

Executive Report

2016 PRC Child & Adolescent Health Needs Assessment

Sussex, Kent & New Castle Counties, Delaware
Chester & Delaware Counties, Pennsylvania

Prepared for:

Nemours/Alfred I. DuPont Hospital for Children

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Introduction



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Project Overview

Project Goals

This 2016 PRC Child & Adolescent Health Needs Assessment, a follow-up to a similar study conducted in 2013, is a systematic, data-driven, approach to determining the health status, behaviors and needs of children and adolescents in the service area of the Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Delaware. This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of the Nemours/Alfred I. DuPont Hospital for Children. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an online key informant survey.

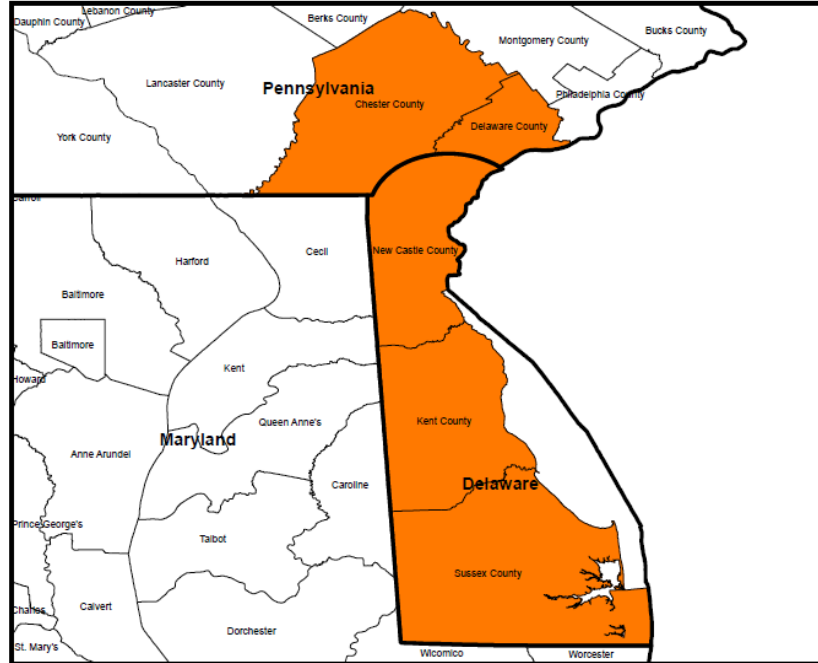
PRC Community Health Survey

Survey Instrument

The final survey instrument used for this study was developed by the Nemours/Alfred I. DuPont Hospital for Children and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Service Area” in this report) is defined as each of the residential ZIP Codes comprising Sussex, Kent and New Castle counties in Delaware, as well as Chester and Delaware counties in Pennsylvania. This community definition, determined based on the ZIP Codes of residence of recent patients of the Nemours/Alfred I. DuPont Hospital for children, is illustrated in the following map.



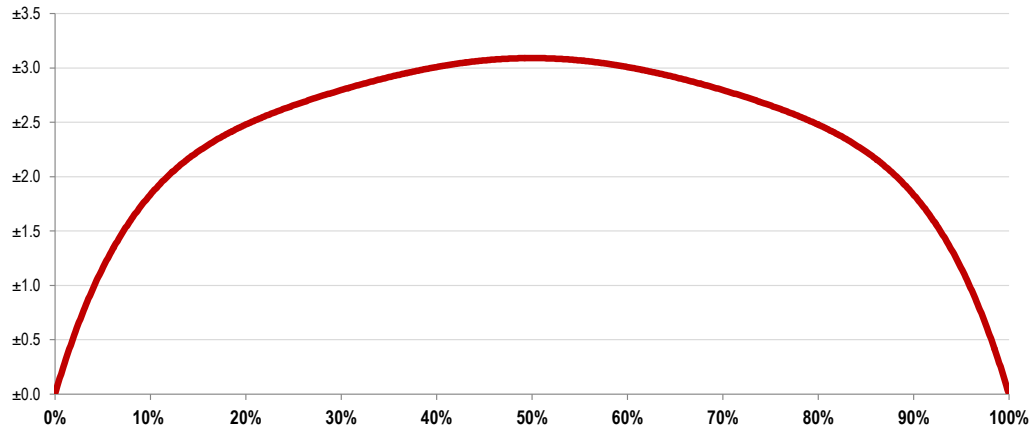
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,018 parents of children under 18 in the Total Service Area, including 189 in Sussex County, 192 in Kent County, 226 in New Castle County, 209 in Chester County and 202 in Delaware County. Once the interviews were completed, these were weighted in proportion to the actual child population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,018 respondents is $\pm 3.1\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,018 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 1,018 respondents answered a certain question with a "yes," it can be asserted that between 8.2% and 11.8% (10% ± 1.8%) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

Respondent Selection

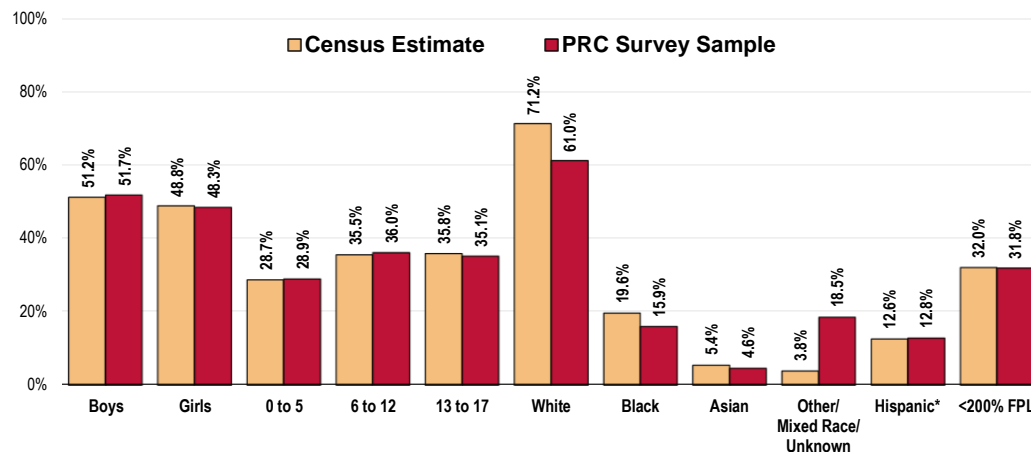
Survey respondents were adults age 18 and older who have children residing in the household for whom they are a healthcare decision-maker. For households with more than one child under the age of 18, most questions were asked about a randomly selected child in the household, determined by which child has had the most recent birthday. This random selection process allows for the best representation of children by age and gender.

Sample Characteristics

To accurately represent the population studied (Total Service Area children and adolescents); PRC strives to minimize bias through application of a proven methodology. And, while this produces a highly representative sample of service area children and adolescents, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely the child's gender, age, race/ethnicity, and household poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose child's demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key child/adolescent demographics, compared to actual population characteristics revealed in census data.

Population & Survey Sample Characteristics (Total Service Area Children Age 0-17)



Sources:

- 2015 Population Estimates based on Census 2010, Geolytics.
- US Census Bureau American Community Survey 5-year estimates.
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note:

- Hispanic can be any race.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2015 guidelines place the poverty threshold for a family of four at \$24,250 annual household income or lower*). In sample segmentation: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level. The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total child and adolescent population in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by the sponsors of this study; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns among the families and children/adolescents with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 102 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	179	53
Other Health Provider	25	12
Physician	30	13
Public Health Representative	17	10
Social Service Provider	36	14

Final participation included representatives of the organizations outlined below.

- Adolescent Medicine, General Pediatrics, Allergy
- Advocare Main Line Pediatrics
- All Star Pediatrics
- Appoquinimink School District
- Beebe Healthcare
- Big Brothers Big Sisters
- Boys and Girls Clubs of Delaware
- Brandywine School District
- Catholic Charities
- Chester County Department of Children, Youth and Families
- Christiana Care Health System
- Christina School District
- Delaware County Medical Society
- Delaware Department of Education
- Delaware Division of Public Health
- Delaware Ecumenical Council on Children and Families
- Delaware HEAL
- Delaware Nature Society
- Delaware Pediatrics
- Delaware Technical Community College
- Department of Health and Social Services
- Division of Parks and Recreation
- Division of Prevention and Behavioral Health Services
- Education
- First State Pediatrics
- Forest Oak Elementary School
- Gallaher Elementary School, Christina School District
- Henrietta Johnson Medical Center
- Highlands Elementary
- Indian River School District
- Indian River Wellness Center
- Lake Forest School District
- Milford School District
- Morris ECC
- Nanticoke Memorial Hospital

- Nemours
- Nemours Children's Health System
- Nemours DuPont Pediatrics
- Rainbow Pediatrics
- RD Innovative Planning
- Rodel Foundation of Delaware
- Rose Hill Community Center
- Seaford
- St. Michael's School and Nursery
- Sussex County Health Coalition
- Telamon Corporation Delaware
- Head Start Programs
- The Center for Pediatric and Adolescent Medicine
- The Office of Child Care Licensing
- Traditional Public School in NCC
- United Cerebral Palsy of Delaware
- United Way of Chester County
- Volunteer Delaware
- West End Neighborhood House
- YMCA of Delaware

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

African-Americans, the Amish, Asians, the disabled, Egyptians, ESL children, foster children, Guatemalans, Haitians, Hispanics, inner-city population, Jewish people, Middle Easterners, multi-cultural residents, Native Americans, Non-English speaking individuals, Pakistanis, racial minorities

Medically underserved populations represented:

adolescent females, children with special needs, the disabled, the homeless, immigrants, LGBT individuals, low income residents, Medicare/Medicaid recipients, the mentally ill, the rural population, single parents, substance abusers, undocumented individuals, unemployed residents, the uninsured/underinsured

In the online survey, key informants were asked to rate the degree to which various children's health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the children in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Child & Adolescent Health Needs Assessment. Data for the Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Delaware Health Statistics Center
- ESRI ArcGIS Map Gallery
- Geolytics Demographic Estimates & Projections
- OpenStreetMap (OSM)
- Pennsylvania Department of Public Health
- US Census Bureau, Decennial Census
- US Department of Health & Human Services

Benchmark Data

Trending

A similar survey was administered in the Total Service Area in 2013 by PRC on behalf of the Nemours/Alfred I. DuPont Hospital for Children. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

National Data

National survey data, which are provided in comparison charts, are taken from the *2014 PRC National Child & Adolescent Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.



Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized children, or children of parents who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, undocumented residents, and children of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of children and adolescents in the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of children and adolescents in the community, based on the information gathered through this Child & Adolescent Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for children’s health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Finding a Physician ○ Appointment Availability • Children Needing Specialty Care • Internet Access
Asthma & Other Respiratory Conditions	<ul style="list-style-type: none"> • Prevalence of Asthma • ER/Urgent Care Visits for Asthma • Hospitalizations Due to Asthma
Infant & Child Health	<ul style="list-style-type: none"> • Prenatal Care • Infant Mortality
Mental Health	<ul style="list-style-type: none"> • “Fair” or “Poor” Mental Health • Diagnosed Depression • Diagnosed Anxiety • Chronic Worrying • Child Has Difficulty Sleeping • Children Needing Mental Health Services • Children Taking Rx for Mental Health • <i>Mental and Emotional Health ranked as a top concern in the Online Key Informant Survey.</i> • Learning Disabilities • Autism Prevalence • <i>Cognitive and Behavioral Conditions ranked as a top concern in the Online Key Informant Survey.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Moderate Physical Activity • Overweight & Obesity • <i>Nutrition, Physical Activity, and Weight ranked as a top concern in the Online Key Informant Survey.</i>
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Chronic Conditions Requiring Meds or Special Therapy • Respiratory Allergies • Children With Migraines/Severe Headaches • Brain Injuries/Concussions
Substance Abuse	<ul style="list-style-type: none"> • Marijuana Use [High Schoolers] • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i>
Vision, Hearing & Speech Conditions	<ul style="list-style-type: none"> • Speech/Language Problems • Hearing Problems • Vision Problems

Community Feedback – Combined Schedule for Delaware Valley

Nemours Children's Health System is pleased to present the results of our 2016-2019 Community Health Needs Assessment (CHNA), according to the guidelines laid out by the Federal Register-United States Government Publishing Office, "*members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations...*" must be solicited for feedback to prioritize the focus areas that resulted from the 2016 CHNA.

Our process for soliciting community feedback included attending 30 minute in-person meetings and conducting surveys from May 17 -June 6, 2016, with the following organizations/community coalitions/committees that represent communities in all three Delaware counties (NCC, Kent and Sussex) as well as Chester and Delaware counties in Pennsylvania:

- **May 17, 2016 at 7:00 AM** – Delaware Valley Strategy
- **May 17, 2016 at 1:00 PM** – Nemours Health & Prevention Services
- **May 18, 2016 at 11:30 AM** – Family Advisory Council Jessup Street
- **May 18, 2016 at 2:30 PM** – South Wilmington Planning Network Board Meeting - a coalition of organizations promoting healthy eating, active living and healthy lifestyles in South Wilmington, a primarily low income, African-American community of about 2,000 residents.
- **May 20, 2016 at 9:30 AM** Sussex County Health Coalition (SCHC) Behavioral Health Task Group – A coalition with more than 150 organizations as members, SCHC engages the entire community in a collaborative family-focused effort to improve the health of children, youth and families in Sussex County.
- **Week of May 23, 2016^r** – We surveyed parents who arrived for appointments at Nemours duPont Bryn Mawr, Newtown Square, Glen Mills, and Villanova locations
- **May 24, 2016 at 6:00 PM** – Family Advisory Council Nemours Alfred I. duPont Hospital for Children
- **May 24, 2016 at 6:00 PM** – Eastside Rising – a group of committed residents and stakeholders working to revitalize the Eastside of Wilmington. Eastside Rising focuses on increasing home ownership, human services, public safety, entrepreneurship, and education; thereby creating a better place to live, learn worship and work.
- **May 25, 2016 – 8:30 AM** – Sussex County Health Coalition – Health Task Group
- **May 25, 2016 – 10 – 11 AM** – Health Equity Consortium Webinar
- **May 25, 2016 at 10:00 AM** – Kent Strong Communities – comprised of business, government, community and civic representatives involved in the building stronger communities' initiative in Kent County.
- **May 25, 2016 at 1:30 PM** – Restoring Central Dover – comprised of community and city representatives, this is a forum for the Central Dover community to exchange

ideas, to imagine – together – the future of Central Dover.

- **June 4, 2016 11:00 AM – 1:00 PM** – Castle Unity Day– Unity day community event attended by my New Castle County residents from 22 communities.
- **June 13, 2016 9:30 AM – 10:00 AM** – DV Leadership Team – Approval of top priority areas

External Feedback Process

Participants were presented an overview of the CHNA, the 2016 findings, and were asked to engage in prioritizing the Top 3 identified areas of opportunity by rank ordering all areas.

The eight health needs listed below were identified through a local child and adolescent health survey, online key informant survey with community stakeholders, public health data and other benchmark data on the health of children in the Delaware Valley, conducted on behalf of Nemours Alfred I. duPont Hospital for Children.

We then asked members of our communities to prioritize the identified health needs. Their prioritization helped Nemours Alfred I. duPont Hospital for Children identify the **Top 3** focus areas that will be incorporated into our hospital's 2016 implementation plan to continue to provide optimal care for Delaware Valley children.

Participants were asked to rank the following eight health needs from 1-8 by placing their rank number on the line next to the health need: **1=highest priority and 8=lowest priority**

Participants were asked to please consider the following criteria when ranking the focus areas:

- **Feasibility/Timeline** – consider available resources and time frame (three years)
- **Consequences of Inaction** – making the problem worse by not addressing at the earliest opportunity
- **Magnitude** – the number of children and families affected

Health Need:

- Access to Healthcare Services
- Asthma & Other Respiratory Diseases
- Infant & Child Health
- Mental Health
- Nutrition, Physical Activity & Weight
- Potentially Disabling Conditions
- Substance Abuse
- Vision, Hearing & Speech Conditions

Final Top 3 areas

Participant feedback for all organizations/coalitions contacted was aggregated to compile the Top 3 focus areas for Delaware.

1. Mental Health
2. Access to Health Care Services
3. Infant & Child Health

2016 Prioritized Description of the Significant Health Needs Identified by the Community

1. Mental Health
2. Access to Health Care Services
3. Infant & Child Health
4. Nutrition, Physical Activity and Weight
5. Substance Abuse
6. Asthma and Other Respiratory Conditions
7. Potentially Disabling Conditions
8. Vision, Hearing and Speech Conditions

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area, including comparisons among the individual counties, as well as trend data.

Reading the Summary Tables

- In the following charts, Total Service Area results are shown in the larger, blue column.

- The green columns [to the left of the Total Service Area column] provide comparisons among the 5 counties, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.

- The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2013.

Other (Secondary) Data

Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Social Determinants	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
Linguistically Isolated Population (Percent)	2.9	1.1	2.6	2.8	2.2
Children Below 200% FPL (Percent)	48.9	47.0	33.1	19.4	32.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
2.5	2.4	2.2	4.7		
32.0	39.0	39.4	44.2		
<p> better similar worse</p>					

Overall Health	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	5.7	5.9	4.6	4.8	3.4
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	8.7	15.8	7.4	7.1	12.1
% [Age 0-17] Child Has Special Health Needs	65.9	73.7	65.5	71.8	64.5
% [Age 0-17] Chronic Condition Requiring Meds or Special Therapy	31.0	45.0	33.6	27.8	25.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
4.5			2.3	4.1	
9.6			6.9	6.3	
67.6			64.3	65.2	
30.8			28.1	26.1	
<p> better similar worse</p>					

Access to Health Services	Each County vs. Others					Total Service Area	Total Service Area vs. Benchmarks			
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. DE	vs. PA	vs. US	vs. HP2020
% [Age 0-17] Child Is Uninsured	3.5	1.9	2.4	7.9	6.9	5.1		6.5	0.0	3.6
% [Insured Child] Child Went Without Insurance in Past Year	5.1	7.2	6.0	2.6	7.3		5.5		7.1	
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	29.2	23.4	24.1	27.0	29.9	26.9		29.4		25.3
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	8.3	3.7	4.2	3.9	11.4	6.5		5.7		4.3
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	9.2	9.6	13.7	11.6	15.4	12.8		11.5		9.3
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	8.3	2.2	3.6	7.5	7.1	5.9		6.3		4.6
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	6.4	3.6	5.2	3.2	6.0	4.9		4.1		4.2
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	11.0	10.1	10.7	13.7	15.7	12.8		14.2		14.0
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	5.2	4.8	6.4	2.5	8.9	5.8		5.5		5.3
% [Age 0-17] Culture Difference Prevented Child's Dr Visit in Past Year	1.0	2.3	2.0	0.4	1.3	1.3		0.8		1.6
% Child Needed to See a Specialist in the Past Year	28.0	44.5	36.3	38.7	42.9	38.8		24.2		32.6

Access to Health Services (continued)	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	31.2	31.6	21.6	26.2	27.5
% [Parents] Feel Need to Leave the Area for Children's Health Svcs	35.3	32.6	14.5	13.6	13.8
% [Age 0-17] Child Has a Specific Source of Ongoing Care	90.4	97.1	88.6	94.8	88.5
% [Age 0-17] Child Has Had Routine Checkup in Past Year	94.1	94.5	91.1	88.8	91.9
% [Age 2-17] Child Has Had a Dental Visit in Past Year	79.7	82.3	82.9	86.1	89.4
% [Age 6-17] Child Has Had Dental Sealants	49.6	48.1	45.4	50.7	46.7
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	8.0	9.3	9.4	5.9	8.0
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
26.4			32.3		24.9
17.8			27.2		18.2
91.2			93.5	100.0	89.3
91.4			85.3		90.8
85.2			84.9	49.0	87.1
47.8			46.8		52.5
7.9			7.1		8.1
<p> better similar worse</p>					

Allergies	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has Respiratory Allergies	16.1	27.1	21.5	16.4	21.6






Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
20.3			17.8		16.9






Allergies (continued)	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has Eczema/Skin Allergies	20.3	28.8	19.0	21.0	18.1
% [Age 0-17] Child Has Food/Digestive Allergies	8.6	11.4	8.3	12.2	13.4
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					


























Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
20.3			22.5		22.8
11.0			8.8		11.3
<p> better similar worse</p>					














Asthma	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Currently Has Asthma	7.7	16.9	13.3	13.1	9.9
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year					
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year					
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year					
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
12.1			11.6		7.8
39.8			27.0		32.9
12.4			0.6		18.2
43.8			39.2		44.5
32.0			29.4		40.0
<p> better similar worse</p>					

Bone, Joint & Muscle Disorders	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	 4.6	 14.5	 9.0	 6.5	 6.6
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
7.8			 6.0		 6.1
<p> better  similar  worse</p>					

Cognitive & Behavioral Disorders	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has ADD/ADHD	 12.5	 17.2	 14.4	 7.8	 7.6
% [Age 0-17] Child Has Learning Disability	 11.8	 14.4	 12.6	 7.1	 10.6
% [Age 0-17] Child Has Developmental Delays	 9.4	 11.0	 9.8	 8.2	 7.1
% [Age 5-17] Child Has Behavioral/Conduct Problems	 5.2	 1.1	 4.4	 5.9	 0.5
% [Age 5-17] Child Has Autism	 3.1	 5.6	 2.1	 3.2	 2.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
10.9			 8.7		 8.4
10.7			 8.0		 7.9
8.7			 6.8		 7.1
3.4			 3.7		 3.4
3.0			 1.4		 2.8
<p> better  similar  worse</p>					

Diabetes	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has Diabetes/High Blood Sugar	2.4	0.9	2.5	0.6	1.0
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
1.5			0.7		0.9
<p> better similar worse</p>					

Health Education	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% Rely on the Internet for Healthcare Information	8.4	10.4	11.9	12.0	9.7
% [Age 0-17] Parent Aware of Local Parenting Education Programs	43.7	50.7	33.7	37.9	39.8
% [Age 0-17] Parent Has Used a Local Parenting Education Program	18.4	18.4	15.3	12.5	16.4
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
10.8			9.6		8.8
39.1					40.3
15.5					13.3
<p> better similar worse</p>					

Injury & Safety	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	11.2	11.8	11.9	11.2	11.1

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
11.4			10.6		14.2

Injury & Safety (continued)	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	96.6	97.3	97.1	94.3	90.2
% [Age 5-17] Child "Always" Wear a Bike Helmet	33.8	42.1	57.8	57.7	52.1
% [Age 5-17] Child "Always" Wear a Skateboard/Scooter/Rollerblade Helmet	35.5	40.7	44.6	44.8	44.9
% [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe	8.2	14.2	14.2	8.9	18.7
% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe	10.5	7.1	6.2	6.0	4.1
% [Age 5-17] Bullied on School Property in the Past Year	25.0	17.0	19.6	15.9	9.8
% [Age 5-17] Child Electronically Bullied in Past Year	8.3	5.3	5.8	7.1	3.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
94.5			95.7		95.8
52.2			46.5		52.4
43.5			37.4		43.0
13.5			14.2		
6.0			5.0		
16.1			16.1		
5.8			7.5		
<p> better similar worse</p>					

Mental & Emotional Health	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	14.7	19.3	10.0	13.2	9.9

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
12.2			5.5		5.6

Mental & Emotional Health (continued)	Each County vs. Others					Total Service Area	Total Service Area vs. Benchmarks			
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. DE	vs. PA	vs. US	vs. HP2020
% [Age 5-17] Child Has Depression	8.1	9.7	6.2	4.2	1.7	4.9		2.6	4.3	
% [Age 5-17] Child Had Symptoms of Depression in Past Year	7.7	12.0	2.6	2.9	4.0		4.5		4.9	3.2
% [High Schoolers] Attempted Suicide in Past Year (Delaware)						7.0		8.0		
% [Age 5-17] Child Has Anxiety	17.4	16.1	14.1	9.7	7.9	11.7		7.9	7.3	
% [Age 5-17] Child Worries A Lot	34.4	31.7	29.6	30.4	25.7		29.4		23.0	24.4
% [Age 5-17] Child Has Difficulty Sleeping	14.6	26.1	15.0	19.3	15.9	17.4		13.2	15.6	
% [Age 5-17] Parent Aware of Community Mental Health Resources	74.8	77.2	54.1	65.0	59.5		62.6		65.0	61.6
% [Age 5-17] Needed Mental Health Svcs in the Past Yr	19.3	21.6	16.2	13.8	11.2	15.0		10.8	9.2	
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	14.9	17.8	10.0	6.5	5.5		9.0		6.9	6.2
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						<p> better similar worse</p>				

Mortality	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
[Age 1-4] Mortality Rate per 100,000					
[Age 5-9] Mortality Rate per 100,000					
[Age 10-14] Mortality Rate per 100,000					
[Age 15-19] Mortality Rate per 100,000					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
23.5	28.1	22.5	25.3	25.7	
8.5	10.2	11.1	11.6	12.3	
11.7	16.3	10.9	14.0	15.2	
39.8	50.2	45.8	45.8	55.7	
<p> better similar worse</p>					

Neurological Disorders	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Has Migraines/Severe Headaches	8.4	14.1	11.6	4.9	7.3
% [Age 0-17] Child Has Brain Injury/Concussion	6.0	4.7	8.3	7.5	6.4
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	2.4	4.1	0.5	2.7	0.8
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
8.6			6.7	6.0	
7.0			3.9	4.3	
1.7			0.8	0.9	
<p> better similar worse</p>					

Nutrition, Physical Activity & Weight	Each County vs. Others					Total Service Area	Total Service Area vs. Benchmarks			
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. DE	vs. PA	vs. US	vs. HP2020
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	46.1	41.0	36.9	40.9	39.8	40.0		41.8	39.3	
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	14.5	19.5	12.9	5.3	14.1		11.9		22.0	13.0
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	53.0	53.3	47.3	40.2	44.0	45.6			43.2	40.8
% [Age 2-17] Participates in Moderate Physical Activity	41.0	53.8	37.1	40.3	44.7		42.0		49.3	40.5
% [Age 2-17] Participates in Vigorous Physical Activity	64.8	74.8	70.5	62.3	64.1	66.4			69.1	64.6
% [Age 5-17] Child Watches 3+ Hours of TV per Day	21.5	19.2	22.0	12.8	19.5		18.6		30.1	18.7
% [Age 5-17] Child Has 3+ Hours of Computer Use per Day	21.3	13.7	22.3	17.2	20.2	19.5				17.7
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	45.5	53.6	48.9	41.2	50.4		47.5			49.4
% [Age 5-17] Child Has a TV in Bedroom	47.7	48.5	43.9	24.8	38.1	38.2			41.3	41.4
% [Age 5-17] Has Computer in the Bedroom	38.3	41.0	46.5	34.1	34.8		38.7			34.6
% [Age 5-17] Child Is Overweight or Obese	45.3	44.2	30.9	23.8	27.8	30.7			31.1	26.1






Nutrition, Physical Activity & Weight (continued)	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 5-17] Child Is Obese	28.1	30.5	20.2	13.8	13.4
% [Overweight Kids 5-17] Perceive Child "About the Right Weight"	44.7	49.9	51.7	55.1	61.0
% [Parents] Have Been Told That Overwt Child [5-17] Is Overweight	25.2	21.9	38.6	16.5	31.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					






Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
18.3			14.4	14.5	13.1
53.6			57.3		51.4
28.4			16.3		29.2
<p> better similar worse</p>					

Prenatal & Infant Health	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% No Prenatal Care in First Trimester	46.0	31.8	15.3	25.6	30.4
% of Low Birthweight Births	7.2	8.6	8.6	7.1	8.8
% [Age 0-17] Child Was Ever Breastfed	66.3	65.1	61.3	75.5	68.5
Infant Death Rate	5.0	5.4	7.7	4.4	8.9
















Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
26.7	25.1	27.6		22.1	
8.2	8.3	8.1		7.8	
67.8			69.4	81.9	71.6
6.8	6.7	6.5	5.9	6.0	7.9

















Prenatal & Infant Health (continued)











	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% Would Not Want New Baby to Have All Recommended Vaccines	 4.1	 9.4	 5.7	 11.5	 7.4
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
7.8			 11.6		 6.6
<p> better  similar  worse</p>					

Sexual Activity





	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% Births to Teenagers (Under Age 20)	 8.5	 7.3	 6.3	 3.4	 4.4
[All Ages] Gonorrhea Incidence per 100,000	 93.3	 87.4	 104.8	 36.3	 114.0
[All Ages] Chlamydia Incidence per 100,000	 373.4	 523.0	 521.8	 185.4	 464.2
% [High Schoolers] Currently Sexually Active (Delaware)					
% [Sexually Active High Schoolers] Did Not Use Condom (Delaware)					
% [Sexually Active High Schoolers] Did Not Use Any Birth Control (Delaware)					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
5.4	 7.0	 7.1	 7.8		 7.6
87.3	 99.1	 120.8	 107.5		
404.4	 489.2	 431.6	 456.7		
33.9			 34.0		
36.6			 40.9		
11.5			 13.7		
<p> better  similar  worse</p>					











Substance Abuse	Each County vs. Others					Total Service Area	Total Service Area vs. Benchmarks				TREND
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. DE	vs. PA	vs. US	vs. HP2020	
% [High Schoolers] Drank Alcohol in Past Month (Delaware)						36.3			34.9		
% [High Schoolers] Drove When Drinking in Past Month (Delaware)						9.3			10.0		
% [High Schoolers] Ever Used Marijuana (Delaware)						42.6			40.7		
% [High Schoolers] Ever Used Inhalants (Delaware)						7.5			8.9		
% [High Schoolers] Ever Used Ecstasy (Delaware)						5.7			6.6		
% [High Schoolers] Ever Used Cocaine (Any Form) (Delaware)						4.0			5.5		
% [High Schoolers] Ever Used Steroids (Not Rx) (Delaware)						3.2			3.2		
% [High Schoolers] Ever Used Methamphetamines (Delaware)						2.7			3.2		
% [High Schoolers] Ever Used Heroin (Delaware)						2.8			2.2		
% [High Schoolers] Ever Used Injection Drugs (Delaware)						2.3			1.7		







Substance Abuse (continued)

	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [High Schoolers] Used Marijuana in Past Month (Delaware)					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					











Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
25.6			 23.4		
<p> better  similar  worse</p>					




Technology Access

	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% Have Access to the Internet	 90.7	 95.2	 98.6	 100.0	 96.0
% Have Access to Child's Electronic Health Record	 50.1	 56.9	 48.8	 53.3	 54.4
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
96.8			 97.2		 98.2
52.4					 29.2
<p> better  similar  worse</p>					

Tobacco

	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Household Member Smokes Inside the Home	 5.9	 12.2	 6.2	 3.0	 1.8
% [Age 0-17] Household Member Smokes Outside the Home	 28.7	 27.9	 27.2	 15.1	 15.1





Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
4.7			 3.7		 4.3
21.0					 16.1

Tobacco (continued)

Each County vs. Others































Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

% [High Schoolers] Smoked Cigarettes in Past Month (Delaware)

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
14.2			 15.7		
 better  similar  worse					

Vision, Hearing & Speech

Each County vs. Others

Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
 25.3	 26.5	 18.6	 24.7	 21.2
 13.8	 14.7	 12.1	 10.9	 9.1
 10.9	 9.8	 5.5	 8.9	 6.1
 6.5	 5.0	 4.4	 8.3	 3.2
 81.1	 85.7	 80.6	 82.6	 91.1
 83.0	 88.7	 90.1	 87.2	 92.4
Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				

% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)
















% [Age 0-17] Child Has Speech/Language Problems

% [Age 0-17] Child Has Hearing Problems

% [Age 0-17] Child Has Vision Problems

% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years

% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years

Total Service Area	Total Service Area vs. Benchmarks				TREND
	vs. DE	vs. PA	vs. US	vs. HP2020	
22.3			 23.5	 24.2	
11.4			 11.9	 8.1	
7.5			 4.9	 5.6	
5.3			 2.5	 2.9	
84.6			 78.8	 85.3	
89.3			 84.9	 91.5	
 better  similar  worse					

Community Description



Professional Research Consultants, Inc.

Population Size

Child Population

By latest census estimates, a total of **454,265** children age 0-17 live in the five-county Total Service Area.

- These children represent 22.9% of the total population of the area.

Child Population (Age 0-17, 2010-2014)

	Total Population	Population Age 0-17	Percent Population Age 0-17
Kent County, DE	167,477	40,488	24.2%
New Castle County, DE	545,846	123,342	22.6%
Sussex County, DE	203,737	40,686	20.0%
Chester County, PA	506,422	121,826	24.1%
Delaware County, PA	560,775	127,923	22.8%
Total Service Area	1,984,257	454,265	22.9%
Delaware	917,060	204,516	22.3%
Pennsylvania	12,758,729	2,740,220	21.5%
United States	314,107,072	73,777,656	23.5%

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2016 from Community Commons at <http://www.chna.org>.

Households With Children

In the Total Service Area, there are **235,236** family households with a child under the age of 18; this represents nearly one-third (32.3%) of all households in the defined service area.

Households With Children (2010-2014)

	Total Households	Total Family Households	Families With Children (<18)	Families With Children (<18), Percent of Total Households
Kent County, DE	59,142	41,437	20,490	34.7%
New Castle County, DE	201,543	132,832	65,198	32.4%
Sussex County, DE	78,361	53,572	19,794	25.3%
Chester County, PA	185,306	129,876	63,549	34.3%
Delaware County, PA	204,571	136,754	66,205	32.4%
Total Service Area	728,923	494,471	235,236	32.3%
Delaware	339,046	227,841	105,482	31.1%
Pennsylvania	4,957,736	3,203,939	1,427,060	28.8%
United States	116,211,088	76,958,064	37,554,348	32.3%

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2016 from Community Commons at <http://www.chna.org>.

Population Characteristics

Race/Ethnicity

A total of 71.2% of children in the Total Service Area are White, while 19.6% are Black/African American, 5.4% are Asian, and 3.7% are other or multiple races.

- Note that 7.9% of children are Hispanic or Latino (can be of any race).

Family Households With Children by Race (Percent, 2010-2014)

	White	Black/ African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino (see note)
Kent County, DE	68.5%	22.9%	0.5%	2.1%	0.0%	2.5%	3.4%	7.4%
New Castle County, DE	61.1%	27.8%	0.2%	6.1%	0.1%	3.3%	1.5%	11.4%
Sussex County, DE	77.3%	15.6%	0.3%	1.1%	0.0%	3.8%	1.9%	13.3%
Chester County, PA	85.7%	5.3%	0.2%	6.5%	0.0%	1.1%	1.2%	7.8%
Delaware County, PA	66.3%	25.5%	0.1%	6.1%	0.0%	0.8%	1.2%	3.2%
Total Service Area	71.2%	19.6%	0.2%	5.4%	0.0%	2.0%	1.5%	7.9%
Delaware	65.6%	24.6%	0.3%	4.4%	0.0%	3.3%	1.9%	11.0%
Pennsylvania	80.0%	12.2%	0.2%	3.5%	0.0%	2.5%	1.6%	7.6%
United States	71.8%	13.9%	0.9%	5.3%	0.2%	5.8%	2.2%	19.5%

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved February 2016 from Community Commons at <http://www.chna.org>.

Notes:

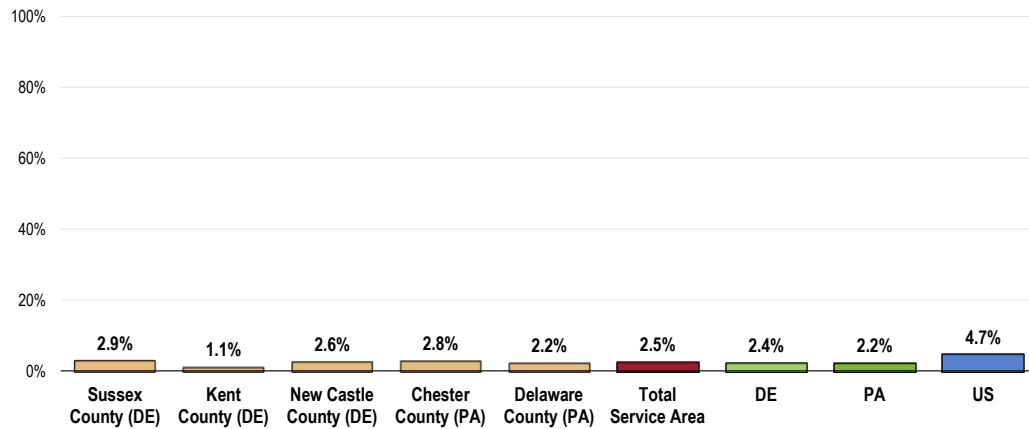
- Hispanic/Latino can be of any race.

Linguistic Isolation

A total of 2.5% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Nearly identical to Delaware findings, but less favorable than found in Pennsylvania.
- More favorable than found nationally.
- Greater proportions of linguistically isolated persons are located in Sussex and Chester counties, whereas linguistic isolation is less prevalent in Kent and Delaware counties.

Linguistically Isolated Population (2010-2014)



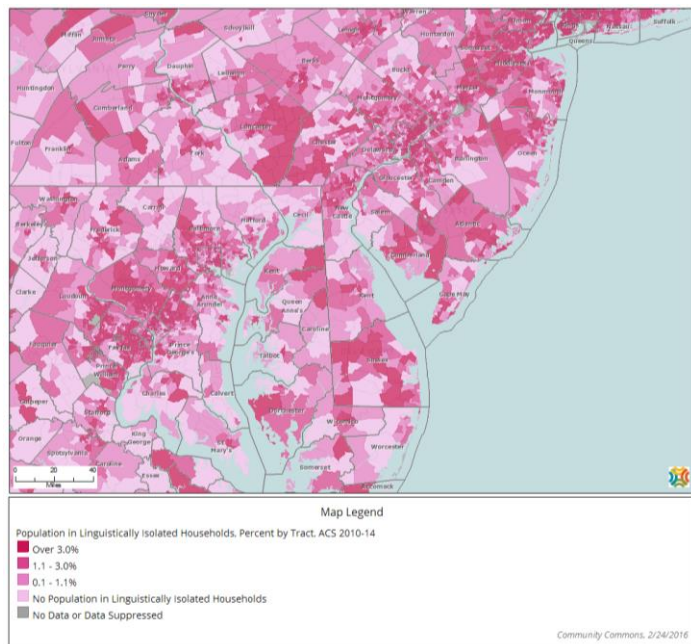
Sources: • US Census Bureau American Community Survey 5-year estimates (2010-2014).

• Retrieved February 2016 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in the Total Service Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2010-2014

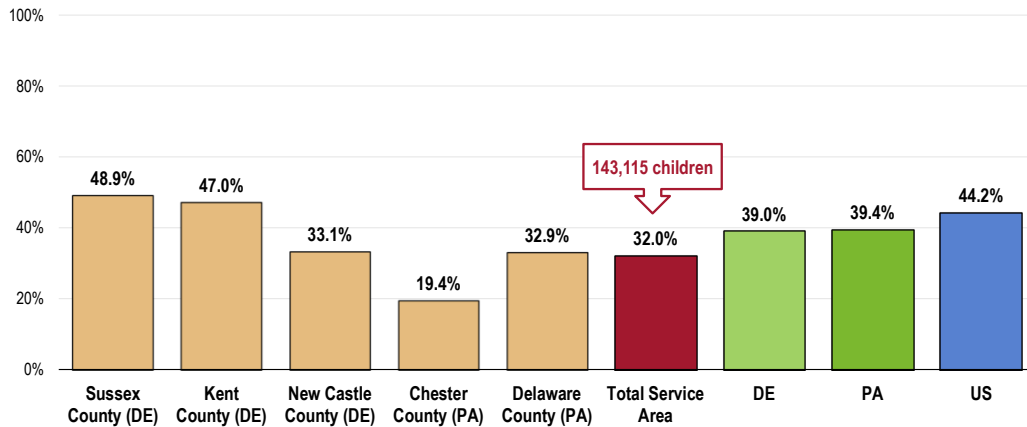


Children in Low-Income Households

Nearly one-third of Total Service Area children age 0-17 (representing an estimated 143,115 children) live below the 200% poverty threshold.

- Below the proportions found throughout Delaware and Pennsylvania.
- Well below the US proportion.
- Child poverty is highest in Sussex and Kent counties; lowest in Chester County.

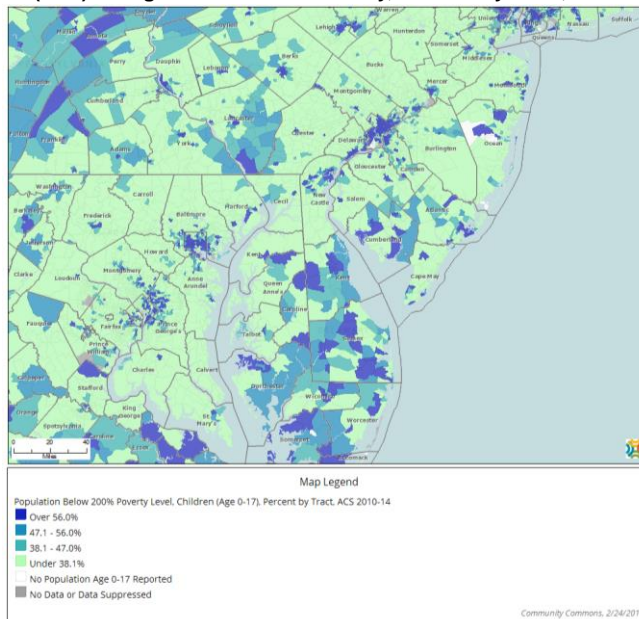
Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2010-2014)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
 - Retrieved February 2016 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Dark blue shading in the following graph shows the areas within the Total Service Area in which over 50% of children are living in low income households.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2010-2014



Perceptions of Top Health Issues



Professional Research Consultants, Inc.

Child Health

Perceived Top Health Issues

The interrelated issues of **obesity, nutrition and exercise** received the largest share of responses (31.3%) as the perceived number-one health issue for children under the age of 12 among parents of children in that age group. Colds/flu was second with 21.3% of responses.

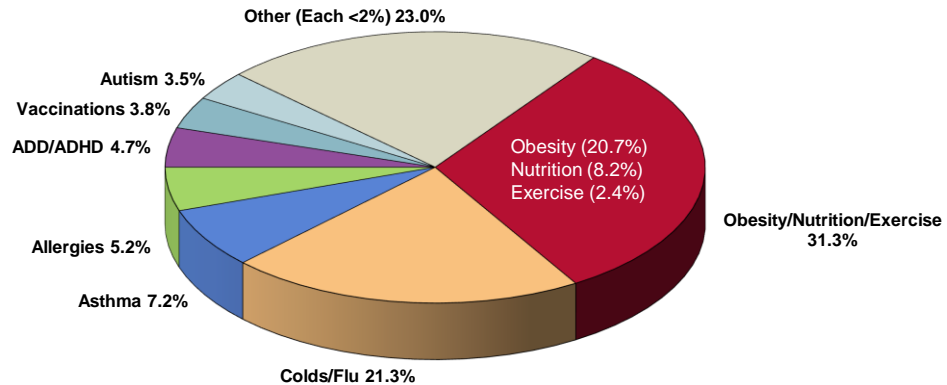
The initial inquiry of the PRC Child & Adolescent Health Survey asked respondents the following:

“In general, what do you feel is the number-one health issue affecting children under the age of 12 in your community today?”

This question was open-ended, meaning that respondents were free to mention whatever came to mind, and their verbatim responses were recorded. These responses were then grouped thematically for reporting here.

- Respondents also frequently identified **asthma** (7.2%), **allergies** (5.2%), **ADD/ADHD** (4.7%), **Vaccinations** (3.8%), and **autism** (3.5%).
- Note that 11.9% of parents were uncertain or could not identify a children’s health issue and are not included in the following chart.

Perceived Number-One Health Issue Affecting Children Under 12 in the Community
(Among Total Service Area Parents With a Child Age 0-11, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Reflects respondents with a child under age 12 in the household. Excludes respondents who were uncertain or could not give an answer.

Perceived Availability of Resources

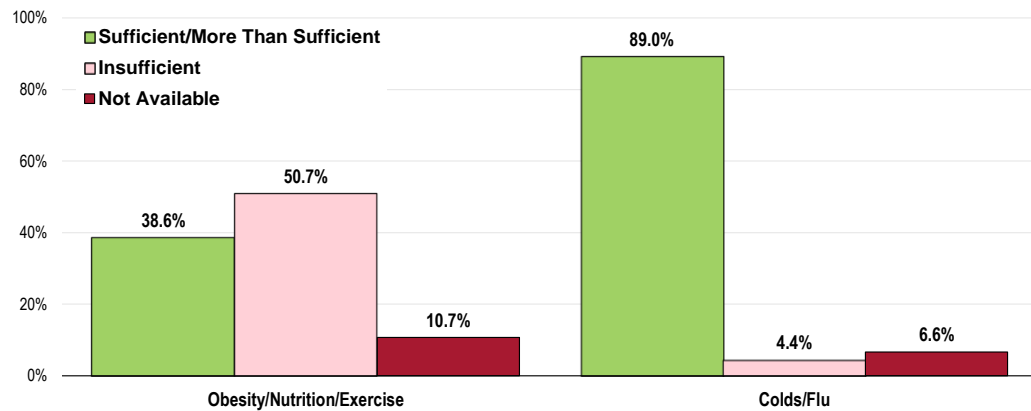
Respondents were further asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

Those who mentioned obesity, nutrition or exercise as the top children's health issue largely see community resources as insufficient (or non-existent) to address these problems.

In contrast, the community resources that are available for cold/flu issues are seen as sufficient or more than sufficient by 89.0% of the respondents who chose cold/flu as the number-one health issue for children.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12

(By Perceived Primary Health Issue; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 8]
 Notes: • Among respondents with children under age 12 who identified a top health concern.

Adolescent Health

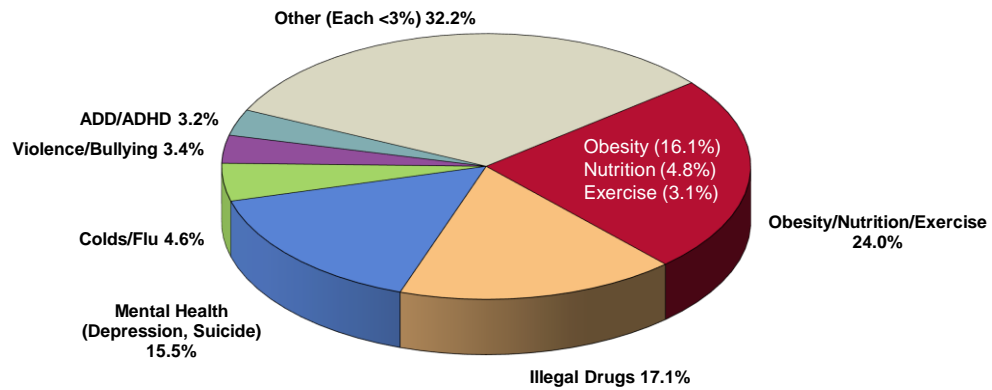
“In general, what do you feel is the number-one health issue affecting adolescents age 12-17 in your community today?”

Perceived Top Health Issues

Combined, **obesity, nutrition and exercise** received the largest share of responses (24.0%) when parents of children age 12-17 were asked to name the number-one health issue for adolescents.

- Other frequent responses included **illegal drugs** (mentioned by 17.1%), **mental health issues** (15.5%), **colds/flu** (4.6%), **violence/bullying** (3.4%), and **ADD/ADHD** (3.2%).
- Note that 13.8% of parents were uncertain or could not identify a health issue and are not included in the following chart.

Perceived Number-One Health Issue Affecting Adolescents (12-17) in the Community
(Among Total Service Area Parents With an Adolescent Age 12-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 9]
Notes: • Reflects respondents with an adolescent age 12-17 in the household. Excludes respondents who were uncertain or could not give an answer.

Perceived Availability of Resources

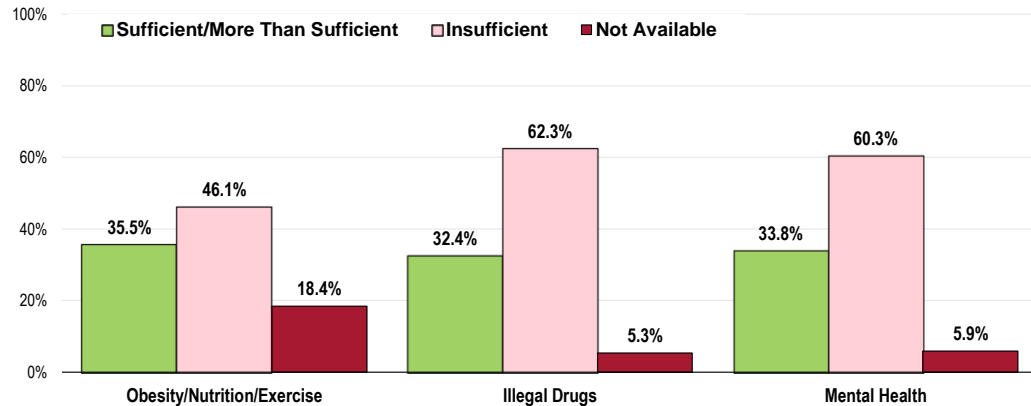
Respondents were further asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

A majority of those identifying obesity/nutrition/exercise as their top concern for adolescents view community resources as insufficient (or nonexistent) to address these needs.

Findings suggest the same for those identifying **illegal drugs** or **mental health** as their top concern.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Adolescents

(By Perceived Primary Health Issue; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 10]
 Notes: • Among respondents with children age 12-17 who identified a top health concern.

Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluations of Child's Overall Health

"Would you say that in general your child's health is: excellent, very good, good, fair or poor?"

NOTE:

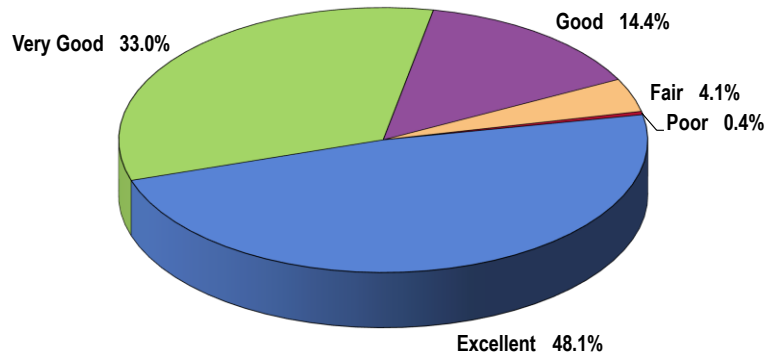
The terms "child" and "children" are used throughout this report to refer to children and adolescents of all ages (0-17), unless otherwise specified.

Although survey respondents are often referred to as "parents" throughout this report, they may in fact be a grandparent or other guardian for a child in the household.

Most Total Service Area parents rate their child's overall health as "excellent" (48.1%) or "very good" (33.0%).

- Another 14.4% gave "good" ratings of their child's overall health.

Child's Health Status
(Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: • Asked of all respondents about a randomly selected child in the household.

However, 4.5% of Total Service Area adults believe that their child's overall health is "fair" or "poor."

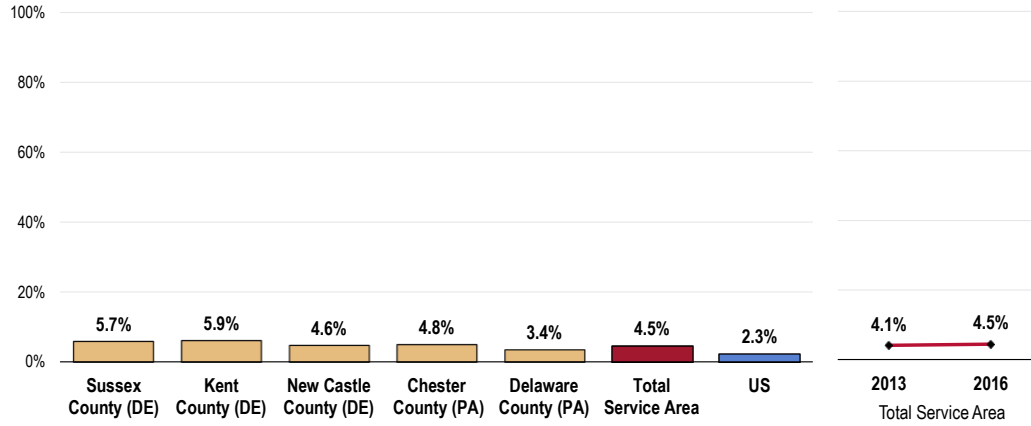
- Less favorable than the national proportion.
- Similar findings when viewed by county.
- **TREND:** There is no statistical difference when comparing "fair/poor" overall health reports to previous survey results.

NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, county data are provided.

Child Experiences “Fair” or “Poor” Overall Health



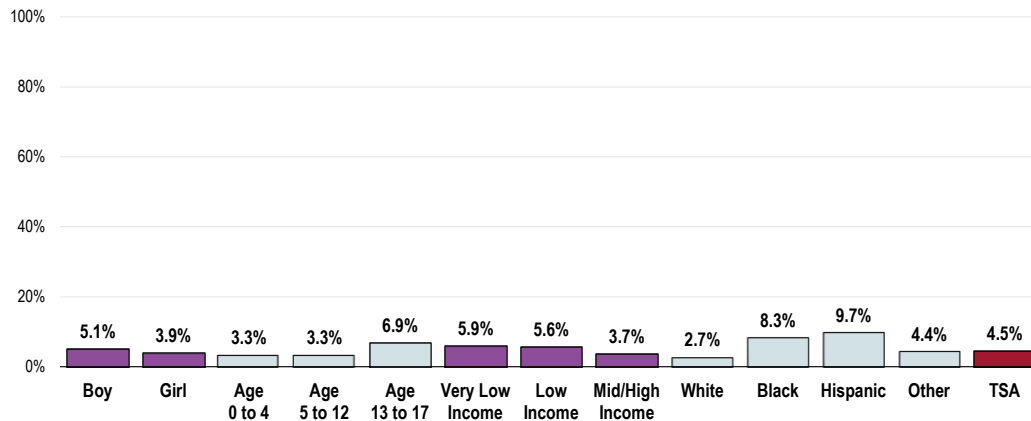
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

Children more likely to report experiencing “fair” or “poor” overall health include:

- Teenagers.
- Hispanic children.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, household income (based on poverty status), and child’s race/ethnicity.

Experience “Fair” or “Poor” Overall Health (Total Service Area, 2016)



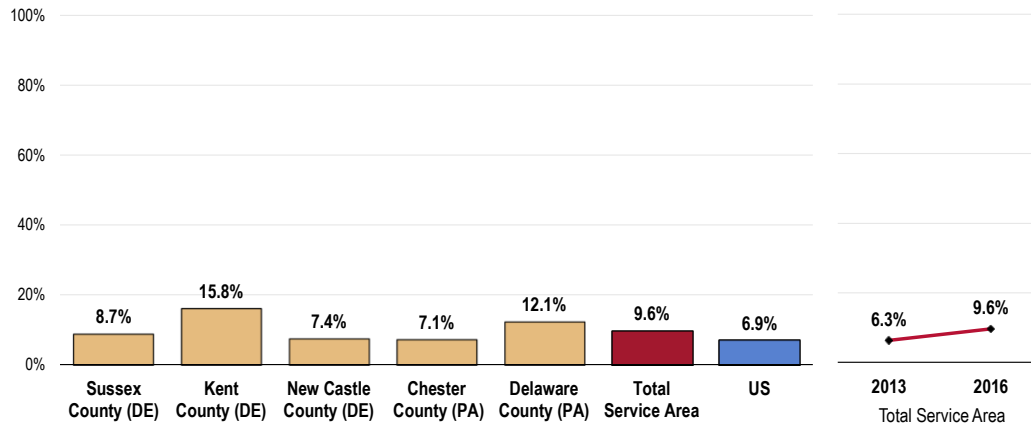
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

A total of 9.6% of Total Service Area children are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.

- Less favorable than the US figure.
- Least favorable in Kent County.
- TREND: Denotes a statistically significant increase since 2013.

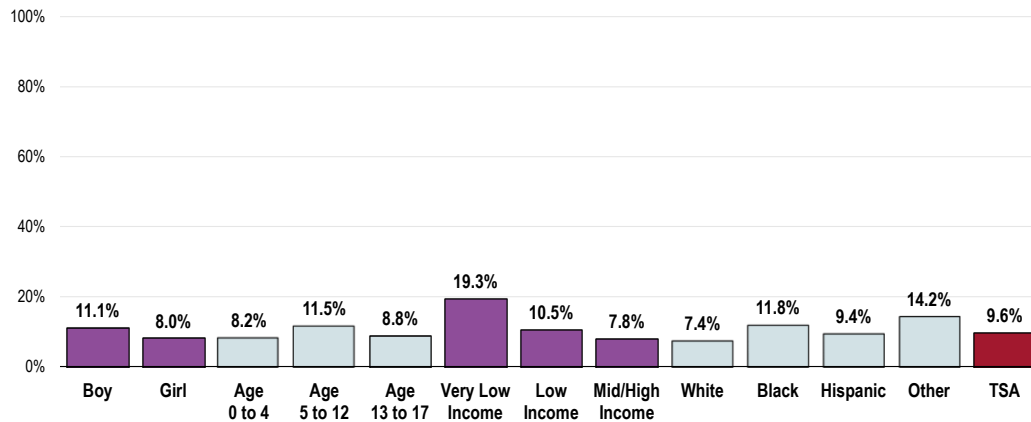
Prevalence of Activity Limitations



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 75]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Note that children living in very low income households report a significantly higher prevalence of activity limitations (negative correlation with income).

Prevalence of Activity Limitations (Total Service Area, 2016)

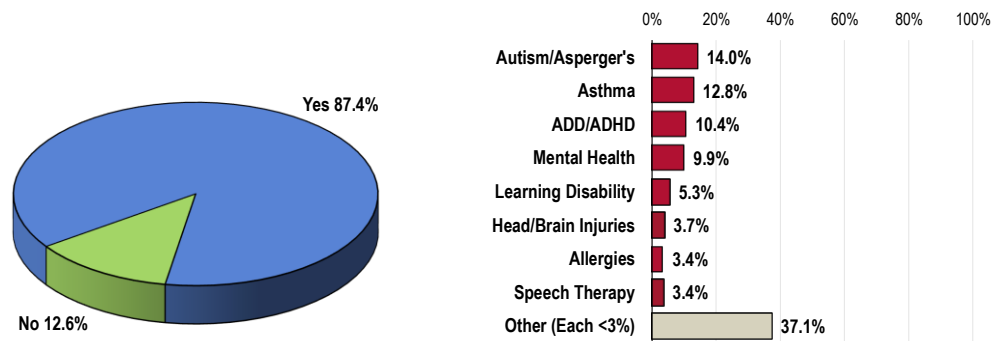


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For children with activity limitations, the vast majority (87.4%) is living with a condition that is expected to last 12 months or more.

Activity limitations among Total Service Area children are most often attributed to conditions such as **autism/Asperger’s syndrome** (mentioned by 14.0% of parents of children with activity limitations), **asthma** (12.8%), **ADD/ADHD** (10.4%), **mental health** (9.9%) and **learning disabilities** (5.3%).

Description of Activity Limitations
(Among Children With Activity Limitations; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 76-77]
Notes: • Asked of respondents for whom the randomly selected child in the household has some type of activity limitation.

Mental Health

About Mental Health & Mental Disorders

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant girls and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

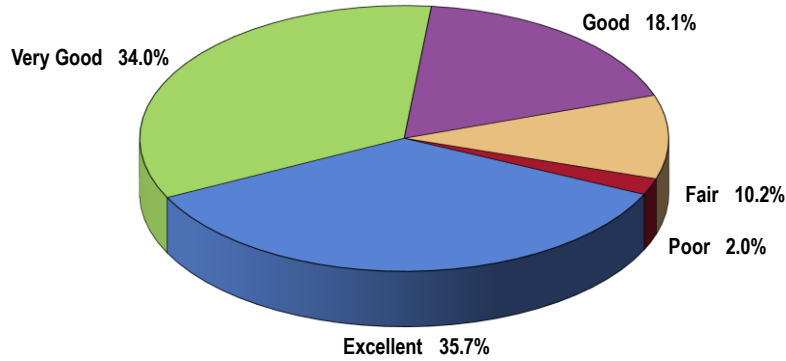
Evaluation of Child’s Mental Health

Most Total Service Area parents of children age 5-17 rate their child’s emotional or mental health — which includes stress, depression, and problems with emotions — as “excellent” (35.7%) or “very good” (34.0%).

- Another 18.1% gave “good” ratings of their child’s mental health status.

“Now thinking about your child’s emotional or mental health, which includes stress, depression and problems with emotions, would you say that, in general, your child’s emotional or mental health is: excellent, very good, good, fair or poor?”

Child’s Mental Health Status (Total Service Area Children Age 5-17, 2016)

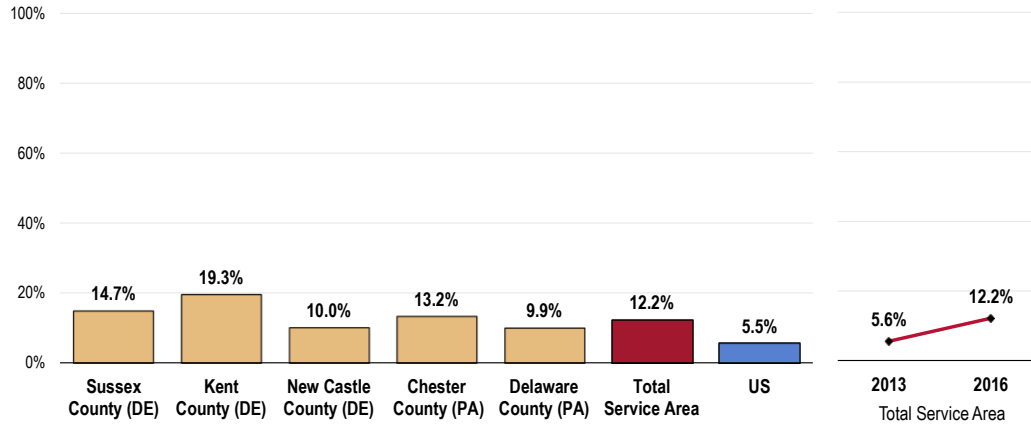


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 12.2% of Total Service Area parents believe that their school-age child’s emotional or mental health is “fair” or “poor.”

- More than twice the US figure.
- Notably high in Kent County.
- TREND: Has increased significantly in the past three years.

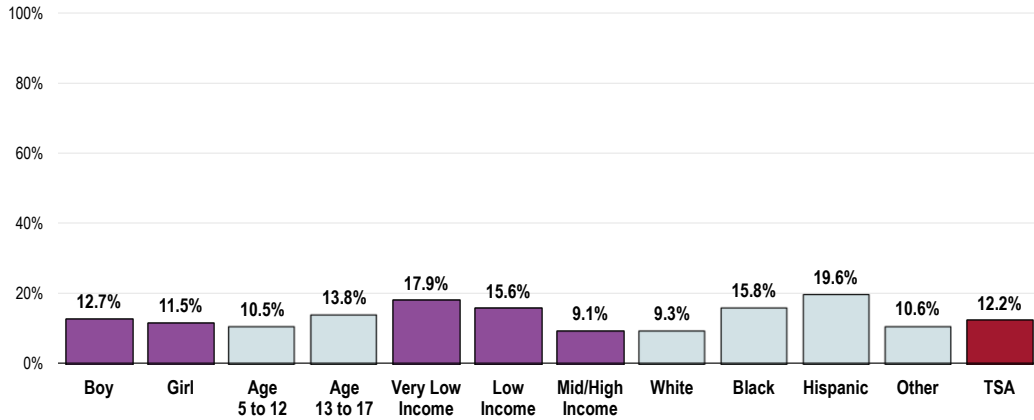
Child Experiences “Fair” or “Poor” Mental Health (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 90]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- “Fair/poor” emotional or mental health status among children age 5-17 is more often noted for Hispanic children.

Child Experiences “Fair” or “Poor” Mental Health (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Depression

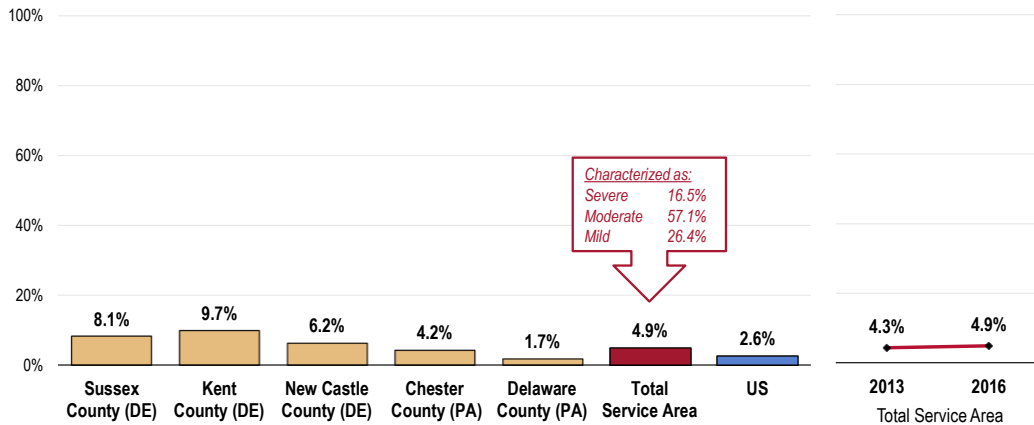
Diagnosed Depression

A total of 4.9% of Total Service Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression.

- Higher than found across the US.
- Highest in Kent County; lowest in Delaware County.
- TREND: Statistically unchanged since 2013.

Note that 16.5% of these respondents characterize their child’s depression as “severe.”

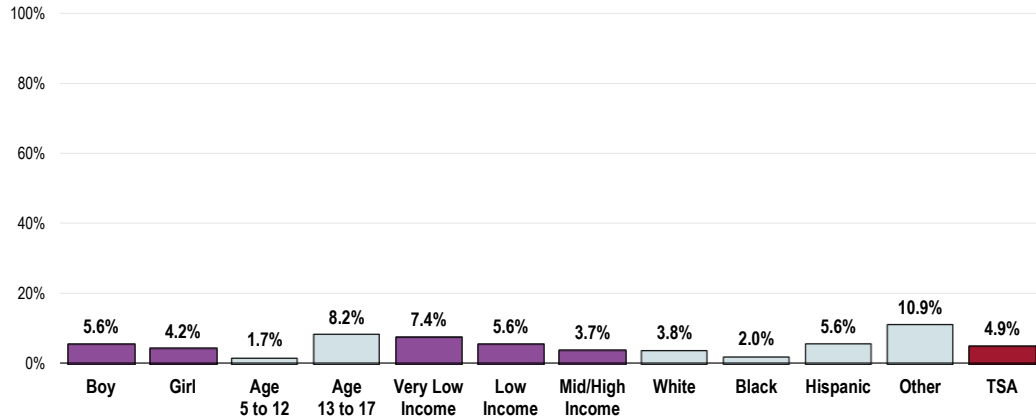
Child Has Been Diagnosed with Depression (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 99-100]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Teens and children of “Other” races are statistically more likely to have diagnosed depression than their demographic counterparts.

Child Has Been Diagnosed with Depression (Total Service Area Children Age 5-17, 2016)



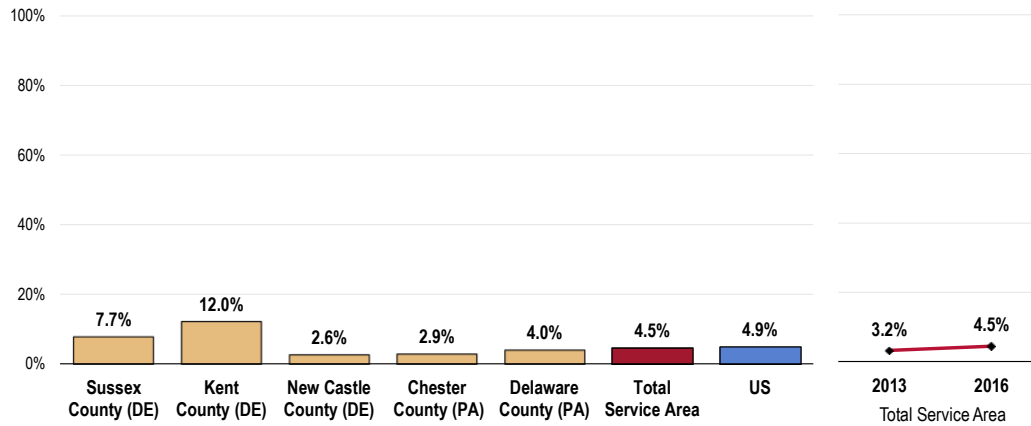
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Signs of Depression

A total of 4.5% of Total Service Area parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that he/she stopped doing some usual activities.

- Comparable to the US percentage.
- Considerably high in Kent County.
- TREND: Statistically unchanged from 2013 findings.

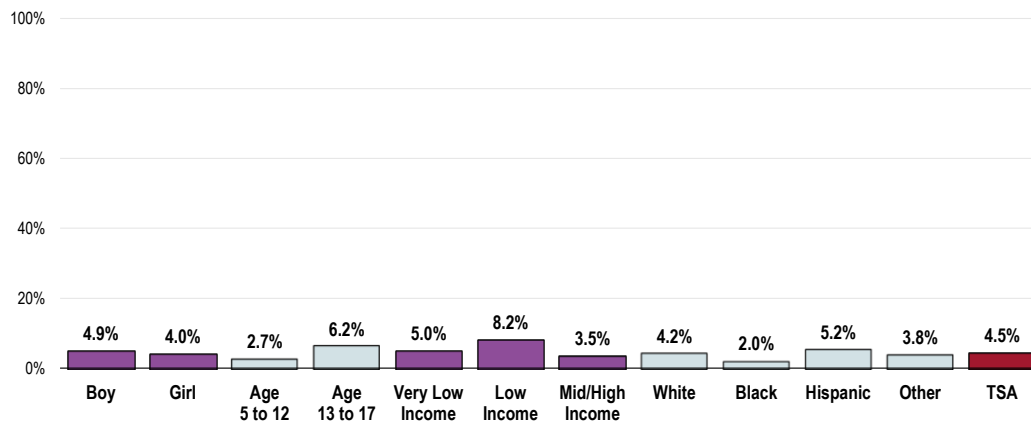
Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 97]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Such signs of depression are more prevalent among teenagers.

Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 97]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further note that, of the 41 surveyed parents reporting signs of depression in their child, nearly three-fourths (73.7%) sought treatment for their child's feelings of sadness or hopelessness; 26.3% did not.

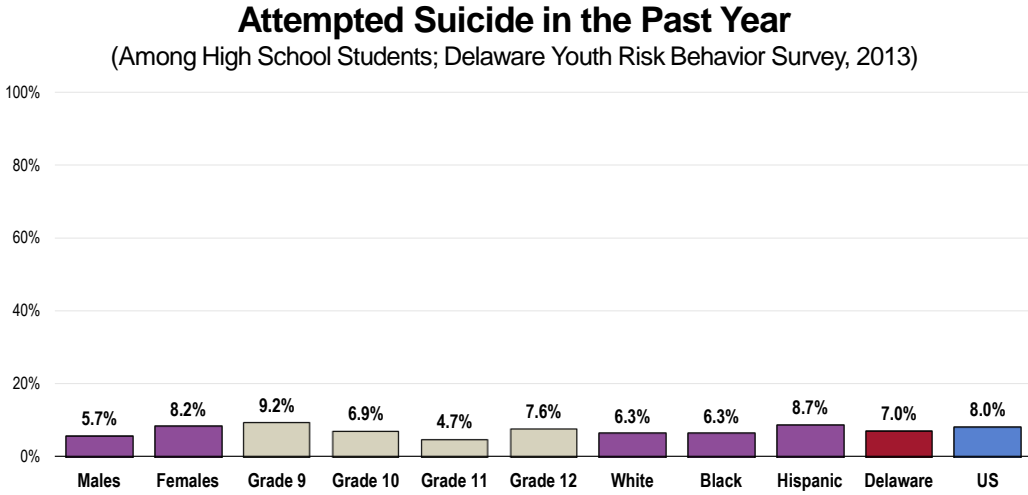
Suicide Attempts (Adolescents)

Among Delaware high school students, 7.0% report attempting suicide in the past year (2013 Youth Risk Behavior Survey).

- Similar to national YRBS findings.
- Significantly higher in high school girls than boys.
- Highest among 9th graders.
- No difference by race/ethnicity.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthyyouth/yrebs.



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.

Notes: • Attempted suicide one or more times during the 12 months before the survey.

Anxiety

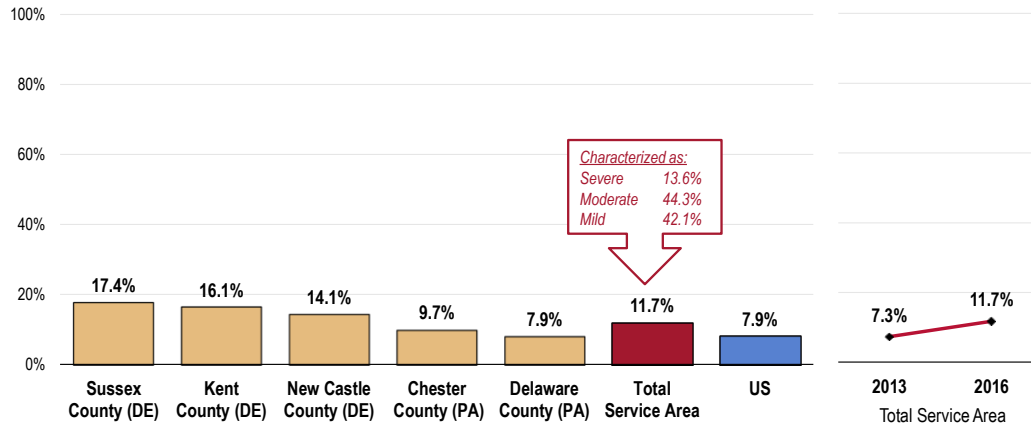
Anxiety Disorders

A total of 11.7% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child had anxiety.

- Higher than US findings.
- Lowest in Delaware County.
- TREND: Childhood anxiety in the service area has increased over time.

Note also that 13.6% of these respondents characterize their child's anxiety as "severe."

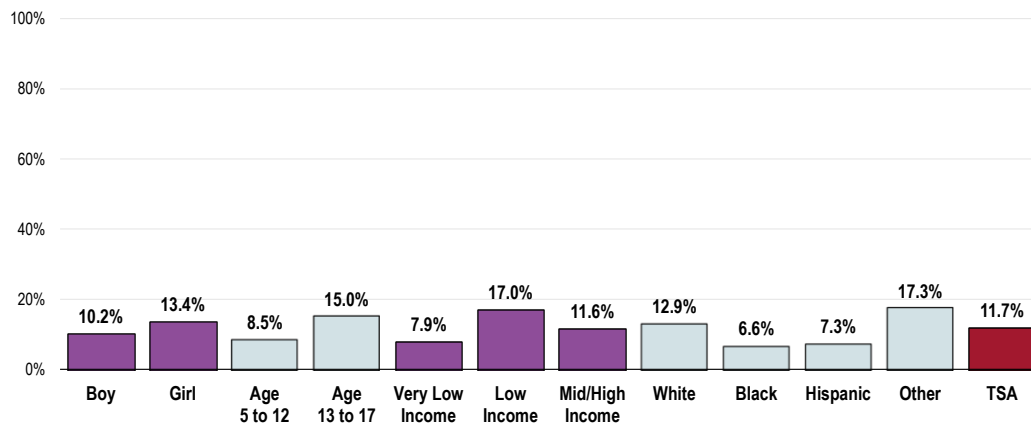
Child Has Been Diagnosed with Anxiety (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [105-106]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Teens and “Other” race children are statistically more likely to have an anxiety diagnosis.

Child Has Been Diagnosed with Anxiety (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

"Would you say that this child worries a lot?"

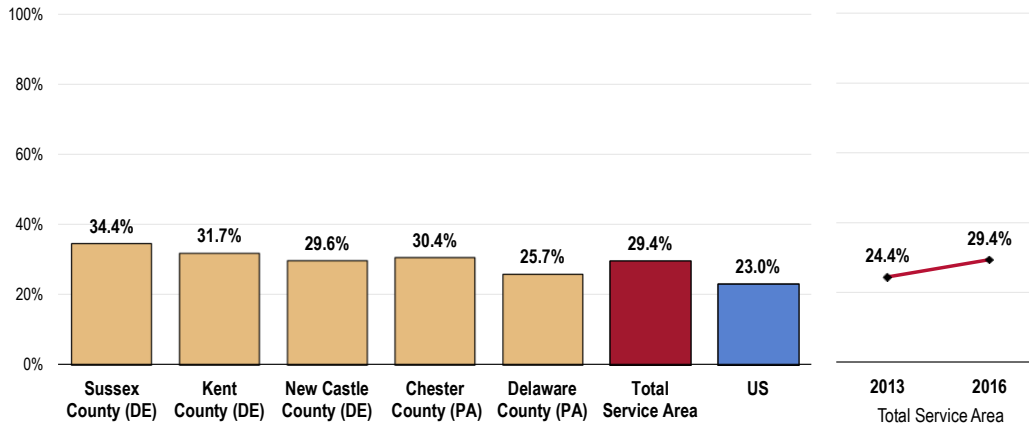
Worry

Nearly three out of ten Total Service Area parents (29.4%) indicate that their school-age child worries a lot.

- Less favorable than the national proportion for school-age children.
- Statistically similar by county.
- TREND: Marks a statistically significant increase from prior survey findings.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2016)

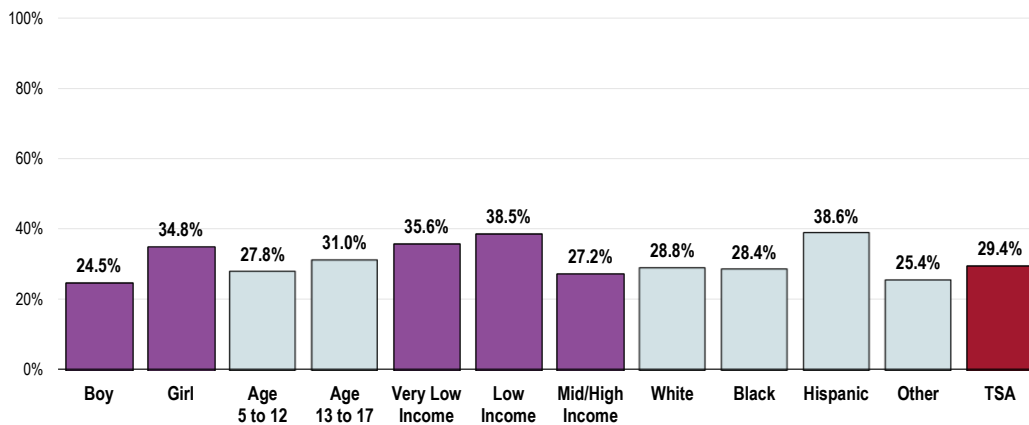


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 95]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Frequent worry is more often noted among girls and low-income children.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2016)



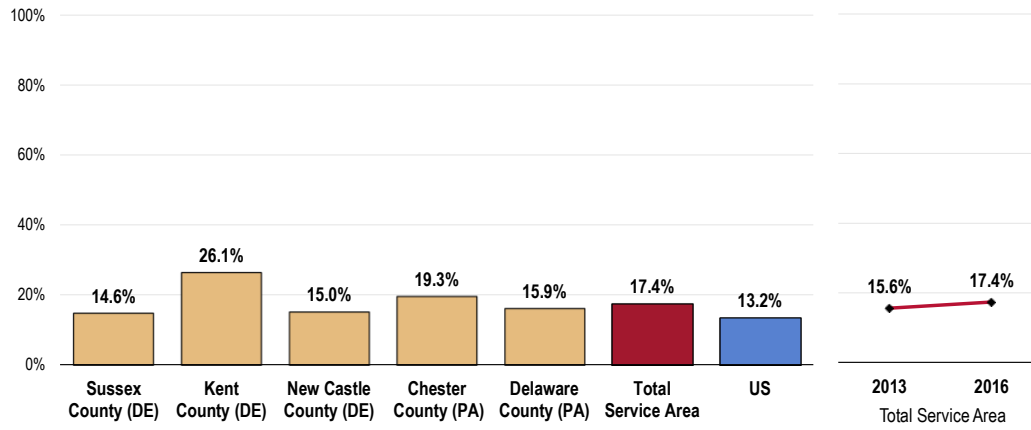
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 95]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sleep Difficulties

A total of 17.4% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.

- Less favorable than reported nationwide.
- Least favorable in Kent County.
- TREND: Statistically unchanged over time.

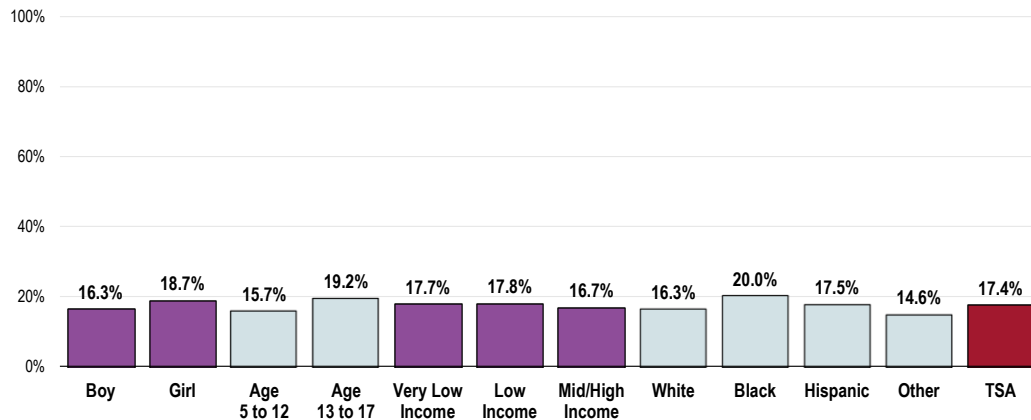
Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 96]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Sleep difficulties are similar across child demographic characteristics.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 96]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

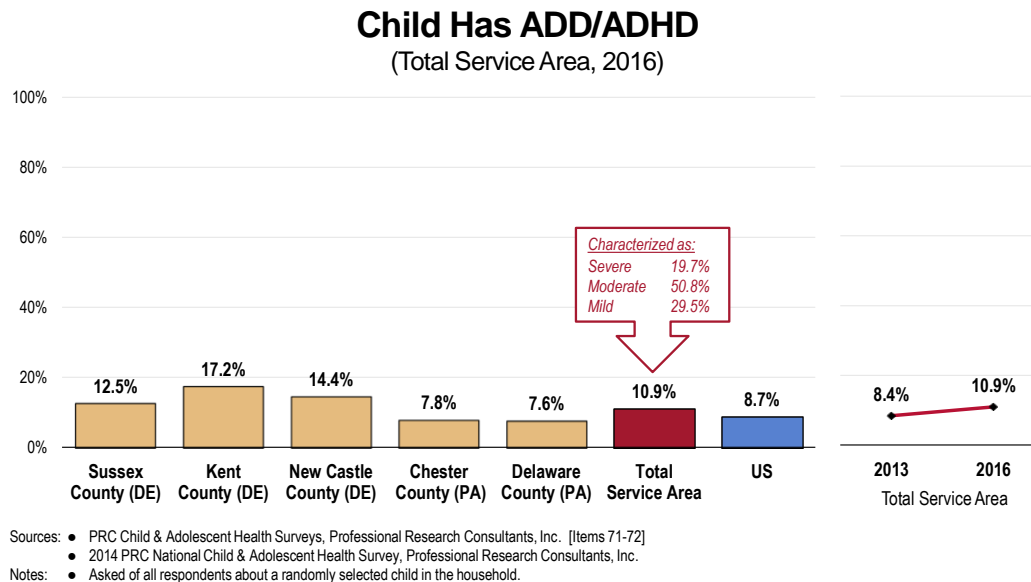
Cognitive & Behavioral Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

A total of 10.9% of Total Service Area children are reported to have ever suffered from or been diagnosed with ADHD (also sometimes referred to as attention deficit disorder, or ADD).

- Similar to the US figure.
- Highest in Kent County; lowest in Delaware County.
- TREND: ADHD diagnoses have remained statistically unchanged since 2013.

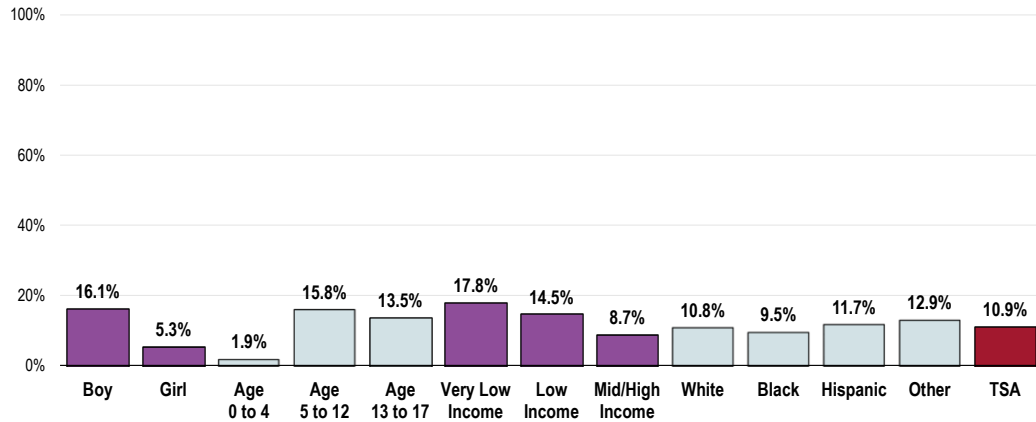
Note that 19.7% of these parents characterize their child's ADD/ADHD as "severe."



Total Service Area children more likely to have suffered from/been diagnosed with ADD/ADHD include the following:

- Boys.
- Children age 5 and older.
- Lower-income children (negative correlation with income).

Child Has ADD/ADHD (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

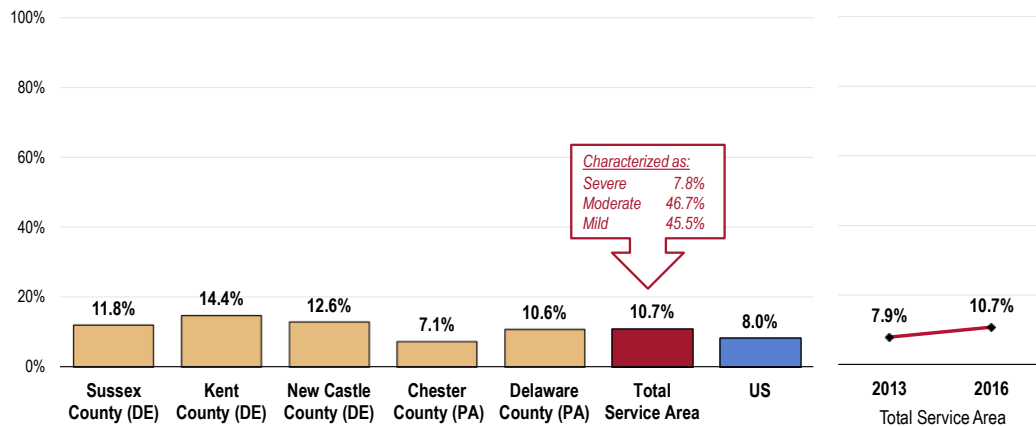
Learning Disabilities

A total of 10.7% of Total Service Area children are reported to have some type of learning disability.

- Higher than the US percentage.
- Favorably low in Chester County.
- TREND: The proportion of Total Service Area children with a learning disability has significantly increased in the past three years.

Note that 7.8% of these parents characterize their child's learning disability as "severe."

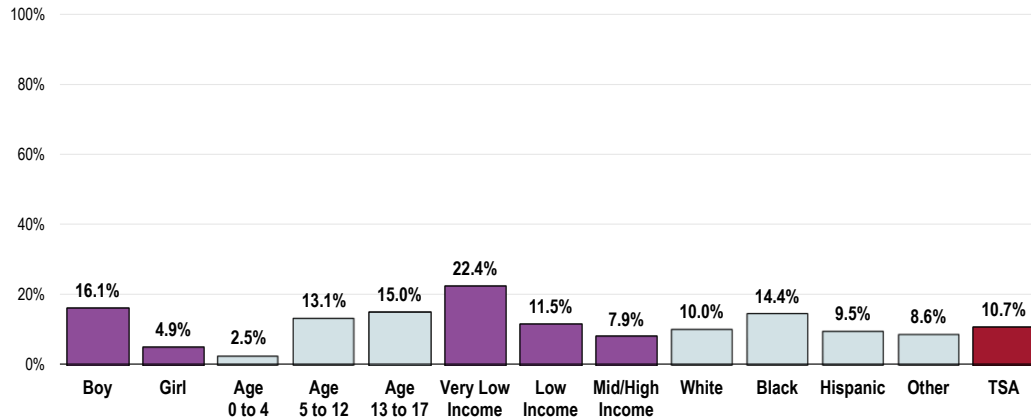
Child Has a Learning Disability (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 65-66]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Total Service Area children living in lower income households are much more likely to have some type of learning disability (negative correlation with income).
- Boys and children over age 4 are also more likely to present with a learning disability (positive correlation with age).

Child Has a Learning Disability (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 65]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

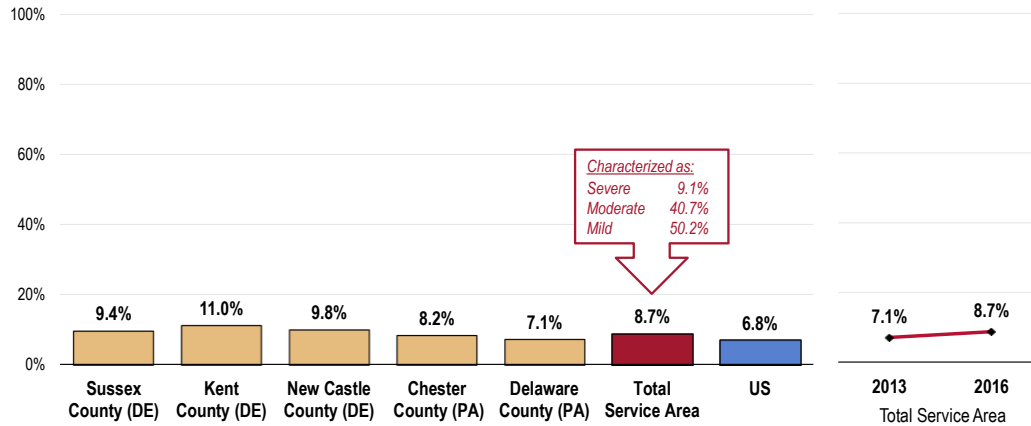
Developmental Delays

A total of 8.7% of Total Service Area children have been diagnosed with some type of developmental delay that affects his/her ability to learn.

- Similar to the US prevalence.
- Statistically similar among individual counties.
- TREND: No statistically significant change in prevalence has occurred since 2013.

Note that 9.1% of these parents characterize their child's developmental delay as "severe."

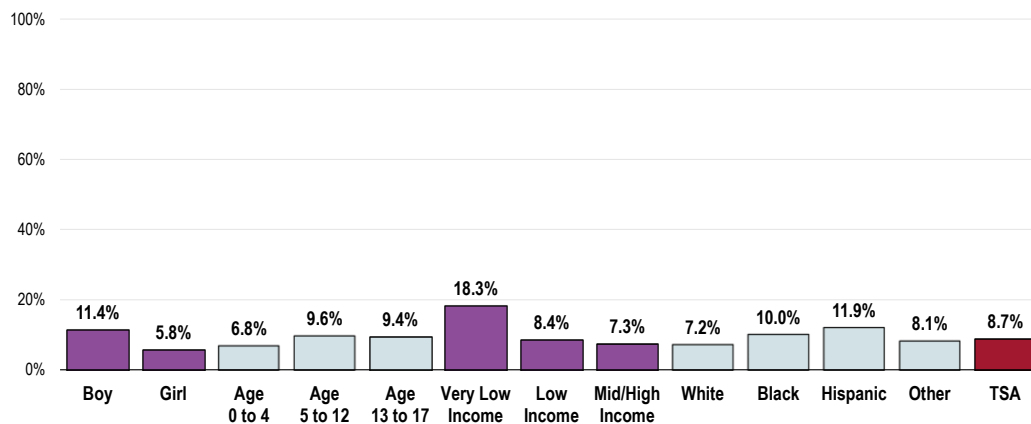
Child Has a Developmental Delay (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 67-68]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Boys and children living in very low income households are more likely to have a developmental delay than their demographic counterparts (negative correlation with household income).

Child Has a Developmental Delay (Total Service Area, 2016)



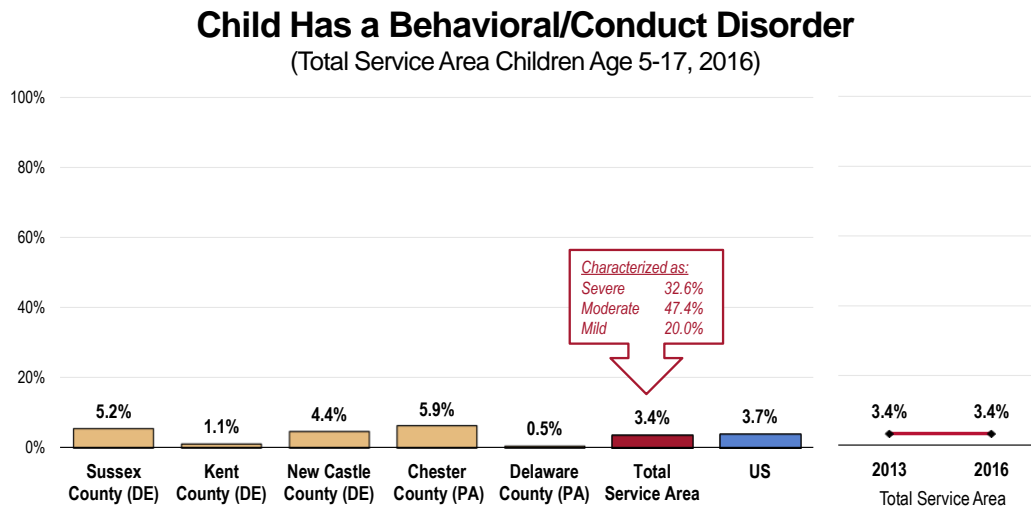
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 67]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Behavioral/Conduct Disorders

Among Total Service Area parents of children age 5-17, 3.4% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral or conduct disorder, such as oppositional defiant disorder or conduct disorder.

- Similar to US findings.
- Lower in Kent and Delaware counties.
- TREND: The current prevalence is identical to prior survey findings.

Note that 32.6% of these parents characterize their child’s behavioral/conduct problems as “severe.”

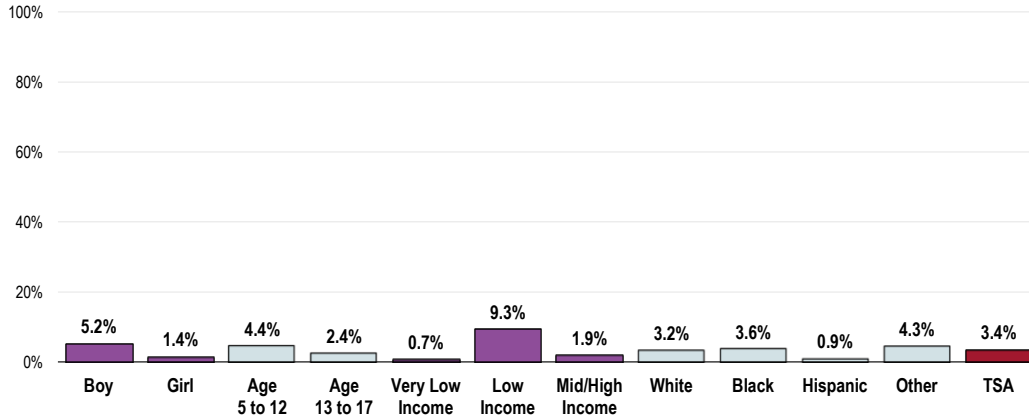


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 101-102]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Behavioral/conduct disorders are more prevalent among the following:

- Boys.
- Children living right above the federal poverty level.

Child Has a Behavioral/Conduct Disorder (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Autism

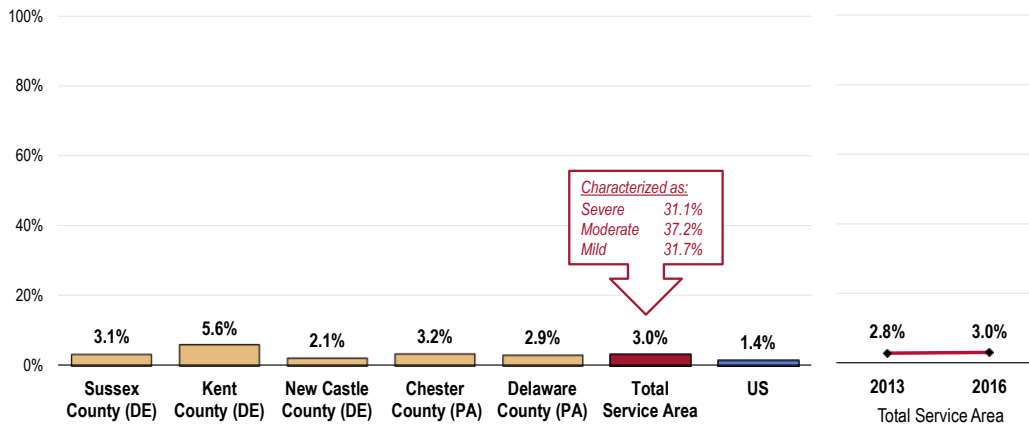
Among Total Service Area parents of children age 5-17, 3.0% indicate that their child has been diagnosed with autism.

- Less favorable than national reports.
- Comparable by county.
- TREND: Comparable to the prevalence noted in 2013.

Note also that 31.1% of these parents characterize their child's autism as "severe."

Child Has Autism

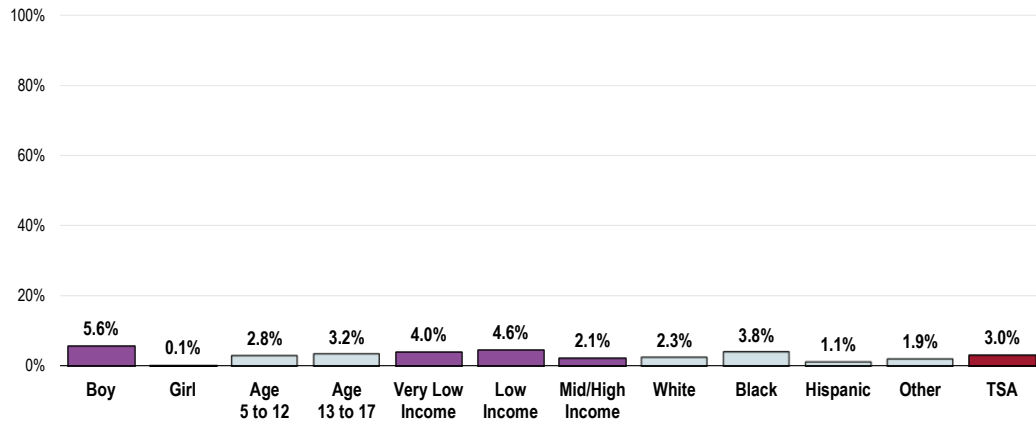
(Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 103-104]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Among school-age children in the Total Service Area, boys are much more likely than girls to have autism.

Child Has Autism
(Total Service Area Children Age 5-17, 2016)

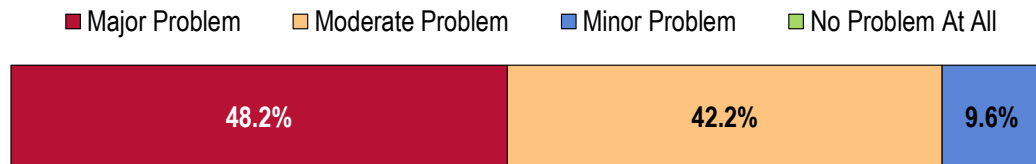


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Cognitive and Behavioral Conditions

The greatest share of key informants taking part in an online survey characterized *Cognitive and Behavioral Conditions* as a "major problem" for children/adolescents in the community.

Perceptions of Cognitive and Behavioral Conditions as a Problem for Children/Adolescents in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Many of our children are being diagnosed in schools with learning disabilities, ADD/ADHD, autism and more. Students should not be placed on medication until the parent consents and the parent feels that the child really needs it. - Other Health Provider (New Castle County, DE)

ADD/ADHD, behavior, learning disabilities. - Community/Business Leader (Sussex County, DE)

Many students suffer from behavioral and cognitive conditions that impede their ability to learn. - Community/Business Leader (New Castle County, DE)

The growing number of children with learning disabilities and learning disorders at early ages. - Community/Business Leader (Sussex County, DE)

Typically, a school should have about 6-10% IEP students. We have about 20% students with an IEP including learning disabilities, Autism and ADHD/ADD. Not all children are able to have the para support or home support. - Community/Business Leader (New Castle County, DE)

Increasing diagnoses and suspected issues, not enough coordination across systems. Education, health, family services and educators in public schools not feeling prepared to manage these issues or having the support personnel to do so. - Community/Business Leader (The Region)

Lots of concerns about autistic spectrum disorder in children. We seem to have a somewhat high incidence. Lots of school issues with ADD and educational problems. Children are not meeting expectations for school. - Physician (Chester County, PA)

There is a clear prevalence of these conditions in the schools and among providers. More important, there is a lack of services to meet these needs. - Other Health Provider (Sussex County, DE)

In our 44 Boys & Girls Clubs, which serve many thousands of children and adolescents, we have observed a progressive and marked increase in recent years of the scope and frequency of exceptional needs and their related behavioral management challenges. - Social Services Provider (The Region)

HJMC does not have a large pediatric patient base however a notable portion of children are treated for cognitive and behavioral conditions. Because of the need in general HJMC has an integrated behavioral health program into its primary care setting. - Other Health Provider (New Castle County, DE)

I have noticed over the years that children do not know how to play and solve their own group problems. They are self-centered and don't get the bigger picture on how they should behave in a larger group setting. They are taught but I am not sure parents. - Community/Business Leader (New Castle County, DE)

Access to Providers

Few pediatric specialists in Delaware, the further south you live in the state. - Community/Business Leader (The Region)

Lack of access to developmental pediatrics. - Public Health Representative (Delaware County, PA)

Prevalent issues with lack of qualified clinicians to serve them. - Other Health Provider (Sussex County, DE)

Many of the children and adolescents in the surrounding communities have cognitive and behavioral conditions that require specialized diagnosis and subsequent care. The appropriate personnel and facilities are few in number and difficult to access. - Community/Business Leader (Sussex County, DE)

It is very difficult to access area providers, outside of PCPs, who are considered experts in these areas. Waiting times for appointments are generally, conservatively, 6-12 months. For a parent who is wondering about their child's future. - Physician (New Castle County, DE)

Limited number of providers/practitioners and extremely long waiting lists. - Community/Business Leader (The Region)

Limited access to professionals and professionals who speak Spanish. - Social Services Provider (New Castle County, DE)

Families with concerns of ADD and ADHD common. ASD issues are common and long wait time for developmental pediatricians. - Physician (Delaware County, PA)

Nationally there is a deficit in mental health options for children and regionally there is a problem with mental health providers with prescribing capabilities. - Physician (New Castle County, DE)

Our state lacks community agencies to support children with behavior problems. - Community/Business Leader (New Castle County, DE)

Health Education

In our elementary school we have students whose families don't understand recognize behaviors that are not typical for the age level of their children. Parent/family education and services would help to support the data, practices and recommendations. - Community/Business Leader (New Castle County, DE)

Adults, including parents and teachers, do not have clear information and sufficient knowledge about cognitive and behavioral conditions. This whole area of children's health still carries stigma, negative response, fear of "labeling" and controversy. - Community/Business Leader (New Castle County, DE)

Child care providers deal with children who have significant behavioral issues. The goal would be to give providers training and resources which would reduce the number of childcare expulsions. - Social Services Provider (The Region)

Diagnosis

Lack of screening, lack of care services. - Public Health Representative (The Region)

There is a problem with children getting diagnosed by the Pediatrician. There is a bigger problem with testing being done by Nemours. This can take several months. There are also issues with clear communication between schools and Pediatricians. - Community/Business Leader (New Castle County, DE)

Behavioral concerns in children as identified by early learning professionals that often result in children being dismissed from programs. Kindergarten readiness survey findings show young children don't have the necessary social/emotional abilities. - Community/Business Leader (New Castle County, DE)

Disease Management

Need more time to help families coordinate learning disability evaluations and treatment with schools. Very limited resources for kids with autism. ADHD is a common problem, but we feel well equipped as far as prescribing medications. - Physician (Delaware County, PA)

There are a number of children with poorly managed ADHD due to parental non-compliance. - Physician (New Castle County, DE)

Lack of Resources

Our public schools are overwhelmed. Our students require neuropsychological evaluations that include ADHD, but must also examine for educational and processing disorders such as dyslexia. - Physician (Sussex County, DE)

Parenting issues, lack of services to help children with these conditions, school system that avoids evaluation for learning concerns. - Physician (Sussex County, DE)

Co-Occurrences

From a life-course eco-social perspective, growing economic, social and healthcare costs associated with prematurity and LBW are a major public health concern in the USA and their marked impact on mental health problems during childhood and adolescence. - Other Health Provider (New Castle County, DE)

Mental Health Services & Treatment

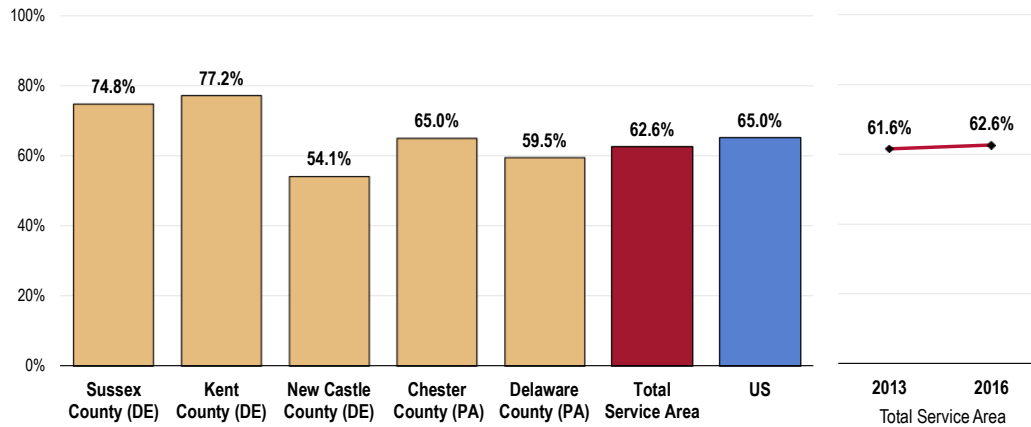
Awareness of Mental Health Services

A majority of Total Service Area parents (62.6%) say that they are aware of local community resources for mental health.

- Similar to national findings.
- Much higher in Sussex and Kent counties; lower in New Castle County.
- TREND: Awareness of mental health resources has remained statistically constant over time.

Aware of Mental Health Resources in the Community

(Among Parents of Total Service Area Children Age 5-17, 2016)

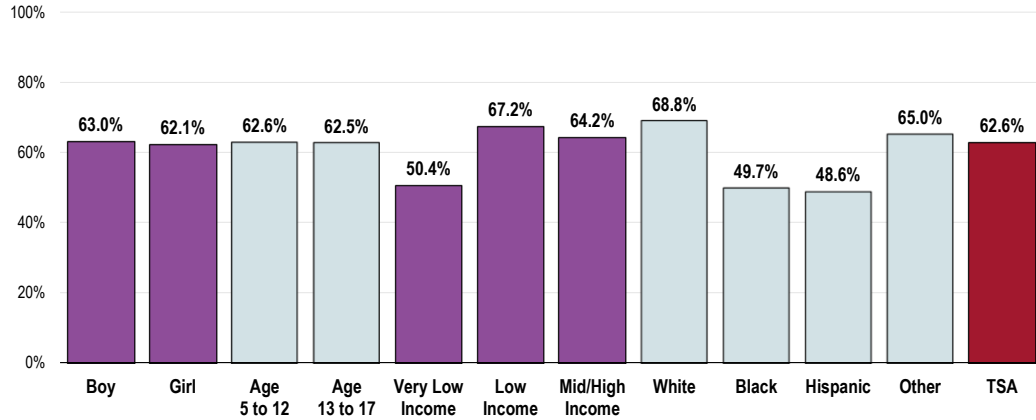


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 107]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

The following are less likely to be aware of these services:

- Parents living above poverty.
- Parents of White children or “Other” race children.

Aware of Mental Health Resources in the Community (Among Parents of Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

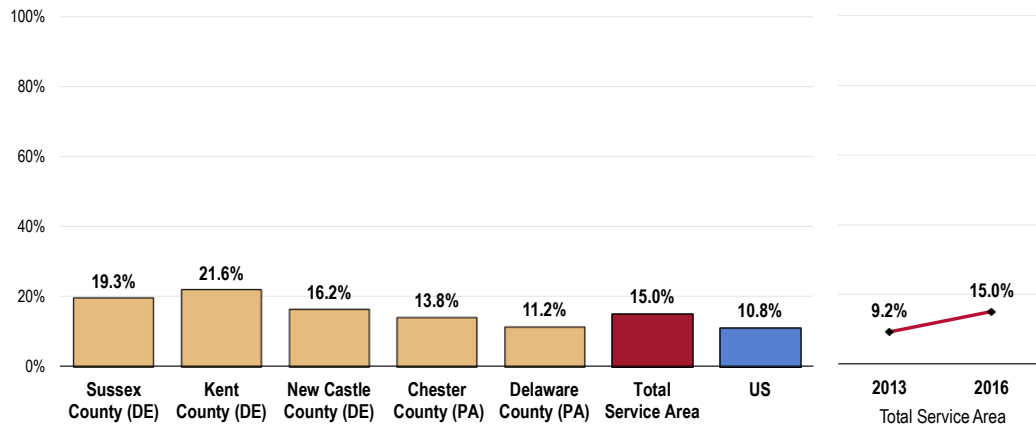
Among parents who are aware of mental health resources in the area, 23.7% report that their child has used these services.

Need for Mental Health Services

A total of 15.0% of Total Service Area parents report that their child (age 5-17) has needed emotional or mental health services in the past year.

- Higher than the US proportion.
- Highest in Kent County.
- TREND: The demand for children's mental health services has significantly increased since 2013.

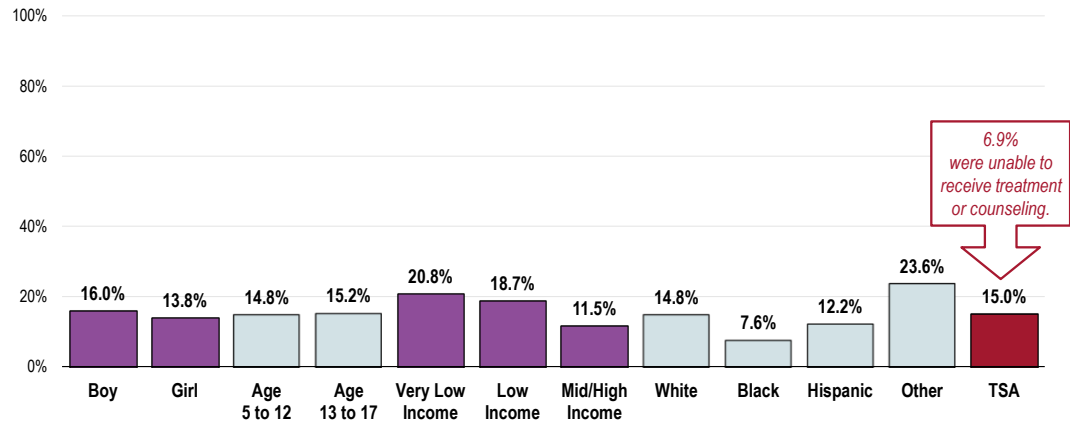
Child Needed Mental Health Services in the Past Year (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 91]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- “Other” race children are more likely to have needed such services.

Child Needed Mental Health Services in the Past Year (Total Service Area Children Age 5-17, 2016)



- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 91-92]
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

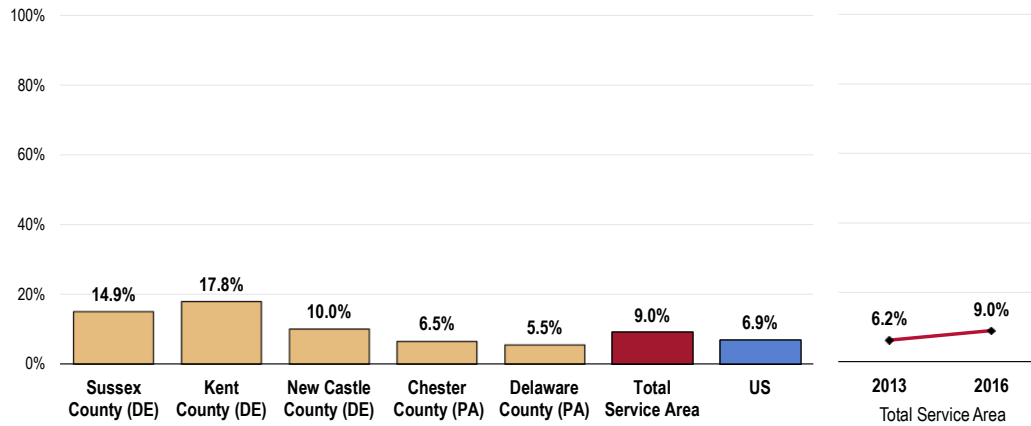
*Among these parents with children needing services, 6.9% report that their child did not receive any type of mental health treatment or counseling — reasons primarily related to **difficulty obtaining an appointment** and **lack of trying**.*

Prescriptions for Mental Health

A total of 9.0% of Total Service Area parents report that their child (age 5-17) has ever taken prescribed medication for their mental health.

- Statistically comparable to US reports.
- Highest in Sussex and Kent counties; lowest in Delaware County.
- TREND: Over time, there has been a statistically significant increase in children taking prescribed medication for their mental health.

Child Has Ever Taken Prescription Medication for Mental Health (Total Service Area Children Age 5-17, 2016)

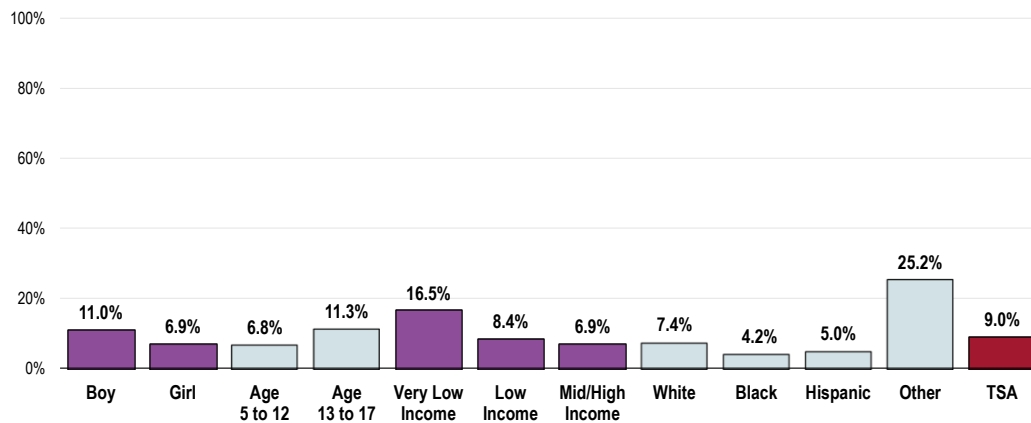


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 94]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Children more likely to have taken prescription medication for their mental health include:

- Boys.
- Teenagers.
- “Other” race children (Note that one-fourth take prescribed medication for their mental health).

Child Has Ever Taken Prescription Medication for Mental Health (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental and Emotional Health

A high percentage of key informants taking part in an online survey characterized *Mental and Emotional Health* as a “major problem” for children/adolescents in the community.

Perceptions of Mental and Emotional Health as a Problem for Children/Adolescents in the Community (Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Perceived increasing issue by educators, with limited in school resources and training, as well as wraparound personnel and support to address the issue. A new language, formerly taboo, that most people are not facile with, nor do we know what to do. - Community/Business Leader (The Region)

I see a lot of patients with depression, anxiety, school stress. - Physician (Delaware County, PA)

School nurses and School Based Health Centers report increased numbers of students seeking care for mental health issues. Increased numbers of suicide in the state. - Community/Business Leader (The Region)

Lots of depression and anxiety. Limited resources that are willing to work with insurance. DuPont and CHOP have no psychologists in local clinics. - Physician (Chester County, PA)

Our communities are devastated by mental and emotional health issues based on the make-up of their communities. - Other Health Provider (New Castle County, DE)

See it in families and youth we serve. - Social Services Provider (The Region)

Children are reporting via the annual survey that they are feeling increasing sadness, depression and stress. - Public Health Representative (The Region)

HJMC does not have a large pediatric patient base however a notable portion of children are treated for mental and emotional health. - Other Health Provider (New Castle County, DE)

We have lots of children who suffer from anxiety disorders, depression, and other mental health issues. We have a serious lack of psychiatry and psychology resources that are able to accept major insurance companies. - Physician (Chester County, PA)

There are increasing numbers of students with significant mental health disorders. It seems to take a long time for a diagnosis and proper treatment. Many of these students are bipolar or have other mood disorders that make success in school difficult. - Community/Business Leader (New Castle County, DE)

Number one reason for visits to school based health centers. - Public Health Representative (The Region)

Mental health issues are being diagnosed more each year. Parents who do bring their children in for treatment get the help with medication if needed. However the resources for child therapist and child psychiatrist is very low. - Physician (Kent County, DE)

Access to Providers

Lack of services for these children, very challenging to get a child seen by psychiatry. - Physician (Sussex County, DE)

Limited number of providers and practitioners. Long waiting lists for services. - Community/Business Leader (The Region)

Lack of mental health providers to serve children in our community. - Community/Business Leader (New Castle County, DE)

Many youth have social and emotional issues and there is a lack of adequate providers in our area. With such a high rate of youth living at or below the poverty level and many who have had exposure to some form of Trauma. - Other Health Provider (Sussex County, DE)

Private and Medicaid insurances do not participate consistently with the few providers in our area. - Physician (Sussex County, DE)

Access to competent, empathetic, affordable mental health providers in this area is abysmal. - Physician (New Castle County, DE)

Access to Care/Services

Many of the children and adolescents in the surrounding communities have cognitive and behavioral conditions that require specialized diagnosis and subsequent care. The appropriate personnel and facilities are few in number and difficult to access. - Community/Business Leader (Sussex County, DE)

As with the earlier question, there is a lack of resources. - Other Health Provider (Sussex County, DE)

Services for children with mental illness is extremely lacking. We should be able to provide treatment for the whole family, not just the identified patient. It should not be so difficult to access and it should be provided in the home or community. - Community/Business Leader (New Castle County, DE)

Children do not have access to quality inpatient or outpatient mental health services. - Community/Business Leader (New Castle County, DE)

Lack of services in area, uninsured. - Other Health Provider (Sussex County, DE)

Social Factors

There are high percentages of children living in high risk environments. Social emotional skills impact their ability to function and be ready to learn. - Community/Business Leader (New Castle County, DE)

Social determinants of health and the social determinants of mental health exert their effects more broadly at the societal level and thus can be most effectively addressed through changes in public policies and social norms. - Other Health Provider (New Castle County, DE)

High anxiety parent/patient population. Lack of resilience and coping skills. Too much pressure on quantitative achievement versus qualitative life enjoyment. Too much competition, not enough compassion. - Physician (The Region)

High percentage of foster care children in the schools, traumas experienced when exposed to violence on a regular basis, new immigrants struggling to assimilate. Even young people who do not experience these things need access to caring professionals. - Social Services Provider (Kent County, DE)

Family Stability

Our students are dealing with so many issues in their life that it affects their focus on learning at school. Some students suffer from post-traumatic stress syndrome, PTS, of things that they see and/or experience in their home. - Community/Business Leader (New Castle County, DE)

Lack of family stability. - Social Services Provider (Sussex County, DE)

Children and adolescents, from kindergarten to high school continue to struggle with family issues which are carried into the school environment. Students as young as 6 years old are fighting among their peers, discipline is very difficult. - Community/Business Leader (Sussex County, DE)

Diagnosis/Treatment

Mental health sometimes is discounted or even disregarded and is not treated as a disease. - Community/Business Leader (Sussex County, DE)

Mental and emotional health goes untreated in a lot of instances. When it is untreated it gets out of control and gets worse. Many youth don't talk about the problems mental or emotional health problems. - Community/Business Leader (New Castle County, DE)

Risky Behaviors

Again, I am a survey data collector and the data on mental health problems are related to other risk behaviors such as substance use and sexual risk-taking. - Community/Business Leader (The Region)

Impact on Quality of Life

Because mental and emotional health affects children and adolescents learning. - Community/Business Leader (Sussex County, DE)

Health Education

Delaware needs to reduce the number of child care expulsions. Child care providers need the tools and education to be able to work with the challenging behaviors of young children, especially those with extreme behaviors. - Social Services Provider (The Region)

Violence

As the rates of exposure to violence are increasing across the state, this has an influence on the mental and emotional health of children and their families. - Public Health Representative (The Region)

Chronic Disease & Special Health Needs



Professional Research Consultants, Inc.

Prevalence of Selected Medical Conditions

Speech & Language Problems

Chronic Ear Infections

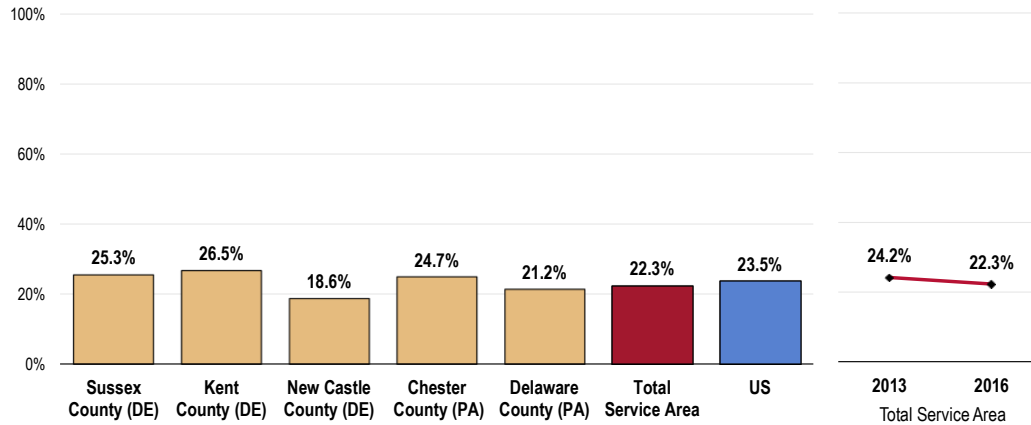
Among Total Service Area parents of children under the age of 18, 22.3% indicate that their child has had three or more ear infections in his/her life.

- Comparable to US findings.
- Statistically comparable among individual counties.
- TREND: Remains statistically unchanged since 2013.

Respondents were asked to report on the prevalence of a number of different chronic conditions and illnesses afflicting children.

“Would you please tell me if this child has ever suffered from or been diagnosed with any of the following medical conditions”

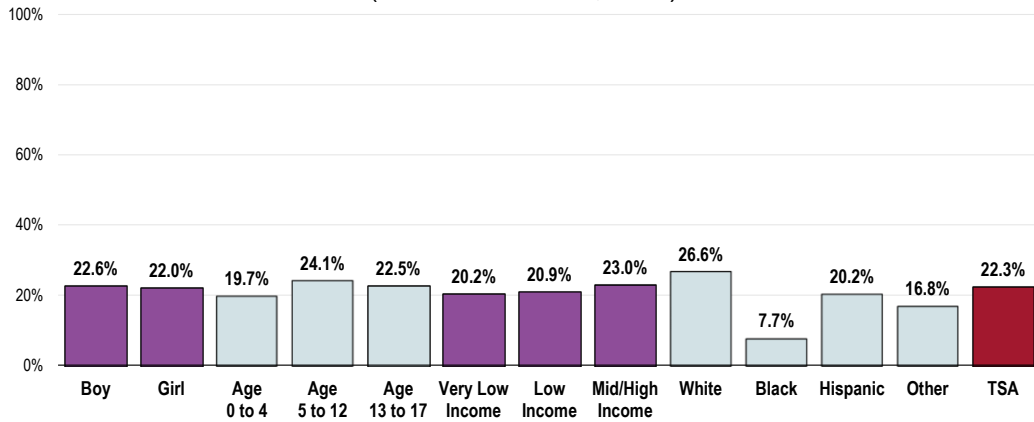
Child Has Had 3+ Ear Infections
(Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 62]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- White children are more likely to have chronic ear infections.

Child Has Had 3+ Ear Infections (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

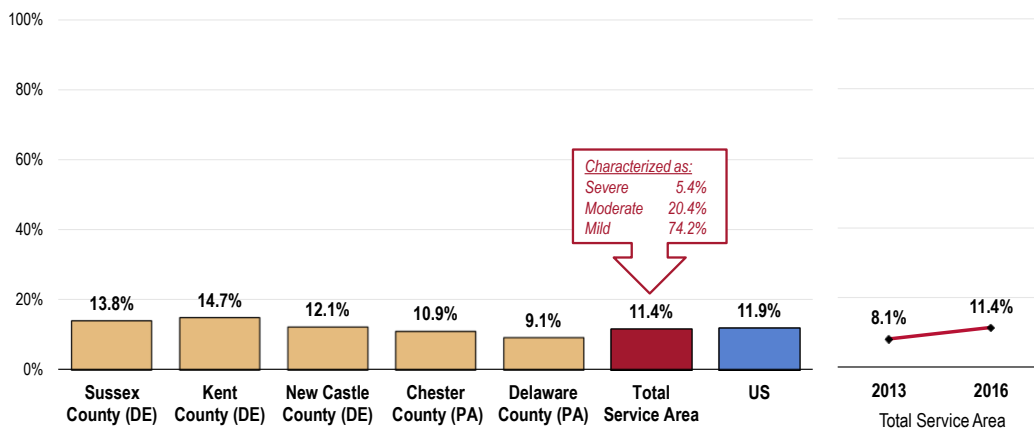
Speech/Language Issues

A total of 11.4% of Total Service Area children have some type of speech or language problem.

- Statistically similar to the national proportion.
- Statistically similar by county.
- TREND: Since 2013, speech and language problems have become more prevalent in the Total Service Area.

Note that 5.4% of these parents characterize their child's speech or language problem as "severe."

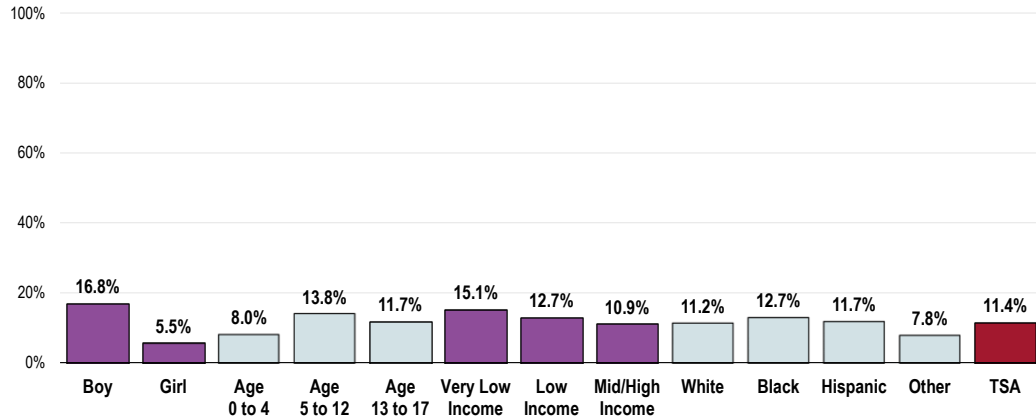
Child Has Speech/Language Problems (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 69-70]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Boys and children age 5 to 12 are more likely to experience speech or language problems.

Child Has Speech/Language Problems (Total Service Area, 2016)



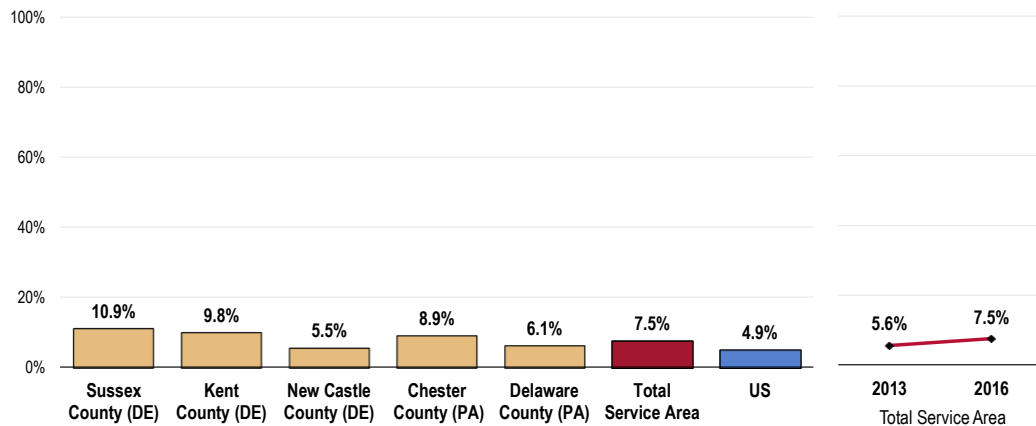
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 69]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Problems

A total of 7.5% of Total Service Area children have been diagnosed with hearing problems.

- Higher than national findings.
- No statistical difference by county.
- TREND: Statistically unchanged from prior survey results.

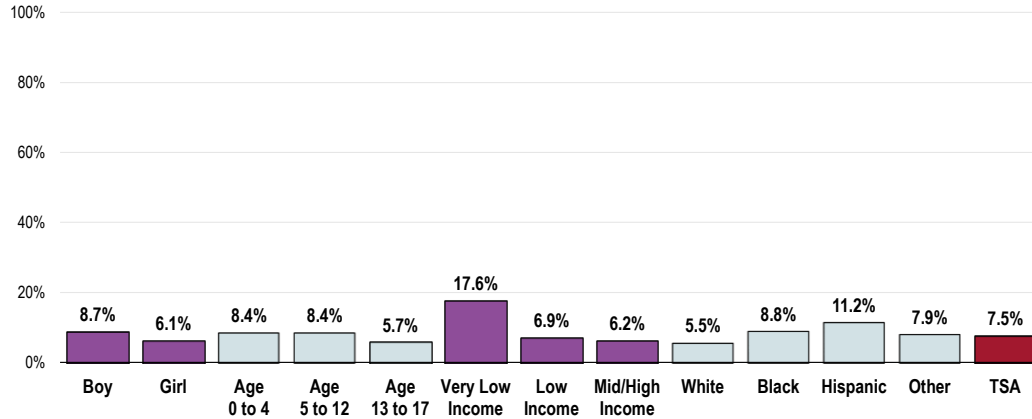
Child Has Hearing Problems (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 39]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- In the Total Service Area, children living in very low income households are more likely to have been diagnosed with hearing problems.

Child Has Hearing Problems (Total Service Area, 2016)



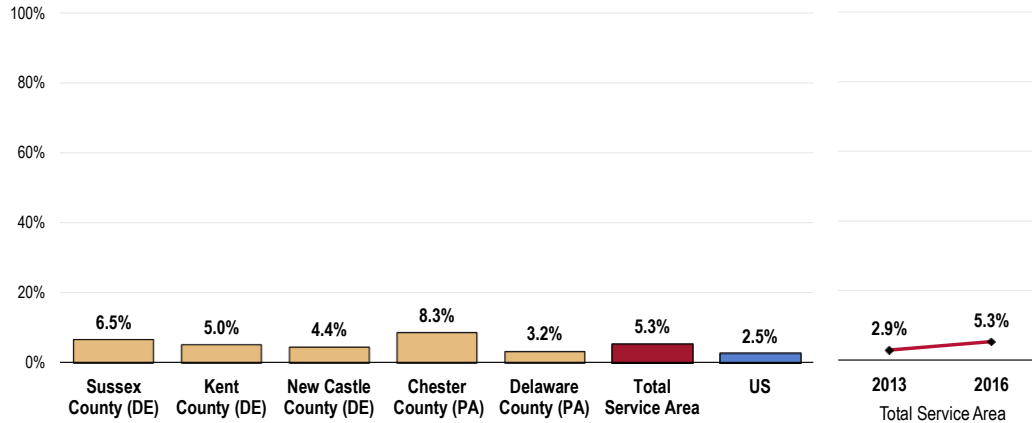
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 39]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vision Problems

A total of 5.3% of Total Service Area children have vision problems that cannot be corrected with glasses or contact lenses.

- Less favorable than the national prevalence.
- Least favorable in Chester County.
- TREND: Vision problems have statistically increased over time.

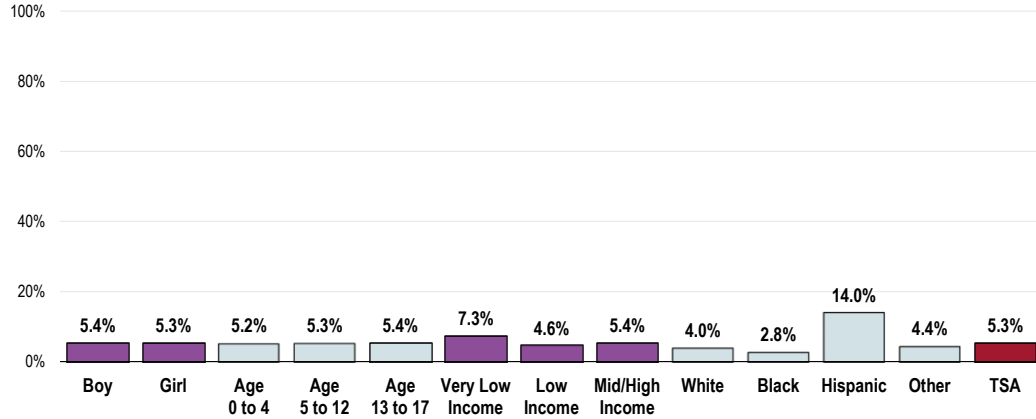
Child Has Uncorrectable Vision Problems (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 37]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Hispanic children have the highest prevalence of uncorrectable vision problems.

Child Has Uncorrectable Vision Problems (Total Service Area, 2016)

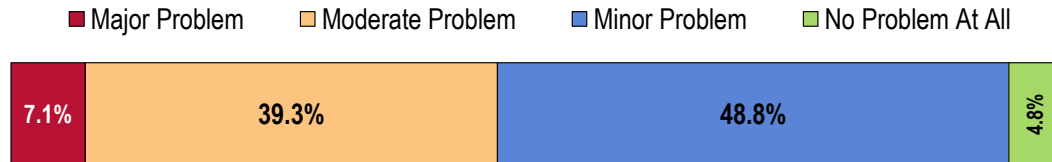


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Vision, Hearing & Speech Problems

Nearly one-half of key informants taking part in an online survey characterized *Vision, Hearing, and Speech Conditions* as a "minor problem" for children/adolescents in the community.

Perceptions of Vision, Hearing, & Speech Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

See it in youth we serve. - Social Services Provider (The Region)

Speech problems are high for our children in the city of Wilmington. Vision to Learn is in the city based on students needing glasses to achieve better grades. - Other Health Provider (New Castle County, DE)

Socioeconomic Factors

Sometimes because they don't have the money. They are too embarrassed to ask for help. Sometimes parents, single parents, guardians, legal care takers do not see it as a severe problem. - Community/Business Leader (Sussex County, DE)

Comorbidities

Family heredity and lack of developmentally appropriate language being spoken around and taught to children. Too many short cuts for the English language in text and not enough proper English being spoken. Too loud of music and, again, too much screen time. - Social Services Provider (Sussex County, DE)

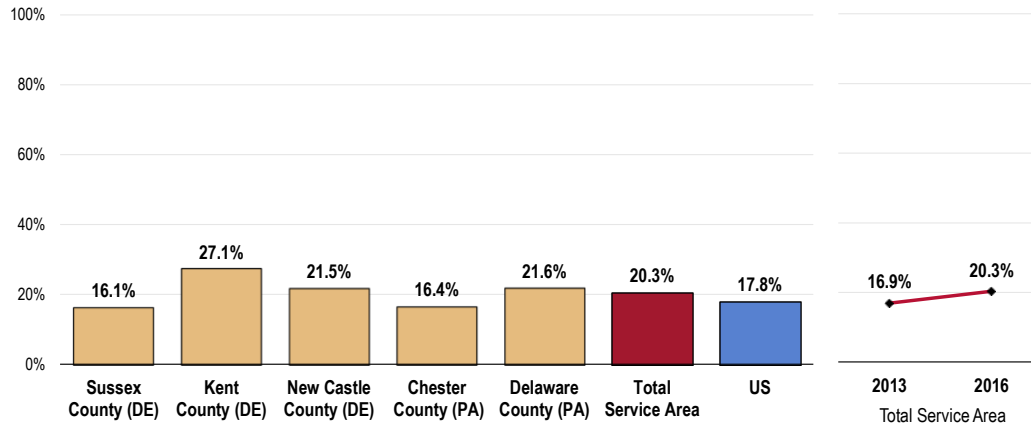
Allergies

Respiratory Allergies

One-fifth of Total Service Area children (20.3%) suffer from respiratory allergies.

- Comparable to the US percentage.
- Highest in Kent County.
- TREND: Denotes a statistically significant increase in the past three years.

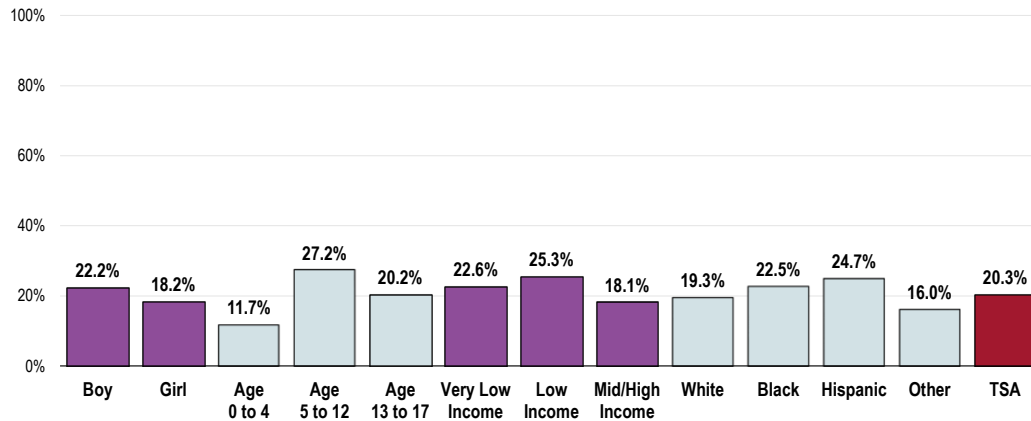
Child Has Respiratory Allergies (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 55]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Note that children age 5 to 12 are most likely to suffer from respiratory allergies followed by teenagers.

Child Has Respiratory Allergies (Total Service Area, 2016)



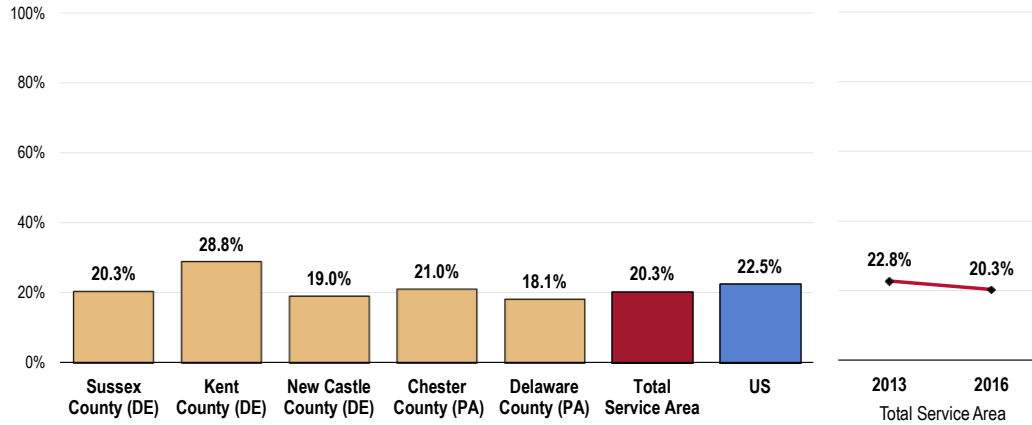
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Eczema/Skin Allergies

A total of 20.3% of Total Service Area children have eczema or another skin allergy.

- Similar to national findings.
- Less favorable in Kent County.
- TREND: Statistically similar to 2013 survey findings.

Child Has Eczema/Skin Allergies (Total Service Area, 2016)

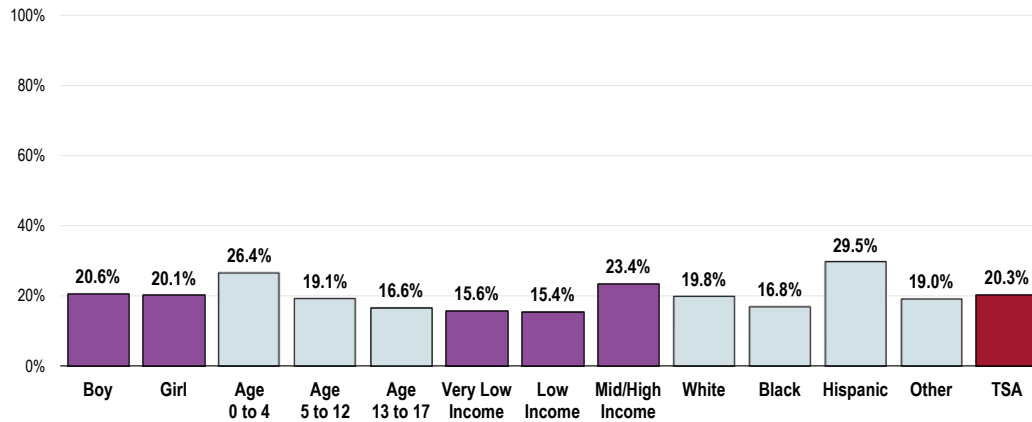


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 57]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

Those more likely to experience eczema/skin allergies include:

- Younger children (note the negative correlation with age).
- Children in households with mid/high incomes.
- Hispanic children.

Child Has Eczema/Skin Allergies (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

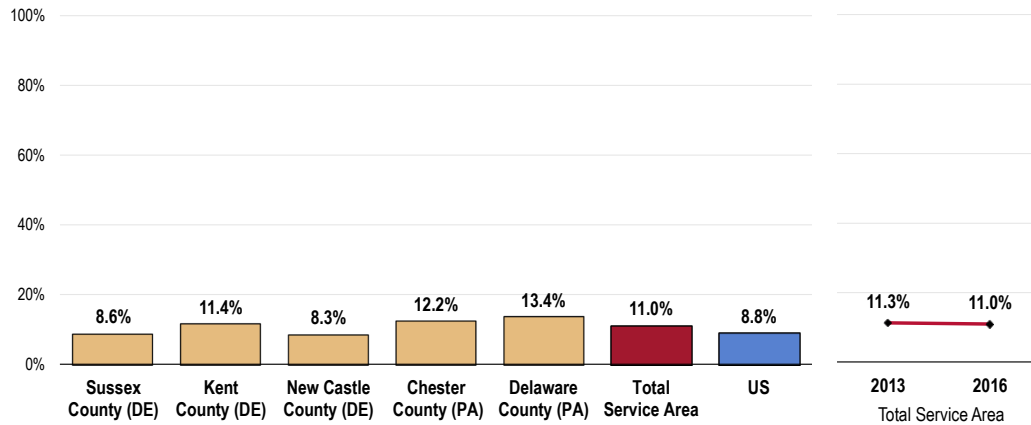
Food/Digestive Allergies

A total of 11.0% of Total Service Area children have some type of food or digestive allergy.

- Similar to the national rate.
- Statistically similar findings by county.
- TREND: The prevalence of food/digestive allergies has remained stable over time.

Child Has Food/Digestive Allergies

(Total Service Area, 2016)

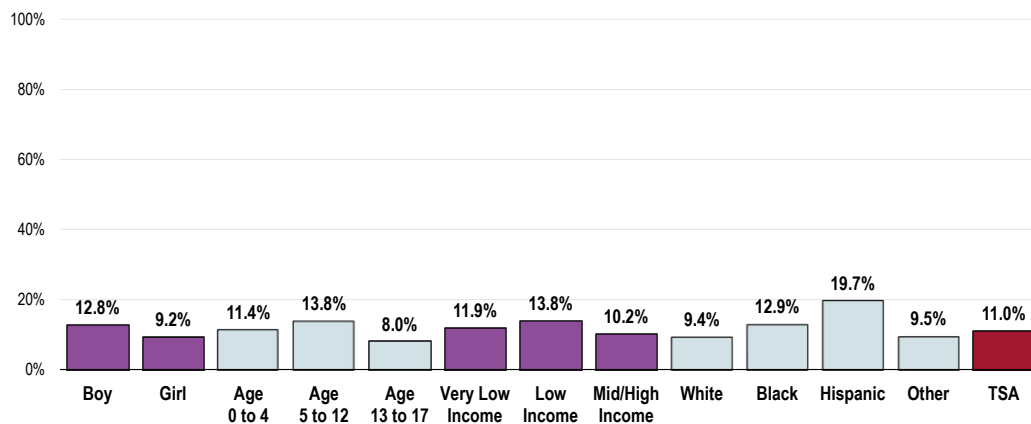


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 56]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Food or digestive allergies are more prevalent among children age 5 to 12 and among Hispanic children.

Child Has Food/Digestive Allergies

(Total Service Area, 2016)

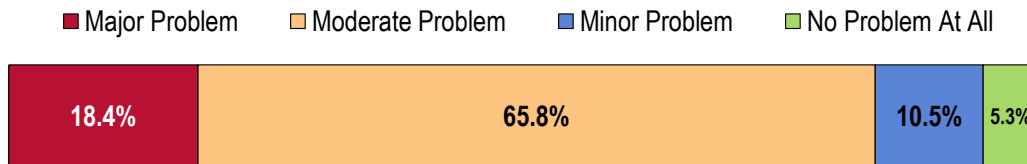


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Allergies

Almost two-thirds of key informants taking part in an online survey characterized *Allergies* as a “moderate problem” for children/adolescents in the community.

Perceptions of Allergies as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Environmental Contributors

- More and more children have environmental and food allergies which can lead to even more serious health concerns. - Social Services Provider (The Region)*
- Increased allergens, allergies to processed food. - Community/Business Leader (Sussex County, DE)*
- Environmental toxins both natural and man-made are abundant in this area. - Community/Business Leader (The Region)*
- Large amount of biodiversity and due to our climate. - Physician (New Castle County, DE)*

Prevalence/Incidence

- We see quite a bit of seasonal allergies, food allergies, and allergic skin conditions. The medications used are not very effective in some of the population seen. There is little education about allergies available to the general public. - Physician (Kent County, DE)*
- High percentage of kids in the community with food and environmental allergies, which takes its toll on the families and the medical resources. - Physician (The Region)*
- There are numerous children in our area that have food allergies and are living in industrial landfills that cause respiratory issues. - Other Health Provider (New Castle County, DE)*

Access to Providers

- HJMC does not have a large pediatric patient base however a notable portion of children are treated for allergies. A former CEO was active with the Nemours Asthma Safe Homes project for our service area. - Other Health Provider (New Castle County, DE)*

Access to Care/Services

- Because they do not go to the doctor in time and also because they do not have adequate healthcare in their country. - Community/Business Leader (Sussex County, DE)*

Neurological Conditions

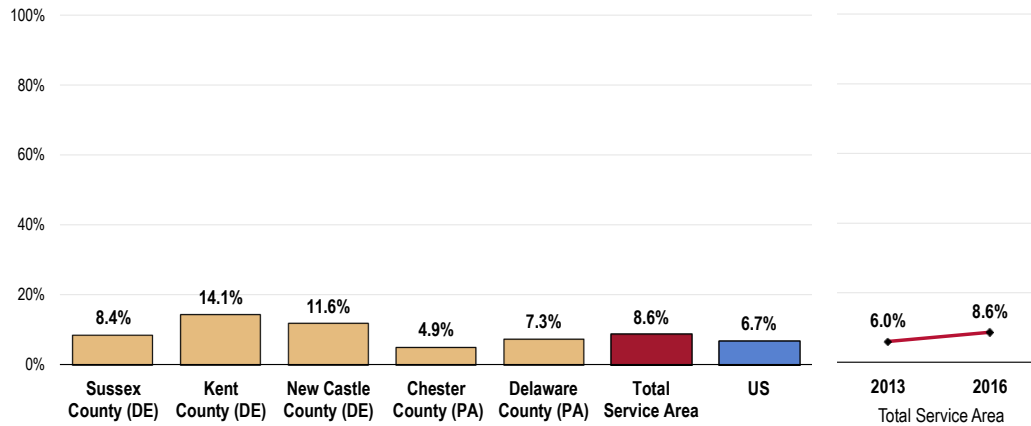
Migraines/Severe Headaches

A total of 8.6% of Total Service Area children suffer from migraines or severe headaches.

- Comparable to the US percentage.
- Higher in Kent County; lower in Chester County.
- TREND: Marks a statistically significant increase since 2013.

Child Has Migraines/Severe Headaches

(Total Service Area, 2016)



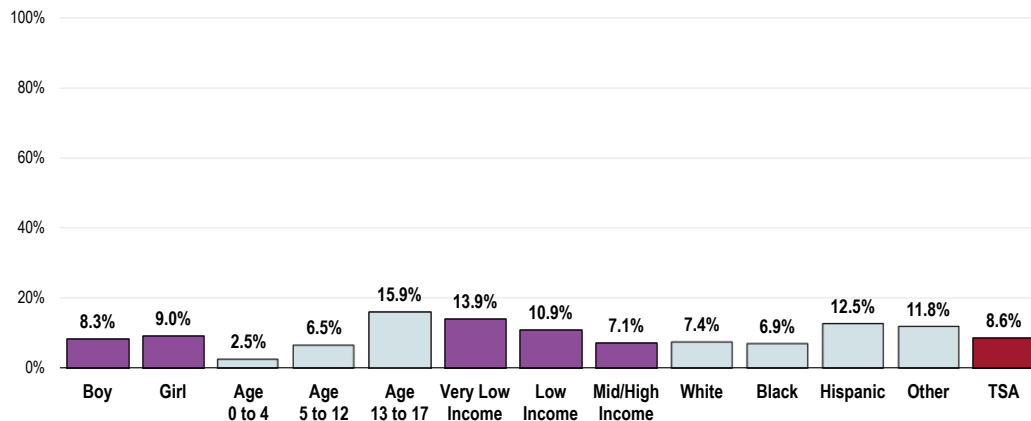
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 61]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.

- Suffering from migraines or severe headaches is positively correlated with age.

Child Has Migraines/Severe Headaches

(Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]

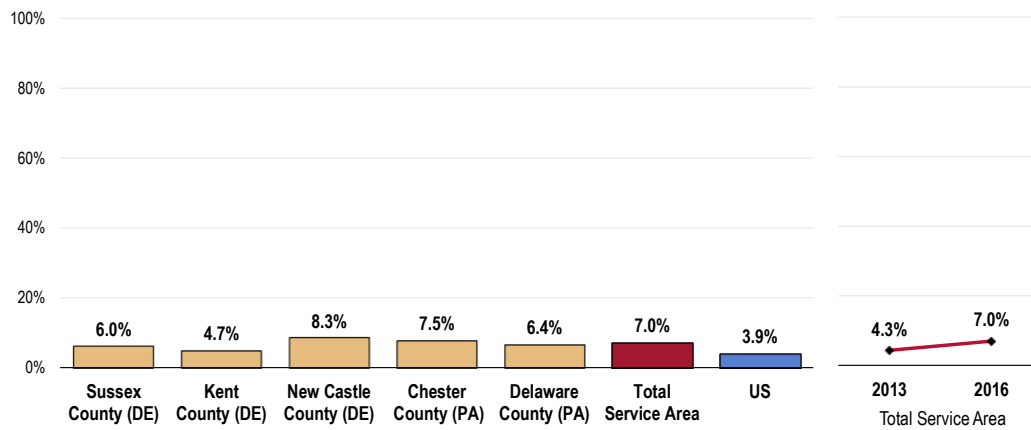
Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Brain Injury/Concussion

A total of 7.0% of Total Service Area children have suffered a brain injury or concussion.

- Higher than the US figure.
- Statistically comparable among the five counties.
- **TREND:** Brain injuries have increased in the Total Service Area over the past three years.

Child Has Had a Brain Injury/Concussion (Total Service Area, 2016)

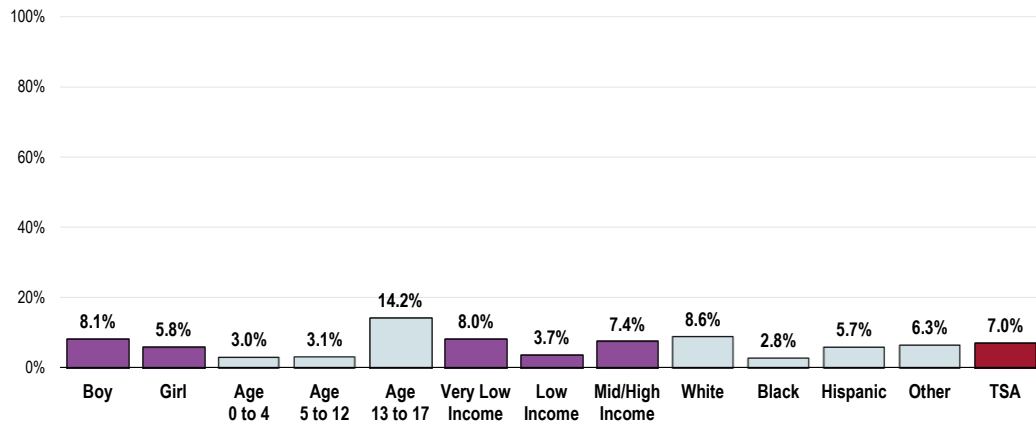


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

This is predominantly noted among:

- Teenagers.
- Children living at very low incomes.
- White children.

Child Has Had a Brain Injury/Concussion (Total Service Area, 2016)



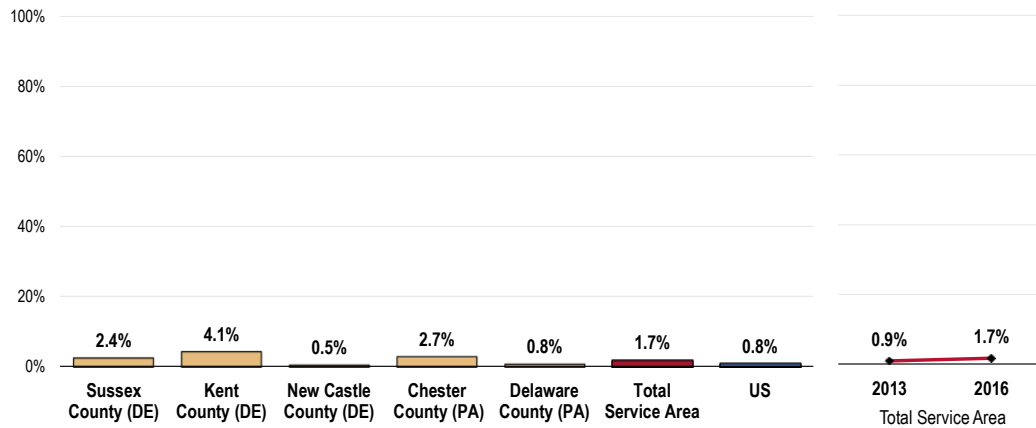
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seizure Disorder/Epilepsy

A total of 1.7% of Total Service Area children has epilepsy or a seizure disorder.

- Similar to the US rate.
- More favorable in New Castle County.
- TREND: Statistically, there has been no change in the prevalence of seizure disorders since 2013.

Child Has Seizure Disorder/Epilepsy (Total Service Area, 2016)

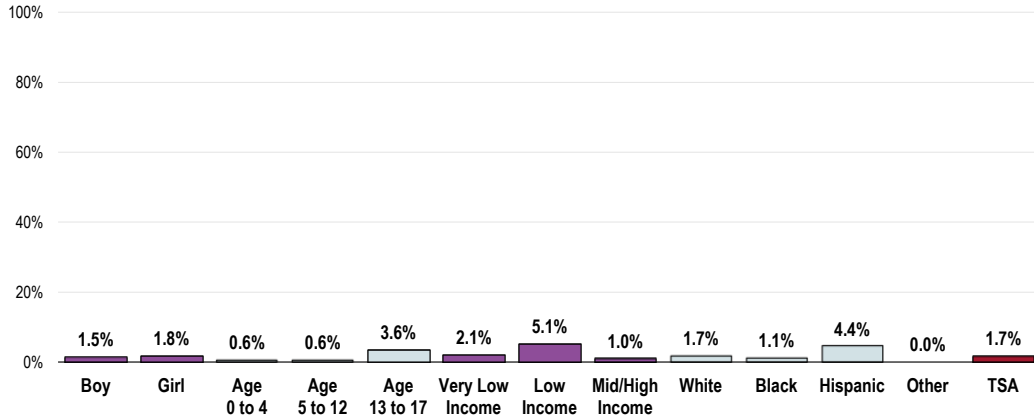


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 58]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

Children more at risk for seizure disorders/epilepsy include:

- Teenagers.
- Children of low income households.
- Hispanic children followed by White children.

Child Has Seizure Disorder/Epilepsy (Total Service Area, 2016)

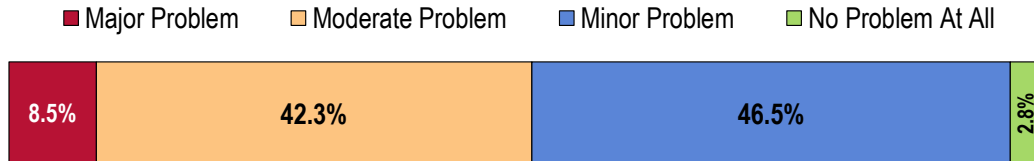


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Neurological Conditions

Key informants taking part in an online survey characterized *Neurological Conditions* as a "minor problem" more often than a "moderate problem" for children/adolescents in the community.

Perceptions of Neurological Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Influence of Technology

Computer/phone/tablet/internet/screens and social media are changing our brains. They're here to stay. We need to be open minded to the influence these exposures have on our kids' developing brains. We should continue research on that topic. - Physician (The Region)

Access to Providers

Pediatric Neurologist, one hour away. - Physician (Sussex County, DE)

Concussions

Increased concussions. - Other Health Provider (Sussex County, DE)

Bone, Joint & Muscle Problems

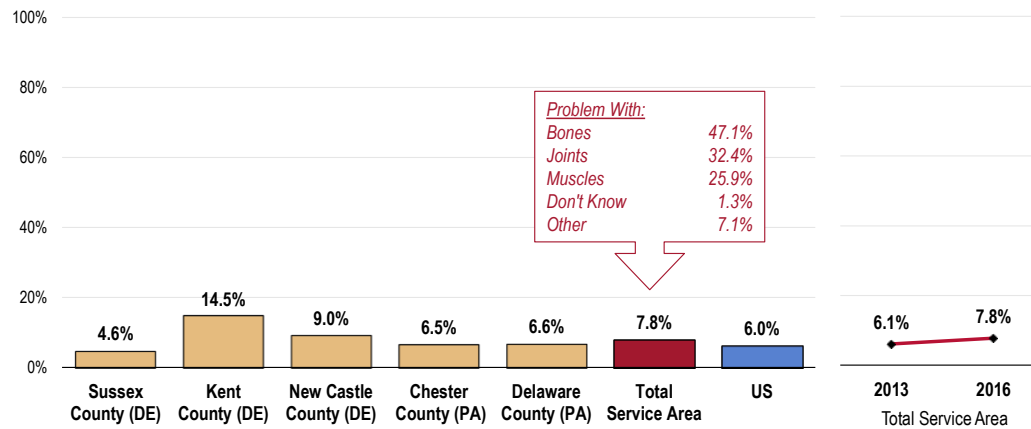
A total of 7.8% of Total Service Area children experience bone, joint or muscle problems.

- Close to the nationwide proportion.
- High in Kent County; low in Sussex County.
- TREND: Statistically unchanged from the prevalence reported in 2013.

Among these, the largest share (47.1%) reported that the condition affects their child's **bones**, followed by **joints** (32.4%), and **muscles** (25.9%).

Child Has Bone, Joint, or Muscle Problems

(Total Service Area, 2016)

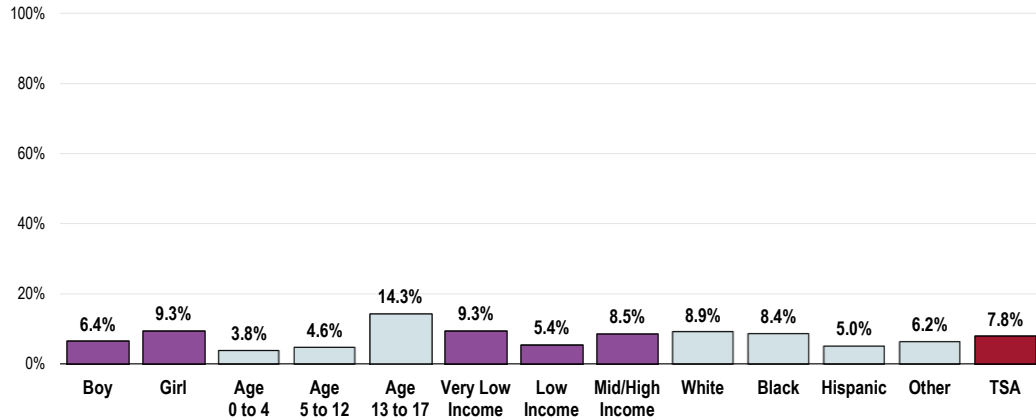


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 63-64]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.

- Teenagers appear much more likely to suffer from bone, joint or muscle problems (positive correlation with age).

Child Has Bone, Joint, or Muscle Problems (Total Service Area, 2016)

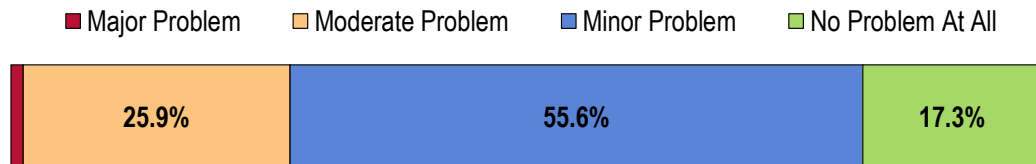


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Bone, Joint, and Muscle Conditions

A majority of key informants taking part in an online survey characterized *Bone, Joint, and Muscle Conditions* as a "minor problem" for children/adolescents in the community.

Perceptions of Bone, Joint, and Muscle Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Sports Injuries

Lots of sports injuries, both acute and overuse. - Physician (Chester County, PA)

Asthma

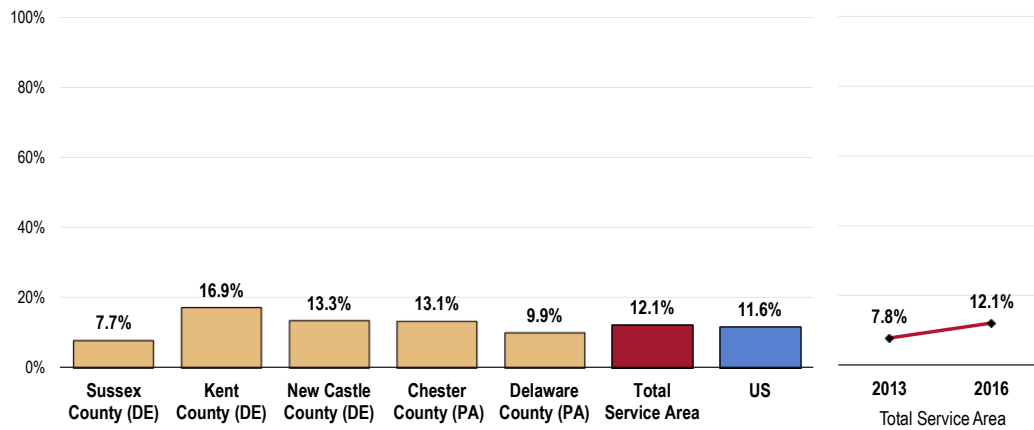
Prevalence of Asthma

A total of 12.1% of Total Service Area children age 0 to 17 currently have asthma.

- Similar to the US rate.
- Lowest in Sussex County.
- TREND: There has been a statistically significant increase in childhood asthma since 2013.

Child Currently Has Asthma

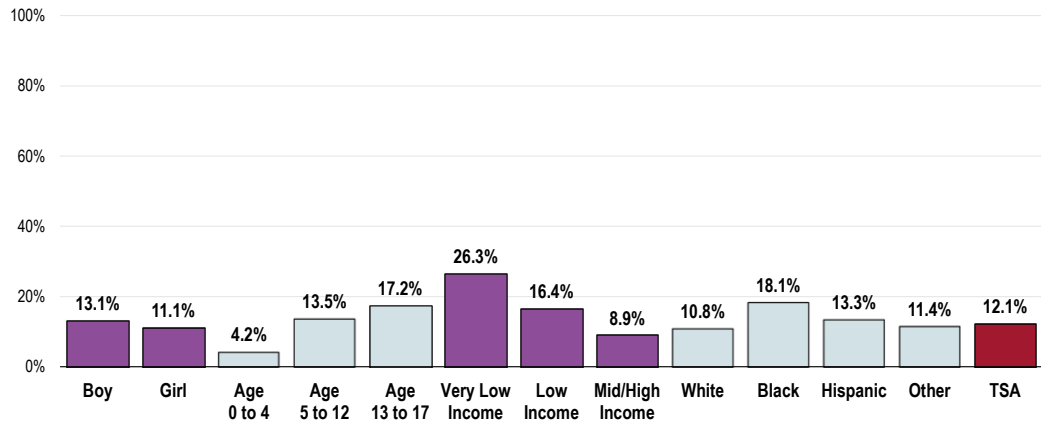
(Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 150]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Childhood asthma in the Total Service Area displays a positive correlation with age and a negative correlation with household income.

Child Currently Has Asthma (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 150]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

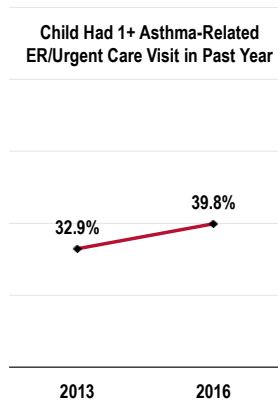
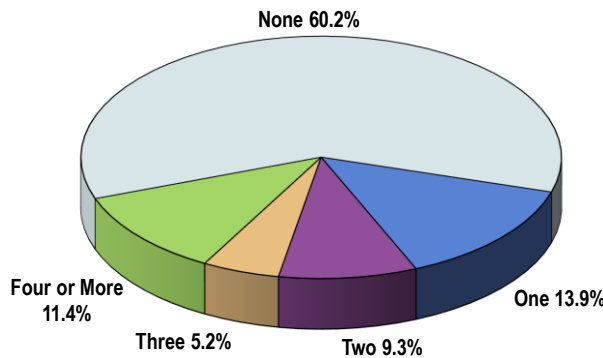
Asthma-Related Care

Emergent/Urgent Care

Among Total Service Area children with asthma, two-fifths (39.8%) have had at least one emergency room or urgent care visit due to their asthma in the past year.

- Notably less favorable than national findings (not shown).
- TREND: Statistically comparable to the 2013 rate.

Number of Asthma-Related ER/Urgent Care Visits in the Past Year (Total Service Area Children with Asthma, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of respondents with a child who currently has asthma.

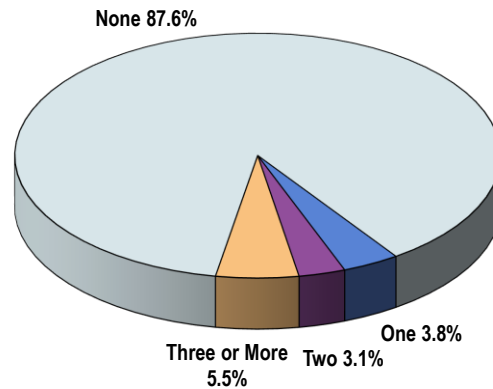
Hospitalization

Among Total Service Area children with asthma, a total of 12.4% were hospitalized overnight in the past year because of asthma.

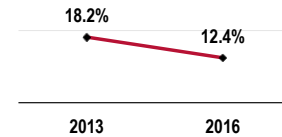
- Much higher than national findings (not shown).
- TREND: Statistically unchanged over time.

Number of Asthma-Related Hospital Stays in the Past Year

(Total Service Area Children with Asthma, 2016)



Child Had 1+ Asthma-Related Hospital Stay in Past Year



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of respondents with a child who currently has asthma.

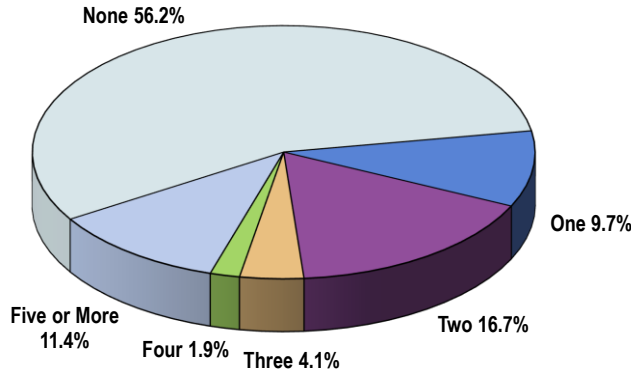
Loss of Productivity

Missed School Days

Among Total Service Area school-aged children with asthma, 43.8% missed school on one or more days in the past year because of asthma-related problems.

- In fact, over 10% missed **5+ school days** because of their asthma in the past year.
- Statistically similar to national findings (not shown).
- TREND: Since 2013, the proportion of children missing school because of their asthma has remained statistically unchanged.

Number of School Days Missed Due to Asthma in the Past Year (Total Service Area Children Age 5-17 with Asthma, 2016)



Child Missed School Due to Asthma in the Past Year



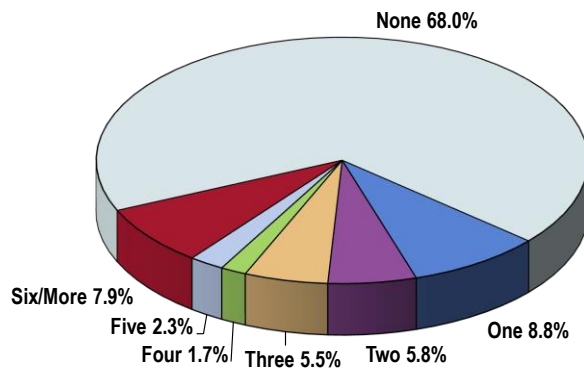
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of respondents with a child who currently has asthma.

Parents' Missed Workdays

Further, 32.0% of Total Service Area parents with asthmatic children missed at least one day of work in the past year because of their child's asthma.

- The prevalence includes 10.2% of parents who missed 5+ workdays in the past year due to their child's asthma.
- Comparable to the proportion found nationally (not shown).
- TREND: The change in prevalence of parents who missed work because of a child's asthma (although it appears sizeable) is not statistically significant.

Workdays Missed in the Past Year Due to Child's Asthma (Total Service Area Parents of Children with Asthma, 2016)



Parent Missed Work Due to Child's Asthma in the Past Year



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 54]
Notes: • Asked of respondents with a child who currently has asthma.

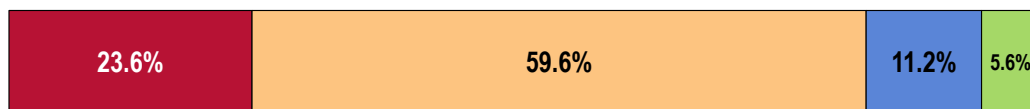
Key Informant Input: Asthma and Other Respiratory Conditions

Most key informants taking part in an online survey characterized *Asthma and Other Respiratory Conditions* as a “moderate problem” for children/adolescents in the community.

Perceptions of Asthma and Other Respiratory Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Environmental Contributors

Air quality in living conditions are a problem for most affected. - Public Health Representative (Kent County, DE)

Environmental disparities and inequities in spatial conditions that impact asthma continue to impact some communities in Wilmington. - Other Health Provider (New Castle County, DE)

Delaware, especially Northern Delaware has serious air quality problems. These clearly impact both the incidence and the impact of asthma and other respiratory problems. We hear parents and grandparents raise the issue of air quality. - Community/Business Leader (The Region)

Because many communities live in industrial areas, and homes that do not use safe cleaning, many children are susceptible to being diagnosed with asthma or other respiratory diseases. - Other Health Provider (New Castle County, DE)

I have experience working with schools that are also trying programs, such as anti-idling, in an effort to reduce asthma rates. - Community/Business Leader (The Region)

Disease Management

Difficult to control, lack of home-based environmental controls. - Public Health Representative (The Region)

As a school nurse I see many children with a diagnosis but they are poorly managed. They do not take or are not aware of maintenance medications, relying on rescue inhalers and using the ER for management issues. - Community/Business Leader (New Castle County, DE)

More and more child care providers must be knowledgeable and provide parent approved treatments, administration of medications, while the child is in child care. - Social Services Provider (The Region)

Prevalence/Incidence

Just seems like everyone has a diagnosis of asthma, or receives nebulizer treatments. - Social Services Provider (New Castle County, DE)

HJMC does not have a large pediatric patient base however a notable portion of children are treated for asthma. A former CMO was active with the Nemours Asthma Safe Homes project for our service area. - Other Health Provider (New Castle County, DE)

Health Education

Asthma is one the major reasons children come to see me. Asthma is misunderstood by many families. The education for asthma in the office is shortened due to time constraint. The triggers for asthma can be controlled in some instances. - Physician (Kent County, DE)

Poverty

Lack of equity in healthcare for poor students. - Social Services Provider (Kent County, DE)

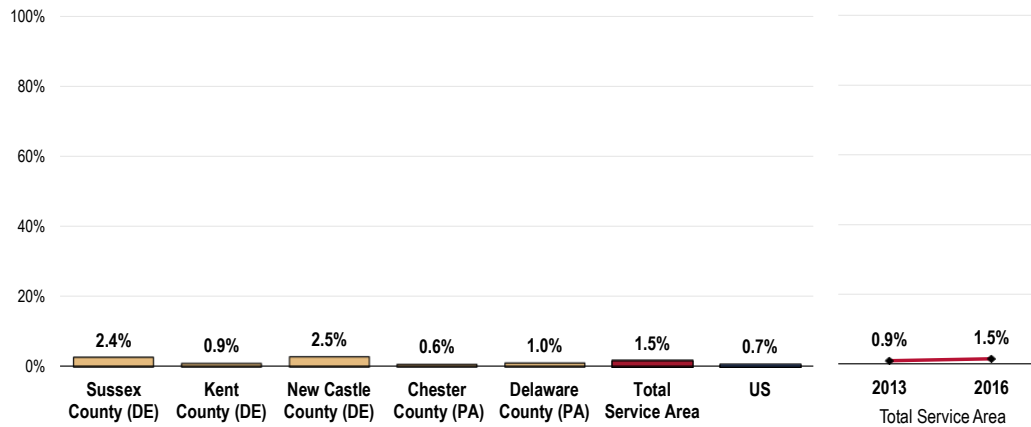
Diabetes

Prevalence of Diabetes

A total of 1.5% of Total Service Area children age 0 to 17 have been diagnosed with diabetes by a doctor or other health care provider.

- Similar to the US prevalence.
- No statistical difference among individual counties.
- TREND: Statistically similar to 2013 findings.

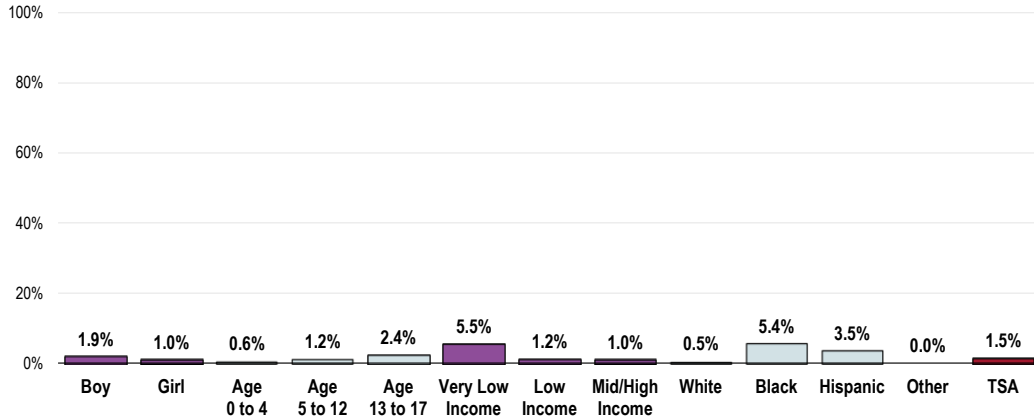
Child Has Diabetes
(Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 59]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- In the Total Service Area, Black children are more likely to have been diagnosed with diabetes.

Child Has Diabetes (Total Service Area, 2016)

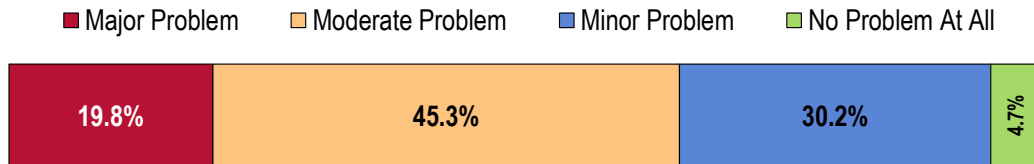


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Diabetes

Key informants taking part in an online survey frequently characterized *Diabetes* as a "moderate problem" for children/adolescents in the community.

Perceptions of Diabetes as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

- Reports of incidence and impact reports by the Division of Public Health. - Community/Business Leader (The Region)
- It is observational obvious and also we have them present in our practices. - Other Health Provider (Sussex County, DE)
- Chronic disease is prevalent in underserved communities. Social determinants persist such as lack of safe exercise environments, nutritious foods and health literacy. - Other Health Provider (New Castle County, DE)
- See it in the youth we serve. - Social Services Provider (The Region)

Nutrition

Poor diet, overweight, food ghettos, poverty, and family history. - Social Services Provider (Kent County, DE)

Because they do not eat right, mostly junk food. - Community/Business Leader (Sussex County, DE)

Unhealthy eating habits and lack of exercise. - Community/Business Leader (Sussex County, DE)

Obesity

More a connection to obesity than pure Type I IDDM. - Physician (Sussex County, DE)

Factors leading to obesity; 40% of children in NCC Obese or overweight, 55% insufficient physical activity. - Social Services Provider (The Region)

Increasing numbers of children in Delaware with overweight and obese BMI rates. We are seeing increases in diabetes rates among children and adolescents as a result. - Public Health Representative (The Region)

Access to Care/Services

Once diagnosed the child requires hospitalization at Nemours for proper diabetic teaching that is not available or at least up to pediatric standards for families at the local hospitals. Then follow up care is often at Nemours. - Community/Business Leader (Sussex County, DE)

Vulnerable Populations

Diabetes is a high priority for African-American communities and it runs in our families based on the low income products that we are available to them. - Other Health Provider (New Castle County, DE)

Disease Management

Has the potential when not properly treated to become major health concern and physically debilitating. - Community/Business Leader (New Castle County, DE)

Cancer

Key Informant Input: Cancer

Key informants taking part in an online survey largely characterized **Cancer** as a “minor problem” for children/adolescents in the community.

Perceptions of Cancer as a Problem for Children/Adolescents in the Community

(Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

There appears to be pockets, geographic, where cancer is more prevalent that are not addressed. Therefore new cases still occur. - Community/Business Leader (Sussex County, DE)

Children in the area developing cancers that are normally found in adults. - Community/Business Leader (Kent County, DE)

Public reports from parents and other caretakers of children of family histories and risky lifestyles. - Community/Business Leader (The Region)

I know of many families who are impacted by this disease and also see it in the many programs and services my organizations supports. - Public Health Representative (New Castle County, DE)

Access to Providers

Though childhood cancer is rare those children diagnosed with cancer are traveling to Wilmington for all follow up care. - Community/Business Leader (Sussex County, DE)

We have no pediatric cancer services while adults have access to chemo and radiation oncology. - Physician (Sussex County, DE)

Environmental Contributors

Pesticides and herbicides from agricultural activities, runoff from chicken and cow manure, contaminated water and wells, outdated septic systems and cesspools, uninformed public on prevention methods, factory pollution, unhealthy nutritional lifestyle. - Community/Business Leader (Sussex County, DE)

Brownfields. - Community/Business Leader (The Region)

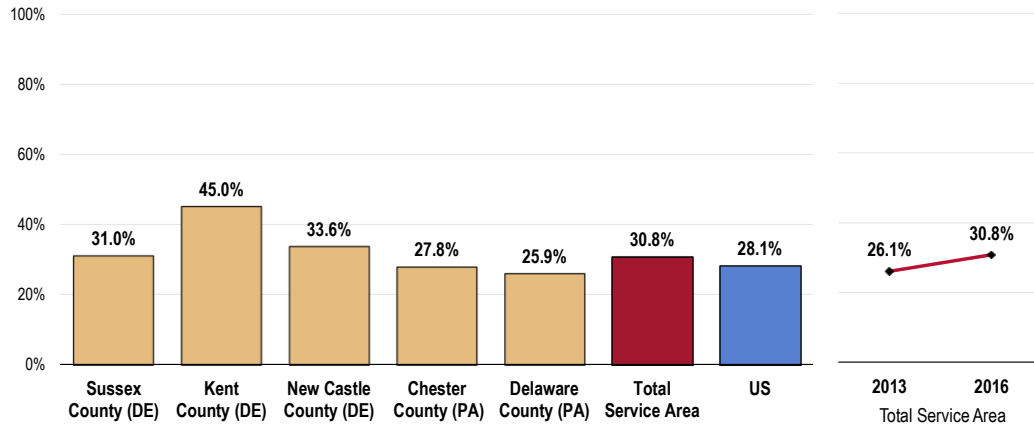
Special therapy might include physical, occupational or speech therapy.

Condition Requiring Prescriptions or Special Therapy

Specifically, three out of ten Total Service Area children (30.8%) has a chronic condition that requires prescription medication (not counting vitamins) or special therapy.

- Similar to the prevalence nationwide.
- Notably high in Kent County.
- TREND: Shows a statistically significant increase in the Total Service Area since 2013.

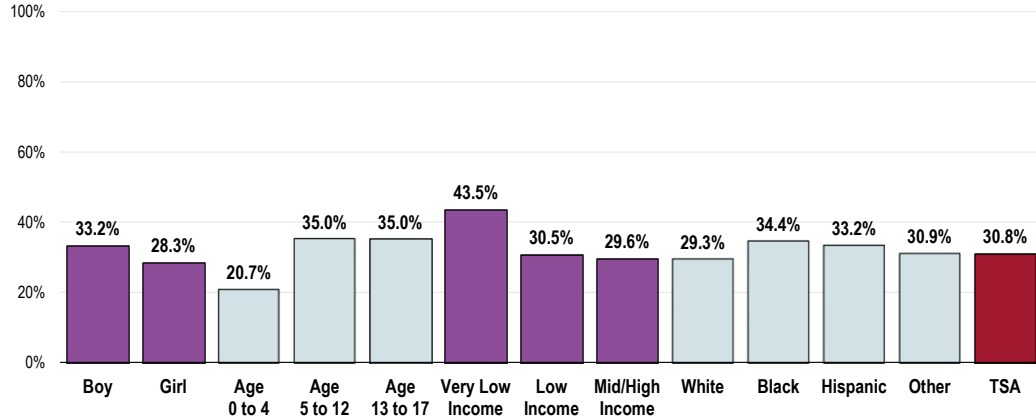
Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy
(Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 174]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • In this case, "chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.

- Children age 5 and older, as well as those living in very low income households, are more likely to have a chronic condition that requires prescription medication or special therapy.

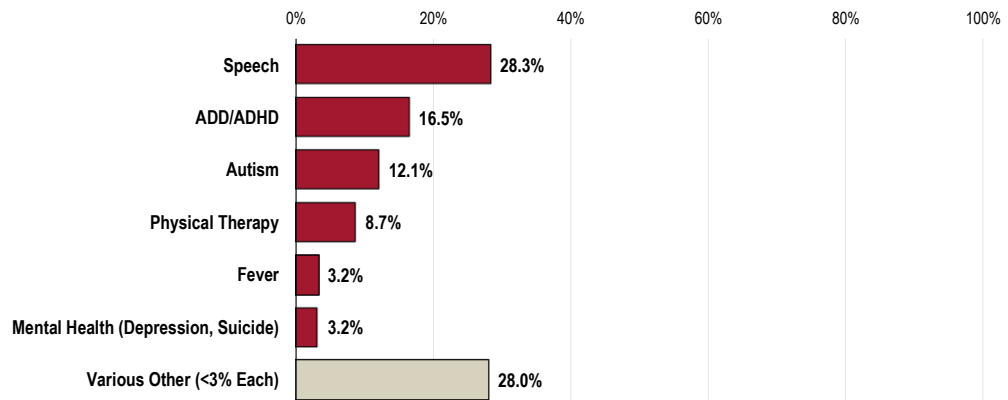
Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 174]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When these parents were asked to specify the chronic condition requiring special therapy, **speech difficulties** was the most frequent response (28.3%), followed by **ADD/ADHD** (16.5%), **autism** (12.1%), **physical therapy** (8.7%), and a variety of lesser-mentioned conditions.

Type of Chronic Condition Requiring Therapy (Children Who Need Therapy For a Chronic Condition; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 35-36]
 Notes: • Asked of all respondents whose child has a chronic condition which requires special therapy.

Special Health Needs

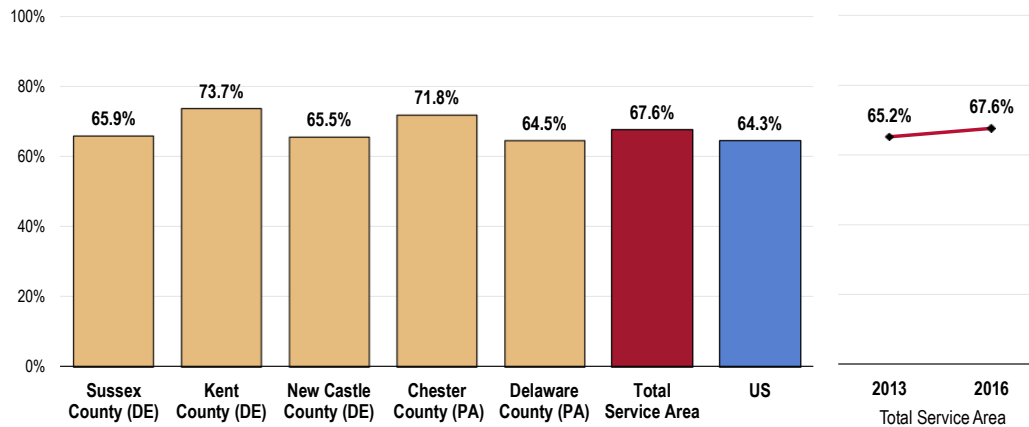
Prevalence of Special Health Needs

In all, just over two-thirds (67.6%) of Total Service Area children (age 0-17) are found to have special health needs.

- Statistically comparable to the US figure.
- Statistically comparable findings by county.
- TREND: The prevalence of children with special health needs has remained statistically constant over time.

Here, children with special health needs include those reported to have one or more of the chronic disease conditions tested in the survey or another chronic condition not specifically tested.

Child Has a Special Health Need (Total Service Area, 2016)



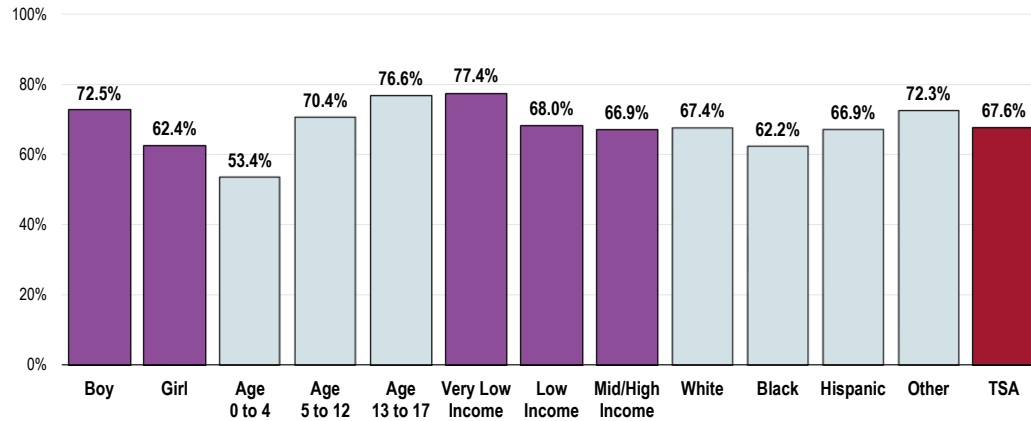
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 178]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.
 • Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

The prevalence of special health needs is higher among:

- Boys.
- Older children (positive correlation with age).
- Children living at very low incomes (negative correlation with household income).

Child Has a Special Health Need (Total Service Area, 2016)



- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 178]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any others not specifically addressed.

"What type of help to care for this child do you need most?"

Managing Children's Special Health Needs

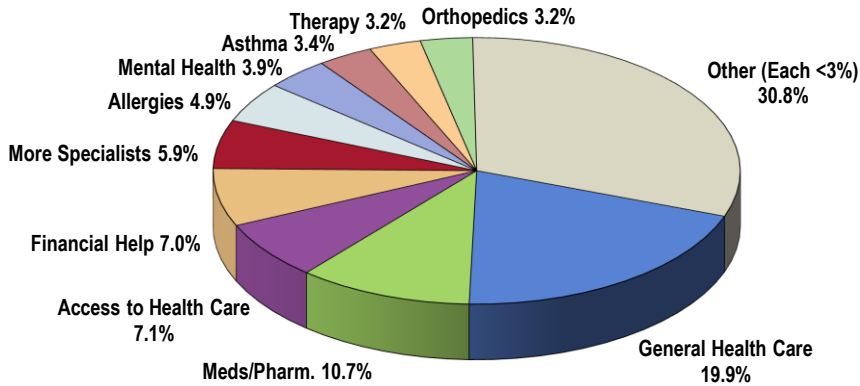
Parents' Greatest Needs for Child

One-fifth of Total Service Area parents of children with special health needs (19.9%) identified general health care as their greatest need for this child.

- Other common needs mentioned by parents included: **medication/pharmaceutical supplies** (10.7%); **access to healthcare** (7.1%); and **financial help** (7.0%, including references to "affordable care" and "insurance").
- Note that these data exclude the 54.4% of respondents who were uncertain or said "nothing."

Respondents' Greatest Need for Child with Special Need (Total Service Area Parents of Children w/ Special Needs, 2016)

"What is your greatest need for yourself in helping to take care of your child with special needs?"



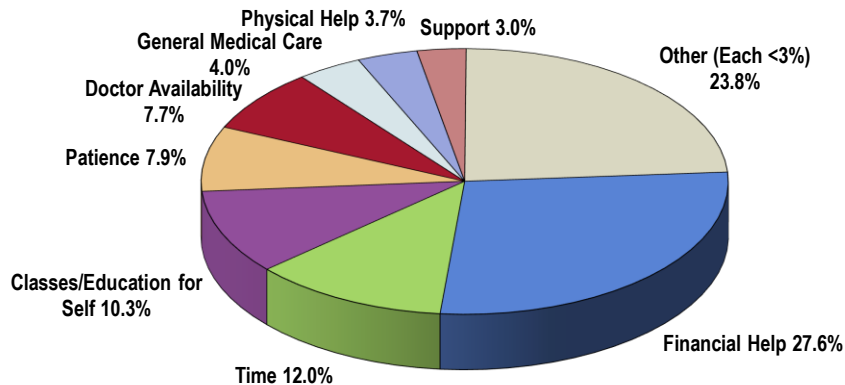
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: • Asked of all respondents whose child has a medical condition specifically measured in the survey, excludes those not respondent or unable to provide a response.

Parents' Greatest Needs for Self

With regard to the needs of *parents themselves* in taking care of their child with special health needs, the largest share of responses was for financial help (27.6%, including references to “insurance” and “affordable care”).

- Other needs often mentioned included **more time** (12.0%), **classes/education for self** (10.3%), **patience** (7.9%), and **doctor availability** (7.7%).
- Note that these data exclude the 35.2% of respondents who were uncertain or said “nothing.”

Respondents' Greatest Need for Self in Caring for Child with Special Need (Total Service Area Parents of Children w/ Special Needs, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]
Notes: • Asked of all respondents whose child has a medical condition specifically measured in the survey; does not include those who were uncertain or unable to provide a response.

Prenatal & Postnatal Care



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

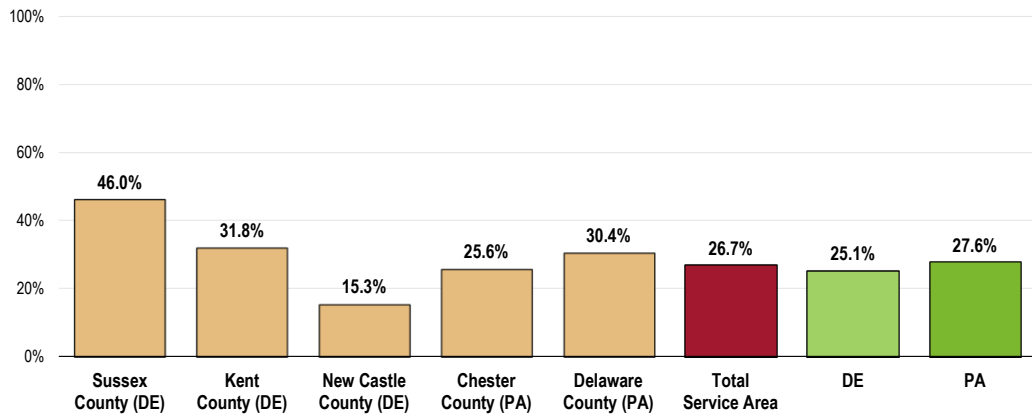
– Healthy People 2020 (www.healthypeople.gov)

In 2012, more than one-fourth of all Total Service Area births (26.7%) did not receive prenatal care in the first trimester of pregnancy.

- Statistically less favorable than the Delaware proportion, but similar to the Pennsylvania findings.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Much less favorable in Sussex County; more favorable in Chester County and especially in New Castle County.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2012)

Healthy People 2020 Target = 22.1% or Lower



Sources: • National Center for Health Statistics, Delaware Health Statistics Center.

• Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

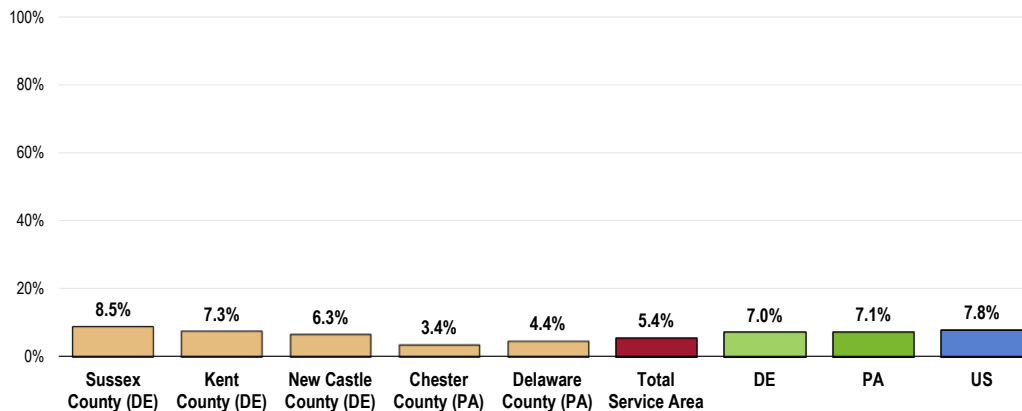
– Healthy People 2020 (www.healthypeople.gov)

During 2012, 5.4% of all Total Service Area live births were to a mother under the age of 20.

- Lower than the Delaware and Pennsylvania percentages.
- Lower than the national percentage.
- Highest in Sussex and Kent counties; lowest in Chester and Delaware counties.

Births to Teen Mothers (Under 20)

(Births to Women Under 20 as a Percentage of Live Births, 2012)



Sources:

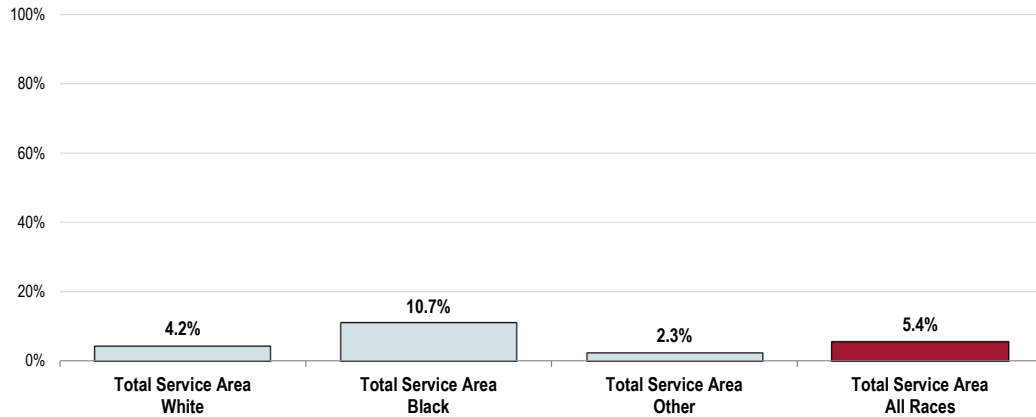
- National Center for Health Statistics, Delaware Health Statistics Center.
- Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.

Note:

- Numbers are a percentage of all live births within each population.

- Teen births are notably more prevalent among Blacks in the Total Service Area. Whites also show a higher prevalence than “Other” race women.

Births to Teen Mothers (Under 20) by Race (Births to Women Under 20 as a Percentage of Live Births, 2012)



Sources:

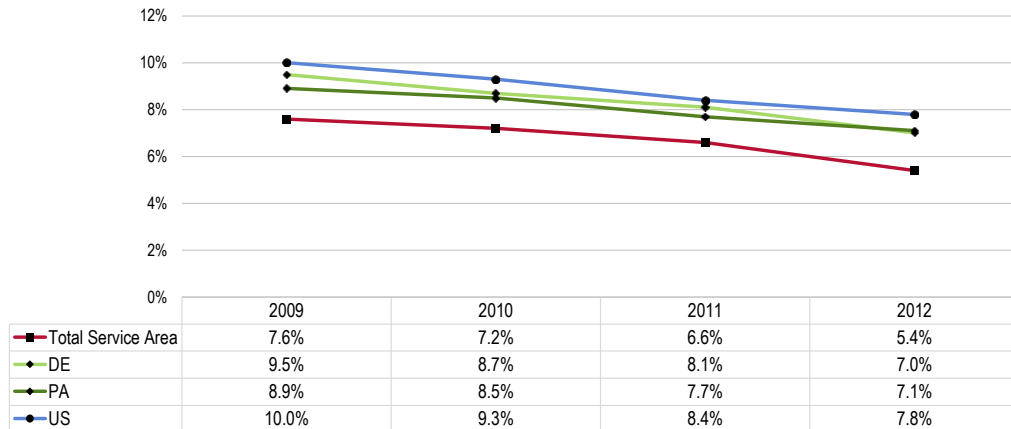
- National Center for Health Statistics, Delaware Health Statistics Center.
- Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.

 Note:

- Numbers are a percentage of all live births within each population.

- **TREND:** The teen birth rate in the Total Service Area appears to have trended downward from 2009 to 2012, following the state and national trends.

Teen Birth Trends (Births to Women Under Age 20 as a Percentage of Life Births)



Sources:

- National Center for Health Statistics, Delaware Health Statistics Center.
- Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.

 Notes:

- This indicator reports the percentage of total births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Low-Weight Births

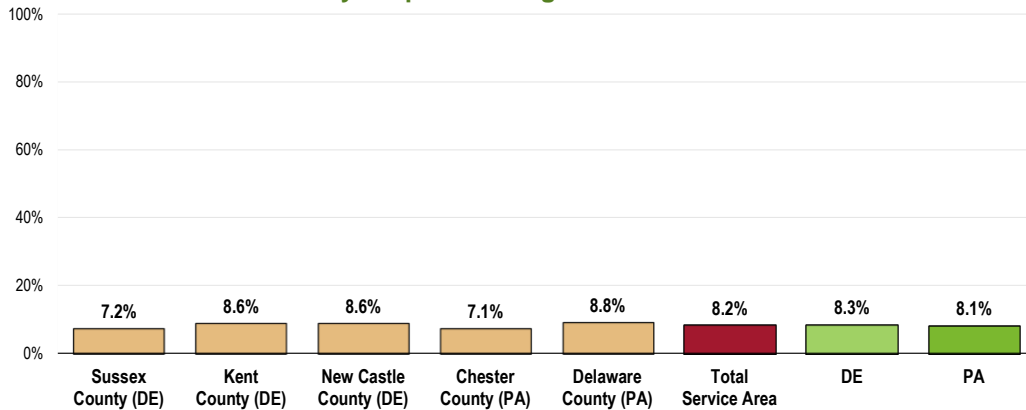
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.2% of 2012 Total Service Area births were low-weight.

- Nearly identical to the Delaware and Pennsylvania proportions.
- Statistically similar to the Healthy People 2020 target (7.8% or lower).
- Better in Sussex and Chester counties.

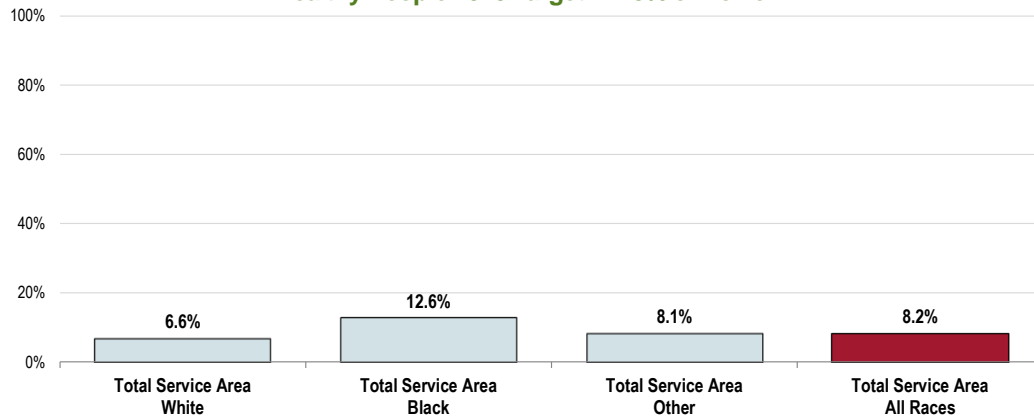
Low-Weight Births
(Percent of Live Births, 2012)
Healthy People 2020 Target = 7.8% or Lower



Sources: • National Center for Health Statistics, Delaware Health Statistics Center.
 • Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low -birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- By race, Blacks exhibit the highest rate of low-weight births in the Total Service Area followed by women of “Other” races.

Low-Weight Births by Race
(Percent of Live Births, 2012)
Healthy People 2020 Target = 7.8% or Lower



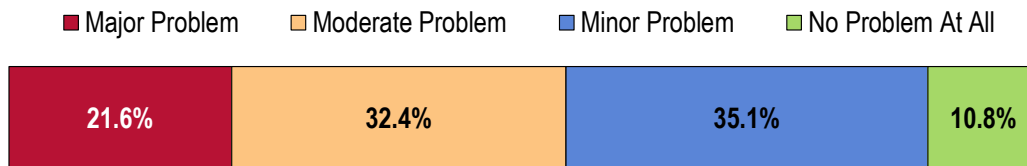
Sources: • National Center for Health Statistics, Delaware Health Statistics Center.
 • Commonwealth of Pennsylvania - Department of Health, Division of Health Informatics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low-birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Health

Key Informant Input: Infant Health

Slightly more key informants taking part in an online survey characterized *Infant & Child Health* as a “minor problem” than a “moderate problem” in the community.

Perceptions of Infant Health as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

High Infant Mortality Rates

Infant mortality rates are definitely an issue in the city of Wilmington, we have extremely high rates of babies dying. - Other Health Provider (New Castle County, DE)

High infant mortality rate, Neonatal Abstinence Syndrome. - Public Health Representative (The Region)

Infant mortality is still a major issue. We have a high rate of teen mothers. - Community/Business Leader (The Region)

Infant mortality rates. - Community/Business Leader (The Region)

Many low income communities across Delaware, Eastside Wilmington for example have above the national average infant mortality rates. There are a number of reasons why this may be occurring: inadequate or no insurance, mothers struggling with drug abuse. - Public Health Representative (The Region)

Alcohol/Drug Abuse During Pregnancy

Our OB Unit has a high number of compromised infants born, often as a result of mom's drug use. - Other Health Provider (Sussex County, DE)

Drug addicted infants. There are many teens that are addicted to drugs while pregnant. I think it is a lack of education about this serious issue. - Community/Business Leader (Sussex County, DE)

Environment

Child care providers need to understand what comprises and what should not be included in safe sleep environments for infants. - Social Services Provider (The Region)

Improper care in the households and teenage mothers. - Community/Business Leader (New Castle County, DE)

Affordable Care/Services

Families have limited or no health insurance and some may have limited confidence in providers because of lack of cultural relevance. - Social Services Provider (New Castle County, DE)

Political Economy

All children deserve to grow, learn and thrive across their life course that enables and encourages their productive engagement in a healthy democracy. Right now, our political economy does not produce and reproduce the necessary conditions for this kind. - Other Health Provider (New Castle County, DE)

Vaccinations

We see a lot of infants, so infant health is a major issue we deal with. Most of our patients get vaccinations. We strongly discourage new families from coming to our practice if they do not get vaccines. - Physician (Delaware County, PA)

Nutrition

Information on infant meal pattern for best practices. - Community/Business Leader (New Castle County, DE)

Access to Specialists

Pediatric subspecialists. - Physician (Sussex County, DE)

Abortion

Killing an unborn child - Who is speaking up for them? - Community/Business Leader (Kent County, DE)

Breastfeeding & Breast Milk

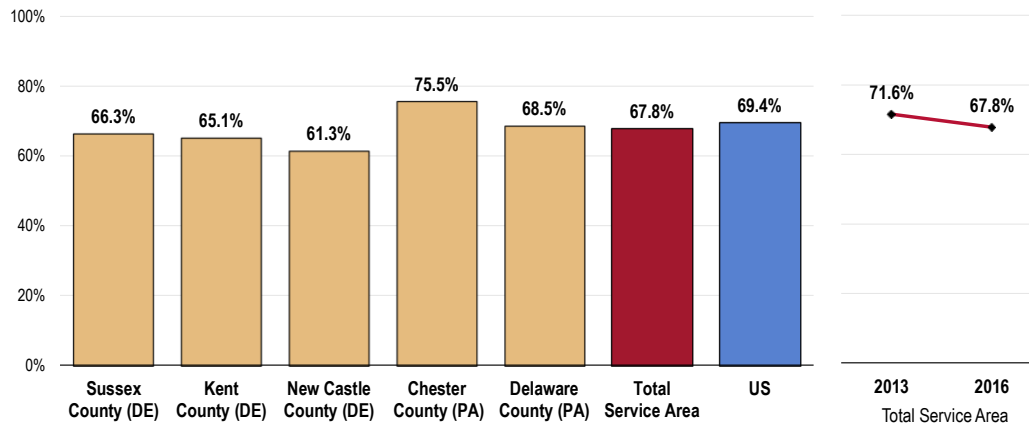
“For the next question, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?”

Over two-thirds of Total Service Area children age 0 to 17 (67.8%) were ever breastfed or fed using breast milk (regardless of duration).

- Comparable to US findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- Highest in Chester County; lowest in New Castle County.
- TREND: Statistically comparable to the 2013 findings.

Child Was Ever Fed Breast Milk as an Infant (Total Service Area, 2016)

Healthy People 2020 Target = 81.9% or Higher



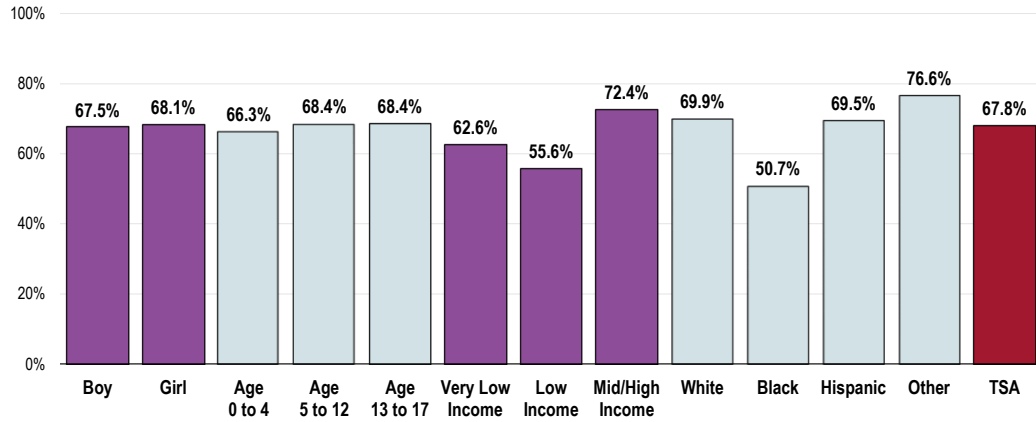
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 134]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.1]
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Breastfeeding is less common in the Total Service Area among low income households and among Blacks.

Child Was Ever Fed Breast Milk as an Infant

(Total Service Area, 2016)

Healthy People 2020 Target = 81.9% or Higher



- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 134]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.1]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



Mortality



Professional Research Consultants, Inc.

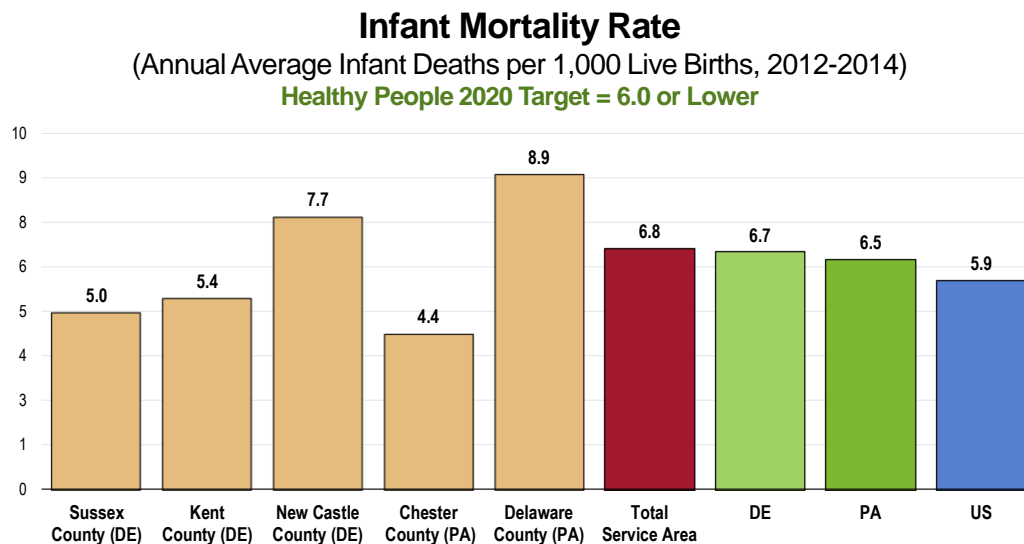


Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2012 and 2014, there was an annual average of 6.8 infant deaths per 1,000 live births in the Total Service Area.

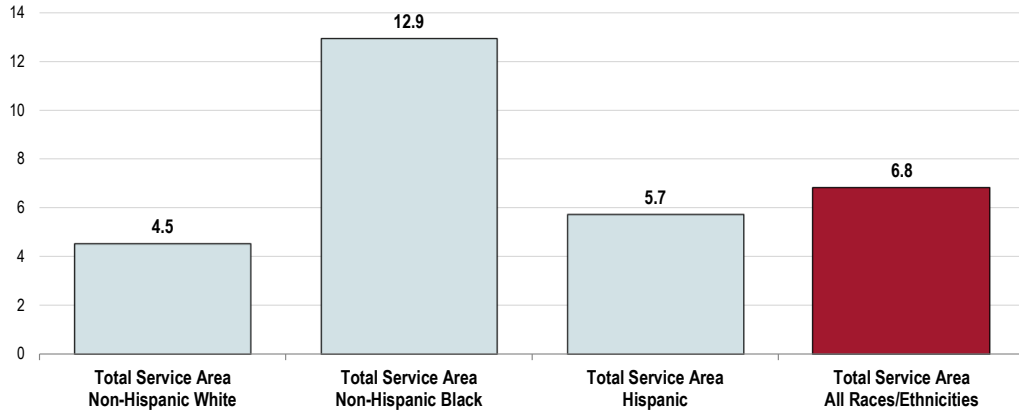
- Similar to both the Delaware and Pennsylvania rates.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- Less favorable in New Castle and Delaware counties; more favorable in Sussex and Chester counties.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is more than two times higher among births to Black mothers than White mothers or Hispanic mothers.

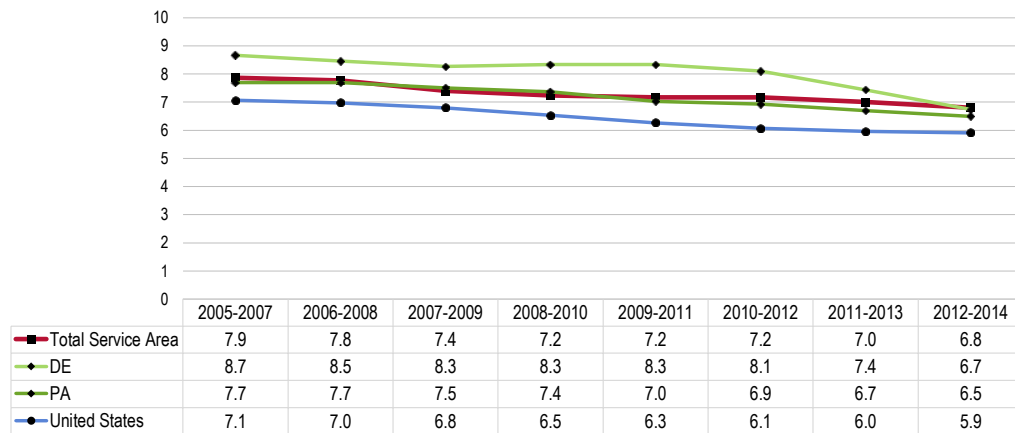
Infant Mortality by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2012-2014) Healthy People 2020 Target = 6.0 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Infant deaths include deaths of children under 1 year old.
 ● This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The Total Service Area infant mortality rate has trended downward in recent years, echoing the state and national trends.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Child & Adolescent Deaths

Mortality Rates

Between 2012-2014, the Total Service Area reported an annual average of 23.5 child deaths (age 1 to 4) per 100,000 population.

- Lower than the Delaware and national rates.
- Comparable to the Pennsylvania rate.
- Satisfies the Healthy People 2020 target of 25.7 per 100,000 population.

With regard to children age 5 to 9, the Total Service Area crude death rate was 8.5 per 100,000 population (2012-2014 data).

- Lower than the Delaware and Pennsylvania rates.
- Lower than the national rate.
- Satisfies the Healthy People 2020 goal of 12.3 deaths per 100,000 population.

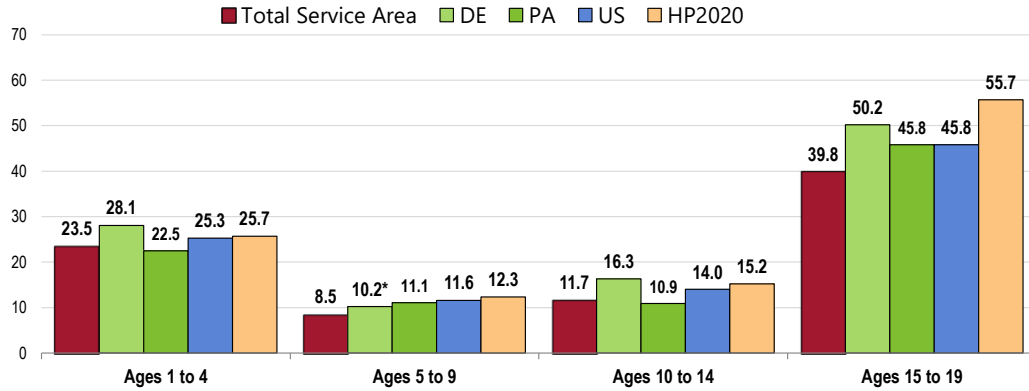
Among Total Service Area youth age 10 to 14, the 2012-2014 crude death rate was 11.7 per 100,000 population.

- More favorable than the Delaware and national rates.
- Slightly less favorable than the Pennsylvania rate.
- Satisfies the related Healthy People 2020 goal of 15.2 deaths per 100,000 population.

Among Total Service Area teens (age 15 to 19), the 2012-2014 crude death rate was 39.8 per 100,000 population.

- More favorable than the Delaware and Pennsylvania rates.
- More favorable than the national rate.
- Satisfies the related Healthy People 2020 goal of 55.7 deaths per 100,000 population.

Child & Adolescent Mortality Rates by Age Group (Annual Average Child Mortality per 100,000 Population; 2012-2014)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-3.1]

Notes: • Rates are crude rates, representing the number of deaths of children in each age group per 100,000 population.
 • *The Delaware mortality rate for children ages 5 to 9 represents years 2009 to 2013.

Leading Causes of Child Deaths

The predominant cause of death between 2005-2014 for Total Service Area children under one year of age was **perinatal conditions** (certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery).

See also Injury & Safety in the Modifiable Health Risks section of this report.

Accidents were the number-one leading cause of death for children ages 1 to 4 and 15 to 19.

Cancer caused the greatest share of deaths reported among children aged 5 to 14.

- Other leading causes of death for infants included congenital conditions.
- Among children aged 1-4, cancer and congenital conditions followed accidents (mostly motor vehicle and drowning) as the leading causes of death.
- For children aged 5-9, accidents (mostly motor vehicle) and congenital conditions followed cancer as the leading causes of death.
- Accidents (mostly motor vehicle) were the second-leading cause of death for Total Service Area children 10-14, followed by suicide (mostly suffocation).
- Homicide (mostly firearms) and suicide (mostly suffocation or firearms) followed accidents (mostly motor vehicle or poisoning) as the leading causes of death for Total Service Area teens (15-19).

Leading Causes of Child Deaths by Age Group (Total Service Area, 2005-2014)

	Under 1 Year	Ages 1 to 4	Ages 5 to 9	Ages 10 to 14	Ages 15 to 19
Number-One Leading Cause	Perinatal Conditions*	Accidents (Motor Vehicle, Drowning)	Cancer	Cancer	Accidents (Motor Vehicle, Poisoning)
Number-Two Leading Cause	Congenital Conditions**	Cancer	Accidents (Motor Vehicle)	Accidents (Motor Vehicle)	Homicide (Firearms)
Number-Three Leading Cause	n/a	Congenital Conditions**	Congenital Conditions**	Suicide (Suffocation)	Suicide (Suffocation, Firearms)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2016.

Notes: • *Perinatal conditions include certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery.
 • **Congenital conditions include congenital malformations, deformations and chromosomal abnormalities.
 • Information in parentheses name majority types reported, if available, in order—but not necessarily all types.

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

Fruits & Vegetables

Fruit & Vegetable Consumption

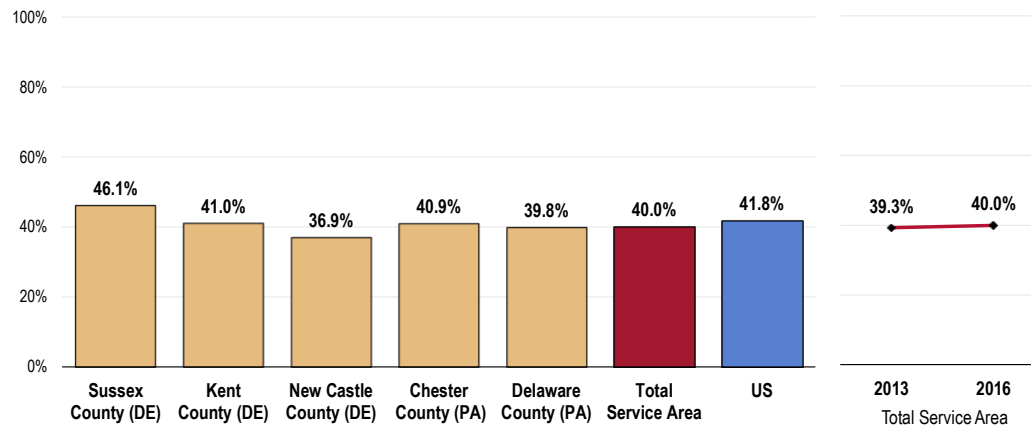
Four in ten Total Service Area parents report that their child eats five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods their child eats on a typical day.

- Similar to national reports.
- Statistically similar results by county.
- TREND: Overall, child fruit/vegetable consumption in the Total Service Area has not changed significantly since 2013.

Child Has Five or More Servings of Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 173]

• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

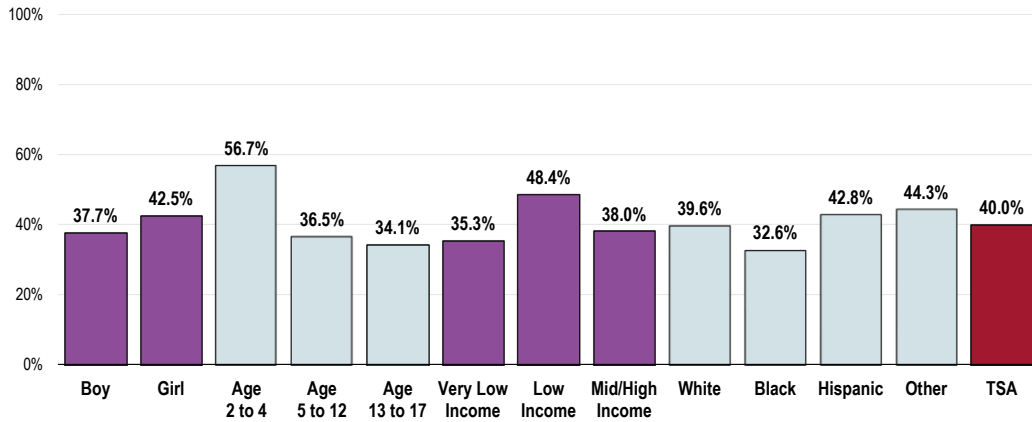
Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

The following are more likely to not get the daily recommended servings of fruits and vegetables:

- Older children (note the negative correlation between fruit/vegetable consumption and age).
- Children living in very low income households.

Child Has 5+ Fruits/Vegetables per Day

(Total Service Area Children Age 2-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 173]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

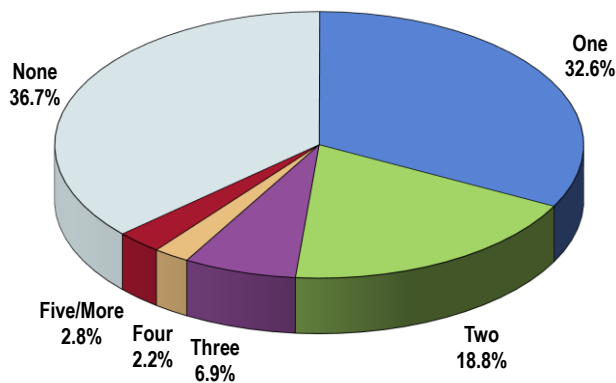
Fast Food

A total of 63.3% of Total Service Area children age 2-17 have had at least one "fast food" meal in the past week.

"In the past 7 days, how many meals would you say this child has eaten from 'fast food' restaurants? Please include breakfasts, lunches, and dinners."

Number of Fast Food Meals for Child in the Past Week

(Total Service Area Children Age 2-17, 2016)

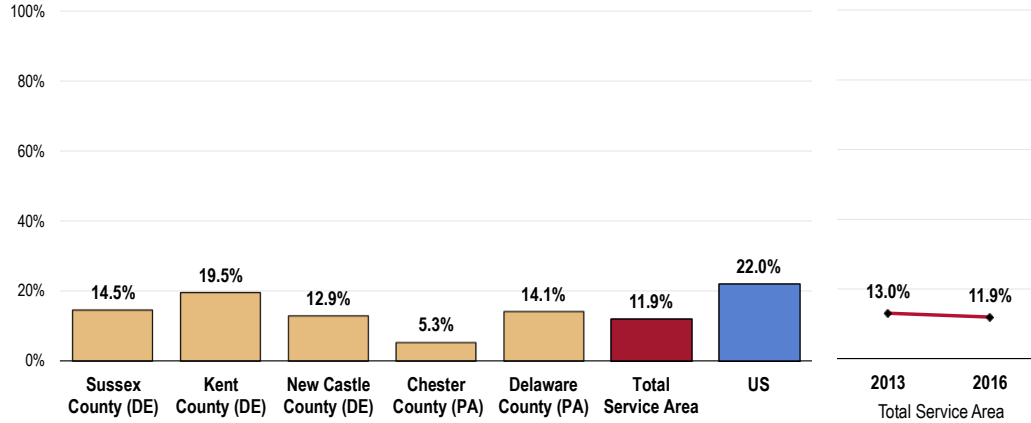


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

In fact, 11.9% report that their child has had three or more meals from “fast food” restaurants in the past week.

- Much more favorable than US findings.
- Less favorable in Kent County; more favorable in Chester County.
- TREND: Fast food consumption remains statistically unchanged over time.

Child Had Three or More Fast Food Meals in the Past Week (Total Service Area Children Age 2-17, 2016)

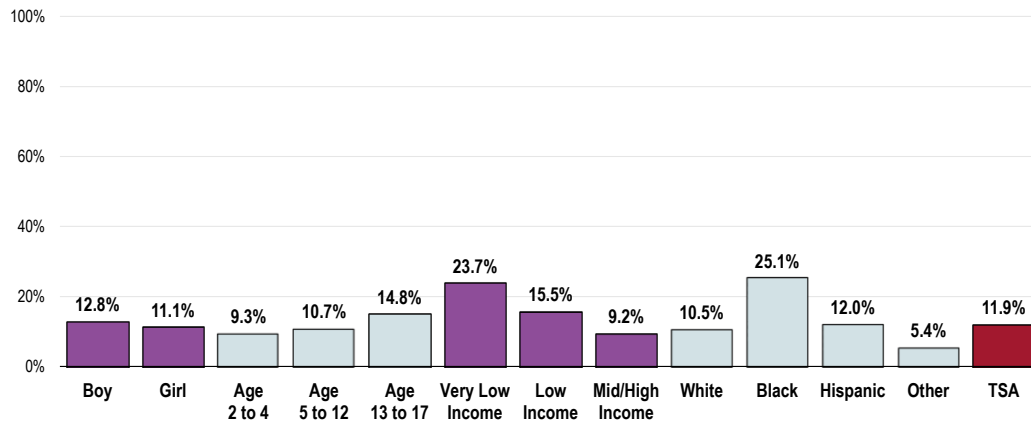


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Fast food consumption:

- Appears to decrease as household income grows.
- Is more prevalent among Black children.

Child Has Three or More Fast Food Meals in the Past Week (Total Service Area Children 2-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

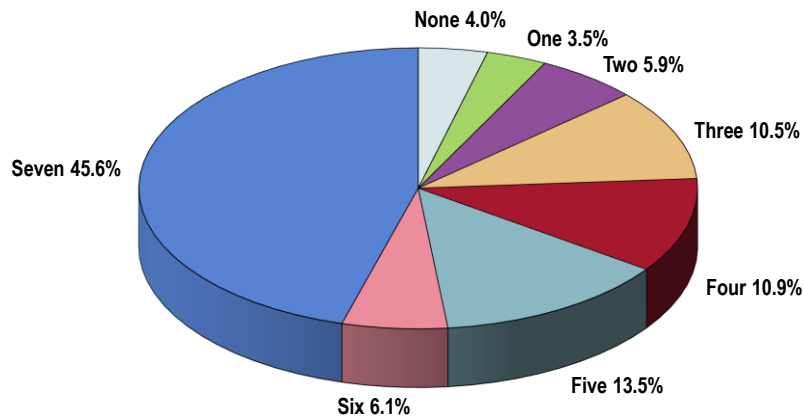
– Centers for Disease Control & Prevention (CDC)

Recommended Physical Activity

A total of 45.6% of Total Service Area children age 2 to 17 had 60 or more minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Note, however, that 13.4% had two or fewer days in the past week with adequate physical activity.

Number of Days in the Past Week on Which Child Was Physically Active for One Hour or Longer
(Total Service Area Children Age 2-17, 2016)



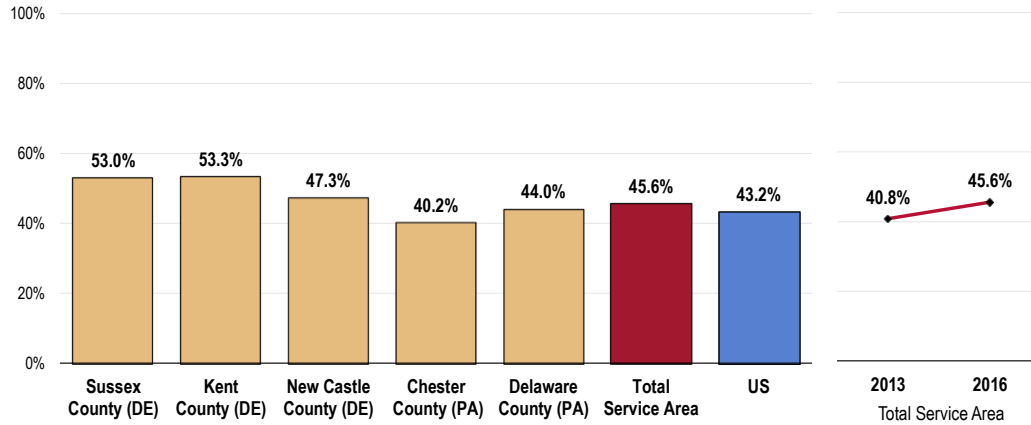
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

The proportion of children getting recommended levels of physical activity is:

- Similar to the proportion reported nationally.
- Highest in Kent County.
- TREND: A greater proportion of children are getting adequate physical activity each day than seen in previous survey findings.

“The next questions are about physical activity. During the past 7 days, on how many days was the child physically active for a total of at least 60 minutes per day?”

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week (Total Service Area Children Age 2-17, 2016)

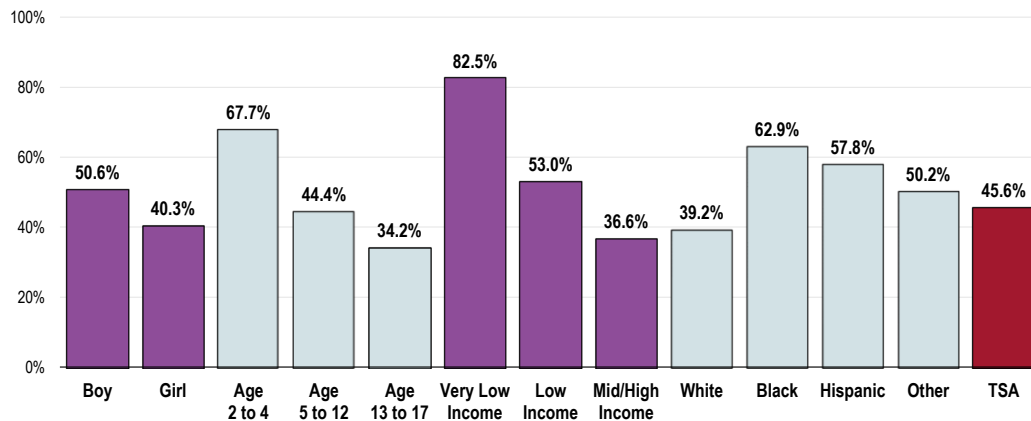


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 124]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Those less likely to meet recommended levels of physical activity include:

- Girls.
- Older children (strong negative correlation with age).
- Children in higher income households (strong negative correlation with income).
- White children.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week (Total Service Area Children Age 2-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 124]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity Frequency & Duration

Note:

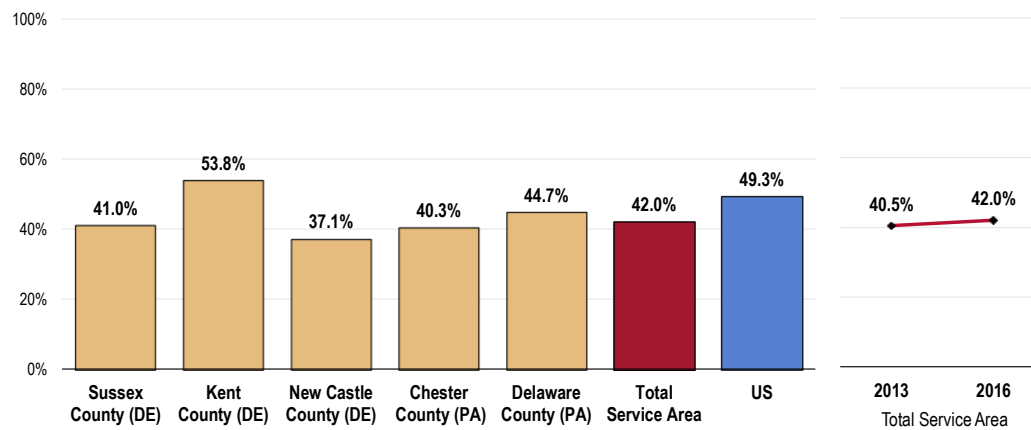
- The term “moderate physical activity” includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.
- The term “vigorous physical activity,” includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities).

In the past month, **42.0%** of Total Service Area children age 2 to 17 participated in moderate physical activity five or more times per week, for at least 30 minutes at a time.

- Less favorable than the US figure.
- Most favorable in Kent County.
- TREND: Statistically unchanged since 2013.

Child Participates in Moderate Physical Activity

(Total Service Area Children Age 2-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 176]

• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

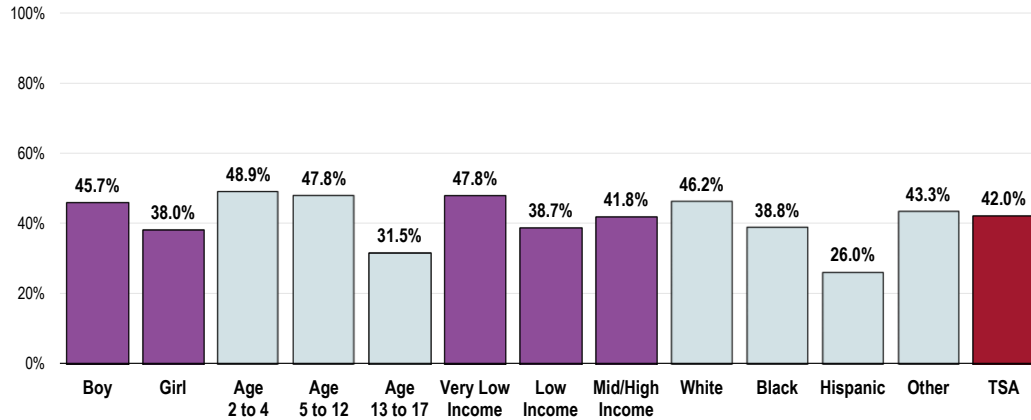
Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

• Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.

Participation in moderate physical activity is lower among:

- Girls.
- Teenagers.
- Hispanic children.

Child Participates in Moderate Physical Activity (Total Service Area Children Age 2-17, 2016)

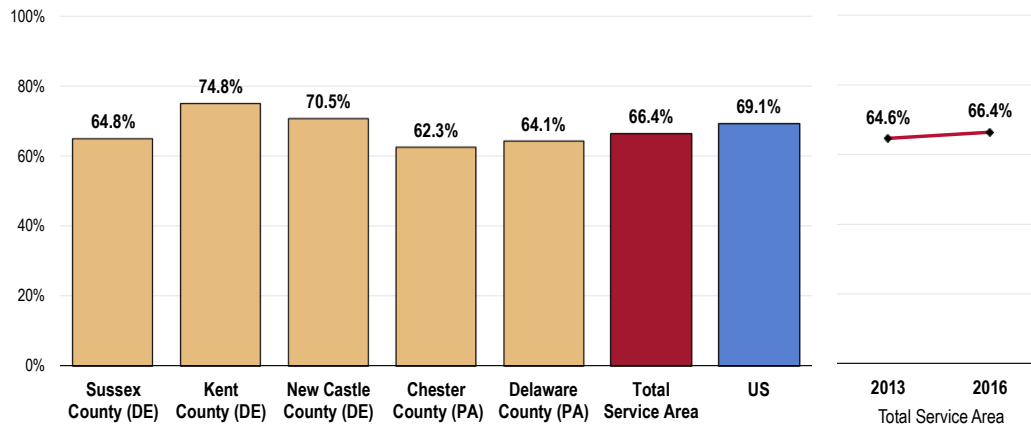


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 176]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

In the past month, two-thirds of Total Service Area children age 2 to 17 (66.4%) participated in *vigorous* physical activity three or more times a week, for at least 20 minutes at a time.

- Similar to US findings.
- Higher in Kent County.
- TREND: Participation in vigorous activity has stayed statistically constant over time.

Child Participates in Vigorous Physical Activity (Total Service Area Children Age 2-17, 2016)

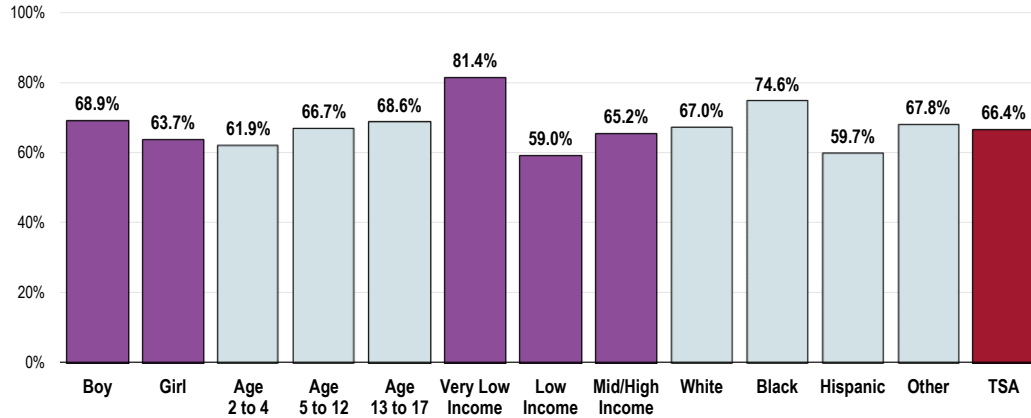


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 177]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

- Children living above the federal poverty level and Hispanic children are less likely to participate in vigorous physical activity.

Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 177]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Screen Time

Television Watching & Other Screen Time

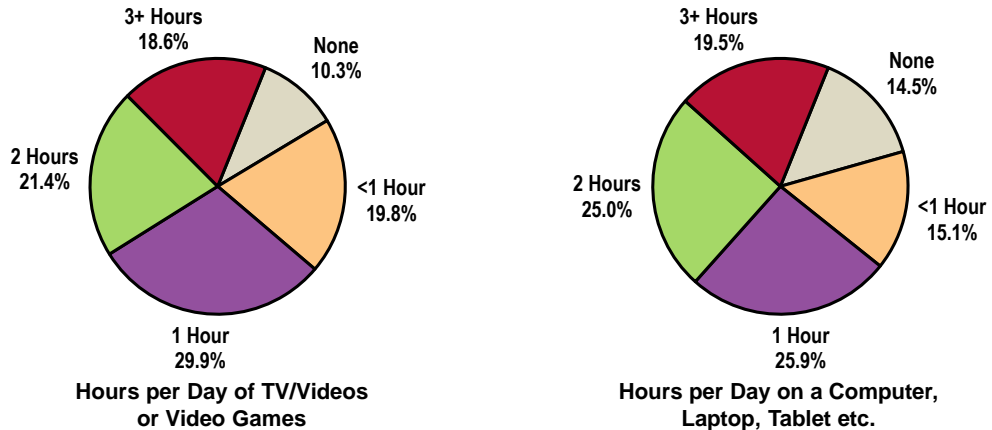
Among children aged 5 through 17, 18.6% are reported to watch three or more hours of television on an average week day; 19.5% are reported to spend three or more hours on a computer for purposes other than schoolwork.

"On an average week day, how many hours or minutes does this child spend watching TV, watching videos, or playing video games on the TV?"

"Including computer video games, visiting social media sites, and surfing the internet for entertainment, about how many hours or minutes does this child use a laptop, tablet, or computer for purposes other than schoolwork on an average week day?"

Children's Screen Time

(Total Service Area Children Age 5-17, 2016)



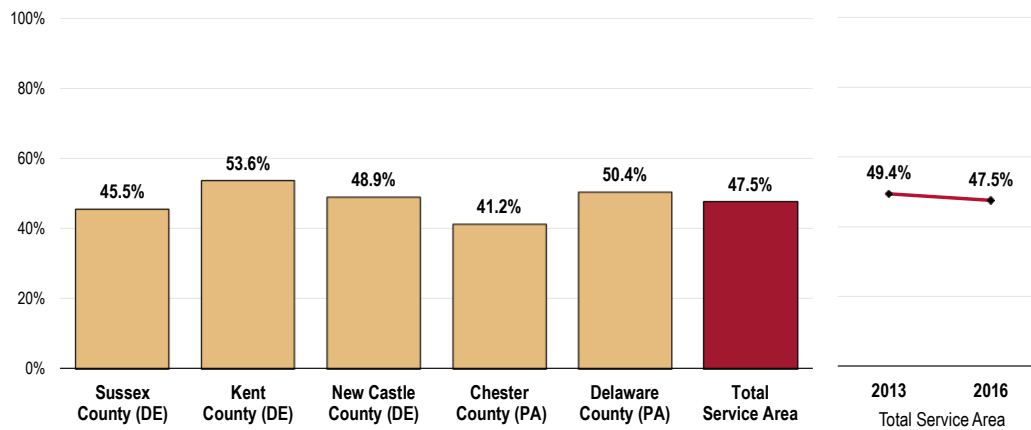
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 120, 153, 154, 305]
 Notes: • Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
 • For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
 • "Three or more hours" includes reported screen time of 180 minutes or more per day.
 • Note that time spent on the computer for schoolwork is excluded.

Total Screen Time

When combined, a total of 47.5% of Total Service Area school-age children spend three or more hours per day on screen time (whether television, computer, video games, tablet etc.).

- Most favorable in Chester County.
- TREND: Screen Time has not changed significantly since 2013.

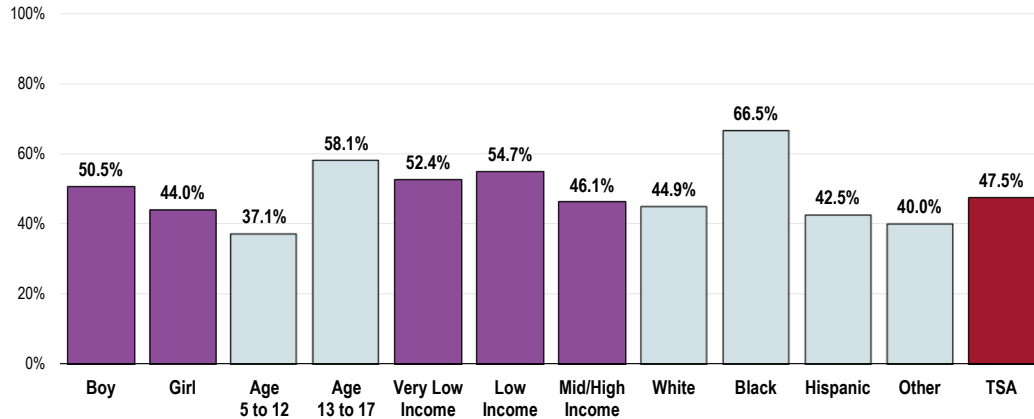
Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, etc.) (Total Service Area Children Age 5-17, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 155]
 Notes: • Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
 • For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
 • "Three or more hours" includes reported screen time of 180 minutes or more per day.
 • Excludes time spent on the computer for schoolwork.

- Teens (age 13 to 17) and especially Black children are more likely to spend 3+ hours per day on screen time.

Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, etc.) (Total Service Area Children Age 5-17, 2016)



- Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 155]
- Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Excludes time spent on the computer for schoolwork.

Electronic Media in Children's Bedrooms

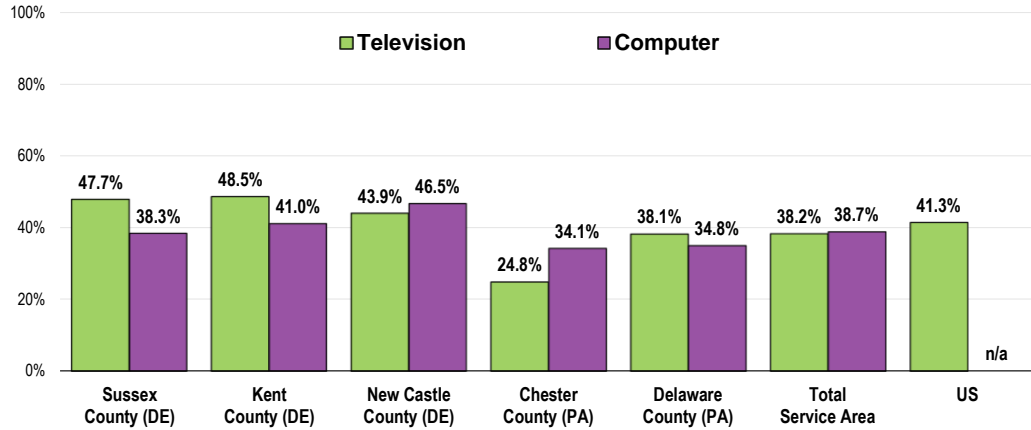
A total of 38.2% of Total Service Area school-age children have television in their bedrooms.

- Statistically comparable to the national proportion.
- Notably lower in Chester County; notably higher in Sussex and Kent counties.
- TREND: Statistically comparable to 2013 findings (not shown).

Likewise, 38.7% of Total Service Area school-age children have access to computers, including any laptops or tablets in their bedrooms.

- Highest in New Castle County.
- TREND: Has remained statistically consistent over time (not shown).

Access to Electronic Media in Children’s Bedrooms (Total Service Area Children Age 5-17, 2016)

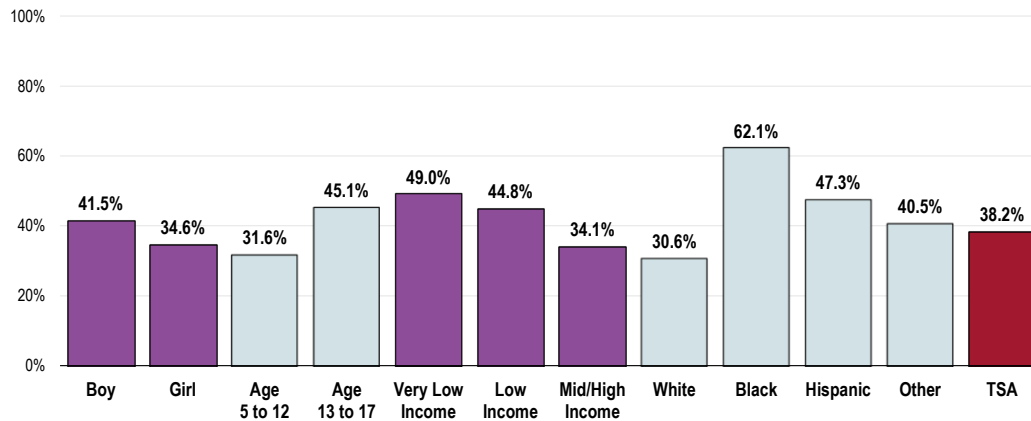


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 121, 306]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
 • In this context, "computer" includes any laptops or tablets that the child may use in his/her bedroom.
 • US data not available for computer access.

Those more likely to have a **television** in his/her bedroom include:

- Boys.
- Teenagers.
- Children living at lower incomes (negative correlation with income).
- Black children and Hispanic children (note the 62.1% prevalence among Black children).

Child Has a Television in His/Her Bedroom (Total Service Area Children Age 5-17, 2016)

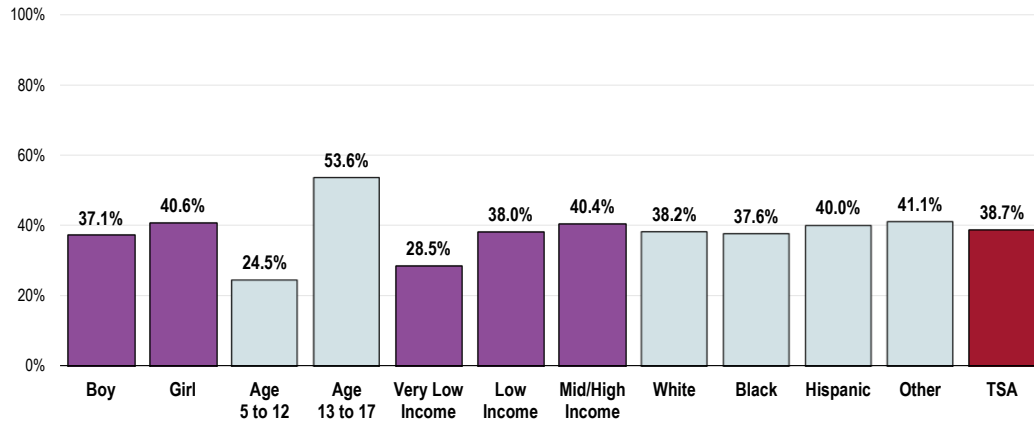


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 121]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Teenagers are much more likely than their younger counterparts to have access to some type of computer in his/her bedroom.

Child Has a Computer in His/Her Bedroom

(Total Service Area Children Age 5-17, 2016)



- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes computers, as well as any laptops or tablets that the child may use in his/her bedroom.

Weight Status

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

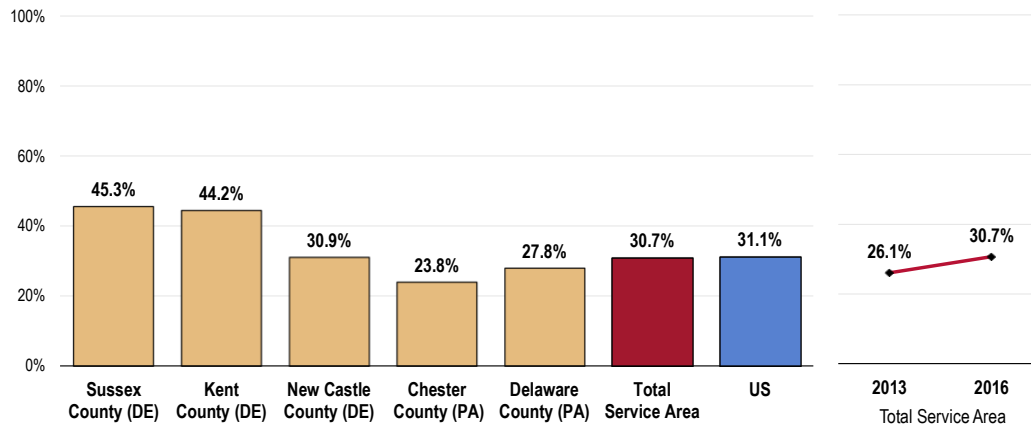
– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 30.7% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to the prevalence reported nationwide.
- Much less favorable in Sussex and Kent counties; more favorable in Chester County.
- TREND: A greater proportion of children are overweight or obese than seen in previous survey findings.

Child Is Overweight or Obese

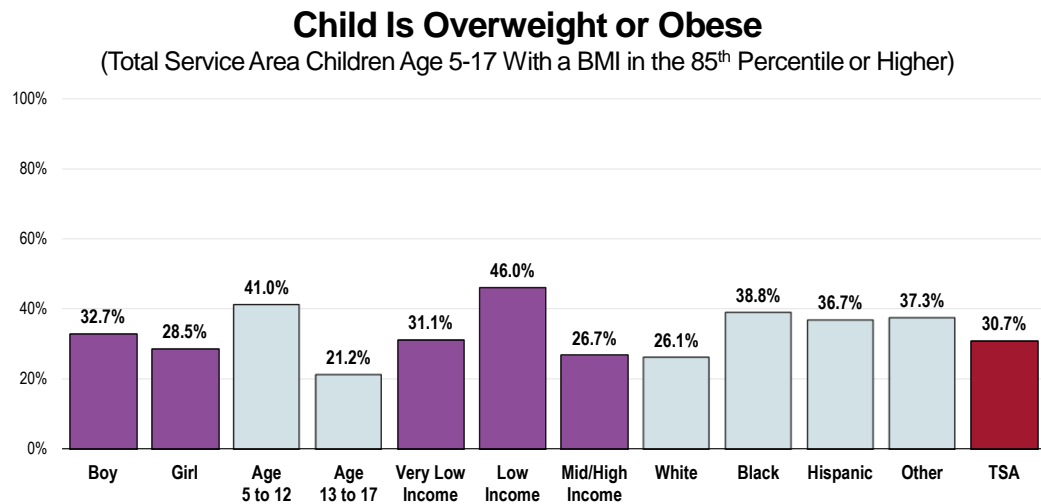
(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)



- Sources:
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 157]
 - 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Overweight among children 5-17 is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

School-age children in the Total Service Area who are more likely to be overweight or obese include:

- Those age 5 to 12.
- Those in households with low incomes.
- Black children.



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

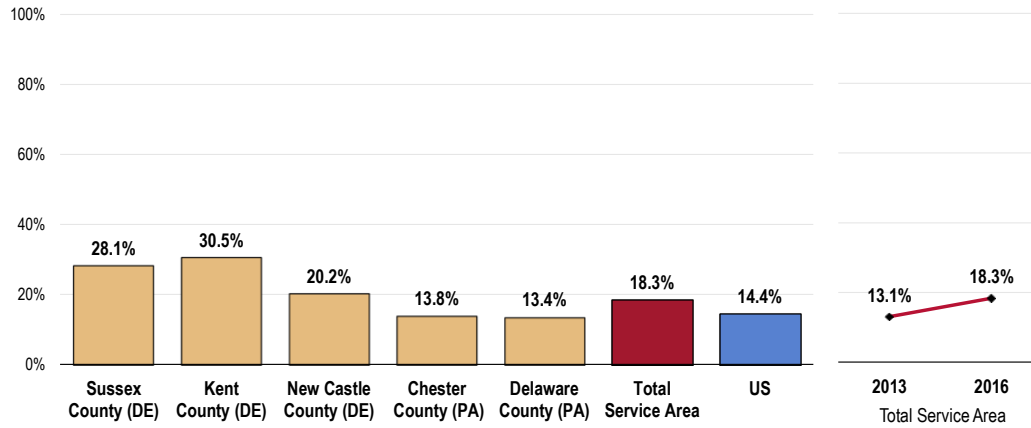
Further, 18.3% of Total Service Area children age 5 to 17 are obese (≥95th percentile).
Note that this proportion is included in the "overweight or obese" percentage reported above.

- Less favorable than the US findings.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower).
- Considerably less favorable in Sussex and Kent counties; more favorable in Chester and Delaware counties.
- TREND: Over time, the prevalence of child obesity in the Total Service Area has increased.

Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 157]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

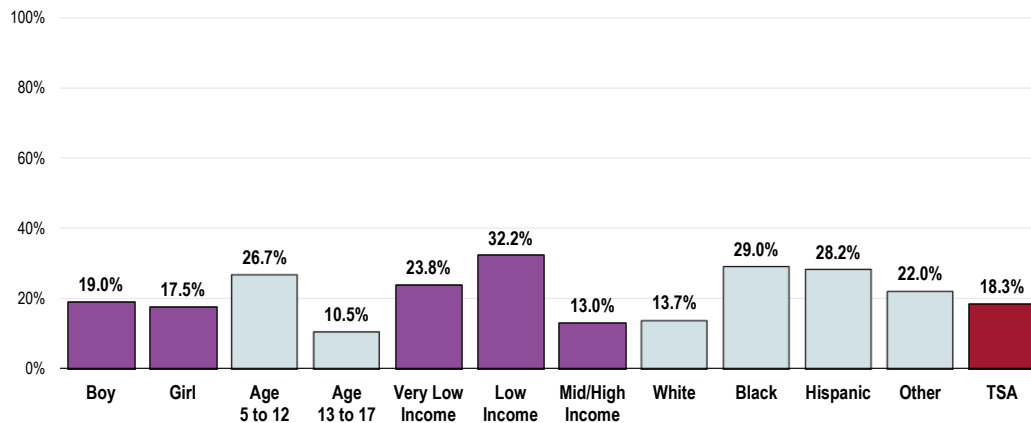
Obesity is higher in the Total Service Area among:

- Children age 5 to 12.
- Children in low income households.
- Black children and Hispanic children.

Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 157]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceptions of Overweight

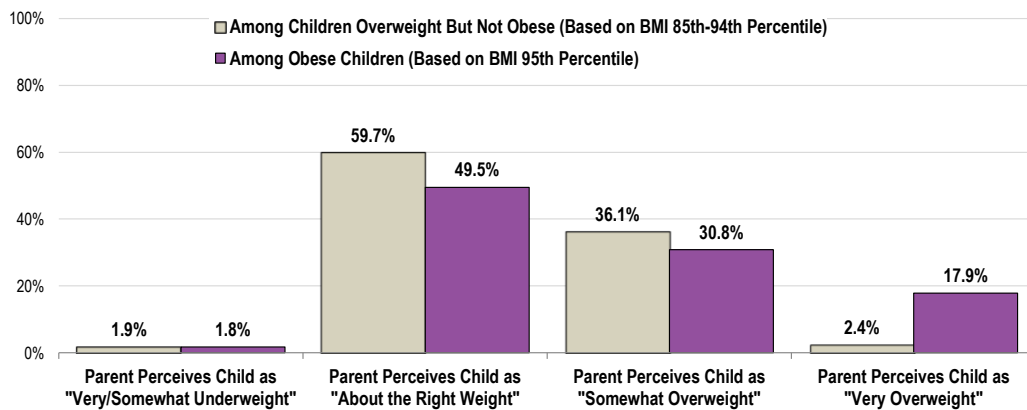
Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese (based on BMI), the majority sees their child as being at “about the right weight.”

- Only 38.5% of parents with an overweight (not obese) child perceive their child as “somewhat overweight” or “very overweight.”
- Only 17.9% of parents with an obese child consider that child to be “very overweight.”

Child's Actual vs. Perceived Weight Status

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2016)



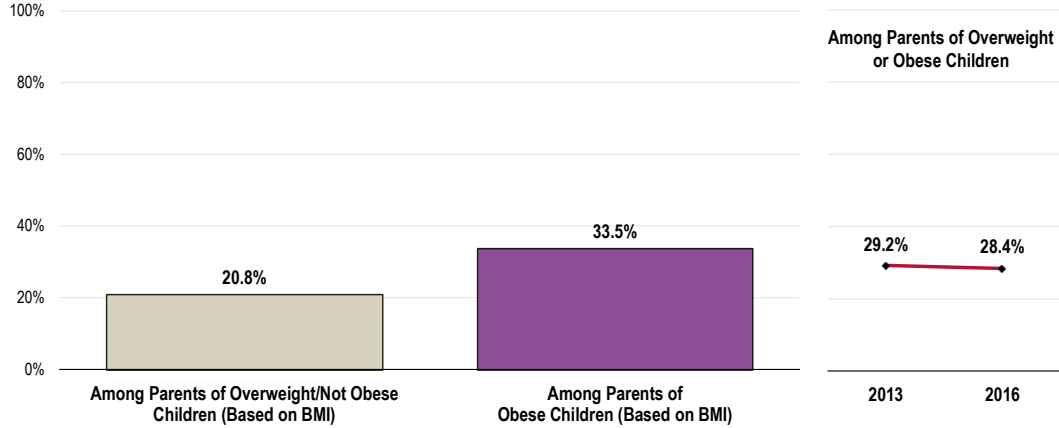
- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]
- Notes:
- Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
 - Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Notification of Overweight Status

A clear majority of parents with overweight or obese children has not been told in the past year by a school or health professional that their child is overweight.

- Better than US findings (not shown).
- Better in New Castle County; worse in Chester County (not shown).
- TREND: The prevalence of these notifications has barely changed within the past three years.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight (Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2016)

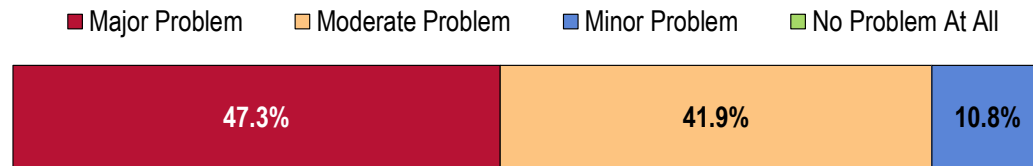


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 133]
 Notes: • Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Key Informant Input: Nutrition, Physical Activity, and Weight

A slightly higher percentage of key informants taking part in an online survey characterized *Nutrition, Physical Activity, and Weight* as a “major problem” than a “moderate problem” for children/adolescents in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Obesity

The childhood obesity rates continue to be high and concerning. Obesity puts children at risk for diseases that previously were adult diseases. There may be limited options for healthy food and unsafe environments that impact children going outside. - Community/Business Leader (New Castle County, DE)

The increase of overweight and obese children. Type 2 diabetes in children as young as seven. - Public Health Representative (The Region)

Obesity, poor eating habits. - Physician (Chester County, PA)

High obesity rate in Sussex County, poor education. - Other Health Provider (Sussex County, DE)

Data indicates little improvement in rates of obesity in children in Delaware. - Community/Business Leader (The Region)

Obesity is common. It has been frustrating to address weight concerns within the primary care office setting. Travel time to Nemours for the Weight Management Clinic often discourages full participation by families. - Community/Business Leader (Sussex County, DE)

Obesity is a family issues and truly requires a consistent motivational force not available in the PCP office setting. - Physician (Sussex County, DE)

Youth obesity is epidemic in Delaware, impacts nearly 40% of children in New Castle County between the ages of 2-17, according to The Delaware Survey of Children's Health, sponsored by Nemours. - Social Services Provider (The Region)

The prevalence of overweight/obese children has been steady but high over the last several years. This can lead to all sorts of health problems now and in their future. - Public Health Representative (The Region)

Children suffering from obesity is common among our clients. - Social Services Provider (New Castle County, DE)

Prevalence of obesity. - Public Health Representative (The Region)

Health indicators for DE suggest our student population continues to be overweight. I believe each of these areas are touched in school but not addressed well or integrated into the curriculum. - Community/Business Leader (New Castle County, DE)

This is a national epidemic and DE has very high obesity stats specifically. - Physician (New Castle County, DE)

Data from Youth Risk Behavior Survey, administered in Delaware schools, shows that not only are a third of Delaware high school students overweight or obese, but that the numbers are increasing and that weight is associated with lower levels of activity. - Community/Business Leader (The Region)

Lifestyle

Overweight children eating processed food high in sugar and sodium. No physical education in school and with video games kids are more still and inside the home versus going outside to play. - Community/Business Leader (Sussex County, DE)

Misconceptions about sports drinks, lack of places to exercise, too many video games, lots of picky eaters. Busy parents, some who are not role modeling healthy eating behaviors. - Physician (Delaware County, PA)

We live in food deserts and parks are not safe so many children and adolescents are not accessing physical activity and nutrition in their neighborhoods. - Other Health Provider (New Castle County, DE)

HJMC does not have a large pediatric patient base however a notable portion of children seen have nutrition, physical activity and weight concerns identified. There are limited resources designed to promote nutrition and physical activity. - Other Health Provider (New Castle County, DE)

Families are too busy to work at eating healthy. Too many fast food trips or processed meals. Too much TV screen time instead of outdoor and physical play. - Social Services Provider (Sussex County, DE)

Families don't offer good choices of proper foods, kids get limited exercise. - Public Health Representative (Delaware County, PA)

Access to healthy fresh food is limited and even if the community has access they don't buy it because they don't know what to do with it or how to cook it. Physical activity is important. Fear of danger in parks or getting to parks. - Community/Business Leader (New Castle County, DE)

Although we have a lot of sports participation in our community, there is not enough free play activities for kids. We do see a lot of obesity, and lots of improper food choices. - Physician (Chester County, PA)

The statewide capacity for physical activity and nutrition programs is very low. The state agencies do not have resources, funding or people. Physical education in schools, across the board, is dismal. Department of Education should be ashamed. - Public Health Representative (New Castle County, DE)

Many kids don't have safe spaces to play or access to healthy foods due to food deserts, price gouging for healthy foods in corner store outlets and unsafe neighborhoods. These conditions contribute to the increase in obesity and overweight rates. - Public Health Representative (The Region)

Access to Healthy Foods

Culture and availability of healthy foods at an affordable price. - Community/Business Leader (New Castle County, DE)

All of these factors help a child to succeed. We are seeing hunger be a more regular problem for our children. They can't learn if they are not fed. We are seeing type 2 diabetes in younger and younger children. - Social Services Provider (Kent County, DE)

Diabetes

See response to diabetes, reports from DPH. - Community/Business Leader (The Region)

Related to the earlier question about diabetes, same issues. - Other Health Provider (Sussex County, DE)

Access to Care/Services

No good comprehensive programs in the area to help address these issues. These issues need a family approach. - Physician (Sussex County, DE)

Nutrition education outside the realm of Dupont clinics. - Physician (New Castle County, DE)

Bullying

Because children are teased. She feel isolated and alone. Are not always able to be involved in sports activities due to poor nutrition and physical activity. - Community/Business Leader (Sussex County, DE)

Prevalence/Incidence

See it in youth we serve. - Social Services Provider (The Region)

Tobacco

Exposure to Environmental Tobacco Smoke

About Tobacco Exposure

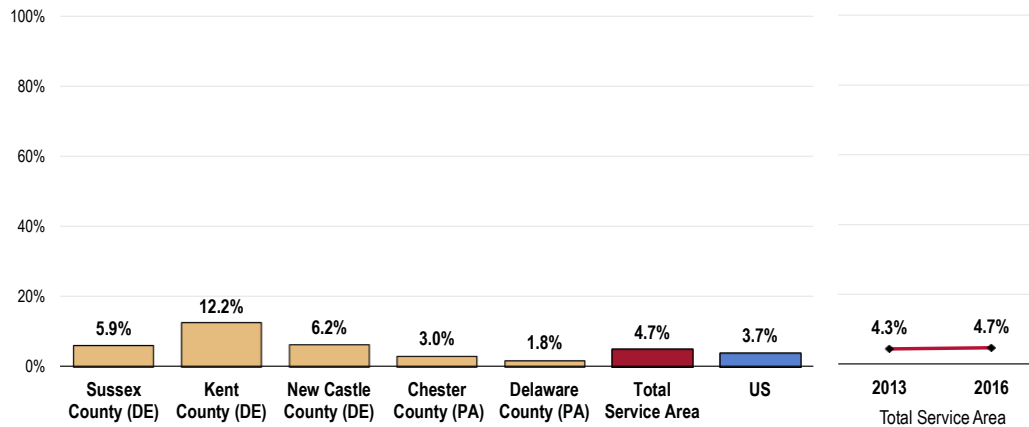
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

– Healthy People 2020 (www.healthypeople.gov)

A total of 4.7% of Total Service Area parents report that someone in the household smokes inside the home.

- Similar to the US proportion.
- Least favorable in Kent County; most favorable in Delaware County.
- TREND: Statistically unchanged since 2013.

Someone Smokes Tobacco Inside the House (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 119]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

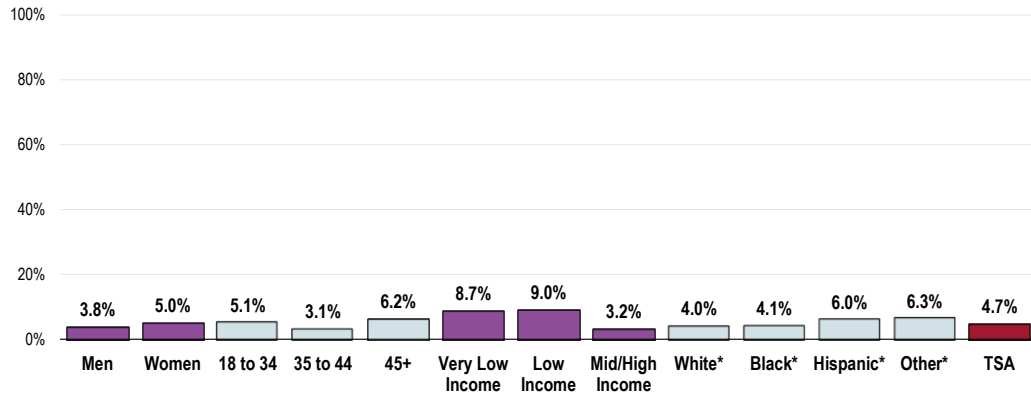
Notes: • Asked of all respondents.

These Total Service Area children are more likely to be exposed to tobacco smoke in the home:

- Children of parents age 45+.
- Children in low income households.

Someone Smokes Tobacco Inside the House

(By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



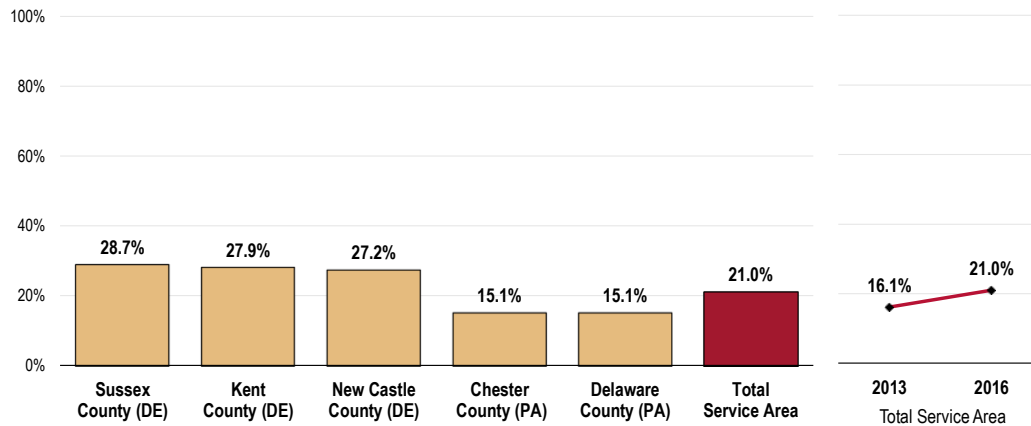
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 21.0% of Total Service Area parents report that a member of their household smokes outside the home.

- More favorable in Chester and Delaware counties.
- TREND: Smoking outside the home has increased in prevalence over time.

Someone Smokes Tobacco Outside the House

(Total Service Area, 2016)

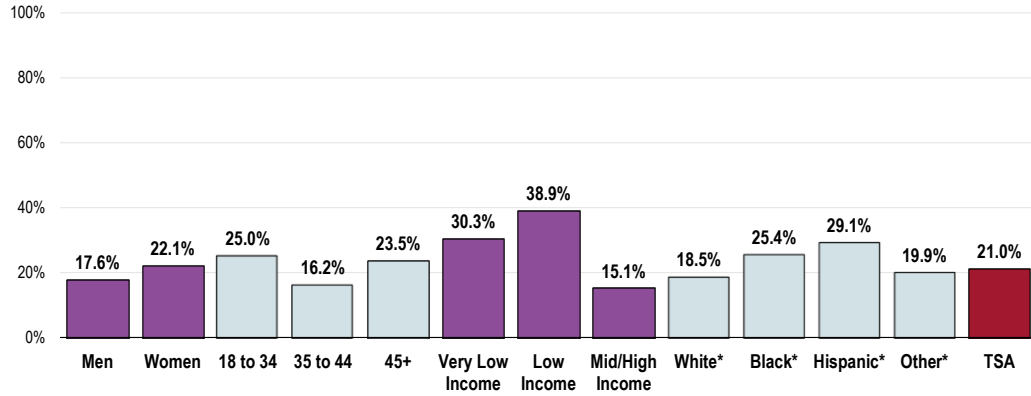


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 304]
 Notes: • Asked of all respondents.

Smoking outside the home is notably higher among:

- Parents age 18 to 34 and 45+.
- Lower-income households.
- Hispanic respondents.

Someone Smokes Tobacco Outside the House (By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

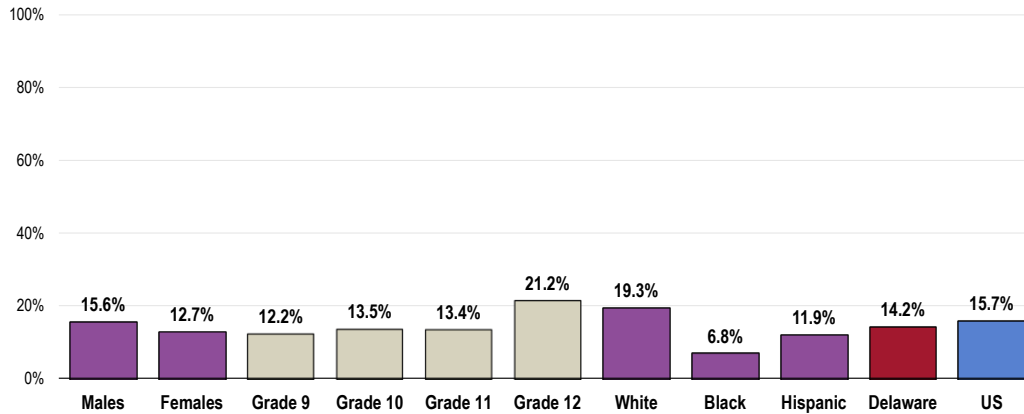
Current Tobacco Use (Adolescents)

Among Delaware high school students, 14.2% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

- Less than the US prevalence.
- Higher among boys and 12th graders.
- Statistically higher among Whites and lower among Blacks.

Smoked Cigarettes in Past Month

(Among High School Students; Delaware Youth Risk Behavior Survey, 2013)



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.
 Notes: • Smoked cigarettes on at least 1 day during the 30 days before the survey.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

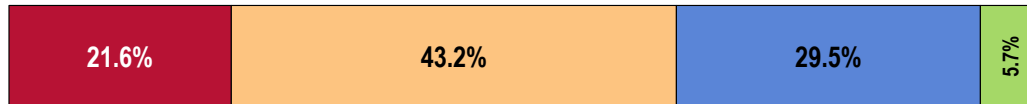
For more information, visit: www.cdc.gov/healthyyouth/yrebs.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey most often characterized **Tobacco Use** as a “moderate problem” for children/adolescents in the community.

Perceptions of Tobacco Use as a Problem for Children/Adolescents in the Community (Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Tobacco is and will remain the number one threat to our children's health. Much more must be done especially as it relates to the emergence of e-cigarettes. - Public Health Representative (New Castle County, DE)

Tobacco use in our young people is still a problem. They are still smoking and chewing tobacco. - Community/Business Leader (New Castle County, DE)

Still a large number of parents using tobacco. - Community/Business Leader (Kent County, DE)

Prevalence of tobacco use. - Public Health Representative (The Region)

Over 90% of all tobacco users started when they were children or very young adults. Tobacco use is the number one cause of death in the U.S. The use of electronic cigarettes has skyrocketed in the last year or two. - Public Health Representative (The Region)

See it in youth we serve. - Social Services Provider (The Region)

High uses of tobacco in our community. - Social Services Provider (New Castle County, DE)

Tobacco smoke and chew. - Physician (Chester County, PA)

Easily Accessible

Easily accessible in the home and with peers. - Social Services Provider (Sussex County, DE)

Increased utilization of alternative products. - Other Health Provider (New Castle County, DE)

Pregnant Woman

Delaware has an above the national average rate of women reporting that they smoked cigarettes during pregnancy. This exposure to primary and second hand smoke for children is detrimental to their health. The increase in e-cigarettes is also a concern. - Public Health Representative (The Region)

Social Norms

Their heroes smoke. - Community/Business Leader (Kent County, DE)

Access to Care/Services

Minimal resources. - Other Health Provider (Sussex County, DE)

Substance Abuse

Alcohol Use (Adolescents)

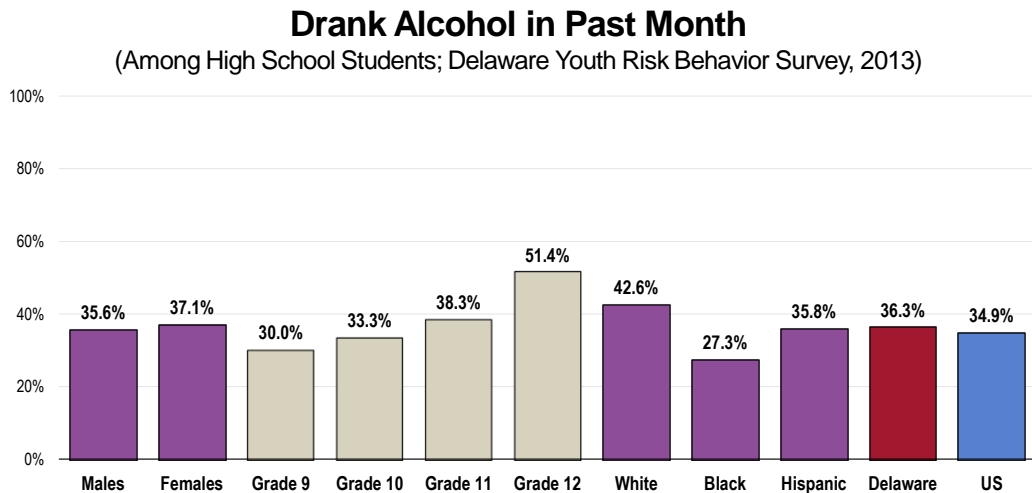
Current Alcohol Use

A total of 36.3% of Delaware high school students report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

- Similar to national findings.
- Appears to increase with grade level.
- Higher among White students followed by Hispanic students.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.

Notes: • Had at least one drink of alcohol on at least one day during the 30 days before the survey.

Current Drinking & Driving

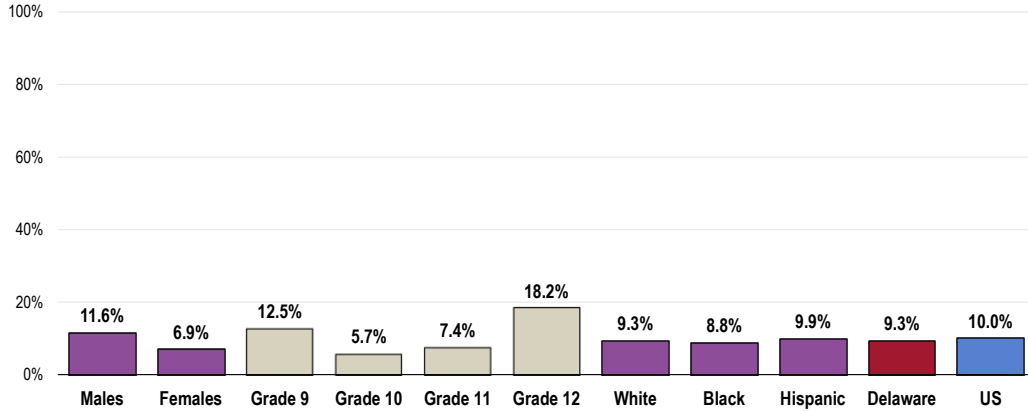
Among Delaware high school students, 9.3% report having driven a car or other vehicle when drinking alcohol on one or more occasions during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

- Comparable to national findings.
- Higher among boys than girls.
- Higher among 9th and 12th graders.

Drove When Drinking Alcohol in the Past Month (Among High School Students; Delaware Youth Risk Behavior Survey, 2013)

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.

Notes: • Drove a car or other vehicle when drinking alcohol one or more times during the 30 days before the survey.

Drug Use (Adolescents)

Lifetime Use of Drugs

Delaware high school students report the highest lifetime usage for marijuana (42.6% have ever used), followed by inhalants (7.5% have ever used), and ecstasy (5.7% have ever used).

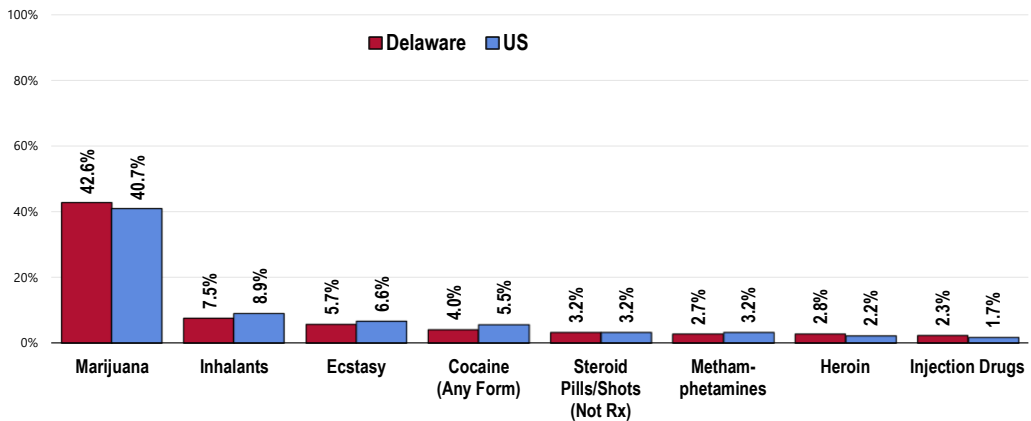
- Percentages are significantly below national findings for lifetime usage of inhalants and cocaine. Lifetime usage is similar to national findings for all other drugs.

Ever Used Specific Drugs

(Among High School Students; Delaware Youth Risk Behavior Surveys, 2013)

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.

Notes: • Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
• Ecstasy is also called "MDMA."
• Cocaine includes powder, crack or freebase forms of cocaine.
• Methamphetamine is also called "speed," "crystal," "crank," or "ice."
• Heroin also called "smack," "junk," or "China white."

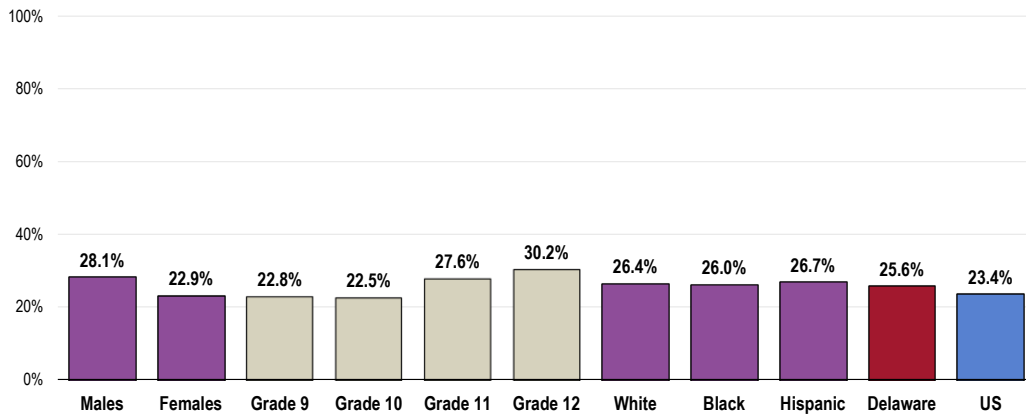
Current Marijuana Use

One-fourth of Delaware high school students (25.6%) report having used marijuana one or more times during the 30 days preceding the administration of the 2013 Youth Risk Behavior Survey.

- Higher than national findings.
- Higher among boys and students in 11th or 12th grade.

Used Marijuana in Past Month

(Among High School Students; Delaware Youth Risk Behavior Survey, 2013)



This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthyyouth/yrbs.

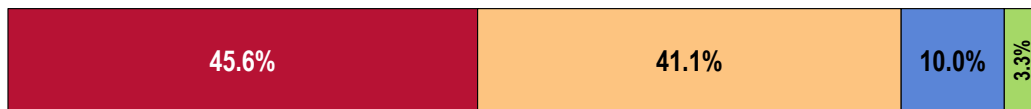
- Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.
- Notes: • Used marijuana one or more times during the 30 days before the survey.

Key Informant Input: Substance Abuse

Key informants taking part in an online survey more frequently characterized *Substance Abuse* as a “major problem” than a “moderate problem” for children/adolescents in the community.

Perceptions of Substance Abuse as a Problem for Children/Adolescents in the Community (Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



- Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes: • Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

There are not anywhere near enough treatment facilities- either residential or day programs- and they are extremely costly. Insurance coverage is very limited. The stigma of addiction is also a barrier to access. Symptoms are not always well known. - Public Health Representative (New Castle County, DE)

Too few facilities. Lack of knowledge about the very few limited resources. - Community/Business Leader (Sussex County, DE)

Same as mental health, lack of intensive treatment. - Community/Business Leader (New Castle County, DE)

Not aware of any inpatient centers for treatment. - Physician (Sussex County, DE)

Long waiting list for inpatient treatment. Lack of recovery homes in Delaware. - Social Services Provider (New Castle County, DE)

There aren't enough programs. - Community/Business Leader (New Castle County, DE)

There are few if any real treatment centers for adolescents in the area and what is available is limited. Most do not take youth under 16. - Other Health Provider (Sussex County, DE)

Lack of treatment facilities. - Public Health Representative (The Region)

I think our children aren't aware of what they have access to as it relates to substance abuse. - Community/Business Leader (New Castle County, DE)

Lack of qualified counselors, lack of treatment facilities. - Other Health Provider (Sussex County, DE)

Denial/Stigma

Recognizing there is an issue, availability of a variety of levels of care to meet the need of the adolescent. Payment. - Public Health Representative (The Region)

Parent acknowledgement and recognition of the problem at beginning stages. Then few actual services or providers specific to this area for young people. - Community/Business Leader (The Region)

Fear of disclosing the need to family, friends, adults they respect in fear of jeopardizing acceptance among peers, lack of information and perhaps parental denial. - Social Services Provider (The Region)

The idea that they do not know what is happening to them during the present moment. - Community/Business Leader (New Castle County, DE)

The shame and condemnation, parents not knowing how to handle the abuse. Not treating this as a disease. - Community/Business Leader (Sussex County, DE)

Shame, stigma, lack of health insurance, lack of knowledge regarding the best programs available in the local area. - Public Health Representative (The Region)

Substance abuse is viewed as a criminal activity rather than a public health and socio-economic issue. There is a lack of understanding, empathy and public will to acknowledge and then address this issue. - Community/Business Leader (New Castle County, DE)

Prevalence/Incidence

Young people are dying and it begins early. - Other Health Provider (Sussex County, DE)

Lots of drug use in Chester County. - Physician (Chester County, PA)

See it in youth we serve. - Social Services Provider (The Region)

We have a major problem with late adolescents addicted to heroin. There are few adolescent friendly behavioral health centers. Though pediatricians are sometimes paid for mental health screening there is no program promoting drug screening. - Community/Business Leader (Sussex County, DE)

Parental Influence

Their drug dependent parents are heroes. - Community/Business Leader (Kent County, DE)

Lack of adequate parental involvement in their lives. - Community/Business Leader (New Castle County, DE)

We have several parents that have an addiction problem and I am sure there are more that we don't know about. We need more research done on programs that work. I think it was Texas that has a high school for students who have been successful in rehab. - Community/Business Leader (New Castle County, DE)

Crime

The issue is the crime around the illegal drugs. - Community/Business Leader (Kent County, DE)

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, heroin or other opioids, marijuana, and prescription medications as the most problematic substances abused by youth in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	46.2%	15.4%	19.2%	21
Heroin or Other Opioids	34.6%	19.2%	15.4%	18
Marijuana	7.7%	26.9%	11.5%	12
Prescription Medications	3.8%	11.5%	26.9%	11
Cocaine or Crack	7.7%	7.7%	7.7%	6
Methamphetamines or Other Amphetamines	0.0%	3.8%	15.4%	5
Over-The-Counter Medications	0.0%	7.7%	0.0%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	3.8%	0.0%	1
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	3.8%	0.0%	1
Inhalants	0.0%	0.0%	3.8%	1

Injury & Safety

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Injuries

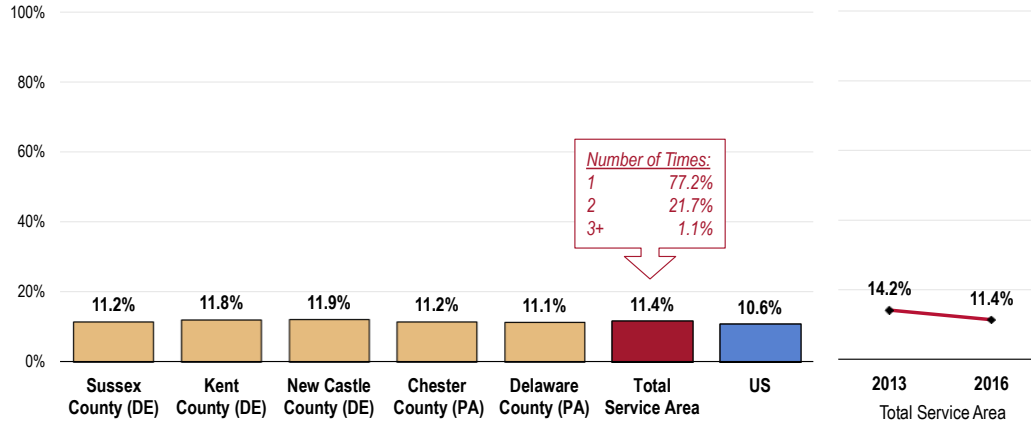
Injuries Requiring Treatment

While most Total Service Area children were not injured seriously in the past year, 11.4% sustained injuries serious enough to require medical treatment.

- Similar to US findings.
- Similar by county.
- TREND: Statistically similar to 2013 findings.

“In the past two years, has this child been injured seriously enough to need treatment from a doctor or a nurse?”

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year (Total Service Area, 2016)

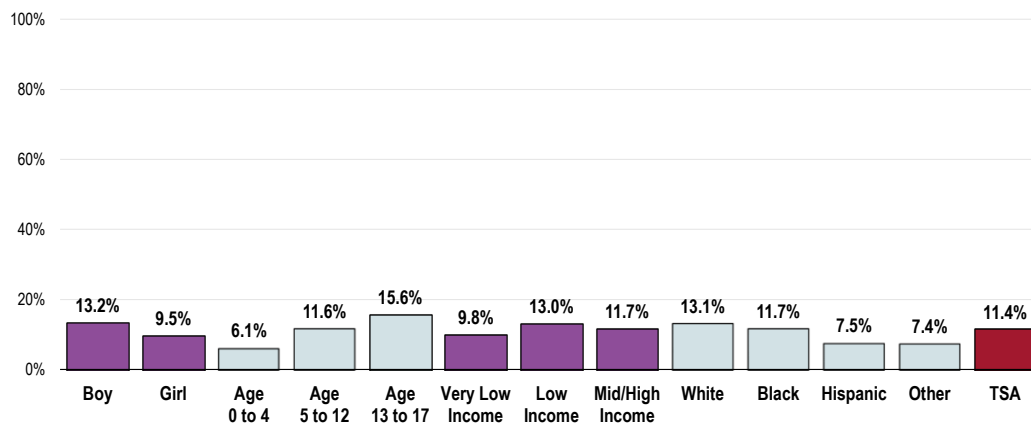


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 78-79]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

More than three-fourths of parents (77.2%) reported that their child was seriously injured just **once** in the past year. However, 21.7% reported **two incidents** and 1.1% said their child needed medical treatment for an injury **three or more times** in the past twelve months.

- Note the positive correlation with child's age.

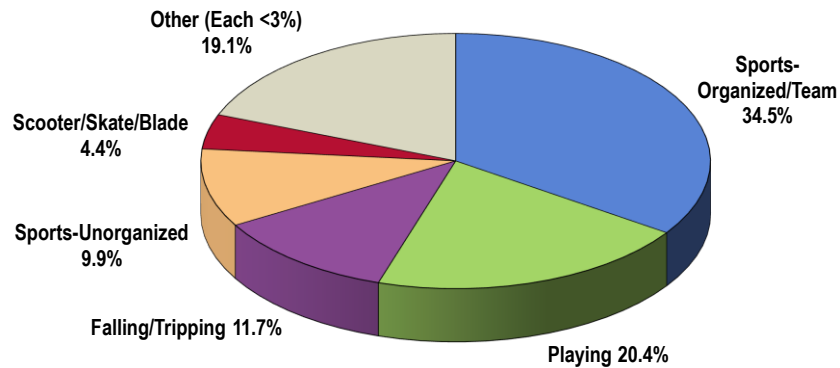
Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked what the child was doing when the injury occurred, parents of these children mentioned activities like **organized sports** (34.5%), **playing** (20.4%), and **falling or tripping** (11.7%). Other activities included **unorganized sports** (9.9%) and **scooter/roller skating/roller blading** (4.4%).

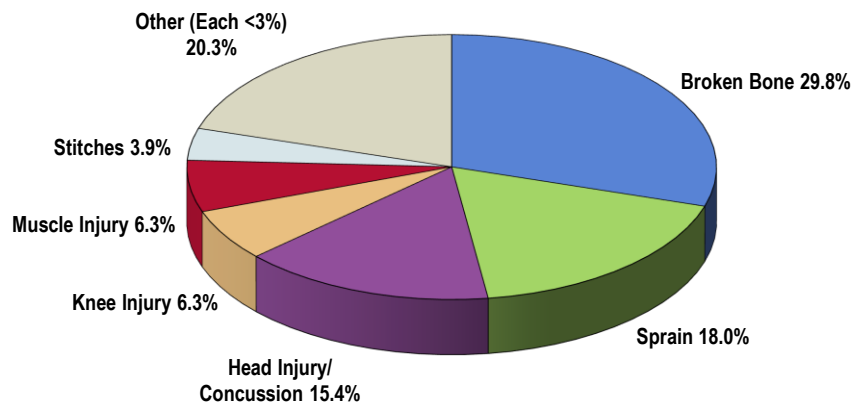
Child's Activity When Most Seriously Injured in Past Year (Total Service Area Children Seriously Injured in the Past Year, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked about the type of injury sustained, these parents frequently mentioned **broken bones** (29.8%), **sprains** (18.0%), and **head injuries or concussions** (15.4%). Injuries mentioned with less frequency included **knee injuries**, **muscle injuries**, and injuries requiring **stitches**.

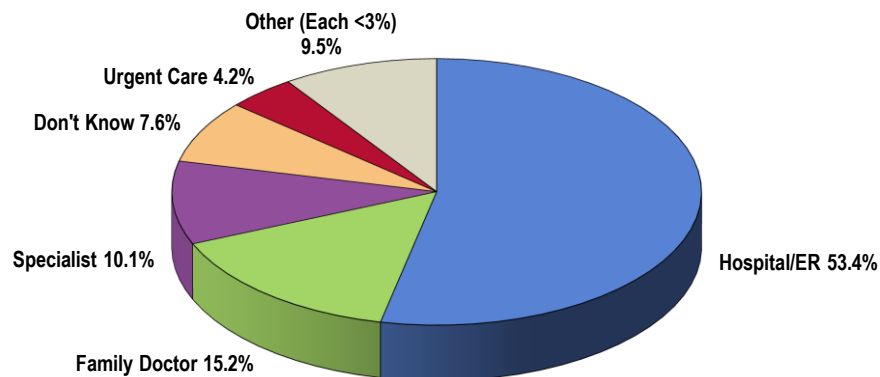
Type of Injury Sustained (Total Service Area Children Seriously Injured in the Past Year, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked where they sought help for the child's injury, 53.4% of parents mentioned a **hospital emergency room**, followed by a **family physician** (15.2%), a **specialist** (10.1%), and an **urgent care center** (4.2%).

Source for Help After the Injury
(Total Service Area Children Seriously Injured in the Past Year, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

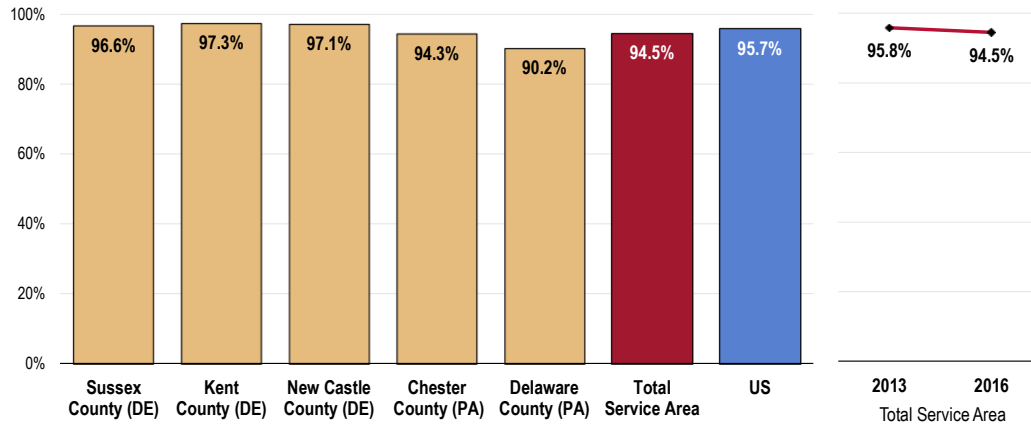
Injury Control

Car Seats & Seat Belts

A full 94.5% of Total Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a motor vehicle.

- Comparable to the US percentage.
- Favorably high in Kent and New Castle counties; lowest in Delaware County.
- TREND: Seatbelt usage is statistically unchanged from prior survey findings.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Total Service Area, 2016)

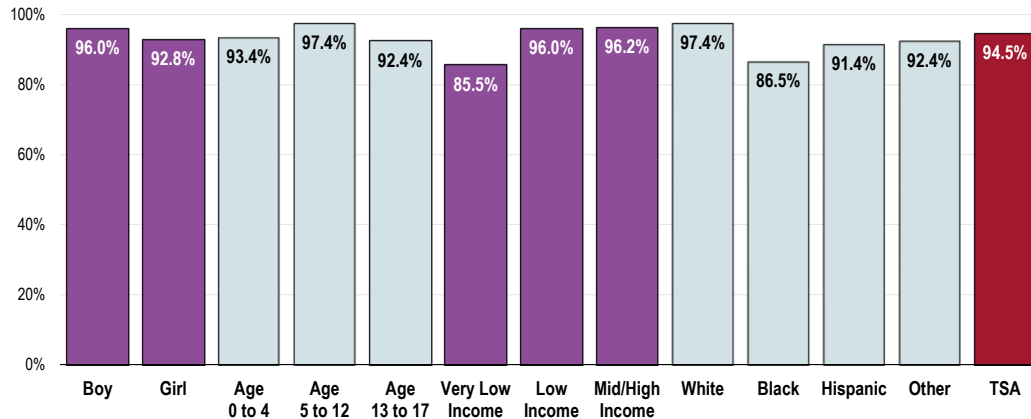


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 83]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

Usage is highest among:

- Boys.
- Children age 5 to 12.
- Children living above the federal poverty level.
- White children.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

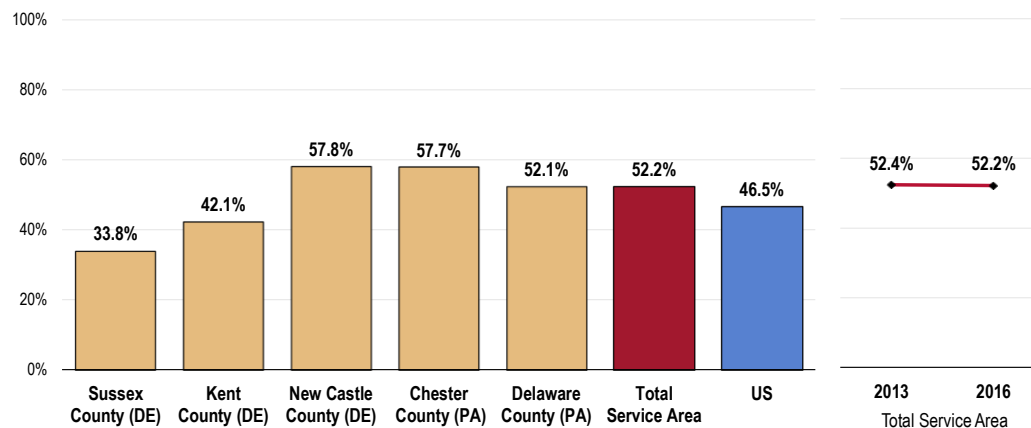
Helmet Use

Bicycles

Just over one-half of Total Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- More favorable than the US proportion.
- Much less favorable in Kent County and especially Sussex County.
- TREND: Nearly identical to 2013 findings.

Child “Always” Wore a Helmet When Riding a Bicycle in the Past Year (Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 88]

• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

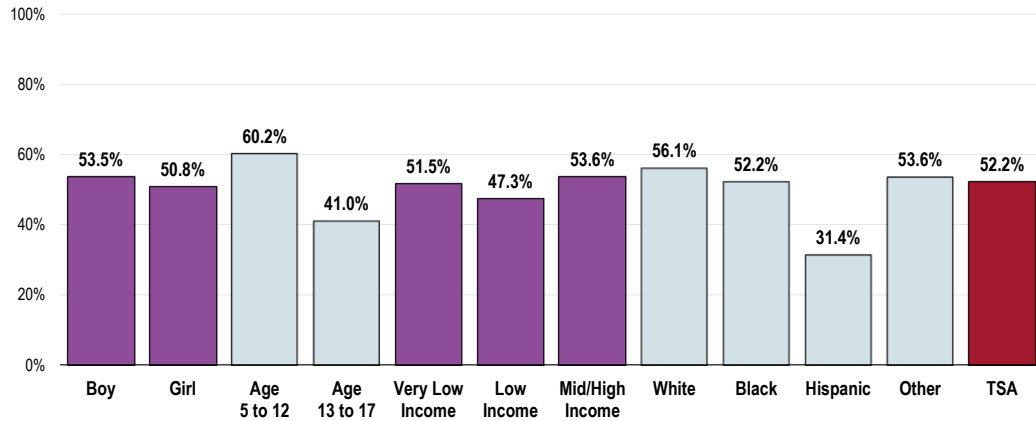
Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.

Children (age 5-17) less likely to “always” wear a bike helmet include:

- Teens.
- Hispanic children.

Child “Always” Wore a Helmet When Riding a Bicycle in the Past Year

(Total Service Area Children Age 5-17 Who Rode a Bike in the Past Year, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a bike in the past year.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

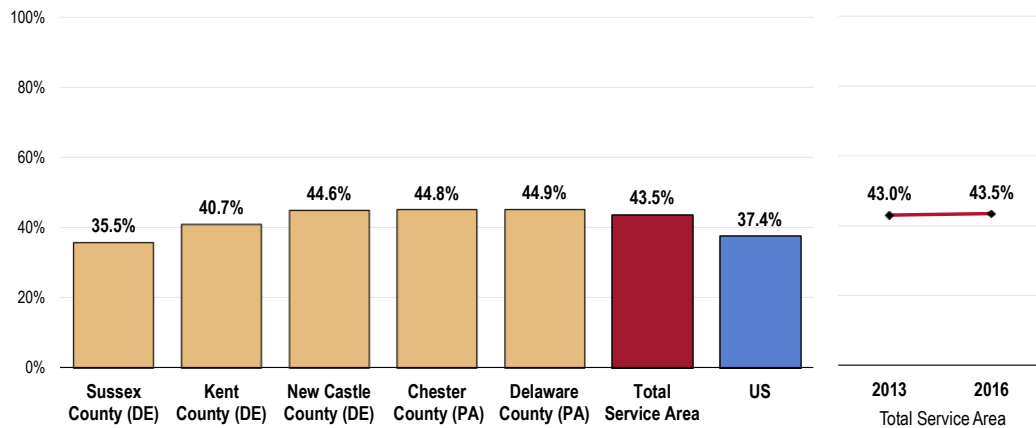
Skateboards, Scooters, Skates & Rollerblades

A total of 43.5% of Total Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a skateboard, scooter, skates, or rollerblades (denominator reflects only those who engage in these activities).

- Better than national findings.
- Statistically comparable among counties.
- TREND: No significant change in helmet usage has occurred since 2013.

Child “Always” Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

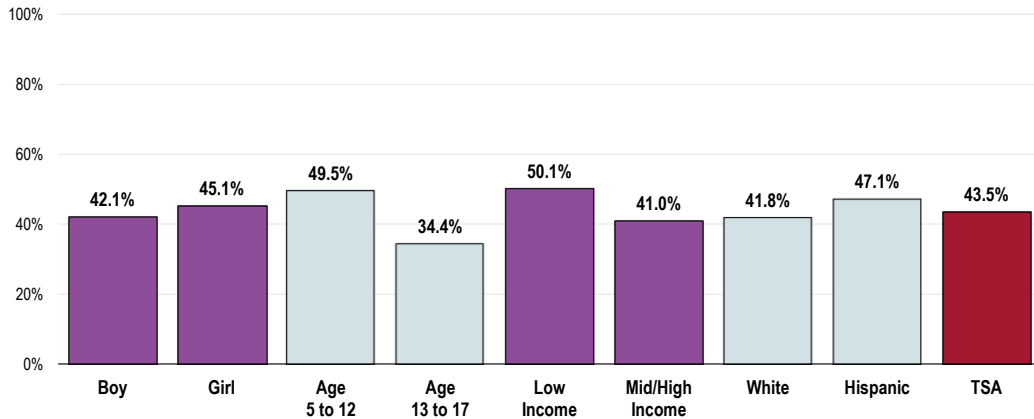
(Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 89]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 35.8% of children who did not engage in these activities.

- Lowest among teens.

Child “Always” Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year (Total Service Area Children Age 5-17 Who Engaged in These Activities in the Past Year, 2016)



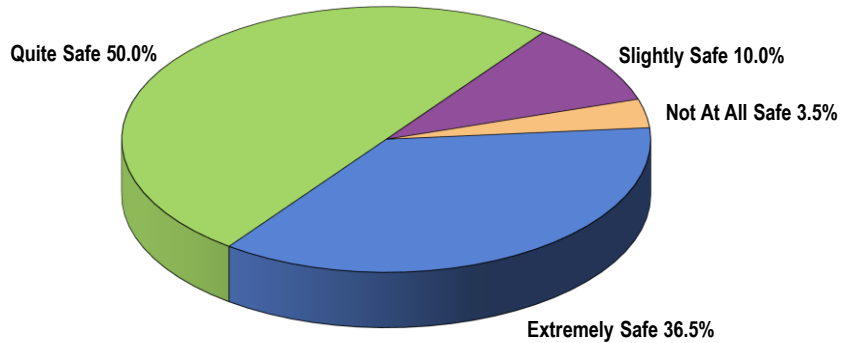
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17 and who rode a skateboard, scooter, skates or rollerblades in the past year.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes at 200% or more of the federal poverty level.

Violence & Safety

Neighborhood Safety

While most Total Service Area families live in “extremely safe” or “quite safe” neighborhoods, 13.5% of parents live in neighborhoods they consider only “slightly safe” or “not at all safe.”

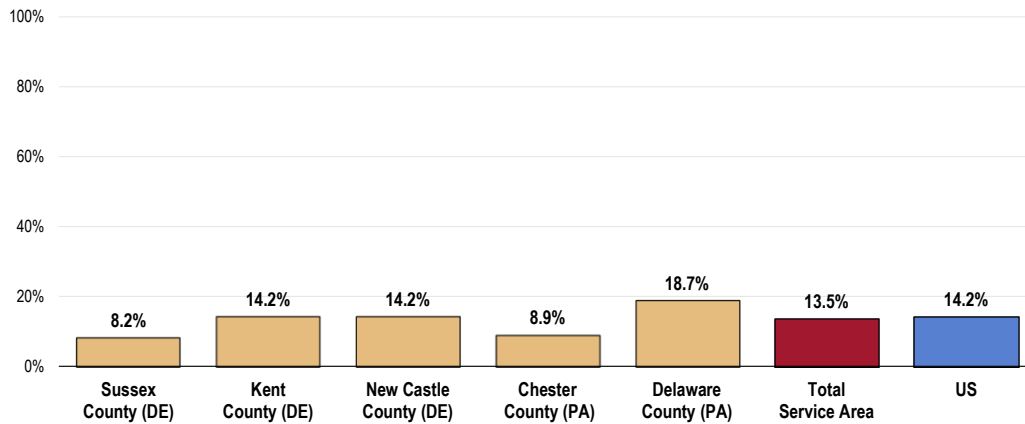
Perceived Safety of Neighborhood (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all respondents.

- The prevalence of “slightly/not at all safe” responses is similar to national reports.
- Perceptions of poor neighborhood safety are higher in Delaware County; lower in Sussex and Chester counties.

Neighborhood Perceived to be “Slightly/Not At All” Safe (Total Service Area, 2016)

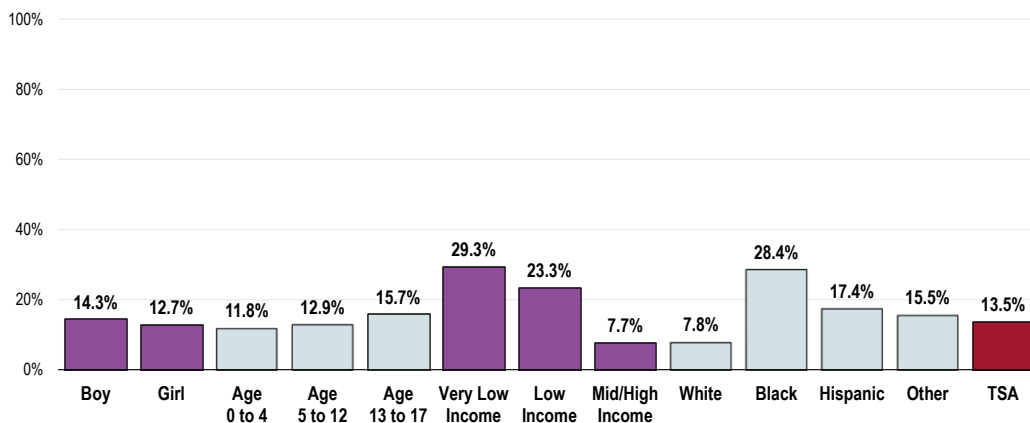


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Note the negative correlation with household income level.
- Also, parents of Black children are much more likely to live in neighborhoods they consider “slightly/not at all” safe, whereas Whites are less likely.

Neighborhood Perceived to be “Slightly/Not At All” Safe (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]

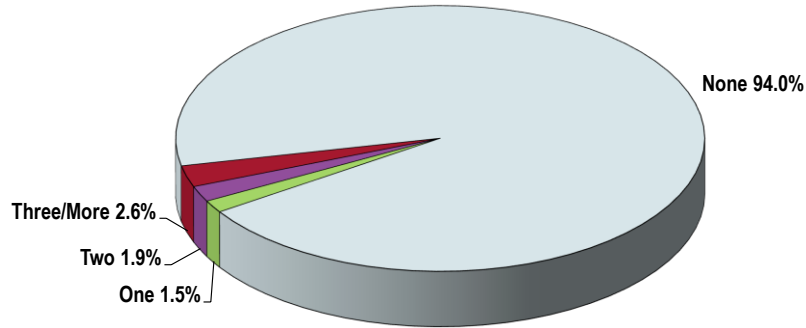
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

“During the past year, how many days did this child not go to school because he/she felt unsafe at school or on the way to or from school?”

Feeling Safe at School or Going to/From School

A total of 6.0% of Total Service Area children age 5-17 missed school at least once in the past year because he/she felt unsafe either at school or on the way to/from school.

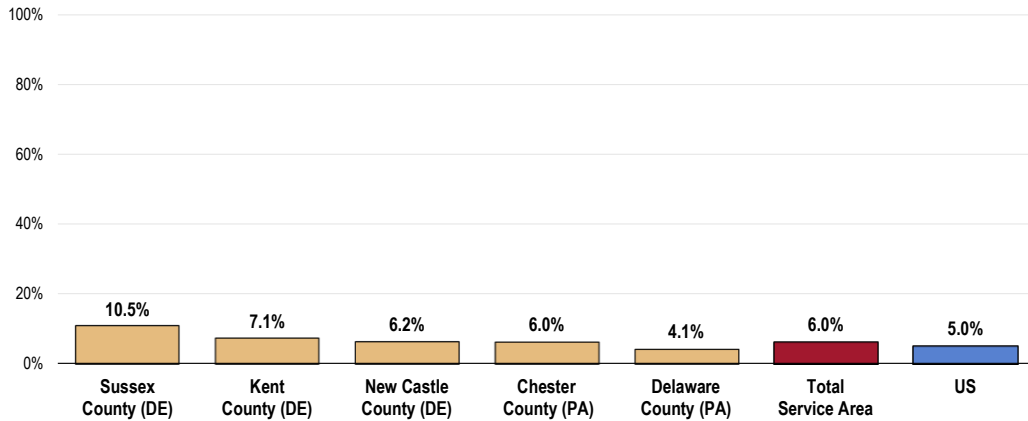
School Days Missed in the Past Year Because Child Felt Unsafe at School or on the Way to/From School (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Similar to the national proportion.
- Statistically similar findings by county.

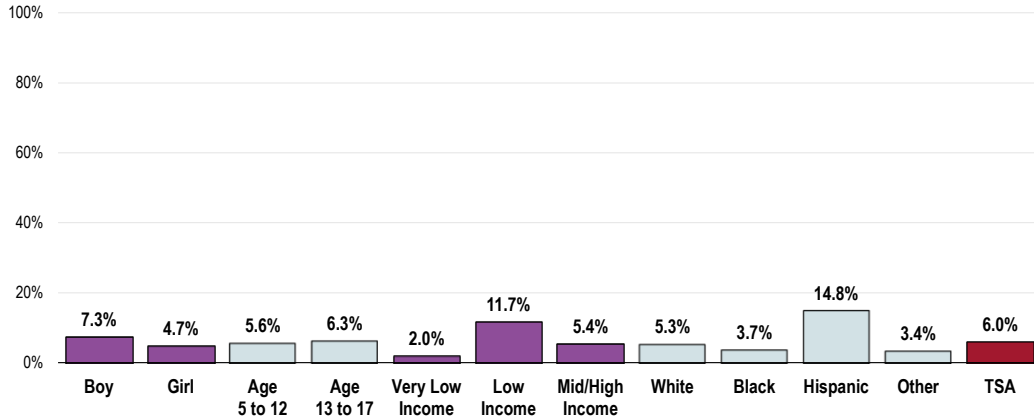
Child Missed School in the Past Year Due to Feeling Unsafe (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Hispanic children and children living in low income households are more likely to have missed school due to safety reasons.

Child Missed School in the Past Year Due to Feeling Unsafe (Total Service Area Children Age 5-17, 2016)



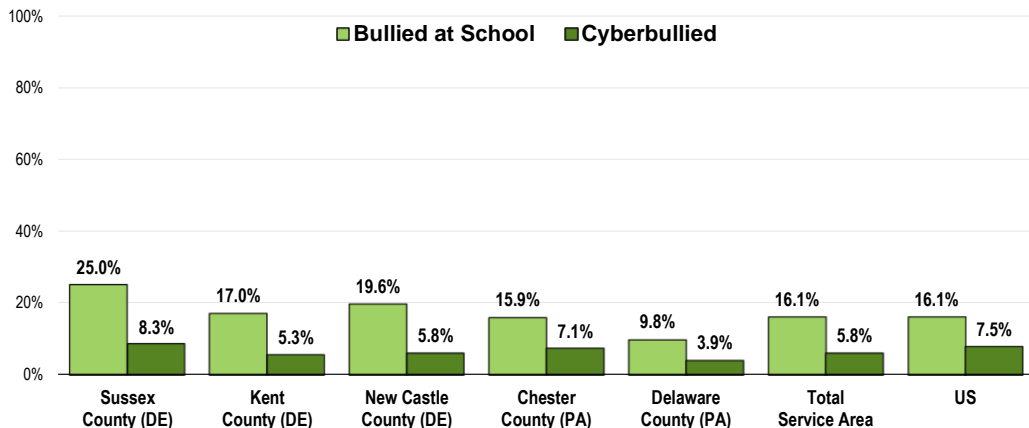
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Bullying

Among parents of school-age children (age 5-17), 16.1% report that their child has been bullied in the past year on school property; another 5.8% report that their child has been cyber-bullied (these percentages are not mutually-exclusive).

- Both forms of bullying occur in the Total Service Area at statistically similar rates as seen nationwide.
- Sussex County has the highest prevalence of bullying on school property, while the prevalence is lowest in Delaware County.
- Cyber-bullying is statistically similar among all counties within the service area.

Child Was Bullied in the Past Year (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 85, 86]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
 • Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

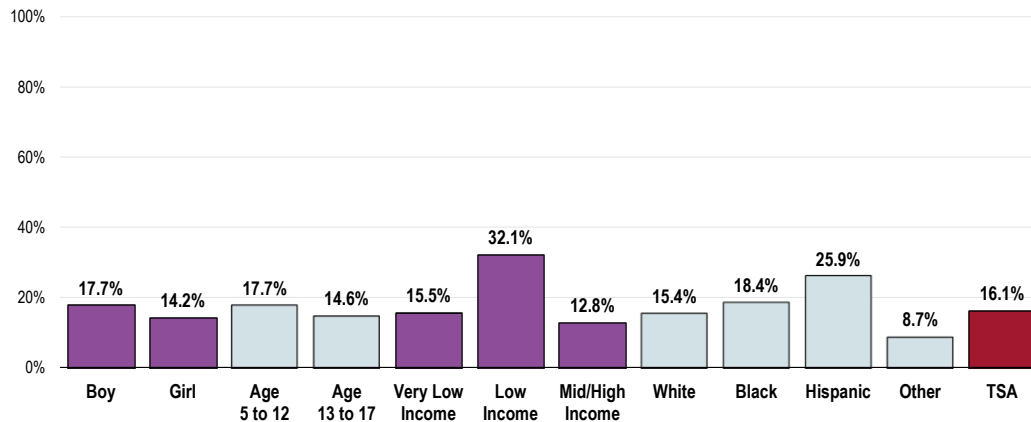
Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

NOTE: It is important to recognize that these measures are reported by parents and are limited to incidents of which parents are aware; it is reasonable to presume that the true incidence for these measures is potentially quite a bit higher.

According to parents, being bullied on school property is more common among:

- Children from low income households.
- Hispanic children.

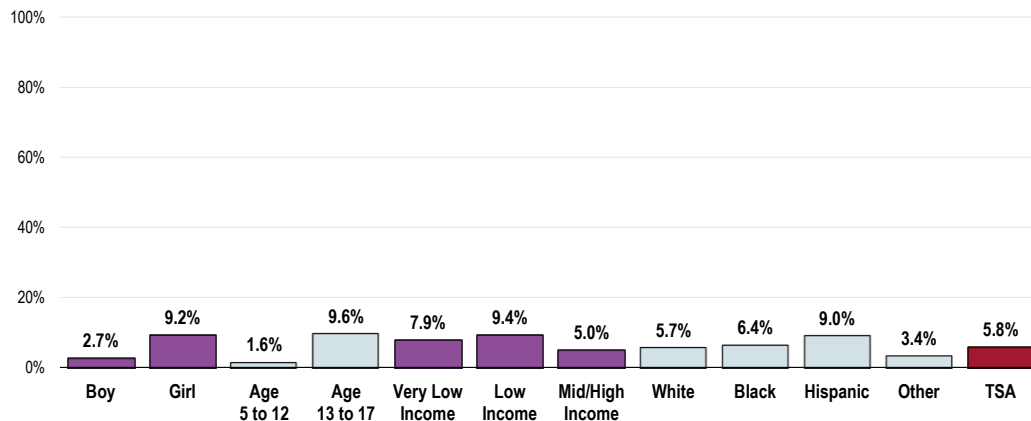
Child Was Bullied on School Property in the Past Year (Total Service Area Children Age 5-17, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 85]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Parents' reports of cyberbullying are highest among girls and teens.

Child Was Cyberbullied in the Past Year (Total Service Area Children Age 5-17, 2016)



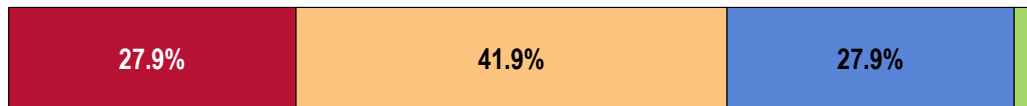
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury and Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” for children/adolescents in the community.

Perceptions of Injury and Violence as a Problem for Children/Adolescents in the Community (Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence of Violence

Violence and crime are a major concern for youth. There are not enough jobs and not enough community center for our young people to go to. - Community/Business Leader (New Castle County, DE)

Crime rate particularly in the city of Wilmington. Families fear going outside to become active. - Social Services Provider (The Region)

Reports of incidence and impact from the Division of Public Health. Awareness of problems in the Wilmington area. - Community/Business Leader (The Region)

Children are prone to violence in the city of Wilmington as bystander. - Other Health Provider (New Castle County, DE)

Rates of exposure to trauma and violence are increasing across the state of Delaware. Data shows that exposure to trauma increases the number of adverse childhood experiences. - Public Health Representative (The Region)

Violence in certain neighborhoods is increasing. Our children do not have the opportunity for free unsupervised play in the neighborhoods. - Community/Business Leader (New Castle County, DE)

Violence in the city of Wilmington is epidemic. - Community/Business Leader (The Region)

Violence is a part of their daily lives. Children have become more aggressive - Community/Business Leader (New Castle County, DE)

It is now at epidemic levels especially in the city of Wilmington but is growing throughout Delaware. Plus, the loss of life to suicide and also violence in harming ones' self. And bullying is considered violence. - Public Health Representative (The Region)

The violence and issues in the city of Wilmington puts children and youth at extreme danger. Schools and community based child care are impacted. - Community/Business Leader (New Castle County, DE)

Violence...second hand exposure, witnessing, experiencing as a victim, committing as a perpetrator. Violence is a normal part of everyday life for too many children. Violence and abuse are embedded in many children's lives. - Community/Business Leader (New Castle County, DE)

Gun Violence

Number of shootings and violent acts on the streets of the west side of Wilmington. - Social Services Provider (New Castle County, DE)

Increased violence including gun violence injury and deaths in Wilmington communities continues with significant negative impacts on children and adolescents as well as the whole family. We know these communities are exposed to multiple trauma. - Community/Business Leader (New Castle County, DE)

Shootings, bullying and poverty induced trauma. - Community/Business Leader (The Region)

Shootings in Wilmington, poverty, drug traffic. In the suburbs, too much unsupervised time, boredom. - Social Services Provider (Kent County, DE)

See it in families of youth we serve. Eight of our youth have been shot in the last three years. - Social Services Provider (The Region)

Co-Occurrences

Children inherit not only their parents' genes but also the family ecology and its social milieu. Thus, parenting skills, housing, neighborhood, schools and other factors of medical care all have complex relations to each other and influence each other. - Other Health Provider (New Castle County, DE)

Data show it to be a major cause of injury and death and related to other risk behaviors such as substance use and risky sexual behaviors. - Community/Business Leader (The Region)

Political Economy

The political system, the Delaware democrats needs to have people on the dole so they will vote for them to keep their jobs. Sorry to say the kids pay the price while they learn how the game is played so they can be on the dole when they grow up! - Community/Business Leader (Kent County, DE)

Sexual Activity

Chlamydia & Gonorrhea

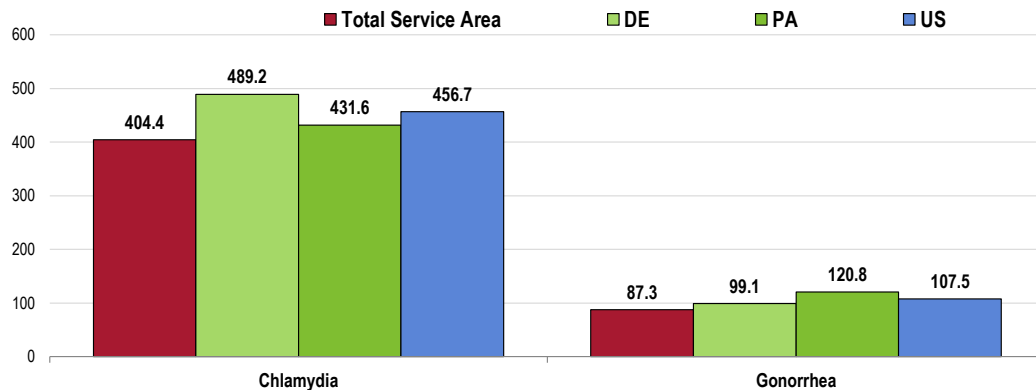
In 2012, there were 404.4 diagnosed chlamydia infections per 100,000 population in the Total Service Area.

- More favorable than the Delaware and Pennsylvania rates.
- More favorable than national findings.
- Notably less favorable in Kent and New Castle counties; more favorable in Sussex County and especially Chester County.

In 2012, there were 87.3 diagnosed gonorrhea infections per 100,000 population in the Total Service Area.

- More favorable than the Delaware and Pennsylvania rates.
- More favorable than the US rate.
- Least favorable in New Castle and Delaware counties; most favorable in Kent County and especially Chester County.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



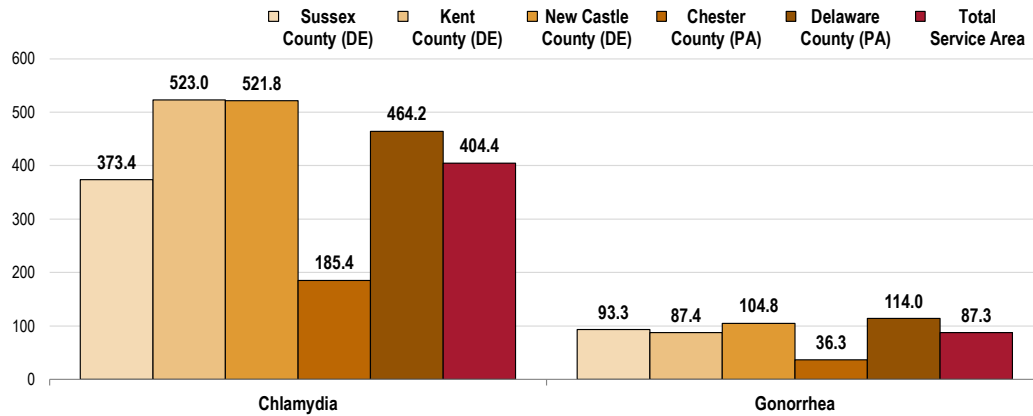
Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved February 2016 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
 • Retrieved February 2016 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

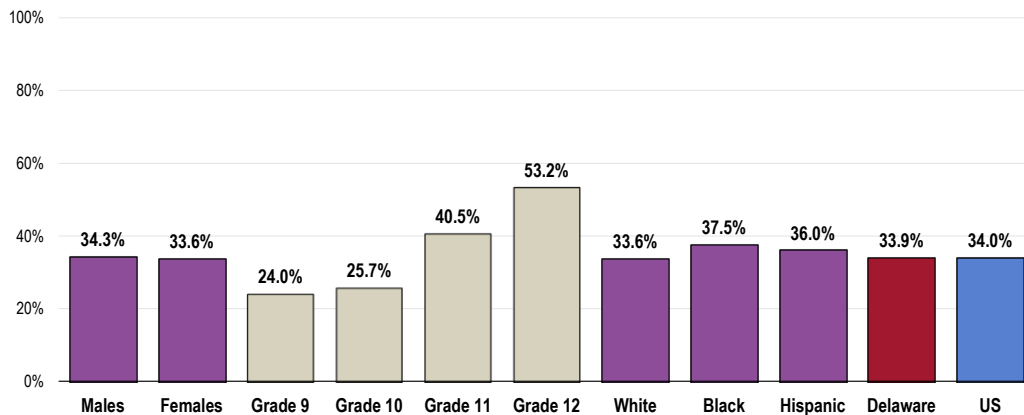
Sexual Activity (Adolescents)

Around one-third of Delaware high school students (33.9%) report having had sexual intercourse with at least one person during the three months preceding the administration of the 2013 Youth Risk Behavior Survey.

- Nearly identical to national findings.
- Highest among 12th graders followed by 11th graders.

Had Sexual Intercourse in Past Three Months

(Among High School Students; Delaware Youth Risk Behavior Survey, 2013)



Sources: • Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.
 Notes: • Have had sexual intercourse with at least one person during the three months before the survey.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthy-youth/yrbs.

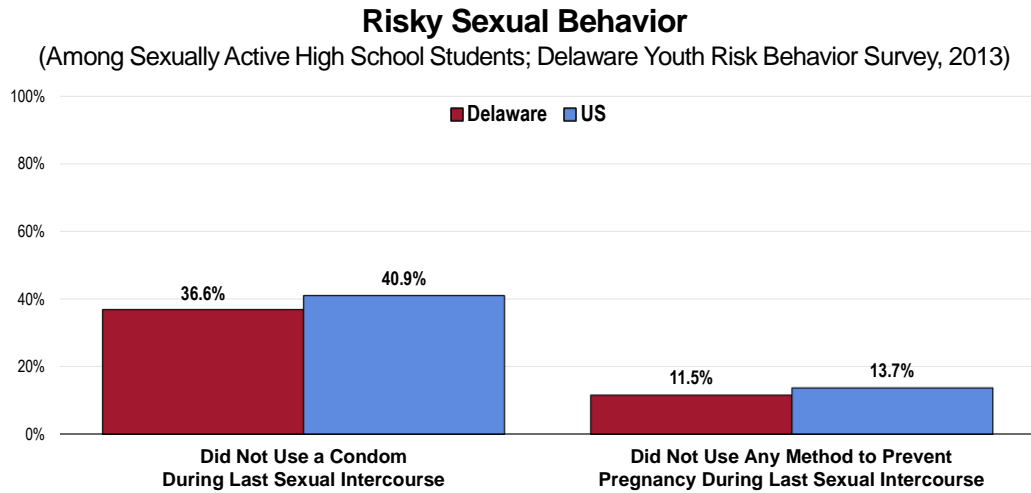
Risky Sexual Behaviors

Among Delaware high school students who are sexually active, 36.6% report not using a condom during their last sexual intercourse, and 11.5% report not using any method to prevent pregnancy.

- Condom use is better than US findings.
- The proportion of high schoolers using a method to prevent pregnancy is similar to that found nationally.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: www.cdc.gov/healthyouth/yrbs.

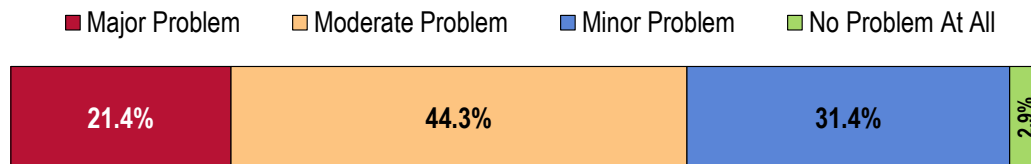


- Sources:
- Centers for Disease Control and Prevention (CDC). 2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed April 2016.
- Notes:
- Among high school students who have had sexual intercourse with at least one person during the three months before the survey.
 - "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse.

Key Informant Input: Sexual Health

Key informants taking part in an online survey generally characterized *Sexual Health* as a "moderate problem" for children/adolescents in the community.

Perceptions of Sexual Health as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence of Sexually Transmitted Diseases

STD, sexting. - Physician (Chester County, PA)

Highest STD rate in the state, high rate teen pregnancy, lack of services. - Other Health Provider (Sussex County, DE)

Delaware numbers for adolescents with HIV or STI continues to be amongst the highest in the U.S. - Community/Business Leader (The Region)

Rate of gonorrhea. - Public Health Representative (The Region)

Access to Providers

No adolescent specialist. - Physician (Sussex County, DE)

Teens will wait for their first GYN exam until after they have been sexually active and find themselves sick or pregnant. There is no adolescent GYN practice in Sussex County open to all kids. - Community/Business Leader (Sussex County, DE)

Need birth control, STD testing. - Physician (Delaware County, PA)

Health Education

Because they are not always taught at home. They see their parents engage in sexual relationships, sometimes multiple. - Community/Business Leader (Sussex County, DE)

The schools are no longer talking about sexual health in school so students are exploring on their own. - Other Health Provider (New Castle County, DE)

Teen Pregnancy

Teenage sexual activity is off the charts and as a result there is a rise in teen pregnancy, teen STD's, and teen emotional and physical abuse. - Public Health Representative (New Castle County, DE)

Access to Health Services



Professional Research Consultants, Inc.

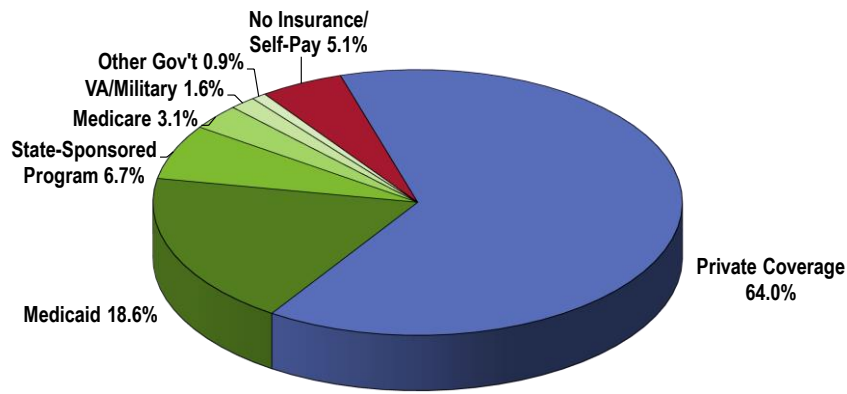
Health Insurance Coverage

Type of Health Insurance Coverage

A total of 64.0% of parents report having healthcare coverage for their child through private insurance. Another 30.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored CHIP, military benefits).

Survey respondents were asked a series of questions to determine their child's healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage for Child
(Total Service Area, 2016)



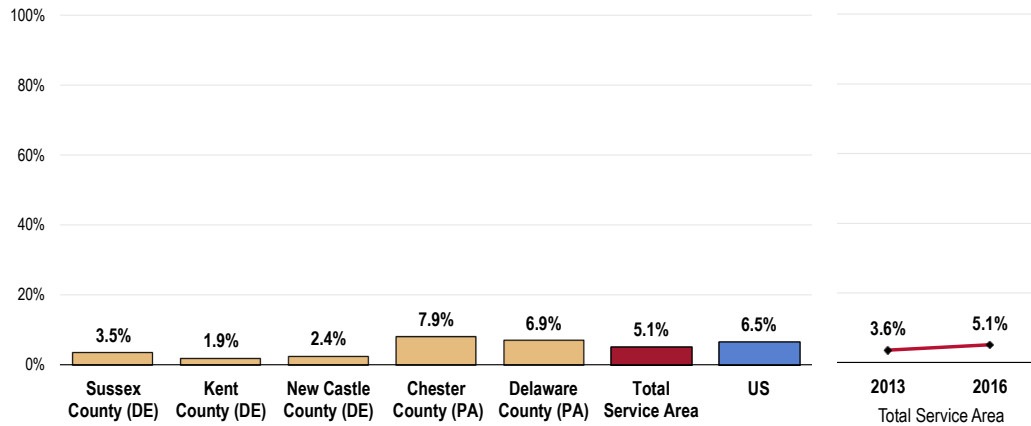
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
Notes: • Asked of all respondents.

Lack of Health Insurance Coverage

On the other hand, 5.1% of Total Service Area parents report having no insurance coverage for their child's healthcare expenses, through either private or public sources.

- Comparable to the US figure.
- The Healthy People 2020 target is universal coverage (100% insured).
- Lower in Kent and New Castle counties.
- TREND: Children's uninsured prevalence has not changed significantly since 2013.

Lack Healthcare Insurance Coverage for Child (Total Service Area, 2016) Healthy People 2020 Target = 0% (Universal Coverage)

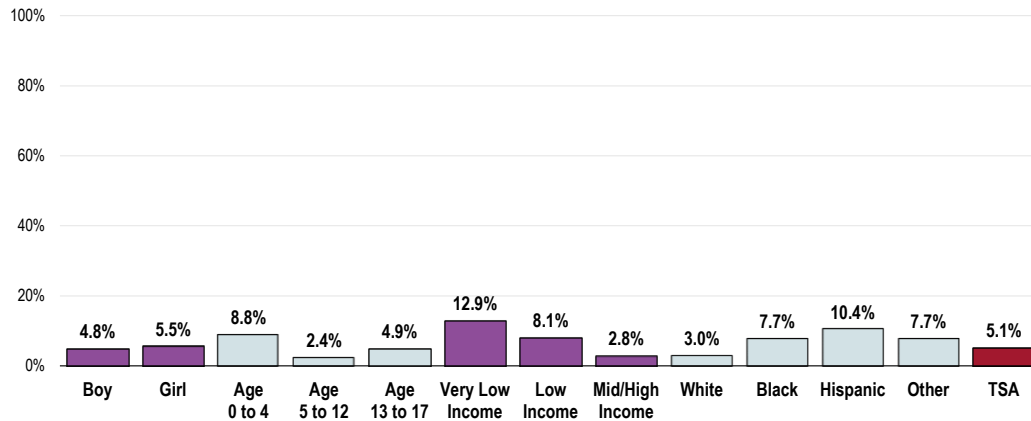


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents.

The following child segments are more likely to lack healthcare coverage:

- Children under age 5.
- Children living at lower incomes (note the negative correlation with income).
- Hispanic children.

Lack Healthcare Insurance Coverage for Child (Total Service Area, 2016) Healthy People 2020 Target = 0% (Universal Coverage)



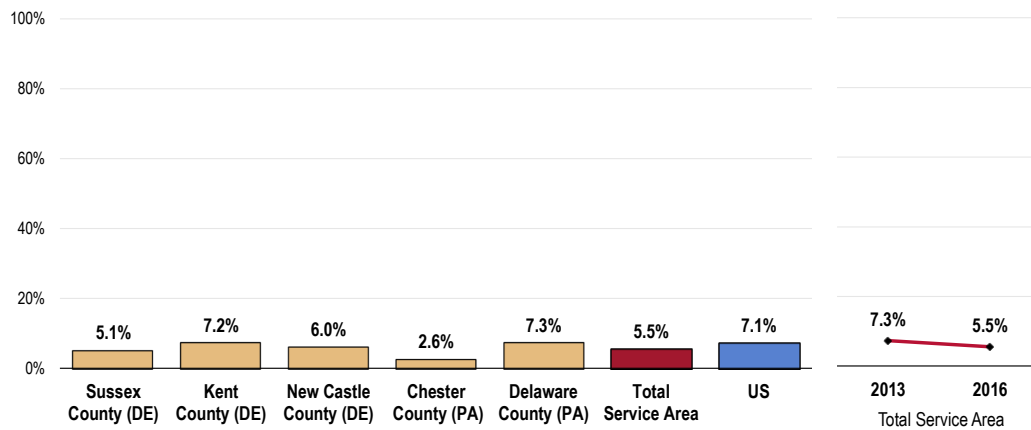
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among parents with insurance for their child, 5.5% report that their child was without healthcare coverage at some point in the past year.

- Statistically similar to the US proportion.
- Most favorable in Chester County.
- TREND: Insurance stability is statistically similar to 2013 findings.

Insured Child Went Without Coverage at Some Point in the Past Year (Total Service Area Children with Insurance, 2016)

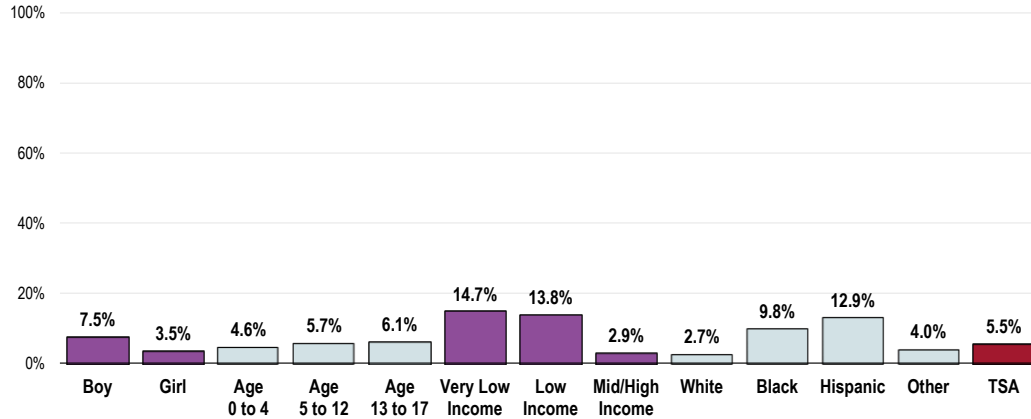


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 118]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household has healthcare insurance coverage.

Among insured children, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Boys.
- Those in lower-income households (negative correlation with income).
- Hispanic children and Black children.

Insured Child Went Without Coverage at Some Point in the Past Year (Total Service Area Children with Insurance, 2016)



- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 118]
- Notes:
- Asked of all respondents for whom the randomly selected child in the household has healthcare insurance coverage.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

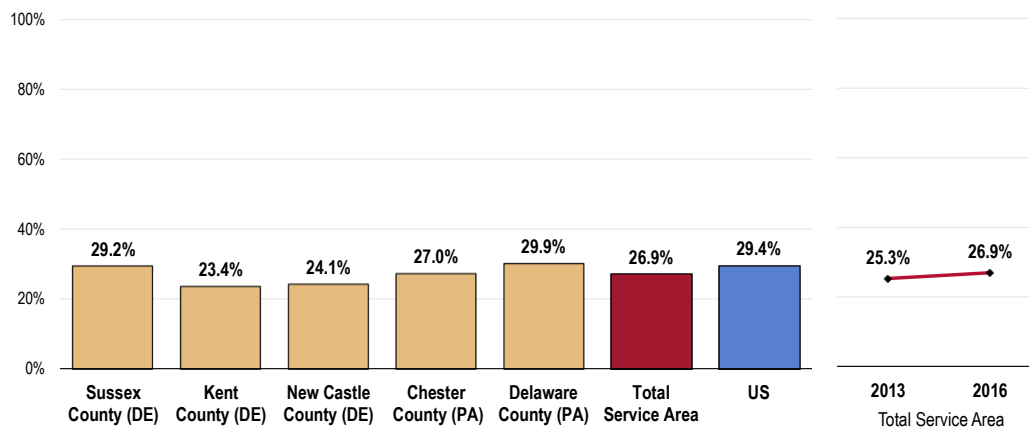
– Healthy People 2020 (www.healthypeople.gov)

More than one-fourth of Total Service Area parents (26.9%) report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

- Statistically comparable to the national percentage.
- No statistical difference by county.
- TREND: Has not varied significantly over time.

This indicator reflects the percentage of parents experiencing problems accessing healthcare for their child in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year (Total Service Area, 2016)

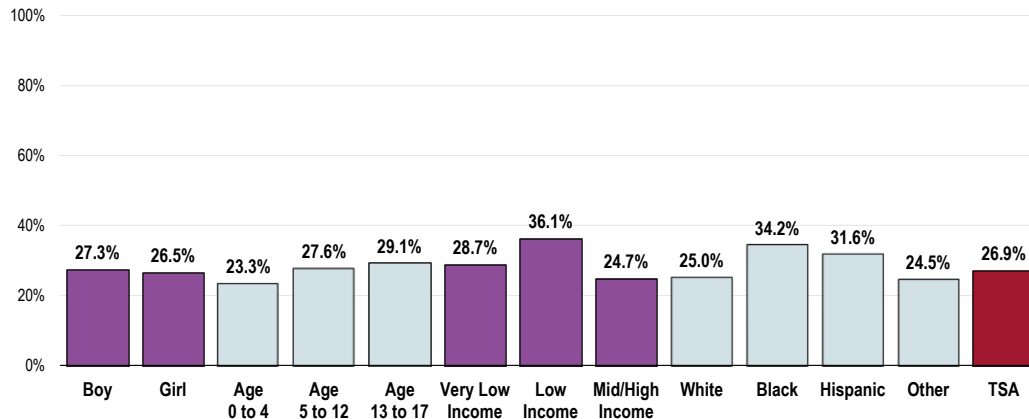


Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 175]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.
 • Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

Note that parents living just above the federal poverty line more often report difficulties accessing healthcare services for their child.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 175]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

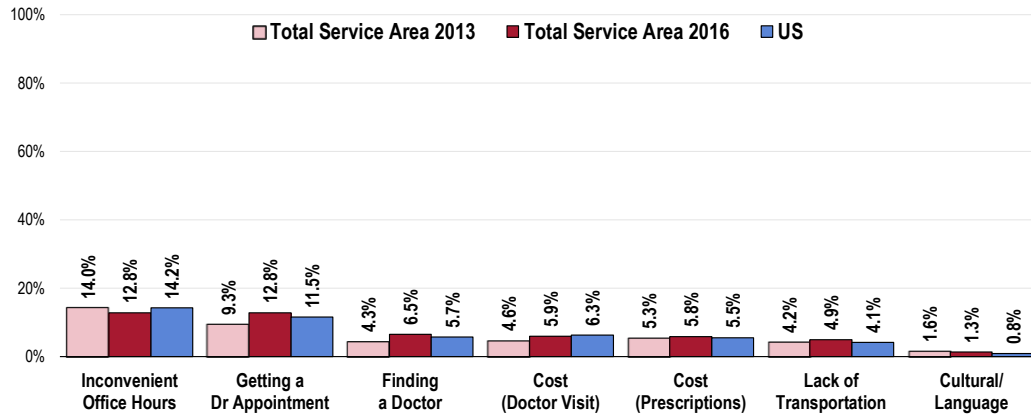
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect all children, regardless of whether medical care was needed or sought.

Of the tested access barriers, inconvenient office hours and difficulty getting an appointment impacted the greatest share of Total Service Area children (12.8% of parents say that inconvenient office hours prevented them from obtaining a visit to a physician for their child in the past year and 12.8% said lack of appointment availability prevented their child from seeing a doctor).

- For all of the tested barriers, the proportion of Total Service Area children impacted was statistically similar to nationwide findings.
- TREND: For most of the tested barriers, the proportion of Total Service Area children impacted remained statistically unchanged over time; however, **difficulty finding a physician** and **difficulty getting an appointment** affected a greater proportion of children than found previously.

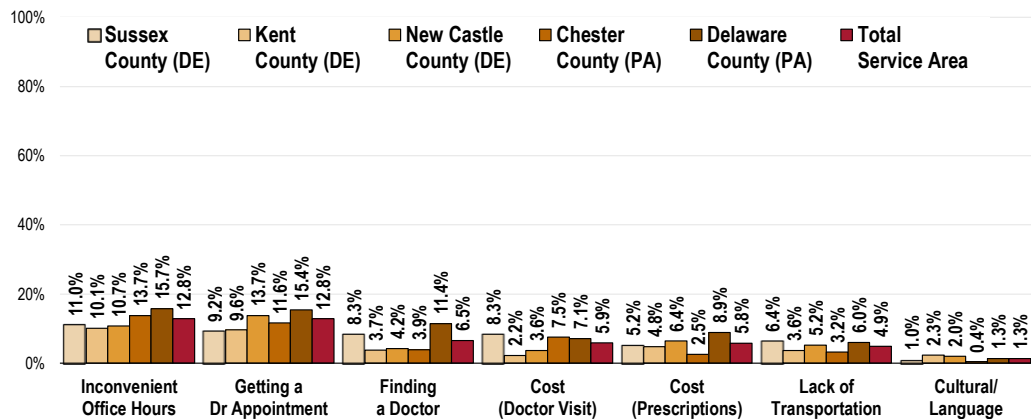
Barriers to Access Have Prevented Child's Medical Care in the Past Year (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 19-25]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Note that parents living in Kent and New Castle counties reported the lowest prevalence of **cost preventing a doctor's visit** for their child.
- In Chester County, **difficulty finding a physician, cost preventing prescriptions, and cultural differences inhibiting a doctor's visit** were lower than experienced in the other counties.
- **Difficulty finding a physician and cost preventing prescriptions** were highest in Delaware County.

Barriers to Access Have Prevented Child's Medical Care in the Past Year (By County, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 19-25]
 Notes: • Asked of all respondents about a randomly selected child in the household.

Key Informant Input: Access to Healthcare Services

The greatest share of key informants taking part in an online survey characterized **Access to Healthcare Services** as a “moderate problem” for children/adolescents in the community.

Perceptions of Access to Healthcare Services as a Problem for Children/Adolescents in the Community (Key Informants, 2016)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Transportation

The biggest challenges related to accessing health care services for children and adolescents in my community is transportation, location and money. - Community/Business Leader (Sussex County, DE)

Transportation. Available resources for parents. - Social Services Provider (Sussex County, DE)

Patients have to travel 1.5 hours to see subspecialists. DuPont does not accept United Health insurance, so kids with United have to go to Children's Hospital Philadelphia to see subspecialists. - Physician (Sussex County, DE)

Transportation, conservative values, uninsured, lack of education. - Other Health Provider (Sussex County, DE)

Access and availability of providers and transportation for individuals. - Community/Business Leader (New Castle County, DE)

I work with children across Delaware. The further south they live, the fewer pediatric specialty services. Challenge for sexual healthcare services in schools without a School Based Health Center. Insurance is good, but traveling to a location. - Community/Business Leader (The Region)

Access to Care/Services

Getting the correct information for people to get services that are available, and affordability. - Community/Business Leader (Sussex County, DE)

There are far too few health care facilities in Sussex County that can offer needed services to students. Of particular concern is the lack of mental health treatment and support agencies/personnel. - Community/Business Leader (Sussex County, DE)

Affordable Care/Services

Access for population with low income, language barriers since it is a Latin/Hispanic population and trust, confidentiality concern by user population. - Social Services Provider (New Castle County, DE)

Income. - Community/Business Leader (New Castle County, DE)

Poverty. Young children, under 5 years, particularly black and African American children, begin

their lives facing often insurmountable historically intractable persistent lack of material resources due to a political economy that neglects to evolve. - Other Health Provider (New Castle County, DE)

Integrated Services

Integrating school based health services with primary care. Developmental screening. Mental health services. - Public Health Representative (The Region)

Ensuring that young children are screened (at all health practices and schools) and that services are provided as follow up to any identified issues. We need to catch more kids early so that we can get them on a healthy path for success in life and school. - Community/Business Leader (The Region)

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health care, primary care, and dental care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	72.7%	9.1%	18.2%	11
Primary Care	18.2%	18.2%	18.2%	6
Dental Care	0.0%	27.3%	18.2%	5
Substance Abuse Treatment	0.0%	27.3%	9.1%	4
Specialty Care	0.0%	9.1%	27.3%	4
Contraception	9.1%	0.0%	0.0%	1
Prenatal Care	0.0%	9.1%	0.0%	1
Urgent Care	0.0%	0.0%	9.1%	1

Access to Specialty Care

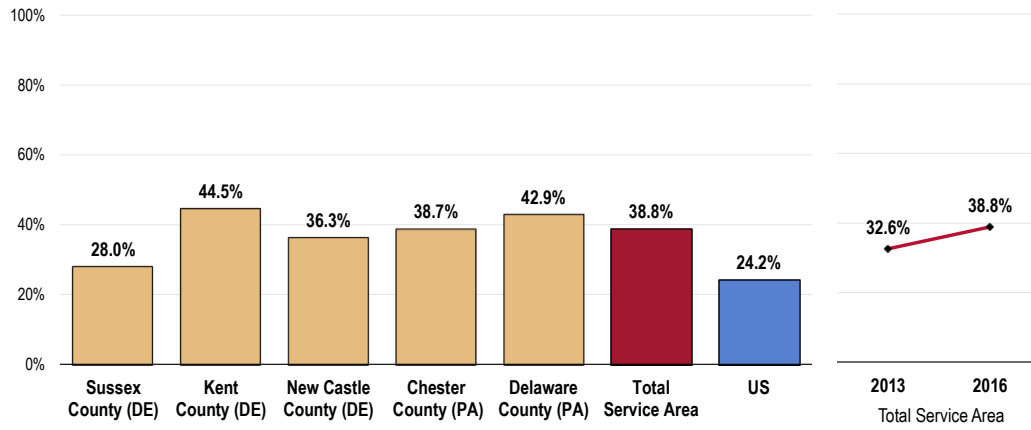
Respondents were told:

Specialists are doctors like surgeons, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

A total of 38.8% of Total Service Area children are reported to have needed to see a specialist at some point in the past year.

- Well above the US proportion.
- Notably lower in Sussex County.
- **TREND:** Denotes a statistically significant increase within the past three years.

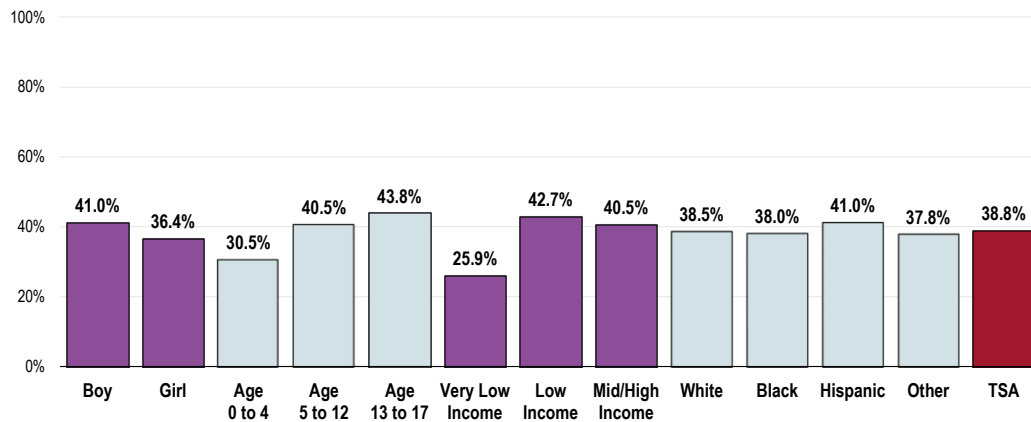
Child Needed a Specialist in the Past Year (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Older children and those living above the federal poverty line are more likely to have needed to see a specialist in the past year (positive correlation with age).

Child Needed a Specialist in the Past Year (Total Service Area, 2016)



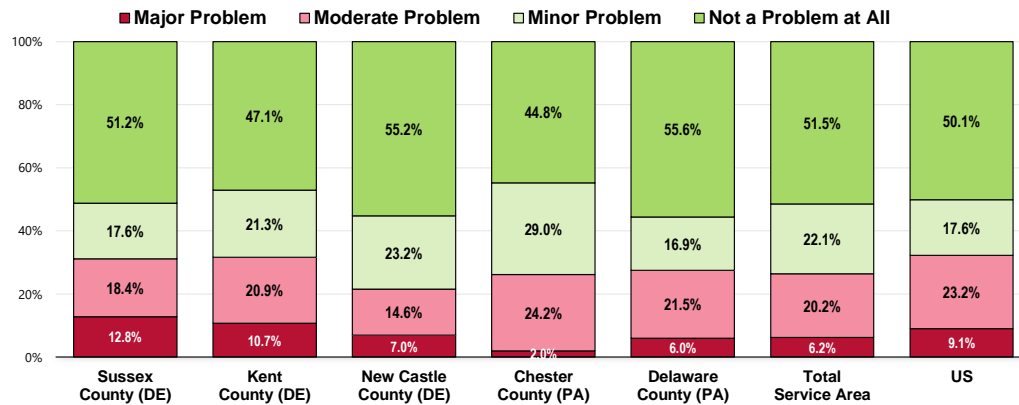
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 30]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care; nearly one-half (48.5%) expressed some level of difficulty, characterizing it as a “major,” “moderate” or “minor problem.”

- In particular, 20.2% of these parents had “moderate problems” getting their child’s specialty care, and 6.2% had “major problems.”
- “Major/moderate problem” responses in the Total Service Area are statistically comparable to US findings.
- No statistical difference by county.
- TREND: Since 2013, “major/moderate problem” ratings have not changed significantly in the Total Service Area (not shown).

Evaluation of Difficulty Getting Specialty Care for Child in the Past Year

(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2016)



Source: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 31]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.

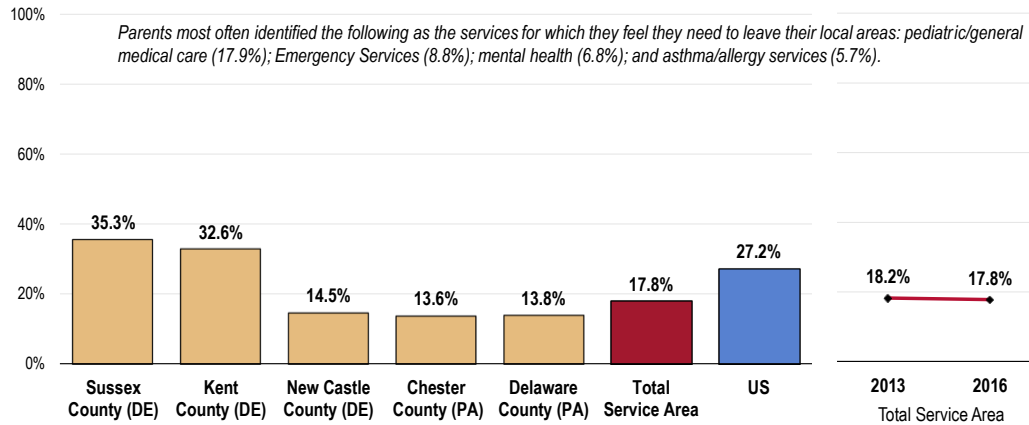
Asked how long it took to get an appointment with a specialist, 11.0% of parents with children in need of a specialist mentioned having **no wait at all**, while 47.4% waited a **week or less** for their appointment. In contrast, 17.9% waited **at least 30 days** for their child’s specialist appointment.

Outmigration for Children's Healthcare

A total of 17.8% of Total Service Area parents report that they feel the need to leave their local areas in order to get certain children's healthcare services.

- Much more favorable than the national proportion.
- Notably less favorable in Sussex and Kent counties; more favorable in Chester and Delaware counties.
- TREND: Current outmigration is statistically comparable to that found in 2013.

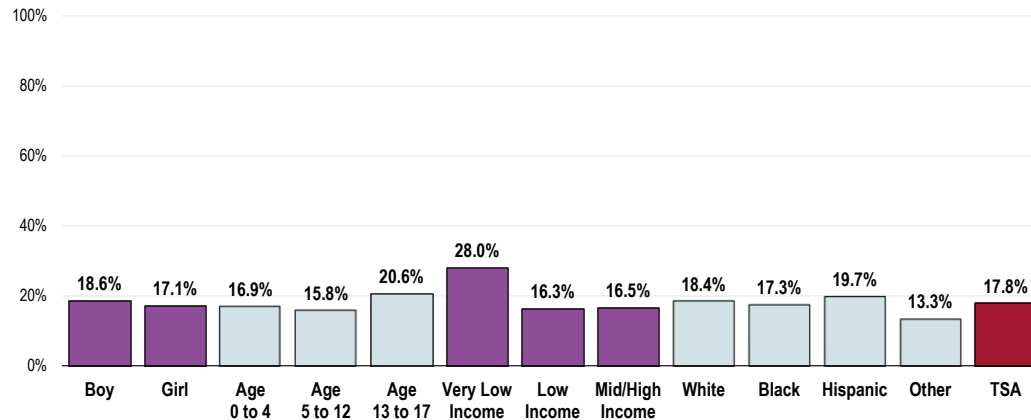
Feel the Need to Leave the Area for Children's Healthcare Services (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 11-12]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.]
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Parents with very low incomes are more likely to feel the need to leave their areas for children's health services.

Feel the Need to Leave the Area for Children's Healthcare Services (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 11]

Notes: • Asked of all respondents about a randomly selected child in the household.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked to specify the services for which they feel they need to leave their areas to receive care, the greatest share of respondents (17.9%) mentioned **pediatric/general medical care**. Other responses were for **emergency services** (8.8%); **mental health care** (6.8%); **asthma or allergy services** (5.7%); and **neurology** (5.5%). A wide variety of other responses was given, none individually mentioned by more than 5%.

Their reasons for feeling the need to leave their areas primarily related to perceptions that **services are not available locally** (48.1%), or that **better care is available elsewhere** (26.2%), followed by **recommendations** (8.6%), **other access-related reasons** (6.8%), and **experience/preference** (6.1%).

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 91.2% of Total Service Area children were determined to have a specific source of ongoing medical care, such as a specific doctor’s office or clinic they regularly use.

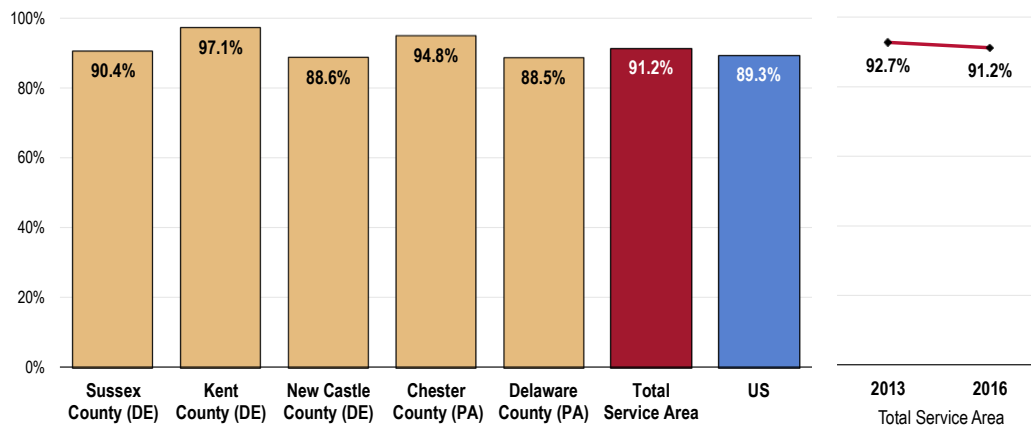
- Similar to the US percentage.
- Fails to satisfy the Healthy People 2020 objective (100%).
- Most favorable in Kent and Chester counties.
- TREND: Statistically unchanged over time.

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, or some other kind of place to go if the child is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Child Has a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 100%



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 172]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.2]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Having a specific source of ongoing care for a child includes having a doctor’s office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. A hospital emergency room is not considered a specific source of ongoing care in this instance.

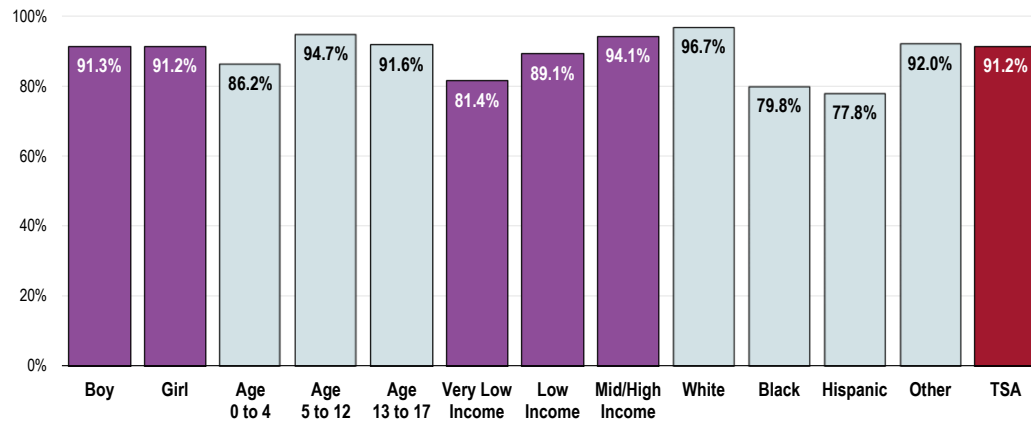
When viewed by demographic characteristics, the following children are less likely to have a specific source of care:

- Children age 0 to 4.
- Children in lower-income households (positive correlation with income).
- Black children and Hispanic children.

Child Has a Specific Source of Ongoing Medical Care

(Total Service Area, 2016)

Healthy People 2020 Target = 100%



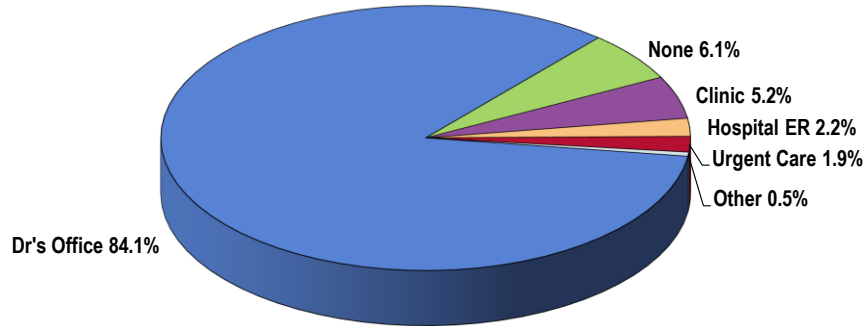
- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 172]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.2]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they take their child if they are sick or need advice about their health, the greatest share of respondents (84.1%) identified a particular doctor's office.

- A total of 5.2% say they usually go to some type of clinic, while 2.2% rely on a hospital emergency room, and 1.9% use an urgent care center for their child's medical care.

Particular Place Utilized for Child's Medical Care (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 27-28]
 Notes: • Asked of all respondents about a randomly selected child in the household.

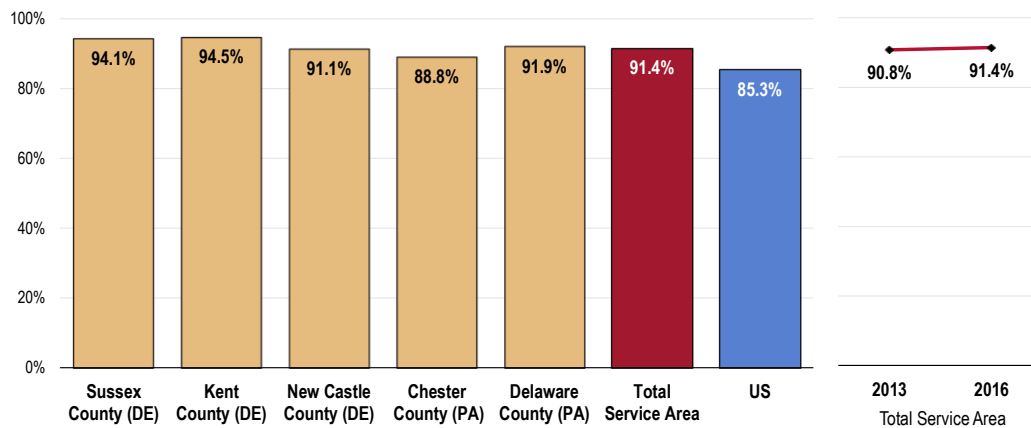
Receipt of Routine Medical Care

A routine checkup can include a well-child checkup or general physical exam, but does not include exams for a sports physical or visits for a specific injury, illness, or condition.

A total of 91.4% of Total Service Area children have had a routine checkup in the past year.

- Better than US findings.
- Statistically, no difference among the counties.
- TREND: Statistically unchanged since 2013.

Child Visited a Physician for a Routine Checkup in the Past Year (Total Service Area, 2016)



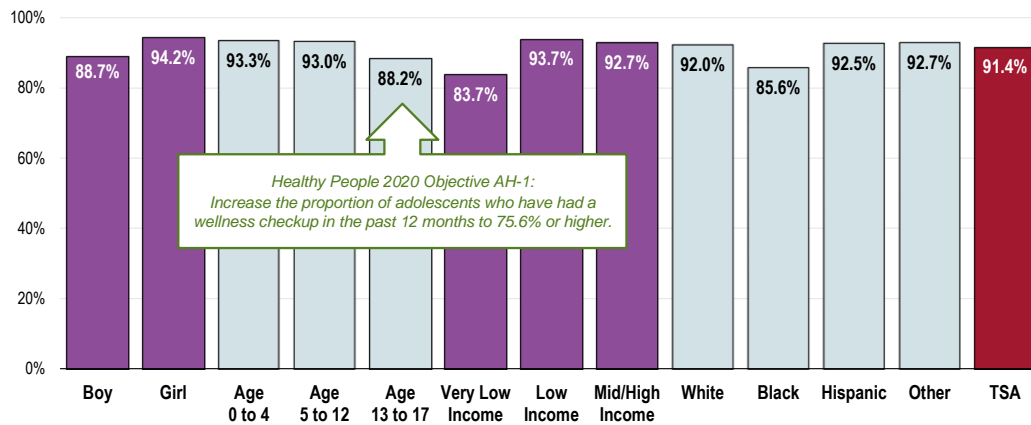
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

Note that routine checkups are highest among:

- Boys.
- Younger children (negative correlation with age).
- Children in higher income households.

Total Service Area adolescents satisfy the Healthy People 2020 target (75.6% or higher) for their age group.

Child Visited a Physician for a Routine Checkup in the Past Year (Total Service Area, 2016)



Sources:

- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 29]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AH-1]

 Notes:

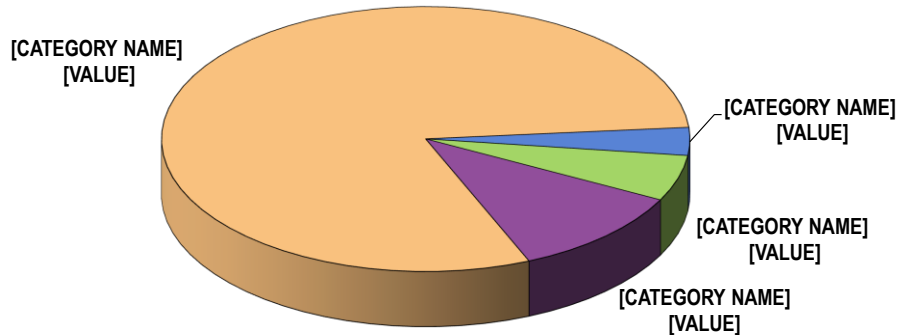
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vaccinations

Perceived Importance of Childhood Vaccinations

On a scale of 1 to 10 (where "1" is "Not At All Important" and "10" is "Extremely Important"), most Total Service Area parents gave rankings between 7 and 10 regarding the importance of childhood vaccinations.

Perceived Importance of Childhood Vaccinations (Total Service Area Parents, 2016)



(1 = Not At All Important → 10 = Extremely Important)

Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: • Asked of all respondents.

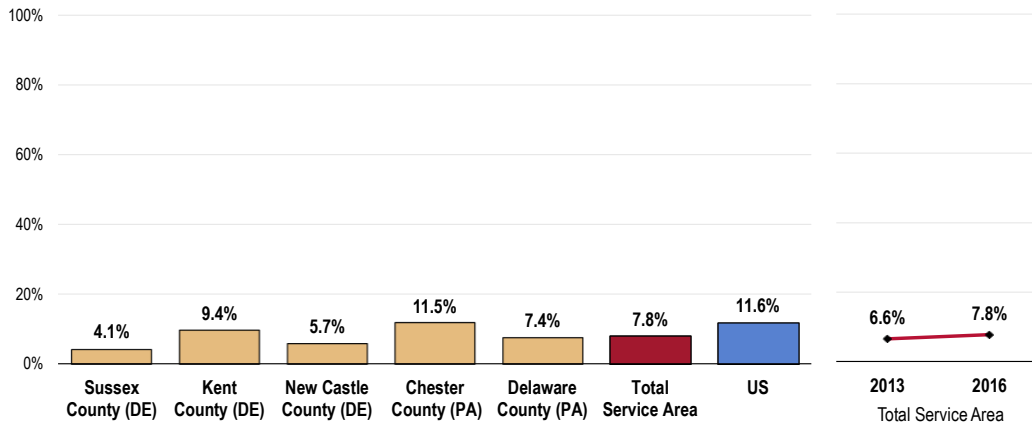
Vaccination is a primary defense against some of the most deadly and debilitating diseases known.

Vaccinating Newborns

While 92.2% of surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 7.8% would not.

- Lower than the percentage reported nationwide.
- Highest in Chester County; lowest in Sussex County.
- TREND: Acceptance of the recommended vaccinations for babies has not changed over the past three years.

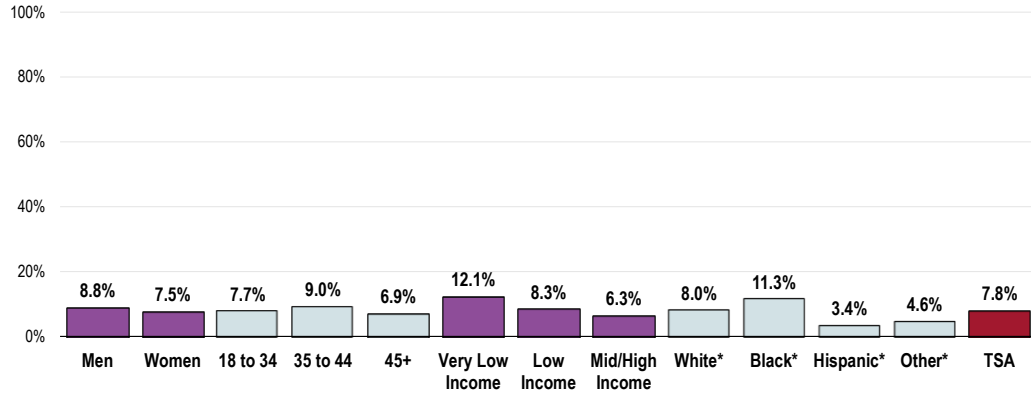
If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations (Total Service Area Parents, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 136]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Whites and Blacks appear to be least in favor of infant immunization.

If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations
 (By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 136]
 Notes: • Asked of all respondents.
 • *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

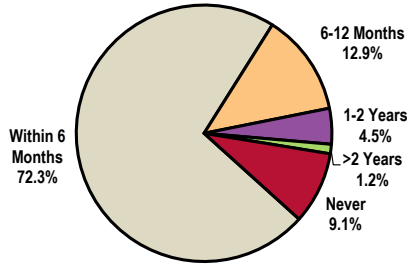
– Healthy People 2020 (www.healthypeople.gov)

Receipt of Dental Care

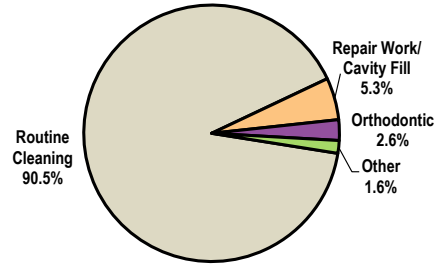
Most Total Service Area children age 2-17 (72.3%) have received dental care (for any reason) in the past 6 months.

- Asked to specify the reason for their child's most recent dental visit, 90.5% of parents mentioned a **routine cleaning or checkup**, while 5.3% described **repair work or a cavity fill**, and 2.6% referenced an **orthodontic appointment**.

Characteristics of Child's Most Recent Dental Visit (Total Service Area Children Age 2-17, 2016)



Length of Time Since Child's Most Recent Dental Visit



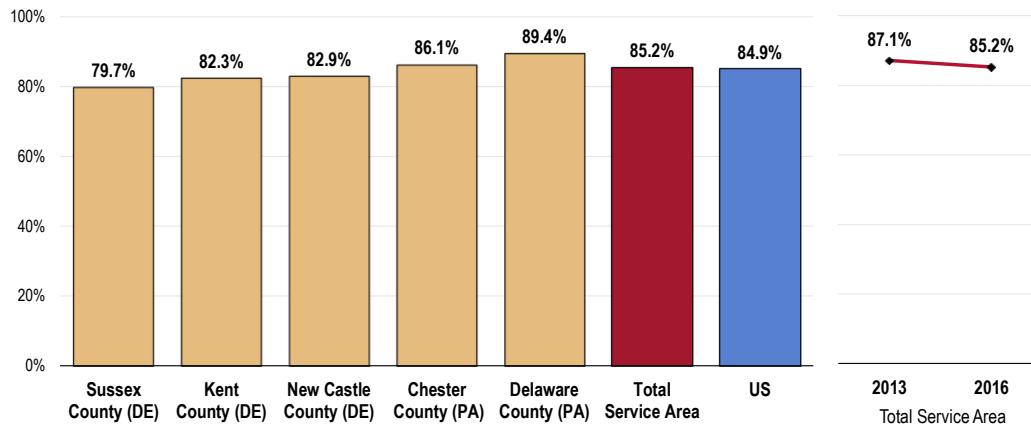
**Reason for Child's Last Dental Visit
(Among Children 2-17 Who Have Visited a Dentist)**

Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 46-47]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

In all, 85.2% of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to the US prevalence.
- Satisfies the Healthy People 2020 target of 49.0% or higher.
- Most favorable in Delaware County.
- TREND: Statistically similar to 2013 findings.

Child Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area Children Age 2-17, 2016) Healthy People 2020 Target = 49.0% or Higher



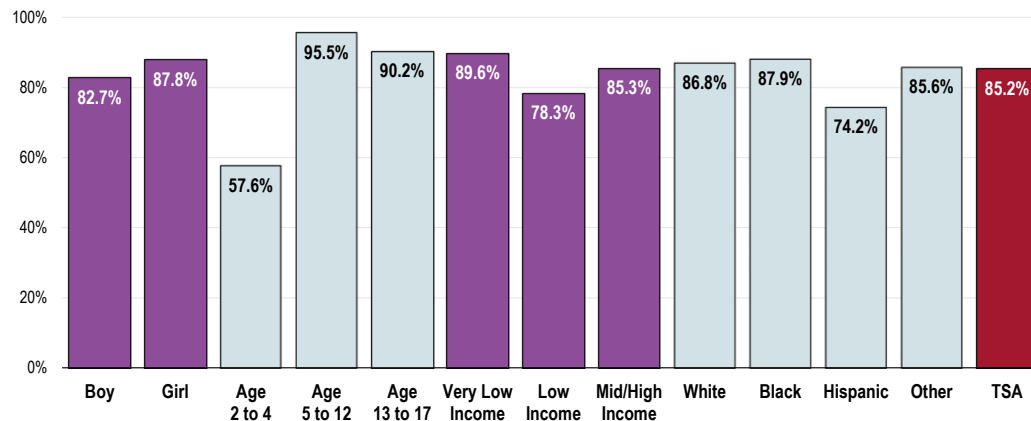
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 46]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

These children are less likely to have visited a dentist or dental clinic in the past year:

- Boys.
- Children age 2 to 4 followed by teenagers.
- Children in low income households (100-199% of the federal poverty level).
- Hispanic children.

Child Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area Children Age 2-17, 2016)

Healthy People 2020 Target = 49.0% or Higher



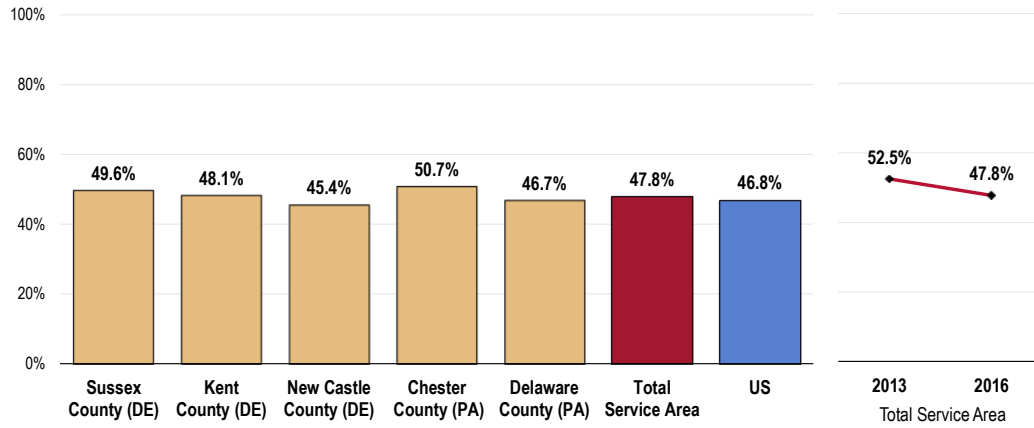
- Sources:
- 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 46]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Sealants

A total of 47.8% of parents report that their child (age 6 to 17) has had sealants put on their molars.

- Comparable to the US proportion.
- Statistically comparable findings when viewed by county.
- TREND: Statistically unchanged from previous survey findings.

Child Has Received Dental Sealants on His or Her Molars (Total Service Area Children Age 6-17, 2016)

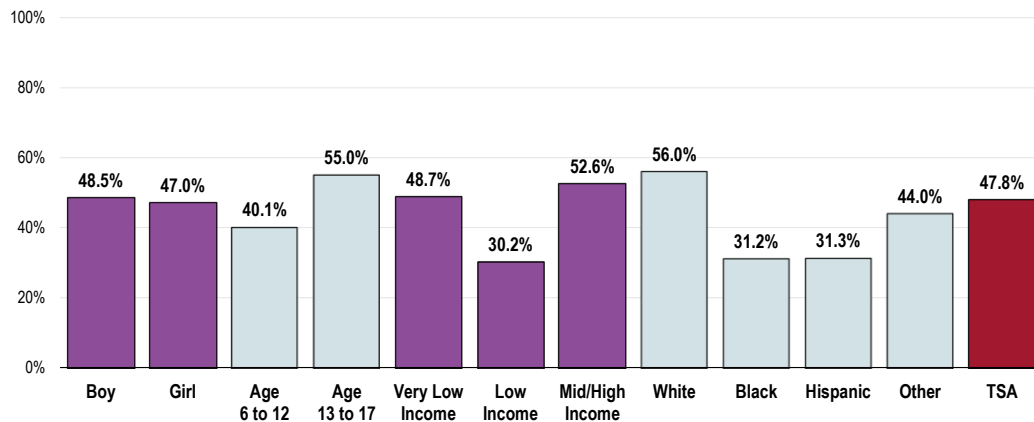


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 48]
 ● 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.

The prevalence of dental sealants is lower among:

- Children age 6 to 12.
- Children in low income households.
- Black children and Hispanic children.

Child Has Received Dental Sealants on His or Her Molars (Total Service Area Children Age 6-17, 2016)

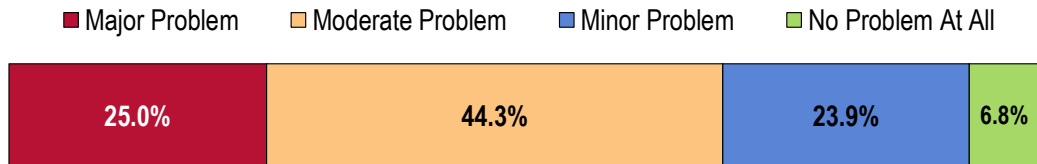


Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]
 Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health/Dental Health* as a “moderate problem” for children/adolescents in the community.

Perceptions of Oral Health/Dental Care as a Problem for Children/Adolescents in the Community (Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Providers

There is a shortage of dentists in the New Castle County area. - Other Health Provider (New Castle County, DE)

There is a lack of providers in our catchment area for very young children. In addition, services are costly and many cannot afford it even if they could access it. Although we have La Red that is based on a sliding scale fee. - Other Health Provider (Sussex County, DE)

DPH selected HJMC to participate in a program to provide fluoride varnish in the family practice side of the house for children less than or equal to 5 years old. Too many children are entering oral health care too late with dental carries. - Other Health Provider (New Castle County, DE)

Few dentists in Sussex County most likely due to the restrictive Dental Board of Licensure requiring a one year internship with an existing dental practice for all new dentists entering Delaware. There are no pediatric dentists in Western Sussex. - Community/Business Leader (Sussex County, DE)

The Delaware Dental Board of Practice has a closed shop that prevents new dentists from freely moving into our state. Therefore there are no pediatric dentists in western Sussex. - Physician (Sussex County, DE)

I think access to oral health and dental care is a major concern. If untreated it just gets worse. - Community/Business Leader (New Castle County, DE)

Health Education

Lack of oral health education shared with families prior to the birth of their child, upon the birth of their child. Also, training materials for extended family members. - Community/Business Leader (Sussex County, DE)

Parents do not promote proper oral hygiene with their children. Lack of brushing and limiting certain danger foods. - Social Services Provider (Sussex County, DE)

Affordable Care/Services

We have received calls from low income parents asking for referrals. - Community/Business Leader (The Region)

The cost of dental care has made care impossible for working families. - Social Services Provider (New Castle County, DE)

Prevalence/Incidence

See it in youth we serve. - Social Services Provider (The Region)

Delaware continues to provide Seal-A-Smile programming to low income schools. There is need for more schools, not less, to be included. School nurses report a significant number of oral health conditions that go untreated. - Community/Business Leader (The Region)

Impact on Quality of Life

Because it affects children entire appearance, as well other health issues that may take place. - Community/Business Leader (Sussex County, DE)

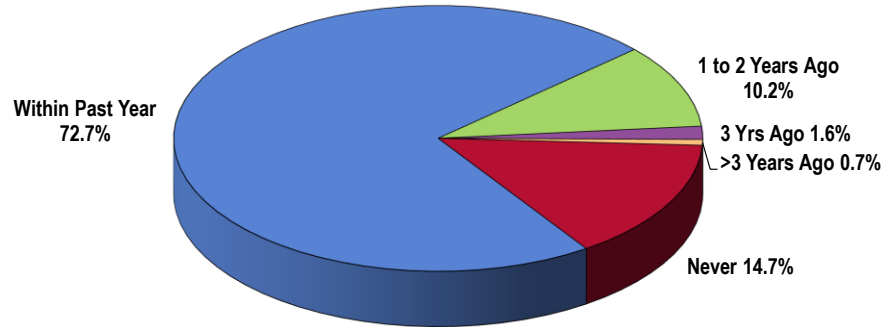
Vision & Hearing

Recent Eye Exams

Note the following frequency of eye exams among Total Service Area children; as shown, 14.7% of Total Service Area children have never had an eye exam.

RELATED ISSUE:
See also Vision Problems and Hearing Problems in the Prevalence of Selected Medical Conditions section of this report

Child's Most Recent Eye Exam
(Total Service Area, 2016)

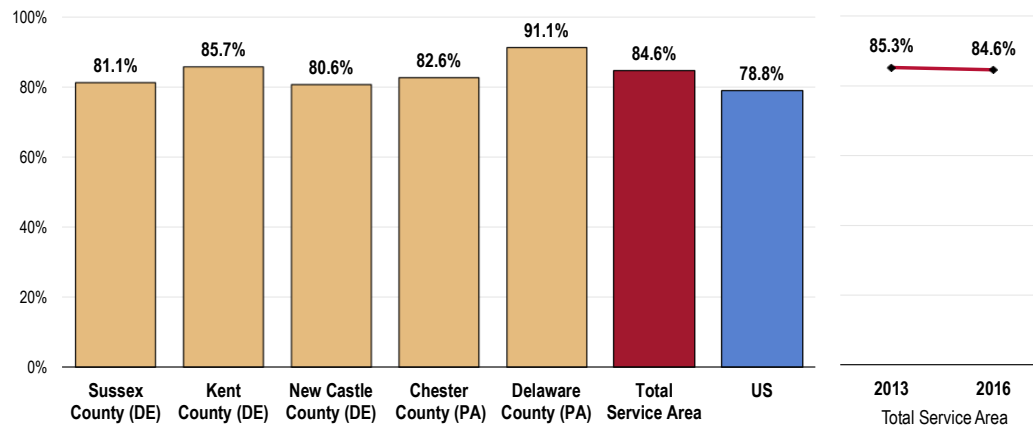


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
Notes: • Asked of all respondents about a randomly selected child in the household.

On the other hand, a total of 84.6% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- More favorable than the US prevalence.
- Most favorable in Delaware County.
- TREND: The proportion of children receiving eye exams has remained statistically constant over the past three years.

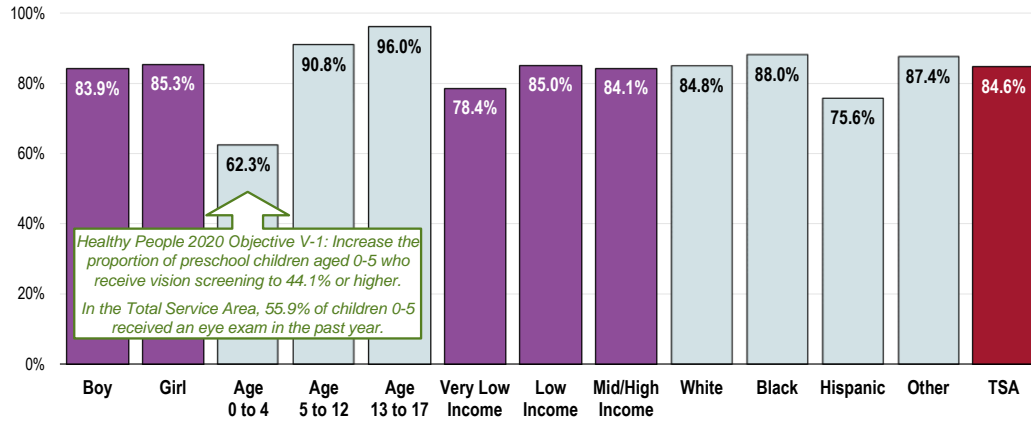
Child Had an Eye Exam in the Past Three Years
(Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 38]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents about a randomly selected child in the household.

- Hispanic children and children under age 5 are less likely to have received an eye exam in the **past 3 years** (note the positive correlation with age).
- However, the prevalence of Total Service Area children age 0 to 5 who have had an eye exam in the **past year** (55.9%) satisfies the Healthy People 2020 target (44.1% or higher) for their age group.

Child Had an Eye Exam in the Past Three Years (Total Service Area, 2016)



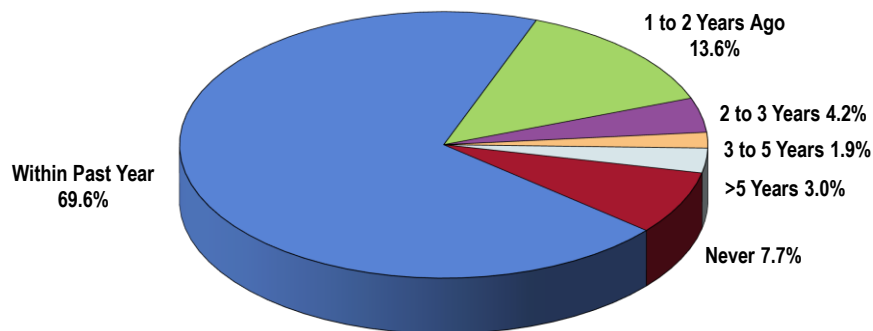
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective V-1]

Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Tests

Note that 7.7% of Total Service Area parents indicate that their child has never had a hearing test.

Child's Most Recent Hearing Test (Total Service Area, 2016)



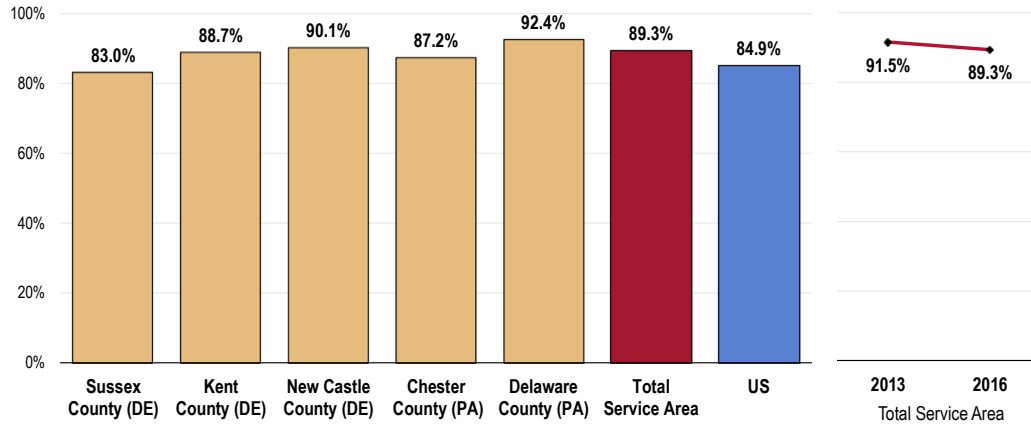
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]

Notes: • Asked of all respondents about a randomly selected child in the household.

On the other hand, nearly 9 in 10 Total Service Area children (89.3%) have had a hearing test within the past five years.

- Higher than US findings.
- Highest in Delaware County; lowest in Sussex County.
- TREND: Statistically similar to prior survey findings.

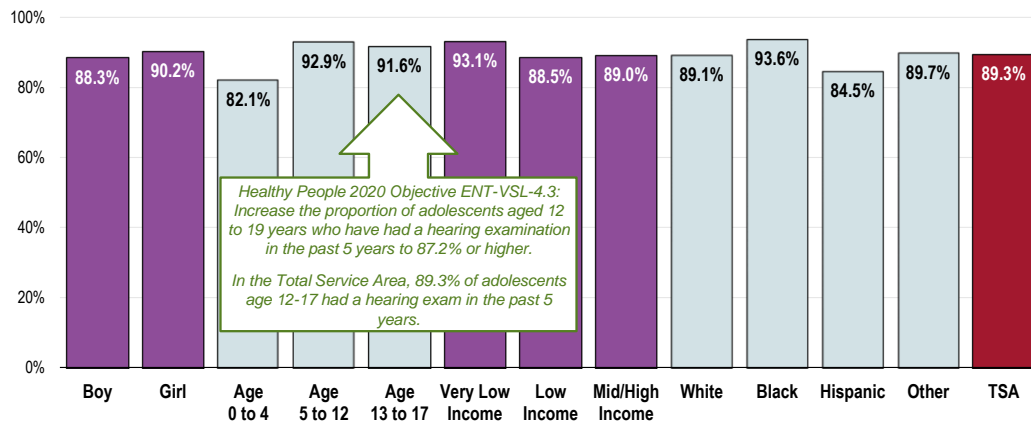
Child Had a Hearing Test in the Past Five Years (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 40]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- Children age 0 to 4 are less likely to have received a hearing test in the past 5 years.
- Note that the prevalence of hearing tests among Total Service Area adolescents age 12 to 17 (89.3%) is statistically similar to the Healthy People 2020 target (87.2% or higher) set for those age 12 to 19.

Child Had a Hearing Test in the Past Five Years (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective ENT-VSL-4.3]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

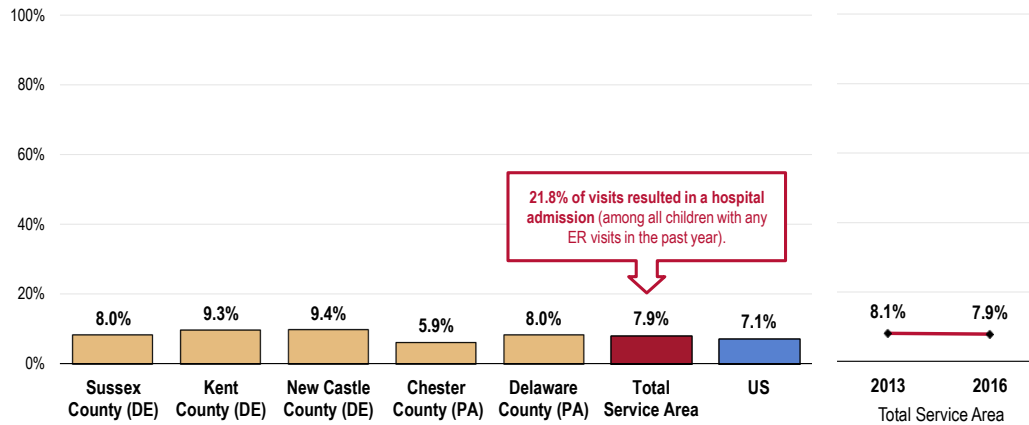
Emergency Room Utilization

A total of 7.9% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.

- Similar to the US figure.
- Statistically similar by county.
- TREND: Statistically unchanged since 2013.

Of those whose child used a hospital ER, 21.8% say the visit resulted in a hospital admission.

Child Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2016)



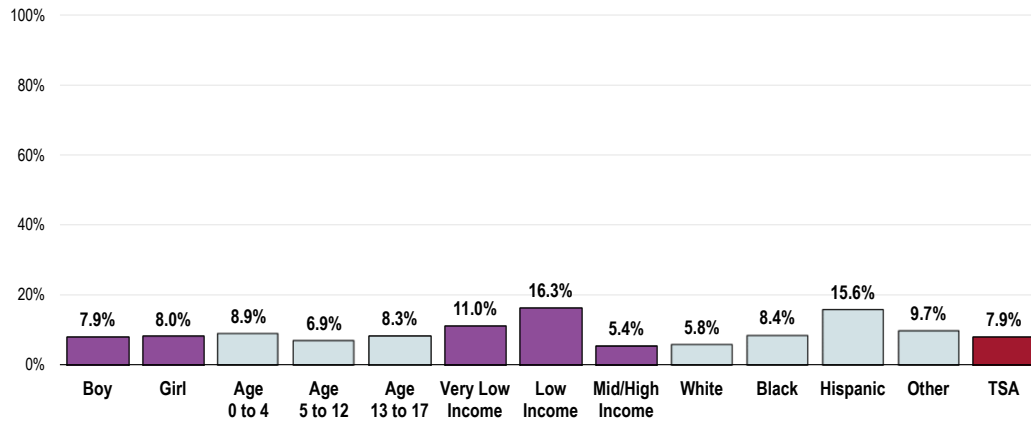
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 41-42]
 • 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.

Children more likely to have used a hospital emergency room for care more than once in the past year include:

- Those in low income households.
- Hispanic children.

Child Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2016)



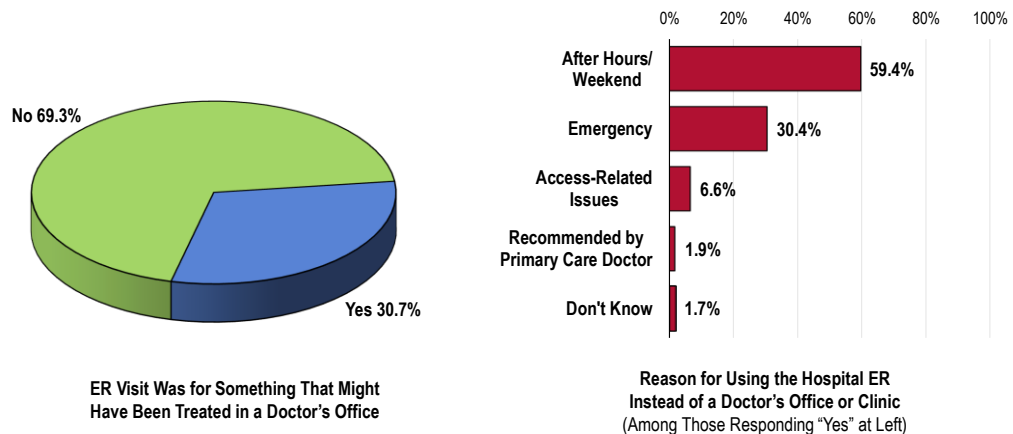
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 41]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Total Service Area parents of children with any ER visit in the past year, 30.7% say the visit was for something that might have been treated in a doctor's office.

- Asked why they used a hospital ER for their child's care, 59.4% indicated that they needed the care **after hours or on the weekend** and 30.4% said the visit was to treat an actual **emergency situation**.
- Another 6.6% of Total Service Area parents took their child to a hospital ER in the past year because of **access-related issues**, and 1.9% was **recommended to use the ER by the child's primary care physician**.

Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in the Past Year, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 43-44]
 Notes: • Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year.

Health Education & Outreach



Professional Research Consultants, Inc.

Health Education

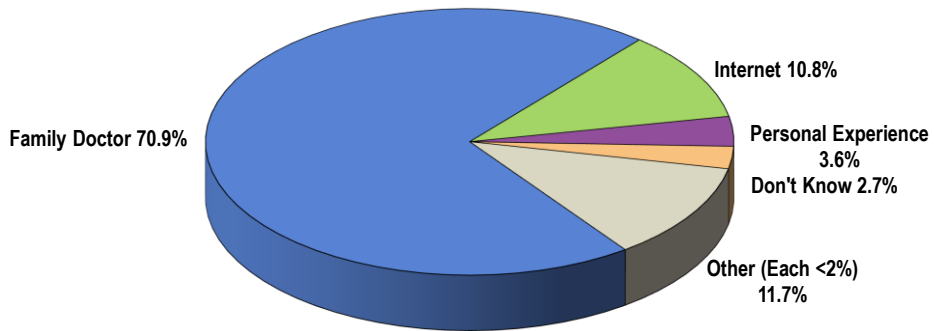
Primary Source of Healthcare Information

“Where do you get most of your healthcare information for this child?”

Family physicians are the primary source of children’s healthcare information for 70.9% of Total Service Area parents.

- The **Internet** received the second-highest response, with 10.8%.

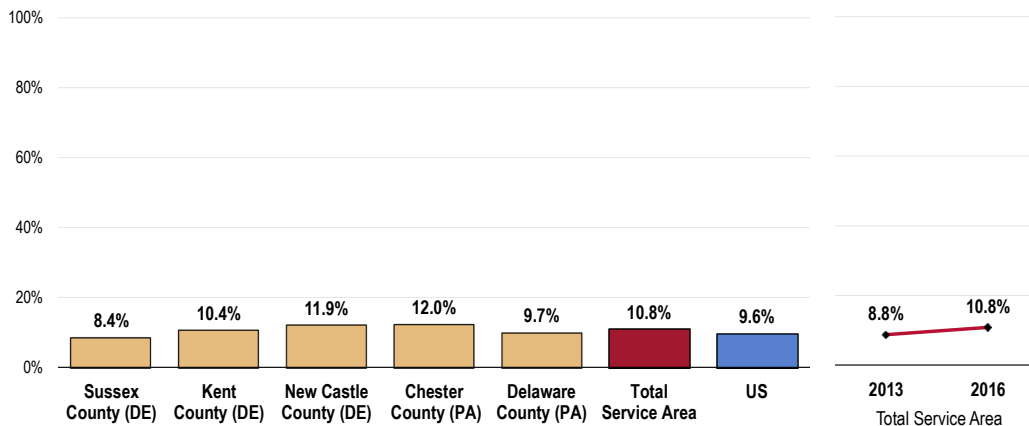
Primary Source of Healthcare Information for Child (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: • Asked of all respondents.

- The prevalence of Total Service Area parents who rely on the **Internet** as their primary source of healthcare information for their child is similar to US findings.
- No statistical difference by county.
- **TREND:** Statistically no different from 2013 findings.

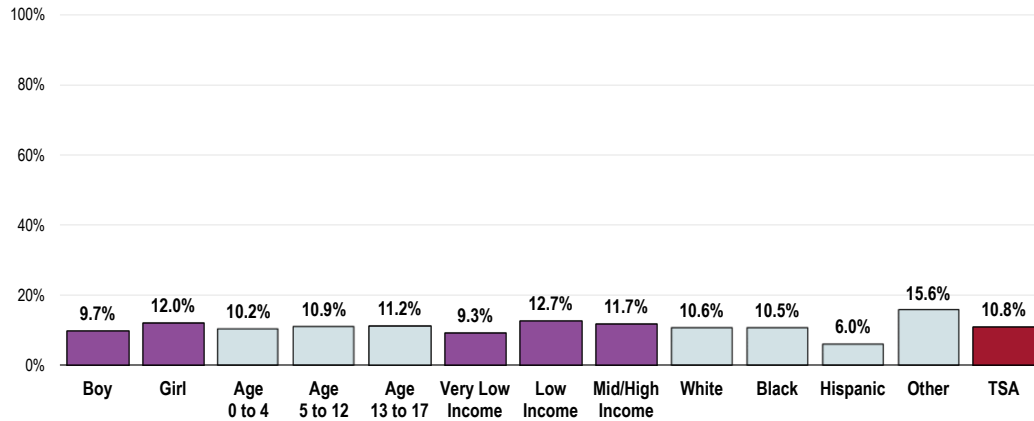
Internet Is the Primary Source of Healthcare Information (Total Service Area, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 138]
• 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- The proportion of parents who rely on the Internet for healthcare information is higher among those with “Other” race children.

Internet Is the Primary Source of Healthcare Information (Total Service Area, 2016)



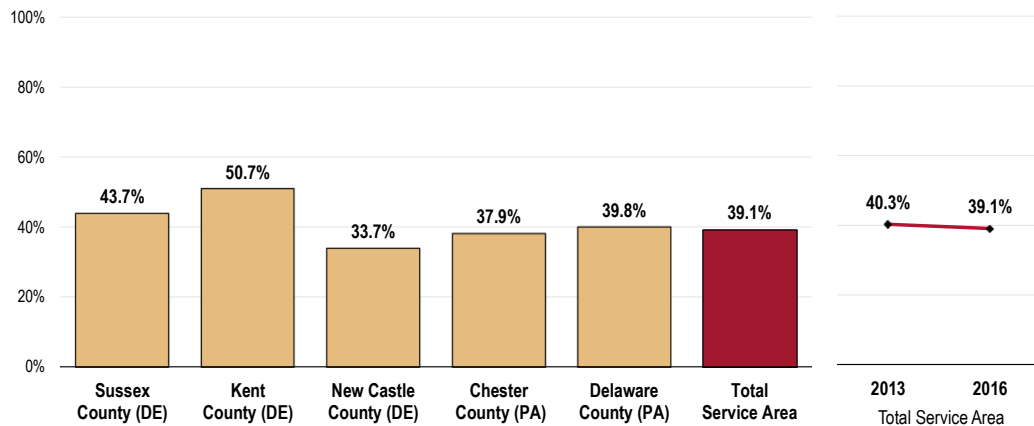
Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Parenting Education

Among Total Service Area survey respondents, nearly two-fifths (39.1%) are aware of parenting education programs offered in the community.

- Notably high in Kent County; lower in New Castle County.
- TREND: Awareness has not changed significantly within the last three years.

Aware of Local Parenting Education Programs (Total Service Area Parents, 2016)



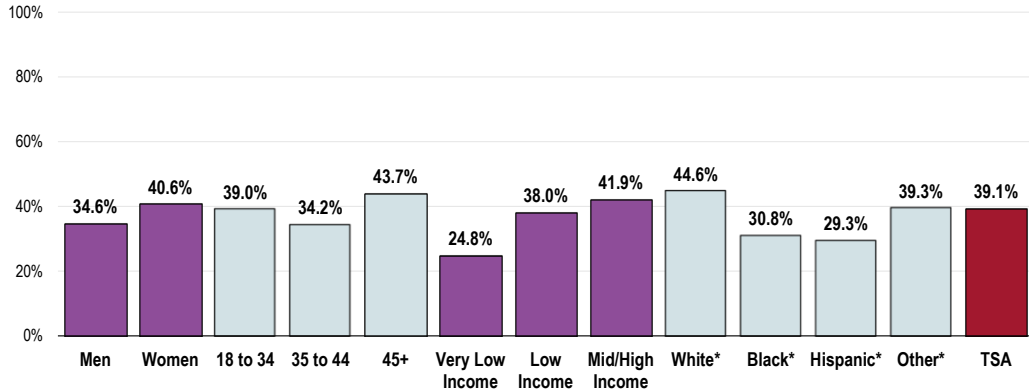
Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.

“Are you aware of any parenting education programs offered in your community?”

Those less likely to report awareness of these programs include:

- Parents age 35 to 44.
- Parents with lower incomes (positive correlation with income).
- Parents of Black or Hispanic children.

Aware of Local Parenting Education Programs (By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)

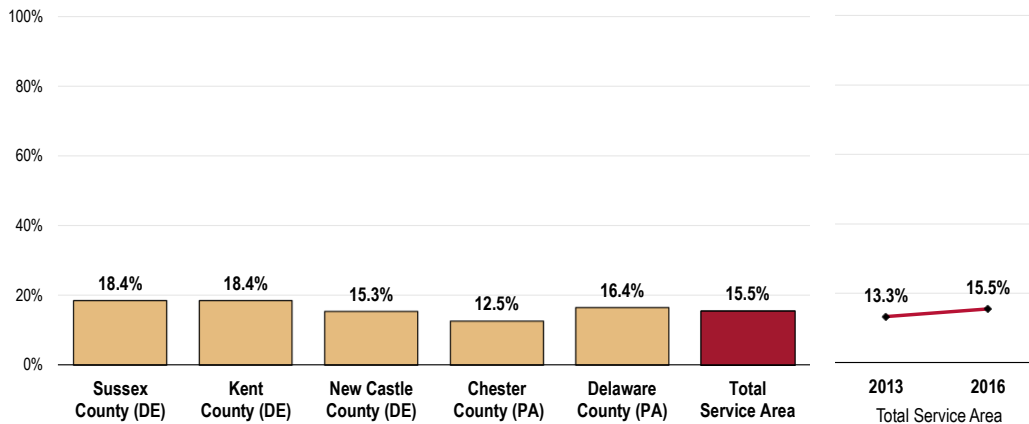


Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 15.5% of all Total Service Area parents have used a local parenting education program.

- Statistically comparable among the five counties.
- TREND: Statistically unchanged over time.

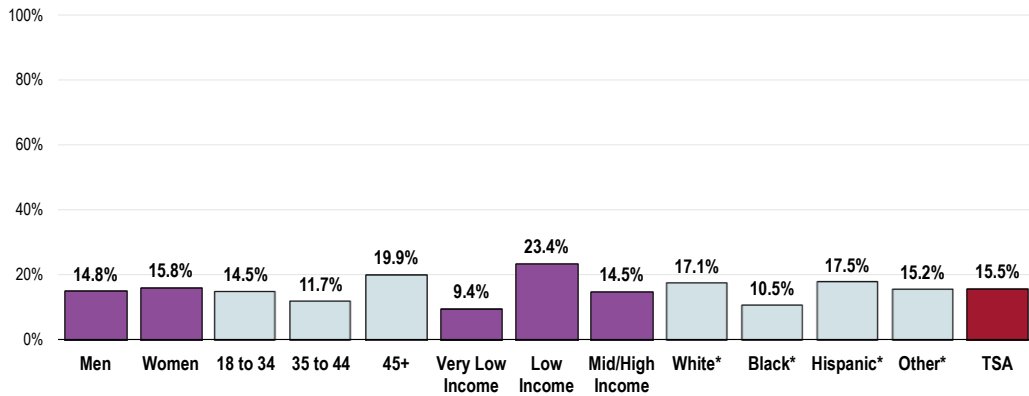
Have Used a Local Parenting Education Program (Total Service Area Parents, 2016)



Sources: • PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 309]
 Notes: • Asked of all respondents.

- Note that usage of these programs is higher among parents age 45+ and parents living just above the federal poverty level.

Have Used a Local Parenting Education Program
 (By Adults Respondents' Demographic Characteristics*; Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 309]

Notes: • Asked of all respondents.

• *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

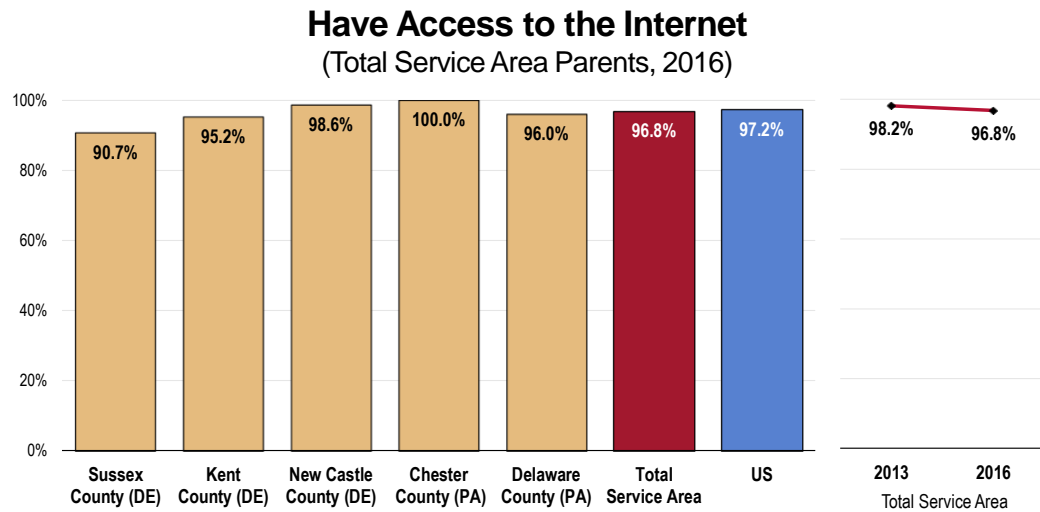
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Technology

Internet Access

Most respondents (96.8%) have access to the Internet.

- Similar to the proportion found nationwide.
- Lowest in Sussex County.
- TREND: Current Internet access has statistically decreased from what it was three years ago.



Sources:

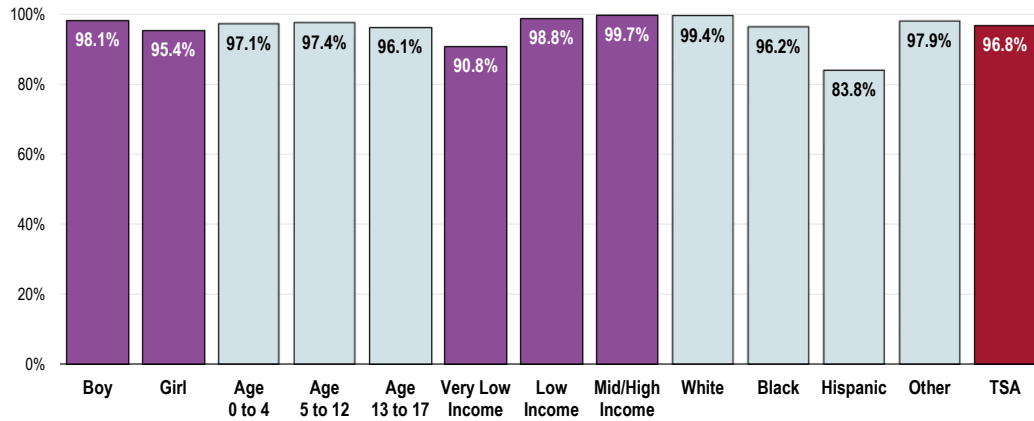
- PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

- Note the positive correlation between having Internet access and household income.
- Moreover, girls and Hispanic children are less likely to have access to the Internet.

Have Access to the Internet (Total Service Area, 2016)



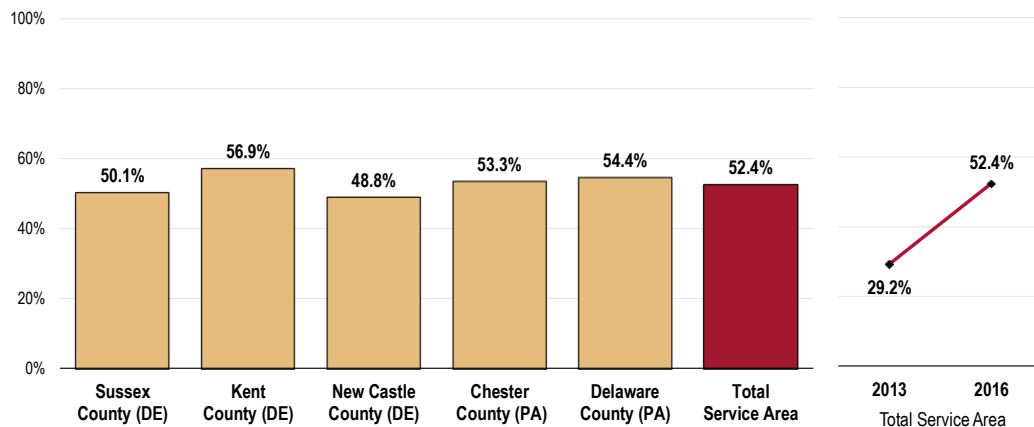
Sources: ● 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 144]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Electronic Health Records

A majority of area parents (52.4%) report having access to their child's electronic medical record.

- Statistically similar findings when viewed by county.
- TREND: Well above the 2013 findings.

Have Access to Child's Electronic Health Record (Total Service Area, 2016)

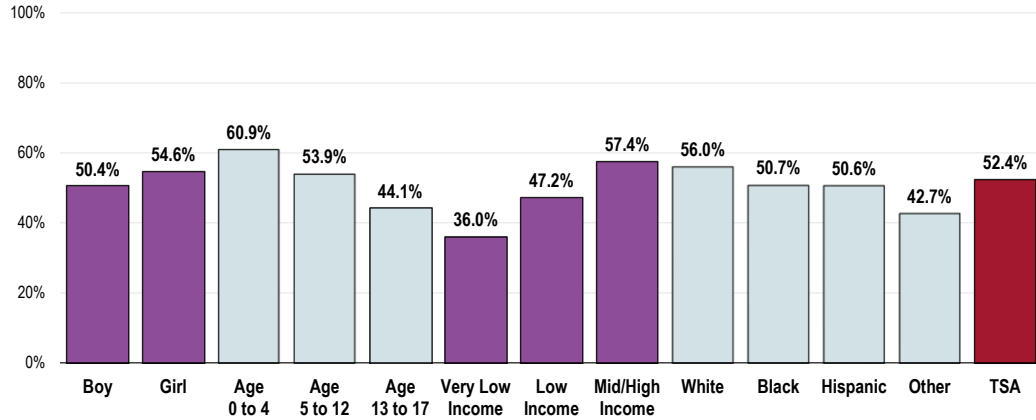


Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 310].
 Notes: ● Asked of all respondents.

Respondents were told that an electronic health record is a record of a patient's health information that is usually stored and retrieved with the use of a computer. It may include health information, such as vaccinations, test results, medications, and past medical history, gathered from many locations or sources.

- Parental access to child’s electronic medical record decreases with child’s age, but increases with household income.
- Access is lowest among children of “Other” races.

Have Access to Child’s Electronic Health Record (Total Service Area, 2016)



Sources: • 2016 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Resources



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Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Child & Adolescent Health Needs Assessment.

Access to Healthcare Services

Beebe Medical Center
Claymont Community Center
Community Resource Center
Delaware Healthy Mothers and Infant Consortium
Division of Public Health
Early Head Start and Head Start Programs
Easter Seals
First State Community Action
Healthy Women Healthy Baby Program
Henrietta Johnson Medical Center
La Red Health Center
Latin American Community Center
Long-Acting, Reversible Contraceptives
Nemours
Nemours Health and Prevention Services
Pyle Center
School Based Wellness Centers
School System
State Service Centers
Sussex County Health Promotion Coalition
Westside Health Clinic

Allergies

American Lung Association
Asthma and Allergy of Delaware
CHOP
Christiana Care Health System
Department of Health and Social Services
Doctor's Office
DuPont Hospital for Children
Federally Qualified Health Centers

Main Line Allergy Group
Nemours
State of Delaware Website

Asthma and Other Respiratory Conditions

American Academy of Pediatrics
American Lung Association
Asthma and Allergy of Delaware
Asthma Camp
Christiana Care Health System
Clinics
Delaware Ecumenical Council on Children and Families
Delaware Valley Regional Planning Commission
Division of Public Health
Division of Social Services
Doctor's Office
Federally Qualified Health Centers
Hospitals
Nemours
Nemours Health and Prevention Services
School System
Wilmapco Anti Idling Campaign

Bone, Joint, and Muscle Conditions

CHOP
Doctor's Office
Nemours

Cancer

American Academy of Pediatrics
American Cancer Society
Cancer Care Connection
Christiana Care Health System
Delaware Breast Cancer Association
Division of Public Health

Division of Social Services
 Hospitals
 Library
 Nemours
 Public Health
 State of Delaware

School System
 Southern Delaware Psychological
 Associates
 Special Education Services
 Terry Center

Cognitive and Behavioral Conditions

211
 Adolescent Bridge Program
 Aversa Counseling
 Behavioral Health Prevention
 Brandywine Counseling Center
 Center for Child Development
 Child Development Watch, Birth to 3
 Child Inc.
 Children and Families First
 CHOP
 County Intermediate Units
 Delaware Adolescent & Behavioral
 Health
 Delaware Autistic Program
 Delaware County Professional
 Services
 Delaware Guidance Services
 Division of Prevention and Behavioral
 Health Services
 Division of Public Health
 Doctor's Office
 Dover Behavioral Health
 DuPont Hospital for Children
 Early Childhood Mental Health
 Consultants
 Early Childhood Screening
 Assessments
 Early Head Start and Head Start
 Programs
 Exton Behavioral Health
 Family Counseling
 Healthy Choices Group for Teens
 Henrietta Johnson Medical Center
 Home Visiting Programs
 Kids Department
 La Red Health Center
 Mental Health Providers
 Nemours
 PEDS Screening
 Project LAUNCH
 Rockford Center
 School Based Wellness Centers

Diabetes

American Diabetes Association
 Christiana Care Health System
 Delaware Medical Reserve Corp
 Diabetes Management
 Delaware Region Health Ministries
 Network
 Division of Public Health
 Division of Social Services
 Doctor's Office
 Federally Qualified Health Centers
 Healthier Sussex
 Hospitals
 Juvenile Diabetes Association
 Nanticoke Memorial Hospital
 Nemours
 School System
 YMCA

Infant & Child Health

Alliance for Adolescent Pregnancy
 Prevention
 Beebe Medical Center
 Books
 DAPI
 DE Thrive
 Delaware Healthy Mothers and Infant
 Consortium
 Department of Health and Social
 Services
 Division of Public Health
 Health Ambassadors
 Healthy Women Healthy Baby
 Program
 Home Visiting Programs
 Hospitals
 Infant and Mother Consortium
 Keystone Initiative for Breastfeeding
 Kids Department
 Lactation Consultants
 LARC Distribution Program
 La Red Health Center
 Nanticoke Women's Health
 Nemours

*Nurse Family Partnership
Riddle Hospital
WIC
Wilmington Consortium*

Injury & Violence

*21st Century Schools
911 System
After School Programs
Boys and Girls Club
CDC
Cease Violence Program
Christiana Care Health System
Claymont Community Center
Del Readiness Teams
Delaware Coalition Against Domestic Violence
Delaware Stars
Department of Justice
Dept. of Services for Children, Youth and Their Families
Division of Public Health
Domestic Violence Coordinating Council
Early Childhood Mental Health Consultants
Hospitals
Kent General Hospital
Law Enforcement
Mental Health Providers
PAL
Parents Anonymous
Project LAUNCH
Rose Hill Community Center
School Based Wellness Centers
School System
Violence Prevention Programs
Wilmington Police
YMCA*

*Children and Families First
Community Organizations
Community Yoga Instructors
Connections Community Support Program
Delaware County Professional Services
Delaware Guidance Services
DEPD
Dept of Services for Children, Youth and Their Families
Division of Prevention and Behavioral Health Services
Doctor's Office
Dover Behavioral Health
DuPont Hospital for Children
Early Childhood Mental Health Consultants
EBH
Home Visiting Programs
Kent General Hospital
Law Enforcement
Life Health Center
Main Line Therapy Solutions Group
Meadowwood Hospital
Mental Health Association
Mental Health Providers
Mobile Crisis
Nemours
Parent-Child Interaction Therapy
Prevent Child Abuse and Neglect of Delaware
Project LAUNCH
Rockford Center
Rockford Hospital
School Based Wellness Centers
School System
Southern Delaware Psychological Associates
Springfield Psych Group
Terry Center*

Mental and Emotional Health

*211
911 System
Advancement of Curriculum to Address Substance Abuse
Aversa Counseling
Brandywine Counseling Center
Center for Mental Wellness
Child Guidance
Child Inc.*

Neurological Conditions

*911 System
Kent General Hospital
Law Enforcement*

Nutrition, Physical Activity and Weight

*Boys and Girls Club
CATCH*

CDC
 Children and Families First
 CHOP
 Christiana Care Health System
 Church
 City of Wilmington
 Community Organizations
 Community Sport Programs
 Curriculums - Great Body Shop
 Delaware Center for Health Promotion
 Delaware Children's Museum
 Delaware Healthy Eating and Active Living Coalition
 Delaware Nature Society
 Delaware State University
 DEPD
 Division of Public Health
 Doctor's Office
 DuPont Hospital for Children
 Early Learning Action Team of Sussex County
 Family Counseling
 Farm to School for Healthy Eating
 Farmer's Market
 Food Banks
 Healthier Sussex
 Kidshealth.org Handouts
 Law Enforcement
 LetsMove.gov
 Nanticoke Memorial Hospital
 Nemours
 Nemours Health and Prevention Services
 Parks and Recreation
 School Based Wellness Centers
 School System
 State Service Centers
 University of Delaware
 USDA/Healthier US School Challenge
 Weight Management Programs
 Weight Watchers
 WIC
 YMCA

Oral Health/Dental Care

Child Care Programs
 Christiana Care Health System
 Division of Public Health
 Doctor's Office

DPH
 Early Head Start and Head Start Programs
 Early Learning Action Team of Sussex County
 Federally Qualified Health Centers
 La Red Health Center
 Medicaid Coverage for Dental Services
 Ministry of Caring
 Nemours
 Public Health
 Southern Delaware Health Advisory Committee
 State Service Centers
 Westside Health Clinic

Sexual Health

CCHD
 Christiana Care Health System
 Church
 Division of Public Health
 Doctor's Office
 Federally Qualified Health Centers
 Laurel High School Wellness Center
 Planned Parenthood
 Pyle Center
 School Based Wellness Centers
 School System
 Seaford STD Clinic
 Wellness Centers
 YMCA

Substance Abuse

911 System
 AA/NA
 Aquila
 Attack Addiction
 Brandywine Counseling Center
 Christiana Care Health System
 Connections Community Support Program
 Crossroads
 Delaware Guidance Services
 Dept. of Services for Children, Youth and Their Families
 Division of Substance Abuse and Mental Health Services
 Dover Behavioral Health
 DSP

Helpisherde.com
Hospitals
Kent General Hospital
Law Enforcement
Lyman House
Meadowwood
Nemours
Public Health
Quit Smoking Support Groups
Rehab After Work Treatment Center
School System
State Mental Health Programs
State Service Centers
Teen Challenge

Tobacco Use

American Lung Association
Delaware Prevention Coalition
DHHS Smoking Cessation Program
Division of Public Health
Doctor's Office
Kick Butts Generation
NOT-Not on Tobacco
Public Health
School Based Wellness Centers
School System
Teens Against Tobacco Use
United Way

Vision, Hearing, and Speech Conditions

Children and Families First
Christiana Care Health System
Easter Seals
ECE Programs
Federally Qualified Health Centers
Nemours
Read Aloud Delaware
School System
Vision and Hearing Screening

Appendices:
Evaluations of Past Activities
2014 & 2015 Progress Reports



Professional Research Consultants, Inc.

Nemours/Alfred I. duPont Hospital for Children
2014 Progress Report



Nemours[®] Alfred I. duPont
Hospital for Children

Wilmington, Del.

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Introduction

In 2013, Nemours conducted Community Health Needs Assessments for communities we serve in the Delaware Valley (Delaware and Pennsylvania) and Florida. The assessment for the Delaware Valley included New Castle, Kent and Sussex counties in Delaware and Chester and Delaware counties in Pennsylvania. The assessment was comprised of both qualitative and quantitative data including a customized local child and adolescent health survey, focus groups, public health data, vital statistical data

and other benchmark data on children's health in the Delaware Valley. The report that follows reflects the progress made on priorities set forth in the Nemours/Delaware Valley Community Health Needs Assessment Work Plan.

Based on information gathered through the study, the following seven areas of opportunity were identified as significant health needs of children and adolescents in the community.

Areas of Opportunity

- Access to Health Services
- Alcohol, Tobacco and Other Drugs
- Health Education
- Mental and Emotional Health
- Nutrition, Physical Activity and Weight
- Prenatal and Infant Health
- Sexual Activity

After reviewing this information, Nemours evaluated and prioritized the top health needs of children in the Delaware Valley using the following criteria:

- Magnitude – the number of children affected and the differences from state/national health data and Healthy People 2020 objectives
- Seriousness – the degree to which a health issue leads to death, disability or loss of the quality of life
- Impact – the degree to which the health issues affect/exacerbate other health issues
- Feasibility – the ability to reasonably impact the issue, given available resources
- Consequences of inaction – the risk of exacerbating the problem by not addressing at the earliest opportunity

As the result of evaluating data and feedback from community stakeholders, three health priorities rose to the top for Nemours/Delaware Valley; they are Nutrition, Physical Activity and Weight; Access to Health Services; and Mental and Emotional Health. However, Nemours believes that we have a responsibility to our communities to address all seven health concerns identified.

This document identifies the activities and programs developed and executed during 2014 as a result of the implementation plan objectives and strategies developed from the 2013 Community Health Needs Assessment.

Nutrition, Physical Activity & Weight

Obesity and nutrition were identified by families surveyed in our TSA, as well as by focus group participants, as the number one perceived health issue for children and teens. More than 50 percent of those surveyed believe community resources are insufficient and/or not available to address childhood obesity and nutrition issues. While the prevalence of overweight and obese children in the TSA is less than the national average, it is significantly higher in Sussex County at 38.2 percent. The prevalence of overweight and obesity is notably higher among boys (29.1 percent) ages 5 through 12 (30.6 percent) and ethnic minorities (Hispanic: 42.7 percent and African-American: 38.2 percent).

The assessment also shows that consumption of fruits and vegetables and daily physical activity for the TSA is less than the national average. This data is similar to the findings from the 2011 Delaware Survey of Children's Health (DSCH), a biennial survey sponsored by Nemours. It is administered by telephone to more than 3,000 Delaware households with children ages birth through age 17. Administered in 2006, 2008 and 2011, the DSCH provides data on various health trends including weight status, consumption of healthy foods, activity levels, use of screen media and parental understanding of a child's weight. Though the DSCH sample size is much larger than the sample size of the CHNA, findings from the DSCH suggest that 40 percent of Delaware children, ages 2-17, were overweight or obese in 2011, a figure that is unchanged in terms of statistical significance since the first sampling of the population in 2006. (Additional findings from the DSCH can be found at www.nemours.org/dsch.)

Given that Sussex and Kent counties noted the highest percentage of overweight or obese children (38.2 percent and 28.6 percent respectively) and the highest percentage of obese children (21.6 percent and 15.4 percent respectively) among the five counties surveyed, Nemours is currently focusing its efforts within the state of Delaware with regards to obesity. Through Nemours Health & Prevention Services (NHPS) and other divisions of Nemours, programs aimed at healthy behaviors and healthy weight among children are being piloted in Delaware for future spread and scale outside of the state.

Objective:	
1.	Increase the percentage of Delaware children in a healthy weight range.
2.	Increase the percentage of Delaware children reporting targeted healthy behaviors including healthy eating, active living and positive relationships.
3.	Increase education and awareness around targeted healthy behaviors that positively impact a child's healthy weight.
Implementation Strategies:	
A.	Build Wide Dissemination and Targeted Saturation of Community Health Promotion and Disease Prevention Programs that target childhood obesity prevention.
B.	Leverage Community Partnerships to disseminate messaging around healthy eating and active living.
Evaluation:	
1.	Monitor self-reported BMI (height and weight) and targeted health behaviors among 5th, 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.
2.	Monitor the number of children reached through Nemours' community health promotion and disease prevention programs that target childhood obesity prevention.

Wide Dissemination and Targeted Saturation of Community Health and Promotion and Disease Prevention Programs

In Schools and Child Care Centers

- 950: the number of early childhood education courses taken by Delaware early care and education providers through DEPD Now!, a professional development and continuing education website hosted by the Delaware Institute for Excellence in Early Education.
- 34,000: the number of children impacted by these courses that are part of Nemours Health & Prevention Services (NHPS) **Healthy Beginning in Early Childhood Education** initiative.
- 23,000: the number of elementary school students benefiting from improved wellness policies and practices in 41 elementary schools through the Community Transformation Grant. Wellness policies include healthy eating, physical activity, social and emotional well-being and parental involvement.
- 1,700: elementary and middle school students who participated in **Food of the Month**, a food sampling program done in partnership with Delaware public schools to introduce students to new vegetables and fruits.
- 27,500: elementary school students who continue to receive 150 minutes of moderate to vigorous exercise during the school day, outside of PE class and recess thanks to the 36 elementary schools across the state who participated in the **Take 10! Challenge**.
- 400: the number of children in Kent County who are more active and eating healthier because of the 58 parents who participated in **Family Habits for Healthy Lifestyles**.
- 56,000: the number of school children who are making healthier food choices at school, because their schools are implementing a behavioral economics strategy, **Smarter Lunchrooms**, which has changed the way school cafeteria personnel are displaying, presenting and organizing foods differently on food service lines, making them more appetizing and influencing kids' food choices, purchases and consumption. Even soft music was introduced in a few cafeterias and was found to actually decrease the amount of "healthy food" waste compared to the same student population who did not have music earlier in the school year.
- 1,500: the number of 4th grade and 213 the number of middle school students who participated in **Food of the Month**, a program offered in several public schools to encourage children to add more fruits and vegetables to their diets. Each month a new fruit or vegetable is taste tested in school cafeterias using yummy recipes to increase visual and taste appeal. Recipes for the highlight food are featured on many of the school districts' cafeteria menus, and additional information is sent home to educate parents on the importance of adding certain food groups to their diets and encouraging them to try the new recipes.

In the Community

- 8,233: the number of children living in five vulnerable census tracks that are benefiting from the advocates of **Active Delaware**; who are educating city and county land use planners about how to improve safety and access to parks and open spaces in these communities.
- 1,700: community residents who participated in Community Dinners, Family Fun Nights and Community Garden activities through the coalition work of NHPS. Kent Kids, a children's health coalition in Kent County built 22 new community gardens this year, going from one garden last year to 23 in 2014. Foods harvested from the gardens are being given to community residents and are also being used for the community dinners, teaching families how to prepare the fruits and vegetables that are being grown in the gardens.

Our advocacy for healthier food options also influenced Delaware state government in two ways in 2014. First, it influenced the adoption of a public awareness campaign to reduce the consumption of sugary beverages by the Governor's Council on Health Promotion and Disease Prevention; and secondly, we influenced the adoption and implementation of a healthy beverage policy standard for all state-owned vending machines.

In Our Hospital

- 105,000 healthier meals were offered to patients this year. **Nemours Healthy Hospital** is a partnership between the hospital's dietetic department, the hospital cafeteria and Nemours Health & Prevention Services (NHPS) to promote healthier food options for children and families spending time at the hospital. On average 7,011 inpatient meals are served on a monthly basis. Based on dietary needs of all of our patients, the dietetics staff has been able to adjust and enhance menus to include more fruits and vegetables, and decrease sugary beverage options resulting in over 105,000 healthier meals offered in 2014.
- For patients, families and hospital staff, the **Nemours Healthy Hospital** team helped revamp the hospital café and vending services; rearranging the location of healthier food items to the front of the food service lines; adding healthier food and beverage options to the menu. More healthy food items were put in the vending machines hospitalwide, while less healthy items were reduced. The result – customers are eating more healthfully, and revenues for the café have increased!



Access to Health Services

According to the CHNA our communities experience higher than the national average levels of children who went without health insurance at some point in the last year. In addition to intermittent insurance coverage, families said they had difficulty accessing care. The greatest barriers reported to accessing health care were inconvenient office hours, getting a doctor's appointment and the cost of prescriptions.

Objective:
1. To provide coordinated, comprehensive and culturally appropriate care to children and families of the Delaware Valley.
2. To increase access to primary, specialty and subspecialty health care for children in the Delaware Valley.
Implementation Strategies:
A. Implement New Models of Care and New Technology to support coordination of care
B. Create Programs and Initiatives to increase access to primary and specialty care
C. Conduct Screenings and Community Events to bring children's health specialists into the community
D. Provide Resources and Space for Community Partners dedicated to children's health
Evaluation:
1. Monitor access to and usage of Nemours satellite operations and specialty programs.

- **Nontraditional Office Hours.** Increased from 21 percent to 75 percent of Nemours divisions in the Delaware Valley with nontraditional hours.
- **A Patient Navigation Department** was created this year to enhance access to care for complex patients and their families in order to expedite appointments and facilitate the integration and coordination of care across disciplines. More than 2,300 unique patients/families obtained 6,700 appointments to direct access subspecialty care through the Patient Navigation Department this year.
- **Supporting Family-Centered Medical Home.** Three of our primary care practices (one in each county) received Level III certification as Patient-Centered Medical Homes by the National Council on Quality Assurance (NCQA). Three other practices expect to receive certification in 2015.
- **The Student Health Collaboration** is a partnership between Nemours primary and specialty health care providers, school nurses, the Delaware Department of Education, Nemours patients and their parents. Its goal is to improve health outcomes and the quality of life for children under Nemours' care. School nurses who have parental permission now have access to Nemours' patient electronic health records and are recognized as part of a child's health care team. All Delaware public school districts, 78 percent of Delaware charter schools, 62 percent of Diocesan schools and 30 percent of private/independent schools are participating; and, this year 1,480 students/patients are enrolled through 234 school nurse agreements.



- **Telehealth** stations in 18 emergency departments in Kent and Sussex counties, and on the delivery, nursery and pediatric floors of Nanticoke Hospital went live this year. These stations located in two primary care clinics in Kent and Sussex counties, conveniently increase access to specialties including behavioral health, GI, weight management, urology and audiology.

Screenings and Community Events

- **Health Screenings**
 - **Primary Eye Care and Screening.** In 2014 we hired an optometrist to staff primary eye care as well as reached out to Vision to Learn who will provide glasses to children who would not otherwise receive them.
- **Blood Drives.** By increasing our blood drives from one to two times a year to monthly, we have increased our blood draws from 90 to 500 per year. The drives not only help children in our hospital, but help the Blood Bank of Delmarva supply blood and blood products to the other 17 hospitals on the Delmarva Peninsula.

Resources and Space for Community Partners

- **Office Space**
 - **Child Advocacy Center.** Nemours/Alfred I. duPont Hospital for Children provides free office space, security, welcome center staff, dining services, utilities and other support services to this organization allowing all direct operational dollars to go directly to the delivery of services for abused children. The physician in charge is heavily subsidized by the hospital and is an expert witness for the State Attorney General's Office and the Division of Family Services in Delaware's Children's Department. In addition the salary of the social worker who provides case management services for all victims of child abuse who present at our hospital is subsidized by our Emergency Department.
 - **Community Meetings Held at Nemours Locations in 2014**

▪ Association of Pediatric Hematology Oncology Nurses (APHON) Chapter Meeting	▪ Creative Quilting Bereavement Group	▪ Oncology Pro
▪ Autism Spectrum Disorder (ASD) Social Skills	▪ Day of Remembrance	▪ Oncology Sibling Bereavement Group
▪ Asperger Support Group	▪ American Academy of Pediatrics (Delaware) Board Meeting	▪ Ortho SWANK Family Conference
▪ Audiology Parent Group	▪ Diabetes Family Conference	▪ Ortho Swank Family Meeting
▪ Bariatric Info Night	▪ Down Syndrome Support Group	▪ Physician Assistant (PA) Council Meeting
▪ Bereavement Support Group	▪ Grief Support Group	▪ Parent Child Conduct Clinic
▪ Brain Injury Support Group	▪ Hospital Awareness Program	▪ Peer Support Group
▪ Candlelighters Support Group	▪ Inflammatory Bowel Disease (IBD) Awareness Day	▪ Sickle Cell Art Speaks Event
▪ Car Seat Safety	▪ Jr. League of Wilmington	▪ Spine Marketing Meeting for Families
▪ Chronically Cool Families Support Group	▪ Lung Force Breakfast	▪ Siblings That Are Really Special (STARS)
		▪ Spring Forward Program
- **Nemours Cares Volunteers:**
 - Four tons of food placed where families need it and seek it out
 - 200 families educated on life with a child with a cardiac condition
 - 500 families educated on health & safety information including 100 bike helmets and 38 car seat checks
 - 191 Nemours Associates having fun together outside traditional work teams meeting community needs

Mental & Emotional Health

The majority of our respondents ranked mental health “Excellent/Very Good” for children ages 5 through 17, with only 5.6 percent of parents believing that their child’s mental health is Fair or Poor compared to the national average of 10.28 percent. However, parent’s awareness of mental health services in our service area is lower than the national average of 68.8 percent. Therefore one objective was set, “To positively impact the mental health status of children in Nemours’ total service area.” Strategies implemented to meet this objective include conducting parenting seminars and delivering effective resources aimed at promoting positive relationships between parents and children; and conducting relevant health screenings for children throughout the state.

Objectives:
1. Positively impact the mental health status of children in Nemours’ total service area.
Implementation Strategies:
A. Conduct Parenting Seminars and Deliver Effective Resources aimed at promoting positive relationships between parents and children.
B. Conduct Relevant Health Screenings for children throughout the state.
Evaluation:
1. Monitor mental and emotional health indicators, including self-reported strength of family relationships among 5th, 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.

Parenting Seminars and Delivery of Effective Resources

Nemours provides parenting seminars and resources to assist parents in the community with developing stronger relationships with their children. The goal of these parent engagement strategies not only improves the strength of the parent-child relationship, but increases the opportunities for communication between children and their families on a variety of health-related issues, including mental and emotional well-being.

- **Parent Education and Training Programs.** Working in conjunction with community partners, free parenting seminars and training programs were offered at various locations throughout the Delaware Valley. *Growing Together* offers seminars on topics such as *Rainy Day Play*, *Parenting the Plugged-In Child*, and *Raising a Friendly Kid*, while the federally funded Community Transition Grant program worked with local school districts to facilitate one-and-a-half day workshops on positive behavior modification techniques for parents. Sixty trainers completed the program and are now ready to facilitate parenting workshops to fellow parents in their school districts.
- **Nemours Reading BrightStart!** is the first program of its kind in the nation that researches, develops and offers evidence-based tools targeting young children at risk for reading failure. In 2014, 150 children were screened for reading challenges. In Florida short-term results have shown an average of a 140 percent gain in reading readiness for participants from fall to spring of their prekindergarten year. Initial results in our longitudinal study show that a majority of children are on track with their peers through 3rd grade. Although limited, children in Delaware participating in the program have also shown promising results. In addition to direct services for young children, Nemours Reading BrightStart! helps parents, educators, health care professionals and community leaders understand the key concepts and actions needed to promote reading success for all children through a variety of specific tools, services and resources.

- **Pediatric Developmental Screenings.** Just over 6,800 developmental screenings were completed in the Nemours duPont Pediatrics practices this year with approximately 3.5 percent of screened patients requiring referral to community intervention agencies.
- **Adolescent Depression Screening.** Staff has been trained in three of our primary care practices to administer the adolescent depression screening tool which was piloted in these sites to collect baseline data and make necessary adjustments to the electronic health records (EHR) system to support the screening tool.
- **A Statewide Behavioral Health Plan** was developed this year in response to state identified gaps, and the ADHD Diagnostic and Treatment Program continued to be refined this year. A two-year fellow was added this year to focus on Autism – “Applied Behavior Analysis” and clinicians were deployed in the community at the First State School, Child Development Watch and Early Headstart. Telehealth psychiatry services were also launched in Dover and Seaford, Delaware.



Secondary Health Concerns

Alcohol, Tobacco & Other Drugs

Delaware is on par with national averages for teen smoking with 18.3 percent reporting smoking at least one cigarette a day in the last 30 days, and 40.4 percent reporting having at least one alcoholic beverage in the same time period. Delaware high school students also reported that 46 percent of them have tried marijuana at least once and 27.6 percent said they have used marijuana one or more times in the last month, which is significantly higher than the national average. While data are not available for these at-risk behaviors until next year, Nemours Delaware Valley has been working toward our goal of decreasing the number of high school students using alcohol or other drugs.

Objective:
1. Decrease the number of high school students using alcohol, tobacco and other drugs.
Implementation Strategies:
A Partner With Community and Health Care Organizations to provide education, treatment and services related to alcohol, tobacco and other drugs.
B Provide Health Education for Patients and Families in our community.
Evaluation:
1. Monitor self-reported alcohol, tobacco and drug use among 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.

American Lung Association. As part of the Community Transformation Grant program Nemours partnered with the American Lung Association to train 22 students from 11 middle and high schools as School Ambassadors who in turn engage students and parents in preventing the use of tobacco and helping them to quit smoking. Approximately 23,000 students in the participating schools were impacted through activities such as *Kick Butts* and *"N-O-T" (Not on Tobacco)*, a tobacco cessation program for teens.



Health Education

Nationally 8.6 percent of parents use the internet as their primary source of health care information for children; in Delaware 8.8 percent say they do. However, parents in Delaware were significantly less aware of parent education programs in their community than the national average of 40.3 percent with parents in New Castle County reporting the least awareness of these programs (38.5 percent). Further, 13.3 percent versus the national average of 18.8 percent reported using a local parenting education program. Therefore, Nemours Delaware Valley has pledged to increase the amount of available health information and resources for children, families and community health care providers both within our walls and in the community.

Objectives:
1. Increase the amount of available health information and resources for children, families and community health care providers for various health needs.
Implementation Strategies:
A. Provide Health Education for Patients and Families both within our walls and in the community.
B. Foster the Education of Future Health Care Leaders .
Evaluation:
1. Monitor hits on KidsHealth.org and related Nemours' health education sites.

- **KidsHealth.org** is a no-cost, advertisement-free website operated by the Nemours Center for Children's Health Media and provides more than 10,000 articles, animation, movies, fact sheets, recipes and more in both English and Spanish. Our *KidsHealth Video Library* offers a wide range of medical, behavioral, safety and development topics to help families understand health issues that require hospitalization and often require lifelong management (e.g., asthma, diabetes); intensive home management (e.g., tracheotomies, g-tubes; or acute episodic care (e.g., cancer, scoliosis). In 2014, there were 7,474 inpatient views of videos. *KidsHealth in the Classroom* was visited 15,875 times by Delaware teachers.
- **Nemours** also provided expertise and content for the *KidsHealth IM Program*, which is offered through the Michael Phelps Foundation, and run by the Boys & Girls Clubs and Special Olympics worldwide. Lesson plans for *IM Healthy* teach about nutrition and physical activity and *IM Successful* helps youth with setting and achieving goals. Working through the Boys & Girls Clubs of Delaware *IM40* helps youth build resiliency through positive relationships with adult role models. In 2014, there were 197,000 visits to the *IM40* Web page.
- **Nemours/Alfred I duPont Hospital for Children's Injury Prevention Program** attended 173 events reaching 31,602 children. Events included health fairs, child passenger safety seat checks, and programs that taught fire prevention, bike and motor vehicle safety as well as concussion prevention. The Safety Store moved into its new location in the Atrium of our new building, and continues to sell low-cost safety, health and wellness products and provides education for the use of the products. This year a new mobile Safety Store was added and now brings these products into the community. Our mobile store sold 1,050 safety products in 2014 at seven community events.
- **Concussion Awareness and Screening.** With concussions a growing concern among parents, coaches and health care providers of children and youth, Nemours adopted a comprehensive concussion awareness and screening program in the community. Parent education materials and information about concussion screenings have been pushed out into the community, and "Concussion in the Classroom" materials are being distributed by physician liaisons in schools, community organizations and pediatric practices throughout the region. In addition, 550 comprehensive concussion screenings were completed this year.

- **Navigating the Health Care System: Health Literacy for Adolescents** is a new curriculum being tested in Delaware public schools. Six modules; Personal and Family Information, Understanding Your Medical History, Insurance, Making/Navigating Your Medical Visit, Taking Charge of Your Health; and Resources were used by 13 teachers in 11 public high schools in a variety of classes including health classes and enrichment classes in traditional high schools as well as technical (allied health) classes in the vocational high schools. Overall 986 students participated and their knowledge of health care terminology and the health care system improved from a score of 64 percent on the pre-test to 82 percent on the post-test. Over 96 percent of the students either agreed or strongly agreed that the lessons on health care were helpful and nearly 95 percent of the students agreed or strongly agreed that they would know what to do better at their next doctor's visit.

Medical Education (Graduate, EMT, PICU, Interns)

- **Pediatric Practice Program.** More than 100 unique community resources have been identified, investigated and presented for discussion by medical students and resident physicians participating in advocacy and ambulatory pediatric training in the Pediatric Practice Program; and a hospitalwide advocacy resource site (SharePoint) continues to be populated with this information.
 - **Fluoride Varnish Treatments.** Delaware is among the few states where Medicaid does not reimburse for primary care to prevent early childhood dental cavities at this time. Varnish is therefore not routinely incorporated into well child care. In April 2012, Wilmington Hospital Health Center's Pediatric Practice Program began an aggressive oral health campaign sustained with funds from the Delaware Division of Public Health enabling Pediatric and Med-Peds residents to integrate cavity prevention (risk-assessment, oral examination, anticipatory guidance, fluoride varnish and dental referral) into pediatric well visits for 1- to 6-year-olds. Access barriers to dental care have been further addressed through a novel interdepartmental scheduling system with our Dental Department. Oral health advocacy efforts prompted the First State School for Chronically Ill Children to assess for/enroll students in dental care.
 - **Community Advocacy.** Residents visited the Sunday Breakfast Mission, and participated in a question and answer session with Tania M. Culley, Esquire, a child welfare law specialist, from the Office of the Child Advocate. Residents also participated in a number of advocacy engagements, facilitated by Wilmington Advocacy Education Program. Dr. Himani Divatia advocated for the importance of a medical home at Christiana Care Health System's STORK (Sharing Topics of Research and Knowledge) event attended by neonatal and obstetric providers throughout Delaware in February 2014. Our residents learned about community engagement and advocacy through their JeffSTARS projects. They also have had the opportunity to engage in advocacy projects as part of learning how to complete a Quality Improvement Cycle.
- **Paramedic Education.** Currently all classes, lectures and competencies are conducted in-house in our Emergency and Transport Departments. Following assessment for effectiveness, these training courses will be opened up to surrounding areas. In Transport, monthly educational lectures and competency training on equipment, medications and other topics are held; and quarterly there are simulations in the ambulance with the NICU and flight vendor. These continuing education credits are provided to each state (Delaware, New Jersey, Pennsylvania and Maryland) and can go toward recertification for personnel. In the community, two of our paramedics offered a free Basic Life Support class to the instructors, children and parents at the Middletown American Tae Kwon Do Association, teaching 13 participants how to perform basic life support, use an automated external defibrillator, assist a choking victim and safely survey an accident scene.

- **Fellowship Training for Research Professionals.** Nemours Biomedical Research offers robust fellowship training through affiliations with the University of Delaware and the Sidney Kimmel Medical College at Thomas Jefferson University (TJU). The Nemours Graduate Education and Research Program is affiliated with the University of Delaware Department of Biological Sciences as part of a Human Health Initiative. Although the majority of our MS and PhD students enter through this initiative, the program is also affiliated with other departments at the University of Delaware and other institutions. Students accepted for study in the Department of Biological Sciences have the opportunity to perform thesis/dissertation research in laboratories of research scientists at Nemours/Alfred I. duPont Hospital for Children. Students entering the program follow course work at their educational institution and their research work is conducted at Nemours. Video conferencing is available to facilitate interactions between Nemours and the educational institutions. All graduate students are supported as either a research assistant or teaching assistant. Masters students typically graduate in two years, PhD students in five years.



- **Nemours Summer Undergraduate Research Scholars Program.** Each summer college undergraduates participate in a 10-week scholars program guided by faculty through the process of formulating and testing hypotheses, interpreting data and communicating results. Scholars are matched with mentors who are leading researchers and pediatric specialists at Nemours. In addition to the research the Summer Scholars participate in pediatric lectures, pediatric seminars and student-led activities such as a journal club as well as job shadowing opportunities. On the final day of the program, a mandatory symposium gives students opportunities to present their research activities to the Nemours professional community, family and friends.

Prenatal & Infant Health

Infant mortality in our region is 7.2 per 1,000 live births – higher than the national average of 6.5 per 1,000 live births. In addition incidence of low birth weight babies (9 percent) is higher than the national average (8.2 percent.) Thus Nemours has been implementing a number of programs to reduce the incidence of infant mortality and improve infant health, especially among our Hispanic and Black populations in the Delaware Valley.

Objectives:
1. Positively impact the infant mortality rate in the Delaware Valley area and among the Non-Hispanic African-American population.
Implementation Strategies:
A. Increase Education and Awareness of prenatal and infant health issues among health care providers in the Delaware Valley.
Evaluation:
1. Monitor the infant mortality rate using annual data from the Delaware Department of Health and the Pennsylvania Department of Health.

- **Healthy Beginnings – Early Feeding.** Annually, about 11,000 babies are delivered in Delaware’s four labor hospitals, and Nemours Health & Prevention Services (NHPS) continues to provide technical assistance to these hospitals as they pursue the Baby Friendly Hospital designation. In 2014, Beebe Hospital in Sussex County and Kent General and Milford Hospitals operated by Bayhealth System’s in Kent and Sussex counties received the Baby Friendly Hospital designation; two other hospitals have submitted application for the designation. Six Health Ambassadors from Christiana Care Health System were trained on Baby Behavior. Delaware Women, Infants and Children’s Food Program (WIC) peer counselors, who see approximately 4,300 pregnant/breastfeeding women and 5,100 infants monthly, began providing our baby behaviors education and materials to participants.
- **Safe to Sleep.** Nemours/Alfred I. duPont Hospital for Children implemented Delaware’s *Safe to Sleep* program in January of 2014. All departments who impact the care of infants under the age of 1 have eliminated blankets in the infants sleep environment and are now using Sleep Sacs and Swaddle Sacs for all infants under age 1. All nurses have completed the SIDS (Sudden Infant Death Syndrome) Risk Reduction Curriculum for Nurses; these education modules are now included in orientation for all new nurses. Safe sleep practices education is initiated on admission for all families with infants under age 1.



Sexual Activity

Delaware has a higher percentage of teen parents than the national average with Sussex and Kent counties having the highest rates at 15.5 and 12.2 percent respectively, versus the national average of 10 percent. Moreover, 43 percent of Delaware high school students reported having sexual intercourse in the past three months; with an alarming 41 percent who said they did not use a condom during their last sexual encounter, and 16 percent said they used no method of birth control.

Nemours is addressing this through increased education around treatment and services related to teenage pregnancy and sexual activity by partnering with community and health care organizations to provide education and treatment and services. This year duPont Hospital for Children hired a social worker to address the psychosocial needs of our adolescent patients. She discusses issues related to sexuality, reproduction options, safe sex, etc. In addition, a second adolescent medicine physician was hired who, among other things, provides gynecologic care for our adolescent girls.

Objectives:

1. Increase education around treatment and services related to teenage pregnancy and sexual activity.

Implementation Strategies:

- A. **Partner With Community and Health Care Organizations** to provide education, treatment and services related to teenage pregnancy and sexual activity.

Evaluation:

1. Monitor self-reported sexual activity indicators among 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.

- **KidsHealth.** Through the KidsHealth.org website, children and adolescents can access more than 100 articles, fact sheets and modules to listen to which provide information about sexual health, puberty, menstruation and infections impacting teen girls and guys.
- **Partnering With Other Organizations.** Within Nemours, members of our Social Work departments provide adolescents with information and education about risks, safe sex practices, birth control and other issues related to sexual activity. In cases where patients require additional services or information, referrals are made on the patient's behalf to the adolescent medicine department, local health care providers such as OB/GYNs and community agencies such as Planned Parenthood. In the event a patient has experienced previous sexual abuse, Nemours also makes referrals to Survivors of Abuse in Recovery (SOAR), an agency that specializes in those issues. Additionally, Nemours works with school wellness centers to provide information for teens.

Additional Efforts to Benefit and Support the Health of Our Communities

- **Office of Health Equity and Inclusion (OHEI)** was formed in 2012 and engages with internal and external partners to promote equity and inclusion in the delivery of health care. OHEI monitors the diversity of community populations and collaborates with Nemours leadership and the human resources department to recruit, hire, mentor, and retain a diverse workforce reflective of the communities we serve. It also supports Patient Services by monitoring and evaluating the delivery of culturally appropriate language and health literacy proficient services to the families we serve. This year a team of doctors and staff from our Social Work department reviewed patient/family materials to assure “reader friendliness” and that materials were written at no more than a fifth grade reading level. In 2015 these materials will be translated into Spanish. To date OHEI has provided cultural competence training to 85 percent of all hospital and NHPS staff and continues to provide this training to all new Nemours Associates, as part of Nemours’ standard hiring practices.
 - **Summer Scholars.** Five summer scholars (4 graduate and 1 undergraduate) were hired in the summer of 2014 and were mentored and trained in health care disparities and workforce diversity. New this year, the expansion of the Summer Lecture Series included 20 students from research summer schools and 6 interns from Nemours Health & Prevention Services.
- **Community Translational Research.** Nemours, along with the University of Delaware, Christiana Care Health System and the Medical University of South Carolina, received \$25 million to support the growth of clinical and translational research in 2013. The total includes \$20 million from the National Institutes of Health and an additional \$3.3 million in matching funds from the participating institutions. In 2014 Nemours research included:
 - Screening for psychosocial risk in pediatric sickle cell disease
 - Clinical and biological impact of early initiation of inhaled nitric oxide in infants with hypoxic respiratory failure and pulmonary hypertension
 - Development of prenatal consultation training in pediatric surgery fellowship
 - Improving outcomes for infants who have cardiac surgery
 - The role of stress elbow ultrasound in ulnar collateral ligament injury
 - Family psychosocial risk assessment and intervention in a pediatric heart center
 - Use of electronic previsit questionnaire on the quality of preventive well-child care
 - Community assets and barriers to reducing childhood obesity
 - Role of inflammation in sickle cell disease –related pain in children with sickle cell disease
 - General pediatrician as specialist – embedding within subspecialty divisions to improve access to care, patient satisfaction, health care costs and outcomes
 - Genetic risk and markers of early kidney disease in children with sickle cell disease



Community Boards and Leadership

Children & Family First

Board of the West Chester YMCA

Ronald McDonald House of Delaware

United Way of Delaware

American Heart Association – Delaware

Junior Achievement

Make-a-Wish Advisory Council

American Lung Association – Delaware

Health Care Innovation Leadership Council

American Lung Association – Delaware



Community Events and Sponsorships

Caitlin Robb Foundation	Epilepsy Foundation of Delaware	Harmelin Media
Congenital Heart Walk Headquarters	Katz Jewish Community Center	Philadelphia Pregnancy Center
Conkerr Cancer	Marlton Recreation Council	Prenatal Diagnosis Institute
Cystic Fibrosis Foundation	Sickle Cell Fund, Inc.	Delaware State Chamber of Commerce
First Friday Main Line	MLHS Neonatology	Adopt-a-Pig
Gift of Life Donor Program	NICU Golf Outing	American Heart Association
Haverford Township	B+ Foundation	American Planning Association
Kind of Kids Foundation	Crohns & Colitis Foundation	American Liver Foundation
KINfolk	Cystic Fibrosis Foundation	Arthritis Foundation
Latin American Community Center	DAFYC	Brain Injury Association of Delaware
Melmark Foundation	<i>Delaware Today</i> magazine	Catholic Charities of Delaware
Narberth Business Association	Families of Spinal Muscular Atrophy McKennas Gala	Delaware State University
Osteogenesis Imperfecta Foundation	Healthy Foods Delaware	Gift of Life
St. Francis Foundation	Human Rights Campaign	Girl Scouts of the Chesapeake Bay
St. Katherine of Siena School	Maternity Care Coalition	Leukemia Research Foundation
Very Special Arts Memorial Day Classic	American Academy for Cerebral Palsy and Developmental Meetings Manager	March of Dimes
Wayne Business Association	Bryn Mawr Business Association	Society of Pediatric Psychology
Inspira Foundation	Bryn Mawr Day Committee	Talleyville Fire Company
Inspira Health Network	Cen Del Foundation	Wilmington Flower Market
Kay's Kamp	Little Smiles Philadelphia	Center for Learning
Exceptional Care for Children	Bringing Hope Home	Garden State Discovery Museum
Cooper Foundation	Juvenile Diabetes Research Foundation	Ronald McDonald House of Delaware
2014 Bert Bell Dinner	United Cerebral Palsy of Philadelphia	State of Delaware
Association of Pediatric Oncology Social Workers	United Cerebral Palsy of Delaware	
Michaels Way		



Nemours/Alfred I. duPont Hospital for Children
2015 Progress Report

Nemours[®] Alfred I. duPont
Hospital for Children

Wilmington, Delaware

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Introduction

In 2013, Nemours conducted Community Health Needs Assessments for communities we serve in the Delaware Valley (Delaware and Pennsylvania) and Florida. The assessment for the Delaware Valley included New Castle, Kent and Sussex counties in Delaware and Chester and Delaware counties in Pennsylvania. The assessment was comprised of both qualitative and quantitative data including a customized local child and adolescent health survey, focus groups, public health data, vital statistical data and other benchmark data on children's health in the

Delaware Valley. The report that follows reflects the progress made on priorities set forth in the Nemours/Delaware Valley Community Health Needs Assessment Work Plan.

Based on information gathered through the study, the following seven areas of opportunity were identified as significant health needs of children and adolescents in the community.

Areas of Opportunity

- Access to Health Services
- Alcohol, Tobacco and Other Drugs
- Health Education
- Mental and Emotional Health
- Nutrition, Physical Activity and Weight
- Prenatal and Infant Health
- Sexual Activity

After reviewing this information, Nemours evaluated and prioritized the top health needs of children in the Delaware Valley using the following criteria:

- Magnitude – the number of children affected and the differences from state/national health data and Healthy People 2020 objectives
- Seriousness – the degree to which a health issue leads to death, disability or loss of the quality of life
- Impact – the degree to which the health issues affect/exacerbate other health issues
- Feasibility – the ability to reasonably impact the issue, given available resources
- Consequences of inaction – the risk of exacerbating the problem by not addressing at the earliest opportunity

As the result of evaluating data and feedback from community stakeholders, three health priorities rose to the top for Nemours/Delaware Valley; they are Nutrition, Physical Activity and Weight; Access to Health Services; and Mental and Emotional Health. However, Nemours believes that we have a responsibility to work with others in our communities to address all seven health concerns identified.

This document identifies the activities and programs developed and executed during 2015 as a result of the implementation plan objectives and strategies developed from the 2013 Community Health Needs Assessment.

Nutrition, Physical Activity & Weight

Obesity and nutrition were identified by families surveyed in our total service area (TSA), as well as by focus group participants, as the number one perceived health issue for children and teens. More than 50 percent of those surveyed believe community resources are insufficient and/or not available to address childhood obesity and nutrition issues. While the prevalence of overweight and obese children in the TSA is less than the national average, it is significantly higher in Sussex County at 38.2 percent. The prevalence of overweight and obesity is notably higher among boys (29.1 percent) ages 5 through 12 (30.6 percent) and ethnic minorities (Hispanic: 42.7 percent and African-American: 38.2 percent).

The assessment also shows that consumption of fruits and vegetables and daily physical activity for the TSA is less than the national average. This data is similar to the findings from the 2011 Delaware Survey of Children's Health (DSCH), a biennial survey sponsored by Nemours. It is administered by telephone to more than 3,000 Delaware households with children ages birth through age 17. Administered in 2006, 2008 and 2011, the DSCH provides data on various health trends including weight status, consumption of healthy foods, activity levels, use of screen media and parental understanding of a child's weight. Though the DSCH sample size is much larger than the sample size of the CHNA, findings from the DSCH suggest that 40 percent of Delaware children, ages 2-17, were overweight or obese in 2011, a figure that is unchanged in terms of statistical significance since the first sampling of the population in 2006. (Additional findings from the DSCH can be found at www.nemours.org/dsch.)

Given that Sussex and Kent counties noted the highest percentage of overweight or obese children (38.2 percent and 28.6 percent respectively) and the highest percentage of obese children (21.6 percent and 15.4 percent respectively) among the five counties surveyed, Nemours is currently focusing its efforts within the state of Delaware with regards to obesity. Through Nemours Health & Prevention Services (NHPS) and other divisions of Nemours, programs aimed at healthy behaviors and healthy weight among children are being piloted in Delaware for future spread and scale outside of the state.

Objective:	
1.	Increase the percentage of Delaware children in a healthy weight range.
2.	Increase the percentage of Delaware children reporting targeted healthy behaviors including healthy eating, active living and positive relationships.
3.	Increase education and awareness around targeted healthy behaviors that positively impact a child's healthy weight.
Implementation Strategies:	
A.	Build Wide Dissemination and Targeted Saturation of Community Health Promotion and Disease Prevention Programs that target childhood obesity prevention.
B.	Leverage Community Partnerships to disseminate messaging around healthy eating and active living.
Evaluation:	
1.	Monitor self-reported BMI (height and weight) and targeted health behaviors among 5th, 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.
2.	Monitor the number of children reached through Nemours' community health promotion and disease prevention programs that target childhood obesity prevention.

Wide Dissemination and Targeted Saturation of Community Health and Promotion and Disease Prevention Programs

In Schools and Child Care Centers

- 2,500: the number of early childhood education courses taken by Delaware early care and education providers through DEPD Now!, a professional development and continuing education website hosted by the Delaware Institute for Excellence in Early Education.
- 34,000: the number of children impacted by these courses that are part of Nemours Health & Prevention Services (NHPS) **Healthy Beginning in Early Childhood Education** initiative.
- 70,950: the number of school children who are making healthier food choices at school, because their schools are implementing marketing and behavioral economics strategies, **Smarter Lunchrooms and/or Food of the Month**, which has changed the way school cafeteria personnel are displaying, presenting and organizing foods differently on food service lines, making them more appetizing and influencing kids' food choices, purchases and consumption.

In the Community

- Nemours is an active partner with the Children in Nature Coalition, helping to guide and direct the work. The Coalition was formed to address the challenge of reconnecting children with nature through school-based education and community-based programs. Support from Nemours helped make it possible for the Department of Natural Resources and Environmental Control to hire a full-time coordinator to staff the initiative and broaden the network.
- 1,085: community residents who participated in community dinners and family fun nights through the coalition work of NHPS. The community dinners provide a healthy meal, health-related information from exhibitors, healthy food demonstrations, and promote healthy eating and a sense of community spirit among local residents.
- More than 1,000: children and families that received fresh produce from the 23 community gardens in Kent County. Foods harvested from the gardens are being given to community residents and are also being used for the community dinners, teaching families how to prepare the fruits and vegetables that are being grown in the gardens.
- 71,000: people living in Wilmington that have increased access to healthy food options and active living opportunities through the **Partnerships to Improve Community Health (PICH)** award. Through this initiative, four farm stands and nine corner stores are operating in the target area. To promote a healthier environment where residents can be safely active in their community, six parks are being revitalized throughout New Castle and Wilmington. Revitalization efforts are expected to be completed by September 2017.
- The **PICH** team launched a social marketing campaign aimed to increase awareness and use of community-based resources for health. Based on feedback from community members, who wanted to focus on community assets rather than challenges, "**This is Our NeighborGood**" was born. Check out the campaign website at www.ourneighborgood.org and follow us on Facebook, Twitter and Instagram at **OurNeighborGood!**

Our advocacy with the Department of Services for Children, Youth and their Families influenced updates to the Delaware Child Care Center Regulations. The updated regulations promote optimal physical, social, emotional and developmental health of children in early care and education settings by requiring quality child care licensing standards for services offered including nutrition, curriculum, physical activity, emotional and environmental supports.

Our advocacy with New Castle County and the City of Wilmington is influencing the inclusion of healthy eating, physical activity and complete communities as part of the planning process for land use. By supporting a healthier built environment, Nemours is helping to make the healthy choice the easy choice.

Our advocacy with Bond Bill committee members supported funding for recommendations from the Governor's Council on Health Promotion and Disease Prevention, including infrastructure for walking and biking in Delaware.

In Our Hospital

- 79,507 healthier meals were offered to patients this year. **Nemours Healthy Hospital** is a partnership between the hospital's Food and Nutrition Services departments, the hospital café, and NHPS to promote healthier food options for children and families spending time at the hospital. On average, 6,625 inpatient meals are served on a monthly basis. Based on dietary needs of all of our patients, the hospital's food service provider, Sodexo, has been able to adjust and enhance menus to include more fruits and vegetables, provide healthier meal choices, and decrease sugary beverage options creating a platform for a healthier food environment in a pediatric health care setting.
- For patients, families and hospital staff, the Nemours Healthy Hospital team continues to support a healthier hospital café and vending services by strategic marketing of healthier food items to increase their accessibility and increasing healthier food options. Nutritional information is readily available for all menu items and healthier options are highlighted with the Mindful Wellness symbol. To encourage healthy beverage consumption, flavored water dispensing stations are now offered in the café. The vending machines hospital-wide continue to carry healthier options, with 85 percent meeting nutritional guidelines for wellness. As a result of these efforts, the healthy choice is now the easy choice for our patients, families and hospital Associates at the café and vending machines.



Access to Health Services

According to the CHNA our communities experience higher than the national average levels of children who went without health insurance at some point in the last year. In addition to intermittent insurance coverage, families said they had difficulty accessing care. The greatest barriers reported to accessing health care were inconvenient office hours, getting a doctor's appointment and the cost of prescriptions.

Objective:
1. Provide coordinated, comprehensive and culturally sensitive care to children and families in the Delaware Valley.
2. Increase access to primary, specialty and subspecialty health care for children and families in the Delaware Valley.
Implementation Strategies:
A. Implement New Models of Care and New Technology to support coordination of care.
B. Create Programs and Initiatives to increase access to primary and specialty care.
C. Conduct Screenings and Community Events to bring children's health specialists into the community.
D. Provide Resources and Space for Community Partners dedicated to children's health.
Evaluation:
1. Monitor access to and usage of Nemours satellite operations and specialty programs.

- **Nontraditional Office Hours.** Increased to 100 percent the number of Nemours primary and specialty care sites in the Delaware Valley with nontraditional hours.
- Our nurse-led **Patient Navigation Department** remains a valuable resource for patients and providers alike. Many providers use the Patient Navigation resource for:
 - streamlining multiple appointments for their patients
 - scheduling expedited appointments that are clinically necessary
 - staying informed about new clinical services at Nemours/Alfred I. duPont Hospital for Children
 - guidance to gain correct services for their patients



In 2015, a total of 4,254 referrals to our Navigation Department were received from all sources (outpatient, family initiated, inpatient, community outpatient, community inpatient). This is a racially and culturally diverse patient population with over eight percent speaking a primary language other than English. These patients also have a high level of medical complexity with an average of 12 comorbidities or codiagnoses per patient.

Along with facilitating access for specialty appointments for patients in our community, our hospital recognized the need to improve the transition from hospital to home. In 2015, 422 patients were assisted by nurse navigators at the time of discharge from our hospital. These nurses arrange the post-discharge appointments for families prior to discharge, visit the families at the hospital bedside, discuss the importance of completing the appointments and screen all families for transportation. Nurses meet face to face with families giving them the opportunity to ask questions and discuss barriers to to successfully transition home.

- **Supporting Family-Centered Medical Home.** Three of our primary care practices received Level III certification as Patient-Centered Medical Homes by the National Committee on Quality Assurance (NCQA), bringing the total to six. An additional practice received Level II certification prior to joining Nemours. Three other practices expect to receive certification in 2016. As a result, more than 41,000 patients can expect increased access with higher satisfaction.
- **The Nemours Student Health Collaboration** is making it easier for school nurses who work in Delaware public schools to be a part of the child’s care team. School nurses can log onto NemoursLink®, a web-based portal, to see a child’s plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours primary care office in Delaware. School nurses can only view a child’s records if a parent or guardian has signed a patient authorization form in advance. This program promotes a partnership between Nemours primary and specialty care providers, school nurses and Nemours’ patients and families. The goal is to better serve Nemours’ patients through enhanced continuity of care across the care team members. In 2015, all Delaware public school districts, 67 percent of charter schools, 62 percent of Diocesan schools, and 31 percent of private/independent schools had agreements in place with Nemours. By the end of the 2014/15 school year, 1,348 students were enrolled.
- **The Integrated Pain and Wellness Program** has grown exponentially this year. The program received approximately 260 referrals in the calendar year. All new referrals receive multidisciplinary evaluations with a medical provider, psychologist, and physical or occupation therapist. Treatment recommendations are provided based on the intake. Currently, there are more than 50 active patients within the program receiving a combination of psychological support, medical management, physical and occupational therapy, healing touch, and massage. The program continues to expand with research initiatives and access to treatment.
- **The Pediatric Transition of Care Program** helps make a smooth transition from pediatric care to adult care. The comprehensive pediatric transition of care program covers all chronic and complex medical specialties, including cerebral palsy, spina bifida, cystic fibrosis, autism, congenital heart disease, diabetes, cancer, genetic anomalies and more. The Pediatric Transition of Care program provided 216 consultations to help young adolescents plan for their transition. These consultations are now being offered virtually via CareConnect, Nemours’ pediatric telemedicine service.
- **Pediatric palliative and supportive care** at duPont Hospital for Children is more than just treatment – our pediatric palliative care team provides a compassionate and organized approach to care that’s geared toward helping the whole child – body, mind and spirit – as well as providing support for the entire family. Palliative care and support is now being offered virtually via CareConnect to patients who live over an hour away from the hospital. Nemours held their first weekend-long camp for children and teens that have experienced the death of a sibling. The weekend sleepover camp provides a fun and safe place where children and teens can participate in normal camp activities while also connecting with others who have experienced a loss.
- **Telehealth** services are being provided in 13 different locations, conveniently increasing access to 25 different specialties including behavioral health, weight management, GI, urology and audiology. Satisfaction with these services is overwhelmingly positive, with 83 percent saying they’re very satisfied with their service and 17 percent saying they’re satisfied.

Screenings and Community Events

Health Screenings

- **Primary Eye Care and Screening.** I We have an optometrist to provide primary eye care and assess for low vision.
- **Blood Drives.** Nemours held four blood drives in 2015 and had 166 blood donations. The drives not only help children in our hospital, but help the Blood Bank of Delmarva supply blood and blood products to the other 17 hospitals on the Delmarva Peninsula.
- **7th Annual “Hear We Go 5k” and Family Fun Day.** More than 600 participants ran, walked or volunteered to make this community event, held on the grounds of the Nemours Estate, a huge success. The event raised more than \$45,000 for:
 - hearing aid testing equipment for use with our Amish and Mennonite families seen at the Clinic for Special Children
 - research funding for support of an ongoing study of medication effects on hearing in kids with ADHD, as well as for the purchase of a video visual reinforcement system used for testing young children with hearing disorders
 - Annual Audiology Collaboration Conference geared toward multidisciplinary professionals and families to learn more about how hearing loss affects the child on a global level

Resources and Space for Community Partners

Office Space

- **Child Advocacy Center.** Nemours/Alfred I. duPont Hospital for Children provides free office space, security, welcome center staff, dining services, utilities and other support services to this organization, allowing all direct operational dollars to go directly to the delivery of services for abused children. The physician in charge is heavily subsidized by the hospital and is an expert witness for the State Attorney General’s Office and the Division of Family Services in Delaware’s Children’s Department. In addition, the salary of the social worker who provides case management services for all victims of child abuse who present at our hospital is subsidized by our Emergency Department.
- **Community Meetings Held at Nemours Locations in 2015**

- | | | |
|--|---|--|
| ▪ Association of Pediatric Hematology | ▪ Day of Remembrance | ▪ Oncology Sibling Bereavement Group |
| ▪ Oncology Nurses (APHON) Chapter Meeting | ▪ American Academy of Pediatrics (Delaware) Board Meeting | ▪ Ortho SWANK Family Conference |
| ▪ Autism Spectrum Disorder (ASD) Social Skills | ▪ Diabetes Family Conference | ▪ Ortho Swank Family Meeting |
| ▪ Asperger Support Group | ▪ Down Syndrome Support Group | ▪ Physician Assistant (PA) Council Meeting |
| ▪ Audiology Parent Group | ▪ Grief Support Group | ▪ Parent Child Conduct Clinic |
| ▪ Bariatric Info Night | ▪ Hospital Awareness Program | ▪ Peer Support Group |
| ▪ Bereavement Support Group | ▪ Inflammatory Bowel Disease (IBD) Awareness Day | ▪ Sickle Cell Art Speaks Event |
| ▪ Brain Injury Support Group | ▪ Junior League of Wilmington | ▪ Spine Marketing Meeting for Families |
| ▪ Candlelighters Support Group | ▪ Lung Force Breakfast | ▪ Siblings That Are Really Special (STARS)Spring Forward Program |
| ▪ Chronically Cool Families Support Group | ▪ Oncology Pro | |

- **Nemours Cares Volunteers:**

- More than three tons of food was placed where families need it and seek it out
- 50 pints of blood for use by area blood bank
- 192 Nemours Associates plus 44 Nemours family members having fun together outside traditional work teams meeting community needs completing projects such as:
 - walking in the March of Dimes walk
 - walking in the Ronald McDonald House of Delaware 5k
 - beautifying Lums Pond State Park
 - serving food, washing dishes and interacting with attendees of the Kings Table Events at Christina Park
 - beautifying Rockwood Museum and Park
 - cleaning up Slaughter Beach
 - preparing and serving meals to homeless single men and women at Safe Harbor
 - volunteering to fill 400 Food to Go Meal Kits

Mental & Emotional Health

The majority of our respondents ranked mental health “Excellent/Very Good” for children ages 5 through 17, with only 5.6 percent of parents believing that their child’s mental health is Fair or Poor compared to the national average of 10.28 percent. However, parent’s awareness of mental health services in our service area is lower than the national average of 68.8 percent. Therefore one objective was set, “To positively impact the mental health status of children in Nemours’ total service area.” Strategies implemented to meet this objective include conducting parenting seminars and delivering effective resources aimed at promoting positive relationships between parents and children; and conducting relevant health screenings for children throughout the state.



Objectives:

1. Positively impact the mental health status of children in Nemours’ total service area.

Implementation Strategies:

- A. Conduct **Parenting Seminars and Deliver Effective Resources** aimed at promoting positive relationships between parents and children.
- B. **Conduct Relevant Health Screenings** for children throughout the state.

Evaluation:

1. Monitor mental and emotional health indicators, including self-reported strength of family relationships among 5th, 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.

Parenting Seminars and Delivery of Effective Resources

Nemours provides parenting seminars and resources to assist parents in the community with developing stronger relationships with their children. The goal of these parent engagement strategies not only improves the strength of the parent-child relationship, but increases the opportunities for communication between children and their families on a variety of health-related issues, including mental and emotional well-being.

- **Nemours Reading BrightStart!** is the first program of its kind in the nation that researches, develops and offers evidence-based tools targeting young children at risk for reading failure. In 2015, 331 children were screened for reading challenges and 114 parents completed the Pre-Reading Screener on the Reading BrightStart! website. In addition to direct services for young children, Nemours Reading BrightStart! helps parents, educators, health care professionals and community leaders understand the key concepts and actions needed to promote reading success for all children through a variety of specific tools, services and resources.
- **Pediatric Developmental Screenings.** More than 8,150 developmental screenings were completed in the Nemours duPont Pediatrics primary care practices this year with 9.6 percent of screened patients requiring referral to community intervention agencies.

- **Adolescent Depression Screening.** Our Nemours duPont Pediatrics primary care practices screened 4,857 patients with the adolescent depression screening tool, a 52 percent screening rate for all eligible patients. The adolescent depression screening tool helps providers to screen and assess depression and suicide risk in adolescent patients.
- **Nemours Psychology** has demonstrated continued growth, particularly in the integrated primary care setting with four new hires in 2015 (supporting Foulk Rd., Jessup St., Becks Woods, Middletown, Dover and Milford) and several others intended for 2016 and beyond. The Delaware Department of Services for Children, Youth and Families has received a five-year Project LAUNCH grant, aimed at promoting holistic child health for young children in targeted zip codes in Wilmington. The Department of Psychology has been contracted to enhance integrated primary care services at the Jessup St. and St. Francis clinics in several ways. Psychology is providing preventive care as part of well-child care, will provide parenting groups for common early childhood concerns, and has enhanced screening efforts in primary care related to behavior, development and trauma.



Secondary Health Concerns

Alcohol, Tobacco & Other Drugs

Delaware is on par with national averages for teen smoking with 18.3 percent reporting smoking at least one cigarette a day in the last 30 days, and 40.4 percent reporting having at least one alcoholic beverage in the same time period. 46 percent of Delaware high school students reported they have tried marijuana at least once and 27.6 percent said they have used marijuana one or more times in the last month, which is significantly higher than the national average. Nemours Delaware Valley has been working toward our goal of decreasing the number of high school students using alcohol or other drugs.

Objective:

1. Decrease the number of high school students using alcohol, tobacco or other drugs.

Implementation Strategies:

- A **Partner With Community and Health Care Organizations** to provide education, treatment and services related to alcohol, tobacco and other drugs.
- B Provide **Health Education for Patients and Families** in our community.

Evaluation:

1. Monitor self-reported alcohol, tobacco and drug use among 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.

- **Electronic Cigarette Legislation.** Nemours worked with a coalition of stakeholders focused on reducing tobacco-related morbidity and mortality by expanding policy protections of Delaware’s Clean Indoor Air Act to include e-cigarettes. With the passing of House Bill 5, the use of e-cigarettes is prohibited in any area previously protected by Delaware’s Clean Indoor Air Act.



Health Education

Nationally 8.6 percent of parents use the internet as their primary source of health care information for children; in Delaware 8.8 percent say they do. However, parents in Delaware were significantly less aware of parent education programs in their community than the national average of 40.3 percent, with parents in New Castle County reporting the least awareness of these programs (38.5 percent). Further, 13.3 percent versus the national average of 18.8 percent reported using a local parenting education program. Therefore, Nemours Delaware Valley has pledged to increase the amount of available health information and resources for children, families and community health care providers both within our walls and in the community.

Objectives:

1. Increase the amount of available health information and resources for children, families and community health care providers for various health needs.

Implementation Strategies:

- A. Provide **Health Education for Patients and Families** both within our walls and in the community.
- B. Foster the **Education of Future Health Care Leaders**.

Evaluation:

1. Monitor hits on KidsHealth.org and related Nemours' health education sites.

- **KidsHealth.org** is a no-cost, advertisement-free website operated by the Nemours Center for Children's Health Media. The website provides more than 10,000 articles, animation, movies, fact sheets, recipes and more, in both English and Spanish. In 2015, KidsHealth.org received over 580,000 visits from the Delaware Valley. Nemours also provides a website dedicated to educators, called KidsHealth in the Classroom, which was visited 7,239 times by Delaware teachers in 2015.
- Our **KidsHealth Video Library** offers a wide range of medical, behavioral, safety and development videos to help families understand health issues that require hospitalization and often require lifelong management (e.g., asthma, diabetes); intensive home management (e.g., tracheotomies, g- tubes); or acute episodic care (e.g., cancer, scoliosis). In 2015, there were 7,759 inpatient views of the KidsHealth videos in the Delaware Valley.
- **KidsHealth** also creates family-friendly patient instructions for use at the end of a health care visit or hospital stay. Using easy-to-understand language, these illustrated instructions advise families about how to care for their children at home. In 2015, Nemours distributed close to 215,000 instructions to parents and caregivers in the Delaware Valley through the Nemours/Alfred I. duPont Hospital for Children. These patient instructions are also available to families through their child's MyNemours patient portal.
- **Nemours** also provided expertise and content for the Michael Phelps im Program, which was co-created by KidsHealth, and is administered by the Boys & Girls Clubs of America and the Special Olympics worldwide. Lesson plans for im Healthy teach about nutrition and physical activity, and im Successful helps youth with setting and achieving goals. In 2015, 161 kids at the Milford, Delaware Boys & Girls Club completed the im Program.
- **Nemours/Alfred.I duPont Hospital for Children's Injury Prevention Program** attended 158 events reaching 15,565 children and adults. Events included health fairs as well as programs that educate on fire prevention, ATV safety, dog-bite prevention, child passenger safety, fall prevention, distracted driving, bike and school bus safety, and concussion prevention. The Child Passenger Safety Station checked 226 car seats. The Kohl's Cares grant helps support "The Kohl's Healthy Kids Injury Prevention Program" which educates the community on preventing unintentional injuries. The Nemours Safety Store continues to sell low-cost safety, health and wellness products and provides education on the use of the products. The Nemours Safety Store has partnered with numerous schools to provide low-cost helmets to families.

- **Comprehensive Baseline Concussion Testing.** With concussions a growing concern among parents, coaches and health care providers of children and youth, Nemours adopted a comprehensive concussion awareness and baseline concussion testing program in the community. Parent education materials and information about concussion testing have been pushed out into the community, and “Concussion in the Classroom” materials are being distributed by physician liaisons in schools, community organizations and pediatric practices throughout the region. In addition, 282 children and youth received comprehensive baseline concussion testing this year.
- ***Navigating the Health Care System: Health Literacy for Adolescents*** addresses the skills necessary for adolescents to become self-advocates for their health, and helps to improve their knowledge of the health care system. The health literacy curriculum was taught in 39 Health and Health Sciences classes in 14 high schools (five public, five vocational/technical, one charter and three nontraditional schools for pregnant and parenting teens). Overall, 949 students participated and their knowledge of healthcare terminology and the health care system improved from a score of 64 percent on the pretest to 80 percent on the posttest. Nearly 95 percent of the students either agreed or strongly agreed that the lessons on health care were helpful and more than 90 percent of the students agreed or strongly agreed that they would know what to do better at their next doctor’s visit.
- **All-Terrain Vehicle (ATV) Safety Legislation.** A diverse group of stakeholders, convened by Nemours, successfully advocated for the passage of Senate Bill 69. Senate Bill 69 requires ATV operators under age 18 to wear helmets, prohibits ATV operators under age 18 from operating an ATV with passengers, and prohibits persons under 18 from being passengers on an ATV unless it is designed by the manufacturer for multiple riders and the driver is age 18 or older. Nemours is now helping to educate children and families about the new regulations and supporting the establishment of a hands-on training program in Delaware.
- **Young Marines.** A leadership building program for children of deployed service men and women. This year, 20 youth were engaged in an eight-hour program that taught them the skills of basic life support and first aid.

Medical Education (Graduate, EMT, PICU, Interns)

- **Pediatric Practice Program.** Medical students and resident physicians from Sidney Kimmel Medical College at Thomas Jefferson University participate in an advocacy component as part of their rotation. Some components of this program include:
 - visits to community organizations to learn about programs and resources for patients
 - hosting annual Asthma Day to provide education for children and families about treatment and control of asthma
 - Christiana Care Wilmington Clinic Resident Orientation Community Advocacy Bus Tour, including discussions of homelessness, food deserts, health literacy, federally qualified health centers, oral health, drugs and the I-95 corridor, barriers to health care access, health disparities, Delaware consent laws, histories of Christiana Care Health System and Nemours Children’s Health System, Delaware demographics, and local cultural attractions
 - pediatric outpatient block rotation with experiential assignments to promote health literacy
 - tour of the First State School for chronically ill children located in Wilmington Hospital, including discussion of quality of life for students living with chronic conditions
 - Babies R Us® Tour incorporating consumer advocacy and anticipatory guidance
 - homelessness simulation online activity to promote understanding of challenges to parents facing poverty and homelessness
 - **community engagement and advocacy** through Jefferson Service Training in Advocacy for Residents and Students (JeffSTARS) projects

- **oral health** campaign at Wilmington Hospital Health Center with training in integration of dental caries prevention through oral health risk assessment, oral examination, anticipatory guidance, fluoride varnish and dental referral for children ages 1-5 years
 - **Performance Improvement** – Developmental screening using standardized Parents Evaluation of Developmental Screening (PEDS) (The additional Modified Checklist for Autism in Toddlers (MCHAT) has been widely incorporated into the preventive care protocol, initially focusing on the nine-month well-child visit
 - **national Immunization Partnership (wave 2) with the American Pediatric Association (NIPA)** implementing a large-scale practice-based quality improvement program to prioritize HPV vaccination at every adolescent visit
- **Emergency Medical Services (EMS) Education.** Currently all continuing education is conducted in-house by our Critical Care Transport Team. Following assessment, evaluation and possible revision, these training courses will be opened up to surrounding EMS agencies. Monthly educational lectures, competency training on equipment, medications and other topics are held; as well as quarterly simulations in the ambulance that include participation from the flight vendor. These continuing education credits are provided to each state (Delaware, New Jersey, Pennsylvania and Maryland) and can go toward recertification for personnel.
 - **Fellowship Training for Research Professionals.** Nemours Biomedical Research offers robust fellowship training through affiliations with the University of Delaware and the Sidney Kimmel Medical College at Thomas Jefferson University. The Nemours Graduate Education and Research Program is affiliated with the University of Delaware Department of Biological Sciences as part of a Human Health Initiative. Although the majority of our MS and PhD students enter through this initiative, the program is also affiliated with other departments at the University of Delaware and other institutions. Students accepted for study in the Department of Biological Sciences have the opportunity to perform thesis/dissertation research in laboratories of research scientists at Nemours/Alfred I. duPont Hospital for Children. Students entering the program follow course work at their educational institution and their research work is conducted at Nemours. Video conferencing is available to facilitate interactions between Nemours and the educational institutions. All graduate students are supported as either a research assistant or teaching assistant. Masters students typically graduate in two years, PhD students in five years.
 - **Nemours Summer Undergraduate Research Scholars Program.** Each summer college undergraduates participate in a 10-week scholars program guided by faculty through the process of formulating and testing hypotheses, interpreting data and communicating results. Scholars are matched with mentors who are leading researchers and pediatric specialists at Nemours. In addition to the research, the Summer Scholars participate in pediatric lectures, pediatric seminars and student-led activities such as a journal club as well as job shadowing opportunities. On the final day of the program, a mandatory symposium gives students opportunities to present their research activities to the Nemours professional community, family and friends.



Prenatal & Infant Health

Infant mortality in our region is 7.2 per 1,000 live births – higher than the national average of 6.5 per 1,000 live births. In addition, incidence of low birth weight babies (nine percent) is higher than the national average (8.2 percent.) Thus Nemours has been implementing a number of programs to reduce the incidence of infant mortality and improve infant health, especially among our Hispanic and black populations in the Delaware Valley.

Objectives:

1. Positively impact the infant mortality rate in the Delaware Valley area and among the non-Hispanic African-American population.

Implementation Strategies:

- A. Increase **Education and Awareness** of prenatal and infant health issues among health care providers in the Delaware Valley.

Evaluation:

1. Monitor the infant mortality rate using annual data from the Delaware Department of Health and the Pennsylvania Department of Health.

- **Healthy Beginnings – Early Feeding.** Annually, about 12,000 babies are born in Delaware’s labor and delivery hospitals. Nemours Health & Prevention Services provided technical assistance to four out of six hospitals which pursued and received Baby Friendly Hospital designation between 2013 and 2015. The four Baby Friendly Hospitals provide improved maternity care, breastfeeding support and mother-baby bonding practices, improving birth experiences and health outcomes for 80 percent of babies born in Delaware each year.
- To extend breastfeeding support across the continuum of health care, Nemours Health & Prevention Services supports the DE Division of Public Health in implementing an evidence-based breastfeeding promotion and support training in OBGYN, family practice and pediatric primary care practices across the state of Delaware. The “Educating Practices in their Communities-Breastfeeding Education and Support Training (EPIC-BEST)” complements the Baby Friendly Hospital Initiative by improving breastfeeding support in outpatient settings prenatally and during the beginning of life. All of Nemours pediatric primary care practices in Delaware were trained in EPIC-BEST.
- To improve breastfeeding among low-income populations in which disparities exist, Nemours hosts WIC Breastfeeding Peer Counselors in two primary care practices. The trained Breastfeeding Peer Counselors are part of the care team, see patients in the office, and make phone calls to ensure that new mothers have accurate breastfeeding information, social support, and are referred to specialty supports when needed.
- **Safe to Sleep.** Nemours/Alfred I. duPont Hospital for Children implemented Delaware’s Safe to Sleep program in January of 2014. All departments who impact the care of infants under the age of one have eliminated blankets in the infants’ sleep environment and are now using Sleep Sacs and Swaddle Sacs for all infants under age one. All nurses have completed the SIDS (Sudden Infant Death Syndrome) Risk Reduction Curriculum for Nurses; these education modules are now included in orientation for all new nurses. Safe sleep practices education is initiated on admission for all families with infants under age one.



Sexual Activity

Delaware has a higher percentage of teen parents than the national average with Sussex and Kent counties having the highest rates at 15.5 and 12.2 percent respectively, versus the national average of 10 percent. Moreover, 43 percent of Delaware high school students reported having sexual intercourse in the past three months; with an alarming 41 percent who said they did not use a condom during their last sexual encounter, and 16 percent said they used no method of birth control.

To address teenage pregnancy and sexual activity, Nemours partners with community and health care organizations to provide education, treatment and services. Nemours/Alfred I. duPont Hospital for Children has hired a social worker to help meet the psychosocial needs of our adolescent patients. She discusses issues related to sexuality, reproduction options, safe sex, etc. In addition, a second adolescent medicine physician was hired who, among other things, provides gynecologic care for our adolescent girls.

Objectives:
1. Increase education around treatment and services related to teenage pregnancy and sexual activity.
Implementation Strategies:
A. Partner With Community and Health Care Organizations to provide education, treatment and services related to teenage pregnancy and sexual activity.
Evaluation:
1. Monitor self-reported sexual activity indicators among 8th and 11th grade public school students in the three-county area in Delaware through the Delaware School Survey (DSS), conducted annually by the University of Delaware, and statewide through the middle and high school Youth Risk Behavior Survey (YRBS), conducted biennially by the University of Delaware.

- **KidsHealth.** Through the KidsHealth.org website, children and adolescents can access more than 100 articles, fact sheets and modules to listen to which provide information about sexual health, puberty, menstruation and infections impacting teen girls and guys.
- **Reducing teen pregnancy.** Nemours received an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences of the National Institutes of Health to work with the Adolescent Resource Center on a project to explore parents' knowledge, attitudes and beliefs about Long-Acting Reversible Contraception (LARC) in efforts to better understand knowledge gaps, barriers to community acceptance of LARC for teens, and parental preference for the provision of these methods to teens. This research will help health care providers to better understand parental preferences for LARC use. This will allow providers to craft culturally competent programs that can increase teen LARC rates. Ultimately these programs will decrease teen pregnancy in Delaware.
- **Partnering With Other Organizations.** Within Nemours, members of our social work departments provide adolescents with information and education about risks, safe sex practices, birth control and other issues related to sexual activity. In cases where patients require additional services or information, referrals are made on the patient's behalf to the adolescent medicine department, local health care providers such as OB/GYNs and community agencies such as Planned Parenthood. In the event a patient has experienced previous sexual abuse, Nemours also makes referrals to Survivors of Abuse in Recovery (SOAR), an agency that specializes in those issues. Additionally, Nemours works with school wellness centers to provide information for teens.

Additional Efforts to Benefit and Support the Health of Our Communities

- **office of Health Equity and Inclusion (OHEI)** was formed in 2012 at Nemours and engages with internal and external partners to promote equity and inclusion in the delivery of health care. OHEI monitors the diversity of community populations and collaborates with Nemours leadership and the human resources department to recruit, hire, mentor and retain a diverse workforce reflective of the communities we serve. It also supports Patient Services by monitoring and evaluating the delivery of culturally appropriate language and health literacy proficient services to the families we serve. Last year, a team of doctors and staff from our social work department reviewed patient/family materials to assure “reader friendliness” and that materials were written at no more than a fifth grade reading level. This year, these materials were translated into Spanish. To date OHEI has provided cultural competence training to 85 percent of all hospital and NHPS staff and continues to provide this training to all new Nemours Associates, as part of Nemours’ standard hiring practices.
 - **Summer Scholars.** Eight summer scholars (two graduate and six undergraduate) were hired in the summer of 2015 and were mentored and trained in health care disparities and workforce diversity. The Summer Lecture Series included 20 students from research summer schools and four interns from Nemours Health & Prevention Services.
 - **STEM Grant.** The U.S. Department of Health and Human Services has awarded a five-year grant, “STEM UP-Delaware!,” to Delaware Tech and its partner – Nemours Office of Health Equity and Inclusion and the Sidney Kimmel Medical College at Thomas Jefferson University. “STEM UP-Delaware!” is a program that inspires high school minority students to go into the science, technology, engineering and math fields to prepare them for careers in health care. The Nemours Office of Health Equity and Inclusion will use the funds to expand the Summer Scholars Program, broadening the program to reach middle school students as well as high school students interested in pursuing STEM careers.
- **Clinical Translational Research.** Nemours leads both the Mentoring and Community Engagement and Outreach cores of the Delaware CTR-ACCEL. The mentoring core focuses on connecting junior investigators with mentors, training junior investigators in research methods, and training faculty in mentoring expertise. The goals of the Community Engagement and Outreach core have been:
 - to actively involve the community in setting clinical and translational research priorities
 - to develop new community-institutional partnerships in clinical and translational science
 - to identify, educate and prepare community leaders, health care providers and institutional trainees, researchers and scholars in the principles and practices of community-engaged and community-based participatory research

To achieve these aims, a Community Advisory Council participates in review of junior investigator research proposals and contributes to the decisions about funding. ACCEL has also held an annual community research exchange, where community members and academicians discuss ongoing research and discuss next directions. A Community Forum on the ACCEL website offers the opportunity for researchers or community members to post discussion topics, to propose research ideas/needs, or to recruit staff or participants for ongoing research. A research retreat held at Nemours in 2015 engaged community participants and researchers in a day-long discussion around the social determinants of health and inequities in infant mortality. To date, ACCEL has funded eight community-engaged research pilots (ACE Awards), led by academic and community partners. The ACE Curriculum teaches community and academic investigators about the principles of community-engaged research.

Representatives from Nemours served on various community boards in 2015.

American Heart Association – Delaware

American Lung Association – Delaware

Board of the West Chester YMCA

Breastfeeding Coalition of Delaware

Children & Family First

Delaware ACCEL

Delaware Association for the Education of Young Children

Delaware Center for Health Innovation

Delaware Early Childhood Council

Delaware Public Health Association

Delaware Readiness Advisory Council

Girls on the Run

Health Care Innovation Leadership Council

Help Me Grow

Junior Achievement

Kids Count of Delaware

Make-a-Wish Advisory Council

New Castle County Department of Community Services

Oral Health Coalition

Ronald McDonald House of Delaware

Statewide Health Improvement Plan

United Way of Delaware

Wilmington Education Improvement Commission

Nemours organized, supported or participated in a variety of events and provided various sponsorships in 2015.

Adopt-a-Pig	Delaware State Chamber of Commerce	PA Dutch Chapter of Little People of America
AIDS Delaware	Delaware State Troopers Association	Peter Powerhouse Foundation
American Academy for Cerebral Palsy and Developmental Medicine	Deptford High School Jazz Band	Potentials Foundation
American Heart Association	Deptford Township	Pramere Events, Inc.
American Physical Therapy Association	Duffy's Hope	Prenatal Diagnosis Institute
American Trauma Society Delaware Division	Elementary Connections, LLC	Ronald McDonald House of Delaware
Autism Society of Delaware	Epilepsy Foundation of Delaware	Rotary Club of West Chester
Autism Speaks	Exceptional Care for Children	Rotary Club of Wilmington Del.
AXYS	First State Community Action Agency	St. Francis Foundation
B+ Foundation	Gift of Life Foundation	Sambulance Safety Squad
Boys & Girls Club of Delaware	Girl Scouts of the Chesapeake Bay	Samuel N Lombardo Foundation
Brain Injury Association of Delaware	Girls on the Run	Shadow Equestrian
Caitlin Robb Foundation	Healthy Women Program	State of Delaware
Camp Molly	Hearing Loss Association of America	Sussex County Council
Catholic Charities of Delaware	Helen Graham Cancer Center	Talleyville Fire Company
Cen Del Foundation	Henrietta Johnson Medical Center	The Baldwin School
Chadds Ford Historical Society	Hockessin Soccer Club	The Get Well Gabby Foundation
Cherry Hill Soccer Tournament	Hydrocephalus Foundation	The Grand
Children's Heart Foundation	Inspira Health Network	The Seaford & Laurel Stars
Citizens' Hose Fire Company No. 1	Juvenile Diabetes Research Foundation	Tova Community Health
City of Dover	La Comunidad Hispana American	Unionville Recreation Association
City of Newark	La Esperanza	United Cerebral Palsy of Delaware
Clinic for Special Children	Leukemia Research Foundation	Valley Forge Educational Services
Concord Community Day	Leukemia & Lymphoma Society	Westside Health
Cooper University Hospital	Main Line Chamber of Commerce	Widener University
Crohns & Colitis Foundation	Main Line Health System	William E. Proudfoot Sickle Cell Fund
Crozer Keystone Health System	March of Dimes	Wilmington Flower Market
Delaware Academy of Medicine	Michael's Way	Wishes & Dreams for Cystic Fibrosis
Delaware Association for the Education of Young Children	Middletown Historical Society	YMCA Greater Brandywine Valley
Delaware Community Foundation	Nanticoke Memorial Hospital	YMCA Delaware
Delaware Hispano	Narberth Business Association	
Delaware Psychological Association	National Kidney Foundation	
Delaware Public Health Institute	National MPS Society	
	New Castle County	
	NEXT GEN Soccer	