



State Health Needs Assessment

Delaware, 2017



Prepared by:
The Delaware
Public Health Institute

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STATE OF DELAWARE 2017 STATE HEALTH NEEDS ASSESSMENT

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Copies of this report will be made available on the DPHI (delawarephi.org/resources) and DPH (dhss.delaware.gov/dhss/dph) websites. For more information and/or specific questions about the report, refer to the contact information provided below:
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I. EXECUTIVE SUMMARY

This report, commissioned by the Division of Public Health (DPH), details the results of an assessment of the health needs of residents of the state of Delaware. The Delaware Public Health Institute (DPHI), a private, non-profit public health organization, conducted the needs assessment from April to November 2016 to identify local and statewide trends for the identification and prioritization of strategies that address critical health needs. Specifically, this report will assist in the revision of Delaware's *State Health Improvement Plan (DE SHIP)*.

The DE SHIP was created to provide an ongoing, systematic, coordinated, quality improvement process in the state. To accomplish this goal, the DE SHIP utilizes a collaborative planning process bolstered by a strategic planning framework that incorporates the perspectives of stakeholders, resources, accountability, structure, and direction. The nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) process, developed by the National Association of County and City Health Officials, was selected to guide the initiative.

METHODS

Data were collected through a series of four assessments in accordance with the MAPP framework. The four MAPP assessments and their sources are as follows:

- The **Forces of Change Assessment** collected information on the external factors, trends, and events that affect the health of Delaware residents and Delaware's public health system. The sources of information analyzed for this assessment include a brainstorming activity at a semi-annual event (April 2016) and a follow-up online survey of 40 SHIP coalition members.
 - The **Local Public Health System Assessment** collected information on the components, activities, competencies, and capacities of Delaware's public health system as well as how essential public health services are being provided in communities throughout the state. The sources of information analyzed for this assessment include key informant telephone interviews with 16 leaders in the community.
 - The **Community Themes and Strengths Assessment** collected information on community issues and concerns, and perceptions about quality of life. The sources of information analyzed for this assessment include two community meetings in northern and southern Delaware of 24 residents and public service professionals.
 - The **Community Health Status Assessment** compiled information on current health status in Delaware based on specific, evidence-based measures. The data sources compiled for this assessment include DPHI's Community Health Data Base, 2015 Delaware Household Health Survey; Nemours' 2014 Delaware Survey of Children's Health (DSCH); the 2010-2014 American Community Survey; and Delaware vital statistics on births and deaths (2009-2013).
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Data in this report are presented at the state and county levels, as well as seven smaller areas of analysis. These seven regions are based on key demographic differences that shape health outcomes that are more accurately understood at the local level. In addition, national benchmarks (ex. Healthy People 2020) for critical health measures for comparison are included whenever possible. For region definitions, see Appendix A.

KEY FINDINGS

All results were compiled and analyzed collectively to paint a complete picture of Delaware's health. This comprehensive process yielded the following four top-level priority areas of focus:

1. CHRONIC DISEASE, specifically, heart disease, diabetes, and asthma
2. MATERNAL AND CHILD HEALTH, specifically: teen pregnancy, premature births, and low birth weight
3. SUBSTANCE USE/MISUSE, specifically: the opioid epidemic, accidental overdose, and smoking/e-cigarette use
4. MENTAL HEALTH, specifically: mental health diagnoses (especially in youth), suicide/suicidal ideations, and impact of trauma.

See Section IX of this report for detailed key findings and supportive analysis.

RECOMMENDATIONS

The following recommendations are based on an analysis and extraction of key aspects of the data and subsequent strategic planning of the ship revision committee. Policy - system - environmental approach to all goals

- Use a "health in all policies" approach.
- Use a social marketing approach.
- Address social determinants of health.

1. CHRONIC DISEASE

Given the scope of the problem, chronic disease needs to be addressed on a statewide scale. However, the mode of intervention can be targeted at the community level based on the risk factors specific to those populations. Adults in Dover and the Surrounding Area, and the Remainder of Sussex County should explore targeted interventions around healthy diet, and specifically, sugar-sweetened beverage consumption, to reduce high rates of diabetes and obesity. Increasing access to recreational spaces in Kent and Sussex counties for physical activity is a recommended focus to reduce chronic disease in these areas. Residents in Center City Wilmington, specifically youth, could benefit from more safe havens to run and play through the enhancement of existing outdoor spaces.

- Reduce obesity to reduce heart disease, hypertension, and diabetes by promoting healthy diet and exercise.
-

- Reduce lung disease – asthma, lung cancer, and Chronic Obstructive Pulmonary Disorder (COPD).
- Increase access to healthy foods to reduce heart disease, hypertension, and diabetes.
- Improve the built environment to promote walking, biking, etc.
- Increase access to community health workers and care coordination to improve chronic disease outcomes.
- Promote access to remote patient monitoring for patients with chronic conditions.
- Increase focused efforts to make “the healthy choice the easy choice.”
 - Review existing policies (multi-level) –Sugar sweetened beverage tax, policies, and agriculture subsidies.
 - DPH should review language in contracts to push culture, such as all contracts requiring vendors to provide healthy eating options.
- Increase access to dental care by increasing the number of Medicaid dental providers
- Increase access to primary care by increasing the number of primary care physicians.

2. MATERNAL AND CHILD HEALTH

Efforts to address maternal and child health concerns should be targeted to teens and adolescents in Center City Wilmington, as well as Dover and the Surrounding Area, and the Remainder of Sussex County to the west of the Beaches region. Education and cost of care are recommended areas of focus in Center City Wilmington and Dover and the Surrounding Area; the Remainder of Sussex County would benefit from increased access to preventive services.

- Embed education in school settings for girls and boys for preconception and interconception care by:
 - Influencing school boards, the Department of Education, and others that create curriculum for middle and high schools.
 - Including parenting as part of health education in schools.
 - Adopting graduated levels for education in schools.

3. SUBSTANCE USE DISORDERS

A statewide effort is needed to address substance use disorder. Specifically, increasing substance use disorder treatment programs and resources should be a priority in all areas of the state. Prescription monitoring and proper disposal of unused prescription medications could be an area of interest in Sussex County, given widespread prescription drug coverage and overdose rates, particularly in the Northeast and Southeast Beaches region. New Castle and Kent Counties could benefit from a focus on early detection and supportive resources for persons

struggling with addiction and their loved ones, given the high rate of adults with a current substance use disorder having a household/family history of addiction.

- Reduce tobacco and tobacco substitute use.
- Reduce substance use.
 - Implement statewide public media campaign to address substance use stigma.
 - Work with Healthy Neighborhoods to incorporate community-based solutions to substance use, particularly the opioid epidemic.
 - Provide universal education for any practitioners in the field around identification of substance use disorder and trauma-informed care.

4. MENTAL HEALTH

High rates of suicide and suicidal/self-harm thoughts exist with low rates of mental health diagnoses across the state. This is a testament to the need for improved mental health screening, detection, and early intervention in order to identify the risk factors for suicide and reduce violent death rates.

Trauma across the lifespan, including violence, is a key influence on emotional health and well-being that can be targeted based on the community profile. For example, homicide and the collapse of the family unit should be explored further in the City of Wilmington as it relates to mental health, while victims of abuse and neglect should be a priority in the Dover and the Surrounding Area. Exposure to volatile household environments is a key issue in the Remainder of Kent County.

- Improve access to behavioral/mental health services.
 - Provide every school with a trained mental health provider (i.e. behavioral health consultants etc.)
 - Increase pay for mental health providers to alleviate shortages.
 - Expand access to mental health services by increasing number of mental health providers.

See Section IX of this report for detailed conclusions and recommendations.

II. INTRODUCTION

The mission of the Delaware SHIP is to continually address core health issues in the state of Delaware through a collaborative network of stakeholders dedicated to shared visions for the improvement of population health.

PURPOSE

The 2017 *State Health Needs Assessment (SHNA)* summarizes the results of an assessment of the health status and unmet health care needs of Delaware residents. The purpose of the needs assessment is to identify and prioritize community health needs so the state can develop strategies and implementation plans that benefit the public, and assist in revising Delaware's *State Health Improvement Plan (DE SHIP)*. The Delaware Public Health Institute (DPHI), a private non-profit public health agency, conducted the needs assessment. This Introduction includes:

- The SHIP process and framework
- A description of the previous health assessment
- A definition of the community assessed in the report.

SHIP PROCESS AND FRAMEWORK

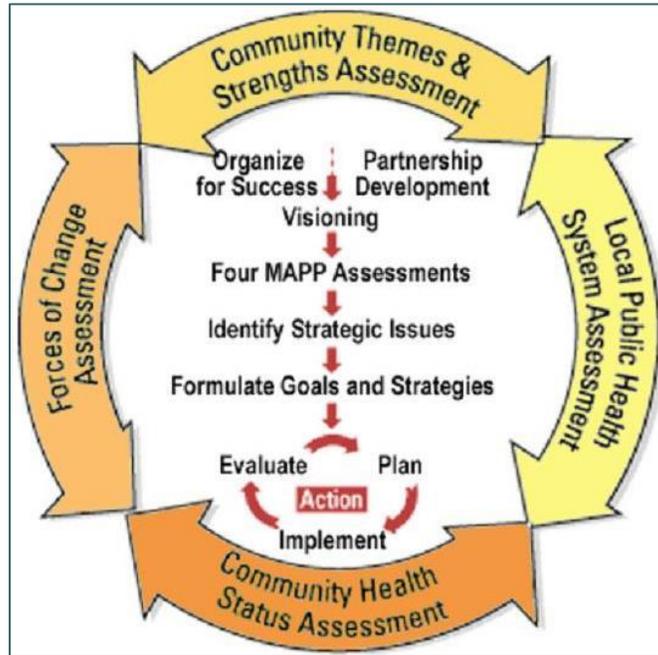
The goal of Delaware's first *State Health Improvement Plan (DE SHIP)* was to provide an ongoing, systematic, coordinated, quality improvement process in the state. To accomplish this goal, the DE SHIP utilizes a collaborative planning process bolstered by a strategic planning framework that incorporates the perspectives, resources, accountability, structure and direction of the process.

The nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) process, developed by the National Association of County and City Health Officials, was selected to guide the initiative (Figure 1). Inherent in the MAPP process is the integral role of state stakeholders in conceptualizing the plan and selecting its action goals.

The MAPP framework divides the health improvement process into six phases which align with deliverables for the Delaware SHIP (Table 1).

Each phase builds on the information gathered in the previous phases. The three steps of Plan, Implement, and Evaluate can be performed repeatedly in a continuous quality improvement model.

Figure1. The MAPP Process



Source: National Association of County & City Health Officials.

Table1. SHIP Deliverables and Corresponding MAPP Phases

SHIP DELIVERABLES	MAPP PHASES
Community Health Assessment	1. Organizing
	2. Visioning
Community Health Profile	3. MAPP Assessments
Community Health Improvement Plan	4. Strategic Issues
	5. Goals/ Strategies
	6. Action Cycle

Source: National Association of County & City Health Officials and the Delaware Public Health Institute.

PREVIOUS HEALTH ASSESSMENT

The process of developing the first statewide SHIP began in 2011-2012. The process was to assess the health status of Delawareans in a systematic, organized, and collaborative manner and increase coordination and communication across organizational silos, while addressing core issues identified for action by the community.

DPH contracted with APS Healthcare to provide services that included data collection and analysis, report preparation, materials development, group facilitation, and planning. DPH invited the participation and input of stakeholders with a wide range of health-related expertise and from each of the three Delaware counties. Stakeholder input was gathered through meetings and periodically through online surveys, and was captured in the SHIP vision statement and in a series of three assessments. The assessments integrated information from stakeholder perceptions and multiple outside sources on health and quality of life in Delaware; risky behaviors and assets of healthy communities; key health indicators; and external factors and events that contribute to the health of Delawareans.

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 CDC's Behavioral Risk Factor Surveillance Survey (BRFSS). Together, this information provided qualitative and quantitative data that served as the basis for identifying strategic issues and, ultimately, to two goals to focus the first-round action plan:

- To ensure an infrastructure necessary to increase the adoption of healthy eating and active living
- To improve access to mental health and substance abuse services and supports, including prevention, early intervention, and treatment, for all Delawareans.

The SHIP Coalition made progress in key areas during the implementation of the strategic action plans. The action plans meet a set of prioritized needs identified in the 2012 report. (For details, visit the SHIP resources webpage at www.delawarephi.org).

These prioritized needs are:

- Sustainable chronic disease prevention
- Health resource availability
- Education and health workforce training
- Mental and behavioral health supports
- Collaboration across multiple health care sectors.

This current Delaware health assessment builds upon these previously identified needs and priorities using more recent data from many of the same aforementioned sources and additional local and statewide sources. Planning for the next round of SHIP began in early 2017, using these findings to revise goals and strategies.

COMMUNITY DEFINITION

The community for purposes of this needs assessment is defined as the residents of the three-county state of Delaware (Pop. 917,060).

Delaware includes all communities within New Castle, Kent, and Sussex counties. Specific regions are highlighted and titled based on their unique demographic profiles.

- Within New Castle County:
 - Center City Wilmington
 - Remaining Greater Wilmington Area
 - Remaining New Castle County.
- Within Kent County:
 - Dover and the Surrounding Area
 - Remaining Kent County.
- Within Sussex County:
 - Northeast and Southeast Beaches (coastal communities)
 - Remaining Sussex County.

The seven new ZIP Code-based regions are residential areas within the counties. Four ZIP Codes (19938, 19950, 19963 and 19977) cross county borders in a non-trivial manner (i.e. not over 99% of the population resides in one county according to the U.S. Census). Therefore, each of those four ZIP Codes appears in the definition of two ZIP Code-based regions. Survey respondents and birth and death certificate cases within these ZIP Codes were assigned a region based on county of residence.

Delaware Region	ZIP Code Definition
Center City Wilmington/Wilmington City	19801, 19802, 19805, 19806, 19880, 19899
Remainder of/ Remaining Greater Wilmington Area (GWA)	19703, 19707, 19710, 19735, 19736, 19803, 19804, 19807, 19808, 19809, 19810, 19850
Remainder of/ Remaining New Castle County	19701, 19702, 19706, 19708, 19709, 19711, 19713, 19714, 19715, 19716, 19717, 19720, 19730, 19731, 19733, 19734, 19938, 19977
Dover and the Surrounding Area	19901, 19902, 19903, 19904, 19905, 19906, 19936, 19953
Remainder of/ Remaining Kent County	19934, 19938, 19943, 19946, 19950, 19952, 19954, 19955, 19961, 19962, 19963, 19964, 19977, 19979, 19980
Northeast (NE) and Southeast (SE) Beaches	19930, 19939, 19944, 19945, 19951, 19958, 19966, 19967, 19969, 19970, 19971, 19975
Remainder of/ Remaining Sussex County	19931, 19933, 19940, 19941, 19947, 19950, 19956, 19960, 19963, 19968, 19973

Source: Delaware Public Health Institute, 2017.

III. OVERVIEW OF ASSESSMENT PROCESS AND METHODOLOGY

A community or state health improvement plan is critical for developing policies and defining actions to target efforts that promote health. To ensure the goals and strategies within the plan are aligned with the ever-changing health landscape in our state and our communities, an assessment and revision plan was developed and approved by the SHIP subcommittee in May 2015. These plans detail a continual, long-term, systematic effort to address public health problems on the basis of a state health assessment and a state health improvement process.

Consistent with the three-year timeline, Phases 1 and 2 began in early 2016, when 15 coalition members began discussing a new vision of health for Delaware. Following the completion of a visioning questionnaire, brainstorming exercise, and follow-up discussion, the group devised a draft vision statement that reflected common values which was shared with the entire coalition for additional comments and feedback. The new SHIP vision statement was finalized in April 2016, and serves as an instrumental component of the planning, strategizing, and implementation of the revised SHIP.

VISION STATEMENT

“An integrated culture of health in which holistic wellness is collectively valued, promoted, and prioritized across sectors, systems, and services in a manner that fosters equitable opportunities for health for all Delawareans, leading to improved health outcomes.”

During Phase 3 of the MAPP process, DPHI focused efforts on the assessment process which consisted of five steps:

1. Defining the community
2. Identifying existing primary and secondary data and data needs
3. Collecting primary and secondary data
4. Analyzing data
5. Preparing a written narrative report.

DPHI conducted four assessments from April to November 2016, obtaining both primary and secondary and quantitative and qualitative data in accordance with the MAPP framework. The results, analyzed and combined for this report, are:

1. The Forces of Change Assessment
2. Local Public Health System Assessment
3. Community Themes and Strengths Assessment
4. Community Health Status Assessment

Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results which are consistent across more than one data source. See Appendix K for a more detailed description of assessment methodology.

IV. MAPP ASSESSMENT FINDINGS

Forces of Change Assessment

Sections IV through VII include qualitative and quantitative data findings collected for four individual MAPP assessments. However, based on limitations associated with drawing conclusions from any singular source of information, data from all sources should be looked at comprehensively to ensure implications are based on a complete understanding of the needs.

The Forces of Change Assessment identifies the external factors, trends, and events that affect the health of Delaware residents and the Delaware public health system. In this assessment, seven categories of forces – economic, environmental, ethical, legal/political, scientific, social, and technological – were examined to comprehensively answer the following questions:

- (1) What is occurring or might occur that affects the health of our community or the local public health system?
- (2) What specific threats and/or opportunities are generated by these occurrences?

Forty stakeholders consisting of SHIP coalition and community members identified eight categories of forces that influence Delaware's health system and community health. Each participant was asked to indicate their top three forces from the original list of 27. Table 2 details the forces deemed the most influential and prominent forces in Delaware. See Appendix L for a more detailed description of these findings.

Table 2. The Top Forces of Change and Associated Threats and Opportunities

Forces	Threats Posed	Opportunities Created
Economic		
Generational Poverty	Racism and the prison system	Open and low-cost long acting reversible contraceptives (LARCs)
	Lack of knowledge and resources	Connect at-risk communities with resources
	Cycle of poor education, poor job prospects, and dependency	Build stronger communities
2016 Election	Lack of resources moving forward/cuts in government funding for health programs	Get universal health care back on the table
	Change in leadership	Change in leadership
Inadequate Affordable Housing	Economic recession has resulted in expensive rentals and a limited number of affordable homes being constructed	Update old housing
	Inadequate community planning; cut backs on development funds	Market housing as a health issue
	Homelessness; multiple families doubling up	[none listed]
Environmental		
Neighborhood and Community Violence	People afraid to leave the house and exercise	Build trust with law enforcement
	Lack of decent-paying jobs forces at-risk populations into an underground economy (drug-dealing)	Raise awareness of disinvestment in urban areas and the impact of trauma. Develop programs to combat violence
	Problem being addressed as a law enforcement issue ONLY rather than a long-term public health problem	Utilize CDC's predictive analytics study to help identify those at highest risk before the violence occurs
Ethical		
Health Inequity	Access to capable and culturally competent providers is limited	Coverage expansion under the Affordable Care Act (some still can't afford the deductibles)
	Focusing on the health problems rather than the root causes	Engage communities in addressing social determinants
	Health disparities: less care for minorities and the poor	Increase funding around health equity and social determinants of health

Source: DPHI Forces of Change Assessment, 2016

Table 2. The Top Forces of Change and Associated Threats and Opportunities (cont.)

Forces	Threats Posed	Opportunities Created
Legal/Political		
Politically Motivated Priorities/ Resource Allocation	People/organizations continue to be funded because of a relationship rather than efficacy	Have a blank RFP process to move away from only looking at a name
	The idea of profits ahead of people in our current political climate	Increase transparency of funding streams and provide outcome reports of various programs that have been awarded grants
	Increased health care spending; sustained improvements only possible in health care alone	Promote a "Health in All Policies" approach
Disenfranchisement from the Government/ Political System	Government not taken seriously	Build trust
	[none listed]	Work more closely with state agencies to influence policies that impact the system
Scientific		
Limited Primary Care and Mental Health Providers	Lower pay for primary care providers (MDs and NPs) discourages entry to the field; low pay for mental health workers makes it an unattractive career option	Develop investments to increase pay and provide career incentives
	Access barriers	[none listed]
Changes in the Health Care System	All practices owned by one health system (the "Walmart" of health care)	[none listed]
	Switch from grant funding to unit billing is challenging to behavioral health system	Focus on "Triple Aim:" incentives to improve coordination of care as people move about the health care 'system'
	Insufficient political will to make fundamental changes	Increase access to telemedicine
Lack of Translational Research	Best practices are not being utilized	Open a medical school in Delaware
	New and more responsive research findings don't make it into practice settings in a timely manner. This is discouraging to providers and sets us behind	Increase job opportunities for careers in translating scientific knowledge into effective programming: would be specifically helpful in less well-funded systems such as mental health and addiction
	Lack of funding	Increase outcome evaluations and sharing of the data

Source: DPHI Forces of Change Assessment, 2016

Table 2. The Top Forces of Change and Associated Threats and Opportunities (cont.)

Forces	Threats Posed	Opportunities Created
Social		
Addiction/Opioid Dependency	Substance use disorder/overdose deaths	More education, use Prescription Monitoring Program to identify high-risk prescribers
	Lack of organized, inclusive plan	Prescription Drug Action Committee
	Increased violence	[none listed]
Increased Mental Health Diagnoses in Youth	Too much anti-depressant/anxiety medication prescribed to youth	
	Young people are vulnerable to exposure to physical and psychological traumas (adversity in school, breakdown in family structure, social media and cyber bullying, urban community decay)	Invest in prevention supports in schools (first line of defense) to encourage early intervention to reduce the burden of mental health problems, build resiliency, and reduce teen suicide
	Increased cost of social services and health care	[none listed]
Aging Population	[none listed]	Engage this population as volunteers and mentors
	Burden on funding social security, and capacity needed in the health care sector	Increase engagement of retiree population as potential volunteers or part-time job holders to put value back into the economy
	Lack of assisted living/nursing homes, rise in mental health issues due to isolation	[none listed]
Increased E-Cigarette Use/"Vaping"	Lack of knowledge of harmful effects	Improve funding available for policy, education, and scientific study
	Not taxed, heavily marketed; first-time smokers using	Implement tax
Impact of Trauma Across the Lifespan	Lack of knowledge and awareness of life-long impacts of trauma	Develop trauma-informed approaches to be used in all aspects of care
	Lack of presence on the 'agenda'	Develop trauma-related interventions and programs
Poor Collaboration Between Systems	Unrealistic expectations on the education system to address social/health issues without financial support	Increase financial supports/planning to work together across multiple sectors for early intervention opportunities
Technological		
Reliance on Technology	Children increasing sedentary lifestyles and decreasing exercise	Push more health education through technology platforms
	Increased exposure to incorrect information/information bias	Extend reach of good public health messaging
	Dehumanization/ depersonalization	Use social media to engage communities and make personal connections on a larger scale

Source: DPHI Forces of Change Assessment, 2016

V. MAPP ASSESSMENT FINDINGS

Local Public Health System Assessment

The local public health system refers to all organizations and entities within the community that contribute to the public's health. The Local Public Health System Assessment answers two questions:

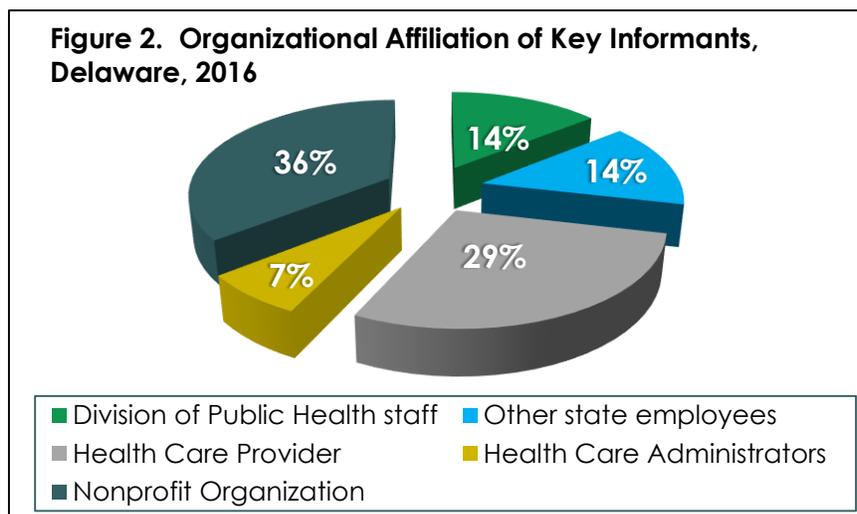
- (1) What are the components, activities, competencies, and capacities of our local public health system?
- (2) How are essential public health services being provided in our community?

The assessment instrument asks Key Informants to measure their awareness on a scale of one to five, of how well the local public health system is achieving a set of 10 essential standards. Sixteen Key Informants were recruited to respond to the assessment instrument in a structured telephone interview. (See Appendix I for the Key Informant Interview Instrument.)

Key Informants were recruited from Delaware public health officials, health care providers, health systems, behavioral health providers, funders, and advocacy organizations. Each interview conducted in September, 2016 lasted between 30 and 45 minutes. (Appendix H)

Information from the interviews was analyzed for similarities and differences in each optimal standards area, and mean scores were calculated for each of the 10 essential standards rated by the Key Informants. Figure 2 shows the organizational affiliation of the 16 Key Informants. All but one of the Key Informants represented agencies that provided statewide services.

The most common organizational affiliation was nonprofit, with more than one-third (36%) of Key Informant representation. This was closely followed by health care providers (29%). Health care administrators (7%) were the least common.



Source: DPHI Key Informant Interviews, 2016

PERFORMANCE ASSESSMENT RESULTS**OVERALL PERFORMANCE**

How aware overall are Key Informants of the 10 Essential Public Health Services (EPHS)? Table 3 shows the cumulative and mean scores that the 16 Key Informants gave to each of the 10 EPHSs. Each essential service was scored on a scale of one to five, with "1" being "not at all aware" and "5" being "very aware" (Table 3).

Table 3. Awareness Scoring for the Ten Essential Public Health Services, Delaware, 2016

		Total Score	Mean Score
1	Monitor Health Status to Identify Community Health Problems	55	3.9
2	Diagnose and Investigate Health Problems and Health Hazards	53	3.8
3	Inform, Educate, and Empower People about Health Issues	56	4.0
4	Mobilize Community Partnerships to Identify and Solve Health Problems	53	3.8
5	Develop Policies and Plans that Support Individual and Community Health Efforts	51	3.6
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	48	3.4
7	Link People to Needed Personal Health Services and Ensure the Provision of Health care when Otherwise Unavailable	56	4.0
8	Ensure a Competent Public and Personal Health care Workforce	48	3.7
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	53	3.8
10	Research for New Insights and Innovative Solutions to Health Problems	48	3.4

Source: DPHI Local Public Health System Assessment, 2016

Each EPHS score is a composite value determined by the scores given to that activity by the 16 Key Informants. These scores range from a minimum value of 48 to a maximum of 56. The mean scores for each of the 10 EPHSs represent the average score given to each EPHS by the Key Informants. These mean scores range from 3.4 to 4.0, on a scale of one to five.

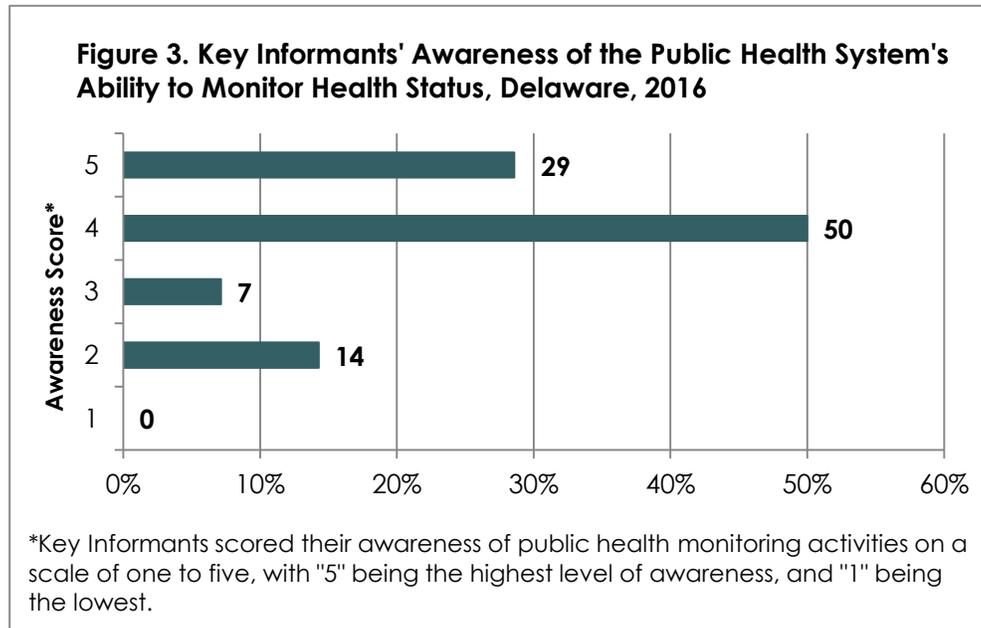
Overall, Key Informants were *most aware* that the Delaware's public health system conducted activities that inform, educate, and empower people about health issues (56, mean 4.0), as well as the public health system's work to link people to needed personal health services and to ensure the provision of health care when otherwise unavailable (56, mean 4.0).

Key Informants were *least aware* about the public health system's work in three areas:

1. Enforcing laws and regulations that protect health and ensure safety (48, 3.4)
2. Ensuring a competent public and personal health care workforce (48, 3.7)
3. Researching new insights and innovative solutions to health problems 48 (3.4).

PERFORMANCE RESULTS OF ESSENTIAL PUBLIC HEALTH SERVICES

Essential Public Health Service #1: Monitor Health Status to Identify and Solve Community Health Problems.



Source: DPHI Key Informant Interviews, 2016

The majority of Key Informants (50%) scored their awareness of public health monitoring activities as a "4" on a scale of one to five, with "5" being the highest level of awareness, and "1" being the lowest.

What works well at the state and local level to monitor health status?

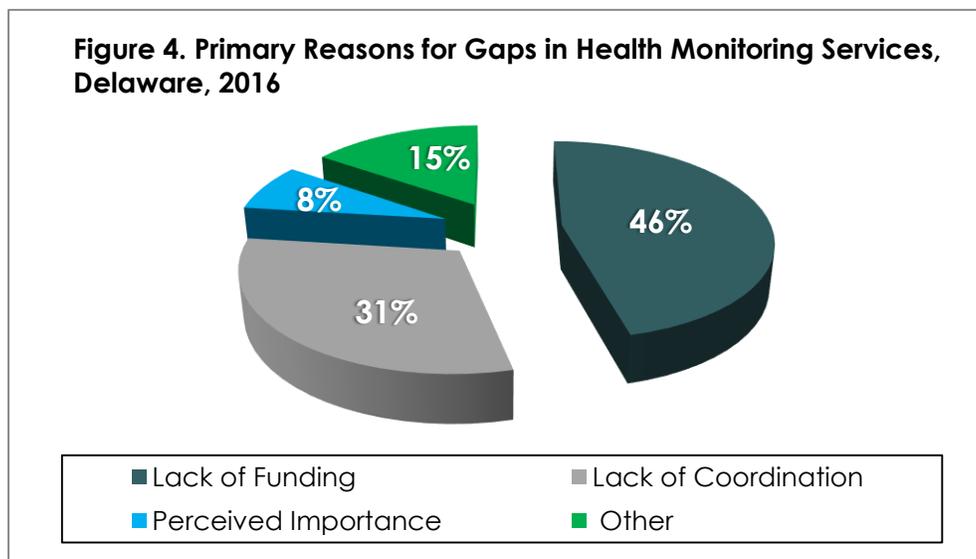
One of the 16 Key Informants pointed out that Delaware is a small state, which makes thorough community health assessments much more manageable. Another felt that there are many invested players and organizations across the state that help inform the health monitoring work of the public health system. Two Key Informants mentioned that there are strong communication networks among organizations, and that this communication ability is used to create networks of key people and services that can work together to monitor health status. In addition, health care providers in the state have access to many statewide data sets that can be used for health monitoring, such as the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), Kids Count, the Adult Tobacco Survey, the Delaware Public Institute Household Health Survey, the County Health Rankings, and the Delaware Health Tracker. These data can be compiled to identify benchmarks across time and at single points in time both statewide and locally, which is very helpful in public health monitoring and assessment. Health screenings for infectious diseases and environmental hazards also work well for monitoring public health status.

What are gaps or areas for improvement?

Although Delaware is a small state, one Key Informant remarked that integrating the different sources of information that are used for monitoring health status is not done well. In addition, another Key Informant reported that technology and information systems are not advanced sufficiently to monitor progress and identify any longitudinal improvements. A third Key Informant found it difficult to monitor needs at the local levels of geography due to lower population densities, particularly in Sussex County.

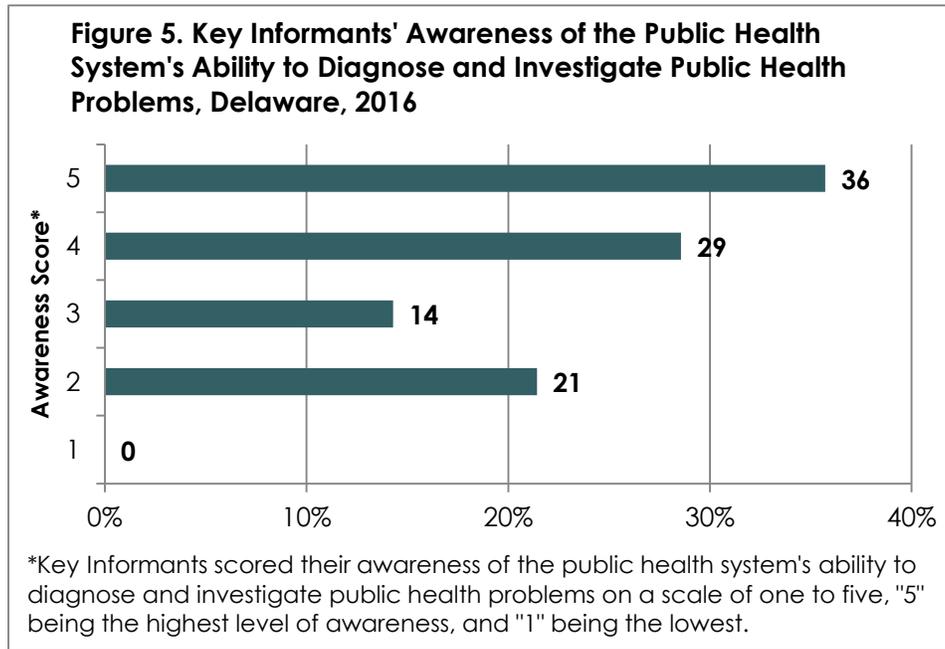
“While Delaware is small, we don’t do a good job of integrating the different sources of information or data that come from the various organizations.”

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community.



Source: DPHI Key Informant Interviews, 2016.

More than one-third of Key Informants (36%) rated their awareness of the public health system's ability to diagnose and investigate public health problems very highly, as a "5," out of a scale of one to five. An additional three in 10 (29%) scored their awareness of this aspect of the public health system as a "4."

What works well at the state and local level to diagnose and investigate public health problems and hazards?

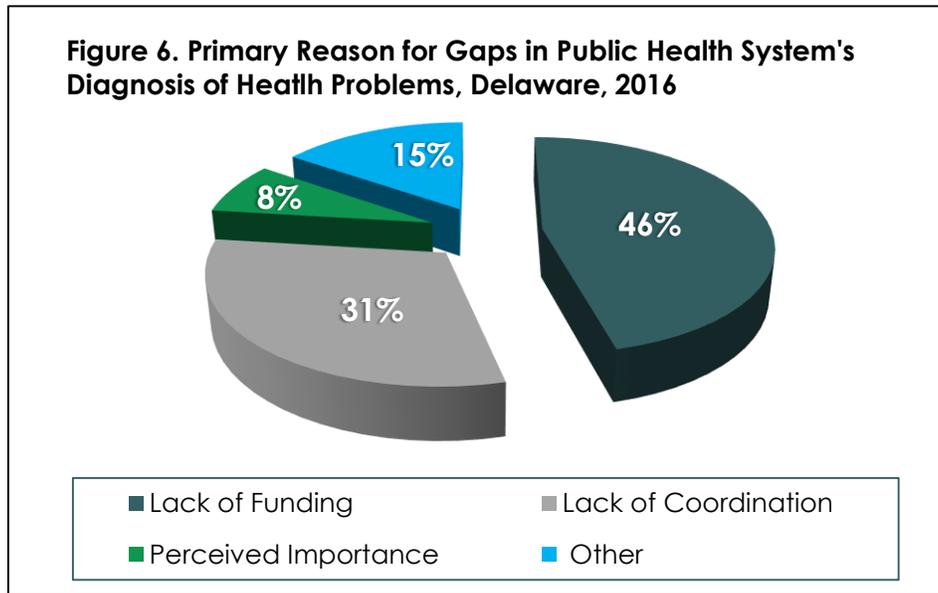
All of the Key Informants who answered this question reported that DPH does an excellent job in tracking communicable diseases, maintaining registries, and investigating foodborne illnesses and major illness epidemics. The state notification system works well in collaborating with the state laboratory. Once the problem is identified, the state addresses it in a comprehensive fashion across populations.

What are gaps or areas for improvement?

Although one Key Informant found no gaps or areas for improvement, other Key Informants found gaps or areas for improvement in the state's performance in investigating public health hazards. Two Key Informants remarked that a more centralized, comprehensive, and accessible resource listing and point of care testing are needed. Another Key Informant reported that many primary care physicians are not aware of local trends in infectious diseases, the existing resources, their duty to report, and the required standard of care. Another Key Informant stated that community and

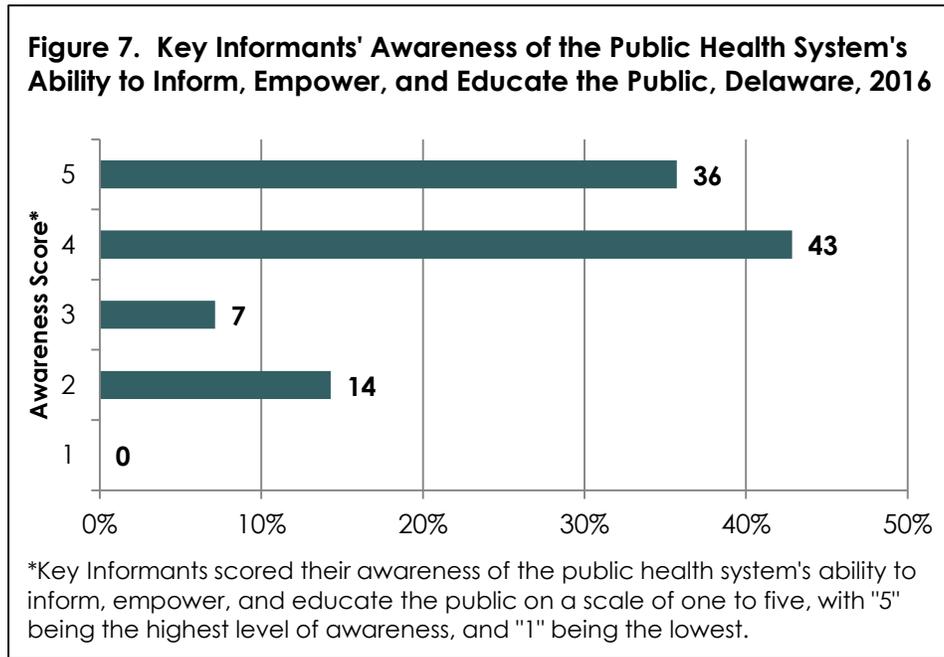
family stressors, including adversity and trauma, are under-appreciated and not very well included in most surveillance methods.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #3: Inform, Educate, and Empower People in Delaware about Health Issues.



Source: DPHI Key Informant Interviews, 2016

More than two out of five Key Informants (43%) scored their awareness of the public health system's ability to inform, empower, and educate the public as a four on a scale of one to five. More than one-third (36%) scored their awareness even higher, as a "5".

What works well at the state and local level to inform, educate, and empower people about health issues?

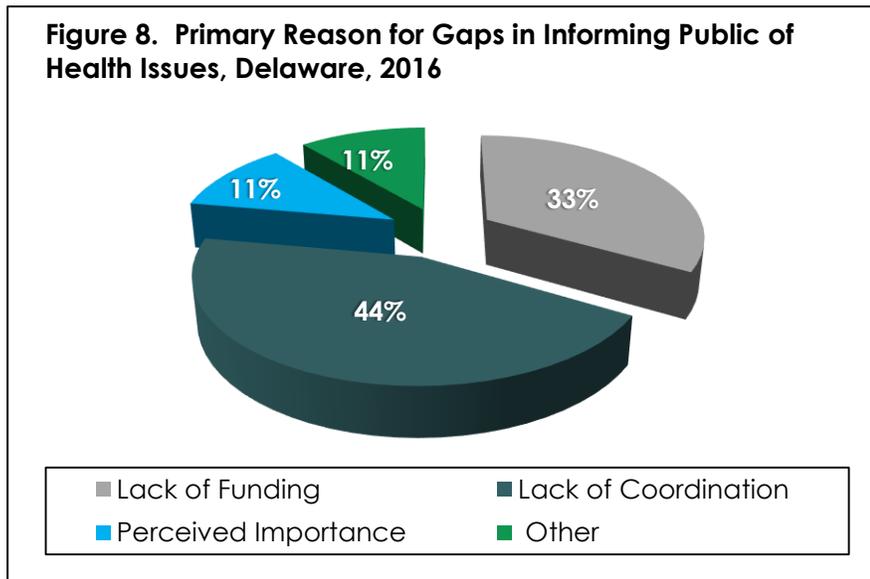
Several Key Informants commented that there is now more cooperation among the health care systems, the State health department, and its varying divisions than previously. The state health system encourages different entities to work together, creating more collaboration and teamwork. The state also creates more partnerships with educational faith-based non-profits and community groups. This helps to do a better job of disseminating information on services those groups can provide. Particular methods of communicating with the public that are working well are web-based resources, social media, and billboards. State services are very visible throughout Delaware.

"The state services are very active throughout the state. They are in the schools. They are in the health care systems. They are visible. They are out there working with people."

What are gaps or areas for improvement?

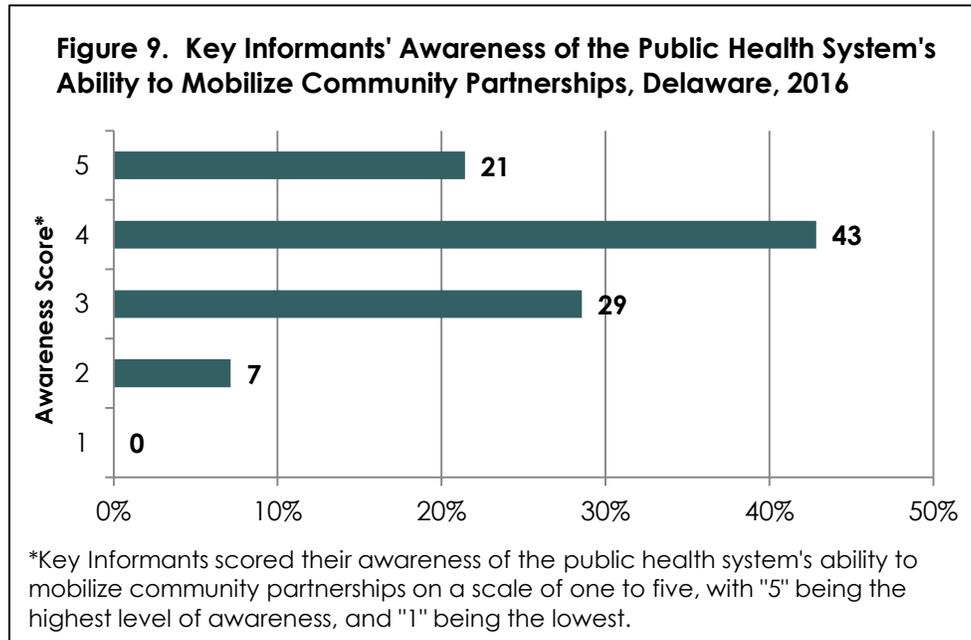
Two Key Informants felt that the official state website has such a vast array of services that it is difficult to navigate, and that the website content could be more personalized to help the consumer or advocate navigate more easily to services they need. In addition, one Key Informant felt that there was not enough consumer buy-in to create empowerment, and another reported that the State needs to do a better job of empowering citizens through information sharing by meeting people where they live, work, and play, perhaps through employers.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems.



Source: DPHI Key Informant Interviews, 2016

Slightly more than two out of five Key Informants (43%) rated their awareness of the public health system's ability to mobilize community partnerships as a "4" on a scale of one to five. An additional 29% rated their awareness of this essential service as a "3", and 21% rated their awareness as a "5".

What works well at the state and local level to mobilize community partnerships to identify and solve health problems?

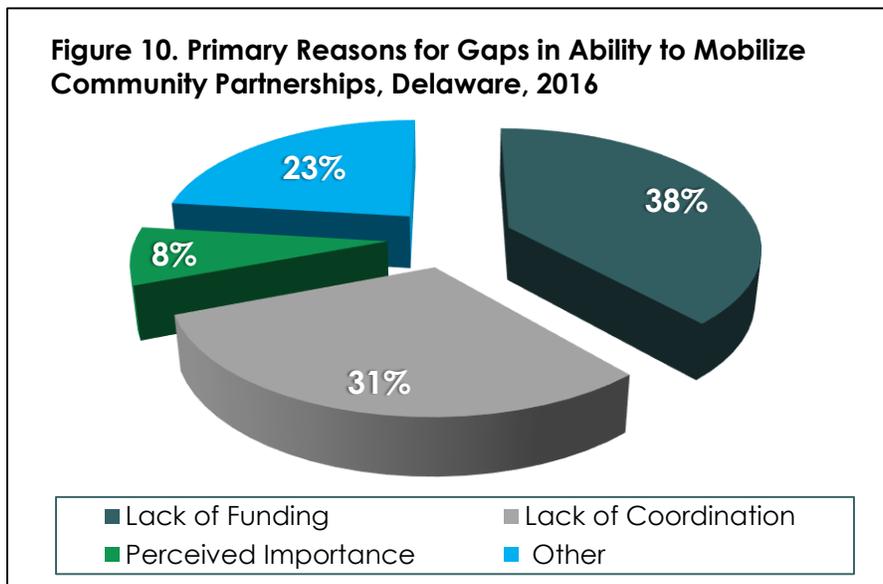
Two Key Informants mentioned that the State Innovation Model (SIM) health improvement grant process has led to more engagement to mobilize community partnerships to solve health problems, especially at the local level, where the state is able to pull many focused partnerships together.

"The Division of Public Health is good at bringing people together, and they have to because the resources are limited. They bring them in early in the process of making the plans for the intervention. This creates buy in. They are respectful of others' expertise."

What are gaps or areas for improvement?

According to five Key Informants, there are several specific areas for improvement in mobilizing community partnerships to identify and solve health problems. First, stakeholders must put aside their own priorities in order to develop a streamlined approach to recognizing and solving health problems. The social determinants of health should be included in any collaborative approach to solving health problems. The state must develop an infrastructure to ensure that these partnerships are sustainable. Another Key Informant felt that the ability to show results is key to obtaining funding to continue in mobilizing more community partnerships. One Key Informant felt that there are insufficient resources to support such a significant undertaking.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts.

Source: DPHI Key Informant Interviews, 2016

Slightly more than two out of five Key Informants (43%) rated their awareness of the Public Health System's ability to develop policies and plans that support individual and community health efforts as a five on a scale of one to five. Fourteen percent rated their awareness as a four, and 21% rated it as a three.

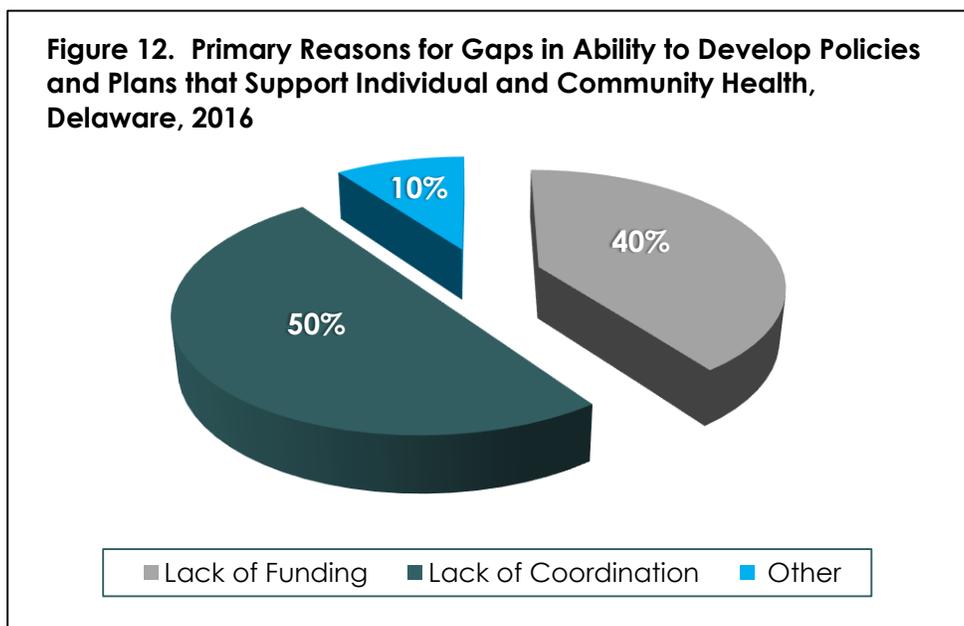
What works well at the state and local level to develop policies and plans that support individual and community health efforts?

Five Key Informants felt that the Department of Health and Social Services Secretary, legislative body, elected officials, and state health leaders in Delaware are very accessible, sensitive, and quick to act on issues that public health providers and advocates feel are important. This works well at both the state and local levels to develop plans that support community health efforts. Because Delaware is a small state, there is a lot of opportunity for state health leaders and officials to communicate on health planning and resolve problems quickly. Also, one Key Informant remarked that Delaware has strong advocates in the state legislature for underserved populations and issues that impact access to care.

What are gaps or areas for improvement?

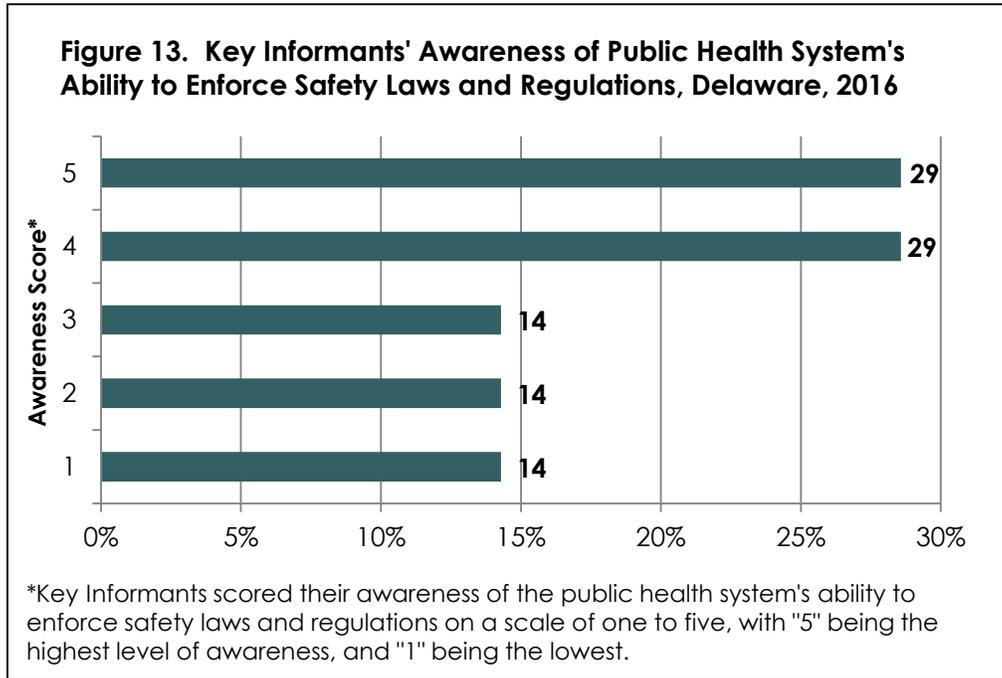
One Key Informant remarked that there is room for improvement in systemic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement. Another Key Informant recommended more public meetings and informational sessions to help the public understand the Health and Social Services Department policy and statewide health efforts. Another felt that the state should encourage more collaboration between people who are policy and program officials and direct service workers to better support policies and programs that work in practice.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety.



Source: DPHI Key Informant Interviews, 2016.

The majority of Key Informants (58%) rated their awareness of the Public Health System's ability to enforce safety laws and regulations very highly – as a “4” or “5” on a scale of one to five.

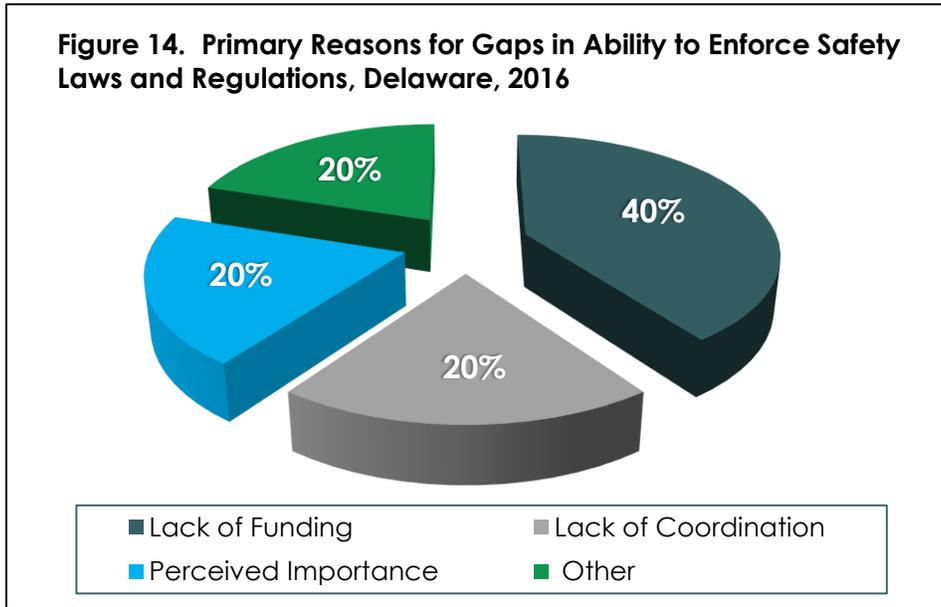
What works well at the state and local level to enforce safety laws and regulations?

Two Key Informants listed policies and laws that work well to enforce safety laws: seatbelt laws, enforcement of Driving Under the Influence (DUI) laws, childhood immunizations, laws against texting and driving, laws against and alcohol use by minors, and collaboration with local law enforcement when threats to safety or health are identified.

What are gaps or areas for improvement?

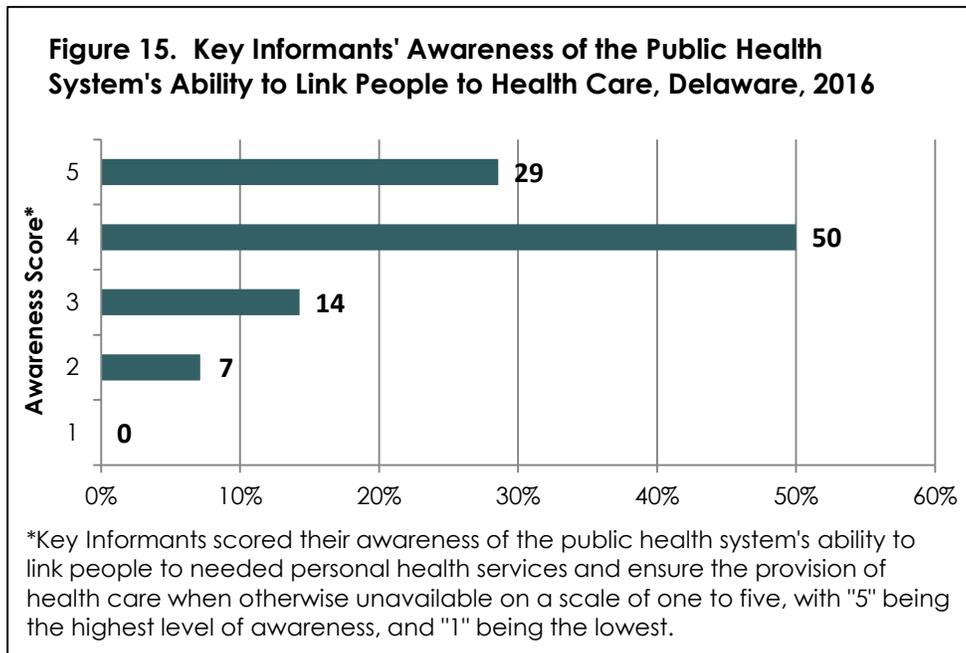
Three Key Informants felt that there is insufficient education or support to help the community accept safety laws and regulations. The Key Informants believe there is uncertainty regarding who enforces the law, and the Division of Public Health does not see it as their responsibility to police what they legislate, except for sanitation and nutrition. In addition, there should be more funding for dissemination to the public, and a single resource that lists the regulations related to public health and who enforces them. There is not enough communication between law enforcement and public health on gaps and challenges and how they could be addressed, particularly in the area of the current heroin epidemic.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #7: Link People to Needed Personal Health Services and Ensure the Provision of Health Care when Otherwise Unavailable.



Source: DPHI Key Informant Interviews, 2016

The majority of Key Informants (50%) ranked their awareness of the Public Health System's ability to link people to needed personal health services and ensure the provision of health care when otherwise unavailable as a "4" on a scale of one to five. An additional 29% scored this essential health service as a "5".

What works well at the state and local level to link people to needed health services and to ensure the provision of care when otherwise unavailable?

Key Informants mentioned many health services that are working well in Delaware. Progress towards coordinating care and outreach – the most common comment – was identified by six Key Informants, the most common comment. In particular, raising public awareness of services and increasing partnership between the public, private, and voluntary sectors were each mentioned by a Key Informant. According to one Key Informant, care coordinators in hospitals have been working very well with state leaders, state programs, discharge planners, social workers, and emergency departments. One Key Informant cited improvement in efforts by hospitals, behavioral health emergency services, and mental health providers to identify patients' behavioral health needs as well as physical health needs.

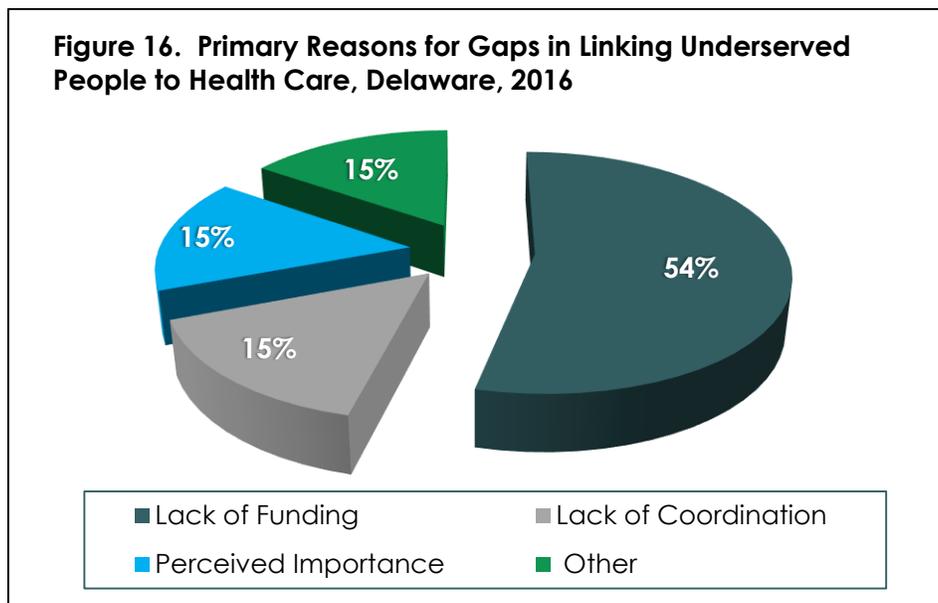
What are gaps or areas for improvement?

Several Key Informants felt that progress could still be made in coordinating efforts between providers of mental health, physical health, and substance abuse services.

“While there is a significant effort to be more inclusive and have more parity in health care, the vast array of health issues that are being addressed require a constant need for reminders to include mental health and addiction in these collaborations and discussions.”

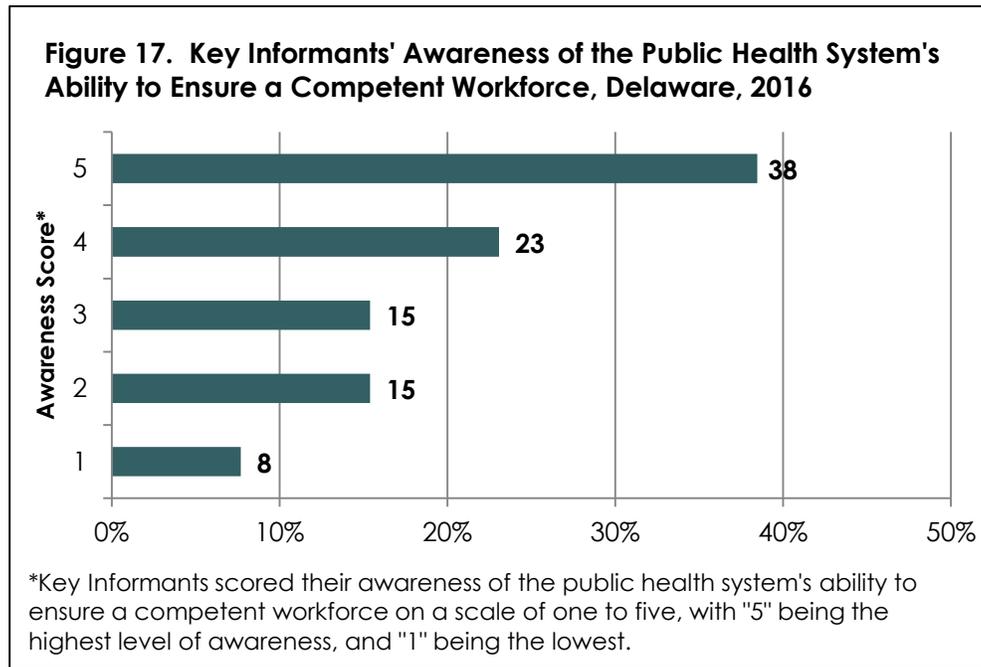
One Key Informant wrote that this is also an opportunity for the state to incentivize increasing the capacity of primary care providers to provide underserved populations with behavioral health services along with primary care. Another Key Informant felt that stronger relationships between state agencies would help them combine funding and coordinate their work.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #8: Ensure a Competent Public and Personal Health Care Workforce



Source: DPHI Key Informant Interviews, 2016

Nearly two out of five Key Informants (38%) are highly aware of the Public Health System's ability to ensure a competent workforce – scoring their awareness of this essential service as a “5” on a scale of one to five. An additional 23% scored their awareness of this essential service as a “4”.

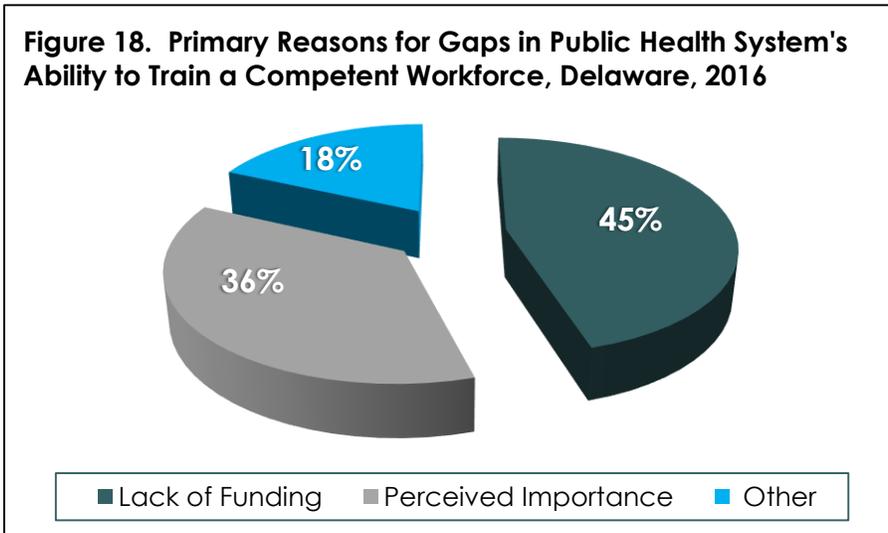
What works well at the state and local level to ensure a competent workforce?

Key Informants agreed that there is a significant amount of attention being paid toward developing the health care workforce in Delaware. The state has identified this as a priority and has reached out to community organizations to determine how they can work together to ensure that education and continuing education are available. However, one Key Informant remarked that there is recognition that there are challenges to recruiting physicians, in particular. Although the State Innovation Model (SIM) grant has been helpful in increasing the public health workforce, health care institutions are the drivers behind recruitment, according to one Key Informant. One area that needs improvement is the supply of psychiatrists and licensed clinical social workers. This Key Informant felt that the absence of a medical school in Delaware is a challenge, and that hospitals and behavioral health providers should enhance residency training programs and affiliate with major medical schools in neighboring states, such as Pennsylvania, New Jersey, and Maryland, to draw more interns and social workers.

What are gaps or areas for improvement?

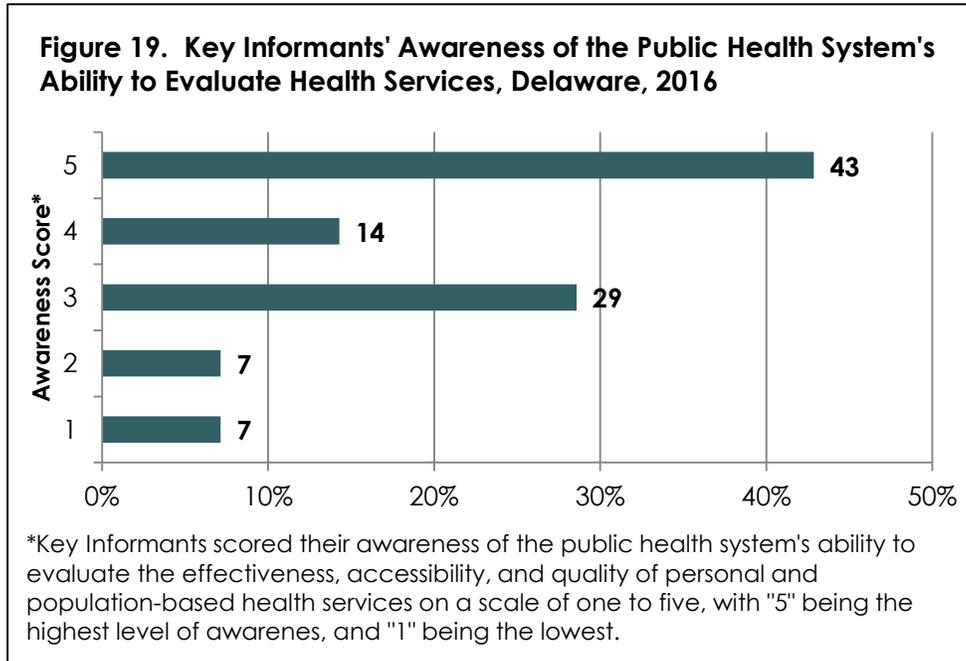
Gaps and areas for improvement include training of acute care hospital staff beyond the minimum that is required, because it is so expensive to send staff out of the hospital during working hours. Another area for improvement is developing a workforce training pipeline from high school to professional, as well as developing residencies for family medicine, dentistry, and behavioral health in the state.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services.



Source: DPHI Key Informant Interviews, 2016

Two out of five Key Informants (43%) rate their awareness of the Public Health System's ability to evaluate public health services as a "5" on a scale of one to five.

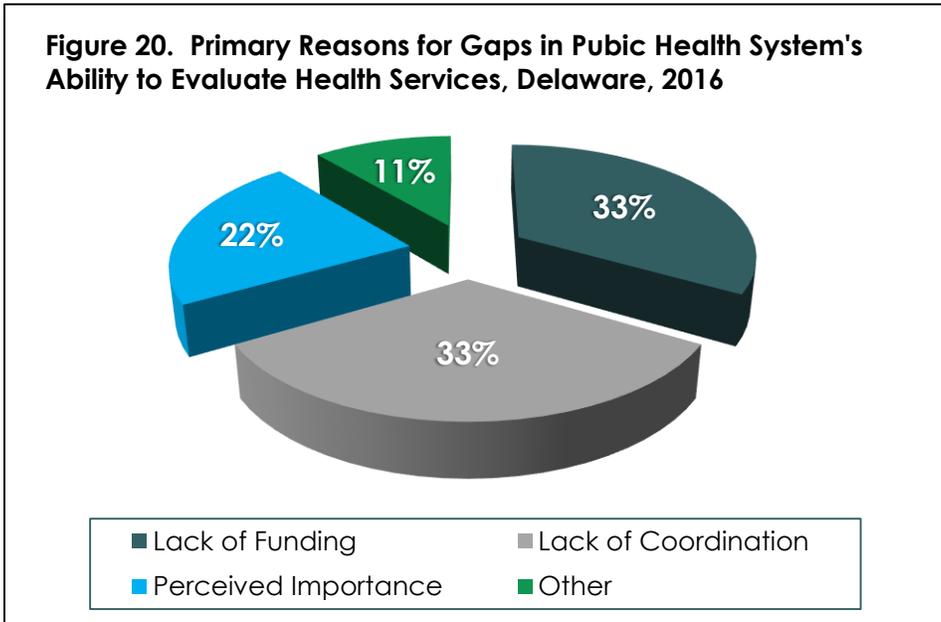
What works well at the state and local level to ensure the Public Health System's ability to evaluate the effectiveness, accessibility, and quality of personal and population-based health services?

According to four Key Informants, the state does a fantastic job in evaluating its programs, particularly with diabetes, cancer, and tobacco control. Evaluations are written into all statewide grants. The state also reaches out to stakeholders to participate in planning.

What are gaps or areas for improvement?

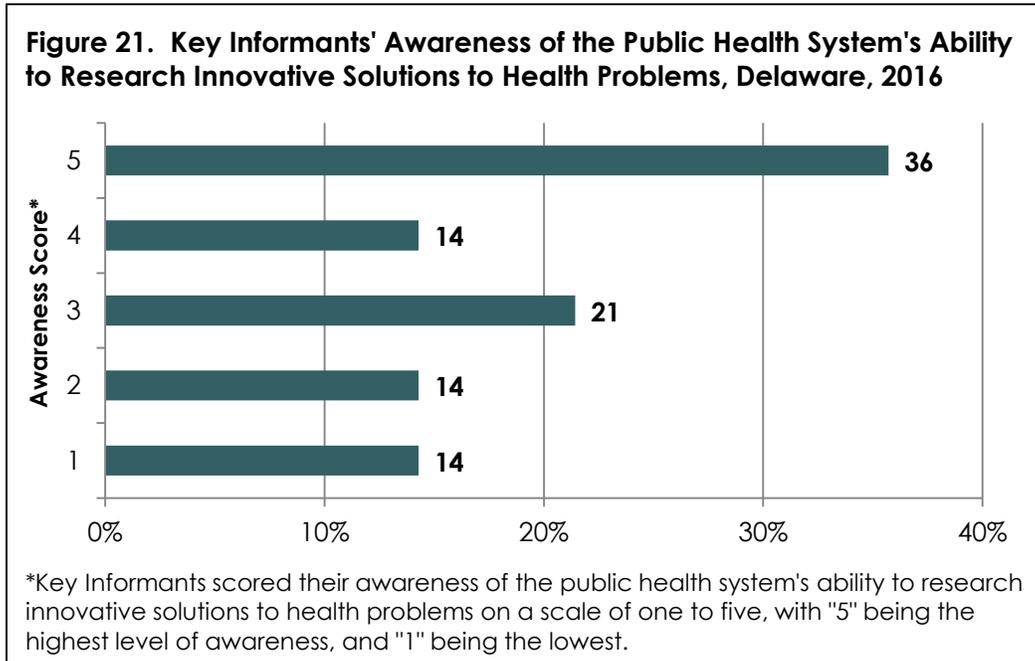
Although Key Informants felt that the state does good evaluations of its programs, a statewide structure to guide evaluation quality is lacking. In addition, there is no aggregation of data across the state, and there are many different data collection systems and few common data sets. Two Key Informants commented that Delaware needs to get more public participation in evaluations to get a robust picture, and then to share the outcomes with the community consistently. Lastly, one Key Informant felt that more rigorous research methods should be used in data collection and analysis, so that programs that have positive results can be funded on a sounder basis.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

Essential Public Health Service #10: Research for New Insights and Innovative Solutions to Health Problems



Source: DPHI Key Informant Interviews, 2016

One-third of Key Informants (36%) rated their awareness of the Public Health System's ability to research innovative solutions to health problems as a "5" on a scale of one to five. An additional 21% rated their awareness as a "3" on a scale of one to five.

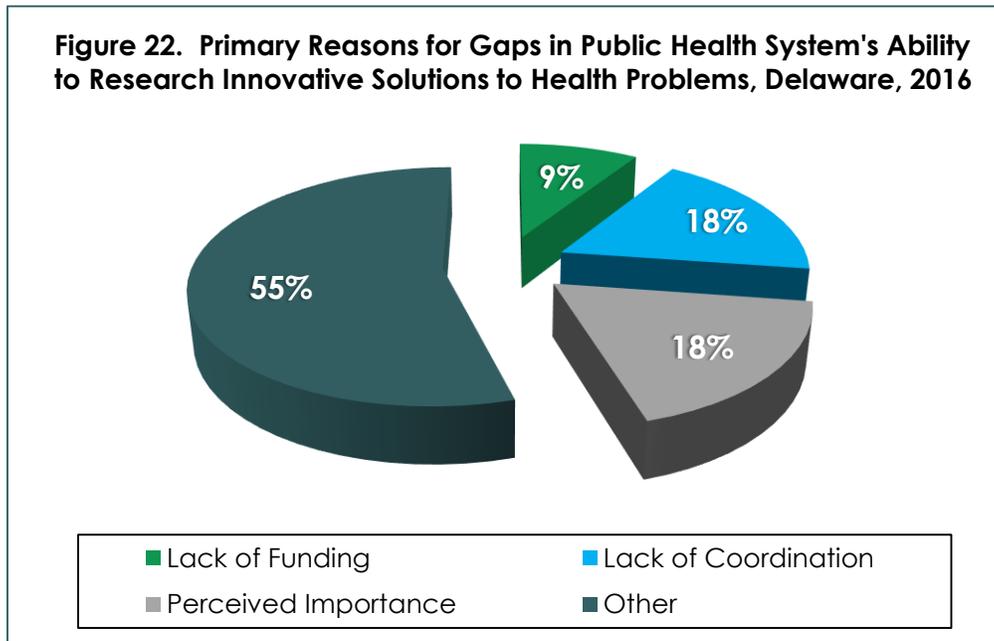
What works well at the state and local level to ensure the Public Health System's ability to research innovative solutions to health problems?

Key Informants listed Delaware organizations that are researching innovative solutions to health problems, including: DPH, The Delaware Center for Health Innovation, the University of Delaware, and the various health systems. Another Key Informant felt that DPH was not doing enough research.

What are gaps or areas for improvement?

Gaps in researching innovative public health solutions include a lack of funding to do pilot programs and a lack of political will to make changes or rethink what is already being done. Another area for improvement is the lack of rigor in the research, which may be due to the fact that there is no direct connection to a large university or research institution.

What is the primary reason these gaps are not filled?



Source: DPHI Key Informant Interviews, 2016

VI. MAPP ASSESSMENT FINDINGS

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) addresses three questions:

- (1) "What is important to our community?"
- (2) "How is quality of life perceived in our community?"
- (3) "What assets do we have that can be used to improve community health?"

This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets. (See Appendix J for the Community Meeting Facilitator Guide.)

NORTHERN DELAWARE MEETING

On October 27, 2016, DPHI staff conducted a community meeting of northern Delaware residents and professionals. The meeting was conducted in-person at the Bear-Glasgow Family YMCA. The meeting summary follows.

MOST PREVALENT HEALTH CONDITIONS

Poverty, lack of education, substance abuse, physical inactivity, and unhealthy eating are the most prominent health problems impacting residents across northern Delaware. Many of these issues were mentioned consistently throughout the discussion outlined in this section.

QUALITY OF LIFE

Participants were asked to gauge the quality of life in their communities, as well as any related community characteristics. The majority of the participants rated overall quality of life in northern Delaware to be "average," noting this is highly dependent on where someone lives in the region. One participant stated, "*[New Castle County] has some of the richest people [in the state] and some of the poorest people. Distribution of resources should be considerate of that.*"

A positive aspect of living in northern Delaware is the abundance of available resources, as compared to Kent and Sussex counties. However, participants cite a lack of alignment, cohesiveness, and collaboration that is contributing to the ineffective allocation and utilization of these resources. "*I don't know what [resources] are out there, and I don't know what I can get to.*"

Economic opportunity has been impacted across the board. *“Chrysler pulled out. Banks are consolidating. Every move from any one major company can have a tremendous effect because it is such a small state.”* Job opportunities, especially those with competitive salaries and good benefits, are scarce. Those that put effort into their education are out of options once they enter the workforce. However, there are areas where people are finding this to be less of an issue: *“The level of access to quality employment does vary by geographic location in this region and across the state.”*

Child care costs have risen considerably and welfare requirements have changed, forcing parents into minimum wage jobs with negative repercussions. Working mothers are only living on a few hundred dollars a month at their low-paying jobs after child care costs. Child care systems are now at the front line of shaping our children's lives, and children are not being supervised in the same way. *“We took the motherhood out of the kids.”*

Overall, participants felt that the level of opportunity for individuals and groups to achieve a good quality of life differs by community. *“If health is of value to your community that dictates what is available... such as events, programs, organized runs, etc.”* In New Castle County, physical health is valued and resources are accessible, with the exception of areas in Center City Wilmington, noted one participant.

Residents of Center City Wilmington, single mothers, and the disabled are considered especially vulnerable, having the lowest rated opportunity for good quality of life in the region, according to participants.

“We are not creating programs that meet these people where they are, offering things they want to use. Something as simple as changing the name of an event to something more appealing to that culture, population group, or community can change how many people come.”

Participants were asked to discuss their opinions on the health care system in northern Delaware. The majority of participants said resources are available to them, but they are unaware of the true scope of these resources.

Henrietta Johnson Medical Center is still trying to reach people decades later: *“We have people that live right next door to us and still don't know we are there.”* Participants felt money is not always the biggest barrier to accessing services. They way Henrietta Johnson offers many of their services for free, but not enough people are aware of this. *“It boils down to education... the resources are everywhere and they are more than enough but the question is, are people using them?”*

Despite new coverage for millions under the Affordable Care Act (ACA), participants cite that cost is still an issue. *"It is over the roof,"* stated one participant. *"The co-pay to have a crown put on in the U.S. is more expensive than the cost of the entire procedure in another country,"* they explained.

Participants cited the need for an emphasis on prevention. Residents are not comfortable with using new preventive services, and providers are not being reimbursed to perform extra prevention steps during patient visits.

"Obamacare was supposed to get people to use primary care physicians more often, but instead it has pushed people to emergency departments...So, we [physicians] aren't there when our patients need us. Educating people about what is available and making them feel comfortable to utilize the services is necessary going forward."

Participants noted primary gaps in health care exist in both mental/behavioral health and dental care:

"We need more resources to address mental and emotional health. It will save a lot of burden down the road to focus on early intervention."

"Dental referrals and services are unsatisfactory, as well as the ability to pay for them. There are no programs out there for people who don't have insurance."

Even when the programs do exist, they often do not have the funding to provide care. Participants at the community meeting discussed the pros and cons of raising children in northern Delaware. Unanimously, the public school system is the leading 'con' to raising children in this region. Many participants who were born and raised in Delaware considered moving to Pennsylvania solely for its school systems.

"The big elephant in the room is that the public school system in Delaware is not giving children a competitive advantage. Your only option is charter, parochial, or private schools... or move to Pennsylvania. People are making that decision in utero."

One participant referred back to a policy change years ago that allowed southern Delaware to pull out of the real estate multiple listing system (MLS) which adversely and disproportionately affected the school systems in New Castle County.

The 'pros' to raising children in this region include: the close proximity to the University of Delaware campus for fun family activities; school programs that address important issues such as domestic violence; and the ability to expose families to a wide variety of experiences in one place.

"It's a good place to raise a family; you can customize your experience, if you will. It is more family-nurturing than other surrounding environments."

Delaware is also considered a great place to grow old, according to participants:

"Delaware is a great place to age in place. My network is actually 10 years older than me but they are so much fun. I actually look to the 55+ to see what they are doing and if I can join. They are having a blast."

"We have good programs in place. The state provides a lot of good programming from nursing homes to assisted living to just supporting individuals living in their homes."

Despite a larger visual presence and new appreciation of older adults in Delaware, participants feel there are still gaps in culture and awareness of resources. One participant stated, *"There is no responsibility on the kids to take care of the parents, compared to other cultures."* They feel more discussion needs to center around how we can engage people and make this important to their families as well. Many older adults move to Delaware to retire and do not have family nearby to help them age in place. Participants believe these individuals are not aware of all the programs and resources available to them that can still provide them with this option.

The majority of participants perceive safety as an issue no matter where one lives.

One participant stated, "Safety now is just a different animal. I think as a nation we all have to agree that we don't feel safe. Our kids are going through lock-down drills. Workplaces are being put through active shooter training. It's a reality. And, I think we are making the link, and that link is mental health."

"The media makes a big difference. You never hear anything good anymore. Maybe that kind of thing sells, but it creates a level of uneasiness," said another.

Another noted that social media is sometimes the only way to get information when incidents are "swept under the rug" for economic reasons. To this end, it is important to consider that without social media platforms decades ago, it is impossible to compare the prevalence of violence in the media now versus then.

Another topic emerged regarding the idea of muted sensitivity. One participant stated:

"If something happens at the mall, we care because we go to the mall. Every day there is a shooting in Wilmington, but we hear about it so much that it doesn't even sell anymore. We don't even stop to think what it really means. There is a muted sensitivity here... but all of the violence is still affecting the psyche and it's coming out in a different way and that is why we are seeing so many mental health issues."

Overall, participants agreed that residents in northern Delaware and across the country are more aware of issues of violence and safety due to increased exposure via text alerts, social media, and television. They say perpetual awareness has made them more careful about things. *"It has changed our trust."*

Participants discussed support networks in the region for those under stress. Engagement emerged as a fundamental factor in accessing networks available to residents. *"Engagement and education are important. There could be things that exist, but if you aren't aware they are out there it will not matter."* If an individual is a part of a group, such as a religious church/parish or community organization, they are considered surrounded by support through virtue of that group. Therefore, someone who is more isolated is not going to have the same support during times of need.

Vulnerable populations with limited access to supportive networks include the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) community; Latinos; immigrants; and minors.

One participant stated, "LGBTQ, Latinos, and immigrant groups are small but they are there and it is hard to find resources for them. It is also hard to find other groups to partner with to create those types of resources and supportive environments as well."

"I think there are [resources] that are there for those 30 and older. For young people, they don't know how to access the help, and because they are a minor the system is set up in such a way that they have to go through an adult to do it. They are extremely vulnerable," said another.

IMPROVING OUTCOMES

Residents' perceived importance of making their community a better place varies by ZIP Code, according to participants at the community meeting.

"The value of appearance is more suburban culture. As long as things look great on the outside, there is no focus on what goes on when the garage door closes and the front door shuts. On the other hand, parents that live in urban communities are not worrying about what is being built where and if it will disturb the appearance of the community. Instead, the best thing they can do with the resources they have is pull their children inside and keep them safe. This impacts levels of physical activity, as well as interpersonal relationships."

The majority of participants agreed that the most important factors for achieving and maintaining a healthy community are community safety, strong collaborative efforts, and bi-directional communication between professionals and the community. *“We need to really listen to what the community says they need instead of telling them what they need. Transparency is key to keeping the community involved along the way.”*

The importance of community empowerment, an organized infrastructure, and cultural competency beyond ethnicity, were also noted.

“Nothing is more frustrating than trying to help someone and not knowing how to,” stated one meeting participant when stressing the need for a culturally competent work-force.

Consensus emerged throughout the meeting around the idea of forming organized resource centers and networks that can: mobilize community organizations, build stronger families, and provide consistent support.

“We need linkages. We need an understanding of how funding works and what the funding provides access for. We are not teaching sustainability. Until we teach people and the community to sustain programs themselves, and meet them where they are, we cannot create or maintain change.”

SOUTHERN DELAWARE MEETING

On October 28, 2016, DPHI staff conducted a community meeting of southern Delaware residents and professionals. The meeting was conducted in-person at the Eden Hill Medical Center in Dover, Delaware. The meeting summary follows.

MOST PREVALENT HEALTH CONDITIONS

According to community meeting participants, the most prevalent health conditions impacting residents across southern Delaware are diabetes, obesity, mental health conditions, and substance abuse. The majority of participants indicated that smoking cigarettes and other forms of tobacco use (e.g. vaping) is a growing problem across southern Delaware.

Several meeting participants noted that teen pregnancy is also a growing concern.

Many participants mentioned that mental health services are not available to many children and young adults across southern Delaware.

The majority of participants, however, mentioned that southern Delaware has many basic resources for older adults but more attention has to be placed on issues related to multigenerational families and the needs of caregivers. As stated by community meeting participants:

“Obesity. Biggest challenge is lack of walkability or bike-ability. Kent County is really dependent on car transportation, and I think that contributes to a lot of what the others already said.”

“Tobacco is big. I see more use of vape and chew. Many (homeless population) are [smoking] 1.5-2 packs a day.”

“The services for young children in mental health are almost nonexistent in Kent County. Those providers that can do it have such long waiting lists. Again, I am a family nurse practitioner and I see children as young as age six. There are not enough providers, nurse practitioners, psychologists, or psychiatrists that will see children. The ones that will have very high payments and it just doesn't meet the needs of children in Kent County at all.”

Some participants noted that preventive services are not readily available to help residents identify health needs. As stated by one community meeting participant:

“Preventive services are needed to keep people upstream from participating in high-risk behaviors.”

“Access to services and care [is needed] for everyone. Access to care can be a barrier for anyone. [Even] private insurance clients cannot access certain care. Or those with public insurance or no insurance can't access other types of care. There are a lot of public type initiatives, but those with private insurance do not have the ability to pay the copay for those. “

Many community meeting participants noted that substance use and abuse is a growing problem across southern Delaware. In fact, participants noted that heroin use has greatly increased over the past several years. Community meeting participants also noted that a better drug surveillance system for tracking prescription drug use and abuse would help to understand the substance abuse problem and to identify ways to address the issue. As noted by community meeting participants:

“If we had a better surveillance system, then we would have a better understanding of what is happening and that would be helpful.”

“Guidelines for Prescription Monitoring Program: prescribers must report narcotics [prescribed in the] past 7 days, but some are not recorded (i.e. those getting prescriptions from a clinic). That does a disservice to the prescribers because we don't know if people are in treatment for substance abuse unless they tell us. “

BARRIERS TO CARE

Community meeting participants discussed barriers to care for residents of southern Delaware. Participants noted that many barriers to care across southern Delaware are believed to be related to the social determinants of health and access to health care. The majority of participants mentioned that to create healthy communities, it is important to address the whole person. As stated by one meeting participant:

“Social determinants of health account for more of our health than medical services. When we think about the public health system, most people don't think of those things (affordable housing, economic growth). When we think about a healthy community, all of those things contribute to health. These are fundamental things that will sustain health over time.”

Overall, community meeting participants stated that they thought southern Delaware was worse off than surrounding areas. Participants mentioned that it is very difficult for southern Delaware residents to obtain a full-time job with benefits at a livable wage. It was thought that southern Delaware needs to enhance its existing workforce development programs to encourage residents to stay in the area. As stated by community meeting participants:

“The job market in Kent County is a big problem. There are a lot of retail stores, minimum wage jobs, and lots of part time jobs with no benefits. This along with high rent is not good. “

“Even if the jobs were there, do our people get an adequate skills set for the business community? If we are not producing a competent workforce in our public education system or colleges, they won't come in economically based on the workforce. We are not creating a workforce. If we are not producing the individuals, those businesses won't come in. This is statewide. There is a serious issue with in Wilmington, Sussex County, and Dover. “

QUALITY OF LIFE

The majority of participants thought that the quality of life in southern Delaware was just average. It was also noted that for many southern Delaware residents, the current health system does not meet the needs of many residents. Overall, community meeting participants noted that there is a lack of accessibility to health care across southern Delaware and there is a lack of health education or knowledge about what is available. As stated by community meeting participants:

“We have some really great programs here in Kent and Delaware. Kudos to Westside, they do a great job of being a medical home for people. But when it comes to mental health services, substance abuse, and transition of care, there is more we could be doing. As a clinician, I know hospital systems are trying their best to navigate and not have readmissions for certain types of [diagnoses]. However, we have a lot of room for growth to meet population goals.”

“Accessibility and lack of information... We have misinformation on what's available. People go to the ER for a cold and that involves mega bucks for something that could have been handled elsewhere.”

“For people without insurance, they can go to urgent care. It's not really a misuse of the system; it's the only system they have.”

It was mentioned that the ACA is a mixed bag when it comes to providing care to residents in southern Delaware, and that there is room for improvement in the current health care system. Some participants noted that there is a shortage of physicians, dentists, and mental health providers. It was also noted that there is a shortage of providers who accept medical assistance and that some people cannot pay high annual deductibles for care. Some of these people are leaving southern Delaware to obtain their care and traveling to Philadelphia. As stated by several community meeting participants:

“It's a mixed bag. If you're low income you can get on Medicaid or a hefty subsidy and get a good policy. If you have a higher income or are undocumented, it's not helpful at all. If you're of average income, unless your employer pays your insurance, the co-pays and deductibles are so high it's not of much value unless you really get sick. It's a safety net policy.”

"I'm not an all or one person when it comes to the Affordable Care Act. There are good benefits, but room for improvement. To give an example, one patient of mine was on Medicaid, but when the ACA came out, being a single mom making less than \$30,000 a year, she was made to pay for ACA coverage. And then could not afford the monthly premium. That's the doughnut hole, like with Medicare. So, yes, it's great, but there is a group of patients that are not receiving insurance. They would rather pay the tax penalty, than pay the monthly premium."

Many community meeting participants mentioned that a strong formal education system is thought to be lacking in southern Delaware in general, and young adults are believed to be not ready for college.

"Kids will graduate high school with a pretty good GPA, but then go to Del Tech and have to take remedial classes. There is some disconnect because high schools say they are a B student, but when they go to college they are not ready."

Participants mentioned that better communication and collaboration among organizations is needed to build a stronger infrastructure across southern Delaware and to use scarce resources in a more targeted and effective way. As stated by several community meeting participants:

"I don't think we can give enough accolades to the strength of collaboration. We need to start rising above the negatives and collaborating [on] our strengths. "

VII. MAPP ASSESSMENT FINDINGS

Community Health Status Assessment

COMMUNITY DEMOGRAPHIC CHARACTERISTICS

This report includes a description of the demographic and socioeconomic characteristics of the residents of the assessment area, because these characteristics are strong indicators of access to health care and good health. This information is derived from the U.S. Bureau of the Census American Community Survey 2010-2014 for Delaware. (See Appendix C for American Community Survey tables)

POPULATION SIZE

Based on the American Community Survey, the Delaware state population was 899,769 in 2010 and increased to 925,614 in 2014, a 4% increase.

New Castle County (545,846) has the largest population of the three counties in the state (59 percent), followed by Sussex (203,737) and Kent (167,477) counties based on an average of 2010-2014 figures.

Of the small assessment areas, the Remainder of New Castle County (298,414) has the largest population, followed by the Remainder of the Greater Wilmington Area (155,785), the Remainder of Sussex County (108,814), and the Northeast and Southeast Beaches area (95,007). Center City Wilmington (92,018) has a larger population than Dover and the Surrounding Area (73,660), based on an average of 2010-2014 figures.

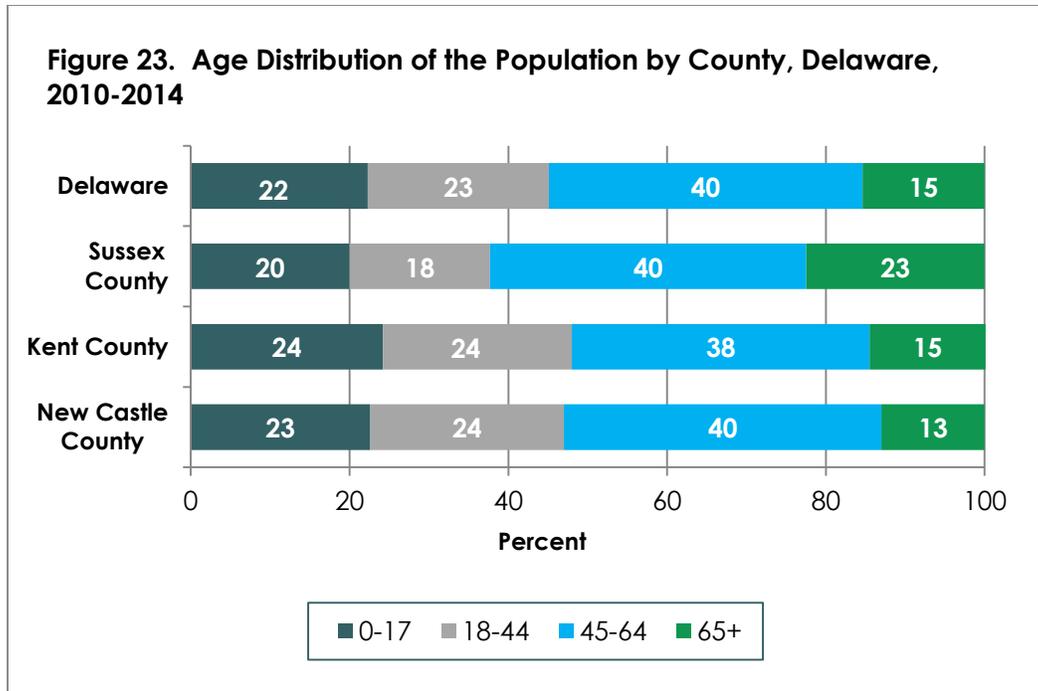
In 2016, the Delaware Population Consortium reported an estimated population of 954,077 in the state of Delaware. This figure represents greater than a 4% increase from the American Community Survey's five-year estimate (2010-2014).¹²

AGE

In general, across all three counties 45-64 year olds are the largest age group, ranging from 40% of the population of New Castle County to 37.5% of Kent County's population. (U.S. Bureau of the Census, American Community Survey 2010-2014).

¹ Delaware Population Consortium: Annual Population Projections (2016). <http://stateplanning.delaware.gov/information/dpc/DPC2016v0.pdf>. Accessed 10/26/2017.

² DE Population Consortium, Annual Population Projections, 2016.



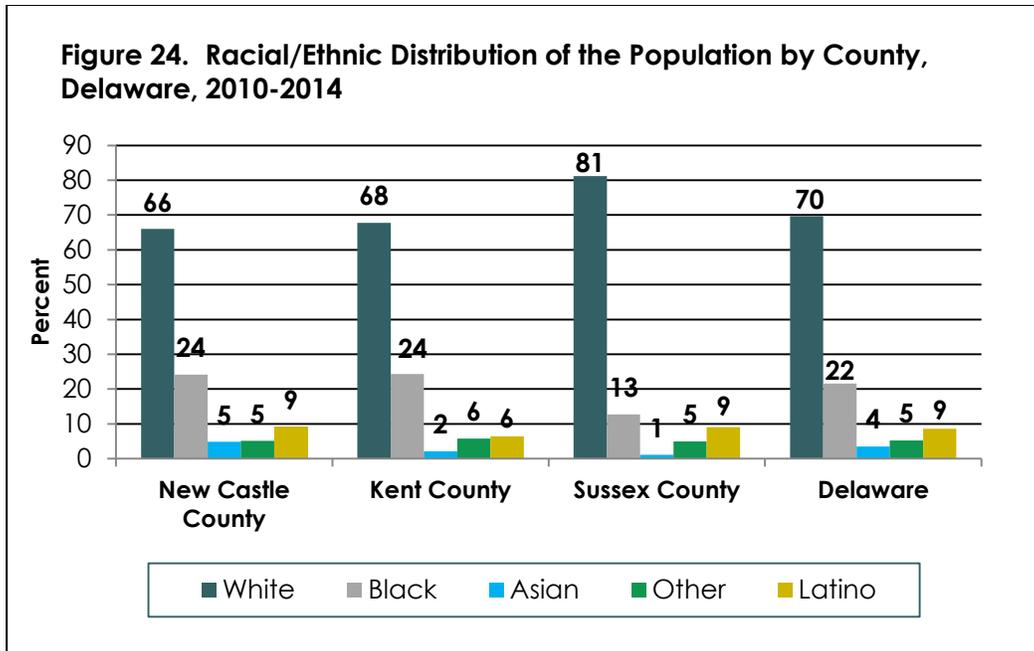
Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

The proportion of 18-44 year-olds is the same in Kent and New Castle counties (both 24%). Sussex County has the smallest proportion of 18-44 year-olds (18%) and 0-17 year-olds (20 percent), as well as the largest proportion of 65+ individuals (22.5%).

- Nearly one-quarter of the population of Center City Wilmington, Dover and the Surrounding Area, the Remainder of Kent County, and the Remainder of Sussex County (24%) are 0-17 year-olds.
- The percentage of the population that is 65+ ranges from a low of 11% in the Remainder of New Castle County, to a high of 29% in the Northeast and Southeast Beaches area.

RACE AND ETHNICITY

Overall, Delaware is a racially and ethnically diverse state (U.S. Bureau of the Census, American Community Survey 2010-2014). Sussex County (81%, representing 165,500 adults) has the largest percentage of white residents, while New Castle County has the lowest percentage (66%, representing 360,300 adults).



Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

There are similar proportions of black residents in Kent and New Castle counties: black residents (24%) make up about one-quarter of the population in each county.

The percentage of Asian residents in the population in each county ranges from 1% in Sussex County to 5% in New Castle County. The largest percentage of individuals identifying as Latino (9%) are in New Castle and Sussex Counties, and the smallest is in Kent County (6%).

The racial and ethnic makeup of the seven small assessment areas varies greatly.

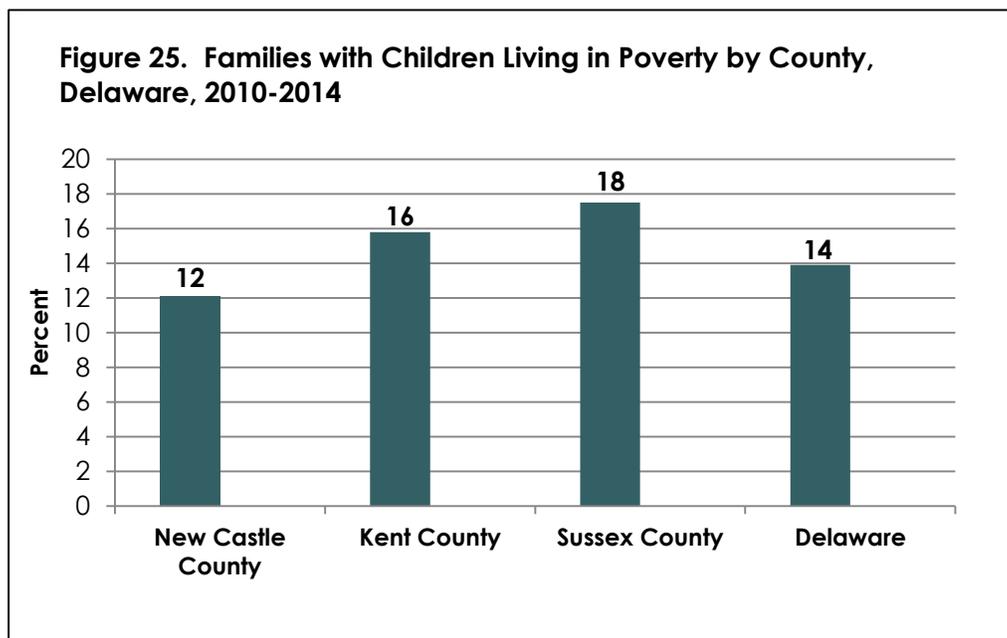
- The proportion of residents identifying as white ranges from 87% in the Northeast and Southeast Beaches area to 43.5% in the Center City Wilmington.
- Center City Wilmington has the highest percentage of residents who identify as black: nearly one-half (48%).
- Latinos comprise 5% to 16% of the population in the small assessment areas.
 - Center City Wilmington (16%) has the largest proportion of those identifying as Latino, followed by the Remainder of Sussex County (11%), and the Remainder of New Castle County (8.5%).

SOCIOECONOMIC INDICATORS

POVERTY STATUS

Nearly one in eight residents of Delaware (12 %) lives below the poverty level (U.S. Bureau of the Census, American Community Survey, 2010-2014). This includes 14% of families with children living in poverty and 3.5% of families without children living in poverty.

- Sussex County has the largest percentage of families with children living in poverty (17.5%), followed by Kent (16%) and New Castle (12%) counties.



Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Regional differences in the poverty rate are seen most clearly when comparing small assessment areas.

- Center City Wilmington has the highest percentage of families in poverty (28% of families living with children, plus 8% of families without children), followed by Dover and the Surrounding Area (20.5% of families living with children, 4.5% of families without children).
- The Remainder of the Greater Wilmington Area has the lowest percentage of families in poverty (8% of families living with children and 2% of families without children).

The percentage of families with children in poverty is higher across all of the small assessment areas, compared to percentage of families with children in poverty in the three counties and in the state.

- Center City Wilmington has the largest proportion of 0-17 year-olds living below the poverty level (35%), followed by the Remainder of Sussex County (26%) and Dover and the Surrounding Area (25%).

EDUCATION

Eighty-eight percent of Delaware residents age 25 and over have at least a high school diploma, and 57% have some college education or more (U.S. Bureau of the Census, American Community Survey, 2010-2014). New Castle County has the highest proportion of adults age 25 and over with a college degree or more (35%).

- Among the small assessment areas, the Remainder of Sussex County has the highest proportion of those who did not complete high school (19%), followed by Center City Wilmington (17%).
- The proportion of residents with a college degree or more ranges from 17% to 44% across the seven small assessment areas.
- The Remainder of the Greater Wilmington Area has the largest percentage of college graduates (44%). The Remainder of Sussex County has the smallest (17%).

EMPLOYMENT

The overwhelming majority (91.5%) of Delaware residents age 16 and over are employed.¹ Kent County (10%) has the highest unemployment rate, and New Castle County (8%) has the lowest rate.

- Unemployment rates range from 7% to 12% among the small assessment areas.
 - Center City Wilmington has the highest unemployment rate (12%), followed by the Remainder of Sussex County (10%) and the Remainder of Kent County (10%).

¹ U.S. Bureau of the Census, American Community Survey 2010-2014.

LANGUAGES SPOKEN AT HOME

Kent County has the highest percentage of people who speak English in the home (92%), while New Castle has the lowest (85%) (U.S. Bureau of the Census, American Community Survey, 2010-2014).

- Of the small assessment areas, Center City Wilmington and the Remainder of Sussex County have the largest percentage of those who speak Spanish in the home (5%).
 - Alternatively, Dover and the Surrounding Area and the Remainder of Kent County have the lowest (1%).
- Between 0.4% and 2% of households across the small assessment areas speak a language within the household other than English, Spanish, or an Asian language.

MEDIAN HOUSEHOLD INCOME

The median household income during 2010-2014 ranged from \$53,751 in Sussex County to \$65,476 in Kent County.¹

- The Remainder of the Greater Wilmington Area had the highest median household income: \$78,249, compared to all other small assessment areas.
- This is followed by the Remainder of New Castle County (\$70,488); the Northeast and Southeast Beaches area (\$58,971); and the Remainder of Kent County (\$58,964).
- Center City Wilmington (\$43,972) had the lowest median household income among the seven small assessment areas.

HOME OWNERSHIP

Twenty-nine percent of Delawareans rent their home and 71% are homeowners.² Sussex County has the highest percentage of home ownership in the state (78%). Kent and New Castle Counties have similar percentages of home ownership (70% and 69%, respectively).

- Among the small assessment areas, the Northeast and Southeast Beaches area (80%) has the largest home ownership rate, followed by the Remainder of Kent (78%) and the Remainder of the Greater Wilmington Area (77%).
- Center City Wilmington is the only small assessment area where home ownership (49.5%) and renting rates (50.5%) are similar.

¹ U.S. Bureau of the Census, American Community Survey, 2010-2014.

² ACS, 2010-2014.

HEALTH OF THE COMMUNITY

The health of a community can be assessed by comparing birth outcomes, self-reported health status and health conditions, communicable disease rates, self-reported health concerns and perceptions, and mortality rates to statewide indicators and *Healthy People 2020* goals for the nation. This section examines (2009-2013) birth, (2009-2013) mortality, and (2009-2013) morbidity data from the Division of Public Health, Delaware Health Statistics Center for Delaware's three counties and the seven smaller regions within these counties. (Appendix D.)

BIRTH OUTCOMES

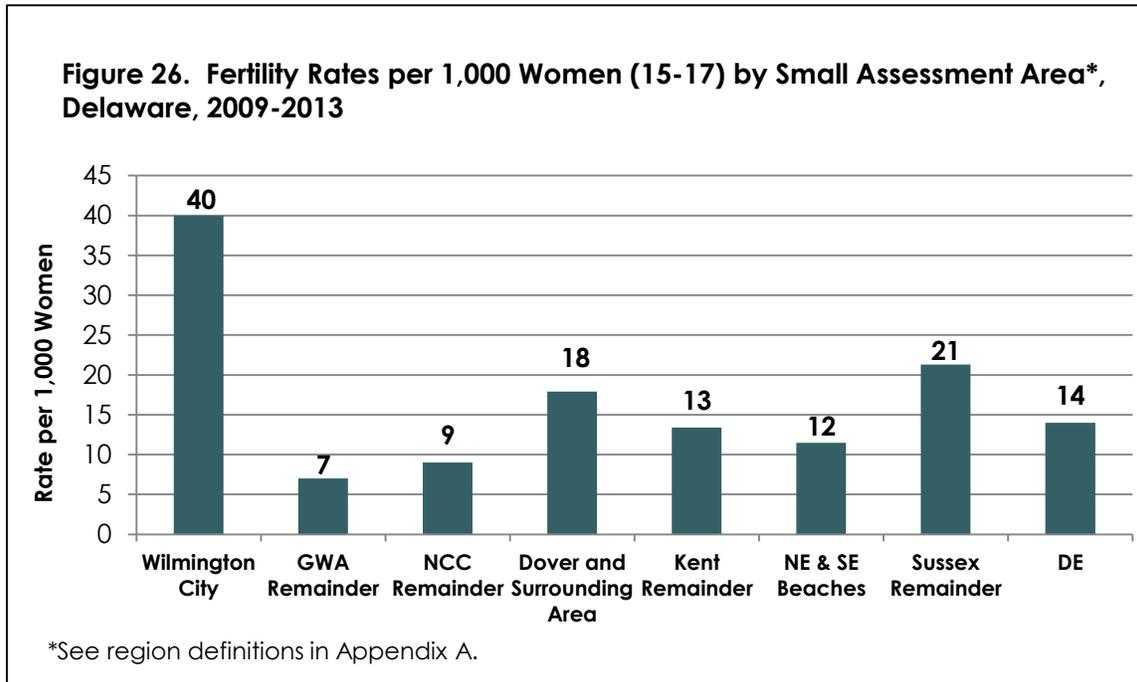
Birth outcomes include low birth weight, premature birth, and infant mortality. They are an important measure of the health of the baby, the amount and quality of prenatal care, and the health of the mother. Fertility rates, in particular among adolescents, are associated with health outcomes of the child and mother.

FERTILITY RATES

In 2013, there are 11,096 births to women ages 15-44 living in Delaware (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2013). The general fertility rate for 2013 is 62 per 1,000 women age 15-44.

- The five-year general fertility rate in Sussex County (72 per 1,000 women age 15-44) is the highest fertility rate among Delaware women. Conversely, the New Castle County five-year general fertility rate (58.5 per 1,000 women age 15-44) is lowest among the three counties, but represents the highest number of births among the counties (6,653).
 - Among the smaller assessment areas, the Remainder of Sussex County has the highest five-year general fertility rate (79 per 1,000 women age 15-44) followed by Center City Wilmington (77 per 1,000 women age 15-44) and the Remainder of Kent County (69 per 1,000 women age 15-44).
 - The Remainder of New Castle County has the lowest five-year general fertility rate (52 per 1,000 women age 15-44) followed by the Northeast and Southeast Beaches (57.5 per 1,000 women age 15-44), and the Remainder of Greater Wilmington Area (60 per 1,000 women age 15-44).
-

Infants born to teenagers have been associated with a number of negative birth outcomes, including prematurity and low birth weight, making it an important outcome to track.



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

The five-year general fertility rate for women ages 15-17 living in Delaware is 14 per 1,000 women. The lowest five-year general fertility rate for adolescent women in Delaware's three counties is in New Castle County (13.5 per 1,000 women age 15-17).

- Among the smaller assessment areas, Center City Wilmington has the highest five-year general fertility rates for adolescent women (40 per 1,000 women age 15-17). This is followed by the Remainder of Sussex County (21 per 1,000 women age 15-17), where the fertility rate is nearly half of the rate observed in Center City Wilmington.
- The Remainder of Greater Wilmington Area has the lowest five-year general fertility rate for women age 15-17 (7 per 1,000 women).

LOW BIRTHWEIGHT

Low birth weight infants (<2,500 grams or 5 lb., 8 oz.) are at greater risk of dying within the first year of life than infants of normal birth weight.

In Delaware, the five-year average percentage of low birth weight is 8.5% (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013). This rate does not meet the *Healthy People 2020* target goal (7.8%).

- New Castle County has the highest five-year average percentage of low birth weight births (9%).
- Among the small assessment areas, Center City Wilmington has the highest five-year average percentage of low birth-weight births (12%), followed by Dover and the Surrounding Area (9%).

The lowest five-year average percentage of low birth weight births among the smaller assessment areas is in the Northeast and Southeast Beaches area (7%).

PREMATURE BIRTHS

From 2009-2013 in Delaware, the five-year average percentage of premature births (gestational age < 37 weeks) is 14%.¹ This does not meet the *Healthy People 2020* goal of 11.4% premature births.

New Castle County has a slightly higher five-year average percentage of premature births (15% of all live births) than either Kent (13% of all live births) or Sussex (12% of all live births) counties.

Among the small assessment areas, the highest five-year average percentage of premature births is seen in Center City Wilmington (19% of all live births), followed by the Remainder of New Castle County (14% of all live births).

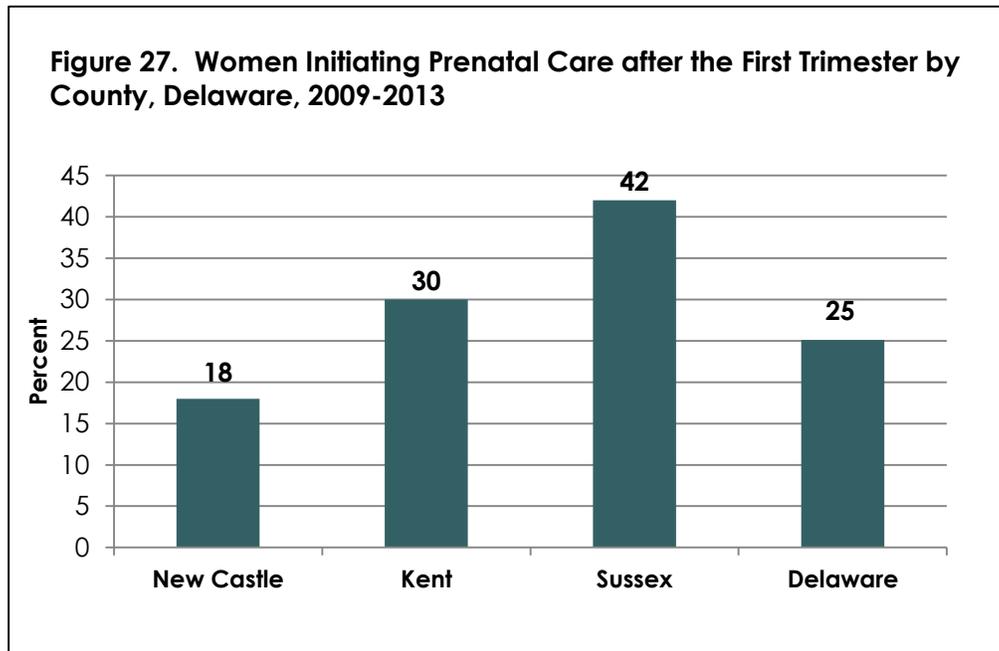
- The Northeast and Southeast Beaches area has the lowest five-year average rate of premature birth among the smaller assessment areas (9% of all live births), followed by the Remainder of Greater Wilmington Area (12% of all live births).

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

PRENATAL CARE

One-quarter (25%) of women in Delaware receive no prenatal care in the first trimester of their pregnancy (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013). This represents an average of 2,663 women statewide. This does not meet the Healthy People 2020 goal of 20.9%.

- Sussex County (42%) has the highest percentage of births associated with late or no prenatal care, while New Castle County has the lowest (18%).



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

Among the small assessment areas, the Remainder of Sussex County has the highest percentage (44%) of women receiving late or no prenatal care, while the Remainder of the Greater Wilmington Area has the lowest (15 percent).

INFANT MORTALITY

Delaware's five-year average infant mortality rate decreased slightly from 8.5 deaths per 1,000 live births in 2003-2007 to 7.7 infant deaths per 1,000 live births in 2009-2013. However, 7.7 deaths per 1,000 live births is higher than the nationwide rate of 6.8 per 1,000 live births and higher than the *Healthy People 2020* goal of six per 1,000 live births.¹

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

Among Delaware's three counties, New Castle County has the highest five-year average infant mortality rate of 8.8 per 1,000 live births, followed by Kent County (6.6 per 1,000 live births) and Sussex County (5.4 per 1,000 live births).

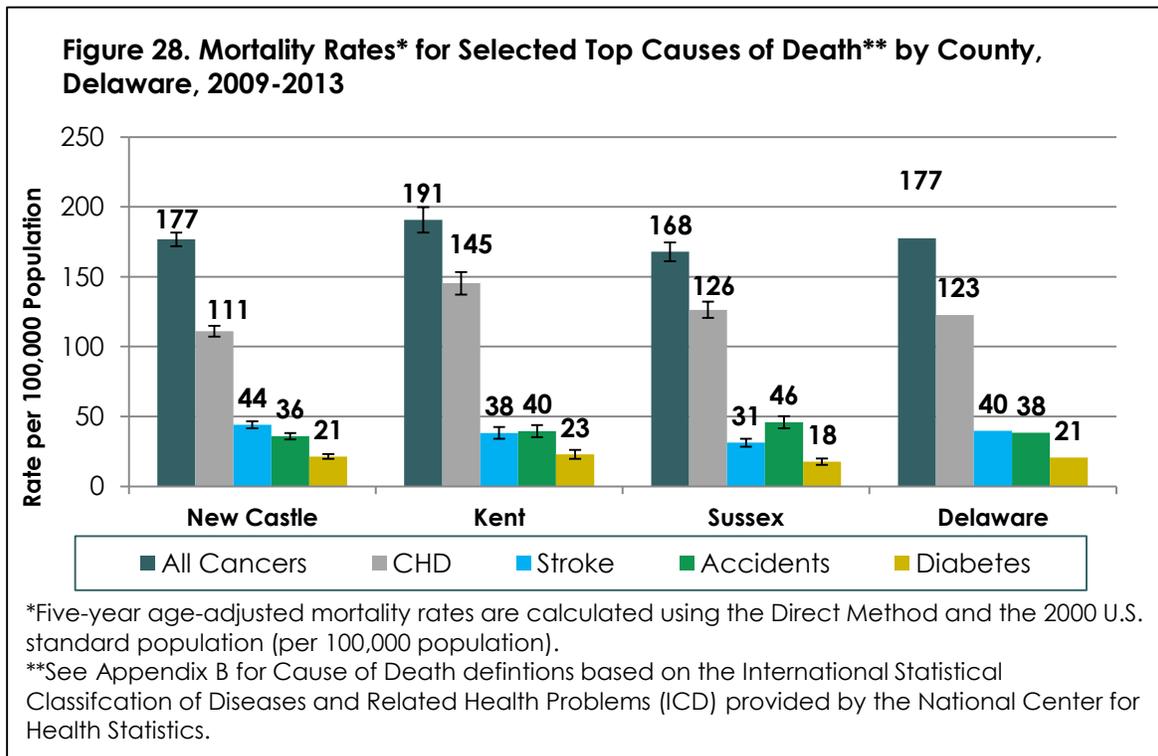
Center City Wilmington has the highest five-year average infant mortality rate among the small assessment areas (12.5 per 1,000 live births) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013).

MORTALITY

OVERALL MORTALITY

Mortality data show that the five-year age-adjusted mortality rate of deaths from all causes in Delaware was 755 per 100,000 population.¹

Selected top causes of death in Delaware are: cancer, all sites (177 per 100,000 population), followed by coronary heart disease (123 per 100,000 population); stroke (40 per 100,000 population); all accidents/drugs (38 per 100,000 population); and diabetes (21 per 100,000 population).



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

- The Delaware five-year age-adjusted mortality rate for all cancers (177 per 100,000 population) does not meet the *Healthy People 2020* goal of 161 per 100,000 population.
- The statewide five-year age-adjusted mortality rate for coronary heart disease (123 per 100,000 population) does not meet the *Healthy People 2020* goal of 103 per 100,000 population.
- Delaware (40 per 100,000 population) also does not meet the *Healthy People 2020* goals for stroke of 35 per 100,000 population.

Other categorizations of Cause of Death in Delaware include (excluding cancer type): accidental drug overdose (13 per 100,000 population); suicide (12 per 100,000 population); motor vehicle crashes (12 per 100,000 population); homicide (six per 100,000 population); and HIV/AIDS (four per 100,000 population) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013).

New Castle, Kent, and Sussex Counties

Among Delaware's three counties, Kent County has the highest five-year age-adjusted mortality rate of deaths from all causes (806 per 100,000 population), and Sussex County has the lowest (718 per 100,000 population).¹

The five-year age-adjusted mortality rate of deaths from all causes in New Castle County (746 per 100,000 population) is lower than the rate for Kent County (806 per 100,000 population).

Five-year age-adjusted mortality rates for specific causes across the state's three counties tend to be highest in Kent County, followed by New Castle County. Sussex County generally has the lowest cause-specific mortality rates in the state.

None of the three counties meets the *Healthy People 2020* goals for mortality rates for coronary heart disease (103 per 100,000 population) and suicide (10 per 100,000 population).

- The five-year age-adjusted mortality rate for coronary heart disease is highest in Kent County (145 per 100,000 population) and lowest in New Castle County (111 per 100,000 population).
- Five-year age-adjusted mortality rates from stroke are highest in New Castle County (44 per 100,000 population) and lowest in Sussex County (31 per 100,000 population).
- The five-year age-adjusted mortality rate from all accidents/drugs is highest in Sussex County (46 per 100,000 population) and lowest in New Castle County (36 per 100,000 population).

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

- Five-year age-adjusted diabetes mortality rates are highest in Kent County (23 per 100,000 population) and lowest in Sussex County (18 per 100,000 population).
- Five-year age-adjusted mortality rates from accidental drug overdoses are highest in Kent County (14.5 per 100,000 population).
- The five-year age-adjusted suicide mortality rate ranges from a high of 13 per 100,000 population in Kent and Sussex counties to a low of 11 per 100,000 population in New Castle County.
- The five-year age-adjusted mortality rate from motor vehicle crashes is highest in Sussex County (18 per 100,000 population) and lowest in New Castle County (10 per 100,000 population).
- Five-year age-adjusted HIV/AIDS mortality rates are only two per 100,000 population in Sussex County, but more than double to five per 100,000 population in New Castle County.
- The five-year age-adjusted mortality rate from homicides is highest in New Castle County (eight, representing 42 homicides per 100,000 population) and lowest in Sussex County (three, representing five homicides per 100,000 population) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013).

Small Assessment Areas

Among the smaller assessment areas, Center City Wilmington has the highest five-year age-adjusted mortality rate of deaths from all causes in Delaware (943 per 100,000 population) and the Northeast and Southeast Beaches area has the lowest (643 per 100,000 population).¹

- Center City Wilmington (943 per 100,000 population) has a much higher five-year age-adjusted mortality rate of deaths from all causes than the Remainder of the Greater Wilmington Area that surrounds it (691 per 100,000 population).

Compared to small assessment areas, five-year age-adjusted mortality rates for specific causes are generally higher in Center City Wilmington, the Remainder of New Castle County, Dover and the Surrounding Area, the Remainder of Kent County, and the Remainder of Sussex County.²

- In these other five areas, five-year age-adjusted mortality rate of deaths from all cancers and coronary heart disease do not meet the *Healthy People 2020* goals of 161 per 100,000 population and 103 per 100,000 population, respectively.

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

² DHSC, 2009-2013.

CANCER MORTALITY

The overall five-year age-adjusted cancer mortality rates in the state declined 15%, from 207 cancer deaths per 100,000 population in 1999-2003, to 177 cancer deaths per 100,000 population in 2009-2013 (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 1999-2013).

Lung cancer (52 per 100,000 population) has the highest five-year age-adjusted mortality rate among all cancers, followed by female breast cancer (22 per 100,000 population), colon and rectal cancer (14 per 100,000 population), prostate cancer (19 per 100,000 population), and cervical cancer (three per 100,000 population).¹

- Statewide, the five-year age-adjusted mortality rate from female breast cancer (22 per 100,000 population), lung cancer (52 per 100,000 population), and cervical cancer (3 per 100,000 population) do not meet the goals of *Healthy People 2020* (21 per 100,000 population, 46 per 100,000 population, and 2.2 per 100,000 population, respectively).
- Female breast cancer accounts for 129 deaths annually statewide, lung cancer is responsible for 562 deaths every year, and cervical cancer is attributed to 14 deaths per year.

New Castle, Kent, and Sussex Counties

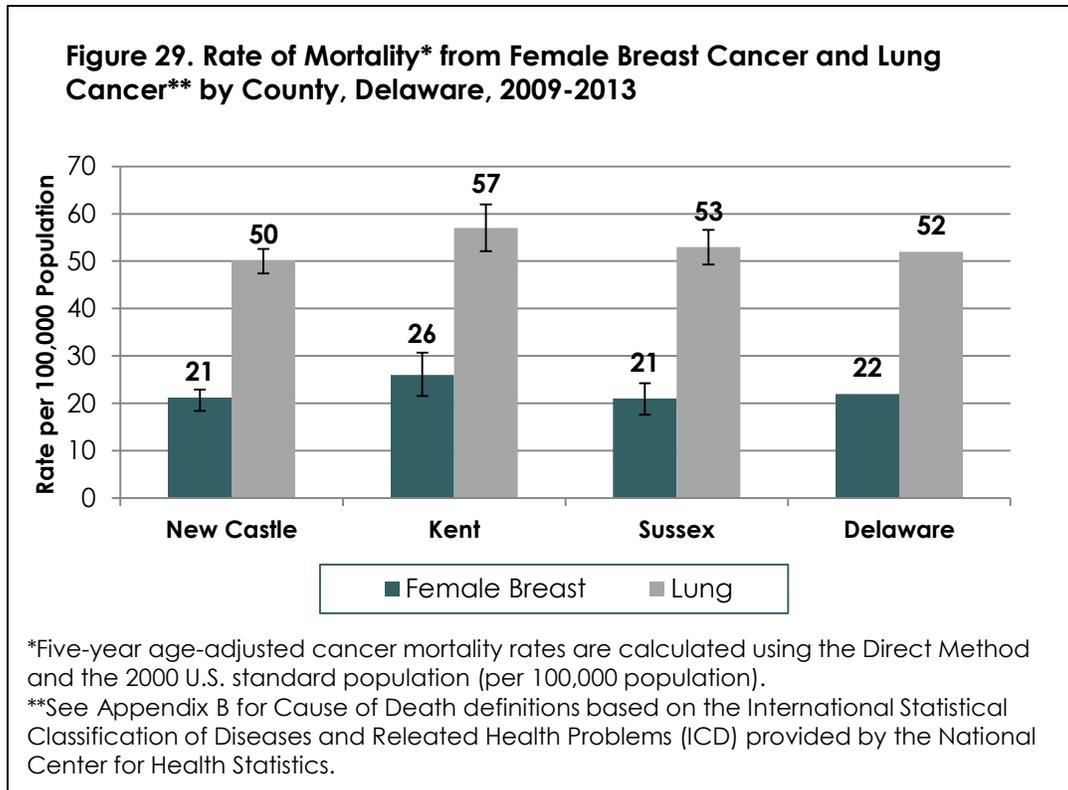
Kent County (191 per 100,000 population) has the highest five-year age-adjusted cancer mortality rate among the three counties, followed by New Castle County (177 per 100,000 population) and Sussex County (168 per 100,000 population).²

- Kent County also has the highest five-year age-adjusted mortality rate from lung cancer (57 per 100,000 population), female breast cancer (25.5 per 100,000 population), and colon and rectal cancer (15.5 per 100,000 population).
- Kent County has the highest five-year age-adjusted mortality rate from female breast cancer (25.5 per 100,000 population) followed by New Castle County and Sussex County (both 21.4 per 100,000 population).
- Kent County has the highest five-year age-adjusted mortality rate from lung cancer (57 per 100,000 population) followed by Sussex County (53 per 100,000 population) and New Castle County (50 per 100,000 population).
- Sussex and New Castle counties have the highest five-year age-adjusted mortality rate from prostate cancer (both 20 per 100,000 population).

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

² DHSC, 2009-2013.

None of the three counties meet the *Healthy People 2020* goals for mortality rates for female breast cancer (21 per 100,000 population) and lung cancer (46 per 100,000 population) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013).



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

Small Assessment Areas

The City of Wilmington has the highest five-year age-adjusted mortality rate from all cancers (208 per 100,000 population), as well as from lung cancer (60 per 100,000 population), colon and rectal cancer (19 per 100,000 population), and prostate cancer (32 per 100,000 population).¹

- The Remainder of Kent County has the highest five-year age-adjusted mortality rate from female breast cancer (27 per 100,000 population).

All small assessment areas except the Remainder of Greater Wilmington (42 per 100,000 population) do not meet the *Healthy People 2020* goals for lung cancer (46 per 100,000 population).

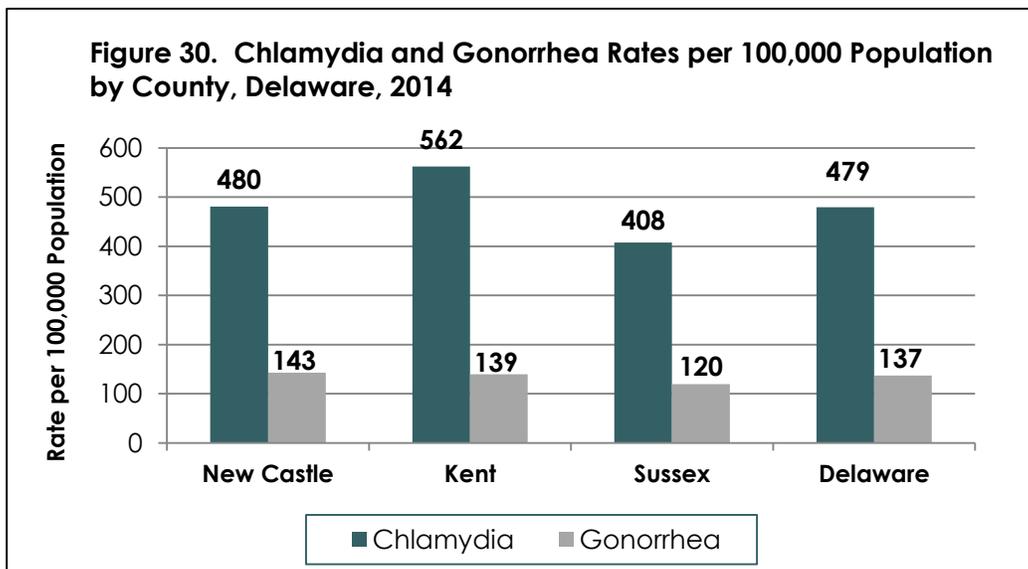
¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

MORBIDITY

Morbidity refers to the presence of disease or illness. This health assessment includes information on reported communicable and sexually transmitted diseases from the Division of Public Health, Delaware Health Statistics Center, 2014.

The most common reportable conditions in Delaware are Chlamydia (479 per 100,000 population) and Gonorrhea (137 per 100,000 population). Lyme disease (45 per 100,000 population) is the third most common reportable disease, representing 417 cases per year in the state.

Chronic Hepatitis B accounts for 14 cases per 100,000 population, HIV infections are responsible for 117 new cases every year, at a rate of 12.5 per 100,000 population. There are 73 new cases of AIDS reported each year in Delaware.



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2014.

Across Delaware's three counties, Kent County has the highest rate of Chlamydia (562 per 100,000 population) and Sussex County has the lowest rate (407 per 100,000 population). However, New Castle County has the highest rate of Gonorrhea (143 per 100,000 population) in the state.¹

- New Castle County also has the highest rate of AIDS cases (10 per 100,000 population) and Hepatitis B, Chronic (18 per 100,000 population).
- Kent County has the highest rate of new HIV infections (15 per 100,000 population) and Lyme disease (54 per 100,000 population).

¹ Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013.

HEALTH STATUS

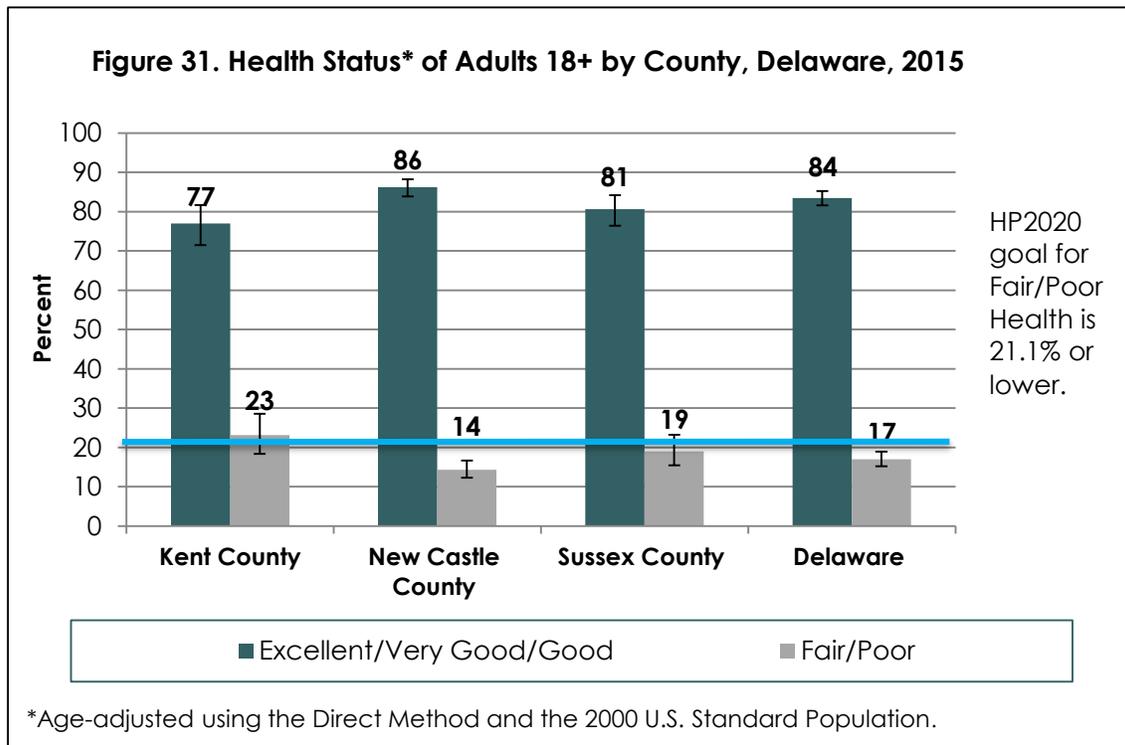
The overwhelming majority of adults in the state of Delaware describe their health as excellent, very good, or good.

SELF-REPORTED HEALTH STATUS

Adult Health Status

Self-reported health status is one of the best indicators of population health. This measure has consistently correlated very strongly with mortality rates (Idler, Benyamini, 1997).¹

- The overwhelming majority of Delaware adults (83.5%, 95% CI: 81.6- 85.4) report themselves in excellent, very good, or good physical health (DPHI Delaware Household Health Survey, 2015). (Appendix E. Tables) However, 17% (95% CI: 15.3- 19.0) of Delawareans are in fair or poor health.



Source: DPHI Delaware Household Health Survey, 2015.

¹ Idler EL, Benyamini Y. Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. Journal of Health and Social Behavior. 1997; 21-37.

- The percentage of adults in Delaware's three counties in excellent, very good, or good health varies from a low of 77% (Kent County) to a high of 86% (New Castle County) (DPHI Delaware Household Health Survey, 2015).
- Within the three counties, Kent County (23%) has the highest percentage of adults in fair or poor health. This represents ~32,400 adults.
 - Kent County (77%) does not meet the *Healthy People 2020* goal for health status (79.8% in excellent, very good, or good health).
- New Castle County (14%; representing ~60,800 adults) has the lowest percentage of adults in fair or poor health.

Adults living in Dover and the Surrounding Area (24%) are more likely to be in fair or poor health than adults in Delaware as a whole (17%), or in any of the other six smaller Delaware assessment areas. The adults living in the Remainder of the Greater Wilmington Area (9%) are least likely to be in fair or poor health.¹

Children's Health Status

In Delaware, the overwhelming majority of children (96 %, 95% CI: 94.8, 97.2) are in excellent, very good, or good health (Nemours' Delaware Survey of Children's Health, 2014).² (Appendix F.)

- However, 4%, (95% CI: 2.8, 5.2) of children are in fair or poor health.
 - Kent County (3%) has the smallest percentage of children in fair or poor health, followed by New Castle and Sussex counties (both 4%).
 - In the City of Wilmington, 3% of children are in fair or poor health. In comparison, 4% of children in New Castle County excluding Wilmington are in fair or poor health.

Throughout the state, one in nine children (11%, 95% CI: 8.5-12.9) age 0-17 has a chronic medical, behavioral, or other health condition.

- New Castle County excluding the City of Wilmington (12%) has the highest percentage of children with a chronic condition. Three other areas have a slightly lower percentage (10% percent): Kent and Sussex counties and the City of Wilmington (Nemours' Delaware Survey of Children's Health, 2014).³

¹ DPHI Delaware Household Health Survey, 2015.

² Nemours, Delaware Survey of Children's Health (2014). <http://datacenter.nemours.org/>. Accessed 10/26/2017.

³ DSCH, 2014.

SPECIFIC HEALTH CONDITIONS

The following section examines selected chronic health conditions, and selected mental and behavioral health conditions that require ongoing care and management. Examples of chronic health conditions include high blood pressure, diabetes, and asthma. Examples of chronic mental and behavioral health conditions include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors (Mayo Clinic, 2017).¹

Hypertension

More than 360,000 American deaths in 2013 included high blood pressure as a primary or contributing cause (CDC, 2017).² That represents approximately 1,000 deaths each day. High blood pressure increases the risk of dangerous health conditions, including:

- First heart attack
- First stroke
- Chronic heart failure
- Kidney disease.

One of every three U.S. adults (29% or 75 million adults) has high blood pressure.³ According to the Behavioral Risk Factor Surveillance System (BRFSS), 35% of adults in Delaware have been told they have high blood pressure by a doctor, nurse or other health professional (Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2015).⁴ DPHI's Delaware Household Health Survey (2015) found 33% (95% CI: 30.5-35.0) of adults in Delaware have high blood pressure, which is close to BRFSS.

To better understand how Delaware compares to the age-adjusted *Healthy People 2020* goal, DPHI produced an age-adjusted rate⁵ which showed 29% (95% CI: 26.4-30.7) of adults in Delaware with high blood pressure. This percentage does not meet the *Healthy People 2020* goal of 26.9%.

Adults in Kent County (31%) are slightly more likely to have high blood pressure than adults in Sussex (30%) or New Castle (27.5%) counties (DPHI Delaware Household Health Survey, 2015).

¹ Mayo Clinic. Diseases and Conditions: Mental Illness Defined. <http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/definition/con-20033813>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: High Blood Pressure Facts. <https://www.cdc.gov/bloodpressure/facts.htm>. Accessed 10/27/2017.

³ Centers for Disease Control and Prevention: High Blood Pressure Facts. <https://www.cdc.gov/bloodpressure/facts.htm>. Accessed 10/27/2017.

⁴ Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2015. <http://dhss.delaware.gov/dph/dpc/brfsurveys.html>. Accessed 10/27/2017.

⁵ Age-adjusted using the Direct Method and the 2000 U.S. Standard Population.

Among the small assessment areas in the state, adults in the Remainder of Sussex County and Center City Wilmington have the highest percentage (both 33%) of adults with high blood pressure, representing ~39,400 and ~31,800 adults, respectively (DPHI Delaware Household Health Survey, 2015). These percentages do not meet the *Healthy People 2020* goal of 26.9%.

- Dover and the Surrounding Area and Remaining Kent County (both 31%), and the Northeast and Southeast Beaches (27%) also do not meet this goal (26.9%).

Among Delaware adults with high blood pressure, nearly one in five, or 19% (95% CI: 15.6-22.3), do not take their prescribed blood pressure medication, representing ~44,600 adults.¹

- One-in-five adults with high blood pressure in New Castle County (20%) do not take their blood pressure medication. They are the least likely to take their blood pressure medication among adults in all three counties.
- Nearly one-quarter of adults with high blood pressure in the Northeast and Southeast Beaches area and the Remainder of the Greater Wilmington Area (24% for both) are least likely to take their blood pressure medication, compared to individuals with hypertension in the other smaller assessment areas.
 - In contrast, adults in Dover and the Surrounding Area and the Remainder of Sussex County (13.5%) are least likely to not take their high blood pressure medication.

In addition, 10% (95% CI: 7.8-12.8) of Delaware adults were told that their blood pressure is not under control at their most recent appointment.

- Kent County adults (13%) are more likely to have uncontrolled high blood pressure than adults in the other two counties (both 9%).
- Across the small assessment areas, adults in the Remainder of Kent County (14%) are most likely not to have their blood pressure under control; adults in the Remainder of the Greater Wilmington Area (6%) are most likely to have their blood pressure under control.

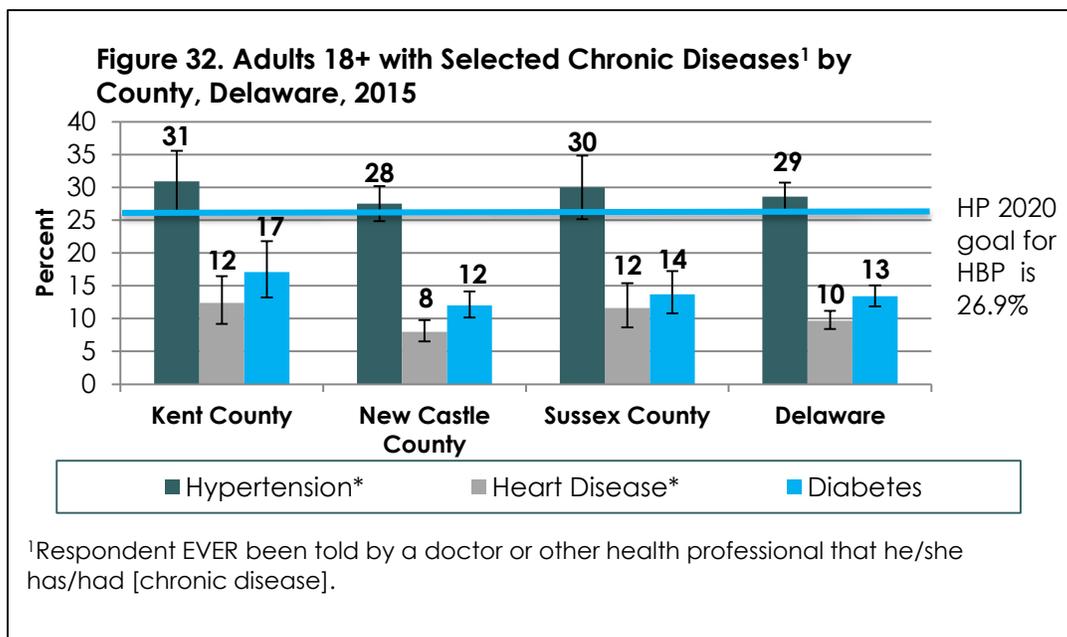
¹ DPHI Delaware Household Health Survey, 2015.

Heart Disease

About 610,000 people die of heart disease in the United States every year – this represents one in every four deaths (CDC, 2017).¹ Nationally, heart disease is the leading cause of death for both men and women. More than one-half of the deaths due to heart disease in 2009 were among men. High blood pressure, high cholesterol, and smoking are key risk factors for heart disease. About one-half of Americans (47%) have at least one of these three risk factors. Other medical conditions and lifestyle choices can increase the risk of heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use (CDC, 2017).²

In Delaware, one in 10 adults (10%, 95% CI: 8.4-11.1) has been diagnosed with heart disease. This represents ~70,200 adults (Delaware Household Health Survey, 2015). Within the small assessment regions, Dover and the Surrounding Area and the Northeast and Southeast Beaches area have the highest percentage of adults with heart disease (both 14%). The Remainder of New Castle County has the lowest rate of heart disease (7%).



Source: DPHI Delaware Household Health Survey, 2015.

¹ Centers for Disease Control and Prevention: Heart Disease Facts. <https://www.cdc.gov/heartdisease/facts.htm>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: Heart Disease Facts. <https://www.cdc.gov/heartdisease/facts.htm>. Accessed 10/26/2017.

Diabetes

In those with diabetes, over time, high blood glucose levels damage nerves and blood vessels, leading to complications such as heart disease, stroke, kidney disease, blindness, dental disease, and amputations. Other complications of diabetes may include increased susceptibility to other diseases, loss of mobility with aging, depression, and pregnancy problems (NIDDK, 2017).¹

Thirteen percent [95% CI: 11.8-15.0] of Delaware adults have been diagnosed with diabetes (DPHI Delaware Household Health Survey, 2015). This statistic is very close to what the BRFSS reported (12%) in 2015 (Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BFRSS), 2015). Both of these sources indicate Delaware has a higher percentage than the U.S. as a whole (9.3%) (CDC, 2014).²

- Kent County (17%; representing ~23,800 adults) has the highest percentage of persons with diabetes among the three Delaware counties, followed by Sussex (14%) and New Castle counties (12%).
- Dover and the Surrounding Area (18%) has the highest percentage of adults with diabetes among the seven small assessment areas, followed by the Remainder of Kent and Remainder of Sussex counties (both 16%), and Center City Wilmington (15%).

Asthma

In adults, asthma is a chronic condition that often leads to missed days from work and, in extreme cases, death. Ongoing monitoring and treatment are critical, but many people with asthma do not follow treatment plans due to the cost of prescriptions or side effects of the medication (NHLBI, 2016).³

Adults

According to the BRFSS, 14% of Delaware adults have been diagnosed with asthma.⁴ This statistic coincides with Household Health Survey⁵ data (14%, 95% CI: 12.3-15.7) and is nearly twice the percentage of adults with asthma in the U.S. (7.4%) (CDC, 2016).⁶ Among Delaware's three counties, Kent County (17%) has the highest percentage of

¹ National Institute of Diabetes and Digestive Kidney Diseases. <https://www.niddk.nih.gov/health-information/diabetes/causes>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: National Diabetes Statistics Report (2014). <http://www.thefhdha.org/pdf/diabetes.pdf>. Accessed 10/26/2017.

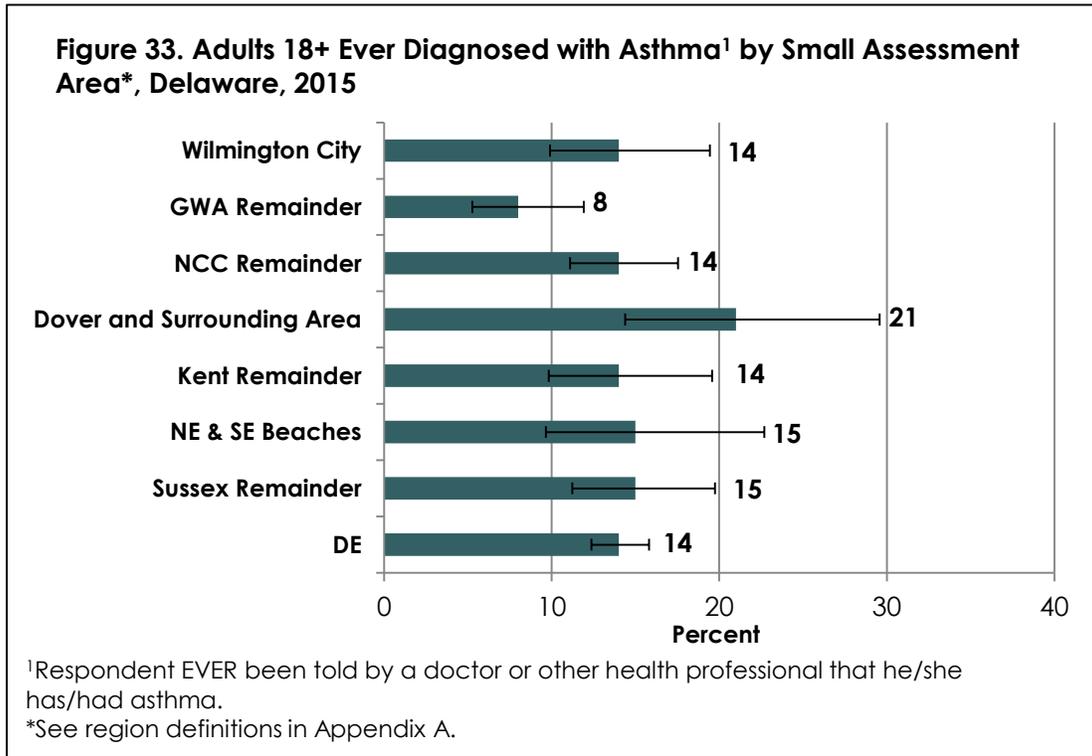
³ National Heart, Lung and Blood Institute: Asthma Treatment. <https://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>. Accessed 10/26/2017.

⁴ Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2015.

⁵ DPHI Delaware Household Health Survey, 2015.

⁶ Centers for Disease Control and Prevention: Asthma Surveillance Data. <https://www.cdc.gov/asthma/asthmadata.htm>. Accessed 10/26/2017.

adults with asthma. This represents ~24,100 adults (DPHI Delaware Household Health Survey, 2015).



Source: DPHI Delaware Household Health Survey, 2015.

Adults in Dover and the Surrounding Area have the highest percentage of asthma among the small assessment regions, with more than one in five adults (21% or ~13,100 adults) reporting ever having been diagnosed by a doctor or other health professional.¹

One in eight adults with asthma in Delaware (13%) does not have their asthma under control; this represents ~12,500 adults.²

- Within Delaware, Sussex County has the highest percentage of adults whose asthma is not under control: one in five adults (20%), representing ~4,700 adults.
- New Castle County has the lowest percentage of adults (9.5%) whose asthma is not under control among the three counties.
- Across the small assessment areas in the state, adults in the Northeast and Southeast Beaches area (29%) have the highest percentage of asthma that is not under control, and adults in the Remainder of the Greater Wilmington Area have the lowest (5%).

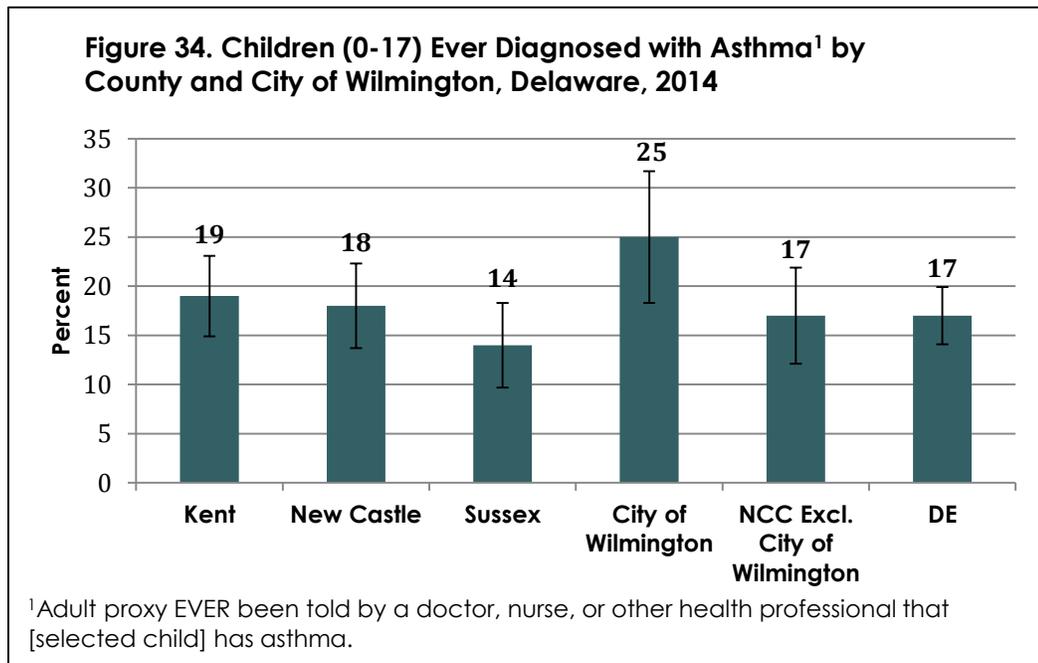
¹ DPHI Delaware Household Health Survey, 2015.

² DE HHS, 2015

Children

Children in Delaware are more likely to have asthma than children nationally. Approximately 9% of children in the U.S. have asthma (CDC, 2016)¹ in comparison to 17% (95% CI: 14.5-20.3) of children in Delaware (Nemours' Delaware Survey of Children's Health, 2014).

- Within Delaware, the City of Wilmington has the highest percentage of children with asthma; one in four children (25%) has asthma.²
 - In New Castle County excluding the City of Wilmington, 17% of children have asthma.
- Sussex County has the lowest percentage of children with asthma (14%). In New Castle County excluding Wilmington, the percentage is 17%. In Kent County, the percentage is 19%.³



Source: Nemours' Delaware Survey of Children's Health, 2014

¹ Centers for Disease Control and Prevention: Asthma Surveillance Data. <https://www.cdc.gov/asthma/asthmaadata.htm>. Accessed 10/26/2017.

² Nemours, Delaware Survey of Children's Health (2014). <http://datacenter.nemours.org/>. Accessed 10/26/2017.

³ DSCH, 2014.

Overweight and Obesity

Obesity rates in Delaware (33%) do not meet the *Healthy People 2020* goal for adult obesity (30.6%).

Adults

Obesity is clearly associated with increased morbidity and mortality. There is strong evidence that weight loss in overweight and obese individuals reduces risk factors for diabetes and cardiovascular disease. In fact, weight loss has been shown to reduce blood pressure in both overweight hypertensive and non-hypertensive individuals, reduce serum triglycerides and increases high-density lipoprotein (HDL)-cholesterol, and generally produces some reduction in total serum cholesterol and low-density lipoprotein (LDL)-cholesterol (NIH, 2016).¹

One-third (33%, 95% CI: 30.7-35.8)² of Delaware adults age 20 and older (age-adjusted) are obese, representing nearly one-quarter of a million adults (~224,500) – more than a 4% increase since 2011. This does not meet the goal for *Healthy People 2020* (30.6%) (DPHI Delaware Household Health Survey, 2015).

Nearly one-third of Delawareans (32%, 95% CI: 29.8-34.6) are overweight (~220,000 adults).³

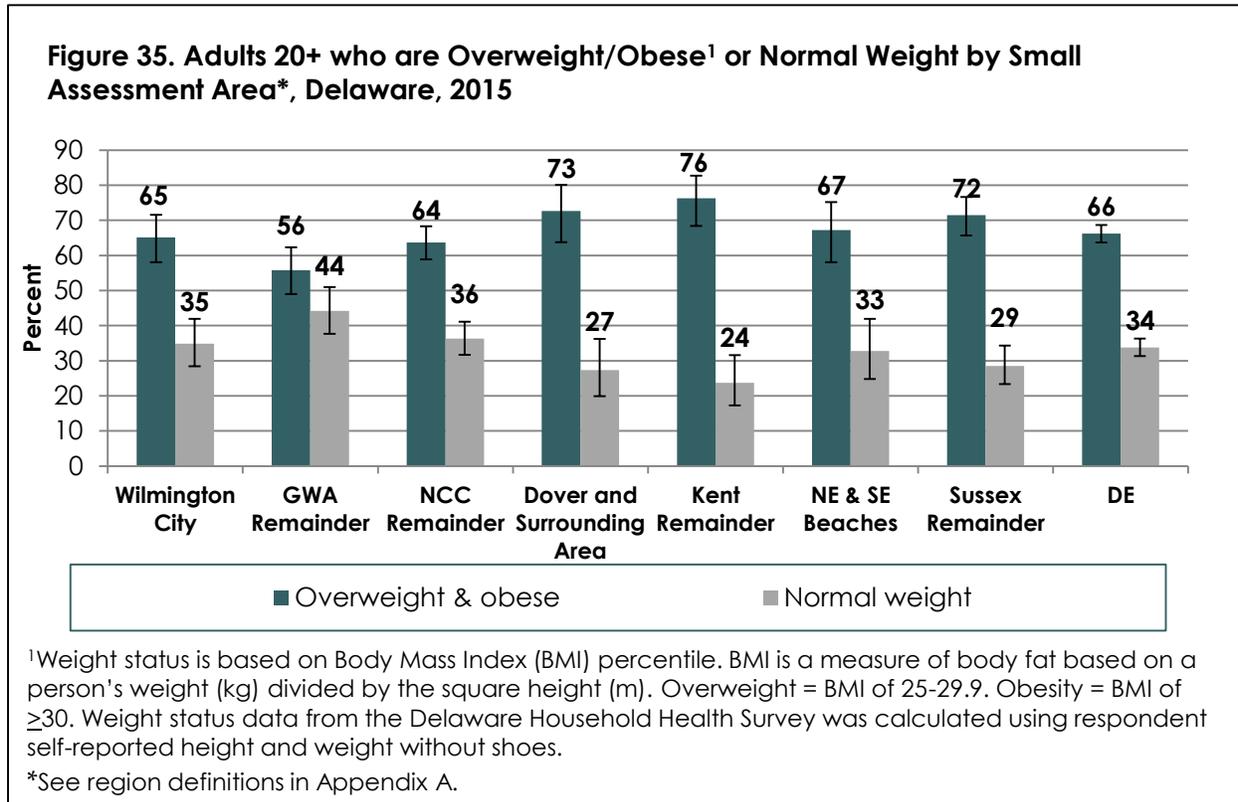
¹ National Institutes of Health: Clinical Guidelines of Overweight and Obesity. https://www.nhlbi.nih.gov/files/docs/guidelines/obesity_guidelines_archive.pdf. Accessed 10/26/2017.

² Obesity rates are age-adjusted to the U.S. 2000 Standard Population using the Direct Method.

³ DPHI Delaware Household Health Survey, 2015.

The majority of adults in Delaware (66%, 95% CI: 63.7-68.6) are overweight or obese, compared to 34%, 95% CI: 31.4-36.3) of adults who are normal weight (DPHI Delaware Household Health Survey, 2015).

- Rates of adult overweight or obesity are the highest in the Remainder of Kent County (76%) among the small assessment regions.
- The Remainder of the Greater Wilmington Area (56%) has the lowest percentage of obese or overweight adults among the small assessment regions.



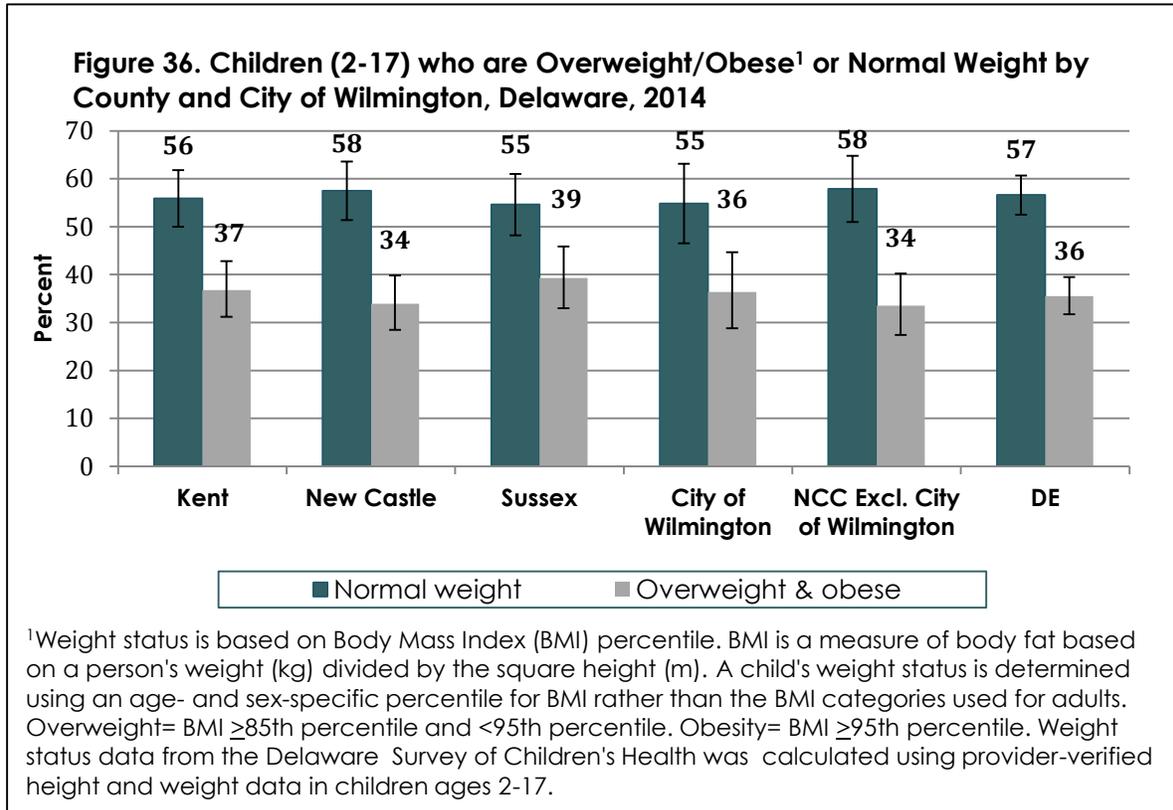
Source: DPHI Delaware Household Health Survey, 2015. ¹

¹ Centers for Disease Control and Prevention: Defining Adult Overweight and Obesity. <https://www.cdc.gov/obesity/adult/defining.html>. Accessed 10/26/2017.

Children

Delaware children tend to be less obese or overweight than adults, but overall, more than one-third (35.5%, 95% CI: 31.7-39.5) of children ages 2-17 are obese (21%, 95% CI: 17.6-24.2) or overweight (15%, 95% CI: 11.9-17.5) (Nemours' Delaware Survey of Children's Health, 2014). The percentage of obese children in Delaware (21%) also exceeds the national percentage (17%).¹

- Just over half (57%, 95% CI: 52.5-60.7) of children ages 2-17 are normal weight.



Source: Nemours' Delaware Survey of Children's Health, 2014.²

- Within the state of Delaware, Sussex County has the highest percentage of children who are obese or overweight (39%), followed by Kent County (37%) and New Castle County (34%).
- In New Castle County excluding the City of Wilmington, 33.5% of children are overweight or obese, and in the City of Wilmington the percentage is 36%.³

¹ Centers for Disease Control and Prevention: Prevalence of Childhood Obesity in the United States. <https://www.cdc.gov/obesity/data/childhood.html>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: Defining Childhood Overweight and Obesity. <https://www.cdc.gov/obesity/childhood/defining.html>. Accessed on 10/26/2017.

³ Nemours, Delaware Survey of Children's Health (2014). <http://datacenter.nemours.org/>. Accessed 10/26/2017.

Sensory Impairments

Sensory impairments, such as problems with vision, hearing, postural balance, or loss of feeling in the feet, increase with age. The prevalence of sensory impairments will increase as U.S. life expectancy increases. Important public health goals for older adults include maintaining independent living, health, and quality of life. Minimizing the impact of sensory impairments is therefore important (NCHS, 2016).¹

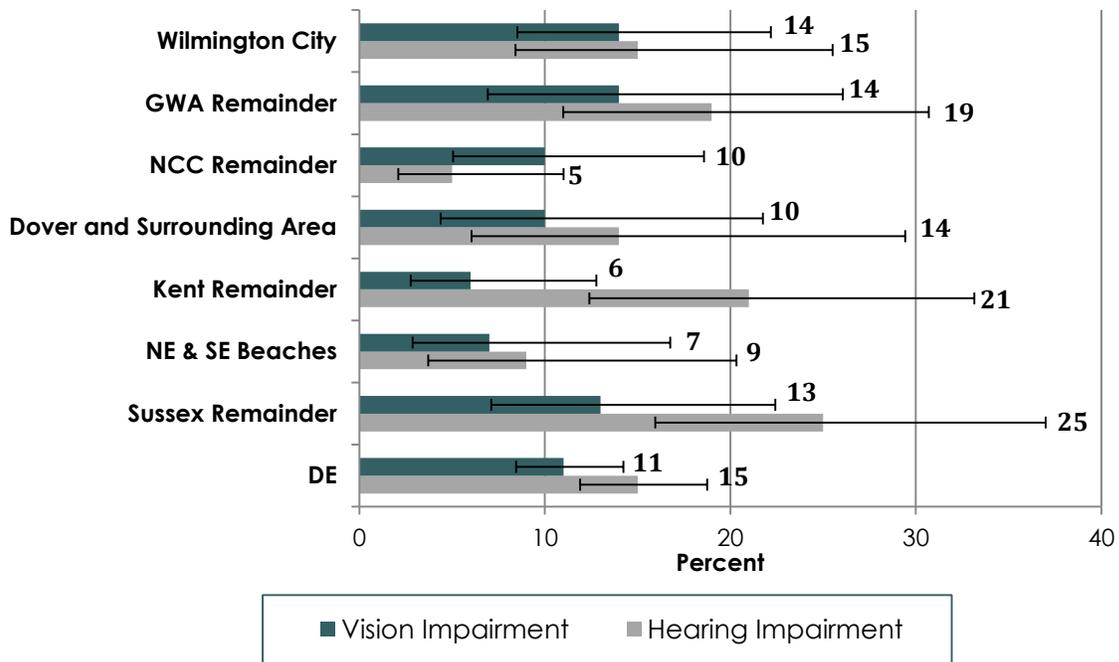
Of Delawareans age 65 and older, 15%, 95% CI: 11.5-18.3) have difficulty hearing even with a hearing aid, and 11%, 95% CI: 8.1-13.9) have problems seeing with glasses (DPHI Delaware Household Health Survey, 2015). This represents ~24,300 older adults in the state with a hearing impairment and ~17,800 older adults with a visual impairment.

- New Castle County (12.5%) has the highest percentage of adults (65+) with a visual impairment in the state, followed by Sussex (10%) and Kent (8%) counties.
- Kent County (18%) also has the highest percentage of adults (65+) with a hearing impairment, and New Castle County has the lowest (12%).

The percentage of adults age 65 and older with visual or hearing impairments varies widely across the small assessment regions. These differences may be related to factors such as the economic structure of the population.

¹ National Center for Health Statistics: Sensory Impairment in Americans Aged 70 and Over. <http://www.cdc.gov/nchs/data/databriefs/db31.pdf>. Accessed 10/26/2017.

Figure 37. Adults 65+ with Vision¹ or Hearing² Impairments by Small Assessment Area*, Delaware, 2015



¹ Respondent has difficulty seeing, even when wearing glasses.

² Respondent has difficulty hearing, even when wearing a hearing aid.

*See region definitions in Appendix A.

Source: DPHI Delaware Household Health Survey, 2015.

- Visual impairments range from a high of 14% in both Center City Wilmington and the Remainder of the Greater Wilmington Area, to a low of 6% in the Remainder of Kent County.
- Hearing impairments range from a low of 5% in the Remainder of New Castle County to a high of 25% in the Remainder of Sussex County.
- In the Northeast and Southeast Beaches area in Sussex County, the percentage of adults with a hearing impairment (9%) or vision impairment (7%) is much lower than the Remainder of Sussex County, where 25% of adults are hearing impaired and 13% are visually impaired (DPHI Delaware Household Health Survey, 2015).

MENTAL AND BEHAVIORAL HEALTH

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how a person handles stress, relates to others, and makes choices. Good mental health is important at every stage of life, from childhood and adolescence through adulthood. Behavioral health promotes well-being by preventing, or intervening, in mental illness such as depression or anxiety. It also aims to prevent and intervene in substance use disorders and other addictions (MentalHealth.gov, 2017).¹

STRESS

High levels of stress are known to negatively affect physical health. Over time, continued strain on the body from routine stress may lead to serious health problems, such as heart disease, high blood pressure, diabetes, depression, anxiety disorder, and other illnesses (NIMH, 2017).² The majority of adult Delawareans (54%) did not report a high level of stress in the past year (DPHI Delaware Household Health Survey, 2015). However, 46%, 95% CI: 43.5-48.4) were highly stressed in the past 12 months. This represents ~328,300 adults.³

- Adults in Kent County (51%) had the highest stress levels among residents of the three counties, followed by New Castle (46%) and Sussex (42%) counties.
- Across the small assessment areas, the percentage of adults with high stress levels ranged from a low of 34% in the Northeast and Southeast Beaches area to a high of 52% in the Remainder of Kent County.

¹ U.S. Department of Health and Human Services: Mental Health. <https://www.mentalhealth.gov/basics/what-is-mental-health/index.html>. Accessed 10/26/2017.

² National Institute of Mental Health: 5 Things to Know About Stress. <https://www.nimh.nih.gov/health/publications/stress/index.shtml>. Accessed 10/26/2017.

³ DPHI Delaware Household Health Survey, 2015.

MENTAL ILLNESS

The mentally ill are defined as individuals with a mental health disorder with serious functional impairment which substantially interferes with or limits one or more major life activities. This does not include substance use disorders (NIMH, 2015).¹

Data from the Delaware Household Health Survey on mental health conditions were gathered by asking the following questions:

- (Have you/has he/has she) ever been diagnosed with any mental health condition, including clinical depression, anxiety disorder, or bipolar disorder?
- (Are you/is he/is she) currently receiving treatment for this mental health condition?
- What is the primary reason (you are/he is/ she is) not receiving treatment for this mental health condition?

Overall, 17% (95% CI: 15.2-18.9) of Delaware adults have been diagnosed with a mental health condition, representing ~123,300 adults (DPHI Delaware Household Health Survey, 2015). Nationally, an estimated one in five U.S. adults (18.5%) have a mental illness in a given year (NIMH, 2015).²

- Adults in Kent County (21%) are more likely to have been diagnosed with a mental illness than adults in New Castle County (17%).
 - Adults in Sussex County have the lowest rate of mental illness (13%), representing ~21,800 adults.
- Center City Wilmington and the Remainder of Kent County (both 22%) have the highest percentage of adults diagnosed with a mental illness among the small assessment areas.
 - The Northeast and Southeast Beaches area (10.5%) has the lowest percentage of mentally ill adults, one-half the percentage in Center City Wilmington and the Remainder of Kent County (both 22%).

Of the 17% of Delawareans diagnosed with mental illness, more than one-third (37%, 95% CI: 31.7-43.5), representing ~46,000 adults) are not currently receiving treatment for their condition.³

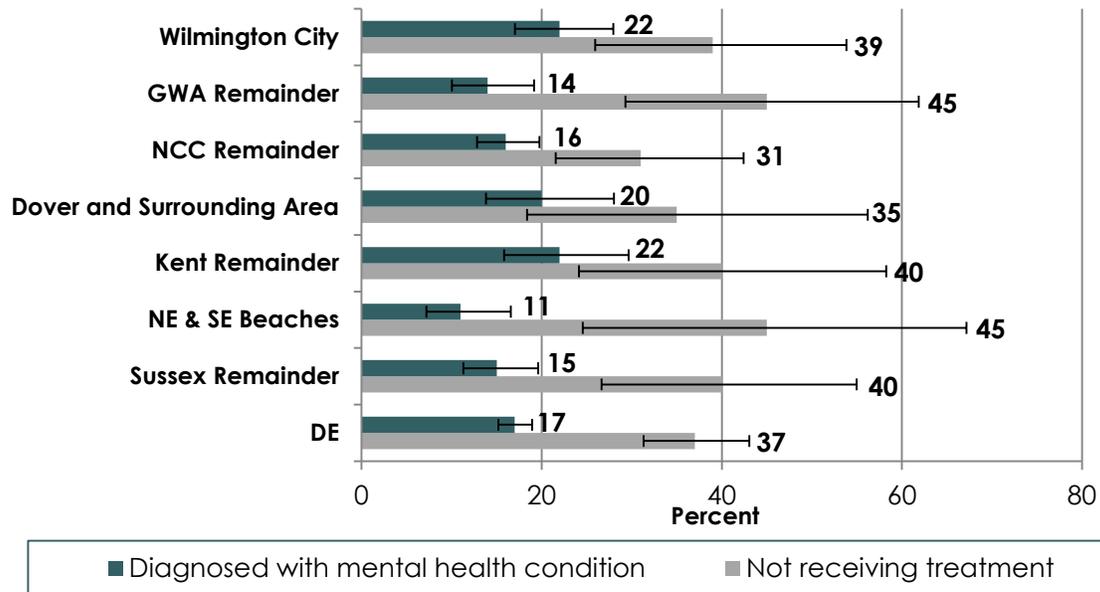
- The primary reason given by a majority of adults diagnosed with mental illness for not receiving treatment (50.5%) is that they perceive the condition to no longer be a problem, or they believe that treatment is not necessary (Figure 38).

¹ National Institute of Mental Health: Any Mental Illness (AMI) among U.S. Adults (2015). <https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>. Accessed 10/26/2017.

² NIMH: AMI among U.S. Adults, 2015.

³ DPHI Delaware Household Health Survey, 2015.

Figure 38. Adults 18+ Diagnosed with a Mental Health Condition¹ and Not Receiving Treatment² by Small Assessment Area*, Delaware, 2015



¹EVER diagnosed with any mental health condition, including clinical depression, anxiety disorder or bipolar disorder.

²Of those diagnosed with a mental health condition, CURRENTLY [not] receiving treatment.

*See region definitions in Appendix A.

Source: DPHI Delaware Household Health Survey, 2015.

Sussex County (42%) has the highest percentage of adults currently not receiving treatment for their mental illness across the three counties in the state, and New Castle County the lowest (36%) (DPHI Delaware Household Health Survey, 2015).

- Sussex County (58%) has the highest percentage of those who believe that treatment is not necessary, compared to 47% of adults in New Castle County.

Among the small assessment areas in the state, the Northeast and Southeast Beaches area and the Remainder of the Greater Wilmington Area have the highest percentage of adults with mental illness who are currently not receiving treatment (both 45%).

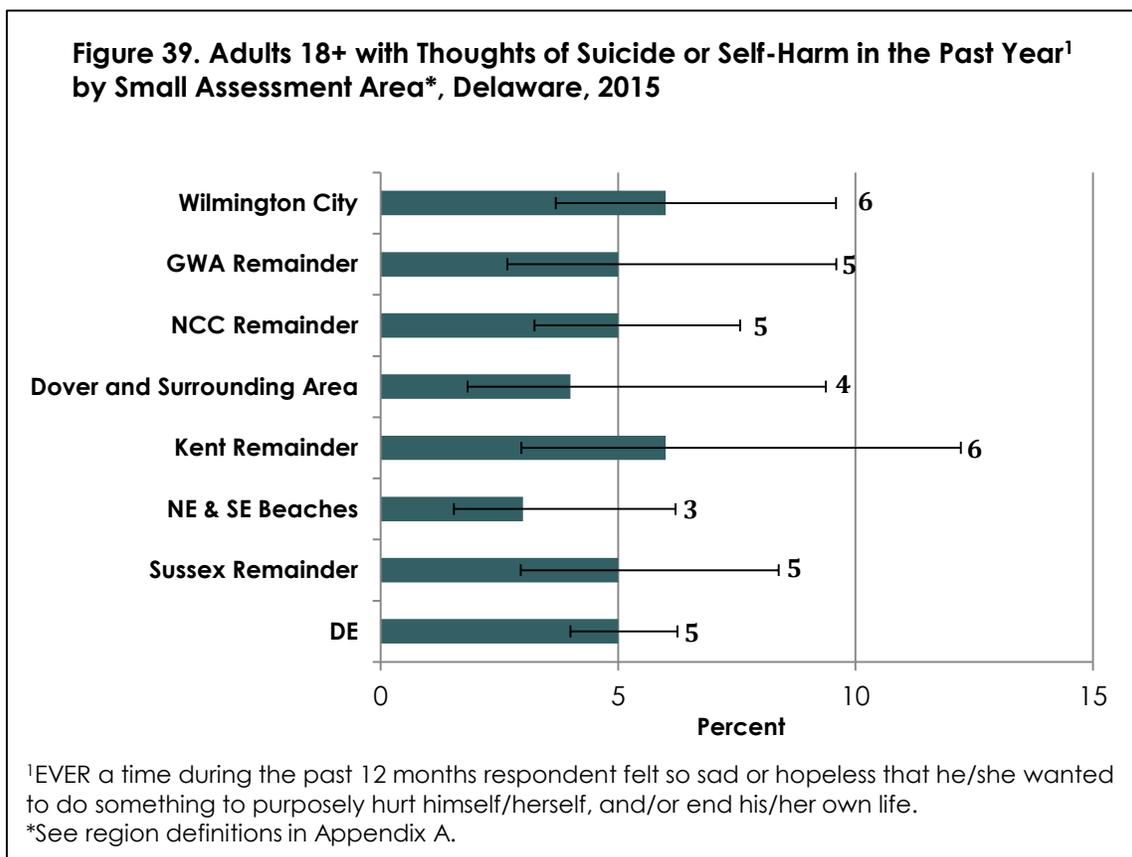
- The Remainder of New Castle County (31%) has the lowest percentage of adults currently not receiving treatment.

Center City Wilmington has the lowest percentage of adults who do not believe they need treatment (38%), compared to the Remaining Greater Wilmington Area, which has the highest percentage (65%) who do not believe treatment is necessary.¹

¹ DPHI Delaware Household Health Survey, 2015.

SELF-HARM AND SUICIDE

Suicide was the tenth most common cause of death among all age groups in the United States in 2013 (NLM, 2017).¹ Suicidal thoughts affect an estimated 3.9% of the U.S. adult population (CDC, 2017).² Five percent, 95% CI: 3.9-6.1) of Delawareans have had suicidal or self-harm thoughts in the past year (DPHI Delaware Household Health Survey, 2015). This represents ~35,100 adults statewide.



Source: DPHI Delaware Household Health Survey, 2015.

- The percentage of adults with suicidal or self-harm thoughts did not vary greatly across the state's three counties: 4% in Sussex County and 5% in both Kent and New Castle counties.
- Across the state's small assessment areas, the percentage of adults with suicidal or self-harm thoughts also did not vary greatly.
 - Only 3% of adults contemplated suicide or self-harm in the Northeast and Southeast Beaches area, compared to 6% in Center City Wilmington.

¹ U.S. National Library of Medicine. MedLine Plus: Suicide. <https://medlineplus.gov/suicide.html>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention. Suicide: Facts at a Glance. <http://www.cdc.gov/ViolencePrevention/pdf/Suicide-DataSheet-a.pdf>. Accessed 10/26/2017.

SUBSTANCE USE DISORDER

Substance use disorder and addiction may lead to accidental or intentional death in many cases. In addition, people who suffer from addiction to drugs or alcohol often have one or more accompanying medical issues, which may include lung or cardiovascular disease, stroke, cancer, HIV/AIDS, Hepatitis B and C, and mental health disorders (NIDA, 2017).¹

Data from the Delaware Household Health Survey on substance use disorders were gathered by asking the following questions:

- Have you ever been told by a peer, a friend, or a loved one that you HAVE or HAD a substance abuse problem? (This includes alcohol or any other drug.)
- Have you ever been told by a doctor or other health professional that you HAVE or HAD a substance abuse problem? (This includes alcohol or any other drug.)
- Are you currently, or have you ever, received any form of treatment for this substance abuse problem? (This includes counseling, therapy, inpatient/outpatient rehabilitation programs, etc.)
- What is the primary reason you are not in, or did not seek, treatment?

One in 10 Delawareans (10%, 95% CI: 9.0-12.1) has had a substance use problem at some time in their life. This represents ~75,300 adults (DPHI Delaware Household Health Survey, 2015).

- The percentage of adults who have ever had a substance use problem varies slightly across Delaware's three counties: Kent (12%), New Castle (11%), and Sussex County (8%).
- Across the small assessment areas, the percentage of adults who have had a substance use problem ranges from a low of 6% in the Remaining Greater Wilmington Area, to a high of 15% in Center City Wilmington.

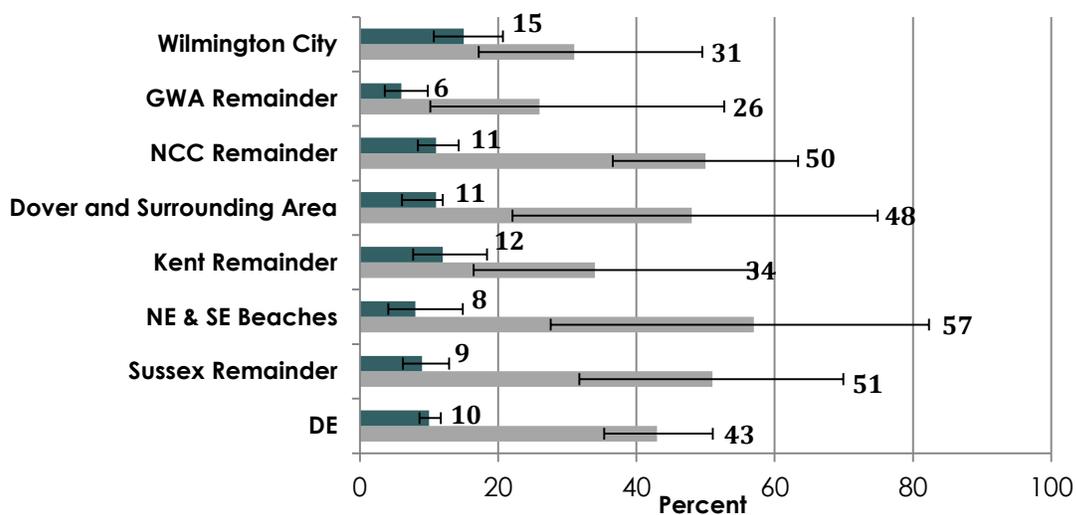
Of Delawareans who have ever had a substance use problem (10%), 43% (95% CI: 35.4-51.2) report that they have not ever received treatment.²

- Of the 43% that have not received treatment, slightly more than half (55%) believe that they do not need treatment or do not think they have a problem.

¹ National Institute on Drug Abuse: Addiction and Health. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>. Accessed 10/26/2017.

² DPHI Delaware Household Health Survey, 2015.

Figure 41. Adults 18+ Ever with a Substance Use Problem¹ and Have Never Received Treatment² by Small Assessment Area*, Delaware, 2015



■ Ever said to have substance abuse problem ■ Have never received treatment

¹Respondent EVER told by a doctor or other health professional, peer, friend, or a loved one that he/she HAS or HAD a substance use problem. This includes alcohol or any other drug.

²Of those told they have/had a substance abuse problem, [has not] EVER received/is [not] CURRENTLY receiving any form of treatment. This can include counseling, therapy, inpatient/outpatient rehabilitation programs, etc.

*See region definitions in Appendix A.

Source: DPHI Delaware Household Health Survey, 2015.

- Within the state's three counties, a majority (53%) of adults in Sussex County have not received treatment for substance use disorders, followed by 41% of adults in New Castle County and 40% in Kent County (DPHI Delaware Household Health Survey, 2015).
 - More than three-quarters (77%) of adults in Sussex County do not believe they need treatment for a substance use disorder, followed by 51% in New Castle County. In Kent County, 46% of adults reported that they have not received treatment for other reasons.
- Among the seven small assessment areas, adults in the Northeast and Southeast Beaches area who have had a substance use problem (57%) are most likely to not receive treatment.¹
 - In addition, adults in the Remainder of the Greater Wilmington Area (25.5%) are twice as likely to receive treatment for substance use disorders as adults in the Northeast and Southeast Beaches area.

¹ DPHI Delaware Household Health Survey, 2015.

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) have been linked with poor mental and physical health in adulthood (Litti, Anda, Nordenberg et al., 1998).¹ ACEs are categorized into three groups: abuse, neglect, and family/household challenges. Each category is further divided into multiple subcategories. The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a relationship between ACEs and negative health and well-being outcomes across the life course. The greater the trauma experienced, the poorer the health outcome. As the number of ACEs increases, so does the risk of the following health problems, among others (Figure 40) (CDC, 2017).²

Figure 40. Potential ACE-Related Health Problems

Health-related quality of life	Illicit drug use	Alcoholism and alcohol abuse	Poor work performance	Financial stress
Liver disease	Depression	Suicide attempts	Poor academic achievement	Early initiation of sexual activity
Multiple sexual partners	Unintended pregnancies	Sexually transmitted diseases	Adolescent pregnancy	Fetal death
Intimate partner violence (risk)	Risk of sexual violence	Early initiation of smoking	Smoking	Ischemic heart disease
		Chronic obstructive pulmonary disease		

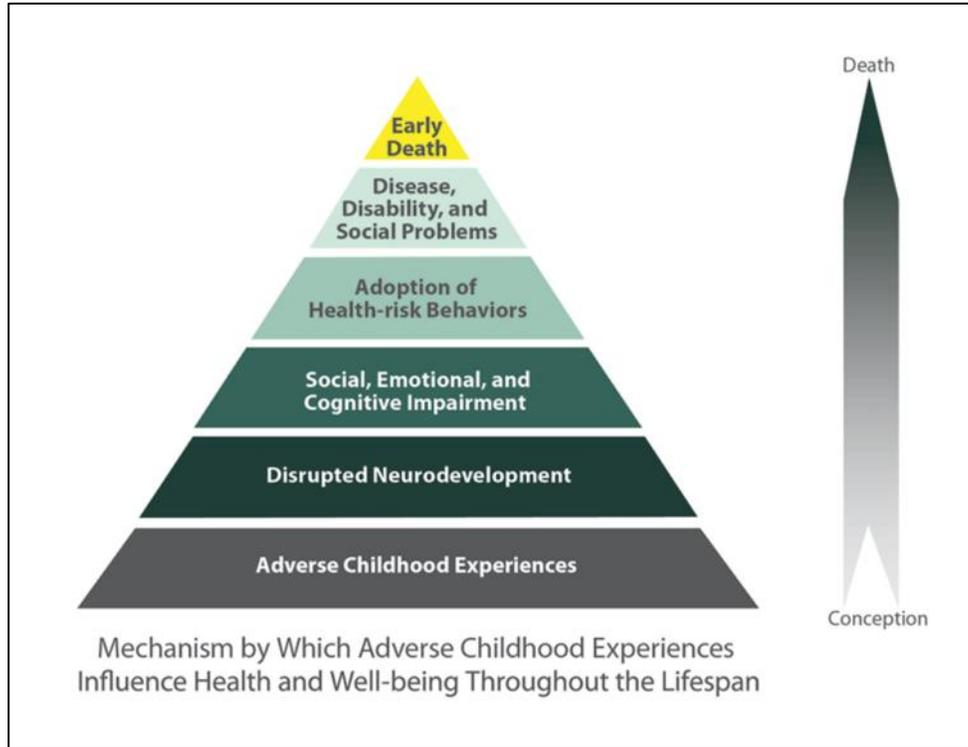
Source: U.S. Centers for Disease Control and Prevention, 2017.

¹ Litti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245–25. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," *American Journal of Preventive Medicine*, 1998, Volume 14, pages 245–258.

² Centers for Disease Control and Prevention: Kaiser ACE Study. <https://www.cdc.gov/violenceprevention/acestudy/about.html>. Accessed 10/26/2017.

Adverse events in childhood influence health and well-being throughout, from conception to death, which makes them very important to identify and treat as early as possible.

Figure 41. The Influence of ACEs throughout the Lifespan



Source: U.S. Centers for Disease Control and Prevention, 2017.

Nationally, one in eight adults (12.5%) have an ACEs score of four or more, while nearly two-thirds (63.9%) have experienced one or more ACEs (CDC, 2017).¹

Delaware

Adults who have experienced four or more ACEs are slightly more common in Delaware than in the United States as a whole (DPHI Delaware Household Health Survey, 2015) (CDC, 2017). A score of four or more ACEs indicates moderate to severe adverse childhood experiences. In Delaware, 13.4% (95% CI: 11.8-15.2) of adults (representing ~98,100 adults) have experienced four or more ACEs, compared to 12.5% of adults nationally.

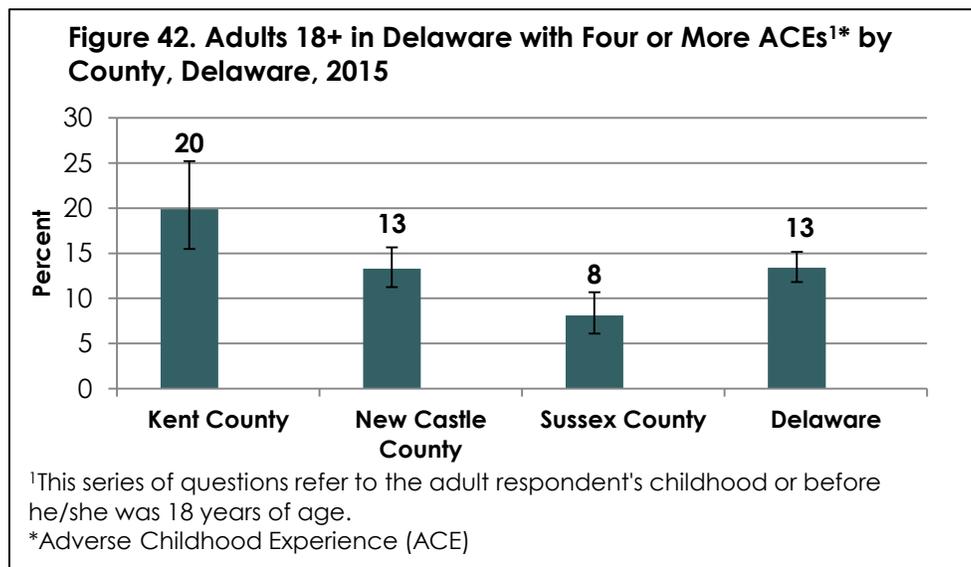
- Just over half (55%, 95% CI: 52.7-57.7) of adults (representing ~404,000 adults) have experienced one or more ACEs, compared to 63.9% of adults nationally.

¹ Centers for Disease Control and Prevention: Kaiser ACE Study. <https://www.cdc.gov/violenceprevention/acestudy/about.html>. Accessed 10/26/2017.

The 2015 ACEs scores for Delaware can be broken down into the three different ACEs components:

1. One-quarter (25%, 95% CI: 23.3-27.7) of Delawareans have experienced 'any type of abuse' (verbal abuse or fear of harm and physical or sexual abuse).
2. Sixteen point five percent (95% CI: 14.7-18.5) have experienced 'any type of neglect' (emotional or physical neglect or parents separated or divorced).
3. One-third (33%, 95% CI: 30.4-35.1) have experienced 'any type of household challenge' (witness to physical domestic violence; lived with a person who abused drugs or alcohol; household member with a mental illness or suicidal thoughts; and household member went to prison).

In addition to experiencing the ACEs events, 11% (95% CI: 9.5-12.7) of Delawareans were often, or very often, discriminated against based on race or ethnicity as a child, and 6% (95% CI: 4.6-7.1) were bullied all or most of the time by peers while growing up (DPHI Delaware Household Health Survey, 2015).



Source: DPHI Delaware Household Health Survey, 2015.

Kent, New Castle, and Sussex Counties

Kent County has the highest percentage of adults who experienced at least one ACE (59%) compared to 56% in New Castle County and 49% in Sussex County.¹

The percentage of adult Delawareans experiencing four or more ACEs varies somewhat across Delaware's three counties, from a high of 20% in Kent County to a low of 8% in Sussex County. In New Castle County, 13% of adults have experienced four or more ACEs.

¹ DPHI Delaware Household Health Survey, 2015.

When the ACEs scores for the three counties are broken down into the three different ACEs components, Kent County adults are most likely to have experienced each of the three components:

1. Nearly one-third (32%) of Kent County adults have experienced any type of abuse (verbal abuse or fear of harm and physical or sexual abuse).
2. Twenty-four percent of Kent County adults have experienced any type of neglect (emotional or physical neglect or parents separated or divorced).
3. Thirty-seven percent of Kent County adults have experienced any type of household challenge (witness to physical domestic violence; lived with a person who abused drugs or alcohol; household member with mental illness or suicidal; and household member went to prison) (DPHI Delaware Household Health Survey, 2015).

Sussex County adults were least likely in the state to have experienced any of the three ACEs components:

1. Nearly one-fourth (20%) of Sussex County adults have experienced any type of abuse (verbal abuse or fear of harm and physical or sexual abuse).
2. One in eight (13%) Sussex County adults have experienced any type of neglect (emotional or physical neglect or parents separated or divorced).
3. Thirty percent of Sussex County adults have experienced any type of household challenge (witness to physical domestic violence; lived with a person who abused drugs or alcohol; household member with mental illness or suicidal; and household member went to prison).¹

Compared to Sussex and New Castle counties, Kent County also has the highest percentage of adults who were bullied (10%) all or most of the time by their peers, or were often or very often (14%) subject to racial or ethnic discrimination as children.²

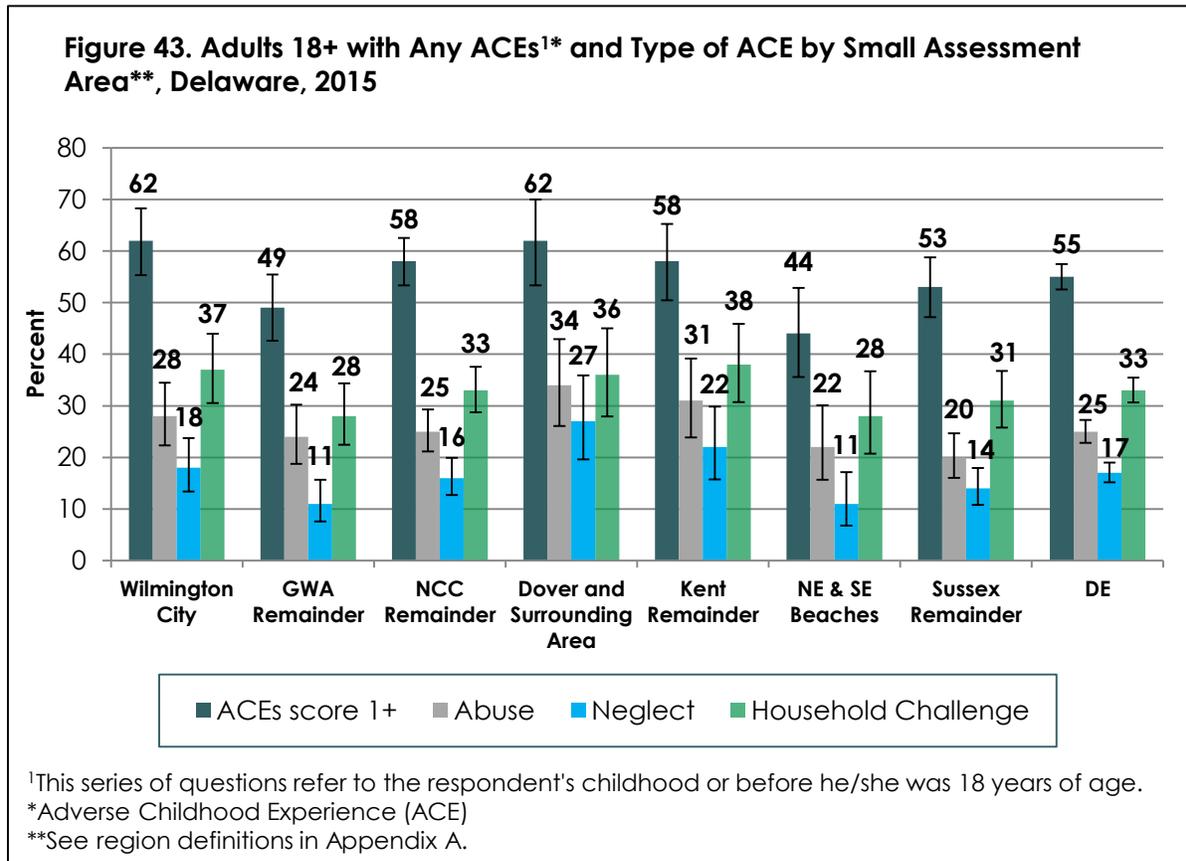
- Sussex County has the lowest percentage of adults who were bullied all or most of the time by their peers (4%) or were often or very often subject to racial or ethnic discrimination as children (6%).

¹ DPHI Delaware Household Health Survey, 2015.

² DE HHS, 2015.

Small Assessment Areas

Across the seven small assessment areas in Delaware, adults living in the urban environments of Center City Wilmington and Dover and the Surrounding Area were most likely to have experienced at least one ACE (DPHI Delaware Household Health Survey, 2015).



Source: DPHI Delaware Household Health Survey, 2015.

- Sixty-two percent of adults in Center City Wilmington and Dover and the Surrounding Area experienced one or more ACEs.
 - In comparison, adults in the Northeast and Southeast Beaches area (43.5%) were least likely to have experienced one or more ACEs.
- In addition, adults in Center City Wilmington (21 %; representing ~18,100 adults) were most likely among adults living in all seven small assessment areas to have experienced four or more ACEs.
 - Again, adults living in the Northeast and Southeast Beaches area were least likely to have experienced four or more ACEs (7%, representing ~4,200 adults).

Adults in Dover and the Surrounding Area were most likely of the small assessment areas to have experienced two of the three ACEs components:

1. One-third (34%) of adults in Dover and the Surrounding Area have experienced any type of abuse (verbal abuse or fear of harm and physical or sexual abuse).
2. Twenty-seven percent of adults in Dover and the Surrounding Area have experienced any type of neglect (emotional or physical neglect or parents separated or divorced) (DPHI Delaware Household Health Survey, 2015).

However, 38% of the Remainder of Kent County adults have experienced any type of household challenge (witness to physical domestic violence; lived with a person who abused drugs or alcohol; household member with mental illness or suicidal; and household member went to prison).¹

- Thirty-seven percent of adults in Center City Wilmington and 36% of adults in Dover and the Surrounding Area also experienced any type of household challenge as children.

Dover and the Surrounding Area (13%) has the highest percentage of adults who were bullied all or most of the time by their peers, and the City of Wilmington has the highest percentage of adults who were often or very often subject to racial or ethnic discrimination (21%) as children among the small assessment areas in the state.²

- The Northeast and Southeast Beaches area has the lowest percentage of adults who were bullied all or most of the time by their peers or were often or very often subject to racial or ethnic discrimination as children (2% each).

¹ DPHI Delaware Household Health Survey, 2015.

² DE HHS, 2015.

ACCESS AND BARRIERS TO CARE

“Too many Americans go without needed preventive care, often because of financial barriers. Even families with insurance may be deterred by co-payments and deductibles from getting cancer screenings, immunizations for their children and themselves, and well-baby check-ups that they need to keep their families healthy.” (CDC, 2017).¹

ECONOMIC

Healthy People 2020 Goals for Access to Care

Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care or prescription medicines to 9% overall (4.2% for medical care, 5% for dental care and 2.8% for prescription medications).

Increase the proportion of the population with health insurance to 100%.

Increase the proportion of persons with a usual primary care provider to 83.9%.

Cost is a substantial barrier to health care for many Delawareans. For example, one in 10 Delaware adults (10%, 95% CI: 8.5-11.4), representing ~71,900 adults) did not get needed health care in the past year due to the cost. This does not meet the *Healthy People 2020* goal of 4.2% (DPHI Delaware Household Health Survey, 2015).

- Within Delaware, adults in New Castle County (11%) were more likely to forgo needed health care last year due to cost than adults in Kent and Sussex (both 9%) counties.
- Among Delaware's small assessment areas, Center City Wilmington (14%; representing ~12,100 adults) has the highest percentage of adults who did not seek care last year due to cost, and the Northeast and Southeast Beaches area has the lowest (5%), nearly one-third of the percentage in Center City Wilmington.
 - These results do not meet the *Healthy People 2020* goal of 4.2%.

In addition, 14.5% (95% CI: 12.8-16.4) of Delawareans could not afford to fill a prescription in the past year due to cost. This does not meet the *Healthy People 2020* goal of 2.8%.²

- Among Delaware's three counties, adults in Sussex County (16%) were most likely to forgo a needed prescription due to cost, followed by New Castle and Kent counties (both 14%).
- Both Center City Wilmington and the Remainder of Sussex County (17%) have the highest percentage among the small assessment areas of adults who did not fill a needed prescription in the past year due to cost.

¹ Centers for Disease Control and Prevention: Preventive Health Care. <https://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/PreventiveHealth.html>. Accessed 10/26/2017.

² DPHI Delaware Household Health Survey, 2015.

- This represents ~14,900 adults in Center City Wilmington and 17,000 in the Remainder of Sussex County.
- These results do not meet the *Healthy People 2020* goal of 2.8%.

The cost of transportation, and other transportation problems, is also a barrier to care for many Delawareans. Nine percent (95% CI: 7.5-10.2) of adults in Delaware did not see a doctor in the past year due to transportation problems. This represents nearly ~64,000 adults (DPHI Delaware Household Health Survey, 2015).

- The same percentage of adults in New Castle County (9%) experience transportation barriers to health care as in the state as a whole.
- Transportation is a slightly greater barrier to adults in Kent County (10%), and less of a barrier to adults in Sussex County (7%) than for adults statewide (9%).

Among the small assessment areas, adults in Center City Wilmington (16%, representing ~14,400 adults) and Dover and the Surrounding Area (15%, representing ~9,300 adults) are most likely to forgo a visit to a doctor's office due to transportation problems,¹ while adults in the Remainder of the Greater Wilmington Area (4%) are least likely.

HEALTH INSURANCE STATUS

Health insurance makes a difference in whether, when, and where people get necessary medical care and, ultimately, how healthy people are. The following information on the uninsured are derived from The Henry J. Kaiser Family Foundation (2013).²

- Uninsured adults are far more likely than those with insurance to postpone or forgo health care altogether. The consequences can be severe, particularly when preventable conditions go undetected.
- Uninsured people are far more likely than those with insurance to report problems getting needed medical care. Rising health care costs have made health care less affordable over time, particularly for uninsured people.
- Uninsured people are less likely than those with coverage to receive timely preventive care. Silent health problems, such as hypertension and diabetes, often go undetected without routine check-ups.
- Uninsured patients are also less likely to receive necessary follow-up screenings after abnormal cancer tests. Consequently, uninsured patients have increased risk of being diagnosed in later stages of diseases, including cancer; and they have higher mortality rates than those with health insurance.³

¹ DPHI Delaware Household Health Survey, 2015.

² Kaiser Family Foundation: How Does Lack of Insurance Affect Access to Health Care? <http://kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care>. Accessed 10/26/2017.

³ Kaiser Family Foundation: How Does Lack of Insurance Affect Access to Health Care? <http://kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care>. Accessed 10/26/2017.

Delaware

While the overwhelming majority of adults ages 18-64 in Delaware (92%) have health insurance, a substantial number do not (Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2015).

- Approximately 45,400 adults ages 18-64 do not have health insurance. This represents 8% (95% CI: 6.7-9.8) of adults ages 18-64 statewide (DPHI Delaware Household Health Survey, 2015).
- The primary reason given by nearly two in five adults for not having health insurance (38%) is that the cost is too high.

The majority of insured Delaware adults' ages 18-64 (59%) are insured through their place of work, school, or union.¹

- Other sources of health insurance coverage for insured adults ages 18-64 include:
 - Independently purchased without subsidies (48%)
 - Medicaid (20%)
 - CHAMPUS, TRICARE, or CHAMP-VA (6%)
 - Some other association (29%).
- Adults ages 65 and over who are insured through Medicare (34%) include:
 - Medicare A, that pays for hospitalization (94%)
 - Medicare B, that pays for physician visits (92%)
 - Medicare C, or Medicare Advantage, that covers co-pays and deductibles (12%)
 - Medicare D, for medication (53.5%). Approximately 14% (95% CI: 12.2-15.7) of Delaware adults looked into purchasing insurance through the Healthcare Marketplace (ChooseHealthDE.com) since it opened in 2013. This represents ~37,700 adults.²Of those adults who looked into purchasing a plan through the Healthcare Marketplace, more than one-third (38%, 95% CI: 31.7-45.1) enrolled in a plan and two-thirds
- In Kent, New Castle, and Sussex Counties, the percentage of uninsured adults ages 18-64 varies slightly across Delaware's three counties, from a high of 11% in Sussex County to a low of 6% in Kent County. Eight percent of adults are uninsured in New Castle County (DPHI Delaware Household Health Survey, 2015).
- The percentage of adults who cite cost as the primary reason for being uninsured ranges from a high of 47% in Sussex County to a low of 34% in New Castle County. In Kent County, cost is the primary reason for 39% of adults.

¹ Respondent(s) may have more than one source of insurance coverage. These percentages should not be interpreted as mutually exclusive (≠100 percent).

² DPHI Delaware Household Health Survey, 2015.

The majority of adults ages 18-64 in New Castle (62.5%) and Kent (58%) counties are insured through their work, school, or union. Fewer adults in Sussex County (49%) are insured through these payers than in the other two counties.¹

- Other sources of insurance coverage include Medicare for those 65 and over.
 - The percentage of adults insured through Medicare Parts A, B, and C does not vary greatly across the state's three counties.
 - Coverage for Medicare Part D for medication varies from a high of 59% in New Castle County, followed by Kent (48%) and Sussex (47%) counties.
- Medicaid enrollment is highest in Kent County (24%), followed by New Castle (19%), and Sussex (18%) counties.

New Castle County had the highest percentage (14.5%) of adults in Delaware who looked into purchasing health insurance through the Healthcare Marketplace (ChooseHealthDE.com) since it opened in 2013. Kent County had the lowest (11%).²

- Of those who looked into purchasing health insurance through the Healthcare Marketplace, Sussex County (47%) had the highest percentage of adults who enrolled in a plan. New Castle County enrolled 37%, and Kent County, 30%.
- Many Delawareans who looked into purchasing insurance through that website found it somewhat or very difficult to find an affordable plan, including:
 - Seventy-five percent in Sussex County
 - Sixty-four percent in New Castle County
 - Sixty-one point five percent in Kent County.

Small Assessment Areas

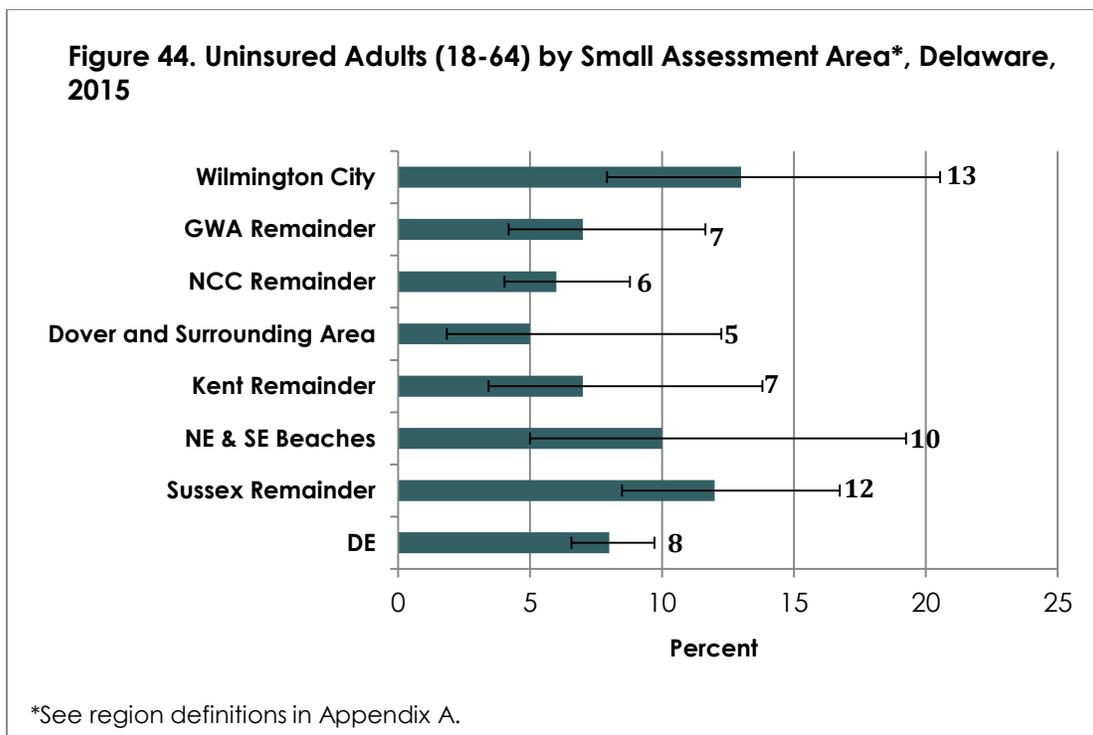
Among Delaware's small assessment areas, Center City Wilmington (13%, representing ~9,200 adults) has the highest percentage of uninsured adults ages 18-64. This does not meet the *Healthy People 2020* goal of 0% uninsured.³

- In comparison, Dover and the Surrounding Area (5%) have the lowest percentage of uninsured adults.

¹ DPHI Delaware Household Health Survey, 2015.

² DE HHS, 2015.

³ DE HHS, 2015.



Source: DPHI Delaware Household Health Survey, 2015.

High cost was the primary reason cited by the residents of most of the small assessment areas for not purchasing insurance (DPHI Delaware Household Health Survey, 2015).

- More than two-thirds of adults in Dover and the Surrounding Area (68%) believed that the cost of insurance was too high, and a majority in the Remainder of Sussex County (55%) cited the same reason.
- The primary reason for not purchasing insurance differed in the Remainder of Kent County and the Northeast and Southeast Beaches areas.

In five of the seven small assessment areas, the majority of adults were insured through their work, school, or union.¹

- However, in the Northeast and Southeast Beaches area, only 45% were insured through these payers.
 - Instead, 56% of residents of this area were insured through Medicare.

Coverage through Medicare Part B was very similar across the seven small assessment areas, but participation in Medicare Parts C and D varied.²

- Participation in Part C, or Medicare Advantage, ranged from a low of 7% in the Remainder of Kent County to a high of 21% in Center City Wilmington.

¹ DPHI Delaware Household Health Survey, 2015.

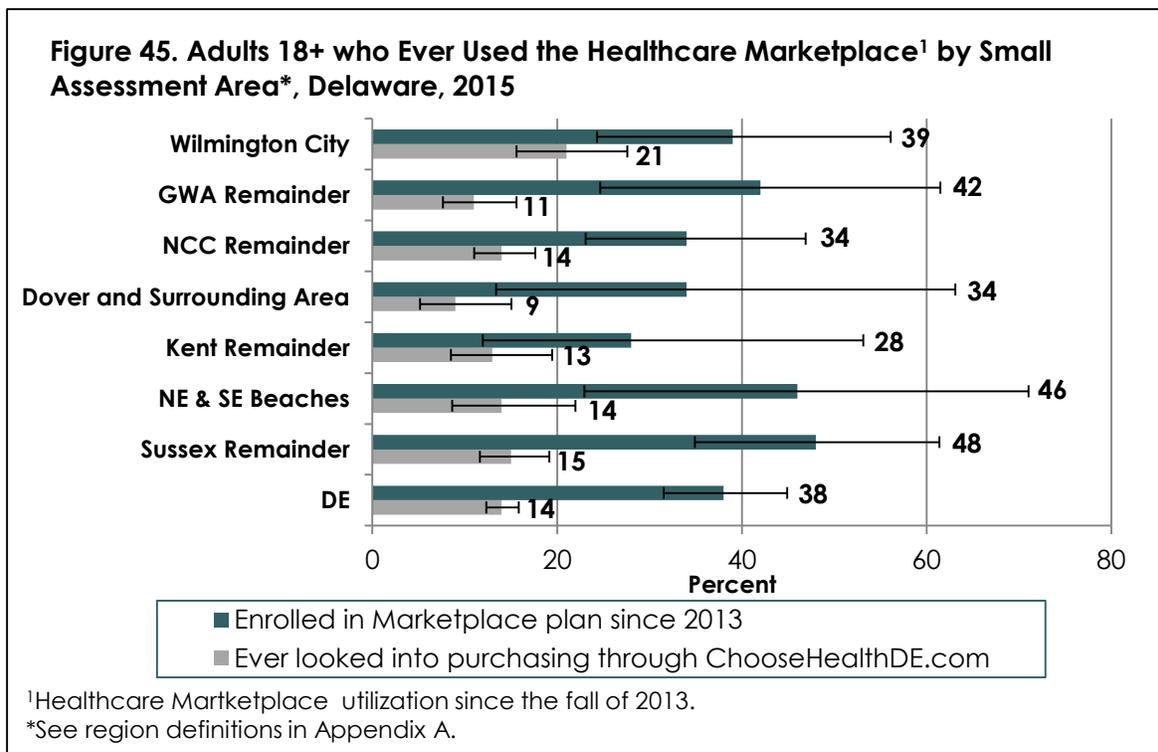
² DE HHS, 2015.

- Enrollment in Part D, which pays for medication, was much higher than for Part C. More than two-thirds (68.5%) of Center City Wilmington residents were enrolled in Part D, compared to only 46.5% in the Remainder of Kent County and the Northeast and Southeast Beaches area.

Medicaid enrollment was highest in Center City Wilmington (31%), and lowest in the Remainder of the Greater Wilmington Area and the Northeast and Southeast Beaches area (both 13%) (DPHI Delaware Household Health Survey, 2015).

The percentage of adults who looked into purchasing health insurance through the Healthcare Marketplace (ChooseHealthDE.com) across the small assessment areas varies from high of 21% in Center City Wilmington, to a low of 9% in Dover and the Surrounding Area.¹

- Of those who looked into purchasing a health insurance through the Healthcare Marketplace, enrollment in a plan varies considerably across small assessment areas.
 - It was highest in the Remainder of Sussex County (48%) and lowest in the Remainder of Kent County (28%).



Source: DPHI Delaware Household Health Survey, 2015.

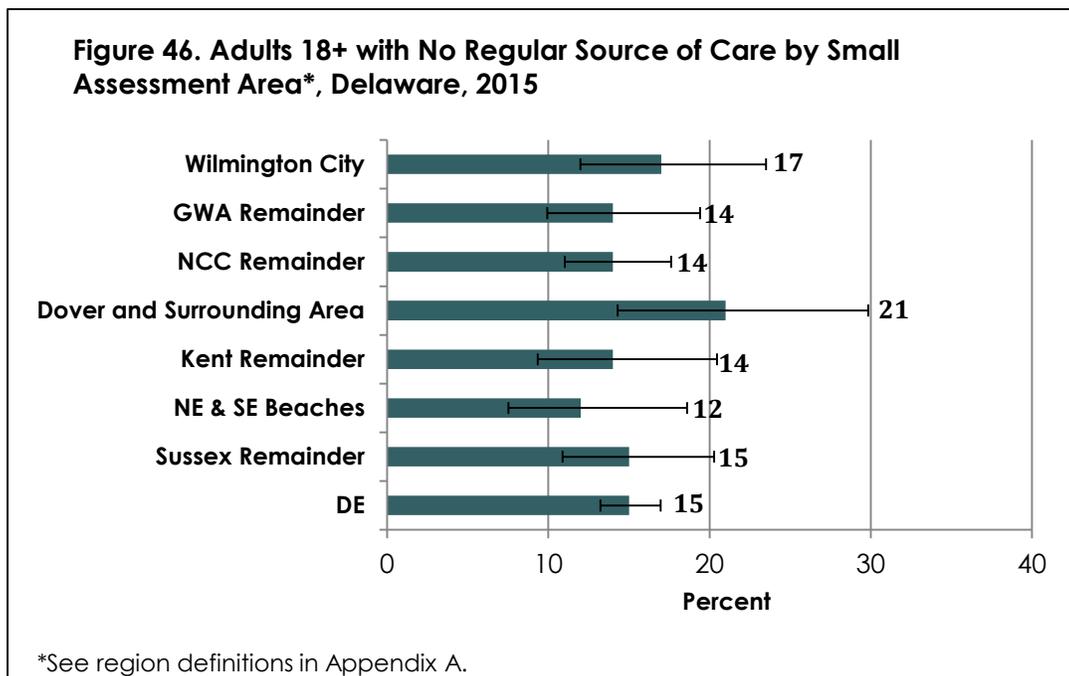
¹ DPHI Delaware Household Health Survey, 2015.

PRIMARY CARE

Having a regular source of primary care is important because people who have a regular source of care are more likely to seek care when they are sick, compared with those who do not (MLS, 2014).¹ The *Healthy People 2020* goal is for 83.9% of adults to have a primary care provider for when they are sick or have a health question.

In Delaware, 15% (95% CI: 13.2-16.9) of adults age 18 and over do not have a regular source of primary care (DPHI Delaware Household Health Survey, 2015). This represents ~108,800 adults in the state, and meets the goal for *Healthy People 2020* (16.1%).

- Across Delaware's three counties, adults in Kent County (17%) are least likely to have a source of regular care. This does not meet the *Healthy People 2020* goal (16.1%).
 - Adults in Sussex County (14%, representing ~22,700 adults) are most likely to have a source of regular care.
- Across small assessment areas, adults in Dover and the Surrounding Area (20.5%) and Center City Wilmington (17%) are least likely to have a regular source of care compared to the other small regions and Delaware as a whole. Both of these areas do not meet the *Healthy People 2020* goal of 16.1%.
 - Adults in the Northeast and Southeast Beaches (12%) are the most likely to have a regular source of care.



Source: DPHI Delaware Household Health Survey, 2015

¹ Medical Life Sciences: Disparities in Access to Health Care. <http://www.news-medical.net/health/Disparities-in-Access-to-Health-Care.aspx>. Accessed 10/26/2017.

Primary care settings can include private physician's offices, hospital clinics, Federally Qualified Health Centers and other free or low cost clinics, urgent care centers, retail clinics, and hospital emergency rooms.

In Delaware, the overwhelming majority (82%) of survey respondents cite a private physician's office as their regular source of care (DPHI Delaware Household Health Survey, 2015). However, according to the Primary Care Health Needs Assessment (2015)¹, all of Kent and Sussex Counties and portions of New Castle County are federally designated shortage areas for primary care, meaning they meet or exceed the federal definition of 3,500 to 1 ratio of persons per physician.

- Interestingly, while Sussex County (84%) has the highest percentage of adults who report having a private physician as their regular source of care, they are two times more likely to cite primary care as the top service need in their region, compared to Kent and New Castle counties (5%, compared to 2% in Kent and New Castle).²
- In Delaware's small assessment areas, the percentage of adults using a private physician's office for care varies more than across the counties, ranging from a high of 88% in the Northeast and Southeast Beaches (204 – 1,250 persons per PCP) area (204 -1,250 persons per PCP) to a low of 76% in Center City Wilmington (4,001 – 8,210 persons per PCP).³

DEVELOPMENTAL SCREENINGS

The American Academy of Pediatrics recommends that all children be screened for developmental delays and disabilities during regular well-child doctor visits. Additional screening might be needed if a child is at high risk of developmental problems due to preterm birth, low birth weight, or other reasons. Many children with developmental delays are not being identified as early as possible. As a result, these children must wait to get the help they need to do well in social and educational settings, including in school (CDC, 2017).⁴

In Delaware, more than one-quarter of adults (28.5%, 95% CI: 24.3-33.0) are not familiar with developmental screenings for children (DPHI Delaware Household Health Survey, 2015).

¹ Delaware Health and Social Services, Division of Public Health: Delaware Primary Care Health Needs Assessment (2015). <http://www.dhss.delaware.gov/dph/hsm/files/depchealthneedsassessment2015.pdf>. Accessed 10/26/2017.

² DPHI Delaware Household Health Survey, 2015.

³ Delaware Health and Social Services, Division of Public Health: Delaware Primary Care Health Needs Assessment (2015). <http://www.dhss.delaware.gov/dph/hsm/files/depchealthneedsassessment2015.pdf>. Accessed 10/26/2017.

⁴ Centers for Disease Control and Prevention: Developmental Monitoring and Screening. <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>. Accessed 10/26/2017.

- Adults in New Castle County (29.5%) are slightly less likely than Delawareans overall to be familiar with children's developmental screenings.
- Among the seven smaller areas in the state, adults in the Northeast and Southeast Beaches area are most likely not to be familiar with developmental screenings, and adults in the Remainder of Sussex County are least likely not to be familiar with these screenings (45% versus 22%).

Of Delawareans familiar with developmental screenings, one in nine (11%, 95% CI: 7.6-14.9) have a child/children living in the household who did not receive a developmental screening. This represents ~16,300 children who could possibly have unidentified developmental delays (DPHI Delaware Household Health Survey, 2015).

- Among Delaware's three counties, the percentage of children who did not receive a screening is very similar to Delaware as a whole, except that only 8% of children in Sussex County did not receive a developmental screening.
- Across the seven small assessment areas, children in Center City Wilmington (14%) are most likely not to receive a developmental screening, and children in the Northeast and Southeast Beaches area (4%) are least likely to miss a developmental screening.

Of those children that did receive a developmental screening(s), 7% (95% CI: 4.1-10.4) of parents/guardians believe that they were not very, or not at all, beneficial to the child's health.¹

- Kent County adults (8.5%) are slightly more likely among adults in Delaware's three counties to believe screening(s) are not very, or not at all, beneficial, compared to adults in Sussex (7%) and New Castle (6%) counties.
- Across the seven small assessment areas, adults were most likely to believe that screening(s) are not very, or not at all, beneficial in the Remainder of the Greater Wilmington Area (10%), and least likely to find them not beneficial in the Northeast and Southeast Beaches area (2%).

¹ DPHI Delaware Household Health Survey, 2015.

PREVENTATIVE CARE

Primary care providers (PCPs) play an important role in providing preventative care to protect the health and safety of the communities they serve (ODPHP, 2017).¹

HEALTH CARE PROVIDER VISIT

Adults

Nationally, 17% of adults did not have contact with a health professional in the past year (NCHS, 2017).² In Delaware, nearly one in four adults (24%) did not visit a health care provider in the past year for a routine check-up (Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2015). Thirteen percent of adult Delawareans (95% CI: 11.3-14.8), representing ~93,000 adults, did not visit a health care provider at all (DPHI Delaware Household Health Survey, 2015).

Kent County adults (16%) are less likely to have visited a health care provider in the past year than adults in New Castle (13%) or Sussex (11%) counties.³

- Across the small assessment areas in the state, adults in the Remainder of Kent County (18%) are most likely not to have visited a health care provider in the past year, and adults in the Northeast and Southeast Beaches area (7%) are the least likely not to have had a visit.

Children

In Delaware, children are more likely to visit a health provider regularly than adults. For example, only 5% (95% CI: 3.4-6.4) of children in Delaware did not see a physician in the past 12 months, compared to 13% of adults (Nemours' Delaware Survey of Children's Health, 2014).

- Within Delaware, children in New Castle County (4%) and the rest of New Castle County excluding Wilmington (4%), are the least likely not to have had a health care provider visit in the past year, followed by the City of Wilmington (5%), Sussex County (5%), and Kent County (6.5%).

¹ Office of Disease Prevention and Health Promotion. Healthy People 2020: Access to Health Services. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services>. Accessed 10/27/2017.

² National Center for Health Statistics: Ambulatory Care Use and Physician Office Visits. <https://www.cdc.gov/nchs/fastats/physician-visits.htm>. Accessed 10/26/2017.

³ DPHI Delaware Household Health Survey, 2015.

RECOMMENDED SCREENINGS

DENTAL VISITS

Dental screenings are also important. People who lack access to preventive dental services and dental treatment have higher rates of oral diseases. Delaware adults are less likely to visit the dentist than to see a health care provider (DPHI Delaware Household Health Survey, 2015). For example, more than one-third of Delawareans (35%, 95% CI: 32.2-37.0) did not visit a dentist in the past year; this represents more than one quarter million adults. In the U.S., 62% of adults did not see a dentist in the past year (NCHS, 2017).¹

- Kent County adults (39%) are most likely not to have seen a dentist in the past year, followed by adults in Sussex (38%) and New Castle (32%) counties.
- Among the small assessment areas, adults in Center City Wilmington and the Remainder of Sussex County (both 45%), are most likely not to have seen a dentist in the past year.
 - The Northeast and Southeast Beaches area (27%) has the lowest percentage of adults who did not have an annual dental visit.

BLOOD PRESSURE SCREENINGS

Health screenings are an important element of preventive care.

Heart disease is the leading cause of death in the United States, followed by cancer. High blood pressure affects approximately one in three adults in the United States, and only about half of these adults have it under control (CDC, 2017).²

Screening is effective in identifying risk factors for heart disease, including high blood pressure, and some types of cancers in early, often in highly treatable stages (CDC, 2017).³

Blood pressure screening is the most common health screening accessed by Delawareans (91%).³ Only 9% (95% CI: 7.5-10.5) were not screened for hypertension in the past year; this represents ~64,200 adults (DPHI Delaware Household Health Survey, 2015).

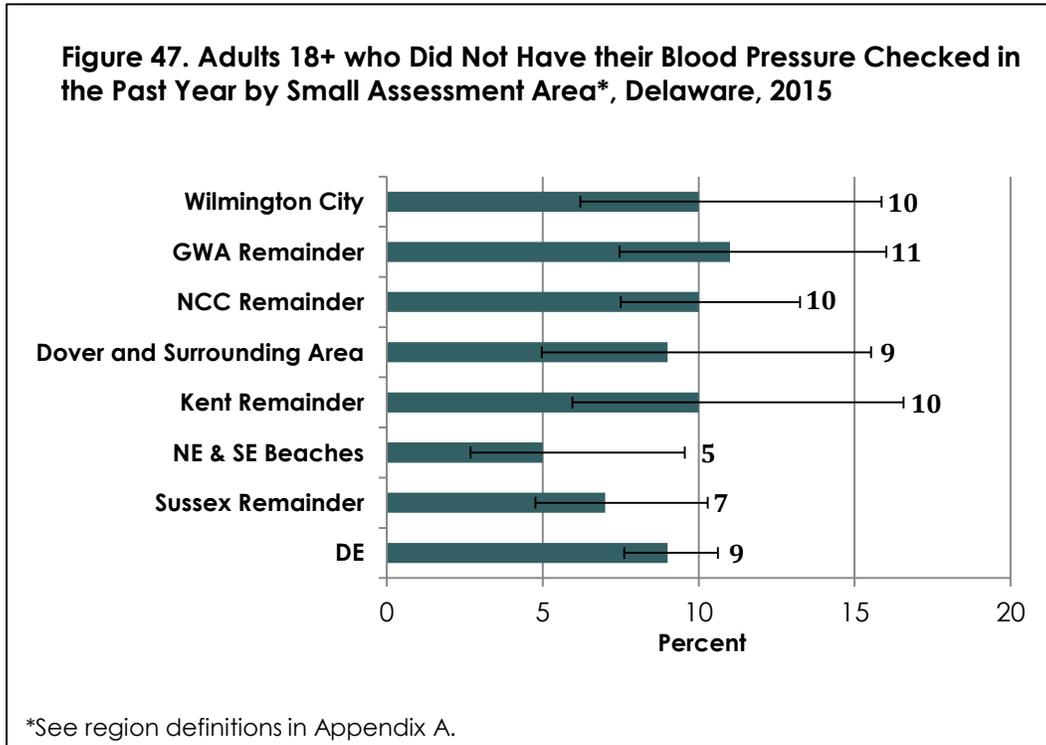
- Adults 18 and over in New Castle (10%) and Kent (9%) counties are more likely not to have had this screening than adults in Sussex County (6%).

¹ National Center for Health Statistics: Oral and Dental Health. <https://www.cdc.gov/nchs/fastats/dental.htm>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: High Blood Pressure Facts. <https://www.cdc.gov/bloodpressure/facts.htm>. Accessed 10/26/2017.

³ Centers for Disease Control and Prevention: High Blood Pressure Facts. <https://www.cdc.gov/bloodpressure/facts.htm>. Accessed 10/26/2017.

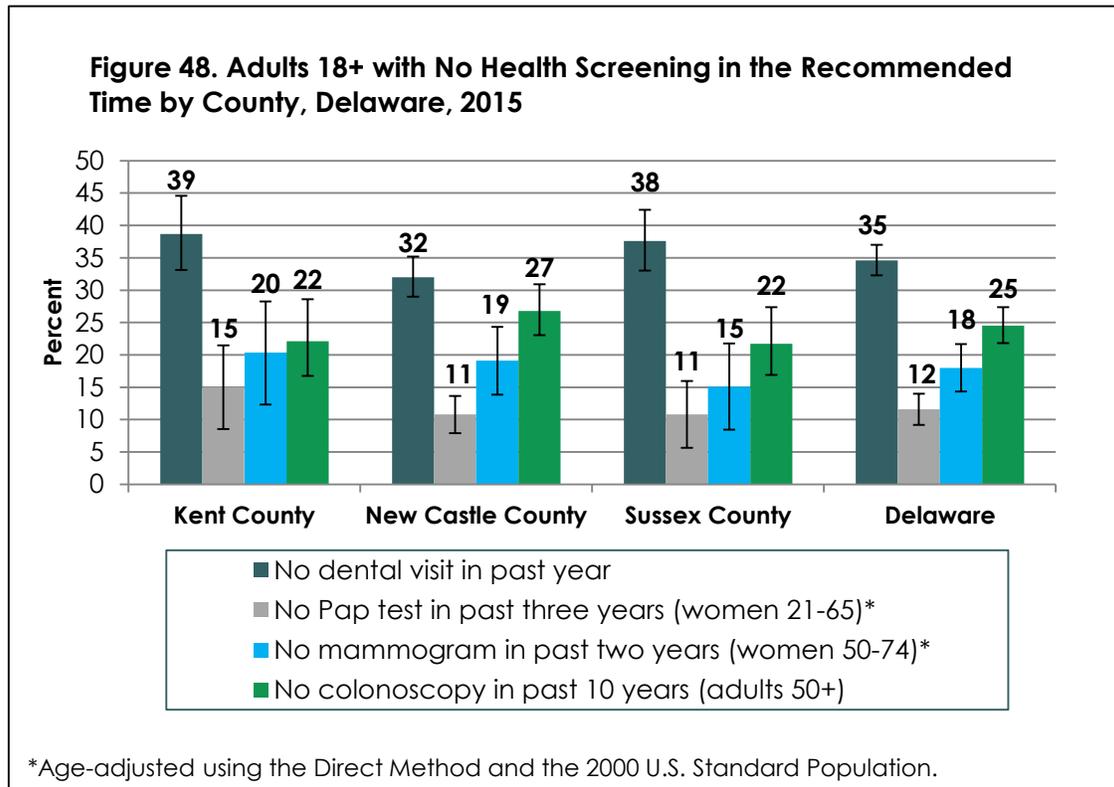
- Across the seven smaller areas in Delaware, adults in the Remainder of the Greater Wilmington Area (11%) were least likely to have had their blood pressure checked in the past year, and adults in the Northeast and Southeast Beaches area (4.5%) were most likely to get this screening (DPHI Delaware Household Health Survey, 2015).



Source: DPHI Delaware Household Health Survey, 2015.

COLONOSCOPY

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer death in the United States. Colorectal cancer screening saves lives. Screening can find precancerous polyps (abnormal growths in the colon or rectum) that can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure (CDC, 2017).¹



Source: DPHI Delaware Household Health Survey, 2015.

Regular screenings beginning at age 50 are recommended to prevent colorectal cancer (U.S. PSTF, 2017).² However, one-quarter of adults age 50 and over in Delaware (24.5%, 95% CI: 21.8-27.4) have not had a colonoscopy in the past 10 years (DPHI Delaware Household Health Survey, 2015). This represents ~90,000 adults age 50 and over in the state.

- Adults in New Castle County (27%) are more likely not to have had a colonoscopy in the past 10 years than adults in Kent or Sussex counties (both 22%).
- Among the seven small assessment areas, adults in the Remainder of New Castle County (28%) are more likely not to have had a screening than adults in the other small assessment areas.

¹ Centers for Disease Control and Prevention: Colorectal Cancer. https://www.cdc.gov/cancer/colorectal/basic_info/index.htm. Accessed 10/26/2017.

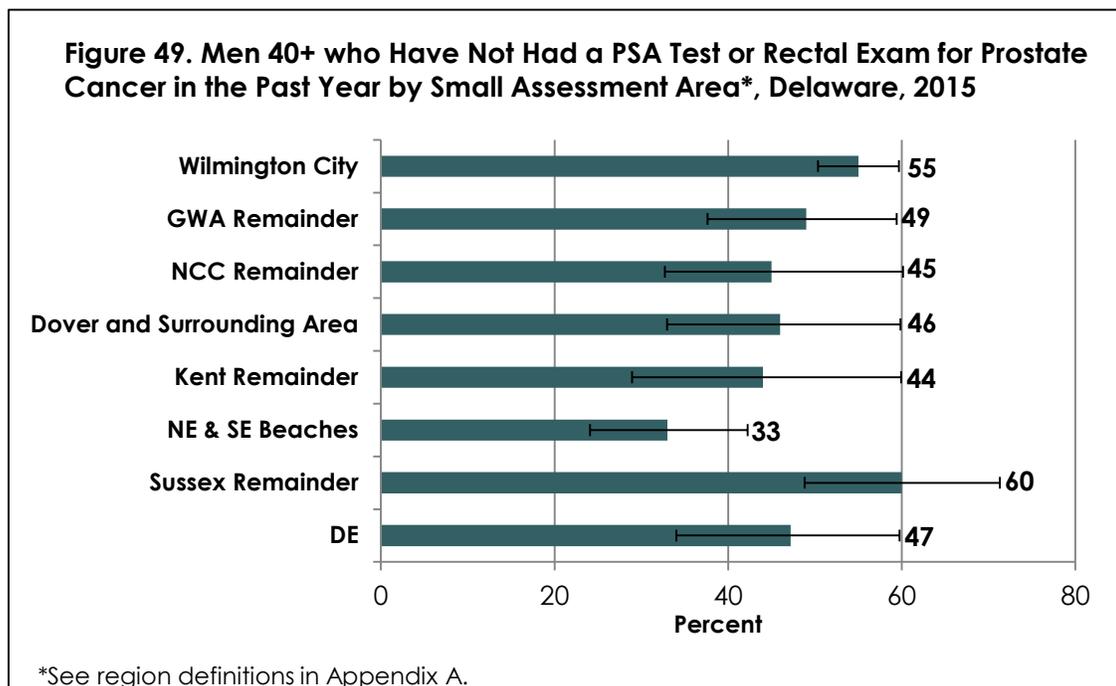
² U.S. Preventive Services Task Force. <https://www.uspreventiveservicestaskforce.org/BrowseRec/Search?s=cancer>. Accessed 10/26/2017.

PSA OR RECTAL TESTS FOR PROSTATE CANCER

The American Cancer Society (ACS) recommends that men make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should occur at age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years. After this discussion, men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening (ACS, 2017).¹

In Delaware, nearly one-half of men age 50 and over (47%, 95% CI: 42.7-52.0) did not have a PSA test or rectal exam for prostate cancer in the past year (DPHI Delaware Household Health Survey, 2015). This represents nearly ~91,000 men.

- The percentage of men age 40 and over who did not have this screening is relatively the same across Delaware's three counties: 48% in New Castle; 45% in Kent; and 47% in Sussex.
- Across the seven small assessment areas, the percentage of men age 40 and over who have not had a PSA test or rectal exam for prostate cancer in the past year ranges from a low of one-third (33%) in the Northeast and Southeast Beaches area to a high of 59.5% in the Remainder of Sussex County.



Source: DPHI Delaware Household Health Survey, 2015.

¹ American Cancer Society: Recommendations for Prostate Cancer Early Detection. <http://www.cancer.org/cancer/prostatecancer/moreinformation/prostatecancerearlydetection/prostate-cancer-early-detection-ac-s-recommendations>. Accessed 10/26/2017.

PAP SMEAR TEST

Cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early. The Pap test (or Pap smear) looks for pre-cancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately. The HPV test looks for the Human Papilloma Virus that can cause these cell changes. The Pap test is recommended for all women between the ages of 21 and 65 years (CDC, 2017).¹

In Delaware, 12%, (95% CI: 9.2-14.0) of women ages 21 to 65 (age-adjusted), have not received a Pap test in the past three years (DPHI Delaware Household Health Survey, 2015). This represents over ~36,000 women in the state, and does not meet the *Healthy People 2020* goal of 7%.

- Kent County women (15%) are least likely to have had a Pap test in the past three years, compared to women in New Castle and Sussex counties (both 11%).
- Among the small assessment areas in Delaware, women in Center City Wilmington (7%) are least likely not to have had a timely Pap smear. In comparison to Center City Wilmington, women in the Remainder of Kent County (16%) were more than twice as likely not to have had a Pap smear in the past three years.

MAMMOGRAMS

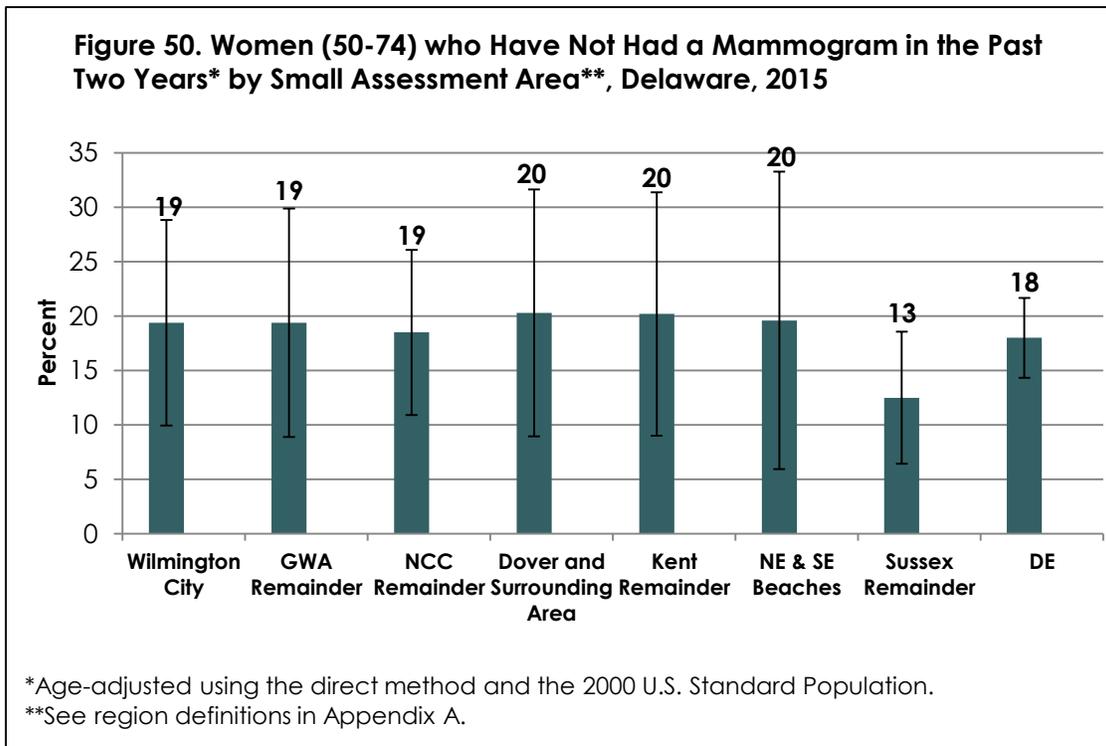
The U.S. Preventive Service Task Force recommends mammograms every two years for women ages 50-74 to screen for breast cancer.² In Delaware, 18% (95% CI: 14.9-22.2) of women ages 50-74 have not had a mammogram in the past two years; this represents ~28,800 women.³

- Delaware meets the *Healthy People 2020* goal of 18.9% of women not receiving mammograms in this time period.
- However, in Kent (20%) and New Castle (19%) counties, the *Healthy People 2020* goal is not met, but the difference is only about 1%.

¹ Centers for Disease Control and Prevention: Gynecologic Cancers. https://www.cdc.gov/cancer/cervical/basic_info/screening.htm. Accessed 10/26/2017.

² U.S. Preventive Services Task Force: Breast Cancer Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening>. Accessed 10/26/2017.

³ DPHI Delaware Household Health Survey, 2015.



Source: DPHI Delaware Household Health Survey, 2015.

- Only two of the seven small assessment areas meet the goal for *Healthy People 2020* of less than 18.9% of women NOT receiving a mammogram in the past two years. In particular, women in the Remainder of Sussex County and the Remainder of New Castle County were least likely to not have had a mammogram in the past two years (12.5% and 18.5%, respectively) (DPHI Delaware Household Health Survey, 2015).
 - In the remaining small assessment areas, 19% to 20% of women did not receive a timely mammogram.

HEALTH BEHAVIORS

Prevention of disease through promotion of exercise, fitness, good nutrition, and healthy lifestyles is a priority of the U.S. Department of Health and Human Services, the U.S. government's principal agency for protecting the health of all Americans (NCHS, 2017).¹

NUTRITION

ADULTS

According to the U.S. Department of Agriculture's [MyPlate](#) food guidelines, adults should eat five or more servings of fruits and vegetables daily (U.S. Department of Agriculture, 2015).² However, more than four in five (83%, 95% CI: 80.6-84.5) Delaware adults do not meet this goal (DPHI Delaware Household Health Survey, 2015).

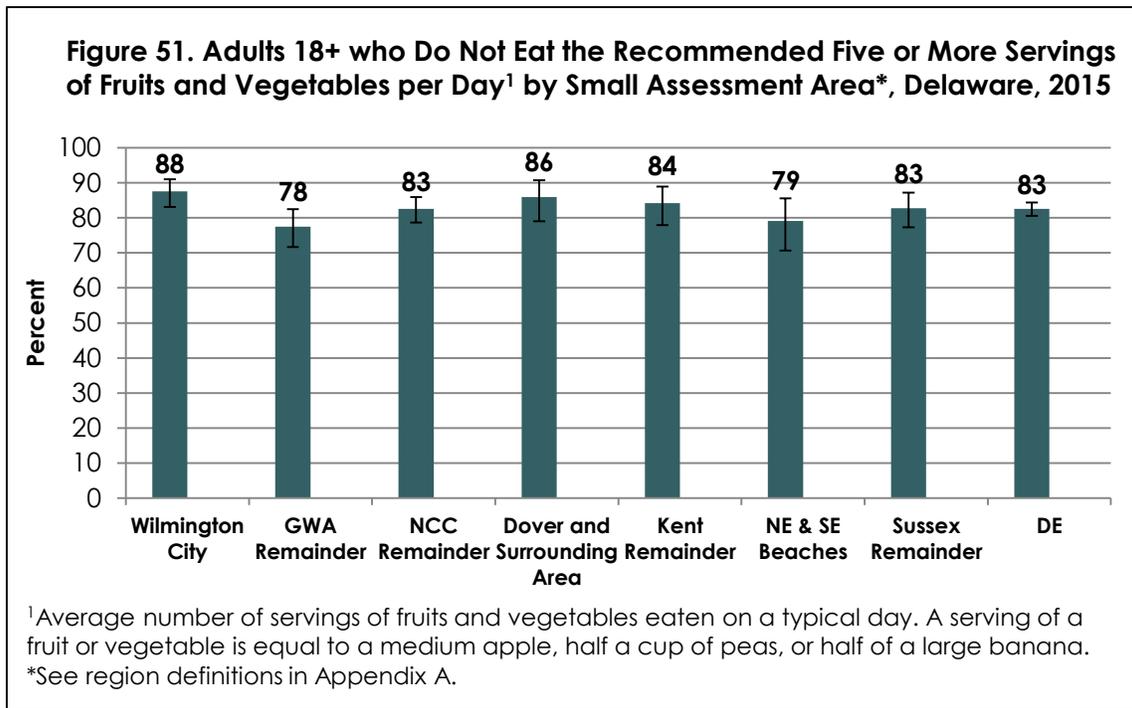
- Among Delaware's three counties, Kent County adults (85%) are least likely to eat the recommended servings of fruits and vegetables daily, followed by adults in New Castle (82%) and Sussex (81%) counties.

The percentage of adults who eat less than the recommended servings of fruits and vegetables per day range from a high of 88% in the Center City Wilmington, to a low of 77.5% in the Remainder of the Greater Wilmington Area.³

¹ National Center for Health Statistics: Health Behaviors of Adults. https://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf. Accessed 10/26/2017.

² U.S. Department of Agriculture: Choose My Plate (2015). <https://www.choosemyplate.gov/>. Accessed 10/26/2017.

³ DPHI Delaware Household Health Survey, 2015.



Source: DPHI Delaware Household Health Survey, 2015.

Only about 6% (95% CI: 5.3-7.6) of Delawareans find it difficult or very difficult to get fruits or vegetables in their neighborhoods (DPHI Delaware Household Health Survey, 2015).

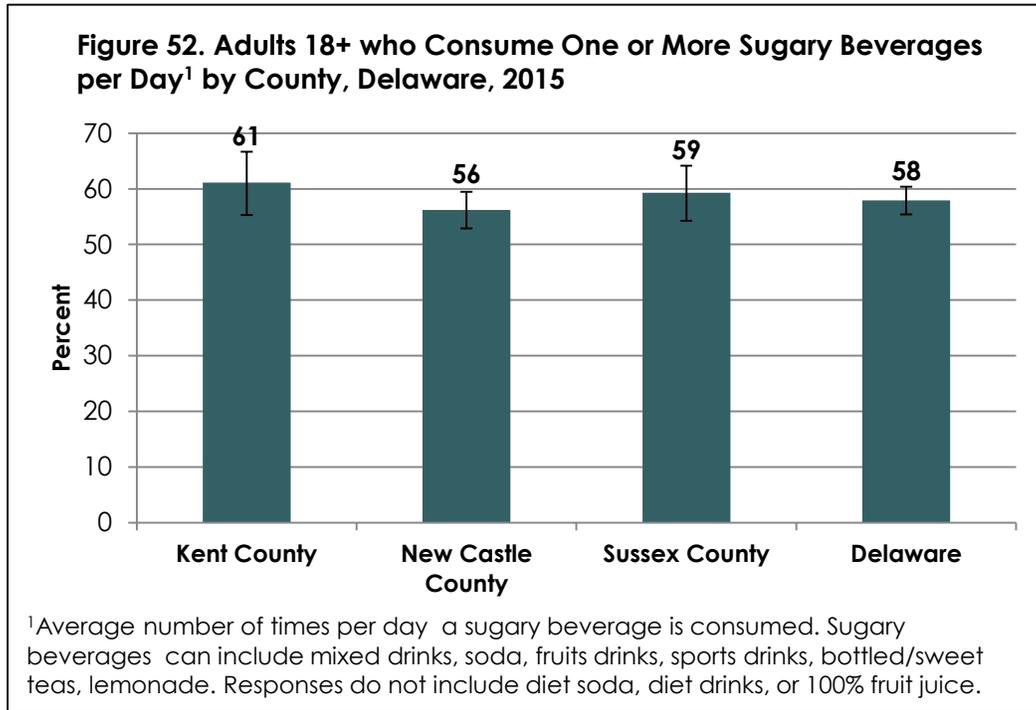
- There are very slight differences in access to fresh produce between the three counties in the state.
 - New Castle County residents (7%) find it most difficult to get fresh produce, and Sussex County residents find it easiest (4%).
- Residents of Center City Wilmington find it much more difficult to get fresh fruits and vegetables in their neighborhoods than residents of the other six small assessment areas.
 - For example, 16% of Center City Wilmington residents lack access to fresh produce, compared to 4% of residents in the Remainder of Greater Wilmington Area.

Delawareans report that the primary reasons they do not eat five or more servings of fruits and vegetables daily are:¹

- They do not like the taste or prefer other foods (19%).
- Five is too many servings per day (17.5%).
- They are too busy or it takes too much time to prepare (17%).
- They lack accessible and convenient fruits and vegetables (11%).

¹ DPHI Delaware Household Health Survey, 2015.

Healthy People 2020 aims to reduce the amount of added sugar in everyone's diet (ODPHP, 2017).¹ In Delaware, a majority (58%, 95% CI: 55.3-60.3) of adults consume one or more soda or juice drinks per day, adding considerable sugar to their diet (DPHI Delaware Household Health Survey, 2015).



Source: DPHI Delaware Household Health Survey, 2015.

- The percentage of adults who consume sugary drinks daily does not differ substantially across the state's three counties. It ranges from a high of 61% in Kent County to a low of 56% in New Castle County.
- In the seven small assessment areas, two-thirds (67%) of adults in Dover and the Surrounding Area consume one or more sugary drinks per day, compared to only 46% of residents of the Remainder of the Greater Wilmington Area.

CHILDREN

The American Academy of Pediatrics recommends that infants should be breastfed exclusively for the first six months of life, and that breastfeeding continue for at least the first 12 months of an infant's life, and thereafter for as long as both the mother and baby desire. Nationally, (81.1%) of infants start to breastfeed, and over half (51.8%) are still breastfeeding at six months (CDC, 2016).²

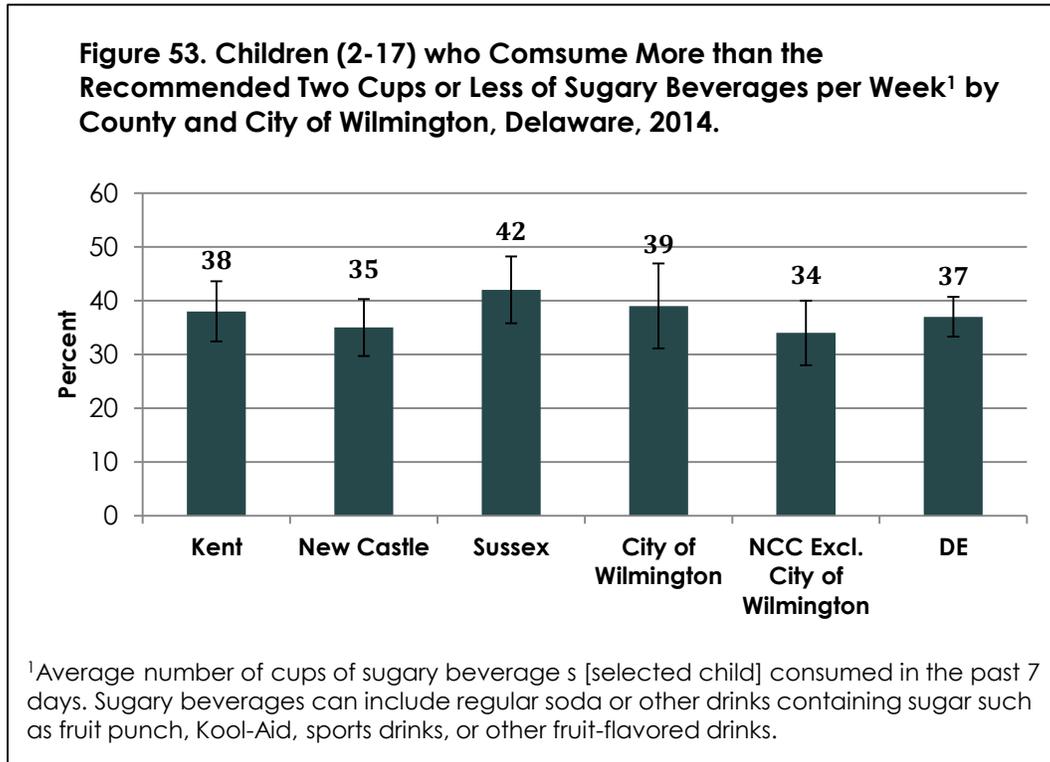
¹ Office of Disease Prevention and Health Promotion. *Healthy People 2020: Nutrition and Weight Status*. <https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: *Breastfeeding Report Cards*. <https://www.cdc.gov/breastfeeding/data/breastfeeding-report-card-2016.html>. Accessed 10/26/2017.

In Delaware, 26% (95% CI: 22.7-28.7) of infants have never been breastfed, and infants in Sussex County are the most likely (37%) to not ever be breastfed, followed by Kent (30%) and New Castle (22%) counties (Nemours' Delaware Survey of Children's Health, 2014).

- In the City of Wilmington, 24% of infants have never been breastfed.

Over one-third of children in Delaware (37%, 95% CI: 33.0-40.4) drink more than the recommended two cups or less of sweetened beverages per week.¹



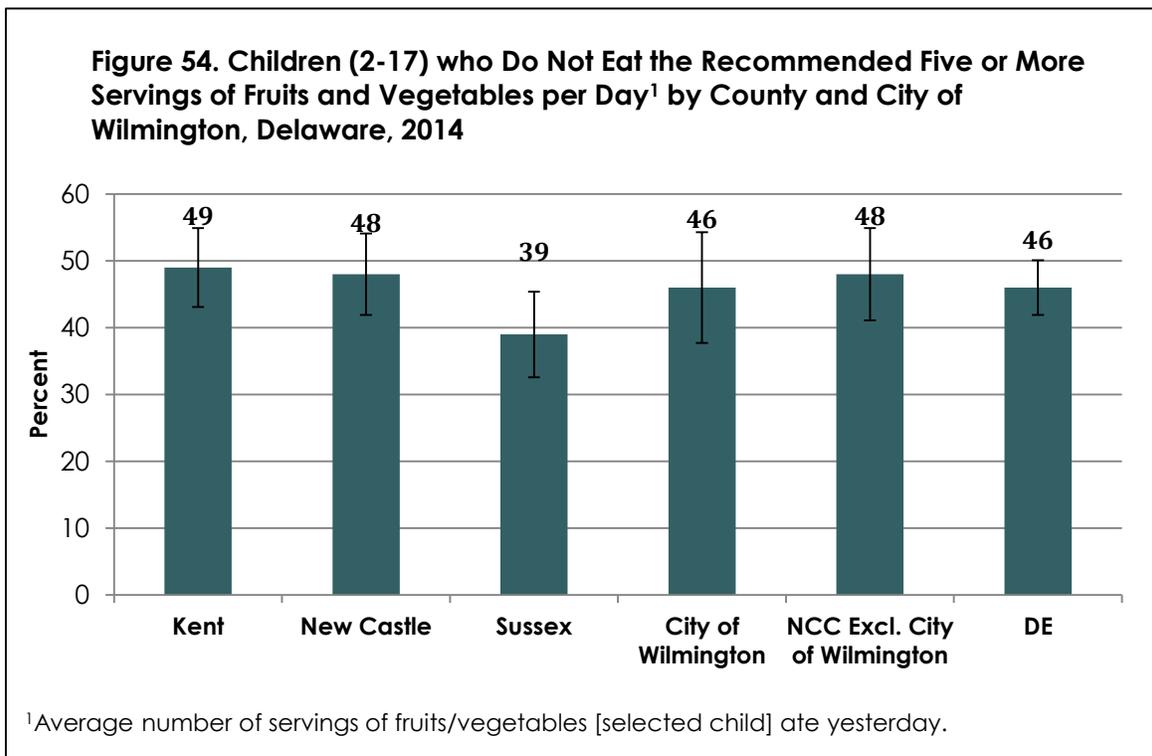
Source: Nemours' Delaware Survey of Children's Health, 2014.

- Sussex County (42%) has the highest percentage of children who drink more than the recommended sugary beverages each week. In Kent County, 38% of children do not meet recommended goals.
- New Castle County (35%) has the lowest percentage of children who drink more than two cups or less of sugary drinks per week, compared to the other two counties and Delaware as a whole.
 - The percentage of children who drink more than two cups of sugary beverages per week slightly decreases (34%) in New Castle County excluding the City of Wilmington. In the City of Wilmington, 39% of children do not meet the recommended goals.

¹ Nemours, Delaware Survey of Children's Health (2014). <http://datacenter.nemours.org/>. Accessed 10/26/2017.

The U.S. Department of Agriculture recommends five or more daily servings of fruits and vegetables for children and adults.¹ Delaware does not meet the goal of 100% of children eating four to five servings of fruits and vegetables daily. Nearly half (46%, 95% CI: 41.9-50.1) of children in Delaware do not eat the recommended five or more servings of fruits and vegetables daily (Nemours' Delaware Survey of Children's Health, 2014).

- Among Delaware's three counties, Kent County (48.5%) has the highest percentage of children who do not meet this nutritional goal. Children in Sussex County (61%) are the most likely to eat the recommended five or more fruits and vegetables daily.
 - The percentage of children who do not meet the recommended five or more servings of fruits and vegetables daily is higher in New Castle County excluding the City of Wilmington (48%), than in the City of Wilmington (46%).



Source: Nemours' Delaware Survey of Children's Health, 2014.

¹ U.S. Department of Agriculture: Dietary Recommendations. <https://health.gov/dietaryguidelines/dga2000/document/build.htm>. Accessed 10/26/2017.

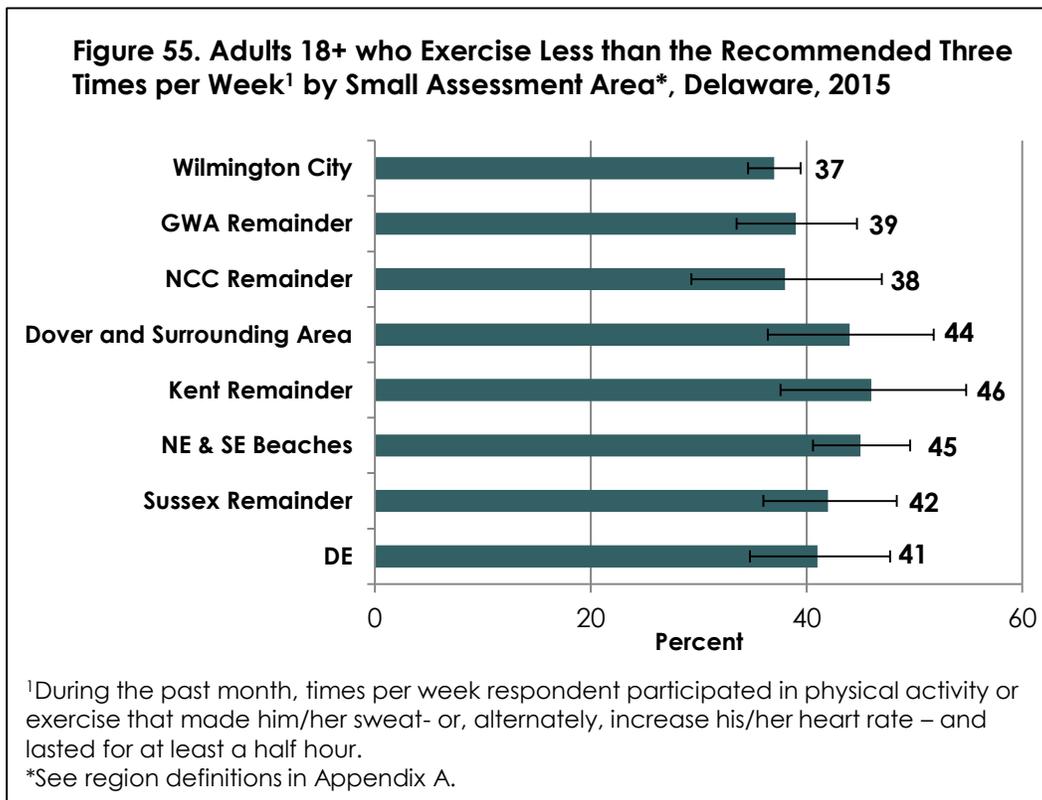
EXERCISE

ADULTS

The U.S. Department of Health and Human Services' *2008 Physical Activity Guidelines for Americans* recommends that adults (ages 18-64) get 2.5 hours of moderate aerobic physical activity each week.¹

In Delaware, 41% (95% CI: 38.2-43.1) of adults exercise fewer than three days per week (DPHI Delaware Household Health Survey, 2015). This represents ~294,300 adults.

- Across the three counties in the state, Kent County adults (45%) are most likely to exercise fewer than three days per week, followed by adults in Sussex County (43%) and New Castle County (38%).
 - These percentages do not meet the *Healthy People 2020* goal of 32.6%.
- In the seven small assessment areas, the percentage of adults who exercise less than three days per week ranges from a high of 46% in the Remainder of Kent County to a low of 36.5% in Center City Wilmington.
 - None of the smaller assessment areas meet the *Healthy People 2020* goal of 32.3%.



Source: DPHI Delaware Household Health Survey, 2015.

¹ U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans (2008). <https://health.gov/paguidelines/guidelines/>. Accessed 10/26/2017.

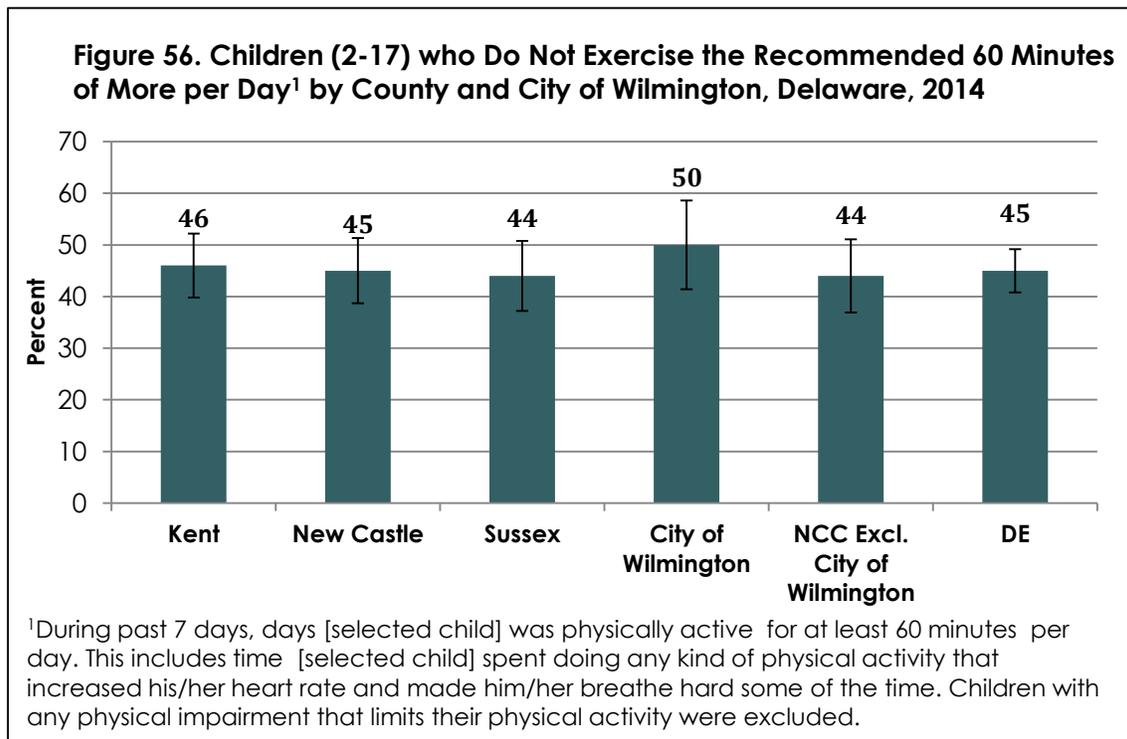
The primary reason given by adults in Delaware for not exercising is that it takes too much time (49%) (DPHI Delaware Household Health Survey, 2015).

- Lack of time was the reason given by 54% of adults in New Castle County, followed by 44% of adults in Kent County and 41% of Sussex County adults.
- Lack of time was also the primary reason given by the majority of adults in the Remainder of New Castle County (57%) and the Greater Wilmington Area (52%).
 - Lack of time was the primary reason for not exercising given by 32% of Northeast and Southeast Beaches area residents.

CHILDREN

Forty-five percent (95% CI: 40.9-49.3) of Delaware children ages 2 to 17 do not meet the *Healthy People 2020* goal of moderate-to-vigorous exercise for 60 minutes or more every day (Nemours' Delaware Survey of Children's Health, 2014).

- In Sussex County and New Castle County excluding the City of Wilmington, 44% of children do not meet this goal.
- In Kent County, 46% of children do not get enough exercise.
- In the City of Wilmington, 50% of children do not meet this goal – the highest percentage among the six regions in Delaware.



Source: Nemours' Delaware Survey of Children's Health, 2014.

Too much screen time interferes with physical activity, and can lead to obesity. In Delaware, 69% (95% CI: 65.2-73.0) of children do not meet the recommendation of two hours or less of screen time per day (Nemours' Delaware Survey of Children's Health, 2014).

- Sussex County (65%) has the lowest percentage of children exceeding two hours of screen time per day. Kent County (72%) has the highest, followed by New Castle County excluding the City of Wilmington (70%).

SMOKING

According to the U.S. Centers for Disease Control and Prevention (CDC)¹, cigarette smoking is the leading preventable cause of death in the United States, causing more than 480,000 deaths each year in the United States. This is nearly one in five deaths. Smokers are more likely than non-smokers to develop heart disease, stroke, and lung cancer. Smoking is estimated to increase the risk:

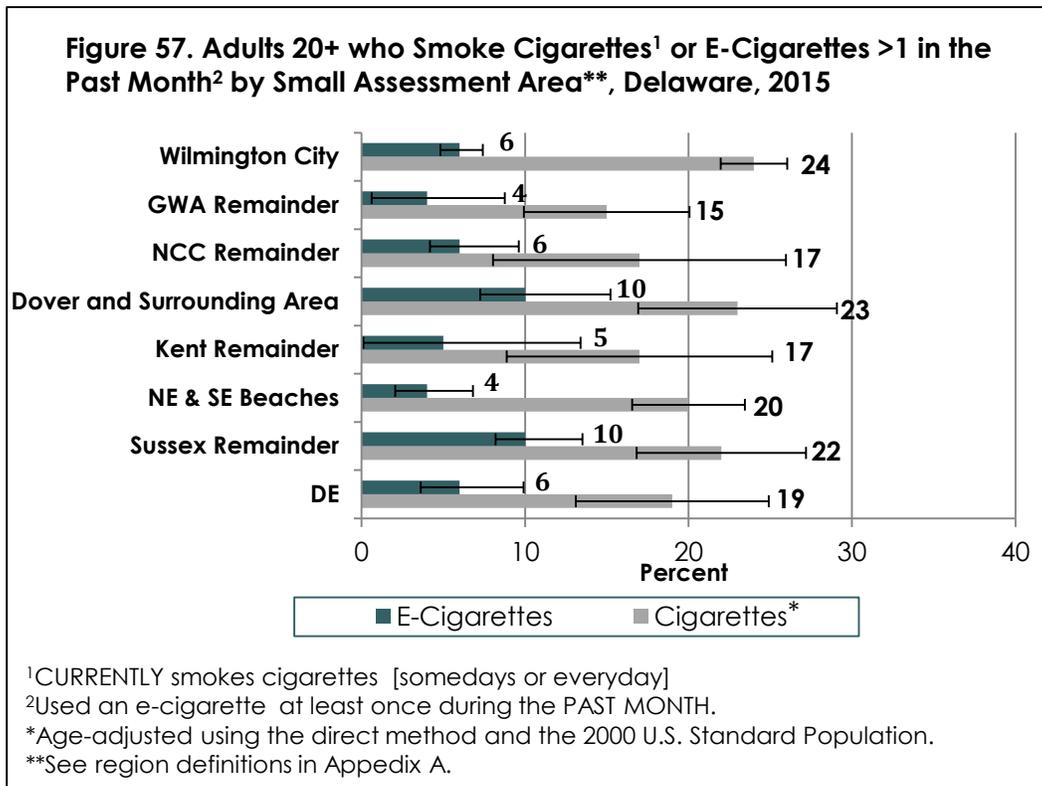
- For coronary heart disease, by two to four times
- For stroke, by two to four times
- Of men developing lung cancer, by 25 times
- Of women developing lung cancer, by 25.7 times

Smoking diminishes overall health, increases absenteeism from work, and increases health care utilization and cost (CDC, 2017).²

In Delaware, the number of smokers has been on a steady decline for the past decade. Percentages fell from 23% in 2000 to 17% in 2010. According to the most recent data from 2015, 19% (95% CI: 16.7-20.8) of Delaware adults currently smoke cigarettes, representing ~133,000 adult smokers (DPHI Delaware Household Health Survey). This exceeds the *Healthy People 2020* goal of 12%.

¹ Centers for Disease Control and Prevention: Smoking & Tobacco Use.
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.
Accessed 10/26/2017.

² CDC: Smoking & Tobacco Use, 2017.



Source: DPHI Delaware Household Health Survey, 2015.

- Sussex County adults (21%) are slightly more likely to be current smokers than adults in Kent (19.5%) or New Castle (18%) counties.
 - The percentage of current smokers in each county does not meet the *Healthy People 2020* goal of 12%.
- Center City Wilmington (24%) has the highest percentage of smokers among the seven small assessment areas. The Remainder of the Greater Wilmington Area (15%) has the lowest percentage of smokers.
 - However, the percentage of adults who smoke does not meet the *Healthy People 2020* goal of 12% in any of the small assessment areas.

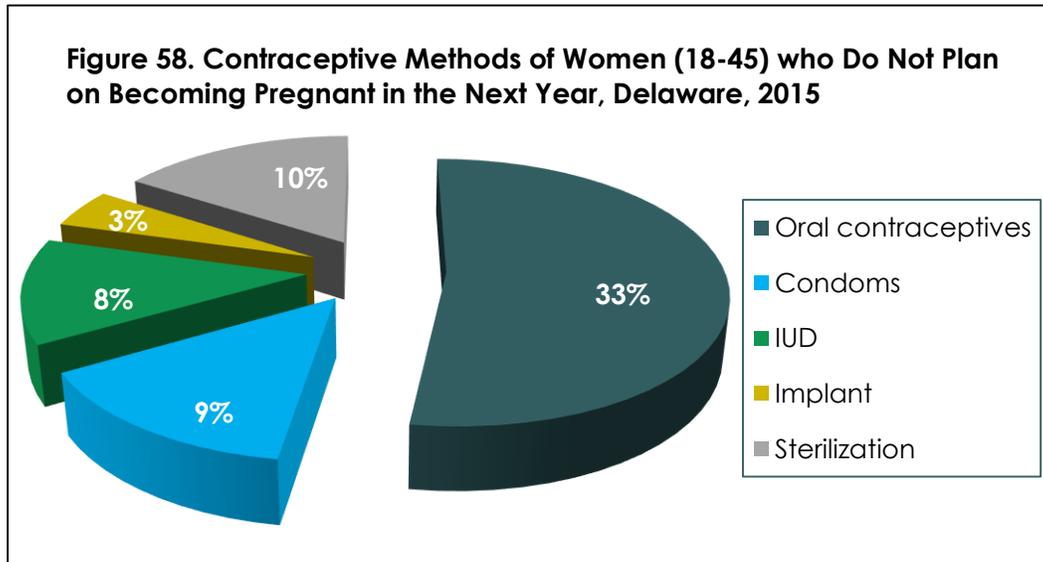
In addition to cigarette smoking, 6% (95% CI: 5.1-7.7) of Delaware adults (representing ~45,500 adults throughout the state) used electronic cigarettes (e-cigarettes) once or more in the past month (DPHI Delaware Household Health Survey, 2015).

- Kent and Sussex counties have the highest percentage of adults who have used e-cigarettes once or more in the past month (both 8%); New Castle County has the lowest (5%).
- Dover and the Surrounding Area and the Remainder of Sussex County have the highest percentage of adults who have used e-cigarettes one or more times in the past month (both 10%).
 - The Northeast and Southeast Beaches area and the Remainder of the Greater Wilmington Area (both 4%) have the lowest percentage of adults using electronic cigarettes at least once in the past month.

CONTRACEPTIVE USE

The overwhelming majority (91%, 95% CI: 86.6-93.7) of Delaware women ages 18 to 45 do not plan to become pregnant in the next year (DPHI Delaware Household Health Survey, 2015).

Among the small assessment areas in Delaware, women in the Remainder of Sussex County (99%) were most likely to say they did not plan to become pregnant in the next year. In comparison, women in Dover and the Surrounding Area (80%) were least likely to say they did not plan to become pregnant.



Source: DPHI Delaware Household Health Survey, 2015.

Statewide, the birth control pill is the most popular form of primary contraception among Delaware women who do not plan to become pregnant in the next year; it is used by one-third (32.5%, 95% CI: 26.5-39.2) of Delaware women.¹

- Sterilization is the next most common primary form of contraception, favored by 10% of Delaware women.
- Other forms of primary contraception are condoms (9%), intrauterine devices (IUDs) (8%), and implants (3%).

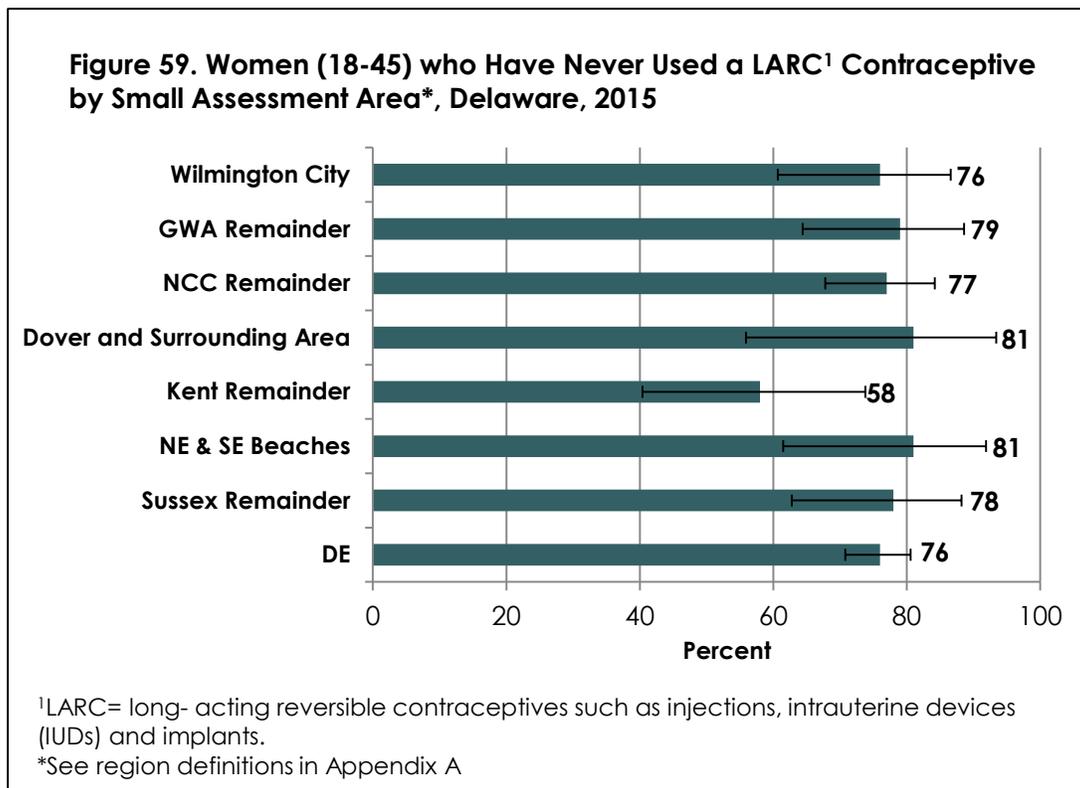
¹ DPHI Delaware Household Health Survey, 2015.

Oral contraceptives are most likely to be the primary contraceptive in Sussex County (43%), compared to Kent (21%) and New Castle (33%) counties (DPHI Delaware Household Health Survey, 2015).

- In Kent County, oral contraceptives are favored by only 21% of women, but 20% of women use sterilization as their primary mode of contraception, the highest percentage among the three counties.
- IUDs are preferred by 10% of women in New Castle County, about twice the percentage in Kent (5.5%) and Sussex (4%) counties.
- Women in the Northeast and Southeast Beaches area were most likely to use oral contraceptives (60%) among women in all of the small assessment areas.

Three-quarters of women (76%, 95% CI: 70.7-80.5) ages 18-45 in Delaware have never used long-acting reversible contraceptives (LARCs), such as injections, IUDs, and implants.¹

- The percentage of women who have never used LARCs varies across the three counties: 68% in Kent, 77.5% in New Castle, and 79% in Sussex County.
- Among the small assessment areas, the percentage of women who have never used LARCs varies from a high of 81% in the Northeast and Southeast Beaches and Dover and the Surrounding Area, to a low of 58% in the Remainder of Kent County.



Source: DPHI Delaware Household Health Survey, 2015

¹ DPHI Delaware Household Health Survey, 2015.

More than four in 10 women ages 18-45 in the state (47%, 95% CI: 41.1-52.8) do not know where to get LARCs (DPHI Delaware Household Health Survey, 2015).

- The percentage of women in each county who do not know where to get LARCs ranges from a low of 41% in Kent County to a high of 50% in New Castle County.

The primary reason women in the state give for not using LARCs (10%) is that they do not want to use it, or are not interested.¹

- Other common reasons include: to avoid negative side effects (8%) and that they use or prefer another method (8%).
- An additional 11.5% said they didn't need LARCs, but did not give a specific reason.
 - Among the three counties, women in Kent County (15%) are most likely to say they do not use LARCs because they do not want to, or are not interested.
 - Women in New Castle County are most likely to say they want to avoid negative side effects (9%), or they use or prefer another birth control method (10%) than women in other counties.

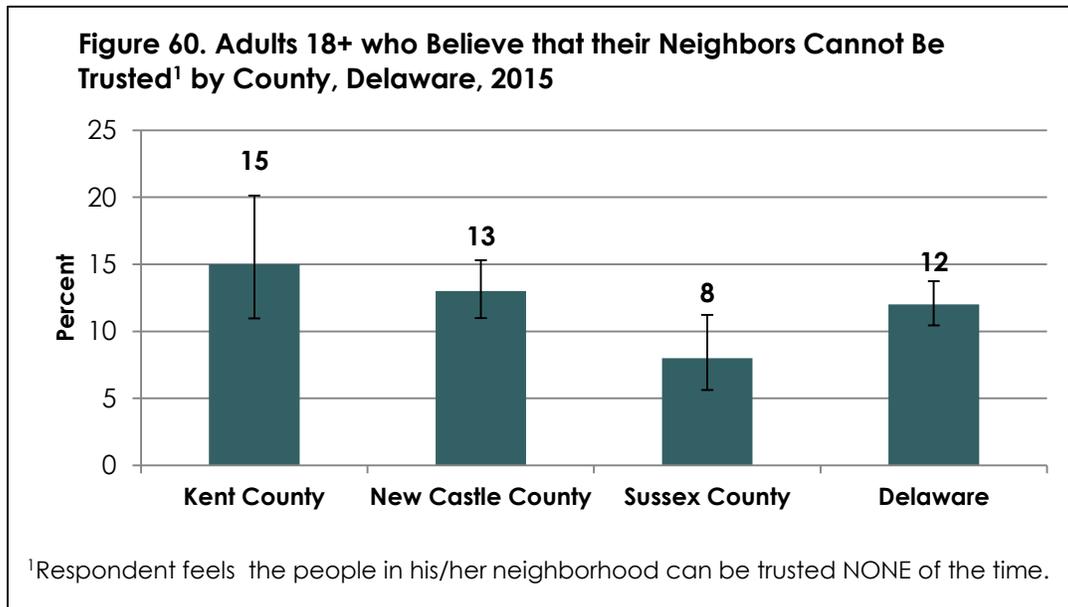
¹ DPHI Delaware Household Health Survey, 2015.

SOCIAL CAPITAL AND NEIGHBORHOOD

The fabric of a community and the community pool of human resources available to it are often called its “social capital.” This term refers to the individual and communal time and energy that is available for such things as community improvement, social networking, civic engagement, personal recreation, and other activities that create social bonds between individuals and groups.

Circumstances that prevent or limit the availability of social capital for a community and its members can have a negative effect on the health and well-being of the community members. These negative effects on health and well-being can, in turn, have negative effects on the community as a whole.

Data from the 2015 DPHI Delaware Survey show that the majority of residents across Delaware believe that their neighbors can be trusted; only 12% (95% CI: 10.6-13.9) of Delawareans do not believe that they can trust their neighbors.

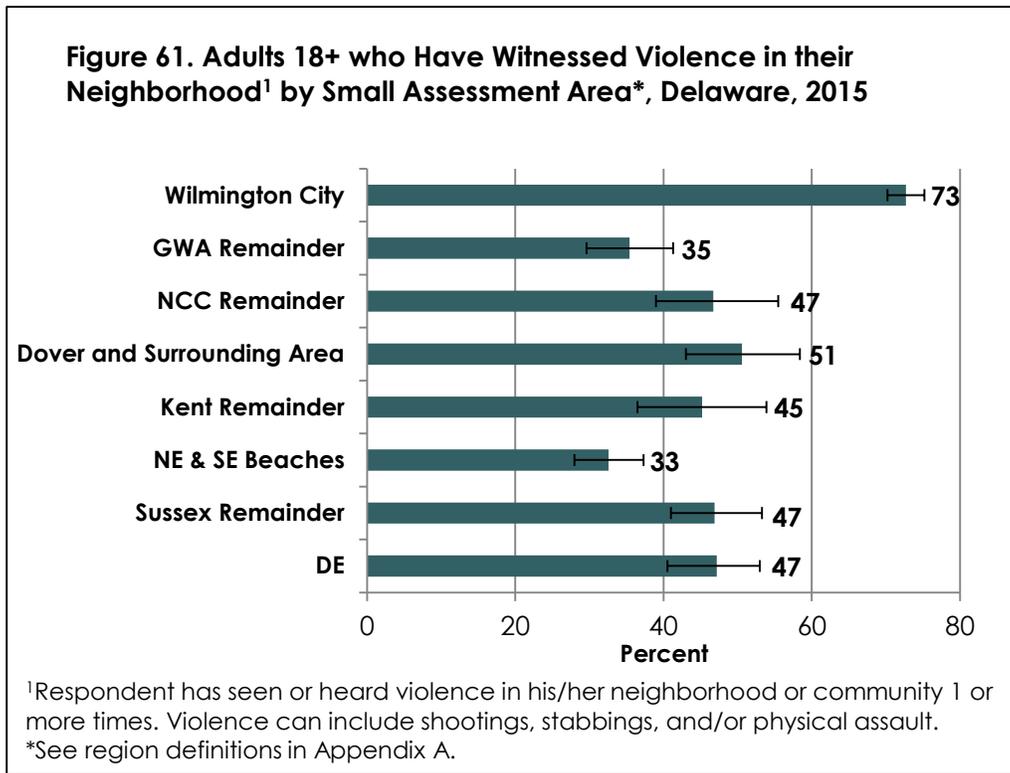


Source: DPHI Delaware Household Health Survey, 2015

- This percentage is highest in Kent County (15%) and lowest in Sussex County (8%).

Nearly half of Delaware adults (47%, 95% CI: 44.7-49.6) have seen or heard violence in their neighborhood (DPHI Delaware Household Health Survey, 2017).

- This rate of observed violence is highest in New Castle County (49%) and lowest in Sussex County (41%).
- The percentage of adults who have witnessed violence varies considerably across the different small assessment areas. Interestingly, the Remainder of Greater Wilmington Area has the second lowest percentage (35%) of adults who have witnessed violence behind the Northeast and Southeast Beaches area (33%). However, neighboring Center City Wilmington has the highest percentage of adults who have observed violence (73%).



Source: DPHI Delaware Household Health Survey, 2015.

Across Delaware, one-quarter (26%) of adults report a perceived low level of violence in their neighborhood and high trust in their neighbors.¹

- Only 4% perceive a high level of violence in their neighborhood and low level of trust in their neighbors.

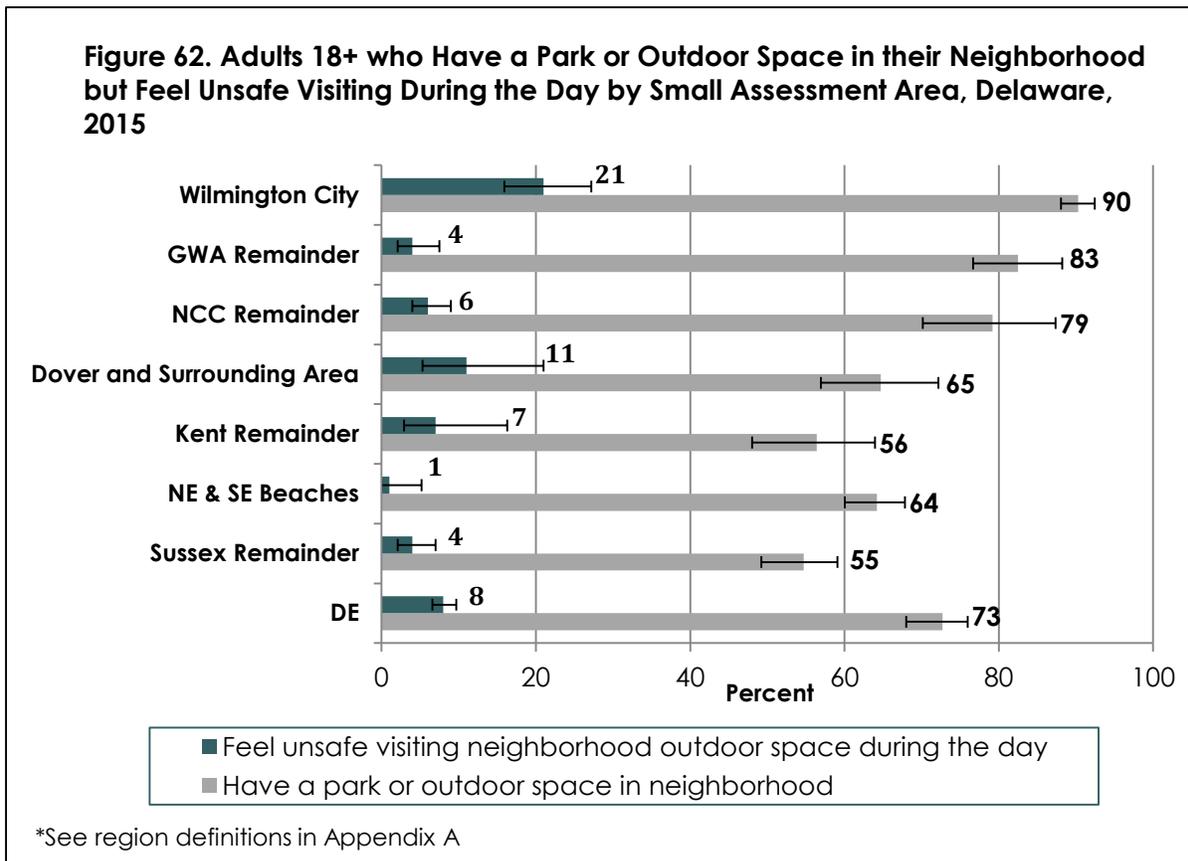
Finally, almost one-half (49%, 95% CI: 46.1-51.1) of adults across Delaware have not participated in a volunteer organization. This is highest in New Castle County (51%) and lowest in Sussex County (41%).²

¹ DPHI Delaware Household Health Survey, 2015.

² DE HHS, 2015.

While the majority of Delawareans (73%) have a park in their neighborhood 8% (95% CI: 6.4-9.5) do not feel safe going there during the day, which varies considerably by region (DPHI Delaware Household Health Survey, 2015).

- While 90% of residents in Center City Wilmington have access to a park or outdoor space in their neighborhood, close to one-quarter (21%) of them do not feel safe going there in the daytime.
- Comparatively, just 4% of residents in the Remainder of the Greater Wilmington Area do not feel safe visiting a park or outdoor space in their neighborhood.
 - The percentage of adults in Center City Wilmington who report feeling unsafe to visit a park or open space in their neighborhood is two to three times higher than any other region in the state.



Source: DPHI Delaware Household Health Survey, 2015.

CHILDREN

Data from the 2014 Delaware Survey of Children's Health reveal that almost two-thirds (65%, 95% CI: 61.9-68.9) of Delawareans perceive that their neighborhood is a very pleasant place to walk. In contrast 5% (95% CI: 3.2-6.0) perceive their neighborhood as a place that is 'not at all pleasant' to walk.

Parental perception that their neighborhood is a very pleasant place to walk is highest in New Castle County, excluding the City of Wilmington (72%) and lowest in the City of Wilmington (44%).

The majority (59%, 95% CI: 54.9-62.3) of Delawareans definitely agree that their children are safe while playing outside in their neighborhood and about 5% (95% CI: 3.4-6.4) of parents definitely disagree with this perception.¹

- At the county level, parents in New Castle County are most likely to perceive that their children are safe while playing outside in their neighborhood (60%).
 - New Castle County excluding the City of Wilmington (64%) has a slightly higher percentage of parent-perceived safety than New Castle County overall.
 - Parents in the City of Wilmington are least likely to perceive that their children are safe while playing outside in their neighborhood (35%).

¹ Nemours' Delaware Survey of Children's Health, 2014.

VIII. EXISTING HEALTH CARE RESOURCES

As part of the SHNA, DPHI staff completed an asset map of the health and human services available across Delaware. DPHI staff used the Delaware 2-1-1 Human Service Referral and Community Resource Directory to develop this asset map. Created by the United Way of Delaware, [Delaware 2-1-1](#) is free and online. It provides one central resource for access to health and human service organizations across Delaware. DPHI complemented the directory's information by examining additional resources and conducting a comprehensive web search.

The information gathered shows that Delaware is rich with health and human service resources. The Resource Lists in Appendix M depict the various categories of health and human service assets available for free or at low cost to residents in each county.

Delaware is home to four hospitals in New Castle, one hospital in Kent with branches in both Dover, and Milford, and two hospitals in Sussex County. In terms of additional health and human services available, the Resource Lists in Appendix M show the breakdown of health centers, dental facilities, senior services, mental/behavioral health and substance abuse treatment, urgent care centers, and food assets and other social services within each county.

The Resource Lists also show that New Castle County is home to the majority of resources in each category of service. Of all the counties, New Castle County has the most urgent care centers, health centers, hospitals, mental health/behavioral health/substance abuse resources, and other social services. Interestingly, food assets, including food pantries and farmers' markets, were plentiful in each county, with the majority located in New Castle County, followed by Sussex and Kent counties. Agencies that provide services specifically for older adults and dental care are revealed as potential areas of need.

IX. KEY FINDINGS AND RECOMMENDATIONS

PRIORITIES

Adults in Kent County (23%) have the highest percentage of self-reported fair or poor health, which does not meet the Healthy People 2020 goal of 79.8% in excellent, very good, or good health. According to parental perception, children in New Castle County are most likely to be in fair or poor health (4.3 %). These data vary at the local level.

All results were compiled and analyzed collectively to paint a complete picture of Delaware's health. This comprehensive process yielded the following four top-level priority areas of focus and their risk factors:

1. CHRONIC DISEASE

CORONARY HEART DISEASE • DIABETES • ASTHMA

Chronic diseases and conditions – such as heart disease, type-2 diabetes, and asthma – are among the most common, costly, and preventable of all health problems.¹ The statewide five-year age-adjusted mortality rate for coronary heart disease (123 per 100,000 population) does not meet the Healthy People 2020 goal of 103 per 100,000 population. The percentage of Delaware adults ever diagnosed with diabetes (13 %, 95% CI: 11.8-15.0) is higher than in the U.S. as a whole (9.3%) (CDC, 2017).² The percentage of asthma diagnoses in Delaware adults (14%, 95% CI: 12.3-15.7) and children (17%, 95% CI: 14.5-20.3) are nearly twice the national averages (7.4% and 9%, respectively) (CDC, 2016).³ (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013) (DPHI Delaware Household Health Survey, 2015) (Nemours' Delaware Survey of Children's Health, 2014)

The percentage of adults with hypertension in Delaware (29%, 95% CI: 26.4- 30.7) does not meet the Healthy People 2020 goal of 26.9%. Hypertension, or high blood pressure, is a primary, modifiable risk factor for coronary heart disease.⁴ To this end, data on hypertension is often used, in combination of other variables, as a strong and consistent predictor of the development of heart disease.⁵ For example, while Dover and the

¹ Centers for Disease Control and Prevention: Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/overview/index.htm>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention: National Diabetes Statistics Report (2014). <http://www.thefhdha.org/pdf/diabetes.pdf>. Accessed 10/26/2017.

³ Centers for Disease Control and Prevention: Asthma Surveillance Data. <https://www.cdc.gov/asthma/asthmaadata.htm>. Accessed 10/26/2017.

⁴ Centers for Disease Control and Prevention: Heart Disease Fact Sheet. https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_disease.htm. Accessed 10/26/2017.

⁵ Virtanen M, Elovainio M, Josefsson K, et al Coronary heart disease and risk factors as predictors of trajectories of psychological distress from midlife to old age Heart Published Online First: 18 November 2016. doi: 10.1136/heartjnl-2016-310207

Surrounding Area and the Northeast and Southeast Beaches have the highest percentage of heart disease diagnoses (both 14%), they are among the least likely to have high blood pressure, with the Remainder of Sussex County and the City of Wilmington ranking the highest (both 33%). This suggests that heart disease management and treatment could be a primary focus of intervention in Dover and the Surrounding Area and the Northeast and Southeast Beaches, while preventative efforts might be better targeted toward the Remainder of Sussex County and the City of Wilmington to decrease future heart disease diagnoses in those areas. (DPHI Delaware Household Health Survey, 2015)

Obesity is associated with an increased risk of developing high blood pressure, heart disease, and diabetes, among other serious health problems. One-third (33%, 95% CI: 30.7-35.8) of Delaware adults age 20 and older (age-adjusted) are obese, which does not meet the Healthy People 2020 goal (30.6%) in any region, except the Remaining Greater Wilmington Area (24%) of New Castle County. This includes communities in the surrounding metropolitan area of Wilmington outside of center city. In general, Delaware children tend to be less obese than adults, but overall, one-fifth (21%, 95% CI: 17.6-24.2) of children ages 2-17 are obese, which exceeds the national average (17%) but also exceeds the average for all the state's regions. (DPHI Delaware Household Health Survey, 2015) (Nemours' Delaware Survey of Children's Health, 2014)

There are many risk factors for obesity, some which can be changed, such as lifestyle habits and environments. For example, adults in Dover and the Surrounding Area (18%) and the Remainder of Sussex County (16%) have the highest percentages of diabetes and obesity (37.1% and 37.9%, respectively). Interestingly, adults in these two regions are also most likely to consume more than the recommended amount of sugary sweet beverages per day (67% and 62%, respectively), a risk factor of both conditions. In addition, adults in Remaining Kent County (46%), Northeast and Southeast Beaches (45%), Dover and the Surrounding Area (44%), and Remaining Sussex County (42%) are the top four sub-groups least likely to get the recommended physical activity per week. They are also least likely to have a park or outdoor space in their neighborhood for recreation (44%, 36%, 35%, and 45%, respectively). Access, however, is only a part of the problem. In fact, while residents in Center City Wilmington have access to more parks and outdoor space than any other community in the state (90%), one-fifth of adults (21.2%) and one-quarter of children (25%) do not feel safe visiting these locations during the day. This could explain why children in Wilmington are least likely to get the recommended amount of physical activity each day (50%), despite access to recreational spaces. (DPHI Delaware Household Health Survey, 2015) (Nemours' Delaware Survey of Children's Health, 2014)

Obesity is also the most common asthma co-morbidity.¹ In Delaware, adults living in Dover and the Surrounding Area (21%), Remaining Sussex County, and the Northeast and Southeast Beaches (both 15%) are most likely to be diagnosed with asthma, and have the highest percentages of obesity (37.1%, 37.9%, and 38.3%, respectively). This trend is not observed in children; children in the City of Wilmington have a much higher

¹ Baffi CW, Winnica DE, Holguin F. Asthma and obesity: mechanisms and clinical implications. *Asthma Res Pract.* 2015;1:1.

percentage of asthma (25%) than children in any other region, but the lowest rate of obesity (17%). While various stakeholders cited concerns associated with pollution, deteriorating infrastructure, and a lack of safe and affordable housing, more information is needed to understand the impact of these factors on asthma prevalence, and the impact asthma has on overall health and chronic disease in Delaware. (DPHI Delaware Household Health Survey, 2015) (Nemours' Delaware Survey of Children's Health, 2014)

2. MATERNAL AND CHILD HEALTH

TEEN PREGNANCY • PREMATURE BIRTHS • LOW BIRTH WEIGHT

Infants born to teenagers have been associated with a number of negative birth outcomes, including prematurity and low birth weight, making it an important outcome to track. From 2009-2013 in Delaware, the five-year average percentage of premature births (gestational age < 37 weeks) is 14% (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center). This does not meet the Healthy People 2020 goal of 11.4% premature births. Further, the five-year average percentage of low birth weight births is 8.5% (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013). This rate does not meet the Healthy People 2020 goal (7.8%). (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013)

Center City Wilmington has the highest five-year fertility rate for adolescent women (40 per 1,000 women age 15-17). This is followed by the Remainder of Sussex County (21 per 1,000 women age 15-17), where the fertility rate is nearly one-half of the rate observed in Center City Wilmington. In addition, Center City Wilmington has the highest five-year average percentage of premature births (15% of all live births) and low birth weight births (12%). Dover and the Surrounding Area has the third highest rate of teen pregnancy (65 per 1,000 women age 15-17) behind Center City Wilmington and Remaining Sussex County. Notably, the Remainder of Sussex County and Dover and the Surrounding Area are the top three sub-areas in premature (14% and 13%) and low birth weight (8% and 9%) births in Delaware, respectively. (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013)

Nearly two in five females (18-45) in Center City Wilmington and Dover and the Surrounding Area who do not plan on getting pregnant in the next year do not use contraceptives (38% and 39%, respectively). These are among the highest percentages in the state.

Adults in Center City Wilmington (17%) and Dover and Surrounding Area (21%) are most likely to not have a regular source of care, and are the only two regions in the state that do not meet the Healthy People 2020 goal of 16%. Children in Kent County are least likely to have visited a health care professional for preventive care in the past year (7%). Adults in Center City Wilmington (14%), the Remainder of Sussex County (12%), and Dover and the Surrounding Area (11%) are least likely to seek care, and least likely to fill a prescription, due to cost (17.2%, 16.9%, and 14.3%, respectively). None of these percentages meet the Healthy People 2020 goals of 4.2% of adults unable to obtain medical care and of 2.8% of adults unable to fill a prescription due to cost (no regions

meet these goals). Adults in Sussex County were most likely to cite primary care as the top service need in their community (5%). The Remainder of Sussex County has the highest percentage of live births to women receiving late or no prenatal care (44%). Adults in Center City Wilmington (13%) and the Remainder of Sussex County (12%) are least likely to have health insurance coverage; this does not meet the Healthy People 2020 goal of 100% insured. More research is needed to better understand how access to care and adult contraceptive behaviors influence maternal and child health outcomes in the state, but the common issues reported across these three regions are worth noting. (DPHI Delaware Household Health Survey, 2015) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013) (Nemours' Delaware Survey of Children's Health, 2014)

3. SUBSTANCE USE DISORDER

OPIOID EPIDEMIC • ACCIDENTAL OVERDOSE • SMOKING/E-CIGARETTE USE

Substance use and addiction may lead to accidental or intentional death in many cases. In addition, people who suffer from addiction to drugs or alcohol often have one or more accompanying medical issues, which may include cardiovascular disease and mental disorders, among others (drugabuse.gov, 2016).¹ The opioid epidemic is increasing rapidly in the state of Delaware, according to the majority of government officials, health experts and practitioners, educators, first responders, and community members. The National Survey on Drug Use and Health (2015) estimates that 7% of Americans have a substance use disorder. In Delaware, 10% of adults have been told that they have or had a substance use problem. The percentage of adults with a substance use problem in the City of Wilmington (15%), Remainder of Kent County (12%), Dover and the Surrounding Area (11.4%), and the Remainder of New Castle County (11.3%) are higher than for the state and for the nation as a whole. In addition, adults in the Remainder of Kent (27.5%), Dover and the Surrounding Area (27%), and Center City Wilmington (23%) are most likely to have lived with a person who had a drug or alcohol use disorder while growing up. (DPHI Delaware Household Health Survey, 2015)

In Delaware, drug overdose deaths (13 per 100,000 population) exceed the five-year age-adjusted mortality rate of deaths from suicide (12 per 100,000 population), motor vehicle crashes (12 per 100,000 population), homicide (6 per 100,000 population), and HIV/AIDS (4 per 100,000 population) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013). Adults in the Northeast and Southeast Beaches region are the least likely to seek treatment for a reported substance use disorder (57%) and have the second highest accidental drug overdose mortality rate (15.7 per 100,000 population) after the Remainder of Kent County (16.9 per 100,000 population). Interestingly, adults in the Northeast and Southeast Beaches region are most likely to have insurance for prescription medications (89%). The sizeable older adult population there could be the driving factor behind this statistic; however, it emphasizes the need to study how prescription medication coverage impacts the availability of prescription opioids as a mechanism of overdose deaths. (Delaware Health and Social

¹ National Institute on Drug Abuse: Addition and Health. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>. Accessed 10/26/2017.

Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013) (DPHI Delaware Household Health Survey, 2015)

According to the CDC (2016), cigarette smoking is the leading preventable cause of death in the United States (480,000 deaths annually). Although the percentage of adult smokers has steadily declined in Delaware for over a decade, most recent data indicate a 2% increase from 17% in 2010 to 19% in 2015. All regions across the state exceed the Healthy People 2020 goal of 12%. Further, according to the CDC's Adult Tobacco Survey, 2.6% of U.S. adults used e-cigarettes in the past month, compared to 6% of Delaware adults. More information is needed to better understand the relationship between e-cigarettes and cigarette smoking. However, the highest percentage of cigarette smokers and the highest percentage of e-cigarette users are found in the same three regions: Dover and the Surrounding Area, the Remainder of Sussex, and Center City Wilmington. (DPHI Delaware Household Health Survey, 2015)

MENTAL HEALTH

MENTAL HEALTH DIAGNOSES • SUICIDE/IDEATIONS • IMPACT OF TRAUMA

Mental health includes our emotional, psychological, and social well-being. It is important at every stage of life, from childhood and adolescence through adulthood because it affects how we think, feel and act, as well as how we handle stress, relate to others, and make choices.¹ While the percentage of Delaware adults with mental health diagnoses (17%, 95% CI: 15.2-18.9) is lower than the national average (25%), the adult suicide rate and percentage of adults with suicidal/self-harm thoughts are evident areas of concern that could point to underlying issues of access for screening, early detection, and necessary treatment. For example, none of the three counties meet the Healthy People 2020 goals for suicide mortality rates (10 per 100,000 population). Five percent (95% CI: 3.9-6.1) of Delaware adults report having had suicidal or self-harm thoughts in the past year, which is higher than the national average of 3.9% (CDC, 2016).² Further, adults living in regions who indicated mental health and psychiatric care as the top unmet needs in their community had the highest rates of suicide mortality (Northeast and Southeast Beaches and Remainder of Sussex County). Interestingly, adults in the Northeast and Southeast Beaches region are the least likely to be diagnosed with a mental health condition (10.5%) and are most likely to not be in treatment for a mental health condition (45%). However, they are most likely to cite mental health and psychiatric care as the top unmet service needs in their community and have the second highest suicide mortality rate (13 per 100,000 population) in the state behind the Remainder of Kent County (14 per 100,000 population). Concerns over the increase in mental health diagnoses in youth was a recurring theme that emerged from key informant interviews, community meetings, and coalition surveys; however, more information is needed to accurately assess the scope of the issue within this age group.

¹ U.S. National Library of Medicine: Mental Disorders. <https://medlineplus.gov/mentaldisorders.html>. Accessed 10/26/2017.

² Centers for Disease Control and Prevention. Suicide: Facts at a Glance. <http://www.cdc.gov/ViolencePrevention/pdf/Suicide-DataSheet-a.pdf>. Accessed 10/26/2017.

(DPHI Delaware Household Health Survey, 2015) (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013)

Prevention of mental, emotional, and behavioral health disorders focuses on addressing known risk factors such as exposure to trauma in children and adults. Traumatic adverse events in childhood influence health and well-being throughout life, from conception to death, which makes them very important to identify and treat as early as possible. A score of four or more Adverse Childhood Experiences (ACEs) indicates moderate to severe adverse childhood experiences (CDC, 2016).¹ Adults who have experienced four or more ACEs are more common in Delaware (13.4%, 95% CI: 11.8-15.2) than in the United States as a whole (12.5%) (DPHI Delaware Household Health Survey, 2015) (CDC, 2017). Residents in Kent County (13%) were most likely to report growing up with a family member who was suicidal or mentally ill, followed by New Castle County (12.8%) and Sussex County (8.6%) residents, respectively. This same pattern is observed when looking at current mental health diagnoses: Kent County adults are most likely to have a mental health diagnosis (21%), followed by New Castle (17%) and Sussex (13%) county adults. Overall, adults in Dover and the Surrounding Area within Kent County recall experiencing different forms of abuse (verbal, physical, and neglect) most often in their childhood. Adults in the Remainder of Kent most often report challenging household environments such as addiction, poor mental health, substance abuse, and domestic violence in their childhood. Adults in Center City Wilmington are most likely to report traumas related to the breakdown of the family unit through incarceration and/or divorce in their childhood – which can contribute to generational poverty. (DPHI Delaware Household Health Survey, 2015)

Stakeholders from across the state expressed concerns over violence – specifically, the frequency with which violence occurs in certain communities, as well as the implications associated with new channels of exposure. There is a consensus that technology has further increased exposure to these traumas, amplifying the magnitude of psychological effects in new ways that are not completely understood. For example, the City of Wilmington has a homicide rate nearly five times higher than any other region (23.5 per 100,000 population) and residents that are 20% to 40% more likely to witness violence in their community (73%). Yet, the percentage of adults with a mental health diagnosis in Center City Wilmington is approximately the same as in the Remainder of Kent County (both 22%) and just slightly higher than in Dover and the Surrounding Area (20%).

While more research is needed to understand the relationship between violence and mental health, key trends emerged across all three of these regions that are worth noting. The highest percentage of adults with mental health diagnoses are in the City of Wilmington, Dover and Surrounding Area, and the Remainder of Kent County. Adults in these same regions are also most likely to report high levels of stress, mistrust in neighbors, safety concerns associated with visiting parks and outdoor spaces in their neighborhoods, and frequent bullying and discrimination. More information is needed to conceptualize the relationship between exposure to violent crime and social-emotional

¹ Centers for Disease Control and Prevention: Kaiser ACE Study.
<https://www.cdc.gov/violenceprevention/acestudy/about.html>. Accessed 10/26/2017.

well-being. (Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, 2009-2013) (DPHI Delaware Household Health Survey, 2015)

CONCLUSIONS AND RECOMMENDATIONS

Overall, Kent and Sussex Counties have more unfavorable disease outcomes, but limited availability of services and supports, while New Castle County has adequate access to services and supports, but residents cannot afford to and/or do not feel safe enough to use them. These challenges are observed at particularly higher rates in the region of Center City Wilmington than in the remaining areas of New Castle County.

The following conclusions and recommendations are based on an analysis and extraction of key aspects of the data and subsequent strategic planning by the SHIP Revision Committee. For detailed recommendations, information on alignment and readiness, as well as examples of evidence-based practices, see the *2017 SHIP Recommendations Report*.

CHRONIC DISEASE

Given the scope of the problem, chronic disease needs to be addressed on a statewide scale. However, the mode of intervention can be targeted at the community level based on the risk factors specific to those populations. Adults in Dover and the Surrounding Area, and the Remainder of Sussex County should explore targeted interventions around healthy diet, and specifically, sugary-sweet beverage consumption, to reduce high rates of diabetes and obesity. Increasing access to recreational spaces in Kent and Sussex counties for physical activity is a recommended focus to reduce chronic disease in these areas. Residents in Center City Wilmington, specifically youth, could benefit from more safe havens to run and play through the enhancement of existing outdoor spaces.

Chronic Disease Interventions

- *REDUCE OBESITY TO REDUCE HEART DISEASE, HYPERTENSION, AND DIABETES BY PROMOTING HEALTHY DIET AND EXERCISE.*
 - *INCREASE ACCESS TO HEALTHY FOODS TO REDUCE HEART DISEASE, HYPERTENSION, AND DIABETES*
 - *IMPROVE THE BUILT ENVIRONMENT TO PROMOTE WALKING, BIKING, ETC.*
 - *PROMOTE ACCESS TO REMOTE PATIENT MONITORING FOR PATIENTS WITH CHRONIC CONDITIONS.*
 - *INCREASE ACCESS TO COMMUNITY HEALTH WORKERS AND CARE COORDINATION TO IMPROVE CHRONIC DISEASE OUTCOMES.*
 - *REDUCE CHRONIC LUNG DISEASE – ASTHMA, LUNG CANCER, AND COPD.*
 - *REVIEW EXISTING POLICIES – MAKE THE HEALTHY CHOICE THE EASY CHOICE.*
-

MATERNAL AND CHILD HEALTH

Efforts to address maternal and child health concerns should be targeted to adolescents in Center City Wilmington, as well as Dover and the Surrounding Area, and the Remainder of Sussex County to the west of the Beaches region. Education and cost of care are recommended areas of focus in Center City Wilmington and Dover and the Surrounding Area; the Remainder of Sussex County would benefit from increased access to preventive services.

Maternal and Child Health Interventions

- *EMBED HEALTH EDUCATION IN SCHOOLS*
-

SUBSTANCE USE DISORDER

A statewide effort is needed to address substance use disorders. Prescription monitoring and proper disposal of unused prescription medications could be an area of interest in Sussex County, given widespread prescription drug coverage and overdose rates, particularly in the Northeast and Southeast Beaches region. New Castle and Kent Counties could benefit from a focus on early detection and supportive resources for addicts and their loved ones, given the high rate of adults with a current substance use problem having a household/family history of addiction. All regions need increased resources for treatment.

Substance Use Disorder Interventions

- *REDUCE TOBACCO AND TOBACCO SUBSTITUTE USE*
 - *REDUCE SUBSTANCE USE*
 - *PUBLIC MEDIA CAMPAIGN TO ADDRESS SUBSTANCE USE DISORDER STIGMA ON A STATEWIDE BASIS*
 - *ALIGN WITH HEALTHY NEIGHBORHOODS (COMMUNITY BASED SOLUTIONS, OPIOID EPIDEMIC)*
 - *UNIVERSAL EDUCATION FOR ANY PRACTITIONERS IN THE FIELD AROUND IDENTIFICATION OF SUBSTANCE USE DISORDER AND TRAUMA INFORMED CARE*
-

MENTAL HEALTH

High rates of suicide and suicidal/self-harm thoughts exist with low rates of mental health diagnoses across the state. This is a testament to the need for improved mental health screening, detection, and early intervention in order to identify the risk factors for suicide and reduce the number of these deaths. Trauma across the lifespan, including violence, is a key influence on emotional health and well-being that can be targeted based on the community profile. For example, the impact of homicide and the collapse of the family unit should be explored further in the City of Wilmington as it relates to mental health. Victims of abuse and neglect should be a priority in the Dover and the Surrounding Area and exposure to volatile household environments is key in the Remainder of Kent County.

Mental Health Interventions

- *PLACE A MENTAL HEALTH PROVIDER IN EVERY SCHOOL*
- *INCREASE PAY FOR MENTAL HEALTH PROVIDERS TO ALLEVIATE SHORTAGES*

The SHIP Coalition should review these new priority areas and strategic issues to determine how well they align with existing programs in Delaware, whether they are perceived as a need by the community, and whether there is support for funding any or all of the evidenced-based programs that are recommended by the SHIP, or the state or local governments.

Many of the existing strategic issues that were identified are already being addressed in Delaware. However, they may not be using evidence-based practices or may lack funding to address these issues comprehensively. This may require more cooperation between agencies to break down "silos," such as those between mental and physical health.

In addressing the final draft of the new DE SHIP Plan in 2018, stakeholders should consider each of these strategic issues when deciding which top priority goals to advance.

X: APPENDICES

APPENDIX A: GEOGRAPHIC REGION DEFINITIONS

Table A-1. Geographic Region Definitions

Delaware Region	ZIP Code Definition
Center City Wilmington	19801, 19802, 19805, 19806, 19880, 19899
Remainder of/ Remaining Greater Wilmington Area (GWA)	19703, 19707, 19710, 19735, 19736, 19803, 19804, 19807, 19808, 19809, 19810, 19850
Remainder of/ Remaining New Castle County	19701, 19702, 19706, 19708, 19709, 19711, 19713, 19714, 19715, 19716, 19717, 19720, 19730, 19731, 19733, 19734, 19938, 19977
Dover and the Surrounding Area	19901, 19902, 19903, 19904, 19905, 19906, 19936, 19953
Remainder of/ Remaining Kent County	19934, 19938, 19943, 19946, 19950, 19952, 19954, 19955, 19961, 19962, 19963, 19964, 19977, 19979, 19980
Northeast and Southeast Beaches	19930, 19939, 19944, 19945, 19951, 19958, 19966, 19967, 19969, 19970, 19971, 19975
Remainder of/ Remaining Sussex County	19931, 19933, 19940, 19941, 19947, 19950, 19956, 19960, 19963, 19968, 19973

Source: Delaware Public Health Institute, 2017.

APPENDIX B: ICD-10 CODES

The International Classification of Diseases (ICD) is published by the World Health Organization (WHO) and used worldwide for morbidity and mortality statistics, reimbursement systems, and automated decision support in health care. ICD-10 is the 10th revision of the ICD and codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

ICD-10 Codes were employed beginning in 1999 by the National Center for Health Statistics to report mortality data. The following ICD-10 Codes were used in the calculation of disease-specific mortality rates included in this file, based on NCHS definitions.

Table B-1. International Classification of Diseases (ICD), 10th Revision

Cause of Death	ICD-10 (Codes)
Cancer	C00-C97
Breast Cancer	C50.0-C50.9
Lung Cancer	C33-C34.9
Colorectal Cancer	C18-C21
Prostate Cancer	C61
Cervical Cancer	C53.0-C53.9
Coronary Heart Disease	I11.0-I11.9, I21-I25.9, I51.6
Stroke	I60-I69.8
HIV/AIDS	B20-B24
Homicide	X85-Y09
Suicide	X60-X84
Accidents/Drugs	V01-X59.9, Y85-Y86.9
Motor Vehicle Crashes	V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
Accidental Drug Overdose	X40-X44
Diabetes	E10-E14.9

Source: ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics, Instruction Manual, Part 9, CDC/NCHS, 2009.¹

¹ ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics (Instruction Manual, Part 9, CDC/NCHS, 2009). <https://www.cdc.gov/nchs/data/dvs/Part9InstructionManual2009.pdf>. Accessed 10/26/2017.

APPENDIX C: AMERICAN COMMUNITY SURVEY TABLES

Table C-1. Socio-Demographic Indicators by County and State, Delaware, 2010-2014

		Kent County	New Castle County	Sussex County	Delaware
		n %	n %	n %	n %
Total Population		167,477	545,846	203,737	917,060
Age					
0-17		40,500	123,300	40,700	204,500
		24.2	22.6	20.0	22.3
18-44		39,800	133,100	36,100	209,000
		23.8	24.4	17.7	22.8
45-64		62,800	218,500	81,100	362,500
		37.5	40.0	39.8	39.5
65+		24,400	70,900	45,900	141,100
		14.6	13.0	22.5	15.4
Gender					
Male		80,700	264,100	99,100	443,900
		48.2	48.4	48.7	48.4
Female		86,800	281,800	104,600	473,100
		51.8	51.6	51.3	51.6
Race/Ethnicity					
White		113,600	360,300	165,500	639,400
		67.8	66.0	81.2	69.7
Black		40,600	131,500	25,900	198,000
		24.3	24.1	12.7	21.6
Asian		3,400	26,100	2,200	31,700
		2.1	4.8	1.1	3.5
Other		2,000	13,500	4,900	20,400
		5.8	5.1	5.0	5.2
Latino		10,600	49,600	18,400	78,600
		6.4	9.1	9.0	8.6
Non-Latino		156,800	496,300	185,400	838,500
		93.6	90.9	91.0	91.4

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Table C-1a. Socio-Demographic Indicators by ZIP Code Region, Delaware, 2010-2014

	City of Wilmington	Remainder of GWA	Remainder of NCC	Dover and Surrounding Area	Remainder of Kent	NE & SE Beaches	Remainder of Sussex	Delaware
	n %	n %	n %	n %	n %	n %	n %	n %
Total Population	92,018	155,785	298,414	73,660	93,362	95,007	108,814	917,060
Age								
0-17	21,700 23.6	33,700 21.6	68,800 23.0	17,300 23.5	22,000 23.5	15,300 16.1	25,800 23.7	204,500 22.3
18-44	24,100 26.2	28,500 18.3	80,400 26.8	20,500 27.9	19,500 20.9	13,900 14.6	22,300 20.5	209,000 22.8
45-64	34,800 37.8	65,500 42.1	117,900 39.5	25,200 34.1	38,400 41.1	38,200 40.2	42,600 39.1	362,500 39.5
65+	11,400 12.4	28,000 18.0	31,700 10.6	10,700 14.5	13,500 14.5	27,700 29.1	18,100 16.7	141,100 15.4
Gender								
Male	43,100 46.9	75,100 48.2	144,800 48.5	35,385 48.0	46,300 49.6	46,056 48.5	53,156 48.9	443,900 48.4
Female	48,900 53.1	80,600 51.8	153,700 51.5	38,275 52.0	47,100 50.4	48,951 51.5	55,700 51.1	473,100 51.6
Race/Ethnicity								
White	40,000 43.5	127,400 81.8	193,400 64.8	42,500 57.7	70,600 75.6	82,400 86.7	83,000 76.2	639,400 69.7
Black	44,600 48.4	14,200 9.1	72,400 24.3	23,300 31.6	17,300 18.6	6,900 7.3	19,300 17.7	198,000 21.6
Asian	900 1.0	8,900 5.7	16,400 5.6	2,400 3.4	1,000 1.1	1,300 1.4	900 0.8	31,700 3.5
Other	6,500 7.1	5,200 3.3	16,200 5.3	4,400 7.3	4,400 4.7	4,500 4.7	5,700 5.2	20,400 5.2
Latino	14,500 15.7	9,500 6.1	25,500 8.5	5,500 7.4	5,000 5.3	6,800 7.1	11,900 10.9	78,600 8.6
Non-Latino	77,500 84.3	146,300 93.9	272,900 91.5	68,200 92.6	88,400 94.7	88,200 92.9	96,900 89.1	838,500 91.4

Note: See region definitions in Appendix A.

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Table C-2. Economic Indicators by County and State, Delaware, 2010-2014

	Kent County	New Castle County	Sussex County	Delaware
	n %	n %	n %	n %
Total Population	167,477	545,846	203,737	917,060
Income				
Median Household Income	\$65,476	\$54,976	\$53,751	\$60,509
Education: Age 25+				
Less than HS	15,100 13.6	36,300 9.8	22,000 14.5	73,400 11.6
HS Graduate	37,000 33.5	105,700 28.6	53,500 35.3	196,200 31.1
Some college	33,500 30.3	97,700 26.5	40,900 27.0	172,100 27.3
College or More	24,900 22.5	129,300 35.0	35,200 23.2	189,400 30.0
Employment: Age 16+				
Employed	73,700 90.4	264,600 91.8	87,800 91.1	426,100 91.5
Unemployed	7,800 9.6	23,500 8.2	8,500 8.9	39,800 8.5
Poverty Status: Individuals				
Below Poverty: 0-17	7,800 19.6	18,000 14.8	9,200 23.1	35,100 12.0
Below Poverty: 18-64	11,500 11.7	36,500 10.8	14,400 12.5	62,400 11.3
Below Poverty: 65+	1,600 6.9	5,100 7.4	3,000 6.6	9,700 7.1
Below Poverty: total	20,900 12.9	59,600 11.3	26,600 13.3	107,100 12.0
Poverty Status: Families				
Families living in poverty WITHOUT children	1,000 4.5	2,100 3.1	1,300 3.7	4,400 3.5
Families living in poverty WITH children	3,200 15.8	7,700 12.1	3,600 17.5	14,500 13.9
Housing Unit Type				
Renter-occupied	18,400 30.4	62,600 30.9	18,200 22.4	99,200 28.8
Owner-occupied	42,200 69.6	139,700 69.1	63,000 77.6	244,800 71.2

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Table C-2a. Economic Indicators by ZIP Code Region, Delaware, 2010-2014

	City of Wilmington	Remainder of GWA	Remainder of NCC	Dover and Surrounding Area	Remainder of Kent	NE & SE Beaches	Remainder of Sussex	Delaware
	n %	n %	n %	n %	n %	n %	n %	n %
Total Population	92,018	155,785	298,414	73,660	93,362	95,007	108,814	917,060
Income								
Median Household Income	\$43,972	\$78,249	\$70,488	\$51,129	\$58,964	\$58,971	\$50,199	\$60,509
Education: Age 25+								
Less than HS	10,600 17.1	7,700 6.9	17,500 8.9	6,200 13.3	9,300 14.5	8,100 10.6	14,000 18.7	73,400 11.6
HS Graduate	21,500 34.5	27,800 25.0	56,000 28.7	14,100 30.2	23,200 36.1	25,500 33.5	20,100 37.4	196,200 31.1
Some college	14,700 23.5	26,600 23.9	56,700 29.0	14,300 30.7	18,900 29.3	20,700 27.1	20,300 27.0	172,100 27.3
College or More	15,500 24.9	49,200 44.2	65,000 33.3	12,000 25.8	13,000 20.2	21,900 28.8	12,700 16.9	189,400 30.0
Employment: Age 16+								
Employed	40,500 87.9	77,600 93.3	147,800 92.2	30,600 90.6	42,100 90.4	40,400 91.9	47,200 90.3	426,100 91.5
Unemployed	5,600 12.1	5,500 6.7	12,500 7.8	3,200 9.4	4,400 9.6	3,500 8.1	5,000 9.7	39,800 8.5
Poverty Status: Individuals								
Below Poverty: 0-17	7,400 35.0	3,000 8.9	7,800 11.4	4,200 25.0	3,300 15.6	2,800 18.8	6,500 25.6	35,100 12.0
Below Poverty: 18-64	11,400 19.9	5,700 6.1	19,500 10.3	5,700 13.6	5,400 9.8	5,700 11.1	8,800 13.9	62,400 11.3
Below Poverty: 65+	1,900 17.2	1,200 4.4	2,000 6.6	800 7.2	800 6.3	1,500 5.6	1,400 8.2	9,700 7.1
Below Poverty: total	20,700 23.2	9,900 6.4	29,300 10.1	10,700 15.4	9,500 10.7	10,100 10.7	16,700 15.8	107,100 12.0

Note: See region definitions in Appendix A.

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Table C-2a. Economic Indicators by Zip Code Region, Delaware, 2010-2014 (cont.)

	City of Wilmington	Remainder of GWA	Remainder of NCC	Dover and Surrounding Area	Remainder of Kent	NE & SE Beaches	Remainder of Sussex	Delaware
	n %	n %	n %	n %	n %	n %	n %	n %
Total Population	92,018	155,785	298,414	73,660	93,362	95,007	108,814	917,060
Poverty Status: Families								
Families living in poverty WITHOUT children	700 7.8	400 1.7	1,000 2.7	400 4.5	600 4.2	700 3.4	600 4.1	4,400 3.5
Families living in poverty WITH children	3,100 27.7	1,500 8.2	3,300 9.2	1,700 20.5	1,400 12.7	1,200 15.4	2,300 18.7	14,500 13.9
Housing Unit Type								
Renter-occupied	18,700 50.5	14,100 22.9	30,100 28.8	10,400 39.1	7,300 21.9	8,300 19.9	10,400 26.3	99,200 28.8
Owner-occupied	18,300 49.5	47,500 77.1	75,400 71.2	16,200 60.9	26,000 78.1	33,400 80.1	29,100 73.7	244,800 71.2

Note: See region definitions in Appendix A.

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Table C-3. Language Spoken at Home by County and State, Delaware, 2010-2014

	Kent County	New Castle County	Sussex County	Delaware
	n %	n %	n %	n %
Age 5+	156,387	512,609	192,115	861,111
Language Spoken at Home				
English Only	144,000 92.1	438,700 85.0	175,700 91.5	758,400 88.1
Spanish (English not very well)	2,100 1.3	14,400 2.8	7,600 3.9	24,100 2.8
Asian Language (English not very well)	700 0.5	5,500 1.1	600 0.3	6,800 0.8
Other Language (English not very well)	2,000 1.2	5,400 1.1	1,400 0.7	8,800 1.0

Source: American Community Survey, 2010-2014.

Table C-3a. Language Spoken at Home by ZIP Code Region, Delaware, 2010-2014

	City of Wilmington	Remainder of GWA	Remainder of NCC	Dover and Surrounding Area	Remainder of Kent	NE & SE Beaches	Remainder of Sussex	Delaware
	n %	n %	n %	n %	n %	n %	n %	n %
Age 5+	85,266	146,976	280,508	68,345	87,940	90,656	101,420	861,111
Language Spoken at Home								
English Only	71,700 84.1	126,200 85.8	240,800 85.8	61,400 89.8	82,900 94.3	86,000 94.9	89,300 88.0	758,400 88.1
Spanish (English not very well)	4,500 5.3	3,500 2.3	6,500 2.3	1,000 1.4	1,100 1.4	2,100 2.2	5,500 5.4	24,100 2.8
Asian Language (English not very well)	300 0.3	2,000 1.4	3,200 1.1	400 0.5	400 0.4	300 0.3	300 0.3	6,800 0.8
Other Language (English not very well)	300 0.4	2,000 1.3	3,100 1.1	1,100 1.6	600 0.8	400 0.4	1,200 1.1	8,800 1.0

Note: See region definitions in Appendix A.

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

APPENDIX D: VITAL STATISTICS TABLES

KEY

■ Yellow shading indicates *Healthy People 2020* goal has not been met.

Table D-1. Fertility Rates for Women Ages 15-44 Years by County and State, Delaware, 2009-2013

	New Castle County	Kent County	Sussex County	Delaware
	Rate per 1,000 Avg. Number			
Women ages 15-44	58.5 6,653	64.8 2,201	71.7 2,242	62.0 11,096

Note: The five-year general fertility rate is calculated per 1,000 women 15-44 years of age. Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-1a. Fertility Rates for Women Ages 15-44 Years by ZIP Code Region, Delaware, 2009-2013

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number
All Women ages 15-44	76.9 1,561	60.0 1,620	51.7 3,470	64.6 1,068	68.9 1,135	57.5 729	78.9 1,513

Note: The five-year general fertility rate is calculated per 1,000 women 15-44 years of age. Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. See region definitions in Appendix A.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-2. Fertility Rates for Women Ages 15-17 Years by County and State, Delaware, 2009-2013

	New Castle County	Kent County	Sussex County	Delaware
	Rate per 1,000 Avg. Number			
Women ages 15-17	13.5 142	14.9 48	16.6 57	14.4 247
Note: The five-year general fertility rate is calculated per 1,000 women 15-17 years of age. Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups.				

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-2a. Fertility Rates for Women Ages 15-17 Years by ZIP Code Region, Delaware, 2009-2013

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number	Rate per 1,000 Avg. Number
Women ages 15-17	39.8 63	7.2 19	9.3 60	17.9 26	13.4 22	11.5 17	21.3 40
Note: The five-year general fertility rate is calculated per 1,000 women 15-17 years of age. Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. See region definitions in Appendix A.							

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-3. Infants Born at Low Birth weight by County and State, Delaware, 2009-2013

	New Castle County	Kent County	Sussex County	Delaware
	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number
Live Births at Low Birth weight	8.9 591	8.5 188	7.6 172	8.5 951

■ Yellow shading indicates *Healthy People 2020* goal of 7.8% has not been met.

Note: Low birth weight is defined as an infant weighing less than 2500 grams (5.5 lbs.) at birth. Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-3a. Infants Born at Low Birth weight by ZIP Code Region, Delaware, 2009-2013

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number
Live Births at Low Birth weight	12.1 190	7.0 114	8.3 288	9.1 97	8.0 91	7.4 54	7.7 117

■ Yellow shading indicates *Healthy People 2020* goal of 7.8% has not been met.

Note: Low birth weight is defined as an infant weighing less than 2500 grams (5.5 lbs.) at birth. Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. See region definitions in Appendix A.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-4. Percentage of Infants Born Prematurely by County and State, Delaware, 2009-2013

	New Castle County	Kent County	Sussex County	Delaware
	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number
Live Premature Births	14.6	12.8	12.1	13.7
	849	251	243	1,343

■ Yellow shading indicates *Healthy People 2020* goal of 9.4% has not been met.

Note: Prematurity is defined as the birth of an infant before 37 weeks gestation. The five-year average percentage of premature births is calculated as a percentage of all live births that have birth certificate data on gestational age. Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-4a. Percentage of Infants Born Prematurely by ZIP Code Region, Delaware, 2009-2013

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number
Live Premature Births	18.9	11.8	14.1	13.2	12.1	9.1	13.7
	248	171	429	166	84	61	182

■ Yellow shading indicates *Healthy People 2020* goal of 9.4% has not been met.

Note: Prematurity is defined as the birth of an infant before 37 weeks gestation. The five-year average percentage of premature births is calculated as a percentage of all live births that have birth certificate data on gestational age. Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. See region definitions in Appendix A.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-5. Percentage of Women Receiving Late or No Prenatal Care by County and State, Delaware, 2009-2013

	New Castle County	Kent County	Sussex County	Delaware
	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number
Live Births to Women Receiving Late or No Prenatal Care	17.7 1,111	29.5 634	42.0 919	25.1 2,663

■ Yellow shading indicates *Healthy People 2020* goal of 22.1% has not been met.

Note: Late prenatal care is defined as having no recorded prenatal visit in the 1st trimester. The five-year average percentage of women receiving late or no prenatal care is calculated as a percentage of all live births that have birth certificate data on prenatal care. Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-5a. Percentage of Women Receiving Late or No Prenatal Care by ZIP Code Region, Delaware, 2009-2013

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number	% Avg. Number
Live Births to Women Receiving Late or No Prenatal Care	22.1 324	15.4 238	16.8 549	31.2 435	26.2 199	38.3 273	43.7 646

■ Yellow shading indicates *Healthy People 2020* goal of 22.1% has not been met.

Note: Late prenatal care is defined as having no recorded prenatal visit in the 1st trimester. The five-year average percentage of women receiving late or no prenatal care is calculated as a percentage of all live births that have birth certificate data on prenatal care. Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. See region definitions in Appendix A.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-6. Infant Mortality Rate by County and State, Delaware, 2009-2013

	New Castle County	Kent County	Sussex County	Delaware
	Rate per 1,000 Avg. Number CI			
Infant Deaths within the First Year After Birth	8.8	6.6	5.4	7.7
	58 (7.8 - 9.9)	15 (5.1 - 8.1)	12 (4.1 - 6.8)	84 (7.0 - 8.4)

■ Yellow shading indicates *Healthy People 2020* goal of 6 infant deaths per 1,000 live births has not been met.

Note: Infant mortality is defined as the death of an infant within the first year after birth. CI= Confidence Interval, 95% confident that the range contains the true population value. The five-year average infant mortality rate is calculated per 1,000 live infant births.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-6a. Infant Mortality Rate by ZIP Code Region, Delaware, 2009-2013

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	Rate per 1,000 Avg. Number CI	Rate per 1,000 Avg. Number CI	Rate per 1,000 Avg. Number CI	Rate per 1,000 Avg. Number CI	Rate per 1,000 Avg. Number CI	Rate per 1,000 Avg. Number CI	Rate per 1,000 Avg. Number CI
Infant Deaths within the First Year After Birth	12.5	6.4	8.3	7.5	ND	ND	5.9
	19 (10.0 - 15.0)	10 (4.7 - 8.1)	29 (6.9 - 9.7)	11 (5.2 - 9.8)	ND	ND	9 (4.2 - 7.6)

■ Yellow shading indicates *Healthy People 2020* goal of 6 infant deaths per 1,000 live births has not been met.

Note: Infant mortality is defined as the death of an infant within the first year after birth. The five-year average infant mortality rate is calculated per 1,000 live infant births. CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not Displayed. Rates are not calculated and displayed when there are less than five occurrences of the event over the course of 2009-2013. See region definitions in Appendix A.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-7. Age-Adjusted Mortality Rate by Cause of Death by County and State, Delaware, 2009-2013

	Healthy People 2020 Goal Rate per 100,000	New Castle County Rate per 100,000 Avg. Number CI	Kent County Rate per 100,000 Avg. Number CI	Sussex County Rate per 100,000 Avg. Number CI	Delaware Rate per 100,000 Avg. Number
All Causes of Death		745.6 4,263 (735.5 - 755.7)	805.9 1,395 (786.8 - 824.9)	717.9 2,106 (703.6 - 732.2)	754.6 7,764
Selected Causes of Death					
All Cancer Sites	161.4	176.7 1,020 (171.8 - 181.7)	190.6 344 (181.5 - 199.7)	167.8 521 (161.2 - 174.5)	177.4 1,885
Female Breast	20.7	21.1 69 (18.8 - 23.3)	25.7 25 (21.1 - 30.2)	21.4 35 (18.0 - 24.7)	22.2 129
Lung, Bronchus, and Trachea	45.5	50.3 289 (47.7 - 52.9)	57.0 105 (52.1 - 62.0)	52.9 169 (49.2 - 56.5)	52.4 562
Colon, Rectal, Anus, Anal Canal, and Anorectal	14.5	14.6 85 (13.2 - 16.0)	15.5 28 (12.9 - 18.1)	13.0 39 (11.1 - 14.9)	14.3 151
Prostate	21.8	20.0 46 (17.4 - 22.6)	16.9 12 (12.8 - 21.8)	20.0 26 (16.5 - 23.5)	19.4 85
Cervical	2.2	2.4 8 (1.7 - 3.4)	ND ND ND	ND ND ND	2.6 14

■ Yellow shading indicates *Healthy People 2020* goal has not been met.

Note: Causes of Death are based on definitions provided by the National Center for Health Statistics, which appear in Appendix B. The five-year age-adjusted mortality rates are calculated using 2000 U.S. standard population (per 100,000 population). Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups. CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not Displayed (< 5 deaths per year).

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-7. Age-Adjusted Mortality Rate by Cause of Death by County and State, Delaware, 2009-2013 (cont.)

	Healthy People 2020 Goal Rate per 100,000	New Castle County Rate per 100,000 Avg. Number CI	Kent County Rate per 100,000 Avg. Number CI	Sussex County Rate per 100,000 Avg. Number CI	Delaware Rate per 100,000 Avg. Number
All Causes of Death		745.6 4,263 (735.5 - 755.7)	805.9 1,395 (786.8 - 824.9)	717.9 2,106 (703.6 - 732.2)	754.6 7,764
Selected Causes of Death					
Coronary Heart Disease	103.4	111.0 642 (107.2 - 114.9)	145.3 251 (137.2 - 153.4)	126.3 384 (120.5 - 132.1)	122.6 1,277
Stroke	34.8	44.0 252 (41.6 - 46.5)	38.3 65 (34.1 - 42.5)	31.2 94 (28.3 - 34.1)	39.8 410
HIV/AIDS	3.3	4.9 29 (4.1 - 5.7)	3.7 6 (2.5 - 5.3)	ND ND ND	4.0 39
Homicide	-	7.7 42 (6.6 - 8.7)	3.8 6 (2.6 - 5.4)	3.0 5 (1.9 - 4.4)	6.1 54
Suicide	10.2	11.2 64 (10.0 - 12.5)	13.1 21 (10.6 - 15.7)	12.9 28 (10.6 - 15.1)	12.0 113
<p>■ Yellow shading indicates <i>Healthy People 2020</i> goal has not been met.</p> <p>Note: Causes of Death are based on definitions provided by the National Center for Health Statistics, which appear in Appendix B. The five-year age-adjusted mortality rates are calculated using 2000 U.S. standard population (per 100,000 population). Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups. CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not Displayed (< 5 deaths per year).</p>					

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-7. Age-Adjusted Mortality Rate by Cause of Death by County and State, Delaware, 2009-2013 (cont.)

	Healthy People 2020 Goal Rate per 100,000	New Castle County Rate per 100,000 Avg. Number CI	Kent County Rate per 100,000 Avg. Number CI	Sussex County Rate per 100,000 Avg. Number CI	Delaware Rate per 100,000 Avg. Number
All Causes of Death		745.6 4,263 (735.5 - 755.7)	805.9 1,395 (786.8 - 824.9)	717.9 2,106 (703.6 - 732.2)	754.6 7,764
Selected Causes of Death					
Accidents/Drugs	-	35.9 200 (33.7 - 38.2)	39.5 64 (35.1 - 43.8)	45.9 96 (41.5 - 50.3)	38.4 356
Motor Vehicle Crashes	-	9.6 53 (8.4 - 10.8)	12.1 20 (9.8 - 14.8)	17.8 34 (15.0 - 20.6)	11.7 107
Accidental Drug Overdose	-	12.3 68 (11.0 - 13.7)	14.5 23 (11.8 - 17.2)	14.1 25 (11.5 - 16.7)	13.0 116
Diabetes	-	21.4 123 (19.7 - 23.1)	22.9 41 (19.7 - 26.0)	17.7 53 (15.5 - 19.9)	20.7 217
<p>Note: Causes of Death are based on definitions provided by the National Center for Health Statistics, which appear in Appendix B. The five-year age-adjusted mortality rates are calculated using 2000 U.S. standard population (per 100,000 population). Denominators to calculate age-adjusted rates derive from the 2011 Census American Community Survey county data broken down into 11 age groups. CI= Confidence Interval, 95% confident that the range contains the true population value.</p>					

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-7a. Age-Adjusted Mortality Rate by Cause of Death by ZIP Code Region, Delaware, 2009-2013

	Healthy People 2020 Goal Rate per 100,000	Wilmington City Rate per 100,000 Avg. Number CI	Remainder of Greater Wilmington Area Rate per 100,000 Avg. Number CI	Remainder of New Castle County Rate per 100,000 Avg. Number CI	Dover and Surrounding Area Rate per 100,000 Avg. Number CI	Remainder of Kent County Rate per 100,000 Avg. Number CI	NE & SE Beaches Rate per 100,000 Avg. Number CI	Remainder of Sussex County Rate per 100,000 Avg. Number CI
All Causes of Death		943.1 874 (914.5 - 971.8)	690.6 1,582 (674.9 - 706.3)	727.3 1,805 (711.9 - 742.7)	805.6 624 (777.2 - 834.0)	805.9 774 (780.1 - 831.7)	642.7 1,068 (623.9 - 661.4)	819.9 1,035 (797.1 - 842.6)
Selected Causes of Death								
All Cancer Sites	161.4	207.6 187 (194.1 - 221.2)	161.0 357 (153.4 - 168.6)	181.6 476 (174.1 - 189.1)	189.8 148 (176.0 - 203.5)	191.4 197 (179.3 - 203.5)	155.5 282 (146.9 - 164.0)	183.3 238 (172.6 - 193.9)
Female Breast	20.7	20.7 12 (15.6 - 26.9)	19.4 23 (15.6 - 23.1)	23.1 34 (19.5 - 26.6)	24.4 10 (18.0 - 32.2)	27.0 15 (21.2 - 34.1)	20.4 19 (16.1 - 25.4)	22.5 16 (17.7 - 28.2)
Lung, Bronchus, and Trachea	45.5	59.9 54 (52.6 - 67.3)	42.3 94 (38.4 - 46.1)	54.6 142 (50.5 - 58.8)	55.1 43 (47.8 - 62.5)	58.5 61 (51.8 - 65.1)	49.2 92 (44.5 - 53.9)	57.9 77 (52.0 - 63.8)
Colon, Rectal, Anus, Anal Canal, and Anorectal	14.5	19.1 16 (15.1 - 23.9)	13.9 31 (11.6 - 16.2)	14.2 38 (12.1 - 16.3)	15.9 13 (12.2 - 20.4)	14.9 15 (11.7 - 18.7)	11.5 20 (9.2 - 13.8)	14.4 18 (11.5 - 17.7)
Prostate	21.8	31.6 10 (23.1 - 42.2)	16.1 16 (12.7 - 20.1)	20.5 21 (16.4 - 24.7)	18.8 6 (12.6 - 27.0)	15.8 6 (10.7 - 22.7)	15.4 13 (11.9 - 19.7)	27.5 13 (21.2 - 35.2)
Cervical	2.2	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND

■ Yellow shading indicates *Healthy People 2020* goal has not been met.

Note: Causes of Death are based on definitions provided by the National Center for Health Statistics, which appear in Appendix B. The five-year age-adjusted mortality rates are calculated using 2000 U.S. standard population (per 100,000 population). Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not Displayed (< 5 deaths per year). See region definitions in Appendix A.

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-7a. Age-Adjusted Mortality Rate by Cause of Death by ZIP Code Region, Delaware, 2009-2013 (cont.)

	Healthy People 2020 Goal	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
		Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI
All Causes of Death		943.1 874 (914.5 - 971.8)	690.6 1,582 (674.9 - 706.3)	727.3 1,805 (711.9 - 742.7)	805.6 624 (777.2 - 834.0)	805.9 774 (780.1 - 831.7)	642.7 1,068 (623.9 - 661.4)	819.9 1,035 (797.1 - 842.6)
Selected Causes of Death								
Coronary Heart Disease	103.4	145.6 136 (134.4 - 156.9)	98.5 237 (92.7 - 104.2)	111.0 268 (104.9 - 117.1)	151.5 119 (139.3 - 163.8)	140.2 133 (129.4 - 151.0)	111.2 195 (103.9 - 118.5)	146.3 188 (136.8 - 155.8)
Stroke	34.8	55.7 53 (48.7 - 62.6)	43.4 107 (39.6 - 47.1)	39.8 92 (36.1 - 43.5)	37.3 29 (31.1 - 43.3)	39.0 36 (33.3 - 44.8)	26.4 46 (22.8 - 30.0)	37.6 47 (32.8 - 42.5)
HIV/AIDS	3.3	20.8 20 (16.8 - 25.3)	ND ND ND	1.9 6 (1.3 - 2.8)	ND ND ND	ND ND ND	ND ND ND	ND ND ND
Homicide	-	23.5 22 (19.0 - 28.0)	3.1 5 (1.9 - 4.7)	5.0 16 (3.9 - 6.2)	ND ND ND	ND ND ND	ND ND ND	ND ND ND
Suicide	10.2	9.2 9 (6.6 - 12.4)	10.2 17 (8.1 - 12.6)	12.4 38 (10.7 - 14.2)	12.6 9 (9.1 - 16.9)	13.9 12 (10.6 - 17.9)	12.9 14 (9.7 - 12.9)	12.8 14 (9.9 - 16.3)

■ Yellow shading indicates *Healthy People 2020* goal has not been met.

Note: Causes of Death are based on definitions provided by the National Center for Health Statistics, which appear in Appendix B. The five-year age-adjusted mortality rates are calculated using 2000 U.S. standard population (per 100,000 population). Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not Displayed (< 5 deaths per year). See region definitions in Appendix A.

Table D-7a. Age-Adjusted Mortality Rate by Cause of Death by ZIP Code Region, Delaware, 2009-2013 (cont.)

	Healthy People 2020 Goal	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County
	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
		Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI	Avg. Number CI
All Causes of Death		943.1 874 (914.5 - 971.8)	690.6 1,582 (674.9 - 706.3)	727.3 1,805 (711.9 - 742.7)	805.6 624 (777.2 - 834.0)	805.9 774 (780.1 - 831.7)	642.7 1,068 (623.9 - 661.4)	819.9 1,035 (797.1 - 842.6)
Selected Causes of Death								
Accidents/Drugs	-	43.1 40 (37.1 - 49.2)	38.2 66 (33.9 - 42.5)	33.7 94 (30.6 - 36.8)	37.3 27 (30.9 - 43.7)	41.4 37 (35.3 - 47.5)	43.7 42 (37.0 - 50.3)	49.2 53 (43.1 - 55.2)
Motor Vehicle Crashes	-	9.8 9 (7.1 - 13.2)	8.9 13 (6.8 - 11.4)	10.0 30 (8.4 - 11.6)	13.2 10 (9.7 - 17.6)	11.3 10 (8.4 - 14.9)	15.6 13 (11.7 - 20.3)	19.7 21 (15.8 - 23.6)
Accidental Drug Overdose	-	15.4 15 (12.0 - 19.4)	14.4 21 (11.5 - 17.2)	10.8 32 (9.1 - 12.5)	11.4 8 (8.1 - 15.6)	16.9 15 (13.2 - 21.3)	15.7 12 (11.7 - 20.5)	12.9 13 (9.9 - 16.6)
Diabetes	-	35.2 32 (29.6 - 35.2)	15.4 35 (13.0 - 17.7)	22.3 57 (19.6 - 25.0)	20.1 16 (15.8 - 25.1)	25.3 26 (20.8 - 29.7)	13.7 24 (11.1 - 16.3)	23.1 29 (19.3 - 27.0)
<p>Note: Causes of Death are based on definitions provided by the National Center for Health Statistics, which appear in Appendix B. The five-year age-adjusted mortality rates are calculated using 2000 U.S. standard population (per 100,000 population). Denominators to calculate age-adjusted rates derive from the 2009-2013 Census American Community Survey ZCTA data broken down into 11 age groups. CI= Confidence Interval, 95% confident that the range contains the true population value. See region definitions in Appendix A.</p>								

Source: Delaware Health and Social Services, Division of Public Health, 2009-2013.

Table D-8. Communicable Disease Rates by County, Delaware, 2014

	New Castle County	Kent County	Sussex County	Delaware
	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number
AIDS	9.6 53	8.2 14	2.9 6	7.8 73
Chlamydia	480.4 2,654	562.3 964	407.7 855	479.1 4,473
Gonorrhea	142.8 789	139.4 239	119.7 251	137.0 1,279
Hepatitis B, Chronic	17.9 99	11.7 20	5.2 11	13.9 130
HIV (New Infections)	14.3 79	14.6 25	6.2 13	12.5 117
Lyme Disease	47.4 262	53.7 92	30.0 63	44.7 417
Meningitis, Viral	7.1 39	ND ND	4.8 10	6.2 58
Syphilis (Primary & Secondary)	6.0 33	ND ND	ND ND	5.0 47
Tuberculosis	2.5 14	ND ND	ND ND	ND ND

Note: Communicable disease rates are calculated per 100,000 population. ND=Not Displayed. Rates are not calculated and displayed when there are less than five occurrences of the event.

Source: Delaware Health and Social Services, Division of Public Health, Bureau of Communicable Disease, 2014.

APPENDIX E: DELAWARE HOUSEHOLD HEALTH SURVEY TABLES

KEY

Where *Healthy People 2020* goals exist, variables were age-adjusted according to *Healthy People 2020* specifications to enable valid comparisons.

■ Yellow shading in these rows indicates the *Healthy People 2020* goal has not been met.

Table E-1. Health Status of Adults 18+ by County and State, Delaware, 2015

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Overall Health Status				
Excellent/Very Good/Good	108,100 76.9 (71.4 - 81.7)	364,900 85.7 (83.4 - 87.8)	132,500 81.0 (76.8 - 84.5)	605,500 83.0 (81.0 - 84.7)
Excellent/Very Good/Good*	77.0 (71.4 - 82.6)	86.2 (84.0 - 88.4)	80.6 (76.3 - 84.9)	83.5 (81.6 - 85.4)
Fair/Poor	32,400 23.1 (18.3 - 28.6)	60,800 14.3 (12.2 - 16.6)	31,100 19.0 (15.5 - 23.2)	124,400 17.0 (15.3 - 19.0)
■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for Good or Better Health (79.8%).				
Body Mass Index, Adults 20+				
Normal weight	32,500 25.3 (20.3 - 31.1)	149,000 38.0 (34.7 - 41.4)	45,500 30.1 (25.6 - 35.1)	227,000 33.8 (31.4 - 36.3)
Overweight	49,100 37.4 (31.8 - 43.3)	121,000 30.4 (27.4 - 33.6)	49,800 32.2 (27.7 - 37.1)	220,000 32.2 (29.8 - 34.6)
Obese	46,800 35.6 (30.1 - 41.5)	122,000 30.7 (27.6 - 33.9)	55,700 36.0 (31.2 - 41.1)	224,500 32.8 (30.4 - 35.3)
Obese*	35.4 (29.4 - 41.4)	31.2 (28.0 - 34.4)	37.5 (32.0 - 43.1)	33.3 (30.7 - 35.8)
Overweight or obese	95,900 74.7 (68.9 - 79.7)	243,000 62.0 (58.6 - 65.3)	105,500 69.9 (64.9 - 74.4)	444,500 66.2 (63.7 - 68.6)
■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for Obesity (30.6% of adults 20+).				
<p>Note: Overweight is defined as having a BMI of 25-29 and obese is defined as having a BMI of 30 or greater. Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population.</p>				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1. Health Status of Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Chronic Health Conditions				
Ever diagnosed with asthma by doctor or other health professional	24,100 17.1 (13.2 - 21.9)	52,600 12.4 (10.4 - 14.7)	24,600 15.0 (11.8 - 19.0)	101,300 13.9 (12.3 - 15.7)
<i>Unweighted n (subsampled sample)</i>	(88)	(172)	(107)	(367)
Asthma not under control at most recent checkup	3,000 12.7 (5.9 - 25.4)	4,900 9.5 (5.8 - 15.0)	4,700 19.9 (10.7 - 33.8)	12,500 12.7 (9.0 - 17.7)
Ever diagnosed with diabetes by doctor or other health professional	23,800 17.1 (13.2 - 21.8)	51,000 12.0 (10.1 - 14.2)	22,100 13.6 (10.7 - 17.2)	96,900 13.3 (11.8 - 15.0)
Ever diagnosed with high blood pressure by doctor or other health professional	50,300 35.8 (30.7 - 41.3)	127,900 30.1 (27.2 - 33.1)	60,100 36.9 (32.2 - 41.8)	238,300 32.7 (30.5 - 35.0)
<i>Unweighted n (subsampled sample)</i>	(239)	(470)	(299)	(1,008)
Blood pressure not under control at most recent checkup	6,600 13.3 (7.9 - 21.4)	11,200 9.0 (6.2 - 12.8)	5,600 9.4 (6.1 - 14.4)	23,400 10.0 (7.8 - 12.8)
Not taking a prescribed blood pressure medication	8,500 16.9 (10.8 - 25.4)	25,900 20.2 (15.8 - 25.5)	10,200 17.0 (11.8 - 24.0)	44,600 18.7 (15.6 - 22.3)
High blood pressure*	30.9 (26.2 - 35.5)	27.5 (24.9 - 30.2)	30.0 (25.1 - 34.8)	28.6 (26.4 - 30.7)
Ever diagnosed with heart disease by doctor or other health professional	17,300 12.4 (9.2 - 16.5)	34,100 8.0 (6.5 - 9.8)	18,900 11.6 (8.6 - 15.4)	70,200 9.7 (8.4 - 11.1)
Difficulty hearing even with a hearing aid (age 65+ only)	5,800 17.8 (11.4 - 26.7)	9,800 12.2 (8.4 - 17.4)	8,700 16.2 (10.5 - 24.1)	24,300 14.6 (11.5 - 18.3)
Difficulty seeing even with glasses (age 65+ only)	2,500 7.6 (4.1 - 13.7)	10,000 12.5 (8.6 - 17.9)	5,300 9.7 (5.8 - 15.8)	17,800 10.6 (8.1 - 13.9)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for hypertension (26.9% or fewer).</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population.</p>				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1. Health Status of Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Mental Health				
High stress level in past year	70,200 51.0 (45.2 - 56.8)	191,900 45.8 (42.5 - 49.1)	66,200 41.9 (37.1 - 46.9)	328,300 45.9 (43.5 - 48.4)
Thoughts of self-harm or suicide in past year	6,500 4.7 (2.5 - 8.4)	22,100 5.3 (3.9 - 7.0)	6,500 4.0 (2.6 - 6.3)	35,100 4.9 (3.9 - 6.1)
Ever diagnosed with mental health condition by doctor or other health professional	29,800 21.2 (16.7 - 26.6)	71,800 16.9 (14.6 - 19.6)	21,800 13.4 (10.5 - 16.8)	123,300 17.0 (15.2 - 18.9)
<i>Unweighted n (subsampled sample)</i>	(99)	(220)	(103)	(422)
Currently not receiving treatment for mental health condition	11,300 38.0 (26.0 - 51.8)	25,600 35.8 (28.5 - 43.8)	9,000 41.7 (30.1 - 54.2)	46,000 37.4 (31.7 - 43.5)
Primary reason for not receiving treatment for mental health condition				
Respondent believes it is no longer a problem/ treatment is not necessary	5,600 51.5 (29.5 - 73.0)	11,400 47.4 (34.1 - 61.0)	5,000 58.1 (38.7 - 75.3)	22,100 50.5 (40.3 - 60.8)
Substance Abuse				
Ever told by a health professional, peer, friend or loved one have/had a substance abuse problem	16,200 11.6 ^Δ (8.1 - 16.2)	45,500 10.8 (8.9 - 13.0)	13,600 8.4 (6.0 - 11.7)	75,300 10.4 (9.0 - 12.1)
<i>Unweighted n (subsampled sample)</i>	(27)	(81)	(27)	(135)
Have never received treatment for substance abuse	6,500 40.2 (24.1 - 58.8)	18,700 41.1 (31.6 - 51.3)	7,300 53.3 (36.4 - 69.5)	32,500 43.1 (35.4 - 51.2)
Primary reason for not receiving substance abuse treatment				
Respondent believes he/she does not need/does not have a problem	2,900 44.3 ^Δ (20.7 - 70.8)	8,500 50.6 (34.0 - 67.2)	4,900 76.7 (46.5 - 92.6)	16,300 54.9 (41.9 - 67.3)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ^ΔImprecise measurement based on wide standard error (>30% of percentage and projected number).</p>				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1a. Health Status of Adults 18+ by ZIP Code Region, Delaware, 2015

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>								
	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Overall Health Status								
Excellent/Very Good/Good	68,500 78.6 (72.9 - 83.5)	97,300 90.9 (86.6 - 93.9)	199,100 86.0 (82.6 - 88.8)	47,600 76.2 (67.5 - 83.1)	60,400 77.6 (70.1 - 83.6)	52,300 82.1 (73.8 - 88.3)	80,200 80.2 (75.5 - 84.2)	605,500 83.0 (81.0 - 84.7)
Excellent/Very Good/Good*	79.8 (74.4 - 85.1)	92.3 (89.0 - 95.5)	85.6 (82.5 - 88.7)	76.4 (68.0 - 84.9)	77.4 (69.9 - 84.8)	76.5 (66.7 - 86.4)	81.0 (76.5 - 85.5)	83.5 (81.6 - 85.4)
Fair/Poor	18,600 21.4 (16.5 - 27.1)	9,800 9.1 (6.1 - 13.4)	32,500 14.0 (11.2 - 17.4)	14,900 23.8 (16.9 - 32.5)	17,500 22.4 (16.4 - 29.9)	11,400 17.9 (11.7 - 26.2)	19,800 19.9 (15.8 - 24.5)	124,400 17.0 (15.3 - 19.0)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for Good or Better Health (79.8%)</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population. See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1a. Health Status of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Body Mass Index, Adults 20+								
Normal weight	28,500 34.9 (28.5 - 42.0)	43,400 44.2 (37.7 - 51.0)	77,100 36.3 (31.7 - 41.2)	15,800 27.3 (19.9 - 36.3)	16,800 23.7 (17.3 - 31.6)	19,000 32.8 (24.8 - 41.9)	26,500 28.5 (23.3 - 34.2)	227,000 33.8 (31.4 - 36.3)
Overweight	23,500 28.7 (22.9 - 35.3)	31,200 31.3 (25.5 - 37.7)	66,300 30.6 (26.4 - 35.2)	20,800 35.9 (27.7 - 44.9)	28,300 38.6 (31.2 - 46.5)	19,000 31.1 (23.4 - 40.0)	30,900 33.0 (27.6 - 38.8)	220,000 32.2 (29.8 - 34.6)
Obese	29,500 36.0 (29.8 - 42.7)	23,600 23.6 (18.5 - 29.7)	68,900 31.9 (27.5 - 36.5)	21,100 36.4 (28.1 - 45.5)	25,700 35.0 (27.9 - 42.8)	20,000 32.7 (24.6 - 42.0)	35,700 38.2 (32.5 - 44.2)	224,500 32.8 (30.4 - 35.3)
Obese*	36.6 (29.9 - 43.4)	23.9 (18.1 - 29.6)	32.6 (28.0 - 37.2)	37.1 (27.6 - 46.5)	34.3 (26.7 - 42.0)	38.3 (26.8 - 49.7)	37.9 (31.8 - 44.1)	33.3 (30.7 - 35.8)
Overweight or obese	53,100 65.1 (58.0 - 71.5)	54,800 55.8 (49.0 - 62.3)	135,200 63.7 (58.8 - 68.3)	41,900 72.7 (63.7 - 80.1)	54,000 76.3 (68.4 - 82.7)	39,000 67.2 (58.1 - 75.2)	66,600 71.5 (65.8 - 76.7)	444,500 66.2 (63.7 - 68.6)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for Obesity (30.6% of adults 20+).</p> <p>Note: Overweight is defined as having a BMI of 25-29 and obese is defined as having a BMI of 30 or greater. Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population. See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1a. Health Status of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Chronic Health Conditions								
Ever diagnosed with asthma by doctor or other health professional	12,000 13.9 (9.8 - 19.3)	8,800 8.3 (5.5 - 12.2)	31,800 13.7 (10.8 - 17.2)	13,100 21.1 (14.5 - 29.7)	11,000 14.0 (9.8 - 19.5)	9,300 14.6 (9.2 - 22.3)	15,300 15.3 (11.5 - 20.0)	101,300 13.9 (12.3 - 15.7)
<i>Unweighted n (subsampled sample)</i>	(51)	(36)	(85)	(37)	(51)	(27)	(80)	(367)
Asthma not under control at most recent checkup	2,000 16.6 (7.9 - 31.7)	400 5.1 (1.8 - 14.1)	2,400 7.9 (3.8 - 15.8)	2,200 18.1 (6.7 - 40.3)	700 6.6 (2.8 - 15.0)	2,500 28.9 (10.5 - 58.5)	2,200 14.5 (8.0 - 24.8)	12,500 12.7 (9.0 - 17.7)
Ever diagnosed with diabetes by doctor or other health professional	13,000 14.9 (11.2 - 19.5)	11,700 11.0 (7.7 - 15.4)	26,300 11.4 (8.9 - 14.5)	11,500 18.3 (12.6 - 25.9)	12,400 16.1 (11.3 - 22.5)	6,300 9.9 (5.7 - 16.6)	15,900 16.0 (12.4 - 20.4)	96,900 13.4 (11.8 - 15.0)
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. See region definitions in Appendix A.								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1a. Health Status of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Chronic Health Conditions								
Ever diagnosed with high blood pressure by doctor or other health professional	31,800 36.4 (30.3 - 43.0)	33,100 30.9 (25.4 - 37.1)	63,000 27.3 (23.5 - 31.4)	24,000 38.4 (30.5 - 46.8)	26,300 33.8 (27.1 - 41.2)	20,700 32.8 (24.9 - 41.9)	39,400 39.4 (33.9 - 45.2)	238,300 32.7 (30.5 - 35.0)
<i>Unweighted n (subsampled sample)</i>	(153)	(108)	(209)	(97)	(142)	(60)	(239)	(1008)
Blood pressure not under control at most recent checkup	3,900 12.7 (7.1 - 21.6)	2,000 6.1 (2.3 - 14.8)	5,300 8.6 (5.0 - 14.5)	2,900 12.3 (5.8 - 24.3)	3,600 14.1 (6.9 - 26.9)	2,300 11.3 (5.2 - 23.0)	3,300 8.4 (5.0 - 13.8)	23,400 10.0 (7.8 - 12.8)
Not taking a prescribed blood pressure medication	6,300 19.8 (11.9 - 31.1)	7,900 23.7 (15.1 - 35.2)	11,700 18.6 (12.8 - 26.2)	3,200 13.5 (6.7 - 25.1)	5,300 20.1 (11.2 - 33.4)	4,900 23.8 (13.0 - 39.6)	5,300 13.5 (8.6 - 20.6)	44,600 18.7 (15.6 - 22.3)
High blood pressure*	32.7 (26.7 - 38.7)	24.9 (20.1 - 29.8)	26.4 (22.7 - 30.1)	30.6 (24.0 - 37.3)	30.8 (24.4 - 37.3)	27.0 (16.5 - 37.5)	33.2 (27.9 - 38.5)	28.6 (26.4 - 30.7)
Ever diagnosed with heart disease by doctor or other health professional	9,300 10.7 (7.5 - 14.9)	8,800 8.3 (5.4 - 12.5)	15,900 6.9 (5.1 - 9.3)	8,900 14.3 (9.4 - 21.1)	8,400 10.8 (7.0 - 16.3)	8,800 14.0 (8.5 - 22.1)	10,100 10.1 (7.1 - 14.1)	70,200 9.7 (8.4 - 11.1)
Difficulty hearing even with a hearing aid (age 65+ only)	2,500 14.6 (8.0 - 25.1)	5,420 19.3 (11.3 - 31.0)	1,900 5.3 ^Δ (2.4 - 11.3)	2,100 13.8 ^Δ (5.8 - 29.2)	3,700 21.3 (12.7 - 33.5)	2,600 9.0 ^Δ (3.7 - 20.3)	6,100 24.6 (15.6 - 36.6)	24,300 14.6 (11.5 - 18.3)
Difficulty seeing even with glasses (age 65+ only)	2,400 14.0 (8.5 - 22.1)	4,000 14.3 ^Δ (7.2 - 26.3)	3,600 10.3 ^Δ (5.4 - 18.9)	1,500 9.6 ^Δ (4.0 - 21.4)	1,000 5.8 ^Δ (2.6 - 12.6)	2,000 6.7 ^Δ (2.5 - 16.4)	3,300 13.3 (7.4 - 22.7)	17,800 10.6 (8.1 - 13.9)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for hypertension (26.9% or fewer).</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). *Age-adjusted using the direct method and the 2000 U.S. standard population. CI= Confidence Interval, 95% confident that the range contains the true population value. ^ΔImprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1a. Health Status of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Mental and Behavioral Health								
High stress level in past year	40,400 46.5 (39.8 - 53.3)	46,800 45.5 (39.1 - 52.0)	104,700 45.7 (41.1 - 50.3)	30,800 49.8 (41.1 - 58.6)	39,400 52.0 (44.2 - 59.7)	20,700 34.2 (26.3 - 43.1)	45,500 46.6 (40.8 - 52.5)	328,400 45.9 (43.5 - 48.4)
Thoughts of self-harm or suicide in past year	5,300 6.1 (3.7 - 9.6)	4,700 4.5 ^Λ (2.2 - 9.1)	12,200 5.3 (3.5 - 7.9)	2,200 3.5 ^Λ (1.3 - 8.9)	4,300 5.6 ^Λ (2.5 - 11.8)	1,600 2.6 ^Λ (1.1 - 5.8)	4,900 4.9 (2.9 - 8.3)	35,100 4.9 (3.9 - 6.1)
Ever diagnosed with mental health condition by a doctor or health professional	18,900 21.7 (16.7 - 27.7)	15,200 14.4 (10.4 - 19.5)	37,600 16.3 (13.1 - 20.0)	12,400 19.9 (13.8 - 28.0)	17,400 22.3 (16.1 - 29.9)	6,600 10.5 (6.7 - 16.1)	15,100 15.2 (11.5 - 19.8)	123,300 17.0 (15.2 - 18.9)
<i>Unweighted n (subsampled sample)</i>	(71)	(42)	(107)	(37)	(62)	(25)	(78)	(422)
Currently not receiving treatment for mental health condition	7,400 39.1 (26.0 - 53.9)	6,800 44.7 (28.9 - 61.5)	11,400 30.6 (21.1 - 42.0)	4,400 35.2 (18.6 - 56.4)	7,000 40.1 (24.2 - 58.3)	3,000 45.3 (24.8 - 67.4)	6,000 40.1 (26.8 - 55.1)	46,000 37.4 (31.7 - 43.5)
Primary reason for not receiving treatment for mental health condition								
Respondent believes it is no longer a problem/ treatment is not necessary	2,500 37.9 (17.5 - 63.7)	4,100 65.0 (39.3 - 84.2)	4,900 43.0 (24.8 - 63.4)	1,900 43.3 (15.9 - 75.5)	3,800 57.0 (28.4 - 81.6)	1,700 58.3 (25.8 - 84.9)	3,300 58.0 (34.9 - 78.1)	22,100 50.5 (40.3 - 60.8)
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ^Λ Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-1a. Health Status of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Substance Use Disorder								
Ever told by a health professional, peer, friend or loved one have/had a substance use disorder	12,800 14.7 (10.4 - 20.4)	6,700 6.4 (4.0 - 10.2)	26,100 11.3 (8.7 - 14.6)	7,100 11.4 [^] (6.5 - 19.2)	9,000 11.7 [^] (7.4 - 18.1)	5,200 8.3 [^] (4.4 - 15.2)	8,500 8.5 (5.7 - 12.4)	75,300 10.4 (9.0 - 12.1)
<i>Unweighted n (subsampled sample)</i>	(29)	(15)	(37)	(10)	(17)	(7)	(20)	(135)
Have never received any form of treatment for substance use disorder	3,900 30.5 (16.7 - 49.1)	1,700 25.5 (9.7 - 52.2)	13,100 50.3 (36.9 - 63.7)	3,400 48.3 (22.3 - 75.2)	3,100 34.0 (16.4 - 57.4)	2,900 56.8 [^] (27.4 - 82.1)	4,300 51.2 (31.9 - 70.1)	32,500 43.1 (35.4 - 51.2)
Primary reason for not receiving substance abuse treatment								
Respondent believes he/she does not need/do not have a problem	1,500 42 [^] (15.3 - 74.5)	ND ND ND	6,700 57.2 (35.9 - 76.1)	ND ND ND	1,500 49.8 [^] (18.7 - 81.1)	2,900 100.0	2,000 57.3 (26.0 - 83.7)	16,300 54.9 (41.9 - 67.3)
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. [^] Imprecise measurement based on wide standard error (>30% of percentage and projected number). ND=Not displayed. Unweighted counts of less than 5 are not displayed. See region definitions in Appendix A.								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-2. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by County and State, Delaware, 2015

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Bullying and Discrimination				
Ever discriminated against based on race/ethnicity while growing up	19,600 14.1 (10.2 - 19.1)	50,300 12.0 (10.0 - 14.3)	9,000 5.7 (4.1 - 7.9)	78,900 11.0 (9.5 - 12.7)
Ever bullied by peers while growing up	13,800 9.9 (6.7 - 14.5)	21,600 5.2 (3.8 - 6.9)	5,900 3.7 (2.4 - 5.6)	41,300 5.7 (4.6 - 7.1)
Indicators of Childhood Trauma				
Frequent bullying (bullied all of most of the time)	10,500 7.6 (4.8 - 11.8)	14,600 3.5 (2.4 - 5.1)	4,800 3.1 (1.9 - 4.9)	29,900 4.2 (3.2 - 5.4)
Frequent discrimination (discriminated against often or very often)	16,300 11.8 (8.2 - 16.7)	43,500 10.4 (8.6 - 12.7)	8,300 5.3 (3.7 - 7.5)	68,200 9.6 (8.1 - 11.2)
Frequent bullying and discrimination	3,300 2.4 (1.0 - 5.3)	6,800 1.6 (1.0 - 2.6)	700 0.4 (0.2 - 1.2)	10,800 1.5 (1.0 - 2.2)
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-2. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by County and State, Delaware, 2015 (cont.)

		Kent County	New Castle County	Sussex County	Delaware
		n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>		(579)	(1,302)	(728)	(2,609)
Indicators of Childhood Trauma					
Adverse Childhood Experiences					
<i>Unweighted n (subsampled sample)</i>		(325)	(706)	(367)	(1,398)
1	Verbal abuse or fear of physical harm	28,000 20.3 (15.7 - 25.8)	62,900 15.0 (12.8 - 17.6)	15,800 9.8 (7.4 - 13.0)	106,700 14.9 (13.2 - 16.8)
2	Physical abuse	28,600 20.9 (16.2 - 26.5)	59,400 14.2 (12.0 - 16.6)	20,500 12.8 (9.9 - 16.3)	108,500 15.2 (13.4 - 17.1)
3	Sexual abuse	16,900 12.4 (9.0 - 16.8)	35,900 8.7 (6.9 - 10.9)	12,800 8.0 (5.9 - 10.8)	65,600 9.2 (7.9 - 10.8)
4	Emotional neglect	30,200 22.3 (17.6 - 27.9)	57,200 13.7 (11.6 - 16.3)	17,600 11.0 (8.5 - 14.0)	105,000 14.7 (13.0 - 16.7)
5	Physical neglect	9,900 7.2 (4.4 - 11.4)	18,200 4.3 (3.2 - 5.9)	7,000 4.4 (2.9 - 6.7)	35,200 4.9 (3.9 - 6.1)
6	Parents separated or divorced	52,600 38.2 (32.5 - 44.2)	134,300 32.2 (29.1 - 35.4)	45,100 28.3 (24.2 - 32.8)	232,000 32.5 (30.2 - 34.9)
7	Witness physical domestic abuse	15,200 11.0 (7.7 - 15.6)	37,600 9.0 (7.3 - 11.2)	8,900 5.6 (3.9 - 8.0)	61,700 8.7 (7.3 - 10.2)
8	Lived with a person who abused drugs or alcohol	37,800 27.3 (22.4 - 33.0)	80,000 19.1 (16.6 - 21.8)	32,800 20.4 (16.7 - 24.6)	150,500 21.0 (19.0 - 23.1)
9	Household member with mental illness or suicidal	18,000 13.0 (9.5 - 17.5)	53,500 12.8 (10.7 - 15.2)	13,800 8.6 (6.4 - 11.4)	85,300 11.9 (10.4 - 13.6)
10	Household member went to prison	8,200 5.9 (3.7 - 9.1)	36,300 8.6 (6.9 - 10.7)	12,100 7.5 (5.3 - 10.6)	56,500 7.8 (6.6 - 9.3)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.</p>					

Source: DPHI Delaware Household Health Survey, 2015.

Table E-2. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	<i>(579)</i>	<i>(1,302)</i>	<i>(728)</i>	<i>(2,609)</i>
ACEs score				
ACEs score of 4 or more	28,200 19.9 (15.4 - 25.2)	56,700 13.3 (11.3 - 15.7)	13,200 8.1 (6.1 - 10.7)	98,100 13.4 (11.8 - 15.2)
ACEs score of at least 1	84,300 59.4 (53.7 - 64.9)	239,100 56.1 (52.8 - 59.4)	80,600 49.1 (44.2 - 54.1)	404,000 55.2 (52.7 - 57.7)
Experiencing any type of abuse (indicators 1-3)	44,000 32.3 (26.9 - 38.2)	104,000 25.1 (22.3 - 28.2)	32,700 20.4 (16.9 - 24.5)	180,700 25.4 (23.3 - 27.7)
Experiencing any type of neglect (indicators 4-5)	32,800 24.3 (19.4 - 30.1)	64,500 15.5 (13.2 - 18.1)	20,500 12.8 (10.1 - 16.0)	117,800 16.5 (14.7 - 18.5)
Experiencing any type of household challenge (indicators 6-10)	50,500 36.9 (31.4 - 42.8)	134,900 32.5 (29.4 - 35.7)	47,100 29.7 (25.3 - 34.4)	232,600 32.7 (30.4 - 35.1)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.</p>				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-2a. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by ZIP Code Region, Delaware, 2015

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Bullying and Discrimination								
Ever discriminated against based on race/ethnicity while growing up	18,100 21.0 (16.0 - 27.0)	6,400 6.1 (3.6 - 10.4)	25,800 11.2 (8.6 - 14.5)	11,000 17.7 (11.5 - 26.2)	8,600 11.2 (6.8 - 17.8)	1,400 2.3 (1.1 - 4.7)	7,600 7.8 (5.4 - 11.2)	78,900 11.0 (9.5 - 12.7)
Ever bullied by peers while growing up	5,600 6.4 (3.5 - 11.4)	4,700 4.5 (2.5 - 8.1)	11,300 5.0 (3.3 - 7.5)	8,300 13.3 (8.2 - 21.1)	5,500 7.2 (3.7 - 13.4)	ND ND ND	4,800 4.8 (3.1 - 7.2)	41,300 5.7 (4.6 - 7.1)
Indicators of Childhood Trauma								
Frequent bullying (bullied all of most of the time)	3,300 3.8 [^] (1.6 - 8.8)	3,400 3.3 [^] (1.6 - 6.7)	7,900 3.5 [^] (2.0 - 5.8)	5,500 9.0 [^] (5.0 - 15.6)	4,900 6.4 [^] (3.1 - 12.8)	ND ND ND	ND ND ND	29,900 4.2 (3.2 - 5.4)
Frequent discrimination (discriminated against often or very often)	16,000 18.6 (13.9 - 24.5)	5,200 5.0 (2.7 - 9.3)	22,300 9.8 (7.3 - 13.0)	8,200 13.4 (8.1 - 21.4)	8,100 10.5 (6.2 - 17.3)	1,300 2.2 (1.0 - 4.7)	7,000 7.2 (4.8 - 10.5)	68,200 9.6 (8.1 - 11.2)
Frequent bullying and discrimination	2,100 2.4 (1.0 - 5.5)	1,300 1.2 (0.4 - 3.4)	3,500 1.5 (0.8 - 3.0)	2,700 4.4 (1.7 - 11.2)	600 0.8 (0.3 - 1.9)	ND ND ND	ND ND ND	10,800 1.5 (1.0 - 2.2)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). ND=Not displayed. Unweighted counts of less than 5 are not displayed. CI= Confidence Interval, 95% confident that the range contains the true population value. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-2a. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by ZIP Code Region, Delaware, 2015 (cont.)

		Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
		n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>		(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Indicators of Childhood Trauma									
Adverse Childhood Experiences (1-5)									
<i>Unweighted n (subsampled sample)</i>		(202)	(144)	(360)	(124)	(201)	(91)	(276)	(1,398)
1	Verbal abuse or fear of physical harm	16,100 18.6 (13.8 - 24.7)	15,100 14.6 (10.4 - 19.9)	31,700 13.9 (11.0 - 17.3)	14,100 22.5 (15.8 - 31.0)	14,000 18.5 (12.7 - 26.1)	5,600 9.2 (5.2 - 15.6)	10,200 10.3 (7.4 - 14.1)	106,700 14.9 (13.2 - 16.8)
2	Physical abuse	14,200 16.5 (12.0 - 22.2)	12,600 12.1 (8.4 - 17.1)	32,600 14.3 (11.4 - 17.8)	14,300 23.1 (16.2 - 31.9)	14,300 19.1 (13.2 - 26.8)	8,300 13.5 (8.4 - 21.0)	12,200 12.3 (9.2 - 16.2)	108,500 15.2 (13.4 - 17.1)
3	Sexual abuse	9,200 10.8 (7.2 - 15.9)	5,100 4.9 ^Λ (2.6 - 9.0)	21,600 9.6 (7.1 - 12.9)	6,700 11.0 (6.6 - 17.7)	10,200 13.6 (9.1 - 20.0)	4,900 8.1 (4.7 - 13.6)	7,900 8.0 (5.5 - 11.5)	65,600 9.2 (7.9 - 10.8)
4	Emotional neglect	14,000 16.1 (11.7 - 21.7)	10,700 10.3 (7.0 - 14.9)	32,500 14.4 (11.3 - 18.2)	14,400 24.3 (17.4 - 32.8)	15,700 20.8 (14.6 - 28.7)	5,400 8.8 (5.3 - 14.4)	12,100 12.3 (9.2 - 16.2)	104,900 14.7 (13.0 - 16.7)
5	Physical neglect	4,800 5.5 (3.1 - 9.6)	3,900 3.8 ^Λ (1.9 - 7.3)	9,500 4.2 (2.6 - 6.6)	5,700 9.1 (4.9 - 16.5)	4,300 5.6 ^Λ (2.6 - 11.4)	2,600 4.2 ^Λ (2.0 - 8.6)	4,400 4.5 (2.6 - 7.5)	35,200 4.9 (3.9 - 6.1)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ^ΛImprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>									

Source: DPHI Delaware Household Health Survey, 2015

Table E-2a. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware	
	n	n	n	n	n	n	n	n	
	%	%	%	%	%	%	%	%	
	CI	CI	CI	CI	CI	CI	CI	CI	
<i>Unweighted n (complete sample)</i>									
	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)	
Indicators of Childhood Trauma									
Adverse Childhood Experiences (6-10)									
<i>Unweighted n (subsampled sample)</i>									
	(202)	(144)	(360)	(124)	(201)	(91)	(276)	(1,398)	
6	Parents separated or divorced	22,400 44.3 (37.6 - 51.2)	22,400 21.6 (16.6 - 27.7)	73,700 32.4 (28.2 - 36.9)	24,300 39.4 (31.0 - 48.5)	28,400 37.2 (29.7 - 45.4)	13,500 22.3 (15.9 - 30.3)	31,600 32.0 (27.0 - 37.6)	232,000 32.5 (30.2 - 34.9)
7	Witness of physical domestic abuse	8,600 10.0 (6.7 - 14.7)	6,800 6.6 (4.0 - 10.6)	22,200 9.8 (7.3 - 13.0)	6,600 10.8 (6.0 - 18.5)	8,500 11.3 (7.1 - 17.5)	2,400 3.9 [▲] (1.8 - 8.3)	6,500 6.7 (4.4 - 10.0)	61,700 8.7 (7.3 - 10.2)
8	Lived with a person who abused drugs or alcohol	20,000 23.2 (17.9 - 29.5)	14,500 13.9 (10.3 - 18.6)	45,500 19.9 (16.4 - 23.8)	16,900 27.2 (19.7 - 36.2)	20,900 27.5 (21.1 - 34.9)	13,200 21.5 (15.0 - 29.8)	19,600 19.7 (15.6 - 24.5)	150,500 21.0 (19.0 - 23.1)
9	Household member with mental illness or suicidal	10,500 12.2 (8.2 - 17.7)	14,200 13.7 (9.7 - 18.9)	28,900 12.6 (9.8 - 16.1)	6,100 9.8 (5.9 - 16.0)	11,900 15.6 (10.6 - 22.5)	5,200 8.5 (5.1 - 13.7)	8,600 8.7 (6.1 - 12.2)	85,300 11.9 (10.4 - 13.6)
10	Household member went to prison	11,400 13.0 (8.9 - 18.7)	6,500 6.2 (3.6 - 10.7)	18,400 8.0 (5.9 - 10.8)	4,200 6.7 [▲] (3.4 - 12.7)	4,000 5.3 (2.9 - 9.4)	3,900 6.3 [▲] (3.4 - 11.6)	8,200 8.2 (5.4 - 12.4)	56,500 7.8 (6.6 - 9.3)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. [▲]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>									

Source: DPHI Delaware Household Health Survey, 2015

Table E-2a. Adverse Childhood Experiences (ACEs) of Adults 18+ During Their Adolescence (Ages 0-17) by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
ACEs score								
ACEs score of 4 or more	18,100 20.8 (15.7 - 26.8)	8,300 7.8 (5.2 - 11.5)	30,300 13.1 (10.3 - 16.5)	12,300 19.6 (13.4 - 27.8)	16,000 20.1 (14.3 - 27.6)	4,200 6.7 (3.9 - 11.3)	9,000 9.0 (6.4 - 12.4)	98,100 13.4 (11.8 - 15.2)
ACEs score of at least 1	53,900 61.7 (55.0 - 68.0)	52,200 48.8 (42.4 - 55.2)	133,100 57.5 (52.8 - 62.0)	38,700 61.8 (53.1 - 69.8)	45,700 57.6 (50.0 - 64.8)	27,700 43.5 (35.1 - 52.3)	52,900 52.7 (46.9 - 58.5)	404,000 55.2 (52.7 - 57.7)
Experiencing any type of abuse (indicators 1-3)	23,700 27.6 (21.9 - 34.1)	24,300 23.5 (18.2 - 29.7)	56,000 24.9 (21.0 - 29.2)	20,900 33.7 (25.8 - 42.7)	23,100 31.1 (23.9 - 39.2)	13,200 21.5 (15.2 - 29.6)	19,500 19.8 (15.8 - 24.4)	180,700 25.4 (23.3 - 27.7)
Experiencing any type of neglect (indicators 4-5)	16,000 18.3 (13.7 - 24.1)	11,500 11.1 (7.7 - 15.8)	37,000 16.4 (13.1 - 20.3)	16,200 27.3 (19.9 - 36.2)	16,600 22.0 (15.7 - 29.8)	7,000 11.4 (7.2 - 17.6)	13,500 13.6 (10.4 - 17.6)	117,800 16.5 (14.7 - 18.5)
Experiencing any type of household challenge (indicators 6-10)	31,900 37.2 (30.8 - 44.2)	28,200 27.6 (22.1 - 33.9)	74,800 32.9 (28.6 - 37.4)	21,700 35.6 (27.5 - 44.6)	28,700 37.9 (30.6 - 45.8)	17,000 28.2 (20.9 - 36.9)	30,100 30.6 (25.4 - 36.3)	232,600 32.7 (30.4 - 35.1)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015

Table E-3. Health Insurance and Access to Care for Adults 18+ by County and State, Delaware, 2015

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Insurance Status				
Uninsured at any point in the past year	6,900 5.2 (3.0 - 8.9)	32,200 8.1 (6.4 - 10.2)	5,700 3.8 (2.4 - 5.9)	44,800 6.6 (5.4 - 8.0)
No prescription insurance	21,400 15.1 (11.2 - 20.0)	74,400 17.6 (15.2 - 20.3)	27,800 17.2 (13.9 - 21.1)	123,600 17.0 (15.2 - 19.0)
Currently uninsured (age 18-64 only)	6,800 6.2 (3.5 - 10.7)	26,500 7.7 (5.9 - 10.0)	12,000 11.1 (8.0 - 15.1)	45,400 8.1 (6.7 - 9.8)
<i>Unweighted n (subsampled sample)</i>	(24)	(75)	(47)	(146)
Primary reason for not having health insurance				
Cost is too high	2,100 39.3 (15.9 - 68.9)	8,500 33.6 (22.3 - 47.2)	5,900 47.1 (32.1 - 62.7)	16,600 38.2 (29.3 - 48.1)
■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for Health Insurance Coverage (100% of all adults).				
Access to Insurance of those Currently Insured				
<i>Unweighted n (subsampled sample)</i>	(480)	(1,410)	(536)	(2,426)
Work, school, or union	77,000 58.0 (52.0 - 63.8)	245,300 62.5 (59.2 - 65.8)	72,700 49.2 (43.9 - 54.4)	395,100 58.7 (56.1 - 61.2)
Independently purchased without subsidies	57,500 43.5 (37.7 - 49.5)	196,400 51.2 (47.8 - 54.7)	65,900 45.1 (39.8 - 50.4)	319,800 48.3 (45.7 - 51.0)
Medicare	46,500 34.9 (29.7 - 40.5)	114,800 29.4 (26.5 - 32.4)	67,400 45.8 (40.7 - 51.0)	228,600 34.1 (31.8 - 36.4)
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.				

Source: DPHI Delaware Household Health Survey, 2015

Table E-3. Health Insurance and Access to Care for Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Access to Insurance of those Currently Insured				
<i>Unweighted n (subsampled sample)</i>	(480)	(1,410)	(536)	(2,426)
Medicare A	39,700 96.5 (92.7 - 98.3)	99,900 94.0 (90.4 - 96.3)	59,900 93.1 (87.9 - 96.2)	199,500 94.2 (91.9 - 95.9)
Medicare B	39,100 94.0 (88.7 - 97.0)	100,900 91.9 (88.1 - 94.6)	57,400 89.5 (82.4 - 93.9)	197,400 91.6 (88.8 - 93.8)
Medicare C, or Medicare Advantage	4,800 12.2 (7.0 - 20.3)	13,300 14.1 (10.5 - 18.7)	5,800 9.7 (5.7 - 15.9)	23,900 12.4 (9.8 - 15.5)
Medicare D, for medication	19,400 47.8 (38.7 - 57.1)	66,000 59.3 (53.2 - 65.1)	30,200 47.1 (39.3 - 55.0)	115,500 53.5 (49.1 - 57.8)
Medicaid	31,500 23.9 (18.9 - 29.6)	75,000 19.3 (16.7 - 22.2)	25,700 17.6 (14.0 - 21.8)	132,200 19.8 (17.8 - 22.0)
CHAMPUS, TRICARE, or CHAMP-VA	17,500 13.3 (9.9 - 17.6)	12,800 3.3 (2.3 - 4.7)	9,400 6.5 (4.4 - 9.3)	39,700 6.0 (4.9 - 7.2)
Coverage through some other association	30,400 22.9 (18.4 - 28.0)	115,100 29.9 (26.8 - 33.2)	49,800 33.7 (28.9 - 38.9)	195,300 29.3 (27.0 - 31.8)
Access to Care				
No regular source of care	23,900 16.9 (12.7 - 22.1)	62,200 14.7 (12.4 - 17.3)	22,700 14.0 (10.8 - 18.0)	108,800 15.0 (13.2 - 16.9)
<i>Unweighted n (subsampled sample)</i>	(496)	(1,121)	(629)	(2,246)
Primary choice for regular source of care				
Private doctor's office	94,500 81.4 (75.3 - 86.3)	290,000 80.9 (77.9 - 83.5)	116,700 84.1 (80.0 - 87.5)	501,200 81.7 (79.5 - 83.7)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for adults with no regular source of care (16.1%).</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.</p>				

Source: DPHI Delaware Household Health Survey, 2015

Table E-3. Health Insurance and Access to Care for Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
In the past year did not...				
See doctor due to transportation problems	13,500 9.6 (6.7 - 13.6)	38,100 9.0 (7.3 - 11.0)	12,200 7.4 (5.3 - 10.5)	63,800 8.7 (7.5 - 10.2)
Seek health care due to cost	12,400 8.9 (6.0 - 12.9)	45,100 10.6 (8.8 - 12.8)	14,300 8.8 (6.5 - 11.8)	71,900 9.9 (8.5 - 11.4)
Fill a prescription due to cost	19,900 14.0 (10.6 - 18.3)	60,400 14.2 (12.1 - 16.7)	25,800 15.7 (12.3 - 19.9)	106,100 14.5 (12.8 - 16.4)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for adults unable to obtain or delay medical care (4.2%), and adults unable to fill or delay prescription medications (2.8%).</p>				
Insurance Marketplace Utilization				
Ever looked into purchasing through ChooseHealthDE.com	15,900 11.3 (8.1 - 15.6)	61,400 14.5 (12.3 - 17.1)	23,400 14.4 (11.3 - 18.2)	100,800 13.9 (12.2 - 15.7)
<i>Unweighted n (subsampled sample)</i>	(57)	(171)	(98)	(326)
Found it somewhat or very difficult to find an affordable plan	9,800 61.5 (43.4 - 76.9)	39,100 63.7 (54.7 - 71.8)	17,300 74.9 (62.8 - 84.0)	66,100 65.9 (59.2 - 72.0)
Enrolled in Marketplace plan since 2013	4,600 29.9 (16.0 - 48.8)	22,200 36.9 (28.6 - 46.0)	10,900 47.1 (34.6 - 60.0)	37,700 38.2 (31.7 - 45.1)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.</p>				

Source: DPHI Delaware Household Health Survey, 2015

Table E-3a. Health Insurance and Access to Care for Delaware Adults 18+ by ZIP Code Region, 2015

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>								
	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Insurance Status								
Uninsured at any point in the past year	9,300	3,500	19,400	3,100	3,800	2,200	3,500	44,800
	12.1	3.4 [^]	8.8	5.2 [^]	5.2 [^]	3.6 [^]	3.9	6.6
	(7.9 - 17.9)	(1.8 - 6.6)	(6.4 - 12.1)	(2.4 - 10.9)	(2.4 - 11.0)	(1.6 - 7.6)	(2.2 - 6.7)	(5.4 - 8.0)
No prescription insurance	18,100	17,700	38,600	12,400	8,900	6,800	21,100	123,600
	20.8	16.6	16.9	19.9	11.3	10.8	21.2	17.0
	(15.4 - 27.6)	(12.1 - 22.2)	(13.7 - 20.6)	(13.4 - 28.6)	(7.3 - 17.0)	(6.6 - 17.2)	(16.8 - 26.4)	(15.2 - 19.0)
Currently uninsured (age 18-64)	9,200	5,100	12,200	2,500	4,300	3,300	8,700	45,400
	13.2	6.6	6.2	5.3 [^]	6.9	9.7 [^]	11.7	8.1
	(8.2 - 20.8)	(3.8 - 11.2)	(4.3 - 9.0)	(2.1 - 12.5)	(3.4 - 13.7)	(4.7 - 19.0)	(8.2 - 16.5)	(6.7 - 9.8)
<i>Unweighted n (subsampled sample)</i>								
	(25)	(15)	(35)	(10)	(14)	(10)	(37)	(146)
Primary reason for not having health insurance								
Cost is too high	3,600	1,900	3,000	1,400	ND	ND	5,100	16,600
	41.4	36.1	26.5	68.2	ND	ND	55.2	38.3
	(20.4 - 66.1)	(15.3 - 63.9)	(13.7 - 45.0)	(29.5 - 91.6)	ND	ND	(37.8 - 71.4)	(29.3 - 48.1)

■ Yellow highlighted cells do not meet the *Healthy People 2020* goal for Health Insurance Coverage (100% of all adults).

Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.

Source: DPHI Delaware Household Health Survey, 2015

Table E-3a. Health Insurance and Access to Care for Delaware Adults 18+ by ZIP Code Region, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>								
	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Access to Insurance of those Currently Insured								
<i>Unweighted n (subsampled sample)</i>								
	(275)	(358)	(776)	(213)	(268)	(215)	(321)	(2,426)
Work, school, or union	41,800	61,700	141,800	34,500	42,500	26,700	46,000	395,100
	54.6	61.9	65.6	58.5	57.6	45.0	51.9	58.7
	(47.6 - 61.4)	(55.3 - 68.1)	(60.9 - 70.1)	(49.4 - 67.1)	(49.6 - 65.2)	(36.1 - 54.4)	(45.7 - 58.0)	(56.1 - 61.2)
Independently purchased without subsidies	33,700	54,600	108,100	23,900	33,600	26,400	39,500	319,800
	44.2	56.6	51.3	41.2	45.3	45.3	44.9	48.3
	(37.2 - 51.4)	(49.9 - 63.1)	(46.4 - 56.2)	(32.6 - 50.4)	(37.6 - 53.3)	(36.2 - 54.7)	(38.8 - 51.2)	(45.7 - 51.0)
Medicare	27,800	32,700	54,300	21,600	24,800	32,900	34,500	228,600
	36.2	33.0 [^]	25.3	36.7 [^]	33.5 [^]	56.2 [^]	38.9	34.1
	(30.2 - 42.6)	(27.2 - 39.2)	(21.4 - 29.7)	(28.8 - 45.5)	(26.8 - 40.8)	(47.0 - 64.9)	(33.3 - 44.9)	(31.8 - 36.4)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015

Table E-3a. Health Insurance and Access to Care for Delaware Adults 18+ by ZIP Code Region, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>								
	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Access to Insurance of those Currently Insured								
<i>Unweighted n (subsampled sample)</i>								
	(275)	(358)	(776)	(213)	(268)	(215)	(321)	(2,426)
Medicare A	23,200 91.2 (83.7 - 95.4)	27,100 93.5 (84.0 - 97.5)	49,600 95.7 (89.7 - 98.3)	19,300 97.2 (91.6 - 99.1)	20,400 95.8 (89.2 - 98.4)	29,600 95.8 (85.2 - 98.9)	30,200 90.7 (83.2 - 95.0)	199,500 94.2 (91.9 - 95.9)
Medicare B	23,100 89.2 (80.7 - 94.3)	30,000 95.2 (88.9 - 98.0)	47,800 91.2 (84.3 - 95.3)	18,400 96.3 (88.6 - 98.8)	20,700 92.2 (83.2 - 96.5)	28,400 89.2 (75.8 - 95.6)	29,100 89.7 (81.6 - 94.5)	197,400 91.6 (88.8 - 93.8)
Medicare C, or Medicare Advantage	5,100 21.2 (14.0 - 30.7)	2,100 8.1 (3.7 - 16.7)	6,100 13.7 (8.5 - 21.4)	3,400 17.8 (8.6 - 33.3)	1,500 7.0 (3.6 - 13.4)	2,700 9.0 (3.7 - 20.3)	3,100 10.4 (5.7 - 18.3)	23,900 12.4 (9.8 - 15.5)
Medicare D, for medication	18,200 68.5 (58.6 - 76.9)	18,300 56.4 (45.3 - 67.0)	29,500 56.5 (46.8 - 65.7)	9,100 49.3 (35.3 - 63.3)	10,300 46.6 (34.9 - 58.8)	14,800 46.5 (33.9 - 59.6)	15,400 47.6 (38.8 - 56.6)	115,500 53.5 (49.2 - 57.8)
Medicaid	23,800 31.2 (25.1 - 37.9)	12,800 13.1 (9.0 - 18.6)	38,300 18.0 (14.5 - 22.1)	13,400 22.5 (15.4 - 31.8)	18,100 24.9 (18.5 - 32.7)	7,500 12.8 (8.0 - 19.9)	18,200 20.7 (16.1 - 26.3)	132,200 19.8 (17.8 - 22.0)
CHAMPUS, TRICARE, or CHAMP-VA	1,200 1.6 [^] (0.7 - 3.7)	1,000 1.0 [^] (0.4 - 2.6)	10,600 5.0 (3.2 - 7.5)	8,900 15.3 (10.1 - 22.6)	8,600 11.6 (7.7 - 17.2)	1,900 3.3 [^] (1.2 - 8.7)	7,500 8.5 (5.8 - 12.5)	39,700 6.0 (4.9 - 7.2)
Coverage through some other association	21,800 28.6 (22.6 - 35.3)	31,500 32.1 (26.2 - 38.6)	61,800 29.4 (25.1 - 34.1)	11,400 19.3 (13.5 - 26.8)	19,000 25.7 (19.5 - 33.1)	23,600 39.7 (31.1 - 49.0)	26,100 29.7 (24.4 - 35.5)	195,300 29.3 (27.0 - 31.8)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-3a. Health Insurance and Access to Care for Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>								
	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Access to Care								
No regular source of care	15,100 17.3 (12.3 - 23.8)	14,700 13.8 (9.8 - 19.2)	32,300 14.1 (11.1 - 17.1)	12,700 20.5 (13.8 - 29.3)	11,200 14.1 (9.4 - 20.6)	7,600 12.1 (7.6 - 18.7)	15,200 15.2 (11.1 - 20.5)	108,900 15.0 (13.2 - 16.9)
<i>Unweighted n (subsampled sample)</i>								
	(304)	(277)	(547)	(184)	(317)	(163)	(470)	(2,262)
Primary choice for regular source of care								
Private doctor's office	54,600 75.9 (69.4 - 81.3)	80,400 87.9 (83.0 - 91.5)	155,000 79.4 (74.9 - 83.3)	38,900 78.7 (69.1 - 86.0)	55,600 83.4 (74.9 - 89.4)	48,300 87.7 (80.4 - 92.6)	68,400 81.7 (76.4 - 86.1)	501,200 81.7 (79.5 - 83.7)
In the past year did not...								
Did not see doctor due to transportation problems	14,400 16.4 (12.3 - 21.6)	4,600 4.3 (2.4 - 7.5)	19,200 8.3 (6.0 - 11.3)	9,300 14.9 (9.5 - 22.7)	4,200 5.3 (3.0 - 9.1)	3,500 5.6 [▲] (2.9 - 10.4)	8,700 8.7 (5.7 - 12.9)	63,800 8.7 (7.5 - 10.2)
Seek health care due to cost	12,100 13.9 (9.7 - 19.6)	10,400 9.7 (6.7 - 13.9)	22,600 9.8 (7.4 - 12.8)	6,600 10.6 (5.9 - 18.2)	5,900 7.5 (4.5 - 12.2)	2,900 4.6 (2.5 - 8.2)	11,400 11.5 (8.2 - 16.0)	72,000 9.9 (8.5 - 11.4)
Fill a prescription due to cost	14,900 17.2 (12.7 - 22.9)	12,800 12.0 (8.3 - 16.9)	32,700 14.1 (11.2 - 17.7)	8,900 14.3 (9.2 - 21.5)	11,000 13.8 (9.6 - 19.5)	8,800 13.9 (8.5 - 21.9)	17,000 16.9 (12.8 - 22.0)	106,100 14.5 (12.8 - 16.4)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for adults with no regular source of care (16.1%), adults unable to obtain or delay medical care (4.2%), and adults unable to fill or delay prescription medications (2.8%).</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ▲Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-3a. Health Insurance and Access to Care for Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Insurance Marketplace Utilization								
Ever looked into purchasing through ChooseHealthDE.com	18,600 21.3 (15.9 - 27.9)	11,600 10.9 (7.6 - 15.5)	31,200 13.6 (10.7 - 17.3)	5,800 9.4 (5.6 - 15.5)	10,100 12.7 (8.2 - 19.2)	8,700 13.7 (8.3 - 21.7)	14,700 14.9 (11.6 - 19.1)	100,800 13.9 (12.2 - 15.7)
<i>Unweighted n (subsampled sample)</i>	(58)	(33)	(80)	(21)	(36)	(22)	(76)	(326)
Found it somewhat or very difficult to find an affordable plan	12,600 67.8 (50.9 - 81.0)	8,800 76.1 (56.9 - 88.4)	17,700 56.7 (43.8 - 68.7)	3,900 67.2 (38.6 - 86.9)	5,900 58.2 (35.2 - 78.1)	7,400 84.6 (58.3 - 95.6)	9,900 68.9 (55.2 - 80.0)	66,100 65.9 (59.2 - 72.0)
Enrolled in Marketplace plan since 2013	6,800 38.5 (23.8 - 55.6)	4,700 42.2 (24.9 - 61.7)	10,600 34.0 (23.1 - 46.9)	1,900 34.1 [^] (13.5 - 63.2)	2,700 27.6 [^] (11.5 - 52.7)	4,000 45.7 (22.7 - 70.8)	6,900 48.0 (34.9 - 61.4)	37,700 38.2 (31.7 - 45.1)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015

Table E-4. Personal Health Behaviors of Adults 18+ by County and State, Delaware, 2015

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Diet and Nutrition				
Consumes a sugary beverage one or more times/day (includes soda or juice)	82,800 61.1 (55.3 - 66.7)	234,100 56.2 (52.9 - 59.5)	93,800 59.3 (54.3 - 64.2)	410,800 57.9 (55.3 - 60.3)
Finds it difficult or very difficult to get fruits/vegetables in neighborhood	8,400 5.9 (3.7 - 9.2)	30,700 7.3 (5.8 - 9.1)	7,000 4.3 (2.8 - 6.5)	46,100 6.3 (5.3 - 7.6)
Consumes fewer than five servings of fruits and vegetables/day	115,000 84.9 (80.5 - 88.5)	342,300 82.4 (79.6 - 84.8)	128,800 81.3 (76.8 - 85.2)	586,000 82.6 (80.6 - 84.5)
<i>Unweighted n (subsampled sample)</i>	(460)	(1,031)	(583)	(2,074)
Primary reason for not eating 5 or more servings of fruits/vegetables				
Do not like the taste/prefer other foods	17,500 17.1 (12.4 - 23.0)	56,800 19.2 (16.2 - 22.5)	21,300 19.1 (14.6 - 24.5)	95,700 18.7 (16.5 - 21.2)
Too busy/ takes too much time to prepare	14,800 14.4 (10.1 - 20.2)	53,400 18 (15.0 - 21.5)	18,300 16.4 (12.5 - 21.1)	86,500 16.9 (14.7 - 19.4)
Too many servings per day/ do not eat 5 times per day	18,100 17.6 (13.1 - 23.3)	49,800 16.8 (14.1 - 19.9)	21,300 19 (14.9 - 23.9)	89,200 17.5 (15.4 - 19.8)
Lack of accessibility/ convenience	6,100 5.9 (3.7 - 9.2)	40,500 13.7 (11.1 - 16.7)	9,900 8.9 (6.2 - 12.5)	56,500 11.1 (9.3 - 13.0)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.</p>				

Source: DPHI Delaware Household Health Survey, 2015

Table E-4. Personal Health Behaviors of Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Physical Activity & Outdoor Space				
Fewer than 3 days per week of moderate to vigorous exercise that lasts at least 30 minutes each time	62,100 45.0 (39.2 - 50.8)	162,000 38.2 (35.1 - 41.5)	70,200 43.2 (38.4 - 48.2)	294,300 40.6 (38.2 - 43.1)
<i>Unweighted n (subsampled sample)</i>	(262)	(526)	(340)	(1,128)
Time is primary reason for not exercising as recommended (≥3 days a week for ≥30 minutes each time)	27,100 44.1 (35.7 - 52.9)	85,200 53.7 (48.4 - 58.9)	28,700 41.4 (34.4 - 48.7)	141,000 48.7 (44.9 - 52.6)
Engages in more than 2 hours of screen time daily (computer and/or T.V. time other than for work or school)	82,300 59.0 (53.2 - 64.6)	235,900 56.1 (52.7 - 59.4)	85,200 53.2 (48.2 - 58.2)	403,400 56.0 (53.5 - 58.5)
No park or outdoor space in neighborhood	55,900 39.9 (34.5 - 45.6)	74,900 17.7 (15.2 - 20.5)	67,900 41.6 (36.8 - 46.6)	198,800 27.3 (25.2 - 29.6)
Among those who have a park or outdoor space in their neighbor, not comfortable visiting it during the day time	7,400 8.9 (5.1 - 15.1)	30,500 8.9 (7.1 - 11.0)	2,900 3.1 (1.8 - 5.1)	40,800 7.8 (6.4 - 9.5)
■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for no leisure time physical activity (32.6%).				
Smoking				
Currently smokes cigarettes*	27,100 19.5 (14.6 - 24.4)	76,100 18.1 (15.5 - 20.7)	29,800 21.1 (16.6 - 25.5)	133,000 18.8 (16.7 - 20.8)
Used e-cigarettes one or more times in past month	10,700 7.6 (4.7 - 12.0)	22,300 5.3 (3.9 - 7.0)	12,500 7.6 (5.4 - 10.8)	45,500 6.2 (5.1 - 7.7)
■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for cigarette smoking (12%).				
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population.				

Source: DPHI Delaware Household Health Survey, 2015

Table E-4. Personal Health Behaviors of Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Contraceptive Use by Women <45 Years Old				
Does not plan on getting pregnant in the next year	26,100 84.7 (72.5 - 92.1)	84,400 91.7 (86.3 - 95.1)	23,500 94.7 (84.8 - 98.3)	134,100 90.7 (86.6 - 93.7)
<i>Unweighted n (subsetting sample)</i>	(79)	(202)	(90)	(371)
Primary method of contraception				
Oral contraceptives (birth control pill)	4,200 20.7 (10.7 - 36.2)	24,200 33.0 (25.4 - 41.7)	8,500 42.9 (30.4 - 56.3)	36,900 32.5 (26.5 - 39.2)
Condoms	1,400 6.8 (2.1 - 20.0)	6,300 8.7 (5.0 - 14.7)	2,000 10.1 (4.6 - 20.8)	9,700 8.6 (5.6 - 12.9)
Intrauterine device (IUD)	1,100 5.5 [▲] (1.4 - 19.7)	7,100 9.7 (5.9 - 15.7)	ND ND ND	8,900 7.9 (5.0 - 12.1)
An implant (i.e. Implanon or Nexplanon)	ND ND ND	1,900 2.6 [▲] (0.9 - 6.8)	ND ND ND	2,900 2.6 (1.2 - 5.3)
Sterilization	4,000 19.8 [▲] (9.7 - 36.2)	5,400 7.3 (4.1 - 12.9)	2,300 11.6 [▲] (6.0 - 21.3)	11,700 10.3 (7.0 - 14.9)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsetting sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [▲]Imprecise measurement based on wide standard error (>30% of percentage and projected number).</p>				

Source: DPHI Delaware Household Health Survey, 2015

Table E-4. Personal Health Behaviors of Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Contraceptive Use by Women <45 Years Old				
Do not know where to get long-acting reversible contraceptives (LARCs)	12,500 41.2 (28.6 - 55.1)	45,900 49.8 (42.2 - 57.3)	11,000 43.2 (32.2 - 55.0)	69,400 46.9 (41.1 - 52.8)
Never used LARCs	19,700 68.2 (54.1 - 79.6)	72,600 77.5 (70.9 - 83.0)	20,000 78.8 (67.1 - 87.2)	112,300 75.9 (70.7 - 80.5)
<i>Unweighted n (subsetting sample)</i>	(60)	(170)	(76)	(306)
Primary reason for not using long acting reversible contraceptives				
Don't need it (nonspecific)	2,500 14.0 [▲] (5.0 - 33.4)	7,300 12.0 (7.2 - 19.3)	ND ND ND	11,000 11.5 (7.5 - 17.3)
Just don't want to use/ not interested	2,600 14.6 [▲] (5.7 - 32.6)	4,600 7.6 [▲] (3.8 - 14.6)	ND ND ND	9,100 9.6 (5.8 - 15.5)
To avoid negative side-effects	ND ND ND	5,700 9.3 (5.2 - 16.1)	1,200 7.2 [▲] (3.1 - 15.9)	7,700 8.1 (5.1 - 12.8)
Use/ prefer another method (the pill - etc.)	ND ND ND	6,172 10.1 [▲] (5.5 - 18.0)	ND ND ND	7,646 8.1 (4.8 - 13.3)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsetting sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [▲]Imprecise measurement based on wide standard error (>30% of percentage and projected number).</p>				

Source: DPHI Delaware Household Health Survey, 2015

Table E-4a. Personal Health Behaviors of Adults 18+ by ZIP Code Region, Delaware, 2015

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n & CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Diet and Nutrition								
Consumes a sugary beverage one or more times/day (includes soda or	52,000 61.4 (54.5 - 67.9)	48,400 46.2 (39.8 - 52.7)	133,700 58.9 (54.2 - 63.4)	40,600 66.6 (58.0 - 74.1)	42,300 56.7 (48.7 - 64.3)	34,000 55.3 (46.2 - 64.2)	59,800 61.9 (56.1 - 67.3)	410,800 57.9 (55.3 - 60.3)
Finds it difficult or very difficult to get fruits/vegetables in neighborhood	13,500 15.7 (11.6 - 20.8)	4,000 3.8 [^] (1.9 - 7.2)	13,200 5.7 (3.9 - 8.3)	4,500 7.2 (3.7 - 13.6)	3,900 4.9 (2.6 - 8.8)	ND ND ND	6,300 6.3 (4.0 - 9.7)	46,100 6.3 (5.3 - 7.6)
Consumes fewer than five servings of fruits and vegetables/day	73,100 87.6 (83.1 - 91.0)	81,000 77.5 (71.7 - 82.5)	188,100 82.6 (78.7 - 86.0)	51,400 85.9 (79.1 - 90.7)	63,600 84.2 (77.9 - 88.9)	49,700 79.1 (70.7 - 85.6)	79,100 82.8 (77.3 - 87.2)	586,000 82.6 (80.6 - 84.5)
<i>Unweighted n (subsampled sample)</i>	(276)	(244)	(511)	(172)	(288)	(146)	(437)	(2,074)
Primary reason for not eating 5 or more servings of fruits/vegetables								
Do not like the taste/ prefer other foods	9,300 15.0 (10.3 - 21.2)	15,100 21.1 (15.3 - 28.5)	32,400 19.9 (15.9 - 24.7)	7,800 16.5 (10.3 - 25.2)	9,700 17.6 (11.3 - 26.3)	9,900 22.8 (14.5 - 34.0)	11,400 16.7 (12.3 - 22.2)	95,700 18.7 (16.5 - 21.2)
Too busy/ takes too much time to prepare	10,200 16.4 (10.7 - 24.1)	6,700 9.4 (6.0 - 14.6)	36,500 22.4 (17.9 - 27.7)	4,900 10.4 (5.8 - 18.1)	9,900 17.8 (11.4 - 26.9)	6,200 14.2 (8.3 - 23.3)	12,100 17.7 (13.1 - 23.5)	86,600 16.9 (14.7 - 19.4)
Too many servings per day/ do not eat 5 times per day	11,100 17.8 (12.6 - 24.6)	14,500 20.3 (14.8 - 27.3)	24,200 14.9 (11.4 - 19.1)	9,400 19.9 (12.9 - 29.6)	8,700 15.7 (10.5 - 22.7)	10,000 22.9 (15.0 - 33.4)	11,300 16.5 (12.7 - 21.3)	89,200 17.5 (15.4 - 19.8)
Lack of accessibility/ convenience	7,700 12.4 (7.8 - 19.2)	12,700 17.8 (12.3 - 25.1)	20,000 12.3 (9.1 - 16.5)	2,300 4.8 [^] (1.9 - 11.3)	3,800 6.8 (4.1 - 11.2)	1,900 4.4 [^] (1.9 - 9.5)	8,000 11.7 (8.0 - 17.0)	56,500 11.1 (9.3 - 13.0)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-4a. Personal Health Behaviors of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n & CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Physical Activity & Outdoor Space								
Fewer than 3 days per week of moderate to vigorous exercise that lasts at least 30 minutes/day	31,600 36.5 (30.2 - 43.2)	42,000 39.3 (33.3 - 45.7)	88,400 38.4 (33.9 - 42.9)	26,200 43.5 (35.1 - 52.3)	35,900 46.0 (38.4 - 53.8)	28,600 45.0 (38.4 - 54.0)	41,600 42.0 (36.6 - 47.7)	294,300 40.6 (38.2 - 43.1)
<i>Unweighted n (subsampled sample)</i>	(141)	(131)	(254)	(102)	(160)	(80)	(260)	(1,128)
Time is primary reason for not exercising as recommended (≥ 3 days a week for ≥ 30 minutes/day)	14,600 46.8 (35.8 - 58.1)	21,200 51.8 (41.8 - 61.7)	49,400 57.1 (49.7 - 64.2)	9,900 37.6 (25.9 - 50.8)	17,200 49 (37.5 - 60.6)	9,300 32.4 (21.3 - 46.0)	19,400 47.6 (39.6 - 55.8)	141,000 48.7 (44.9 - 52.6)
Engages in more than 2 hours of screen time daily (computer and/or T.V. time other than for work or school)	52,000 60.6 (53.6 - 67.3)	57,000 54.0 (47.5 - 60.3)	126,900 55.3 (50.6 - 59.9)	41,000 67.1 (58.3 - 74.8)	41,300 52.7 (45.0 - 60.4)	33,800 54.5 (45.4 - 63.2)	51,400 52.4 (46.5 - 58.3)	403,400 56.0 (53.5 - 58.5)
No park or outdoor space in neighborhood	8,400 9.7 (6.5 - 14.4)	18,600 17.5 (2.5 - 13.1)	47,900 20.8 (17.1 - 24.9)	22,100 35.3 (27.8 - 43.7)	33,900 43.6 (36.1 - 51.4)	22,800 35.8 (27.6 - 44.8)	45,100 45.3 (39.6 - 51.1)	198,800 27.3 (25.2 - 29.6)
Among those who have a park or outdoor space in their neighbor, not comfortable visiting it during the day time	16,100 21.2 (16.1 - 27.4)	3,500 4.0 (2.1 - 7.5)	10,900 6.0 (4.0 - 9.0)	4,500 11.4 (5.7 - 21.4)	2,900 6.7 (2.6 - 16.0)	ND ND ND	2,300 4.4 (2.5 - 7.4)	40,800 7.8 (6.4 - 9.5)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for no leisure time physical activity (32.6%).</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-4a. Personal Health Behaviors of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n & % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Smoking								
Currently smokes cigarettes*	21,400 24.4 (18.5 - 30.3)	15,500 14.8 (9.7 - 20.0)	39,200 17.0 (13.5 - 20.4)	13,900 23.1 (15.0 - 31.3)	13,200 17.0 (11.0 - 23.1)	9,400 20.4 (11.4 - 29.3)	20,400 21.7 (16.7 - 26.8)	133,000 18.8 (16.7 - 20.8)
Used e-cigarettes one or more times in past month	5,000 5.7 (3.4 - 9.6)	3,700 3.6 [^] (1.8 - 7.1)	13,500 5.8 (3.9 - 8.7)	6,500 10.3 [^] (5.5 - 18.7)	4,200 5.4 (2.7 - 10.6)	2,300 3.6 [^] (1.7 - 7.2)	10,300 10.3 (6.9 - 15.0)	45,500 6.2 (5.1 - 7.7)
■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for cigarette smoking (12%).								
Contraceptive Use by Women <45 Years Old								
Does not plan on getting pregnant in the next year	14,300 85.6 (71.3 - 93.4)	20,500 94.8 (81.3 - 98.7)	49,600 92.3 (84.1 - 96.5)	10,100 79.9 (54.7 - 92.9)	16,000 88.1 (75.9 - 94.6)	6,800 85.2 (60.1 - 95.6)	16,700 99.1 (94.1 - 99.9)	134,100 90.7 (86.6 - 93.7)
<i>Unweighted n (subsampled sample)</i>	(43)	(51)	(108)	(24)	(55)	(23)	(67)	(371)
Primary method of contraception								
Oral contraceptives (birth control pill)	4,100 36.5 (20.4 - 56.4)	6,500 35.1 (21.2 - 52.0)	13,600 31.2 (21.3 - 43.2)	2,200 29.4 [^] (11.3 - 57.7)	2,000 15.7 [^] (6.0 - 35.0)	3,700 59.9 (12.7 - 34.6)	4,800 35.2 (22.8 - 50.1)	36,900 32.5 (26.5 - 39.2)
Condoms	1,600 14.5 [^] (6.5 - 29.3)	ND ND ND	3,800 8.8 (3.9 - 18.5)	ND ND ND	ND ND ND	ND ND ND	1,700 12.6 [^] (5.2 - 27.2)	9,700 8.6 (5.6 - 12.9)
Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). *Age-adjusted using the direct method and the 2000 U.S. standard population. ND=Not displayed. Unweighted counts of less than 5 are not displayed. CI= Confidence Interval, 95% confident that the range contains the true population value. [^] Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-4a. Personal Health Behaviors of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n & CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Contraceptive Use by Women <45 Years Old								
Does not plan on getting pregnant in the next year	14,300 85.6 (71.3 - 93.4)	20,500 94.8 (81.3 - 98.7)	49,600 92.3 (84.1 - 96.5)	10,100 79.9 (54.7 - 92.9)	16,000 88.1 (75.9 - 94.6)	6,800 85.2 (60.1 - 95.6)	16,700 99.1 (94.1 - 99.9)	134,100 90.7 (86.6 - 93.7)
<i>Unweighted n (subsample)</i>	(43)	(51)	(108)	(24)	(55)	(23)	(67)	(371)
Primary method of contraception (cont.)								
Intrauterine device (IUD)	ND ND ND	1,800 9.6 (3.5 - 23.9)	4,700 10.9 (5.8 - 19.3)	ND ND ND	ND ND ND	ND ND ND	ND ND ND	8,900 7.9 (5.0 - 12.1)
An implant (i.e. Implanon or Nexplanon)	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND	2,900 2.6 (1.2 - 5.3)
Sterilization	ND ND ND	ND ND ND	3,800 8.7 [▲] (4.1 - 17.4)	ND ND ND	4,000 30.7 [▲] (15.3 - 52.1)	ND ND ND	1,900 13.9 [▲] (6.7 - 26.4)	11,700 10.3 (7.0 - 14.9)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [▲]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-4a. Personal Health Behaviors of Adults 18+ by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n & CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Contraceptive Use by Women <45 Years Old								
Do not know where to get long-acting reversible contraceptives (LARCs)	6,400 37.0 (23.4 - 53.1)	8,800 40.1 (27.0 - 54.8)	30,800 57.8 (47.4 - 67.6)	3,500 27.8 (13.0 - 49.9)	9,000 50.8 (34.0 - 67.4)	3,800 47.4 (26.4 - 69.3)	7,200 41.3 (28.9 - 55.0)	69,400 46.9 (41.1 - 52.8)
Never used LARCs	13,700 75.9 (60.6 - 86.5)	17,100 79.3 (64.7 - 88.9)	41,800 77.3 (68.1 - 84.5)	10,300 81.2 [▲] (56.1 - 93.6)	9,400 58.1 (40.5 - 73.9)	6,500 81.0 [▲] (61.5 - 91.9)	13,500 77.8 (62.6 - 88.0)	112,300 75.9 (70.7 - 80.5)
<i>Unweighted n (subsampled sample)</i>	(41)	(42)	(87)	(22)	(38)	(19)	(57)	(306)
Primary reason for not using long acting reversible contraceptives								
Don't need it (nonspecific)	ND ND ND	3,300 24.4 [▲] (11.9 - 43.6)	3,400 9.4 [▲] (4.3 - 19.4)	ND ND ND	ND ND ND	ND ND ND	ND ND ND	11,000 11.5 (7.5 - 17.3)
Just don't want to use/ not interested	ND ND ND	ND ND ND	3,500 9.6 [▲] (4.2 - 20.5)	ND ND ND	ND ND ND	ND ND ND	ND ND ND	9,100 9.6 (5.8 - 15.5)
To avoid negative side-effects	1,700 15.4 [▲] (6.1 - 33.9)	ND ND ND	ND ND ND	ND ND ND	ND ND ND	ND ND ND	700 6.5 [▲] (2.4 - 16.5)	7,700 8.1 (5.1 - 12.8)
Use/ prefer another method (the pill, etc.)	ND ND ND	ND ND ND	3,300 9.1 [▲] (3.7 - 20.7)	ND ND ND	ND ND ND	ND ND ND	ND ND ND	7,600 8.1 (4.8 - 13.3)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [▲]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-5. Utilization of Services by Adults 18+ by County and State, Delaware, 2015

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Health Care Visits				
Did not visit health care provider in past year	22,200 16.2 (12.1 - 21.4)	53,100 12.7 (10.5 - 15.2)	17,900 11.1 (8.4 - 14.4)	93,200 13.0 (11.3 - 14.8)
Did not visit dentist in past year	54,800 38.7 (33.2 - 44.6)	135,900 32.0 (29.0 - 35.2)	61,400 37.6 (33.0 - 42.4)	252,100 34.6 (32.2 - 37.0)
Visited hospital emergency room at least once in past year	42,200 30.2 (25.1 - 35.9)	112,600 26.5 (23.7 - 29.7)	51,600 31.5 (27.2 - 36.2)	206,400 28.3 (26.2 - 30.6)
Top Services Survey Respondents Need in the Community				
<i>Unweighted n (subsampled sample)</i>	(490)	(1,118)	(638)	(2,246)
Dental care	7,000 6.0 (3.5 - 10.1)	12,900 3.6 (2.6 - 4.9)	7,700 5.4 (3.4 - 8.4)	27,600 3.8 (3.5 - 5.7)
Mental health and psychiatric care	1,700 1.5 ^Δ (0.6 - 3.7)	5,300 1.5 ^Δ (0.8 - 2.8)	3,900 2.7 (1.7 - 4.3)	10,900 1.5 (1.2 - 2.6)
Primary care	2,300 2.0 ^Δ (1.0 - 4.1)	8,400 2.3 (1.5 - 3.6)	6,800 4.7 (2.9 - 7.6)	17,600 2.4 (2.1 - 3.8)
Health Screenings				
Did not have blood pressure test in past year	13,300 9.4 (6.4 - 13.8)	41,600 9.9 (7.9 - 12.2)	9,300 5.7 (4.0 - 8.2)	64,200 8.8 (7.5 - 10.5)
Did not have colonoscopy in past 10 years (adults 50+)	15,500 22.1 (16.8 - 28.6)	52,100 26.8 (23.1 - 30.9)	22,400 21.7 (16.9 - 27.4)	90,000 24.5 (21.8 - 27.4)
Did not have Pap test in past three years (women 21-65)	9,200 16.0 (10.7 - 23.1)	20,500 12.2 (9.3 - 15.7)	6,400 12.0 (7.8 - 18.0)	36,100 12.9 (10.6 - 15.6)
No Pap test*	15.0 (8.5 - 21.5)	10.8 (8.0 - 13.7)	10.8 (5.6 - 15.9)	11.6 (9.2 - 14.0)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for cervical cancer screenings (93%).</p> <p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population. ^ΔImprecise measurement based on wide standard error (>30% of percentage and projected number).</p>				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-5a. Utilization of Services by Adults 18+ by County and State, Delaware, 2015 (cont.)

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Health Screenings				
Did not have clinical breast exam in past year (women)	23,600 32.4 (25.9 - 39.7)	69,500 31.3 (27.5 - 35.8)	25,900 30.6 (24.9 - 36.9)	119,000 31.5 (28.5 - 34.6)
Did not have mammogram in past two years (women 50-74)	5,900 20.0 (13.5 - 28.9)	16,700 19.7 (14.9 - 25.5)	6,100 14.7 (9.7 - 21.7)	28,800 18.4 (15.1 - 22.3)
No mammogram*	20.3 (12.7 - 28.7)	19.1 (14.3 - 24.8)	15.1 (9.2 - 22.5)	18.0 (14.9 - 22.2)
Did not have PSA or rectal exam for prostate cancer in past year (men 40+)	16,700 44.7 (34.7 - 55.3)	48,800 48.2 (42.0 - 54.6)	25,400 47.4 (38.5 - 56.5)	90,900 47.3 (42.7 - 52.0)
Not familiar with child developmental screenings (among those with a child by blood, marriage, adoption)	12,300 25.1 (16.6 - 36.1)	40,200 29.5 (24.3 - 35.3)	11,400 29.1 (20.3 - 39.8)	63,900 28.5 (24.3 - 33.0)
Child did not receive developmental screenings (among those with a child by blood, marriage, adoption)	3,600 10.8 (4.6 - 23.1)	10,600 11.3 (7.4 - 16.9)	2,100 8.2 (3.9 - 16.7)	16,300 10.7 (7.6 - 14.9)
Child received developmental screenings, but they were not beneficial (among those with a child by blood, marriage, adoption)	2,500 8.5 (3.7 - 18.3)	4,700 5.8 (2.9 - 11.3)	1,500 6.9 (2.8 - 16.3)	8,800 6.6 (4.1 - 10.4)
<p>■ Yellow highlighted cells do not meet the <i>Healthy People 2020</i> goal for mammograms (81.1%).</p> <p>Notes: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population.</p>				

Source: DPHI Delaware Household Health Survey, 2015.

Table E-5a. Utilization of Services by Adults 18+ by ZIP Code Regions, Delaware, 2015

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Health Care Visits								
Did not visit health care provider in past year	9,900 11.7 (7.7 - 17.4)	13,700 12.9 (9.0 - 18.1)	29,500 12.9 (10.0 - 16.5)	8,600 14.1 (8.9 - 21.7)	13,500 17.9 (12.2 - 25.5)	4,500 7.2 (3.8 - 13.1)	13,400 13.5 (10.1 - 17.9)	93,200 13.0 (11.3 - 14.8)
Did not visit dentist in past year	38,700 44.7 (38.0 - 51.5)	24,700 23.1 (18.2 - 28.9)	72,500 31.4 (27.2 - 35.9)	22,600 36.2 (28.1 - 45.2)	32,200 40.7 (33.3 - 48.6)	17,000 26.7 (19.7 - 34.9)	44,400 44.6 (38.9 - 50.4)	252,100 34.6 (32.2 - 37.0)
Visited hospital emergency room at least once in past year	32,800 37.8 (31.5 - 44.5)	21,500 20.1 (15.5 - 25.7)	58,400 25.2 (21.4 - 29.5)	17,700 28.5 (21.1 - 37.2)	24,500 31.6 (24.8 - 39.3)	22,000 34.5 (26.7 - 43.2)	29,600 29.6 (24.7 - 35.0)	206,400 28.3 (26.2 - 30.6)
Top Services Survey Respondents Need in the Community								
<i>Unweighted n (subsampled sample)</i>	(298)	(275)	(545)	(177)	(313)	(173)	(465)	(2,246)
Dental care	4,000 5.6 (3.3 - 9.2)	1,600 1.8 ^Δ (0.7 - 4.4)	7,200 3.7 (2.3 - 5.8)	3,800 7.5 (3.7 - 14.8)	3,200 4.9 ^Δ (2.2 - 10.6)	3,200 5.4 ^Δ (2.7 - 10.6)	4,500 5.3 (2.8 - 9.8)	27,600 3.8 (3.5 - 5.7)
Mental health or psychiatric care	ND ND ND	2,300 2.5 ^Δ (0.9 - 6.5)	2,800 1.4 ^Δ (0.5 - 3.7)	ND ND ND	1,300 2.1 ^Δ (0.7 - 5.9)	1,900 3.2 ^Δ (1.6 - 6.3)	2,000 2.3 ^Δ (1.2 - 4.4)	10,900 1.5 (1.2 - 2.6)
Primary care	2,300 3.2 ^Δ (1.4 - 7.1)	ND ND ND	4,800 2.4 (1.4 - 4.2)	1,300 2.5 ^Δ (0.9 - 6.9)	1,100 1.6 ^Δ (0.6 - 4.2)	3,400 5.6 ^Δ (3.0 - 10.2)	3,400 4.1 ^Δ (1.9 - 8.5)	17,600 2.4 (2.1 - 3.8)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. ^ΔImprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-5a. Utilization of Services by Adults 18+ by ZIP Code Regions, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Health Screenings								
Did not have blood pressure test in past year	8,400 9.6 (5.8 - 15.5)	11,200 10.6 (7.0 - 15.6)	22,000 9.6 (7.1 - 12.9)	5,900 9.4 (5.4 - 15.9)	7,500 9.5 (5.4 - 16.0)	2,800 4.5 [▲] (2.2 - 9.1)	6,400 6.5 (4.2 - 9.8)	64,200 8.8 (7.5 - 10.5)
Did not have colonoscopy in past 10 years (adults 50+)	10,600 26.5 (19.9 - 34.4)	13,500 24.3 (17.8 - 32.2)	27,900 28.3 (22.8 - 34.6)	7,000 21.0 (13.5 - 31.2)	8,500 23.1 (16.1 - 32.1)	9,200 19.8 (12.6 - 29.8)	13,200 23.3 (17.5 - 30.3)	90,000 24.5 (21.8 - 27.4)
Did not have Pap test in past three years (women 21-65)	3,000 8.0 (4.7 - 13.4)	4,200 11.9 (6.4 - 20.8)	13,300 13.9 (9.8 - 19.3)	3,800 15.5 (8.3 - 27.0)	5,400 16.3 (9.6 - 26.4)	2,400 12.4 [▲] (5.1 - 27.0)	4,000 11.8 (7.5 - 18.1)	36,100 12.9 (10.6 - 15.6)
No Pap test*	7.0 (3.1 - 10.8)	10.6 (4.0 - 17.2)	12.3 (8.2 - 16.4)	12.6 (4.7 - 20.4)	15.9 (7.3 - 24.5)	13.8 [▲] (1.0 - 26.6)	10.4 (5.2 - 15.6)	11.6 (9.2 - 14.0)
Did not have clinical breast exam in past year (women)	12,800 26.9 (20.3 - 34.6)	16,400 30.4 (23.1 - 38.9)	40,300 33.8 (28.0 - 40.2)	9,900 31.1 (21.7 - 42.4)	13,700 33.4 (24.8 - 43.3)	9,700 28.1 (18.6 - 40.1)	16,200 32.2 (25.8 - 39.4)	119,000 31.5 (28.5 - 34.6)
Did not have mammogram in past two years (women 50-74)	3,600 19.2 (11.3 - 30.5)	4,300 20.9 (12.2 - 33.4)	8,900 19.4 (12.8 - 28.2)	3,100 20.1 (11.2 - 33.4)	2,800 20.0 (11.3 - 32.8)	3,200 16.8 [▲] (8.2 - 31.2)	3,000 13.0 (8.3 - 19.7)	28,800 18.4 (15.1 - 22.3)
No mammogram*	19.4 (9.7 - 28.5)	19.4 (9.2 - 30.2)	18.5 (11.8 - 27.0)	20.3 (9.6 - 30.3)	20.2 (9.3 - 31.7)	19.6 (5.9 - 33.3)	12.5 (7.3 - 19.4)	18.0 (14.9 - 22.2)

■ Yellow highlighted cells do not meet the *Healthy People 2020* goal for cervical cancer screenings (93%), and for mammograms (81.1%).

Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. *Age-adjusted using the direct method and the 2000 U.S. standard population. ^Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.

Table E-5a. Utilization of Services by Adults 18+ by ZIP Code Regions, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Health Screenings								
Did not have PSA or rectal exam for prostate cancer in past year (men 40+)	10,500 54.6 (41.4 - 67.2)	16,600 48.8 (37.6 - 60.1)	21,700 45.3 (36.4 - 54.6)	7,300 45.5 (30.4 - 61.4)	9,400 44.2 (31.2 - 58.1)	8,000 33.0 (20.7 - 48.2)	17,400 59.5 (48.1 - 69.9)	90,900 47.3 (42.7 - 52.0)
Not familiar with child developmental screenings (among those with a child by blood, marriage, adoption)	7,200 30.7 (20.0 - 44.1)	8,100 24.8 (16.5 - 35.5)	24,900 31.1 (23.9 - 39.3)	4,400 26.8 (13.1 - 47.0)	7,800 24.2 (14.3 - 37.9)	5,600 45.4 (25.8 - 66.5)	5,800 21.6 (13.9 - 32.1)	63,900 28.5 (24.3 - 33.0)
Child did not receive developmental screenings (among those with a child by blood, marriage, adoption)	2,200 13.7 [^] (6.5 - 26.6)	ND ND ND	6,600 12.2 (6.8 - 20.9)	ND ND ND	2,500 11.4 [^] (4.2 - 27.5)	ND ND ND	1,800 9.6 [^] (4.2 - 20.2)	16,300 10.7 (7.6 - 14.9)
Child received developmental screenings, but they were not beneficial (among those with a child by blood, marriage, adoption)	ND ND ND	2,100 10.0 [^] (4.0 - 23.2)	ND ND ND	ND ND ND	1,700 8.5 [^] (3.0 - 21.9)	ND ND ND	1,400 8.9 [^] (3.4 - 21.3)	8,800 6.6 (4.1 - 10.4)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-6. Social Capital and Health Information of Adults 18+ by County and State, Delaware, 2015

	Kent County	New Castle County	Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(579)	(1,302)	(728)	(2,609)
Social Capital				
Believe neighbors can be trusted none of the time	20,200 15.3 (11.3 - 20.4)	51,800 12.6 (10.6 - 14.9)	13,200 8.3 (5.9 - 11.5)	85,100 12.1 (10.6 - 13.9)
Saw or heard violence in neighborhood/community on one or more occasions	66,600 47.6 (41.9 - 53.4)	207,500 49.2 (45.9 - 52.6)	67,000 41.4 (36.6 - 46.4)	341,200 47.2 (44.7 - 49.6)
Perceived low violence/high trust	28,900 22.6 (18.1 - 27.8)	95,400 24.0 (21.2 - 27.0)	51,100 33.1 (28.4 - 38.2)	175,400 25.8 (23.6 - 28.1)
Perceived high violence/low trust	3,800 2.9 (1.5 - 5.6)	17,600 4.4 (3.3 - 6.0)	2,800 1.8 (0.7 - 4.4)	24,200 3.6 (2.7 - 4.6)
Does not participate in any local groups or organizations in neighborhood/community	69,200 49.3 (43.5 - 55.1)	218,100 51.4 (48.1 - 54.7)	66,500 40.8 (36.0 - 45.7)	353,800 48.6 (46.1 - 51.1)
Health Information				
Aware of Delaware 2-1-1	33,800 23.9 (19.4 - 29.0)	103,100 24.4 (21.6 - 27.4)	40,000 24.2 (20.4 - 28.9)	176,800 24.3 (22.2 - 26.5)
<i>Unweighted n (subsampled sample)</i>	(150)	(306)	(179)	(635)
Ever used Delaware 2-1-1	9,100 27.7 (17.6 - 39.4)	26,600 25.8 (20.3 - 32.1)	8,000 20.1 (13.3 - 29.2)	43,700 24.8 (20.6 - 29.5)
Aware of HelpsHereDE.com	26,700 18.8 (14.7 - 23.8)	79,300 18.7 (16.2 - 21.4)	31,600 19.3 (15.8 - 23.5)	137,600 18.9 (17.0 - 20.9)
Uses social media to connect with organizations and services	23,500 16.6 (12.9 - 21.1)	89,200 21.1 (18.5 - 24.0)	29,800 18.2 (14.7 - 22.2)	142,400 19.6 (17.7 - 21.6)
Preferred Way to Receive Health Information				
<i>Unweighted n (subsampled sample)</i>	(553)	(1,231)	(675)	(2,459)
Postal mail	47,400 35.0 (29.7 - 40.8)	146,100 36.0 (32.8 - 39.3)	55,500 36.4 (31.7 - 41.4)	248,900 35.9 (33.5 - 38.4)
Email	32,200 23.8 (18.9 - 29.5)	107,400 26.5 (23.6 - 29.6)	30,500 20.0 (16.2 - 24.5)	170,000 24.5 (22.4 - 26.8)
Newspaper	16,900 12.5 (9.2 - 16.7)	36,700 9.0 (7.3 - 11.1)	17,500 11.5 (8.6 - 15.3)	71,100 10.3 (8.8 - 11.9)

Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value.

Table E-6a. Social Capital and Health Information for Adults by ZIP Code Region, Delaware, 2015

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Social Capital								
Believe that neighbors can be trusted none of the time	20,800 25.4 (19.9 - 31.7)	6,600 6.3 (3.9 - 10.1)	24,400 10.9 (8.3 - 14.2)	9,200 15.8 (10.3 - 23.4)	11,000 14.9 (9.6 - 22.4)	2,500 4.0 [^] (1.8 - 8.9)	10,700 11.1 (7.7 - 15.7)	85,100 12.1 (10.6 - 13.9)
Saw or heard violence in neighborhood/community on one or more occasions	62,900 72.7 (66.1 - 78.5)	37,300 35.4 (29.5 - 41.8)	107,200 46.7 (42.1 - 51.4)	31,300 50.6 (41.9 - 59.3)	35,300 45.2 (37.7 - 53.0)	20,500 32.6 (24.9 - 41.4)	46,600 46.9 (41.1 - 52.8)	341,200 47.2 (44.7 - 49.6)
Perceived low violence/high trust	6,000 7.7 (4.8 - 12.2)	41,400 40.5 (34.2 - 47.1)	48,000 22.1 (18.4 - 26.2)	11,200 19.7 (13.5 - 27.8)	17,700 24.8 (18.8 - 32.0)	24,400 39.9 (31.3 - 49.2)	26,700 28.7 (23.5 - 34.5)	175,400 25.8 (23.6 - 28.1)
Perceived high violence/low trust	9,600 12.4 (8.6 - 17.5)	2,200 2.2 [^] (0.9 - 5.1)	5,800 2.7 [^] (1.4 - 5.0)	2,200 3.8 [^] (1.5 - 9.3)	1,600 2.2 [^] (0.9 - 5.5)	ND ND ND	2,800 3.0 [^] (1.2 - 7.1)	24,200 3.6 (2.7 - 4.6)
Does not participate in any local groups or organizations in neighborhood/community	51,000 58.5 (51.8 - 64.9)	42,200 39.9 (33.8 - 46.4)	124,900 54.0 (49.4 - 58.7)	29,200 47.5 (38.8 - 56.3)	40,100 50.6 (43.0 - 58.3)	20,300 31.8 (24.2 - 40.6)	46,200 46.5 (40.8 - 52.3)	353,800 48.6 (46.1 - 51.1)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. ND=Not displayed. Unweighted counts of less than 5 are not displayed. [^]Imprecise measurement based on wide standard error (>30% of percentage and projected number). See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

Table E-6a. Social Capital and Health Information for Adults by ZIP Code Region, Delaware, 2015 (cont.)

	Wilmington City	Remainder of Greater Wilmington Area	Remainder of New Castle County	Dover and Surrounding Area	Remainder of Kent County	NE & SE Beaches	Remainder of Sussex County	Delaware
	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI	n % CI
<i>Unweighted n (complete sample)</i>	(347)	(320)	(635)	(214)	(365)	(187)	(541)	(2,609)
Health Information								
Aware of Delaware 2-1-1	29,200 33.6 (27.5 - 40.4)	20,800 19.6 (14.8 - 25.3)	53,100 23.1 (19.3 - 27.4)	16,100 25.9 (18.8 - 34.5)	17,700 22.3 (17.1 - 28.6)	12,775 20.1 (13.7 - 28.4)	27,200 27.2 (22.3 - 32.7)	176,800 24.3 (22.2 - 26.5)
<i>Unweighted n (subsampled sample)</i>	(109)	(60)	(137)	(52)	(98)	(38)	(141)	(635)
Ever used Delaware 2-1-1	10,100 34.5 (24.3 - 46.4)	3,600 17.5 (9.8 - 29.4)	12,900 24.2 (16.6 - 34.0)	5,500 34.2 (18.7 - 54.0)	3,600 20.7 (11.3 - 34.8)	1,761 13.8 ^A (6.0 - 28.6)	6,300 23.1 (14.5 - 34.8)	43,700 24.8 (20.6 - 29.5)
Aware of HelpsHereDE.com	18,600 21.3 (16.4 - 27.2)	17,700 16.7 (12.4 - 22.1)	43,000 18.6 (15.2 - 22.6)	11,500 18.4 (12.2 - 26.9)	15,200 19.2 (14.0 - 25.7)	8,592 13.5 (8.9 - 19.9)	23,000 23.1 (18.3 - 28.6)	137,600 18.9 (17.0 - 20.9)
Uses social media to connect with organizations and services	16,000 18.3 (13.7 - 24.1)	24,000 22.6 (17.6 - 28.5)	49,200 21.5 (17.8 - 25.6)	10,500 16.7 (11.3 - 24.1)	13,000 16.5 (11.8 - 22.5)	10,827 17.0 (11.4 - 24.6)	18,900 18.9 (14.8 - 23.8)	142,400 19.6 (17.7 - 21.6)
Preferred Way to Receive Health Information								
<i>Unweighted n (subsampled sample)</i>	(322)	(299)	(610)	(204)	(349)	(173)	(502)	(2,459)
Postal mail	34,800 43.4 (36.6 - 50.4)	39,600 38.9 (32.7 - 45.5)	71,700 32.1 (27.8 - 36.7)	18,800 31.9 (24.2 - 40.7)	28,600 37.5 (30.2 - 45.3)	23,100 39.2 (30.5 - 48.6)	32,400 34.7 (29.4 - 40.3)	248,900 35.9 (33.5 - 38.4)
Email	19,600 24.4 (18.4 - 31.6)	23,000 22.6 (17.8 - 28.4)	64,700 28.9 (24.9 - 33.4)	15,500 26.3 (18.8 - 35.4)	16,700 21.9 (15.9 - 29.4)	12,600 21.5 (14.7 - 30.3)	17,800 19.1 (14.8 - 24.2)	170,000 24.5 (22.4 - 26.8)
Newspaper	7,500 9.4 (6.0 - 14.3)	10,300 10.2 (7.0 - 14.6)	18,800 8.4 (6.2 - 11.4)	8,200 13.9 (9.2 - 20.5)	8,700 11.4 (7.2 - 17.5)	8,200 14.0 (8.7 - 21.7)	9,300 9.9 (6.8 - 14.3)	71,100 10.3 (8.8 - 11.9)
<p>Note: Unweighted sample size (unweighted n) is provided for the overall sample (complete sample) in each geographic area, as well as for each indicator representing a survey question in which a specific response yielded a sequence of follow-up questions with a subset of the population (subsampled sample). CI= Confidence Interval, 95% confident that the range contains the true population value. See region definitions in Appendix A.</p>								

Source: DPHI Delaware Household Health Survey, 2015.

APPENDIX F: DELAWARE SURVEY OF CHILDREN'S HEALTH

Table F-1. Children (0-17) who Have Ever Been Diagnosed with Asthma, by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Ever diagnosed with asthma by a doctor, nurse, or other health professional	24.7 (18.0 - 31.4)	16.8 (11.9 - 21.7)	17.9 (13.6 - 22.2)	19.3 (15.2 - 23.4)	14.3 (10.0 - 18.6)	17.4 (14.5 - 20.3)
Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value.						

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-2. Children (0-17) with Long-term Medical, Behavioral, or Other Health Conditions by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Child is limited in his/her ability to do things most of their peers can do because of a long-term condition	9.6 (5.0 - 14.2)	11.6 (7.7 - 15.5)	11.3 (7.9 - 14.7)	9.7 (6.8 - 12.6)	10.0 (6.3 - 13.7)	10.7 (8.5 - 12.9)
Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value.						

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-3. Parental Perception of Child's (2-17) Health by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Excellent	48.8 (40.7 - 56.9)	60.7 (54.4 - 67.0)	59.1 (53.5 - 64.7)	56.0 (50.2 - 61.8)	55.7 (49.4 - 62.0)	57.9 (54.1 - 61.7)
Very Good	31.4 (23.9 - 38.9)	26.1 (20.5 - 31.7)	26.8 (21.9 - 31.7)	29.2 (23.9 - 34.5)	29.4 (23.4 - 35.4)	27.8 (24.4 - 31.2)
Good	17.1 (10.9 - 23.3)	8.7 (5.5 - 11.9)	9.8 (6.9 - 12.7)	11.3 (7.7 - 14.9)	11.0 (7.8 - 14.2)	10.3 (8.3 - 12.3)
Fair	2.8^ (0.3 - 5.3)	3.6 (1.5 - 5.7)	3.5 (1.6 - 5.4)	3.4 (1.5 - 5.3)	3.5^ (1.3 - 5.7)	3.5 (2.2 - 4.8)
Poor	ND ND	0.9^ (-0.3 - 2.1)	0.8^ (-0.3 - 1.9)	ND ND	0.4^ (-0.2 - 1.0)	0.5 (-0.2 - 1.2)

Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. ND=Not displayed. Unweighted counts of less than 5 are not displayed. CI= Confidence Interval, 95% confident that the range contains the true population value. ^Imprecise measurement based on wide standard error (>30% of percentage and projected number).

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-4. Body Weight Classification of Children (2-17) by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Normal weight	54.8 (46.5 - 63.1)	57.9 (51.0 - 64.8)	57.5 (51.4 - 63.6)	55.9 (50.0 - 61.8)	54.6 (48.2 - 61.0)	56.6 (52.5 - 60.7)
Overweight	19.0 (12.0 - 26.0)	13.5 (8.9 - 18.1)	14.3 (10.2 - 18.4)	15.1 (11.0 - 19.2)	15.5 (10.8 - 20.2)	14.7 (11.9 - 17.5)
Obese	17.4 (11.7 - 23.1)	20.0 (14.6 - 25.4)	19.6 (14.9 - 24.3)	21.7 (16.6 - 26.8)	23.8 (17.8 - 29.8)	20.9 (17.6 - 24.2)
Overweight or Obese	36.4 (28.8 - 44.7)	33.5 (27.4 - 40.2)	33.9 (28.5 - 39.8)	36.8 (31.2 - 42.8)	39.3 (33.0 - 45.9)	35.5 (31.7 - 39.5)

Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. Overweight is defined as having a BMI ≥85th percentile and <95th percentile. Obese is defined as having a BMI ≥95th percentile. CI= Confidence Interval, 95% confident that the range contains the true population value.

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-5. Preventive Care of Children (0-17) by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Did not visit a health care professional for preventive care during the past 12 months	4.6 (1.8 - 7.4)	4.4 (2.1 - 6.7)	4.4 (2.4 - 6.4)	6.5 (3.4 - 9.6)	4.9 (2.2 - 7.6)	4.9 (3.4 - 6.4)
Note: The study population for this table is children ages 0-17 years. † Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value.						

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-6. Child (0-17) Nutrition by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Not breastfed	23.6 (17.4 - 29.8)	21.5 (16.7 - 26.3)	21.8 (17.6 - 26.0)	29.8 (24.8 - 34.8)	33.6 (27.7 - 39.5)	25.7 (22.7 - 28.7)
Does not meet recommended 2 cups or less of sugar-sweetened beverages/week	38.7 (30.8 - 46.6)	34.1 (28.1 - 40.1)	34.7 (29.4 - 40.0)	37.6 (32.0 - 43.2)	42.1 (35.9 - 48.3)	36.7 (33.0 - 40.4)
Does not meet recommended 5 servings or more of fruits and vegetables/day	46.0 (37.7 - 54.3)	47.8 (40.9 - 54.7)	47.6 (41.5 - 53.7)	48.5 (42.6 - 54.4)	38.7 (32.8 - 44.6)	46.0 (41.9 - 50.1)
Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value.						

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-7. Children (2-17) Not Meeting the Physical Activity Recommendation by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Children who do not exercise the recommended 60 minutes or more/day	50.3 (41.7 - 58.9)	44.4 (37.3 - 51.5)	45.2 (38.9 - 51.5)	45.7 (39.5 - 51.9)	44.4 (37.6 - 51.2)	45.1 (40.9 - 49.3)

Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. Children with any physical impairment that limited their physical activity were excluded. CI= Confidence Interval, 95% confident that the range contains the true population value.

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-8. Children (2-17) Not Meeting the Screen Time Recommendation by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Does not meet the recommended 2 hours or less of screen time/day	66.2 (58.4 - 74.0)	70.2 (63.7 - 76.7)	69.7 (64.0 - 75.4)	71.6 (66.1 - 77.1)	64.8 (58.6 - 71.0)	69.1 (65.2 - 73.0)

Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value.

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-9. Parental Perception of Neighborhood as a Pleasant Place to Walk by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Very pleasant	44.0 (36.0 - 51.9)	71.8 (66.2 - 77.4)	67.9 (62.8 - 73.0)	63.3 (57.8 - 68.8)	59.4 (53.2 - 65.6)	65.4 (61.9 - 68.9)
Somewhat pleasant	30.7 (23.4 - 38)	23.0 (17.6 - 28.4)	24.1 (19.4 - 28.8)	29.1 (23.7 - 34.5)	29.0 (23.0 - 35.0)	26.0 (22.7 - 29.3)
Not very pleasant	13.9 (7.8 - 20)	2.1 (1.0 - 3.2)	3.8 (2.5 - 5.1)	3.8 (1.9 - 5.7)	5.3 (3.1 - 7.5)	4.1 (3.1 - 5.1)
Not at all pleasant	11.3 (5.3 - 17.3)	3.1 (1.1 - 5.1)	4.2 (2.2 - 6.2)	3.8 (2.1 - 5.5)	6.3 (2.8 - 9.8)	4.6 (3.2 - 6.0)

Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value.

Source: Nemours' Delaware Survey of Children's Health, 2014.

Table F-10. Parental Perception of Child's Safety While Playing Outside in Their Neighborhood by County and City of Wilmington, Delaware, 2014

	City of Wilmington	New Castle County excl. City of Wilmington	New Castle County	Kent County	Sussex County	Delaware
	% CI	% CI	% CI	% CI	% CI	% CI
Definitely agree	34.8 (27.3 - 42.3)	63.8 (57.7 - 69.9)	59.7 (54.2 - 65.2)	56.0 (50.4 - 61.6)	57.8 (51.7 - 63.9)	58.6 (54.9 - 62.3)
Somewhat agree	32.9 (25.2 - 40.6)	23.8 (18.7 - 28.9)	25.1 (20.6 - 29.7)	31.3 (26.0 - 36.6)	27.8 (22.3 - 33.3)	26.9 (23.7 - 30.1)
Neither agree nor disagree	7.5^ (2.5 - 12.5)	4.6^ (1.3 - 7.9)	5.0 (2.1 - 7.9)	3.9 (1.8 - 6.0)	4.3 (2.0 - 6.6)	4.7 (2.8 - 6.6)
Somewhat disagree	13.0 (7.6, 18.4)	3.5 (1.3 - 5.7)	4.8 (2.7 - 6.9)	5.3 (2.7 - 7.9)	5.4 (2.0 - 8.8)	5.0 (3.5 - 6.5)
Definitely disagree	11.8 (6.6 - 17.0)	4.3 (1.9 - 6.7)	5.4 (3.2 - 7.6)	3.5 (1.4 - 5.6)	4.7 (2.3 - 7.1)	4.9 (3.4 - 6.4)

Note: Due to a sampling methodology change, DSCH 2014 data cannot be compared with or included in trend analysis with DSCH 2006, 2008 and 2011. CI= Confidence Interval, 95% confident that the range contains the true population value. ^Imprecise measurement based on wide standard error (>30% of percentage and projected number).

Source: Nemours' Delaware Survey of Children's Health, 2014.

APPENDIX G: STATISTICAL TESTING RESULTS

Percentage differences were tested for statistical significance using the chi-square statistic on the data adjusted by the adult balancing weight. Statistical significance is influenced both by the degree of percentage difference and by sample size. With larger sample sizes, smaller percentage differences have a greater chance of becoming statistically significant. The level of statistical significance (.05, .01, and .001) indicates the likelihood of obtaining the percentage difference of at least that magnitude, given the overall percentage, by chance.

KEY

ns = not significant

.05 = statistically significant

.01 = highly statistically significant

.001 = very highly statistically significant

Green = County/Region is statistically significantly better than the other

Red = County/Region is statistically significantly worse than the other

Table G-1. Kent and New Castle Counties, Delaware, 2016

Health Measure	Kent County	New Castle County	P value
In fair or poor health	23.0 percent	14.3 percent	.001
Ever diagnosed with asthma	17.1 percent	12.4 percent	.01
Asthma not under control at most recent consultation	13.1 percent	9.3 percent	ns
Ever diagnosed with diabetes	17.1 percent	12.0 percent	.01
Ever diagnosed with high blood pressure	35.8 percent	30.1 percent	.05
Blood pressure not under control at most recent consultation	13.1 percent	9.0 percent	ns
Ever diagnosed with heart disease	12.4 percent	8.0 percent	.01
Obese (BMI 30 or higher)	35.6 percent	30.7 percent	.05
Serious difficulty hearing, even when wearing a hearing aid	17.9 percent	12.2 percent	ns
Serious difficulty seeing, even when wearing glasses	7.6 percent	12.6 percent	ns
Experienced high stress (6-10) in past year	51.0 percent	45.8 percent	.05
Ever diagnosed with a mental health condition	21.2 percent	16.9 percent	.05
Currently not receiving treatment for mental health condition	37.7 percent	35.7 percent	ns
Does not have prescription medication coverage	15.0 percent	17.6 percent	ns
Has had thoughts of self-harm or suicide in past year	4.6 percent	5.3 percent	ns
Ever told have/had a substance use problem	11.6 percent	10.8 percent	ns
Have not received any form of treatment for substance use problem	40.4 percent	41.1 percent	ns
One or more Adverse Childhood Experiences (ACE) (10 core)	59.5 percent	56.2 percent	ns
Four or more ACES (10 core)	20.0 percent	13.3 percent	.001
Experienced any type of abuse ACE	32.2 percent	25.1 percent	.01
Experienced any type of neglect ACE	24.3 percent	15.5 percent	.001
Experienced any type of household challenge ACE	36.9 percent	32.5 percent	ns
Often/very often discriminated against because of race/ethnicity while growing up	14.1 percent	11.9 percent	ns
Bullied by peers or classmates all or most of the time while growing up	9.9 percent	5.2 percent	.001
Did not receive care in the past year due to cost	8.8 percent	10.6 percent	ns
Did not fill prescription in past year due to cost	14.0 percent	14.2 percent	ns
Did not see a doctor in past year due to transportation problems	9.5 percent	9.0 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-1. Kent and New Castle Counties, Delaware, 2016 (cont.)

Health Measure	Kent County	New Castle County	P value
Currently does not have health insurance (ages 18-64)	5.1 percent	6.6 percent	ns
Did not look into purchasing health insurance through the Marketplace	88.7 percent	85.4 percent	ns
Did not enroll in a health insurance plan offered through the Marketplace	70.4 percent	63.3 percent	ns
No regular source of care	16.9 percent	14.7 percent	ns
Not familiar with developmental screenings	25.1 percent	29.5 percent	ns
Developmental screenings have not been beneficial to child's health	8.4 percent	5.9 percent	ns
Did not visit health care provider in past year	16.2 percent	12.6 percent	.05
Did not visit the dentist in the past year	38.7 percent	32.0 percent	.01
Did not have blood pressure taken in past year	9.5 percent	9.8 percent	ns
Did not have colonoscopy or sigmoidoscopy in past 10 years (50+)	22.0 percent	26.8 percent	ns
Did not have prostate screening in past year (males 40+)	44.8 percent	48.2 percent	ns
Did not have Pap test in past three years (females 21-65)	16.0 percent	12.1 percent	ns
Did not get mammogram in the past two years (females 50-74)	19.8 percent	19.8 percent	ns
Did not get breast exam in past year (females 18+)	32.4 percent	31.5 percent	ns
Consumes fewer than 4 servings of fruits and vegetables per day	75.9 percent	71.8 percent	ns
Consumes 1 or more sweetened beverages per day	61.1 percent	56.2 percent	ns
Exercised fewer than 3 days per week in past month	44.8 percent	38.2 percent	.01
Currently smokes cigarettes	19.1 percent	17.9 percent	ns
Has never used any form of long acting reversible contraceptives (LARCs; females 18-45)	68.0 percent	77.5 percent	.05
Does not know where to get LARCs for free (females 18-45)	41.3 percent	49.8 percent	ns
Trusts neighbors none of the time	15.3 percent	12.7 percent	ns
Ever heard or saw violence in neighborhood or community more than once	32.3 percent	33.2 percent	ns
Does not participate in any local groups or organizations in neighborhood	49.3 percent	51.4 percent	ns
Does not have park or outdoor space in neighborhood	39.9 percent	17.7 percent	.001
Of those who have park or outdoor space, does not feel safe visiting it	8.8 percent	8.9 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. **Green** = County/Region is statistically significantly better than the other, **Red** = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-2. Sussex and New Castle Counties, Delaware, 2016

Health Measure	New Castle County	Sussex County	P Value
In fair or poor health	14.3 percent	19.0 percent	.01
Ever diagnosed with asthma	12.4 percent	15.0 percent	ns
Asthma not under control at most recent consultation	9.3 percent	20.0 percent	.05
Ever diagnosed with diabetes	12.0 percent	13.7 percent	ns
Ever diagnosed with high blood pressure	30.1 percent	36.8 percent	.01
Blood pressure not under control at most recent consultation	9.0 percent	9.4 percent	ns
Ever diagnosed with heart disease	8.0 percent	11.5 percent	.05
Obese (BMI 30 or higher)	30.7 percent	36.1 percent	.05
Serious difficulty hearing, even when wearing a hearing aid	12.2 percent	16.1 percent	ns
Serious difficulty seeing, even when wearing glasses	12.6 percent	9.8 percent	ns
Experienced high stress (6-10) in past year	45.8 percent	41.9 percent	ns
Ever diagnosed with a mental health condition	16.9 percent	13.4 percent	.05
Currently not receiving treatment for mental health condition	35.7 percent	41.6 percent	ns
Does not have prescription medication coverage	17.6 percent	17.2 percent	ns
Has had thoughts of self-harm or suicide in past year	5.3 percent	4.0 percent	ns
Ever told have/had a substance use problem	10.8 percent	8.5 percent	ns
Have not received any form of treatment for substance use problem	41.1 percent	53.1 percent	ns
One or more Adverse Childhood Experiences (10 core)	56.2 percent	49.1 percent	.01
Four or more ACES (10 core)	13.3 percent	8.0 percent	.001
Experienced any type of abuse ACE	25.1 percent	20.5 percent	.05
Experienced any type of neglect ACE	15.5 percent	12.8 percent	ns
Experienced any type of household challenge ACE	32.5 percent	29.7 percent	ns
Often/very often discriminated against because of race/ethnicity while growing up	11.9 percent	5.7 percent	.001
Bullied by peers or classmates all or most of the time while growing up	5.2 percent	3.7 percent	ns
Did not receive care in the past year due to cost	10.6 percent	8.8 percent	ns
Did not fill prescription in past year due to cost	14.2 percent	15.7 percent	ns
Did not see a doctor in past year due to transportation problems	9.0 percent	7.5 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. **Green** = County/Region is statistically significantly better than the other, **Red** = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-2. Sussex and New Castle Counties, Delaware, 2016(cont.)

Health Measure	New Castle County	Sussex County	P Value
Currently does not have health insurance (ages 18-64)	6.6 percent	7.7 percent	ns
Did not look into purchasing health insurance through the Marketplace	85.4 percent	85.5 percent	ns
Did not enroll in a health insurance plan offered through the Marketplace	63.3 percent	53.0 percent	ns
No regular source of care	14.7 percent	14.0 percent	ns
Not familiar with developmental screenings	29.5 percent	29.3 percent	ns
Developmental screenings have not been beneficial to child's health	5.9 percent	6.4 percent	ns
Did not visit health care provider in past year	12.6 percent	11.1 percent	ns
Did not visit the dentist in the past year	32.0 percent	37.6 percent	.05
Did not have blood pressure taken in past year	9.8 percent	5.7 percent	.01
Did not have colonoscopy or sigmoidoscopy in past 10 years (50+)	28.8 percent	21.7 percent	ns
Did not have prostate screening in past year (males 40+)	48.2 percent	47.6 percent	ns
Did not have Pap test in past three years (females 21-65)	12.1 percent	12.1 percent	ns
Did not get mammogram in the past two years (females 50-74)	19.8 percent	14.8 percent	ns
Did not get breast exam in past year (females 18+)	31.5 percent	30.5 percent	ns
Consumes fewer than 4 servings of fruits and vegetables per day	71.8 percent	71.0 percent	ns
Consumes 1 or more sweetened beverages per day	56.2 percent	59.4 percent	ns
Exercised fewer than 3 days per week in past month	38.2 percent	43.2 percent	.05
Currently smokes cigarettes	17.9 percent	18.2 percent	ns
Has never used any form of long acting reversible contraceptives (LARCs, females 18-45)	77.5 percent	78.9 percent	ns
Does not know where to get LARCs for free (females 18-45)	49.8 percent	43.3 percent	ns
Trusts neighbors none of the time	12.7 percent	8.3 percent	.01
Ever heard or saw violence in neighborhood or community more than once	33.2 percent	28.2 percent	.05
Does not participate in any local groups or organizations in neighborhood	51.4 percent	40.8 percent	.001
Does not have park or outdoor space in neighborhood	17.7 percent	41.6 percent	.001
Of those who have park or outdoor space, does not feel safe visiting it	8.9 percent	3.0 percent	.001

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. **Green** = County/Region is statistically significantly better than the other, **Red** = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-3. Kent and Sussex Counties, Delaware, 2016

Health Measure	Kent County	Sussex County	P Value
In fair or poor health	23.0 percent	19.0 percent	ns
Ever diagnosed with asthma	17.1 percent	15.0 percent	ns
Asthma not under control at most recent consultation	13.1 percent	20.0 percent	ns
Ever diagnosed with diabetes	17.1 percent	13.7 percent	ns
Ever diagnosed with high blood pressure	35.8 percent	36.8 percent	ns
Blood pressure not under control at most recent consultation	13.1 percent	9.4 percent	ns
Ever diagnosed with heart disease	12.4 percent	11.5 percent	ns
Obese (BMI 30 or higher)	35.6 percent	36.1 percent	ns
Serious difficulty hearing, even when wearing a hearing aid	17.9 percent	16.1 percent	ns
Serious difficulty seeing, even when wearing glasses	7.6 percent	9.8 percent	ns
Experienced high stress (6-10) in past year	51.0 percent	41.9 percent	.01
Ever diagnosed with a mental health condition	21.2 percent	13.4 percent	.001
Currently not receiving treatment for mental health condition	37.7 percent	41.6 percent	ns
Does not have prescription medication coverage	15.0 percent	17.2 percent	ns
Has had thoughts of self-harm or suicide in past year	4.6 percent	4.0 percent	ns
Ever told have/had a substance use problem	11.6 percent	8.5 percent	ns
Have not received any form of treatment for substance use problem	40.4 percent	53.1 percent	ns
One or more Adverse Childhood Experiences (10 core)	59.5 percent	49.1 percent	.001
Four or more ACES (10 core)	20.0 percent	8.0 percent	.001
Experienced any type of abuse ACE	32.2 percent	20.5 percent	.001
Experienced any type of neglect ACE	24.3 percent	12.8 percent	.001
Experienced any type of household challenge ACE	36.9 percent	29.7 percent	.05
Often/very often discriminated against because of race/ethnicity while growing up	14.1 percent	5.7 percent	.001
Bullied by peers or classmates all or most of the time while growing up	9.9 percent	3.7 percent	.001
Did not receive care in the past year due to cost	8.8 percent	8.8 percent	ns
Did not fill prescription in past year due to cost	14.0 percent	15.7 percent	ns
Did not see a doctor in past year due to transportation problems	9.5 percent	7.5 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. **Green** = County/Region is statistically significantly better than the other, **Red** = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-3. Kent and Sussex Counties, Delaware, 2016 (cont.)

Health Measure	Kent County	Sussex County	P Value
Currently does not have health insurance (ages 18-64)	5.1 percent	7.7 percent	ns
Did not look into purchasing health insurance through the Marketplace	88.7 percent	85.5 percent	ns
Did not enroll in a health insurance plan offered through the Marketplace	70.4 percent	53.0 percent	.05
No regular source of care	16.9 percent	14.0 percent	ns
Not familiar with developmental screenings	25.1 percent	29.3 percent	ns
Developmental screenings have not been beneficial to child's health	8.4 percent	6.4 percent	ns
Did not visit health care provider in past year	16.2 percent	11.1 percent	.05
Did not visit the dentist in the past year	38.7 percent	37.6 percent	ns
Did not have blood pressure taken in past year	9.5 percent	5.7 percent	.05
Did not have colonoscopy or sigmoidoscopy in past 10 years (50+)	22.0 percent	21.7 percent	ns
Did not have prostate screening in past year (males 40+)	44.8 percent	47.6 percent	ns
Did not have Pap test in past three years (females 21-65)	16.0 percent	12.1 percent	ns
Did not get mammogram in the past two years (females 50-74)	19.8 percent	14.8 percent	ns
Did not get breast exam in past year (females 18+)	32.4 percent	30.5 percent	ns
Consumes fewer than 4 servings of fruits and vegetables per day	75.9 percent	71.0 percent	ns
Consumes 1 or more sweetened beverages per day	61.1 percent	59.4 percent	ns
Exercised fewer than 3 days per week in past month	44.8 percent	43.2 percent	ns
Currently smokes cigarettes	19.1 percent	18.2 percent	ns
Has never used any form of long acting reversible contraceptives (LARCs, females 18-45)	68.0 percent	78.9 percent	ns
Does not know where to get LARCs for free (females 18-45)	41.3 percent	43.3 percent	ns
Trusts neighbors none of the time	15.3 percent	8.3 percent	.001
Ever heard or saw violence in neighborhood or community more than once	32.3 percent	28.2 percent	ns
Does not participate in any local groups or organizations in neighborhood	49.3 percent	40.8 percent	.01
Does not have park or outdoor space in neighborhood	39.9 percent	41.6 percent	ns
Of those who have park or outdoor space, does not feel safe visiting it	8.8 percent	3.0 percent	.01

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-4. Center City Wilmington and Remainder of New Castle County, Delaware, 2016

Health Measure	Center City Wilmington	Remainder of New Castle County	P Value
In fair or poor health	21.3 percent	12.5 percent	.001
Ever diagnosed with asthma	13.9 percent	12.0 percent	ns
Asthma not under control at most recent consultation	16.3 percent	7.1 percent	ns
Ever diagnosed with diabetes	14.8 percent	11.3 percent	ns
Ever diagnosed with high blood pressure	36.3 percent	28.4 percent	.01
Blood pressure not under control at most recent consultation	12.6 percent	7.8 percent	ns
Ever diagnosed with heart disease	10.6 percent	7.3 percent	ns
Obese (BMI 30 or higher)	36.0 percent	29.3 percent	.05
Serious difficulty hearing, even when wearing a hearing aid	14.8 percent	11.6 percent	ns
Serious difficulty seeing, even when wearing glasses	14.5 percent	12.1 percent	ns
Experienced high stress (6-10) in past year	46.6 percent	45.6 percent	ns
Ever diagnosed with a mental health condition	21.8 percent	15.7 percent	.01
Currently not receiving treatment for mental health condition	38.8 percent	34.8 percent	ns
Does not have prescription medication coverage	21.0 percent	16.8 percent	ns
Has had thoughts of self-harm or suicide in past year	6.1 percent	5.0 percent	ns
Ever told have/had a substance use problem	14.7 percent	9.8 percent	.05
Have not received any form of treatment for substance use problem	30.4 percent	45.3 percent	ns
One or more Adverse Childhood Experiences (10 core)	61.7 percent	54.7 percent	.05
Four or more ACEs (10 core)	20.8 percent	11.4 percent	.001
Experienced any type of abuse ACE	27.5 percent	24.4 percent	ns
Experienced any type of neglect ACE	18.3 percent	14.7 percent	ns
Experienced any type of household challenge ACE	37.3 percent	31.2 percent	.05
Often/very often discriminated against because of race/ethnicity while growing up	21.0 percent	9.7 percent	.001
Bullied by peers or classmates all or most of the time while growing up	6.4 percent	4.8 percent	ns
Did not receive care in the past year due to cost	13.8 percent	9.8 percent	.05
Did not fill prescription in past year due to cost	17.2 percent	13.4 percent	ns
Did not see a doctor in past year due to transportation problems	16.4 percent	7.1 percent	.001

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. **Green** = County/Region is statistically significantly better than the other, **Red** = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-4. Center City Wilmington and Remainder of New Castle County, Delaware, 2016(cont.)

Health Measure	Center City Wilmington	Remainder of New Castle County	P Value
Currently does not have health insurance (ages 18-64)	11.3 percent	5.3 percent	.001
Did not look into purchasing health insurance through the Marketplace	78.8 percent	87.2 percent	.001
Did not enroll in a health insurance plan offered through the Marketplace	61.9 percent	63.8 percent	ns
No regular source of care	17.4 percent	14.0 percent	ns
Not familiar with developmental screenings	31.0 percent	29.3 percent	ns
Developmental screenings have not been beneficial to child's health	<1 percent	7.1 percent	ns
Did not visit health care provider in past year	11.6 percent	12.9 percent	ns
Did not visit the dentist in the past year	44.7 percent	28.7 percent	.001
Did not have blood pressure taken in past year	9.6 percent	9.9 percent	ns
Did not have colonoscopy or sigmoidoscopy in past 10 years (50+)	26.6 percent	26.9 percent	ns
Did not have prostate screening in past year (males 40+)	54.4 percent	46.8 percent	ns
Did not have Pap test in past three years (females 21-65)	8.2 percent	13.3 percent	ns
Did not get mammogram in the past two years (females 50-74)	19.4 percent	19.8 percent	ns
Did not get breast exam in past year (females 18+)	27.1 percent	32.7 percent	ns
Consumes fewer than 4 servings of fruits and vegetables per day	76.4 percent	70.7 percent	.05
Consumes 1 or more sweetened beverages per day	61.3 percent	54.9 percent	.05
Exercised fewer than 3 days per week in past month	36.6 percent	38.7 percent	ns
Currently smokes cigarettes	24.4 percent	16.2 percent	.001
Has never used any form of long acting reversible contraceptives (LARCs, females 18-45)	76.6 percent	77.8 percent	ns
Does not know where to get LARCs for free (females 18-45)	37.1 percent	52.6 percent	.05
Trusts neighbors none of the time	25.3 percent	9.4 percent	.001
Ever heard or saw violence in neighborhood or community more than once	60.7 percent	26.2 percent	.001
Does not participate in any local groups or organizations in neighborhood	58.5 percent	49.6 percent	.01
Does not have park or outdoor space in neighborhood	9.8 percent	19.7 percent	.001
Of those who have park or outdoor space, does not feel safe visiting it	21.1 percent	5.3 percent	.001

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-5. Dover and the Surrounding Area and Remainder of Kent County, Delaware, 2016

Health Measure	Dover and the Surrounding Area	Remainder of Kent County	P Value
In fair or poor health	23.8 percent	22.4 percent	ns
Ever diagnosed with asthma	21.2 percent	14.0 percent	.05
Asthma not under control at most recent consultation	18.2 percent	7.7 percent	ns
Ever diagnosed with diabetes	18.4 percent	16.1 percent	ns
Ever diagnosed with high blood pressure	38.6 percent	33.8 percent	ns
Blood pressure not under control at most recent consultation	11.8 percent	14.3 percent	ns
Ever diagnosed with heart disease	14.5 percent	10.8 percent	ns
Obese (BMI 30 or higher)	36.2 percent	35.1 percent	ns
Serious difficulty hearing, even when wearing a hearing aid	14.3 percent	21.3 percent	ns
Serious difficulty seeing, even when wearing glasses	8.9 percent	6.5 percent	ns
Experienced high stress (6-10) in past year	50.0 percent	52.0 percent	ns
Ever diagnosed with a mental health condition	19.8 percent	22.3 percent	ns
Currently not receiving treatment for mental health condition	35.6 percent	40.3 percent	ns
Does not have prescription medication coverage	19.8 percent	11.3 percent	.01
Has had thoughts of self-harm or suicide in past year	3.6 percent	5.5 percent	ns
Ever told have/had a substance use problem	11.3 percent	11.6 percent	ns
Have not received any form of treatment for substance use problem	48.0 percent	34.4 percent	ns
One or more Adverse Childhood Experiences (10 core)	61.9 percent	57.6 percent	ns
Four or more ACES (10 core)	80.3 percent	79.9 percent	ns
Experienced any type of abuse ACE	33.6 percent	31.2 percent	ns
Experienced any type of neglect ACE	27.4 percent	21.9 percent	ns
Experienced any type of household challenge ACE	35.6 percent	37.8 percent	ns
Often/very often discriminated against because of race/ethnicity while growing up	17.6 percent	11.2 percent	.05
Bullied by peers or classmates all or most of the time while growing up	13.2 percent	7.3 percent	.05
Did not receive care in the past year due to cost	10.5 percent	7.5 percent	ns
Did not fill prescription in past year due to cost	14.3 percent	13.8 percent	ns
Did not see a doctor in past year due to transportation problems	14.8 percent	5.4 percent	.001

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-5. Dover and the Surrounding Area and Remainder of Kent County, Delaware, 2016(cont.)

Health Measure	Dover and the Surrounding Area	Remainder of Kent County	P Value
Currently does not have health insurance (ages 18-64)	4.5 percent	5.3 percent	ns
Did not look into purchasing health insurance through the Marketplace	90.5 percent	87.3 percent	ns
Did not enroll in a health insurance plan offered through the Marketplace	65.0 percent	71.4 percent	ns
No regular source of care	20.4 percent	14.1 percent	ns
Not familiar with developmental screenings	27.1 percent	24.3 percent	ns
Developmental screenings have not been beneficial to child's health	8.1 percent	8.6 percent	ns
Did not visit health care provider in past year	14.2 percent	17.8 percent	ns
Did not visit the dentist in the past year	36.3 percent	40.8 percent	ns
Did not have blood pressure taken in past year	9.5%	9.6%	ns
Did not have colonoscopy or sigmoidoscopy in past 10 years (50+)	21.0 percent	22.9 percent	ns
Did not have prostate screening in past year (males 40+)	45.6 percent	44.7 percent	ns
Did not have Pap test in past three years (females 21-65)	15.9 percent	16.1 percent	ns
Did not get mammogram in the past two years (females 50-74)	20.0 percent	20.0 percent	ns
Did not get breast exam in past year (females 18+)	31.0 percent	33.6 percent	ns
Consumes fewer than 4 servings of fruits and vegetables per day	80.3 percent	72.5 percent	.05
Consumes 1 or more sweetened beverages per day	66.5 percent	56.8 percent	.05
Exercised fewer than 3 days per week in past month	43.7 percent	46.0 percent	ns
Currently smokes cigarettes	22.0 percent	16.8 percent	ns
Has never used any form of long acting reversible contraceptives (LARCs, females 18-45)	82.2 percent	58.6 percent	.01
Does not know where to get LARCs for free (females 18-45)	28.3 percent	50.8 percent	.05
Trusts neighbors none of the time	15.8 percent	14.9 percent	ns
Ever heard or saw violence in neighborhood or community more than once	37.3 percent	28.1 percent	.05
Does not participate in any local groups or organizations in neighborhood	47.5 percent	50.7 percent	ns
Does not have park or outdoor space in neighborhood	35.4 percent	43.7 percent	ns
Of those who have park or outdoor space, does not feel safe visiting it	11.3 percent	6.5 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-6. Northeast and Southeast Beaches and Remainder of Sussex County, Delaware, 2016

Health Measure	Northeast & Southeast Beaches	Remainder of Sussex County	P Value
In fair or poor health	18.1 percent	19.7 percent	ns
Ever diagnosed with asthma	14.5 percent	15.4 percent	ns
Asthma not under control at most recent consultation	29.0 percent	15.1 percent	ns
Ever diagnosed with diabetes	9.8 percent	16.1 percent	.05
Ever diagnosed with high blood pressure	32.9 percent	39.5 percent	ns
Blood pressure not under control at most recent consultation	11.0 percent	8.6 percent	ns
Ever diagnosed with heart disease	13.8 percent	10.1 percent	ns
Obese (BMI 30 or higher)	32.7 percent	38.1 percent	ns
Serious difficulty hearing, even when wearing a hearing aid	8.7 percent	24.7 percent	.01
Serious difficulty seeing, even when wearing glasses	6.7 percent	13.5 percent	ns
Experienced high stress (6-10) in past year	34.3 percent	46.6 percent	.01
Ever diagnosed with a mental health condition	10.7 percent	15.2 percent	ns
Currently not receiving treatment for mental health condition	45.8 percent	40.7 percent	ns
Does not have prescription medication coverage	10.8 percent	21.2 percent	.001
Has had thoughts of self-harm or suicide in past year	2.7 percent	5.1 percent	ns
Ever told have/had a substance use problem	8.2 percent	8.5 percent	ns
Have not received any form of treatment for substance use problem	55.6 percent	50.0 percent	ns
One or more Adverse Childhood Experiences (10 core)	43.6 percent	52.7 percent	.05
Four or more ACES (10 core)	6.6 percent	9.0 percent	ns
Experienced any type of abuse ACE	21.6 percent	19.9 percent	ns
Experienced any type of neglect ACE	11.5 percent	13.6 percent	ns
Experienced any type of household challenge ACE	28.4 percent	30.5 percent	ns
Often/very often discriminated against because of race/ethnicity while growing up	2.3 percent	7.7 percent	.01
Bullied by peers or classmates all or most of the time while growing up	1.8 percent	4.8 percent	ns
Did not receive care in the past year due to cost	4.4 percent	11.6 percent	.01
Did not fill prescription in past year due to cost	13.7 percent	16.8 percent	ns
Did not see a doctor in past year due to transportation problems	5.7 percent	8.7 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

Table G-6. Northeast and Southeast Beaches and Remainder of Sussex County, Delaware, 2016(cont.)

Health Measure	Northeast & Southeast Beaches	Remainder of Sussex County	P Value
Currently does not have health insurance (ages 18-64)	5.3 percent	9.3 percent	ns
Did not look into purchasing health insurance through the Marketplace	86.3 percent	84.9 percent	ns
Did not enroll in a health insurance plan offered through the Marketplace	54.8 percent	51.9 percent	ns
No regular source of care	12.1 percent	15.2 percent	ns
Not familiar with developmental screenings	45.5 percent	21.9 percent	.01
Developmental screenings have not been beneficial to child's health	<1 percent	8.8 percent	ns
Did not visit health care provider in past year	7.2 percent	13.6 percent	.05
Did not visit a dentist in the past year	26.8 percent	44.5 percent	.001
Did not have blood pressure taken in past year	4.4 percent	6.5 percent	ns
Did not have colonoscopy or sigmoidoscopy in past 10 years (50+)	19.9 percent	23.3 percent	ns
Did not have prostate screening in past year (males 40+)	33.3 percent	59.6 percent	.001
Did not have Pap test in past three years (females 21-65)	12.9 percent	11.7 percent	ns
Did not get mammogram in the past two years (females 50-74)	16.4 percent	13.4 percent	ns
Did not get breast exam in past year (females 18+)	28.5 percent	32.2 percent	ns
Consumes fewer than 4 servings of fruits and vegetables per day	68.6 percent	72.7 percent	ns
Consumes 1 or more sweetened beverages per day	55.3 percent	61.9 percent	ns
Exercised fewer than 3 days per week in past month	45.1 percent	42.0 percent	ns
Currently smokes cigarettes	15.0 percent	20.4 percent	ns
Has never used any form of long acting reversible contraceptives (LARCs, females 18-45)	82.1 percent	77.4 percent	ns
Does not know where to get LARCs for free (females 18-45)	48.3 percent	41.9 percent	ns
Trusts neighbors none of the time	4.0 percent	11.1 percent	.01
Ever heard or saw violence in neighborhood or community more than once	22.3 percent	31.9 percent	.05
Does not participate in any local groups or organizations in neighborhood	31.7 percent	46.6 percent	.001
Does not have park or outdoor space in neighborhood	35.7 percent	45.4 percent	.05
Of those who have park or outdoor space, does not feel safe visiting it	1.4 percent	4.3 percent	ns

Note: ns = not significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = County/Region is statistically significantly better than the other, Red = County/Region is statistically significantly worse than the other.

Source: Delaware Public Health Institute, 2017.

APPENDIX H: LIST OF KEY INFORMANTS

Table H-1: List of Key Informants

Organization	Contact Name, Title
Westside Family Healthcare	Dr. Thomas Stephens, Chief Medical Officer
National Alliance on Mental Illness in Delaware	Dr. Joshua Thomas, Executive Director
Delaware ACES Connection	Leslie Brower, Community Manager and Project Director of Trauma Informed Care (DSAMH)
United Way of Delaware	Tynetta Brown, Associate Director of Health - Community Impact
Division of Public Health, Office of Health Promotion and Disease Prevention	Richard Killingsworth, Chief, Health Promotion and Disease Prevention Section
Department of Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities	Al Griffith, Deputy Director
Christiana Care Health System	Kathy Cannatelli, Director of Community Health and Preventive Medicine
Rockford Center	John McKenna, Chief Executive Officer
Nemours Health and Prevention Services	Kelli Thompson, Director, Operations and Support at Nemours Health and Prevention Services
Beebe Healthcare	Megan Williams, Director of Population Health
Bay Health	Kate Salvato, Director of Education
American Cancer Society	Jeanne Chiquoine, Director, Delaware Government Relations, South Atlantic Division
Children and Families First	Kirsten Olson, Chief Strategy Officer
Delaware Department of Education	Linda C. Wolfe, School Support Services
Easter Seals of Delaware	Verna Hensley, Vice President of Public Affairs
Westside Family Healthcare	Dr. Megan Werner, Associate Medical Director

APPENDIX I: KEY INFORMANT INTERVIEW INSTRUMENT

KEY INFORMANT INTERVIEW INSTRUMENT

[Telephone interview intro] DPHI has a contract with Delaware Health and Social Services, Division of Public Health to manage Delaware's comprehensive quality assessment and improvement activities, in support of the State Health Improvement Plan (SHIP). An important element of that effort is your opinions about what works in the public health system currently, and what areas need improvement. The following questionnaire is based on an evaluation method created by the National Public Health Performance Standards Program to assess how well the 10 Essential Public Health Services are being delivered within the state. Your thoughtful and thorough answers are appreciated. Individual responses are anonymous, and will not be shared with the Division of Public Health, your organization, or the communities you serve. Aggregate (i.e. group) results will be included in the statewide needs assessment report, expected to be available in late 2017.

SCREENER	
Name:	Title:
Organization/Entity	Target Population [if any]:
Service Area: <input type="checkbox"/> Statewide <input type="checkbox"/> New Castle County <input type="checkbox"/> Kent County <input type="checkbox"/> Sussex County	
Primary affiliation as it relates to public health activities: <ul style="list-style-type: none"> <input type="checkbox"/> State Public Health Division staff <input type="checkbox"/> Other state office <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Healthcare administrator <input type="checkbox"/> Not-for-profit organization <input type="checkbox"/> Education/University 	

Source: Delaware Public Health Institute, 2016 (Adapted from NACCHO, MAPP Handbook, 2004).¹

¹ National Association of County and City Health Officials. (2004). MAPP handbook: Achieving healthier communities through MAPP: A user's guide. Washington, DC.

KEY INFORMANT INTERVIEW INSTRUMENT (CONT.)

ESSENTIAL PUBLIC HEALTH SERVICE 1.0		
<p>We begin the questionnaire with 4 questions relating to the first essential public health service or EPHS which is, to <i>Monitor health status in order to identify community health problems.</i></p> <p><i>This includes: Assessment of a statewide health status and its threats; Attention to the vital statistics and health status of specific groups at higher risk; Identification of community assets and resources; Utilization of technology and other methods to interpret and communicate health information; Collaboration in integrating and managing public health related information systems.</i></p>		
<p>1.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to monitoring health status to identify community problems?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>1.2 Please tell us about what works well in your service area for monitoring health status to identify community problems.</p>		
<p>1.3 Please identify the primary gaps or areas for improvement you have observed in your service area for this essential public health service.</p>		
<p>1.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

ESSENTIAL PUBLIC HEALTH SERVICE 2.0		
<p>The second essential public health service is to <i>Diagnose and investigate health problems and health hazards in the community.</i></p> <p><i>This includes: Epidemiologic investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries, and other adverse health conditions; Population based screening, case finding, investigation, and the scientific analysis of health problems; Rapid screening, high volume testing, and active infectious disease epidemiology investigations.</i></p>		
<p>2.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to diagnosing and investigating health problems and health hazards in the community?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>2.2 Please tell us about what works well in your service area or with your population for diagnosing and investigating health problems and health hazards in the community.</p>		
<p>2.3 Please identify the primary gaps or areas for improvement you have observed in your service area or with your population for this essential public health service.</p>		
<p>2.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

Source: Delaware Public Health Institute, 2016. (Adapted from NACCHO, MAPP Handbook, 2004).

KEY INFORMANT INTERVIEW INSTRUMENT (CONT.)

ESSENTIAL PUBLIC HEALTH SERVICE 3.0		
<p>The third EPHS is to <i>Inform, Educate, and Empower People about Health Issues.</i></p> <p><i>This includes: Health information, health education, and health promotion activities designed to reduce health risk and promote better health; Health communication plans and activities such as media advocacy and social marketing; Accessible health information and educational resources; Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.</i></p>		
<p>3.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to informing, educating, and empowering people about health issues?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>3.2 Please tell us about what works well in your service area/with your population for informing, educating, and empowering people about health issues.</p>		
<p>3.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>3.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

ESSENTIAL PUBLIC HEALTH SERVICE 4.0		
<p>The fourth EPHS is to <i>Mobilize Partnerships to Identify and Solve Health Problems.</i></p> <p><i>This includes: The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems; The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's health status; Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.</i></p>		
<p>4.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to mobilizing partnerships to identify and solve health problems?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>4.2 Please tell us about what works well in your service area or with your population for mobilizing partnerships to identify and solve health problems.</p>		
<p>4.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>4.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

Source: Delaware Public Health Institute, 2016. (Adapted from NACCHO, MAPP Handbook, 2004).

KEY INFORMANT INTERVIEW INSTRUMENT (CONT.)

ESSENTIAL PUBLIC HEALTH SERVICE 5.0		
<p>The fifth EPHS is to <i>Develop Policies and Plans that Support Individual and Statewide Health Efforts.</i></p> <p><i>This includes: Systematic health planning that relies on appropriate data, develops and tracks measurable health objectives, and establishes strategies and actions to guide community health improvement; Development of legislation, codes, rules, regulations, ordinances and other policies to enable performance of the Essential Public Health Services; The democratic process of dialogue and debate between groups affected by the proposed health plans and policies is needed prior to adoption of such plans and policies.</i></p>		
<p>5.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to developing policies and plans that support individual and statewide health efforts?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>	
<p>5.2 Please tell us about what works well in your service area or with your population for policy development and planning that supports individual and statewide health efforts.</p>		
<p>5.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>5.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:
<p>5.5 In what ways, if any, have you or your organization worked in support of any one of the first five essential public health services we just covered?</p>		

ESSENTIAL PUBLIC HEALTH SERVICE 6.0		
<p>The sixth EPHS is to <i>Enforce Laws and Regulations that Protect Health and Ensure Safety.</i></p> <p><i>This includes: The review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance; Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety; Enforcement activities in areas of public health concern.</i></p>		
<p>6.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to enforcing laws and regulations that protect health and ensure safety?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>	
<p>6.2 Please tell us about what works well in your service area or with our population for enforcing laws and regulations that protect health and ensure safety.</p>		
<p>6.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>6.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

Source: Delaware Public Health Institute, 2016. (Adapted from NACCHO, MAPP Handbook, 2004).

KEY INFORMANT INTERVIEW INSTRUMENT (CONT.)

ESSENTIAL PUBLIC HEALTH SERVICE 7.0		
<p>The seventh EPHS is to <i>Link People to Needed Personal Health Services & Assure the Provision of Health Care when Otherwise Unavailable.</i></p> <p><i>This includes: Assessment of access to and availability of quality personal health care services; Assurances that access is available to a coordinated system of quality care which includes outreach services to link population to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs; Cross-sector partnerships to provide populations with a coordinated system of health care; Development of a continuous improvement process to assure the equitable distribution of resources to the greatest need.</i></p>		
<p>7.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to linking people to needed health services and assuring the provision of care when services aren't available?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>7.2 Please tell us about what works well in your service area or with your population for linking people to needed health services and assuring the provision of care when services aren't available.</p>		
<p>7.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>7.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

ESSENTIAL PUBLIC HEALTH SERVICE 8.0		
<p>The eighth EPHS is to <i>Assure a Competent Public and Personal Health Care Workforce.</i></p> <p><i>This includes: Education, training, development, and assessment of health professionals to meet statewide needs for public and personal health services; Efficient processes for credentialing technical and professional health personnel; Adoption of continuous quality improvement and life-long learning programs; Partnerships with professional workplace development programs to assure relevant learning experiences for all participants; Continuing education in management, cultural competence, and leadership development programs.</i></p>		
<p>8.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to assuring a competent health care workforce?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>8.2 Please tell us about what works well in your service area or with your population for assuring a competent health care workforce.</p>		
<p>8.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>8.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

Source: Delaware Public Health Institute, 2016. (Adapted from NACCHO, MAPP Handbook, 2004).

KEY INFORMANT INTERVIEW INSTRUMENT (CONT.)

ESSENTIAL PUBLIC HEALTH SERVICE 9.0		
<p>The ninth EPHS is to <i>Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Based Health Services</i></p> <p><i>This includes: Evaluation and critical review of health program, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality; Assessment of and quality improvement in the State Public Health System's performance and capacity.</i></p>		
<p>9.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to evaluating personal and population based health services?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>9.2 Please tell us about what works well in your service area or with your population for evaluating personal and population based health services.</p>		
<p>9.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>9.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:

ESSENTIAL PUBLIC HEALTH SERVICE 10.0		
<p>The tenth and last EPHS is to <i>Research for New Insights and Innovative Solutions to Health Problems</i>.</p> <p><i>This includes: A full continuum of research ranging from field- based efforts to foster improvements in public health practice to formal scientific research; Linkages with research institutions and other institutions of higher learning; Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.</i></p>		
<p>10.1 On a scale of 1 to 5, one being not at all aware and 5 being very aware, to what extent are you aware of the public health system in your service area or with your population conducting activities related to researching new and innovative solutions to health problems?</p>	[Range 1-5]	
	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>	
<p>10.2 Please tell us about what works well in your service area or with your population for researching new and innovative solutions to health problems.</p>		
<p>10.3 Please identify the primary gaps or areas for improvement you have observed for this essential public health service.</p>		
<p>10.4 In your opinion, what is the primary reason these gaps have not been addressed?</p>	A) <input type="checkbox"/> Lack of funding	C) <input type="checkbox"/> Perceived importance
	B) <input type="checkbox"/> Lack of coordination	D) <input type="checkbox"/> Other [specify]:
<p>10.5 In what ways, if any, have you or your organization worked in support of any one of the first five essential public health services we just covered?</p>		

Source: Delaware Public Health Institute, 2016. (Adapted from NACCHO, MAPP Handbook, 2004).

APPENDIX J: COMMUNITY MEETING FACILITATOR GUIDE

COMMUNITY MEETING FACILITATOR GUIDE

INTRODUCTION

Good afternoon. My name is _____ and this is my colleague _____. We are here from the Delaware Public Health Institute. We are a private, non-profit public health institute that works to improve the health of Delawareans.

PURPOSE

Thank you for coming to this focus group. A focus group is a relaxed discussion. Please feel free to ask questions or get up to stretch or use the bathroom.

We are here today to talk about the health care strengths and unmet needs of your community within your county. DPHI has partnered with the Delaware Division of Public Health to manage Delaware's comprehensive quality assessment and improvement activities, in support of the State Health Improvement Plan (SHIP). An important element of that effort is your perceptions of the quality of life in your county including health status, what the strengths are of the health care system, and whether there are any unmet needs. We are not here to share information, or to give you our opinions. Your perceptions are what matter. There are no right or wrong; desirable or undesirable answers. You can disagree with each other, and you can change your mind. I would like you to feel comfortable saying what you really think and how you really feel.

PROCEDURE

_____ (colleague) will be taking notes and tape recording the discussion so that I do not miss anything you have to say. Individual responses are anonymous, and will not be shared with your organization, or the public. Aggregate (i.e. group) results will be included in the statewide needs assessment report, available in 2017. I want this to be a group discussion, so feel free to respond to me and to other members in the group without waiting to be called on. However, I would appreciate it if only one person did talk at a time. The discussion will last approximately one hour. There is a lot we want to discuss, so at times I may move us along a bit.

HEALTH CARE STRENGTHS AND UNMET NEEDS

1) Let's start by everyone sharing their name, how long they've lived in ____ county, and the #1 health issue or health problem they feel is most important in their community (i.e., problems related to aging such as arthritis or hearing/vision loss, child abuse/neglect, diabetes, high blood pressure, domestic violence, cancers, homicide, mental health problems, suicide, infant death, infectious disease, dental problems, teenage pregnancy, etc.).

2) In the same fashion, I'd like each of you to name one "risk" behavior you feel is most or important or contributing the most to unfavorable health outcomes in your community (i.e., alcohol abuse, poor eating habits, dropping out of school, racism, drug abuse, refusing immunizations, tobacco use, unsafe sex, not abiding by child safety laws, etc.).

3) Lastly, I'd like each of you to name one factor you feel is most important for achieving/maintaining a healthy community (i.e., low crime/safe neighborhoods, good schools, parks and recreation, clean environment, affordable housing, strong family life, healthy behaviors and lifestyles, excellent race relations, low death and disease rates, religious or spiritual values, access to health care, etc.).

COMMUNITY MEETING FACILITATOR GUIDE (CONT.)

QUALITY OF LIFE

Next, I am going to ask you some questions about health and quality of life in this county. These questions will be open to the room to respond.

- 1) What is the quality of life in this county? What characteristics of the community make it so? (Consider your sense of safety, well-being, participation in community life and associations, etc.)
- 2) How satisfied or unsatisfied are you with the health care system in the community? Why? (Consider access, cost, availability, quality, options in health care, etc.) [IOM, 1997]
- 3) For those of you who have children, what are the pros and cons of raising children in this community? (Consider school quality, day care, after school programs, recreation, etc.)
- 4) What are the pros and cons of growing older in this community? (Consider older adult-friendly housing, transportation to medical services, churches, shopping; older adult day programs, social support for older adults living alone, meals on wheels, etc.)
- 5) How much economic opportunity is there in the community? What types of economic opportunity are there? What types are missing? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)
- 6) What are your perceptions of the level of safety in the community? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, or the mall. Do neighbors know and trust one another? Do they look out for one another?)
- 7) How extensive are the networks of support for individuals and families during times of stress and need (neighbors, support groups, faith community outreach, agencies, and organizations)?
- 8) What level of opportunity do individuals and groups have to achieving health and a good quality of life? Would you say the level of opportunity differs or is the same across all individuals and communities? *(If differ)* In what ways?
- 9) What is the perceived importance of residents — individually and collectively — about making their community a better place to live?
- 10) What primary asset or resource does this county need but currently does not have (enough of) that could address an important unmet need/needs of its residents?

Source: Delaware Public Health Institute, 2016(Adapted from NACCHO, MAPP Handbook, 2004).¹

¹ National Association of County and City Health Officials. (2004). MAPP handbook: Achieving healthier communities through MAPP: A user's guide. Washington, DC.

APPENDIX K: HEALTH ASSESSMENT PROCESS AND METHODOLOGY

Health Assessment Process and Methodology

The five steps in the health assessment process were:

1. Defining the community
2. Identifying existing primary and secondary data and data needs
3. Collecting primary and secondary data
4. Analyzing data
5. Preparing a written narrative report.

Additional geographic specific data are supplied in the Appendices to allow Delawareans to further target community health needs. The data acquisition and analysis, community meetings, key informant interviews, and information gaps are described in more detail below.

DATA ACQUISITION AND ANALYSIS

Both primary and secondary and quantitative and qualitative data were obtained and analyzed for this needs assessment.

Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results which are consistent across more than one data source.

The data collection and analysis methods used for this needs assessment are described below, beginning with the MAPP assessment process.

MAPP ASSESSMENTS

A community or state health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process. To ensure the goals and strategies within the plan are aligned with the ever-changing health landscape in our state and our communities, an assessment and revision plan was developed and approved by the SHIP subcommittee in May 2015. These plans detail a continual, long-term, systematic effort to address public health problems on the basis of a state health assessment and a state health improvement process. Consistent with the three-year timeline, Phases 1 and 2 began in early 2016, when 15 coalition members began discussing a new vision of health for Delaware.

The vision statement is based on the common values that emerged from brainstorming and discussion, a visioning questionnaire (January 2016), a follow-up

VISION STATEMENT

“An integrated culture of health in which holistic wellness is collectively valued, promoted, and prioritized across sectors, systems, and services in a manner that fosters equitable opportunities for health for all Delawareans, leading to improved health outcomes.”

conference call (March 2016), and coalition input at the SHIP's semi-annual event (April 2016).

This vision statement is an instrumental piece in guiding the coalition through the planning, strategizing, and action phases of the revised SHIP in 2017.

During Phase 3 of the MAPP process DPHI conducted four assessments from April to November 2016. The results, analyzed and combined for this report, are:

1. The Forces of Change Assessment
2. Local Public Health System Assessment
3. Community Themes and Strengths Assessment
4. Community Health Status Assessment

These assessments are based on the MAPP framework, a process used to develop SHIP and created by the National Association of County and City Health Officials (NACCHO). They are described in more detail in the next sections.

Forces of Change Assessment

The Forces of Change Assessment identifies the external factors, trends, and events that affect the health of Delaware residents and the Delaware public health system. In this assessment, seven categories of forces – economic, environmental, ethical, legal/political, scientific, social, and technological – were meticulously examined to comprehensively answer two questions:

- (1) What is occurring, or might occur, that affects the health of our community or the local public health system?
- (2) What specific threats and/or opportunities are generated by these occurrences?

The SHIP coalition, a diverse group of community and public health leaders, met in April 2016 to launch the assessment. During this meeting, a brainstorming session and discussion reviewed important forces and the threats and opportunities associated with each force. Eighteen coalition members divided into two smaller groups and were asked to identify the top forces that they believe will most impact the health of Delaware communities and their public health systems. Responses were collected and used to develop a follow-up online survey with the community via Survey Monkey that was fielded from May to July 2016. Twenty-two respondents answered questions to further establish the forces identified during the initial discussion, and to identify the threats and opportunities associated with each force. The forces identified here, and the results of the other three assessments, will serve as the foundation for "Identifying Strategic Issues," the next step in the MAPP process.

Local Public Health System Assessment

The local public health system refers to all organizations and entities within the community that contribute to the public's health. The Local Public Health System Assessment answers the questions:

- (1) What are the components, activities, competencies, and capacities of our local public health system?
- (2) How are essential public health services being provided in our community?

The assessment collected data using a modified National Public Health Performance Standards Program (NPHPSP) assessment instrument. The assessment instrument asks Key Informants how aware they are, on a scale of one to five, of the local public health system's provision of a set of 10 essential activities (Figure K-1). Each of these essential activities include between two and four model standards that describe key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance (MAPP, 2008).¹

Sixteen Key Informants were recruited to respond to the assessment instrument in a structured telephone interview. Key Informants were recruited from among Delaware public health officials, health care providers, health systems, behavioral health providers, funders, and advocacy organizations. Interviews lasted between 30 and 45 minutes. Information from the interviews was analyzed for similarities and differences in each assessment area. Mean scores were calculated for each assessment area rated by the Key Informants. This process assessed the *10 Essential Public Health Services*.

Figure K-1. The 10 Essential Public Health Services



Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Source: Lawrence-Douglas County Health Department.

¹ Mobilizing for Action through Planning and Partnerships: A Strategic Approach to Community Health Improvement. Greater Williamsburg Community. James City County. City of Williamsburg, York County. Report of Results, July 2008.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment answers the questions:

- (1) What is important to our community?
- (2) How is quality of life perceived in our community?
- (3) What assets do we have that can be used to improve community health?

This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

Two community meetings were held on October 27, 2016 (Bear-Glasgow YMCA) and October 28, 2016 (Eden Hill Medical Center) to capture perspectives of residents and professionals who live and work in the southern and northern regions of Delaware. A set of questions developed by DPHI staff and approved by DPH guided the discussion about quality of life and health concerns. Twelve participants attended each of the community meetings, which lasted approximately 1½ hours. The community meetings were recorded and transcribed to highlight the major findings from the discussions and to capture possible areas of improvement for each region.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) answers the questions:

- (1) How healthy are our residents?
- (2) What does the health status of our community look like?

The results of the CHSA provide the community with an understanding of the community's health status and ensure that the community's priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates). The steps involved in the CHSA are:

1. Prepare for the CHSA by establishing a subcommittee and planning how the CHSA steps will be undertaken.
 2. Collect data for the core indicators on the CHSA indicator list. Review previous assessment efforts and build from these as needed.
 3. Select additional data indicators to explore issues important to the community. Identify additional data indicators by reviewing the list of extended indicators or by developing locally relevant indicators. Collect data for the additional indicators.
 4. Organize and analyze data and present them in understandable charts and graphs.
 5. Establish a system to monitor the indicators over time. Modify or add to the indicators periodically, as new information arises from other phases of MAPP.
 6. Identify challenges and opportunities related to health status that should be considered when determining strategic issues during the next phase.
-

DATA SOURCES

Data collected and analyzed for this CHSA include:

- American Community Survey (ACS) (2010-2014)
- Delaware vital statistics on births and deaths (2009-2013)
- Nemours' Delaware Survey of Children's Health (DSCH) (2014)
- DPHI's Delaware Household Health Survey (2015).

These data sources are described in more detail below.

AMERICAN COMMUNITY SURVEY

This report includes data from the American Community Survey on the characteristics of Delaware residents for the years 2010-2014. The ACS is an ongoing survey conducted by the U.S. Bureau of the Census that provides vital information on a yearly basis about U.S. residents.

For each of the regional Census variables, as well as the Census and Vital Statistics data utilized as denominators for the calculation of birth and mortality rates, data were based on ZIP Code approximations, known as ZIP Code Tabulation Areas (ZCTA).

DELAWARE VITAL STATISTICS

The most recent information on births, birth outcomes, and deaths for Delaware residents was obtained from the Division of Public Health, Delaware Health Statistics Center (DHSC).

Five-year (2009-2013) annualized average rates for natality and mortality were calculated by DPHI and mortality rates were age-adjusted using the Direct Method and the 2000 U.S. Standard Population.

DELAWARE SURVEY OF CHILDREN'S HEALTH

The DSCH, sponsored by Nemours Health and Prevention Services, is a comprehensive health surveillance instrument for Delaware children from birth through 17 years. Using parent-reported data, the DSCH provides information regarding children's overall health and health care, weight status, healthy living, and the family and neighborhood environment.

Nemours conducted the DSCH in 2006, 2008, 2011, and most recently, in 2014. The 2014 DSCH was conducted from July 2014 to May 2015 by telephone, including cell phones. The final data set contains data for 2,657 Delaware households with children

DELAWARE HOUSEHOLD HEALTH SURVEY

A total of 2,609 interviews were conducted with adults age 18 and over residing in the state of Delaware.

DPHI's 2015 Delaware Household Health Survey (DE HHS) questionnaire examines health status and the utilization of, and access to, health care among adults residing in the state of Delaware.

- The DE HHS is modeled on Public Health Management Corporation's successful Southeastern Pennsylvania Household Health Survey that has been conducted biannually since 1983, expanding to 10,000 households across five counties in 1994. It is utilized by over 300 members and affiliates.
- The survey was conducted through telephone interviews with persons 18 years of age and older living in 2,609 households in Delaware.
- Within each selected household with more than one eligible adult, the Last Birthday Method was used to select the adult who last had a birthday as the respondent for the interview (with the exception of the cell phone sample).
- A total of 1,310 (50%) cell phone interviews were conducted with adults in the state. Cell phone respondents received the same survey questionnaire as landline respondents.

Survey development was a collaborative process. Partnering agencies represent multiple sectors across the state, including: government, health care systems, nonprofits, educational institutions, community organizations, and associations. The survey includes many questions that were administered and tested in national and local health surveys, including:

- National Center for Health Statistics (NCHS) for the National Health Interview Survey (NHIS)
- The Behavioral Risk Factor Surveillance Survey (BRFSS)
- The California Women's Health Survey
- The Social Capital Community Benchmark Survey (Kennedy School of Government, Harvard University)
- The Survey on Childhood Obesity (Kaiser Family Foundation/San Jose Mercury News).

Households in four regions in Delaware were selected to guarantee representation from all geographic sub-areas and from all population subgroups. These areas included: Kent County (n=579), Sussex County (n=728), the Greater Wilmington Area (n=667), and the Remainder of New Castle County (n=635). The survey used a disproportionate stratified sampling plan to attain 100 interviews in each of the following ZIP Codes: 19801, 19802, 19805, 19934, 19956, 19960, and 19973. At least 40 interviews were conducted in ZIP Codes 19706 and 19941.

The Delaware Household Health Survey was administered for DPHI by SSRS, Inc., a research firm in Media, PA, between August and November, 2015. The final sample of interviews is representative of the population in each of the four regions so the results can be generalized to the populations of these regions.

DATA ANALYSIS

Data collected for this CHSA was analyzed using the Statistical Program for Social Sciences (SPSS). Frequency distributions were produced for variables for several geographic sub-areas to identify and describe differences and similarities in outcomes. To objectively identify and prioritize unmet needs, tests of significance were conducted as well. These compared the state results to the results for Delaware's three counties to each other and to the seven small assessment areas.

In addition, to make proper adjustments for the sampling design and weighting, SPSS Complex Samples procedure was utilized to produce accurate standard errors for the calculation of confidence intervals and statistical hypothesis testing. When ranking ordering counties and regions by percentages, the width of the confidence intervals should be noted, as the greater the degree to which the confidence intervals overlap, one can be less sure that there is actually a difference between the counties or region in the wider population.

Quantitative data for the three counties and the seven small assessment areas were compared to United States health objectives from *Healthy People 2020* and to data collected for Delaware from the CDC's 2015 Behavioral Risk Factor Surveillance Survey. Age-adjusted percentages were calculated to match *Healthy People 2020* methodology where appropriate.

ZIP CODE TABULATION AREAS (ZCTA)

For census-based regional data, the Census Bureau approximated actual Zip Codes by what they refer to as ZCTA's, or ZIP Code tabulation areas. ZCTA's are close but not exact approximations of ZIP Codes, based on 2010 Census block assignments. Both ZIP Codes and their census-based ZCTA approximations pose some dilemmas when assigning data to one of the seven ZIP Code-based regions, which were designed to fall within county boundaries, as four ZIP Codes have a non-trivial (over 1% population) in a second county based on the "2010 ZCTA to County Relationship" file provided by the Census Bureau.

Acquiring the ZIP Code (or ZCTA)/County boundary crossing is not a problem for Household Health Survey, birth, and mortality data, as these data sources have both a ZIP Code and county listed for each respondent. However, it is problematic for U.S. Census data as ZCTA data are not broken down by county in the ACS tables. Nevertheless, with the known distribution of the 2010 ZCTA population in these counties, we were able to proportionally allocate all census variables utilized in tables to the appropriate county.

The proportional distribution is:

- 19938: 92.5% of the ZCTA assigned to Remaining Kent and 7.5 to Remaining New Castle
- 19977: 81.8% assigned to Remaining Kent and 18.9% to Remaining New Castle
- 19950: 20.9% assigned to Remaining Kent and 79.1% to Remaining Sussex
- 19963: 40.9% assigned to Remaining Kent and 59.1% to Remaining Sussex.

This procedure results in Regional ZIP Code defined totals within counties that are very close to, but not exact, replicas of, actual county totals for the variables in question.

For the mortality and some natality (birth rates) data that required Census-based denominators, the most recent census data available were not preferred owing to the date range of vital data (2009-2013). Since one year county data and state-level data were available from the ACS, DPHI took data from the midpoint year, 2011, for county-based tables. Only five-year aggregations were provided by the ACS for ZCTA breakdowns, and thus the matching 2009-2013 ACS ZCTA data were used as vital denominators for the respective ZIP Code defined regions.

CONFIDENCE INTERVALS

For all Household Health Survey-based tables and graphs, a 95% confidence interval (CI) around each estimated percentage is displayed. One can also apply the 95% CI to the projected number by taking the margin of error (one-half of the confidence interval), multiplying it by the projected number, and then adding and subtracting that number from the projected number.

Household Health Survey projected numbers, estimated percentages, and 95% CI are provided for health conditions and related factors. Numbers that are projected and corresponding percentages are based on a computer-intensive weighting methodology ("iterative proportional fitting"). This procedure, long utilized by PHMC and more recently implemented by BRFSS, is designed to closely match age/sex/race/poverty estimates for 2015 based on data provided by Claritas, Inc. Benchmarks that get matched are based on two regions in New Castle County (Greater Wilmington area and Remainder of New Castle), Kent County, and Sussex County. This weighting adjustment methodology enables the survey sample to more closely approximate a random sample, in that it reduces the impact of over- and under-representation by demographic sectors that were more or less likely to participate in the survey.

To counter-balance the statistical repercussions of larger variances due to a fairly slight lack of equal likelihood of every adult in Delaware being initially contacted for participation, as well as the applied weighting adjustments for unequal demographic participation in the survey, a SPSS Complex Samples procedure was applied. This procedure enables more accurate confidence intervals to be constructed around percentage estimates and population projections, and allows statistical hypothesis

testing to be more valid. Although the statistical methodology is involved, in essence, a reduced sample size is calculated making confidence intervals wider and the prospects of obtaining significance harder than if the original sample size was utilized without proper adjustment.

For other data sources, confidence intervals were also constructed, based on slightly different statistical applications. The DSCH data from Nemours utilized the Statistical Analysis System (SAS) with some minor differences in calculation, and confidence intervals for age-adjusted mortality rates were obtained from the DHSC, who applied two formulas depending on number of deaths as prescribed by the CDC in their National Vital Statistics Reports.¹ Confidence intervals for another mortality variable: infant mortality, that by definition is not age-adjusted, was also produced by DHSC.

AGE DISTRIBUTION

The year 2000 U.S. Standard Population is the national age distribution per one million persons based on the U.S. 2000 Census. This distribution is used to standardize mortality rates so that regions with older and younger populations are unaffected (via age-adjustment) by their particular age distribution. Age-adjusted death rates are preferred to crude death rates (deaths per 100,000 population) because many causes of death are impacted by age, making crude rate comparisons across regions, or the same region over time, difficult to interpret. When an age-adjusted death rate is compared across regions and/or over time, changes are not due to the impact of age, but are what they would be if the regional population was age-distributed as it was nationally in 2000. When regional populations are much older than the 2000 national distribution, and a particular cause of death is much more likely to occur at an older age, the age-adjusted death rate will be substantially lower than the crude death rate, and vice-versa.

The denominators for all 2009-2013 mortality rates and for 2009-2013 fertility rates for ages 15-44 and 15-17 were obtained from 2011 ACS county and state estimates and 2009-2013 5 year average regional (ZCTA-based) estimates.

¹ Centers for Disease Control and Prevention: National Vital Statistics Reports.
https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf. Accessed 10/26/2017.

APPENDIX L: FORCES OF CHANGE ASSESSMENT

Forces of Change Assessment

The Forces of Change Assessment identifies the external factors, trends, and events that affect the health of Delaware residents and the Delaware public health system. In this assessment, seven categories of forces – economic, environmental, ethical, legal/political, scientific, social, and technological – were examined to comprehensively answer the following questions:

- (3) What is occurring or might occur that affects the health of our community or the local public health system?
- (4) What specific threats and/or opportunities are generated by these occurrences?

Forty stakeholders consisting of SHIP coalition and community members identified eight categories of forces that influence Delaware's health system and community health. Participants were asked to individually list their top three forces from the original list of 27. Table 2 details the forces deemed the most influential and prominent forces in Delaware.

ECONOMIC

Poverty and poor health worldwide are inextricably linked (Health Poverty Action, 2016).¹ Respondents named generational poverty to be among the top three most influential forces impacting Delaware's health. The majority of participants included economic factors in their lists, with lack of good paying jobs listed as the most commonly named force (n=35). Other influential economic forces include funding implications of the 2016 election(s), inadequate affordable housing, and insufficient industry/employer diversity in the state.

Generational poverty occurs in families where at least two generations are born into poverty (Urban Ventures, 2016).² In the United States, the official poverty thresholds are set by the Office of Management and Budget (OMB). Those with moderate and high incomes are healthier, on average, than those with low incomes. For every age group and on most health indicators, the poor are less healthy than the near poor and non-poor. Many factors influence health, including access to medical care (University of Wisconsin, 2016).³ Uninsured individuals often cannot pay for health care and instead rely on social services or hospital emergency rooms. Individuals without health insurance face substantial barriers to receiving adequate care, which ultimately affect their overall life experiences, as compared to individuals who are insured for most of their lives. (See Delaware poverty rates in Section VII of this report.)

¹ Health Poverty Action: Poverty and Poor Health. <https://www.healthpovertyaction.org/info-and-resources/the-cycle-of-poverty-and-poor-health/key-facts/>. Accessed 10/26/2017.

² Urban Ventures: Facts about Poverty. <https://urbanventures.org/facts-about-poverty/>. Accessed 10/26/2017.

³ Institute for Research on Poverty: Reducing Health Disparities by Poverty Status. <https://www.irp.wisc.edu/publications/policybriefs/pdfs/PB4-ProvenPoliciesToReduceHealthDisparities.pdf>. Accessed 10/26/2017.

Generational poverty can threaten the well-being of Delawareans for years to come. According to one stakeholder, *“If generational poverty is not interrupted, the cycle of poor education, poor job prospects, and dependency will hobble our economy and undermine our culture.”* Another participant cited racism as an underlying threat, causing a *“disproportionate amount of people of color being sent to prisons.”* Opportunities expected to have an encouraging effect on overall health are increasing the availability of low cost Long Acting Reversible Contraceptives (LARCs), connecting communities with the knowledge and resources to *“live in the know,”* and building stronger communities. Accounting for economic forces that affect the local community will be a vital element in developing a sound revised state health improvement plan.

ENVIRONMENTAL

The surroundings in which people live, work, and play affect their health. Stakeholders identified a number of forces in the environment, including neighborhood and community violence, deteriorating infrastructure, and pollution.

Respondents named community violence among the top three most influential forces impacting Delaware's health, and all participants indicated that violence is a major concern in their communities. In recent years, community violence has increased, with a nearly 45% increase in the number of shootings from 2011-2013 (DE DHHS, 2016)¹ and 154 shooting victims in 2013 alone. When compared to the rest of the nation, the state's homicide rate was reported to be as high as fourth overall (DE DHHS, 2016).² One participant referenced the effect violence can have on other health behaviors, stating, *“People are afraid to leave the house,”* which can also be related to a lack of exercise in at-risk neighborhoods. There is opportunity in harnessing community morale and *“getting everyone to rally around something good.”* More opportunities prevail on the disinvestment in urban areas, the impact of trauma, using predictive analytics to identify risk factors early on, and increasing efforts to develop programs that combat violence.

Many of the identified forces blur categorical boundaries. For example, the lack of jobs paying higher wages is leading directly to bad choices, such as the *“underground economy”* (i.e., drug dealing), cites one stakeholder, which in turn is contributing to *“increased community violence.”* This is a testament to the holistic mindset necessary for strategic planning.

¹ National Center for Injury Prevention, Division of Violence Prevention: Elevated Rates of Urban Firearm Violence and Opportunities for Prevention-Wilmington, DE.

<http://dhss.delaware.gov/dhss/cdcfinalreport.pdf>. Accessed 10/26/2017.

² National Center for Injury Prevention, Division of Violence Prevention: Elevated Rates of Urban Firearm Violence and Opportunities for Prevention-Wilmington, DE.

<http://dhss.delaware.gov/dhss/cdcfinalreport.pdf>. Accessed 10/26/2017.

ETHICAL

Ethical factors, such as health equity, are important to heighten our understanding of how health care ethics impacts many forces of change. Health inequity was identified as the leading force of change in this category. According to the CDC, health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” (CDC, 2016).¹ Health inequities lead to differences in length of life, quality of life, rates of disease, disability, death, severity of disease, and access to treatment.

Low health equity threatens access to care for the poor; limits access to capable and culturally competent providers; increases focus on health outcomes rather than their origin; and leads to a continuation of health disparities in certain at-risk populations. The Affordable Care Act (ACA) increased opportunities for many to get the care they need, but others still cannot afford the high deductibles, according to one participant. The landscape of health, and the way we view care, has changed greatly since the ACA was implemented. Since 2013, over 37,000 Delawareans gained insurance through the ACA by enrolling in a Marketplace plan. This has increased funding opportunities for programs that address the social determinants of health. The majority of stakeholders recognized this as a key area of focus during the revision of goals and strategies.

LEGAL AND POLITICAL

Legal and political forces are highly interconnected, given that health care legislation is the subject of much political activity. About 30 participants identified politically motivated priorities and resource allocation as an influential force of change. Other legal/political forces cited included public disenfranchisement from the government and political system, immigration status, and, in 2017, the anticipated legalization of marijuana in Delaware”.

Over the past several years, health care has remained a highly charged political issue. With the recent election of a new president, health care legislation will likely continue to change. A disenfranchised government with politically motivated priorities and allocation of resources may also greatly impact how communities deliver services to their residents, according to participants. During the brainstorming session, stakeholders articulated that funding based on relationships rather than efficacy continues to threaten health outcomes across Delaware. In addition, increased health care spending has greatly reduced available state and federal funds. However, *“sustained improvements cannot be made in health care alone,”* indicated one participant. *“There is opportunity to promote health across all policies.”* Transparency (i.e., how dollars are being spent/program outcomes) emerged as a theme in both groups as a method to build rapport, and increase reciprocal communication and awareness of what is needed to achieve reform.

¹ Centers for Disease Control and Prevention: Health Equity.
<https://www.cdc.gov/chronicdisease/healthequity/>. Accessed 10/26/2017.

SCIENTIFIC

Scientific advances in medical research and practice have the ability to impact individual and community health, but ensuring access to these advances can often be an issue. About half of the stakeholders agreed there is a lack of translational research, limiting the use of evidence-based practice and new and responsive techniques in health care settings.

Research on evidence-based medicine continues to grow and inform improved delivery of care. Comparative effectiveness studies also provide scientific evidence of the best medical procedures and interventions. One stakeholder mentioned the need to expand careers that translate scientific knowledge into user-friendly terms, which would be especially useful in less well-funded systems such as mental health and addiction. Opening a medical school in the state is also a long-term goal that came up in these discussions.

Limited primary care and mental health providers, and changes in the health care system, were also cited as scientific forces. Current SHIP strategies have put supports in place to expand the future behavioral health workforce, such as working with secondary and higher education programs to develop curriculums that respond to the growing need. However, stakeholders believe these efforts should remain on the agenda and continue to expand into other areas. Focusing on more targeted investments for higher pay, as well as specific career incentives, were discussed as potential strategic foci. One participant said the switch from grant funding to unit billing has posed a challenge in the behavioral health system. Creating incentives to improve the coordination of care as people move about the health care system (i.e., Triple Aim) is an opportunity to address this.

SOCIAL

A social force of change can be any societal element with the potential to influence people and their culture. Among the 27 forces named by stakeholders, nine forces were in the social category. The most common social forces named were addiction/opioid dependency (n=30); increased mental health diagnoses in youth (30); the aging population (20); increased e-cigarette ("vaping") use (15); and increasing non-English speaking populations (15). Others mentioned were: 1) the prison pipeline; 2) poor collaboration between systems; 3) increased pressure on educational institutions to address social/health issues; and 4) the impact of trauma across the lifespan.

Overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report (Chang, Daubresse, Kruszewski, et al., 2014).¹ This greater availability of opioid (and other) prescribed drugs has been accompanied by alarming increases in the negative consequences related to their abuse. Stakeholders cite a *"lack of an*

¹ Daubresse M, Chang H, Yu Y, Viswanathan S, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000 – 2010. *Medical Care* 2013; 51(10): 870-878.

organized, comprehensive plan" to address these issues in the state. Participants see opportunity in education, the 2016 creation of a prescription drug action committee, and the use of a prescription monitoring program to identify high-risk prescribers.

Over-prescribing is also affecting our youth. One stakeholder states, *"There is way too much anti-depression and anxiety medication being prescribed for the young."* Much discussion focused on the influx of teens and adolescents going to school nurses/school-based health centers seeking mental health diagnoses and counseling. Schools across the state are overwhelmed and have nowhere to turn. One participant stated: *"Young people are vulnerable to exposure to adversity in childhood, the breakdown of the family structure, social media, cyber bullying, teen pregnancy, and community decay in urban settings."* These childhood traumas can cause lasting health effects into adulthood if they are not properly addressed. There are opportunities to invest in prevention to reduce the burden of trauma and mental health, and to build resiliency and work skills. More supports are needed in schools to address these issues with early intervention, and to prevent teen suicide.

Since these same themes and ideas were reiterated during the 2016 assessment process, they were therefore deemed necessary to consider during the 2017 strategic planning process. This is an excerpt from the 2012 *Forces of Change Assessment Report*:

"The health of the state will be affected as the social and economic demographics of Delaware change over time. Committee members cited that the state's growing elderly population will likely require more specialized care, such as hospice nurses, assisted living facilities, and transportation assistance. Addressing the needs of this growing population may require changes and restructuring of the current state public health system. Delaware will also need to address widening health disparities between racial groups for chronic health problems such as obesity, diabetes, and heart disease. With changing demographics and a widening gap between the socioeconomic and racial groups, more programs will need to focus on decreasing the disparity."

Social forces can greatly impact community and individual health. Collaborations and partnerships with community groups can extend services and reach underserved populations.

TECHNOLOGICAL

Technological advances serve as another force that affects the health of Delaware communities. Access to communication technology, such as smart phones, wireless tablets, and laptops, changes how people work together and get information. Stakeholders noted that the reliance on technology can have ramifications such as information bias, de-personalization, cyber bullying, and sedentary lifestyles. However, participants believed that with the right strategies, public health practitioners can leverage these platforms in positive ways. Opportunities include: pushing more health education through technology platforms frequented by children; extending the reach of good public health messaging; and using social media to engage communities and make personal connections on a larger scale.

APPENDIX M: HEALTH CARE RESOURCES AND ASSETS

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016

Hospitals - New Castle County					
Name	Address	City	State	Zip	Type
Alfred I. DuPont Hospital for Children (Nemours)	1600 Rockland Rd	Wilmington	DE	19803	Hospitals
Christiana Hospital	4755 Ogletown Stanton Rd	Newark	DE	19713	Hospitals
Delaware Psychiatric Center	1901 N DuPont Hwy	New Castle	DE	19720	Hospitals
Middletown Emergency Department	621 Middletown Odessa Rd	Middletown	DE	19709	Hospitals
St. Francis Hospital	701 N Claymont St	Wilmington	DE	19805	Hospitals
Wilmington Hospital	501 W 14th St	Wilmington	DE	19801	Hospitals
Wilmington VA Medical Center	1601 Kirkwood Hwy	Wilmington	DE	19805	Hospitals
Health Assets - New Castle County					
Name	Address	City	State	Zip	Type
Christiana Care Family Medicine at Claymont Center	2401 Philadelphia Pike	Claymont	DE	19703	Community Health Center
Christiana Care Family Medicine at Hockessin Center	726 Yorklyn Rd	Hockessin	DE	19707	Community Health Center
Christiana Care Family Medicine at Middletown	124 Sleepy Hollow Dr # 102	Middletown	DE	19709	Community Health Center
Christiana Care Family Medicine at New Castle Center	400 South St # 100	New Castle	DE	19720	Community Health Center
Christiana Care Family Medicine at Springside	300 Biddle Ave	Newark	DE	19702	Community Health Center
Christiana Care Family Medicine Center at Foulk Road	1401 Foulk Rd, Suite 100	Wilmington	DE	19803	Community Health Center
Christiana Care Family Medicine Center at New Castle Senior Center	400 South St # 100	New Castle	DE	19720	Community Health Center
Christiana Care Family Medicine Center at Wilmington Senior Center	1901 N Market St #200	Wilmington	DE	19802	Community Health Center
Christiana Care Internal Medicine Center at Lancaster Pike	3301 Lancaster Pike	Wilmington	DE	19808	Community Health Center
Christiana Care Limestone Medicine and Pediatrics	4512 Kirkwood Hwy #300	Wilmington	DE	19808	Community Health Center
Christiana Care Rockwood Family Medicine Center	2002 Foulk Rd	Wilmington	DE	19810	Community Health Center
Greenville Medical Center	3706 Kennett Pike	Greenville	DE	19807	Community Health Center
Healthcare Center at Christiana	200 Hygeia Dr	Newark	DE	19713	Community Health Center
Henrietta Johnson Medical Center	601 New Castle Ave	Wilmington	DE	19801	Community Health Center
Henrietta Johnson Medical Center - Eastside	600 N Lombard St	Wilmington	DE	19801	Community Health Center
Henrietta Johnson Medical Center- Riverside	700 W Lea Blvd, Ste 201	Wilmington	DE	19802	Community Health Center
Planned Parenthood- Newark	140 E Delaware Ave	Newark	DE	19711	Community Health Center
Planned Parenthood- Wilmington	625 N Shipley St	Wilmington	DE	19801	Community Health Center
Riverside Medical Arts Complex	700 W Lea Blvd, Unit G2	Wilmington	DE	19802	Community Health Center
Southbridge Medical Advisory Council, Inc.	601 New Castle Ave	Wilmington	DE	19801	Community Health Center
Westside Family Healthcare - Bear/New Castle	404 Fox Hunt Dr, Fox Run Shopping Center	Bear	DE	19701	Community Health Center
Westside Family Healthcare - Middletown	306 E Main St	Middletown	DE	19709	Community Health Center
Westside Family Healthcare - Newark	27 Marrows Rd	Newark	DE	19713	Community Health Center
Westside Family Healthcare - Northeast	908 E 16th St, Ste B	Wilmington	DE	19802	Community Health Center
Westside Family Healthcare - Wilmington	1802 W 4th St	Wilmington	DE	19805	Community Health Center
Wilmington Hospital Health Center	501 W 14th St	Wilmington	DE	19801	Community Health Center
Christiana Care Health Service - Dental	501 W 14th St, Rm 2222	Wilmington	DE	19810	Dental Care
Delaware Technical Community College Dental Health Center	333 Shipley St	Wilmington	DE	19801	Dental Care

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Health Assets - New Castle County					
Name	Address	City	State	Zip	Type
Henrietta Johnson Dental Program	601 New Castle Ave	Wilmington	DE	19801	Dental Care
Pierre Toussaint Dental Office	830 Spruce St	Wilmington	DE	19801	Dental Care
Wilmington Hospital Dental Clinic	501 West 14th St	Wilmington	DE	19801	Dental Clinic
Lutheran Senior Services	1420 N Franklin St, #1	Wilmington	DE	19806	Senior Care/Assisted Living
Nemours SeniorCare	1801 Rockland Rd	Wilmington	DE	19803	Senior Care
American Red Cross of the Delmarva Region- Community Services Building	100 West 10th St	Wilmington	DE	19801	Armed Forces Services- Mental Health
Appoquinimink Counseling Services, LLC	120 West Main St	Middletown	DE	19709	Mental/Behavioral Health Services: Evaluation and Treatment
Aquila of Delaware	1812 Newport Gap Pk	Wilmington	DE	19808	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Brandywine Counseling and Community Services, Alpha Program	2500 West Fourth St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Anchor Program	2500 West 4th St, Suite 1	Wilmington	DE	19805	Mental/Behavioral Health Services: Mental HC Facility/Evaluation & Treatment/Substance Abuse Services
Brandywine Counseling and Community Services, Anger Management	2713 Lancaster Ave	Wilmington	DE	19805	Mental/Behavioral Health Services: Evaluation and Treatment
Brandywine Counseling and Community Services, Medically Assisted Treatment	2713 Lancaster Ave	Wilmington	DE	19805	Mental/Behavioral Health Services and Substance Abuse
Catholic Charities	2601 West 4th St	Wilmington	DE	19805	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child Inc.	507 Philadelphia Pike	Wilmington	DE	19809	Mental/Behavioral Health Services: Evaluation and Treatment
Chimes Delaware	514 Interchange Blvd	Newark	DE	19711	Mental/Behavioral Health Services: Mental HC Facility
Christiana Care, Rosenblum Adolescent Center	205 West 14th St	Wilmington	DE	19801	Mental/Behavioral Health Services: Substance Abuse Services
Claymont Counseling Services	3301 Green St	Claymont	DE	19703	Mental/Behavioral Health Services: Support Services
Claymont Treatment Center	2999 Philadelphia Pike	Claymont	DE	19703	Mental/Behavioral Health Services: Substance Abuse Services
Community Mental Health Center	1906 Maryland Ave	Wilmington	DE	19805	Mental/Behavioral Health Services: Evaluation and Treatment
Connections, Integrated Health and Mental Clinic	500 West 8th St	Wilmington	DE	19801	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	1423 Capitol Trail, Building 3, Suites 3304/3005	Newark	DE	19711	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	2205 Silverside Rd, Suite 5	Wilmington	DE	19810	Mental/Behavioral Health Services and Substance Abuse
Delaware Family Center	3608 Lancaster Pike	Wilmington	DE	19805	Mental/Behavioral Health Services and Substance Abuse

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Health Assets - New Castle County					
Name	Address	City	State	Zip	Type
Delaware Guidance Services, Counseling Program	Polly Drummond Office Plaza, Building 1, STE 1208	Newark	DE	19711	Mental/Behavioral Health Services: Evaluation and Treatment
Delaware Guidance Services, Counseling Program, Wilmington Clinic	1213 Delaware Ave	Wilmington	DE	19806	Mental/Behavioral Health Services and Substance Abuse
Dept. of Correction, Baylor Women's Correctional Intuition Village	660 Baylor Blvd	New Castle	DE	19720	Mental/Behavioral Health Services and Substance Abuse
Department of Veteran Affairs, Veteran Center	2710 Centerville Rd, Suite 103	Wilmington	DE	19808	Mental/Behavioral Health Services: Evaluation and Treatment
Division of Prevention & Behavioral Health Services	1825 Faulkland Rd, Building 1	Wilmington	DE	19805	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Division of Substance Abuse & Mental Health, Delaware Psychiatric Center	1901 North DuPont Hwy	New Castle	DE	19720	Mental/Behavioral Health Services: Mental HC Facility
Easter Seals	61 Corporate Circle	New Castle	DE	19720	Mental/Behavioral Health Services and Substance Abuse
Gateway Foundation, Adult Residential Program	171 New Castle Avenue	Delaware City	DE	19706	Mental/Behavioral Health Services: Mental HC Facility/Substance Abuse Services
Gaudenzia, Fresh Start	604 West 10th St	Wilmington	DE	19801	Mental/Behavioral Health Services: Substance Abuse Services
Hogar Crea International of Delaware	1126 East Brandywine St	Wilmington	DE	19802	Mental/Behavioral Health Services: Substance Abuse Services
Homefront	1000 North West St, Suite 1200	Wilmington	DE	19801	Mental/Behavioral Health Services: Evaluation and Treatment
Jewish Family Services	99 Passmore Rd	Wilmington	DE	19803	Mental/Behavioral Health Services and Substance Abuse
Jewish Family Services	288 East Main St	Newark	DE	19711	Mental/Behavioral Health Services: Evaluation and Treatment
Kirkwood Detox Center	3315 Kirkwood Hwy	Wilmington	DE	19808	Mental/Behavioral Health Services: Substance Abuse Services
Latin American Community Center	403 N Van Buren St	Wilmington	DE	19805	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Latin American Community Center, Licensed Mental Health Program	301 N Harrison St	Wilmington	DE	19805	Mental/Behavioral Health Services and Substance Abuse
Limen House For Men	600 W 10th St	Wilmington	DE	19801	Mental/Behavioral Health Services: Substance Abuse Services
Limen House For Women	624 N Broom St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Meadowood Hospital	575 South DuPont Hwy	New Castle	DE	19720	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Middletown Counseling Services	401 N Broad St	Middletown	DE	19709	Mental/Behavioral Health Services and Substance Abuse
National Alliance on Mental Illness in Delaware	2400 W 4th St	Wilmington	DE	19805	Mental/Behavioral Health Services: Support, Evaluation & Treatment

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Health Assets - New Castle County					
Name	Address	City	State	Zip	Type
Northeast Treatment Center	287 Christiana Road, Suite 7	New Castle	DE	19720	Mental/Behavioral Health Services: Mental HC Facility
Northeast Treatment Center- Iron Hill	1318 Whittaker Rd	Newark	DE	19702	Mental/Behavioral Health Services: Mental HC Facility
Northeast Treatment Center - Red Lion	3560 Wrangle Hill Rd	Bear	DE	19701	Mental/Behavioral Health Services: Mental HC Facility
Open Door, Claymont	3301 Green St	Claymont	DE	19703	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Newark	254 East Main St	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Wilmington	2400 W 4th St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House 8th Street	1321 W 8th St	Wilmington	DE	19806	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Academy Hill	303 W Chestnut Hill Rd	Newark	DE	19713	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Belle View	516 N Harrison St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Bonwood	1508 Bonwood Rd	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Brandywine	615 N Harrison St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Browntown	611 N Jackson St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Capitol Trail	3814 Old Capitol Trail	Wilmington	DE	19808	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Chestnut Hill	482 W Chestnut Hill Rd	Newark	DE	19713	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Chiming	31 Chiming Rd	New Castle	DE	19720	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Crenshaw Court	7 Crenshaw Court	Middletown	DE	19709	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Dallam	101 Dallam Rd	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Emery	125 Emery Court	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Emmett	1104 W Newport Pike	Wilmington	DE	19804	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ezra	10 Smallwood Ln	New Castle	DE	19720	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Freeman 2	17 W 36th St	Wilmington	DE	19802	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Grapevine	36 S DuPont	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Health Assets - New Castle County					
Name	Address	City	State	Zip	Type
Oxford House Hedgeville	109 South Maryland Ave	Wilmington	DE	19804	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Historic New Castle	805 W 13th St	New Castle	DE	19720	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ida B. Wells	16 N Walnut St	Newport	DE	19804	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ironside	120 Lorewood Ave	Wilmington	DE	19804	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Lenape	901 N Jackson St	Wilmington	DE	19802	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Madison A	167 Madison Dr	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Madison B	103 Madison Dr	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Monroe	607 N Jackson St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House New Castle	13 Glen Ave	New Castle	DE	19720	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Newport	221 E Justis St	Newport	DE	19804	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Northfield	34 Westfield Dr	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Nottingham	303 West Main St	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Parker	1216 Oak St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Promises	1300 W 7th St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Raymond 1	414 W 23rd St	Wilmington	DE	19802	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Reed	808 N Van Buren	Wilmington	DE	19806	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ritter	19 Ritter Ln	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Salem Woods	4 Risa Court	Newark	DE	19702	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Silverside	1202 Harrison Ave	Wilmington	DE	19809	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Taurine	8 Connell Circle	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Tilton Park	1319 W 8th St	Wilmington	DE	19806	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Tome	2203 Capitol Trail	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Trinity North	705 N Van Buren St	Wilmington	DE	19802	Mental/Behavioral Health Services: Substance Abuse Services

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Health Assets - New Castle County					
Name	Address	City	State	Zip	Type
Oxford House Valorian	11 Parke Ave	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Van Buren	2918 N Van Buren St	Wilmington	DE	19802	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House WestField	27 Westfield Drive	Newark	DE	19711	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Wilmington	1023 Linden St	Wilmington	DE	19805	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Woodshade	164 Brookside Blvd	Newark	DE	19702	Mental/Behavioral Health Services: Substance Abuse Services
Pace Program	5171 West Woodmill Dr, Suite 9	Wilmington	DE	19808	Mental/Behavioral Health Services: Substance Abuse Services
Rick Vanstory Resource Centers	801 West St, 2nd Fl	Wilmington	DE	19801	Mental/Behavioral Health Services: Mental HC Facility
Rockford Center	100 Rockford Dr	Newark	DE	19713	Mental/Behavioral Health Services: Evaluation and Treatment
Salvation Army, Adult Rehabilitation Center	107 South Market St	Wilmington	DE	19801	Mental/Behavioral Health Services and Substance Abuse
SODAT	625 N Orange St	Wilmington	DE	19801	Mental/Behavioral Health Services: Substance Abuse Services
Supporting Kidds -Bereavement Support	1213 Old Lancaster Pike	Hockessin	DE	19707	Mental/Behavioral Health Services: Evaluation and Treatment
Survivors of Abuse in Recovery (SOAR)	405 Foulk Rd	Wilmington	DE	19803	Mental/Behavioral Health Services: Evaluation and Treatment
The Elizabeth House Family Life Center	5143 West Woodmill Dr, Suite 23	Wilmington	DE	19808	Mental/Behavioral Health Services: Evaluation and Treatment
Trinity Alcohol and Drug Program	1104 North Adams St	Wilmington	DE	19801	Mental/Behavioral Health Services: Substance Abuse Services
University of Delaware, Psychological Services	203 W Main St	Newark	DE	19702	Mental/Behavioral Health Services and Substance Abuse
Wilmington Hospital, Partial Hospital Treatment Program	205 W 14th St	Wilmington	DE	19801	Mental/Behavioral Health Services: Mental HC Facility
Wilmington Hospital, Psychiatric Department	501 W 14th St	Wilmington	DE	19801	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA Delaware, Sexual Assault Response Center (SARC)	709 North Madison St	Wilmington	DE	19801	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA Delaware, Sexual Assault Response Center (SARC)	153 East Chestnut Hill Rd, Suite 102	Newark	DE	19713	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA, Domestic Violence Services	709 N Madison St	Wilmington	DE	19801	Mental/Behavioral Health Services and Substance Abuse
Concentra Urgent Care	4110 Stanton Ogletown Rd	Newark	DE	19713	Urgent Care Center
Glasgow Medical Center	124 Sleepy Hollow Dr	Middletown	DE	19709	Urgent Care Center
Glasgow Medical Center	200 Hygeia Dr	Newark	DE	19713	Urgent Care Center

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Health Assets – New Castle County					
Name	Address	City	State	Zip	Type
Glasgow Medical Center	2600 Glasgow Ave	Newark	DE	19702	Urgent Care Center
Go Care- Abby Medical	1 Centurian Dr	Newark	DE	19713	Urgent Care Center
Got A Doc	2105 A Concord Pike	Wilmington	DE	19803	Urgent Care Center
Got A Doc	1946 Maryland Ave	Wilmington	DE	19805	Urgent Care Center
Got A Doc	3001 Philadelphia Pike	Claymont	DE	19703	Urgent Care Center
Got A Doc	1450 Pulaski Hwy	Newark	DE	19702	Urgent Care Center
Healthcare Clinic at Walgreens	1710 Faulkland Rd	Wilmington	DE	19805	Urgent Care Center
Healthcare Clinic at Walgreens	216 Suburban Dr	Newark	DE	19711	Urgent Care Center
MedExpress Walk-In Care	129 N DuPont Hwy	New Castle	DE	19720	Urgent Care Center
MedExpress Walk-In Care	1 Chestnut Hill Plz	Newark	DE	19713	Urgent Care Center
Newark Emergency Center	324 E Main St	Newark	DE	19711	Urgent Care Center
Premier Urgent Care	316 Lantana Dr	Hockessin	DE	19707	Urgent Care Center
RediClinic	1718 Marsh Rd	Wilmington	DE	19810	Urgent Care Center
Silverside Medical Aid Unit	2700 Silverside Rd	Wilmington	DE	19810	Urgent Care Center
Silverside Medical Aid Unit	3401 Brandywine Pkwy	Wilmington	DE	19803	Urgent Care Center
Food Assets - New Castle County					
Name	Address	City	State	Zip	Type
Alpha Worship Center, Pantry of Hope	716 Pulaski Hwy	Bear	DE	19701	Emergency Food/Food Pantry
Appoquinimink State Service Center	122 Silver Lake Rd	Middletown	DE	19709	Emergency Food/Food Pantry
Asbury's Food Pantry	300 East Basin Rd	New Castle	DE	19720	Emergency Food/Food Pantry
Belvedere State Service Center	310 Kiamensi Rd	Newport	DE	19804	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	2601 W 4th St	Wilmington	DE	19805	Emergency Food/Food Pantry
Claymont Community Center, Food Closet	3301 Green St	Claymont	DE	19703	Emergency Food/Food Pantry
DeLaWarr State Service Center	500 Rogers Rd	New Castle	DE	19720	Emergency Food/Food Pantry
Evangelistic Temple of Truth, The Mustard Seed Pantry	1300 Elm St	Wilmington	DE	19805	Emergency Food/Food Pantry
Expanded Branches Community Development Corporation	3301 N Market St	Wilmington	DE	19802	Emergency Food/Food Pantry
First Baptist Church Delaware: R.E.A.C.H. Ministry	901 E Basin Rd	New Castle	DE	19720	Emergency Food/Food Pantry
Food Bank of Delaware, Commodity Supplemental Food Program	14 Garfield Way	Newark	DE	19713	Emergency Food/Food Pantry
Grace United Methodist Church	900 N Washington St	Wilmington	DE	19801	Emergency Food/Food Pantry
Hanover Presbyterian Church, Food Pantry	1801 N Jefferson St	Wilmington	DE	19802	Emergency Food/Food Pantry
Holy Rosary Food Closet	3200 Philadelphia Pike	Claymont	DE	19703	Emergency Food/Food Pantry
Holy Spirit Church, Food Closet	19 Lambson Ln	New Castle	DE	19720	Emergency Food/Food Pantry
Hudson State Service Center	501 Ogletown Rd	Newark	DE	19711	Emergency Food/Food Pantry
Kingswood Community Center, Community & Family Services	2300 Bowers St	Wilmington	DE	19802	Emergency Food/Food Pantry
Life Hope Lutheran Church	230 Christiana Rd	New Castle	DE	19720	Emergency Food/Food Pantry
Life Program, Mobile/Stationary Pantries & Produce Distribution	1304 N Rodney St	Wilmington	DE	19806	Emergency Food/Food Pantry
Lutheran Community Services- Social Service Program	1304 N Rodney St	Wilmington	DE	19806	Emergency Food/Food Pantry

Table M-1: Health Care Resources and Assets in New Castle County, Delaware, 2016 (cont.)

Food Assets - New Castle County					
Name	Address	City	State	Zip	Type
Neighborhood House, Family Services	1218 B Street	Wilmington	DE	19801	Emergency Food/Food Pantry
Neighborhood House, Southern New Castle County	219 W Green St	Middletown	DE	19709	Emergency Food/Food Pantry
New Knollwood Civic Association, Food Closet	4 Colby Ave	Claymont	DE	19703	Emergency Food/Food Pantry
Northeast State Service Center	1624 Jessup St	Wilmington	DE	19802	Emergency Food/Food Pantry
People's Baptist Church, Food Closet	50 South St	New Castle	DE	19720	Emergency Food/Food Pantry
Red Lion United Methodist Church, Food Closet	1545 Church Rd	Bear	DE	19701	Emergency Food/Food Pantry
Resurrection Parish, Outreach	3000 Videre Dr	Wilmington	DE	19808	Emergency Food/Food Pantry
Richardson Park Community Action, Community Services	107 S Maryland Ave	Wilmington	DE	19804	Emergency Food/Food Pantry
Saint Georges United Methodist Church, Food Closet	109 Broad St	St Georges	DE	19733	Emergency Food/Food Pantry
Saint Helena's Parish Social Ministry	602 Philadelphia Pike	Wilmington	DE	19809	Emergency Food/Food Pantry
Saint Patrick's Center, Emergency Food Closet	107 E 14th St	Wilmington	DE	19801	Emergency Food/Food Pantry
Salvation Army, Family Services	104 W 5th St	Wilmington	DE	19801	Emergency Food/Food Pantry
Sharon Temple Seventh-Day Adventist Church, Community Service Center	2001 N Washington St	Wilmington	DE	19802	Emergency Food/Food Pantry
Victory Christian Fellowship, Blessings, Dressings and More	100 Wilton Blvd	New Castle	DE	19720	Emergency Food/Food Pantry
West End Neighborhood House, Crisis Alleviation Program	710 N Lincoln St	Wilmington	DE	19805	Emergency Food/Food Pantry
Division of Services for Aging and Adults with Physical Disabilities, Community Services	256 Chapman Rd, Suite 200	Newark	DE	19702	Meal Services
Jean Birch Senior Center	300 S Scott St	Middletown	DE	19709	Meal Services
Ministry of Caring, Emmanuel Dining Room East	226 N Walnut St	Wilmington	DE	19801	Meal Services
Ministry of Caring, Emmanuel Dining Room South	500 Rogers Rd	New Castle	DE	19720	Meal Services
Ministry of Caring, Emmanuel Dining Room West	121 N Jackson St	Wilmington	DE	19805	Meal Services
Newark Senior Center, Nutrition Programs	200 Whitechapel Dr	Newark	DE	19713	Meal Services
Saint Anthony's Community Center	1703 West 10th St	Wilmington	DE	19805	Meal Services
Wilmington Senior Center	1901 N Market St	Wilmington	DE	19802	Meal Services
Bellefonte Farmers' Market	500 Duncan Rd	Wilmington	DE	19809	Farmers Market/Produce Stand
Carousel Park Farmers' Market	3700 Limestone Rd	Wilmington	DE	19808	Farmers Market/Produce Stand
Centerville Farmers' Market	Route 52 & Twaddell Mill Rd	Centerville	DE	19807	Farmers Market/Produce Stand
Newark Natural Foods Co-Op Farmers' Market	280 E Main St	Newark	DE	19711	Farmers Market/Produce Stand
Cool Spring Park Farmers' Market	West 10th & N Jackson St	Wilmington	DE	19806	Farmers Market/Produce Stand
Delaware Avenue Farmers' Market	1727 Delaware Avenue	Wilmington	DE	19806	Farmers Market/Produce Stand
Glasgow Park Farmers' Market	2275 Pulaski Hwy	Newark	DE	19702	Farmers Market/Produce Stand
New Castle Farmers' Market	110 N DuPont Hwy	New Castle	DE	19720	Farmers Market/Produce Stand
Newark Farmers' Market	2515 Kirkwood Hwy	Newark	DE	19711	Farmers Market/Produce Stand
Planting Hope Campus Market	1901 N DuPont Hwy	New Castle	DE	19720	Farmers Market/Produce Stand
Rockwood Park Farmers' Market	610 Shipley Rd	Wilmington	DE	19809	Farmers Market/Produce Stand
Route 9 Farmers' Market	3031 New Castle Ave	New Castle	DE	19720	Farmers Market/Produce Stand
Southbridge Youth Garden Farm Stand	1218 B Street	Wilmington	DE	19801	Farmers Market/Produce Stand
Wilmington Farmers' Market	10th and Market St	Wilmington	DE	19801	Farmers Market/Produce Stand

Table M-2: Health Care Resources and Assets in Kent County, Delaware, 2016

Hospitals - Kent County					
Name	Address	City	State	Zip	Type
Bay Health General Hospital: 1. Kent General Hospital 2. Milford Memorial Hospital	640 South State Street	Dover	DE	19901	Hospitals
	21 West Clarke Ave	Milford	DE	19963	Hospitals
Health Assets - Kent County					
Name	Address	City	State	Zip	Type
Bayhealth Emergency Center	401 N Carter Rd	Smyrna	DE	19977	Hospitals
Christiana Care Smyrna Health and Wellness Center	100 S Main St	Smyrna	DE	19977	Community Health Center
Delmarva Rural Ministries, Inc.	26 Wyoming Ave	Dover	DE	19904	Community Health Center
Kent Community Health Center	1095 S Bradford St	Dover	DE	19904	Community Health Center
La Red Health Center - Milford	1 Sussex Ave	Milford	DE	19963	Community Health Center
Match Van	26 Wyomong Ave.	Dover	DE	19904	Community Health Center/Mobile Van
Planned Parenthood - Dover	805 S Governors Ave	Dover	DE	19901	Community Health Center
Westside Family Healthcare-Dover	1020 Forrest Ave	Dover	DE	19904	Community Health Center
American Dental Care	60 Wolf Creek Blvd	Dover	DE	19901	Dental Care
Delaware Hope Dental Clinic	1121 Forest Avenue	Dover	DE	19904	Dental Clinic
Division of Public Health, Dental Clinic at Riverwalk	253 NE Front St	Milford	DE	19964	Dental Clinic
Westside Family Healthcare, Dover	1020 Forrest Ave	Dover	DE	19904	Dental Care
Williams State Service Center, Children's Dental Clinic	805 River Road	Dover	DE	19901	Dental Clinic
Nemours SeniorCare, Milford	909 North DuPont Blvd	Milford	DE	19963	Senior Care
Connections	222 North DuPont Hwy	Smyrna	DE	19977	Mental/Behavioral Health Services and Substance Abuse
AID in Dover	801 West Division St	Dover	DE	19904	Mental/Behavioral Health Services: Mental HC Facility, Evaluation & Treatment
Catholic Charities	2099 South DuPont Hwy	Dover	DE	19901	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child Inc.	400 Court St	Dover	DE	19901	Mental/Behavioral Health Services: Evaluation and Treatment
Clinical Pastoral Counseling, Daybreak Counseling Services	54 South State St	Dover	DE	19973	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Community Mental Health Clinic - Williams State Service Center	805 River Road	Dover	DE	19901	Mental/Behavioral Health Services: Evaluation and Treatment
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	114 S DuPont Hwy	Dover	DE	19901	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program	103 Mont Blanc Blvd	Dover	DE	19904	Mental/Behavioral Health Services and Substance Abuse
Delaware State Police, Victim Services and DE Victim Center	1441 N DuPont Hwy	Dover	DE	19901	Mental/Behavioral Health Services: Evaluation and Treatment
Division of Public Health, Safe Arms for Babies	417 Federal St	Dover	DE	19901	Mental/Behavioral Health Services: Evaluation and Treatment

Table M-2: Health Care Resources and Assets in Kent County, Delaware, 2016 (cont.)

Health Assets - Kent County					
Name	Address	City	State	Zip	Type
Easter Seals	100 Enterprise Pl, Suite 1	Dover	DE	19904	Mental/Behavioral Health Services and Substance Abuse
Kent Sussex Community Services	1241 College Park Dr	Dover	DE	19904	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Dover	884-B Walker Rd	Dover	DE	19904	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Dover	350 Martin St	Dover	DE	19901	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Paynter	888 Lincoln St	Dover	DE	19904	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Pleasanton Corner	5280 Wheatleys Pond Rd	Smyrna	DE	19977	Mental/Behavioral Health Services: Substance Abuse Services
Phoenix Behavioral Health of Dover	1059 S Bradford St	Dover	DE	19904	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Psychotherapeutic Services	630 W Division St, Suite F	Dover	DE	19904	Mental/Behavioral Health Services and Substance Abuse
Serenity Place	327 Martin St	Dover	DE	19901	Mental/Behavioral Health Services: Substance Abuse Services
Survivors of Abuse in Recovery (SOAR)	840 Walker Rd	Dover	DE	19904	Mental/Behavioral Health Services: Evaluation and Treatment
BayHealth Walk-In Medical Center	301 Jefferson Ave	Milford	DE	19963	Urgent Care Center
Camden Walk In	4601 South DuPont Hwy	Dover	DE	19901	Urgent Care Center
Smyrna Health and Wellness Center	100 S Main St	Smyrna	DE	19977	Urgent Care Center
ExpressCare Urgent Care	200 Banning St	Dover	DE	19904	Urgent Care Center
Got A Doc	379 Walmart Dr	Camden	DE	19934	Urgent Care Center
Kent Urgent Medical Care	18 Old Rudnick Ln	Dover	DE	19901	Urgent Care Center
MedExpress Walk-In Care	15 S DuPont Hwy	Dover	DE	19901	Urgent Care Center
Food Assets – Kent County					
Name	Address	City	State	Zip	Type
Calvary Assembly of God Food Closet	1141 E Lebanon Rd	Dover	DE	19901	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	2099 S DuPont Hwy	Dover	DE	19901	Emergency Food/Food Pantry
God's Missionary	1616 Lord's Corner	Felton	DE	19943	Emergency Food/Food Pantry
Kent County Community Action, Nutrition Program	120-A South Governors Ave	Dover	DE	19904	Emergency Food/Food Pantry
Milford Community Center	105 NE Front St	Milford	DE	19963	Emergency Food/Food Pantry
Milford State Service Center	13 Southwest Front St	Milford	DE	19963	Emergency Food/Food Pantry
Salvation Army, Dover Corps	611 Forest St	Dover	DE	19904	Emergency Food/Food Pantry
Smyrna State Service Center	200 South DuPont Blvd, Suite 101	Smyrna	DE	19977	Emergency Food/Food Pantry
Williams State Service Center	805 River Rd	Dover	DE	19901	Emergency Food/Food Pantry
Division of Services for Aging and Adults with Physical Disabilities, Community Services	18 N Walnut St	Milford	DE	19963	Meal Services
Dover Interfaith Mission For Housing	684 Forest St	Dover	DE	19904	Meal Services
Modern Maturity Center	1121 Forrest Ave	Dover	DE	19904	Meal Services

Table M-3: Health Care Resources and Assets in Sussex County, Delaware, 2016

Hospitals - Sussex County						
Name	Address	City	State	Zip	Type	
Beebe Medical Center	424 Savannah Rd	Lewes	DE	19958	Hospitals	
Millville Emergency Room	32550 Doc's Place Extension, Unit 2	Millville	DE	19967	Urgent Care Center	
Nanticoke Memorial Hospital	801 Rd 535	Seaford	DE	19973	Hospitals	
Health Assets - Sussex County						
Name	Address	City	State	Zip	Type	
CAMP Rehoboth Community Center	37 Baltimore Ave	Rehoboth	DE	19971	Community Health Center/STD testing	
Elizabeth Cornish Landing Apts	100 Elizabeth Cornish Lndg	Bridgeville	DE	19933	Community Health Center	
La Red Medical Center - Seaford (Gynecological Care Program)	105 N Front Street, Suite B	Seaford	DE	19973	Community Health Center	
La Red Medical Center - Seaford	300 High St	Seaford	DE	19973	Community Health Center	
La Red Health Center - Georgetown	21444 Carmean Way	Georgetown	DE	19947	Community Health Center	
Shipley State Service Center, Children's Dental Clinic	350 Virginia Ave	Seaford	DE	19973	Dental Clinic	
Thurman Adams State Service Center, Georgetown Dental Clinic	546 Bedford St Extension	Georgetown	DE	19947	Dental Clinic	
Mobile Dental Van	504 W Market St	Georgetown	DE	19947	Community Health Center/Mobile Van	
Aquila of Delaware	10 North Railroad Ave	Georgetown	DE	19947	Mental/Behavioral Health Services: Substance Abuse Services	
Brandywine Counseling and Community Services, Georgetown Center	528 East Market St	Georgetown	DE	19947	Mental/Behavioral Health Services: Substance Abuse Services	
Brandywine Counseling and Community Services, Lighthouse Program	18514 Pentecostal St	Ellendale	DE	19941	Mental/Behavioral Health Services: Substance Abuse Services	
Cape Integrated Wellness	33712 Wescoats Rd, Unit 2	Lewes	DE	19958	Mental/Behavioral Health Services: Counseling /Evaluation & Treatment	
Caregiver Resource Center, Sussex	20520 Sand Hill Rd	Georgetown	DE	19947	Mental/Behavioral Health Services: Evaluation and Treatment	
Catholic Charities	406 S Bedford St, Suite 9	Georgetown	DE	19947	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services	
Child Inc.	22 The Circle, Suite A	Georgetown	DE	19947	Mental/Behavioral Health Services: Evaluation and Treatment	
Children & Families First, Seaford Residential & Day Treatment Center	400 North Market St Extension	Seaford	DE	19973	Mental/Behavioral Health Services: Mental HC Facility	
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	1 Nanticoke Crossing	Millsboro	DE	19966	Mental/Behavioral Health Services and Substance Abuse	
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services, Seaford	123 Pennsylvania Ave	Seaford	DE	19973	Mental/Behavioral Health Services and Substance Abuse	
Delaware Guidance Services, Counseling Program	31168 Learning Ln	Lewes	DE	19958	Mental/Behavioral Health Services and Substance Abuse	
Delaware Guidance Services, Counseling Program - Seaford	900 Health Services Dr	Seaford	DE	19973	Mental/Behavioral Health Services and Substance Abuse	
Hudson Health Services, Corinthian House	11 West Pine St	Georgetown	DE	19947	Mental/Behavioral Health Services: Substance Abuse Services	
Kent Sussex Community Services	31039 North Poplar St	Laurel	DE	19956	Mental/Behavioral Health Services: Substance Abuse Services	

Table M-2: Health Care Resources and Assets in Kent County, Delaware, 2016 (cont.)

Food Assets – Kent County					
Name	Address	City	State	Zip	Type
Modern Maturity Center	102 Fleming St	Harrington	DE	19952	Meal Services
Modern Maturity Center	1775 Wheatleys Pond Rd	Smyrna	DE	19977	Meal Services
Modern Maturity Center	111 Park Ave	Milford	DE	19963	Meal Services
Modern Maturity Center	800 Peach Cir	Smyrna	DE	19977	Meal Services
Capital City Farmers' Market	126 West Lockerman St	Dover	DE	19901	Farmers Market/Produce Stand
Fifer Orchards - Farm, Country Store & Community Supported Agriculture	1919 Allabands Mill Rd	Camden Wyoming	DE	19934	Farmers Market/Produce Stand
Ficner Farm	1911 Fast Landing Rd	Dover	DE	19901	Farmers Market/Produce Stand
Lookerman Way Farmers' Market	1 Lookerman Way	Dover	DE	19904	Farmers Market/Produce Stand
Riverwalk Farmers' Market	S Walnut St	Milford	DE	19963	Farmers Market/Produce Stand
Smyrna Farmers' Market	7 W South St	Smyrna	DE	19977	Farmers Market/Produce Stand
Spence's Bazaar & Auction	550 S New St	Dover	DE	19904	Farmers Market/Produce Stand
T S Smith & Sons	8887 Redden Rd	Bridgeville	DE	19933	Farmers Market/Produce Stand

Table M-3: Health Care Resources and Assets in Sussex County, Delaware, 2016 (cont.)

Health Assets - Sussex County					
Name	Address	City	State	Zip	Type
Kent Sussex Community Services	2078 DuPont Blvd, Suite 313	Georgetown	DE	19947	Mental/Behavioral Health Services: Substance Abuse Services
La Esperanza	216 North Race St	Georgetown	DE	19947	Mental/Behavioral Health Services: Evaluation and Treatment
Open Door, Seaford	107 Pennsylvania Ave	Seaford	DE	19973	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Coolspring	19211 Beaver Dam Rd	Lewes	DE	19958	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Georgetown	105 S Race St	Georgetown	DE	19947	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Lewes	8 Tulane Dr	Rehoboth Beach	DE	19971	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Millsboro	28043 Gravel Hill Rd	Millsboro	DE	19966	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Old Orchard	3 Bradford Ln	Lewes	DE	19958	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Quiet Acres	23400 Windy Acres Ln	Millsboro	DE	19966	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Rehoboth Bridge	14 Jefferson St	Rehoboth Bridge	DE	19971	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Scarborough	1011 Scarborough Ave	Rehoboth Beach	DE	19971	Mental/Behavioral Health Services: Substance Abuse Services

Table M-3: Health Care Resources and Assets in Sussex County, Delaware, 2016 (cont.)

Health Assets - Sussex County					
Name	Address	City	State	Zip	Type
People's Place	1131 Airport Rd	Milford	DE	19963	Mental/Behavioral Health Services: Evaluation and Treatment
Safe Harbor	6 Bay Oak Dr	Lewes	DE	19958	Mental/Behavioral Health Services: Mental HC Facility
Survivors of Abuse in Recovery (SOAR)	Red Mill Center, 16529 Coastal Hwy, Suite 110	Lewes	DE	19958	Mental/Behavioral Health Services: Evaluation and Treatment
Treatment Access Center	21309 Berlin Rd, Unit 7	Georgetown	DE	19947	Mental/Behavioral Health Services and Substance Abuse
YWCA Delaware, Sexual Assault Response Center (SARC)	20151 Office Circle, Suite 2	Georgetown	DE	19947	Mental/Behavioral Health Services: Evaluation and Treatment
Ambient Medical Care	24459 Sussex Hwy	Seaford	DE	19973	Urgent Care Center
Beebe Healthcare Walk-in Care	21635 Biden Ave	Georgetown	DE	19947	Urgent Care Center
Beebe Healthcare Walk-In Care	203 Atlantic Ave	Millville	DE	19967	Urgent Care Center
Beebe Healthcare Walk-in Care	28538 DuPont Blvd	Millsboro	DE	19966	Urgent Care Center
Cedar Tree Medical Urgent Care	32711 Long Neck Rd	Millsboro	DE	19966	Urgent Care Center
Got A Doc	1309 Savannah Rd	Lewes	DE	19958	Urgent Care Center
Got A Doc	25935 Plaza Dr	Millsboro	DE	19966	Urgent Care Center
Quickcare Walk-In Medical Center	17274 Coastal Hwy	Lewes	DE	19958	Urgent Care Center

Table M-3: Health Care Resources and Assets in Sussex County, Delaware, 2016 (cont.)

Food Assets - Sussex County					
Name	Address	City	State	Zip	Type
Bethel Tabernacle Church of God, Helping Hands Food Bank	34180 Omar Rd	Frankford	DE	19945	Emergency Food/Food Pantry
Bridgeville State Service Center	400 Mill St	Bridgeville	DE	19933	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	406 S Bedford St #9	Georgetown	DE	19947	Emergency Food/Food Pantry
Catholic Charities, Casa San Francisco Emergency Food Pantry	127 Broad St	Milton	DE	19968	Emergency Food/Food Pantry
Christian Storehouse	149 Mitchell St	Millsboro	DE	19966	Emergency Food/Food Pantry
Delmarva Clergy, Food Closet	13724 Old State Rd	Ellendale	DE	19941	Emergency Food/Food Pantry
First State Community Action, Emergency Services	308 N Railroad Ave	Georgetown	DE	19947	Emergency Food/Food Pantry
Greenwood United Methodist Church, Baby Pantry	101 West Market St	Greenwood	DE	19950	Emergency Food/Food Pantry
Joseph's Storehouse	32224 DuPont Blvd	Dagsboro	DE	19939	Emergency Food/Food Pantry
Laurel State Service Center	31039 N Poplar St	Laurel	DE	19956	Emergency Food/Food Pantry
Pyle State Service Center	34314 Pyle Center Rd	Frankford	DE	19945	Emergency Food/Food Pantry
Salvation Army	23431 Sussex Hwy	Seaford	DE	19973	Emergency Food/Food Pantry
Shipley State Service Center	350 Virginia Ave	Seaford	DE	19973	Emergency Food/Food Pantry
Thurman Adams State Service Center	546 S Bedford St	Georgetown	DE	19947	Emergency Food/Food Pantry

Table M-3: Health Care Resources and Assets in Sussex County, Delaware, 2016 (cont.)

Food Assets - Sussex County					
Name	Address	City	State	Zip	Type
Caregiver Resource Center	20520 Sand Hill Rd	Georgetown	DE	19947	Meal Services
CHEER at Lewes	34211 Woods Edge Dr	Lewes	DE	19958	Meal Services
CHEER at Long Neck	26089 Shoppes At Long Neck	Millsboro	DE	19966	Meal Services
CHEER Coastal Leisure Activity Center	30637 Cedar Neck Rd	Ocean View	DE	19970	Meal Services
Georgetown Cheer Center	546 S Bedford St	Georgetown	DE	19947	Meal Services
Greenwood Cheer Activity Center	41 Schulze Rd	Greenwood	DE	19950	Meal Services
Meals on Wheels of Lewes and Rehoboth	32409 Lewes-Georgetown Hwy	Lewes	DE	19958	Meal Services
Milton Cheer Center	12275 Reynolds Rd	Milton	DE	19968	Meal Services
Nanticoke Senior Center	1001 Locust St	Seaford	DE	19973	Meal Services
Bethany Beach Farmers' Market	Garfield Parkway & Pennsylvania Ave	Bethany Beach	DE	19930	Farmers Market/Produce Stand
East Coast Indoor Farmers' Market	30366 Cordrey Rd	Millsboro	DE	19966	Farmers Market/Produce Stand
Fenwick Island Farmers' Market	1406 Coastal Hwy	Fenwick Island	DE	19944	Farmers Market/Produce Stand
Garden Shack Farmers' Market	19884 Beaver Dam Rd	Lewes	DE	19958	Farmers Market/Produce Stand
Georgetown Farmers' Market	413 South Bedford St	Georgetown	DE	19947	Farmers Market/Produce Stand
Historic Lewes Farmers' Market	DuPont & Johnson Ave	Lewes	DE	19958	Farmers Market/Produce Stand
Historic Lewes Farmers' Market at Kings Hwy	37707 Crooked Hammock Way	Lewes	DE	19958	Farmers Market/Produce Stand
Milton Farmers' Market	6 Village Center Blvd	Milton	DE	19968	Farmers Market/Produce Stand
Nassau Valley Vineyards Farmers' Market	32165 Winery Way	Lewes	DE	19958	Farmers Market/Produce Stand
Rehoboth Beach Farmers' Market	Grove Park, Rehoboth Ave	Rehoboth Beach	DE	19971	Farmers Market/Produce Stand
Riverwalk Farmers' Market Downtown Milford	South Walnut St at Riverwalk Park	Milford	DE	19963	Farmers Market/Produce Stand
The Farmers' Market at Sea Colony	Sea Colony Shopping Center, Rt 1 South	Bethany Beach	DE	19930	Farmers Market/Produce Stand
Wilson Farm Farmers' Market	33761 Westcoats Rd	Lewes	DE	19958	Farmers Market/Produce Stand

Source: Delaware211.org and internet search engine.

