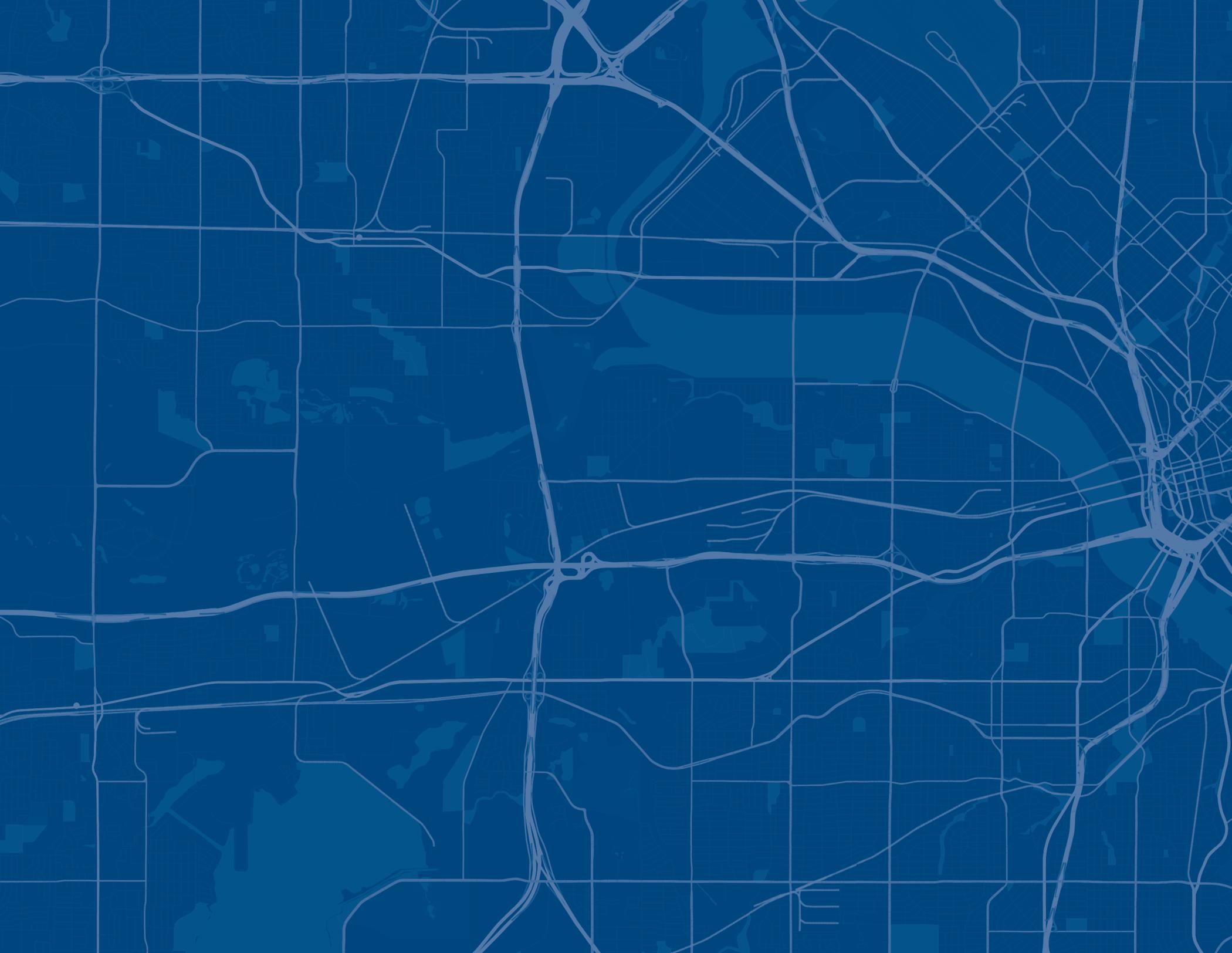


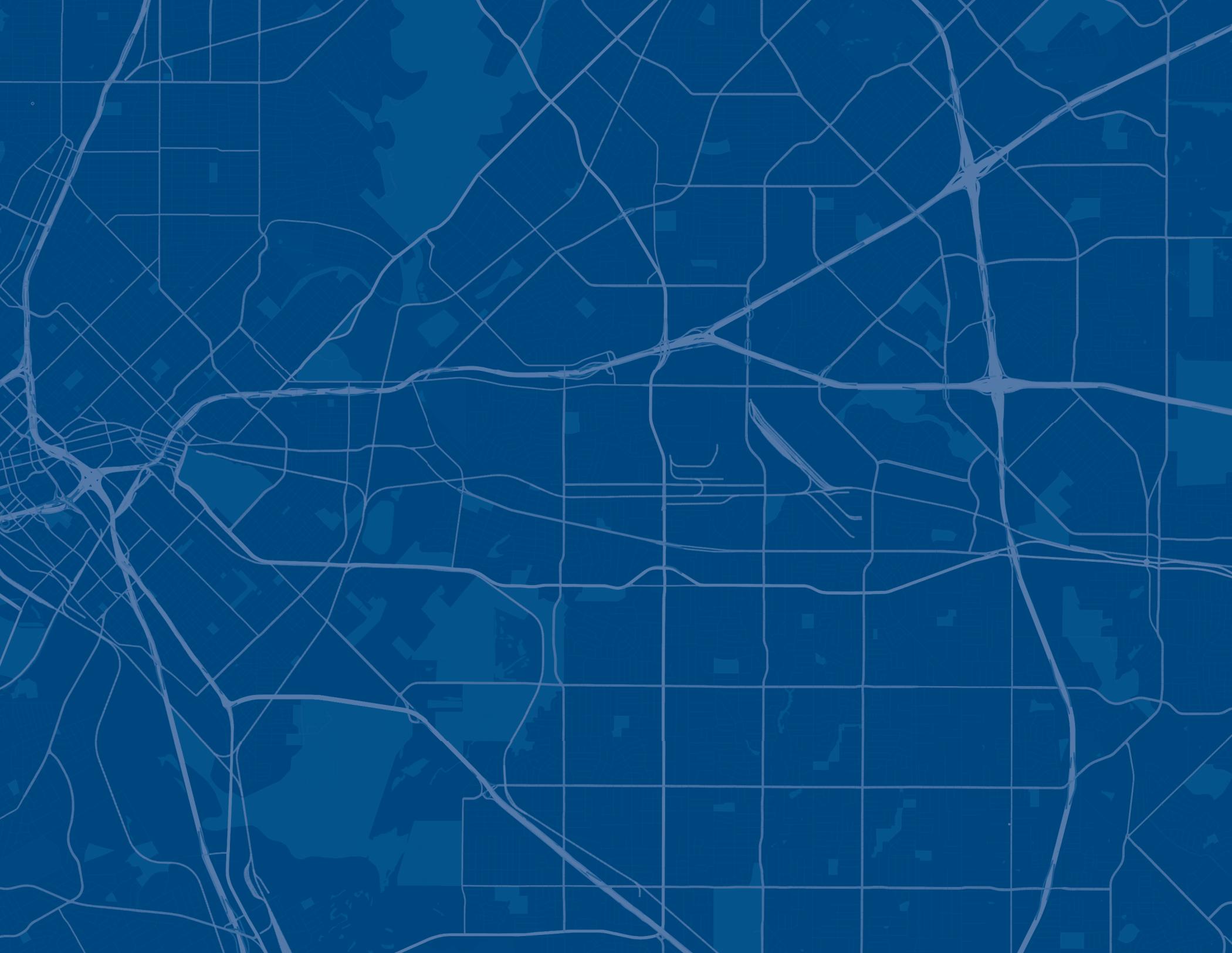


DALLAS COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT 2019

Parkland Health & Hospital System | Dallas County Health and Human Services









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EXECUTIVE SUMMARY

Parkland Health & Hospital System (Parkland) and the Dallas County Health and Human Services (DCHHS) undertook a joint Community Health Needs Assessment (CHNA) in adherence to the Patient Protection and Affordable Care Act (ACA) and as part of the accreditation process for public health departments. In accordance with the ACA, the CHNA's report was accepted by Parkland's Board of Managers on September 18, 2019.

The overarching goal of this CHNA was to identify the geographic areas and populations that experience the most significant health disparities including, racial and ethnical minorities, low social economic populations, underserved population, those with chronic disease and those with infectious disease.

The methodology framework used for this CHNA includes: Public Health Practice, Community Based Participatory Research, Strategic Planning as well as qualitative and quantitative data analysis. The data used for this report was gathered from an array of data sources and from a series of focus groups conducted throughout Dallas County.

The following provides an overview of the key finding that emerged from this CHNA.

Findings:

Access to Care:

- **Health Insurance Coverage:** There is high uninsured rate in Dallas County and high a high volume uninsured hospital discharges, particularly in Parkland. Of note, Dallas County has one of the highest uninsured rates among all urban counties in the nation—higher than both Harris County, Texas and Bexar County, Texas
- **Behavioral Health:** Dallas County does not have enough behavioral health capacity to support the high demand for those services. Navigating the health system in Dallas County is difficult for those with behavioral health needs and there is a lack of integration between behavioral health and physical health. According to input provided by focus group participants, the demand for behavioral health services for school children, youth, and seniors is concerning.

- **Health Literacy:** Provider and patient feedback from focus groups indicates there is a general lack of understanding of how to obtain/use health coverage, navigate the health system and adhere to treatment plans and provider instructions, which are often not culturally or linguistically accessible to the patient. There is an overall concern with the degree to which Dallas County residents, particularly racial and ethnic minorities and those living in southeast area of the County, have the capacity to obtain, communicate, process and understand information pertaining to health and health services.
- **Cultural Competency:** The ever-increasing diversity of Dallas County requires greater resources devoted to cultural competency including the establishment of best practices.

Health Disparities:

- There are significant health disparities by race and ethnicity and by geographic location within the county. African American and people living in ZIP Codes located in Southeast Dallas continue to experience the highest burden of disease and mortality.

Special Populations:

- The demand for health services for homeless and elderly individuals continues to grow as these populations increase in numbers.
- Assessing the health status for Lesbian, Gay, Bisexual and Transgender individuals remains a challenge due to limited data pertaining to sexual orientation and gender identity (SOGI) data.

Chronic Conditions:

- Hypertension, cancer, diabetes, asthma, chronic kidney disease and chronic heart failure, which are related to tobacco use, poor nutrition and lack of physical activity are the leading causes of death and contributors of a high volume of inpatient hospitalizations.

Infectious Diseases:

- The increasing number of Sexually Transmitted Diseases, cases in Dallas County is a significant problem



INTRODUCTION

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

The Patient Protection and Affordable Care Act (ACA) through the Internal Revenue Code, requires a hospital organization treated as tax-exempt under 501(c)(3) to conduct a Community Health Needs Assessment (CHNA) at least once every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. Parkland Health & Hospital System completed two previous CHNAs in 2013 and in 2016. Parkland's next CHNA is to be delivered via online posting to the residents of Dallas County on September 30, 2019.

A CHNA is also required as part of the accreditation process for public health departments. The Dallas County 2016-2019 CHNA allowed the Dallas County Health and Human Services Department (DCHHS) to successfully achieve National Public Health Accreditation in November 2016. The county health department is expected to use this CHNA to inform the development of a broader Community Health Improvement Plan (CHIP) aimed at identifying priority issues, developing and implementing strategies for action, and establishing measurable accountability to monitor improvement of the health status of targeted populations.

In light of Parkland's shared mission with DCHHS, a joint assessment of the current state of health in Dallas County has been conducted by the two organizations through a collaborative process that included the exchange of data, information and insights. Beyond what is required under the ACA, Parkland and the DCHHS will use this assessment to develop a collective impact approach to improving the health of populations experiencing health disparities within Dallas County over the next three years. This approach will include strengthening partnerships with other healthcare providers and community-based organizations who share a common mission with Parkland and DCHHS and establishing new relationships with organizations we have yet to engage. Parkland will also incorporate the CHNA into the next iteration of its multi-year strategic plan that will be developed in 2020.

DALLAS COUNTY HEALTH AND HUMAN SERVICES OVERVIEW

Public health activities in Dallas date back to 1873 with the appointment of the first City Health Officer and early efforts to control the disposal of waste, sale and serving of food items and the processing of milk products. The work of Dallas County Health and Human Services is wide-ranging and is primarily focused on disease prevention. DCHHS is committed to improve the health and quality of life for all Dallas County residents and to address inequities and disparities in health. DCHHS targets services to reach vulnerable populations in areas of the community with the highest need.

DCHHS employs epidemiologists who serve as disease detectives investigating outbreaks of clusters of illnesses and study the trends as well as causes and effects of health and disease conditions in the community. DCHHS has been at the forefront of local responses to Ebola, H1N1, West Nile and Zika viruses, as well as preparedness efforts to respond in the event of a bioterrorism attack or other disaster. DCHHS offers specialized Sexual Health and TB Clinics that provide services for the diagnosis, treatment and prevention and control of the spread of these infections. Other DCHHS activities include,

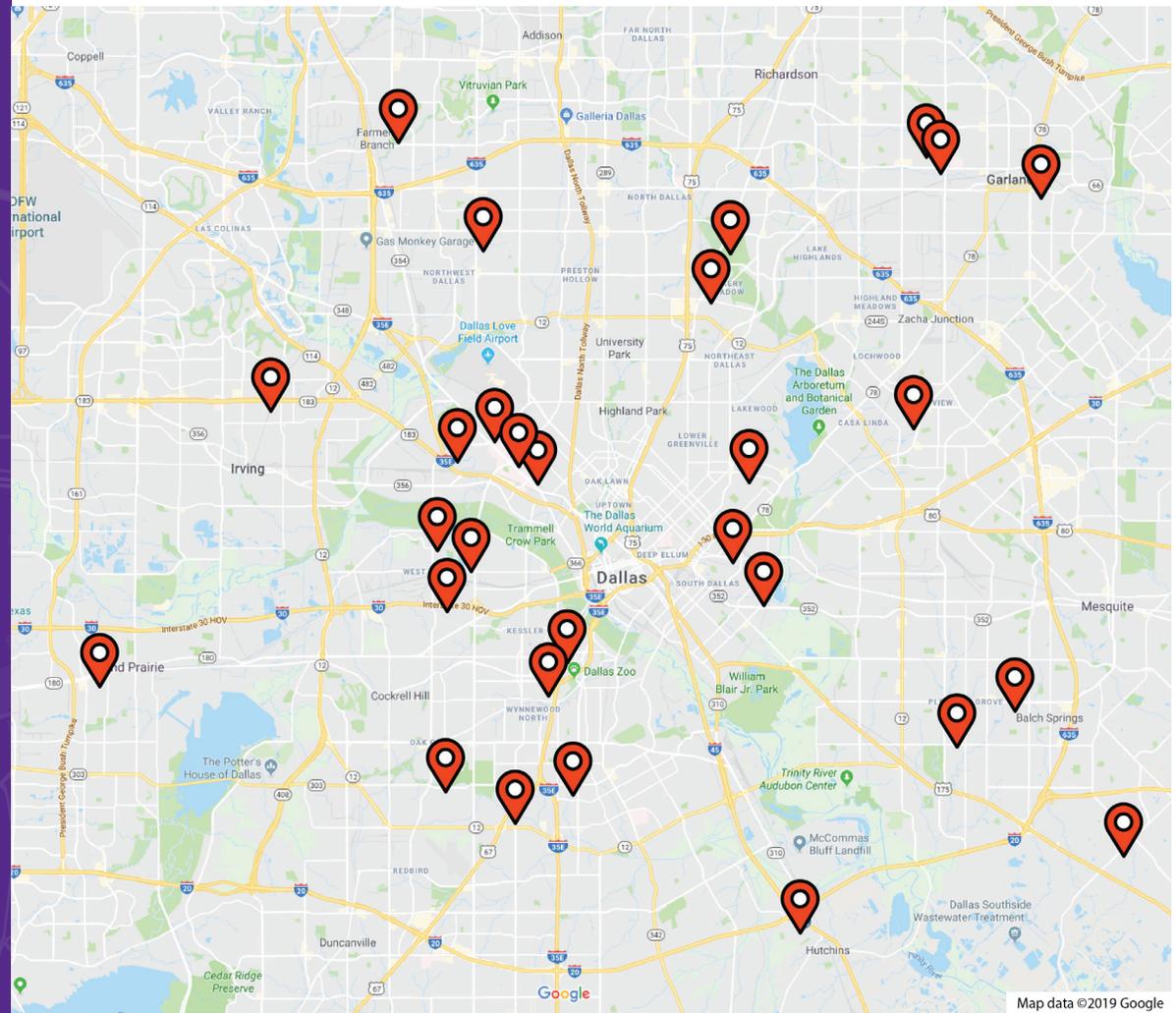
- Child and adult immunizations,
- Refugee screening clinic,
- Restaurant inspections,
- Social service programs that assist low-income residents with housing and energy payments, weatherization services, and repairs to home heating and cooling units, and
- Development of new programs to support chronic disease prevention and address other non-communicable disease issues.

PARKLAND HEALTH & HOSPITAL SYSTEM OVERVIEW

Established at the corner of Oak Lawn and Maple in 1894, Parkland has been caring for Dallas County's most vulnerable patients for 125 years. Today, Parkland is an integrated health system comprised of a state-of-the-art acute care hospital, 30 community-based outpatient clinics, a Medicaid managed care plan as well as numerous educational and outreach programs. As one of the leading public academic medical centers in the nation, Parkland has developed countless innovations that save lives, improve access to services and reduce healthcare costs.

Parkland Memorial Hospital averages about 61,000 admissions and, through its various clinics, the health system completes more than 1 million outpatient visits annually. Premier services include The Rees-Jones Level I Trauma Center, one of largest civilian burn centers in the U.S. and a Level III Neonatal Intensive Care Unit. Parkland also carries services to Dallas County's homeless population through its Homeless Outreach Medical Services (HOMES) program and is responsible for Dallas County correctional health. Parkland is the primary teaching hospital for The University of Texas Southwestern Medical Center. For more information about Parkland Health & Hospital System, visit www.parklandhospital.com.

FIGURE 1. Parkland's Footprint in Dallas County





nder 18
Tobacco

Newport

Newport pleasure

Newport PLATINUM

Newport NON-MENTHOL

DISCOVER
THE PALL MALL

\$5.45 PLUS TAX
Winston

RHINO

GREEN MAMBA

Boston Baked Beans

Boston Baked Beans

Boston Baked Beans

Boston Baked Beans

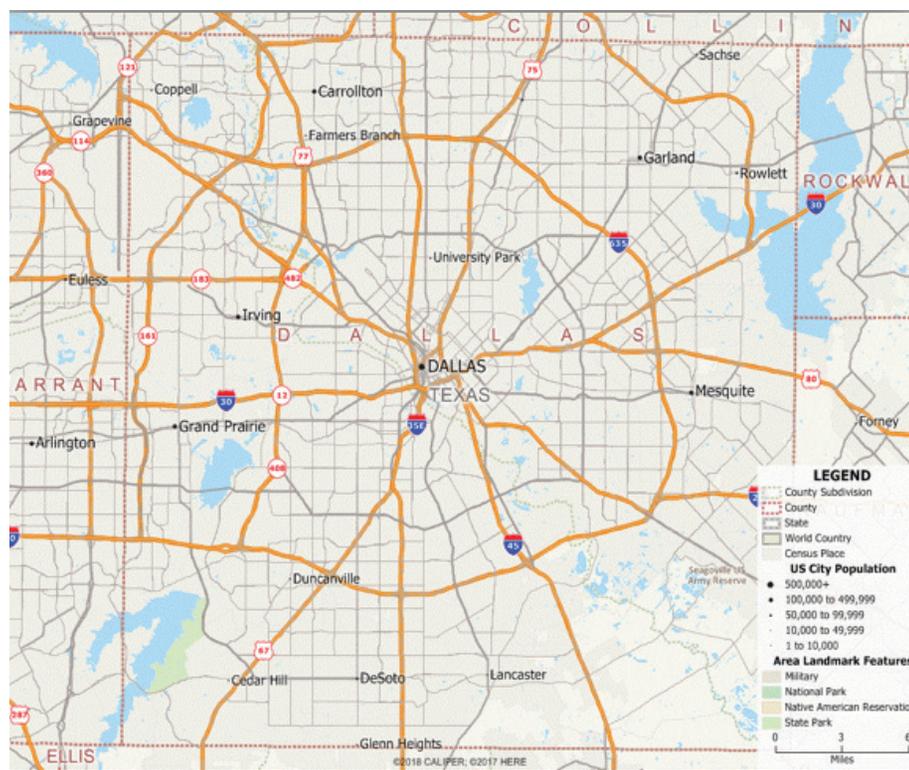
► **Economy**

Comprised of 31 cities and covering over 871.28 square miles,¹ Dallas County is Texas’ second most populous county and the eighth in the nation, and plays a pivotal role in its economic development and success.² Dallas’ economy employs about 1.31 million individuals - 33% of this workforce has at least a college degree. Retail trade, healthcare and social assistance, and construction are the largest industries. In 2017, Dallas County had over 860,000 professionals in management, finance, computing, architecture, engineering and

sciences, and over 430,000 professionals in education and health services.²⁻³ Between 2016 and 2017, employment in Dallas County grew at a rate of 1.63%, from 1.28 million to 1.31 million employees.³

Historically, Dallas County’s strong economy has maintained an unemployment rate consistently below the state and national rates (see figure 3). The county’s median household income in 2017 was \$53,626 compared to the U.S. median \$57,652.²

FIGURE 2. Dallas County Map



Dallas County Cities

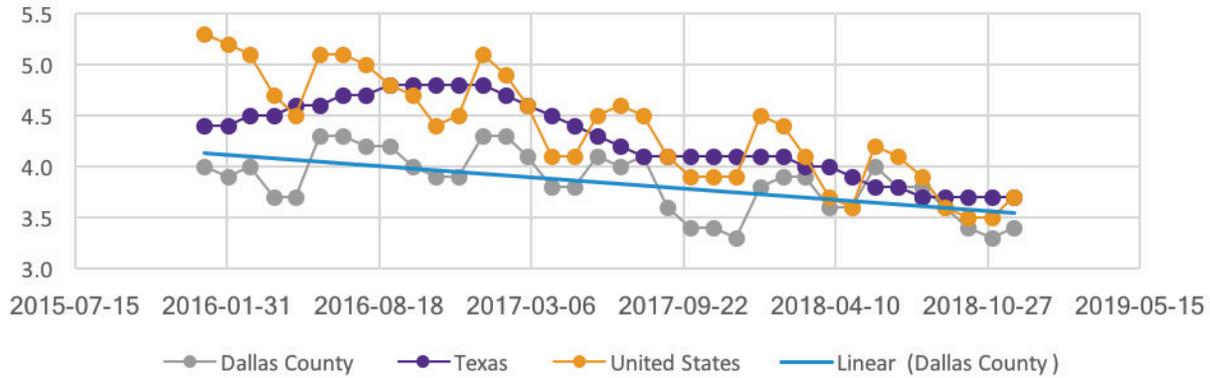
- | | |
|--------------------|---------------------|
| 1. Addison | 17. Highland Park |
| 2. Balch Springs | 18. Hutchins |
| 3. Carrollton | 19. Irving |
| 4. Cedar Hill | 20. Lancaster |
| 5. Cockrell Hill | 21. Lewisville |
| 6. Combine | 22. Mesquite |
| 7. Coppell | 23. Ovilla |
| 8. Dallas | 24. Richardson |
| 9. DeSoto | 25. Rowlett |
| 10. Duncanville | 26. Sachse |
| 11. Farmers Branch | 27. Seagoville |
| 12. Ferris | 28. Sunnyvale |
| 13. Garland | 29. University Park |
| 14. Glenn Heights | 30. Wilmer |
| 15. Grand Prairie | 31. Wylie |
| 16. Grapevine | |

¹ United States Census Bureau available at: <https://www.census.gov/quickfacts/fact/table/dallascountytexas/PST045217>

² Dallas County. Available at: <https://www.dallascounty.org/Assets/uploads/docs/plandev/englishdcbok.pdf>

³ Data USA. <https://datausa.io/profile/geo/dallas-county-tx/#about>

FIGURE 3. Unemployment Rate Dallas County, Texas and U.S., 2016 - 2018



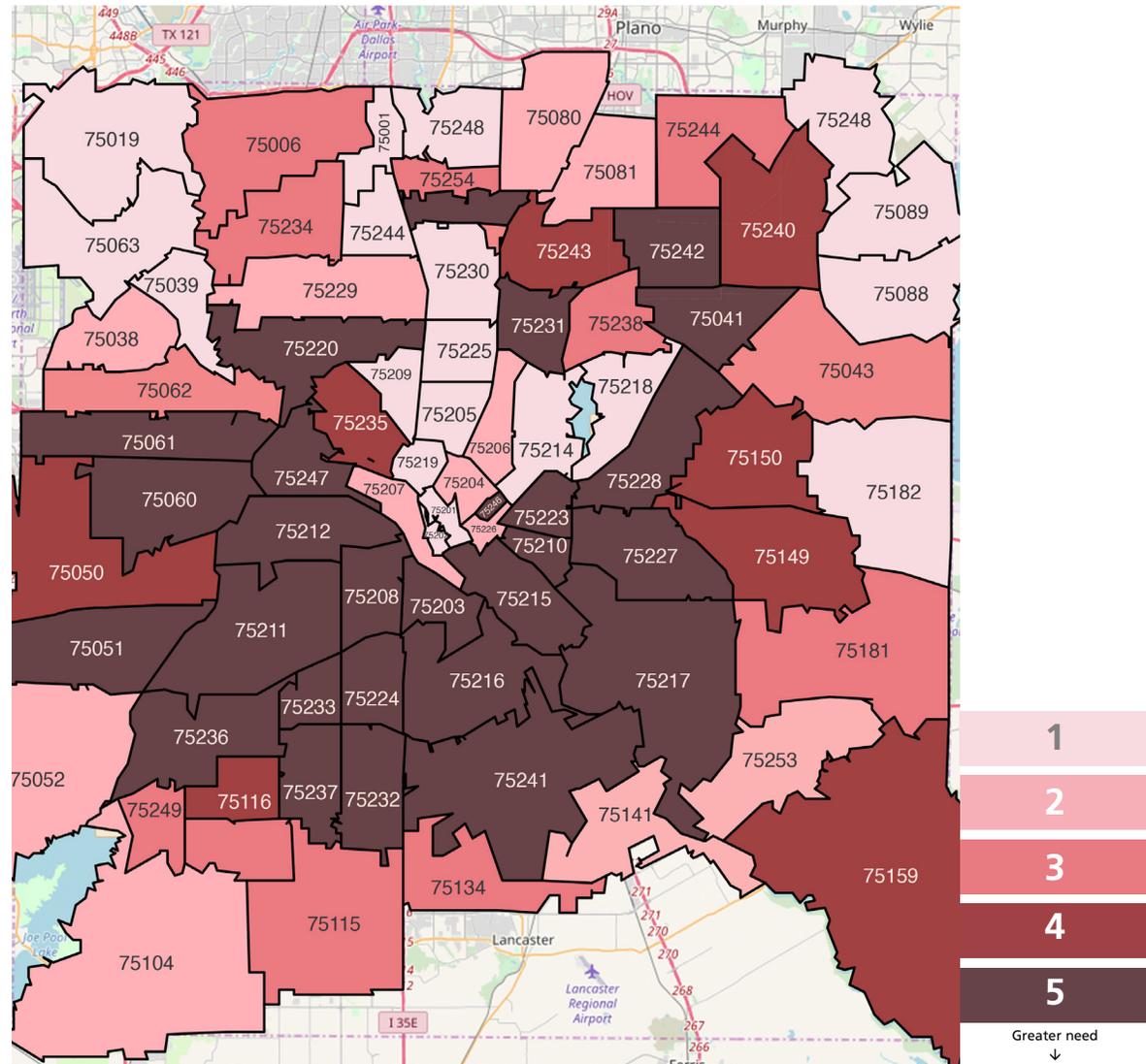
Source: Federal Reserve Bank of St. Louis. Economic Research.



FIGURE 4. SocioNeeds Index Map, Dallas County, 2019

While much of Dallas County benefits from a strong economy, there are several geographic areas that struggle with severe poverty or pockets of economic instability and the social ills that accompany a lack of resources including significant health disparities. Many of the ZIP codes within these underserved areas have suffered from these disparities for decades.

This CHNA uses a SocioNeeds Index (SNI) score to identify zip codes that offer the greatest challenges and opportunities for addressing health disparities. SNI is a measure of socio-economic need based on ZIP Code data and is calculated from 6 indicators: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. Zip codes are given an index score ranging from 0 (lowest need) to 100 (highest need) which is then ranked from 1 (lowest need) to 5 (highest need).⁴ The darkest area in the Dallas County (SNI) map⁵ reveals an expansive geographic area with high socio-economic need and where health disparities are more likely to be present.



Adopted from DFWHC Foundation, Healthy North Texas SocioNeeds Index.

⁴ Conduent. Community Health, Health and Hospital Systems. Available at: <https://www.conduent.com/solution/community-population-health-community-health-assessment/>

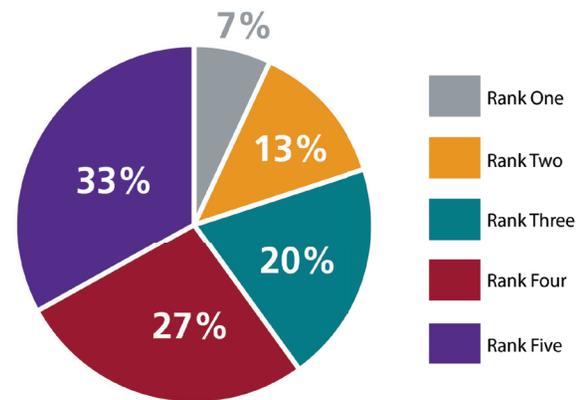
⁵ Health North Texas. SocioNeeds Index. Available at: <http://www.healthyntexas.org/index.php?module=indicators&controller=index&action=socioneeds>

TABLE 1. Zip Codes with SNI Rankings of 4 or Higher

#	ZIP Code	SocioNeeds Index	Rank
1	75210	99.7	5
2	75212	98.8	5
3	75216	98.6	5
4	75217	98.2	5
5	75203	97.6	5
6	75211	97.3	5
7	75227	96.6	5
8	75233	96.3	5
9	75223	96.2	5
10	75224	96.1	5
11	75042	95.9	5
12	75220	95.5	5
13	75180	95	5
14	75215	94.8	5
15	75172	94.7	5
16	75237	94.7	5
17	75228	94.2	5
18	75253	93.7	5
19	75041	93.4	5
20	75061	92.4	5
21	75231	92.4	5
22	75247	92.3	5
23	75051	92.1	5
24	75240	91.9	5
25	75141	91.1	5
26	75241	90.7	5
27	75232	90.1	5
28	75060	89.9	5
29	75246	89.4	5
30	75236	88.9	5
31	75208	85.8	5

#	ZIP Code	SocioNeeds Index	Rank
32	75050	82.3	4
33	75116	81.2	4
34	75149	81.2	4
35	75243	79.6	4
36	75159	75.1	4
37	75040	74.8	4
38	75150	73.6	4
39	75235	73	4
40	75062	69.2	4
41	75146	67.8	4

FIGURE 5. Distribution of Zip Codes by SNI Rank



► **Housing**

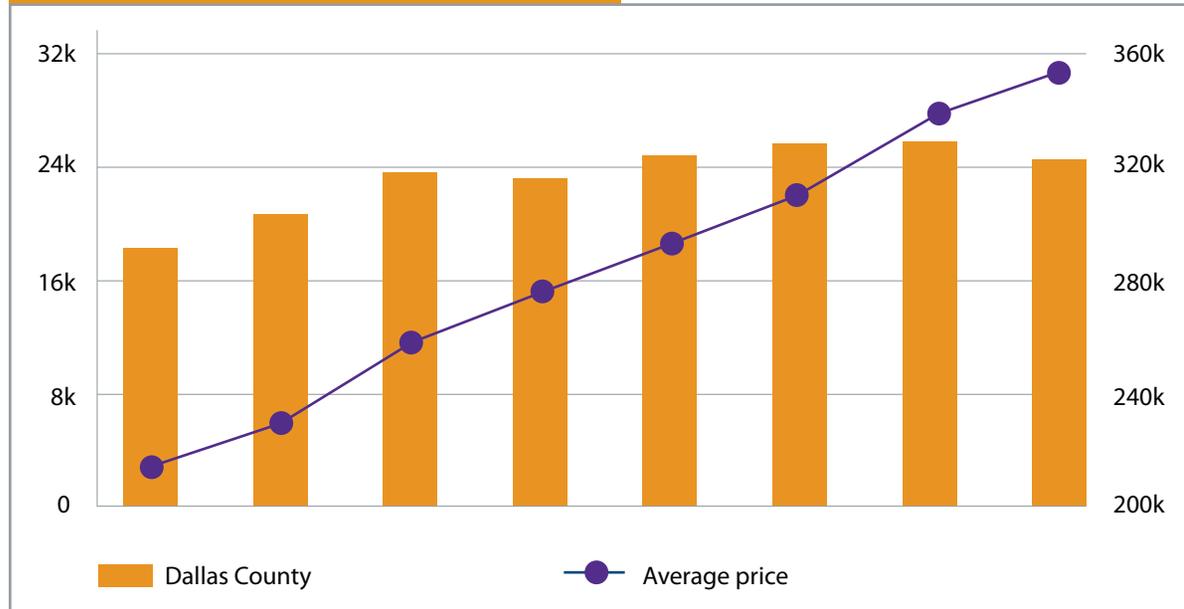
The median property value in Dallas County of \$148,300 is 23% below the national median value of \$193,500 and home ownership (50.5%) is below the national average of 63.8%.⁶ According to an economic assessment by the Communities Foundation of Texas, in 2018, 34% of Dallas County households spent over 30% or more of their income on housing. Likewise, 50% of renters spent more than 30% of their income on rent.⁶

TABLE 2. Dallas County Housing Data

Housing	Dallas County	U.S.
Housing units, July 1, 2018, (V2018)	1,027,837	138,537,078
Owner-occupied housing unit rate, 2013-2017	50.50%	63.80%
Median value of owner-occupied housing units, 2013-2017	\$148,300	\$193,500
Median selected monthly owner costs -with a mortgage, 2013-2017	\$1,483	\$1,515
Median selected monthly owner costs -without a mortgage, 2013-2017	\$549	\$474
Median gross rent, 2013-2017	\$984	\$982
Building permits, 2018	18,123	1,328,827

⁶ Center for Public Policy Priorities, Communities Foundation of Texas. Dallas Economic Opportunity Assessment. Available at: <https://www.cftexas.org/dallas-economic-opportunity-assessment>

FIGURE 6. Dallas County Homes Sales and Average Price



Source: Adopted from Texas A&M University, Real Estate Center.

Since 2011, the average housing price has steadily increased, whereas home sales have remained consistent for the past three years.

▶ ACCESS TO CARE IN DALLAS COUNTY

INSURANCE COVERAGE

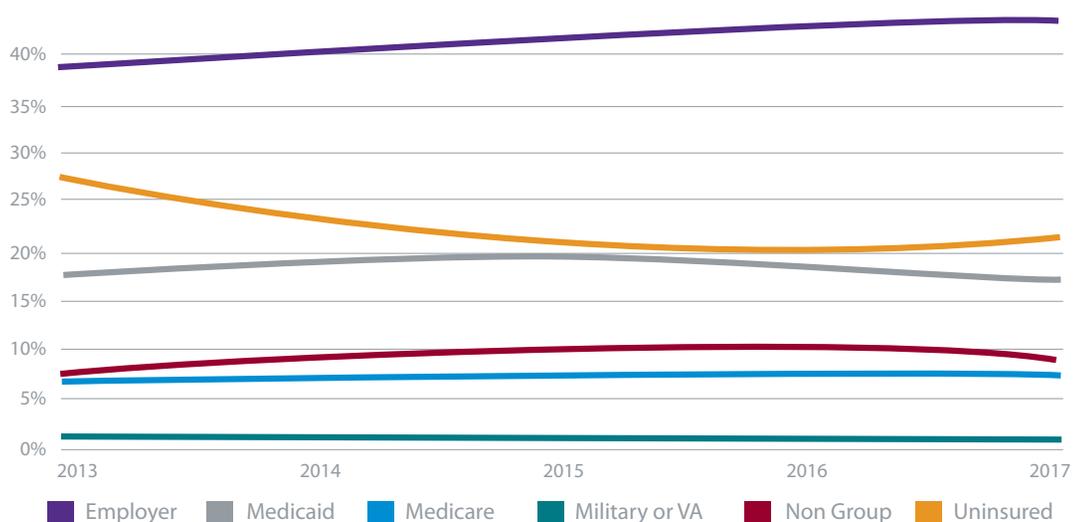
In Dallas County, approximately 81% of the population has some form of health insurance coverage:

- 9% Medicare
- 2% Medicare Dual Eligible
- 15% Medicaid
- 47% Private – Employer Sponsored
- 5% Private – Direct
- 3% Private – Exchange
- 19% Uninsured

Source: IBM Watson/Truven Health Analytics 2019

As depicted in Figure 7, employer sponsored plans have been the main source of health coverage since 2013 in Dallas County, followed by Medicaid.

Figure 7. Insurance Coverage, Dallas County, 2013 – 2017



Adopted from: DATAUSA. Dallas County

TABLE 3. Health Insurance Coverage of Population, U.S. and Dallas County, 2013 - 2017

Demographics	United States Covered %	Texas Covered %	Dallas County Total Population	Dallas County Covered (n)	Dallas County Covered %
Civilian noninstitutionalized population	89.50%	81.80%	2,532,552	1,971,698	77.90%
Under 19 years	94.30%	89.00%	716,483	619,773	86.50%
Race and Ethnicity					
White (all ethnicity)	90.60%	82.10%	1,554,075	1,193,926	76.80%
Black or African American alone	87.70%	84.10%	565,421	468,544	82.90%
American Indian and Alaska Native alone	78.40%	77.60%	8,106	5,904	72.80%
Asian alone	90.80%	86.70%	153,022	130,318	85.20%
Hispanic or Latino (of any race)	78.80%	71.40%	1,007,876	651,493	64.60%
White, Non Hispanic or Non Latino	92.90%	89.80%	762,899	683,475	89.60%

Data Source: American Community Survey 2013 - 2017

The uninsured rate in Texas is 1.75 times higher than the national rate. On the left, Table 3 shows the percentage of insured noninstitutionalized residents in Dallas County (77.9%) is below the Texas (81.8%) and national (89.5%) coverage rates. Analysis conducted by the Congressional Budget Office (CBO), found that groups with a high likelihood of lacking health insurance include:

- People in families with income below 200% of the Federal Poverty Level,
- Hispanics,
- Young adults, age 19 to 34 years,
- People in families in which the adults worked either part-time or only part of the year, or
- Individuals in fair or poor health status who are significantly more likely than others to be uninsured for longer periods.⁷

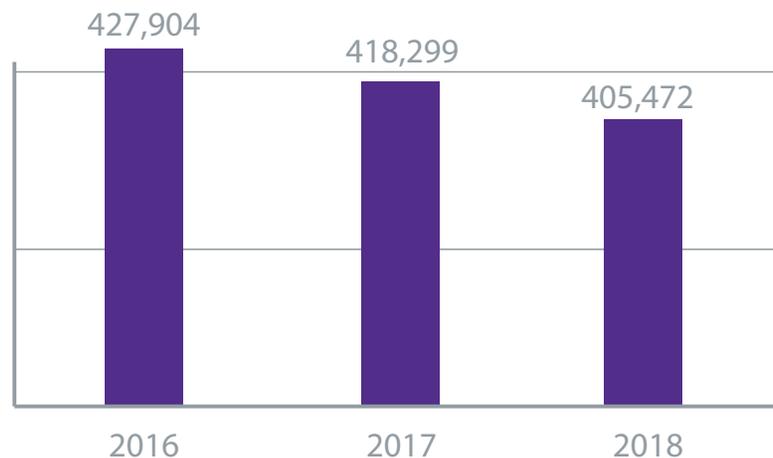
Hispanics in Dallas County have the lowest rates of coverage with just 64% of that population having health insurance.

⁷ Texas Medical Association. Texas is the uninsured capital of the United States. More than 4.5 million Texans - including 623,000 children lack health insurance - 2018. Available at: <https://www.texmed.org/uninsured/>

DALLAS COUNTY MEDICAID ENROLLMENT

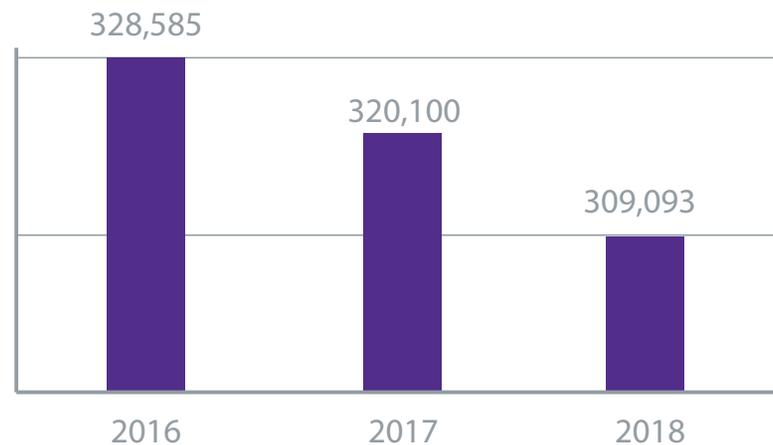
As of September 2019, Texas is one of 14 states that has not expanded Medicaid enrollment under the ACA. Figures 8 and 9 below show the steady decline in the number of Medicaid enrollees in Dallas County between 2016 and 2018. The Texas Medicaid system includes STAR, STAR+PLUS, STAR Kids, STAR Health programs and the Texas Dual Eligible Integrated Care Demonstration Project. In Dallas County, Amerigroup, Molina Healthcare of Texas, Parkland Community Health Plan, Superior HealthPlan and Children’s Health are the managed care organizations that manage these services on behalf of the state.

FIGURE 8. Dallas County Medicaid Enrollment, 2016 -2018



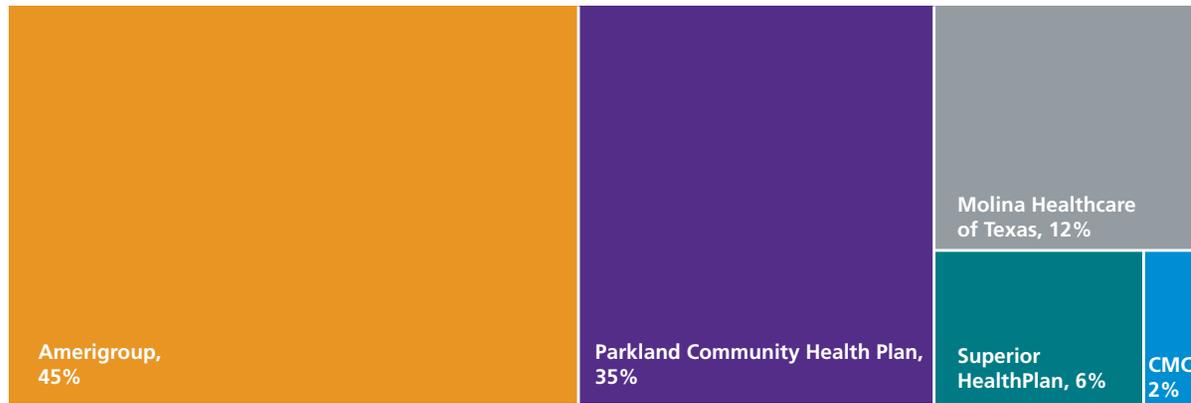
Source: Texas Health and Human Services, *Healthcare Statistics*.

FIGURE 9. DALLAS COUNTY CHILDREN’S MEDICAID ENROLLMENT, 2016 - 2018



Source: Texas Health and Human Services, *Healthcare Statistics*.

FIGURE 10. Dallas County Medicaid Enrollment by Managed Care Organization, 2018

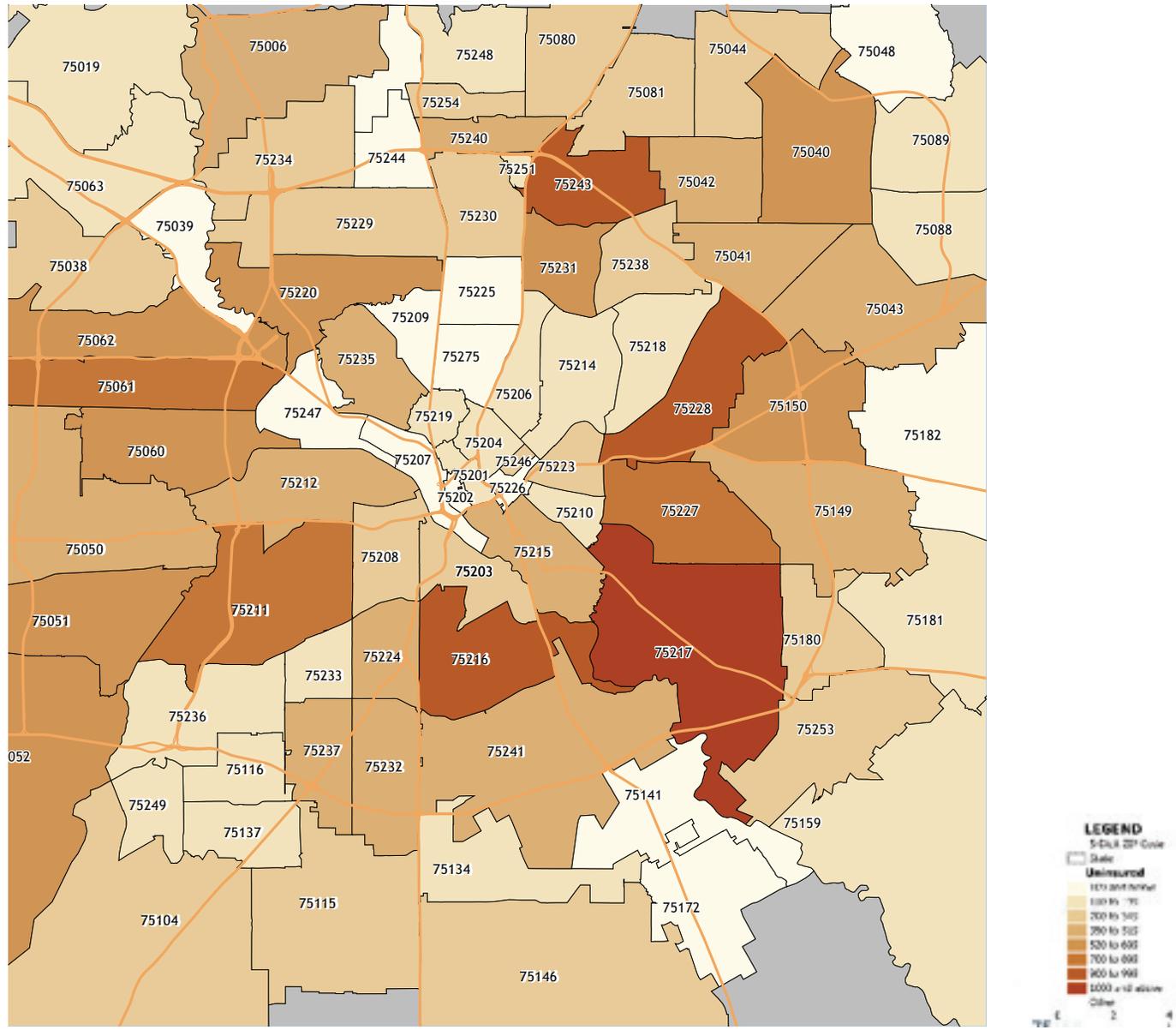


- Amerigroup, 45%
- Parkland Community Health Plan, 35%
- Molina Healthcare of Texas, 12%
- Superior HealthPlan, 6%
- Children's Medical Center, 2%

Figure 10, shows that combined, Amerigroup (45%) and Parkland Community Health Plan (35%), provide insurance coverage to 80% of Medicaid enrollees in Dallas County.

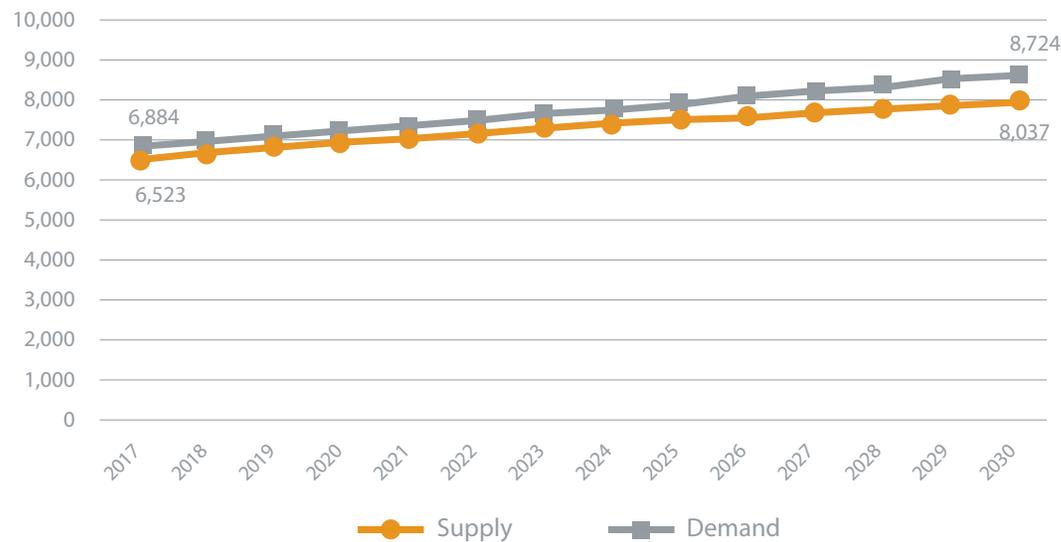
Source: Texas Health and Human Services, [Healthcare Statistics](#).

FIGURE 11. Uninsured Population, Dallas County, 2019



Data Source: IBM Watson/Truven Health Analytics 2019

FIGURE 12. Primary Care Supply Trends in Texas, 2017 -2030⁸



Adopted From: Texas Health and Human Services. Department of State Health Services. Texas Projections of Supply and Demand for Primary Care and Psychiatrists, 2017 – 2030. July 2018

ACCESS TO PRIMARY CARE PHYSICIANS

Texas Health and Human Services describes primary care physicians as those who indicate they have a primary specialty of general practice, family practice/medicine, internal medicine, pediatrics, obstetrics and/or gynecology, or geriatrics and are a sub-set of direct patient care physicians. Dallas County’s ratio of population to primary care physicians’ ranks 18th among Texas counties. In North Texas, where Dallas County sits, demand is expected to continue outpacing supply for primary care physicians between the years 2017 and 2030. The number of primary care physician FTEs is expected to increase over that period by 1,514 while demand is expected to increase by 1,840 primary care physicians FTEs. The shortage of primary care physicians is expected to grow by 90% which indicates continued challenges for Dallas County in terms of access to primary care services.⁸

⁸ Texas Health and Human Services. Department of State Health Services. Texas Projections of Supply and Demand for Primary Care and Psychiatrists, 2017 – 2030. July 2018.

HOSPITALS AND HEALTH SYSTEMS

The Compendium of U.S. Health Systems 2016 defines a health system as an organization that includes at least one hospital and at least one group of physicians who provide comprehensive care (including primary and specialty care) and are connected with each other and with the hospital through common ownership or joint management.⁹ Table 4 is a list of health systems located in Dallas County.

Hospitals and health systems serve as anchor institutions within local communities. In addition to their role safeguarding the health of local community hospitals also play a role as an employer and contribute significantly to the local economy.¹⁰ Table 5 provides a list of Dallas County hospitals by city while Figure 13 shows the geographic distribution of hospitals within the county.

TABLE 4: Dallas County Health Systems

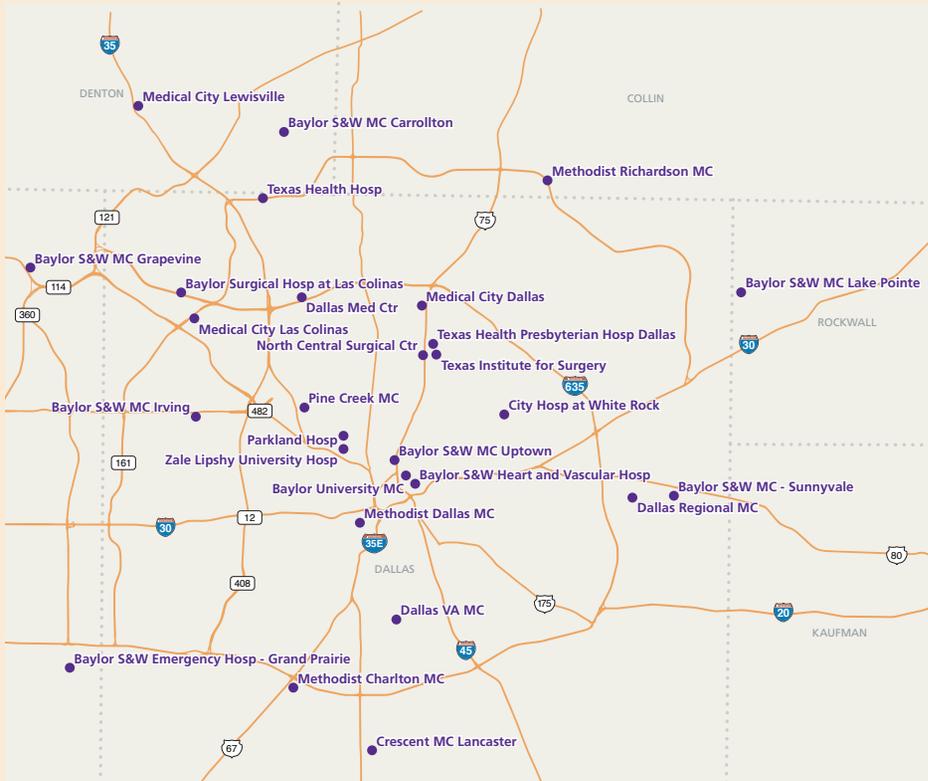
Not-for-Profit
Baylor Scott and White Health
Children's Health
Methodist Health System
Texas Health Resources
UT Southwestern Medical Center
For-Profit
HCA Healthcare
Tenet Healthcare Corporation
Pipeline Health
Government
Veterans Health Administration
Parkland Health & Hospital System

TABLE 5. Dallas County Hospitals by city

Hospital Name	City	Staffed Beds
Baylor Scott & White Heart and Vascular Hospital	Dallas	54
Baylor Scott & White Medical Center - Sunnyvale	Sunnyvale	70
Baylor Scott & White Medical Center Irving	Irving	222
Baylor Scott & White Medical Center Uptown	Dallas	24
Baylor Surgical Hospital at Las Colinas	Irving	20
Baylor University Medical Center	Dallas	893
City Hospital at White Rock	Dallas	218
Crescent Medical Center Lancaster	Lancaster	84
Dallas Medical Center	Dallas	83
Dallas Regional Medical Center	Mesquite	202
Dallas VA Medical Center	Dallas	514
Medical City Dallas	Dallas	561
Medical City Las Colinas	Irving	100
Methodist Charlton Medical Center	Dallas	290
Methodist Dallas Medical Center	Dallas	432
North Central Surgical Center	Dallas	24
Parkland Memorial Hospital	Dallas	764
Pine Creek Medical Center	Dallas	15
Texas Health Hospital	Carrollton	50
Texas Health Presbyterian Hospital Dallas	Dallas	651
Texas Institute for Surgery	Dallas	9
UT Southwestern William P. Clements Jr. University Hospital	Dallas	460
Zale Lipshy University Hospital	Dallas	148

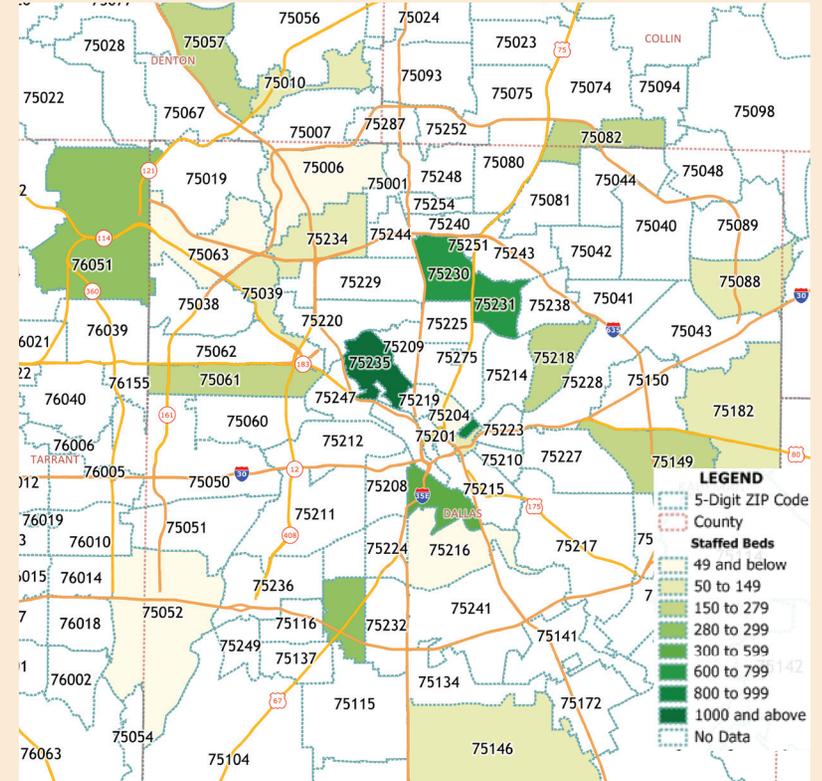
Source: American Hospital Association Guide 2017.

FIGURE 13. Dallas County Hospitals Geographic Distribution



Data Source: American Hospital Association Guide 2017.

FIGURE 14. Dallas County Hospital Beds Availability by ZIP Codes



Source: American Hospital Association Guide 2017.

⁹ Agency for Healthcare Research of U.S. Health Systems, 2016. Available at: <https://www.ahrq.gov/chsp/data-resources/compendium.html>

¹⁰ Robert Wood Johnson Foundation. Culture of Health Blog. Hospitals as Anchor Institutions for Community Investment. Available at <https://www.rwjf.org/en/blog/2017/03/can-hospitals-defy-tradition.html>

CHNA METHODOLOGY

The methodology applied for this CHNA and the subsequent implementation strategy for addressing identified issues includes four components:

LEADERSHIP AND OWNERSHIP

This component is based on the principle that improving the community's health is a shared responsibility, if not a moral obligation of hospitals, public health agencies and the community at large. Putting this principle in practice, Parkland in collaboration with the DCHHS, employed public health practices to identify populations experiencing a higher burden of disease or health disparities, as well as the underlying social determinants of health driving these inequalities.

STRATEGIC PLANNING

Parkland and DCHHS will use the results of this CHNA to develop programs and strategic initiatives aimed at improving health and reducing disparities.

COMMUNITY ENGAGEMENT

Community Based Participatory Research (CBPR) was adopted to ensure the community had meaningful participation during the CHNA development. The Agency for Healthcare Research and Quality (AHRQ) defines CBPR as:

“A collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change.”

Applying CBPR, Parkland used focus groups to gather an array of perspectives from community stakeholders. The focus groups were conducted in two phases.

Phase I: Parkland in collaboration with Baylor Scott & White Health, Texas Health Resources and Methodist Health System engaged IBM Watson to conduct a series of focus groups to assess the perception of the health needs in Dallas County. Focus group participants were invited based on their involvement with public health or their work with medically-underserved, chronic disease, low-income or minority populations. Participation was also sought from community leaders, other healthcare organizations and providers, including physicians.

Phase II: Focused on gathering more in-depth input from the safety-net patient population and frontline providers who care for them. This phase included 10 focus groups conducted by Parkland staff.

Patient Listening Sessions

Parkland Patient and Family Advisory Council	Good Street Baptist Church
Patient Listening Session at Chase Building	Mary Kay local groups (2 sessions in 75217)
Resident/Patient Listening Sessions:	MLK Community Center (2 sessions)
New Comforter Church	True Lee Missionary Baptist Church
Pleasant Zion Missionary Church	Food Bank, Inspired Vision
Springs Fellowship Church	Compassion Center (4 sessions)
	Cornerstone Baptist Church

Parkland Frontline Staff

Emergency Department Physicians and Nursing Staff	COPC Physicians
COPC Social Workers	COPC Community Advisory Board Members
COPC and Specialty Clinic Nurses	Patient Financial Services Staff

Community-Based Organizations

African American Pastor's Coalition	White Rock Center of Hope
Agape Clinic	North Dallas Shared Ministries
Bridge Breast Network	211/Area Agency on Aging
Catholic Charities of Dallas	Community Council of Greater Dallas
CitySquare	Los Barrios Unidos Community Clinic (FQHC)
Dallas County Jail (medical staff)	DFW Hindu Temple
Grow South (Ed Cor health)	Faith Promise of Irving
Harmony Counseling Center at Concord Church	Genesis Women's Shelter & Support
International Rescue Committee	Dallas Area Interfaith
Legal Aid of Northwest Texas	Foremost Family Health Center (FQHC)
North Texas Food Bank	Many Helping Hands
Refugee Services of Texas	Metro Dallas Homeless Alliance
Sharing Life Community Outreach	Salvation Army
Urban Inter-Tribal Center of Texas	Society St. Vincent de Paul
Veterans Center of North Texas	Dallas independent School District Nurses
VNA (Meals on Wheels)	

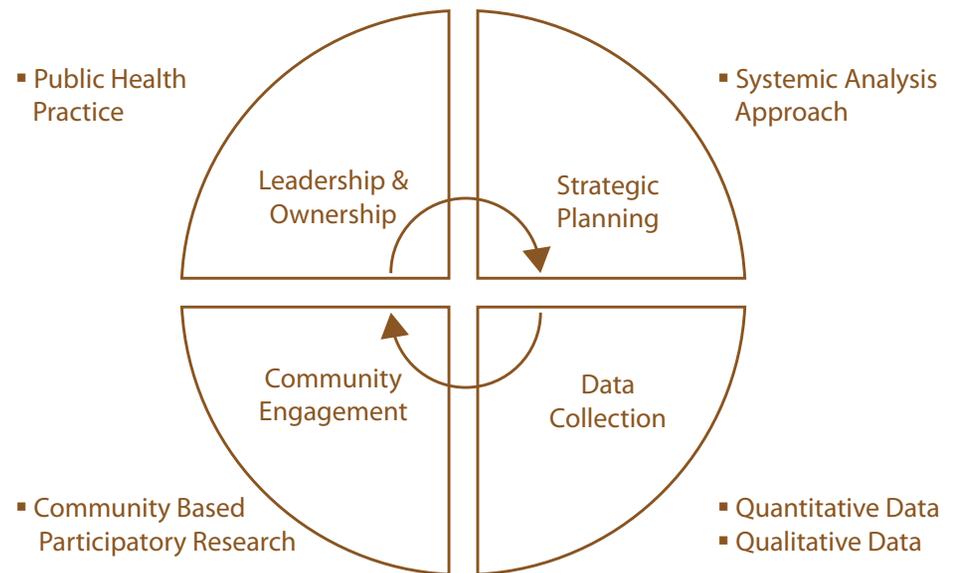
A summary of the focus groups session results is provided in the Community Input section of this report.

Data Collection: For this CHNA, quantitative and qualitative data was collected and maintained in a single repository to ensure consistency and accuracy. Quantitative data was gathered from the primary sources listed below. The qualitative data was gathered through informational interviews and focus groups.

Primary Data Sources

- | | |
|---|---|
| 1. Behavioral Risk Factors Surveillance System (BRFSS) | 9. Parkland Center for Clinical Innovation (PCCI) |
| 2. Dallas County Health and Human Services | 10. Parkland Health & Hospital System |
| 3. Dallas-Fort Worth Hospital Council Foundation (DFWHC) | 11. Texas Demographic Center |
| 4. DFWHC Healthy North Texas | 12. Texas Department of State Health Services |
| 5. HOMES Uniform Data System (UDS) Annual Report, 2016 – 2018 | 13. The Federal Reserve Bank of St. Louis |
| 6. HRSA UDS Maps | 14. U.S. Centers for Disease Control and Prevention (CDC) |
| 7. IBM Watson/Truven Health Analytics | 15. United States Census Bureau |
| 8. Metro Dallas Homeless Alliance | |

FIGURE 15. CHNA Framework



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017, Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Apr 25, 2019.

DALLAS COUNTY GENERAL HEALTH PROFILE

One does not have to look deep into the health data of Dallas County to recognize that significant disparities exist among the population and the geography of these disparities is readily apparent. There is a central to north by northwest region within the county that is home to a reasonably healthy population whose profile does not generally stand out among national and state benchmarks when it comes to health disparities. That region is contrasted by a crescent shaped collection of ZIP codes stretching from Northeast Dallas County through the southern portions of Dallas County and turning north again into Grand Prairie and parts of Irving that experience higher SNI scores and poorer health profiles. Even within this crescent-shaped region of ZIP codes experiencing some level of health disparities, there are a handful of ZIP codes that are present in our analysis for virtually every negative indicator. These ZIP codes are 75210, 75216, 75217 and 75241. The information that follows will offer insight into the nature of the health disparities that exist within the county.



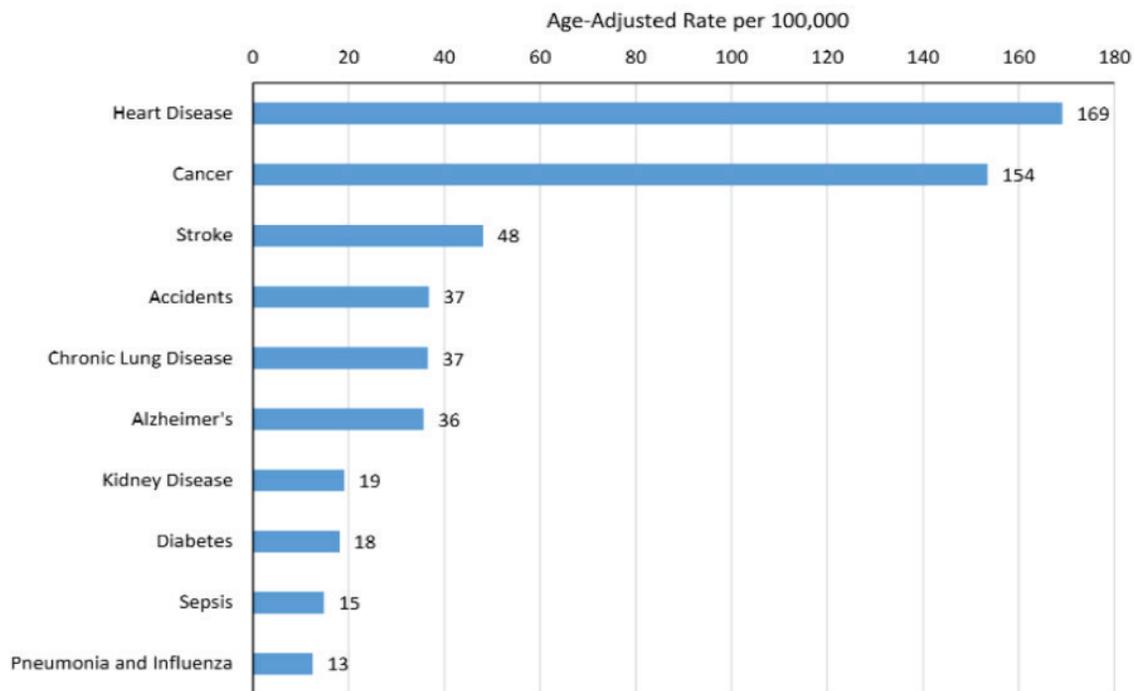
► MORTALITY

This section provides a snapshot of mortality rates in Dallas County by race, ethnicity, age and disease.

LEADING CAUSES OF DEATH

Age adjusted mortality rates are used to compare mortality between populations and assess changes over time. Between 2013 and 2017, heart disease and malignant neoplasms (cancer) have been the leading causes of death in Dallas County -see Figure 16.

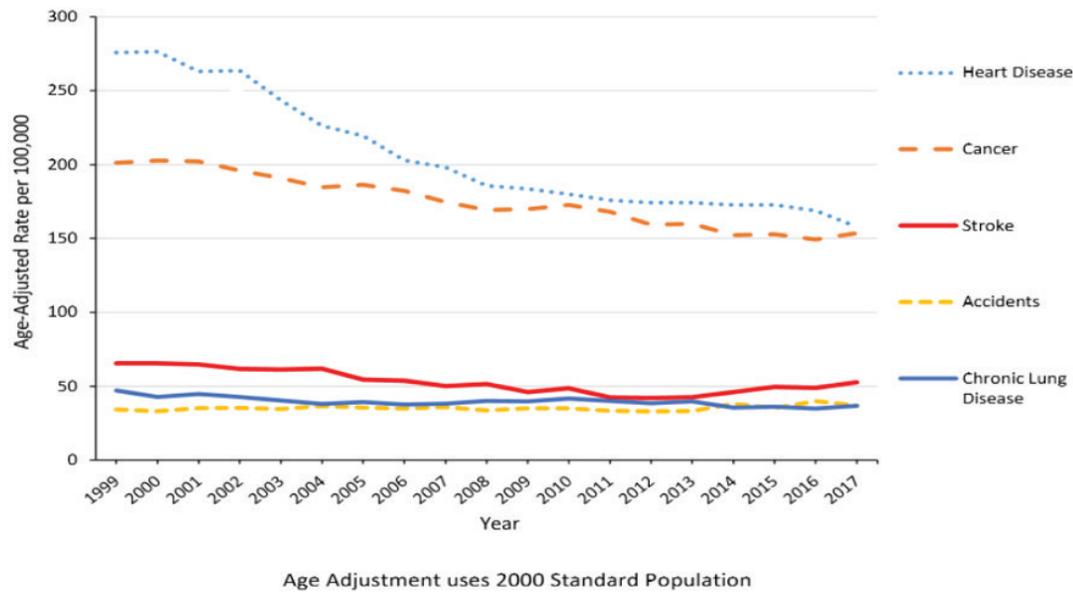
FIGURE 16. Leading Causes of Death, Dallas County, 2013 - 2017



Age Adjustment uses 2000 Standard Population

Data Source: CDC Wonder

FIGURE 17. Top Five Leading Causes of Death Mortality Rate Trends, Dallas County, 1999 - 2017

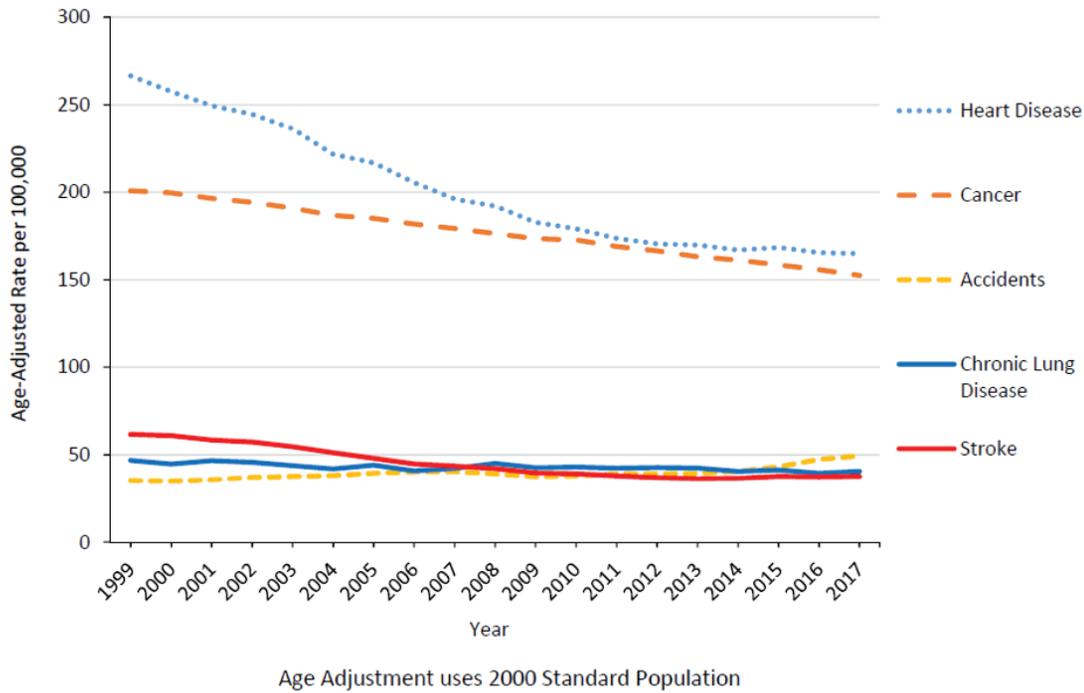


Data Source: CDC Wonder

Figure 17 shows that in Dallas County the mortality rates for heart disease and cancer have declined steadily between 2013 – 2017, similar to the national trends. Figure 18 illustrates that in the United States the mortality rates for cancer and heart disease have declined at varying rates between 1999 and 2017.¹¹

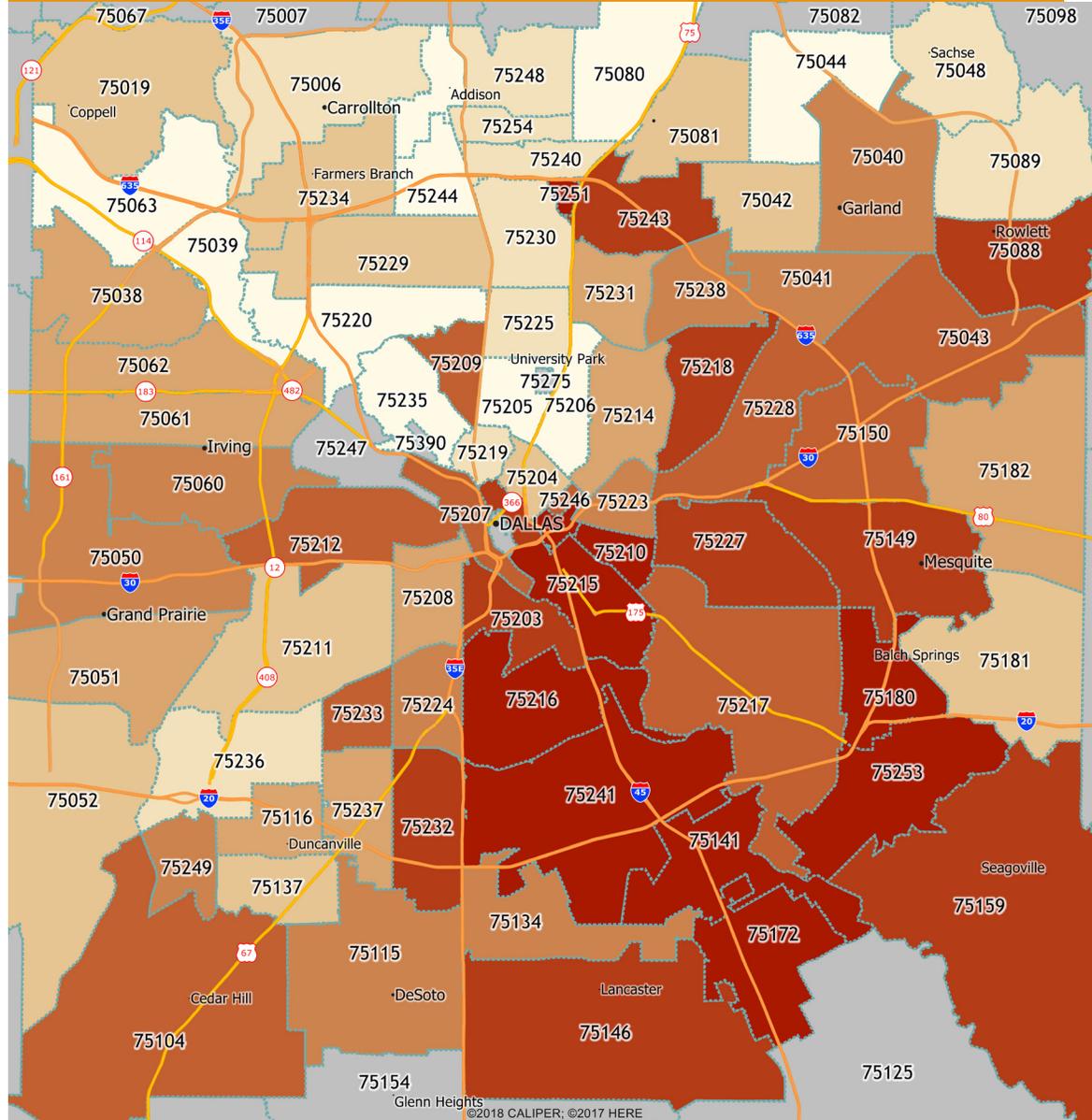
¹¹ National Vital Statistics Reports. Trends in Cancer and Heart Disease Among Adults Aged 45 - 64: United States, 1999 - 2017. Vol. 68, Number 5

FIGURE 18. Top Five Leading Causes of Death Mortality Rates Trends, United States, 1999 - 2017



Data Source: CDC Wonder

FIGURE 19. All-Cause Mortality Rate Adjusted by Age per 100,000 Population, Dallas County, 2012 – 2016



Age Adjustment uses 2000 Standard Population
 Data Source: Texas Department of State Health Services

Heart Disease Mortality

Heart disease refers to different types of heart conditions such as atherosclerotic cardiovascular disease, hypertensive heart disease, acute myocardial infarction and heart failure, among others. Heart disease is the leading cause of death in United States and claims more than 630,000 lives every year.¹² Heart disease is the leading cause of death for men of most racial and ethnic groups. National health statistics show that 8.5% of all white men, 7.9% of African American men and 6.3% of Hispanic men have coronary heart disease.¹³ Likewise, heart disease was the leading cause of death in Dallas County in 2017 and was attributed to 3,513 deaths.

FIGURE 21. Heart Disease Mortality Rate Adjusted by Age per 100,000 population, Dallas County, 2012 – 2016

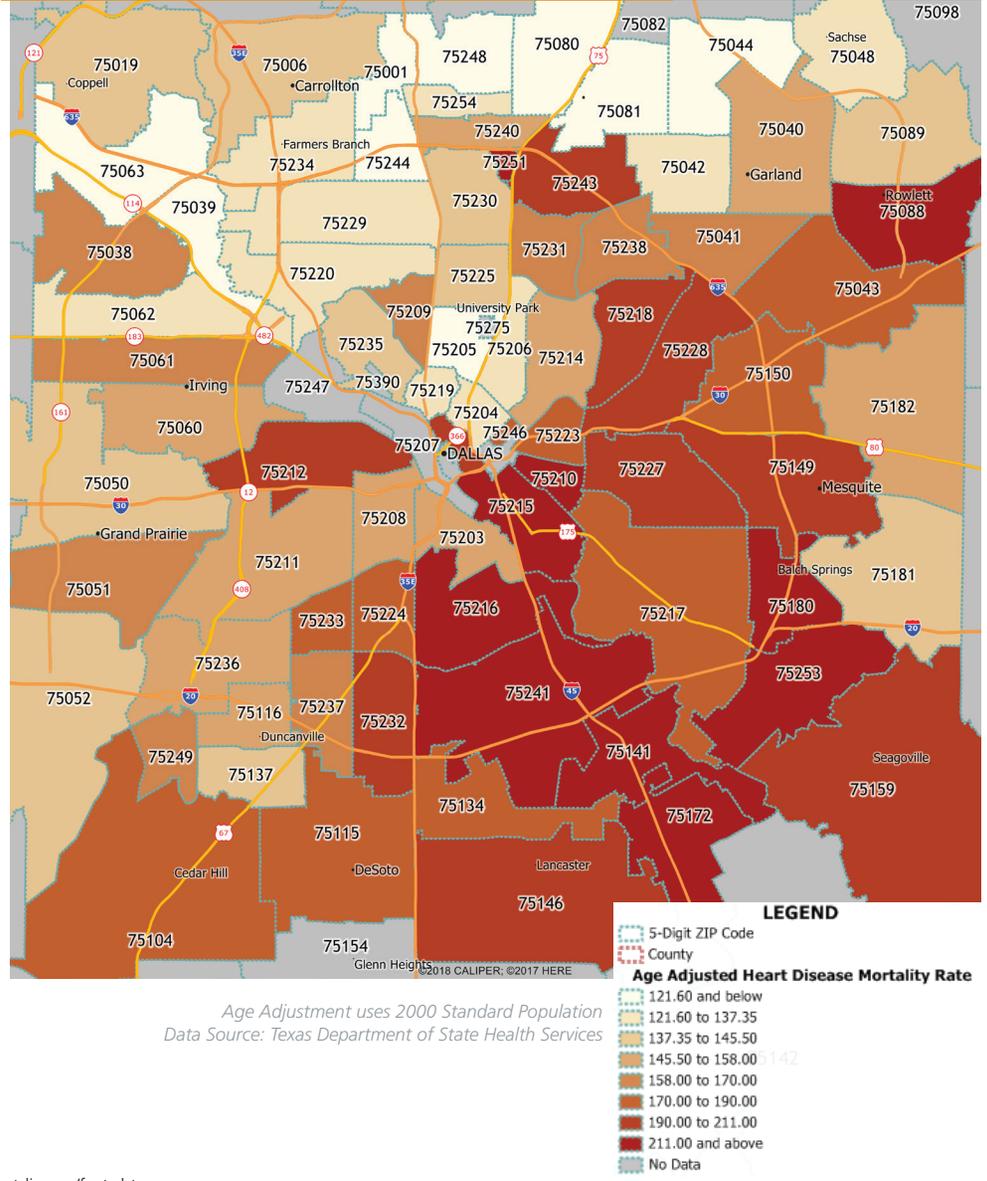
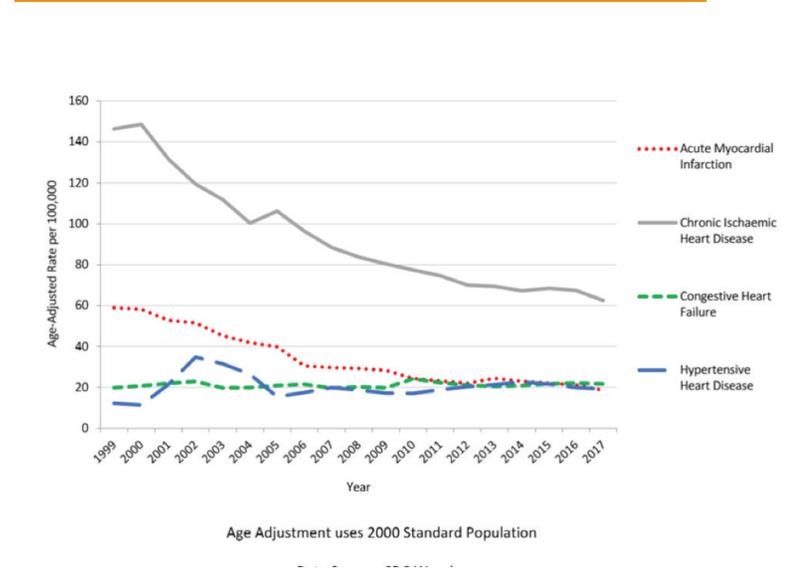


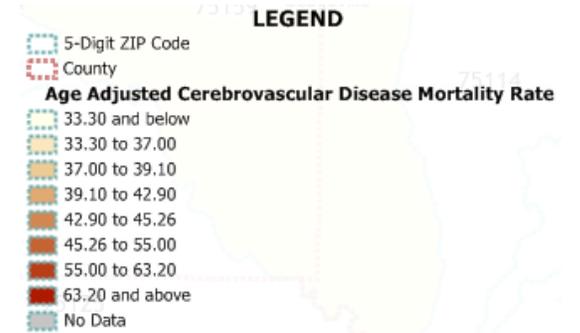
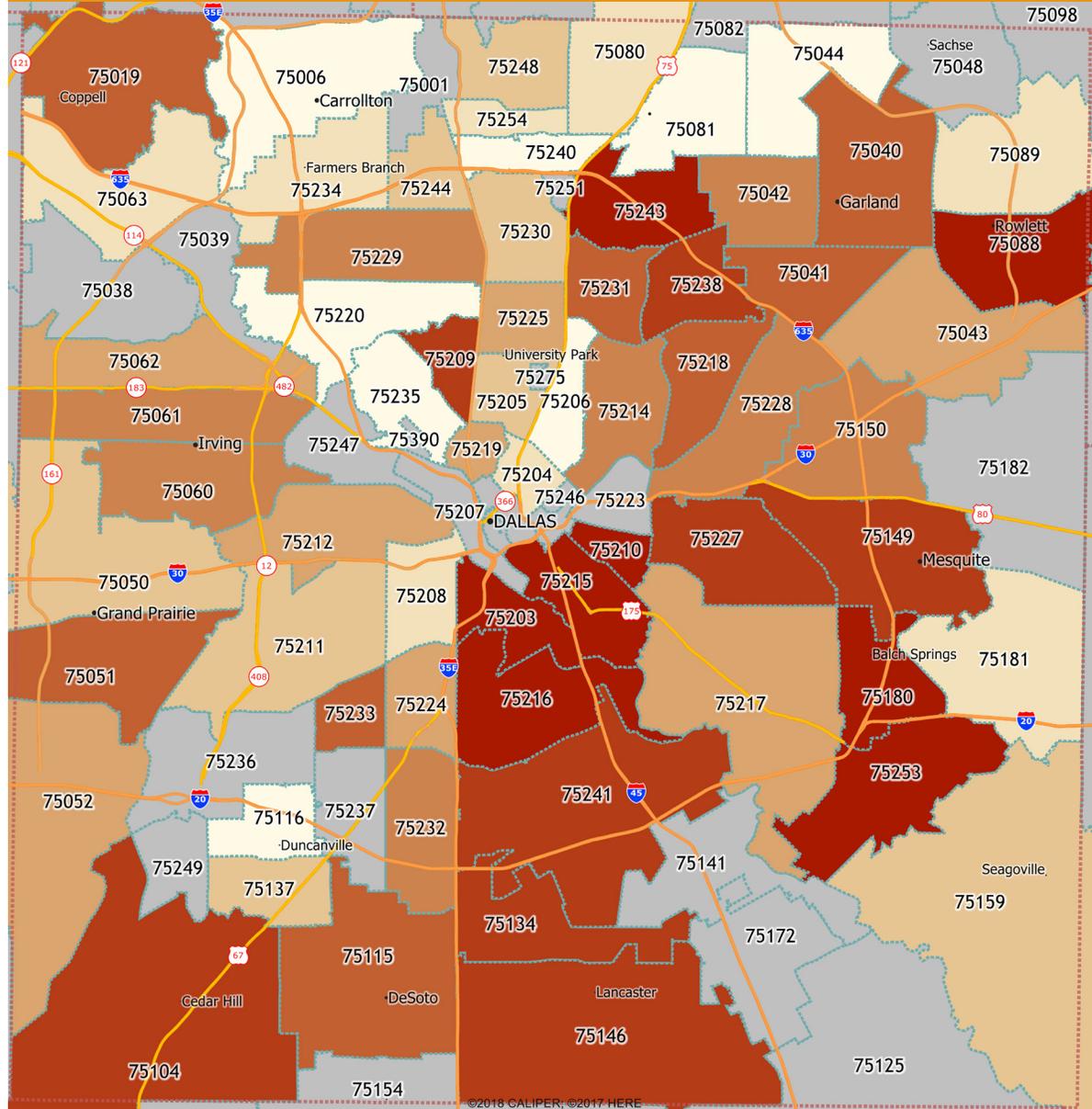
FIGURE 20. Mortality Data, Heart Disease Mortality Rate by Type of Heart Disease, Dallas County, 1999 – 2017



¹² U.S. Centers for Disease Control and Prevention. Heart Disease. Available at: <https://www.cdc.gov/heartdisease/facts.htm>

¹³ U.S. Centers for Disease Control and Prevention. Division of Heart Disease and Stroke Prevention. Men and Heart Disease Fact Sheet. Available at: https://www.cdc.gov/dhbsp/data_statistics/fact_sheets/fs_men_heart.htm

FIGURE 22. Cerebrovascular (Stroke) Mortality Rate Adjusted by Age per 100,000 population, Dallas County, 2012 – 2016



Age Adjustment uses 2000 Standard Population
 Data Source: Texas Department of State Health Services

CANCER MORTALITY

Despite the ongoing decline in mortality rates attributed to lung cancer since 1999, it remains the leading cause of cancer deaths. Breast cancer and colon cancer rank second and third among the leading causes of death per cancer type (see Figure 23). In Dallas County, African Americans have the highest age adjusted mortality rate for cancer (see Figure 24).

FIGURE 23. Cancer Mortality Rate by Type of Cancer, Dallas County, 1999 - 2017

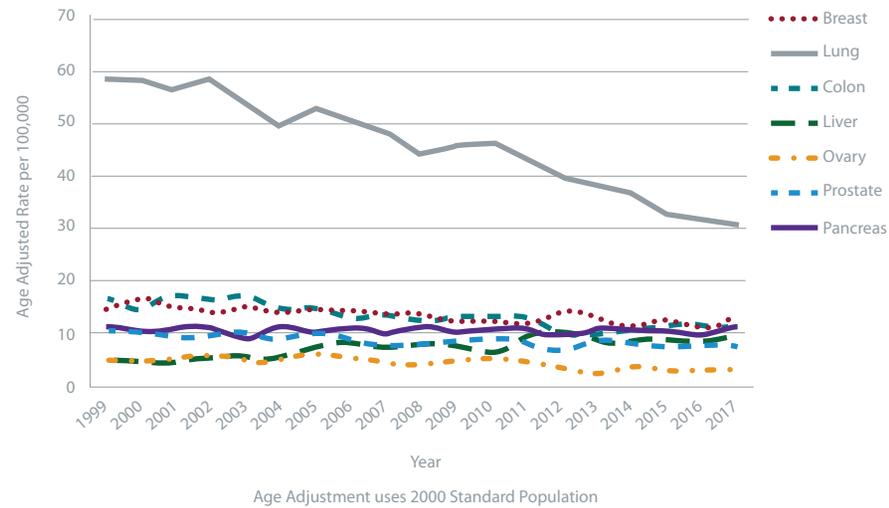
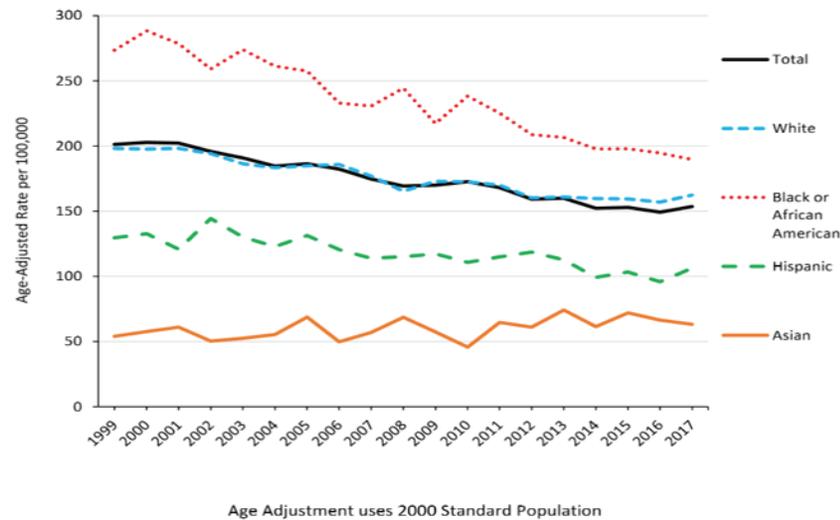
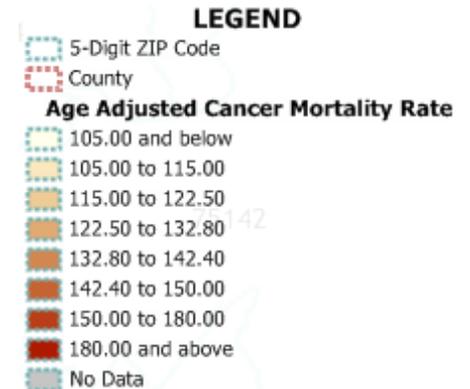
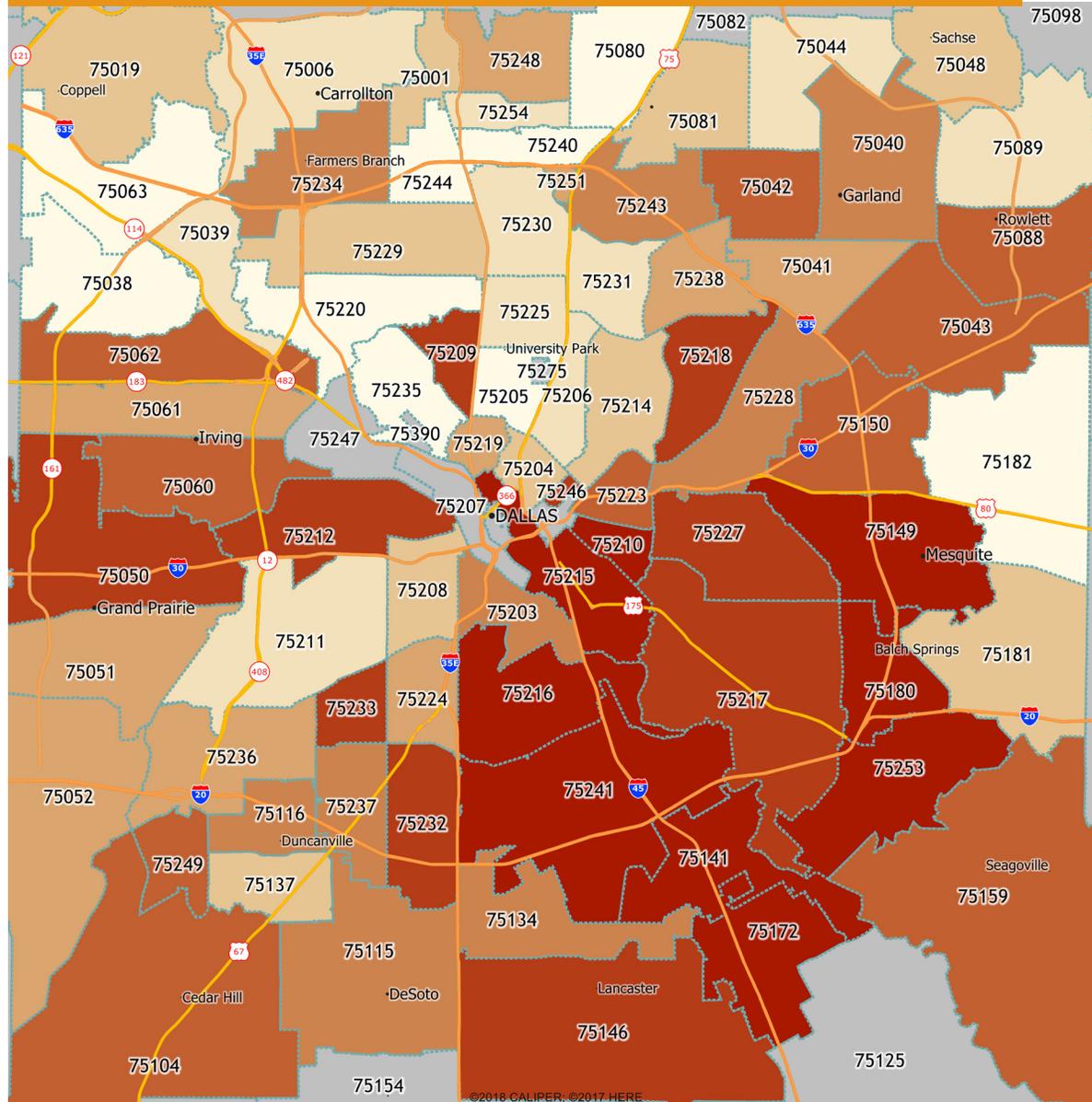


FIGURE 24. Cancer Mortality Rate by Race and Ethnicity, Dallas County, 1999 - 2017



Data Source: CDC Wonder

FIGURE 25. Cancer Mortality Rate Adjusted by Age per 100,000 population, Dallas County, 2012 – 2016

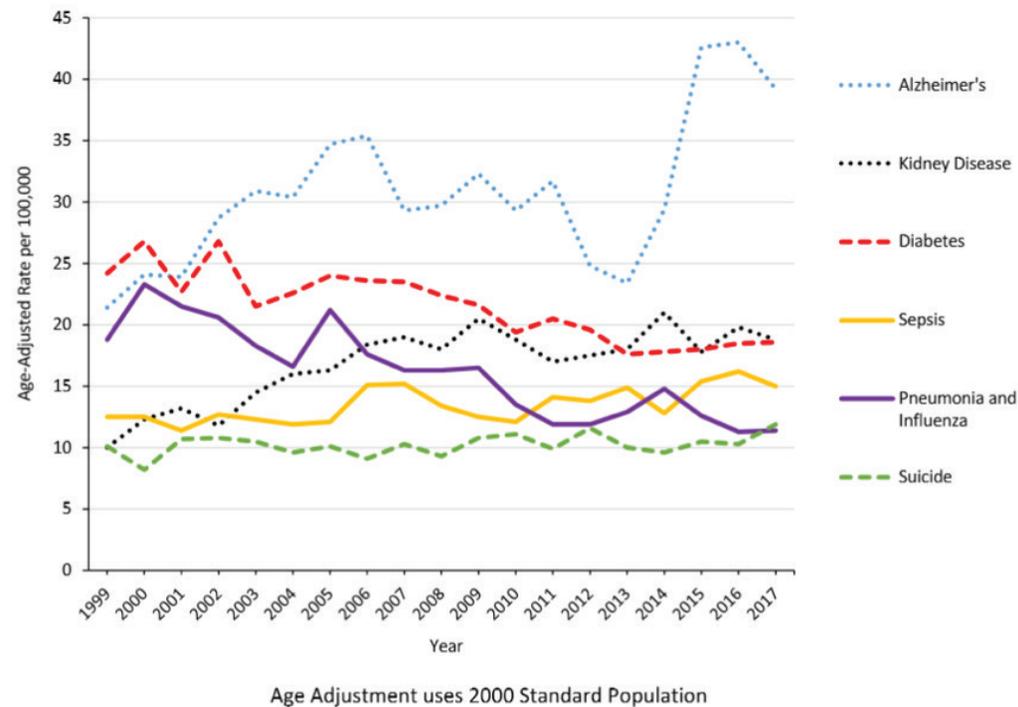


Age Adjustment uses 2000 Standard Population
 Data Source: Texas Department of State Health Services

OTHER LEADING CAUSES OF DEATH

Among the top 10 leading causes of death in Dallas County, Alzheimer’s disease stands out, particularly between 2013 and 2017. This is worth noting given this disease presents a major public health challenge in the U.S. and that in 2017, Alzheimer’s disease ranked as the sixth leading cause of death among people of all ages and fifth leading cause of death among people aged 65 and over.¹⁴ The CDC forecasts that the burden of Alzheimer’s disease and related dementia will continue to increase and double by 2060.¹⁵

FIGURE 26. Other Leading Causes of Death Mortality Rate Trends, Dallas County, 1999 – 2017

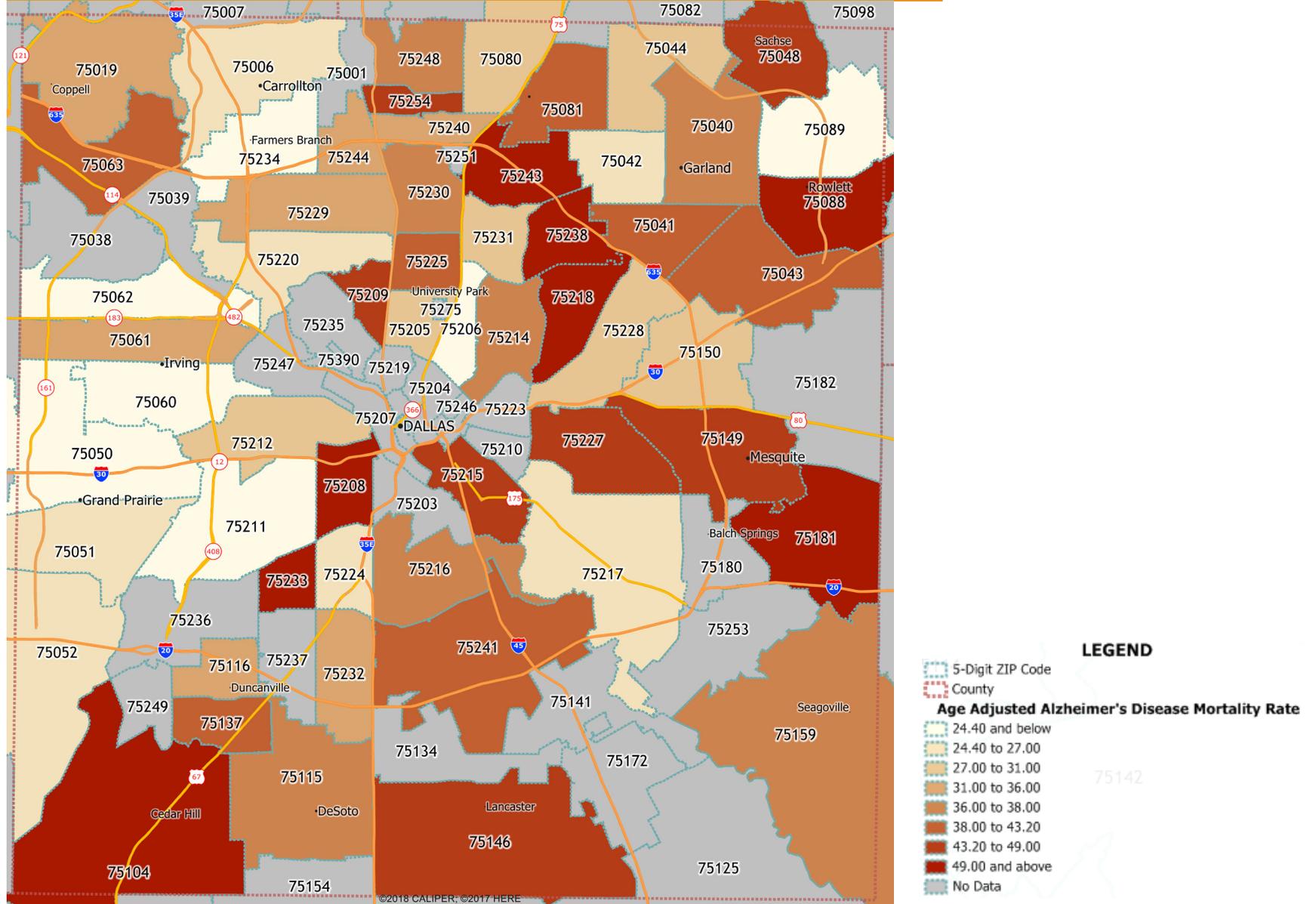


Data Source; CDC Wonder

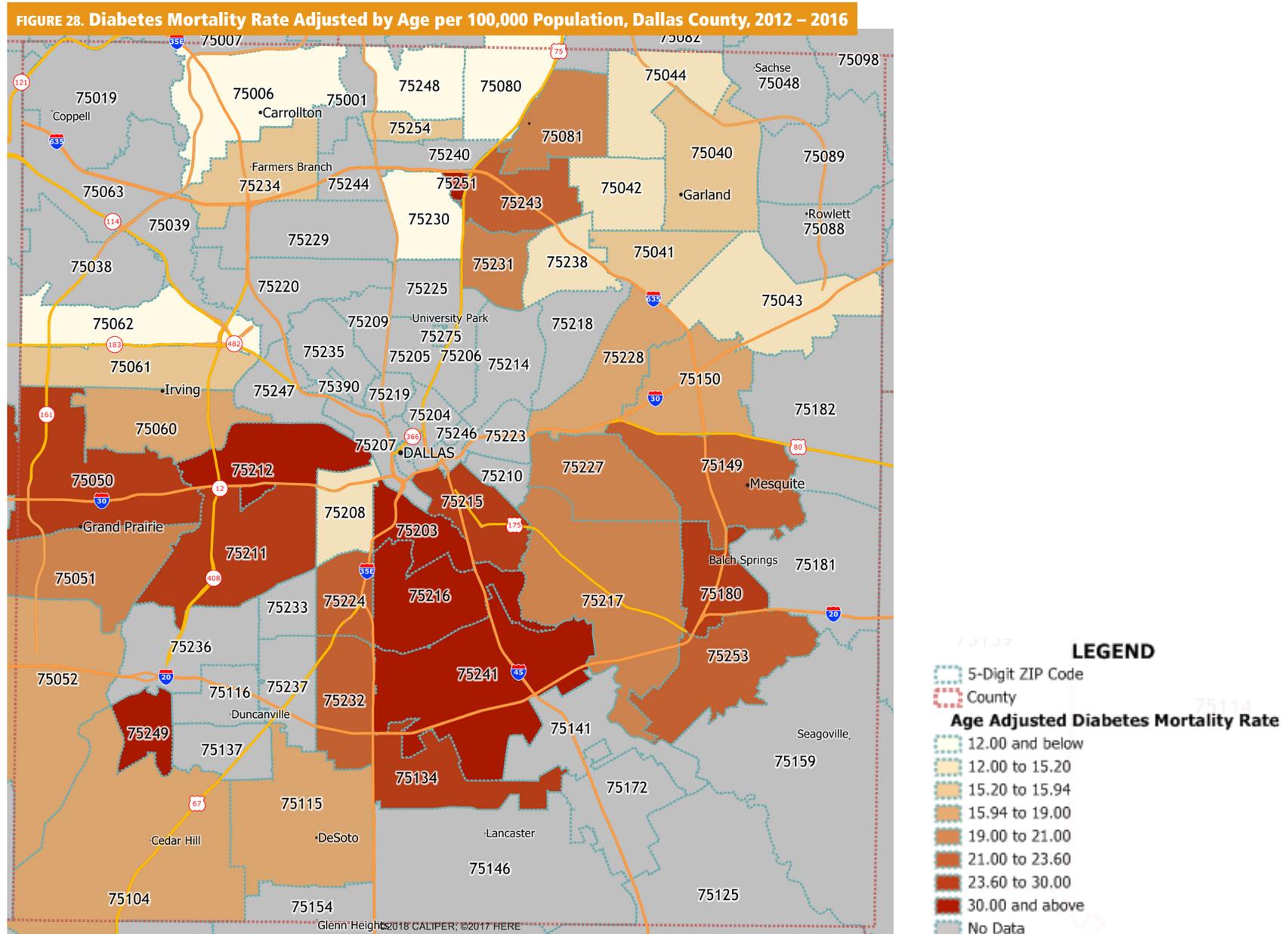
As depicted in Figure 26, Alzheimer’s Disease is among the leading causes of death in Dallas County and the sixth leading cause of death in U.S., between 2000 and 2017, the number of deaths as recorded on death certificates has increased by 145% and as the number of elderly individuals increases, the incidence and prevalence is also expected to double.¹⁶ While Alzheimer’s related deaths has been increasing at the national level, the sharp increase in Alzheimer’s related deaths in Dallas County beginning after 2012, is most likely related to the expansion of Alzheimer’s related ICD-10 codes.

¹⁴ National Vital Statistic Report. Dementia Mortality in the United States, 2000 – 2017. Vol 68, Number 2. March 14, 2019
¹⁵ U.S. Centers for Disease Control and Prevention. U.S. burden of Alzheimer’s disease, related dementia to double by 2060
¹⁶ Alzheimer’s Association. Facts and Figures. Available at <https://www.alz.org/alzheimers-dementia/facts-figures>

FIGURE 27. Alzheimer's Disease Mortality Rate Adjusted by Age per 100,000 Population, Dallas County, 2012 - 2016

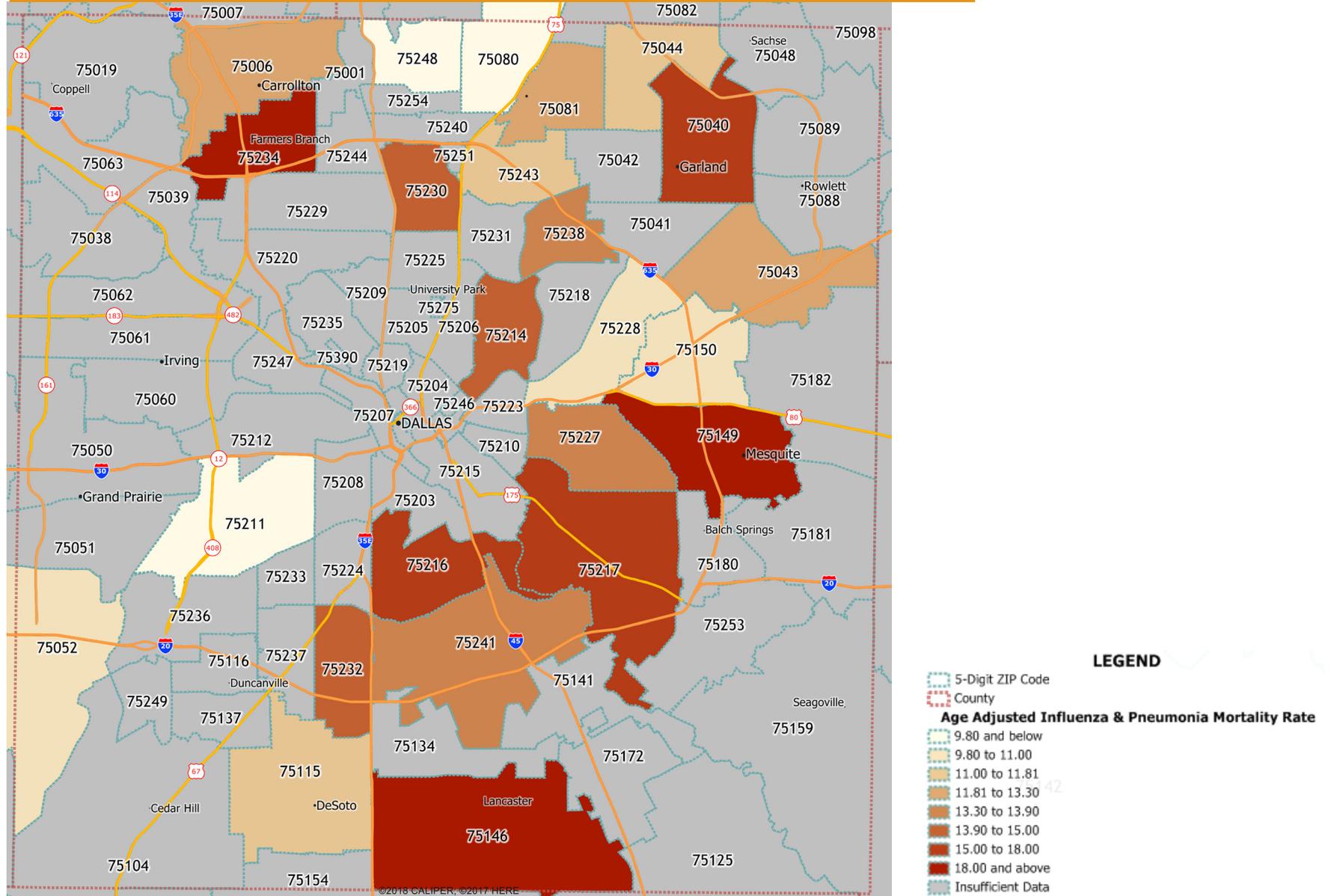


Age Adjustment uses 2000 Standard Population
 Data Source: Texas Department of State Health Services



Age Adjustment uses 2000 Standard Population
 Data Source: Texas Department of State Health Services

FIGURE 29. Influenza and Pneumonia Mortality Rate Adjusted by Age per 100,000 Population, Dallas County, 2012-2016

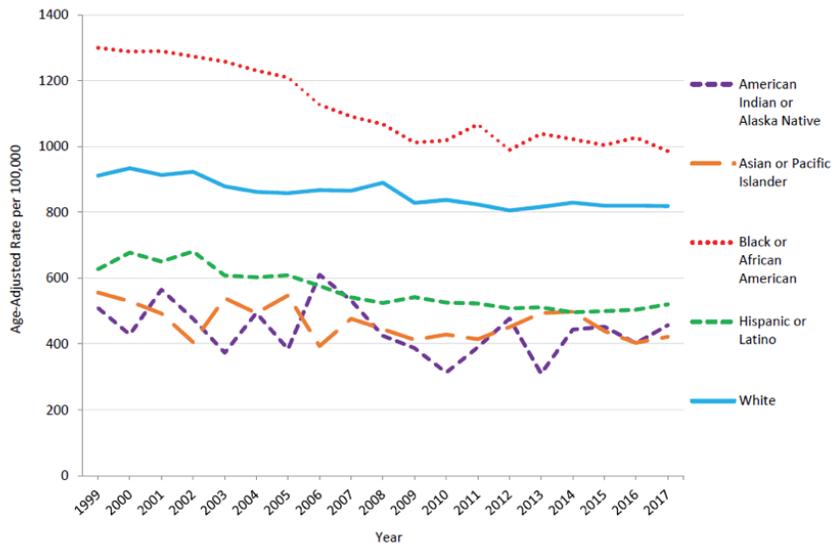


Age Adjustment uses 2000 Standard Population
 Data Source: Texas Department of State Health Services

LEADING CAUSES OF DEATH BY RACE AND ETHNICITY

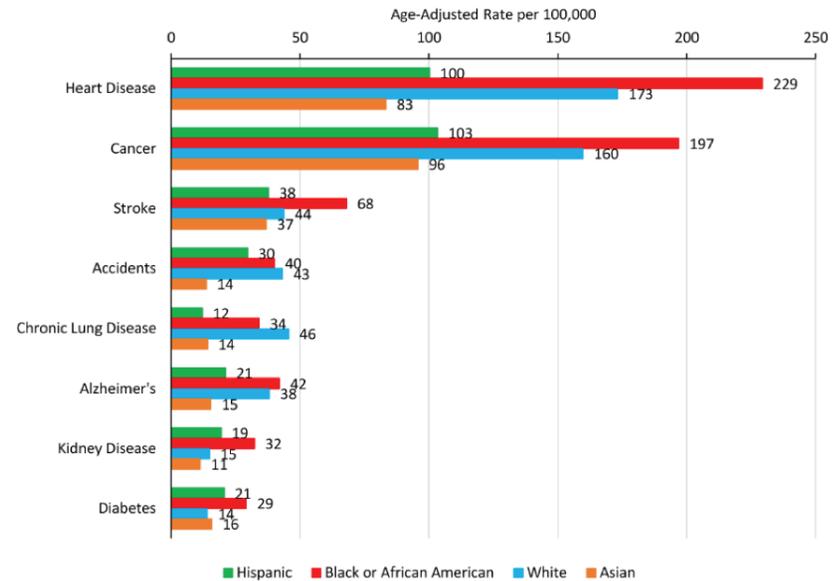
Figure 30 below details all-cause mortality rate trends by race and ethnicity in Dallas County since 1999 and indicates that African Americans have a higher mortality rate when compared to other racial and ethnic groups.

FIGURE 30. All-Cause Mortality Rate by Race and Ethnicity, Dallas County, 1999 - 2017



Age Adjustment uses 2000 Standard Population

FIGURE 31. Leading Causes of Death by Race and Ethnicity, Dallas County, 2013 - 2017

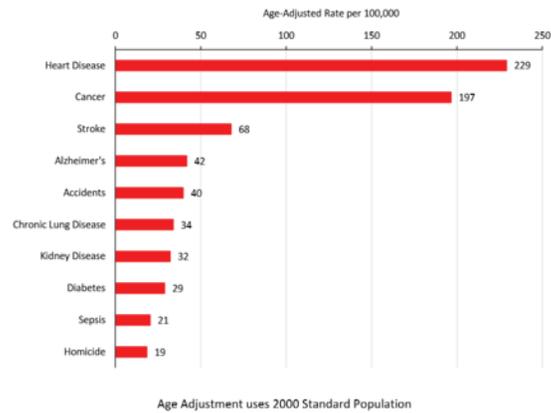


Age Adjustment uses 2000 Standard Population

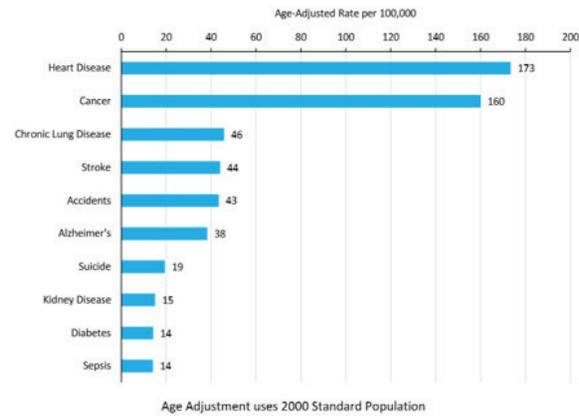
Data Source: CDC Wonder

FIGURE 32. Leading Causes of Death by Race and Ethnicity

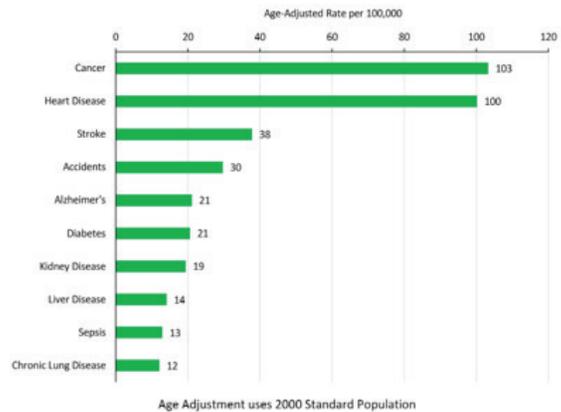
MORTALITY DATA – LEADING CAUSES OF DEATH AMONG AFRICAN-AMERICANS
DALLAS COUNTY, 2013 – 2017



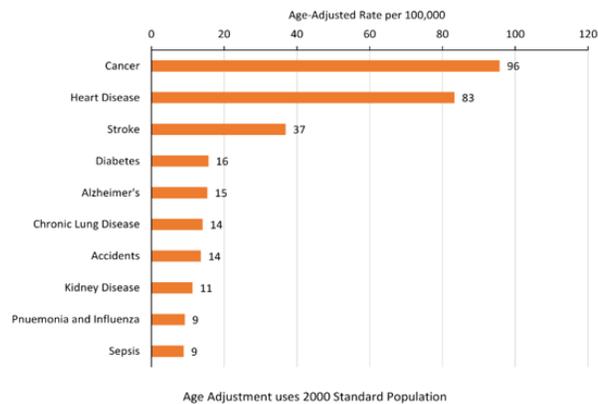
MORTALITY DATA – LEADING CAUSES OF DEATH AMONG WHITES
DALLAS COUNTY, 2013 – 2017



MORTALITY DATA – LEADING CAUSES OF DEATH AMONG HISPANICS
DALLAS COUNTY, 2013 – 2017



MORTALITY DATA – LEADING CAUSES OF DEATH AMONG ASIANS
DALLAS COUNTY, 2013 – 2017



Data Source: CDC Wonder

MATERNAL MORTALITY IN DALLAS COUNTY

Maternal health has become a major focus in American obstetrics due to the reported rising rate of maternal mortality. Over the past two decades the maternal mortality rate in the United States (per 100,000 live births) steadily increased by 26.6%, from 18.8 in 2000 to 23.8 in 2014.¹⁷

Texas was in the forefront of the national media recently as the reported state maternal mortality rate after 2010 doubled within a two-year period to levels not seen in other states. For example, the reported rate of maternal mortality in Texas was as high as 35.8 per 100,000 live births in 2014.¹⁸ Although this rate was later identified to be influenced by case ascertainment, statistical methods and data tracking, this national emphasis has prompted further examination of maternal care at both the state and national level.

¹⁹ In an effort to address maternal morbidity and mortality at the state level, a multidisciplinary task force, The Maternal Mortality and Morbidity Task Force, within the Texas Department of State Health Services (DSHS) was formed in 2013. A joint report on the findings and recommendations of the task force was released in September 2018. One of the 10 recommendations from this report was to, “Support strategies to improve the maternal death review process (#10/10)”.²⁰

Current definitions of maternal mortality require access to information from several sources for up to one year after the end of a pregnancy. Included are women admitted to a hospital after discharge following delivery, including those who may have delivered at another facility. Prevention efforts for maternal deaths could be well-served if there was a system encouraging each hospital to identify maternal deaths in three domains: (1) women admitted before delivery event (antepartum); (2) admitted during the delivery event (delivery event); and (3) women admitted to the hospital after delivery discharge (postpartum). Information ascertained from these domains could stimulate more emphasis on preventability. This could also more easily tie-in with healthcare performance metrics.

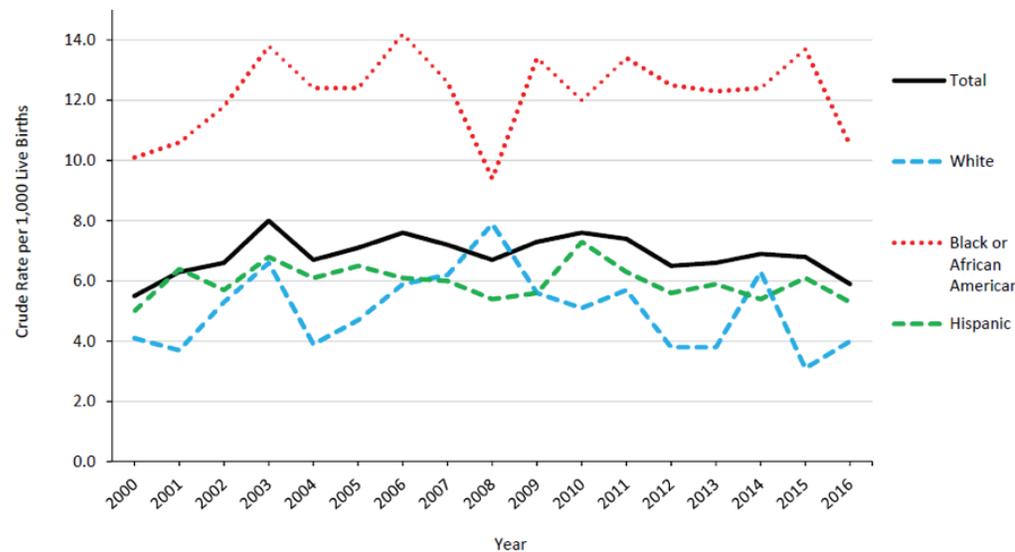
¹⁷ 1. MacDorman M, Declercq E, Cabral H, Morton C. Recent Increases in the U.S. Maternal Mortality Rate.

¹⁸ Macdorman MF, Declercq E, Thoma ME. Trends in Texas maternal mortality by maternal age, race/ethnicity, and cause of death, 2006-2015. *Birth*. 2018;45(2):169-177. doi:10.1111/birt.12330.

¹⁹ Koch AR, Lightner S, Geller SE. Identifying Maternal Deaths in Texas Using an Enhanced Method, 2012. *Obstetrics & Gynecology*. 2018;132(2):520-521. doi:10.1097/aog.0000000000002771.

²⁰ Maternal Mortality and Morbidity Task Force. Texas Health and Human Services. September 2018

FIGURE 33. Infant Mortality Rate by Race and Ethnicity, Dallas County, 1999 - 2017



Data Source: Texas Death Certificate Data, Texas Department of State Health Services

INFANT MORTALITY IN DALLAS COUNTY

Premature birth and its complications are the largest contributors to infant death in this country and globally. That is, women delivering preterm infants have the highest rates of infant mortality, and the risk of preterm birth is higher in African American women compared to white women. The March of Dimes recently released its 2018 national report card for preterm births. The United States received a “C” (9.9% of preterm birth), and Texas scored a “D” (10.6% preterm birth). Interestingly, most major metropolitan areas in Texas had poor ratings for preterm birth: Harris County scored a “D” (11.2%) and Bexar County scored an “F” (11.7%), whereas Dallas County scored a “B” (8.3%). Of the 100 cities in the United States with the largest number of births, Dallas was listed in the top 10 for best performing areas for preterm birth.²¹

As previously shown in a peer-reviewed publication by Parkland, access to prenatal care is directly associated with risks of preterm birth. Specifically, women with access to prenatal care have significantly less preterm birth. Ninety-seven percent of the 12,000 women who delivered at Parkland received prenatal care in the Parkland system. Parkland’s prenatal care program is, in part, responsible for Dallas County’s performance when compared to other regions with much less access to prenatal care. See link: <https://www.chron.com/news/houston-texas/houston/article/Alarming-number-of-women-not-receiving-prenatal-13083657.php>

To summarize, preterm births are the primary contributor to infant deaths, and limited access to prenatal care is significantly associated with higher rates of preterm birth. When compared to other regions both nationally and within the state, Dallas County has a substantially lower rate of preterm birth. As 31% of Dallas County births take place at Parkland, the fact that 97% of those women delivering at Parkland utilize the system’s prenatal care services contributed to Dallas County’s performance.

²¹ March of Dimes. 2018 Premature Birth Report Card United States. Available at: <https://www.marchofdimes.org/materials/PrematureBirthReportCard-United%20States-2018.pdf>

FIGURE 34. Percent of Births by Race, Dallas County, 2018

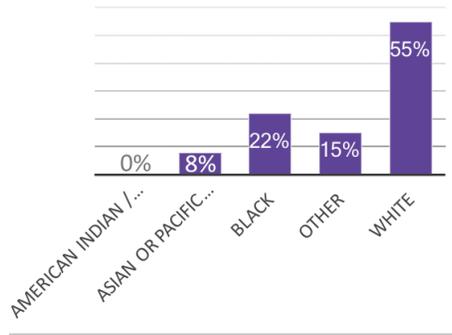


FIGURE 35. Percent of Births by Ethnicity, Dallas County, 2018

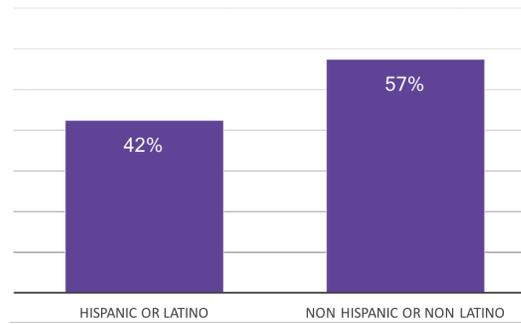


FIGURE 36. Percent of Births by Race, Parkland, 2018

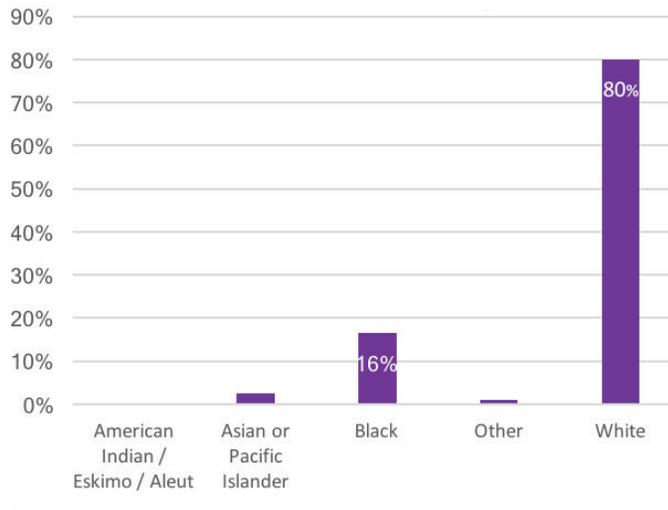
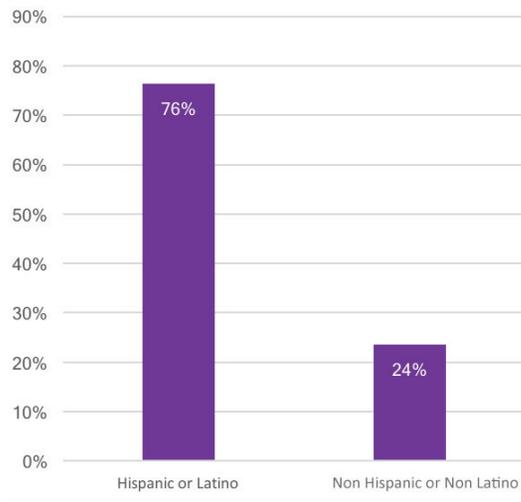


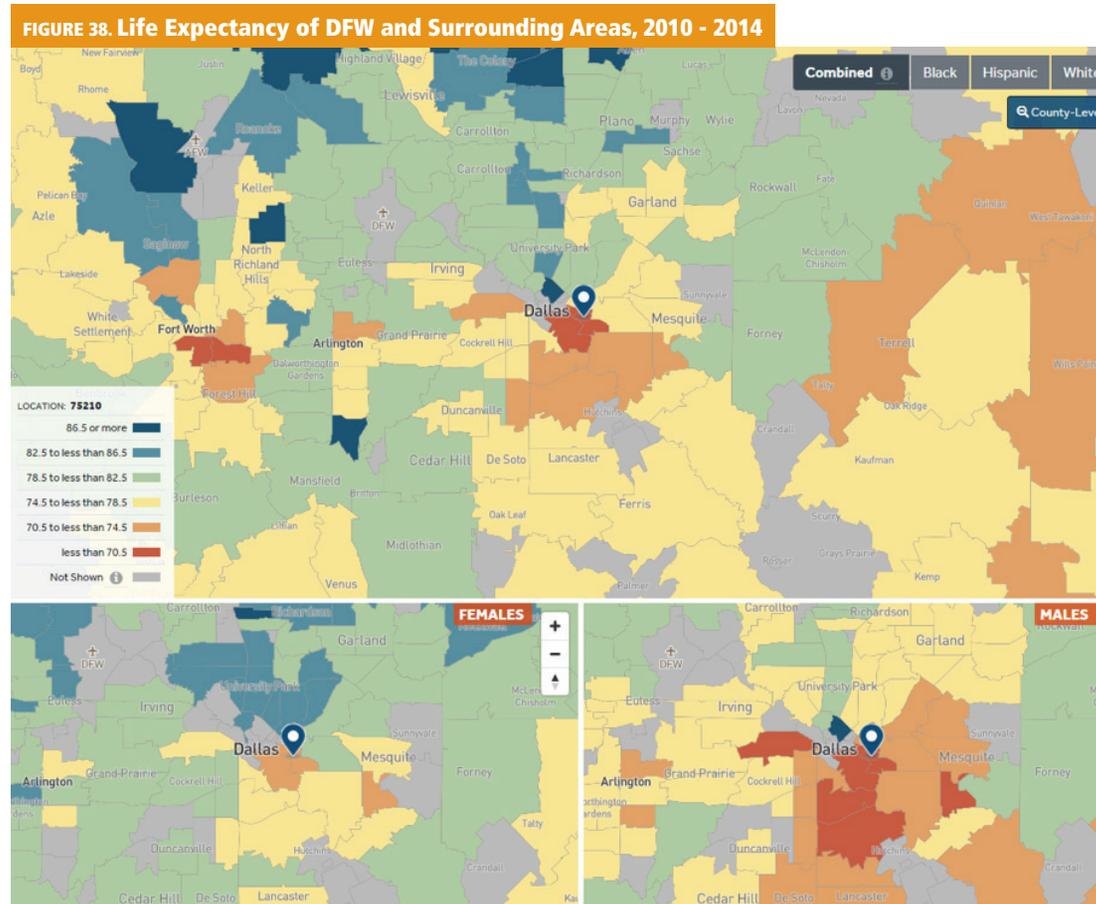
FIGURE 37. Percent of Births by Ethnicity, Parkland, 2018



Data Source: DFWHC Foundation Regional Data, 2018

► LIFE EXPECTANCY

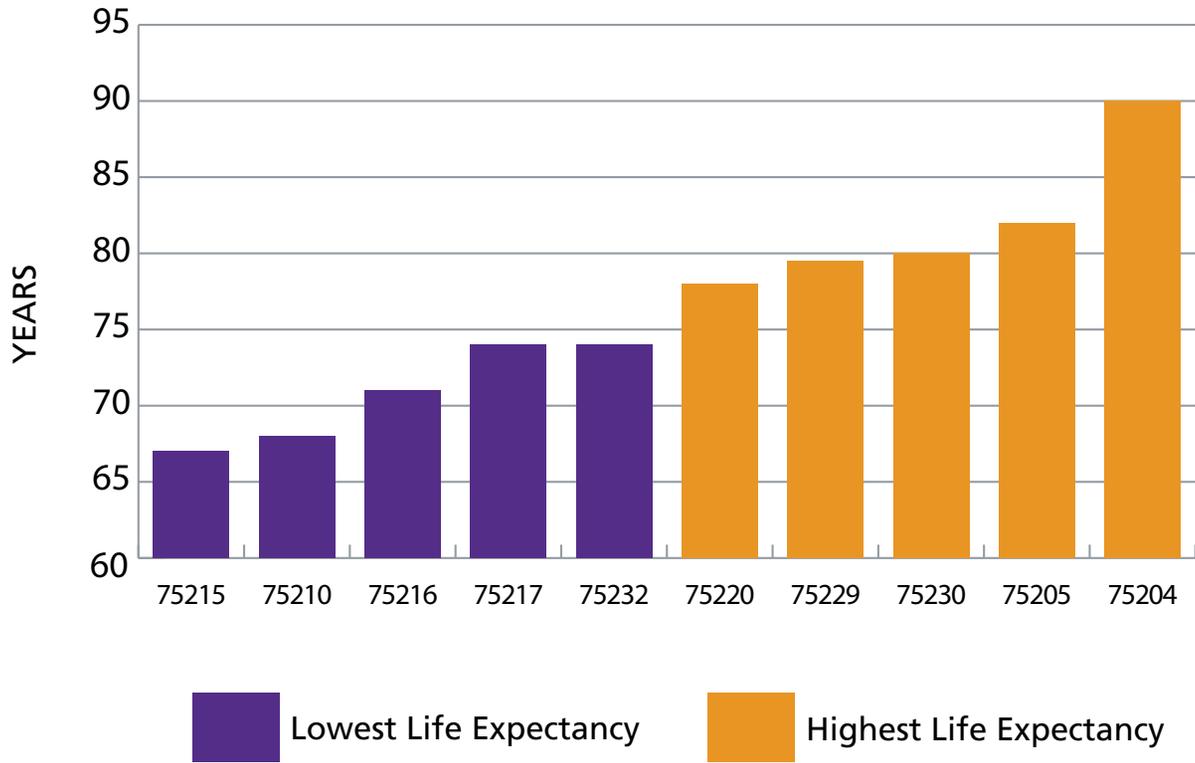
Life expectancy is defined as the expected average number of years of life remaining at a given age.²² Life expectancy in Dallas County differs by race, ethnicity, gender and ZIP code. Figure 38 below illustrates the variances in life expectancy by ZIP code and Figure 39 shows the variance between the five ZIP codes with the lowest life expectancy and the five ZIP codes highest for all populations.



Adopted from: University of Texas Southwestern Medical Center, UTHealth. [Life Expectancy by ZIP Code.](#)

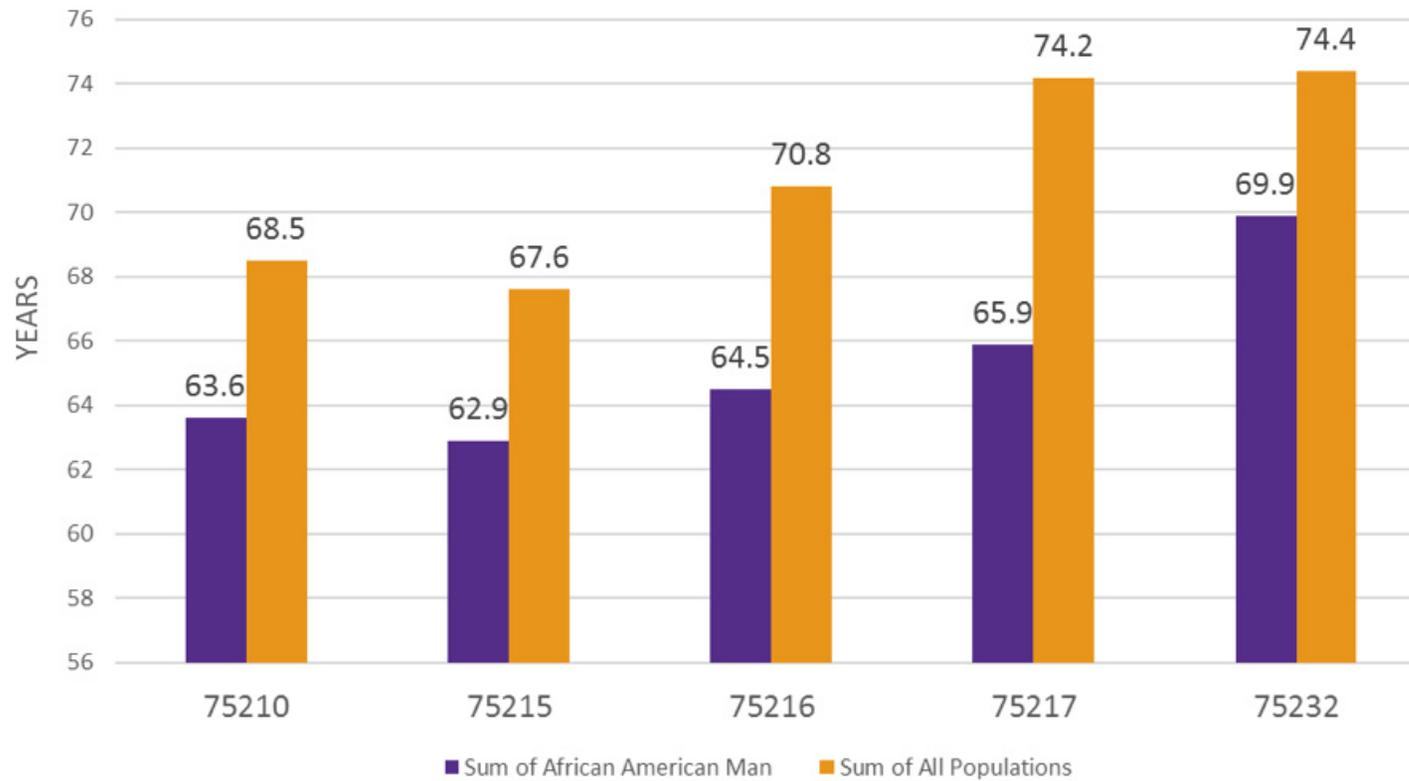
²² U.S. Centers for Disease Control and Prevention. Mortality in the United States, 2017. Available at: <https://www.cdc.gov/nchs/products/databriefs/db328.htm>

FIGURE 39. Life Expectancy Variances Between ZIP Codes with Lowest and Highest Life Expectancy



Data Source: University of Texas Southwestern Medical Center, UTHealth.
[Life Expectancy by ZIP Code.](#)

FIGURE 40. Life Expectancy for All Populations and African American Men in ZIP Codes with Low Life Expectancy.



Data Source: University of Texas Southwestern Medical Center, UTHealth.
[Life Expectancy by ZIP Code.](#)

► MORBIDITY

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

DCHHS in collaboration with the Texas Department of State Health Services used information gathered from the 2013-2017 Behavioral Risk Factor Surveillance System (BRFSS) to provide insight into the health behaviors of Dallas County residents.

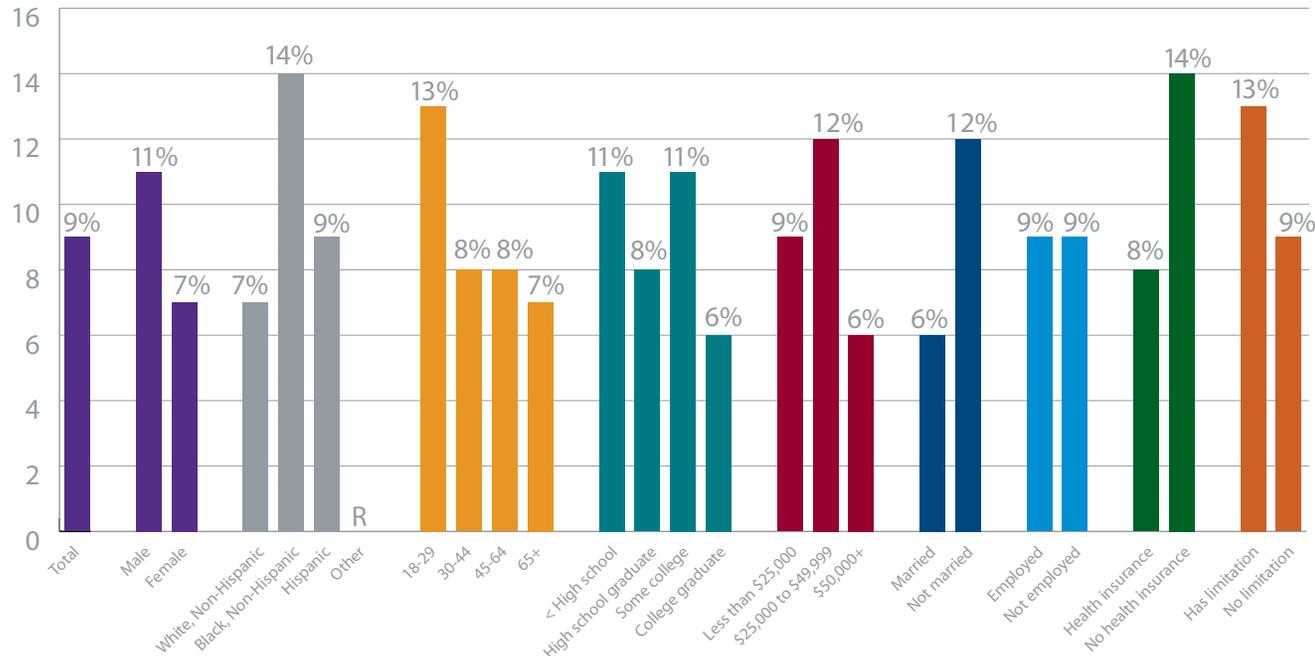
BRFSS is a system of health-related telephone surveys conducted at the state and local level that began in 1984 and encompasses all 50 states, the District of Columbia and three U.S. territories. Each year, BRFSS conducts over 400,000 phone interviews with adult U.S. residents regarding their health behaviors, chronic conditions and use of preventive services. It is the largest continuously conducted health survey system in the world and is sponsored by a variety of federal agencies including the CDC, the Health Resources and Services Administration, Administration on Aging, Department of Veteran's Affairs, and Substance Abuse and Mental Health Services Administration.²³ Information gathered from the BRFSS is free to access on the CDC website and is used by public health entities to identify at-risk populations and develop health-related programs and activities.

Understanding the prevalence of health behaviors such as seatbelt use and smoking, as well as chronic conditions such as diabetes, obesity, asthma and mental health within Dallas County allows healthcare providers and public health officials to tailor programs and outreach efforts that target at-risk demographics, resulting in more efficient allocation of funds and resources.



²³ Behavioral Risk Factor Surveillance System. "About BRFSS." U.S. Centers for Disease Control and Prevention (CDC), CDC, May 16, 2014, <https://www.cdc.gov/brfss/about/index.htm>

FIGURE 41. Percent of Residents Who Do Not Wear a Seatbelt, Dallas County, 2013 -2017

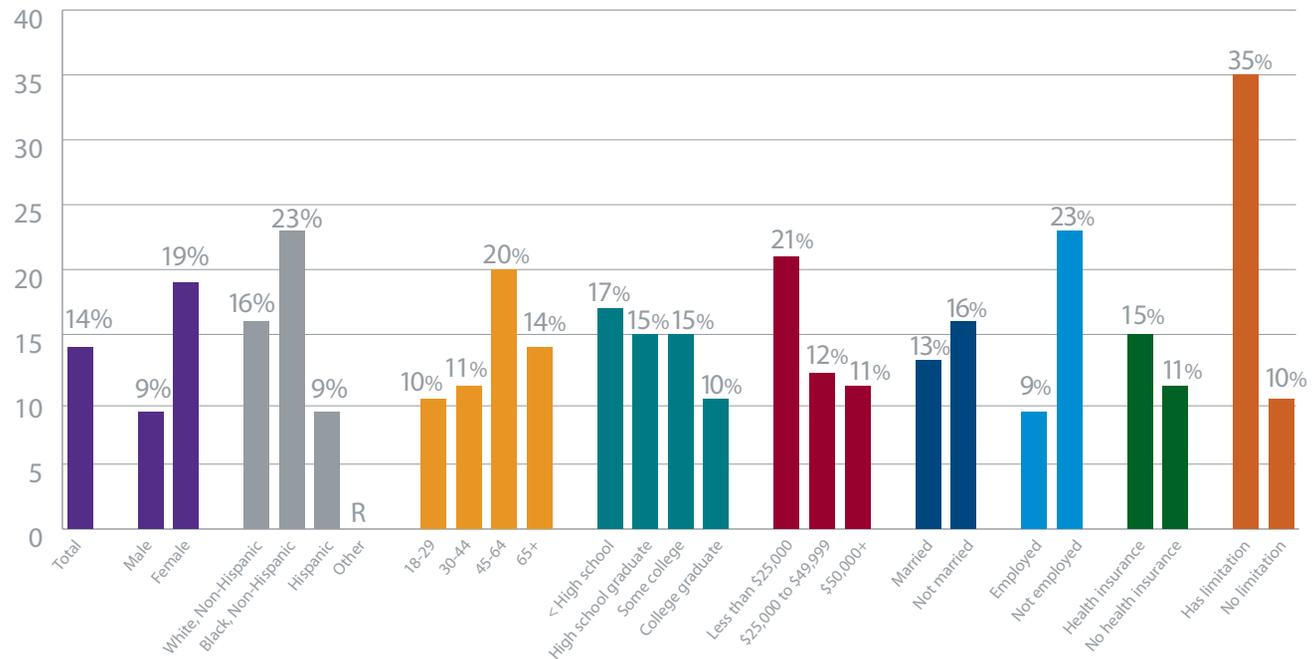


Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: R = Relative Standard Error greater than 30.0%, estimate unreliable and not displayed

- 9% of adults in Dallas County report not wearing a seatbelt when in the car.
- Among adults age 18 and over those who are less likely to wear a seatbelt are
 - o People who are unmarried,
 - o Non-Hispanic black people
 - o People who are aged 18-29
- Among adults age 18 and over those who are more likely to wear a seatbelt are college graduates and those earning greater than \$50,000.

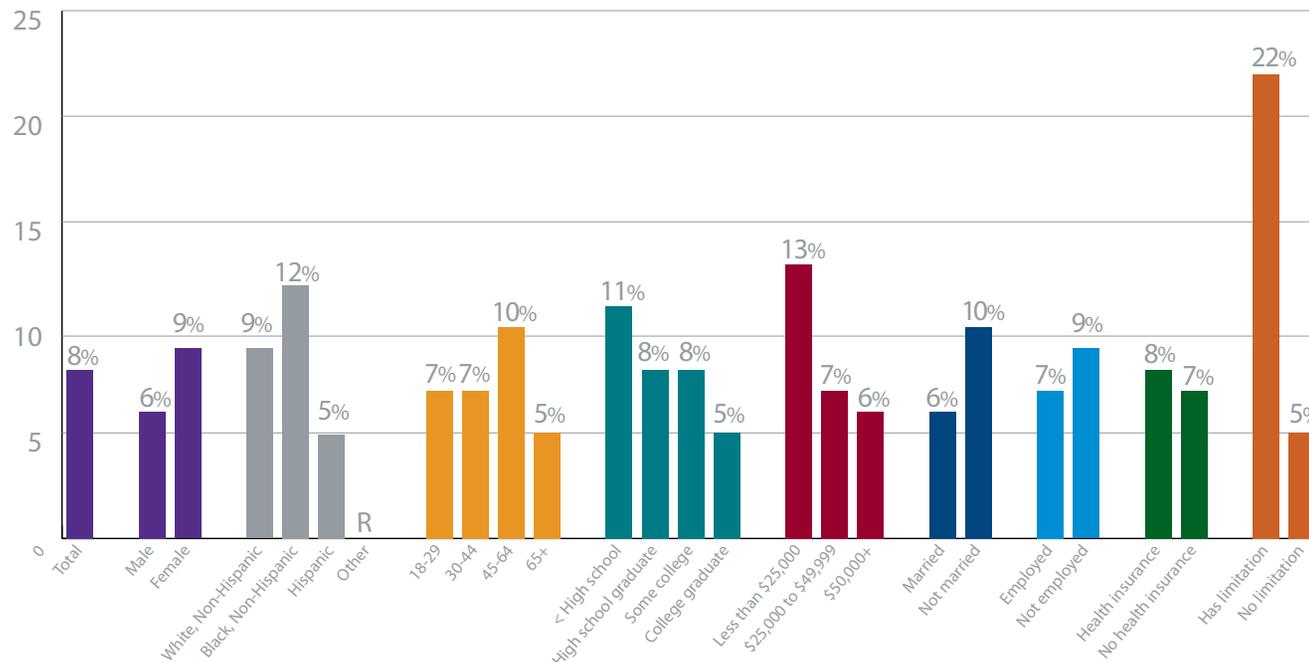
- 14% of adults in Dallas County have been diagnosed with a depressive disorder.
- The percent of adults age 18 and over with physical limitation who has a depressive disorder was 35%.
- Among adults age 18 and over those are more likely to have a depressive disorder are
 - o Female,
 - o Non-Hispanic black people,
 - o People aged 45-64,
 - o People earning less than \$25,000 and unemployed

FIGURE 42. Prevalence of Residents Diagnosed with a Depressive Disorder, Dallas County, 2013 - 2017



Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: R = Relative Standard Error greater than 30.0%, estimate unreliable and not displayed

FIGURE 43. Percent of Residents Reporting Poor Mental Health for 14+ Days, Dallas County, 2013 - 2017

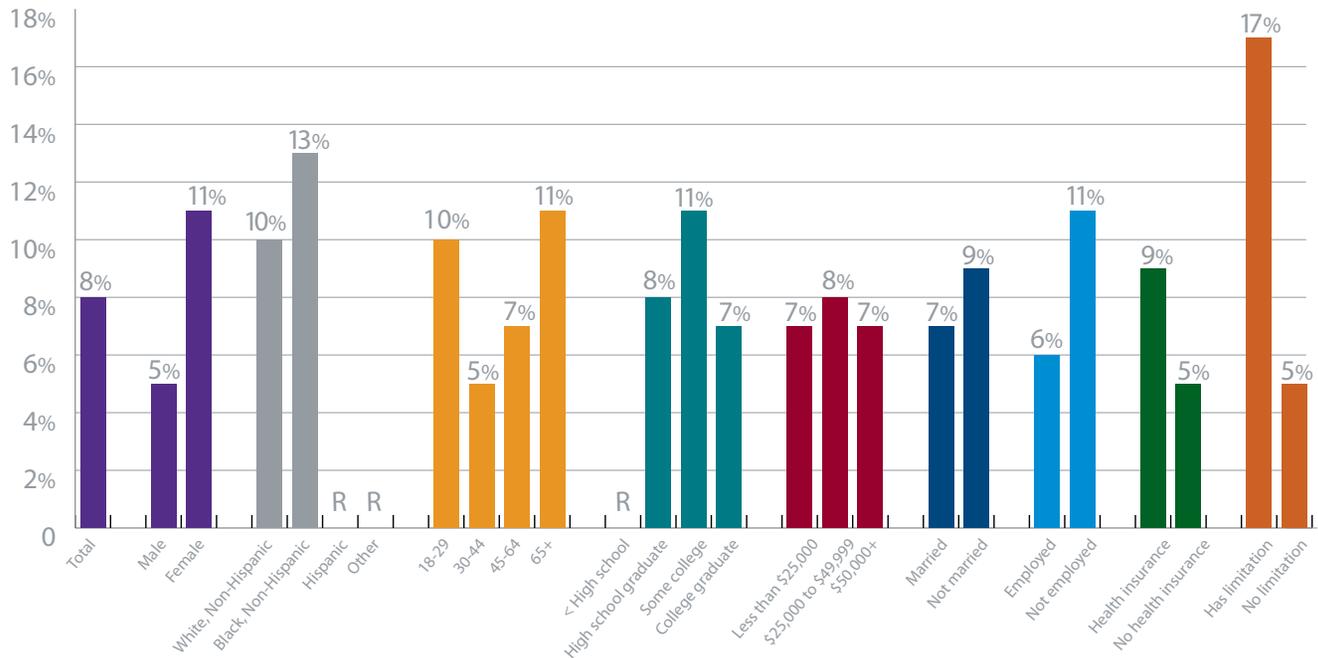


Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: R = Relative Standard Error greater than 30.0%, estimate unreliable and not displayed

- The percent of adults age 18 and over with physical limitation who have poor mental health for 14+ days was 22%.
- Adults age 18 and over, who are more likely to have poor mental health for 14+ days fall into the following groups
 - o People who are non-Hispanic black,
 - o People who have less than a high school diploma
 - o People who are earning less than \$25,000.
- Hispanics, college graduates and individuals over 65 years of age are the least likely to report having poor mental health 14+ days.

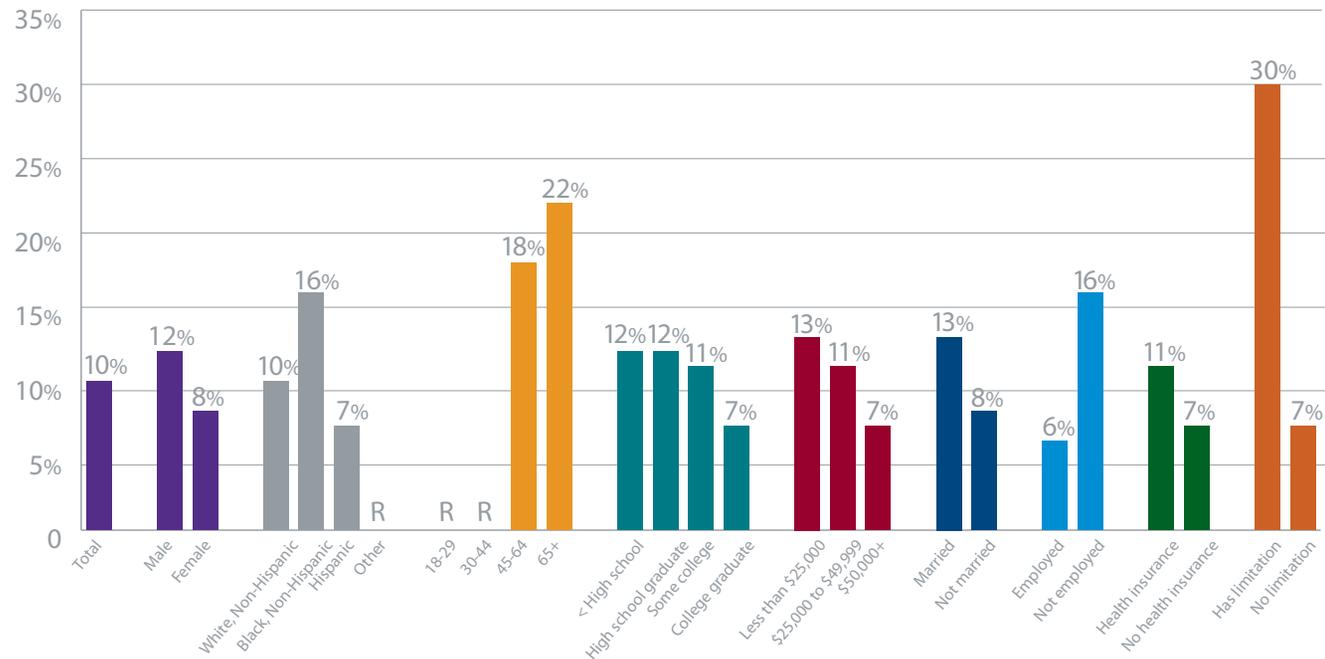
FIGURE 44. Prevalence of Asthma Dallas County, 2013 - 2017

- In Dallas County, asthma is more prevalent in women (11%) than men (5%).
- Individuals between the ages of 18-29 years (10%) and greater than 65 years (11%) report a higher prevalence of asthma.
- The percent of adults age 18 and over with physical limitation who have asthma was 17%.



Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: R = Relative Standard Error greater than 30.0%, estimate unreliable and not displayed

FIGURE 45. Prevalence of Diabetes Dallas County, 2013 - 2017

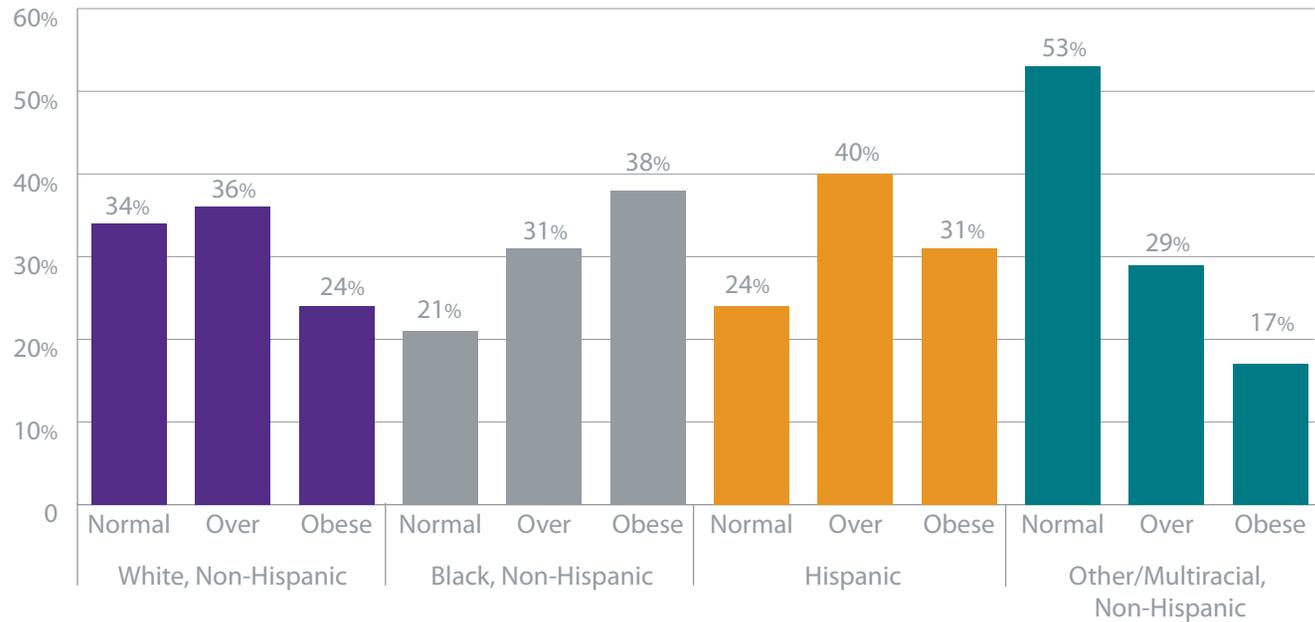


Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: R = Relative Standard Error greater than 30.0%, estimate unreliable and not displayed

- 10% of Dallas County residents report having diabetes.
- Diabetes is prevalent across all education levels with the exception of college graduates earning more than \$50,000 annually.
- There is a greater prevalence of diabetes in the following groups
 - Unemployed, non-Hispanic black males,
 - People over 65 years of age,
 - People who have a physical limitation.
 - People who are unemployed black, non-Hispanic,
 - Men over the age of 65 years,
 - People with a physical limitation.

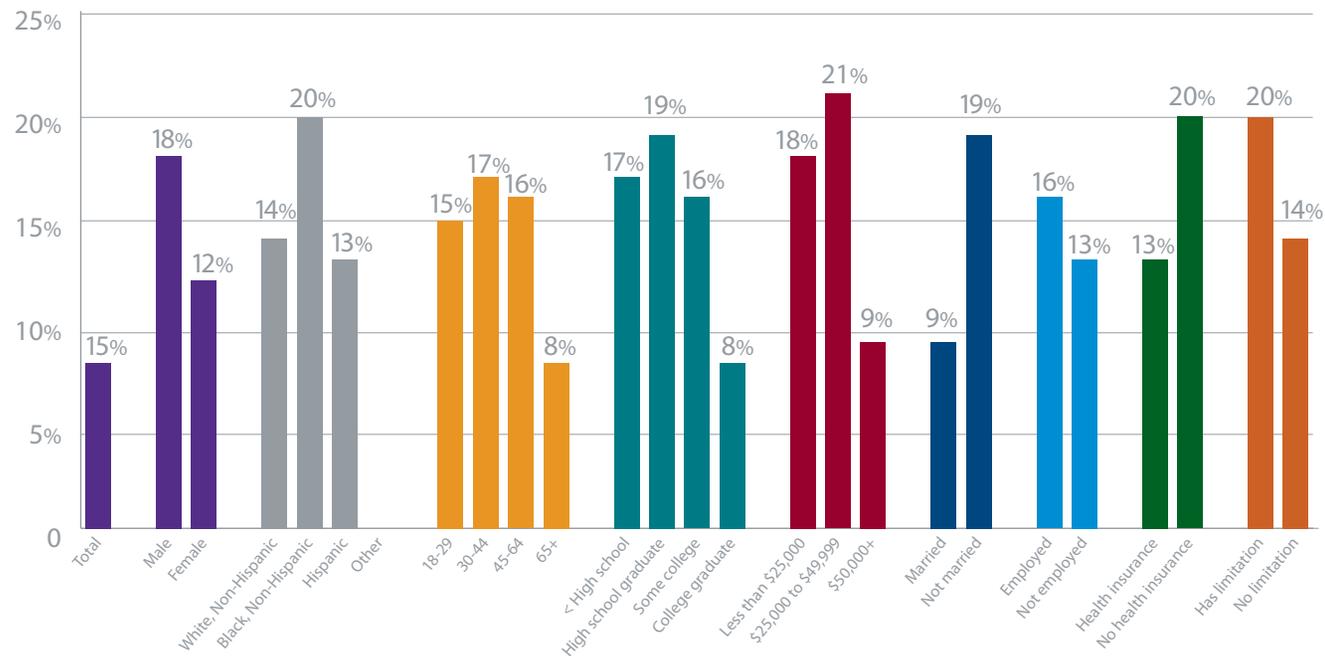
FIGURE 46. Prevalence of Overweight/Obese Adults by Race and Ethnicity Dallas County, 2013 - 2017

- The black, non-Hispanic demographic has the highest prevalence for obesity (38%) and the lowest prevalence for being at a recommended weight (21%); this demographic also shows an increasing trend in normal-overweight-obese weight patterns (21%-31%-38%).
- Hispanics are the most likely to be overweight (40%), followed by white, non-Hispanics (36%).



Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services

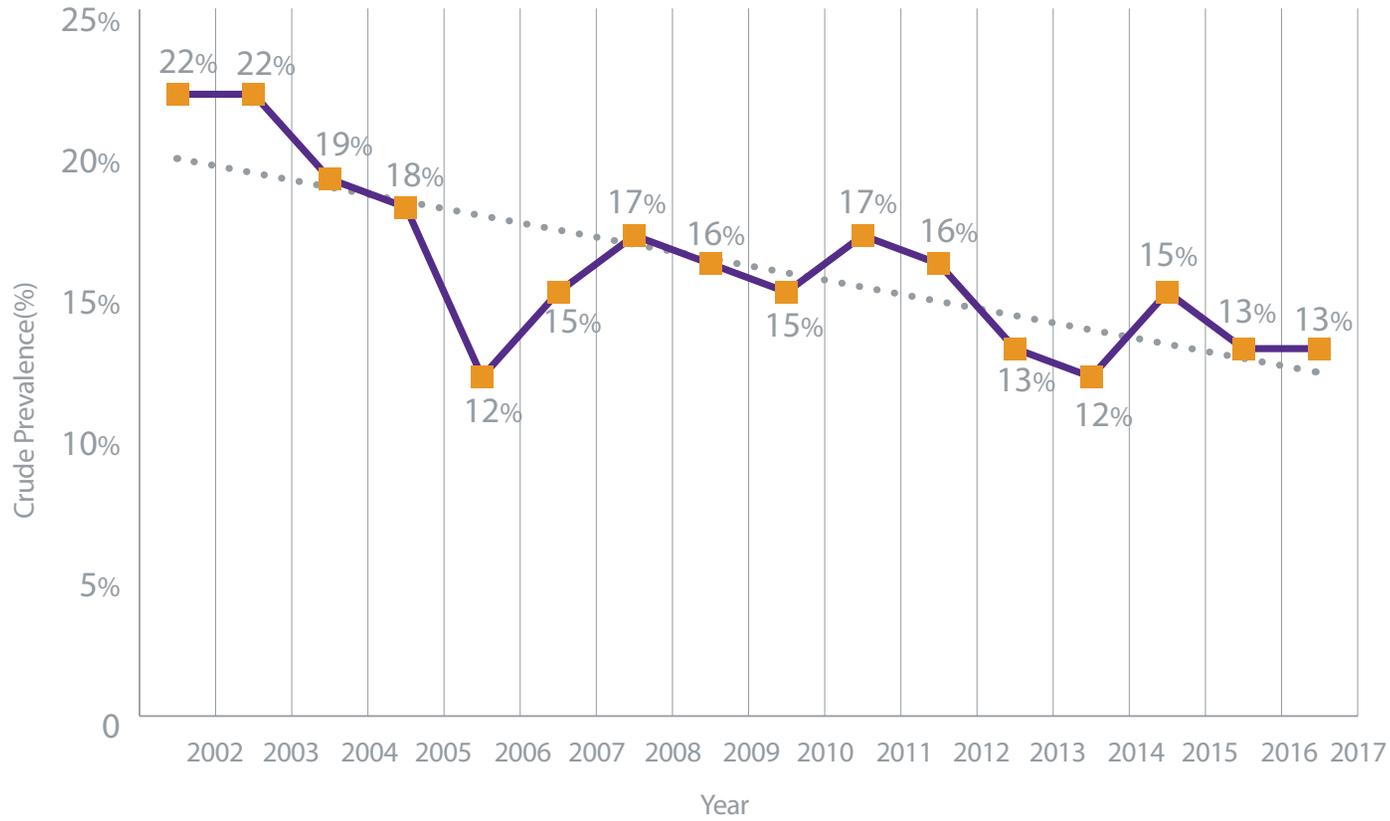
FIGURE 47. Prevalence of Current Smokers Dallas County, 2013 - 2017



- 15% of Dallas County residents report being a current smoker.
- The groups with the largest percentage of smokers include:
 - Unmarried black, non-Hispanic men
 - People with no health insurance
 - People who have a physical limitation(s)
 - People making \$25,000-\$49,000
- Married college graduates with an income of greater than \$50,000 annual are the least likely to be current smokers.

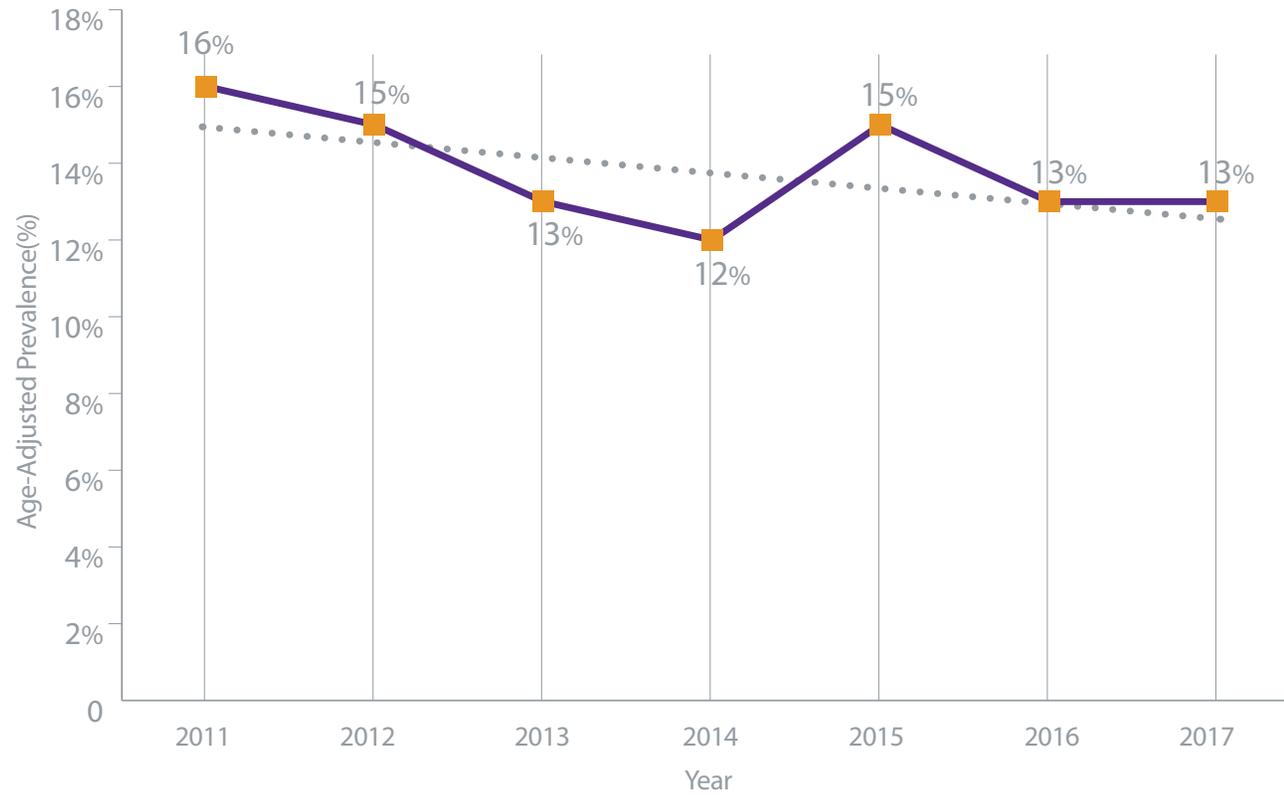
Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: R = Relative Standard Error greater than 30.0%, estimate unreliable and not displayed

FIGURE 48. Adults Who Are Current Smokers, Dallas-Plano-Irving, Texas Metroplex, 2002-2017



Data source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Sep 17, 2019]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

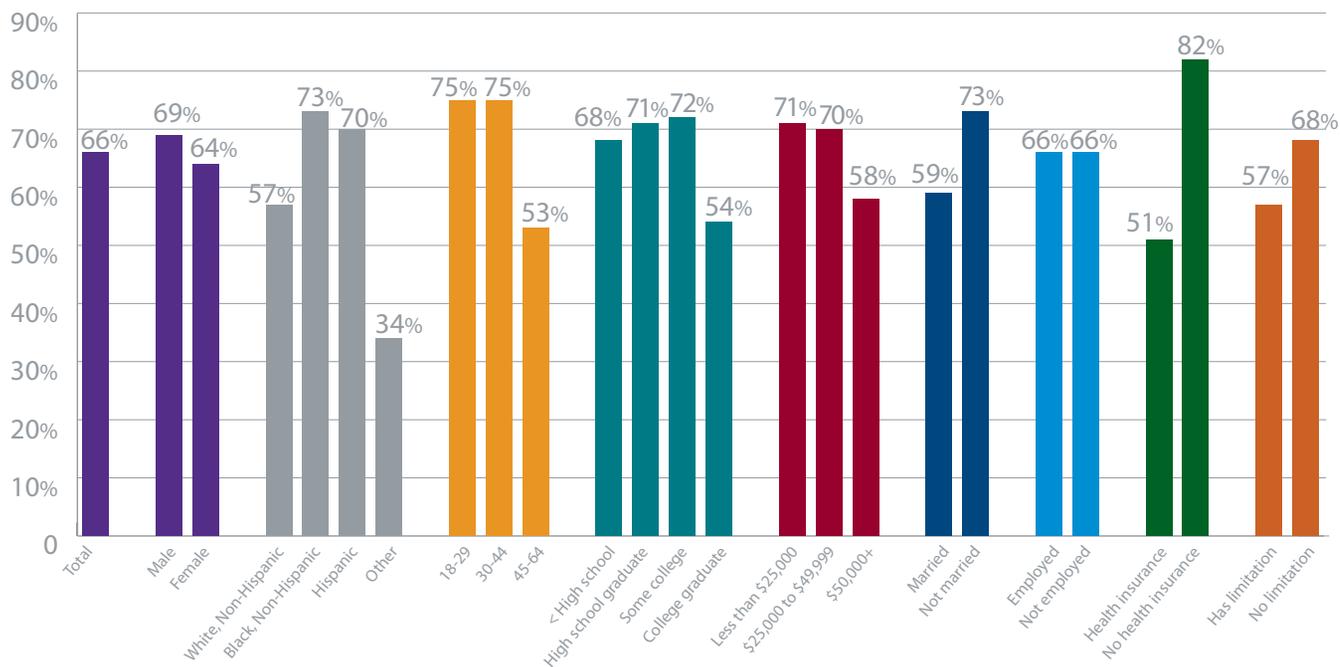
FIGURE 49. Adults Who Are Current Smokers, Dallas-Plano-Irving, Texas Metroplex, 2011-2017



Data source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Sep 17, 2019]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

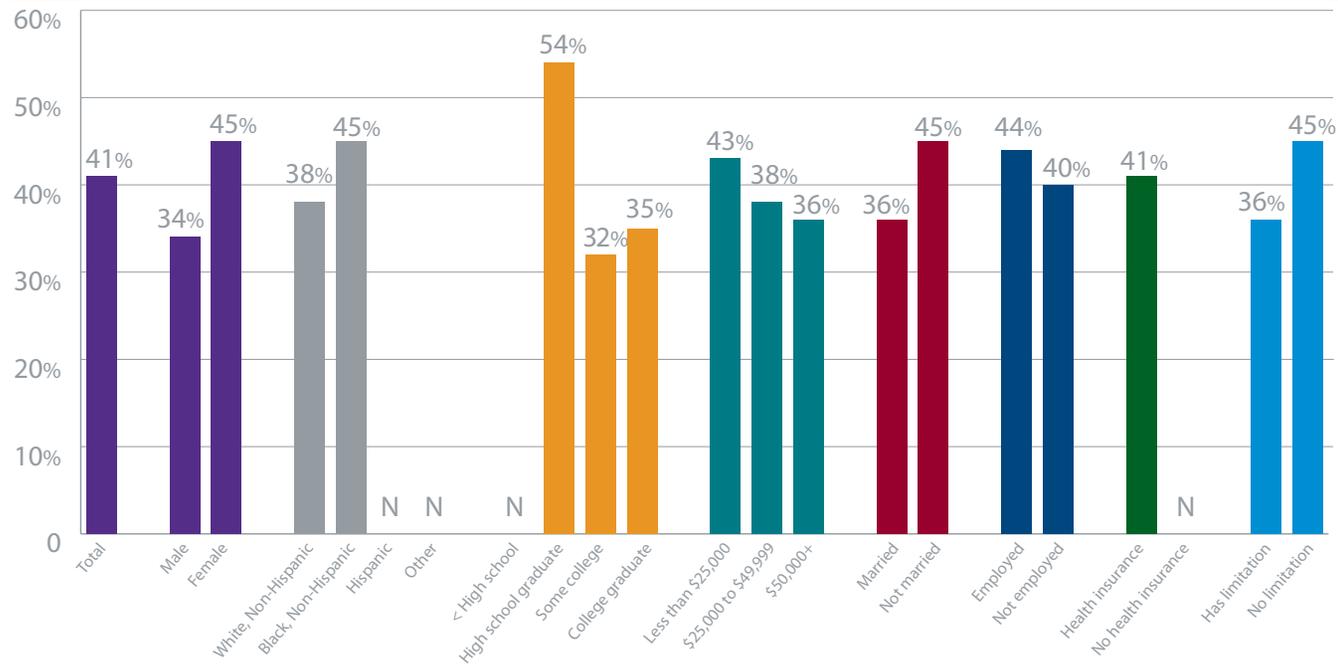
- In Dallas County, 66% of adults between the ages of 18-64 years did not receive a flu shot in the past year.
- The percent of adults age 18-64 without health insurance who did not receive influenza vaccine in the past year was 82%.
- Among adults age 18-64 years those who are more likely to receive influenza vaccine are
 - Non-Hispanic white people,
 - People ages 45-64,
 - College graduates, and
 - People earning greater than \$50,000.

FIGURE 50. Percent of Residents Who Did Not Receive a Flu Shot in the Past Year, Adults 18 – 64 Years, Dallas County, 2013 - 2017



Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services

FIGURE 51. Percent of Residents Who Did Not Receive a Flu Shot in the Past Year, Adults 65+ Years Dallas County, 2013 -2017



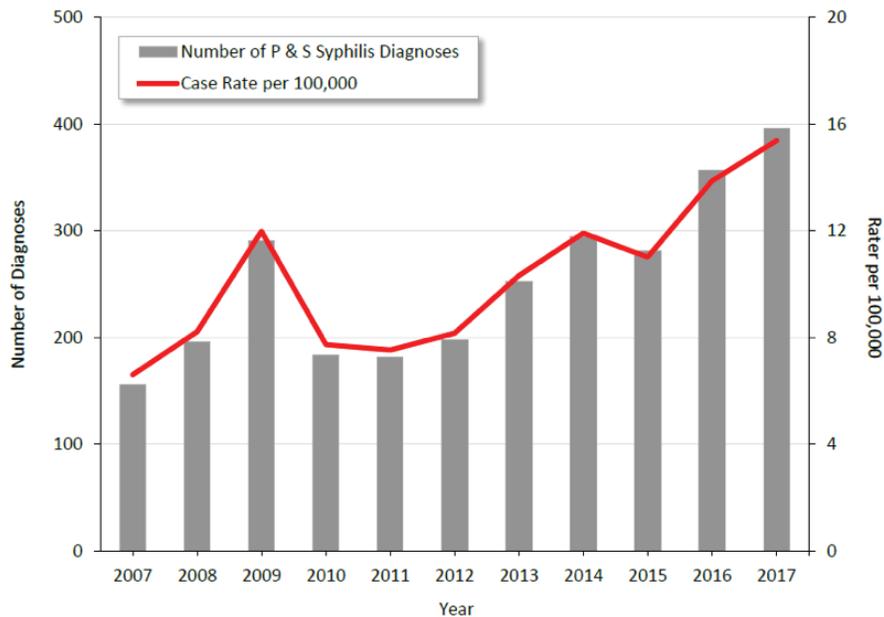
Data source: Center for Health Statistics BRFSS 2013-2017, Texas Department of State Health Services
 Note: N = Sample size less than 50, estimate not displayed

- 41% of Dallas County adults over 65 years of age report not receiving a flu shot in the past year.
- The percent of adults age 65 and over with health insurance who did not receive influenza vaccine in the past year was 41%.
- More women (45%) than men (34%) report not receiving a flu shot.
- Among adults age 65 and over, high school graduates without any college education have the highest percentage (54%) of persons who are unvaccinated compared to adults age 65 and over with some college (32%) and college graduate (35%).

SELECTED REPORTABLE INFECTIOUS DISEASES

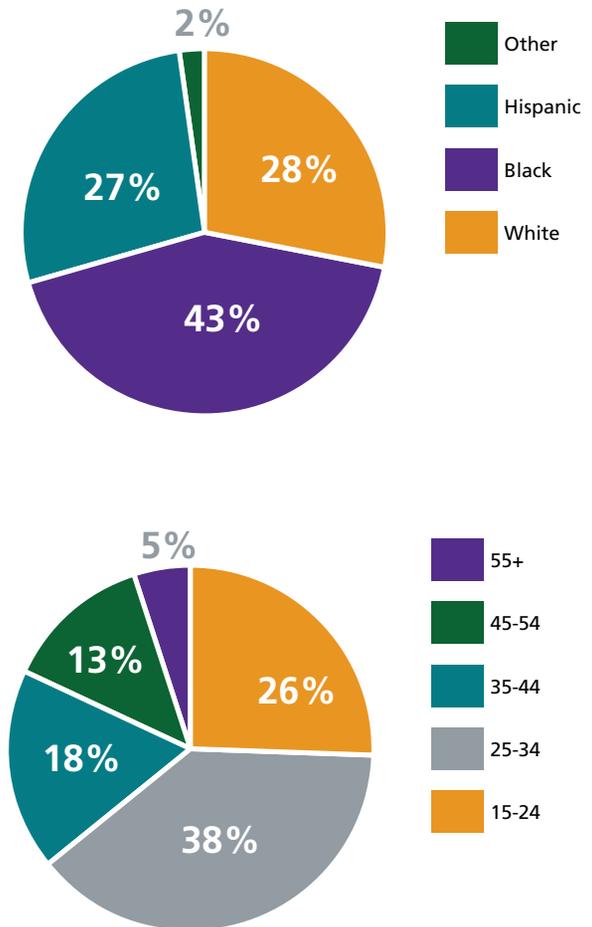
In Dallas County, sexually transmitted infections have been trending upward. Prevention of STIs is an essential primary care strategy for safeguarding and improving reproductive health.²⁴

FIGURE 52. Primary and Secondary Syphilis Diagnoses, Dallas County, 2007 - 2017



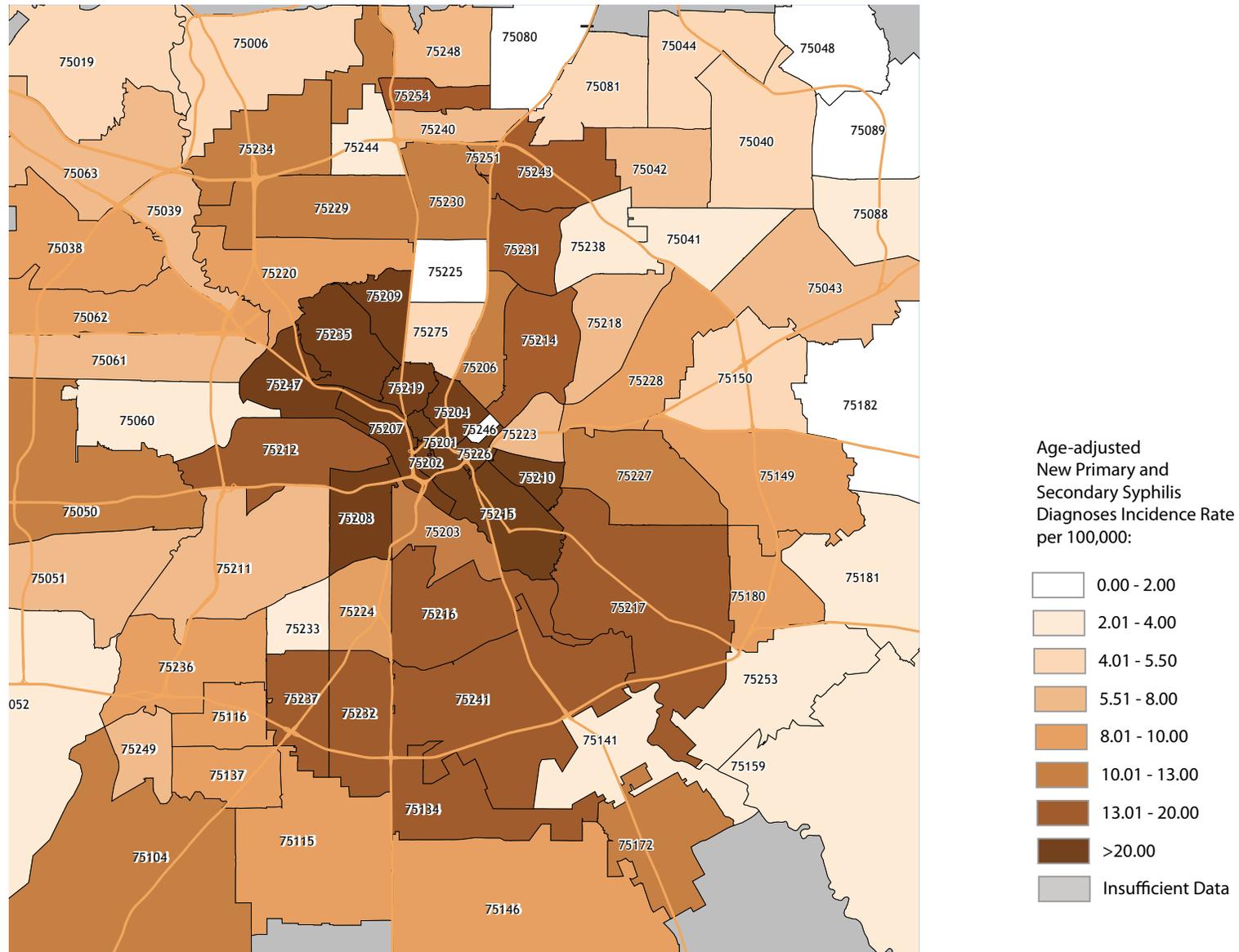
Data Source: 2009-2017 Dallas STD incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 53. Primary and Secondary Syphilis Diagnoses by Race and Age Group Dallas County, 2017



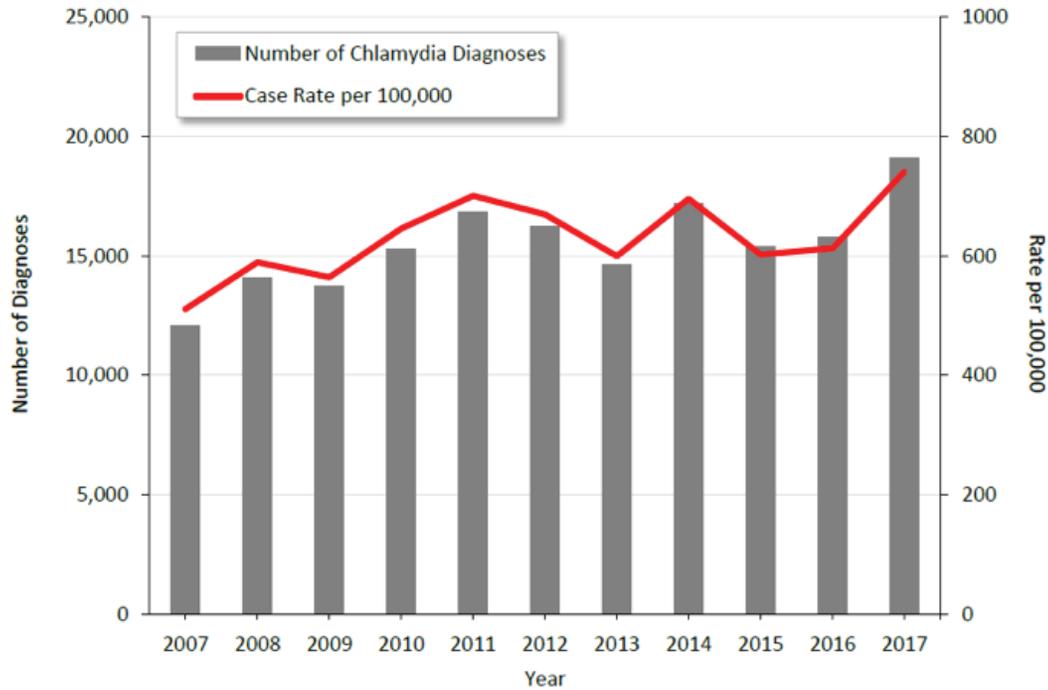
Data Source: 2009-2017 STD Incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 54. New Primary and Secondary Syphilis Diagnoses by ZIP Code, Dallas County, 2012 - 2016



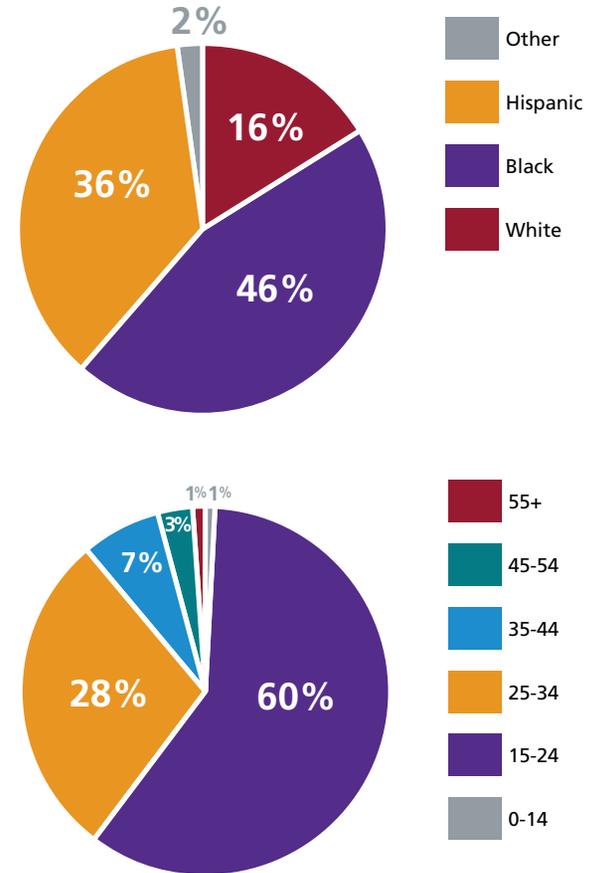
Data Source: Texas Department of State Health Services
 *10 multi-county ZIP codes were excluded

FIGURE 55. Chlamydia Diagnoses Dallas County, 2007 -2017



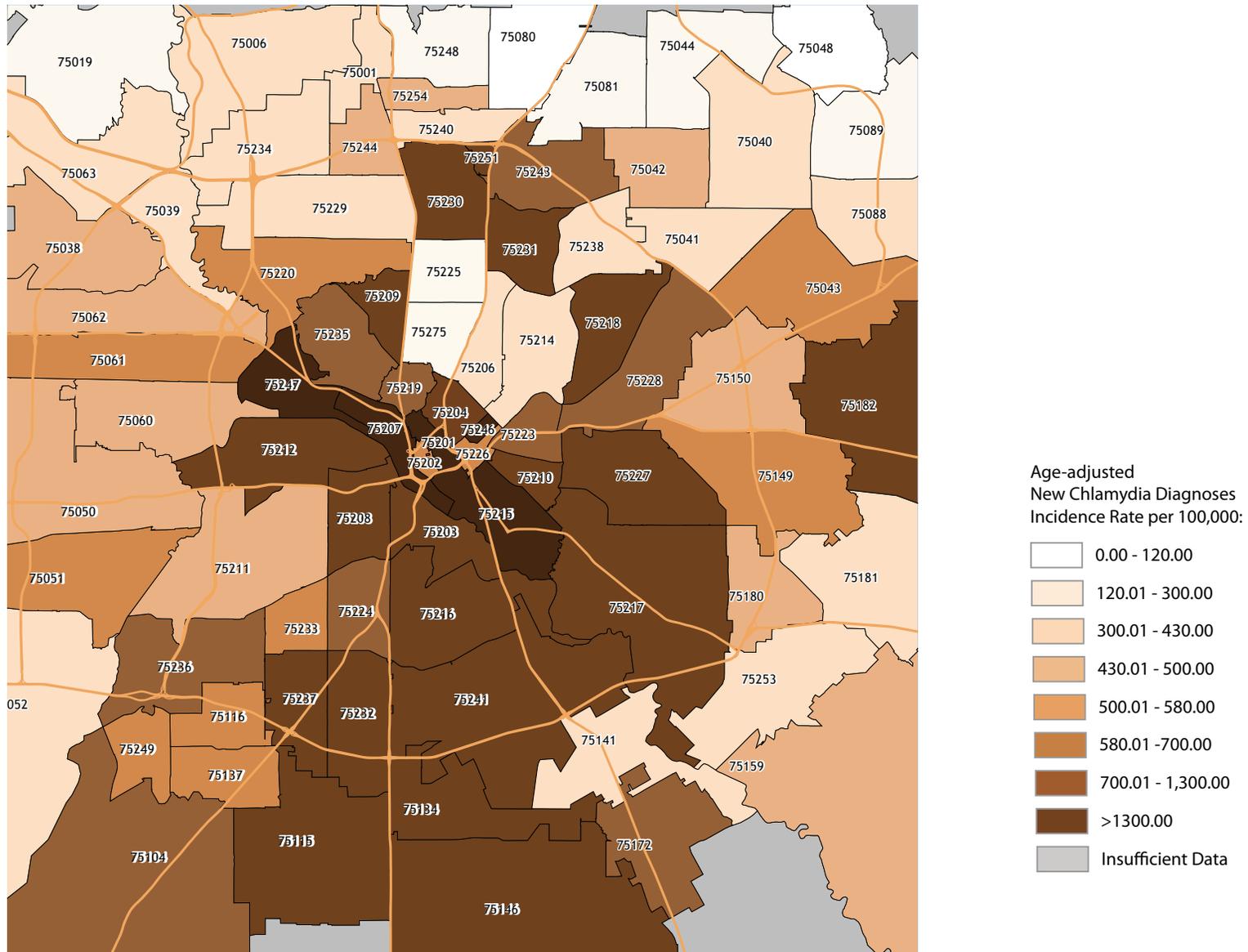
Data Source: 2009-2017 Dallas STD incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 56. Chlamydia Diagnoses by Race and Age Group Dallas County, 2017



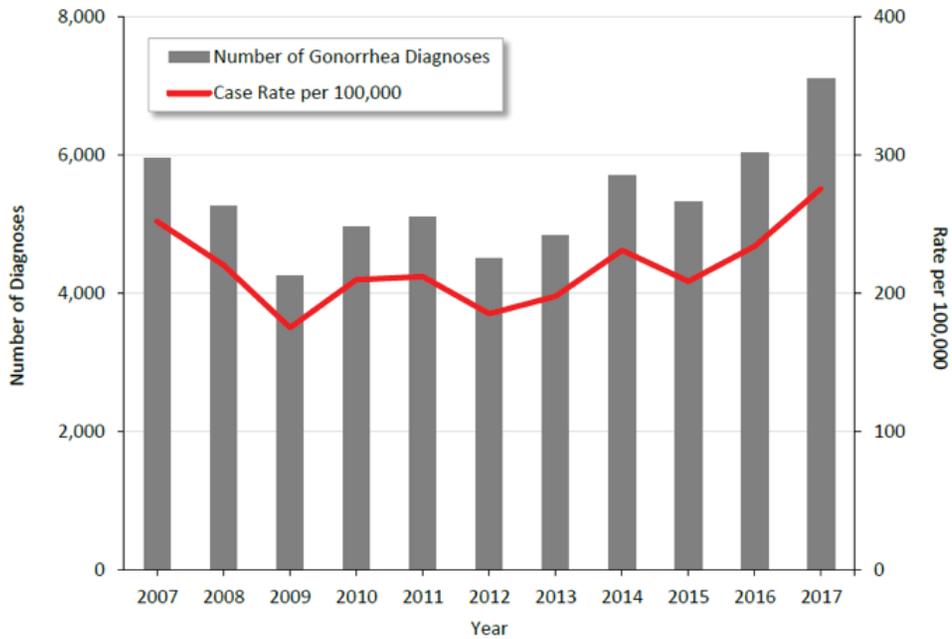
Data Source: 2009-2017 Dallas STD Incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 57. New Chlamydia Diagnoses by ZIP Code Dallas County, 2012 - 2016



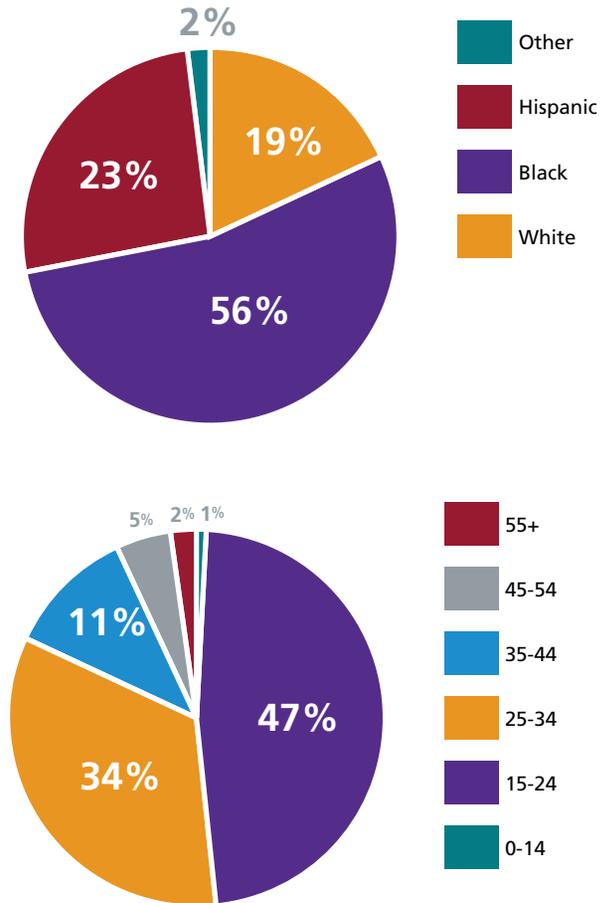
Data Source: Texas Department of State Health Services
*10 multi-county ZIP codes were excluded

FIGURE 58. Gonorrhea Diagnoses Dallas County, 2007 - 2017



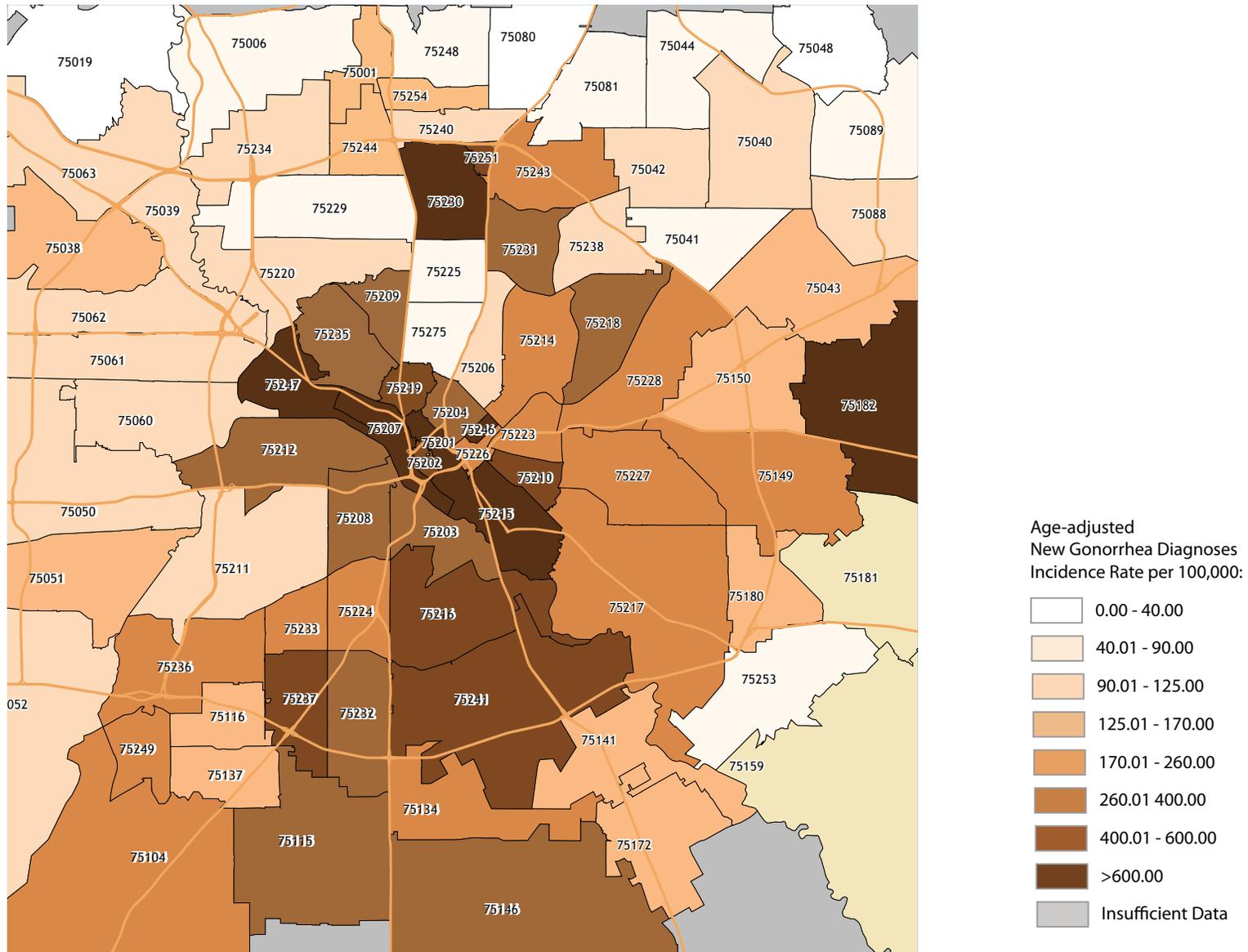
Data Source: 2009-2017 Dallas STD incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 59. Gonorrhea Diagnoses by Race and Age Group Dallas County, 2017



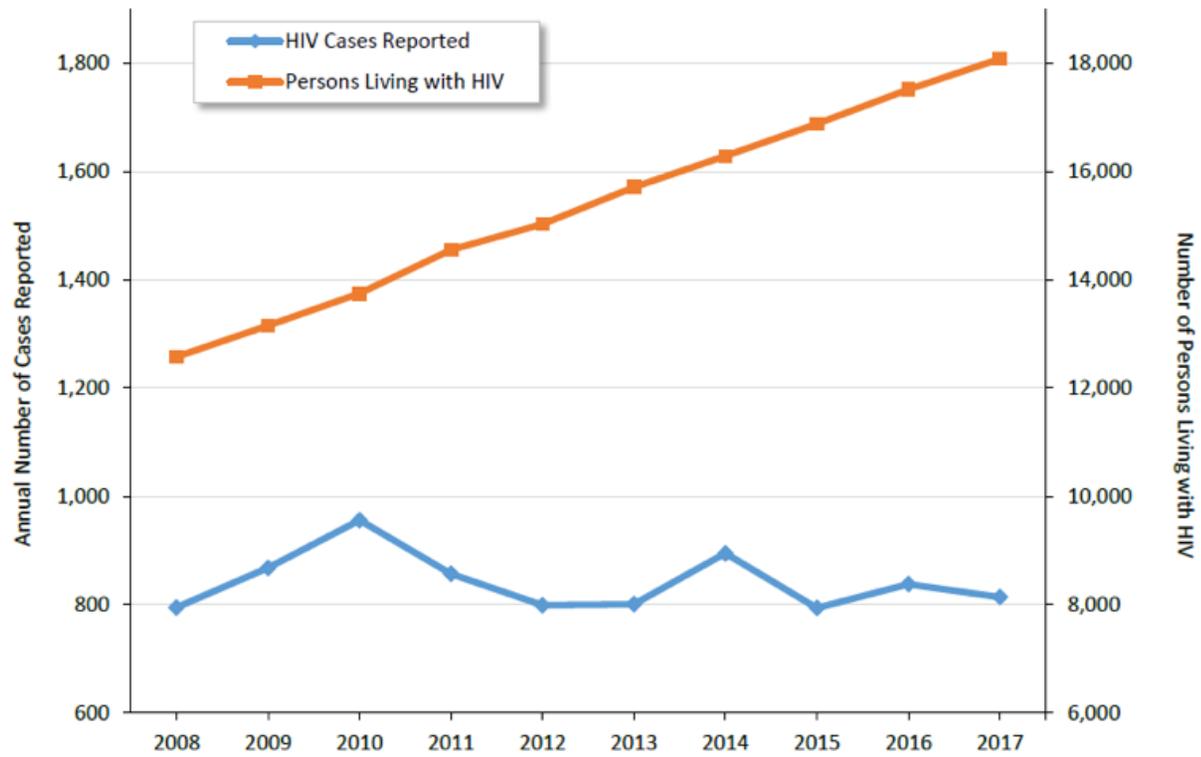
Data Source: 2009-2017 Dallas STD Incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 60. New Gonorrhea Diagnoses by ZIP Code Dallas County, 2012 - 2016



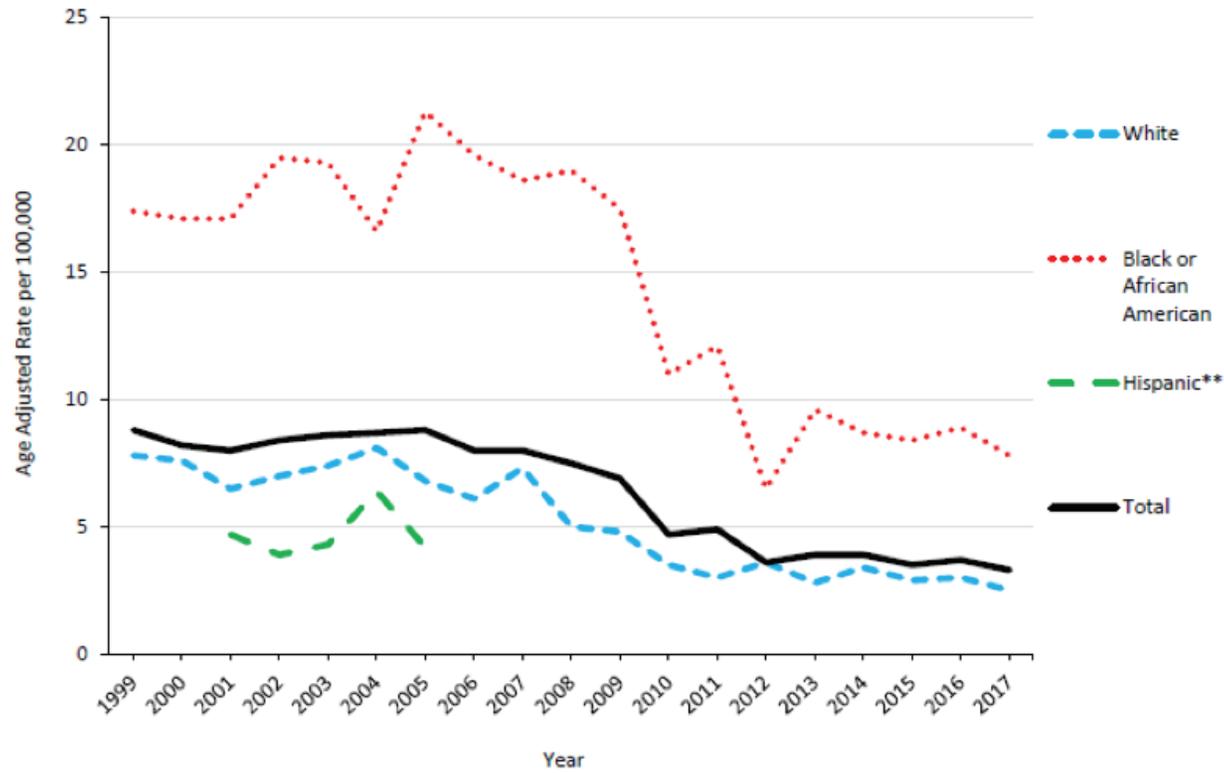
Data Source: Texas Department of State Health Services
*10 multi-county ZIP codes were excluded

FIGURE 61. New HIV Diagnoses and Cumulative Number of Persons Living with HIV Dallas County, 2008 - 2017



Data Source: 2009-2017 Dallas HIV Incidence and Prevalence Data, Texas Department of State Health Services

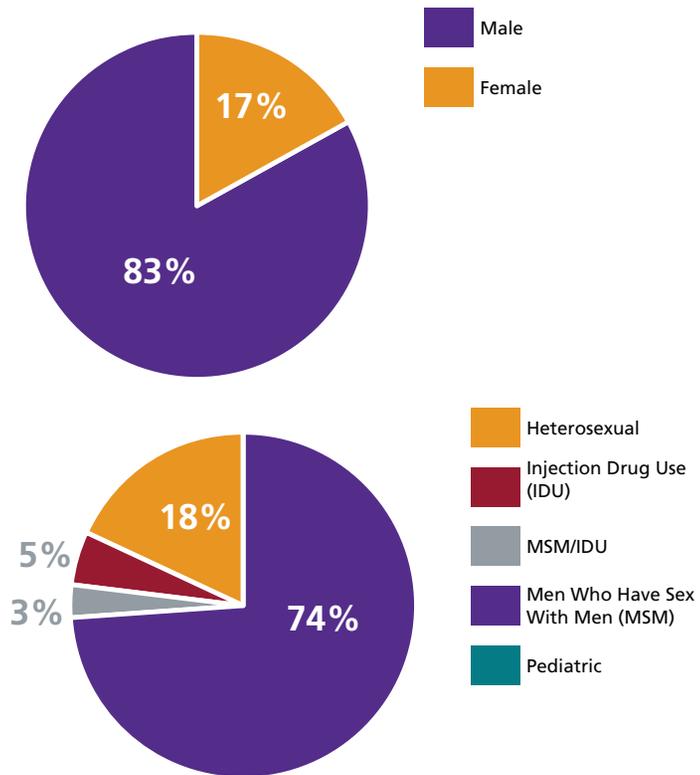
FIGURE 62. HIV Mortality Rate by Race, Dallas County, 1999 - 2017



Age Adjustment uses 2000 Standard Population

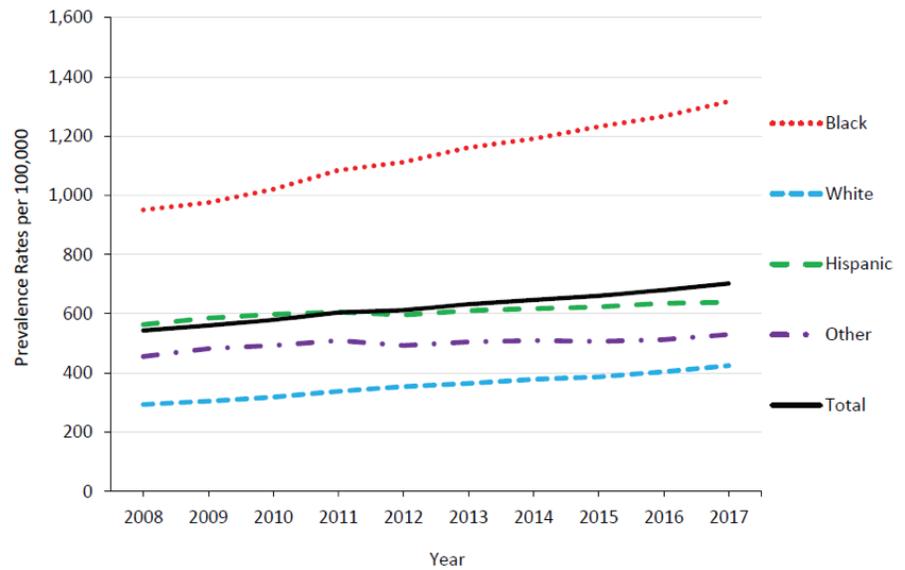
Data Source: CDC Wonder

FIGURE 63. New HIV Diagnoses by Gender and Exposure, Dallas County, 2017



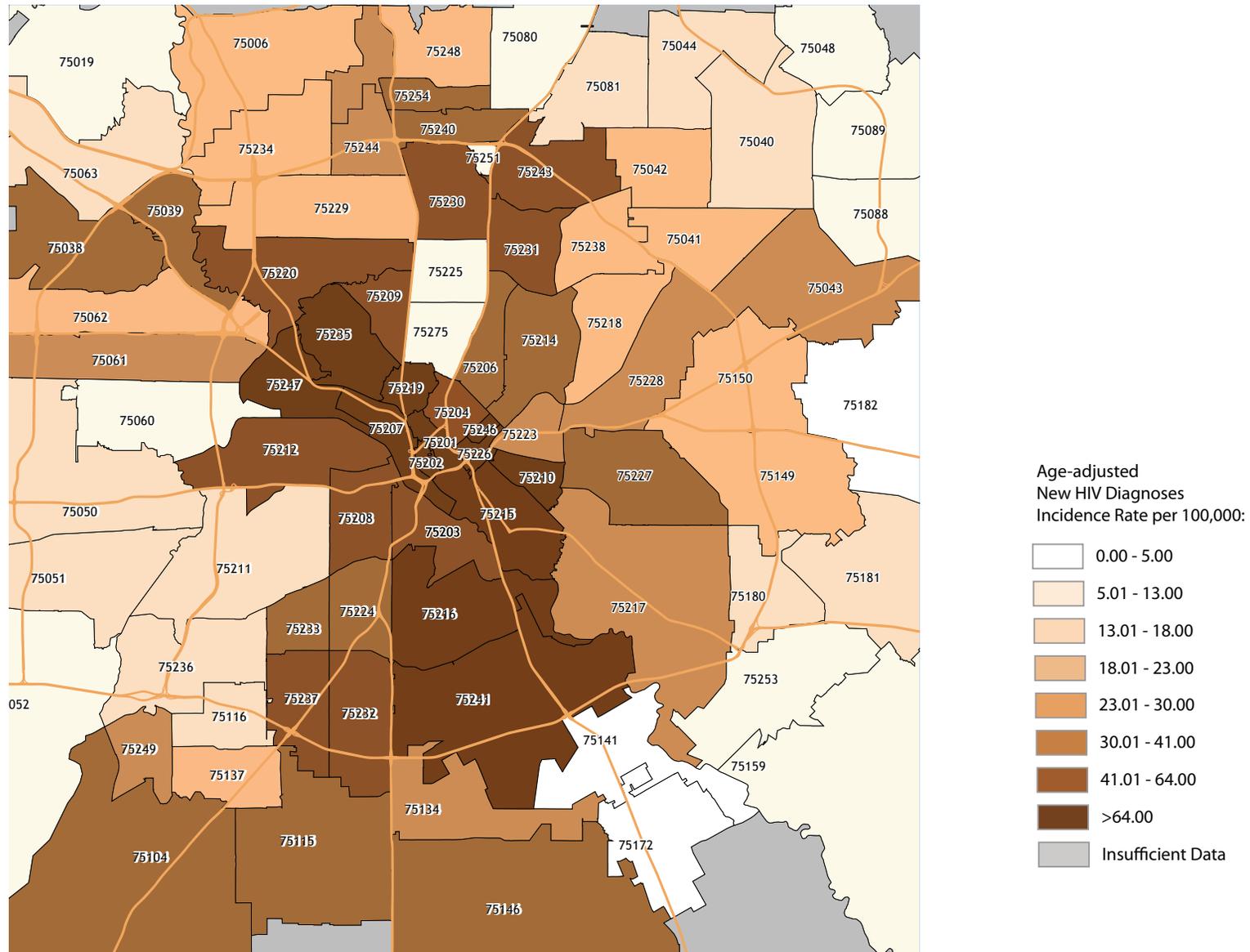
Data Source: 2009-2017 Dallas HIV Incidence and Prevalence Data, Texas Department of State Health Services

FIGURE 64. Persons Living with HIV by Race and Ethnicity Dallas County, 2008 - 2017



Data Source: 2009-2017 Dallas HIV Incidence and Prevalence Data, Texas Department of State Health Services

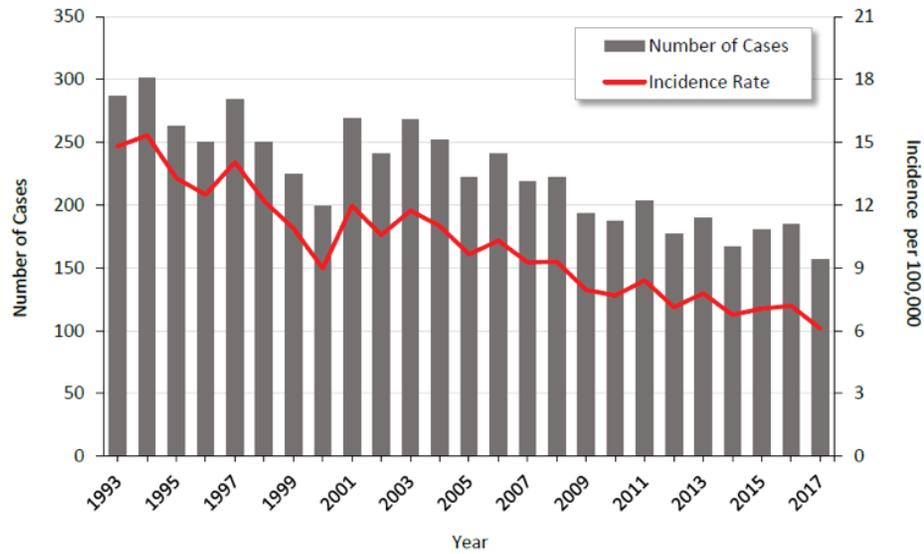
FIGURE 65. New HIV Diagnoses by ZIP Code Dallas County, 2012 - 2016



Data Source: Texas Department of State Health Services
*10 multi-county ZIP codes were excluded

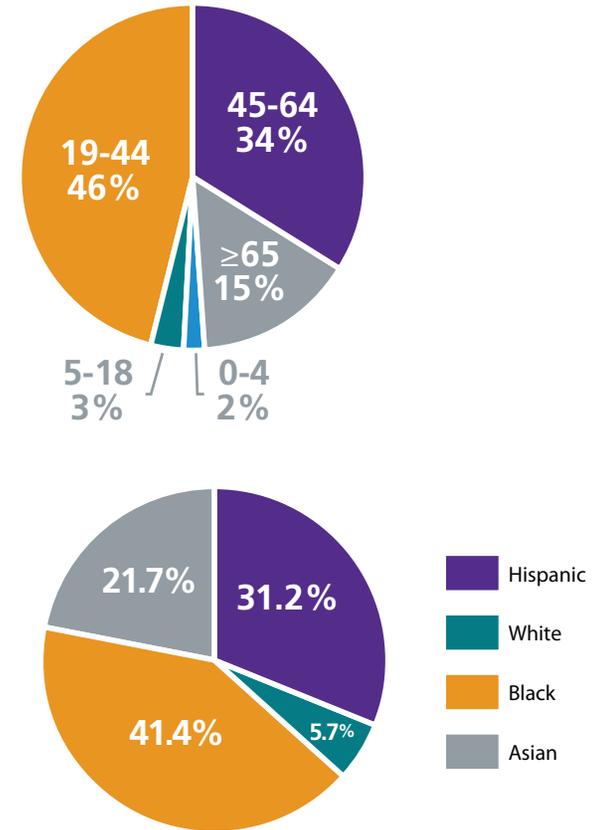
OTHER REPORTABLE INFECTIOUS DISEASE
Tuberculosis

FIGURE 66. Annual Tuberculosis Cases and Incidence Rates Dallas County, 1993 - 2017



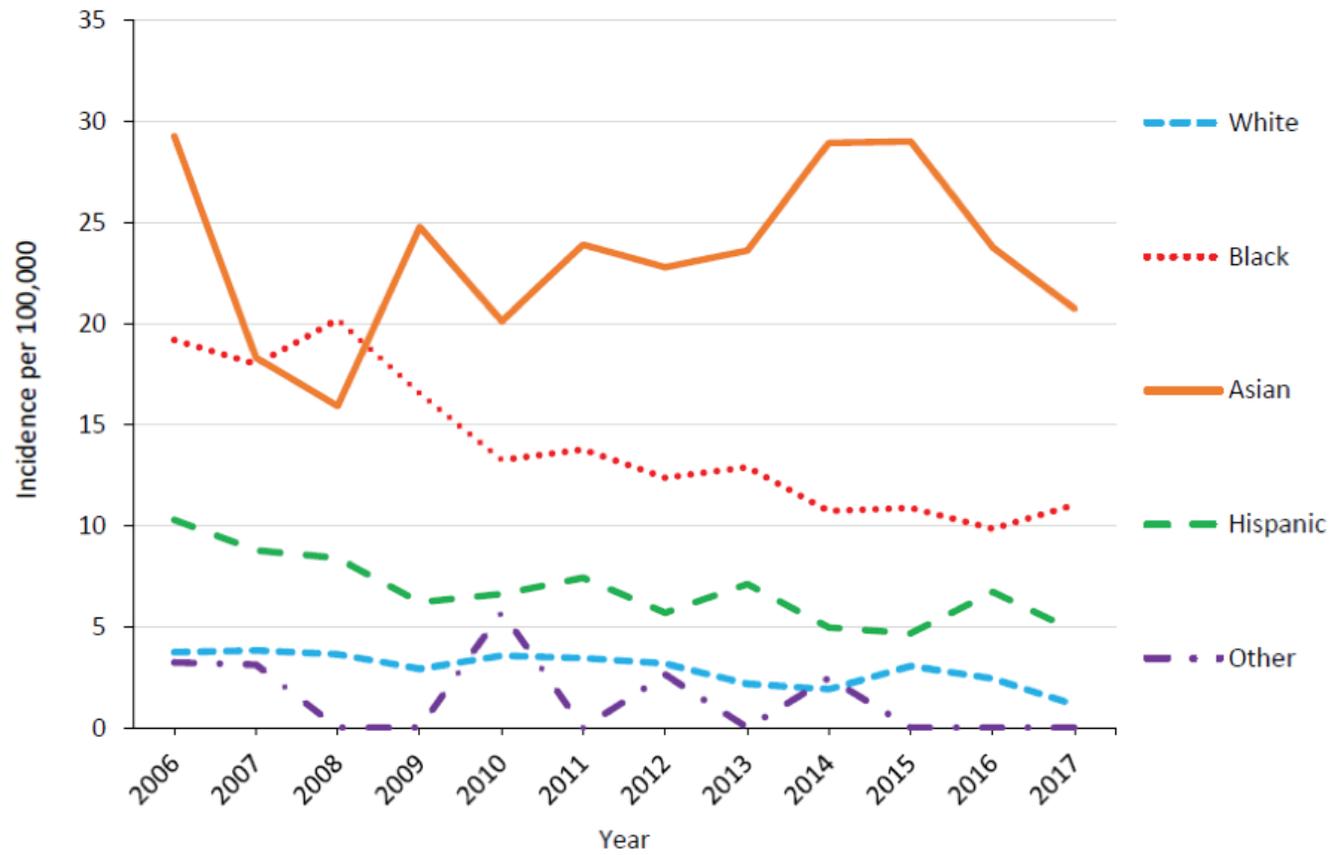
Data Source: Texas Department of State Health Services

FIGURE 67. Tuberculosis Cases by Age Group, Race and Ethnicity



Data Source: Texas Department of State Health Services

FIGURE 68. Tuberculosis Incidence Rates by Race and Ethnicity Dallas County, 2006 - 2017



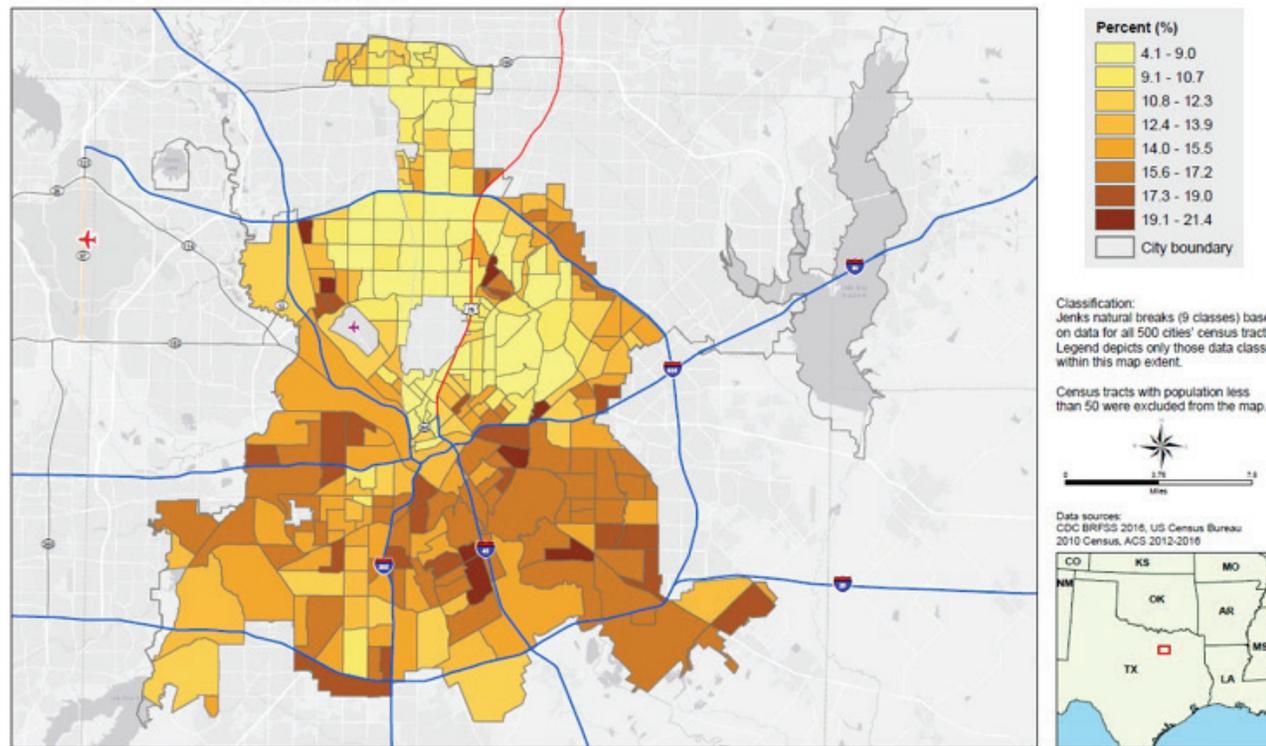
Data Source: Texas Department of State Health Services

BEHAVIORAL HEALTH IN DALLAS COUNTY

Behavioral health has been shown to be a key indicator in quality of life and health-related quality of life.²⁵ It has also been linked with increased risk factors associated with chronic diseases.²⁶ The U.S. Centers for Disease Control and Prevention 500 Cities Project identifies the geographic distribution of adults 18 years of age or older within Dallas who have reported poor mental health for ≥ 14 days during the past 30 days.

FIGURE 69. Mental Health Risk Factors

Mental health not good for ≥ 14 days among adults aged ≥ 18 years by census tract, Dallas, TX, 2016



Adopted: U.S. Centers from Disease Control and Prevention. 500 Cities Project: Local Data for Better Health.

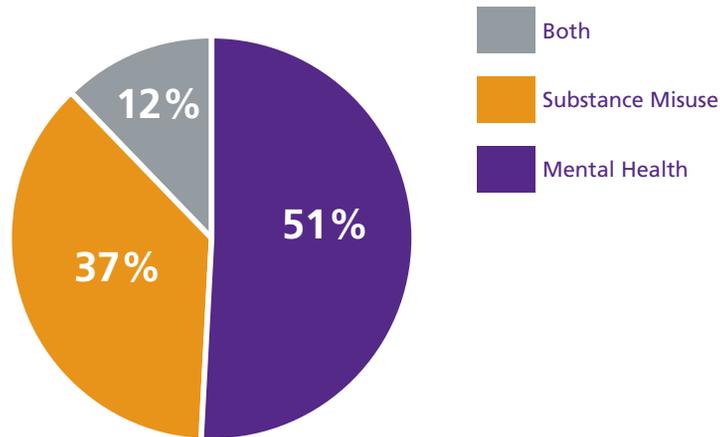
In 2016, of the 427,175 visits (inpatient, outpatient and emergency department visits) pertaining to behavioral health, 37% were substance misuse and 12% were mental health combined with substance misuse visits.²⁷

²⁵ Office of Disease Prevention and Health Proportion. HealthyPeople2020. Health-Related Quality of Life & Well Being. Available <https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being>

²⁶ National Institute of Mental Health. Chronic Illness & Mental Health. Available <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>

²⁷ DFWHC Foundation. Behavioral Health Needs Assessment. Available http://www.healthyntexas.org/content/sites/dallasfortworth/BHCHNA__16_Counties_CHC.DFWHCFoundation2018.pdf

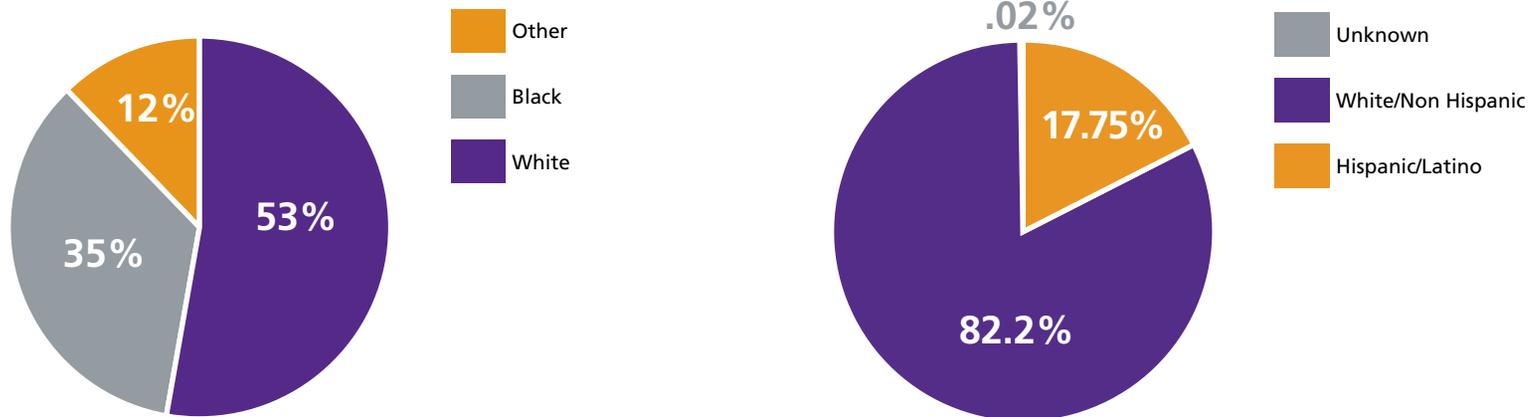
FIGURE 70. Dallas County Behavioral Health Encounters, 2016



Source: DFWHC Behavioral Health Needs Assessment, 2016

Utilization of mental health services by race and ethnicity in 2016 is illustrated in Figure 71. The left pie chart indicates that 53% of the visits were made by whites and 35% by African Americans. The right pie chart shows that 82.2% of encounters were non-Hispanic Latinos individuals.

FIGURE 71. Mental Health Services Visits by Race and Ethnicity, 2016



Source: DFWHC Behavioral Health Needs Assessment, 2016

HOSPITAL UTILIZATION

This section provides an overview of inpatient and emergency department (ED) discharges in Dallas County and at Parkland, including those resulting from encounters with Correctional Health and Homeless Medical Outreach Services (HOMES).

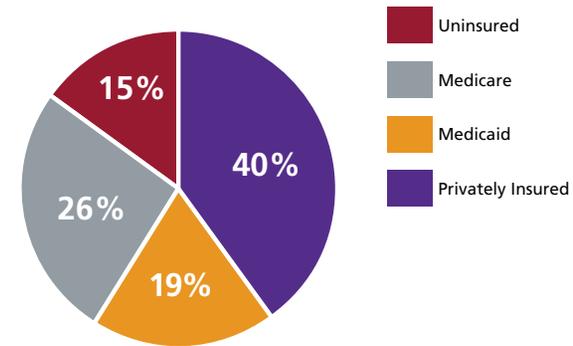
INPATIENT DISCHARGES

Figure 72 shows that 40% of the overall discharges for inpatient services in Dallas County were completed for individuals covered by private insurance. Individuals covered by Medicaid represent 19% and those covered by Medicare represent 26%; while Parkland inpatient services discharges by privately insured patients represents only 6%, Medicaid covered individuals represent 36% of inpatient services and Medicare 18% (see Figure 73).

The Inpatient Discharges Uninsured 2018 map (see Figure 74) illustrates the number of individuals discharged from inpatient services in Dallas County in 2018 by ZIP code and shows the highest volume of inpatient discharges of uninsured individuals reside in ZIP codes 75217, 75216, 75243 and 75228 (for detailed breakdown by ZIP code see Figure 76). Similarly, the ZIP codes with the highest volume of Parkland's uninsured patients also include 75217, 75216 and 75228 (see Figures 77 and 78).

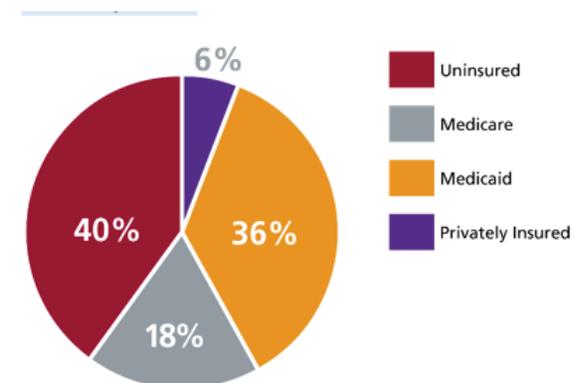
ZIP codes 75217, 75216, 75211 and 75228 have the highest volume of uninsured, Medicaid and Medicare inpatient discharges both at the county level and at Parkland. ZIP codes 75052, 75115 and 75228 have the highest volume of privately insured discharges (see Figure 79 – 80).

FIGURE 72. Inpatient Discharges by Payer Type (All Age Groups, Includes Normal Newborns), Dallas County, 2018



Data Source: DFWHC Foundation Regional Data, 2018

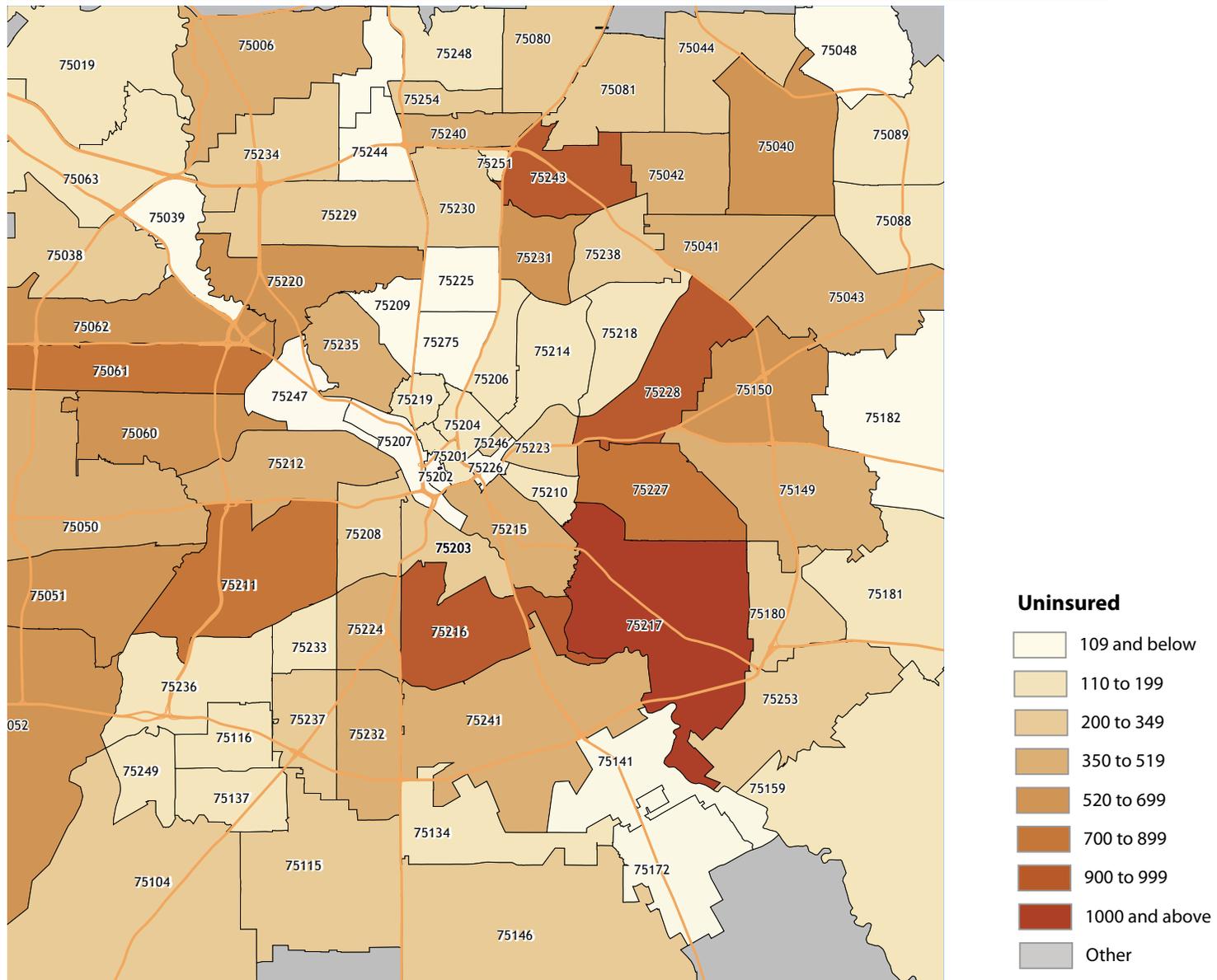
FIGURE 73. Inpatient Discharges by Payer Type (All Age Groups, Includes Normal Newborns), Parkland, 2018



Data Source: DFWHC Foundation Regional Data

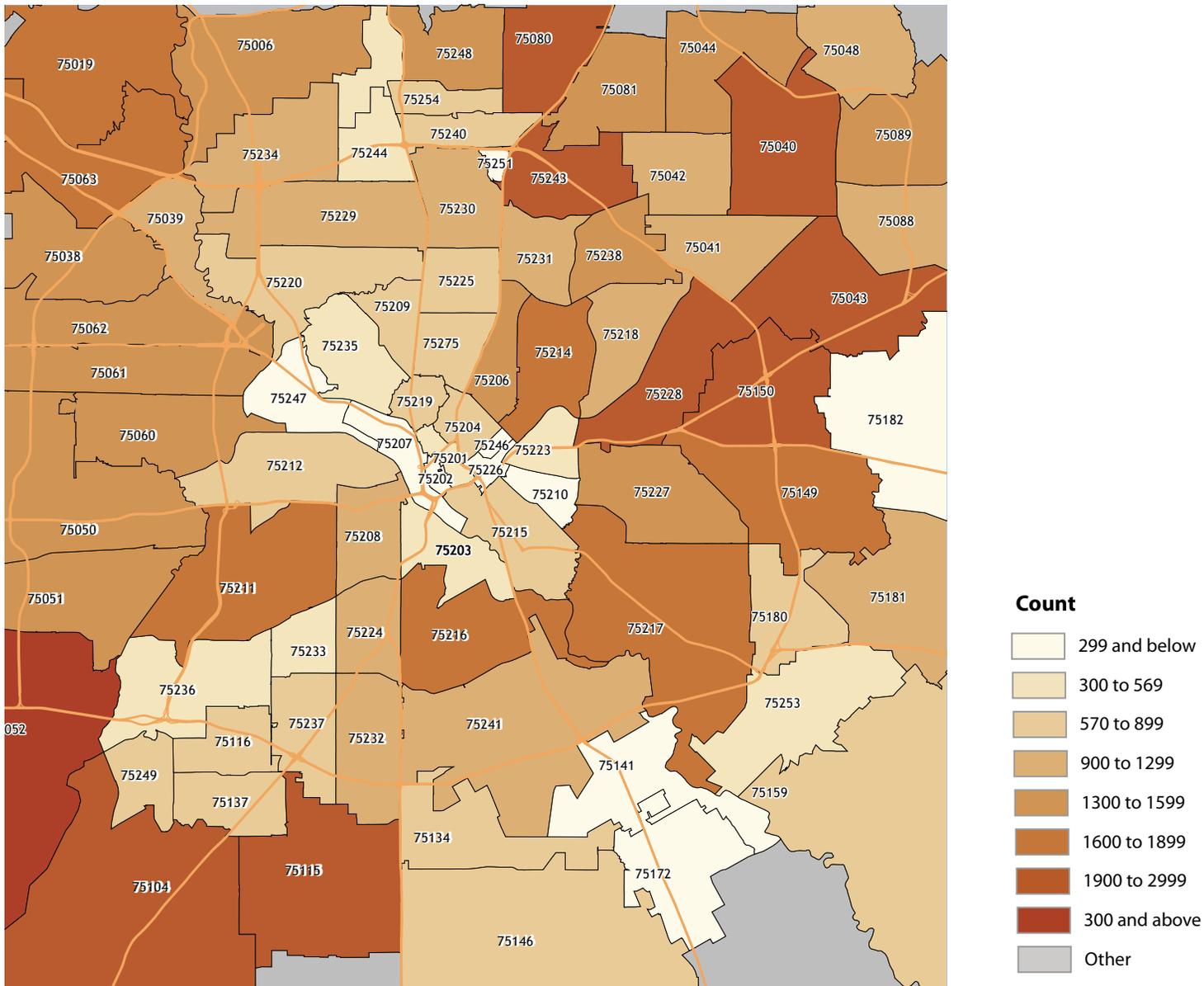
Data Source: DFWHC Foundation Regional Data

FIGURE 74. Inpatient Medicaid and Uninsured Discharges, Dallas County, 2018 (All Age Groups, Includes Normal Newborns)



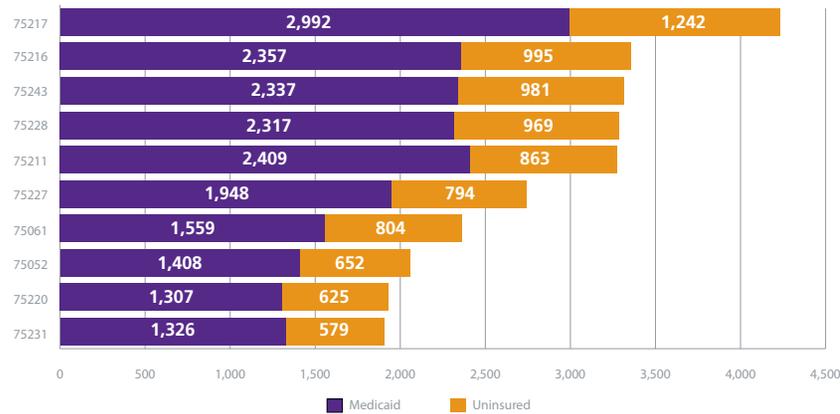
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 75. Inpatient Discharges Insured, Dallas County, 2018 (All Age Groups, Includes Normal Newborns)



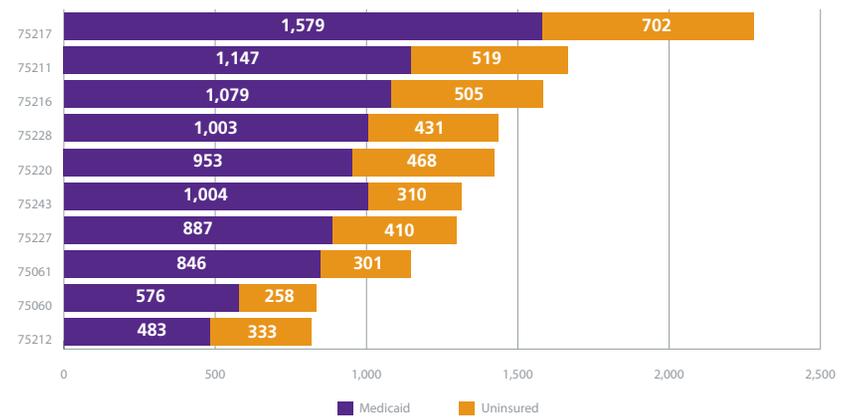
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 76. Inpatient Medicaid and Uninsured Discharges by Top ZIP Codes, Dallas County, 2018 (All Age Groups, Includes Normal Newborns)



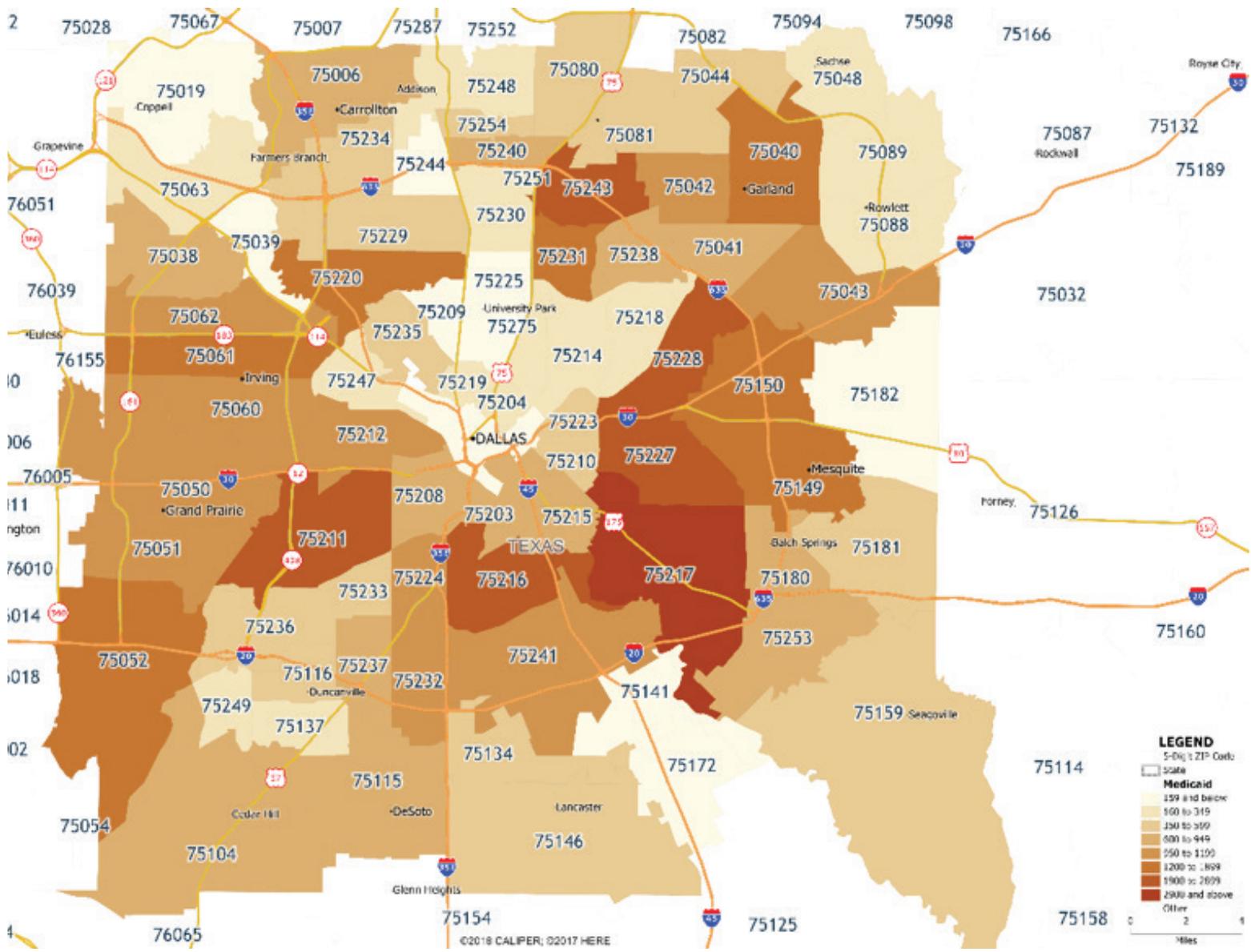
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 77. Inpatient Medicaid and Uninsured Discharges by Top ZIP Codes, Parkland, 2018 (All Age Groups, Includes Normal Newborns)



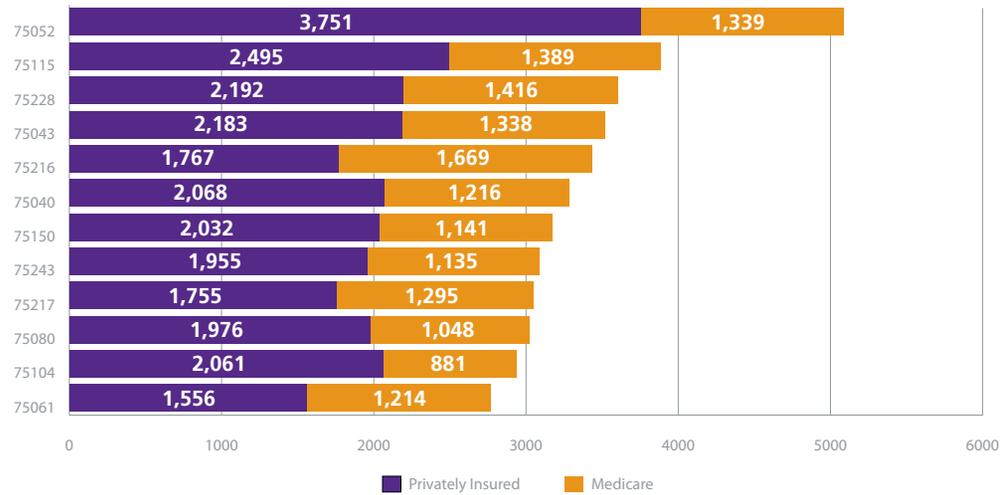
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 78. Inpatient Discharges Uninsured, Parkland, Dallas County 2018 (All Ages, Includes Normal Newborns)



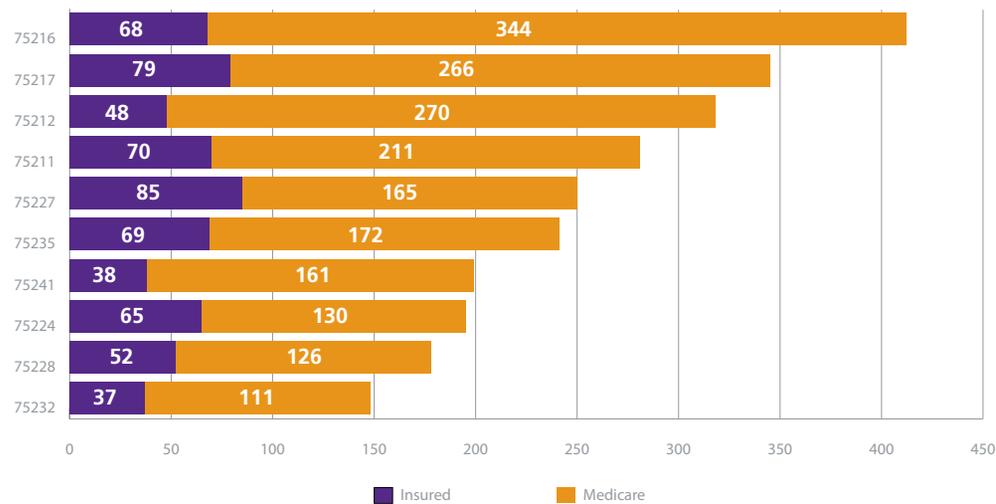
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 79. Inpatient Medicare and Insured Discharges by Top ZIP Codes, Dallas County, 2018 (All Age Groups, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

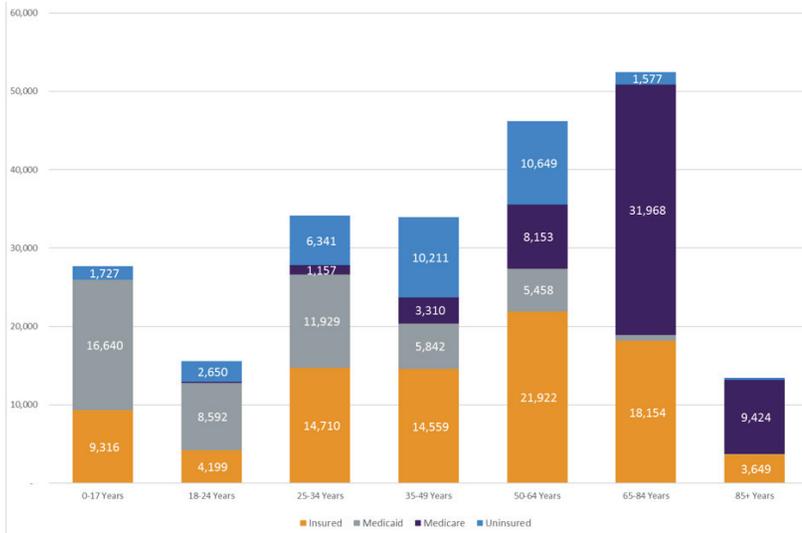
FIGURE 80. Inpatient Medicare and Insured Discharges by Top ZIP Codes, Parkland, 2018 (All Age Groups, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

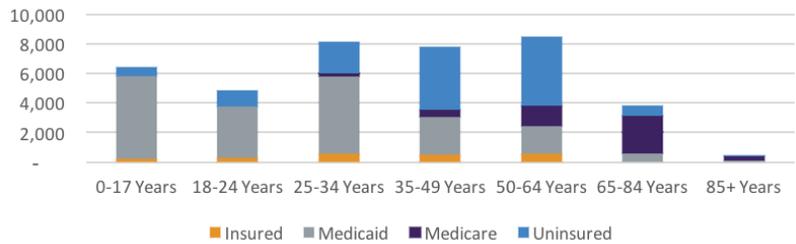
DALLAS COUNTY GENERAL HEALTH PROFILE

FIGURE 81. Inpatient Discharges by Age Groups & Primary Payer Group, Dallas County, 2018



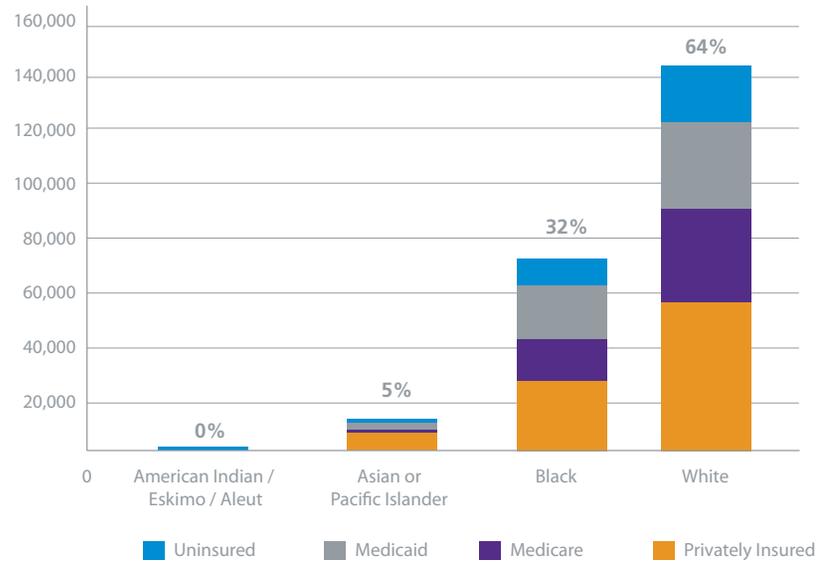
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 82. Inpatient Discharges by Age Groups & Primary Payer Group, Parkland, 2018



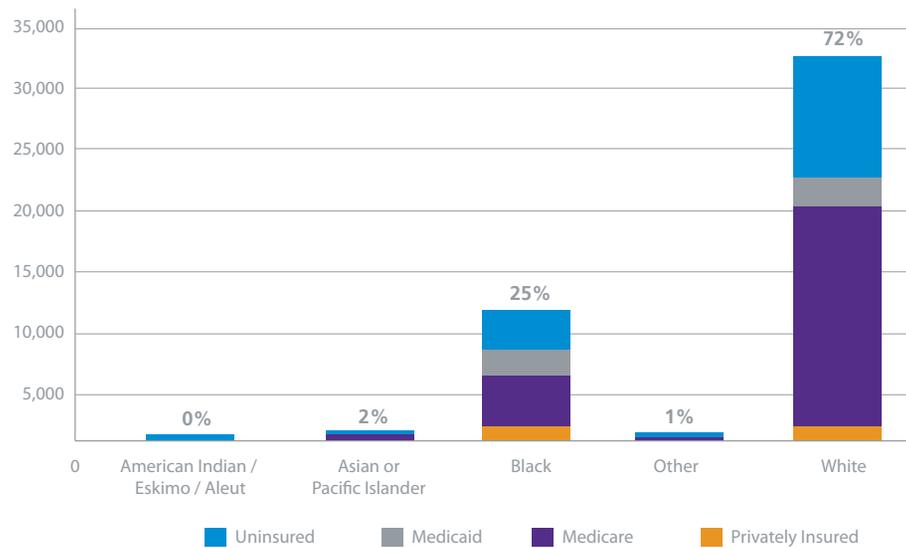
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 83 Inpatient Discharges by Race, Dallas County, 2018 (All Ages, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

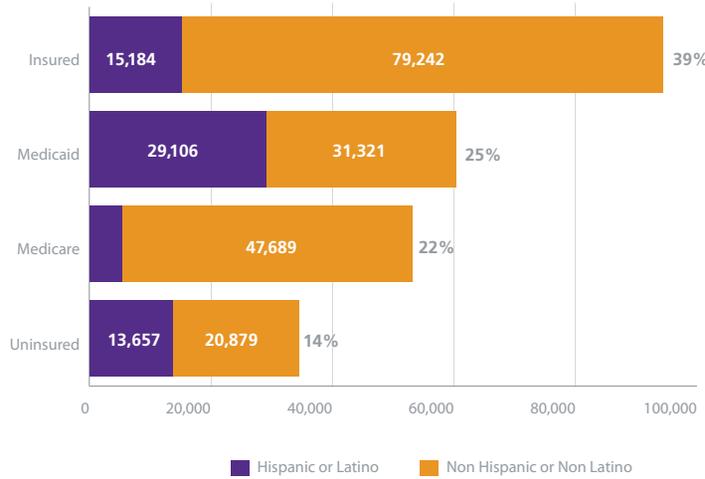
FIGURE 84. Inpatient Discharges by Race, Parkland, 2018 (All Ages, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

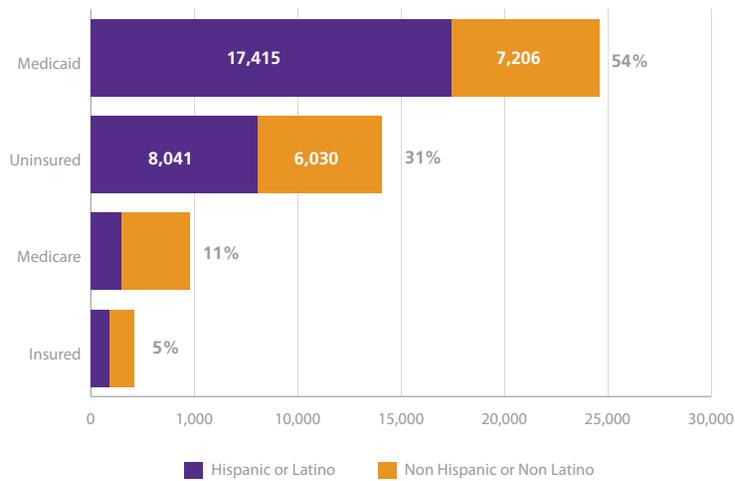
When inpatient discharges are broken down by race and ethnicity it shows that in Dallas County whites comprised 64% of the discharges and African Americans 32%. Parkland's discharge demographics show that whites (a race category that includes Hispanics) represent 72% and African Americans, 25%.

FIGURE 85. Inpatient Discharges by Ethnicity, Dallas County, 2018 (All Ages, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 86. Inpatient Discharges by Ethnicity, Parkland, 2018 (All Age Groups, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018





EMERGENCY DEPARTMENT (ED) DISCHARGES PROFILE

For both Dallas County and Parkland, uninsured individuals comprise the highest volume of ED discharges however, in Dallas County the uninsured are 46% of all ED discharges whereas at Parkland they represent 65%. The percentages for Medicare and Medicaid ED discharges within Dallas County as a whole are similar to those at Parkland (Figures 87 and 88).

FIGURE 87. ED Discharges by Payer Type (All Ages) Dallas County, 2018

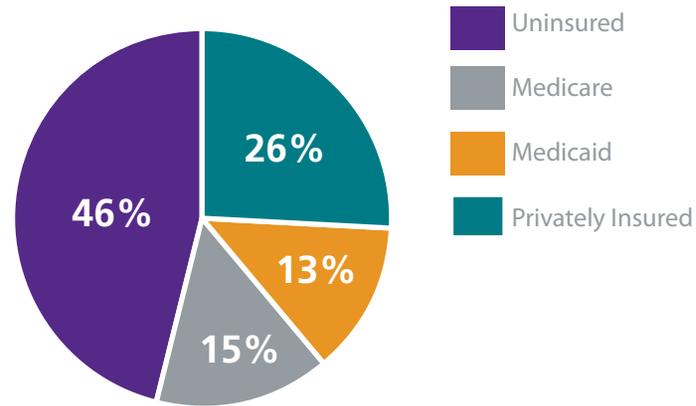
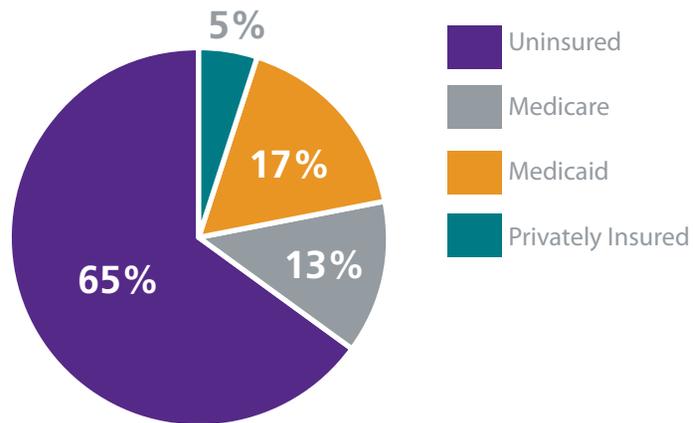
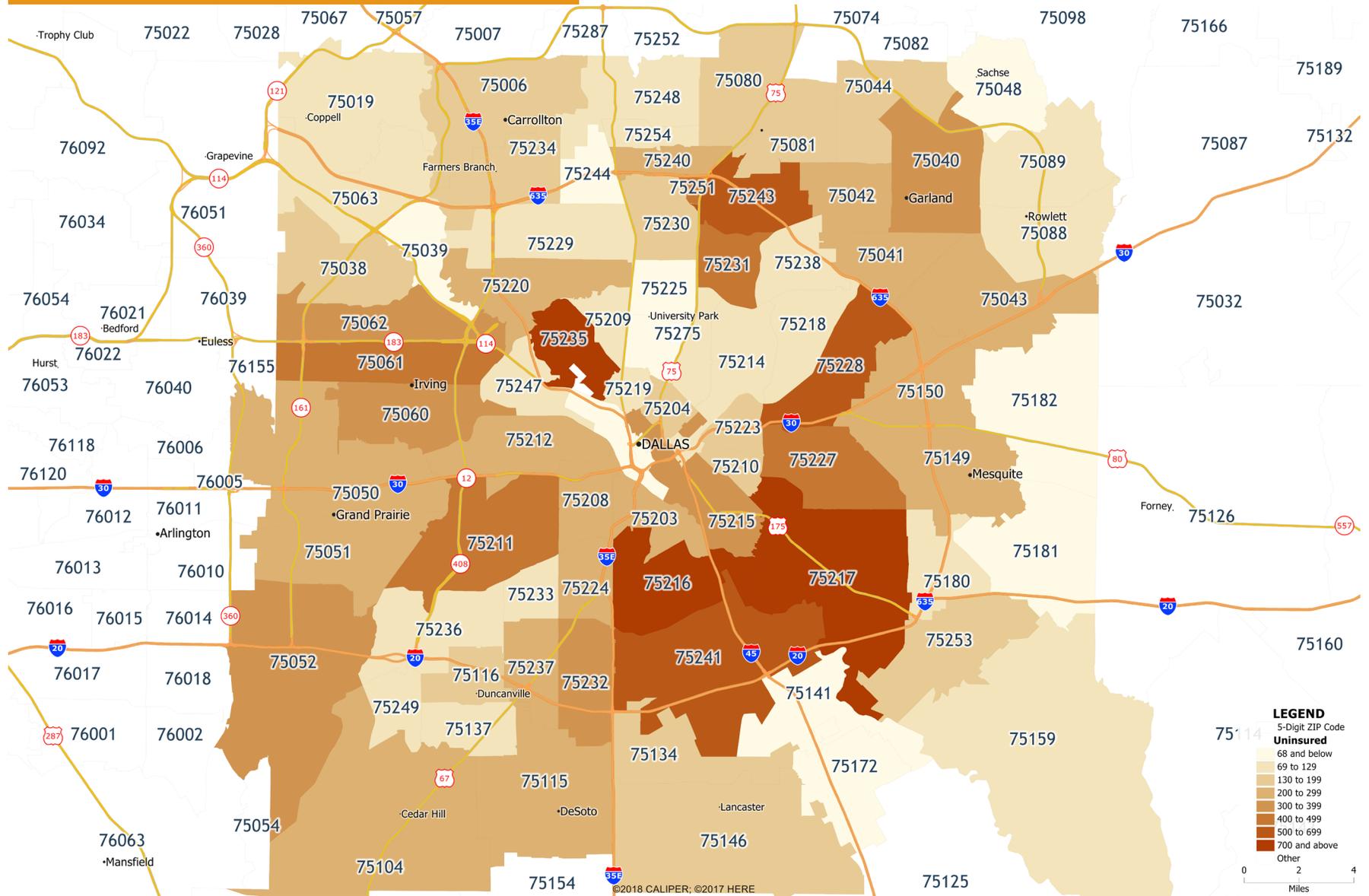


FIGURE 88. ED Discharges by Payer Type (All Ages) Parkland, 2018



DFWHC Foundation Regional Data, 2018

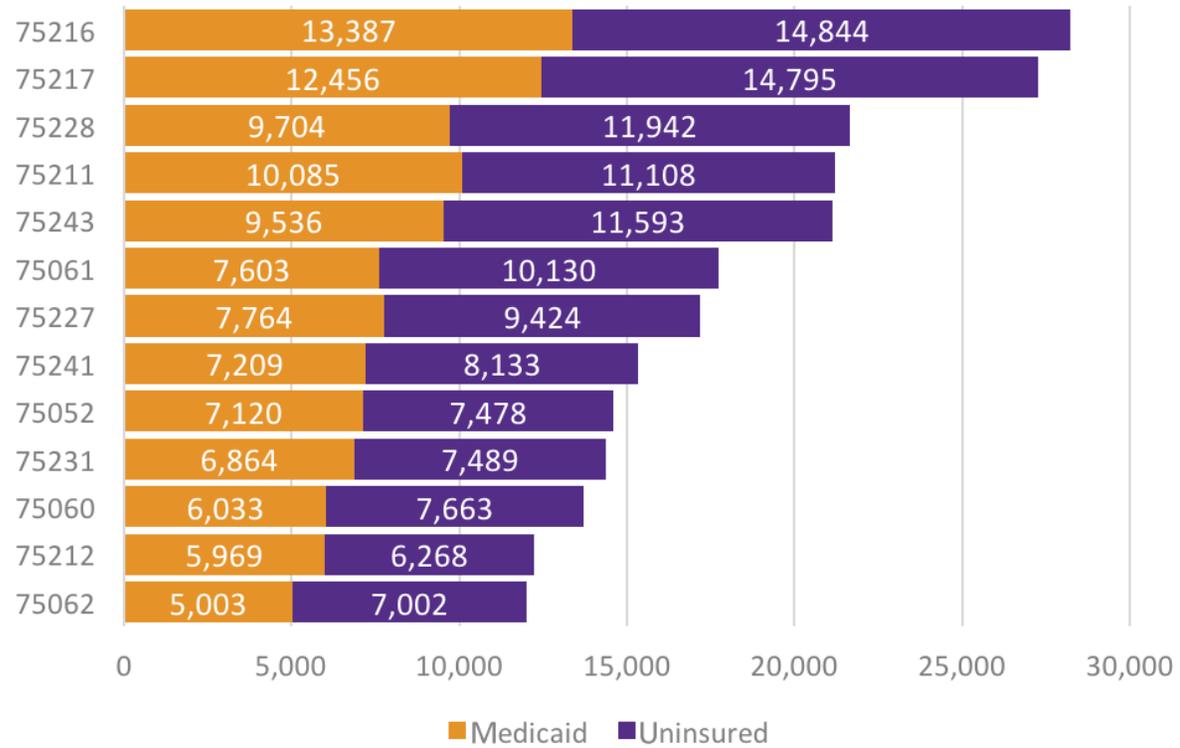
FIGURE 89. Uninsured ED Discharges by ZIP Code, Dallas County, 2018



Data Source: DFWHC Foundation Regional Data, 2018

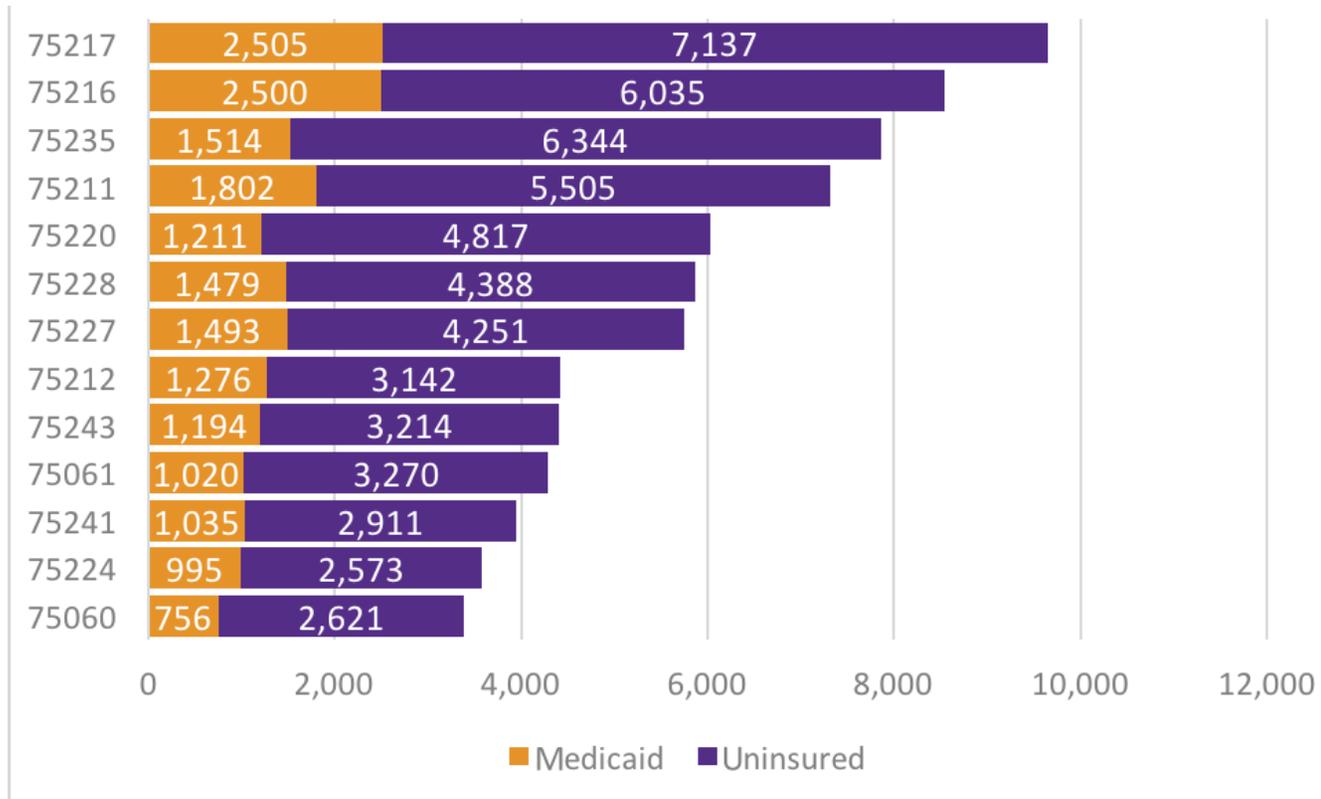
FIGURE 90. Medicaid and Uninsured ED Discharges by Top ZIP Codes, Dallas County, 2018

The ZIP codes with the highest volume of ED discharges regardless of payer type are 75217, 75216, 75235 and 75211 (see Figure 90 and Figure 91).



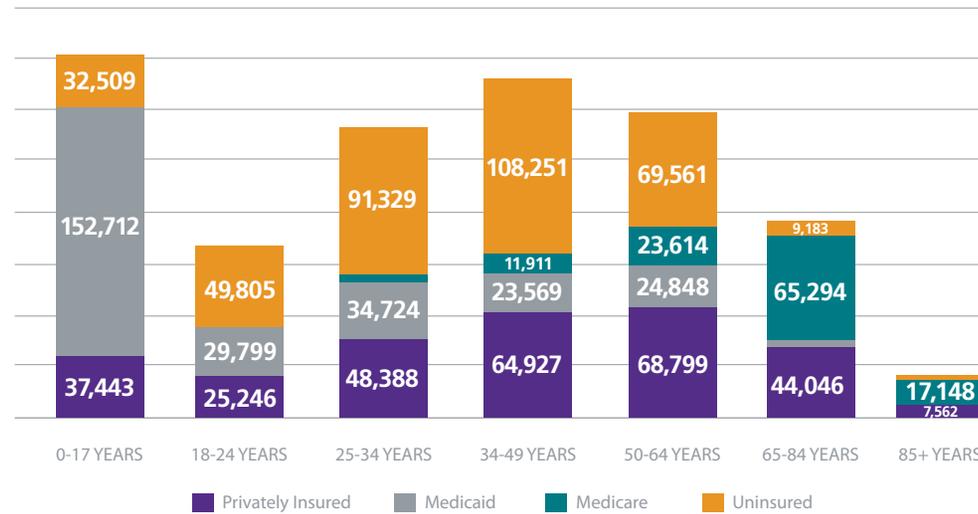
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 91. Medicaid and Uninsured ED Discharges by Top ZIP Codes, Parkland, 2018



Data Source: DFWHC Foundation Regional Data, 2018

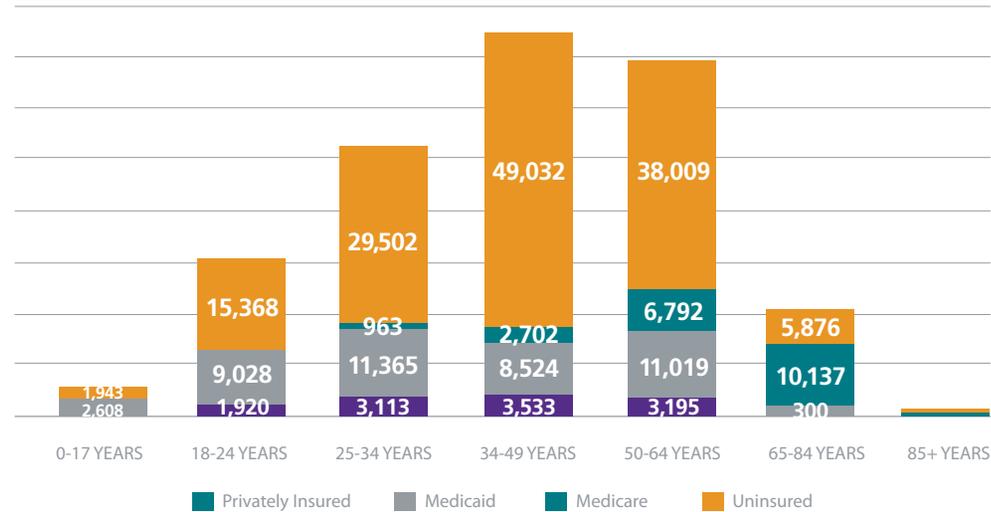
FIGURE 92. ED Discharges by Age Groups, Dallas County, 2018



Data Source: DFWHC Foundation Regional Data, 2018

Figures 92 and 93 show the distribution of ED discharges by age groups for Dallas County displaying a near-normal bell shape distribution with the exception of the 0-17 age group for the county as a whole.

FIGURE 93. ED Discharges by Age Groups, Parkland, 2018



Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 94. ED Discharges by Race, Dallas County, 2018

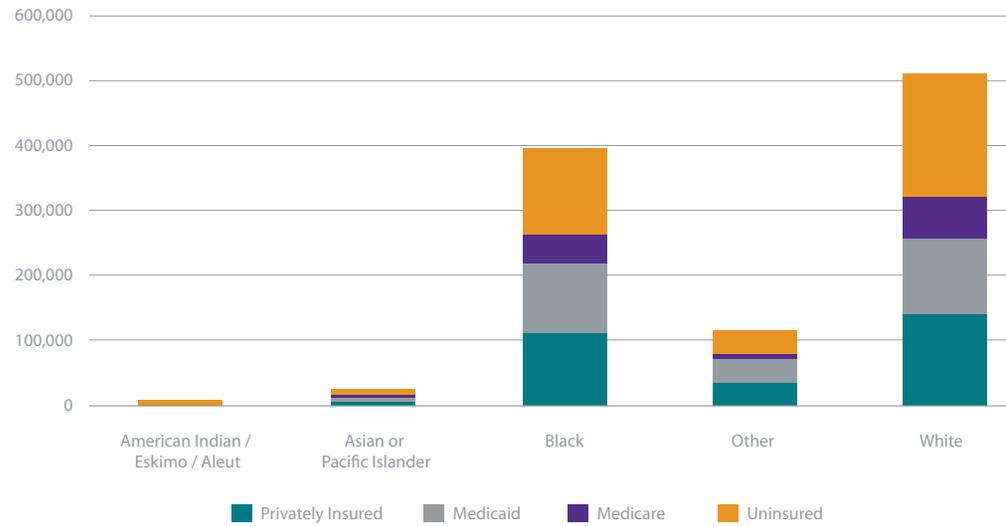
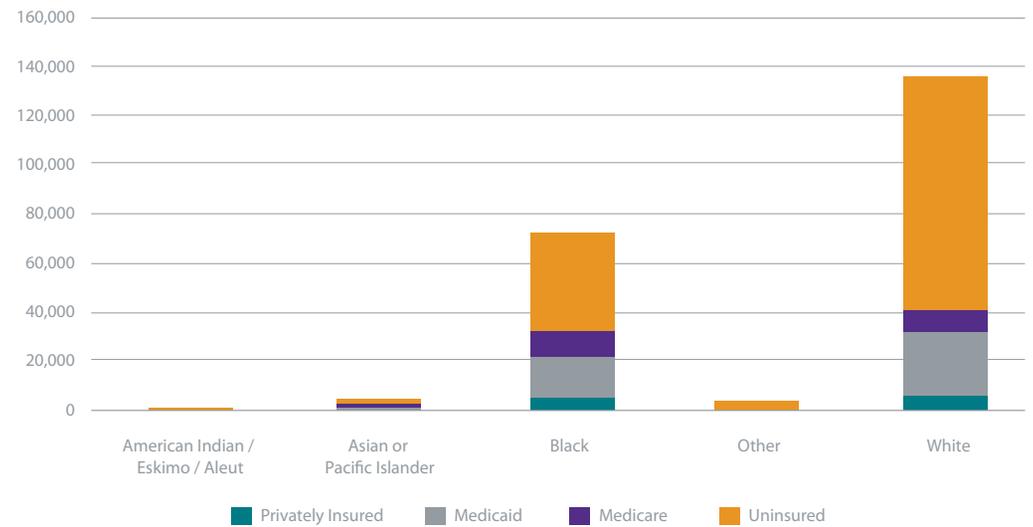
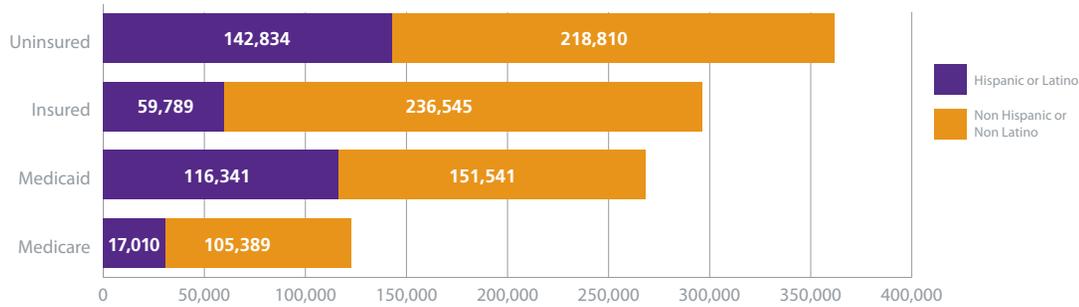


FIGURE 95. ED Discharges by Race, Parkland, 2018



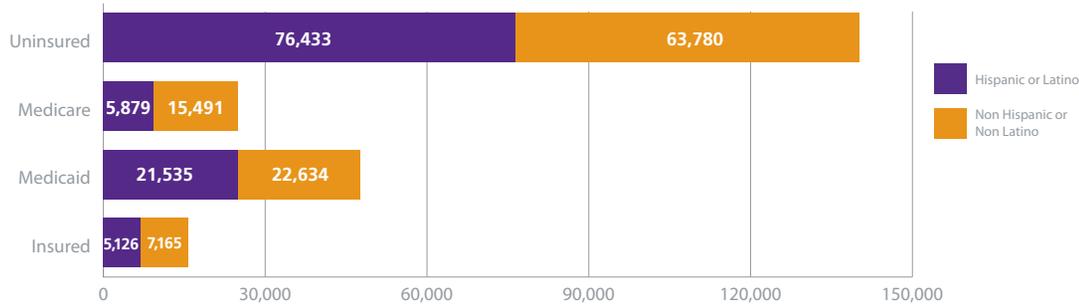
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 96. ED Discharges by Payer Group and Ethnicity, Dallas County, 2018



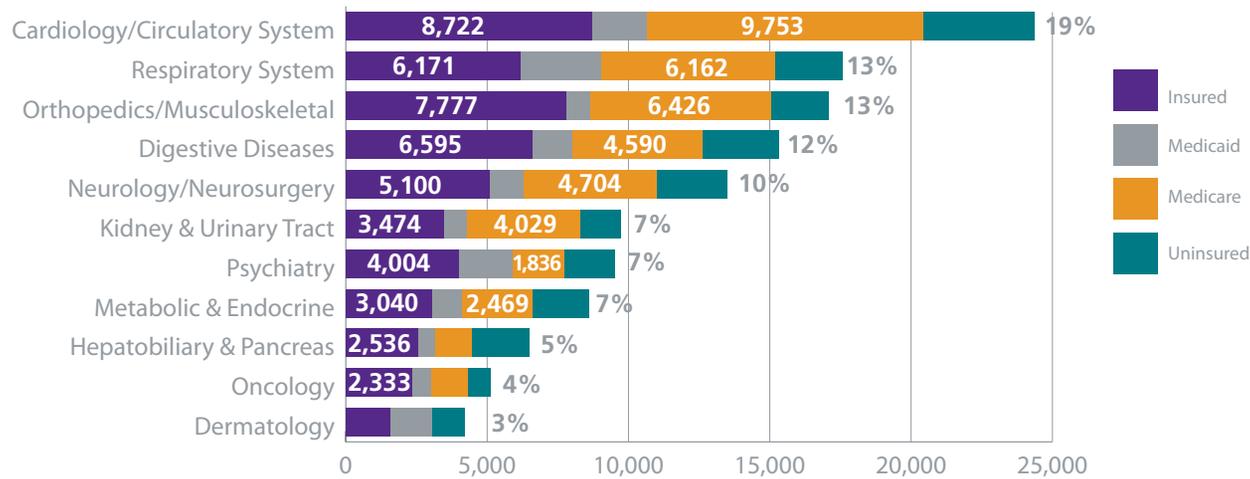
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 97. ED Discharges by Payer Group and Ethnicity, Parkland, 2018



Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 98. Inpatient Hospital Discharges Diagnoses, Dallas County, 2018 (All Ages, Includes Normal Newborn)

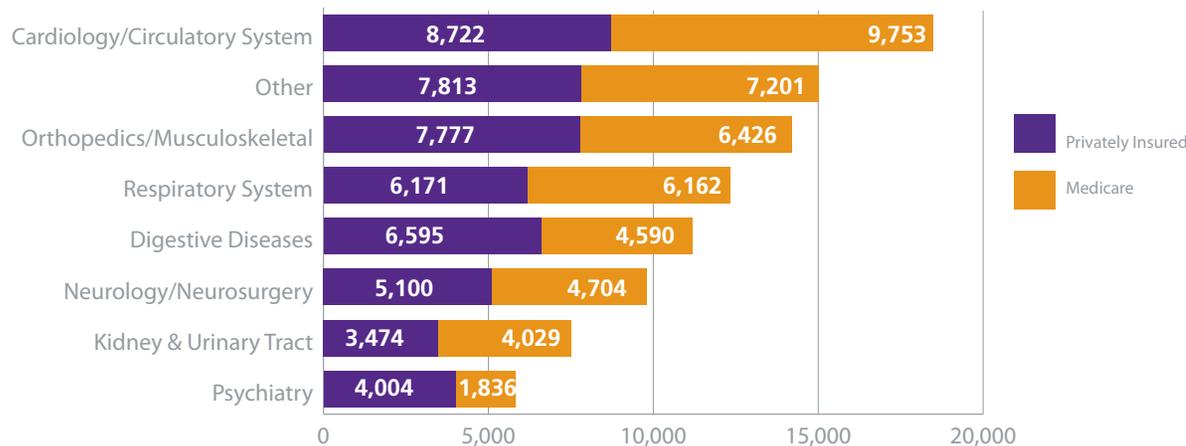


Data Source: DFWHC Foundation Regional Data, 2018

PROMINENT HOSPITAL DIAGNOSES

Hospital discharge data offers insight regarding patterns of utilization, public health, injury, morbidity and the burden of chronic disease.²⁸ For this report, inpatient and ED discharge data was analyzed based on diagnosis-related groups (DRG) to identify similarities and differences between uninsured, Medicaid, Medicare and privately insured patients across a variety of diagnoses.

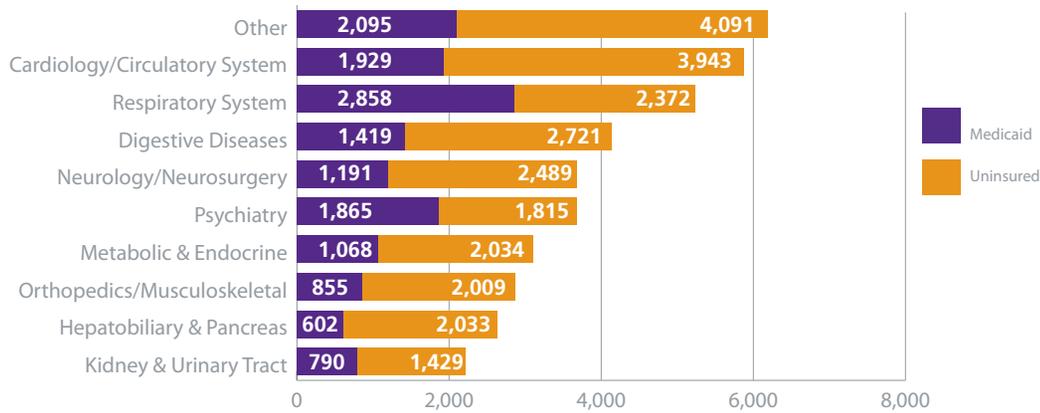
FIGURE 99. Inpatient Hospital Discharges Diagnoses, Medicare and Insured, Dallas County, 2018 (All Ages, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

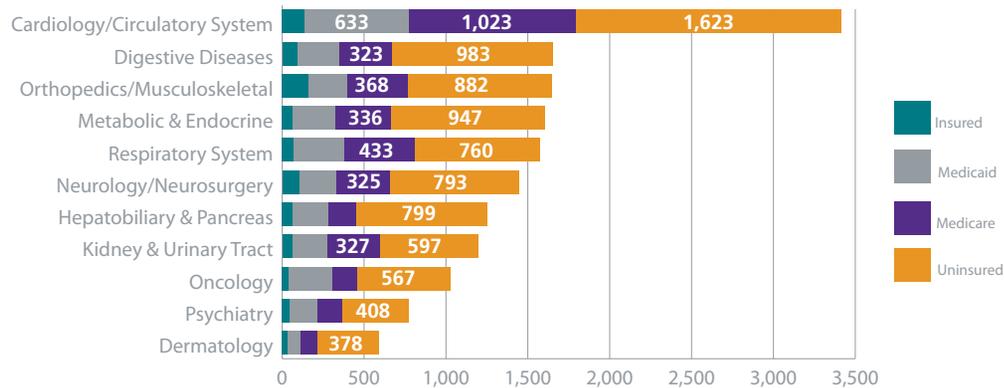
²⁸ Arizona Department of Health Services. Hospital Discharge Data. Available at: <https://www.azdhs.gov/preparedness/public-health-statistics/hospital-discharge-data/index.php>.

FIGURE 100. Inpatient Hospital Discharges Diagnoses, Medicaid and Uninsured, Dallas County, 2018 (All Ages, Includes Normal Newborns)



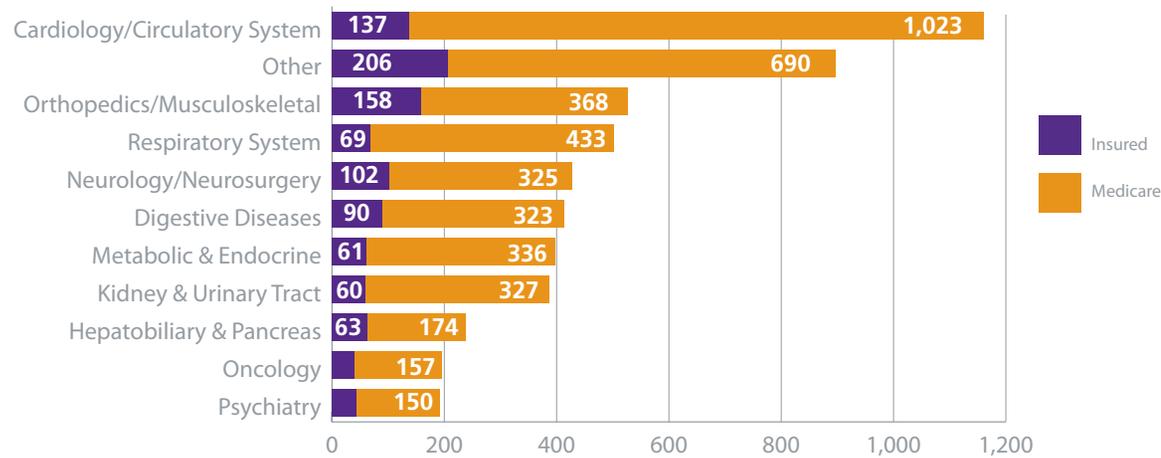
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 101. Inpatient Discharge Diagnoses, Parkland, 2018 (All Ages, Includes Normal Newborns)



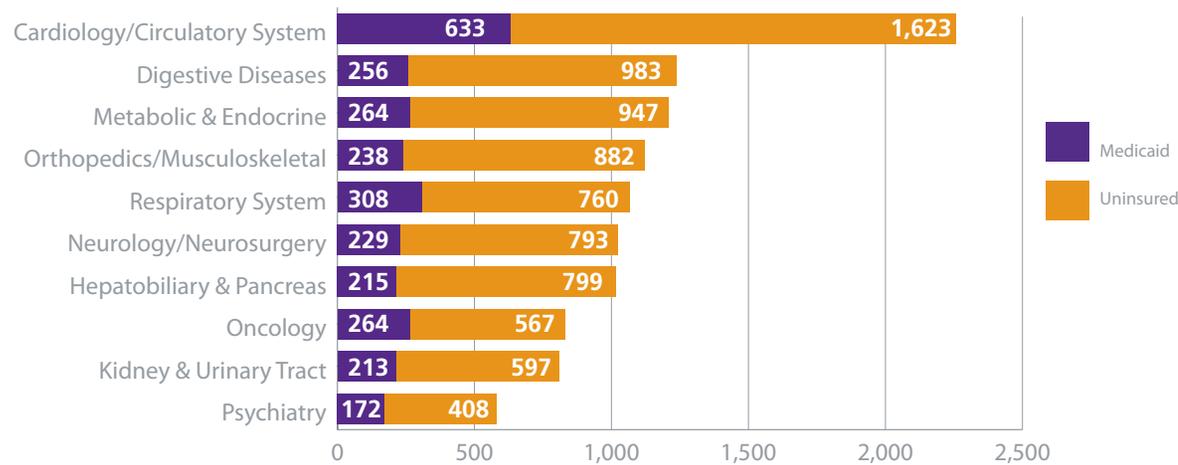
Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 102. Inpatient Diagnoses, Medicare and Insured, Parkland, 2018 (All Ages, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

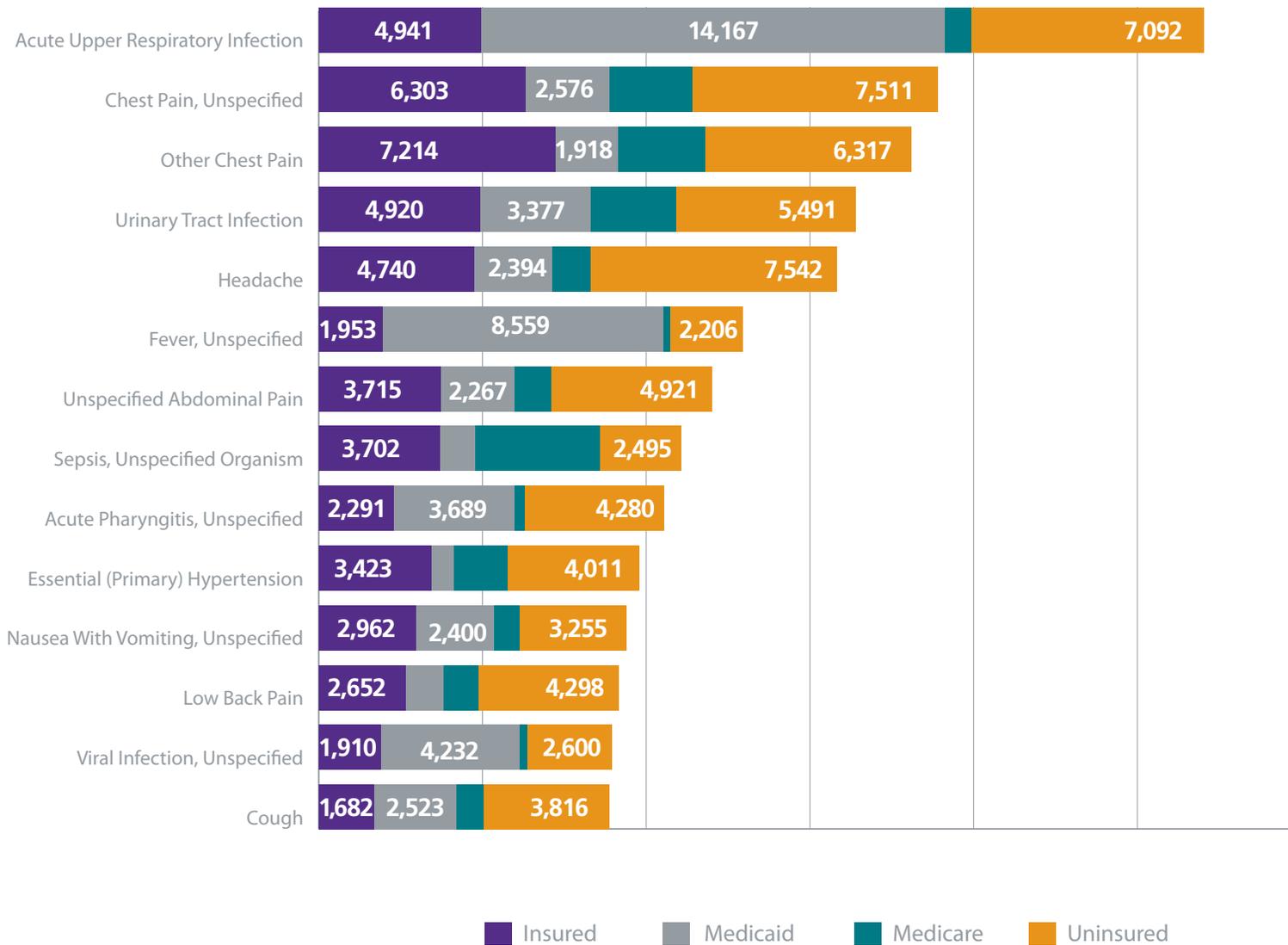
FIGURE 103. Inpatient Diagnosis, Medicaid and Uninsured, Parkland, 2018 (All Ages, Includes Normal Newborns)



Data Source: DFWHC Foundation Regional Data, 2018

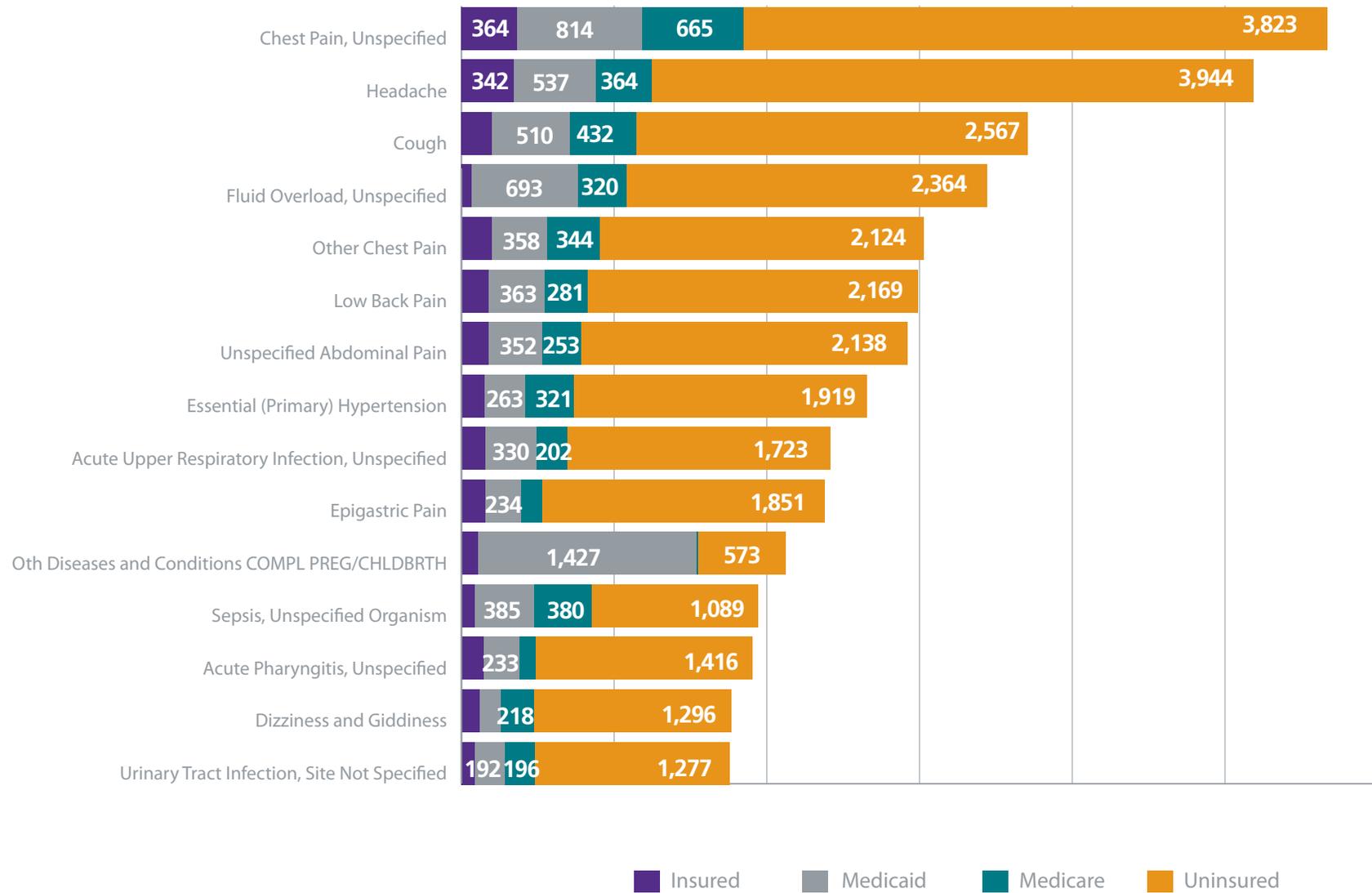
DALLAS COUNTY GENERAL HEALTH PROFILE

FIGURE 104. Dallas County ED Visits, Top Diagnosis by Payer, 2018



Data Source: DFWHC Foundation Regional Data, 2018

FIGURE 105. Parkland ED Visits, Top Diagnosis by Payer, 2018



PARKLAND UTILIZATION BY CHRONIC DIAGNOSES

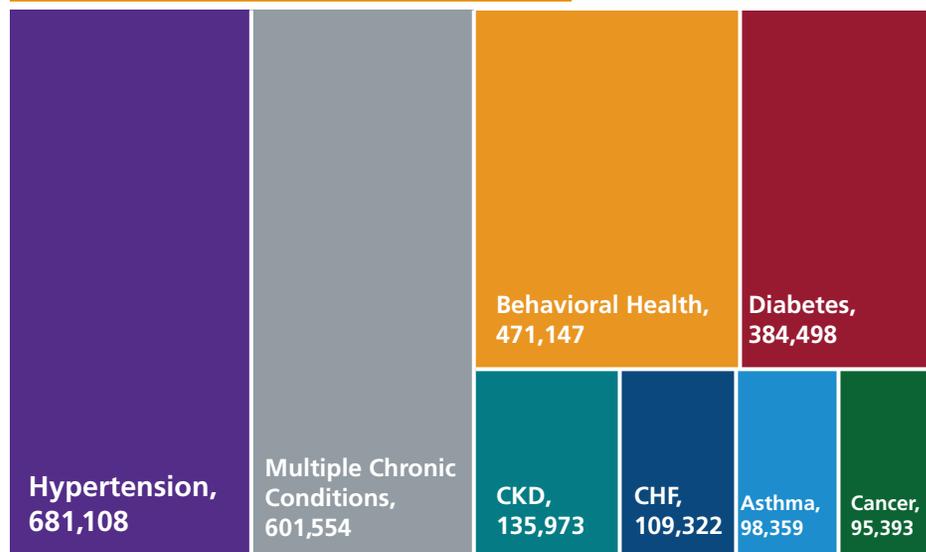
Parkland monitors the number of patients with chronic disease as a means to identify at-risk populations as well as geographic hot spots across the county. Figure 106 on the right shows the number of patients per chronic disease as well as the number of patients with multiple chronic conditions. Figure 107 indicates the number of visits incurred by patients with chronic disease.

FIGURE 106. Patient Count by Chronic Disease Type, Parkland FY18

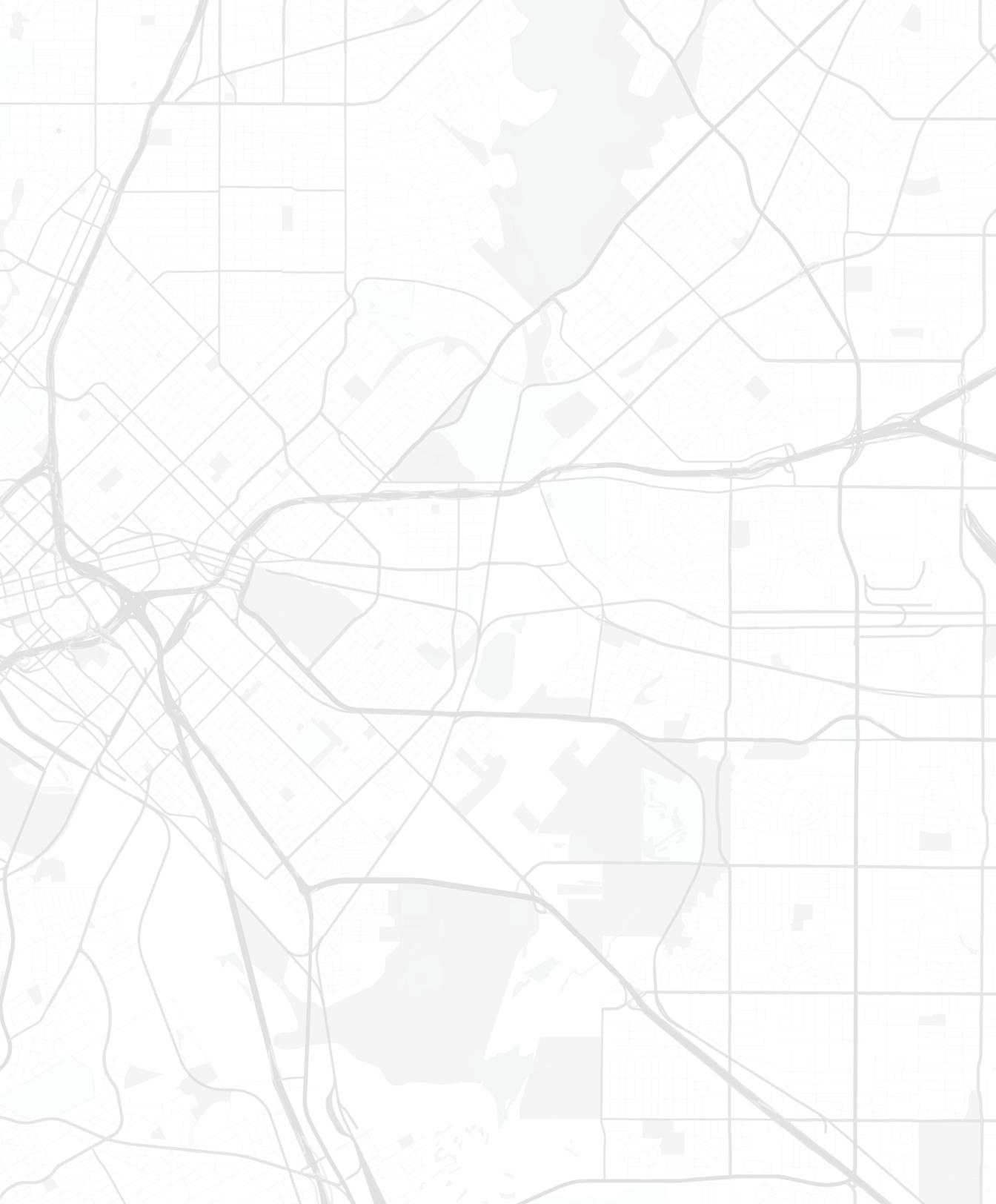


Data Source: Parkland Decision Support, Strategy & Business Development

FIGURE 107. Visits by Chronic Disease Patients, FY18

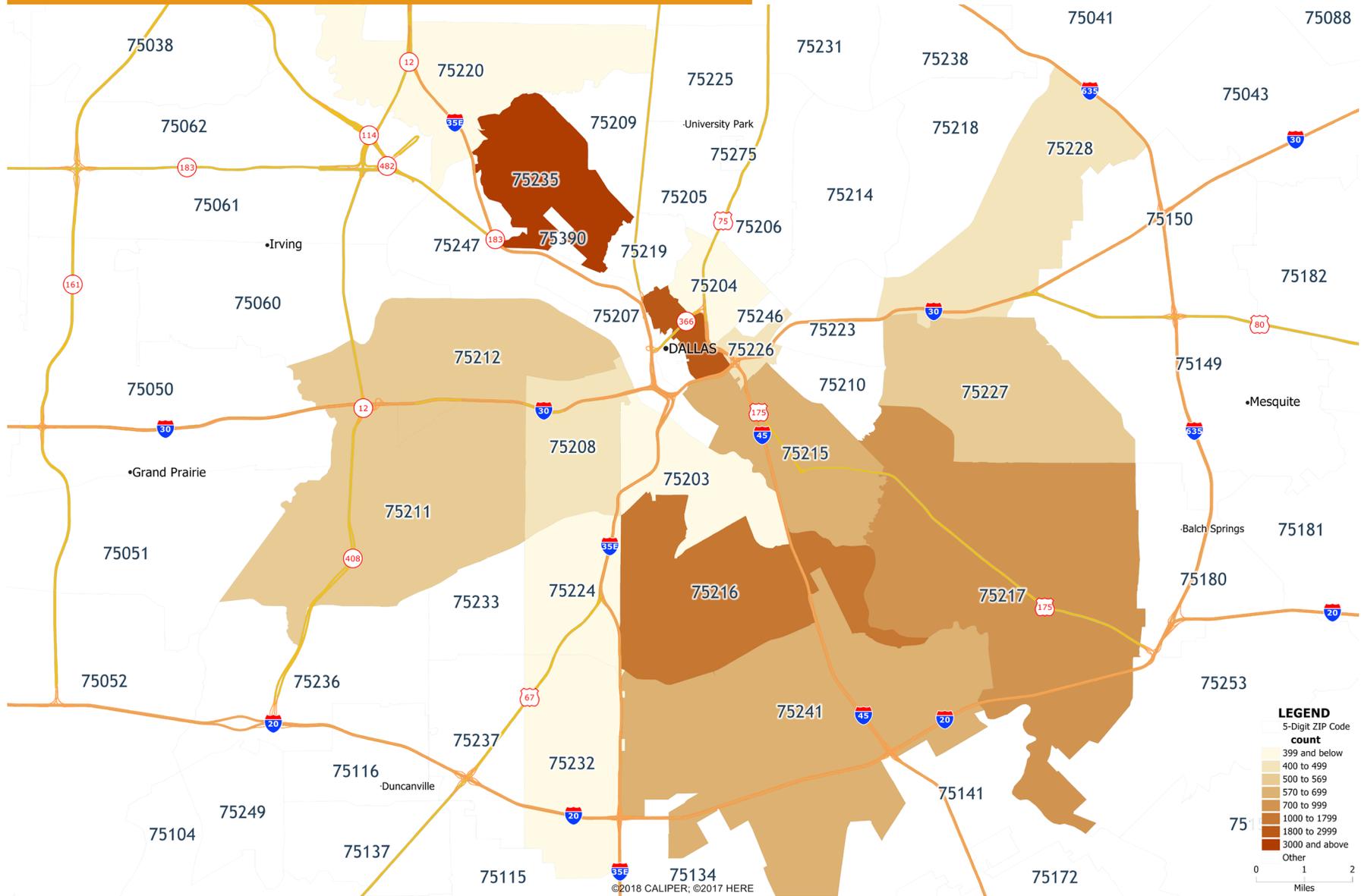


Data Source: Parkland Decision Support, Strategy & Business Development



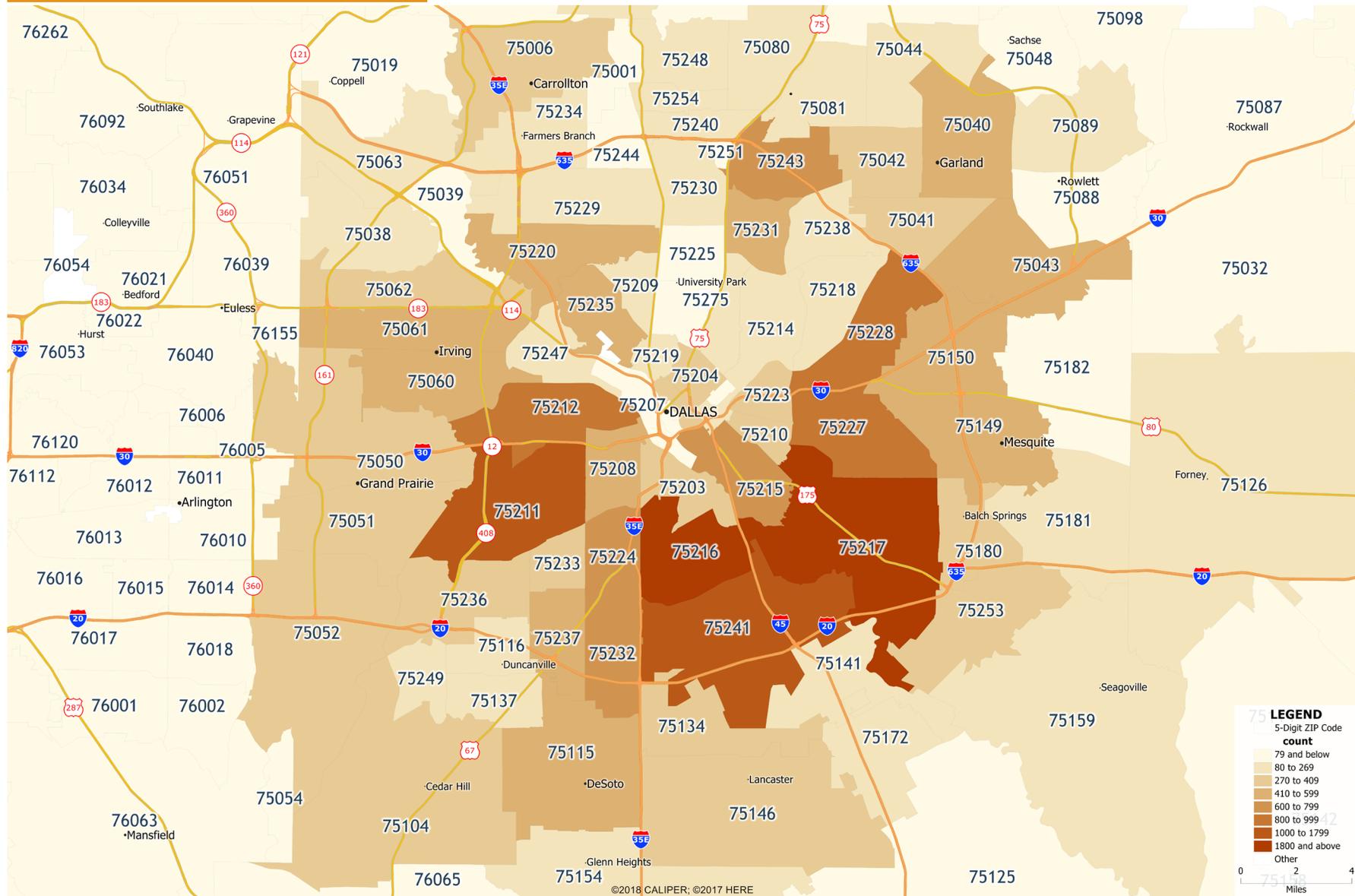
- ▶ Parkland maintains several clinical registries including those focused on chronic disease and uses this data to identify trends within the population and develop new strategies for managing those patients suffering from chronic conditions. The following maps display the county-wide distribution of Parkland patients with hypertension, behavioral health issues, diabetes, asthma, chronic kidney disease, cancer and chronic heart failure or multiple chronic diagnoses.

FIGURE 110. Parkland, Behavioral Health Psychiatric ED Registry by ZIP Code



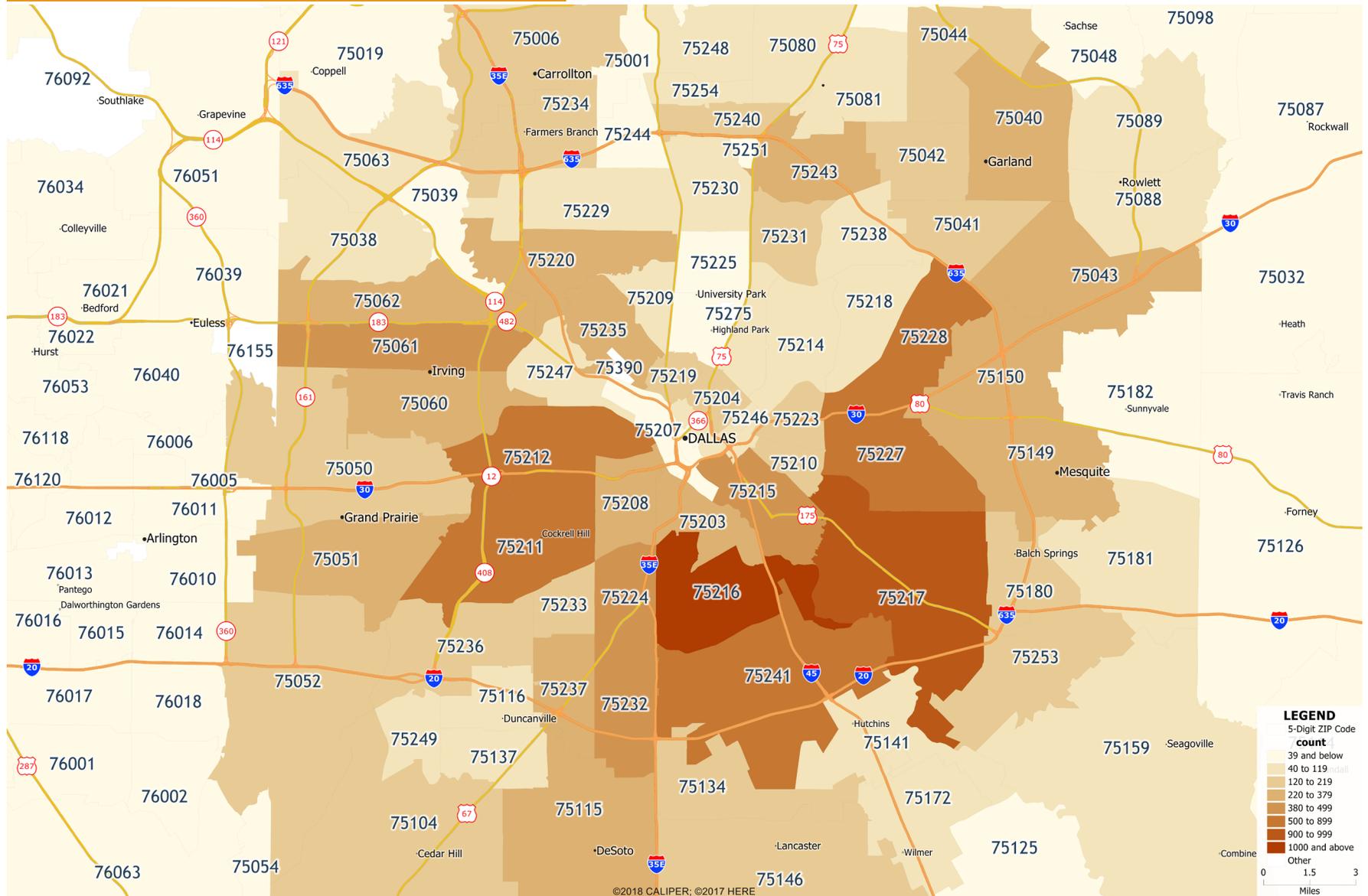
Data Source: Parkland Behavioral Health Psychiatric ED Registry

FIGURE 112. Parkland Asthma Registry by ZIP Code



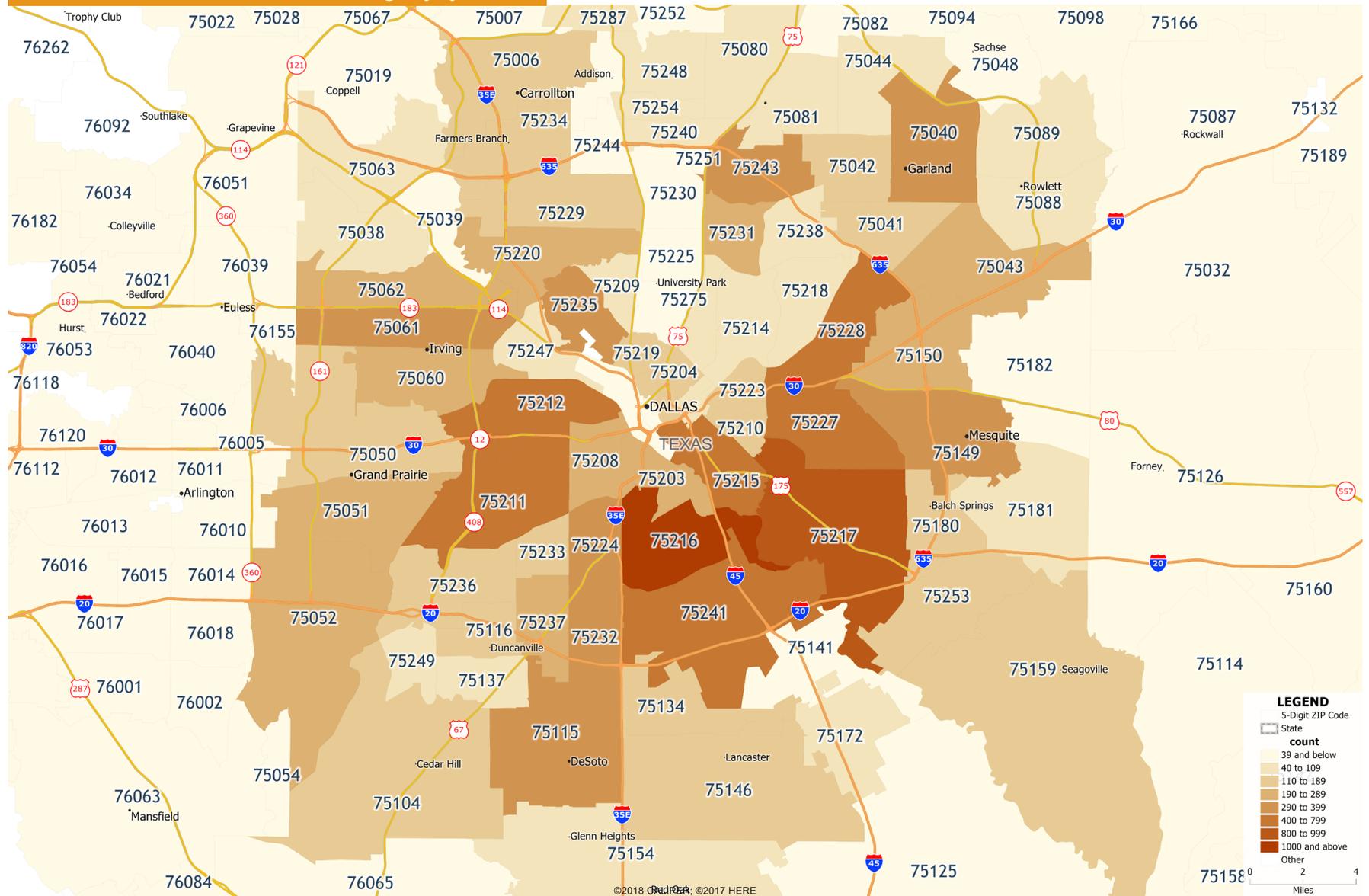
Data Source: Parkland Asthma Registry

FIGURE 113. Parkland, Chronic Kidney Disease Registry by ZIP Code



Data Source: Parkland Chronic Kidney Disease Registry

FIGURE 115. Parkland, Chronic Heart Failure Registry by ZIP Code



Data Source: Parkland Chronic Heart Failure Registry

▶ OTHER AT-RISK POPULATIONS

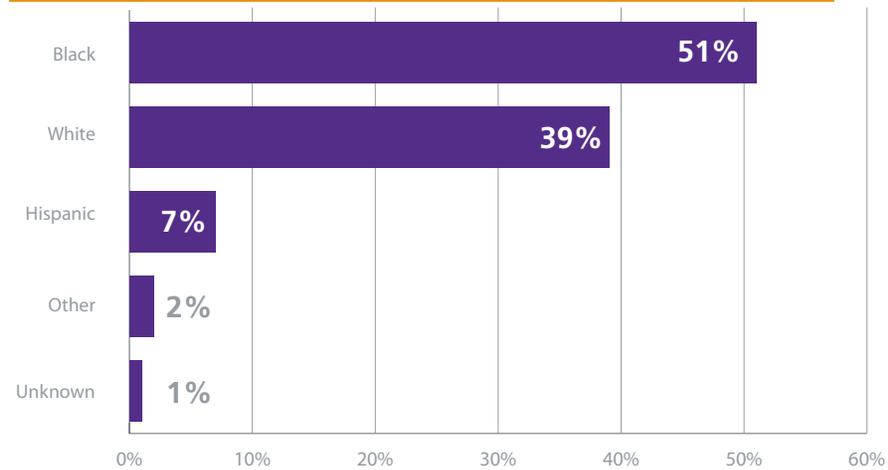
Parkland and DCHHS are committed to improving the health of populations that have traditionally been marginalized due to their environment or their lack of representation in health data collected and acted upon within the county.²⁹ Dallas County’s incarcerated population and its homeless population face social and environmental barriers to health. Both Parkland and DCHHS are striving to see that these populations do not fall through the cracks when it comes to improving the health of the county. In addition, data sources that adequately track and aid in the development of health strategies geared toward improving health within Dallas County’s Lesbian, Gay, Bisexual and Transgender (LGBTQ) community do not currently exist.

CORRECTIONAL HEALTH

In 2018, Parkland provided healthcare services to 52,098 individuals in the Dallas County Jail. Of those, 63% (n-33,186) also have a medical record with Parkland, which indicates a tendency for these patients to cycle between the health system and correctional health facilities. Those ZIP codes with the highest incarceration rates are the same ones identified in previous sections as having significant health disparities.

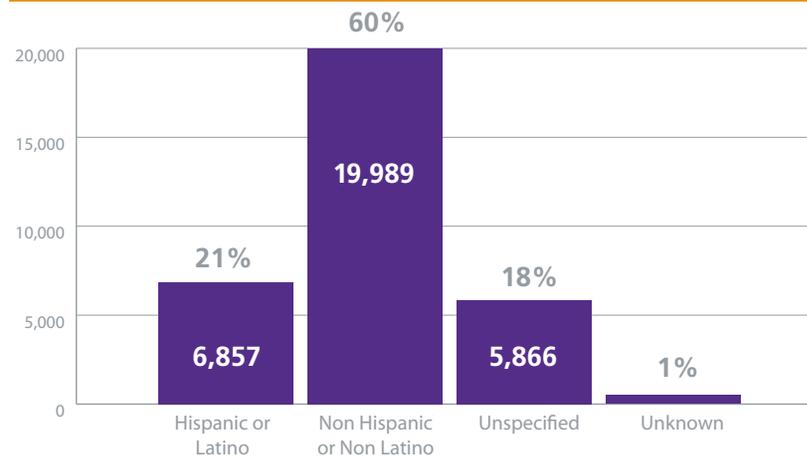
²⁹ U.S. Centers for Disease Control and Prevention. Correctional Health.

FIGURE 116. Correctional Health Demographics by Race, Dallas County, 2018



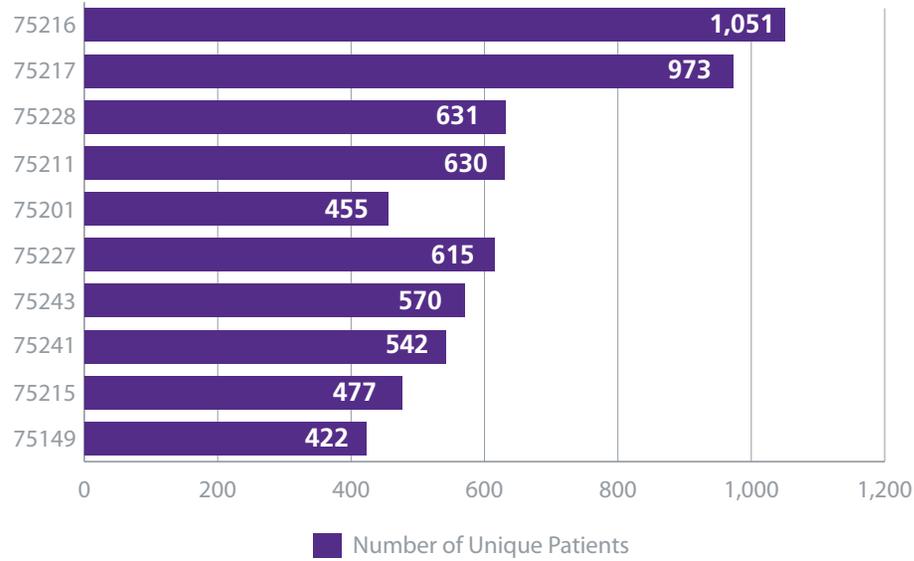
Data Source: Clarity Data prepared by PCCI

FIGURE 117. Correctional Health Demographics by Ethnicity, Dallas County, 2018



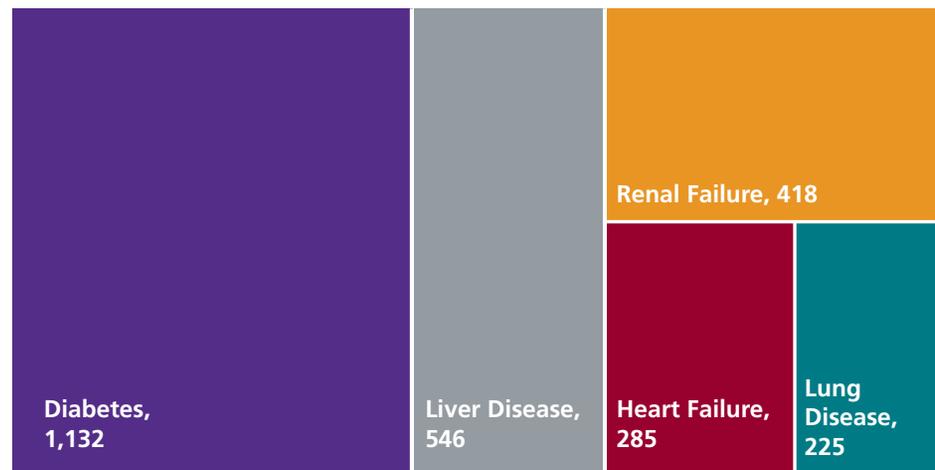
Data Source: Clarity Data prepared by PCCI

FIGURE 118. Correctional Health Cases per ZIP Code, Dallas County, 2018



Data Source: Clarity Data prepared by PCCI

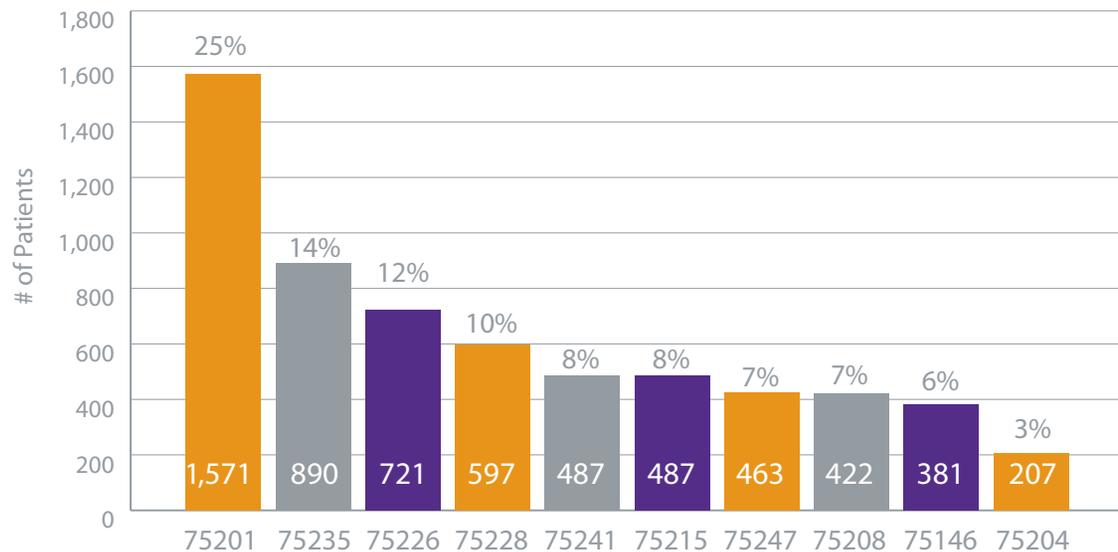
FIGURE 119. Correctional Health Cases per Top Chronic Conditions, Dallas County, 2018



HOMELESS HEALTH

Parkland’s Homeless Outreach Medical Services (HOMES) program serves homeless individuals of all ages in Dallas County. It is the only program of its kind in Dallas County that seeks to improve access to healthcare for individuals experiencing homelessness. The program provides services at over 25 locations through two fixed sites, four mobile medical units, and one mobile dental unit. Locations include homeless shelters, domestic violence shelters, housing programs, drug treatment programs, day programs and social service centers. HOMES is a Health Care for the Homeless Federally Qualified Health Center under the Health Resources and Services Administration (HRSA).

FIGURE 121. HOMES Top 10 ZIP Codes 2018



Data Source: 2018 HRSA HOMES UDS Reporting Submission

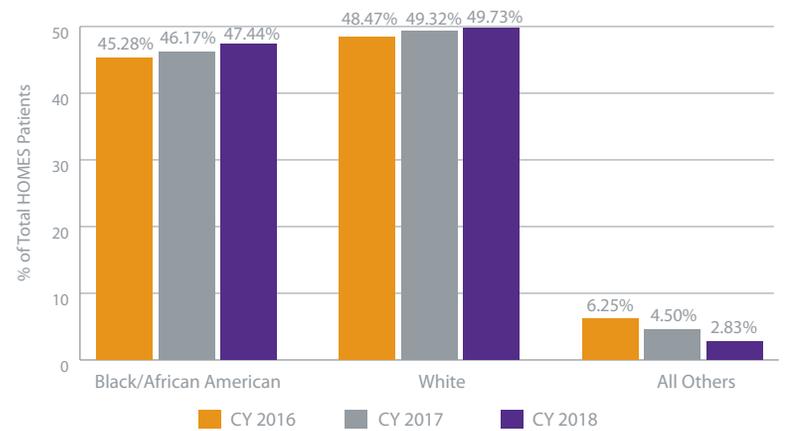
Population Demographics

Figure 118 below shows that 10 ZIP codes make up 71% of the overall HOMES population served; the remaining 29% of the HOMES population is distributed among 47 ZIP codes.

DALLAS COUNTY GENERAL HEALTH PROFILE

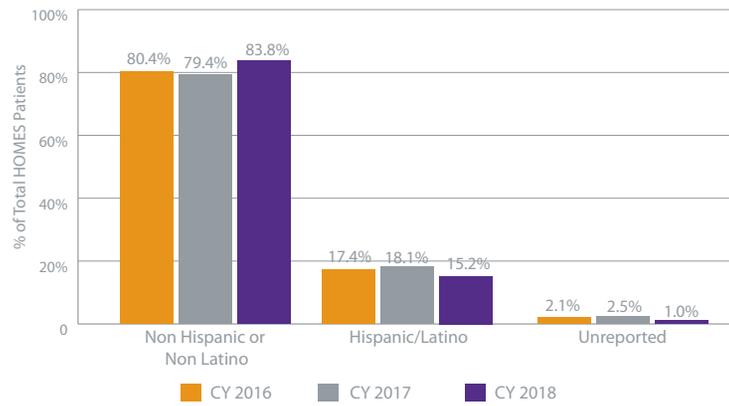
The demographics of HOMES patients has remained consistent from 2016 to 2018. The HOMES patient is generally non-Hispanic, white or African American between the ages of 18 to 44 years. They are 100% below the Federal Poverty Level and are treated in a homeless shelter. HOMES has seen an increase in homeless veterans annually since 2016. While the number of patients with hypertension and diabetes has remained constant, there has been an increase in patients who are overweight or obese, have abnormal cervical cancer screenings and suffer from depression.

FIGURE 122. HOMES Population by Race, 2016 - 2018



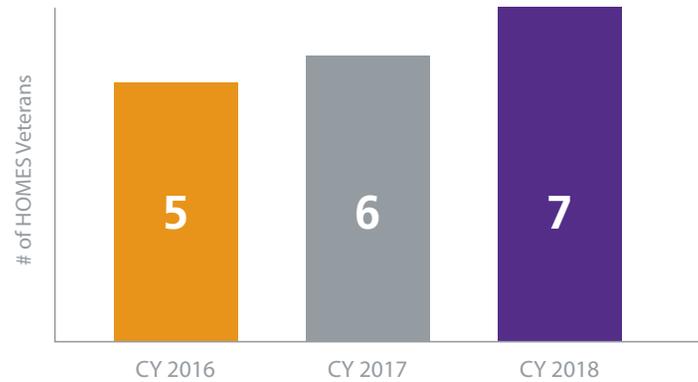
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 123. HOMES Patient Population by Ethnicity, 2016 - 2018



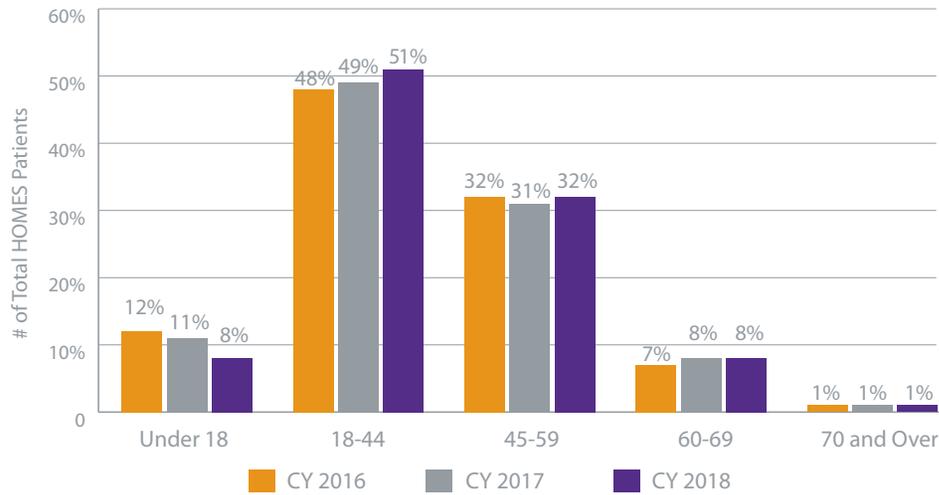
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 124. HOMES Veterans Patients, 2016 - 2018



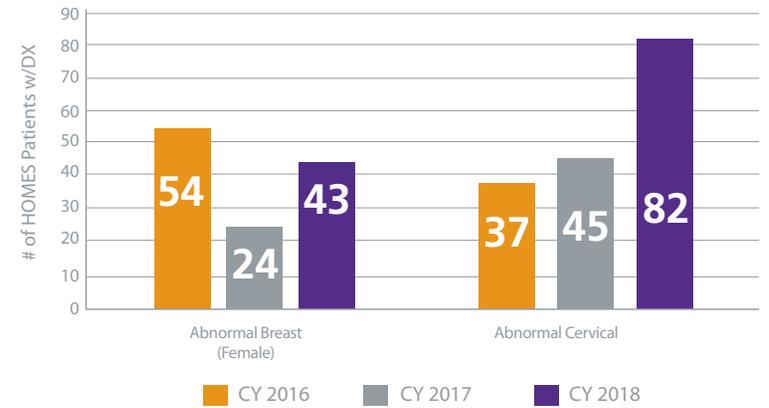
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 125. HOMES Patients by Age Group, 2016 - 2018



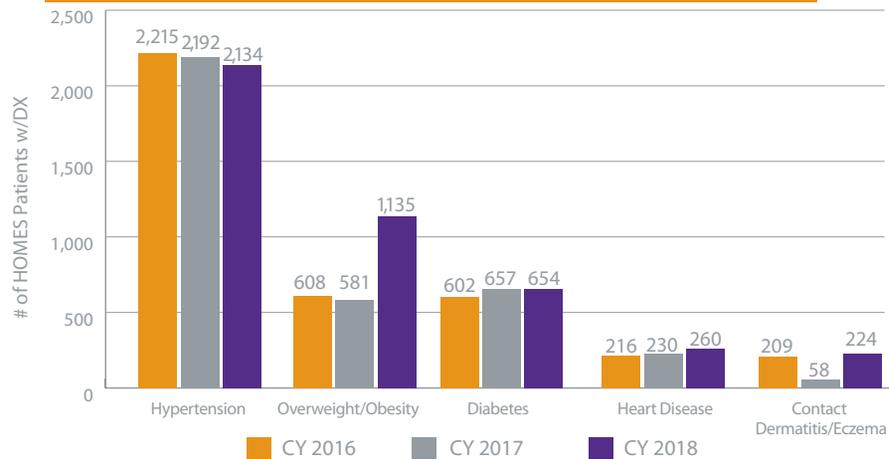
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 127. HOMES Other Selected Medical Condition Diagnoses, 2016 – 2018



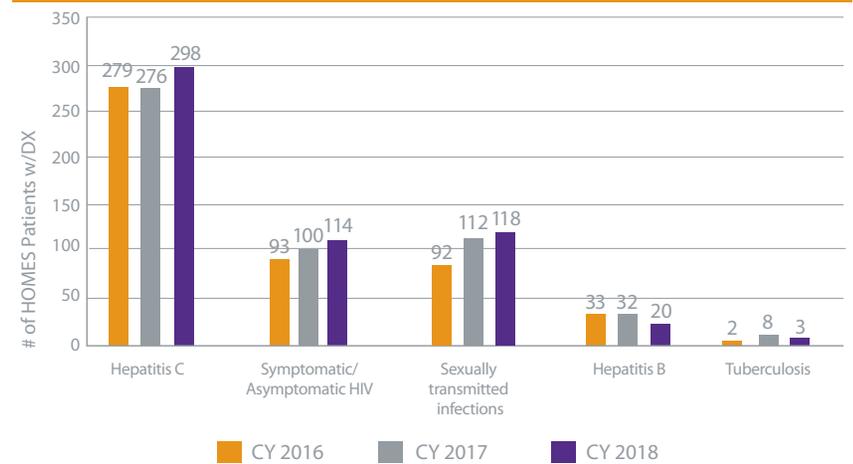
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 126. HOMES Selected Medical Condition Diagnoses, 2016 – 2018



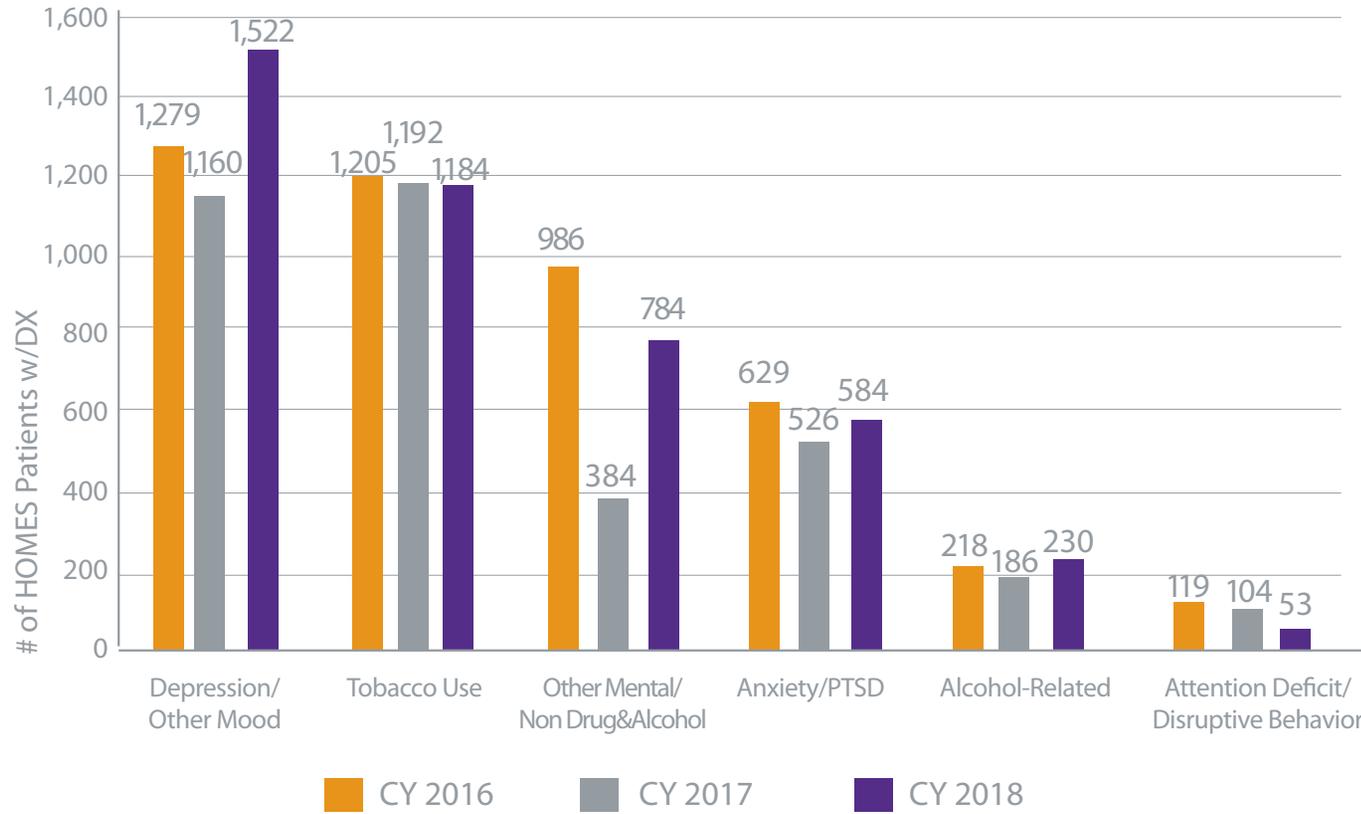
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 128. Selected Infection and Parasitic Disease Diagnoses, 2016 – 2018



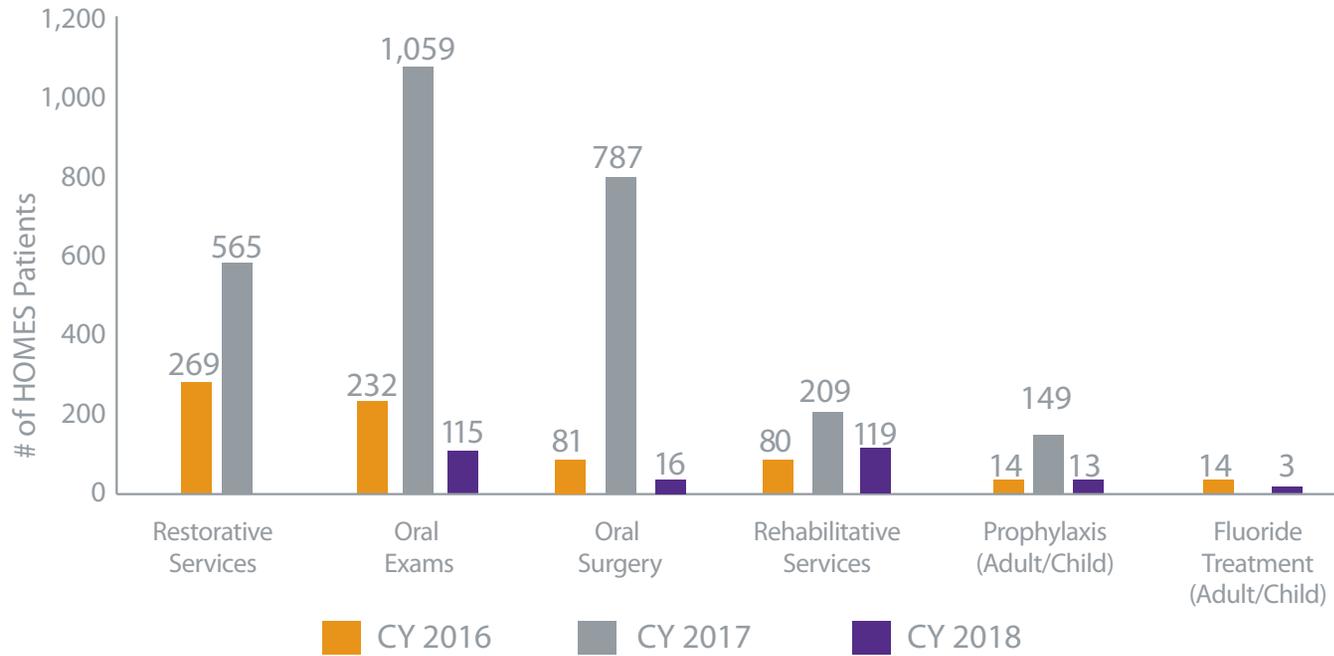
Data Source: HOMES Annual HRSA UDS Submissions

FIGURE 129. HOMES Mental Health Conditions and Substance Use Disorders, 2016 – 2018



Source: HOMES Annual HRSA UDS Submissions

FIGURE 130. HOMES Dental Services, 2016 – 2018



Source: HOMES Annual HRSA UDS Submissions

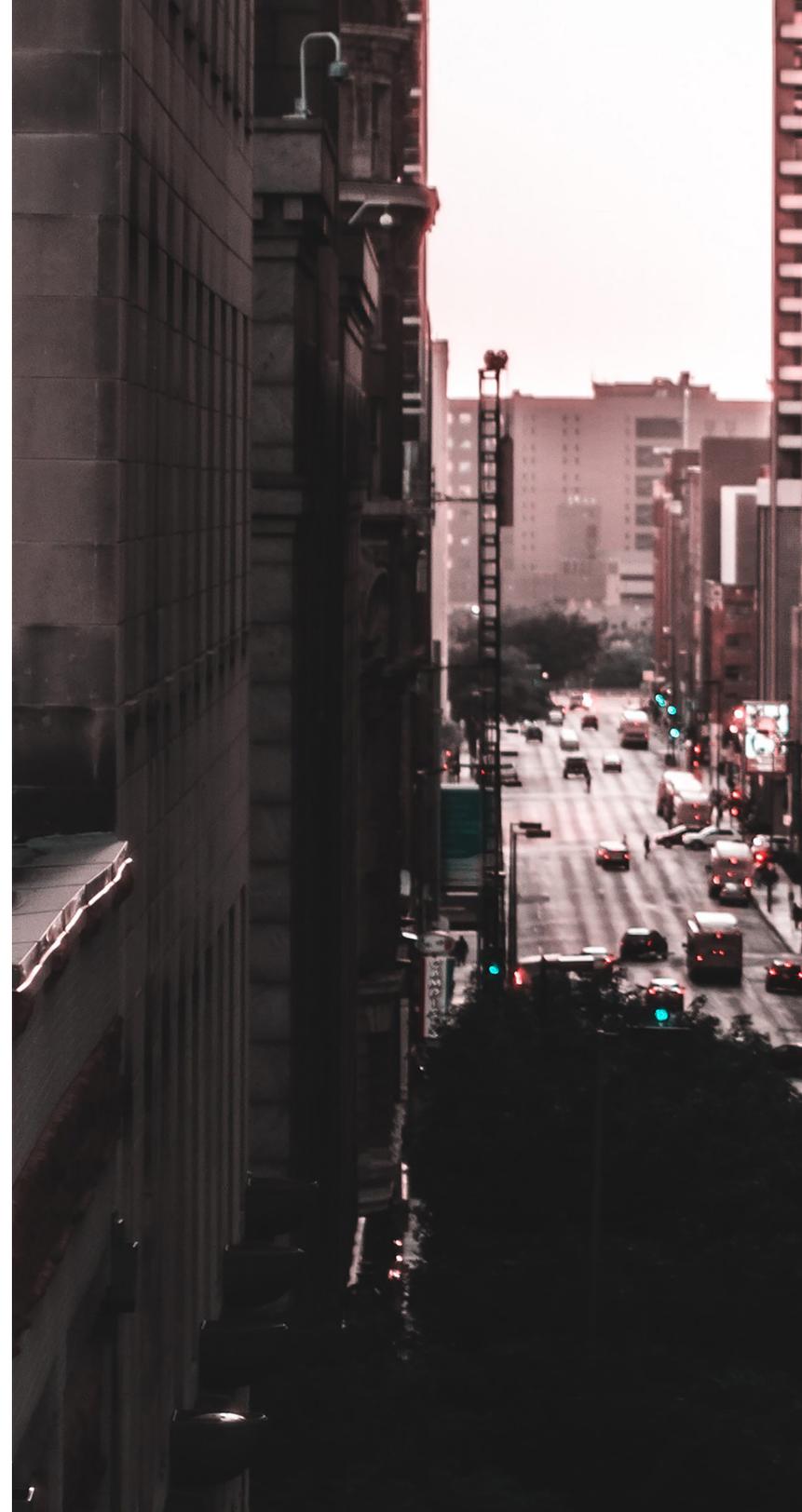
LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGTBQ) HEALTH

Studies indicate that members of the LGBTQ community experience health disparities in terms of physical and mental health.³⁰ The LGBTQ population also bears a higher risk for homelessness. According to a national survey, young adults, ages 18 to 25 who identified as LGBTQ experienced homelessness within the last 12 months at over twice the rate of their heterosexual peers who identified as their birth gender (“cisgender”). Young people who identified as LGBTQ made up about 20% of those young adults who reported homelessness. In larger urban communities, the proportions of youth experiencing homelessness who identified as LGBTQ were higher than for smaller more rural communities and reached up to 40% of homeless youth in one county’s youth count. Given that many young people may be reluctant to disclose their sexual orientation or gender identity in a survey, these statistics should be viewed as conservative estimates, especially in households and communities where there is less acceptance of LGBTQ individuals.³¹

HealthyPeople 2020 has highlighted the need to document, understand and address the environmental factors that contribute to the health disparities in the LGBTQ populations and recommends improving the collection of health-related data pertaining to sexual orientation and gender identity (SOGI).

³⁰ Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*. 2017;9(4):e1184. Published 2017 Apr 20. doi:10.7759/cureus.1184

³¹ Source: Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R. & Farrell, A. F. (2018). Prevalence and correlation of youth homelessness in the United States. *Journal of Adolescent Health*, 62(1), 14-21

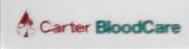




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COMMUNITY INPUT

Community and frontline health provider input is essential for understanding the barriers to better health experienced by the residents of Dallas County as well as the opportunities to address them. As explained previously in this assessment, dozens of focus groups were conducted with participants from 49 groups representing patients, community-based organizations and healthcare professionals from various functions within the industry. Participants offered insights on a range of issues such as barriers to care, social determinants of health and which community institutions are best positioned to guide health improvement efforts in the county.

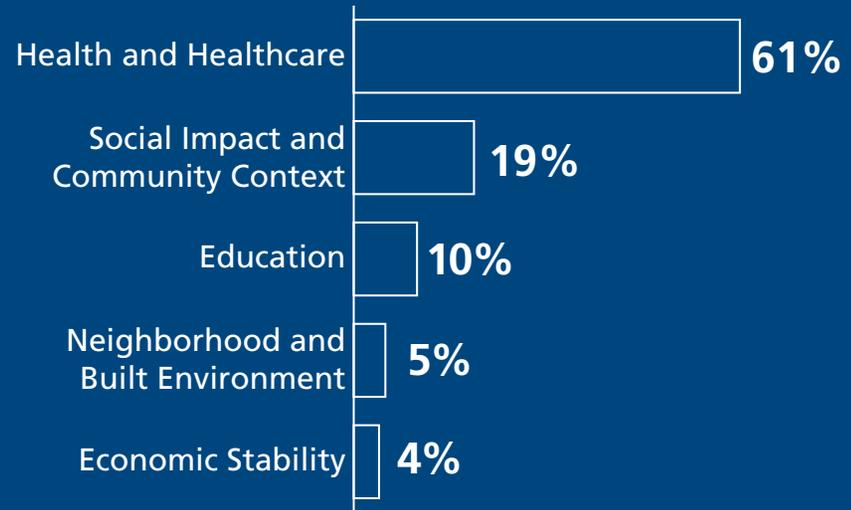
► COMMUNITY HEALTH INTEGRATION

A number of participants recognized the need for leadership and better coordination among organizations and services in order to address the increasingly complex issues affecting the health and well-being of Dallas County residents. While it was acknowledged that improving the health of the county and eliminating disparities will require a community-wide effort beyond what the health provider entities can achieve on their own, several participants expressed the opinion that the county health agencies (Parkland and DCHHS) are best positioned to organize such efforts. 14% of the respondents offered responses that identified Parkland as an anchor organization in the community. A number of participants urged Parkland, in particular, to help support and enable the efforts of other allied organizations within the community who serve a population common to the health system.

► BARRIERS TO BETTER CARE

Focus group participants identified several barriers that prevent the patient population most commonly served by Parkland and DCHHS from improving their health status. The team developing the CHNA collected this feedback and, as described in the methodology section of this assessment, coded responses based on the CDC's HealthyPeople 2020 Social Determinants of Health (SDOH) Framework. Once the data from the focus group responses was analyzed and coded, the SDOH were ranked by number of participant references to each topic (see Figure 131).

FIGURE 131. Breakdown by HealthyPeople 2020 Domains



The graphic above shows that after categorizing all focus group responses (N=820) by SDOH according to the HealthyPeople 2020 framework, the top three SDOH that participants perceived as having the most influence over the health of the community are: Health and Healthcare (61%), Social Impact and Community Context (19%) and Education (10%).



SDOHS BY HEALTHY PEOPLE 2020 CATEGORY

HEALTH AND HEALTHCARE

The HealthyPeople 2020 category which received the most focus group participant responses was Health and Healthcare.

Of the responses that fall within the Health and Healthcare domain, Access to Care was the most prominent. Factors categorized under Access to Care create situations in which it is difficult physically, financially or in terms of navigating a complicated healthcare system, for patients to access care through available resources. It also includes health literacy which, apart from being a factor that impacts an individual's ability to navigate the healthcare landscape, impacts one's ability to understand and manage chronic disease.

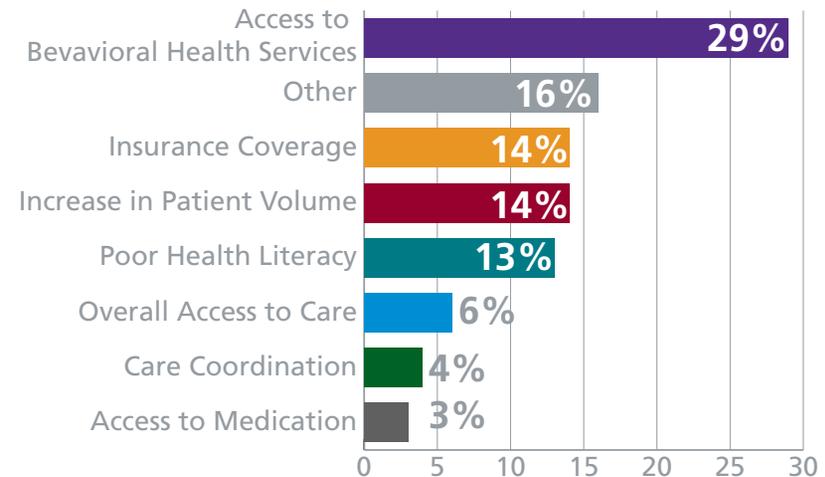
Responses within the Access to Care category include the following:

- Lack of insurance coverage
- Poor Health Literacy
- Other
- Increase in Patient Volumes
- Access to Medication
- Access to behavioral Health Services
- Care Coordination

“Health literacy is a major barrier.

A patient might bring in a bag with meds and have no idea what they take them for. Sometimes we find they have different meds for the same thing.”

FIGURE 132. Breakdown of Health and Healthcare Domain



Source: HOMES Annual HRSA UDS Submissions

“Along with our mental health patients we’re also seeing two distinct groups – geriatric and adolescent. With both groups they may end up in the Psych ED for four days because there’s no place for them to go in the community.”

SOCIAL IMPACT & COMMUNITY CONTEXT

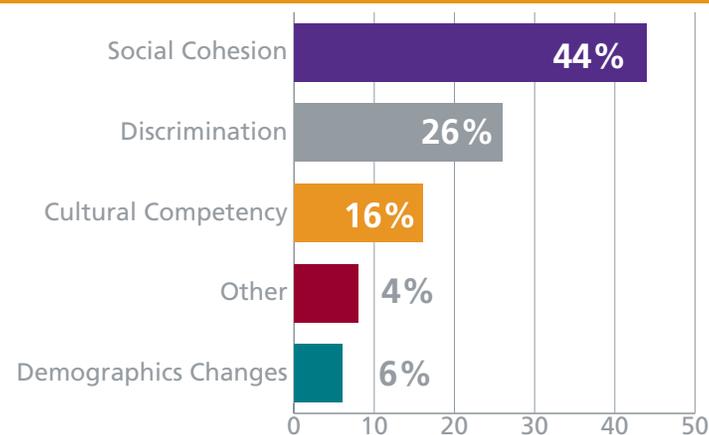
The category with the second highest number of responses was Social Impact and Community Context. The factors within the Social Impact & Community Context category include responses that deal with social cohesion (the willingness of members of a society to cooperate with each other in order to prosper), discrimination (real, perceived and/or anticipated) and cultural competency. Responses within this category reflected a level of fear and /or anxiety on the part of patients when dealing with the healthcare industry and health providers (ranging from fear of being unnecessarily charged to not being treated well by staff to “not wanting to know” if they have health issues). In addition, a level of fear and/or anxiety was expressed by frontline healthcare providers who have experienced, witnessed or been made aware of increased patient on staff violence over the past two years.

Responses within the Social Impact & Community Context domain included the following:

- Social cohesion
- Discrimination
- Cultural Competency
- Other

“Patients have a fear of going to doctors and a distrust of the system. They may feel that ‘they don’t want to know’ health issues.”

FIGURE 133. Breakdown of Social Impact & Community Context Domain



Source: HOMES Annual HRSA UDS Submissions

“Patients are afraid the employer won’t fill out the paperwork (to access financial assistance).”

COMMUNITY INPUT

EDUCATION

The category with the third largest number of responses was Education. While health literacy was discussed often over the course of our focus groups, a number of participants raised the issue of reading literacy and the challenges patients have when they are unable to read treatment plans and prescriptions. These responses were closely correlated with health literacy and discussion tended to drift between reading literacy and health literacy.

NEIGHBORHOOD AND BUILT ENVIRONMENT

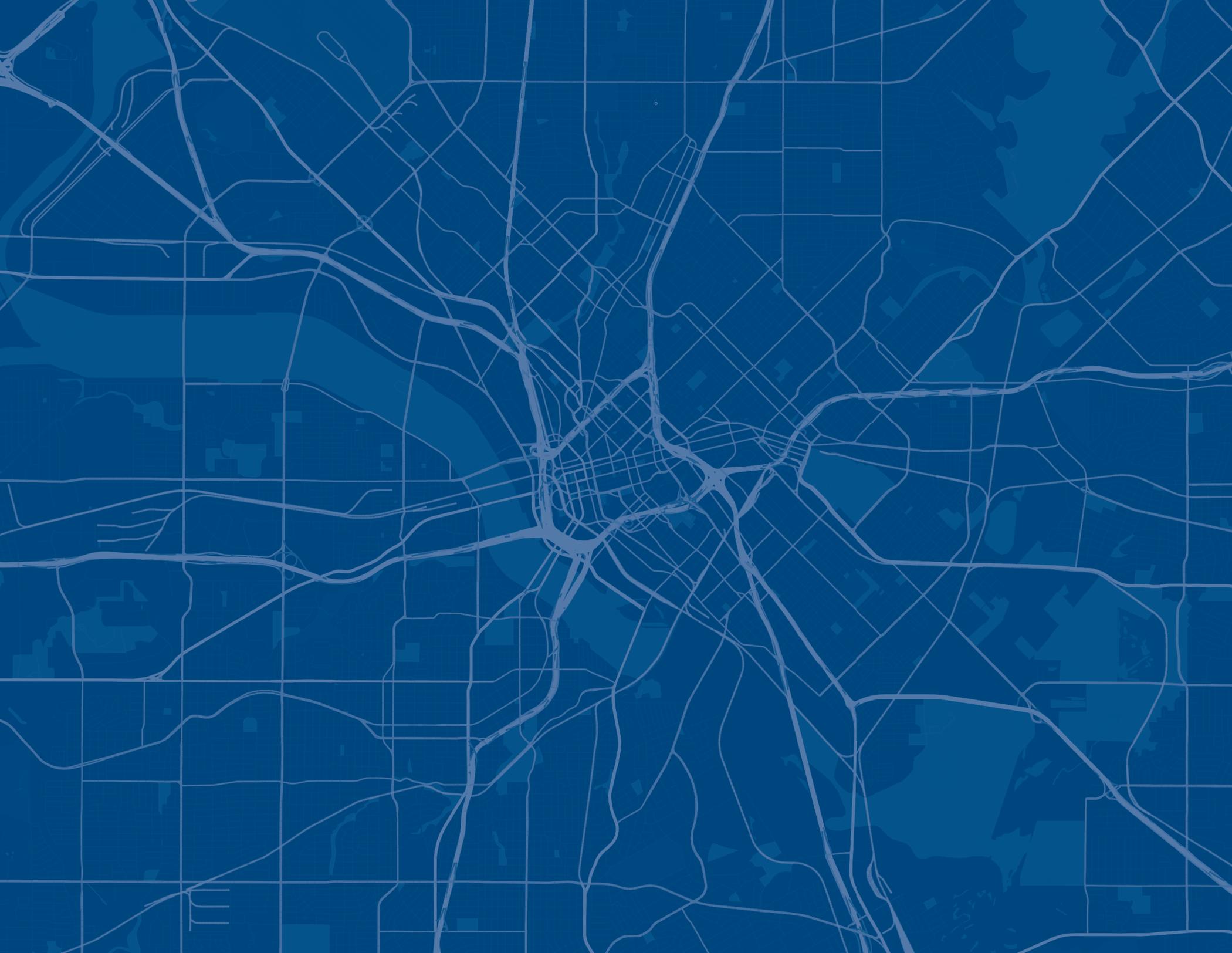
Discussion topics within the Neighborhood and Built Environment domain included SDOH such as access to health facilities, access to fresh foods, and access to adequate child care. Among patients, transportation issues were important.

- Access to transportation
- Reliance on family members or others for transportation (scheduling rides)
- Cost of transportation
- Elderly people's difficulty in dealing with the public transportation system.

► SUMMARY OF COMMUNITY INPUT

The community expressed several priorities over the course of the CHNA focus groups. First and foremost, participants want to see improved access to care including changes in state and federal healthcare policies that facilitate access. Participants also clearly identified a need for better and more public education with regards to health and interacting with healthcare service or insurance providers. There was consensus among the focus groups that a collective, community-wide approach is needed to address the barriers to better health within Dallas County.







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