



Health in the United Way Service Area

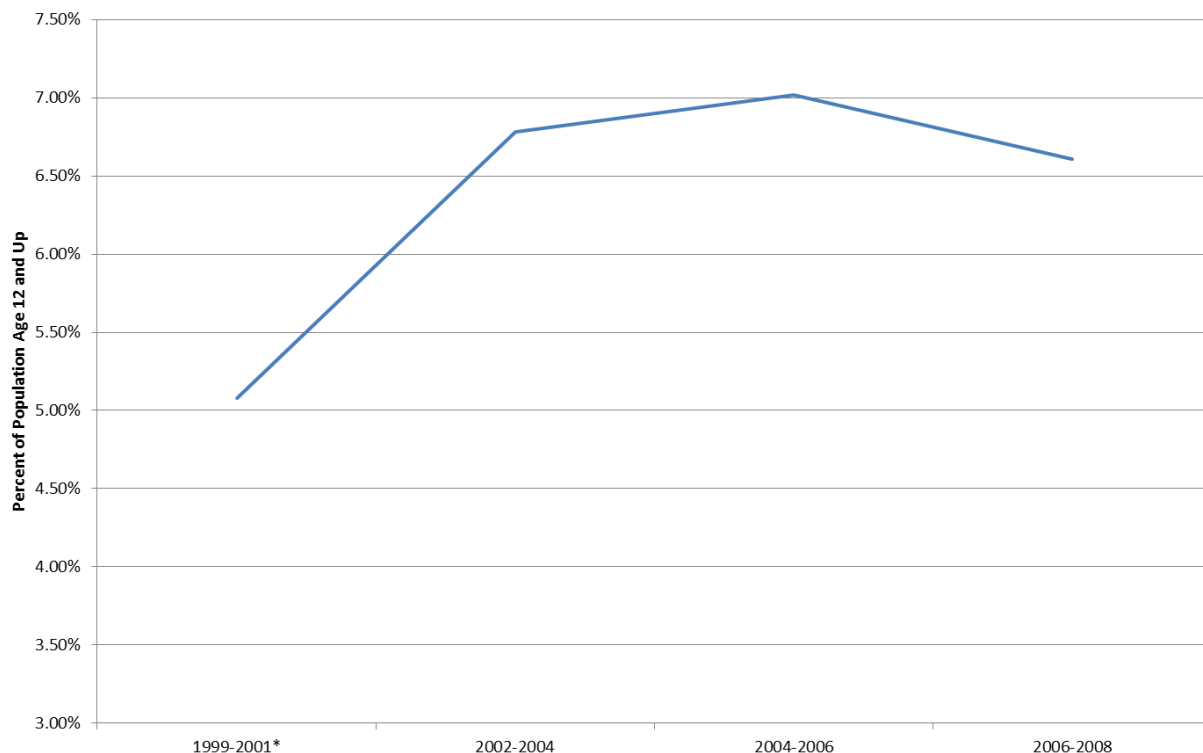
2010 Baseline Report

This report conveys the key findings of the Institute for Urban Policy Research analyses related to the United 2020 Health goals. Data is available on indicators in four key areas: illicit drug use, obesity, family violence, and preventable emergency room visits. The sections below present the findings of analyses for each key area.

Illicit Drug Use

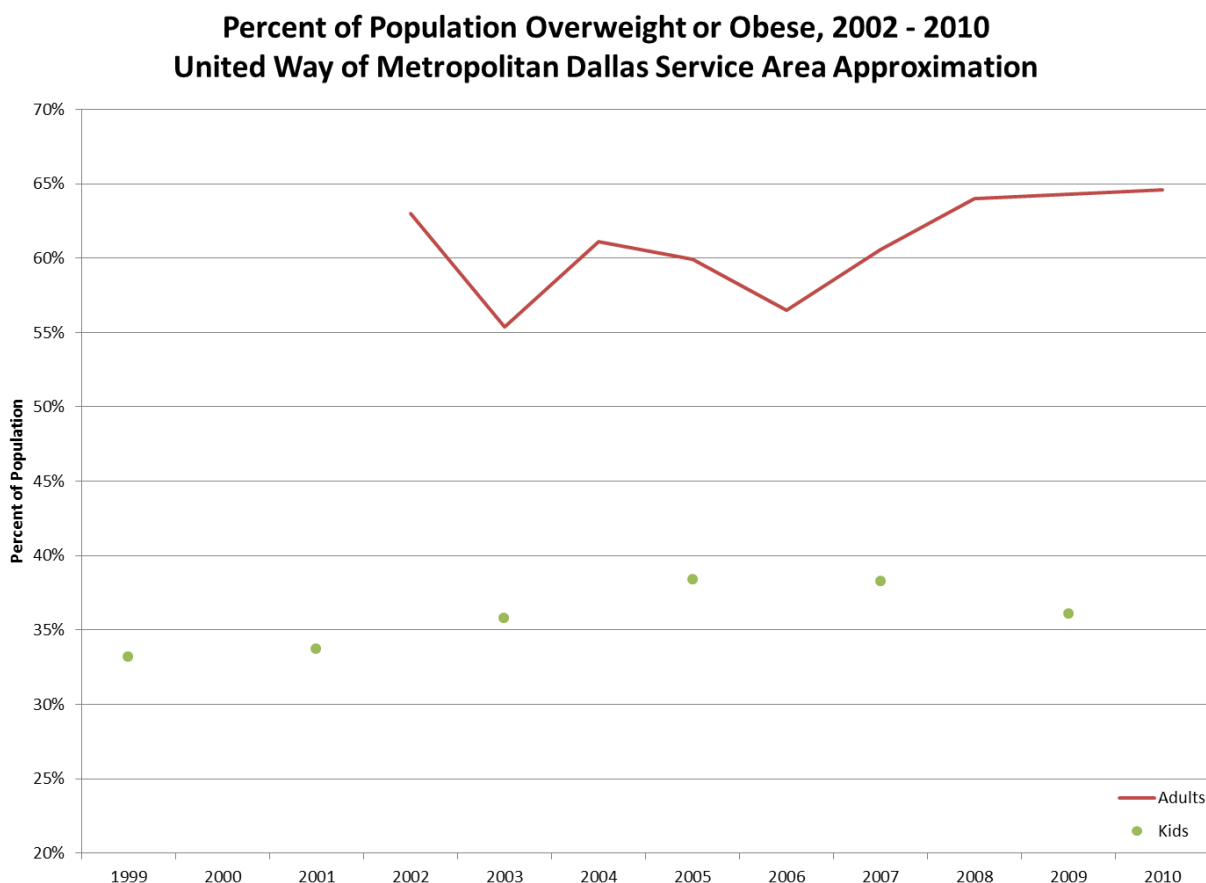
The National Survey on Drug Use and Health, published by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS), reports a variety of statistics about illicit drug use for the State of Texas regional planning area 3A (including Collin, Dallas, Denton, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties). The survey is administered annually, and data is averaged and reported every three years. *In 2010, SAMHSA's report indicated that, from 2006 through 2008, an average of 6.61% of persons age 12 and over reported using illicit drugs during the previous 12 months.*

Percent of Population Age 12 and Up Reporting Illicit Drug Use in the Past 12 Months, 1999-2001 through 2006-2008, United Way of Metropolitan Dallas Service Area Approximation



Obesity

The U.S. Centers for Disease Control (CDC) annually administers the Behavioral Risk Factors Surveillance Survey (BRFSS), which asks adults a series of health-related questions. With this information, the BRFSS estimates the percent of adults who are overweight or obese (with a body mass index of 25 or more). *In 2010, 65% of adults in the Dallas-Plano-Irving Primary Metropolitan Statistical Area (including Collin, Dallas, Delta, Denton, Ellis, Hunt, Kaufman, and Rockwall counties) were overweight or obese. The Youth Risk Behavior Surveillance System (YRBSS, administered biennially by the CDC) reports that, in 2009, 36% of Dallas high school students under the age of 18 were overweight or obese.*



Family Violence

In the 2010 Texas Department of Criminal Justice (TDCJ) Crime in Texas report, law enforcement agencies serving the UWMD Service Area reported 27,218 incidents of family violence, *for a rate of 722 per 100,000 population*. Within the United Way service area there is significant variation. With respect to family violence, special care must be taken when exploring variations in rates, as they may reflect differences in reporting habits and the like. Among the four counties in the service area, Dallas County has the highest reported rate, at 860 per 100,000. Rockwall and Collin counties have reporting rates just over one-half that of Dallas County, at 441 and 444 per 100,000 residents, respectively. The jurisdictions of Denton County that fall in the United Way service area had a reporting rate of 320 per 100,000 population.

Preventable Emergency Room Visits

When patients use emergency services for non-emergency conditions, it is often a sign that those patients lack a medical home or access to primary medical care; as a result, the number of preventable emergency room visits can be an indicator of access to care. The Dallas Fort Worth Hospital Council Foundation maintains a database containing information regarding the emergency department visits at its member hospitals, and has provided data anonymously for patients who reside in the United Way of Metropolitan Dallas service area. According to DFW Hospital Council Foundation data, in 2010 there were just over 1.1 million emergency room visits by residents living within the UWMD service area.

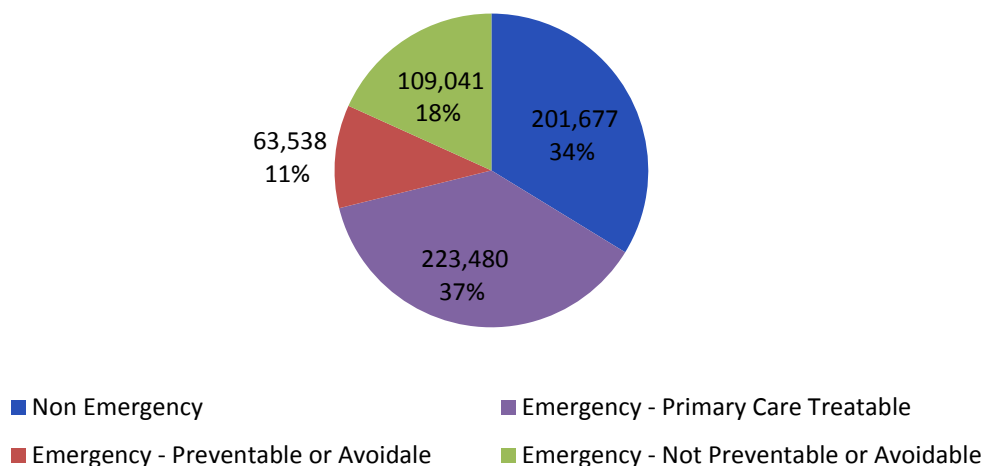
The New York University Center for Health and Public Service Research has developed an algorithm that categorizes emergency room utilization using, primarily, diagnostic-related information for each visit. The NYU algorithm produces four classifications for emergency room visits.

- Non-Emergency: Immediate medical care is not required within 12 hours.
- Emergency – Primary Care Treatable: Immediate medical care is required within 12 hours, but could have been provided in a primary care setting.
- Emergency – Preventable or Avoidable: Emergency care is required, but the condition could have been prevented or avoided through timely ambulatory care (e.g. asthma or diabetes related flare-ups).
- Emergency – Not Preventable or Avoidable: Emergency care is required, and ambulatory care could not have prevented the condition (e.g. trauma or heart attack).

Of the 1.1 million emergency room visits in 2010, 597,737 of them could be classified according to the above categories. According to data provided by the DFW Hospital Council Foundation, only 18% of all classifiable emergency room visits in 2010 were not classified as preventable or avoidable.

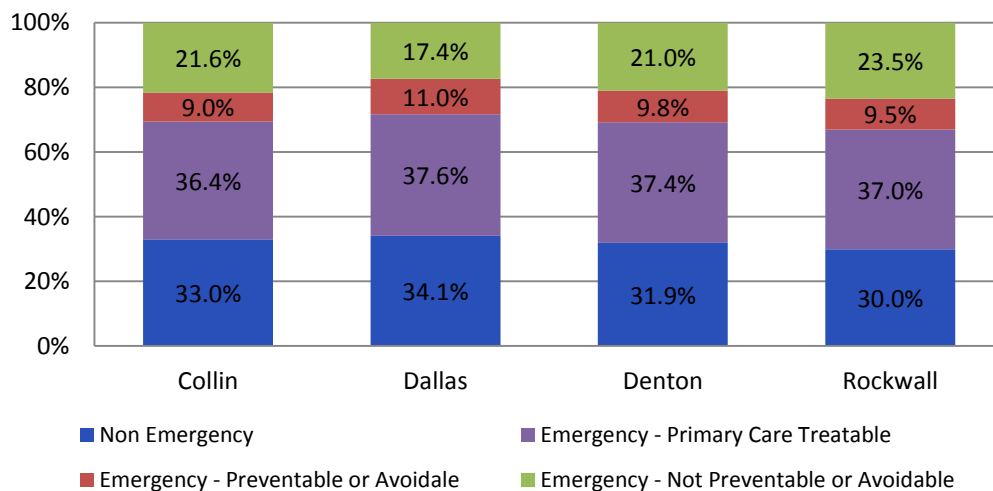
Approximately 488,696, or 82%, of classifiable emergency room visits were for preventable or avoidable conditions.

**NYU Classification for Emergency Room Visits, 2010
United Way of Metropolitan Dallas Service Area Approximation**

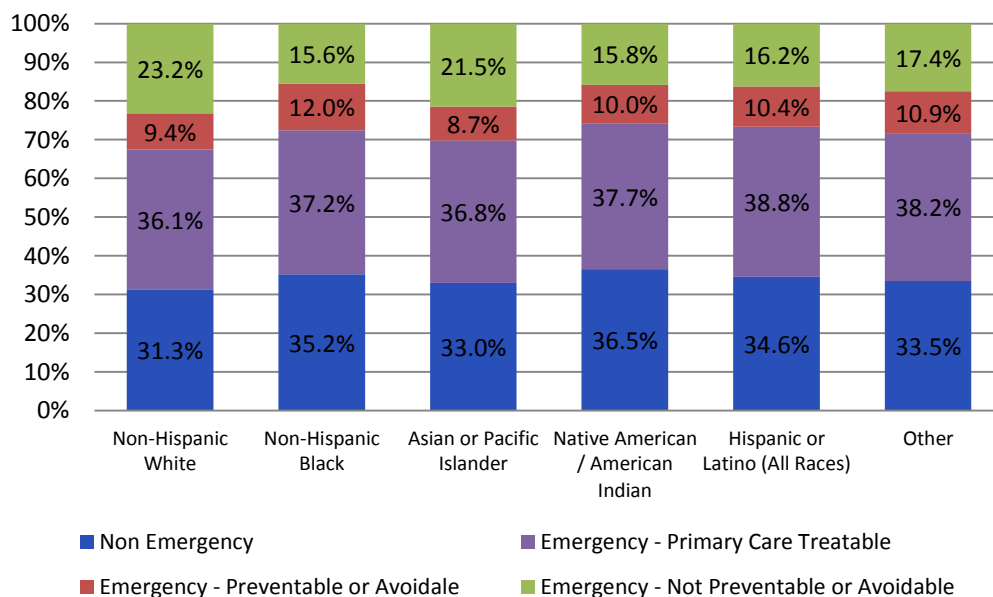


Although the suburban counties experience a slightly lower number of preventable and avoidable emergency room visits than Dallas County, the phenomenon is fairly consistent across the United Way of Metropolitan Dallas Service Area. Still, if any one county requires more attention than the others, it is Dallas County, where approximately 83% of residents' emergency room visits are preventable or avoidable.

**NYU Classification for Emergency Room Visits, 2010
by County**



**NYU Classification for Emergency Room Visits, 2010
by Race and Ethnicity**

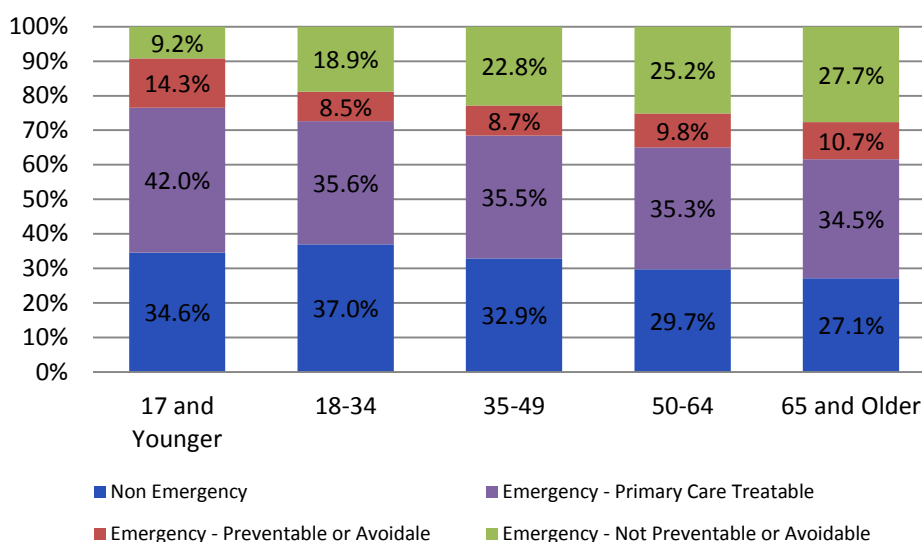


When subdivided further by race and ethnicity, two distinct groups appear. For Non-Hispanic Blacks, Hispanics, Native Americans, and others, approximately 84% to 86% of emergency room visits are for

preventable or avoidable conditions. By contrast, only 77% to 79% of all emergency room visits by Non-Hispanic Whites and Asians are for preventable or avoidable conditions. While this is still high, this 5 to 8 percentage point difference signifies a disparity in the degree of need across racial and ethnic groups.

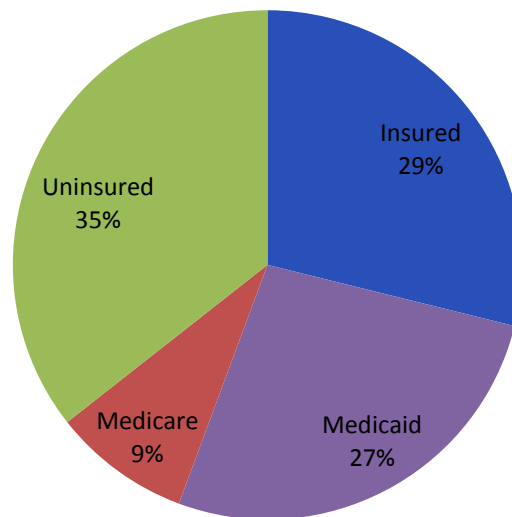
While there are some disparities in preventable emergency room visits across counties and racial groups, the greatest differences occur across age groups. Greater than 90% of emergency visits for children under 18 were for non-emergent conditions. Compared to 81% for 18 to 34 year olds and just 72% for the elderly, it is clear that children encounter the greatest need in terms of preventable emergency room visits. In other words, children are most likely to visit the ER simply because they lack a medical home or primary care provider and, therefore, have the greatest need for expanded access to care. In fact, in 2010 preventable ER visits for children in the United Way service area amount to approximately \$200 million in medical costs.

**NYU Classification for Emergency Room Visits, 2010
by Age Group**



As a whole, however, children do not amount to the most expensive age group for ER visits. By comparison, preventable and avoidable ER visits for those 18 to 35 cost just over \$325 million. *Across all age groups, preventable and avoidable ER visits for patients residing in the United Way of Metropolitan Dallas service area result in excess of \$1.1 billion in medical charges.*

Emergency Room Visits, 2010 by Insurance Type



While preventable and avoidable ER visits generate considerable medical costs, it is also important to consider the funding source for each visit – the type of insurance used to pay for the visit. Among classifiable ER visits, approximately 29% were paid using traditional health insurance, while 27% and 9% were paid with Medicaid and Medicare, respectively. The largest portion of visits, 35%, was for patients with no insurance coverage at all. Visits for uninsured patients accounted for 38% of ER charges.

As a whole, the United Way of Metropolitan Dallas service area experiences a high volume of preventable and avoidable emergency room visits, indicating a need for greater access to primary and preventative care. As might be expected, residents in Dallas County express a greater volume of need than those in suburban counties. Similarly, emergency room utilizations suggest a slightly greater need for primary and preventative care among minority populations. Still, the most disproportionate need arises among the youth population; children, by far, experience the greatest number of non-emergency and preventable ER visits.

