HORIZONS

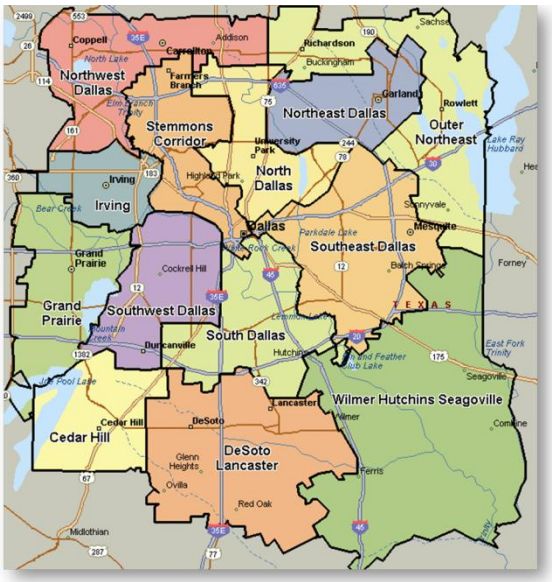
The Dallas County Community Health Needs Assessment

EXECUTIVE SUMMARY

The Dallas County Community Health Needs Assessment (CHNA) was designed to ensure that the Dallas County public health system continues to effectively and efficiently serve the 2.4 million residents of the county. Dallas County Health and Human Services (DCHHS) is one of seven local health departments in the nation participating in the Centers for Disease Control and Prevention (CDC) National Public Health Improvement Initiative. In support of that initiative, DCHHS designed and led this CHNA in collaboration with Parkland Health and Hospital System to determine the top health issues facing Dallas County residents and recommendations for improvement. A public health improvement workgroup comprised of healthcare executives, leaders of civic organizations, schools, health departments, and representatives of local universities, provided development and implementation guidance.

The CHNA uses detailed public health outcome secondary data at the county and community level to identify health assets, gaps, disparities and trends. This data was supported with primary data from two focus groups and eight key informant interviews. The Dallas County communities considered throughout the CHNA are pictured in Figure ES-1.

Figure ES-1



Dallas County, the ninth largest county in the United States, is a growing and thriving area. Between 2000 and 2010, the population increased over 20% to nearly 2.4 million people. Most of Dallas County's growth occurred in suburban areas with the City of Dallas population increasing less than 1% during this time. Growth can be attributed to a strong economic environment, business expansion, and employment opportunities.

The County's strengths have not been uniformly distributed across residents, with communities in the southern half of the county demonstrating disparities relative to those in the north.

The following is a sample of the differences and disparities identified in this CHNA:

- Fourteen percent (14%) of Dallas County residents live below the federal poverty level (FPL). This ranges from 5% in Outer NE Dallas to 25% in both South and Southwest Dallas.
- In mid-2010, Dallas County unemployment was at 8.9%, but 10 of 13 communities had unemployment at 6.2% or lower.
- 24.5% of County residents have NOT graduated from high school. This ranges from 8.8% in Northwest Dallas to 48.4% in South Dallas.

- Dallas County is racially and ethnically diverse with 38% Latino residents, 34% Caucasian, 22% African-American and 7% Asian-American and Other.
- 28% of County residents do not have health insurance. Among non-elderly, non-institutionalized residents, the percentage increases to 33% which compares to 26% in Texas and 17% in the US.
- Dallas County has a shortage and maldistribution of primary care and specialty physicians, particularly in the southern half of the county.

Disparities in Dallas County residents' incidence and prevalence of illnesses were identified by this CHNA:

- Cardiovascular disease is the leading cause of death in Dallas County. Age adjusted mortality rates (AAMR) vary significantly by:
  - Race/ethnicity, with African-Americans having the highest AAMR.
  - Gender, with men having a significantly higher AAMR than women.
  - Community, with southern Dallas County communities having higher AAMR than northern suburbs.
- The burden of asthma, chronic obstructive pulmonary disease (COPD) and other respiratory diseases affects individuals, their families, schools, workplaces, and neighborhoods. The highest asthma and COPD rates are found in the County's six southern communities.
- While disparities in cancer mortality and incidence are not significant between Dallas County communities, disparities based on race/ethnicity are present. African-Americans have the highest incidence and mortality rates for all types of cancer. The rates in Dallas County for most cancers are higher than found in the State.
  - Diabetes prevalence is higher in Dallas County than in Texas or the U.S. In Dallas County 11.4% of the population suffers from this illness compared to 9.6% in Texas and 8% in the U.S. Communities with the highest diabetes mortality are in the southern half of Dallas County.

Healthy community indicators identify food deserts in southern communities and sedentary lifestyles throughout the County:

- All very high, high and moderate food desert areas are located in the southern half of Dallas County.
- Despite a strong network of parks and varied recreational options, more than half of Dallas County residents have sedentary lifestyles. Physical activity in Dallas County declined 6.5% between 2006 and 2010.
- Obesity among Dallas County residents increased 17.6% between 2005 and 2010.
- Tobacco use in Dallas County is decreasing, but 16% of the population continues to smoke.

DALLAS COUNTY ASSETS

Economic Strength: Despite disparities in unemployment rates, overall, Dallas County is economically strong. There is less than 6.2% unemployment in 10 of 13 communities in Dallas County. Furthermore, Dallas County is home to an abundance of national corporate headquarters.

Population Growth: Dallas County has experienced a 20% increase in population from 2000 to 2010. The county also displays racial and ethnic diversity.

Additionally, Dallas County possesses the following strengths within its local public health system:

- National Experts Available Locally
- Strong Intervention Infrastructure
- Immunization Services
- STD/HIV Screening, Treatment, Support
- Maternal and Child Health Resources

TOP FIVE HEALTH ISSUES

Five health issues emerged from the analysis as critical to improving the health of Dallas County residents. They include:

Multiple Chronic Conditions (MCC) Similar to national trends, Dallas County residents are exhibiting increasing diagnoses for chronic conditions. It is common that the pathology for one condition may also affect other body systems, resulting in co-occurrence of multiple chronic conditions (MCC). The presence of MCCs adds a layer of complexity to disease management.

- The resource implications for addressing multiple chronic conditions are significant: 66% of total healthcare spending is directed toward care for the approximately 27% of Americans with MCC. These costs are incurred by the individual, the insurer and the healthcare system.

Healthcare Access Community prevention, clinical prevention, quality medical care and supportive post-acute services will promote the health of Dallas County residents. Expanding access requires: (1) localized community health and patient-centered medical home models, (2) increased access to health insurance, (3) improved health literacy to promote individual access, and (4) reduced barriers.

- Use of the emergency department (ED) for treatment of conditions that could have been appropriately treated in the primary care setting identifies residents with limited healthcare access, lack of understanding of their medical conditions, and/or uninsured/underinsured status. In 2011, 63% of 2011 Dallas County ED visits might have been treated in other settings.
- Physicians are concentrated in the Stemmons Corridor and in northern suburbs. A shortage and maldistribution of primary care and specialty physicians exists within the county resulting in underserved areas, particularly in the southern communities with lower socioeconomic status.
    - Low and no-cost primary care clinics are available in many communities throughout the County. These offer a range of general medical, women's health, pediatric and dental treatment. Expansion of the patient-centered medical home model of care at these clinics may enhance access for the un/underinsured and those with low socioeconomic status.
- Dallas County has a strong professional and para-professional healthcare work force as well as excellent educational/training programs. This increases availability of nurse practitioners, physician assistants, nurse, pharmacists, social works/case manager, patient navigators and community health workers and others to provide services and support access.

Health Disparities and Resource Deserts Disparities are found within southern Dallas County and pockets of northern suburban areas. These communities suffer from high levels of unemployment, low socioeconomic status, disproportionate disease rates, and substantial resource deserts. These areas lack key resources including access to health services, safe environments and healthy foods.

- Dallas County residents with lower socioeconomic status suffer from poorer health outcomes. Employment, education, income, and race are important factors in a person's ability to access preventive healthcare and treatment.

- Health disparities are closely linked with social, economic, and environmental disadvantage such as lack of access to quality affordable healthcare, healthy food, safe opportunities for physical activity, and educational and employment opportunities. In Dallas County, disparities can be found in:
  - Communities with limited access to community prevention services as evidenced by high rates of diabetes associated with obesity and poor cardiovascular health associated with smoking, obesity and sedentary lifestyles.
  - Communities with limited healthcare access identified by high percentages of residents without health insurance and limited access to primary care services.
  - Low socioeconomic status communities that have health outcomes below the County average.
  - Communities with food deserts.

Infrastructure—Unifying Prevention Efforts and Maximizing Resources Dallas County has a wide range of health programs and improvement plans that are often being implemented in silos. Effective collaboration will enhance countywide efforts while reducing competition for resources. This will maximize available public health personnel and funds.

- The importance of effective collaboration is recognized by health planning groups throughout Dallas County. Needs assessments from these efforts recommend collaboration as a strategy. Some of these planning groups include: United Way of Metropolitan Dallas Blue Ribbon Commission, Regional Health Partnership 9, Behavioral Health Leadership Team, It Takes a Village Planning Team, and the Dallas/Ft. Worth Hospital Council Community Health Collaborative.
- Successful collaboration requires personnel and financial resources.
- Utilizing central public-private partnerships can increase health impact, and maximize competitiveness in grant applications relating to the top health issues that impact Dallas County residents.

Behavioral Health Dallas County residents suffering from behavioral health illnesses often confront decision-making barriers. These barriers can impact preventive care and treatment decisions, thereby influencing aspects of their physical health.

- There is limited service access, reduced length of treatment, and increased utilization of crisis services in the Dallas County behavioral health system.
  - A finding of the Regional Health Partnership 9: Community Needs Assessment Report states, “Behavioral health, either as a primary or secondary condition, accounts for substantial volume and costs for existing healthcare providers, and is often utilized at capacity."
- The behavioral health service continuum is limited with bed shortages for residential substance abuse treatment and acute psychiatric treatment, no outpatient partial hospital services and limited intensive outpatient services.
- A detailed behavioral health needs assessment was conducted in 2010. Development of the Dallas County Behavioral Health Leadership Team was among the recommendations. This group is now leading implementation of other recommendations which include: Primary Care-Behavioral Health Integration; Improvement, expansion and integration of the crisis intervention and acute care

management continuum of care; Recovery-oriented systems of care and services for mental health and substance use disorders; Services for cultural and linguistic minorities.

CALL TO ACTION: RECOMMENDATIONS

This community health needs assessment represents collective issues facing Dallas County residents, and requires collective action to improve the health of our community. The authors and PHI Workgroup affiliated with the report served to inform the methodology, analysis, and recommendations, but are not solely responsible for addressing these issues. However, each contributor will consider a health improvement plan that addresses the top community health needs within the capacity of his/her organization. This needs assessment is a call to action for all community-based organizations, policymakers, hospitals, workplaces, faith-based organizations, civic leaders, and citizens to do the same. Here are places to start. You can select the options that work best for your organization from the following list of recommendations:

1. Increase Dallas County residents' access to community prevention services. Focus should be on nutrition/maintaining ideal weight, physical activity, non-smoking and reducing alcohol consumption.

1.a. Bring stakeholders together to identify current services and develop plans for community prevention education and services in order to coordinate and expand services in Dallas County communities with highest need/resource deserts. Stakeholders should include community based organizations, hospitals/health systems, faith-based organizations, businesses and local foundations.

- Identify successful programs being implemented that might be expanded or customized for other communities in the County.
- Target neighborhoods/communities with health disparities as focus for risk reduction.

1.b. Identify financial, personnel and in-kind resources available to develop new programs in underserved areas with resource deserts, build on successful models and expand existing programs in place.

- Encourage hospitals/healthcare systems to participate via their community benefit programs.
- Encourage Dallas County businesses to participate to enhance the health of the local workforce.

1.c. Expand immunization services to support community prevention in Dallas County.

2. Target South Dallas, SW Dallas, SE Dallas, or disparate suburban neighborhoods with comprehensive interventions to reduce incidence and mortality disparities.

2.a. Using the Spectrum of Prevention model, build multi-sector partnerships that create opportunities for expansion of resources to support health equity and healthy communities. The model considers advocacy, changing workplaces and organizational practices to address disease risks, educating providers, and skill building for individual healthy behavior changes.

2.b. Increase access to quality preventive services through community organizing.

2.c. Increase the capacity of the healthcare and prevention workforce to address disparities.

2.d. Implement strategies that are culturally, linguistically, literacy and age-appropriate at all levels of community organizing, interventions, and treatment.

2e. Evaluate effectiveness of strategies to ensure progress.

3. Expand access to primary care services for all Dallas County residents.

3.a. Encourage healthcare organizations to "right size" their medical staffs to meet the primary care and specialty medical needs of the community based on established physician to population ratios.

- Evaluate opportunities to locate primary care physicians, women's health specialists and pediatricians in areas identified as resource deserts for these specialties.

3.b. Educate providers on the value of the patient-centered medical home model of care.

3.c. Expand the medical home model to enhance health literacy and service access. Support the development of multidisciplinary teams that include physicians, nurse practitioners, nurses, case managers, physical therapists, pharmacists and community health workers for preventive and primary care provision.

3.d. Support the development of alternative primary care sites including, but not limited to:

- School nursing offices, which currently serve as initial points of healthcare contact for many children and youth.
- Large and medium sized businesses with model programs supporting recent findings that on-site prevention programs and primary care services have positive health benefits for employees and financial benefits for employers.
- Retail grocery and drug stores providing preventive services and basic primary care.
- Urgent care center/walk-in clinics.
- Community based organizations and faith based organizations with co-located services to offer preventive and medical treatment in combination with other social and support services or events.
- Immunization service clinics.

3.e. Consider targeted educational programs that expand health literacy, community prevention education, and additional clinical prevention services. Evaluate options to co-locate additional services at these sites.

- Work with community partners to develop or expand targeted health literacy programs.
- Support community prevention services to improve nutrition, reduce smoking and enhance physical activity.
- Provide additional health screening services, possibly through use of mobile vans.
- Identify funding to support ongoing operation of the Immunization Coalition.

4. Maximize the use of proven strategies to improve outcomes for individuals with multiple chronic conditions.

- These strategies include patient-centered medical homes, accountable care organizations, primary care and behavioral health integration models.

5. Monitor and address any health insurance coverage changes.

5.a. Facilitate enrollment of Dallas County residents into available health insurance products.
- Outline enrollment processes and organizations to support consumers in completing these processes.
- Develop promotional strategies to educate and inform eligible residents of changing health insurance eligibility requirements and opportunities for coverage.
- Evaluate trends in provider acceptance rates of available health insurance products.

6. Centrally document and build upon the most impactful disease prevention and health promotion initiatives currently underway in Dallas County.

6.a. Reach out to the lead organizations to learn from their experiences and expand their models in Dallas County communities with resource deserts.
- Work with community partners to implement and evaluate these programs.
- Utilize public-private partnerships to increase health impact, and to maximize competitiveness in grant applications with interventions to address the top health issues that impact Dallas County residents.
- Identify funding sources.

7. Develop strategies to reduce 30 day readmissions and preventable hospitalizations.

- Community health workers, nurses and others providing outreach in the community have a role in supporting recently hospitalized community residents to reduce readmission.

8. Collaborate with the Dallas County Behavioral Health Leadership Team to support implementation of behavioral health recommendations, particularly pertaining to integration of behavioral health and physical health.

9. Effectively communicate priority messages relating to community prevention, using culturally competent health literacy approaches.

- Promote Spanish written and oral translation in prevention and care.
- Incorporate infographics to convey treatment compliance outcomes and public health issues.
- Utilize social media for health promotion and idea exchange.
- Develop a consumer-oriented website for health education and to enhance health literacy.

This assessment and recommendations can be applied in the following critical ways:

- Track community health changes and trends
- Create community health improvement plans
- Hospital based community benefit plans
- Organizational strategic planning
- Evidence base for grant applications
- Foundation and grantor funding strategies
- Meet IRS 990 Requirements

We hope you will engage in supporting the health of Dallas County's 2.4 million residents.
References and the full report are available at dallascounty.org/hhs, "About Us"