BR**H**PC

2022-2025 Strategic Plan

Broward Regional Health Planning Council

Executive Summary

Broward Regional Health Planning Council, Inc. (BRHPC) is a private not-for-profit corporation established in 1982 according to Section 408.033, Florida Statutes. BRHPC is committed to developing and providing health and human service innovations at the national, state and local level through planning, direct services, evaluation and capacity building. BRHPC's purpose is to assume a leadership role in health planning, system coordination, community collaboration, and implementation of health and human services planning to meet the needs of the community. BRHPC has strived to demonstrate excellence through the delivery of quality services and programs that meet the needs of the entire community from infants to the elderly. These services include HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Health Planning and ACA Enrollment Assistance. The Council's programs include: Healthy Families Broward, Nurse Family Partnership, Broward County HIV Health Service Planning Council and Clinical Quality Management, Centralized Intake and Eligibility Determination, Housing Opportunities for People with AIDS, Tenant Based Rental Voucher Program, Trauma Planning, Health Planning, Insurance Benefits Management System (State of Florida), Health Insurance Continuation Program, Community Based Workforce for COVID-19 Vaccine Outreach, Get Covered Broward, Supportive Services for Veteran Families and ten single-family housing units. BRHPC provides coordinated, efficient cost-effective and client-centered services with a diverse workforce. BRHPC staff consists of over 80 culturally competent multilingual professionals fluent in Spanish, Creole, French, and Portuguese.

While developing BRHPC's three-year Strategic Plan, BRHPC's executive, managerial and supervisory staff looked at present Strengths, Weaknesses, Opportunities, and Threats (SWOT). It was agreed that BRHPC has many strengths, including an educated and dedicated workforce, an innovative and involved management team, a sound financial structure, and demonstrated community involvement. Paying staff a minimum of fifteen dollars an hour is one of our weaknesses. BRHPC has implemented innovative solutions including safety measures and training, more robust communication across departments, levels, and with community partners, as well as consumers. BRHPC's COA accreditation in 2016 and reaccreditation in 2020, led to an increase in implementing standardize processes and improving methods of communication, particularly through the monthly Performance Quality Improvement Committee and weekly Executive Team meetings. Opportunities continue to present themselves in meeting and exceeding performance measures. As a result of much reflection, sharper tools to measure growth and success were developed to the BRHPC Scorecard. The primary threat that looms is an economic downturn.

Strategic Goals for 2022-2025 are as follows:

Strategic Goals for 2022-2025 are as follows:

Goal 1: Improve access to Health and Human Services

Goal 2: Improve Outcomes and Quality of Health and Human Services

Goal 3: Develop Capacity

Goal 4: Sustainability

Goal 5: Improve Consumer Knowledge

Mission, Purpose & Vision

Mission Statement

Broward Regional Health Planning Council, Inc. is committed to developing and providing health and human service innovations at the national, state and local level through planning, direct services, evaluation and capacity building.

Purpose

To assume a leadership role in health planning, system coordination, community collaboration, and implementation of health and human services planning to meet the needs of the community. Develop a district, regional or national area health plan that permits each local health council to advance strategies and set priorities for implementation based on its unique needs, and advise the District Administrator of the Department of Health on issues and resource allocation. Promote public awareness of community health and human service needs, emphasizing education, health promotion and cost-effective health services selection. Collect data and conduct analysis and studies related to health and human service needs for Broward County, the State of Florida and nationally, including the educational and medical needs of indigent persons, and assist the Department of Health and other state agencies in carrying out data collection activities. BRHPC remains unwavering in its commitment to equity, diversity and inclusion. We recognize that health disparities and inequalities exist in our community, which must be directly addressed. Our goal is a Broward County where everyone can access high-quality healthcare services and live a healthy life regardless of their background or circumstances.

Vision

The Broward Regional Health Planning Council, Inc.'s vision is to transform the health of the residents in the service area.

Values

Consumer Orientation

We believe the consumer must be our primary focus. Their needs and involvement shape our attitudes and guide our activities.

Ethics

We believe in conducting ourselves with integrity and professionalism, ensuring public trust.

Quality

We believe that the quality of our services should exceed the expectations of our partners and funders.

Leadership

We believe in providing innovative leadership that advances the quality of healthcare services received by all members of our community.

Change and Innovation

We believe in facilitating change and innovation that improves and enhances our services.

Work Environment

We believe in a safe and productive workplace that is challenging, rewarding and enjoyable; where every employee is part of the team; and where trust, respect, creativity, and open communication prevail.

Citizenship

We believe in good citizenship through individual and organizational involvement in the community, in which we live and work.

Authorization

The signatures below attest that Broward Regional Health Planning Council's Strategic Plan was reviewed and approved on **May 11, 2023** by the Board of Directors.

Barbara Effman, Chair

Michael De Lucca, President and CEO

Organizational Profile & History

For over four decades, BRHPC has been a leader in identifying critical health and human services needs in the service area and finding solutions to address these needs with its community partners.

BRHPC has strived to demonstrate excellence through the delivery of quality services and programs that meet the needs of the entire community from infants to the elderly. HIV/AIDS Planning, Quality Assurance, Eligibility, Housing Assistance, Consumer Advocacy, Maternal/Child Health, improving upon the insurance premium payment program as well as co-pay and deductible assistance, Health Planning and ACA Enrollment Assistance. BRHPC provides coordinated, efficient cost-effective and client-centered services with a diverse workforce. BRHPC staff consists of over 80 culturally competent multilingual professionals fluent in Spanish, Creole, French, and Portuguese.

BRHPC developed and manages the nationally recognized web-based Florida Health Data Warehouse, which allows users access to a wide variety of health-related data sets, including Florida Agency for Health Care Administration (AHCA)'s inpatient admissions and emergency department data, chronic disease data, diagnostic related groupings (DRGs), and prevention quality indicators for adults and children (PQIs and PDIs).

BRHPC also provides expert services in the development of Community Health Needs Assessments and comprehensive plans. With over 20 years of experience in developing needs assessments, BRHPC assists hospitals and other organizations in meeting the IRS requirement for a comprehensive Community Health Needs Assessment, as well as addressing their planning needs. BRHPC has the capacity to gather up-to-date data, conduct focus groups, integrate hospital-specific data sets, and include customized reports based on each client's needs and requirements.

BRHPC offers Live Scan Fingerprinting technology for Level II Background Screening, which is recommended by the Department of Children and Families. Live Scan allows for electronic submission of fingerprint screens, with results in 24 to 48 hours. BRHPC's fingerprinting clientele include hospital employees, guardian ad litem programs, doctors' offices, non-profit/social service agencies and colleges and universities.

BRHPC takes pride in its 40+ years of service history of strong fiscal management and experience administering multi-million dollar cost reimbursement and unit based contracts. With the strong commitment and dedication of its staff, administration and governing board, BRHPC is positioned to continue to strengthen and grow its ability to address the needs of the Broward County service area, the State of Florida and nationally.
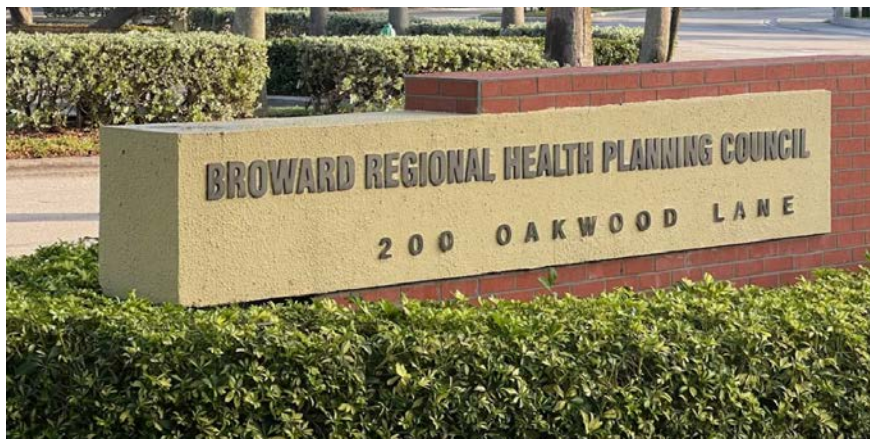
Map of Services

DIRECT SERVICES

Activating Community Potential

- Nurse-Family Partnership
- Supportive Services for Veterans and Families

Housing

- HOPWA: Short-Term Rent Mortgage/Utilities; Permanent Housing Placement; Case Management; Tenant Based Rental Voucher
- Two Rental Units (one duplex in Hollywood and one 8-unit apartment in Oakland Park)

Eligibility

- Enrollment in Affordable Care Act
- Centralized Intake & Eligibility Determination
- Health Insurance Continuation Program
- Insurance Benefits Management System (State of Florida)

PLANNING

Data Warehouse

- Chronic Conditions
- Disease Related Groups
- Emergency Department Utilization
- Hospital & Nursing Home Utilization
- Pediatric Quality Indicators
- Prevention Quality Indicators
- Self-Inflicted Injury

Planning

- Certificate of Need
- Evaluation
- Community Health Needs Assessments
- Focus Groups
- Key Informant Interviews
- Social Determinants of Health (PRC Survey)

HIV Planning

- HIV Clinical Quality Assurance
- HIV Planning Council

CAPACITY BUILDING

Publications

- Behavioral Health Needs Assessment
- Broward Benchmarks
- Broward County Health Plan
- Broward County Health Profile
- Broward County Trauma Plan
- Infographics
- Social Media
- Special Needs Studies

Staff Development, Volunteerism & Internship

- Internship Opportunities
- Public Health Workforce Development Series
- Training Opportunities

Administrative Services

- Fingerprinting - Level II Background Screening
- Health Insurance Co-Pays & Deductibles
- Property Management

Direct Services

This section describes BRHPC's direct service programs, which serve uninsured and underinsured low-income Broward County residents

Nurse-Family Partnership

Program Overview

The Nurse-Family Partnership (NFP) program is an evidence-based community health program that helps transform the lives of vulnerable pregnant mothers. Implementation of this program is made possible in Broward County with funding from the Maternal Infant and Early Childhood Education Home Visitation (MIECHV) grant and donations from some Foundations. Through ongoing home visits from registered nurses, low-income, at-risk moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, Nurse Home Visitors form a much-needed, trusting relationship with the moms, instilling confidence, and empowering them to achieve a better life for their children – and themselves.

Target Population

BRHPC serves over 100 mothers with this program. With the collaboration of both Memorial Healthcare System and Broward Health, NFP coordinates at team of eight Nurse Home Visitors to serve the county. NFP eligibility includes: currently pregnant: less than 36 weeks gestation; low income; at-risk behaviours: and reside in one of the following targeted Broward zip code: 33064, 33069, 33060, 33319, 33313, 33311, 33024, 33025, 33023.no previous live births; currently pregnant: less than 28 weeks gestation; low income; and reside in one of the following targeted Broward zip code: 33064, 33069, 33060, 33319, 33313, 33311, 33024, 33025, 33023.

Supportive Services for Veterans and Families

Program Overview

The Advocate Program, Inc. administers this program in partnership with the Broward Regional Health Planning Council (BRHPC) to provide case management to the Supportive Services for Veterans and Families Program (SSVF). This SSVF program has a primary goal of rapid re-housing for Veterans and their families and to assist veterans in re-acclimating to civilian life. In addition, the SSVF case managers assist SSVF participants in transitioning from homelessness to permanent, stable housing arrangements or supported housing arrangements.

BRHPC SSVF case managers are the primary point of contact in coordinating participant services. They are responsible for the referral to and follow-up with local community service providers and fellow SSVF partner agencies working in concert to assist with the successful housing outcomes for the SSVF Program Participants.

Target Population

- Veterans who have a Department of Defense (DD) Form 214 who served in active duty and discharged or released under conditions other than dishonorable.
- A Veteran whose income is at or below 50% of the Area Median Income (AMI) (very low income).
- Veterans and veteran families who are literally homeless (i.e. unsheltered, place not meant for human habitation, in homeless shelters, etc.).

Housing Opportunities for Persons with AIDS

Program Overview

The Housing Opportunities for Persons with AIDS (HOPWA) program offers housing assistance through its four programs for vulnerable individuals and families who are at-risk for homelessness or who are already homeless.

- Short Term Mortgage Rent Utilities (STRMU)-provides financial assistance to pay for past due mortgage, rent or utilities.
- Permanent Housing Placement (PHP)-provides financial assistance in the form of first and last month's rent and/or utility deposits to move into a new housing unit that meets HUD's habitable standards.
- Housing Case Management (HCM)-provides clients a single point of contact with housing, health, and social services systems in the community. Housing Case managers mobilize needed resources and advocate on behalf of clients to ensure housing stability.
- Tenant Based Rental Voucher (TBRV)-provides rental assistance for eligible families to live in private, independent apartment units. Families can rent a unit of their choice from landlords within Broward County. The level of TBRV subsidy varies case by case, where the program considers the entire household income, the unit size, and the Fair Market Rent (FMR) standards.

Target Population

Very low-, low, and moderate-income for Persons Living with HIV/AIDS (PLWHAs) throughout Broward County.

ACA Enrollment Program

Program Overview

Get Covered Broward is an on-call health insurance enrollment assistance program. This initiative provides free education and application assistance to uninsured and vulnerable individuals. By calling 1-800-794-2208, a representative will provide one-on-one assistance to check for Affordable Care Act eligibility, help to find the best plan for the whole family, and will walk the caller through the enrollment process. The goal is to reach individuals in target zip codes in Broward County, who are known to be uninsured, to inform them about available tax subsidies that may enable them to get free or low-cost health insurance. The lack of health insurance has been identified as an important driver of health-care disparities. Lack of insurance, more than any other demographic or economic barrier, adversely affects the quality of health care received by minority populations. This program is meant to improve these health disparities.

Target Population

Black and Hispanic low-income (between 100% - 250% Federal Poverty Level) populations who are uninsured but are Qualified Health Plan (QHP) eligible in the following zip codes 33060, 33064, 33441, 33068, 33309, 33311, 33312, 33313, 33020, 33009, 33023 and 33024. Although black and Hispanic residents are the target populations, BRHPC will not deny services based on race or ethnicity.

Centralized Intake and Eligibility Determination

Program Overview

The core Centralized Intake & Eligibility Determination (CIED) function includes determining eligibility for Ryan White Part A services and/or third party payers and providing information and referrals for services. Centralized

Intake & Eligibility Determination services include a centralized intake, eligibility, enrollment and information/referral process for all Ryan White Part A funded services. CIED serves as the single point of entry for Persons Living with HIV and AIDS (PLWHA) into the Emerging Metropolitan Areas' (EMA's) HIV care continuum including Ryan White Part A and other funders of similar services.

Staff provides information and assistance in obtaining medical care, other core services and support services.

Target Population

Persons living in Broward County with HIV/AIDS (PLWHA) who have low income, are uninsured and have no other means or funding available for health and/or support services.

Health Insurance Continuation Program

Program Overview

The Health Insurance Continuation Program provides financial assistance, to clients who meet the following eligibility criteria:

- Enrolled in an ACA Marketplace plan that is approved by FLDOH
- Maintains active eligibility with ADAP and receiving premium assistance
- Maintains active eligibility with Ryan White Part A

Financial assistance is provided to eligible individuals living with HIV to maintain or obtain medical benefits through the health insurance continuation program. HICP assists with Copayment, deductibles and coinsurance. Co-payment Assistance: For upcoming medical appointments please let your medical provider/facility know that you have a third-party payer assisting you with your health insurance co-payments, co-insurance, and deductibles. The provider/facility must be IN-NETWORK with your ACA insurance plan and the provider/facility must be able to process and submit an invoice to Broward Regional Health Planning Council for payment. Prescription Co-payments: HICP provides co-payment assistance on medications that are not covered on the ADAP Formulary. Please let your pharmacy/facility know that you have a third- party payer assisting you with your health insurance co-payments, co-insurance, and deductibles. The pharmacy/facility must be IN-NETWORK with your ACA insurance plan and the pharmacy/facility must be able to process and submit an invoice to Broward Regional Health Planning Council for payment.

Target Population

Persons living in Broward County with HIV/AIDS (PLWHA) who have low income, are uninsured and have no other means or funding available for health and/or support services.

Insurance Benefits Management System

Program Overview

The Insurance Benefits Management System provides health insurance premium payments for qualified Ryan White Part B participants residing in the state of Florida. As an essential component of the AIDS Drug Assistance Program (ADAP), this core service allows uninsured, underinsured and insured clients access to critically necessary health care and life saving medications for Persons With HIV (PWH) through the Federally Facilitated Marketplace, Employer Sponsored Insurance or COBRA coverage. Eligible insured clients have coverage that includes prescription drug coverage equivalent to the ADAP formulary drugs.

Increasing HIV viral load suppression is a key strategy for Ending the HIV Epidemic in Florida. PWH must have

timely access to HIV Anti-Retroviral Therapy medications to both achieve and sustain viral load suppression. Research has shown that PWH who have an undetectable viral load cannot transmit HIV through sexual contact. Data from ADAP indicates that clients served by the Insurance Program have achieved a viral load suppression rate of 96 percent, whereas those served in the Direct-Dispense Program have achieved a viral load suppression rate of 89 percent.

Through payment of health insurance premiums, clients experience a continuum of care which improves health outcomes, increases the number of clients retained in care, increases viral load suppression and adherence to medication regimen.

Target Population

Persons living in Florida with HIV/AIDS with an FPL between 75% to 400%, except in the case of COBRA, and have been determined eligible for HIV patient care programs.

Planning

BRHPC planning tools and services, such as the Health Data Warehouse and the HIV Planning Division, promote public awareness of community health needs. Through planning activities, BRHPC collects data and conducts analyses and studies related to health care needs of the district, including the needs of medically indigent persons. Planning services also assist hospitals, community agencies and other state agencies in carrying out data collection activities.

Data Warehouse

Program Overview

The BRHPC Health Data Warehouse contains self-reported utilization data for hundreds of hospitals and nursing home facilities through the State of Florida and provides specific analysis by Health Planning District and County. This state-of-the-art system, also, processes detailed and searchable data indicators from the Agency for Health Care Administration (AHCA) and Nielsen, making it a powerful tool for planning, analysis and report development.

BRHPC's long-term strategy for expanding its Health Data Warehouse offers hospitals and healthcare systems the unique opportunity to be at the forefront of data-driven decision-making, comparing hospitals and procedures across specific counties and the entire State of Florida.

The Health Data Warehouse is a collection of health information databases developed by BRHPC which are designed to assist hospital and nursing home administrators in their strategic planning.

Datasets

- Hospital and Nursing Home Utilization
- Prevention Quality Indicators and Pediatric Prevention Quality Indicators
- Emergency Department Utilization
- Self-Inflicted Injuries
- Diagnosis Related Groups
- Chronic Diseases
- Demographic Data

Strategic Planning

Program Overview

BRHPC acts as the lead entity for the Broward Certificate of Need (CON) program, required for nursing homes that want to expand or add new services. BRHPC also conducts community health needs assessments for various agencies and facilitates various committees related to public health in Broward County.

- Community Health Needs Assessments- BRHPC has access to a myriad of local data sets to facilitate the process of conducting a Community Health Needs Assessment that serves as the guiding document for strategic planning and allows agencies and hospitals to ensure compliance with IRS requirements. In the process of conducting a Needs Assessment, quantitative and qualitative data sets from primary and secondary sources are gathered and studied. These elements are considered in the prioritization of issues, goal setting and integration into strategic planning.

HIV Planning

Program Overview

BRHPC coordinates the Broward County Ryan White Part A HIV Health services Planning Council (HIVPC) and HIV Clinical Quality Management (CQM) programs. HIVPC staff provide professional support to the HIVPC and its six standing committees. CQM staff provide Quality Improvement (QI) support to the Ryan White Part A Core Medical and Support Services through facilitating QI trainings for people living with HIV/AIDS (PWHA) and Ryan White Part A service providers.

Capacity Building

This section presents publications, staff development/internship programs, and administrative services, through which BRHPC expands its staff and volunteer competency base and contributes to the growth and development of other community entities. These activities allow BRHPC to pursue planning, evaluating and capacity building, as well as provide technical assistance and service activities in furtherance of the Council's mission and in support of the Council's sustainability and growth opportunities.

Publications

Overview

BRHPC produces multiple publications which outline the health, socioeconomic status and health care resources available in the Broward County service region and the State of Florida.

- **Broward County Health Plan**- BRHPC develops and updates the Broward County Health Plan to assist community programs and agencies with health and community planning. Available to the public, the Health Plan is an eight-chapter dynamic document, continually updated, to ensure the most current information. It covers a vast spectrum of topics, reflecting the broad scope of issues affecting public health and highlighting the correlation between socioeconomics and community health.
- **Broward County Health Benchmarks**- The Health Benchmarks serve as a guide for local social service agencies to determine what strategies are working and to identify next steps to ensure the needs of the community are met.
- **Broward County Health Profile**- is an annually published synopsis of Broward County health indicators. It is a compilation of statistics at the county and state levels, including population demographics, socioeconomic factors, leading causes of death, infectious diseases, maternal and child health, healthcare utilization, healthcare access and prevention quality indicators. The Health Profile assists local organizations and social services programs with identifying the services being utilized and where there are deficiencies in the healthcare delivery system in Broward County.

Other Publications

- Behavioral Health Needs Assessment
- Broward County Trauma Plan
- Infographics
- Social Media
- Special Needs Studies

Social Media

BRHPC's social media platforms include, Facebook, Twitter, LinkedIn and Instagram. These social media outlets are used as effective tools for health awareness, outreach and help increase visibility of BRHPC.

Staff Development, Certification, Volunteerism & Internships

Overview

BRHPC improves the professional and technical skill of each of its employees through ongoing training and supervision. Through established collaborations with local colleges, universities and agencies. BRHPC offers internships and volunteer opportunities to emerging professionals in Public Health, Public Policy, Psychology, Social Work and Health Administration. BRHPC has interns assisting with updates to our Health Plan Chapters, Benchmarks and Health Profile.

Public Health Workforce Development Series

A virtual series conducted by Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine Department of Public Health and Broward Regional Health Planning Council. This program involves educational workshops about important skill sets for those in the public health field. NSU and BRHPC conduct needs assessments annually through surveys, to assess possible topics for professional development to members of the public health workforce.

Electronic Fingerprinting Services

Overview

BRHPC provides a range of administrative services throughout the community.

BRHPC assists community agencies and providers in meeting legislative requirements of HB 7069 by acquiring equipment with the capability to scan fingerprints electronically for Level II Background Screening, using Live Scan technology. BRHPC offers Live Scan fingerprinting for the Department of Children and Families (DCF), Agency for Health Care Administration (AHCA), Volunteer and Employee Criminal History System (VECHS), Elder Affairs, and the Department of Business and Professional Regulation (DBPR). BRHPC's fingerprinting clientele includes hospital employees, guardian ad litem programs, doctors' offices, non-profit and social service agencies, colleges, universities and more. Live Scan allows for electronic submission of fingerprint screens, with results within 24 to 48 hours. Additional services such as photo submission to the AHCA clearinghouse are available at BRHPC.

Other Administrative Services

- IT Innovation
- Third Party Medication Co-Pay Program

Property Management

BRHPC's affordable housing initiative resulted in the purchase of multi-family housing in Oakland Park and

Hollywood. Each city sets their affordable housing rates which BRHPC utilizes, preserving affordable housing for Broward County residents with low and moderate income. The housing vacancies are focused on vulnerable populations including seniors, college students and low-income individuals who cannot afford the median rent of Broward County.

Human Resources

Proactive Human Resources is essential to prevent, mitigate and reduce the many liabilities present in public and business administration. It is also necessary to take advantage of opportunities to hire, develop, encourage and provide the skills, experience, knowledge and encouragement necessary for employee excellence. Primary areas of Human Resources at the Council include management of employment transactions, supervisory advice, assistance and support, correspondence and document review, policy review and updates, position description maintenance, critical incident intervention, disciplinary action support, compliance advice, training and quite literally, 24/7 availability for advice and intervention, if required. Related to the employment function is the management of risks, employee benefits and payroll.

Critical Issues and Challenges

The Broward County Health Needs Assessment

Every two years, BRHPC commissions a Community Health Needs Assessment, a follow-up to similar studies conducted since 1994, which is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Broward County, Florida. Subsequently, this information is used to inform decisions and guide efforts to improve community health and wellness. This assessment was conducted on behalf of Broward Regional Health Planning Council by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

The survey instrument used for the 2021 study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS); however, the final 2021 survey instrument was restructured by Broward Regional Health Planning Council to align with national trends of observing Social Determinants of Health (SDOH). Social Determinants of Health are conditions in the environments in which people are born, live, learn, work and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk. The Community Health Needs Assessment serves as a tool for improving residents' health status, reducing health disparities among residents, and increasing accessibility to preventative services. The study area for the survey effort is defined as each of the residential zip codes comprising of Broward County, Florida. The sample design used for this effort consisted of a stratified random sample of 400 individuals (200 each from North and South Broward Regions) age 18 and older in Broward County.

Below are key findings from the report conducted in 2021, categorized by their associated Social Determinant of Health.

Economic Stability

- 42% of Broward residents worried/stressed over rent/mortgage over the past year
- 50.2% of residents spend more than 30% of their income on housing
- 33.3% of residents are food insecure
- 19.6% perceive affordable childcare to be "fair" or "poor"

Health & Health Care

- 13.3% of Broward residents reported poor or fair health
- 19.5% of residents reported fair or poor mental health, a 8.2% increase from 2019
- 25.2% having been diagnosed with a depressive disorder
  - The highest rates were among women, adults younger than 65, and LGBTQ+ residents
- 37.3% of residents' experience high blood pressure
  - This fails to satisfy the 230 Healthy People Blood Pressure target of 27.7%
- 39.1% have been told that they have high blood cholesterol, higher than the national average (32.7%)
- 83.6% of Broward adults reported one or more cardiovascular risks or behaviors
- A total of 14.2% of Broward adults reported having been diagnosed with diabetes
- Parents with children 5-17 years old reported the following:
  - 35.2% prevalence of being overweight
  - 25.3% prevalence of being obese

- 12.5% of residents lack health insurance
  - Highest rates were among low income, black and Caribbean populations
- 23.5% of residents' have prevented seeking medical care because of cost
- 11.2% of residents perceive local healthcare services are fair or poor
- 37.2% have felt their lives have been negatively affected by substance abuse (by self or someone else)
- 13.5% of residents currently use vaping products regularly or on some days, almost double from 2019
- 27.7% of Broward County adults report no leisure-time physical activity in the past month

Neighborhood & Built Environment

- 20.8% of Broward residents find it very or somewhat difficult to buy affordable fresh produce
- 26.6% of residents are limited in some way in some activities due to a physical, mental or emotional problem
- Nearly half of residents (46.9%) do not feel that they can rely on public transportation when needed
- Almost 1/5 of residents perceive their neighborhood as "slightly" or "not at all" safe
- 22% of residents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner

Social & Community Context

- 16.1% of Broward residents seldom or never receive the social and emotional support they need
  - Of these residents:
    - 54.7% lacked companionship
    - 49% felt left out
    - 47.8% felt isolated from others
  - These results were highest among black, young adults, low income and women residents
- 34.9% of residents experience loneliness, a significant (15.6%) increase from 2019
  - Among these residents, 52% were diagnosed with depression
- Approximately 72.7% of Broward residents spent 4-7 days per week engaging in 2 or more hours of screen time

Technology & Information Management Plan

The organization maintains a written technology and information management plan to ensure sufficient capability to support current and future operations which includes:

1. An explanation of how technology will aid in accomplishing the overall mission of the organization;
2. An overview of current information and technology systems in use by the organization;
3. Short- and long-term goals for utilizing technology;
4. An assessment of current technical skills of staff and a plan for additional staff training, as necessary; and
5. Criteria for meeting technology goals, such as a strategy, timeline, and budget.
6. The organization protects confidential and other sensitive information from theft, unauthorized use or disclosure, damage, or destruction by:

    a. Limiting access to authorized personnel on a need-to-know basis (based on staff role within the organization);

    b. Use of Security Information Event Management (SIEM), firewalls, anti-virus, advanced threat protection applications and other appropriate safeguards

        i. Ensuring the electronic system requires passwords for access to confidential information, requires passwords to be regularly changed, locks the user out of the for incorrect log in attempts, and automatically times out after a period of inactivity.

        ii. Disabling the passwords and access of former employees.

        iii. Ensuring the system is capable of recording the person accessing confidential information in the system, and records when information is altered or deleted, also known as audit logs.

        iv. Multi-authentication process for access to key systems.

        v. Intelligent / automated rule development and implementation for data protection.

        vi. Correlated alerts and low-level signals to notify and coordinate defenses across network.

    c. Maintaining paper records in a secure location:

        i. Case records are maintained and disposed of in a manner that protects privacy and confidentiality, and the organization:

            1. Maintains case records for at least seven years after case closing unless otherwise mandated by law.

            2. Properly disposes of records in the event of the organization's dissolution.

7. Policies and procedures for managing web-based technologies and electronic communications:

    a. Confidential information, when electronically transmitted, is protected by safeguards in compliance with applicable legal requirements.

    b. The organization posts a privacy policy on all publicly accessible websites. -- A website privacy policy

informs website visitors that any information the website or internet service provider collects, with or without their knowledge, will not be misused.

c. Interpretation: "Web-based technologies and electronic communications" include, but are not limited to: the organization's own website, email, external websites, blogs, social media and networking sites, wikis, discussion forums, and photo and video sharing sites where the organization's staff may interact with each other or with service recipients. Risks associated with the use of web-based technologies and electronic communications may include:

   i. Unauthorized or prohibited contact between staff and service recipients.

   ii. Unauthorized or inappropriate use of organization logos or trademarks.

   iii. Personal comments or opinions that can be misconstrued as representing the views of the organization, or that present the organization in a negative light.

   iv. Inadvertent or deliberate disclosure of confidential or proprietary business information.

   v. Inadvertent or deliberate disclosure of confidential or protected information about service recipients.

Interpretation: All publicly accessible websites maintained by the organization should convey current, clear, and accurate organizational and programmatic information. Additionally sites are under going adaption ADA compliance and accessibility.

1. Plan or procedures for managing data interruptions. The organization is prepared for the interruption of data and limits the disruption to its operations and service delivery by:

   a. Maintaining procedures for managing data interruptions and resuming operations.

   b. Notifying staff of procedures for data interruption.

   c. Site Generator and Battery backup for powering on premises resources (entire building and reciprocal electronic resources).

   d. Backing up electronic data regularly on premises, with copies maintained through cloud backup.

   e. Regularly testing the organization's back up plan, including data restoration processes.

   f. Maintaining contact information for all staff.

   g. Developing procedures for alternative methods of communication with staff and stakeholders during periods of disruption (Azure Cloud and Starlink Satelite data services).

Strategic Goals & Objectives

Goals, Objectives & Strategies

Goal 1: Improve Access to Health and Human Services

Goal 2: Improve Outcomes and Quality of Health and Human Services

Goal 3: Develop Capacity

Goal 4: Sustainability

Goal 5: Improve Consumer Knowledge

Goals focus on the uninsured, underserved, and special needs populations in its goals and program activities:

- Deliver results that are useful to consumers and communities, locally and nationally, directly served by programs.
- Be accountable for programs and the efficiency and quality of services.
- Focus on prevention of disease, illness, and social problems though health promotion.
- Create useful, effective forms of collaboration.
- Provide accurate, reliable, understandable and timely information.
- Apply evidence-based knowledge and models.
- Foster flexibility and encourage innovation.
- Foster a respectful and supportive work environment.
- Maintain a workplace that is free from discrimination in all policies, procedures and practices.
- Apply best practices as they relate to health equity in all programs and services provided.

Goal 1: Improve Access to Health & Human Services

Objective 1.1 Expand the capacity of the health and human services safety net.

Objective 1.2 Promote access to health insurance and maximize use of available reimbursements.

- Provide technical assistance to providers and programs regarding ability to maximize appropriate third-party reimbursement or prospective payment for service.
- Encourage providers and programs to facilitate the enrollment of eligible individuals into Medicaid, CHIP, Medicare and other appropriate health insurance programs.
- Promote health care financing systems and approaches that increase access to care by reducing barriers to payment.

Goal 2: Improve Outcomes and Quality of Health & Human Services

Objective 2.1: Expand service availability, particularly to underserved, vulnerable, and special needs.

- Increase participation of eligible underserved, vulnerable, and special needs individuals receiving comprehensive, culturally competent, quality services.
- Target resources to underserved communities and un/underinsured people disproportionately impacted.
- Promote utilization of services by underserved populations, including children with special needs.
- Support community efforts to identify underserved, vulnerable and special needs populations.

Objective 2.2: Increase the utilization of preventive health care and chronic disease management services, particularly among underserved, vulnerable and special needs populations.

- Increase participation of eligible individuals receiving care through programs having preventive and chronic disease management services (e.g., routine screening such as newborn screening for congenital disorders, immunization,

prenatal care, counseling, etc.).

- Identify and share solutions for increasing prevention and disease management services.

Goal 3: Develop Capacity

Objective 3.1: Increase leadership capacity to facilitate innovation and prioritize cohesive teamwork

- Provide training opportunities for team leaders to maximize potential.
- Encourage open dialogue between team leaders (directors) and staff which facilitates reaching both the funders and BRHPC's goals.

Objective 3.2: Expand adaptive capacity in order to respond to internal and external changes efficiently and effectively.

- Improve internal program evaluation and performance measurements to improve staff accountability
- Establish internal goals and targets that align with the organization's mission
- Expand contingency plans to cover various scenarios including pandemics (e.g. COVID-19) and government shutdowns.

Objective 3.3: Expand operational capacity

- Explore innovative, groundbreaking technology develop or enhance proprietary databases and reporting systems.
- Enhance internal and external communication capabilities to meet the needs of our partner agencies and clients.

Goal 4: Sustainability

Objective 4.1: Maintain Cashflow
Objective 4.2: Manage Properties

- 1116 - 1118 S 19th Avenue, Hollywood, FL 33020
- 4400 NE 5th Avenue, Oakland Park, FL 33334

Goal 5: Improve Consumer Knowledge

Objective 5.1: Increase use of modern methods of communicaton to improve consumer knowledge

- Disseminate public health information from local, State and federal levels via email and all social media platforms

Objective 5.2: Develop documents regarding public health that are easy to understand for the general public

- Ensure all publications and documentation are available in multiple languages and formats that are in compliance with ADA guidelines.

Appendices

A. Description of Strategic Planning Process

B. Assessment of Strengths and Weaknesses/ SWOT Analysis

C. Environmental Scan

D. Copies of Any External Assessments / Data Sources Used

E. Organizational Chart

F. Board Member List and Profiles

G. Human Resources Plan

H. Financial Plan

I. Other Relevant Documents

A. Description of Strategic Planning Process

While developing BRHPC's three-year Strategic Plan, BRHPC's executive, managerial and supervisory staff looked at present Strengths, Weaknesses, Opportunities, and Threats (SWOT). The purpose of the SWOT analysis was to determine how strengths and opportunities could be increased and how weaknesses and threats could be overcome to create new strengths and opportunities.

From the SWOT analysis, it was agreed that BRHPC has many strengths, including an educated and dedicated workforce, an innovative and involved management team, a sound financial structure, and demonstrated community involvement. Weaknesses that were identified included a large diversity of program offerings which cause a higher volume of clients to enter the building. BRHPC implemented innovative solutions including safety measures and training, more robust communication across departments, levels, and with community partners, as well as consumers. BRHPC's COA accreditation has increased BRHPC's ability to standardize processes and improve methods of communication, particularly through the monthly Performance Quality Improvement (PQI) Committee, Quarterly PQI Subcommittee Meetings and weekly Executive Team meetings. All managerial staff meets at the PQI meeting to review program performance challenges and opportunities. The four PQI Subcommittees are broken into the Staff Training and Development, Human Resources, Management Information Systems and Risk Prevention and Management. During the weekly Executive Team meetings, an emphasis is placed on budgeting and finance. Weekly goals are reviewed to ensure contractual/agency performance is on target.

Opportunities continue to present themselves in the area of meeting and exceeding performance measures. As a result of much reflection, staff level scorecards have been implemented to ensure that each employee is held accountable for reaching programmatic goals. Furthermore, BRHPC implemented a telehealth platform in order to meet security and HIPAA compliance for various programs.

Threats that still need to be addressed include legislative cuts and the economic environment, as BRHPC is subject to political decisions that impact funding and service delivery guidelines. Other threats include emerging diseases that have led to a pandemic which shut down the United States government. With this in mind, BRHPC has developed protocols and guidelines that ensure the health and safety of staff and clients.

B. Assessment of Strengths and Weakness/SWOT Analysis

Strengths

- Characteristics that give your business an advantage over others
- What is your value proposition, how does it differentiate with your competitors?
- What do other perceive as your strengths?

Examples

- Ability to create proprietary data collecting and reporting systems (IBM/MBM System)
- Comprehensive Cyber Security controls review and reporting
- Comprehensive Scorecards to monitor and measure programmatic outcomes which is reviewed by staff and Board of Directors
- Weekly Executive Team Meetings to monitor programs and discuss strengths, weaknesses and opportunities
- Educated and diverse workforce
- Multiple streams of revenue to maintain sustainability
- Active social media presence
- Own Affordable Housing Properties

Weakness

- Characteristics that place the business at a disadvantage relative to others
- What do your competitors do better than you?
- What do other perceive as your weakness?

Examples

- Contingency plans for unexpected local and/or State shutdowns
- Alternate means of communication for staff and clients when in-person meets are not available
- BRHPC pays employees a minimum of $15 an hour

S **W**

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Opportunities

- What are the elements your business could exploit to its advantage?
- What trends, conditions that may positively impact you?

Examples

- Informing community about public health news in a way that is easily understandable
- Social and public health policy changes may lead to new grant opportunities
- Partnerships with other non-profit agencies to help strengthen internship program
- BRHPC bid on Tennessee for Insurance Payments and Co-pays and deductibles

Threats

- What are the elements in the environment that could cause trouble for your business?
- What trends or conditions may negatively impact you?

Examples

- Economic downturn
- Competition among grants

C. Environmental Scan

Demographic and socioeconomic factors influence health status and impact availability of health resources, resulting in increased utilization rates and decreased availability in healthcare financing.

Demographic Characteristics

According to the 2010 Census, Broward County has become the most racially diverse county in South Florida (when compared to Palm Beach and Miami-Dade Counties) and continues to become even more diverse in 2020 and after.

The population of Broward continues to grow and has reached 1,930,983 in 2021. The percentage of Broward and Florida populations by race and ethnicity is depicted in the following tables. In 2020 and 2021, Broward had a higher percentage of minorities than Florida as a whole, further illustrating the diversity within the county. The tables also illustrate that "White" represents the largest proportion of the population, followed by "Black/African American."

Broward's Hispanic population is growing at a faster rate than Black and non-Hispanics. The County's Hispanic population continues to grow more diverse, as new residents from Mexico, Puerto Rico, Cuba, Columbia, Dominican Republic, Peru, Honduras and Venezuela establish communities in the region (each with more than 30,000 residents). According to the 2021 US Census estimates, Broward is home to 618,443 Hispanics; 32,207 more than in 2020. Hispanics make up 32% of the Broward population. Another growing population in Broward is the West Indian population, most made up of Jamaicans and Haitians. West Indians make up 14% of the Broward population.

Population by Race, 2021				
	Broward		**Florida**	
	#	**%**	**#**	**%**
Reported On Race	1,493,640	77.4%	17,616,088	80.9%
White	763,913	39.6%	12,210,739	56.1%
Black	548,131	28.4%	3,285,618	15.1%
American Indian & Alaskan Native	4,092	0.2%	63,540	0.3%
Asian	69,798	3.6%	620,260	2.8%
Native Hawaiian & Other Pacific Islander	1,121	0.1%	12,453	0.1%
Other Race	106,585	5.5%	1,423,278	6.5%
Two or More Races	437,343	22.6%	4,165,040	19.1%
Total	1,930,983	100%	4,165,040	100%
Source: American Community Survey, 2021				

Hispanic/Latino Population, 2021		
	Total	**% of Total Population**
Hispanic/Latino (any race)	618,443	32.0%
Mexican	33,720	1.7%
Puerto Rican	96,705	5.0%
Cuban	127,733	6.6%
Not Hispanic or Latino	360,285	18.7%
Source: American Community Survey, 2021		

West Indian Population, 2021		
	Total	**% of Total**
West Indian (any race)	270,756	14.0
Haitian	89,253	4.6
Jamaican	88,322	4.6
Trinidadian & Tobagonian	10,885	1.0
Source: American Community Survey, 2021		

Education

As seen the figure below, the graduation rate in Broward County has increased, overall, from 78.7% to 87.2% over a 6-year period. Dropout rates in Broward during the same 5-year period and remaining below Florida's dropout rate.
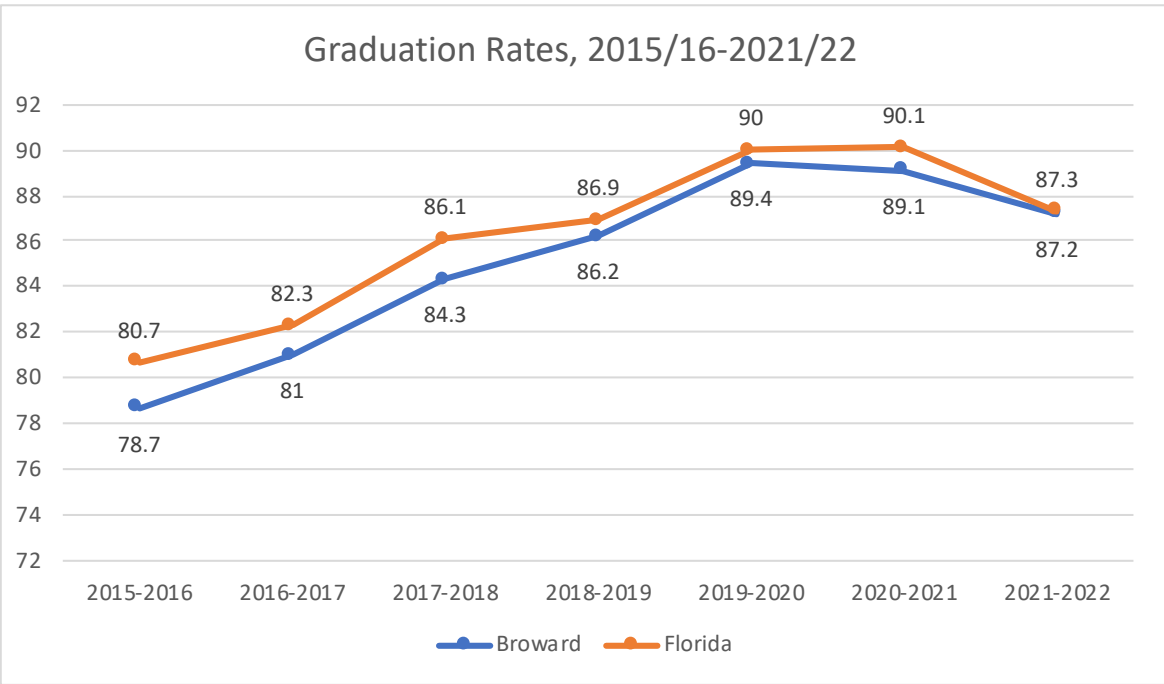
Source: Florida Department of Education

The table below depicts educational attainment for the population 25 years of age and older. Compared to the entire state of Florida, Broward has a higher percentage of attainment for both a "high school degree or higher" and "a bachelor's degree or higher".

Educational Attainment (ages > 25, 2015-2020)						
	2015		**2020**		**2021**	
	Broward	**Florida**	**Broward**	**Florida**	**Broward**	**Florida**
Less than High School	**11.7%**	**12.4%**	**10.6%**	**11.5%**	**9.6%**	**10.2%**
Less than 9th Grade	5.3%	5.2%	4.5%	4.6%	4.6%	4.4%
9th to 12th Grade, No Diploma	6.4%	7.2%	6.1%	6.9%	5.0%	5.8%
High School Graduate or Higher	**88.2%**	**87.6%**	**89.4%**	**88.5%**	**90.4%**	**89.8%**
High School Graduate	27.4%	29.2%	27%	28.2%	27.5%	27.7%
Some College, No Degree	19.1%	20.4%	19.5%	19.8%	17.3%	18.9%
Associates Degree	9.6%	9.6%	9.7%	10%	9.7%	10%
Bachelor's Degree or Higher	**32.2%**	**28.4%**	**33.1%**	**30.5%**	**35.9%**	**33.2%**
Bachelor's Degree	20.7%	18.2%	20.6%	19.3%	21.5%	20.6%
Higher than Bachelors	11.5%	10.2%	12.5%	11.2%	14.4%	12.6%
Source: American Community Survey, (S1501) 2015, 2020, 2021						

Employment

The figure below outlines the size of Broward's labor force overtime compared with the number of people employed. As the figure illustrates, the labor force has exceeded employment consistently over time. In 2021, there were decreases in both the labor force and employment.

Broward Labor Force Employment, 2012-2022
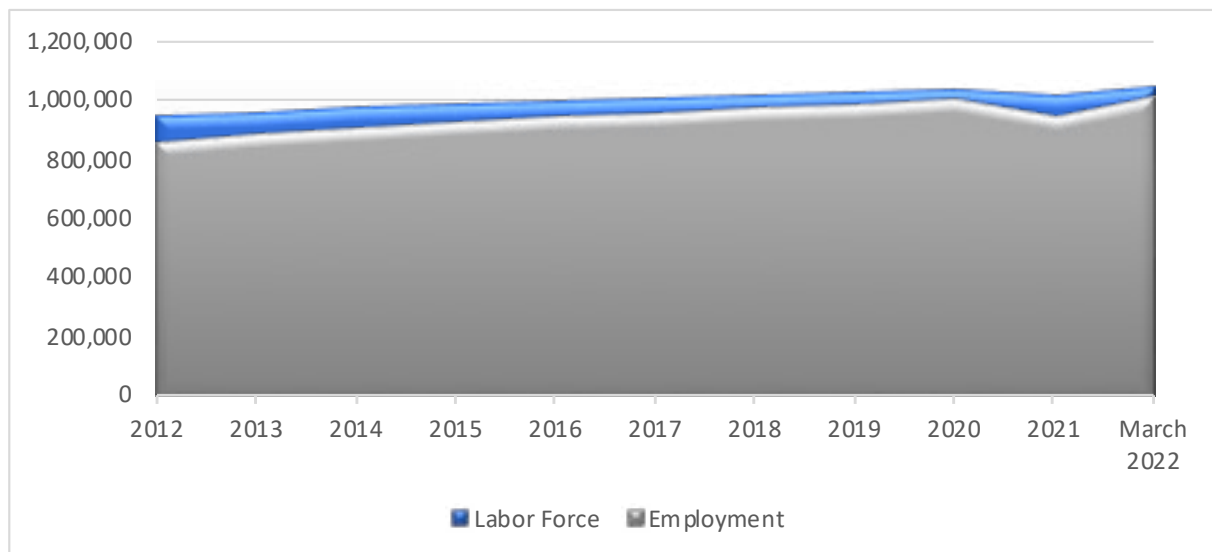
Source: Bureau of Labor Statistics

Broward Labor Force, Employment & Unemployment, 2015-2022

Year	Labor Force	Employment	Unemployment	
	#	#	#	%
2015	985,474	928,834	56,640	5.7%
2016	995,113	947,288	47,825	4.8%
2017	1,002,559	956,419	46,140	4.6%
2018	1,011,173	971,148	40,025	4.0%
2019	1,019,099	980,809	38,290	3.8%
2020	1,035,798	1,005,436	30,362	6.6%
2021	1,010,588	942,030	68,558	6.8%
2022	1,051,021	1,010,575	40,446	3.8%

Source: Florida Department of Economic Opportunity, LAUS Program (2012-2022)

Broward Unemployment Rate, Annual Averages, 2010-2021
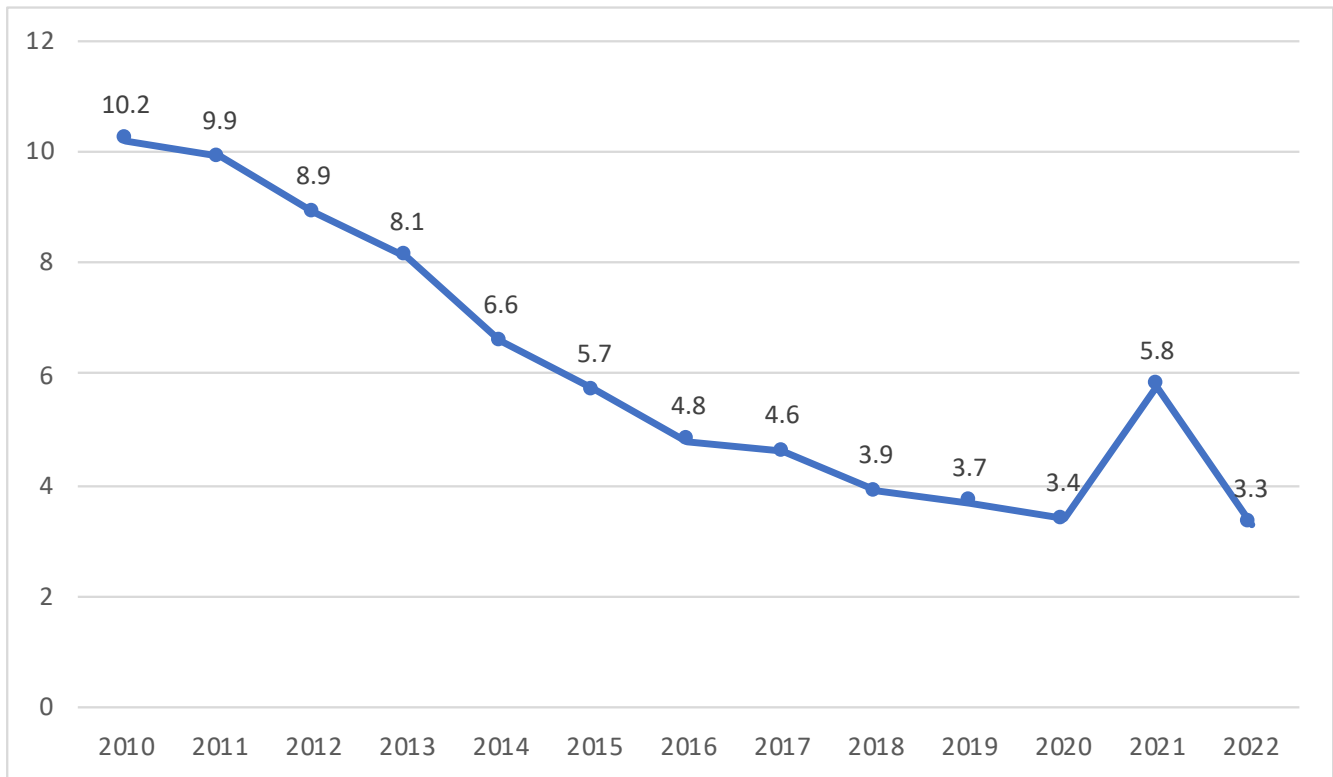
Source: Bureau of Labor Statistics

Poverty

12.7 percent of all Broward residents and 16.9 percent of people under the age of 18 are living in poverty. Of families with children under the age of 18, 13.5 percent were reported at or below the Federal Poverty Level (FPL). Poverty levels have increased in most categories.

% Whose Income* is Below Poverty Level, 2018-2021				
	2018	**2019**	**2020**	**2021**
All Families	9.3%	9.3%	9.7%	9.5%
With related children under 18 years	13.2%	13.2%	13.5%	13.8%
With related children under 5 years only	14.2%	12.2%	12.4%	14.4%
Married Couple Families	5.9%	6.0%	6.2%	5.6%
With related children under 18 years	6.0%	6.0%	7.0%	6.4%
With related children under 5 years only	4.0%	1.9%	5.6%	9.8%
Families with Female Householder, No Husband Present	18.4%	18.3%	19.6%	20.2%
With related children under 18 years	25.6%	26.8%	26.6%	28.1%
With related children under 5 years only	32.6%	33.7%	30.2%	31.4%
All People	12.4%	12.2%	12.7%	12.6%
Under 18 years	16.7%	16.3%	16.9%	16.2%
Related children under 18 years	16.5%	16.1%	16.6%	15.7%
Related children under 5 years	17.5%	16.7%	18.2%	16.0%
Related children 5 to 17 years	16.2%	15.8%	16.0%	15.7%
18 Years and Over	11.3%	11.1%	11.6%	11.7%
18 to 64 years	10.7%	10.3%	10.9%	10.6%
65 years and over	13.7%	14.2%	14.2%	15.3%
People in families	9.9%	9.6%	10.3%	10.0%
Unrelated Individuals 15 years and over	23.1%	22.1%	22.5%	22.7%
*Source: American Community Survey 2018-2021 (DPO3) *Income in the past 12 months*				

Housing

Economic crises including unemployment and foreclosures, increase the number of individuals and families at risk of becoming homeless. The chart below depicts the gross rent reported for Broward in 2019 and 2021. The 2018 median rent in Broward was $1,433 with 39.9% of rental units falling between $1,000 and $1,499.

Broward Monthly Rent Cost, 2019 vs. 2021				
	2019		**2021**	
Monthly Gross Rent	# of Units	%	# of Units	%
< $500	5,759	2.2	4,069	1.4
$500-999	32,312	12.4	24,898	9.1
$1,000-$1,499	104,574	40.1	104,996	38.2
$1,500-$1,999	72,417	27.8	79,588	29.0
$2,000-$2,499	28,207	10.8	37,052	13.5
$2,500-$2,999	13,211	5.1	8,254	3.0
> $3,000	3,987	1.5	7,958	2.9
Median Rent	1,448	2.3	1,498	2.8
No Cash Rent	6,256	X	7,764	X
Source: American Community Survey 2019 & 2021				

According to the United Way's Assets Limited, Income Constrained, Employment (or ALICE) Report the median cost of housing in Broward for a single person should be $889 and for a family of four $1,387. As shown above, Broward's monthly gross rent is higher than both the affordable cost for a single person and a family of four.

Housing should be no more than 30% of your gross monthly income, however, many residents in Broward County find themselves paying more than 30% of their monthly income towards housing. The figures below display a comparison between owner-occupied and renter-occupied income to housing cost ratio from 2019-2021.
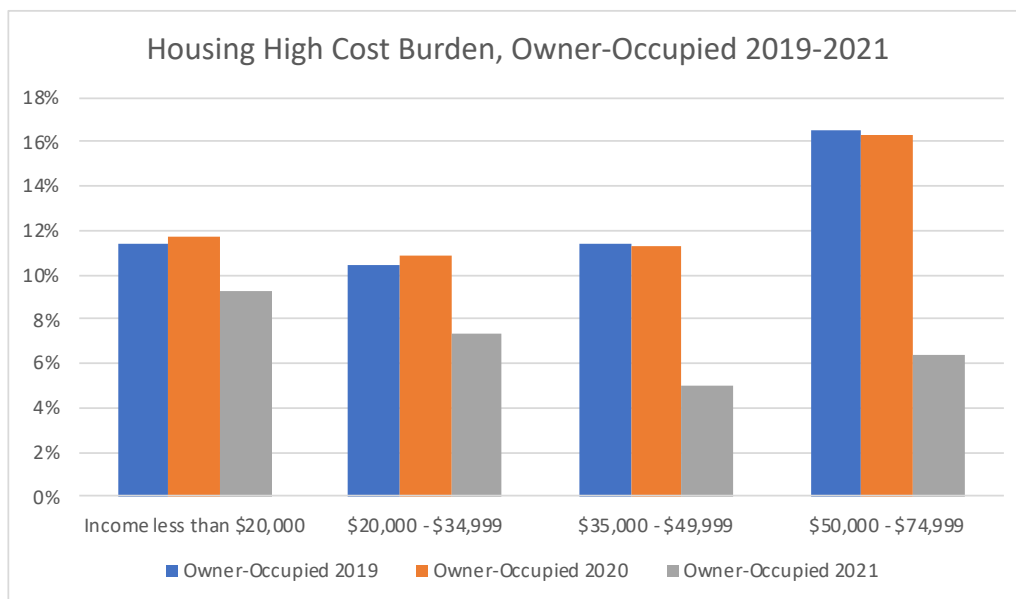
Source: American Community Survey (S2503) 2018, 2019, 2020, 2021

Housing High Cost Burden, Renter-Occupied 2019-2021
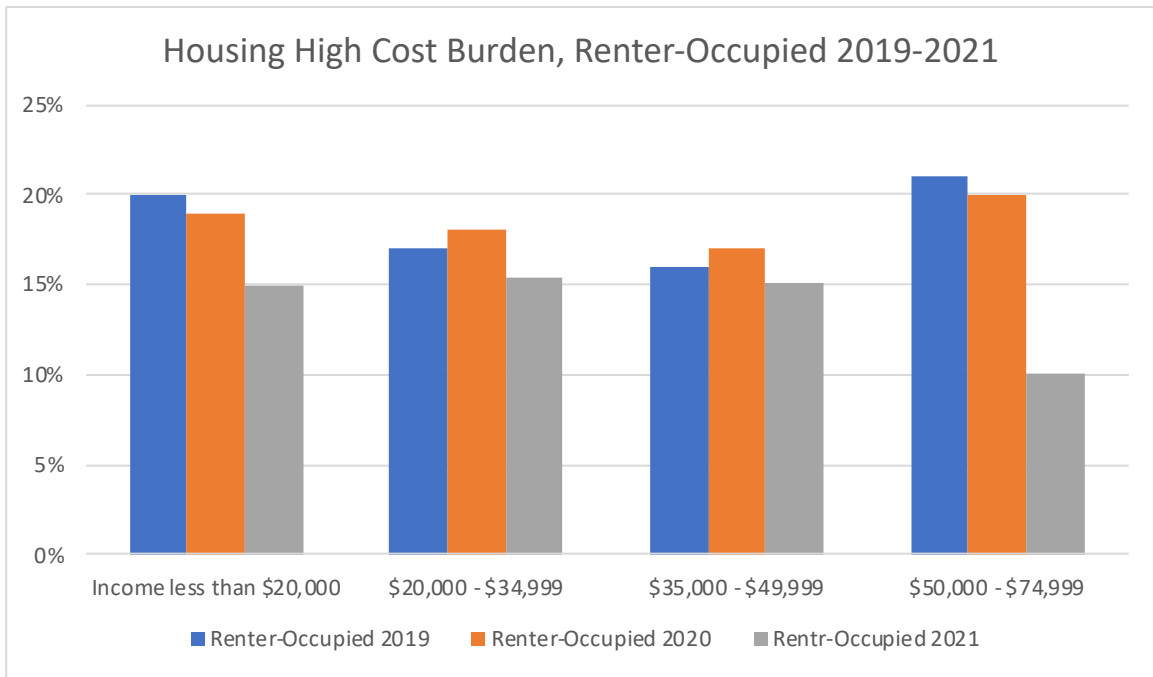
Source: American Community Survey (S2503) 2018, 2019, 2020, 2021

Homelessness among Broward residents has been difficult to overcome due to insufficient affordable rentals, increases in the cost of living and an increase in foreclosures. According to the annual Point-in-Time Homeless Count (a 24-hour count of individuals and families who are considered homeless per HUD's definition), there were 2,561 homeless individuals in 2021.

Public Assistance

Public assistance is an indicator related to the number of individuals living in poverty. January 2022 through January 2023 is shown below for both Broward County and Florida. In 2023, Supplemental Nutrition Assistance Program (SNAP) increased by 14% within a year. In all assistance programs, there was an increase ranging from 11% to 63.7% by the end of 1 year.

Broder County Public Assistance: Food Stamps, TANF & Medicaid, 2021-March 2022					
Year	Food Stamp Households	Food Stamp Clients	TANF Clients	TANF Families	Medicaid Clients
Broward					
2022 Average	14%	15%	63.7%	34.5%	11%
January 2022	131,376	229,722	2,188	1,395	365,707
February 2022	128,852	224,873	2,048	1,335	368,170
March 2022	130,029	226,146	1,878	1,240	372,100
April 2022	131,029	229,739	1,834	1,211	375,366
May 2022	133,258	232,426	1,831	1,214	379,822
June 2022	134,356	236,701	2,104	1,333	383,734
July 2022	133,687	238,777	2,300	1,410	387,734
August 2022	133,827	236,710	2,672	1,516	390,990
September 2022	133,827	236,715	2,869	1,607	393,568
October 2022	136,737	241,755	3,122	1,697	397,561
November 2022	137,076	241,498	3,157	1,695	399,396
December 2022	144,991	256,006	3,344	1,772	402,429
January 2023	149,740	264,636	3,344	1,876	297,056
Florida					
2022 Average	15%	15%	83%	46%	13%
January 2022	1,568,806	2,813,481	42,431	26,777	4,253,676
February 2022	1,555,501	2,973,639	40,121	25,624	4,288,824
March 2022	1,555,631	2,804,041	40,224	25,517	4,335,618
April 2022	1,561,133	2,820,459	39,397	25,263	4,383,121
May 2022	1,568,570	2,830,869	39,692	25,574	4,443,812
June 2022	1,590,216	2,871,435	42,467	26,698	4,497,220
July 2022	1,593,358	2,872,340	46,079	27,844	4,539,052
August 2022	1,588,351	2,862,673	50,120	28,935	4,588,858
September 2022	1,580,380	2,844,993	55,035	30,686	4,620,371
October 2022	1,693,787	2,900,042	58,962	30,920	4,670,907
November 2022	1,620,230	2,906,379	62,348	32,796	4,699,680
December 2022	1,732,351	3,107,599	71,430	36,601	4,744,046
January 2023	1,798,297	3,220,757	77,599	38,969	4,806,679

Source: Broward & State of Florida Public Assistance Caseload Report, 2022-2023

Health Insurance

The table below highlights the health insurance trends for the United States, Florida and Broward County. At 14.2% in 2021, the Broward uninsured rate remains higher than the United States and Florida, indicating that Broward is disproportionately impacted by a lack of healthcare coverage. However, despite being higher than both Florida and the United States, Broward's uninsured rate slightly decreased from 2019 to 2020. Insufficient health insurance benefit packages impact the care of insured residents and demand for publicly funded services. There is no reliable State or local data measuring the actual number of underinsured individuals whose health insurance benefits are insufficient to cover catastrophic medical events, or who have capped benefits requiring large out-of-pocket payments.

Civilian Non-Institutionalized Population Uninsured Rate, by Age Group, 2020 vs. 2021						
	Broward		Florida		U.S.	
	2020	**2021**	**2020**	**2021**	**2020**	**2021**
Total Rate	14.2%	12.7%	12.7%	12.1%	8.7%	8.6%
<19	8.6%	7.6%	7.2%	7.3%	5.2%	5.4%
19-64	19.5%	17.3%	18.7%	17.9%	12.3%	12.2%
Greater than or equal to 65	2.5%	3.4%	1.2%	1.1%	0.8%	0.8%
Source: U.S. Census Bureau, (S2701) 2020, 2021 American Community Survey and U.S. Census Bureau, Broward Quick Facts 2021						

D. Copies of External Assessments

See attached PRC County Health Needs Assessment.

E. Organizational Chart

Executive Team

F. Board Member List

Board of Directors Membership: Twelve (12) members:

Each County Commissioner shall appoint one (1) member. Three (3) members shall be appointed at-large by the County Commission.

Members shall be representatives of health care providers, health care purchasers, and nongovernmental health care consumers. Members of the consumer group shall include a representative number of persons over sixty (60) years of age. A majority of members shall consist of health care purchasers and health care consumers.

- *Health care provider* – an individual who delivers health services or who is a member of an organization that delivers health services. This may include but is not limited to physicians, medical doctors, osteopaths, dentists, podiatrists, nurses, chiropractors, physician assistants, dental assistants, mental health professionals and other allied health professionals, administrators and employees of health care institutions.

- *Health care purchaser* – an individual who is responsible for or an authorized member of an organization or agency which is responsible for the purchase of health services for a group of 25 or more individuals either directly or through acquisition of health insurance coverage. This may include but is not limited to representatives of individual businesses, employer coalitions, governmental units, labor organizations, consumer groups and health insurers.

- *Non-governmental health care consumer* – an individual who is not a health care provider or health care purchaser. This may include but is not limited to elected government officials, members of the general public and representatives of consumer organizations.

- *Non-governmental health care consumer over 60 years of age*.

Term: Two (2) years and may be reappointed.

Coordinator: Michael De Lucca, President & Chief Executive Officer

Board of Directors 2022-2023

Barbara Effman, MPH
Chair
Self Employed; President of the West Broward Democratic Club; Board member of the American Cancer Society/ Executive Committee

John A. Benz, MBA
Vice Chair
Fellow and member of The Health Care Forum; Diplomat, American College of Healthcare Executives; Leadership Broward; Healthy Kids Corporation; South Broward Administrative Reporting, Inc.; Memorial PHO

Samuel F. Morrison, BA, MLS
Secretary
Board of Trustees, Nova Southeastern University; Affiliation with the Ft. Lauderdale Historical Society, Broward County Homeless Initiative, and Networking Advisory Board; Former Director of the Broward County Library and the Children's Services Council of Broward

Alexander Fernandez, MBA, CPA
Treasurer
Executive Vice President and Chief Financial Officer, Vitas Healthcare

Pamela B. Africk
Board Member
Chief Executive Officer and President of Best Practices, USA, Inc.

Paula L. Anderson, DO, MPH
Board Member
Board-Certified Family Physician, Associate Professor and Assistant Dean of Faculty & Alumni Affairs at Nova Southeastern University - Kiran C. Patel College of Osteopathic Medicine (NSU/KPCOM)

Osmel Delgado, MBA, PharmD, FASHP
Board Member
Chief Financial Officer, HOPCo

Matt Hughes, MBA
Board Member
Chief Financial Officer, HCA Florida University Hospital

Albert C. Jones, MA
Board Member
National Association of Public Hospitals; American Hospital Association; Florida Hospital Association; Omega Psi Phi Fraternity, Inc.

Leilani Kicklighter, MBA, ARM, RN
Board Member
Principle Consultant; Registered Nurse; Insurance Advisory Committee, City of Tamarac; Certified Professional Healthcare Risk Manager; Licensed Health Care Risk Manager; President of Woodlands Section One Homeowners Association.

Ronald Moore, MD
Board Member
Minimally Invasive Surgery; Bariatric, General and Robotic Surgery
Broward County Medical Association, American Society for Metabolic and Bariatric Surgery, Society of American Gastrointestinoal and Endoscopic Surgeons

Peter Powers, MBA, FACHE
Board Member
Chief Executive Officer, Memorial Regional Hospital

G. Human Resources Plan

Human resources planning is a process that identifies current and future HR needs for to achieve its goals. Human resources planning should serve as a link between human resources management and the overall strategic plan of an organization. Broward Regional Health Planning Council's utilizes the competency-based management approach to support the integration of human resources planning with strategic planning thereby allowing our agency to assess the current HR capacity based on our staff competencies against the capacity needed to achieve the vision, mission and goals of the Council. Targeted human resource strategies, plans and programs are designed to address gaps (e.g., hiring and staffing; learning; career development; etc.), and implemented to close the gaps.

Work Design / Classification

Objective: to ensure the best fit between employees and jobs, while avoiding workforce shortages or spares.

The three key elements of the HR planning process are forecasting labor demand, analyzing present labor supply, and balancing projected labor demand and supply.

HR strategies and programs are monitored and evaluated on a regular basis to ensure that they are moving the organizations in the desired direction, including closing employee competency gaps, and corrections are made as needed.

Recruitment & Selection

Objective: to rely on those resources in recruiting personnel that will assure the most qualified employees.

Notification of any openings are posted internally, as well as on the BRHPC website. Positions are also be publicized in appropriate nationally circulated newspapers or websites. Resumes and applications of all applicants are reviewed to determine whether or not they meet the minimum requirements of the position. An initial interview is conducted by a supervisor and/or program director and a second interview is conducted by the Vice President of Programs and/or President and CEO. Final selection is approved by the President and CEO.

Performance Management

Objective: to monitor all program and departmental goals and outcomes, contractually required or self-imposed, on a monthly basis. BRHPC strives to eliminate barriers to achieving accountability through the agency-wide implementation of a balanced scorecard in BRHPC's Scorecard Portal. A balanced scorecard is a structured report used by directors to keep track of the execution of project activities and to monitor the consequences arising from these actions. It allows administrators to achieve the following: translating the vision into operational goals; communicating the vision and link it to individual performance, strategic planning, feedback and learning, and adjusting the strategy accordingly.

Each scorecard looks at four main perspectives:

1. The Overarching Goal "Is anyone better off?" "How do we look to stakeholders?"

2. Customer/Funder "How do customers/funders see us?"

3. Internal Processes "What must we excel at?"

4. Learning and Growth "How can we continue to improve, create value and innovate?" The scorecards are divided into three main categories of programs/services: Direct Services, Planning, and Administration/Capacity Building.

Each category offers a customized interpretation of the perspective.

Admin Human Resources   Manager: Yolanda Falcone

Contract Year (July – June)

Color Keys	Meets or exceeds target	Within 10% of meeting target	Greater than 10% away from target	Below target	Contractual Goal	BRHPC Goal

Perspective 1: Program Outcomes "Is anyone better off? How do we look to stakeholders?"	Annual Target (% or N)	Jul - 2021 %	Aug - 2021 %	Sep - 2021 %	Average or YTD	% of Target	Explanation for Items Below Target	Improvement Plan
1	Assist with Board Orientations as necessary to new Board of Directors members.	100%	n/a	n/a	100%	100%	100%		
2	Review fringe benefits procedures annually. (Due: December).	1	n/a	n/a	100%	100%	200%		
3	Review and maintain BRHPC job descriptions as needed.	100%	n/a	n/a	n/a	100%	100%		
4	Review and maintain BRHPC By-Laws annually.	1	n/a	n/a	n/a	100%	100%		
5	Review and maintain BRHPC Policies & Procedures annually.	100%	n/a	n/a	n/a	100%	100%		

Each reported data set requires an annual target, which is compared to a monthly and cumulative achievement with a color code indicating whether the outcome meets or exceeds the target (green), was within 10% of meeting target (yellow), greater than 10% away from meeting target (orange), or below meeting target (red). Explanations, including a plan of action, are always required for any item that does not meet or exceed targets. The scorecard can be viewed as a quarterly report of data to a monthly breakdown. This allows for a more stringent system of accountability, as each department/program must provide a higher level of detail in the data. In addition, a color coding system has been added to goal descriptions to differentiate between a contractual goal (e.g. required per contract with the funder which are in blue) and a BRHPC goal (e.g. a goal established by BRHPC as an additional quality assurance measure which are in purple). The reports generated in the Scorecard Portal provide a three-step Performance Quality Analysis for each program's scorecard.

- **Step 1** identifies program successes (is anyone better off?): the impact of PQI efforts on the program and the employees is explained.
- **Step 2** addresses opportunities (what areas need improvement?): items below target are listed and explanations are provided.
- **Step 3** outlines an improvement plan (how can we improve it?): a performance quality improvement plan to address items below target is provided.

Learning & Development

Objective: to improve professional and technical skills, increase staff use of and fidelity with evidence-based practices and further system of care utilization management and compliance.

To initiate the process of staff training, a comprehensive New Employee Orientation is conducted through the Employee Portal for every newly hired person within one week of their start date. Policies and procedures related to the day to day functioning of every employee are presented and explained in the Employee Portal. All new employees are responsible for reviewing, acknowledging and uploading necessary documents in their Employee Portal. Orientation includes mandatory HIPAA, Security and the Statewide Auxiliary Aids and Services Plan as well as basic information such as attendance, dress code, benefits and staff safety.

Procedures designating the responsibility of all managers/directors in the chain of command regarding their supervisory duties are specified in our Policy and Procedure Manual. Weekly, monthly, quarterly and annual reviews of performance are conducted and recorded on Report Cards for each employee which are department specific. Progress toward the achievement of department and agency outcomes is identified as are challenges toward the achievement of the outcome measure.

Program-specific training is assigned to each manager/director. Knowledge of and fidelity to a variety of evidence-based practices is emphasized. Attendance at and participation in local, State and national conferences is encouraged.

Regularly scheduled staff meetings are utilized for staff training, case review where appropriate and dissemination of internal and external information. Luncheons and other scheduled training dates are also utilized to share information and to familiarize personnel with the services provided by other BRHPC departments.

Career Development

Objective: to promote growth opportunities within BRHPC based on competencies.

Promotion of employees will be based upon demonstrated performance in carrying out responsibilities of an employee's position and the ability to accept additional duties. Any position openings are announced to current employees simultaneously with being circulated to the public. Employees who have an interest in such positions notify their supervisor in writing. The supervisor brings the notification to the attention of the President and CEO. The President and CEO consults with the supervisor and any other appropriate personnel to discuss the internal transfer or promotability of an employee. Final decisions on internal transfers or promotion of employees shall be made by the President and CEO.

Rewards & Recognition

Objective: to express appreciation and recognition to staff for their skills and contributions.

BRHPC continually hires quality staff and operates within a system that continually trains employees for their service and values their contributions. The BRHPC recognition program includes an Employee of the Quarter recognition where the deserving employee gets his/her photo displayed on the "BRHPC Recognition Wall", receives a plaque from the President and CEO during the monthly PQI Committee meeting, and access to the

"Employee of the Quarter" parking spot for three months. Other staff appreciation activities include a monthly birthday cake sharing, lunch and learn sessions, annual bonuses and end of year holiday celebration.

HR Information Management

Objective: to apply a software solution to help automate and manage BRHPC's Human Resource Department, and employee time management and accounting activities.

BRHPC has an electronic Timesheet Program, which is a proprietary web-based timesheet tracking solution. Employees are given the tools needed to log daily hours worked, activities performed, and a detailed report that represents the employees' work week. In addition, department directors have the ability to approve or deny employee timesheet requests to ensure accurate timesheet entries. The timesheet system also coordinates with payroll tracking.

| Home Documentation Timesheets Leave Reports HR | Admin | | | | | | | *Timesheet - Current Week* |

Update timesheet for week of: Oct 16 - Oct 22, 2021 For program All Assigned

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
	10-16-2021	10-17-2021	10-18-2021	10-19-2021	10-20-2021	10-21-2021	10-22-2021	
Start (Morning)								
End (Morning)								
Start ** Lunch **								
End ** Lunch **								
Start (Afternoon)								
End (Afternoon)								
Start (Evening)								
End (Evening)								
Copy column ▶▶	Copy	Copy	Copy	Copy	Copy	Copy		
Distribution	View	View	View	View	View	View	View	

H. Financial Plan

BRHPC has maintained good financial standing for over 40 years with the proper oversight for implementing the administrative and fiscal infrastructure necessary to: a) Ensure compliance with federal, state and local funding requirements; and b) Establish and maintain effective internal controls to comply with accounting principles and audit standards. Fiscal operations are overseen by the Chief Financial Officer, under the review and approval by BRHPC's President and CEO.

1.Cash Receipts

Cash receipts are protected from misappropriation. Physical access to cash receipts and cash receipts records is limited to authorized personnel. Cash receipts are recorded in the appropriate period.

2. Cash Disbursements

The payment for goods and services are organized to ensure that no unauthorized payments are made, and that payments are recorded in the appropriate period. Physical access to cash and unissued checks is restricted to authorized personnel.

3. Bank Reconciliations

Monthly, bank reconciliations are performed via the computer by accounting personnel not involved in the process or recording of those bank transactions.

4. Revenue Recognition

The creation of an invoice in the Accounts Receivable Module initiates the formal recording of revenue.

5. Accounts Receivable

Accounts receivable arise from the recording of contract revenue (cost reimbursement or fixed price). The account is relieved by the posting of cash receipts.

6. Accounts Payable

The recording of expenses and the related liability are recorded by employees independent of the ordering and receiving functions. The amounts recorded are based on vendor invoices. The invoice is in agreement with an approved purchase order.

7. Payroll Authorization

Controls are established over payroll to ensure that the payroll reflects complete and authorized payroll transactions. Payroll is processed by HR and accounting to ensure accuracy. Distribution of wages and employer benefits accurately reflect the actual activity of the employee. This process ensures that salaries and wages are properly expended and that actual effort is consistent with the originally anticipated (budgeted) effort.

8. Payroll Calculation

Controls are established to ensure that the payroll, based on standing data, is accurately calculated. Payroll compared to Control Totals Gross pay and payroll deductions are compared to an adequate extent with predetermined (projected/estimated) control totals by the payroll department and the CEO. Any significant variances are investigated immediately.

9. Payment To Agency Employees

Controls are established to ensure that only valid agency employees receive payroll payments.

10. Payroll Deductions

Controls are established to ensure that payroll deductions, both compulsory and voluntary, are adequately identifiable in the general ledger and payments to third parties are timely and accurate. Payroll deductions are recorded in the staff record of the Payroll Module in Financial Edge.

11. General Ledger Activity

The general ledger consists of control accounts for accounts in the Agency's chart of accounts. The general ledger is maintained on a computer system and may be printed at any time.

12. Adequate General Ledger Maintenance

The general ledger accounts are the source of all the financial reports used by management. It is therefore critical that the accounting records are properly controlled so that they continue to reflect accurately the operations of the business.

13. Electronic Payments And Account Transfers Between Agencies

The payment for goods and services are organized to ensure that no unauthorized payments are made, and that payments are recorded in the appropriate period. Electronic access to cash accounts is restricted to authorized personnel.

14. Investment Policy

All investment activity will be in compliance with Florida Statue 280 or 218 regarding investment policies for Public/Government entities and consistent with the written investment policy adopted by the BRHPC Board of Directors.

I. PRC Broward County Community Health Needs Assessment

The Community Health Needs Assessment has been conducted in Broward County for over 20 years with the purpose of assessing the quality of life and well-being of the local community. The first iteration of this assessment was conducted in 1992 by Dr. Smith and his team with the assistance of Dr. Joe M. Inguanzo of PRC as expert partners.

This data collection effort continued into the nineties and was spearhead by a committee of community leaders who made it their mission to include the community voice in strategic planning and program development efforts. Earlier participants in this process included: John Benz (Memorial Healthcare System), David Roach (Department of Health), Richard Ogburn (South Florida Regional Planning Council), Michael De Lucca (Broward County Government), Jerilyn Grimm (Memorial Healthcare System), Ted Wright (Broward College), Bob Daniels, John Hart, Jack Osterhalt (Broward County Government), Will Trower (Broward Health), and Frank Sacco (Memorial Healthcare System). Other contributors may be missing from this list.

Today, Broward Regional Health Planning Council is proud to continue this qualitative approach to understand how well our residents are faring across life's spectrum. With financial contribution from the Health Foundation of South Florida and the technical support of Professional Research Consultants, Broward Regional Health Planning Council led in the re-organization of this report to reflect the impact of Social Determinants of Health. Social Determinants of Health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Economic Stability	• Financial Resilience • Housing • Food Insecurity • Child Care
Health & Health Care	• Overall Health Status • Activity Limitations • Mental Health • Cardiovascular Health • Cancer • Diabetes • Alzheimer's Disease • Modifiable Health Risks • Access to Health Services • Access to Health Services • Oral Health • Health Literacy
Neighborhood & Built Environment	• Access to Healthy Food • Built Environment • Crime & Violence
Social & Community Context	• Social Cohesion • Discrimination

ECONOMIC STABILITY	North Broward	South Broward	Broward County	vs. FL	vs. US	vs. HP2030	TREND
% Unable to Pay Cash for a $400 Emergency Expense	☁ 24.4	☁ 25.3	24.7		☁ 24.6		☁ 27.8
% Unhealthy/Unsafe Housing Conditions	☁ 21.2	☁ 21.9	21.4		🌧 12.2		🌧 15.9
% Worry/Stress Over Rent/Mortgage in Past Year	☁ 40.4	☁ 44.6	42.0		🌧 32.2		☁ 37.6
% Spend More Than 30% of Income on Housing	☁ 51.6	☁ 47.8	50.2				☁ 44.4
% Homeless At Some Point in Past Two Years	☁ 5.5	☁ 6.0	5.7				☁ 4.2
% Lived with a Friend or Relative Due to Housing Emergency/Past 2 Yrs	☁ 17.4	☁ 22.7	19.4				🌧 12.4
% Worried Food Would Run Out	☀ 29.6	🌧 39.3	33.3		☁ 30.0		☁ 27.1
% Local Availability of Affordable Child Care Services is "Fair/Poor"	☁ 21.5	☁ 16.7	19.6				☀ 33.2
% Local Availability of Quality Child Care Services is "Fair/Poor"	☁ 15.0	☁ 10.5	13.1				☀ 22.3

Note: In the section above, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

| HEALTH & HEALTH CARE	DISPARITY AMONG SUBAREAS		Broward County	BROWARD COUNTY vs. BENCHMARKS			
	North Broward	South Broward		vs. FL	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	☁ 15.2	☁ 10.0	13.3	☀ 19.7	☁ 12.6		🌧 9.0
% Activity Limitations	☁ 25.8	☁ 27.9	26.6		☁ 24.0		🌧 21.5
% "Fair/Poor" Mental Health	☁ 19.4	☁ 19.8	19.5		🌧 13.4		🌧 12.1
% Diagnosed Depression	☁ 25.7	☁ 24.3	25.2	🌧 17.7	☁ 20.6		🌧 7.9
% Typical Day Is "Extremely/Very" Stressful	☁ 21.5	☁ 22.4	21.8		🌧 16.1		🌧 15.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	☁ 8.8	☁ 12.0	10.0	☁ 7.2	🌧 6.1		🌧 6.6
% Stroke	☀ 3.7	🌧 9.5	5.9	☁ 3.6	☁ 4.3		🌧 2.5
% Told Have High Blood Pressure	☁ 40.0	☁ 33.0	37.3	☁ 33.5	☁ 36.9	🌧 27.7	🌧 22.1
% Told Have High Cholesterol	🌧 43.6	☀ 31.7	39.1		🌧 32.7		🌧 29.6
% 1+ Cardiovascular Risk Factor	☁ 85.5	☁ 80.4	83.6		☁ 84.6		☀ 90.3
% Cancer	☁ 8.7	☁ 9.0	8.8	☀ 16.2	☁ 10.0		☀ 12.6
% Diabetes/High Blood Sugar	☁ 15.7	☁ 11.7	14.2	☁ 11.7	☁ 13.8		🌧 6.0

HEALTH & HEALTH CARE (continued)	North Broward	South Broward	Broward County	vs. FL	vs. US	vs. HP2030	TREND
% Borderline/Pre-Diabetes	8.8	13.4	10.5		9.7		5.4
% Family Member Has Been Diagnosed with Alzheimer's/Dementia	24.1	18.7	22.1				24.0
% 3+ Servings of Vegetables per Day	29.1	32.5	30.4		29.3		24.3
% No Leisure-Time Physical Activity	27.5	27.9	27.7	26.5	31.3	21.2	23.9
% [Age 5-17] Child Has 2+ Hours of Total Screen Time Every Day			42.2				38.2
% Healthy Weight (BMI 18.5-24.9)	36.3	34.6	35.6	32.8	34.5		32.3
% Overweight (BMI 25+)	56.7	56.0	56.5	64.6	61.0		44.9
% Obese (BMI 30+)	26.3	31.7	28.3	27.0	31.3	36.0	12.5
% Children [Age 5-17] Healthy Weight			40.4		47.6		75.2
% Children [Age 5-17] Overweight (85th Percentile)			35.2		32.3		16.8
% Children [Age 5-17] Obese (95th Percentile)			25.3		16.0	15.5	10.7

HEALTH & HEALTH CARE (continued)	North Broward	South Broward	Broward County	vs. FL	vs. US	vs. HP2030	TREND
% Binge Drinker	30.4	39.2	33.7	15.8	23.1	25.4	13.9
% Used a Prescription Opioid in Past Year	16.2	12.3	14.7		12.9		14.1
% Personally Impacted by Substance Abuse	39.3	33.7	37.2		35.8		30.3
% Current Smoker	16.5	14.7	15.8	14.8	17.4	5.0	21.8
% Currently Use Vaping Products	13.3	13.9	13.5	4.3	8.9		7.1
% [Age 18-64] Lack Health Insurance	14.5	9.2	12.5	21.1	8.7	7.9	12.1
% Cost Prevented Physician Visit in Past Year	23.3	24.0	23.5	16.0	12.9		10.7
% Transportation Hindered Dr Visit in Past Year	15.9	17.1	16.3		8.9		
% Cost Prevented Getting Prescription in Past Year	13.5	17.3	14.9		12.8		8.5
% Difficulty Getting Child's Health Care in Past Year	10.6	17.9	13.7		8.0		2.2
% Have Had Routine Checkup in Past Year	63.3	62.8	63.1	80.4	70.5		73.4
% Child Has Had Checkup in Past Year	83.4	69.8	77.5		77.4		88.5

HEALTH & HEALTH CARE (continued)

	DISPARITY AMONG SUBAREAS		Broward County	BROWARD COUNTY vs. BENCHMARKS			
HEALTH & HEALTH CARE (continued)	North Broward	South Broward		vs. FL	vs. US	vs. HP2030	TREND
% Rate Local Health Care "Fair/Poor"	12.0	9.8	11.2		8.0		14.3
% [Age 18+] Dental Visit in Past Year	55.8	53.0	54.8	65.7	62.0	45.0	71.9
% Low Health Literacy	25.2	30.1	27.1		27.7		25.3

Note: In the section above, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse

NEIGHBORHOOD & BUILT ENVIRONMENT

	DISPARITY AMONG SUBAREAS		Broward County	BROWARD COUNTY vs. BENCHMARKS			
NEIGHBORHOOD & BUILT ENVIRONMENT	North Broward	South Broward		vs. FL	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.5	19.5	20.8		21.1		22.1
% Neighborhood Walkability is "Fair/Poor"	28.2	27.0	27.7				24.5
% Do Not Drive/Own a Vehicle	22.1	24.1	22.8				16.3
% Cannot Rely on Public Transportation for Needs	42.7	53.7	46.9				48.6
% Perceive Neighborhood as "Slightly/Not At All Safe"	19.3	17.7	18.7				17.5
% Victim of Violent Crime in Past 5 Years	7.7	8.0	7.8		6.2		4.3

NEIGHBORHOOD & BUILT ENVIRONMENT (continued)

	DISPARITY AMONG SUBAREAS		Broward County	BROWARD COUNTY vs. BENCHMARKS			
	North Broward	South Broward		vs. FL	vs. US	vs. HP2030	TREND
% Victim of Intimate Partner Violence	☁ 25.0	☁ 17.1	22.0		🌧 13.7		☁ 17.5

Note: In the section above, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

SOCIAL & COMMUNITY CONTEXT

	DISPARITY AMONG SUBAREAS		Broward County	BROWARD COUNTY vs. BENCHMARKS			
	North Broward	South Broward		vs. FL	vs. US	vs. HP2030	TREND
% "Seldom/Never" Get The Social and Emotional Support Needed	☁ 15.4	☁ 17.3	16.1				☁ 17.0
% Lonely	☁ 33.1	☁ 37.9	34.9		🌧 23.8		🌧 19.3
% Believe Own Healthcare Exps Are "Worse" Than Those of Other Races	☁ 7.3	☁ 7.7	7.5				☁ 6.2

Note: In the section above, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse