



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

State of Delaware Community Health Status Assessment



CONTACT INFORMATION

Paul Silverman

Delaware Department of Health & Human Services, Division of Public Health
417 Federal Street, Jesse Cooper Building
Dover, DE 19901
302.744.4703 Office
302.739.4784 Fax
paul.silverman@state.de.us

Kimberly Swanson

Project Manager
10 East Doty Street, Suite 210
Madison, WI 53703
608.258.3350 Office
kswanson@apshealthcare.com

Vikrum Vishnubhakta

Consultant, Forward Consultants on behalf of APS Healthcare
350 South Hamilton Street, Suite 506
Madison, WI 53703
608.208.1670 Office
608.338.0426 Fax
vikrum@goforwardconsultants.com

CITATION

The Division of Public Health will be acknowledged when the report is quoted or referenced using the following format: “Delaware Health and Social Services, Division of Public Health. Community Health Status 2013, April 1, 2013.”

EXECUTIVE SUMMARY

The State of Delaware Community Health Status Assessment (CHSA) provides a comprehensive look at the state's health across a number of indicators. This report is part of the community health improvement process for the State of Delaware. To complete the health improvement process, the state has been applying the Mobilizing for Action through Planning and Partnerships (MAPP) model from the National Association of County and City Health Officials (NACCHO).

Data was gathered and analyzed for key community health indicators across a comprehensive set of categories. Existing data sets were used from diverse sources such as the Delaware Health Statistics Center, the CDC, and the Behavioral Risk Factor Surveillance Survey. Where available, Delaware indicators were compared to state and national trends.

The Delaware CHSA is a crucial component of the MAPP comprehensive community assessment and planning process. It is expected that the findings in the CHSA will be used in conjunction with the results of the other three MAPP assessments (Local Public Health System Assessment, Forces of Change Assessment, and Community Themes and Strengths Assessment) to identify key strategic issues and priorities for community action and to develop a community health improvement plan.

TABLE OF CONTENTS

INTRODUCTION.....	5
METHODOLOGY	5
RESULTS	6
APPENDIX A. DEMOGRAPHIC CHARACTERISTICS.....	10
A.1 Population.....	10
A.2 Homeless Individuals	12
A.3 Immigrants, Migrants, and non-English Speaking Individuals	13
APPENDIX B: SOCIOECONOMIC CHARACTERISTICS	15
B.1 Education	15
B.2 Economic Factors	18
B.3 Employment.....	20
B.4 Families	21
APPENDIX C: HEALTH RESOURCE AVAILABILITY.....	23
C.1 Health Insurance	24
C.2 Medicare Expenditure	25
C.3 Immunizations	26
APPENDIX D: QUALITY OF LIFE	27
APPENDIX E: BEHAVIORAL RISK FACTORS.....	29
E.1 Smoking	29
E.2 Alcohol and Drugs	30
E.3 Weight.....	31
E.4 Diet.....	32
APPENDIX F: ENVIRONMENTAL HEALTH INDICATORS.....	34
F.1 Air Quality	34
F.2 Water Supply.....	34
APPENDIX G: SOCIAL AND MENTAL HEALTH.....	36
G.1 Domestic Violence	36
G.2 Depression and Suicide	36
APPENDIX H: MATERNAL AND CHILD HEALTH	39
H.1 Infant Mortality	40
H.2 Child Maltreatment.....	41
APPENDIX I: DEATH, ILLNESS, AND INJURY	43
I.1 Mortality	43
I.2 Homicide.....	46
I.3 Cancer Mortality	48
I.4 Cardiovascular Mortality	50
APPENDIX J: INFECTIOUS DISEASE.....	52
J.1 Measles	53
J.2 Tuberculosis.....	54
J.3 Sexual Transmitted Diseases	54

INTRODUCTION

The Delaware Division of Public Health is working to improve community health in the state through partnerships with community members and stakeholders. To accomplish this goal, the state is conducting a community-wide strategic planning process by using the model Mobilizing for Action through Planning and Partnerships (MAPP) process. The National Association of County and City Health Officials (NACCHO) developed this framework as a strategic approach towards improving public health.

The Community Health Status Assessment (CHSA) is one of three deliverables developed for the Community Health Improvement Process Report. It is an integral component of the community health improvement process. Areas of health that may have been previously overlooked have been examined in this report, providing MAPP members with the tools needed to effectively implement appropriate health systems within Delaware. Key indicators examined included socioeconomic characteristics, health status, health risk factors, and quality of life of state residents. Using comprehensive and varietal sources of data, a complete profile was developed, examining trends, existing disparities and growing health concerns.

MAPP committee members will use the CHSA to gain insight on areas of particular interest of Delaware. Systems will be implemented to monitor significant health indicators and health trends highlighted in this report. As future health assessments are performed, comparisons to baseline data in this report will be made, ensuring that continuous health status monitoring will occur.

METHODOLOGY

The purpose of the Community Health Status Assessment is to develop a comprehensive health profile of Delaware in an effort to determine the health of its residents and their respective overall health status. This profile is to determine any substantial health issues as well as any significant disparities in health status between racial and ethnic groups and to determine areas in need of improvement or increased analysis. After assessing and prioritizing the health needs of Delaware, a strategic plan will be developed to address and health issues of top priority.

The Delaware MAPP Committee helped prepare the Community Health Status Assessment through the provision and analysis of health data. Working with social service agencies for insight regarding areas determined to be the most important community health needs, data was collected on core health indicators.

These indicators are as follows:

- Behavioral Risk Factors;
- Death, Illness & Injury;
- Demographic Characteristics;
- Environmental Health Indicators;
- Health Resource Availability;
- Infectious Diseases;
- Quality of Life;
- Social & Mental Health; and
- Socioeconomic Characteristics.

Data was gathered from Delaware Department of Health and Social Services, community organizations, 2010 U.S. Census data, vital records, reportable diseases at the public health department and national registries, hospital discharge data, adult and youth-oriented behavioral risk factor surveys, and environmental agencies. Once gathered, data was analyzed for existing trends and marked comparisons. Trend data was assessed to determine health changes over time, while comparison data was used to determine how Delaware matched to national health statuses and similar regions.

RESULTS

The following are results generated from this assessment. Sources for these statistics are provided adjacent to the graphs and tables for each topic.

Based on this assessment, racial disparities are prevalent in several areas of health across the state of Delaware. In areas of maternal and child health, African-American women are less likely to receive prenatal care, are more likely to experience high incidence of preterm births and low birth weights, and have higher rates of infant mortality. Despite declining trends in live birth rates for females age 15-19 on both a state and national level, rates for African-American females are twice as high as White non-Hispanic females at 63.8 per 1,000 compared to 34.6 per 1,000. Sussex County has the highest live birth rate at 27.6 per 1,000, and is higher than the national rate. Compared to White non-Hispanic men, African-American men experience higher mortality rates of cancer and cardiovascular disease. The largest disparity is the rate of homicide for African-American males, which is four times higher than White non-Hispanic males, and has more than doubled since 1997.

Overall, quality of life and health status are intrinsically linked to economic income and educational attainment of Delaware residents. Poverty status is a significant indicator of graduation rates. For the 2010-2011 school year, only 81.3% of low-income students graduated from high school, compared to 91.9% of non-low-income students. Moreover, persons with a high school education or GED equivalent and or lower income status are more likely to report being dissatisfied with their quality of life.

In Spring 2012, the rate of unemployment for Delaware was 7.4%, which is almost two percent lower than the national rate of 9.2%. However, unemployment has increased by 60% since 2005. Accordingly, the overall poverty rate has increased by 20%, along with an increase in families applying for and receiving food stamps and SNAP. The highest rate of poverty is in Wilmington in New Castle County. New Castle County has the largest immigrant population at over 73%, who earn on average \$24,418. The median income of Delaware is \$55,269, which has steadily increased since 2006. However, there is a growing gap between the higher income persons and those living in poverty.

Delaware mirrors several national trends with rates either slightly higher or lower than the overall United States. For example, immunization rates for children up to two years of age have slightly decreased since 2009 to 70.3%, similar to the United States at 71.1%. However, incidence rates of HIV/AIDS for African-American males in the state are significantly higher the national average of 44% at 57%.

Table 1 on the following page highlights the core indicators of the Community Health Status Assessment, providing an overview of significant issues and trends for each indicator, and the current challenges and opportunities for improving them.

Table 1: Core Indicators of Community Health Status Assessment

Core Indicators of Community Health Assessment	Challenges/Opportunities
Behavioral Risk Factors	<p>Tobacco use has steadily decreased for adults due to statewide smoking cessation initiatives. Despite tobacco prevalence being at its lowest level in 2010 for high school youth at 14.9%, usage continues to increase for youth between grades 9th to 12th. Efforts to tobacco prevention in schools have been implemented through school-based health centers, as well as state and community interventions. Doing so will reduce incidence of lung and heart disease, cancer, and preterm births.</p> <p>Obesity rates have doubled since 1990, the greatest increase occurring in New Castle County. As of 2008, almost half of all children age 12-17 years were clinically overweight or obese. This growing trend mirrors national rates.</p>
Death, Illness, & Injury	<p>Unintentional injury is leading cause of death for persons age 1 to 44, while leading cause of death for persons 45 and over is malignant neoplasms.</p> <p>Malignant neoplasms, however, is one of top causes of death for all age groups. Tobacco-related respiratory cancer has the highest cancer mortality rate.</p> <p>Homicide disproportionately affects African-American men. The homicide rate as doubled from 1997-2009, and mortality rates for African-American men is four times higher than White men.</p>
Demographic Characteristics	<p>The homeless population has dramatically increased in Delaware, the majority of which are African-American. Unemployment is the predominate reason for homelessness.</p> <p>Growing migrant population, the majority residing in New Castle County. This population, many who may be undocumented, require access to health care but may not have access to adequate care. In addition, average income in 2010 for immigrants was \$30,000 less than the state median.</p>
Environmental Health Indicators	<p>Air pollutants have consistently showed declining and/or low levels across the state. Highest levels of O₃ (ozone), PM_{2.5}, and CO are in New Castle County, particularly Wilmington. Days of unhealthy air quality have generally declined over the years due increased emission controls and monitoring.</p>
Health Resource Availability	<p>Access to care is a greater limitation for residents of Kent and Sussex County. The number of physicians and full-time equivalents has continued to increase since 1998. New Castle County has three times the number of providers of Kent and Sussex combined.</p> <p>School based health centers (SBHC) have increased to 28, providing additional care and sources of referrals for youth. Efforts to increase tobacco prevention through SBHC have helped to decrease incidence of smoking in students.</p>
Infectious Disease	<p>New Castle County has the highest rate of HIV/AIDS, 44.4% of cases are linked to Wilmington. African-Americans account for two-thirds of cases. Rates of Chlamydia and Gonorrhea are higher than the national average at 504 and 114.1 per 100,000 compared to 422.6 and 99.1 per 100,000. Left untreated, both can result in increased risk of co-infection, pelvic inflammatory disease, and infertility.</p>
Maternal & Child Health	<p>Large racial disparities regarding infant mortality, preterm labor, and high birth rates continue to be present in Delaware despite a statewide and national decrease in rates. In 2001-2005, Hispanics in Sussex County have the lowest percentage of accessing prenatal care, followed by African-American women. Efforts to reach these populations must be increased to lessen the gap.</p>
Quality of Life	<p>Educational and income level were significant influences in assessment of health status; persons with lower education and income reported greater dissatisfaction with health.</p>

State of Delaware Community Health Status Assessment

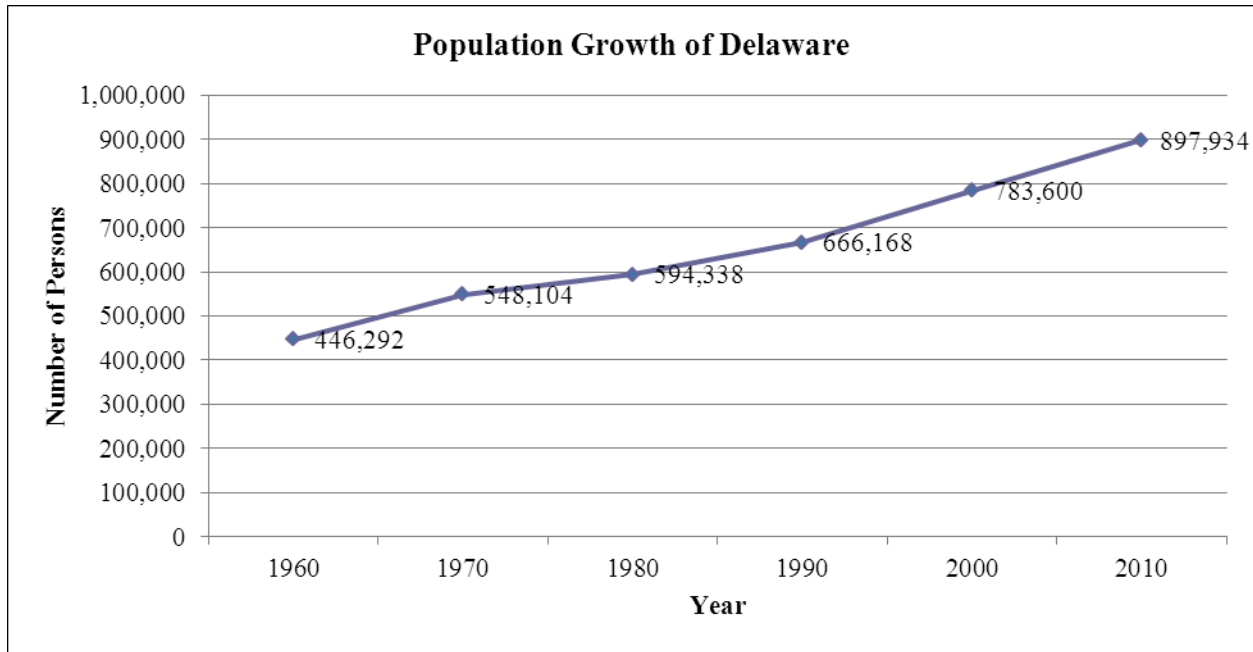
Core Indicators of Community Health Assessment	Challenges/Opportunities
Social & Mental Health	Mental health issues of patients routinely go unidentified, and as a result, undiagnosed by health providers. As a result, incidence and prevalence of depression and anxiety disorders often go untreated. Suicide rates are higher for persons age 10-24 years old, and is committed by more by males.
Socioeconomic Characteristics	Economic status has been found to be a significant indicator of health status in Delaware. High school completion is influenced by status, despite steady growth in graduation rate. Race is the second important, as Whites still have higher graduation rates than African-American and Hispanics. Poverty levels have increased by 20% since 2006, with a growing divide between the wealthy and the poor. More and more Delaware families are receiving financial assistance Unemployment has increased 60%, despite Delaware having a lower statewide unemployment rate at 7.4% than the national average at 9.2%.

APPENDIX A. DEMOGRAPHIC CHARACTERISTICS

A.1. Population

The State of Delaware has a population of 897,934 people, according to the 2010 US Census data. This is 14.6% increase from the 2000 Census count. At this rate, Delaware's population will surpass 1 million before 2020.

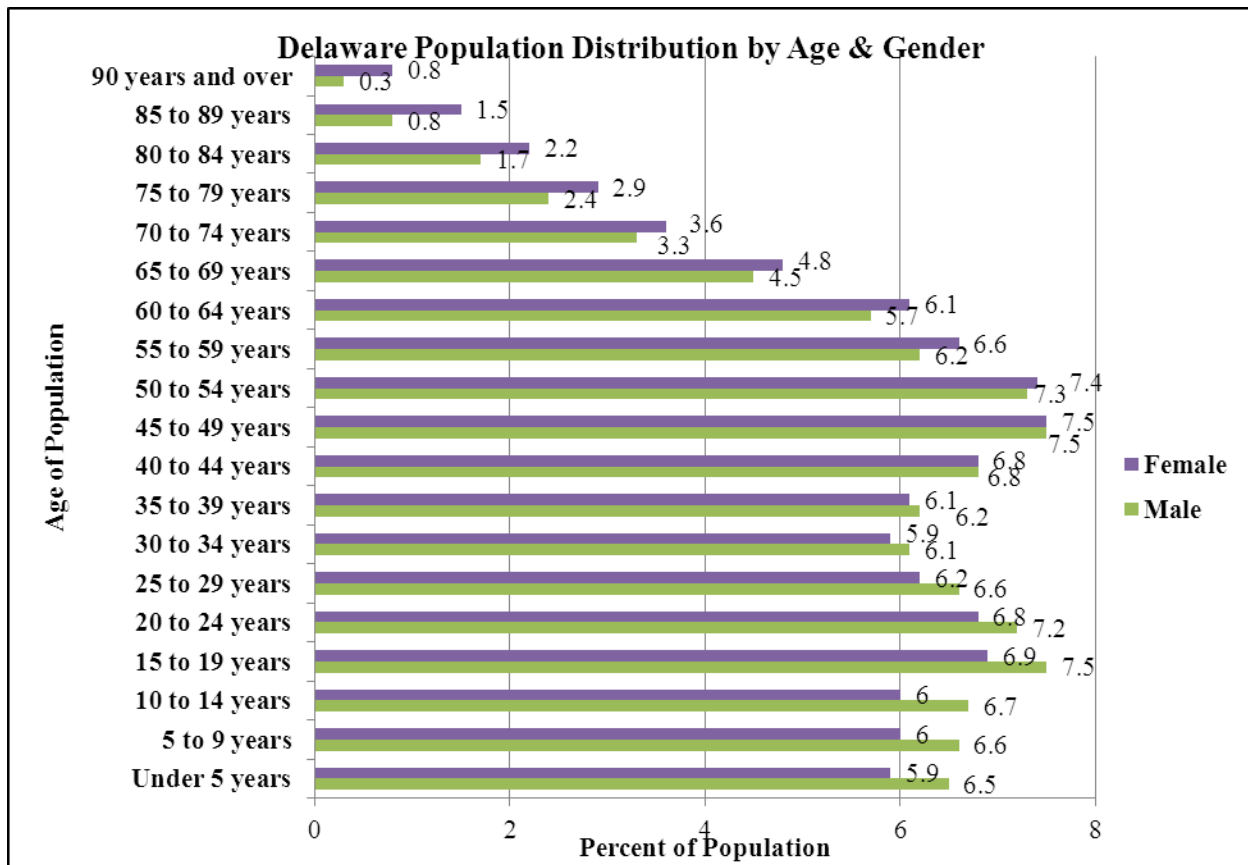
Figure 1. Delaware Population Growth, 1960-2010



Source: U.S. Census Data, 2010

- 60% of the state's population lives in New Castle County, 22% in Sussex County, and 18% in Kent County.
- Kent and Sussex County had a larger percent increase in population from 2000 to 2010, (28.1% and 25.9% respectively) compared to the 7.6% population increase in New Castle County.

Figure 2. Delaware Population Distribution by Age and Gender, 2010



Source: US Census Data, 2010

- People 65 years and older make up 14.4% of Delaware's population, which is slightly higher than national percentage of 13.0%.
- Just over 50% of the Delaware population is female, with a greater proportion of females in the older age groups, reflecting longer female life expectancy.

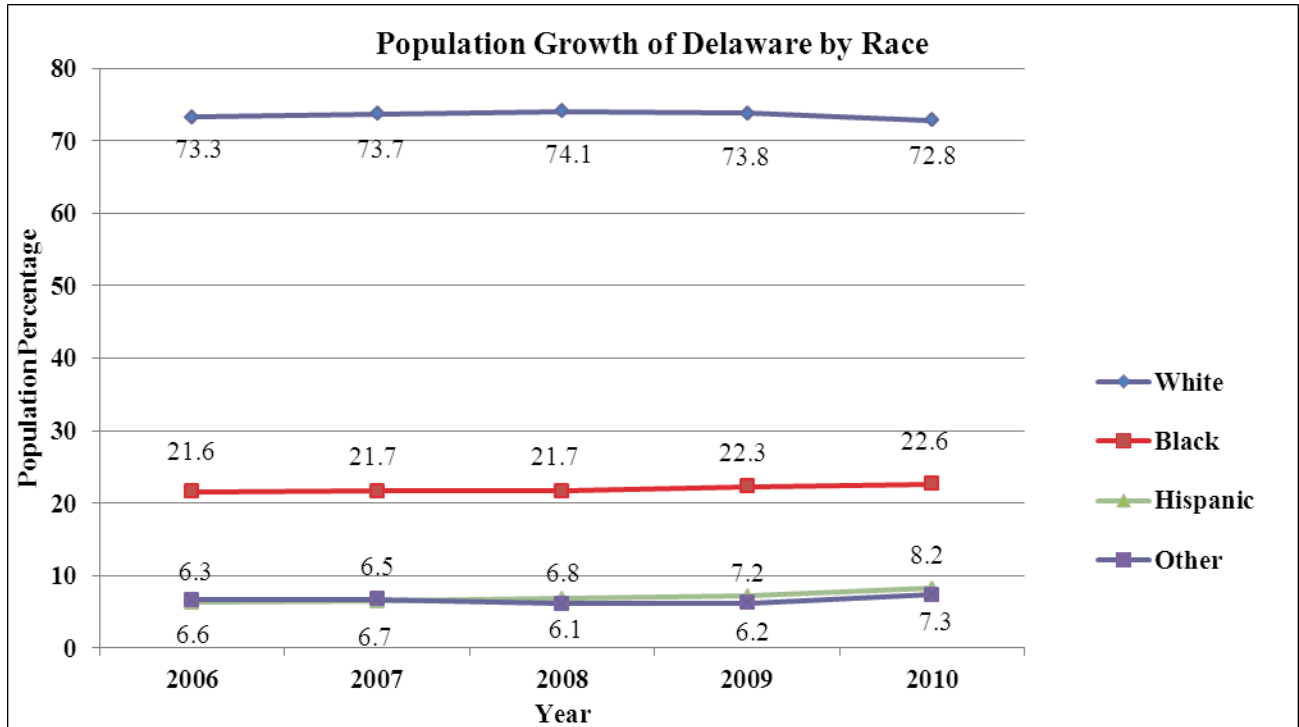
Table 2. Racial Demographic Numbers and Percentages of Delaware by County, 2010

	White non-Hispanic	African-American	Hispanic	Other	Total
New Castle	341,100 (64%)	121,652 (23%)	42,622, (8%)	29,260 (5%)	534,634 (60%)
Sussex	149,340 (78%)	25,039 (13%)	13,938 (7%)	4,430 (2%)	192,747 (22%)
Kent	107,397 (68%)	35,870 (23%)	7,332 (5%)	7,142 (4%)	157,741 (18%)
Delaware	597,837 (67%)	182,561 (21%)	63,892 (7%)	32,009 (5%)	885,122 (100%)

Source: US Census Data, 2010

- The majority of Delaware is White non-Hispanic, with the highest percentage of White non-Hispanics in Sussex County.
- African-Americans are the largest minority group and are concentrated in New Castle County.
- The Hispanic population of Delaware is steadily growing, increasing by 2% over the past five years.

Figure 3. Population Growth of Delaware by Race, 2006-2010

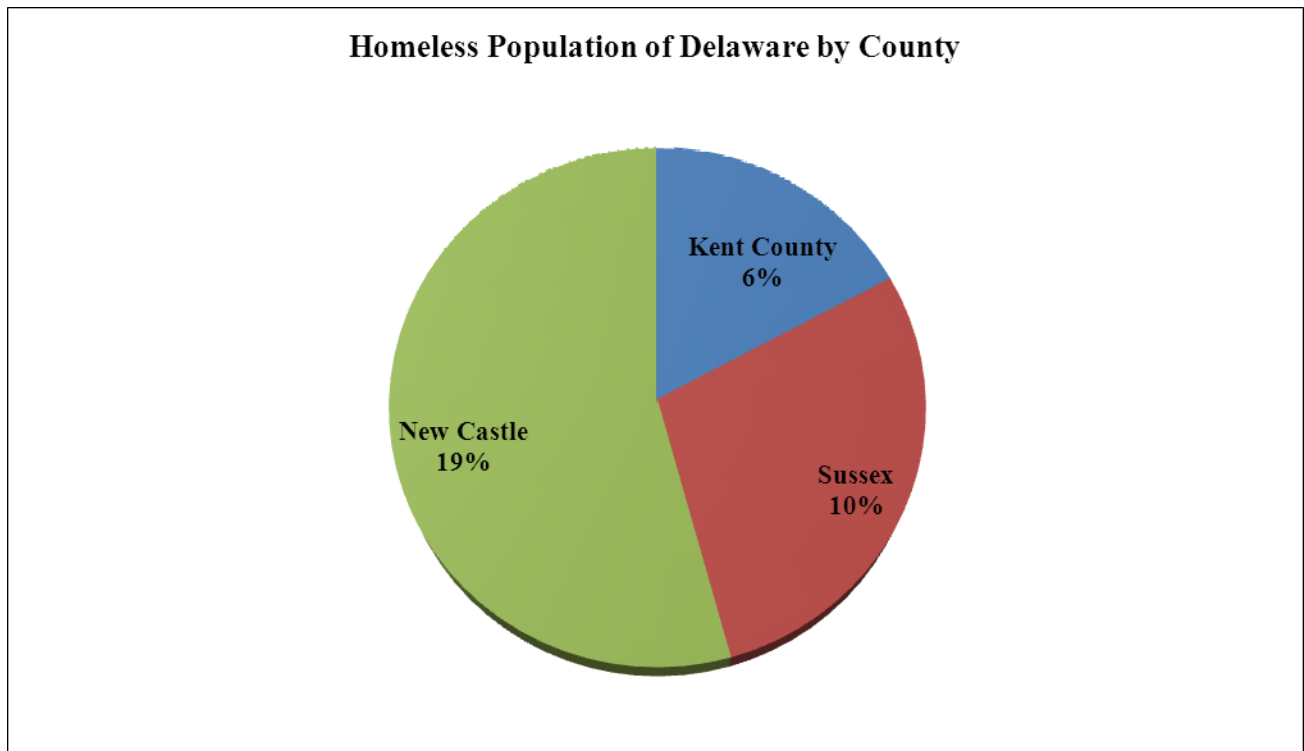


Source: American Community Survey, 2010

A.2. Homeless Individuals

The annual estimate of homeless persons in Delaware for 2011 is 6,584 people throughout the year according to the Homeless Planning Council of Delaware. This is a sizeable increase from the 2010 annual estimate of 5,428 homeless people.

Figure 4. Percent of Homeless Population of Delaware, by County.



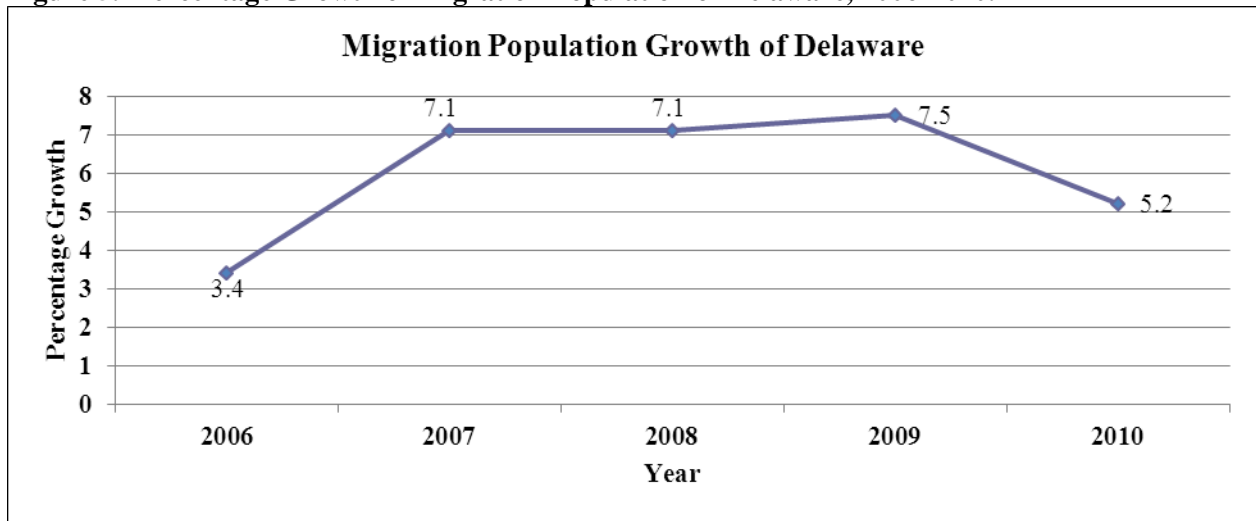
Source: Homeless Planning Council of Delaware, 2011.

- Within the homeless population, about 54% are males, approximately 1 in 4 have a mental illness and 1 in 5 have a chronic substance abuse problem.
- Among homeless people served in Delaware shelters in 2009, about 6 out of 10 were African-American, and less than one third were White.

A.3. Immigrants, Migrants, and non-English Speaking Individuals

In the period of 2006-2010, 8.2% of Delaware's population was foreign born. This is much less than the national percent of foreign born which is 12.6%. Delaware also has a much lower percent of the population speaking a language other than English at home, which is 12.2% within the state, compared to the national percentage of 20.1%.

Figure 5. Percentage Growth of Migration Population of Delaware, 2006-2010.



Source: American Community Health Survey, 2010.

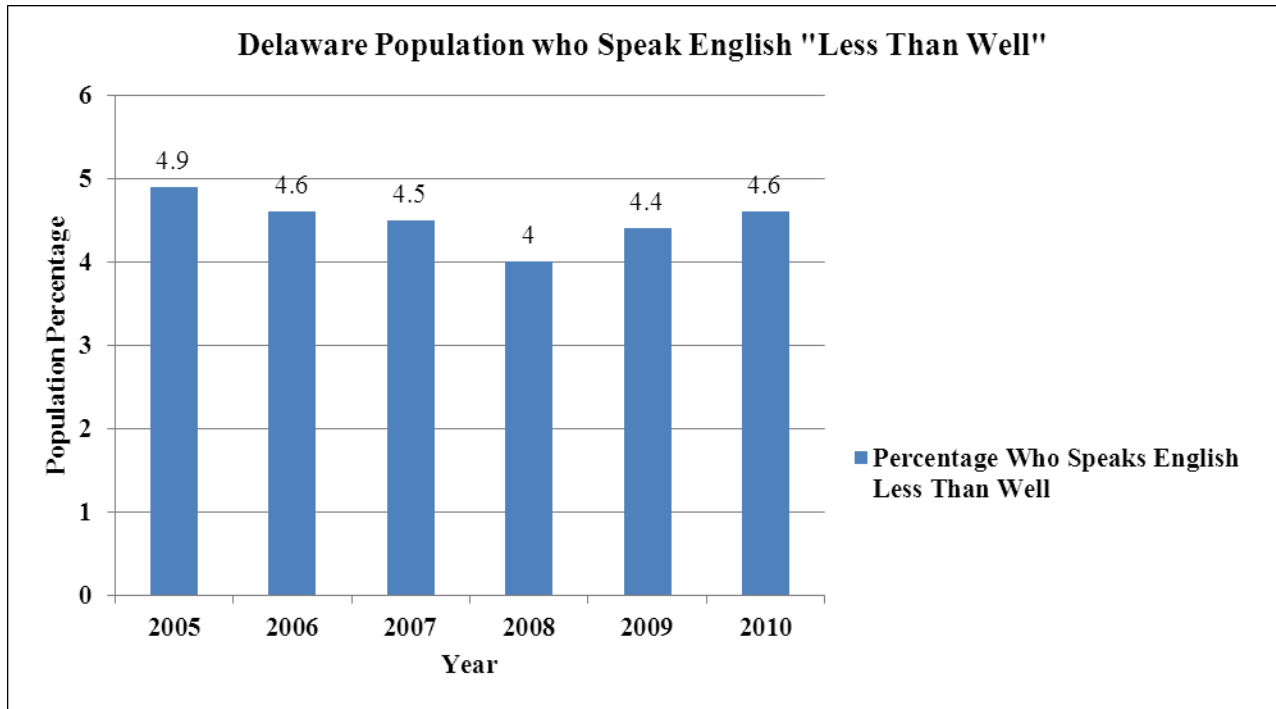
- Migration population grew the most in 2009, by 7.5%. This growth slowed in 2010 to 5.2%.
- Though the growth slowed, it is still much higher migration growth per year than in 2006 when it was only 3.4% migration growth.

Table 3. Number & Percentage of Population with Immigrant Status, Immigrants with Non-Citizen Status, 2010

	Delaware	Kent	New Castle	Sussex	Wilmington
Immigrant Status	71,868 (8.0%)	5,759 (8%)	52,530 (73.1%)	13,579 (18.9%)	3,787 (5.3%)
Immigrants with Non-Citizen Status	38,395 (53.4%)	1479 (25.7%)	28,791 (55.2%)	7,945 (58.5%)	2,464 (65.1%)

Source: American Community Survey, 2010

Figure 6. Percent of Population in Delaware who Speak English “Less Than Well”, 2005-2010



Source: American Community Survey, 2010.

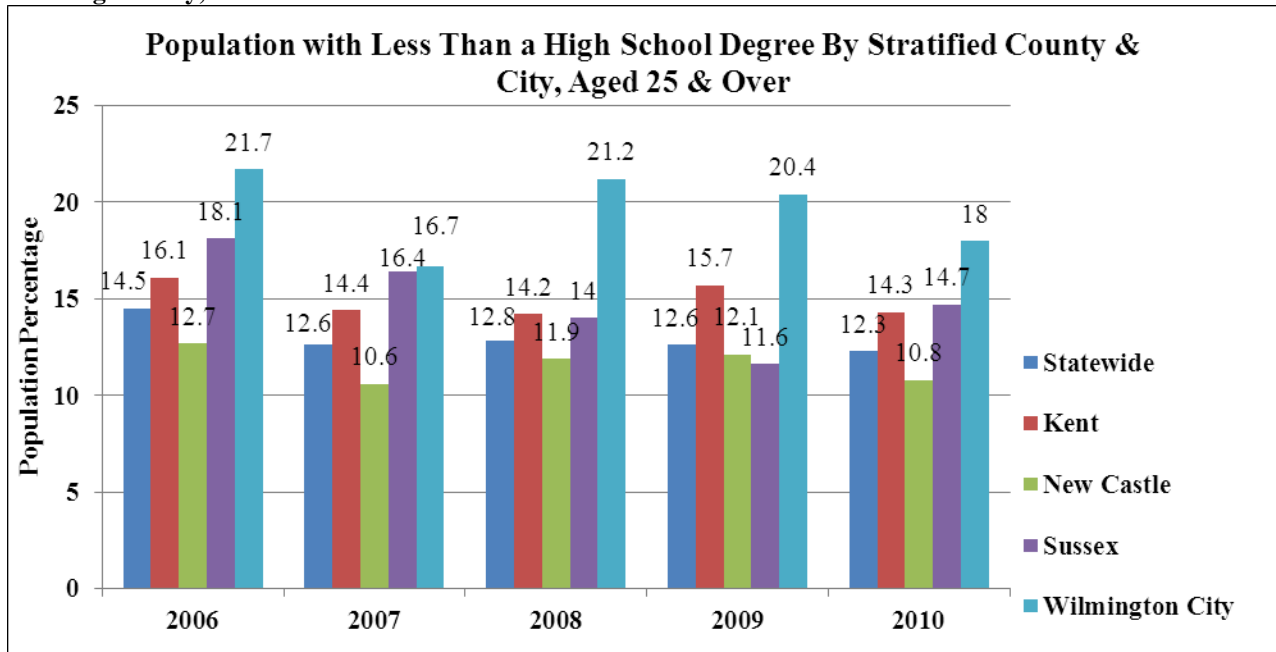
- As of 2010, 38,929 persons of foreign birth residing in Delaware do not speak English fluently. Twelve percent of the total population of Delaware speaks another language, the majority of which speak Spanish at 38.3%.
- The median income for non-citizens in 2010 was \$24,418.

APPENDIX B: SOCIOECONOMIC CHARACTERISTICS

B.1. Education

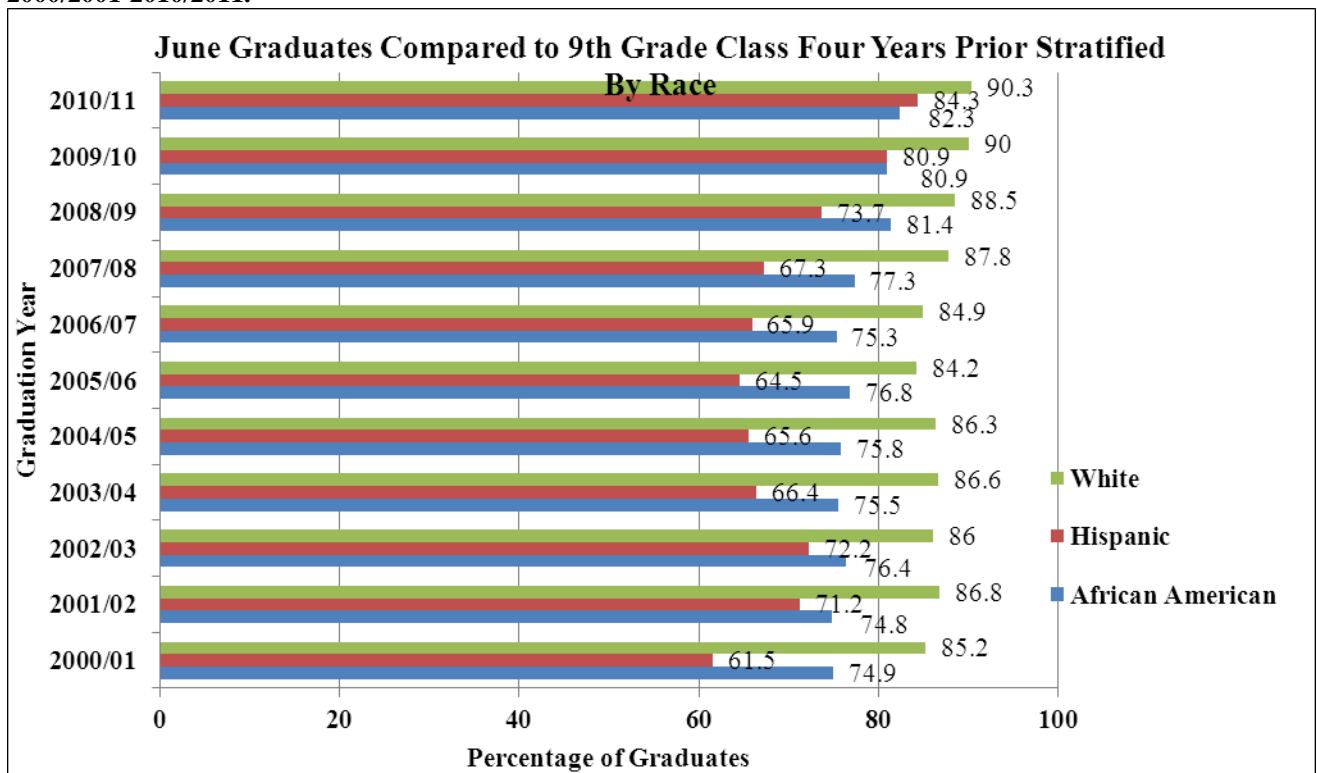
The number of persons 25 and over residing in Delaware with a high school diploma and GED equivalent is 556,658, or 87.7% of the population. This is a slight increase from 87.4% in 2009, and part of a steady rate increase over the past five years. Sussex County has the highest number of persons with less than a high school diploma at 14.7%, closely followed by Kent County with 14.3%.

Figure 7. Percentage of Persons 25 & Over with Less Than a High School Degree, By State, County, & Wilmington City, 2006-2010.



Source: American Community Survey, 2010

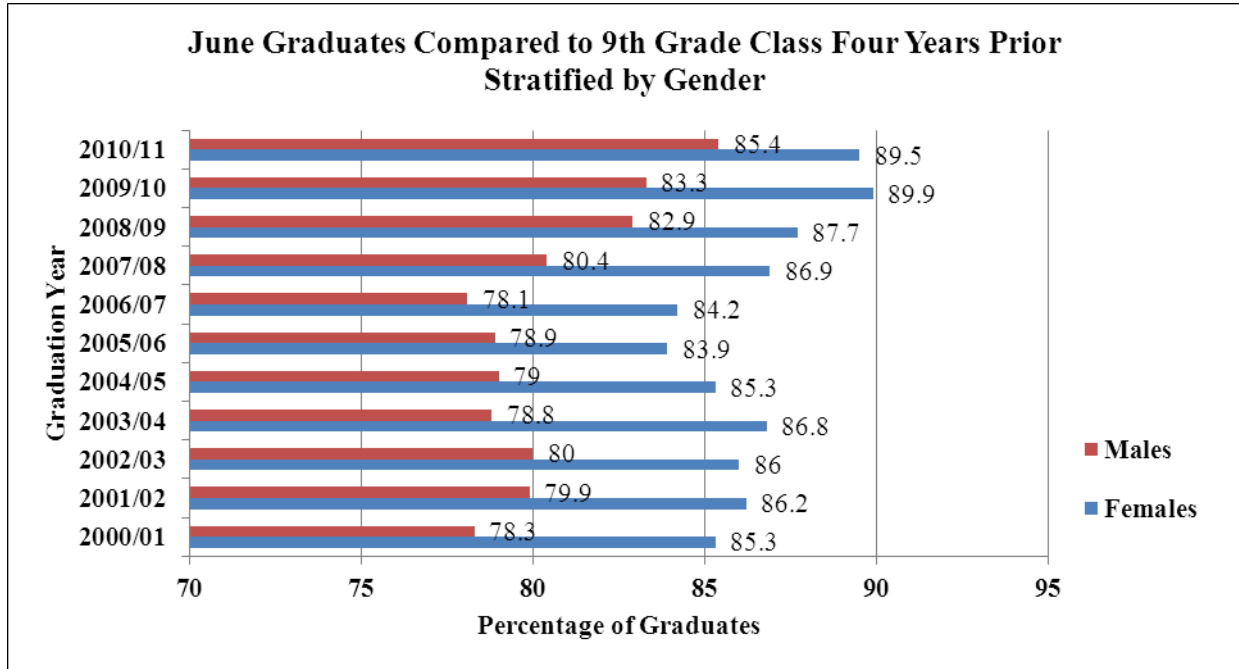
Figure 8. Percentage of June Graduates Compared to the 9th Grade Class Four Years Prior by Race, 2000/2001-2010/2011.



Source: Delaware Department of Education

- The graduation rate for Hispanic students has gradually increased since 2000-2001 school year from 61.5% to 84.3%.
- Graduation rates for African Americans have also increased but at a slower rate than Hispanics, so that Hispanics now have a higher graduation rate than African Americans as of 2010.

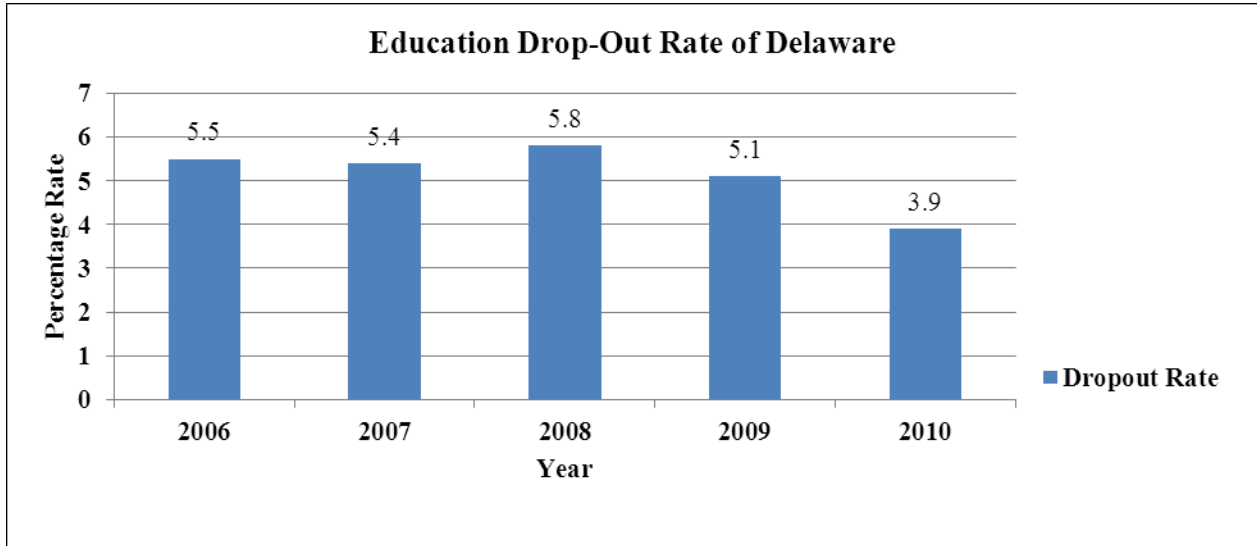
Figure 9: Percentage of June Graduates Compared to the 9th Grade Class Four Years Prior by Gender, 2000/2001 to 2010/2011.



Source: Delaware Department of Education.

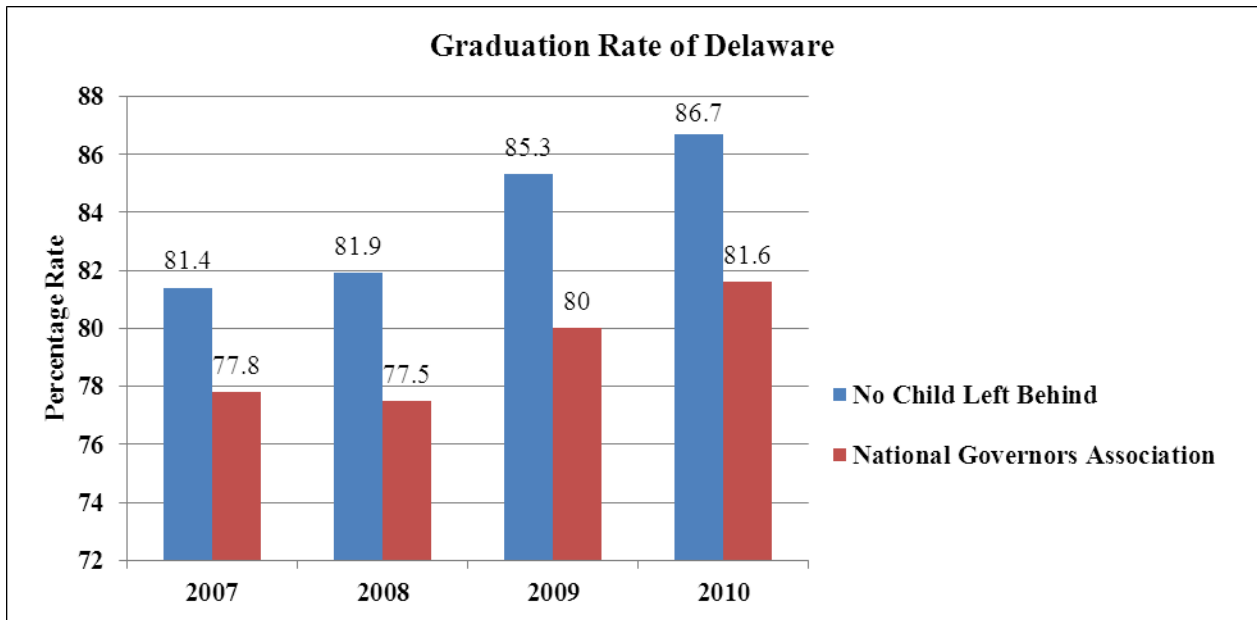
- While graduation rates for males have continually decreased over the past four years, females continue to have higher rates of graduation statewide.
- Income has consistently been a factor in graduation rates. For 2010/2011 school year, 81.3% low-income students graduated, compared to 91.9% of students who were not low-income.

Figure 10. Education Drop-Out Rate for Delaware, 2006-2010.



Source: Delaware Department of Education, 2010.

Figure 11. Graduation Rate for Delaware, 2007-2010.

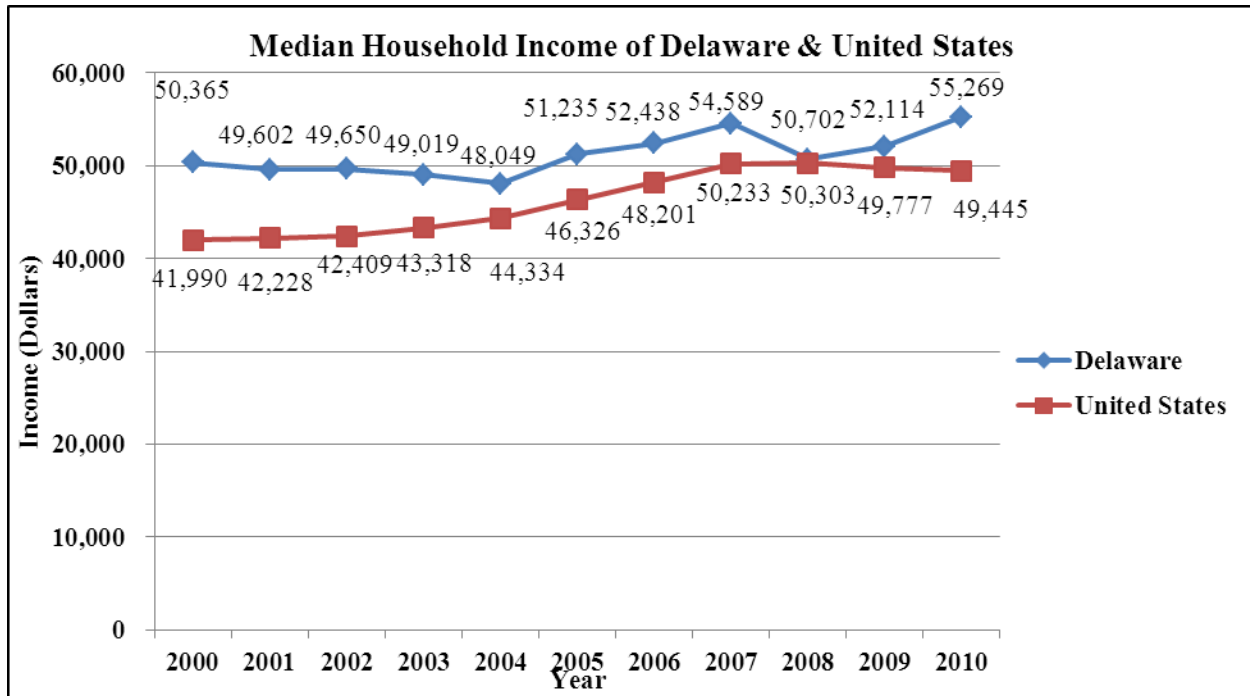


Source: Delaware Department of Education, 2010

B.2. Economic Factors

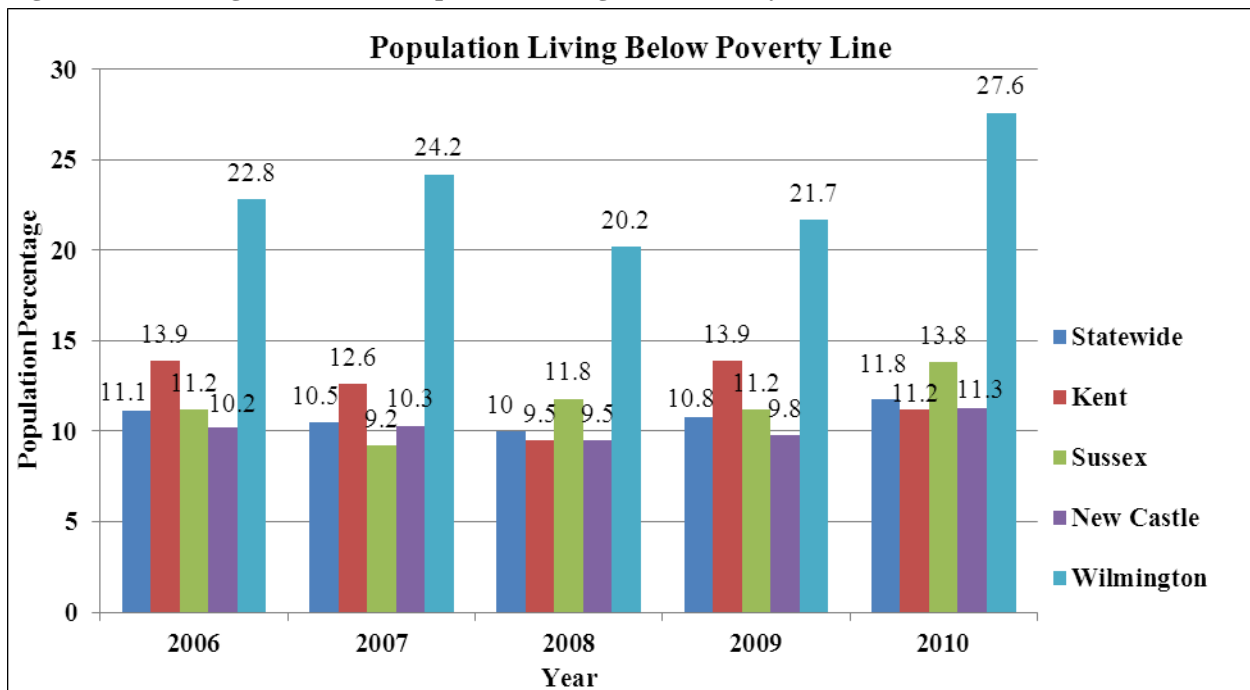
The median household income in Delaware from 2008-2010 is \$53,196, which is above the national average of \$50,022 for the same period.

Figure 12. Median Household Income for Delaware and US, 2000-2010.



Source: US Census Data

Figure 13. Percentage of Delaware Population Living Below Poverty Line, 2006-2010.



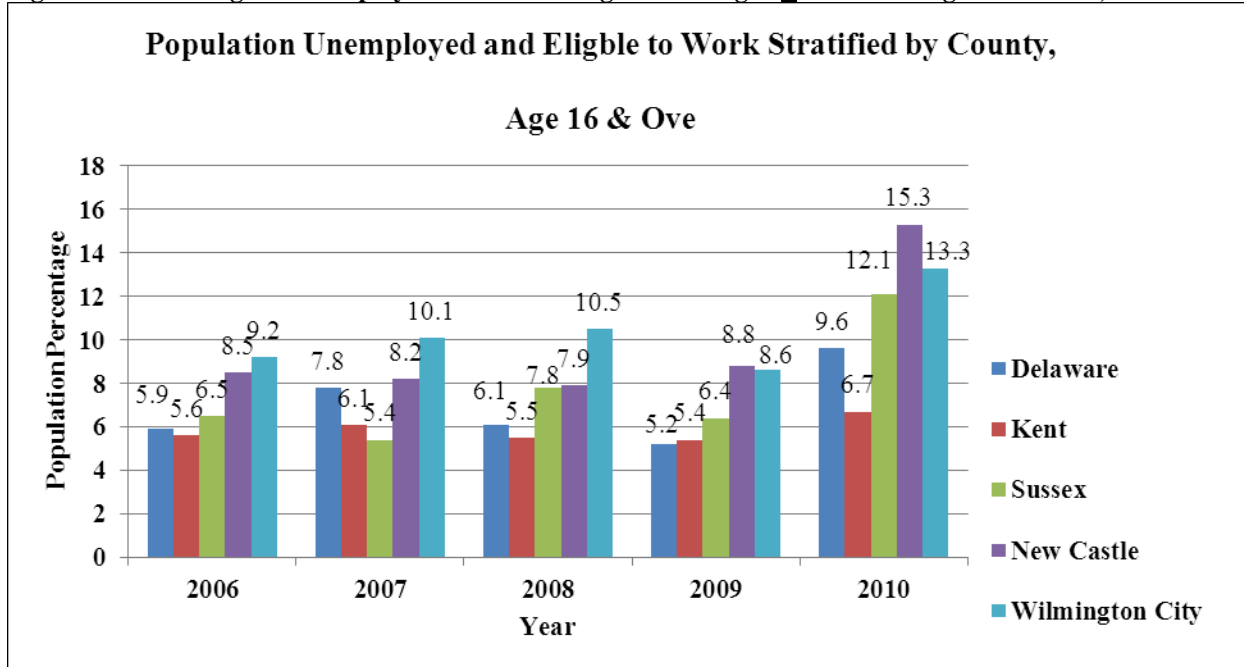
Source: American Community Survey, 2009.

B.3. Employment

- The median income for Delaware has increase by 9.7% since 2000, while the US median has increased by 17.7%.
- From 2009-2010, Delaware's median income increased by 6% while the US median income had a slight decrease.
- The statewide percentage of population below the poverty line has increased by more than 20 percent since 2006.
- In 2010, the percent of children less than 18 years of age living in families at or below the poverty level was 18%. This is the highest in 10 years, with a low of 11% in 2002.
- Despite an increase in median household income, the percent of people below poverty line has increased; this indicates a growing disparity between wealthy and poor.

The unemployment rate for Delaware as of March 2011 was 7.4% according to the Bureau of Labor Statistics. This is lower than the national unemployment rate of 9.2% as of the same date.

Figure 14. Percentage of Unemployed Persons among Persons Aged ≥ 16 Years Eligible to Work, 2006-2010.



Source: American Community Survey, 2009.

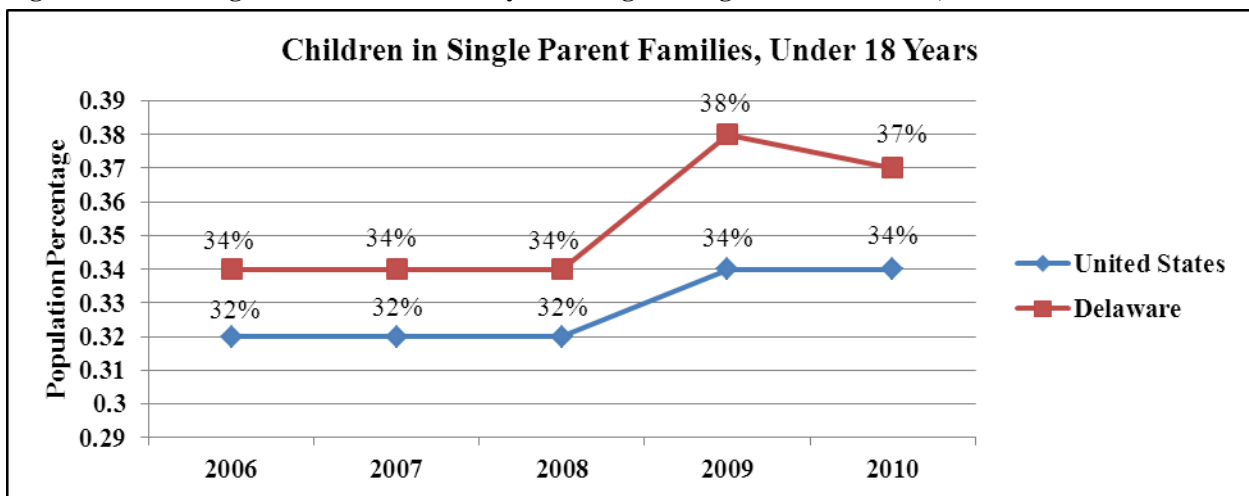
- The percentage of unemployed persons in the state has increased by more than 60% since 2006, with the highest percentage in New Castle County.
- Kent County has the lowest increase in unemployment among the Delaware counties and Wilmington City.

B.4. Families

According to Delaware Vital Statistics, there were 4,772 marriages and 3,169 divorces in 2009. Marriage rates have decreased from a rate of 8.7 marriages per 1,000 populations in 2005 to a rate of 5.7 marriages per 1,000 in 2009. Divorces rates have remained stable during that same period. Based on Figures 15 and 16:

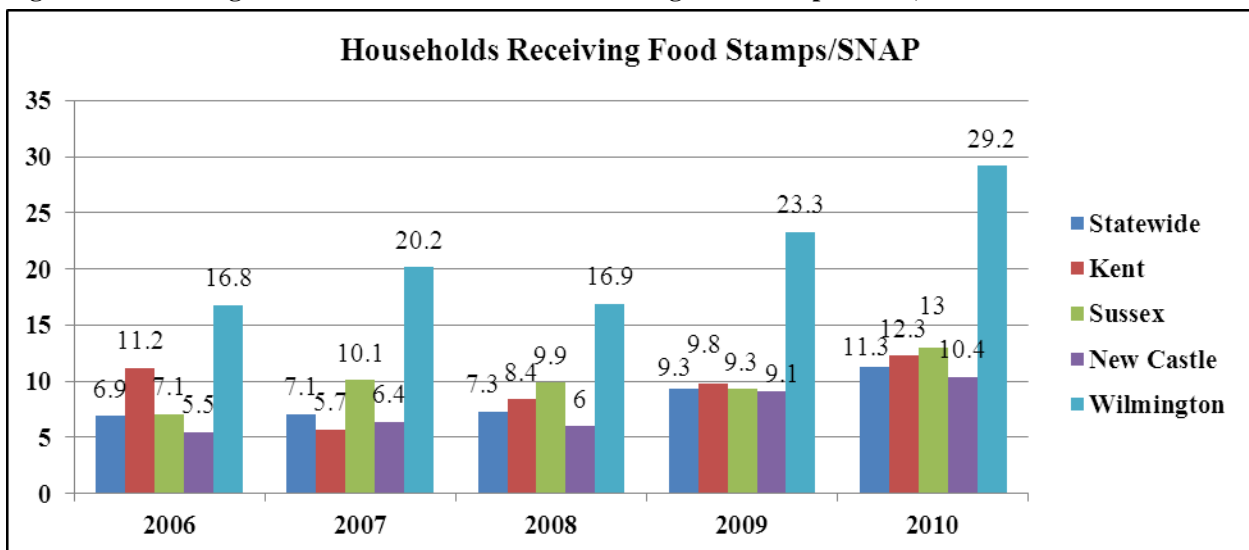
- Children in single parent families have increased by 4 percentage points from 2008-2009 in Delaware, which has a higher percentage than the national average.
- Sussex County has the highest percentage of single parent families with 38.8%, followed by 36.3% in Kent County, and 34.4% in New Castle County.

Figure 15. Percentage of Children under 18 years of Age in Single Parent Families, 2006-2010.



Source: Kids Count, Annie E Casey Foundation

Figure 16. Percentage of Households in Delaware Receiving Food Stamps/SNAP, 2006-2010.



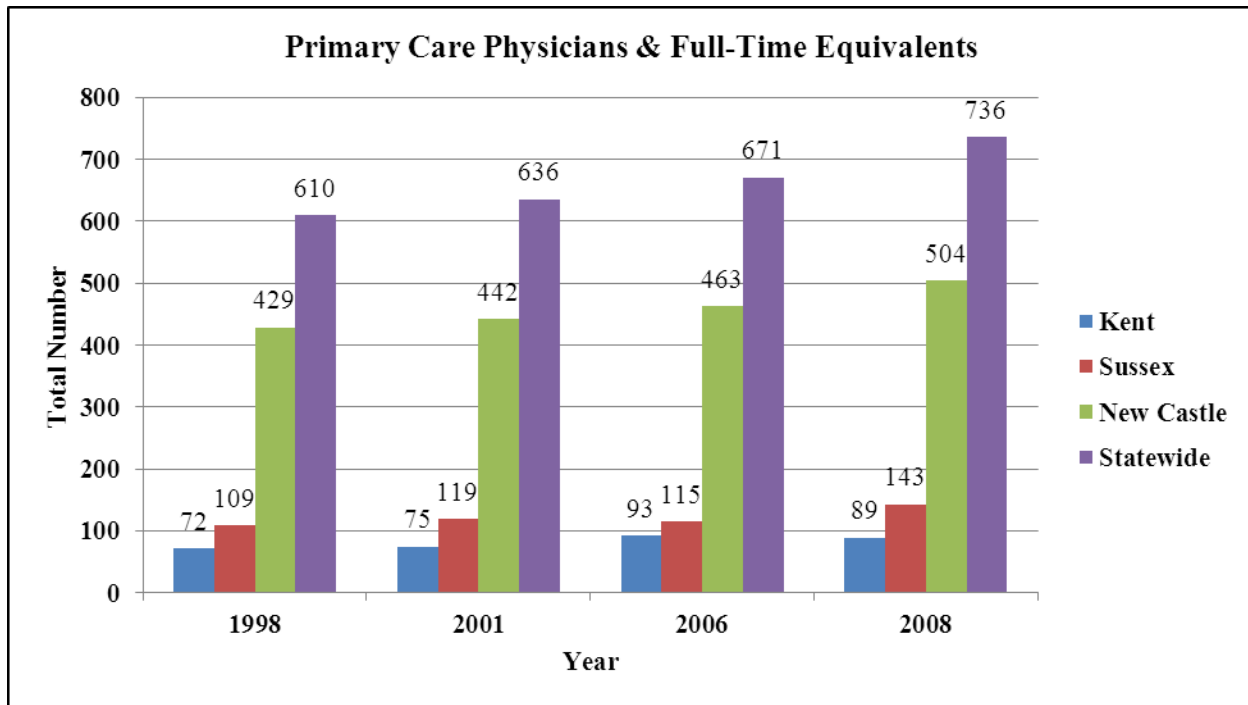
Source: American Community Survey, 2011.

- Since 2006, the percentage of Delaware families receiving Food Stamps and/or benefits from Supplemental Nutrition Assistance Program (SNAP) has increased from 6.9% to 11.3%
- Wilmington City Area has the highest percent receiving benefits with 29.2% of families in 2010 which is a dramatic increase from 16.8% of Wilmington families in 2006.

APPENDIX C: HEALTH RESOURCE AVAILABILITY

Delaware has twelve hospitals which include the following locations: Kent General Hospital, Milford Memorial Hospital, Beebe Medical Center, St Francis Hospital, Christiana Care at Christiana Hospital, Christiana Care at Wilmington hospital, Nanticoke Memorial Hospital, Alfred I. DuPont Hospital for Children, Delaware hospital for the Chronically Ill, Delaware Psychiatric Center, Emily P. Bissell Hospital, and Wilmington VA Medical Center.

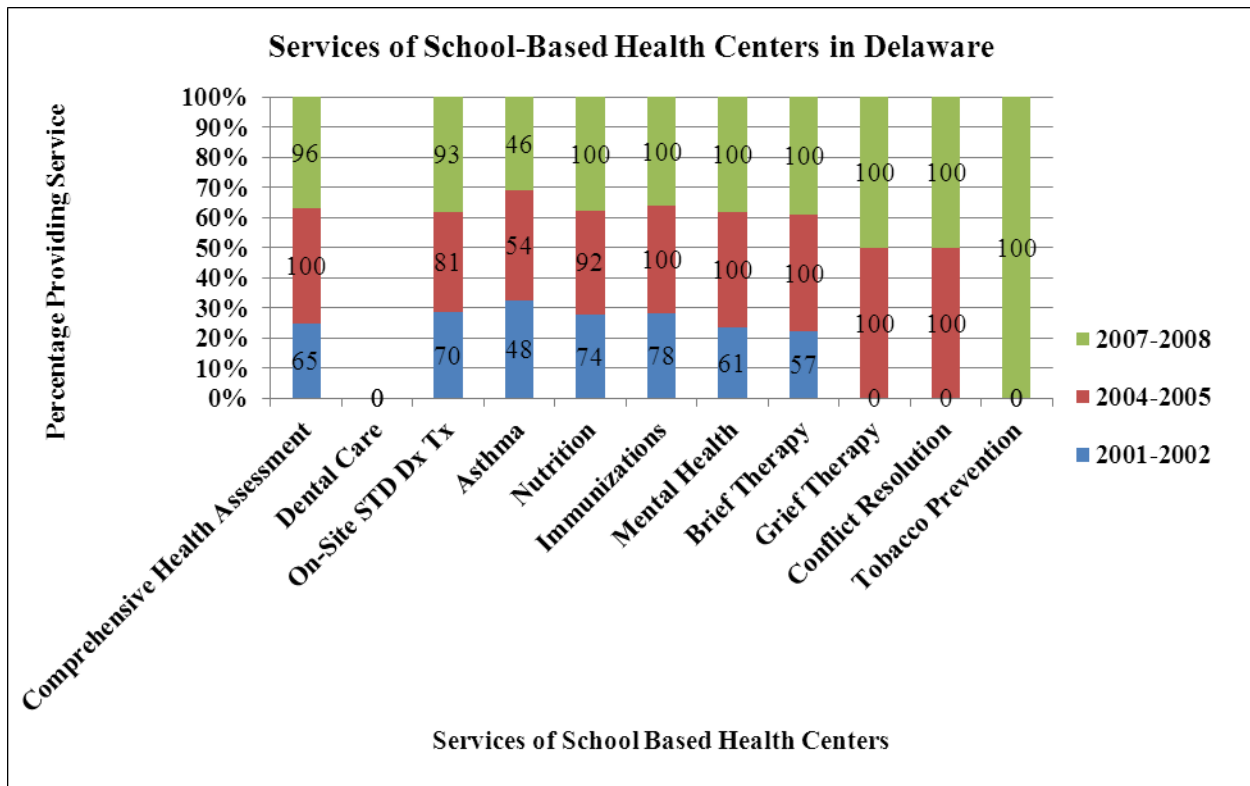
Figures 17. Primary Care Physicians & Full-Time Equivalents, 1998-2008



Source: University of Delaware Center for Applied Demography & Survey Research, 2008.

- In 2008, 736 primary care physicians and full time equivalents accounted for a rate of 8.5 physicians per 10,000 people in Delaware.
- New Castle had more than 3 times the number of PCPs compared to Sussex and Kent.
- In 2008, Delaware 331 general dentists and 65 dental specialists. The population to dentist ratio improved from 3,100 persons per one full-time equivalent dentist in 2005 to 2,300 persons per full time equivalent in 2008.

Figure 18. Services Provided by School Based Health Centers, 2001-2008.



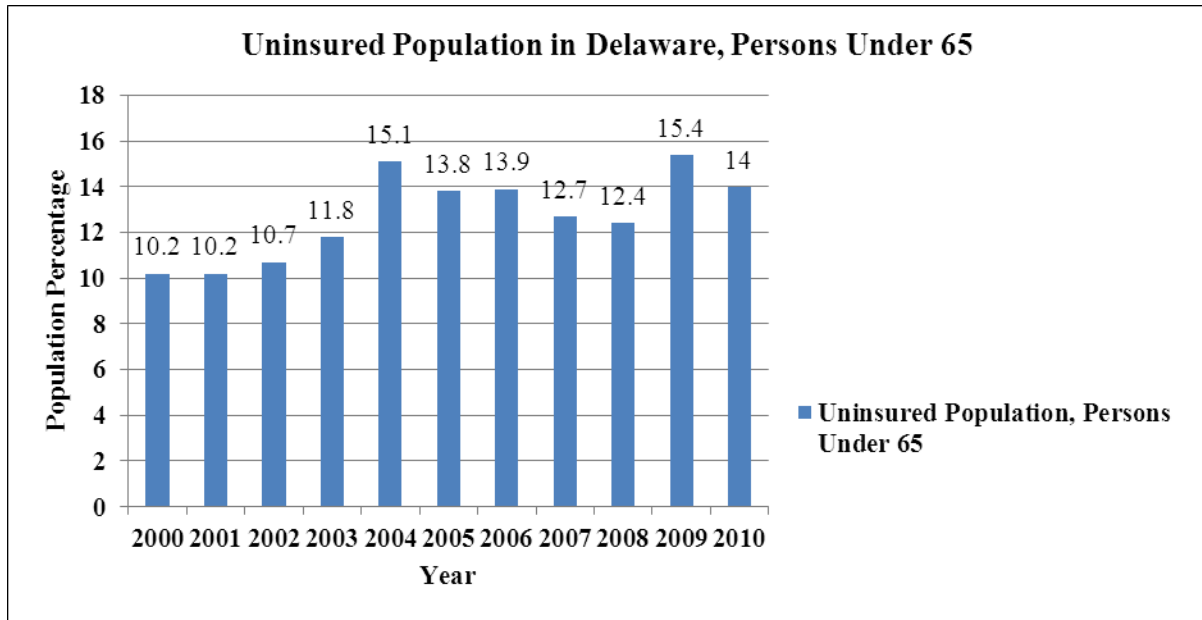
Source: National Assembly of School Based Health Care, 2011.

- Currently, there are 28 school based health centers across Delaware, which provide basic services for school-aged children. The centers often act as a source of referrals and point of contact for comprehensive health services.
- Services provided by the health centers include physical health, mental health, nutrition, and health education. Additional services available to students include diagnosis and treatment of STDs, reproductive health services, and HIV testing and counseling, subject to school board approval.
- As of 2004-2005, total grant funding that was directed by the state government of Delaware of school-based health centers was \$5,399,542. In 2011, Affinity Health & Medical Systems in Newark, DE, received a \$500,000 grant from the US Department of Health & Human Services for school based health centers.

C.1. Health Insurance

In 2010, Delaware had 104,600 non elderly residents with no health insurance, which is 14% of the nonelderly state population. Delaware's percent of nonelderly uninsured is lower than the national number, which is 18.5% nonelderly uninsured.

Figure 19. Nonelderly Uninsured Trends in Delaware, 2000-2010.



Source: US Census Data, 2011

- Among the nonelderly uninsured in 2010, 57% were male, 43% were female, and 16% were children.
- The majority of the nonelderly uninsured had a family work status of at least 1 full time worker (65%), 11.8% were part time workers, and 23.2% were non workers.
- In 2011, Delaware had approximately 149,000 Medicare eligible persons.
- Delaware was the 5th highest state for highest hospice use rates with 48% of Medicare beneficiaries using hospice.

C.2. Medicare Expenditure

In 2009, total Medicare expenditure for Delaware was \$1,512,000, averaging \$10,421 per enrollee. The majority of cost was related to hospital care costs at \$4,966, followed by physician and clinical services of \$2,278, and \$1,197 prescription drugs and other non-medical durables.

Table 4. Medicare Spending per Enrollee and Average Percentage Growth, 2009.

	Delaware	United States
Spending estimates per enrollee:	\$10,421	\$10,365
Average annual percent spending growth in Medicare, 1991-2009	8.5%	8.0%
Average annual percent growth per enrollee, 1991-2009:	5.7%	6.3%

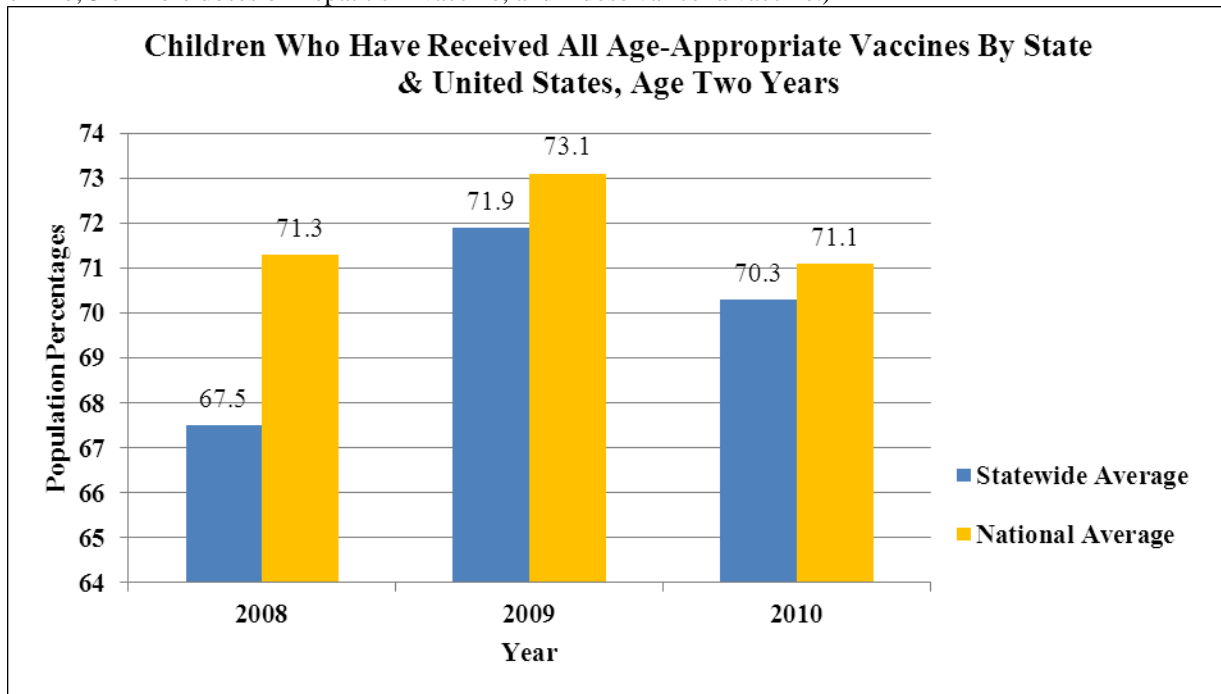
Source: Centers for Medicare & Medicaid Services, 2011

C.3. Immunizations

Delaware is ranked 18th among states with percentage of children aged 19 to 35 months who have received the following vaccinations: four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of HepB vaccine. The state vaccination coverage for this measure is 91.8%.

Figure 20. Percent of 2-year-old Children who have Received All Age-Appropriate Vaccines, Statewide vs. National, 2008-2010.

(Series includes 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of MMR, >2 doses of Hib, 3 or more doses of Hepatitis B vaccine, and 1 dose varicella vaccine.)

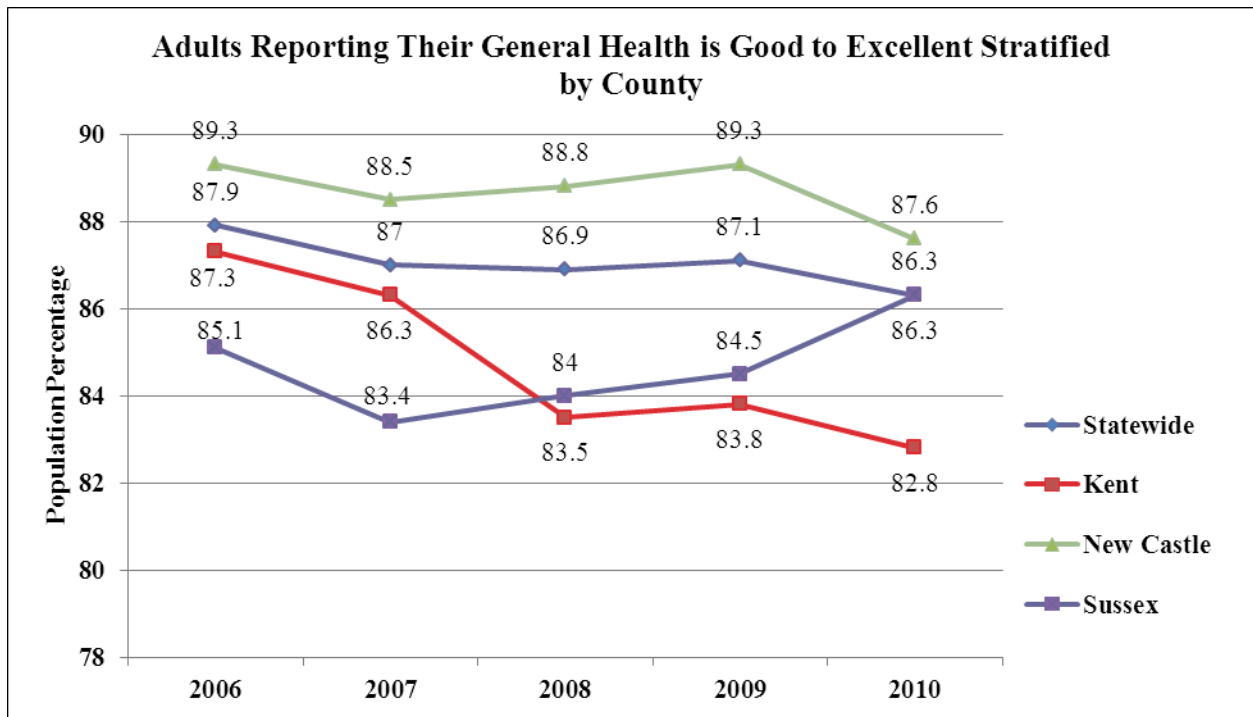


Source: Center for Disease Control and Prevention, National Immunization Survey, 2011.

- The state vaccination coverage in 2-year-old children has increased by 4% over the past two years, compared to a slight decrease on the national level.
- 66.9% of Delaware adults aged 65 and older had a flu shot within the past year, this is lower than the nation average of 67.4% for 2010.
- 70.0% of Delaware adults aged 65 and older have ever had a pneumonia vaccine; this is higher than the national average of 68.6% in 2010.

APPENDIX D: QUALITY OF LIFE

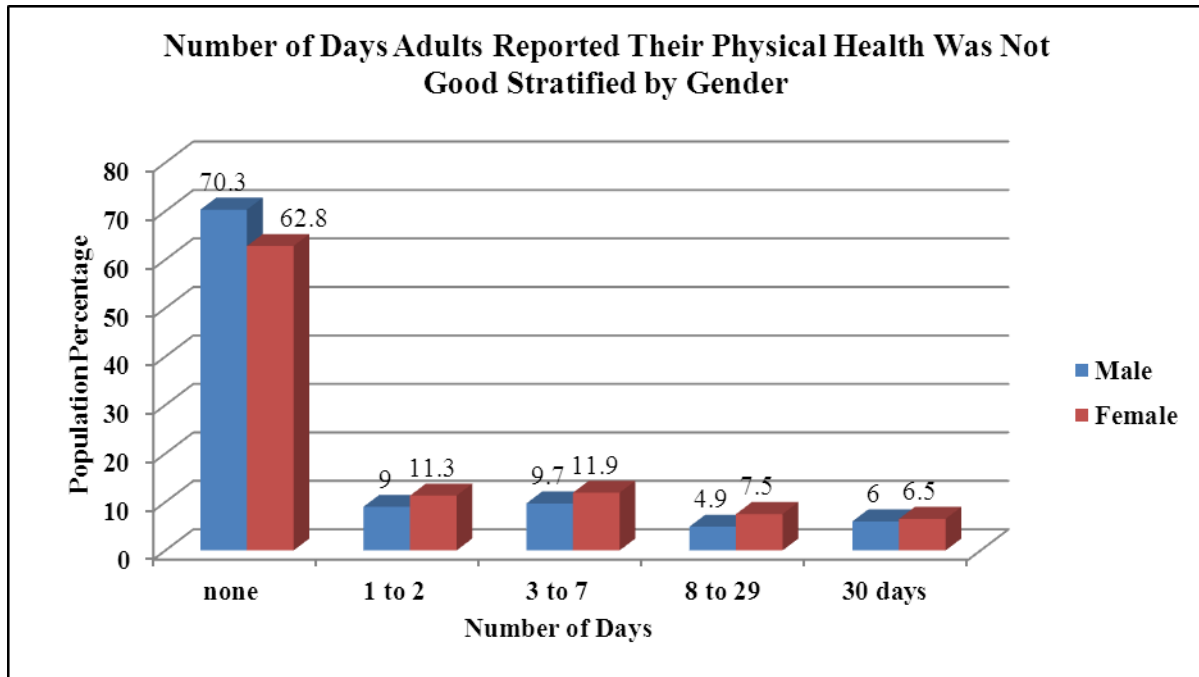
Figure 21. Proportion of Adults Reporting that Their General Health is Good to Excellent by County, 2006-2010.



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2010.

- The percentage of the Delaware population that believed their health is good to excellent has remained steady for the last five years, with 86.3% reporting good health in 2010. The greatest decline in health perception occurred in Kent County, lowering from 87.3% in 2006 from to 82.8% in 2010.
- In 2010 the 88.2% of males and 84.6% of females responded as having good or better health according to the BRFSS of Delaware.

Figure 22. Percent of Adults Reporting the number of Days that Their Physical Health is Not Good by Gender, 2010.



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2010.

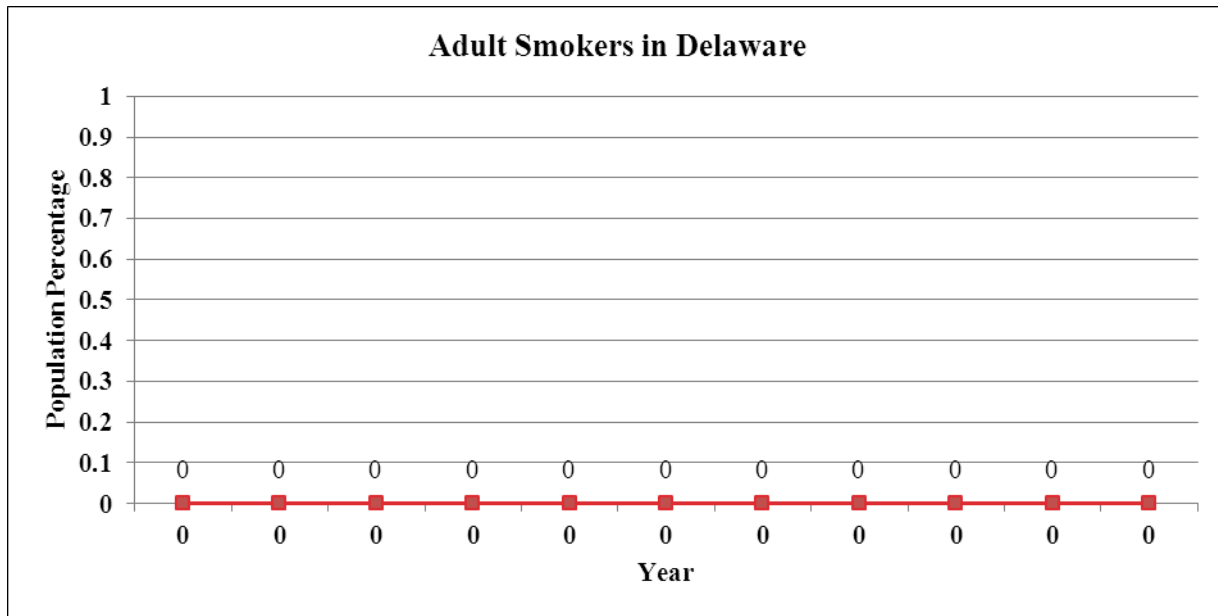
- Females had a slightly higher number of days reported of “Not Good physical health” during the past 30 days. 70.3% of Delaware males reported no days of poor physical health during the past month.
- Over half of Delaware BRFSS respondents reported being very satisfied with their life. Only 5% reported being dissatisfied or very dissatisfied.
- Reported life satisfaction did not differ by gender or race. It did differ by education level and income group, where less education and lower income groups had higher percentages reporting life dissatisfaction.

APPENDIX E: BEHAVIORAL RISK FACTORS

E.1. Smoking

The number of smokers in Delaware has been on a steady decline for the past decade. As of 2010, 17.3% of the state population smoked. This marks a large decrease over the decade from when 23% of Delawareans were smokers in 2000.

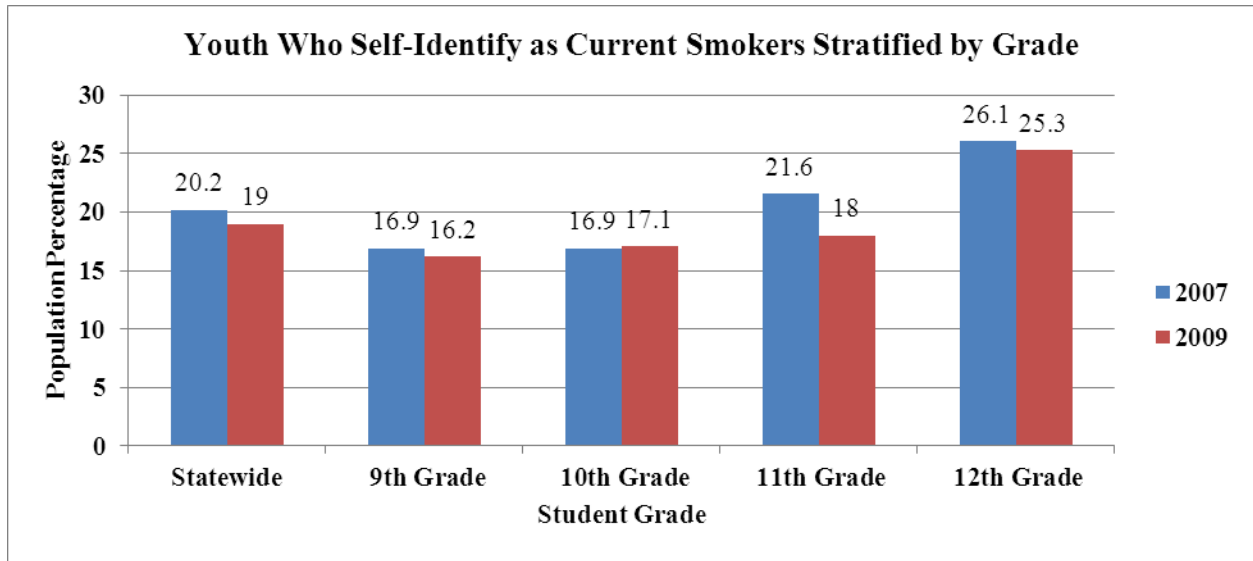
Figure 23. Percentage of Adult Smokers in Delaware, 2000-2010.



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS)

- The percentage of smokers is similar across race, where the highest is among White Non-Hispanic (23%), followed by African-Americans (21.6%), then Hispanic (19.3%)
- By education level, the highest prevalence of smokers is among High School/GED group where 24.6% are smokers, compared to college graduate or higher group where 7.3% are smokers.

Figure 24. Percentage of Youth (Grade 9-12) Who Self-Identify as Current Smokers, 2007-2009.



Source: Center for Disease Control & Prevention, High School Youth Risk Behavior Survey Data, 2009.

- While the percentage of high school smokers has decreased over time, the increased risk of smoking from 9th grade to 12th grade remains high. In 2009 there was a 56% increase in the proportion of students who currently smoke from 9th grade to 12th grade.
- Smoking prevalence is high among high school drop outs compared to high school seniors.

E.2. Alcohol and Drugs

As of 2008, 93% of persons in treatment of drugs and/or alcohol are involved in outpatient treatment. Statewide, alcohol-only admissions have declined from 42% in 1992 to 10% in 2005; drug-only admissions have increased from 25% in 1998 to 41% in 2005.

Based on the results of Table 5:

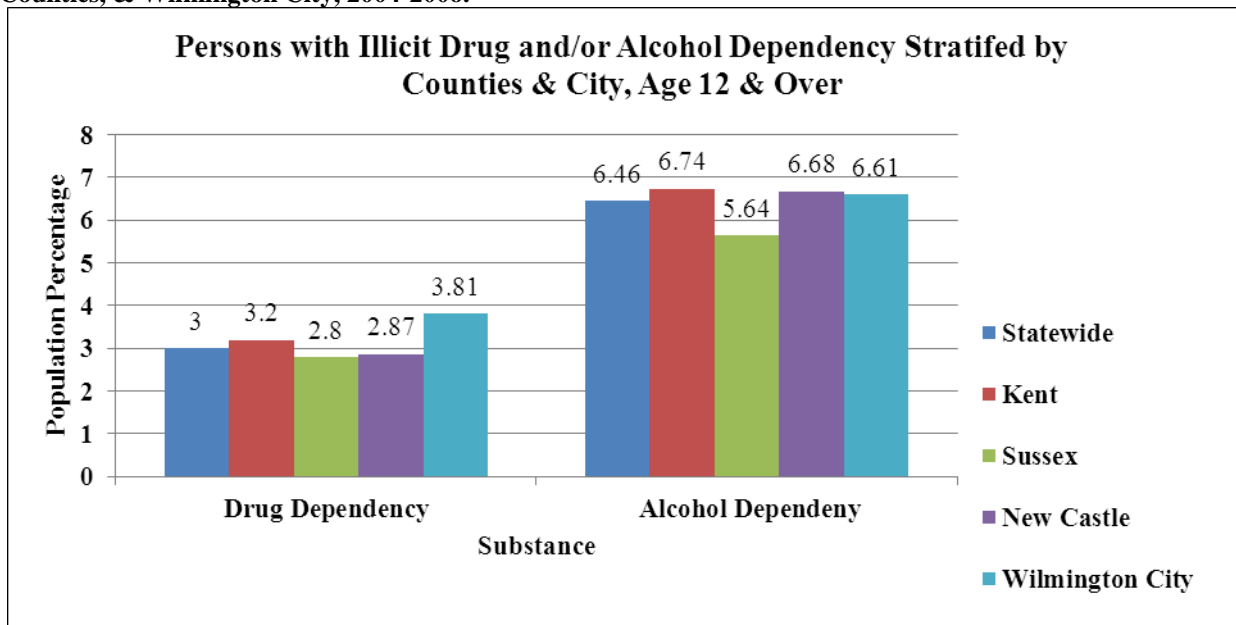
- In 2010, New Castle County had the highest admission rate statewide for opiates with 680 persons, compared to 363 for Sussex and 196 for Kent.
- In 2010, after alcohol dependency, heroin and marijuana abuse were the main reason for admittance to treatment programs at 20.7% and 20.9% respectively.

Table 5. Alcohol & Drug Admissions to Delaware Alcohol & Drug Abuse Mental Health (DADAMH) Funded Treatment Programs, 2006-2010.

Substance Abused/Reason for Admittance	Population Admitted 2006	Population Admitted 2007	Population Admitted 2008	Population Admitted 2009	Population Admitted 2010
Alcohol	2,142	2,267	2,107	1,954	1,954
Heroin	2,113	2,080	2,120	1,965	1,533
Cocaine	481	643	548	429	307
Crack	908	831	680	457	289
Marijuana	1,875	1,933	1,613	1,806	1,565
Amphetamines	43	27	28	12	14
Other Opiates/Synthetics	433	736	927	1,400	1,397
Other	463	319	396	394	398
Total	8,458	8,836	8,419	8,590	7,457

Source: Substance Abuse & Mental Health Services Administration, 2010.

Figure 25. Percentage of Persons Age 12 & Over with Illicit Drug and/or Alcohol Dependency, Delaware, Counties, & Wilmington City, 2004-2006.



Source: National Survey on Drug Use & Health, 2004-2006.

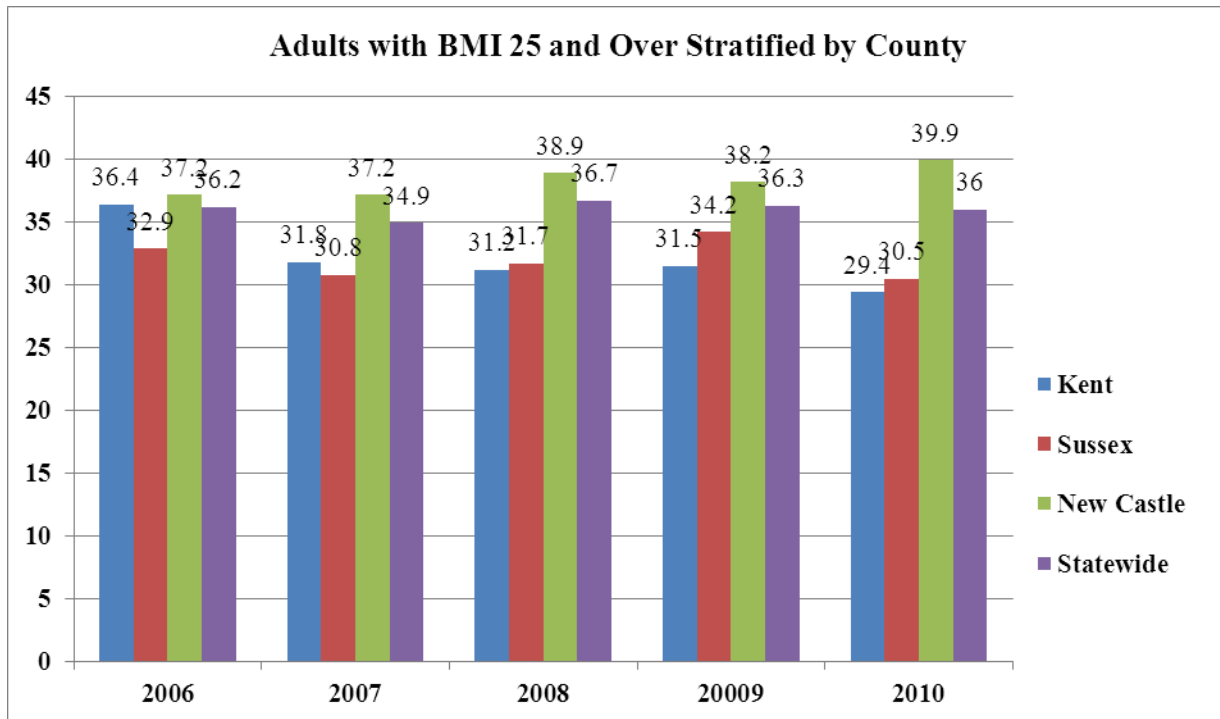
- Alcohol dependence for individuals age 12 and over have consistently remained lower than the national rate, while rates of illicit drug abuse and dependency have remained higher than the national rate.

E.3. Weight

The rate of obesity has nearly double in the state of Delaware since 1990. In 2011, 28.7% of the state population 18 years and older was considered to be obese. Based on a three year average

from 2008-2010, Delaware ranked 21st among the US states for prevalence of obesity, where 1st was Mississippi with the highest obesity prevalence.

Figure 26. Percentage of Adults with BMI < 25 (overweight and obese), by County, 2006-2010.



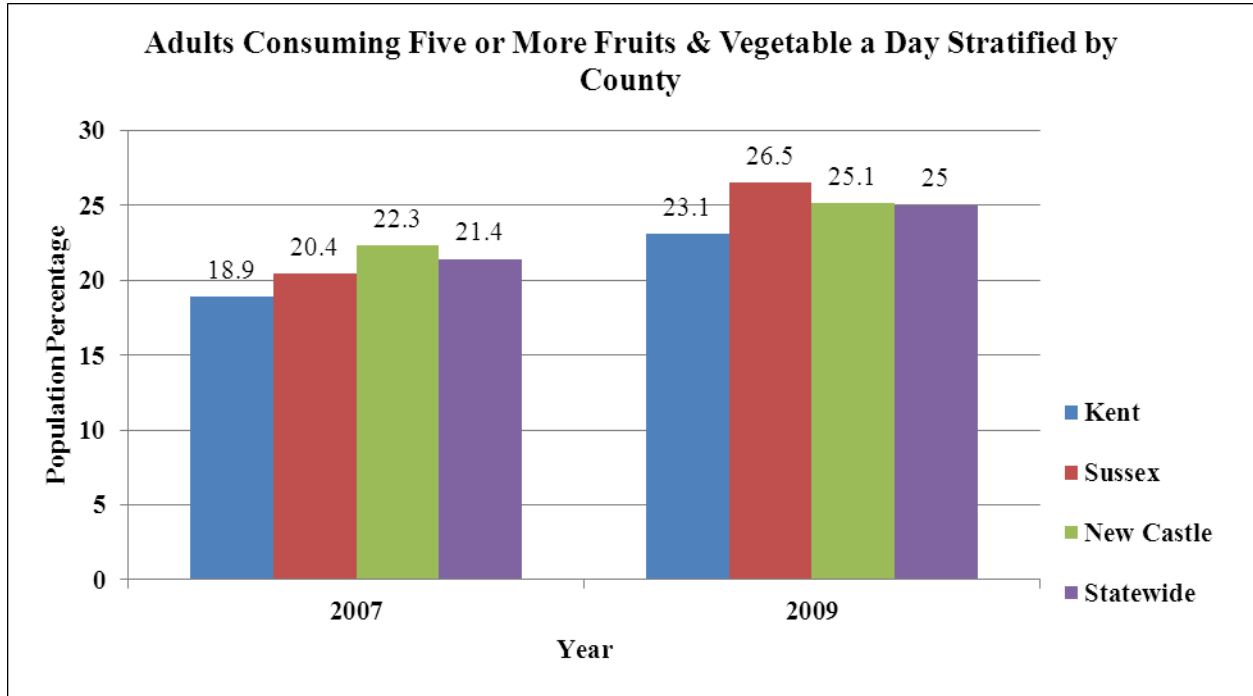
Source: Delaware Behavioral Risk Factor Survey, 2010.

- New Castle County consistently had the highest prevalence of overweight and obese people among the Delaware Counties, with a 2.7% increase over four years.
- In 2008, only 50% of Delaware's children ages 2-17 years were of healthy weight, 16.5% were overweight, and 24.3% were obese.
- Along with the rest of the USA, the increasing rate of overweight and obese people continues to be a concern in Delaware.

E.4. Diet

As of 2009, only 32.5% of adults in Delaware consume fruits two or more times a day, a significant decrease since 2000. Comparatively, only 27.7% consume vegetables three or more times a day.

Figure 27. Percentages of Adults Consuming Five or More Fruits & Vegetables a Day by County, 2007-2009.



Source: Delaware Behavioral Risk Factor Survey, 2010.

- Only 19.7% of middle and high schools in Delaware offer fruit and vegetables as a competitive foods to reimbursable to school meal programs, compared to vending machines, school stores, snack bars, and canteens.
- No farmers markets accept EBT as acceptable payments, and 6.3% accept WIC FMNP coupons.

APPENDIX F: ENVIRONMENTAL HEALTH INDICATORS

F.1. Air Quality

Air quality is monitored at several different sites in Delaware. Stations in New Castle County are Wilmington, Delaware City, Summit Bridge, Newark, Bellefonte, and Brandywine; Kent County stations are Dover and Felton; Sussex County has the remaining stations of Seaford and Lewes. Emissions of air pollutants are calculated every three years as part of the emissions inventory.

Table 6. Air Quality by County, Metropolitan City, 2011.

County	Number of Days When Air Quality Was...			
	Good	Moderate	Unhealthy for Sensitive	Unhealthy
Kent	325	37	3	
New Castle	243	111	9	2
Sussex	311	48	6	
Dover, DE	325	37	3	
Phila-Camden-Wilmington	154	193	15	3
Seaford, DC	311	48	6	

Source: US EPA AirData, 2011.

- In 2010, two pollutants, ozone and PM_{2.5}, exceeded or were close to the national ambient quality standards. Other pollutants such as carbon monoxide, nitrous oxide, sulfur dioxide, and PM₁₀ are well below national standards.
- In 2010, there were 18 days that ozone levels surpassed the 8-hour limit; 14 days were in New Castle, 5 were in Kent, and 9 days were in Sussex.
- Concentrations of air toxins in Wilmington continue to show generally low and declining levels.

F.2. Water Supply

In Delaware, 83.4% of the population is served by the public water supply. The remaining 16.6% of the population are served by individual wells. Major sources of surface water include Brandywine River Basin, Christina River Basin, and Red Clay/White Clay Creeks. Major sources of ground water include the Columbia Aquifer, the Cheswold Aquifer, and Piney Point Aquifer.

Table 7. Violations of Assessed Drinking that Support Beneficial Uses in Delaware, 2010.

Violation	Number of Samples Collected in 2010	Systems in Compliance in 2010	% of State Served by Compliant Systems	Number of Systems Not in compliance in 2010
Bacteriology	9,471	457	96.4%	39
Surface Water Treatment Rule	n/a	495	85.4%	1
Nitrates	2,131	480	99.6%	16
Lead and Copper/M&R Violations	n/a	472	99.1%	24
Consumer Confidence Rule	n/a	475	99.6%	21
Disinfection Byproducts	860	495	99.9%	1
Maximum Residual Disinfection Level	9,471	495	99.9%	1
Radiological	898	495	99.9%	1
Ground Water Rule	n/a	492	99.8%	4

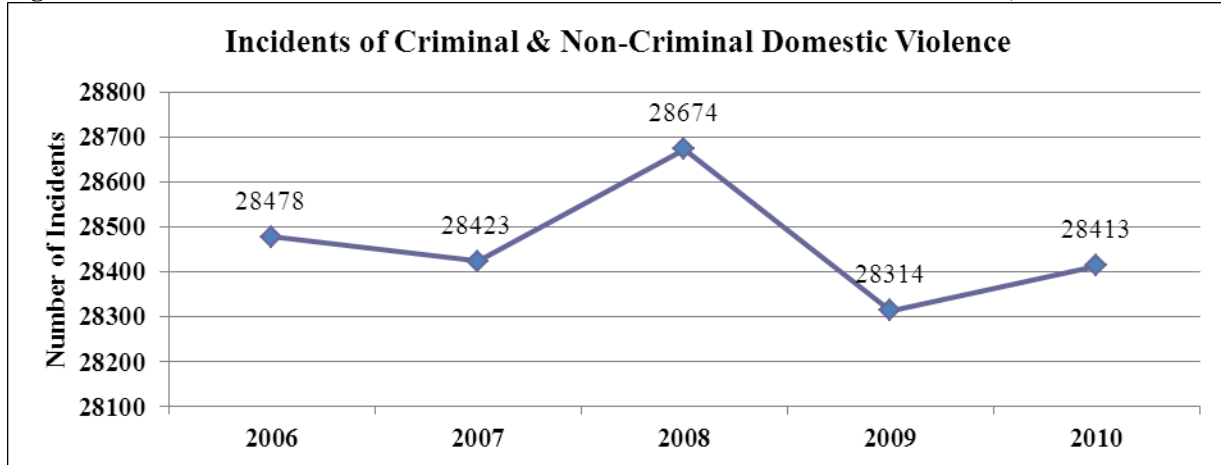
Source: Delaware Health and Social Services, Public Drinking Water Annual Compliance Report, 2010

- In 2010, 4.4% of the population receiving their water from the community water supplies was exposed to harmful (health related) contaminants.
- Out of 496 public water systems, 62 (12.5%) had a violation and 13 systems (2.6%) were repeat violators for health-based contaminants.

APPENDIX G: SOCIAL AND MENTAL HEALTH

G.1. Domestic Violence

Figure 28. Total Incidents of Criminal and Non-criminal Domestic Violence in Delaware, 2006-2010.

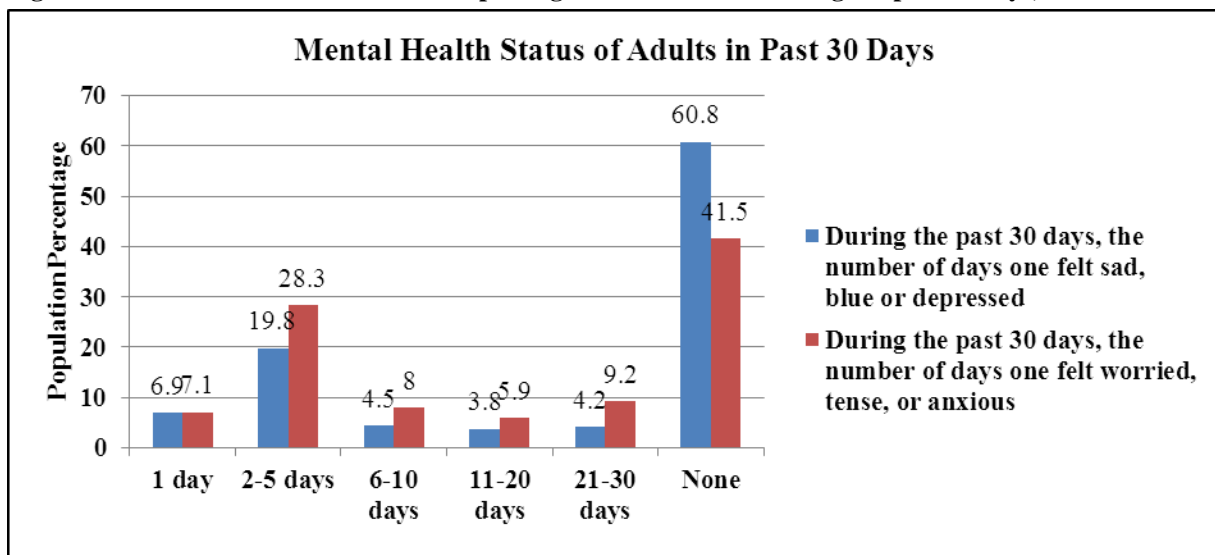


Source: Domestic Violence Coordinating Council, 2011.

- In 2010, there were 15,681 reported criminal domestic violence incidents of which 2,521 resulted in physical injury.
- 45% of all domestic violence incidents took place between intimate partners (current and former spouses, current and former dating couples with or without a child in common).
- Kent County sheltered 337 women and children victims of domestic violence in 2010, compared to 212 women and children victims in Sussex and New Castle combined.

G.2. Depression and Suicide

Figure 29. Percent of Delaware Adults reporting on mental health during the past 30 days, 2010.



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2010.

- 26.7% reported 1-5 days of feeling sad, blue or depressed during the past 30 days and 12.5% reported 6 days or more.
- In the period of 1996-2005, there were 103 suicide deaths in Delaware among persons age 10-24 years old.
- Males account for the majority of suicide deaths (89% of deaths in the 10-24 year old age group). Whites had higher suicide rates than African-Americans in every county.
- Firearms are the most common method of suicide, and are used in close to half of the cases. Hanging and suffocation were second and third most common methods.

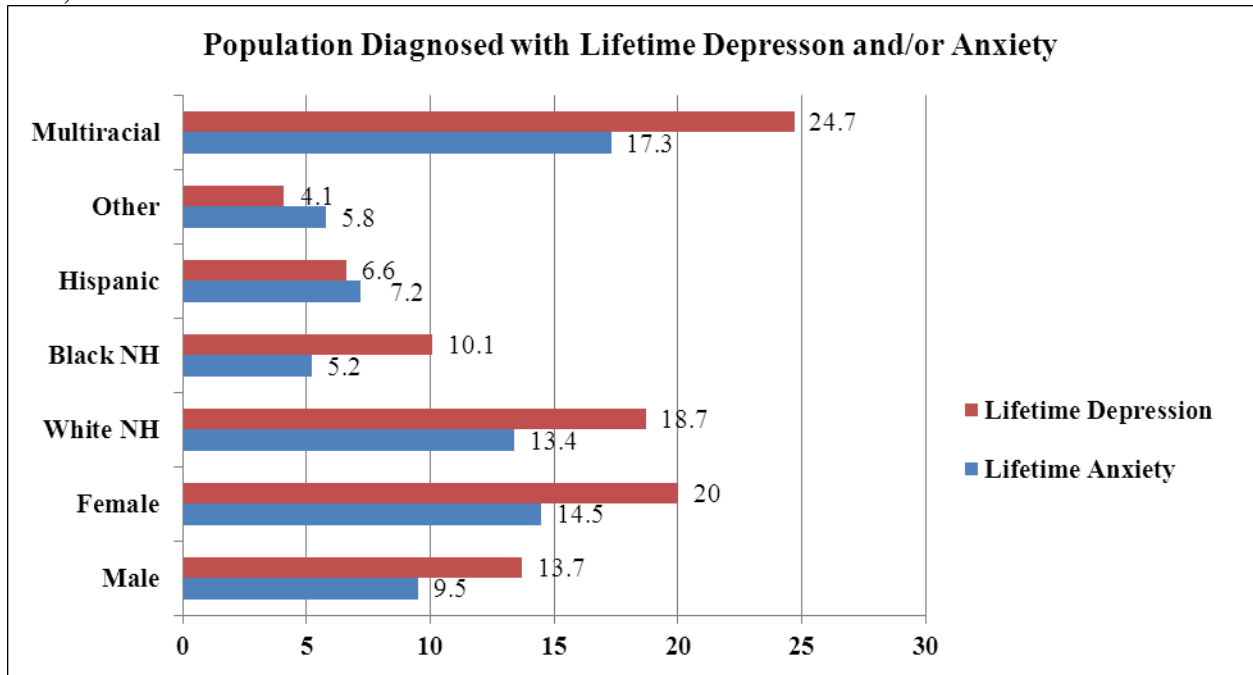
Table 8. Depression Characteristics of Adult Delawareans by State, County, 2008.

	Delaware	Kent	New Castle	Sussex
Lifetime Depression Diagnosis	12.11%	14.6%	18%	15.9%
Current Depression Diagnosis	8.17%	22.8%	21.2%	22.6%
Mild Depression	13.55%	15.2%	12.8%	14.5%
Moderate	5.3%	4.2%	5.7%	5.4%
Moderate to Severe	1.83%	1.9%	1.8%	1.9%
Severe	0.98%	1.5%	0.9%	0.9%

Source: CDC BRFSS; Center for Applied Demography & Survey Research, University of Delaware, 2008

- As of 2010, 37.1% of females and 26.1% of males report they suffer from poor mental health. Of these individuals, 32.6% are White non-Hispanic, and 28.6% are African-American non-Hispanic.
- Persons with current depressive symptoms often go unrecognized by providers, and thus go undiagnosed and ultimately untreated.

Figure 30. Percentage of Delaware Population Diagnosed with Lifetime Depression and/or Anxiety by Sex, Race, 2008.

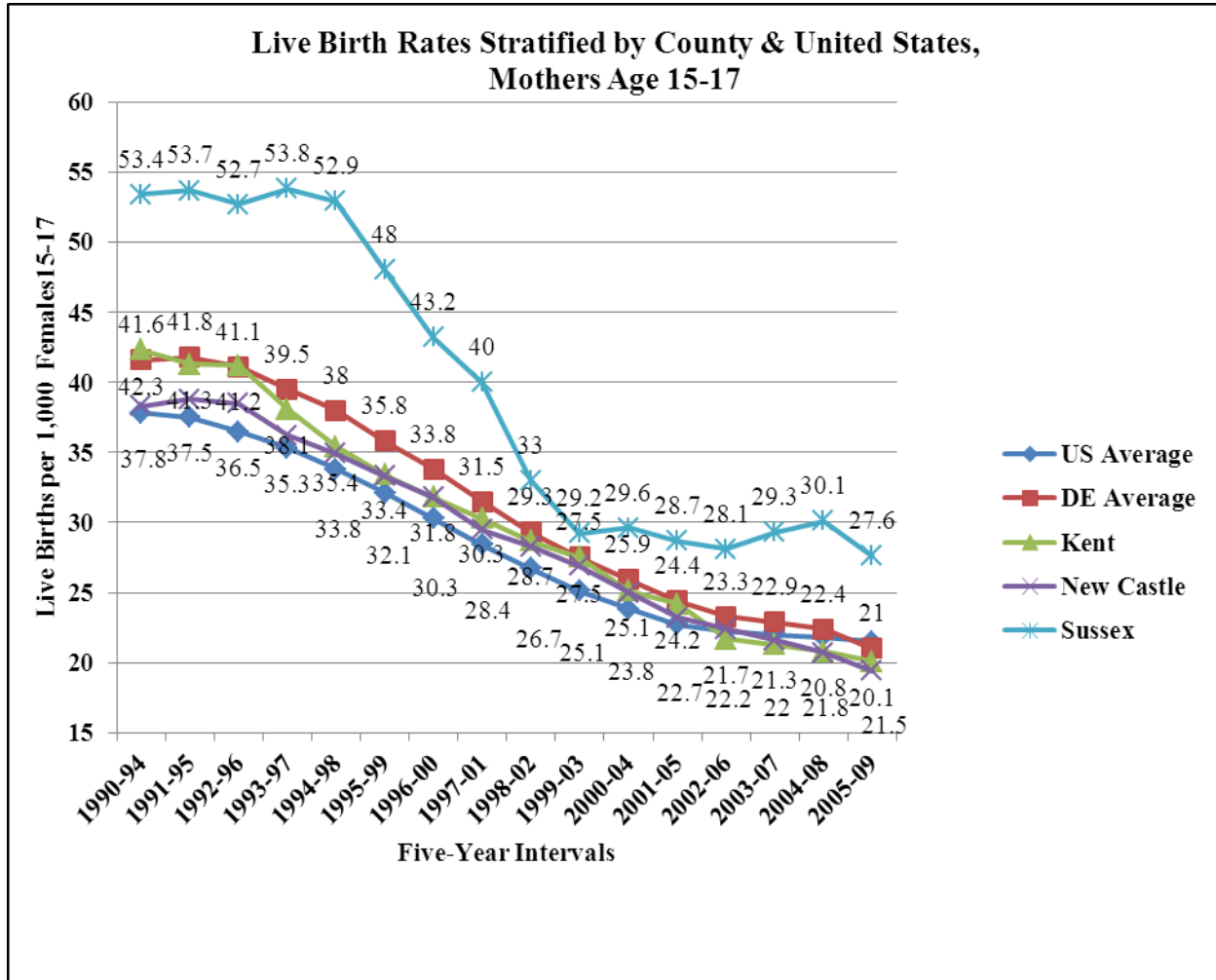


Source: CDC BRFSS; Center for Applied Demography & Survey Research, University of Delaware, 2008

APPENDIX H: MATERNAL AND CHILD HEALTH

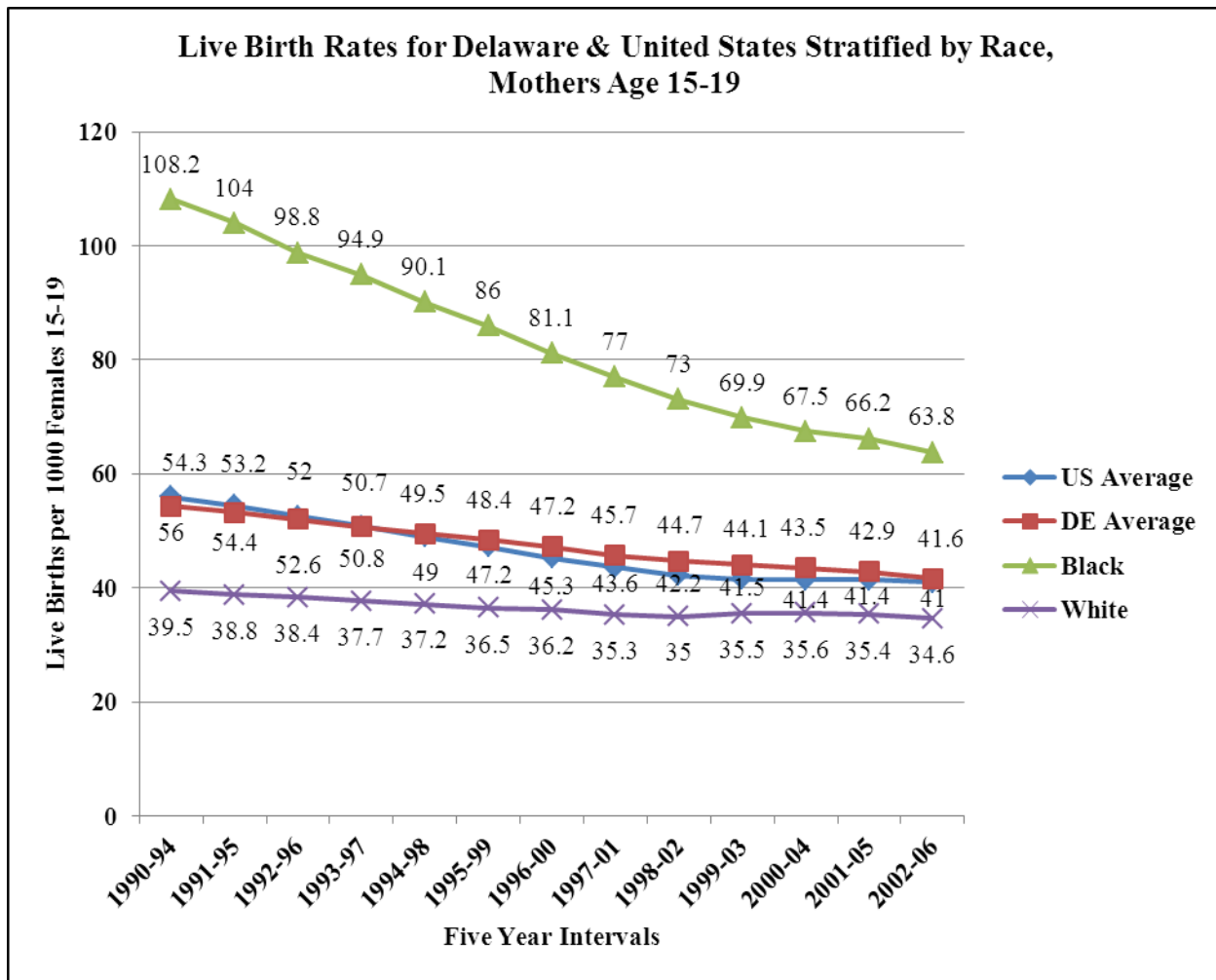
Birth rate trends have decreased dramatically over the past three decades and are similar to the national declining birth rates. Sussex County has a noticeably higher birth rate though it is declining at a fast rate and approaching the rates of New Castle and Kent Counties.

Figure 31. Five Year Live Birth Rates by County, Delaware, & United States, 1990-2009.



Source: National Center for Health Statistics, Delaware Health Statistics Center, 2011.

Figure 32. Five-Year Live Birth Rates by Race, Delaware & United States, 1990-2009.



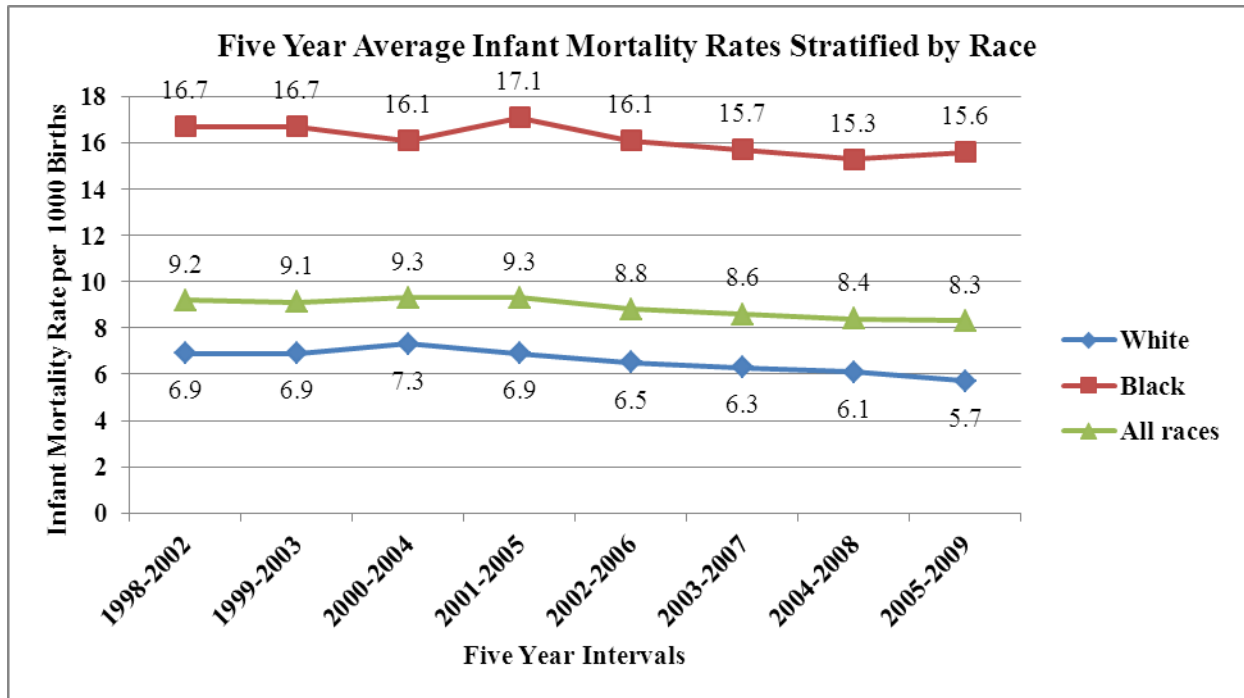
Source: National Center for Health Statistics, Delaware Health Statistics Center, 2011.

- Since 1990, African-American birth rates have declined by 41% to a low of 63.8 births per 10,000 in 2009.
- Birth rates among African-Americans are still almost twice as higher as birth rates among Whites.
- Delaware's birth rates are very similar to the national trends.

H.1. Infant Mortality

Delaware's infant mortality rate has dropped by 8 percent—from a rate of 9.2 per 1,000 births in 2001-2005 to 8.5 in 2003-2007. However, the Delaware's current rate of 8.3 infant deaths per 1,000 births is still higher than the nationwide rate of 6.8.

Figure 33. Delaware's 5-Year Average Infant Mortality Rates by Race, 1998-2009.



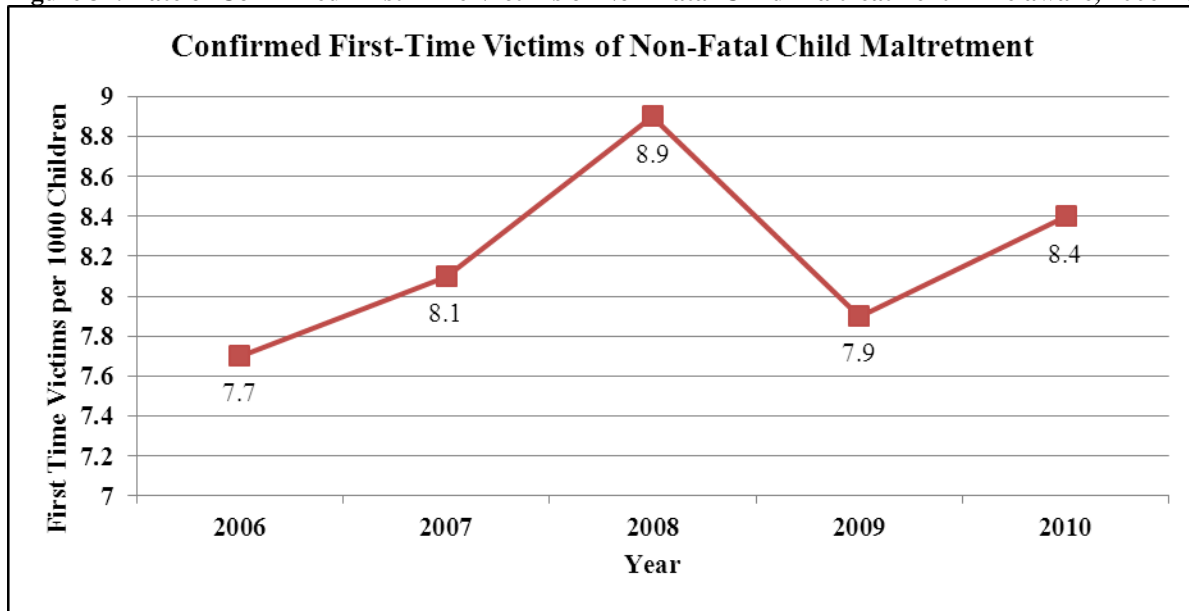
Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- African-American infants have a significantly higher infant mortality rate than White infants, by as much as 2.8 times greater during some years. This disparity is seen in all three Delaware counties.
- The most common cause of infant mortality was disorder related to short gestation and fetal malnutrition, accounting for 24.8% of the infant deaths from 2005-2009. The second leading cause of infant death was congenital anomalies accounting for 12.7% of the deaths.

H.2. Child Maltreatment

In 2010, Delaware Child Protective Services had 11,084 referrals of those 6,681 (60.3%) were screened-in, warranting an investigative response. Among the investigated reports, 1,444 were substantiated as having sufficient evidence of child maltreatment. The state rate of non-fatal child maltreatment is 10.3 per 1,000 children which is higher than the national rate of 9.2.

Figure 34. Rate of Confirmed First Time Victims of Non-Fatal Child Maltreatment in Delaware, 2006-2010.



Source: U.S. Department of Health and Human Services, Children's Bureau. Child Maltreatment 2010

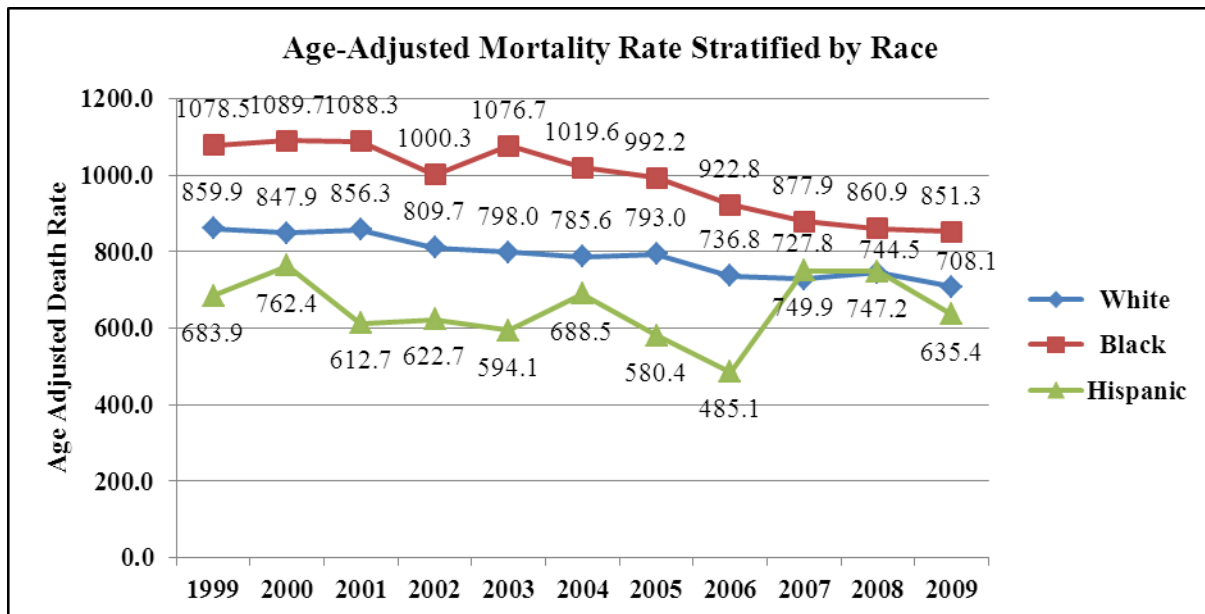
- By age group, the highest rate of child maltreatment occurs in children 4-7 years old with a rate of 26.8, followed by children <1 – 3 years old with a rate of 19.3 in 2010.
- Among the non-fatal child maltreatment victims in 2010, 50.4% were boys and 49.6% were girls, 44.7% were African-American, and 44% were White.
- In 2010 the most common types of maltreatment were neglect (41.4%), psychological (38.4%), and physical abuse (15.5%).

APPENDIX I: DEATH, ILLNESS, AND INJURY

I.1. Mortality

In 2007 the life expectancy at birth in Delaware was 78.3 years which is comparable to the US average of 78.6 years at the same time. As life expectancy continues to increase, mortality rates are slowly declining.

Figure 35. Delaware Age Adjusted Mortality by Race, 1999-2009.



Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- African-Americans have the highest mortality rates in Delaware, however this disparity has decreased over time as the rate gets closer to mortality rates among Whites and Hispanics.

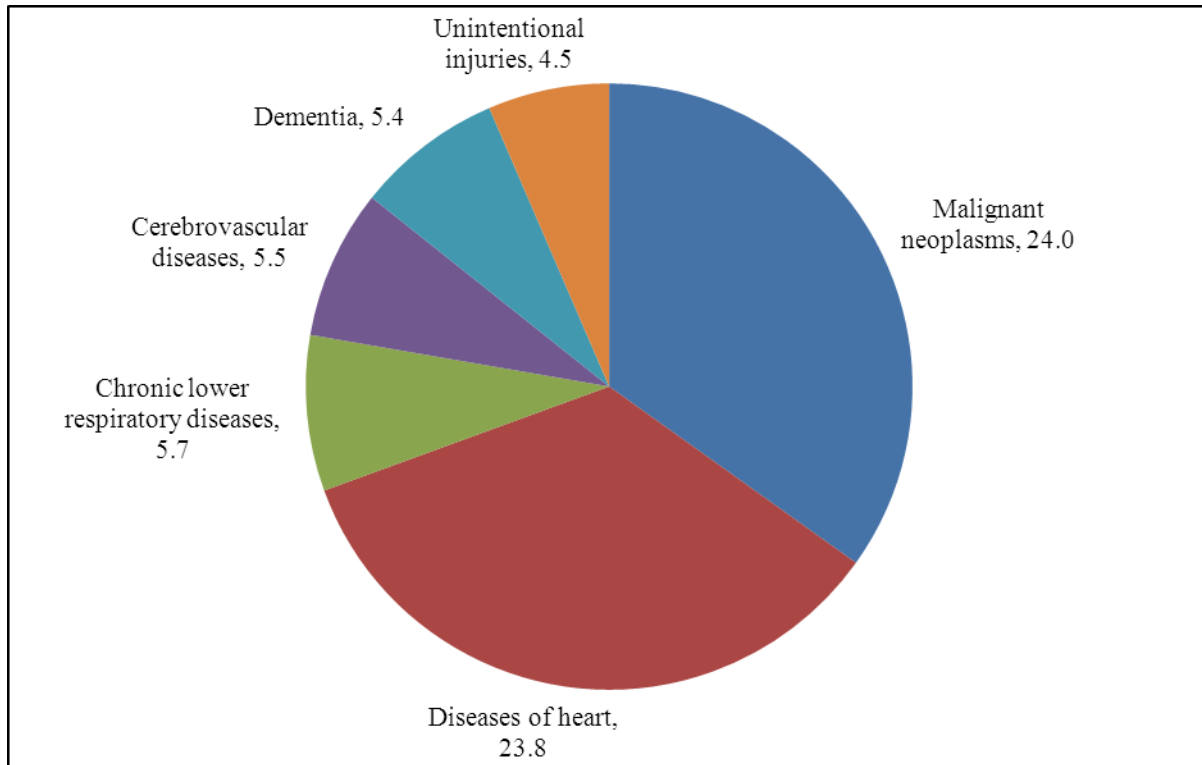
Table 9. Top Five Leading Causes of Death by Age Group, Delaware 2005-2009.

1-4 years		5-14 years		15-24 years	
Cause of Death	N (%)	Cause of Death	N (%)	Cause of Death	N (%)
Unintentional injuries	16 (37.9)	Unintentional injuries	25 (38.5)	Unintentional injuries	190 (43.1)
Malignant neoplasm	4 (12.1)	Malignant neoplasm	12 (18.5)	Assault (homicide)	88 (20.0)
Birth defects	3 (10.3)	Assault (homicide)	3 (4.6)	Intentional self-harm (suicide)	56 (12.7)
Cerebrovascular diseases	3 (6.9)	Cerebrovascular diseases	3 (4.6)	Malignant neoplasm	24 (5.4)
Diseases of heart	3 (5.2)	Diseases of heart	3 (4.6)	Diseases of heart	11 (2.5)
25-44 years		45-64 years		65+ years	
Cause of Death	N (%)	Cause of Death	N (%)	Cause of Death	N (%)
Unintentional injuries	474 (24.4)	Malignant neoplasm	2465 (33.7)	Diseases of heart	7337 (27.6)
Diseases of heart	270 (13.9)	Diseases of heart	1682 (23.0)	Malignant neoplasm	6330 (23.8)
Malignant neoplasm	254 (13.1)	Unintentional injuries	380 (5.2)	Chronic lower respiratory diseases	1792 (6.7)
Intentional self-harm (suicide)	161 (8.3)	Cerebrovascular diseases	231 (3.2)	Cerebrovascular diseases	1629 (6.1)
Assault (homicide)	124 (6.4)	Diabetes mellitus	223 (3.0)	Alzheimer's disease	922 (3.5)

Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- Unintentional injury is the leading cause of death for all ages 1-44 years old. However, it is not in the top five causes for people 65 years and older.
- Malignant Neoplasm is one of the leading causes of death for all age groups.
- Homicide is the second leading cause of death among 15-24 year olds, it is the third leading cause among 5-14 year olds, and the 5th leading cause among 25-44 year olds.

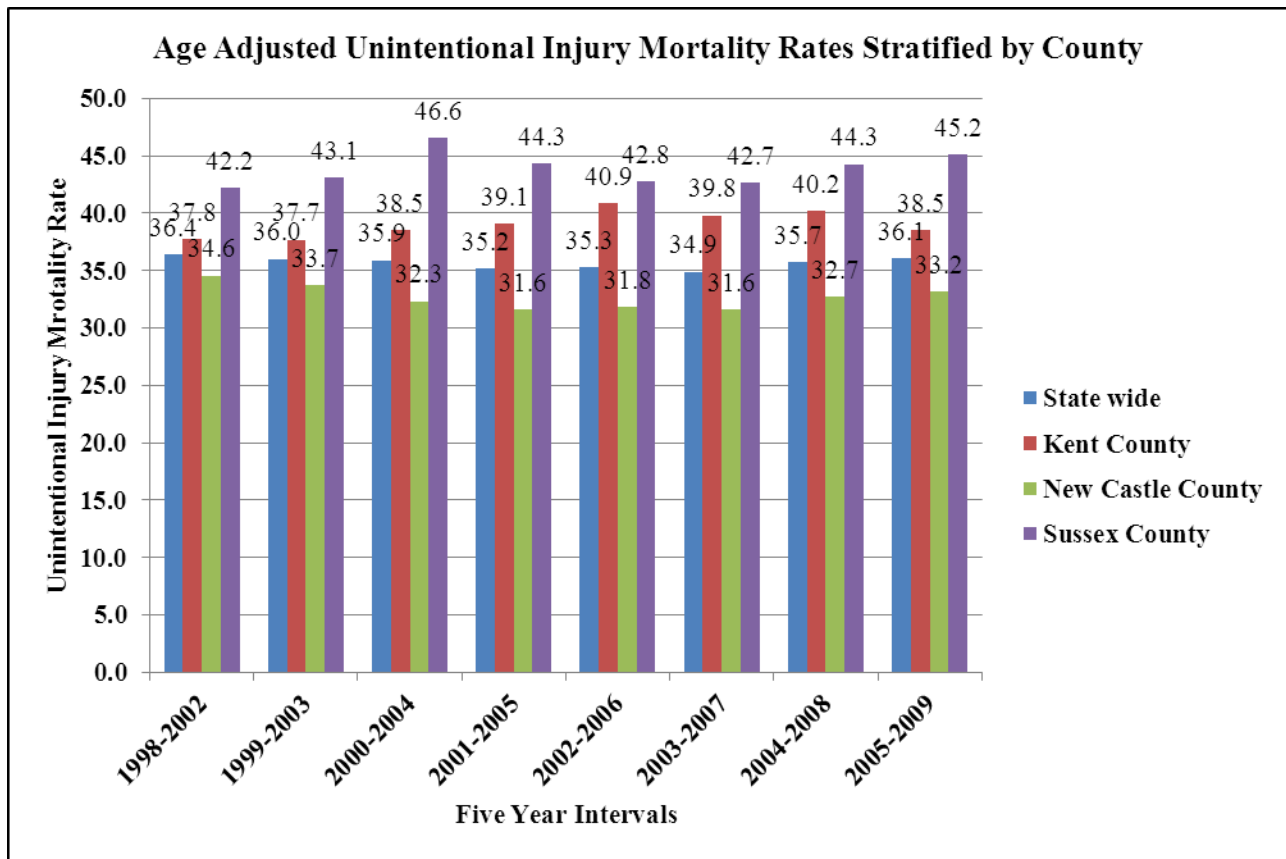
Figure 36. Total Leading Causes of Death, Delaware 2009.



Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- The number one cause of death for 2009 was malignant neoplasms, with 1,801 deaths. A close second was heart disease which caused 1,784 deaths.
- Among people who died of heart disease in 2009, the median age of death for males was 75 years old while the median age of death for women was 84 years old.
- The leading causes of death did not differ by county.

Figure 37. Five Year Age Adjusted Unintentional Injury Mortality Rates, by County, 1998-2009.



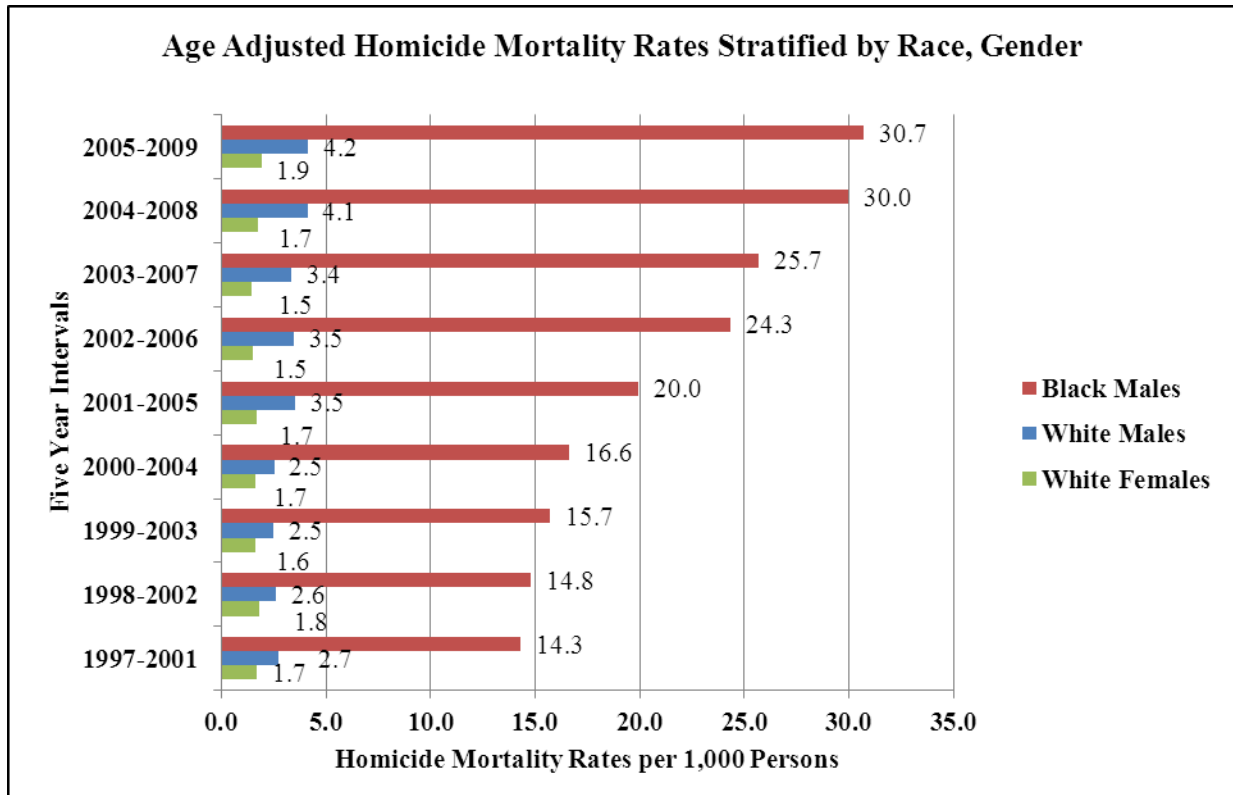
Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- Unintentional injury death rates have changed very little since 1998, where the five year age adjusted rate high was 36.1 in 2005-2009, and a low of 34.9 in 2003-2007.
- The highest injury death rates consistently occur in Sussex County with a five year age adjusted rate of 45.2 for 2005-2009, and the lowest rates occur in New Castle County which has a rate of 33.2, a difference of 60%.
- Out of the 334 unintentional injury deaths in 2009, nearly one third was motor vehicle deaths. 51% of those motor vehicle deaths occurred in the 25-54 year old age group.

I.2. Homicide

Delaware's five year age adjusted homicide rate is 6.2 for 2005-2009. This is a 72% increase from the 1999-2003 5 year average homicide rate of 3.6.

Figure 38. Five Year Age Adjusted Homicide Mortality Rates, by Race and Gender, 1997-2009.

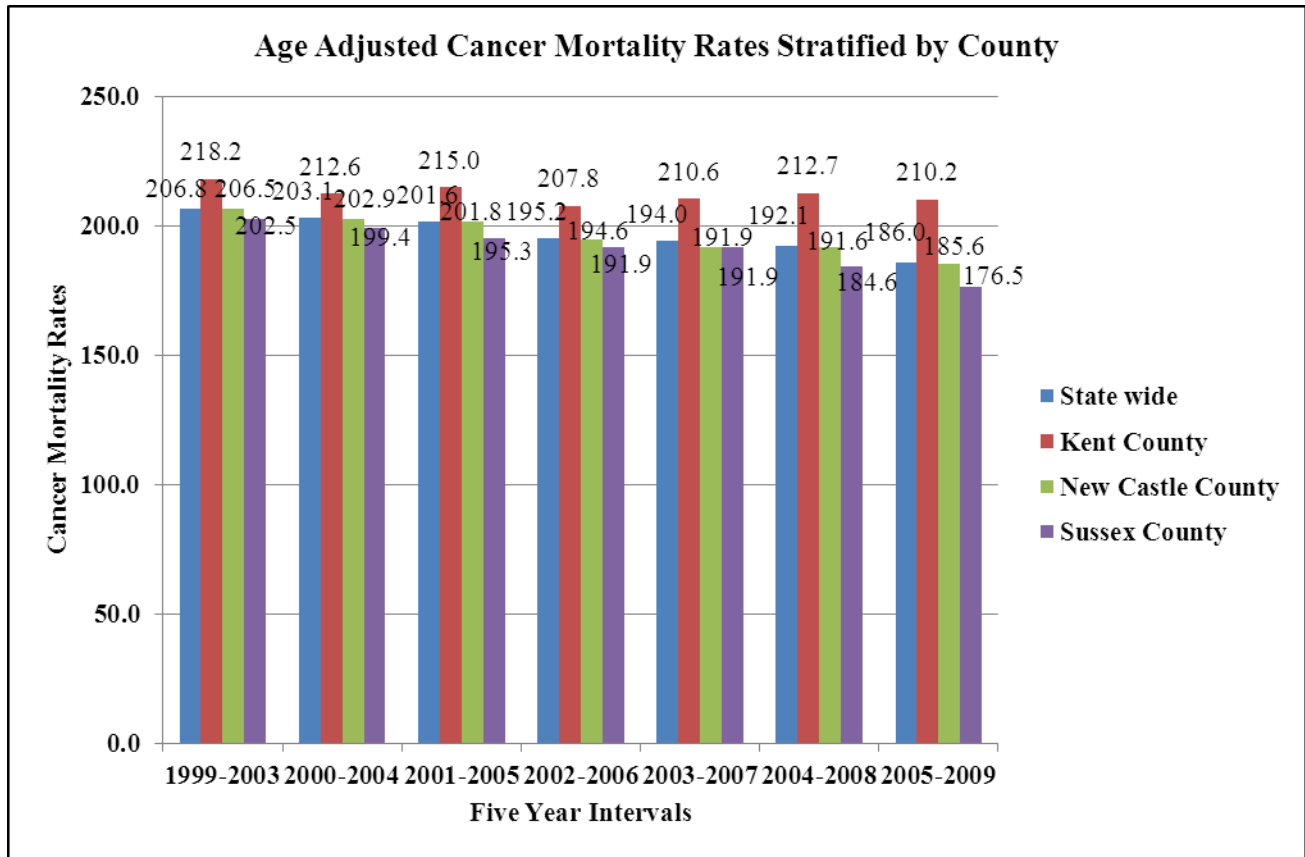


Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- During the period of 1997-2009, the African-American female homicide rate was zero, while the African-American male homicide rate more than doubled from a rate of 14.3 to a rate of 30.7.
- Homicide rates among African-Americans are more than four times greater than the homicide rate among Whites in some years. This disparity has increased over time.

I.3. Cancer Mortality

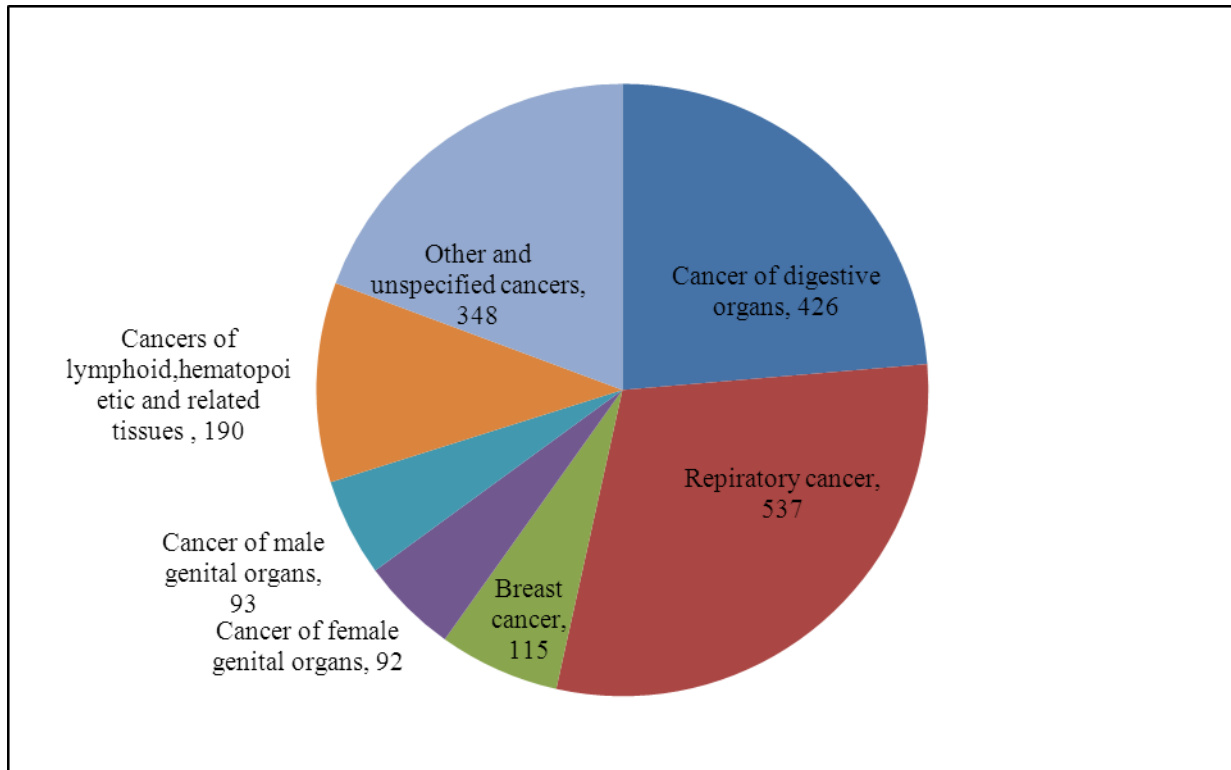
Figure 39. Five Year Age Adjusted Cancer Mortality Rates, by County, 1999-2009.



Source: Delaware Health Statistics Center. Delaware Cancer Consortium, 2012

- Overall cancer mortality rates in the state have declined by 10% since the high of 206.8 cancer deaths for 1999-2003 to 186.0 cancer deaths for 2005-2009.
- Kent County has the highest rate of cancer deaths with only a small decrease, while Sussex County has had a 12.8% decline in cancer death rates since 1999-2003.
- Between 2003 and 2007, 8,926 Delawareans died from cancer: 4,654 decedents (52.1%) were male and 4,272 decedents (47.9%) were female.
- African-American males have the highest all site cancer mortality rates, followed by White males, then African-American females and lastly White females.

Figure 40. Number of Cancer Deaths according to Site, Delaware 2009.

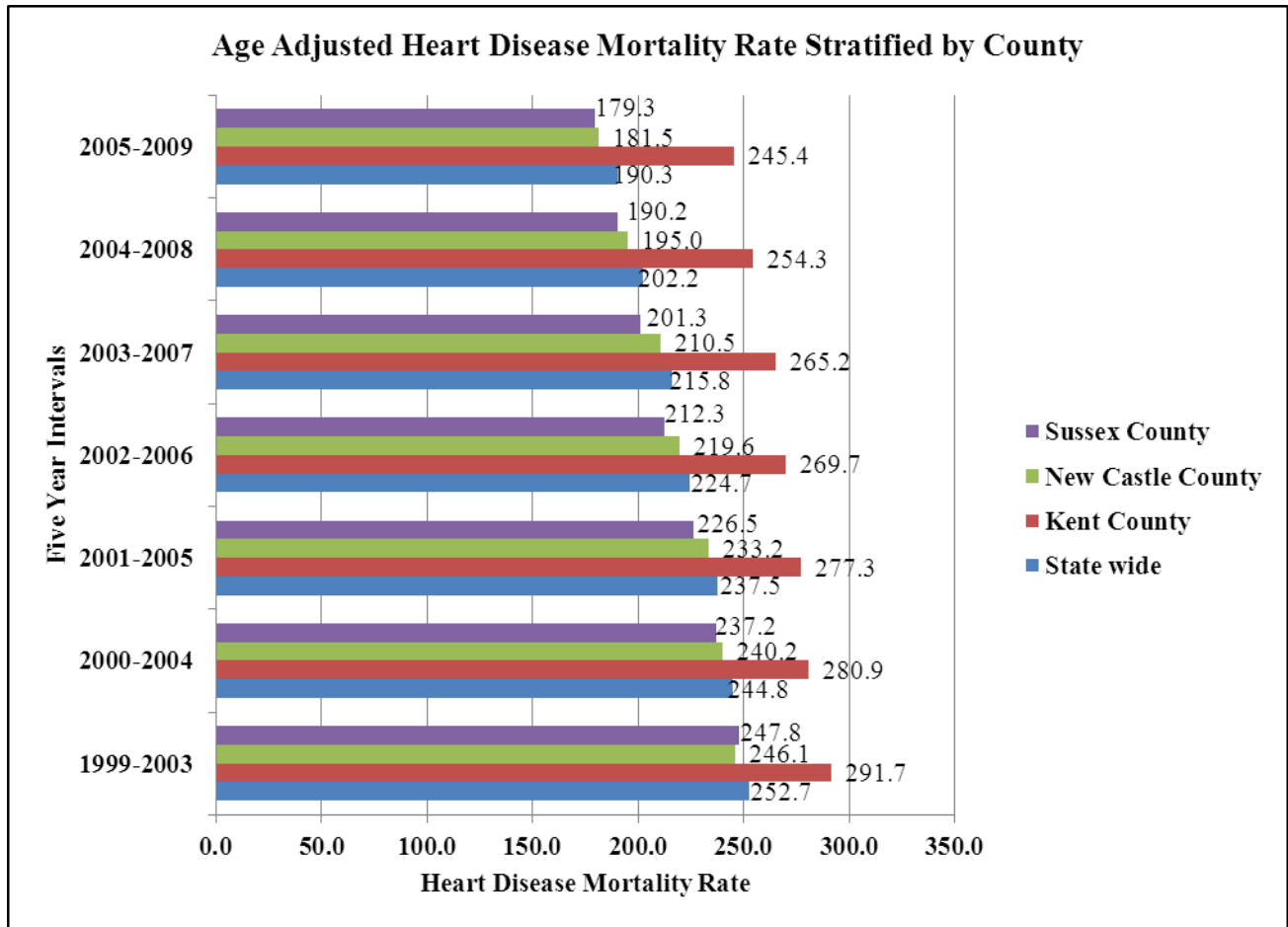


Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- The highest incidence rate among cancer is for prostate cancer (five year age adjusted rate of 180.2) however the highest mortality rate among cancer is for lung cancer (five year age adjusted rate of 59.8).
- The 2003–2007 female breast cancer incidence rate for Delaware (124.8 per 100,000) was slightly higher than the U.S. rate (123.8 per 100,000), however the breast cancer incidence rate for African American women in Delaware (132.1 per 100,000) was significantly higher than the U.S. rate (119.3 per 100,000).

I.4. Cardiovascular Mortality

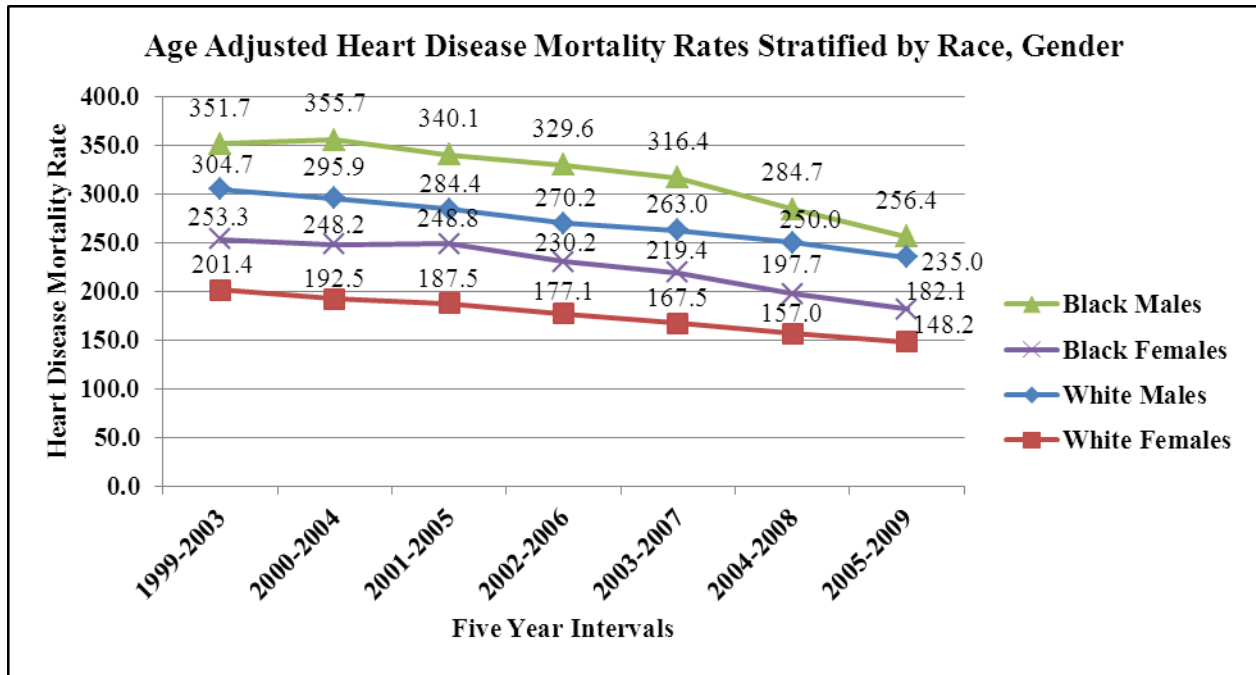
Figure 41. Five Year Age Adjusted Heart Disease Mortality Rates, by County, 1999-2009.



Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- Delaware's five year age adjusted cardiovascular mortality rate has decreased by almost 25% since 1999-2003.
- Each county has a similar decrease in county level cardiovascular mortality rates, but Kent County has a particular high rate of 245.4 for 2005-2009. The rate in New Castle County is 181.5 and the rate in Sussex County is 179.3.
- Heart disease is the leading cause of death in Kent and Sussex County; it is a close second in New Castle County where malignant neoplasm is number one for 2005-2009.

Figure 42. Five Year Age Adjusted Heart Disease Mortality Rates, by Race and Gender, 1999-2009.

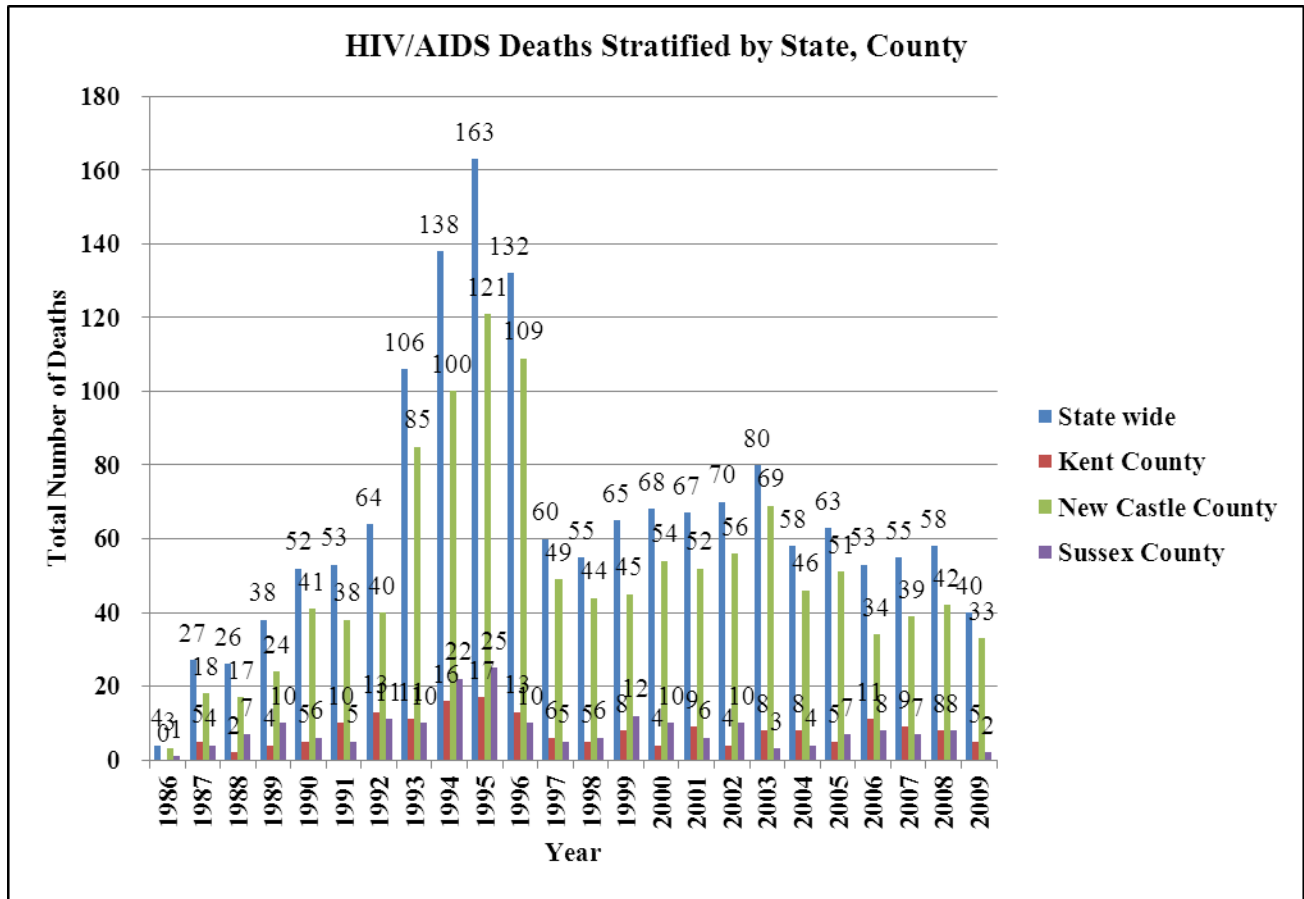


Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- African-American males have the highest cardiovascular mortality rate (256.4 five year age adjusted rate 2005-2009) followed by White males (235.0), African-American females (182.1), and lastly White females (148.2).
- All have had a similar percent decrease in cardiovascular mortality rates from 1999-2003 to 2005-2009, with a range of 22.9% in White males to 28.1% in African-American females.

APPENDIX J: INFECTIOUS DISEASE

Figures 43. Number of HIV/AIDS Deaths by State and County, 1986-2009.



Source: Delaware Division of Public Health, Delaware Vital Statistics Annual Report, 2009

- After a peak of 163 deaths in 1995, the HIV/AIDS death toll decreased dramatically, with a small increase in 2003 at 80 deaths, before decreasing to 40 deaths in 2009.
- New Castle County consistently had 4 to 5 times as many HIV/AIDS related deaths per year compared to Sussex and Kent County.
- Among all new HIV infections diagnosed in Delaware in 2009, the largest percentage of cases (39%) was attributable to men having sex with men. Heterosexual transmission and injection drug use accounted for an additional 33% and 15% of newly diagnosed HIV cases, respectively.

Table 10. Reported HIV/AIDS Cases Demographics, 1981-2009.

	HIV Cases	AIDS Cases	Total (HIV/AIDS) Cases
Total Cases	1,200 (100%)	3,939 (100%)	5,139 (100%)
Gender			
Males	786 (65%)	2,858 (73%)	3,644 (71%)
Females	414 (35%)	1,081 (27%)	1,495 (29%)
Race			
Caucasian	350 (29%)	1,070 (27%)	1,420 (28%)
African-American	755 (63%)	2,630 (67%)	3,385 (66%)
Hispanic	80 (7%)	209 (5%)	289 (6%)
Other / Unknown	15 (1%)	30 (< 1%)	45 (< 1%)
Age Group (Years at Diagnosis)			
< 13	15 (1%)	27 (< 1%)	42 (< 1%)
13-19	74 (6%)	22 (< 1%)	96 (2%)
20-29	300 (25%)	510 (13%)	810 (16%)
30-39	391 (33%)	1,541 (39%)	1,932 (38%)
40-49	291 (24%)	1,289 (33%)	1,580 (31%)
50+	129 (11%)	550 (14%)	679 (13%)

Source: Delaware Evaluation HIV/AIDS Reporting System (EHARS)

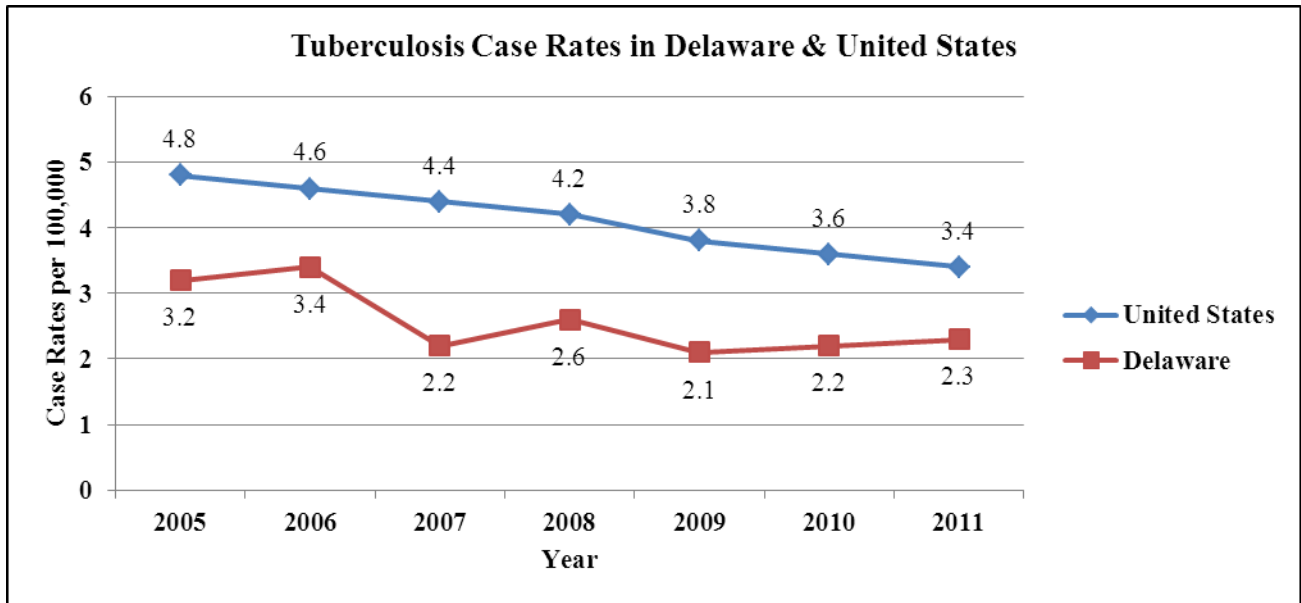
- While HIV/AIDS disproportionately affects males, the incidence women infected with the disease has increased. In 1995-99, 29% of the cases were women, and in 2005-09, 33% of the cases were women.
- 66% of total HIV/AIDS cases in Delaware are African-American even though African-Americans only account for 21% of the state population. Hispanics account for 6% of the HIV/AIDS population as well as approximately 5% of the state population.
- In Delaware African-American males account for 57% of all males living with HIV (non AIDS) which is significantly higher than 41% in the United States.
- The majority (69%) of HIV/AIDS cases are diagnosed between the ages of 30 and 49.

J.1. Measles

In 2011, there were 222 cases of measles reported in 31 states. None of these cases originated in Delaware, though there were cases reported in surrounding states such as Maryland, Pennsylvania, New Jersey, and Delaware. In the period of 2001-2010 the median number of measles cases in the United States was 60. This drastic increase raises concerns about immunization coverage and importation of the highly contagious disease.

J.2. Tuberculosis

Figure 44: Tuberculosis Case Rates per 100,000 in the United States and Delaware, 2005-2011



Source: Delaware Division of Public Health, Delaware Health Statistics

-
- Delaware's rate of TB cases is below the national rate and has declined since 2005. According to the CDC, Delaware is a low incidence TB state.
- Of the 21 cases reported in Delaware for 2011, 16 (76%) were in foreign born individuals.

J.3. Sexual Transmitted Diseases

Syphilis – According to the CDC, Delaware had a syphilis rate of 3.1 cases per 100,000 population compared to the U.S. rate of 4.6 cases per 100,000 population in 2009. Delaware ranked 20 among 50 states by syphilis rate. The rate among males in Delaware was 3.8, and for females the rate was 2.4. The highest rate was among African-Americans with a 9.3 rate, while Whites had a rate of 1.5 in 2009.

Chlamydia – In 2010 Delaware had a Chlamydia rate of 504 per 100,000 which is much higher than the national rate of 422.6. According to Delaware Health Tracker, the number of incidence cases of Chlamydia is increasing. In 2008 there were 3,868 cases and in 2010 there were 4,464 cases which is a 15% increase.

Gonorrhea – Delaware's rate of Gonorrhea in 2010 was 114.1 per 100,000. This rate is higher than the national Gonorrhea rate of 99.6. In 2008 there were 1,045 reported cases of Gonorrhea in Delaware. The number decreased slightly in 2010 to 1,010 cases of Gonorrhea as reported by Delaware Health Tracker.

This report reflects edits from the public comment period which was from 9/10/12-12/31/12.