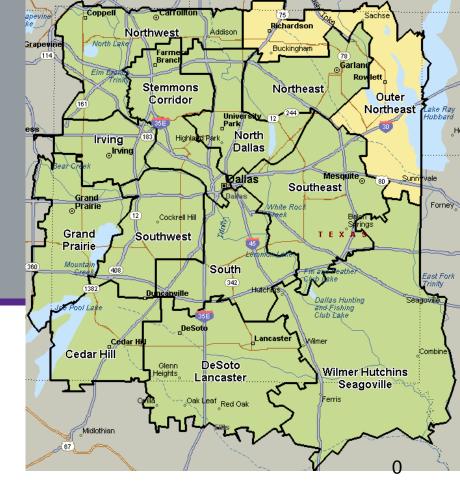
Community Health

Assessment

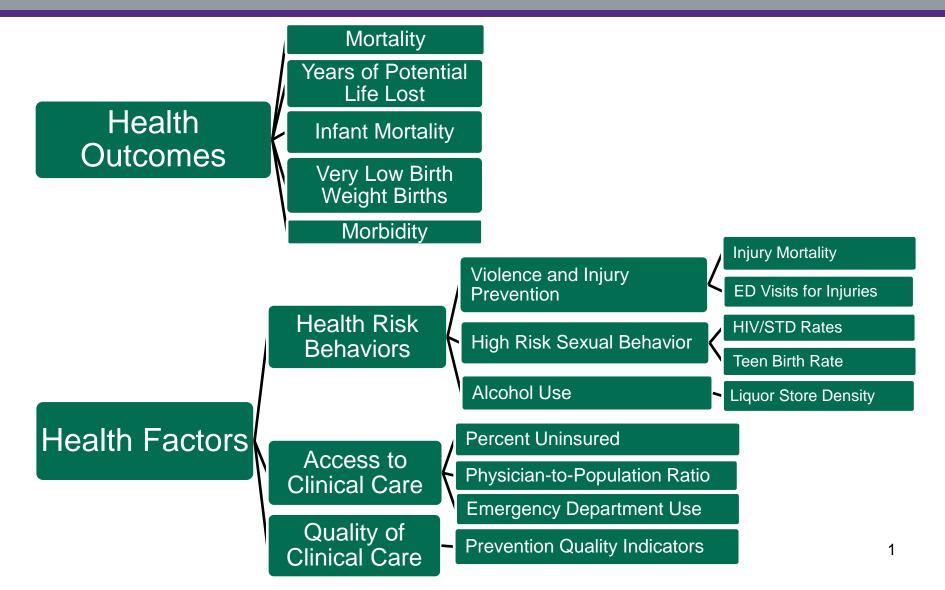
Outer Northeast Service Area







Organizational Model For the Community Health Dashboard

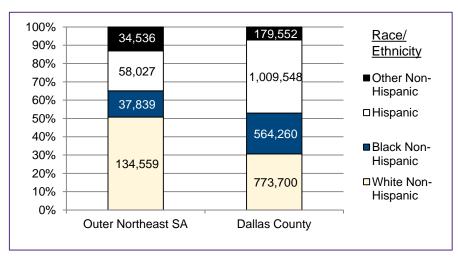


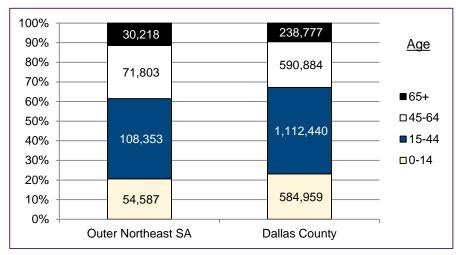


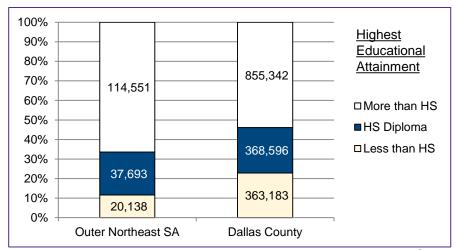
Demographic Profile

Outer Northeast Service Area

- The population of the Outer Northeast Dallas Service Area is slightly older than the county population with 11.4% of the population over the age of 65 compared the Dallas County at 9.5% over the age of 65.
- The service area has the second highest proportion of whites (50.8%) and the second lowest proportion of Hispanics (21.9%) of the 13 service areas.
- Outer Northeast Dallas has 88.3% of the population having a High School diploma or more.





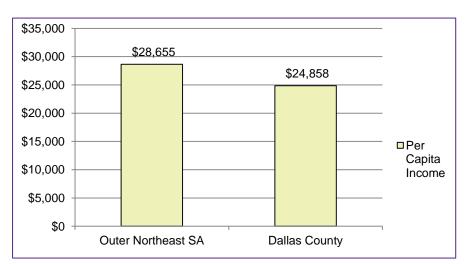


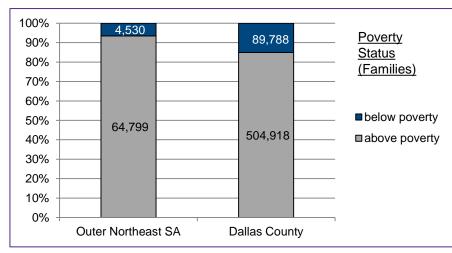


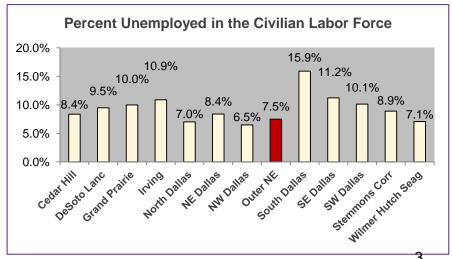
Demographic Profile

Outer Northeast Service Area

- The Outer Northeast Dallas Service Area has the lowest poverty rate of the 13 service areas (6.5%).
- The service area has the fourth highest per capita income (\$28,655) of the 13 service areas.
- The percent unemployed for this Service Area is nearly the lowest among the 13 Service Areas.

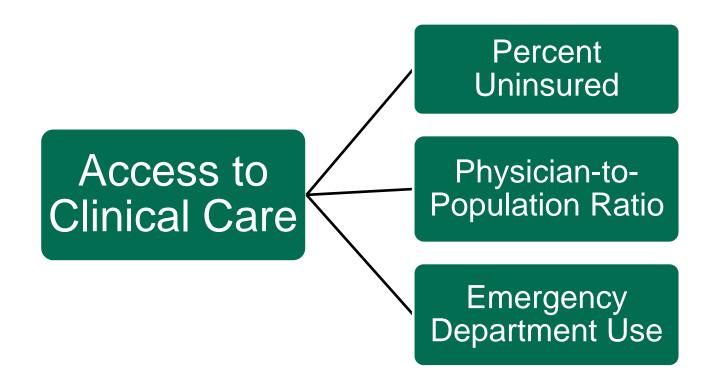






Source: Nielson/Claritas, Inc. Pop-Facts mid-2013 version



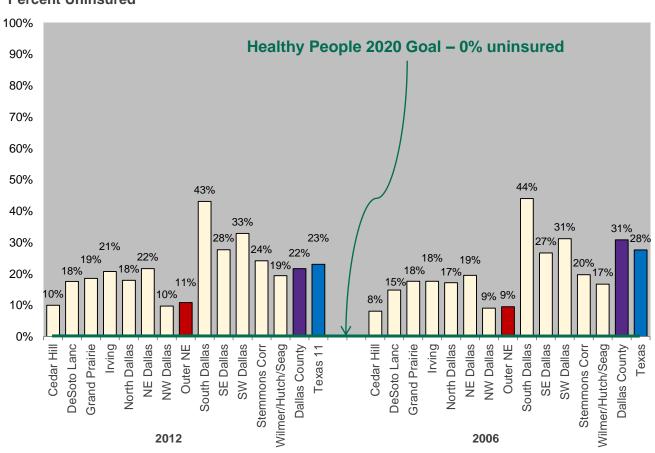




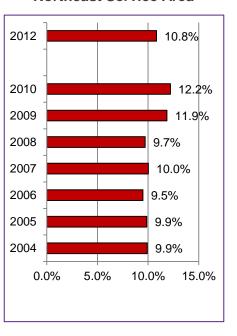
Access to Healthcare: Percent Without Healthcare Insurance

Outer Northeast Service Area

Percent Uninsured



Percent Without Health Insurance, Outer Northeast Service Area

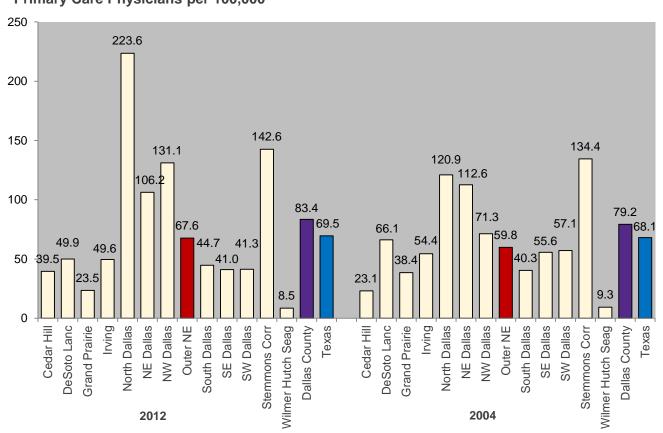




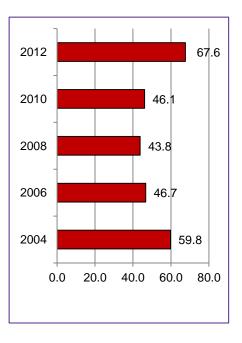
Access to Healthcare: Primary Care Physician-to-Population Ratio

Outer Northeast Service Area

Primary Care Physicians per 100,000



Primary Care Physician-to-Population Ratio, per 100,000, Outer Northeast 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.

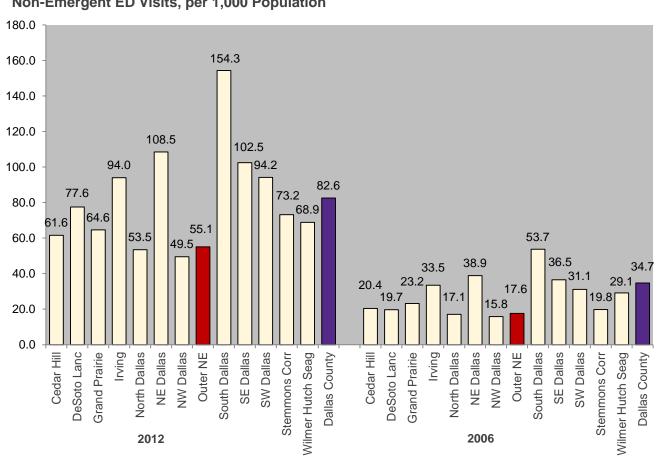
County and State source is Texas Bureau of Primary Care.



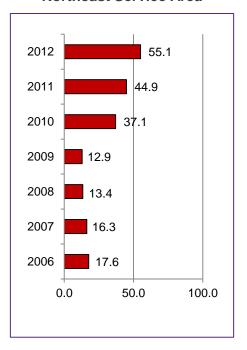
Access to Healthcare: Non-**Emergent ED Utilization**

Outer Northeast Service Area

Non-Emergent ED Visits, per 1,000 Population



Rate of Non-Emergent ED Visits, per 1,000, Outer **Northeast Service Area**



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



Access to Care

Outer



- Doing better than the benchmark



- Same as/not significantly different from the benchmark

- Worse than the benchmark

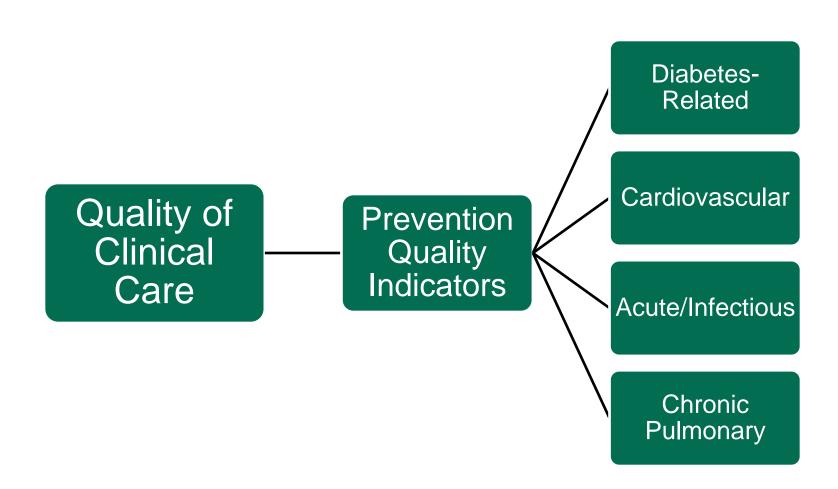
Northeast Northeast Northeast Compared **Compared to** Compared to Healthy **Benchmark** to Past Counties* Years' Data **People** 2020 Goal (Quartiles) (CI) Percent Uninsured Access to Physician-to-Clinical Population Ratio N/A Care Emergency Department Use N/A *Benchmark Counties are: Maricopa, Los Angeles, Cook, Miami-Dade, Bexar, Harris and Tarrant

Outer

Outer

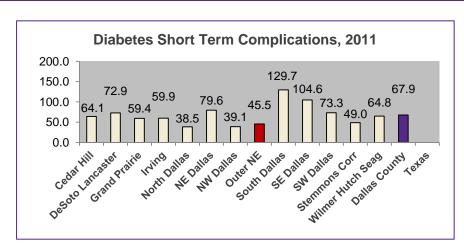


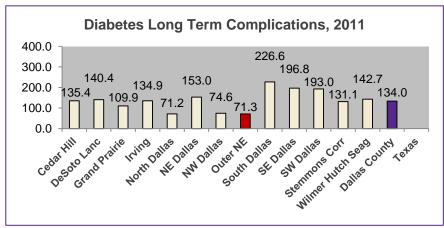
Quality of care

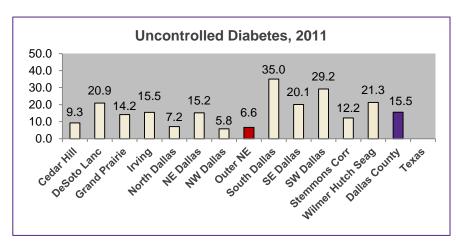


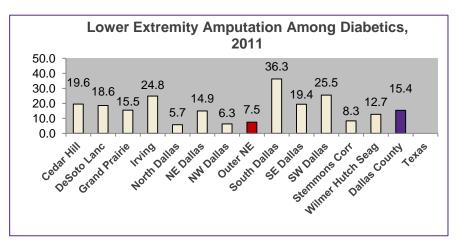


Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Diabetes-Related Hospitalizations Outer Northeast Service Area



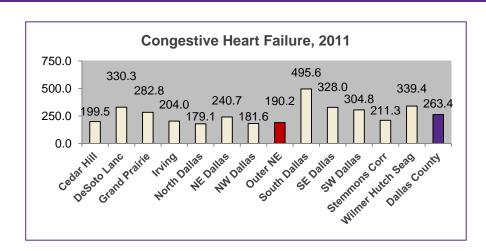


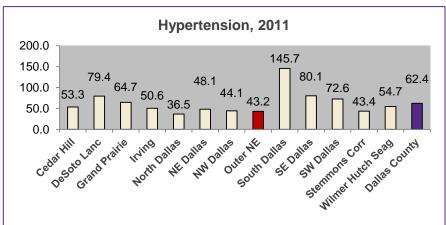


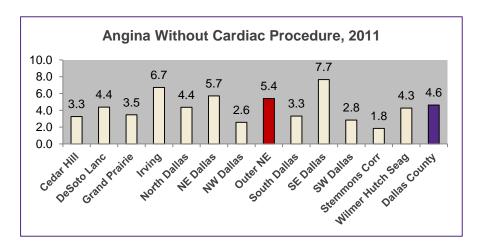




Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Cardiovascular Disease Hospitalizations Outer Northeast Service Area

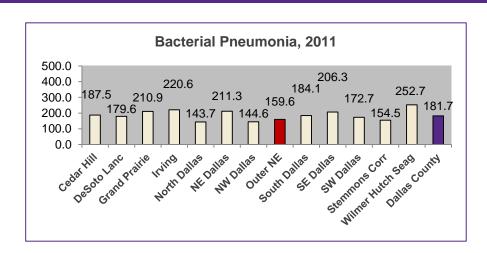


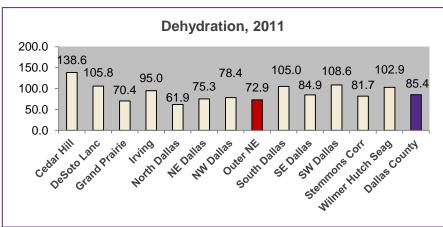


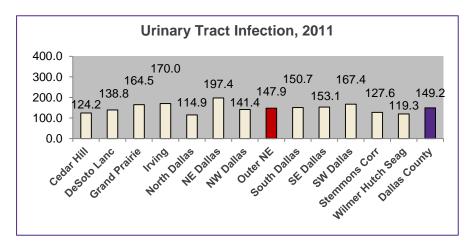




Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Acute/Infectious Disease Hospitalizations Outer Northeast Service Area

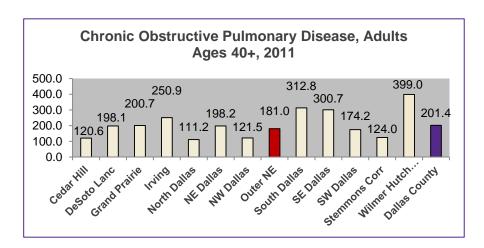


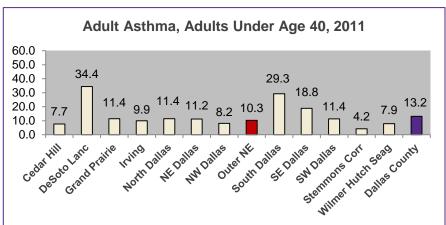






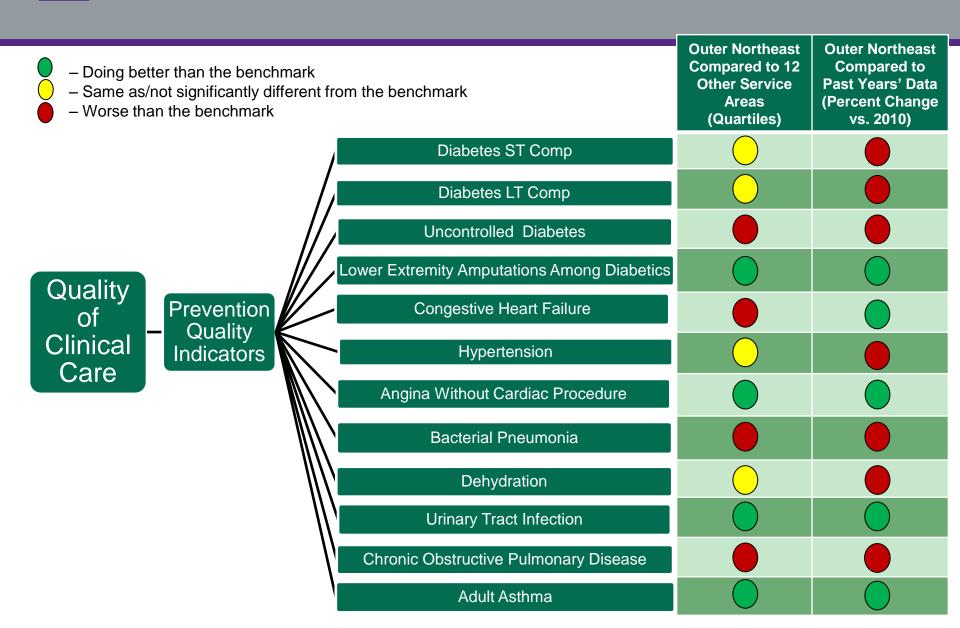
Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Chronic Pulmonary Disease Hospitalizations Outer Northeast Service Area



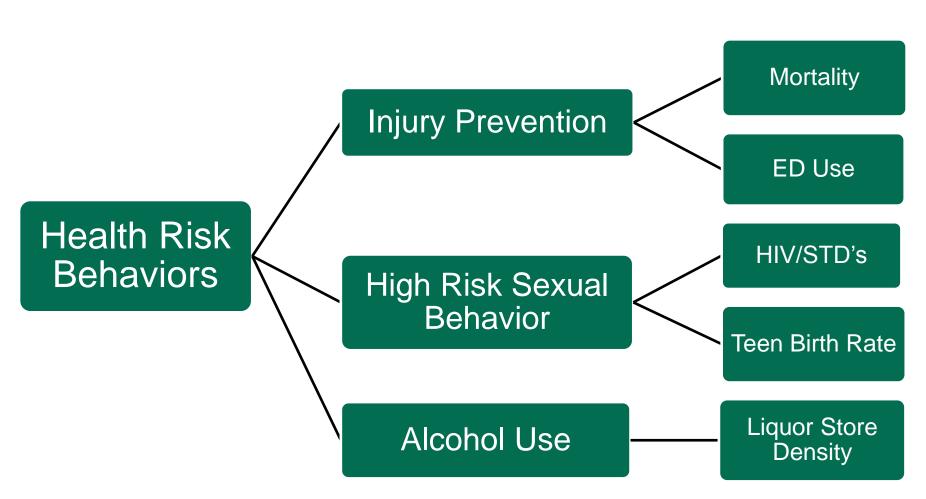




Healthcare Quality



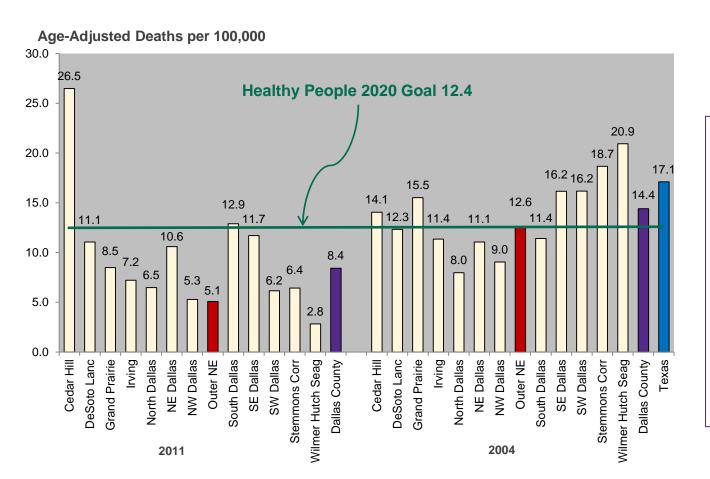




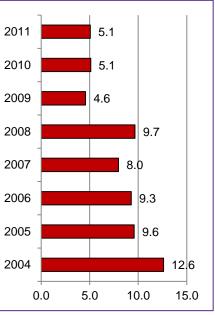


Risk Factors: Auto Accident Mortality Rates

Outer Northeast Service Area



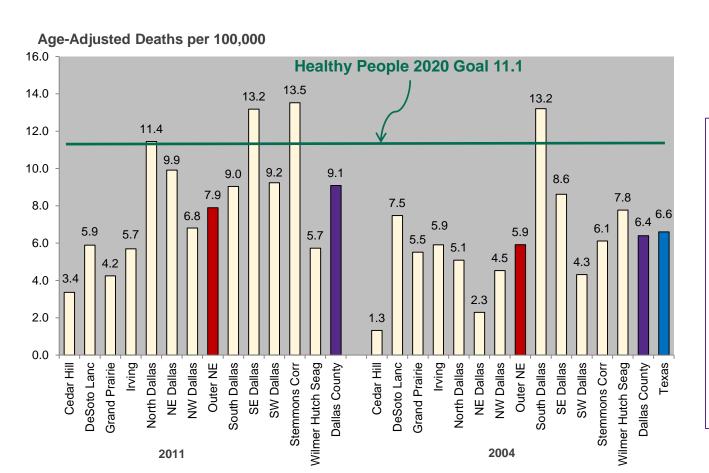
Auto Accident Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area



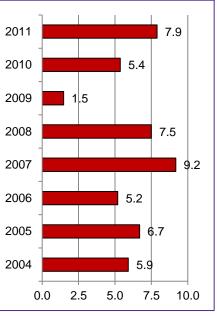


Risk Factors: Accidental Poisoning Mortality Rates

Outer Northeast Service Area



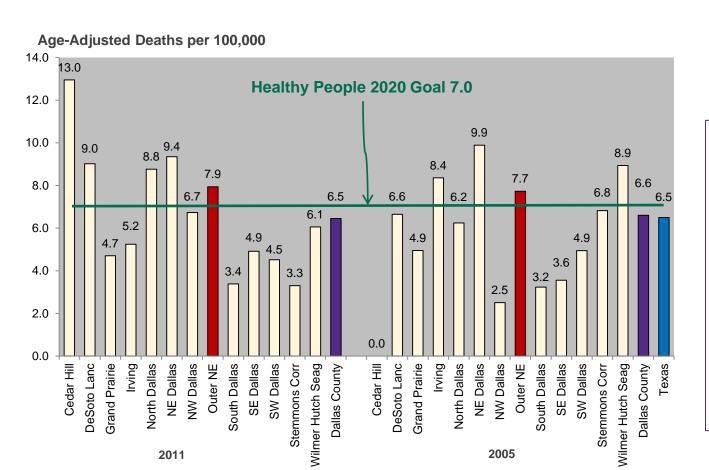
Accidental Poisoning Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area



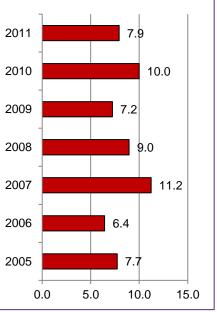


Risk Factors: Accidental Falls Mortality Rates

Outer Northeast Service Area



Accidental Falls Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area

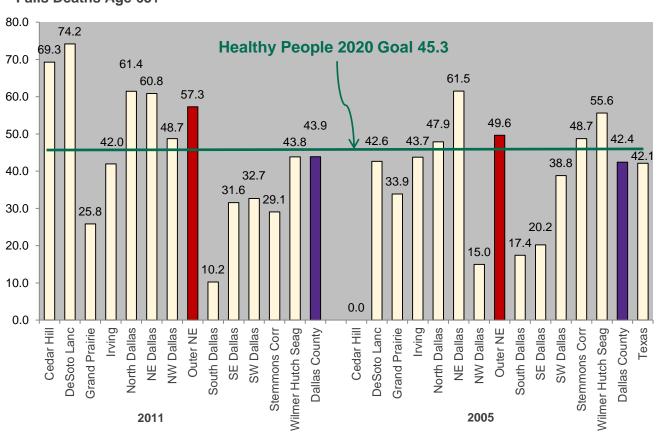




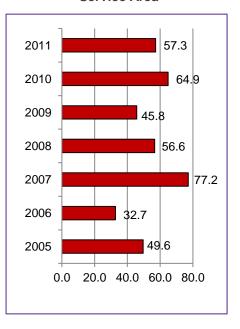
Risk Factors: Falls Death Rates Among Seniors

Outer Northeast Service Area

Falls Deaths Age 65+



Falls fatality rates, ages 65+, per 100,000, Outer Northeast Service Area



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

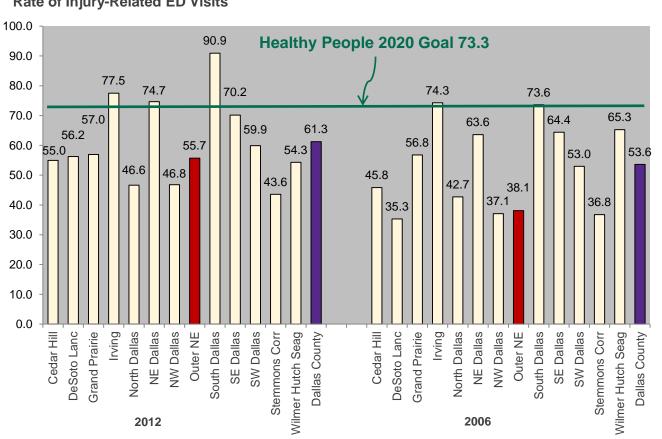
Series 20 No. 2L, 2009. Accessed at http://wonder.cdc.gov/mcd-icd10.html on Mar 25, 2010 2:52:15 PM; 2005 Texas data from http://soupfin.tdh.state.tx.us/



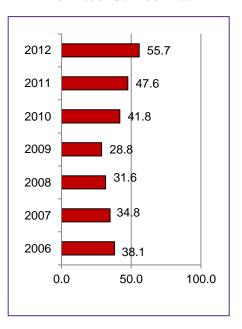
Risk Factors: Rate of Injury-**Related ED Visits**

Outer Northeast Service Area

Rate of Injury-Related ED Visits



Rate of Injury-Related ED Visits, per 1,000, Outer **Northeast Service Area**

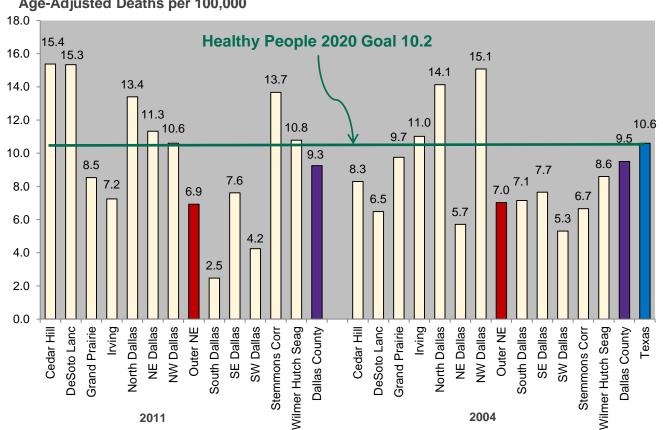




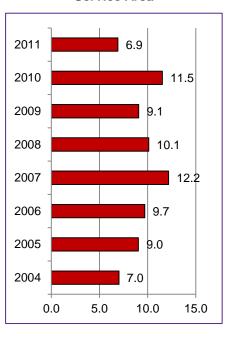
Risk Factors: Suicide **Mortality Rates**

Outer Northeast Service Area





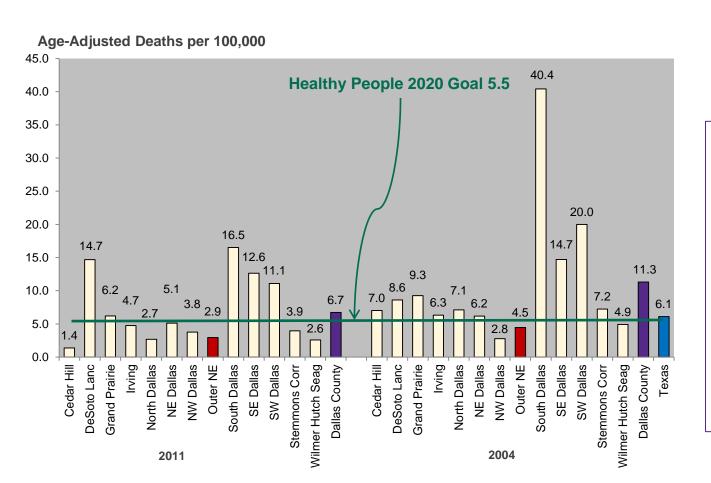
Suicide Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast **Service Area**



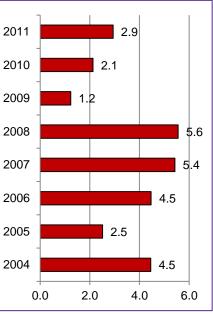


Risk Factors: Homicide Mortality Rates

Outer Northeast Service Area

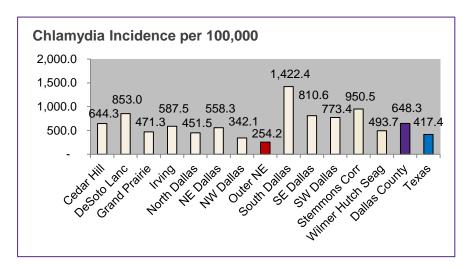


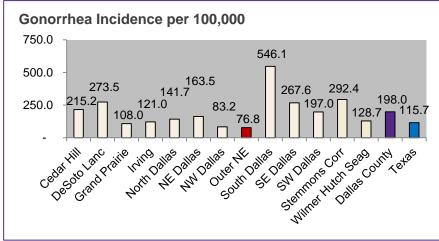
Homicide Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area

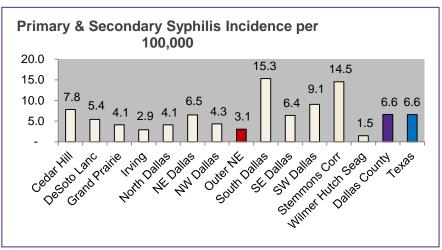


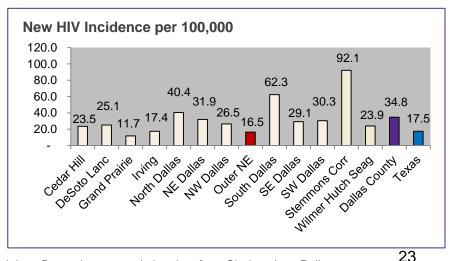


Risk Factors: High Risk Sexual Behavior, Sexually Transmitted Disease Incidence Rates, 2011 Outer Northeast Service Area





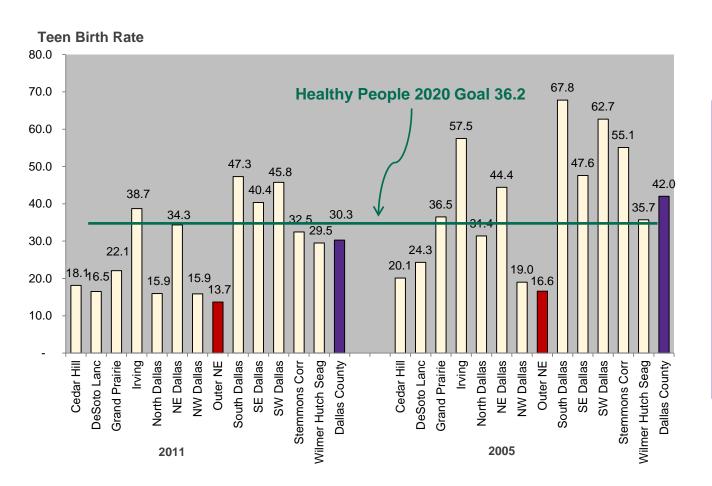






Risk Factors: High Risk Sexual Behavior, Teen Birth Rates

Outer Northeast Service Area



2009 18.6
2007 15.7
2006 16.6
2005 16.6

Teen Births, Rate Per 1,000 Girls

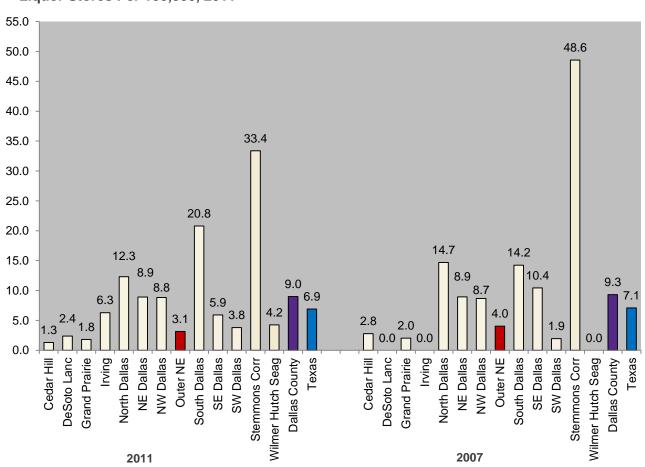
Source: Texas Department of State Health Services, Bureau of Vital Statistics; denominator population data from Claritas, Inc.



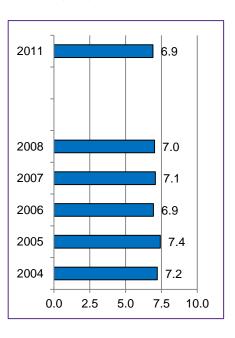
Risk Factors: Liquor Store Density, 2011

Outer Northeast 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



Health Risk Behaviors

Outer

Northeast

Outer

Northeast

Outer

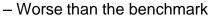
Northeast



- Doing better than the benchmark



- Same as/not significantly different from the benchmark



Compared to Compared Compared Benchmark to Healthy to Past **People** Counties* Years' 2020 Goal (Quartiles) Data (CI) Motor Vehicle Crash **Death Rate** Accidental Poisoning **Death Rate** Accidental Falls Death Rate Health Injury Risk Senior Falls Death Prevention Rate Behaviors Suicide Death Rate *Benchmark Counties are: Homicide Death Rate Maricopa, Los Angeles, Cook, Miami-Dade, Bexar, Harris and **Emergency Department** Tarrant **Injury Visits**



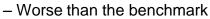
Health Risk Behaviors



- Doing better than the benchmark



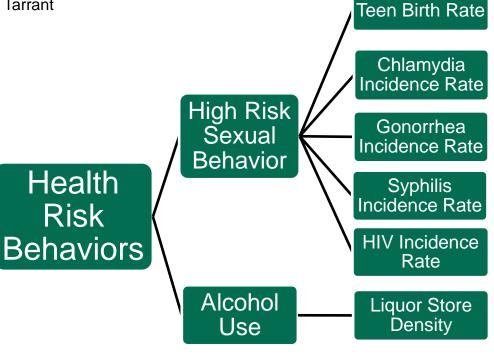
- Same as/not significantly different from the benchmark



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

Health

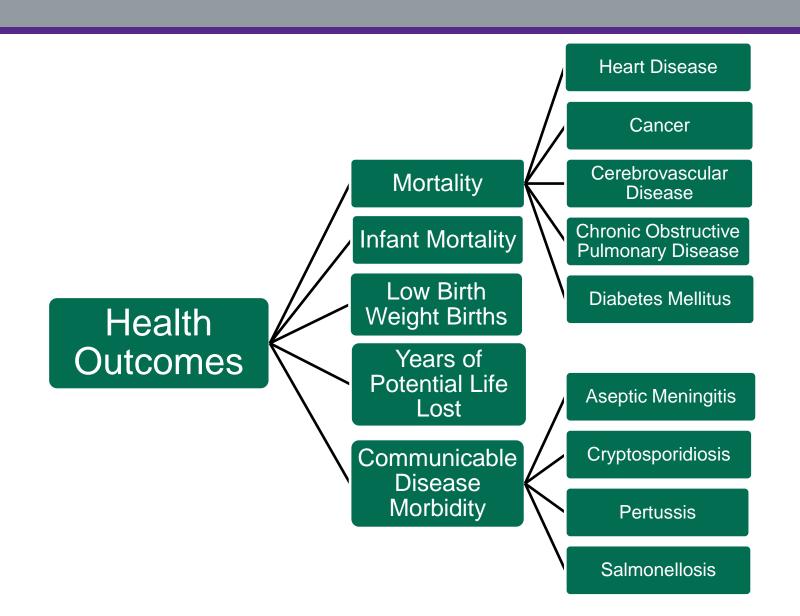
Risk



Outer Northeast Compared to Healthy People 2020 Goal	Outer Northeast Compared to Benchmark Counties* (Quartiles)	Outer Northeast Compared to Past Years' Data (CI)
N/A		N/A 27



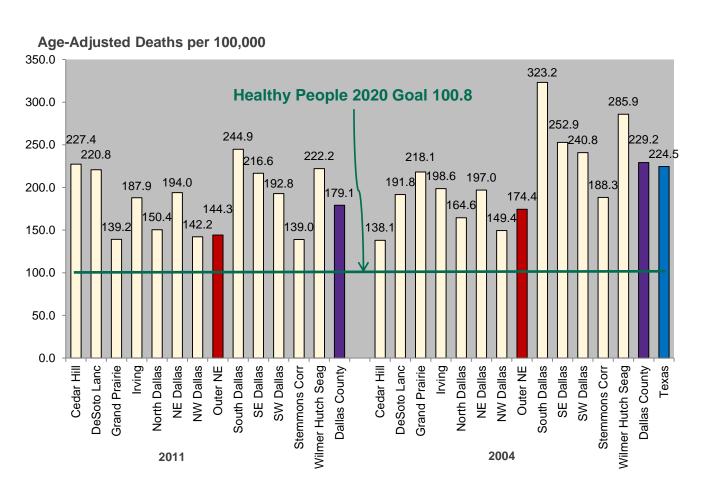
Health Outcomes



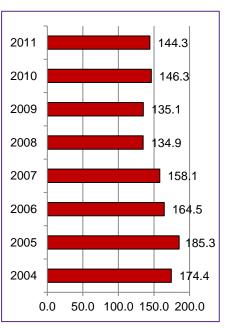


Health Outcomes: Heart Disease Mortality Rates

Outer Northeast Service Area



Heart Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area

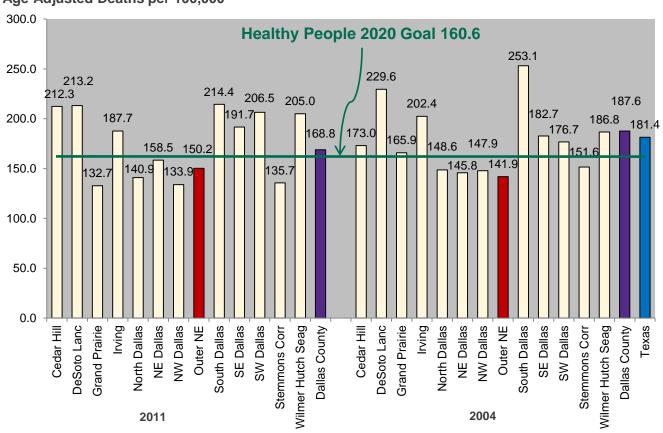




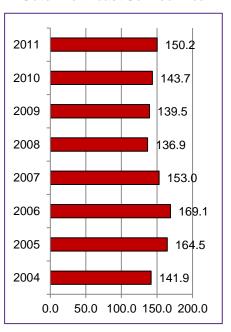
Health Outcomes: Cancer Mortality Rates

Outer Northeast Service Area

Age-Adjusted Deaths per 100,000



Cancer Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area

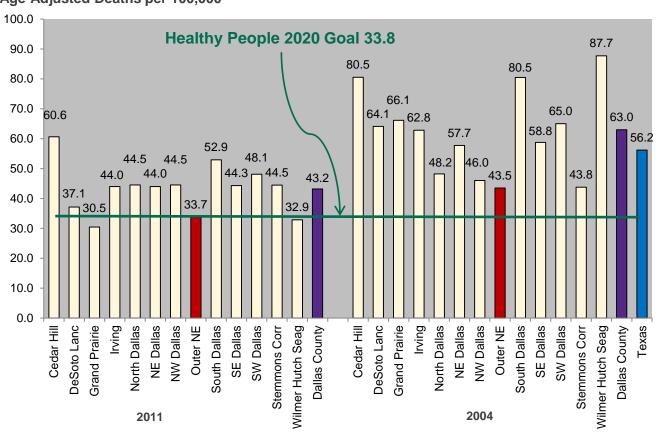




Health Outcomes: Cerebrovascular Disease Mortality Rates

Outer Northeast Service Area

Age-Adjusted Deaths per 100,000



Cerebrovascular Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area

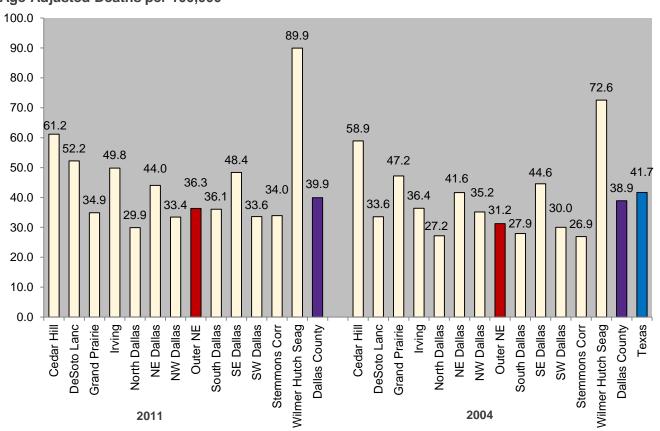




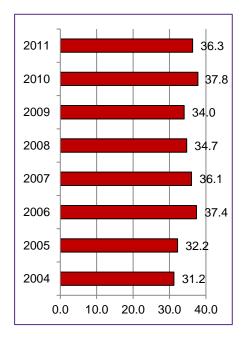
Health Outcomes: Chronic Obstructive Pulmonary Disease Mortality Rates

Outer Northeast Service Area

Age-Adjusted Deaths per 100,000



Chronic Obstructive Pulmonary
Disease Mortality Rate, AgeAdjusted Death Rate per 100,000,
Outer Northeast Service Area



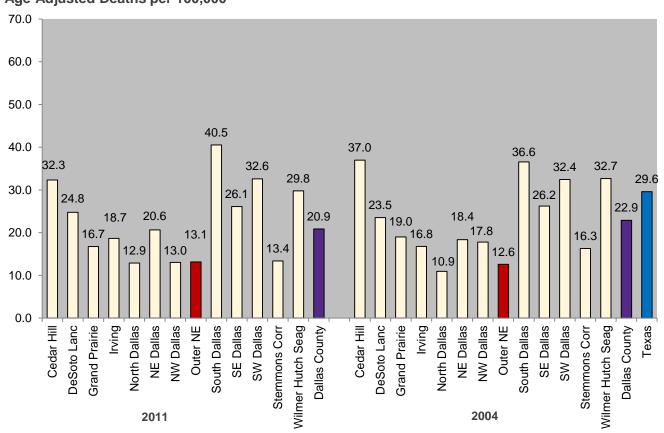
NOTE: No Healthy People 2020 goal matches this metric.



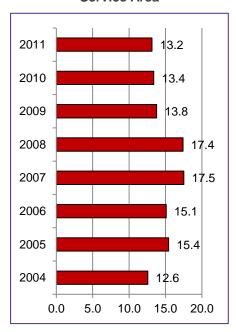
Health Outcomes: Diabetes Mortality Rates

Outer Northeast Service Area

Age-Adjusted Deaths per 100,000



Diabetes Mellitus Mortality Rate, Age-Adjusted Death Rate per 100,000, Outer Northeast Service Area



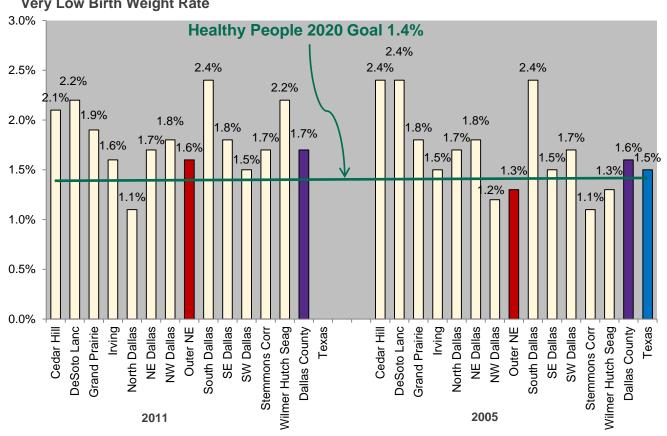
NOTE: No Healthy People 2020 goal matches this metric.



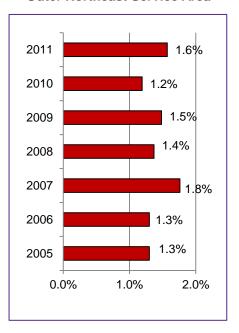
Health Outcomes: Birth Outcomes, Rate of Very Low Birth Weight Births

Outer Northeast Service Area

Very Low Birth Weight Rate



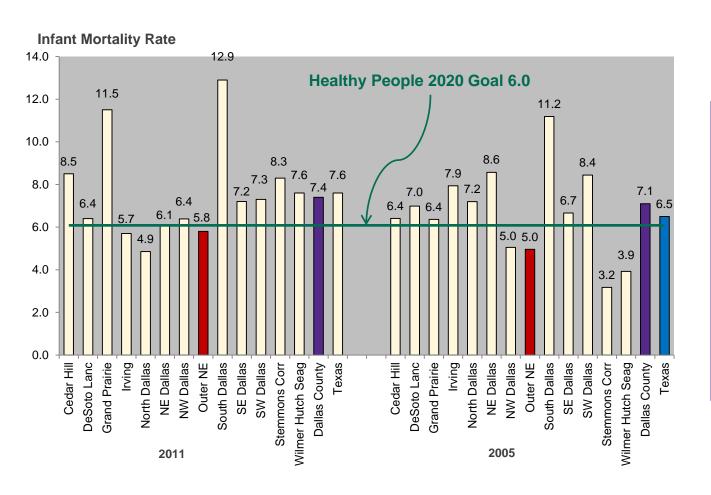
Very Low Birth Weight Rate, % of Births Below 1500 Grams at Birth, Outer Northeast Service Area



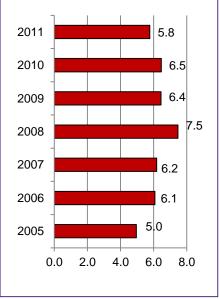


Health Outcomes: Birth Outcomes, Infant Mortality Rate

Outer Northeast Service Area



Infant Mortality Rate, Deaths per 1,000 Live Births, Outer Northeast Service Area

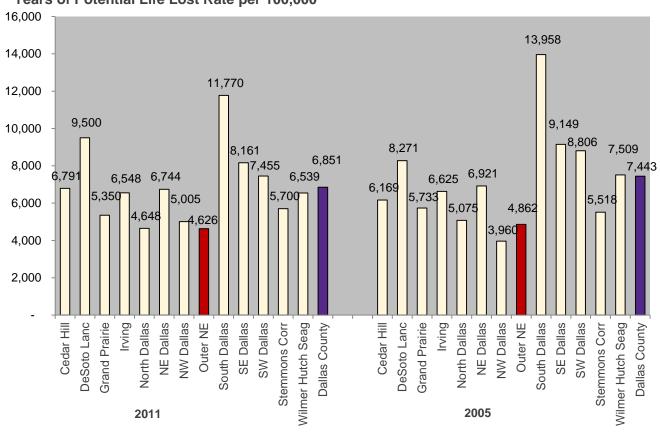




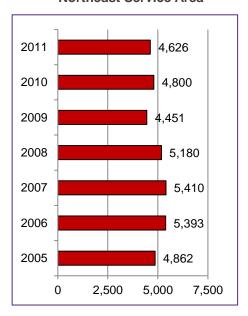
Health Outcomes: Years of Potential Life Lost, All Causes

Outer Northeast Service Area

Years of Potential Life Lost Rate per 100,000*



Years of Potential Life Lost Rate*, per 100,000, Outer Northeast Service Area

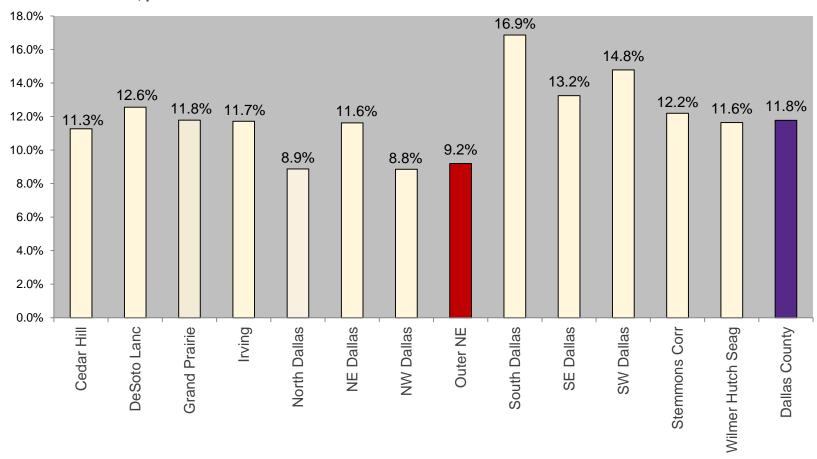


*Years of Potential Life Lost Rate is defined as the rate of deaths under age 75 per 100,000 population under age 75.



Health Outcomes: Estimated Diabetes Prevalence Rates (Diagnosed and Undiagnosed) Outer Northeast Service Area

Diabetes Prevalence, percent





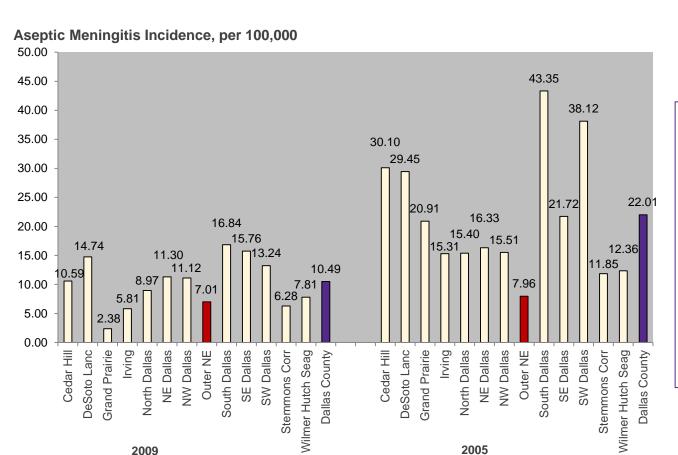
Health Outcomes: Reportable Communicable Disease Rates

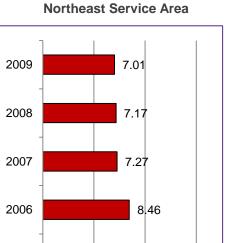
Outer Northeast Service Area

2005

0.0

5.0





7.96

10.0

Aseptic Meningitis Incidence Rate, per 100,000, Outer

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.

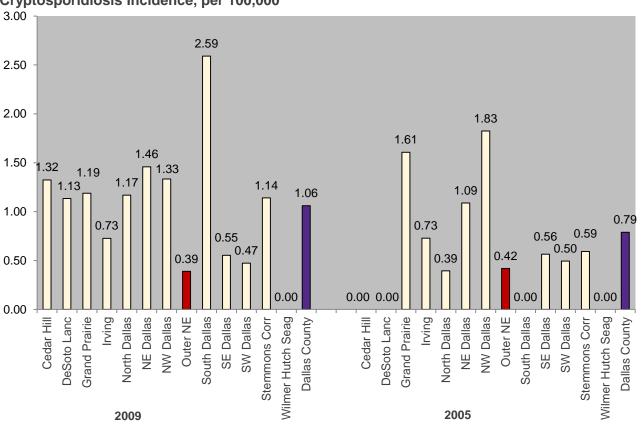
15.0



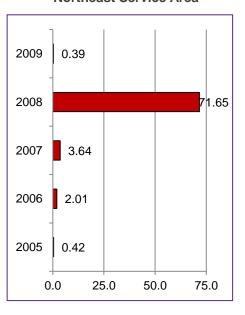
Health Outcomes: Reportable Communicable Disease Rates

Outer Northeast Service Area





Cryptosporidiosis Incidence Rate, per 100,000, Outer **Northeast Service Area**

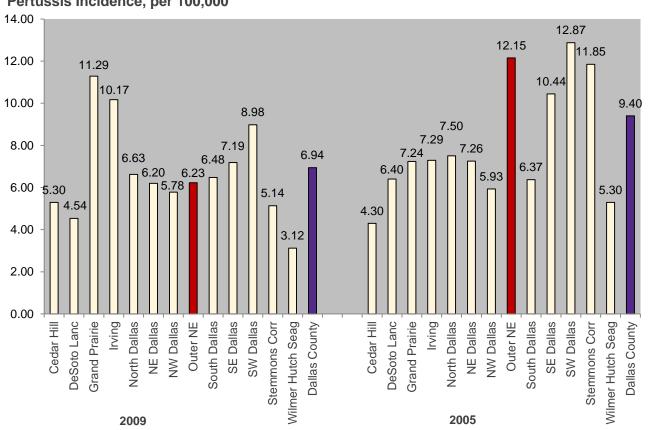




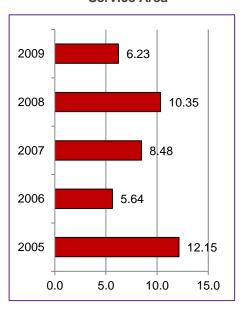
Health Outcomes: Reportable **Communicable Disease Rates**

Outer Northeast Service Area





Pertussis Incidence Rate, per 100,000, Outer Northeast Service Area

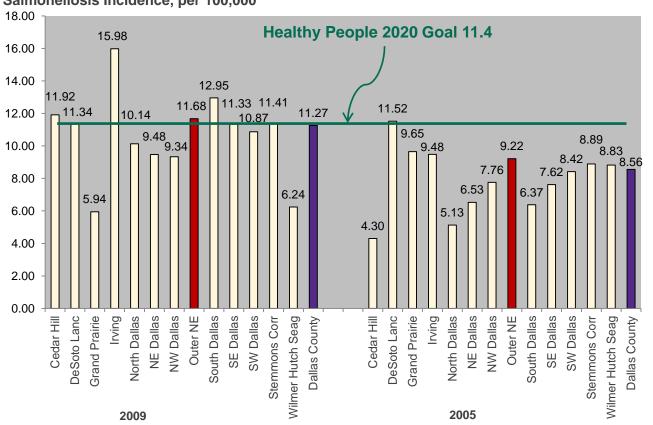




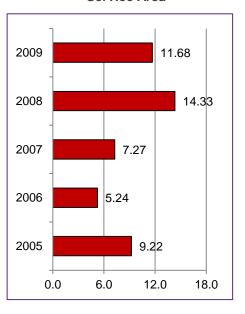
Health Outcomes: Reportable Communicable Disease Rates

Outer Northeast Service Area

Salmonellosis Incidence, per 100,000



Salmonellosis Incidence Rate, per 100,000, Outer Northeast Service Area

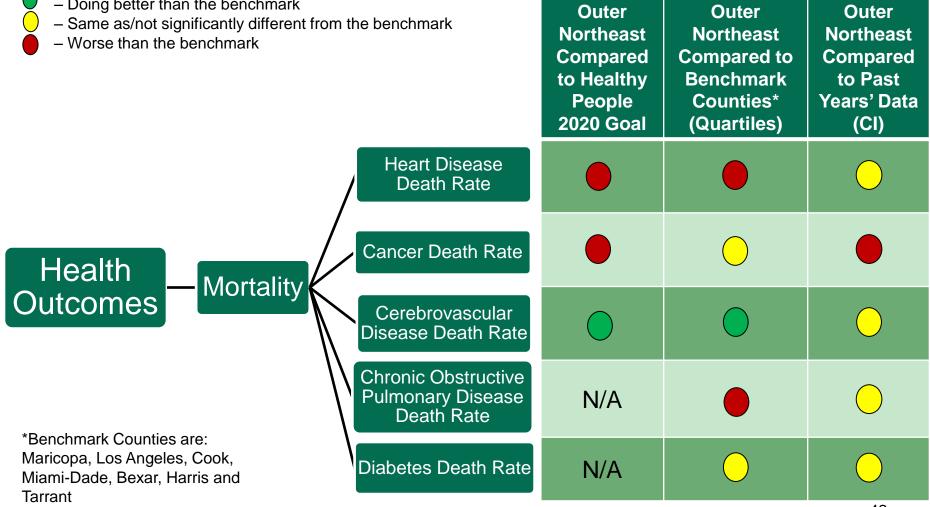




Health Outcomes

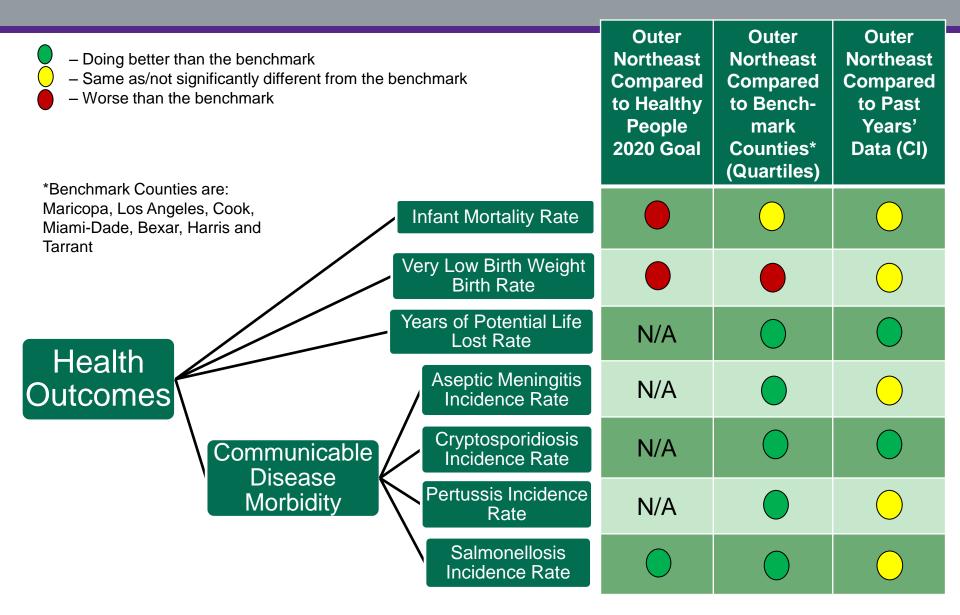


- Doing better than the benchmark



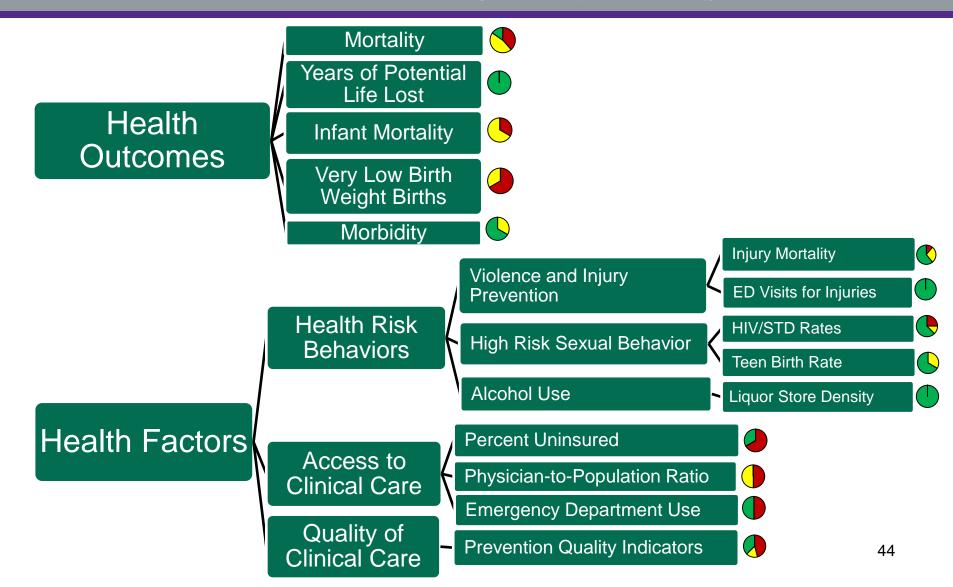


Health Outcomes

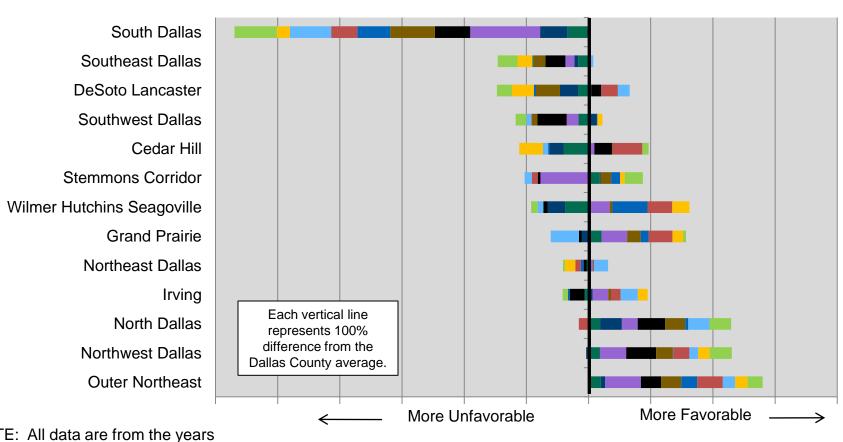




Summary – Model With Stoplight Pie Charts, Outer Northeast Service Area



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

- MortalitySocioeconomic
- Access to Clinical Care
- Preventable Hospitalizations
- VLBW
- YPLLInfant Mortality

- High Risk Sexual Behavior
- Morbidity
- Violence and Injury



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.