

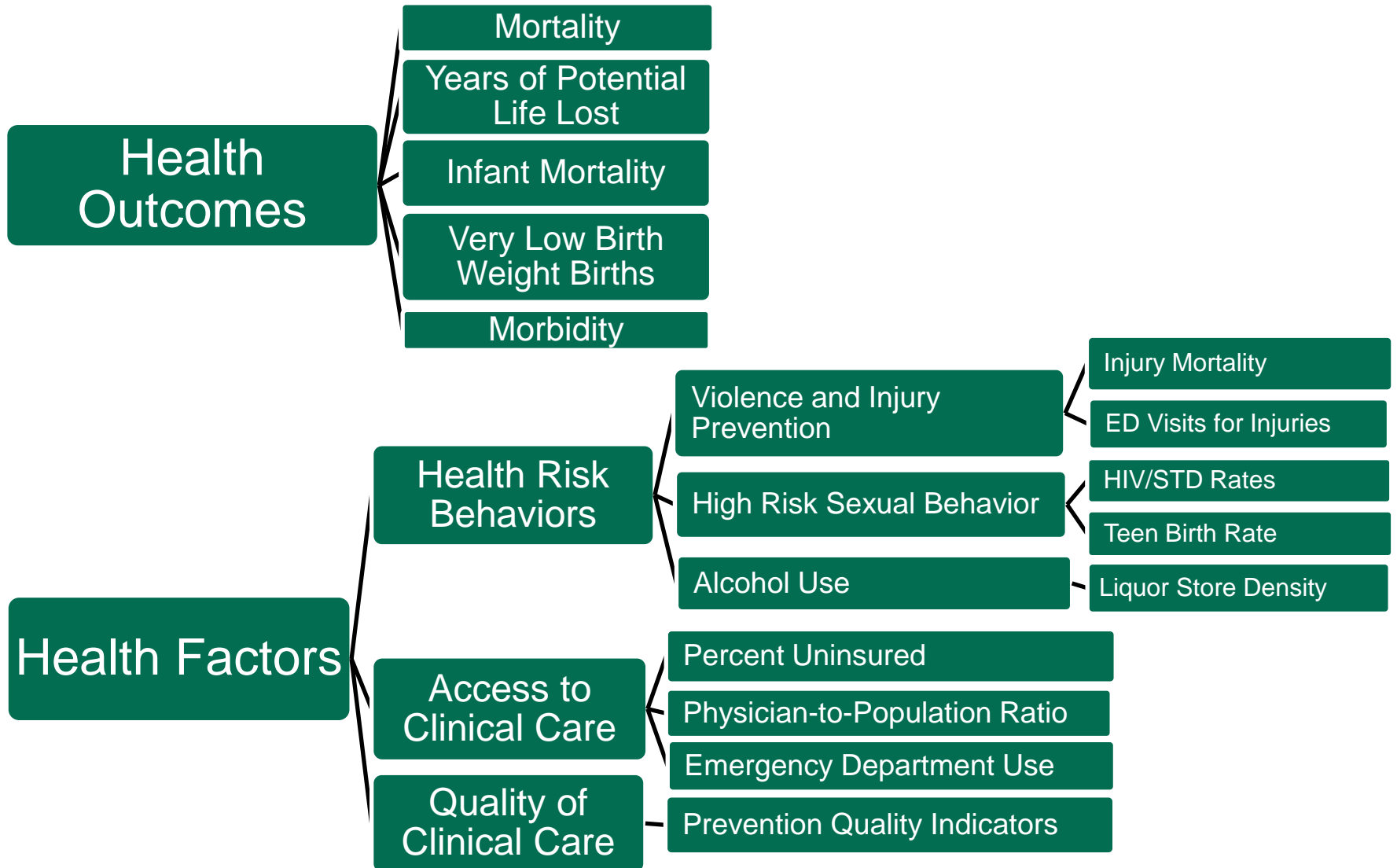
Community Health Assessment

Southeast Dallas Service Area

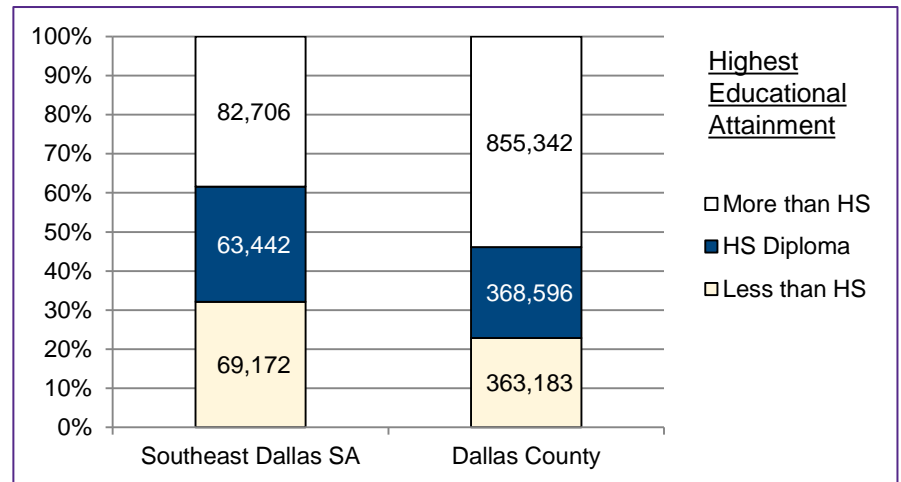
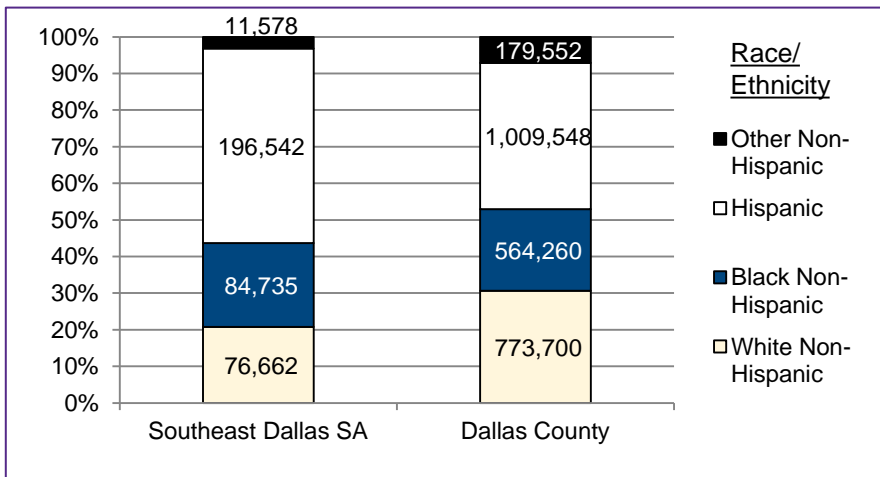
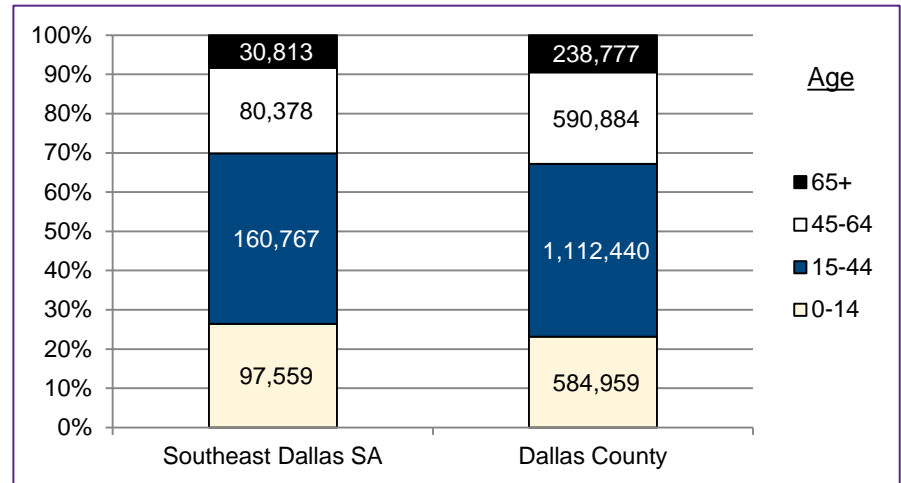


Parkland

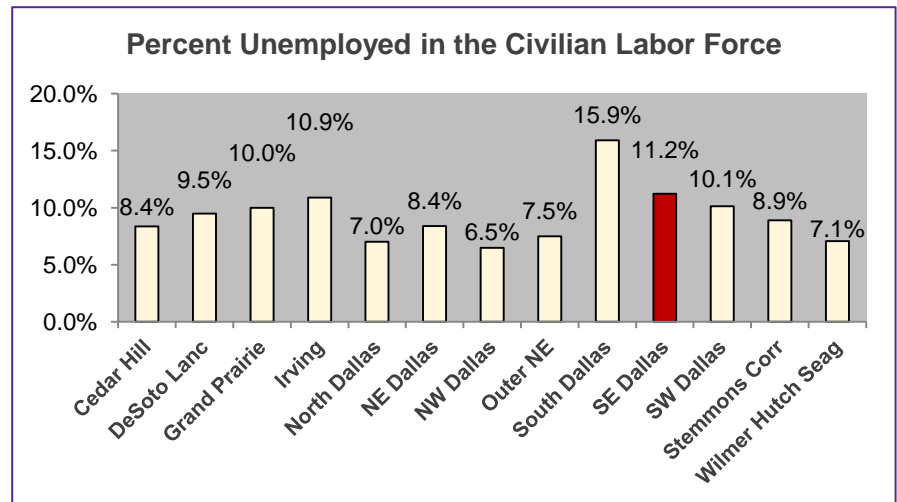
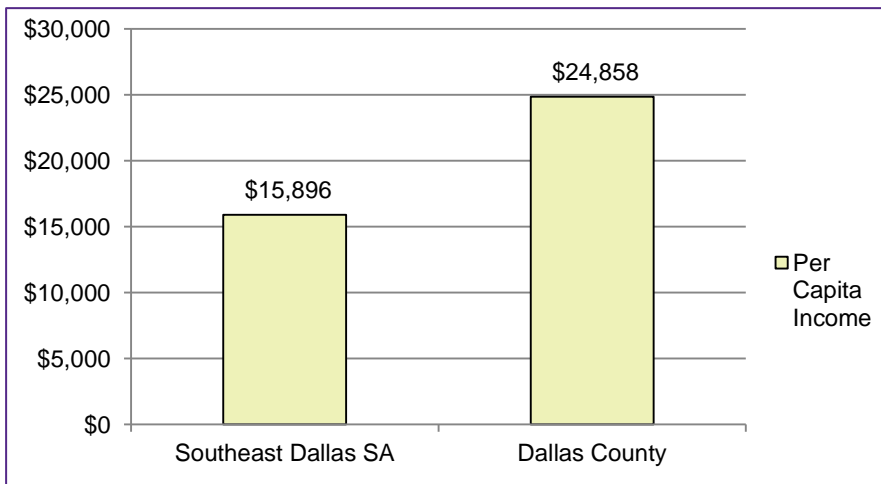
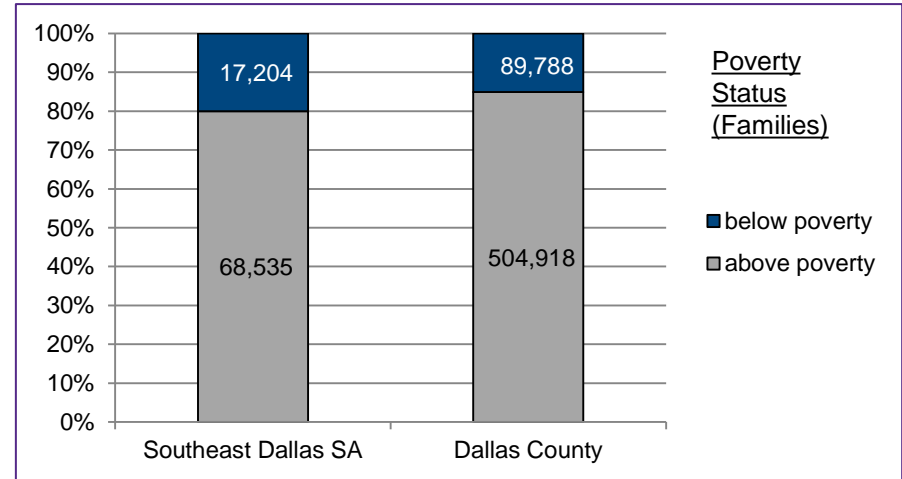
Organizational Model For the Community Health Dashboard

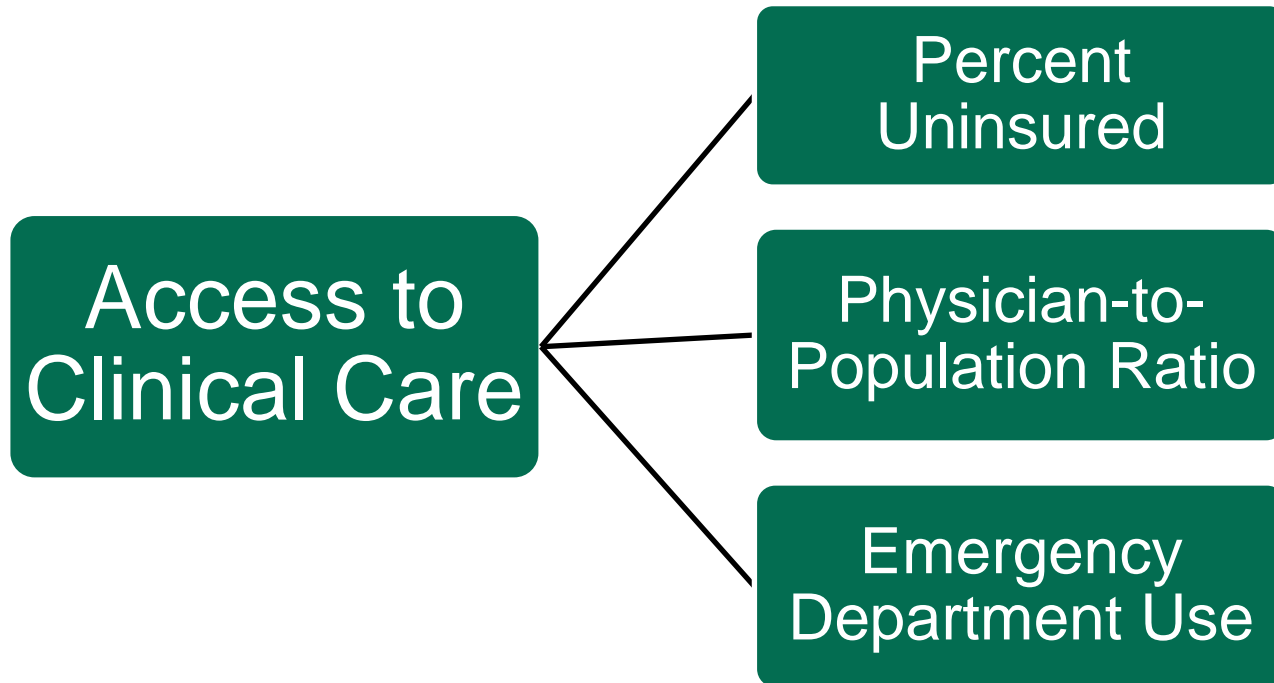


- The population of the Southeast Dallas Service Area is younger than the county population, with 26.4% under age 15.
- The largest race/ethnic group in the Service Area population is Hispanics, comprising 53.2% of the population. Almost 1/5 of all Dallas County Hispanics live in this service area.
- Southeast Dallas has a somewhat smaller proportion of people with a high school diploma or more (67.9%) compared with Dallas County as a whole (77.1%).

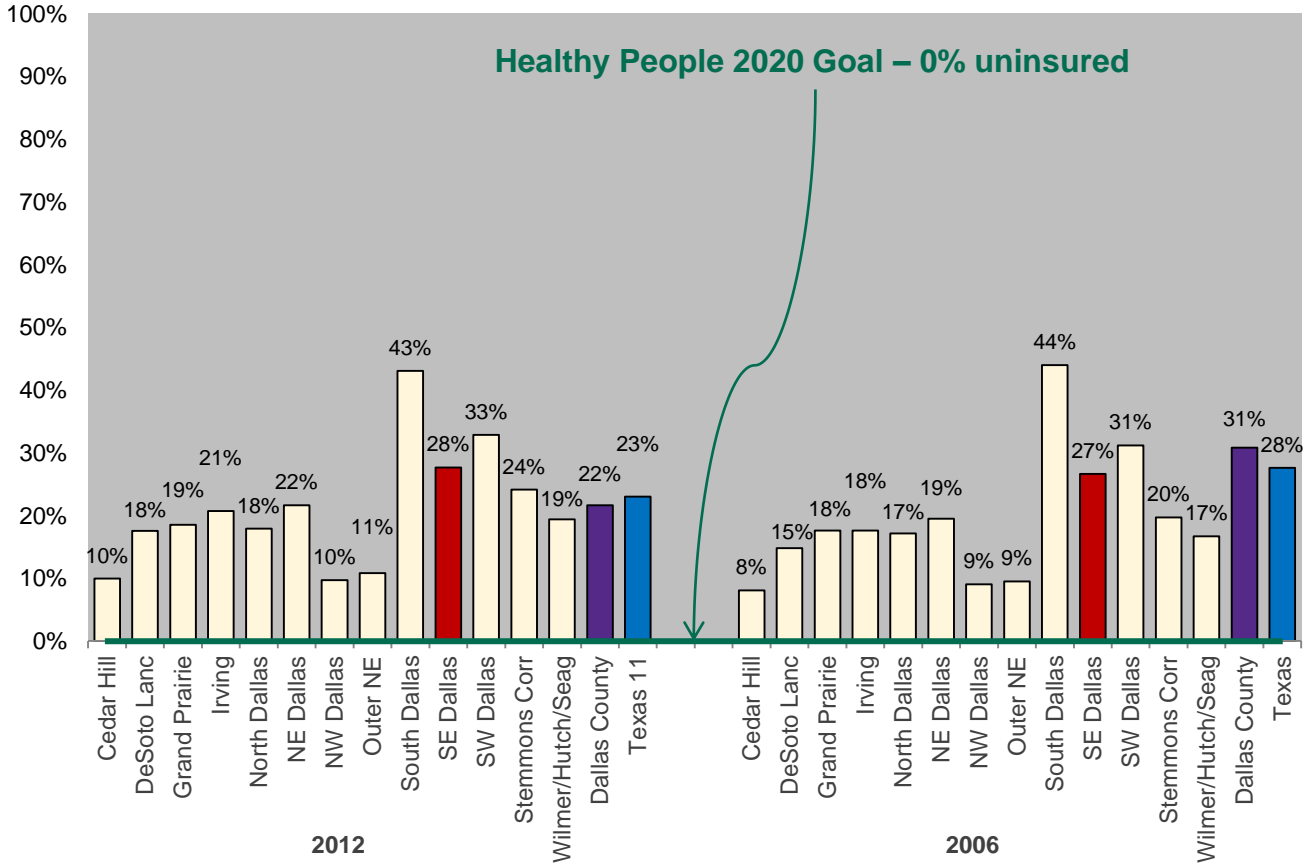


- The Southeast Dallas Service Area has a larger number of families in poverty (20.1%) compared with the Dallas County rate (15.1%), the third highest poverty rate of the 13 Dallas County service areas.
- The Service Area's per capita income was the third lowest of the service areas.
- The percent unemployed for this Service Area is the 2nd highest among the 13 Service Areas.

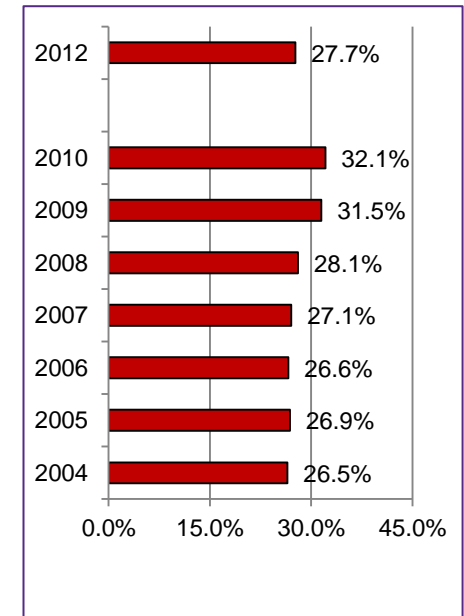




Percent Uninsured



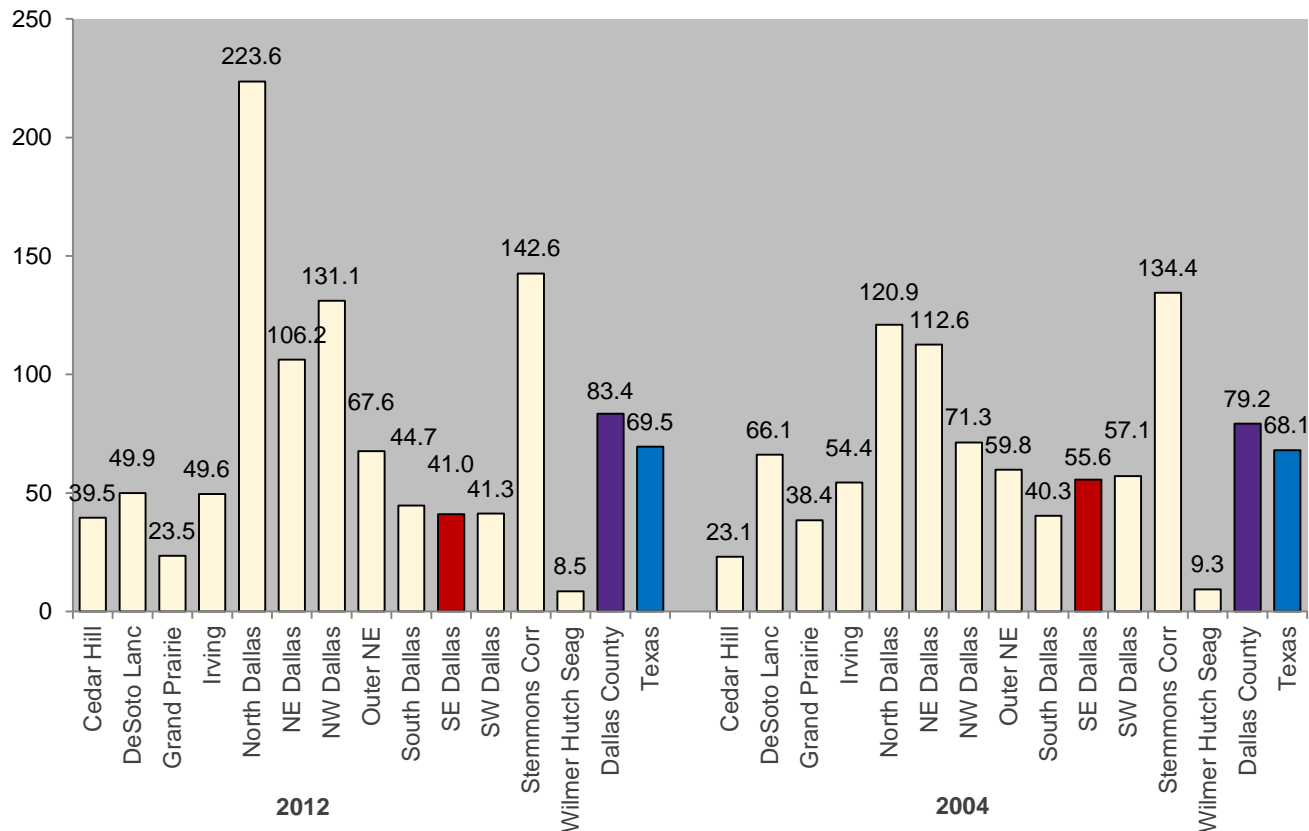
Percent Without Health Insurance, Southeast Dallas Service Area



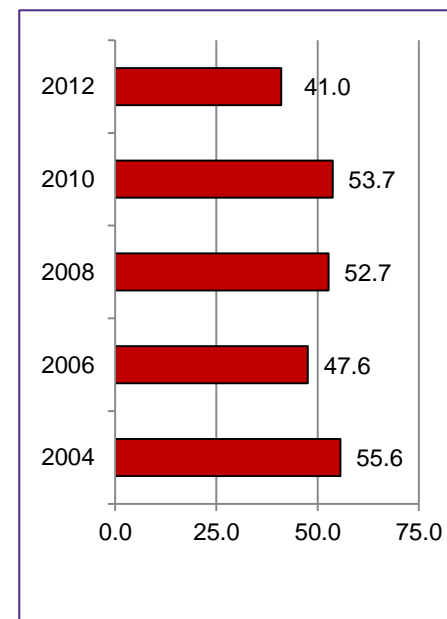
Access to Healthcare: Primary Care Physician-to-Population Ratio

Southeast Dallas Service Area

Primary Care Physicians per 100,000



Primary Care Physician-to-Population Ratio, per 100,000, Southeast Dallas Service Area

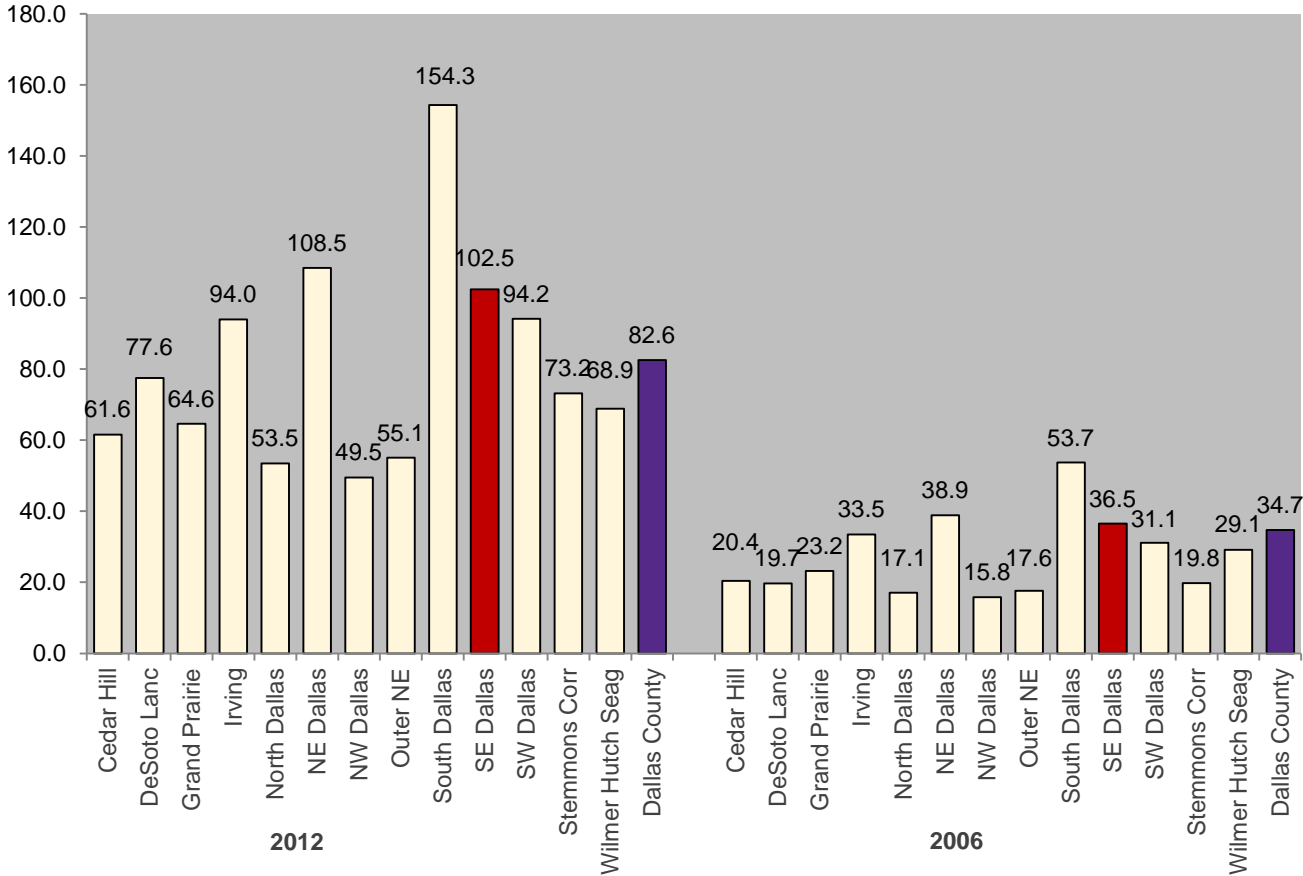


Source: Texas Medical Association Physician Practice Address files; denominator population data from Claritas, Inc., except 2010 from Nielson/Claritas, Inc. Pop Facts. Mid 2010 version. County and State source is Texas Bureau of Primary Care.

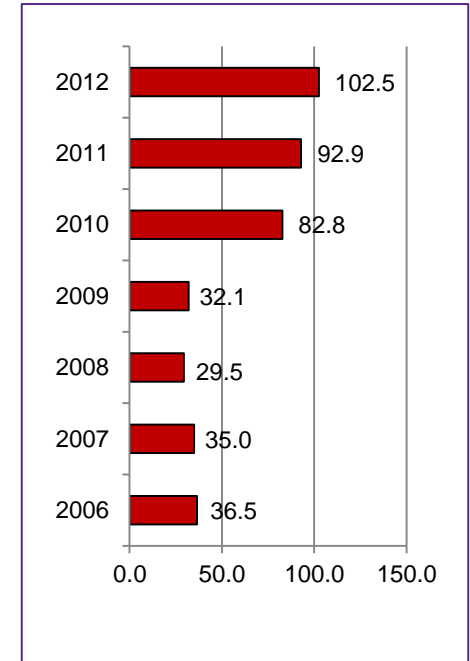
Access to Healthcare: Non-Emergent ED Utilization

Southeast Dallas Service Area




Non-Emergent ED Visits, per 1,000 Population

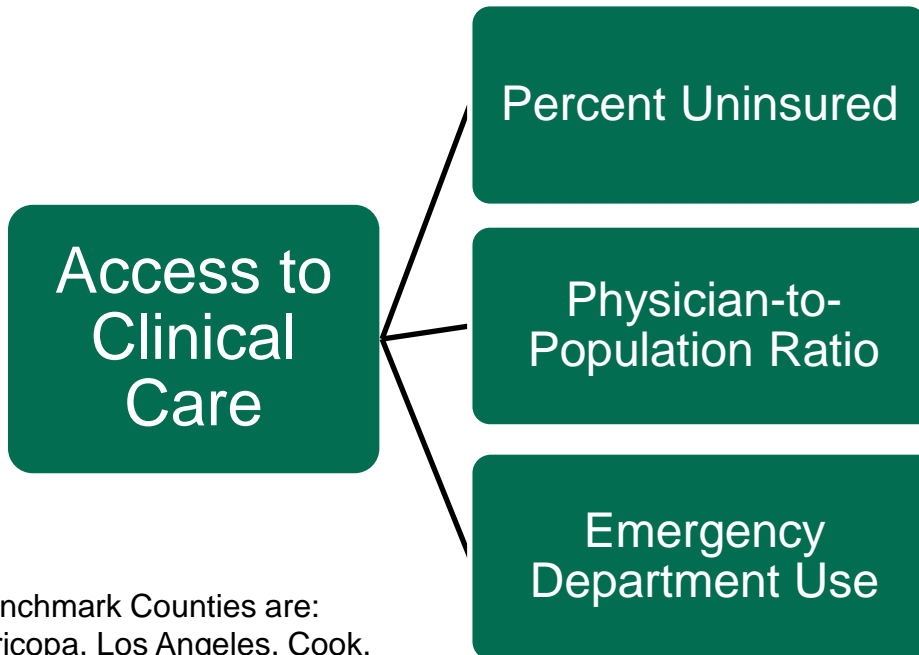


Rate of Non-Emergent ED Visits, per 1,000, Southeast Dallas Service Area










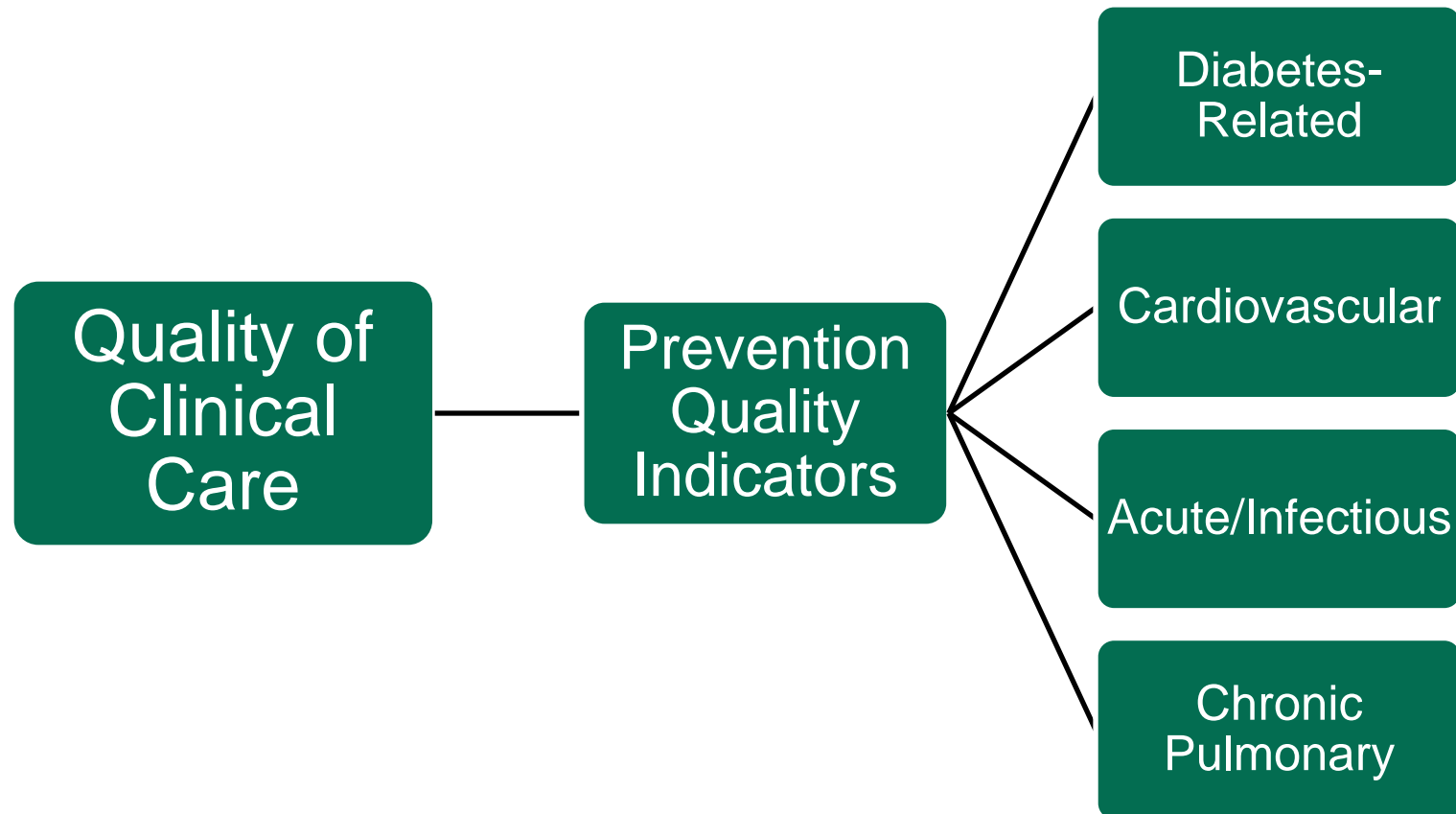
Source: DFWHC, Outpatient Data System; NYU Algorithm for determining appropriate Emergency Dept. Use; denominator population data from Claritas, Inc.

-  – Doing better than the benchmark
-  – Same as/not significantly different from the benchmark
-  – Worse than the benchmark



*Benchmark Counties are:
Maricopa, Los Angeles, Cook,
Miami-Dade, Bexar, Harris and
Tarrant

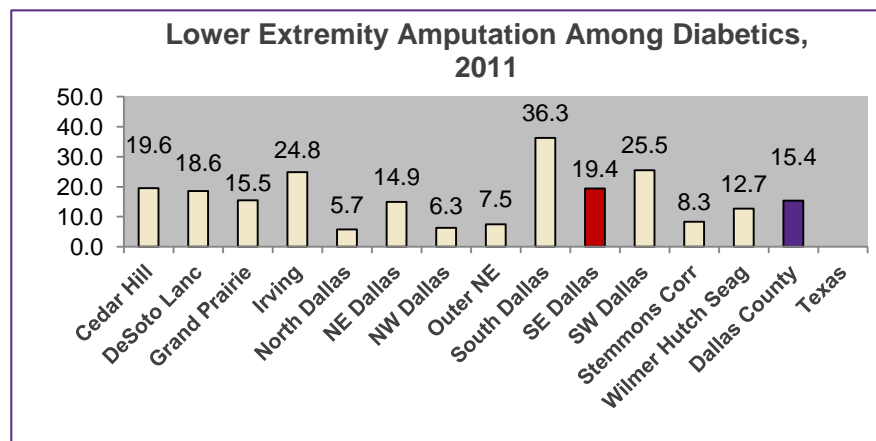
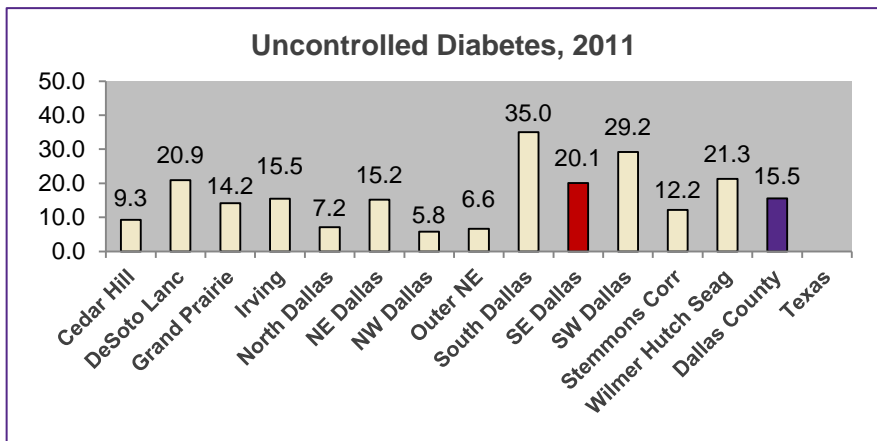
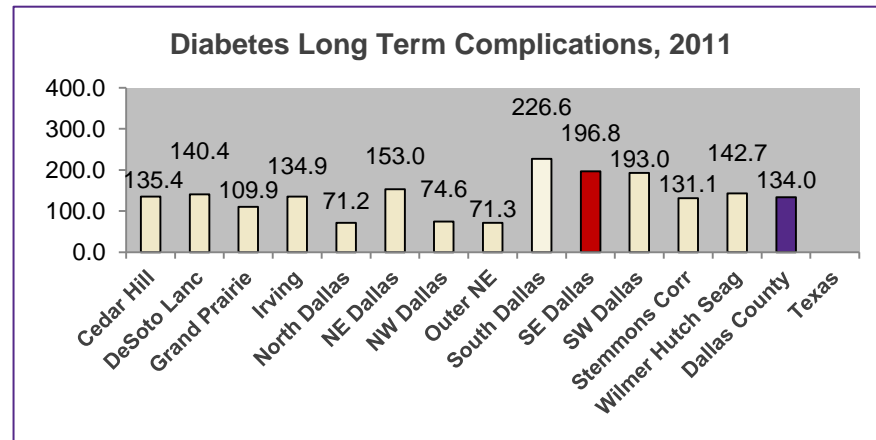
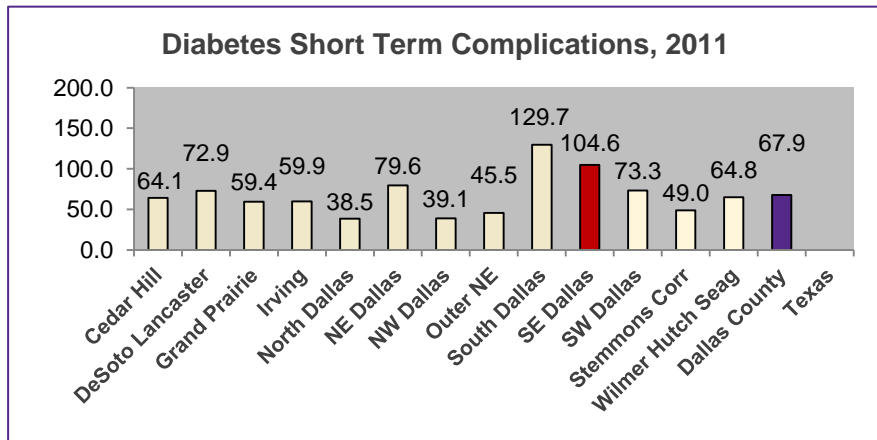
	Southeast Dallas Compared to Healthy People 2020 Goal	Southeast Dallas Compared to Benchmark Counties* (Quartiles)	Southeast Dallas Compared to Past Years' Data (CI)
Percent Uninsured			
Physician-to-Population Ratio	N/A		
Emergency Department Use	N/A		



Healthcare Quality: Rate of Preventable Hospitalizations, 2011

Diabetes-Related Hospitalizations

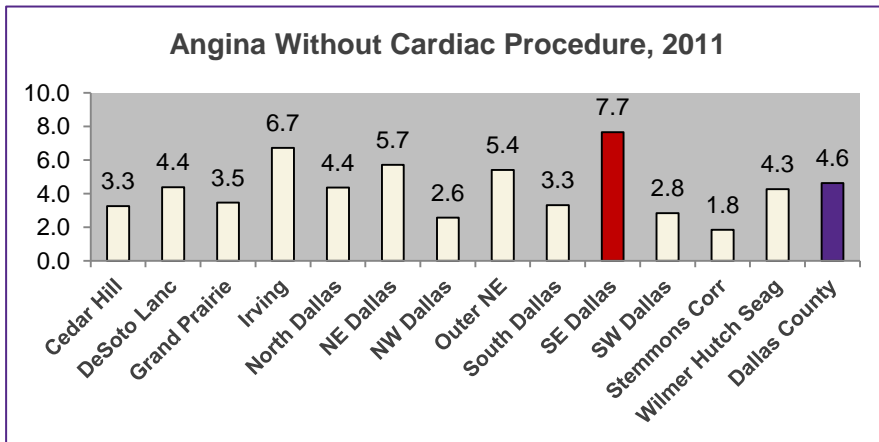
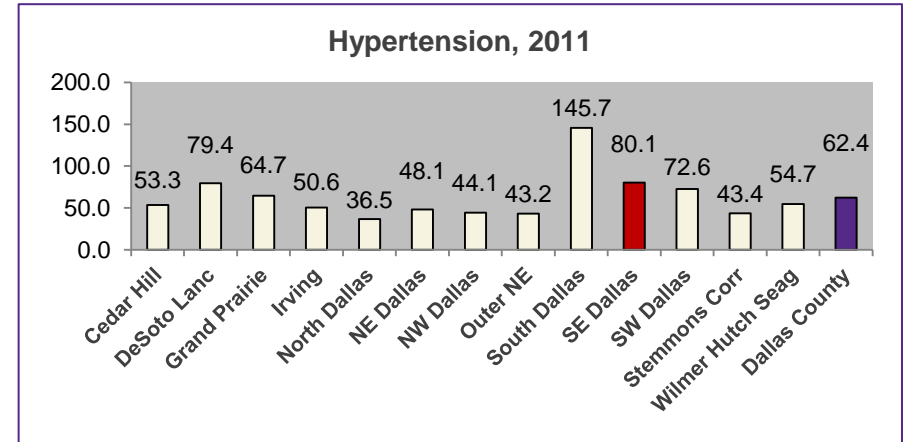
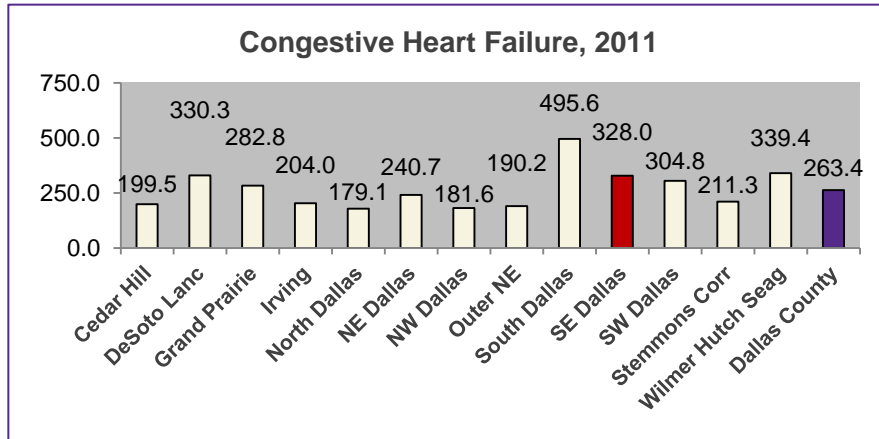
Southeast Dallas Service Area



Healthcare Quality: Rate of Preventable Hospitalizations, 2011

Cardiovascular Disease Hospitalizations

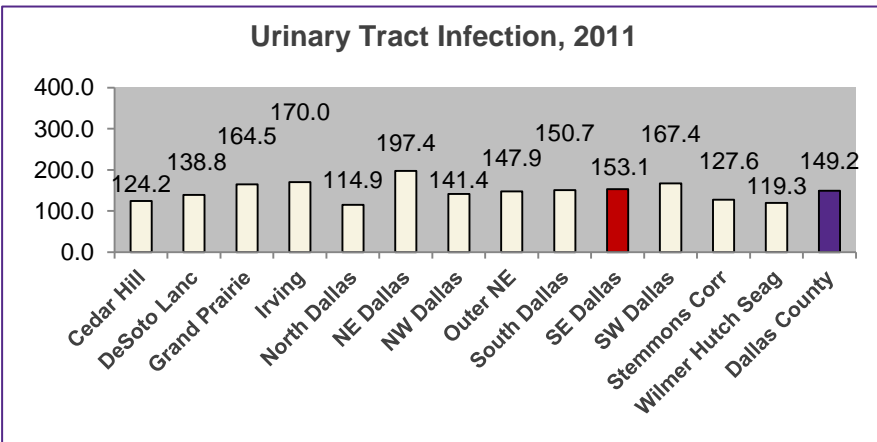
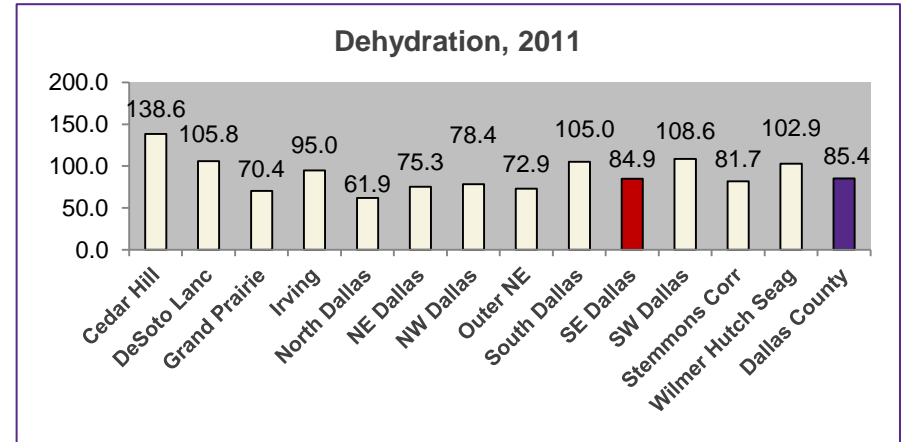
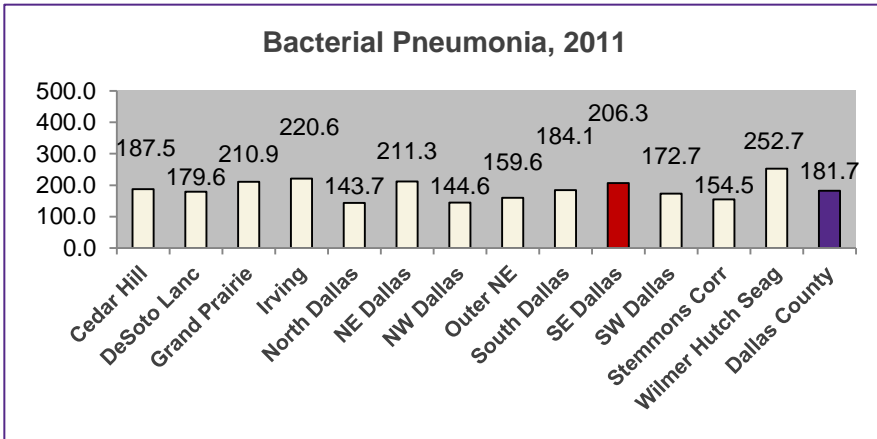
Southeast Dallas Service Area



Healthcare Quality: Rate of Preventable Hospitalizations, 2011

Acute/Infectious Disease Hospitalizations

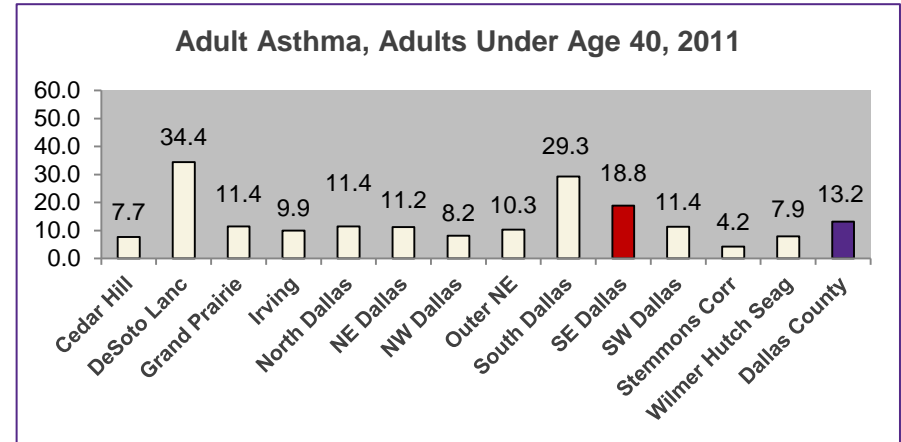
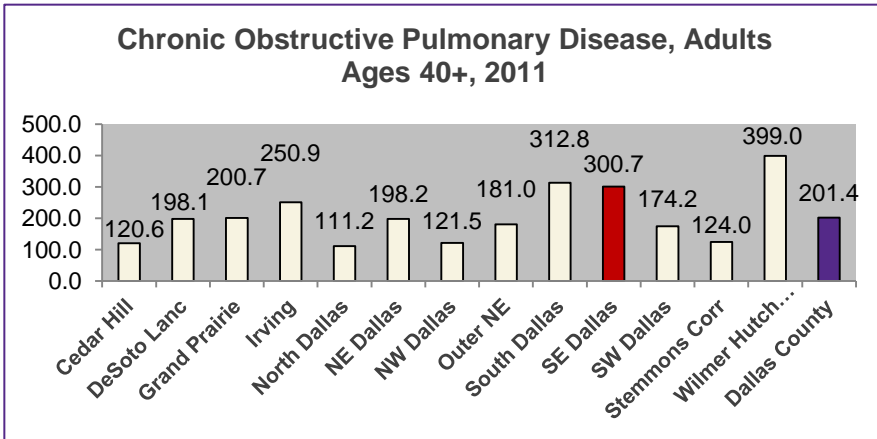
Southeast Dallas Service Area






























Healthcare Quality: Rate of Preventable Hospitalizations, 2011

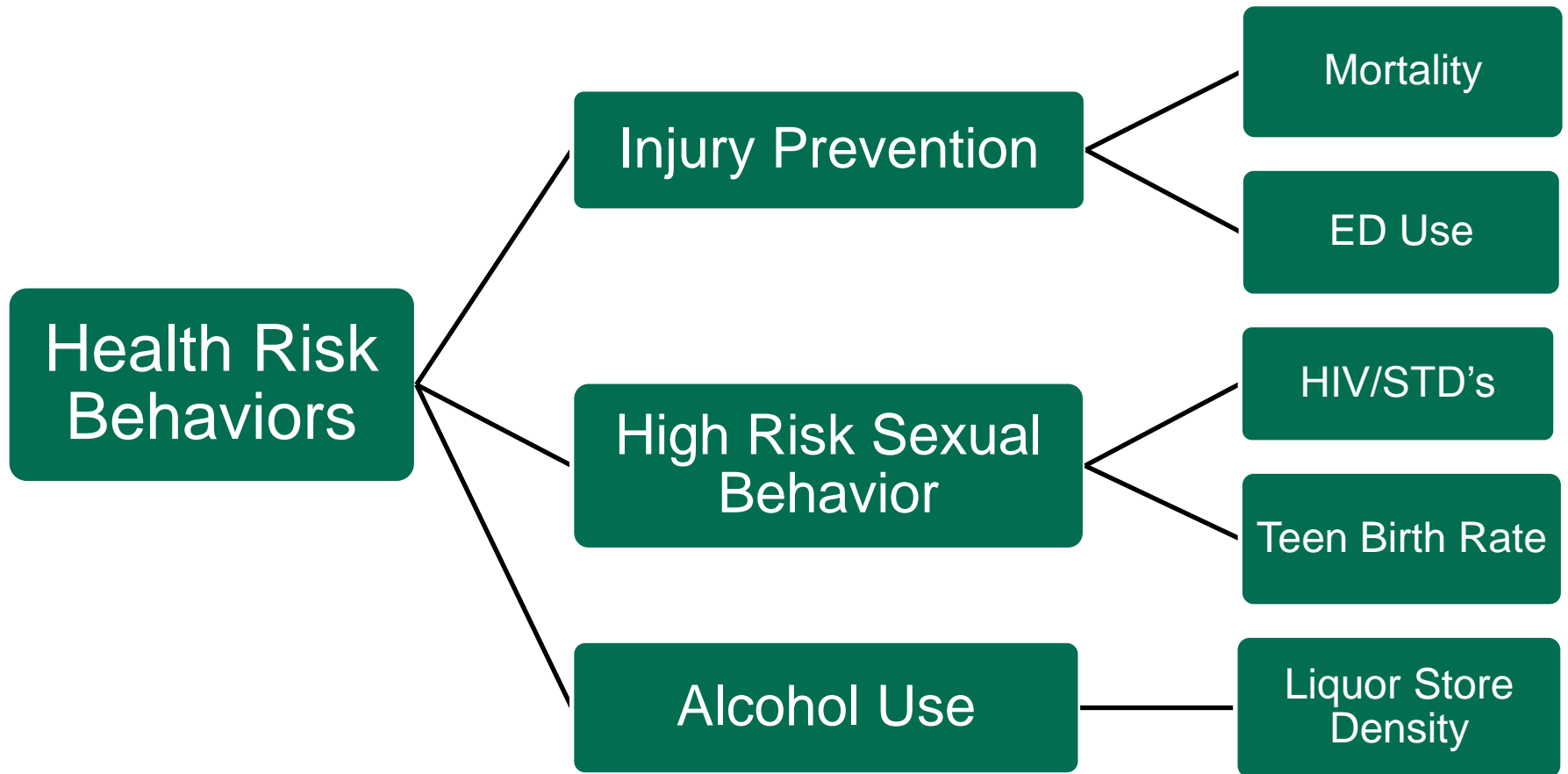
Chronic Pulmonary Disease Hospitalizations

Southeast Dallas Service Area



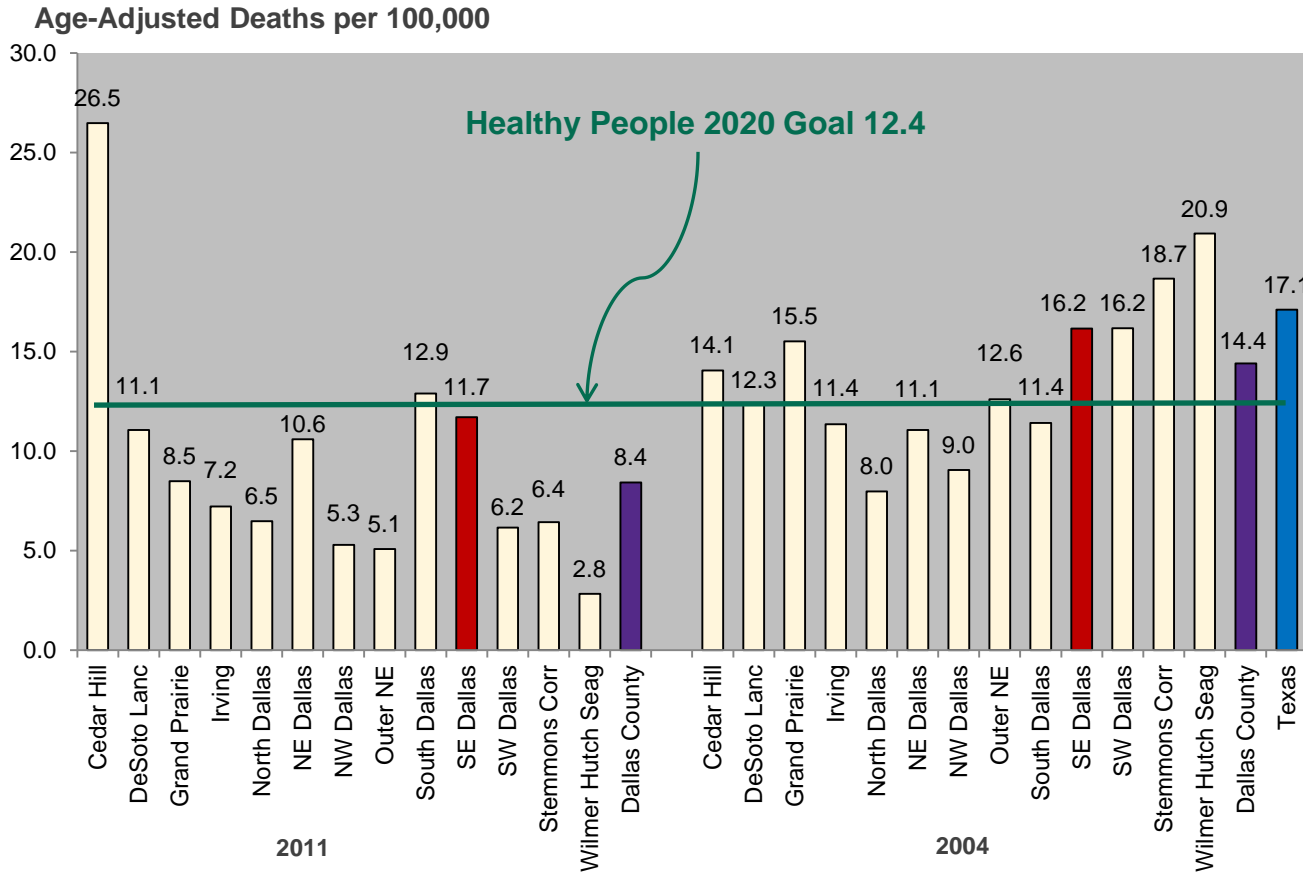
-  – Doing better than the benchmark
-  – Same as/not significantly different from the benchmark
-  – Worse than the benchmark

Quality of Clinical Care		Prevention Quality Indicators	Southeast Dallas Compared to 12 Other Service Areas (Quartiles)	Southeast Dallas Compared to Past Years' Data (Percent Change vs. 2010)
		Diabetes ST Comp		
		Diabetes LT Comp		
		Uncontrolled Diabetes		
		Lower Extremity Amputations Among Diabetics		
		Congestive Heart Failure		
		Hypertension		
		Angina Without Cardiac Procedure		
		Bacterial Pneumonia		
		Dehydration		
		Urinary Tract Infection		
		Chronic Obstructive Pulmonary Disease		
		Adult Asthma		

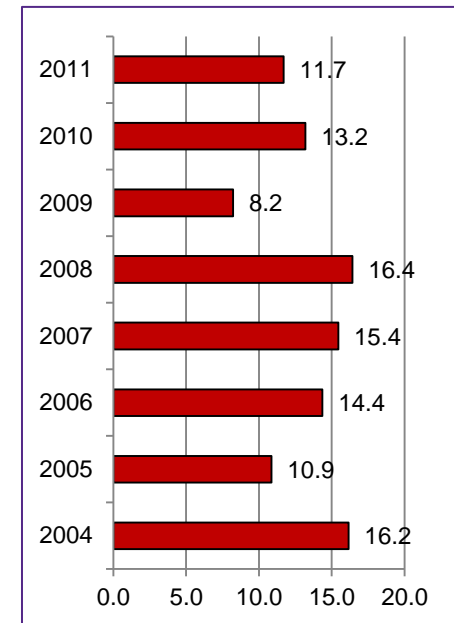


Risk Factors: Auto Accident Mortality Rates

Southeast Dallas Service Area



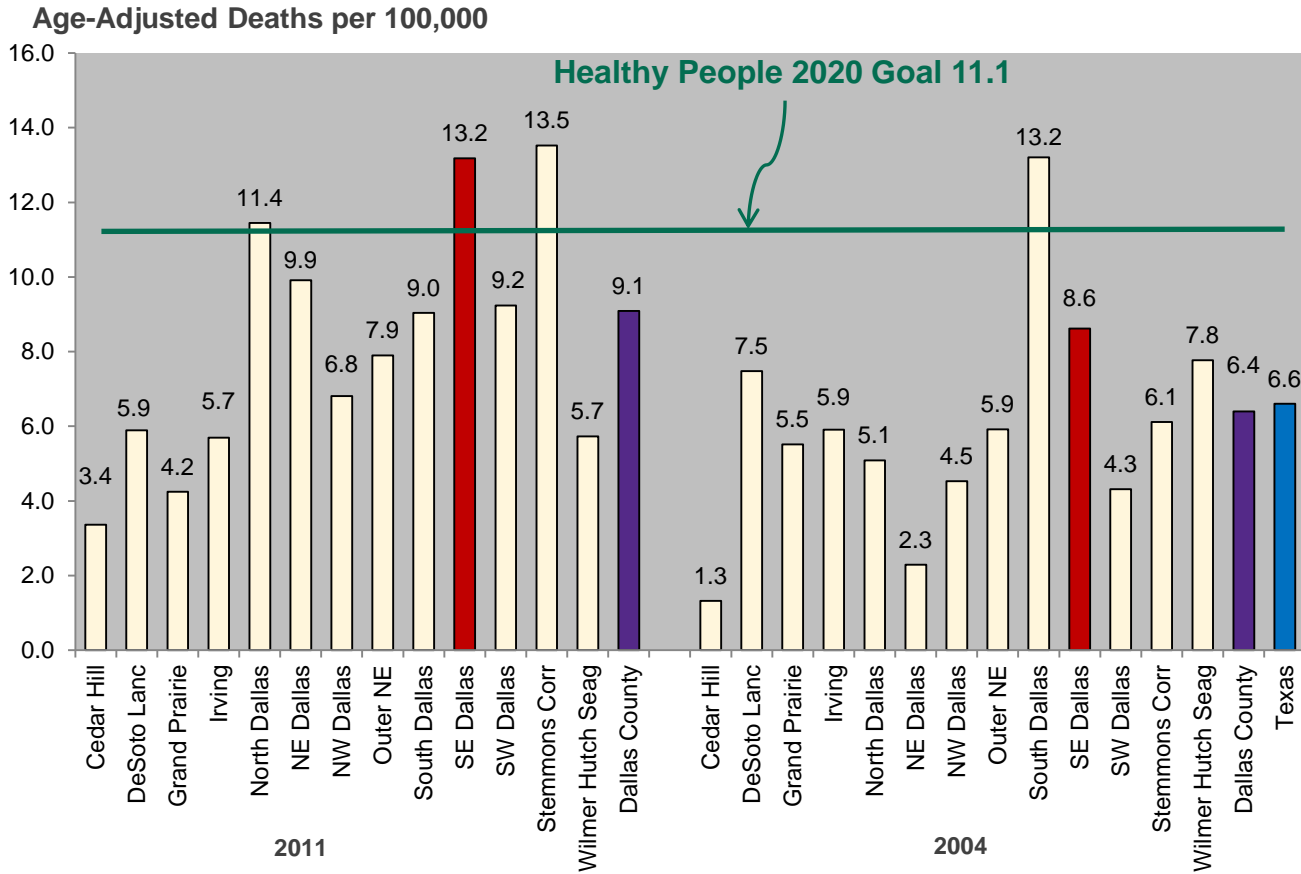
Auto Accident Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



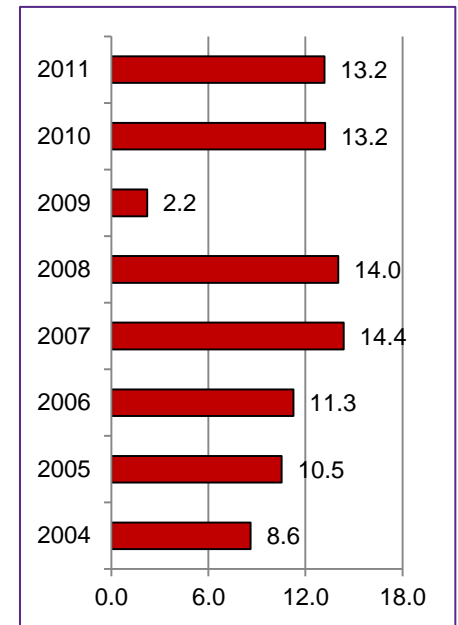
Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

Risk Factors: Accidental Poisoning Mortality Rates

Southeast Dallas Service Area



Accidental Poisoning Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



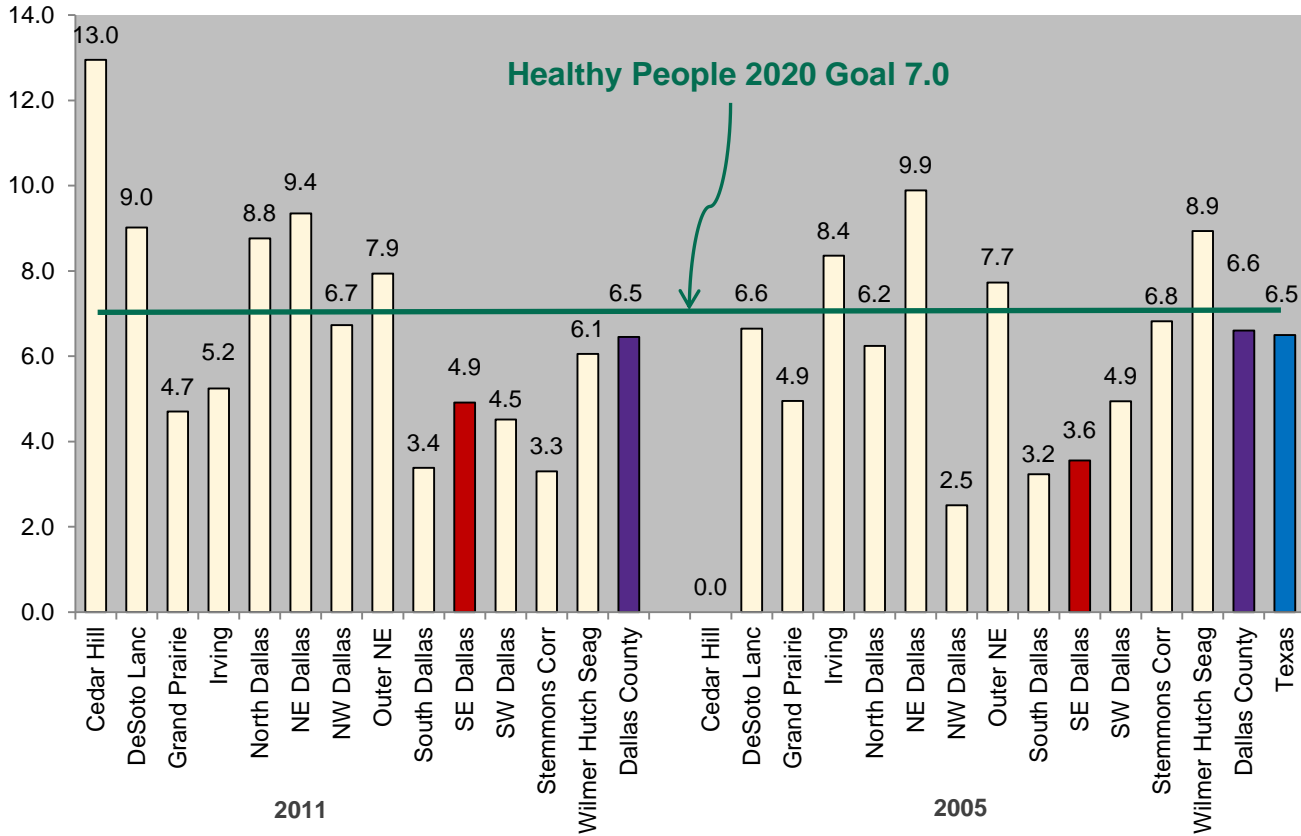
Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

Risk Factors: Accidental Falls

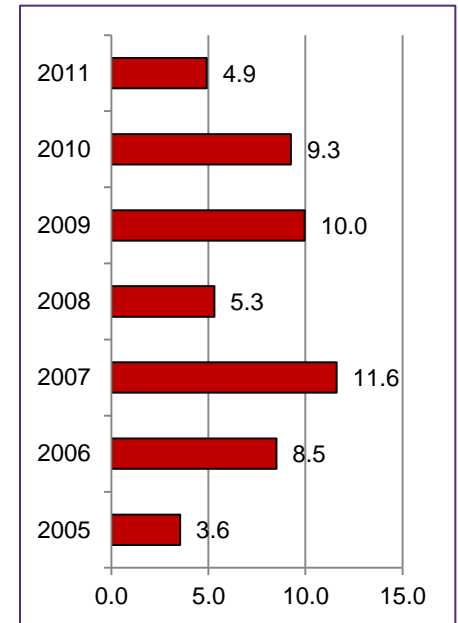
Mortality Rates

Southeast Dallas Service Area

Age-Adjusted Deaths per 100,000



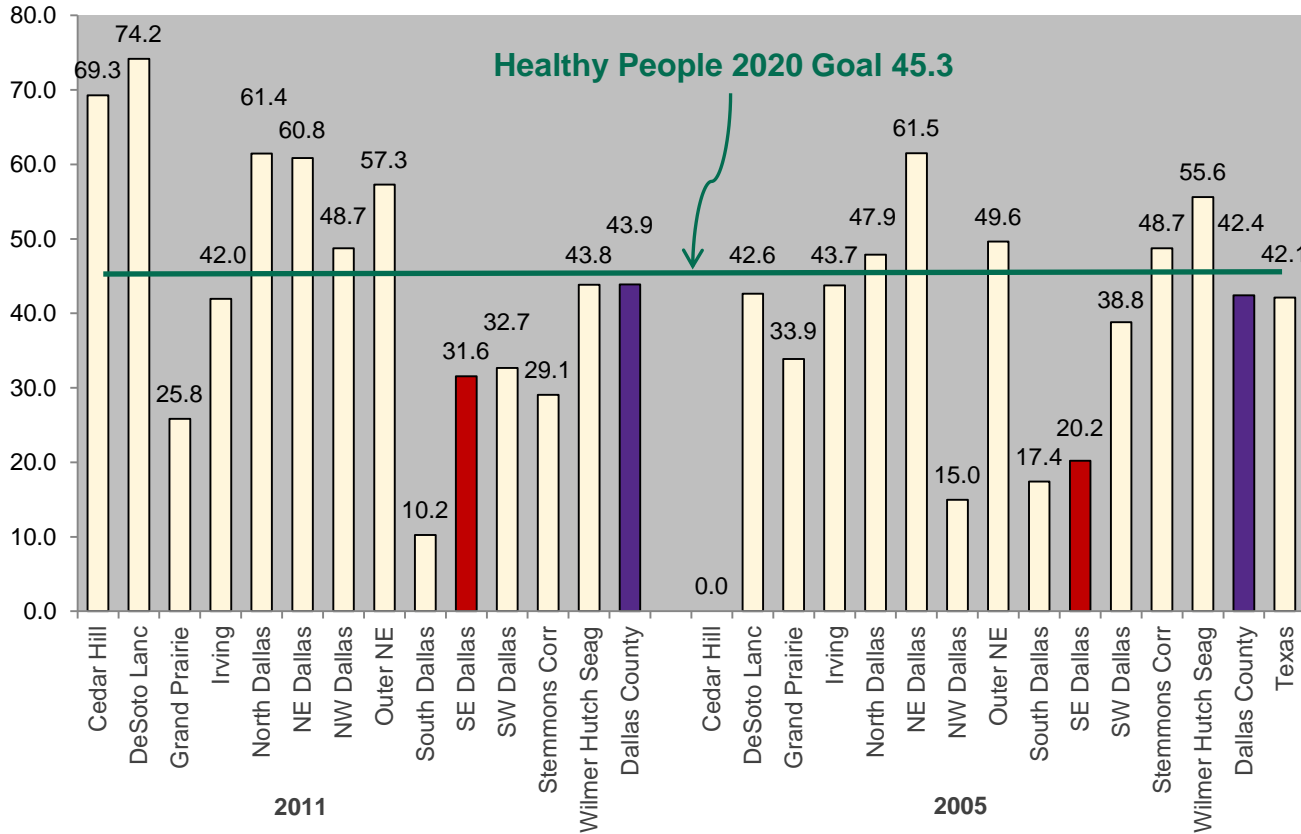
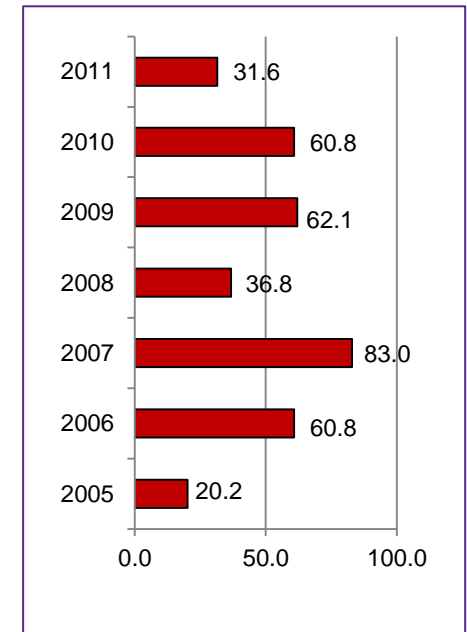
Accidental Falls Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

Risk Factors: Falls Death Rates Among Seniors

Southeast Dallas Service Area

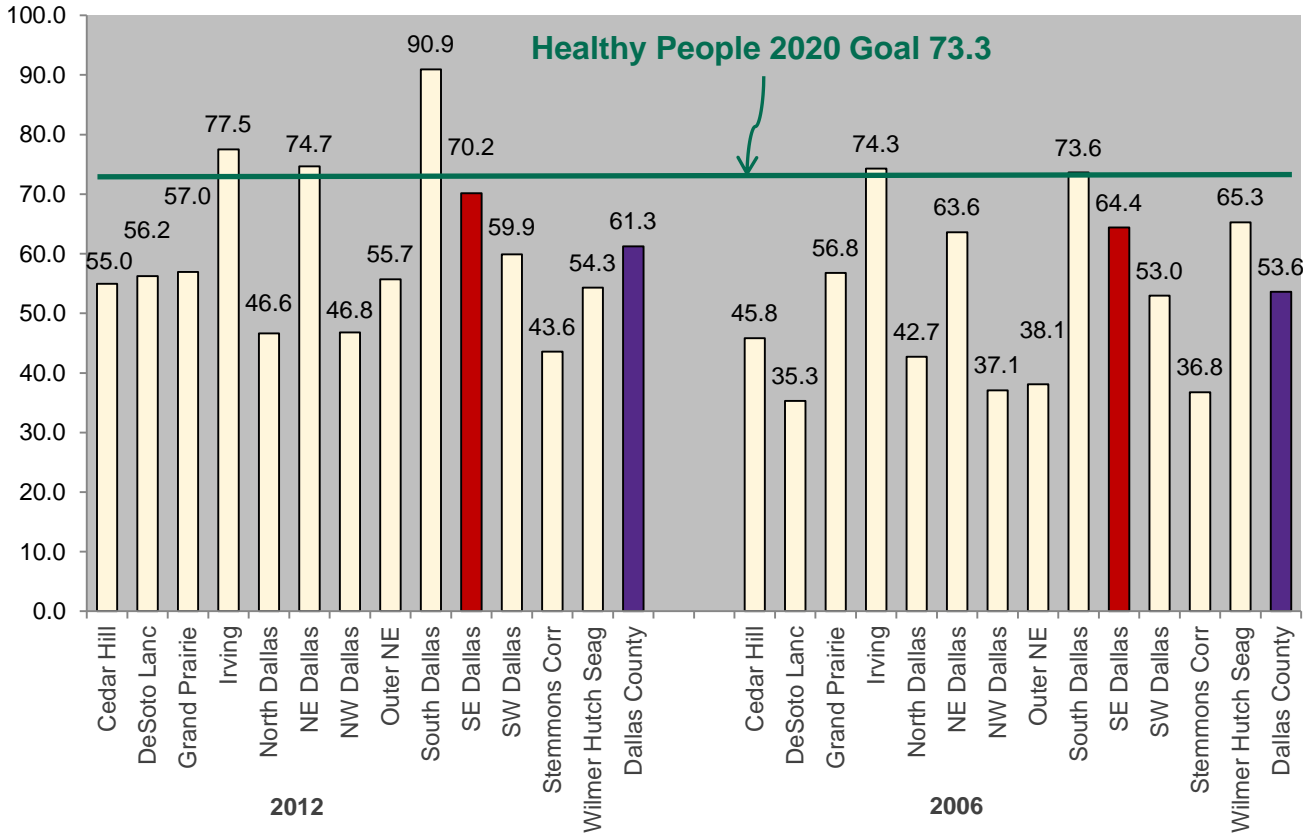
Falls Deaths Age 65+

**Falls fatality rates, ages 65+,
per 100,000, Southeast
Dallas Service Area**


Source: Texas Department of State Health Services, Bureau of Vital Statistics, unpublished data; denominator population data from US Census Bureau American Community Survey. 2005 Dallas County data from Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death File 2005-2006. CDC WONDER On-line Database, compiled from Multiple Cause of Death File 2005-2006 Series 20 No. 2L, 2012. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Mar 25, 2010 2:52:15 PM; 2005 Texas data from <http://soupin.tdh.state.tx.us/>

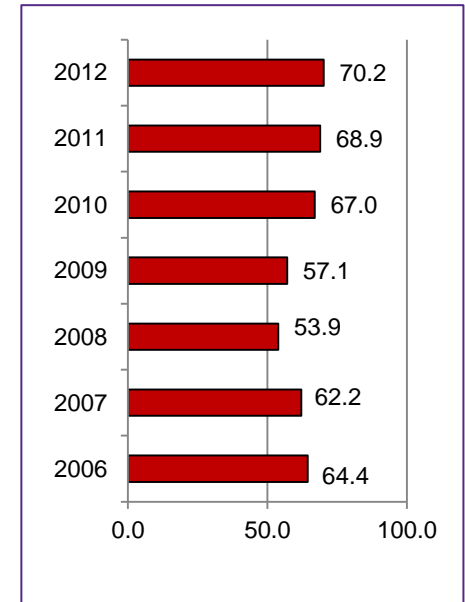
Risk Factors: Rate of Injury-Related ED Visits

Southeast Dallas Service Area

Rate of Injury-Related ED Visits

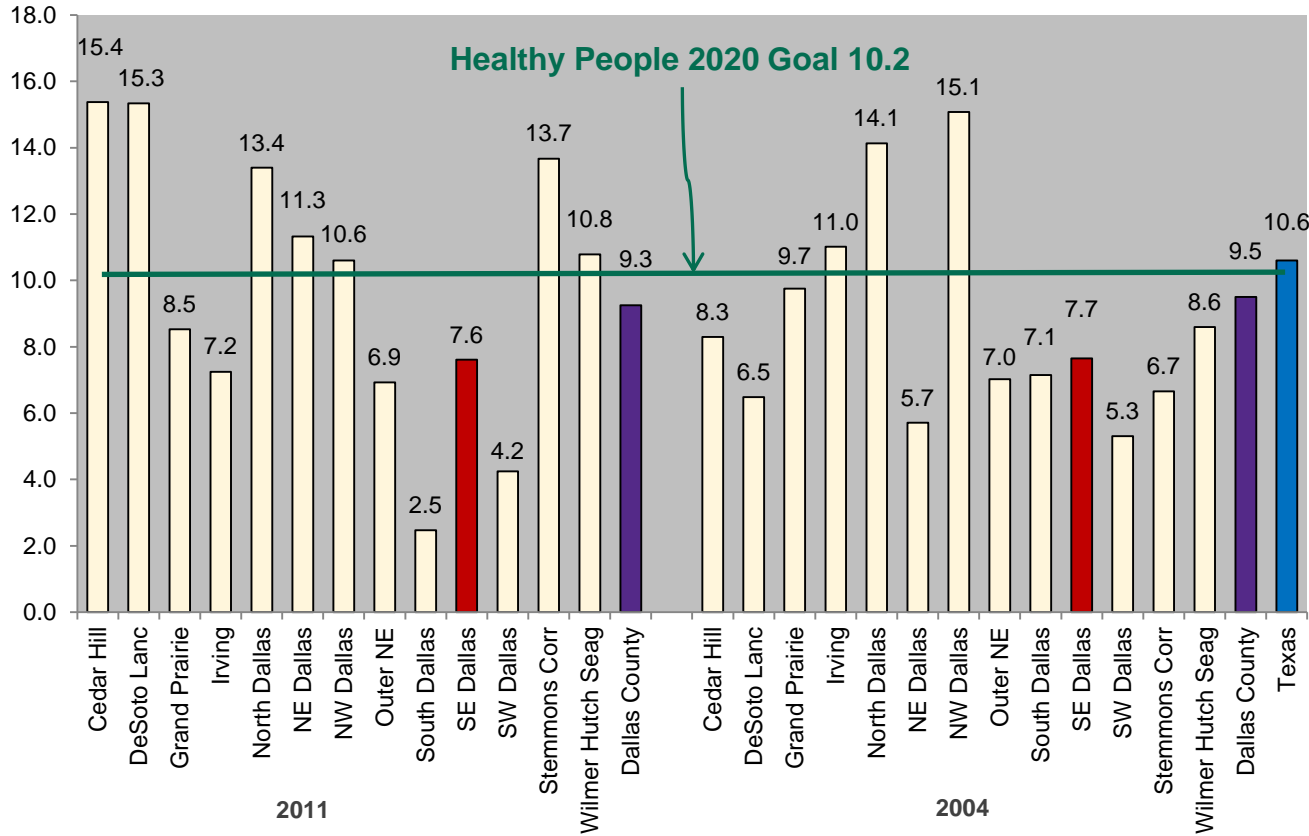


Rate of Injury-Related ED Visits, per 1,000, Southeast Dallas Service Area

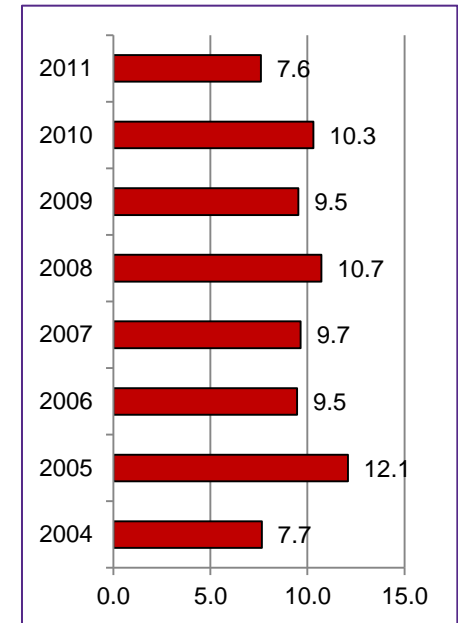


Source: DFWHC ERF Information Quality Services Center Regional Data, 2012. Dallas-Fort Worth Hospital Council Education and Research Foundation, Information and Quality Services Center, Irving, Texas. July 2013. Denominator population data from Claritas, Inc.

Age-Adjusted Deaths per 100,000



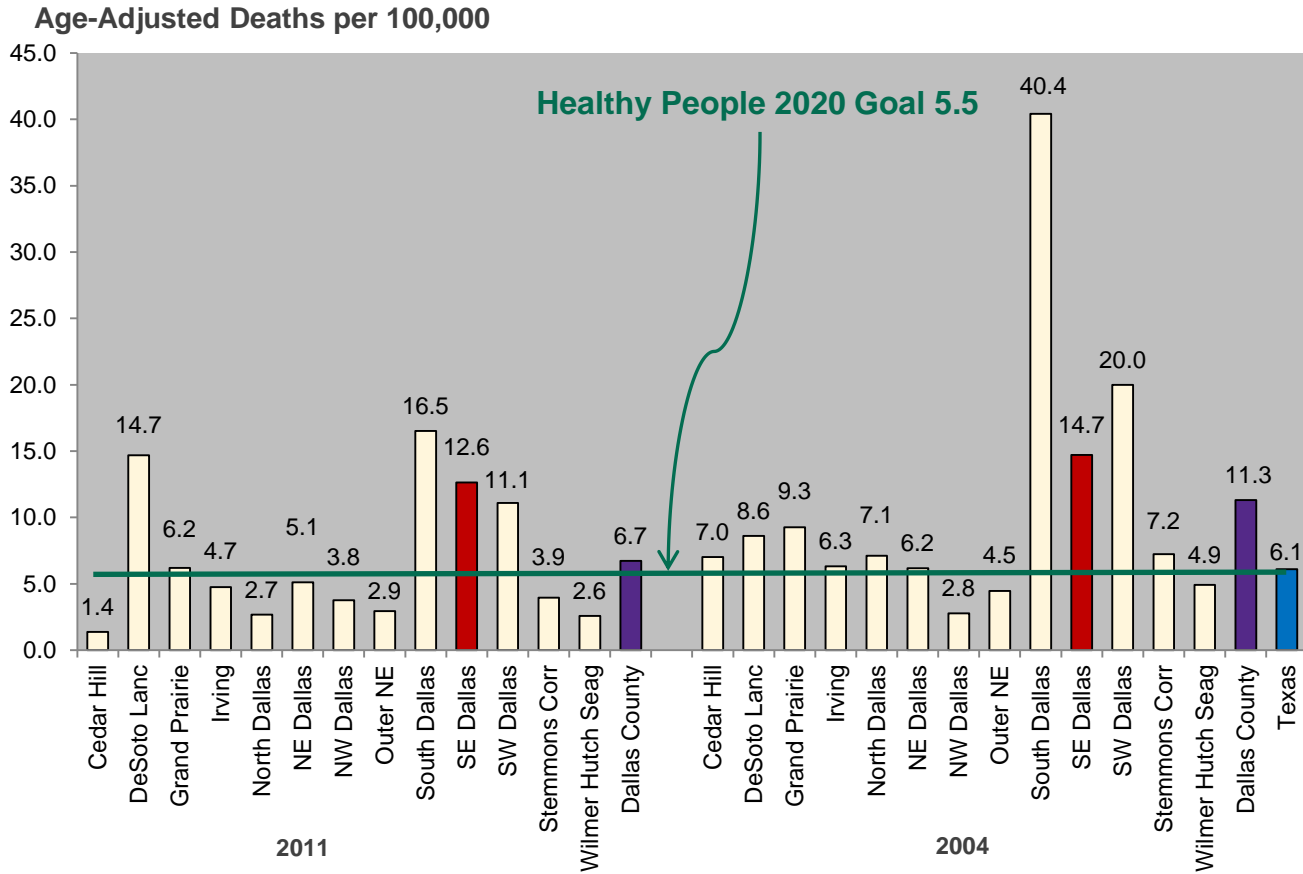
Suicide Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



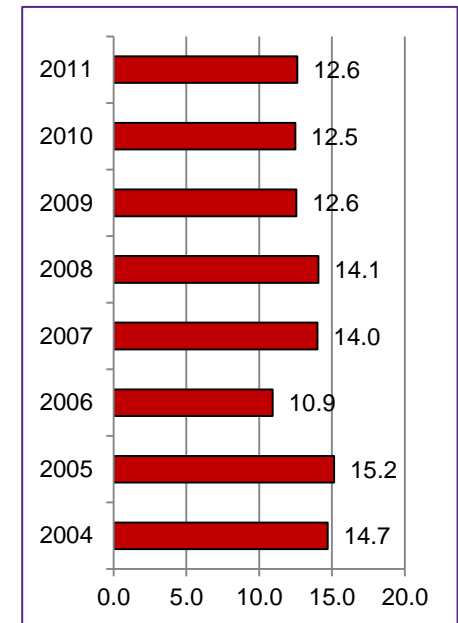
Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

Risk Factors: Homicide Mortality Rates

Southeast Dallas Service Area



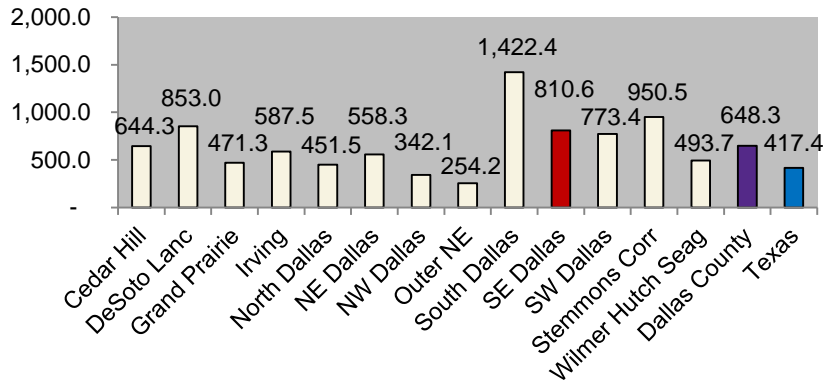
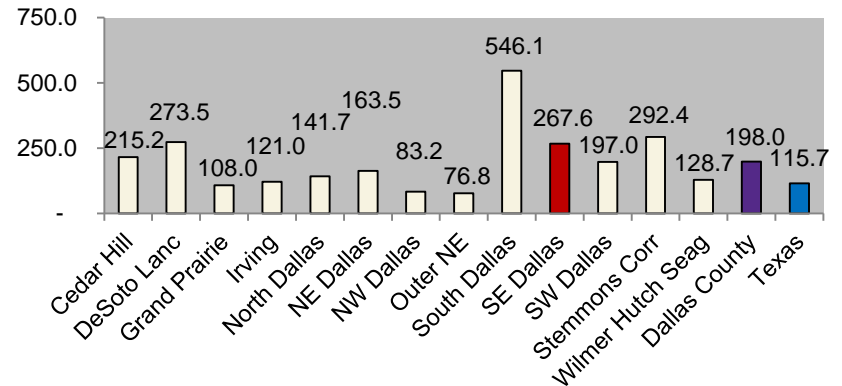
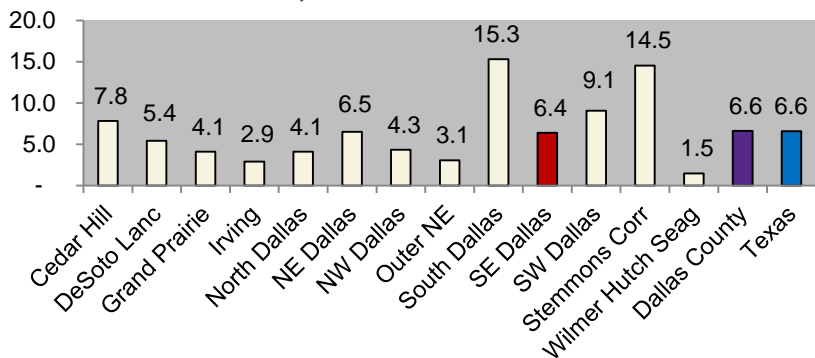
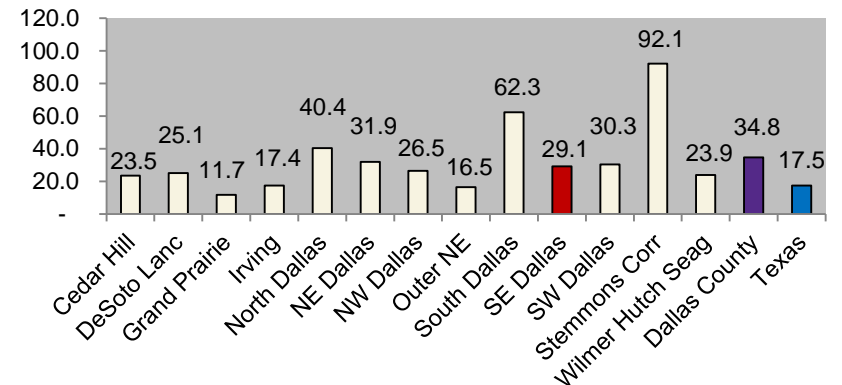
Homicide Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

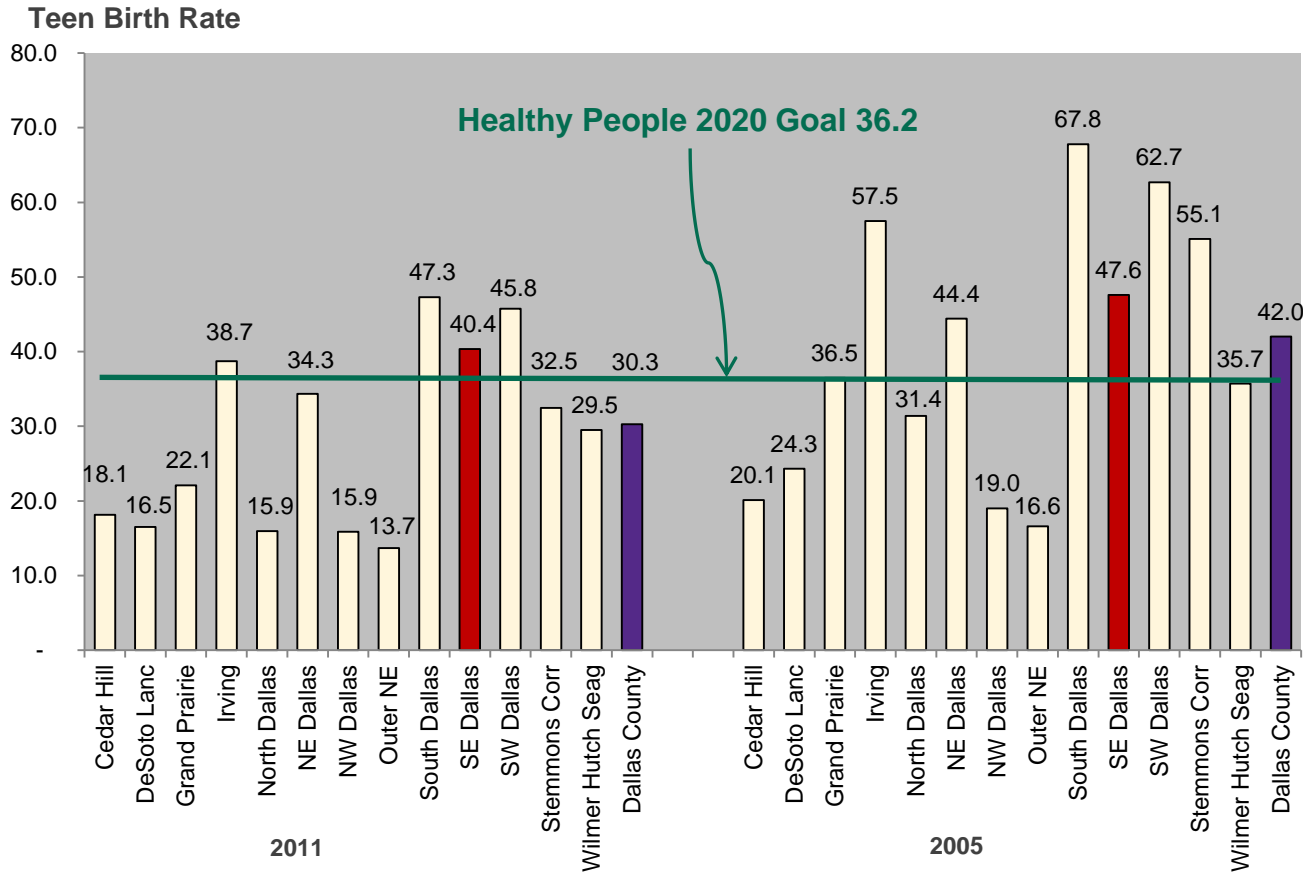
Risk Factors: High Risk Sexual Behavior, Sexually Transmitted Disease Incidence Rates, 2011

Southeast Dallas Service Area

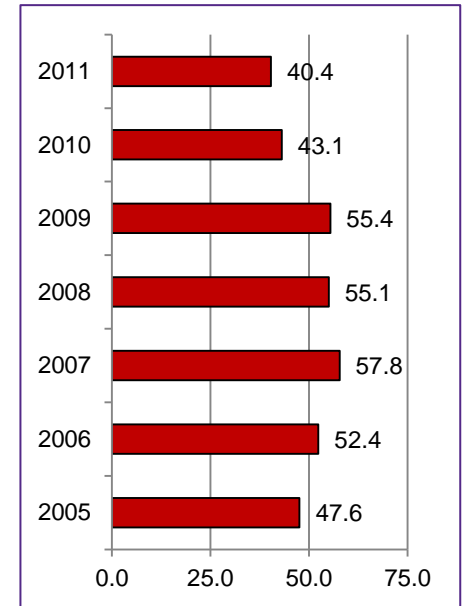
Chlamydia Incidence per 100,000

Gonorrhea Incidence per 100,000

Primary & Secondary Syphilis Incidence per 100,000

New HIV Incidence per 100,000


Risk Factors: High Risk Sexual Behavior, Teen Birth Rates

Southeast Dallas Service Area



Teen Births, Rate Per 1,000 Girls Ages 15-17, Southeast Dallas Service Area

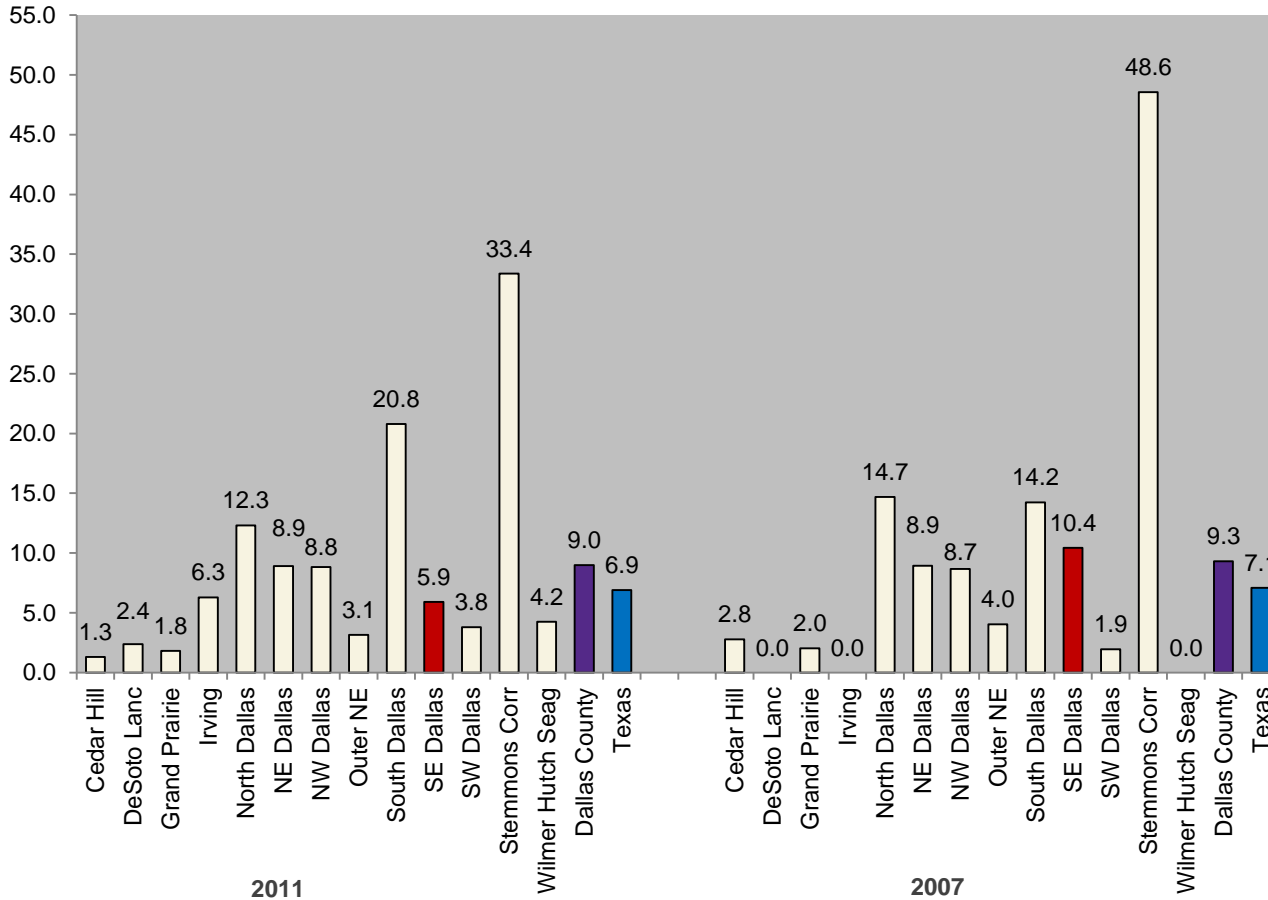


Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

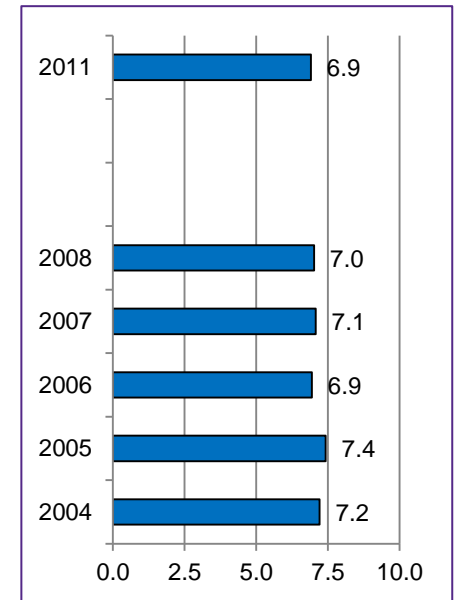
Risk Factors: Liquor Store Density, 2011

Southeast Dallas Service Area

Liquor Stores Per 100,000, 2011



Liquor Store Density, Stores per 100,000, State of Texas



Source: US Census Bureau, 2011 County Business Patterns; denominator population data from US Census Bureau; 2007 from US Census Bureau, 2007 Economic Census; denominator population data from Claritas, Inc.; Dallas County and State of Texas data from US Census Bureau, NIACS annual business estimates

- – Doing better than the benchmark
- – Same as/not significantly different from the benchmark
- – Worse than the benchmark




Health Risk Behaviors

Injury Prevention

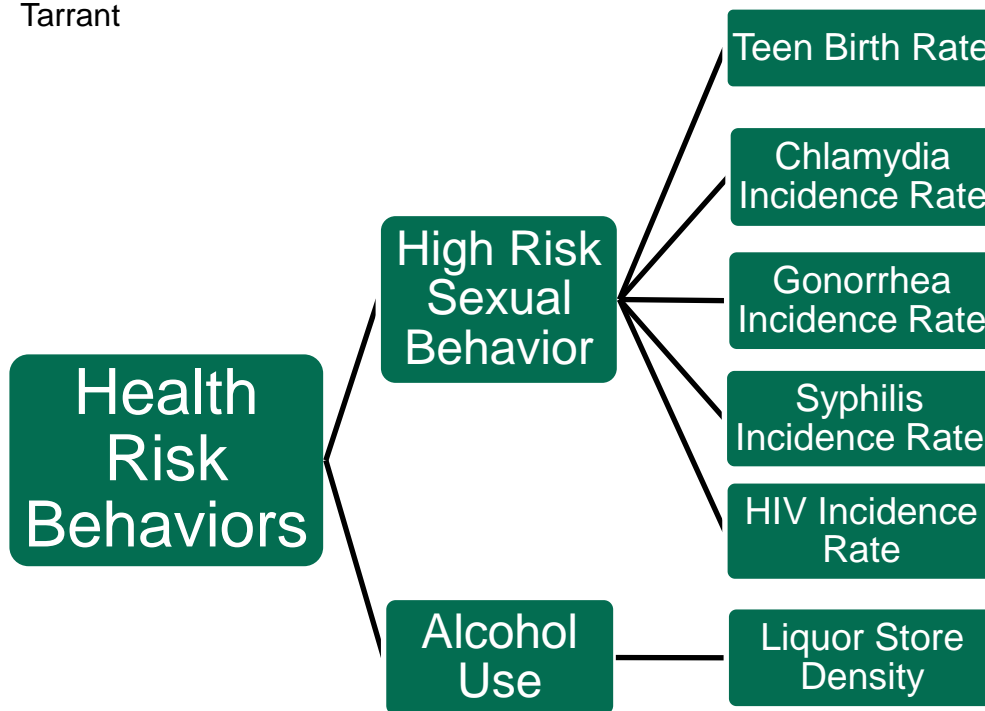
- Motor Vehicle Crash Death Rate
- Accidental Poisoning Death Rate
- Accidental Falls Death Rate
- Senior Falls Death Rate
- Suicide Death Rate
- Homicide Death Rate
- Emergency Department Injury Visits


*Benchmark Counties are:
Maricopa, Los Angeles, Cook,
Miami-Dade, Bexar, Harris and
Tarrant

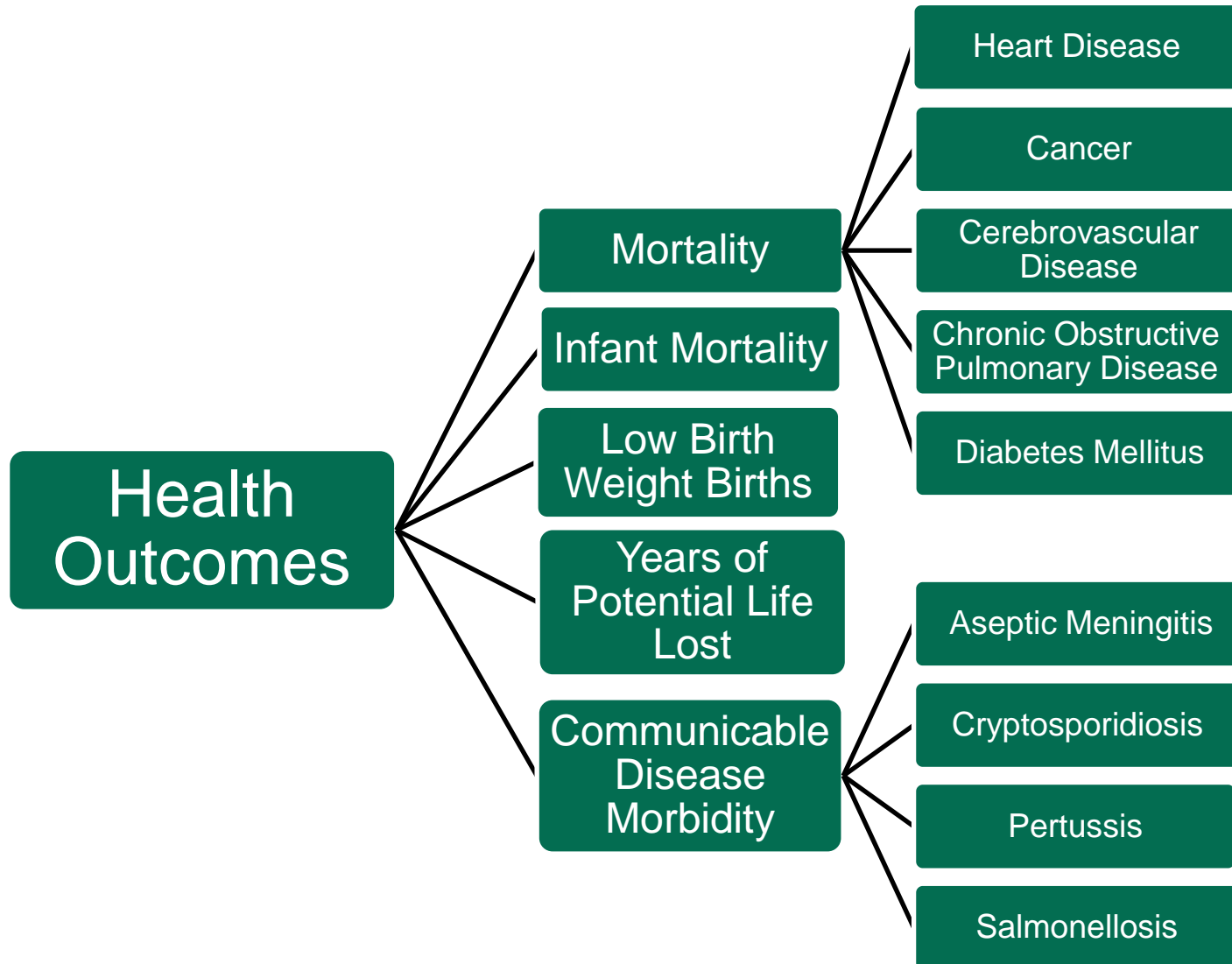
Southeast Dallas Compared to Healthy People 2020 Goal	Southeast Dallas Compared to Benchmark Counties* (Quartiles)	Southeast Dallas Compared to Past Years' Data (CI)
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●

-  – Doing better than the benchmark
-  – Same as/not significantly different from the benchmark
-  – Worse than the benchmark

*Benchmark Counties are:
Maricopa, Los Angeles, Cook,
Miami-Dade, Bexar, Harris and
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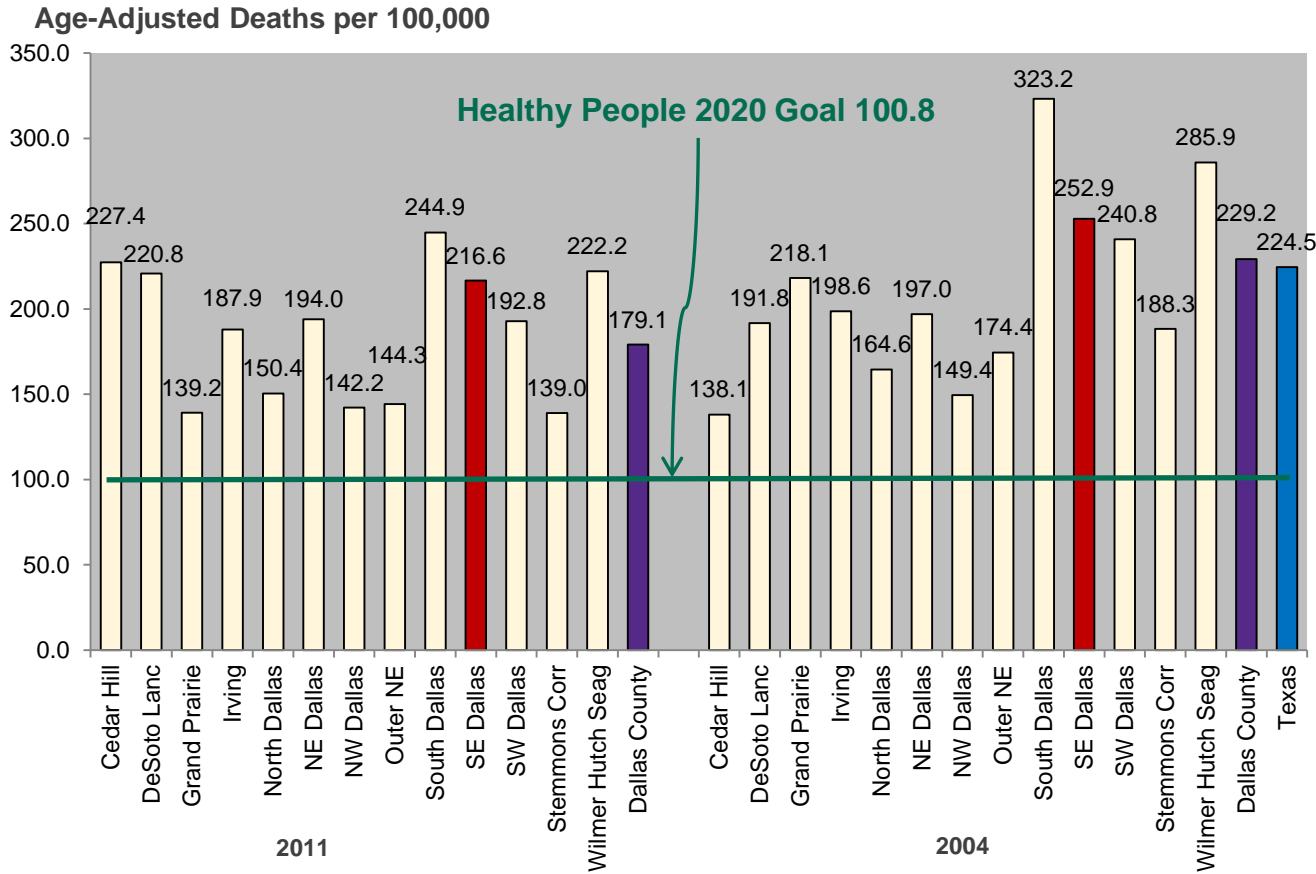


Southeast Dallas Compared to Healthy People 2020 Goal	Southeast Dallas Compared to Benchmark Counties* (Quartiles)	Southeast Dallas Compared to Past Years' Data (CI)
		
N/A		
N/A		
N/A		
N/A		
N/A		N/A

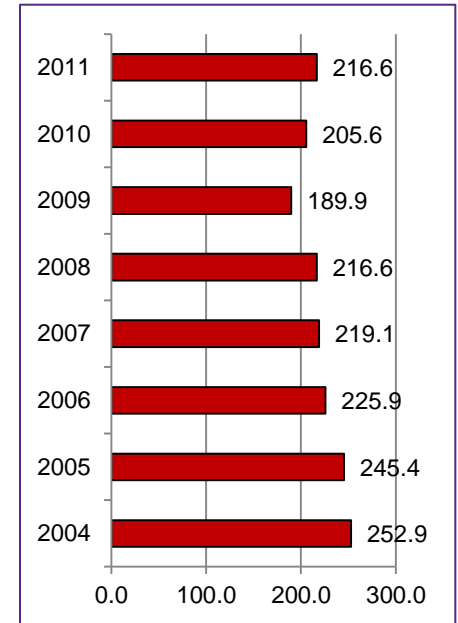


Health Outcomes: Heart Disease Mortality Rates

Southeast Dallas Service Area



Heart Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area

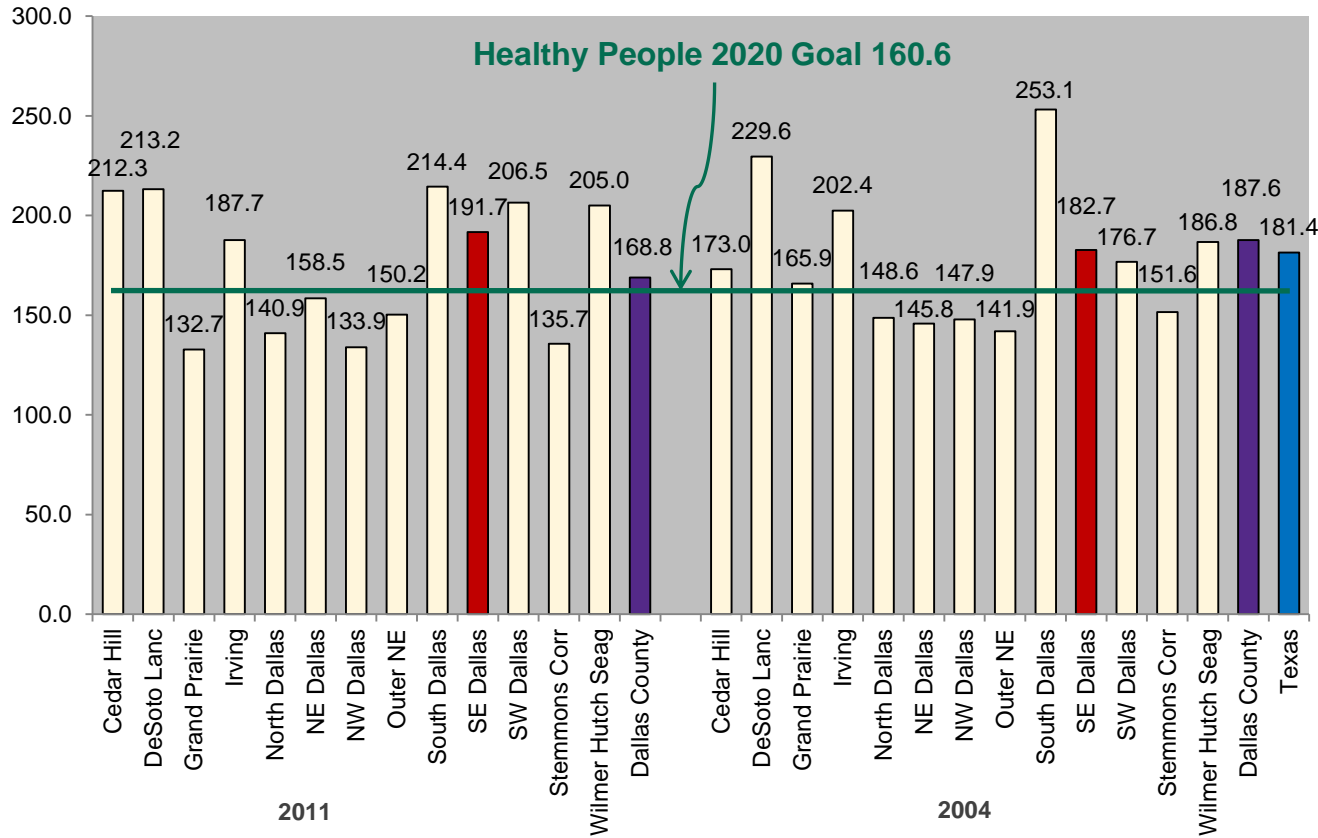


Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

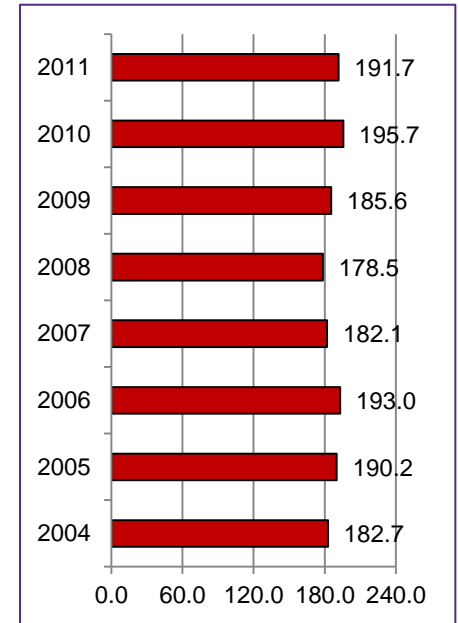
Health Outcomes: Cancer Mortality Rates

Southeast Dallas Service Area

Age-Adjusted Deaths per 100,000



Cancer Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area

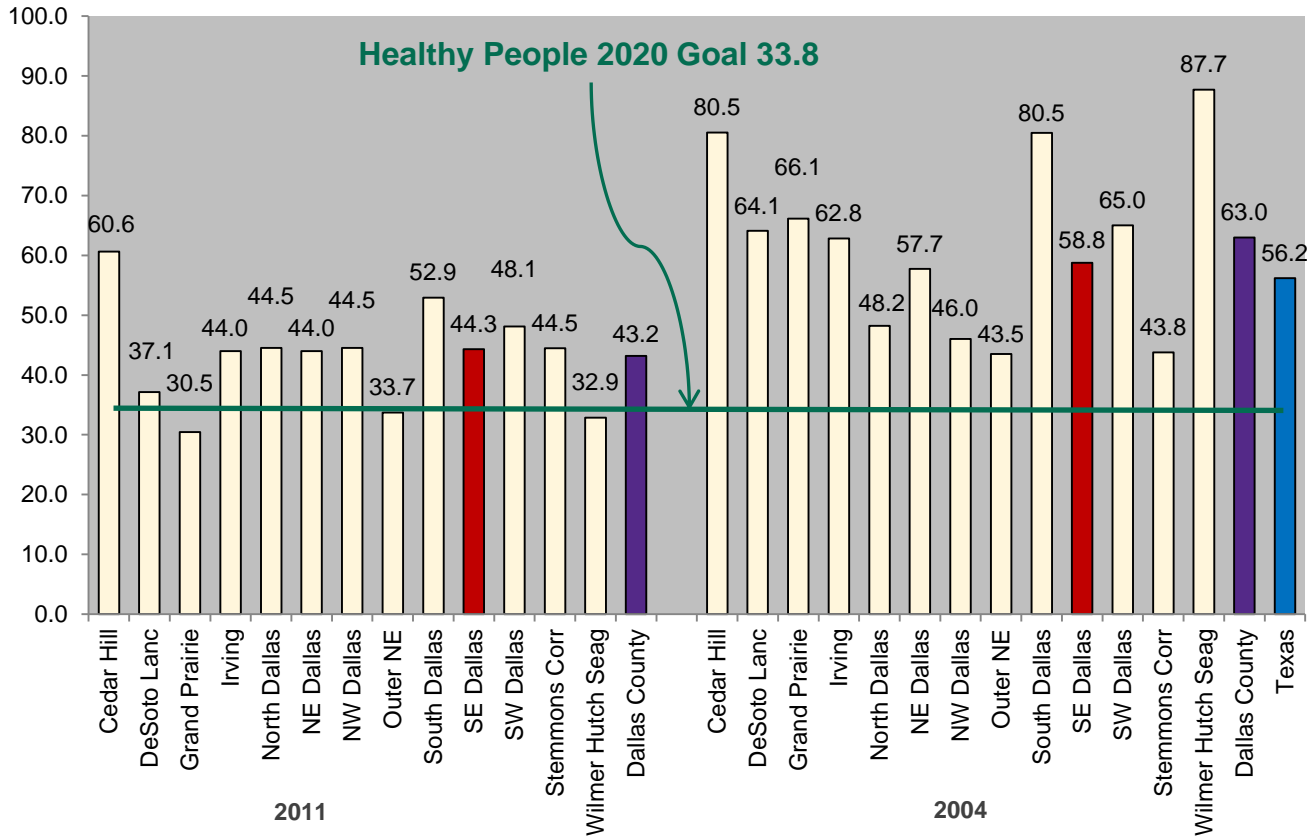


Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

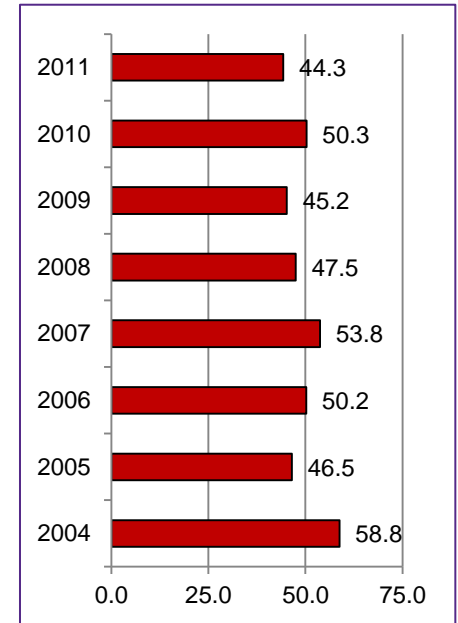
Health Outcomes: Cerebrovascular Disease Mortality Rates

Southeast Dallas Service Area

Age-Adjusted Deaths per 100,000



Cerebrovascular Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area

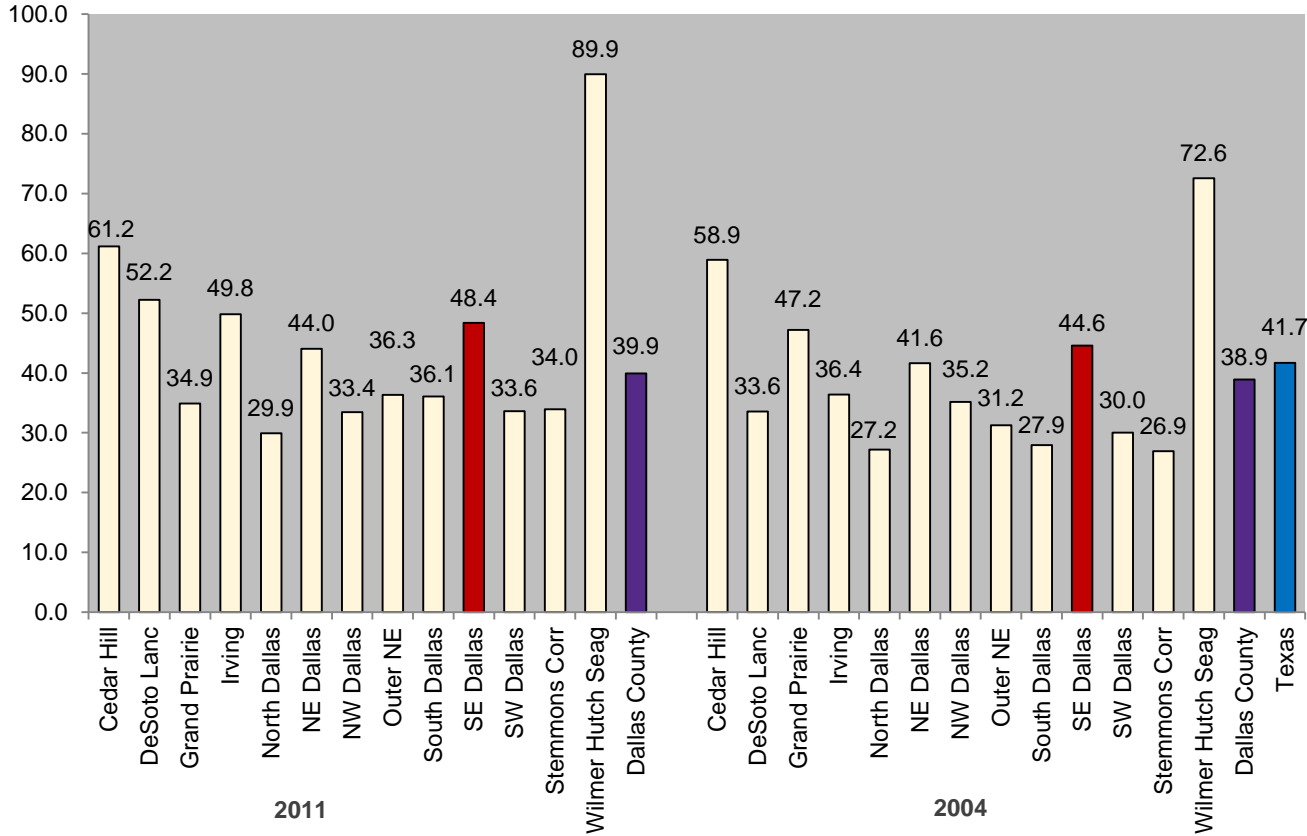


Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.

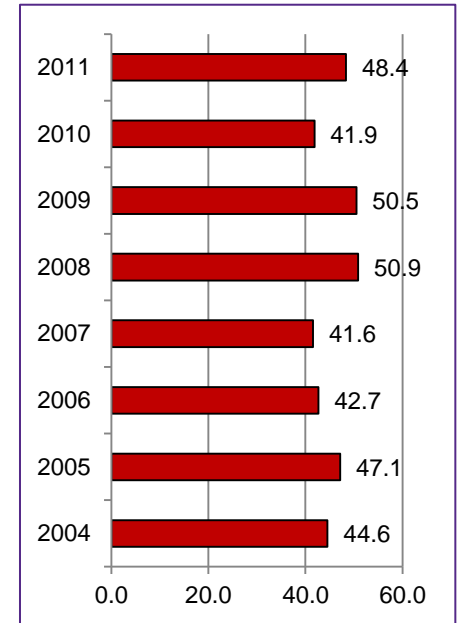
Health Outcomes: Chronic Obstructive Pulmonary Disease Mortality Rates

Southeast Dallas Service Area

Age-Adjusted Deaths per 100,000



Chronic Obstructive Pulmonary Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



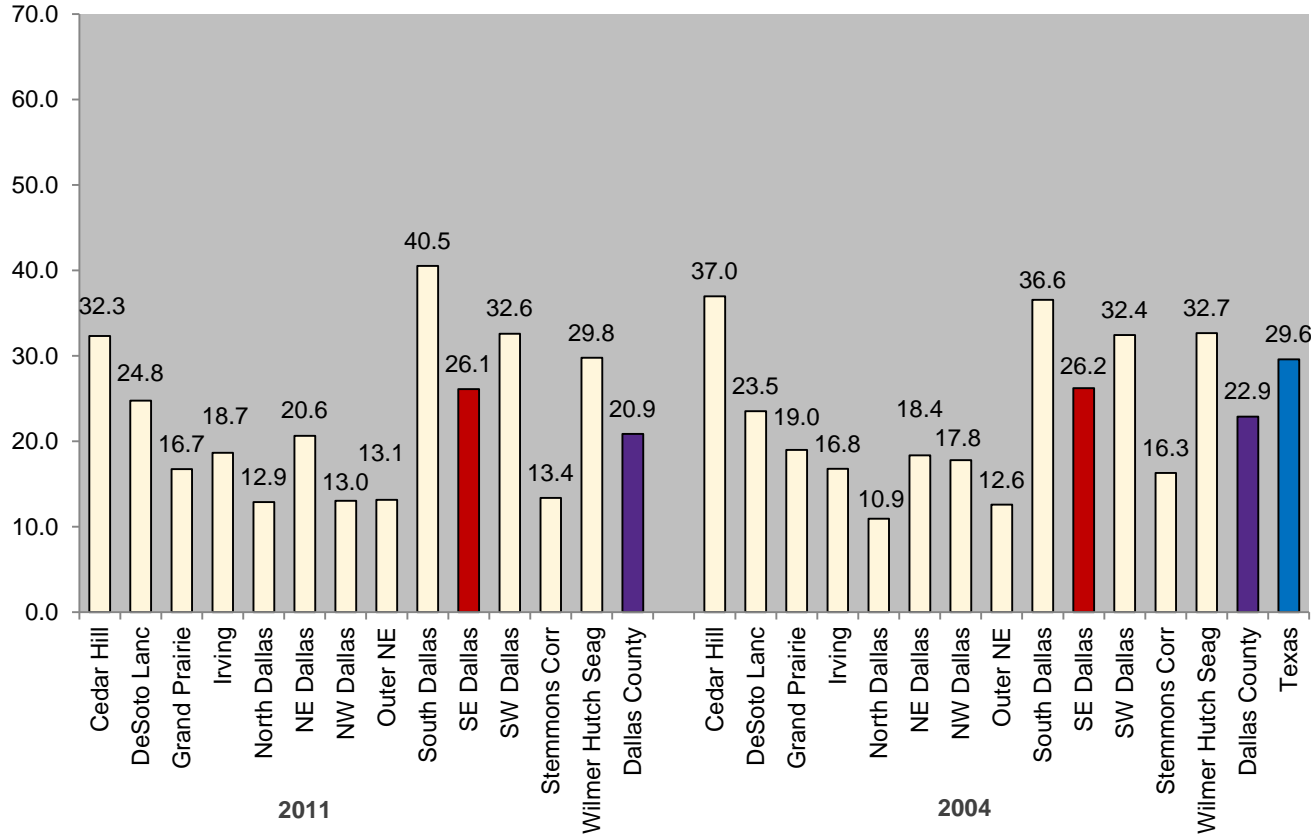
NOTE: No Healthy People 2020 goal matches this metric.

Health Outcomes: Diabetes

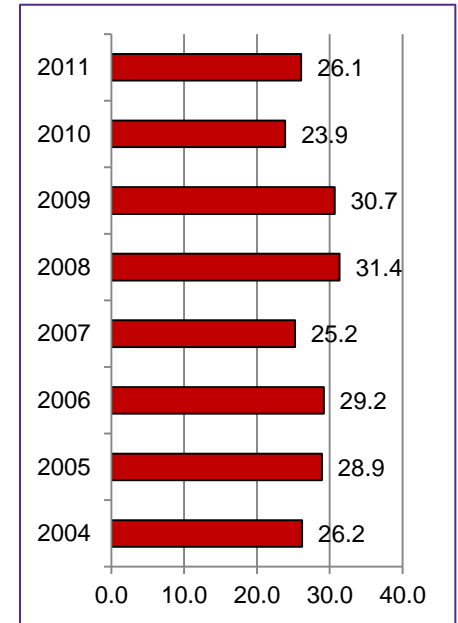
Mortality Rates

Southeast Dallas Service Area

Age-Adjusted Deaths per 100,000



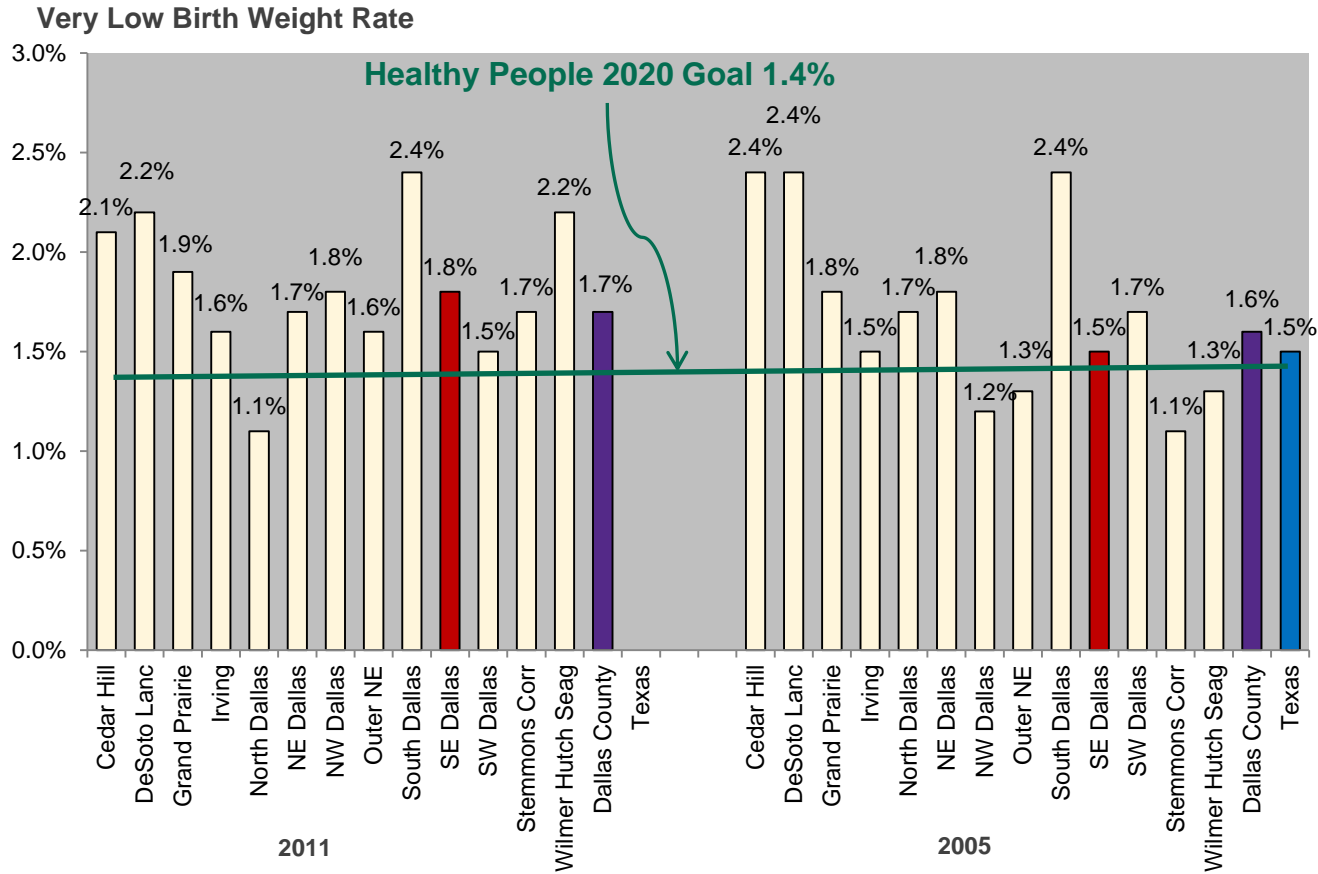
Diabetes Mellitus Mortality Rate, Age-Adjusted Death Rate per 100,000, Southeast Dallas Service Area



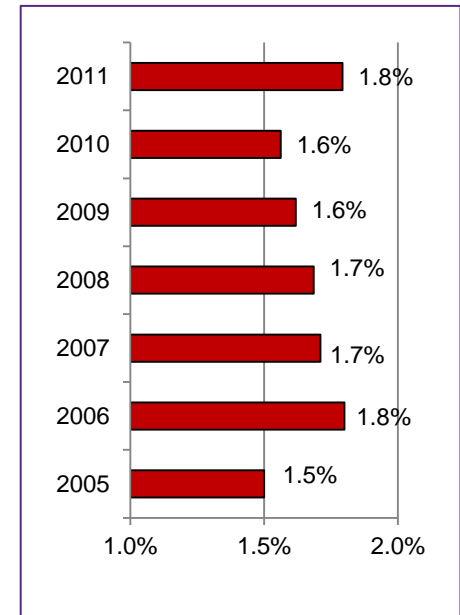
NOTE: No Healthy People 2020 goal matches this metric.

Health Outcomes: Birth Outcomes, Rate of Very Low Birth Weight Births

Southeast Dallas Service Area



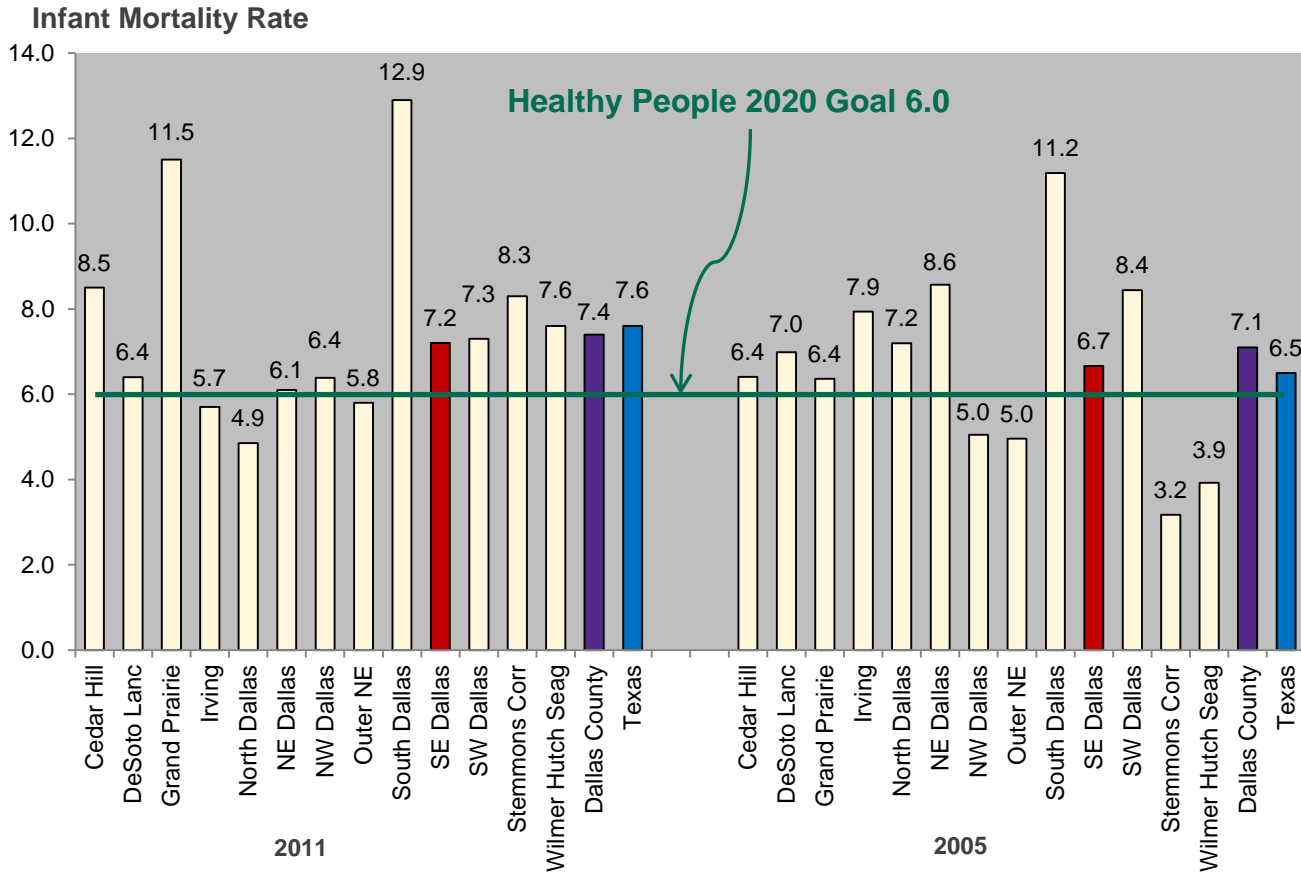
Very Low Birth Weight Rate, % of Births Below 1500 Grams at Birth, Southeast Dallas Service Area



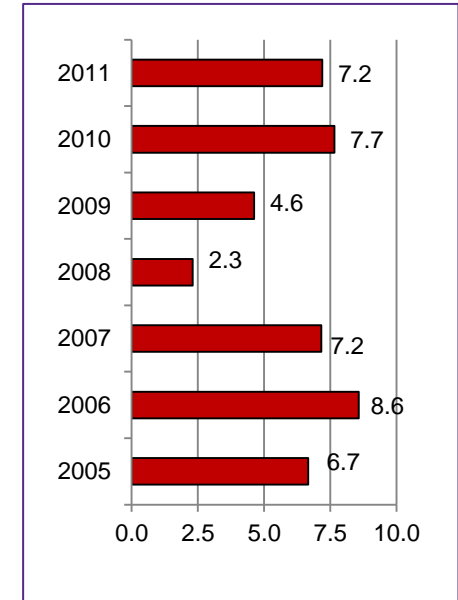
Source: Texas Department of State Health Services, Bureau of Vital Statistics

Health Outcomes: Birth Outcomes, Infant Mortality Rate

Southeast Dallas Service Area



Infant Mortality Rate, Deaths per 1,000 Live Births, Southeast Dallas Service Area

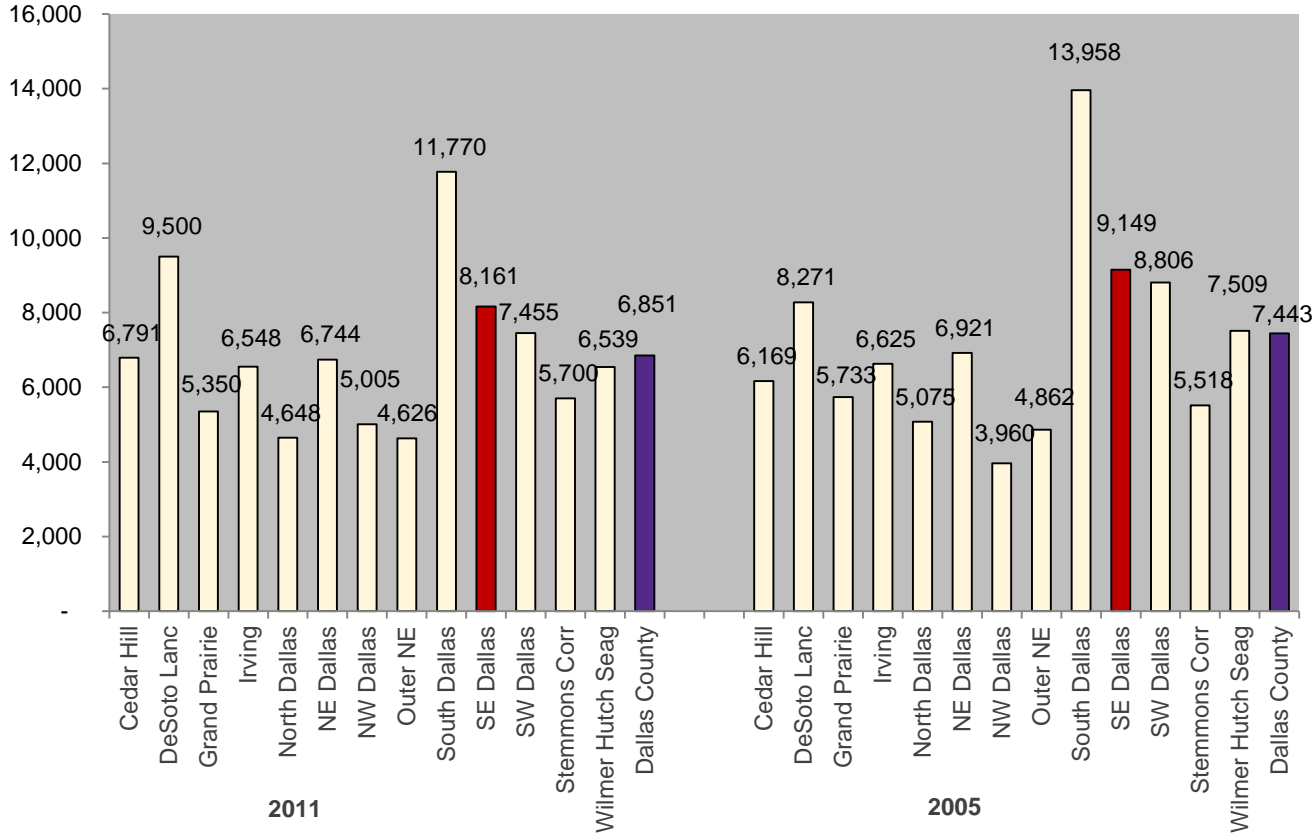


Source: Texas Department of State Health Services, Bureau of Vital Statistics

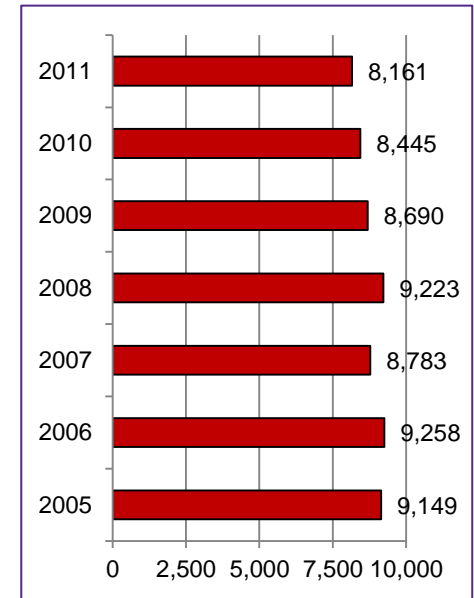
Health Outcomes: Years of Potential Life Lost, All Causes

Southeast Dallas Service Area

Years of Potential Life Lost Rate per 100,000*



Years of Potential Life Lost Rate*, per 100,000, Southeast Dallas Service Area

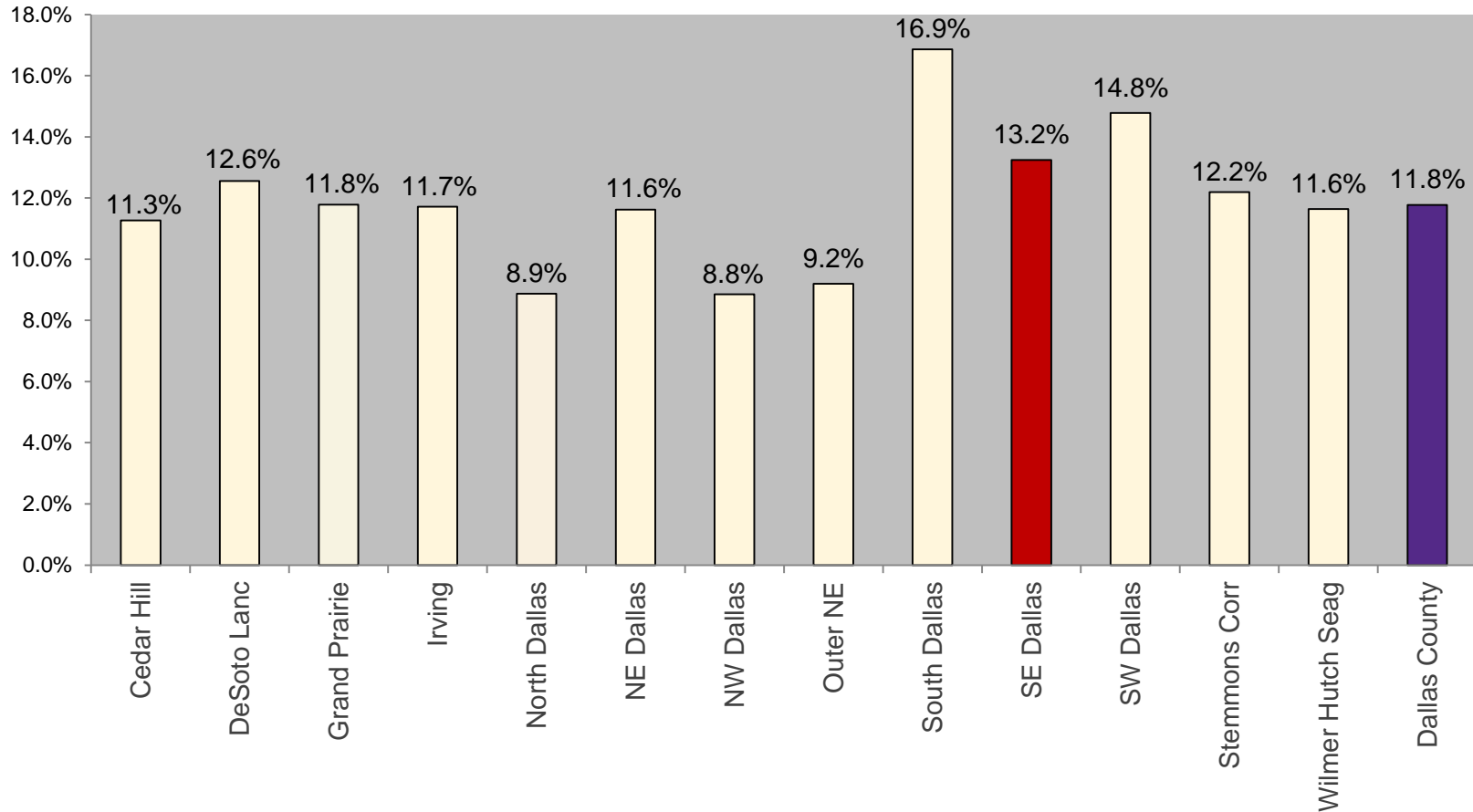


***Years of Potential Life Lost Rate is defined as the rate of deaths under age 75 per 100,000 population under age 75.**

Health Outcomes: Estimated Diabetes Prevalence Rates (Diagnosed and Undiagnosed)

Southeast Dallas Service Area

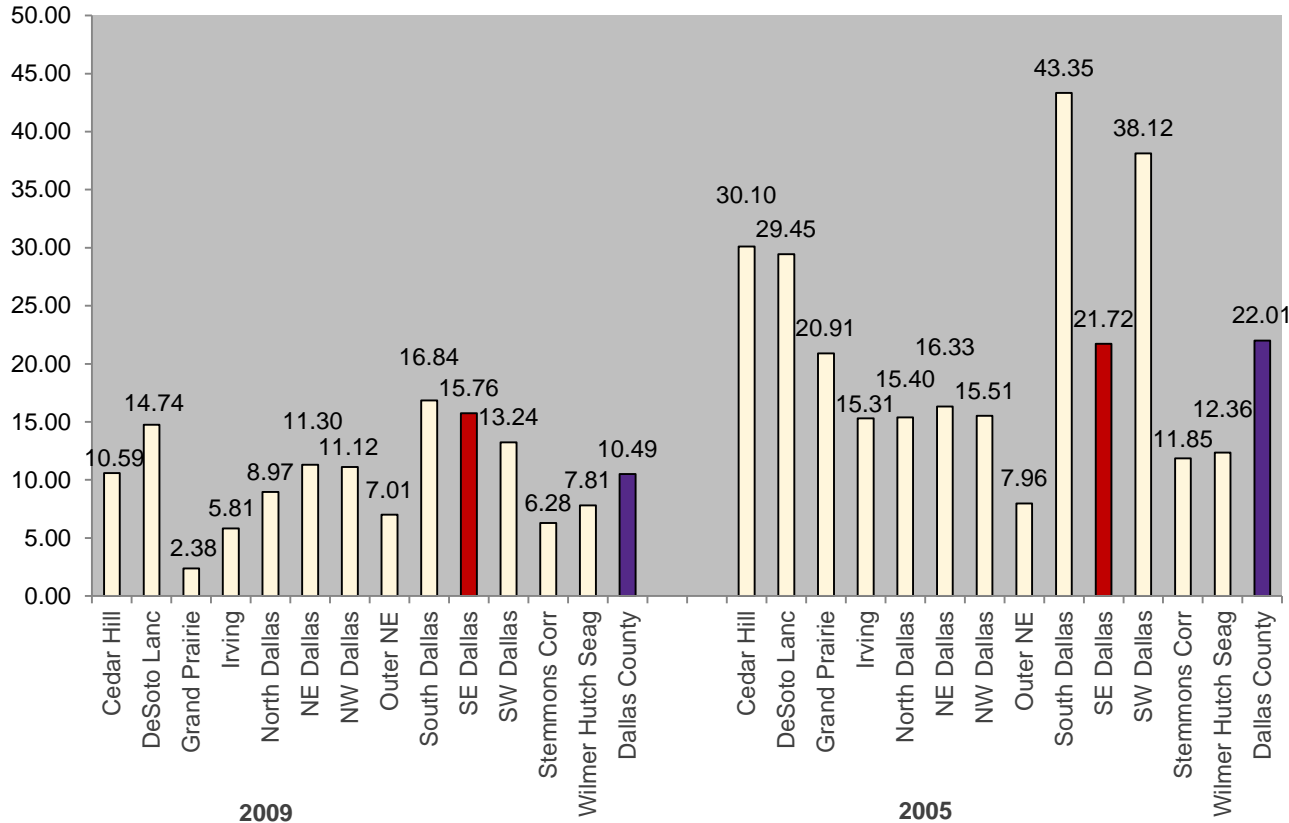
Diabetes Prevalence, percent



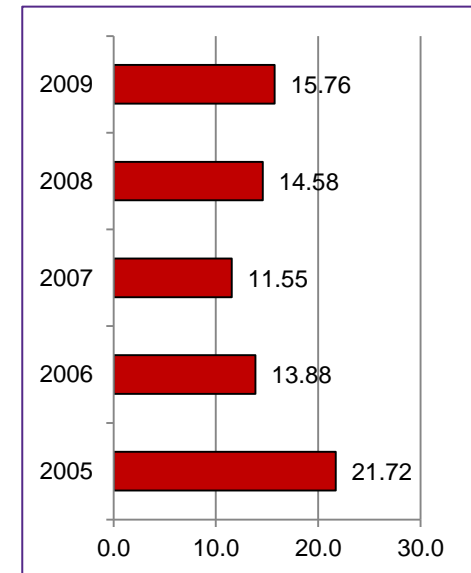
Health Outcomes: Reportable Communicable Disease Rates

Southeast Dallas Service Area

Aseptic Meningitis Incidence, per 100,000



Aseptic Meningitis Incidence Rate, per 100,000, Southeast Dallas Service Area

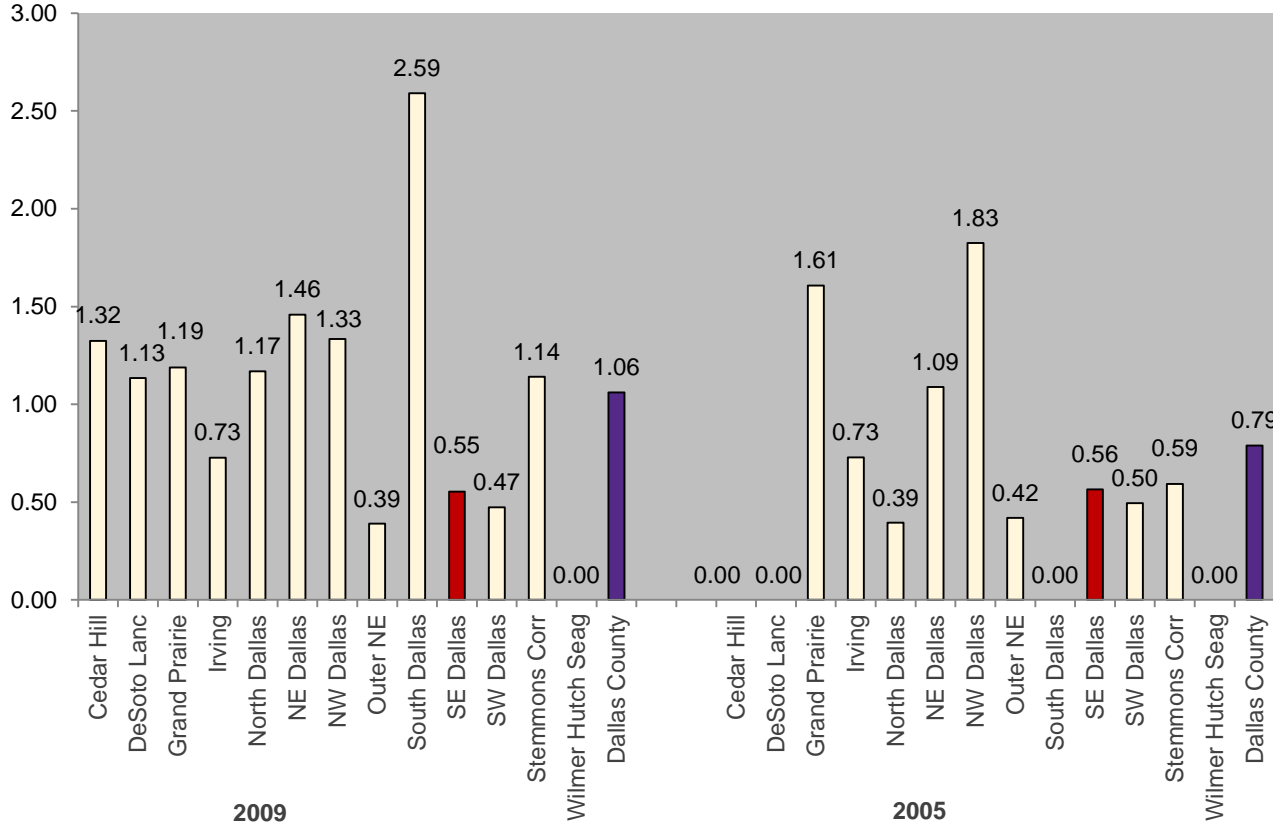


Source: Texas Department of State Health Services, Infectious Disease Control Unit, unpublished data; denominator population data from Claritas, Inc.; 2005 Dallas County data from Dallas County Health and Human Services web site: <http://www.dallascounty.org/departments/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf>; 2005 Dallas County denominator population data from American Community Survey.

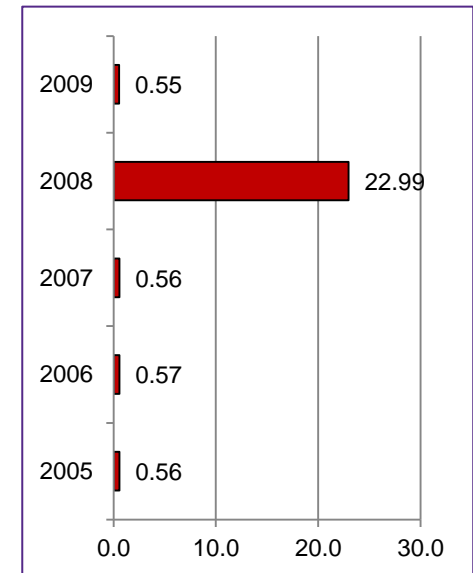
Health Outcomes: Reportable Communicable Disease Rates

Southeast Dallas Service Area

Cryptosporidiosis Incidence, per 100,000



Cryptosporidiosis Incidence Rate, per 100,000, Southeast Dallas Service Area



Source: Texas Department of State Health Services, Infectious Disease Control Unit, unpublished data; denominator population data from Claritas, Inc.; 2005 Dallas County data from Dallas County Health and Human Services web site:

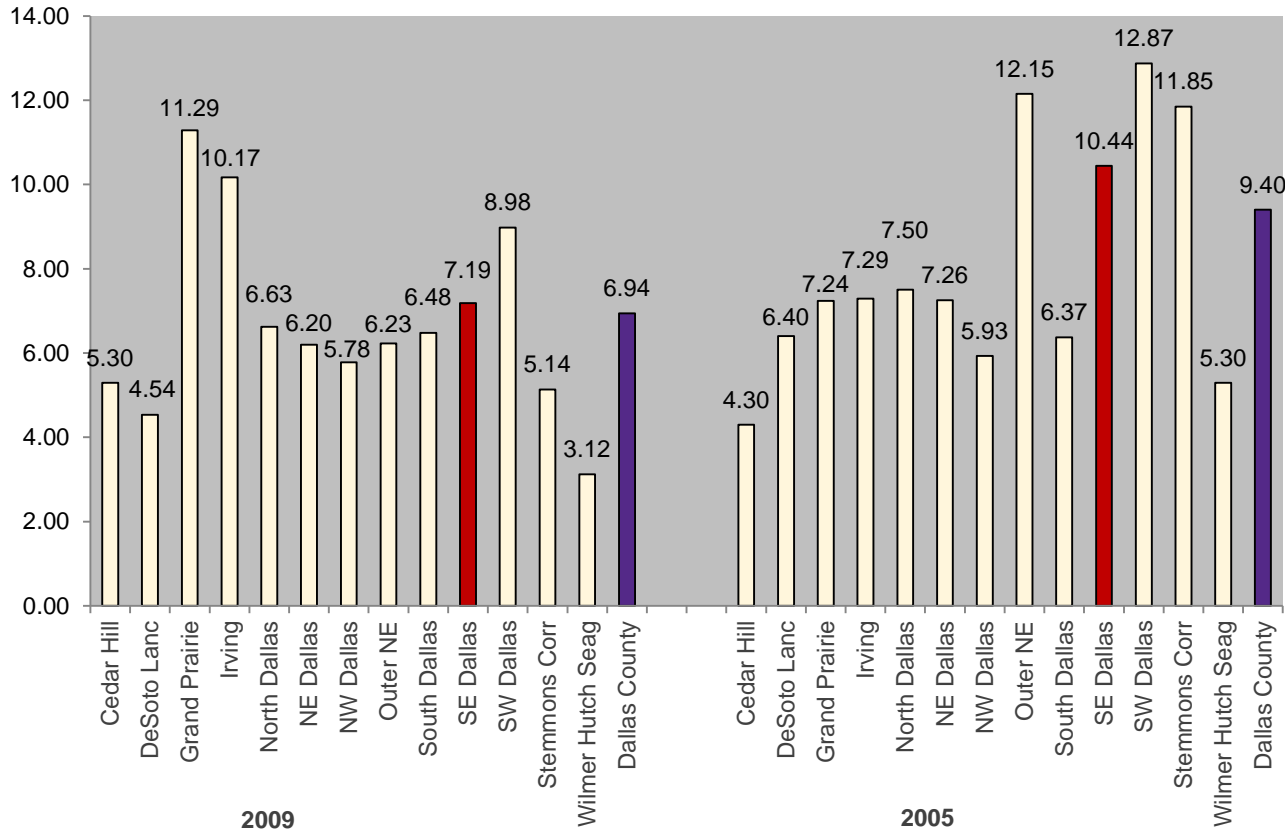
<http://www.dallascounty.org/departments/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf>;

2005 Dallas County denominator population data from American Community Survey.

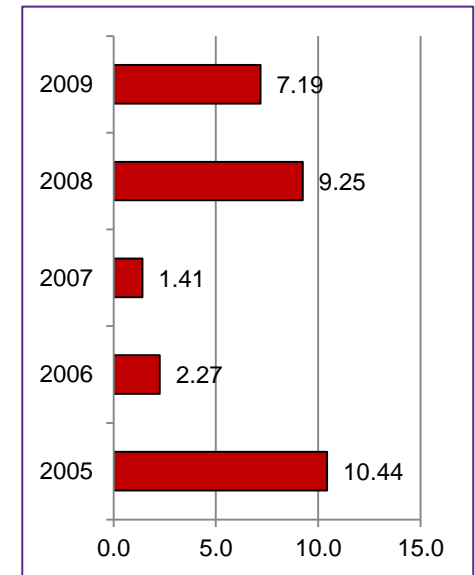
Health Outcomes: Reportable Communicable Disease Rates

Southeast Dallas Service Area

Pertussis Incidence, per 100,000



Pertussis Incidence Rate, per 100,000, Southeast Dallas Service Area

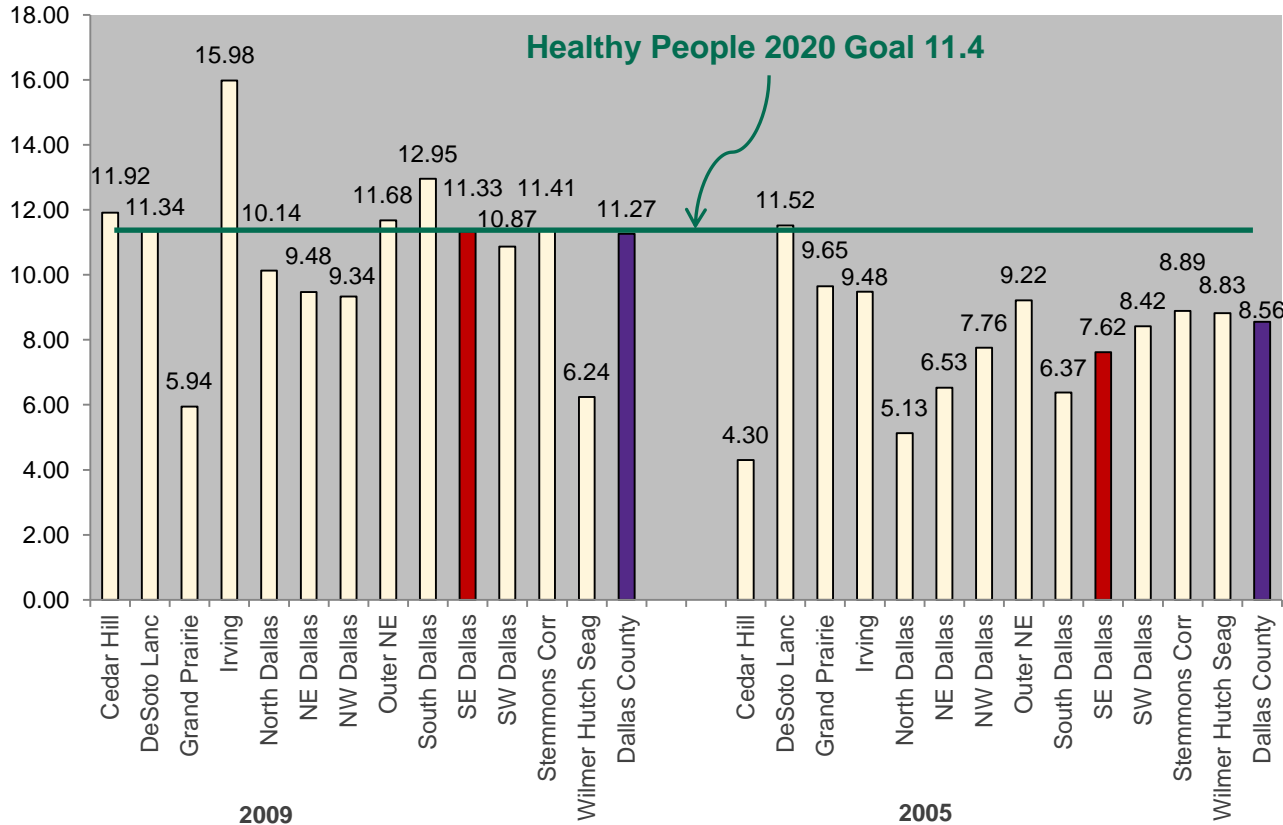


Source: Texas Department of State Health Services, Infectious Disease Control Unit, unpublished data; denominator population data from Claritas, Inc.; 2005 Dallas County data from Dallas County Health and Human Services web site: <http://www.dallascounty.org/departments/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf>; 2005 Dallas County denominator population data from American Community Survey.

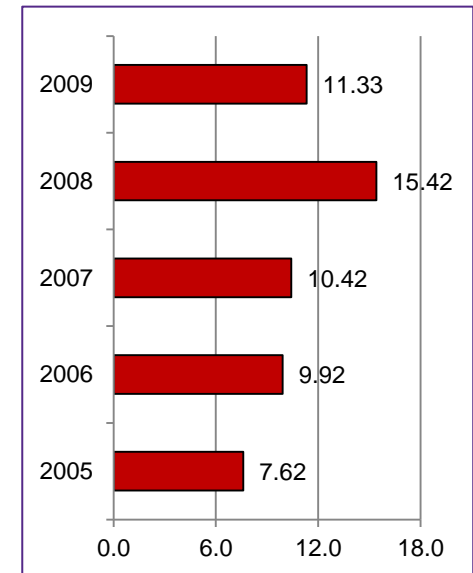
Health Outcomes: Reportable Communicable Disease Rates

Southeast Dallas Service Area

Salmonellosis Incidence, per 100,000

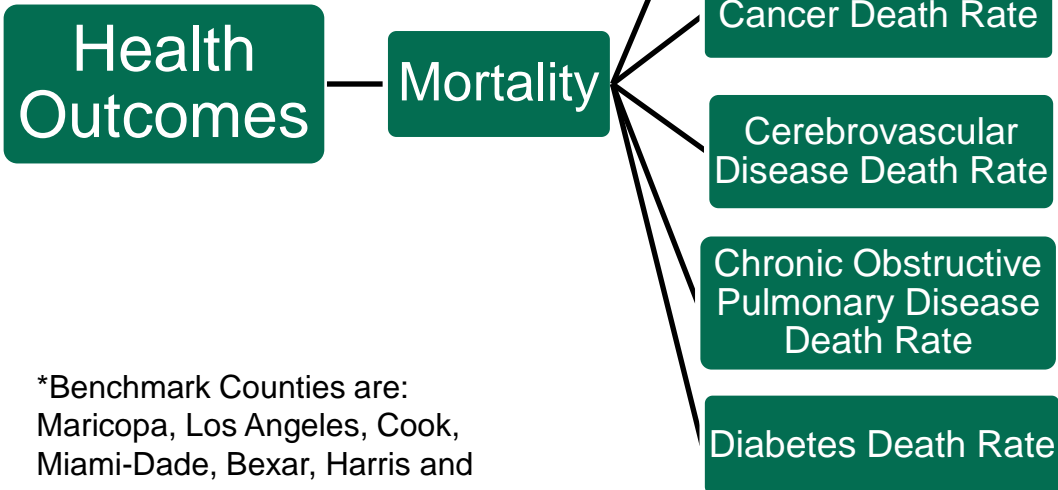


Salmonellosis Incidence Rate, per 100,000, Southeast Dallas Service Area



Source: Texas Department of State Health Services, Infectious Disease Control Unit, unpublished data; denominator population data from Claritas, Inc.; 2005 Dallas County data from Dallas County Health and Human Services web site: <http://www.dallascounty.org/departments/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf>; 2005 Dallas County denominator population data from American Community Survey.

- – Doing better than the benchmark
- – Same as/not significantly different from the benchmark
- – Worse than the benchmark

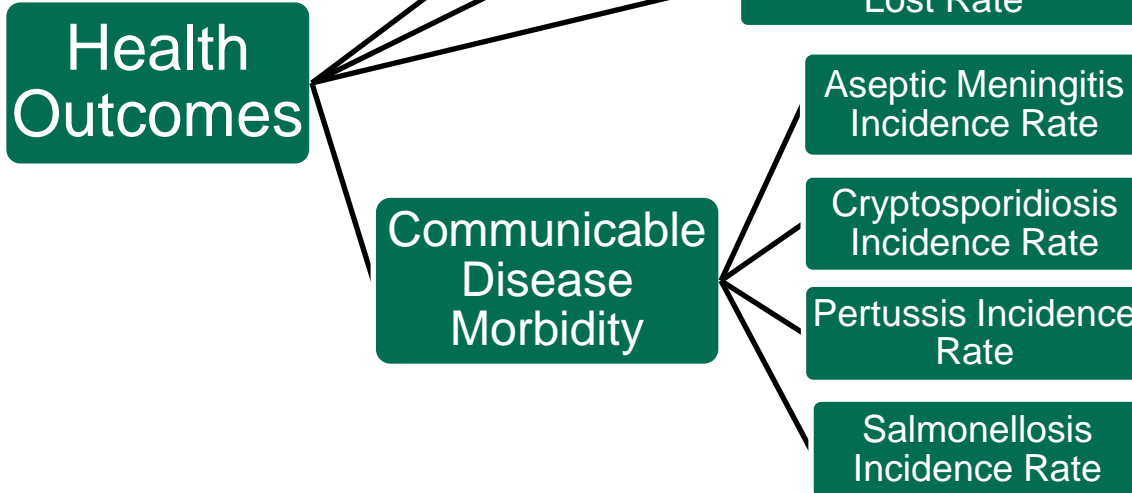


*Benchmark Counties are:
Maricopa, Los Angeles, Cook,
Miami-Dade, Bexar, Harris and
Tarrant

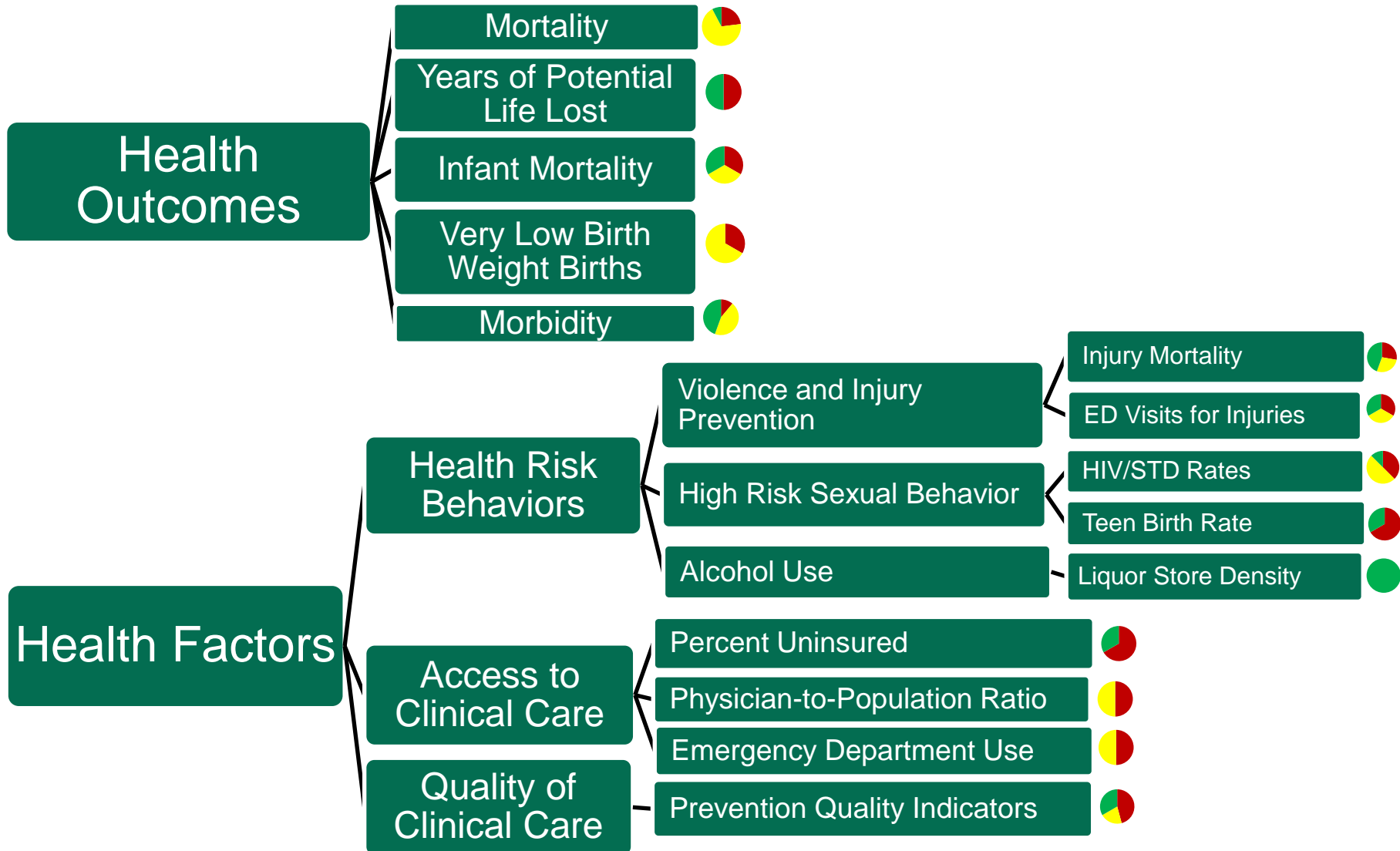
	Southeast Dallas Compared to Healthy People 2020 Goal	Southeast Dallas Compared to Benchmark Counties* (Quartiles)	Southeast Dallas Compared to Past Years' Data (CI)
Heart Disease Death Rate	●	●	●
Cancer Death Rate	●	●	●
Cerebrovascular Disease Death Rate	●	●	●
Chronic Obstructive Pulmonary Disease Death Rate	N/A	●	●
Diabetes Death Rate	N/A	●	●

- – Doing better than the benchmark
- – Same as/not significantly different from the benchmark
- – Worse than the benchmark

*Benchmark Counties are:
Maricopa, Los Angeles, Cook,
Miami-Dade, Bexar, Harris and
Tarrant

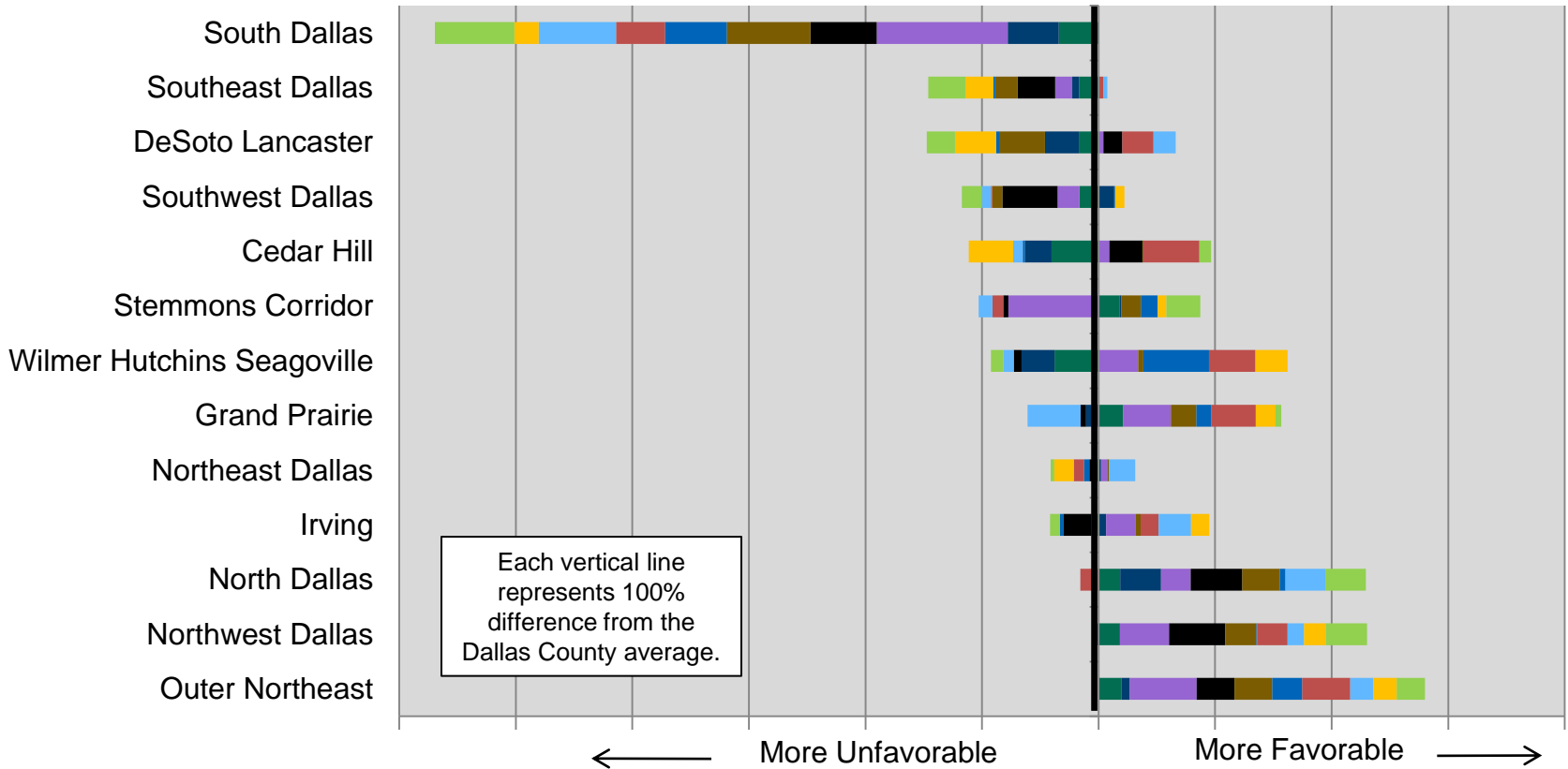


Southeast Dallas Compared to Healthy People 2020 Goal	Southeast Dallas Compared to Benchmark Counties* (Quartiles)	Southeast Dallas Compared to Past Years' Data (CI)
●	●	●
●	●	●
N/A	●	●
N/A	●	●
N/A	●	●
N/A	●	●
●	●	●





Parkland Deviations from the Dallas County mean



NOTE: All data are from the years 2009-2012, years available varies by topic.

Percent Difference from the Dallas County Average

- Mortality
- VLBW
- High Risk Sexual Behavior
- Socioeconomic
- YPLL
- Morbidity
- Access to Clinical Care
- Infant Mortality
- Violence and Injury
- Preventable Hospitalizations

Methods of calculating deviations from the Dallas County mean for the preceding chart

- **Mortality.** For each service area and for Dallas County, add the 2011 age-adjusted death rates per 100,000 for the five leading causes of death, to get a single number. Calculate for each service area the percent deviation from the Dallas County total, from -infinity to +infinity. That deviation is the mortality deviation for the chart. Because heart disease and cancer predominate, this tends to over-weight these two causes compared to the other three (stroke, COPD and diabetes).
- **Years of potential life lost.** Using the Years of Potential Life Lost Rate per 100,000, calculate for each service area the percent deviation from the Dallas County YPLL rate, from -infinity to +infinity. That deviation is the YPLL deviation for the chart.
- **Infant Mortality.** Using the Infant mortality rate per 1,000 live births, calculate for each service area the percent deviation from the Dallas County infant mortality rate, from -infinity to +infinity. That deviation is the infant mortality deviation for the chart.
- **Very Low Birth Weight.** Using the Very Low Birth Weight rate per 1,000 live births, calculate for each service area the percent deviation from the Dallas County VLBW rate, from -infinity to +infinity. That deviation is the VLBW deviation for the chart.
- **Morbidity.** For each service area and for Dallas County, add the 2009 incidence rates per 100,000 for the four reportable diseases (aseptic meningitis, cryptosporidiosis, pertussis, salmonellosis), to get a single number. Calculate for each service area the percent deviation from the Dallas County total, from -infinity to +infinity. That deviation is the morbidity deviation for the chart. Meningitis and salmonellosis are more common, so this tends to over-weight them, although all are fairly rare in a population sense.
- **Violence and Injury. Three steps:**
 - For each service area and for Dallas County, add the 2011 age-adjusted death rates for the injury-related causes of death (motor vehicle crashes, poisoning, falls, suicide and homicide) and the age-specific seniors falls death rate (all of which are in units of deaths per 100,000), to get a single number. Calculate for each service area the percent deviation from the Dallas County total, from -infinity to +infinity.
 - Then using the rate per 100,000 of ED visits for injuries, calculate for each service area the percent deviation from the Dallas County rate, from -infinity to +infinity.
 - Calculate the arithmetic mean of these two percent deviations. That is the Violence and Injury deviation for the chart. This might over-weight ED visits somewhat, but it is qualitatively different from mortality.

Methods of calculating deviations from the Dallas County mean for the preceding chart

- **High Risk Sexual Behavior. Three steps:**
 - For each service area and for Dallas County, add the 2011 incidence rates for three non-HIV STDs (Chlamydia, gonorrhea and syphilis), to get a single number in units of cases per 100,000. Calculate for each service area the percent deviation from the Dallas County total, from -infinity to +infinity.
 - Then using the rate of new HIV diagnoses per 100,000, calculate for each service area the percent deviation from the Dallas County rate, from -infinity to +infinity.
 - Then using the rate of births to girls 15-17, per population of girls 15-17, calculate for each service area the percent deviation from the Dallas County rate, from -infinity to +infinity.
 - Calculate the arithmetic mean of these three percent deviations. That is the High Risk Sexual Behavior deviation for the chart. This might under-weight syphilis somewhat. Each category is given an the equal statistical weight (STDs, HIV and teen births), since they are qualitatively quite different we probably can't resolve that to everyone's satisfaction.
- **Access to Clinical Care. For each service area and for Dallas County, add the 2011 percent of people without health insurance and rate of non-emergent ED user per 1000 population, then subtract the rate of primary care physicians per 100,000 population (since higher is better for this measure), to get a single number. Calculate for each service area the percent deviation of this total from the Dallas County total, from -infinity to +infinity. That deviation is the access to care deviation for the chart. Although these three measures are in different units, the values were in the range of 5-130 (in different units), such that the contributions of each of the three measures to the total was approximately equal.**
- **Quality of Clinical Care. There are 12 preventable hospitalization discharge rates for each service area, age-adjusted in units of discharges per 100,000. Some are more common, such as bacterial pneumonia (in the range of 100-400 discharges per 100,000), while some are more rare (around 5-10 per 100,000). So for each service area and for Dallas County, for each discharge category calculate the percent deviation from the Dallas County rate. Calculate the arithmetic average of these 12 deviations, that deviation is the quality of care deviation for the chart.**
- **Socioeconomic indicators. There are four socioeconomic indicators—percent age 65 or older, percent age birth to 14, percent of adults age 25+ without a high school diploma, percent of the population below the federal poverty limit. For each service area and for Dallas County, for each of these four indicators calculate the percent deviation from the Dallas County rate. Calculate the arithmetic average of these four deviations, that deviation is the socioeconomic deviation for the chart.**



- **Age Adjusted Death Rates:** Death rates that control for the effects in population age distributions. The centers for Disease Control and Prevention established the standard population weights for direct age adjustments. The need for age adjustment becomes particularly important when cause-specific mortality is of interest. Unadjusted rates for chronic diseases (cardiovascular diseases, cancers, or chronic lower respiratory diseases) may appear to be higher for older populations when compared to a younger population. With age-adjustment those differences may be reduced or even reversed. A mechanism for adjusting the age structure differences is needed to determine if there really are mortality differences between two populations. By applying age-specific mortality rates to a standard population, direct standardization controls for differences in population composition. Mortality trends can be more accurately compared along geographic, temporal, or race/ethnicity lines, etc. In short, standardization lets us look at what the death rate would be in one population if that population had the same age structure as the standard population. Beginning with 1999 events, the United States year 2000 population is used as the standard for age-adjusting.