



**The First Delaware
State Health Improvement Plan**

**Community Health Status
Assessment**

September 28, 2012



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

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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 applied 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 U.S. Centers for Disease Control and Prevention (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.

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INTRODUCTION

The Delaware Division of Public Health (DPH) 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 First Delaware State Health Improvement Plan: Assessing and Improving Health in Delaware*. It is an integral component of the community health improvement process. Areas of health that may have been previously overlooked are 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 to examine 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 health issues of top priority.

The Delaware MAPP Committee helped prepare the *Community Health Status Assessment* through the provision and analysis of health data. By 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 and Injury;
- Demographic Characteristics;
- Environmental Health Indicators;
- Health Resource Availability;
- Infectious Diseases;
- Quality of Life;
- Social and Mental Health; and
- Socioeconomic Characteristics.

Data was gathered from the 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, Black 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 Black 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, Black men experience higher mortality rates of cancer and cardiovascular disease. The largest disparity is the rate of homicide for Black 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 percent of low-income students graduated from high school, compared to 91.9 percent 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 the spring 2012, the rate of unemployment for Delaware was 7.4 percent, which is almost two percent lower than the national rate of 9.2 percent. However, unemployment has increased by 60 percent since 2005. Accordingly, the overall poverty rate has increased by 20 percent, 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 percent, 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 percent, similar to the United States at 71.1 percent. However, incidence rates of HIV/AIDS for Black males in the state are significantly higher the national average of 44 percent at 57 percent.

Table 1 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 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 percent, usage continues to increase for youth between grades 9th to 12th. Tobacco prevention efforts in schools are implemented through school-based health centers. There are also state and community interventions to reduce the incidence of lung and heart disease, cancer, and preterm births caused by tobacco use.</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, and Injury	<p>Unintentional injury is the leading cause of death for persons age 1 to 44, while the leading cause of death for persons 45 and over is malignant neoplasms.</p> <p>Malignant neoplasms, however, are one of the top causes of death for all age groups. Tobacco-related respiratory cancer has the highest cancer mortality rate.</p> <p>Homicide disproportionately affects Black men. The homicide rate doubled from 1997-2009, and mortality rates for Black men is four times higher than White non-Hispanic men.</p>
Demographic Characteristics	<p>The homeless population has dramatically increased in Delaware. The majority of the homeless are Black. Unemployment is the predominate reason for homelessness.</p> <p>There is a growing migrant population, with the majority residing in New Castle County. This population, many whom are 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 in Wilmington. Days of unhealthy air quality 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 Counties. The number of physicians and full-time equivalents 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) increased to 28, providing additional care and sources of referrals for youth. Efforts to increase tobacco prevention through SBHCs helped to decrease the incidence of smoking among students.</p>

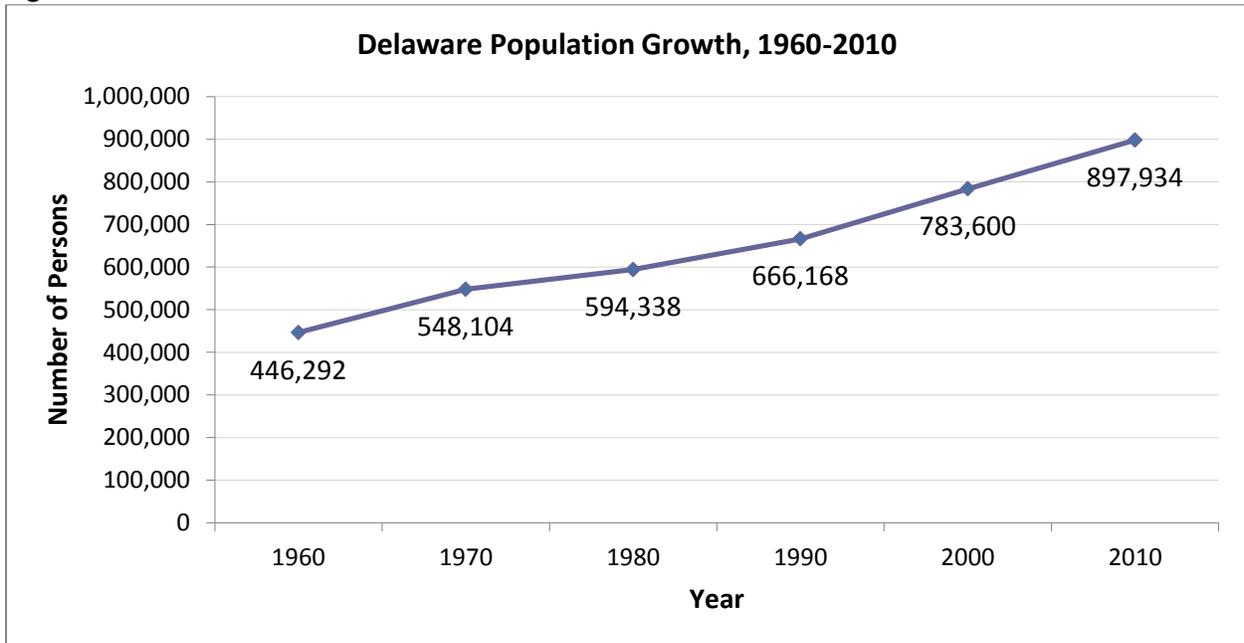
Infectious Disease	New Castle County has the highest rate of HIV/AIDS , with 44.4 percent of cases linked to Wilmington. Blacks account for two-thirds of cases. Rates of Chlamydia and Gonorrhea are higher than the national average at 504 and 114.1 per 100,000, compared to 422.6 and 99.1 per 100,000. Left untreated, both can result in increased risk of co-infection, pelvic inflammatory disease, and infertility.
Maternal and Child Health	Large racial disparities regarding infant mortality, preterm labor, and high birth rates continue to be present in Delaware despite statewide and national rate decreases. In 2001-2005, Hispanics in Sussex County had the lowest percentage of accessing prenatal care , followed by Black women. Efforts to reach these populations must be increased to lessen the gap.
Quality of Life	Educational and income level were significant influences in assessing health status; persons with lower education and income reported greater dissatisfaction with health.
Social and Mental Health	Mental health issues of patients routinely go unidentified, and as a result, undiagnosed by health providers. As a result, the incidence and prevalence of depression and anxiety disorders often go untreated. Suicide rates are higher for persons age 10-24 years old. More males than females commit suicide.
Socioeconomic Characteristics	Economic status is a significant indicator of health status in Delaware. High school completion is influenced by status, despite steady growth in graduation rates. Whites have higher graduation rates than Blacks and Hispanics. Poverty levels increased by 20 percent since 2006, with a growing divide between the wealthy and the poor. More and more Delaware families are receiving financial assistance. Unemployment increased 60 percent, despite Delaware having a lower statewide unemployment rate at 7.4 percent than the national average of 9.2 percent.

APPENDIX A: DEMOGRAPHIC CHARACTERISTICS

A.1. Population

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

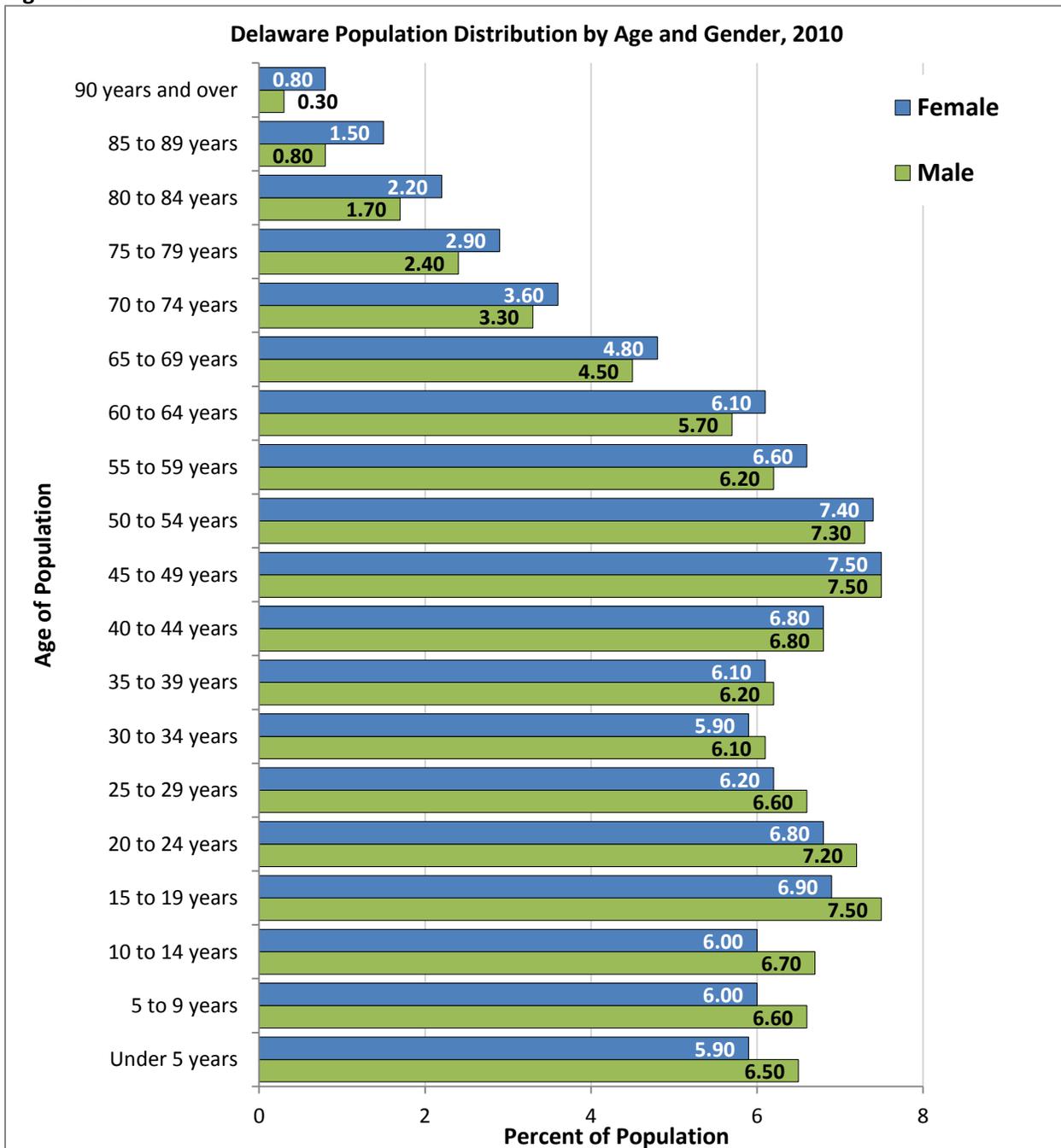
Figure 1.



Source: U.S. Census Data, 2010.

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

Figure 2.



Source: U.S. Census Data, 2010.

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

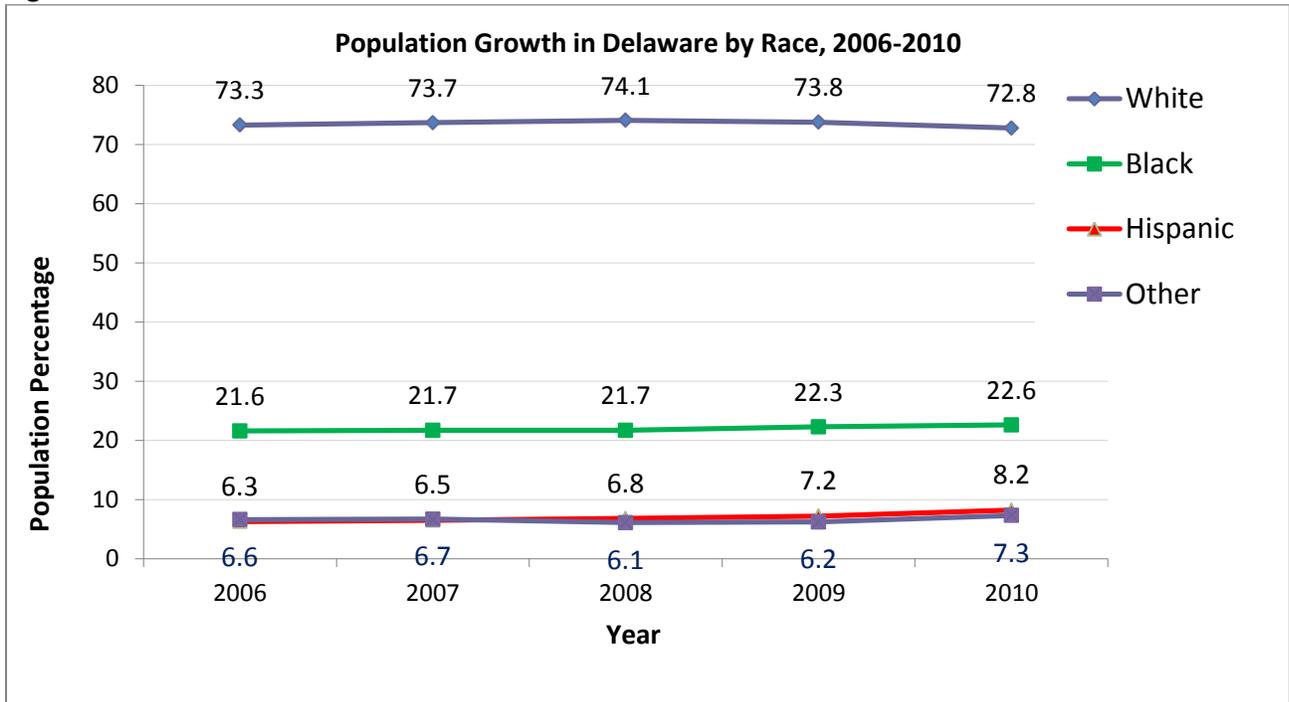
Table 2.

Racial Demographic Numbers and Percentages of Delaware by County, 2010					
	White non-Hispanic	Black	Hispanic	Other	Total
New Castle	341,100 (64 percent)	121,652 (23 percent)	42,622, (8 percent)	29,260 (5 percent)	534,634 (60 percent)
Sussex	149,340 (78 percent)	25,039 (13 percent)	13,938 (7 percent)	4,430 (2 percent)	192,747 (22 percent)
Kent	107,397 (68 percent)	35,870 (23 percent)	7,332 (5 percent)	7,142 (4 percent)	157,741 (18 percent)
Delaware	597,837 (67 percent)	182,561 (21 percent)	63,892 (7 percent)	32,009 (5 percent)	885,122 (100 percent)

Source: U.S. Census Data, 2010.

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

Figure 3.



Source: American Community Survey, 2010.

A.2. Homeless Individuals

Delaware's homeless population has increased significantly since 1986 (Figure 13). In 2006, one in five people in emergency shelters in Delaware were children.

Figure 4.

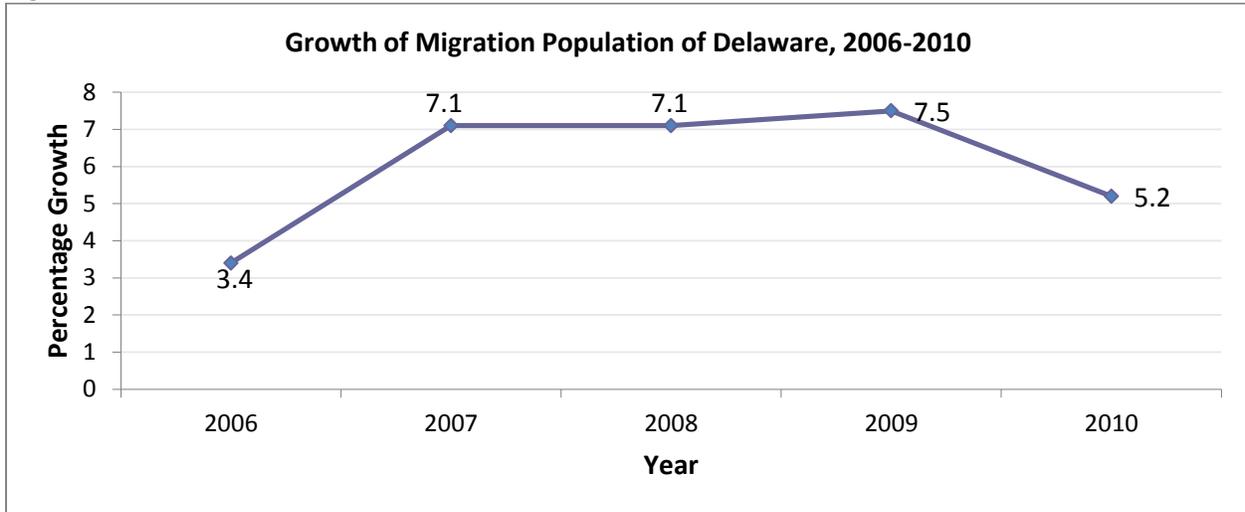
Point Prevalence Estimates of the Number of Persons and Multi-Person Households in Emergency Shelters in Delaware on Selected Dates in 1986, 1995, 2000, and 2006				
Persons and Households	Feb. 25, 1986	Jan. 25, 1995	Jan. 25, 2000	Jan. 26, 2006
Adults	178	398	385	427
Children (under 18)	88	254	164	116
Total Persons	266	652	549	543
Percent who are Children	33.1 percent	39.0 percent	29.9 percent	21.4 percent
Total Multi-Person Households	46	130	81	62

Source: University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware, 2007.

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

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

Figure 5.



Source: American Community Health Survey, 2010.

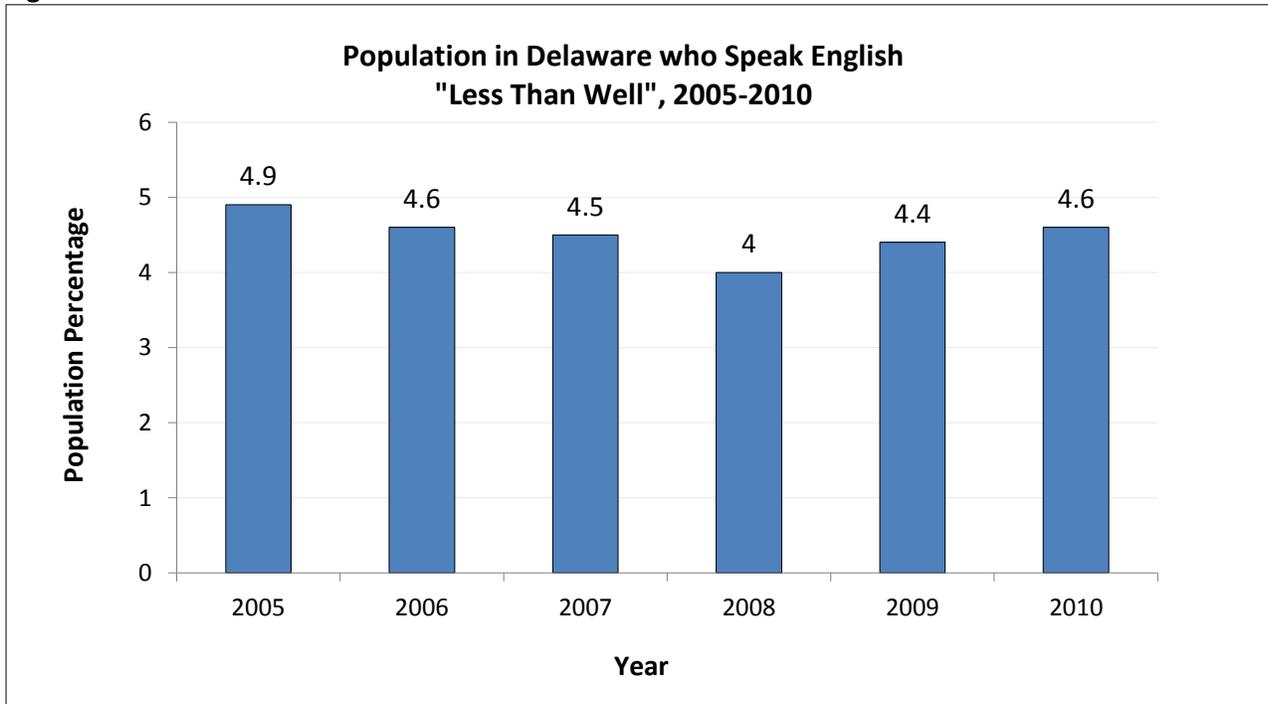
- The Migrant population grew most in 2009, at a rate of 7.5 percent; this rate slowed in 2010 to 5.2 percent.
- Although the rate of immigration slowed to 5.2 percent in 2010, it is at a much higher rate than the 2006 rate of 3.4 percent.

Table 3.

Number and Percentage of Population with Immigrant Status, Immigrants with Non-citizen Status, 2010					
	Delaware	Kent	New Castle	Sussex	Wilmington
Immigrant Status	71,868 (8.0 percent)	5,759 (8 percent)	52,530 (73.1 percent)	13,579 (18.9 percent)	3,787 (5.3 percent)
Immigrants with Non-Citizen Status	38,395 (53.4 percent)	1479 (25.7 percent)	28,791 (55.2 percent)	7,945 (58.5 percent)	2,464 (65.1 percent)

Source: American Community Survey, 2010.

Figure 6.



Source: American Community Survey, 2010.

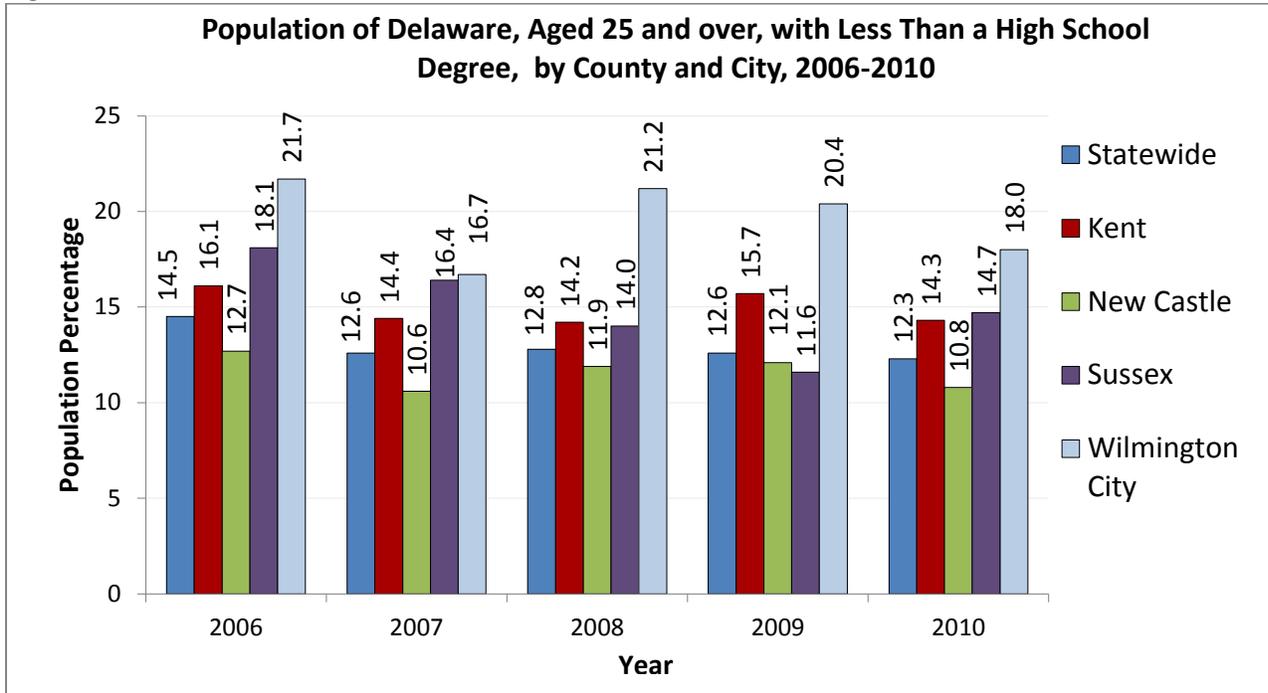
- As of 2010, 38,929 persons of foreign birth residing in Delaware do not speak English fluently. Twelve percent of the total population of Delaware speaks another language, the majority of which speak Spanish at 38.3 percent.
- The median income for non-citizens in 2010 was \$24,418.

APPENDIX B: SOCIOECONOMIC CHARACTERISTICS

B.1. Education

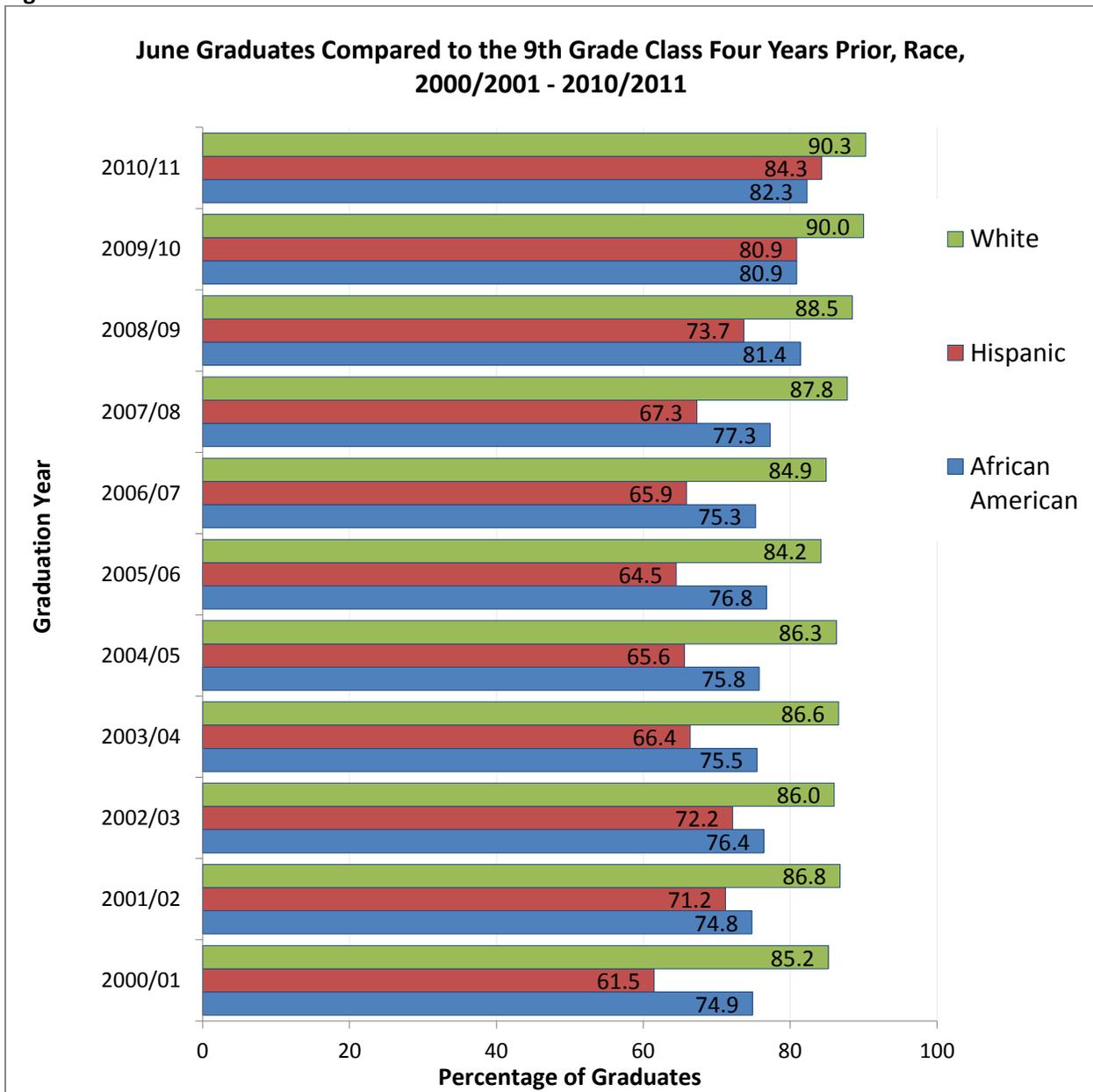
The number of persons 25 and over residing in Delaware with a high school diploma and GED equivalent is 556,658, or 87.7 percent of the population. This is a slight increase from 87.4 percent in 2009, and part of a steady rate increase over the past five years. Sussex County has the highest number of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

Figure 7.



Source: American Community Survey, 2010.

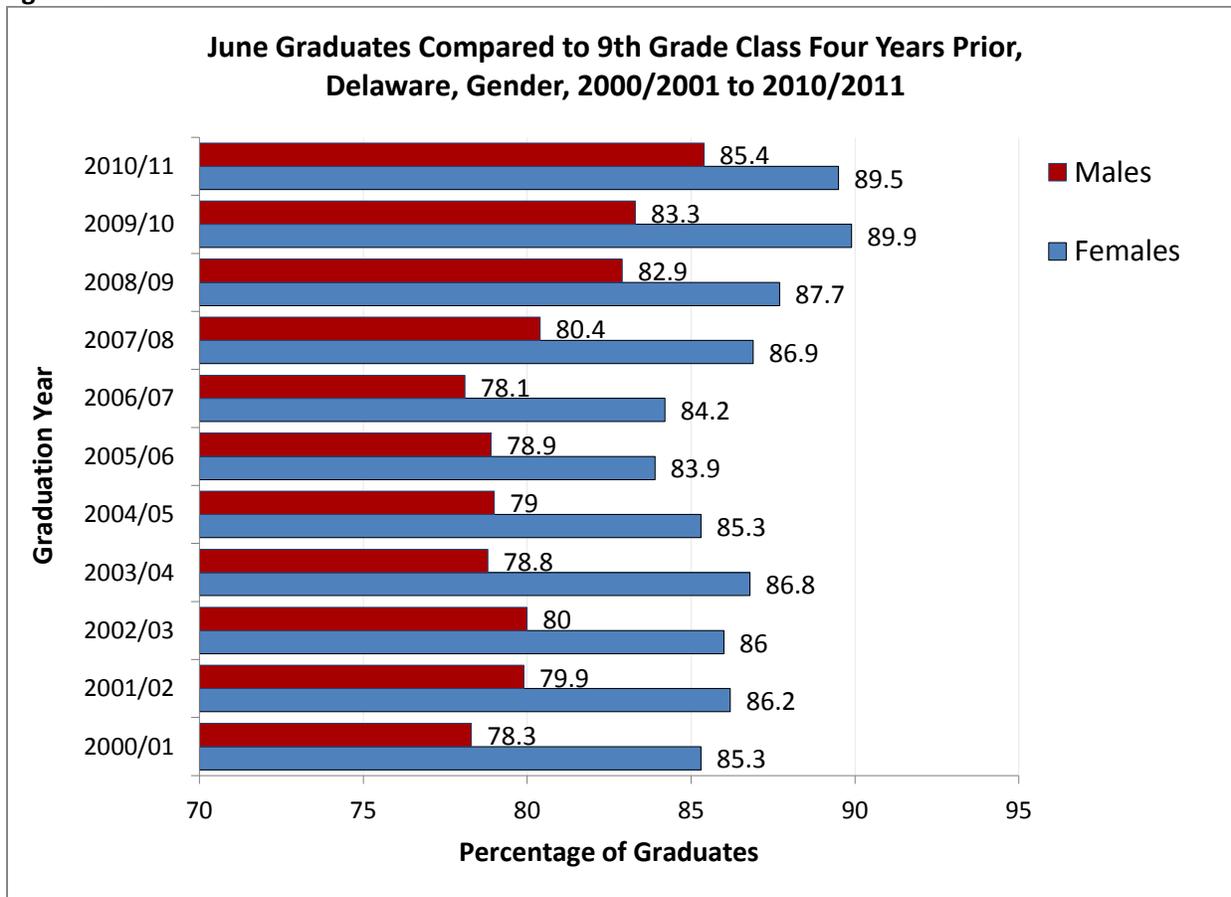
Figure 8.



Source: Delaware Department of Education; http://www.doe.k12.de.us/reports_data/gradrate/; website accessed 2012.

- The graduation rate for Hispanic students has gradually increased since the 2000-2001 school year from 61.5 percent to 84.3 percent.
- Graduation rates for Blacks also increased but at a slower rate than Hispanics. As of 2010, Hispanics have a higher graduation rate than Blacks.

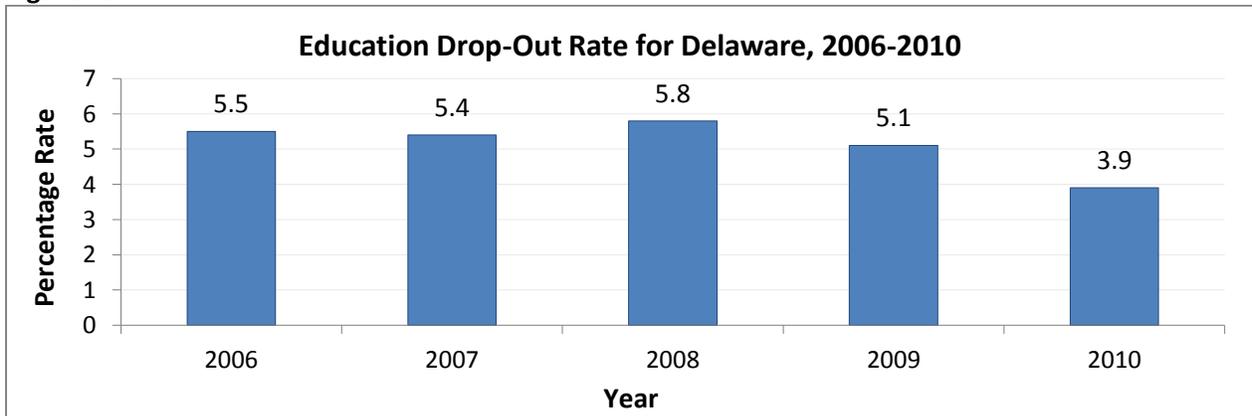
Figure 9.



Source: Delaware Department of Education; <http://www.doe.k12.de.us/>; website accessed 2012.

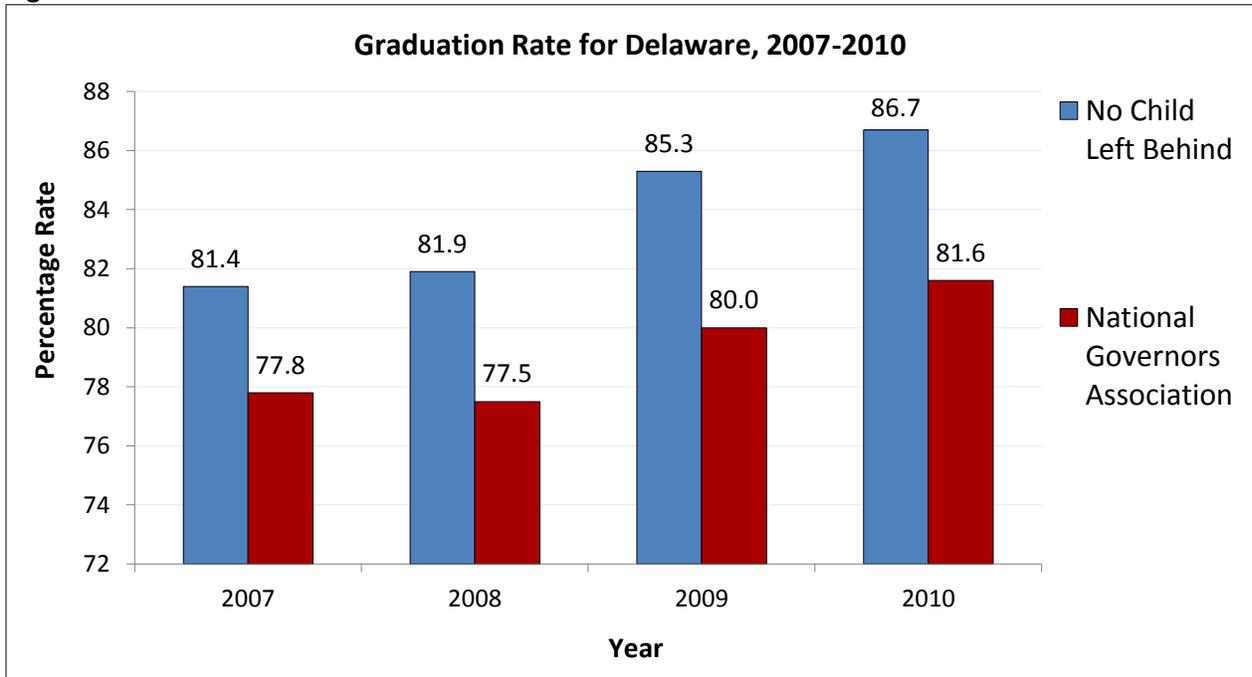
- While graduation rates for males have continually decreased over the past four years, females continue to have higher rates of graduation statewide.
- Income has consistently been a factor in graduation rates. For the 2010/2011 school year, 81.3 percent of low-income students graduated, compared to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

Figure 10.



Source: Delaware Department of Education, 2010.

Figure 11.

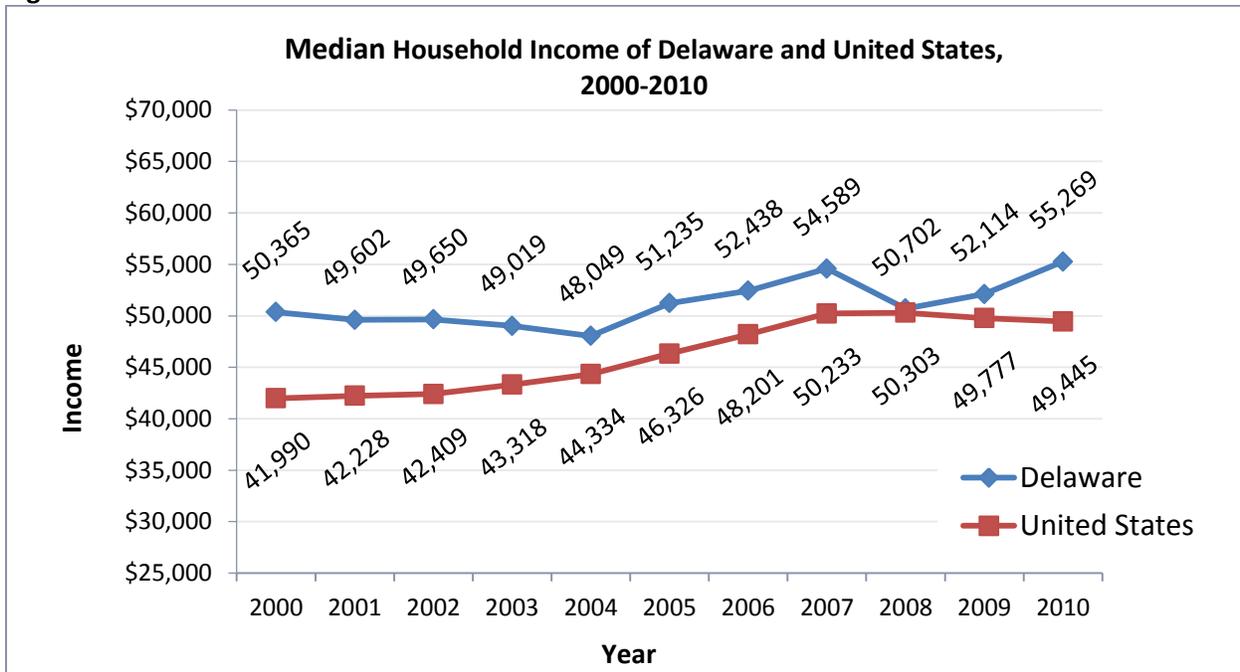


Source: Delaware Department of Education, 2010.

B.2. Economic Factors

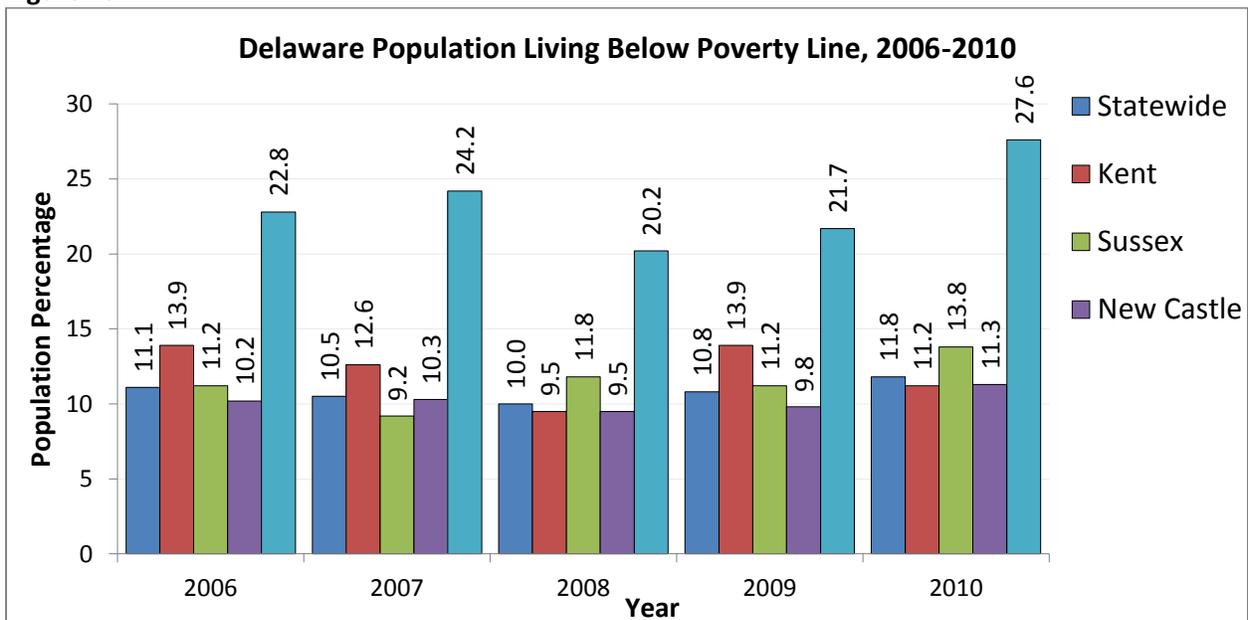
The median household income in Delaware from 2008-2010 is \$53,196, which is above the national average of \$50,022 for the same period.

Figure 12.



Source: U.S. Census Data; <http://www.census.gov/hhes/www/income/data/historical/household/>; website accessed 2012.

Figure 13.



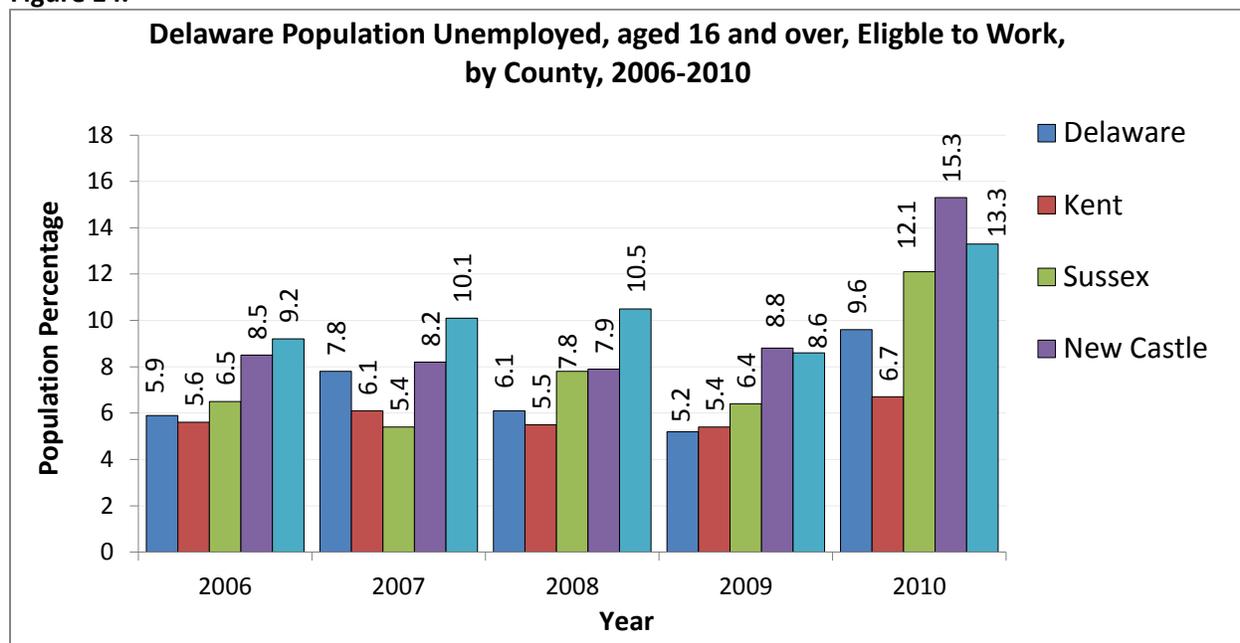
Source: American Community Survey, 2009.

B.3. Employment

- The median income for Delaware increased by 9.7 percent since 2000, while the U.S. median increased by 17.7 percent.
- From 2009-2010, Delaware's median income increased by 6 percent while the U.S. median income had a slight decrease.
- The statewide percentage of the population below the poverty line 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 percent. This is the highest in 10 years, with a low of 11 percent in 2002.
- Despite an increase in median household income, the percent of people below the poverty line has increased; this indicates a growing disparity between the wealthy and the poor.

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

Figure 14.



Source: American Community Survey, 2009.

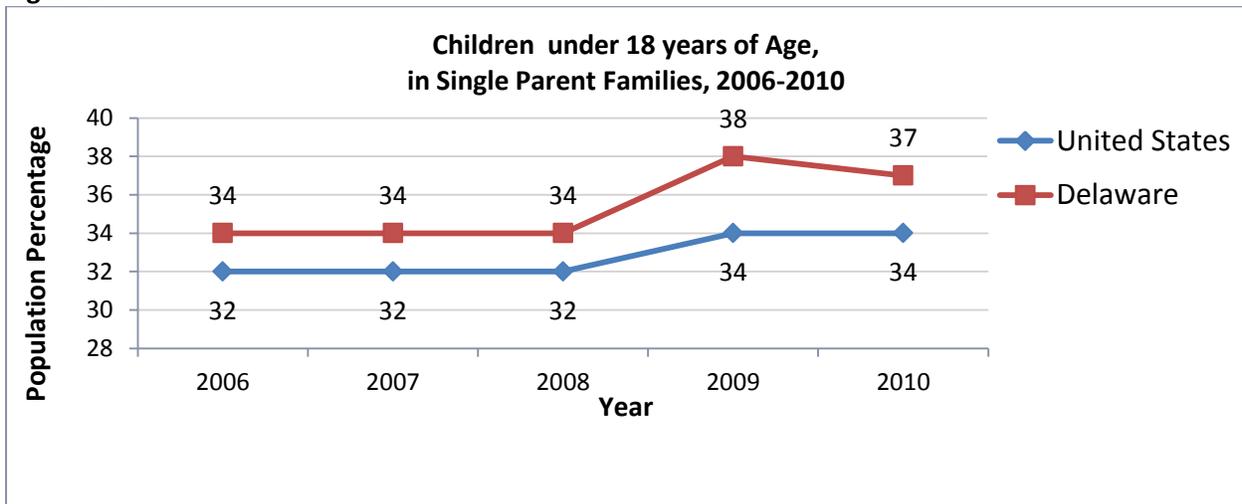
- The percentage of unemployed persons in the state increased by more than 60 percent since 2006, with the highest percentage in New Castle County.
- Kent County has the lowest increase in unemployment among the Delaware counties and the City of Wilmington.

B.4. Families

According to Delaware Vital Statistics, there were 4,772 marriages and 3,169 divorces in 2009. Marriage rates 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 remained stable during that same period. Based on Figures 15 and 16:

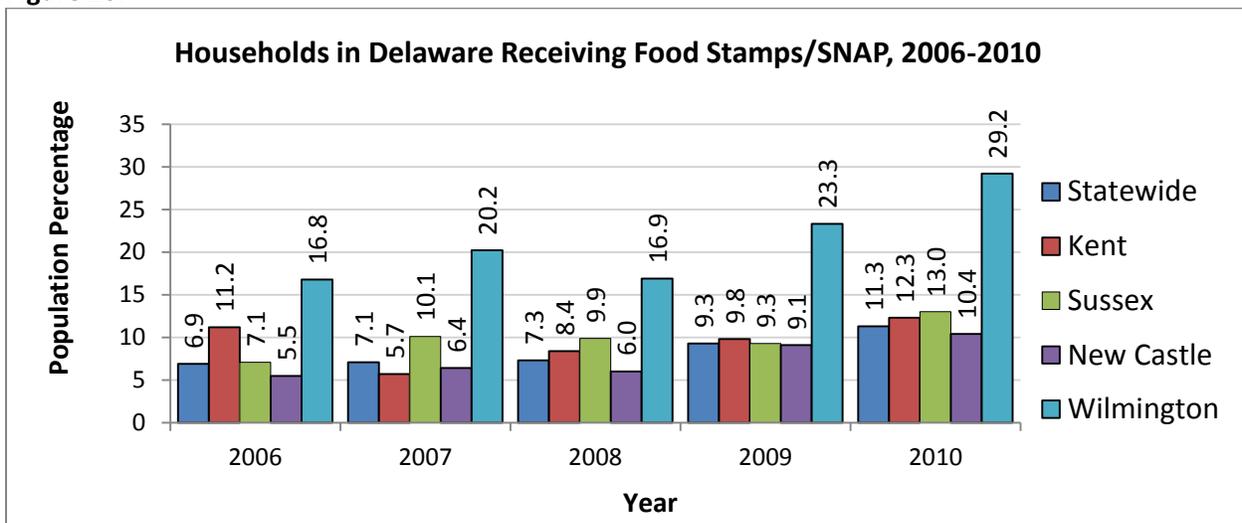
- Children in single parent families have increased by 4 percentage points from 2008-2009 in Delaware, which has a higher percentage than the national average.
- Sussex County has the highest percentage of single parent families with 38.8 percent, followed by 36.3 percent in Kent County, and 34.4 percent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

Figure 15.



Source: Kids Count, Annie E Casey Foundation; <http://datacenter.kidscount.org/data>; website accessed 2012.

Figure 16.



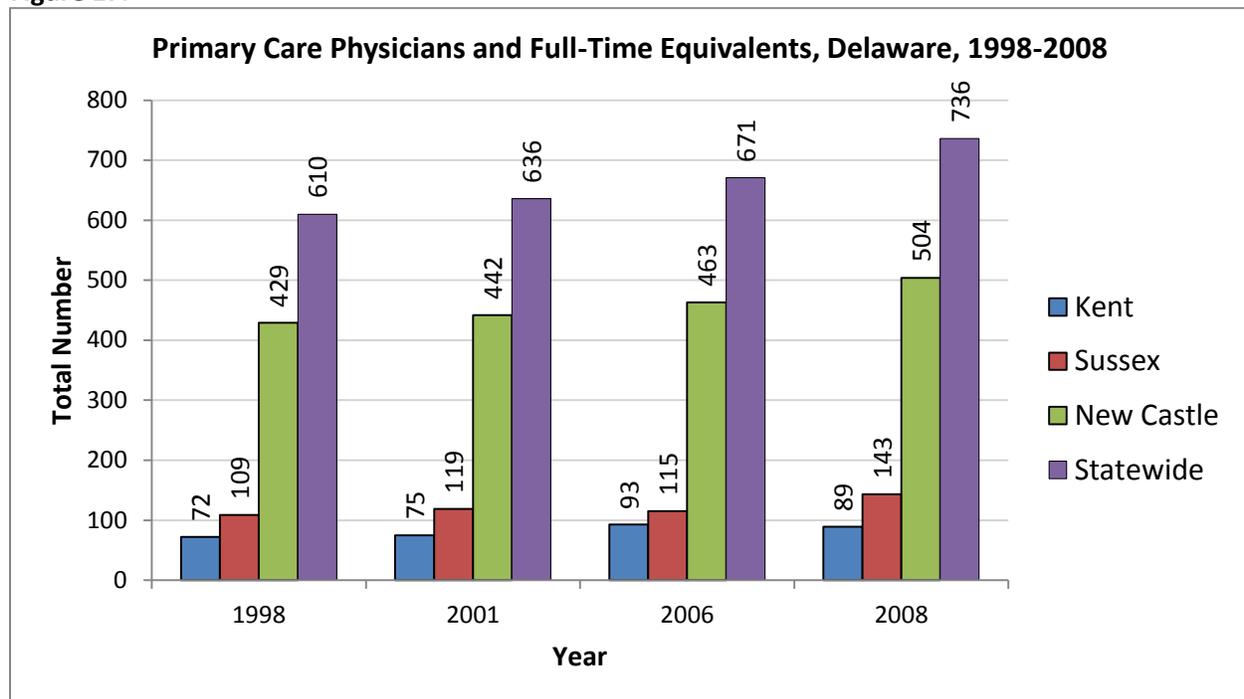
Source: American Community Survey, 2011.

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

APPENDIX C: HEALTH RESOURCE AVAILABILITY

Delaware has 12 hospitals: 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 Veterans Administration Medical Center.

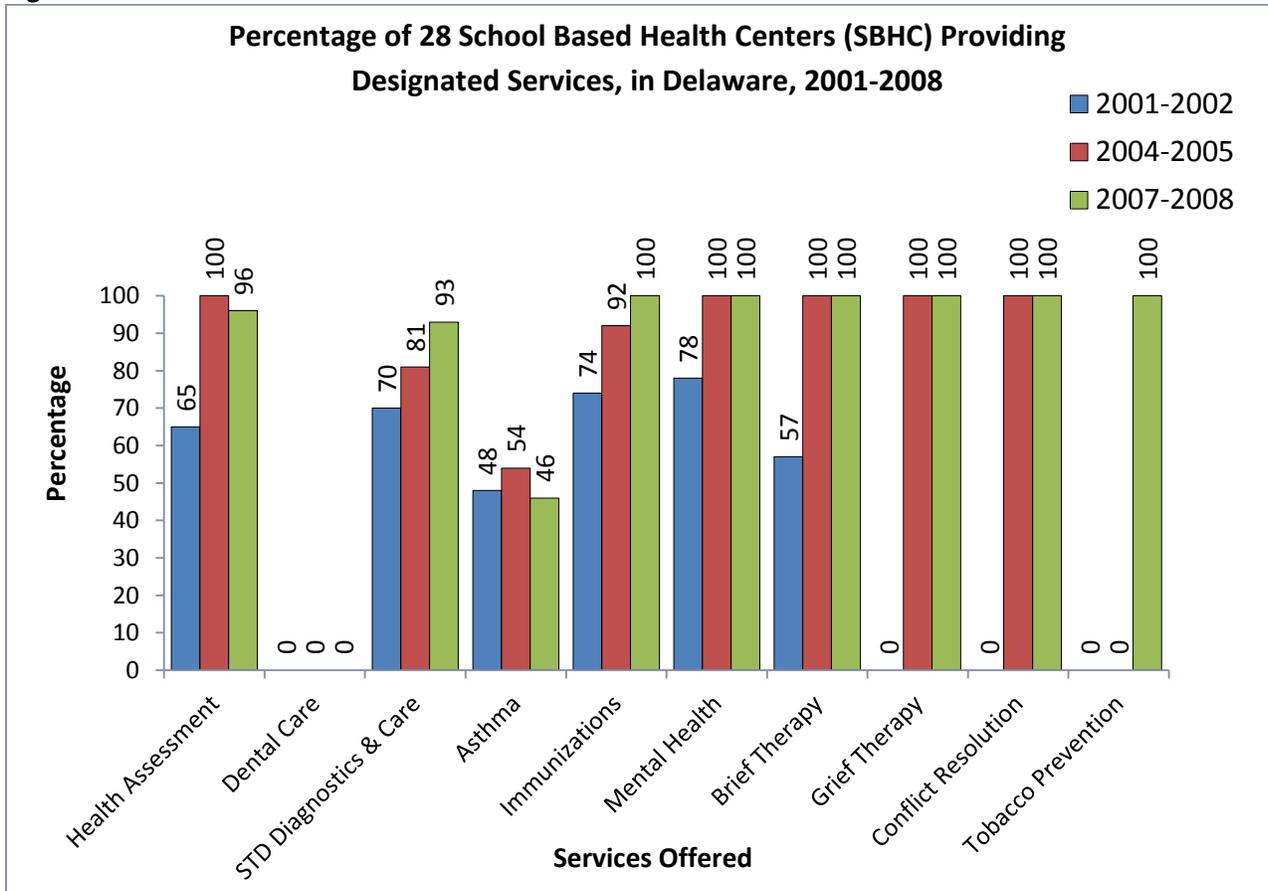
Figure 17.



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 three times the number of PCPs compared to Sussex and Kent.
- In 2008, Delaware had 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.



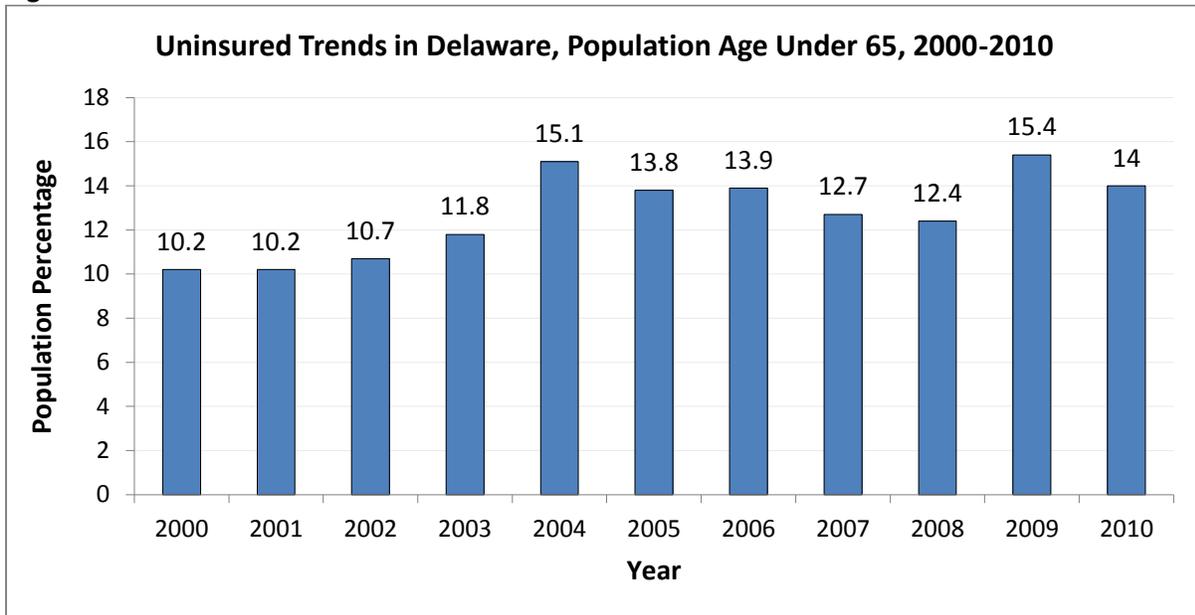
Source: National Assembly of School Based Health Care, 2011.

- 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 of Delaware for school-based health centers was \$5,399,542. In 2011, Affinity Health and Medical Systems in Newark, Delaware received a \$500,000 grant from the U.S. Department of Health and 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 percent of the non-elderly state population. Delaware's percent of non-elderly uninsured is lower than the national number, which is 18.5 percent non-elderly uninsured.

Figure 19.



Source: U.S. Census Data, 2011.

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

C.2. Medicare Expenditure

In 2009, Delaware's total Medicare expenditure 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 of 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 percent	8.0 percent
Average annual percent growth per enrollee, 1991-2009	5.7 percent	6.3 percent

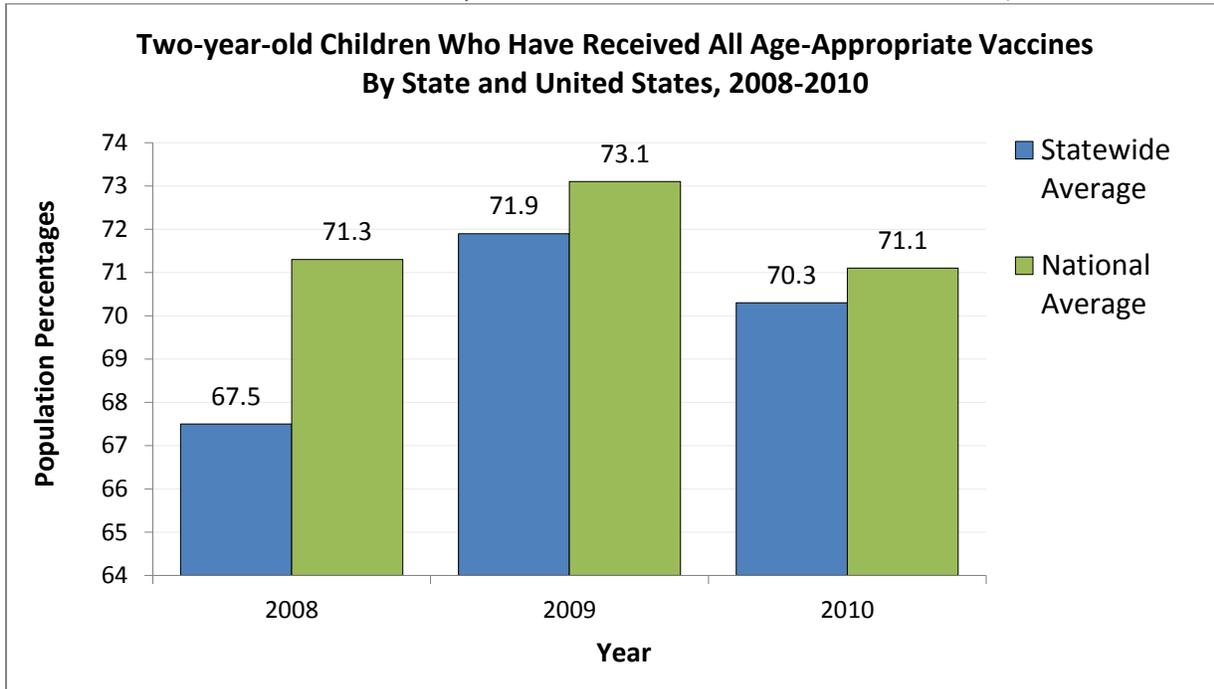
Source: Centers for Medicare & Medicaid Services, 2011.

C.3. Immunizations

Delaware is ranked 18th among states for the percentage of children aged 19 to 35 months who 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 percent.

Figure 20.

(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.)

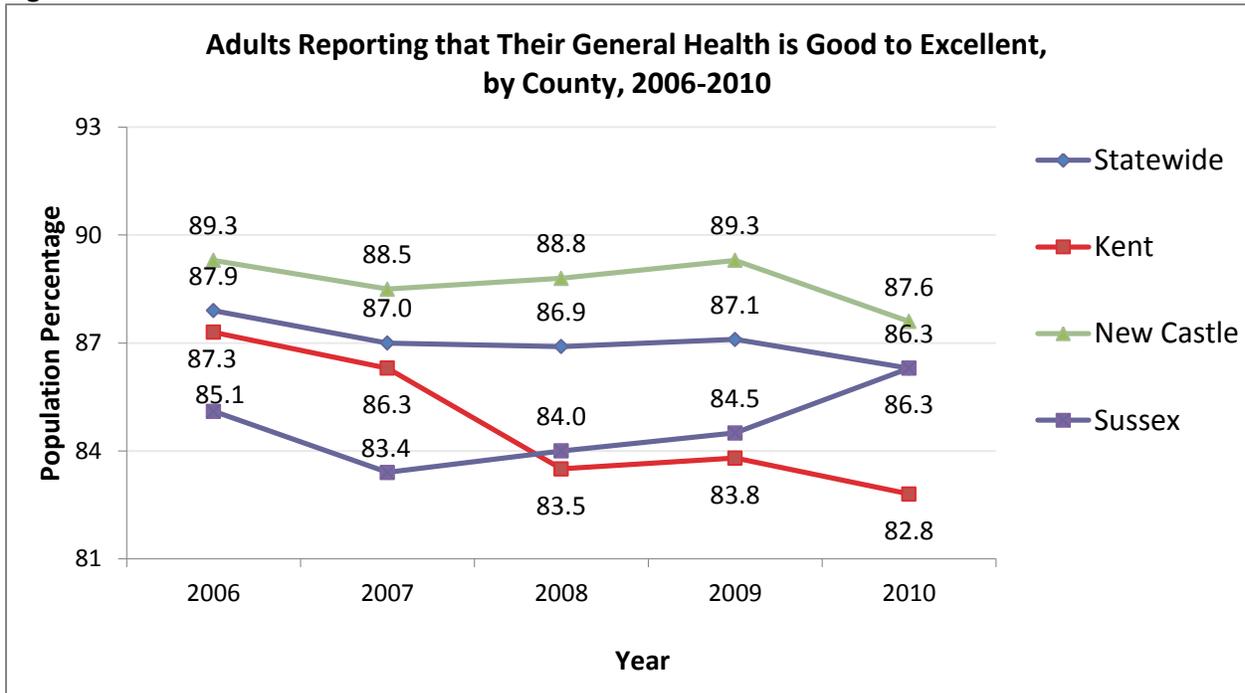


Source: Center for Disease Control and Prevention, National Immunization Survey, 2011.

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

APPENDIX D: QUALITY OF LIFE

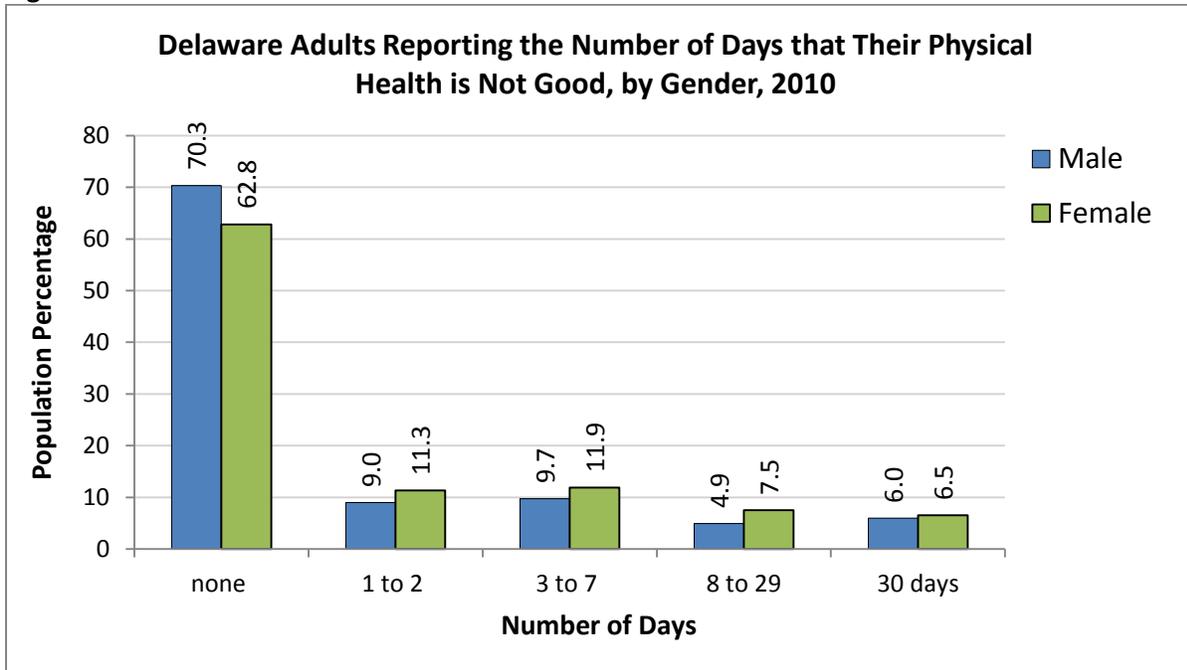
Figure 21.



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

- The percentage of the Delaware population believing their health is good to excellent remained steady for the last five years, with 86.3 percent reporting good health in 2010. The greatest decline in health perception occurred in Kent County, declining from 87.3 percent in 2006 to 82.8 percent in 2010.
- In 2010, 88.2 percent of males and 84.6 percent of females responded as having good or better health, according to Delaware's Behavioral Risk Factor Survey (BRFS).

Figure 22.



Source: Delaware Health and 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. Of Delaware males, 70.3 percent 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 percent reported being dissatisfied or very dissatisfied.

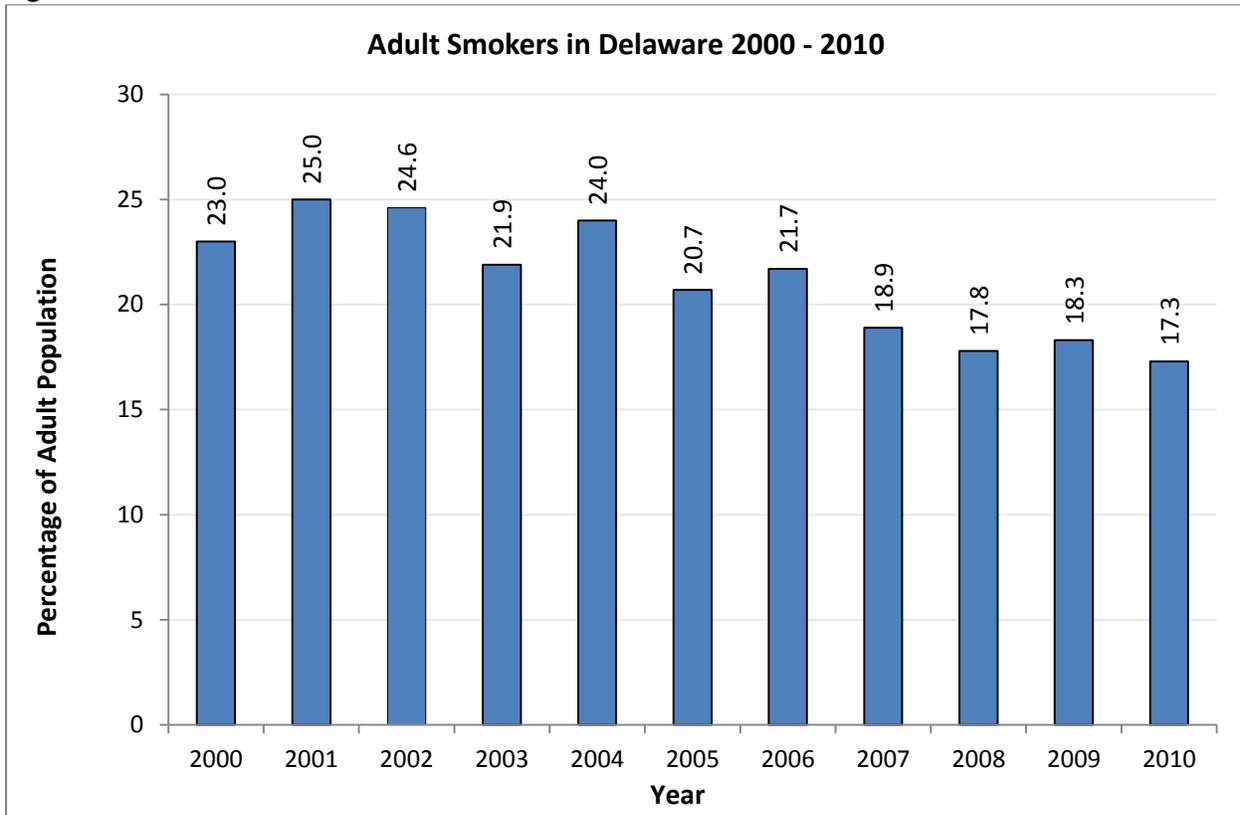
Reported life satisfaction did not differ by gender or race. It did differ by education level and income group, where less education and lower income groups had higher percentages reporting life dissatisfaction.

APPENDIX E: BEHAVIORAL RISK FACTORS

E.1 Smoking

The number of smokers in Delaware has steadily declined for the past decade. As of 2010, 17.3 percent of the state population smoked, compared with 23 percent of the population in 2000.

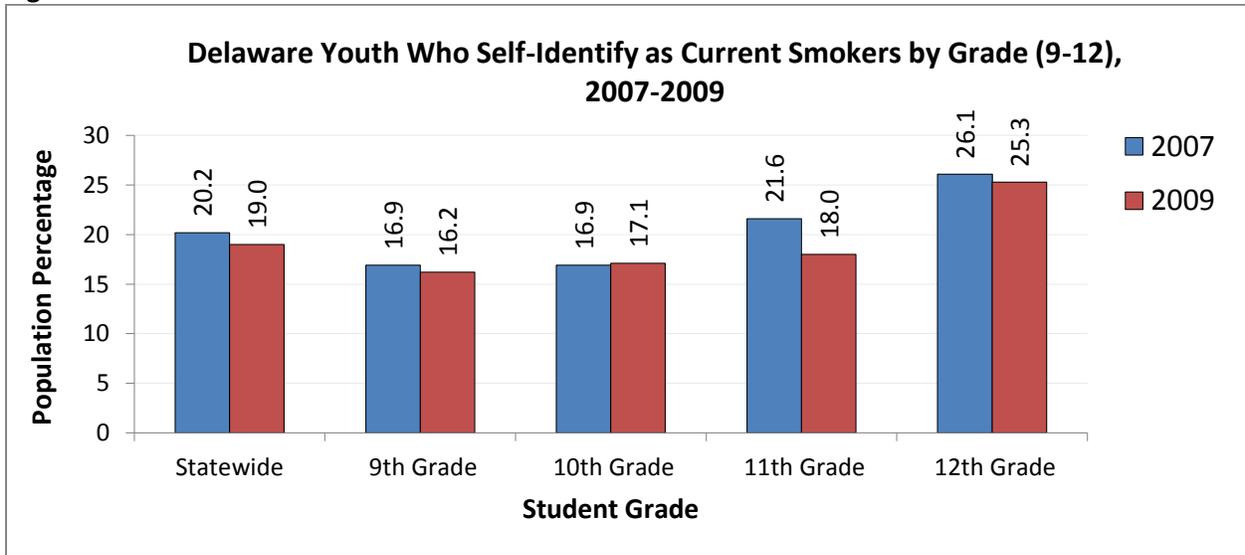
Figure 23.



Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2000 - 2010.

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

Figure 24.



Source: United States Centers for Disease Control and 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 percent 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 percent of persons in treatment for drugs and/or alcohol are involved in outpatient treatment. Statewide, alcohol-only admissions declined from 42 percent in 1992 to 10 percent in 2005; drug-only admissions increased from 25 percent in 1998 to 41 percent in 2005.

Based on the results of Table 5:

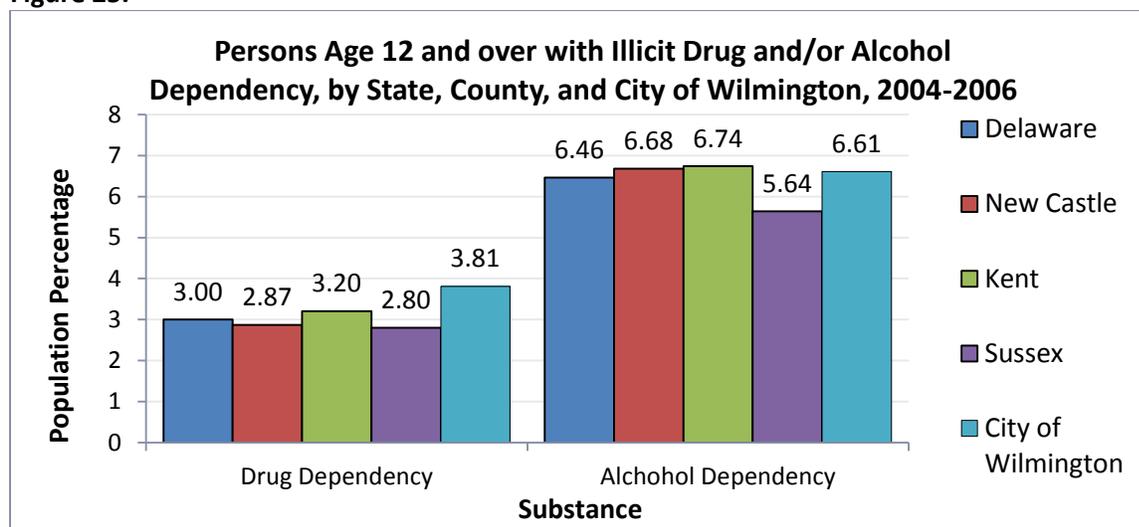
- In 2010, New Castle County had the highest admission rate statewide for opiates with 680 persons, compared to 363 for Sussex and 196 for Kent.
- In 2010, after alcohol dependency, heroin and marijuana abuse were the main reason for admittance to treatment programs at 20.7 percent and 20.9 percent respectively.

Table 5.

Admissions to Delaware Alcohol and 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 and Mental Health Services Administration, 2010.

Figure 25.



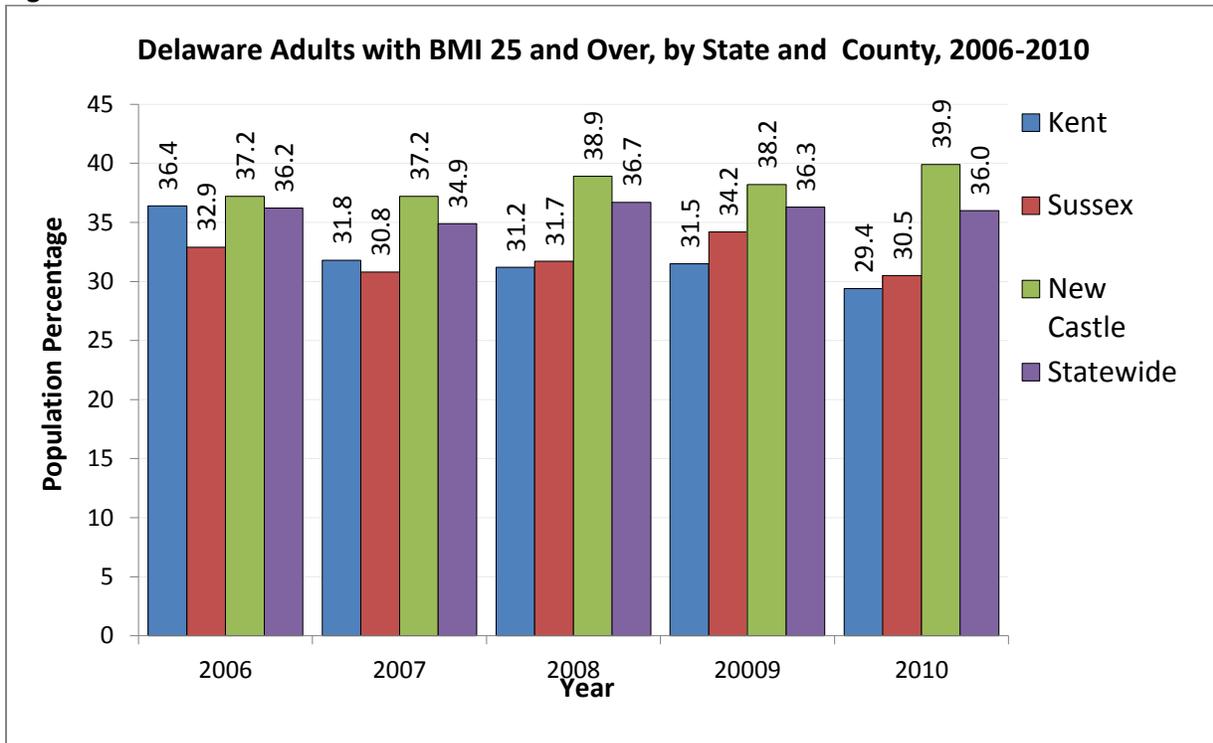
Source: National Survey on Drug Use and Health, 2004-2006.

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

E.3. Weight

The rate of obesity has nearly doubled in the State of Delaware since 1990. In 2011, 28.7 percent of the state population 18 years and older were considered to be obese. Based on a three-year average from 2008-2010, Delaware ranked 21st among the United States for prevalence of obesity. Mississippi ranked first for the highest obesity prevalence.

Figure 26.



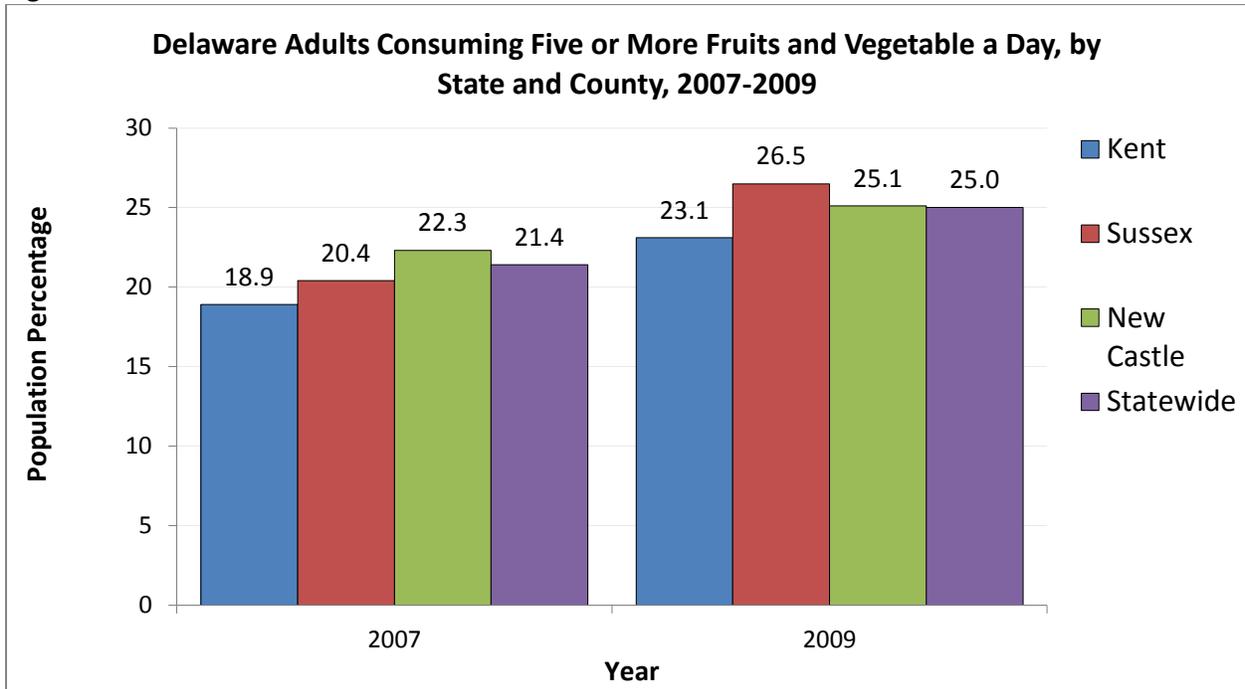
Source: Delaware Behavioral Risk Factor Survey, 2010.

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

E.4. Diet

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

Figure 27.



Source: Delaware Behavioral Risk Factor Survey, 2010.

- Only 19.7 percent of middle and high schools in Delaware offer fruit and vegetables as 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 percent accept Women, Infants, and Children (WIC) Farmers' Market Nutrition Program (FMNP) coupons.
- The Delaware Department of Agriculture website lists the following farmers' markets as accepting EBT cards (SNAP benefits) in 2014:
 1. 12th & Brandywine Urban Farm Market, Wilmington
 2. Carousel Park Farmers' Market, Wilmington
 3. Co-Op Farmers' Market, Newark
 4. Glasgow Park Farmers' Market, Newark
 5. Rockwood Park Farmers' Market, Wilmington
 6. Wilmington Farmers' Market at Cool Spring Park, Wilmington
 7. Historic Lewes Farmers' Market, Lewes
 8. Western Sussex Farmers' Market, Seaford

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; and 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 and 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	
Philadelphia-Camden-Wilmington	154	193	15	3
Seaford, DE	311	48	6	

Source: U.S. 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 eight-hour limit; 14 days were in New Castle, five were in Kent, and nine 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 percent of the population is served by the public water supply. The remaining 16.6 percent of the population is served by individual wells. Major sources of surface water include the Brandywine River Basin, the Christina River Basin, and the Red Clay/White Clay Creeks. Major sources of groundwater include the Columbia Aquifer, the Cheswold Aquifer, and the 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	percent of State Served by Compliant Systems	Number of Systems Not in compliance in 2010
Bacteriology	9,471	457	96.4 percent	39
Surface Water Treatment Rule	n/a	495	85.4 percent	1
Nitrates	2,131	480	99.6 percent	16
Lead and Copper/M&R Violations	n/a	472	99.1 percent	24
Consumer Confidence Rule	n/a	475	99.6 percent	21
Disinfection Byproducts	860	495	99.9 percent	1
Maximum Residual Disinfection Level	9,471	495	99.9 percent	1
Radiological	898	495	99.9 percent	1
Ground Water Rule	n/a	492	99.8 percent	4

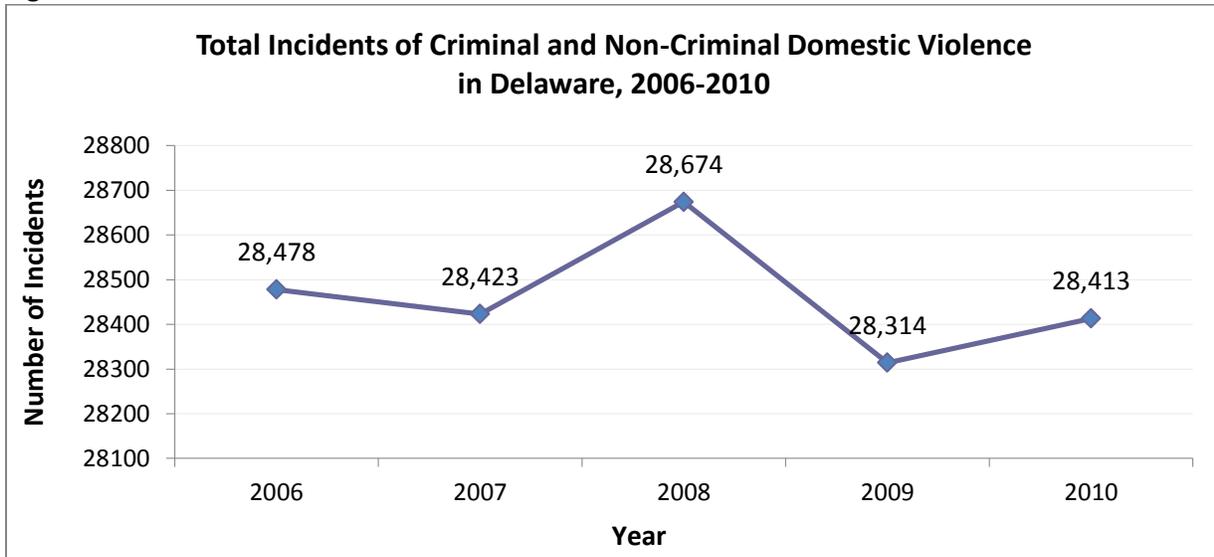
Source: Delaware Health and Social Services, *Public Drinking Water Annual Compliance Report, 2010*.

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

APPENDIX G: SOCIAL AND MENTAL HEALTH

G.1 Domestic Violence

Figure 28.

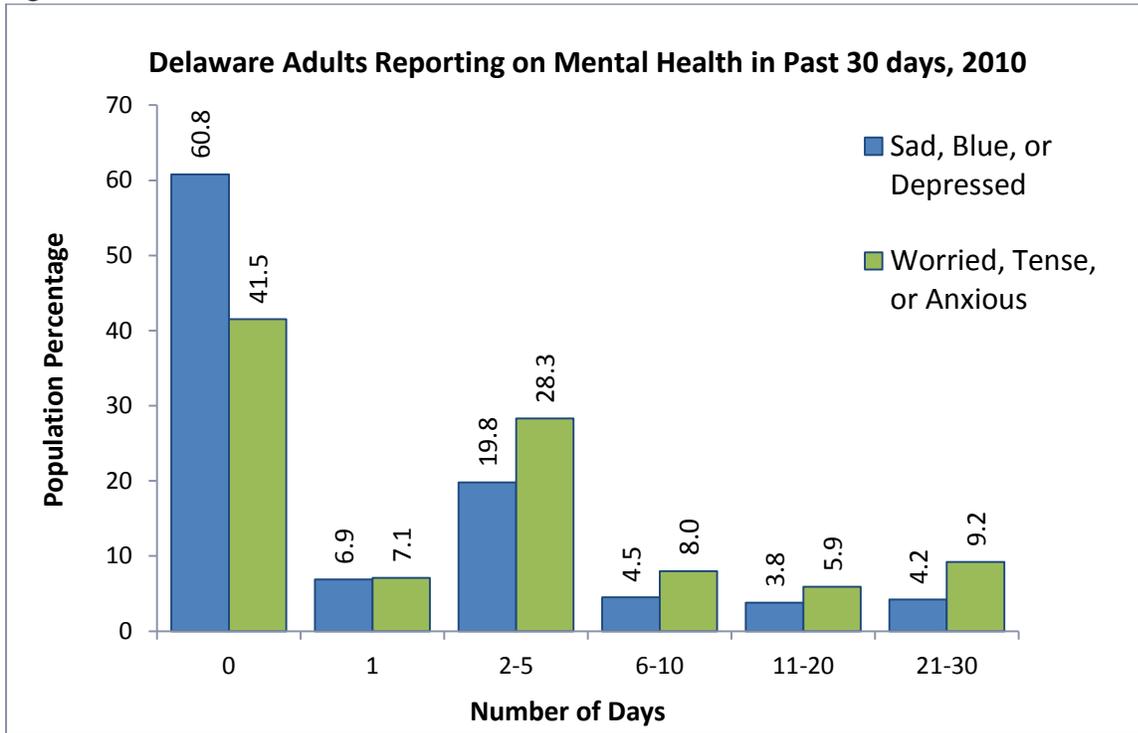


Source: Domestic Violence Coordinating Council, 2011.

- In 2010, there were 15,681 reported criminal domestic violence incidents, of which 2,521 resulted in physical injury.
- Of all domestic violence incidents, 45 percent 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.



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

- 26.7 percent reported 1-5 days of feeling sad, blue or depressed during the past 30 days and 12.5 percent 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 percent of deaths in the 10-24 year old age group). Whites had higher suicide rates than Blacks 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 the second and third most common methods.

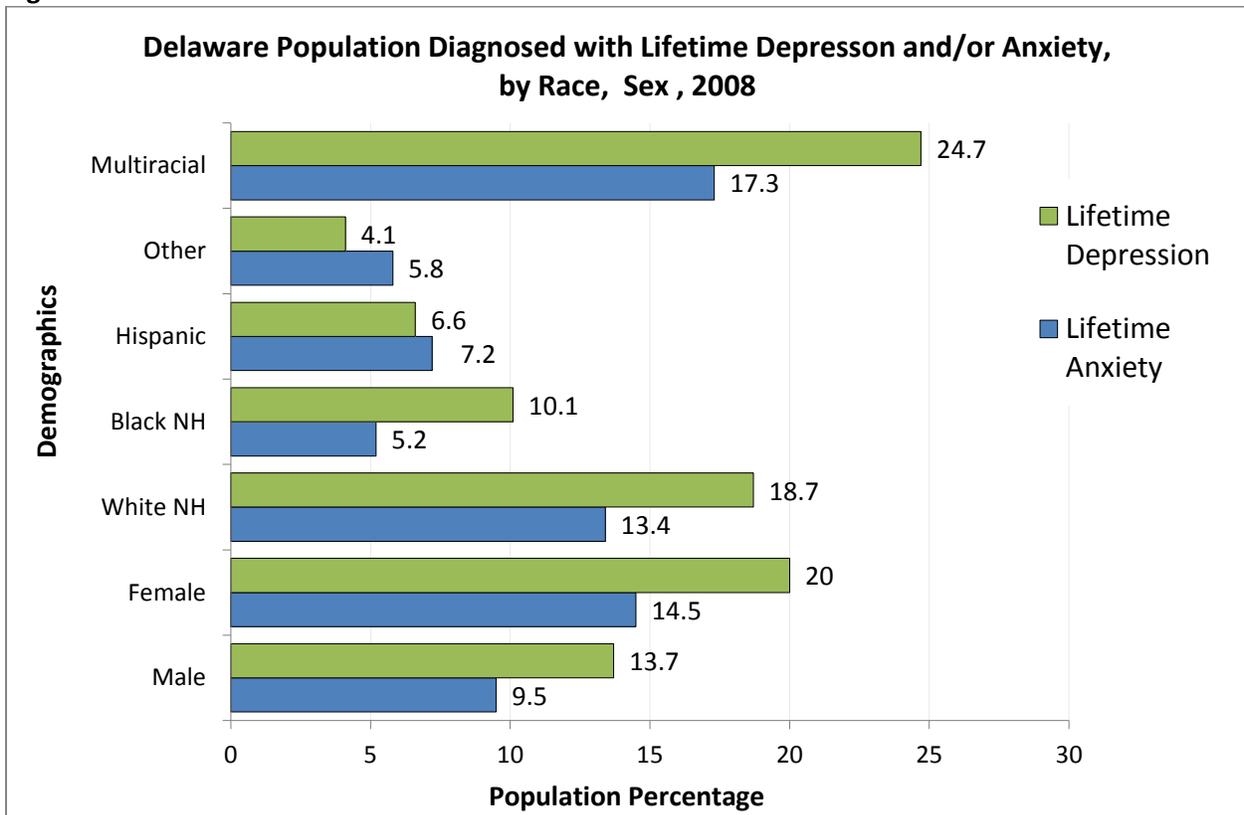
Table 8.

Depression Characteristics of Adult Delawareans, by State, County, 2008				
	Delaware	New Castle	Kent	Sussex
Lifetime Depression Diagnosis	12.11 percent	18 percent	14.6 percent	15.9 percent
Current Depression Diagnosis	8.17 percent	21.2 percent	22.8 percent	22.6 percent
Mild Depression	13.55 percent	12.8 percent	15.2 percent	14.5 percent
Moderate	5.3 percent	5.7 percent	4.2 percent	5.4 percent
Moderate to Severe	1.83 percent	1.8 percent	1.9 percent	1.9 percent
Severe	0.98 percent	0.9 percent	1.5 percent	0.9 percent

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

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

Figure 30.

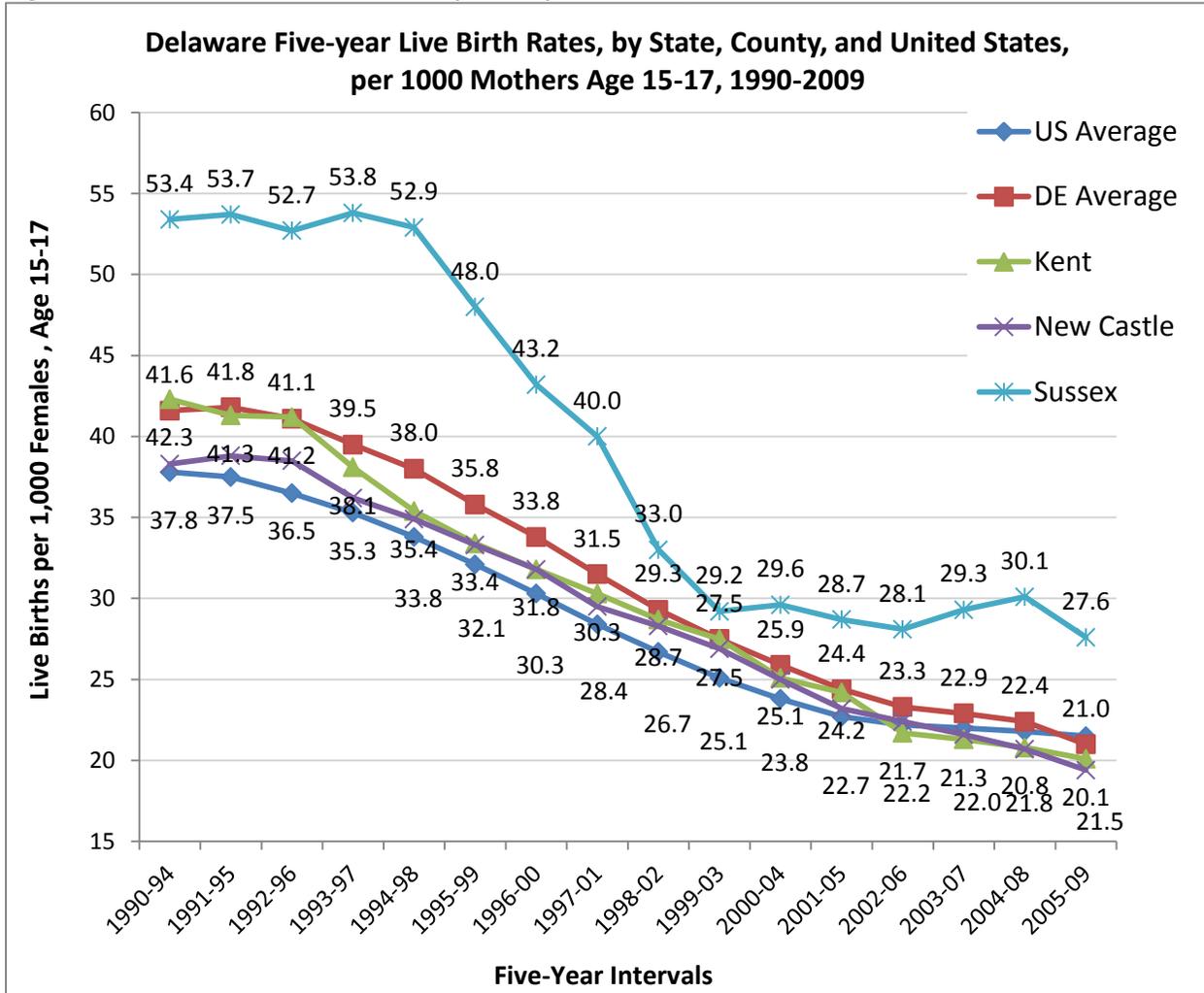


Source: CDC BRFSS; Center for Applied Demography & Survey Research, University of Delaware, 2008.

APPENDIX H: MATERNAL AND CHILD HEALTH

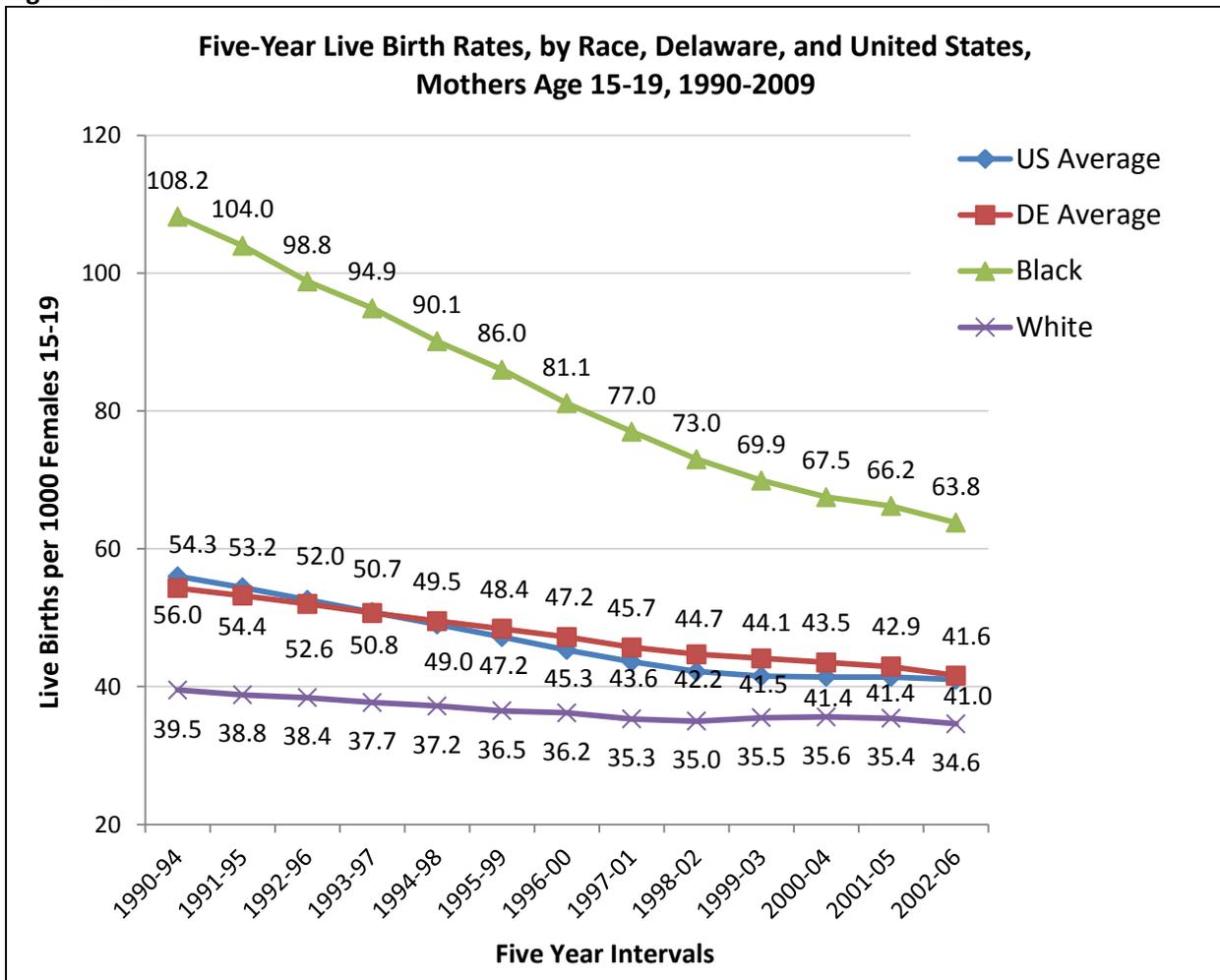
Birth rate trends decreased dramatically over the past three decades and are similar to the national declining birth rates. Sussex County has a noticeably higher birth rate, though it is declining at a fast rate and approaching the rates of New Castle and Kent Counties.

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



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

Figure 32.



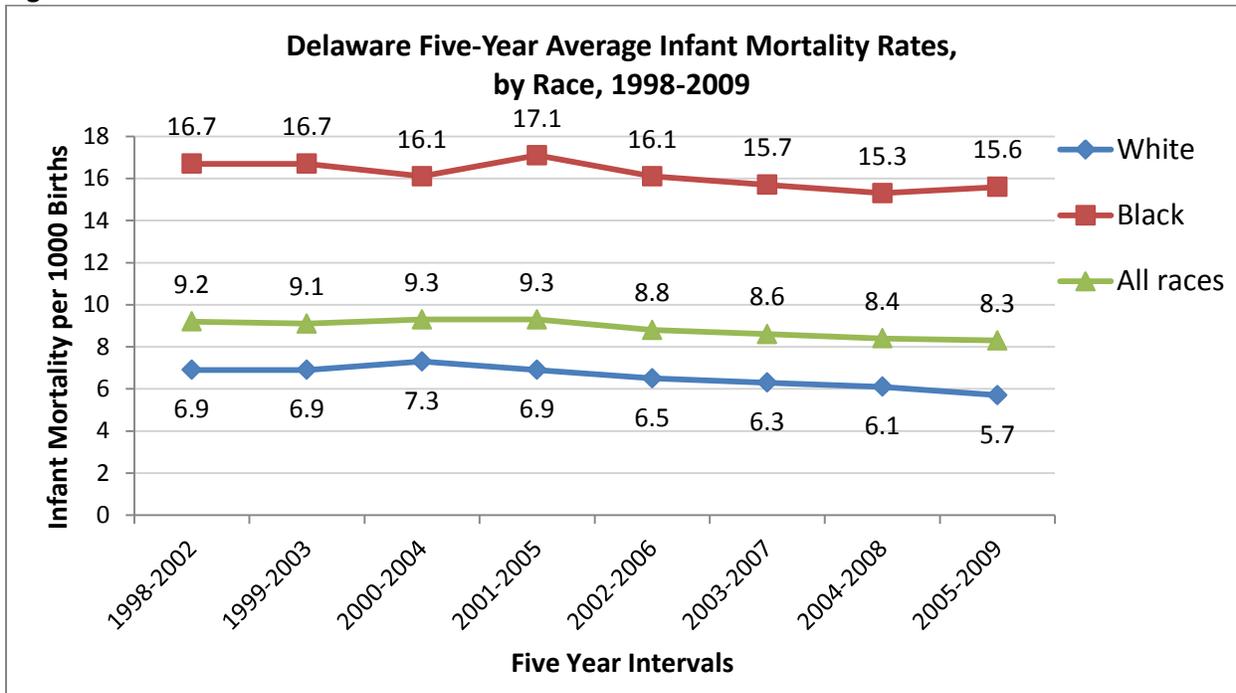
Source: National Center for Health Statistics, Delaware Health Statistics Center, 2011.

- Since 1990, Black birth rates have declined by 41 percent to a low of 63.8 births per 10,000 in 2009.
- Birth rates among Blacks 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, 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.



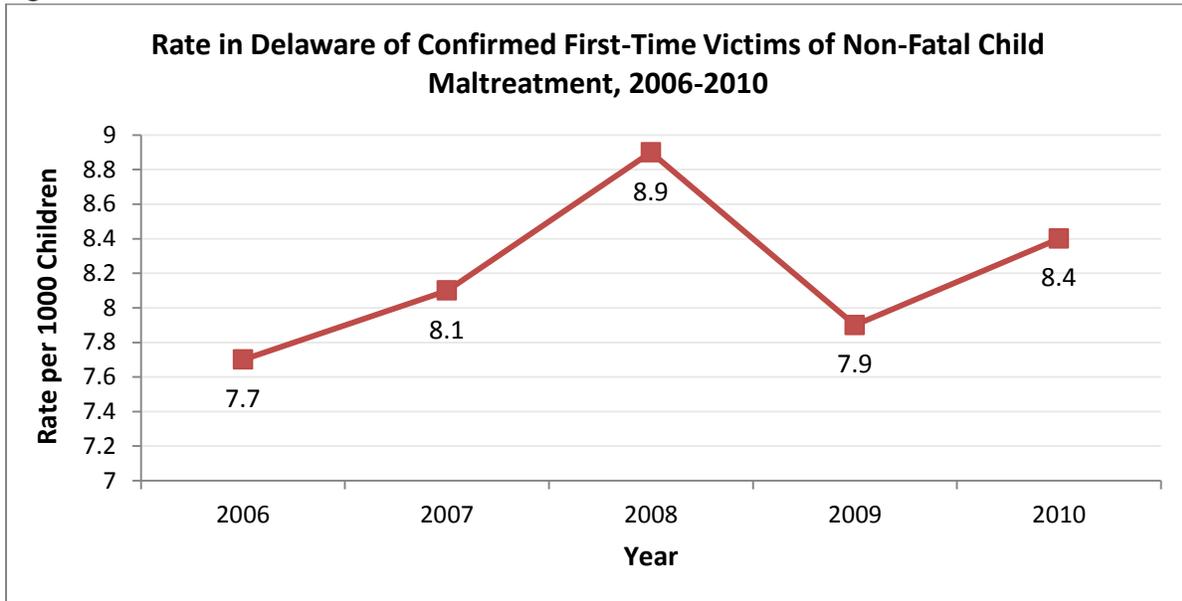
Source: Delaware Health Statistics Center, Delaware Vital Statistics Annual Report, 2009.

- Black 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 percent of the infant deaths from 2005-2009. The second leading cause of infant death was congenital anomalies, accounting for 12.7 percent of the deaths.

H.2. Child Maltreatment

In 2010, Delaware Child Protective Services had 11,084 referrals. Of those, 6,681 (60.3 percent) 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.



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

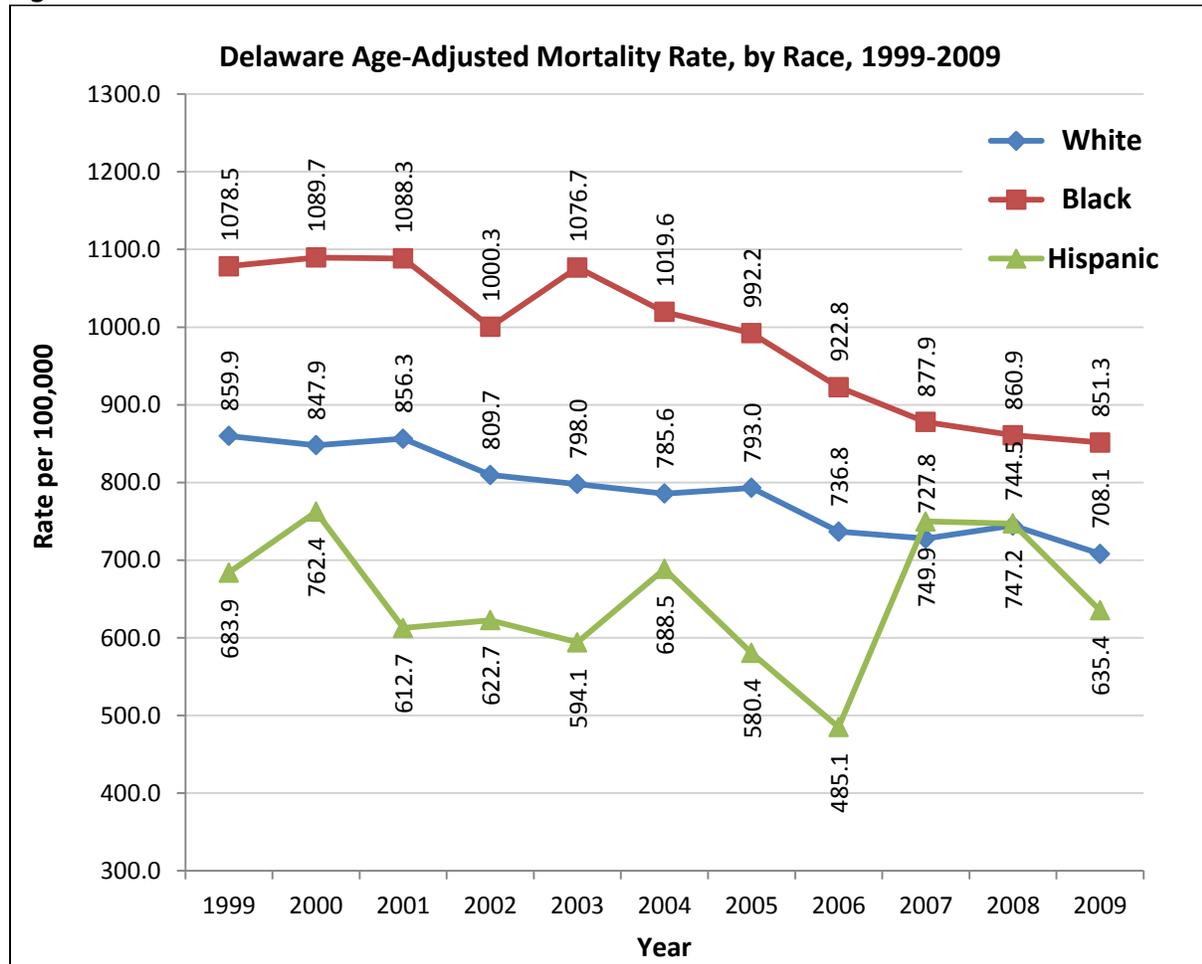
- By age group, the highest rate of child maltreatment occurs in children 4-7 years old with a rate of 26.8, followed by children younger than one to three years old, with a rate of 19.3 in 2010.
- Among the non-fatal child maltreatment victims in 2010, 50.4 percent were boys and 49.6 percent were girls, 44.7 percent were Black, and 44 percent were White.
- In 2010 the most common types of maltreatment were neglect (41.4 percent), psychological (38.4 percent), and physical abuse (15.5 percent).

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 U.S. average of 78.6 years. As life expectancy continues to increase, mortality rates are slowly declining.

Figure 35.



Source: Delaware Health Statistics Center, Delaware Vital Statistics Annual Report, 2009. (Rate adjusted to 2000 U.S. Standard Population.)

- Blacks 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.

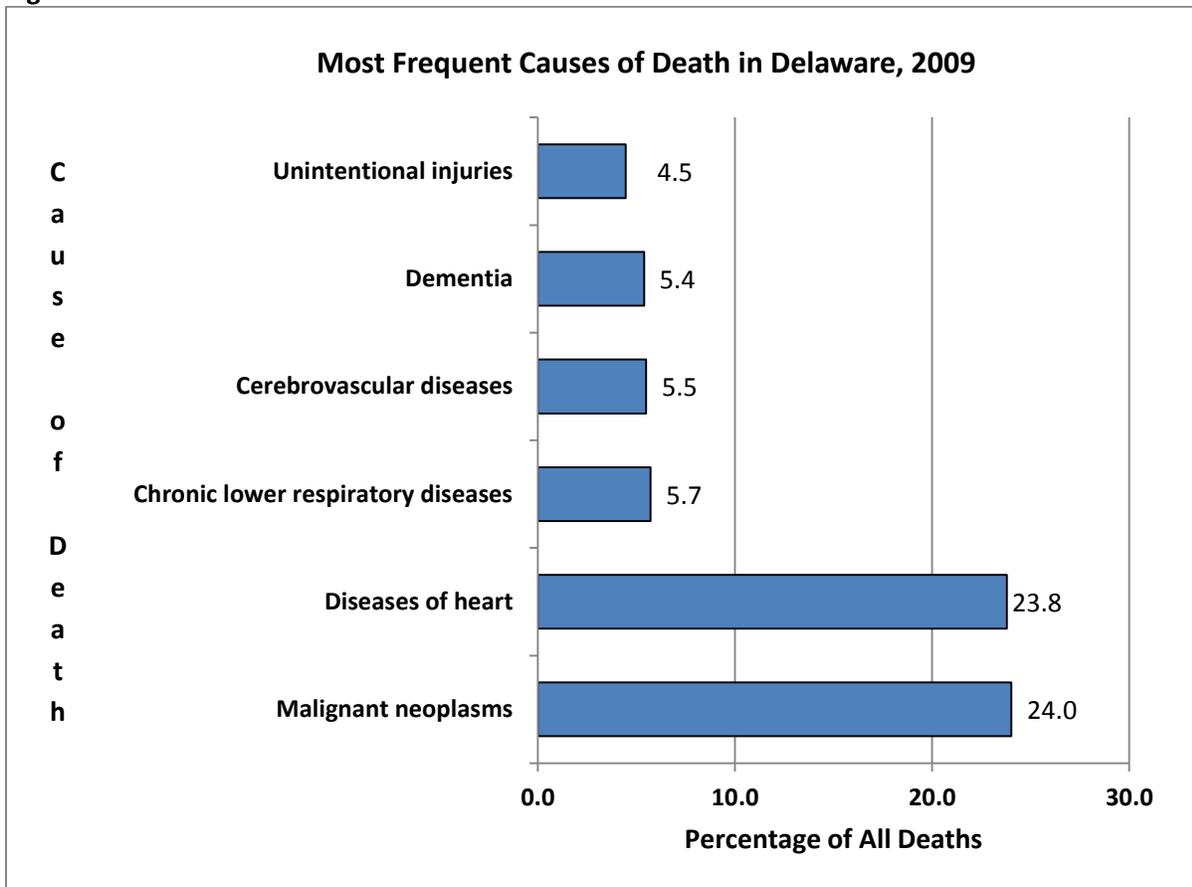
Table 9.

Top Five Leading Causes of Death in Delaware, by Age Group, 2005-2009					
1-4 years		5-14 years		15-24 years	
Cause of Death	N (percent)	Cause of Death	N (percent)	Cause of Death	N (percent)
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 (percent)	Cause of Death	N (percent)	Cause of Death	N (percent)
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 fifth leading cause among 25-44 year olds.

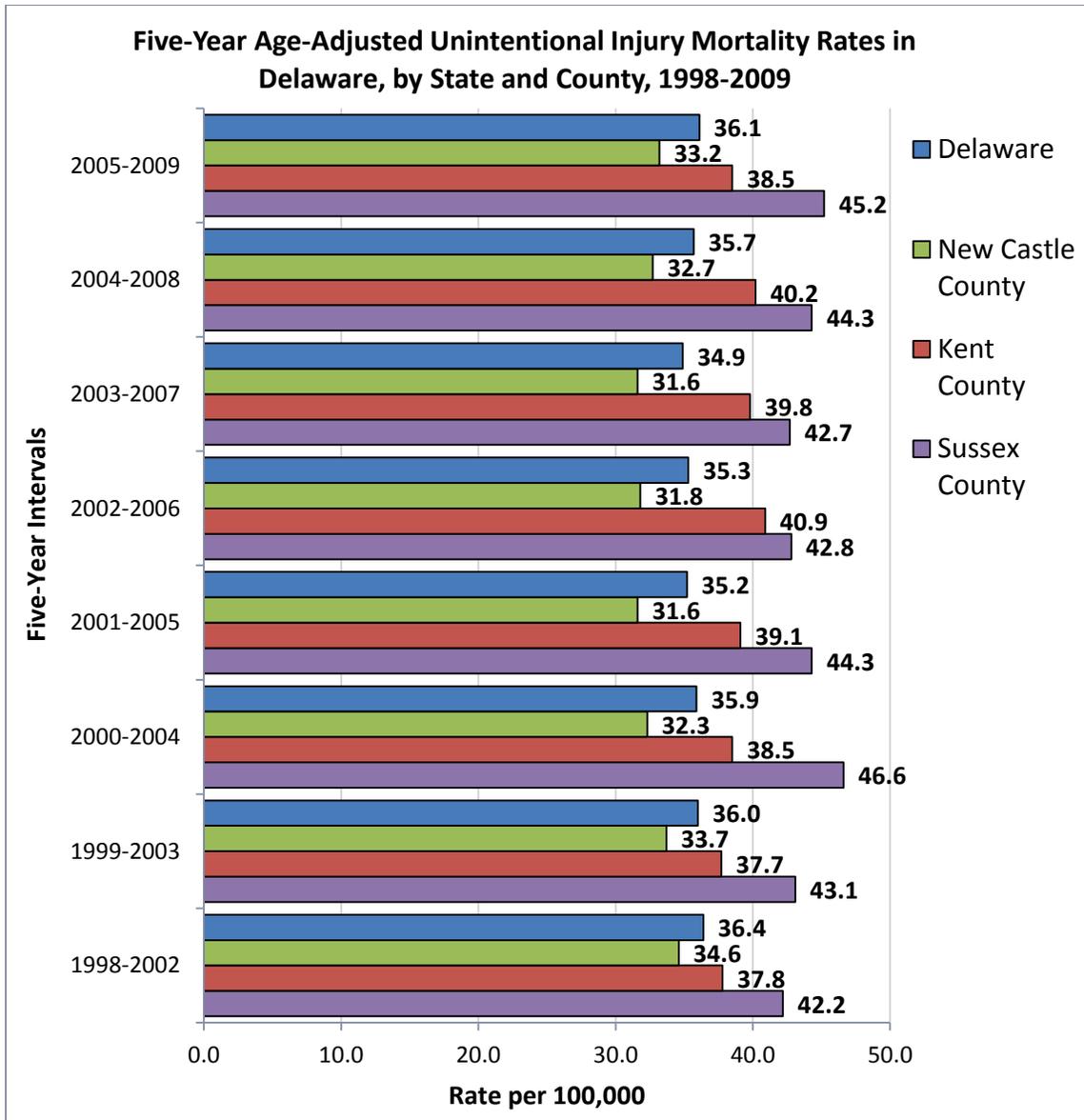
Figure 36.



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. Rate per 100,000, adjusted to U.S. 2000 population.



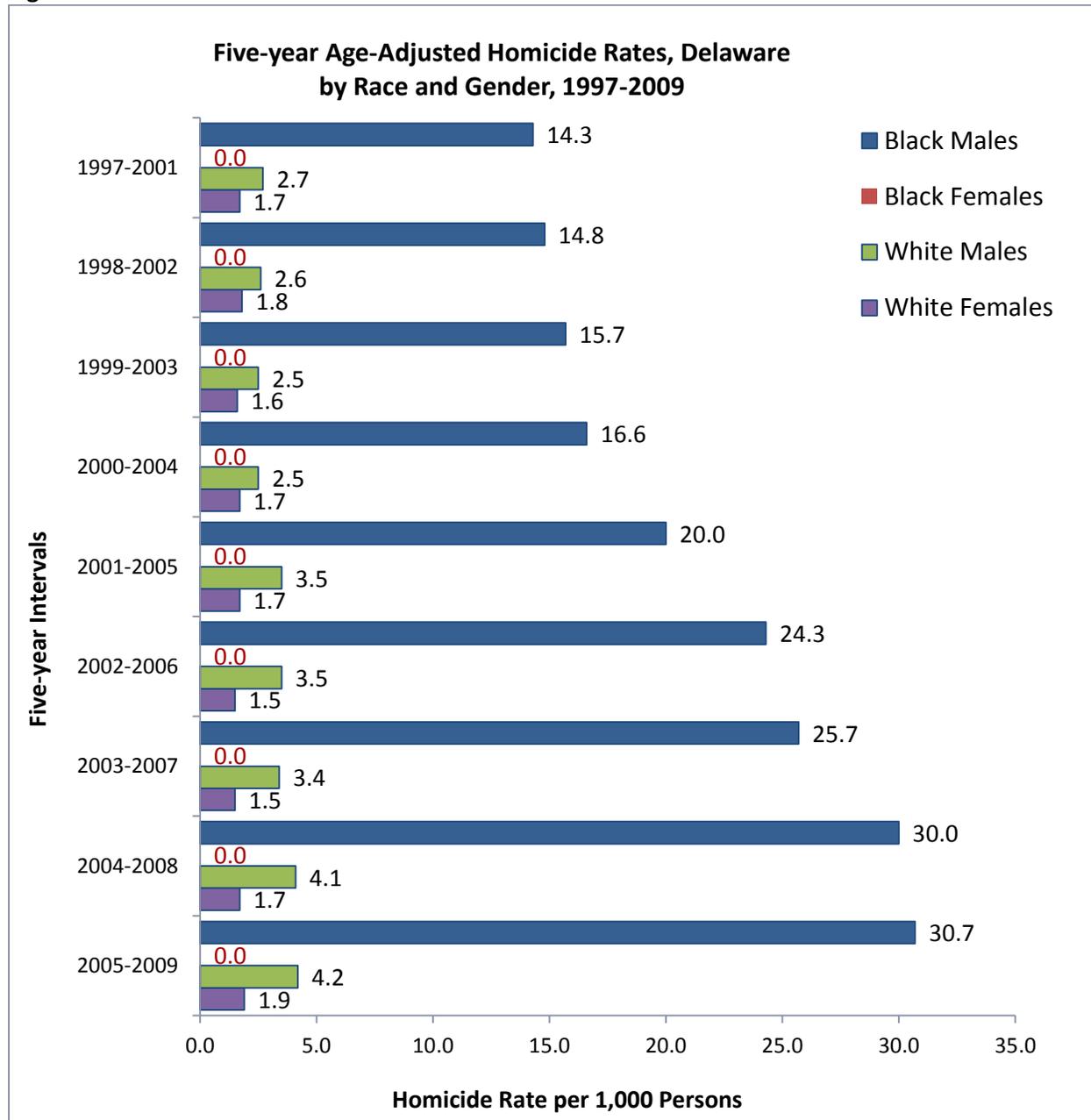
Source: Delaware Health Statistics Center, Delaware Vital Statistics Annual Report, 2009.

- Delaware’s unintentional injury death rate has changed very little since 1998. The five-year age-adjusted unintentional injury death rate high was 36.1 in 2005-2009. A low rate of 34.9 occurred in 2003-2007.
- The highest unintentional injury death rates consistently occur in Sussex County, with New Castle County consistently with the lowest rates. In the most recently tracked five year period (2005-2009) there was a 60 percent difference between the two counties.
- Out of the 334 unintentional injury deaths in 2009, nearly one-third were motor vehicle deaths. Fifty-one percent 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 percent increase from the 1999-2003 five-year average homicide rate of 3.6.

Figure 38.

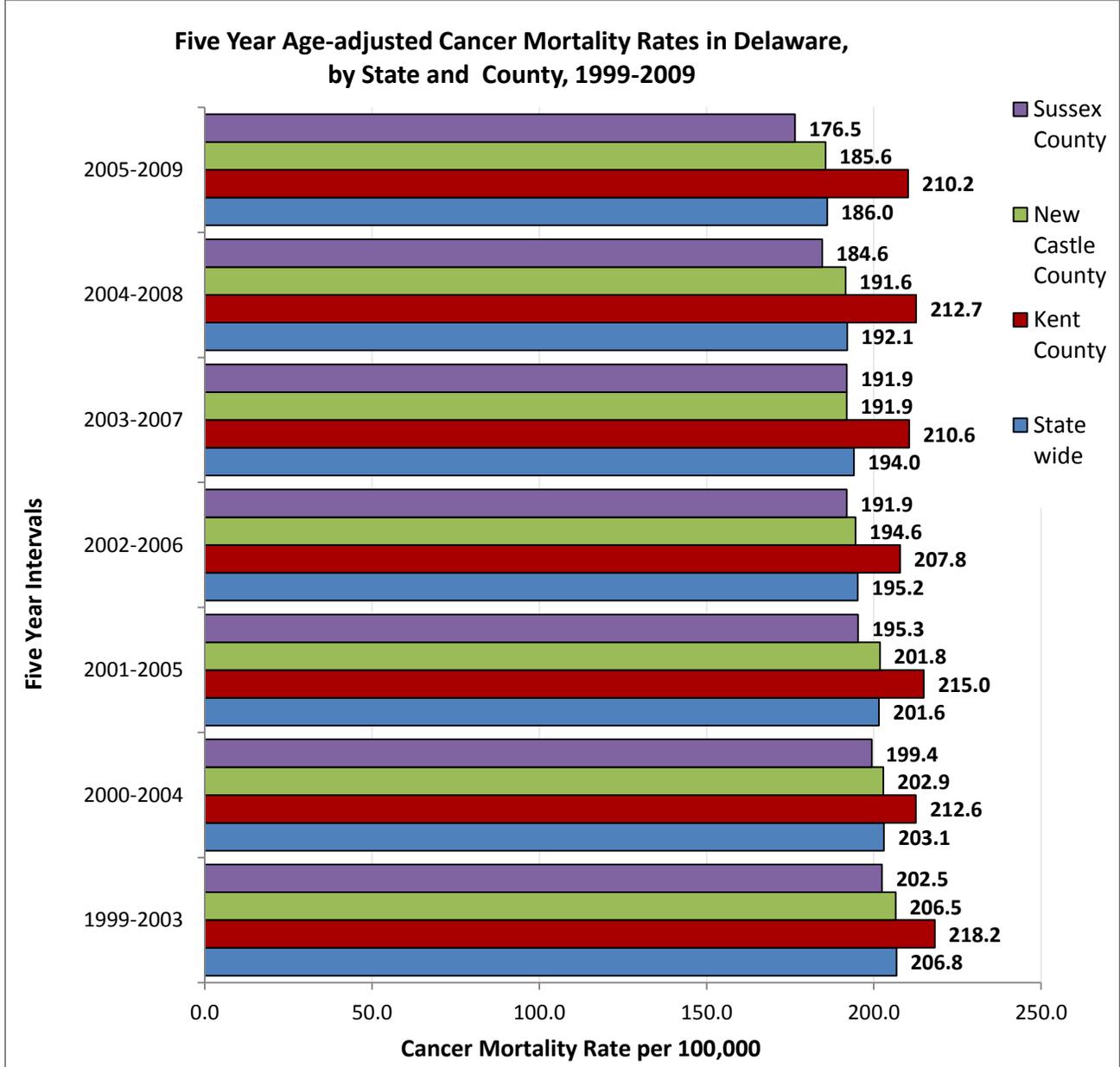


Source: Delaware Health Statistics Center, Delaware Vital Statistics Annual Report, 2009.

- During the period of 1997-2009, the Black female homicide rate was zero, while the Black male homicide rate more than doubled from a rate of 14.3 to a rate of 30.7.
- Homicide rates among Blacks 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

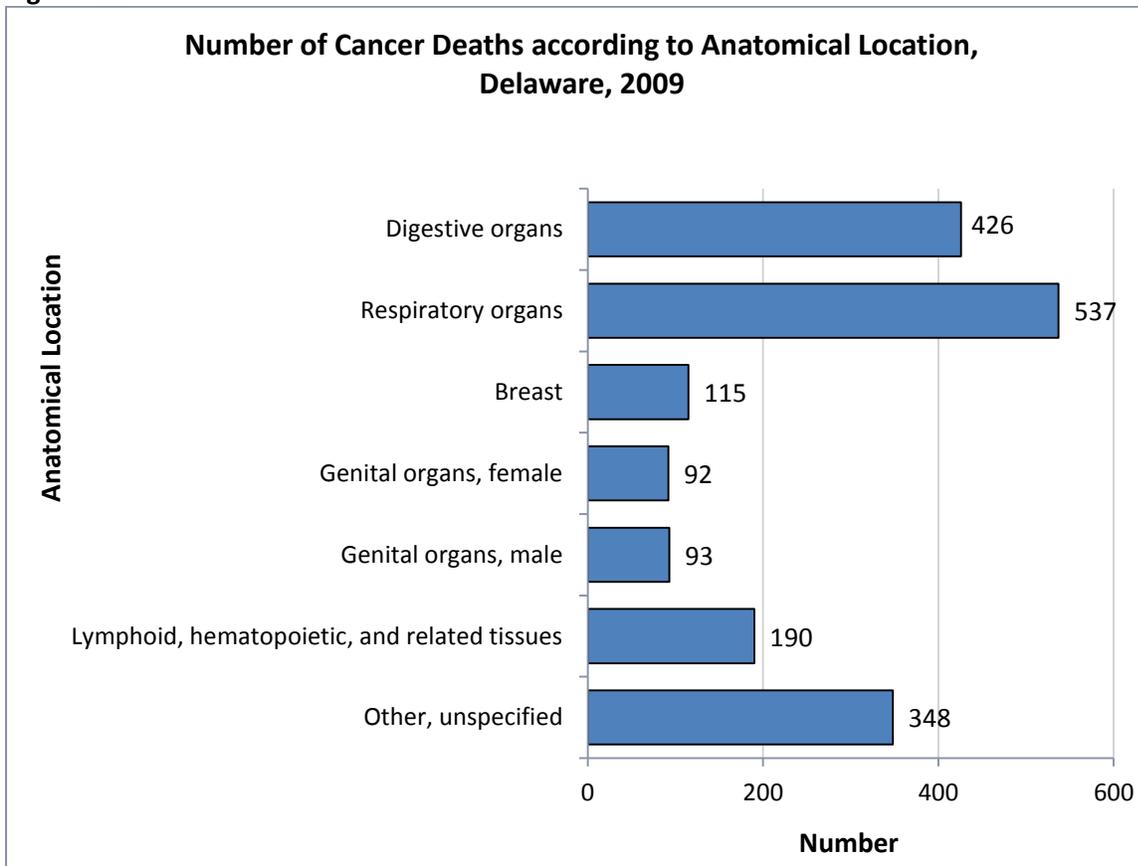
Figure 39. Rate per 100,000, adjusted to U.S. 2000 population.



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

- Overall cancer mortality rates in the Delaware declined by 10 percent from 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 had a 12.8 percent decline in cancer death rates since 1999-2003.
- Between 2003 and 2007, 8,926 Delawareans died from cancer: 4,654 decedents (52.1 percent) were male and 4,272 decedents (47.9 percent) were female.
- Black males have the highest all site cancer mortality rates, followed by White males, then Black females, and lastly, White females.

Figure 40.

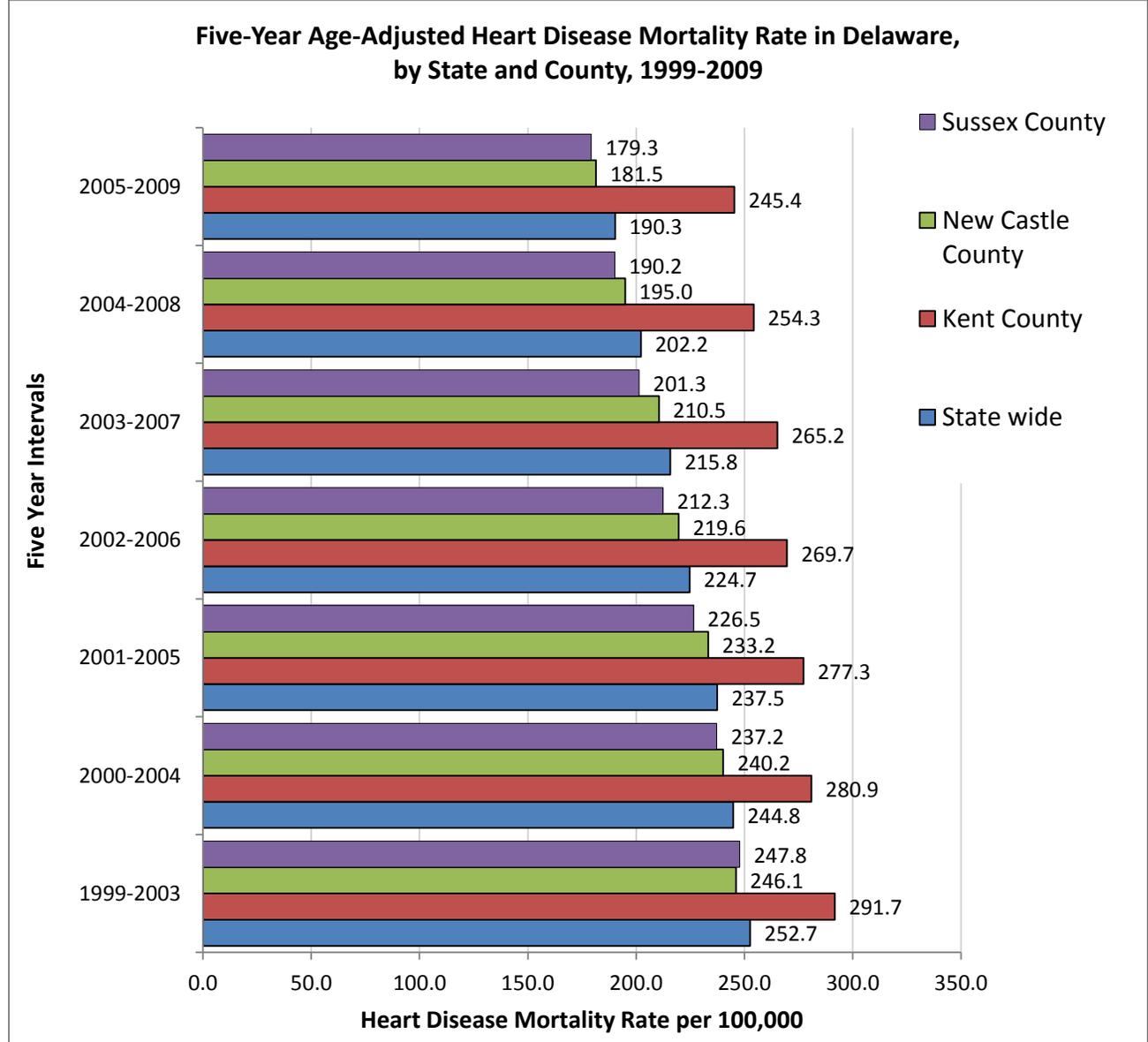


Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009

- According to the Delaware Division of Public Health report, *Cancer Incidence and Mortality in Delaware, 2012*, the highest incidence rate among cancer is for prostate cancer (five-year age-adjusted rate of 180.2 for 2003-2007).
- The highest mortality rate among cancer is for lung cancer (five-year age-adjusted rate of 59.8 for 2003-2007).
- 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 Black 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.

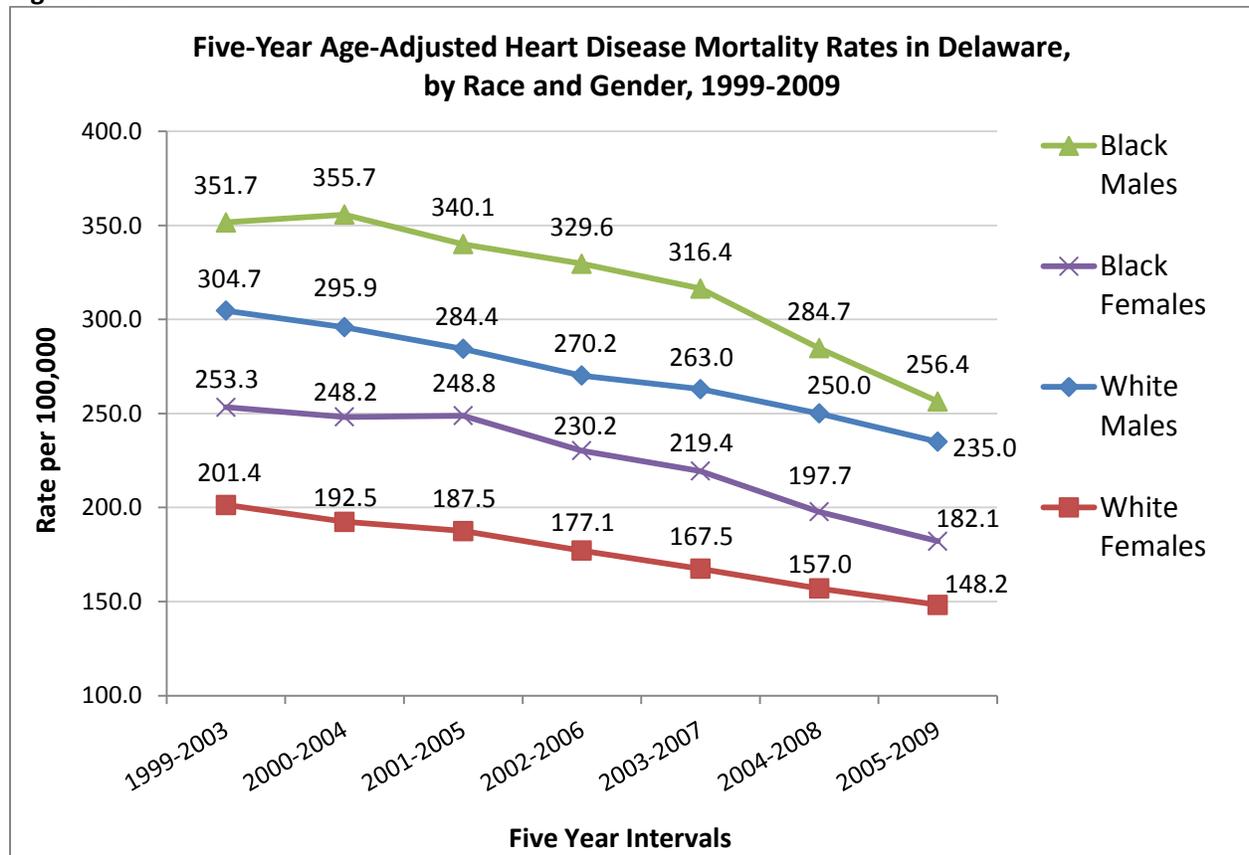
Figure 41. Rate per 100,000, adjusted to U.S. 2000 population



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

- Delaware's five-year age-adjusted cardiovascular mortality rate decreased by almost 25 percent since 1999-2003.
- Each county has a similar decrease in county-level cardiovascular mortality rates, but Kent County has a particularly 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.

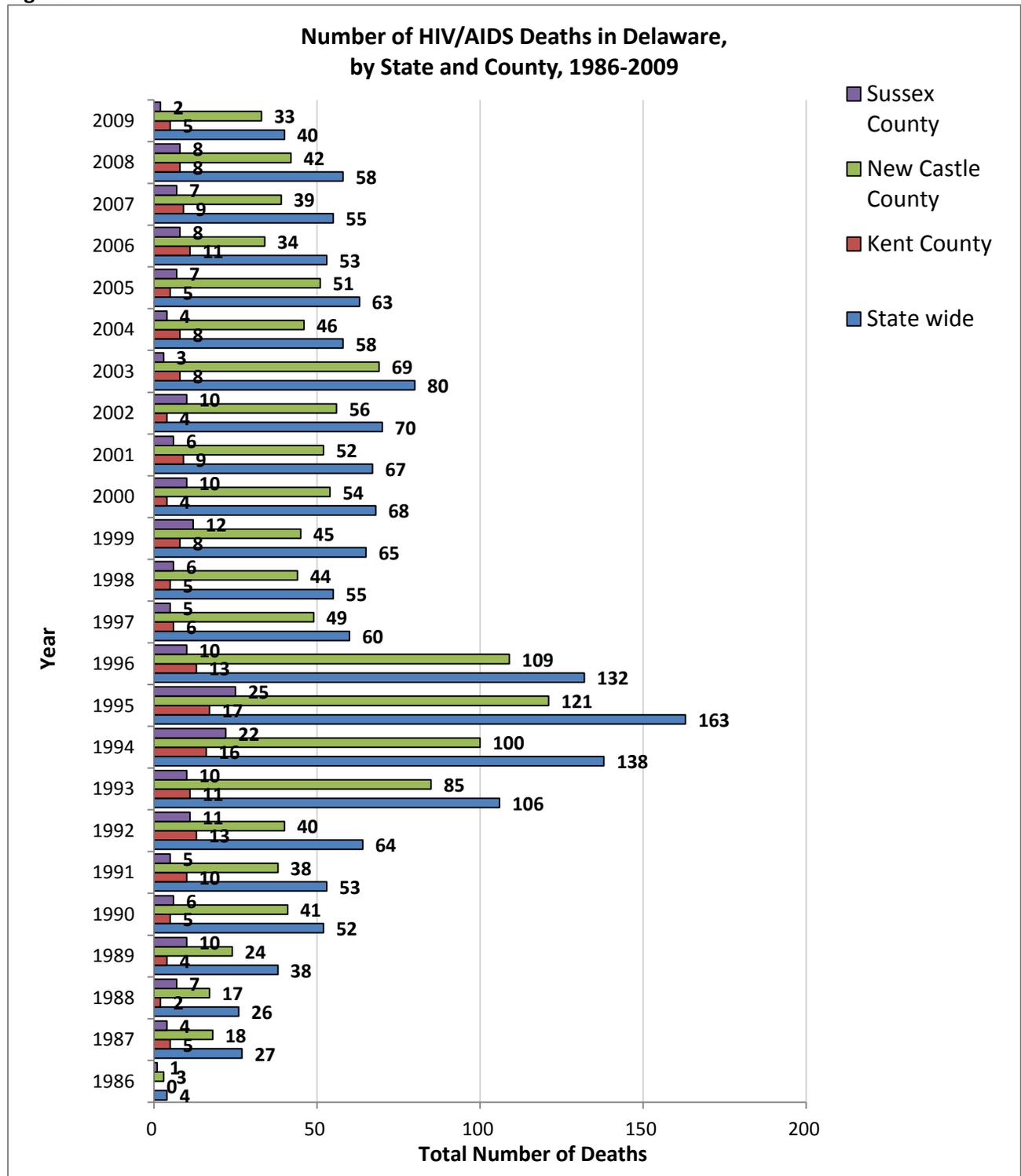


Source: Delaware Health Statistics Center, Delaware Vital Statistics Annual Report, 2009. (Rate adjusted to 2000 U.S. Population.)

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

APPENDIX J: INFECTIOUS DISEASE

Figures 43.



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 four to five 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 percent) was attributable to men having sex with men. Heterosexual transmission and injection drug use accounted for an additional 33 percent and 15 percent of newly diagnosed HIV cases, respectively.

Table 10.

Demographics of Reported HIV/AIDS Cases in Delaware, 1981-2009			
	HIV Cases	AIDS Cases	Total (HIV/AIDS) Cases
Total Cases	1,200 (100 percent)	3,939 (100 percent)	5,139 (100 percent)
Gender			
Males	786 (65 percent)	2,858 (73 percent)	3,644 (71 percent)
Females	414 (35 percent)	1,081 (27 percent)	1,495 (29 percent)
Race			
White	350 (29 percent)	1,070 (27 percent)	1,420 (28 percent)
Black	755 (63 percent)	2,630 (67 percent)	3,385 (66 percent)
Hispanic	80 (7 percent)	209 (5 percent)	289 (6 percent)
Other / Unknown	15 (1 percent)	30 (< 1 percent)	45 (< 1 percent)
Age Group (Years at Diagnosis)			
< 13	15 (1 percent)	27 (< 1 percent)	42 (< 1 percent)
13-19	74 (6 percent)	22 (< 1 percent)	96 (2 percent)
20-29	300 (25 percent)	510 (13 percent)	810 (16 percent)
30-39	391 (33 percent)	1,541 (39 percent)	1,932 (38 percent)
40-49	291 (24 percent)	1,289 (33 percent)	1,580 (31 percent)
50+	129 (11 percent)	550 (14 percent)	679 (13 percent)

Source: Delaware Evaluation HIV/AIDS Reporting System (EHARS), 2010.

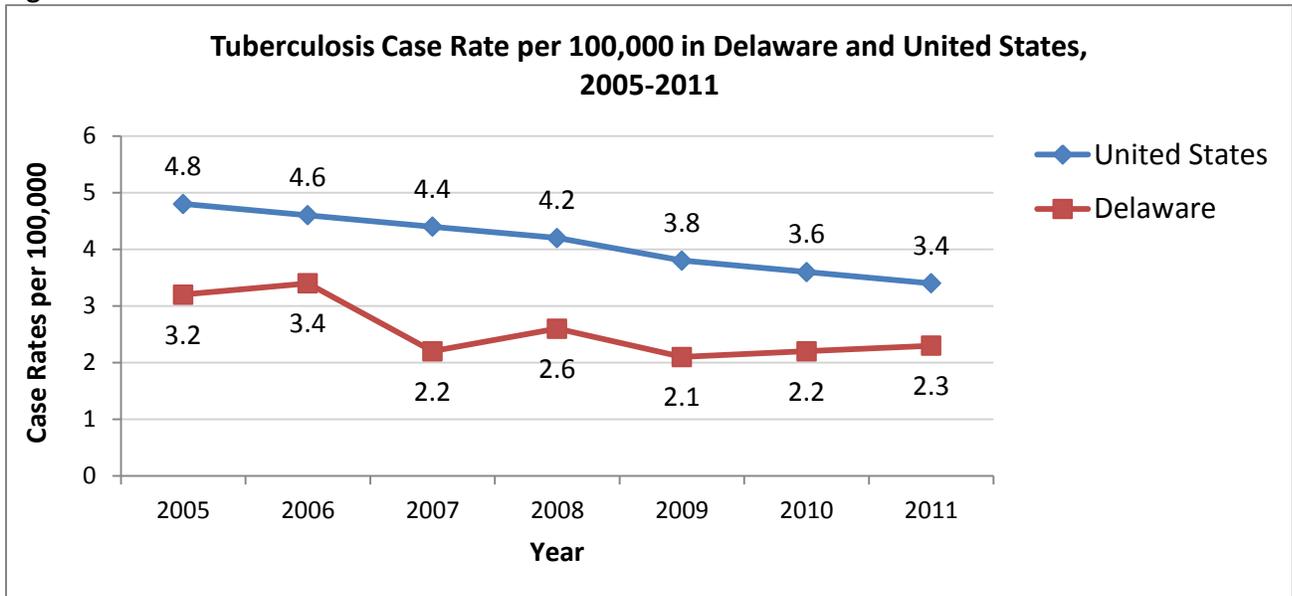
- While HIV/AIDS disproportionately affects males, the incidence of women infected with the disease has increased. In 1995-99, 29 percent of the cases were women, and in 2005-09, 33 percent of the cases were women.
- Sixty-six percent of total HIV/AIDS cases in Delaware are Black even though Blacks only account for 21 percent of the state's population. Hispanics account for 6 percent of the HIV/AIDS population as well as approximately 5 percent of the state population.
- In Delaware, Black males account for 57 percent of all males living with HIV (non AIDS) which is significantly higher than 41 percent in the United States.
- The majority (69 percent) 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:



Source: Delaware Division of Public Health, Delaware Health Statistics; <http://dhss.delaware.gov/dhss/dph/epi/tbdata2002.html>; website accessed 2012.

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

J.3. Sexually Transmitted Diseases

Syphilis – According to the CDC, in 2009, 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. Delaware had the 20th highest syphilis rate out of 50 states. The rate among males in Delaware was 3.8, and for females the rate was 2.4. The highest rate in 2009 was among Blacks 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 cases per 100,000, which is much higher than the national rate of 422.6 cases. 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, a 15 percent increase.

Gonorrhea – Delaware’s rate of Gonorrhea in 2010 was 114.1 cases per 100,000. This rate is higher than the national Gonorrhea rate of 99.6 cases. 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.