

Why we must go beyond the data points

Parkland plans new approach to address roots of poor health in impoverished areas

By FRED P. CERISE

A community health needs assessment conducted by Parkland Health and Hospital System and Dallas County Health and Human Services confirmed what most of us already know: Significant health disparities exist in ZIP codes where poverty is concentrated and access to basic resources is lacking, compared with other areas.

The ZIP codes are predominantly composed of minorities and located in southern Dallas County. This communitywide problem requires a response and some non-traditional thinking from Dallas County's public health system.

For 125 years, Parkland has served low-income populations within Dallas County. We deliver more than \$1 billion annually in uncompensated care. We see over a million visits at clinics in parts of the county most impacted by poverty and a lack of infrastructure. In the 1990s, Parkland pioneered public primary care clinics in economically challenged ZIP codes. But, as inequity persists, Parkland must forge new ways to meet the needs of our community.

When people struggling to pay for health care come to us, we provide high-quality care for them. But Parkland and its community partners must look beyond treating the physical symptoms that are late manifestations of other inequities. We must collectively develop a plan to better address the root causes.

Over the next few years, Parkland will take a multipronged approach to addressing disparities in health status.

First, we'll create more physical access

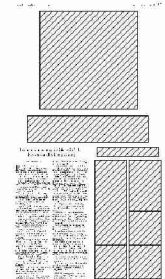
points like the new clinic coming to Red Bird or our recently launched partnership with Jubilee Park Community Center. This partnership adds clinical services to the social services available at the center.

Second, we will use telehealth services to move knowledge, not people. This program helps families cut the cost of transportation and child care and avoid lost wages from hourly wage jobs. It includes face-to-face video encounters and specialty consultations through secure email communication, without the patient traveling to the hospital or clinic. Internet connectivity is an issue in ZIP codes experiencing disparities, so we will work with community-based organizations to create points of connection to online services.

Third, we will use a data-driven approach to target resources in areas with the largest health disparities compared with other regions. For example, data tells us that women of color have an elevated risk for maternal mortality. Medicaid pays for postpartum visits for 60 days after childbirth, but a majority of maternal deaths occur after 60 days. Parkland will ensure follow-up care for new mothers for a full year after childbirth, regardless of Medicaid's rule to end coverage during that critical time.

New mothers often miss follow-up appointments due to transportation issues or other pressing needs, and so every woman from our targeted southeast Dallas ZIP codes who gives birth at Parkland will receive care options closer to home, including nurse home visits that have been proved to improve maternal and child outcomes.

Finally, Parkland will focus on a collective impact approach to addressing root



causes of disparities. Parkland cannot solve the social and economic problems that create health disparities, but we are part of that solution.

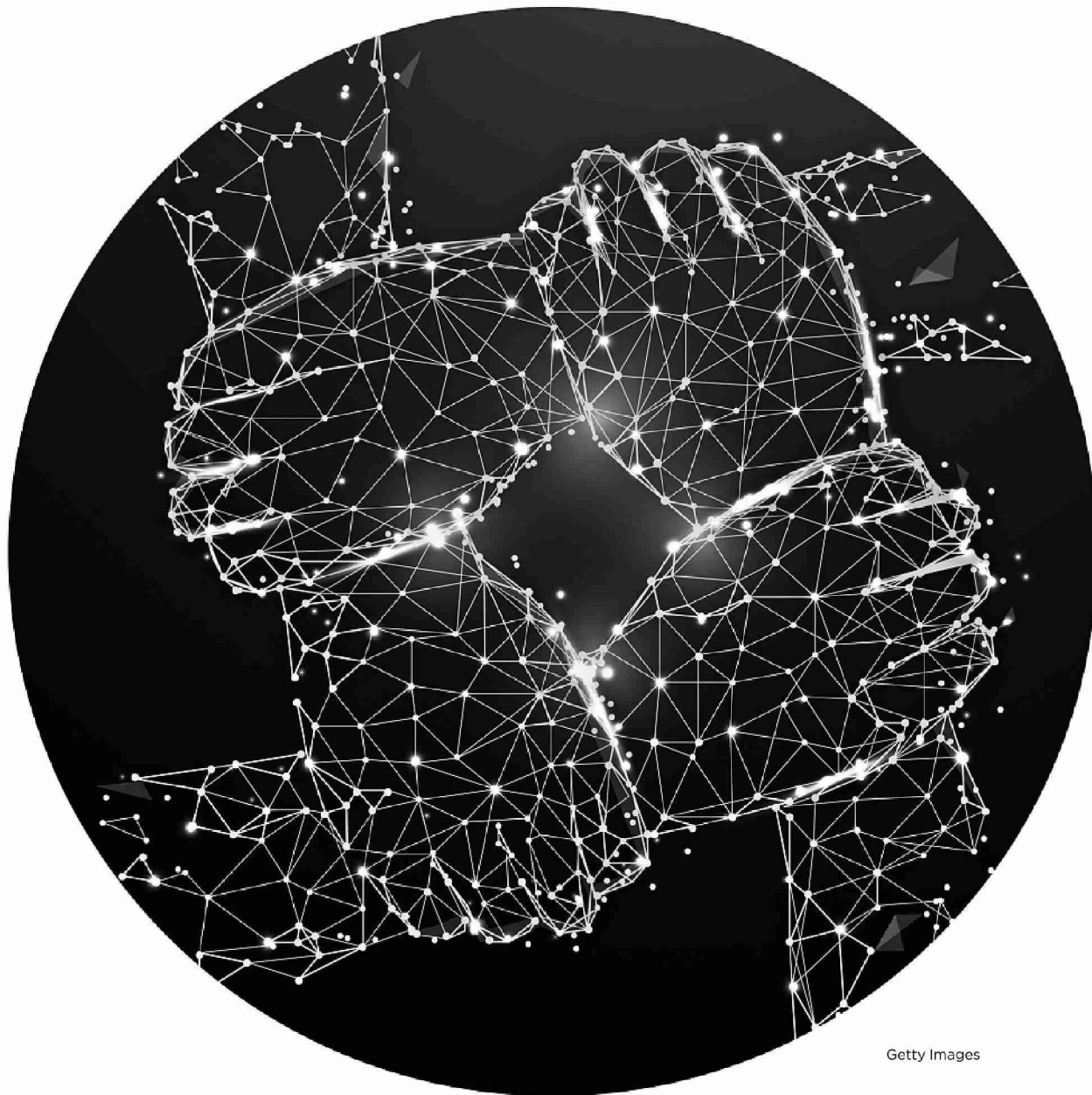
If you live in a community without access to fresh foods, transportation or employment, our attempts to address health disparities have limited impact. So, Parkland is collaborating with faith-based and community partners to help in their efforts to address inequity.

Dallas County Health and Human Services is a partner in developing plans to tackle disparities. Along with the Dallas Police Department and Dallas Fire-Rescue, we are expanding the RIGHT Care program

that reduces unnecessary incarceration for those with mental health issues. And we are working with agencies and community-based organizations that offer housing and employment services to complement their services by addressing clients' health needs.

Parkland is taking a proactive approach to confront the root causes of health disparities, and we cannot do it alone. We look forward to working with others in the community to address the pervasive inequity that exists.

*Fred P. Cerise is chief executive of Parkland Health and Hospital System. He wrote this column for The Dallas Morning News.*



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