

# DALLAS COUNTY 1997 COMMUNITY HEALTH *CHECKUP*

## PREFACE

The 1997 Dallas County Health *Checkup* is a collaborative effort of 16 Dallas County hospitals. The research and analysis that went into the development of the document was provided by the staffs of the Strategic Planning and Population Medicine Department of the Parkland Health and Hospital System and Baylor Health Care System Department of Strategic Marketing. This is the fifth year of the collaborative effort among these hospitals in the development of the *Checkup*. Overall coordination of this collaborative has been under the auspices of the Dallas/Fort Worth Hospital Council. Participating hospitals include: Parkland Health & Hospital System, Baylor University Medical Center, Baylor Medical Center at Garland, Richardson Regional Medical Center, Irving Healthcare System, Children's Medical Center of Dallas, Methodist Medical Center, Charlton Methodist, Presbyterian Hospital of Dallas, Presbyterian Hospital of Plano, St. Paul Medical Center, Zale Lipshy University Hospital, Garland Community Hospital, Tri City Health Center, Inc., DFW Medical Center, and Mesquite Community Hospital.

The *Checkup* was developed for use by the residents of our community and the institutions that serve them. It is a tool by which they can address issues related to our community's health as they pertain to individuals, families and the community. The *Checkup* provides a framework by which health needs can be joined with the assets or investments made by the community in its social and physical infrastructure.

## ACKNOWLEDGMENTS

The major authors and researchers for the 1997 Dallas County Community Health *Checkup* are members of the staff of Parkland Health & Hospital System's department of Strategic Planning and Population Medicine. They are: **S. Sue Pickens, M.Ed., Michelle Kelleher Tietz, M.B.A., and Wanda DeMello, B.S., M.B.A.** The work was done under the overall direction of **Paul J. Boumbulian, D.P.A., M.P.H.** **Carolyn Moore** Administrative Assistant, served as the anchor for the project Their work would have been much more difficult and less complete without the contributions of **Rick Risser**, Bio-Statistician of the University of Texas Southwestern Medical Center, Academic Computing Department, who did the statistical analysis and provided insightful interpretations of the data. The asset inventory could not have been completed without the dedicated work of **Janice Lake, Health Services Administration student** at the University of Texas Southwestern Medical Center at Dallas..

Special thanks to **Billy Moore, Ph.D.** of the Baylor Healthcare System's Department of Strategic Marketing, without whom the physician analysis section could not have been completed.

Finally, the study would not have been possible without the coordination and auspices of the Dallas/Fort Worth Hospital Council and the particular guidance provided by **Paulette Standefer, Executive Vice President.**

## **EXECUTIVE SUMMARY**

### ***Dallas County 1997 Community Health Checkup***

The ***Dallas County, 1997 Community Health Checkup*** is the most recent evaluation of Dallas County residents' health status and the assets the community has to improve its health status. The ***Checkup*** draws from a variety of local, state, and federal sources. These health problems and assets are associated with eleven identified service areas defined by ZIP code. The demographic and vital statistics were developed by census tract and assigned to a ZIP code. The ***Checkup*** is designed to be a tool to be used by the residents of these service areas and the institutions that work with them and serve them by identifying opportunities for intervention and resources to help provide those interventions.

The best opportunity for residents and institutions to achieve improvements of health status comes from focusing on the key determinants of health, i.e., the physical environment, social environment, our genetic endowment and how each individual responds to these determinants, physical (biological) and behavioral (lifestyle). Health care can moderate the effects of the determinants of health and improve functionality but its contribution to an individual's health status is only about 10 percent, whereas social environment contributes 50 percent, genetic endowment 20 percent, and physical environment 20 percent.

***The Community Health Checkup*** is composed of five parts: A gap analysis, an identification of health problems and targeted populations, needs analysis, a listing of healthy community indicators and the Healthy Start/Healthy Future plan of action from the President's Summit.

### **Gap Analysis**

Gaps are considered to be areas where health indicators vary from a standard. For the purposes of this study it has been established that the county mean serves as such a standard. In certain cases the study has looked beyond the County where data permits to State and National standards. County and each of the service areas were profiled with

respect to vital statistics, utilization and ambulatory sensitive conditions, and community surveys. The gap analysis also includes an inventory of assets, an inventory of existing outpatient services and Medicaid services provided.

### **Vital Statistics**

The gaps identified differ because each service area differs; however, heart disease and cancer were the leading causes of death in each service area. Birth statistics indicate that only three service areas did not have at least one birth statistic higher than the County average. They are Irving, Mesquite/Garland/Richardson and Northern Corridor.

### **Utilization**

Dallas County has a relatively low inpatient discharge rate for 1995 at 86.45 age adjusted discharges per 1,000 population. Ob/delivery, general medicine, general surgery cardio/thoracic/vascular services, orthopedics and neonatology were the top 6 service line discharges for each of the eleven service areas. Grand Prairie, Mesquite/Garland/Richardson, Northern Corridor, Vickery, South Dallas and West Dallas service areas all had higher discharge rates than the County average.

Ambulatory care sensitive condition diagnoses were based on a list of conditions originally used by John Billings in his New York study of hospitalizations. Ambulatory sensitive conditions are conditions that if treated on an ambulatory care basis early enough may avoid hospitalization. Doctors based at the University of Texas Southwestern Medical Center reviewed the list. The top 7 conditions for the County as a whole have indicators for the direction of the three year trend, 1994 to 1996.. These conditions are injury, congestive heart failure, diabetes, bacterial pneumonia, kidney & urinary tract infections, alcohol dependency and abuse and asthma.

### **Community Surveys**

Four community surveys were analyzed: **Greater Dallas United Way Community Needs Assessment**, **HealthWatch**, **A Survey of Consumer Health Needs in Dallas County, 1997**, **Beyond ABC: Growing Up in Dallas County**, and **1996 Parkland COPC Community Evaluative Health Baseline Survey**. Gaps were identified by each survey for the County and individual service areas. These gaps fell into two categories, socio-economic conditions and health related. Socio-economic gaps identified as important for the County and most service areas were: access to good jobs, substance abuse, traffic, education, and injuries/violence. Health related gaps identified as most important for the County and for most of the service areas were: high blood pressure, high cholesterol, pregnancy/birth related, and physical and mental disabilities.

The **Beyond ABC: Growing up in Dallas County, 1996** showed that children's health care in Dallas County does not meet established national and state goals in the following areas: immunizations, cases of tuberculosis, intentional deaths by suicide, and percentage of children under 7 with high levels of lead in their blood.

In addition, when compared to the U.S. and Texas Behavioral Risk Factor Surveillance System, Dallas County residents had significantly more residents diagnosed with high blood pressure, high blood cholesterol and diabetes/high blood sugar.

### **Health Problems and Targeted Populations**

The Health Problems and Targeted Population section is composed of four parts: an epidemiological analysis, asset mapping, inventory of existing services and Medicaid services provided. The epidemiological analysis is divided into two parts: a County analysis and an analysis of each of eleven defined service areas. The analysis of each of these components includes demographic data, birth and death data, inpatient utilization data, and community survey data.

### **Epidemiological Analysis**

#### *County Analysis*

The County is slowly aging (8.2 percent over 65 in 1990 compared to 9.1 percent in 1996). It is also increasingly ethnically diverse with 54.5 percent of the population white, 20.5 percent African-American, and 21 percent Hispanic.

The County's population, which grew by 6.5 percent between 1990 and 1996, is increasing due to net in-migration.

Dallas is a relatively healthy community. Age adjusted death rates from heart disease, stroke, accidents, homicides, flu, suicides and cirrhosis have all declined from 1990 to 1995. Cancer, HIV, respiratory, and diabetes death rates increased during this time period.

Age specific death rates show the leading causes of death among children ages 0 to 24 are cancer, heart disease, homicides and accidents. The leading causes of death among adults ages 25 to 44 is accidents, HIV and homicides. Cancer and heart disease become the leading causes of death in those over the age of 45.

There has been significant improvements in birth statistics. The infant death rate declined 64 percent from 1990 to 1995 to below the State infant death rate. However, low birth weight births increased 0.2 percent from 1990 to 1994.

Based on the a summary of four community surveys, major concerns of Dallas County residents were:

- access to good jobs,
- teen drug and alcohol abuse
- traffic
- unsupervised children
- high blood pressure
- high cholesterol

- pregnancy or miscarriage within the last 5 years
- physical/mental disabilities.

### *Individual Service Area Analysis*

The service area analysis summarizes the analytical results for each of the eleven service areas.

#### ***Grand Prairie:***

Grand Prairie grew 13 percent from 1990 to 1996. The area has a large preschool age and school age population and a large Hispanic population.

The leading causes of death for Grand Prairie are heart, cancer, respiratory, stroke, diabetes and flu.

Low birth weight births and births to teens are higher than the County rates for these birth statistics.

Grand Prairie's overall age adjusted inpatient utilization rate is lower than the County's. For the top 7 ambulatory sensitive condition for Dallas County, Grand Prairie's rates declined.

The survey results indicated that a significantly higher percent of the residents of Grand Prairie, Desoto, Duncanville, Cedar Hill, Mountain Creek and S. Irving were told of high cholesterol and high blood pressure than the U.S., Texas, and Dallas County. Fewer residents of this area were told of diabetes than the U.S., Texas and Dallas County.

#### ***Stemmons Corridor:***

Stemmons Corridor population decreased slightly (0.7 percent) from 1990 to 1996. The area has a higher than average percent of elderly and is one of the most ethnically diverse areas of the County.

The leading causes of death for Stemmons Corridor are heart, cancer, respiratory, HIV/AIDS, stroke, and homicides.

Fertility rates (births to females 15-44) are higher than the County rates for this birth statistics.

The Stemmons Corridor's overall age adjusted inpatient utilization rate is higher than the County's. Of the top 7 ambulatory sensitive condition for Dallas County, Stemmons Corridor rates rose for congestive heart failure, diabetes, and asthma.

When compared with Texas and the U.S. Behavioral Risk Survey and the Dallas County, the Stemmons Corridor residents had a higher percentage of residents told of high

cholesterol than Texas and the U.S. but fewer than the overall Dallas County. This area had a higher percentage of residents told of high blood pressure than Texas and the U.S. but fewer than the overall Dallas Co.. However, the Stemmons Corridor residents had significantly more residents told of diabetes than the U.S., Texas or Dallas County residents.

***Irving:***

Irving grew 12.8 percent from 1990 to 1996. The area has a higher than average percent of population between the ages of 18 and 64 and has a large Hispanic and Asian population.

The leading causes of death for Irving are cancer, heart, stroke, respiratory, suicides, and diabetes.

All Irving birth statistics are below the County average.

Irving's overall age adjusted inpatient utilization rate is lower than the County's. Of the top 7 ambulatory sensitive condition for Dallas County, Irving inpatient discharge rates rose for congestive heart failure, diabetes, and asthma.

The community survey results also indicated that a higher percent of the residents of Addison, Coppell, Farmers Branch, North Irving, NW Dallas and S. Carrollton were told of diabetes than Texans as a whole, but fewer than the U.S. and Dallas County. Fewer residents were told of high cholesterol in Texas and Dallas Co., but a higher percent than the U.S. Additionally, fewer residents of this area were told of high blood pressure than the U.S., Texas and Dallas County.

***Mesquite/Garland/Richardson:***

Mesquite/Garland/Richardson grew 12.9 percent from 1990 to 1996. The area has a young population with only 7 percent of the population in 1996 over the age of 65 and is a relatively homogeneous community with 73 percent of the population being White.

The leading causes of death for Mesquite/Garland/Richardson are heart, cancer, stroke, respiratory, accidents, and diabetes.

All birth statistics are lower than the County rates although births to teens has been steadily increasing since 1990.

Mesquite/Garland/Richardson's overall age adjusted inpatient utilization rate is lower than the County's. Of the top 7 ambulatory sensitive condition for Dallas County, Mesquite/Garland/Richardson's inpatient discharge rates rose for diabetes and asthma.

When compared with the Texas and U.S. Behavioral Risk Survey and the Dallas County United Way Community Survey, a significantly higher percentage of Garland, East Richardson, North Mesquite, Sunnyvale and Sachse residents were told they had high blood pressure, high cholesterol and diabetes.

***Northern Corridor:***

Northern Corridor grew only 3.3 percent from 1990 to 1996. The area is one of the oldest areas of Dallas County with 13.1 percent over the age of 65 and is ethnically similar to Dallas County with 64 percent White, 20.8 percent Hispanic, 11 percent African-American and 4.2 percent Other.

The leading causes of death for Northern Corridor are heart, cancer, HIV/AIDS, stroke, respiratory, and homicides.

All birth statistics except infant deaths are lower than the County rates.

Northern Corridor overall age adjusted inpatient utilization rate is lower than the County's. The Northern Corridor's inpatient discharge rates rose for congestive heart failure and asthma, 2 of the top 7 ambulatory sensitive condition for Dallas County.

When compared with the Texas and U.S. Behavioral Risk Survey and the Dallas County United Way Community Survey, a significantly higher percentage of residents of North Dallas (Area 2) were told they had high cholesterol. Both North Dallas (Area 2) and Area 3 had a fewer percentage of residents told of diabetes. North Dallas (Area 2) was on average with the U.S., State and Dallas County for high blood pressure; however, Area 3 had fewer residents told of high blood pressure than the U.S., State and Dallas County.

***Vickery:***

The Vickery area grew only 5.4 percent from 1990 to 1996. The area has a larger than average percent of residents between the ages of 18 and 64 (72.5 percent) compared to the County and has an ethnic distribution that is similar to that of Dallas County.

The leading causes of death for Vickery are heart, cancer, stroke, respiratory, HIV, and homicides.

All birth statistics except low birth weight births are lower than the County rates.

Vickery overall age adjusted inpatient utilization rate is higher than the County's. The Vickery area's inpatient discharge rates rose for injury, congestive heart failure, diabetes, and asthma, 4 of the top 7 ambulatory sensitive condition for Dallas County.

When compared with the Texas and U.S. Behavioral Risk Survey and the Dallas County United Way Community Survey, residents of Area 3 had a fewer percentage of residents told of diabetes, high cholesterol, and high blood pressure.

***Northwest Oak Cliff:***

The Northwest Oak Cliff area grew at a moderate rate of 7.4 percent from 1990 to 1996. The area has a younger population than the county average with only 8.4 percent of its population over the age of 65 and is one of the most ethnically diverse areas of the County.

The leading causes of death for Northwest Oak Cliff are heart, cancer, respiratory, stroke, homicides and accidents.

Fertility rates (births to women ages 15-44), teen births (births to women under the age of 18) and infant deaths are higher than the County rates.

Northwest Oak Cliff overall age adjusted inpatient utilization rate is slightly higher than the County's. Of the top 7 ambulatory sensitive condition for Dallas County, Northwest Oak Cliff's inpatient discharge rate rose for congestive heart failure, injury, and kidney and urinary tract infections.

When compared with Texas and the U.S. Behavioral Risk Survey and the Dallas County average, a significantly higher percentage of residents were told of high blood pressure than for the U.S., Texas or Dallas County average. This area had higher percentage of residents told of diabetes than Texas, but slightly lower than for the U.S. and Dallas County. The area residents were told of high cholesterol at a higher percent than the U.S. but fewer than Texas and Dallas County as a whole.

***Southeast:***

The Southeast area grew 7.9 percent from 1990 to 1996. The area has a younger population than the county with 9.4 percent of the population between the ages of 0-4. This area also has a larger percentage of school age children than the County as a whole and has an ethnic distribution similar to that of Dallas County.

The leading causes of death for Southeast are heart, cancer, respiratory, stroke, accidents, and homicides.

Teen births (births to women under the age of 18) and low birth weight births (infants weighing less the 5 lbs 9 oz) are higher than the County rates.

Southeast overall age adjusted inpatient utilization rate is lower than the County's. The Southeast area's inpatient discharge rate rose for injury, 1 of the top 7 ambulatory sensitive conditions for Dallas County.

When compared with the Texas and U.S. Behavioral Risk Survey and Dallas County data from the Greater Dallas United Way survey, a higher percentage of Area 9 (South Dallas, Fair Park and Pleasant Grove) residents were told they had high blood pressure and high cholesterol than the U.S., Texas or Dallas County. These residents also had a higher percent of diabetes than the U.S. and Texas; but slightly lower percent than Dallas County residents.

A higher percentage of Area 10 residents (Southeast Dallas County) were told they had high blood pressure and diabetes than the U.S., Texas and Dallas County. These residents also had a higher percent of high cholesterol than the U.S.; however, this is a slightly lower percentage than Texas and Dallas County as a whole.

***South Dallas:***

The South Dallas area declined 2.5 percent from 1990 to 1996. The area has a large percent of children and older population with a much smaller than average working age population and is primarily an African-American community.

The leading causes of death for South Dallas are heart, cancer, homicides. HIV/AIDS, stroke, and diabetes.

All birth statistics are higher than the County statistics.

South Dallas overall age adjusted inpatient utilization rate is higher than the County's. The South Dallas area's inpatient discharge rates rose for asthma, congestive heart failure and kidney and urinary tract infections, 3 of the top 7 ambulatory sensitive conditions for Dallas County.

When compared with the Texas and U.S. Behavioral Risk Survey and Dallas County data from the Greater Dallas United Way survey, a higher percentage of Area 10 residents (South Dallas County) were told they had high blood pressure and diabetes than the U.S., Texas and Dallas County. These residents also had a higher percent of high cholesterol than the U.S.; however, this is a slightly lower percentage than Texas and Dallas County as a whole.

***West Dallas:***

The West Dallas population increased slightly from 1990 to 1996 (2 percent). The population declined nearly 10 percent from 1990 to 1995. The area has a large percent of children and older population with a much smaller than average working age population and is a bi-modal community with 55 percent Hispanic and 42 percent African-American.

The leading causes of death for West Dallas are heart, cancer, stroke, HIV/AIDS, respiratory, and accidents.

All birth statistics are higher than the County statistics.

West Dallas overall age adjusted inpatient utilization rate is higher than the County's. The West Dallas area's inpatient discharge rates rose for congestive heart failure and asthma, 2 of the top 7 ambulatory sensitive conditions for Dallas County.

When compared with Texas and the U.S. Behavioral Risk Survey and Dallas County, the West Dallas residents had a higher percentage of residents told of high cholesterol than Texas and the U.S. but fewer than the overall Dallas County. This area had a higher percentage of residents told of high blood pressure than Texas and the U.S. but fewer than the overall Dallas County. However, the West Dallas residents had significantly more residents told of diabetes than the U.S., Texas or Dallas County residents.

***South Oak Cliff:***

The South Oak Cliff area is an area within the City of Dallas that is losing population.

The area has a large percent of children and older population with a much smaller than average working age population and is a primarily African American.

The leading causes of death for South Oak Cliff are heart, cancer, stroke, HIV/AIDS, homicides, and diabetes.

All birth statistics are higher than the County statistics.

South Oak Cliff overall age adjusted inpatient utilization rate is lower than the County's. Of the top 7 ambulatory sensitive conditions for Dallas County, South Oak Cliff's inpatient discharge rate rose for congestive heart failure.

When compared with the Texas and U.S. Behavioral Risk Survey and Dallas County data from the Greater Dallas United Way survey, a higher percentage of Area 8 (South Oak Cliff) residents were told they had high blood pressure and diabetes than the U.S., Texas or Dallas County. **The prevalence of high blood pressure is significantly higher in South Oak Cliff than in the County.** However, these residents had a lower percent of high cholesterol than the U.S., Texas, and Dallas County residents.

### **Asset Maps**

Mobilizing and utilizing community assets and investing in neighborhood economies is a necessity for any city or town focused on the success of sound community development. The asset-based community should begin with what is present in the community, the talents and capacities of its residents and workers, and the associations and institutional base of the community population. This year a listing of associations was developed to further delineate the assets of the Dallas Community.

### **Inventory of Existing Services**

There are 6 basic facility types which provide outpatient services: hospital emergency rooms, hospital outpatient clinics, freestanding community clinics, public health clinics, Community Oriented Primary Care health centers, and privately owned specialty or freestanding convenience clinics and physician's offices.

Hospitals saw 3,237,421 emergency and outpatient visits in 1996. Parkland Hospital's emergency room visits rose 1.5 percent between 1995 and 1996 to 124,328; still the largest percent of emergency room visits of any hospital in the County. Other hospital emergency room visits declined 5.2 percent from 1995 to 1996.

Parkland also had the largest number of outpatient visits, which grew 8.5 percent from 1993 to 1996. However, these visits declined 13.4 percent from 1995 to 1996. Other hospital outpatient visits declined 5.4 percent from 1993 to 1996.

Four freestanding community clinics with federal funding provide comprehensive services. The Dallas County Department of Health and the Public Services Divisions of the city of Dallas and other municipalities offer immunizations, care for sexually transmitted disease and communicable diseases, health education, well-baby clinics, etc.

The Dallas County Hospital District has 7 COPC health centers, 5 school based clinics, 10 youth and family centers (in conjunction with the Dallas Independent School District and Dallas County Mental Health and Mental Retardation), and visits 22 homeless shelters.

There are family practice residencies at St. Paul Medical Center and Charlton Methodist. Freestanding family practice residencies are in Garland and the Stemmons Corridor.

There are 1,499 primary care physicians in Dallas County in 1996. One hundred and four providers and or clinics participated in Medicaid's Early Periodic Screening, Detection and Treatment program for children as of January 1, 1996.

### **Medicaid Services Provided to Dallas County Residents**

The Dallas County Hospital District has the largest share of Medicaid inpatient admissions followed by Children's Medical Center, Baylor University Medical Center and Methodist Central.

## **Needs**

Needs identified are organized into four areas: Recommendations/needs derived from service area analysis: health problems and targeted populations, primary care physician availability, ambulatory sensitive conditions (conditions that if treated on an ambulatory care basis early enough may avoid hospitalization), and COPC community prioritization

### **Recommendations/needs derived from: Health Problems and Targeted Population**

The recommendations/needs differ because the service areas differ. Because Dallas County has a large percent of preschool and school age children, program to address this population are recommended/needed for all but one of the eleven service areas, the Stemmons Corridor. Also recommended for most areas are high risk pregnancy services, family planning services and parenting programs. Alcohol and drug abuse education services for adults and teens are listed as recommended/needed for all but one of the service areas, the Stemmons Corridor.

Heart disease and diabetes prevention, treatment and education programs are recommended/needed in each of the eleven service areas. Each of these service areas had a higher percent of residents that were told of diabetes, high cholesterol or high blood pressure than either the County as a whole, the State or the U.S.

Injury prevention is also a recommendation/need in ten of the eleven service areas.

### **Primary Care Physician Availability**

Current distribution of primary care physicians shows that most are located near or around hospitals or medical facilities. Most physicians are located in the Northern Corridor and the Stemmons Corridor where most of the large medical facilities are

located. Few physicians are located in the somewhat rural southeastern quarter of the County.

Physician need was estimated using a standard developed form HMO models of care. Overall Dallas County has a surplus of 575 primary care physicians; however, the distribution of the physicians leaves many areas of the County with a large need. Some of these areas include Southeast Dallas, South Oak Cliff, Grand Prairie, West Dallas, South Dallas, and the Mesquite/Garland/Richardson area.

### **Ambulatory Care Sensitive Conditions**

The ambulatory care sensitive hospitalization study analyzes specific diagnoses for which early and regular ambulatory care prevents hospitalizations. A modified Delphi study with physicians from the University of Texas Southwestern Medical School helped identify these conditions.

### ***County Analysis***

Hospitalizations of illnesses that respond to ambulatory care numbered over 47,000 and accounted for \$590 million in charges in 1996 in Dallas County. Acute conditions such as traumatic injuries and dehydration had the largest impact on costs. Congestive heart failure, alcohol abuse and dependency, and diabetes had the highest discharges. Significant decreases over three years have occurred for children's hospitalizations due to hemophilus meningitis. The Hib vaccine has largely eliminated this diagnosis in children's discharges. Rates have increased over the past three years for grand mal and other epileptic seizures, dehydration, malignant hypertension, nutritional deficiencies, asthma chronic obstructive pulmonary disease and angina.

### ***Service Area Analysis***

More than 14 of the 31 ambulatory sensitive conditions increased from 1994 to 1996 for all service areas except Grand Prairie. Those conditions increasing in all of the service areas except Grand Prairie are: alcohol dependency and abuse - secondary condition, iron deficiency anemia - secondary condition, dehydration - secondary condition, and nutritional deficiencies - secondary condition. Other ambulatory sensitive conditions increasing in a majority of the service areas include: asthma, congestive heart failure, cellulitis, diabetes, drug abuse and dependency - secondary condition, epilepsy, hypertension and chronic obstructive pulmonary disease.

### **COPC Community Prioritization**

One of the key components of the Parkland Health and Hospital System's Community Oriented Primary Care Program is community prioritization. The community prioritization was conducted for four service areas. The results were:

#### **Garland**

- Preventive Medicine/Health
- Teen pregnancy

- Health information
- Dental Health
- Drug Abuse

### **Vickery**

- After school and summer programs
- Mental health
- Evening and weekend hours for Vickery health center

### **Northwest Oak Cliff/West Dallas**

- Economics/jobs
- Dental health for the entire family
- Health prevention/promotion

### **South Oak Cliff**

- Economics/jobs
- Educational opportunities
- Teen pregnancy/parenting
- Teen violence

## **Healthy Community Indicators**

The Greater Dallas Healthier Community stakeholders identified six (6) trend benders which, when implemented, will enhance the quality of life and make the Greater Dallas area a better place to live, work and play. The six (6) trend benders are:

A Business Plan for Children

What To Do When School is Out

Fostering Empowered Neighborhoods

New Approaches to Community Building

Community Information System

Greater Dallas Healthy Community Report Card

## **President's Summit**

America's Promise-the Alliance for Youth, is a national not-for-profit organization dedicated to improving the lives of our nation's more than 15 million youth at risk.

Founded in Philadelphia, Pennsylvania, at the President's Summit for America's Future, America's Promise aims to provide every at-risk child in America with access to the fundamental resources needed in order for them to lead happy, healthy and productive lives.

America's Promise believes that every county, city, town and neighborhood should become a Community of Promise, a community in which all its children and young people have access to five developmental resources: an ongoing relationship with a caring adult; a healthy start for a healthy future; safe places and structured activities during on-school hours; marketable and career skills through effective education and an opportunity to give back through community service.

With respect to Healthy Start/Healthy Future, the community has agreed to the following nine areas of focus:

- Child Safety,
- Healthy Families,
- Health Insurance for All Children,
- Immunizations,
- Mental Health and Suicide,
- Mental Retardation and Related Conditions,
- Prenatal Care and Family Planning, Substance Abuse, and
- Well-Child Care.