Holy Cross Health

"Leading the Way Forward"

FY2026 - 2028
Community Health Needs Assessment

Approved by the Board of Directors, May 19, 2025

2024 LGBTQ+ HEALTHCARE EQUALITY HIGH PERFORMER Healthcare Equality Index

Holy Cross Health
A Member of Trinity Health

Acknowledgements

Holy Cross Health's Community Health & Well-Being Department partners with many community service agencies, organizations and members. The goal is to provide the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred languages, and other factors that affect access to care and health outcomes. Our Community Needs Assessment (CHNA) reflects the input of both data and community voices to discern the outstanding health related needs and gaps in our community to achieve this goal. We understand that collaboration and partnerships are the most effective avenue for impacting the health of our community.

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 and emphasizes efforts to reduce redundancies and duplication within the care system. Holy Cross Health 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 process has been conducted in Broward County for more than 25 years with the intent of assessing quality of life and well-being of the community. In 2024 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).

The Healthcare Access Committee meets on the fourth Monday of each month and provides a collaborative forum to review, discuss and prioritize the health needs for Broward County. During these meetings, the council reviews health rankings and quantitative community health data, and qualitative data sets which included listening sessions, community conversations, community health surveys, and community focus group findings. These primary and secondary data sets were analyzed, discussed and ranked to identify and prioritize the following community health need areas:

- Access to Care
- Communicable and Infectious Diseases
- Maternal, infant and child health in non-white populations
- Health prevention and chronic disease preventive care activities

Additionally, for this needs assessment community members, organizations, and Holy Cross colleagues provided input for this report through on-line and in-person meeting participation, focus groups, community listening sessions, and CHNA surveys. Each unique individuals'

perspective ensures that we are taking into consideration the most vulnerable populations to better strategize resource utilization, address unmet needs through programming, create meaningful partnerships, and strategic investments in our community.

This 2026 report continues a tradition of collaboration and builds upon previous efforts through expanded data collection from important voices in our community. This assessment reaffirms our commitment to providing high-quality, accessible healthcare to individuals, particularly focusing on those who are most vulnerable and strategically undervalued in accordance with our duty and mission.

If you would like more information, or have comments/questions on this CHNA, general contact information is:

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Holy Cross Health web links: https://www.holy-cross.com/about-us/chwb/community-needs-assessment

Executive Summary

Bordering Southeast Florida's Atlantic coastline, Broward County is the seventeenth most populous county in the nation and the second largest in Florida. It is located between Palm Beach and Miami-Dade counties, forming the heart of Florida's largest metropolitan area with more than 6.1 million residents. Within Florida, Broward County has Florida's most diverse population, with a diversity index rating of 71.8%. More than 44% of Broward County's population speaks a language other than English and 35.32% were born outside of the country. A community needs assessment aids the county in identifying and addressing the specific healthcare needs and/or gaps of residents. The main purpose of the assessment is to improve the health status of Broward County residents and increase access and availability of healthcare services. The main goals of the Community Health Needs Assessment (CHNA) are to:

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

History of Community Health Needs Assessment

To conduct a CHNA, a hospital facility must complete the following steps:

- Define the community it serves
- Assess the health needs of that community
- In assessing the community's health needs, solicit and consider input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health
- Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility
- Make the CHNA report widely accessible to the public
- Prioritize significant health needs in the community

A hospital facility is considered to have conducted a CHNA on the date it has completed all these steps, including making the CHNA report widely available to the public.

The passage of the Affordable Care Act of 2010 required hospitals with a 501c3 designation to complete a community health needs assessment (CHNA) every three years. Outlined in section 501®(3)(A) of the Federal IRS Code, a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA.

This CHNA represents our commitment to improving health outcomes in our community through a rigorous assessment of health status in our region, incorporation of stakeholders' perspectives and adoption of related implementation strategies to address priority health

needs. The CHNA is conducted not only to satisfy legal requirements, but also to partner for improved health outcomes.

The goals of this FY2026 Community Health Needs Assessment are to:

- Engage public health and community stakeholders representing low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use findings to develop and adopt an implementation strategy based on the collective prioritized issues

CHNA Process

Holy Cross utilized the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) process, a community-driven strategic planning framework designed to improve public health and achieve health equity. This process includes:

1. Organizing for Success: Engaging community partners and stakeholders to build a committed planning group.
2. Visioning: Developing a shared vision and common values to guide the community's health improvement efforts.
3. Four MAPP 2.0 Assessments:
    - Community Health Status Assessment: Collect and analyze data on health indicators.
    - Community Themes and Strengths Assessment: Gather community input on health issues and assets.
    - Local Public Health System Assessment: Evaluate the capacity and performance of the local public health system.
    - Forces of Change Assessment: Identify external factors that affect community health.
4. Identifying Strategic Issues: Determining the critical challenges that must be addressed to achieve the vision.
5. Formulating Goals and Strategies: Developing broad goals and specific strategies to address the strategic issues.
6. Action Cycle: Implementing and evaluating the strategies, ensuring continuous improvement and adaptation.

The MAPP 2.0 process emphasizes community engagement, collaboration across sectors, and a focus on policy, systems, and environmental changes to improve health outcomes.

Key Partners

Holy Cross' CHNA relies on a wide range of people, groups, and organizations representing and servicing community needs. Local public health systems, which includes any organization or entity that contributes to the health or well-being of the community highlight strengths and gaps in the system, opportunities for alignment, data collection and sharing. To foster community ownership, HCH involves community members in every step. Community members are empowered to take on roles with decision-making power and offer input on the process, even if they do not serve on a formal team or committee. Their roles and responsibilities can change over time depending on their interests, skills, and resources. The MAPP 2.0 process emphasizes the importance of engaging community power-building organizations (grassroots or community organizers, or base-building groups). These groups represent the needs and shared vision of their community and can help advocate for change outside of government. Therefore, MAPP 2.0 provides the opportunity to engage a wide range of community members, groups, agencies, and organizations such as the following:

- Local community power-building organizations
- Local government (e.g., city council, agencies for health, housing, and transportation)
- Private and non-profit community organizations
- Healthcare institutions and service providers (e.g., hospitals, community health centers, Federally Qualified Health Centers, clinics, laboratories)
- Faith-based organizations
- Schools and colleges
- Foundations and philanthropists
- Unions and other groups representing workers' needs*

The following agencies participated in this process between May and December 2024:

Aging and Disability Resource	Florida Blue
American Cancer Society	Florida Department of Health in Broward County
American Heart Association	Galt Mile Community Association
ARC Broward	Greater Ft. Lauderdale Chamber of Commerce
Boys Town South FL	Healing Arts Institute
Broward Behavioral Health Coalition	Health Foundation of South Florida
Broward College	Healthy Families Broward
Broward County Medical Association	Henderson Behavioral Health
Broward County Public Schools	Hope South FL
Broward Health	Jack and Jill Children's Center
Broward Healthy Start Coalition	Jewish Federation of Broward County
Broward Housing Authority	Meals on Wheels of South FL

Broward Partnership	Memorial healthcare System
Broward Regional Health Planning Council	Nurse Family Partnership
Broward Sheriff's Office	Second Chance Society
Career Source	Sickle Cell Disease Association of Broward County
ChildNet	South FL HIV/AIDS Network
Children's Diagnostic & Treatment Center	South FL Hunger Coalition
Children's Services Council of Broward County	South FL Institute on Aging
ClearHealth / Simply	SunServe
Light of the World Clinic	United Way of Broward County
Community Foundation of Broward	The United Way Commission on Substance Abuse
Department of Children & Families	The Urban League of Broward County
Early Learning Coalition of Broward	Women in Distress
Christine E. Lynn College of Nursing – FL Atlantic University	Women Impacting Neighborhoods, Inc.
First United Methodist Church	YMCA of South FL

*There were no identified union workers represented in this HCH 2026-2028 CHNA cycle.

Many organizations can be sponsors who commit resources and give legitimacy to MAPP 2.0 by demonstrating public support and endorsing the effort. Having the support of elected officials (county or city council) and those who informally influence public opinion (local media, community leaders) is valuable.

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. Holy Cross Community Health and Well-Being participated in this existing community-based planning structure to assist in the development of the CHNA.

Methodology of CHNA Process

Facilitated by the National Association of County and City Health Officials (NACCHO), Mobilizing for Action through Planning and Partnerships (MAPP 2.0) is a community-driven strategic planning process to achieve health equity. MAPP provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. It emphasizes the vital role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals. MAPP 2.0 was utilized for HCH CHNA process. It emphasizes the importance of community engagement, data-driven assessments, and a focus on health equity.

MAPP 2.0 also streamlines the process from six to three phases and from four to three new and revised assessment tools and includes new resources and activities. The process results in a community health [needs] assessment (CHNA) and a community health improvement plan (CHIP).

MAPP 2.0 Components

MAPP 2.0 enables communities to identify health priorities, develop effective strategies, and mobilize partnerships to improve community health outcomes, empowering communities to create sustainable and equitable solutions for the well-being of their populations.

Phase 1: Build the Community Health Improvement Foundation

This phase sets the stage for the MAPP 2.0 process. It includes guidance to build strategic relationships based on a Stakeholder and Power Analysis, conduct a Starting Point Assessment to take inventory of resources and set goals for process improvement, cultivate a shared mission and vision for MAPP 2.0, and develop a common understanding of how it can be used to achieve health equity.

Phase 2: Tell the Community Story

This phase results in a comprehensive, accurate, and timely community assessment of health and wellbeing based upon findings from three assessment tools. It maintains the need for data and information from several perspectives, including qualitative and quantitative, with a greater emphasis on understanding health inequities.

MAPP 2.0 Assessments

1. Community Partners Assessment

The Community Partners Assessment (CPA) is an assessment process that allows all the community partners involved to critically look at 1) their own individual systems, processes, and capacities and 2) their collective capacity as a network/across all community partners to address health inequities.

2. Community Status Assessment

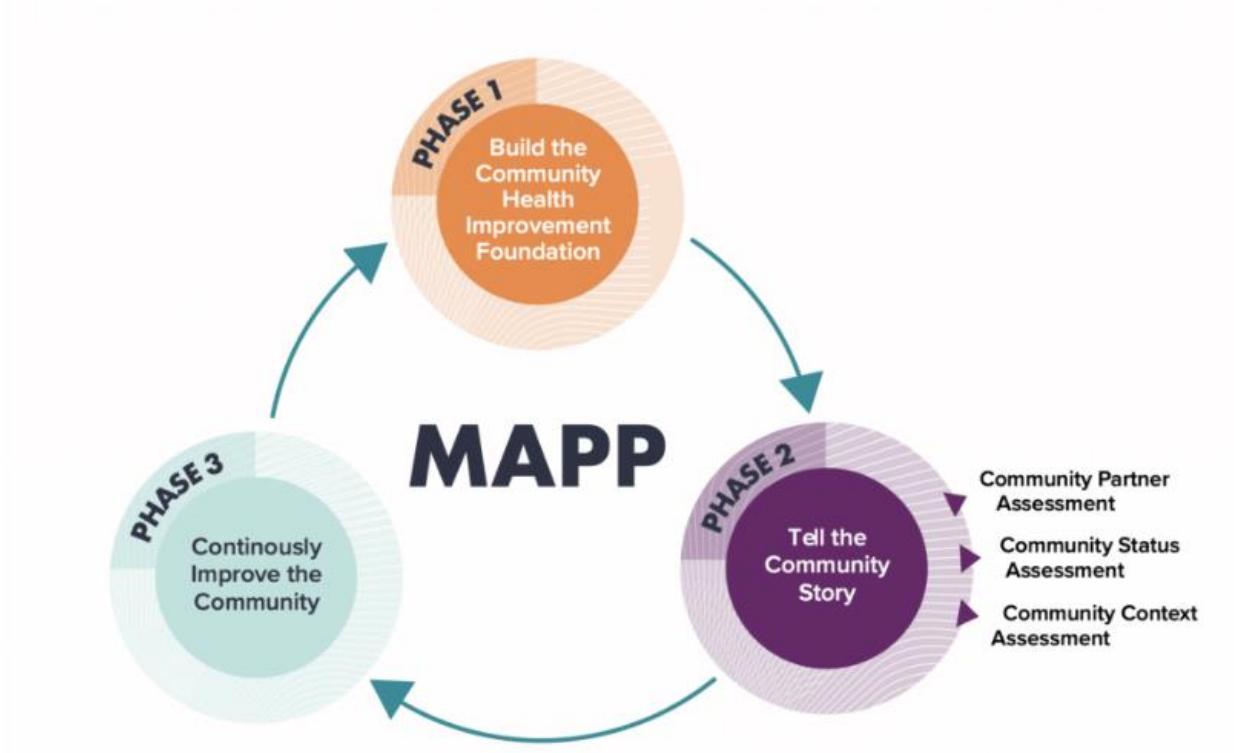
The Community Status Assessment (CSA) is a quantitative assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression.

3. Community Context Assessment

The Community Context Assessment (CCA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems.

Phase 3: Continuously Improve the Community

This phase includes steps to address the social determinants of health and health equity through transformational strategies. It encourages strategic partnerships for sustained action, through partner profiles and a power analysis that best position partners to address inequity as it relates to each CHIP goal. This phase also employs methods of continuous quality improvement and rapid cycle improvement to promote sustained, data-driven action which allows for building an evidence base through small-scale improvements on existing strategies and small-scale testing on new, innovative strategies for health equity action.



Issue Synthesis

An analysis of the MAPP 2.0 assessments identified health related challenges in Broward County that were identified in two or more of the 3 assessments and were validated in the Community Health Status Assessment. These challenges were then categorized into four broad categories each containing one or more of the identified health challenges.

CHNA Advisory Council members participated in on-line community forums from May through December 2024. The Advisory group reviewed a mixture of primary and secondary data to identify and prioritize community health needs. Secondary data sources included quantitative data describing community demographics, social determinants of health (SDOH), health access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, and substance use, and hospital utilization were collected and presented. Data sources included:

- U.S. Census American Community Survey
- American Community Survey
- Broward County FL | Data USA
- Florida Charts
- U.S. Bureau of Labor Statistics
- Trinity Health Data Hub
- BRHPC Florida Health Data Warehouse
- Florida, Broward and Holy Cross Health data

Table 1: Issue Synthesis

Category	Issue Identified in Assessment	LPHSA	Comm Partner	Comm Status	Comm Context	2025 CHIP
Chronic Health	Heart Disease	1	1	1	1	
	Cancer		1	1	1	1
	Alzheimer's Disease		1	1	1	
	Diabetes		1	1	1	1
	Obesity		1	1	1	1
Injury Prevention	Opioids	1	1	1	1	1
	Drowning Prevention		1		1	
	Human Trafficking					1
Infectious Disease	Congenital Syphilis	1	1	1	1	1
	HIV	1	1	1	1	1
	Infectious Syphilis	1	1	1	1	1
Maternal & Child Health	Cervical Cancer		1	1	1	1
	Immunization 2 Year Olds		1	1	1	1
	Immunization Kindergarten		1	1	1	1
	Infant Mortality		1	1	1	1
SDOH	Healthcare Access & Quality	1	1	1	1	1
	Economic Stability		1	1	1	
	Housing/Homelessness		1	1	1	
	Food Environment		1	1	1	1
	Safety and Crime		1	1	1	

**LPHSA – Local Public Health Assessment*

Issue Analysis

Data for each of the identified health challenges were then compared to a peer group average and a state average value. In addition, the Healthy People 2030 goal and indicator were included for each identified challenge with an alignment to Broward County data from Florida Charts.

All identified needs were deemed "significant" and so a ranking process was utilized to prioritize the significant health needs. The "Quick and Colorful Approach" was utilized by the Advisory Council. Group members voted on the priority of needs on-line and anonymously. This process was quick and easily facilitated and results were aggregated.

HCH reviewed and analyzed information from the three assessments and the prioritization process. The following community needs were identified:

1. Increase Access to Care

    a) For the uninsured
    b) Through CHW services

2. Reduce the Incidence of Communicable and Infectious Diseases

    a) HIV Testing and Treatment
    b) Infectious syphilis
    c) Congenital Syphilis

3. Improve maternal, infant and child health

    a) Cervical Cancer
    b) Infant Mortality (Non-White)
    c) Immunizations for Children (2yr olds, Kindergarten, 7th Graders)

4. Enhance health prevention and chronic disease preventive care activities

    a) Obesity, Black Adults
    b) Chronic Diseases, Diabetes and Hypertension
    c) Food Environment

T**he FY26-28 CHNA was adopted by the Holy Cross Health Board of Director on May 19, 2025.**

Introduction

Hospital Description

OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR VISION

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

OUR CORE VALUES

- Reverence: We honor the sacredness and dignity of every person
- Commitment to those who are poor: We stand with and serve those who are poor, especially those most vulnerable
- Justice: We foster right relationships to promote the common good, including sustainability of Earth
- Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care
- Integrity: We are faithful to who we say we are

Holy Cross Health and Services Provided

Holy Cross Health is a Catholic healthcare ministry with 557-bed community-based, teaching, not-for-profit hospital established in 1955 on the East side of Fort Lauderdale, Broward County. The Joint Commission approved hospital provides traditional medical and surgical services in addition to state-of-the-art robotic surgery and several service lines have achieved national recognition by accredited certification groups. Since its inception, HCH has been responsible to the dynamic and diverse needs of its community. Today, the hospital sits at the center of a nexus that includes a comprehensive continuum of inpatient and ambulatory care.

Holy Cross Health Facilities

In May 2013, HCH became a member of one of the nation's largest Catholic Health systems with the merger of Catholic Health East and Trinity Health. Trinity Health employs more than 127,000 people in 26 states and returns $1.3 billion to its communities annually in the form of charity care and other community benefit programs. HCH's 3,500 colleagues and 100 active volunteers work diligently to serve the needs of those living in the tri-county South Florida community, and especially Broward County.

As part of our mission, HCH provides several health and wellness and chronic disease management programs at low or no cost. Community Health & Well-Being works to continually evaluate and respond to the most important needs of the community through our CHNA and partnerships with other local not-for-profit organizations and networks. Various committees and representatives work with us in partnership to ensure the success of HCH's community benefit activities. Examples of such services include our community health centers, medical education, subsidized care, early detection and prevention programs, screenings, and more.

HCH provides personalized, faith-based care paired with state-of-the art technology and medical procedures and facilities with nationally recognized physicians and healthcare professionals. We are committed to responding to the diverse needs of our community, upholding a culture of safety that heals the whole person – mind, body, and spirit.

The programs below are specific programs and services that support the needs of our community, many of which are a result of needs assessed through past CHNAs.

Holy Cross Health Services & Programs

Holy Cross In/Outpatient Services
48-bed Intensive Rehabilitation Unit
2 Medical resident clinics providing additional points of primary care access
1 Urgent Care Center site with an additional opening in 2025*
180 primary and specialty providers in the Holy Cross Medical Group with more than 42 practices
AgeWell Center
Bariatric Services
Comprehensive Cancer Center
Comprehensive Women's Center
Diagnostic Imaging Center
Heart & Vascular Center and Research Institute
Intensive Rehabilitation Unit
Neuroscience Institute
Orthopedic Institute

Community Health & Well-Being
Community Benefit & Community Impact Reporting
Community Engagement and Outreach
Childhood Immunizations & Screening
Community Health Workers
Diabetes Self-Management Education & Support Program
Dispensary of Hope Pharmaceutical Program
Drug Abuse Warning Network, national partner
Frontlines of Communities in the United States (FOCUS) program
Grants & Contract Management
Health Equality Index
National Diabetes Prevention Program
Partners in Breast Health
Prevention Screening & Health Education

Pulmonary Center	Safety Net primary care
Physician Outpatient Surgical Center	School Health Initiatives
Wellness Center	Tobacco Prevention & Education
Wound care & hyperbaric oxygen therapy	Volunteer Department

*Holy Cross Urgent Care sites are a shared ownership with Premier.

For a detailed list of our specialties and services, please visit https://www.holy-cross.com/find-a-service-or-specialty

Advisory Committee

The members of the Holy Cross Health CHNA Advisory committee and council participated in in-person and online meetings that took place from May 2024 to December 2025. During these meetings, the group reviewed health rankings and quantitative community health data, and qualitative data sets which included community surveys, and community and provider focus groups. (See Appendix 1 for detailed list including individuals and persons represented.)

Summary of FY2022 CHNA

The CHNA conducted on August to November 2022, identified eight (8) significant health needs and (5) significant SDOH needs within the Holy Cross Hospital community. Those needs were then prioritized based on based on total response volume for individual health needs/issue using a single vote by clicker method. Votes were tabulated and priorities established accordingly by rank order. The significant needs identified, in order of priority include:

Rank	Health Needs
1	Behavioral Health
2	Diabetes/Obesity
3	Heart Disease and Stroke
4	Cancer
5	Maternal and Infant Health
6	Alzheimer's Disease
7	HIV/AIDS
8	Sickle Cell

Rank	SDOH Needs
1	Health Care Access and Quality
2	Economic Stability
3	Housing/Homelessness
4	Food Environment
5	Safety and Crime

Written Comments Received on the Prior CHNA and Implementation Strategy

The prior CHNA (FY2022) and implementation strategy were made available for public review and comment on the hospital's website. In addition, input was solicited via the Holy Cross Health website, and via the Community Health and Well-Being Department. To date, no comments have been received.

Our Response

Holy Cross Hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities were taken into consideration of the significant health needs identified through the FY2023-25 CHNA process.

Holy Cross Hospital acknowledged the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence.

HCH decided not to act on the following health needs and chose not to plan to directly address these needs because they are being addressed by other partner community-based organizations in the community.

- Alzheimer's
- Behavioral Health
- Maternal and Infant Health
- Sickle Cell

Economic Stability
Housing/Homelessness
Safety & Crime

Holy Cross recognizes that it must set priorities and, therefore, community investment was directed toward the three Community Health & Well-Being issues where impact is most likely within our service area, target population, collaborative partners, and expertise. Over the past three years, HCH has implemented action plans designed to fulfill these significant community needs: **Healthcare Access and Quality**

Brief description of need:

- 13.3% of Broward adults believe their overall health is “fair” or “poor”
- 12.5% of Broward adults (18-64 years) report having no health care insurance; especially among Black and Caribbean residents
- 13.7% of parents state they were unable to access medical care for their child when they needed it
- 27.1% of Broward adults report low health literacy; especially among lower income, Hispanic, Caribbean, and LGBTQ+ adults
- Provide linguistic and culturally competency

Response:

Goal 1: A primary care nurse-led clinic was opened to patients @Sistrunk, in the 33311 neighborhoods in April 2023. This health center provides easy access to healthcare and healthcare insurance eligibility services to residents of the Sistrunk neighborhood.

- Since opening, the clinic has provided patients with 3,074 primary care visits. Many of the patients seen report not having gone to a primary care visit for ten years or more. The most outstanding health issues of patients seen to date are: uncontrolled hypertension, diabetes, and obesity.

Goal 2. Renovations of the 5601 Family Health Center (providing primary care and social support services) were started by the end of 2022 and has an opening date of May 2025. Delays in renovation and opening were due to a fire that took place during this CHNA time.

- This location will increase the number of primary care physicians practicing in 33334 neighborhoods by 4 physicians/healthcare providers in addition to providing wrap-around support services.
- In addition to providing (11) primary care exam rooms, the Family Health Center also includes: Pediatric Therapy services (physical, occupational, speech and language, and food), laboratory, a culinary teaching kitchen, community health workers, and education space.
- This one-stop center will serve as a central location for residents who will benefit from comprehensive services. The Family Health Center is located on a main bus route and just east of I-95.

3. Cultural competency/humility training among healthcare staff, especially those working with low literacy and Black and Caribbean populations and LGBTQ+, as measured in HealthStream was achieved at 100%. In addition, on-line learning opportunities (webcasts) related to cultural competence and health equity were offered to all colleagues.

Food Environment

Brief description of need:

- 33% of Broward residents report that they are often/sometimes worried about running out of food
- 52% of the LGBTQ+ population report they are often/sometimes worried about running out of food
- 20.8% Broward adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables; higher among females, young adults, low-income, Black and Caribbean residents
- Broward families in Holy Cross Primary Service Area receiving Supplemental Nutrition Assistance Program (SNAP) benefits is 14% (2019) according to the United Way ALICE Report.

Response:

Goal 1. Community meetings were stood up in the 33311 Sistrunk area beginning in January 2023 with key stakeholders including community members, volunteers, traditional / religious / political leaders, partners, and service providers to identify key areas of impact and sustainable solutions.

- During 2023 – 2025, numerous meetings have taken place within the community with key stakeholders and community members. In partnership with the Community Revitalization Agency, opportunities to create long-term solutions to food insecurity within the community by increasing access to affordable fresh and healthy food are being identified.
- During 2024, a partnership with the South Florida Hunger Coalition, the Mobile School Pantry, the Broward County Commissioner of 33311 and the Department of Parks and Recreation was forged, and a mobile food pantry was accessible to residents twice per month. Fresh fruits and vegetables were brought into the community. During the second half of the year, an on-site monthly food demonstration with tastings was also held for pantry utilizers to demonstrate how food on board might be prepared.

Goal 2. By the end of 2022, a local evaluator was identified and engaged for the Transforming Communities Initiative.

- In December 2022 through September 2023, an evaluator was identified and engaged to evaluate the TCI initiative.
- Evaluator participated in numerous community trainings and meetings and generated the Root Cause Analysis and first Evaluation Report of Ft. Lauderdale's TCI.
- In November 2023, a new evaluator associated with a local, major university assumed the role of Evaluator for the TCI group and remains an active member of the process. The TCI Logic Model and Community Action Plan have been developed and mid-year and annual reports written. In his role he provides guidance, analysis of community-level work being done, and feedback to the group regarding their progress and impact.

Goal 3. In collaboration with local community partners and residents, a policy/environmental change to advance food insecurity was identified by June 2023.

- In 2023/2024, the introduction of a penny tax to be used for Broward resident food security was introduced to the Broward County Voter's Registration staff, city, and county commissioners. Although the idea was well received, it was not accepted for ballot vote.
- In 2023/2024 and 2024/2025 advocacy for Summer EBT was done at the local, state, and national levels. Visits with local legislators were made by committee members providing information and education regarding the importance of this vital program. Though these policy changes did not come to fruition, the community is committed to continuing their efforts towards policy change within the current environment.
- In 2024, local community partners and residents advocated for small community farming/gardening plots when they are threatened by the county's Code Enforcement. Working with this group of residents in their fight to keep local Food Forests, the issue was brought before the country magistrate and they won!

Diabetes/Obesity

Brief description of need:

- Diabetes is a major cause of death in Broward and did not meet Healthy People 2020 goals
- Diabetes accounted for one of the top (3) chronic disease hospitalizations and charges
- Zip code tabulation area (ZCTA) with high measures of Social Vulnerability Index (SVI) and diabetes had strong special association with high black populations and poverty
- Long-term diabetes had a 46% increase in hospitalizations between 2017-2019 with persons from High Priority Quality Indicators (PQI) zip codes overlapped with social vulnerability and race and ethnicity
- 56.5% of Broward adults and 32.5% of children (5- 17years) are overweight, according to FL Charts.

Response:

Goal 1. A Diabetes Community Health Worker was hired and trained in April 2023 and embedded in the Primary Care @ Sistrunk location to provide individual education sessions, lifestyle change classes, and social care screenings/linkages to individuals.

- Diabetes Community Health Worker was hired in October 2023.
- Diabetes Community Health Worker completed onboarding and CHW training in October & November 2023.
- Diabetes Community Health Worker was trained as a Lifestyle Coach in June 2024.
- From October-December 2023, Diabetes Community Health Worker assisted 26 clients with social care screenings, individual education sessions and linkages to community resources.
- In 2024, the Diabetes Community Health Worker assisted 161 clients with social care screenings, individual education sessions and linkages to community resources.

Goal 2. A pediatric lifestyle change program was piloted and implemented with participants in Summer of 2023 and 2024 focusing on youth predisposed for diabetes as well as their family units. Programming was implemented with the Broward County Housing Authority, City of Fort Lauderdale Parks and Recreation, and faith summer program partners.

- In the Summer of 2023, 2 cohorts were held at Broward County Housing Authority locations and The First Methodist Church Summer Camp with 22 classes offered and 156 youth attending.
- In the Summer of 2024, 5 cohorts were held at local Housing Authority locations and City of Fort Lauderdale Summer Camps with 47 classes offered and 829 youth attending.
- These summer classes focused on introducing fresh produce and food items that they'd never eaten before such as: avocados, green apples, hummus dip. Youth were very receptive to tasting new foods and reported back sharing many of these with their families. In addition, there was a heightened interest in cooking and trying out recipes. Another observation was team building amongst the youth through various movement activities that were introduced.

Goal 3. A Culinary Medicine program will be incepted at the Family Health Center @ 5601.

- Construction of the project was delayed by a fire to the building. Implementation of the curriculum focused on the prevention and management of diabetes and behavior change will commence upon opening in the Spring/Summer of 2025.

- In February 2023, a partnership with the Pompano Beach Library was forged and Holy Cross provided 10 on-site Culinary Medicine classes (including cooking demonstrations with nutrition presentations) to 120 community members.
- In 2024, 8 on-site Culinary Medicine classes were provided to 83 community members at the Pompano Beach Library.
- In preparation for Culinary Medicine classes, coursework was taken and completed.
    - In 2023, (7) Holy Cross healthcare professionals enrolled in Harvard Medical Schools Culinary Health Education Fundamental course.
    - In 2023/2024, (4) staff members enrolled
- In 2023/2024, (2) staff members enrolled in The American College of Culinary Medicine. This 1.5 yearlong course curricula included comprehensive knowledge of nutrition and culinary techniques to deliver the most informed, practical, and effective nutritional practices. Passing the national exam, these healthcare professionals are now Certified Culinary Medicine Professionals.

Potential Resources to Address Health Needs

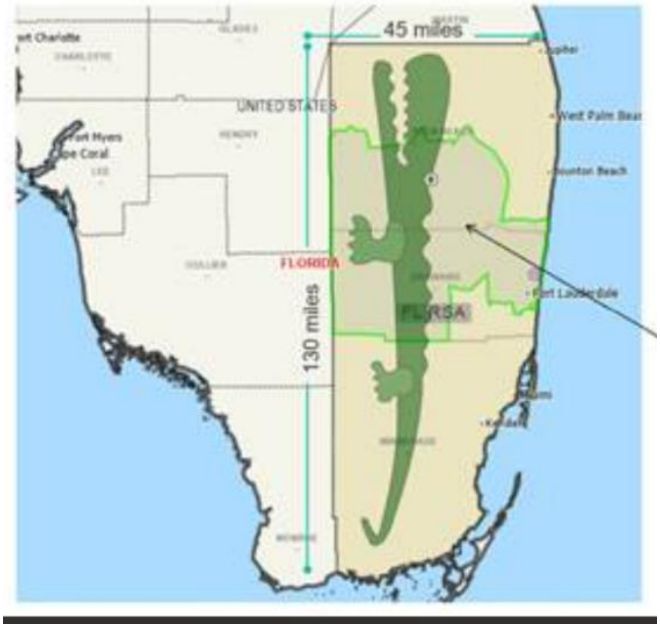
Holy Cross Health works very closely with its community partner healthcare serving agencies and community-based service organizations. These include the Henderson Behavioral Health, Fort Lauderdale Behavioral Health, The Alzheimer's Association, The American Heart Association, Healthy Mothers Healthy Babies, Healthy Start Coalition, The Department of Health-Broward County, The Sickle Cell Association, The American Cancer Society, local Community Resource Associations (CRAs), Broward Partnership for the Homeless, South Florida Hunger Coalition, Meals on Wheels, and many vital organizations. In addition, Holy Cross continues to work with many local community-based agencies that provide services specific to the LGBTQ+ community. These agencies provide behavioral health and support counseling services, prevention and treatment for HIV/AIDS and STDs, and other support services. The shared goal of all of these organizations is to collaborate and improve the health and well-being of residents of Broward County.

Evaluation and impact of previous actions taken to address significant health needs identified in HCH's prior CHNA have led directly into the prioritized needs identified in this needs assessment cycle and have highlighted the work that needs to be continued in our Broward community.

Community Profile

Geographic Area Served and Identification of Community Served

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 1,322.8 square miles, of which 1,203.1 square miles are land and 119.7 square miles (9.0%) 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.



Holy Cross's Strategic Planning Area (SPA) is inclusive of Palm Beach, Broward, and Miami-Dade counties. Both Palm Beach and Miami-Dade counties are geographic areas for future opportunities for investment and growth opportunities. This area, including Broward County 84 unique zip codes. Holy Cross's focused service area is represented by 90% of the hospital's discharges, encompassing a total of 52 zip codes.

A “High Priority Community” definition, according to Trinity Health focuses on high need communities and populations. These communities are geographic areas of focus for community programming. The zip codes must meet either of the following combinations of criteria:

- Has both the **Economic** and **Demographic** characteristics
  Or
- Has the **Economic, Financial Assistance**, and **Medicaid** characteristics

  Definitions:

  - Economic: The median earnings for 40% or more of the population is 200% of the federal poverty guideline or 80% of area median income.
  - Demographic: Has a population that is 40% or more Black/Hispanic.
  - Financial Assistance*: Has at least $250,000 in financial assistance expenditures and an associated financial assistance patient volume of at least 500 patients (both in FY23).
  - Medicaid: Has at least $750,000 in Medicaid expenditures and an associated Medicaid volume of at least 1,000 patients (both in FY23).

**Financial assistance is sometimes referred to as “charity care”.*

High Priority Zip Code Communities Include:

33004, 33009, 33020, 33021, 33024, 33025, 33026, 33027, 33060, 33063, 33064, 33065, 33068, 33069, 33309, 33311, 33312, 33313, 33314, 33317, 33319, 33321, 33322, 33324, 33334, 33351, 33441

Primary Priority Zip Code Communities Include: 33028, 33029, 33062, 33068, 33441, 33066, 33071, 33073, 33304, 33306, 33308, 33321, 33323, 33325, 33326, 33327, 33331, 33332, 33442

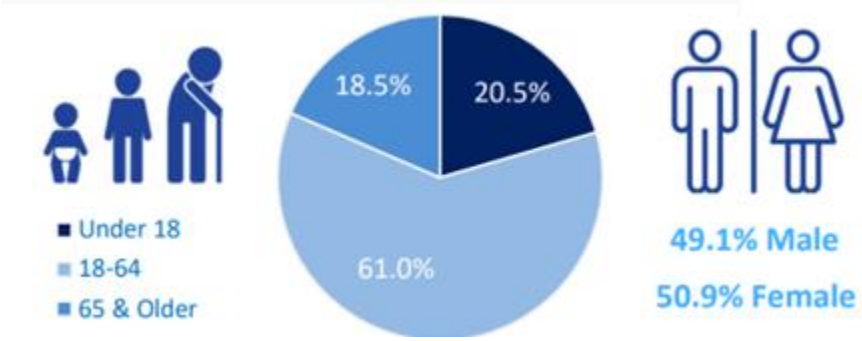
Communities that are geographic areas with zip codes that do not meet either of the combinations of criteria (both the Economic and Demographic characteristics or has the Economic, Financial Assistance, and Medicaid characteristics) are defined by Trinity Health as “Non-Designated Zip Code Communities”.

Non-Designated Zip Code Communities Included:

33067, 33076, 33301, 33305, 33315, 33316

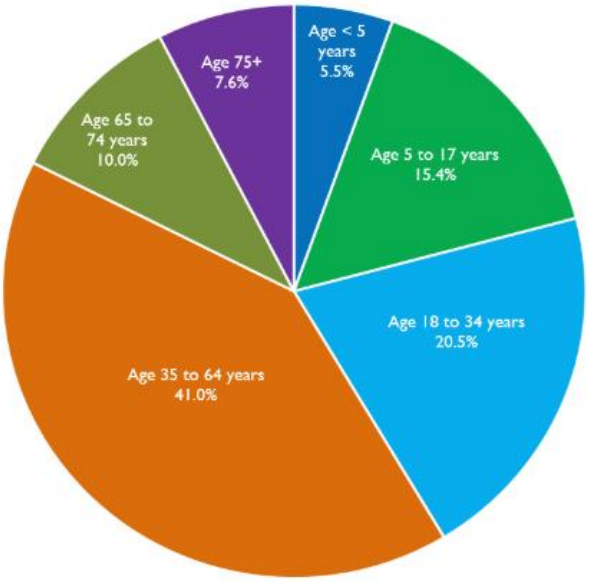
Demographics

As the sixth largest county in Florida by land area Broward County covers approximately 1,323 square miles. It also attracts an estimated 15 million annual visitors. Broward County is the second most populous county in Florida and its population size increased 12.3% since 2010.

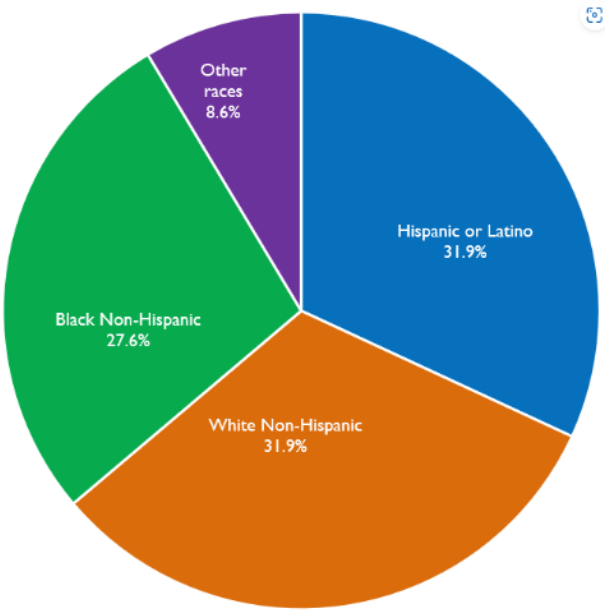


The fastest growing age group in Broward County is the Millennials (born between 1981 and 1996).

Millennials have also become the largest and fastest growing cohort in the labor force, surpassing Baby Boomers.



In 2019, and according to the latest American Community Survey (ACS), the report area has a total of 266,049 non-citizens, or 13.6% of the total population of 1,962,531. The percentage of non-citizens in the county is notably higher than both the state and national averages.

Broward County is incredibly diverse, with residents from over 200 different countries and more than 130 languages spoken.	 More than 44% of Broward County's population speaks a language other than English. Spanish is the most widely spoken foreign language, followed by Haitian Creole.
Broward County is a vibrant and diverse community, reflecting a rich tapestry of cultures, languages, and backgrounds.	
A significant portion of Broward County's population is foreign-born, with about 36.2% of residents born outside the United States. **Most of these international residents come from Latin America and the Caribbean.** **The Hispanic population comprises around 31% of the county's general population and continues to rise. Cuban, Puerto Rican, and Colombian.**	

Broward's Aging Population

Approximately 18.5% of the population is aged 65 and older, and 2.4% are aged 85 and older. The population of seniors aged 80-84 is projected to grow by 73% over the next 12 years

The aging population in Broward County is diverse, 47% of seniors are members of racial or ethnic minority groups	
34% of the senior population has one or more disabilities	
Approximately 50% of people living with HIV are aged 50 or older; projections indicate that the percentage of people above 60 with HIV will grow substantially over the next decade.	

Employment

Broward County has a dynamic job market with a variety of employment opportunities across different sectors. The labor force participation rate in Broward County is around 66.3%, indicating a high level of engagement in the workforce among residents aged 16 and older.

Unemployment rates, according to the latest data is reported as approximately 2.5%. This indicates a relatively healthy job market with many residents employed.

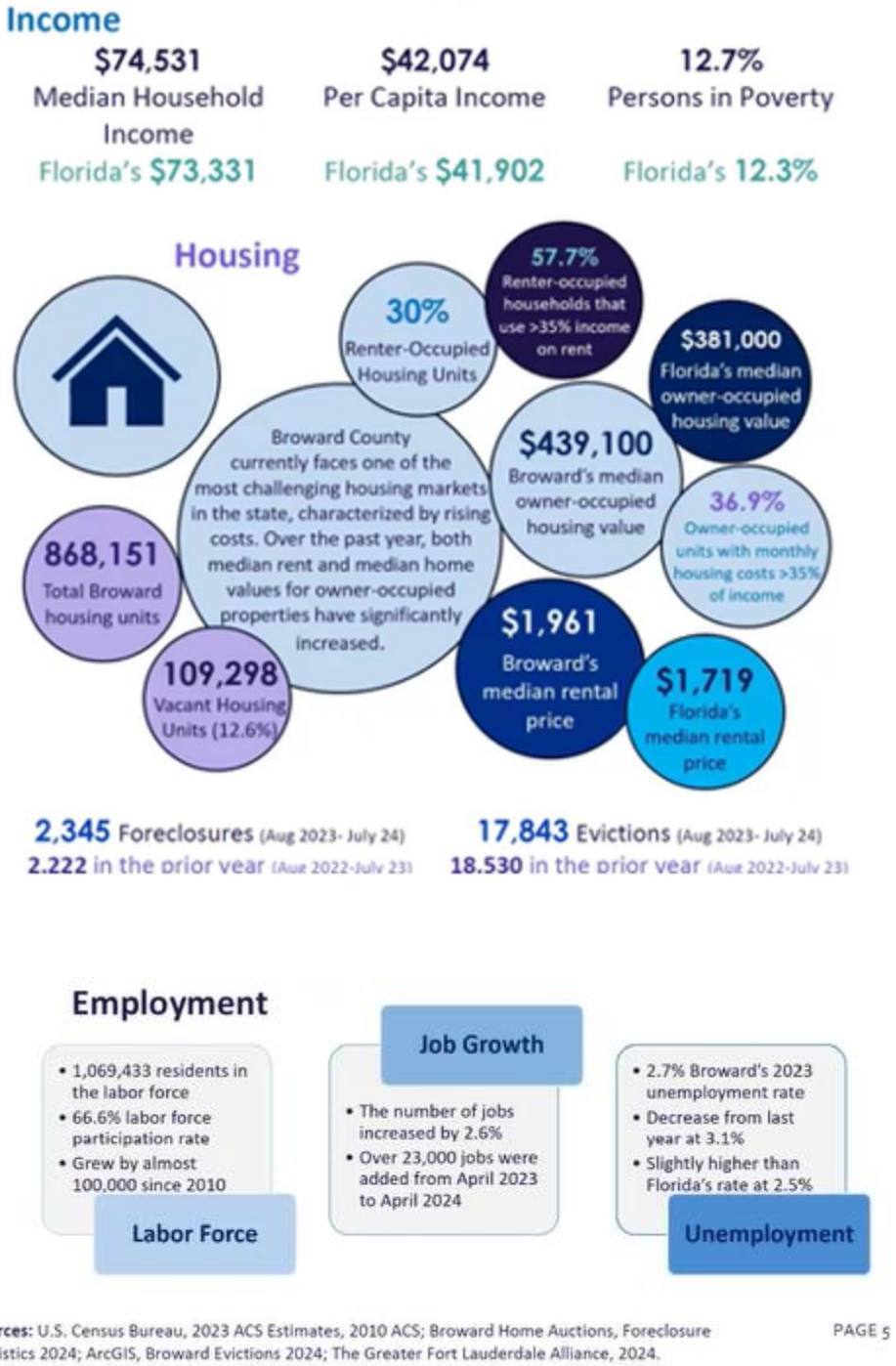
> Key Industries: The major industries in Broward County include healthcare, retail, education, and professional services, The healthcare sector is a significant employer, with many jobs in hospitals, clinics, and other medical facilities.

Job Growth: Employment in Broward County has been growing steadily. From June 2023 to June 2024, employment rose in 23 of the 27 largest counties in Florida, including Broward.

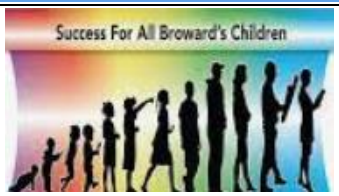
The average weekly wage in Broward County has seen an increase, reflecting the overall economic growth. Wages in the county are competitive, with many sectors offering attractive

compensation packages. These factors contribute to a robust and diverse job market in Broward County, making it an attractive place for job seekers and employers alike.

Economic Profile



Experiencing Poverty

The largest demographic living in poverty includes females aged 25-34, followed by females aged 55-64, and then females aged 65-74.	
The most common racial or ethnic group living below the poverty line is White followed by Black or African American and Hispanic.*	
12.5% (239,000) of the senior population lives below 125% of the Federal Poverty Level	
16.5% of children live in poverty **57% of children lived in households with income below the ALICE (Asset Limited, Income Constrained, Employed)**	
18% are ALICE households • **Single Adult: $33,024 annually** • **Family of Four (2 adults, 1 infant, 1 preschooler): $78,756 annually**	UNITED FOR ALICE

**Black/African-Americans make up only 26% of Broward County's population, but represent 39% of persons in poverty. The second largest concentration of poverty are White Non-Hispanics who compose 41% percent of Broward County's population, but 27% percent of persons living below the poverty level.*

Broward County, FL | Data USA
https://www.unitedwaybroward.org/
Feeding America

20,137 Total Live Births 2022

- **13.2 per 100,000** Live Births to Black Mothers
- **11.2 per 100,000** Live Births to Hispanic Mothers
- **9.5 per 100,000** Live Births to White Mothers
- **11.2 per 100,000** Live Births to Non-White Mothers

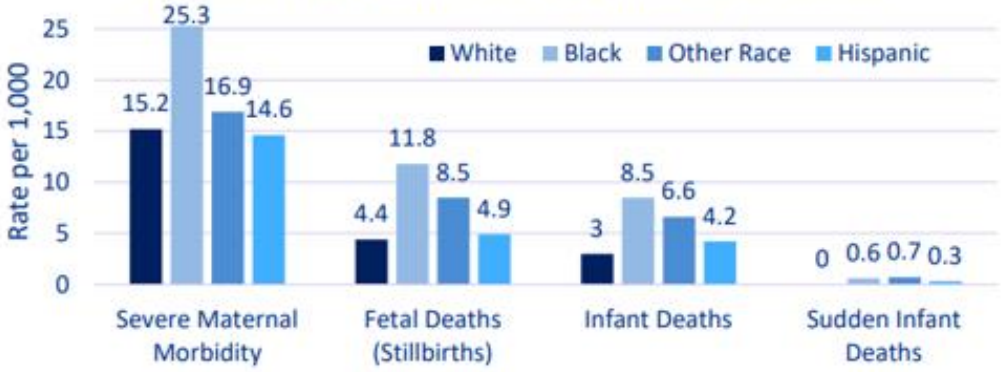
Racial disparities affect minority mothers in Broward County, as they experience elevated rates of preterm birth, low birth weight, SIDS, infant mortality, fetal mortality and maternal mortality compared to their White counterparts.

3.0 *Teen Births* per 1,000
Steady negative trend since 2007

10.8 *Repeat Teen Births* per 1,000
Negative trend, lower than Florida

10.8 *Preterm Births* per 1,000
Decrease by 0.7 from the prior year (2021)

Inequities in Maternal & Child Health (2022)



Child Immunizations (2023)

2-Year-Old Immunizations

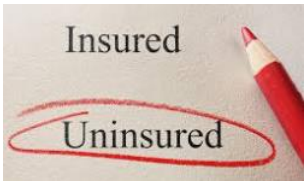
66.8% of Broward's 2-year-old age children were up to date with vaccinations. This is the lowest rate in the past 10 years.

Kindergarten Immunizations

91.9% of Broward's Kindergarten age children were up to date with vaccinations, an increase by 0.2% from last year.

Source: Florida Health Charts, 2022-2023

Impact of Poverty

23.7% of the population living with severe housing problems and 2,054 experiencing a [complete] lack of housing. **These numbers represent a significant number of families with children, as well as single adults.**	 
61% of the homeless population are Black or African American. 32% are White and 7%Hispanic or Latino.	
15.2% of the population of Broward County, FL has no health coverage; 30,000 of these are children.	
43% of people with disabilities under the age of 65 and living below $33,024 annually (single adult) were not enrolled in Medicaid or Medicare	
Approximately 25% of the population experiences food insecurity (approx. 270,000). **20%% of these are children** **9% of seniors**	

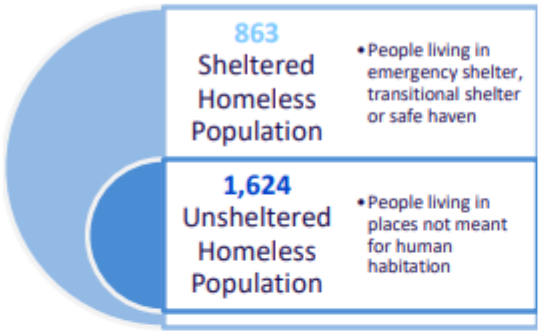
Broward's Response to Homelessness Point-In-Time Homeless Count (PIT)

https://map.feedingamerica.org

Education & Social Profile

Educational Attainment: 2023	Broward (25+)	Florida (25+)
Highschool or higher	90.3%	90.2%
Bachelor's degree or higher	36.6%	34.9%
Graduate or professional degree	14.3%	13.3%

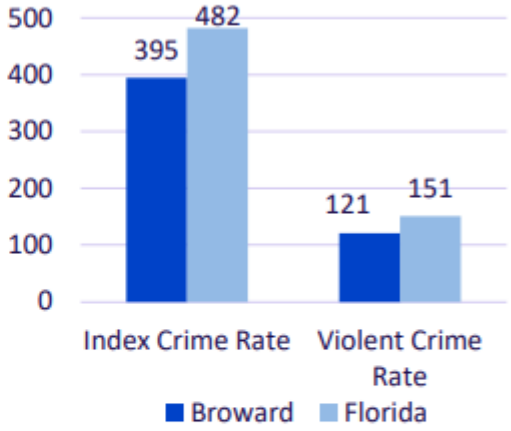
Homelessness



Total homeless count 2023: **2,487**

A **21%** increase compared to last year, however, there was an overall **11.8%** decrease over the last 10 years in homelessness.

Crime



Index Crime rate increased by **14.6%** from 2021 to 2022. Youth arrests (total: 2,274) have increased by **17%** from 2022 to 2023.

Sources: Broward County Public Schools, 2024; Broward.Org, 2024; Florida Department of Education, 2024; Florida Department of Juvenile Justice, 2024; Florida Health Charts, 2022; U.S Department of Housing, Point-in-Time Homeless Count, 2023.

Community Assets

Broward County boasts a wide range of community assets that contribute to the quality of life for its residents.

Parks and Recreation: Broward County has an extensive park system with over 50 parks, nature centers, and recreational facilities.	PARKS BROWARD COUNTY FLORIDA Parks and Recreation
Libraries: The Broward County Library system is one of the largest in the state, offering a wealth of resources, programs, and services across its many branches.	
Cultural Institutions: The county is home to numerous cultural institutions.	
Educational Institutions: Broward County Public Schools is the sixth-largest school district in the nation. The county also hosts several higher education institutions.	
Healthcare Facilities: Broward County has a robust healthcare system with several major hospitals, and medical centers.	HEALTH CARE of SOUTH FLORIDA
Community Organizations: There are numerous community organizations and non-profits that provide support and services to residents.	

Community Assets, cont.

Tourism is a major economic driver in Broward County, attracting millions of visitors each year. Annually, Broward County welcomes over 13 million visitors annually through its international airport and cruise port. The economic impact on the county generates significant revenue for the region, supporting local businesses, creating jobs, and contributing to the overall economy. In 2021, tourism in Broward County generated approximately $11.6 billion in economic impact.

The tourism industry includes both domestic and international tourists. Visitors are drawn to Broward County for its beautiful beaches, vibrant arts and culture scene, diverse dining options, and numerous outdoor activities. The county also hosts a variety of events and festivals throughout the year attracting thousands to attend.

One of the busiest airports in the USA (19th) **3rd busiest cruise port in the USA**	VISIT LAUDERDALE EVERYONE UNDER THE SUN
1.1million LGBTQ+ visitors annually and are a major economic driver for the region, contributing billions of dollars to local businesses and the overall economy. **Wilton Manors, a city within Broward County, is a hub for the area's LGBTQ+ community, with a high concentration of gay-owned businesses and homes.**	GAY FT LAUDERDALE WILTON MANORS

Process & Methods Used to Conduct CHNA

Methods Used to Collect & Analyze Data

CHNA Advisory Council members participated in online community forums from May through December 2024. During meetings, the Advisory group reviewed a mixture of primary and secondary data to identify and prioritize community health needs in Holy Cross Health's primary service area. Secondary data sources included quantitative data describing community demographics, social determinants of health (SDOH), health access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, and substance use, and hospital utilization were collected and presented. Data sources included:

- U.S. Census American Community Survey
- American Community Survey
- Broward County FL | Data USA
- Florida Charts
- U.S. Bureau of Labor Statistics
- Trinity Health Data Hub
- BRHPC Florida Health Data Warehouse
- Florida, Broward and Holy Cross Health data
    - Hospital Utilization
    - Chronic Diseases
    - Prevention Quality Indicators
    - Diagnoses Related Groupings

Community Input Received

Community Health Needs Assessment

From May through December 2024, primary data was collected through listening sessions, community surveys, and focus groups. Listening sessions and focus groups were purposefully chosen to represent medically underserved, low-income, or minority populations in our community. Qualitative data was collected from a broad range of community stakeholders (including the community served and their representatives) through the following activities: 1) BRHPC Broward CHNA Survey, 2) Community Focus Groups, 3) Listening sessions, 4) community surveys 5) input gathered during committee forums and 6) the identification and ranking of needs. Their input provided insights on how to better direct our resources and form partnerships and future programming.

Input from the Local Health Department

The director of community Health at the Florida Department of Health in Broward County participated as a valued member of the Holy Cross Hospital CHNA Advisory committee. She

provided her expertise in community health data analysis to ensure that a diverse segment of the population was reached in the qualitative data collection process and that the quantitative data discussed and studied was comprehensive. She also discussed efforts in addressing prioritized areas of the Florida Department of Health in Broward County is focusing on in its current action plan. She also participated in the ranking process of the health needs as identified by the CHNA Advisory Council and committee membership.

CHNA Survey

Holy Cross Health Community Health Needs Assessment Survey, 6/8/2024-9/30/2024

- 480 surveys stratified across the central and northern part of the county
- Final sample weighted in proportion to total population
- Approximately 14 survey items asked within the context of a racial and equity lens
- Collected in the community and on-line
- 100% anonymous

Top (3) Riskiest Behaviors:
17% Drug Misuse
15% Excessive Alcohol Use or Binge Drinking
12% Unsafe Sex

Age Range: 18-93 years
47% White
39% Black
24% Hispanic

58% Heterosexual/Straight
39% part of the LGBTQ+ community
3% Other

Top (3) Most Troubling Problems:
38% Mental Health/Substance Use
23% Chronic Disease Management (Heart disease, diabetes, stroke, cancer)
20% Access to Care (primary and specialty care)
18% Stigma related to behavioral health, STDs, and other diseases

Factors most important to improve the quality of life in your community:
Access to Care (for the uninsured)
Availability of Primary Care and Prevention
Behavioral Health

Have you ever felt discriminated against in any of the following ways because of your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?

33.8% indicated I was not hired for a job

I was not given a promotion

I was hassled by the police

How You Feel You've Been Treated by Others *(responded often or sometimes)*

41% People act as if they think I am not as good as they are.

38% I am treated with less courtesy than other people

38% People act as if they think I am not smart

16% I think about suicide

Wordcloud generated based upon CHNA Survey Question 14: *Other- Please feel free to describe.*

73 words were found in the original source. The word food had the highest frequency

Community Focus Groups - What Our Community Is Saying…

Community focus groups and listening sessions were conducted in partnership with not-for-profit community-based organizations and faith-based entities that provide services to populations that may not have been represented on the Community Advisory Council. Inclusion of these individuals' voices, opinions, and experiences allowed for additional information to be gleaned by the Advisory group. Each group/session lasted approximately 60-90 minutes. The conversations transcribed and de-identified to ensure that participants names would not be associated with responses given. Themes and negative/positive attributes were used to organize the responses by domains related to the social determinants of health (model below). Input was discussed by the Advisory Council members and considered during the prioritization and ranking process.

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

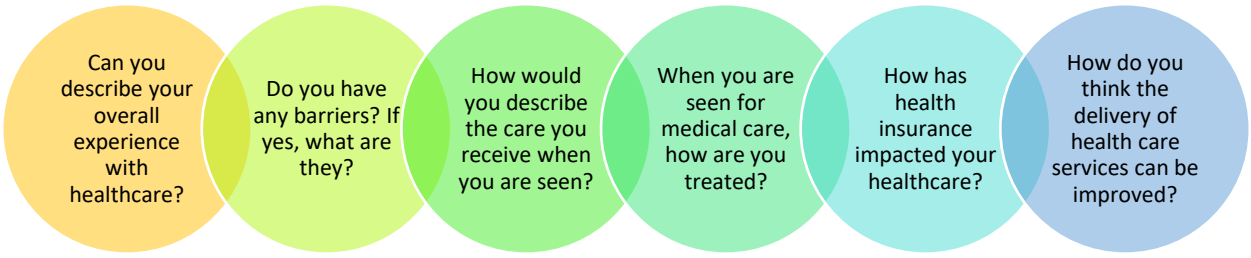
Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J KAISER FAMILY FOUNDATION

Community Listening Sessions & Focus Groups

Location	Population Represented	Number of Participants	Date
Community Listening Session at AIDS Healthcare Foundation	Persons experiencing homelessness Persons at risk of losing housing Persons living with HIV Black, White, Hispanic non-English speaking populations	42	8/10/2024
Faith Temple Pentecostal Holiness Church	Black seniors	15	8/11/2024
Mt. Nebo	Seniors	10	11/5/2024
McKenzie Project	Persons of Trans Experience	11	10/17/2024
Community Listening Session ArtServe Fort Lauderdale	Transgender Community	75	11/14/2024
LGBTQ Chamber of Commerce	Women	35	11/21/2024
Mount Olive Development Corporation (MODCO)	Sistrunk Trailblazers - Seniors	12	1/31/2025

Questions introduced to the Groups



Summarized Responses AIDS Healthcare Foundation | HIV Infected & Affected Community

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Health Care System
Money CBOs receive is for clients not the agencies	People still think that HIV is a "gay disease"	Body language can "put a person off"	Soup kitchens are the primary meal source for many clients	Erroneous assumptions are made based on exterior factors such as skin color	Receiving services is strenuous & there are a lot of barriers
Bills are not paid on time.	Black men face unique struggles when managing mental health and coping with HIV stigma	Few consumers [of Ryan White services] are knowledgeable and savvy of the system	It's hard to store food when you have no place to live	Clients need to be empowered and advocate for their needs	Specialists find excuses not to continue seeing consumers [who are HIV+]
Homelessness is a big problem		Not everyone is tech savvy or literate	Not everyone has a working refrigerator or stove a even if you do have a home	People may be signing thigs that they don't understand	Fear of retaliation and being denied services
There is nowhere to go once agencies close for the night	There is no support to go home to	Illiterate consumers are unwilling to disclose due to stigma		Prejudice and ignorance around HIV still exists	Patience and empathy is needed
More funding and resources needed for the Haitian community	Housing was lost due to mold infestation	It's hard to get a job these days when you don't have a high school diploma or any college	Prices are getting too high. I can't afford milk, eggs, bread anymore	There are no support groups for black men or persons without family members	NP's may not have all the necessary information to treat conditions appropriately

Message to Healthcare Providers: "Once you lose your empathy, compassion, and professionalism, it's time [for you] to find a new job."

"I am not heard by my physician."

"Physicians don't listen to their patients or the care facilities where we live."

"Agencies are:
Beurocratic
Unethical
Duplicitous"

"Waiting in an exam room to be seen, I overheard a conversation between patient and provider as he was being diagnosed with HIV. This should never happen"

"Meet me where I am."

Summarized Responses: Mt. Nebo & Faith Temple Pentecostal Holiness Church | Black Seniors

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Health Care System
How do you rent after getting evicted?	Mold negatively impacted my health	I cannot read. I do not disclose this due to provider stigma	Many people rely on soup kitchens for their meals	No support groups for Black men or for people who don't have family	Overly bureaucratic, unethical, and duplicitous
My social security check is $698. How am I expected to live?	Many people are experiencing homelessness	Make resources available to consumers who are not tech-savvy.	My food isn't healthy but I now how and where to get it	More funding needed for Haitian Creole resources.	Received no guidance, comfort, or emotional support from the provider
Families are expected to do more but many don't or aren't around	Where I stay is not safe anymore but there is nowhere for me to go	I can't keep up with all these high finagled technical things	Healthy food is very expensive and not sold nearby	I can't walk and it takes forever to take the bus or TOPS. I just stay by myself.	Consumers don't report incidents for fear of retaliation and being denied services

Message to Healthcare Providers: "We need to be lifting each other up and never losing hope."

"Little things mean so much."

"Physicians don't listen to their patients or the care facilities where we live."

"We are suffering from loneliness, grief, and hopelessness ."

"One man had been sitting on the toilet since Saturday. the nurse found him Monday morning."

Summarized Responses: LGBTQ Chamber | Women

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Health Care System
If (4) people can have $5, together they can have $20.	1:4 LGBTQ persons experiences partner violence – 26% of these are gay men	We (women) make less then men to start with – a gay woman makes even less	Prices are climbing quickly – it is difficult to feed your kids	Meet people where they are	Navigation is difficult; even as a professional
It's impossible to make it on one salary	Charges usually aren't pressed	Our girls need inclusive and safe learning environments	There are unique challenges due to discrimination, lower income levels, and limited access to food resources for gay women	Systems of care are built within a white man's context	I feel alone and not understood

Message to Healthcare Providers: "They (medical professionals) have no idea about the queer animosity, hostility, and censorship toward lesbians, and the culture of fear, isolation, and loneliness."

Summarized Responses: McKenzie Project| Persons of Trans Experience

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Health Care System
It's really hard to get by… especially now	I am scared everyday about my and my friend's personal safety	Many drop out of high school - it's too hard to deal with all the problems	Many people don't know where their next meal is coming from – it's a very real problem	Employment discrimination, lower wages, and barriers to accessing opportunities	Competent and respectful healthcare id needed
Why do I earn less than my cisgender colleagues?	Trans women of color face significant health disparities, including higher rates of HIV and limited access to gender-affirming healthcare	Bullying is a huge problem in the schools	Many trans individuals face barriers to accessing food assistance programs due to stigma and lack of awareness about available resources	There's discrimination in employment and housing	Use of my preferred name and pronouns create a safer space for me
I know so many people who are poor, don't have a job, and are homelessness		Restrooms and locker rooms are also cause big problems		We have higher rates of mental health problems and suicide attempts	Discrimination healthcare is a BIG problem for trans persons in

Message to Healthcare Providers: "[You] need to understand that trans people are not just their gender identity. We are whole people with diverse health needs."

"See me for who I am."

"Competent and respectful healthcare is a basic human right."

"We must stand united and strong."

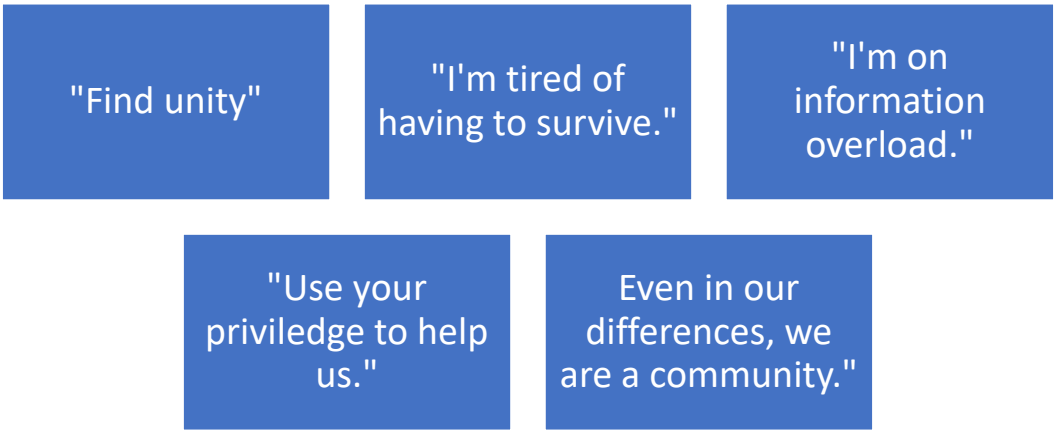
I was sent home and told to change.

Then I could come back for my (doctor's) appointment.."

Summarized Responses: Art Serve | Transgender Community

Economic Stability	Neighborhood & Physical Environment	Education	Community & Social Context	Health Care System
If (4) people can have $5, together they can have $20	Safety: I'm worried about my own and those I know	Education is power: people need to stay in or go to school	Discrimination within the LGBTQ community	Difficult to attain when you don't have housing, a job, or income
Lack of equity in housing & employment	Create safe spaces that are affirming – where I can cry, express my feelings	A lot of misinformation has been publicized: it's up to us to educate others		
Any day I can and will be unhoused		Education = Power		

Message to Healthcare Providers: "Please use our chosen names and pronouns."



Summarized Responses: MODCO | Sistrunk Trailblazers – Seniors

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community & Social Context	Health Care System
If you can't find it on sale, I can't buy it	There was a food pantry but it closed when the manager moved	Need more education on how food boxes are prepared and about unknown and unusable items	Food boxes are a great help but no longer available	Occasionally a congregation distributes food but it's based on availability	Individual and community health is declining
Budgetary restrictions include access to transportation	Businesses and homes are being torn down.	Education on what to do with the things in the food boxes	There is nothing fresh in the food boxes	The CRA is interfering with small business	

Message to Healthcare Providers: "Please use our chosen names and pronouns."

"Communicationwith the city is poor."

"Community has little or no voice."

"Politicians minds are made up on what THEY want to do."

"Our community has mom and pop markets. There is no real supermarket."

"It's important that our voices are on record."

Prioritization Process

An analysis of the MAPP 2.0 assessments identified health related challenges in Broward County that were identified in two or more of the 3 assessments and were validated in the Community Health Status Assessment. These challenges were then categorized into four broad categories each containing one or more of the identified health challenges.

CHNA Advisory Council members participated in on-line community forums from May through December 2024. The Advisory group reviewed a mixture of primary and secondary data to identify and prioritize community health needs. Secondary data sources included quantitative data describing community demographics, social determinants of health (SDOH), health access, maternal and infant health, leading causes of death, disability and disease, health behaviors, mental health, and substance use, and hospital utilization were collected and presented.

Data for each of the identified health challenges were then compared to a peer group average and a state average value. In addition, the Healthy People 2030 goal and indicator were included for each identified challenge with an alignment to Broward County data from Florida Charts.

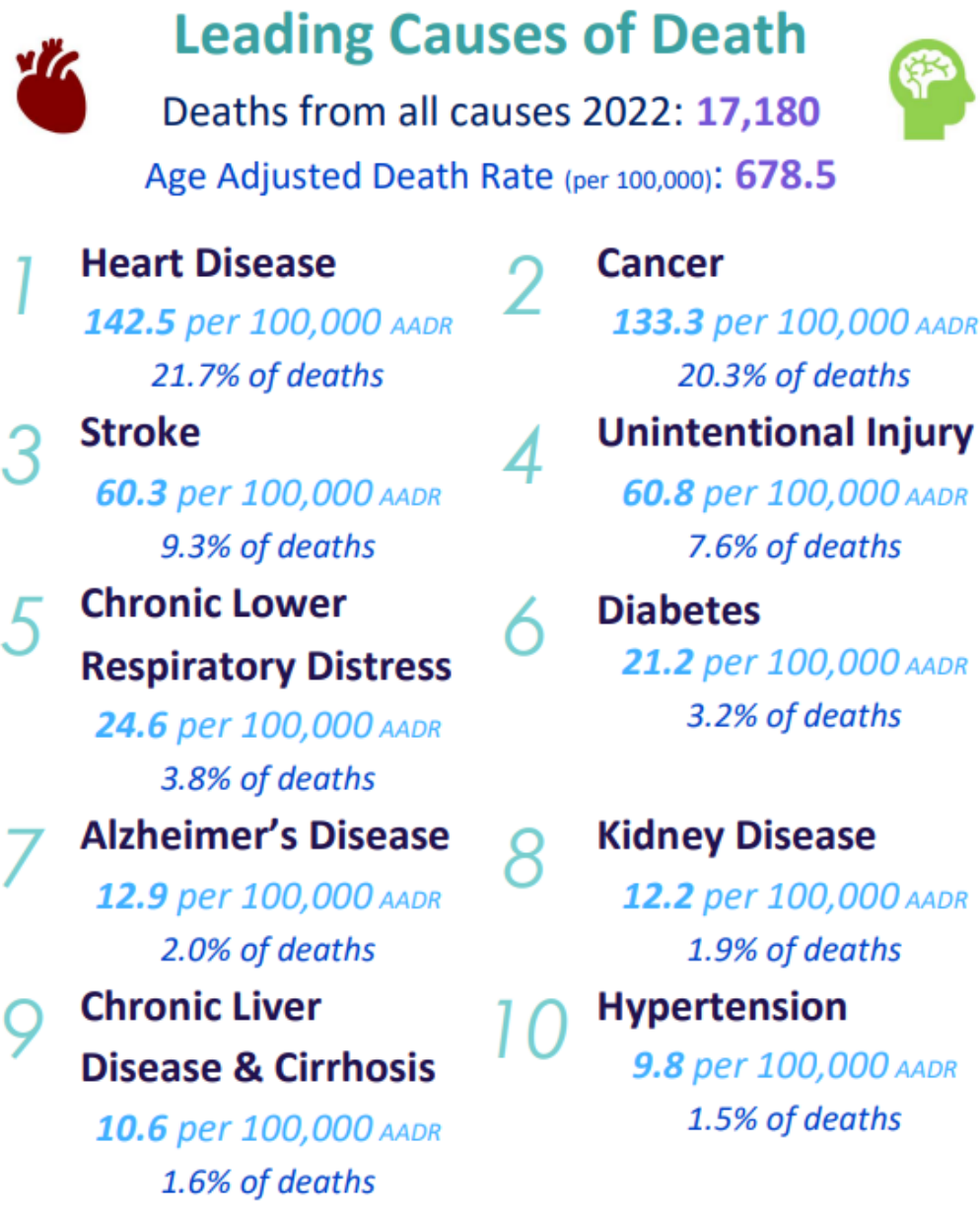
All identified needs were deemed "significant" and so a ranking process was utilized to prioritize the significant health needs. The "Quick and Colorful Approach" was utilized by the Advisory Council. Group members voted on the priority of needs on-line and anonymously. This process was quick and easily facilitated and results were aggregated.

HCH reviewed and analyzed information from the three assessments and the prioritization process. The following community needs were identified:

1. Increase Access to Care
    a. For the uninsured
    b. Through CHW services
2. Reduce the Incidence of Communicable and Infectious Diseases
    a. HIV Testing and Treatment
    b. Infectious Syphilis
    c. Congenital Syphilis
3. Improve Maternal, Infant, and Child Health
    a. Cervical Cancer
    b. Infant Mortality (Non-White)
    c. Immunizations for Children (2yr olds, Kindergarten, 7th Graders)
4. Enhance Health Prevention and Chronic Disease Preventive Care Activities
    a. Obesity, Black Adults
    b. Chronic Diseases, Diabetes, and Hypertension
    c. Food Environment

Health Indicators

Chronic Disease Profile

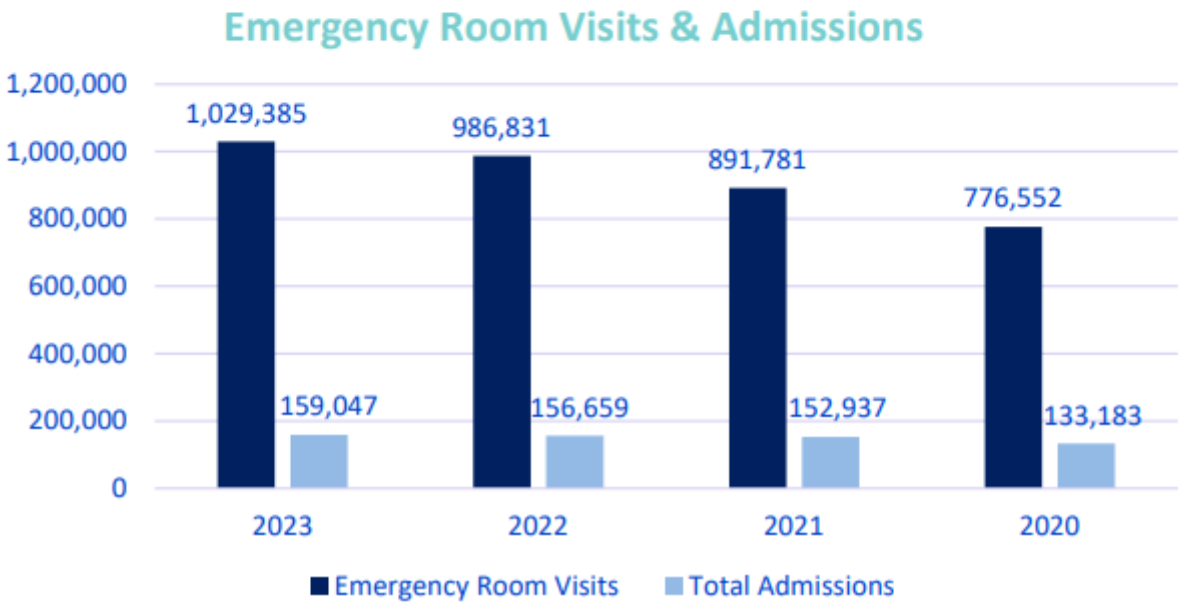


Source: FL Health Charts, 2022

Medical Facility Utilization

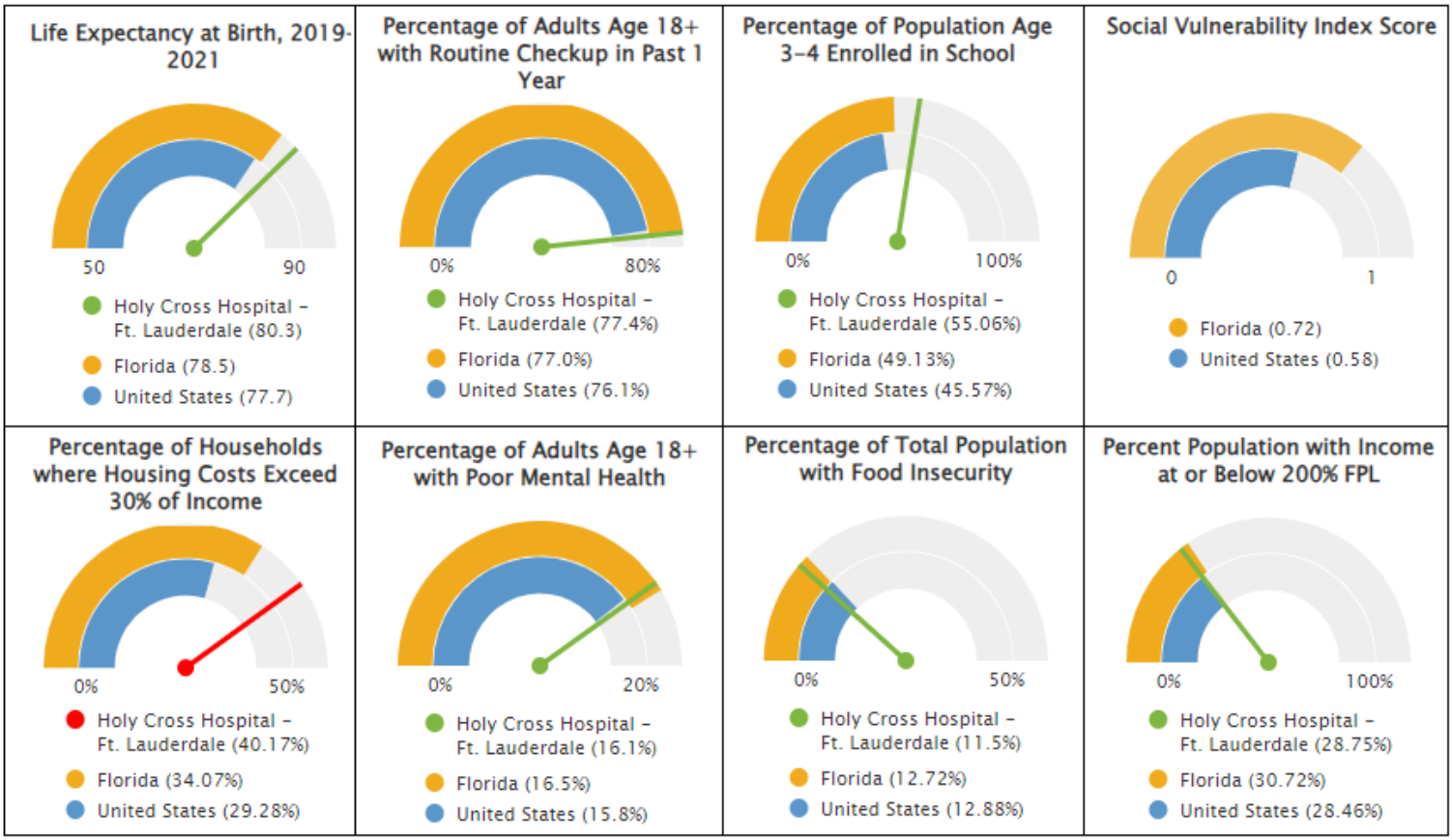
Hospitals	Jul 2023 - Jun 2024
# of Hospitals	20
# of Beds	5,978
Occupancy Rate	58.7%
Average Daily Census	3,511.2
# Admissions	229,623
# Patient Days	1,285,111
# Long Term Care Patient Days	27,908

Nursing Homes	Jul 2023 - Jun 2024
# of Nursing Homes	31
# of Beds	4,076
Occupancy Rate	91.7%
Average Daily Census	3,693.9
# Admissions	16,242
# Patient Days	1,351,977



Source: FL Health Charts, 2022

Holy Cross Service Area Health Vital Signs

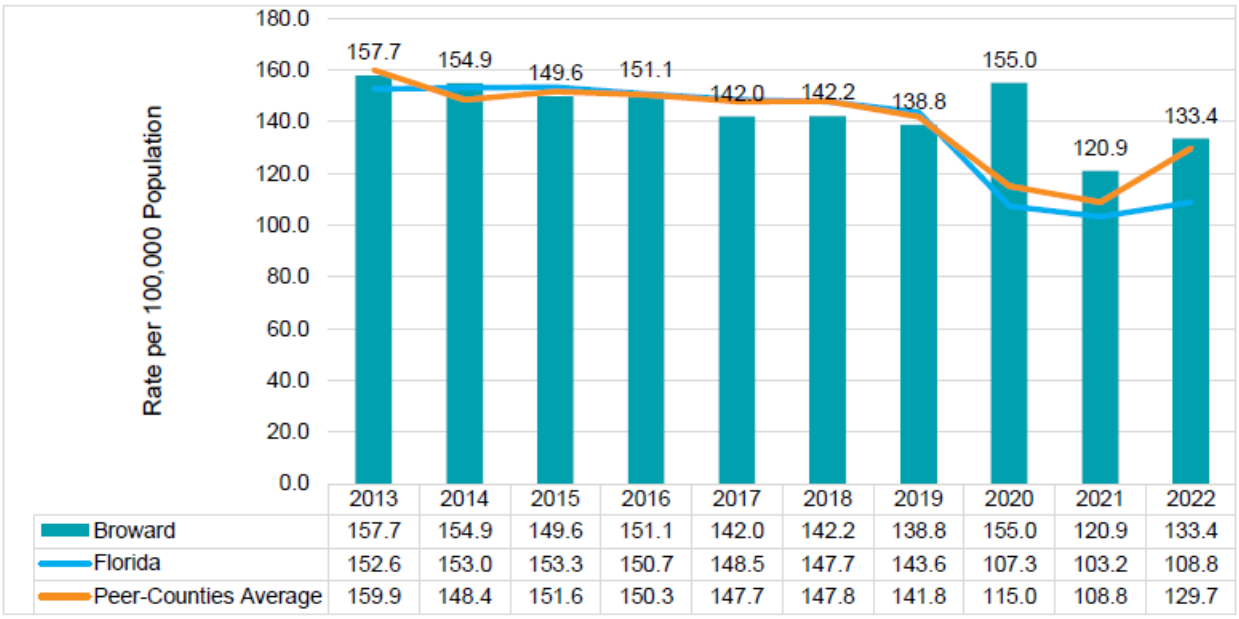


Trinity Health Data Hub

Heart Disease

Heart Disease Age-Adjusted Death Rate Per 100,000 Florida and Broward County, 2013-2022

Source: FLHealth



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	157.7	154.9	149.6	151.1	142.0	142.2	138.8	155.0	120.9	133.4
Florida	152.6	153.0	153.3	150.7	148.5	147.7	143.6	107.3	103.2	108.8
Peer-Counties Average	159.9	148.4	151.6	150.3	147.7	147.8	141.8	115.0	108.8	129.7

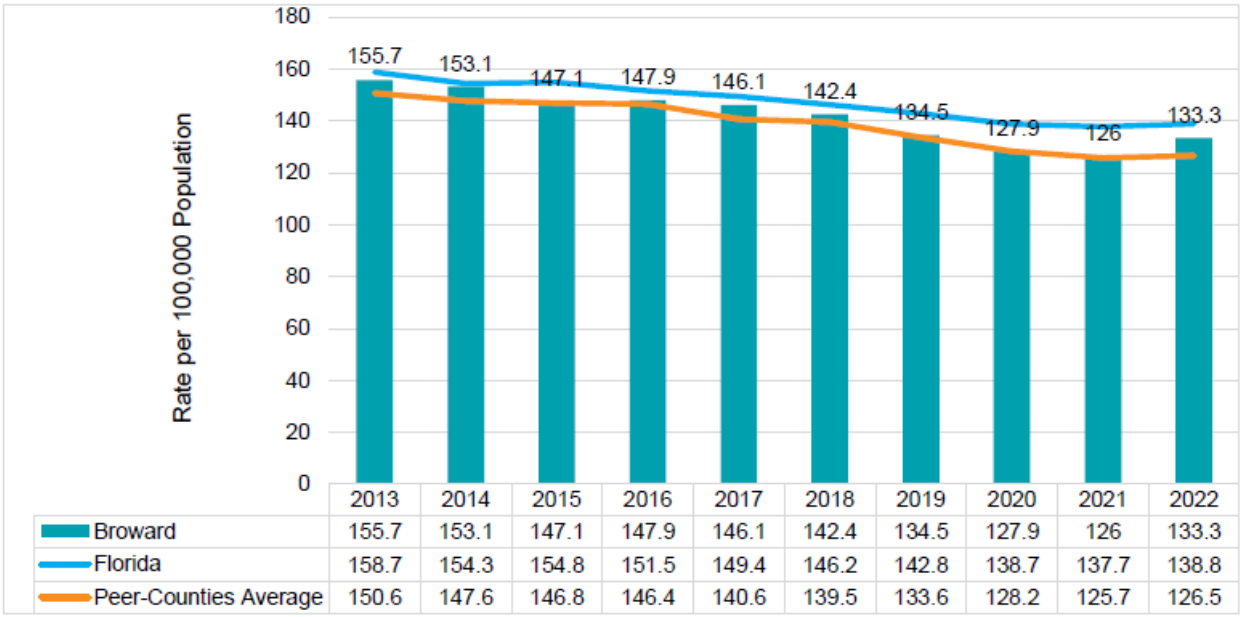
Source: FLHealth CHARTS

Broward County's Heart Disease, Age-Adjusted Death Rate Per 100,000 population has increased 133.4(2022) compared to 120.9(2021). It is also the highest compared to State (108.8) and Peer-Counties Average (129.7) in 2022.

The Healthy People 2030 goal is "Improve cardiovascular health and reduce deaths from heart disease and stroke" and objective is "Reduce coronary heart disease deaths — HDS-02 from 87.6 deaths per 100,000 in 2022 to 71.1 per 100,000 by 2030". Broward County, the State and the Peer-Counties average are significantly higher than the 2022 national deaths per 100,000.

Cancer

Cancer Age-Adjusted Death Rate Per 100,000 Florida and Broward County, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	155.7	153.1	147.1	147.9	146.1	142.4	134.5	127.9	126	133.3
Florida	158.7	154.3	154.8	151.5	149.4	146.2	142.8	138.7	137.7	138.8
Peer-Counties Average	150.6	147.6	146.8	146.4	140.6	139.5	133.6	128.2	125.7	126.5

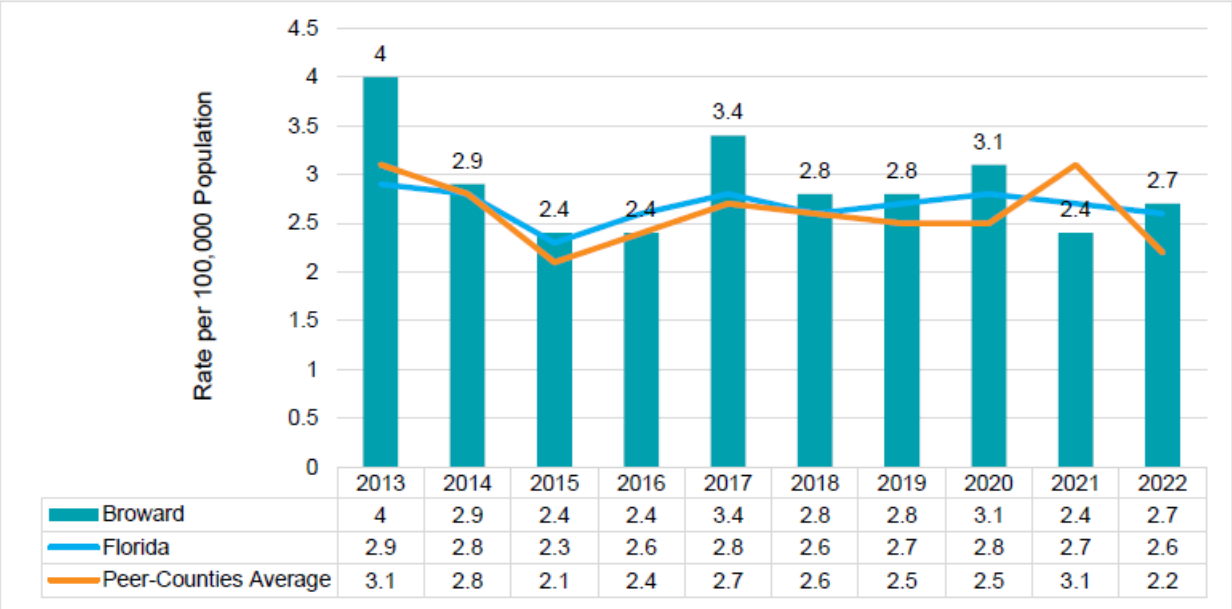
Source: FLHealth CHARTS

The Cancer Age-Adjusted Death Rate Per 100,000 is trending favorably in Broward County for past three years. In 2022, the rate was 133.3 which is lower than the State (138.8) and higher than the Peer-Counties Average (126.5).

The Healthy People 2030 goal is “Goal: Reduce new cases of cancer and cancer-related illness, disability, and death” and objective is “Reduce the overall cancer death rate–C-01 from 142.3 deaths per 100,000 in 2022 to 122.7 per 100,000 by 2030”. Broward County, the State and the Peer-Counties average are all below the 2022 national deaths per 100,000.

Cervical Cancer

Cervical Cancer Age-Adjusted Death rate Per 100,000 Florida and Broward County, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	4	2.9	2.4	2.4	3.4	2.8	2.8	3.1	2.4	2.7
Florida	2.9	2.8	2.3	2.6	2.8	2.6	2.7	2.8	2.7	2.6
Peer-Counties Average	3.1	2.8	2.1	2.4	2.7	2.6	2.5	2.5	3.1	2.2

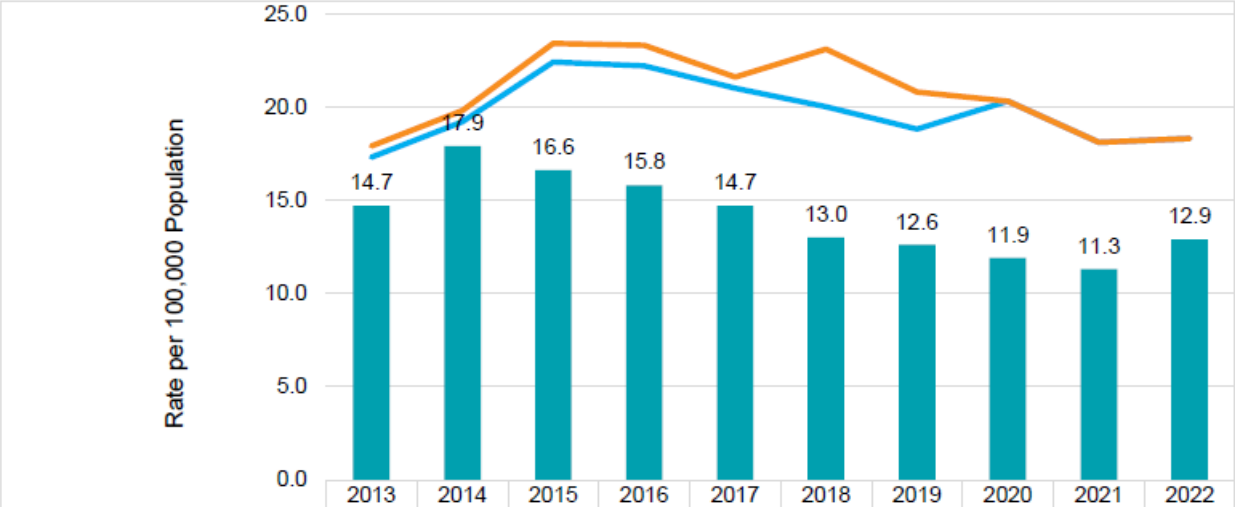
Source: FLHealth CHARTS

Broward County's Cervical Cancer Age-Adjusted Death Rate Per 100,000 is high compared to the State (2.6) and Peer-Counties Average in 2022.

The Healthy People 2030 goal is "Reduce new cases of cancer and cancer-related illness, disability, and death" and objective "Increase the proportion of females who get screened for cervical cancer — C-09 from 73.9% in 2022 to 79.2% by 2030".

Alzheimer's

Alzheimer's Disease Age-Adjusted Death Rate Per 100,000 Florida and Broward County, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	14.7	17.9	16.6	15.8	14.7	13.0	12.6	11.9	11.3	12.9
Florida	17.3	19.2	22.4	22.2	21.0	20.0	18.8	20.3	18.1	18.3
Peer-Counties Average	17.9	19.8	23.4	23.3	21.6	23.1	20.8	20.3	18.1	18.3

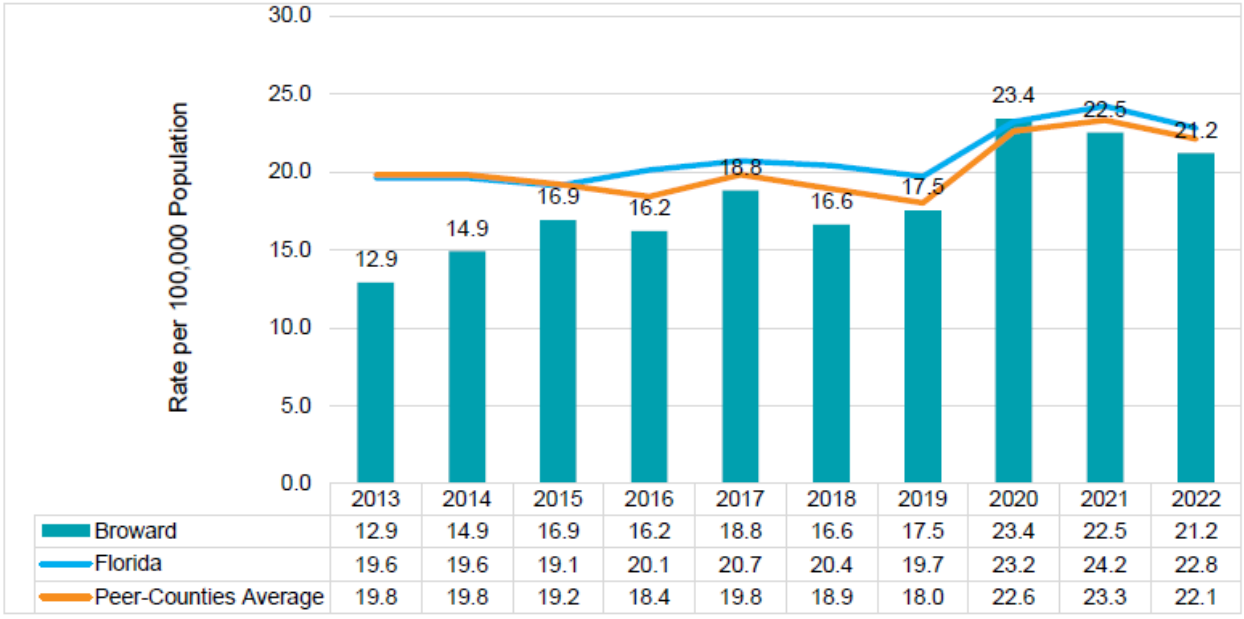
Source: FLHealth CHARTS

The Alzheimer's Age-Adjusted Death Rate Per 100,000 population 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).

The Healthy People Goal "Improve health and quality of life for people with dementia, including Alzheimer's disease" and objective are "Increase the proportion of older adults with dementia, or their caregivers, who know they have it — DIA-01, Reduce the proportion of preventable hospitalizations in older adults with dementia — DIA-02, and Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider — DIA-03"

Diabetes

Diabetes Age-Adjusted Death Rate Per 100,000 Florida and Broward County, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	12.9	14.9	16.9	16.2	18.8	16.6	17.5	23.4	22.5	21.2
Florida	19.6	19.6	19.1	20.1	20.7	20.4	19.7	23.2	24.2	22.8
Peer-Counties Average	19.8	19.8	19.2	18.4	19.8	18.9	18.0	22.6	23.3	22.1

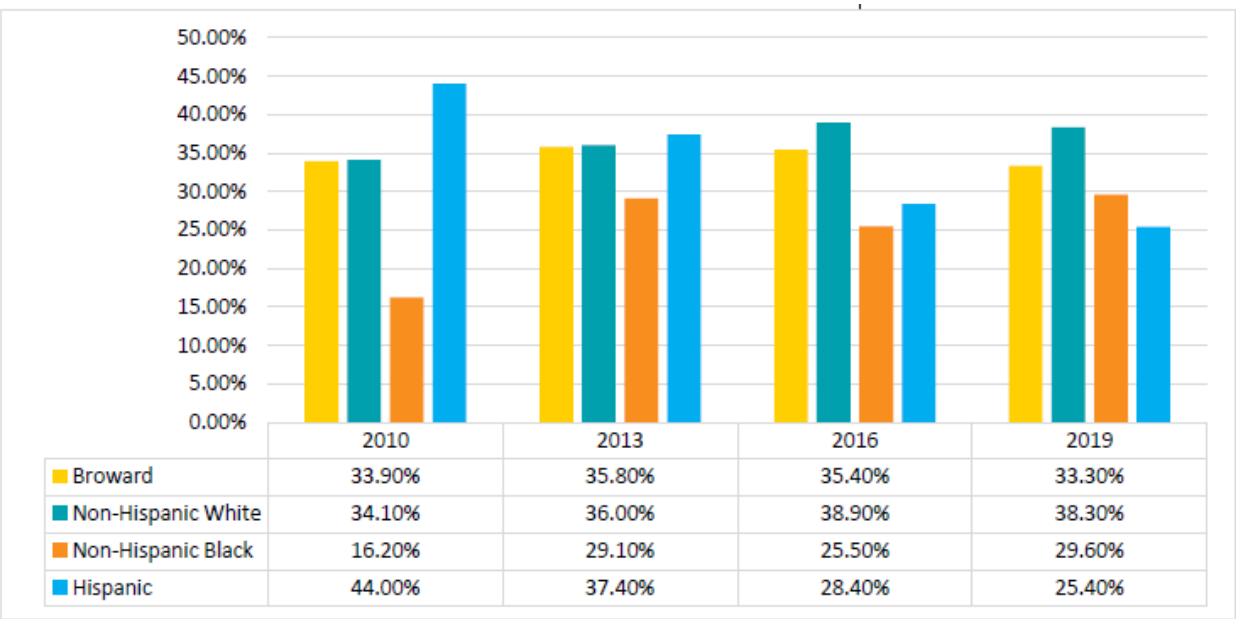
Source: FLHealth CHARTS

Broward County's Diabetes Age-Adjusted Death Rate Per 100,000 population is trending favorably from 2021 (22.5) to 2022 (21.2) and is lower than the State (22.8) and Peer-Counties Average (22.1).

The Healthy People 2030 goal is "Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes" and objective is "Reduce the rate of death from any cause in adults with diabetes — D-09 from 15.2 deaths per 1,000 in 2022 to 13.7 per 1,000 by 2030"

Obesity

Adults Who Have a Healthy Weight (BRFSS): Broward County

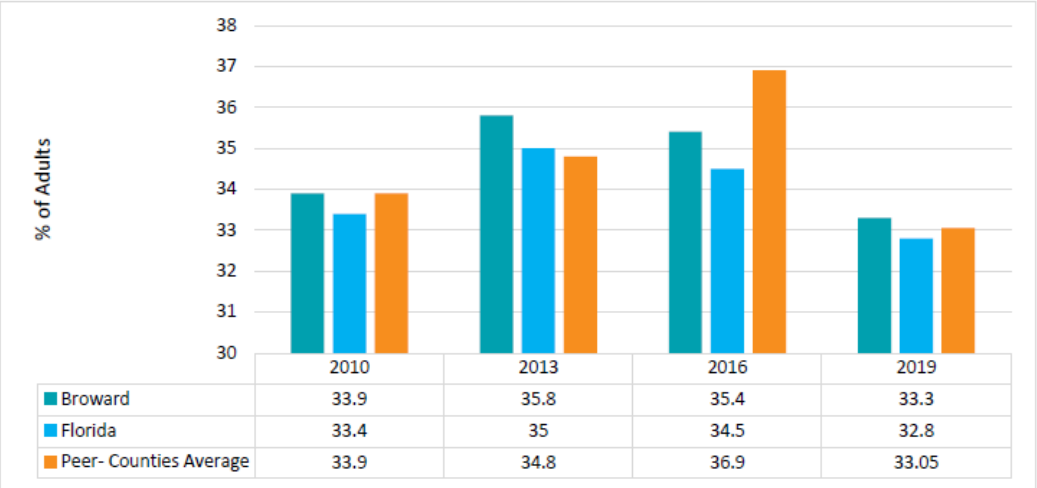


	2010	2013	2016	2019
Broward	33.90%	35.80%	35.40%	33.30%
Non-Hispanic White	34.10%	36.00%	38.90%	38.30%
Non-Hispanic Black	16.20%	29.10%	25.50%	29.60%
Hispanic	44.00%	37.40%	28.40%	25.40%

Source: Florida Health 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

Adults who are a Healthy Weight (BMI from 18.5 to 24.9)



	2010	2013	2016	2019
Broward	33.9	35.8	35.4	33.3
Florida	33.4	35	34.5	32.8
Peer- Counties Average	33.9	34.8	36.9	33.05

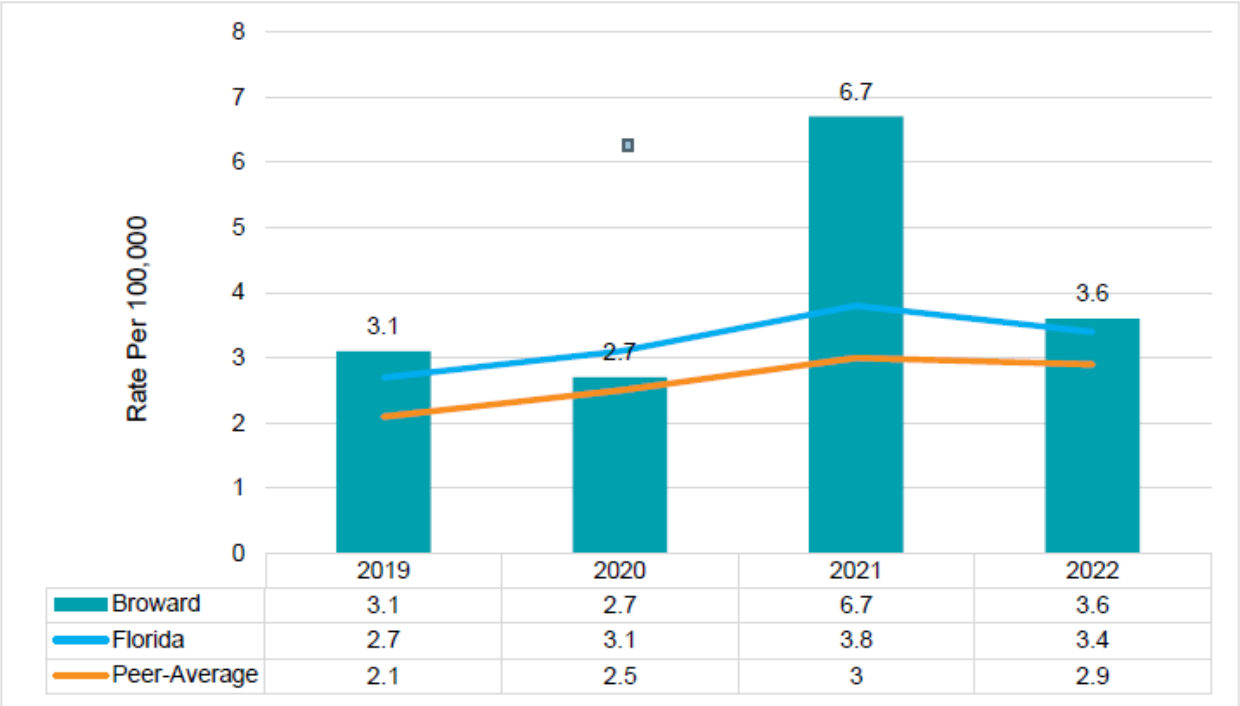
Source: Florida Health CHARTS – Behavioral Risk Factor Surveillance Survey

The percent of adults who are at a healthy weight in Broward County is 35.4 (2016) which low compared to the State (34.5) and Peer- Counties Average (36.9).

The Healthy People 2030 goal is “Reduce overweight and obesity by helping people eat healthy and get physical activity” and objective is “Reduce the rate of death from any cause in adults with diabetes — D-09 from 15.2 deaths per 1,000 in 2022 to 13.7 per 1,000 by 2030”.

Drowning

Unintentional Drowning Crude Death Rate Ages 0-9 Per 100,000 in Broward County 2019-2022



	2019	2020	2021	2022
Broward	3.1	2.7	6.7	3.6
Florida	2.7	3.1	3.8	3.4
Peer-Average	2.1	2.5	3	2.9

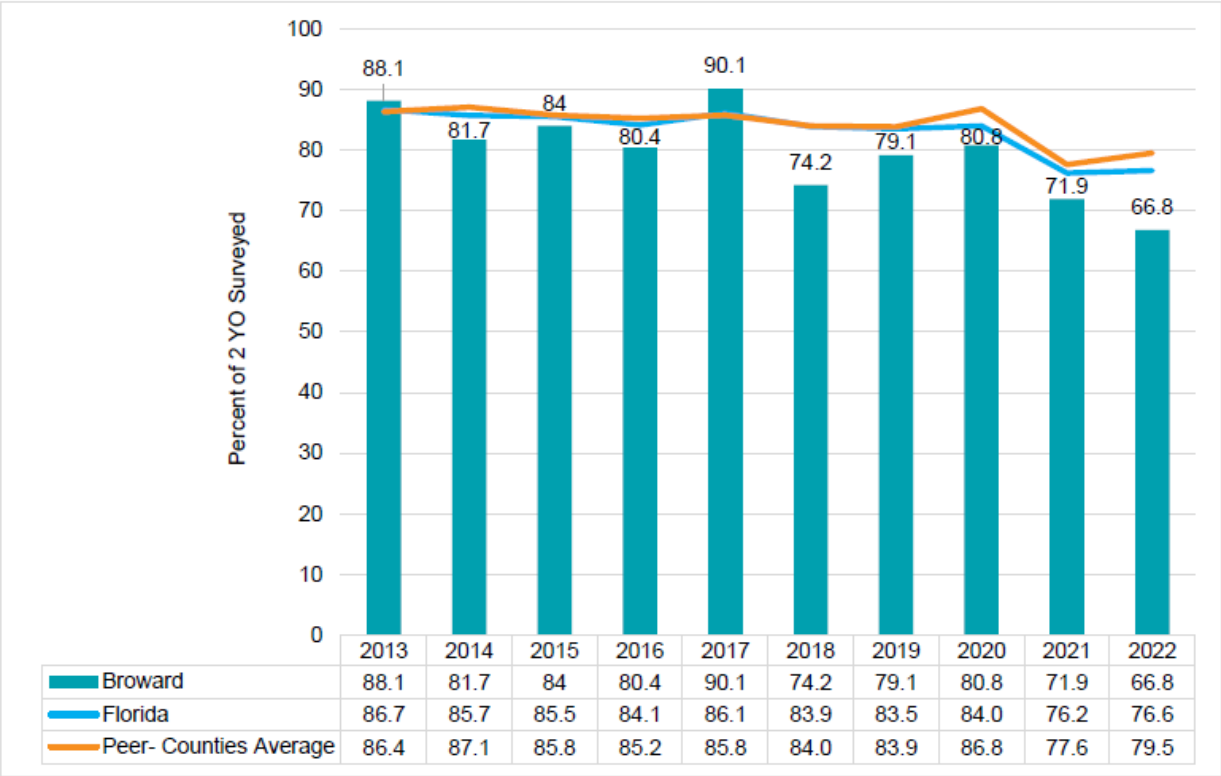
Source: FLHealth CHARTS

Broward County's Unintentional Drowning Crude Death Rate, Ages 0-9, Per 100,000 is trending favorably the rate for 2022 is 3.6, which is higher than the State (3.4) and Peer-Counties Average (2.9).

The Healthy People 2030 goal is "Prevent injuries" and objective is "Reduce unintentional injury deaths — IVP-03 from 64.0 deaths per 100,000 in 2022 to 43.2 per 100,000 by 2030".

Immunization

Two-Year-Old Children Fully Immunized, 2013-2022



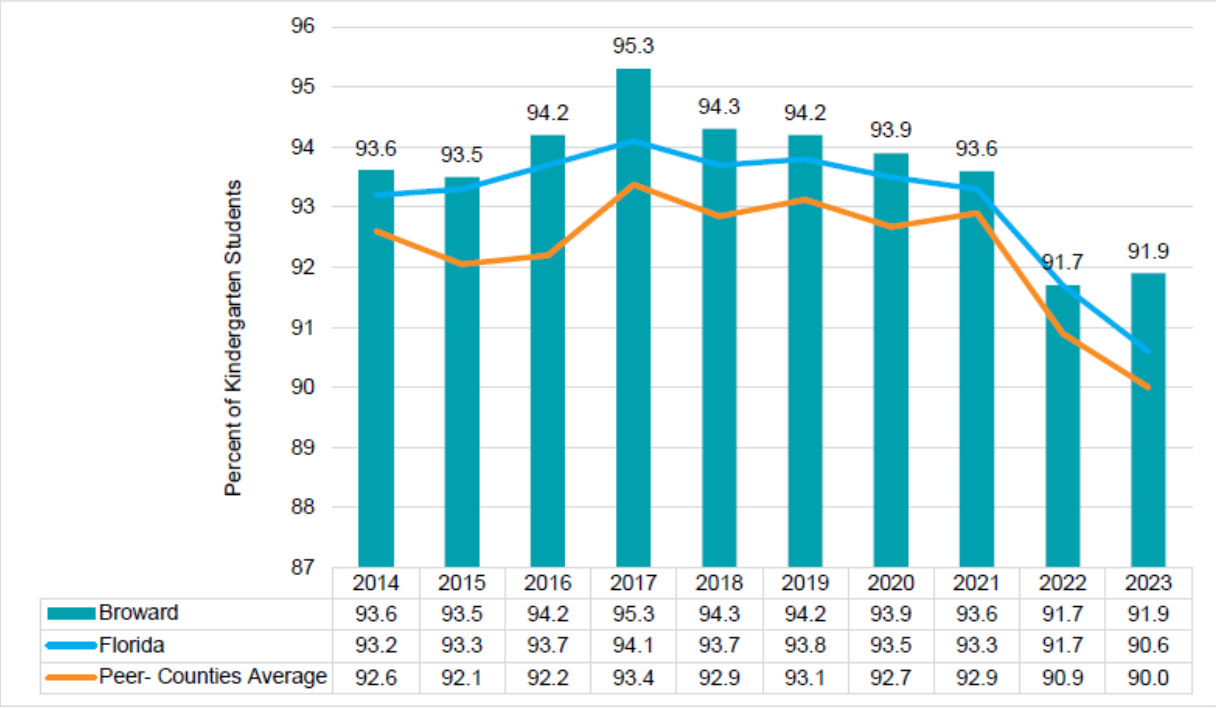
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	88.1	81.7	84	80.4	90.1	74.2	79.1	80.8	71.9	66.8
Florida	86.7	85.7	85.5	84.1	86.1	83.9	83.5	84.0	76.2	76.6
Peer- Counties Average	86.4	87.1	85.8	85.2	85.8	84.0	83.9	86.8	77.6	79.5

Source: Florida Health CHARTS

The percent of two-year olds fully immunized has trended unfavorably since 2020. Broward's percent is unfavorable when compared to Florida and the Peer-Counties Average.

The Healthy People 2030 goal is "Increase vaccination rates" and objective is "Maintain the vaccination coverage level of 1 dose of the MMR vaccine in children by age 2 years — IID-03 from 90.7% in 2017 to 90.8% by 2030" and "Increase the coverage level of 4 doses of the DTaP vaccine in children by age 2 years — IID-06 from 80.9% in 2017 to 90.0% by 2030".

Immunization Levels in Kindergarten Students, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Broward	93.6	93.5	94.2	95.3	94.3	94.2	93.9	93.6	91.7	91.9
Florida	93.2	93.3	93.7	94.1	93.7	93.8	93.5	93.3	91.7	90.6
Peer- Counties Average	92.6	92.1	92.2	93.4	92.9	93.1	92.7	92.9	90.9	90.0

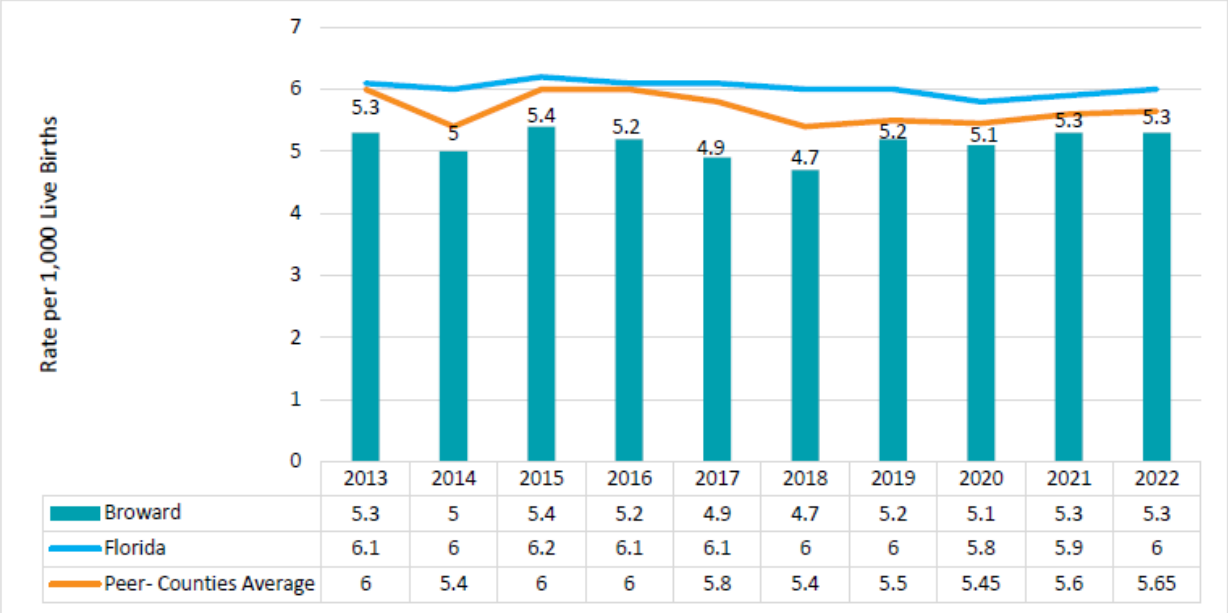
Source: Florida Health CHARTS

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.

The Healthy People 2030 goal is "Increase vaccination rates" and objective is "Maintain the vaccination coverage level of 2 doses of the MMR vaccine for children in kindergarten — IID-04 from 93.0% in 2021/22 to 95% by 2030".

Infant Mortality

Infant Mortality



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	5.3	5	5.4	5.2	4.9	4.7	5.2	5.1	5.3	5.3
Florida	6.1	6	6.2	6.1	6.1	6	6	5.8	5.9	6
Peer- Counties Average	6	5.4	6	6	5.8	5.4	5.5	5.45	5.6	5.65

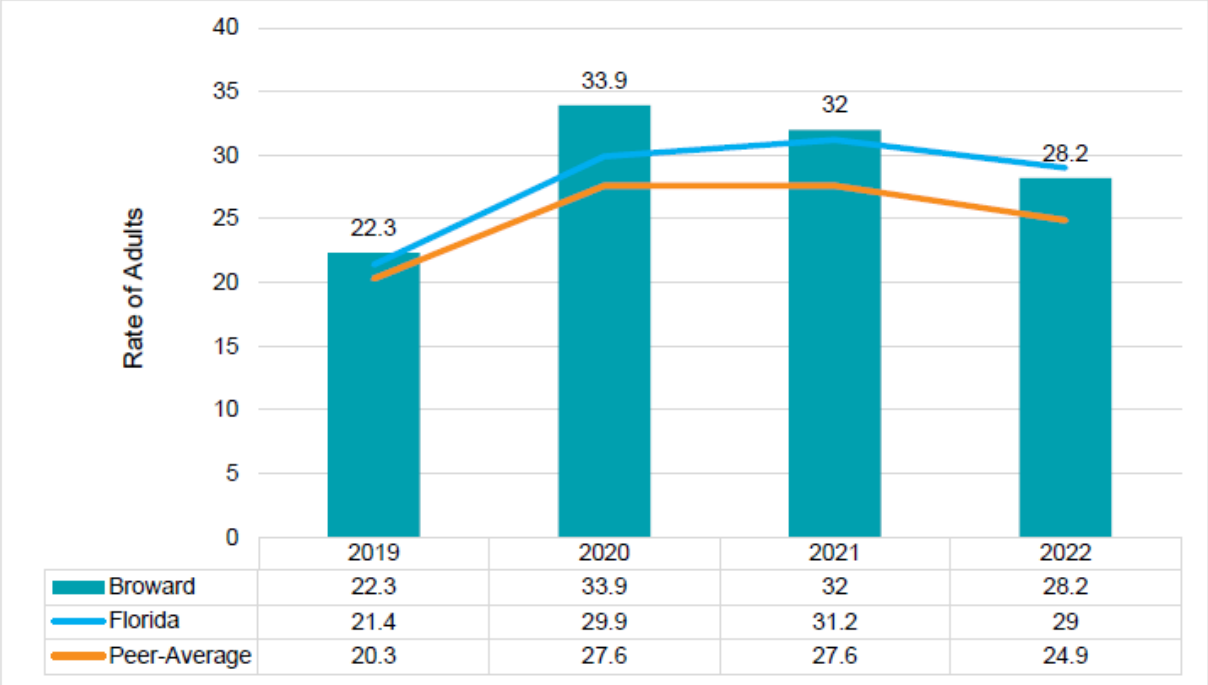
Source: Florida Health CHARTS

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.

The Healthy People 2030 goal is "Prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy" and objective is "Reduce the rate of infant deaths — MICH-02 from 5.4 deaths per 1,000 live births in 2021 to 5.0 per 1,000 by 2030". Broward County, the State and the Peer-Counties average are all above the 2030 national target.

Opioids

Opioid Overdose Annual Age-Adjusted Death Rate in Broward County 2019-2022



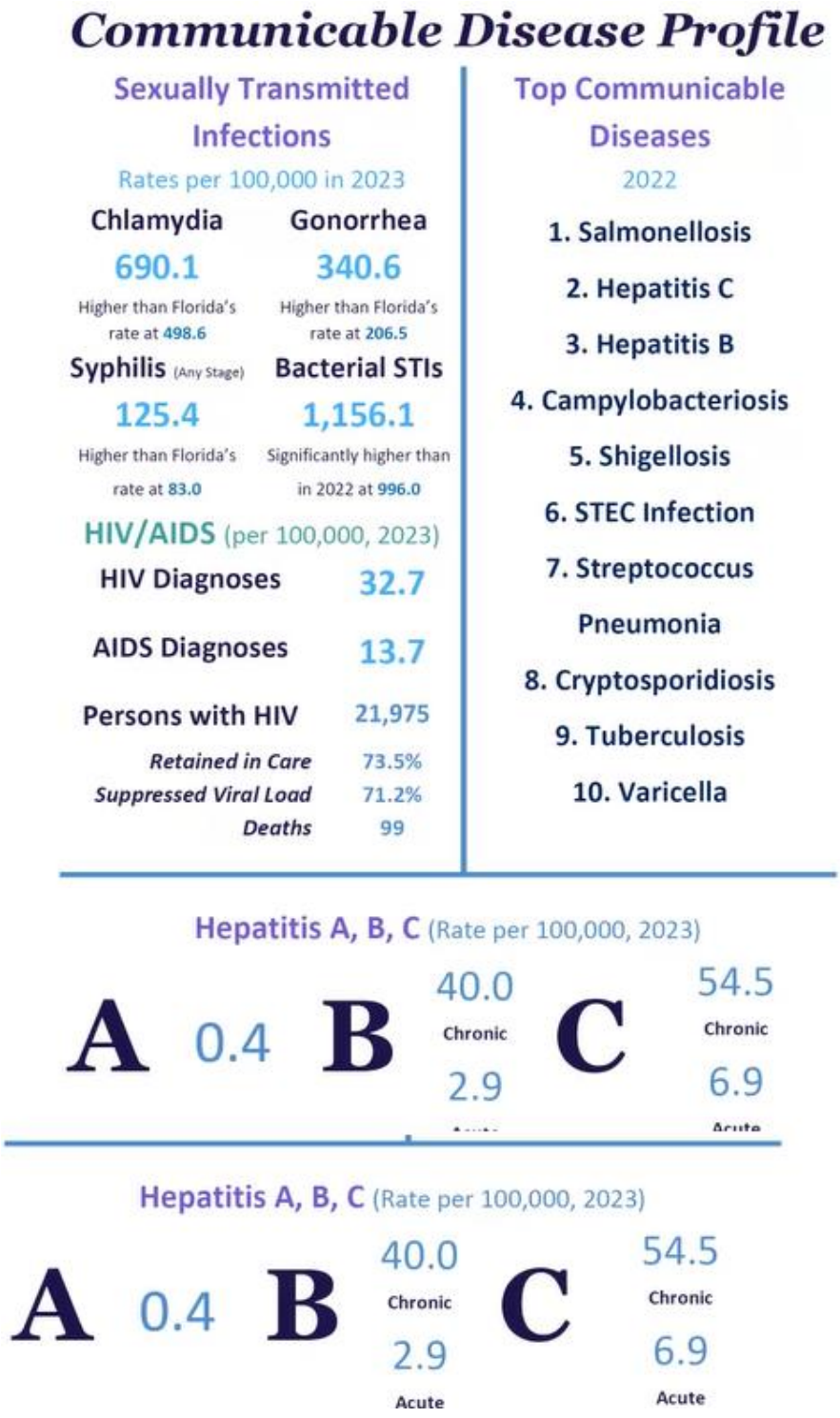
	2019	2020	2021	2022
Broward	22.3	33.9	32	28.2
Florida	21.4	29.9	31.2	29
Peer-Average	20.3	27.6	27.6	24.9

Source: FLHealth CHARTS

The Opioid Overdose Annual Age-Adjusted Death Rate in Broward County has decreased by 3.8 when comparing 2021 and 2022 data. Broward County's rate (28.2) is less than the State (29) and greater than Peer-Counties Average (24.9).

The Healthy People 2030 goal is "Reduce misuse of drugs and alcohol." and objective is "Reduce drug overdose deaths — SU-03 from 32.6 deaths per 100,000 in 2022 to 20.7 per 100,000 by 2030". Broward County, the State and the Peer-Counties average are all below the 2022 national deaths per 100,000.

Communicable Diseases

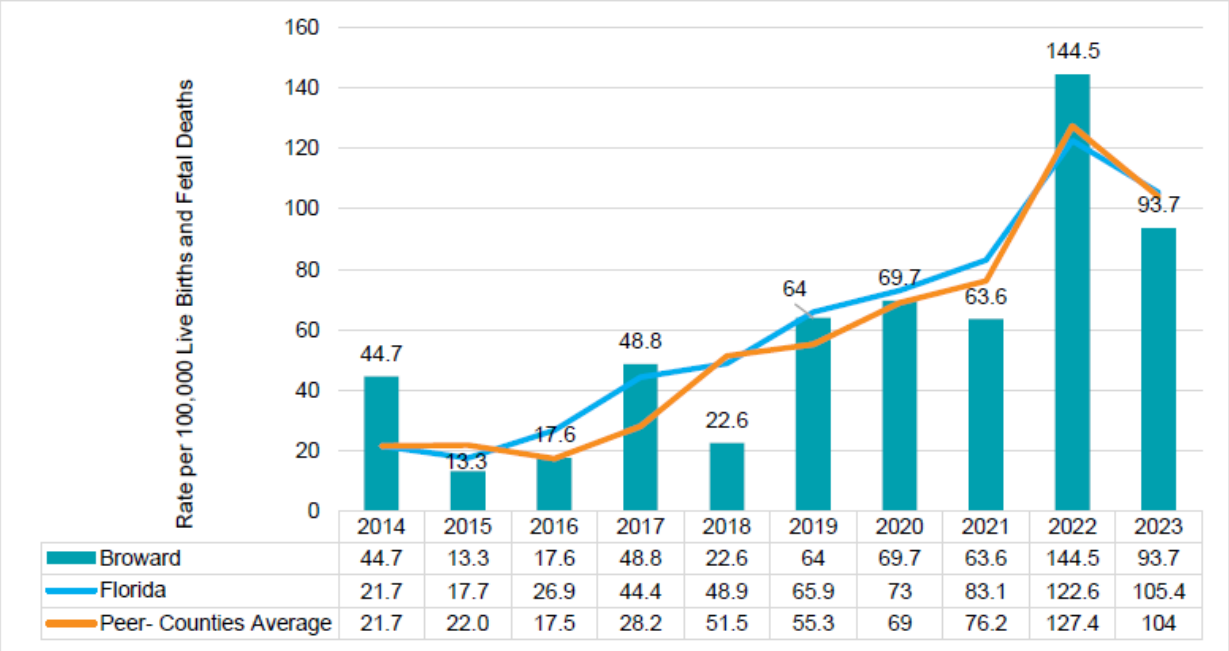


Hepatitis A, B, C (Rate per 100,000, 2023)
A 0.4
B 40.0 Chronic 2.9 Acute
C 54.5 Chronic 6.9 Acute

Sources: Florida Health Charts, 2023-2023; Health Department HIV Surveillance Division, Continuum of Care 2023

Congenital Syphilis

Congenital Syphilis Cases per 100,000 Live Births and Fetal Deaths, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Broward	44.7	13.3	17.6	48.8	22.6	64	69.7	63.6	144.5	93.7
Florida	21.7	17.7	26.9	44.4	48.9	65.9	73	83.1	122.6	105.4
Peer- Counties Average	21.7	22.0	17.5	28.2	51.5	55.3	69	76.2	127.4	104

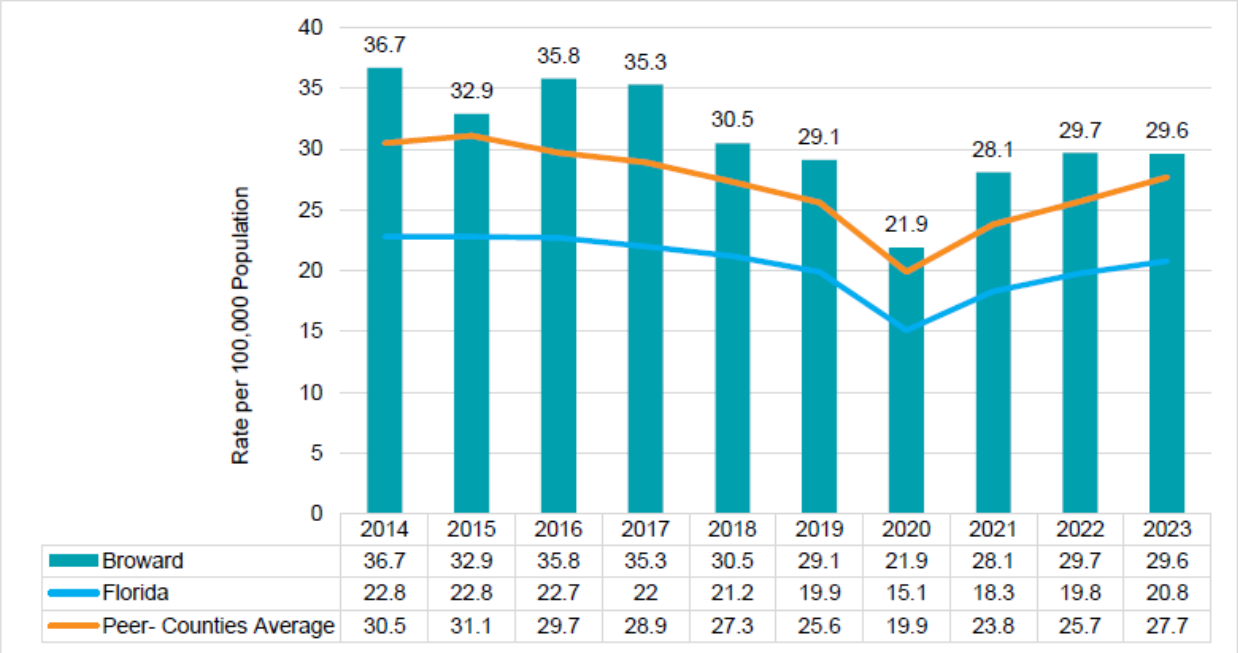
Source: Florida Health CHARTS

The congenital syphilis cases per 100,000 live births and fetal deaths have trended unfavorably since 2019. Broward's rate is lower when compared to Florida and the Peer-Counties Average in 2023.

The Healthy People 2030 goal is "Reduce sexually transmitted infections and their complications and improve access to quality STI care" and objective is "Reduce congenital syphilis — STI-04 from 102.5 cases of congenital syphilis per 100,000 live births in 2022 to 33.9 per 100,000 by 2030". Broward County, the State and the Peer-Counties average are all significantly higher than the 2022 national cases per 100,000.

HIV/AIDS

HIV Diagnosis Rate per 100,000 Population in Broward County, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Broward	36.7	32.9	35.8	35.3	30.5	29.1	21.9	28.1	29.7	29.6
Florida	22.8	22.8	22.7	22	21.2	19.9	15.1	18.3	19.8	20.8
Peer- Counties Average	30.5	31.1	29.7	28.9	27.3	25.6	19.9	23.8	25.7	27.7

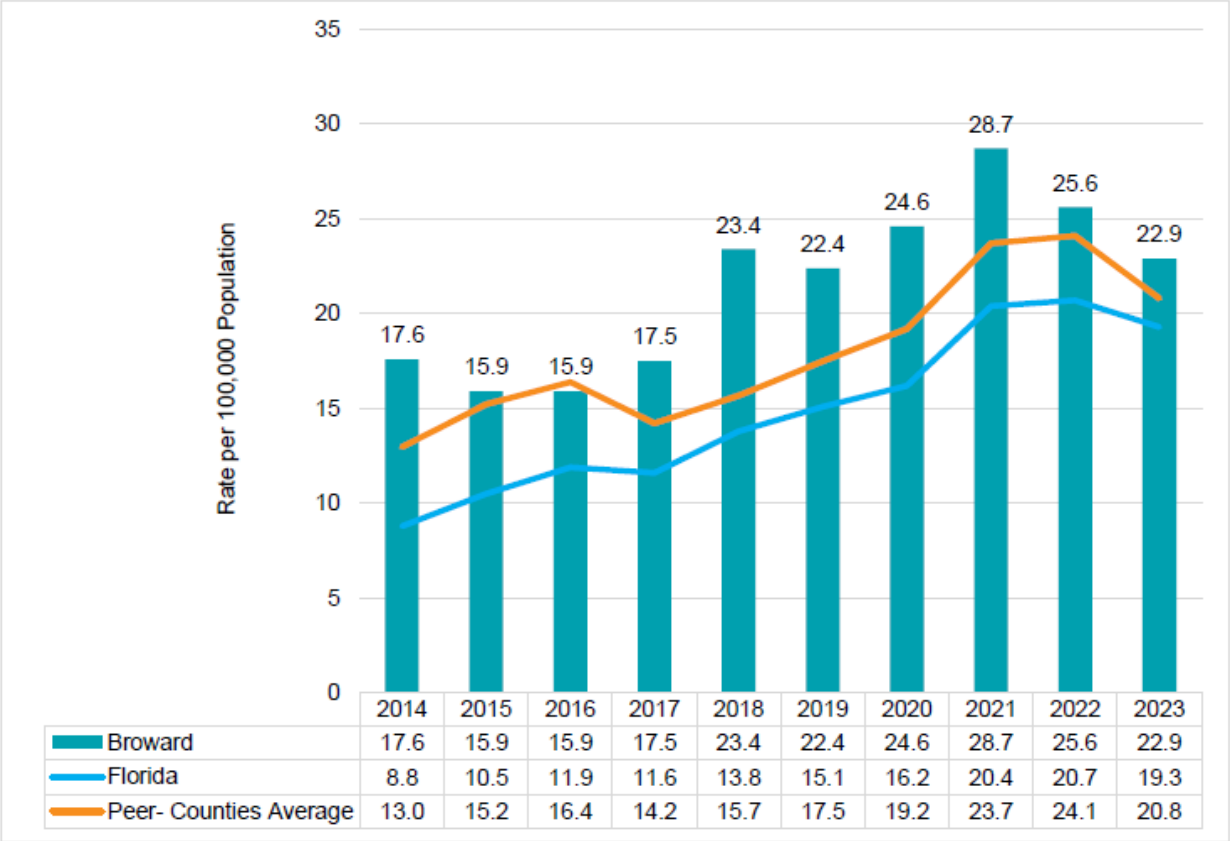
Source: Florida Health CHARTS

The HIV diagnosis rate per 100,000 population in Broward County has trended unfavorably since 2021. Broward County's rate is unfavorable when compared to Florida and the Peer-Counties Average.

The Healthy People 2030 goal is "Reduce sexually transmitted infections and their complications and improve access to quality STI care" and objective is "Reduce the number of new HIV infections — HIV-01 from 31,800 in 2022 in 2022 to 20.7 per 3,000 by 2030". Broward County, the State and the Peer-Counties average are all below the 2022 national annual new HIV infections.

Infectious Syphilis

Infectious Syphilis Cases, Rate per 100,000 Population, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Broward	17.6	15.9	15.9	17.5	23.4	22.4	24.6	28.7	25.6	22.9
Florida	8.8	10.5	11.9	11.6	13.8	15.1	16.2	20.4	20.7	19.3
Peer- Counties Average	13.0	15.2	16.4	14.2	15.7	17.5	19.2	23.7	24.1	20.8

Source: Florida Health CHARTS

The infectious syphilis case rate per 100,000 population has trended unfavorably since 2018. Broward's rate is trending unfavorably when compared to the Florida rate and the Peer-Counties Average.

The Healthy People 2030 goal is "Reduce sexually transmitted infections and their complications and improve access to quality STI care" and objective is "Reduce the syphilis rate in females — STI-03 from 19.1 cases of primary and secondary syphilis per 100,000 females in 2022 to 4.6 per 100,000 by 2030".

Social Determinant of Health and the Built Environment

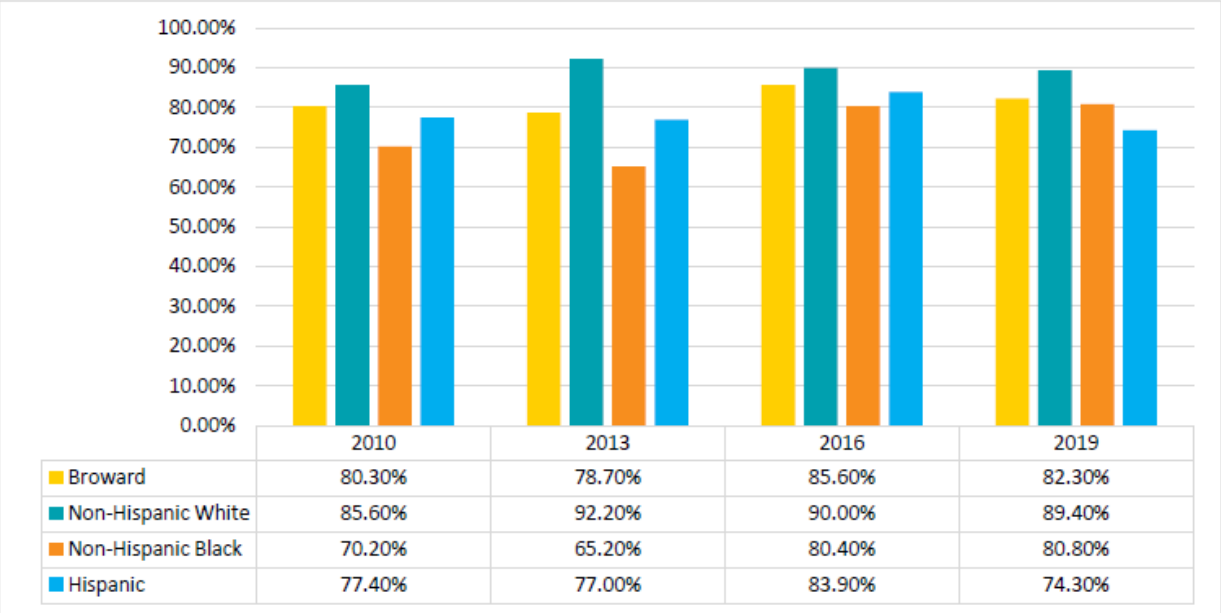
Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions.

These forces and systems encompass economic policies, development agendas, social norms, social policies, racism, climate change, and political structures. Healthy People 2030 highlights SDOH in its key health indicators.

Healthy People 2030 sets data-driven national objectives in five key areas of SDOH: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. Some examples of SDOH included in Healthy People 2030 are safe housing, transportation, and neighborhoods; polluted air and water; and access to nutritious foods and physical health opportunities.

Healthcare Access & Quality

Adults with Any Type of Health Care Insurance Coverage (BRFSS)

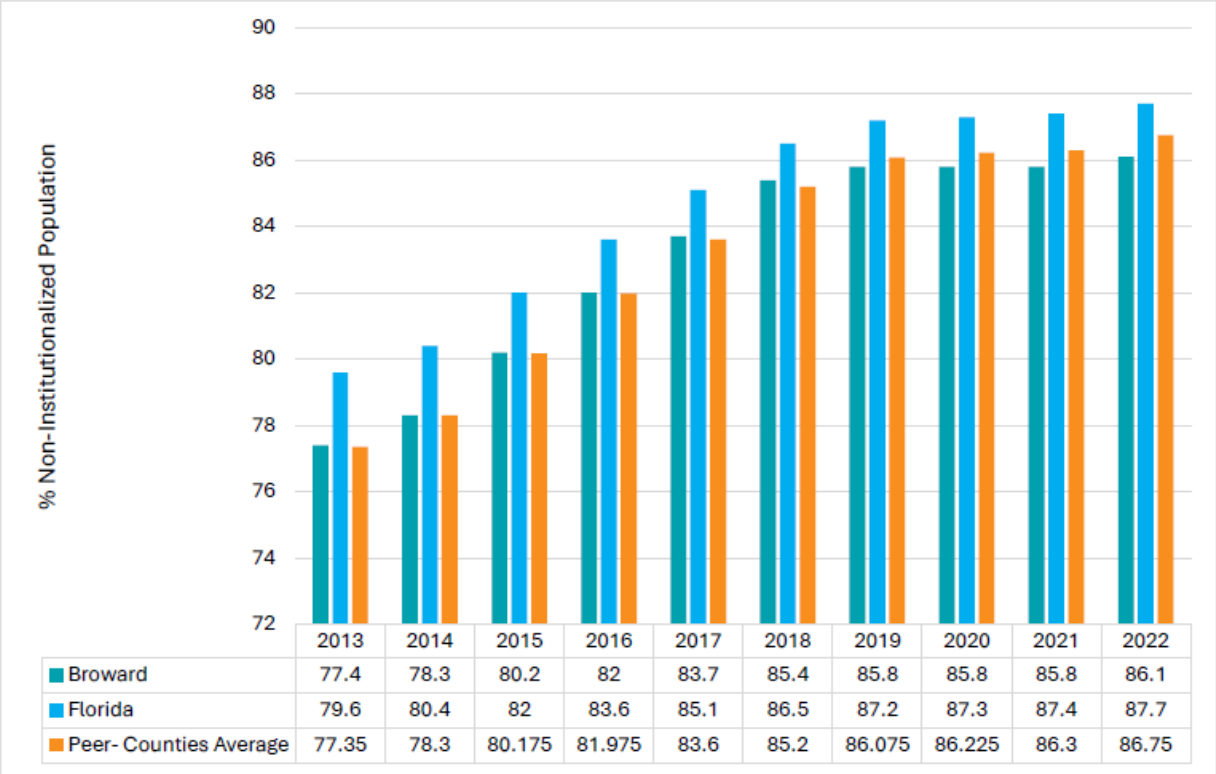


	2010	2013	2016	2019
Broward	80.30%	78.70%	85.60%	82.30%
Non-Hispanic White	85.60%	92.20%	90.00%	89.40%
Non-Hispanic Black	70.20%	65.20%	80.40%	80.80%
Hispanic	77.40%	77.00%	83.90%	74.30%

Source: Florida Health 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.

Percents of Civilian Non-Institutionalized Population with Health Insurance



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	77.4	78.3	80.2	82	83.7	85.4	85.8	85.8	85.8	86.1
Florida	79.6	80.4	82	83.6	85.1	86.5	87.2	87.3	87.4	87.7
Peer- Counties Average	77.35	78.3	80.175	81.975	83.6	85.2	86.075	86.225	86.3	86.75

Source: Florida Health 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.

Percent of Civilian Non-Institutionalized Population with Health Insurance by Race /Ethnicity Broward County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	77.4	78.3	80.2	82	83.7	85.4	85.8	85.8	85.8	86.1
Non-Hispanic White	81	81.5	82.9	84.5	85.6	87	87.5	87.4	87.6	88.4
Non-Hispanic Black	70.8	72.4	75.4	77.9	80.6	83	83.7	83.7	83.8	84.1
Hispanic	70.6	72	74.8	77.4	79.7	81.9	82.1	82	81.9	82.5

Source: Florida Health 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.

The Healthy People 2030 goal is "Increase access to comprehensive, high-quality health care services" and objective is "Increase the proportion of people with health insurance — AHS-01 from 91.1% in 2023 to 92.4 by 2030". Broward County, the State and the Peer-Counties average are all well below the 2030 national target.

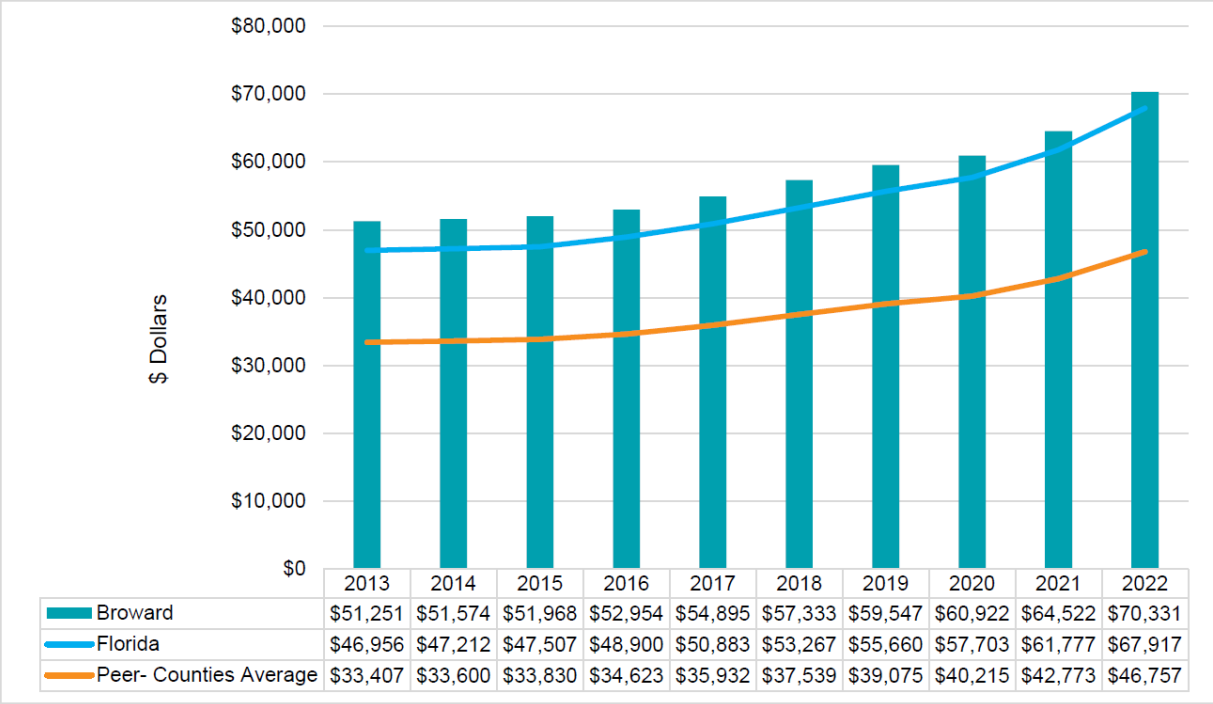
Economic Stability

Socioeconomic Factors

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

Median Household Income Dollars, 2013-2022

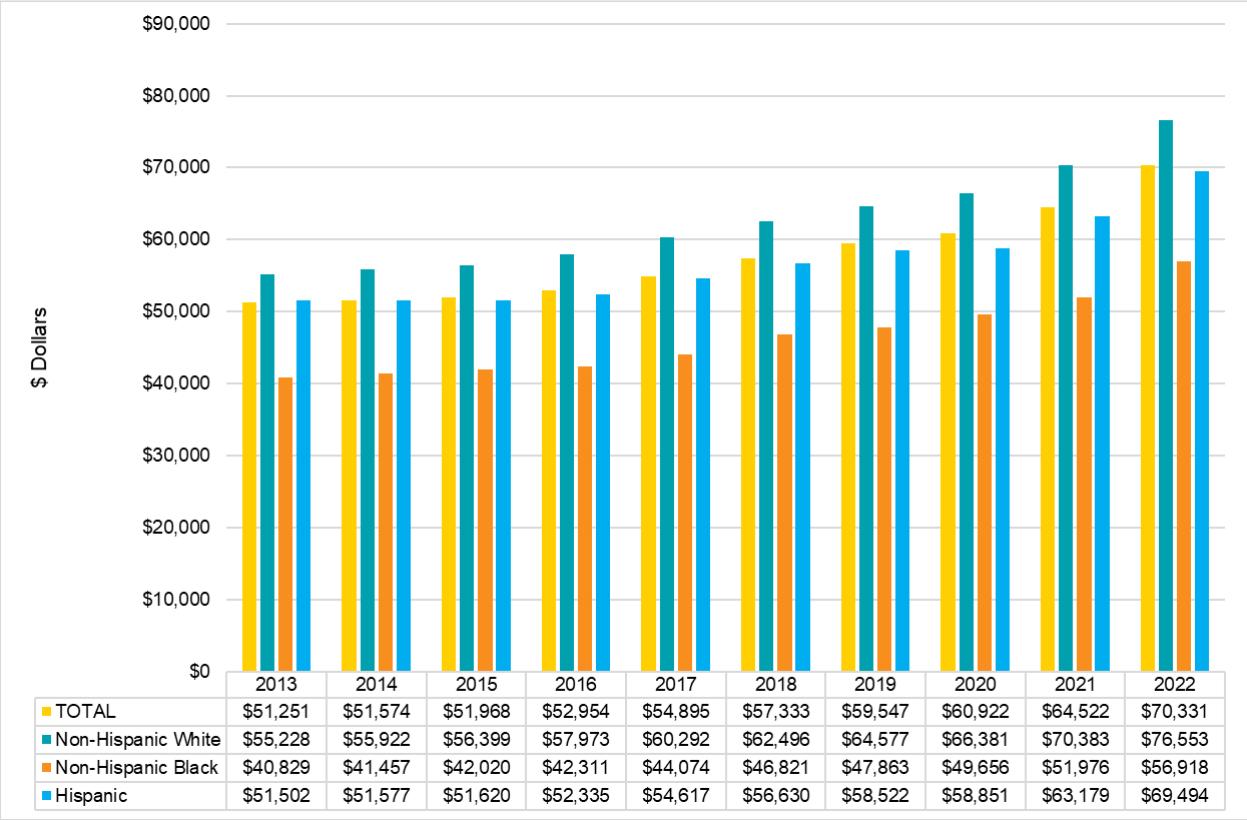


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	$51,251	$51,574	$51,968	$52,954	$54,895	$57,333	$59,547	$60,922	$64,522	$70,331
Florida	$46,956	$47,212	$47,507	$48,900	$50,883	$53,267	$55,660	$57,703	$61,777	$67,917
Peer- Counties Average	$33,407	$33,600	$33,830	$34,623	$35,932	$37,539	$39,075	$40,215	$42,773	$46,757

Source: FLHealth CHARTS

Broward County's Median Household Income has had a favorable trend since 2013 and is favorable compared to the State and Peer-Counties Average.

Median Household Income Dollars by Race and Ethnicity, Broward County, 2013-2022



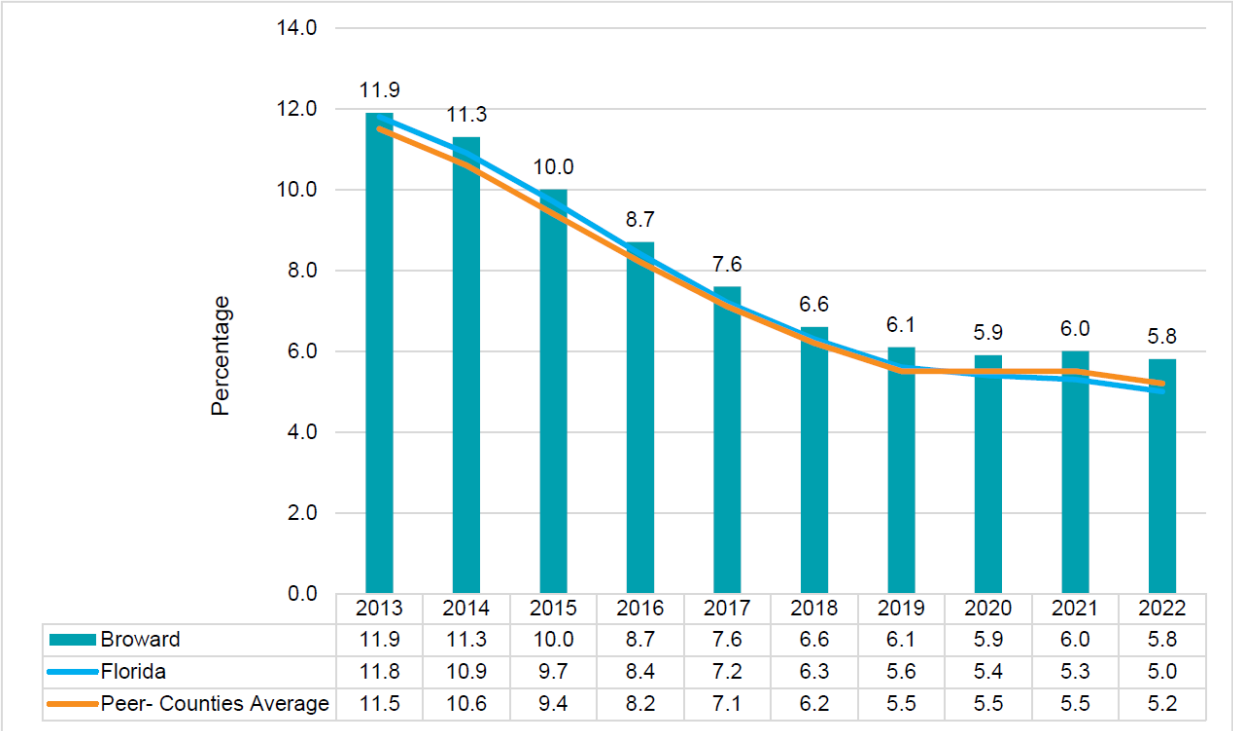
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
TOTAL	$51,251	$51,574	$51,968	$52,954	$54,895	$57,333	$59,547	$60,922	$64,522	$70,331
Non-Hispanic White	$55,228	$55,922	$56,399	$57,973	$60,292	$62,496	$64,577	$66,381	$70,383	$76,553
Non-Hispanic Black	$40,829	$41,457	$42,020	$42,311	$44,074	$46,821	$47,863	$49,656	$51,976	$56,918
Hispanic	$51,502	$51,577	$51,620	$52,335	$54,617	$56,630	$58,522	$58,851	$63,179	$69,494

Source: FLHealth CHARTS

The Median Household Income trend is most favorable among Whites and the least favorable among Blacks.

Employment

Percent of Civilian Labor Force Unemployed, 2013-2022

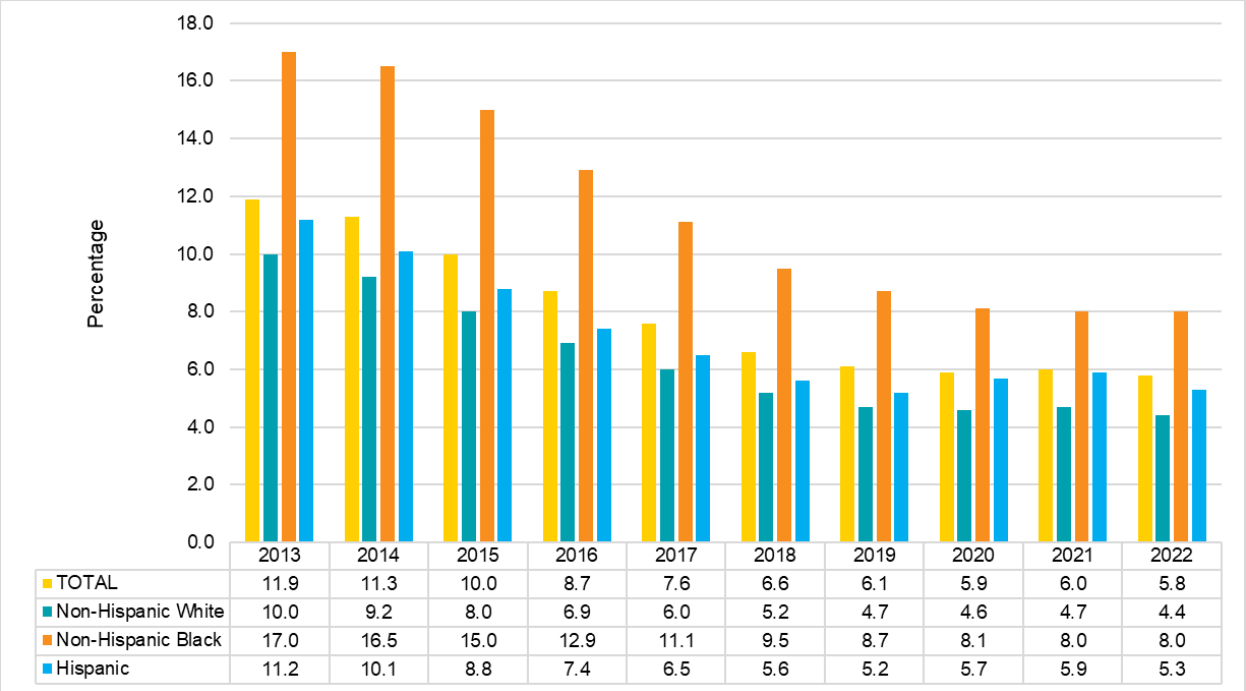


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	11.9	11.3	10.0	8.7	7.6	6.6	6.1	5.9	6.0	5.8
Florida	11.8	10.9	9.7	8.4	7.2	6.3	5.6	5.4	5.3	5.0
Peer- Counties Average	11.5	10.6	9.4	8.2	7.1	6.2	5.5	5.5	5.5	5.2

Source: FLHealth CHARTS

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

Percent of Civilian Labor Force Unemployed by Race and Ethnicity, Broward County, 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
TOTAL	11.9	11.3	10.0	8.7	7.6	6.6	6.1	5.9	6.0	5.8
Non-Hispanic White	10.0	9.2	8.0	6.9	6.0	5.2	4.7	4.6	4.7	4.4
Non-Hispanic Black	17.0	16.5	15.0	12.9	11.1	9.5	8.7	8.1	8.0	8.0
Hispanic	11.2	10.1	8.8	7.4	6.5	5.6	5.2	5.7	5.9	5.3

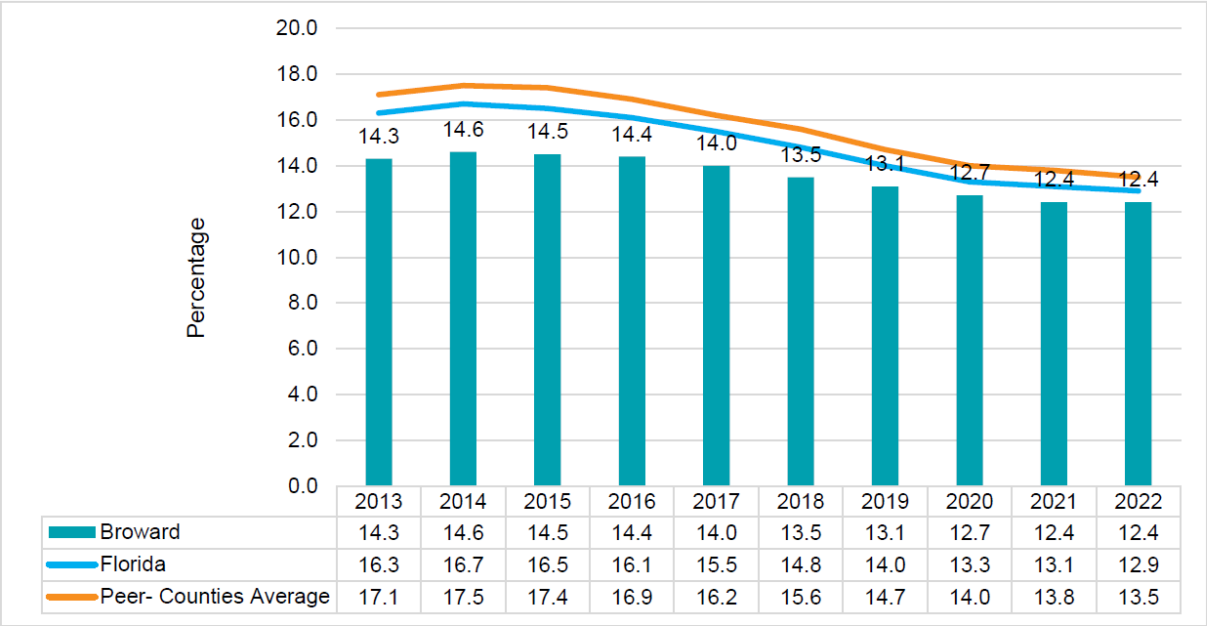
Source: FLHealth CHARTS

The percent of Civilian Labor Force Unemployed has trended favorable among Whites and the least favorable is among Blacks. All races and ethnicities have a favorable trend since 2013.

The Healthy People 2030 goal is “Help people earn steady incomes that allow them to meet their health needs” and objective is “Increase employment in working-age people — SDOH-02 from 71.5% in 2023 to 75.0% by 2030”.

Poverty

Percent of Individuals Below Poverty Level, 2013-2022

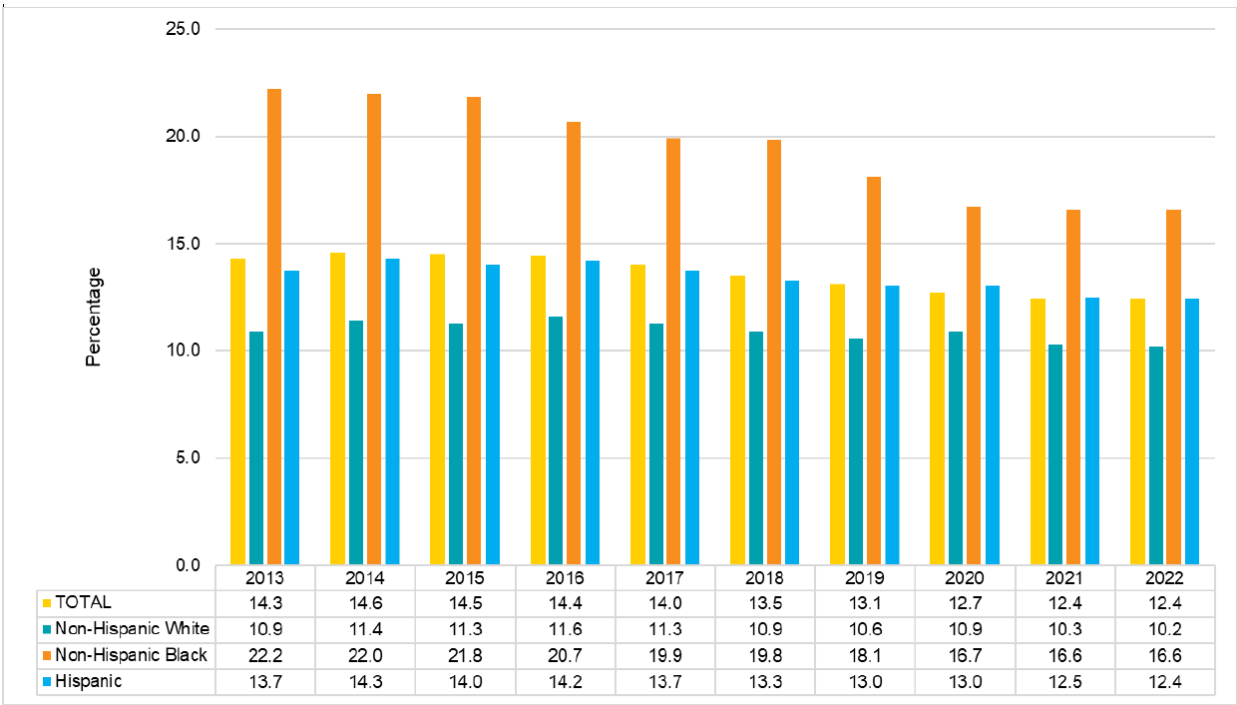


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	14.3	14.6	14.5	14.4	14.0	13.5	13.1	12.7	12.4	12.4
Florida	16.3	16.7	16.5	16.1	15.5	14.8	14.0	13.3	13.1	12.9
Peer- Counties Average	17.1	17.5	17.4	16.9	16.2	15.6	14.7	14.0	13.8	13.5

Source: FLHealth CHARTS

The Percent of Individuals Below Poverty Level has had a favorable trend since 2015 and is favorable compared to the State and Peer-Counties Average.

Percent of Individuals Below Poverty Level by Race and Ethnicity, Broward County, 2013-2022

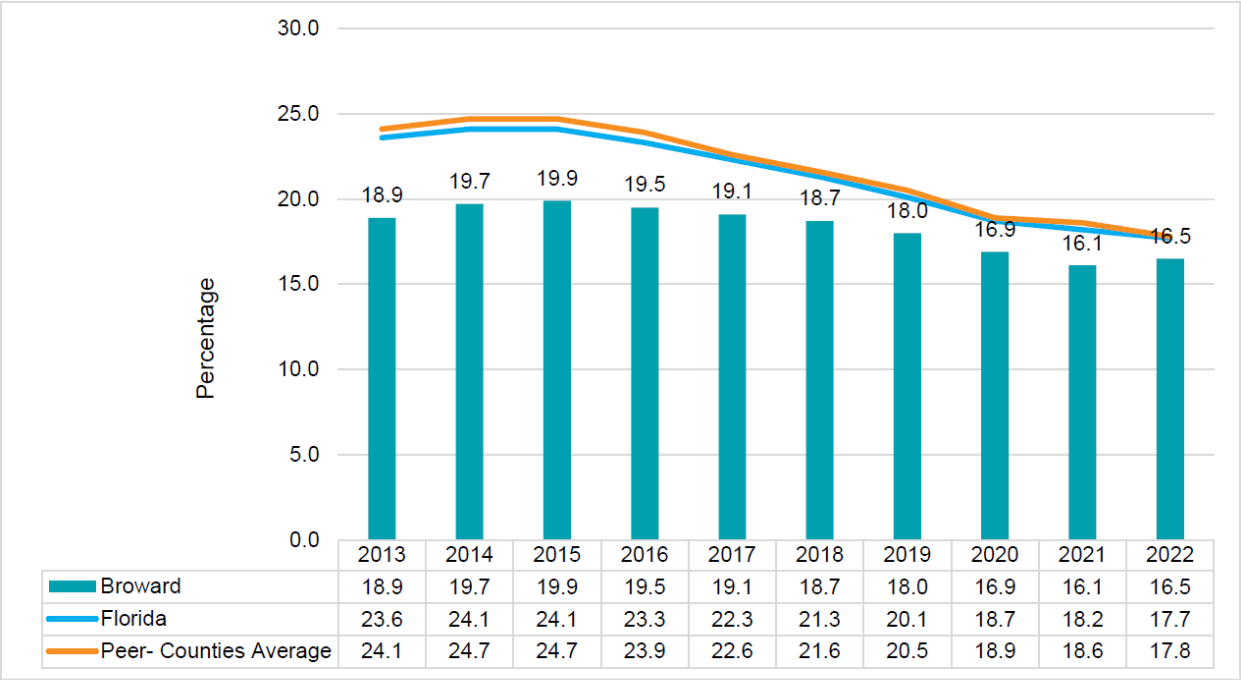


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
TOTAL	14.3	14.6	14.5	14.4	14.0	13.5	13.1	12.7	12.4	12.4
Non-Hispanic White	10.9	11.4	11.3	11.6	11.3	10.9	10.6	10.9	10.3	10.2
Non-Hispanic Black	22.2	22.0	21.8	20.7	19.9	19.8	18.1	16.7	16.6	16.6
Hispanic	13.7	14.3	14.0	14.2	13.7	13.3	13.0	13.0	12.5	12.4

Source: FLHealth CHARTS

The Percent of Individuals Below Poverty Level is most favorable among Whites and the least favorable among Blacks. All races and ethnicities have had a favorable trend since 2013.

Percent of Individuals Below Poverty Level (Aged 0-17 Years), 2013-2022

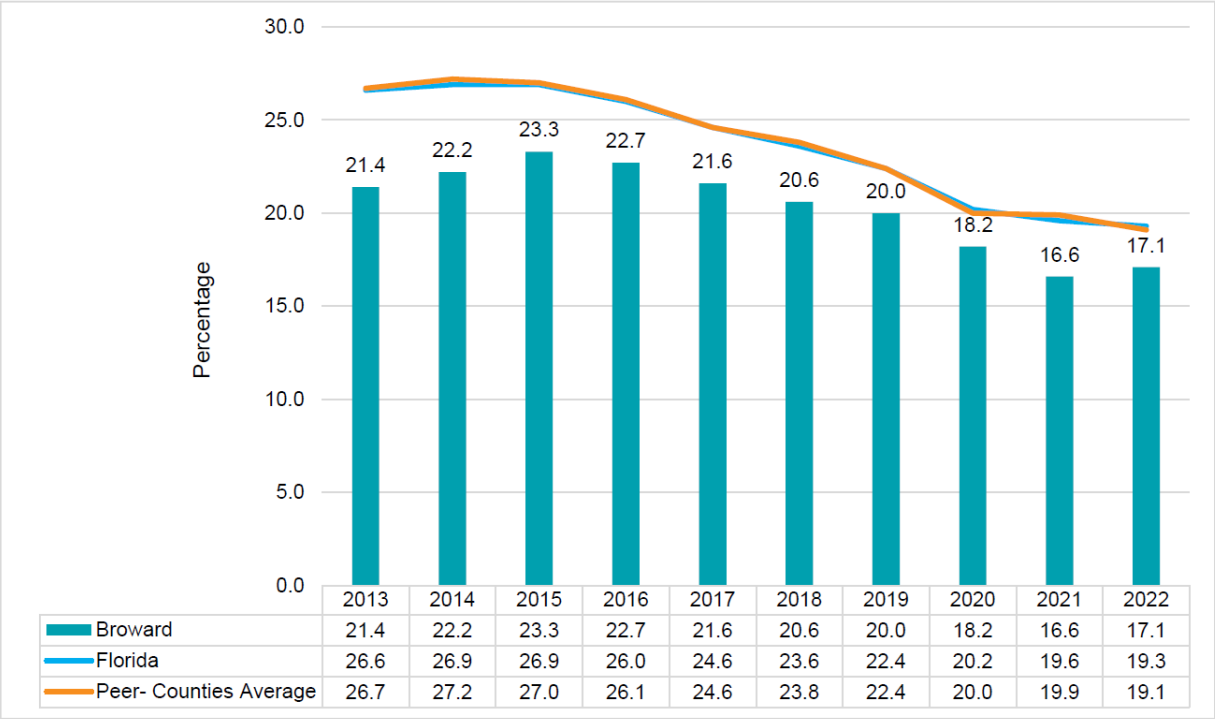


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	18.9	19.7	19.9	19.5	19.1	18.7	18.0	16.9	16.1	16.5
Florida	23.6	24.1	24.1	23.3	22.3	21.3	20.1	18.7	18.2	17.7
Peer- Counties Average	24.1	24.7	24.7	23.9	22.6	21.6	20.5	18.9	18.6	17.8

Source: FLHealth CHARTS

The Percent of Individuals Below Poverty Level Aged 0-17 Years of Age in Broward County has had a favorable trend since 2013 and is favorable compared to the State and Peer-Counties Average.

Percent of Children Living Below Poverty Level (Aged 0-4 Years), 2013-2022



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Broward	21.4	22.2	23.3	22.7	21.6	20.6	20.0	18.2	16.6	17.1
Florida	26.6	26.9	26.9	26.0	24.6	23.6	22.4	20.2	19.6	19.3
Peer- Counties Average	26.7	27.2	27.0	26.1	24.6	23.8	22.4	20.0	19.9	19.1

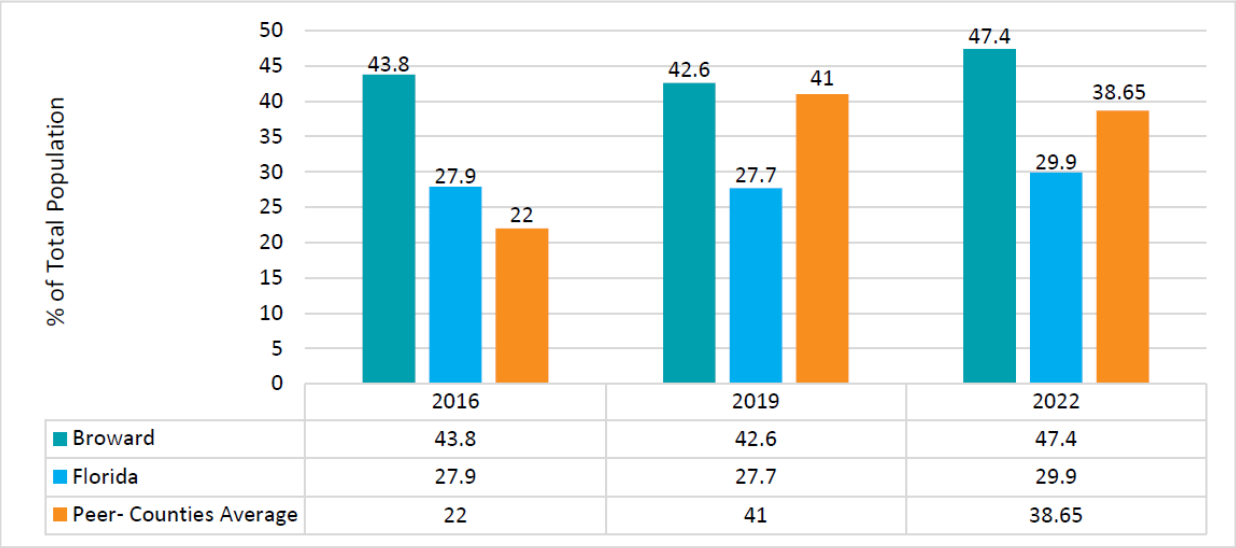
Source: FLHealth CHARTS

The Percent of Children Living Below Poverty Level Aged 0-4 Years of Age in Broward County has had a favorable trend since 2016 and is favorable compared to the State and Peer-Counties Average. Race and ethnicity data was not available for children less than 5 years of age.

The Healthy People 2030 goal is “Help people earn steady incomes that allow them to meet their health needs” and objective is “Reduce the proportion of people living in poverty — SDOH-01 from 11.1% in 2023 to 8.0% by 2030”. Broward County, the State and the Peer-Counties average are all significantly higher than the 2030 national target.

Food Environment

Population Living within ½ mile of a Healthy Food Source

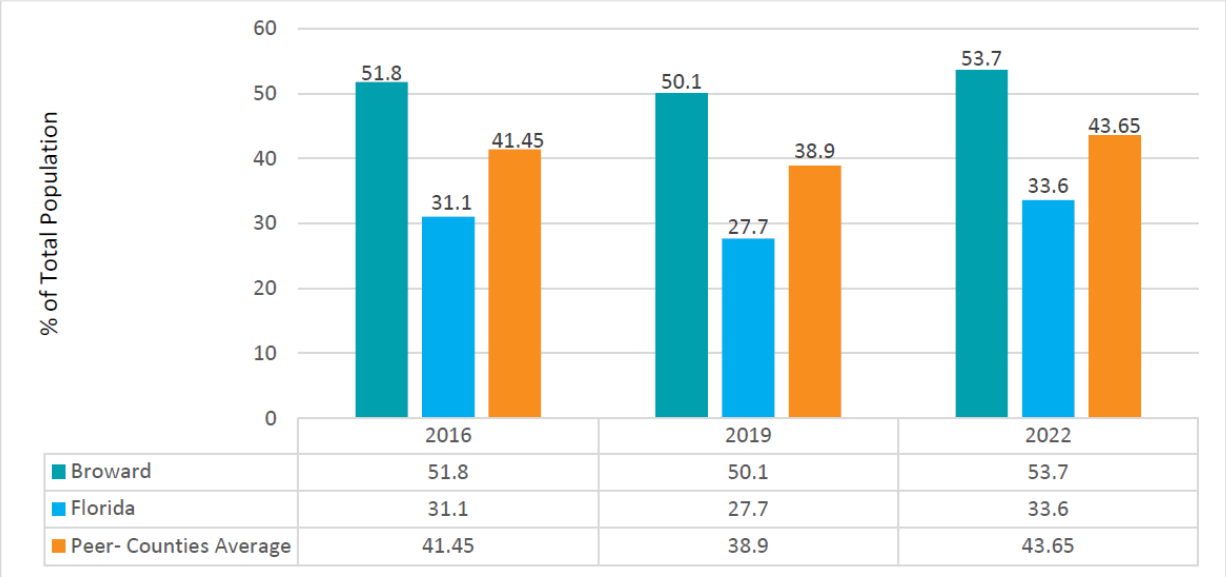


	2016	2019	2022
Broward	43.8	42.6	47.4
Florida	27.9	27.7	29.9
Peer- Counties Average	22	41	38.65

Source: Florida Health CHARTS

In 2022, 47.4% of Broward County's population live within ½ mile of healthy food source which is higher than the State (31) and Peer-Counties Average (41.0).

Population Living within ½ mile of a Fast-Food Restaurant



	2016	2019	2022
Broward	51.8	50.1	53.7
Florida	31.1	27.7	33.6
Peer- Counties Average	41.45	38.9	43.65

Source: Florida Health CHARTS

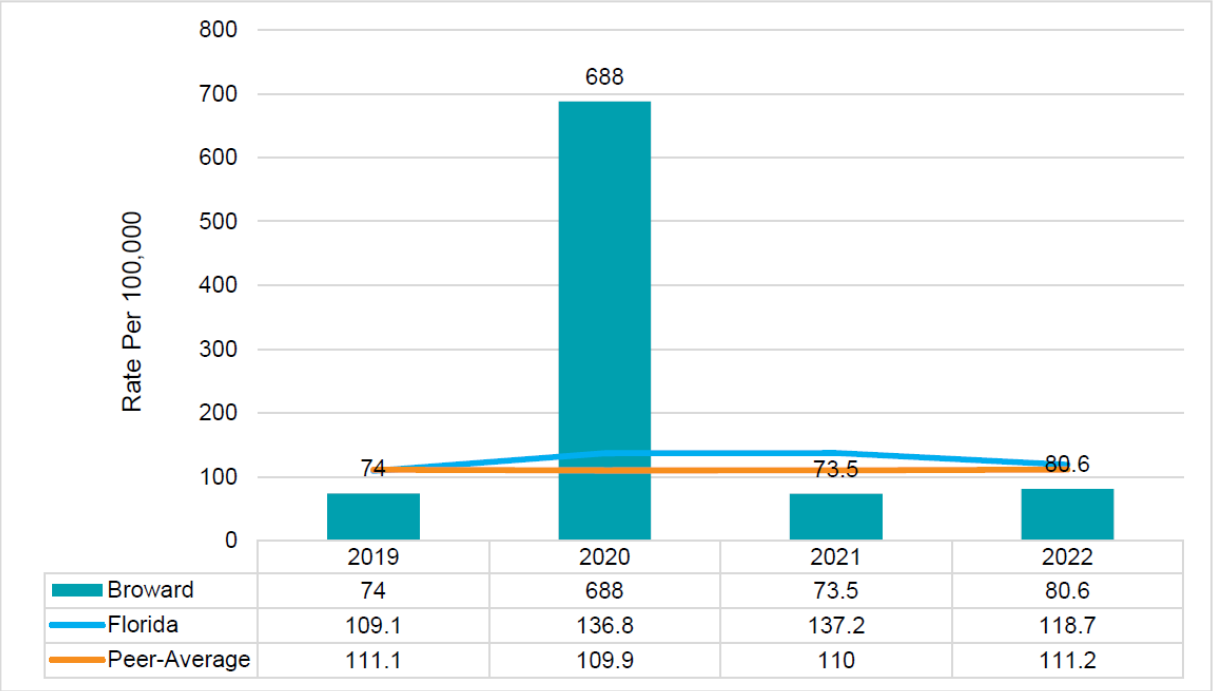
In 2022, 53.7% of the population live within ½ mile of a fast-food restaurant which is higher than the State (33.6) and Peer-Counties Average.

The Healthy People 2030 goal is “Improve health by promoting healthy eating and making nutritious foods available Reduce household food insecurity and hunger — NWS-01 from 13.0% in 2023 to 6.0% by 2030”.

Safety and Crime

Violence and Injury

Aggravated Assault Rate Per 100,000 Population in Broward County 2019-2022

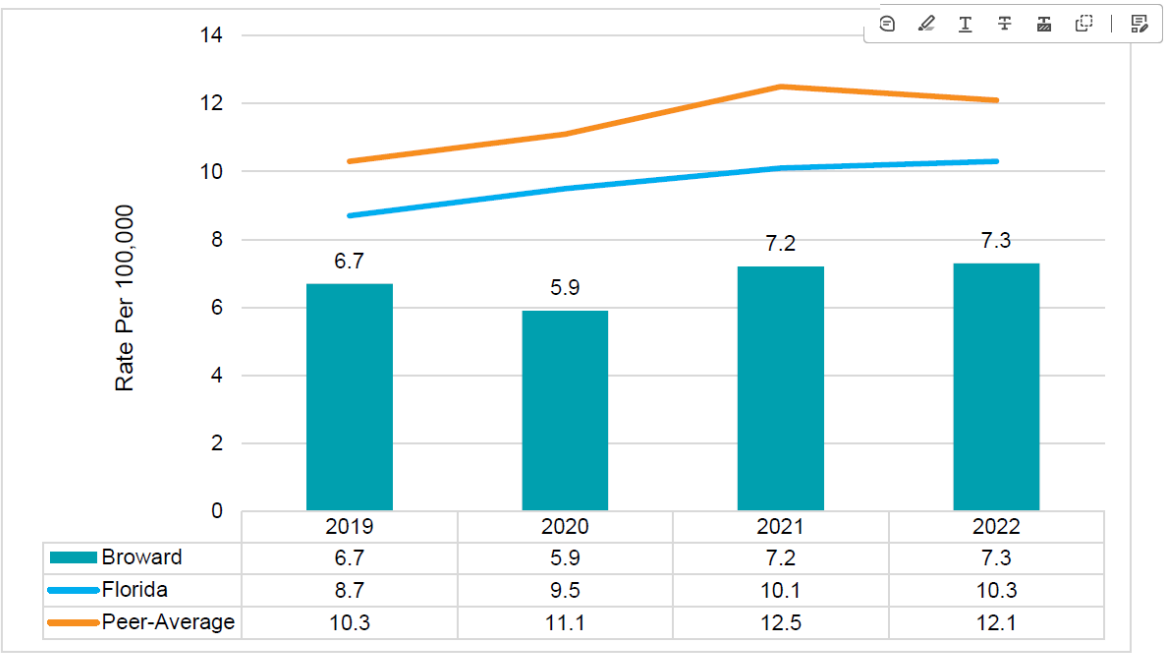


	2019	2020	2021	2022
Broward	74	688	73.5	80.6
Florida	109.1	136.8	137.2	118.7
Peer-Average	111.1	109.9	110	111.2

Source: FLHealth CHARTS

The Aggravated Assault Rate Per 100,000 Population for Broward County is trending favorably and the rate (80.6) is lower than the State (118.7) and Peer-Counties Average (111.2)

Murder Rate Per 100,000 Population in Broward County 2019-2022

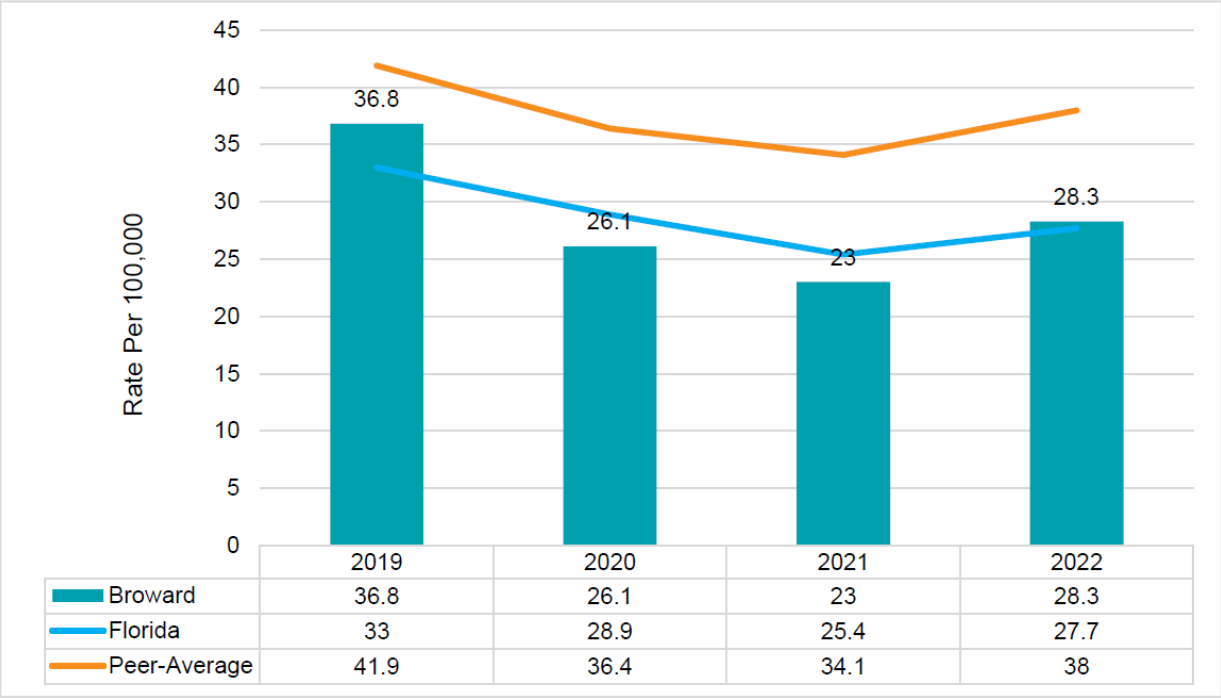


	2019	2020	2021	2022
Broward	6.7	5.9	7.2	7.3
Florida	8.7	9.5	10.1	10.3
Peer-Average	10.3	11.1	12.5	12.1

Source: FLHealth CHARTS

The Murder Rate Per 100,000 Population for Broward County is trending unfavorably since 2021 and is lower than the State (10.3) and Peer-Counties Average (12.1).

Robbery Rate Per 100,000 Population in Broward County 2019-2022

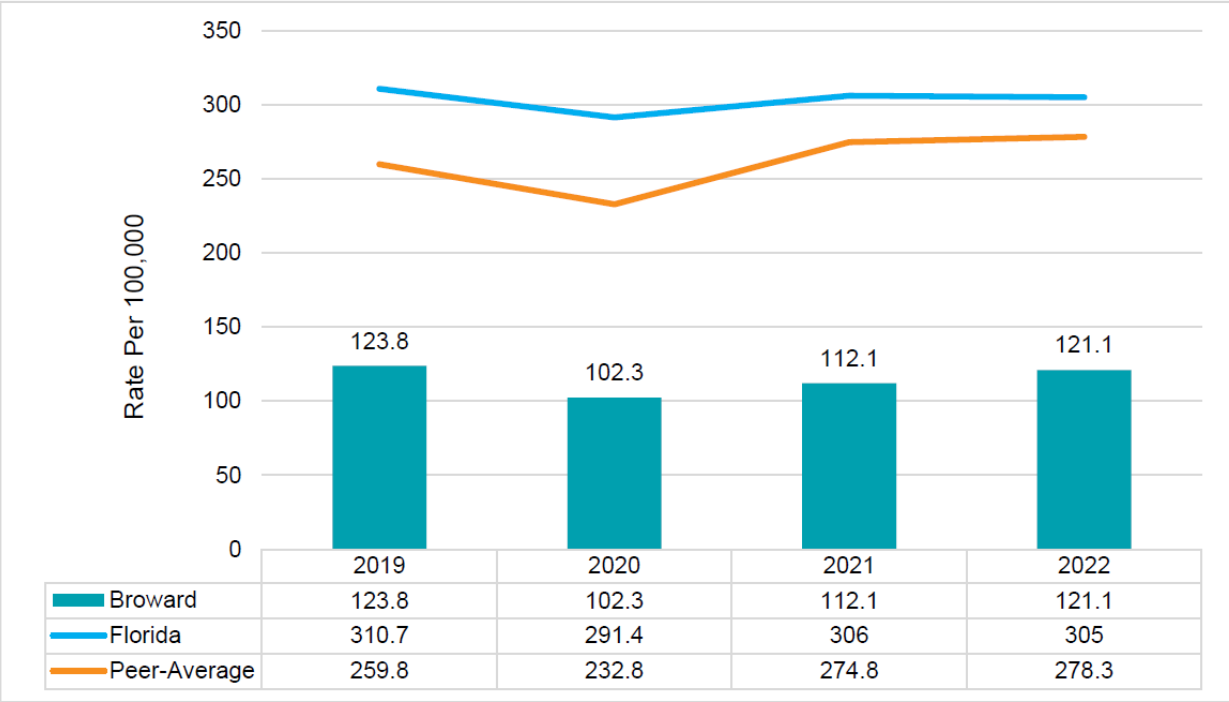


	2019	2020	2021	2022
Broward	36.8	26.1	23	28.3
Florida	33	28.9	25.4	27.7
Peer-Average	41.9	36.4	34.1	38

Source: FLHealth CHARTS

The Robbery Rate Per 100,000 Population in Broward County is 28.3 and is trending unfavorably. The rate is higher compared to the State (27.7) and lower compared to the Peer-Counties Average (38).

Total Domestic Violence Offenses Rate Per 100,000 Population in Broward County 2019-2022



	2019	2020	2021	2022
Broward	123.8	102.3	112.1	121.1
Florida	310.7	291.4	306	305
Peer-Average	259.8	232.8	274.8	278.3

Source: FLHealth CHARTS

Broward County's Total Domestic Violence Offenses Rate Per 100,000 Population is 121.1 (2022) which is lower than the State (305) and Peer-Counties Average (278.3).

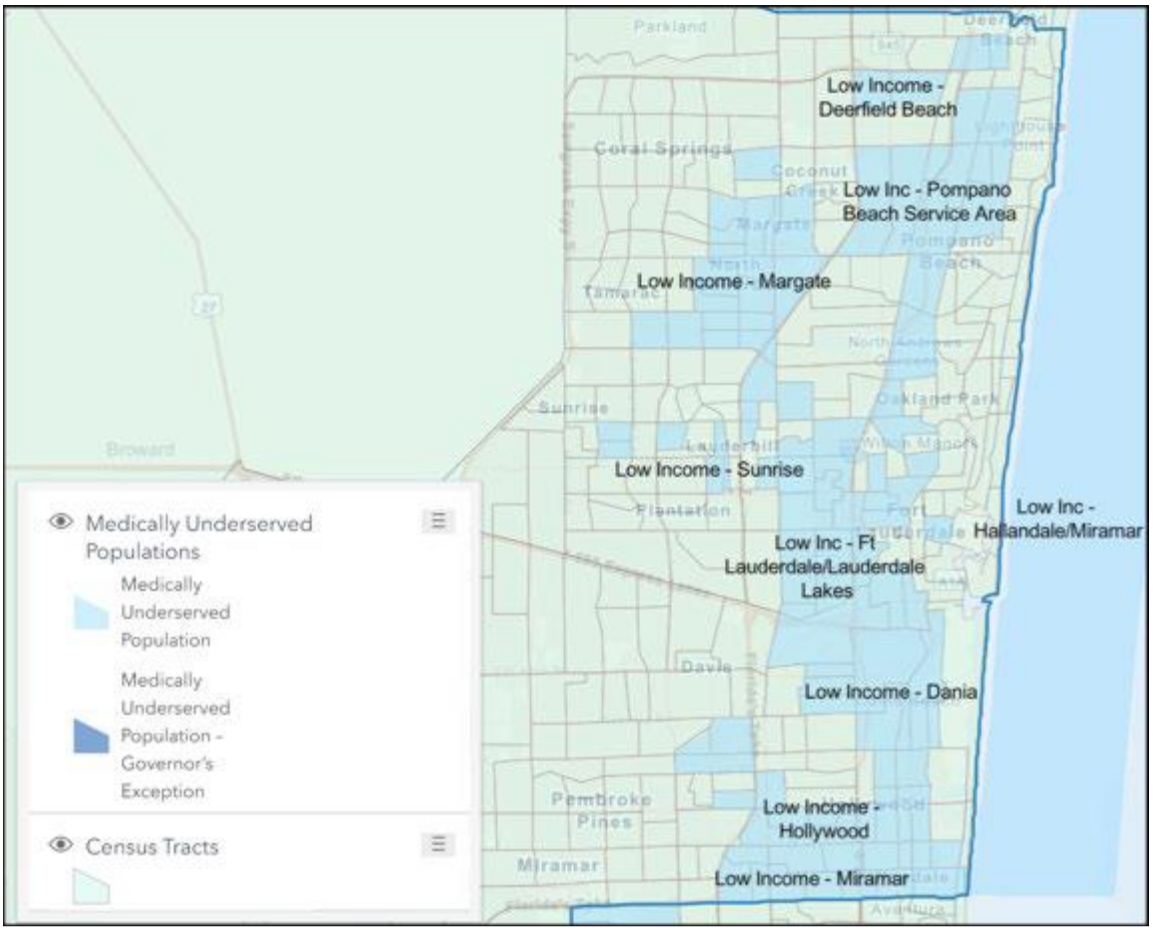
The Healthy People 2030 goal is "Reduce Violence" and the objective "Reduce gun carrying among adolescents — IVP-12 from 3.5% in 2021 to 3.7% by 2030"; "Reduce nonfatal physical assault injuries — IVP-10 from 411.2 emergency department visits for nonfatal physical assault injuries per 100,000 population in 2022 to 277.9 by 2030", and "Reduce homicides — IVP-09 from 7.7 homicides per 100,000 population in 2022 to 5.5 by 2030".

Medical 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



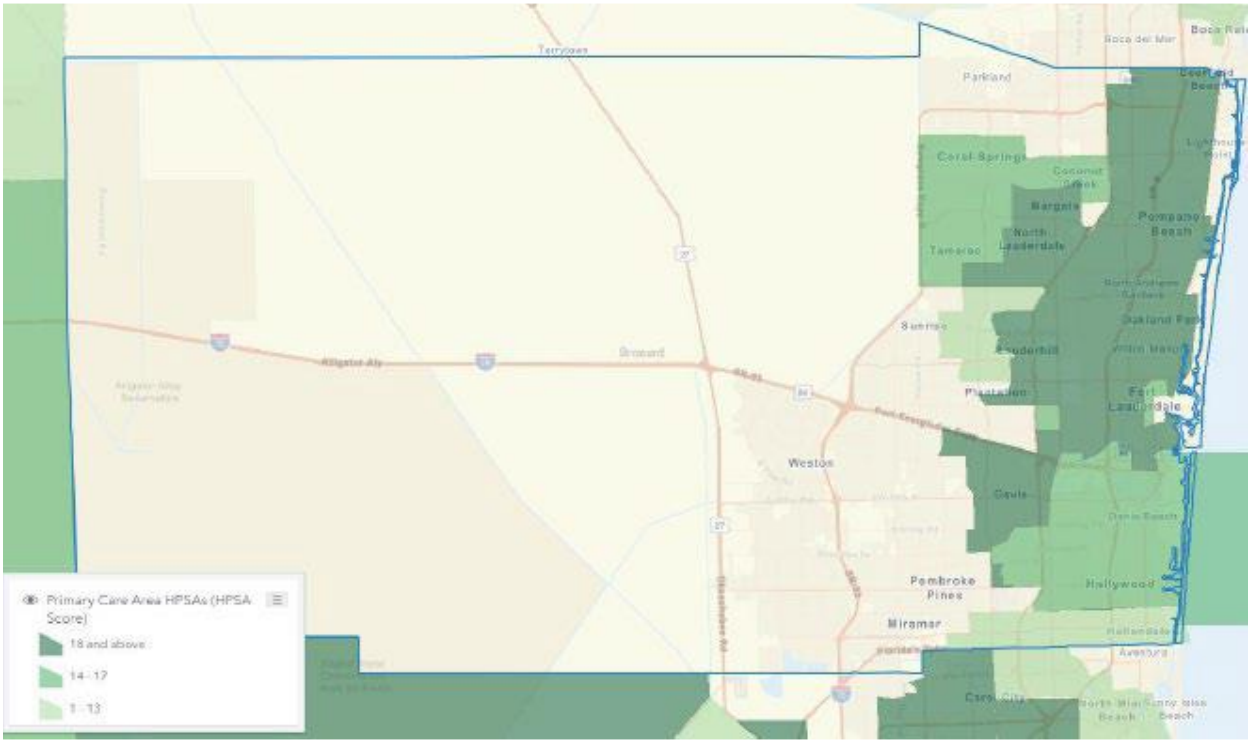
Health Professional Shortage Areas

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. The HRSA Bureau of Health Professionals designates three HPSA provider categories: primary medical care (MAP 1), dental health (Map 2), and

mental health (MAP 3). The HRSA Bureau of Health Professionals designated 125 Broward Census Tracts (45% all Broward Census Tracts) and 12 low-income population groups, comprehensive health centers (CHCs) and Native American tribal populations as primary medical care provider HPSAs (Table 1), three as dental provider HPSAs, and three as mental health provider HPSAs (Table 2).

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 Care Health Professional Shortage Areas by Census Tract, 2025



Source: https://data.hrsa.gov/maps/map-tool/?hmpgtitle=hmpg-explore-maps

Primary Medical Care HPSAs (2025)

	Location	Within HCH PSA/SSA
Low Income	Fort Lauderdale / Oakland Park Pompano Beach CoralSprings/Margate Deerfield Beach Eastern Davie Eastern Pembroke Pines Flamingo Pines Hallandale/Miramar Hollywood/Dania Beach Sunrise/Plantation	Fort Lauderdale / Oakland Park Pompano Beach CoralSprings/Margate Deerfield Beach
Federally Qualified Health Center	Broward Community and Family Health Center Care Resource Center North Broward Hospital District	Broward Community and Family Health Center Care Resource Center North Broward Hospital District
Native American Tribal Population	Seminole Tribe of Florida – Health Administration Hollywood Health Center	

Human Trafficking

According to the National Human Trafficking Hotline, the State of Florida ranks third in all reported cases of Human Trafficking within the United States. Based on research conducted by the United Nations Office 71 percent of trafficking victims are female, and 29 percent are male. In addition, 75 percent are adults and 25 percent are children. The **Human Trafficking Program at the Nancy J. Cotterman Center (NJCC)** was created in 2019 to address the significant increase in reported cases of human trafficking within the communities of Broward County, Florida.

The program is comprised of highly trained professionals and Crisis Counselors are always available, answering the Crisis Hotline to address emergencies after hours, regardless of the day or time, including during holidays.

The program works in collaboration with an established team of direct service providers, law enforcement, courts, state attorneys, public defenders, juvenile/criminal justice, and community-based organizations and or stakeholders to comprehensively address the needs of human trafficking survivors. Some of the services offered by the Human Trafficking Program includes:

- Screening each reported case of human trafficking
- Completing a thorough needs assessment
- Coordinating services with a multi-disciplinary team of providers and working collectively to ensure survivors receive comprehensive intervention services to manage the administrative, fiscal, quality assurance and evaluation aspects of human trafficking
- Accompaniment to appointments and judicial proceedings
- Advocating for survivors by completing Victim Crime Compensation Application, and Relocation Assistance Applications from the Office of the Attorney General
- Coordinating multi-disciplinary meetings to ensure a comprehensive care plan without overlap and duplication
- Mitigating crises and emergencies that arise and initiating survivors' engagement and cooperation in completing necessary steps to ensure their recovery from the trafficking
- Weekly communication and follow up to ensure survivors are still engaged, following plan, and working toward their healing and recovery
- Provide outreach and presentations to teens, families, and stakeholders as requested

The Broward Human Trafficking Coalition (BHTC) is a Coalition of individuals from the general public, those who serve it, and all community partners, in Southeast Florida who are individually and collectively committed to working to improve assistance for persons affected by the crime of human trafficking.

The mission of the BHTC is to raise awareness about Human Trafficking. The Coalition serves as an information, education, and networking resource for organizations as well as the community.

The purpose of the BHTC is to impact the response to victims of human trafficking through outreach and advocacy activities, to coordinate informational, educational, and training seminars, and identify resources available. Further, the Coalition will partner with the public, those who serve it and all community partners; to raise awareness of the issues relating to the foreign and domestic trafficking of men, women, and children. The BHTC is in and of itself a clearinghouse, advocacy and networking forum and is not a provider of direct services.

Conclusion

Based on the prioritized community health needs identified by the Advisory Committee, an implementation strategy will be developed and made available in a separate document.

To obtain paper copies of this CHNA (and future implementation plan) or have comments/questions on this CHNA or future CHNAs.

General contact information is:

Holy Cross Health
Community Health & Well-Being
4725 No. Federal Highway
Ft. Lauderdale, FL 33308

Department Contact:
Kim Saiswick, Vice President of Community Health & Well-Being
kim.saiswick@holy-cross.com
954.542-1656

Holy Cross Health web links:
https://www.holy-cross.com/about-us/chwb/community-needs-assessment

Holy Cross will engage in its next CHNA cycle in 2028 for FY29-31.

Appendix 1

Holy Cross Community Health Needs Assessment Advisory Committee members

Name	Agency	Population Represented									
		Youth	Seniors	LGBTQ+	Medical	Behav Health	Minority	Food Security	Homeless	Faith Based	Uninsured / Underinsured
Renee Podolsky	Department of Health - Broward County	X	X	x	x	X	x				X
Tisha Pinkney	Broward County Housing Authority	X	X	x			x	x			X
Gabrial Ochoa	YMCA of South FL	X	X	x			x	x			X
Cassandra Burrell	Urban League of Broward County	X	X	x			x	x			X
Michael Farver	South FL Hunger Coalition	X	X	x			x	x	X		X
Cynthia Peterson	Broward County Medical Association	X	X	x	x						X
Kathleen Cannon	United Way	X	X	x		X	x	x	X		x
Luzca Fugari	United Way Commission on Substance Abuse	X	X	x		X	x		X		X
Laura Ganci	Children's Services Planning Council	X		x		X	x	x			X
Gary Hensley	SunServe	X	X	x		X	x				X
Monica Figueroa King, MA	Broward Healthy Start Coalition	X			x		X	X	X		x
David Scharf	Broward Sheriff's Office, Community Programs	X	X	X		X	X		X		X
Marlene Gray	Meals on Wheels South Florida		X				X	X			X
Sandy Lozano	Light of the World Clinic	X	X	X	X	X	X	X	X		x
Maxine Pink	Nurse Family Partnership	X	X		X		X	X			X
Leonora Pupo	American Cancer Society		X		X		X				X
Linda L. Parker, Ph.D	Women In Distress	X	X		X	X	X	X	X		X
Heather Siskind, MSW	Jack and Jill Children's Center	X			X	X		X	X		x
Beth King	Christine E. Lynn College of Nursing, Florida Atlantic University	X			X	X	X				x
Jane Taylor	Healthy Families Broward	X	X		X	X	X	X	X		X
LaSonya Starlin	Healthy Families Broward	X	X		X	X	X	X	X		X

Natalie Lewis	Healthy Families Broward	X	X		X	X	X	X	X		X
Mildred Franco	Healthy Families Broward	X	X		X	X	X	X	X		X
Karen Smith	Sickle Cell Disease Association of Broward County	X	X	X		X		X			X
Dr. Thelma Tennie	Healing Arts Institute of South Florida	X	X				X	X			x
Cresha Reid	South Florida Institute on Aging		X				X	X			x
Arturo Parham	Boys Town South Florida	X				X	X		X		X
Dr. Fanya Jabouin	Broward County Public Schools/Family Matters Therapeutic Services	X	X			X	X				X
Rosemary Baker	Broward Sheriff's Office - Pompano Beach	X	X			X	X	X	X		x
Jean Ready	Faith Community Nurse, First United Methodist Church	X	X				X	X	X	X	X
Stephanie Elvine-Presume	Women Impacting Neighborhoods, Inc.	X	X				X	X	X		X
Jolene Mullins	South Florida Hunger Coalition	X	X	X			X	X	X		X
Nicole Cohen	Broward Regional Health Planning Council		X	X	X	X	X		X		X
Leah Carpenter	American Heart Association				X						
Danielle Dixon	ChildNet	X					X		X		X
Sherri Brown	Community Foundation of Broward	X	X	X			X				X
Robin Martin	Broward Behavioral Health Coaliton	X	X	X		X			X		X
William Green	Broward Health	X	X	X	X	X	X	X	X		X
Fiorella Smyth	Florida Blue	X	X	X	X		X				X
Beatrice Fedlman	Galt Ocean		X								
Suzanne Higgins	Henderson Behavioral Health		X		X	X	X	X	X		X
Eddoe Copeland	HOPE South Florida	X	X				X	X	X	X	X
Susan Bagleman	Jewish Federation of South FL	X	X				X	X	X	X	X
Tim Curtain	Memorial Healthcare System	X	X	X	X	X	X	X	X	X	X

Holy Cross Health Advisory Council Members

Name	Agency	Population Represented									
		Youth	Seniors	LGBTQ+	Medical	Behav Health	Minority	Food Security	Homeless	Faith Based	Uninsured / Underinsured
Kristen Schroeder-Brown	Clinical Manager, Community Health & Well Being	X	X		X						x
Joey Wynn	Manager, COVID-19 Vaccine Center		X	X	X		X				X
Paul McGourty	Executive Director Patient Experience		X	X	X					X	
Annmarie Kaszubinski	Emergency Department Assistant Nurse Manager		X		X	X			X	X	X
Virginia Wiley	Community Benefits Coordinator	X	X		X		X			X	