



Addressing Social Determinants of Health (SDOH)

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Memorial Cancer Institute/Memorial Health Care System
Research Professor of Medicine/I-Health Institute
Florida Atlantic University
Past-President Florida Society of Clinical Oncology (FLASCO)**



What are Social Determinants of Health (SDOH)?



Conditions of an individual's **living, learning, and working** environments that affect one's health risks and outcomes.



Recognized as **important predictors in clinical care** and positive conditions are associated with **improved patient outcomes and reduced costs.**



Compared with the NHW population in the US:

- Hispanics tend to have more social problems
- 24% live below the poverty line
- 35% have less than high school education
- One third had no health insurance and reported not having a PCP.

Aizer AA, et al. Cancer 120:1532-1539, 2014

Lin JJ, et al. Ann Am Thorac Soc 11:489-495, 2014

Disparities in Immunotherapy Outcomes

Durvalumab After Chemoradiation for Unresectable Stage III Non-Small Cell Lung Cancer: Inferior Outcomes and Lack of Health Equity in Hispanic Patients Treated With PACIFIC Protocol (LA1-CLICaP)

Luis E. Raez^{1†}, Oscar Arrieta^{2†}, Diego F. Chamorro^{3,4†}, Pamela Soberanis^{2†}, Luis Corrales⁵, Claudio Martín⁶, Mauricio Cuello⁷, Suraj Samtani⁸, Gonzalo Recondo⁹, Luis Mas¹⁰, Lucía Zatarain-Barrón², Alejandro Ruiz-Patiño^{3,4}, Juan Esteban García-Robledo¹¹, Camila Ordoñez^{3,4}, Elvira Jaíler^{3,4}, Franco Dickson¹, Leonardo Rojas¹², Christian Roifo¹³, Rafael Rosell¹⁴, Andrés F. Cardona^{3,4,15†} and on behalf of CLICaP

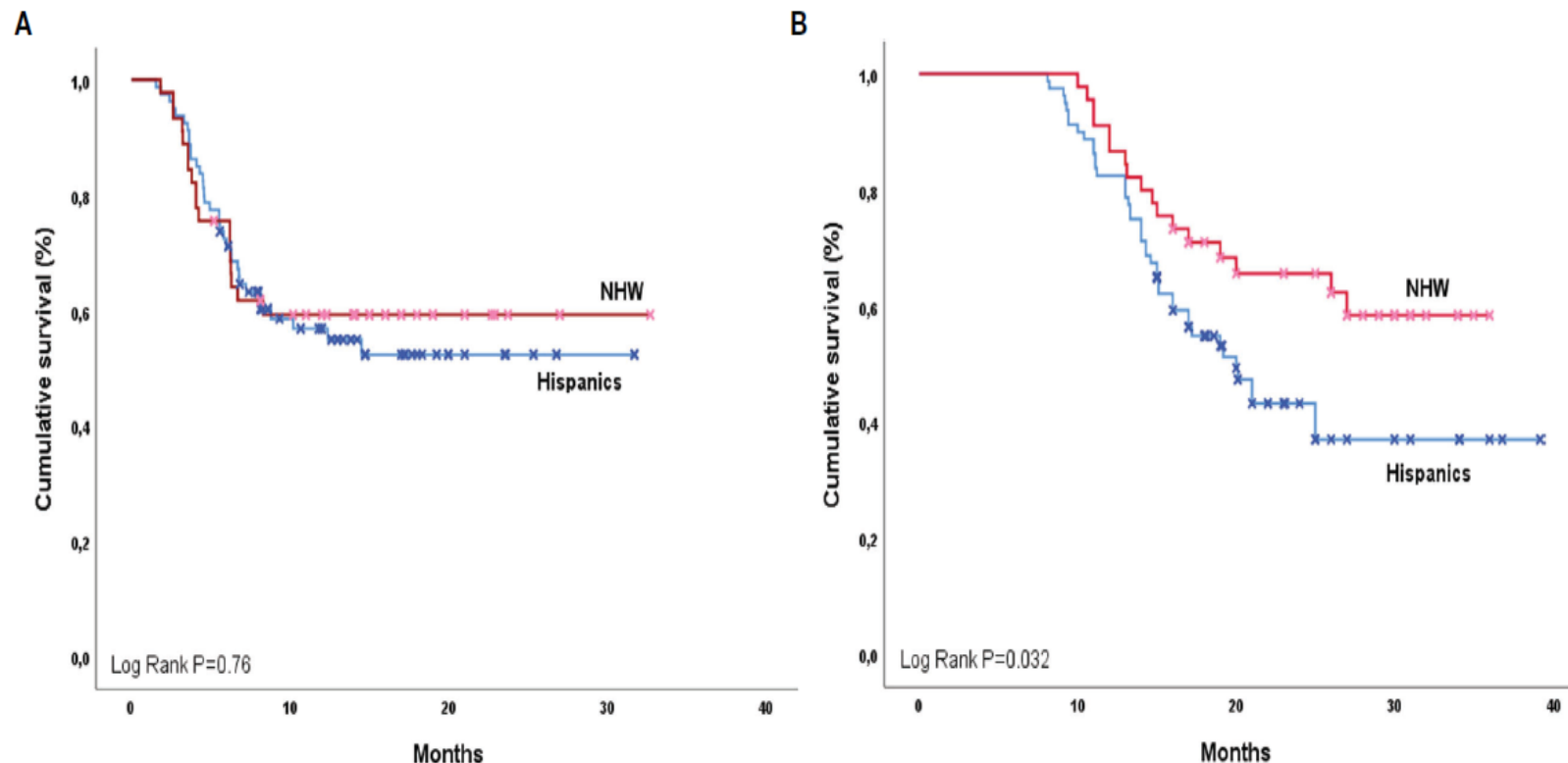


FIGURE 1 | Progression-free survival (A) and overall survival by ethnicity (Hispanic and NHW).



Review Social Determinants

♥ Social Determinants of Health ↗

[Expand All](#) [Collapse All](#)



[Social Connections](#) ↗

Dec 13 2021: **Socially Isolated**



[Tobacco Use](#) ↗

Jan 12 2022: **Medium Risk**



[Depression](#) ↗

Jan 12 2022: **At risk**



[Physical Activity](#) ↗

Dec 13 2021: **Insufficiently Active**



[Transportation Needs](#) ↗

Dec 13 2021: **No Transportation Needs**



[Caregiver Education and Work](#) ↗

Not on file



[Violence](#) ↗

Not on file



[Alcohol Use](#) ↗

Dec 13 2021: **Not At Risk**



[Financial Resource Strain](#) ↗

Dec 13 2021: **Low Risk**



[Stress](#) ↗

Dec 13 2021: **Stress Concern Present**



[Food Insecurity](#) ↗

Dec 13 2021: **No Food Insecurity**



[Housing Stability](#) ↗

Dec 13 2021: **Low Risk**



[Caregiver Health](#) ↗

Not on file

[Find community resources](#)



USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are
Z
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.



Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.¹

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.²

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.



Z Codes Utilization among Medicare Fee-for-Service (FFS) Beneficiaries in 2019

Among **33.1** million total Medicare FFS beneficiaries in 2019, approximately **1.59%** had claims with Z codes.

CMS Data Highlight

No. 24 September 2021

[Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019](#)

Z Codes Utilization among Medicare Fee-for-Service (FFS) Beneficiaries in 2019

Most Utilized Z codes

Z59.0
Homelessness

Z63.4
Disappearance and death of family member

Z60.2
Problems related to living alone

Z59.3
Problems related to living in a residential institution

Z63.0
Problems in relationship with spouse or partner

SDOH and Quality Initiatives

ASCO/COA Oncology Medical Home





2023 FLASCO Business of Oncology SDOH Panel

Christopher Cross, MD

ASCO

Batsheva Honig, MPH, MHSA

CMS/CMMI

Sean Phelps

Genentech

Alti Rahman, MHA

Oncology Consultants

Jennifer Goldman, DO

Memorial Healthcare System



ASCO[®]

AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

Center for Equity, Diversity, and Inclusion (CEDI)

Office of the CEO

asco.org • cancer.net • conquer.org • cancerlinq.org

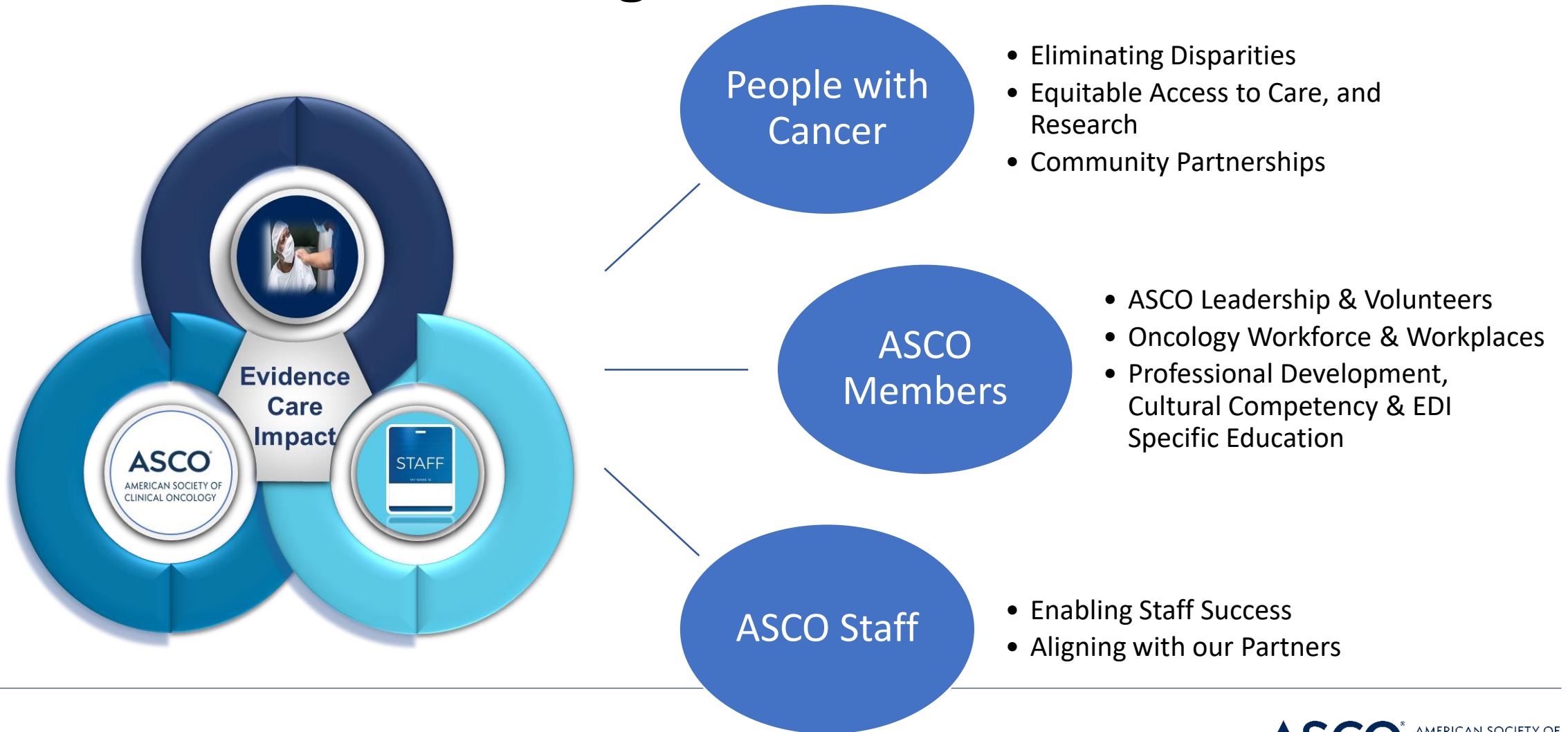
“The launch of the new Center for Equity, Diversity, and Inclusion signals ASCO’s commitment and focus on creating and sustaining meaningful change that translates into high-quality, equitable cancer care for all individuals with cancer.”

- Clifford A. Hudis, MD, FACP, FASCO
ASCO Chief Executive Officer



Jane C. Wright, MD, FASCO
ASCO Founding Member
1964

Equity, Diversity & Inclusion at the Center of ASCO's Mission, Programs and Culture



Center for Equity, Diversity, and Inclusion

Purpose: Advance and Support the Society's Equity, Diversity, and Inclusion (EDI) and Health (Care) Equity goals across the organization and throughout the oncology community, through comprehensive, approaches that address both.

Sybil Green (she/her)

- VP & Chief EDI Officer

Rebecca Spence (she/her)

- Chief Ethics Counsel

Christopher Cross (he/him)

- Director Health Equity Strategies

Janet Freeman (she/her)

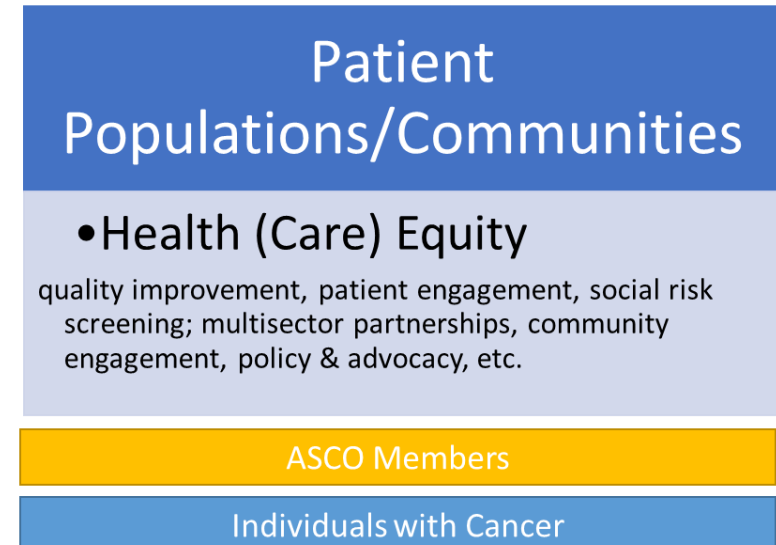
- Program Manger EDI

Polo Comacho (he/they)

- Ethics Program Manager

Alex Vereen (she/her)

- Program Admin EDI



Source: Three "Flavors" of Equity, Philip M. Alberti, Founding Director, AAMC Center for Health Justice at Association of American Medical Colleges (AAMC), March 29, 2022

ASCO EDI ACTION PLAN

Research



Education



Quality



WHAT WE WANT TO FIX

Certain groups are underrepresented in clinical cancer research.

The oncology workforce is insufficient in low-resource settings and does not adequately understand how EDI issues affect patients and the professionals who care for them.

Resources are limited and unevenly distributed, leaving practices without sufficient support to deliver high-quality, equitable care across diverse populations.

HOW WE PLAN TO FIX IT

- Promote improvements in trial eligibility to ensure trials include more underrepresented populations
- Enhance recruitment of underrepresented patients in clinical trials, including through a site assessment tool and inherent bias training program for the oncology research community
- Design ASCO-sponsored research to ensure it reflects ASCO's EDI mission

- Build diverse pipeline of oncology professionals and leaders by increasing participation in ASCO professional development programs by UIM* members or members from low- and middle- income countries (LMIC)
- Increase diversity of ASCO volunteers and leadership by recruiting women and UIM members to serve in ASCO leadership roles
- Increase awareness of EDI issues and opportunities by developing and delivering equity-related educational content to members

- Equip practices to address social needs of their patients by creating and sharing tools and resources
- Promote and protect equitable access to high-quality cancer care, especially in rural and low-resource settings, through quality improvement and capacity building initiatives
- Empower cancer care providers with evidence-based resources to advocate for patients, resources, and personnel to ensure equitable access to high-quality cancer care

2023 CEDI Priorities/Initiatives

CEDI will continue to provide support across the organization for all initiatives related to the Board's Strategic Plan. Additionally, the Center will focus on these additional areas in 2023:

Accountability & Reporting	Strategic Partnerships	ASCO Journals	Global Health Equity	Long-Term Health Equity Strategy	Internal Equity
<ul style="list-style-type: none">• Demographic Data collection• Annual EDI Report	<ul style="list-style-type: none">• HBCUs• Professional Associations	<ul style="list-style-type: none">• Enhance EDI strategy• Diversifying EBs• Increasing diverse applicants	<ul style="list-style-type: none">• Distinguish international and global• Develop global equity framework	<ul style="list-style-type: none">• Ensuring the cross-cutting nature of ASCO's health Equity Strategy	<ul style="list-style-type: none">• Workforce• Culture/Belonging• Procurement• Infrastructure



ASCO PATIENT-CENTERED CANCER CARE CERTIFICATION

ASCO Patient-Centered Cancer Care Certification (APC4) Pilot to Program

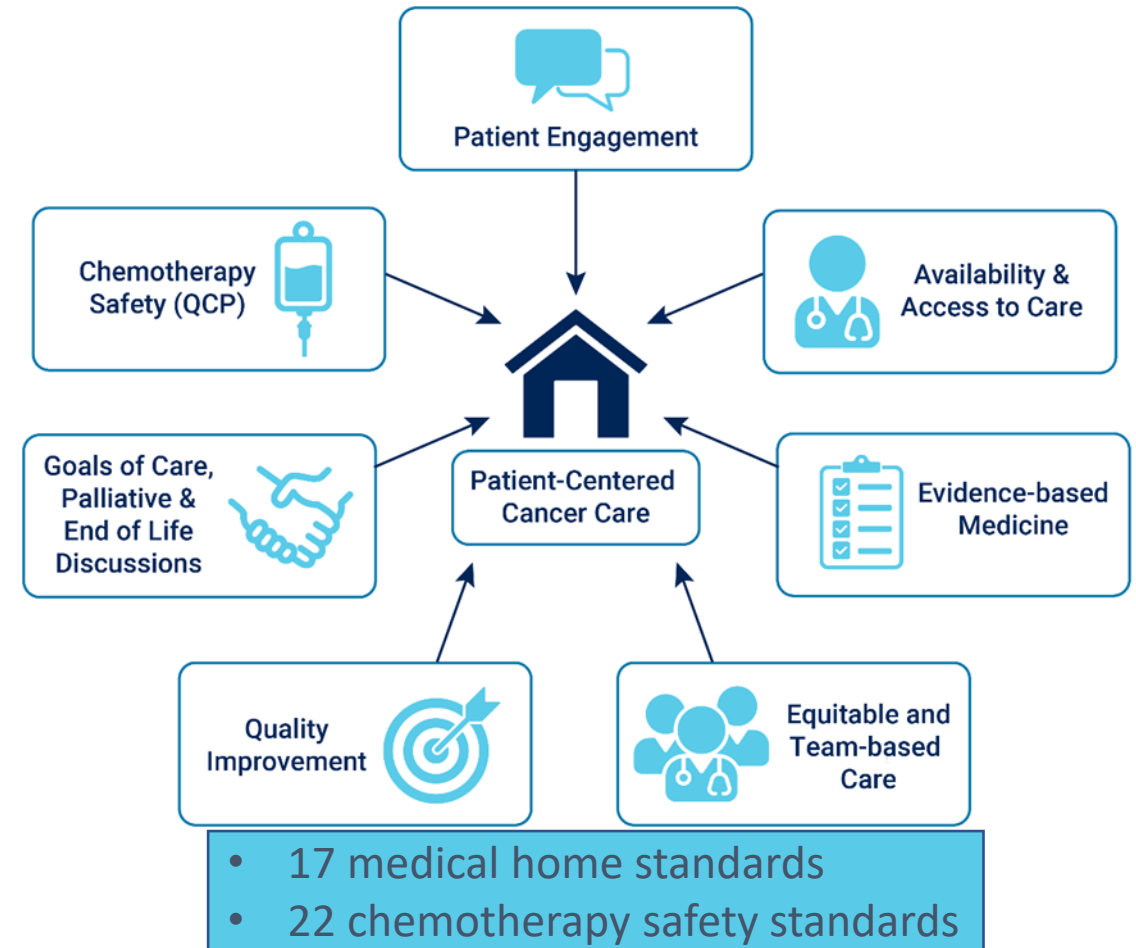
- APC4 Pilot demonstrated value and benefit to practices/health systems, patients, and payers
 - Pilot: July 1, 2021 – June 30, 2023
- APC4 has been approved as a national program to launch July 2023
- Formal announcement at ASCO Annual Meeting

Oncology Medical Home (OMH) Standards Development

The **ASCO-COA OMH standards** were developed based on:

- consensus of a **multidisciplinary Expert Panel**:
 - clinicians
 - health system administrators
 - patient advocates.
- a **systematic review** of evidence including
 - **comparative** peer-reviewed studies
 - studies of **clinical pathways**
 - systematic review of **survivorship care plans**

Standards approved by COA's Payment Reform Committee and the ASCO Board of Directors.



Published in JCO-OP August 2021

Equitable and Team-based Care

- **Health Equity Standard:** Health equity is a priority for the practice throughout the continuum of cancer care. Developing awareness of conscious and unconscious biases of all practice team members should be a focus of the practice and resources made available to assess & drive change where appropriate.
- **Standard Requirement:** Health equity and identification of health care disparities: All cancer patients must be screened for identifying and addressing health care disparities. The practice focuses on addressing the needs of medically underserved populations while increasing awareness of organizational cultural competency needs and support for minority patient populations.

Health Equity Transformation Initiatives

- Health Equity dedicated team
- Medical Director of Health Equity and Community Engagement
- Geriatric Oncology Screening
- Diversity in clinical trial enrollment
- Food insecurities assessments
- NCCN Distress and Social Determinants of Health Screenings for health equity/disparities assessment
- Mammogram screening in underserved/rural locations
- Patient education materials appropriate for patient population
- Using patient sociodemographic data to identify opportunities for impact: ED/hospital admissions, 30-day readmission, palliative care, no-shows, stage at diagnosis, treatment

Questions and Interest in APC4 Contact:

- ASCO Certification Program:
standards and pilot operations
patientcenteredcare@asco.org





BRIEFING ROOM

President Biden Intends to Appoint Dr. Monica Bertagnolli as Director of the National Cancer Institute

AUGUST 10, 2022 • STATEMENTS AND RELEASES

EXCLUSIVE

Biden picks renowned cancer surgeon Monica Bertagnolli as NCI chief



By Lev Facher July 21, 2022

Reprints



Today, President Joe Biden announced his intent to appoint Dr. Monica Bertagnolli as the 16th – and first woman – Director of the National Cancer Institute (NCI). President Biden’s announcement comes before he signs the bipartisan Sergeant First Class Heath Robinson Honoring our Promises to Address Comprehensive Toxics (PACT) Act of 2022, which expands VA health

Biden picked the renowned cancer surgeon Monica Bertagnolli to lead the National Cancer Institute
DANA-FARBER CANCER INSTITUTE

WASHINGTON — The Biden administration has selected Monica Bertagnolli, a renowned surgical oncologist, as the next director of the National Cancer Institute, according to two sources familiar with the decision.

THE CANCER LETTER

ABOUT | CURRENT ISSUE | EVENTS | STORE

Monica Bertagnolli, first woman and first clinical trials group chair to direct the National Cancer Institute

July 21, 2022 | f t in



Monica M. Bertagnolli, a professor of surgery at Harvard Medical School, stands poised to become the first woman and the first chair of a clinical trials cooperative group to be named director of the National Cancer Institute.
President Joe Biden is expected to name Bertagnolli, who is now chief of the Division of Surgical Oncology at Brigham and Women's Hospital and Dana-Farber Cancer Institute, to the position of institute director.

BYLINE
Paul Goldberg
Editor & Publisher

The CLINICAL TREATMENT Act

- ASCO strongly supported legislation to require Medicaid to cover the “routine costs” of care associated with clinical trials
- Congress enacted the CLINICAL TREATMENT Act in December 2020 to take effect Jan 1, 2022
- ASCO drafted a State Plan Amendment (SPA) template for CMS to help guide and shape the implementation of the new requirement
- To date, 44 states and DC have approved SPAs

DIVERSE Trials Act (H.R. 5030/S. 2706)

- Clarifies existing FDA & IRB guidance allowing trial sponsors to cover ancillary costs
- Allows trial sponsors to provide technology to facilitate remote trial participation
- Requires HHS to issue guidance on conducting decentralized clinical trials
- ASCO's 2018 Policy Statement "Addressing Financial Barriers to Patient Participation in Clinical Trials" called for many of these changes

Ancillary costs associated with clinical trial participation can add to patient out-of-pocket costs and deter enrollment.



Transportation



Childcare



Lodging



Meals

Other Health Equity Efforts on Capitol Hill

- **Diversity in Clinical Trials**

- 21st Century Cures 2.0
- DEPICT Act

- **Social Determinants of Health**

- Congressional Social Determinants of Health Caucus
- Social Determinants of Health Accelerator Act

- **Telehealth**

- Telehealth Modernization Act
- CONNECT for Health Act
- Permanency for Audio-Only Telehealth Act

- **Prevention**

- Strengthening Vaccines for Children Program Act
- Quit Because of COVID-19 Act

Federal Regulatory Efforts

- Biden Executive Order on EDI
- Several federal agencies are including EDI in their current proposals, regulations, and guidance.
- ASCO Comments and Responses –
 - Several NIH Requests for Information on Cancer Health Disparities Research, Cancer Research Workforce, and Sexual and Gender Minorities
 - Recent FDA Proposed Guidance on Drug Developers Diversity Plans
 - Support SDOH data collection
 - Support non-discrimination protections based on sexual orientation, gender identity and other socio-demographics
 - Support efforts to reduce barriers to coverage that disproportionately affect groups of individuals
 - Highlighting the development of ASCO's health equity scorecard
 - Highlighting the Montana hub and spoke project to improve care in rural areas
- ASCO strongly supported inclusion of SDOH in USCDI v2 (successful)

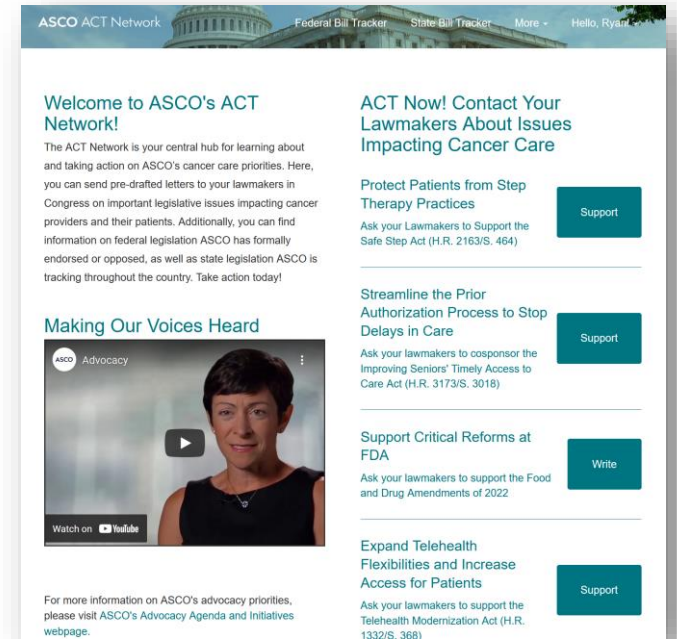
ASCO Advocacy: Get Involved!

ASCO[®] ACT Network

- Action alerts with ASCO position on key federal and state bills
- Provides draft messages you can personalize and send to your lawmakers

Advocacy at Home

- Meet with your lawmakers while they are back in the state or district (currently taking place virtually)
- Contact grassroots@asco.org to participate



The screenshot displays the ASCO ACT Network website interface. At the top, there is a navigation bar with links for "Federal Bill Tracker", "State Bill Tracker", and "More". A user greeting "Hello, Ryan" is visible on the right. The main content area is divided into several sections:

- Welcome to ASCO's ACT Network!**: A introductory text block explaining the network's purpose as a central hub for learning about and taking action on ASCO's cancer care priorities.
- ACT Now! Contact Your Lawmakers About Issues Impacting Cancer Care**: A section with four distinct advocacy actions, each with a "Support" button:
 - Protect Patients from Step Therapy Practices**: "Ask your Lawmakers to Support the Safe Step Act (H.R. 2163/S. 464)"
 - Streamline the Prior Authorization Process to Stop Delays in Care**: "Ask your lawmakers to cosponsor the Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018)"
 - Support Critical Reforms at FDA**: "Ask your lawmakers to support the Food and Drug Amendments of 2022" (with a "Write" button)
 - Expand Telehealth Flexibilities and Increase Access for Patients**: "Ask your lawmakers to support the Telehealth Modernization Act (H.R. 1332/S. 366)"
- Making Our Voices Heard**: A video player featuring a woman speaking, with a "Watch on YouTube" link below it.
- Footer**: A note directing users to ASCO's Advocacy Agenda and Initiatives webpage for more information.

Discussion and Questions



Thank you

Chris.Cross@asco.org

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CLINICAL ONCOLOGY

Supporting Health Equity



Sean Phelps, Genentech Field Reimbursement Manager

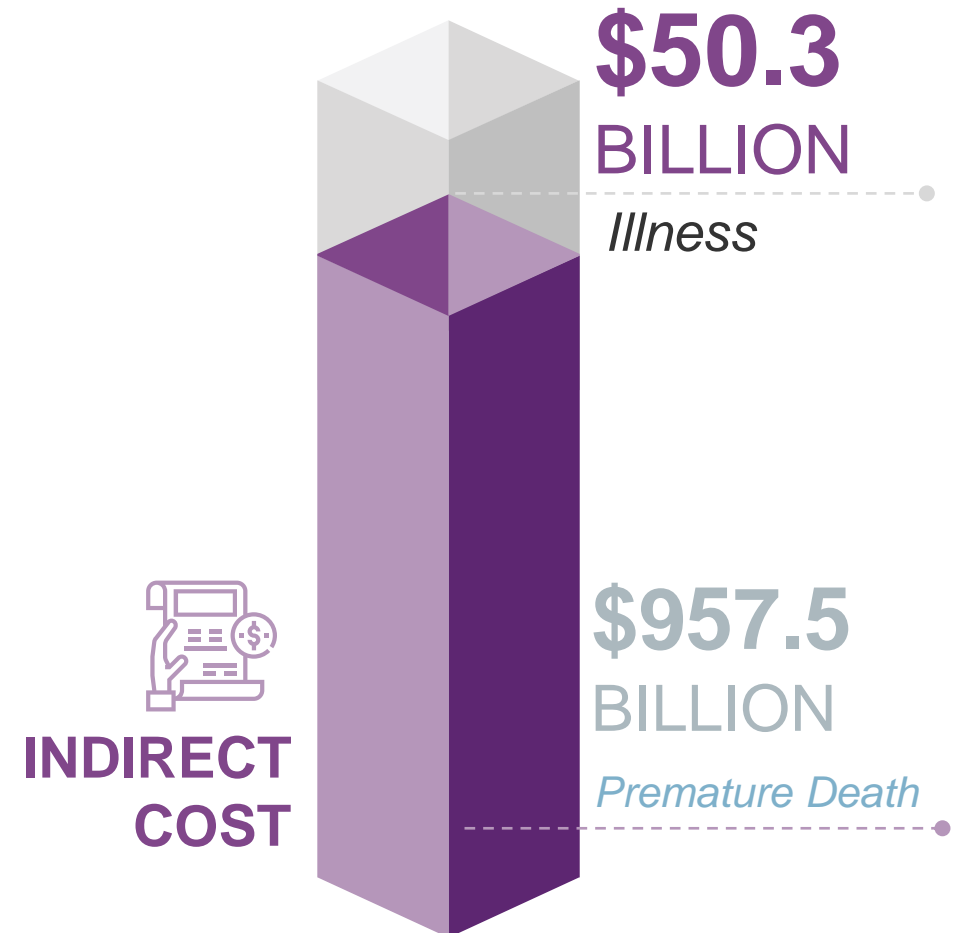
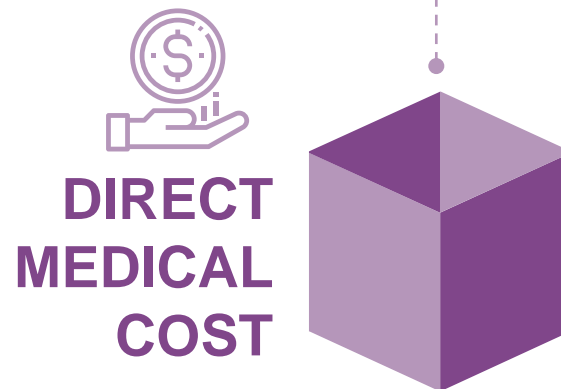
For Discussion Purposes Only

Historical studies have shown how health inequality impacts healthcare costs¹



Excess economic burden of health inequality 2003 to 2006*

*2008 inflation-adjusted dollars.



Reference: 1. LaVeist TA, et al. Estimating the economic burden of racial health inequalities in the United States. *Int J Health Serv.* 2011;41(2):231-238.

Genentech
A Member of the Roche Group

In Oncology, Social Factors Can Impact Outcomes Across the Entire Patient Journey

91% of surveyed oncologists agreed SDOH directly impacts treatment outcomes.¹



SDOH impacts treatment initiation and adherence.

SDOH, social determinants of health.

Reference: 1. Cardinal Health. Oncology insights: June 2020. Accessed August 16, 2021.

www.cardinalhealth.com/content/dam/corp/web/documents/publication/cardinal-health-oncology-insights-june2020.pdf.

Genentech
A Member of the Roche Group

Genentech's strategy to address health inequity

In support of our 10-year vision to provide 3x to 5x more benefit for patients at 50% less cost to society, we have developed a strategy to focus on 3 pillars:



Embed representation in our research, development, commercial work, and customer engagement



Improve equitable access to care for Genentech patients



Build community trust by listening and co-creating to address implicit bias and cultural stigma

Our health equity strategy aims to address disparities of care for underserved populations through improved access to our medicines and increased participation in clinical trials.



Supporting Patients Who Have Been Prescribed Genentech Medicines

Genentech Access Solutions



For people who need help understanding insurance coverage and costs related to Genentech medicines

Affordability Options



For people who have insurance and can't afford their Genentech medicine

Genentech Patient Foundation



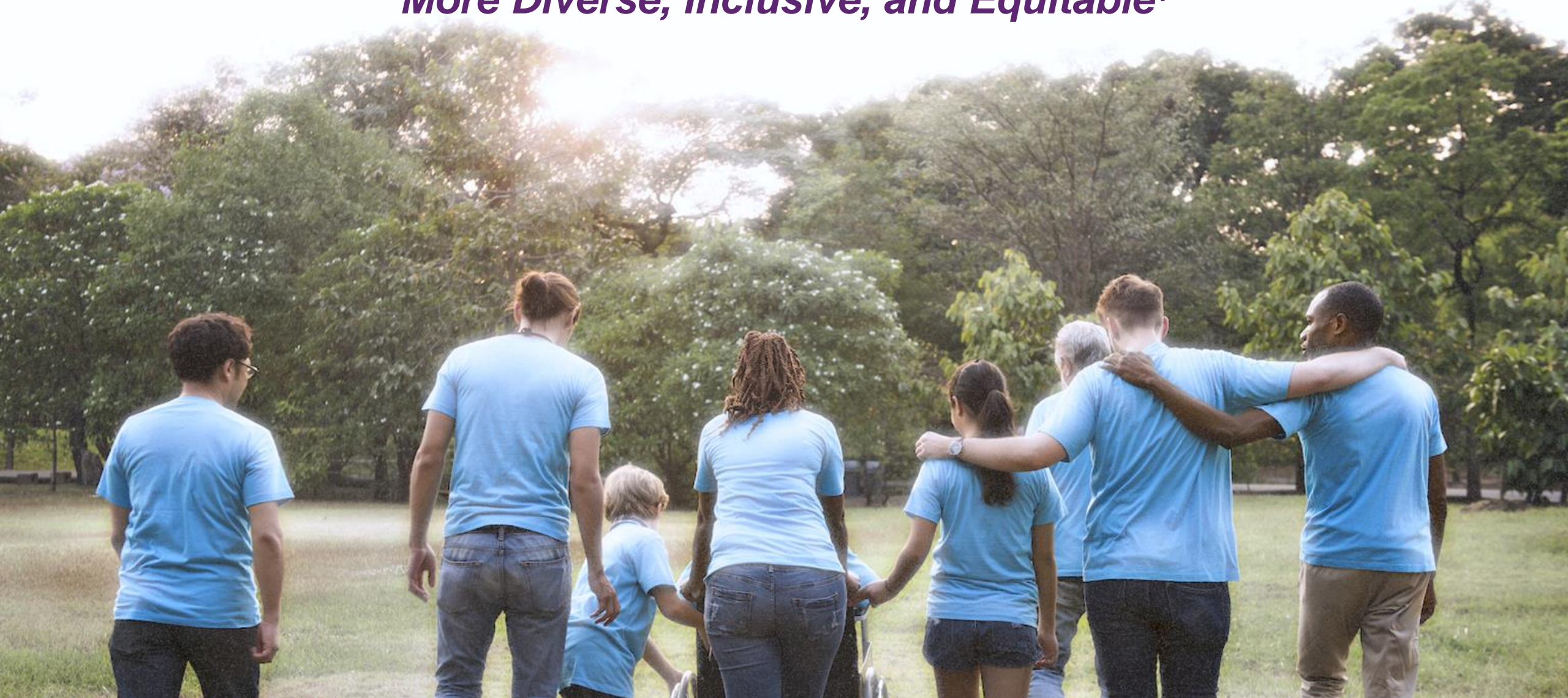
For people who do not have insurance coverage or have concerns about the cost of their Genentech medicine and meet certain eligibility criteria

Genentech Patient Education and Treatment Resources



For people who want information and resources about a diagnosis and treatment with a Genentech medicine

Genentech Envisions a World Where All Individuals Can Experience Their Full Potential for Health and Well-Being and a Future of Science That Is More Diverse, Inclusive, and Equitable¹



Source: 1. Genentech. Call for Grants Notification: Health Equity Innovations Fund. 2019.

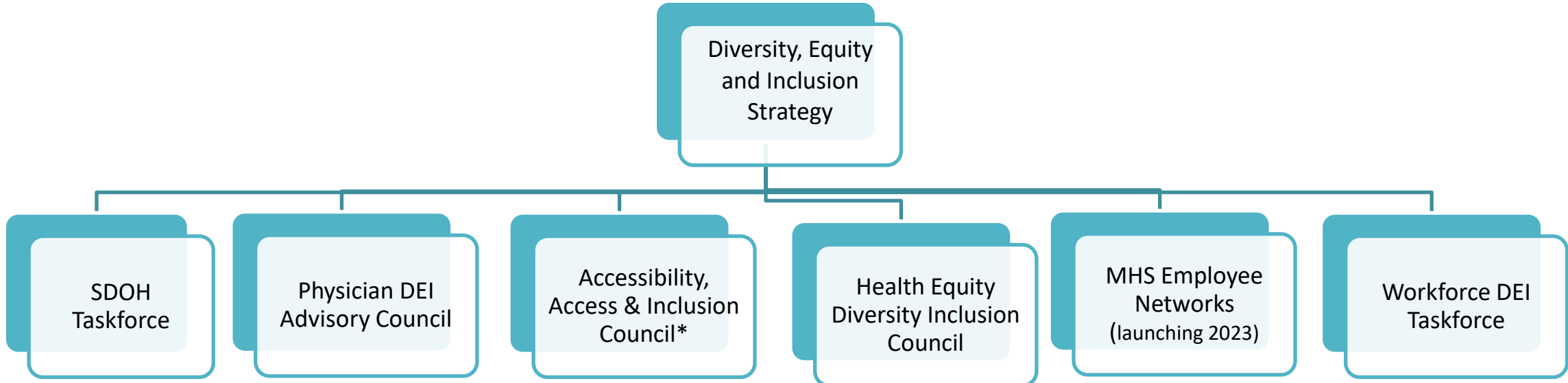
Social Determinants of Health

Why do we ask? Because we care!

MHS Office of Diversity, Equity, and Inclusion



MHS Diversity, Equity and Inclusion



*FKA: Special Needs Council





SDOH – Standard Practice

GOAL

To provide employees with the proper procedure for collection of patients specific SDOH data, as well as the referral workflows to connect patients with local community resources to reduce SDOH related health disparities.

SDOH STANDARD Domains:

• Alcohol	• Interpersonal Safety
• Depression	• Tobacco
• Food Insecurity	• Transportation
• Housing Stability	• Utilities

SDOH EXPANDED Domains:

• Alcohol	• Physical Activity
• Depression	• Social Connections
• Food Insecurity	• Tobacco
• Housing Stability	• Transportation
• Interpersonal Safety*	• Utilities



Required in the following areas:

- Memorial Cancer Institute
- Primary Care

Required in the following areas:

- Inpatient Case Management
- Population Health Management
- Outpatient Behavioral Health

* The domain of Interpersonal Safety will be addressed using existing procedures within the hospital protocols when a patient screens positive ([Reporting Requirements Abuse Neglect 4-2022.pdf \(mhs.net\)](#)).



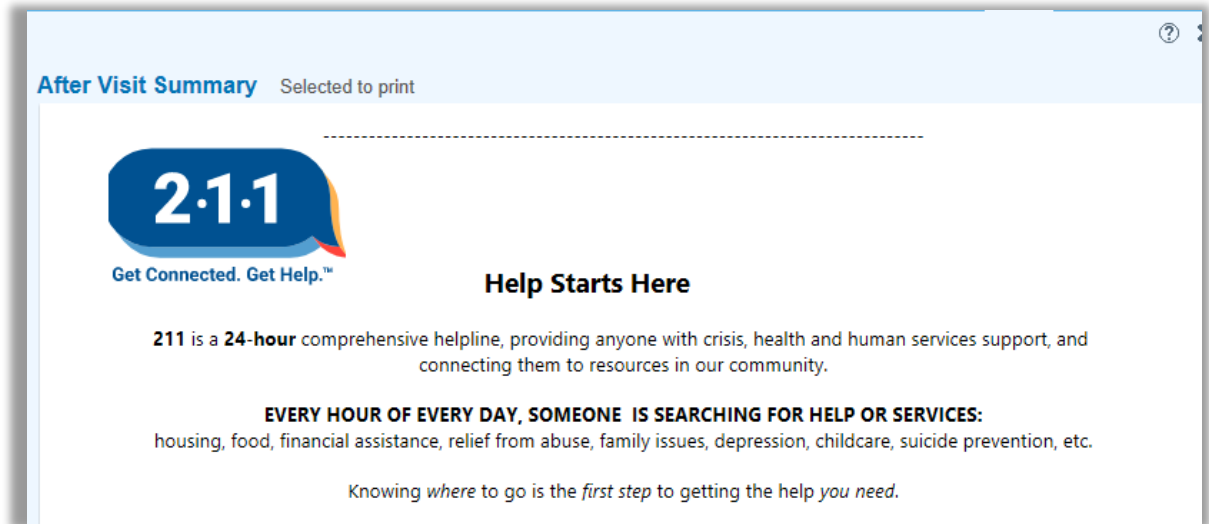
SDOH Follow up

Follow up will be initiated by the team that screens – a referral to Community Services (*our MHS Hub*) will be initiated when a positive screen is indicated for non-emergent housing, utilities, physical activity, transportation, food and financial security. When a patient screens positive for alcohol, depression and social connections; a referral to social work will be placed (inpatient) or a referral MHS Outpatient Behavioral Health services will be placed (outpatient).

The “Find Community Resources” link will identify resources located near patients.



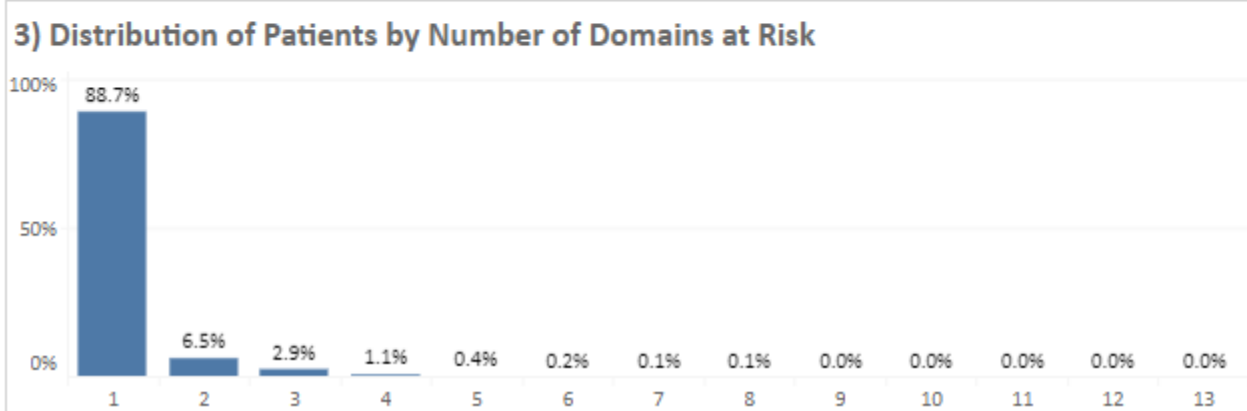
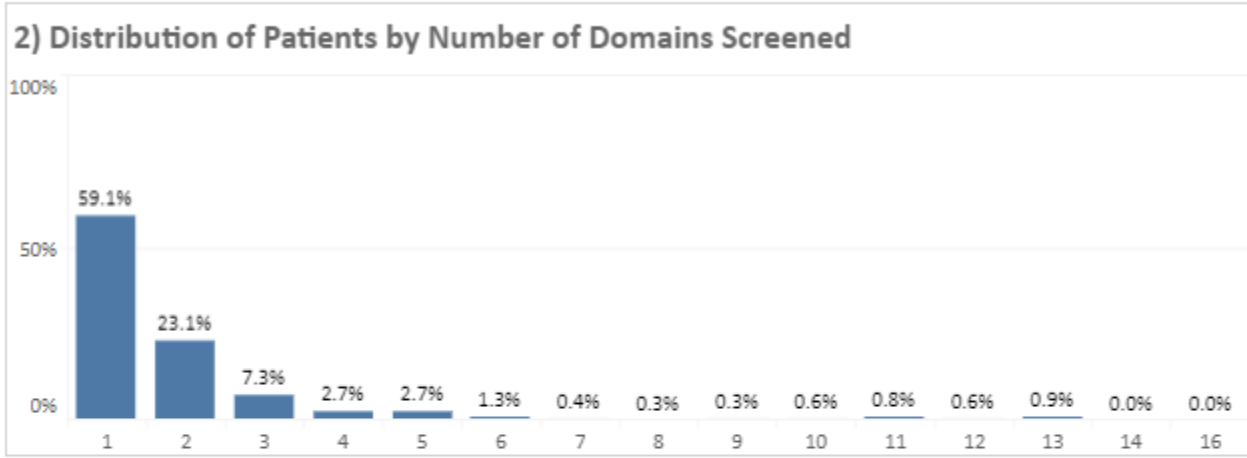
We are also adding information on 211 to the After Visit Summary so that patients have the information available to them should they desire additional assistance.





Tracking Our Efforts – Data Driven – SDOH Summaries

1) Summary	Patients Screened for At Least 1 Domain 370,450	At Risk Patients 95,009	Patients with 4+ Domains at Risk 1,892	Avg Domains Screened per Patient 2.0	Avg Domains at Risk per Patient 1.2
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4) Percentage of Patients At Risk by Domain

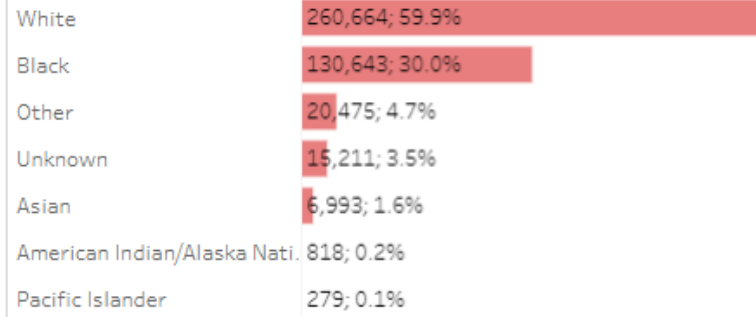
Domain	At Risk Count	At Risk Percentage	Total Screened
Tobacco Use	79,416	22.5%	N = 352,423
Depression	2,186	1.9%	N = 115,304
Interpersonal Safety	980	2.0%	N = 49,360
Transportation Needs	841	2.2%	N = 37,731
Food Insecurity	1,860	5.0%	N = 36,851
Postpartum Depression	5,739	18.3%	N = 31,340
Financial Resource Strain	2,204	8.7%	N = 25,367
Housing Stability	1,655	7.8%	N = 21,164
Physical Activity	8,792	67.9%	N = 12,940
Alcohol Use	470	3.9%	N = 12,195
Stress	2,204	18.1%	N = 12,186
Social Connections	5,984	62.6%	N = 9,558
Caregiver Education & Work	1,440	17.6%	N = 8,203
Caregiver Health	362	4.6%	N = 7,867
Safety and Environment	10	3.4%	N = 297
Adolescent Substance Abuse			N = 64
Adolescent Education & Socialization	52	91.2%	N = 57
Child Education	22	48.9%	N = 45



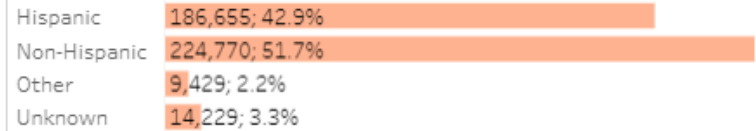
Tracking Our Efforts – Data Driven – REaL and SOGI Reporting

REAL (Race, Ethnicity, Age, and Language)

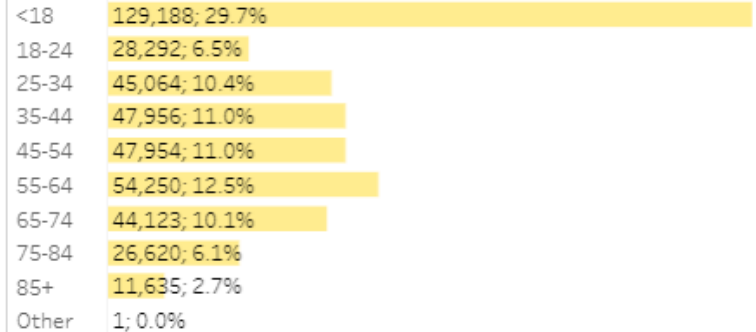
1. Race



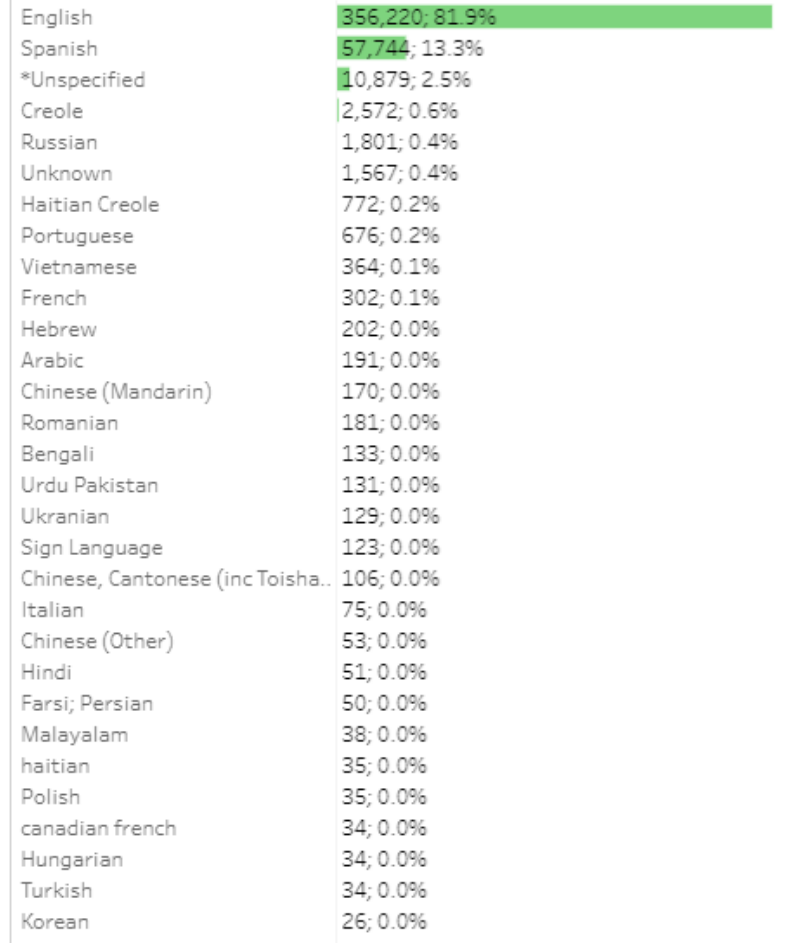
2. Ethnicity



3. Age

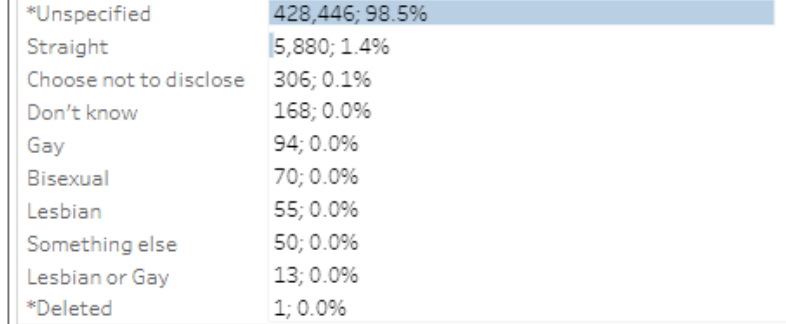


4. Language



SOGI (Sexual Orientation and Gender Identity)

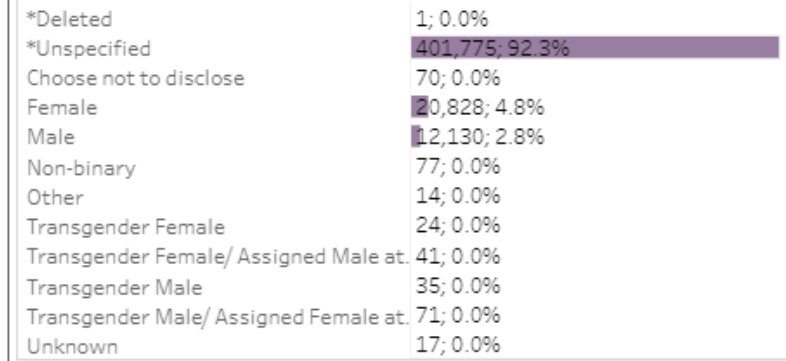
5. Sexual Orientation



6. Gender



7. Gender Identity





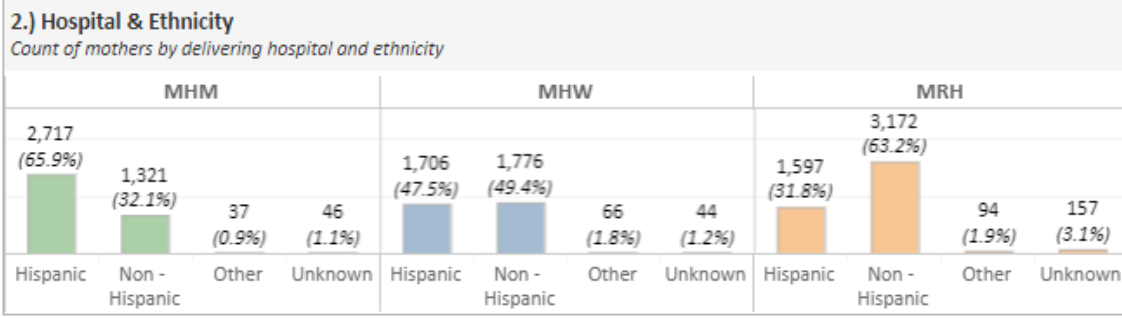
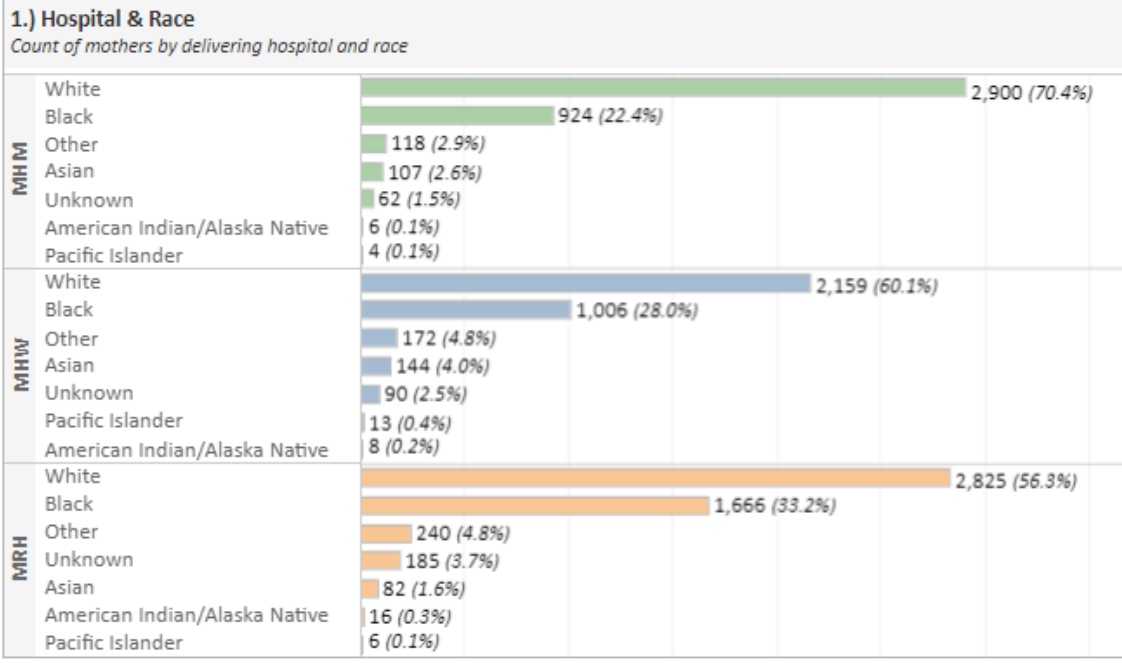
Tracking Our Efforts – Data Driven – Health Disparities





Tracking Our Efforts – Data Driven – Maternal Health Disparities

A.) Total Mothers 12,732	B.) MHM 4,121 32.4%	C.) MHW 3,592 28.2%	D.) MRH 5,020 39.4%
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3.) Race & Maternal Measures

Count of mothers by race and maternal measures

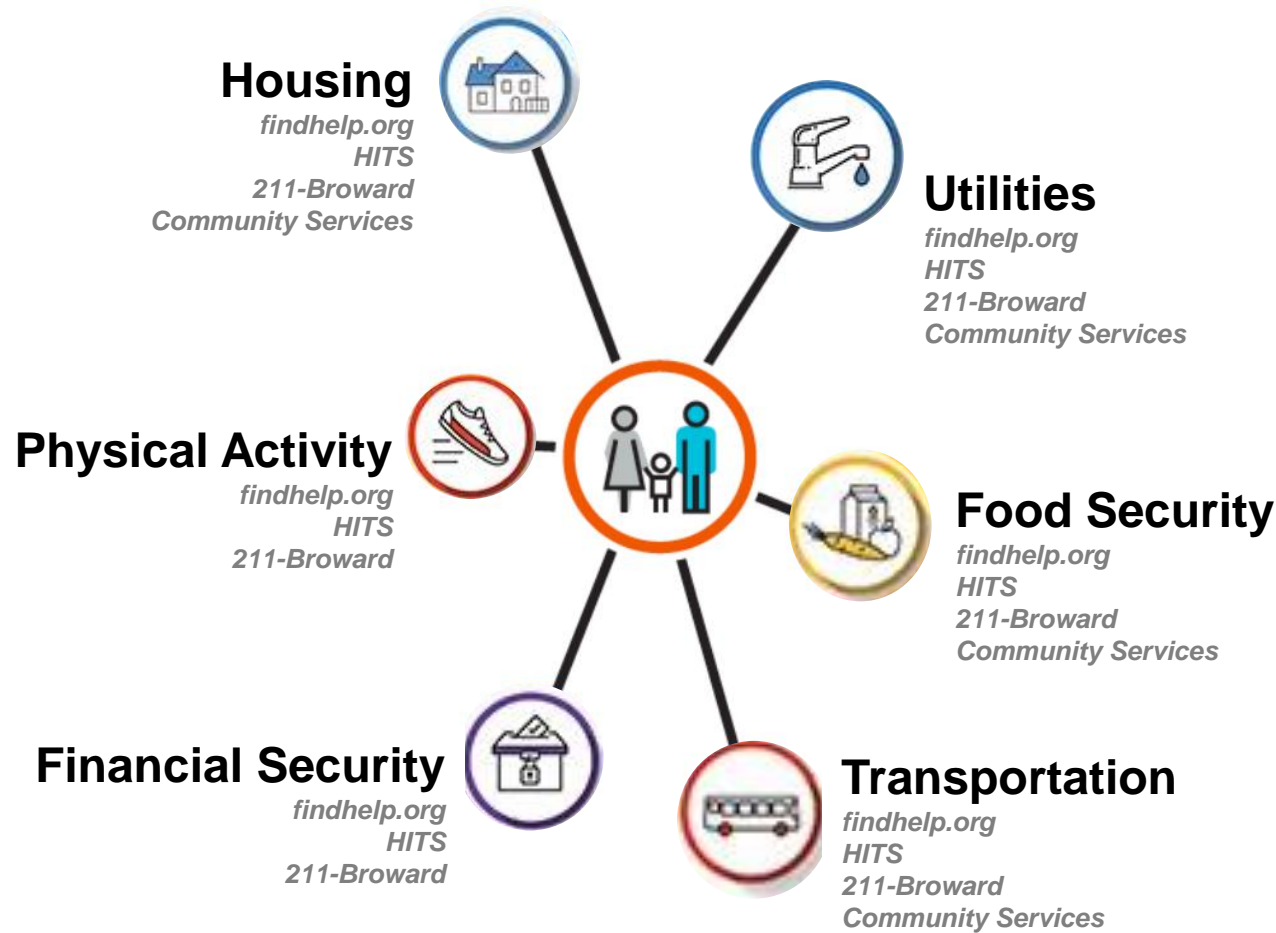
	1. Total Mothers	2. Pre-Eclampsia	3. C-Section	4. Pre-Term	5. Low Birth Weight	6. Very Low Birth Weight	7. Infant Mortality	8. Neonatal Mortality
White	7,883 (61.9%)	857 (10.9%)	3,288 (41.7%)	279 (3.5%)	419 (5.3%)	73 (0.9%)	19 (0.2%)	16 (0.2%)
Black	3,596 (28.2%)	695 (19.3%)	1,598 (44.4%)	135 (3.8%)	376 (10.5%)	102 (2.8%)	25 (0.7%)	16 (0.4%)
Other	530 (4.2%)	58 (10.9%)	213 (40.2%)	18 (3.4%)	36 (6.8%)	13 (2.5%)	1 (0.2%)	1 (0.2%)
Unknown	337 (2.6%)	23 (6.8%)	127 (37.7%)	13 (3.9%)	27 (8.0%)	1 (0.3%)	1 (0.3%)	1 (0.3%)
Asian	333 (2.6%)	20 (6.0%)	118 (35.4%)	11 (3.3%)	21 (6.3%)	3 (0.9%)	0 (0.0%)	0 (0.0%)
American Indian/Alaska Native	30 (0.2%)	2 (6.7%)	15 (50.0%)	2 (6.7%)	3 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Pacific Islander	23 (0.2%)	6 (26.1%)	11 (47.8%)	2 (8.7%)	2 (8.7%)	2 (8.7%)	1 (4.3%)	1 (4.3%)
Grand Total	12,732 (100.0%)	1,661 (13.0%)	5,370 (42.2%)	460 (3.6%)	884 (6.9%)	194 (1.5%)	47 (0.4%)	35 (0.3%)

4.) Ethnicity & Maternal Measures

Count of mothers by ethnicity and maternal measures

	1. Total Mothers	2. Pre-Eclampsia	3. C-Section	4. Pre-Term	5. Low Birth Weight	6. Very Low Birth Weight	7. Infant Mortality	8. Neonatal Mortality
Hispanic	6,019 (47.3%)	755 (12.5%)	2,654 (44.1%)	213 (3.5%)	340 (5.6%)	75 (1.2%)	16 (0.1%)	12 (0.2%)
Non-Hispanic	6,269 (49.2%)	873 (13.9%)	2,542 (40.5%)	238 (3.8%)	506 (8.1%)	115 (1.8%)	28 (0.2%)	21 (0.3%)
Other	197 (1.5%)	17 (8.6%)	75 (38.1%)	1 (0.5%)	15 (7.6%)	3 (1.5%)	1 (0.0%)	1 (0.5%)
Unknown	247 (1.9%)	16 (6.5%)	99 (40.1%)	8 (3.2%)	23 (9.3%)	1 (0.4%)	2 (0.0%)	1 (0.4%)
Grand Total	12,732 (100.0%)	1,661 (13.0%)	5,370 (42.2%)	460 (3.6%)	884 (6.9%)	194 (1.5%)	47 (0.4%)	35 (0.3%)

SDOH | HUB Model – Coordinated Follow-up



The Hub helps our patients navigate through the fulfillment of health-related social needs.



Community and Youth Services

Family Strengthening

Family Preservation

HEAL (trauma services in Dania and West Park)

Kinship services

MVP Program (Veterans and family)

Parenting Skills Building

Maternal-child services

Healthy Start

Nurse Family Partnership

Mother's Overcoming Maternal Stress (MOMS)

Out of School programs/Summer camps

Respite for children with behavioral issues

Maximizing Out of School Time (MOST)

Summer Breakspot

Senior and Family Services

ALLIES Program

CARES Program

Senior Partners

Substance Abuse and Mental Health

Opioid Prevention

SA/MH outpatient treatment

Community Action Treatment

Child Welfare Care Coordination Team

Emergency Dept. Care Coordination Team

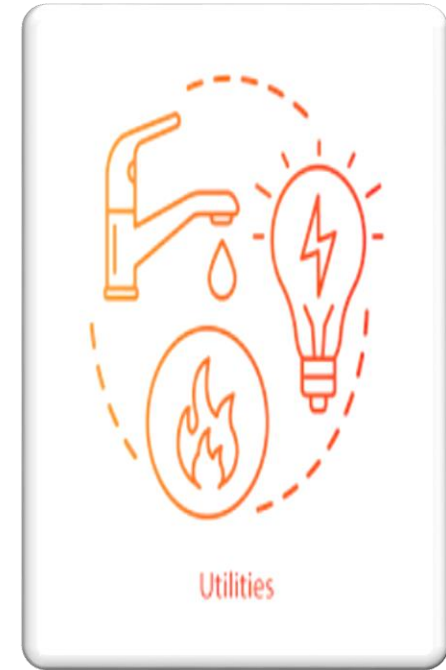
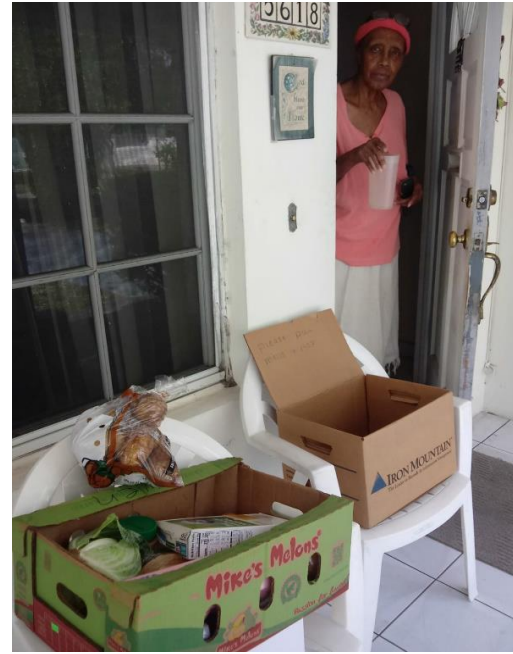
Juvenile Diversion

Youth aging out of foster care

West Park Mental Health Initiative



Combating Financial Insecurity





It's a Journey

Our Diversity, Equity, and Inclusion commitment will ensure that MHS continues to be a market leader today, tomorrow, and beyond.

celebrate
DIVERSITY

