Community Health

Assessment

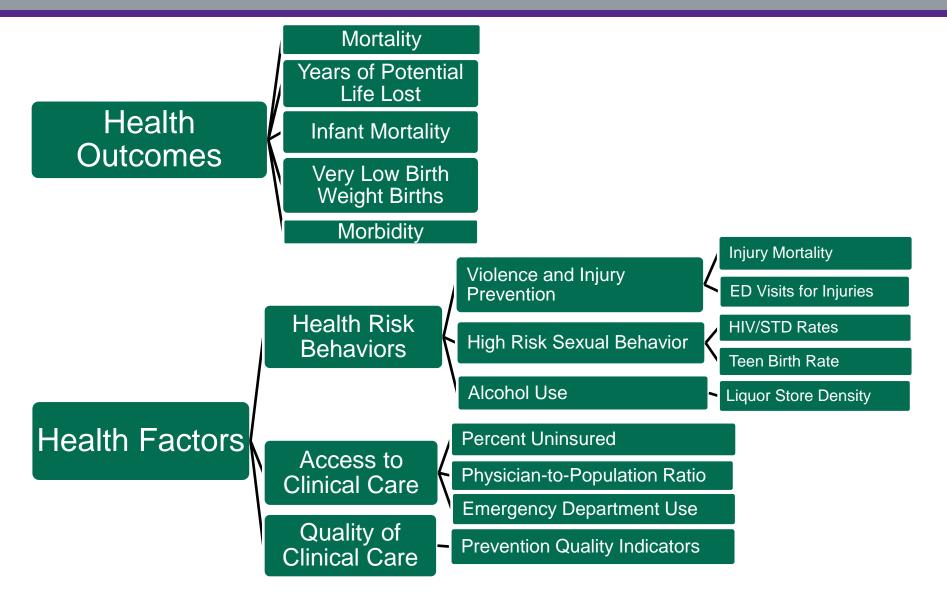
DeSoto Lancaster Service Area







Organizational Model For the Community Health Dashboard

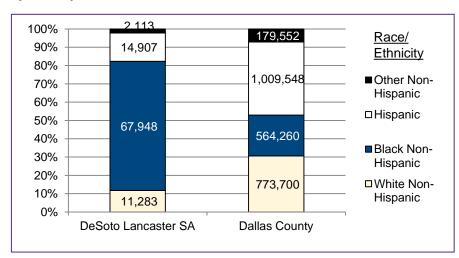


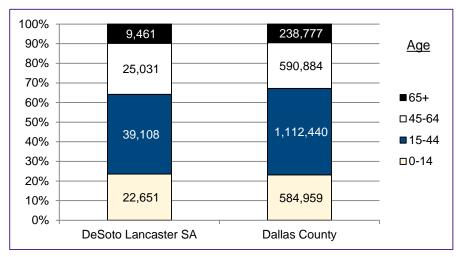


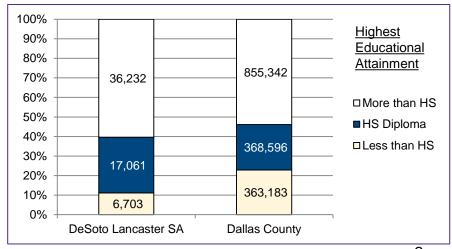
Demographic Profile

DeSoto Lancaster Service Area

- The population of the DeSoto Lancaster Service Area is older than than the county population with 9.8% of the population over the age of 65, compared to 9.5% for the County overall.
- The Service Area population has the highest percentage of African Americans (70.6%) compared with the county (22.3%).
- This Service Area also has a larger percentage of people with education beyond a high school diploma (60.4%) than Dallas County as a whole (53.9%).





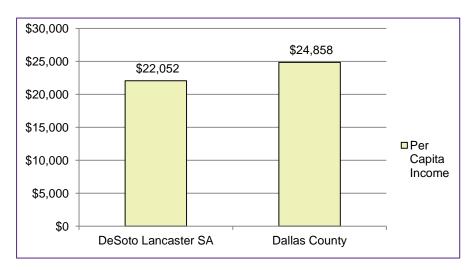


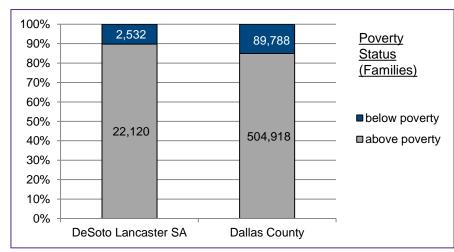


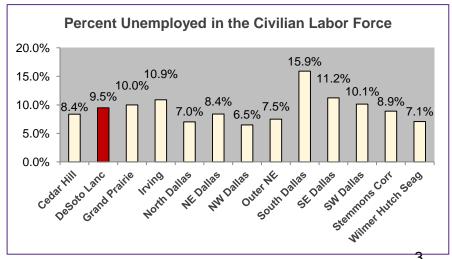
Demographic Profile

DeSoto Lancaster Service Area

- The population of the DeSoto Lancaster Service Area has relatively fewer families in poverty (10.2%) compared with the Dallas County rate (15.1%).
- DeSoto Lancaster has the 6th highest per capita income among the 13 Service Areas.
- This Service Area is ranked 8th among the 13 Service Areas in unemployment.

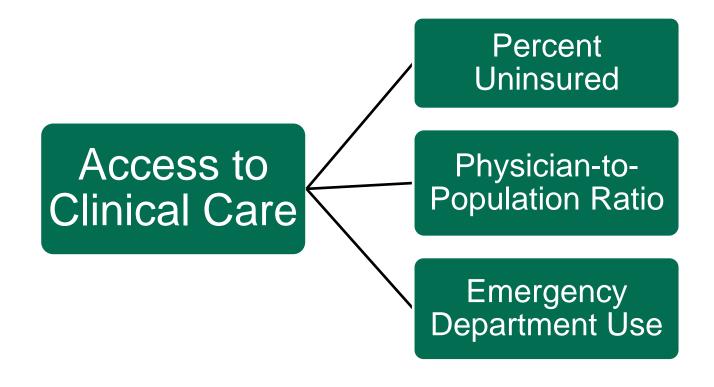






Source: Nielson/Claritas Pop-Facts mid-2013 version



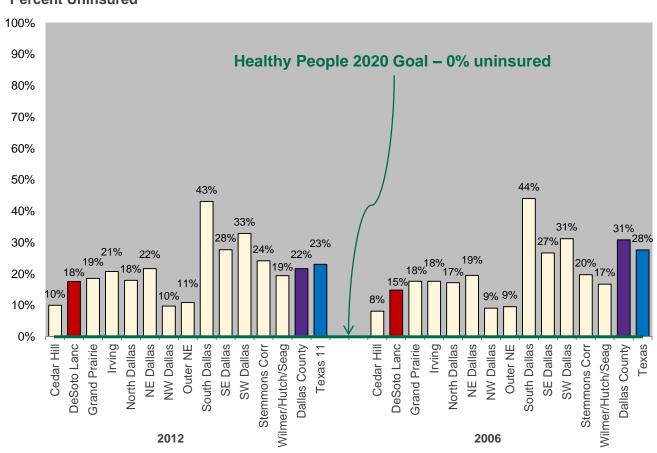




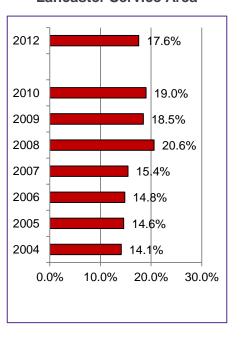
Access to Healthcare: Percent Without Healthcare Insurance

DeSoto Lancaster Service Area

Percent Uninsured



Percent Without Health Insurance, DeSoto Lancaster Service Area

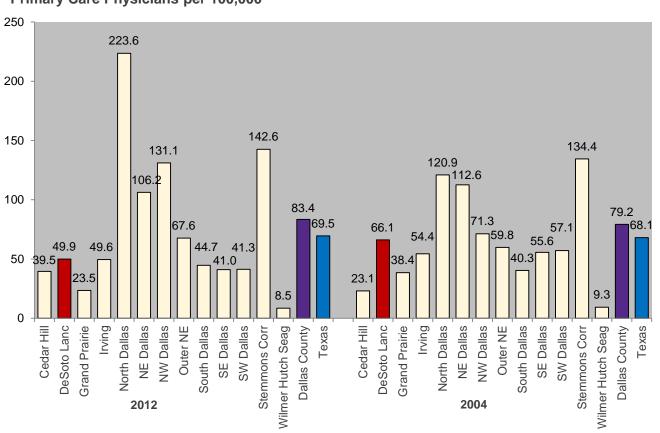




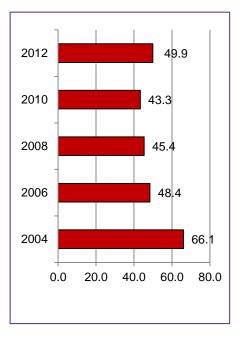
Access to Healthcare: Primary Care Physician-to-Population Ratio

DeSoto Lancaster Service Area

Primary Care Physicians per 100,000



Primary Care Physician-to-Population Ratio, per 100,000, DeSoto Lancaster 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.

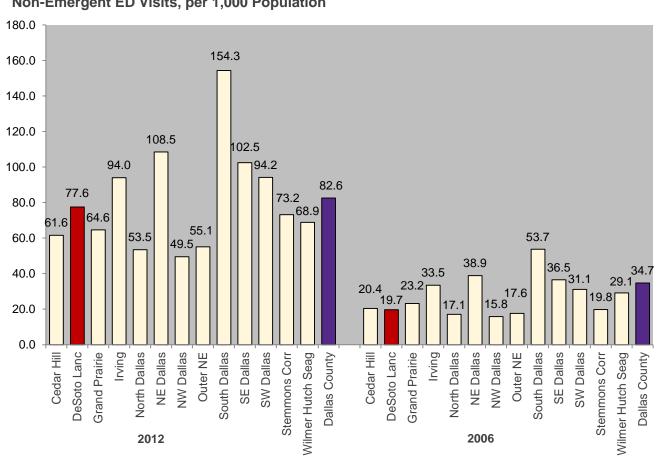
County and State source is Texas Bureau of Primary Care.



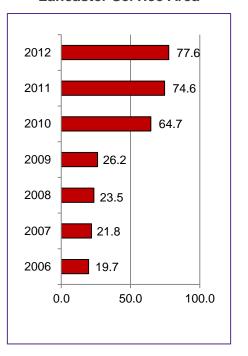
Access to Healthcare: Non-**Emergent ED Utilization**

DeSoto Lancaster Service Area

Non-Emergent ED Visits, per 1,000 Population

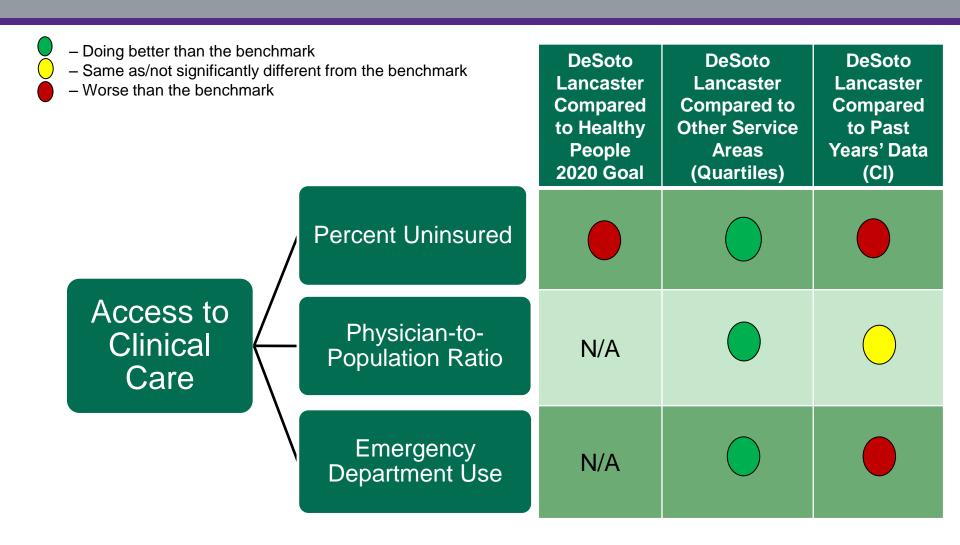


Rate of Non-Emergent ED Visits, per 1,000, DeSoto **Lancaster Service Area**



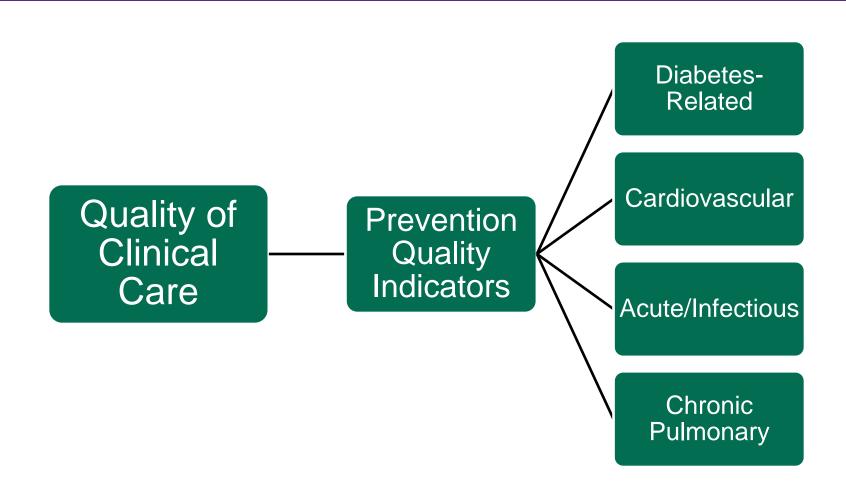


Access to Care



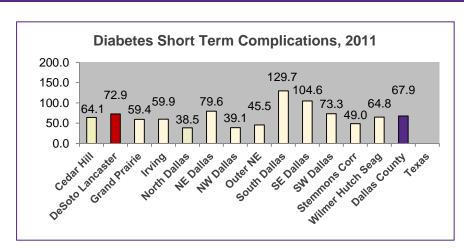


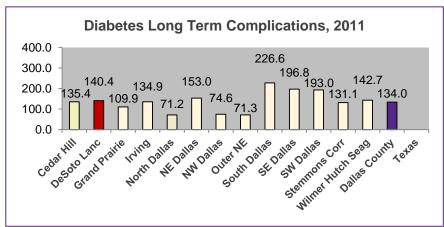
Quality of care

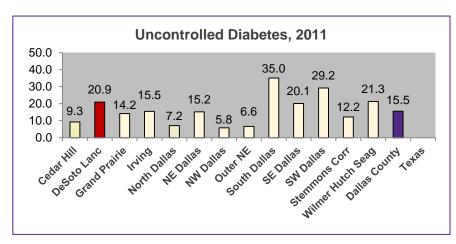


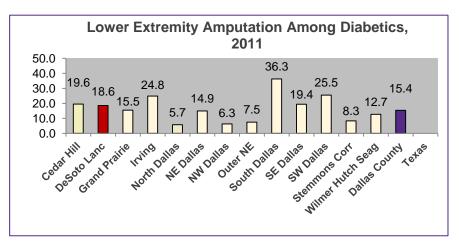


Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Diabetes-Related Hospitalizations DeSoto Lancaster Service Area



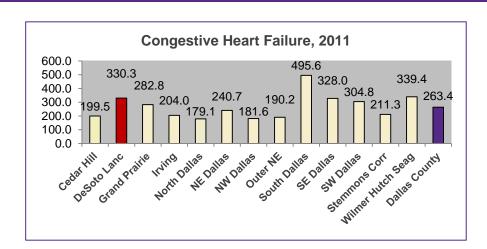


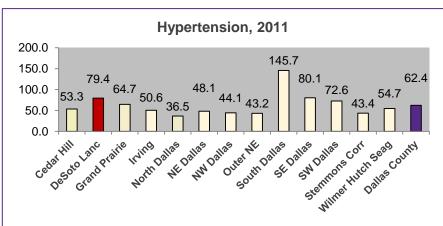


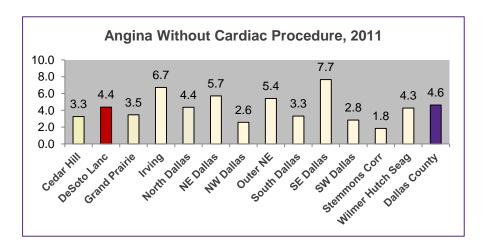




Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Cardiovascular Disease Hospitalizations DeSoto Lancaster Service Area

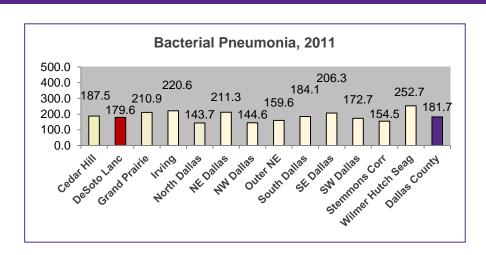


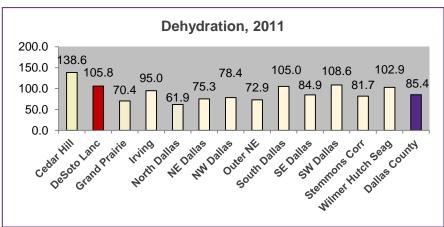


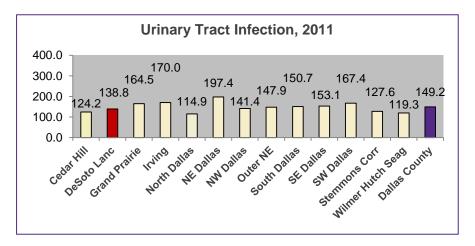




Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Acute/Infectious Disease Hospitalizations DeSoto Lancaster Service Area

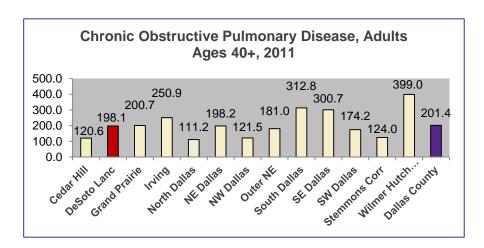


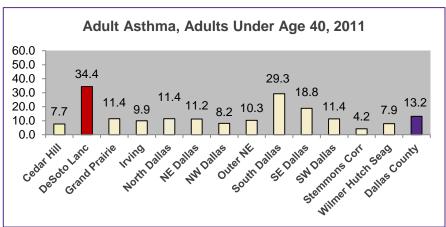






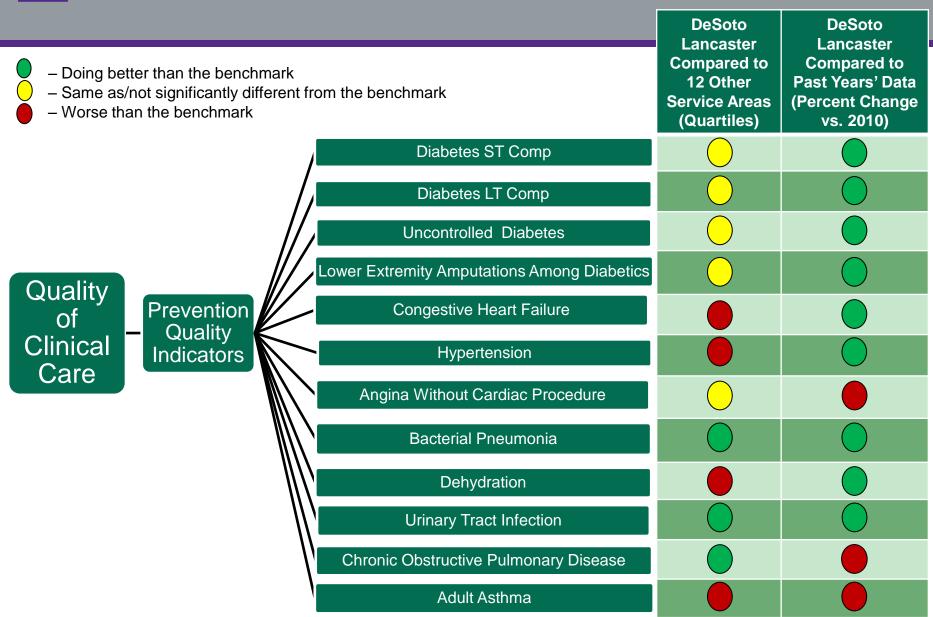
Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Chronic Pulmonary Disease Hospitalizations DeSoto Lancaster Service Area





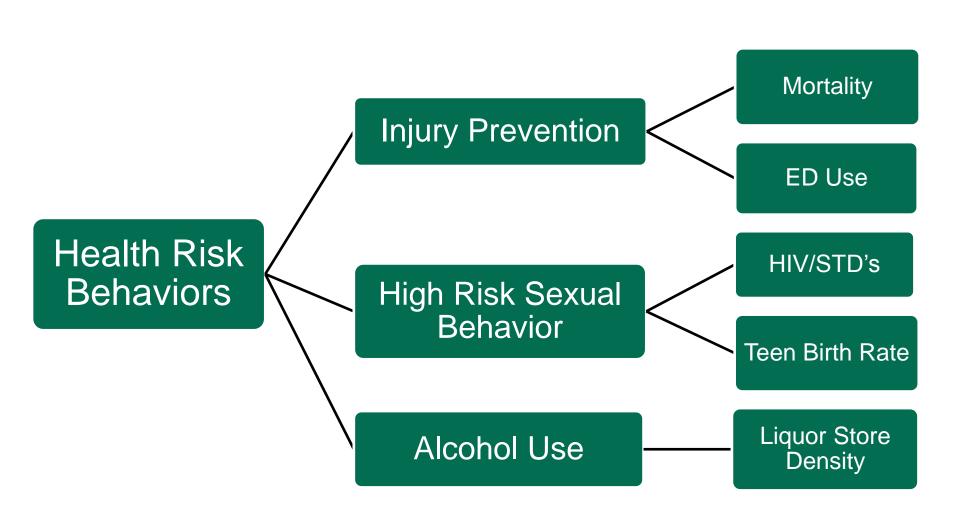


Healthcare Quality





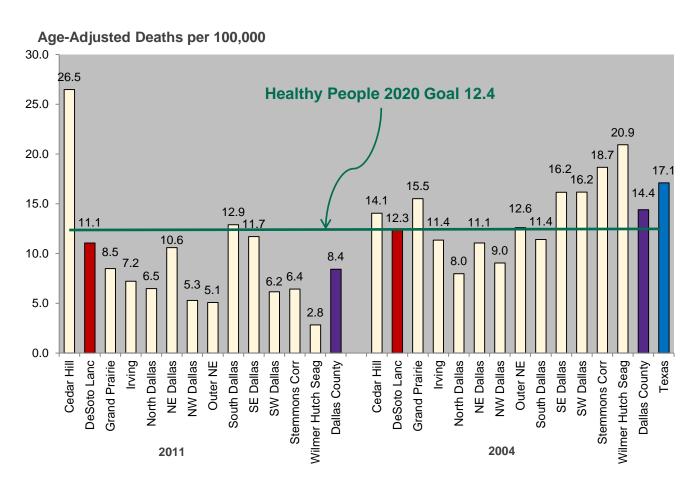




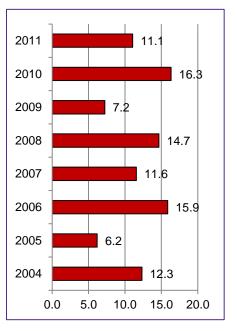


Risk Factors: Auto Accident Mortality Rates

DeSoto Lancaster Service Area



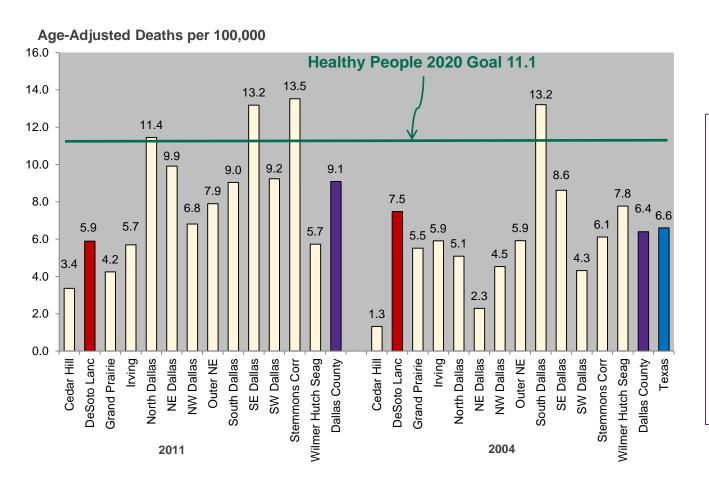
Auto Accident Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area



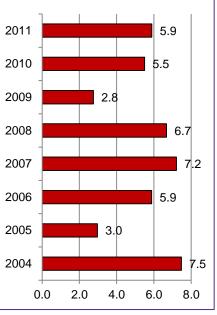


Risk Factors: Accidental Poisoning Mortality Rates

DeSoto Lancaster Service Area



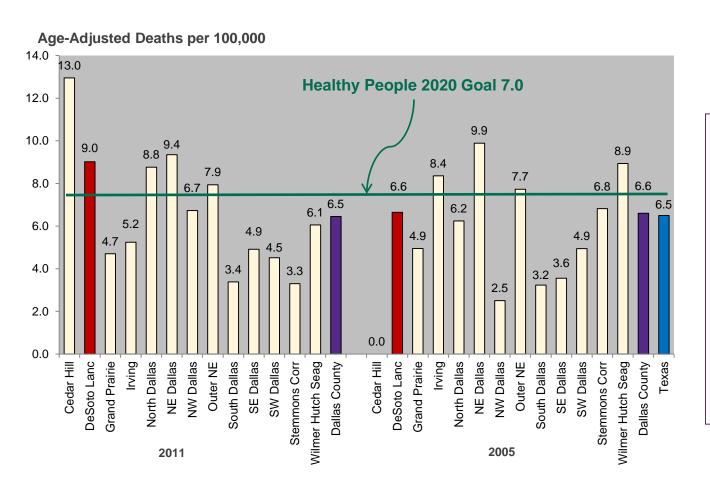
Accidental Poisoning Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area



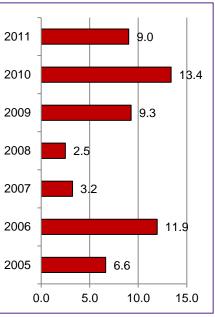


Risk Factors: Accidental Falls Mortality Rates

DeSoto Lancaster Service Area



Accidental Falls Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area

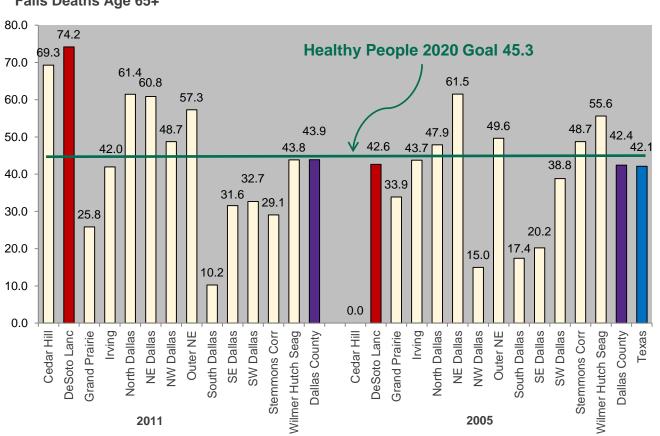




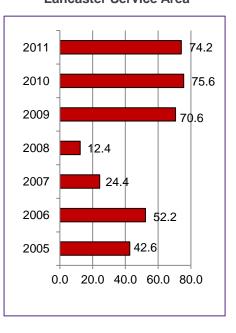
Risk Factors: Falls Death Rates Among Seniors

DeSoto Lancaster Service Area

Falls Deaths Age 65+



Falls fatality rates, ages 65+, per 100,000, DeSoto Lancaster Service Area



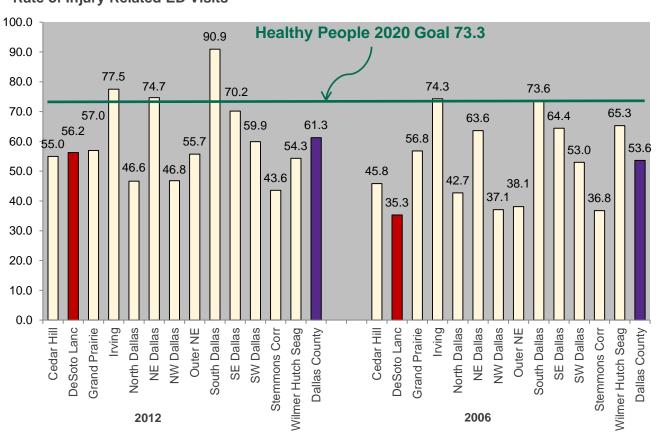
Source: Texas Department of State Health Services, Bureau of Vital Statistics, unpublished data; denominator population data from US Census Bureau American Community Survey. 2005 Dallas County data from Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death File 2005-2006. CDC WONDER On-line Database, compiled from Multiple Cause of Death File 2005-2006Series 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://soupfin.tdh.state.tx.us/



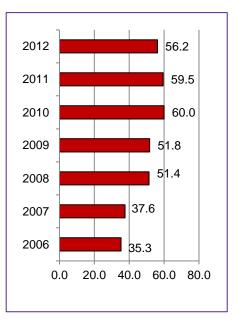
Risk Factors: Rate of Injury-Related ED Visits

DeSoto Lancaster Service Area

Rate of Injury-Related ED Visits



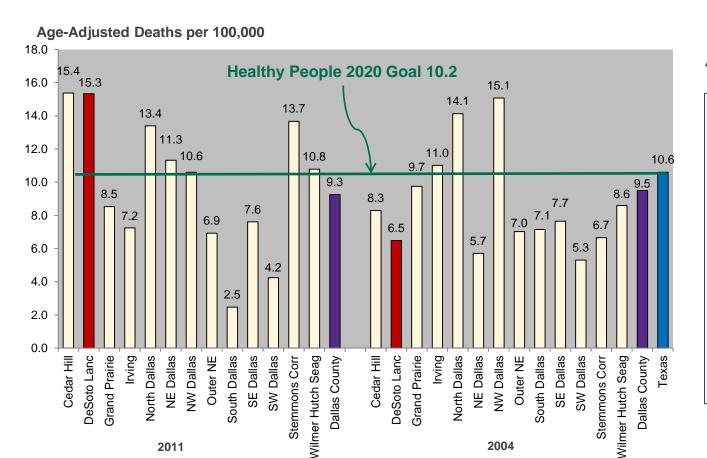
Rate of Injury-Related ED Visits, per 1,000, DeSoto Lancaster Service Area



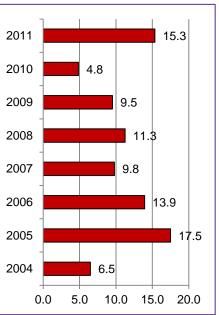


Risk Factors: Suicide Mortality Rates

DeSoto Lancaster Service Area



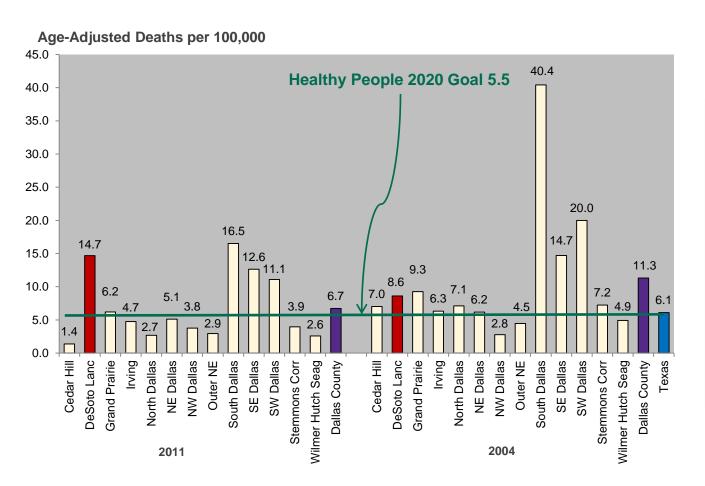
Suicide Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area



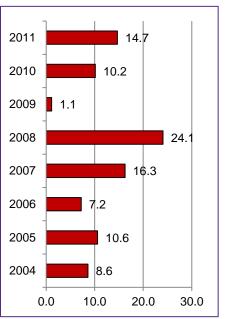


Risk Factors: Homicide Mortality Rates

DeSoto Lancaster Service Area



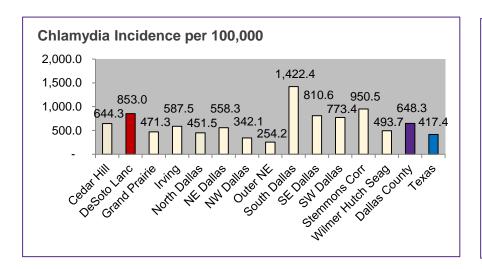
Homicide Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area

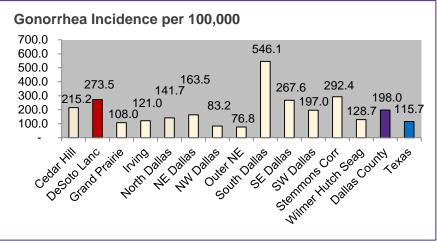


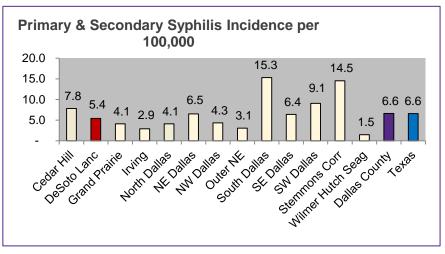
Homicides in 2009 were fewer than 5 occurrences

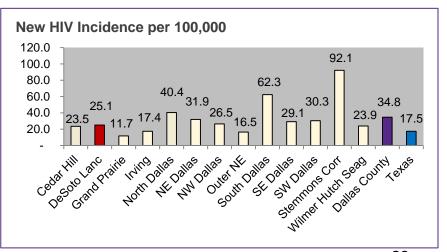


Risk Factors: High Risk Sexual Behavior, Sexually Transmitted Disease Incidence Rates, 2011 DeSoto Lancaster Service Area





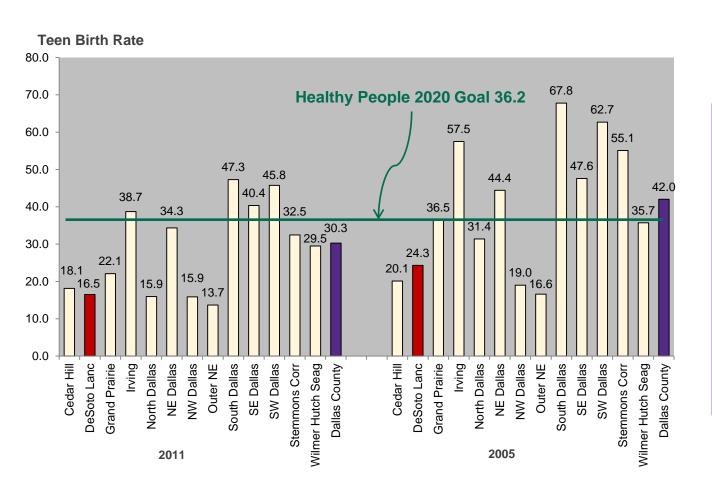






Risk Factors: High Risk Sexual Behavior, Teen Birth Rates

DeSoto Lancaster Service Area



Ages 15-17, DeSoto Lancaster **Service Area** 2011 16.5 2010 16.0 2009 29.1 2008 31.5 2007 27.5 25.4 2006 2005 24.3 30.0 10.0 20.0 40.0

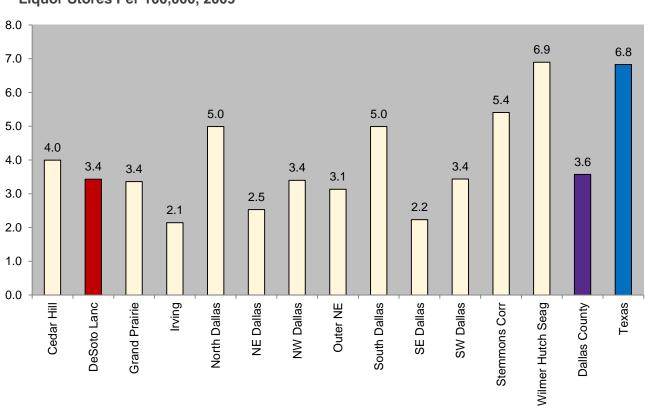
Teen Births, Rate Per 1,000 Girls



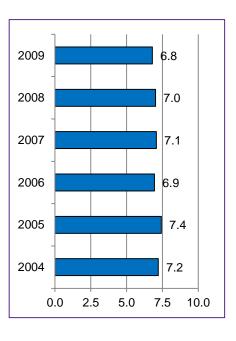
Risk Factors: Liquor Store Density, 2009

DeSoto Lancaster Service Area

Liquor Stores Per 100,000, 2009

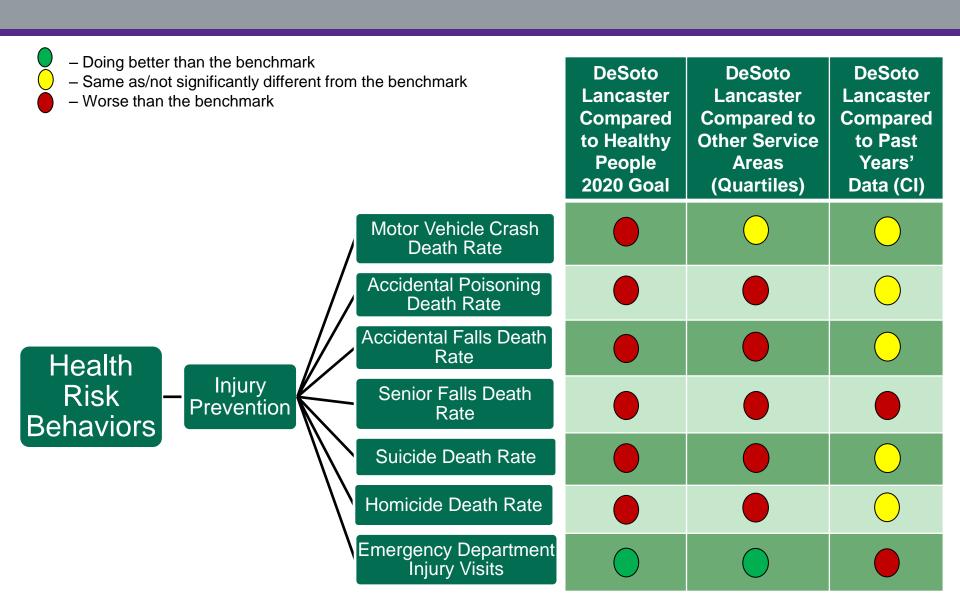


Liquor Store Density, Stores per 100,000, State of Texas



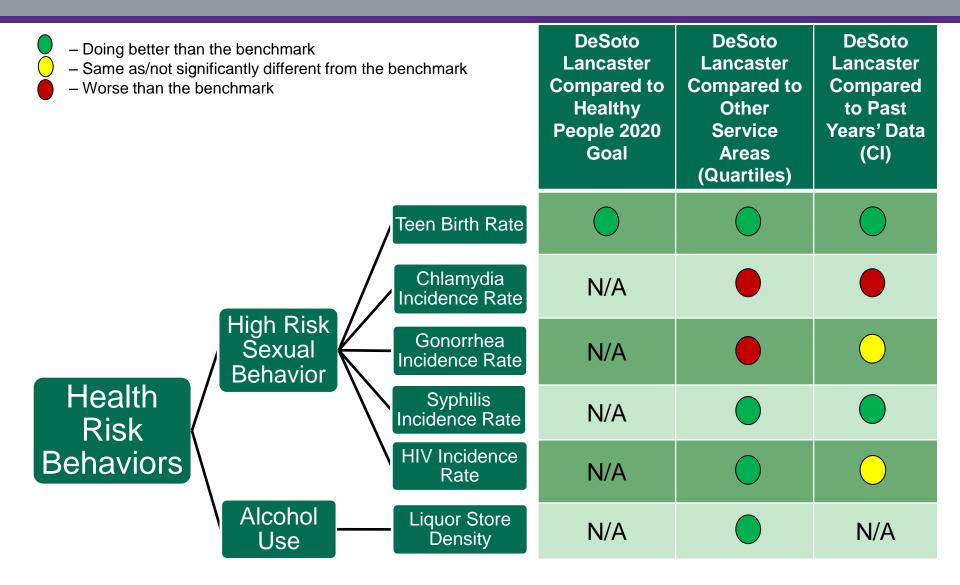


Health Risk Behaviors



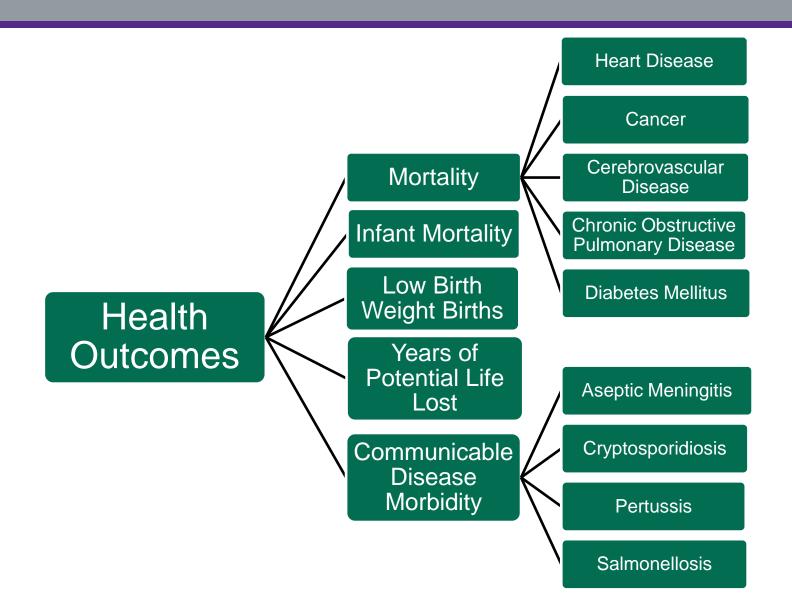


Health Risk Behaviors





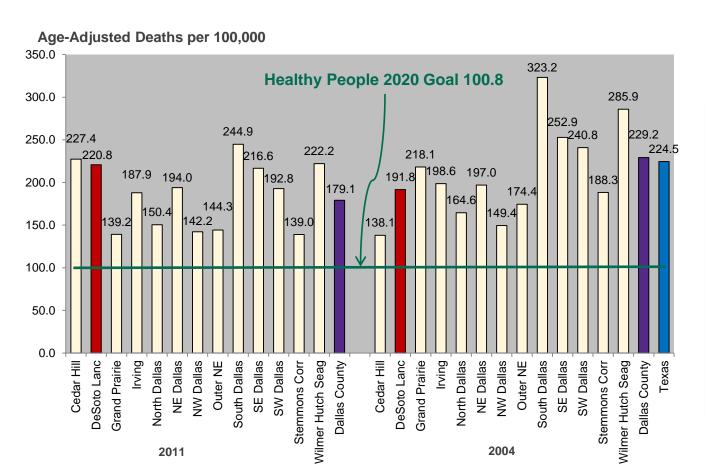
Health Outcomes



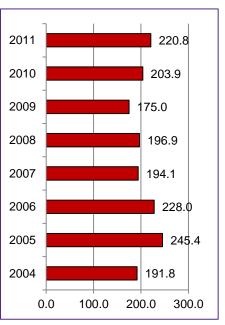


Health Outcomes: Heart Disease Mortality Rates

DeSoto Lancaster Service Area



Heart Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area

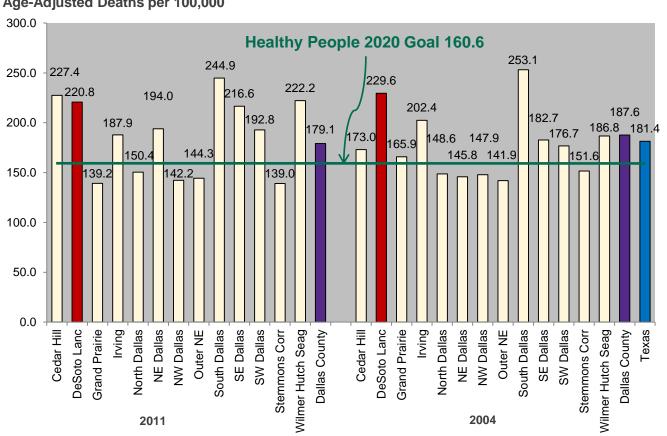




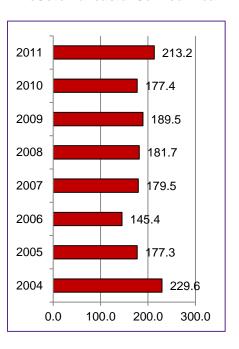
Health Outcomes: Cancer **Mortality Rates**

DeSoto Lancaster Service Area

Age-Adjusted Deaths per 100,000



Cancer Mortality Rate, Age-Adjusted Death Rate per 100,000, **DeSoto Lancaster Service Area**

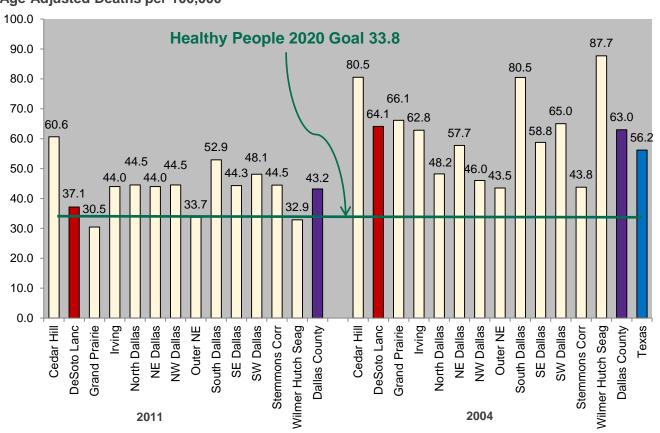




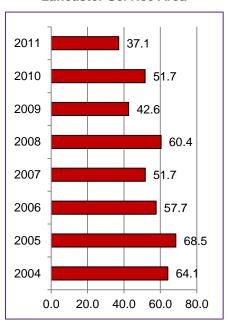
Health Outcomes: Cerebrovascular Disease Mortality Rates

DeSoto Lancaster Service Area

Age-Adjusted Deaths per 100,000



Cerebrovascular Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area

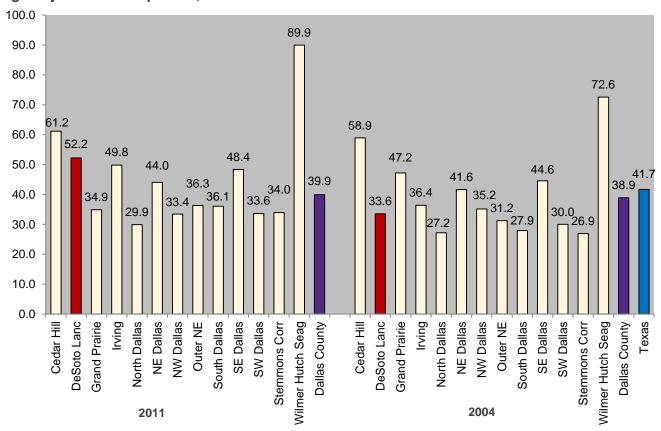




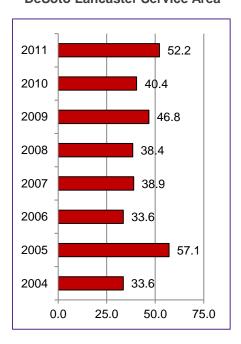
Health Outcomes: Chronic Obstructive Pulmonary Disease Mortality Rates

DeSoto Lancaster Service Area

Age-Adjusted Deaths per 100,000



Chronic Obstructive Pulmonary
Disease Mortality Rate, AgeAdjusted Death Rate per 100,000,
DeSoto Lancaster Service Area



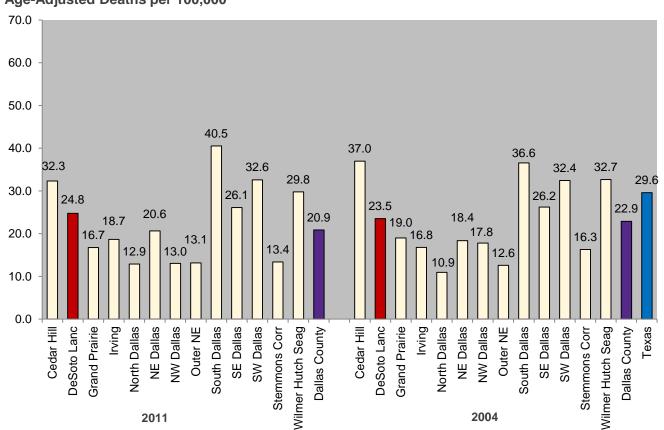
NOTE: No Healthy People 2020 goal matches this metric.



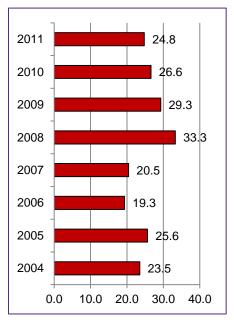
Health Outcomes: Diabetes Mortality Rates

DeSoto Lancaster Service Area

Age-Adjusted Deaths per 100,000



Diabetes Mellitus Mortality Rate, Age-Adjusted Death Rate per 100,000, DeSoto Lancaster Service Area

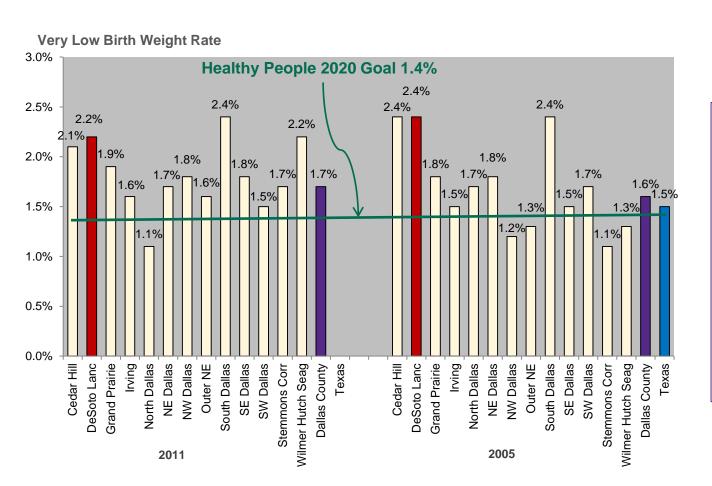


NOTE: No Healthy People 2020 goal matches this metric.

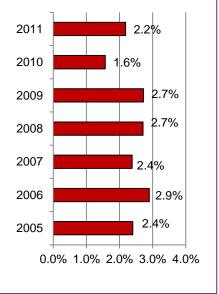


Health Outcomes: Birth Outcomes, Rate of Very Low Birth Weight Births

DeSoto Lancaster Service Area



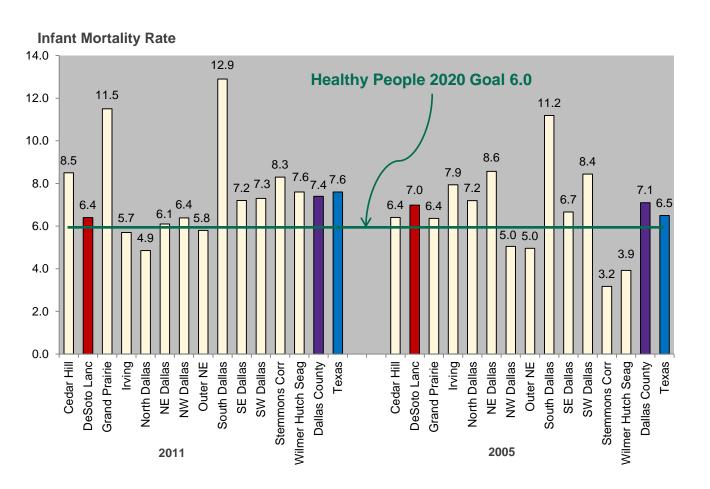
Very Low Birth Weight Rate, % of Births Below 1500 Grams at Birth, DeSoto Lancaster Service Area



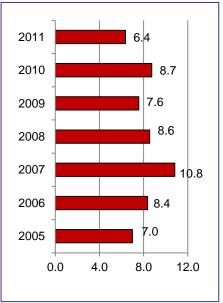


Health Outcomes: Birth Outcomes, Infant Mortality Rate

DeSoto Lancaster Service Area



Infant Mortality Rate, Deaths per 1,000 Live Births, DeSoto Lancaster Service Area



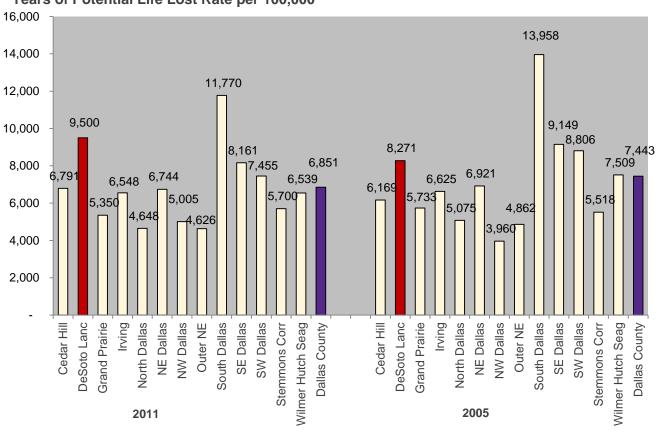
Source: Texas Department of State Health Services, Bureau of Vital Statistics



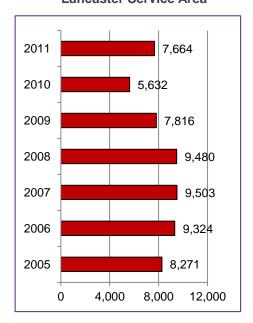
Health Outcomes: Years of Potential Life Lost, All Causes

DeSoto Lancaster Service Area

Years of Potential Life Lost Rate per 100,000*



Years of Potential Life Lost Rate*, per 100,000, DeSoto Lancaster Service Area

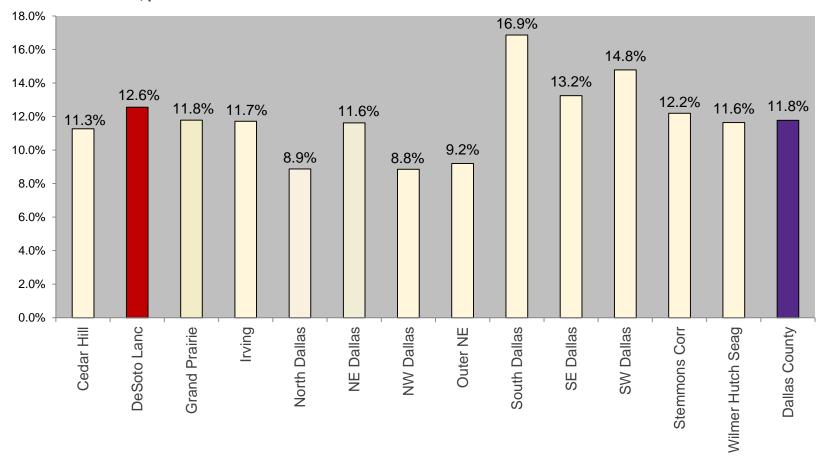


*Years of Potential Life Lost Rate is defined as the rate of deaths under age 75 per 100,000 population under age 75.



Health Outcomes: Estimated Diabetes Prevalence Rates (Diagnosed and Undiagnosed) DeSoto Lancaster Service Area

Diabetes Prevalence, percent



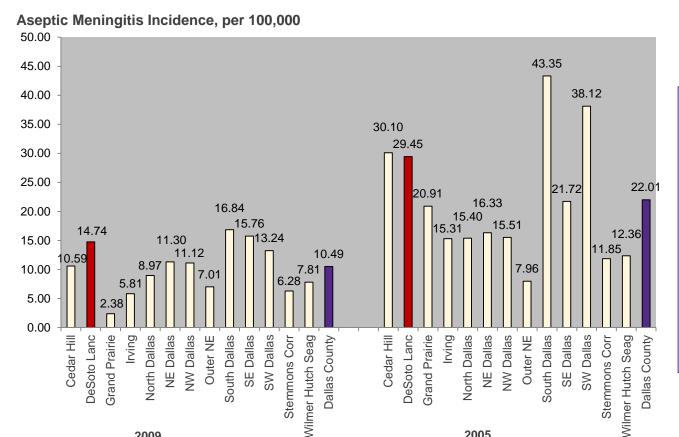


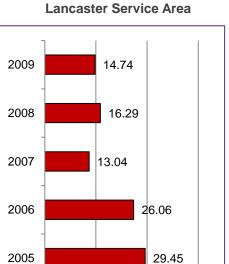
2009

Health Outcomes: Reportable Communicable Disease Rates

DeSoto Lancaster Service Area

0.0





15.0

30.0

Aseptic Meningitis Incidence Rate, per 100,000, DeSoto

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/department/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf; 2005 Dallas County denominator population data from American Community Survey.

2005

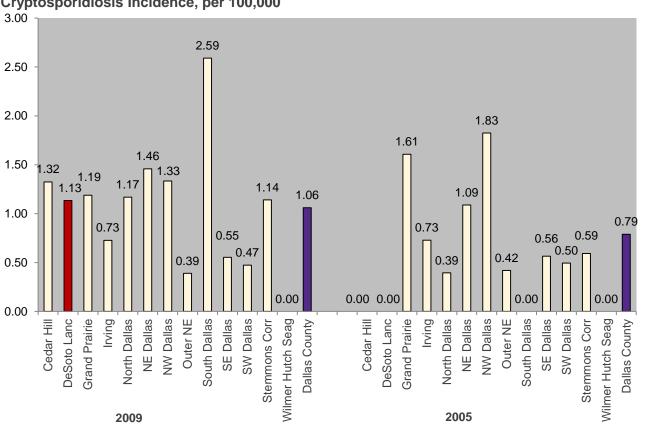
45.0



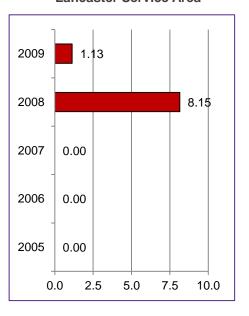
Health Outcomes: Reportable Communicable Disease Rates

DeSoto Lancaster Service Area





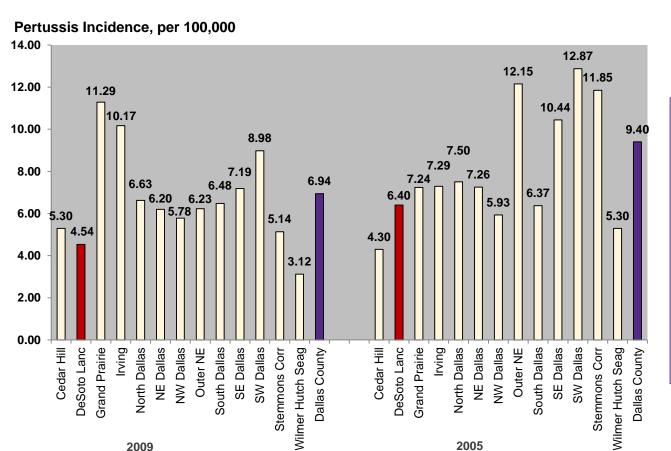
Cryptosporidiosis Incidence Rate, per 100,000, DeSoto **Lancaster Service Area**

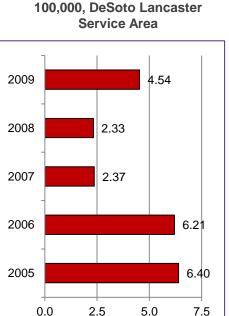




Health Outcomes: Reportable Communicable Disease Rates

DeSoto Lancaster Service Area





Pertussis Incidence Rate, per

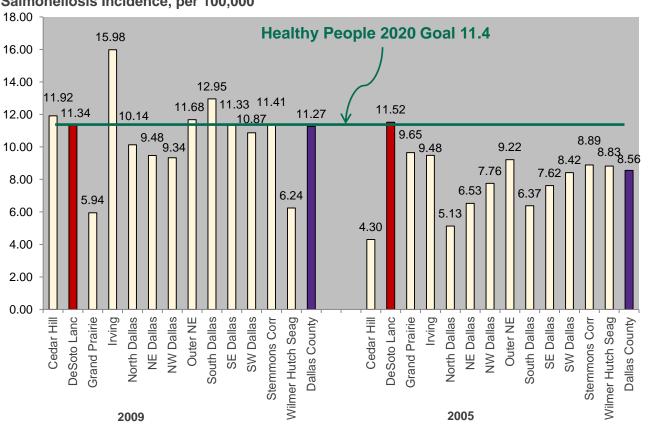
Source: Texas Department of State Health Services, Infectious Disease Control Unit, unpublished data; denominator population data from Claritas, Inc.; 2005 Dallas County data from Dallas County Health and Human Services web site: http://www.dallascounty.org/department/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf;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



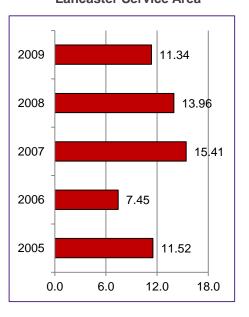
Health Outcomes: Reportable Communicable Disease Rates

DeSoto Lancaster Service Area

Salmonellosis Incidence, per 100,000

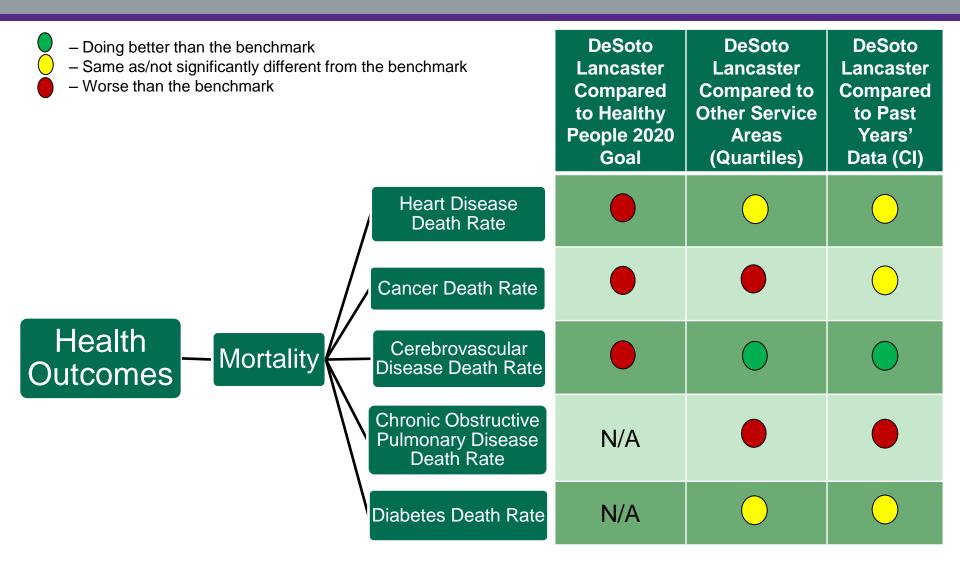


Salmonellosis Incidence Rate, per 100,000, DeSoto Lancaster Service Area



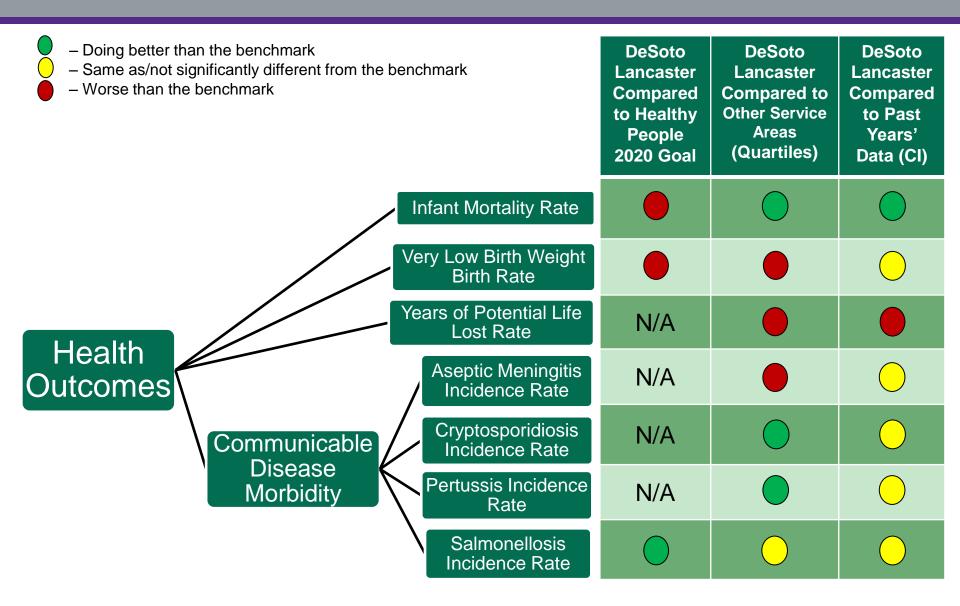


Health Outcomes



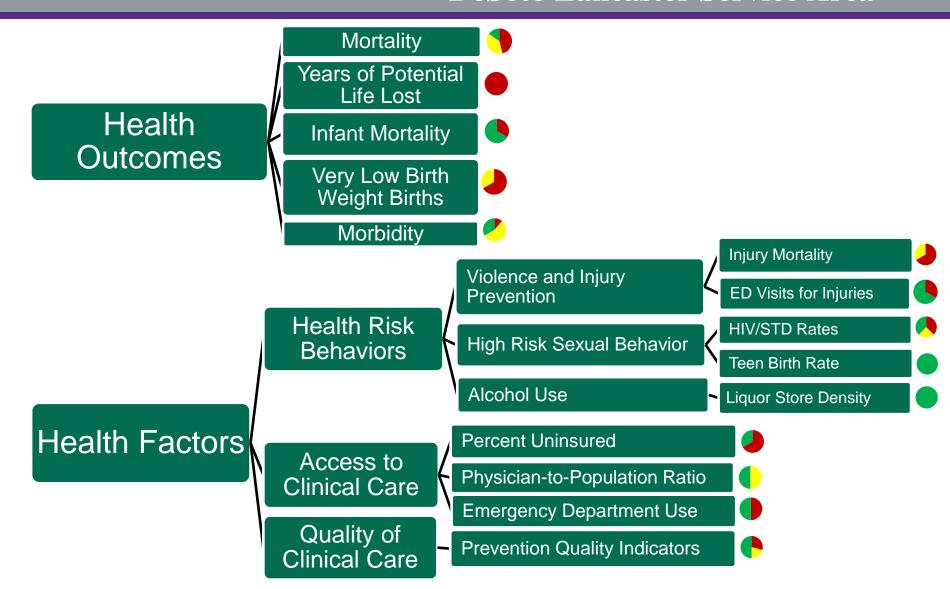


Health Outcomes



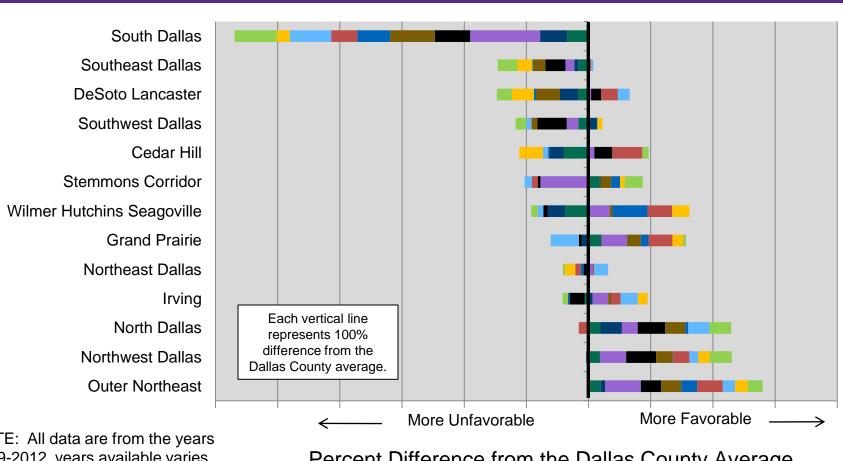


Summary – Model With Stoplight Pie Charts, DeSoto Lancaster Service Area





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.