all 1.9 million residents of Broward County were made possible, in part, by the involvement of residents where the HCZs have been implemented.
The Broward Municipal Services District (BMSD) HCZ is comprised of seven of the most marginalized communities in Broward County’s most racially segregated, highest poverty neighborhoods. The Broward County Board of Commissioners (BOCC) is the governing body of the BMSD. In 2012, the Central County Community Advisory Board (CCCAB) was established to represent the residents of four of these neighborhoods in identifying and addressing issues affecting their community. CCCAB members represent homeowners and civic associations and are a conduit for feedback from and communication with residents. In 2016, the BMSD was designated as a HCZ, increasing the opportunity for community engagement and participation in decision making. Utilizing walking audits and community engagement meetings, residents within the BMSD identified the following barriers: economic development, unemployment, affordable housing and lack of opportunities for physical activity and have worked with BOCC, non-profit organizations and foundations to make sustainable changes. BMSD works with Broward County’s Office of Economic and Small Business Development and has engaged 24 businesses in the Economic Development Program. The BOCC implemented the Transit Transitional Employment Pilot to provide specialized job readiness classes, vocational and job skills training, and employment opportunities to residents over 18 who reside in the target areas and are experiencing a high unemployment rate, low income, disabilities or returning from incarceration. In partnership with Rebuilding Together Broward County, the BOCC approved a Minor Home Repair Pilot Program to assist elderly, veteran and disabled homeowners in the BMSD. Public/private partnerships between the BOCC and ten local non-profits resulted in the development of forty new single-family homes expected to be completed by mid-2019. An investment by the Health Foundation of South Florida, and other Broward County Agencies provides an opportunity for residents in the Delevoe Park area to have access to an outdoor gym to improve their health at no cost, known as Destination Fitness. Destination Fitness ties in with the rich history of the corridor and is part of a triplex with the Urban League and the African American Research Library and Cultural Center.

**Sustaining Community Impact**

Broward County is maximizing resources, promoting sustainability, and investing equitably though ballot initiatives to secure funding, policy change, planning and a commitment to racial equity. In November 2018, voters approved a local one cent, 30-year surtax to increase mobility and address transportation challenges in Broward County. The detailed plan is designed to reduce traffic congestion, improve roads and bridges, enhance traffic light timing, develop safe sidewalks and bike paths, expand mass transit, fully fund special needs/on-demand services and community shuttles, connect greenways, enhance school safety zones and fund a variety of transportation projects. Also, with over 73% of the vote, voters supported the creation of the Broward County Affordable Housing Trust Fund. This solidified the CCB’s effort to address stigmas related to affordable housing and helping municipalities, business owners and residents better understand the need for affordable housing and the negative health and economic impacts of the lack of clean, quality affordable housing stock.

Another housing policy advancement was the update and expansion of the impact fee waiver program by BCPS based on feedback received through the CCB. Additionally, the City of Hollywood and Broward County entered into an Inter Local Agreement which appropriates a total of 50 million dollars for neighborhood revitalization in low to moderate income areas. In 2014, voters reauthorized the CSC which funds $80 million dollars in programs, leadership, and advocacy to improve life and health outcomes for children and youth. This reauthorization secured the sustainability of prevention programs including afterschool, summer youth employment, family strengthening, diversion, and life coaches for youth aging out of foster care or who are LGBT or involved with the juvenile justice system. Additionally, CSC Broward has begun implementing racial equity practices in procurements, contracting and collaborations.

The Broward County Planning Council incorporated equity into the Broward County Comprehensive Land Use Plan through an “Environmental Justice” policy adopted in 2017. The policy reads “For local
and regional land use policy and public infrastructure and services decisions, local governments and agencies should ensure environmental justice when considering the impacts to vulnerable populations, including but not limited to, the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless and those with chronic health conditions, including severe mental illness.”

In 2018, BCPS launched the Equity Liaison program to help teachers and school leaders across the district understand and examine the impact of race on student achievement and the role that racism plays in institutionalized racial disparities. 300 Equity Liaisons developed comprehensive equity plans for their schools outlining the goals and benchmarks that guide their work. Equity plans include data analysis of student performance and behavioral incidents based upon race, ethnicity and gender and strategies to ensure equal opportunities for students regarding elective course offerings, advanced academic courses, access to STEM related courses, fair discipline and equal access to technology. Through developing a common language around racism, effective cross sector collaboration, policy changes, securing resources through partnership and ballot initiatives and measurement and monitoring of progress, Broward County is eliminating health disparities, achieving health equity, and building a Culture of Health.

Following the brainstorming session, key informant interviews were conducted on October 12-27, 2018. Overarching themes include efforts to address structural and institutional racism; creating policy for lasting change in ways that have also garnered community consensus in everything from education, transportation, and housing; and using data to prioritize and inform efforts as well as track progress. Woven into all these themes is the spirit of collaboration that permeates throughout all the community’s efforts and the different ways the community fosters inclusion.
The table below provides the theme, key informant(s) and areas of discussion

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key Informants</th>
<th>Areas of Discussion</th>
</tr>
</thead>
</table>
| Addressing Racism                                  | Kimm Campbell, Broward County Human Services Department and David Watkins, Broward County Public Schools | Dismantling Racism  
Equity Liaisons  
Expanding Education Opportunity  
Monthly People of Color/White/ Joint Caucus Meetings |
|                                                    | Kimm Campbell, Broward County Human Services Department                       | Expanding Opportunities to Small and Minority Owned Businesses                      |
|                                                    | Gregory Haile, Broward College                                                | Broward UP                                                                          |
| Creating Policy for Lasting Change                 | Nan Rich, County Commissioner and Coordinating Council of Broward Chair, Kimm Campbell, Broward County Human Services Department and Scott Strawbridge, Housing Authority City of Fort Lauderdale | Coordinating Council of Broward County  
Long-Term Recovery Coalition of Broward |
|                                                    | Cindy Arenberg Seltzer, Children’s Services Council                           | Children’s Services Council of Broward                                              |
|                                                    | Kimm Campbell, Broward County Human Services and Nan Rich, County Commissioner | Thirty-Year Voter Approved Transportation Surtax                                    |
| Using Data to Prioritize and Inform Efforts and Track Progress | Paula Thaqi, Florida Department of Health, Nan Rich, County Commissioner and Coordinating Council of Broward Chair, and Kimm Campbell, Broward County Human Services Department | Healthy Community Zones  
Using Data to Inform HIV/AIDS Efforts  
School-Based Dental Sealant Program |
| Throughout: Broward’s Strong Collaborative Spirit and Dedication to Fostering Inclusion | Paula Thaqi, Florida Department of Health and Kimm Campbell, Broward County Human Services Department | Eagles’ Haven  
HIV/AIDS Outreach  
Community Workers  
Addressing the Needs of the Homeless Population  
Para-Transit Option (TOPS) |

A Leadership Tour of the Community (May 8, 2019) provided an opportunity to bring issues and efforts to life by visiting places of importance for health equity and social determinants of health.

Speakers on the bus provided commentary throughout the tour and included:

Caroline Bartha, Director of Performance Excellence, Florida Department of Health in Broward County
Suzanne Bundy, Senior Project Program Coordinator, Dismantling Racism Initiative, Broward County
Sandra Veszi Einhorn, Executive Director, Coordinating Council of Broward and the Nonprofit Executive Alliance
Marie Huntley, Community Activist
Teina Phillips, Director of Operations, HealthStreet
Renée Podolsky, Community Health Director, Florida Department of Health in Broward County
Joshua Rodriguez, HIV/AIDS Program Coordinator, Florida Department of Health in Broward County
Dr. Paula Thaqi, Director, Florida Department of Health in Broward County

Scheduled stops with meetings with community activists, leaders and groups included:
Place: Blanche Ely High School
Place: World AIDS Museum and Educational Center
Place: Northwest Gardens
Place: Reverend Samuel DeLevoe Memorial Park

Immediately following the tour, a community conversation was held. The community conversation provided a relaxed forum for participants to discuss the issues brought forward from all the previous activities (community brainstorming, leadership meeting, key informant interviews and community tour).

Community Conversation Participants:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role (if appropriate)</th>
<th>Organization (if appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Caroline Bartha</td>
<td>Organizational Development Director/SEALS</td>
<td>Florida Department of Health in Broward County</td>
</tr>
<tr>
<td>2 Germaine Smith Baugh</td>
<td>President and CEO</td>
<td>Urban League of Broward County</td>
</tr>
<tr>
<td>3 Melissa Blum</td>
<td>Senior Project Program Coordinator, Dismantling Racism Initiative</td>
<td>Humana Bold Gold</td>
</tr>
<tr>
<td>4 Suzanne Bundy</td>
<td></td>
<td>Broward County Human Services Department</td>
</tr>
<tr>
<td>5 Kathleen Cannon</td>
<td>President/CEO</td>
<td>United Way of Broward County</td>
</tr>
<tr>
<td>6 Tim Curtin</td>
<td>Administrative Director of Community Services</td>
<td>Memorial Healthcare System</td>
</tr>
<tr>
<td>7 Michael DeLucca</td>
<td>President/CEO</td>
<td>Broward Regional Health Planning Council</td>
</tr>
<tr>
<td>8 Sandra Veszi Einhorn</td>
<td>Executive Director</td>
<td>Coordinating Council of Broward and Non-Profit Executive Alliance</td>
</tr>
<tr>
<td>9 Rosalyn Frazier</td>
<td>CEO</td>
<td>Broward Community and Family Health Center</td>
</tr>
<tr>
<td>10 Jorge Gardela</td>
<td>Executive Director</td>
<td>High Impacto</td>
</tr>
<tr>
<td>11 Keisha Grey</td>
<td>Strategy Manager</td>
<td>Children’s Services Council of Broward County</td>
</tr>
<tr>
<td>12 William Green</td>
<td>Administrator</td>
<td>Health Care Services Section, Broward County Government</td>
</tr>
<tr>
<td>13 Easton Harrison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Marie Huntley</td>
<td>Community Activist/CEO</td>
<td>On Call Leadership, Inc.</td>
</tr>
<tr>
<td>15 Nickey Lewin</td>
<td></td>
<td>DOH Broward</td>
</tr>
<tr>
<td>16 Teina Phillips</td>
<td>Director of Operations</td>
<td>HealthStreet</td>
</tr>
<tr>
<td>17 Renée Podolsky</td>
<td>Community Health Director</td>
<td>Florida Department of Health in Broward County</td>
</tr>
<tr>
<td>18 Terry Preuss</td>
<td>Educator</td>
<td>Broward Teacher Union</td>
</tr>
</tbody>
</table>
The final leadership conversation was held on May 9, 2019 and provided an opportunity for Broward County leaders to summarize activities from October 8, 2018 through May 9, 2019. The summary is provided below:

Offer employment to individuals out of jail to clean buses since they can’t get jobs. Strategy for improving transportation delivery in heavily traveled areas & how it affects affordable housing. Micro transit opportunities. Reduce # of vehicles households need. Local shuttles. Environmental & economic benefit to County Commission. Smart community in London will be visiting Broward to share best practices. Community came together for Marjory Stoneman Douglas shooting, implemented text 911, family success centers-Bertha Henry

Home for the Holiday model to remove homeless encampments, transportation penny tax, senior initiatives, TOPS, natural process in Broward for inclusion & diversity-Nan Rich

Dismantling Racism Initiative, trained over 1k individuals, service industry serves marginalized population, analysis of racial equity & health outcomes, include anchor large institutions to have staff trained such as BSO & jails, police academy, look at P&P to see how it affects racial outcomes, Human Services goal is to become an anti-racial institution, Family Engagement Committee for parents whose children were removed by social services & how it affected families in Sistrunk corridor, trust building process, common foundation & vocabulary,-Kim

History of SNAC, early screenings, 211, accomplishments, entry into system of care, respite, after care, youth juvenile justice reduction in arrests, early learning/reading programs, literacy initiatives, structure of Children’s Strategic Plan, sharing data/outcomes, -Ana

HIV Prevention Planning Council & HIV Planning Council-AIDS museum-how resources are allocated, community advisory board,

Community Health Assessment/Community Health Improvement Plan, disparities in health outcomes are lessened is a long-term goal, broad definition of health, include marginalized populations in planning
Community Resources and Assets

Broward County is fortunate to have many community assets and resources to address health issues. Many of those listed below are representative organizations that have participated in the process of developing the community health assessment through participation as community partners, focus group participants, or key informants.

2-1-1 BROWARD - Provides 24-hour comprehensive helpline and support services for individuals seeking crisis intervention, assistance and/or information and referrals to health and human services, community resources and disaster-related information in Broward County. Callers in crisis should call 9-1-1 or go to the nearest emergency room.

- **24-Hour Helpline Services** - Crisis/suicide intervention, empathetic listening, information and referral helpline for callers of all ages seeking assistance with problems and needs such as mental health, substance abuse, family violence, financial problems, hunger, shelter needs, relationship issues, and depression.
- **Behavioral Health Info Line** - Specialized 24-hour helpline providing information and referral for mental health services, substance abuse prevention and treatment programs, case management, and other specialized behavioral health services.
- **Care Coordination** - Information and referral services for families and caregivers of children with physical needs and/or children with developmental disabilities including Autism, intellectual disabilities, and Cerebral Palsy
- **Child Care Resource & Referral** - Provides referrals for quality childcare, early learning programs, and community resources.
- **Help Me Grow** - Provides a centralized access point for early detection and connections to services for children, ages 0-8 years, who are at risk for developmental and/or behavioral problems, including free developmental screenings.
- **Teen Hotline** - Provides information, referral, crisis intervention, and non-judgmental listening services for youth, to help them with issues of adolescent and young adulthood.
- **Touchline/Senior Helpline** - Provides daily telephone reassurance call and emotional support for people 60+ years, living alone and in need of someone to check on them.

**AGING & DISABILITY RESOURCE CENTER OF BROWARD (ADRC)** - Provides information and referral for counseling, assessments, assistance with utility payments on an emergency basis, and facilitates the financial eligibility process for publicly funded services for seniors 60+ years, persons with severe and persistent mental illness 18+ years, and their families and caregivers.

**AMERICAN RED CROSS** - Mental Health Team Offers emergency response to mental health, case management, and support services to survivors of a disaster.

**ARCHWAYS** - Provides behavioral healthcare to persons suffering from severe and persistent mental illness or mental illness/substance abuse issues. Treatment services include case management, nursing/medical care, psycho-social rehabilitation, outpatient treatment, psychiatric evaluations, medication monitoring, supported employment services, residential supported housing and Temporary Assistance to Needy Families (TANF). Also provides prevention through education to youth and adults in the community on various topics including substance abuse prevention and violence prevention.
BANYAN HEALTH SYSTEMS - Provides behavioral health services for children, adolescents and adults including individual and family therapy, case management, peer support, parent advocacy and drug testing. In-home services available.

Care Adolescent Program - Offers intensive wraparound treatment for youth 11-17 years (18-21 years if in school/GED) as an alternative to residential treatment or a step down from more intensive services.

Family Engagement Program - collaborative program serving parents struggling with substance abuse to enhance the stability of the family unit. Referrals from BSO only.

Adult Residential Program - Short-term (60-90 days) residential treatment for substance abuse and/or mental health serving adults 18+ years with individual, group and family counseling. Psychiatric, medical services, case management and peer support available.

BROWARD COUNTY ELDERLY AND VETERANS SERVICES DIVISION

Behavioral Health - Provides in-home behavioral health assessment, case management and outpatient/peer support to persons 55+ years.

PEARLS (Program to Encourage Active, Rewarding Lives) - Provides in-home services to adults 60+ years with mild depression or dysthymic disorder including problem-solving treatment, behavioral activation, and activities.

Customer Relations and Senior Services - Provides assistance to adults 60+ years who are not enrolled in any other Elderly and Veterans Services Division Services include case management, case aide, emergency financial support, therapy/counseling, health support and housing assistance.

BROWARD COUNTY PUBLIC SCHOOLS

Office of Prevention Programs - Provides culturally competent violence and substance abuse education, mental health services, and appropriate referral, treatment, and follow-up services. Utilizes collaborative partnerships to provide programs that address body image, bullying, character, depression, relationships and offers a peer counseling curriculum.

BLAST (Building Lasting Attitudes & Strategies for Tomorrow) - Family-centered program for awareness, education, prevention and early intervention of behavior problems of at-risk children, grades K - 12. Provides individual and group counseling focused on anger management and substance abuse prevention.

Family Counseling - Provides short-term counseling for families with a child enrolled in any Broward County school, that addresses school-related problems, mild depression, family communication, adjustment to significant family changes, interpersonal difficulties and minor substance abuse.

Before & After School Childcare - Provides before and/or after-school childcare at elementary and middle schools and maintains a list of additional private providers approved by the School Board.

Home Education - Offers programs and services to help students achieve success and develop life skills for academic, career development and personal and social success.

BRACE (Broward Advisors for Continuing Education) - Advisors work with guidance
counselors to provide students with information on scholarships, financial aid, and the college application process. Information on technical schools, military options, and workforce entry is also available.

Health Education - Provides education to maintain the health and well-being of students.

Innovative Programs - Specially designated public schools that offer opportunities for in-depth experiences and study in specific areas of interest.

Seagull School Homebound Program - Provides in-home school for medically fragile children who cannot attend classes in a school setting.

SEDNET (Severely Emotionally Disturbed Children Network) Multi-agency cooperative effort between the Broward County School Board, Department of Children and Families, parents/caregivers, children's agencies, community mental health centers, and other organizations to improve the service delivery system for SED children and adolescents.

Child Abuse Services - Provides case consultation and support services for children, identified or at high risk for child abuse, abandonment or neglect including victims of domestic violence and sexual behavioral problems.

Family Counseling - Provides individual, family and group counseling for students, and their families enrolled in any Broward County school.

Florida Diagnostic & Learning Resources System (FDLRS) - Provides support services to educators, parents and other professionals who work with exceptional students.

Homeless Education Program - Identifies homeless students and removes systemic barriers to their education including school enrollment, transportation, and reassignment. Provides supplemental academic and counseling case management services.

Psychological Services - Provides psychological testing and other support services for students including educational placement.

Social Work/Attendance - Provides supportive counseling services and attendance intervention (including individual, group or family counseling, student/family psychosocial assessments, and parent education) for students and families based on individualized needs to increase student achievement. Offers special intervention and case management services for students experiencing behavioral problems, homelessness, child abuse, teenage pregnancy or other special situations.

Suicide Prevention - Each school has a staff person, trained on the signs and symptoms of a child in crisis, who can be contacted regarding a student who may be suspect for suicide.

BROWARD HEALTH (formerly North Broward Hospital District)

HOSPITALS - Tax-assisted hospitals with emergency rooms that provide services to all patients, including indigent patients.

** Includes behavioral health units ** Baker Act receiving facilities
**Broward Health Medical Center 954-355-4400Call: 954-355-44001600 S. Andrews Avenue, Ft. Lauderdale, FL 33316
**Broward Health Imperial Point 954-776-8500Call: 954-776-85006401 N. Federal Highway, Ft. Lauderdale, FL 33308
Comprehensive Care Center - Services include free HIV testing, nutrition, mental health, and pharmacy counseling, case management, gynecology, and dermatology.  
Cora E. Braynon Health Center (formerly Seventh Avenue Family Health Ctr.) - Provides adult and pediatric primary health care services for uninsured and low-income individuals. Includes behavioral health and urgent care services.  
Specialty Care Center - Provides adult primary care, pharmacy, laboratory and behavioral health counseling.

BROWARD HOUSE - Serves individuals living with or at risk for HIV and other health issues. Offers assisted living and independent living, medical respite, case management, HIV testing and counseling, education and prevention programs, substance abuse treatment, mental health therapy and support groups, including substance abuse aftercare.

BROWARD PARTNERSHIP (formerly Broward Partnership for the Homeless) - Provides emergency homeless shelter for men, women and families with children. Current residents receive meals; primary medical and dental care; mental health diagnosis, treatment and psychiatric services; and substance abuse education, prevention, intervention and treatment including 12-Step programs. Access to childcare, parenting education, support groups, family therapy, educational services, including GED classes, vocational assessment, job readiness, job training and placement services, life skills and computer classes. Referrals for emergency shelter services must be received via the Homeless Helpline.

BROWARD REGIONAL HEALTH PLANNING COUNCIL - Legislatively designated local health planning entity delivers health and human service innovations at the national, state and local level through planning, direct services, evaluation, and organizational capacity building.

Centralized Intake and Eligibility Determination (CIED) - Provides a single entry point of service and assistance for persons living with HIV/AIDS in Broward.  
Clinical Quality Management Program - Systematically monitors, evaluates and continuously improves the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.  
Health Insurance Benefits Support Services - Provides information about health insurance coverage options and assists with prior authorizations and appeals process.  
Health Insurance Continuation Program - Provides financial assistance to obtain or maintain medical benefits and/or co-pays, deductibles, and co-insurance for clients who meet the eligibility criteria and are enrolled in an Affordable Care Act Marketplace plan, identified by the Ryan White Program.  
Healthy Families - Broward Community-based, voluntary home-visiting program that promotes positive parent/child interaction and healthy childhood growth and development to prevent child abuse and neglect.  
HIV Planning Council - Oversees funding and services for Broward County Ryan White Part A program.  
Substance Abuse and Mental Health Team - Contracted to provide linkage, support, and advocacy to clients who have mental health or co-occurring disorders and are involved in the Broward County felony court system.
BROWARD SHERIFF’S OFFICE (B.S.0)

Child Protective Investigative Svcs - Investigates allegations of child abuse, neglect or abandonment.
Youth & Special Needs Services - Targets youth & special needs population.
Crisis Intervention Team (CIT) Training - Provides 40-hour training for law enforcement to improve the way officers respond to people experiencing mental health crises.
Prevention & Intervention Program - Provides prevention and intervention through specialized fire safety education for youth, 2-17 years, targeting at-risk youth with an interest in, or a history of starting fires, initiating bomb threats, creating destructive incendiary devices or pulling fire alarms.
Juvenile Assessment Center - Manages the centralized juvenile drop-off point for deputies and law enforcement officers where assessment and case management services are provided to at-risk youth.
In-Custody Behavioral Services - Provides mental health and substance abuse counseling to persons either incarcerated in the county jail or involved with the 17th Judicial Circuit’s Drug Court. Persons receiving services from the Broward Sheriff’s Office are referred to community providers for additional and/or ongoing services upon release from jail while receiving outpatient treatment and in preparation of discharge.
Drug Court Treatment Division - Offers an alternative to traditional incarceration for criminal offenders who are charged with the purchase or possession of a controlled substance and/or other substance abuse related offense.

CAMELOT COMMUNITY CARE - Provides behavioral health and child welfare services.

In-Home Counseling - Provides counseling and psychiatric services in the home, school or community for families with children 3-17 years, (up to 22 years, if qualified and already in the program by 18th birthday) who have mild to moderate emotional or behavioral difficulties. Offers assessment, family and individual therapy.
Solutions for School Success - Offers assessment, in-home individual and family therapy, and school classroom observation and support for children 3-17 years who are having emotional and behavioral issues at school and at home that are affecting their school performance.
Family Development - Provides in-home family therapy and support services to youth 10-17 years who are at risk for abuse/neglect and are residing with their family.
Youth Transitions - Offers transitional independent living services for youth (15-22 years) with serious emotional and behavioral issues who are aging out of the child welfare system (both foster care and relative placements), including case management, youth development activities and life skills coaching counseling.

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI - Provides social services including behavioral health, adult daycare centers, transitional housing, and emergency financial assistance.

Family Counseling - Provides brief therapy to individuals and families for physical abuse, trauma, substance abuse, job loss, depression, and other issues.
**Volunteer Friendship Ministry** - Trained volunteer care teams provide emotional and spiritual support to persons living with HIV/AIDS through visitation, telephone reassurance, and social gatherings.

**Adult Day Care Centers** - Licensed adult day care centers for disabled individuals 19+ years and older adults. Provides daily supervised activities, exercise, and medical observation. Accepts adults with a diagnosed cognitive, medical or psychological disability.

**CENTER FOR HEARING AND COMMUNICATION** - Provides interdisciplinary clinical and support services for people who are hard of hearing or deaf, and their families. Offers psychological evaluation and counseling, substance abuse counseling, case management, audiology services, support groups, assistive listening devices, and specialized no-cost phone equipment for Florida residents with hearing difficulties. After-school and summer youth programs and American Sign Language instruction are also available.

**CHILDNET** - Manages the Broward child welfare system for foster care, adoption, protective and related services for abused, neglected and abandoned children. Provides case management, independent living and adoption services, and subcontracts with social service agencies to provide child welfare services including family preservation and strengthening, residential group and shelter care and foster home management.

**CHILDREN’S DIAGNOSTIC & TREATMENT CENTER** - Provides medical care, case management, social services and other types of intervention to children and adolescents with chronic illnesses and developmental disabilities and support and education to their families. Assists pregnant women receive prenatal care.

**Comprehensive Family AIDS Program** - Provides care to infants, children, women and families who are infected and affected by HIV/AIDS including gynecology, nutritional counseling, dental care, laboratory tests, medication management, mental health assessment and counseling, support groups and summer camp program for infected children.

**CHILDREN’S HOME SOCIETY** - Provides adoption assistance, child abuse and neglect prevention, family counseling and emergency care for children.

**CHRYSTALIS HEALTH** - Provides behavioral health services for children, youth and adults including individual, family and group therapy for mental health and substance use disorders, psychiatric services, medication management, psycho-social rehabilitation services, residential care, case management, and psychological testing. In-home services are available.

**COMMUNITY PARTNERSHIP DIVISION** - Branch of Broward County Government responsible for the planning, coordination, administration, and evaluation for human services programs including behavioral health, sexual assault treatment, and counseling.

**CORRECT CARE RECOVERY SOLUTIONS/SOUTH FLORIDA STATE HOSPITAL (formerly Geo Care)** - Treats adults with severe and persistent mental illness, involuntarily committed to the hospital when community treatment alternatives are no longer effective.
COVENANT HOUSE FLORIDA - Emergency shelter for youth under 21 years, including youth with babies. Provides shelter, food, clothing, health services, parent education, counseling, substance abuse treatment, case management, employment assistance, life skills instruction, transportation assistance and transitional housing for older adolescents bridging into independent living.

FLORIDA (STATE OF) 17TH JUDICIAL CIRCUIT COURT

Misdemeanor Mental Health - Specialized docket for non-violent misdemeanor defendants with serious mental illness or mental disability that offers an opportunity to participate in court-supervised treatment in lieu of the traditional criminal justice system. Accepts defendants with prior convictions; DUI or domestic violence cases are not accepted.

Felony Mental Health Court - Specialized docket for felony defendants with severe and persistent mental illness, those who have been declared incompetent to proceed or those not guilty by reason of insanity that offers treatment at a forensic hospital for competency restoration or a conditional release plan with a probation officer.

FLORIDA MEDICAL CENTER (FMC) - Private hospital provides medical/surgical services. Offers inpatient behavioral health treatment for adults 18+ years including electroconvulsive therapy (ECT) to patients experiencing emotional and psychological symptoms such as severe or treatment-resistant depression, severe mania or catatonia. Provides separate psychiatric emergency room and inpatient acute stabilization, as well as geriatric inpatient program for older adults, experience mental illness. Baker Act receiving facility.


GOODMAN JEWISH FAMILY SERVICE (formerly Jewish Family Service) - Provides individual, couples, family, group and in-home counseling. Offers short-term financial assistance for food, rent, utilities, and prescription medication.

Family Link Program - Private pay services for family advocacy and care management.
Holocaust Survivors Assistance Program - Offers free, confidential assistance and support including reparations and restitution assistance, in-home care counseling, emergency financial assistance, socialization event, dental assistance for survivors of the Holocaust.
Joshua’s Path - Assists family caregivers or advocates of an adolescent or adult with a developmental, physical or mental health disability to put in place needed supports and arrangements for their loved one’s current and future needs, including free planning consultations, educational seminars, and a special needs resource fair.

GULF COAST JEWISH FAMILY & COMMUNITY SERVICES -

ARTS (Adult Residential Treatment and Stabilization) (formerly EGRTS) - Provides a home environment for adults 30+ years, with severe and persistent mental illness to stabilize
psychiatric symptoms in a 3-4-month length of stay.

**Young Adult Transition Program (YATP)** - Provides youth and young adults 16-24 years, who have serious emotional/behavioral difficulties or serious mental illness, with the support and assistance to make a successful transition to adulthood.

**Alternative Family Program (AFP)** - Offers supportive community placement for adults with severe and persistent mental illness upon return from a mental health facility.

**Older Adult Support Team (OAST)** - Provides in-home assessment, crisis intervention counseling, follow-up and case management for older adults, 60+ years, at risk of suicide. Works in coordination with the state Adult Protective Services.

**HALLANDALE BEACH HUMAN SERVICES DEPARTMENT** (No Fee After School Program: $200 resident / $250 non-resident annually)

**After School Program** - Provides social services to the residents of Hallandale Beach including case management, job assistance, emergency food, utility payments, rent and mortgage assistance, health services and individual, group and family counseling, parenting, anger management and conflict resolution workshops for youth and adults. A food pantry is available to those in need.

**Youth Services** - Provides after-school tutorial enrichment program for youth up to 17 years with transportation for students from Hallandale Elementary and Gulfstream Middle Schools, and spring break and summer camps for youth grades K-8.

**Senior Activity Center** - Provides round-trip transportation, continental breakfast, arts & crafts, computer classes, music, enhanced fitness, educational forums, field trips, and lunch to older adults 60+ years. Offers case management and counseling, job assistance, emergency food, rent, and utility payment assistance, HIV/AIDS testing, and health services.

**H.A.N.D.Y. (Helping Abused, Neglected and Dependent Youth)** - Provides assessments, case management and counseling for at-risk youth, birth-23 years, who have been removed from their home due to domestic violence, substance abuse, physical and/or sexual abuse or abandonment. Offers tutoring, mentoring, social and recreational activities, emergency assistance for food and clothing, school supplies, housing, life skills training, post-secondary education support, internships, and job placements. Referral from a social service agency is required.

**HARMONY DEVELOPMENT CENTER** - Provides behavioral, mental health and substance abuse services to youth and support to children and their caregivers. Offers prevention and alternative diversion program for at-risk youth, 11-17 years who commit non-serious delinquent acts, to ensure swift and appropriate progress in their behavior.

**Bridge to New Opportunities** - Serves youth 9-18 years that have a current diagnosis or history of substance abuse and/or alcohol abuse.

**F.O.C.U.S. NEW DAY (New Diversion Alternatives for Youth)** - Provides restorative justice conferencing youth groups, supervised community service, parent workshops and individual/family counseling.

**K.I.S.S. PROGRAM (Kinship Initiatives for Supportive Heroes)** - Provides family support services to maintain a stable home for children, birth to 18 years, being raised by relatives or
non-relative caregivers when the biological parent(s) are unable to do so.

**Harmony Health Center** - Offers medical services, by appointment, to the community without health insurance or insured with a high deductible.

**Super Teens** - Provides home-based and community-based transitional support services, individual, family and group counseling for students in the transition from alternative placement to their home schools. Afterschool, evening and Saturday hours are available.

**Youth In Action** - After-school program for at-risk middle school students with year-round services that promote current and future success including cultural enrichment activities, counseling, academic services, and support, mentoring, health and fitness activities, and violence prevention.

**HEALTHY MOTHERS, HEALTHY BABIES** - Provides prenatal care, parenting, education and support services to reduce infant death, and temporary assistance for basic needs (food, one-time partial rental assistance, and vouchers) to low-income Broward families who meet income eligibility.

- **Cribs for Kids** - Provides cribs for and education to families in need of a safe sleeping environment for an infant.

- **Fatherhood Mentorship Program** - Provides individual and group education to help men develop the skills needed to become and remain active in their child’s lives.

- **Forget Me Not** - Provides individual and group bereavement support to families who have experienced the loss of a baby.

- **Healthy Families** - Provides education and case management to pregnant or parenting families living in targeted zip codes to prevent abuse and neglect.

- **Mahogany Project** - Provides intensive case management including childbirth education, nutrition, breastfeeding and infant care to high-risk mothers in the 33311 zip code.

- **Mothers Overcoming Maternal Stress (M.O.M.S) Program** - Provides in-home counseling, parenting education and case management for pregnant women or mothers, with children through the age of 1 year, who are experiencing symptoms of depression and other stressors. Teen Collaborative Project Provides in-home case management to at-risk teenage girls during their pregnancy and up to their child's second birthday.

**HENDERSON BEHAVIORAL HEALTH** - Offers crisis intervention, inpatient crisis stabilization, supported employment, housing, youth transitional housing, and group homes, homeless outreach and emergency shelter, forensic services, medication management, adult and youth outpatient mental health and co-occurring treatment, adult and youth case management, psycho-social rehabilitation and college/university student counseling.

**HOUSE OF HOPE (Men) / STEPPING STONES (Women)** - Residential treatment center for individuals with substance use issues or co-occurring disorder, including case management, aftercare and outpatient treatment and support.

**LARKIN COMMUNITY HOSPITAL BEHAVIORAL HEALTH SERVICES** - A private facility offering inpatient psychiatric services for mental health and co-occurring disorders. Also offers partial hospitalization program (PHP) and intensive outpatient program (IOP).
LIGHT OF THE WORLD CLINIC (Clinica Luz del Mundo) - Provides free medical care in over 13 different specialties to uninsured, low-income or no-income residents of Broward County. Clients must be pre-qualified before an appointment can be given.

LUTHERAN SERVICES FLORIDA - Provides in-home and residential services including crisis intervention, case management, counseling and referral services for youth, 6-17 years, who are at risk of entering the juvenile justice system due to truancy, ungovernability, lockouts, runaway or homelessness.

Lippman Youth Shelter  954-568-2801 Call: 954-568-2801221 NW 43rd Court, Oakland Park, FL 33309 Provides residential crisis intervention, counseling, case management, and referral services to Broward County at-risk youth, 10-17 years, who are homeless, runaway or experiencing severe family conflicts, truancy, ungovernability or lock-outs and not delinquent or dependent.

MEMORIAL HEALTHCARE SYSTEM (various facilities throughout Broward County)- Provides medical services in an urgent care setting, primary care medical services, adult outpatient behavioral health services, medication administration and monitoring of long-acting antipsychotic injections and evidence-based, comprehensive metabolic monitoring for patients on these drug therapies, outpatient behavioral health services including dialectical behavioral therapy, cognitive behavioral therapy, trauma program, an intensive outpatient program (IOP) for mood disorders and co-occurring disorders, and outpatient detoxification program, psychiatric emergency screening for individuals 14+ years experiencing a crisis related to substance abuse and/or mental health issues, psychiatric evaluation and stabilization for youth experiencing mental health and/or substance abuse crisis, crisis support and intervention and psychiatric stabilization.

Memorial CARES (formerly Leeza's Care Connection) - Offers individual guidance, information and referral, and a variety of support programs and resources for caregivers impacted by any chronic or progressive illness. Provides a community gathering place for family caregivers to connect with each other.

Ryan White Mental Health and Substance Abuse Services - Provides services to individuals with HIV/AIDS who have been determined eligible for Ryan White funding. Offers psychiatric evaluation and medication management, individual counseling, mental health, and substance abuse intensive outpatient programs and ambulatory detoxification.

MENTAL HEALTH AMERICA OF SOUTHEAST FLORIDA (MHA) (formerly Mental Health Association) - Provides information and referral to the public and private community. Offers resources and education for the prevention of mental illness and the promotion of mental health, and advocacy for the empowerment of persons with behavioral illness.

Connections - Provides a comprehensive guide to social services in Broward County.

Consumer Support - Offers a range of peer-to-peer social activities, support groups and educational opportunities including groups for anger and stress management, hoarding, anxiety disorders, depression, depression in older adults, OCD (hosted), as well as Recovery workshops and Schizophrenics Anonymous meetings.

Continuing Education (CEU) - Offers in-service staff training and continuing education (CEU) for behavioral health and other professionals as the State of Florida, Department of Health-
Division of Medical Quality Assurance (MQA) provider.

**Cooperative Parenting & Divorce (Co-Parenting)** - Court approved individual and group training, for moderate to high conflict divorced couples and parents living in separate households, to reduce parental conflict and risk factors that influence the child’s post-divorce adjustment. Supervised visitations and therapeutic supervised visitations also available on and off-site.

**I’m Thumbody (2nd grade) Thumbody, Too (kindergarten)** - Provides group self-esteem programs that introduce mental health, social and emotional learning and bullying prevention themes. Promotes respect for self and others, responsibility for behavior and knowledge of sources for safe help.

**Kinship** - Assists grandparents or other non-parent family members of youth whose parents are unable to care for them. Provides case management, parenting education, legal services, support groups, youth advocacy, family events and respite care. Limited emergency financial assistance may be available.

**Listen to Children (MHA Listeners)** - Offers an elementary school-based mentoring program that pairs children with screened, trained, supervised volunteers who provide weekly support focused on self-esteem, communication and problem-solving skills.

**Live Your Life Well** - A national public education campaign designed to help people better cope with stress and enhance their well-being. Live Your Life Well can be presented as an in-service training or public presentation.

**National Institute of Mental Health (NIMH) Outreach Partnership Program** – works to strengthen the public health impact of research by disseminating the latest scientific findings; informing the public about mental disorders, alcoholism, and drug addiction; and reducing the associated stigma and discrimination. Provides in-service training, public presentations, and literature through public education.

**9Muses Art Center** - Community arts organization and fully functioning art studio where instruction and mentoring are offered. Arts disciplines include painting, drawing, pottery, textiles, 2D & 3D design, sculpting, design, music, drama, and creative writing. On-site Frame Shop and Gallery is open to the public.

**Parent Education & Parent Support (PEPS)** - Offers evidence-based parent education classes which meet DCF, ChildNet and Court criteria, and parent skills workshops. Specialty tracks are available for parents of infants, children, and teens. In-home and hands-on parenting available for ChildNet referred clients. Fee-based parent education, anger management, and ongoing court-approved classes are available.

**Parenting Enrichment Classes** - Fee-based community workshops are available on parenting subjects including communication, listening, positive discipline and stress management.

**Power of Peers** - Recovery peer support assists individuals being discharged from psychiatric hospitalization to successfully transition into the community.

**Public Policy Initiatives** - Supports and advocates public policy and agendas consistent with the values of access, choice and empowerment.

**Seth Line Peer Support Warm Line** - A “warm line” offering peer support, information and referral, and telephone reassurance to any person seeking a caring and supportive listener.

**NANCY J. COTTERMAN CENTER** (formerly Sexual Assault Treatment Center)
Crisis Helpline - Provides helpline and immediate crisis counseling to victims of sexual assault and survivors of childhood abuse. Also provides forensic medical examinations and interviews, crisis counseling, victim advocacy, and information and referral. Forensic interviews conducted upon referral from law enforcement or child protective services. Also serves victims of human trafficking.

Counseling Unit - Individual, family and group counseling for child and adult victims of sexual assault and/or sexual abuse and their non-offending family members, and for child victims of physical abuse. Extended forensic interviews are also provided at the request of members of law enforcement or child protective services. Offers primary prevention education services.

Child Protection Team - A team consisting of a medical director, team coordinator, psychologist, nurse practitioner, clinical supervisor, and mental health professionals serve as consultants to the Broward Sheriff’s Office Child Protective Investigation Section to assist in the investigation of child abuse that has been reported to the Florida Abuse Registry.

NOVA SOUTHEASTERN

Maltz Psychology Building - Provides therapy for mental health issues, family issues, child and adolescent behavior and adjustment difficulties, spousal abuse and other domestic violence, emotional problems associated with aging and psychological problems related to physical disease. Offers biofeedback services, specialized programs for older adults, Brief Therapy Institute for family counseling, intensive psychodynamic psychotherapy, and neuropsychology assessment. Also, provides an outpatient, motivational cognitive-behavioral program for individuals who are concerned about becoming healthier, losing weight, exercising more, drinking less, stopping drug use, quitting smoking or gambling, reducing internet use, or achieving other goals.

Samuel L. Ziff Medical Health Center - 954-678-2273Call: 954-678-2273 3200 S. University Drive, Davie, FL 33328 Offers medical services including psychiatry. Also provides physical rehabilitation, speech/language, and communication services and Parkinson's Disease management and support services.

Pharmacy - A full-service pharmacy is available to the community for prescription dispensing, compounding tailor-made medicines, disease management programs, dosage monitoring for patients with multiple prescriptions, herbal and nutritional counseling and wellness screenings.

University of Miami/NSU Center for Autism & Related Disorders (C.A.R.D.) - Provides services for individuals of any age with an autism spectrum disorder, a pervasive developmental disorder, childhood disintegrative disorder or Rett's disorder and individuals with a dual sensory impairment or a sensory impairment with other handicapping conditions. Offers support to families and professionals involved with these individuals.

Adolescent Drug Abuse Prevention and Treatment (ADAPT) - Provides early intervention for adolescents, 10-17 years, who have been arrested for minor offenses, have substance abuse issues or are considered at-risk for developing these problems.

ADHD Assessment, Consultation & Treatment Program (A.A.C.T.) - Provides assessment, testing, and treatment for children and adolescents, 2-22 years, who are demonstrating behavioral problems consistent with a diagnosis of ADHD.

Brief Therapy Institute - Offers short-term therapy for individuals and families that focuses on the client's strengths and resources.
Child, Adolescent and Family Services - Provides individual, group and family therapy and psychological and psycho-educational testing for children, adolescents and their families.

Child and Adolescent Traumatic Stress Program (C.A.T.S.P.) - Provides specialized psychological services for youth, 3-18 years, who are experiencing post-trauma symptoms.

Family Violence Program - Provides family therapy for dealing with issues of anger, violence, communication problems and emotional/behavioral disturbances including anger management for adolescents.

School Psychology Assessment and Consultation Center (S.P.A.C.E.) - Offers comprehensive psychoeducational evaluations for school-related academic, behavioral, developmental and learning problems.

Community Resolution Services - Offers professional mediation and facilitation services, as well as training, workshops and conflict coaching for individuals, families, groups, and organizations.

AHEC Tobacco Program - Offers options to help individuals quit tobacco use. May be eligible for free nicotine replacement therapy such as nicotine patches, gums or lozenges.

OUR CHILDREN OUR FUTURE - Provides outpatient mental health and substance abuse services for children, adolescents and their families including psychiatric evaluation, psychological testing, and evaluation, medication management, early intervention services, behavior therapy for children with developmental disorders and care coordination services. Offers in-home/school services.

PACE CENTER FOR GIRLS

Day Program (Diversion Alternatives for Youth) - Provides gender-responsive academics, counseling and life skills education for girls, 12-18 years, at risk for delinquency, academic failure, teen pregnancy and/or substance abuse. Lunch and transportation provided for those who qualify or available for purchase.

PACE Reach - Provides gender-responsive counseling and family management services to girls and their families, and gender-responsive diversion services for girls, 10-17 years, who are referred by the State Attorney's Office. Evening and Saturday appointments are available.

PARENT’S INFORMATION & RESOURCE CENTER - Provides outpatient individual and family counseling, psychiatric evaluation, medication management, case management, psychological testing, parenting classes, and anger management training for parents and children who are at risk of separation or are attempting reunification.

REBEL’S DROP-IN CENTER - Peer-run drop-in center provides social support, advocacy and peer counseling for adults 18+ years overcoming mental health or substance abuse issues.

RENFREW CENTER OF FLORIDA - Private facility provides inpatient eating disorders treatment for female adults and adolescents 14+ years. Outpatient services include day treatment and intensive outpatient programs, individual, group and family treatment groups. Offers transitional living (room and meals) for participants in the day treatment program who cannot commute daily.

SAINT LAURENCE CHAPEL - No Fee Day shelter for the homeless or nearly homeless that provides hot breakfast and lunch, showers, clothing, case management, group counseling, medical assistance,
mailing address and telephone center, storage, and voluntary chapel services. Offers bus passes and/or transportation to and from the shelter.

**SALVATION ARMY** - Faith-based organization provides social services including food, shelter, and clothing to those in need. Also offers disaster relief services, childcare centers, AIDS education, and residential services, medical facilities, shelters for battered women and children, family counseling, vocational training, and substance abuse rehabilitation.

**Adult Rehabilitation Program** - Residential work therapy program for men addicted to drugs and/or alcohol. Offers job training, life skills and the opportunity to earn a GED. Income from the thrift stores supports the Adult Rehabilitation Center.

**SAMARITAN COUNSELING CENTER** - Provides faith-based counseling at locations for adults, children, and adolescents at locations in Ft. Lauderdale, Plantation, Pompano Beach, and Southwest Ranches.

**SCHOTT COMMUNITIES** - Provides services for individuals who are deaf or hard of hearing, blind or visually impaired, or physically or developmentally disabled including counseling and case management, adult day training classes and social opportunities. Operates a group home for developmentally disabled women and apartments for deaf and/or disabled individuals who can live independently.

**SILVER IMPACT CENTER** - No Fee Drop-in center for adults 50+ years with mental illness, emotional and/or substance abuse challenges. Provides group discussions and activities. Broward Meals on Wheels site.

**SMITH COMMUNITY MENTAL HEALTH** - Provides mental health and substance abuse services to children, adults, and families, including psychiatric evaluations and pharmacological management, psychological testing, day treatment programming for children and adolescents, in-home therapy, outpatient

**SUNSERVE** - Provides outpatient mental health treatment, education and outreach services that are targeted to especially benefit the GLBT community including programs specifically for youth, adults and older adults. Services include individual, couples, family and group therapy as well as support groups and professional training.

**Transgender Services** - Offers linkage to culturally relevant medical care, mental health services, employment opportunities and information about a name change, gender marker change and surgery.

**HOPWA Case Management** - Provides housing resources for people living with AIDS including rent or mortgage assistance, move-in assistance, utilities, and case management.

**Noble A. McArtor Senior Day Care Center** - Provides daytime or respite care for frail elderly population regardless of their ability to pay. The program is supportive of any sexual orientation or identification.

**SUSAN B. ANTHONY RECOVERY CENTER** - Provides residential substance abuse and co-occurring treatment for women with children. Women and children live on campus in transitional housing.
Integrated services include addiction, trauma, parenting, developmental interventions, educational and vocational services, and case management. Offers aftercare and outpatient services for men and women that include case management and relapse prevention, and educational/ vocational services.

**TAMARAC (CITY OF) SOCIAL SERVICES** - Provides a positive adjustment support group facilitated by a licensed professional, and depression and bipolar peer support groups, and caregiver support group.

**THE STARTING PLACE** - Provides prevention, intervention and treatment services for children, teens, and adults facing substance abuse and/or mental illness.

**UNIVERSITY HOSPITAL** - A free-standing psychiatric hospital on the grounds of the medical center that provides inpatient, intensive outpatient, and partial hospitalization programs for youth 4-17 years, adults and older adults with mental health and substance abuse issues in. Offers electro-convulsive therapy (ECT) for patients with severe conditions that do not respond favorably to pharmacological interventions, and outpatient detoxification for medically stable patients. Baker Act receiving facility

**VET CENTER** - Offers a broad spectrum of readjustment counseling services to combat veterans and their families, including benefit claims referral, community education, substance abuse assessment, and employment counseling and referral. Provides military sexual trauma counseling for veterans (need not have served in combat) and bereavement counseling for families of service members who die on active duty.

**VOCATIONAL REHABILITATION** - Assists individuals with a physical, mental or emotional disability to achieve employment goals. Provides medical/psychological evaluations, counseling, interpreter services, adjustment services, and employment assistance.

**VOLUNTEERS OF AMERICA FLORIDA** - Provides supportive housing to adults, families, and veterans experiencing homelessness, individuals with mental illness and/or substance abuse, and persons with limited financial resources. Offers assistance with behavioral health care, supportive housing, education, training, and employment.

**WELLPATH RECOVERY SOLUTIONS / SOUTH FLORIDA STATE HOSPITAL (formerly Correct Care)** - Treats adults with severe and persistent mental illness, involuntarily committed to the hospital when community treatment alternatives are no longer effective.

**WILLIAM “BILL” KLING OUTPATIENT CLINIC (formerly Veterans Outpatient Clinic)** - Provides primary, specialized, and diagnostic health care and clinical services including audiology, cardiology, dental, dermatology, diagnostic X-ray, nutrition counseling, gastroenterology, general surgery, immunology, internal medicine, orthopedics, kinesiotherapy, laboratory services, neurology, occupational therapy, oncology, ophthalmology, optometry, pharmacy services, physical therapy, podiatry, prosthetics, psychiatry, psychology, social work services, urology, visual impairment services, women’s services and urgent care.

**WOMEN IN DISTRESS** - Operates a 24-hour domestic violence crisis line and emergency shelter. Provides counseling for men, women, and children including support groups and individual advocacy services.
**Education**

Broward County Schools has the sixth largest school district in the country and the second largest in the state after the Miami-Dade district.

Regionally accredited colleges and universities

- Broward College
- Florida Atlantic University (Branch campuses)
- Nova Southeastern University
- Keiser University
- Other adult education providers
- DeVry University
- University of Phoenix
- The Art Institute of Fort Lauderdale
- Florida Career College
- Brown Mackie College
- Atlantic Technical Center and Technical High School
- McFatter Technical College and Technical High School
- Sheridan Technical College and Technical High School

**Libraries**

Public Libraries - The Broward County Library is one of the largest public library systems in the country, comprising 38 branch locations. There are also five municipal public libraries in the county that are not part of the Broward County Library system: Ethel M. Gordon Oakland Park Library, Lighthouse Point Library, Helen B. Hoffman Plantation Library, Richard C. Sullivan Public Library of Wilton Manors, and Parkland Public Library.

Library Resources - Broward county libraries provide endless amount of resources to the public. For high schoolers looking to prepare themselves for college, the library offers college readiness & SAT/ACT prep courses. For adults looking to learn computer skills, adult computer classes are also offered. These resources are free of cost, therefore, all it takes is registering to participate. In addition to the many resources offered at the library, bus passes are also sold at most Broward County libraries. If you want to enjoy some of these resources, you can simply download the app to utilize them on the go. There are nine apps available for download: Broward County Library (BCL WoW), Freegal Music, Hoopla, Overdrive, Libby, Axis 360, RBdigital Magazines, Rosetta Stone, and Brainfuse. Most of these apps you can easily gain access to by simply using your library card number.

Nature and wildlife areas

- Butterfly World, Coconut Creek
- Anne Kolb Nature Center, Hollywood
- Butterfly World, a botanical sanctuary in Coconut Creek
- Fern Forest Nature Center, Coconut Creek
- Flamingo Gardens, a botanical garden and wildlife sanctuary
- Secret Woods Nature Center, Dania Beach
Sawgrass Recreation Park
The Everglades parks, which have multiple entrances in Broward County

Other areas and attractions

Hollywood Beach Boardwalk
Beach Place, a strip of stores, restaurants, and bars across the street from the beach along the Atlantic coast, in Ft. Lauderdale
Broward Center for the Performing Arts
Hollywood Boardwalk
Florida Grand Opera
Fort Lauderdale Swap Shop (colloquially known to locals as simply the Swap Shop)
Sawgrass Mills, a large outlet shopping mall in Sunrise
The BB&T Center in Sunrise, where the NHL's Florida Panthers play their games
The Festival Flea Market Mall in Pompano Beach, America's largest indoor flea market
Riverwalk (Fort Lauderdale)

Additionally, with 23 miles of beach, Broward County is a popular destination for scuba diving, snorkeling, and droves of young Spring break tourists from around the world.

Transportation
Airports

Fort Lauderdale–Hollywood International Airport serves as the primary airport of the Broward County area. The airport is bounded by the cities Fort Lauderdale, Hollywood and Dania Beach, three miles (5 km) southwest of downtown Fort Lauderdale and 21 mi (34 km) north of Miami. The airport is near cruise line terminals at Port Everglades and is popular among tourists bound for the Caribbean. Since the late 1990s, FLL has become an intercontinental gateway, although Miami International Airport still handles most long-haul flights. FLL is ranked as the 19th busiest airport (in terms of passenger traffic) in the United States, as well as the nation's 14th busiest international air gateway and one of the world's 50 busiest airports. FLL is classified by the US Federal Aviation Administration as a "major hub" facility serving commercial air traffic. In 2017 the airport processed 32,511,053 passengers (11.3% more than 2016) including 7,183,275 international passengers (18.6% more than 2016).

North Perry Airport
Fort Lauderdale Executive Airport
Pompano Beach Airpark
Downtown Fort Lauderdale Heliport

Public transportation

Broward County Transit
Tri-Rail
Sun Trolley
Major expressways
Tribal Resources

Seminole Tribe of Florida: https://www.semtribe.com/stof

Miccosukee: https://tribe.miccosukee.com/

Railroads

Amtrak, Brightline and Tri-Rail run through Broward.

Greenways System - Construction is underway on a network of recreational trails to connect cities and points of interest in the county.

Healthcare Facilities, Physician, Dentist and Other Healthcare Professional Availability

Broward County Licensed Healthcare Facilities

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care Center</td>
<td>27</td>
</tr>
<tr>
<td>Ambulatory Surgical Center</td>
<td>29</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>272</td>
</tr>
<tr>
<td>Birth Center</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Laboratory</td>
<td>1,054</td>
</tr>
<tr>
<td>Healthcare Clinic</td>
<td>370</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>252</td>
</tr>
<tr>
<td>Home Medical Equipment Provider</td>
<td>98</td>
</tr>
<tr>
<td>Hospice</td>
<td>3</td>
</tr>
<tr>
<td>Hospitals</td>
<td>23</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>35</td>
</tr>
<tr>
<td>Rehabilitation Agency</td>
<td>20</td>
</tr>
<tr>
<td>Skilled Nursing Agency</td>
<td>1</td>
</tr>
<tr>
<td>Transitional Living Facility</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: floridahealthfinder.gov

Broward County Licensed Physicians

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Physicians</td>
<td>6,000</td>
<td>5,200</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>1,500</td>
<td>1,000</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>200</td>
<td>150</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>1,000</td>
<td>900</td>
<td>800</td>
<td>800</td>
</tr>
<tr>
<td>Family Practice Physicians</td>
<td>300</td>
<td>200</td>
<td>220</td>
<td>220</td>
</tr>
<tr>
<td>Dentists</td>
<td>200</td>
<td>150</td>
<td>180</td>
<td>180</td>
</tr>
</tbody>
</table>

Source: floridahealthfinder.gov
In the 2020 Physician Workforce Annual Report (published November 2020), some statewide key findings were identified.

- Over one-third (34.3%) of Florida’s 67 counties have a per capita rate of less than 10 physicians per 10,000 population.
- Only 2% (1,080) of physicians have a direct patient care practice in Florida’s rural counties.
- The percentage of minority physicians has been steadily increasing since 2010 from 38.1% to 44.3%.
- Almost 60% (32,645) of physicians are age 50 and older.
- Both the number and percentage of female physicians is increasing. For physicians under age 40, the percentage of female physicians is almost half (46.7%).
- The top three specialty groups for physicians providing direct patient care in Florida are internal medicine (28.0% or 14,755), family medicine (14.7% or 7,769), and pediatrics (8.1% or 4,265).
- Primary care physicians account for 33.7% of physicians providing direct patient care.
- Almost three-quarters (70.8% or 35,069) of the physicians practice in an office setting, and 18.2% (9,041) practice in a hospital.
- Over 80% of physicians report they accept patients with Medicare (page 20), and 69% of physicians report they accept patients with Medicaid.
- A total of 8.7% (4,757) of physicians plan to retire in the next five years.

A closer look reveals that Broward, Miami-Dade and Palm Beach Counties combined have almost one-third (31.7%) of all practicing physicians. Broward has seen an increase in the number of practicing physician from 2013-2014 to 2019-2020.

Key information for policy consideration includes:

- Increases in practicing physicians and population in Broward County
- Statewide physicians planning to retire in the next five years (decreased in 2018-2019 and 2019-2020). This was a reversal of a trend of between 13.2% in 2012-2013, up to 16.6% in 2017-2018.

Recommendations may include:

- Advocate for an increase in J-1 visa waivers.
• Support acceptance of revised questions regarding substance abuse and mental health into the license process.
• Develop common messaging for allopathic and osteopathic medical students regarding training opportunities in or near Broward County and why they should consider attending.
Health Professional Shortage Areas (HPSAs) are geographic areas, demographic population groups (such as low income or homeless) or institutions (medical or other public facilities) with a shortage in health care professionals.

### Primary Medical Care HPSAs (2018)

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
</tr>
<tr>
<td>Fort Lauderdale</td>
</tr>
<tr>
<td>Pompano Beach</td>
</tr>
<tr>
<td>Deerfield Beach</td>
</tr>
<tr>
<td>Margate</td>
</tr>
<tr>
<td>Hallandale/Miramar</td>
</tr>
<tr>
<td>Sunrise</td>
</tr>
<tr>
<td>Davie/Hollywood/Dania</td>
</tr>
<tr>
<td>Coral Springs</td>
</tr>
<tr>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>Broward Community and Family Health Center</td>
</tr>
<tr>
<td>North Broward Hospital District/Hospital</td>
</tr>
<tr>
<td>Native American Tribal Population</td>
</tr>
<tr>
<td>Seminole Tribe of Florida-Health Administration</td>
</tr>
</tbody>
</table>

### Dental and Mental Health HPSAs (2018)

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
</tr>
<tr>
<td>Fort Lauderdale</td>
</tr>
<tr>
<td>Pompano Beach</td>
</tr>
<tr>
<td>Davie</td>
</tr>
<tr>
<td>South Broward Hospital District</td>
</tr>
<tr>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>Broward Community and Family Health Center</td>
</tr>
<tr>
<td>North Broward Hospital District/Hospital</td>
</tr>
<tr>
<td>Native American Tribal Population</td>
</tr>
<tr>
<td>Seminole Tribe of Florida-Health Administration</td>
</tr>
</tbody>
</table>
Appendices

Appendix 1: is an example of the templates used for meetings and are uploaded as part of reporting requirements to DOH Central Office.

Appendix 2: is alignment to Healthy People 2020 and DOH and DOH-Broward foundational plans
Appendix 1

**Purpose:**
Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome/Call to Order</td>
<td></td>
</tr>
<tr>
<td>Previous Action Items</td>
<td></td>
</tr>
<tr>
<td><em>Provide updates on action items from the last meeting.</em></td>
<td></td>
</tr>
<tr>
<td>• Item 1:</td>
<td></td>
</tr>
<tr>
<td>• Item 2:</td>
<td></td>
</tr>
<tr>
<td>• Item 3:</td>
<td></td>
</tr>
<tr>
<td>Progress Reports</td>
<td></td>
</tr>
<tr>
<td><em>Provide a brief status update and progress report on plans/projects.</em></td>
<td></td>
</tr>
<tr>
<td>• CHIP</td>
<td></td>
</tr>
<tr>
<td>Objectives Not Meeting Target</td>
<td></td>
</tr>
<tr>
<td><em>Review and present objective(s) from the monitoring report that are not on track to meet their target(s).</em></td>
<td></td>
</tr>
<tr>
<td>• Objective #</td>
<td></td>
</tr>
<tr>
<td>• Objective #</td>
<td></td>
</tr>
<tr>
<td>Recognition of Improved Performance</td>
<td></td>
</tr>
<tr>
<td><em>Recognize practices that resulted in improved performance and/or high performers meeting targets.</em></td>
<td></td>
</tr>
<tr>
<td>• Area 1</td>
<td></td>
</tr>
<tr>
<td>• Area 2</td>
<td></td>
</tr>
<tr>
<td>• Area 3</td>
<td></td>
</tr>
<tr>
<td>Additional Discussion Items</td>
<td></td>
</tr>
<tr>
<td><em>List other related topics or issues to be discussed or decided.</em></td>
<td></td>
</tr>
<tr>
<td>Action Items</td>
<td></td>
</tr>
<tr>
<td><em>Discuss next steps and assign action items to team members.</em></td>
<td></td>
</tr>
<tr>
<td>Meeting Evaluation</td>
<td></td>
</tr>
<tr>
<td><em>Feedback and suggestions for next month/quarter’s review.</em></td>
<td></td>
</tr>
<tr>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>
Purpose:
Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance.

*Members

<table>
<thead>
<tr>
<th>Position</th>
<th>In Attendance</th>
<th>Position</th>
<th>In Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Officer (Chair)</td>
<td></td>
<td>Accreditation Liaison</td>
<td></td>
</tr>
<tr>
<td>Executive Management Team</td>
<td></td>
<td>QI Plan Lead</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strategic Plan Lead</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHIP Lead</td>
<td></td>
</tr>
</tbody>
</table>

*Note: A quorum of two-thirds of members is required.

Attendees (e.g. community partners, additional CHD staff)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SIGN-IN SHEET

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Topic</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Welcome/Call to Order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Previous Action Items</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Provide updates on action items from the last meeting.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Item 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Item 2:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Item 3:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Progress Reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Provide a brief status update and progress report on plans/projects.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CHIP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Objectives Not Meeting Target</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Review and present objective(s) from the monitoring report that are not on track to meet their target(s).</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Objective #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Objective #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognition of Improved Performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Recognize practices that resulted in improved performance and/or high performers meeting targets.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Area 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Area 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Area 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional Discussion Items</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>List other related topics or issues to be discussed or decided.</em></td>
<td></td>
</tr>
</tbody>
</table>
### SIGN-IN SHEET

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Topic</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Items</td>
<td>Discuss next steps and assign action items to team members.</td>
<td></td>
</tr>
<tr>
<td>Meeting Evaluation</td>
<td>Feedback and suggestions for next month/quarter’s review.</td>
<td></td>
</tr>
<tr>
<td>Adjourn</td>
<td></td>
<td>Next meeting date/time</td>
</tr>
<tr>
<td>Attachments</td>
<td>List any attachments and include with minutes.</td>
<td></td>
</tr>
</tbody>
</table>

---

*Florida Department of Health in <CountyName> County*
*Annual CHIP Review Meeting*
*Meeting Location Room <#000>*
*<Insert Date>, 0:00 – 0:00 a.m./p.m.*
Florida Department of Health in <CountyName> County  
Annual CHIP Review Meeting  
Meeting Location Room <#000>  
<Insert Date>, 0:00 – 0:00 a.m./p.m.

SIGN-IN SHEET

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Position/Role</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX 2

(Return to Table of Contents)

### ALIGNMENT TO HP 2030 & FOUNDATIONAL PLANS

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>PLAN ALIGNMENT</th>
<th>PRIORITY AREA</th>
</tr>
</thead>
</table>
| Priority Area 1: Increase Access to Healthcare | ☐ Agency PMQI Plan  
X Community Health Improvement Plan  
X State Health Improvement Plan  
X CHD Strategic Plan  
X Agency Strategic Plan  
☐ CHD Workforce Development Plan  
☐ Agency Workforce Development Plan  
X Healthy People 2030 | CHD SP: 1.1 Health equity: Ensure Broward County residents in all communities will have opportunities to achieve healthier outcomes.  
CHD SP: 2.1 Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups in Broward County.  
A SP: 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes  
A 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups  
ASP: 2: Long, healthy life.  
A SHIP: HE1 Establish shared understanding across all sectors (including, but not limited to, state and local agencies and other organizations) concerning information and issues surrounding health equity (HE), cultural competency/sensitivity, and how social determinants of health (SDOH) influence the health of Florida’s residents and communities.  
A SHIP: HE2 Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in SDOH and advance HE.  
DOH SHIP: HE3 Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific |
<table>
<thead>
<tr>
<th>Priority Area 2: Reduce Infectious Disease</th>
<th>□ Agency PMQI Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X Community Health Improvement Plan</td>
</tr>
<tr>
<td></td>
<td>X State Health Improvement Plan</td>
</tr>
<tr>
<td></td>
<td>X CHD Strategic Plan</td>
</tr>
<tr>
<td></td>
<td>X Agency Strategic Plan</td>
</tr>
<tr>
<td></td>
<td>□ CHD Workforce Development Plan</td>
</tr>
<tr>
<td></td>
<td>□ Agency Workforce Development Plan</td>
</tr>
<tr>
<td></td>
<td>X Healthy People 2030</td>
</tr>
</tbody>
</table>

**Needs of Florida’s most vulnerable populations.**

**DOH SHIP: CD1 Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.**

**DOH SHIP: CD2 Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.**

**HP AHS-01: Increase the proportion of people with health insurance.**

**HP SDH-01: Reduce the proportion of persons living in poverty.**

**HP Goal: Increase access to comprehensive, high-quality health care services.**

**HP Goal: Create neighborhoods and environments that promote health and safety.**

**HP Goal: Increase social and community support.**

**Priority Area 2: Reduce Infectious Disease**

**CHD SP 3.1: Demonstrate readiness for emerging health threats.**

**A SP 3.1: Demonstrate readiness for emerging health threats.**

**A SHIP: ID1 Reduce syphilis in Florida.**

**A SHIP: ID 2: Reduce new HIV infections in Florida through a coordinated response across public health systems partners.**

**A SHIP: ID3 Demonstrate readiness for existing and emerging infectious disease threats.**

**HP SDH-01: Reduce the proportion of persons living in poverty.**

**HP Goal: Increase access to comprehensive, high-quality health care services.**
### Priority Area 3: Maternal and Child Health

<table>
<thead>
<tr>
<th>X Agency PMQI Plan</th>
<th>CHD QI: 2.1 Increase initiation and duration of breastfeeding among all Broward women.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Community Health Improvement Plan</td>
<td>A SHIP: MCH1 Reduce infant mortality and related disparities.</td>
</tr>
<tr>
<td>X State Health Improvement Plan</td>
<td>A SHIP: MCH2 Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities.</td>
</tr>
<tr>
<td>☐ CHD Strategic Plan</td>
<td>A SHIP: MCH3 Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home.</td>
</tr>
<tr>
<td>☐ Agency Strategic Plan</td>
<td>A SHIP: IM1 Increase access to immunizations for infants and pregnant women.</td>
</tr>
<tr>
<td>☐ CHD Workforce Development Plan</td>
<td>A SHIP: IM2 Increase access to immunizations for vaccine-preventable disease in children and teens.</td>
</tr>
<tr>
<td>☐ Agency Workforce Development Plan</td>
<td>A SHIP: BH2 Decrease the number of newborns experiencing neonatal abstinence syndrome.</td>
</tr>
<tr>
<td>X Healthy People 2030</td>
<td>HP MICH-15 Increase the proportion of infants who are breastfed exclusively through 6 months of age.</td>
</tr>
<tr>
<td></td>
<td>HP MICH-16: Increase the proportion of infants who are breastfed at 1 year.</td>
</tr>
<tr>
<td></td>
<td>HP AH-09: Reduce the proportion of adolescents and young adults who are neither enrolled in school nor working.</td>
</tr>
<tr>
<td></td>
<td>HP SDH-01: Reduce the proportion of persons living in poverty.</td>
</tr>
<tr>
<td></td>
<td>HP NWS-01: Reduce household food insecurity and in doing so reduce hunger.</td>
</tr>
<tr>
<td>Priority Area 4: Preventative Care</td>
<td>HP NWS-02: Eliminate very low food security among children.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>HP AH-08: Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade.</td>
</tr>
<tr>
<td></td>
<td>HP Goal: Increase access to comprehensive, high-quality health care services.</td>
</tr>
<tr>
<td></td>
<td>HP Goal: Create neighborhoods and environments that promote health and safety.</td>
</tr>
<tr>
<td></td>
<td>HP Goal: Increase social and community support.</td>
</tr>
</tbody>
</table>

- ☐ Agency PMQI Plan
- ☐ Community Health Improvement Plan
- X State Health Improvement Plan
- X CHD Strategic Plan
- X Agency Strategic Plan
- ☐ CHD Workforce Development Plan
- ☐ Agency Workforce Development Plan
- X Healthy People 2030

- DOH SHIP: ISV1 Prevent and reduce intentional and unintentional injuries and deaths in Florida.
- DOH SHIP: HW1 Improve the food environment and nutrition habits across the lifespan to increase healthy weight.
- DOH SHIP: BH1 Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.
- DOH SHIP: BH3 Reduce the number of opioid overdose deaths among individuals with opioid use disorders.
- DOH SHIP: BH4 Reduce the number of deaths by suicide in Florida.
- CHD SP 5.1: Establish a regulatory structure that supports DOH-Broward’s strategic priorities related to global competitiveness and economic growth.
- HP SDH-01: Reduce the proportion of persons living in poverty.
- HP NWS-01: Reduce household food insecurity and in doing so reduce hunger.
| HP Goal: | HP NWS-02: Eliminate very low food security among children.  
HP Goal: Increase access to comprehensive, high-quality health care services.  
HP Goal: Create neighborhoods and environments that promote health and safety.  
HP Goal: Increase social and community support. |