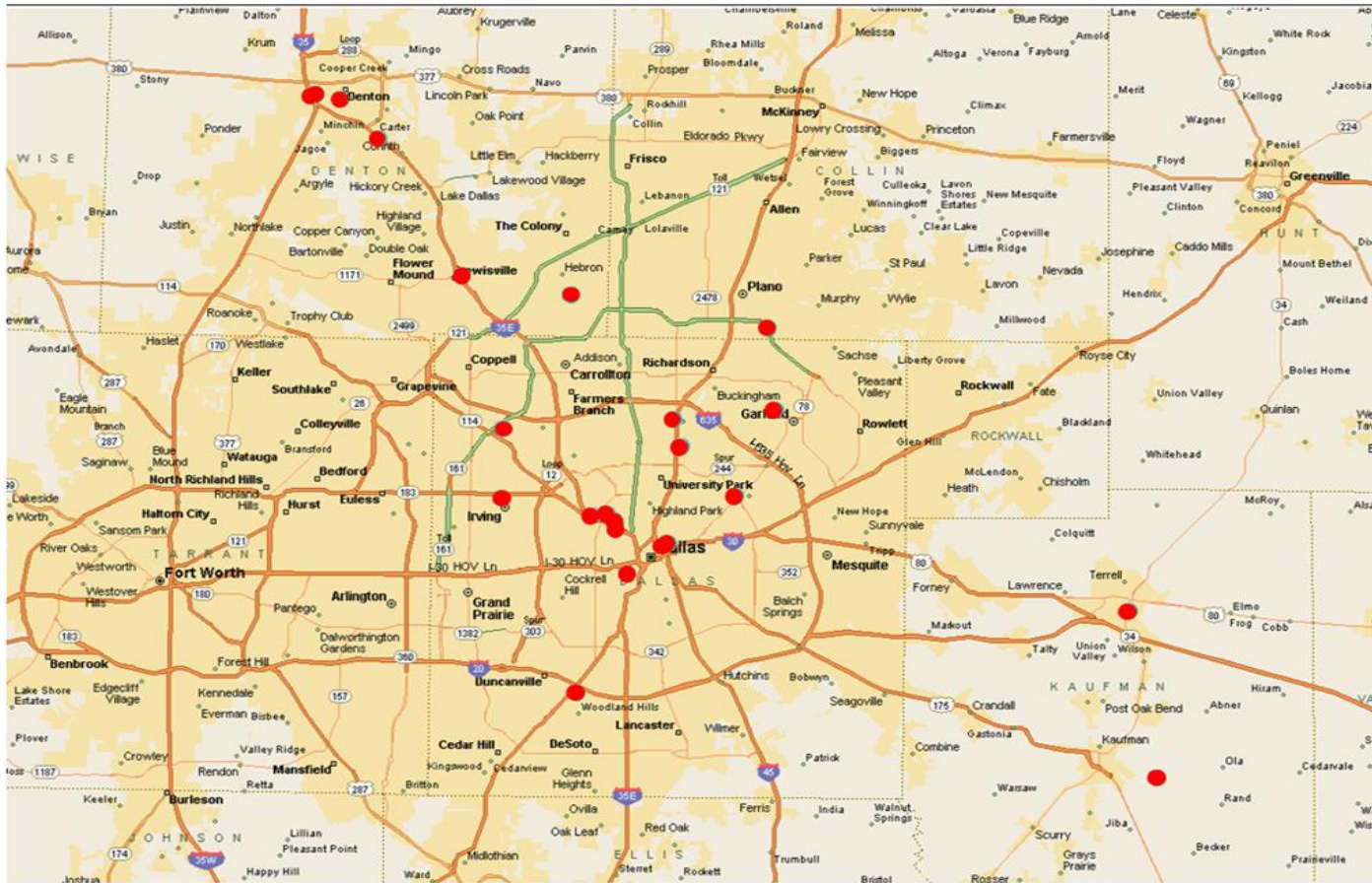


REGIONAL HEALTH PARTNERSHIP(RHP)9
COMMUNITY HEALTH NEEDS ASSESSMENT
UPDATE

Presented by
Dallas–Fort Worth Hospital Council
Education and Research Foundation

GEOGRAPHY OF RHP 9



SPECIFIC OBJECTIVES

- Identify current regional health trends.
- Identify differences in trends from the previous Community Health Needs Assessment.
- Identify improvements in healthcare trends, if any.
- Provide a resource for stakeholders to make informed decisions regards the programs and initiatives that will improve the health of people within the region.

KEY FINDINGS FROM PREVIOUS CHNA 2012

- Capacity - Primary and Specialty Care
- Behavioral Health
- Chronic Diseases
- Patient Safety and Hospital Acquired Conditions
- Emergency Department Usage and Readmissions
- Palliative Care and Oral Health

KEY FINDINGS FROM CURRENT CHNA 2017

- Capacity and Access
- Chronic Diseases Care and Prevention
- Culturally Competent Care Coordination
- Behavioral Health
- Infant and Maternal Health

METHODOLOGIES, MODELS AND DEMOGRAPHICS

This presentation's focus will be on a summary of key findings and next steps for using the information contained in the report

Please refer to the Community Health Needs Assessment for complete references, CHNA and methodologies as well as demographic information for RHP 9.

MENTAL HEALTH AND SUBSTANCE ABUSE

OUR MOST PERVASIVE CHALLENGE

BY THE NUMBERS

Lives Lost

14.1/100K vs. 10.1/100K
Drug Related Death Rates in Dallas
County vs. Texas 2014

BY THE NUMBERS

Providers and the Cost of Care

- 225,775: Number of ED visits for mental health/substance abuse patients in 2016 in North Texas
- ED visits occurred most often at Medical City Health:28%, Texas Health Resources: 17%, JPS Health Network: 16%, Parkland:11%, Baylor Health System: 11%
- The cost of care is higher for patients with mental health diagnoses of any kind than those without, most notably:
 - 51% higher for patients 0-17 years
 - 72% higher for patients 36-45 years
 - 63% higher for patients 46-55 years
 - 53% higher for patients 56-65 years

BY THE NUMBERS

Prison

- 12,000-16,000 inmates in Texas have mental illness
- This population costs approximately \$450 million to care for
- Approximately \$47 million is spent annually on inmates with mental illness in Dallas County alone

SOCIAL DETERMINANTS OF BEHAVIORAL HEALTH –
ALL OF THESE ARE ABOVE THE STATE AVERAGE
METRIC FOR TEXAS IN RHP 9 COUNTIES*

Age-Adjusted Death Rate –
Suicide

Homicide

Violent Crime

Frequent Mental Distress

Poor Mental Health Days

Drug Overdose Deaths

Severe Housing Problems

Pollution

Long Commutes

Obesity and Food

Environment

Exercise and Physical Inactivity

*The rates are different in each county, but the rate is higher in one or more counties in the RHP 9 region –
details in full report

NEED PROGRAMMING TO ADDRESS:

- Prevention and Treatment
 - Qualitative and Quantitative
- Political, Community, Health, Business and Lay Public Concerns
- Socioeconomic Disadvantage
- Healthcare Delivery
- Built Environment
- Public Safety

WORKFORCE CAPACITY

“THE DOCTOR IS NOT IN”

BY THE NUMBERS

- There is one charity clinic – an FQHC – in Kaufman County
- There are 127 Primary Care Docs per 100k people in the United States
 - There are 72/100K in Texas
 - There are 90/100K, 57/100k and 32/100K in Dallas, Denton and Kaufman counties, respectively
- Total physician population is 182/100K residents in TX
 - There are 208/100K in RHP 9 – but the rates are geographically disparate:
 - 238/100k in Dallas County
 - 131/100K in Denton County
 - 47/100K in Kaufman County
- 100% of Denton and Kaufman counties are Health Professional shortage areas as designated by the US Dept. of Health and Human services
- 47% of patient hospital encounters for Denton families occur outside of Denton; the number is 71% for Kaufman County

BRIGHT SPOTS

5 Years of Physician Supply Increases – about 4% per year in Texas from 2004 to 2014 (39% over the period)

Similar growth in RHP 9, but with only half the rate in Kaufman (21% over the period)

This exceeds the state's population growth over the same time period (est. – 21-22%)

NEED PROGRAMMING TO ADDRESS:

- Physician Availability
- Continued Expansion in Priority Areas
- Other Providers, Technological Innovation, Appropriate Expanded Scope of Practice

CHRONIC DISEASE

CHALLENGES ACROSS DISEASE STATES

BY THE NUMBERS

- 175.5/100K: Age adjusted death rate due to heart disease in Texas
 - Dallas County Rate: 180.4/100K
 - Kaufman County Rate: 247.8/100K
 - Denton County: 148.5

The age adjusted death rate due to heart disease has improved steadily between 2002 and 2013 in Dallas and Denton counties. However, rates in Dallas (and rates in Kaufman) are still higher than the Texas and National averages.

BY THE NUMBERS

- African American and Hispanics in Texas are twice as likely to die from diabetes related causes than Caucasians. They die of AK failure, septicemia, UTI, and pneumonia
- The average charge to treat a pediatric hospital patient in North Texas from 2012-2015 was \$5,058
 - The average charge to treat an overweight or obese pediatric hospital patient was \$16,602 – a 3 fold increase in cost

BY THE NUMBERS

- 37/100,000: Kaufman County's dentists provider to patient ratio
 - The rate is 46/100K in Texas and 78/100K in Dallas County

BY THE NUMBERS

- Immunization conscientious exemption rate in Denton County: 2.92%
 - .64% in Dallas County and .85% in Kaufman County
- Communicable disease rates in Dallas County are higher than the state averages by:
 - 15% for Gonorrhea
 - 23% for Chlamydia
 - 54% for TB
 - 76% for syphilis
 - 90% for HIV

NEED PROGRAMMING TO ADDRESS:

- Heart Disease
- Diabetic Disparity
- Obesity
- Dental Services
- Immunization Rates and Communicable Diseases

INFANT AND MATERNAL MORTALITY

A LESSON IN DISPARITY

BY THE NUMBERS

- Texas Infant Mortality Rate 5.8%: Dallas County - 6.6%; Kaufman County - 9.3%
- Texas Infants Born with Low Birth Weight 8.3%: Dallas County - 8.6%; Kaufman County - 9.3%
- 54 Maternal Deaths (deaths within a year of delivering a child) reported in North Texas 2010-2015: Double that of the prior 5 year period
- Women in Texas with Medicaid coverage receive post-natal care for only 60 days
- Maternal Mortality for African-American Texas women is 67.3/100K
 - Overall Texas rate: 24.4/100K
 - Rate for Caucasian women: 24.5/100K
 - Rate for Hispanic women: 12.2/100K

NEED PROGRAMMING TO ADDRESS:

- Death Rates
- Low Birth Weight
- Maternal mortality
- Disparity
- Care during and following pregnancy
- Health, social, and economic issues

CARING FOR THE WHOLE PERSON

TO PROVIDE EXCELLENT CARE, WE MUST
UNDERSTAND HOW TO CARE FOR EACH PERSON
AS AN INDIVIDUAL AND AS PART OF THEIR NATIVE
CULTURE

BY THE NUMBERS

- 21% of ED visits in North Texas are “non-emergent” according to the New York University Algorithm
 - 21% are deemed “emergent”, but primary care treatable
 - Only 12% of visits result in admission
- The reduction in 30 day readmissions for patients in North Texas from 2013 to 2014 (statistically significant ($P < .0001$): 14.72% to 14.4%
- 26% of hospitals in North Texas self report that they provide education to their staff on cultural and linguistic factors in 2015
- 14% of hospitals in North Texas self report that they collect the patient’s family or patient’s support person’s preferred language of communication

NEED PROGRAMMING TO ADDRESS:

- ED Overuse
- Readmissions
- Cultural competence and linguistic training and workflows
- Improved patient experience, reduced readmissions, reduced unnecessary ER use
- High reliability - healthcare acquired conditions

NEXT STEPS

MOVING FORWARD

USING WHAT WE
KNOW

**What can the
participants in RHP 9 do
to address these issues
with financial support in
the next 1115 Waiver?**

Study

- Evaluate how the region's needs meet with your current programming priorities. Are you helping to address the most pressing needs?
- Does the CHNA information inform your next cycles of organizational strategic planning?

Generate Ideas

- What programs would address multiple community needs at the lowest regional cost?
- Which organizational partnerships would create the greatest value in addressing these multiple needs? Do you need to build, partner, innovate and in what ways?

Plan

- Develop business models to deliver the programming that you envision to meet the needs
- ActSubmit requested information for the RHP 9 Plan update to Anchor by requested due date.
- Participate in Learning Collaborative Activities to ensure alignment and inclusion across RHP 9.

DISCUSSION/QUESTIONS