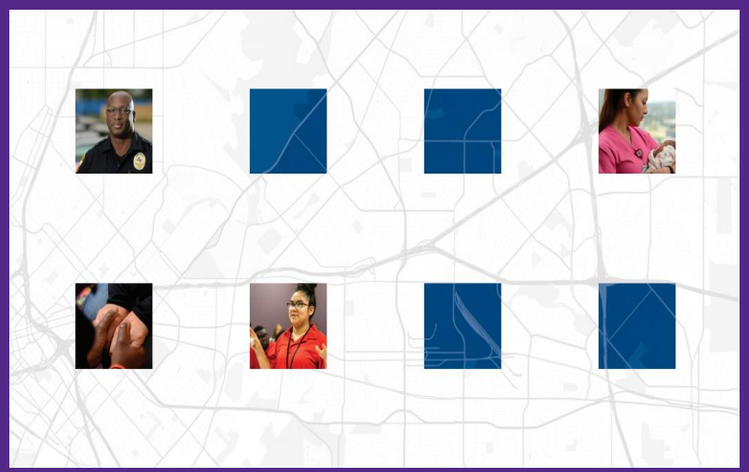


Dallas County Community Health Needs Assessment

CHNA Regulations

Enacted in 2010 by the Patient Protection and Affordable Care Act, section 501(r)(3) and reinforced by IRS 26 CFR Part 1, 53 and 602

Charitable and governmental hospital organizations shall complete a triennial CHNA addressing the following:

- Define the community it serves
- Assess the health of the community it serves
- Solicit community input
- Collaborate with a public health agency
- Release a public report

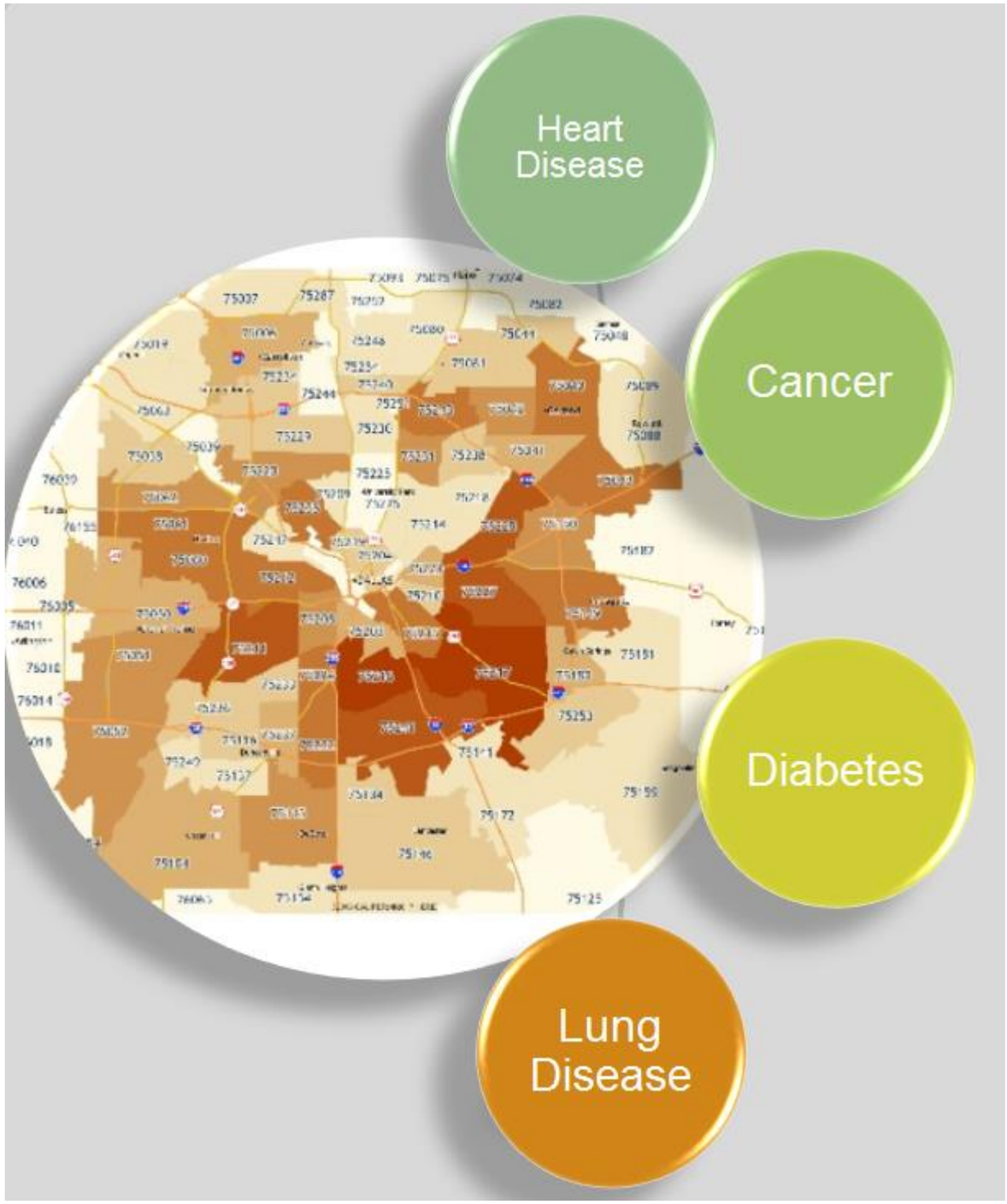
The implementation plan shall:

- Describe the actions to be taken that will:
  - a. address the health needs
  - b. the anticipated impact, and
  - c. identify the programs and resources allocated
- Complete an evaluation

CHNA Findings

CHNA Target ZIP Codes: **75210, 75211, 75215, 76216, 75217, 75241**

- Access to care and coverage
- Cultural competency
- Health literacy
- Behavioral health
- Maternal mortality
- Sexually transmitted infections
- Chronic diseases



Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **MATERNAL AND CHILD HEALTH**

Problem Statement

1. Most deaths occur after 60 days postpartum, a period beyond the postpartum window covered by Medicaid.
2. African American women have the highest risk of pregnancy-related mortality.
3. Substance abuse, cardiac conditions and behavioral health are leading causes of maternal mortality.
4. Accurate data collection of maternal morbidity and mortality associated with pregnancy during antepartum period, delivery and up to 1 year postpartum is lacking.

Strategy

Because after pregnancy, women lose their Medicaid coverage 60 days postpartum, this program will follow enrolled high-risk African American women through the first year postpartum. The program model concentrates on screening, recognition and treatment of conditions with high prevalence in the African American community of women which are also associated with pregnancy related maternal mortality. Targeted risk assessments screen for hypertension, diabetes, depression and substance use disorders. Moreover, important social determinants of health disparities and other environmental risks are intentionally addressed in the programmatic strategies.

Program Metrics

METRIC 1: Percentage of patients from the targeted population enrolled into the Extending Maternal Care After Pregnancy (eMCAP) program (target population is defined as postpartum women who reside in target ZIP Codes.)

Maternal and Child Health

Activity 1

- Define the target population and establish a data infrastructure to measure the baseline characteristics of healthcare outcomes and quality metrics.

Activity 2

- Implement a surveillance system for women from the target region. Connect with women before discharge from the hospital and enroll in the program.

Activity 3

- Deploy a mobile health unit and/or establish local fixed site clinics for improved access to care for women after pregnancy in the target region.

Activity 4

- Maintain regular contact with participants through a combination of home visits, telehealth, phone, text message, etc.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **BREAST HEALTH**

Problem Statement:

1. When compared to the rest of the county, Southeast Dallas has the highest number of cancer morbidity and mortality
2. These areas have higher rates of low socio-economic status as well as a higher rate of minority populations, as an example, African American and Hispanics

Strategy

Build upon Parkland's Breast Cancer Health Equity efforts launched in 2019 that provide the foundational work to establish a "Multicomponent Intervention." Multicomponent Intervention is an evidenced-based strategy recommended by the Community Preventive Services Task Force (CPSTF) to promote breast cancer screenings in underserved populations.

Program Metrics

METRIC 1: Number of women from the targeted population who received a mammogram.

METRIC 2: Percentage of "Lost to Care" patients from the targeted population (as an example, not cleared and treatment non-initiated).

Breast Health

Activity 1

- Deploy a data-driven cancer screening campaign.
- Deploying seamless workflows to handoff patients throughout continuum of care.

Activity 2

- Strengthen Parkland's breast cancer continuum of care to ensure patients remain in care until clear or treatment is completed.
- Adopt high alert notification through electronic health records.

Activity 3

- Enhance care coordination by integrating CHWs, patient advocates and nurse navigators.
- Establish a joint Parkland-DCHHS cancer epidemiological approach to reduce cancer rates in high priority areas of Dallas County.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **BEHAVIORAL HEALTH**

Problem Statement:

Dallas County does not have enough behavioral health capacity to support the high demand for these 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.

Strategy

Increase behavioral health capacity and further improve coordination among behavioral health providers and community-based organizations.

Program Metrics

METRIC 1: Number of patients from the targeted population with a behavioral health encounter.

METRIC 2: Number of pediatric patients from the targeted population with a behavioral health encounter.

METRIC 3: Number of interventions by RIGHT Care teams.

Behavioral Health

Activity 1

- Expand adult behavioral health services in community-based clinics for individuals diagnosed with mild to moderate mental illness.
- Expand pediatric mental health services in 2 clinics: deHaro-Saldivar Health Center and the Southeast Dallas Health Center.

Activity 2

- Expand RIGHT CARE by 3 multi-disciplinary teams citywide: 1 South, 1 North, 1 Float.
- 1 complex care team for highest utilizers of jail and ER resources (North Texas Behavioral Health Authority [NTBHA], DPD).
- 1 follow-up team (NTBHA, DPD).
- 911 Call Center to be staffed by NTBHA Care Coordinator.

Activity 3

- Engage organizations within the community to create a “no wrong door” approach to serving those with behavioral health needs.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **PEDIATRIC ASTHMA "BREATH FOR LIFE & LEARN FOR LIFE"**

Problem Statement:

High asthma morbidity among pediatric population in the following ZIP Codes: 75210, 75211, 75215, 75216, 75217 and 75241.

Strategy

Implement "Breath For Life & Learn For Life" asthma program. This is a data-driven model for cross-sector linkage and coordination between Dallas County schools and its health system. The purpose of this program is to enroll children with an asthma diagnosis in a text notification program and risk-driven clinical intervention that drive patients and/or parents to follow appropriate preventive measures to avoid asthma exacerbation.

Program will deploy outreach into communities in the involved ZIP Codes, screen asthma children and refer them to PCPs for asthma management. If they do not have a PCP, they will be referred into the Parkland system for asthma medical management and education.

Program Metrics

METRIC 1: Percentage of patients with asthma from the targeted population who were prescribed an asthma therapy.

METRIC 2: Number of pediatric patients with asthma from the targeted population enrolled in the notification program.

METRIC 3: Percentage of patients with asthma from the targeted population who received a flu shot.

Pediatric Asthma

Activity 1

- Enroll Parkland's existing pediatric asthma patients who are not enrolled through the system's health plan into the Breath For Life & Learn For Life program.

Activity 2

- Establish collaboration between Parkland, Dallas County Health and Human Services, Dallas Independent School District (DISD) and Asthma Chasers.
- Identify and solve for any legal barriers (FERPA, HIPAA, etc.).
- Identify and address any barriers of technological interoperability and sustainability.

Activity 3

- Dallas County Health and Human Services will assist in the development of asthma self-management education policy/procedures (AS-ME).
- Identify districts with clean diesel bus routes and/or anti-idling policy.
- Identify housing authorities and programs that use CHWs and train CHWs.

Activity 4

- Support policies and provide technical assistance to improve air quality including modifying multi-unit housing codes and tobacco free policies.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **DIABETES**

Problem Statement:

There is a high prevalence of diabetes among residents living in CHNA target ZIP Codes 75210, 75211, 75215, 75216, 75217 and 75241.

Strategy

Deploy Primary, Secondary and Tertiary interventions as described in the activity section that focuses on individuals from CHNA target ZIP Codes.

Program Metrics

METRIC 1: Number of patients from the targeted population screened for diabetes and receiving targeted follow-up based on screening results (higher is better).

METRIC 2: Percentage of patients with diabetes from the targeted population who performed an HbA1c test (higher is better).

METRIC 3: Percentage of patients with diabetes from the targeted population whose most recent HbA1c level is > 9.0% (lower is better).

METRIC 4: Percentage of patients with diabetes from the targeted population with HbA1c level > 9.0% and PSAM score (medication adherence) < 60% (lower is better).

METRIC 5: Percentage of patients with diabetes from the targeted population who received a foot exam (higher is better).

METRIC 6: Percentage of patients with a diagnosis of a diabetic foot problem from the targeted population who experienced an amputation (lower is better).

Diabetes

Activity 1

- Identify people who have or may have diabetes and are not aware and link them to the right level of care through:
- Collaboration with local community-based organizations.
- CHW deployment to high-risk areas.

Activity 2

- Link new diabetes patients to primary care and prevent diabetes complications by addressing social determinants of health.

Activity 3

- Link high-risk patients to Diabetes Consult Team.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **SEXUALLY TRANSMITTED INFECTIONS**

Problem Statement:

Over the past 10 years the rate of sexually transmitted infections has increased, and 800 people are newly diagnosed with HIV every year.

Strategy

Parkland will partner with DCHHS, which is leading the effort to reduce the transmission rate of sexually transmitted diseases. DCHHS' 90-90-90 program aims to have 90% of the population with HIV aware of their condition, 90% on treatment and 90% virally suppressed by the year 2030.

Program Metrics

METRIC 1: Percentage of patients from the targeted population who were tested for chlamydia.

METRIC 2: Number of patients with chlamydia from the targeted population who offered expedited partner treatment.

METRIC 3: Number of patients from the targeted population who were tested for HIV.

METRIC 4: Percentage of inmates from the targeted population who were tested for HIV.

METRIC 5: Percentage of patients from the targeted population who tested positive for HIV and were prescribed treatment within 30 days from test.

METRIC 6: Percentage of HIV positive patients from the targeted population with a viral load less than 200/copies ml.

[1] Parkland and Dallas County Health and Human Services. 2019 Community Health Needs Assessment, available at: https://www.parklandhospital.com/dallas-community-health

Sexually Transmitted Infections

Activity 1

- Parkland will implement an expedited partner treatment program, including education regarding how to approach partners.

Activity 2

- Parkland has initiated “opt out” HIV testing in its emergency room and will expand approach to the Dallas County Jail.

Activity 3

- Parkland and Dallas County Health and Human Services have begun providing pre-exposure prophylaxis (PrEP) for individuals at high risk of contracting HIV.

Activity 4

- Continued expansion of community outreach efforts regarding STIs, consolidation of Dallas County Health and Human Services’ STI clinic, now renamed Sexual Health Clinic, and increased visits by 28% between 2018 and 2019.
- Dallas County Health and Human Services will expand after hours services at its Sexual Health Clinic to evenings and Saturdays and explore the need for other sexual health clinic expansion.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **HYPERTENSION**

Problem Statement

Heart disease is the leading cause of death in Dallas County with African Americans suffering from particularly high mortality rates related to the condition.

Strategy

Establish high blood pressure program that adheres to the State of Texas public strategies for addressing heart disease and stroke (2019-2023). The program will focus on patients residing in ZIP Codes 75210, 75211, 75215, 75216, 75217 and 75241. In addition, the program will have a particular focus on African Americans as they have a significantly higher mortality rate related to hypertension than other race/ethnicities.

Program Metrics

METRIC 1: Number of patients from the targeted population screened for high blood pressure and follow-up documentation.

METRIC 2: Percentage of patients from the targeted population whose blood pressure at the most recent visit is adequately controlled.

METRIC 3: Percentage of patients with diabetes from the targeted population whose blood pressure at the most recent visit is adequately controlled.

Case Definition

Stage 1: Systolic 130 to 139 mmHg or diastolic 80 to 89 mmHg

Stage 2a: Systolic 140 to 159 mmHg or diastolic 90 to 99 mmHg

Stage 2b: Systolic at least 160 179 mmHg or diastolic at least 100 110 mmHg

Above 180/110 Urgent Assessment

Hypertension

Activity1

- Develop an enhanced surveillance system for chronic diseases.
- Establish a heart disease registry.

Activity 2

- Align clinical teams and CHWs to support patients with uncontrolled high blood pressure.
- Explore technology and care delivery models away from main campus.
- Adopt social marketing strategies.

Activity 3

- Reduce the burden of hypertension and heart disease in Southeast Dallas through policy and environmental changes to increase access to healthy foods and physical activities.

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **ACCESS TO CARE**

Problem Statement:

1. South and Southeast Dallas have a concentration of ZIP Codes with high SocioNeeds Index (SNI) scores and high mortality and morbidity.
2. Hispanics living in the CHNA target ZIP Codes have the lowest insurance coverage rates in the county, limiting their access to health services.
3. In ZIP Codes 75216 and 75217, more than 40% of the population lacks an internet connection.

Strategy

Increase access points for health services as well as financial eligibility applications in the Southern sector of Dallas.

Program Metrics

METRIC 1: Number of community partners helping patients with PFA application submission.

METRIC 2: Number of primary care encounters provided in targeted areas.

Access to Care

Activity1

- Establish community hubs to assist patients with health coverage, immunizations, health screenings, telehealth set up, and referrals to social services.
- Expand Parkland's Community Health Workers program to improve access/outreach and reduce the number of patients lost to care.
- Further expand telehealth/virtual care opportunities through partnerships with community-based organizations.

Activity 2

- Train staff at partner organizations (as an example, local FQHCs) to help patients navigate Parkland's coverage eligibility and financial assistance processes from off-site locations.

Activity 3

- Expand clinic access in the Redbird area (new COPC).

Parkland | *Care. Compassion. Community.*

COMMUNITY HEALTH NEEDS ASSESSMENT PROGRAM DESCRIPTION: **CULTURAL COMPETENCY**

Problem Statement

The ever-increasing diversity of Dallas County requires greater resources devoted to cultural competency including the establishment of best practices for Race, Ethnicity, Age, Language (REAL) and Sexual Orientation and Gender Identification (SOGI) data collection.

Strategy

Conduct a Cultural Competencies Organizational Self-Assessment

1. Use a third party, as an example, consultants and/or external evaluators to select, analyze and manage the assessment.
2. Identify external stakeholders who can provide valuable feedback about current strengths and areas in need of improvement regarding the function of Parkland and DCHHS and the needs of the communities they serve.
3. Determine distribution, administration and data collection procedures (as an example, confidentiality, participant selection methods).

Develop an implementation plan based on the assessment

Based on the information gleaned from the assessment, establish priorities for the organizations and incorporate them into a cultural competency implementation plan. Included in the plan will be a system to provide ongoing monitoring and performance improvement strategies. The plan is expected to include the following components:

1. Consistent collection of relevant data to gain better understanding of the health needs of vulnerable or special populations:
   I. Race, Ethnicity, Age and Language data (REAL),
   II. Sexual Orientation and Gender Identification (SOGI) data, and
   III. Patient literacy level.
2. Trauma informed care training.
3. Workforce development:
   I. Identify an experienced workforce development leader to guide and execute strategic roadmap.
   II. Increase guidance and career support resources for Parkland employees in entry-level jobs.
   III. Optimize healthcare internships for high school and college students who live in ZIP Codes with disproportionately high SocioNeeds Index (SNI) scores.
   IV. Secure and expand educational partnerships to build new programs that promote entry to healthcare jobs and increase diversity within Dallas County's healthcare workforce.
   V. Target recruitment in ZIP Codes with high SNI scores.
   VI. Establish a Parkland Career Advisory program.

Strategy Metric

Percentage of employees who participated in the organizational assessment.

Cultural Competency & Workforce Development

Activity 1

- Conduct a cultural competency organizational self-assessment.
- Develop an implementation plan based on the summary report that addresses the following:
  - Culturally and Linguistically Appropriate Services (CLAS)
  - Sexual Orientation Gender Identification (SOGI),
  - Race Ethnicity Age Language (REAL),
  - Patient literacy level, and
  - Trauma informed care training.

Activity 2

- Workforce development activities include:
- Identify an experienced workforce development leader to guide and execute strategic roadmap.
- Increase guidance and career support resources for Parkland employees in entry-level jobs.
- Optimize healthcare internships for high school and college students who live in ZIP Codes with disproportionately high SocioNeeds Index (SNI) scores.
- Secure and expand educational partnerships to build new programs that promote entry to healthcare jobs and increase diversity within Dallas County's healthcare workforce.
- Target recruitment in ZIP Codes with a high SNI score.
- Establish a Parkland Career Advisory program.

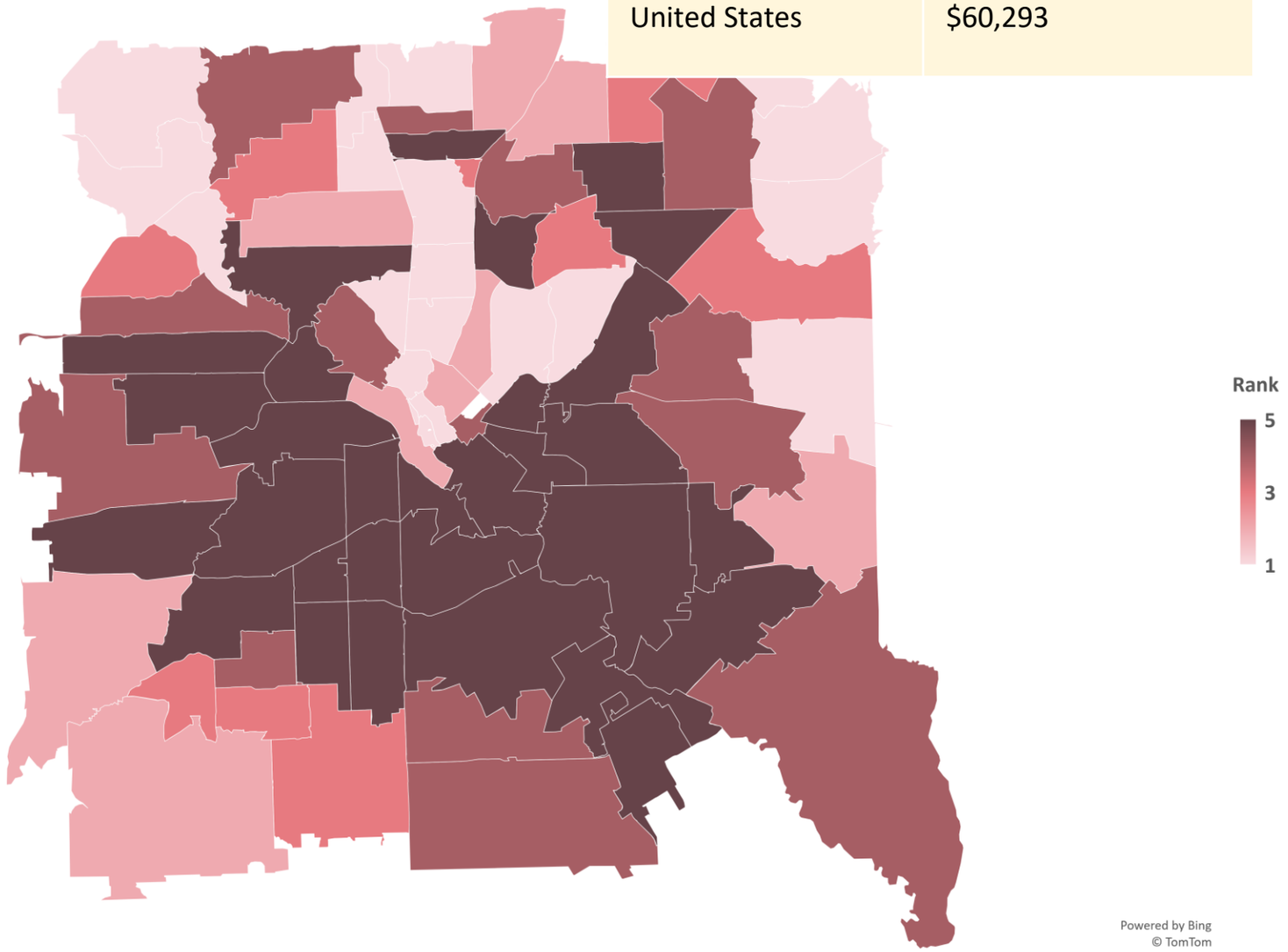
Target Recruitment: Hires from CHNA Zip Codes

Rank	Zip Code	SNI Index	Hires
6	75211	97.3	45
7	75227	96.6	43
39	75235	73	38
4	75217	98.2	35
35	75243	79.6	34
3	75216	98.6	32
2	75212	98.8	29
38	75150	73.6	27
17	75228	94.2	25
26	75241	90.7	24
Total CHNA Zip Codes Hires*			
680*			

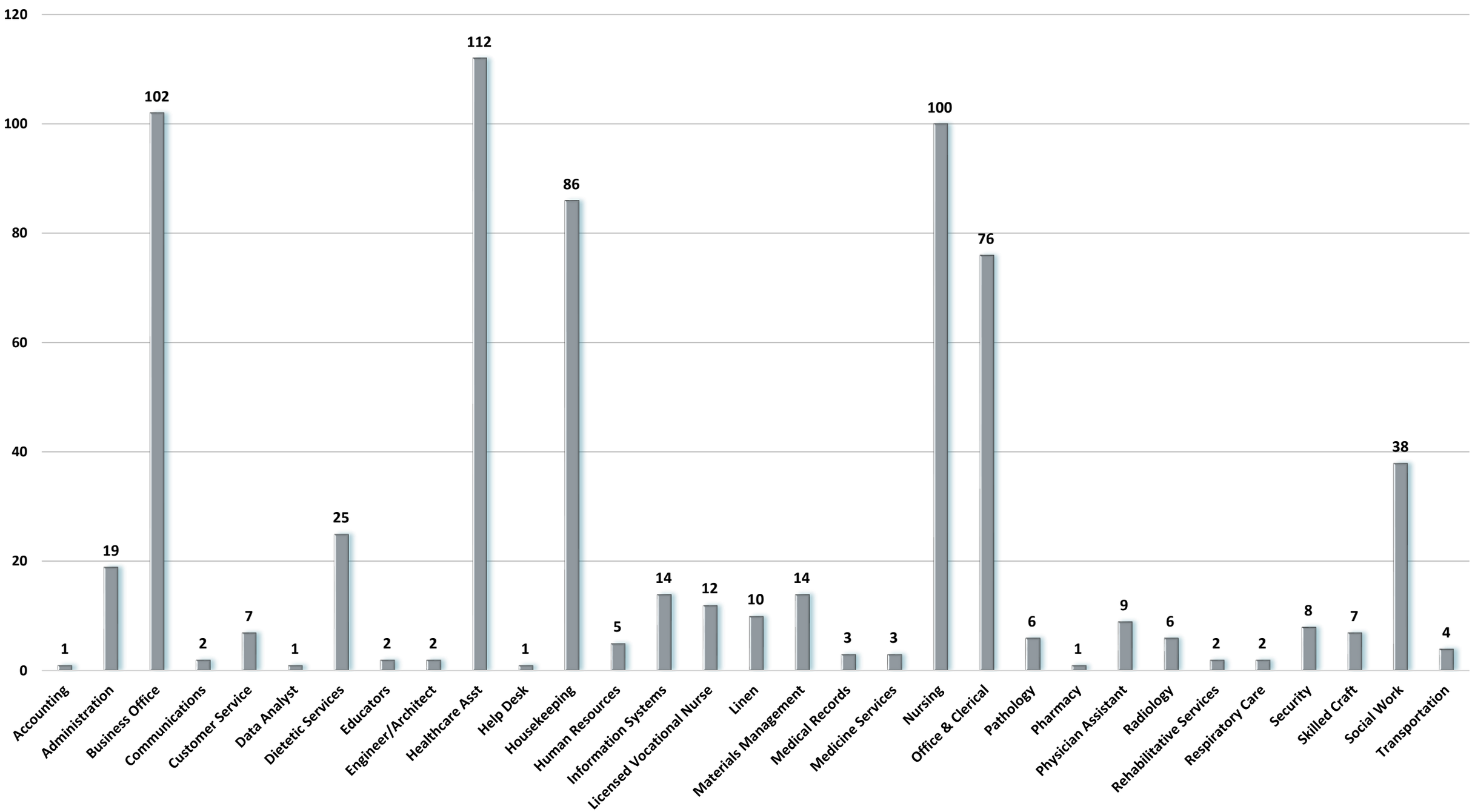
Average salary: $42,847

***Hiring Volumes from Q1-Q3 FY2020 (October 2019-June 2020)**

2018 Median Household Income	
Dallas County	$56,854
United States	$60,293



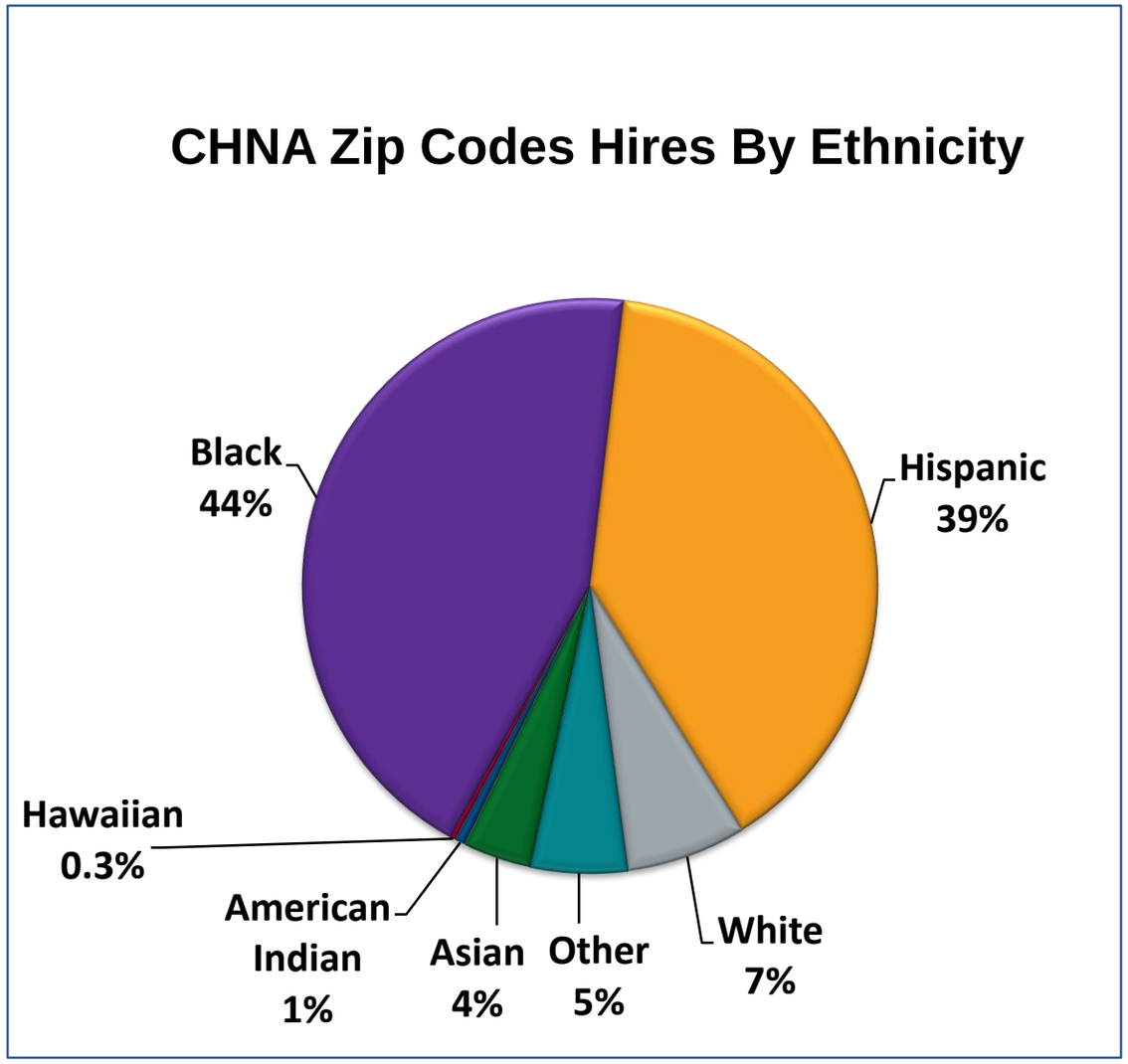
CHNA ZIP Code Hiring by Job Family



Total Hires from CHNA Zip Codes: 680*

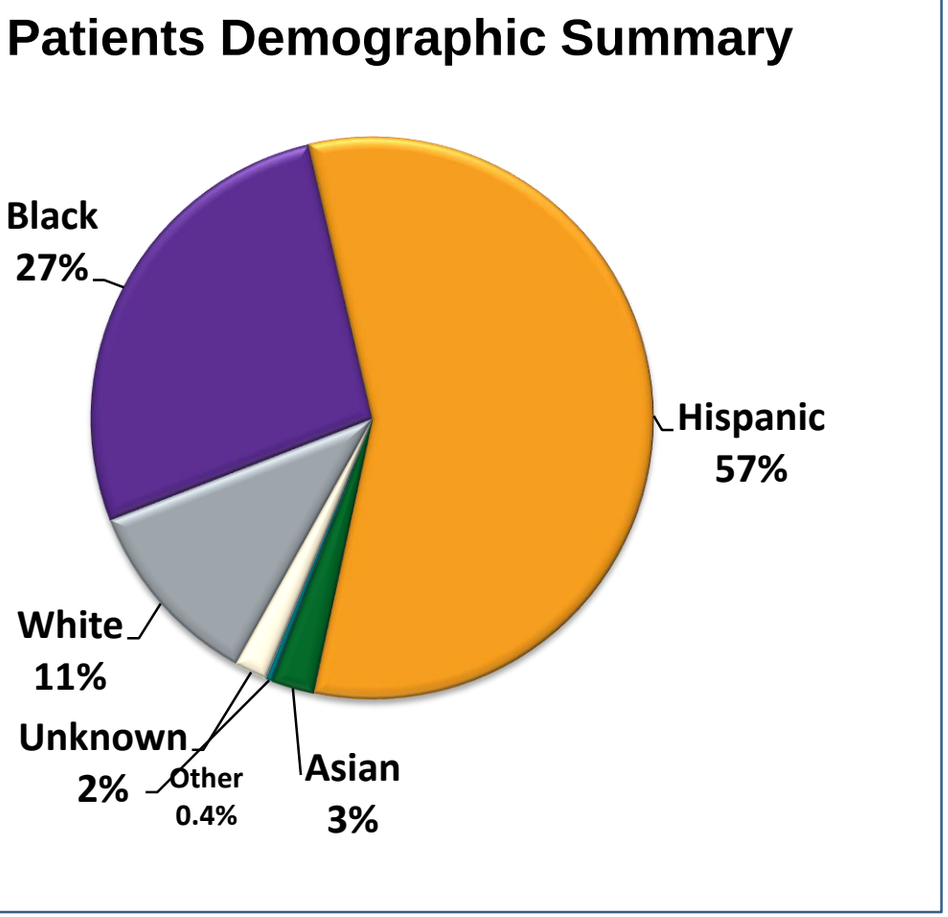
***Hiring Volumes from Q1-Q3 FY2020**
(October 2019-June 2020)

CHNA ZIP Codes Hiring by Ethnicity

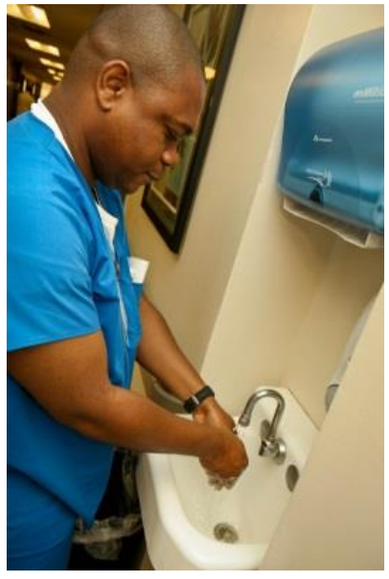


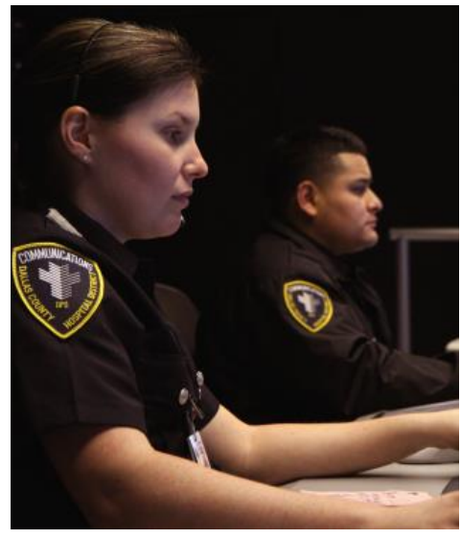
Ethnicity	Hires
Black	298
Hispanic	267
White	46
Other	37
Asian	26
American Indian	4
Hawaiian	2
Total CHNA Zip Codes Hires*	
680*	

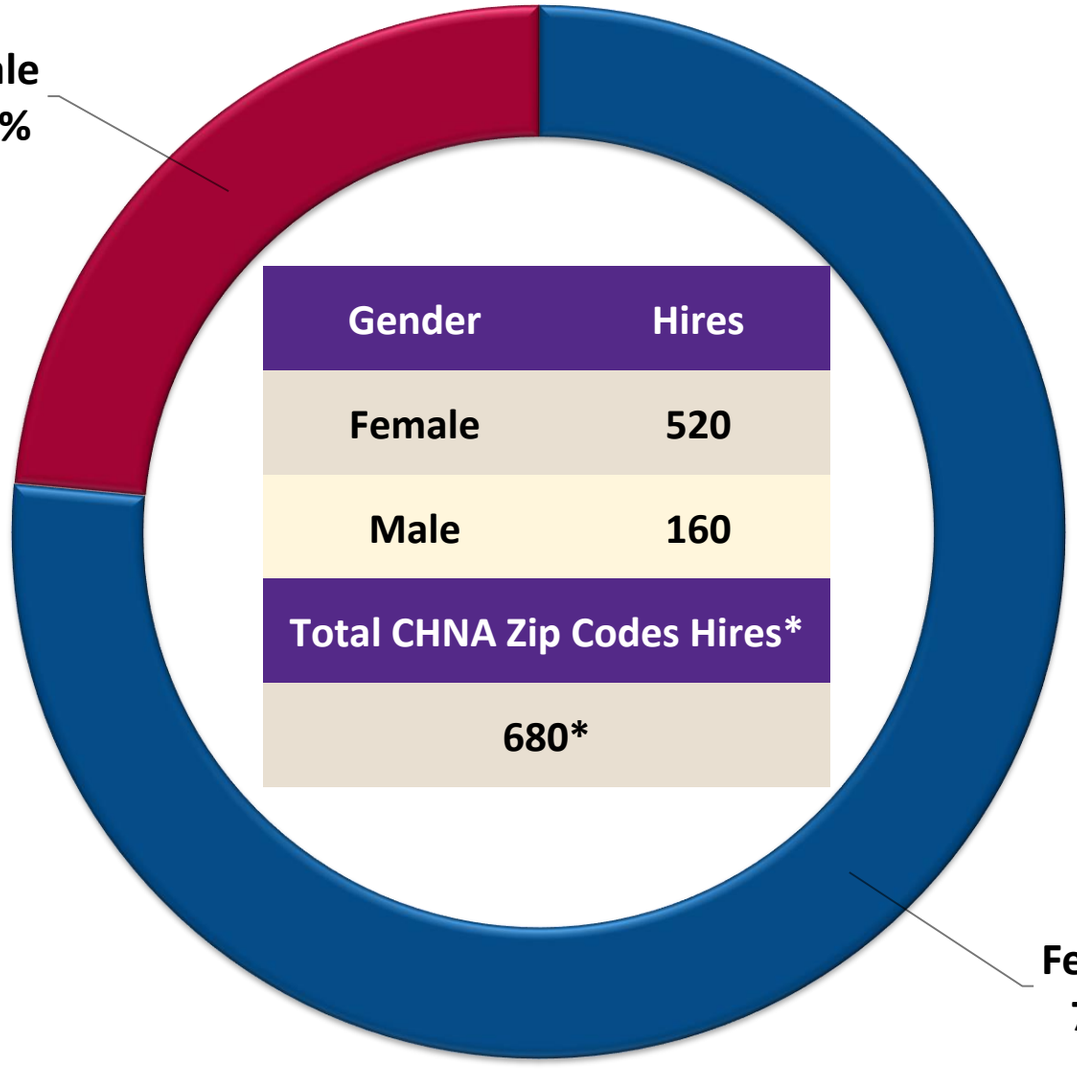
*Hiring Volumes from Q1-Q3 FY2020 (October 2019-June 2020)



CHNA ZIP Codes Hiring by Gender







Gender	Hires
Female	520
Male	160
Total CHNA Zip Codes Hires*	
680*	

*Hiring Volumes from
Q1-Q3 FY2020
(October 2019-June 2020)

Community Partners

Education

- Cornerstone Crossroads Academy
- Dallas College Cedar Valley Campus
- Dallas Independent School District
- Paul Quinn College*
- University of North Texas at Dallas*

Faith Based

- African American Pastors' Coalition*
- Pleasant Grove Ministerial Alliance

Government

- City of Dallas
- Dallas County Health and Human Services
- Dallas Housing Authority
- Mexican Consulate

**** Exploratory phase***

Community Partners

Healthcare

- Abide Women's Health Services
- Baylor Scott & White Health and Wellness Center
- Federally Qualified Health Centers
- Homeward Bound
- North Texas Behavioral Health Authority*

Non-Profit

- Asthma Chasers
- Catholic Charities Dallas
- Community Council
- Crossroads Community Services
- Inspired Vision Compassion Center
- Voice of Hope
- YMCA

**** Exploratory phase***