Community Health

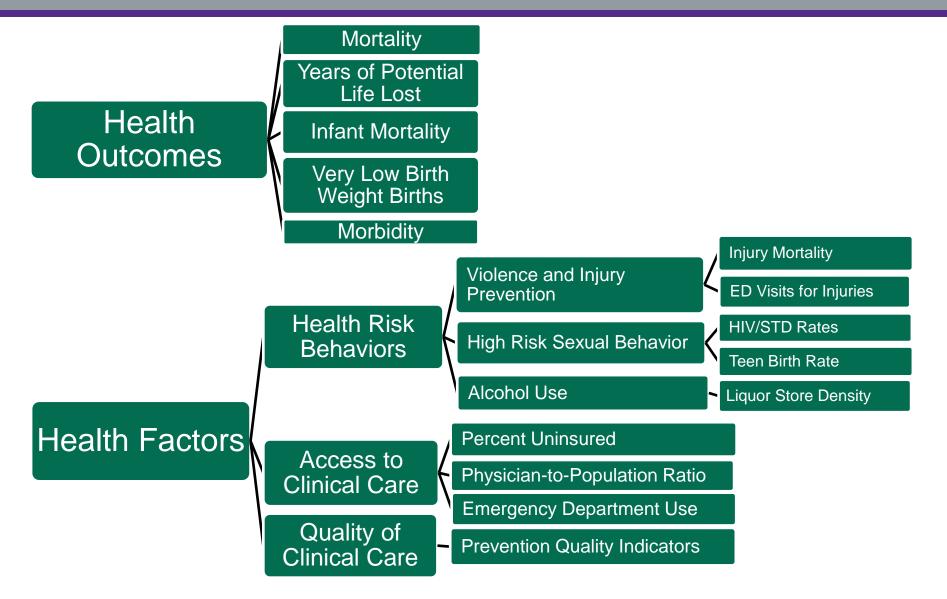
Assessment







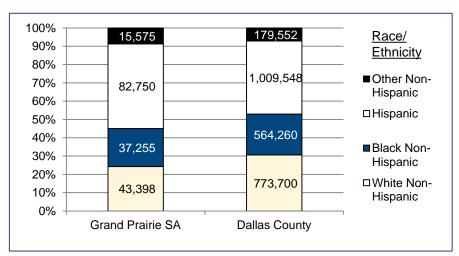
Organizational Model For the Community Health Dashboard

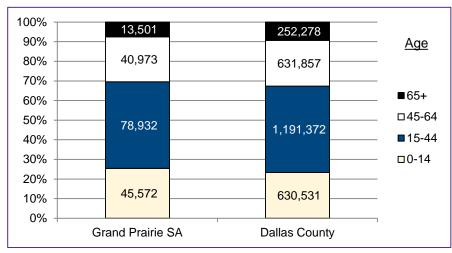


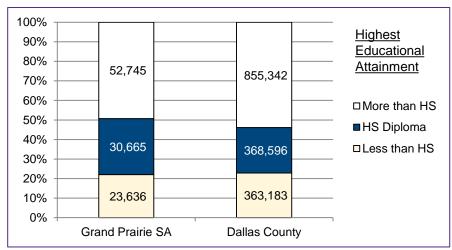


Demographic Profile

- The population of the Grand Prairie Dallas Service Area is much younger than the county population with only 7.5% of the population age 65 or older, compared to 9.3% for the county overall.
- The largest race/ethnic group in the Service Area population is Hispanics, comprising 46.2% of the population.
- Grand Prairie has a similar proportion of people with a high school diploma or more (77.9%) compared with Dallas County as a whole (77.1%).



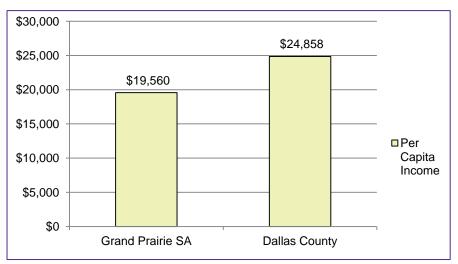


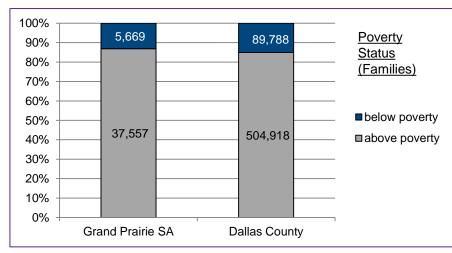


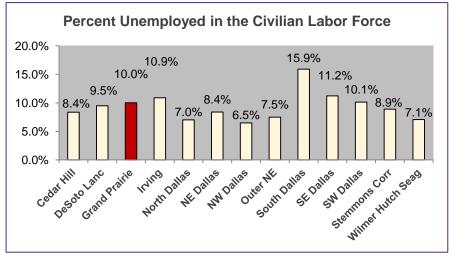


Demographic Profile

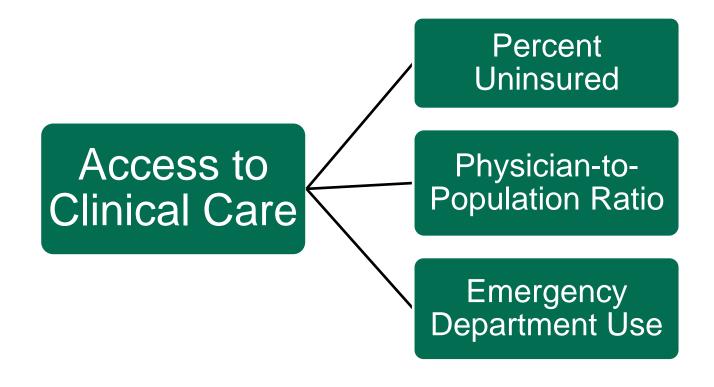
- The Grand Prairie Area has a slightly lower percentage of families in poverty (13.1%) than the Dallas County-wide rate (15.1%).
- The Service Area's per capita income was the sixth lowest of the 13 service areas.
- This Service Area's percent unemployed is ranked 5th out of the 13 service areas.









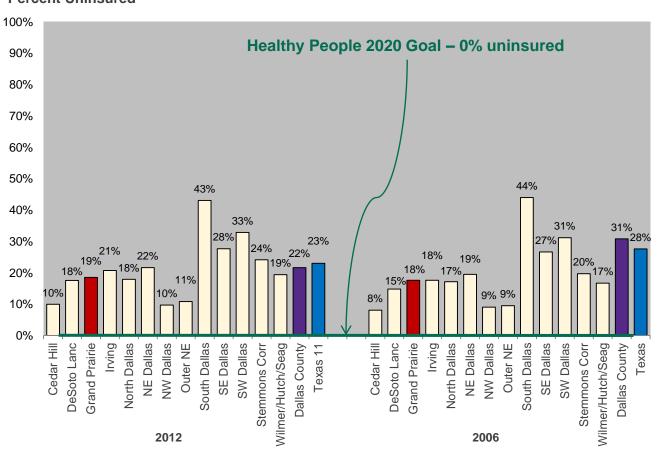




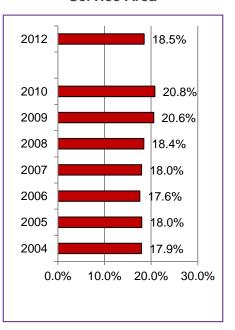
Access to Healthcare: Percent Without Healthcare Insurance

Grand Prairie Service Area

Percent Uninsured



Percent Without Health Insurance, Grand Prairie Service Area

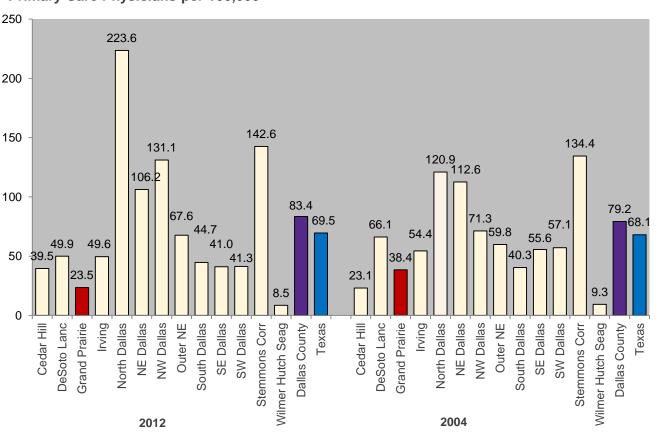




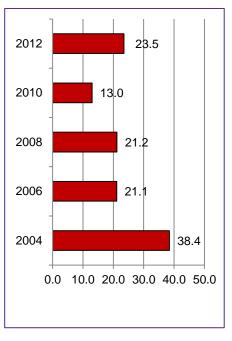
Access to Healthcare: Primary Care Physician-to-Population Ratio

Grand Prairie Service Area

Primary Care Physicians per 100,000



Primary Care Physician-to-Population Ratio, per 100,000, Grand Prairie Service Area



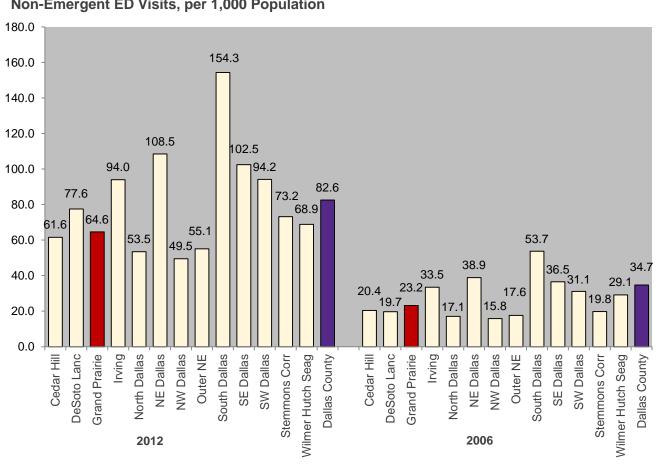
Source: Texas Medical Association Physician Practice Address files; denominator population data from Claritas, Inc., except 2010 from Nielson/Claritas, Inc. Pop Facts. Mid 2010 version. County and State source is Texas Bureau of Primary Care.



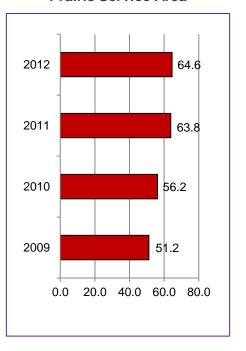
Access to Healthcare: Non-**Emergent ED Utilization**

Grand Prairie Service Area

Non-Emergent ED Visits, per 1,000 Population



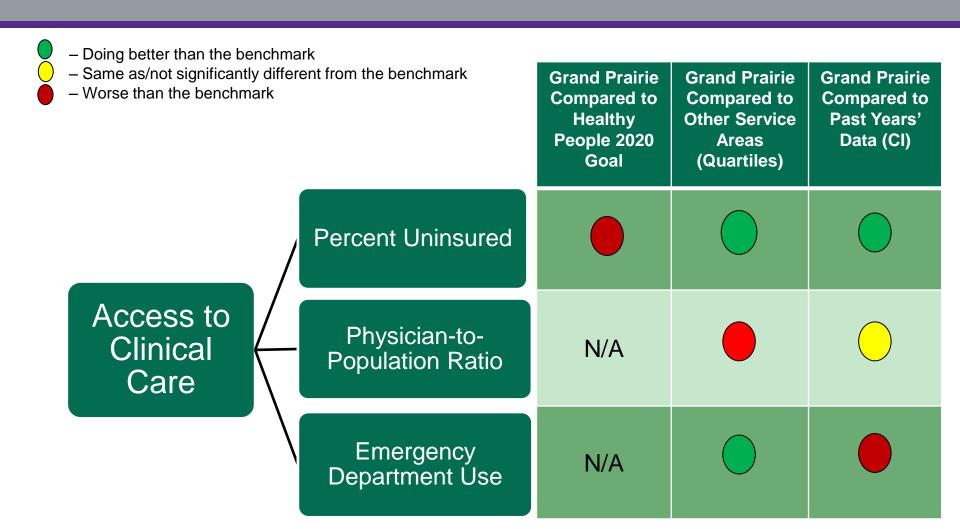
Rate of Non-Emergent ED Visits, per 1,000, Grand **Prairie Service Area**



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

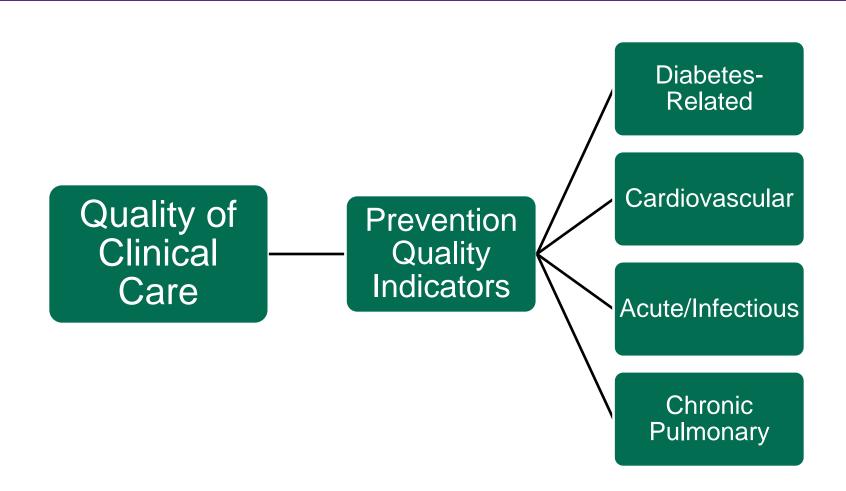


Access to Care



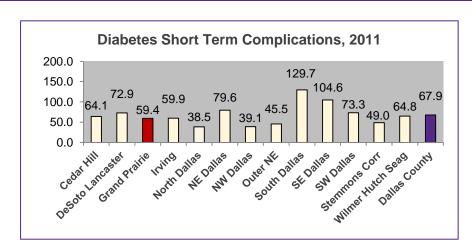


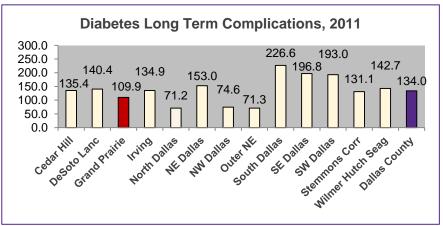
Quality of care

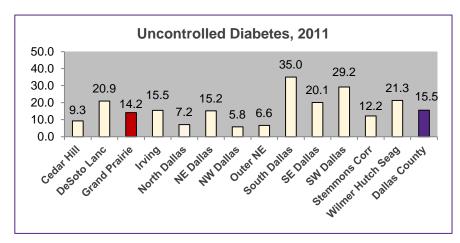


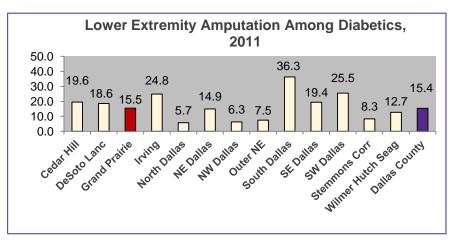


Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Diabetes-Related Hospitalizations Grand Prairie Service Area



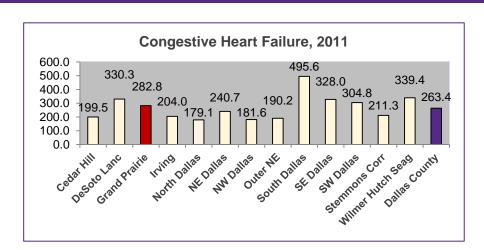


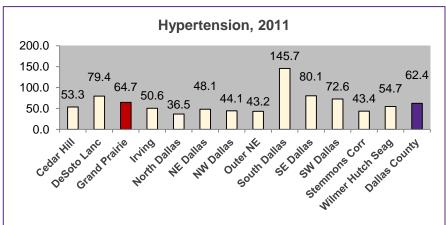


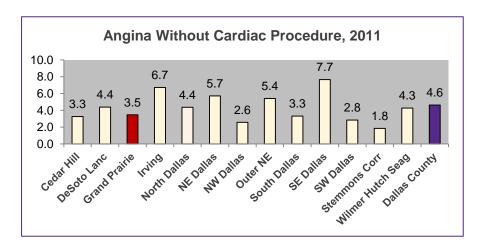




Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Cardiovascular Disease Hospitalizations Grand Prairie Service Area

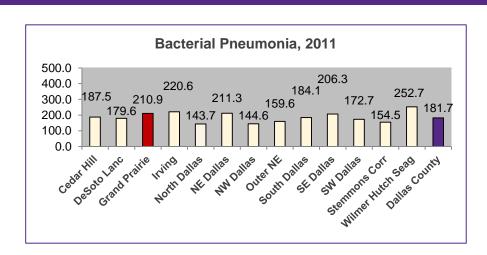


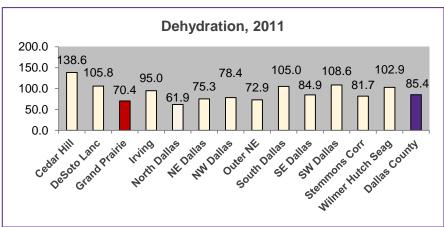


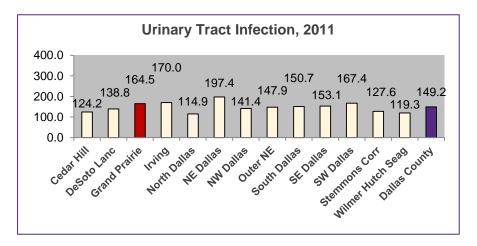




Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Acute/Infectious Disease Hospitalizations Grand Prairie Service Area

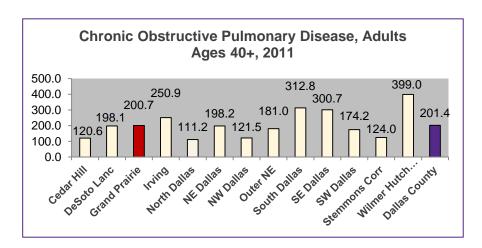


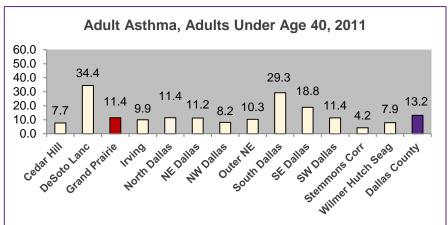






Healthcare Quality: Rate of Preventable Hospitalizations, 2011 Chronic Pulmonary Disease Hospitalizations Grand Prairie Service Area





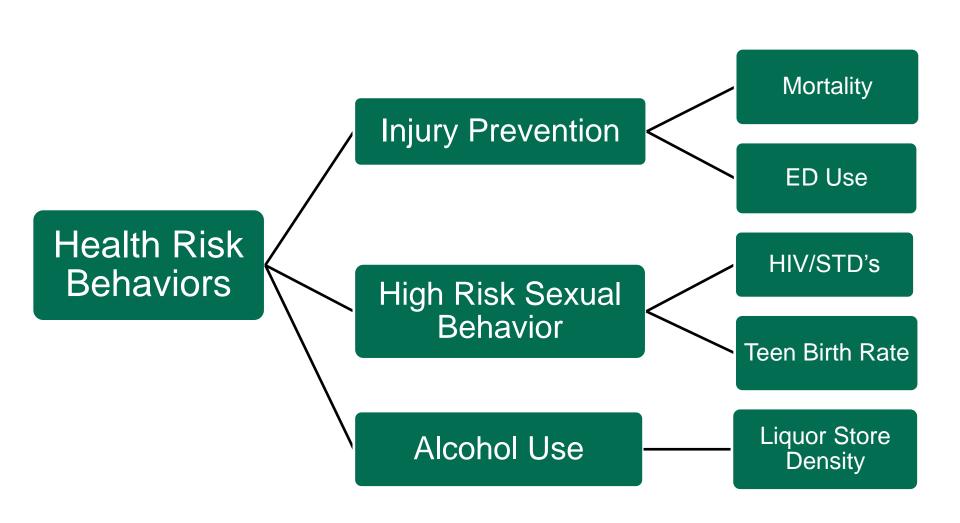


Healthcare Quality

 Doing better than the benchmark Same as/not significantly different from the benchmark Worse than the benchmark 		Grand Prairie Compared to 12 Other Service Areas (Quartiles)	Grand Prairie Compared to Past Years' Data (Percent Change vs. 2010)
	Diabetes ST Comp		
Quality of Clinical Care Prevention Quality Indicators	Diabetes LT Comp		
	Uncontrolled Diabetes		
	Lower Extremity Amputations Among Diabetics		
	Congestive Heart Failure		
	Hypertension		
	Angina Without Cardiac Procedure		
	Bacterial Pneumonia		
	Dehydration		
	Urinary Tract Infection		
	Chronic Obstructive Pulmonary Disease		
· ·	Adult Asthma		

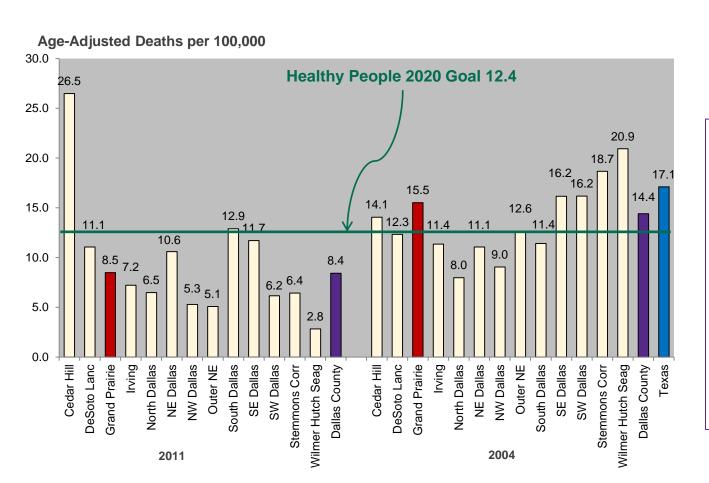




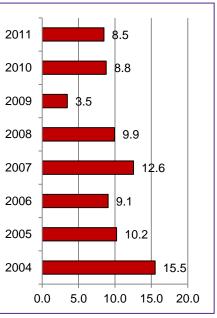




Risk Factors: Auto Accident Mortality Rates



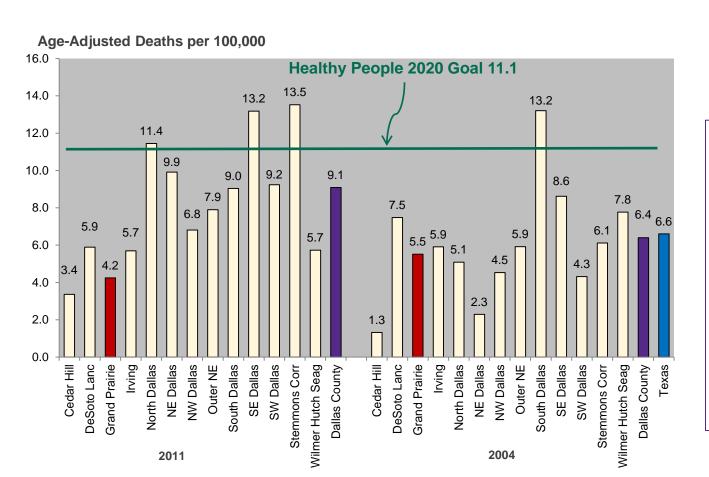
Auto Accident Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area



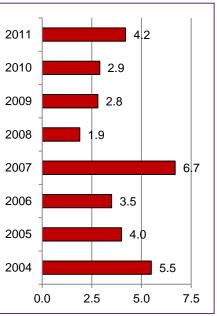


Risk Factors: Accidental Poisoning Mortality Rates

Grand Prairie Service Area



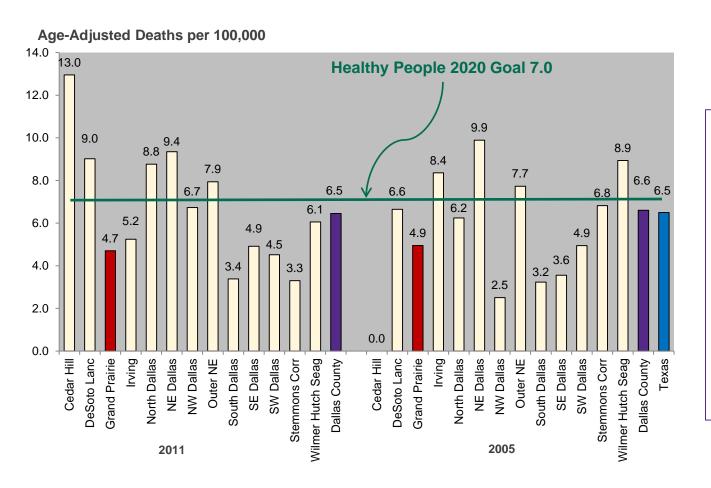
Accidental Poisoning Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area



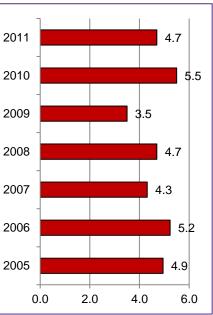


Risk Factors: Accidental Falls Mortality Rates

Grand Prairie Service Area



Accidental Falls Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area

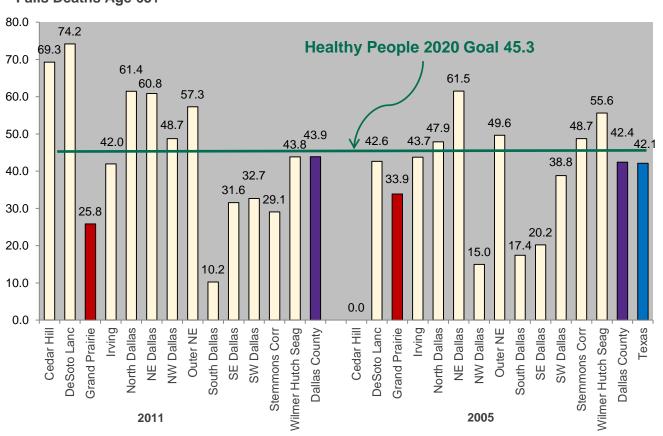




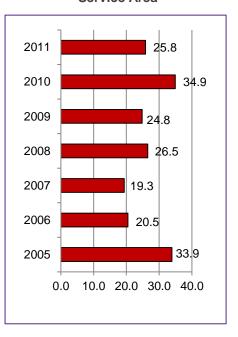
Risk Factors: Falls Death Rates Among Seniors

Grand Prairie Service Area

Falls Deaths Age 65+



Falls fatality rates, ages 65+, per 100,000, Grand Prairie Service Area



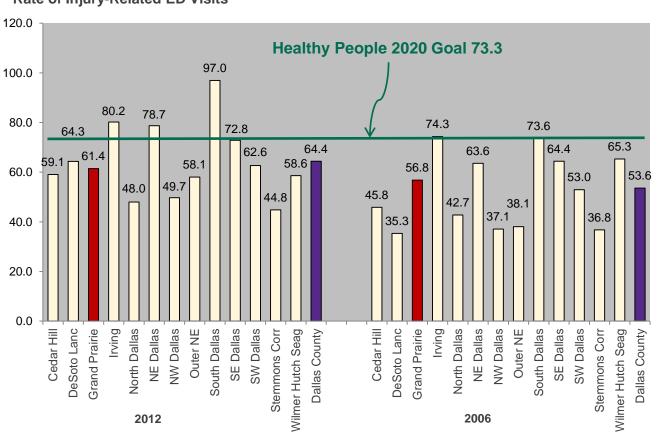
Source: Texas Department of State Health Services, Bureau of Vital Statistics, unpublished data; denominator population data from US Census Bureau American Community Survey. 2005 Dallas County data from Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause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



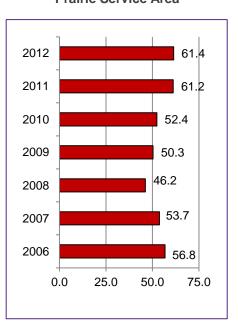
Risk Factors: Rate of Injury-Related ED Visits

Grand Prairie Service Area

Rate of Injury-Related ED Visits

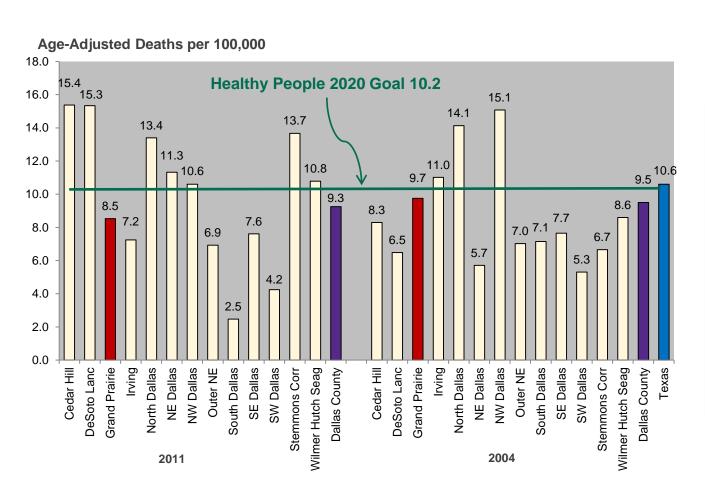


Rate of Injury-Related ED Visits, per 1,000, Grand Prairie Service Area

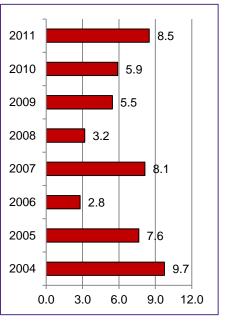




Risk Factors: Suicide Mortality Rates



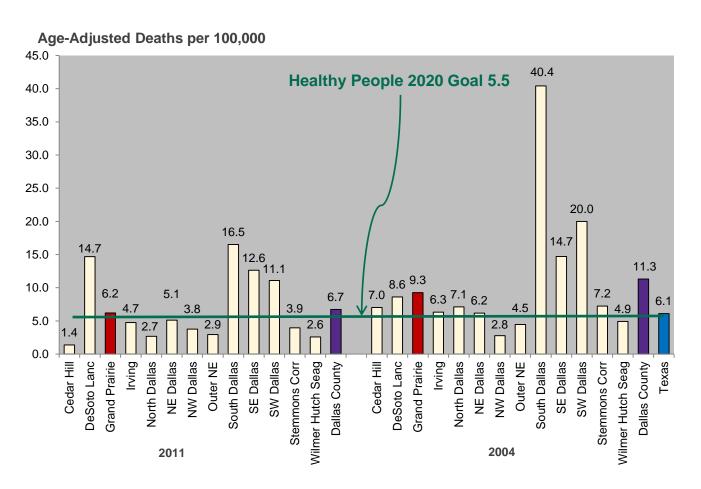
Suicide Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area



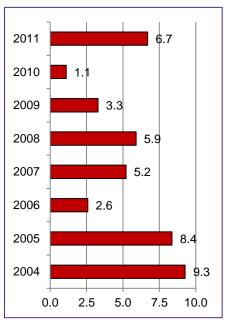


Risk Factors: Homicide Mortality Rates

Grand Prairie Service Area

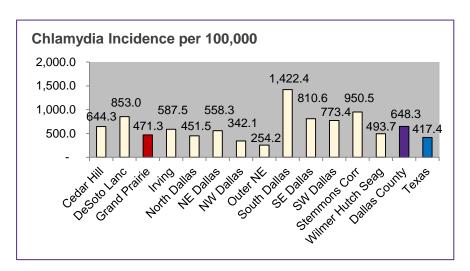


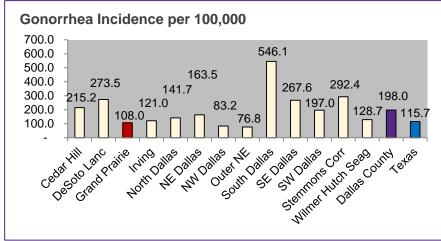
Homicide Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area

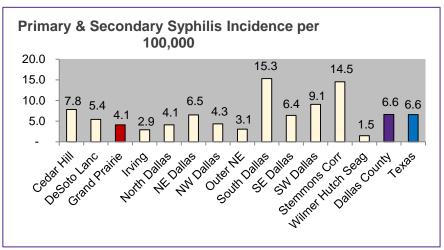


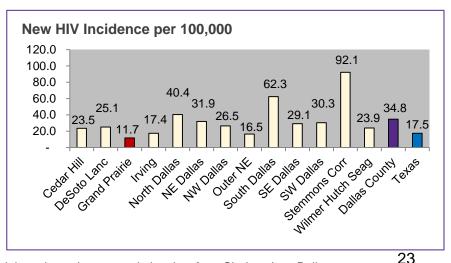


Risk Factors: High Risk Sexual Behavior, Sexually Transmitted Disease Incidence Rates, 2011 Grand Prairie Service Area



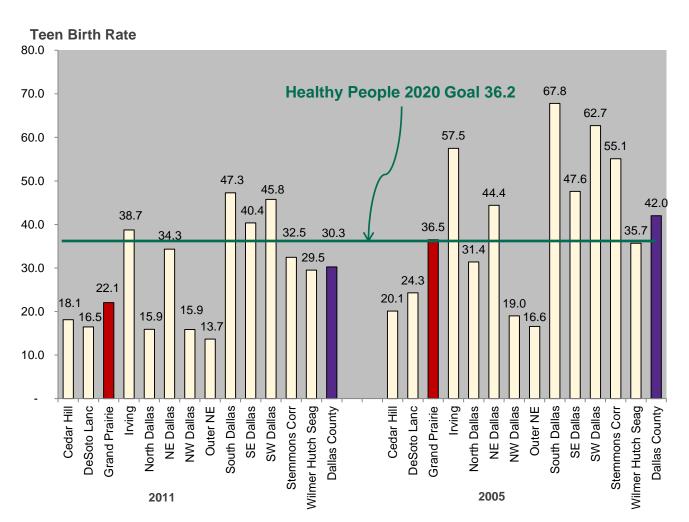




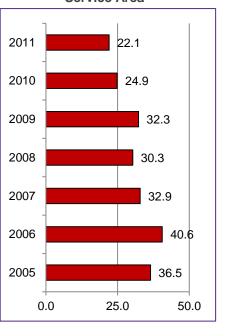




Risk Factors: High Risk Sexual Behavior, Teen Birth Rates



Teen Births, Rate Per 1,000 Girls Ages 15-17, Grand Prairie Service Area

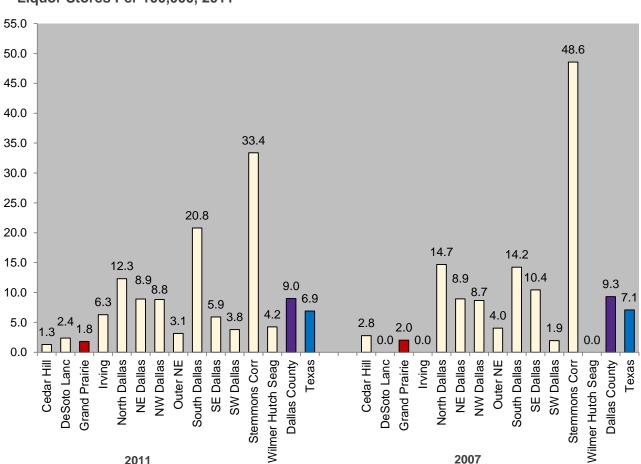




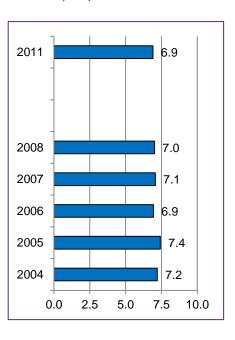
Risk Factors: Liquor Store Density, 2011

Grand Prairie Service Area

Liquor Stores Per 100,000, 2011



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



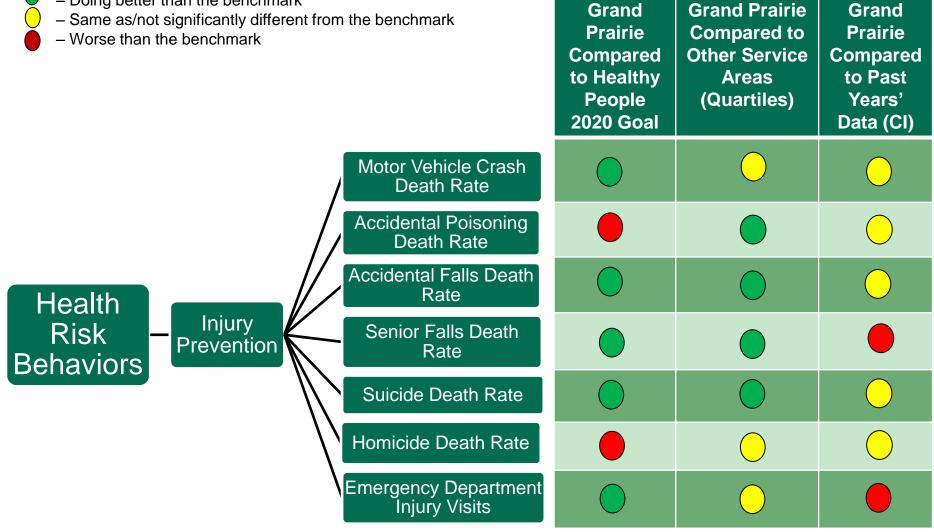
Source: US Census Bureau, 2011 County Business Patterns; denominator population data from US Census Bureau; 2007 from US Census Bureau, 2007 Economic Census; denominator population data from Claritas, Inc.; Dallas County and State of Texas data from US Census Bureau, NIACS annual business estimates



Health Risk Behaviors



- Doing better than the benchmark





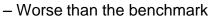
Health Risk Behaviors

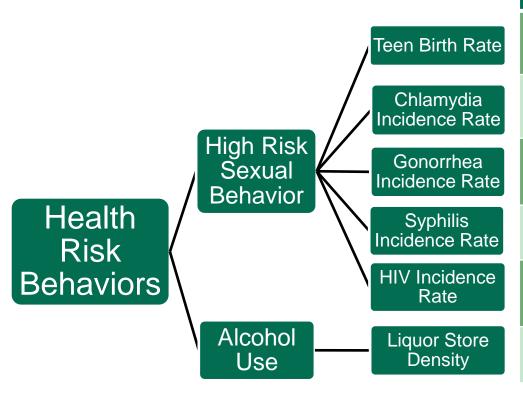


- Doing better than the benchmark



- Same as/not significantly different from the benchmark

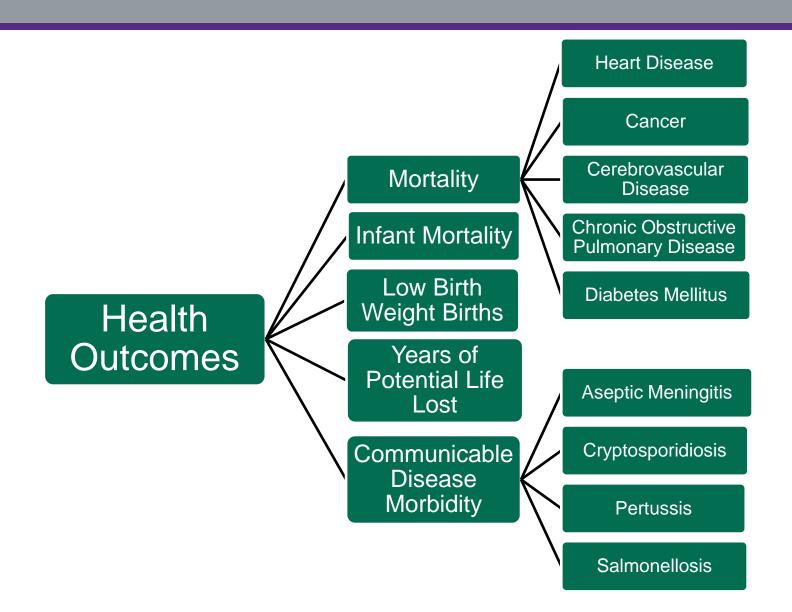




Grand Prairie Compared to Healthy People 2020 Goal	Grand Prairie Compared to Other Service Areas (Quartiles)	Grand Prairie Compared to Past Years' Data (CI)
N/A		N/A

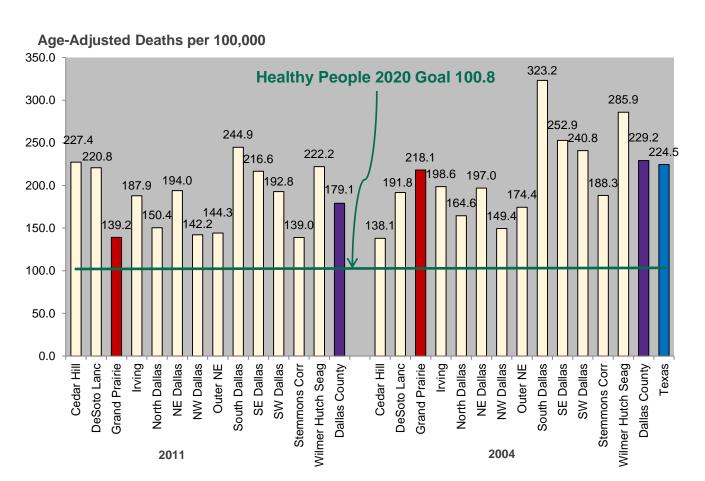


Health Outcomes

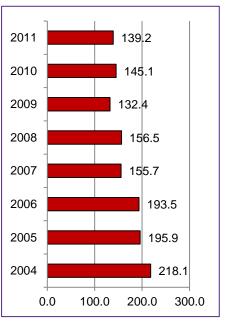




Health Outcomes: Heart Disease Mortality Rates



Heart Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area

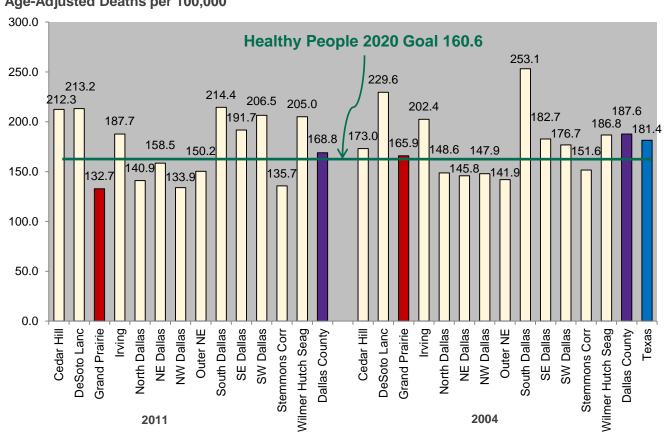




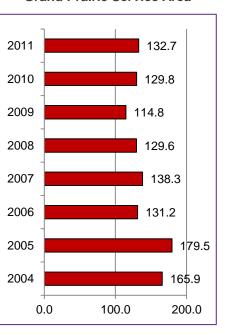
Health Outcomes: Cancer Mortality Rates

Grand Prairie Service Area

Age-Adjusted Deaths per 100,000



Cancer Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area

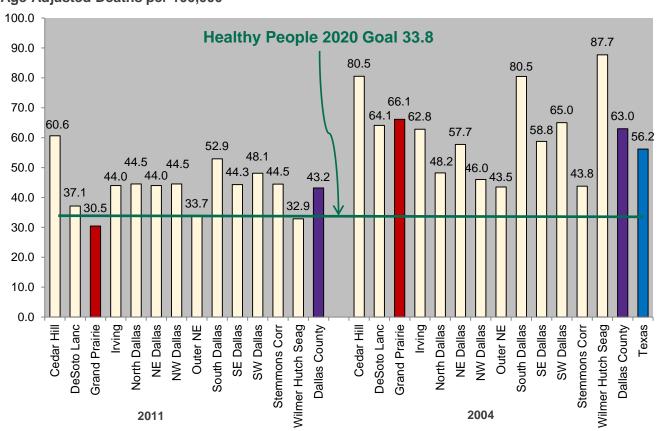




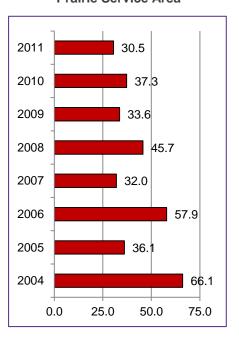
Health Outcomes: Cerebrovascular **Disease Mortality Rates**

Grand Prairie Service Area





Cerebrovascular Disease Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand **Prairie Service Area**

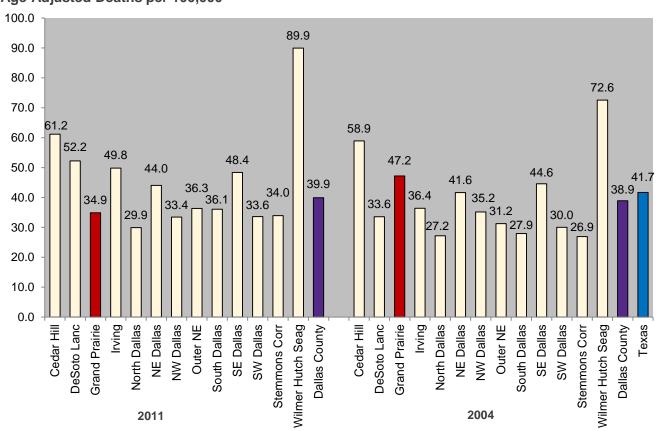




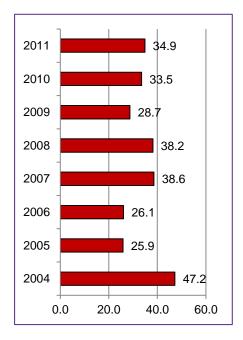
Health Outcomes: Chronic Obstructive Pulmonary Disease Mortality Rates

Grand Prairie Service Area

Age-Adjusted Deaths per 100,000



Chronic Obstructive Pulmonary
Disease Mortality Rate, AgeAdjusted Death Rate per 100,000,
Grand Prairie Service Area



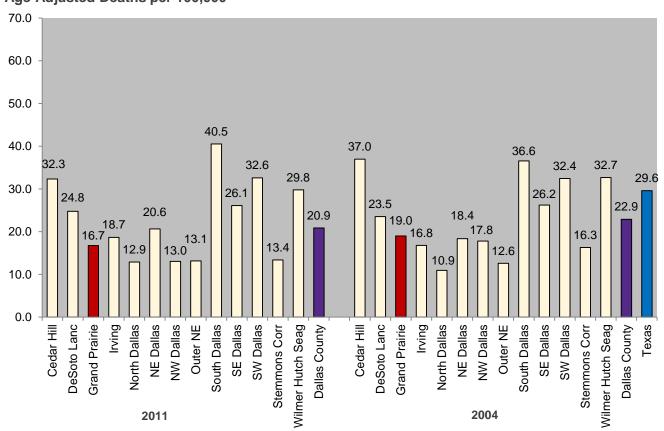
NOTE: No Healthy People 2020 goal matches this metric.



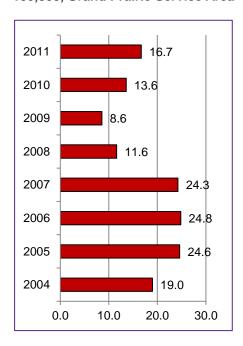
Health Outcomes: Diabetes Mortality Rates

Grand Prairie Service Area

Age-Adjusted Deaths per 100,000



Diabetes Mellitus Mortality Rate, Age-Adjusted Death Rate per 100,000, Grand Prairie Service Area

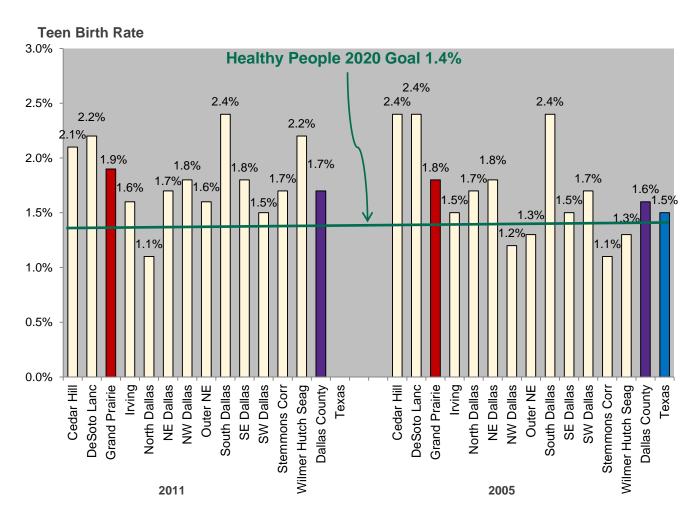


NOTE: No Healthy People 2020 goal matches this metric.

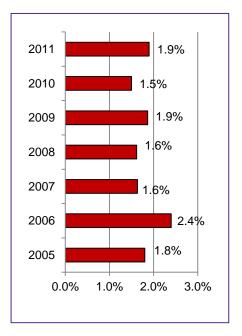


Health Outcomes: Birth Outcomes, Rate of Very Low Birth Weight Births

Grand Prairie Service Area

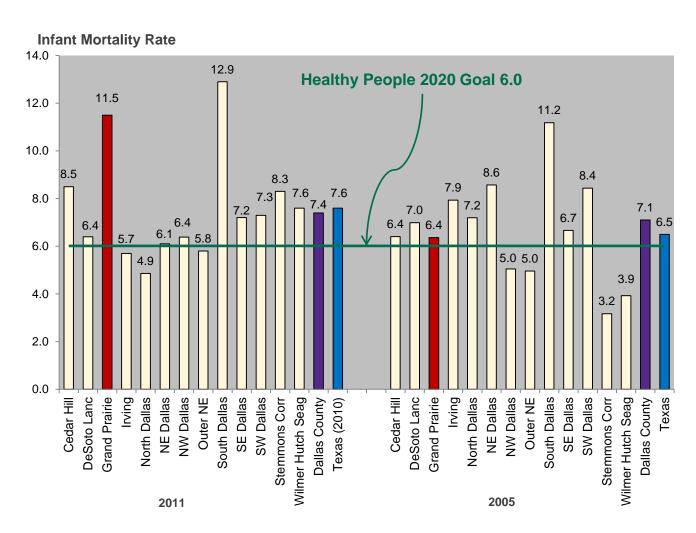


Very Low Birth Weight Rate, Percent of Births Below 1500 Grams at Birth, Grand Prairie Service Area

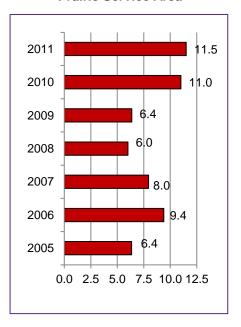




Health Outcomes: Birth Outcomes, Infant Mortality Rate



Infant Mortality Rate, Deaths per 1,000 Live Births, Grand Prairie Service Area

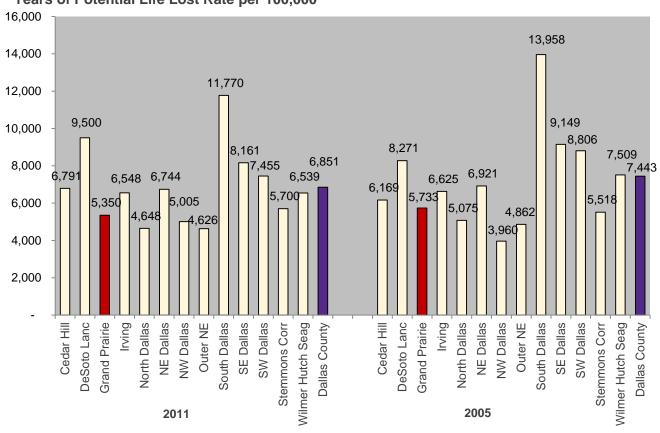




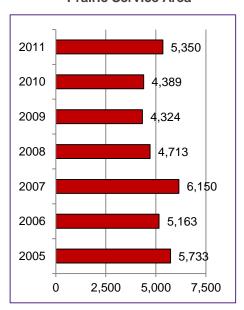
Health Outcomes: Years of Potential Life Lost, All Causes

Grand Prairie Service Area





Years of Potential Life Lost Rate*, per 100,000, Grand Prairie Service Area

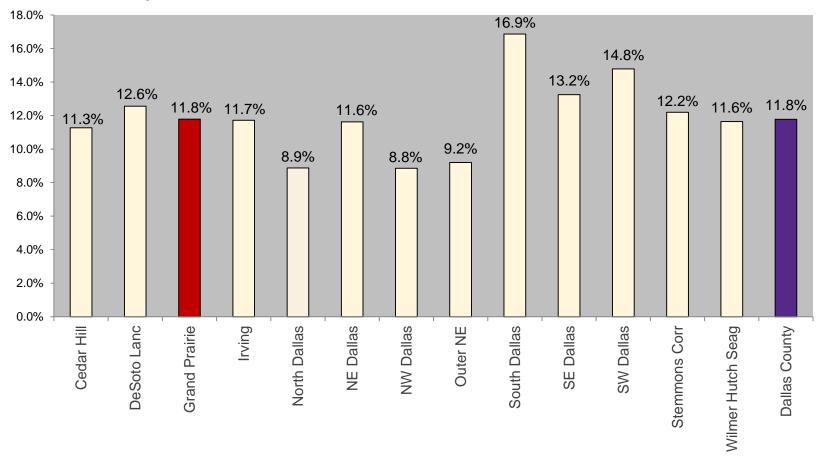


*Years of Potential Life Lost Rate is defined as the rate of deaths under age 75 per 100,000 population under age 75.



Health Outcomes: Estimated Diabetes Prevalence Rates (Diagnosed and Undiagnosed) Grand Prairie Service Area

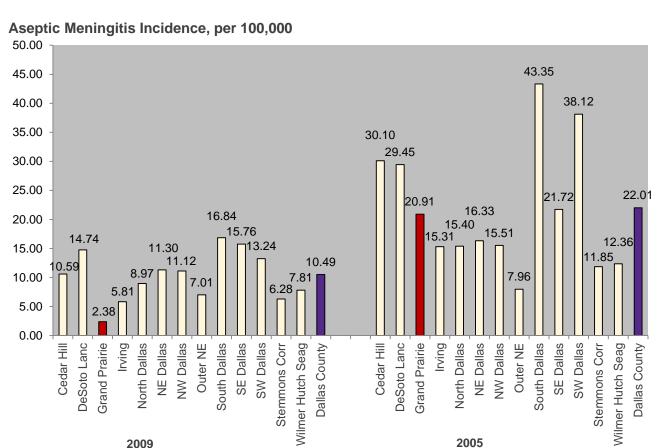
Diabetes Prevalence, percent

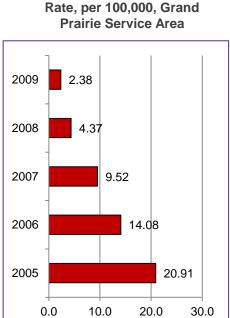




Health Outcomes: Reportable Communicable Disease Rates

Grand Prairie Service Area





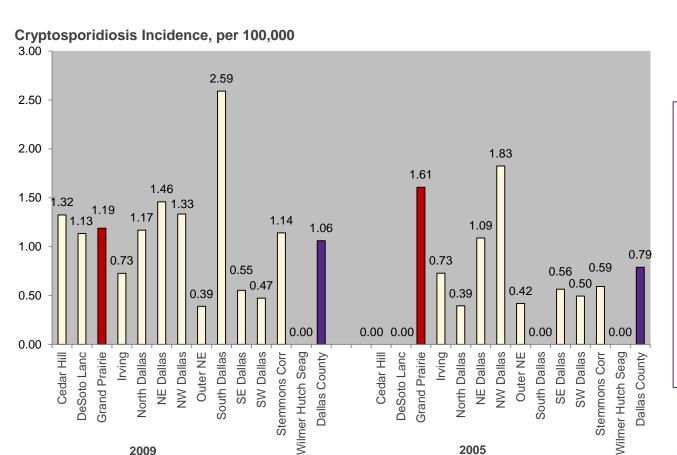
Aseptic Meningitis Incidence

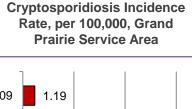
Source: Texas Department of State Health Services, Infectious Disease Control Unit, unpublished data; denominator population data from Claritas, Inc.; 2005 Dallas County data from Dallas County Health and Human Services web site: http://www.dallascounty.org/department/hhservices/services/communicable/documents/ReportableConditions2003-07Annual.pdf;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

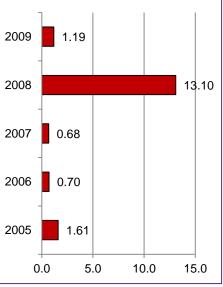


Health Outcomes: Reportable Communicable Disease Rates

Grand Prairie Service Area





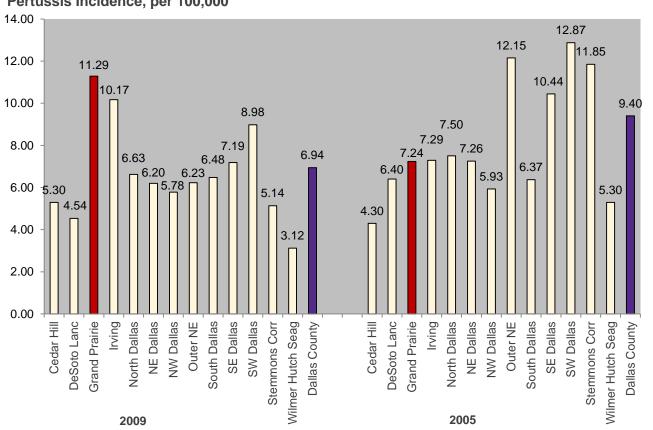




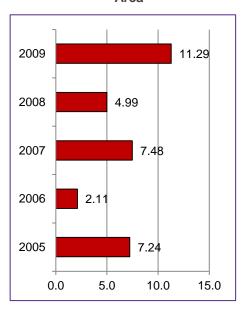
Health Outcomes: Reportable Communicable Disease Rates

Grand Prairie Service Area





Pertussis Incidence Rate, per 100,000, Grand Prairie Service Area

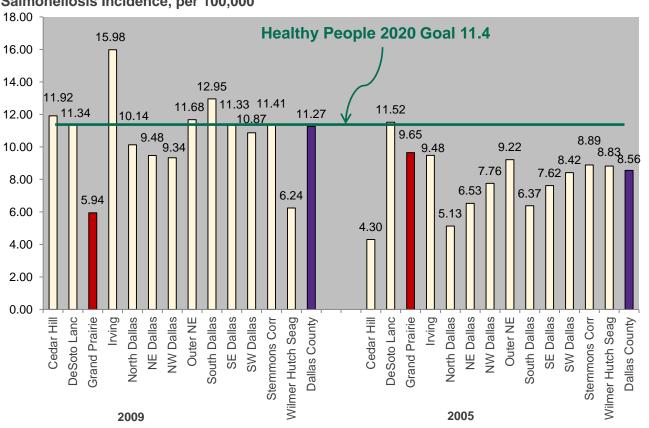




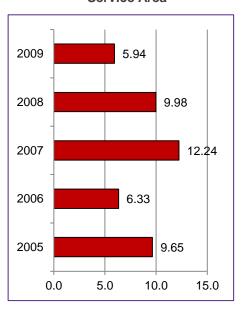
Health Outcomes: Reportable Communicable Disease Rates

Grand Prairie Service Area





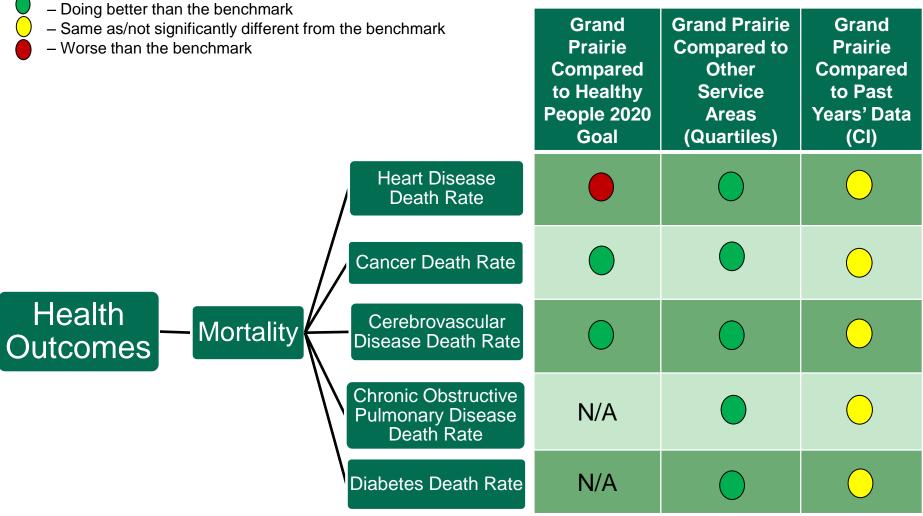
Salmonellosis Incidence Rate. per 100,000, Grand Prairie Service Area





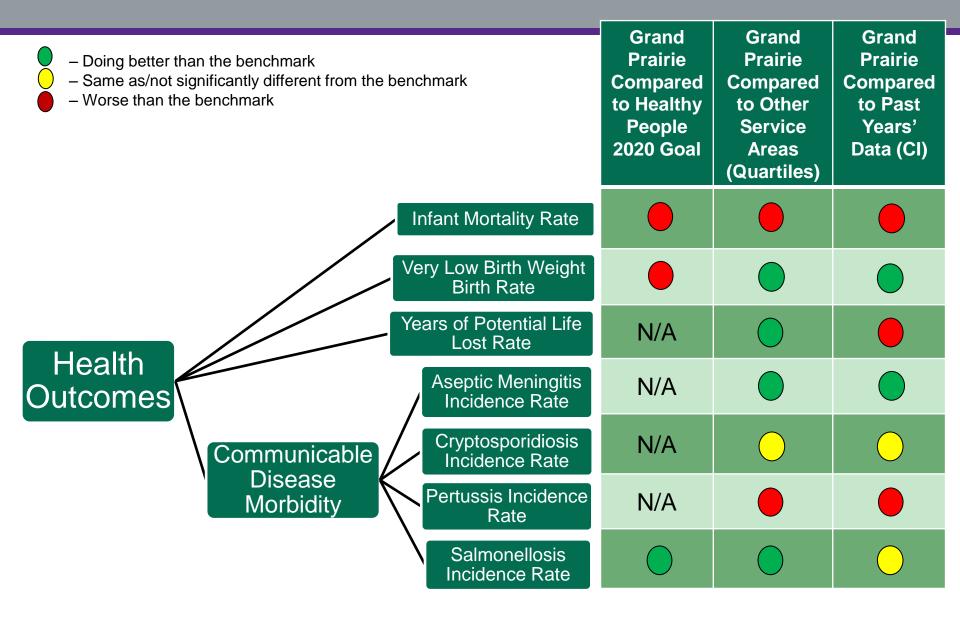
Health Outcomes





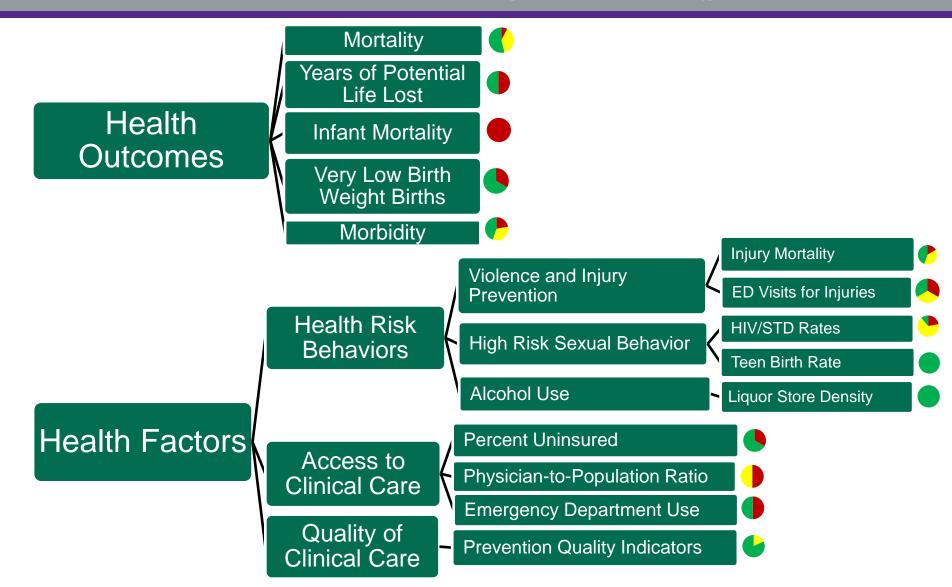


Health Outcomes



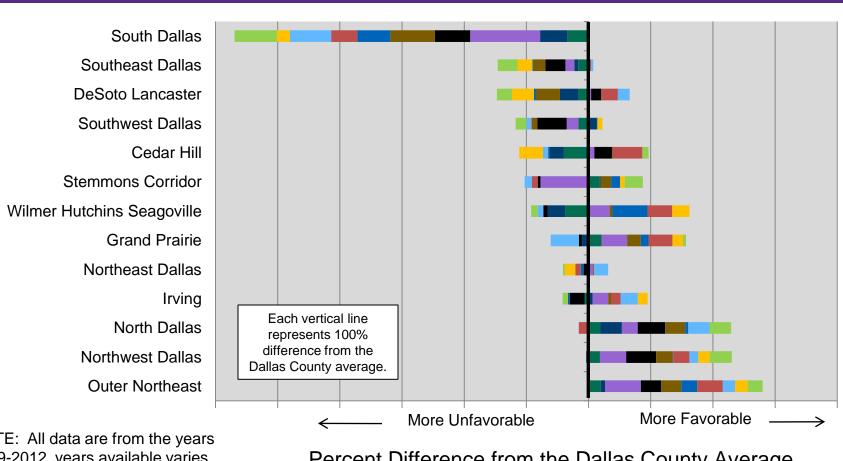


Summary – Model With Stoplight Pie Charts, Grand Prairie Service Area





Parkland Deviations from the Dallas County mean



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

Percent Difference from the Dallas County Average

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



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

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



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

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





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