HEALTH TRENDS



HEALTH FUND MEETING SEPTEMBER 19, 2024

Helen Arthur
HPDP Section Chief, Division of Public Health
Department of Health and Social Services

Behavioral Risk Factor Surveillance System



COSTS OF THE DELAWARE BRFSS

- Current sample target 4000 surveys per year (CDC minimum)
- Current costs to administer the BRFS each year is @ \$758,360/year
- Average amount of funding provided by CDC is \$450,000.00/year

Current cost to administer survey \$758,360

Less funding provided by CDC -<u>\$450,000</u>

Supplemental funding needed \$308,360

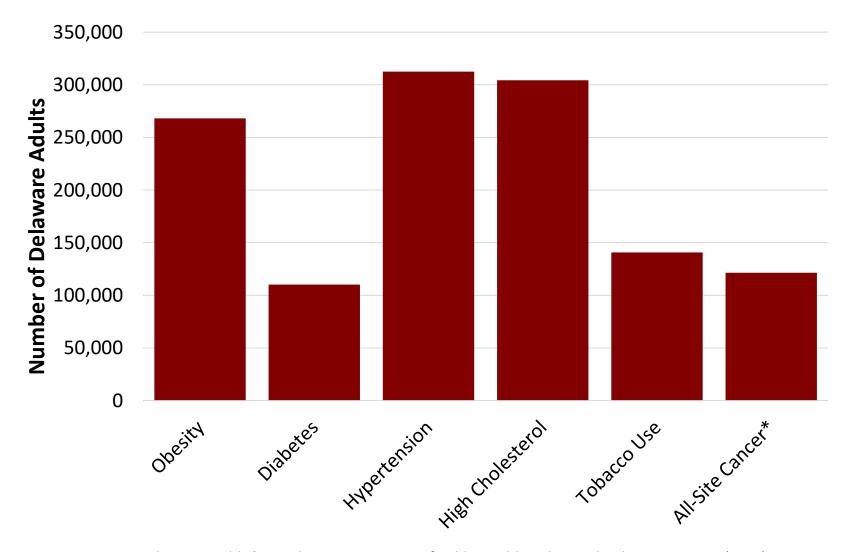


BRFS ADMINISTRATION IN DELAWARE

- Current target sample is 4000 (annually).
- Survey administration is contracted and conducted by a third-party vendor.
- Interview sampling method:
 - Cellphone 75%
 - Landline 25%
- CDC provides states a randomly selected monthly sample of survey participants.
- Survey participants are not compensated
- Participation is voluntary.

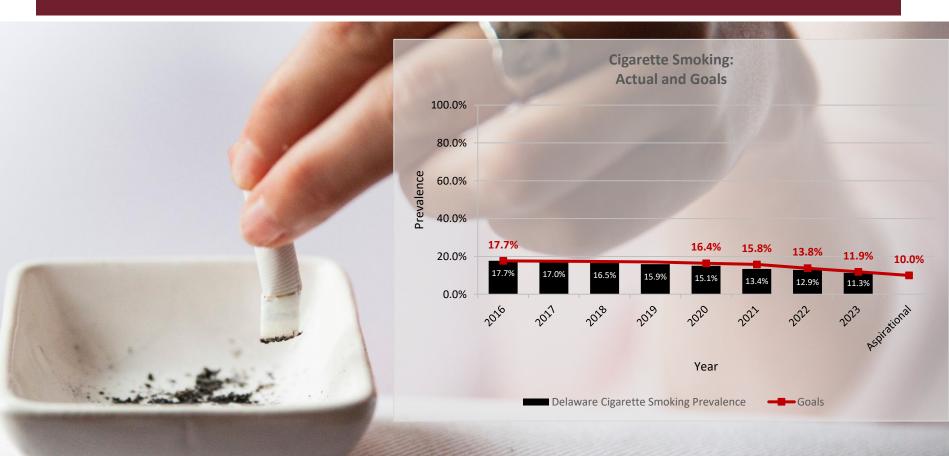


Number of Delaware Adults by Selected Chronic Disease



Chronic Diseases Data Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2023 *Cancer Data Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Cancer Registry, 2023

QUALITY BENCHMARK FOR TOBACCO USE



Data Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2016-2022

Division of Public Health, Tobacco Prevention Program









11.3%

of adults smoke cigarettes 18.5%

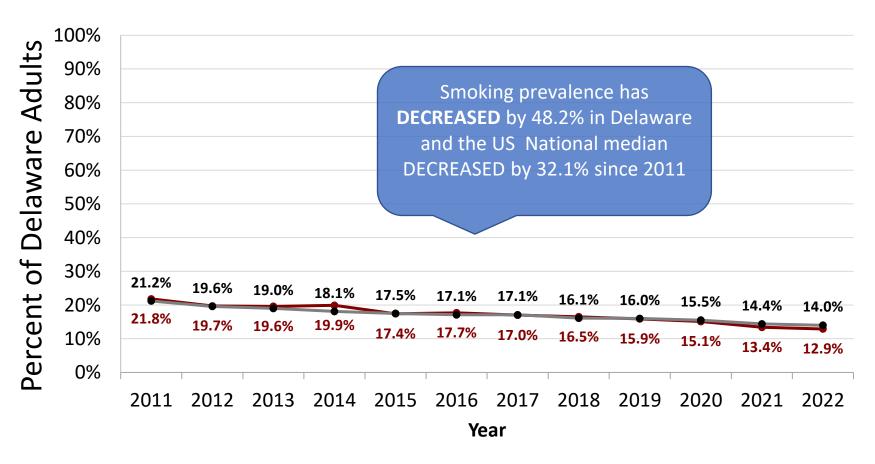
of high school youth currently use any tobacco product

1,400

adults die from smokingrelated illnesses each year \$300B

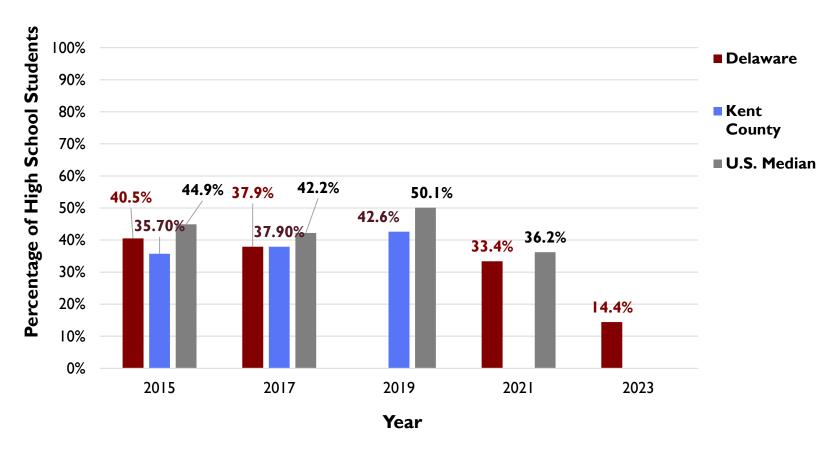
was spent
on
healthcare
due to
smoking
annually

Delaware Adult Cigarette Smoking Prevalence, 2011-2022



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011-2023

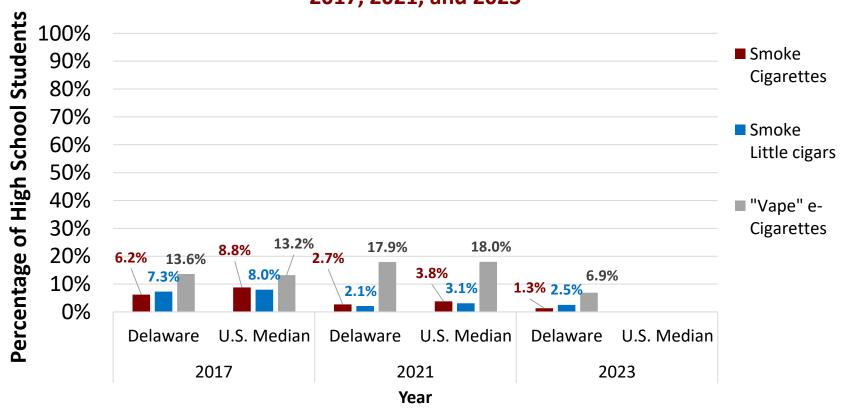
Percentage High School Students who EVER Used Electronic Vapor Products, Kent County, Delaware, and U.S., 2015-2023



Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 2015 - 2023

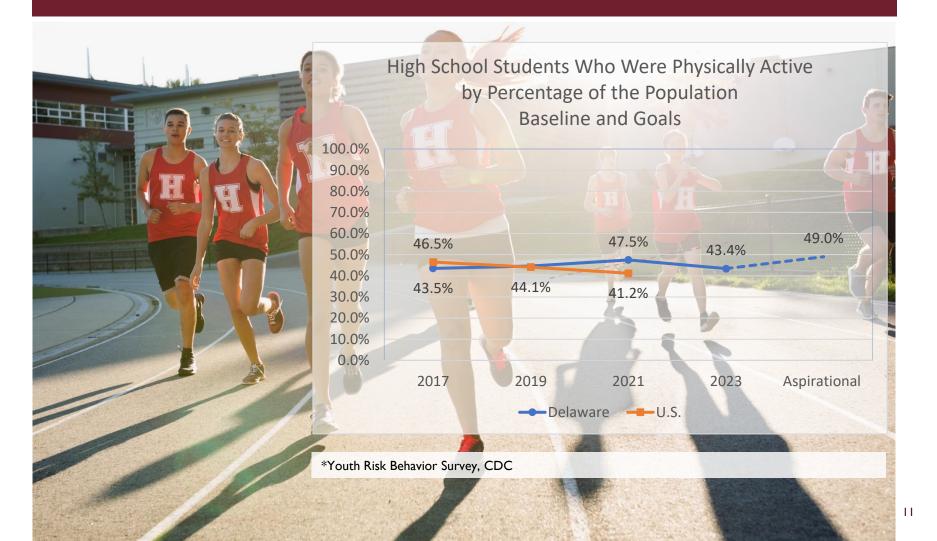
Note: Delaware statewide prevalence not available in 2019. Kent County prevalence not available in 2021 or 2023. U.S. Median has not been published for 2023.

Percentage of High School Students who Currently Use Different Tobacco Products, Delaware and U.S. National Median, 2017, 2021, and 2023

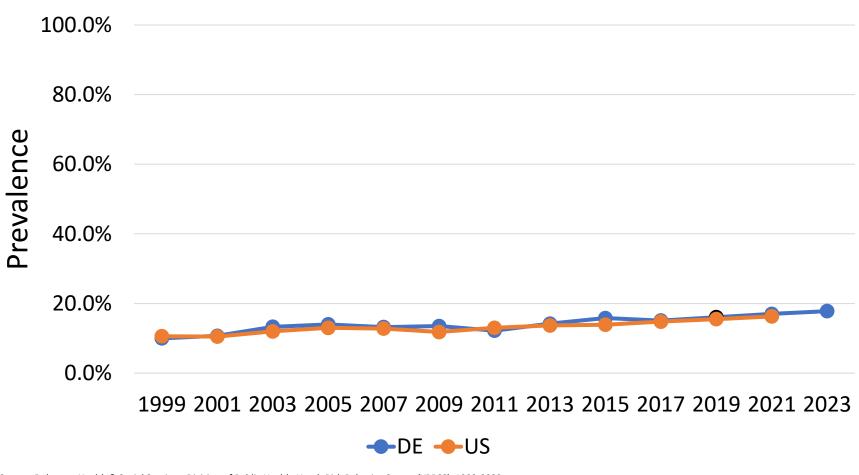




QUALITY BENCHMARK FOR HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE



High School Students who were Obese, DE and US, 1999-2023











39.7%

of Delaware
adults
consume
fruit less
than once
per day

20.5%

of Delaware
adults
consume
vegetables
less than
once per
day

11.5%

of
Delaware
households
were food
insecure

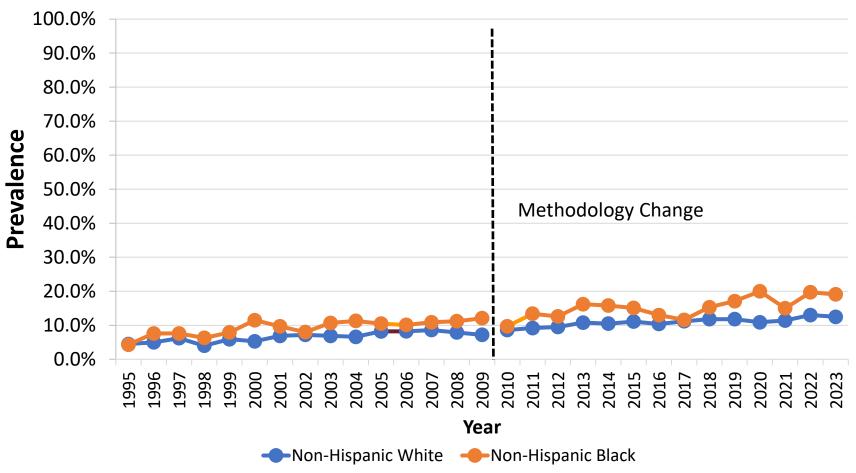
42%

of
Delaware's
population
has low
food access

CHRONIC DISEASES



Prevalence of Delaware Adults Diagnosed with Diabetes by Race, 2000-2023



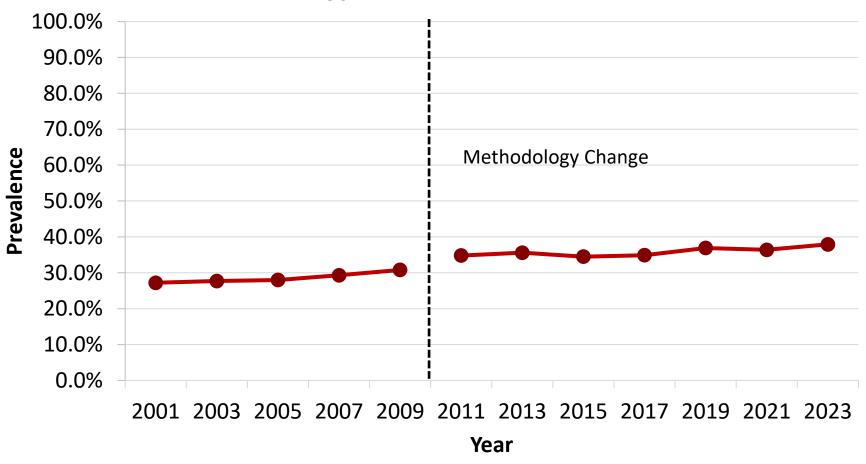
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1995-2023

DIABETES BY OBESITY/OVERWEIGHT

- Obesity: 20 percent of obese Delaware adults have diabetes, compared to 6.2 percent of normal weight Delaware adults.
- Overweight: 13.3 percent of overweight Delaware adults have diabetes, compared to 6.2 percent of normal weight Delaware adults.



Prevalence of Delaware Adults Diagnosed with Hypertension, 2001-2023



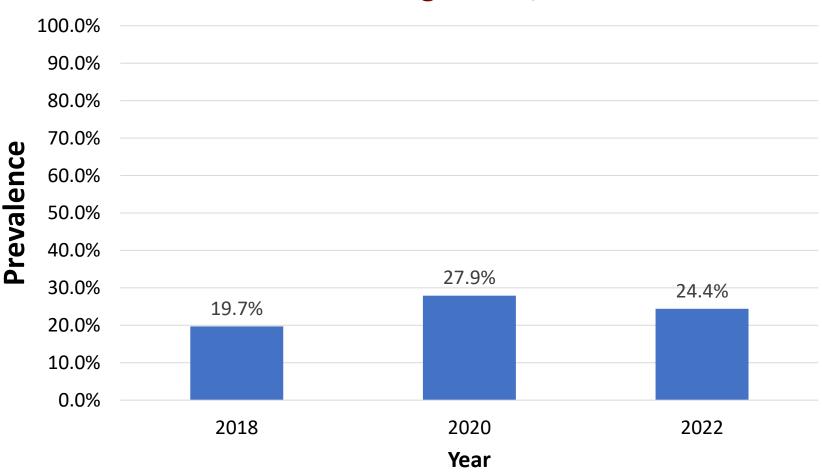
COVID-19 AND CHRONIC DISEASE

- Linked to increased severe illness and negative outcomes:
 - OBESITY
 - PREDIABETES
 - DIABETES
 - HYPERTENSION
- COVID-19 Illness is also linked to new onset diabetes
 - Could affect diabetes prevalence estimates in the upcoming years

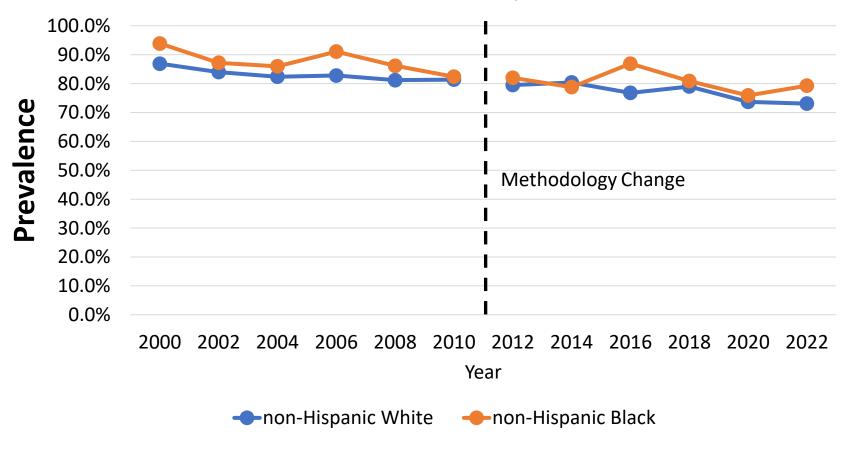
CANCER SCREENING

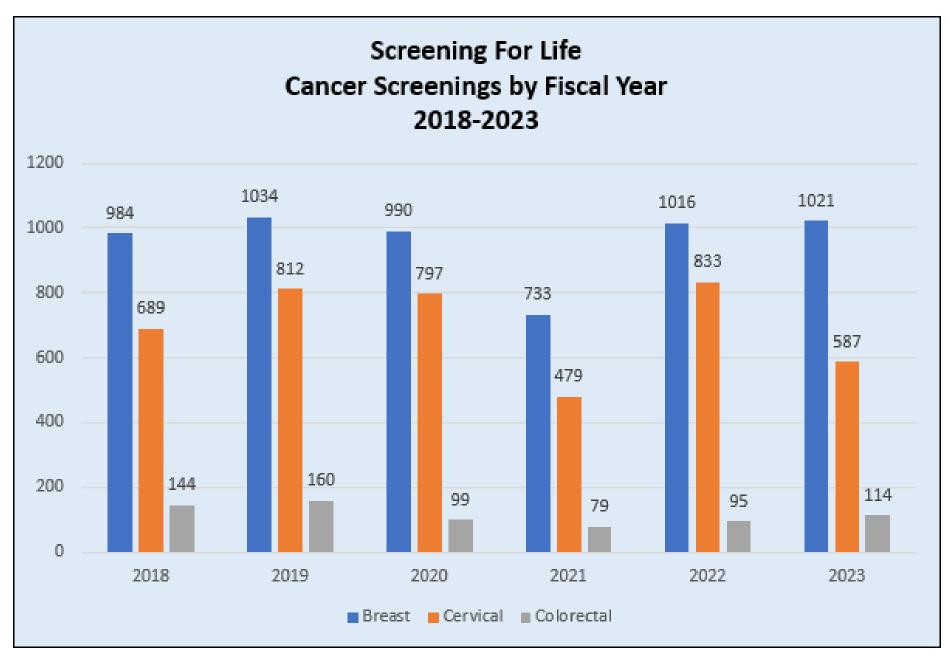


Prevalence of Eligible Delaware Adults Who Have Been Screened for Lung Cancer, 2018-2022

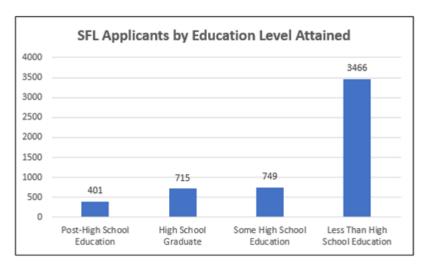


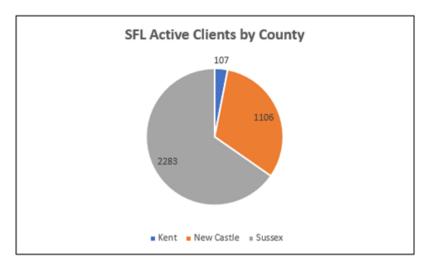
Prevalence of Delaware Women ages 40 and Older Who Have Received a Mammogram Within the Past Two Years, 2000-2022

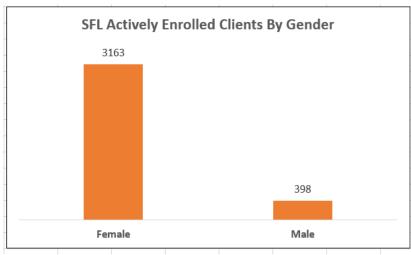


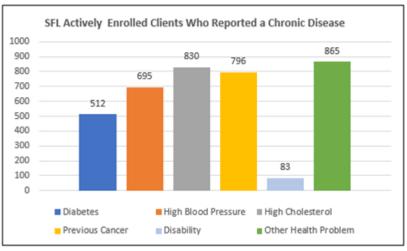


Screening for life (SFL) Demographics June 2023 to July 2024

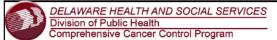








Cancer DISPARITIES, 2016-2020



October 2023

Delaware Cancer Mortality Rates per 100,000 population by site and race, 2016-2020											
Non-Hispanic White				Non-Hispanic Black				Hispanic			
Cancer Site	DE Rate (Both Sexes)	U.S. Rate (Both Sexes)	DE Cases (2016-2020)	Cancer Site	DE Rate (Both Sexes)	U.S. Rate (Both Sexes)	DE Cases (2016-2020)	Cancer Site	DE Rate (Both Sexes)	U.S. Rate (Both Sexes)	DE Cases (2016-2020)
All Sites	158.9	154.3	8,186	All Sites	171.7	174.7	1,842	All Sites	110.0	108.2	242
Lung and Bronchus Female Breast ♀	40.5 20.3	38.0 19.7	2,158 542	Lung and Bronchus Prostate of	37.1 32.6	37.2 37.5	403 127	Lung and Bronchus Liver/Intrahepatic Bile Duct	18.1 9.5	15.4 9.2	38 24
Prostate o	15.7	17.8	355	Female Breast ♀	26.8	27.6	163	Colon and Rectum	8.1	10.7	20
Colon and Rectum Pancreas	12,8 11.8	13.1 11.2	637 629	Pancreas Colon and Rectum	15.8 14.9	13.6 17.6	168 158	Stomach Prostate o	7,7 	4.8 15.3	19
Leukemia	6.5	6.4	338	Liver/Intrahepatic Bile Duct	9.6	8.3	114	Non-Hodgkin Lymphoma		4.5	
Ovary ♀	6.2	6.7	173	Uterus ♀	8.2	9.1	53	Pancreas		8.8	
Liver/Intrahepatic Bile Duct	6.0	5.9	318	Myeloma	6.0	5.9	61	Leukemia		4.3	
Urinary Bladder	5.6	4.6	296	Ovary ♀	5.8	5.7	40	Myeloma		2.6	
Non-Hodgkin Lymphoma	5.5	5.4	282	Leukemia	4.9	5.2	51	Female Breast ♀		13.7	
Uterus ♀	4.9	4.6	142	Stomach	4.6	5.0	48	Kidney and Renal Pelvis		3.3	
Brain/Nervous System	4.7	5.1	216	Urinary Bladder	4.4	3.4	43	Oral Cavity and Pharynx		1.5	
Esophagus	4.5	4.3	231	Non-Hodgkin Lymphoma	3.9	3.9	41	Urinary Bladder		2.3	
Kidney and Renal Pelvis	3.7	3.6	190	Kidney and Renal Pelvis	3.6	3.4	39	Brain/Nervous System		3.1	
Melanoma of the Skin	3.3	2.7	157	Brain/Nervous System	2.7	2.8	31	Esophagus		1.9	
Myeloma	3.2	2.9	163	Oral Cavity and Pharynx	2.4	2.5	28	Uterus ♀		4.3	
Stomach	2.8	2.1	132	Esophagus	2.3	2.9	27	Larynx		0.6	
Oral Cavity and Pharynx	2.4	2.7	127	Cervix ♀	2.8	3.3	17	Ovary ♀		4.9	
Larynx	1.2	0.9	62	Larynx	1.6	1.5	18	Hodgkin Lymphoma		0.3	
Cervix ♀	2.3	2.0	49	Thyroid		0.5		Cervix ♀		2.5	
Thyroid	0.5	0.5	26	Melanoma of the Skin		0.3		Melanoma of the Skin		0.6	
Hodgkin Lymphoma		0.3		Testis ♂		0.2		Testis o'		0.3	

Technical Notes: Rates are per 100,000 population and are age-adjusted to the 2000 U.S. standard population (19 age groups – Census P25–1130) and exclude basal cell and squamous cell skin cancers. Mortality data were coded using the International Classification of Disease Tenth Revision (ICD-10) coding system and were grouped into the same cancer sites used for cancer incidence reporting for consistency (https://seer.cancer.gov/codrecode/1969_d03012018/index.html). Delaware deaths include Delaware residents only at the time of death. Delaware rates are referenced as DE and U.S. references the United States.

0.2

Thyroid

Testis &

Sources: Delaware: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2023

United States: Surveillance, Epidemiology, and End Results (SEER) Program, SEER*Stat Database: Mortality - All Cause of Death, Aggregated With State, Total U.S. (1990-2020), June 2022

Hodgkin Lymphoma

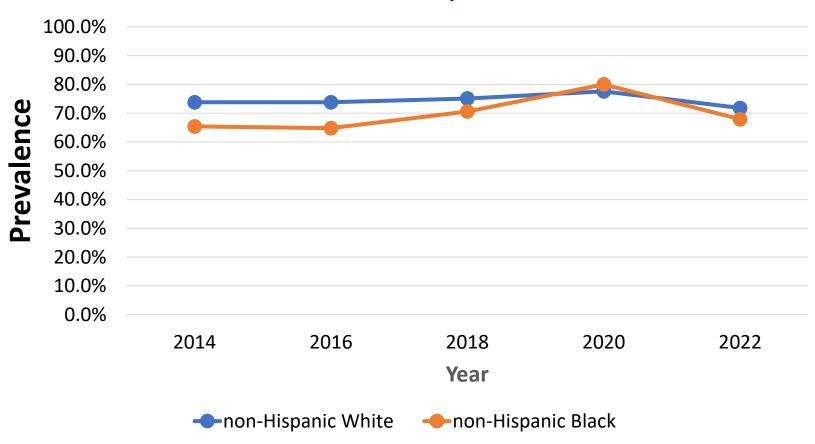
0.3

of Rate includes only males.

[♀] Rate includes only females.

⁻⁻ Rates based on fewer than 16 deaths are not individually calculated.

Prevalence of Delaware Adults by Race Who Have Met the USPSTF Colorectal Cancer Screening Recommendations, 2014-2022



ESTIMATED ECONOMIC COSTS OF CANCER

- According to the National Institutes of Health, the projected National total cost of cancer care in 2030:
 - \$245 Billion
 - 30% increase from 2015
 - Lung Cancer, Prostate Cancer and Breast Cancer estimated to have the largest expenditures.
 - Thyroid cancer, melamona, kidney cancer are projected to increase by at least 50% between 2019 and 2030.



Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020 [published correction appears in J Natl Cancer Inst. 2011 Apr 20;103(8):699]. J Natl Cancer Inst. 2011;103(2):117-128. doi:10.1093/jnci/djq495